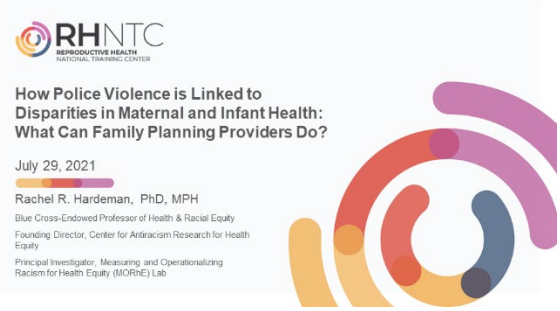
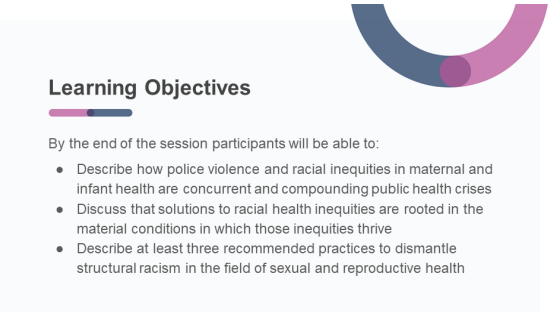
How Police Violence is Linked to Disparities in Maternal and Infant Health: What Can Family Planning Providers Do?
July 29, 2021
Transcript

Slide 1: How Police Violence is Linked to Disparities in Maternal and Infant Health: What Can Family Planning Providers Do? - July 29, 2021



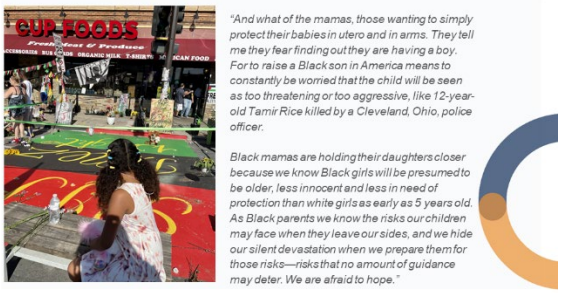
- [Jennifer Kawatu] Welcome, everyone. I'm going to just let a couple of seconds go by while people join, and then we'll get started. I see the numbers are ticking up and people are joining, so just couple more seconds. Okay, I think we are ready to get started. So hello, everyone. My name is Jennifer Kawatu, and I'm the Office on Women's Health team lead for the Title X Reproductive Health National Training Center. I'd like to welcome you today to today's webinar, "How Police Violence is Linked to Disparities in Maternal and Infant Health, and What Family Planning Providers Can Do." Just a few quick housekeeping items before we begin, everyone on the webinar today is muted, but we'll have time for question and answers at the end. And so, you can ask the questions at any point using the chat during the webinar. Live transcription is available for this meeting. To view the live transcription, click the CC, the closed caption icon located in your Zoom meeting controls to select your viewing options. And the recording and slides for today's webinar will also be available on rhntc.org within the next few days. And this presentation was supported by the Office of Population Affairs and Office on Women's Health. And its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA, OWH, or HHS. Now let's get started. We're excited to have as our speaker today, Dr. Rachel Hardeman. Dr. Hardeman is a tenured associate professor in the Division of Health Policy and Management at the University of Minnesota's School of Public Health, the Blue Cross Endowed Professor in Health and Racial Equity and the founding director of the Center for Anti-Racism Research for Health Equity. A reproductive health equity researcher, she applies the tools of population health science and health services research to shed light on a critical and complex determinant of health inequity: racism. Her work aims to link structural racism to help identify opportunities for intervention and dismantle the systems that allow inequities to persist. And with that, I'll turn it over to Dr. Hardeman. Blue Cross-Endowed Professor of Health & Racial Equity.
    - *This webinar was supported by the Office of Population Affairs (Grants FPTPA006030, TPSAH000006) and the Office on Women's Health (Grant ASTWH2000-90-01-00). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

Slide 2: Learning Objectives



- [Rachel Hardeman] Hi, everyone. Thanks so much for having me. I'm delighted to be here and to talk about some of my research that is near and dear to my heart. So I'm going to jump in. I have a lot of slides, so I will preface this by saying that I may skip a few things along the way, just so we have enough time for question and answer, because I think that's really important too as we're thinking about these topics. So you see the learning objectives here. I'm not going to go ahead and read them. They'll come up again as I move through my presentation. But before I jump into the actual research and the presentation, I always think it's a good idea to center ourselves around what's actually at stake.

Slide 3: Hopeful, yet still afraid to hope



- What you see on this slide is a photo of my daughter, my eight-year-old daughter. It was taken on May 25th of this year at George Floyd Square on the one year anniversary of his murder by a Minneapolis police officer. And as many of you probably know, as you follow the media and the press around this event, George Floyd Square became the primary gathering place for grief and for remembrance and for racial and social justice immediately after George Floyd's murder. What you see next to this photo is an excerpt from a op-ed that I wrote that was published in the Star Tribune, our local newspaper here in Minneapolis, on the one year anniversary of George Floyd's murder. And I'm going to read the words here because I think it's important as we think about what the topic is we're considering and grappling with today. The title of the actual op-ed was "Hopeful Yet Afraid to Hope." "And what of the mamas, those wanting to simply protect their babies in utero and in arms. They tell me they fear finding out they're having a boy. For to raise a Black son in America means to constantly be worried that the child will be seen as too threatening or too aggressive, like 12-year-old Tamir Rice killed by a Cleveland, Ohio police officer. Black mamas are holding their daughters closer because we know Black girls will be presumed to be older, less innocent, and less in need of protection than white girls as early as five years old. As Black parents, we know the risks our children may face when they leave our sides, and we hide our silent devastation when we prepare them for those risks,

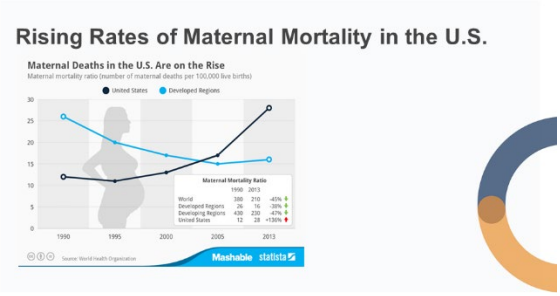
risks that no amount of guidance may deter. We are afraid to hope." So I want you think about those words, and just reflect them as I move through my presentation today.

- Image shown: Photo of presenter Rachel Hardeman's daughter, taken in George Floyd Square. Source: StarTribune.com: "Hopeful yet still afraid to hope: The legacy of George Floyd - To be Black in America means that justice is rarely, if ever, served." By Rachel Hardeman, May 24, 2021 (https://www.startribune.com/hopeful-yet-still-afraid-to-hope-the-legacy-of-george-floyd/600060792/?refresh=true)

Slide 4: Background

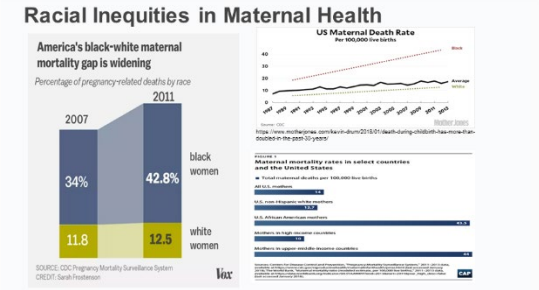
- So I'm going to start with a little bit of background, statistical background that I think is important for framing the issue, but it's also a recognized data that all of us are probably familiar with at some point, given the work that we all do.

Slide 5: Rising Rates of Maternal Mortality in the U.S.



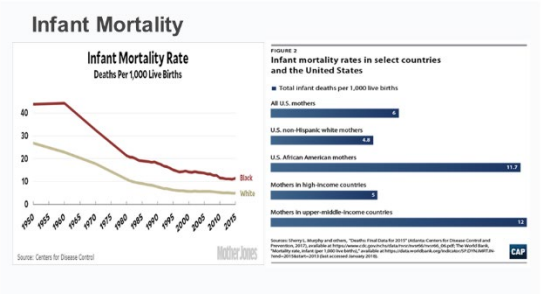
- Just for the sake of framing, it's important to note that we're talking about reproductive health inequities broadly speaking. So part of that is the rising maternal mortality rate in the United States. We know that nearly 900 women die of pregnancy-related causes, making the United States the only developed country in the world with the highest and increasing maternal mortality rates.
  - Image shown: Graph Titled "Maternal Deaths in the U.S. Are on the Rise". The graph displays maternal mortality ratio (number of maternal deaths per 100,000 lives births), comparing the United States to Developed Regions. "Maternal Mortality Ratio"; World, 1990, 380 deaths; 2013 210 deaths; decreased by 45%. Developed Regions, 1990, 26 deaths; 2013 16 deaths; decreased by 38%. Developing Regions, 1990, 430 deaths; 2013, 230 deaths; decreased by 47%. United States, 1990, 12 deaths; 2013 28 deaths; increased by 136%. Source: Statistica.com: "Maternal Deaths in the U.S. Are on the Rise" by Felix Richeter, May 12, 2014 (https://www.statista.com/chart/2231/maternal-mortality-rate/)

