



Social drivers of infant mortality

RACISM ACTION GUIDE

Why is action needed?

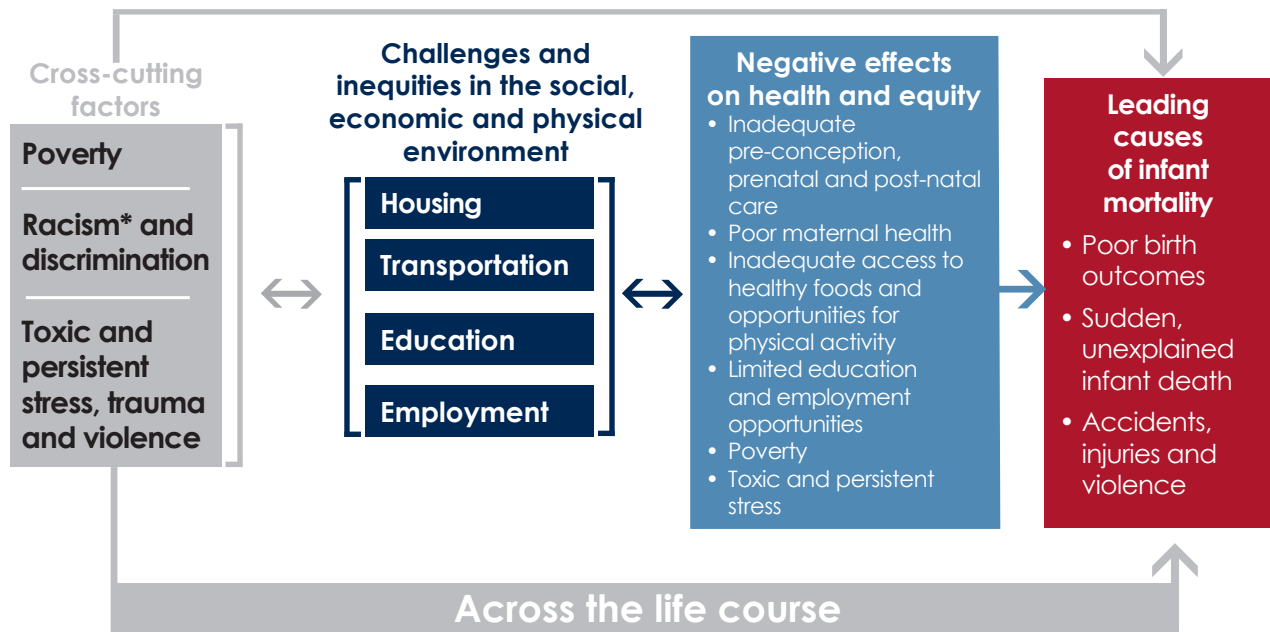
Everyone deserves to live a long, healthy and fulfilling life. However, Black infants in Ohio are over 2.5 times more likely to die before their first birthday compared to white infants.¹ Racism (including internalized, interpersonal, institutional and structural racism)² is at the root of racial health disparities, such as the racial differences in infant mortality rates. Racism contributes to and upholds inequities in the social, economic and physical environment, which drive the increased risk of infant mortality for marginalized communities.³ For example, African immigrants have significantly lower preterm birth rates compared to U.S.-born, non-Hispanic Black women.⁴ However, within one generation, African immigrants in the United States experience the same poor birth outcomes as other non-Hispanic Black populations.⁵ This points to the negative impacts of community conditions, including exposure to racism and marginalization in the U.S.

Racism affects overall health and well-being in several ways⁶:

- Racism impacts community conditions including access to housing, transportation, healthy food and quality education.⁷ These conditions, in turn, make it more difficult for people to live healthy lives.
- Racism is a form of trauma.⁸ Exposure to racism and the resulting community conditions can cause toxic stress, resulting in both physical and mental health challenges.⁹
- Racism can impact the treatment that individuals receive from healthcare providers through both implicit and explicit bias.¹⁰

To learn more about the connections between racism and health see the HPIO Policy Brief [Connections between Racism and Health](#).

