

PRIORITY: COUNTER PRO-TOBACCO INFLUENCES	Start/End Date	Who is Responsible	Process Evaluation/Tracking Measures
I. By 6/30/99, 5-8 Interns and Advocates will conduct one Community Capacity Building Diagnosis and Action:			
<p>1. Attend mandatory ongoing meetings and submit quarterly reports.</p> <p>a. Attend mandatory Provider Advocacy Group or Global Action Task Force meetings (monthly). At least one staff and one advocate attends.</p> <p>b. Attend mandatory Coalition meetings (every 3 months)</p>	12/99 – 6/30/01	Providers (staff, interns and advocates or community health workers)	Meeting minutes
<p>2. Set up administrative functions:</p> <p>a) hire minimum .5 FTE staff person, 2 interns/advocates</p> <p>b) set up mechanism to compensate advocates</p>		Providers	Training agenda and sign in sheet
3. Attend staff training	12/1/99 – 12/31/99		
<p>4. Raise Awareness/Solidarity Campaigns</p> <p>Choose to: 1) actively participate with a buddy in another country and work on one campaign – or – 2) work on all three campaigns: 4/15/00 National Kick Butts Day; 5/30/00 World No Tobacco Day; 5/30/01 World No Tobacco Day</p>	2/00 – 5/31/01	Providers	Campaign materials
5. Community action:		Providers	Training agenda and sign in sheet

<p>a) Staff recruit 5-8 advocates and interns.</p> <p>b) One to two staff and advocates and interns participate in TFP training to address CCB and tobacco control issues</p> <p>c) Advocates, interns and staff design diagnosis from among suggested tools identified in CCB training and submit diagnosis plan and tools to TFP for approval.</p> <p>d) Advocates, interns and staff conduct diagnosis</p> <p>e) Advocates, interns and staff analyze diagnosis findings with assistance of evaluation contractor.</p>	<p>Jan – Feb/00</p>	<p>Providers</p>	<p>Training agenda and sign in sheet</p>
<p>f) Advocates, interns and staff submit for approval by TFP an action that meets the three criteria defined by TFP and action plan to complete the action. The action plan must include the following activities with timeline:</p> <ul style="list-style-type: none"> 1) Outreach plan (to community, agencies and policy makers) 2) Advocate training and skill development plan 3) Media advocacy plan 4) Model policy development plan 5) Evaluation plan 	<p>5/1/00 – 6/30/00</p>		
<p>g) Provide report on action plan at TFC meeting.</p>	<p>6/1/00-7/30/00</p>		
<p>h) Advocates and interns implement the action plan</p>	<p>7/00 – 12/31/00</p>		
<p>i) Advocates and interns develop and implement mechanisms to ensure new policy is complied with including periodic community compliance checks.</p>	<p>1/01/01 – 6/30/01</p>		

Seven Principles Project

for African American Infant Survival & Community Unity *

* formerly known as *RAISE!*
(Raise African-American Infant
Survival, Erase Disparity)

San Francisco
Department of Public Health
30 Van Ness, Suite 2300
San Francisco CA 94102
415-581-2400 ph
415-581-2490 fax
www.dph.sf.ca.us

Booker T. Washington
Community Service Center
800 Presidio Avenue
San Francisco, CA 94115
415-928-6596 ph
415-928-6927 fax

CAHEED, Inc.
1030 Oakdale Avenue
San Francisco, CA 94124
415-642-9886 ph
415-642-9094 fax

Family Health
Outcomes Project
3333 California Street
San Francisco CA 94118
415-476-5283 ph
415-502-0848 fax

Jelani House
1601 Quesada Street
San Francisco CA 94124
415-822-5977 ph
415-822-5943 fax

I.T. Bookman Community
Center (formerly Pilgrim
Community Center)
446 Randolph Avenue
San Francisco CA 94132
415-586-8020 ph
415-586-0972 fax

www.sevenprinciples.org

Community Action Model: Infant Mortality and Health Disparities 101

Racial and ethnic disparities are a major public health concern. The overall access to health care in the United States does not represent the population as a whole. Even when they do receive health care services, the quality of care for minority populations – including African American, American Indian, Asian/Pacific Islander, and Hispanics – is severely lacking.

Studies have shown that African Americans in the United States have many chronic health conditions such as hypertension, cardiovascular disease, diabetes, and high cholesterol. These conditions originate from social factors such as lifestyle choices, the environment, and access to health care. Another cause for these conditions is genetics or those factors that are passed on from generation to generation. Medical science seeks to approach these issues from a scientific standpoint. Public health aims to address the social factors that lead to poor health. By using tools to prevent people from getting sick, many of these chronic conditions can be identified long before they surface. Additionally other health factors can be managed more effectively, such as infant mortality.

Infant mortality is something that is very personal and stirs many emotions in us. As a community in San Francisco we have seen the numbers and we know all too well how losing an infant can be very hurtful to our families. Action must be taken into our hands to ensure that individuals in our communities do not have to endure this pain.

Exactly what causes infant mortality? The fact is there are many factors that lead to infant mortality, some directly and some indirectly. The direct causes are sudden infant death syndrome (SIDS), low birth weight, age of mother (under 20 and over 40), and smoking during the pregnancy (both by the mother and in some cases the father). Some indirect causes are the social and economic environment (poverty, poor living conditions, violence, institutional racism, and drug and alcohol problems in the family), and access to health care (regular screenings).

The Community Action Model (CAM) is structured to empower communities to address the social and economic factors that lead to the tragedy of infant mortality. If we can improve these conditions and manage to create sustainable solutions, it will not only help those we are close to now, but also people and generations to follow. The best way to achieve this is through community driven social change and not individual change.

Overview of The Seven Principles Project

The Seven Principles Project is a federal [Centers for Disease Control & Prevention](#) funded demonstration project with four interventions to be tested for effectiveness, both separately and combined, to improve the health and survival of African American infants and their families.

The goals of The Seven Principles Project, funded by the CDC's REACH 2010 Initiative, are to reduce and perhaps eliminate disparities in infant mortality rates; improve African American infant survival; and improve the health of families and communities with infants through developing community capacity.

San Francisco surpassed the Year 2000 and 2010 objectives for reducing infant mortality in the late 1990s. However, the disparity between African American and White infant mortality rates persists with African Americans infant mortality rates remaining 3 to 5 times higher than Whites. Other health disparities between African Americans and most other groups continue throughout the

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Through the four "promising" interventions, individuals, families and the whole community are targeted with behavioral, environmental and social activities that promote protective factors. Community unity, spirituality, faith and creativity are essential messages of the project and represent in part the [Nguzo Saba](#), the Seven Principles of Kwanzaa.

The four interventions are:

- Neighborhood-based social support and health education for pregnant and parenting African American women and men. The concept of forming social networks is an important tool for developing and sustaining healthy communities.
- Health care provider's training to improve knowledge and skills of working with African Americans. When our community's physicians, nurses, and medical personnel are sensitive to African American cultures, they are more likely to contribute to positive, healthy outcomes.
- A community awareness campaign to increase knowledge of infant health issues through social marketing in the targeted neighborhoods. The reality is our communities do not realize there are problems nor are they aware of the facts contributing to infant mortality.
- Neighborhood-based community action for health improvement through "Community Action Teams" and the Community Action Model. If we intend to promote change in the system, then we need to work together as a community to solve our problems, rather than as one individual.