The Unintended Consequences of Premature Black Death

MONICA R. MCLEMORE PHD, MPH, RN

PROFESSOR AND DIRECTOR OF THE MANNING PRICE SPRATLEN CENTER FOR ANTI-RACISM AND EQUITY IN NURSING

Honoring Place – Land Acknowledgement

As a land-grant institution, the University of Illinois Urbana-Champaign has a responsibility to acknowledge the historical context in which it exists. We are currently on the lands of the Peoria, Kaskaskia, Piankashaw, Wea, Miami, Mascoutin, Odawa, Sauk, Mesquaki, Kickapoo, Potawatomi, Ojibwe, and Chickasaw Nations.

Labor Acknowledgement*

> I also acknowledge that the United States was built off of exploited labor of kidnapped African people. Much of what we know of this country today including its culture, economic growth, and development throughout history and across time, has been made possible by the labor of enslaved Africans and their ascendants who suffered the horror of the trans-Atlantic trafficking of their people, chattel slavery, and Jim Crow.

*This labor acknowledgement is one used by the Pandemic and Racism Community Advisory Group who center the experiences of Black and Indigenous populations in their work to dismantle racist policies and practices within PHSKC.

Twelve Founding Black Mothers of Reproductive Justice

- Toni M. Bond Leonard
- Cynthia Newbille
- Reverend Alma Crawford
- Loretta Ross
- Evelyn S. Field*
- Elizabeth Terry

Terri James

Winnette P. Willis

Bisola Marignay

Kim Youngblood

Cassandra McConnell

'Able' Mable Thomas

The Black Women attending a conference sponsored by the Illinois Pro-Choice Alliance and the Ms. Foundation for Women in 1994 in Chicago.
As a result, they formed the Women of African Descent for Reproductive Justice (WADRJ).

The Unintended Consequences of Premature Black Death

The purpose of this talk is to connect the dots between preventable maternal morbidity and mortality, infant mortality, and premature Black death. The negative social determinants of health disproportionately impact Black Americans and innovative structural interventions are necessary to reduce poor health outcomes.

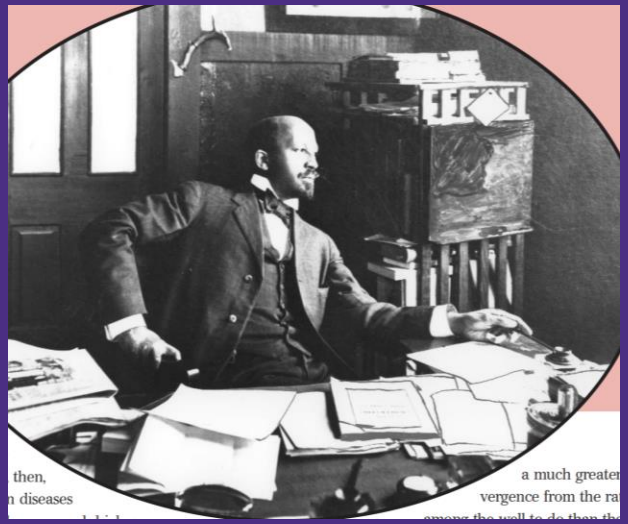
Articulate the connections between preventable maternal morbidity and mortality, infant mortality, and premature Black death.

1. **Understand study designs that will be required to provide meaningful data that map assets and identify strengths and protective factors.**
2. **Imagine novel structural interventions that could be operationalized in the present.**

Context

"In **1906** the national black leader W.E.B. duBois challenged this bleak forecast and countered arguments of inherent black inferiority in *The Health Physique of the Negro American*, proceedings drawn from an Atlanta conference on Black health. The conference findings pointed to the impact of environmental and social conditions on black morbidity and mortality rates. Commenting on the higher black rates, du Bois noted that "the present differences in mortality seem to be sufficiently explained by conditions of life."

– Susan L. Smith: Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America 1890-1950.



The 6 Stages of Failure (Forbes and Business Weekly)

- Stage 1: Shock and Surprise
- Stage 2: Denial
- Stage 3: Anger and Blame
- Stage 4: Depression
- Stage 5: Acceptance
- Stage 6: Insight and Change

The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth

Amy C. Edmondson

- **Preventable failure**: a failure caused by deviating from a known process.
- **Complex failure**: a failure caused by a system breakdown.
- **Intelligent failure**: a failure caused by an unsuccessful trial.