Figure 1. **Relationship between racism and infant mortality**



* Structural, institutional, interpersonal and internalized racism

Source: HPIO, 2017, A New Approach to Reduce Infant Mortality and Achieve Equity

The Health Policy Institute of Ohio (HPIO) recently produced the **Social Drivers of Infant Mortality: Recommendations for Action and Accountability in Ohio** report (“Action and Accountability” report) as an update to the 2017 report “**A New Approach to Reduce Infant Mortality and Achieve Equity.**” This action guide takes a closer look at the recommendations related to racism in the Action and Accountability report and provides state and local health stakeholders with additional information and tools to support next steps. You can use this guide and additional tools posted on the **HPIO website** to prioritize, advocate for and implement the recommendations.

This action guide includes:

- **Key terms**
- **Recommendations to eliminate racism** from the Action and Accountability report that can be implemented at either the state or local level, as well as implementation examples from other states and Ohio communities
- **Recent policy activity at the state and local levels**, including relevant decisions that have been under consideration or implemented
- **A list of key partners**, as well as information about community engagement and cross-sector collaboration
- **Data for action**, including relevant sources of racism-related data
- **Relevant resources** for additional information

Key terms

- **Disparities.** Avoidable, patterned differences in outcomes across populations or communities.
- **Equity.** When all people have a fair and just opportunity to achieve their full potential.
- **Implicit bias.** A form of bias that occurs automatically and unintentionally, that nevertheless affects judgments, decisions and behaviors.¹¹
- **Inequities.** Unequal and unfair conditions that are the underlying drivers of disparities.
- **Racism.** Racism is a system that categorizes and ranks social groups into races and differentially distributes resources and opportunities to those groups based on their perceived inferior or superior ranking.¹² Racism can take several forms, including internalized, interpersonal, institutional, and structural racism. Structural racism is the process by which policies, practices and beliefs inequitably distribute resources, power and opportunity based on race.



Racism goals and recommendations

HPIO's **Social Drivers of Infant Mortality Advisory Group** prioritized the following policy goals and recommendations to eliminate the impacts of racism for families most at risk of infant mortality. See the **Action and Accountability report** for more information about the process of selecting the goals and recommendations.

Goal 10. Authentically partner with Black Ohioans and tailor policies and programs to meet their needs

Establish trust with members of Black communities and Black-led organizations across the state, share power and decision-making authority and customize policies and programs to ensure they achieve equity.

Recommendations	Implementation examples
<i>State and local recommendations</i>	
<p>10.1. Trust building. Policymakers and community organizations can establish relationships with members of Black communities and include them as partners when assessing needs, creating community plans and identifying solutions to improve community conditions and advance equitable birth outcomes.</p>	<p>Cuyahoga and Franklin counties: The participatory research project History Matters engaged stakeholders in Cuyahoga and Franklin counties to better understand the legacy of racist planning policies on contemporary health and socioeconomic outcomes.</p> <p>Toledo: The Toledo Racial Equity and Inclusion Council (TREIC) is a public-private partnership that uses data analysis and comprehensive strategic planning to engage community members to address the root causes of poverty, dismantle systemic barriers caused by structural racism and build wealth within communities of color.</p>
<p>10.2. Cultural competency and skill development. Policymakers and community organizations can regularly engage in professional development to increase knowledge on topics such as implicit bias, historical injustices and the impacts of trauma to improve cultural competency and humility, increase determination for dismantling racial inequities and build capacity to advance equity in community conditions and birth outcomes.</p>	<p>Butler County: The Racial Equity Team (RET) at the Butler County General Health District conducted an internal equity self-assessment administered and analyzed by the YWCA. The data was used to shape the RET Action Plan to be implemented in 2023-2024.</p>
<p>10.3. Safe and accessible community meetings. Policymakers and community organizations can resolve any barriers to engagement for Black Ohioans by partnering with trusted organizations when planning and hosting community meetings, ensuring that meetings are hosted in spaces that are convenient, accessible and safe, compensation is provided and resources for meals, child care, transportation and other needs are available.</p>	<p>Akron, Butler County, Cincinnati, Cleveland, Dayton, Toledo, Canton, Columbus and Mahoning Valley: Queens Village aims to improve Black infant mortality from the ground up and has nine chapters in Ohio (Akron, Butler County, Cincinnati, Cleveland, Dayton, Toledo, Canton, Columbus and Mahoning Valley). The Queens Village Learning Cohort, an initiative of Cradle Cincinnati, brings together Black women and thought leaders from across the country to learn from each other and build Queens Villages in their communities. The program creates a safe space for Black women to rest, relax, repower and reshape narratives while also supporting economic and professional opportunities.</p>

Goal 11. Implement and fund policies and programs that promote justice and fairness

Implement evidence-informed policies and programs to achieve equity, including recommendations listed in this report, and contribute resources to dismantle racism and increase opportunities for healthy births.