Slide 6: Racial Inequities in Maternal Health



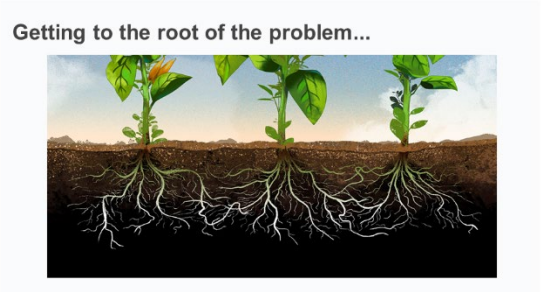
- And then behind that, what's driving a lot of that increase in maternal death in the United States is related to racial inequities. So the risk for maternal mortality is certainly unevenly distributed, with Black and indigenous populations bearing substantially greater risk, to the point that Black women are four times more likely to die of a pregnancy-related cause than a non-Hispanic white woman, and that's regardless of their education and socioeconomic status.
    - Images shown:
        - Graph titled "America's black-white maternal mortality gap is widening". Graph shows the percentage of pregnancy-related deaths by rate. White women; 2007, 11.8% pregnancy-related death; 2011, 12.5% pregnancy related deaths. Black women; 2007, 34% pregnancy related deaths; 2011, 42.8% pregnancy related deaths. Source: Vox "Black Moms die in childbirth 3 times as often as white moms. Except in North Carolina." By Julia Belluz, July 3, 2017. (https://www.vox.com/health-care/2017/7/3/15886892/black-white-moms-die-childbirth-north-carolina-less)
        - Graph titled "U.S. Maternal Death Rate: Per 100,000 live births". This line graph shows an increase in maternal death rates starting in 1987 and reporting an update every two years up until 2013. The chart shows Black maternal deaths as 18 in 1990; over 40 in 2013. White maternal deaths 4 in 1990; 11 in 2013. The average line shows maternal death rates were 7 in 1990; 17 in 2013. Source: Mother Jones "Death During Childbirth Has More Than Doubled in the Past 30 Years." By Kevin Drum, January 30,2018. (https://www.motherjones.com/kevin-drum/2018/01/death-during-childbirth-has-more-than-doubled-in-the-past-30-years/)
        - Graph titled "Maternal mortality rates in select countries and the United States". Bar graph measures maternal deaths per 100,000 live births by race: all U.S. mothers, 14; U.S. non-Hispanic white mothers, 12.7; U.S. African American mothers, 43.5; and by mothers in high-income countries,10; and mothers in upper-middle-income countries, 44. Source: Center for American Progress "Exploring African Americans' High Maternal and Infant Death Rates." By Cristina Novoa and Jamila Taylor February 1, 2018. (https://www.americanprogress.org/issues/early-childhood/reports/2018/02/01/445576/exploring-african-americans-high-maternal-infant-death-rates/)

Slide 7: Infant Mortality



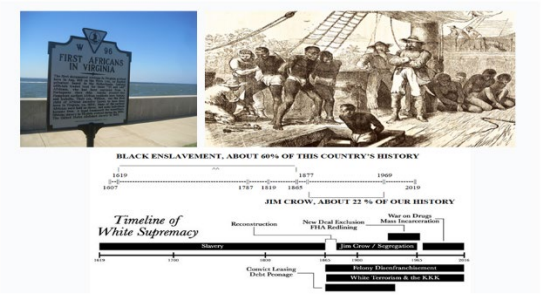
- And then we have infant mortality where what we see is that Black and indigenous infants are less likely to survive that first year of life, and we've known this is the reality since we've collected data. So this isn't new. Historical demographers have estimated that in 1850- [device ringing] Sorry about that. In 1850, enslaved infants died at a rate of 1.6 times that of white infants. And in 2016, CDC data showed that Black infants have a mortality rate that's 2.3 times higher than non-Hispanic white babies. So even though we've lowered infant mortality rates overall, we have failed to close those gaps when it comes to race.
    - Images shown:
        - Graph titled “Infant Mortality Rate” Subtitle, Deaths per 1,000 Live Births”. Line graph measures data by Black and White infants every five years starting from 1950 to 2015. Black Infant 1950, 45 deaths; 2015, 11 deaths. White infant, 1950, 26 deaths; 2015, 5 deaths. Source: Mother Jones “Our Disgraceful Infant Mortality Epidemic”. By Kevin Drum, April 12, 2018. (https://www.motherjones.com/kevin-drum/2018/04/our-disgraceful-infant-mortality-epidemic/)
        - Graph titled “Infant mortality rates in select countries and the United States”. Bar graph measures infant deaths per 100,000 live births by race: all U.S. mothers, 6; U.S non-Hispanic white mothers, 4.8; U.S. African American mothers, 11.7; and mothers in high-income countries, 5; and mothers in upper-middle-income countries, 12. Source: Center for American Progress “Exploring African Americans’ High Maternal and Infant Death Rates.” By Cristina Novoa and Jamila Taylor February 1, 2018. (https://www.americanprogress.org/issues/early-childhood/reports/2018/02/01/445576/exploring-african-americans-high-maternal-infant-death-rates/)

Slide 8: Learn about, understand and accept the United States' racist roots



- So, oops. Sorry, clicked too fast. Okay. So in order to kind of dig into the root cause of these disparities and many others, we have to learn about and understand and accept the United States racist roots. And that line actually comes from a article that I published in 2016 with... I'm a Black man, was shot and killed by a police officer in Falcon Heights, Minnesota, actually not more than about a half a mile from where the University of Minnesota sits. And our goal with this article, and I'm going to circle back to it at the end, so I'm not going to say a ton right now, but one of our goals was to ensure that our colleagues, so clinicians, researchers, folks in the public health workforce recognize that we cannot live our lives as though we don't have a role to play in dismantling the systems and structures that have had such a significant impact on Black livelihood and Black health and wellbeing. And so we wrote this call to action, stating that the first step is to learn about and understand the history of our country.

Slide 9: Historical context



- And so I'm going to take a few minutes to walk us through some of that historical context, because I think it's incredibly important for framing the discussion today around police violence and reproductive health. So on this slide, what you see is that, or what we're reminded of is that in 1619, a group of 20 Africans were sold into bondage in Jamestown, Virginia. And then we have this timeline of racism and white supremacy throughout the past 400-plus years. And what we've seen is that racism has taken on different shapes and forms throughout that time, whether it was slavery or Jim Crow, which was literally legalized racism through a series of laws around segregation and racial segregation. We see felony disenfranchisement, as well as mass incarceration, the war on drugs, and different ways that racism has shown up in our society to impact the health and wellbeing and the livelihood of Black and brown folks.
    - Images shown:
        - Historical engraved plaque titled "First Africans in Virginia" installed in front of Chesapeake Bay in Hampton, Virginia.
        - An artist's engraving depicting a scene from the year 1619 of a group of 20 Africans in bondage onboard a ship in Jamestown, Virginia to be sold. White English men onboard oversee the Africans.
        - Timeline from 1607 to 2019 that shows Black enslavement comprising 60% of our our country's history between 1619-1865, and Jim Crow (state and local laws that enforced racial segregation make up 20% of our history from 1877 to 1969.
        - Timeline of White Supremacy. Slavery occured from 1619 to 1865; Reconstruction, 1865-1877; Convict Leasing Debt Peonage, 1865- 1960; Jim Crow/Segregation,1877-1965; War on Drugs and Mass Incarceration, 1967-2016; Felony Disenfranchisement, 1865-2016; White Terrorism and the KKK, 1865-2016.

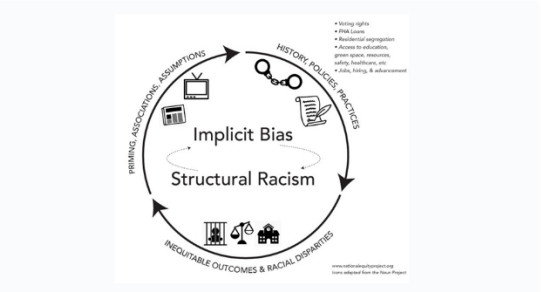
Slide 10: From Night Watch to Slave Patrol: Policing is Born

- So part of our knowing our history means that we have to understand the history of policing and police brutality as well, because that as well has taken many shapes and forms over the years. It's not a new issue, right? It's not something that... It's something that a lot of folks have become more aware of certainly over the past few years, as cell phone cameras and things have been used to document these atrocities, and certainly for those who... George Floyd's murder certainly has woken up a lot of us who were able to kind of put blinders on to these issues. But I think it's important to understand that the issue of police brutality and policing in and of itself dates back to the 1600s the United States, which was then a British colony, actually used... It wasn't called policing, right? It was a watchman system where citizens of towns and cities would patrol their communities to prevent burglaries, and arson, and just overall maintain order. But then as the enslaved population increased in the United States, slave patrols were formed. They started in South Carolina, and then expanded to the other slave-holding southern states. And slave patrols really lay at the roots of the nation's law enforcement issues. So helping... It helped to launch centuries really of violence and racist behavior towards Black Americans based on keeping slaves in their place, working on plantations as they were wanted to do. So after the abolition of slavery in 1865, with the passing of the 13th Amendment towards the end of the Civil War, slave patrols were done away with, and that's when we see these modern police departments become more common. But I think it's important to understand that even then, Black people were still heavily policed by law enforcement officials, especially in areas that had Black codes or laws that restricted property ownership or restricted employment and other behaviors, voting for instance. And also what we know is that policing and the establishment of policing and law enforcement looked a little bit different in northern states versus the southern states, but I think the important point is that they were both based on the 'othering' of people, Black people in particular, or those who were not considered white at the time. And we've seen this sort of perpetuate itself over many, many years to the current issues we're grappling with today.
- Resources: Slave patrols (https://www.usatoday.com/pages/interactives/1619-african-slavery-history-maps-routes-interactive-graphic/) lay at the roots of the nation's law enforcement excesses, helping launch centuries of violent and racist behavior toward black Americans, as well as a tradition of protests (https://www.usatoday.com/in-depth/graphics/2020/06/03/map-protests-wake-george-floyds-death/5310149002/) and uprisings against police brutality.

