The Partnership to Eliminate Disparities in Infant Mortality (PEDIM)

Profiles of the Second Action Learning Collaborative (ALC 2) in Addressing the Impact of Racism on Birth Outcomes

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Acknowledgements:

The Infant Mortality Action Learning Collaborative Two (ALC 2) was the continuation and culmination of the work of the Partnership to Eliminate Disparities in Infant Mortality (PEDIM) led by CityMatCH, in collaboration with the Association of Maternal & Child Health Programs (AMCHP) and the National Healthy Start Association (NHSA).

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Partner Organizations:

CityMatCH is a freestanding national membership organization of city and county health departments' maternal and child health (MCH) programs and leaders representing urban communities in the United States. CityMatCH is dedicated to strengthening public health leaders and organizations to promote equity and improve the health of urban women families, and communities.

AMCHP is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

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

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**Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes**

**Executive Summary:**

The National Vital Statistics Reports 2011 preliminary data indicate that the infant mortality rate 6.05 per 1000 live births, 1.6 percent lower than the previous year. At 11.42 deaths per 1,000 live births, the African-American infant mortality rate was more than twice that of the White infant mortality rate of 5.11.

To combat these disparities, CityMatCH, in collaboration with the Association of Maternal & Child Health Programs (AMCHP) and the National Healthy Start Association (NHSA) – with funding from the W.K. Kellogg Foundation – created the Partnership to Eliminate Disparities in Infant Mortality (PEDIM). The goal of PEDIM was to address racial inequities contributing to infant mortality within U.S. urban areas. PEDIM carried out two 18-month Action Learning Collaboratives (ALCs), with a total of 11 competitively selected state teams. These team-based ALCs emphasized utilizing innovative approaches to reduce disparities in infant mortality, and especially addressing the impacts of race and racism on birth outcomes.

The first ALC was composed of six teams (Los Angeles, CA; Aurora, CO; Pinellas County, FL; Chicago, IL; Columbus, OH; and Milwaukee, WI). Their profiles are outlined in *Taking the First Steps: Experiences of Six Community/State Teams Addressing Racism’s Impact on Infant Mortality*. This publication details the profiles and work of the second ALC, composed of five state and community teams: Boston, MA; Fort Worth, TX; New Haven, CT, New Orleans, LA, and six healthy start sites from the state of Michigan.

Throughout the ALC 2, the five sites received technical assistance in the form of tools for action planning, evaluation and stability; informational calls and resources to assist in carrying out selected strategies; as well as individual, team-driven site visits to carry out the work and integrated into their larger communities. Teams were encouraged to create strategies, with input from their communities, related to any aspect of race and racism and infant mortality that would be appropriate for the unique need of each community or state. Each team devised strategies that contributed to their growth as a team, as well as community-centered approaches.

In conjunction with the publication of the first ALC, this serves as a resource for organizations, states, and communities interested in addressing the impacts of race and racism on maternal and child health (MCH) outcomes.

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2. CityMatCH, AMCHP, NHSA. (February 2011). *Taking the First Steps: Experiences of Six Community/State Teams Addressing Racism’s Impacts on Infant Mortality*. Omaha, NE: CityMatCH at the University of Nebraska Medical Center.
# Table of Contents

- Background of the Work 4
- About the ALC 2 6
- Work of the ALC 2 Teams 9
  - Boston, MA 10
  - Fort Worth, TX 12
  - The State of Michigan 14
  - New Haven, CT 17
  - New Orleans, LA 21
- Recommendations from ALC 2 Teams to Other Communities 26
- Moving Forward: Sustainability Plans 28
- Final Thoughts 33
- Appendices 35
  - A: Team Logic Models 36
  - B: Resources, Tools and Products 42
  - C: Contact Information 50
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Background of the Work

Racism, Infant Mortality and the Broader Social Context

In spite of many national efforts to eliminate racial and ethnic inequities in infant mortality in the United States, African-American infants are still more than twice as likely to die before the age of one, compared to non-Hispanic, Caucasian infants. Most organizations now recognize the need to address these persistent disparities in the broader context of social determinants of health, including race and class differences in the United States. The 2002 report by the Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, may have paved the way for public health leaders to have discourse around the issues of race and ethnicity and their role in health inequities, but more than 10 years after the report was released, significant reductions in these disparities are yet to be seen.

This project was the second ALC under the Partnership to Eliminate Disparities in Infant Mortality (PEDIM). The PEDIM approach looks through the lens of race and racism and how these affect birth outcomes. Race and racism are extensive social constructs that manifest themselves in a multitude of ways. In response to this, clinicians and public health professions are shifting their focus from single interventions such as early entry into prenatal care. Instead, leaders of local MCH programs are now beginning to realign their efforts to transform MCH programs and activities to include an expanded longitudinal, contextual and updated approach, such as the life course perspective (LCP). This theory, “suggests that a complex interplay of biological, behavioral, psychological, environmental, and social protective and risk factors contributes to health outcomes across the span of a person’s life, and that inequities in birth outcomes, such as low birth weight and infant mortality, result from differences in protective and risk factors between groups of women over the course of their lives.”

While research continues to clearly link the stress caused by experiences of racism to less-than-optimal birth outcomes among African-American women, evidence of successful interventions to address the problem is lacking. The work of PEDIM represents early efforts in the national fight to eliminate inequities in infant mortality that can be attributed to race and racism.

Overview of PEDIM

CityMatCH, in partnership with AMCHP and NHSA, continued the work of PEDIM, which was created in 2008.

PEDIM Vision Statement: To eliminate racial inequities contributing to infant mortality within U.S. urban areas

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

The main goal of PEDIM was to create and/or increase capacity at community, local and state levels to address the racial disparities in infant mortality in the U.S. urban areas. Under PEDIM, two ALCs were conducted, with a total of 11 teams participating by the end of the project. Each ALC was an 18-month long intensive training program.

2. CityMatCH, AMCHP, NHSA. (February 2011). Taking the First Steps: Experiences of Six Community/State Teams Addressing Racism’s Impacts on Infant Mortality. Omaha, NE: CityMatCH at the University of Nebraska Medical Center.
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

that brought diverse state, local, and community agencies and programs together to tackle complex issues. ALCs are designed to promote collaboration and improve programs, policies, and public health systems. Through the ALC process, teams learn about a challenge, share their perspectives and create action plans to address the challenge back in their communities. CityMatCH and AMCHP have conducted ALCs for more than a decade on a range of topics, including Medicaid and SCHIP reforms, smoking cessation, racial and ethnic perinatal health disparities, perinatal HIV transmission, family violence prevention, and healthy weight in women.

Both PEDIM ALCs brought together multidisciplinary state/local teams to strengthen partnerships, build community participation, and develop innovative strategies for addressing racial inequities in infant mortality in the United States. The ALCs were designed to drive action at three levels:

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

During the planning of the first ALC, an advisory group of national experts, reflecting membership of the three organizations and leaders in research and practice around infant mortality and racism, informed the ALC design and process. This remained relevant and was used extensively in the implementation of the second collaborative.

A crucial improvement in the second ALC was the integration of individual, team-driven site visits at each of the five locations. During the site visits, the national partners got a first-hand look at the progress the teams were making, their community engagement activities, as well as delivered individualized technical assistance at the request of each team.

This report describes the ALC process and provides a snapshot of the work conducted by the five participating teams of the second ALC.

About ALC 2

ALC Process

As with the first ALC, CityMatCH, AMCHP and NHSA provided the five teams with technical assistance, including tools for action planning and evaluation, informational calls, and resources to assist in carrying out selected strategies throughout ALC 2. The ALC 2 teams were composed of a core traveling team of five members who participated in all on-site meetings. In addition, each team had non-travelling members (extended team), which included a diverse group of individuals within the state and community. Composition of the teams varied, with required members including the state Title V MCH director, MCH leadership from the local health department, and leadership from the local, federally funded Healthy Start Program.

Throughout the process, the PEDIM national partners assisted the ALC 2 teams in furthering their understanding of racism and its connections to birth outcomes. With this enhanced understanding, teams were encouraged to identify and develop strategies related to any aspect of addressing racism and infant mortality that they considered appropriate for their unique communities and states. After realizing

2. CityMatCH, AMCHP, NHSA. (February 2011). Taking the First Steps: Experiences of Six Community/State Teams Addressing Racism’s Impacts on Infant Mortality. Omaha, NE: CityMatCH at the University of Nebraska Medical Center.
the importance of continuing their own education and training, most teams pursued strategies on two levels – the first involved ongoing individual and team development, and the second involved external activities, such as community awareness events. ALC 2 also was designed to strengthen existing partnerships within each participating community/state and forge new ones.

Two standardized instruments were used throughout ALC 2 to measure team collaboration and partnership capacity. The Wilder Collaboration Factors Inventory, measures the extent and nature of the collaboration, and, when administered multiple times, how that collaboration grows or changes. The Partnership Self-Assessment Tool (PSAT) measured each team member satisfaction with the partnership and his or her individual role. The Wilder Inventory was administered at the beginning and end of the ALC; staff used the results to evaluate the impact of the ALC 2 process on the collaborative nature of each team. The PSAT was used as a tool during ALC 2 to determine individual satisfaction with the partnership experience. ALC 2 staff reviewed the PSAT results with the co-leads of each team. This insight helped each team leadership identify what was working well and ways to improve team member experiences and buy-in to the process. The combined tools were an effective way to support processes for successful partnerships and measure the non-health outcomes of the learning collaborative process.

**Team-Building and Action Planning Exercises**

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

MAPS exercises and objectives were as follows:
- **MAPS I & II – Assessing Systems & the Current Landscape:** Understand the systems

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Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

represented on a team. Assess the impact of racism on infant mortality in the community.

