

The Partnership to Eliminate Disparities in Infant Mortality

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If infant mortality rates can be understood using the analogy of a cliff (the cliff representing a place where positive health outcomes are possible), then we are seeing far too many African-American infants falling off the cliff. Dr. Camara Jones and others paint a vivid picture of health disparities using this analogy. In the analogy, we can consider several different health interventions to improve birth outcomes and infant survival. We can begin by placing an ambulance at the bottom of the cliff, representing acute care; we can build a fence of primary preventative measures to keep the population away from the cliff's edge; we can also place a net, representing secondary preventative measures, below the cliff. Finally, we can move the population away from the metaphorical edge of the cliff altogether through focused efforts to reduce poverty levels or improve health equity.

When considering these different interventions, it becomes clear that resources would be most effectively allocated to efforts that move the population away from the edge of the cliff by addressing the social determinants of health that brought them there. Looking beyond this specific population to the causes underlying the unequal distribution (health disparity) of the populations on the cliff, it becomes apparent that we also need to address social determinants of equity, such as racism. We can do so by intervening in the structures and processes that have led to racial disparities in health outcomes, as it only requires a modest investment to have a national impact on infant mortality rates.

In 2008 the W.K. Kellogg Foundation provided CityMatCH, the Association of Maternal and Child Health Programs, and the National Healthy Start Association with a \$400,000 grant to create the Partnership to Eliminate Disparities in Infant Mortality (PEDIM), focused on eliminating racial inequities contributing to infant mortality in U.S. urban areas. The first activity of the partnership was an 18-month Action Learning Collaborative (ALC) from 2008-2010 for which six sites were selected through a competitive process: Los Angeles, CA; Aurora, CO; Pinellas County, FL; Chicago, IL; Columbus, OH; and Milwaukee, WI. The second activity of the partnership, an ALC consisting of five sites (Boston, MA; Fort Worth, TX; New Haven, CT; New Orleans, LA; and the State of Michigan), commenced in 2011. The ALC is an intensive training program that brings together multidisciplinary

state and local teams to strengthen partnerships, build community participation, and develop innovative strategies for addressing racial inequities in infant mortality. During the ALC process, teams share their perspectives and create action plans to address racism back in their communities.

During the 2008-2010 collaborative, teams identified strategies related to any aspect of addressing racism and infant mortality that they considered appropriate for pursuing in their communities. 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 members also identified specific actions that the PEDIM could take to drive infant mortality and racism work nationally. In all, seven categories of action emerged:

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

CHALLENGES AND IMPACTS

During the 2008-2010 collaborative, teams found that effective communication was challenging, as it was not always possible to capture and replicate ALC experiences for the expanded team and community at home. Creating on-line groups or websites for communicating information, however, was an efficient and timely solution, as it provided stakeholders, consumers, and providers with a valuable resource. This resource also allowed teams to spend less time at each meeting orienting new participants who joined the collaborative at various stages. Another significant challenge was the differences in ideas, which often arose, given participants' varied opinions. This resulted in the need for an outside facilitator for some

discussions and called for teams to remain flexible and respectful. Educating participants about the real disparities in black and white mortality rates and potential effectiveness of the team's work was also difficult, as some African-American members of the community questioned the statistics, and several participating physicians stated that the issue was too complex to address. Underlying these concerns, teams found that establishing a stable source of funding to support the group's broader work was also problematic.

Despite these challenges, ALC members were able to balance team development activities with community awareness efforts to increase their capacity to address the impact of racism on birth outcomes and infant health. Major impacts included the creation of a new and powerful voice to identify, discuss, and address racism as a major issue affecting the health of the community. Team members became proactive in educating their staffs and their communities by integrating information from the ALC into their organizations and programs. For some teams, implementing the Perinatal Periods of Risk approach established a shared understanding of the disparity in infant mortality rates, allowing them to focus their outreach, education, and intervention efforts. As a result, local agencies gained access to data validating the need for efforts in this area. Partnerships established with the city validated a sense of political will for the work and enabled teams to measure the extent of the community's support for the collaborative. The establishment of a community-based core of strong advocates supported by data validated the disparities, and a renewed interest by health care providers resulted in an improved understanding of racism's connection to birth outcomes.

LESSONS LEARNED

As the second activity of the PEDIM commences, the partnership has an improved understanding of the value of collaboration on the local, state, and national level in increasing the teams' capacity to address the impact of racism on birth outcomes. Lessons learned from the first activity of the partnership will empower teams in the second collaborative to move more quickly from translation to practice and engage in community awareness efforts and system change strategies.

- **Need for Dialogue:** Racism remains a sensitive subject, requiring skilled facilitation to engage participants in productive conversations that refrain from making assumptions about participants' knowledge. Coalescing as a team around race and racism requires a high level of honesty and transparency, as well as frequent activities to increase awareness at individual and institutional levels. In order to have meaningful discussions on racism, it is critical to have a positive relationship with partners and support open dialogue. The racism topic should not be diluted but discussed in ways that make a diverse audience able to "hear" one another so that the issue can be understood.
- **Moving to Action Takes Time:** The long-term and ongoing nature of the work around racism must be recognized since identifying strategies for attainable solutions is challenging and multifaceted. Tangible and realistic short-term goals, however, are essential to keep collaborative members engaged, renew their focus, and help them view their work

as achievable. Teams built around a stable and committed core group of individuals with established community relationships also benefit from periodically recruiting new members to infuse energy. Since it is more important for this process to be done well than for each team to identify a specific strategy within the 18-month timeframe, the ALC provides each individual and team with the space and time needed to process information, build trust, and develop a shared understanding.

- **Partnerships Are Vital:** Given the value of co-learning and openly discussing issues related to racism, knowledge sharing between core team members and the extended team at home ensures that all collaborative members are engaged and have access to the same resources. Local public health departments are the ideal conveners for the community, and maternal and child health programs are valuable partners since many are already funded to address the effects of racial and social inequities. In general, organizations pursuing related work should be identified and engaged early on, and the support of political leaders should be sought out in the community. Efforts to recruit African-American leaders and various community stakeholders are particularly vital to raising awareness about the impact of racism on health outcomes.
- **Data Helps:** It is critical to establish a shared understanding of the nature, scope, and context of health disparities within each community. Collecting, analyzing, and sharing local data from various sources substantiate the impact of racism on infant mortality and are essential in order to identify and act upon specific community needs.

The value added by a foundation like the W.K. Kellogg Foundation is the opportunity to establish a dialogue about racism and infant mortality at the national level. Since it is easy for communities to assume that discussions about racism are the agenda of a single person or persons, the public focus of the collaborative gives these discussions national credibility. For more information about PEDIM, the 2008-2010 collaborative, and the current work of the teams, visit www.citymatch.org.

SOURCES

Jones, C.P., C.Y. Jones, G.S. Perry, G. Barclay et al., "Addressing the Social Determinants of Health: A Cliff Analogy," *Journal of Health Care for the Poor and Underserved* 20:1-12, 2009.

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