Slide 11: Objective 1

- So objective one of my time with you all today is to first talk about police violence and racial inequities in maternal and infant health, and this idea that they are concurrent and compounding public health crises. So I'm going to offer a little bit of background, by the way, to describe that, but then also illustrate that with the research studies that I have conducted and I'm currently conducting.

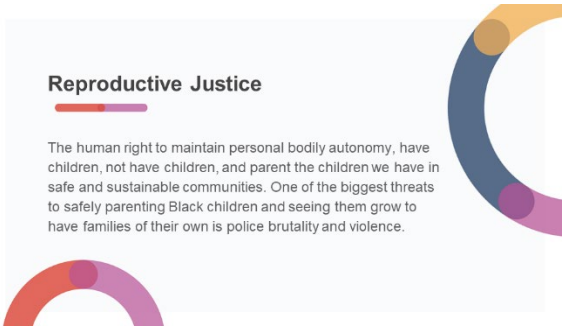
Slide 12: Implicit bias and structural racism



- So just to be clear, when I talk about police violence or police brutality and even police contact or over surveillance by police in different communities, we're talking about a form of structural racism that is normalizing and legitimizing an array of dynamics. Some are historical, some are cultural, institutional, but what is important to understand is that they routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color. So we're not talking about individual people and individual sort of poor choices, right? So I think that's an important thing to think about as we... I live in Minneapolis. George Floyd's murder took place just a few blocks from my childhood home. And I think one of the things that we've seen and we discuss often here is the difference between the way that former Officer Chauvin was looked at sort of as an individual, sort of bad actor, a bad apple, versus a system that's at play that he was working within, and that frankly supported and upheld him and his behaviors. And so I think it's important to understand we're not pointing the finger at individuals right now. We're talking about a structure and a system that has perpetuated inequity in white supremacy for 400-plus years. And that's what you see in this figure, is how the illustration of the histories, the policy, the practices that are contributing to inequitable outcomes and racial disparities through both structural racism and implicit racial bias.
    - Image shown: Circular diagram on implicit bias and structural racism. Three arrows with headings on each arrow: Priming, Associations, Assumptions; History, Policies, Practices; and Inequitable Outcomes & Racial Disparities which make up the circle. There are five bullet points on the upper right corner: voting rights; FHA loans; residential segregation;

access to education, green space, resources, safety, health care, etc.; and jobs, hiring and advancement.

Slide 13: Reproductive Justice

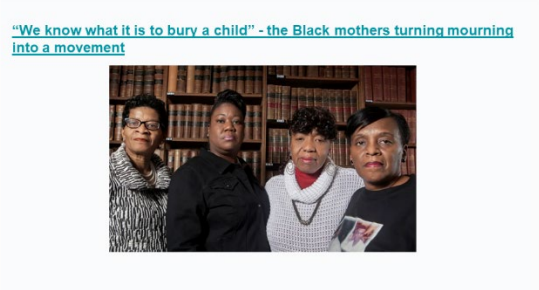


- We also have to understand the notion of reproductive justice. Because I think everything I've offered to this point, you could be thinking, how does this relate to reproductive health? How does this relate to birth outcomes or maternal and infant health? And that's where the notion of reproductive justice comes in. So reproductive justice is a human right to maintain personal bodily autonomy, have children or not have children, and parent the children we have in safe and sustainable communities. And I would say that policing and police violence is one of the biggest threats to safely parenting Black children and babies, and seeing them grow to have families of their own.

Slide 14: Reproductive Justice & Police Violence

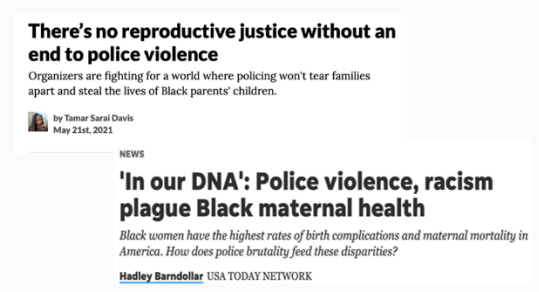
- So the comprehensive sort of perspective of reproductive justice embodies women of color's recognition that it's not only important to fight for the right to have a child or not have a child, but really, again, to be able to have children, and care for them, and parent them in ways that feel right, and that are safe, and in communities that are safe, that aren't over surveilled, that have the resources necessary. And that's why there is an inextricable link, I believe, between police violence and reproductive health that we have to be considering as we grapple with these huge social issues, one of the biggest social issues of our time I would argue.
    - Images shown:
        - Black, pregnant mother holding up a sign in front of the U.S. Capitol building during a protest that says "We are not carrying for 9 months, then struggling during labor for 9 hours, just for you to kneel on their neck for 9 minutes!! Black Lives Matter.“
        - White man at a large protest holding a sign that says "All mothers were summoned when he called his Mama."

Slide 15: “We know what it is to bury a child” - the Black mothers turning mourning into a movement



- And also, there's been a few pieces over the years, thinking about, or discussing, or highlighting Black mothers and Black motherhood. This is a photo of a group of moms from the Mothers of the Movement. So it's Sandra Bland's mother who was killed by a police officer, Trayvon Martin's mother, Eric Garner's mother, and Sean Bell's mother. And they've created, along with other Black mothers across the country, the Mothers of the Movement, which is a group of parents who have each found themselves raising and then losing a child in a system due to police violence.
    - Source: [The Guardian “We know what it is to bury a child - the black mothers turning mourning into a movement.” By Nadia Latif, Leila Latif, and Tom Pilston. November 22,2016.] (https://www.theguardian.com/world/2016/nov/22/mothers-of-the-movement-trayvon-martin-sandra-bland-eric-garner-amadou-diallo-sean-bell)

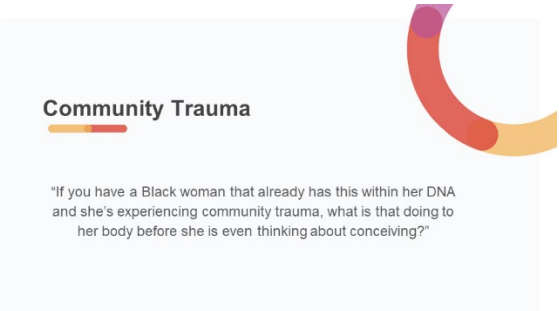
Slide 16: Intersection between reproductive justice and police violence



- And so, particularly in the aftermath of George Floyd's murder, we've seen more and more discussion around the fact that there's no reproductive justice without an end to police violence. I often think about Breonna Taylor and the fact that one of her last tweets, just three months before she was killed by a Kentucky police officer, she had tweeted that, "I hope next Christmas, I have a kid, so I can be super excited." So not only is reproductive justice about being able to care for and raise children in safe and sustainable and communities and environments, but it's also about the choice to have a child. And Breonna Taylor's reality, that option was taken away from her when she was killed by a police officer. we also need to be thinking about how do these incidents of policing and police violence change perspectives on parenthood or wanting to become a parent. And I'll touch on that a little bit later in some of the research I'll share with you.
    - Images shown:

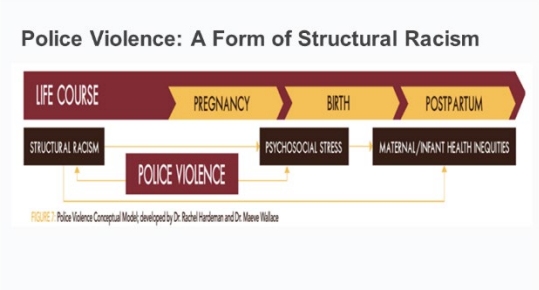
- Photo clip from a news article heading by Tamar Sarai Davis titled "There's no reproductive justice without an end to police violence". The subheading states "organizers are fighting for world where policing won't tear families apart and steal the lives of Black parent's children." Source: PRISM "There's no reproductive justice without an end to police violence." By Tamar Sarai Davis. May 21,2021. (https://prismreports.org/2021/05/21/ending-police-violence-is-integral-to-achieving-reproductive-justice/)
- This headline clip is of a USA Today Network news article by Hadley Barndollar titled "In our DNA: Police violence, racism plague Black maternal health." The subheading to this title states "Black women have the highest rates of birth complications and maternal mortality in America. How does police brutality feed these disparities?" Source: The Providence Journal "'In our DNA': Police violence, racism plague Black maternal health." By Hadley Bardollar, USA Today Network. May 13, 2021. (https://www.providencejournal.com/story/news/2021/05/13/police-violence-and-racism-cause-black-maternal-health-issues-childbirth-mortality/4972964001/)

