



Toward our Shared Liberation: Reproductive Justice Epidemiology for *Action*

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 @Dr_S_Jefferson

Pronouns: She/Her/Dr.

First Things First

- My identities **absolutely** inform my work
 - Black woman, partner, mother
 - Highly sensitive INFJ
 - Detroiter
 - First-gen
- I don't get to choose between scholarship and activism, I have to do both
 - I am in the academy, and my primary allegiance is to the liberation my community
- I trust myself and my ancestral memories and ways of knowing



The Plan

- Theories and frames
 - Preterm birth and racial inequities
 - Social epi examples: neighborhoods and PTB
 - SECURE study
 - Discussion
-

THE UNIVERSAL DECLARATION OF HUMAN RIGHTS



Adopted by the General Assembly of the United Nations in 1948, the Universal Declaration states fundamental rights and freedoms to which all human beings are entitled.

You have the responsibility to respect the rights of others.

We are all born free and equal.

Everyone is entitled to these rights no matter your race, religion, sex, language, or nationality.

Everyone has the right to life, freedom, and safety.

No one can take away any of your rights.

No one has the right to hold you in slavery. 	You have the right to seek asylum in another country if you are persecuted in your own. 	Every adult has the right to a job, a fair wage, and membership in a trade union. 
No one has the right to torture you. 	Everyone has the right to a nationality. 	You have the right to leisure and rest from work. 
You have a right to be recognized everywhere as a person before the law. 	All consenting adults have the right to marry and to raise a family. 	Everyone has the right to an adequate standard of living for themselves and their family. 
We are all equal before the law and are entitled to equal protection of the law. 	You have the right to own property. 	Everyone has the right to an education. 
You have the right to seek legal help if your rights are violated. 	Everyone has the right to belong to a religion. 	Everyone has the right to freely participate in the culture and scientific advancement of their community, and their intellectual property as artist or scientist should be protected. 
No one has the right to wrongly imprison you or force you to leave your country. 	You have the right to think and voice your opinions freely. 	We are all entitled to a social order in which we may enjoy these rights. 
You have a right to a fair, public trial. 	Everyone has the right to gather as a peaceful assembly. 	Everyone's rights and freedoms should be protected unless they obstruct the rights and freedoms of others. 
Everyone is innocent until proven guilty. 	You have the right to participate in the governance of your country, either directly or by helping to choose representatives in free and genuine elections. 	No State, group, or person can use this Declaration to deny the rights and freedoms of others. 
You have the right to privacy. No one can interfere with your reputation, family, home, or correspondence. 	You have the right to social security and are entitled to economic, social, and cultural help from your government. 	
You have the right to travel. 		

This is a simplified version of the UDHR. For the complete text, visit www.un.org



Reproductive Justice

- Based on the United Nations' Universal Declaration of Human rights
- “The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in **safe and sustainable communities**”
- Not about choice, but access
- Focused on all reproductive rights, not just abortion

Intersectionality

- Illustrates how racial and gender oppression interact in the lives of Black women
- Considers the interconnections
- Transformation, building coalitions among different groups, and working toward social justice

Fundamental Cause Theory

- 4 main features:
 - Influence multiple disease outcomes
 - Affect these outcomes through multiple risk factors
 - Involves access to resources that can be used to avoid risks or minimize consequences of disease
 - Reproduced over time through the replacement of intervening mechanisms

Systems of Oppression

- Racism, sexism, heterosexism, classism, ableism, etc.
- Systemic and directional power relationships among social groups, in which one group benefits at the expense of other groups