Recommendations	Implementation examples
<i>State and local recommendations</i>	
<p>11.1. Plan implementation. State policymakers can continue to implement and fund evidence-informed policies in existing plans designed to achieve equity in community conditions and birth outcomes, including the Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force (2022), the Ohio’s Executive Response: A Plan of Action to Advance Equity (2020) and the 2020-2022 State Health Improvement Plan.</p>	<p>Ohio: My Brother’s Keeper Ohio is a statewide coalition of advocates and communities dedicated to improving community conditions and outcomes for boys and young men of color and creating opportunities for all of Ohio’s youth. Related to recommendations to improve Black economic opportunities, this is an evidence-based approach that is focused on closing gaps in education, employment and safety.</p>
<p>11.2. Impact assessment. The Ohio General Assembly, including the Legislative Services Commission, and local policymakers can be required to assess proposed policies before they are enacted, using tools such as Racial Equity Impact Assessments and Health Impact Reviews, to ensure that policy changes do not create barriers to health for Black Ohioans.</p>	<p>Ohio: The Health Equity Network of Ohio, in close partnership with the Ohio Public Health Association, has developed a health equity assessment tool for state and local government administrative departments, agencies and legislative bodies to evaluate whether potential policies and programs are likely to improve or worsen health disparities.</p>
<p>11.3. Funding for initiatives to eliminate structural racism. State policymakers and philanthropic funders can dedicate financial support to initiatives identified in partnership with the community that are focused on advancing opportunities for Black Ohioans, achieving long-lasting impact and creating institutional change for racial justice.</p>	<p>Ohio: The Ohio Equity Institute (OEI): Working to Achieve Equity in Birth Outcomes is a grant-funded collaboration between the Ohio Department of Health (ODH) and local partners, created in 2012, to address racial inequities in birth outcomes. The OEIs seek to address inequities through upstream policy change and downstream interventions in the 10 counties with the largest racial disparities.</p> <p>King County, Washington: The Racism Is A Public Health Crisis Initiative is embarking on a community-led process to equitably allocate \$25 million in American Rescue Plan Act (ARPA) funds to community-led organizations, non-profits, groups or businesses that are committed to start to undo the harms of racism compounded by the pandemic and influence the county’s 2023-24 budget cycle to prioritize and reflect anti-racism and pro-equity investments.</p>

Goal 12. Increase accountability for eliminating disparities in birth outcomes

As policies and programs to advance birth equity are implemented, ensure that these policies are evaluated, progress is reported and decisionmakers are held accountable for improvement.

Recommendations	Implementation examples
<i>State and local recommendations</i>	
<p>12.1. State plan progress reports. State policymakers can release public reports, at least annually, on progress made toward implementing the Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force (2022), the Ohio's Executive Response: A Plan of Action to Advance Equity (2020) and the 2020-2022 State Health Improvement Plan, including information on which action steps have been fully implemented, where some progress has been made and where no action has yet been taken.</p>	<p>Wisconsin: The Wisconsin Department of Health released Perinatal Periods of Risk (PPOR) Analyses for populations that experience the greatest disparities in fetal and infant mortality. These reports include strategies for addressing these disparities.</p>
<p>12.2. Local implementation progress reports. Local health departments; hospitals; alcohol, drug, and mental health boards; family and children first councils; and other community partners can release public reports, at least annually, on progress made toward implementing community plans that include policies and programs for improving community conditions and achieving birth equity (e.g., community health improvement plans, mental health and addiction community plans, hospital implementation strategies, etc.)</p>	<p>Columbus, Ohio: The City of Columbus hosts an Infant Mortality Dashboard to demonstrate the city's commitment to transparency in progress toward improving infant mortality rates and eliminating disparities.</p>
<p>12.3. Evaluation. State and local policymakers can create specific, measurable and achievable goals related to birth equity and community conditions, such as the objectives and equitable targets set in the 2020-2022 State Health Improvement Plan. Progress toward those goals, including whether racial gaps are closing, should be monitored and publicly reported on at least an annual basis, including data disaggregated by race and other characteristics.</p>	<p>Cuyahoga County: The Cuyahoga County Equity Commission examines how policies and protocols can be improved to be more accessible for all. The commission releases annual reports on the progress, activity and future initiatives of the commission.</p> <p>Various states: Several states post an infant mortality dashboard to increase transparency with residents. States with infant mortality dashboards include California, New York, Texas and Washington.</p>



Prioritizing recommendations for action

The goals and recommendations above address significant challenges related to racism across Ohio. To make progress on these goals, you can work with partners in your community, including those affected and at risk of experiencing infant mortality, to identify which recommendations you will prioritize for action. When selecting recommendations on which to act, you can consider which goals will have the largest impact, are most important to advance equity and are feasible given the policy landscape and existing initiatives.