Slide 17: Community Trauma



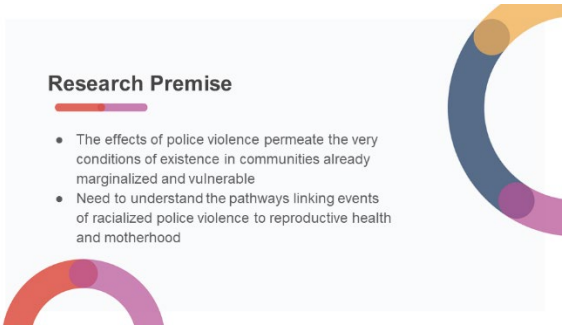
- The other piece of background I think is critical to understand is around community or vicarious trauma, as well as transgenerational trauma. So we know that police violence and racism in general can be insidious threats to reproductive health, to health and wellbeing. The weathering hypothesis and other sort of physiological processes have shown us that the impact of these things can really wear and tear at the body. And so, we have to be thinking about the fact that, this trauma is passed down from one generation to the next. It's been documented in the descendants of enslaved people, and refugees, and even in Holocaust survivors. And in the case of Black women who have witnessed the countless deaths and injuries of Black people in their communities at the hands of police, we have to be thinking about what that community or vicarious trauma means. Meaning that it's sort of the secondary trauma, right? It's not that it's an immediate person that they knew and knew well that was harmed, but simply living in a community where these things are happening, and it's happening to someone who looks like you, that vicarious trauma can potentially have an impact on reproductive health. And so that's really the premise or the starting point for the research that I am currently conducting.

Slide 18: Police Violence: A Form of Structural Racism



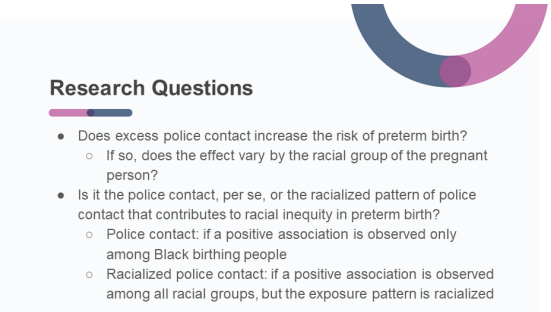
- And so for those of you who appreciate a conceptual model, I'm a health services researcher by training. So this is sort of our bread and butter, but I just think it's important to think about that, first and foremost, my work is based on the premise of reproductive justice, and that's becoming or not becoming a mother. Parenting as a Black mother is critically important to how we understand racial inequities in maternal and infant outcomes. And so what you see here is the fact that police violence is this manifestation of structural racism that's impacting psychosocial stress during pregnancy, birth, and in the postpartum period. And so, I think this is a sort of simplistic way of sort of describing what's happening here, but hopefully one that's clear and we can kind of talk about the nuances there, because certainly there are a lot. There's a lot more going on. There are things to consider, like spatial proximity to these events versus, viewing it in the media or from afar, and things like that.
    - Image shown: A conceptual model that describes how structural racism manifested through police violence impacts psychosocial stress and results in inequitable outcomes across the life course and has a particular impact on pregnancy, birth and the postpartum period.

Slide 19: Research Premise



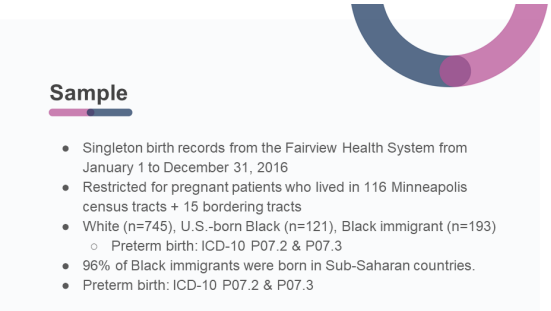
- So the premise of my research is that beyond the tragic deaths that occurs due to police violence or police brutality, the effects of that violence, again, permeate the very conditions of existence and communities, and it's happening in communities that are already marginalized and are already vulnerable. And so, the over surveillance in those communities, coupled with the looming fear of death at the hands of police, have the potential to affect all aspects of life. And we have to be able to understand those pathways and understand that lived experience to be able to point to the solutions, to point to the policy solutions or community or neighborhood-level solutions, whatever they may be.

Slide 20: Research Questions



- So I'm going to talk to about a couple of different studies that I think are important for sort of framing how we understand and think about the connections between reproductive justice or reproductive health, and policing, and police violence. So this first one, we examined the relationship between police contact and preterm birth and US-born Black, Black immigrants, and White pregnant people living in Minneapolis. And the sort of three questions, research questions we aim to answer were, first, does excess police contact, meaning living in a neighborhood, living in a community where there's a disproportionate police presence, does that increase the risk of preterm birth? So birth between before, excuse me, 37 weeks gestation. Second, we wanted to know, does the effect vary by racial group of the pregnant person? So does it matter if the person is Black, or African born, or African immigrant? So particularly here in Minneapolis, that means that we have a large population of Black folks who identify as immigrants coming from Somalia and other African countries. And so we wanted to know if it mattered by racial group. And then lastly, is police contact... Is it the police contact per se or the racialized pattern of police contact that contributes to racial inequities in preterm birth? And I'll explain a little bit more about what we mean by that in just a second. Also the point I'm trying to walk away from this is that if inequity is attributable to police contact, then we would expect to see positive associations between police contact and preterm birth only among Black pregnant people, but no associate association among White folks. However, if the inequity is attributable to racialize police contact, we would expect them to see the positive association among all of the racial groups.

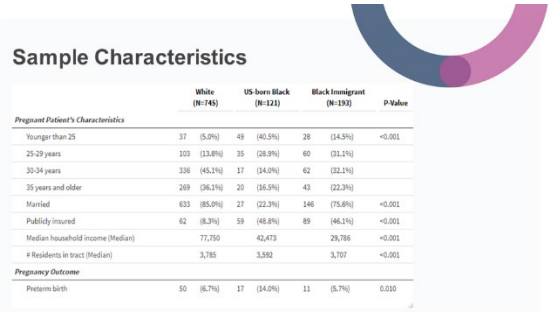
Slide 21: Sample



- So I won't spend too much time on the methods just for the sake of time, but I'm happy to come back to them if anyone is deeply interested. Also, the paper with these findings, and it will be out pretty soon. So I can share that with you once it's out, but our study population included pregnant people who gave birth to live singletons from January 1st to December 31st, 2016 at one of the largest maternity care providers in the Twin Cities area. And then we restricted our analytical sample to Black and White pregnant people whose residential address on their

medical records at the time of admission fell within the 116 census tracts that make up the city of Minneapolis. I meant to say this before I launched into the research too. So the studies that I'm sharing with you today, this is all work. This is all pre-George Floyd work. George Floyd's murder marks a critical point, I think, in our shift in sort of racial awareness and understanding of racism. And so we're getting there, but I actually started this work in probably 2014, 2015, and 2016. So this is all prior to that, to sort of this major event in our city.

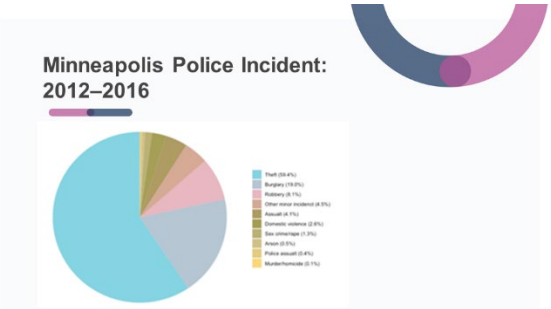
Slide 22: Sample Characteristics



	White (N=745)		US-born Black (N=121)		Black Immigrant (N=193)		P-Value
Pregnant Patient's Characteristics							
Younger than 25	37	(5.0%)	49	(40.5%)	28	(14.5%)	<0.001
25-29 years	103	(13.8%)	35	(28.9%)	60	(31.1%)	
30-34 years	336	(45.1%)	17	(14.0%)	62	(32.1%)	
35 years and older	269	(36.1%)	20	(16.5%)	43	(22.3%)	
Married	633	(85.0%)	27	(22.3%)	146	(75.6%)	<0.001
Publicly insured	62	(8.3%)	59	(48.8%)	89	(46.1%)	<0.001
Median household income (Median)		77,750		42,473		29,786	<0.001
# Residents in tract (Median)		3,785		3,592		3,707	<0.001
Pregnancy Outcome							
Preterm birth	50	(6.7%)	17	(14.0%)	11	(5.7%)	0.010

- You see here some of the sample characteristics. Again, I'm not going to spend a ton of time here other than to say that the US-born Black pregnant people in our sample were younger and less likely to be married in comparison to the white and Black immigrant population, and the Black immigrant group actually had many characteristics that were similar to White counterparts, except for the likelihood of being on public insurance. Also, it's important to note that what we see in this particular sample is that the incidence of preterm birth for U.S.-born Black birthing people in the sample was 14.1%, which is more than double what we saw among what we see among the White pregnant people.
- Image shown: Sample chart shows pregnant patient characteristics in White, 745; U.S.-born Black, 121; and Black immigrant, 193, women. Pregnant patient characteristics include younger than 25; 25-29 years; 30-34 years; 35 years and older; married; publicly insured; median household income; number of residents in tract. Chart includes pregnancy birth outcome; White women, 6.7%; U.S.-born Black women, 14%; Black Immigrant women, 5.7%. Black immigrants had many characteristics similar to their White counterparts than to their U.S.-born Black counterparts, except for their likelihood of being public insurance beneficiaries. The incidence of preterm birth for U.S.-born Black was 14.1%, which is more than double amongst White pregnant people. On the contrary, the incidence of preterm birth for Black immigrants was lower than the incidence for White pregnant persons.

