

# Taking the First Steps: Experiences of Six Community/State Teams Addressing Racism's Impacts on Infant Mortality



Team Profiles from the Infant Mortality and Racism Action Learning Collaborative, a project of the Partnership to Eliminate Disparities in Infant Mortality.

Cite As: City**MatCH** , AMCHP, NHSA. (February 2011).  
*Taking the First Steps: Experiences of Six Community/State Teams  
Addressing Racism's Impacts on Infant Mortality.* Omaha, NE:  
CityMatCH at the University of Nebraska Medical Center.

# Taking the First Steps: Experiences of Six Community/State Teams Addressing Racism's Impacts on Infant Mortality

Team Profiles from the Infant Mortality and Racism Action Learning Collaborative, a project of the Partnership to Eliminate Disparities in Infant Mortality.

**EDITORS:**

Jessica Hawkins, MPH, CHES, AMCHP

Brenda Thompson, MPH, CityMat**CH**



# Acknowledgements

The Infant Mortality and Racism Action Learning Collaborative (ALC) represents two years of work led by City**MatCH**, the Association of Maternal and Child Health Programs (AMCHP), and the National Healthy Start Association (NHSA) as a part of the Partnership to Eliminate Disparities in Infant Mortality. The six participating ALC teams are to be commended for their efforts in addressing the impacts of racism on birth outcomes and infant mortality in their states and communities.

This Collaborative was supported by Grant # P0126110 from the W.K. Kellogg Foundation.

## ABOUT THE PARTNER ORGANIZATIONS

City**MatCH** and AMCHP represent local and state governmental public health leadership in maternal and child health, while NHSA represents community-based programs focused on addressing disparities in infant mortality.

City**MatCH** is dedicated to improving the health and well-being of urban women, children, and families by strengthening the public health organizations and leaders in their communities.

AMCHP represents state public health leaders promoting the health of America's families through support for state maternal and child health programs, including services for children and youth with special healthcare needs.

The National Healthy Start Association works to promote the development of community-based maternal and child health programs, particularly those addressing the issues of infant mortality, low birthweight, and racial disparities in perinatal outcomes.



# Executive Summary

The most recent data from the National Center for Health Statistics estimate an infant mortality rate of 6.71 per 1000 births in 2006<sup>1</sup>. Alarming, the data also show that an African American infant living in the United States is still more than twice as likely to die in the first year of life as a white infant (13.33 vs. 5.58)<sup>2</sup>. Infant mortality rates measure the number of deaths of infants (one year of age or younger) per 1000 live births, and are considered a sentinel measure of how well a society is doing to assure the health of its women and children<sup>3</sup>.

To address disparities in infant mortality, City**MatCH**, the Association of Maternal and Child Health Programs (AMCHP), and the National Healthy Start Association (NHSA) – with funding from the W.K. Kellogg Foundation – created the Partnership to Eliminate Disparities in Infant Mortality. The purpose of this partnership is to eliminate racial inequities contributing to infant mortality within U.S. urban areas. The first activity of the partnership was an 18-month Action Learning Collaborative (ALC). Six sites were selected through a competitive process to participate in the ALC: Los Angeles, California; Aurora, Colorado; Pinellas County, Florida; Chicago, Illinois; Columbus, Ohio; and Milwaukee, Wisconsin. The emphasis of this team-based ALC was on innovative approaches to reducing racial inequities in infant mortality in urban communities, with particular attention paid to the impacts of racism.

Throughout the ALC, national partnership staff provided the six teams with technical assistance, including tools for action planning and evaluation, informational calls, and resources to assist in carrying out selected strategies. ALC teams were encouraged to develop strategies related to any aspect of addressing racism and infant mortality they thought was appropriate for their community and state. After realizing the importance of continuing their own education and training, most teams pursued strategies on two levels—the first involved ongoing individual and team development, and the second involved external activities, such as community awareness events.

Selected successes and impacts of the teams included:

- Engaged community members, business leaders, and government officials.
- Sponsored special training/learning opportunities, including grand rounds.
- Compiled and analyzed data to “make the case” and garner support.

This publication, detailing the experiences and recommendations from the six teams, has been created and designed to serve as a resource for states and communities interested in addressing racism and its impacts on infant mortality.

<sup>1</sup> MacDorman MF, Mathews TJ. Recent Trends in Infant Mortality in the United States. NCHS data brief, no 9. Hyattsville, MD: National Center for Health Statistics. 2008.

<sup>2</sup> Ibid

<sup>3</sup> Ibid



# Table of Contents



# Table of Contents

BACKGROUND OF THE WORK | 1

ABOUT THE ALC | 3

## Work of the ALC Teams | 9

LOS ANGELES, CALIFORNIA | 11

AURORA, COLORADO | 15

PINELLAS COUNTY, FLORIDA | 21

CHICAGO, ILLINOIS | 27

COLUMBUS, OHIO | 31

MILWAUKEE, WISCONSIN | 35

## Recommendations From the ALC Teams to Other Communities | 39

## Conclusion of the ALC Work | 43

## Update on Teams at Time of Printing | 49

## Final Thoughts | 53

CONTACT INFORMATION | 54

TEAM LEADERSHIP | 55

## Appendices | 57

Health Education

## Background of the Work

# Background of the Work

## INFANT MORTALITY'S CONNECTION TO RACISM

"Racial and ethnic disparities in health care exist and, because they are associated with worse outcomes in many cases, are unacceptable," declared the Institute of Medicine (IOM) in its landmark report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*<sup>4</sup>. For public health leaders and their partners who have long focused on eliminating disparities in health access and outcomes, this was old news. Yet, this validation of their persistent experience provided an opening for frank discussion and systematic examination of differences, disparities, and discrimination even in the face of supposed equal access to health care. By acknowledging that "[r]acial and ethnic disparities in health care occur in the context of broader historic and contemporary social and economic inequality," the IOM created an opportunity to expand the conversation and scope of action from "embracing diversity" and "promoting cultural competence" to what lies beneath: racism and inequality.

The health issues impacted by racism are broad and multifaceted. In order to focus the work, this project addressed one critical area – infant mortality. Lu and Halfon in their 2003 article, *Racial and Ethnic Disparities in Birth Outcomes: A Life-Course Perspective*, speak to this disparity. They state: "One of the most persisting health disparities is that of birth outcomes between African Americans and White Americans. An African American infant born today is still more than twice as likely to die within the 1st year of life as a White infant." Additionally, they explain that, "... risk factors [e.g., socio-economic status, behaviors, prenatal care, stress, and infections] differ between Black and White women, resulting in differential impact on their reproductive health" and "...while race as a biological concept may have little scientific meaning, as a social construct it may have profound health consequences."<sup>5</sup>

"Well-known sociodemographic, medical, and behavioral risk factors do not fully explain the racial disparity in adverse birth outcomes, which has stimulated interest in the role of psychosocial factors in pregnancy, especially stress... In the search for underlying causes of persistent racial disparities in health, many scientists consider racism to be an essential component of any etiologic model. It has been linked to a variety of mental and physical health outcomes, including maternal stress during pregnancy, low birthweight, and preterm delivery."<sup>6</sup> While research documenting the impacts of stress and racism on birth outcomes is ever-increasing, there are few examples of effective practices to address such complex and interwoven issues.

<sup>4</sup> Smedley BD, Stith AY, Nelson AR (Editors), Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Institute of Medicine, National Academy Press, Washington DC, 2002.

<sup>5</sup> Lu, M.C., Halfon, N. Racial and Ethnic Disparities in Birth Outcomes: A Life-Course Perspective. *Maternal and Child Health Journal*, Vol. 7, No. 1, March 2003.

<sup>6</sup> Parker Dominguez, T. et al. *Racial Differences in Birth Outcomes: The Role of General, Pregnancy, and Racism Stress*. *Health Psychology*, 2008, Vol. 27, No. 2, 194-203.

## OVERVIEW OF THE PARTNERSHIP TO ELIMINATE DISPARITIES IN INFANT MORTALITY ACTION LEARNING COLLABORATIVE

Although CityMatCH, the Association of Maternal and Child Health Programs (AMCHP), and the National Healthy Start Association (NHSA) had each worked together previously, this was the first collaborative effort involving all three organizations. Leadership of each organization determined that this new

partnership would be titled the Partnership to Eliminate Disparities in Infant Mortality (PEDIM). Through PEDIM, the partner organizations aim to eliminate racial inequities contributing to infant mortality within U.S. urban areas and increase the capacity at community, local, and state levels to address the impacts of racism on birth outcomes and infant health.

The first PEDIM activity was an 18-month Action Learning Collaborative (ALC), which are intensive training programs that bring diverse state, local, and community agencies and programs together to tackle complex issues. They are designed to promote collaboration and improve programs, policies, and public health systems. Through the ALC process, teams learn about an issue, share their perspectives and create action plans to address that issue back in their communities. CityMatCH and AMCHP have conducted collaboratives for more than a decade on a range of topics, including Medicaid and SCHIP reforms, smoking cessation, racial and ethnic perinatal health disparities, perinatal HIV transmission, family violence prevention, and healthy weight in women.

### PEDIM Vision Statement:

*To eliminate racial inequities contributing to infant mortality within U.S. urban areas*

### ALC Mission Statement:

*To increase capacity at community/local/state levels to address the impact of racism on birth outcomes and infant health*

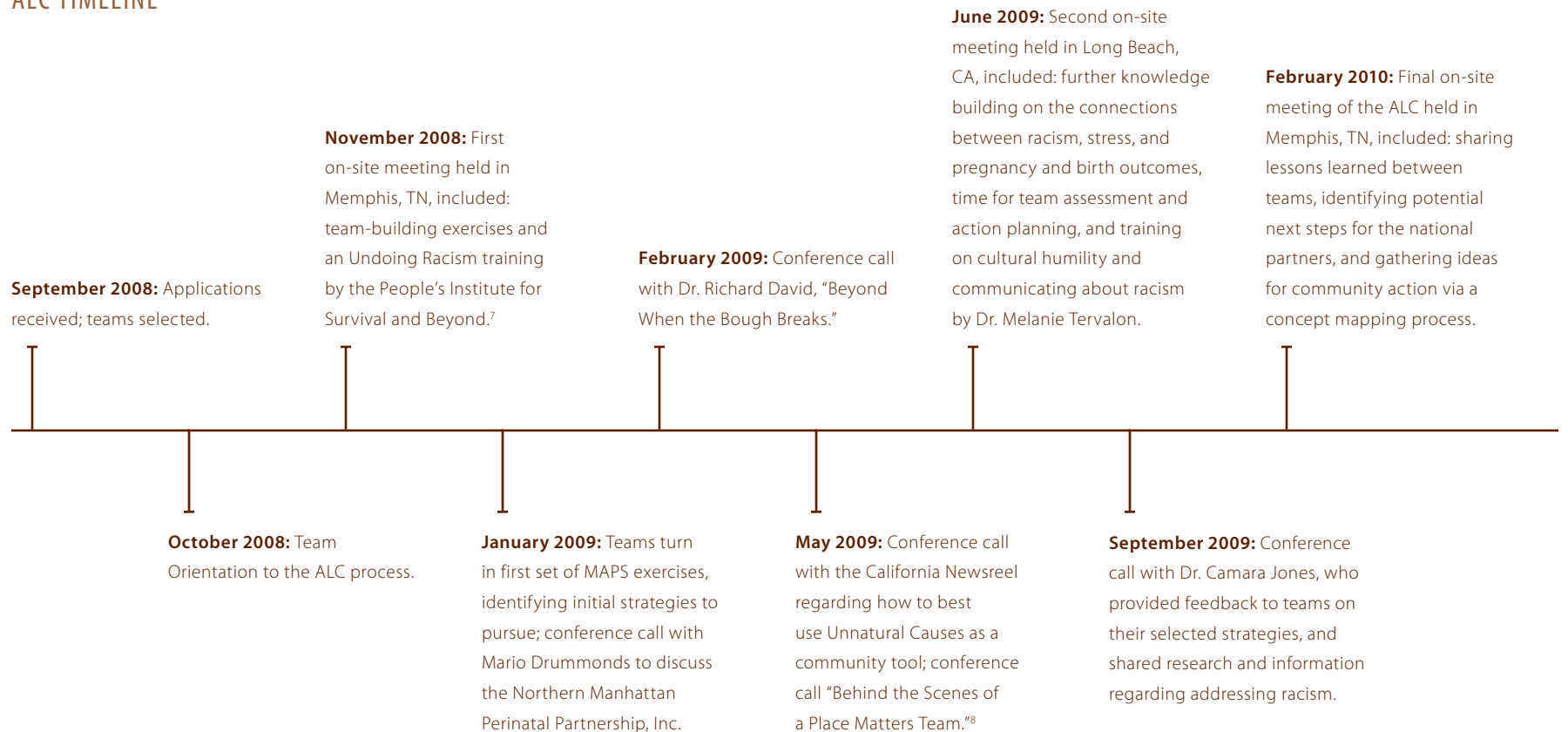
The Infant Mortality and Racism ALC brought together multi-disciplinary state/local teams to strengthen partnerships, build community participation, and develop innovative strategies for addressing racial inequities in infant mortality in the United States. This collaborative was designed to drive action at three levels:

- *Level 1* includes team-based activities focused on meeting the specific needs and interests relevant to each team's community and state issues and priorities.
- *Level 2* fosters cross-team communication and collaboration, peer exchange, and technical assistance for mutual benefit.
- *Level 3* refers to all-team Action Learning Collaborative activities to advance urban MCH practice overall nationally.

An advisory group of national experts, reflecting membership of the three organizations and leaders in research and practice around infant mortality and racism, informed the ALC design and process (Appendix A – Advisory Group Roster). This report describes the ALC process and provides a snapshot of the work conducted by the six participating ALC teams.

# About the ALC

## ALC TIMELINE



<sup>7</sup> More information on The People's Institute for Survival and Beyond can be found at: <http://www.pisab.org/>

<sup>8</sup> Place Matters (funded by the W.K. Kellogg foundation) is a nationwide initiative of the Joint Center for Political and Economic Studies, Health Policy Institute ([www.jointcenter.org](http://www.jointcenter.org)). The initiative is intended to improve the health of participating communities by addressing social conditions that lead to poor health.

## ALC PROCESS

Throughout the ALC, CityMatCH, AMCHP and NHSA provided the six teams with technical assistance, including tools for action planning and evaluation, informational calls, and resources to assist in carrying out selected strategies. The ALC teams were composed of a core traveling team of five to eight members who participated in all on-site meetings. In addition, each team had non-travel members,

which included a diverse group of individuals within the state and community. Composition of the teams varied, with required members including the State Title V/Maternal and Child Health (MCH) director, MCH leadership from the local health department, and leadership from the local, federally-funded Healthy Start Program.

During the course of 18 months, the ALC assisted teams in furthering their understanding of racism and its connections to birth outcomes. With this enhanced understanding, teams then identified strategies to pursue in their communities and states.

Teams were encouraged to develop strategies related to any aspect of addressing racism and infant mortality that they considered appropriate for their communities and states. After realizing the importance of continuing their own education and training, most teams pursued strategies on two levels—the first involved ongoing individual and team development, and the second involved external activities, such as community awareness events.

Because of the personal and complicated dynamics present when dealing with the topic of racism, it was imperative for this ALC to provide each individual and each team the space and time needed to process information, to build trust with one another, and to develop shared understanding, before identifying priorities for action. CityMatCH, AMCHP, and NHSA emphasized to teams that it was more important for this process to be done well within each team, than for each team to have a specific strategy identified, developed, and implemented within the 18 month ALC timeframe. The belief with this approach was that the ALC experience should provide a solid foundation for each participating team to be leaders in addressing racism their community, well beyond the life of the ALC.