Five Faces of Oppression

Exploitation

Marginalization

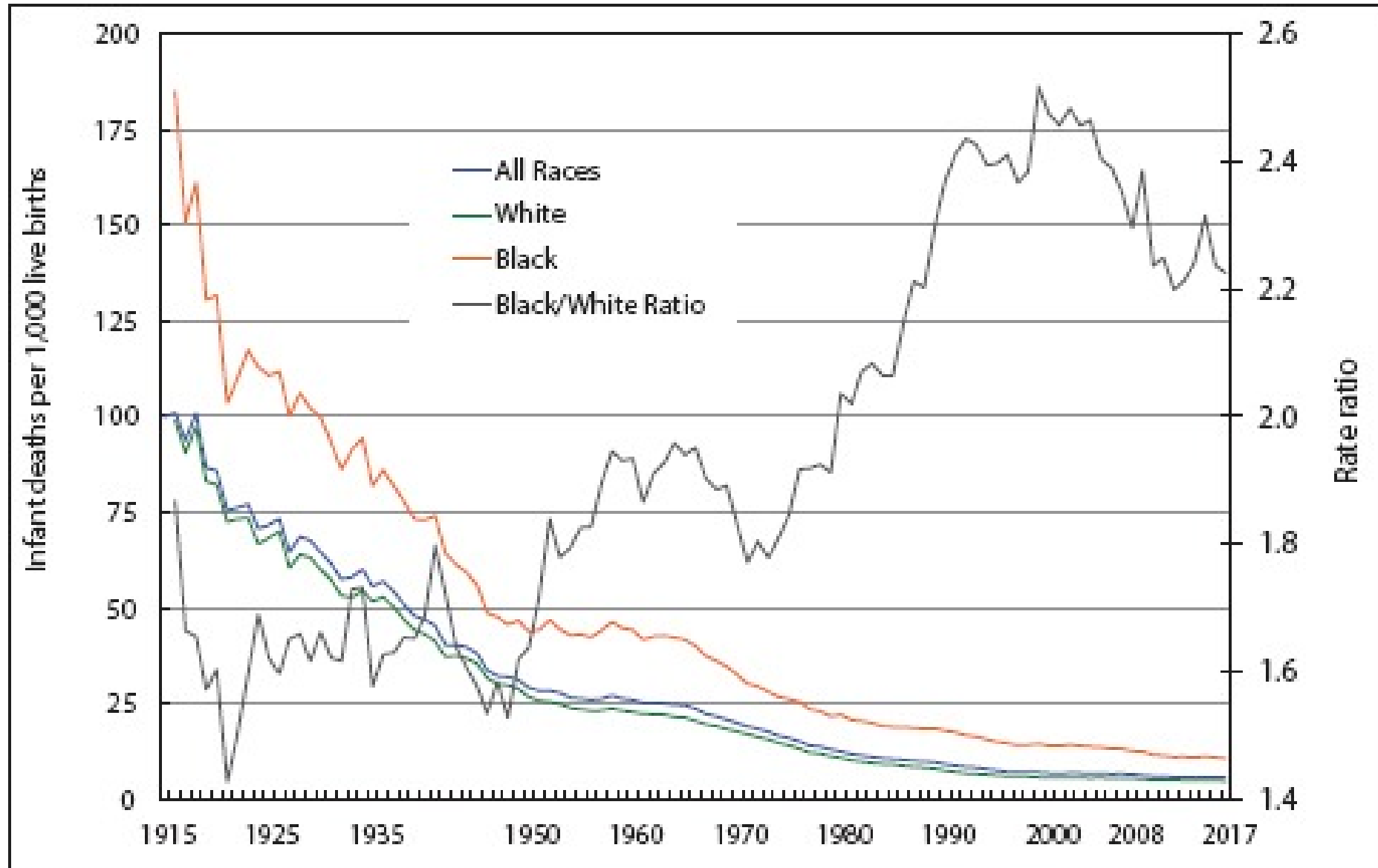
Powerlessness

Cultural imperialism

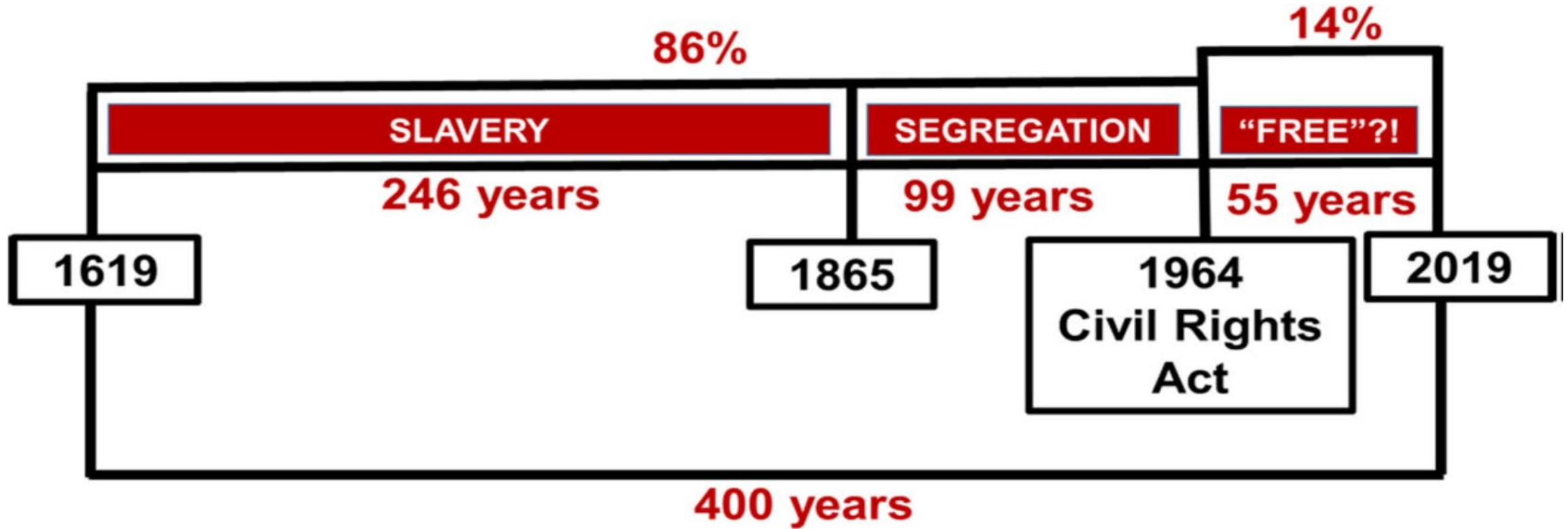
Violence

Social and Health Inequalities in the USA

	Total	White non-Hispanic	Asian*	Hispanic or Latino	Black non-Hispanic†	Native American or Alaska Native
Wealth: median household assets (2011)	\$68 828	\$110 500	\$89 339	\$7683	\$6314	NR
Poverty: proportion living below poverty level, all ages (2014); children <18 years (2014)	14.8%; 21.0%	10.1%; 12.0%	12.0%; 12.0%	23.6%; 32.0%	26.2%; 38.0%	28.3%; 35.0%
Unemployment rate (2014)	6.2%	5.3%	5.0%	7.4%	11.3%	11.3%
Incarceration: male inmates per 100 000 (2008)	982	610	185	836	3611	1573
Proportion with no health insurance, age <65 years (2014)	13.3%	13.3%	10.8%	25.5%	13.7%	28.3%
Infant mortality per 1000 livebirths (2013)	6.0	5.1	4.1	5.0	10.8	7.6
Self-assessed health status (age-adjusted): proportion with fair or poor health (2014)	8.9%	8.3%	7.3%	12.2%	13.6%	14.1%
Potential life lost: person-years per 100 000 before the age of 75 years (2014)	6621.1	6659.4	2954.4	4676.8	9490.6	6954.0
Proportion reporting serious psychological distress‡ in the past 30 days, age ≥18 years, age-adjusted (2013–14)	3.4%	3.4%	3.5%	1.9%	4.5%	5.4%
Life expectancy at birth (2014), years	78.8	79.0	NR	81.8	75.6	NR
Diabetes-related mortality: age-adjusted mortality per 100 000 (2014)	20.9	19.3	15.0	25.1	37.3	31.3
Mortality related to heart disease: age-adjusted mortality per 100 000 (2014)	167.0	165.9	86.1	116.0	206.3	119.1



400 Year History of African Americans in the US (1619-2019)



Sealy-Jefferson, et al., 2020

Explaining Disparities By Race

Racialized expression of biology

- Average biological differences between members of diverse racial/ethnic groups are assumed to reflect innate, genetically determined differences

Biological expressions of racism

- Reflects lived experiences of racism
- How people literally embody and biologically express experiences of economic and social inequality, from utero to death
- Produces social inequalities in health across a wide spectrum of outcomes

Racism Not Race

- Race: social rather than biologic
 - Refers to social groups that share cultural heritage and ancestry
 - Justified by ideology, one group benefits from dominating other groups
 - Identity of dominant group tied to this position
 - Selective and arbitrary physical characteristics
 - Large and enduring associations with health and mortality (DuBois in 1899)
- Racism: institutional and individual practices that create and reinforce oppressive systems of race relations

Levels of Racism

- **Institutionalized:** different access to goods, services, and opportunities of society by race
- **Personally mediated:** prejudice and discrimination
- **Internalized:** stigmatized groups accept negative messages about their own abilities and intrinsic worth

