

African American Infant Mortality Learning Module

African American Infant Mortality Project

Community Co-Learning Cohort IV Final Project Report

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Background: Mini Project Selection

The African American Infant Mortality Learning Module was borne out of seeing the potential for more people, particularly young people, to deepen their learning around the African American infant mortality rate from a strength-based and historical perspective. The creator wanted to move away from the more common deficit-based approaches that seemed punitive in tone and based upon adults' perceptions of what young people are "doing wrong." Lessons in dominant narratives, structural racism, internalized oppression, and historical trauma are also critical in preparing them to take action on issues that impact their future.

This mini project also takes full advantage of Rebecca Nathan's educational background and work experience. She is a long-time champion of putting children first and has been a curriculum designer and student/family advocate for 15 years. She has an undergraduate degree in African-American Studies and Journalism and did graduate work in Curriculum and Instruction. At present, she is consulting, training, and developing curricula in the areas of asset-based perspective, equity, and early childhood literacy.

The goal of the mini project was to develop an 8- to 10-week learning module examining African American infant mortality rates designed for and led by youth. Through this module, 15- to 25-year olds can explore the African-American infant mortality rate phenomenon in a comprehensive, nuanced, and dynamic manner, and be trained as leaders who will deliver the curriculum content to their peers. The specific objectives are:

1. To share information with young people in a geographic area (e.g., North Minneapolis).
2. To increase participants' knowledge of African American infant mortality.
3. To provide leadership opportunities for young people.

Mini Project Activities

The development of the learning module or curriculum began with the author conducting some background research on existing health curricula in secondary and post-secondary schools. She learned that a few existed, but most were deficit-based, none addressed racial health disparities, and none were designed by youth for youth.

Next, the author identified a set of priorities and values that the learning module and training must reflect. They are:

- Assumption of strengths and values in all young people involved in the project, and this assumption shall translate in meaningful ways at all program levels to all young people using curriculum
- Tangible program access shall be provided through the removal of participation barriers such as childcare, food, and transportation

- Prioritize time to meaningfully engage participants in shared information through discussion, interactive activities, and reflection
- Utilize community experts whose approach aligns with course values and priorities
- Young people will take a leadership role in deepening the community's knowledge and understanding of African American infant mortality
- Young people in leadership roles gain assets such as transferable skills that will benefit them in the professional, personal, or community arenas
- Young people in leadership earn meaningful wages
- Use of the curriculum includes meaningful measurement of impact over time and intentionally gathering of participant feedback
- Resources will be devoted to building strength-based relationships between youth leaders and course participants

The author proceeded to determine how certain elements of the course and the training-of-trainers training will look like once these priorities and core values are incorporated. The table below summarizes these ideas.

Table 1. Incorporation of core values into the learning module and training-of-trainers (TOT) training

| Core Values (paraphrased) | How Incorporated into the African American Infant Mortality Learning Module | How Incorporated into the Training-of-Trainers (TOT) Youth Training |
|---|--|--|
| Assumption of strengths | <ul style="list-style-type: none"> ● Each participant is seen through, and engaged with, a lens of strength. This will be true even in situations where youth participants are presenting obvious challenges. | <ul style="list-style-type: none"> ● Explicitly include training content about strength-based perspective (what it is, how to utilize it, etc.). ● Each potential youth trainer is seen through a lens of strengths/assets, creating opportunities for youth trainers to feel capable and empowered. |
| Access through removal of barriers | <ul style="list-style-type: none"> ● Course is intentionally designed to address barriers to participation such as transportation (e.g., offer bus cards), food security (e.g., offer a meal) and technology (e.g., provide internet-ready computers), etc. ● Course embeds incentives for participants (<i>to be determined</i>). | <ul style="list-style-type: none"> ● TOT is intentionally designed to address relevant barriers such as transportation, food, technology, etc. ● Youth Leaders earn wages for their work. |
| Time for meaningful engagement is created and protected | <ul style="list-style-type: none"> ● Content is thoughtfully designed to include effective and meaningful ways to share information. ● Content is informed by best | <ul style="list-style-type: none"> ● TOT content will explore adult learning science and the value of experiential learning. ● TOT will set clear expectation that activities and other |