For more information and guidance on advocacy, see the [Recommendations Worksheet](#).



Recent policy activity

Policymakers at the state and local level are engaged in addressing Ohio's challenges related to racism. This section provides information on recent state and local policy activity related to the recommendations above.

Proposed legislation in the 135th General Assembly

- **House Bill 178:** This bill would make it unlawful to discriminate against an individual because of traits associated with an individual's race including hair texture and protective hair styles in employment, places of public accommodation, housing, credit practices and schools.
- **House Joint Resolution 2:** The Joint Resolution proposes to amend the Ohio Constitution to prohibit slavery or involuntary servitude as punishment for a crime.

Enacted legislation from the 134th General Assembly (2021-2022)

- **Senate Bill 61 (134th GA):** This bipartisan bill authorized boards of directors for condominium unit owners' associations and planned community homeowners' associations to remove unlawful discriminatory covenants from their bylaws without a vote.
- **Senate Bill 105 (134th GA):** This bipartisan bill required political subdivisions to accept the state's certification of a Minority Business Enterprise, Women-Owned Business Enterprise, or Veteran-Friendly Business Enterprise as proof of eligibility criteria for local programs and initiatives.

Local decisions

Local governments support the mitigation and elimination of racism in several ways, such as through policy and practice change. For example, 32 local governments and health departments across Ohio declared racism to be a public health crisis with corresponding actions listed to address racism in their communities.¹³ Since racism cuts across multiple social drivers of health, local governments and organizations should consider how racism impacts all sectors including economic development, housing, transportation, healthcare, education and criminal justice.

For additional examples of relevant local decisions being made in Ohio and across the country, refer to the goals and recommendations section above.



Advocating for change at the state and local levels

Advocacy plays an important role in creating policy change to improve community outcomes. There are many forms of advocacy, including educating and building relationships with policymakers, creating and convening a coalition, and lobbying for change to legislation. Anyone can advocate for state and local policy changes that mitigate and eliminate racism, reduce infant mortality and achieve equity, including the recommendations above.

For more information and guidance on advocacy, see the [Advocacy Worksheet](#).



Collaboration with key partners

There are many complex systems and factors that contribute to mitigating and eliminating racism and improving infant health. Intentional, creative collaboration with a variety of partners across public and private sectors make it possible to amplify your efforts and make progress on the prioritized recommendations. Collaboration also allows partners to specialize. Your organization alone does not need to take on every recommendation above but can instead partner with others to strategically allocate resources and coordinate efforts.

Leaders and experts from the following entities are vital and well positioned to mitigate and eliminate racism:

Federal

- **Centers for Disease Control and Prevention (CDC) Office of Health Equity:** This CDC office ensures health equity is embedded across departments to overcome persistent health disparities and health inequities across a range of population groups that disproportionately experience poor health outcomes.
- **National Institutes of Health Office of Health Equity:** This office serves as a catalyst to strengthen the Institutes' commitment to health equity across research and training.

State

- **Ohio Commission on Minority Health:** The Commission is dedicated to eliminating health disparities through innovative strategies and financial opportunities, public health promotion, legislative action, public policy and systems change. The Commission manages the Community Pathways HUB Model, which has been scaled to 12 areas of the state with the capacity to serve 55 counties targeting African American high-risk pregnant women with community health workers providing care coordination.
- **Ohio Department of Health (ODH) Office of Health Opportunity:** This office focuses on systems changes to eliminate population-level disparities in Ohio. ODH also funds and manages the Ohio Equity Institute (OEI) program.
- **Ohio Budget and Management Office:** The Office develops budgets for the state and reviews and coordinates the financial policies and activities of state agencies. The office can influence how money is allocated to address inequities and health disparities.
- **Ohio Department of Higher Education:** The Department oversees higher education for Ohio, including approving new degree programs, managing state-funded financial aid programs and developing and advocating for policies to maximize higher education's contributions to the state and its citizens. The Department includes programs to increase access and affordability of higher education and training, as well as programs to connect people to industry jobs. ODHE is also a co-funder of the OEI Evaluation.
- **Ohio Department of Job and Family Services (ODJFS):** This Department manages several programs and services, including cash assistance, childcare subsidies, child support, child welfare and employment training and assistance. ODJFS has stated that it is taking action to address racial inequity in the children services system.
- **Ohio Department of Medicaid (ODM):** This state agency administers Ohio's Medicaid program, a federal-state partnership that pays for healthcare services for Ohioans with low incomes. In partnership with the managed care organizations, ODM also provides infant mortality reduction grants to address racial disparities in Ohio's ten OEI counties.