Slide 23: Minneapolis Police Incident: 2012–2016

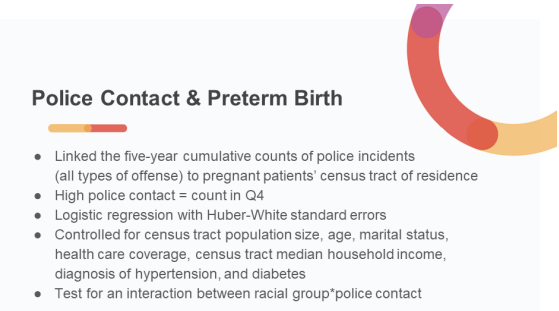


- And we actually see the incidents of preterm birth for Black immigrants. The Black immigrant population in this study was lower than that of White pregnant people. So then we

operationalized police contact as a place-based exposure and measured it at the census tract level. Again, if anyone wants to nerd out on that stuff, we can do that. But the point is that what you see here on this figure is the proportional distribution of offense type between 2012 and 2016. Sorry, it's a little bit blurry, but some of the categories are theft, burglary, robbery, arson, police assault, just to kind of give you a sense of the variety.

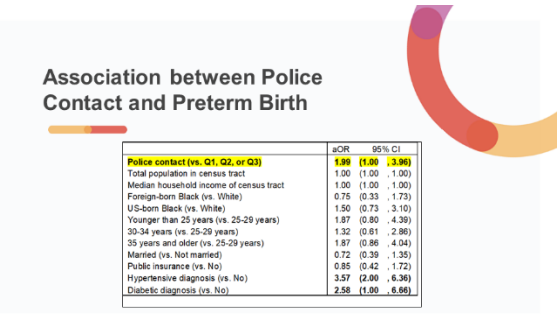
- Image shown: Pie chart titled "Minneapolis Police Incident: 2012-2016", show the proportional distribution of offense type. The offense types represented in the pie chart are: theft, 59.4%; burglary, 19%; robbery, 8.1%; Other minor incident, 4.5%; assault, 4.1%; domestic violence, 2.4%; sex or rape, 1.3%; arson 0.5%; police assault, 0.4%; and murder/homicide 0.1%.

Slide 24: Police Contact & Preterm Birth



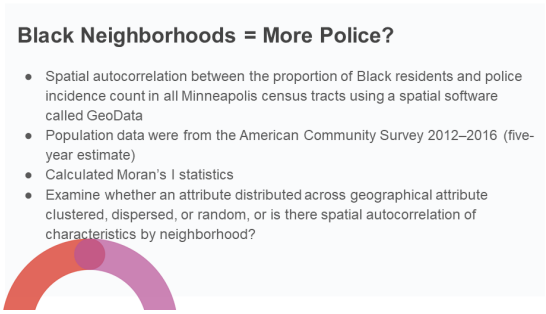
- So then we pulled incidents reported over a five-year period, and then assigned a census tract identifier to all of the incidents, and then calculated high exposures versus low exposures. And then I think the other important thing to walk away from this slide is that we control for census tract population size, age, marital status, insurance, or healthcare coverage, census tract median household income, a diagnosis of hypertension or diabetes, two of the co-morbidities that could potentially result in a preterm birth. We also tested if the effect of police contact varied by the pregnant person's racial group, by adding an interaction term into our multi-variant models.

Slide 25: Association between Police Contact and Preterm Birth



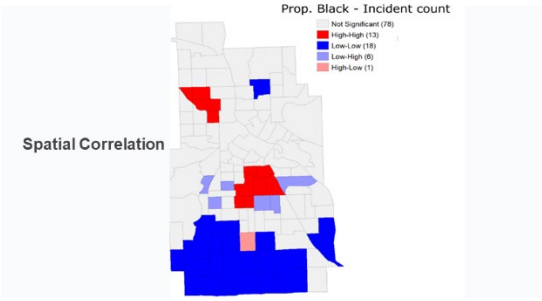
- And what we find in preliminary results is that high police contact increases the risk of preterm birth by 99%.
  - Image shown: Table titled “Association between Police Contact and Preterm Birth.” Police contact is compared across quarters 1, 2 and 3. The table reveals that high police contact increases the risk of preterm birth by 99%.

Slide 26: Black Neighborhoods = More Police?



- So then in our secondary analysis, we wanted to understand or test for spatial auto correlation between the proportion of Black residents in a Minneapolis census tract and the cumulative police incidents. And so we did that using the software called Geodata. Essentially, the question is, do Black neighborhoods mean more police?

Slide 27: Spatial Correlation



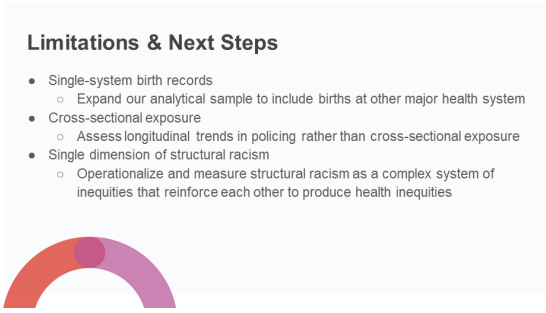
- And this is what we see. I think it's hard to sort of wrap your head around this if you're not familiar with the city of Minneapolis, which is totally fine. I think the point to walk away from the slide with is that we found a positive measure of spatial autocorrelation between the proportion of the population that identified as Black and the number of police incidents. And so what you see on this map is sort of the five types of neighborhoods in Minneapolis. So the red clusters indicate, or the red indicates the clusters of the census tract with a high proportion of Black residents that also have high police incidents or police contact. The dark blue are those with a low proportion of Black residents and low police incidents. And then pink and purple. There's one little pink square there, down here. And then the purple represent low police incident and a low proportion of Black folks in those neighborhoods. And then the gray are census tracts that don't have any significant or didn't have any significant correlation in our analysis...
    - Image shown: Map titled "Prop. Black-Incident count", shows five types of neighborhoods in Minneapolis. Red indicates the clusters of census tract with high proportion of Black residents that have high police incidents. The incident report count was 13 for red clusters. Dark Blue are those with low proportion of Black residents and low police incident. The blue incident report count was 18. Pink and purple are census tract with high proportion of Black people with low police incident, and those with low proportion of Black with high incident. The map shows purple having a count of 6; and pink shows a count of one. Gray areas are census tract with no significant correlation; these areas had a count of 78. Source: Society for Epidemiologic Research. 2020 Annual

Meeting Abstract Book. December 18,2020. (9https://epiresearch.org/wp-content/uploads/2020/12/2020-Abstract-Book.pdf)

Slide 28: Overall Observations

- ...meaning that our overall observations are first, that exposure to high police contact increased the risk of preterm birth for both Black and White pregnant people. And furthermore, we see that there are areas in Minneapolis with high proportions of Black, high proportions of Black populations experiencing the disproportionately high police incidents or police contact. And there are areas with low proportions of Black populations experience and lower police incidents. So taken together, what it suggests is that racialized police exposure contributes to racial inequities and preterm birth. So simply living in a community where you are experiencing over surveillance by police results in preterm birth.

Slide 29: Limitations & Next Steps



- Of course there's always limitations to those analyses. I won't dig into those right now. I think the thing to understand or to think about here as we move forward is what does this mean within the broader context of how structural inequity plays out in communities and in neighborhoods. So this is one manifestation of it. What we know is that it's sort of multifactorial, and so we need to be really understanding sort of how these systems work together, or intersect is probably a better way of saying that, to impact poor outcomes and reproductive health.
- Resource: Structural racism is a complex *system of inequities* (https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30569-X/fulltext) operating in concert to generate adverse health effects for marginalized people.

Slide 30: What feelings persist for Black mothers in the aftermath of the continual loss of Black men's lives at the hands of police?