Failure in the World According to Dr. McLemore

Minor – Human Error

Major - Cowardice

Epic – Human Error + Cowardice

Unforgiveable – Epic Failure + Lost the Way

VITAL STATISTICS OF THE UNITED STATES

1969

VOLUME I—NATALITY

Table 1-5. Intrinsic Rates of Birth, Death, and Natural Increase, by Color: United States, 1940, 1950, and 1960-69

[Rates per 1,000 women. The intrinsic rates of birth, death, and natural increase are the rates that would eventually prevail if a population were to experience the age-specific mortality and fertility rates for a given year over a long period of time. For method of computation, see page 4-13, Volume I, Vital Statistics of the United States, 1962]

Year	Intrinsic rate of natural increase			Intrinsic birth rate			Intrinsic death rate		
	Total	White	All other	Total	White	All other	Total	White	All other
REGISTERED BIRTHS									
1969[1]	5.7	4.1	15.4	17.5	16.3	25.5	11.7	12.2	10.1
1968[1]	5.9	4.2	16.0	17.6	16.4	26.0	11.7	12.2	10.0
1967[2]	7.4	5.6	18.2	18.5	17.2	27.5	11.1	11.6	9.4
1966[1]	9.7	7.9	20.4	20.0	18.7	29.4	10.4	10.8	9.0
1965[1]	12.1	10.3	23.1	21.7	20.3	31.5	9.6	9.9	8.4
1964[1]	15.6	14.0	25.7	24.2	22.8	33.7	8.5	8.8	8.0
1963[1,3]	17.1	15.6	26.7	24.6	23.2	33.8	7.5	7.7	7.1
1962[1,3]	18.8	17.4	27.9	25.8	24.6	34.8	7.0	7.1	6.9
1961[1]	20.5	19.1	29.2	27.1	25.8	35.9	6.6	6.7	6.7
1960[1]	20.8	19.5	29.2	27.4	26.2	36.1	6.6	6.7	6.9
BIRTHS ADJUSTED FOR UNDERREGISTRATION									
1950	13.7	12.3	23.0	22.6	21.3	31.8	8.9	9.0	8.9
1940	1.0	0.1	7.4	—	—	—	—	—	—

[1]Based on a 50-percent sample of births.
[2]Based on a 20- to 50-percent sample of births.
[3]Figures by color exclude data for residents of New Jersey; see Technical Appendix.

Real Stakes Not Abstract Data

- I was born a preemie on December 31, 1969, when my birthday should have been February 14, 1970.
- According to the 1969 report from the Centers for Disease Control, more specifically, the US Department of Health, Education, and Welfare – the Public Health Service's National Center for Health Statistics (CDC, 1969), in New Jersey where I was born, the total infant mortality rate was 20 infants per 1,000 live births, 16 per 1,000 for white people.
- Since race wasn't classified for others, the other category's rate was 35.3 per 1,000. Double the rate for all other races and ethnicities.
- In 1969, when prematurity was a leading indicator for infant death in the first year of life, I'm both lucky and grateful to be alive.

