Child Safety Convening 2018
Casey Family Programs
Joia Crear-Perry MD, Founder/President
Mission
To reduce Black maternal and infant mortality through research, family centered collaboration and advocacy.

Goal
Reducing black infant mortality in cities with the highest numbers of Black infant deaths to at or below the national average in the next 10 years.

Our vision is that every Black infant will celebrate a healthy first birthday with their families.
• **Institutionalized racism** - the structures, policies, practices and norms resulting in differential access to the goods, services and opportunities of societies by race.

• **Personally mediated** - the differential assumptions about the abilities, motives and intentions of others by race.

• **Internalized racism** - the acceptance and entitlement of negative messages by the stigmatized and non-stigmatized groups.

Camara Jones, MD, PhD, Past President APHA
Root Causes

- Institutional Racism
- Class Oppression
- Gender Discrimination and Exploitation

Power and Wealth Imbalance

Social Determinants of Health

- Safe Affordable Housing
- Living Wage
- Quality Education
- Transportation
- Availability of Food
- Social Connection & Safety
- Job Security

Psychosocial Stress / Unhealthy Behaviors

Disparity in the Distribution of Disease, Illness, and Wellbeing

Adapted by MPHI from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice.*
Implicit bias (noun):

1. Bias is the “implicit” aspect of prejudice...[the] unconscious activation of prejudice notions of race, gender, ethnicity, age and other stereotypes that influences our judgment and decision-making capacity.

Devine, 1989
Decreasing Bias

Strategies
• Stereotype replacement
• Thinking of counter-stereotypic examples
• Individualizing instead of generalizing
• Perspective taking/”Walking in their shoes”
• Increasing opportunities for bias

Results
• Participants were more concerned and aware of discrimination and their own personal bias
**Narratives and Policy**

<table>
<thead>
<tr>
<th>White Opioid Narrative</th>
<th>Black Crack/Cocaine Narrative</th>
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<tr>
<td>- White women are America’s sisters and daughters</td>
<td>- Illicit drug use among white women at the time was equally prevalent</td>
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<td>- Opioids are an “epidemic of despair” for Middle America</td>
<td>- Connoted careless Black motherhood in inner-city America</td>
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<td>- Considered a disease, not a moral failing</td>
<td>- “Crack babies” considered biologically inferior, eventual super-predators, and a longterm burden on fed. Assistance &amp; service programs</td>
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<td>- No conclusions made about prenatal opioid use or future of exposed babies</td>
<td>- Pregnant drug users were convicted as killers, drug dealers and child abusers</td>
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<td>- Public health response through special funding ($45 Billion) in fed. health care bill that threatened Medicaid (frontline insurance responder)</td>
<td>- Mass incarceration of Black mothers through random drug tests, leveraging child removal and incarceration</td>
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<td>- Southern states that led in criminalizing black women are softening punitive polices for addicted mothers</td>
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Fallacy of Not Centering Equity

• Skipping equity
  – Status quo in understaffed and under-resourced entities
  – Undervalues communities with highest risk of poor outcomes

• Inefficient use of program funds

• Discourages community partnerships

• Perpetuates racial health inequities

• Fails to create opportunities for innovation