

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

BRENDA THOMPSON: All right, good morning everyone. My name is Brenda Thompson. I am with CityMatCH, one of the partner organizations that convened the Infant Mortality and Racism Action Learning Collaborative. This session is titled State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality. It is ID number H3 and is an AMCHP only session. If this was not the session you wanted to attend we won't be offended. You can leave. If you are doing continuing education this session is accredited and remember that immediately following the conference a link to the CDC Training and Continuing Education online system will be posted on the AMCHP website and in order to get your continuing ED credits you must complete that continuing ED evaluation form by Monday, March 21<sup>st</sup>. Be sure to keep track of the sessions you attend throughout the conference as you will be required to enter that onto the online system and there was a tracking sheet in your conference bag. Further information can be found on page 10 of your conference program if you have questions. The conference evaluation survey will also be posted online immediately following the conference. A link to the survey will also be emailed to all attendees in case you forget to proactively go get that link. AMCHP does use all that feedback to help plan their future conferences, so please take the time to do that. Your input is important.

If you have not already done so please put your cell phone onto silent and now I'd like to introduce our presenters. Millie Jones in the center here is employed by the Department of Health Services in Wisconsin where she currently serves as the family health

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

clinical consultant in the Family Health Section Bureau of Community Health Promotion. Millie has experience in management and program positions in the division of public health for over 20 years. She served as co-chair of the Wisconsin Action Learning Collaborative, which we're presenting today and in Wisconsin they focused on fatherhood, racism and the impact on birth outcomes. Millie is currently committed to the lifespan approach for women and is interested in improving the health promotion messages targeted to women of reproductive age. Millie is a graduate of Wake Forest University, Wake Forest Medical School physician assistant program and the University of North Carolina, Chapel Hill School of Public Health. Welcome Millie.

Karen Hughes immediately to my left is the chief of the division of family and community health services at the Ohio Department of Health. She is responsible for the administration and implementation of a wide variety of statewide programs including the Ohio Infant Mortality Reduction Initiative and the Collaboration to Prevent Infant Mortality. Based on a longstanding relationship between the state Title 5 program and the MCH program at Columbus Public Health led by Caroline Slack [ph] Karen became an active member the Ohio team presenting today.

And finally we have Carrie Hepburn and Carrie has over 10 years of experience working with women, children and families. Her experience includes working to reduce infant mortality,

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

coordinating a countywide coalition and implementing the Pure Education Program. In her current role as project director for a federally funded Healthy Start project in Pinellas County, Florida Carrie works to increase community awareness regarding the perinatal health disparities that exist between white and black infants, implements innovative strategies to improve birth outcomes and works with community partners to address the social determinates of health. Prior to becoming the project director at Healthy Start Carrie provided program oversight for school health services, advocated for increased funding and initiated a countywide program to screen vision and hearing of young children as the adolescent and school health manager for Pinellas County Health Department and worked as a business consultant for Accenture, a worldwide management and consulting firm and you'll see some of that been influence in her presentation later.

So ladies and gentlemen, welcome our speakers. We're really—it's my pleasure to be here and what we're going to do today is I am the moderator, but I am also going to tell you a little bit of the story from the national organization perspective because I think it's important to understand the process that the teams were led through because doing work around racism the process is as important as the actual work that happened, so we want to explain how we led them through and then each of them will explain their team's experiences and for this particular presentation they're going to be focusing on what the state role was in the work because we are at AMCHP.

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

So ALC design, the first piece was to get the right people together and in our case it meant bringing together some experts because we acknowledged that we were not the experts in doing this. The program staff involved was myself, Katy Brandert [ph] with CityMatCH, Jessica Hawkins, who was working for both AMCHP and Healthy Start, Stacy Cunningham who started the project as an AMCHP staffer and became the executive director for Healthy Start during the project and we needed help figuring out how to go about this in the right way, so we brought together a national advisory group that was half and half, half national experts in the field doing the research and the other half were members of our organizations, so you'll recognize some of these folks from the boards of directors of each of the three organizations. These are people who are actually putting the research into practice and this group developed a vision statement for the partnership and a mission state for the collaborative itself. Now I want to point out that the Partnership to Eliminate Disparities in Infant Mortality is something that the three organizations are committed to in the long haul. We believe that we—or we represent the true MCH leaders top to bottom nationwide from the state MCH directors, CityMatCH, the urban health departments, the MCH leaders in those health departments and Healthy Start of course is the community level, the programs really serving the women, children and families, so between our three organizations if we can work together in the long haul we believe that us and our members can make a difference in this. The ALC was the first activity that we took on.

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

The design, we did an RFA process and six teams were selected to participate and we did have some requirements about who would be on that team because it wasn't just about the right people telling us how to build the work. It was about getting the right people to do the work at the local level, so we did required the state health department person. We required the local health department person. We required the Healthy Start person to all be there and then depending on how they wanted to focus their work they got to choose additional people as you can see.

So our responsibility as the conveners was to give these groups of right people the tools to understand the information, the tools to organize that information in a sensical way to do something and strategize in their community, so we were all about bringing tools and also providing shared experiences because while we were focusing on the health side of this and making strategies when you're working with racism there is that interpersonal aspect of it that you cannot ignore and so we really worked hard to do shared experiences that helped the teams do some reflection and both individually and collectively.