• MAPS III – Opportunities for Impact: Identify potential ‘Opportunities for Impact’ in addressing the impact of racism on infant mortality. Reach team consensus on the strategies most likely to yield short-term, measurable change.

• MAPS IV – Action Planning for Change: Begin developing strategies to address those impacts identified. Complete the action planning process.

• MAPS V – Evaluating Your Work: Begin to develop, or further develop, an evaluation strategy.

• MAPS VI – Action Planning for Change, Part II: Assess completed work and the results achieved. Outline action steps for the next six months. Identify new strategies as appropriate.

• MAPS VII – Sustainability: Assess where the team is positioned in the process of this work. Outline internal and external factors that may influence what the team chooses to commit to for future work. Identify next steps.

During the first on-site meeting in September 2011, the initial set of MAPS (I-IV) exercises was distributed. These exercises helped teams assess the landscape of infant mortality and racism in their communities and begin brainstorming potential strategies to pursue during the ALC based on the most intentional opportunities for impact that they could identify. Following the first meeting, the teams returned to their communities to meet with the extended team members to engage them in the work and exercises. On completion, these exercises assisted ALC teams in reaching consensus on the strategies to pursue in their communities and making a plan for carrying out the activities.

MAPS V-VI were introduced before the second on-site meeting in April 2012. At that point of ALC 2, teams had made enough progress in their action plan development and implementation to assess whether they were on the right track. This particular set of MAPS exercises create an opportunity and safe space for teams to honestly assess their work together and to adapt as needed. Additionally, MAPS V required each team to develop an evaluation plan, including a logic model for their ALC work (Appendix A– ALC 2 and Team Logic Models).

The MAPS VII exercises guided teams through discussions to determine their team commitment and energy to continue moving forward and what steps they would take to institutionalize their work beyond the life of the ALC.

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

Work of the ALC 2 Teams

This section includes the profile of each of the teams in the second PEDIM ALC. While much more was undertaken by the teams than is presented here, their commitment and passion is evident in their efforts to address racism and its impacts on infant mortality. These approaches are replicable in communities nationwide, and serve as a starting point in advancing the work.

The five teams profiled are:

• Boston, MA
• Fort Worth, TX
• The State of Michigan
• New Haven, CT
• New Orleans, LA
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Boston, MA

Team Leadership

Boston Public Health Commission
Massachusetts Department of Public Health

Additional Team Membership

Boston Health Care for the Homeless, Boston University School of Public Health, Casa Myrna Vasquez, Children’s Services of Roxbury, Codman Square Health Center, Healthy Baby/Healthy Child, Homes for Families, Institute for Health and Recovery, Interaction Institute for Social Change, Martha Eliot Community Health Center, Mattapan Community Health Center, Northeastern University, St. Mary’s Center for Women and Children, State Center for Health Equity, Whittier Street Health Center, Women, Infants and Children Supplemental Nutrition Program (WIC)

Overall Strategies and Focus:

The Boston travel team was known as the ‘core team.’ They travelled to national meetings and brought back resources and preliminary strategies to the rest of their membership, which was known as the ‘extended team.’

Strategy 1: Forge intentional partnerships with non-traditional partners to establish a larger maternal and child health team by identifying and establishing community partners who will work together to address the role of racism in Boston communities.

Strategy 2: Develop shared definitions of important key terms such as race, racism, life course theory and social determinants of health to ensure all PEDIM-ALC team members understand and use these terms consistently.

Strategy 3: Develop key questions and focus group guides to facilitate discussion around the role of racism during pregnancy – both experienced and perceived – among pregnant and parenting mothers and parenting fathers in Boston.

Specific Activities

- Developed a mission and vision statement, designed guiding principles and created a strategic plan to lead PEDIM-ALC team members
- Facilitated focus groups with four target audiences: pregnant or parenting teen women, pregnant or parenting adult women, teen fathers and adult fathers
- Developed a community campaign, “What a Community Can do for a Pregnant Woman,” informed by the dialogues generated during the focus groups

Impacts

Participation in ALC 2 brought about excitement around seriously talking about and addressing racism. Most of the Boston ALC partners had witnessed or experienced a racist or discriminatory event, but had not been able to seriously talk about it in a professional setting. Many described the topic of racism and discrimination as taboo even though this is a common and shared experience.

There was an increase in Boston team member knowledge about how their agencies influence MCH. The Boston PEDIM-ALC intentionally invited non-
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Traditional partners, such as housing and homelessness agencies like the Boston Housing Authority and the Emergency Shelter Commission, to participate in the core and extended teams. Many representatives from these agencies who participated were unaware of how services offered by their agencies impact MCH outcomes. For many, learning about life course and social determinants of health were new concepts, and helped break down silos of how stressors are understood.

New partnerships and collaborations between agencies, especially non-traditional partners for MCH, were forged. This is especially true with the Boston Homelessness and Housing agencies whose partnership with the Boston Public Health commission came about as a result of the PEDIM-ALC. The newly created partnerships with non-traditional MCH partners will pave the way for future collaborations and a more in-depth understanding of how different agencies can affect MCH. This will be significant when considering the social determinants of health as having a major impact on all health outcomes.

There was an increase in Boston team member knowledge of racism and the social determinants of health, and their effects on health outcomes. Through the extended team meetings, the Boston core ALC 2 group provided the extended membership with educational presentations and a racism workshop. These helped expand their knowledge of racism, the social determinants, and the link to health outcomes. They also held a workshop on racism to provide team members with skills to identify the different levels of racism and their impact on daily life.

Participants in the ALC created the opportunity and synergy to move the work forward. The Boston team formed partnerships through the core team and through the extended team that represent many agencies throughout Boston. Through these partnerships, they will continue the work of the PEDIM-ALC, and advance the work with focus groups around racism, stress, and birth outcomes.

The focus groups created the opportunity to learn the experience of stress, race and racism through the lenses of multiple stakeholders. Results from the focus groups will illuminate strategies for addressing the impact of stress and racism on pregnant and parenting families.

An important impact was the expansion of the discourse on fatherhood and the role of fathers during pregnancy. Results from focus groups will inform strategies for engaging parenting fathers to reduce the impact of stress and racism on pregnant and parenting mothers.

Lessons Learned

- It is important and necessary to review the process often, and make team roles and responsibilities clear and intentional
- Allow a lot of time to implement activities
- Whenever possible, include an organizational consultant to assist the team with communication, especially regarding sensitive topics such as racism and disparities. If not, there is a lack of racial healing. Each team member will be coming from a different “place” and each person needs to understand where others are and how they feel.
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Fort Worth, TX

Team Leadership

Tarrant County Public Health
Texas Department of State Health Services

Additional Team Membership

Rising Star Baptist Church, University of North Texas Health Science Center, Catholic Charities – Healthy Start, AB Christian Learning Center

Overall Strategies and Focus

Strategy 1: Share the data and theory regarding the impact of racism on infant mortality with the priority population.

Strategy 2: Solicit feedback from community members and providers regarding changes that could impact infant mortality in the community.

Strategy 3: Share findings from the qualitative research exercise (concept mapping) with the community leaders and program planners.

Specific Activities

Strategy 1
- To raise and increase awareness, the Fort Worth team held a community forum where they shared data on the impact of racism on infant mortality
- The team sponsored a well-attended ‘Undoing Racism’ training by the People’s Institute of Survival and Beyond for providers and community members

Strategy 2
- With technical assistance from CityMatCH, the Fort Worth team conducted qualitative research in the form of concept mapping to engage the priority community. Community members were asked to suggest specific actions that could be undertaken to reduce infant mortality rates in their neighborhood. Their suggestions were sorted by members of the same community, and aggregated in terms of action potential and feasibility. This exercise led to concrete action items that this team could undertake in specified amounts of time (3, 6, 9 and 12 months), and was an excellent illustration of translating research into practice

Strategy 3
- The ALC team then identified three action items that be developed with further research. This would facilitate changes and make it easier for community organizations, faith-based organizations and other agencies to partner in order to institute changes recommended in the concept mapping.
- To further demonstrate commitment and emphasize ownership of the project among the priority population, the results of the concept mapping exercise were shared with community members, as well as agencies that provided services in that community
- As a result of concept mapping, it was discovered that many of the community suggestions were already being addressed but many community members were unaware. The Fort Worth team therefore plans to hold an extravaganza in September 2013 to link community members, providers and programs to foster awareness among consumers and providers. The hope is that by linking the two, most community members will have many of their needs met

Impacts

- The concept mapping exercise was invaluable in engaging the community so that they could
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

communicate their concerns
- The ALC activities acted as a catalyst for some community activities that were already in progress.
- It came to light that though there were a variety of services in the community; many residents were unaware of programs that were already in place. It became evident that there was a need for increased awareness about existing services.

Lessons Learned
- Work with existing initiatives. In Fort Worth, a group (Healthy Mothers, Healthy Babies, Healthy Communities) working on infant mortality in the priority population had already been established. In collaboration with the ALC, both groups were much better positioned to advance their common mission.
- Have a clear timeline with clear expectations. This kept the team accountable and able to meet the deliverables.
- Utilize all the resources at your disposal.
- Do not underestimate the power of partnerships and coalitions.

State of Michigan

Team Leadership

Michigan Department of Community Health (MDCH)
- Bureau of Family, Maternal and Child Health
Grand Rapids Healthy Start project

Additional Team Membership

The other six Healthy Start projects in Michigan (Detroit, Flint, Inter-tribal Council, Kalamazoo, Lansing and Saginaw), MDCH Health Disparities Reduction/Minority Health Department, State Fetal and Infant Mortality Review (FIMR) Program, Practices to Reduce Infant Mortality through Equity (PRIME), Michigan Department of Human Services, Kent County Health Department Health, Other local coalitions in each community working in partnership with PEDIM-ALC members.