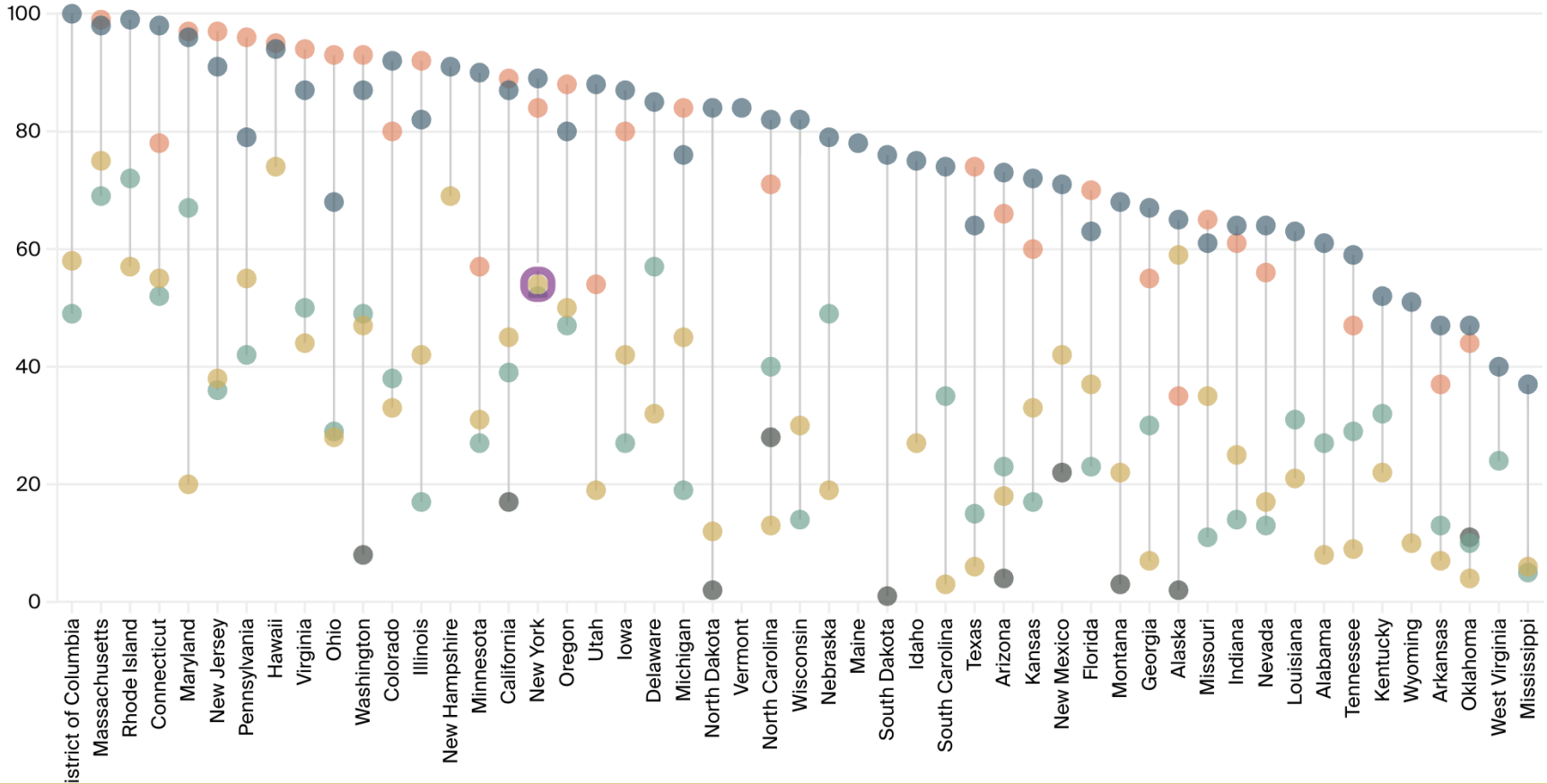
Advancing Racial Equity in U.S. Health Care
The Commonwealth Fund 2024 State Health Disparities Report

April 18, 2024: https://www.commonwealthfund.org/publications/fund-reports/2024/apr/advancing-racial-equity-us-health-care

UNIVERSITY of WASHINGTON

All

Race/Ethnicity AANHPI AIAN Black Hispanic White



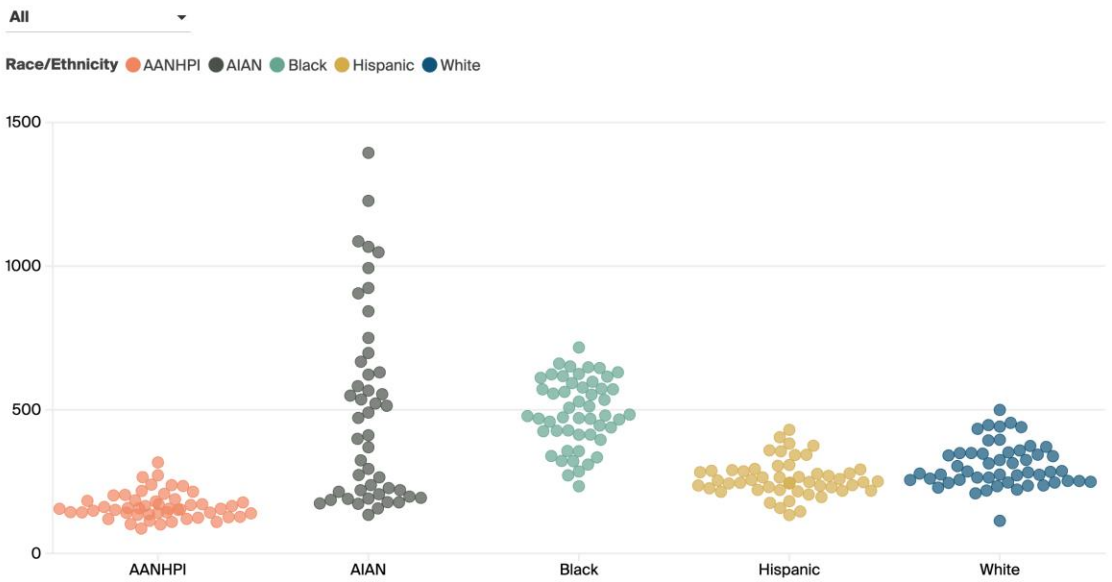
Commonwealth Report

- **We tracked deaths before age 75 from health conditions considered preventable and treatable — a measure known as “premature avoidable mortality.” This measure is highly correlated with life expectancy.**

EXHIBIT 2

Premature deaths from avoidable causes vary across states and occur at a higher rate among AIAN and Black people compared to other racial and ethnic groups.

