

*March of Dimes*  
*Community Voice Evaluation*  
**Quarterly Report**  
**January—June 2010**

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Prepared for:

**Governor's Office of Children's Care Coordination**

**Women's Health for Underserved Areas & Infant Mortality Initiatives**

Prepared by:

THE UNIVERSITY OF  
**MEMPHIS**

Center for Research on Women

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We offer special thanks to the participants of the Community Voice program for their participation in the evaluation. Their dedication to reducing and preventing infant mortality in the Memphis and Shelby County area is inspiring.

# Evaluation

## Evaluation Planning

### Community Voice Evaluation Team meetings

The Community Voice Evaluation Team met once a month to discuss evaluation progress, data collection and management, and work collaboratively to provide feedback to Community Voice staff, produce reports for stakeholders, and update measures and procedures.

### Collaboration with the March of Dimes

**Meetings with March of Dimes Community Voice Team.** Evaluation team members and Community Voice Project Director held monthly meetings by phone and in person to coordinate evaluation efforts such as procedures, database interfacing, and scheduling and provide feedback on training sessions.

### Collaboration with the Shelby County Infant Mortality Reduction Partners and Core Leadership Team

**Community Voice Partners Meetings.** Monthly meetings are scheduled for the Community Voice partners by the Shelby County Coordinator of the Infant Mortality Initiative. The evaluation team and March of Dimes Community Voice staff participated in these meetings to discuss project progress and related matters.

**Core Leadership Team Meetings.** Members of the evaluation team participate regularly in monthly meetings of the Core Leadership Team, the Governor's initiative aimed at reducing the infant mortality rate in Memphis and Shelby County.

**Shelby County Infant Mortality Reduction Initiative Data Committee Meetings.** Several members of the evaluation team are members of the Infant Mortality Data Committee and participate in those meetings as they occur.

## Data Collection and Management

### Training Participation and Observations

Evaluation team members attended and observed 52 Community Voice training sessions during this period. A member of the evaluation team typically attended the first and last sessions of a training to collect data and observe the training, as well as take notes, which were later coded. In addition to observing the first and last sessions, a team member observes an additional session.

Following are the training sessions in the current period in which observations have been conducted and data have been collected:

- TNCSA : Sessions 1 (February 18th); 3 (March 4th); and 5 (March 18th)
- Bridges USA, Inc: Sessions 1 (March 8th); 3 (march 10th); and 5 (March 12th)
- Church Health Center/Hope and Healing Center: Sessions 1 (March 1st); 2 (March 8th); and 5 (March 29th)
- SMILES Program: Session 1 (March 4th) and 2 (march 5th)
- Southeastside Church of Christ: Sessions: 1 (March 6th) and 2 (March 13th)
- Southwest Community College: Sessions 4 (April 14th) and 5 (April 21st)
- Rangeline Neighborhood CDC: Sessions 1 (April 26th); 3 (April 28th); and 5 (April 30th)
- Baby Love: Sessions 1 (April 10th) and 2 (April 17th)
- Bridges USA, Inc. : Sessions 1 (April 12th); 2 (April 13th); and 5 (April 16th)
- Baby Love,: Sessions 1 (April 22nd) and 2 (May 6th)
- Kairos Services : Sessions 1 (January 4th); 2 (January 5th); and 3 (January 8th)
- Porter Leath: Sessions 1 (January 11th) and 2 (January 12th)
- Rangeline Neighborhood CDC: Sessions 1 (January 11th); 3 (January 13th); and 5 (January 15th)
- Temple of Deliverance Boundtiful Blessings: Sessions 1 (January 25th); 3 (February 1st); 5 (February 5th)
- Hamilton High School: Sessions 1 (January 25th); 3 (February 1st); and 5 (February 5th)
- La Petite Academy: Sessions 1 (February 6th) and 2 (February 13th)
- Whitehaven High School: Sessions 1 (February 10th); 3 (February 17th); and 5 (February 22nd)
- St. Jude Baptist Church: Sessions 1 (February 20th) and 2 (February 27th)
- Eastern Star Angel 53: Sessions 1 (February 20th) and 2 (February 21st)
- Kairos: Sessions 1 (February 22nd); 4 (February 25th); and 5 (February 26th)