Overall Strategies and Focus

The goal for Michigan was to attain equity in maternal child health status for all people of color in Michigan. Their intention was to eliminate disparities in birth outcomes between whites and people of color by eradicating racism. The key strategies they chose were:

Strategy 1: Promote participation in workshops or trainings that address racism, health equity and social justice.

Strategy 2: Compile toolkits to raise awareness and provide tools and resources to undo racism.

Strategy 3: Improve both the quality and the quantity of data collection and use related to race and ethnicity.

Specific Activities

Strategy 1:
- Conducted a survey of all ALC team members to determine their previous participation in racial equity workshops (the survey was replicated with FIMR coordinators).
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

- Participated in additional two- to four-day racial equity workshops (all team members)
- Committed to take at least one of the Implicit Bias tests, and share our experience
- Completed the National Association of County and City Health Officials online “Roots of Health Inequity” course as a group (in process)
- Added interactive group activities related to racial equity to raise team awareness as a part of all in-person meetings (e.g., the People Sorting Game, What’s in a Name, Cracking the Codes, and Identified Shared Experiences)
- Participated in relevant webinars and conference calls, sharing what was learned
- Requested technical assistance in terms of expert consultation from CityMatCH to learn about various tools to measure changes in racism, and to gain insight into healing internalized racism

Strategy 2:
- The ALC created a toolkit – including videos, a power-point, and exercises to foster dialogue around racism, privilege, and equity – for use by communities to start dialogue around racism that have been printed and will be distributed in early 2013
- Another toolkit, Framing the Relationship between Race & Health, targets health care providers with an overview of health disparities, patient rights, individual and organizational self-assessment tools, and local and national resources. More than 500 kits were distributed and the Michigan team plans to obtain feedback on the use and usefulness of these toolkits in the near future
- A toolkit for consumers is in development, and will include information on the impact of racism on health, consumer rights, how to report incidents of discrimination, and resources that may be of benefit to them

Strategy 3:
- Utilized awareness-building tools to improve staff ability to collect reliable data related to race and ethnicity, particularly among American Indians
- Developed a Pregnancy Risk Assessment Monitoring System (PRAMS)-like survey specific to Native Americans, modifying the questionnaire used by the Michigan PRAMS by adding questions related to social determinants of health, reactions to race, and experiences in accessing health care
- Created an empowerment brochure for American Indians to decrease misclassification of American Indian race
- Held statewide consortium meetings to review training materials to improve reporting of race on official documents
- Initiated a continuous quality improvement project at MDCH to standardize the collection and use of race, ethnicity, sex, language, and disability data
- Investigated impact of using mother’s race alone (versus using that of both mother and father) when estimating birth outcomes

Impacts

- Post-training tests and focus group surveys showed significant increase in self-rated competency to identify, define and articulate:
  - Racism concepts (including institutional, cultural, and internalized racism and levels of oppression)
  - Unearned privilege
  - Health disparities
  - Social determinants of health
  - Policies and practices influencing health disparities
- While there were improvements across all participants, the greatest increases in knowledge and competence were seen among European Americans and participants with no prior training on racism
Member communities hosted focus groups, community forums, and summits on racism with hundreds of people participating and helping create local plans to address racism

A new workshop series is in development for frontline staff to heal internalized racism and manage secondary traumatization. It is entitled Women of Color and the Unconscious Self-Concept and Reprogramming the Unconscious Self-Concept, with an anticipated launch date of January 2013. A companion session for management staff, Supervisors and the Empowerment Theory, will also be offered

This work has been presented at the Michigan Premier Public Health Conferences in 2011 and 2012, the National Fetal Infant Mortality Review Conference, the American Public Health Association Annual Conference, and the CityMatCH Epidemiology Conference in 2012

Monthly state FIMR network meetings now begin with an equity exercise

In addition to press articles, several team members participated in in-depth radio interviews that were broadcast repeatedly throughout the state

As a result of the statewide consortium on how to improve reporting of race officially, the Department of Human Services used data on racial inequities in child abuse and neglect cases to justify creating a new position to oversee racial issues and to mandate anti-racism training for all staff

The 14 Michigan FIMR sites are turning to life course theory to better explore social, economic, and environmental factors as underlying causes of persistent inequalities in birth outcomes

The ALC group obtained grant funds to further racial equity work (e.g., CDC REACH grant, Ingham County grants, W. K. Kellogg Foundation, PRIME grants)

There was the establishment of mutually supporting activities and close coordination between the MDCH PRIME (Practices to Reduce Infant Mortality through Equity – which is meant to build on local work to enhance state-level work) and PEDIM

Health Equity standards were developed to be utilized by one local health department staff in program planning and implementation

Lessons Learned

Any collaborative will face unique challenges. Having been part of partnerships before, the Michigan team already had existing relationships firmly in place, which was very helpful

Restrict your action plan to realistic activities, especially when working on a limited timeline

Topics such as racism are sensitive.; to get your message across, it will be helpful and use less explicit language in order to engage people who otherwise would feel threatened and completely disengage

It is better to engage a broad membership at the start rather than bringing people into the team late in the game

Some constructs, such as racism, are extremely difficult to measure in all their manifestations – how do you know if you’re making a difference? For such complex issues, select measurement tools and obtain baseline data before implementing planned activities, so eventually you can measure changes over time

To make a lasting impact, address the disconnect between public health and other systemic issues that impact racial disparities, issues such as environmental injustice, educational inequities, social segregation, and growing gaps in wealth and income

Gaining a true understanding of the impact of racism on maternal health will lead to a clearer grasp of the meaning of applying the life course perspective to public health issues. More knowledge is needed
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

New Haven, CT

Team Leadership
New Haven Health Department
New Haven Healthy Start Program
Connecticut Department of Public Health

Additional Team Membership
New Haven Healthy Start Consortium, Yale-New Haven Hospital, Fair Haven Community Health Center, Cornell Scott Health Center, Yale University School of Medicine, New Haven MOMS Partnership Project, New Haven Home Recovery

Greatest Opportunities for Impact
- Education and Public Awareness
- Data
- Community Engagement and Empowerment
- Infrastructure Building

Team Process
Because of schedules, workloads, and geography, frequent face-to-face meetings among the PEDIM travel team (core team) members was not feasible. The core team relied on electronic communication and conference calls to discuss project activities and to keep things moving along. Some team members were responsible for community-based activities, whereas others had primary responsibility for data analysis to support project activities. Rather than reinventing the wheel, the team elected to work within an established consortium of residents, providers, and other stakeholders within New Haven, which served as the extended New Haven ALC team. The New Haven Healthy Start Consortium was a conduit for information sharing, education and brainstorming. Regular updates were provided to the chairs of the consortium, as well as the entire consortium body at monthly meetings.

Overall Strategies and Focus

Strategy 1: Convene monthly “LunchTalks” with New Haven residents and community partners, stakeholders, and providers, designed to engage the community around the topic of racism. The LunchTalks addressed racism in a broader context and introduced the notion of looking at the impact of racism on birth outcomes. As the LunchTalks continued, they transitioned from that broader focus to more specific discussions about the impact of racism on birth outcomes and infant survival.

Strategy 2: Conduct a Perinatal Periods of Risk (PPOR) analysis for New Haven to better describe the nature of excess feto-infant mortality in New Haven. Experts from CityMatCH provided technical assistance on phase one and two PPOR analyses. The ALC team plans to present PPOR results to a diverse group of community members, providers, and stakeholders in New Haven to engage the community and move from data to action.

Strategy 3: Conduct focus groups with a diverse group of New Haven residents, stakeholders, and providers to explore their feelings about and experiences with racism, and to discuss how racism might impact a pregnant woman and her baby. Results will be used to create a community voice around racism to facilitate deeper and continuing conversations around racism and what New Haven can do to combat racism and its effects on the health of city residents. Additional focus groups will be conducted in Spring 2013.
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Specific Activities

**Strategy 1:**
- To keep the topic of racism in the forefront and to engage the community in conversations about race and racism, a series of LunchTalks were held with New Haven residents and community partners, stakeholders, and providers. As the group established itself as a trusted-community for honest dialogue, we were able to discuss the impact of racism on birth outcomes and other connections to disparities in health outcomes for certain racial groups. As the sessions continued, a historical perspective on racism in New Haven emerged from the dialogue.
- *Race: The Power of an Illusion*, a documentary from California Newsreel, was used to kick off the LunchTalk series in order to provide context for this conversation on racism. The team utilized other documentaries throughout the sessions (i.e., *Unnatural Causes: When the Bough Breaks*, *Unnatural Causes: Place Matters*, *The New Jim Crow*, *Banished*, and *Slavery by Another Name*). The sessions averaged 20 attendees, and the largest gatherings attracted 40 individuals. The diversity of the attendees ranged from men and women from the community to physicians, academicians, students (high school, college, graduate), professionals, staff, and many others, including clergy.
- The LunchTalk community will be elevated to an “action-oriented” level based on the dialogue that has occurred over the last year. The group will discuss approaches to capturing the dialogue in ways that can be shared with the broader community, perhaps through an established blog. Additional LunchTalks are scheduled for 2013.

**Strategy 2:**
- To ensure that data was available to drive community action, core team members collaborated and completed a PPOR analysis. The New Haven Health Department and Connecticut Department of Public Health performed phase one and phase two PPOR analyses for New Haven and Connecticut, respectively, using a combined 2000-2008 cohort file. Eight years were combined to attain the minimum number of cases for analysis. PPOR aims to better describe the nature of excess feto-infant mortality and identify opportunities for intervention. Results will be used to guide PPOR phases three-six. PPOR results will be presented to a group of community members, providers, and stakeholders in New Haven to engage the community and discuss specific action steps to move from data to action.