Deaths per 100,000 population, by state and race/ethnicity



Notes: Dots represent states. Missing dots for a particular group indicate that there are insufficient data for that state. AANHPI = Asian American, Native Hawaiian, and Pacific Islander. AIAN = American Indian and Alaska Native. Number of deaths before age 75 per 100,000 population that resulted from causes that can be mainly avoided through timely and effective prevention and treatment. Avoidable mortality rates presented in this exhibit reflect the combination of two variables used in this report: deaths from preventable causes and deaths from treatable causes. Refer to appendix B2 for state rates for each mortality type. Methodology developed by the Organisation for Economic Co-operation and Development (OECD) and Eurostat, as published in *Avoidable Mortality: OECD/Eurostat Lists of Preventable and Treatable Causes of Death (January 2022 Version)*.

Data: Centers for Disease Control and Prevention, 2020 and 2021 National Vital Statistics System (NVSS), All-County Micro Data, Restricted Use Files.

Source: David C. Radley et al., *Advancing Racial Equity in U.S. Health Care: The Commonwealth Fund 2024 State Health Disparities Report* (Commonwealth Fund, Apr. 2024).
https://doi.org/10.26099/vw02-fa96

My Home State of New Jersey

HEALTHY MOMS. STRONG BABIES.

MARCH OF DIMES

2022 MARCH OF DIMES REPORT CARD

The 2022 March of Dimes Report Card highlights the latest key indicators to describe and improve maternal and infant health. We continue to provide updated measures on preterm birth, infant mortality, low-risk Cesarean births and inadequate prenatal care. New this year is the inclusion of the Maternal Vulnerability Index (MVI), which provides county-level indicators of where women are most vulnerable to poor outcomes. Our Supplemental Report Card summarizes state-level progress towards selected Healthy People 2030 pregnancy and childbirth health objectives, outcomes by race/ethnicity and describes March of Dimes programmatic initiatives. We continue to monitor disparities in maternal and infant health. Comprehensive data collection and analysis of these measures inform the development of policies and programs that move us closer to health equity. The Report Card presents policies like Medicaid expansion and programs like Maternal Mortality Review Committees, that can help improve equitable maternal and infant health for families across the country.

NEW JERSEY

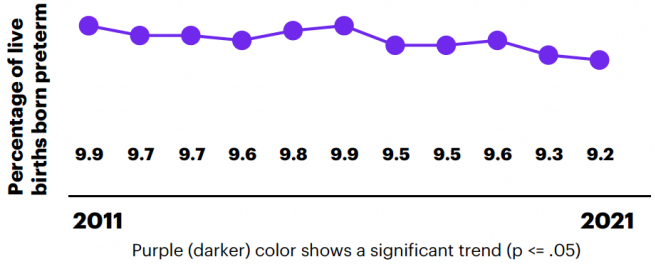
INFANT HEALTH

PRETERM BIRTH GRADE

B-

PRETERM BIRTH RATE

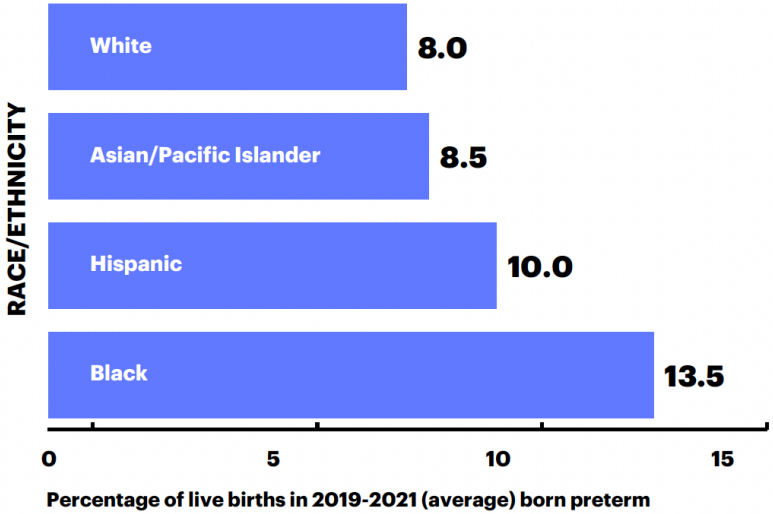
9.2%



Purple (darker) color shows a significant trend (p <= .05)

PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity. See Technical Notes for details.



In New Jersey, the preterm birth rate among Black women is 55% higher than the rate among all other women.