### Coding Data

During this reporting period, the graduate assistants of the evaluation team continued coding the observations. This data was entered into N-VIVO (a qualitative data analysis software) to organize and analyze the data for all three years of Community Voice. In addition to analyzing the data, graduate assistants performed a content analysis on the Community Voice educational slides and materials for changes and omissions over time; as well as conducted comparisons between the American College of Obstetricians Gynecologist guidelines and Community Voice material content. Graduate Assistants, along with the research associate, conducted two focus groups and three case studies to gain a more in-depth look at how Lay Health Advisors take the message of Community Voice "to the people."

# Impact / Outcomes

## Preliminary Results of Data Analysis

Periodically, team members provide feedback to the Director and each Outreach Specialist based on the trainings they conducted, and the post-training questionnaire participants completed at the end of each of their trainings. Training sessions that included less than ten participants were added to other small training groups so scores or comments could not be identifiable to specific individuals.

Data analysis has been performed on survey data collected from participants/LHAs both before and after completing the training. Below (see Section E) is a summary of findings based on the data collected to date, including participant demographics, total number of participants and training sites, pre- and post-knowledge test results, the number of contact reporting forms returned and contacts made, participants' evaluations of the trainings, and participant, church, and agency data.

## IMPACT/OUTCOMES

The following is a summary of findings based on pre- and post-training survey data collected from Community Voice participants. This data includes information for trainings completed.

### Project Reach

Between January 1 and May 30 2010, a total of 258 potential participants committed to participating in training. (Note: this number does not include groups from Bridges and Baby Love as recruitment numbers were not available for these sessions). A total of 292 participants attended at least one training, and completed at least one survey or test. In order to calculate the attrition rate from recruitment to actually attending sessions, the participants from Bridges and Baby Love are not included, which leaves a total of 229 being calculated as completing at least one survey or test. Based on this calculation, the attrition rate from

recruitment to completing at least one survey is 12.66 %. Out of the 285 participants who completed the pre-knowledge test, 252 actually took the post-knowledge test, resulting in an attrition rate of 13.09%.

Table 1 shows the locations, zip codes, and dates of Community Voice training groups completed from January 1 and May 30 2010. The number of participants recruited and confirmed as reported by the March of Dimes Community Voice staff. The fifth column shows the number of participants who completed the background information questionnaire and indicates the number of participants in attendance at initial sessions. The sixth column shows the number of participants who completed the post-training questionnaire and indicates the number of participants in attendance at the last session. Column seven indicates the number of participants who passed the post-training knowledge test and successfully became Lay Health advisors.

### Demographics

Table 2 represents the number of participants who began training since January of 2010. A total of 288 participants completed pre-training measures. Findings show that:

- 87.5% of the participants were women
- 88.2% were African American
- The mean age of participants was 30.02, with 74.6% of the participants under the age of 45.
- 43.4% have not completed high school. The high percentage of participants who have not completed high school is partially due to the fact the two of the training groups were hosted at high schools.
- 42.6% have completed some college or have post-secondary degrees.

Table 3 shows the zip codes in which participants reside. The Community Voice program is targeting 5 zip codes based on infant mortality rates, including 38106, 38109, 38116, 38118, and 38127. Of the 278 participants who completed pre-training measures, 96 (33.3%) were residents of the targeted zip codes. Of the 243 LHAs who completed the pre-training measures, 82 (33.7%) were residents of the targeted zip codes. Table 2 shows the zip codes in which participants reside. The Community Voice program is targeting 5 zip codes based on infant mortality rates, including 38106, 38109, 38116, 38118, and 38127. In calendar year 2009, of the 423 trained LHAs, 116, or 27.4% were residents of the target zip codes.

Table 4 lists the locations and zip codes of the host sites, as well as the number of participants trained at each site. 6 of the host sites were located in the target zip codes.