**Strategy 3:**
- In December 2012, the New Haven ALC team held a focus group with eight New Haven residents, community partners, and providers to explore their feelings about and experiences with racism, and to discuss how racism might impact a pregnant woman and her baby. Additional focus groups were planned for February and March 2013. Results will be used to create a community voice around racism to facilitate deeper and continuing conversations around racism and what New Haven can do to combat racism and its effects on the health of city residents. The results of the focus groups also will be shared with the extended ALC team members and the broader consortium.

**Strategy 4:**
- The Connecticut Department of Public Health (DPH) has highlighted the work of the ALC to DPH staff, staff from other state agencies, Connecticut MCH Advisory Committee, and other statewide partners in various forums over the course of the project. DPH has looked to the work of the ALC as a resource to generate ideas for future efforts to address racism and its impact on racism statewide.

**Impacts**
- Started the very difficult discussion of racism within New Haven
- Jump-started public awareness efforts about racism and its relationship to infant mortality
- Engaged and educated respective organizations and leaders on relationships between race and birth outcomes
- Identified an existing consortium to serve as a main conduit for education and discussion around racism, and will sustain these conversations and related activities beyond the scope of the 18-month ALC project period
- Established a trusted community forum to address “racism” on a regular basis (LunchTalk)
- Documentaries featured in the LunchTalks made
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

the concept of racism and its impact ‘real’ for participants
- More than 65 people participated in the 20 LunchTalks
- Fostered state and local collaboration
- Created and analyzed a multiyear feto-infant cohort file
- Completed PPOR phase one and two analyses
- Held a community focus group to explore participant feelings about and experiences with racism
- Identified specific activities that will continue beyond the ALC project period
- Enhanced the infrastructure within participating agencies through education and technical assistance provided by national experts at and through CityMatCH
- The entire ALC experience revealed the need to create a more focused vision for the future of addressing disparities in infant mortality and combating racism within New Haven
- Obtained buy-in for the project from leadership of the core team member

Lessons Learned
- Addressing racism in birth outcomes is a long and challenging journey. The work accomplished during the 18-month ALC project period is only the first step in a long journey to address racism and its impact on birth outcomes and infant survival in New Haven. While many speed bumps, potholes, and detours were encountered along the way, they have not stopped the travels. Going forward, the team will need to work hard to maintain energy, focus and enthusiasm to reach the destination. This can be accomplished by employing a good navigation system, taking turns driving and picking up new travel companions along the way.
- Keep it real. Everyone can get frustrated in the group process, feel overwhelmed when faced with competing work priorities, or possibly start to wonder if they belong there anymore. Fostering a relationship where honest communication is respected and encouraged is challenging, but it is critical for members to be able speak what is on their minds and work through problems if the group is to be successful.
- Keeping the work alive while faced with competing work priorities is extremely challenging. Everyone on the team has extremely heavy workloads, and that can often be a source of stress. However, a team serves to help one another and carry the load at certain times when one or more member cannot. Splitting up responsibilities and keeping one another encouraged helps mediate the effects of competing priorities and the related stress so things do not fall apart.
- Keep track of the milestones. During the journey with all of the challenges, it is easy to get focused on all of the missteps and end up overlooking the positive things that are happening along the way. You need to start out tracking your team milestones; they will be on a team level as well and individual and personal level, but they are important to capture.
- PPOR analysis is challenging for a small city in terms of small numbers and limited resources. It is very difficult to sustain an intense project like this without dedicated staff or funding. For the New Haven ALC, successfully completing phase one and phase two PPOR analyses required interagency collaboration. A core team member was able to facilitate the process of accessing the necessary data, serving as a liaison between the New Haven Health Department and the

17
Connecticut Department of Public Health, and also performed the state-level analysis. Both local and state core team members brought a lot to the table in terms of knowledge about their own data and community perspectives, which allowed for a more robust interpretation of the data. Splitting up responsibilities and keeping one another encouraged helped mediate the effects of competing priorities and the related stress. Technical assistance on PPOR, provided through CityMatCH, was a significant asset to the process as well.

- New Haven is not ready to deal with the impact of racism on birth outcomes. Engaging in this work revealed that there are some in New Haven that represent systems that are not at a stage of readiness to address racism, therefore making the challenge of addressing its impact on birth outcomes much more challenging. There continues to be a need to raise awareness about structural racism and how it operates in systems and policies. The work done over the 18 months definitely represents first steps and there is much more work ahead in convincing people that racism at each of the levels identified in Dr. Jones’ *The Gardener’s Tale* exists and, in fact, is a problem. Part of this lesson learned is accepting the reality that we have to “get comfortable with being uncomfortable.” This topic is difficult!

### New Orleans, LA

#### Team Leadership

Healthy Start New Orleans  
Louisiana Department of Health and Hospitals – Office of Public Health

#### Additional Team Membership

Loyola University of New Orleans, Louisiana Public Health Institute, People’s Institute of Survival and Beyond, Tulane University – School of Public Health and Tropical Medicine and School of Social Work, Xavier University, Breath of Life Spa, Trinity Christian Community Center New Orleans, The McFarland Institute – Congregational Wellness Division

#### Overall Strategies and Focus

**Strategy 1:** Ensure a strong understanding among core partners of the factors associated with infant mortality in the New Orleans area – analyze MCH vital records, FIMR, and PRAMS data. Consider if there are measures that may not be routinely analyzed but maybe helpful.

**Strategy 2:** Develop a communications strategy that will allow partners to be able to effectively “speak the language” that will be heard by various audiences where opportunities for change may exist – assess the acceptable and compelling language to move thinking and actions among others, and help identify tangible opportunities for action (journal articles; policy briefs; community-level engagement; provider and institution engagement).

**Strategy 3:** Assess local community experience that may help inform how racism may be impacting health in New Orleans. Research standard, validated instruments (vs. tool developed by team); consider how to embed within existing work or data collection efforts in the community.
New Orleans Conceptual Framework for Action

The New Orleans ALC team designed the following four-point theoretical framework to guide all actions, activities and initiatives used to increase capacity at community, state, and local levels to address the impact of racism on birth outcomes and infant health. The team outlined why a well-articulated theoretical framework is required for action, the evidence of racial and ethnic inequities in birth outcomes in Louisiana, the central focus on identifying institutional and individual racism, examples of theory-based approaches to aggressively fight racial inequities in birth outcomes, and finally offered recommendations for a strategic plan of action to carry out the mission of the Louisiana ALC – to address the impact of racism on birth outcomes and infant health.

1. Why? The Need for a Conceptual Framework

Over the past four decades, well-funded national, state and local initiatives to reduce infant mortality have failed to achieve goals of reduction in infant mortality. Though achieving success in an overall reduction in the number of infant deaths and birth outcomes, racial inequities persist in 2012.

“Despite considerable work to the contrary, racial and ethnic disparities in health persist and are even increasing in some area. The literature documenting these disparities is considerable; the literature on ‘Why’ they exist is much less so. Many public health reforms concentrate on improving access to services, particularly the traditional barriers of transportation, language, and affordability, hours of service, and even staff attitudes. And indeed, studies show that health status does improve as access improves (Shin et al., 2003). Yet, the overwhelming evidence suggests that despite considerable effort, multiple forms of discrimination in health care and prominent racial and ethnic disparities in health remain. There is also growing evidence for a role of institutions in creating and perpetuating racial and ethnic health disparities. Although public health is a relative newcomer to the field of ‘undoing racism,’ its attention is beginning to shift towards a more fundamental approach – examining the role of, and ‘undoing,’ institutional racism in the very structure of how public health is administered.” (CityMatCH, 2004)

A broad, holistic conceptual framework is needed to answer ‘Why’ these compelling racial and ethnic disparities exist and to develop a comprehensive plan for action to eliminate these disparities. The strategy must be multilevel, systemic and incorporate the historical relationship originating during the period of slavery in the United States between African-American and White racial groups. Because of this historical African-American/White relationship, a life course perspective on stress is required. The issues of White privilege, unrecognized stereotypes, and traditions and policies emanating from these areas guide this theoretical framework. Further, a public health approach is incorporated into the broader framework to identify the outstanding initiatives created to address the issue of infant mortality. The public health approach can be framed as primary prevention, and secondary or tertiary efforts (Hofrichter & Bhatia, 2010).

They must be addressed at multiple levels (Jones, 2000). There are multiple levels of racial factors that contribute to inequities in infant mortality that must be addressed (Jones, 2000). At the institutional level the focus is on policies, law and practice. The group and family level includes cultural, ethnic, and religious beliefs and values. Finally, the individual level consists includes internalized racism as well as beliefs in stereotypes about African-Americans. At any of these levels racial factors may impact access
to health care for African-American women.

2. The Evidence: Chronic, Intergenerational and Persistent Racial Inequities in Health Outcomes. Preterm birth affects more than half a million babies in the United States each year and is the leading cause of infant death in the United States (Mavroudis & Dezen, 2010). African-American pregnant women across all socioeconomic and age groups have the highest rates of premature births and infant mortality of all racial groups in the United States (March of Dimes, 2008). In other words, even when they have high levels of education (from a BA to an MD), earn a high income, and are in good health, African-American women are more likely to have babies born prematurely, or who die before their first birthday than women from any other racial group with the same demographic characteristics (March of Dimes, 2010).