Local, regional and private sector

- **Black-led maternal and child health organizations.** These organizations provide culturally relevant care and are embedded in the communities most impacted by disparate outcomes.
- **Local infant mortality collaboratives/coalitions.** These entities focus on bringing together local partners to reduce infant mortality, improve infant health in their local community and achieve equity in infant health outcomes. They often receive OEI funding.
- **Healthcare organizations.** Healthcare organizations provide care and may have anti-racism initiatives or training for health providers and staff.
- **City and county governments.** These entities are responsible for creating and enforcing local-level policy within state and federal regulations, which can have large impacts on equity outcomes.
- **Local health departments.** Local health departments manage and enforce policies and programs that protect and improve the health of their communities. Work includes the collection and management of local data related to health equity.
- **Higher education.** These institutions can provide knowledge, support, technical assistance and research towards mitigating and eliminating racism.
- **YWCA's.** With a mission of eliminating racism and empowering women, local YWCA's are a valuable asset for communities seeking to achieve equitable outcomes.



Cross-sector collaboration

Health stakeholders can use the following best practices to develop productive partnerships with organizations working to mitigate and eliminate racism:

- Follow partners online:** Sign up to receive email newsletters and review materials from partners (blog posts, publications, reports, etc.).
- Find out what motivates them:** Learn about what might motivate other organizations to partner with you. Gather information about the goals, priorities, constraints and opportunities they face so that you can identify potential areas for mutually beneficial collaboration.
- Build relationships:** Relationships are foundational for any sustainable partnership. Take time to build trust and a positive rapport with community members and potential partner organizations.
- Let them know how you can help them:** Rather than telling potential partners how they can help you, focus on the resources and expertise you bring to the table and how partnership could benefit their mission or bottom line.
- Use effective messaging:** Keep your communications concise and simple, with a clear understanding of your audience and objective. Avoid using jargon and acronyms that may not be known outside of your organization/sector.

Community engagement

It is also important to engage community members when selecting, advocating for and implementing the recommendations to eliminate racism above. Community members have first-hand experience that can guide your work on how to best implement the recommendations and benefit the most people. Considerations for engaging community members include:

- Build relationships and trust early in the planning process.** Establish strong connections and trust early in the planning process to avoid pitfalls or missed opportunities later.
- Extend and share power.** Invite and involve people from communities most at risk for infant mortality in each aspect of decision-making, including making sure they have the background information needed to fully participate.
- Recognize current and historical community context.** Be aware of successes and challenges from previous engagement efforts, including prior issues or conflicts that may have contributed to ongoing mistrust and disengagement. Understand that rebuilding trust may take time, and the profound effect that racism and other forms of discrimination have had on communities.
- Resolve barriers to engagement.** Assess and address any barriers that may prevent community members from participating in engagement efforts, including safe and accessible meeting locations, accessible meeting times, compensation and the provision of meals, child care and/or transportation.

For more guidance on collaboration with key partners, see the [Coalition-building worksheet](#).



Data for action

Effective use of data can strengthen efforts to implement the recommendations to eliminate racism. Data makes it possible to:

- **Understand and prioritize:** Review existing data to better understand the scope, trends and inequities in racism-related challenges. These insights can inform prioritization of specific goals and recommendations.
- **Advocate:** Pair data with stories to effectively communicate about the need for policy change.
- **Monitor:** Transparently share data as a tool to monitor change and hold decision makers accountable for progress.
- **Evaluate and improve:** Assess the impact of policy change over time and make adjustments to strengthen effectiveness, focusing on equitable outcomes with disaggregated data.

