

## *UAB Grand Challenge*

### Build and Transform Birmingham into a Healthy Community: Continuing the Civil Rights Journey

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**Prologue.** Emotional trauma is a silent factor affecting the emotional, mental, and physical health of Jefferson County residents—trauma that requires systemic assessment and a collaborative response. It is evident that “All is not well!” Yet in an environment where many may prefer to “[let sleeping dogs lie](#),” we contend that directly correcting systemic racism through a system-wide approach offers a better option for bringing healing—and health—to Birmingham.

**The Problem.** Research in the U.S. over the last several decades leads to the indisputable conclusion that people who perceive they are experiencing racism are more likely to suffer psychological distress, depressive symptoms, substance use, and physical health problems.<sup>1, 2</sup> Structural racism has been implicated in the high rates of hypertension<sup>3</sup>, diabetes mortality<sup>4</sup>, HIV disease<sup>5</sup>, infant mortality<sup>6</sup>, and mental health<sup>7</sup> among African Americans. One researcher who studies low birthweight and infant death concluded, “the black-white disparity in the deaths of babies is related not to the genetics of race but to the lived experience of race in this country.”<sup>8</sup>

On key health indicators, racial disparity in Jefferson County is alarmingly apparent. For its African American citizens, infant mortality is more than double that for whites.<sup>9</sup> Diabetes kills 33 per 100,000 blacks living in the county (compared with 19 per 100,000 whites), and HIV disease accounts for almost 10 deaths per 100,000 blacks (compared with less than 1 per 100,000 whites).<sup>10</sup> The situation has grown worse in recent years.<sup>11</sup> To transform to a healthy community for all, Birmingham must address the toll that the legacy of racism has taken.

***Birmingham cannot extract itself from poor health as long as systemic racism holds sway.***

Community Matters 20/20 has acknowledged the county’s racial disparities in its Community Health Improvement Plan for 2014-2019. Among the plan’s proposed strategies are: reducing Jefferson County’s infant mortality rate for black infants<sup>12</sup>; and decreasing the disparity in diabetes mortality between the black and white populations.<sup>13</sup>

***The solution for improved health in Birmingham and Jefferson County is important to Alabama, the U.S., and beyond.*** With the state’s largest city, a healthier Jefferson County could improve statewide outcomes, such as savings in healthcare costs and increases in productivity. Tackling this challenge, UAB will demonstrate approaches that can lessen the equity gap to improve health indicators, then offer evidence-based methods to replicate throughout the state, the U.S., and globally—wherever racial/ethnic inequities disproportionately harm people’s health.

**Desired Outcomes and Our Plan to Achieve Them.** This initiative is designed to achieve **improved health outcomes for Jefferson County**. Outcomes that will lead to that goal are:

- Health systems that treat all community members equitably;
- Healthcare that fosters trust between providers and community members; and

- Organized community dialogues for racial healing and to build bridges across the bias and discrimination felt by those most affected by health disparities.

To transform the health system, we must dismantle systemic racism. The Institute of Medicine has called for a comprehensive, multi-level strategy to eliminate racial disparities: “Broad sectors—healthcare providers, their patients, payors, health plan purchasers, and society at large—must work together.”<sup>14</sup> Our approach will bring together stakeholders from the whole system—health, government, education, housing, faith groups, media, business, foundations, justice, community members, and research/academic partners led by UAB—to create concrete collaborative actions that usher in equitable solutions for all of Birmingham’s citizens. Solutions will likely include enhancing access to healthcare, improving the cultural competency of health providers and institutions, developing wellness resources in underserved neighborhoods, creating equitable systems of care, and fostering healing across race and ethnicity.

Our team brings methods to develop, encourage, and implement evidence-based solutions to improve health, economic, and socioeconomic pathways through these steps:

- 1) **Conduct “Whole System in the Room” Workshop.** Catalyze stakeholders from all levels of the system, by bringing them together in a workshop that uses the SCALE+ approach. Stakeholders will: find common ground; generate local solutions to bring about broad and sustained collective impact; and make personal and organizational commitments for collaborative actions they will contribute over the coming 5 years.
- 2) **Offer continued opportunities for collaboration.** Maintain frequent communication among newly formed networks, follow up on commitments to work together, offer ongoing technical assistance, and guide stakeholders as they design and invest more efficiently in smart, enduring solutions that achieve common ground goals.
- 3) **Host multiple Healing and Renewal Workshops** to build bridges across racial/ethnic groups throughout society, fostering authentic dialogue to encourage meaningful change.
- 4) Use data to **prioritize a few strategic behaviors** that health providers, managers, and health consumers can adopt to bring equity to all services and interactions in the health system. Identify which behavioral determinants are most powerful in achieving change.
- 5) With UAB faculty and staff, **conduct research to affirm and refine evidence-based best practices and strategies.** Which activities lead to uptake of the priority behaviors for equitable health care? Which of those behaviors lead to improved health outcomes?
- 6) **Conduct participatory assessments** of solutions and outcomes and **monitor the impacts** of community health interventions, interactions across race, social network connections, and socioeconomic disparities
- 7) **Document and share results of this model** for replication in other communities throughout the state, the country, and around the globe.

