



Black Infant Health Community Collaborative

Leadership • Capacity • Sustainability

Volume 1, Issue 1

Fall 2008

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A program funded by a grant from the W.K. Kellogg Foundation

The W.K. Kellogg Foundation was established in 1930. The organization supports children, families and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society. Grants are concentrated in the United States, Latin America and the Caribbean, and the Southern African Countries of Botswana, Lesotho, Malawi, Mozambique, South Africa, Swaziland and Zimbabwe.

For further information, please visit the foundation's website at www.wkkf.org.

About the Black Infant Health Community Collaborative

The purpose of the Black Infant Health Community Collaborative (BIHCC) is to sustain the momentum developed by the Black Infant Health Practice Initiative (BIHPI) in developing solutions for reducing the disparity between Black and White infant mortality in Florida. BIHCC does this by supporting the development of Black leaders, chosen by their community, to remain engaged and mobilized in the efforts to address racial and ethnic disparities in infant health in their communities and across the state of Florida. Our focus is to respond to the self-identified needs for information and techni-

cal assistance in the implementation and evaluation of local and state action plans developed by community team members.

The communities' needs will be addressed through three domains: (1) Action and Sustainability, (2) Leadership, and (3) Capacity Building. Eight Communities are participating in this project and have established a 4 person team whose members will continue to play a key role in the implementation of their local action plan.

Florida Black Infant Mortality Facts:

The racial gap between Black and White infant mortality has nearly doubled between 1970 and 2005 • Black babies in Florida are twice as likely to die before their first birthday than White babies • In some FL counties the Black infant mortality rate is more than 4 times the White infant mortality rate.

Florida Department of Health

2008 Partners in Leadership Conference

On August 12th- 13th, 2008 as the first step for the collaborative, University of South Florida College of Public Health and Florida A&M University hosted the 2008 Black Infant Health Community Collaborative (BIHCC) Partners in Leadership Conference. The main goal of the conference was to provide an opportunity for team members to share the successes, challenges and lessons learned by the BIHPI partners and to brainstorm with their peers from across the state. The two day assemblage of leaders working to eliminate the disparity in infant mortality resulted in the invaluable collaboration of ideas and information that will be used to develop an array of technical assistance and support for participants and their communities.

The proceedings were facilitated by the statewide coordinator of BIHPI, Gwen Reese, with special presentations by Nicole Alston, Founder and President of the Skye Foundation, Dr. Deanna Wathington the Director of USF's Public Health Practice Program and Dr. Emile Commedore the Director of the Florida Office of Minority Health.

The entire second day of the conference was devoted to the topic of leadership with special guests Dr. Deanna Wathington and Dr. Emile Commedore addressing the need for Black Leaders and Gwen Reese facilitating a Leadership Workshop.

Meet the Leadership Teams



Broward County
(Annette Gardiner, Marsha Mullings, Andrea McDowell-Johnbaptiste, Michelle Reese)



Duval County
(Tom Rodgers, Rhonda Brown, Chris Pratt, Vanessa Boyer)



Gadsden County
(Colleen Williams, Debra Gunn, Marlon Hunter , Arrie Battle, Mary McLeroy, Sharon Ross-Donaldson)



Hillsborough County
(Georgette King , Estrellita “LO” Berry, Phillip Rowland)



Miami County
(Latasha Moore, Cortes Maria Lewis, Kalenthia Nunnally-Bain, Tamara Taitt)



Orange County
(Regenia Miller, Bettina Thompson, Linda Sutherland)



Palm Beach County
(Sarah Gosney, Carolyn Morrison, Gladys Barber, Eric Kelly, Cory Neering)



Putnam County
(Valerye Hall, Patrice Jones, Julie Ackerman, and Edena Mallory-Church)



FAMU & USF
(Cynthia Harris, Hamisu Salihu, Nicole Alston (guest Speaker), Amina Alio, Dee Jeffers)

Keynote Speaker Opening Presentation



"I felt like a rookie boxer in the ring with a frightening set of opponents; rage, despair and deep sadness."

-Nicole Alston

The conference opened with an inspiring and personal presentation by Nicole Alston. Nicole shared her personal experience coping with the loss of a newborn and her work as a bereavement counselor.

After the reeling disappointment of losing her daughter Skye, coupled with an unexpected layoff at her job of 11 years, Nicole Alston became an activist for raising awareness of infant mortality and preterm births. She determined to use her own suffering as a launching pad to help others.

For more information about Nicole's work and the Skye foundation please visit : www.theskyefoundation.org.