Figure 2 provides a list of relevant racism indicators and data sources.

Figure 2. **Racism indicators and data sources**

Indicator	Description	Source	Available breakouts
Race/ethnicity	Demographic breakdown of a location by race/ethnicity	National Equity Atlas	State, region, city, county, race, ethnicity
Diversity Index	Measure of racial/ethnic diversity of residents based on census data	National Equity Atlas	State, region, city, county
Social Vulnerability Index	A score, ranging from 0 – 1, that measures community resilience based on 16 social factors	Centers for Disease Control and Prevention via the Ohio Department of Health	County, census tract
Unfair treatment due to race	Percent of children who have ever been treated or judged unfairly because of their race or ethnic group	Health Resources and Services Administration, National Survey of Children’s Health	Race, ethnicity
Physical or emotional symptoms due to treatment based on race	Percent of adults, ages 18 and older, who have experienced physical symptoms or felt emotionally upset as a result of treatment due to race in the past 30 days	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (available by request through the Ohio Department of Health)	Race, ethnicity
Treated worse in healthcare due to race	Percent of adults, ages 18 and older, who are treated worse than other races when seeking healthcare in the past year	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (available by request through the Ohio Department of Health)	Race, ethnicity

Indicator	Description	Source	Available breakouts
Treated worse at work due to race	Percent of adults, ages 18 and older, who are treated worse than other races at work in the past year	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (available by request through the Ohio Department of Health)	Race, ethnicity
Racial bias during pregnancy or delivery	Percent of women with a live birth in Ohio who felt upset due to how they were treated because of their race in the 12 months before their baby was born	Ohio Pregnancy Assessment Survey (OPAS) Dashboard	Race, OEI/non-OEI county, maternal age, income, insurance types
Discrimination during pregnancy or delivery	Percent of people reporting experiencing discrimination or being made to feel inferior while getting any type of health or medical care or during delivery due to their race, ethnicity, or culture.	Ohio Department of Health, Ohio Pregnancy Assessment Survey (OPAS), (available by request through the Ohio Department of Health)	Race, OEI/non-OEI county, maternal age, income, insurance type

Continued data improvement

Although research has highlighted the impacts of racism on health for nearly 125 years,¹⁴ the topic has recently gained more attention. Researchers across the United States and the world have made strides in quantitatively and qualitatively understanding the impacts of racism, which is deeply entrenched in our society.

In 2022, Health Affairs published a special issue titled **Racism & Health** which demonstrates some of the latest research and methods while also pointing towards future research and policy agendas. Leaders across many sectors can support the growth of this research area by prioritizing continued improvement in the collection and dissemination of disaggregated data and data related to the experiences and impacts of racism on health outcomes. HPIO plans to release a publication focused on ways in which data collection, measurement and evaluation can be improved in the coming months.



State plans and initiatives

The following state plans and initiatives are relevant to the Action and Accountability recommendations:

- **2020 Infant Mortality Annual Report**, Ohio Department of Health
- **Ohio's Executive Response: A Plan of Action to Advance Equity** (2020)
- **COVID-19 Ohio Minority Health Strike Force Blueprint**, COVID-19 Minority Health Strike Force
- **Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force 2022**, Ohio Department of Health
- **The Ohio Equity Initiative 2.0**, Ohio Department of Health
- **Unlocking Ohio's economic potential: The impact of eliminating racial disparities on Ohio businesses, governments and communities**, HPIO.

To learn more

For more information and tools related to improving policy related to racism, see the following:

- **Connections between racism and health: Taking action to eliminate racism and advance equity**, HPIO
- **Dimensionality and R4P: A Health Equity Framework for Research Planning and Evaluation in African American Populations**
- **Improving the Measurement of Structural Racism to Achieve Antiracist Health Policy**

