PRIME Practices to Reduce Infant Mortality through Equity

Practices to Reduce Infant Mortality through Equity (PRIME)

Narrative Report
January 2014

Project Award # P3013047

Michigan Department of Community Health

MDCH

A. Progress Toward Goals/Activities

This third report on the activities and accomplishments of the Practices to Reduce Infant Mortality through Equity (PRIME) project covers the period from December 1, 2012 to November 30, 2013.

During this period, the PRIME Steering Team and workgroups continued to work towards fulfilling the goals and objectives of the project. The project goals are to: 1) Develop and pilot a replicable workforce training and practice model for state MCH staff to reduce racial disparities in infant mortality in Michigan, with a focus on African Americans and Native Americans; 2) Use a state/local partnership network to codify effective efforts that undo racism and improve infant health; and 3) develop a sustainable quality improvement process.

PRIME Steering Team

The PRIME Steering Team held eleven meetings during this reporting period and continues to provide oversight and direction for the project. During the meetings, the Bureau of Family & Maternal Child Health (BFMCH) Director, BFMCH Division Directors, and the manager of the Health Disparities Reduction and Minority Health Section provided updates on activities around infant mortality and health equity. Additionally, there were updates from each of the workgroups. Minutes were taken at all meetings.

During this reporting period, the Steering Team focused on completing the pilot of the Health Equity Learning Labs with the Women, Infants and Children (WIC) Division. Additionally, the Children's Special Health Care Services (CSHCS) Division completed an Organizational Assessment and participated in a 2.5 day Health Equity and Social Justice workshop. Details on the assessment and training activities will be included later in the report.

Steering Team members held a retreat in March 2013, to discuss accomplishments of the project and ways to sustain the work. Members also engage in an evaluation of the Steering Team. Members indicated that the main accomplishments in the project include: 1) Increased dialogue on equity issues; 2) Development of the PRIME Website; 3) the Local Learning Collaborative; and 4) Development of the Health Equity Learning Labs. The following are recommendations on what is needed to continue to develop and sustain the efforts in PRIME: 1) Identify and support emerging leaders in the discipline of health equity; 2) Disseminate information on PRIME; 3) Pursue funding for essential infrastructure needed to sustain current PRIME strategies; 4) Assure that health equity continues to be interwoven into all practices; 5) Provide ongoing training to assure that all MDCH staff are oriented to the principles of health equity and ways to apply them; 6) Develop a "business case" for adopting a health equity framework for all public health practice; 7) Inclusivity - Assure the diversity of participants in the ongoing work of PRIME and 8) Make the administration of PRAMS to Native American mothers a routine practice. A summary of the retreat will be included in the appendix of the separate evaluation report.

Steering Team members continued to engage in ongoing learning activities that provide knowledge and insight about issues involving institutional racism and health equity. Some of the activities included: a) Annie E. Casey Foundation – How to talk about race; b) AC360 Series "Kids on Race: The Hidden Picture"; c) Holes in the Mitten: One Size Does not Fit all – Part I & Social Determinants of Health Ice Breaker Overview; d) Kent County's Video – Framing Social Determinants of Health; e) MDCH/Division of Family & Community Health – Lifecourse Indicators & Measures; and f) An Education in Equality Clip & Discussion.

PRIME Intervention Workgroup

<u>Training</u>

The Intervention Workgroup's main focus was on the development of two pilots of the Health Equity Learning Labs. The initial pilot with WIC was conducted from November 2012 to April 2013. Separate meetings were held with University of North Carolina consultants to plan the objectives and activities for the sessions. Additional information on the Learning Labs is discussed later in the report and detailed evaluation results are included in the separate evaluation report.

