

Seven Principles for African American Infant  
Survival and Community Unity

# Assessing the immediate and longer term impact of Undoing Racism workshops on individuals and their organizations



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# Infant Mortality in San Francisco

- SF African American infant mortality rate in 2000 was 9.2/1000 almost 3X the rate for whites and double that for other race/ethnic groups
- This disparity has persisted for over 15 years
- Preterm and low birth weight rates remain 2 to 3 times that of whites over the same period and disparities persisted over the duration of the project
  - LBW 1994 14.6 % vs 2005 19.9% (Whites 6%)
  - Preterm 1994 15.1% vs 2005 17.9% (Whites 9.7%)

# Seven Principles Project Description



**Goal:** To eliminate disparities in the San Francisco African American infant mortality rate and improve infant survival and the health of families and communities through improving community protective factors and educating and supporting community members

**Philosophy:** Project values and strategies derived from Dr. Maulina Karenga's Seven Principles of Kwanzaa (*Nguzo Saba*)

**Undoing Racism workshops supported the value of Umoja or Unity**



# Impetus for Undoing Racism Workshops

- In 1999, as part of a planning year for this **CDC REACH 2010 funded project**, the San Francisco DPH conducted a community assessment to identify issues and strategies
- Community discussion groups and the project coalition identified lack of cultural sensitivity and racism in health and social service providers as barriers to care for African Americans in SF.
- In 2002, staff attending a CDC REACH 2010 Technical Assistance meeting heard about the People's Institute workshops that were part of the REACH funded programs in Flint, MI and New Orleans, LA and were encouraged by CDC to implement this intervention



# Literature Review Supports this Approach

- **Low income AA mothers exposed to racism have twice the risk of having VLBW infants compared to controls (Collins 2000)**
- **Perceived racism acts as a psychosocial stressor, independently associated with increases in LBW and Preterm births in AA women (Rosenberg 2002, Mustillo 2004)**
- **The impact of perceived and institutional racism can be mediated and moderated by stress and there is ample evidence that stress negatively impacts health (Paredes 2006)**
- **Perceived racism is associated with higher blood pressure, higher cortisol levels, abnormal glucose metabolism (Krieger 1990, Butler 2002)**
- **Institutional racism is highly associated with poorer mental health (MH) and, to a lesser extent, poorer general health (Gee 2002)**



# Training Components

- Short didactic sessions on race, class, power, interpersonal, internalized and institutional racism, historical facts and fiction as they relate to race
- Interactive sessions on defining race and racism, cultural sharing, exploring attitudes about self as part of a race or class, thinking outside the box
- A power analysis of what forces and gatekeepers impact the residents of a community and the inter-connectedness of these forces
- Small group examination of organizational racism in their agencies and communities and opportunities for leadership to promote action
- Articles and resources for continuing information and education



# Study Objectives

- Describe the immediate responses of participants who attended a two and a half day workshop on Undoing Racism
- Assess the longer term impact of the workshop on participants
- Assess the longer term impact on agencies as a result of staff attendance at the workshops



# Evaluation Methods

## Post workshop questionnaire to:

- **Assess whether participants think they will:**
  - take action as a result of attending
  - use recommended tools make changes in their community or workplace
- **Assess their level of confidence in being able to :**
  - define types of racism and their effect on health
  - identify community gatekeepers that support racism

## Administrative data:

- **Report of attendance by agency**

## Interviews of 22 attendees to assess:

- **Perceived impact on them personally with examples**
- **Perceived impact on their agency with examples**