So the specifics, a lot of stuff up here. What you should know, 18 month process. We brought them together a handful of times. We gathered lots of technical assistance calls. There will be a report and it will be debuted at the Healthy Start conference and if you want hardcopies you can get them there, at any other future meeting and also online. It will detail every single thing that we did. I'm going to do some broad brushstrokes in terms of the

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

phases of the work explaining some of this. So the very first phase was figuring out who needed to be on each team, what information they needed to know to even do this work and then have them start to identify the strategies that they wanted to work on, so first thing to know everyone has a definition for race and racism. We decided for this work to go with Camara Jones Three Levels of Racism that recognizes institutional racism, personally mediated racism and internalized racism. If you or your health department is entrusted in working on racism and needs a framework to work from I highly suggest pulling up this article from the *American Journal of Public Health* 2000. There is also a link to a video of Camara herself telling the story of *the Gardener's Tale* that illustrates the three levels of racism and that link is on the CityMatCH website and if you can't find it email me, I'll help you find it, a really wonderful way to understand and then organize around racism. So that was the first thing we did.

The next thing we did, this is Fleda Mask Jackson and she was a member of our advisory group and she is one of the really foremost researchers helping us understand the connections between race, stress and pregnancy and birth outcomes and the episode—I'm guessing everyone in this room has seen *When the Bough Breaks* from *Unnatural Causes*. If you have not seen it you need to go check out *When the Bough Breaks*, so between these two things of researchers pushing the envelope in terms of measuring experiences with racism and racism related stress and then the information that we know that has been presented in *Unnatural Causes* we understand how stress manifests biologically and leads

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

to poor pregnancy and birth outcomes, so there are two take-home points from this culmination of information that we as the three organizations want you to know. One; the time is right to openly talk about and address racism because we have the research explaining how it does impact our health. The second thing is that we believe that you all in the room and us as MCH professionals have an obligation to be leaders in this work because it's our data, it's our health understanding around maternal and child health, reproductive health that is highlighting the way that this is manifesting, so we really think that there is an opportunity for MCH to lead the way on this work.

So shared experience, at the very first meeting we brought the People's Institute to do a training with the teams. If you're going to do this work starting out with something that really builds not only a common understanding, but a shared experience where everyone has an opportunity to discover something new about themselves and each other is an important part of the process, so this is how we chose to go about it. Having fun is another really important way to go about it and if you can meet someone like Morgan Freeman at your first meeting that's really helpful. That was what we call an unintentional outcome and this is the Milwaukee team.

Everyone knows Unnatural Causes. How many people know the documentary *Race; the Power of an Illusion*? Go out and buy it. Do whatever you can. If you want to be in the business of talking about race or working in race you have got to watch this movie. It is mandatory viewing. Episode one explains the genetic or non-

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

genetic basis for race. If you've ever wondered how to explain that that episode lays it out. It gives you the tools or just have your people watch it. Episode three is the one that is so critical. If there is not a biological basis for race in our country why is it so important? Because of the social power, economics and other structures that make it something we have to pay attention to in our country. Episode three lays out historically the GI Bill and how wealth has accumulated in some communities and not others. Incredibly powerful tool and so we did purchase and provide copies to each of the teams.

During our conference calls we brought forth other experts. Dick David was a wonderful, wonderful friend of the ALC and he presented on the connections between race and class, so it was a great opportunity. What we found was that this was the first project really like going after this in a multicity national way and so experts were dying to talk with communities trying to do something about it, so they were as interested in hearing what they were doing as they were in sharing information, so we were really fortunate.

So once they got the information and were going they had to really understand were they on the right track and we had to start tailoring our assistance to them based upon how their experiences were going, so at the June meeting we brought forth some research that is pushing the boundaries of how we understand racism experiences. Look this up Negerder [ph], Parker, Dominguez, Braveman [ph]. They're doing some research in California

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

understanding African-American women's experiences with racism beyond survey tools which is really critical because it's not just have I experienced racism or racist episodes in the last 12 months. It's a how is it impacting me to know that my children are growing up in a racist society. That has an impact on the cumulative stress that African-American women are feeling.

We also brought forth cultural humility, so if you're looking for a concrete way to educate around this in your health department and people are talking about cultural competence push them to go through cultural humility instead. It is another way to think about this process and then we brought lots of facilitated exercises. This was one for the team to collectively assess their work. When we bring the report, when we publish our report on the ALC there is going there is going to be a companion document that has every single exercise that we did with them so please steal them all. This one is included.

So finally, they're still working and I'm actually really happy to say that technically the ALC ended a year ago. How many of your teams are still meeting? All of them are still meeting and I should say we didn't give them any money during the ALC and we're certainly not giving them any money now, but what happened is that just giving the license to do the work and bringing it in a national process people were just chomping at the bit to do this and found a way to do it, so the last meeting all about gathering stories. These are in the report. Talking about sustainability and the last thing I'll say about sustainability, with any coalition initiative it's

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

really important to allow yourselves to get to this answer, so this was one of the final exercises that we did at the final meeting and we really said have an honest conversation and if this isn't working for you, if the time isn't right it's okay to say we're not going to keep on working together.

So Karen, we'd love to hear your story.

KAREN HUGHES: Thank you Brenda. That was—what a trip down memory lane and that was a very condensed version of a very impactful 18 months of education and I do want to say with heartfelt thanks our gratitude to AMCHP and CityMatCH and the Healthy Start Association because we would not have had this opportunity and it really was a unique opportunity and I think everyone on every one of the teams would echo how grateful we are for this very rewarding experience and I just wanted to pick up on one thing that Brenda said about that part of the reason we're all continuing to do this is I think there is kind of universal recognition that this isn't a project. It wasn't a time limited project. It's a way of changing the way we go about doing our business and that is a much longer—long-term investment, so okay, so I want to share with you a little bit about what happened in Columbus, Ohio in the state of Ohio and as the Title 5 director I thought it was an absolutely necessary thing to participate in, but it was a really interesting situation to be in when really the emphasis of the work and what was done was at the community level, but our job as a—well my job as a Title 5 director on this team was to look for opportunities

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

to bring it up to the state level and make people aware in the statewide organizations of this important work that was happening.