The ALC was also designed to strengthen existing partnerships within in each participating community/state and forge new ones. Two standardized instruments were used throughout the ALC to measure each team's collaboration and partnership capacity. The first tool, the Wilder Collaboration Factors Inventory, measures the extent and nature of the collaboration present and, when administered multiple times, how that collaboration grows or changes. The second tool, the Partnership Self-Assessment Tool (PSAT), is similar to the Wilder Inventory but goes further into measuring each team member's satisfaction with the partnership and his or her role within it.

The Wilder Inventory was administered at the beginning and end of the ALC; staff used the results to evaluate the impact of the ALC process on the collaborative nature of each team. The PSAT was

used as a tool during the ALC to determine individual satisfaction with the partnership experience. ALC staff reviewed the PSAT results with the co-leads of each team. This insight helped each team's leadership identify what was working well and ways to improve team members' experiences and buy-in to the process. The tools combined were an effective way to support processes for successful partnerships and to measure some of the non-health outcomes of the learning collaborative process.

### TEAM-BUILDING AND ACTION PLANNING EXERCISES

To provide a framework for building team cohesion and community action planning, teams were led through a series of exercises called, *Mapping Action Planning Strategies* (MAPS)<sup>9</sup>.

MAPS exercises and objectives were as follows:

- **MAPS I & II - Assessing Systems & the Current Landscape.** Understand the systems represented on a team. Assess the impact of racism on infant mortality in the community.
- **MAPS III - Opportunities for Impact.** Identify potential 'Opportunities for Impact' in addressing racism's impact on infant mortality. Reach team consensus on the strategies most likely to yield short-term, measurable change.
- **MAPS IV - Action Planning for Change.** Begin developing strategies to address those impacts identified. Complete the action planning process.
- **MAPS V - Evaluating Your Work.** Begin to develop, or further develop, an evaluation strategy.
- **MAPS VI - Action Planning for Change, Part ii.** Assess completed work and the results achieved. Outline action steps for the next six months. Identify new strategies as appropriate.
- **MAPS VII – Sustainability.** Assess where the team is positioned in the process of this work. Outline internal and external factors that may influence what the team chooses to commit to for future work. Identify next steps.

During the first on-site meeting in November 2008, the initial set of MAPS (I-IV) exercises was distributed. These exercises helped teams assess the landscape of infant mortality and racism in their communities and begin brainstorming potential strategies to pursue during the ALC based on the most intentional opportunities for impact that they could identify. Following the first meeting, the teams returned to their communities to meet with non-travel members to engage them in the work and the exercises. Upon completion, these exercises assisted ALC teams in reaching consensus on which strategies to pursue in their communities and making a plan for carrying out the activities.

MAPS V-VI were introduced during the second on-site meeting in June 2009. At that point of the ALC, teams had made enough progress in their action plan development and implementation to assess whether they were on the right track. This particular set of MAPS exercises created

<sup>9</sup> For more information about the MAPS exercises, see *Exercises for Team-Building and Community Action Planning: A Toolkit for MCH Leaders Addressing Racism's Impacts on Infant Mortality*.

an opportunity and safe space for teams to honestly assess their work together, and to adapt as needed. Additionally, MAPS V required each team to develop an evaluation plan, including a logic model for their ALC work (Appendix B – ALC and Team Logic Models).

While MAPS I-VI were adapted for this ALC from previous City**MatCH** learning collaboratives, the final set of MAPS (VII) were created specifically for this ALC. These exercises were developed in response to conversations with multiple teams which requested that sustainability be a substantial component of the final on-site meeting. At that meeting in February 2010, teams were at a stage in their work that required an assessment of the team and the broader community, if the teams' efforts were to be sustained beyond the ALC period. MAPS VII exercises guided teams through discussions to determine if they have the team commitment and energy to continue moving forward and what steps they would take to institutionalize their work beyond the life of the ALC.

Throughout the ALC, some of the MAPS exercises were intended to be tools to help team members work together (e.g., MAPS I & II Assess Systems and the Current Landscape), while others were deliverables that had to be completed and turned in to the ALC staff (e.g., MAPS V Evaluation Plan).

In addition to the information and skills-based assistance outlined previously, each team was assigned a staff liaison to work with closely. Staff liaisons assisted their assigned teams during action planning at the meetings, reviewed all action planning exercises completed by their teams, and scheduled calls with co-leads to check in periodically throughout the project.







# Work of the ALC Teams

# Work of the ALC Teams

The following section presents profiles of each Infant Mortality and Racism ALC team. While this may provide only a snapshot of work conducted during the 18-month ALC, these profiles demonstrate the teams' commitment and dedication to tackling the difficult issue of racism in order to improve maternal and child health outcomes. Efforts and strategies described in these profiles may be readily adapted in other communities throughout the United States and, hopefully, spark ideas for even more creative ways to address racism and its impact on infant mortality.

9

The six teams profiled on the following pages are:

- Los Angeles, California
- Aurora, Colorado
- Pinellas County, Florida
- Chicago, Illinois
- Columbus, Ohio
- Milwaukee, Wisconsin



# Los Angeles, California

# Los Angeles, California

## TEAM LEADERSHIP

Los Angeles County (LAC) Department of Public Health and California Department of Public Health

## ADDITIONAL TEAM MEMBERSHIP

Black Infant Health Program, South Los Angeles Health Projects, March of Dimes, Shields for Families, Healthy African American Families, University of Southern California Department of Social Work, and Los Angeles Best Babies Network

## OVERALL STRATEGIES AND FOCUS

**Strategy 1:** Develop quarterly briefs describing and addressing racism and its relationships to birth outcomes in Los Angeles County. Disseminate to key community partners, stakeholders, and providers.

**Strategy 2:** Identify and distribute existing educational materials that relate to infant mortality and racism. Convene trainings/workshops and discussion groups for providers and the community in Service Planning Areas (SPA) 1 and 6. Target audiences will include various ethnic groups.

**Strategy 3:** Design an ALC web site that will serve as a one-point information center for Los Angeles County organizations and residents to acquire information and best practices regarding infant mortality and undoing racism.



In order for our message to be understood, the “racism” topic was never diluted. Co-leads reiterated the objective of the ALC formation and background information of Los Angeles County at every core group meeting and conference call.

## THE WORK OF THE LA ALC TEAM

### Team Process:

First, the team leadership contacted community agencies and partners with whom relationships already were established. A meeting was convened to present information gleaned from the November 2008 ALC meeting in Memphis, TN. Each partner was asked to commit to the work and attend regularly scheduled face-to-face meetings. Throughout the ALC, electronic communication and teleconferencing was the most effective means of operating. Each team member was responsible for gathering and reviewing existing materials related to infant mortality, racism, and the life-course perspective to develop a library of materials for the web site. In addition, subgroups were formed to: 1) Develop and disseminate an electronic newsletter; 2) Develop the web site; 3) Identify education and training materials and then implement trainings/workshops; and, 4) Develop and disseminate evidence-based publications and briefs.

### Specific Activities:

1. South Los Angeles Health Projects (SLAHP) sponsored and hosted a 2 1/2 day “Undoing Racism” Workshop facilitated by the People’s Institute for Survival and Beyond (People’s Institute) for their staff and community stakeholders in February 2010.
2. Shields for Families sent staff to the People’s Institute in New Orleans, LA to participate in an “Undoing Racism” Workshop.
3. Healthy African American Families is developing a male involvement program and is in the process of identifying decision makers in local faith-based organizations as possible partners.
4. In April, 2010, the LAC ALC Team hosted a workshop with “The Commission to End Health Care Disparities”, a joint effort of the American Medical Association, National Medical Association, and more than 66 other healthcare groups and organizations to educate healthcare professionals on effective solutions they can use in their clinical practices to improve the quality of care for racial and ethnic minority patients.
5. The March of Dimes and the Los Angeles County, Maternal, Child, & Adolescent Health (LAC MCAH) SIDS Program provided three Healthy Babies Healthy Futures trainings to community churches and community stakeholders incorporating the work of the ALC in October 2009, November 2009, and January 2010.

### Resulting Products and Tools:

- Google Group established for group communication
- Health brief
- Web site
- Library of education materials
- Trainings/Workshops for various health professionals and participating ALC organizations

## IMPACTS

The most important result from the L.A. team's work is that increasing awareness and education about racism and its impact on birth outcomes and infant health has become a top priority for each participating organization. Team members have become proactive in educating their staffs and the communities they serve by integrating information from the ALC into their organizations and programs.

For example:

1. South Los Angeles Health Project has hosted trainings from the People's Institute at their facility.
2. Shields for Families had five staff directors attend the People's Institute training in New Orleans, LA and continues to showcase presentations to their case managers to increase knowledge and awareness.
3. LAC MCAH is providing health care disparities trainings to health care providers and to the community at-large through various programs (e.g. Research, Evaluation and Planning, Reproductive Health, Fetal and Infant Mortality Review, Comprehensive Perinatal Services Program, Sudden Infant Death Syndrome and Newborn Screening Programs).
4. LAC March of Dimes and LAC MCAH has incorporated the ALC work into their curricula.

## LESSONS LEARNED

Effective communication and meeting together were challenges in the initial stages. However, creating the ALC Google Group, an online place for communicating, and for storing information and documents for view and comments was an efficient, continuous, and timely solution.

One challenge was the amount of time spent at each meeting for orientation, as new participants joined the collaborative at various stages.

As with any collaborative, differences in opinion and ideas arose. It was important for the entire team to be flexible and respectful with varying opinions. The L.A. team realized that obtaining consensus from the group first was an effective strategy to help prevent decisions from being made by a specific person.



# Aurora, Colorado



# Aurora, Colorado

## TEAM LEADERSHIP

Healthy Start Project, Aurora, CO and Tri-County Health Department, Greenwood Village, CO

## ADDITIONAL TEAM MEMBERSHIP

City of Aurora, Colorado Department of Public Health and Environment (CDPHE), Zeta Phi Beta Sorority - March of Dimes Colorado Chapter, Colorado Black Nurses Association, Office of Minority Health – CDPHE, Aurora Nurse Midwives, Colorado School of Public Health, Colorado University School of Nursing

## OVERALL STRATEGIES & FOCUS

**Strategy 1:** Continue to work collaboratively to decrease Black infant mortality in Aurora.

**Strategy 2:** Develop a long-term sustainability plan.

**Strategy 3:** Develop a website for stakeholders, consumers, and providers.

**Strategy 4:** Use the Perinatal Periods of Risk approach to further understand infant mortality disparities in Aurora.



## THE WORK OF THE AURORA ALC TEAM

### Specific Activities:

1. Continue to work collaboratively to decrease Black infant mortality in Aurora.

Collaborative efforts focusing on decreasing Black infant mortality in Aurora had begun prior to the ALC, so much of the Aurora team's efforts focused on expanding existing local work.

A membership survey was completed in January 2010 to help identify gaps in membership and to recruit new members. Survey results helped determine that new members would be recruited for specific positions as the plan for community outreach moved forward. The Aurora team continues to hold coalition meetings, work to establish leadership meetings every month, and schedule larger collaborative meetings every other month.

2. Develop a long-term sustainability plan.

During an October 2009 presentation to the Aurora City Council, a request was made for the Aurora ALC project to become a City Initiative. A resolution was signed in January 2010 establishing ALC/Healthy Beginnings initiative as a "City Partnership". This partnership provides in-kind support, use of meeting rooms, and access to the city's well-established community partnerships, such as American's Promise (includes more than 10 youth-based initiatives) as well as a large interfaith partnership. Specifically, youth organizations may be a valuable source for community outreach.

3. Develop a website for stakeholders, consumers and providers.

In June 2009, the ALC/Healthy Beginnings project established a formal web site, [www.aurorahealthybabies.org](http://www.aurorahealthybabies.org). The web site has proven to be a valuable source of information for reports and to orient new members to the collaborative. The web site continues to be updated with new information and resources. Also, a Google phone contact was established in December 2009.

4. Use the Perinatal Periods of Risk approach to further understand infant mortality disparities in Aurora.

The Aurora ALC team set out to complete and fully integrate Perinatal Periods of Risk (PPOR) results (phase I and II) into all of its education and outreach activities. Results from the PPOR

When we started our efforts over four years ago, even the African Americans who joined our first meetings were not convinced that the infant mortality rate in their community was as serious as statistics stated. They also shared that they were not sure others would believe it was. Physicians who attended the first meetings said the issue was too complex to address. Now we have a core of strong advocates, we have PPOR data that validates the health disparity and gives us a specific period of risk to focus our work, and we have the interest of the health care providers to learn more about what they can do to improve birth outcomes.

A comment from a member of the Aurora City Council following a presentation to request that the initiative receive status as a city initiative, "I hope you heard the comments made by this nurse, as just the death of one baby is a tragedy, but infant mortality is everyone's problem."

phase I analysis are being used to develop outreach education tools. The phase II analysis will be completed after the ALC has concluded.

#### Significant Accomplishments:

1. A March of Dimes grant enabled the ALC/Healthier Beginnings project to invite the Genesee Racial and Ethnic Approaches to Community Health across the U.S. (REACHUS) team from Flint, MI, to visit Aurora, CO. The REACHUS project builds on the CDC REACH 2010 Initiative, which focused on reducing disparities in perinatal health and infant mortality. The REACHUS team provided technical assistance to the Healthier Beginnings collaborative, including a professional presentation in the community about health disparities. This had a strong effect on awareness in the community, the state health department, and foundations.
2. The ALC/Healthier Beginnings project received an Innovative Health program grant from the state health department for \$28,000, enabling the completion of PPOR Phase I analysis, development of the web site <http://www.aurorahealthybabies.org>, and the purchase of supplies and educational videos. A logic model and a strategic plan also were developed through a community strategic planning meeting.
3. Participation in this ALC resulted in expansion of the Healthier Beginnings collaborative with the addition of an Association of Maternal & Child Health Programs (AMCHP) member representative from Colorado Department of Public Health and Environment.
4. A strong relationship with the City of Aurora was established to increase the political will needed to support the mission of the collaborative. A city council member invited members of the collaborative to present to the Aurora City Community Partnership committee. This resulted in the participation of Councilwoman Deborah Wallace on the leadership team for the ALC team and also championed the petition to the city council for the city proposal.
5. PPOR Phase I analysis was completed by the epidemiology staff from the Tri-County Health Department and the vital statistics staff at the state health department, with Phase II now in process. The initial report of findings has been written and used to engage collaborative committee members, to develop the strategic plan, and to engage health care providers in planning for community interventions and action steps.

#### IMPACTS

1. Team Members: The PPOR analysis established a shared understanding of the disparity in infant mortality in Aurora. The PPOR Phase I results allowed the team to focus its outreach, education, and interventions in order to have the greatest impact. Phase II of the analysis will further define the focus of the ALC/Healthier Babies project. The web site provides all team

ING STRENGTHS TO BUILD  
ACILITY IN THE MIDST OF  
BULENCE: A STRENGTHS-BASED  
PROGRAM BUILT WITH LATINOS  
GRANTS IN SOUTH CAROLINA.



J. Leone, LMSW

Program



members with a means of communicating, internally and externally, what was learned during the ALC, and details about the activities and work they are conducting. The partnership with the City of Aurora validated a sense of political will and support for the work. The visit from Genesee REACHUS was important to recruit new members and garner support, but also to give the collaborative technical support and direction for next steps. The ALC experience will continue to serve as a catalyst for progress and provide the necessary skills and knowledge about racism and this health disparity to move the collaborative forward.

2. Organizations and Community: The Genesee REACHUS visit was important to provide the primary supporting agencies a sense for what the ALC team would need to be successful and a true understanding that this is a long-term project. The visit also stimulated needed support from the state health department. The grant from the state department of health provided just enough financial support to help to establish an infrastructure and skilled leadership to develop a strategic plan and web site, and keep the collaborative members engaged. The ALC process then provided the team's leadership with the energy and insights to continue to move the collaborative efforts forward. The partnership with the city was important to show the political will and the extent to which the community valued the work of the collaborative. The PPOR analysis provided local agencies with the data to validate the need for this work and also the evidence needed to focus efforts on this complex health disparity.