Dr. Emile Commedore addressing the Engagement of Leaders to Decrease Black Infant Mortality



"To eliminate disparities in Black Infant mortality we need leaders who care enough to get involved, Know enough about the challenges and complexities, who will do enough to use their position to effect change and who are persistent enough to stay the course even though there is no quick fix or easy victory."

-Emile Commedore

Dr. Emile Commedore defining leaders as elected officials, physicians and heads of organizations, called for the need to find leaders who care enough, know enough, who are persistent enough, and are willing to do enough.

Caring enough

Black infant mortality needs to be on the radar. This can be accomplished through increasing media coverage on the disparities in Florida and the efforts being made to lower Black infant mortality. Politicians like to be associated with events that attract public attention. If we start

the parade these leaders will not only join but eagerly find their way to the tallest float.

Knowing enough

Leaders must be well informed. We must make sure they know that neither gaps in socioeconomic standings nor education levels account for the disparities we see in infant mortality. We also must insure leaders are aware that low birth weight infants are not a result of genetic predispositions. We should refocus attention to the correlation between poor pregnancy outcomes and maternal stress. Physicians and healthcare

providers must be aware that they contribute to maternal stress if they are racially biased and culturally insensitive when treating mothers.

Doing enough and being persistent enough

We must support the leaders that support us. This can be done by remembering political leaders that have shown support for our communities during election time. We must help these political leaders sustain their position of influence.

Dr. Deanna Wathington Addressing the Need for Black Leadership



Dr. Deanna Wathington

There is an on going fundamental paradigm shift right now, in our lifetime, explained Dr. Wathington. Within fifty years we will see this country with a majority population of minorities. We will truly be a melting pot. In the United States by 2040, the Hispanic population will triple and the number of African Americans will double. Who will take care of these people of color, who will lead them to a better future? These leaders don't necessarily need to be Black but Black leaders have a personal investment in the Black community and understand the burdens of the path those from the Black community walk. We are the

ones now standing in the void of this paradigm shift and your leadership role is needed and not defined by or limited to your title. The participants in this collaborative are forging the path to lower Black Infant Mortality; they are the leaders of the twenty-first century.

The Challenge

"The challenge has already been issued to you; I don't have to issue it to you. You have already risen and are rising to the occasion. We just need to bring some others in with us and keep standing in the void during the paradigm shift. When we come out on the other side we will be the leaders in our communities, in proper research and informa-



tion dissemination and in changing what is going on in our social determinants of health."

Words of Reassurance

"Our mission, public health wise, will be easier due to the paradigm shift going on in the research world. When I first started studying medicine there wasn't a term for health disparities, there wasn't even acknowledgement that the way we treat patients maybe different. We really have come far."

Leadership Discussion Facilitated by Gwen Reese

Teams were divided into four groups consisting of two counties each. Groups discussed the current status of leadership in their communities, the resources currently available and the challenges they face in implementing BIHPI action plans. The discussion then moved to desired status of black leadership and what is needed for this status to be accomplished.