Jones 2000

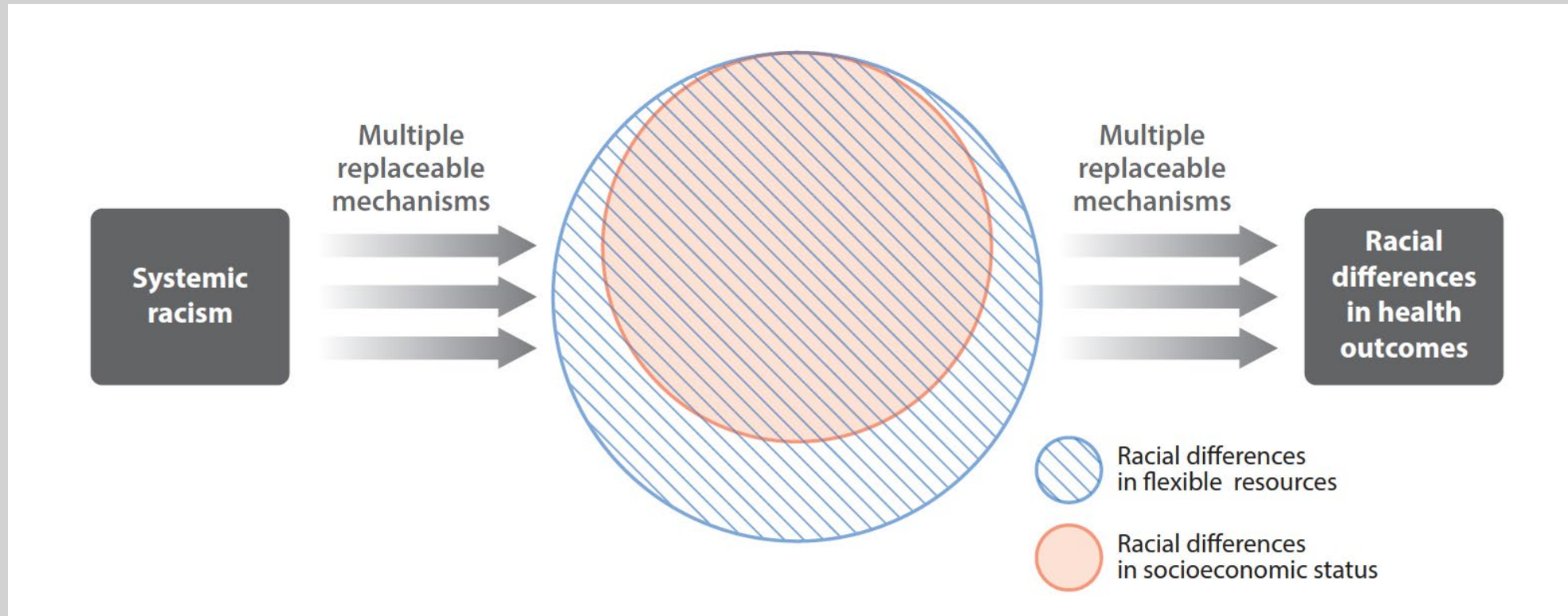


**Structural racism is
below the surface**

Systemic Racism as a Fundamental Cause

- Born from the economic advantages of slavery for whites when the US was founded
 - Major institutions have been pervaded by racial stereotypes, ideas, emotions, practices
 - Socioeconomic conditions that undergird systemic racism are reproduced over time
- Embodies a set of flexible resources that advantage white people, including
 - Structural factors
 - Individual resources of money, knowledge, power, prestige
 - Beneficial social connections, which are held disproportionately by white people
 - Social psychological advantages
- The broad range and flexibility of the resources that racism provides white people facilitates the reproduction of SES inequalities by race

Racism as a Fundamental Cause of Health Inequalities



Pathways Linking Racism to Poor Health

Economic injustice and social deprivation^{8,9,12,32-35}

Examples include residential, educational, and occupational segregation of marginalised, racialised groups to low-quality neighbourhoods, schools, and jobs (both historical de jure discrimination and contemporary de facto discrimination), reduced salary for the same work, and reduced rates of promotion despite similar performance evaluations

Environmental and occupational health inequities^{9,36-38}

Examples include strategic placement of bus garages and toxic waste sites in or close to neighbourhoods where marginalised, racialised groups predominantly reside, selective government failure to prevent lead leaching into drinking water (as in Flint, MI, in 2015-16), and disproportionate exposure of workers of colour to occupational hazards

Psychosocial trauma^{9,15,16,18}

Examples include interpersonal racial discrimination, micro-aggressions (small, often unintentional racial slights and insults, such as a judge asking a black defence attorney "Can you wait outside until your attorney gets here?"), and exposure to racist media coverage, including social media

Targeted marketing of health-harming substances^{9,30,39}

Examples include legal substances such as cigarettes and sugar-sweetened beverages, and illegal substances such as heroin and illicit opioids

Inadequate health care^{9,17,40-45}

Examples include inadequate access to health insurance and health-care facilities, and substandard medical treatment due to implicit or explicit racial bias or discrimination

State-sanctioned violence and alienation from property and traditional lands^{9,21,30,46-48}