**Conclusion.** The complexities of addressing racial health disparities is a “Grand Challenge.” These unfair and unjustified disparities reflect continued fracturing of the Birmingham community along racial lines. The vision for the community’s progress must include the meaningful and strategic goal of reducing racial inequities that affect health. Successful outcomes will address the intentional and unintentional adverse impacts that have created health disparities within the healthcare system and throughout society. Through healing, renewal, and strategic reforms in all parts of the system, we envision greater health equity for all.

## UAB Grand Challenge

### Build and Transform Birmingham into a Healthy Community: Continuing the Civil Rights Journey

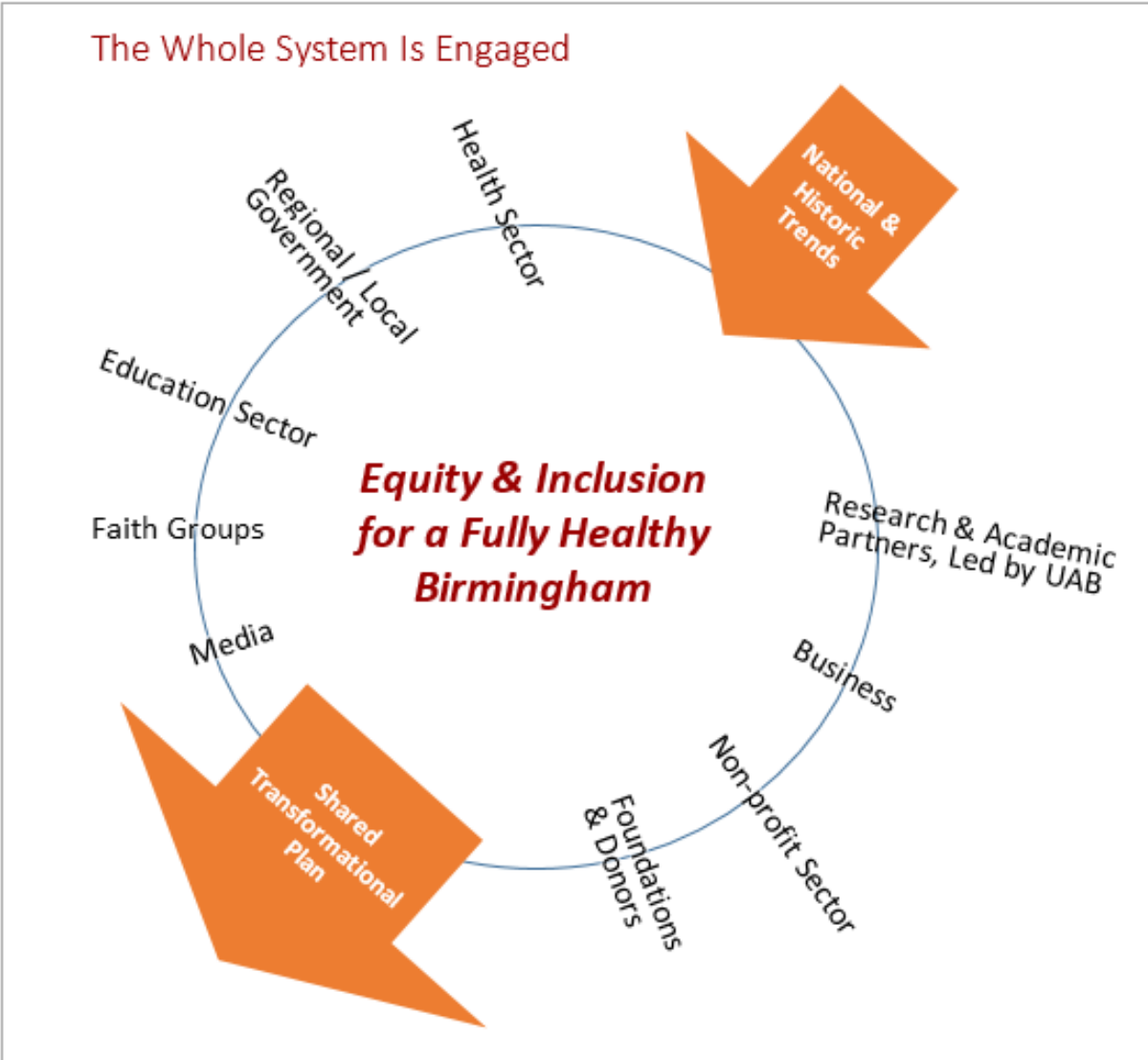
#### The Team

The team that includes Kids in Birmingham 1963, VISIONS, Inc., and FHI 360, seeks an opportunity to join with faculty and staff of UAB to *Build and Transform Birmingham into a Healthy Community: Continuing the Civil Rights Journey*.

Our team offers diverse perspectives and a variety of tested methods to address systemic racism with the aim of improving health outcomes for all of Birmingham's citizens. To ensure that we consider convergent approaches, we have assembled an interdisciplinary team of partners with experience in systems approaches, social and behavioral change, and racial healing and renewal. Despite the persistence of bias, discrimination, and resultant health disparities, we are confident that the practical, proven methodologies we bring will spark a breakthrough.

- **Kids in Birmingham 1963** is a community of people who came of age as Birmingham played a pivotal role in progress toward civil rights. Its members, now living in 13 states and the District of Columbia, offer years of experience and skills in public health, public administration, equity and inclusion, social and behavioral change, systems approaches, business, and education. *For the UAB Grand Challenge*, the diverse and talented Kids storytellers are ready to bring these experiences, skills, and energy back to the city where they grew up. They will model authentic community dialogue to bring healing and creative solutions for a more equitable Birmingham.
- **VISIONS, Inc.** is a women and people of color founded nonprofit with over 30 years of national and international experience in providing organizational assessments, consultation, training, and technical assistance on issues of diversity, equity, and inclusion. To equip individuals, organizations, and communities with the tools needed to address disparities and inequities, VISIONS supports organizations in enhancing their diversity and inclusion capacity. Through creative and collaborative problem solving, VISIONS has helped to ensure that organizations' plans and initiatives, as well as their policies and procedures, reflect and account for their real and/or desired diversity and equity goals. *For the UAB Grand Challenge*, VISIONS will replicate the Healing and Renewal Workshop it is offering in Birmingham during the Kids in Birmingham 1963 Legacy Building Retreat in September 2018.