## LESSONS LEARNED

This work is long-term and ongoing, and requires frequent points of group assessment to renew and maintain focus. Though it was important to maintain a stable and committed core group of agencies and individuals, the Aurora ALC team also benefitted from periodically recruiting new members to infuse energy and to balance attrition (by those who have experienced responsibility shifts and cycled out). In addition, a continued effort to recruit key African American leaders and stakeholders is imperative to the future success of this work in Aurora.

Tangible short-term goals and projects within the larger strategic plan also became essential to keep collaborative members engaged and to help them view the work as achievable.

Establishing a stable source of funding to support staff and the group's broader work has been an ongoing challenge.



**Pinellas County, Florida**

# Pinellas County, Florida

## TEAM LEADERSHIP

Pinellas County Health Department and Florida Department of Health

## ADDITIONAL TEAM MEMBERSHIP

Healthy Start Coalition of Pinellas County, Inc., Infinite Solutions of Tampa Bay, Inc.; the Next STEPP Center, University of South Florida (USF) Lawton Rhea Chiles Center, YWCA of Tampa Bay, Unique Doula Services, Caring for Your Temple, and the Pinellas County Urban League

## OVERALL STRATEGIES & FOCUS

The Pinellas County team developed a work plan that defined strategies in three areas:

1. Community and Stakeholder Engagement
2. Quantitative and Qualitative Analysis
3. Team Building, Assessment and Recruitment

While the Pinellas County team work plan was initially developed to guide the course of activities over the 18-month grant period, it became a working document that was updated at monthly meetings and provided the team a framework for discussion.

The work plan will be continuously updated after the conclusion of the ALC.



Eliminating racial disparities in infant mortality is a national crisis, requiring multi-level support and participation to build capacity, increase awareness and create effective policies. It is important to take fearless action to undo internalized, personally-mediated, and institutional racism.

## THE WORK OF THE PINELLAS COUNTY ALC TEAM

### Specific Activities:

Community and Stakeholder Engagement activities included: a) facilitating 10 community and staff viewings of documentaries (*Unnatural Causes: When the Bough Breaks and Race – The Power of an Illusion*) illustrating the concepts of race and the impact of racism on infant mortality; b) facilitating three events to increase provider and community knowledge regarding race and racism (Town Hall Meeting, November 2008, Grand Rounds, March 2009, and a Community Forum, March 2009); c) presenting the ALC project at the Florida Association of Healthy Start Coalition (FAHSC) conference, July 2009; d) developing a “business case” document for the business community and government officials; and e) presenting at the Step Up Florida Kickoff Event in Pinellas County in February 2010, a county-wide workplace wellness initiative, using the business case document.

Quantitative and Qualitative Analysis activities included: a) updating the Perinatal Periods of Risk (PPOR) Analysis for 2004-2006 for Pinellas County; b) conducting a multi-level analysis of individual and neighborhood factors associated with perinatal health outcomes; c) conducting a Case Study Review of 2008 Black Infant Deaths in Pinellas County; d)

developing and administering the Pinellas Infant Mortality and Racism Community Survey; e) developing a community focus group protocol and scheduling focus groups to explore community members’ perceptions and experiences of race and racism in-depth; and f) administering the Mother’s Pregnancy and Loss Survey to Pinellas County Black women who experienced an infant loss during 2008.

Team Building, Assessment and Recruitment activities included: a) working collaboratively to write the ALC application based on the Florida’s Black Infant Health Practice Initiative (BIHPI) framework; b) attending three Action Learning Collaborative (ALC) meetings; c) building team capacity to discuss race and racism using knowledge and information obtained through the ALC, cultural diversity exercises, and other sources; d) completing two Partnership Self-Assessments and two Wilder Collaboration Factors Inventories; and e) ongoing recruitment of additional community stakeholders and team members.

### Significant Accomplishments:

#### **Strategy 1 – Community & Stakeholder Engagement:**

Gathered community input and feedback through conducting a town hall meeting and community forums.

Developed a team folder on the national ALC SharePoint web site to post cultural competency articles, activities, and exercises shared during local team meetings.



Engaged 245 community individuals, agency representatives, and public health staff, including Pinellas County Health Department home visiting staff, through 10 community viewings of and discussions about *Unnatural Causes: When the Bough Breaks and Race – The Power of an Illusion*.

Increased Healthy Start/Healthy Families staff's awareness regarding the impact of race and racism, as well as social determinants of health, for pregnant women and babies.

Conducted cultural competency exercises and activities with associated organizations and coalitions (i.e. Midtown Health Council, Healthy Start Coalition of Pinellas, FAB Families, and Healthy Futures).

Invited community members, business leaders, and government officials to participate in the Pinellas ALC.

Developed strategies to engage business leaders and government officials.

Maintained ongoing communication and interaction with state health representatives.

Sponsored special training/learning opportunities focused on health disparities in infant mortality including: "Dying While Black" Grand Rounds with Vernellia Randall (May 2008) and "Racial-Ethnic Disparities in Birth Outcomes: A Life-Course Perspective" Grand Rounds with Dr. Michael Lu (March 2009).

Participated in ALC conference calls about race, racism, and related impacts on infant mortality.

#### **Strategy 2 – Quantitative/Qualitative Research and Analysis:**

Developed assessment tools, including a focus group protocol and a community survey to frame and inform community discussions regarding race and racism.

Utilized evidenced-based methods, including multi-level community analysis and Perinatal Periods of Risk (PPOR) analysis to identify additional factors contributing to infant mortality.

Improved utilization of State Health Office data, community needs assessment, and other evaluation tools.

Obtained a literature review from USF Black Infant Health Practice Initiative on racial disparities and other national and multi-state documents for comparison and review.

#### **Strategy 3 – Team Building Activities:**

Held monthly local team meetings between June 2009 and April 2010 while continuously recruiting new members (14 active members in June 2010).

Conducted monthly core team conference calls; expanded core team from six to eight members.

## IMPACTS

1. Built a diverse team to address the impact of racism on infant mortality and perinatal health.
2. Identified and partnered with other organizations whose mission/vision is to address/end racism.
3. Defined roles of team members and distributed workload.
4. Raised awareness and provided information and education.
5. Created opportunities for dialogue (gave a clear and loud voice to the issue).
6. Explored opportunities to collaborate with existing organizations addressing infant mortality and/or health disparities.
7. Tied important local and state efforts together.
8. Invited various community stakeholders (government, employers, legal system, community, educational institutions) to participate in the work.
9. Compiled and analyzed data to “make the case” and garner support.
10. Established proof that racism is a reality and affects the health status of society.
11. Developed a business case for corporate support and advocacy to address racism and its effect on health disparities and employee wellness.

## LESSONS LEARNED

The Pinellas ALC Team understands the value of collaboration on the local, state, and national level, and has increased its capacity to address the impact of racism on birth outcomes and infant health.

Discussing race and racism remains a sensitive subject and requires skilled facilitation to engage participants in quality and productive conversations.

Coalescing as a team around race and racism requires a high level of honesty, transparency, ongoing dialogue, and frequent activities to increase awareness and identify issues.

The team desires to expand team participation to other community stakeholders (e.g. businesses, government, faith-based organizations, etc.).

## Pinellas County Reflections on Talking about Racism:

- I respect you enough to be open and direct in talking with you about race and racism.
- There is an opportunity everyday [to talk about racism], but we just don't talk about it. Why?
- You have to change the attitude before you can change the altitude.
- Truly, I am afraid of the reaction [resulting from talking about racism]. I don't want to offend anyone. I'm afraid things will go the wrong way.
- What do you do when you meet someone that doesn't fit [a preconceived] stereotype? You either don't believe the stereotype or you think that person is the exception to their race.
- We must build trust between people. To do this we must take a risk. Let's talk about what we have in common, not our differences. Do not dwell on the differences.
- What are the opportunities and challenges to working across racial and ethnic lines?
- Opportunities: Change what you don't know! (learn)
- Challenges: sensitivity and social economics that have paved the way of racism.



# Chicago, Illinois

# Chicago, Illinois

## TEAM LEADERSHIP

Illinois Maternal and Child Health Coalition and Illinois Department of Health

27

## ADDITIONAL TEAM MEMBERSHIP

Chicago Department of Public Health, University of Illinois at Chicago Great Cities Initiative, University of Illinois at Chicago School of Public Health - Graduate Program in Maternal and Child Health, Advocate Health Systems

## OVERALL STRATEGIES & FOCUS

**Strategy 1:** Educate the medical provider community, media, policy makers, professionals, and residents about the impact of racism on health by showing the film, Unnatural Causes to generate discussion, to brainstorm solutions, and to develop strategies for implementing solutions.

**Strategy 2:** Address disparities in the quality of care provided in healthcare settings, including hospitals, clinics, and private physician/group practice offices, and to propose methods to monitor and improve quality of care.

**Strategy 3:** Identify, implement, and evaluate focused strategies in the Englewood community to decrease the impact of racism on African American families, subsequently improving the outcomes of pregnant women of all ethnic and racial groups.



## THE WORK OF THE CHICAGO ALC TEAM

The Chicago ALC team's activities focused predominantly on utilizing the *Unnatural Causes* documentary to build awareness of and collaboration around infant mortality and racism in Chicago.

Community leaders, such as ministers, CEOs of community-based organizations, MCH program administrators, medical providers, perinatal network administrators, and advocates, were invited to attend viewings of *Unnatural Causes* and to participate in a follow-up discussion. Strategies to address infant mortality discussed at these viewings included: cultural competence training and monitoring for medical and social service providers, focusing on communication with patients, expressing the benefits of informed, participatory patients. Attendees were also asked to host facilitated viewings/discussions of *Unnatural Causes* at their work places and in their social and professional groups.

Concurrently within Chicago, other organizations and churches were conducting trainings and discussions using *Unnatural Causes*. These presentations created opportunities for collaboration and a heightened focus on infant mortality. One community activist/advocate hosted a series of viewings in her home for members of six block clubs, resulting in an increase in referrals of local pregnant teens to MCH funded programs.

Finally, case managers and outreach workers who have direct contact with women and children living in Englewood were targeted for facilitated viewing sessions. Team members listened to their stories regarding culturally insensitive incidents of care. There appeared to be a direct correlation between what was presented in *Unnatural Causes* and what was expressed by these and other groups.

Chicago team members also participated in a radio interview on maternal and child health and infant mortality (November 14, 2009). During this interview, members discussed the risk and protective factors that affect infant mortality rates in Chicago and other urban areas in the United States.

Finally, Chicago ALC team members conducted a press conference on infant mortality in Chicago at St. Sabina Church (September 2009) to announce the release of a report titled, *Emma*. This report was designed to move readers emotionally regarding infant mortality, and then identify specific recommendations developed during several Maternal and Infant Mortality Summits. Elected officials from the local, state and federal levels were invited to provide comments on what they plan to do to improve the health and lives of Chicago's babies, families, and communities.

## IMPACTS

The reality of racial and social inequities was confirmed for many of the people who viewed the *Unnatural Causes* documentary. Some participants seemed relieved that the issue of social and racial inequities was/is finally “on the table” while others were/are reluctant to accept this reality.

The documentary was viewed by 37 separate groups, in and outside of Englewood community, totaling approximately 500 people.

Ultimately, the *Unnatural Causes* documentary is an effective vehicle for opening discussion and illustrating the depth of the problem.

## LESSONS LEARNED

Identifying strategies for solutions that can be achieved is challenging and multifaceted.

Many MCH programs are already funded to address the effects of racial and social inequities so it is important to collaborate with these programs to make progress.

After viewing *When the Bough Breaks*, the Chicago team members realized that the first segment of the documentary, *In Sickness and in Wealth*, sets up topics and settings for the other segments. As a result, participants watched either the first and second segments entirely, or a clip of the first segment and the second segment entirely.



# Columbus, Ohio



# Columbus, Ohio

## TEAM LEADERSHIP

Columbus Public Health

## TEAM MEMBERSHIP

Ohio Department of Health, Council on Healthy Mothers and Babies, St. Stephen's Community House, City of Refuge Point of Impact, Ohio State University, Center for Healthy Families

## OVERALL STRATEGIES & FOCUS ACTIVITIES

The team's desired intermediate outcomes were to:

- Improve understanding and readiness to address racism and health effects.
- Develop and test a training for providers.
- Incorporate "Addressing Racism as a major recommendation in the final Ohio Infant Mortality Task Force report.

The Columbus ALC team's desired long term outcomes were to:

- Engage community providers in eliminating racism and its effects on health.
- Improve healthcare experiences for women of color.
- Statewide recognition and commitment to addressing the effects of racism on infant mortality.



This work, addressing racism, will change, challenge, enlighten and stimulate you as a person. It will engender not just “work” discussions, but will carry over into your relationships with family and friends. It can change, for the better, all of us as a community, city, and country.

## THE WORK OF THE COLUMBUS ALC TEAM

Collecting consumer experiences:

The Columbus team conducted a survey to collect stories from women about their experiences in accessing and utilizing prenatal care. The survey was created with Survey Monkey and sent to numerous community agencies and advocates (i.e. a Federal Healthy Start program and two African American

women’s groups) to share with their staff, colleagues, and clients. The introduction to the survey made it clear that the team was specifically interested in learning more about the effects of racism on health and infant mortality. The survey included Dr. Camara Jones’ ‘reactions to race’ module questions<sup>10</sup>. The survey team converted these responses into seven different scenarios, and, using a Likert scale, asked how likely these experiences were to occur and if they were likely to occur due to racism.

Develop a tool kit for providers:

The Columbus team identified and assembled materials that would assist providers, beginning with prenatal providers, in understanding how racism affects infant mortality. The team worked with community experts to make a DVD that can be used in sections to teach and

train on the issue of racism and infant mortality. Permission was granted by the California Newsreel to feature a portion of the *Unnatural Causes’ When the Bough Breaks* episode on the DVD. The Ohio Department of Health did the filming and produced the DVD at no cost to the team.

Representation on State Infant Mortality Task Force:

After the first ALC meeting in Memphis, TN, the state co-lead (Title V Director) set up a meeting between members of the ALC team and the State Health Director. This led to three members of the team obtaining positions on the State Infant Mortality Task Force. This opportunity was used to present information about the issue of racism and infant mortality, to share the work of the collaborative and to advocate for addressing racism as a major recommendation and finding of the final task force report.

Team Training:

The Columbus team included ongoing team training by incorporating a learning time into each meeting when there was not a national ALC call. During the course of three sessions, the team viewed the entire DVD, *Race – The Power of an Illusion*, leading to much group discussion. Team members also conducted a survey among themselves, including asking Dr. Camara Jones’ Reactions to Race questions, and discussed the results. The team obtained Maternal and Child

<sup>10</sup> *Module 12: Reactions to Race* is an optional module for the Behavioral Risk Factor Surveillance System Questionnaire created by Dr. Camara Jones and can be found at: <http://www.cdc.gov/brfss/questionnaires/pdf-ques/2008brfss.pdf>.

Health Bureau Technical Assistance funds through the Ohio Department of Health for a consultant who worked on the surveys for team members and the community. After the funding was gone, the consultant continued with the work as a team member, speaking to the importance of this work to all involved. Finally, the team sponsored a successful, well-attended conference.

### IMPACTS

The Columbus ALC team came to realize the incredible importance and value of learning together and openly discussing issues related to racism.

Impacts seen in the Columbus community as a result of the team's efforts included:

- Giving public voice to identifying, discussing, and addressing racism as a major issue affecting the health of the community;
- The final Infant Mortality Task Force report incorporated the recommendation "Address the effects of racism and the impact of racism on Infant Mortality;" and,
- Columbus Public Health-appropriated funding for a part-time MCH Health Equity Coordinator.

