

Community Engagement Brings Credibility to Risk Reduction

CHICAGO, IL

THE HEALTH CONCERN

An African American infant in Chicago has a 13 times greater risk of dying of Sudden Infant Death Syndrome (SIDS) than a White infant. In addition to SIDS, these infants are also at risk of accidental suffocation resulting from an unsafe sleep environment. Risk factors for African American infants in Chicago include increased premature births, low birth weight, little or no prenatal care, smoking, and bed sharing with an adult or child on a bed or couch. Four communities within the city with primarily African American residents have the highest incidence of infant deaths year after year. Infant mortality is only one of several issues for these communities that also have the greatest poverty and some of the highest crime rates in Chicago. There was a need to develop a culturally competent risk reduction approach that would address these disparities. In addition, Latinos now constitute 35% of Chicago's population and have a high birth rate among teens (such babies are at higher risk of SIDS), yet no specific culturally and linguistically competent approach to risk reduction for these families had been developed and implemented.

THE STRATEGY

“Closing the Gap” is a federally funded program to reduce preterm labor, premature births, and infant mortality. This program provided the support and framework for Sudden Infant Death Services of Illinois, Inc. (also known as SIDS of Illinois), in partnership with the March of Dimes (Chicago Chapter), Department of Human Services, Illinois Maternal & Child Health Coalition, and Chicago Health Connection, to collaborate on addressing disparities in infant mortality. These organizations partnered to educate affected communities about racial disparities in maternal and child health and strategies to reduce the risk of preterm labor, premature birth, and infant death. This education is multifaceted. Identifying signs and symptoms of preterm labor, prematurity of birth, and SIDS risk reduction was the initial focus, but it has been expanded to include accidental suffocation.

Disseminating this message started years before the “Closing the Gap” campaign, with the Co-Directors, Pam Borchardt and Nancy Maruyama, providing educational sessions in the community. “We had tried for many years to reach those families with the greatest risk for SIDS, even going so far as to provide portable cribs for 50 mothers on Medicaid.

However, we soon realized that even though we had the educational piece down, because we were not part of the community, it was nearly impossible in some cases to prove our credibility as educators,” said Maruyama. Although SIDS of Illinois saw a need for delivering information about reducing the risk of SIDS, community members had other priority needs for information and support.

Using an adult education model, SIDS of Illinois and the March of Dimes developed a program to train community peer educators that was implemented by Chicago Health Connection. Chicago Health Connection is a local agency with a long history of training community health workers and labor and childbirth assistants (doulas). Potential African American educators were solicited in the communities that were the focus of the initiative. The training program consisted of 18 three-hour sessions. Three of the sessions focused specifically on SIDS and defined a safe sleep environment. In response to needs expressed by community members, other sessions included such topics as domestic violence, prematurity, drug addiction, grief and loss issues, and sexually transmitted diseases.



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Closing The Gap On Infant Mortality



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The Strategy Continued

Training sessions are interactive and engaging, first identifying beliefs of the peer educators being trained. Utilizing a story-telling technique about the lives of two infants is one approach to present prematurity and SIDS information. A session to review material is in the form of a family feud-type team game with treats provided for each correct answer. These nontraditional approaches to teaching are necessary because of the various reading levels of the peer educators

“We use focus groups to review any printed material, and we make changes. We designed a bus sign with a birthday cake and the message that every child deserves a first birthday. Focus group and community members said that the sign would not catch their attention. Based on their input, the sign was changed to a picture of an infant casket in the back of a hearse with the caption, ‘Your baby belongs in a crib, not a casket,’”
 says Borchardt.

in training. Once the training is completed, an in-depth interview is conducted with each potential peer educator. The peer educator is hired by Illinois Maternal & Child Health Coalition to provide peer education including safe sleep messages to the identified communities.

In addition to providing safe sleep messages, peer educators listen to community members’ reactions to the campaign, and other issues may be identified.



YOUR BABY BELONGS IN A CRIB, NOT A CASKET.

In Chicago, African American infants are 13 times more likely to die from Sudden Infant Death Syndrome (SIDS).

For safest sleep, place your baby on its back in a crib.

For more information, contact SIDS of Illinois at 1-800-432-SIDS (7437) or call 311
www.sidsillinois.org



THE ACTION

“The trained peer educators preach SIDS risk reduction messages wherever people congregate. It could be on the train, a beauty salon or barber shop, on the street, at the grocery store, or a community or faith-based event. They also listen to responses and inform us of other needs, too,” says Borchardt. They address intrinsic beliefs before introducing any new information. For

example, some believe that if a baby’s head is uncovered, a cold can get into the brain and the baby could die. In actuality, babies who are overdressed or overheated are at an increased risk of SIDS. Peer educators first acknowledge the existing beliefs before imparting new information about safe sleep. In addition, peer educators are trained to address an array of other issues that impact

The Action Continued

maternal health and infant mortality and may be a higher priority to the community members they train. Being able to start with the priorities of the individuals they train helps increase the credibility of the peer educators and keeps the people with whom they speak connected to hear the messages related to SIDS risk reduction.