- **FHI 360** is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Its **SCALE+** approach is a systems methodology that has brought about broad and sustained collective impact on challenges from food security and nutrition in five countries of Africa and Asia to sustainable lobster fishing in Central America. *For the UAB Grand Challenge*, FHI 360 will implement SCALE+ and its Whole System in the Room workshop to accelerate

broad stakeholder engagement in collaborating to address the complex societal changes that will lead to a more inclusive and equitable system and better health outcomes for Birmingham.



## Build and Transform Birmingham into a Healthy Community: Continuing the Civil Rights Journey

### Individual Team Members



**Jacquelin Clarke Bell** brings over 35 years of professional experience in the planning, development, administration, and control of finance, budget and accounting operations and systems. As Vice President at San Diego City College, she successfully provided oversight and effective accountability in a broad participative process of master plan implementation and stakeholder involvement as part of a \$1.6 billion Facilities Construction/Campus Improvement Bond Measure. She provided Senior Administrative oversight implementing IT/Financial Systems and updating operational and fiscal processes at the University of California, Davis Departments of Land, Air, Water Resources, Fish and Wildlife, Environmental Toxicology. Bell offers exceptional analytical and technical skills in project management, governance, and constituent relationship management. Bell's executive level leadership expertise covers sourcing and acquisition management, vendor performance and compliance management, program/project management, quality assurance, and risk mitigation. Bell's experience in community governance spans more than a dozen organizations, including North Bay Healthcare Foundation as Director and Chairperson for Corporate Sponsorships; Sutter Regional Medical Foundation, Governance Board, as Director; City of Fairfield, Planning Commission as Chairperson. She has recently taken on a leadership role in the Kids in Birmingham 1963 community. Bell holds a BA in Economics from Spelman College and an MBA in Finance from Clark Atlanta University. At the University of California, Berkeley Extension Center, she completed studies in Creative Innovation/Design Thinking.