Okay so we all just came from that last session. I really wish I could have gone home and redone this whole presentation based on what I learned. I thought that was extremely valuable, so bear with me. It wouldn't be like this if I did it again. So I would like to introduce you to our team from Columbus, Ohio and the state, so front and center Caroline Slack [ph] is the maternal and child health director in Columbus. I see some of you nodding. She is certainly a leader in maternal and child health, was one of the founding members of CityMatCH and has served on the board in many—for long periods of time and we're extremely valuable to have her expertise and perspective in our—right in our community and just to save time, the rest of the group tremendous people. Grace is with the Healthy Start Association and standing in the center. The rest of the group are—we have an MCH epidemiologist. We had Yolanda from a faith-based organization in the community. Michelle Mills from a neighborhood settlement house and actually Michelle Mills is on the far left standing and she just recently got appointed to Columbus City Council, so we have a tremendous opportunity. Yes, it was really amazing, so and Monica Younger who is sitting on the front left has just recently been hired by the new Office of Health Transformation that the governor has structured in Ohio now, so he just took office in the beginning of January and he is creating this Office of Health Transformation and Monica is in on that, so we have another great opportunity for sharing our message.

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

So just to—the goals I think are—as we assembled were we wanted to make sure that we engaged the community providers in an effort to eliminate racism and to improve the health experiences that women of color had in our community and we also simultaneously wanted to make sure that we had statewide recognition of the issue and the importance of this work, so we did it through five operating strategies. First we wanted to do team training and I'll tell you that was also a tremendous growth experience. I think everyone on the team would tell you that not only did we learn a lot about each other, we certainly learned a lot about ourselves and how we thought about race and what we believed about race, so the training that we went through and Brenda gave you a great synopsis of all the opportunities and it was amazing, so all those authors of articles that you saw were there live and in person. They brought them all to us so that we could learn from them, so the team training was extremely important. I wanted to also add to this that not only did we have the travel team who felt very fortunate for that, but we had an additional 10 members we call our non-traveling team who we would come back and share all of the experiences with so that we had a broader of people working on it.

So one of the first things that we did—so this is next strategy was to get some more information from women in Columbus, Ohio about their experiences in the healthcare community, so what we did was do some focus groups and identified a series of stories or scenarios that we then took out and tested via survey with a

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

number of different groups, so we had the women tell us their real life experiences. We put them together in a scenario. We contracted with an expert in studying racial issues at the Ohio State University who worked with us to put the stories into these vignettes if you will and then put them out to three different groups. We also used our federal Healthy Start project, which in Columbus is Caring for Two project and we took it out to all of the women who were receiving home visiting services and asked them for their feedback. Then we had two African-American women's groups who represented African-American professionals in our community and those were the three groups.

So this is just a sample, so one of the scenarios was if two pregnant women went into seek healthcare and one was black and one was white. They approached the check-in desk at their prenatal care appointment. The receptionist asked the white woman for her insurance card and then asked the black woman for her Medicaid card, so the two questions posed to the people who were surveyed were how likely is it that you think that could happen and then how likely is it that you think that would happen because of race, so that is one of the four scenarios that were presented. These are the results and this study was recently presented at the September CityMatCH meeting by Caroline Slack and our epidemiologist who was on the project Cathy Cowen [ph], so interestingly you can see the differences from—the dark blue is the federal Healthy Start population. The lighter blue is the group of African-American women in the professional groups and the green bar is Franklin County women who were also surveyed, so you can see the

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

differences and there are differences among the various races and this rang true with all of the scenarios that were presented, but interestingly there were also some muddy results in some of it, but now we're in a position to take back to our group and try to interpret and better understand. So there is value to both qualitative data and quantitative data and quantitative data doesn't always answer all of the questions.

So then one of the next opportunities was to develop materials that we could use to orient the providers in our community about the issues of racism and what affects it has on health outcomes, so a toolkit we've been working on and we're not quite done with it. We hope to have it released in a couple of months and it will contain a DVD and we've gotten permission from the authors of *When the Bough Breaks* to include some of the pieces of that and then we will have a glossary of terminology, links to our infant mortality related resources, but our—I think our biggest challenge in all of that right now is figuring out the hook and how to get the providers in the community interested.

One of the other opportunities, not only were we working with small groups of people, but we also wanted to take advantage of any opportunity we had to get this message out to larger groups of people. We did get a grant from the Ohio Commission on Minority Health and held a conference in June of 2009 where we had over 100 people attend and then we had other opportunities. There was an infant mortality reduction conference in Cincinnati

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

that we took and there were hundreds and hundreds of people at that event, which was wonderful.

One of the ways that we wanted to connect it to the state level, during the course of this 18 month period the governor asked the director of health to convene a taskforce on infant mortality and in part because of community feedback that came from one of our larger health systems in Ohio, so the group was convened and as the group formed we wanted to make certain that the people from our ALC team were included in that infant mortality taskforce. No problem. They were welcomed. We got to participate in the group, but interestingly as we worked on the recommendations and typical group development you have all kinds of committees and whatnot and in each of the committees was someone from the Action Learning Collaborative, so the issue of racism and its effects on infant mortality was brought up in each of these workgroups, so it bubbled up. It came to the—it got onto the list of considerations for the larger group and we had very interesting feedback and this is I think one of the important stories.

One of the prominent members of the team was a white male who has a very responsible job in the healthcare systems in the state of Ohio and when it made it to the list that looked like it was going to become the final list of recommendations to go to the governor there were phone calls that started about are you sure you want to put this on the list, are you sure that the governor wants to acknowledge that we an issue with racism and that it clearly has an effect on infant mortality and I say that to you because I think it's

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

important to understand that while we became very immersed in the information and it became—after the growth and the learning it became so obvious and so important that we found ourselves starting to get surprised when not everybody we shared the message with had the same reaction to it.