DISPARITY RATIO:

1.33

CHANGE FROM BASELINE:

Worsened

My Current Home State

Washington State Data

What is the minor failure here? How can we use retrofit, reform and reimagine? HINT: It is our philosophical orientation to the problem

Major Failures - Cowardice

For every 1 non-Hispanic white pregnant person who dies… 	3 to 4 non-Hispanic **Black** pregnant people die 	**How are these women dying?**[4]
	2.3 **American Indian/Alaska Native** pregnant people die 	• More than 33% from cardiovascular complications • 12% from infection • 11% hemorrhage

The State We Are Currently In – Illinois

PRETERM BIRTH GRADE

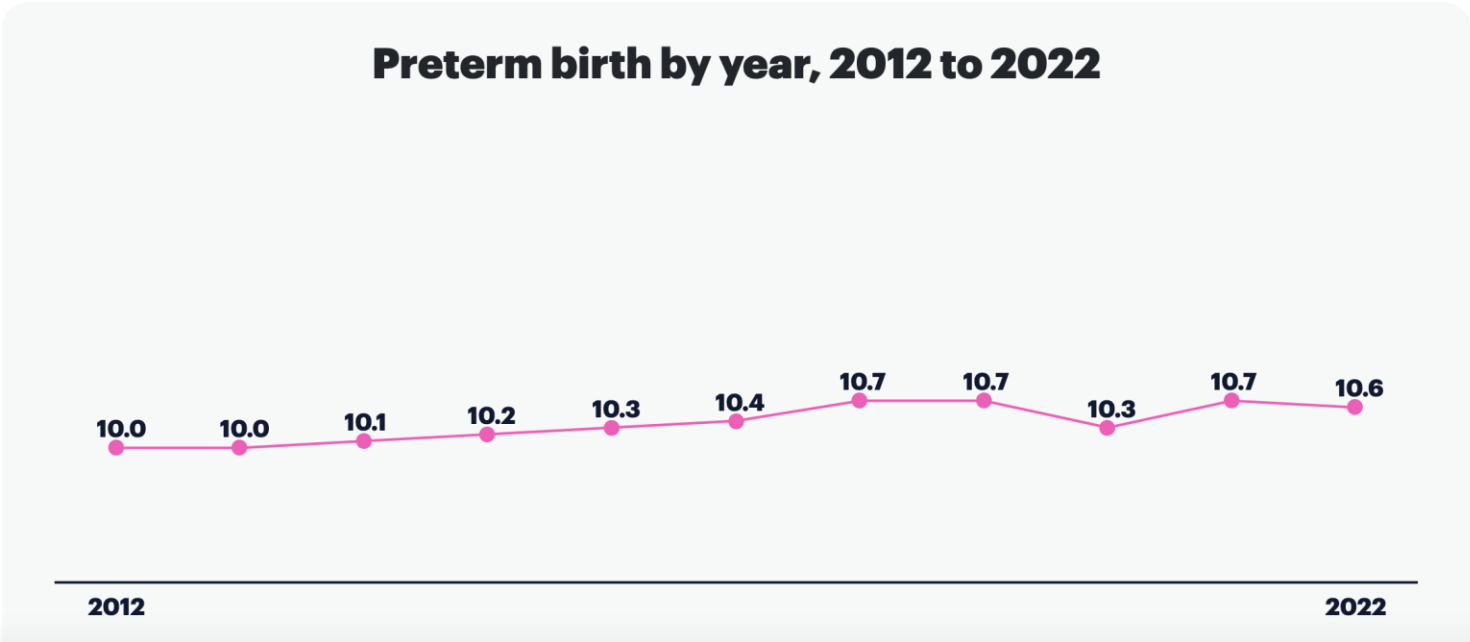
D+

GRADE OF 10.4 PERCENT TO 10.7 PERCENT

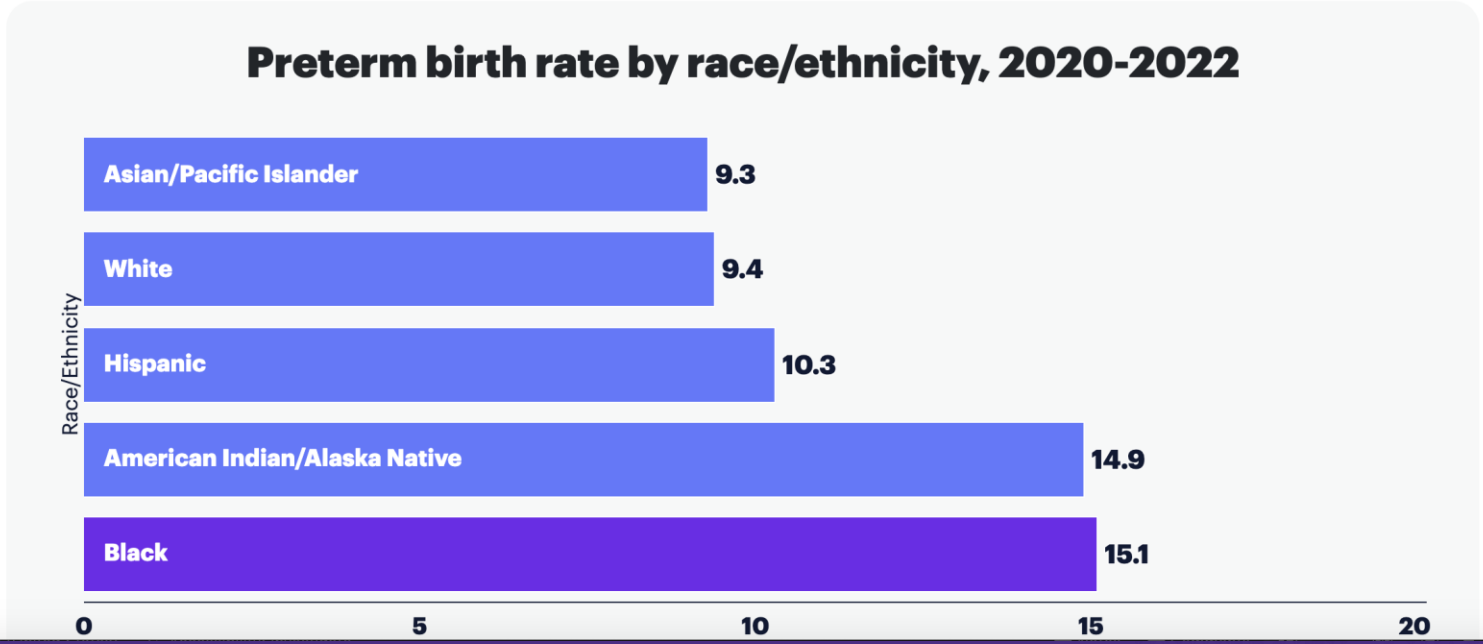
Learn more

The 2023 March of Dimes Report Card highlights key indicators to describe the current state of maternal and infant health. We continue to provide updated rates and grades for preterm birth and data on infant mortality and maternal