**Ann Jimerson**, a social and behavior change specialist and the founder of **Kids in Birmingham 1963**, listens to people's stories and unlocks behavior. Applying FHI 360's SCALE+ approach, Jimerson planned and facilitated "Ghana's Global Food Security Strategy (GFSS) Stakeholders Workshop." The January 2018 workshop, in Accra, Ghana, enabled 132 participants from nine diverse food security and nutrition stakeholder groups to achieve a common vision and create an action agenda. As senior social and behavior change specialist at Alive & Thrive, she spearheaded a team to [study effects of religious fasting](#) on young children in Ethiopia. The program created shifts in social norms on feeding children eggs and milk on fasting days, significantly increasing the percentage of children consuming foods from 4+ food groups during Lenten fast from 5% to 25%

in just 2 years. In the U.S., Jimerson pioneered the theory-based design of USDA's "[Eat Smart, Live Strong](#)" workshops, increasing low-income older adults' average daily fruit consumption by 0.2 cups, and vegetables by 0.31 cups. In 20+ countries, Jimerson has bettered programs on nutrition, child health, family planning, education, tourism, environment, and social justice. The daughter of a civil rights worker in Birmingham, Jimerson conceived and created [Kids in Birmingham 1963](#), an online community to convene 50+ storytellers who came of age at the height of the civil rights movement. She has brokered close to 100 requests from students and media for interviews with the site's storytellers, who tell their stories to spark actions for social justice. With Deborah J. Walker, she is co-leading design of the September 2018 Kids in Birmingham 1963 Legacy Building Retreat.



**John Capitman, Ph.D.**, co-founder of VISIONS, is a social psychologist specializing in race/ethnicity, gender, and life-course issues. His work explores how public policies and practitioner decisions create and sustain inequalities in health and wellbeing. Dr. Capitman helped to develop the modern racism theory highlighted in VISIONS workshops and consultations. Currently he serves as the Executive Director of the Central Valley Health Policy Institute and Nickerson Professor of Public Health at California State University, Fresno. He earned his doctorate from Duke University.



**Deborah J. Walker, Ph.D.** is a senior multicultural and organizational development consultant with VISIONS, Inc., who has written on the impact of racism on health. She has managed organizational assessment, technical assistance, and training projects for a wide range of business and corporate leaders and managers, police, community groups, legal professionals, educators, and healthcare providers since 1986. Her primary foci are systems-change, organizational problem-solving, personal empowerment, conflict resolution, teambuilding, and cross-cultural communication. Much of her recent work has been supporting organizations in developing their diversity and inclusion plans. Her personal goal is to help create and maintain organizational environments that recognize, understand, appreciate and utilize differences. Walker's background is in higher education administration. She has served both in a faculty and administrative role and worked for 12 years at Miles College in Birmingham. She has written extensively on diversity, equity, and inclusion. Her story "[On Whose Shoulders I Stand](#)," was selected for inclusion in [Perspectives for a Diverse America](#), an online curriculum developed by Teaching Tolerance program. She was the City of Charlotte's 2014 Martin Luther King, Jr. Medallion Award recipient. Walker is a leader in the Kids in Birmingham 1963 community. She is co-



leading design of the September 2018 Kids in Birmingham 1963 Legacy Building Retreat, for which she is responsible for its Healing and Renewal Workshop. Walker received her Bachelor and Masters' degrees from UAB and also taught in Special Studies.



**Riley Abbott, MPS** is a Technical Advisor with FHI 360's Global Engagement, Employment and Education Group and leader in the **SCALE+** approach. Riley brings more than thirteen years' progressive experience working with US Government and UN programming in civic engagement, civil society capacity strengthening, and community transformation in complex settings. He advises FHI 360 teams on the practical application of SCALE+, with its systems-based methodologies and multi-stakeholder engagement processes, in existing and upcoming programs. In a Jamaica project, Riley has been leading a team of five to engage government, civil society, business, and academic sectors in developing strategies to address community violence in volatile neighborhoods. In Honduras, he is leading the technical component for collective action to advocate for improved government transparency and accountability. Riley is also the Learning Coordinator on the *Strengthening Civil Society Globally* program where he manages a research agenda to support development practitioners. Riley is a Spanish speaker and Returned Peace Corps Volunteer and holds a Master's Degree in Sustainable Urban Planning from the George Washington University.



