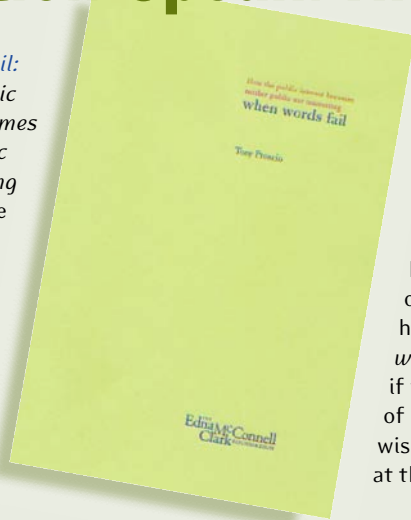




# Foundation-Speak: The Game

**W**hen Words Fail: How the Public Interest Becomes Neither Public Nor Interesting

is fun reading if you've ever muddled through something written by a foundation and thought to yourself, "Huh?" Author Tony Proscio has taken his shots at foundation double-talk in two previous booklets



(also published and distributed free by The Edna McConnell Clark Foundation), but he's still got plenty of bullets in his barrel. You can order or download his newest work at [www.emcf.org](http://www.emcf.org), and if you'd like a taste of Proscio's wit and wisdom, try your hand at the game below. ■

The Problem	The Game
The good work of foundations lies hidden behind muddy language, as evidenced by these excerpts from <i>When Words Fail</i> :	Match the highlighted buzzword from each sentence with its simpler meaning.
The program seeks to assist seniors in <i>accessing</i> appropriate services.	1. <i>accessing</i> a. sales pitch
...a foundation that seeks the expansion in the <i>modalities</i> of housing and shelter.	2. <i>modalities</i> b. looks closely
This report <i>drills down</i> into the common approaches to universal health care coverage for children.	3. <i>drills down</i> c. thinking about
...a community foundation seeks to strengthen its <i>value proposition</i> ....	4. <i>value proposition</i> d. getting
The foundation's program strives to shape new ways of <i>conceptualizing</i> leadership...	5. <i>conceptualizing</i> e. methods

The Answers: 1.(d), 2.(e), 3.(b), 4.(a), 5.(c)

## Why "Back to Sleep" Went Back for Help

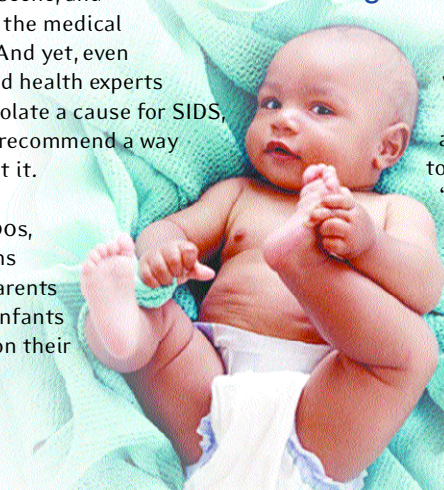
**B**y definition, Sudden Infant Death Syndrome remains a mystery. The National Institute of Child Health and Human Development (NICHD) defines SIDS as "the sudden, unexpected death of an infant under one year of age that remains unexplained after a complete autopsy, review of death scene, and review of the medical history." And yet, even while child health experts cannot isolate a cause for SIDS, they can recommend a way to prevent it.

In the 1990s, campaigns urging parents to place infants to sleep on their

When a nationwide campaign to reduce SIDS deaths failed to connect with African Americans, child health advocates learned first-hand how cultural differences can require changes in both message and messengers.

backs reduced the incidence of SIDS in Australia, Great Britain, New Zealand and Norway. Hoping to match this success, the NICHD launched the "Back to Sleep" campaign in the US in 1994. Within three years, the percentage of babies placed in cribs on their backs increased from 25% to 79%, and the number of SIDS deaths was cut in half.

Amid this success, however, was serious concern. While infant deaths were down everywhere, black babies were still more than twice as likely as white babies to fall victim to this mysterious killer. The "Back to Sleep" campaign, it appeared, was not resonating as strongly in African American households. And that meant there was more work to be done.



► Evelyn Moore, president of the National Black Child Development Institute (NBCDI), remembers the moment she found out about the campaign’s uneven impact. Her nonprofit, which focuses on the wellbeing of African American children and other children of color from infancy through middle school, had been working with Procter & Gamble to disseminate information about SIDS. (P&G was doing its part by printing warnings on its Pampers line of diapers.) It was at a meeting convened by P&G that Moore first saw the numbers confirming a disparity.

“The fact that black babies were still dying twice as fast as white babies—and that *this could be prevented*—was certainly shocking,” Moore says, but she adds that she was not surprised the “Back to Sleep” campaign was falling on deaf ears in certain communities. Many African Americans, Moore explains, have difficulty trusting government agencies when it comes to messages about their health. “Memories of the Tuskegee incidents still linger in our community,” she says.

In 1932, the U.S. Public Health Service, working with the Tuskegee Institute, began conducting a series of now infamous tests on 400 poor black men who were suffering from syphilis. The men were never told they had syphilis, nor were they treated for it, because the purpose of the tests was to determine how the disease affects the human body from onset to death. The tests were conducted over a span of 40 years, even after it was discovered in 1947 that penicillin could cure syphilis.

But distrust, while deeply ingrained, was not the only factor undermining the campaign. “In our community,” Moore adds, “grandmothers rule the roost in many ways, and ways that may not be as prevalent as in other groups.” When grandma declares, “I put you on your stomach and you turned out fine,” it’s unlikely that anybody else in the household will be inclined to argue.

Finally, Moore took issue with some of the images and language used in the national “Back to Sleep” campaign. In some quarters, she reports, African American parents thought the campaign was about putting children back to sleep after they had awakened. And the images of rosy-cheeked white babies that appeared in ads and brochures did not attract the attention of black parents for obvious reasons. In Moore’s view, the brochures looked as if people of color were not engaged in the campaign, and this hindered efforts to reach the constituents health officials wanted to reach.

After the meeting at P&G, Moore began collaborating with NICHD and its Deputy Director, Yvonne Maddox, an African American woman who also recognized the shortcomings of the current campaign. The two worked together to create a “Back to Sleep” kit that would better resonate with the African American community. Identifying spokespersons that would be most influential in black households was a critical first step. “We thought it might be entertainers,” Moore recalls, “but that was not the case. Ministers were way up there. Teachers, too.”

With the help of the Chicago Public Health Department and a local affiliate chapter, NBCDI met with ministers and clergy to encourage them to include messages in their sermons on the effect of SIDS. Workshops were set up in other large cities such as New York, Los Angeles and Houston, as well as smaller ones including Milwaukee and Williamsport. Moore describes the outreach as “more about leveraging opportunities than a systematic approach,” but whatever it lacked in strategic rigor, it made up for with a sharper message and more appealing messengers.

NBCDI and other organizations such as the National Coalition of 100 Black Women started distributing brochures (including the one pictured here) that emphasized “safe sleep for your baby,” a phrase that avoided possible confusion. Images of black mothers, fathers, and infants were used liberally. African American parents were very receptive to the revised campaign, says Moore. “We had a number of people delivering the message who looked like them.”

Disparities in death rates between black infants and white infants still exist, but the gap has narrowed. Between 2000 and 2003, the number of black infants dying from SIDS dropped 17%, and the more culturally sensitive outreach conducted by NBCDI and other groups undoubtedly helped. Their success is a valuable reminder that when it comes to changing public attitudes and behavior, having the right advice is a good start. Knowing the right way to share it, however, can help *everyone* sleep better. ■

