

# Infant Mortality & Racism Action Learning Collaborative Meeting Summary

JUNE 1-3, 2009  
LONG BEACH, CA



# About the Partnership Organizations

CityMatCH is a membership organization of local health departments dedicated to improving the health and well-being of urban women, children, and families by strengthening the public health organizations and leaders in their communities who serve them.

The Association of Maternal and Child Health Programs (AMCHP) represents state public health leaders promoting the health of America's families through support for state maternal and child health programs, including services for children and youth with special 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 birthweight and racial disparities in perinatal outcomes.

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Front Cover: Left photo, Chicago, Illinois team member, Myrtis Sullivan, MD, MPH, Associate Director, Office of Family Health, Illinois Department of Human Services (left), speaking with Milwaukee, Wisconsin team members, Donald Sykes, CEO, Milwaukee Area Workforce Investment Board (center) and Sheri Johnson, PhD, Assistant Professor, Medical College of Wisconsin (right) during a session break.  
Right photo, Members of the Chicago, Illinois team displaying their team's wall-work, action plan, and "bull's-eye assessment".

## The Partnership to Eliminate Disparities in Infant Mortality Action Learning Collaborative

To address disparities in infant mortality, CityMatCH, the Association of Maternal and Child Health Programs (AMCHP), and the National Healthy Start Association (NHSA) - with funding from the W.K. Kellogg Foundation - created the Partnership to Eliminate Disparities in Infant Mortality. In order to focus the work, the first activity of the partnership is an eighteen-month Action Learning Collaborative (ALC).

Six teams were selected through a competitive process to participate in the ALC: Los Angeles, California; Aurora, Colorado; Pinellas County, Florida; Chicago, Illinois; Columbus, Ohio; Milwaukee, Wisconsin. The emphasis of this team-based ALC is on innovative approaches to reducing racial inequities in infant mortality in urban communities, with particular attention paid to the impacts of racism. Following the conclusion of this collaborative process, lessons learned and recommendations from teams will be shared nationally.

## Introduction

This report summarizes the second of three meetings of the Infant Mortality and Racism Action Learning Collaborative (ALC), held in Long Beach, CA, June 1-3, 2009. Representatives from six teams across the United States attended this meeting.

Prior to convening the meeting, ALC teams expressed difficulty communicating about racism to community members, key stakeholders, and colleagues. Because of this challenge, the meeting was designed to revisit and build upon the concepts of race and racism introduced during the first meeting in November 2008, with a communication lens. In addition to communication training, teams were interested in learning more about research showing the associations among racism, stress and birth outcomes. The final component of the meeting included a set of exercises that enabled teams to examine and update their community action plans and draft an evaluation plan for their work. The meeting

featured three presenters, Dr. Melanie Tervalon, the Associate Director for the Center for Health and Place at PolicyLink, Dr. Tyan Parker Dominguez, Assistant Professor at the University of California (USC), School of Social Work, and Dr. LaVonna Blair Lewis, from the USC School of Policy, Planning, and Development.

## Background

The goal of the first in-person meeting (November 2008) was to develop a common knowledge base about racism. Two trainers from *The People's Institute for Survival and Beyond* led the teams through a day long training on racism. Information from Dr. Camara Jones was also provided to advance the understanding of the three levels of racism- institutional, personally-mediated, and internalized racism (See Box 1).

Due to the content of the first meeting and additional resources (i.e. knowledge-building conference calls, journal articles), ALC participants have greatly increased their awareness of what racism is and how it impacts infant mortality. Six months into the work, it was imperative for this second meeting to provide teams practical tools to build support for and engage partners in this work.