So a couple of wonderful things that have come from it, also because of the involvement of the ALC team on the Infant Mortality Taskforce there were recommendations made about changing the standards for our home visiting, our statewide home visiting program and because we strengthened the approach to home visiting we were able to work with our Medicaid program and recently end of December submitted a state plan amendment to secure Medicaid financing for our home visiting and will use that as a way of assisting women and sharing the information about and supporting African-American women in particular in seeking healthcare and overcoming many of those barriers. We also were able to—I know we're in the bottom half of the states in those of you who already have family planning waivers and we are—but we're very fortunate that we've now been able to submit a state plan amendment since the federal regulations changed to get family planning services and while these may not seem directly related they clearly came from all of the emphasis and the focus on infant mortality.

So we were asked to share with you some of the challenges that we faced. Clearly time, people getting busy and again kind of challenging ourselves to fight that thought of this is project. We

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

have homework to do. We have something to do to turn into our funders, but rather this is a way, this is an important opportunity to change our mindset, to change the way we do business, to integrate this into everything that we do. The other thing was that we—the non-traveling team did feel left out at times and there is something about learning this information directly that was a clear advantage to being part of that core team.

So some recommendations for those of you who might be interested in taking this work forward is to spend some time getting to know the people who are also interested in this topic and clarifying what the roles of the team members are, what the responsibilities and expectations are, making a pact with each other that you are going to invest the time necessary to go through this growth experience to assure support for leadership and I would say that you don't have to start out with it because I think you can influence the leadership when you have a number of people who are moving forward with the same message and rely heavily on all of the materials that Brenda suggested. They clearly were an important part of our learning and we continue to refer to them and recommend them to other people who haven't been exposed to all of this background information.

I think this summed it up well when one of the members in our team in our final report submitted and I'll read this because I think it's important. 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

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

relationships with family and friends. It can change for the better all of us as a community, a city and a country and I believe that wholeheartedly. Thank you.

Female: There are some chairs in the front if you want to move forward.

MILLIE JONES: I'm Millie Jones and with things that have been said to this point ditto, ditto. What I'm going to do is share our story in Wisconsin of examples of state leadership and leveraging opportunities and build it around the life course discussion because that includes social determinates in racism as part of an understanding of what impacts our health and I will include some discussion on the impact of the Action Learning Collaborative to date and thoughts about next step.

Wisconsin has a record of maintaining one of the widest gaps in infant mortality disparities between blacks and whites in the nation, so I've arranged my thoughts today around a timeline, for in order to appreciate where we are today I think it may be helpful for you to hear our story, which is well over 10 years. Public health experts have long considered the infant mortality rate to be an essential indicator of a community's well being. "It's like the canary in the mine shaft.", said Jeffery Swine who is medical director of the Milwaukee Health Department and a scientist at the Center for Urban Population Health. The factors that drive the leading causes of infant mortality also drive the leading causes of death, illness and disability for all of us and that is a quote from an article that was just published in January that will be part of a year-long series that our paper will be sponsoring in Milwaukee.

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

In Milwaukee babies die at rates associated with the third world. 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, but it wasn't always that way. From 1979 to 1981 Wisconsin's black infant mortality averaged third best in the nation, 1979 to 1981. By 2003 to 2005 the three year average dropped to the second worst. Stick with me here. This map of infant deaths could be overlaid with a multitude of social determinates and the pattern would remain. Milwaukee has the worst black, white differences in high school graduation for male students, incarceration. Black male joblessness in 2006 was nearly 50% and it's worse. In 2008 Wisconsin and Milwaukee was called one the worst places to be black. The areas with greatest prevalence of infant deaths are predominately black in other communities of color, but not to missed, these too are also communities and these areas which have little to no death are predominately white, high income communities and in fact, these areas are really considered some of the best and most idealistic living in America because it's also the—that's the coastline or the shoreline of Lake Michigan. It's beautiful.

So life course, social determinates, racism all came together in our community. So when Wisconsin was selected as one of six states to participate in the Action Learning Collaborative we were ready and we specifically focused on the issues of fatherhood and the impact of racism by identifying and addressing barriers to males

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

fully engaging as fathers, husbands and partners, particularly black males given Milwaukee's dismal data for men related to graduation, joblessness, poverty, all of the other, incarceration. We spent our time in the Action Learning Collaborative and we continued those efforts focusing on three identified objectives, to educate the community on racism and health impact, to implement a pilot program or project for empowering men of color and addressing many of those factors that could be overlaid on that map that I showed and thirdly, which is one of my personal favorites, this idea of promoting positive media image is for men of color. I think it's people believe what they see, but we always don't see what we need to believe. So we've taken many opportunities to leverage including with the most recent one we were a recipient of the HRSA Social Marketing Grant, so we've actually made some inroads with some of these.

In MCH we all talk about the state of wellness of our children as the barometer of the state of wellness for our nation. In the 1980s those of us and I was one of them working in Wisconsin's MCH and several of them are here today, had identified the continuing trend of increasing gaps in our infant mortality because remember I told you in '79 we had—we were some of the third best rates in the nation and so we were seen by the early 1990s Wisconsin was taking note of the worsening of infant mortality and the discussion was moving beyond those of us just in MCH and the affected communities to really the larger state issues and the larger statewide communities. We in MCH had clearly identified this gap, so how do we move it to the forefront of the public health

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

agenda? In our state we observed three leadership factors that I think came together and they're actually I'm going to share them in reverse and it's only because I didn't know how to maneuver the PowerPoint that I could switch it, so first I think you have to have courageous leaders who are willing to identify racism, call it out and define it in terms of health impact and hope that they don't lose their jobs. I thought it was fascinating. We experienced this over 20 years ago. Dick Errinson [ph] as our chief medical officer at that time was such a leader.

