

# CityMatCH/AMCHP/NHSA Infant Mortality and Racism Action Learning Collaborative (ALC)



2011 AMCHP & Family Voices National Conferences  
February 15<sup>th</sup>, 2011  
Washington D.C.

# Session Outline



- ALC from the National Perspective
  - ALC Design & Process
  - Key Knowledge & Information
- Team Experiences
  - Columbus, Ohio
  - Milwaukee, Wisconsin
  - Pinellas County, Florida

# ALC Design



- Get the right people together



**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***

\*Partnership to Eliminate Disparities in Infant Mortality

# ALC Design

## 6 Teams:

- Aurora, CO
- Chicago, IL
- Columbus, OH
- Los Angeles County, CA
- Milwaukee, WI
- Pinellas County, FL

## The Right People:

- ❖ Each team had representation from
  - Local health department MCH
  - Local Healthy Start organization
  - State Title V/MCH
- ❖ Teams also included other multi-disciplinary core members
  - Examples include academia, community-based orgs. and advocacy groups, March of Dimes, fatherhood initiatives

# ALC Design



- Get the right people together
- Give them tools to work with
- Provide shared experiences

# Components of the ALC Process



- 18 month collaborative process
- Team-building exercises
- Cross-team sharing of experiences
- Tools to address racism in communities (i.e. *Race: The Power of An Illusion*)
- Education on historical perspectives of racism
- Expert presentations on racism, communicating about racism & health, cultural humility, causes of infant mortality/health inequities

# Phase 1: Oct 2008 – May 2009



- Establish team
- Provide foundational knowledge
- Begin identifying strategies for action

## A B S T R A C T

The author presents a theoretic framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate those differences.

She then presents an allegory about a gardener with 2 flower boxes, rich and poor soil, and red and pink flowers. This allegory illustrates the relationship between the 3 levels of racism and may guide our thinking about how to intervene to mitigate the impacts of racism on health. It may also serve as a tool for starting a national conversation on racism. (*Am J Public Health*. 2000;90:1212–1215)

# Levels of Racism: A Theoretic Framework and a Gardener's Tale

*Camara Phyllis Jones, MD, MPH, PhD*

Race-associated differences in health outcomes are routinely documented in this country, yet for the most part they remain poorly explained. Indeed, rather than vigorously exploring the basis of the differences, many scientists either adjust for race or restrict their studies to one racial group.<sup>1</sup> Ignoring the etiologic clues embedded in group differences impedes the advance of scientific knowledge, limits efforts at primary prevention, and perpetuates ideas of biologically determined differences between the races.

The variable race is only a rough proxy for socioeconomic status, culture, and genes, but it precisely captures the social classification of people in a race-conscious society such as the United States. The race noted on a health form is the same race noted by a sales clerk, a police officer, or a judge, and this racial classification has a profound impact on daily life

cess to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as inaction in the face of need.

Institutionalized racism manifests itself both in material conditions and in access to power. With regard to material conditions, examples include differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment. With regard to access to power, examples include differential access to information (including one's own history), resources (including wealth and organizational infrastructure), and voice (including voting rights,

# A Theoretic Framework- A Gardner's Tale

by Dr. Camara Jones



## 1. Institutional Racism

- Differential access to the goods, services, and opportunities of society, by “race”
- Examples
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice
- Explains the association between SES and “race”

## 2. Personally Mediated Racism

- Differential assumptions about the abilities, motives, and intents of others, by “race”
- Prejudice and discrimination
- Examples
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

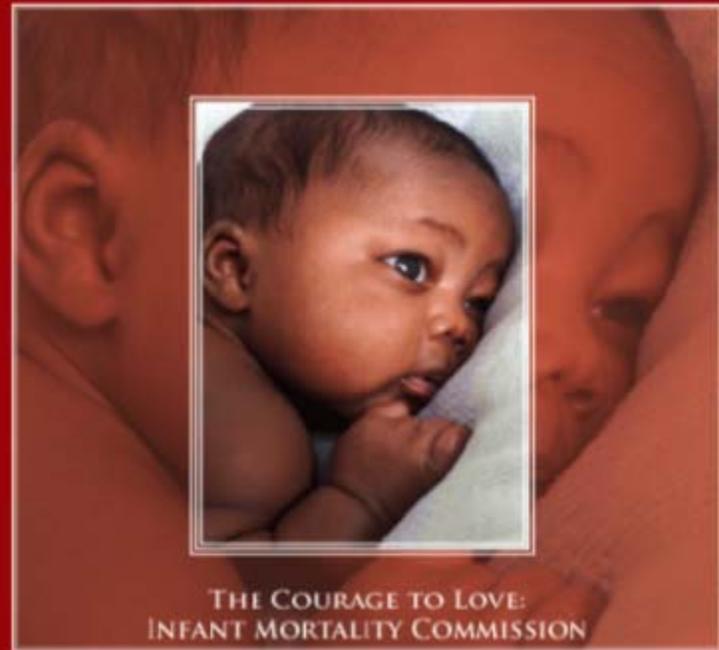
## 3. Internalized Racism

- Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth
- Examples
  - Self-devaluation
  - White man’s ice is colder
  - Resignation, helplessness, hopelessness
- Accepting limitations to our full humanity



JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES HEALTH POLICY INSTITUTE

## RACE, STRESS, AND SOCIAL SUPPORT: ADDRESSING THE CRISIS IN BLACK INFANT MORTALITY



FLEDA MASK JACKSON

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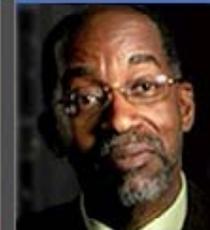
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The online companion to California Newsreel's 3-part documentary about race in society, science & history

# RACE - The Power of an Illusion



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**Unraveling the Mystery of Black-White Differences in Infant Mortality**

*VIDEO EXCERPT, Unnatural Causes*

Neonatologists James Collins and Richard David specialize in the care of infants born too soon or too small. Their research on differences in birth outcomes between African American and white American women points to a provocative idea: the cumulative stress of racism is taking a toll on African American families even before they are born.