Many social determinants of maternal health include environmental factors that shape a the overall health status of a woman before, during and after pregnancy. Studies indicate that many of the factors associated with preterm birth occur together, particularly in minority women (Healthy People 2010). The roles of racial and ethnic factors in preterm birth remain poorly understood (Healthy People 2010). To investigate a possible genetic explanation and controlling for several demographic characteristics between the samples, research by neonatologists compared a number of birth outcomes of women from African countries to those of African-American women born in the United States (Collins, Wu, & David, 2002). The results of the study suggested that African American women born in the United States had higher rates of poor birth outcomes than African women. Collins et al concluded that the inherited intergenerational stress of the trauma of slavery, fighting to live and maintain dignity during Jim Crow segregation, and battling for Civil Rights in the fifties, must somehow contribute to the current racial disparities in prematurely born infants. Of the many social indicators of risk, the consistent underlying factor that must be used in this conceptual framework to address the inequities in infant mortality must center on race.

3. A Focus on Racism: The Relationship Between Race, Racism and Birth Outcomes

Racial and ethnic disparities imply inequities. These inequities are unnecessary, avoidable, unfair, unjust, add up over time and are beyond the control of the individual. They are not random, accidents of nature or individual pathologies. They are accumulative over generations and are caused by multiple factors that must be included in solutions. When research takes into account, typical social-economic factors, including education, income, employment, and housing, what always rises to the surface as the primary indicator of disparities is the race of the individual.

In a survey of MCH in local health departments by CityMatCH in 2000, with 123 responding urban health departments as to whether they felt prepared to adequately address institutional racism, less than 10 percent chose to directly take on larger systemic and social issues such as poverty and housing. They expressed a need for help in tackling racism.

A major problem in tackling race and racism is a lack of a knowledge base. What is race and racism? How does it affect health status? What are the direct and indirect effects of racism on health status? How do inequities in our communities manifest? How can we address unequal socioeconomic conditions brought on by past and current racism?
Can we address racial and ethnic disparities without addressing the “life course perspectives” of woman of color today? How involved should communities be in addressing these issues? Can we address these disparities just looking at communities and individuals without instituting dramatic changes in the systems and institutions that create inequities? These are the questions that must be answered before we can affect long-lasting solutions.

A cardiologist cannot cure heart disease in a patient without a course of study in the circulatory system and biochemistry of disease any more than we, as health care professionals, can reduce racial and ethnic disparities without a course of study in race and racism. It is essential to have working definitions of race, racism, community disempowerment, individual, institutional and cultural racism. The approach must be historical, systemic, and holistic; and include the social gradients and social determinants of health.

Too often, racism is seen as individual acts of meanness or discrimination. This is one form of racism and is easily seen and eliminated by health care professional who are dedicated to equal treatment. However, in the United States, racism has been structured into our institutions. Until we know how institutions have perpetuated racism, we cannot undo disparities. Until we know how we perpetuate racism through our institutional behavior, we cannot undo disparities. Until we realize that solutions cannot come from institutions alone, but that we need to include communities into the solutions, we cannot undo disparities. Racism is the root “cause of the cause” of health inequities.

There is a causal relationship between social economic conditions and poor health. But the solutions must address how racism has created and continues to assign certain races to those social economic conditions. Undoing poor economic conditions alone, may improve conditions more so for Whites than African-Americans. Without understanding racism, these improvements in economic conditions will help, but not improve conditions for people of color. In fact, because of racism, equal treatment in the United States will help, but not eliminate racial and ethnic disparities.

Initiatives to reduce disparities in infant mortality that focus on race and racism will:
- Develop a common definition of racism and an understanding of the different forms it takes – individual, institutional, linguistic and cultural
- Build a common language and analysis for examining racism in the health and health care
- Help one understand his/her own connection to institutional racism and its impact on his/her work
- Clarify why people are poor and the role of institutions in exacerbating institutional racism, particularly for people and communities of color
- Illuminate the historical context for how racial classifications in the United States came to be and how/why they are maintained
- Spell out the historical context for how U.S. institutions came to be and who they have been designed to serve
- Explain how all of us, including White people, are adversely impacted by racism every day, everywhere
- Reveal assumptions about how your work in neonatal statistic is (or is not) affected by racism
- Build awareness and understanding about ways to begin undoing racism™
- Expand knowledge about how to be more effective in the work you do with your constituencies, your organizations, your communities, your families
- Define the role of community organizing and build effective multiracial coalitions as a means for undoing racism™

4. Theory-based Approaches to Combat Racial Inequities in Health Outcomes
To guide the Louisiana ALC thinking about how to intervene to mitigate the impact of racism on birth outcomes, the use of two approaches were suggested. The first is the social determinants of health, which includes the conditions in which people are born, grow, live, work and age, including the health system. Using a life course perspective the team believes that a person’s circumstances are shaped by the distribution of money, power, policies and resources at the global, national and local levels. These social determinants of health are mostly responsible for health inequities (unfair) and disparities (differences) that we see between birth outcomes by race.
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The second approach that will direct the efforts is the seven basic assumptions proposed in *Tackling Health Inequities in Public Health Practice*:

1. Health is more than an end in itself; it is also an asset or resource required for human development and well-functioning communities
2. Equity in health status benefits everyone because health is a public good necessary to a well-functioning society
3. Health is a socially and politically defined construct; individual and medical definitions ignore relationships between individual health and healthful social and environmental conditions
4. Inequities in population health outcomes are primarily the result of social and political injustice, not lifestyles, behavior, or genes
5. Health is a collective public good, actively produced by institutions and social policies
6. An accumulation of negative social conditions and lack of fundamental resources contribute to health inequities, and include economic and social insecurity, racial and gender inequality, lack of participation and influence in society, unfavorable conditions during childhood, absence of quality and affordable housing, unhealthy conditions in the workplace and lack of control over the work process, toxic environments, and inequitable distribution of resources from public spending

Tackling health inequities effectively will require an emphasis on root causes and social injustice, the latter concerning inequality and hierarchical divisions within the population

The emphasis should be on the way that society is organized and the role that the health system and practitioners have with the communities in which they work.

**Impacts**

- The greatest impact of the New Orleans ALC 2 team work has been to start a dialogue about racism, family health, with New Orleanians. Although racism pervades life in New Orleans it is rarely acknowledged or discussed. By bringing this issue to the forefront, the ALC team has not only increased awareness within its team members of the need to address racism, but has raised consciousness from local, state, public, and private partners regarding this work.
- The New Orleans ALC team plans to continue the work that was begun by continuing to meet, engaging community members in this important dialogue, and working to transform the organizations involved to do work in an antiracist fashion.

**Lessons Learned**

- Several members cited the importance of this ALC work in raising their own awareness and consciousness of racism. As one team member explained, “Without these open and honest conversations I would have gone on perpetuating the problem without even knowing it.” By creating these connections among people working in different dimensions of family health, a much greater understanding of the extent to which racism affects American lives was gained.
- This work benefits from collaborations across organizations that incorporate team members from entities that may not traditionally have been considered directly linked to infant mortality or maternal and child health.
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Recommendations to Other Communities

Boston, MA

- Early on in a new collaborative:
  - Clearly define roles/responsibilities and format for running meetings
  - Research who, how long and the logistics to move forward with each activity chosen, including administrative process if working within a large, multifaceted agency
- If possible, utilize an organizational consultant as part of the team to add to the discussion and assist with consensus on team goals and activities. This will save valuable time to devote to the crucial activities

Fort Worth, TX

- It is important to ensure that all major activities of a collaborative are scheduled to accommodate all team members
- Invite all interested participants to the table, and then assemble the core team so that expectations, roles and responsibilities are clear. As a result, volunteers of the core team will be more engaged and can hold each other accountable
- The theory and approach under which a collaborative is based (in this case race and racism) need to be a constant presence throughout the project
- Grassroots representatives must be included from the beginning

Michigan

- Partner with and build on existing collaborations if possible
- Engage a broad membership at the start, rather than bringing people on board in stages – this will reduce time needed for orientation and foment better team spirit
- Select measurement tools and obtain baseline data before project implementation
- Keep working on self-awareness; resisting racism is a journey, not a destination – we may be the choir, but even choirs need to practice and rehearse!
- Keep your expectations realistic – racism is an intransient problem that will not be solved quickly or easily. Stay committed for the long haul!

New Haven, CT

- Secure the commitment of the organizations of your team members work for at the very beginning, including support through resources and advocacy. Possibly having a pledge in the form of a memorandum of agreement that they sign agreeing to certain responsibilities to support the project will help them understand what you need from them and also add an element of accountability on their part
- Take every opportunity to introduce the topic of racism to important stakeholders. Many have never had to stop and think specifically about how their work or the systems they work within may unintentionally support institutional racism; how racism impacts the people they serve; or, how these issues impact health and birth outcomes. Some people may be ready to dive right in to the conversation, whereas others may slowly need to get their feet wet
- Data is important. You should not make decisions without it...but, data cannot be your only focus. Sometimes professionals can get lost in the numbers and do not know how to move forward. Ensuring you move from data to action is essential! Addressing this with teams in the beginning is important because waiting on data can potentially impede movement. Guidance from the partnership here can help facilitate movement on the ALC teams

New Orleans, LA

- In order to achieve the honest and open dialogues needed to foster that learning environment, sincere trust and
Respect among team members has to be established. It is important for teams to value the diverse experiences and perspectives of all members, creating an environment in which it is safe to ask difficult questions and to share honest answers. This requires patience, a passion for the work being done and a strong team.

- Emphasis must be placed on building strong relationships. Frank discussions about race and racism cannot take place unless those at the table feel comfortable enough with each other to be open and honest.
- Ensure that communities have representation from the leaders of local, regional and state public health governing bodies, as they are in a position to actually enact change. Having governmental representation on the team from the beginning can facilitate stronger relationships, which will be beneficial on down the road.