health. New this year is the inclusion of maternal mortality, leading causes of infant death, and data describing selected risk factors for preterm birth. Indicators by maternal race/ethnicity are included to call attention to the need for addressing racism in our systems and communities in order to eliminate health disparities. Detailed analyses of these measures inform the development of policies and programs that move us towards improving health for birthing people and the millions of babies born each year in the U.S., D.C. and Puerto Rico. The Report Card presents policies like Medicaid extension and programs like Maternal Mortality Review Committees, which can help to achieve equity in maternal and infant health outcomes.

The preterm birth rate in Illinois was 10.6% in 2022, lower than the rate in 2021



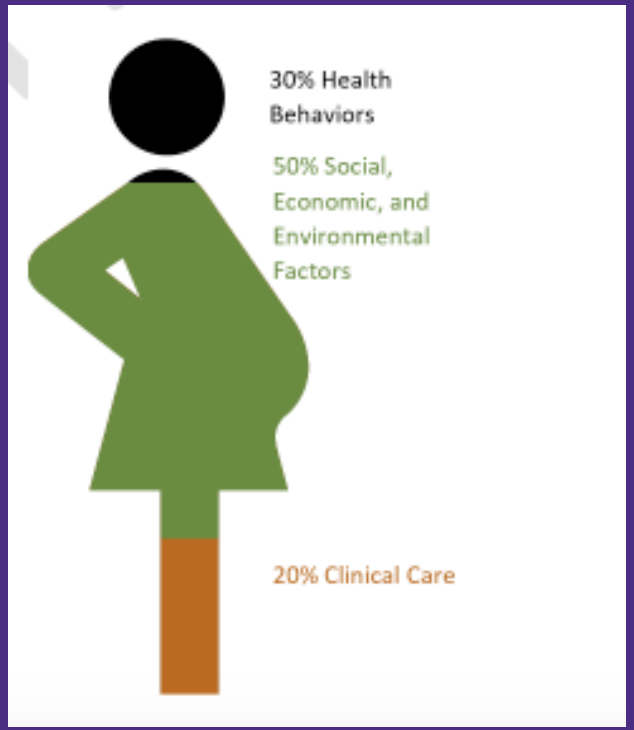
The preterm birth rate among babies born to Black birthing people is 1.6x higher than the rate among all other babies