From the UNNATURAL CAUSES series: **Episode 2 - When the Bough Breaks**

## Phase 2: June 2009 – Dec 2009



- Reassess strategies and action plans
- Provide skills and knowledge specific to selected strategies
- Further develop and implement strategies for action

# Infant Mortality & Racism Action Learning Collaborative Meeting Summary

JUNE 1-3, 2009  
LONG BEACH, CA



## “It’s The Skin You’re In”: African-American Women Talk About Their Experiences of Racism. An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies

Amani Nuru-Jeter · Tyan Parker Dominguez · Wizdom Powell Hammond · Janxin Leu · Marilyn Skaff · Susan Egerter · Camara P. Jones · Paula Braveman

Published online: 8 May 2008  
© Springer Science+Business Media, LLC 2008

**Abstract** *Objectives* Stress due to experiences of racism could contribute to African-American women’s adverse birth outcomes, but systematic efforts to measure relevant experiences among childbearing women have been limited. We explored the racism experiences of childbearing African-American women to inform subsequent development of improved measures for birth outcomes research. *Methods* Six focus groups were conducted with a total of 40 socioeconomically diverse African-American women of childbearing age in four northern California cities. *Results* Women reported experiencing racism (1) throughout the lifecourse, with childhood experiences seeming

particularly salient and to have especially enduring effects (2) directly and vicariously, particularly in relation to their children; (3) in interpersonal, institutional, and internalized forms; (4) across different life domains; (5) with active and passive responses; and (6) with pervasive vigilance, anticipating threats to themselves and their children. *Conclusions* This exploratory study’s findings support the need for measures reflecting the complexity of childbearing African-American women’s racism experiences. In addition to discrete, interpersonal experiences across multiple domains and active/passive responses, which have been measured, birth outcomes research should also measure

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C. P. Jones

# Cultural Humility



## Cultural Competence

- “Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.”

## Cultural Humility

- Self-reflection and life long learner
- Patient-focused interviewing and care
- Community-based care and advocacy
- Institutional consistency



