

**Racial Disparities Workgroup Call**  
**Meeting Minutes**

Date/Time of Meeting: April 5, 2016 2:00-3:00 PM EDT

Location: Conference call

Attendees:

Jodi Shaefer  
Hanan Abdulahi  
Tracy Claveau  
Tonya Akwetey  
Madelyne Reyes  
Kelly Cunningham  
Sheree Keitt  
Mary Kops  
Boaz Green  
Mioshei Mobley

- I. Introductions/Welcome: Attendees introduced themselves and named one thing they would like to get out of the Disparities workgroup
- II. Discussed goals of the workgroup:
  - To promote dialogue and discussion amongst fellow fetal, infant and child health professionals about current needs within their particular community.
  - To create a publication that includes best practices highlighting different community specific approaches to decrease infant mortality
- III. FIMR Process and Racial Disparities: Jodi Shaefer described how the FIMR process provides an approach to drill down and examine health disparities. She described how Baltimore City decreased infant deaths by 50% with a broad based approach including Safe sleep messaging and health promotion activities for the community in general. Baltimore Community action team, located in Mayor's office, has been instrumental in getting support for outreach efforts and funding. Go to website for more info:  
<http://healthybabiesbaltimore.com/our-initiatives/safe-sleep>
- IV. Questions for discussion:
  - Challenges in your community or profession that you face when dealing with disparities:
    - Inconsistent health messaging between different healthcare workers and providers leads to misinformation with mothers

- Late entry to prenatal care
  - Outreach and education is limited in minority communities, needs to be an ongoing process.
  - Communities are skeptical of health care providers- one possible solutions is to change messenger, for example, use salon owners to post health information, churches and other community members.
  - Disparities not just racial, but education level, income level, rural areas tend to lack access to care
  - Are there possible partners in newspaper, internet, and radio and television media to assist in message dissemination?
  - Don't know if program implementation is a success because it is too early to tell
  - Indiana: Prenatal care, smoking, drug use is a major problem
  - Social media has not been very effective in health messaging because of legality issues
- Possible Solutions and/or Successes in your community
- Indiana: Safe sleep classes are being taught in high schools now
  - Indiana: Labor of Love campaign and Mom's health line where any one in Indiana can call for information
  - Getting non-traditional partners to the table to help with messaging
  - Layering of map where can identify hot spots or zones where infant mortality is highest

V. Going forward, future planning

- Thank you to everyone for joining the call and starting this important discussion. Workgroup plan is to meet monthly, everyone will be updated with emails on information (notes, future calls etc). If you have any suggestions, questions, or comments or anything you would like to add, please feel free to contact me [habdulahi@acog.org](mailto:habdulahi@acog.org)

End of call