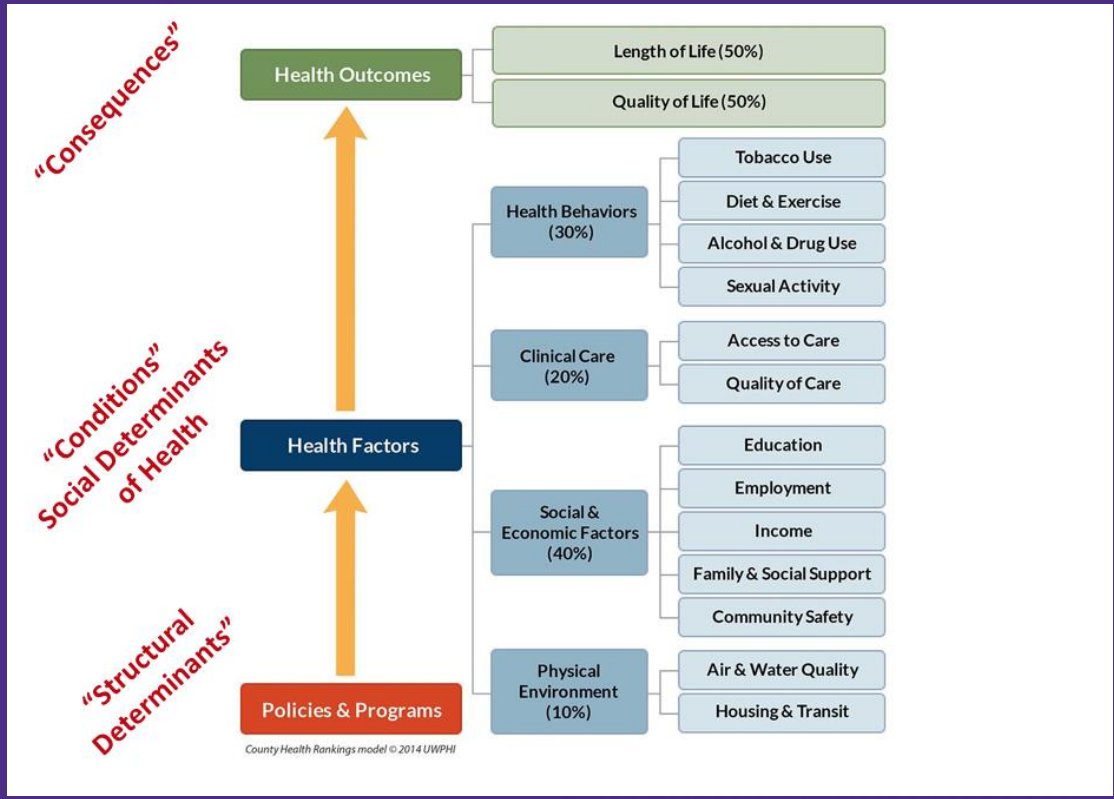


So What's the Issue?

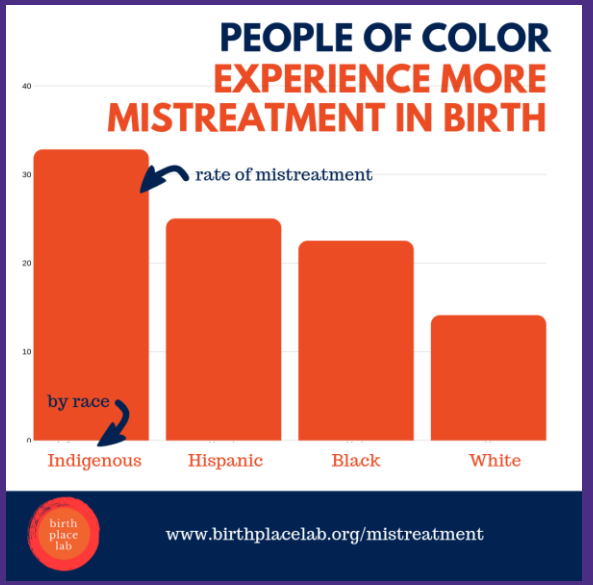
BE BOUNDLESS

Epic Failures (Human Error + Cowardice)





Unforgiveable Failures (Epic + Lost the Way)



So, What Is The Issue?

- Expecting to see improvements on an annual basis or some other unrealistic time interval without reparations
- Inappropriate allocation of human, money, space, time resources
- Continuing to invest in interventions that do not work
- Risk aversion to failure
- Lack of innovation in what needs to be developed and tested

So what's the issue?