# Phase 3: Jan 2010 – Present

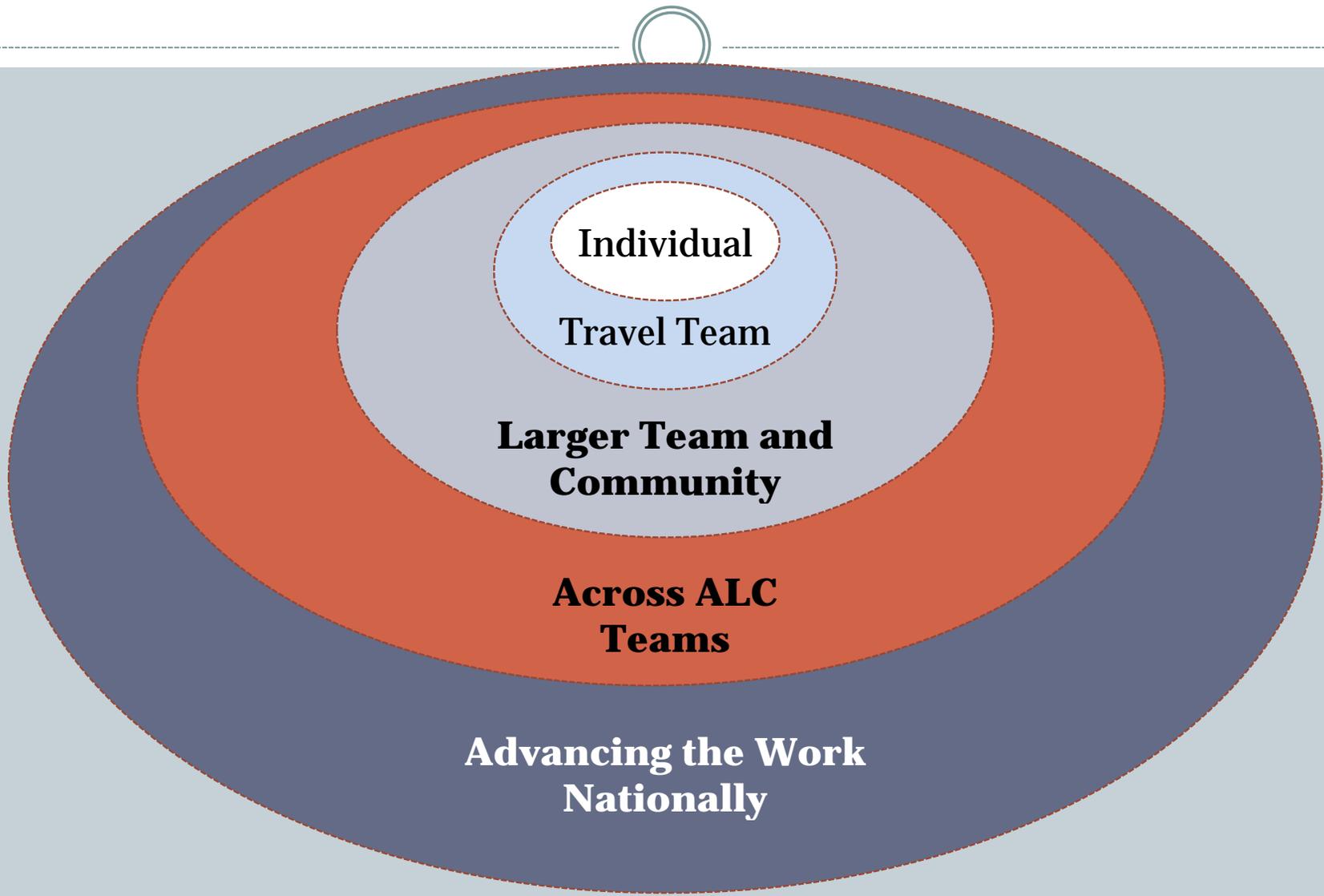


- Continue implementing strategies
- Share experiences and lessons learned
- Sustainability

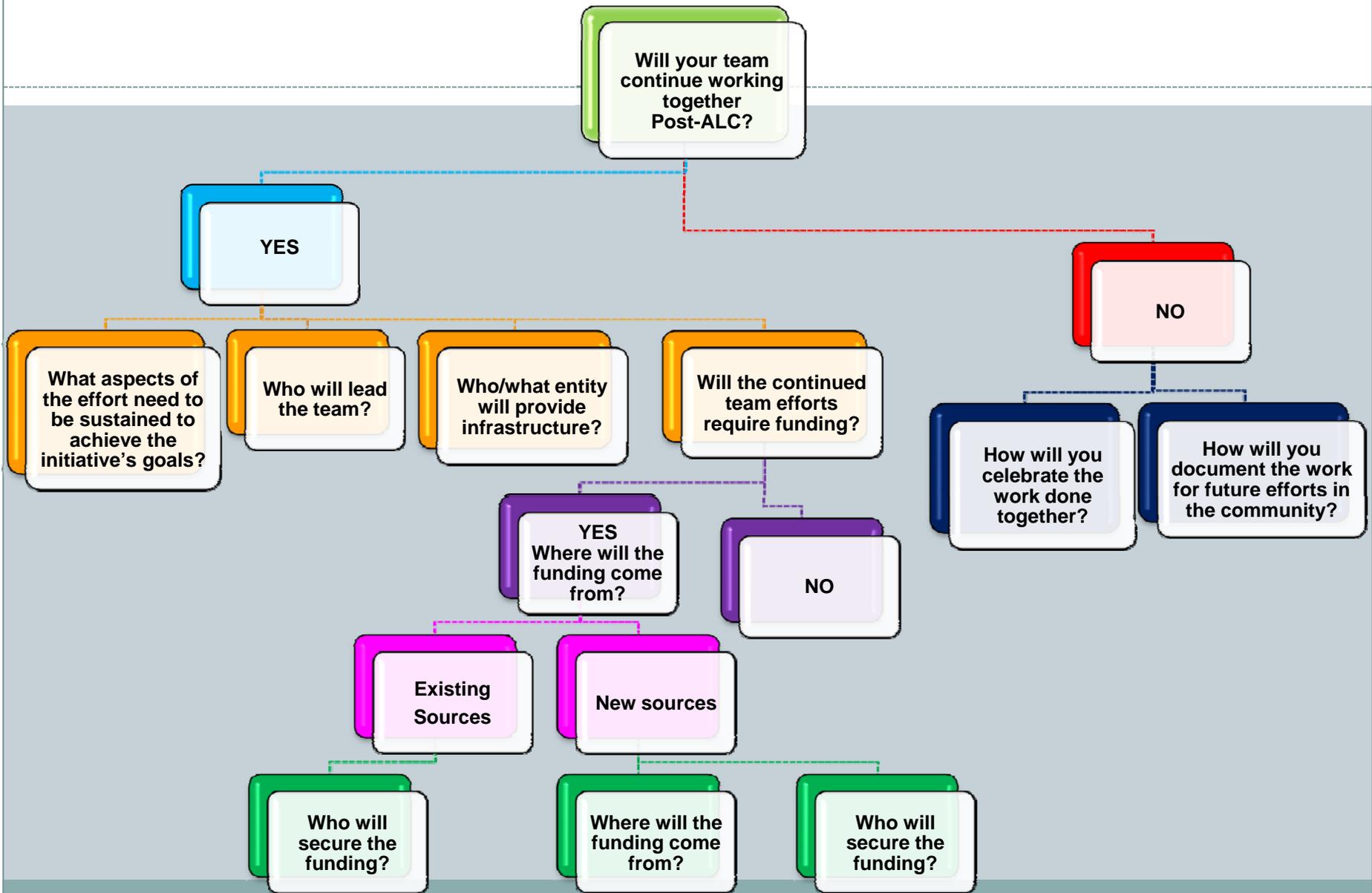


Invitation  
from State  
Health Director  
to participate on  
State Infant Mortality  
Task Force