### LESSONS LEARNED

Time is always a challenge, but the Columbus team was able to establish a core group of individuals that stepped up and led the strategy efforts. As the team moves forward following the conclusion of the ALC, members will continue to discuss how to best assemble a team and assure full commitment and participation.

Travel team members had a wonderful advantage in terms of great learning, speakers, and interaction. It was important that travel team members brought the learning back home to assure that the whole team can learn and share together, has access to the same knowledge and begins at the same starting point.



# Milwaukee, Wisconsin

# Milwaukee, Wisconsin

## TEAM LEADERSHIP

Wisconsin Department of Health Services, Division of Public Health and the Black Health Coalition of Wisconsin (Healthy Start)

## TEAM MEMBERSHIP

Black Health Coalition of Wisconsin (Healthy Start), Wisconsin Division of Public Health, City of Milwaukee Health Department, Milwaukee Fatherhood Initiative, Milwaukee Workforce Investment Board, New Concept Self Development Center, Medical College of Wisconsin, Academia, Community Based Organizations, Local and State Public Health, Employment and Training, Neighborhood Development and Wealth Building, Child Welfare, Family Economic Support, Justice and Advocacy Organizations, K-12 Education, Foundations and Funders, Health Care Delivery, Media and Coalition Consultants

## STRATEGIES AND ACTIVITIES

The Milwaukee ALC team specifically addressed barriers impeding African American men from being fully engaged as husbands, partners, and fathers. The focus was to build a community partnership with residents, community organizers, economic and employment policy centers, businesses, the health sector, faith-based organizations, educators, law enforcement, and others. This partnership would first develop a shared understanding of the issues and barriers and, second, develop a policy and program platform that addressed these barriers.



Let's not stop now! Let's keep the dialogue active and alive so we can truly make a difference in our communities.

## THE WORK OF THE MILWAUKEE ALC TEAM

Specific Strategies:

1. Ensure that the Milwaukee Partnership to Eliminate Disparities in Infant Mortality (PEDIM) Model engages the core group and the larger expanded group of partners in opportunities for learning, collaboration, active participation, and decision making related to the three program specific strategies that were developed.
2. Develop an educational plan to inform the larger Milwaukee community about the role that racism plays, especially as it affects African American males, in Milwaukee's infant mortality rates.
3. Develop a media campaign designed to promote the positive roles of African American men in healthy birth outcomes, the first year of life, and beyond.
4. Establish an "Empowerment Coaching" pilot of 50 African American males (teens and others) who want to support their pregnant wives and /or significant other or infants, but do not have the knowledge, skills, or resources.

## IMPACTS

1. The Milwaukee Fatherhood Initiative took the lead in reaching out to more than 40 men to participate in the pilot project.
2. The Milwaukee ALC team's evaluator used ALC training materials, especially the *Race – The Power of an Illusion* series in various educational forums with various populations, including medical students, community health workers, legislators, healthcare providers, advocates, and health promotion professionals.
3. The CBO/social service partner used training materials to augment the existing programmatic curriculum for fathers/men, especially in modules focused on race and racism.
4. A session at the Milwaukee Fatherhood Initiative Summit (MFI) was developed by Dr. Ramel Smith that focused on the psychological impacts of structural racism, titled "Ready to Die". Other sessions at the MFI Summit focused on father's role in promoting breastfeeding and improving birth outcomes were lead by the Black Health Coalition of Wisconsin and staff from the Milwaukee Health Department.
5. The Black Health Coalition of Wisconsin hosted a three day summit focused on infant health and devoted an entire day to highlighting the role of men and fathers and addressing structural racism's impact of African American well-being. More than 80 community residents participated.

6. The Milwaukee Workforce Investment Board utilized its quarterly newsletter to highlight strategies to reduce the impact of intentional and unintentional racism in the healthcare delivery system by promoting training and placement of Community Health Workers.
7. The State Maternal Child Health Program provided regular project updates to the Statewide Advisory Committee to Eliminate Racial Disparities in Birth Outcomes.

The value added was in having the discussion of racism and infant mortality raised to the national level by a foundation like Kellogg. This public focus gave credibility to the “side bar” discussions regarding racism that were occurring. However it is easy for communities to reframe these discussions as the agenda item for a person or a set of persons. With the elevation to a national agenda, racism was moved from an individual to a systems’ level.

#### LESSONS LEARNED:

- Relationships matter. In order to have a meaningful discussion on racism, it is critical to have a relationship with one’s partners and support honest, open dialogue.
- Acting on community-identified needs is essential.
- Co-learning is important.
- Data help.
- Moving to action takes time.

A close-up, sepia-toned photograph of a person's hands writing in a spiral-bound notebook. The person is holding a black Sharpie pen. The background is softly blurred, showing more of the notebook and the person's arm. A dark brown horizontal bar is overlaid at the bottom of the image, containing white text.

# Recommendations from the ALC Teams to Other Communities



# Recommendations from the ALC Teams to Other Communities

## LOS ANGELES COUNTY, CALIFORNIA

- Do not be afraid to tackle the “racism” topic. Expect resistance from some, but this important work must continue.
- Recognize that this type of work takes time and results will be seen in years to come. At the same time, understand that any small step tackling this issue makes a big difference.
- Local public health departments can take a lead role in addressing this specific issue because in many communities they are an ideal convener.
- Keep the core group small in number, as a larger group can be difficult to manage.
- When gathering the core group, recruit members who work directly with the community.
- If funding is not available, use creative and nontraditional ways to sustain these efforts.

## AURORA, COLORADO

- If possible, seek the support of a political leader in your target community.
- Identify and recruit key leaders in the African American community.
- Have a special task force or committee to focus on financial resources.
- Create tangible project goals and tasks that can energize members around the work, while involving broader circles of stakeholders.
- Identify staff to support basic work of the group.
- When initiating this work, it is critical to establish a shared understanding of the health disparity and the most current available data about the area’s infant mortality rate.
- As you establish your strategic plan it is important to identify realistic goals based on your human and funding resources.
- It is important to continually evaluate ongoing needs to evolve your community’s cultural competency and health equity.

### PINELLAS, FLORIDA

- Develop a diverse racial/ethnic facilitation team to conduct community trainings.
- Collect data from various sources (e.g., PPOR, FIMR, multi-level community analysis surveys, focus groups, etc.) to substantiate the impact of racism on infant mortality.
- Do not make assumptions about how much individual team members know about race and racism. Do the necessary pre-work (dialogues, workshops, activities, assessments) to prepare individuals with different belief systems, experiences, cultural norms, etc. to work together around issues of race and racism.
- Be aware of how internalized oppression, white privilege, and other dynamics of racism may impact the team and individual participation.
- Invite various community stakeholders to be involved in efforts to raise awareness regarding the impact of racism on the overall health of residents.

### CHICAGO, ILLINOIS

- Make sure that all team members have a clear understanding and commitment to the project.
- Identify other organizations that are doing related work and engage them prior to starting an initiative.
- Make sure all partners are aware of the focus of the work (infant mortality and racism), and that they are willing to discuss this difficult issue.
- Involve the community first by informing them of the issues, then allow them to identify strategies to address the problem. Expect resistance when talking about racism and find ways to make a diverse audience more accepting (e.g., ask minorities to discuss and/or record their experiences with the health care system).

### COLUMBUS, OHIO


- Clearly identify roles, responsibilities, and expectations of team members.
- Invest time for team training, learning, and discussion.
- Within your organization, assure support from leadership and be prepared to respond to staff /colleague issues.
- Collect, analyze, and share local data on racism as much as possible .
- Include the 'Reactions to Race' module in your state BRFSS questionnaire or other local instrument and survey opportunities.

## MILWAUKEE, WISCONSIN

- Make fathers a major and key component of the discussion regarding healthy birth outcomes.
- Fully engage the community from the beginning. It was difficult during this ALC process to have a core team and an expanded team because it was difficult for members of the travelling to translate to the expanded team everything that had unfolded in each of the three on-site meetings.



Our History wall

When did your team really feel like a team?   
What made that happen?  
What were some of the challenges?

# Conclusion of the ALC Work

# Conclusion of the ALC Work

The final meeting of the ALC teams in February 2010 included time for teams to work through MAPS VII focused on sustainability. The remainder of the meeting consisted of activities designed to inform future efforts to address racism and its impacts on birth outcomes at the local, state and national levels.

43

First, information was gathered from teams regarding their overall ALC experience. Each team answered the questions in Box, then placed their answers on a History Wall. The History Wall was a timeline that allowed ALC participants, staff, and national advisory group members to review details of the ALC teams' experiences, throughout the remainder of the meeting. This format was an effective way to share vast amounts of information among meeting participants, without dedicating extensive, valuable meeting time to presentations.

Second, ALC participants took part in a concept mapping process. Concept mapping is a structured way to gather input from many individuals and then analyze, interpret, and present a pictorial view of the group's ideas and how those ideas are interrelated. The process began at the final ALC meeting, with ALC team participants breaking into small groups to respond to the prompt: *One specific action a community could take to decrease racial disparities in infant mortality is...*

The brainstorming process produced 254 statements, which were condensed into 128 unique final statements.

The following day, ALC team participants individually sorted the 128 statements based upon which ones they thought were related. Individuals also rated each statement on necessity and action potential.

# History Wall Questions & Selected Answers Posted by Teams

44

## 1. When was your team most inspired/motivated, and why?

- Obtained state funding to support our planning processes
- Team self-assessment regarding experiences with racism
- Obtained MCHB technical assistance funding for a consultant
- Development of a team logic model and strategic plan

## 2. What are your greatest success(es)? Unexpected results?

- When tangible results were seen (e.g. web site completed)
- Face-to-face meetings with other teams helped inspire individuals, teams, and the overall national practice community that formed as a result of sharing in the ALC experience
- We were inspired and re-energized by the dialogue and new focus of working with the business community

## 3. What are your greatest success(es)? Unexpected results?

- Move the discussion of racism from shoulders of an individual to the community
- Recognition of the work by the City Council
- Breakfast with CEOs of local businesses
- Resulting sensitivity of health department after viewing Unnatural Causes
- Google Group maintained communication with over 30 partner organizations
- Moment of clarity regarding the need to divide labor/tasks among team members
- Team commitment

## 4. When did your team face your biggest challenges, and what were they?

- Resources/funding
- Need to use “outsider” to facilitate some discussions
- Consistent meeting time, location, and member participation
- Bringing new members up to speed in midst of the work
- Each ALC meeting was designed to bring new understanding of racism and infant mortality to teams, sometimes requiring difficult conversations. It was often not possible to capture and replicate those experiences and learning for the broader team/community back home.
- There is no one definition or way to understand racism

## 5. When did your team really feel like a team? What made that happen? What were some of the factors involved?

- The June 2009 meeting in Long Beach, CA was a turning point. Some of the contributing factors included:
- Meeting provided dedicated time for team work, without distractions
- Teams were far enough along in their action plan implementation to assess and redefine work as needed
- Team members had time to get to know each other and build the personal trust needed to do this work
- “Exercises provided opportunities for open and realistic conversation about team member roles and responsibilities”

44

## Concept Mapping Rating

Prompt: Circle the number that best rates the need for the specific action to be implemented or undertaken in a community. Although you may believe that all these actions are important, some may be more critical or necessary to decrease racial disparities in infant mortality.

Necessity Rating Scale:

- 1 = not at all necessary
- 2 = somewhat necessary
- 3 = necessary
- 4 = extremely necessary

### Action Potential Rating

Prompt: Given the availability of resources in a community (money, time, talent, etc.), what is the potential for action of the specific activity?

Action Potential Rating Scale:

- 1 = no potential for action
- 2 = low potential for action
- 3 = moderate potential for action
- 4 = high potential for action

In the months following the final meeting, ALC staff, national advisory group members, and members of the CityMatCH Health Equity and Social Justice Action Group (HESJ) were invited to sort and rate the statements. Analysis of the data has been a collaborative process, led by a Senior MCH Epidemiologist and guided by a group of 15 individuals from the ALC, the national advisory group, and HESJ<sup>11</sup>. Appendix C lists the top 25 statements, according to necessity and action potential ratings; full results of the concept mapping process will be submitted for journal publication in 2011.

Finally, members of the National Advisory Group joined the ALC teams for the last day of the meeting to participate in a consensus workshop process. All individuals present worked together to identify

<sup>11</sup> For more information about the concept mapping process, or the results, please contact Dr. Laurin Kasehagen at CityMatCH (lkasehagen@unmc.edu)



**United Way Community Service**  
Being Commissioned to Help Our Local Weather  
Champion



The United Way Community Service team is proud to be commissioned to help our local weather champion. This team will be working to help our local weather champion by providing them with the resources they need to stay safe and healthy during the winter months. The team will be working to help our local weather champion by providing them with the resources they need to stay safe and healthy during the winter months.



The United Way Community Service team is proud to be commissioned to help our local weather champion. This team will be working to help our local weather champion by providing them with the resources they need to stay safe and healthy during the winter months. The team will be working to help our local weather champion by providing them with the resources they need to stay safe and healthy during the winter months.



specific actions that the PEDIM could take to drive infant mortality and racism work nationally. From the many ideas generated, seven categories of action emerged:

- Research and demonstrate the socio-economic burden of racism.
- Establish a media and social marketing campaign.
- Establish and advocate to drive policies and protocols on racism and its impact.
- Ensure sustainability through the expansion of partnerships and funding.
- Demand national attention and prioritization.
- Provide technical assistance.
- Mobilize community advocacy.

Each of the three PEDIM partner organizations has committed to continuing to advance the vision of eliminating racial inequities contributing to infant mortality in U.S. urban areas. The actions in each of these seven areas will help to guide future work of the partnership and the individual organizations (Appendix D offers further detail of the final ALC meeting, including the results from this consensus workshop).



# Update on Teams at Time of Printing

# Update on Teams at Time of Printing

The February 2010 meeting was the final major activity of the Infant Mortality and Racism ALC, and submitting information for this report in the spring of 2010 was the last requirement of the participating teams. Throughout 2010, and into 2011, ALC staff and teams committed to sharing lessons learned via presentations at conferences and webinars, and via written information in newsletters and other organizational products. Although the ALC had 'officially' ended, ALC teams continued their work, and requested a conference call to update each other on their activities.

The following information was shared on an update conference call in November 2010. Remarkably, eight months after the conclusion of the ALC, all six ALC teams were still active.

## LOS ANGELES COUNTY, CALIFORNIA

The Los Angeles County team's web site was completed in the summer, and is now serving as a resource for all of the ALC partners and others in the L.A. area interested in addressing racism and its impacts on birth outcomes. The website is: [http://publichealth.lacounty.gov/mch/LACALC/LACALC\\_index.htm](http://publichealth.lacounty.gov/mch/LACALC/LACALC_index.htm).

The Shields for Families partner organization continued to provide the People's Institute training, with more than 300 staff trained during a two-week period.

Finally, results for the evaluation of the April 2010 training for providers indicate that it was successful. Ninety-eight percent of the providers who attended said they learned a lot about racism and disparities in birth outcomes and they would recommend the training to their partners who were not present. This is particularly remarkable, given that CMEs were not provided.

## AURORA, COLORADO

While the Aurora, CO team has had challenges with its goal to outreach to health-care providers and engage the healthcare system, the team experienced some successes in fall 2010. A natural alignment of efforts occurred when the team's PPOR Phase 1 analysis indicated preconception care as an area on which to focus, and the state of Colorado released preconception/interconception care guidelines in January 2010.

The team developed three webinars for providers, in partnership with the state health department and one of the primary liability insurers for health-care providers. The liability insurer was an effective way to reach providers. First, the insurer hosted a dinner with a core group of providers to get them engaged in the idea of preconception and interconception health. Then, the insurer offered an Experience Rating System (ERS) point to providers who participated in the webinars. ERS points are significant because when physicians receive three points in a year, they get 10 percent off of their liability insurance. Each of the three webinars incorporated work from the Aurora ALC team, with the three calls focused on the following: 1) In-depth

overview of PPOR and the Phase 1 results for Aurora; 2) Overview of preconception clinical guidelines and how to implement them; and, 3) Review of what's happening nationally with preconception health, and presentation of information developed by the state for low-income and at-risk populations.