- So in addition to looking at police contact or police surveillance and communities, we were really interested in also exploring what feelings persist for Black mothers in the aftermath of the continual loss of Black men's lives at the hands of police. so I started out my talk by showing you the picture of the mothers and also showing you a picture of my daughter who I as a mother worry deeply about what this means for her.
    - Image shown: Black mother holding up a sign in front of the U.S. Capitol building during a protest that says "We are not carrying for 9 months, then struggling during labor for 9 hours, just for you to kneel on their neck for 9 minutes!! Black Lives Matter." Source: Black Mother holding up BLM protest sign in front of U.S. Capitol (https://www.today.com/parents/pregnant-woman-hopes-stand-all-mothers-black-men-powerful-sign-t183565)

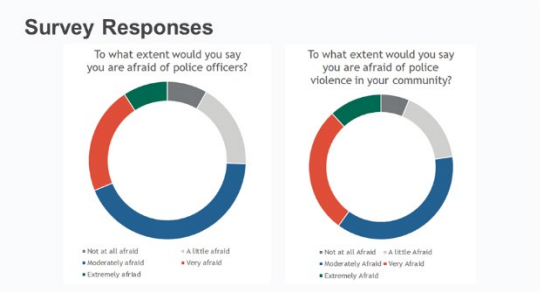
Slide 31: North Minneapolis rebellion

- And so, and I guess in 2016, we launched a... I and my team launched a survey. We surveyed about 266 Black women of reproductive age here in Minnesota, and primarily in the Twin Cities. We also conducted a few focus groups with about 30 Black women of reproductive age and 20 interviews. And the goal of this work was really to describe the stories and lived experience of Black mothers in North Minneapolis. We started out with north Minneapolis, which is a predominantly Black neighborhood here in the Twin Cities, but we actually ended up expanding the study beyond North Minneapolis to the Twin Cities more broadly.

Slide 32: “I don’t want to know…”

- But I think it's also important to understand where this study came from. And it came from another study I was conducting with a research partner that had nothing to do actually with police violence. We were studying the model of care at a Black-owned, community-based, culturally-centered birth center called Roots Community Birth Center here in the Twin Cities. And we were doing some focus groups with Black moms, Black pregnant people, many of who were around that sort of 20-week mark where you would get ready to sort have your anatomy scan and find out, if you so choose, find out if you're having a boy or a girl. And what we were hearing as we were doing these focus groups and these interviews was that women were opting out of either the scan altogether, but certainly opting out of finding out the sex of their baby. And so, the more we dug into that and ask why, we kept getting the same response, "I don't want to know." For context, these interviews and focus groups were happening maybe four to six weeks after Philando Castile was murdered by a Falcon Heights police officer. And they kept saying, "I don't want to know. It's too stressful because the stress of knowing that I'm having a boy is too much to bear as I finish out this pregnancy." And so that's really the impetus for this study.
    - Image shown: A very young Black girl wearing a protest sign that says "Don't Shoot."

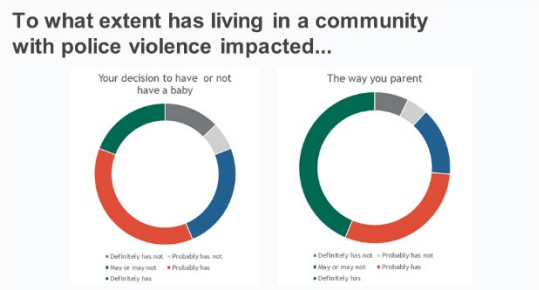
Slide 33: Survey Responses



- And I'm going to share a couple of our findings. We're still... One of the other interesting things that... This study actually took a lot longer to carry out because it required building a lot of trust within community to get folks to participate, and that took time, years, frankly. Now we had actually just completed the survey and pulled it out of the field about two weeks before George Floyd's murder. So this has been an ongoing labor of love, but some of what we're seeing as we look at that survey data from, again, Black women of reproductive age living in the Twin Cities is that nearly 3/4 are saying that they're afraid, feel afraid of police officers. 77% said that they're afraid of police violence happening in their communities. And again, this is pre-George Floyd.
    - Images shown:

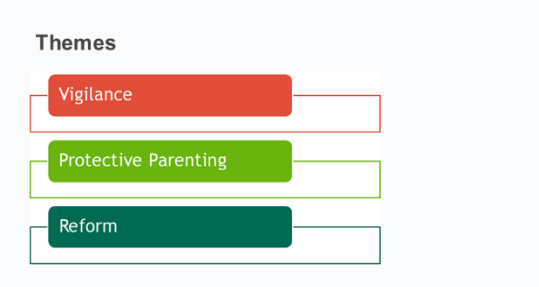
- Pie chart titled "To what extent would you say you are afraid of police officers?" shows that 73% of respondents are afraid of police officers. Answer options include not at all afraid, moderately afraid, extremely afraid, a little afraid, and very afraid.
- Pie chart titled "To what extent would you say you are afraid of police violence in your community?" shows that 77% of respondents are afraid of police violence in their community. Answer options include not at all afraid, moderately afraid, extremely afraid, a little afraid, and very afraid.

Slide 34: To what extent has living in a community with police violence impacted...



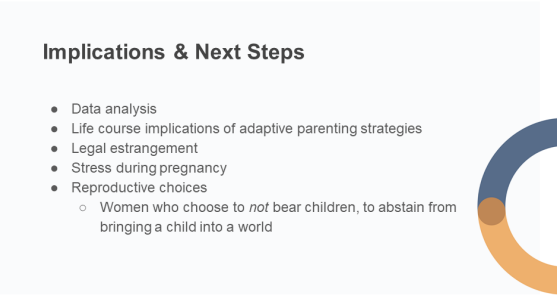
- We asked about to what extent has living in a community with police violence impacted your decision to have or not have a baby. And over half said it probably or definitely had an impact on their decision to have a baby. What I would love to do from that is dig deeper whether that's qualitatively or some other way, into that decision-making process, because I think there's some important things to sort of pull from there that we weren't able to get at fully in the survey. And certainly we heard from people that, nearly 3/4, that living in communities with police violence has impacted the way that they parent the children that they do have.
    - Images shown:
        - Pie chart titled "Your decision to have or not have a baby" shows that 56% of respondents say living in a community with police violence impacted their decision to have a baby. Answer options include definitely has not, may or may not, definitely has, probably has not, and probably has.
        - Pie chart titled "The way you parent" shows that 73% of respondents say living in a community with police violence impacted the way they parent. Answer options include definitely has not, may or may not, definitely has, probably has not, and probably has.

Slide 35: Themes



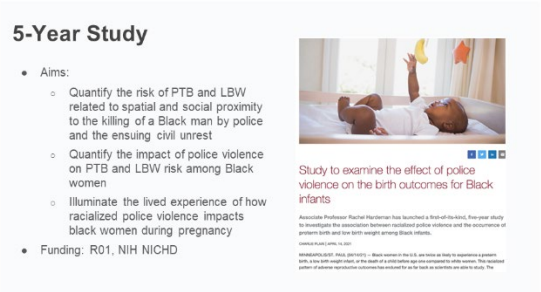
- And that's a lot of what we heard about in the qualitative interviews and focus groups as well. So the themes that really came up were this need for hypervigilance. A mom said that she doesn't want her little ones to go outside, and that she doesn't want the older ones to drive a car because she's worried about what would happen if they ever get pulled over. That ties directly into this concerns around or this need for protective parenting. We heard a lot of stories around, even with kids as young as two and three, parents saying that they're having conversations with them, preparing them for what it means to walk through the world, walk through their neighborhood as a Black child. And we also talked a lot about their ideas around reform and what that meant, and found out, learned some interesting things there that I won't have time to go into today.

Slide 36: Implications & Next Steps



- So we are digging into all of that. We continue to dig into all of that. One of the things, like I said before, that we're really excited to kind of further explore is this piece around reproductive choices and particularly learning and hearing from women who have chosen to not bear children and to abstain from bringing a child into the world for this reason.

Slide 37: 5-Year Study

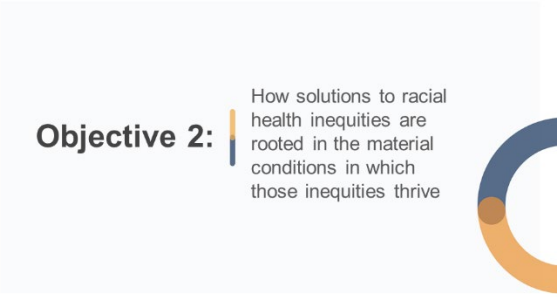


- So that works has led to a really exciting study that we just launched. It just launched a couple of weeks ago actually. That's funded by the NIH. That will allow us to look at... I mentioned this earlier, sort of the need to understand the spacial and social proximity to the killing of a Black man by police, and then suing civil unrest, and its impact on preterm birth and low birth weight. And this is a national study, which is exciting. So we'll do some work specifically here in Minnesota, but also we'll be able to look nationally at trends and really look at community patterns and trends around birth outcomes and preterm, birth outcomes and police violence. And then also do some qualitative work around really illuminating the lived experience of how racialized police violence impacts Black birthing people and Black women during pregnancy. And this proposal was funded. It was actually reviewed by the NIH study section on the same day as George Floyd's Memorial service. And so it was just funded, and we were actually able to go back in for a competitive supplement that will allow us to look at specifically at the impact of

George Floyd's murder on the same trends and same outcomes, and also explore sort of the intersections of the disproportionate impact of COVID-19 on Black communities and George Floyd's murder on birth outcomes. So we're really excited to launch that work and to dig in there.