| Core Values (paraphrased) | How Incorporated into the African American Infant Mortality Learning Module | How Incorporated into the Training-of-Trainers (TOT) Youth Training |
|--|--|---|
| | <p>practices in adult learning science and includes hands-on activities/experiential learning.</p> <ul style="list-style-type: none"> • Agenda/session outline will be based on realistic time allotments for realistic execution. | <p>learning strategies are executed.</p> <ul style="list-style-type: none"> • TOT will provide practice opportunities for youth leaders to gain fluency in executing learning strategies/activities. |
| <p>Sharing from community experts whose values align with course objectives</p> | <ul style="list-style-type: none"> • Course will include guest speakers. • While speakers may be diverse in scope of their organization or work (institutional, grass roots, independent contractor, etc.), at least some speakers will be from the community that mirrors the participant group. • Community experts will be offered a modest stipend. | <ul style="list-style-type: none"> • Training includes content on how to gauge what a community expert has to offer and to what extent that offering aligns with course goals and values. • Training includes specific examples and scenarios of guest speakers for potential youth trainers to reflect upon. |
| <p>Youth take on leadership role in deepening community knowledge</p> | <ul style="list-style-type: none"> • Content is designed to encourage, ask, and inspire youth participants to share their learning from the course with others. | <ul style="list-style-type: none"> • Youth trainers by definition of their role take on leadership in sharing content with other youth. |
| <p>Youth gain transferable skills and assets to support them in other arenas</p> | <ul style="list-style-type: none"> • Content offers hands-on activities and follow-up work that offer skill-building practice that generally transfers to other areas. • Skills practice could include: speaking before a group, reflecting/critical thinking, writing, creative expression, or policy development | <ul style="list-style-type: none"> • TOT is intentionally designed • Youth trainer receives coaching and feedback |
| <p>Project will intentionally and meaningfully measure learning and its work</p> | <ul style="list-style-type: none"> • Course will be designed to build learning over time and embed review opportunities throughout. • Course will offer pre and post evaluations. • Course will build in anecdotal evaluative measures (<i>to be determined</i>) throughout. | <ul style="list-style-type: none"> • TOT will train Youth Trainers to administer evaluations and capture anecdotal data. • Pre and Post project evaluation tools will be used to measure growth within Youth Leaders. • Project will explore partnerships with research organizations, e.g., UMN's Urban Research and Outreach Engagement Center (UROC). |

| Core Values (paraphrased) | How Incorporated into the African American Infant Mortality Learning Module | How Incorporated into the Training-of-Trainers (TOT) Youth Training |
|---|--|---|
| Efforts to establish asset perspective will be intentional | See assumption of strengths | See assumption of strengths |
| Intentional efforts will be established to maintain quality and ensure project goals are maintained | N/A | <ul style="list-style-type: none"> • An integrity tool will be selected/created and used to evaluate and coach the Youth Trainers. • Youth Trainers will be observed and receive periodic coaching. |

Lastly, the author contacted youth programs that were willing to pilot the learning module. Initial discussions were held with REBOUND, INC., a grassroots, community-based, non-profit located in North Minneapolis that partners with community in addressing the over-representation of black youth in the juvenile justice system. However, the project was nearing its end by the time a first draft of the module was finished, and there was no time to pilot it with REBOUND. The author will continue to find ways to pilot and improve the module.

An outline of the learning module content is shown in Attachment 1.

Conclusions and Recommendations

This infant mortality learning module was developed in order to deepen learning, especially among young people, around African American infant mortality disparities using a strength-based approach. It also incorporates a historical perspective to change existing dominant narratives around African American health. While meant to be developed and taught by youth for youth, this infant mortality learning module educates not only to improve birth outcomes for mothers; it is also meant to optimize women’s health in general, the well-being of the family, and the health of the future child. These topics are non-existent or not covered in depth in current secondary and post-secondary school health curricula. Even if young people can get this education in school or after-school programs, oftentimes the curriculum is developed and taught by adults, focuses on deficits, is not culturally-relevant, or youth lack the means to participate. This learning module elevates youth into leadership roles and addresses common barriers to participation.

Attachment 1. Infant Mortality Learning Module Components (Outline)

GROUNDWORK:

Dinner, Pre Class/Content Measure, Rapport/Community Building (Check-in, Follow-Up, etc.)

CORE KNOWLEDGE:

Videos, Guest Speakers, Activities, Large and Small Group Discussions

CLOSURE:

Reflection (verbal take-aways, poetry, drawing or other creative expression), Post-Class Measure (technology, surveys), Follow-Up Work (goals, homework, etc.),

Essential Ingredients:

Break Bread

Incentivized

Pre/Post Test

Experiential Learning in every session

Intentional and diverse measurement of learning

Core Values:

Assumption of strengths and value in all young people involved in the project. This assumption shall translate in meaningful ways at all program levels to all young people experiencing the project's programming.

Tangible program access through the removal of participation barriers, i.e., child care, food, transportation

Auxiliary Components:

Reference shot outs; Highlighting programs and/or resources that are effective aspects of solution/moving forward

Possible ways to share information/highlight organizations:

Video and materials on a table

Have reps come during dinner or towards the end of the class to share and talk about their organization

Take a field trip

Host end of the session event at one of these orgs

Possible Efforts/Organizations to Highlight:

Parenting in White Supremacy

Chocolate Milk Club

Roots Birthing Center

Potential Content Areas:

Infant-Caregiver Attachment

Father Impact

Prenatal and Post Natal Child development/Cognitive Processes/Brain Development

Resilience

Mortuary aspect

Housing

Historical Trauma

Dominant Narratives

Systemic Racism and Implicit Bias in Health Care, in the birthing process

Overview of the problem

Internalized Oppression

Community Economics

Black Woman Reality/Black Mothering

Mental Health/Depression

Breastfeeding

Shame and Deficit Perspective

Doula/Midwifery/Birthing

Post-Partum Experience

Community Resources

Environment

Media's impact on birthing process (parents' imagic store)

Happens across economic position