### PINELLAS COUNTY, FLORIDA

In September 2010, the Pinellas County team tied in to infant mortality awareness month to give a presentation to 40 human service providers to make the connection for them between infant mortality and the impact of racism. The training received positive feedback, with multiple people expressing interest in joining the team's efforts.

With regard to the Pinellas County team's data-related strategies, all of the quantitative analysis was completed as of fall 2010. The data were presented to the team, which now is determining effective ways to take the information to the community.

Finally, the team took advantage of lapsed salary dollars in its federal Healthy Start program to hire a part-time community planner. This coordinator position has been helping to keep the team's ALC strategies moving forward.

### CHICAGO, ILLINOIS

A concept mapping presentation by Laurin Kasehagen at the University of Illinois Chicago (UIC) led to the recruitment of additional team members. The first activity of the newly expanded ALC team was a town hall meeting to commemorate the 75th Anniversary of Title V, held at the UIC School of Public Health in October 2010. Over 100 people attended the meeting, and participated in the following activities: 1) a preconference cultural sensitivity training session, consisting of viewing *Race – the Power of an Illusion* and a post-viewing discussion; 2) Keynote speech by Dr. Richard David; 3) Family/Consumer panel discussion with personal stories from racial/ethnically diverse parents who discussed their experiences with Illinois WIC and family case management programs; and 4) Lunch and a cafe-style breakout session with roundtable discussions to determine next steps. The ALC team has met via conference calls to discuss the recommended next steps, plan a survey of the attendees, and invite individuals who were not able to attend to prioritize the recommendations into long-term and short-term action steps. Some of the prioritized recommendations are listed below.

Short term recommendations:

1. Mandatory cultural sensitivity training for agency staff around racism and cultural issues.
2. Ongoing cultural competency training for government workers.
3. Create incentives for agencies to monitor cultural sensitivity, quality service delivery and other related issues.
4. Offer programs that address needs of working parents.

Long term recommendations:

1. Conduct an anti-racism campaign using You-Tube.
2. Take advantage of political elections to vote-in Title V-sensitive legislators/policy-makers.
3. Pass the minimum wage law.
4. Hold a Speak-out Day on racism for providers and consumers.

### COLUMBUS, OHIO

As a result of the Columbus team's ALC work, money was put in to the city budget as an expansion item to hire an MCH Health Equity Coordinator. The coordinator has become a part of the team's ongoing ALC work, and is working on a number of initiatives, including internal trainings at the health department on racism and health.

The team also has seen progress with its involvement in the Ohio Infant Mortality Task Force. During the ALC period, the team was successful in getting a recommendation about addressing racism's impacts on infant mortality included as one of the final 10 recommendations for the state. Now, there is a continuation through the Ohio Collaborative to Prevent Infant Mortality, with a whole task team working to address disparities and racism as they relate to reproductive health. The team is particularly excited about this development, as one of its long-term objectives was to engage the entire state in thinking about this issue.

Finally, the Columbus team has continued the development of its training DVD. Feedback has been incorporated to make improvements, and the final product will be released in early 2011.

### MILWAUKEE, WISCONSIN

The Milwaukee ALC team has continued to meet every other month to check in and keep informed of various ALC-related work. These meetings help keep the team's work incorporated into other related initiatives (such as the Milwaukee Fatherhood Summit, with the 5th annual Summit held in October 2010). Officially, the team's ALC work was folded into the scope of the federal Healthy Start project, the Milwaukee Healthy Beginnings Project.

As a result of the ALC work, the Healthy Start Director, Patricia McManus, has created a training module that examines the life course theory, how it is congruent with African American culture and concepts of resiliency, and how these concepts can be used to address health disparities and improve birth outcomes. The module uses *Race – The Power of an Illusion* as the opening, includes dialogue about historical events, and then draws similarities to current issues. Responses to the module so far have been extremely positive. Dr. McManus will be continuing to refine the module based upon participant feedback.

The Milwaukee ALC team's focus on policy also has continued. One of the team members, Dr. Sherri Johnson, testified to the state legislature about racism and its impact on birth outcomes. Dr. Johnson presented structural and interpersonal racism policy recommendations, drawing in part from the Center for American Progress recommendations related to expanding the earned income tax credit to non-custodial fathers.



Understanding of public health research

- **Why research?**
  - Understanding of public health research
  - Understanding of public health research
  - Understanding of public health research
  - **Why research?**
  - **Why research?**
  - **Why research?**
- **Why research?**
  - **Why research?**
  - **Why research?**
  - **Why research?**
  - **Why research?**
  - **Why research?**
- **Why research?**
  - **Why research?**
  - **Why research?**
  - **Why research?**
  - **Why research?**
  - **Why research?**

**Final Thoughts**

# Final Thoughts

Maternal and child health professionals at the local, state and national levels are uniquely positioned to address racism in the United States. Not only do the populations and topics that MCH professionals focus on illustrate clear racial health disparities but research coming out of the MCH field makes it impossible to ignore the role that racism plays in inhibiting health equity. The Infant Mortality and Racism ALC was the first effort of its kind: coordinating efforts across three national MCH organizations; convening professionals from six urban areas in six states; examining the latest research around racism, stress and birth outcomes; and working together to design innovative strategies for implementation at the local and state levels. The ALC process was a successful approach to tackling a topic as complex and sensitive as racism, with equal attention paid to information and research, personal reflection and growth, and team-building within communities and across all participants of the ALC. The work in each community, and each of the three national organizations, will continue, and the experiences and lessons learned captured here will inspire and inform efforts in other communities and states across the nation.

# Contact Information

54

## PROJECT STAFF:

1. Kathleen Brandert, MPH, CHES  
Education and Training Manager  
CityMatCH at the University of  
Nebraska Medical Center  
Department of Pediatrics/Section  
on Child Health Policy  
982170 Nebraska Medical Center  
Omaha, NE 68198-2170  
402.561.7500  
kbrandert@unmc.edu
2. Phyllis George, MPH  
National Healthy Start Association  
Program Manager  
1411 K Street, NW Suite 1350  
Washington, DC 20005  
202.296.2195 x102  
pgeorge@nationalhealthystart.org
3. Jessica Hawkins, MPH, CHES  
Program Manager, Women's & Infant Health  
Association of Maternal and  
Child Health Programs  
2030 M. Street, NW Suite 350  
Washington, DC 20036  
202.775.0436  
jhawkins@amchp.org
4. Laurin Kasehagen Robinson, PhD, MA  
Senior CDC MCH Epidemiologist,  
assigned to CityMatCH  
Adjunct Assistant Professor in Pediatrics  
University of Nebraska Medical Center  
Department of Pediatrics/Section  
on Child Health Policy  
982170 Nebraska Medical Center  
Omaha, NE 68198-2170  
402.561.7500  
lkasehagen@unmc.edu
5. Brenda Thompson, MPH  
Project Coordinator  
CityMatCH at the University of  
Nebraska Medical Center  
Department of Pediatrics/Section  
on Child Health Policy  
982170 Nebraska Medical Center  
Omaha, NE 68198-2170  
402.561.7500  
brendathompson@unmc.edu



# Team Leadership

## LOS ANGELES COUNTY, CA TEAM:

1. Maria Jocson MD, MPH, FAAP  
Public Health Medical Officer  
State FIMR Consultant  
California Dept. of Public Health  
916.650.0378  
Maria.Jocson@cdph.ca.gov
2. Margaret Chao PhD, MPH  
Chief of Research, Evaluation,  
and Planning – MCAH  
Los Angeles Dept of Public Health  
213.639.6470  
schao@ph.lacounty.gov
3. Angel Hopson, RN, MSN/MPH, CNS  
Fetal and Infant Health Program  
Manager - MCAH  
213.639.6457  
ahopson@ph.lacounty.gov

## AURORA, CO TEAM:

1. Rita Beam, MS, RN  
Nurse Manager, Perinatal Services,  
Tri- County Health Department  
303.783.7148  
rbeam@tchd.org
2. Pamela Craig  
Community Services Director,  
Oversight Director  
Metro Community Provider Network  
Healthy Start Project,  
303.761.1977 x129  
pcraig@mcpcn.org

## PINELLAS COUNTY, FL TEAM:

1. Cheryl L. Clark, MPH, RHIA, ABD  
Data/Research Consultant  
DOH Bureau of Family and  
Community Health, Infant, Maternal  
& Reproductive Health  
850.245.4444 x2571  
cheryl\_clark@doh.state.fl.us
2. Carrie Hepburn, MS  
Project Director, Saint Petersburg  
H.S. Federal Project  
Pinellas County Health Department
3. Jane Bambace, MA  
Community Health Director  
Pinellas County Health Department  
727.824.6919  
jane\_bambace@doh.state.fl.us

## CHICAGO, IL TEAM:

1. Robyn Gabel, MSPH  
Executive Director  
Illinois Maternal & Child Health Coalition
2. Myrtis Sullivan, MD  
Associate Director for Family Health/  
Illinois Title V/MCH Director  
Illinois Department of Human Services  
Division of Community  
Health and Prevention

## COLUMBUS, OH TEAM:

1. Carolyn Slack, MS, RN  
Director, MCH Division  
Columbus Public Health  
614.645.6263  
carolyns@columbus.gov
2. Karen Hughes, MPH  
Chief, Division of Family &  
Community Health Services  
Ohio Department of Health  
614.644.7848  
Karen.hughes@odh.ohio.gov

## MILWAUKEE, WI TEAM:

1. Millie Jones, PA, MPH  
Family Health Clinical Consultant  
Wisconsin Division of Public Health  
608.266.2684  
Millie.jones@wisconsin.gov
2. Patricia McManus, PhD, RN  
President and CEO  
Black Health Coalition of Wisconsin  
414.933.0064  
PMCMANUS@BHCW.org



# Appendices

# Appendices

- A. Advisory Group Roster | A.59
- B. ALC & Team Logic Models | B.61
- C. Concept Mapping Top 25 Statements | C.69
- D. Summary of Final Meeting | D.71
- E. List of Resources used During the ALC | E.79



CHURCH  
CHAMPIONS

You!

Catherine

Julie  
D

Peter  
Simon

Sherry  
Wilkins

# Appendix A: Advisory Group Roster

## Partnership to Eliminate Disparities in Infant Mortality Infant Mortality & Action Learning Collaborative National Advisory group

A.59



### ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS MEMBER REPRESENTATIVES

Alethia Carr  
Director, Bureau of Family, Maternal & Child Health  
Michigan Department of Community Health

Belinda Pettiford  
Unit Manager North Carolina Department of Health  
and Human Services, Division of Public Health



### NATIONAL HEALTHY START ASSOCIATION MEMBER REPRESENTATIVES

Lo Berry, MA  
Project Director/Principle Investigator  
Central Hillsborough Health Start Project

Judith Hill  
Project Director  
Omaha Healthy Start



### CITYMATCH MEMBER REPRESENTATIVES

Kimberlee Wyche-Etheridge, MD, MPH  
Director Family Youth and Infant Health  
Metro Nashville Public Health Department

Carol Synkewecz, MPH  
Maternal and Child Health Director  
HRS Duval Co Public Health Dept

### NATIONAL EXPERTS

Barbara Ferrer, PhD, MPH, MEd  
Executive Director Boston Public  
Health Commission

Fleda Mask Jackson, PhD  
Visiting Assistant Professor, Women's  
and Children's Center, Rollins School of  
Public Health, Emory University

Richard J. David, MD  
Division of Neonatology, John H. Stroger Jr  
Hospital of Cook County & Department of  
Pediatrics, University of Illinois, Chicago

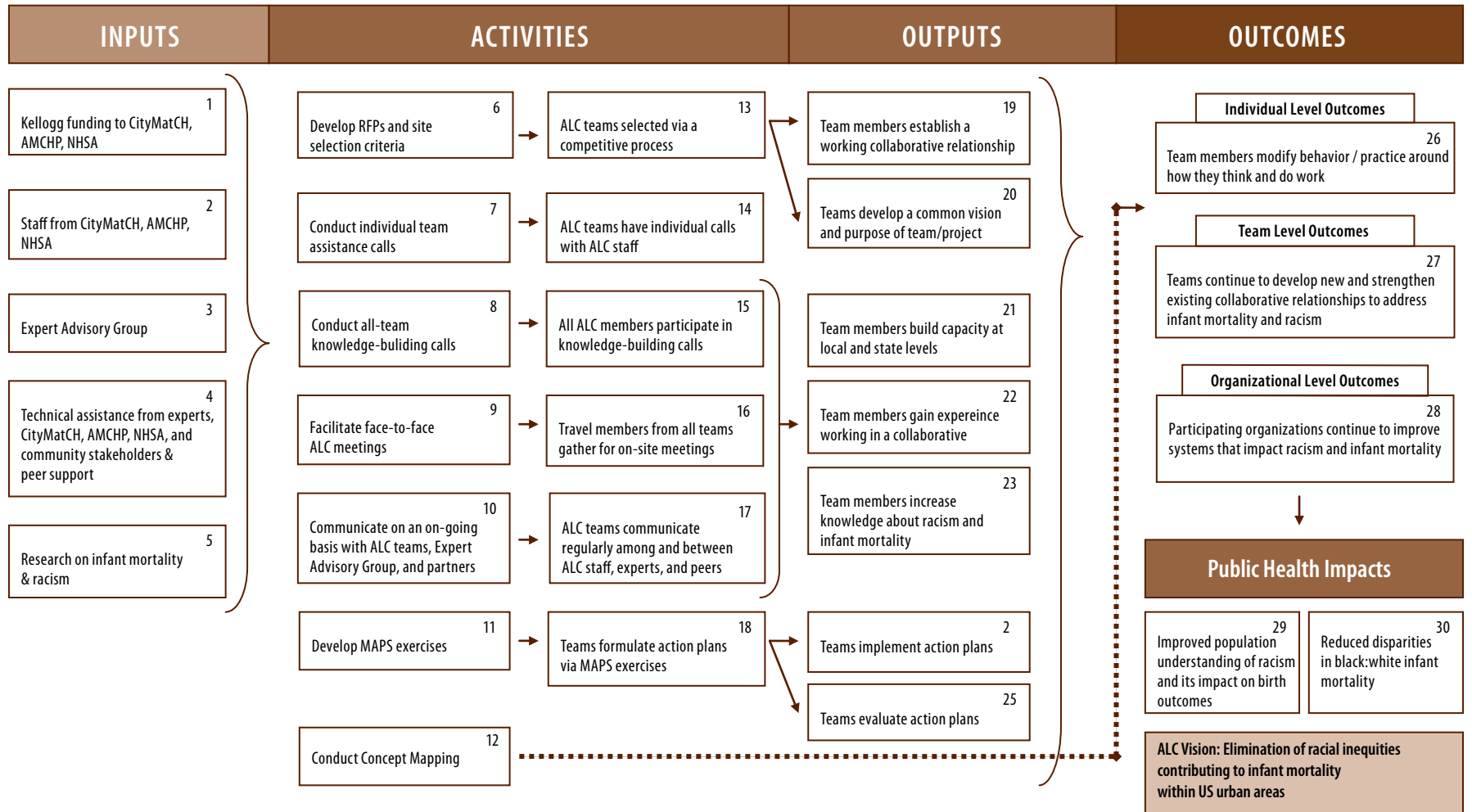
James W. Collins Jr, MD, MPH  
Division of Neonatology, Children's  
Memorial Hospital &  
Department of Pediatrics, School of  
Medicine, Northwestern University

Paula Braveman, MD, MPH<sup>1</sup>  
Director, Center on Social Disparities in Health  
Professor, Department of Family & Community  
Medicine, UCSF School of Medicine

<sup>1</sup> Served during the formation of the ALC, but did not serve throughout the entire ALC period

Keep your eyes on the prize, kids  
So all across the nation  
Came a push for immunization  
Keep your eyes on the prize  
Hold on, hold on  
Keep your

# Appendix B: ALC & Team Logic Models



Overarching Rationale: Public health organizations and their leaders from local, state and Healthy Start sites who build and/or strengthen lasting, effective collaborative relationships within their own organizations and between and among community partner organizations have greater opportunities for and are more successful in developing and implementing plans for eliminating racial inequities contributing to infant mortality within U.S. urban areas.