# Layers of Sustainability



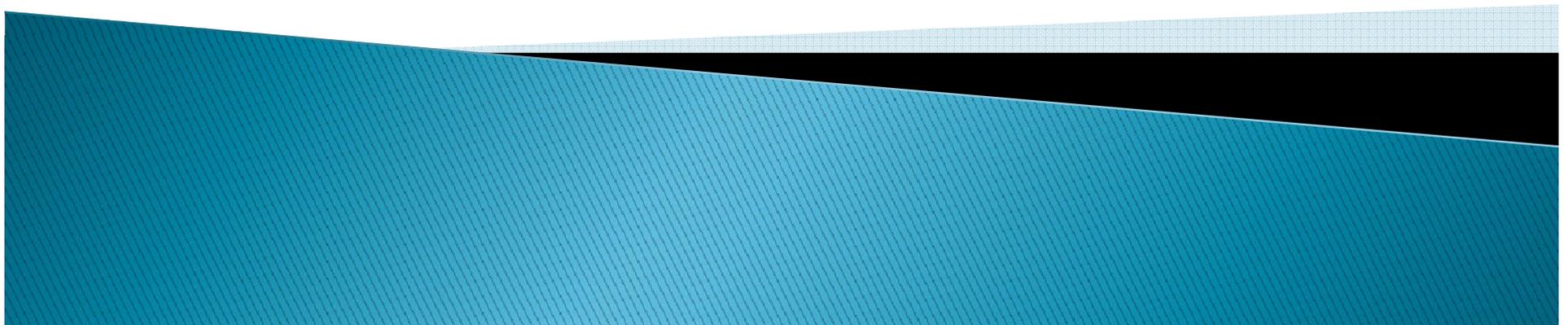
# Decision Tree: What is next for your team?



# Ohio's Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

Columbus/Ohio Action Learning Collaborative

Karen Hughes, Acting Director  
Ohio Department of Health

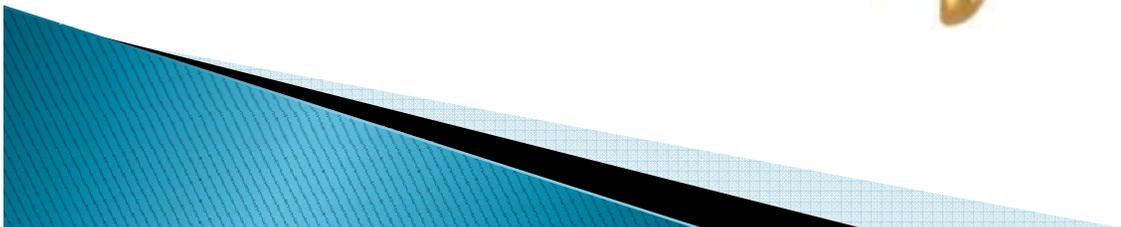




# Operating Strategies

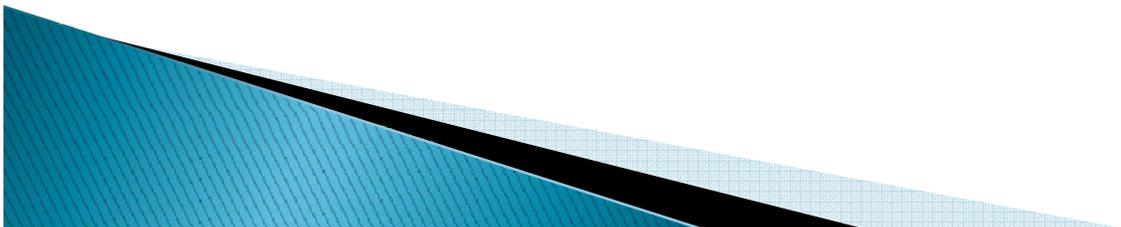
- ▶ 1. Team Training
- ▶ 2. Collecting consumer experiences
- ▶ 3. Developing an orientation for PNC providers (toolkit/DVD)
- ▶ 4. Sponsoring a statewide conference
- ▶ 5. Representing ALC on Ohio Infant Mortality Task Force & other policy initiatives