Examples include police violence, forced so-called urban renewal (the use of eminent domain to force the relocation of urban communities of colour), and the genocide and forced removal of Native Americans

Political exclusion^{49,50}

Examples include voter restrictions (eg, for former felons and through identification requirements)

Maladaptive coping behaviours^{9,16,18}

Examples include increased tobacco and alcohol consumption on the part of marginalised, racialised groups

Stereotype threats¹⁵⁻¹⁸

Examples include stigma of inferiority, leading to physiological arousal, and an impaired patient-provider relationship

Life-course Influences on Fetal Environments Study



- Racism & PTB in African American women
- n=1410 (71% response rate)
- Retrospective cohort
- Recruited 2009-2011
- Surveys, medical records, current and prior addresses
- Singleton births at suburban hospital
- Immediate postpartum period

Preterm Birth (PTB)

- Birth before 37 completed weeks of gestation
- Multifactorial syndrome
- 2nd leading cause of infant mortality
- Linked to adverse adult health outcomes
- Stark, persistent racial disparities



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Original Contribution

Perceived Physical and Social Residential Environment and Preterm Delivery in African-American Women

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Neighborhood Context and Preterm Delivery among African American Women: the Mediating Role of Psychosocial Factors

Shawnita Sealy-Jefferson, Carmen Giurgescu,
Jaime Slaughter-Acey, Cleopatra Caldwell, and Dawn Misra



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Article

Neighborhood disadvantage and preterm delivery in Urban African Americans: The moderating role of religious coping

Shawnita Sealy-Jefferson^{a,*}, Jaime Slaughter-Acey^b, Cleopatra H. Caldwell^c,
Jamila Kwarteng^d, Dawn P. Misra^e





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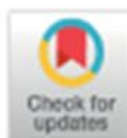
Early-life neighborhood context, perceived stress, and preterm birth in African American Women

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*Environmental Research
and Public Health*



Article

Neighborhood Tax Foreclosures, Educational Attainment, and Preterm Birth among Urban African American Women

Shawnita Sealy-Jefferson ^{1,*}  and Dawn P. Misra ²

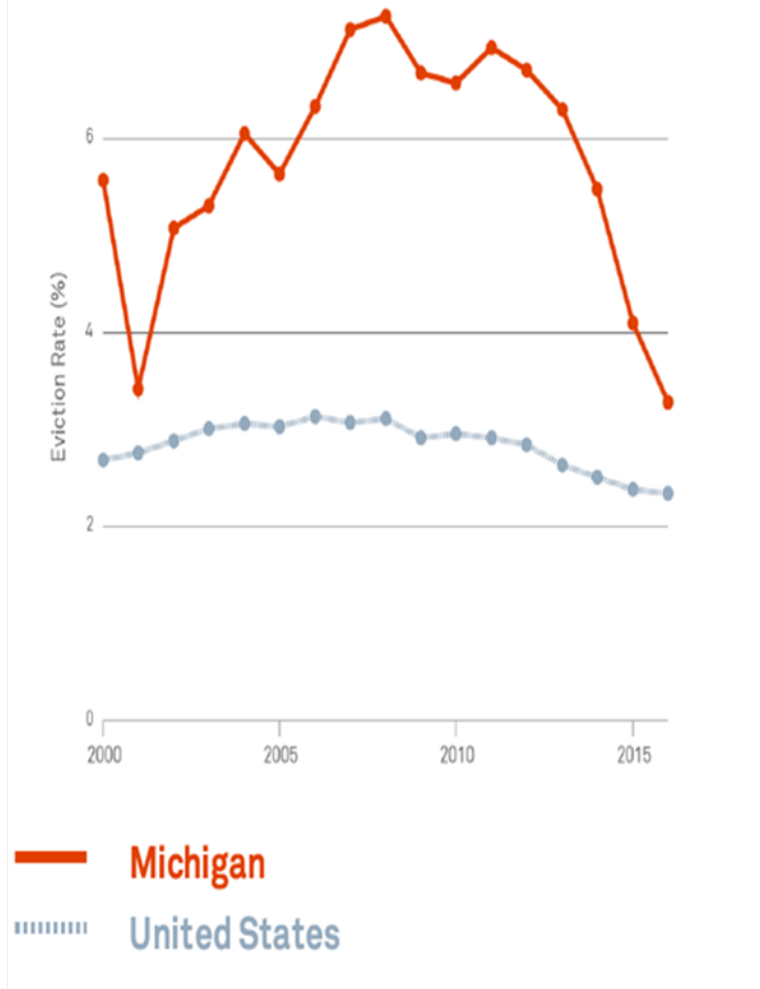
J Urban Health (2020) 97:271–278

<https://doi.org/10.1007/s11524-020-00426-w>

Neighborhood-Level Mass Incarceration and Future Preterm Birth Risk among African American Women

