



Episode 2: When the Bough Breaks

THE MYSTERY: Why do African American women at every socioeconomic level have higher rates of pre-term birth and infant mortality than white women who haven't finished high school or Black women who immigrated here from other countries?

THEMES:

1. Birth outcomes are affected by the negative impact of racism over one's lifetime, not just during pregnancy.
2. Racism in America is an added source of chronic stress for people of color.
3. Racial justice and civic engagement are instruments for improving health and birth outcomes.

Note: This episode illustrates how a lifetime of exposures to racism can literally get inside the body and affect the health of our newborns. For many viewers, especially African American women, this program can trigger strong emotions. It is essential that you allow participants the time, opportunity and space to process their reactions before proceeding with comprehension and discussion questions. Depending on the group's size and comfort level, you may choose to do a free write, ask people to talk in small clusters, or engage the entire group in dialogue.

COMPREHENSION QUESTIONS:

- How are pregnancy outcomes affected by racism and chronic stress? How are racial differences in birth outcomes not reducible to class alone?
- Dr. Jones says that the chronic stress of racism is like “gunning the engine of a car, never letting up.” What does she mean? How does this affect the body over time?
- Birth outcomes, like other health indicators, follow the wealth-health gradient. Explain why wealthier and more educated mothers have better outcomes. According to the film, why do African American women at each income level have worse outcomes than their white counterparts?
- Describe Dr. Lu's “life-course perspective.” How does it broaden conventional approaches, which focus primarily on risk factors during pregnancy?
 - What are the mechanisms by which experiences outside the body and before conception can affect birth outcomes?
 - Describe how the life-course perspective supports a link between racism and premature birth or low birth-weight babies.

- Neonatologist Dr. Richard David says: “there’s something about growing up as a Black female in the United States that’s not good for your childbearing health.”
 - What evidence did Dr. Collins and David discover that undercuts genetic explanations for racial disparities in birth outcomes?
 - Why is it significant that the daughters of African immigrants had worse birth outcomes than their mothers?
 - Why do African American mothers – even those with college degrees – have more low birth-weight babies than white American and African immigrant women?

DISCUSSION QUESTIONS:

- Although research indicates that racism is still common in the U.S., the film notes that most whites believe that racial discrimination is a problem of the past.
 - How might differences in experience and perception influence debates about racism’s impact on the body? What are the consequences?
 - How often do you have the opportunity to talk about racism? With people of your racial/ethnic background? With people from other racial/ethnic backgrounds?
 - Can we address racism without first achieving a common understanding?
- How is your experience with racism similar to or different from those recounted by the women in the group discussion at the end of the episode?
 - How do one’s personal experiences influence whether or not certain situations become stressors?
 - How does racism affect other communities of color?
 - What are the opportunities and challenges to working across racial and ethnic lines?
- The film notes that by improving material conditions (including greater access to health care) and giving people hope for a more just and equitable future, the civil rights and anti-poverty movements of the 1960s and 1970s reduced the health gap between African Americans and whites.
 - How is civic engagement good for your health?
 - In your community, what actions or structures sustain or undermine civil rights gains?
 - How can we jumpstart new initiatives that not only improve health but also advance racial equity?



- Kim Anderson says: “People would think I’m living the American Dream: a lawyer with two cars, two and a half kids, the dog, the porch, a good husband, great family.” Kim did everything right and still her daughter was born too early. What conditions in her life might have impacted her birth outcome? What are the implications for other women of color, and what possible solutions can you suggest?
- Dr. Michael Lu asks, “What kind of nation do we want? What kind of nation do we want our children to grow up in?” How would you answer him?

SUGGESTED ACTIVITY: THREE KINDS OF RACISM

1. As a group, watch the Web video of Dr. Camara Jones describing three types of racism (http://citymatch.org/UR_tale.php) and/or pass out Dr. Jones’ article on the same topic. Dr. Jones uses a simple gardening allegory to differentiate between structural, interpersonal and internalized racism.
2. Write the three racism types on the blackboard or a large piece of paper. Drawing upon your own and others’ experiences, come up with a definition and several examples for each category. Try to find a wide range of examples that fit different groups or different areas of your life and society.
3. Looking over the examples, list possible health impacts associated with each. These don’t have to be direct impacts; they can simply be related.
4. Working together or in small groups, brainstorm a few policies or actions that would help address each of these impacts. Consider and discuss interventions at different levels (individual, community, societal) and in different arenas (public policy, private action).
5. Finally, as a group, pick one or two policies or actions that you think would make the greatest difference, then come up with the steps that would be required to make them happen.



WEB SITE TIPS:

Online Activity: Try the **Health Inventory** to explore how social advantage or disadvantage is connected to health.

Resource: Explore our **Health Equity Database** for resources on racism, genetics and more.

KEY REFERENCES:

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From the film:

- U.S. infant mortality rate – one of the worst in industrialized world. White America alone would rank 23rd.
- Pre-term birth is the second leading cause of death for infants in the U.S.
- One month's stay in a neonatal intensive care unit averages \$68,000.
- Infant mortality among white American women with a college degree or higher is approximately 4 deaths per 1,000 live births. For similarly educated African American women, the rate is three times as high, 12 per 1,000 live births. Babies of white women who haven't finished high school experience a lower rate of infant mortality than college educated African American women.
- The rate of low birth-weight babies born to African immigrants to the U.S. is comparable to the rate for white Americans. But the daughters of African immigrants experience a higher rate of low birth-weight babies - comparable to the general African American population.