A second pilot and new version of the Learning Labs will be held with the Children's Special Health Care Services beginning in January 2014. The sessions will be facilitated by Ingham County Health Department and staff from the Health Disparities Reduction and Minority Health Section will assist in facilitating the sessions. There are three factors that distinguish the 1st and 2nd pilots of the Learning Labs; 1) fewer hours; 2) separate sessions for staff and managers; 3) equity plans that will be developed do not need a common focus (e.g. breastfeeding); and 4) less repetition from what was covered in the Health Equity and Social Justice Workshops. More information on the new Learning Labs is included later in this report.

<u>Toolkit Development</u>

The workgroup also assisted with planning for the PRIME Steering Team retreat and development of a toolkit for the project. Workgroup members discussed the toolkit being similar to the layout of the Green Paper and including tables and descriptions of

the various toolkit components and why they are useful. The group discussed having an extensive review of lessons learned in the project. Each of the divisions within BFMCH has engaged in different activities associated with PRIME. The toolkit may include options based on the work completed in each of the divisions. PRIME plans to store the toolkit on the PRIME website.

PRIME Evaluation Workgroup

The workgroup's primary activities focused on: 1) administering an organizational assessment with CSHCS; 2) drafting a manuscript to describe activities in the Nurse Family Partnership program to better address racial disparities in infant mortality; and 3) evaluating the Health Equity and Social Justice Workshops and Health Equity Learning Labs. Workgroup members also assisted in developing an evaluation of Steering Team members at the retreat held in March 2013.

Organizational Assessment

Initially, the assessment was administered with the WIC division in April 2012. The workgroup focused on revising the assessment into a shorter version and it was administered to the CSHCS Division in January 2013. The organizational assessment gathered self-rated perceptions from CSHCS staff about organizational capacity and practices by asking questions which were grouped into six competency areas: 1) Cultural competence; 2) Perspectives of bureau programs and services designed to build capacity of local health departments to reduce racial health disparities; 3) Information sources used to gather information about racial health disparities; 4) Division's application of key concepts like institutional racism, social determinants of health and life course theory; 5) Knowledge and Skills (e.g. use of epidemiological data for program development); and 6) Division's community engagement.

The African American cultural competence subject area received the highest overall rating. Staff tended to agree that they understood how a variety of topics influenced African American culture. Staff reported lower American Indian cultural competence; in fact, this section received the lowest overall rating. Roughly a quarter of staff reported that they engaged key partners from the African American community to develop new services, programs, or policies. Even less (12.5%) agreed they engaged the American Indian population.

Survey results were shared with CSHCS staff in August 2013. The survey is being assessed to see if it will be suitable in monitoring the "cultural change" within the BFMCH related to staff's capacity to effectively address racial health disparities. It is hoped that the assessment could be institutionalized and continue to be used after PRIME has ended. Continued use of the survey will maintain focus on related issues and provide progress on objectives, ongoing insight into staff needs and areas that would benefit from additional change efforts.

Nurse Family Partnership Manuscript

For the past year, the PRIME Evaluation Workgroup has meet with MDCH staff to draft a manuscript about the Nurse Family Partnership and their change in policy to more effectively develop outreach plans to target populations most in need. The Evaluation Workgroup decided to document the change in policy because it is a great example of striving to reduce infant mortality among minority groups. The manuscript will address challenges and barriers encountered throughout MDCH's process to address racial health disparities within the NFP program. It will describe the use of the Kitagawa method to calculate the excess percent risk of infant mortality by race/ethnicity for each of the high risk counties participating in the NFP program. There were several author meetings held during this reporting period. The goal is to complete the manuscript early in 2014.

Training Evaluation

University of Michigan staff continue to lead the development and administration of evaluation of workshops provided in PRIME. WIC staff participated in the 2nd and 3rd Learning Labs in February and April of 2013. CSHCS staff participated in Ingham County's Health Equity and Social Justice workshop during the first quarter of 2013. All sessions were evaluated and a detailed report is included in the separate evaluation report for the project.

Wiki Page

The Project Coordinator continues to use the PRIME WikiPage to house all meeting related documents for the steering team and workgroups.