# 1. Team Training



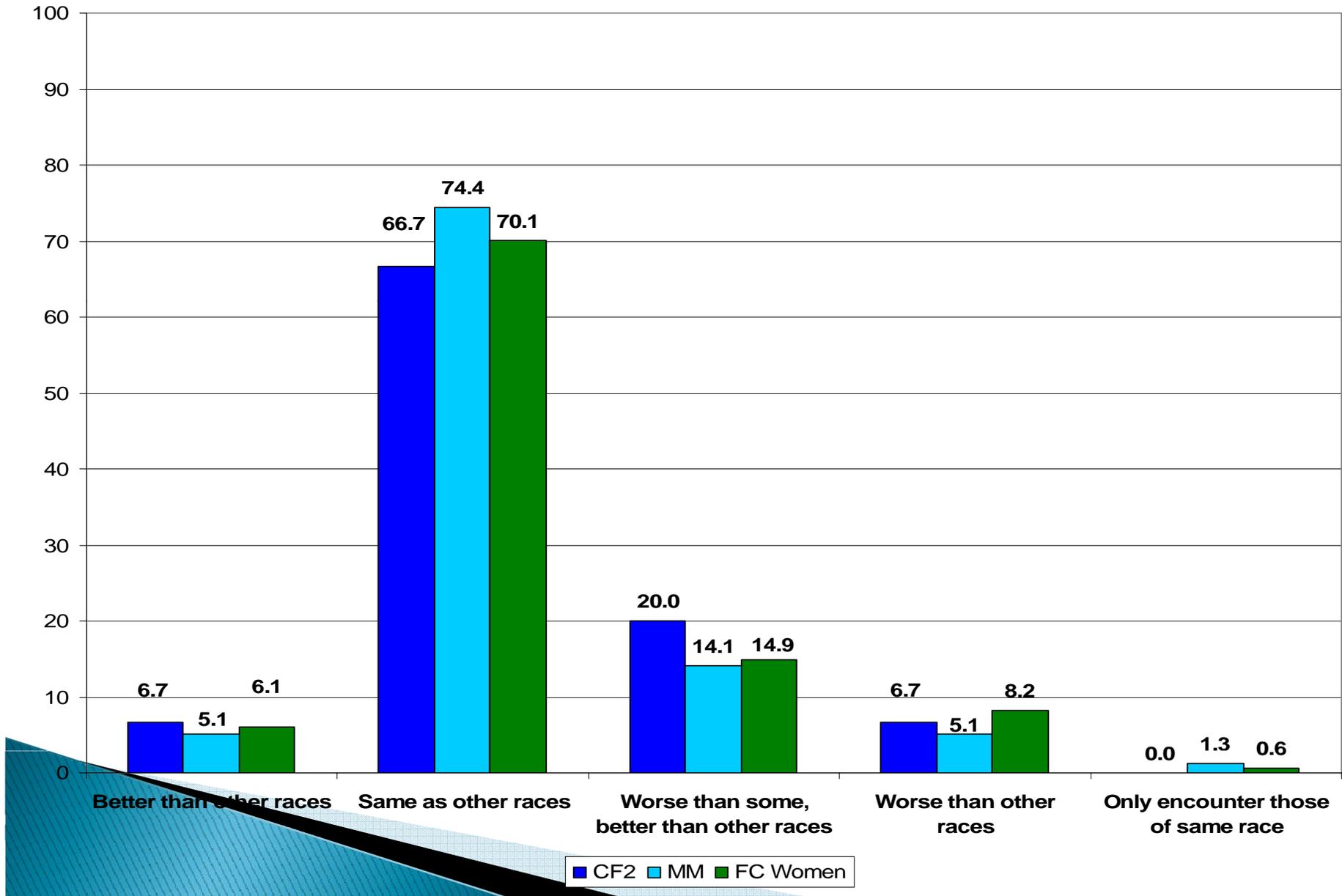
## 2. Collecting Consumer Experiences

- Collected stories from women about their prenatal care experiences
- Converted stories into 7 scenarios for next survey
- Incorporated C. Jones Reactions to Race questions
- Surveyed clients in a Federal Healthy Start project (Caring for 2) & 2 AA women's groups – 103 total



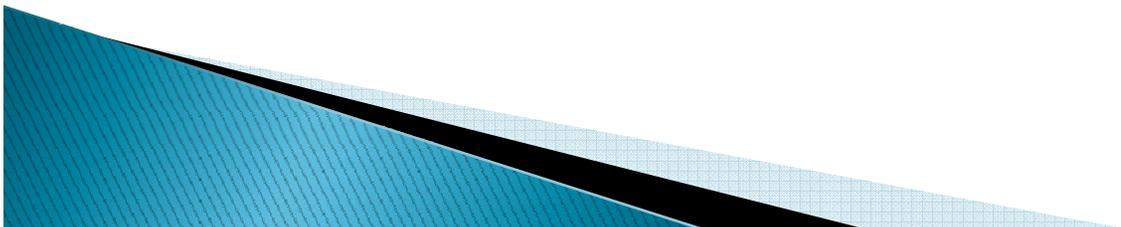
# Treatment when seeking health care

## Past 12 Months



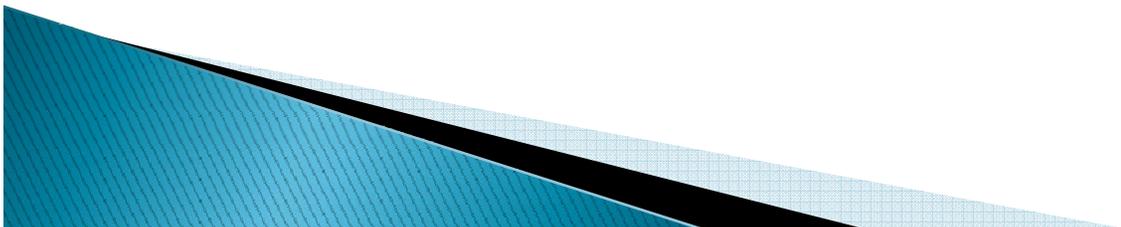
### 3. Develop provider orientation to the issue of racism

- Help providers/consumers to understand the effects of racism on infant mortality
- Toolkit to be released April, 2011
  - DVD (3 modules)
  - Glossary of terminology
  - Links to IM related resources

