

Maternal & Child Health for Black & Indigenous Minnesotans

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What's At Stake

Structural racism involves interconnected institutions created by the historical and ongoing devaluation of Black and Indigenous lives.^{1,2} Due to structural racism, in Minnesota:

- ➔ Black birthing people* are **~2x more likely to die** due to pregnancy complications than their white counterparts, and Indigenous birthing people are **~4x more likely to die**.³
- ➔ Black & Indigenous babies are over **2x more likely to die** before their 1st birthday than white babies.^{4,5,6}

Racism,

not Race

Racism, not **race**, is a fundamental cause of racial birth health inequities in Minnesota.^{7,8} From the roots of U.S. history, white supremacy was used to justify and uphold the institution of slavery and colonialism.⁹ Myths that Black and Indigenous people were innately "less than" white people have shaped the historical, geographic, interpersonal, and institutional contexts in which birthing people live, conceive, are pregnant, give birth, and care for their children in the present.



Racism and Bias in Perinatal Care

White supremacy, structural racism, and interpersonal racism (implicit racial bias) are all interconnected and mutually reinforcing. Racist framing shapes how individuals and society value, view, and dehumanize Black and Indigenous people; most often manifested as **implicit racial bias**.¹⁰

* At CARHE, we strive to be both *accurate* and *inclusive* in our language. As gender identity is separate from biological sex, we use the gender-inclusive term "birthing people" instead of "women" or "mothers" to (1) *accurately* separate biological reproduction from gender identity and (2) *inclusively* capture transgender and nonbinary people with uteri.

These biases are often **unconscious (and automatic)** and can be held by people who would not consciously agree with racist stereotypes. Conscious or unconscious, these biases influence the health care Black and Indigenous people receive.¹¹ Black and Indigenous people endure the effects of racism, hostility, disrespect, and bias in all aspects of society, and it can be deadly when perpetrated by health care providers.¹²

Antiracism in Models of Care

Structural racism is a public health crisis, but it is also a *fixable* problem. Health professionals can help counteract the burdens of structural racism for Black and Indigenous birthing people with **evidenced-based** antiracist models of care.

- ➔ **CENTERING CULTURE** Research conducted in partnership with the Minneapolis-based Roots Community Birth Center (Roots) demonstrated that culturally- and relationship-centered care improves health outcomes for Black birthing people and their babies. Cultural identity is an asset, not a liability, for Black birthing people, and centering culture in care has been shown to increase feelings of respect and autonomy for Black clients.¹³
- ➔ **DESEGREGATING THE WORKFORCE** Research analyzing births in Florida found that Black babies die less often when they receive care from Black physicians.¹⁴ Steps towards desegregating the workforce—including antiracist hiring and retention practices, investing in diversity in education and training, and reforming racist institutional policies—could benefit Black people receiving care.
- ➔ **ANTIRACISM AS A CORE PROFESSIONAL COMPETENCY** Health service providers and researchers must consider antiracism as a core professional competency.⁹ Structural racism impacts intersecting institutions, affecting where Black people live, work, play, and age. Health professionals must center this context when providing care and creating policies.

Citations and Reading List

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