PRIME Local Learning Collaborative (LLC)

Local Learning Collaborative members met 5 times during the reporting period. Members continued to find value in sharing their opportunities and challenges in addressing racism and equity within their local agencies. Members engaged in ongoing learning activities such as watching the Native American Historical Trauma Video developed for the PRIME website. Members discussed their appreciation for the dialogue on such a difficult topic. The video demonstrates that these conversations can happen and they are essential in learning more about health equity and how to factor these issues into work within organizations. During each meeting,

members engaged in discussion on the following questions: 1) What resources would you recommend to others on health equity and infant mortality?; 2) How has your organization incorporated equity into your hiring and recruitment practices?; 3) What would LLC members like to see put into place to continue dialogue between MDCH and local agencies?; and 4) How ready do you think your organization is to enter into relationships with community groups that are likely to agitate your conventional ways of thinking and compel you to change how you operate?

In August 2013, the group supported merging the LLC and the Partnership to Eliminate Disparities in Infant Mortality (PEDIM) Action Learning Collaborative. PEDIM ended in February 2013. Most of the members of PEDIM (Healthy Start Projects) were already a part of the LLC. PEDIM is an effort funded by W.K. Kellogg and supported by the Association of Maternal and Child Health Programs, National Healthy Start and CityMatCH. The three strategies of PEDIM align with the work of the LLC and were to: 1) Promote participation in workshops and trainings that address racism, health equity, and social justice; 2) Compile toolkits to provide tools and resources to un-do racism; and 3) Improve both the quality and the quantity of data collection related to race and ethnicity within the health care system.

LLC Descriptive Evaluation

During the August 2013 meeting, the UM Evaluator for PRIME led the group through a descriptive evaluation process to capture what the LLC has been doing and what they have found to be valuable. Members reported building stronger partnerships with LLC members and MDCH, valuing participation in PRIME training activities and having the ability to share information and resources with one another. The importance of having a space to speak honestly about their work in undoing racism and achieving equity was shared and members regarded the small financial support provided by PRIME as critical to attend meetings and advance their local equity work. A summary of the description evaluation is included in the separate evaluation report.

Michigan's Policy Review/Racial Equity Scans

A consultant continued to conduct an historical overview of federal and state policies that have impacted the infant mortality rate for the American Indian and African-American populations in Michigan. A list of major events in Michigan's history from 1837 to present, including key national events and federal legislation was developed. All policies and events relate to six social determinants of health: 1) economic stability, 2) safety, 3) housing, 4) education, 5) health services, and 6) social cohesion. The timeline will also specify how listed events and policies have impacted infant mortality in the state. A PRIME intern developed an infographic highlighting events and policies in the African American community. PRIME members would like to develop an additional infographic on the Native American community and share them on the PRIME website.

PRIME Native American Ad-hoc Data Group

Since 2011, the Native American Ad-hoc data group has meet to develop a survey and process to administer Michigan's first Native American stand-alone Pregnancy Risk Assessment Monitoring System survey. The partnership is with MDCH, the Inter-Tribal Council of Michigan, Great Lakes Inter-Tribal Epidemiology Center, and Michigan State University. Michigan has conducted PRAMS since 1988 but typically only collect data for 5-6 Native American mothers each year. The stand-alone survey was conducted for all native births in 2012. MCH used a revised definition of "Native infant" to include infants whose fathers were Native American. The approach resulted in a 108 percent increase in sampling size. Additionally, a culturally sensitive approach was developed that resulted in a response rate over 50 percent. More than 1,300 surveys were completed.