Participants were asked several questions related to their family and experience with pregnancy and infant mortality (see Table 5). Responses indicate:

- over 65% had experienced an infant death in their own or a close friend's family
- 44.7% of the participants lived in a home with a woman of childbearing age
- 27.5% were currently pregnant, lived with someone pregnant, or were trying to get pregnant

On the Background Information Questionnaire, participants were asked about how they learned about Community Voice (see Table 6).

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# Impact / Outcomes

## Participant's Interest in Telling Others about Community Voice and Perinatal Health/Infant Mortality

On the Background Information Questionnaire (BIQ), participants were asked to indicate how many people from specified categories they would be most likely to share information with about the Community Voice Project (Figure 1). Over half (57.2%) of the participants said they would be willing to speak with 1 to 5 friends about Community Voice; and 51.6% of participants said they would be willing to talk with 1 to 5 family members. However, 30.1% of participants said they would be not be willing to talk about Community Voice with people outside of their:

- Friends
- Family
- Church
- Neighborhood residents
- Co-workers or classmates

## Participant Responses to the Post Training Questionnaire

At the conclusion of training, 245 participants completed the Post Training Questionnaire, a survey that allows participants to describe their Community Voice training experience. Table 7 shows the average score for items related to the timing of the sessions, materials used for teaching, curriculum, the instructors' effectiveness, and participants' self-efficacy.

## Pre and Post Knowledge Tests

Before the start of training, participants were asked to complete a knowledge pretest. This test was then administered again at the end of the 5<sup>th</sup> training. A total of 285 participants took the pre-knowledge test and 11.5% of those passed the test. A total of 252 took the post-knowledge test and 248 (98.4 %) of participants passed the knowledge test after completing the Community Voice training. Table 8 lists the multiple choice and True/False



questions and answers and the percentage of participants who answered each question correctly on the pre- and post-tests.

## Contact Reporting Forms Data

Following training, Lay Health Advisors (LHAs) are asked to report on their interactions with people in the community. To report these conversations, LHAs were asked to complete a contact reporting form each time they spoke to individuals or groups. A total of 33 LHAs have returned 758 contact reporting forms ranging from 1-305 forms per LHA. On these forms, from January 2010 through May 30, 2010, **LHAs reported contacting a total of 4720 people** as individuals or in the groups with whom they have spoken about the Community Voice program and perinatal and pre-natal health issues

Of the contacts made, 82.2% were with individuals, 10.6% were informal conversations with a small group, 4.2% were group presentations, and 3% were unidentified types of contacts. Of these contacts, 42.1% lasted 5-15 minutes. Table 9 shows the age ranges of persons contacted by LHAs. Additionally, one LHA created a Community Voice page on Face Book and was able to reach over 600 people by posting related materials on the page.

LHAs also indicated what they discussed with each contact by choosing from a list of 15 topics provided on the contact reporting form. Participants were able to choose more than one answer from the list. Figure 3 indicates which topics LHAs are discussing when they disseminated information about perinatal care and infant mortality.

The last question on the contact reporting form asked LHAs to select circumstances in which they made contacts by choosing from a list of 12 potential contact contexts that are provided on the form. Participants were able to choose more than one answer from the list. Figure 4 shows the percentages of contexts or circumstances in which LHAs were able to disseminate information about perinatal care and infant mortality.

## Focus Groups

To gain further understanding of how Lay Health Advisors spread the message of infant mortality to the Memphis community, and two focus groups with 23 Lay Health Advisors were conducted to assess strategies and behaviors for "taking it to the people." Participants included 14 teens trained at a local high school, and 9 adult women trained at various locations. Discussions with these Lay

# Impact / Outcomes

Health Advisors revealed the following:

- Both the adult and teen Lay Health Advisors agree that the primary audience for “taking it to the people” are their family, friends, and co-workers. For teens, this is a matter of convenience as they have several friends and family members who are young mothers and find acquaintances much easier to talk to.
- Adult Lay Health Advisors found that sharing with their family and friends was great practice, and made it easier to share with community members outside of their circle.