Printed educational materials also are available. These materials are brief, for easy reference. For example, a business card-sized handout has signs of preterm labor on one side and safe sleep information on the other. Materials also have been tailored to the Hispanic population in Chicago. “Three years ago, no Spanish language materials were available,” Borchardt reports. “Now we translate materials into household Spanish.”

WHY IT WORKS

Although SIDS of Illinois has been a visible presence for many years in these communities, it is important to note that there is an incredible amount of value in utilizing community members. Involvement and buy-in from community members are key components of this successful program, and this project has found that education is better accepted when presented by a peer community member.

Another key to the success of the program is connecting SIDS risk reduction efforts with the broader public health efforts related to maternal and child health, infant mortality, and community health. SIDS of Illinois has a broad array of partners and funders. These include, but are not limited to, Healthy Start, Chicago Department of Public Health, Lawndale Symphony of Services, El Valor, and Comenzando Bien (Hispanic Women’s Health).

Community input is built-in with ad hoc focus groups and reports from the peer educators. In addition, the program is flexible and responsive to changing demographics and identified needs. It recognizes the vital role of families in prevention efforts. “Every parent wants to do the best for their children,” says Borchardt. “And parents empowered with knowledge can protect them.” These fundamental assumptions underlie the dissemination of health messages.

“We have found repeatedly that the ‘messenger’ is clearly an important component in affecting change in the community. Although Pam and I know the information on Safe Sleep for baby, the ‘delivery’ of the information is crucial,” said Maruyama.

The passionate leadership and openness to change of the program’s co-directors is also central to its success. “We are not willing to let any baby die because parents did not know how to reduce their

risk,” states Borchardt, who lost her own infant in 1991. “We will do everything we can to prevent any baby from dying.”

THE NCCC PERSPECTIVE

The National Center for Cultural Competence (NCCC) chose this promising practice because it exemplifies key values of culturally and linguistically competent health promotion that include the following:

- Demonstrates respect for the cultural values, beliefs, and practices of the intended audience. A key challenge in health promotion with diverse populations is honoring traditions and beliefs of the intended audience while recognizing that some of those beliefs and practices may not be congruent with emerging knowledge of what supports healthy outcomes. Culturally competent health promotion supports and honors those practices and beliefs that are protective or benign, and respectfully helps identify and change those beliefs and practices that have a negative health impact;
- Ensures that its efforts exist in concert with natural and informal health care support systems;
- Ensures meaningful involvement of community members and key stakeholders in determining need and designing, developing, implementing, and evaluating the approach. Community partners play several key roles including:
 - providing the cultural perspectives of the intended audience
 - providing credibility to the effort within the community
 - bringing expertise (e.g., knowledge of health beliefs and practices, language, and preferred sources of information for the intended audience)
 - bringing community resources to support health promotion efforts (e.g., access to local media outlets or other dissemination points and local financial or in-kind support for activities);
- Identifies and utilizes credible voices within the community to deliver health promotion messages;

- Chooses formats that address audience preferences, literacy levels, and language;
- Elicits reactions from the intended audience; and
- Creates a mechanism for periodic review and modification.

Additional NCCC resources on cultural and linguistic competence in health promotion follow:

- ***Infusing Cultural and Linguistic Competence into Health Promotion Training***
<http://www11.georgetown.edu/research/gucchd/nccc/projects/sids/dvd/index.html>
- ***A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials***
http://www11.georgetown.edu/research/gucchd/nccc/documents/Materials_Guide.pdf
En español: http://www11.georgetown.edu/research/gucchd/nccc/documents/Materials_Guide_Spanish.pdf
- ***Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs***
<http://www11.georgetown.edu/research/gucchd/nccc/resources/brokering.html>

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ABOUT THE NATIONAL CENTER FOR CULTURAL COMPETENCE

The NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education, and advocacy.

The NCCC uses four major approaches to fulfill its mission including (1) Web-based technical assistance, (2) knowledge development and dissemination, (3) supporting a “community of learners,” and (4) collaboration and partnerships with diverse constituency groups. These approaches entail the provision of training,

technical assistance, and consultation and are intended to facilitate networking, linkages, and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency.

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