Next state leaders must identify and educate broadly on emerging research on racism and its health impact. MCH staff brought in the foremost noted speakers and hosted statewide meetings. Dr. Lou [ph] was invaluable in some of our education efforts in Wisconsin and then lastly, you need leadership that will champion the cause. It's important to get buy in as far up the leadership chain as possible. The state gained new leaders during this time who championed the cause including our health officer at that time Sherry Johnson who ended up being one of our team leaders, but in a different role and Sherry took her leadership position and actually allocated resources including designating a lead state person Patrice Onheimer [ph], so we had definitive leadership action that allowed us to move on this, but again to own our presence we need to honor our past, so briefly I will review several events that set us up to be ready for the Action Learning Collaborative.

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

I mentioned earlier the changing patterns we were seeing in Wisconsin regarding the worsening of our birth outcomes and the growing disparities. In 2000—and so I've kind of picked it up at that point, but I could have gone further back, but this was pivotal. In 2000 we were writing our state health plan and due to the methodology being used MCH and the birth outcome data did not rank as high in our proposed focus areas that were falling out in directions that we would be taking, so instead of being—instead this issue that we were seeing around infant mortality and health status was embedded in the more overarching determinates of health. This caused much concern to our MCH partners because the feeling was that MCH was getting lost in the overall public health focus. You have to remember at this time social determinates, Dr. Lou, many of the cutting edge research was just being really published and we had many partners who weren't able to translate the identified social determinates as it would—in our state plan as it would relate to the issues that were seeing around birth outcome, but even then racism wasn't boldly acknowledged.

There was a core group of outspoken advocates who tried to take the discussion there, but it became too heavy even in 2000 for the group to own and so it just didn't move in the place that we had hoped, so one of the first leadership efforts to move the discussion to engage the impact of racism in health actually occurred in 2000 with our then chief medical officer Dr. Richard Errinson writing of a cutting edge position paper, or whitepaper incorporating much of the work that was coming out from Dr. Lou and others and that was in response to our then secretary of the Department of Health

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

saying why are we seeing these worsening data incidents, what is the answer and so Dick put on the table the issue of the emerging research on racism, life course, social determinates, literally to come this close to losing his job and really received zero support from the leadership at that time to have such a paper. Much as you mentioned the questioning do you even want to go there and in fact, at that time a decision was made not to go there in the release of that information and research that Dick had so clearly put on the table.

So we decided that state leaders if we wanted to keep our job would have to lead by shifting paradigms, so education and data became our new approach. We invited Michael Lou and others to Wisconsin to introduce the life course theory. We thought it was time to teach and host major education summits and forums and you can see several of those listed there in the early 2000s. We invited our highest level state health leaders at that time, the secretaries of the department, the mayor of Milwaukee, our health officer to all be part of this education paradigm because we thought there was perhaps power in people understanding. By 2005 we actually had a slight shift in administration and we had health officer Sherry Johnson come onboard who was a complete champion of understanding the issue and wanted change, so after five years plus by this time we had finally reached a point of recognition. The issue of infant mortality with unacceptable disparity gaps had been recognized. Racism and its impact on health outcomes were no longer a taboo discussion. We didn't

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

have complete buy in, but at least we could talk about it and most importantly we had staff who were designated to lead the initiative.

It's important to note that for many years we had local partners and state staff who were comfortable having this discussion on racism, but there was a tendency for those individuals to be labeled and made to appear that it was their issue, that there was something about a chip on their shoulder, so the gift of being at this point was that racism was being identified as a social, political and economic issue with health impact and it was noted by national leaders and speakers, so this set the stage for the next several years where we really spent leveraging and trying to build on opportunities. From 2005 to 2008 we had a series of targeted efforts around home visitation, prenatal care coordination, some technical assistance. A framework of action was released. We even had some funding allocated through our legislation for one of our communities near the Milwaukee community in our southeastern part of the state which really elevated the discussion because at a minimum to get 250,000 shared to a community to have that done legislatively you had to have audience discussion in that legislative area.

So these all add up to the opportunity to apply for in 2008 the Action Learning Collaborative and so since that time we've had other state initiatives led by state leadership that have allowed us to continue the discussion with one of the more significant ones being the allocation of 10 million dollars targeted to our southeast communities to fund activities around birth outcome and the parameters for using those funds over the next five years included

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

the adoption of Michael Lou's work in those 12 points that included racism, so it put into place recognition of that and I just learned from Murray Catcher [ph], our chief medical officer that additional monies have actually come to the table for that.

We've had a legislative special committee on infant mortality has just been completed. Recommendations included fatherhood efforts. In December 2010 we convened a statewide fatherhood workgroup and with the goal to be positioned to take advantage of what we hoped to be federal monies coming through some of the existing TANF legislation and then I briefly mentioned in January of this year our Wisconsin state journal, *Sentinel* has committed to do a yearlong expose or symposium on infant mortality and if you haven't seen it it's fascinating and they're going to explore hopefully all of the issues that we've talked about.

So just to wrap up here, what do I think has been the impact? While the Action Learning Collaborative can't be credited for all I have shared this has been an opportunity to build on our history and during the past two years to build into current activities. Specific to the work of the Action Learning Collaborative on fathers and males this population has been identified and included in all of the initiatives that have unfolded, especially over the last two years. One of the most powerful impacts in my opinion is that the Action Learning Collaborative was the first time a national initiative addressed racism and its impact on health. Racism was taken from the social, political economics to an understanding of a

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

health impact. It has allowed marketing of a local issue and discussion around a national agenda and a national initiative.

Speaking on sustainability our Black Health Coalition of Wisconsin, which is our Healthy Start site has adopted the Action Learning Collaborative into the 2011 work and so we do have a plan for sustainability and the Action Learning Collaborative work can be merged into Wisconsin's ongoing statewide fatherhood initiatives.