- Methodology, Theoretical Frameworks, and Multiple Truths Based on Shared Facts
- Cultural Rigor
- Understand the need for and development of NOVEL intermediate metrics

Understanding why this Matters

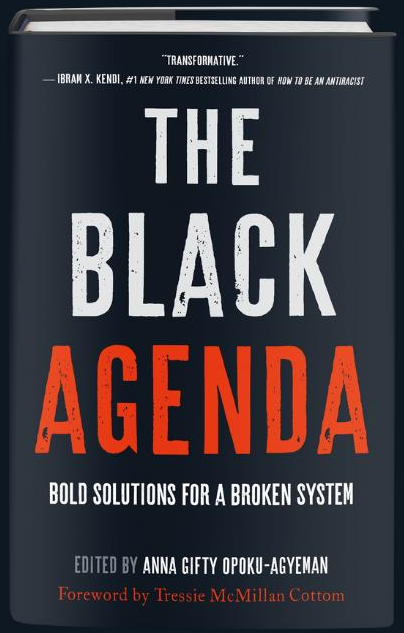
This lays the groundwork for Black People to be extinct in the future and me and a whole host of other people are not about to let that happen on our watch

Healthcare Reparations

UNIVERSITY of WASHINGTON

Dismantling Healthcare Hierarchy: A Bolder Approach to Diversify the Healthcare Workforce

UNIVERSITY of WASHINGTON



Healthcare hierarchy reinforces this notion, stiffles innovative solutions, and unnecessarily keeps us from diversifying the workforce.

–Monica R. McLemore

Major Points

- To describe how healthcare hierarchy in and of itself is structurally racist, and why it contributes to the inability to diversify the healthcare workforce.
- The secondary purpose is to present a bolder approach for how to diversify the healthcare workforce.
- Achieving health equity will require bold action and ensuring a culturally, ethnically, and racially competent workforce is an essential component of that work.

The Last Point of the Bolder Agenda?

Healthcare Reparations

> **Including new investments in the largest producer of science, technology, engineering, mathematics (STEM) and healthcare graduates at Historically Black Colleges and Universities (HBCUs) from private businesses, philanthropy, publicly traded companies, venture capitalists, and the Federal Government.**

> **Debt free education for any person who wants to join the health professions with prioritization of Black and Indigenous People for the next 50 years, regardless of career aspired to.**

> **Immediate cancelation of EXISTING student loan for members of the health professions.**

> **Universal coverage for the most burdened populations**

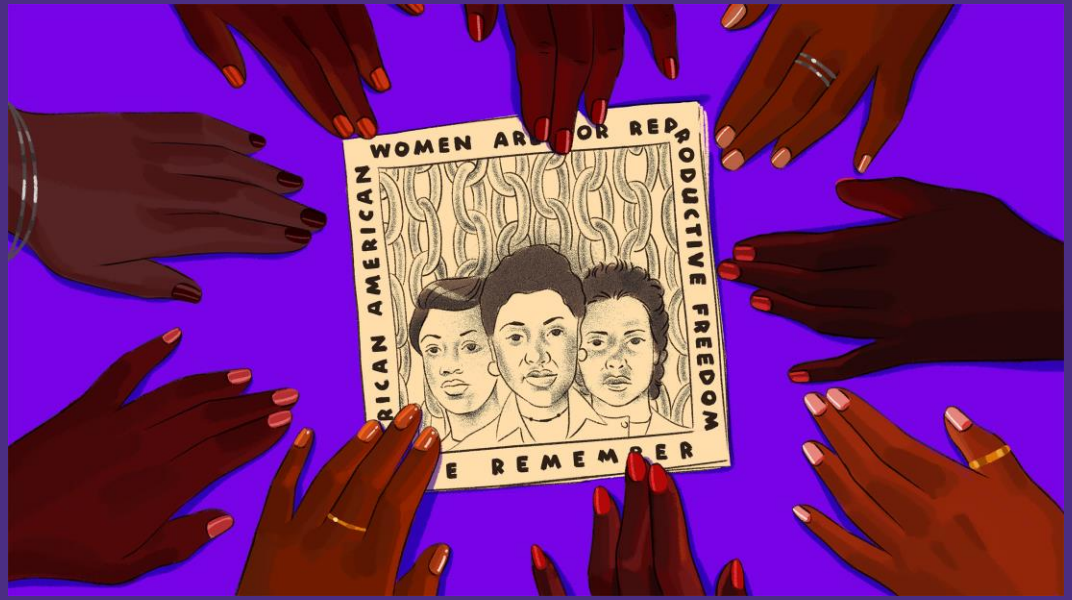
In Summary

KNOW WHICH KIND OF FAILURE HAS OCCURRED SO YOU/WE CAN ALL RESPOND ACCORDINGLY

Minor – Human Error	Major - Cowardice	Epic – Human Error + Cowardice	Unforgiveable – Epic Failure + Lost the Way
RETROFIT	REFORM	REIMAGIINE	BURN IT ALL DOWN

Questions? Comments? Suggestions? Discussions? Make This All Different

Monica R. McLemore – mclemor@uw.edu



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