*I talk to my cousin because she's a first-time mother. And the first time she got pregnant she had a miscarriage so we was just there for her then...I just talk to her about, like, the things she needs to keep an eye on. Like the house safety and how to lay the baby on its back.*

- Lay Health Advisors agree that a friendly demeanor works the best to build rapport and credibility when approaching the community.
- Lay Health Advisors build casual conversations upon the name recognition of March of Dimes, calling it “a household name”.
- WKNO's *Beyond Babyland* has helped several Lay Health Advisors open the door for a discussion about infant mortality.

*After that show [Beyond Babyland], I would ask people, 'Did you see that?' And several people said yes or no, but either one gave me a chance to talk.*

- Current Lay Health Advisors advise new Lay Health Advisors to really know the material and to start with one-on-one conversations before moving on to larger groups.

- Lay Health Advisors are also conducting organized presentations for their churches, and have found that having tangible, portable material is a valuable outreach tool.

- Teenage Lay Health Advisors reported utilizing the Facebook group, and several adult Lay Health Advisors used email and telephones to disseminate information about Community Voice.

- Adult Lay Health Advisors frequently discussed “smoking cessation” and “how the man can affect the baby, preterm”

- Teen Lay Health Advisors discuss SIDS, prenatal care, child safety, and how others can become Lay Health Advisors

*You know, a lot of teen parents they'll get very agitated and irritated with the baby crying. And I'll tell her [a friend] like, don't shake the baby and stuff*

- Teen Lay Health Advisors find talking about Domestic Violence a touchy subject, but have found sensitive ways in which to share the information

- Both adult and teen Lay Health Advisors found that interest in Community Voice is high, but sometimes seniors tend to reject messages, such as ‘back-to-sleep’, when it conflicts with their belief systems

- Teen Lay Health Advisors found it more difficult to talk with other teenagers about Community Voice, while many adult Lay Health Advisors found their interactions with teens a success

*I didn't talk to nobody. No men, no women. And that's kind of hard, a guy trying to talk to some women about this. Ain't going down.*

- Adult Lay Health Advisors agree that being a LHA is a lifelong commitment, whereas teenage Lay Health Advisors expressed concern over their future rolls.

*At church, we have a group of young men...that come, they come for bible study and to play basketball. So I asked the leader if I could come in one night...I was saying to myself, 'Well, they're not going to be interested in this.' ... When I finished, they had questions, everybody wanted a book. ... I was so pleased with their attitudes...*

- Almost all LHAs, regardless of age, participated in local health fairs and feel these events are valuable outreach tools.

- Adult LHAs want to integrate Community Voice material into local schools. Teen LHAs also support this suggestion.

# Impact / Outcomes

## Case Studies

In addition to conducting focus groups to understand how Lay Health Advisors are impacting the community, three of Community Voice's top Lay Health Advisors were interviewed. LaBronda, Rachel, and Nicole are not only Community Voice's top contact reporting form returners, but each of these women found strength and purpose through their roles as community Lay Health Advisors.



### LaBronda

LaBronda's curiosity in all the "purple shirts" (Community Voices' signature color) led her to become a Lay Health Advisor. She has taken this role to another level by starting a youth group targeting 11 to 18 year olds. LaBronda uses this group as an opportunity to educate Memphis youth about infant mortality. Read more about LaBronda's story in Appendix A.

*...I try to form a way to at least get their attention and then they will be attentive to me...*

### Rachel

Prior to Rachel's training to become a Community Voice Lay Health Advisor, she never could have imagined that a ten hour training on infant mortality could impact her life in such a huge way. Since becoming a Lay Health Advisor, Rachel has become a very active volunteer for the March of Dimes, has conducted several group presentations, and appeared in a documentary on infant mortality. See Appendix B to read more about Rachel's inspiring story.

*Everybody knows me as the 'March of Dimes Lady'. Some people don't even know my name...*

### Nicole

Like LaBronda and Rachel, Nicole has used her training as a Community Voice Lay Health Advisor as a springboard for action in her community. In addition to conducting outreach, she has organized training, been interviewed by local media and launched her own grassroots organization. Nicole has found purpose and excitement in this social issue. Read more about her story in Appendix C.