- Image shown: An article titled "Study to examine the effect of police violence on the birth outcomes for Black infants" written by Doctor Rachel Hardeman. The article discusses a first-of-its-kind, five-year study to investigate the association between racialized police violence and the occurrence of preterm birth and low birth weight among Black infants. Source: "Study to examine the effect of police violence on the birth outcomes for Black infants" by Rachel Hardeman. (https://www.sph.umn.edu/news/study-to-examine-the-effect-of-police-violence-on-the-birth-outcomes-for-black-infants/)

Slide 38: Objective 2 - How solutions to racial health inequities are rooted in the material conditions in which those inequities thrive



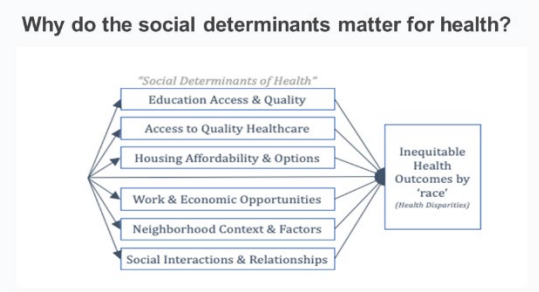
- So an objective two, we're going to talk a little bit about how solutions to racial health inequities are rooted in the material conditions in which those inequities thrive. And I think a lot of the examples I just shared with you kind of illustrate that.

Slide 39: The conditions of the environment we are currently living in

- I'm going to start with a quote from a article that I wrote with my colleagues just after George Floyd's murder. That was published in the New England Journal of Medicine. And what we say is that "Any solution to racial health inequities must be rooted in the material conditions in which those inequities thrive. Therefore, we must insist that for the health of the Black community and in turn the health of the nation, we address the social economic, political, legal, educational, and healthcare systems that maintain structural racism." And I think that's the most important part to take away from this objective, is that the conditions and the environment that we're living in are producing and reproducing inequity.

- Image shown: An article from The New England Journal of Medicine titled "Stolen Breaths" (https://www.nejm.org/doi/full/10.1056/nejmp2021072), written by Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.C., M.P.H, and Rhea W. Boyd, M.D., M.P.H. The article discussed police violence against Black people, with examples such as George Floyd, Breonna Taylor, and Tony McDade.

Slide 40: Why do the social determinants matter for health?



- So I always like to start with, what I think everyone in the health space understands and knows, is that we have the social determinants of health. The fact that where we live, work, play matters for our health and for our health outcomes. Just as you see in this diagram, social determinants like education access, access to quality, healthcare, access to housing and affordable housing in particular, all of those things are going to dictate someone's ability to be healthy and potentially exacerbate inequities if it's not done right. But what we haven't necessarily done, as at least in the field of public health, is taken the time to sort of step back and ask the question why, So why do the social determinants matter for health? What is it about our society that has made it such that our access to material resources and goods, like housing and education, matter so deeply for health and wellbeing?
    - Image shown: This diagram depicts the "Social Determinants of Health" which include education access and quality, access to quality healthcare, housing affordability and options, work and economic opportunities, neighborhood context and factors, and social interactions and relationships. All of these can contribute to inequitable health outcomes by 'race', also known as health disparities.

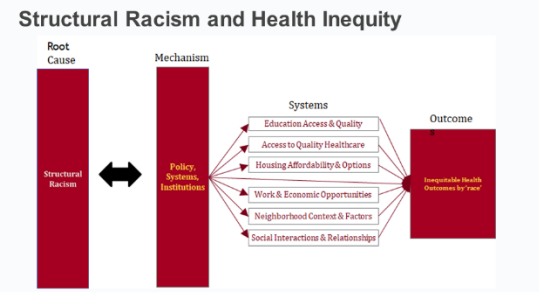
Slide 41: Where we live matters for health

- I think it's important, again, to really draw on our historical context and our historical knowledge to answer that question. So again, we know that where someone lives matters for health. We've all seen sort of all of the zip code studies over the years that show life expectancy from one zip code to the next. I just explained to you in my own work how living in certain neighborhoods where there's more police surveillance is bad for birth outcomes. And so where we live matters for health, right? But then we have to ask the question why. How did that become the case?

And one of the reasons that became the case is through redlining. So the act of literally drawing on a map to separate the quote unquote "hazardous or declining neighborhoods" from those that were considered desirable or the best neighborhoods, and what it did was create codified patterns of racial segregation, and disparities, and access to credit among other things. And it resulted in differences in the level of of racial segregation, credit scores, and we see it perpetuated today. So in 2021, we could actually overlay a historical redlining map on a current map and see where we're... Excuse me, a map of COVID rates, right? And we can see that communities and neighborhoods that were historically red line also are the communities and neighborhoods that have the disproportionate high rates of COVID-19 exposure, as well as death.

- Image shown: An image separating Black neighborhoods from White neighborhoods with a red pencil, a depiction of red lining.

Slide 42: Structural Racism and Health Inequity

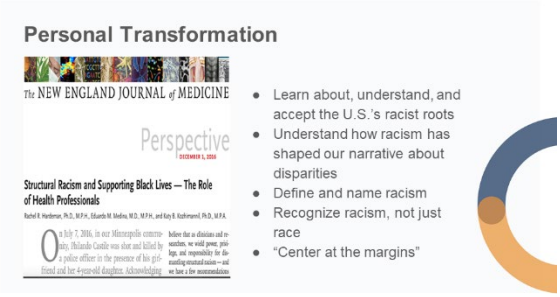


- So red line is just one of the many forms of structural racism that is at the root of why the social determinants matter for health. And I think it's just, again, important to understand that these social determinants that we talk about, sort of a part of this constellation of issues that have their roots and structural inequity and structural racism and therefore dictate, end up dictating health outcomes.
    - Image shown: A diagram showing structural racism and health inequality. The root cause (structural racism) and mechanism (policy, systems, and institutions) are directly related to one another. The mechanism effects the systems which include: education access and quality, access to quality health care, housing affordability and options, work an economic opportunities, neighborhood context and factors, and social interactions and relationships. These systems have a direct link to the outcome: inequitable health outcomes by 'race'.

Slide 43: Objective 3: Dismantling structural racism in the field of sexual and reproductive health

- So I'm going to close in my last four minutes. I'm going to try to do it four minutes, five minutes maybe, with talking about, and this is also where I hoped we can dig into conversation too, 'cause I think this is the most important part, is thinking about what our role is and dismantling structural racism, whether it's in police violence or manifesting in another way, and how it can improve the field of sexual and reproductive health or health broadly speaking, really.

Slide 44: Personal Transformation



- So I like to start with the fact that we all have to do our own personal work. Personal transformation is, first and foremost, required. And that's personal transformation that can show up in our professional lives and the way that we engage with our coworkers, the way we show up and ask questions in meetings and things like that, but also with our kids, our families, our kids' teachers, and more. And what we put forth in 2016 in this piece, "Structural racism and supporting Black lives, the role of health professionals," is really the steps for personal transformation. So I talked to you today about learning about and understanding and accepting the United States' racist roots. I think that now more than ever, having a true understanding of our history and how we got here is critically important, especially as there are efforts to sort of tamp that down in many states. We have to understand how racism has shaped our narratives about disparities. So one of the studies I often talk about is one out of University of Virginia in 2016, where the researchers found that at least half of the White medical students and medical residents in the sample endorsed false beliefs or false narratives about race being biologic. So things like Black people having thicker skin or not feeling pain. And then what they further saw is that the same people who endorse those false beliefs tended to have, score higher on the implicit association test, meaning that they had higher levels of implicit racial bias. And we know from a significant body of literature over the years that implicit racial bias impacts the clinical encounter. Most recently, my work has shown that infants who are cared for by White providers, newborns who were cared for by White providers are twice as likely to die. We

looked at this pattern across about 20 years of data, 1.8 million births in Florida. We also defined name racism. So as a field, and I'll talk about this a little bit on the next slide as well, We often have, and this kind of ties with the next bullet point too, recognizing racism and not just race, but we as a field have not necessarily named racism. We've talked about sort of race very broadly, and we have to be able to name the systems and the structures that are at play. And I think the most important, the other most important piece on this side is this idea of centering at the margins, meaning we have to shift our viewpoint from a majority group's perspective to that of the marginalized folks that are suffering the most. So historical and contemporary views of economics, of politics and culture have been informed by centuries of racism, explicit and implicit racial bias. And as a result that the White experience is the standard. It's been normalized. And we have to be able to flip that around, flip it on its head, and really center the folks who are closest to the pain.

  - Image shown: An article from The New England Journal of Medicine titled, "Structural Racism and Supporting Black Lives - The Role of Health Professionals" written by Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.D., M.P.H., and Katy B. Kozhimannil, Ph.D., M.P.A.