**Shawnita Sealy-Jefferson  • Brittney Butler •
Townsand Price-Spratlen • Rhonda K. Dailey •
Dawn P. Misra**

COMPARISON OF EVICTION RATES OVER TIME



Residential Evictions

- Formal (court-ordered)
 - 2.3 million low-income renters/yr
 - Important determinant of health
 - Formal evictions: landlord- initiated forced moves
 - **Poor women of color have highest risk**
 - “Eviction is to Black women what mass incarceration is to Black men”- Matthew Desmond
 - Cause AND consequence of poverty
- Illegal (not court-ordered)
 - illegal strong- arm lockouts, and unofficial orders for the tenant to vacate a rental property
 - 48% of all evictions

Ethnicity & Disease

[Ethn Dis](#). 2021 Spring; 31(2): 197–204.

PMCID: PMC8054

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PMID: [33883](https://pubmed.ncbi.nlm.nih.gov/33883)

Neighborhood Evictions, Marital/Cohabiting Status, and Preterm Birth among African American Women

[Shawnita Sealy-Jefferson](#),¹ [Brittney Butler](#),¹ [Shibani Chettri](#),¹ [Hikma Elmi](#),¹ [Allison Stevens](#),² [Chinenye Bosah](#),³ [Rhonda Dailey](#),⁴ and [Dawn P. Misra](#)⁴

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- **“If you are silent about your pain, they’ll kill you and say you enjoyed it”** –Saint Zora Neale Hurston
- Mixed-method, community-based participatory research for action
 - Wayne, Oakland, and Macomb County, Michigan
- Magnitude and severity of evictions & impact on Black women, families, and communities
- Community advisory board
- Two projects:
 - Court-ordered eviction:
 - neighborhood-level evictions (secondary data + focus groups)
 - Illegal evictions:
 - primary data collection (surveys) & in-depth interviews

COMMUNITY ADVISORY BOARD



LaTonia Walker

LaTonia Walker, LMSW is Director of Coaching & Engagement at COTS, a family homeless shelter in Detroit. She provides Coaching and Mentoring to assist women in generational poverty in their efforts to break the cycle of poverty in their lives. LaTonia is also the Founder of The Ladies League of Detroit, a Social Network for professional women in Detroit.



Kyra Sanders

Kyra Sanders, MSW, is a proud Detroit, based on the city's outside and a graduate of Martin Luther King Jr. Sr. High School. She attended Eastern Michigan University, receiving a Bachelor of Science in Public Administration and a Master of Social Work degree. Since 2000, Kyra has worked in HIV Prevention in several locals including Washington, DC, the city of Highland Park and currently for the entire state of Michigan.



Takisha Jones

Takisha Jones is a native Detroit, who was proudly raised on the city's east side. She graduated from the University of Detroit Mercy and earned a Bachelor's of Arts in Developmental Psychology. Takisha has had a career in case management and juvenile probation where she served children and families and advocated for family preservation through the juvenile court system.



Tamika Anderson

Tamika H. Anderson, BSNRN is a Registered Nurse for Henry Ford Health System as a charge nurse in outpatient dialysis with the Community Care Services division. She received her Bachelor of Science in Biology from Central Michigan University, and a Bachelor of Science in Nursing from Oakland University. Tamika has been committed to serving her community through nursing since 2001, and continues to make a vital impact in the lives of her patients, by nursing with her whole heart.



Tamika Anderson

Tamika Anderson is an Infection Preventionist at Ascension St John Hospital in Detroit Michigan. She has a Master Degree in Public Health. Her work includes preventing healthcare-associated infections, teaching and implementing infection prevention programs.



Karen Harry Tolbert

Karen Harry is a middle school English Language Arts teacher in Detroit. She is also a PhD student in Sociology at Wayne State University. She is studying the effects of poverty and race on education in inner city neighborhoods.



Cassy Jones McBryde

Cassy Jones-McBryde is an award winning social entrepreneur, advocate and community strategist who has dedicated her life to helping women overcome adversity, improve their self-image and build a community of positive support and love. She is the founder and Executive Director of the International Full Women Network, a body positive nonprofit organization that has created initiatives in Nigeria, Bali, Jakarta Indonesia and in her beloved city of Detroit.