NA PRAMS – 2012 Data Analysis

To date, the PRAMS Epidemiologist has assessed the raw, unweighted 2012 data for signs of response bias, according to where "American Indian/Alaskan Native" appears in the birth certificates and infant age at survey. No significant results suggest bias from these variables, and the next steps for response analysis are to test other potentially relevant birth certificate variables and formally publish the results in a methodological report. Once the Division for Vital Records and Statistics has finalized the 2012 live birth statistical file, the Office for Survey Research at MSU will use it to weight the raw survey data, so it represents the whole population of Native infants born in Michigan to resident mothers in 2012 (including non-responders to the survey and those who were sampled by Michigan PRAMS). The workgroup has identified several priority topics for analysis: infant safe sleep practices, tribal health service utilization (including home visiting programs), reactions to perceived racism, social determinants of health (e.g. basic needs not met during pregnancy, perceived neighborhood safety, social support, life stressors), substance use, and intimate partner violence. MDCH has allocated state funds to hire a part-time graduate student to assist with the topic-specific state level analyses recommended by the workgroup. Tables analyzing the data are included in the separate evaluation report.

NA PRAMS – 2013 Survey

MDCH will fund additional surveys for mothers who gave birth to a Native infant during the last 9 months of 2013. Starting with April 2013 births, NA PRAMS began offering moms the option to complete surveys online. The goal of the online option is twofold: 1) to

increase responses through a more convenient way to participate and 2) to lower operational costs of mail and telephone survey modes.

PRIME Website Development Team

The PRIME website (www.michigan.gov/dchprime) was launched in January 2013. Development of the website began a year earlier. The website includes relevant data on infant mortality and definitions and videos that describe health equity, social determinants of health and racism. The Local Learning Collaborative (health departments, Healthy Start projects, and other community organizations) discuss their lessons learned and best practices in local health equity work. Additionally, areas within MDCH share their health equity work and initiatives. Finally, the website includes a variety of articles, reports and films that discuss infant mortality, health equity and racism.

Meetings were held to develop a dissemination plan to inform a variety of stakeholders about the website. The team identified several activities to promote use of the website: a) Continued development of the LLC discussion forum; b) Promote PRIME videos on MDCH's Website; c) Promote LLC member activities with all local health departments in MI; and d)LLC members to add a link to the PRIME website on their local websites.

An article was included in MDCH's Newsbrief in July 2013 with an overview of the website. The Newsbrief is an electronic publication that is shared with all MDCH employees. Additionally, MDCH's Communications Area promoted each of the videos from the PRIME website on the department's Facebook page beginning in July 2013. Promotions are scheduled throughout January 2014. As of November 26, 2013 the website had been visited by 1,607 unique individuals who saw the post and viewed 3,640 times. The monthly Google Analytics report indicate that the percentage of new visits on the site increased from 40% in December 2012 to 77% in November 2013.

Project Training Activities

Health Equity Learning Labs

MDCH continued to contract with two faculty from the University of North Carolina, Chapel Hill (UNC) to lead the development of the curriculum for the Health Equity Learning Labs. The pilot of the Health Equity Learning Lab Series with the WIC Division was a set of three separate half-day sessions designed to assist staff incorporate equity thinking and action into their day-to-day work. Learning Lab 1 was held in November 2012 and discussed in the last narrative report. Learning Labs 2 and 3 were held in February and April of 2013. Meetings and calls were held with the University of North Carolina, PRIME members and the Native American consultants regarding curriculum development for the Labs. There were calls prior to the Learning Labs to develop the agenda for the Labs and to prepare the panelists who participated in Learning Lab 3. Debriefing meetings were held in March and May of 2013.

The Goals of the Health Equity Learning Labs are: 1) To foster institutional change to develop policies and procedures that always promote, and NEVER inhibit health equity; and 2)To incorporate equity thinking, perspectives and action into daily work assignments and responsibilities

During Learning Lab 2, staff participated in small and large group discussions. Staff utilized case studies that highlighted the opportunities and obstacles for women to breastfeed. The case studies described issues at an individual, community, state and national level. Rhode Island's Health Equity Model was reviewed and UNC professors described how to use their R4P Model (a tool for designing an equity approach): a) **Repair** past or historical damage/harm/setbacks; b) **Remediate** – reduce the impact of existing stressors that diminish outcome goals; c) **Restructure** policies, procedures, job descriptions, meeting agendas and other institutional structures, so that they remove the production and sources of inequity and stressors; d) **Remove** the institutional sources and vestiges of Racism, Classism, Gender Disadvantage; and e) **Provide** culturally and socioeconomically relevant health, education or clinical services to all populations so that they can achieve equity in outcomes; relevant structural supports to ensure that all populations have the tools and resources to carry out educational or clinical recommendations. Staff engaged in a concept mapping exercise to identify ideas to promote breastfeeding at the local level. State WIC staff then developed action items for someone in their position to support the accomplishment of the items.