*We're not [just] talking about it, but we are actually out there in the field, actually doing it. And it's a great feeling, knowing that you can be helping somebody's baby stay alive. It's amazing*

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# Appendices

## Case Study: LaBronda

LaBronda has been a very active lay health advisor for the Community Voice program since being trained in the summer of 2009. One of her primary goals has been spread the word about infant mortality in the African American Community. She initially learned of Community Voice through an organization that she is affiliated with. Other members of the organization began talking about the program and sparked her attention. As she pointed out, *I always saw the purple shirts...purple, purple, purple. So I was like, who are these people with these purple shirts?"* After learning more about the program, she finally asked to join one of the training groups. That training inspired her interest in spreading the word about infant mortality and other related topics.

LaBronda has had the opportunity to speak with teens, as well as, older audiences about what she has learned through Community Voice. One of the fascinating characteristics about LaBronda is her ability to gain the trust of others so that she is able to spread the word. When asked about her approach to speaking with people, she responded, *Yea, I try to form a way to at least get their attention and then they will be attentive to me.* LaBronda's bubbly personality has also led others to approach her with questions about the program. In recounting her most memorable conversation, she told the story of an elderly woman who approached her at a health fair as she was setting up poster board with information about smoking, birth defects, and folic acid. The woman wanted to know the importance of the pinto beans on display. After explaining the importance of the display, the two ladies shared laughs. LaBronda saw this as an opportunity to share even more information. The conversation led to a discussion about lunch meat and listeriosis and the woman jokingly stated, *baby I love lunch meat... baby if you give me some lunch meat and some crackers...*

LaBronda also noted that most people have been accepting of the information, even if it goes against information given to them in the past. She said, *Well, they kinda look at me at first".* When discussing the dangers of smoking while pregnant, LaBronda remembered someone saying, *well my mom smoked when she was pregnant with me and ain't nothing wrong with me.* She was able to explain that now there are more resources available that warn pregnant women about the dangers of smoking and second hand smoke.

The training that LaBronda received through Community Voice has also motivated her to start a youth group that targets youth between the ages of 11- 18. Using information and brochures from the Community Voice program, she has been able to spread important information to younger audiences.

Not only has Labronda had the opportunity to share information with others, but she has also used it to make key changes in her own personal behaviors. For instance, she does not even allow her older children to sleep on their stomach. She has also made changes in the way that her family eats by making sure that everyone gets the proper amount of folic acid.

One of the motivating factors in keeping Labronda involved has been seeing or hearing about the changes that others have made as a result of new information given to them. In one specific instance, Labronda was approached by a young lady who was happy to reveal that she had stopped smoking during her pregnancy after receiving information about the dangers of smoking while pregnant. Being a lay health advisor is a title that Labronda has carried around proudly. She views her role as a lifelong commitment.

## Case Study: Rachel

Rachel speaks on infant mortality before a large audience of men and women in inner city Memphis. Later, she sits in a woman's home, counseling her about prenatal vitamins. She also appeared in a June 2010 Nashville Public Television broadcast, *NPT Reports: Children's Health Crisis - Infant Mortality*. Rachel is a certified Lay Health Advisor (LHA) through the Memphis March of Dimes Community Voice, an infant mortality prevention education program focused on high risk among African Americans. Prior to training, Rachel could not imagine talking to strangers and television interviewers about preconception and prenatal health; now, she is an active LHA and a confident public speaker. The Center for Research on Women's Community Voice Evaluation Team spoke with Rachel to learn how she became one of the program's most engaged LHAs.

Rachel was trained in 2008, near the inception of the Memphis Community Voice program. Unemployed at the time, Rachel volunteered at a local nonprofit HIV/AIDS service organization. Rachel's passion for lowering infant mortality risk in Memphis grew both from her own experience as the mother of a premature and very low birthweight infant, and from insights presented in the program. She did not anticipate becoming such an involved LHA; she merely wanted to know more about prematurity. She was particularly surprised to learn that domestic violence can affect the fetus, and wondered if this caused her son's prematurity.