### Box 1. Levels of Racism

#### 1. Institutional Racism

Differential access to the goods, services, and opportunities of society, by "race" (e.g. housing, education, employment, income, clean environment)

#### 2. Personally Mediated Racism

Differential assumptions about the abilities, motives, and intents of others, by "race" (e.g. police brutality, physician disrespect, waiter indifference)

#### 3. Internalized Racism

Acceptance by the stigmatized "races" of negative messages about our own abilities and intrinsic worth

# Communicating About Racism

Dr. Melanie Tervalon revisited the definitions of race and racism. She delved deeper into the issue by leading teams through a series of exercises to increase communication skills, particularly around race, culture, and racism. Dr. Tervalon's training included a viewing of *Race: The Power of an Illusion* (See Box 4), as an example of a valuable tool that teams can use when communicating with partners and stakeholders about race and racism.

Dr. Tervalon explained the need to move beyond *cultural competency* as a means for reducing health disparities in public health by entering into a lifelong practice of learning and engagement through *cultural humility*. Practicing cultural humility requires that we put ourselves in the role of the student with the understanding that the person we are interacting with must teach us about themselves in order for us to effectively communicate. Cultural Humility has four components: 1) Self-reflection and life-long learning; 2) Institutional consistency; 3) Community-based care and advocacy; and, 4) Patient-focused interviewing and care. The first three are especially critical to public health practice (See Box 2).

As explained by Dr. Tervalon, knowledge of other cultures is important but insufficient to unmask institutional, practitioner and individual bias and discrimination, particularly regarding race and racism. Cultural humility is a useful concept for public health practice because it recognizes the unrealistic expectation that public health professionals become experts in every culture and takes into account that culture is ever-changing.

Dr. Tervalon was able to simultaneously recognize the complexities of racism while bringing the challenge of working to 'undo' racism down to the most basic level—a series of conversations.



Above: Dr. Melanie Tervalon

## Box 2. Three Critical Components of Cultural Humility for Public Health Practice

### 1. Self-reflection and life-long learning

Courageously ask:

- What do I think about this cultural group(s)?
- How do I know this to be true?
- What are my biases?
- On what are the biases based?
- What are the consequences in my relationship with this person, this community, if I act on these biases?
- What can I learn here? And how?

### 2. Community-based care and advocacy

- Listen to and respect the factors that communities identify as defining health priorities.
- Identify, believe in, and build on the adaptive strengths of communities.
- Act as effective students of and partners with communities.

### 3. Institutional consistency

- Demonstration of commitment to cultural competence.
- Hiring practices.
- Composition of staff.
- Practice inclusion and respect in substantive discussions about difference in work setting and health care.
- Building partnership with surrounding community.

#### ***In their own words...***

Being in "responding mode" is not as good as "listening mode."

~Meeting Participant



Above: Members of the Aurora Colorado Team participating in the Race, Stress & Reproductive Disadvantage Session

## Racism, Stress & Reproductive Disadvantage

Working to ‘undo’ racism is a logical and natural fit for many who are working toward social justice and health equity, but for those whom do not consider these issues as part of their daily work it may be important to discuss or examine the science and data supporting these efforts. In response to this need to have a solid understanding of such research, Dr. Tyan Parker Dominguez was invited to share some of her work aimed at better understanding and measuring racism-related stress among African American women.

Because Parker Dominguez is a social worker by training, she was able to explain the biological manifestations of stress in the neuroendocrine, immune and cardiovascular systems in a way that non-clinicians could understand. Parker Dominguez explained how stress impacts each of these systems in a way that increases the likelihood of a pre-term and/or low birth weight baby.

In recent years there have been an increasing number of studies linking racism to an increased risk for poor pregnancy outcomes among African American women.<sup>1</sup> However, most of these studies examine the relationship with a very narrow measure of racism, often asking about specific incidences of being treated unfairly because of

one’s race. Parker Dominguez shared a clip from the documentary, *A Girl Like Me*, which shows the lifelong impacts of racism on African American women. (See Box 3). Parker Dominguez also shared information from a series of focus groups conducted with socioeconomically diverse African American women in California that indicates that the way that racism impacts an African American woman over the course of her entire life is as important to understand as specific racism incidences.