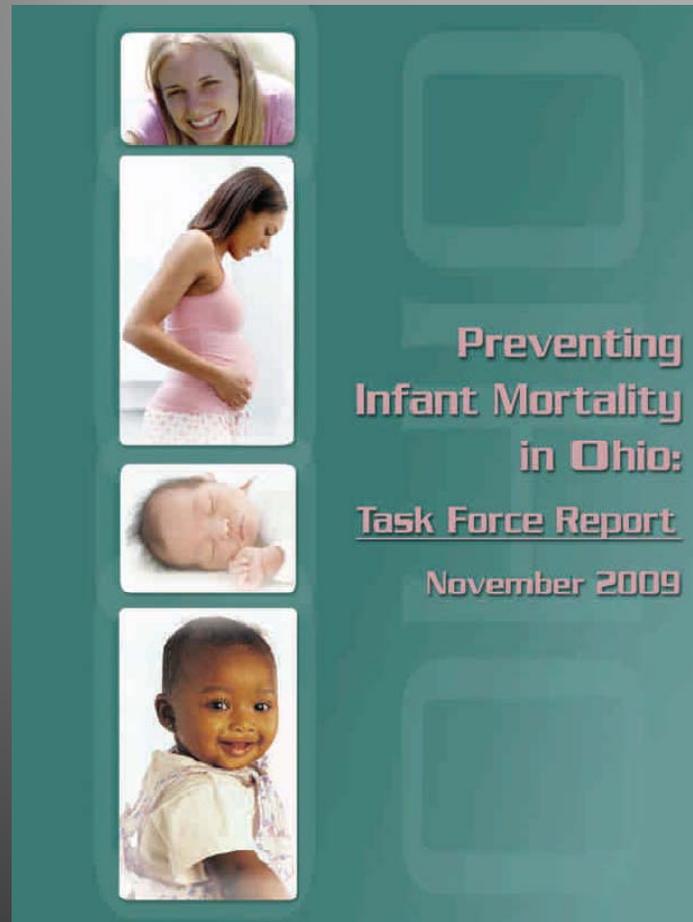


## 4. Complex Conceptions: A Conference on Race and Healthy Birth Outcomes

- Grant from Ohio Commission on Minority Health for conference on June 30, 2009
- Explore the convergence of race, class, and culture on birth outcomes w. emphasis on women and families of color
- Other presentations & conferences

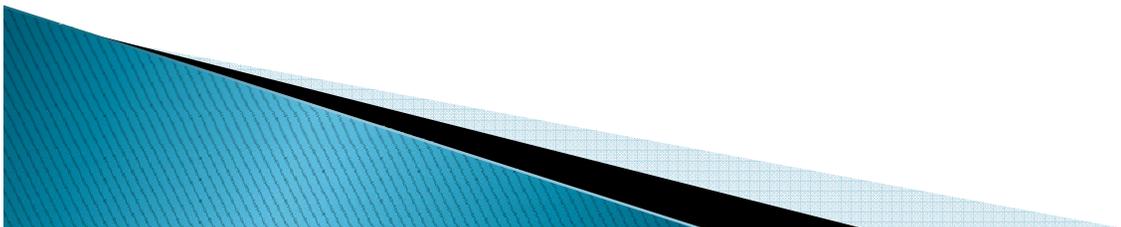


# 5. Ohio Infant Mortality Task Force



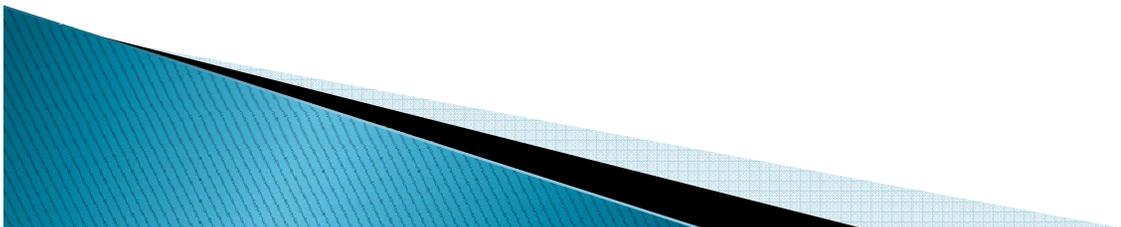
# Recommendation VII:

- ▶ Address the effects of racism and the impact of racism on infant mortality.
  - A Strategy:  
Support the implementation of the recommendations of the Partnership to Eliminate Disparities in Infant Mortality Action Learning Collaborative



# Other Policy Initiatives: State Plan Amendments (SPA)

- ▶ Targeted Case Management services to Medicaid-eligible individuals participating in the Help me Grow Home Visiting Program in Ohio.
- ▶ Extend Medicaid coverage for family planning services to women and men whose incomes are up to 200% of the federal poverty level.



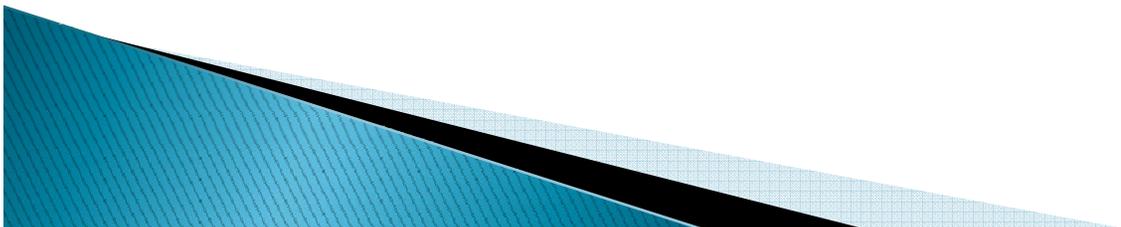
# What We Learned (barriers/challenges)

- ▶ Time – always a challenge; but core group of folks stepped up and led the strategy efforts. We discussed as we go forward 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. Important to assure that the whole Team can learn and share together.