Like all certified LHAs, Rachel was charged with sharing her knowledge with her community, a process called "Taking It to the People." Initially, she was concerned that people would ignore her or become confrontational. One man did argue when she discussed cigarettes, marijuana, and preconception health. Nevertheless, Rachel's persistence paid off: her confidence grew and she emerged as a trusted perinatal health advisor in her neighborhood. "Everybody knows me as the 'March of Dimes Lady'. Some people don't even know my name... When you mention the infant mortality rate, they listen. If they're smoking a cigarette, most people will put it out once they hear about what's going on." She described how a casual conversation on a bus grew into an impromptu group presentation on infant mortality, with many passengers asking for further information and brochures.

Rachel also garners support from other LHAs, sharing ideas and encouragement, and sometimes accompanying each other to speaking events. Another LHA and the State Director of Program Services at March of Dimes helped Rachel overcome her natural shyness during taping of the Nashville Public Television report. "They were like, 'Girl, you can do this!' On the documentary shooting, I got nervous and I called [other LHA] up to speak and she was not ready and I was just nervous. After she spoke, I was like, 'I can do this.'... I did great, and they were with me the whole day. To me that was memorable."

Rachel connects with audiences by sharing her own personal experiences with prematurity and motherhood. Her own struggles and successes make her messages accessible and convincing. She spoke with a woman about the benefits of breastfeeding and, when the woman voiced disgust, explained how she had pumped her breast milk and brought it to her son in the hospital's Neonatal Intensive Care Unit. She maintained that breast milk helped her son to thrive, which surprised the woman. Rachel also tailors presentations to fit each audience; she plans to focus on how domestic violence affects infant mortality for an upcoming appearance before victims of domestic violence.

Rachel shares knowledge through email, telephone, mailings, and texting. She is particularly active on the social networking website Facebook, where she communicates with more than 370 friends, sharing training information; links to infant mortality news, reports, and videos; and announcements for related events in the area. One posting caught the attention of a local businessman who was born premature; he arranged a fundraising basketball tournament and speaking event with Rachel. Whenever a friend gives birth, Rachel sends congratulations and offers program advice on infant health. In personal interactions Rachel uses pamphlets, her LHA training manual, and a scrapbook she created to supplement program information.

Rachel's efforts highlight the characteristics of highly involved LHAs. While the training program instilled officially endorsed best practices, it is personal experience which keeps her motivated and helps her connect with total strangers. Her skill also reflects commitment to both healthy practices like breastfeeding and to community engagement through volunteer work. This commitment helped Rachel to overcome shyness and to serve as an information resource for her neighborhood. She employs diverse grassroots strategies in "Taking It to the People" including bonding with contacts, tailoring presentations to meet individual and group needs, and gaining comfort with multiple forms of information technology to reach a wide audience. In addition, Rachel collaborates with her LHA network to share support and opportunities to spread the word about infant mortality prevention.

While state funding for Memphis Community Voice is expected to decrease in fiscal year 2010-2011, Rachel remains committed to "Taking it to the People". She shares the mission of educating the African American community about infant mortality and prevention, and she has a sense of ownership in the program.

# Appendices

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When she learned of planned funding cuts, Rachel told the local director of March of Dimes, “Okay, but I’m still a Lay Health Advisor. I’m still going to do what I’m doing.” She now volunteers in the hospital NICU, which keeps her highly motivated. She usually speaks with teen mothers and other women, but she has begun to target men as well, as she feels men also need knowledge. Rachel has more speaking engagements scheduled and she continues to pursue one-on-one conversations. She hopes that her involvement will continue to grow and wants to make a difference in lowering the African American infant mortality rate in Memphis and Shelby County. When asked for feedback to strengthen the program, she advised, “Whoever takes over, they need to look to the involved LHAs. The ones who are most involved, I mean. Try to get their help and suggestions on what they should do next.”

## Case Study: Nicole

Nicole is a highly engaged Lay Health Advisor (LHA) who completed training through the Memphis March of Dimes Community Voice program. The program uses education to prevent infant mortality, particularly in the African American community. Although she was one of the first LHAs to be certified in 2008, she has remained extremely active. The Center for Research on Women's Community Voice Evaluation Team interviewed Nicole to learn more about her success in carrying out the program's goal of spreading knowledge by "Taking it to the People." She has organized training, launched her own grassroots organization, conducted many outreach events, and been interviewed by local television and newspaper reporters. Nicole recalled with a laugh that a woman told her, "You are like the face of infant mortality!" She sees this as proof of her success.