	GROUP 1 (Palm Beach and Hillsborough)	GROUP 2 (Gadsden and Putnam)	GROUP 3 (Miami-Dade and Broward)	GROUP 4 (Duval and Orange)
Status of Black leadership in your community?	<ul style="list-style-type: none"> • There are resources going untapped. • Leaders from different groups are disjointed. • Black leadership tends to be defined as tokenism. • The same black leaders are tapped over and over again. • Often these "leaders" are not true leaders in the Black community. 	<ul style="list-style-type: none"> • Black leaders are currently spread thin dealing with many issues and disparities in the Black community. As a result, infant mortality is not on the top of their agenda. 	<ul style="list-style-type: none"> • Leadership is in need of better definition. • There is a lack of accountability. • There is a lot of discussion but not enough action. 	<ul style="list-style-type: none"> • Leadership is exclusive and disjointed. • Political leaders are seen as self-serving. • There is no single unidirectional voice of leadership.
What have been your strategies?		<ul style="list-style-type: none"> • To involve faith based organizations in all events related to infant mortality and other health issues. • Obtain Health Council assistance. 	<ul style="list-style-type: none"> • Allow people to participate at whatever level they wish. • Catering to the strengths of the individuals who come to the table. • Educating people from different areas to come together around Black Infant Mortality. • Harnessing the strength of existing infrastructure. 	<ul style="list-style-type: none"> • Peer education through ambassador training. • To reach a group you need someone who represents that group to communicate the message.
What have been your Challenges?	<ul style="list-style-type: none"> • Finding people with the correct skills that are willing and able to volunteer their time. 	<ul style="list-style-type: none"> • Getting research and funding back to the community. • Segregation among differing faith communities. • Young leaders are needed and the majority of current leaders are older white males. • Takes time for a community to warm up to a new or emerging leader and a shortage of mentors for young African Americans with leadership potential. 	<ul style="list-style-type: none"> • Expanding the definition of a leader beyond a title. • Making connections with the right people. • Combating false commitment. (lip service) • Making Black Infant Mortality a universal issue. 	<ul style="list-style-type: none"> • Finding bridges to community groups. • Unless you continually press elected officials your issue will be put on the back burner. • Time of availability, communities' hours differ from "our" hours (8-5). We need to be flexible with our availability for training communities and organizations.
What resources, support systems and information do you have?	<ul style="list-style-type: none"> • Palm Beach currently has proper funding. • The Children's Service Council has been utilized. • Access to leadership training from local universities. • Hillsborough has access to experts in disparities from USF. • Have support from a strong Healthy Start Coalition. 	<ul style="list-style-type: none"> • Support from the Health Planning Councils. • Commitment and service from Community Action Team members and active community members. • Support from the Health Department, BIHPI/ BIHCC groups and other national organizations. 	<ul style="list-style-type: none"> • Have support from Healthy Start and the Maternal and Child Health Organization. • Florida Black Leader Mentoring program in place. • However no major accessible resource for Black leaders currently in place. 	<ul style="list-style-type: none"> • Healthy Start coalition adopting Black infant health as main function of community council. • Passion and momentum of team members. • Orange county has support from local nail and hair salons. • The fact that economic lines will soon separate people rather than color differences can be used to persuade non African American communities to give support and funding.
What do you want the status of Black leadership to be?	<ul style="list-style-type: none"> • Would like Black leaders who are competent and in control of resources. 		<ul style="list-style-type: none"> • Black leadership that embodies empowerment, is genuine and includes those who are willing to journey out and meet the people in the community. 	<ul style="list-style-type: none"> • Black leaders who are engaged, focused, Knowledgeable, Interactive and non-intimidating to the average person.
What do you need?	<ul style="list-style-type: none"> • There is a serious need for funding. • Additional training for emerging leaders. • A better informed community. • Better integration and communication among departments that are currently working on the same goal. 	<ul style="list-style-type: none"> • \$\$\$\$ More Funding!!! • More collaboration with other counties, especially to share media resources. • Contact information for leaders in different counties. 	<ul style="list-style-type: none"> • A need for sustained funding. • Cohesive leadership with a pure message. • Strengthened partnership and continued collaboration • A need for continued Technical Assistance. 	<ul style="list-style-type: none"> • A clear message. • System and template for spreading the word and keeping people engaged • True sustainable partnerships both internal and external.

Conclusion and Conference Evaluation

"As a new team member I find this overwhelming because this is an issue we don't usually speak of, and as a minister, I understand how much this is needed"
-BIHCC team member

The conference wrapped-up with closing remarks by conference organizers Dr. Hamisu Salihu from the University of South Florida and Dr. Cynthia Harris from Florida A&M University. The co-leads expressed heartfelt thanks to the participants and speakers for their attendance and their dedication to improving birth outcomes for Black babies.

Participants provided feedback and recommendations for future conferences and workshops.



Evaluation Results

When surveyed as to how the conference rated compared to other conferences of its type, 90.6% responded very good or better, while 100% of respondents indicated that they would recommend the conference to others. 100% of respondents also agreed that the conference was well organized and sessions were appropriate and informative.

Next Steps for BIHCC

Following a successful first conference, the Black Infant Health Community Collaborative is moving forward in its effort to eliminate Black infant mortality in Florida. Since BIHCC serves to assist and support community leaders, the county-specific needs identified during the conference have been translated into a plan of action. The BIHCC plan of action includes future workshops, technical assistance and newsletters to help disseminate valuable information on Black infant health. Holding true to expressed needs, technical assistance is being planned to address quantitative and qualitative data collection, management and analysis skills.

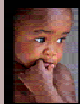
Workshop are also being planned to provide training on grant writing, audience-specific messaging and leadership skills. A BIHCC Partners in Leadership Conference is also being planned for May 2009. We are attempting to secure additional funding and hope to extend the 2009 conference to a three day event.



"You don't have to see the whole staircase, just take the first step"
-Dr. Martin Luther King

If you have any information or updates you wish to be included in future newsletters please contact:

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**Black
Infant
HEALTH**
Practice Initiative

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