Joint Organizational Commitment to Anti-Racism and Racial Equity

May 25, 2021

Declaration

The following organizations hereby declare our commitment to undoing racism as it contributes to disparate health outcomes based on race:

- Association of Maternal & Child Health Programs (AMCHP)
- Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
- CityMatCH
- National Healthy Start Association (NHSA)
- National Institute for Children's Health Quality (NICHQ)

We intend to eliminate racism by first examining our organizational practices and identifying ways for us to be more equitable and anti-racist in our operations.

We are determined to collectively adopt a shared approach that acknowledges racism as the most significant contributor to the racial disparities in birth outcomes.

We commit the combined strength and influence of our organizations to educate our respective constituencies, jointly advocate for change, hold each other accountable, expand the number of organizations willing to become a part of this effort and create tangible steps to root out racism wherever it exists.

We are 'all in' for shared accountability for addressing racism and eliminating racial inequities in MCH outcomes.

Background

As national membership or public health advocacy organizations, our missions focus on creating environments that allow for the achievement of optimal health outcomes for all at the national, state, territorial, county, local and community levels. This goal cannot be realized unless we eliminate the racial disparities that exist in our communities by acknowledging racism as a public health crisis and identifying bold strategies to address it. Racism, and its influence on our systems, has a detrimental impact on our society and on health outcomes. The impacts of racism are irrefutable, when looking at the disparities in maternal and infant morbidity and mortality rates among Black/African American and Native American populations compared to their white counterparts. Although our nation has made progress in improving maternal and infant health outcomes, the success has not been experienced equitably across racial and ethnic groups and the pace of improvement has not progressed with the urgency this crisis demands.

For decades, the World Health Organization and other members of the international public health community have encouraged more of a focus on the social determinants; the conditions in which we live, work, learn and play to enhance our understanding of factors that impact health outcomes. Simultaneously, the maternal and child health community has focused on the life course approach which indicates that a mother's birth outcomes are impacted by her entire lifetime of experiences as well as the experiences of ancestral generations preceding her. While understanding these approaches has helped, we have politely tiptoed around the impact of racism. Structural and institutional racism directly impacts the environments in which people exist, plays a critical role in the experiences African American, Latinx, and Native American families have throughout the course of their lives, and is the social determinant most responsible for the racial disparities that exist in our country. Failing to boldly acknowledge racism as the root cause of these disparate health outcomes results in merely addressing the symptoms of the problem rather than resolving the cause of the problem. Addressing the symptoms without addressing the cause allows the problem to persist. For example, if one has an infection, taking Tylenol may relieve the symptom of a fever caused by the infection, but leaves the cause of the infection to wreak havoc on the patient. Just as the underlying cause of an infection must be treated to truly cure the patient, racism must be dismantled.

Foundation Principles
In moving this work forward, the following statements provide **foundational principles** for our approach:

- **There is a distinction between racial equity and health equity.** These terms have often been used interchangeably and although there may be overlap, we believe that health equity cannot be achieved without first achieving overall equity. According to Dr. Nancy Krieger, "Social inequality kills. It deprives individuals and communities of a healthy start in life, increases their burden of disability and disease, and brings early death. Poverty and discrimination, inadequate medical care, and the violation of human rights all act as powerful social determinants of who lives and who dies, at what age, and with what degree of suffering." For that reason, we believe striving for overall racial equity is essential to achieving health equity.
- **Public health institutions have tremendous power and influence in disrupting structural inequities created by racism.** Systems have used their power and influence to provide advantage to some of us while simultaneously subjecting others of us to disadvantage. For example:
  - Amongst African Americans we witness this "advantage/disadvantage disparity" in the form the enslavement of Africans from 1619-1865 or 246 years of slavery, followed by another 99-years of Jim Crow (an era characterized by the legitimization of anti-black laws throughout America).
    - Since 1619, the combined 345-years of Slavery and Jim Crow currently accounts for 85% of the African American experience. Since 1619, 85% of the time America provided substantial advantage to those of us who are White while simultaneously subjecting those of us of African ancestry to cruel and substantial disadvantage.
    - Both advantage and disadvantage accumulate over time. Today, whenever we compare African Americans and Whites, we rarely acknowledge the aforementioned history and how it has contributed to the racial disparities that exist in America.
    - It has only been 57-years (or 14% of the AA experience since 1619) since passage of the 1964 Civil Rights Act and the recent racial unrest and demonstrations evident over the summer of 2020 clearly document that we do not reside in a post-racial America.

  We have to reconfigure these systems in a manner that results in equitable outcomes. While there is space for incremental change, it should not come at the expense of the transformation necessary to achieve equity.
- **Many of the solutions to the disparities in maternal and infant morbidity and mortality already exist in communities experiencing these disparities**. Therefore, our approach to eliminating racial disparities should include meaningful partnership and the sharing of power with communities hit hardest

by these disparities. As professional public health organizations we must embrace these communities as thought leaders and individuals to whom we are accountable. They are not inherently 'non-compliant', 'vulnerable', or 'at-risk'.

