

African-American infant mortality

NARRATIVES AND HEALTH EQUITY: EXPANDING THE CONVERSATION

The Community Voices and Solutions Leadership (CVAS) team developed these narrative frames as part of the [African-American Infant Mortality Project](http://www.health.state.mn.us/communities/equity/projects/infantmortality/) (www.health.state.mn.us/communities/equity/projects/infantmortality/). These frames embody CVAS' core values and beliefs regarding African-American infant mortality in Minnesota. The team developed these narrative frames primarily to help broaden and improve policy conversation around infant mortality in U.S-born-African-American families, to ensure that all efforts to address the issue are comprehensive and culturally appropriate. The narratives provide the foundation for messaging and for creating meaningful language for public discourse and future work in infant mortality.

1. African-American families have a clear understanding of their lived experience and this experience can inform solutions.
 - a. The unique history and trauma experienced by African-Americans because of slavery and enduring racism means that trauma-informed and integrated holistic care are necessary to ensure healthy African-American babies.
 - b. African-American families and communities have lived with inequitable social, economic and environmental conditions for generations. Addressing these conditions and the policies that shape them, including housing, employment, transportation, education, and more is essential for assuring that African-American children can realize their full health potential.
2. All African-American children in every family deserve to have a healthy start, thrive, survive and develop to their fullest potential to become successful adults
 - a. For a healthy start and healthy life, African-Americans families will have equitable economic and environmental conditions and opportunities as well as access to positive healthcare which includes medical, dental, mental and spiritual care prior to and especially during pregnancy.
 - b. Promoting and supporting policies that contribute to healthy outcomes, such as good nutrition, is critical during a woman's reproductive years for a healthy pregnancy and intricately connected to her own maternal health and to positive birth outcomes.
3. Harnessing the assets and strengths of African-American families and communities is key to successfully reducing infant mortality. Our community knows and can identify cultural practices, community institutions, support systems, and other important community resources that are beneficial to them.
 - a. Programs, institutions, and community members will make decisions based on strengthening and amplifying community assets. In so doing, we create solutions that will work for our community.
 - b. We need to harness African-American historical and cultural knowledge and experience with positive parenting.
 - c. African-American men and fathers will be recognized and included in all efforts to support mothers and assure children have a healthy start.

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4. Fundamentally, people know what is important for their own health.
 - a. To create the best solutions possible, we need to affirm and harness the wisdom of our own community.
 - b. To ensure their voices are heard, institutions, service providers, and policy makers will listen to and partner with African-American families, when they identify or share that something is wrong.
 - c. Traditional and cultural forms of support and practices will be encouraged in every system as preferred birth support; midwives, and paraprofessionals (perinatal educators, doulas, birth attendants, community health workers, and peer support specialists).
5. All families look different and can be made up of many different biological and non-biological connections. People are free to define and identify which people they consider as part of their family.
 - a. A community strength-based and family-centered approach will involve fathers and other family members (however these are defined) to encourage and strengthen social connectedness.
6. Communities are the best messengers of their own story. Our stories of suffering and endurance give us a sense of belonging and create hope for the future.
 - a. We will work with African-American elders and other community members to preserve the stories about what our people have done to support healthy births, and to provide avenues for these stories to be shared, with others in our own communities.
7. To ensure healthy African-American infants, the city, county, and state policy makers and community have a role and responsibilities to create and enforce policies that will achieve this goal.
 - a. A commitment to implement policies that promote systemic change will be required of policy makers at all levels of government to ensure barriers to reproductive justice are removed and infant and maternal health are improved.
8. Regardless of race, faith tradition, economic status, or social status, African-American families deserve to experience and are entitled to experience comprehensive and quality care.

For narrative frames on other topics, visit:

Minnesota Department of Health
Healthy Minnesota Partnership
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