Moving Forward: Sustainability Plans

Boston, MA

**February/March 2013**
- Open existing race dialogues to broader community
- Finish focus groups
- Restructure core and extended team meetings
- Analyze focus group findings

**March/April 2013**
- Conduct key informant interviews
- Understand extended team needs in order to continue having agency-level conversations about racism and birth outcomes

**May/June 2013**
- Hold community forum to discuss findings
- Engage extended team in reflective dialogue about where we have been and where we are going
- Enlist assistance of BFHC communications in public awareness campaign and brainstorm

**June 2013**
- Program engagement: Welcome Home; Family Visiting and Centering Pregnancy

**July-December 2013**
- Develop community campaign and messaging
- Hold Campaign
- Continue to expand extended team into coalition, have an MOU by end of 2013

**2014**
- Hold a summit for Boston
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Fort Worth, TX

- January 2013: Follow-up call to continue planning
- Winter 2013: Create executive summary document of ALC Work and concept mapping results
- Ongoing: Identify funding and/or new partners with funding or other resources
- Ongoing: Continue informal discussion with H3 Consortium & network
- Fall 2013: Hold community extravaganza sponsored by H3, ALC and their networks

State of Michigan

- February 2013: Convene all team meeting to finalize sustainability plan
  - Re-engage missing partners
  - Begin a Michigan History of Racism and Discrimination
  - Explore bringing in an organization for more effective social mobilization and community organization
- March 2013: Storytelling: Explore bringing in a speaker
  - Develop leadership
- October 2013: Distribute State Level Toolkit
- By December 2013: Complete team "Roots of Health Inequity" Course
  - Investigate Next Steps for including internalized racism as part of our ongoing agenda
  - Evaluate Use and Usefulness of State and Provider Toolkits
- Ongoing: Continue to build team capacity through resource and activity sharing
  - Share results of data collection and use
  - Decide leadership, frequency and structure of ongoing ALC

New Haven, CT

- February 2013: Identify other data sources
- February – May 2013: Present and share findings of the ALC with community stakeholders
  - Work with specific groups that result from these conversations
- February – May 2013: Convene more focus groups
  - Hold LunchTalks and summits to recharge discussion on infant mortality and MCH
  - Engage the NHHS Consortium
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

New Orleans, LA

- ALC all team meeting in New Orleans
- Reviewed organizational survey results to be presented at February meeting

January

- Commitment letter
- Increase Community involvement – team meeting in Hollygrove
- Begin reading *The New Jim Crow*
- *Unnatural Causes* viewing
- Implicit bias exercise

February

- Planning of city scavenger hunt for employees

March

- Conclude reading *The New Jim Crow*
- Undoing racism workshop
- Roots of health community course
- PPOR

April

- Historian lecture

May

Final Thoughts

During the 18-month ALC, the three partner organizations AMCHP, CityMatCH and NHSA committed to assisting the teams by assuming three main responsibilities: technical assistance, evaluation and dissemination. The technical assistance consisted of planning and facilitating on-site meetings, organizing all team calls, providing a team liaison, and information sharing between the partners and among the teams. Evaluation support was offered through the Partnership Self-Assessment Test and the Wilder Collaboration Inventory. There also was process evaluation for all meetings. As part of dissemination, the partner organizations agreed to share the team practices by developing a final document that would encapsulate all materials and knowledge gained from the ALC. This is that document.

The ALC was a learning process for each of the teams and provided countless opportunities for growth and flexibility. To be expected, this was a learning process for the partner organizations as well. During the 18-month ALC, many of the teams and each of the organizations experienced a change in project leadership. This was an exciting time to incorporate new thinking and processes, and also an opportunity to refine communication strategies among the partners and with the teams. Additionally, with staff reorganizations and budget cuts, the team liaisons were in a unique position to offer guidance on restructuring team projects midway through the ALC, and to support the teams and offer positive advice and feedback during tenuous times.
In addition to lessons learned from the ALC teams, AMCHP, CityMatCH and NHSA have the following recommendations:

- **Have a clear vision and mission to guide your work and communicate this throughout the project:** This can get lost in translation with different program managers/team leaders, so it is important that everyone know the objectives and share in a desire to carry the work forward according to project plan. While this project had a specific focus on addressing the impact of racism on birth outcomes, not every team was ready to dive right in on discussions about racism – it was important to meet them where they were and work gently but purposefully forward.

- **This work is very fluid – be willing to accommodate changes as they happen but also ensure that these changes advance the vision and mission of the project:** Staff changes and political will can deter any project from reaching its full potential. Flexibility, clearly defined expectations, and clear communication are necessary for keeping everyone enthusiastic about the work that they are able to accomplish.

- **It is not all or nothing – every little achievement counts:** Eliminating racism and infant mortality is hard work and it cannot be accomplished overnight. It is the culmination of several little achievements that will move the needle forward. Celebrating small victories can help the team stay motivated and on course with accomplishing their overall goals.

- **Commend the work by your teams/communities – often it is above and beyond many of their other responsibilities:** The ALC members that comprised the various teams in this project did not receive funds to do this work – it was purely voluntary, and was taken on because these public health practitioners care about eliminating infant mortality. While there was a plan in place for how to approach this project, adapting to the needs of the teams and working with their schedules to ensure that this work would be fulfilling and fun, and would complement their existing projects and priorities was necessary.

We look forward to continuing this work and learning from both the first and second ALC cohorts and we remain committed to disseminating best practices on eliminating disparities in infant mortality.
Appendices

A. Team Logic Models

Boston (PEDIM-ALC) Logic Model

PEDIM ALC Vision & Mission

Vision Statement: To eliminate racial inequities contributing to infant mortality within U.S. urban areas

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

Boston PEDIM-ALC Guiding Principles

I. FOCUS ON RACISM - Be Intentional

II. COMMUNITY-CENTERED
   a. Understand the impact of social determinants on health
   b. Understand the psychosocial dimension of racism and other forms of social marginalization
   c. Understand the impact of community/safety/violence as a dimension of racism
   d. Understand the nature and extent of community supports

III. TAKE A “RIGHTS” APPROACH – i.e., This Community has Equal Standing and should expect the same responsiveness as Every Other Community.

IV. STRENGTHEN SYSTEMS
   a. Identify and Reduce Barriers
   b. Focus on Early Intervention
   c. Analyze Resource levels, distribution, etc.

V. BE INCLUSIVE! Reduce barriers to participation for mothers, men and fathers

VI. BUILD COMMUNITY CAPACITY

VII. PROCESS WILL BE ONGOING/ITERATIVE: Success in one area will expose further work to be done
<table>
<thead>
<tr>
<th>Inputs (Resources)</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcome Evaluation Indicators*</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPHC Resources &amp; Staff</td>
<td>Strategic Plan</td>
<td>• Development of mission/vision statements (y/n)</td>
<td>• % of staff/agencies within ALC who have incorporated aspects of racism/life course campaign messages into their own program</td>
</tr>
<tr>
<td>BHSI Site Resources &amp; Staff</td>
<td>Collaboration with Community Agencies</td>
<td>• Development of strategic plan (y/n)</td>
<td></td>
</tr>
<tr>
<td>DPH/State Staff &amp; Resources</td>
<td>Campaign Development</td>
<td>• # of presentations / meetings with agencies to share our work</td>
<td>• % of agencies who have continued involvement in extended team meetings</td>
</tr>
<tr>
<td>AMCHP / CityMatCH/ National Healthy Start</td>
<td>Integration of PEDIM into existing BPHC/ Boston Efforts</td>
<td>• # of additional agencies who have joined PEDIM-ALC extended team</td>
<td>• % of ALC members satisfied with ALC meetings, direction and progress (via meeting evaluations)</td>
</tr>
<tr>
<td>Existing (Past &amp; Current) ALC Teams</td>
<td></td>
<td>• # of participants recruited in focus groups</td>
<td>• % of community aware of campaign</td>
</tr>
<tr>
<td>Community Programs/ Agencies &amp; Resources</td>
<td></td>
<td>• # of focus groups conducted</td>
<td>• % of people with increased knowledge of racism/life course theory and/or how to help a pregnant woman (via pre-post tests before and after campaign)</td>
</tr>
<tr>
<td>Community Members</td>
<td></td>
<td>• # of organizations committed to help with campaign</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• # of organizations disseminating campaign messages/ materials</td>
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<td>• # of working groups collaborating with PEDIM-ALC</td>
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<td>• # of groups that incorporate our work into their agendas</td>
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<td>• Collaborating groups sign off on shared vision/mission statements (y/n) – integrate Healthy Birth Boston, BHSI Consortium, ALC full team</td>
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<td>• Collaborating groups sign off on shared mission/vision— integration with Perinatal Task Force (y/n)</td>
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**Inputs (Resources):**
- BPHC Resources & Staff
- BHSI Site Resources & Staff
- DPH/State Staff & Resources
- AMCHP / CityMatCH/ National Healthy Start
- Existing (Past & Current) ALC Teams
- Community Programs/ Agencies & Resources
- Community Members

**Activities:**
- Strategic Plan
- Collaboration with Community Agencies
- Campaign Development
- Integration of PEDIM into existing BPHC/ Boston Efforts

**Outputs:**
- Development of mission/vision statements (y/n)
- Development of strategic plan (y/n)
- # of presentations / meetings with agencies to share our work
- # of additional agencies who have joined PEDIM-ALC extended team
- # of participants recruited in focus groups
- # of focus groups conducted
- # of organizations committed to help with campaign
- # of organizations disseminating campaign messages/ materials
- # of working groups collaborating with PEDIM-ALC
- # of groups that incorporate our work into their agendas
- Collaborating groups sign off on shared vision/mission statements (y/n) – integrate Healthy Birth Boston, BHSI Consortium, ALC full team

**Outcome Evaluation Indicators:**
- Short-Term (1-2 yrs)
- Intermediate (2-4 yrs)
- Long-Term (5+ yrs)

**Outcome Evaluation Indicators:**
- % of staff/agencies who endorse/sign off on mission/vision of the ALC
- % of agencies who have continued involvement in extended team meetings
- % of ALC members satisfied with ALC meetings, direction and progress (via meeting evaluations)
- % of community aware of campaign
- % of people with increased knowledge of racism/life course theory and/or how to help a pregnant woman (via pre-post tests before and after campaign)
- % of people with changed behavior due to campaign materials/ messages
- Infant mortality
- Preterm births
- Low birth weight births
- Stress
- Health inequities
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Program: Fort Worth, Texas: Action Learning Collaborative and Healthy Moms-Healthy Babies-Healthy Community (H3)

Situation: The U.S. Healthy People 2020 Target Goal for reducing infant mortality (IM) is 6/1,000 live births. In 2009, the U.S. IM rate was 6/1,000 live births; state of Texas the rate was 6/1,000; Tarrant County, 6/4/1,000, and Fort Worth 8/21,000. In the Tarrant County African American Community the 2009 IM rate was 12/21,000 live births. There is a lack of awareness regarding what is IM and who is affected among the general population in Fort Worth as well as the targeted population. Lack of access to healthcare, transportation, adequate housing, healthy food option resources, and chronic stress in specific zip codes of Fort Worth are some of the contributing factors leading to IM.