- **<u>Meaningful impact in this space requires specificity, focused action, and a detailed and measurable plan to resolve the problem.</u>** We must move with urgency and can't afford to simply call out the problem without identifying meaningful action steps and means to assess effectiveness and impact.
- **<u>This work will require us to humbly engage communities and partners in new ways.</u>** We must be willing to have difficult conversations, listen to challenging responses and acknowledge the historical and contemporary role we may have played in supporting inequitable systems, and be willing to repair damaged relationships in an effort to build strong partnerships.

We also understand that as individual organizations, we cannot achieve these goals alone. Our strength lies in our collective unity. As partners, we commit to convening quarterly to share measured progress, including best practices related to actions taken and obstacles overcome; and assist each other with ways to address current challenges.

Commitments
Building on these aforementioned principles, we are committing to each other in 3 areas; internal processes, external work, and communications.

(1) We commit to examining our organizational <u>internal processes</u> and to complete the following action:

- Conduct/Host ongoing training of all staff in racial equity and undoing racism.
- Include assessment of competence and skill in racial equity, health equity, and social justice as a requirement when hiring new staff and as a competence measured in job performance evaluations.
- Analyze the racial/ethnic diversity in contracting partners. Analyze and set metrics for diversity in contracting partners (e.g., subject matter experts, service vendors).
- Perform an internal audit of all organizational practices and policies using a racial equity framework/lens to determine 'who is benefiting from this policy/practice staying the same? Who is being oppressed by this policy/practice?' and to really examine how racism shows up throughout organizational policies and practices; a Health and Equity in all policies (HEiAP) approach.
- Examine and intervene in the racial/ethnic makeup of organizational staff and board of directors, with a particular focus on the diversity of those in leadership positions. This should include an evaluation of the racial/ethnic makeup of applicants to open positions and an evaluation of staff retention, broken down by race/ethnicity.
- Perform an annual staff assessment of the organizational culture of inclusion to assess for feelings of value and inclusion. Results should be broken down by race/ethnicity.

(2) We commit our organizations to influence and promote <u>external work</u> and to complete the following actions:

- Examine current and new local, state, and federal policies to determine its impact on equity and actively advocate against any policy or program that perpetuates inequity and racial disadvantage.
- Promote life course theory to understand accumulated disadvantage and advantage and encourage efforts that support resilience and restore power to communities of color.
- Engage and partner, with humility and truth, with impacted communities and local organizations to understand and leverage their strengths and work with them to mitigate the impact of systemic racism.

- Ensure funding/contractual awards, related financial processes, and decision-making are aligned with business practices that optimize inclusion, accessibility, operational transparency, and technical/advisory supports for fair and equitable access to resources.
- Commit to working with social movements to bring alliances and more integration with MCH and other social systems (e.g., affordable housing, education systems, etc.).
- Push our members to interrogate and understand the racial histories of our nation, their states, counties and cities that produce racial inequities in health outcomes.

(3) We commit our organizations to develop and release <u>communications</u> to support this work and to complete the following actions:

- Publicly declare racism a public health crisis and share our action plan(s).
- Be mindful of the language we use and stop using terms that further perpetuate narratives that place and describe communities of color as deficit populations, (i.e. using the terms 'vulnerable', 'at-risk', or 'low-income' to describe a particular racial or ethnic group.) Use of this language implies there is something inherently flawed in that community and places blame on the individual or a particular racial/ethnic group and not the system that has failed to invest in creating an optimal environment for positive health outcomes. Language should be respectful of communities and identify the system as the problem.
- Establish honest conversations on racism in our spheres of influence and challenge racism, explicit bias, and implicit bias wherever they exist.

The elimination of racism and the resulting inequities that exist in health outcomes, such as increased maternal and infant morbidity and mortality, will require a collective and focused effort. We are committed to bringing about meaningful change, measure our progress, and invite others to follow our example. The proposed efforts above will take time and resources to bring to fruition, but it is imperative that we do so. The magnitude of the situation requires a bold response. We are stronger together and capable of bringing about system transformation that will significantly improve the health of all of our constituents.

We look forward to sharing our progress and providing more detail on efforts in the future.

Signatories

Association of Maternal & Child Health Programs (AMCHP)
Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
CityMatCH
National Healthy Start Association (NHSA)
National Institute for Children's Health Quality (NICHQ)
Arthur R. James MD, FACOG

If you are "All In" to commit to anti-racism through public health strategies, please contact us at communications@amchp.org to add your organization's commitment or your individual commitment to help your organization. We cannot afford to go backward; we must be all in!