The following themes emerged from the women who participated in the focus groups:

1. Racism occurs throughout one’s life, but experiences during childhood can have a particularly lasting impact.
2. Both direct and vicarious experiences of racism have an impact, particularly in relation to experiences their children may face.
3. Much like the levels of racism outlined by Jones, women describe facing interpersonal, institutional and internalized forms of racism.
4. Racism is experienced across all life domains (e.g. work, school, etc).
5. Responses to racism are both active and passive, and manifest in many different ways.
6. And finally, women report being in a state of pervasive vigilance, constantly prepared to face another episode of racism either themselves or by their children.<sup>2</sup>

The information presented by Parker Dominguez was followed by a motivating talk by Dr. LaVonna Blair Lewis about how to work with partners more effectively.

Both presentations offered information that will be useful to ALC participants as they reach out to engage others in this work. For current partners, the

### *In their own words...*

**This work must be done for the sake of the young people, we have to work harder so when they grow up they don’t have this burden.**

**~Meeting Participant**

information further illustrates the need for efforts specifically related to ‘undoing’ racism, and for potential allies, this kind of research helps to tell the story of the impacts of racism in a new and important way.

### Box 3. The *Doll Study*, Revisited

In the 1940s, Kenneth Clark conducted a study with young African-American children in New York. In what became known as the *doll test*, “... psychologists Kenneth and Mamie Clark used four plastic, diaper-clad dolls, identical except for color. They showed the dolls to black children between the ages of three and seven and asked them questions to determine racial perception and preference. Almost all of the children readily identified the race of the dolls. However, when asked which they preferred, the majority selected the white doll and attributed positive characteristics to it... The Clarks concluded that ‘prejudice, discrimination, and segregation’ caused black children to develop a sense of inferiority and self-hatred” (<http://www.loc.gov/exhibits/brown/brown-brown.html>, retrieved June 22, 2009). The results of the study were influential in the ruling for *Brown v. the Board of Education* in 1954 which prohibited segregation in schools.

50 years later, in 2005, 16 year-old African-American filmmaker, Kiri Davis, produced her first documentary, *A Girl Like Me*. The 7-minute film features interviews with young African-American women who talk about the importance of skin color, hair quality, and facial features for young black women in the United States. The film also highlights Ms. Davis’ repeat of the Clarks’ groundbreaking doll study. Twenty-one young African-American children were asked to choose between one of two dolls: a light- and a dark-skinned doll. Fifteen out of the twenty-one children preferred the lighter doll when asked to choose “the nice doll.”

The 2005 documentary and the results of the repeated study offer heartbreaking commentary on young African-American children’s internalization of stereotypes and racism.

*In their own words...*

We must turn passion into strategy.

~Meeting Participant

## Action Planning for Change

The remainder of the meeting was facilitated time for teams to both update their action plans and develop an initial evaluation plan for their ALC work. After the first ALC meeting in November 2008, each ALC team developed a set of initial strategies to take on as a part of their ALC work. This second meeting provided an opportunity for teams to examine their selected strategies and modify or build upon them based on how things have progressed over the past six months, as well as incorporate new information and knowledge gained during the first half of this meeting. Teams were provided with a series of worksheets and exercises to assist them in outlining their work for the six months following this meeting.

Prior to arriving in Long Beach, teams drafted a logic model of their ALC work which was used to help guide their team’s conversation about evaluation. The evaluation exercises developed by



Above: The Los Angeles Team’s “bull’s-eye assessment”

the ALC staff focused first on identifying stakeholders for the evaluation, how the evaluation information would be used, and by whom. Next, teams brainstormed possible evaluation questions and selected no more than three questions to focus on initially. For those prioritized questions, teams listed possible indicators, evaluation methods and data sources. While the time during the meeting was productive for all teams in getting their evaluation plans started, the expectation is that meeting participants will work with their full teams back home to further develop their evaluation plans.

The final day of the meeting was primarily dedicated time for teams to update their action plans. The first step for each team was to complete a “bull’s-eye assessment” of their work-to-date, during which each individual identified ‘hits’ and ‘misses,’ or, things that have been working well and things that were not working as well. Having one visual depiction that contained each team member’s assessment of the ALC work (Photo page 4) was a tool that enabled each team to have an honest conversation together about their work, in a low-pressure format. This conversation set the foundation for teams to update their action plans, modifying or eliminating strategies that were not on target and adding new activities as needed.