Inputs

H3 Oversight Board

Action Learning Collaborative (ALC)
- Travel and Non-Travel Team

Tarrant Co. Public Health

Tarrant Co. Infant Mortality Network

Healthy Start / Catholic Charities Diocese of Fort Worth, Inc.

Texas Dept. of State Health Services, Healthy Texas Babies

Outputs

Activities
- Consult with Northern Manhattan Perinatal Partnership
- Undoing Racism and other learning opportunities from ALC
- Monthly meetings, strategic planning, and planning of interventions
- Providing infant health resources (i.e., text4baby, Healthy Start, etc.)
- Concept Mapping to identify key strategies to reduce racial disparities in infant mortality

Participation
- Members of travel and non-travel team with Mario Drummond
- OB, ALC Team, and other community stakeholders
- Partner organizations at community, county, and state levels
- H3, OB, ALC Team, CityMatCH

Who is Involved?

What we do

Partnerships among organizations serving girls and women using life course approach

Public dialogue of impact of racism on women’s health and birth outcomes

Distribution of key messages throughout community

Implementation of strategies identified through community mapping exercise and community forums

Evaluation (Refer to form titled: ‘MAPS Infant Mortality & Racism VI: Evaluating Your Work’)
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Michigan PEDIM ALC Logic Model

**Problem Statement:** Michigan babies born to women of color are 2-4 times more likely to experience low birth weight, prematurity and death in the first year of life compared to white infants. Racism in Michigan directly results in unacceptably high infant mortality rates among People of Color.

**Goal:** Eliminate disparities in birth outcomes between whites and people of color.

**Long Term Outcomes:** Eliminate disparities in birth outcomes between whites and people of color.

**Rationales**
- Evidence shows that women of color who experience racism and discrimination have poorer birth outcomes. It has been demonstrated that racism negatively impacts the life course of women of color. Thus, eliminating the stressful experiences of racism will result in improved health and birth outcomes.
- There is a lack of standard accurate collection and reporting of race and ethnicity in Michigan's data.
- Current data are not being used to full capacity to understand health inequities.
- There is a lack of awareness of the existence and consequences of individualized, internalized and institutional racism in Michigan.
- Exposure to trainings, toolkits and resources will establish an increased understanding of existing levels of racism in Michigan.
- Trainings and standardization will improve accuracy of race and ethnicity data in Michigan.

**Resources**
- **Partners:** 6 Healthy Start sites, MDCH Bureau of Family and Maternal/Child Health, MDCH Health Disparities Reduction & Minority Health Section, MDCH Epidemiology, DHS, PRIME, local coalitions, Ingham County Health Department
- **Funding:** Kellogg, Ingham County, MDCH PRIME, All other ALC Teams

**Activities**
- **Training & Awareness**
  - Develop a historical overview of Michigan and local communities.
  - Hold social justice/racial equity trainings across communities in Michigan.
  - Conduct trainings of trainers on social justice/racial equity topics.
  - Create tool-kits for use by communities that include videos, power-point, and exercises to start dialogue around racism, privilege, and equity.
  - Create a tool-kit that can be used by individuals.
  - Develop a business case for health equity and social justice.
  - Create a core training curriculum for MDCH to be adapted for local use.
  - Identify methods for consumers to report incidents of discrimination.
  - Produce facilitator guides to be used with video clips related to local realities of racism.
  - Connect with the newly-created Racial Equity Coalition (chaired by a Michigan Supreme Court Justice) to explore interfacing and collaborating.

**Data Collection**
- Use awareness-building tools to improve staff ability to collect reliable race and ethnicity data, particularly among American Indians and other small populations.
- Create an engagement brochure for American Indians.
- Develop a PRAMS survey specific to Native Americans with questions related to social determinants of health, reaction to race, and experiences in accessing health care.
- Establish statewide consortium meetings to review training materials to improve reporting of race on official documents.
- Develop a plan for broad use of race-reporting training materials and engage a wide variety of stakeholders to improve data collection.
- Explore ways MDCH epidemiology staff can use a racial equity lens when looking at data.

**Outputs**
- **Training & Awareness**
  - Historical timeline/overview
  - Number of social justice/racial equity workshops & trainings
  - Number of individuals trained as trainers in social justice/racial equity topics.
  - Community toolkit
  - Individual toolkit
  - Business case for health equity and social justice
  - Core training curriculum
  - Mechanism in place to report racial discrimination
  - Facilitator guides
  - PEDIM representation on statewide coalition

**Intermediate Outcomes**
- Improve maternal child health and birth outcomes among people of color.

**Short-Term Outcomes**
- Minnesota provides community awareness of the relationship between racism and health disparities.
- Increases awareness of racial and ethnic data in programs, services and clinical services in Michigan.
- Improved availability of racial equity tools to meet different needs.

**Toolkit Development**
- Number of requests for information about toolkits
- Number of referrals made for toolkit resources

Developed 06/2012
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

**COMMUNITY READINESS**

- **CONVENE ALC**
- **INITIAL PARTNERS:**
  - Health Department, MCH Community Foundation Small Grant for Community Health Improvement
  - CT DPH, Healthy Start
- **RECRUIT NEW ALC COLLABORATIVE MEMBERS:**
  - NHHS Consortium, (consumers, front line providers) 75%
  - MOMS Partnership, RWJ Scholars

**WHAT WE ALREADY KNOW:**
- Stress, toxic stress, depression, PTSD, unstable housing
- Care coordination - not access to care
- Focus on Women’s Health

**2005 PPOR**
- Confirmed Women’s Health Focus
- (Periconceptual)

**PPOR Analysis 2012**
- Focus on race

**PPOR Analysis 2005**
- Focus on prematurity and Women’s Health

**ASSESSMENT**
- **ADDRESS CHALLENGES**
  - Politics
  - Lack of Resources
  - Not enough time
  - Recruit consumers

**PLANNING STRATEGIES**

- **DATA AND CONSUMER DRIVEN PROGRAM DEVELOPMENT**
  - Expand Partnership
  - Expand Data Management capacity
  - Education and information

**CONSULT STAKEHOLDERS**
- Respect community perceptions
- Create language understood by all
- Improve data reporting and collection
- Include views and priorities of people in collaborative
- Evaluate Programs
- Share data and information
- Develop goals that are widely understood
- Power Analysis

**WHAT’S DIFFERENT?**
- **FOCUS ON RACE**
- Consume driven...
- Data driven...
- Epidemiology
- DATA Haven
- Purchase data sets
- Explore funding opportunities
- Engage Faith Based Orgs
- MOMS, M-POWER GROUP

**Heightened Public Profile**
- Grand Rounds
- Media relations
- Issue briefs
- Legislative agenda
- Forums
- Map neighborhood “HOT-SPOTS”

**IMPLEMENTATION**
- Reduced racial and ethnic disparities
- Reduced low birth weight
- Reduced Fetal and Infant Deaths

**OUTCOMES**
- Accurate Data Collection, Analysis
- Improved communication and coordination
- Policy development and increased funding
- Evaluation
- Improved Women’s Health

**PROGRAM MAP**
- CT PEDIM- ALC TEAM (CT ALC Team) 2012
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Program: PEDIM ALC Logic Model – New Orleans, LA
Situation: To increase capacity at community/state/local levels to address the impact of racism on birth outcomes and infant health.

**Inputs**

- New Orleans Healthy Start
- City Health Dept.
- State Health Dept.
- Loyola/ Tulane University
- March of Dimes
- Faith Based Organizations
- Community Based Orgs.
- City Match, Kellogg and National Healthy Start (Funders)
- Foot Analysis/ Needs Assessment
- Staff, in kind resources

**Activities**

- Review/Assess ALC Team Composition Facilitate Community Events
- Training Opportunities Self Learning Grp Members
- Show Unnatural Causes Series
- Create Theoretical Framework, Literature and Resource Review
- Evaluation

**Outputs**

- Increased awareness of linkages btwn racism and infant mortality
- Increased knowledge of racism and barriers to overcome in NOLA
- Increased knowledge and skill to participate in MCH policy change
- Increased understanding of need for equitable service to improve outcomes
- Increased commitment to make services and support available

**Participation**

- Internal Collaborative Partners Personal and Collective Learning of the issues.
- Community Providers Medical Students Public Health Professionals Pregnant Women City, State Health Officials

**Outcomes**

**Short**

- Demonstrations of public and MCH officials support for ending racial insensitive policies in MCH.
- Public Policies Drafted/Improved
- Educate MCH officials on framing the message according to local needs. What’s wrong and what needs to be done to fix it.

