



# POSITION STATEMENT

## **Racism and Racial Bias**

The American College of Nurse-Midwives (ACNM) is committed to eliminating racism and racial bias in the midwifery profession and race-based disparities in reproductive health care.

ACNM's position is that midwives must

- Understand the history and current manifestations of racism and white supremacy in medicine, midwifery, and reproductive health care.
- Recognize and address the structural forces that perpetuate racism and race-based disparities in health care.
- Engage in lifelong introspection and self-development to identify and address their own implicit bias, internalized racism, and potential to perpetuate racism.
- Provide nonjudgmental, culturally-competent care to all people and work simultaneously to identify and implement ways to reduce the effect of racism on the health outcomes of their patients of color.

ACNM is committed to

- Increase the racial and ethnic diversity within the profession with the aim that ACNM members will reflect the racial diversity of the populations they serve.
- Identify and support midwives of color to develop and achieve leadership positions at all levels throughout ACNM.
- Include strategies to address racism and race-based disparities in subsequent revisions of the Core Competencies for Basic Midwifery Practice.<sup>1</sup>
- Include robust content on racism and race-based disparities at all events and in documents and communications.
- Support the Accreditation Commission for Midwifery Education (ACME) in its evaluation of the capacity of the Midwifery Education Program to address racism and race-based disparities in midwifery education. This includes assurance that all criteria related organization and administration, faculty, students, curriculum, resources, assessment, and outcomes promote student capacity to achieve ACNM core competencies related to diversity and inclusiveness.

- Work with the American Midwifery Certification Board (AMCB) to ensure that negative biases and racial stereotypes that harm patients will not be reinforced. This includes assurances that the certification examination and the certification maintenance program will include content on racism and racial bias, racial disparities, health inequities, diversity, equity, and inclusion.
- Provide continuing education on racism, its relationship to health disparities, and strategies for midwives and midwifery services to address racism in themselves and in their communities.
- Evaluate the successes and challenges related to these commitments and report biannually at the ACNM Annual Meeting.

## **Background**

In Healthy People 2020, health disparity is defined as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health.”<sup>2</sup> The persistent and pervasive race-based disparities that currently exist in maternal and child health are unacceptable, and often cited examples include disparities in rates of maternal and infant mortality. For example, from 2011 to 2015, African American women were more than 3 times more likely and American Indian/Alaskan Native women were 2.5 times more likely to die in childbirth than white women.<sup>3</sup> In 2016, the mortality rate for African American infants was more than 2 times that of white infants, and the mortality rate for American Indian/Alaskan Native infants was nearly 2 times that of white infants.<sup>4</sup>

Racism is the root cause of the social, economic, and environmental disadvantages that result in race-based health disparities. Race is a social construct that does not describe genetic or biological differences in human beings.<sup>5,6</sup> Therefore, race-based disparities are not the result of intrinsic differences between people from different racial categories. Racism is a system of interlocking factors perpetrated intentionally and unconsciously by individuals and institutions that maintain the power and privilege to the detriment of those with less power.

To understand racism and race in relation to health disparities, one must understand American history. The establishment of British and French colonies in the early United States was based on a system of violence, oppression, and subjugation.<sup>7</sup> The concept of a superior white race was used to justify the genocide and displacement of indigenous peoples and the capture and enslavement of African peoples.<sup>7</sup> In the 19<sup>th</sup> century, legal categories to define different races were developed, and pseudosciences, such as scientific racism, were used to support the idea that inherent biological and hierarchical differences existed between the races.<sup>8</sup> Indeed, many of the stereotypes that were prevalent during that period, which portrayed people of color as lazy, stupid, lacking in direction, and responsible for their plight, persist in society today.

In the United States, Native and African Americans have been victims of racism the longest, but Latinx and Asian Americans also faced discrimination as the United States expanded west. African Americans gained citizenship under the 14<sup>th</sup> Amendment in 1868, however Native Americans were excluded from citizenship until 1924. Displacement, Jim Crow laws, Black Codes, and legalized housing and job discrimination policies and laws were subsequently instituted against African Americans. Internment of Native Americans on reservations and immigration acts to exclude and restrict the ability of Asian Americans to own businesses and become citizens contributed to the establishment of societal norms that functioned to segregate, subjugate, and impoverish people of color.<sup>9</sup>

While legalized, racial discrimination has been outlawed, structural, institutional, and individual racial bias persist and limit the health, welfare, and opportunity for people of color in the United States. For example, structural racism “refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.”<sup>7</sup> Structural racism can be seen in residential racial segregation, which persists well after the end of the legalized segregation sponsored by the U.S. government.<sup>10</sup> Residential segregation limits access to the resources necessary for overall well-being: quality education (including access to higher education), employment, housing, health care, and the ability to acquire wealth. Thus, the zip code in which one lives may be an analog for race, ethnicity, poverty, and health disparities.<sup>10,11</sup> While significant gains have been made by some people of color, a considerable number are still subject to the effects of structural, institutionalized, and interpersonal racism.<sup>12</sup> Without deliberate and intentional correction of the systems in place, people of color are more likely to live in poverty and in communities with inadequate resources and services, including health care.

Midwives can contribute to the dismantling of structural racism by recognizing and resisting racism in themselves and in their institutions. Research indicates that provider bias is implicated in disparities in health care<sup>13-15</sup> and that providers treat patients of color differently than white patients.<sup>16-20</sup> Evidence also shows that greater racial diversity in the health care workforce improves access to care and the quality of care for people of color and is an important intervention to reduce racial health disparities.<sup>21</sup> However, for the past 4 decades, the membership of ACNM has remained racially homogenous at more than 90% white.<sup>22,23</sup> Midwifery research shows that racism is common in midwifery education, clinical practice, and professional organizations and that racism acts as a barrier to people of color completing midwifery education programs and fully participating in midwifery professional organizations.<sup>24</sup> It is our duty as midwives to address racism in ourselves and our organization by following the steps above so that we can better address health disparities.

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