Notes

1. Ohio Department of Health, "2020 Infant Mortality Annual Report," 2020. <https://odh.ohio.gov/wps/wcm/connect/gov/f972e9db-91c1-4b31-99c6-3d12ab095ddb/Infant+Mortality+Annual+Report+2020+Final.pdf>
2. Race Reporting Guide: A Race Forward media reference. Race Forward, 2015. <https://www.raceforward.org/reporting-guide>
3. Dara D. Mendez, Vijaya Hogan, and Jennifer F. Culhane, "Institutional Racism, Neighborhood Factors, Stress, and Preterm Birth," *Ethnicity & Health* 19, no. 5 (2014), <https://doi.org/10.1080/13557858.2013.846300>.
4. Emily A. Oliver et al., "Preterm Birth and Gestational Length in Four Race–Nativity Groups, Including Somali Americans," *Obstetrics & Gynecology* 131, no. 2 (February 2018): 281–89, <https://doi.org/10.1097/AOG.0000000000002427>.
5. J. W. Collins, "Differing Intergenerational Birth Weights among the Descendants of US-Born and Foreign-Born Whites and African Americans in Illinois," *American Journal of Epidemiology* 155, no. 3 (February 1, 2002): 210–16, <https://doi.org/10.1093/aje/155.3.210>.
6. Health Policy Institute of Ohio. "Health Policy Brief: Connections between Racism and Health, Taking Action to Eliminate Racism and Advance Equity," August 14, 2020. https://www.healthpolicyohio.org/wp-content/uploads/2021/09/PolicyBrief_RacismAndHealth_UPDATED_09.09.2021-1.pdf.
7. Zinzi D Bailey et al., "Structural Racism and Health Inequities in the USA: Evidence and Interventions," *The Lancet* 389, no. 10077 (April 2017): 1453–63, [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X).
8. Susana Ming Lowe, Yuki Okubo, and Michael F. Reilly, "A Qualitative Inquiry into Racism, Trauma, and Coping: Implications for Supporting Victims of Racism," *Professional Psychology: Research and Practice* 43, no. 3 (2012): 190–98, <https://doi.org/10.1037/a0026501>.
9. Ruth Enid Zambrana and David R. Williams, "The Intellectual Roots Of Current Knowledge On Racism And Health: Relevance To Policy And The National Equity Discourse: Article Examines the Roots of Current Knowledge on Racism and Health and Relevance to Policy and the National Equity Discourse.," *Health Affairs* 41, no. 2 (February 1, 2022): 163–70, <https://doi.org/10.1377/hlthaff.2021.01439>. Mehra, Renee, Lisa M. Boyd, Urania Magriples, Trace S. Kershaw, Jeannette R. Ickovics, and Danya E. Keene. "Black Pregnant Women 'Get the Most Judgment': A Qualitative Study of the Experiences of Black Women at the Intersection of Race, Gender, and Pregnancy." *Women's Health Issues* 30, no. 6 (2020): 484–92. <https://doi.org/10.1016/j.whi.2020.08.001>.; Nuru-Jeter, Amani, Tyan Parker Dominguez, Wizdom Powell Hammond, Janxin Leu, Marilyn Skaff, Susan Egerter, Camara P. Jones, and Paula Braveman. "'It's The Skin You're In': African-American Women Talk About Their Experiences of Racism. An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies." *Maternal and Child Health Journal* 13, no. 1 (January 2009): 29–39. <https://doi.org/10.1007/s10995-008-0357-x>.
10. Renee Mehra et al., "Black Pregnant Women 'Get the Most Judgment': A Qualitative Study of the Experiences of Black Women at the Intersection of Race, Gender, and Pregnancy," *Women's Health Issues* 30, no. 6 (November 2020): 484–92, <https://doi.org/10.1016/j.whi.2020.08.001>. Amani Nuru-Jeter et al., "'It's The Skin You're In': African-American Women Talk About Their Experiences of Racism. An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies," *Maternal and Child Health Journal* 13, no. 1 (January 2009): 29–39, <https://doi.org/10.1007/s10995-008-0357-x>.
11. National Institutes of Health. "Implicit Bias | SWD at NIH." National Institutes of Health Implicit Bias, June 3, 2022. <https://diversity.nih.gov/sociocultural-factors/implicit-bias>.
12. David R. Williams and Selina A. Mohammed, "Racism and Health I: Pathways and Scientific Evidence," *The American Behavioral Scientist* 57, no. 8 (August 1, 2013): 10.1177/0002764213487340, <https://doi.org/10.1177/0002764213487340>.
13. Data from the Declarations of Racism as a Public Health Crisis Storytelling Map. "Racism Declarations: Opportunities for Action." American Public Health Association. 2021. "Declarations of Racism as a Public Health Issue." Accessed June 1, 2023. <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>
14. W. E. B. Du Bois, *The Philadelphia Negro: A Social Study*, Paperback edition, The Oxford W.E.B. Du Bois (New York, NY: Oxford University Press, 1899).



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