**Medium**

- Elimination of Racial Disparities in Birth Outcomes in infant Mortality, Premature Birth and Low Birth weight Babies in New Orleans, surrounding communities and the state.

**Long**

Assumptions:
- There is a link between racism and infant mortality that is causal.
- All partners are committed to the project and free of biases to support the best possible outcome. Leading MCH collaborators working together.
- This group convenes the most appropriate and best suited members to carry out this project.

External Factors:
- Technical support grant does not fund staff time for project.
- Collaborative partners’ resources and contributions.
- Knowledge of issue and history.
- Readiness to address the issue of health disparities by looking at the role of racism.

Rev. 7/09
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Resources, Tools and Products

Films:

- **Unnatural Causes**
  A seven-part documentary series exploring racial and socioeconomic inequalities in health
  [www.unnaturalcauses.org](http://www.unnaturalcauses.org)

- **Race – The Power of an Illusion**
  [www.pbs.org/race/000_General/000_00-Home.htm](http://www.pbs.org/race/000_General/000_00-Home.htm)

Websites:

- **Michigan Health Equity Roadmap**
  [www.michigan.gov/minorityhealth](http://www.michigan.gov/minorityhealth)

- **Applied Research Center- Racial Justice through Research, Media and Activism**
  [www.arc.org](http://www.arc.org)

- **The Community Guide**
  [www.thecommunityguide.org/index.html](http://www.thecommunityguide.org/index.html)

- **Healthy People 2020**

- **American Psychological Association website developed to review the literature on racism and health**
  [www.health-psych.org/APADivision38Racism.cfm](http://www.health-psych.org/APADivision38Racism.cfm)

- **Evaluation tools and resources**
  [www.evaluationtoolsforracialequity.org](http://www.evaluationtoolsforracialequity.org)

- **Urban Institute on Racial Equity**: interactive map that grades and rates the 100 largest U.S. cities based on their standing in terms of racial equity for African Americans and Latinos. If you click on the individual city bubble, you will find a spreadsheet of the data across each measurement:
  [datatools.metrotrends.org/charts/metrodata/rankMap_files/EquityMap_files/RankMapBlack.cfm](http://datatools.metrotrends.org/charts/metrodata/rankMap_files/EquityMap_files/RankMapBlack.cfm)

- **Michigan Department of Community Health: Health Disparity Reduction and Minority Health**
  [http://michigan.gov/mdch/0,1607,7-132-2940_2955_2985-110249--,00.html](http://michigan.gov/mdch/0,1607,7-132-2940_2955_2985-110249--,00.html)

- **National Association of County and City Health Officials: Health Equity and Social Justice**
  [http://www.naccho.org/topics/justice/](http://www.naccho.org/topics/justice/)

- **Free Web-Based Course for Public Health Workforce**

- **Voices for Michigan’s Children: Equity**
  [http://michiganschildren.org/Equity/](http://michiganschildren.org/Equity/)

- **National Partnership for Action to End Health Disparities**: The National Partnership for Action (NPA): Toolkit for Community Action will help individuals, communities and organizations from public and private sectors work together to implement programs and policies and engage with the NPA to reach that goal

- **Hidden Bias Tests**

  - Psychologists at Harvard, the University of Virginia and the University of Washington created "Project Implicit" to develop Hidden Bias Tests – called Implicit Association Tests, or IATs, in the academic world – to measure unconscious bias.
    [implicit.harvard.edu/implicit/demo/selectatest.html](http://implicit.harvard.edu/implicit/demo/selectatest.html)

  - **Race** (‘Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.
    [www.understandingprejudice.org](http://www.understandingprejudice.org)

  - “Test Yourself for Hidden Bias” (available on the right-hand side of the page) - This test, offers one way to probe unconscious biases.
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

In this 10-minute test, you will be presented with words or images and asked to respond as quickly as possible. At the end, your responses will be tallied so that you can see how your score compares to others and to your expectations (these responses also will be saved and tabulated as part of an investigation of implicit associations).

Team Assessment Tools

- The Wilder Collaboration Factors Inventory
  www.fieldstonealliance.org/productdetails.cfm?PC=43
- The Partnership Self-Assessment Tool
  partnershiptool.net/

Online Toolkits and Publications

- Conversations that Matter: A How-to-Guide for Hosting Discussions about Race, Racism and Public Health
  www.dukemansion.com/leeinstitute/pdfs/FINAL_CityMatCHField%20Guide.pdf
- Health Research and Educational Trust Disparities Toolkit
  The toolkit is a Web-based tool that provides hospitals, health systems, clinics and health plans information and resources for systematically collecting race, ethnicity and primary language data from patients
  www.hretdisparities.org
- The Annie E Casey Foundation/Race Matters Toolkit
  The Race Matters toolkit is designed to help decision makers, advocates, and elected officials get better results in their work by providing equitable opportunities for all. The toolkit presents a specific point of view on addressing unequal opportunities by race and offers simple, results-oriented steps to help you achieve your goals
- Kent County Health Department/Health Equity
  Includes a locally developed video called “Framing Social Determinants of Health in Kent County” the “Framing the Relationship Between Race and Health” toolkit for providers
  www.accesskent.com/Health/HealthDepartment/HealthEquity/
- Taking the First Steps: Experiences of six community/state teams addressing the impact of racism on Infant Mortality
- Undoing Racism in Public Health: A Blueprint for Action in Urban MCH
  webmedia.unmc.edu/Community/CityMatch/CityMatCHUndoingRacismReport.pdf

Experts

The following were utilized as faculty during the ALC 2 as speakers on conference calls or on-site meetings.

- Elizabeth Brondolo, PhD: How racism manifests itself in relationships
- Richard David, MD: Class as a social determinant of health
- Mario Drummonds, MS, LCSW, MBA: How to effectively engage the community and stakeholders in the efforts to address race, racism and birth outcomes
- Kimberly Wyche-Etheridge, MD, MPH and Calondra Tibbs, MPH: Mapping the connections between race, place and health for racial healing and health equity
- Maxine Hayes, MD, MPH: Sustaining the ALC efforts into successful programs
- Laurin Kasehagen, MA, PhD: ALC 2 evaluation and concept mapping
- ALC 1 Teams Aurora, CO and Milwaukee, WI: Team progress, successes, challenges and outlook for the ALC 2 work
- The People’s Institute for Survival and Beyond: Undoing Racism training
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Sample Team Tools

Partnership to Eliminate Disparities in Infant Mortality Action Leaning Collaborative (PEDIM-ALC)
Focus Group Demographics

First Name/Nickname: ____________________________

1. What is your age? __________

2. Are you Hispanic / Latino / Spanish?
   - Yes
   - No
   - Don't Know
   - Refused

3. Which of the following best describes your race? Please check all that apply.
   - American Indian / Alaska Native
   - Native Hawaiian / Other Pacific Islander
   - Don't Know
   - White
   - Asian
   - Black / African American
   - Other, please specify ____________

4. Is your partner Hispanic / Latino / Spanish?
   - Yes
   - No
   - Don't Know
   - Refused

5. Which of the following best describes your partner's race? Please check all that apply.
   - American Indian / Alaska Native
   - Native Hawaiian / Other Pacific Islander
   - Don't Know
   - White
   - Asian
   - Black / African American
   - Other, please specify ____________
   - In what country were you born?
     - United States
     - Outside the United States
     - Don't Know
     - Refused

6. How long have you lived in the United States?
   - Less than one year
   - 1 to 2 years
   - 3 to 5 years
   - 6 to 10 years
   - 11 or more years
   - I have always lived in the United States
   - Don't Know
   - Refused
8. What is your marital status?
- Divorced
- Never Married
- Separated
- Married
- Domestic Partnership
- Widowed
- Refused

9. What is the highest grade you completed so far in school? If you reached your highest level of education outside the United States, please select the response that is closest to your educational experience.
- Never attended school or only attended Kindergarten
- Grades 1 – 8 (Elementary)
- Grades 9 – 11 (Some high school)
- Grade 12 or GED (High school graduate)
- Some College or Technical School (1 year to 3 years of college or Associate’s Degree)
- College Graduate (4 to 5 years college ending in Bachelor’s Degree)
- Some graduate school or graduate degree (such as Master’s, Doctorate, MD)
- Refused

10. Where did you reach your highest level of education?
- In the United States
- Outside the United States
- Refused

11. What is your employment status? Check all that apply.
- Not in labor force
- Working at pick-up or occasional jobs
- Working full time
- Student—part time
- Student—full time
- Looking for work
- Working part time
- Self-employed
- Refused

12. Which of the following categories best describes your annual household income from all sources? Household income is the sum of money income received in the calendar year by all household members 15 years old and over, this includes family members, your partner/spouse and other nonfamily household members who live with you.
- $<10,000
- $10,000—$14,999
- $15,000—$19,999
- $20,000—$24,999
- $25,000—$34,999
- $35,000—$49,999
- $50,000—$74,999
- $>75,000
- Don’t Know
- Refused
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

Attention Women of Color Living in Boston Who Are 18 or Older

ARE YOU PREGNANT OR A NEW MOM?

LET’S TALK...

About Your Experiences with Stress & Racism during Pregnancy

Date: ____________________

Time: ____________________

Location: ________________

Think about this - what is YOUR dream for:
Yourself? Your family? Your community? Let’s explore it together.
Attention: Men of Color Living in Boston Who Are 18 or Older

ARE YOU A NEW DAD OR ABOUT TO BE ONE?

LET’S TALK...

About Your Partner’s Experiences with Stress & Racism during Pregnancy

Date: __________________

Time: __________________

Location: ________________

Think about this - what is YOUR dream for:
Yourself? Your family? Your community? Let’s explore it together.
Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

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Profiles of ALC 2 in Addressing the Impact of Racism on Birth Outcomes

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