Learning Lab 3 reviewed how to apply the Brooks Equity Typology and the RFP Model to their workplans. WIC staff also refined their presentations by answering questions based in implementation science. The following equity plans were developed in between Labs 2 & 3 and presented before an expert panel during Lab 3: 1) Native American Outreach-Referrals Collaborative Advisory Capacity; 2) Data & System Management Section - To evaluate client and non-client perceptions of WIC in an effort to increase participation and reduce inequities in services ; To ensure that referrals made to other social services are conducted in all WIC agencies, and that they are available and relevant to our WIC clients; To address social inequity within the WIC population by providing additional training to Local Agencies regarding the use of data to help them draw a picture of their community and identify potential populations in which

they can provide outreach; and To evaluate the efforts of PRIME across the various sections in the Michigan WIC Division over a period of time; 3) Breastfeeding – African American & Native American partner support; 4) Vendor Unit – Mobile WIC services in areas where there is a lack of access; and 5) Local WIC Presentation – Kent County Health Department - Wyoming and Kentwood Clinic Consolidation

A guest panel of health equity advocates evaluated presentations during the third Learning Lab session. This panel consisted of the Ingham County Health Department Health Equity Social Justice Coordinator, a community organizer and advocate from Flint who has been engaged in health equity efforts for several years, the Director of the University of Michigan School of Public Health's Office of Public Health Practice and a Los Angeles based evaluator and researcher. Presenters also received feedback from two consultants with the Inter-Tribal Council of MI. Panelists provided comments and recommendations to promote equity in the workplans presented by WIC staff. Some of the comments include: a) Some plans addressed programmatic issues versus components that affect structure; b) Suggestion to connect with entire WIC program across sections; c) Addressing inequities have to be deliberate process and takes time to identify the inequities; d) Community engagement and building trust is a long process; e) Caution about how data is being interpreted; f) Be reminded that people of color have an historical set of relationships with main societies; we are socialized not to see things; it is natural to have some push back from communities; g) Look outside of the US – what kind of structures created positive health outcomes?; and h) The dynamics of power and privilege – there will be pushback from change.

The Learning Lab ended with a review of all the tools and concepts discussed in each session. Staff received certificates for participating in 36 hours of training. All staff were given an opportunity to provide feedback during a round robin discussion and evaluation.

The University of Michigan Office of Public Health Practice (OPHP) arranged to have all of the Learning Labs videotaped in an effort to package the training into online components in the future. OPHP also filmed interviews with Learning Lab participants about their experiences during the Lab sessions. OPHP also arranged for the videos to be transcribed.

Health Equity Lab Toolkit
UNC facilitators of the Health Equity Learning Labs developed a toolkit with information describing the delivery instructions and resources needed to conduct the Labs. The toolkit provides an overview of 10 lessons covered in the Learning Labs. Each lesson includes PowerPoint slides and transcripts of the lectures.

Evaluation Results
At the completion of Learning Lab 2 staff completed an evaluation and there were increases in each of the following self-rated competencies and their ability to: 1) Recognize contextual and environmental issues that impact on equity in specific health outcomes; 2) Understand the interconnections and relationships between individual outcomes, socioeconomic context, and upstream/gatekeeper actions; 3) Envision and articulate what equity would look like at multiple levels across social ecological framework; 4) Assess, modify, and articulate and promote new policies, procedures, and work plan activities; and 5) Develop personal action plans for addressing equity in specific health outcomes. The only competency with a statistically significant increase was to *envision and articulate what equity would look like at multiple levels across social ecological framework*. Sixty-seven percent of staff stated that they would recommend Learning Lab 2 to a colleague with no reservations.