Slide 45: Research Transformation

- I also will encourage everyone to think about research transformation. For those of you who are on this webinar and are researchers, this paper is one that I published with one of my amazing doctoral students in the journal Health Services Research, where we talk about our opportunities for research transformation and to anti-racist research. And what we explain is that predominant notions about race have shaped the way that we, as researchers, frame our questions. For example, research questions are often phrased as sort of what causes Black people to have so many disadvantages in comparison to White folks and what forces are at work. But what we don't recognize often is that this question or variations of it, they may feel innocuous or sort of harmless, but in reality, it ends up reinforcing racism, suggesting that there's a Black deficit and also subtly reinforcing this narrative and a story about what's privilege, the stories that are privileged. And it can lead to flawed methodology, which we talk about in this paper as well. So if we know that racism causes health inequities, we have to be able to develop a better way of sort of measuring those systems that are at play, or else it's going to impact the interpretation of our findings, which is another thing we dig into in this paper. So often that conflation of race with racism that I talked about in the previous slide can change the interpretation of our research findings. So if we report, for instance, that more Black people, Black people were more likely to die from hypertension, or Black people don't access prenatal care, or Black people are more likely to have an unintended pregnancy. We're, at best, stating a disparity or a difference that's based on race, but at worst, we're suggesting that race or phenotype dictates one's chance of survival, one's chance of health and wellbeing, which can lead us down a road of embracing some of these subtly or overtly embracing. So there are some

of these biologic assumptions about race, rather than understanding sort of the operation, its operation as a social and political construct. We talk about the need to emancipate from the dominant frame, meaning we have to critically analyze the question of whose evidence do we consider real. and I think this goes beyond research too, right? But certainly in the academy, we tend to... I think there's this sort of implicit agreement regarding who's able to generate evidence and knowledge. And by extension, we've dictated whose evidence is real and whose is not. And so it leaves us without centering at the margins. And all of the research I discussed today, we very intentionally collaborated with community to be able to do this work in a way that centered the lived experience. It's not easy though. It takes a lot of time as I mentioned before.

    - Image shown: An article published by Health Services Research titled, "Examining racism in health services research: A disciplinary self-critique" written by Rachel R. Hardeman, PhD, MPH and J'Mag Karbeah, MPH. Source: "Examining racism in health services research: A disciplinary self-critique" (https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.13558)

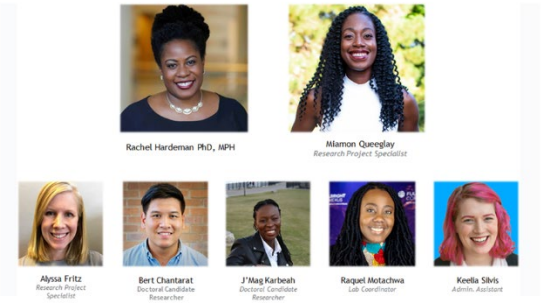
Slide 46: Health Systems Transformation

- Okay. This is my last slide, because I am excited to see some or hear some of your questions, but I also think a lot about health systems transformation. So I read you an excerpt from "Stolen Breaths" previously, but the other pieces of considering health systems transformation and really thinking about how to show up and be anti-racist in those spaces means that we have to analyze power systems. Our healthcare delivery systems are a system of power, so therefore we need to think about a true divestment from racial health inequities. And that requires an understanding that racial health inequities are not signs of a system malfunctioning, but they're actually a by-product of a healthcare system that's functioning as intended, and that's because of the historical context, some of which I shared with you today. Rather than sort of go through all of these, I'll just mention, I'll kind of mention them briefly. It requires a desegregation of the healthcare workforce and understanding that healthcare systems are economic drivers of communities. And so, it's not just about the fact that racial concordance might improve health outcomes, but also, if you think back to those social determinants of health, economic and employment opportunity is critical to achieving reproductive health equity and health equity generally. Making mastering the health effects of structural racism a professional and medical competency. As people who care deeply about these issues and care for people have to be able to understand and be conversant and master an understanding. And finally, as I go back to the fact that, this started out as a discussion around the intersections of police violence and reproductive health, protecting and serving should always be the goal. And that can look very different in very different contexts, but in the health system's transformation context, what we suggest is that protecting and advocating for patients, including the victims of state sanctioned

violence and police violence, has to always be at the forefront of the mission, the values, and the plan. Because what we need is to build safer communities and we all have a role to play in doing that.

- Image shown: An article from The New England Journal of Medicine titled "Stolen Breaths" written by Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.C., M.P.H, and Rhea W. Boyd, M.D., M.P.H. The article discussed police violence against Black people, with examples such as George Floyd, Breonna Taylor, and Tony McDade.

Slide 47: Staff photos



- So I am going to end there, and thank you for your time.
  - Images shown: Photos of MORHELab staff, including Rachel Hardeman PhD, MPH; Miamon Queeglay, Research Project Specialist; Alyssa Fritz, Research Project Specialist; Bert Chantarat, Doctoral Candidate Researcher; J'Mag Karbeah, Doctoral Candidate Researcher; Raquel Motachwa, Lab Coordinator; Keelia Silvis, Admin. Assistant.

Slide 48: My contact info

- Thank you for having me. I think that's... There might be one more. Oh, questions. I look forward to your questions. Thank you.
  - Rachel R. Hardeman, PhD, MPH
  - Email: hard0222@umn.edu
  - RachelHardeman.com
  - MORHELab.com
  - Twitter: @RRHDR

Slide 49: Q&A - What questions do you have?

- [Jennifer Kawatu] Great. Thank you so much, Dr. Hardeman. That was very powerful and it really gives us a lot to think about, so appreciate it.
- [Rachel Hardeman] Yeah.
- [Jennifer] I think the first question... We do have a few questions that have come in, and the first question is I think very basic and right at the core of what you were talking about at the end there. Wondering if you can talk a little bit more about what practical suggestions you have for family planning providers in particular, both at the agency and clinic level, and what they can do in their practice.
- [Rachel] Yeah, I think... It's tough, right? Because I think everyone is looking for sort of that gold standard, or that sort of checklists of things that we can do, and it doesn't exist, because I think it looks very different, depending on the context and things like that. But generally, having a true understanding of the issues, as I had talked about in my presentation and particularly that historical context I think is incredibly important because it allows you to, as a provider in particular, to have conversations with families and with patients that feel a lot more authentic and allow you to sort of build trust in that way. Shoot, there was one other thing I was going to

say before. Well, I'll jump to this, and hopefully it'll come back to me. One of the things that we are doing a lot of work around is in the training space. I struggle because I think training is incredibly important, but I always worry that like folks will stop there. and think that they're done with the work of becoming an anti-racist provider, an anti-racist clinician, or organization. But we're seeing more and more states actually mandate perinatal care providers here in Minnesota. We just passed legislation that is requiring that they go through anti-racism and implicit bias training. California has passed similar legislation about two years ago now. So my research center, we are actually leading the work here in Minnesota to develop that training and to really critically think about what it is, what are both the competencies that folks need to understand, but also it's about what are, how do you build confidence and build skills that allow folks to... Because one of the things we see is that people get a little... You may do the work of becoming aware and then be paralyzed, like, I don't want to make a wrong move or say the wrong thing. And so, one of the things we're really thinking carefully about is how do you build confidence and skills that feel appropriate and feel good and are able to actually go out and sort of create change. So stay tuned for that. We've done some, the work we've done in California is actually out, and I'm happy to share the link for that, but we're also sort of building on that here in Minnesota as well.

- [Jennifer] That would be great. I'd like to see if there's anything I've missed from that.
- [Rachel] Yeah, absolutely.
- [Jennifer] Thank you. And one of the other questions again is just, this is what people want to hear, is are there any specific actions that you would like the general public to take in addition to family planning specifically?
- [Jennifer] Yeah, I think it's the same. When I think about the general public, we've come a long ways, frankly, in the past year. We obviously still have a long ways to go, but I think that we've gotten to this point. This is why when I opened the talk with sort of the idea of being hopeful yet afraid to hope, part of that is I think we've come a long way as the general public in understanding and naming racism. So when I started out in this field, we weren't naming racism. We weren't talking about racism as a fundamental cause of health inequities, or even generally saying those words. And so we've gotten, we're slowly getting there. And so I think as I think about what the general public needs to think about, and all of us, is what then are... What does that mean personally in our lives? What does that mean for how we interact? Even looking around and saying like, who's in my circle? Is it a diverse circle? Do I actually have friends that come from different backgrounds? And if not, why not? So those are very sort of... And even when it's within your own organizations too, asking those questions or looking at like retention data, or hiring data to say, like, "Who have we hired? What has that looked like? How long have they stayed?" And making sort of calculations and considerations in that way as well. And I think the other thing that I've really have pushed or put forth, particularly in the past year, around what I want the general public to walk away understanding, is this idea. we write this in "Stolen Breaths" as well, is that Black people are loved. So I think so much of the narrative around race and racism in our country has devalued and dehumanized Black people and Brown people to the point where we have to remind. People need to be reminded that we're talking about human lives. We're talking about babies. We're talking about families. George Floyd was a father. His daughter, his little daughter, eight-year-old daughter, misses him deeply. And so that humanity, I feel like, is incredibly critical and still very much missing from the way that I think the general public is thinking about these issues.
- [Jennifer] Wow. I am not sure that we can top that, a profound and an important place to end. So, thank you so much to you, Dr.Hardeman, and I hope... Thank you to everyone who joined today, and I hope that you'll all join me in thanking Dr. Hardeman for joining us. As a reminder,

we will have the materials from today's session available within the next few days on rhntc.org. And if you have any additional questions for the RHNTC, please don't hesitate to email us rhntc@jsi.com. And our final ask is that you please complete the evaluation today. It will appear when you leave the webinar, and we really love getting your feedback and we'll use it to inform future sessions. So we would really appreciate you taking just a few seconds to fill that out. Thank you again for joining us and thank you to Dr. Hardeman. This concludes today's webinar.