# LOS ANGELES COUNTY ACTION LEARNING COLLABORATIVE

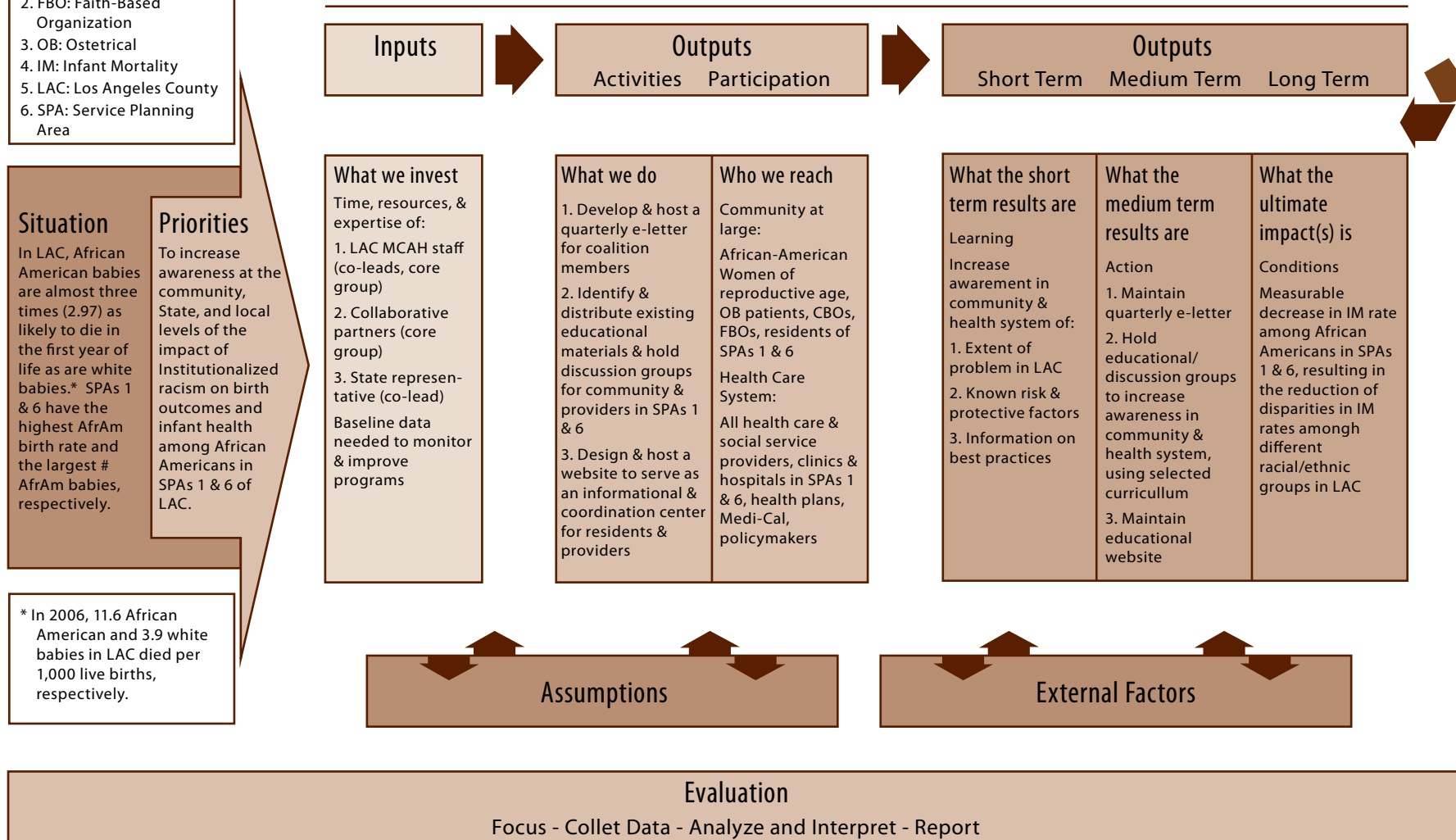
## Partnership to Eliminate Disparities in Infant Mortality

B.62

### Abbreviation Legend

1. CBO: Community-Based Organization
2. FBO: Faith-Based Organization
3. OB: Obstetrical
4. IM: Infant Mortality
5. LAC: Los Angeles County
6. SPA: Service Planning Area

### Planning - Implementation - Evaluation Program Action - Logic Model





# OVERALL SUMMARY LOGIC MODEL, HEALTHIER BEGINNINGS - An Aurora Healthy Baby Initiative

Inputs	Activities	Outputs	Outcomes		
			Short term	Intermediate	Long term
<p>TCHD (Tri-County Health Department, In-kind staff</p> <p>Healthy Start Project/Metro Community Provider Network, In-kind staff</p> <p>City of Aurora, In-kind staff/Councilwoman</p> <p>March of Dimes In-kind support and Stork's Nest/ Zeta Phi Beta Sorority, Inc. (volunteers)</p> <p>Colorado Department of Public Health and Environment (CDPHE), In-kind staff</p> <p>Community Partners</p> <p>National Action Learning Collaborative participation 2008-2010</p> <p>Healthy Women Healthy Baby (HWHB) Preconception Task Force</p> <p>CDPHE Innovative Health Program Planning grant ending June 2009</p>	<p><b>Research</b> Data analysis Perinatal Periods of Risk (PPOR), Phase 1 &amp; 2 Community based participatory research Family involvement and community support Interviews, focus groups</p>	<p>Engaging more stakeholders to address this health disparity. Data describing problem - PPOR results - Monitor Arapahoe county LBW rate - Monitor black/white Infant Mortality Rate (IMR) ratio</p>	<p>Increased stakeholder awareness of problem Use of data to develop plan &amp; engage community partners and stakeholders</p>	<p>Increased stakeholder and community awareness of the problem and engagement in the solutions</p>	<p>Reduction in low birth weight births</p> <p>Decreased Black Infant Mortality Rate</p> <p>Decreased Black:White IMR ratio</p>
	<p><b>Provider outreach</b> Collaboration with preconception care HWHB Task Force on preconception care clinical guidelines development</p>	<p># medical practices and health care system stakeholders participating</p>	<p>Improve awareness, attitude, skills and knowledge (ASK) related to the importance of preconception / interconception care to improve birth outcomes / decrease infant mortality</p>	<p>Increased delivery of preconception care - medical practice change - reproductive life plans</p>	
	<p>Presentations on health disparities, health equity/social justice</p>	<p># of presentations to health care stakeholders</p>	<p>Increase awareness, knowledge of health disparities, health equity and social justice</p>	<p>Health care systems practice change (re: health equity / social justice)</p>	
	<p><b>Consumer Education</b> Preconception / Interconception Care / Medical Home</p>	<p># women / individuals educated</p>	<p>Increased awareness Increased knowledge</p>	<p>Improved maternal health - decreased smoking - increased breastfeeding - healthy weight gain during pregnancy - more women engaged with a consistent medical home</p>	
	<p>Prenatal Care /Education</p>	<p># ads # brochures distributed # referrals, % followed up # women educated</p>	<p>Increased awareness Increased knowledge (Related to prevention of SIDS/ improving birth outcomes)</p>	<p>Improved infant health - increased back sleeping - improved health of lbw infants</p>	
	<p>Back to sleep education/campaign</p>	<p># presentations # community members presented to</p>	<p>Increased awareness Increased knowledge</p>	<p>Increased community participation and partnerships with the initiative</p>	
	<p>Education for mothers of high risk / low birth weight (LBW) babies</p>	<p># members, # meetings average attendance Identify gaps in diversity of membership # website hits # publications study completed</p>	<p>Increased networking Increased partnership</p>	<p>Increased collaboration Reduced duplication of efforts Increased funding for IM in Aurora</p>	
	<p><b>Community Outreach</b> Presentations on health disparities, health equity / social justice</p>	<p><b>Coalition activities</b> Coalition meetings Presentation to Aurora City Council, to request becoming a City Initiative Website development Publish and report findings Social marketing campaign feasibility study</p>	<p>City of Aurora Initiative resulting in increased economic/policy support</p>		

B.63

Legend: Health Disparity: Differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among certain population groups.

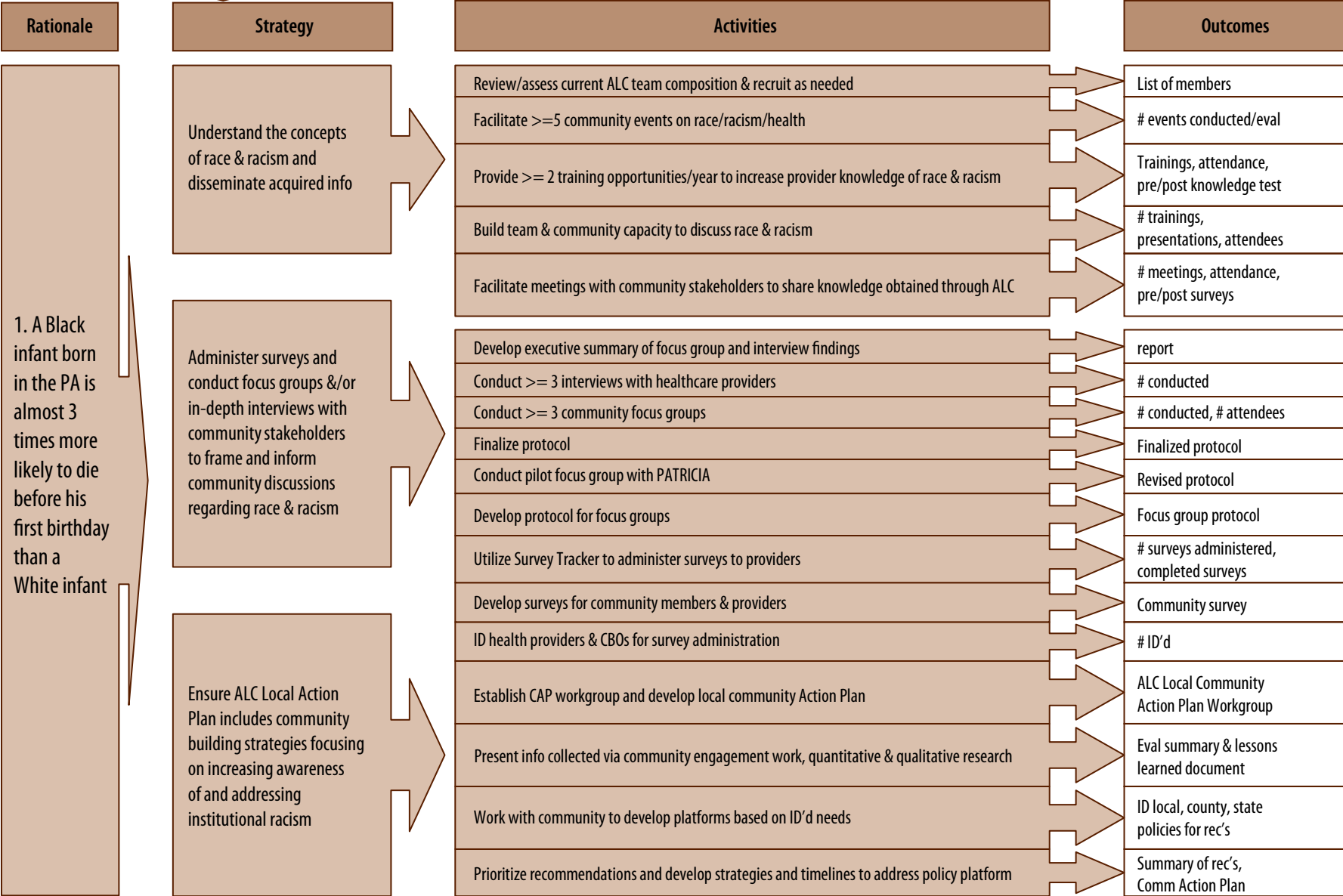
Stakeholder: Healthier Beginning collaborative members and key representatives of community partners

Community Member: Aurora community at large

B.64

**ALC Mission**  
Build a base in the community to address the impact on perinatal health.

**PINELLAS COUNTY/FLORIDA ACTION LEARNING Collaborative Logic Model**



# MAPS INFANT MORTALITY & RACISM IV: ACTION PLANNING FOR CHANGE

Team: Chicago, Illinois Logic Model

INPUT	ACTIVITES	OUTPUTS*	SHORT TERM OUTCOMES*	LONG TERM OUTCOMES*
<p><b>STATEWIDE PARTNERS:</b></p> <ul style="list-style-type: none"> <li>• ALC PARTNERSHIP</li> <li>• IMCHC, IDHS, CDPH, IDHCFS, UIC, ADVOCATE HEALTH SYSTEMS, IDPH, HEALTHY START PARTNERSHIP</li> <li>• FINANCIAL RESOURCES</li> </ul> <p>All Agencies contribute staff, facilities and equipment. In addition IMCHC provides funding, supplies, training for showing Unnatural Causes film.</p> <p>UIC will Evaluate the program.</p> <p>Funding is from Chicago Community Trust, Chicago Foundation for Women and City MATCH.</p>	<p><b>Strategy 1</b></p> <p>Educate the medical and Social service provider community, media, policy makers, professionals and residents about the impact of racism on health by showing the film, Unnatural Causes, to generate discussion, brainstorm solutions, and develop strategies for implementing solutions.</p> <p><b>Strategy 2</b></p> <p>Address disparities in the quality of care provided in the health care settings, including hospitals, clinics and private physicians/group practice offices and propose methods to monitor and improve where indicated.</p> <p>Ask women to join with us in monitoring their own quality of care to increase their education and empowerment.</p>	<p><b>Showed Unnatural Causes to:</b></p> <ul style="list-style-type: none"> <li>• 20 Groups of Professionals and Community residents</li> <li>• 5 Groups of Medical Providers</li> <li>• 2 Policy makers</li> <li>• 1 Media</li> </ul> <p>Physicians, eligible to bill Medicaid, will participate in training( Quality of Care) designed by Illinois Department of Healthcare and Family Services. Thirty-Six Physicians in Englewood Community will receive training.</p> <p>Distribute 90,000 Pre-natal care educational check list/ brochures to pregnant women receiving Medicaid.</p>	<p><b>Increased knowledge and awareness of impact of racism on Health Outcomes</b></p> <p><b>Collected impressions from participants</b></p> <p><b>Increased awareness by recipients who received the check list.</b></p> <p><b>Improved care of and communication with pregnant women and their families.</b></p>	<p>Viewers will Develop Plan to address racism within their groups and ourselves.</p> <p>Plans are implemented and evaluated.</p> <p>To lower infant Mortality rates</p>