## Conclusion and Next Steps

Evaluation data indicated that this meeting provided participants the opportunity to reexamine, refine and build upon their work. The meeting also maintained a focus on the deep roots of racism and the many conversations that will be necessary to combat it and its impacts. In moving their work forward, teams were charged to channel their passion for this issue into strategies for change.

When tackling health disparities and inequities it is critical to acknowledge past experiences and injustices. During this meeting, teams committed to

### Box 4. Race – The Power of An Illusion

In 2008, California Newsreel produced the *Unnatural Causes* series to investigate the root causes of health disparities. The *Unnatural Causes* series and companion website are proving to be invaluable tools to health departments and communities in creating awareness of social inequity and health disparities.

Prior to the release of *Unnatural Causes*, California Newsreel produced a documentary called, *Race– the Power of an Illusion*. This series breaks through common assumptions and misconceptions to define *What is race?* Each segment provides a response to these misconceptions and myths.

#### Segment 1: The Difference Between Us

Explores evidence around the “science” of race.

#### Segment 2: The Story We Tell

Looks at the historical framework of race as a social construct in North America.

#### Segment 3: The House We Live In

Delves into the societal aspects of race by answering the questions of: “If race doesn't exist biologically, what is it? And why should it matter?”

This series presents information and perspectives that are critical to understanding the role of race in our society, which in turn creates opportunities for communities, organizations, and businesses to engage in dialogue around equity and social justice. ALC Teams are using both of these California Newsreel productions to advance their conversations about race and racism.

listen, self-reflect and enter into the process of life long learning around race, which is vital when addressing racism within organizations, communities and individuals. For some, this is a new realization and commitment, and for others who have been doing this work for decades, this was a renewing of energy; both necessary components of undoing racism. As one participant described at the end of the meeting, “A lot of these lectures I’ve heard before, here we are in 2009 discussing the same things. Now I get a sense of commitment to take it to the next level – which will translate to sustainability.”

# Resources

- Association of Maternal & Child Health Programs– [www.amchp.org](http://www.amchp.org)
- CityMatCH– [www.citymatch.org](http://www.citymatch.org)
- National Healthy Start Association–  
[www.healthystartassoc.org/](http://www.healthystartassoc.org/)
- Unnatural Causes..Is inequality making us sick?  
<http://www.unnaturalcauses.org/>
- Murray-Garcia, J., Tervalon, M., (1998). Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Undeserved*. 9(2),117-125.
- Jones CP. Levels of racism: A theoretic framework and a gardener’s tale. *American Journal of Public Health* 2000;90:1212–1215.
- The Peoples Institute for Survival and Beyond – [www.pisab.org](http://www.pisab.org)

# Citations

1. Parker-Dominguez, T., (2009, June). Infant Mortality and Racism Action Learning Collaborative Meeting: Racism, Stress, and African American Reproductive Disadvantage. Presentation session presented at the Infant Mortality and Racism Action Learning Collaborative Meeting, Long Beach, CA.
2. Braveman, P., Egerter, S., Hammond, W.P., Jones, C., Leu, J., Nuru-Jeter, A., Parker-Dominguez, T., Skaff, M., (2009). “It’s The Skin You’re In:” African-American Women Talk About Their Experiences of Racism. An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies. *Matern Child Health J*, 13, 29–39.

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- The PEDIM Advisory Group
- The CityMatCH Health Equity and Social Justice Action Group

## In their own words...

**The meeting found a balance between acknowledging the personal nature of racism, and providing productive work time for participants:**

This meeting was very timely and provided the chance for us to check-in and reassess our progress.

I am struck by the comfort level I have been able to develop with our team and the larger group - it is ok to say things that are embedded deep in our hearts.

~Meeting participants



National  
Healthy Start  
Association