So a 10 year journey from Dick's acknowledgement of the influence of racism on infant mortality, but the lack of state support to move it at that time brings us to a day here in this history of full support from the administration at least for the last 8 years and this has been very validating for so many of us and particularly those who were courageous enough to make this their campaign and the next steps I actually have to say are a question mark. We are one of those states that have undergone an administration change, so I don't know where this will fold out on the adoption by our current administration, but I do know in some of the steps we've institutionalized what we've learned and we do have it captured in many recommendations, so if those recommendations are able to move forward then we can move with it. Thank you.

CARRIE HEPBURN: Good morning. Let me give you two disclaimers. One; I naturally talk really fast. I'm probably going to talk a little faster because I want to make sure we have time for questions and two; it is

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

absolutely killing me to be behind the podium because I love to move and be interactive, but that being said I'm so excited to be here. I'm giving a slightly different bent on the ALC work and that is the local perspective. As Brenda alluded to I actually work at a local county health department and let me just explain really quickly, as Brenda mentioned at the very beginning we had to have the right people, so needed the state Title 5 or someone representing state Title 5. We also needed somebody from the—that was a member of the CityMatCH organization and then we needed someone who was a member of the National Healthy Start Association, so although I am an employee of the local health department I actually am the project director for our federally funded Healthy Start project. My supervisor happens to be the CityMatCH member and so it's a little bit of incest because all of it happened actually in the health department between the state and the local level, but we got everybody we needed and we were actually really aware of the fact that we needed to branch out and have a lot of community representation, so although I won't mention all the people on our team I will emphasize the fact that we did have the required members, but we really did a lot of work in trying to get community participation because really and truly in order for this work to sustain way beyond where we are it needs to be rooted in a community.

I'll pause for just a moment and share with you what we created which is our own mission statement and that was that we wanted to build a base in our local community for people to really talk about the impact of racism on not only infant mortality, but perinatal

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

health in general and so we took the approach that it was better for us to have a few people who could talk with depth as opposed to a lot of people who could talk surface and that is one of the reasons why we did a lot work in really trying to recruit people.

We had a lot of turnover in the team really since the beginning, but the awesome thing is that we're still meeting and we're actually, I'm happy to say, getting ready to put on a presentation community event at the end of the month to really kind of share our message with a different audience and I'm excited to see what happens with that. So I want to give you a little bit of background and some context. For those of you who aren't familiar with the State of Florida, which I want to take credit for bringing the great weather up, you may not know that we have multiple home visiting programs, particularly in the area of maternal and child health, which creates a really interesting paradigm for the State of Florida, but the other thing is this is most recent vital statistics data on what the birth disparities are both at the state level and at the local level.

So in Florida in 2009 there were just a little over 220,000 births. The black infant mortality rate was 13.2. In other words, a little less than—about 13 infants died before their first birthday per 1,000 infants that were born that year as opposed to the white infant mortality rate which was 4.9, so putting that into the division formula of calculating disparity you'll see that at the state level the disparity was about 3 to 1. In Pinellas County we've actually had—this is a little less than normal because we actually run about 9,500 births a year, but in 2009 we had less than 9,000. The infant

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

mortality rate actually really sad to say actually went up again to 20.8 and the white infant mortality rate was 5.4, which is interesting because in 2008 both the black and white infant mortality went up, so our gap stayed the same, but now that our black infant mortality rate went up again our white infant mortality rate actually went down and so now our infant mortality rate in the county is actually nearly 4 to 1, which is extremely frustrating for the project director, someone whose main job is to try to reduce that disparity that exists between black and white infants, but that gives you a little bit of context about part of the opportunity and the obligation that we really felt. There has been a federally funded Healthy Start project in Pinellas County since—we're actually in our 14<sup>th</sup> year, so we've been doing work for a long time and actually around the time that this work was happening we—well actually right before this work was happening we also got the opportunity to rewrite for the next competitive application cycle which began in 2009 and so we actually took a lot of direction from the local—the recent research of life course and also social determinates of health and we've integrated that so the ALC stuff turned out to be a perfect alignment to what we really wanted to focus on from the project perspective and we've been doing some work to really share that across our local county health department and obviously some work at the state level.

And so one of the things I want to go kind of back to where Millie went was to talk a little bit more about the historical context of what was going on in the State of Florida, so obviously you saw that there was a need. We had an obligation to do something

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

because the disparity keeps increasing, but the interesting thing was as the disparity increased back in 2007 there was a mighty force to be reckoned with and actually started up as a community dialogue. When Hillsborough County receive their infant mortality rate information they were so upset about it that they asked the Healthy Start Coalition which is our local system of perinatal healthcare divided into the counties normally and they asked them if you could hold off releasing the information until we've had an opportunity to share that with the community, so again really concerned about how they community responded. They wanted to be the first to let them know what was going on. At that community event they actually invited some legislators to be present to talk about the story and from that initiative we actually got a bill that was passed, House Bill 1269 that appropriated a million dollars across the State of Florida to really investigate what the contributing factors of infant mortality were too minority populations, people of color and specifically that work was championed by Senator Athena Joyner [ph], representative Betty Reed [ph] and the second part of that was to develop strategies to address disparities now that you have some idea about what the contributing factors are.

So I want to pause right here and tell you a little bit about what happened as a result of this work. From this work there—well from the appropriation there was obviously some technical assistance there were provided by two universities and then any community that really fell within the eligibility criteria could apply to be a part of what we call BIHPI, the acronym B-I-H-P-I and

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

there are really just kind of two parameters. One; you needed to have a disparity rate where the white and nonwhite population disparity was equal to about two and a half times. The other was that you needed to have a certain number of deaths for the period in time that were being used for the criteria, which happened to be 2003 from 2005. Now I mentioned to you that in Pinellas County we had had a federally funded Healthy Start project since 1998 and part of that requirement is saying that you have to have a certain disparity, but what is interesting is it just so happens and everything happens for a reason, but it just so happens that the period of time, 2003 to 2005, for urban communities that needed to have at least 40 deaths happening in that time period we were the only federally funded Healthy Start project that didn't qualify because of the eligibility criteria, so that left us really frustrated and for political reasons obviously the BIHPI \*\*\*\*\* couldn't allow us to participate because if we could participate without money the question would be why did need to give you money in the first place, so it was a bit of a frustration for us, but as a result of this I think really set us up when the opportunity became available for the ALC because had been doing work and we had a lot of support from all our colleagues around the state to really be the applicants for the state level—state local partnership and so to really give some credit to our BIHPI colleagues what we ended up doing was using the same framework that they applied to do the work that we did, so I'm not going to talk a lot about the strategies that we did. I'll just sum it up by saying that we did some qualitative analysis. We did some quantitative research and we also did some community involvement work.