## Results: Post-workshop Evaluation

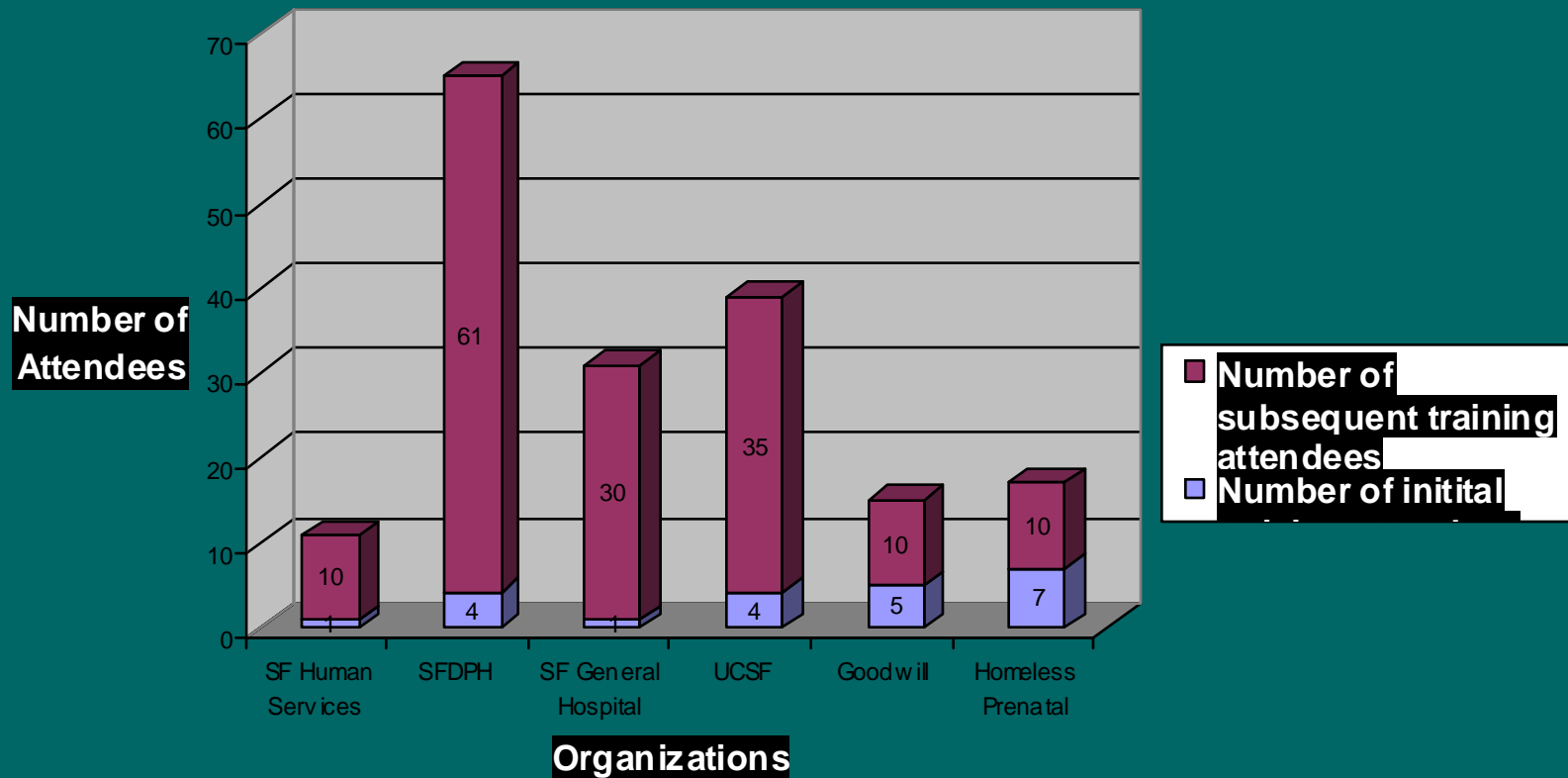
- **159** people attended **1 of 6 workshops** of which **135** completed a post workshop evaluations
- Participants came from **50 agencies** and represented a cross section of agency positions from front line service staff to agency directors
- **90 %** rated the workshop as **good or excellent**
- **91 %** said they **would take action** as a result of the workshop
- **80%** said they would be **very likely to use the tools** and **18%** said moderately likely



## Post workshop evaluation: Understanding of How Racism Works

- 65% said they were extremely or very likely to accurately define institutional racism (only 5% were not likely)
- 71% were extremely or very likely to define the impact of racism on health
- 74% were extremely or very likely to understand the role of gatekeeper relationships and how they perpetuate institutional racism (23% were moderately sure)

# Organizational Attendance at Undoing Racism and Cultural Competency Trainings





# Results: 22 Interviews

- Demographics: **Age** 50% over 44, 27% 35-44  
**Race/ethnicity** 59% AA, 18% White, 9% Latino  
9% Asian
- 77% (17/22) said they and their agencies became more aware of the disparity in infant mortality
- 82% (18/22) used tools provided at workshop
- 86% (19/22) of participants were personally affected by the workshop
- 91% (20/22) said they personally took action
- 72% (16/22) said agencies took action



# Interviews: Narrative Responses

## Used tools presented in workshop

### With staff

- speaking to the concept of empowerment among my staff
- used some activities like the thinking outside the box activity
- more open dialogue with staff on the issue

### With Clients

- Uses questions from WS to start dialogue i.e. used “why are people poor” to engage AA mothers in dialogue.
- I can tell them why they are arrested more frequently and role that race plays in the whole system
- Recognized role as gatekeeper and keep it in mind

### Workplace

- Used organizational checklist to assess cultural competence

### Board

- Opened dialogue with agency board using language and communication skill from training



# Interviews: Narrative Responses

## Were personally affected

- Felt validated in their own perceptions experience of racism (7/22)
- Raised awareness, see things differently (8/22)
- Understand historical context (3/33)

## Took Action

- Joined a Community Action Team (5/22)
- More careful of impact of language and improved speech (6/22)
- Educating co-workers, community or family (10/22)
- Speak up against racist speech or action 4/22)
- Doing community organization (4/22)



# Interviews: Narrative Responses

## Encountered problems in taking action

- **Supervisor not supportive (4/22)**
- **Other staff resistant (4/22)**

## How agencies took action

- **Agency sent other staff to UR training, did in-service or co-sponsored larger training (11/22)**
- **Co-sponsored trainings and cultural events with 7 P's project (5/22)**
- **Agency staff participate in 7 P's policy or workgroups (5/22)**

# Conclusions

- Agencies are willing to send staff to attend 2.5 day workshops (WS) that focus on racism
- Despite the painfulness of some WS experiences, the great majority of participants rated the WS positively and expected to take action as a result
- Positive experiences of early attendees resulted in many more attending later UR and CC trainings
- Results of personal interviews showed that most did take action as result of the experience





# Recommendations

- Undoing or anti-racism activities should be an integral component of any project aiming to decrease racial or ethnic health disparities
- National health agencies should make curricula and other tools available to assist in this effort
- Train the trainer efforts should be supported to widely disseminate training tools and skills building methods



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