# Recommendations

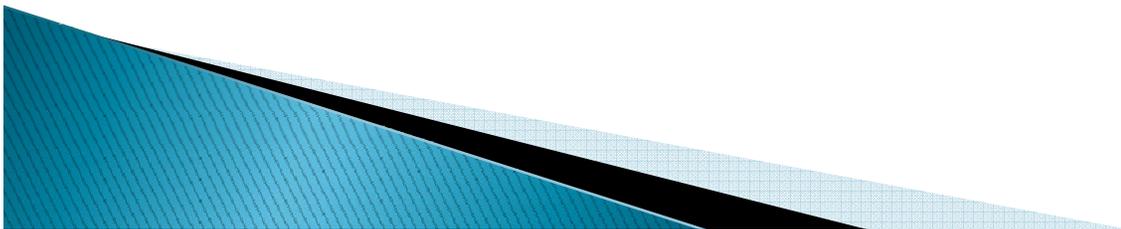
- ▶ Identify roles, responsibilities and expectations of team members
- ▶ Invest time for team training, learning and discussions
- ▶ Assure support from leadership and be prepared to respond to staff/colleague issues
- ▶ Collect, analyze and share local data on racism. Incorporate C. Jones reactions to race module questions in your state BRFSS/local tool & other survey venues



# SUM IT UP!

*“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.”*

Columbus/Ohio Action Learning Collaborative



# Action Learning Collaborative Fatherhood and Next Steps

**Role of the State Leadership in  
addressing**

**Impact of racism and birth  
outcomes –**

**Milwaukee, Wisconsin**

**Millie Jones, WI DPH**

**AMCHP Feb 2011**



## Objective:

- Overview of Wisconsin's state and local collaborations to eliminate racial inequities contributing to infant mortality
- Management of state role in process
- Leveraging opportunities
- Impact of Kellogg Action Learning Collaborate
- Next steps



“The story of infant mortality in Wisconsin is the tale of two worlds divided, at least on the surface, by race.

In 2008, the infant mortality rate for whites was 5.9 per 1,000 births.

It was 13.8 for blacks.”