**2011 AMCHP and Family Voices National Conference: State and Local  
Collaboration to Eliminate Racial Inequities Contributing to Infant  
Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

BRENDA THOMPSON: We have to change the tape because the session is being taped.

CARRIE HEPBURN: It's perfect timing though.

Female: I could tell a story.

BRENDA THOMPSON: I will say that the report will document all the strategies that they took on, but I want to point out that we had no requirements of what \*\*\*\* would actually do because like I said at the outset, doing this work poorly is worse than not doing it at all. You can do more damage in communities if you don't do this in a genuine fashion and so we were more interested in the long-term education capacity building and really setting up like Karen said, a new way of thinking and organizing work and so the fact that they have some real impacts already just is fabulous, so.

CARRIE HEPBURN: So I decided for my presentation to kind of give you my take on the benefits to the state. That is pretty funny. I bet you appreciate that from a local level I'm telling you how I think that state benefited, but I will say that I think just in retrospect and obviously talking to my state colleagues that were part of the team one of the things that I think was really key about the partnership model and we'll just say ALC, you'll know what I'm talking about, is that it really is a model to assist in accomplishing both statewide and locally identified priorities and so obviously all of you have just gone through your MCH Title 5 needs assessment and actually I was just in the region 4 lunch yesterday and as it shakes out a lot of the priorities in the region are very similar that everybody is

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

focusing on the same thing and so I think it's a great avenue to accomplish priorities.

I also think that it provides a direct connection between the local level and the state level to have some dialogue and to kind of stay in tune with what is going on locally and then finally it's an opportunity for the state level to give some technical assistance for local initiatives and certainly that is something that as a state level personnel you do anyway, but it's a really strategic way of doing that and I think that on both the state and the local level there we both got a lot out of it.

So I wanted to just mention a couple of our challenges and here we have the beautiful State of Florida, which is really notable for us because in a time of economic downturn as well as transition in administration one of our biggest problems was that Pinellas County is about 300 miles away from Tallahassee, which is where our state office is located, so that gave us a whole other set of dynamics and let me just pause for a minute because I keep saying Pinellas County. I want to make sure that you guys actually know what that is close to because Pinellas County is about the equivalent of a large city. We normally use Pinellas County as opposed to talking about the cities, but those would be cities like St. Petersburg, Florida. If you're familiar with St. Petersburg or Clear Water would probably be our largest cities in that county. Most of the work is happening in St. Petersburg, but we usually talk about our data in terms of countywide, so that's why I'm talking about it as Pinellas County.

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

So obviously it made it really difficult for us to be connected in a face-to-face type of way and although we've done collaborations in a number of ways and a lot of them lend themselves to being able to do conference calls and to some degree webinars really and truly to do the work of racism you need to be face-to-face. You need to have some face time. You need to have some shared experiences and we did really work through the system of utilizing conference calls, but it's really not the same and so that is one of the things that I would just highlight that as you can—as you think about how you could do this work in your state and on the local level allow yourself some opportunity to figure out how can you really get to the opportunity to work with people on a one-to-one basis.

Another one of the things that we really had to think about was how do we transition the leadership because the ALC model initially called for leadership to be shared between the local and the state level and we got to the point where as we continued to sustain the project it really became much more of a local initiative and we needed to figure out how do we keep our state level colleagues involved, but manage to really take some ownership at the local level and then how to do that in a way that felt really genuine, but was beneficial to both parties and then we really some shared responsibility in leadership across the lifecycle and I think Karen alluded to this and Millie did too, is that really this is not some work that you can add to somebody else's job. I mean it did get added as another part of the responsibility, but this work once

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

you take it on really becomes a part of who you are, the living and breathing part of it and so you have the challenge of the competing priorities and the required things that you have to do a couple times. Like for instance, when we were doing this work we had to write the reapplication for the project, so there are all kinds of things that were happening in the middle of all this, but we stayed true to trying to make sure that we had enough responsibility across the team that the work never stopped.

And so I really just kind of sum it up with talking about what I believe are some recommendations for those of you who want to take on this work. For one, I really would just echo what Brenda said the opportunity is right and the obligation really is ours. If we don't do it who will do it? The neat thing about the ALC is that it provided a really specific focus for talking about the impact of racism on health and obviously we know that racism impacts health in a number of ways, but \*\*\*\*\* it in something like infant mortality I think brings itself to—lends itself to really being able to talk about it in a concrete way and we've got a lot—we are starting to collect a lot of research.

So the first thing I'd say is maintain your communication networks because that is really important both at the local and the state level and figure out who can you engage each other and no matter where you sit to make sure that everybody is aware of what is going on. We tried a couple of things. As I mentioned we did the conference calls. We also tried to do minutes from the calls or the meetings to keep our state colleagues involved. That became a little difficult

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

because nobody wanted to take ownership to keep the minutes, write the meeting notes, but that was one of the avenues we tried.

Another thing I think I would really encourage you to do is to not only included your maternal and child health office, but to also included your office of minority health if you have one or your office of health equity if that is what it's being referred to as now because that is another way to really keep the work grounded and we actually were fortunate enough to have some participation by our office of minority health and our local office both at the state and local level, which we now actually call the Office of Health Equity and Communications.