Roquesha Soyloya Marie O'Neal

Roquesha is a proud native Detroit, Woman, Mother, Healer, Feminist Divine Goddess with Black girl Magic. For several decades she has been volunteering at her children's school, serving with neighborhood groups, and advocating for the needs of her community.

SOCIAL EPIDEMIOLOGY TO COMBAT UNJUST RESIDENTIAL EVICTIONS



Message from the Principal Investigator

Peace! In Dr. Shawnita Sealy-Jefferson, a Social Epidemiology Professor, and "very" proud Eastside Detroit, it is my complete honor to lead the Social Epidemiology to Combat Unjust Residential Evictions (SECURE) study! At my core, I believe God has my back, I find and help underdogs, I fight injustice, and I defy odds. The SECURE project, funded by the Robert Wood Johnson Foundation, is rooted in HOUSING IS A HUMAN RIGHT and BLACK LIVES MATTER! The purpose of this study is to quantify the magnitude and severity of court-ordered and illegal residential evictions and their relationship with the health of Black families in Metro-Detroit, Michigan. My vision for this project is to co-create and co-lead the work with Black women, to amplify the voices and experiences of Black Metro-Detroiters, and to help intervene on the systems of oppression that limit our full-potential, opportunities, and joy. We need your partnership to make housing justice a reality. There's no cavalry coming to save us, we're it!

[LEARN MORE ABOUT DR. SEALY-JEFFERSON HERE](#)

THE SECURE STUDY: TWO PROJECTS

Court-ordered Evictions



This project will determine if living in neighborhoods with high court-ordered eviction rates are associated with poor health in Black mothers and babies.

Illegal Evictions



This project will quantify the magnitude and severity of illegal (not court-ordered) evictions, and whether these types of evictions are associated with poor mental and physical health in Black mothers and families.

RESEARCH TEAM



Dr. Scarlett Bellamy

Dr. Bellamy is a Professor of Biostatistics and Director of the Graduate Programs in Biostatistics in the Department of Epidemiology and Biostatistics at Drew University. She also serves as the Associate Dean of Diversity and Inclusion at Drew's Doreff School of Public Health. She is Co-Director of the Biostatistics and Informatics Core and serves as a senior biostatistician for the Center for Health Equity Research and Promotion at the Corporal Michael J. Crescenz VA Medical Center.



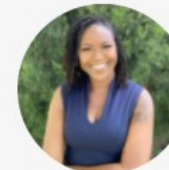
Professor Loretta Ross

Loretta J. Ross is an Associate Professor at Smith College in the Program for the Study of Woman and Gender. She is an activist, public intellectual, and a scholar. Her most recent books are Reproductive Justice: An Introduction co-written with Rokea Salinger, and Radical Reproductive Justice: Foundations, Theory, Practice, Critique, both published in 2017.



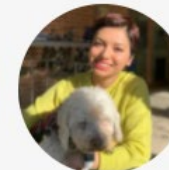
Dr. Kierra S. Barnett

Dr. Kierra S. Barnett is a Racial and Health Equity Post-Doctoral Researcher at the Kinross Institute for the Study of Race and Ethnicity. Her work focuses on the impact of social determinants of health on racial and ethnic health inequities. Dr. Barnett received her PhD in Public Health specializing in Health Behavior and Health Promotion and a MPH, both from The Ohio State University and a Bachelor's of Science in Community Health from the University of Illinois.



Dr. Tiffany Ford

Tiffany N. Ford is a mixed methods public policy and public health researcher and advocate. She conducts intersectionality-based policy analyses to explore racial and gender-structural inequality in social, economic, and health services. She earned her PhD with a concentration in social policy from the University of Maryland College Park School of Public Policy in May 2021.



Shibani Chetri

Shibani Chetri is an Epidemiology doctoral student at The Ohio State University College of Public Health. She received her Bachelor of Science in Neuroscience from OSU in 2016 and her MPH in Epidemiology in 2018. She is the President of the Public Health Graduate Student Association (PHGSA) at OSU and is passionate about social justice and advocacy.



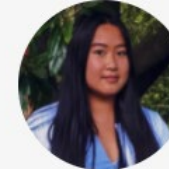
Charlotte Nash

Charlotte Nash is an undergraduate student at the Ohio State University studying Health Sciences and Epidemiology. She is passionate about work that helps to end racial and socioeconomic disparities in public health. Charlotte is also a professional ballroom dancer who enjoys spending her free time with her loved ones.