Team: Chicago, Illinois Logic Model continued

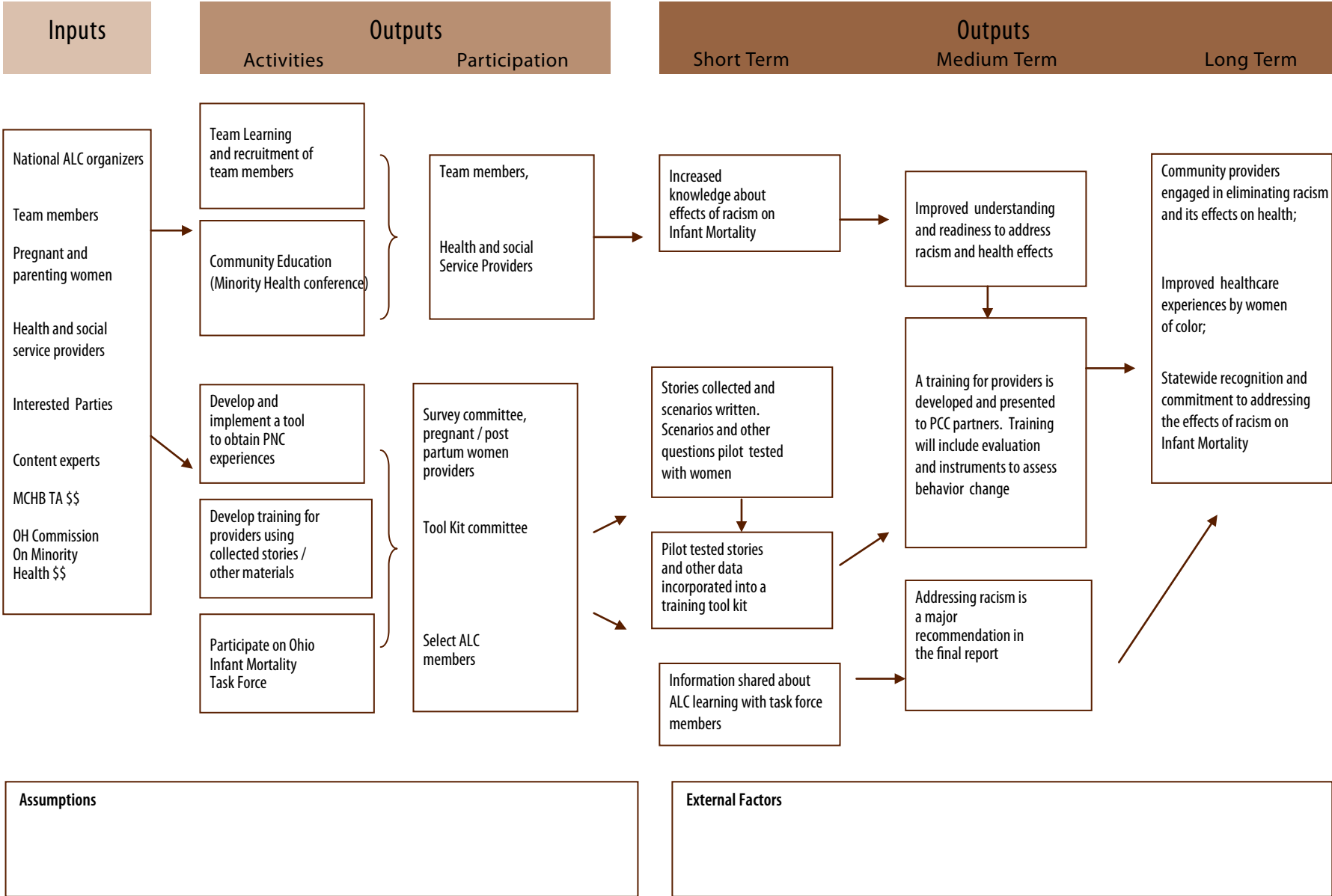
B.66

INPUT	ACTIVITES	OUTPUTS*	SHORT TERM OUTCOMES*	LONG TERM OUTCOMES*
<p><b>LOCAL INITIATIVE:</b>  <b>Englewood Community</b>  <b>State Wide Partners</b>  <b>(as listed above)</b></p> <ul style="list-style-type: none"> <li>• <b>Community and Local Agencies</b></li> <li>• <b>Chicago Park District</b></li> <li>• <b>Faith Based Organizations</b></li> <li>• <b>Financial Institutions</b></li> <li>• <b>Block Clubs</b></li> </ul>	<p><b>Strategy 3</b>            Institute pro-natalist policies in the U.S that support families before, during and after pregnancy. Such policies create a more even playing field and as such should have a larger positive effect on low-income and minority families. Examples include paid maternity/paternity leave of longer duration, universal and more generous child benefits, universal child care that is free or low cost and is significantly of greater quality and education that is free or low cost including higher education.</p> <p>Community Educational Programs:</p> <ul style="list-style-type: none"> <li>• Family Planning</li> <li>• SIDS</li> <li>• Breast Feeding</li> <li>• Advocacy</li> <li>• Smoking cessation</li> <li>• Domestic violence</li> <li>• Prematurity/Pre-Term Labor</li> <li>• HIV and STI education prevention</li> <li>• Financial stability.</li> </ul> <p>Educate/Organize 50 women to monitor the quality of care and advocate for Reproductive Justice.</p>	<p>Legislation is developed and legislative leaders and partners will be indentified.</p> <p>Educate 3000 people about legislation, develop white paper which will be distributed to 400 Illinois State and Local Policy Makers.15 women trained as peer educators.</p> <p>Peer educators will have conducted at least 3 sessions each.</p> <p>Information collected and compiled from women about the quality of their healthcare.</p>	<p><b>Pass legislation and Implement policies.</b></p> <p>Increase in breastfeeding.</p> <p>Increase in interconceptional periods.</p> <p>Decrease of smoking during pregnancy.</p> <p>Improved quality of health care.</p>	<p>Fewer racial disparities evident and a more " Level Playing Field".</p> <p>Improved Infant Mortality rates.</p>

# COLUMBUS / OHIO ALC

## Logic Model

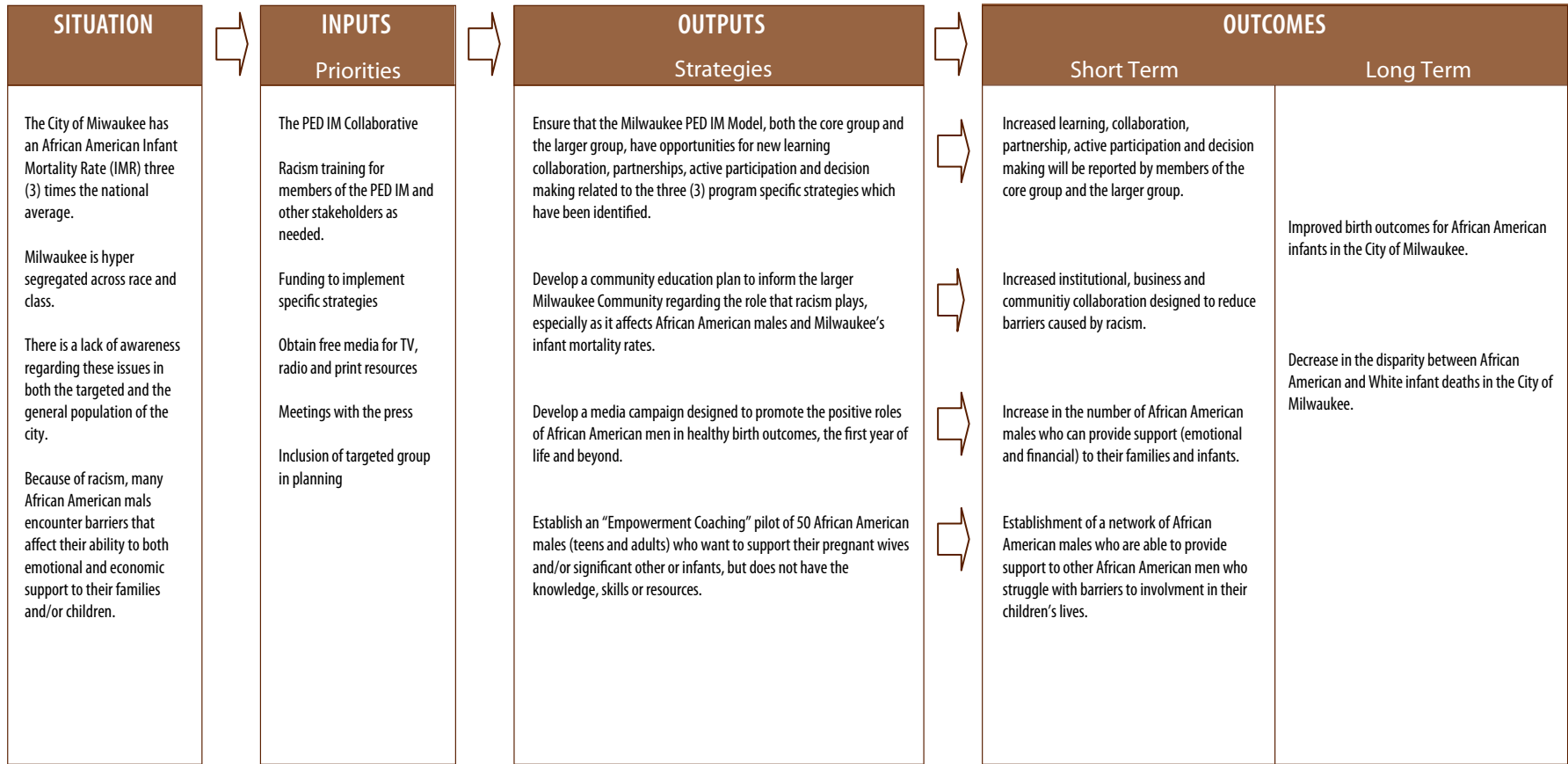
B.67



# MILWAUKEE, WI: PARTNERSHIP TO ELIMINATE DISPARITIES IN INFANT MORTALITY (PEDIM)

## Infant Mortality and Racism

B.68



### ASSUMPTIONS

Residents of Milwaukee want to prevent infant deaths.

Residents of Milwaukee are uneasy regarding issues of racism but will respond to education strategies which are appropriate and non-threatening.

African American males will positively impact the birth outcomes of their infants when supported by enhanced knowledge, skills/resources and a decrease in social and economic barriers.

### EXTERNAL FACTORS

The hyper segregation of Milwaukee places a great social and economic distance between most African American males and the private and public institution which can positively affect their lives.

Limited availability of resources in both the public and private sectors due to current economic situations will make it difficult to obtain funding needed for implementation.







# Appendix C: Concept Mapping Top 25 Statements

Twenty-five innovative ways to decrease racial disparities in infant mortality in your community.

C.71

1. Address/educate health providers on the issues of institutional racism as it affects the health outcomes for African American women and their children.
2. Include more African American women in the design of program interventions that address infant mortality.
3. Educate home visitation teams, nurses, and community health providers on the impact of race on birth outcomes.
4. Hear the voices of the people we serve and capture disparities from their perspectives
5. Develop a toolkit about racism and infant mortality to increase awareness for dissemination to health care providers, etc.
6. Educate people about racism -- what it is, how it operates, what it does, what it "costs."
7. Assure that any community planning process engages affected communities (oversample, increase numbers of affected persons).
8. Utilize viewings of Unnatural Causes / When the Bough Breaks to create dialogues and to enhance the understanding of racism and its impact on infant mortality.
9. Create more awareness in those areas of communities that have the highest rates of infant mortality.
10. Provide specific training around Unnatural Causes and provide focus group follow-up to specific conversations.
11. Conduct survey on what community wants / ways to improve health outcomes.
12. Conduct community conversations in non-traditional settings.
13. Assure that any perinatal outreach/ home visiting program is focused for communities at greatest risk for poor health and social outcomes.
14. Discuss social determinants of health impacting infant mortality.
15. Teach youth, women and men to advocate for their health rights throughout their lifespan.
16. Discuss/teach males about their role in preconception health.
17. Conduct an analysis of your infant mortality rate for your target population (PPOR).
18. Listen to families when they express concerns about health behaviors and practices.
19. Educate public on ways to reduce preterm births (e.g., signs of early labor, folic acid, P17, stress, etc.).
20. Inform and educate the "front office" personnel about how women feel they are being treated and the effect of communication on patient populations.
21. Educate mental health providers about the impact of racism.
22. Have a higher proportion of affected community members as participants in group coalitions.
23. Discuss the historical and present context of racism and its impacts in our public health agencies.
24. Teach stress reduction techniques to women.
25. Conduct public health research which identifies strategies to address racial disparities.

*These ideas were generated by participants of the PEDIM Infant Mortality & Racism Action Learning Collaborative, and represent the ideas with the highest combined rating on necessity and action potential. For more information about how these ideas were generated, contact Laurin Kasehagen at CityMatCH.*

Our History WALL



ALC Mission Statement  
We are committed to providing a safe and secure environment for all our members and staff. We are committed to providing a high quality of care and support to all our members and staff. We are committed to providing a high quality of care and support to all our members and staff.

# Appendix D: Summary of Final Meeting

## Final Infant Mortality & Racism Action Learning Collaborative (ALC) Meeting

D.73

February 1-3, 2010 | Memphis, Tennessee

The final meeting of the Infant Mortality and Racism ALC focused on:

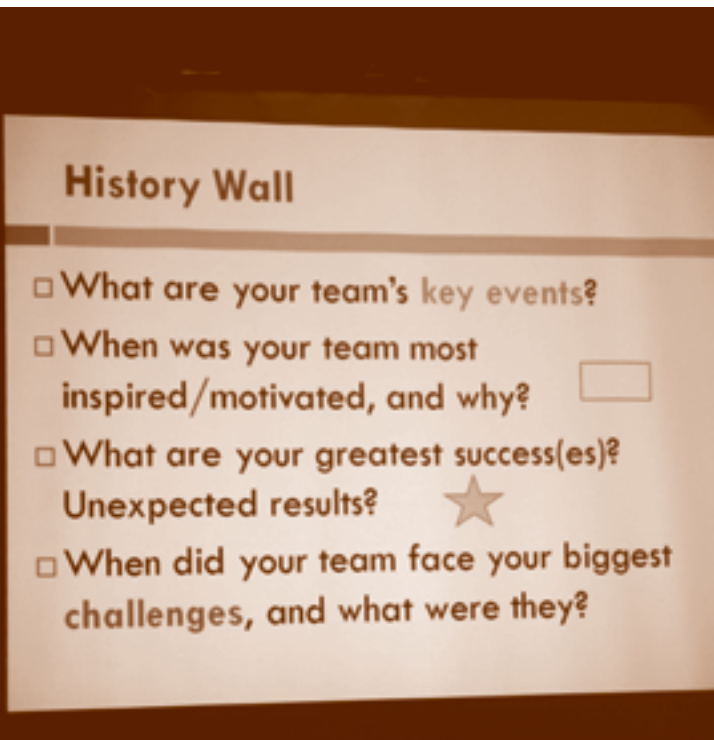
- Documenting experiences of the ALC teams and their lessons learned,
- Generating information via the Concept Mapping process, and
- Planning for sustaining this work both within teams, and nationally by the partnership.

### MONDAY, FEBRUARY 1ST

Information about each team's ALC experience was documented via the **History Wall**

Participants also had an opportunity for in-depth sharing with each other during the **Round Robin Exchange**. Highlights learned during the exchange, as identified by participants, included:

- The importance of focusing on fathers, the role of men, and related barriers to fatherhood—especially policy ones (WI)
- The idea of making a business case for addressing racism, and working with local businesses (FL)
- The successful involvement in a statewide taskforce on infant mortality, and the inclusion of addressing racism as one of the overarching recommendations (OH)
- The development of a training DVD for providers (OH)
- The importance of regular communication with team members, and standing team meetings (i.e. listserv used by L.A. and monthly meetings with all team members in Wisconsin)
- The importance of continued education and training within teams, especially given the presence of internal racism and attitudes (model of cultural awareness training used in Pinellas County was particularly successful)
- Many teams had success in leveraging other resources because they were well coordinated and had strategies—making it easier for other partners to support their work (i.e. sponsoring Undoing Racism trainings, marketing campaigns, etc.)