Continue to recognize that local communities are unique and will change over time and that's one of the reasons why even though I didn't go into the strategies we did a lot of work about trying to really substantiate I would say what was going on in our local community and we did it a number of ways through focus groups and surveys as well as doing PPOR and other kinds of research based things to really show what was going on in our community over a period of time and tell our story.

This one is probably one of the hardest ones and that is to recognize that fully addressing race and racism is very difficult, but very necessary and let me also say this. Because as a state we do a lot of collaborations we initially at the beginning of the ALC did some work around kind of looking at the what are known to be key collaboration factors to lend to success and a lot of what we

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

came up with at the very beginning was like yeah we've done this before, we've collaborated before, this is going to be great and that was probably one of the things that we didn't really realize is that even if you've collaborated before you've never collaborated around working on racism and it's a completely different set of dynamics.

Quite accidentally and if we had done it again I probably would have been more conscious of it, but quite accidentally we had a travel team of six that ended up being exactly split between white and nonwhite members. It actually ended up being all female too, but that's a whole other story, but one of the things that we picked up about that was that we needed to be really conscious about how we share our information and disseminate things to our community and so we always use a dual facilitation model so that there is never going to be a black person or a white person. It's going to be people. It's going to be representative of both dynamics.

And then finally I would say develop and implement policies and strategies to create systems change that are going to institutionalize the work because whether or not we continue or not the work has to continue and that really only happens at the policy level, so I hope this was helpful.

I want to close with this thought, which we got from the People's Institute of \*\*\*\* and this is my honest belief. 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

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

functions and how it's maintained, so I challenge all of you to do something about racism.

BRENDA THOMPSON: Thanks Carrie, Millie and Karen. So if you're sitting there thinking oh my goodness I came because I wanted to know what to do and you want some specific ideas there are two handouts that have some specific ideas of what can be done at the community level, what can be done at the national organization level. You can grab those. Look forward to the report like I said, but we purposely wanted to focus on the process because the process is important and don't be—if you are a state person and trying to collaborate with local or you're local and you're trying to collaborate with state have those purposeful conversations repeatedly as the work evolves about what the state role is, so that's the closing thought.

We have five minutes for questions. Yes, right here.

Male: Millie mentioned this Wisconsin, excuse me, *Milwaukee Journal Sentinel* series of articles and what is really interesting, we've had this both in Milwaukee and in Kenosha. When newspapers publish articles on this topic the blogs are incredibly interesting and the first people on there are people who show a lot of racism and it's really an eye opener to see what is going in communities.

BRENDA THOMPSON: Yeah and a couple of examples of what has happened in Wisconsin because Millie was a little bit modest. They've actually testified to the state legislature on the impacts of racism on health

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

and one representative said, “Well not sure what we’re going to do about it, but now it’s on record, so we have to at least talk about it.”

MILLIE JONES: And that was the study community, so.

BRENDA THOMPSON: So good start. Others questions? Yes.

Female: This is not just so much a question, but it’s comments on what you guys are doing. I come from Arizona and right now our current issue is our Hispanic population \*\*\*\* are being targeted. I coordinate a prenatal program and that’s affecting their prenatal care. They’re afraid of going to the health—to a healthcare professional because they’re afraid they’re going to be targeted, which in addition to that we have what they’re getting when they go to their health professional and how they’re discriminated against and how they’re treated when the language is the only barrier. We have attorneys who their barrier is just the language. They’re educated people, but they just because of their race they’re discriminated against and \*\*\*\* information and \*\*\*\*. Thank you.

BRENDA THOMPSON: Thank you for adding that. Other questions or comments?

Female: How many folks are ready to take home the work? It’s exciting.

Female: I’d like to say something. I came in here because we’re from the Healthy Start in Pittsburgh and we have a symposium every spring and this

## 2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

02/15/2011 Omni Shoreham, Washington, D.C.

spring it's going to focus on health disparities, so hopefully some of the ideas we can put into the program to \*\*\*\*.

BRENDA THOMPSON: Go ahead.

KAREN HUGHES: I was just going to say because of our exposure to some of the \*\*\*\* we'd be happy probably to help you identify some dynamic speakers who—teachers.

Female: I was thinking of you all.

CARRIE HEPBURN: I should say most—actually five out of the six ALC teams presented at CityMatCH, so if you go to the CityMatCH website to give CityMatCH a little shout out the PowerPoint presentations of those five presentations are there and we actually for the Pinellas team we actually did a little work plan and we've got a couple \*\*\*\* both a survey and something else, I can't remember, that we have—that we also made available that are on the website and so if you've got more information and you want \*\*\*\* please contact us. We are dying to share this stuff.

BRENDA THOMPSON: And one of our—CityMatCH, AMCHP and Healthy Start believe our members are the leaders and if we can help you understand—first understand this and then learn how to talk about it and organize around it because what this is about is as leaders how can you create the dialogues and the safe space for conversations about this because the solutions are complicated and one person alone can't do it, so what can you do as a leader to help

## **2011 AMCHP and Family Voices National Conference: State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality**

**02/15/2011 Omni Shoreham, Washington, D.C.**

find collective solutions for action in your community and so that was really the process that we brought through and we are happy to talk with any and all of you. I have Jessica Hawkins up here as the lead AMCHP person and I want to point out also Phyllis from Healthy Start, so if you're a Healthy Start person or a have a Healthy Start person any of the three of us are available anytime and actually just while we've been here at AMCHP we did receive word from the Kellogg Foundation which funded this that they're going to fund us to do it again, so we're pretty excited.

And the publication that is coming out really does detail the work because we want this to happen in more cities, so contact us if you have any questions. Thank you so much for coming on the last day of the conference.