

## INTRODUCTION

### *A message from the Maryland MIECHV Team*

The violence and brutality experienced by Black communities and perpetrated by systems, institutions, and individuals across sectors have been placed front and center for all to grapple with. This focus has been catalyzed following the murder of George Floyd and Breonna Taylor by police, the murder of Ahmaud Arbery, the mass mobilization for Black Lives and protests for racial justice across the world, the death of civil rights leader John Lewis, the pervasive violence of right-wing white supremacists, and enduring disparities experienced by Black people and other communities of color in maternal and infant mortality, chronic disease, education, income and wealth, and incarceration and policing among many other areas of public and private life.

In public health, we see systemic racism at all intersections across disciplines and social determinants, causing concentrated and disproportionate negative health effects within Black communities and other communities of color, and reproducing those effects across generations. Although home visiting occupies a small sliver of the broader public health service landscape, we are obligated to fight with those marching for Black Lives and other anti-racist protests and use the power we have to end systemic racism and oppression, including those perpetrated, whether intentionally or inadvertently, by our own organizations. A number of home visiting programs have already taken initial steps by taking the Undoing Racism workshop provided by the Peoples Institute for Survival and Beyond, developing their own anti-racist and racial justice resources for their staff and clients, and denouncing white supremacy and anti-Black violence. Racism and racial violence, specifically anti-Black racism and violence in all forms, must be dismantled at all levels.

At this moment in time, racism cannot be hidden, and it cannot be assumed that racism was a product of a by-gone era. Racism is here - in the streets, in body cameras, in our social systems and policies, and within ourselves.

Our Team, along with many partners has created this toolkit of resources and support materials to keep equity in the forefront of our work. Although this resource is one small step, it is a necessary step towards understanding the scope of what we must contend with and does not

exist within a vacuum. If we are to create a more equitable future and live out the mission of public health and human rights, we must dig in our heels and be ready to dedicate our lives to action and remaining accountable to communities we serve. It is our intent to provide you with resources and materials that can assist you in your work. This ever changing document is not exhaustive, and we welcome additions as we are constantly adapting this document to best support us in our work.

*“But all our phrasing—race relations, racial chasm, racial justice, racial profiling, white privilege, even white supremacy—serves to obscure that racism is a visceral experience, that it dislodges brains, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth. You must never look away from this. You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land, with great violence, upon the body.”* - Ta-Nehisi Coates, *Between the World and Me*.

#### ***A message from Dr. Shelly Choo***

Shelly Choo, MD, MPH is the new Director of the Maternal and Child Health Bureau at the Maryland Department of Health. At her first MCH Bureau-wide meeting, she conveyed a message on equity-related to our work:

*We have to recognize that black lives matter. If we want to move the needle on decreasing health disparities, we have to strive for equity and be anti-racist. This is our role as public health officials serving Maryland families, moms, dads, infants, and children. This is our role as colleagues and friends.*