Nicole is passionate about infant health because she has experienced multiple pregnancy, and her twins were born premature. Her interest peaked while taking a congregational health promoter class to strengthen her work in her church's health ministry. She heard about Community Voice and sought certification to "stay in the loop," considering it "a personal charge" to educate the public about infant mortality. She began her LHA work by consulting with family, friends, and members of her church, but was soon invited to speak to other church and community groups. Nicole then urged her Professional Women's Group to make infant mortality awareness their annual community action project, organizing training for about 23 women. In partnership with other LHAs, she also created the Infant Mortality Force (IMF), a grassroots initiative to inform, educate, and prevent infant death. In addition, prior experience as an event planner gave Nicole the creative drive to devise "Celebrate Life" birthday party events for Memphis Community Voice. She enjoys her LHA work, and her "bubbly" personality helps her connect with the public.

Nicole's daughter also experienced high risk pregnancies. She failed to announce her condition until her 7<sup>th</sup> month, and bore two children without prenatal care. Nicole reflected, "I guess this experience has kind of changed both of us... as a testimony... I'm a parent that's very active in the community. I've always talked to my daughter about these things, but still she concealed it... It was just simply because she was embarrassed." She speculated that such cases are common, yet it led her to share these experiences. Nicole believes that women may feel isolated, and must realize that a support system exists. Nicole's daughter is now a certified LHA who speaks to teenagers in Memphis City Schools; she has also begun to mentor girls. Sometimes Nicole accompanies her daughter to share their stories and knowledge.

Her IMF organization has allowed Nicole to collaborate across the Memphis community. She has partnered with churches and agencies, attracting sponsors for IMF events. The IMF also developed a resource guide listing social service agencies that feature prenatal, postnatal, or family programs. Nicole encourages IMF volunteers to carry guides in their cars and distribute them in the community when they are Taking it to the People. Her organization also has a hotline, a webpage, and a Facebook social networking page with over 300 members. Nicole has been invited to speak in Nashville, and she was pleased to discover that many people there already knew of her work and that of the IMF.

Staying informed is central to sustaining motivation. Shortly after she was certified as an LHA Nicole toured the local Neonatal Intensive Care Unit and took a Parent-to-Parent course. She and other IMF volunteers also trained for certification as child passenger safety technicians, providing car seats to parents in need. Nicole values her role in sharing knowledge, but she also seeks to connect people to the resources they need. People may not realize that assets are available; Nicole is glad to be one such asset.

Nicole stressed the importance of her LHA role: "We're not [just] talking about it, but we are actually out there in the field, actually doing it. And it's a great feeling, knowing that you can be helping somebody's baby stay alive. It's amazing." Nicole wants to remain actively involved in the community; she rejects the role of someone who merely "sits and answers phones." She plans to continue to collaborate on community events, providing infant mortality prevention education and resources, "as long as I have a voice."

# THE UNIVERSITY OF MEMPHIS®

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Supporting scholarship on race, class, gender, and social inequality.

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### Current Research Agenda

Infant Mortality

HIV/AIDS Assessment Study on Transportation

Sexual Harassment in Schools

Teen and Unintended Pregnancies

Preconception Health

Women and Poverty in Memphis, TN

Violence Against Women on College Campuses

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The Center for Research on Women at the University of Memphis has investigated issues of gender, race, class, and social inequality for more than a quarter century. **Our mission is to conduct, promote, and disseminate scholarship on women and social inequality.**

An interdisciplinary unit within the University's College of Arts and Sciences, this thriving academic center is home to collaborative researchers committed to scholarly excellence and deep community involvement. The Center is regarded as a national leader in promoting an integrative approach to understanding and addressing inequities in our society.

The Center's approach to research, theory, and programming emphasizes the structural relationships among race, class, gender, and sexuality, particularly in the U.S. South and among women of color.

This kind of action-oriented, community-based research strengthens the public's understanding of women's experiences and informs local, regional, and national public policy.

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