



Unanswered Questions from NCFRP Webinar

Black/White Equity in the Opportunity to Survive the 1st Year of Life . . . a dream deferred June 5, 2019

1. **How can local health departments engage with community to address IMR?**
 - a. The Boston Health Department and Baltimore's B'More for Babies are two good examples of how health departments have engaged with their communities. CityMatCH is a resource for a number of initiatives that support the work of urban health departments engage with their communities. The Equity Institute can be accessed at: <https://www.citymatch.org/institute-for-equity-in-birth-outcomes/>
2. **Is funding the top priority to bringing these issues to the front?**
 - a. Everything needs funding! We cannot let not having money stop us from addressing this. One is to talk about it, it does not necessarily take fiscal resources to begin these dialogs in communities. We need to challenging local politicians and business people. A way to begin this work is to engage folks in the Social Determinants of Health approach rather than leading with racism.
3. **The Grand Midwife acknowledged all those social determinants and cared for the whole person -- not just the clinical.**
 - a. **Agree.** African-American communities in the South enjoyed a strong tradition of Grand (or "Granny") Midwives. The lineage of these respected midwives originated in Africa and survived the times of slavery. They were often the sole health care providers for their communities. In the mid-19th century, "regular" physicians, riding the wave of medical professionalization, began to challenge rival practitioners.
4. **"Focus" is key. If folk don't open their lens, they never get to focus on what Black folks' reality is.**
 - a. Agree
5. **How do you quantify the rate of infant deaths for mixed race infants?**
 - a. This article may provide some guidance and resources, feel free to access it at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3922476/>