Our Health Disparities begin Prior to a Black or African American baby takes his/her first and sometimes their very last breath, before we can hold, crease, and see them open their beautiful eyes.

While the Ohio Infant Deaths Drop in 2018 for Second Consecutive Year; Black Infant Mortality Declines but Disparity Continues to Persist
Proven home visiting services being expanded to help reduce infant mortality

The number of black infant deaths declined almost 12% from 2017 to 2018, the first year-to-year decline in five years. However, disparities continued to persist with black infants dying at more than two-and-a-half times the rate of white infants. I appreciative the community health workers, back to sleep program, and initiatives by Gov. Dewin and his committee members. I still ask how did we get here and why are we here today.

Racism Starts Early

Remember preschool? Learning to write your name, playing with dolls and blocks, jumping in puddles. That's the preschool experience.

Also part of the experience, apparently? Racism. It turns out that black students are much more likely to be suspended from preschool than white students. They make up 18% of all preschoolers, but represent almost 50% of all preschool suspensions. Compare that to white kids, who make up 43% of all preschool enrollment, yet represent 26% of those receiving suspensions

According to Public Health Review 2016, Racism may be the most important phenomenon underlying black health disparities, exerting its ominous effects through institutionalized, systematic stigma and exclusion. In 1928, Louis Israel Dublin wrote "An improvement in Negro health, to the point where it would compare favorably with that of the white race, would at one stroke wipe out many disabilities from which the race suffers, improve its economic status and stimulate its native abilities as would no other single improvement. These are the social implications of the facts of Negro Health". This compelling assertion remains valid to date. The fact that the African American population is the least healthy ethnic group in the USA is not due to chance. The first African Americans were brought to the USA in chains as slaves. The transport itself from Africa to the

New World remains one of the best examples of the ability of one sector of humanity to destroy the health of another. Estimates of the death rate of slaves during the infamous “middle passage” are wide ranging, from approximately 9 to 35 %. Slavery associated deaths were likely much higher. Once enslaved in what is now the USA, African Americans were forced to live in physical and social conditions in which their health had very little value. For more than 250 years, enslaved African Americans suffered physical, social, and mental brutalization. The end of slavery did not mean that African Americans could suddenly lead healthful lives. To the contrary, they have been subjected to systematic discrimination and oppression for the 150 years since slavery was abolished, and it continues nowadays. Healthwise, this history may be viewed as resulting in two outcomes. With so much suffering and early death, those who survived this subjection may be the strongest and most resilient members of this group. However, the history of slavery and the current racial discrimination this group continues to suffer clearly underlie the inexcusably poor health status of African Americans as a whole..

For African Americans in the USA, racism is a systemic, organized social and cultural phenomenon that, through exclusion, prejudice, and discrimination, is a cause of social and health disparities, manifested as both distal and proximal factors affecting health, for which measurements cannot always be defined.

Socially, racism is correlated with substandard employment, housing, education, income, and access to health services; associated risks include occupational hazards, exposures to toxic substances and allergens in the home, low-quality schooling, lack of availability of healthy foods, easy access to illicit drugs and alcohol, violent neighborhoods, and environmental exposures. Individually, racism exerts its deleterious effects through negative cognitive and emotional phenomena leading to psychopathology and morbidity, as posited by McEwen’s Allostatic Load Model. This model proposes that daily stressful life events diminish coping mechanisms as well as genetic makeup—through epigenetic effects—damaging immune, hormonal, physiological, and neuronal systems from cradle to grave.

Poverty is a prime predictor for lacking basic human essentials. Poverty is highly correlated with poor health outcomes and increased morbidity and mortality. Heart disease, diabetes, obesity, elevated blood lead levels, and low birth weight are all more prevalent among poor individuals. The quality of housing affects health, and African Americans live in some of the country's lowest quality housing. Asthma is related to poor housing, and African Americans are disproportionately affected from asthma. Segregated housing is correlated with a significant increase in cardiovascular disease (CVD), and African Americans live in the most segregated conditions. Location is also a health determinant, and African Americans live in the poorest neighborhoods with the highest rates of homicide. Persons who live in poor neighborhoods are also much less likely to gain the benefits of exercise because of safety concerns.

"Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare"; and that, "a small number of studies suggest that racial and ethnic minority patients are more likely than white patients to refuse treatment".

An educated and informed black population will use health care services more effectively. Forty percent of African Americans have limited reading skills [85]. Health literacy is one's ability to obtain, process, and understand basic health information and services. This skill is necessary to make appropriate health decisions. Good health literacy requires the reading, analysis, and decision-making skills to make appropriate health decisions. Lack of health literacy skills is considered a cause of health disparities, and disparities by both race and educational status when health literacy are taken into account. People with poor health literacy have problems communicating with their health providers, reading instructions on medicines, and completing medical and insurance forms.

In 2012, blacks were 13.6 % of the "working age population" but were not 13 % of any of the major health professions. In the present, only 5.3 % of active physicians are black, and that is true for 10 % of nurses. Oral health remains a major issue for African Americans, but only 3 % of dentists are black.

A goal of Healthy People 2010 was the "elimination" of health disparities. It was not achieved for African American people [89]. The current picture is clear; the

greatest health disparity between the total US population and any ethnic group is found in African Americans.

Health disparities for blacks are racial disparities; social and gender disparities are interwoven and magnified to render blacks the least healthy of all groups. Historically structured racist practices and institutions are further reproduced by white-majority policymakers, decision makers, administrators, educators, and healthcare providers. Addressing “health disparities,” “cultural competence,” and “racial bias” at the individual level through healthcare services misses the social, institutional, and organizational levels underlying health disparities among blacks. At the individual level, this focus is translated into insufficient allocation of resources to black communities and populations.

Poverty, low education, unemployment, violence, insecurity, and environmental exposures contribute to poor reproductive health and birth outcomes among black women. These factors affect the woman and her family at multiple levels: low access to healthy foods, inadequate access to preventive and antenatal healthcare, intimate partner violence, distrust of the justice and police system, unhealthy behaviors, substance abuse, and stress. A greater proportion of black children are born and live in this social, environmental, and culturally deprived environment; thus, they grow and develop unequally—socially, psychologically, and healthwise, throughout the lifespan. Research into minority and black health issues has been found to be both insufficient and biased. The systemic nature of racism as a cause of health disparities must be counteracted by equally systemic measures, through social programs, economic investment, criminal system reform, decreased segregation in positions of institutional power, more inclusive research and appropriate funding of public agencies, healthcare institutions, and HBCUs.

Proactive efforts must be taken throughout health systems to eliminate the conscious and unconscious differences in the quality of care currently provided in all aspects of medical practice. These efforts must be directed at the practice of all health providers and the functioning of all systems. Public health should take the lead in advocating for and providing the expertise to assure that inadequacies in physical and social environments do not harm African American populations.

Many other disparities contribute to the poor health status of African Americans. Depending on how “cause of death” is determined and how it is calculated, diabetes is often in the top 10 causes of morbidity and mortality for African Americans. The same can be said for substance abuse, lung cancer, and stroke. African Americans are overrepresented when the top 10 causes of Years of Potential Life Lost are documented. Mental illness is a major problem, but much work needs to be done to develop an accurate and useful picture of the overall disparity.

Access to preventive, curative, and rehabilitative care must be assured to all persons including African Americans.

In order to assure care of the highest quality, proactive efforts must be taken throughout health systems to eliminate the conscious and unconscious differences in quality of care provided. These efforts must be directed at the practice of all health

providers and all systems. Today, the differences are integral to virtually all health practice. Education at all levels may be the most important role of health professionals. It is our responsibility to translate our knowledge of health into the language and culture of the client we are serving

I wish Ohio and our Counties in which we reside reflect a different outcome when it comes to Health Disparities of Blacks and African Americans; however I cannot, these statics and research information is staggering thought the national and have landed us time and time again in sessions like these across American.