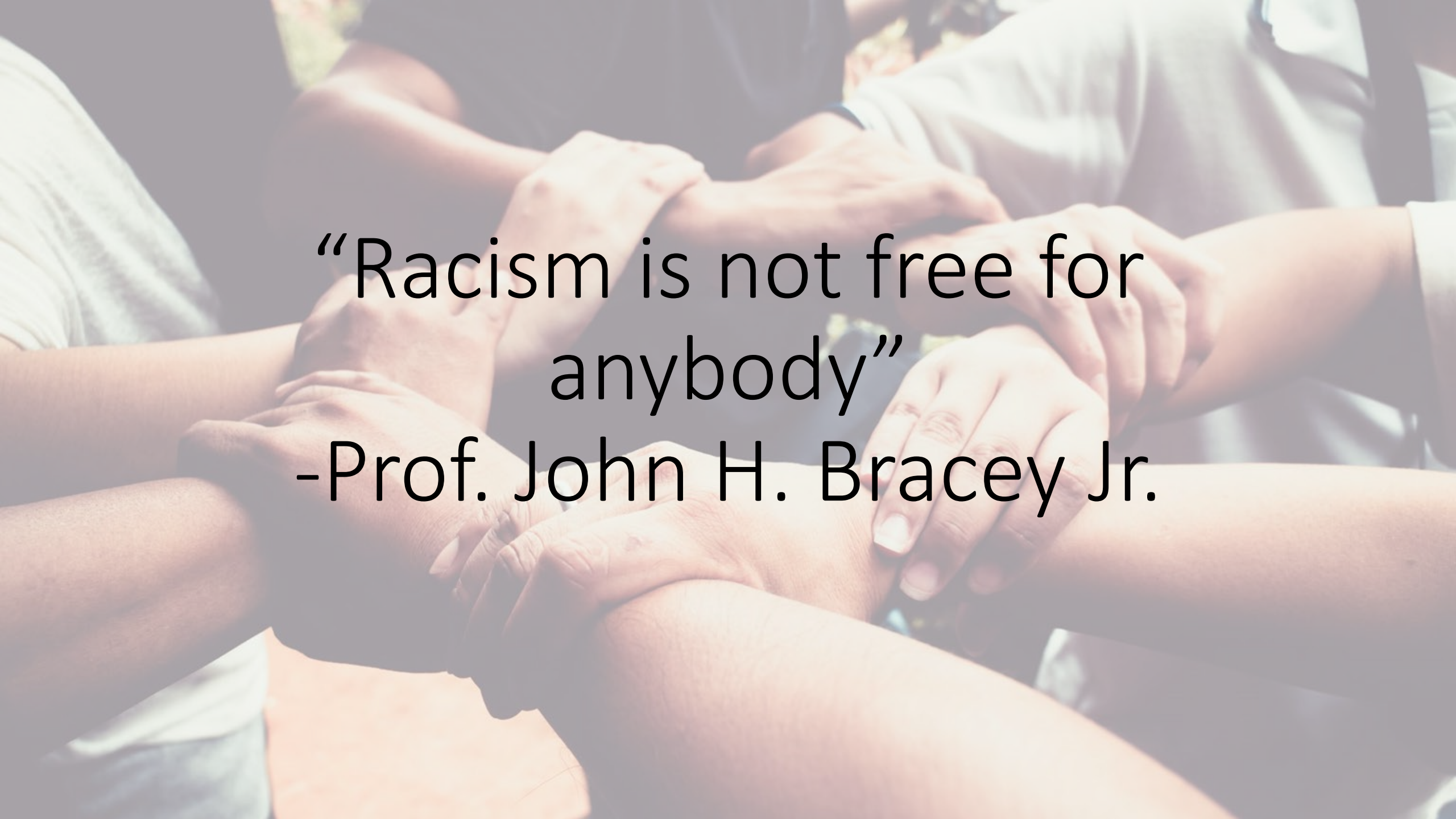
Chinenye Bosah

Chinenye Bosah is an incoming medical student at the University of Cincinnati College of Medicine who is deeply passionate about combating disparities in the healthcare system. She received her Bachelor of Science in Environmental Public Health from the Ohio State University where she served her local community as a member of numerous organizations. Chinenye has spent the past three years conducting research with the Social Epidemiology to Eliminate Disparities (SEED) Lab and continues to work in order to close gaps.



Mindy Hoang

Mindy Hoang is a first-generation medical student at the University of Cincinnati. She is passionate about improving healthcare for historically-included populations and eliminating health disparities. In her free time, she enjoys cooking Vietnamese food and painting.

A group of people's hands are clasped together in a circle, symbolizing unity and support. The hands are of various skin tones, and the background is softly blurred, focusing attention on the gesture. The text is overlaid on the center of the image.

“Racism is not free for anybody”
-Prof. John H. Bracey Jr.

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