**Joseph N. Sany, Ph.D.** is the Technical Advisor in the Civil Society and Peacebuilding Department (CSPD) at FHI 360. He is a specialist in peacebuilding, peacekeeping, and civil society. Sany has more than 15 years of proven experience supporting and advising local and international organizations including the United Nations missions, USAID missions, and United States Institute of Peace (USIP), on innovative approaches related to training, programming, human and institutional capacity strengthening, as well as programming in the areas of youth development and livelihoods, countering violent extremism, civil society development, and peacebuilding in Africa. He possesses technical expertise in designing and facilitating high quality multi-stakeholders' dialogues for collaborative actions, and research and program design to strengthen youth livelihoods and community resilience. He has researched and published scholarly articles on community mobilization, conflicts, and interventions in fragile and post-conflict societies; and his Dissertation research focused on local ownership of international peacebuilding and development projects. He holds a Ph.D. in Public Policy and an M.Sc. in Conflict Analysis and Resolution from George Mason University; and is fluent in English, French, and West African Pidgin English.

May 1, 2018

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## References

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- <sup>1</sup> Pascoe, E. A., & Richman, L. S. (2009). Perceived Discrimination and Health: A Meta-Analytic Review. *Psychological Bulletin*, 135(4), 531–554. <http://doi.org/10.1037/a0016059>
- <sup>2</sup> Racism and Mental Health. <https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2017/10/racism-and-mental-health>
- <sup>3</sup> Sims, M., Diez-Roux, A. V., Dudley, A., Gebreab, S., Wyatt, S. B., Bruce, M. A., ... Taylor, H. A. (2012). Perceived Discrimination and Hypertension Among African Americans in the Jackson Heart Study. *American Journal of Public Health*, 102(Suppl 2), S258–S265. <http://doi.org/10.2105/AJPH.2011.300523>
- <sup>4</sup> SoRelle, R. (2000) Gap Between Death Rates for Blacks and Whites Remains as Large as in 1950. *Circulation*, 101(12) <http://circ.ahajournals.org/content/101/12/e9026>
- <sup>5</sup> Brondolo, E., Gallo, L.C. & Myers, H.F. Race, racism and health: disparities, mechanisms, and interventions. *J Behav Med* (2009) 32: 1. <https://doi.org/10.1007/s10865-008-9190-3>
- <sup>6</sup> Wallace, Maeve, Joia Crear-Perry, Lisa Richardson, Meshawn Tarver, and Katherine Theall. “Separate and unequal: Structural racism and infant mortality in the US,” *Health & Place* 45, (2017): 140-144. <https://www.sciencedirect.com/science/article/pii/S1353829216304452?via%3Dihub>
- <sup>7</sup> Shervin Assari, et al. Racial Discrimination during Adolescence Predicts Mental Health Deterioration in Adulthood: Gender Differences among Blacks. *Frontiers in Public Health*. 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5447045/>
- <sup>8</sup> Villarosa, Linda. “Why America’s black mothers and babies are in a life-or-death crisis.” *The New York Times Magazine*, April 11, 2018. Villarosa references a 2007 article in the *American Journal of Public Health* (David and Collins) dispelling “the notion of some sort of gene that would predispose black women to preterm birth or low birth weight.” She includes a quote that captures David’s hypothesis, as he explained in interviews: “For black women, something about growing up in America seems to be bad for your baby’s birth weight.”
- <sup>9</sup> As reported in *County Health Profiles 2015*. <http://www.alabamapublichealth.gov/healthstats/assets/chp2015.pdf>, infant mortality is 14.7 per 1,000 births for blacks in Jefferson County, compared with 6.4 for whites.
- <sup>10</sup> Ibid.
- <sup>11</sup> *Community Health Status Assessment Executive Summary, Community Matters 20/20*. <http://www.jcdh.org/wp-content/uploads/2016/04/CHSA.pdf>. For a number of health concerns, the relative *rate of movement* (whether improving or declining) is *poorer* for Jefferson County’s blacks than for whites, including for very low birthweight, mortality among children 1-14 years, heart disease, cancer (liver, lung, breast, colorectal, and prostate cancer), and diabetes. Relative percent change (movement) is assessed from 2000 to 2012.
- <sup>12</sup> *Community Health Improvement Plan, Jefferson County, Alabama, Work Plan, November 2014–November 2019*. <http://www.jcdh.org/wp-content/uploads/2016/04/Community-Health-Assessment-2014.pdf>
- <sup>13</sup> Ibid.
- <sup>14</sup> Institute of Medicine. *Unequal treatment: What healthcare providers need to know about racial and ethnic disparities in healthcare*. March 2002. [https://www.nap.edu/resource/10260/disparities\\_providers.pdf](https://www.nap.edu/resource/10260/disparities_providers.pdf)