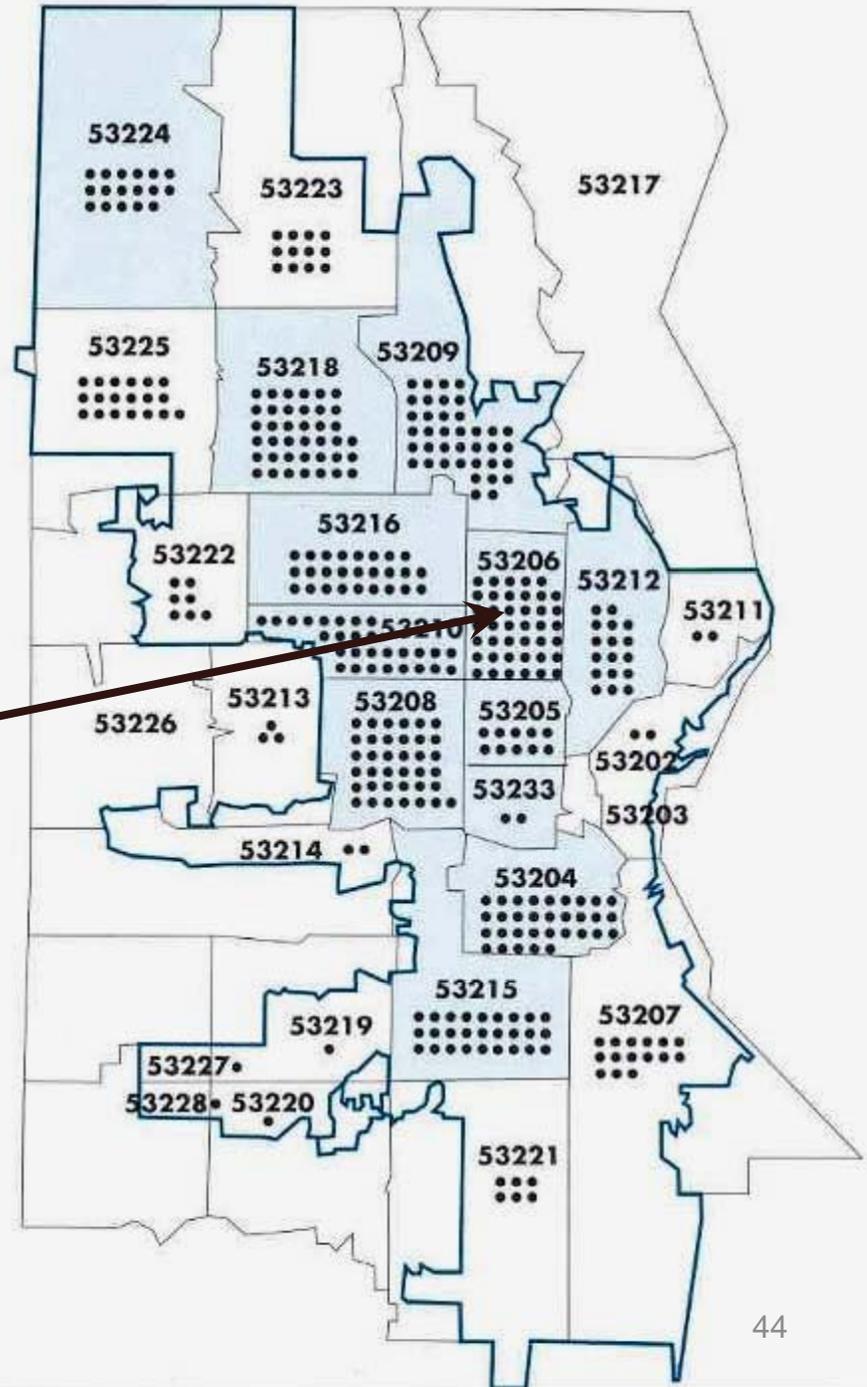
WSJ January 2011



# Map of Milwaukee Infant Deaths 2002-2004 (N = 389)

Zip Code **53206** had the greatest number of infant deaths = 41 and the highest infant mortality rate = 20.4

Milwaukee Home Visiting Program, Empowering Families in Milwaukee is in **53204, 05, 06, 08, 12, & 33**



# Action Learning Collaborative

Partnership to Eliminate Disparities in Infant Mortality (PEDIM)

Racism and Fatherhood in Milwaukee

Community Education/Training

Empowerment Coaching Pilot Project

Promote positive media images of men of color



# state role in process

 **Leadership to Champion the cause**

 **Education**

 **Courageous Leaders**



- **Healthiest Wisconsin – 2010 (written in 2000)**
- **White paper developed by CMO in response to worsening AA infant Mortality – rejected by administration – 2000**
- **2003 Michael Lu / J.Collins/Neal Halfon**
- **2003 Healthy Birth Summit,**
- **2004 Milwaukee Forum on Birth Outcomes**
- **2005 State Health Officer – Sheri Johnson hired and became sponsor of Healthy Birth Initiative**
- **2005 Healthy Birth Initiative with dedicated state staff – Patrice Onheiber**
- **2005 -2008 series of targeted efforts; home visiting services in Milwaukee , increased efforts in Prenatal care coordination, HRSA TA of a program review and consult with Marion Drummonds,**
- **Framework for Action released**



- **2007 Racine legislative effort- \$250000.00**
- **2008 Action Learning Collaborative – *in 2010 efforts were adopted by the Black Health Coalition of Wisconsin Healthy Start program and continues to date***
- **2008- ABC Social Marketing Grant**
- **2010 -LIHF-Life Course Initiative for Healthy Families**
- **2010- Healthy Wisconsin 2020**
- **2010 -Legislative Special Committee on Infant Mortality with recommendation for focus on fatherhood**
- **December 2010 Statewide Fatherhood Workgroup established lead by Dept Children and Families**
- **January 2011 – Wisconsin Journal Sentinel year long series on infant mortality**



# Impact of Kellogg Action Learning Collaborate

- **ALC was the first time a national initiative addressed racism and its impact on health**
- **Allowed marketing of a discussion around a national initiative**
- **ALC work was adopted in the Healthy Start 2011 work plan**
- **Aligns with potential state and federal fatherhood efforts**
- **Health Disparities and racism in HW 2020**
- **10 year journey for Wisconsin's paradigm shift – validating for some of our earliest champions**
- **Next steps**



# *State & Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality: A Local Perspective*

Carrie Y. Hepburn

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Co-Lead, Pinellas Action Collaborative Learning Team  
Project Director, St. Petersburg Healthy Start Federal Project  
Pinellas County Health Department

Pinellas Infant Mortality & Racism Action Team Mission:

*Build a base in the community to address the impact of racism on perinatal health*

# Background

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- **Florida**

- 221,391 births in 2009
- 2009 Black IMR: 13.2; White IMR: 4.9
- IMR Disparity – nearly 3:1

- **Pinellas County**

- 8,772 births in 2009
- 2009 Black IMR: 20.8; White IMR: 5.4
- IMR Disparity – nearly 4:1

# Historical Context/ Previous Work

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- **Black Infant Health Practice Initiative (BIHPI)/HB 1269, FY2007-2008**
  - \$1 million Legislative Appropriation
    - Determine contributing factors of elevated rates of infant mortality in minority populations
    - Develop strategies to address the disparities

# Benefits to States

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- Model to assist in accomplishing identified state-wide & local priorities
- Provides direct connections between the state & local communities
- Opportunity to provide technical assistance and support for local initiatives

# Challenges

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- Geographic separation & travel restrictions
- Transition of leadership & maintain continued state support
- Shared responsibility



# Recommendations

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- Maintain communication networks
- Include the State's Office of Minority Health/Health Equity where possible
- Continue to recognize that local communities are unique and will change over time
- Recognize that fully addressing race & racism is very difficult but necessary
- Develop and implement policies & strategies to create systems change and “institutionalize” actions that promote equity

# Closing Thought

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“If racism was constructed, it can be undone. It can be undone if people understand when it was constructed, why it was constructed, how it functions, and how it is maintained.”

-People’s Institute for Survival & Beyond  
website:

[www.PISAB.org](http://www.PISAB.org)

# Thank You!

- **W.K. Kellogg Foundation**
- **PEDIM National Advisory Group**
- **ALC Participants**
- **Jessica Hawkins, AMCHP**

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