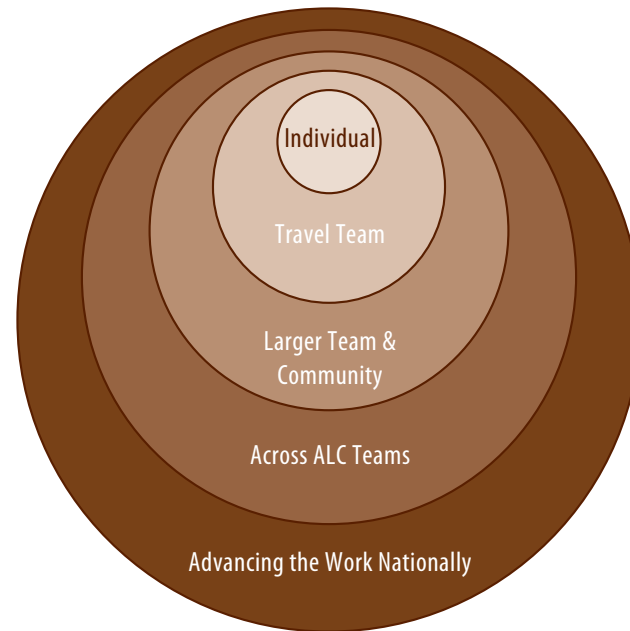


- Finally, on Monday, participants generated ideas for the concept mapping process. Four focus groups generated over 280 unique statements, which were condensed down to 128 statements by staff. That number was reached via the following actions:
- Some statements were combined
- Some statements were eliminated because they did not relate directly enough to the focus prompt
- Some statements were eliminated because they were too broad and would not be useful enough to other communities looking for recommendations about specific actions to take on

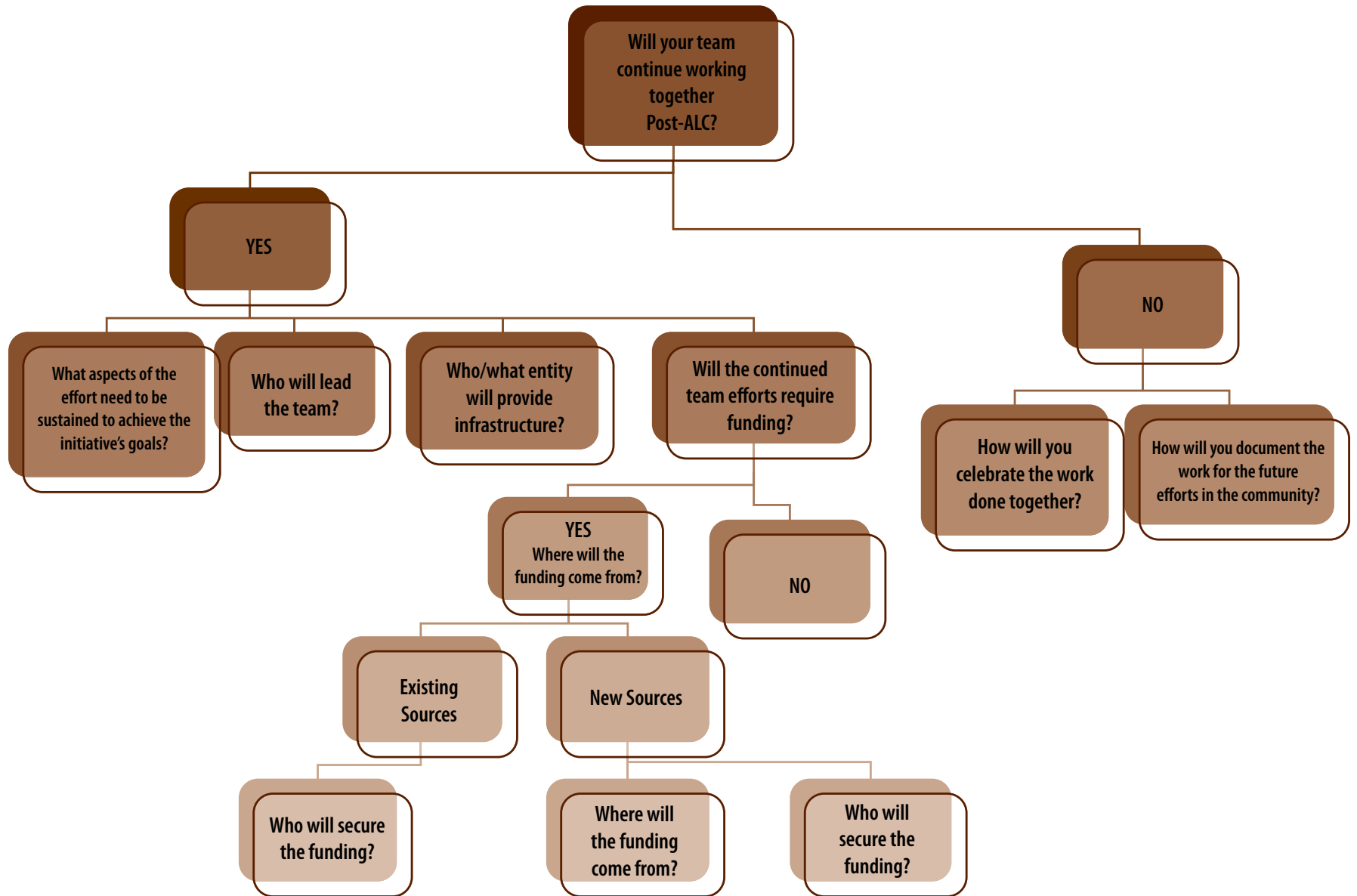
On Tuesday the statements were rated by all participants on two scales—necessity and action potential. A subgroup of participants also sorted the statements, similar to a pile sorting exercise. The statements are currently being rated electronically by ALC members who were not able to travel to Memphis, members of the National Advisory Group and members of the CityMatCH Health Equity and Social Justice Action Group. All of the data will be entered into the concept mapping software, analyzed and presented to various groups for interpretation in late March and early April.

### TUESDAY, FEBRUARY 2ND

Teams were given extensive time and exercises to discuss whether and how to sustain the efforts begun during this ALC. ‘Sustainability’ was framed as having many layers:



Teams were asked to first consider what is next, specifically for their teams:



Team's also discussed their work in the context of their broader community, completing a revved up SWOT analysis:

D.76

PAST		PRESENT		FUTURE		
Accomplishments	Setbacks	Strengths	Weaknesses	Aspirations	Threats	Opportunities
What have been important milestones and results?	What events and happenings have impeded our process?	What are the best things about our work?	What are the areas that need development?	What are the best things that could happen as a result of the work we have been doing?	What forces are working against us?	What forces are working for us?
What have been significant efforts?	What things required taking a few steps back?	Where do we have real advantages and momentum?	What are the gaps in effectiveness?	Because of the "best things" about our work, what are the possibilities (i.e. "Our work was so effective that...")?	What could blow up if not dealt with?	What doors are open to us?
What are important areas of progress?	What factors intruded on plans?	What have we built that we do not want to lose?	What are major organizational issues?		What are potential dangers in the future?	What are ideas whose time has come?
What benefits come to us as a result of our collaborative?						

\*Ideas for this exercise came from NACCHO-IPHW Strategic Retreat & Advocates for Youth

The conversation that ensued were intense and honest, leaving each team with an increased understanding of their work and what could/should lie ahead.

### WEDNESDAY, FEBRUARY 3RD

How can we communicate and replicate nationally what we now know about building capacity to address the impact of racism on birth outcomes and infant health?

#### **Results of Action Workshop:**

A ToP (Technology of Participation) consensus workshop was facilitated in which the participants were asked the question, “What are some specific actions the Partnership could now take to drive this work nationally?” After individual brainstorming, table groups came to consensus on their top 5-7 ideas, those ideas were combined with other groups’ ideas and then all were clustered by similar strategic arena. Seven primary strategic goals emerged as a result of the workshop. They were:

- Research and demonstrate the socio-economic burden of racism
- Establish a media and social marketing campaign
- Establish and advocate to drive policies and protocols on racism and its impact
- Ensure sustainability through the expansion of partnerships and funding
- Provide technical assistance
- Demand national attention and prioritization
- Mobilize community advocacy

## Focus Question: What are some specific actions the Partnership could now take to drive this work nationally?

Research and demonstrate the socio-economic burden of racism	Establish a media and social marketing campaign	Establish and advocate to drive policies and protocols on racism and its impact	Ensure sustainability through the expansion of partnerships and funding	Demand national attention and prioritization	Provide technical assistance	Mobilize community advocacy
--	---	---	---	--	------------------------------	-----------------------------

### Address racial disparities in all health outcomes

<ul style="list-style-type: none"> <li>• Create cost/benefit analysis of racism</li> <li>• Create format for a business case</li> <li>• Encourage additional research</li> <li>• Research for long-term effects of racism on mom, dad and baby</li> <li>• Educate all on financial and human costs of racism</li> <li>• Establish evaluation criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Use media to spread the word (journalist to write story)</li> <li>• Infuse all work with stories of real people affect by infant mortality and racism</li> <li>• Recruit national spokesperson (celebrity)</li> <li>• Social marketing</li> <li>• Garner local and national media attention</li> <li>• Develop uniform social marketing messages</li> <li>• Oral histories on experience of the project</li> </ul>	<ul style="list-style-type: none"> <li>• State and federal policy briefs (publish)</li> <li>• Write a position statement on addressing racism in local / state health departments</li> <li>• Develop national protocols to address racism's impact on health</li> <li>• Prepare talking points for Hill Visits during our respective national conferences</li> <li>• Require racism elimination courses in public health / medical schools</li> <li>• Surgeon general writes a blue print on eliminating racism and health disparities</li> <li>• Enact policies against racism</li> <li>• Create ALC ad hoc committee to NHTSA national government committee</li> <li>• Work with state health departments to change delivery systems</li> <li>• Develop ALC fact sheet about impact of racism on infant mortality for all legislators and policy makers</li> <li>• Disseminate key outcomes of the ALC</li> </ul>	<ul style="list-style-type: none"> <li>• Expand partnership to more national organizations</li> <li>• Widen required team including non-health sectors (HUD, ACF, DOE, DOT, USDA, Business)</li> <li>• Expand the collaborative through partnerships</li> <li>• Acquire funding for "Phase 2" of PEDIM teams</li> <li>• Funding strategy, e.g., corporations</li> <li>• Lobby to incorporate in CDC / HRSA funding</li> <li>• Institutionalize national ALC</li> <li>• Engage senior leaders (government, NGO, federal state) in modified ALC (increase champions, institutionalize)</li> <li>• MCHB requirement (Title V) fund a collaborative ALC team for EVERY state</li> <li>• Keep it as a priority of the 3 organizations</li> <li>• Strategy to keep core group connected and engaged</li> </ul>	<ul style="list-style-type: none"> <li>• Create a national day walk-n-talk local marathon</li> <li>• National day on racism and infant mortality</li> <li>• Hold White House conference on racism and infant mortality</li> <li>• Hold a Capitol Forum inviting key legislators and Capitol visits</li> <li>• Meet with Presidential advisory groups about this topic</li> <li>• Mrs. Obama (or another champion) spokesperson for infant mortality cause</li> <li>• Gain support /sponsorship from congressional committee leaders</li> <li>• Use Healthy Start staff to education community and consumers</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a national technical assistance center</li> <li>• Speakers / trainers bureau from current ALC members</li> <li>• Create a public website</li> <li>• National level workshop</li> <li>• Give teams tools to adapt methods</li> <li>• Work with other national organizations to introduce cultural competency to providers</li> </ul>	<ul style="list-style-type: none"> <li>• Town hall meeting</li> <li>• Ask local congress people to hold congressional hearings</li> <li>• Town hall meetings, target cities, national focus at local level</li> <li>• Involve and engage consumers, i.e., Healthy Start</li> </ul>
--	---	---	--	--	--	--

D.78



## CONVERSATION CAFÉ (questions answered by all participants, at round tables)

*Question #2: What has shifted during this project in your own personal perceptions and/or understandings of racism?*

- History/social constructs
- Spectrum of emotion
- Made the invisible, visible
- Development of trust
- Takes time and commitment
- Local and National issue
- Internal – organization where you work, External – community that you serve
- Moving from a sense of overwhelmed to a place of optimism, especially with the group force/energy
- More effective ways to communicate – learned information and ways to package and explain work about racism
- Truly recognize everyone at the own place and start from there
- Critical need for policies in institutions
- Ability to “connect the dots” of other work, especially with life course perspective to racism
- Create environment to speak honestly and openly
- So hard to figure out what to do first

*Question #3: If you had one story to tell about your experience with this project, what would it be? (common themes listed below)*

- Solid team necessary locally/nationally
- Sense of hope, renewed spirit
- Organic process
- Validation of the work
- Importance of personal stories on how racism is talked about
- The work is organic – we know that there are enough people who believe what we believe... take beyond all of us (the usual suspects) Must stop just talking about it – be about it
- Make sure partners maintain commitment and institutionalize the work
- We have to go back and infiltrate our own organizations



# Appendix E: List of Resources Used During the ALC

Selected resources used during the Infant Mortality & Racism ALC:

E.81

## FILMS

- **Race the Power of an Illusion**  
For information: [www.pbs.org/race/000\\_General/000\\_00-Home.htm](http://www.pbs.org/race/000_General/000_00-Home.htm)  
To order: <http://newsreel.org/nav/title.asp?tc=cn0149>
- **Unnatural Causes**  
For information: <http://unnaturalcauses.org/>  
To order: <http://www.newsreel.org/nav/title.asp?tc=CN0212>

## WEBSITES

- **Annie E. Casey Race Matters**  
[www.aecf.org/KnowledgeCenter/PublicationsSeries/RaceMatters.aspx](http://www.aecf.org/KnowledgeCenter/PublicationsSeries/RaceMatters.aspx)
- **Center for Social Justice**  
[www.socialjustice.org](http://www.socialjustice.org)
- **Unnatural Causes resource list for “When the Bough Breaks” (episode 2)**  
[http://unnaturalcauses.org/resources.php?keyword=EP\\_2&button=GO+](http://unnaturalcauses.org/resources.php?keyword=EP_2&button=GO+)

## ARTICLES & PUBLICATIONS

- **Gardeners tale, an allegory for understanding racism**  
For information and to see a video: [http://citymatch.org/UR\\_tale.php](http://citymatch.org/UR_tale.php)  
Citation for the article: *Jones CP. Levels of Racism: A Theoretic Framework and a Gardener’s Tale. Am J Public Health 2000;90(8):1212-1215.*
- **Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health.** By the Centers for Disease Control and Prevention  
Download from: [www.cdc.gov/nccdp/dach/chaps/](http://www.cdc.gov/nccdp/dach/chaps/)
- **A 12-Point Plan to Close the Black-White Gap in Birth Outcomes: A Life Course Approach**  
Download from: [www.cchealth.org/groups/lifecourse/pdf/12\\_point\\_plan\\_fact\\_sheet.pdf](http://www.cchealth.org/groups/lifecourse/pdf/12_point_plan_fact_sheet.pdf)

## TEAM ASSESSMENT TOOLS

- **The Wilder Collaboration Factors Inventory**  
[www.fieldstonealliance.org/productdetails.cfm?PC=43](http://www.fieldstonealliance.org/productdetails.cfm?PC=43)
- **The Partnership Self Assessment Tool**  
<http://partnershiptool.net/>

## EXPERTS

The following were utilized as faculty during the ALC, either on teleconferences or at on site meetings. All are highly effective at explaining the research and applying that research to public health practice.

- Mario Drummonds (how to effectively build programs that address race and racism)
- Fleda Mask Jackson (stress and racism)
- Richard David (race and class)
- Melanie Tervalon (cultural humility)
- Camara Jones (addressing racism on multiple levels)
- Tyan Parker Dominguez (measuring and understanding racism and its impacts on birth outcomes)
- The People’s Institute for Survival and Beyond (Undoing Racism training)