At the completion of Learning Lab 3, staff stated that the Equity vs. Equality pictorial and discussion and the Brooks Equity Typology Tool were the most useful learning activities. Participants felt that the Case Studies Activity, Concept Mapping and the R4P Framework and Discussion were about the same level of usefulness. Eighty-three percent of staff stated that they would recommend Learning Lab 3 to a colleague with no reservations.

Since the completion of the pilot of the Health Equity Learning Labs with the WIC Division, there have been several meetings with key stakeholders to develop the next steps and revisions of the Labs for CSHCS staff. The PRIME Steering Team decided to work with Ingham County Health Department staff to develop a revised version of the Labs for CSHCS. Meetings were held in August and September with ICHD and PRIME Steering Team members to discuss the curriculum. In January 2014, CSHCS staff will engage in 5 monthly Learning Lab sessions. Managers will participate in separate sessions over a 4 month period, and join staff during their last Learning Lab session.

<u>Health Equity and Social Justice Workshops</u>
From February through April 2013, 65 Children's Special Health Care Services staff, other MDCH staff and PRIME members attended the Health Equity & Social Justice Workshop. A total of three, 2.5 day sessions were held. The workshops were facilitated by Ingham County Health Department. The workshops reviewed conceptual frameworks for adopting a health equity/social justice framework

in the department. The workshop also stressed the necessity and value of addressing racism, classism, sexism, and other forms of oppression *explicitly* as root causes of health inequity.

After attending the workshop, the CSHCS Division Director highlighted the following areas of focus to improve equity: a) Analyze claims data by race and assess needs; b) Review membership on state and local advisory committees; assess who is missing; and c) Infuse equity in internal and external communications.

Evaluation Results
Participants showed statistically significant increases in all reported self-confidence ratings in understanding social justice and health equity/disparities terminology, and in their ability to identify opportunities for addressing health equity. Participants showed significant increases in their content knowledge for a majority of content knowledge questions from the pretest to the posttest. There were three content knowledge questions which did not show a significant increase.

Participants reported that this workshop brought attention to incorporating health equity into policies and practices. Participants also mentioned they felt more comfortable having difficult conversations about health equity. Other participants struggled to understand how the workshop applied to their job; some needed more time to digest the workshop content whereas others did not feel the workshop helped them to address health disparities in their job.

Only 54% of the participants stated that they would recommend the workshop to a colleague without any reservations. Staff from DFCH and WIC responded at 83% and 82%, respectively. PRIME Evaluation Workgroup members have engaged in analysis and conversations with staff and workshop presenters to better understand the responses by CSHCS staff on this question.

Internships
Two UM School of Public Health students worked on the PRIME project. One interned from December 2012 to May 2013 and the other from May 2013 to August 2013. Their main responsibilities were to assist in developing a dissemination plan for the PRIME website and develop a discussion forum for the Local Learning Collaborative. The forum is used to disseminate information statewide on infant mortality reduction programs in local communities that focus on undoing racism, health equity and health disparities. They also assisted in recording meeting minutes at PRIME Steering Team and Workgroup meetings. Finally, one intern developed an infographic outlining historical policies that have impacted the maternal and child health outcomes for African Americans. The infographic was produced from data that was conducted for the Policy Review/Racial Equity Scans which documented federal and state policies that have impacted the infant mortality rate for the American Indian and African-American populations in Michigan. Throughout the project, interns have been extremely valuable assisting with tasks that are beneficial to the project. In their evaluations, interns mentioned that the experience provided them with a glimpse into the kind of career path they could follow after graduation and that they learned a lot of useful information that they would not been exposed to in other settings.

B. Changes in Project Outcomes
In December 2012, MDCH requested a 12-month no-cost extension to allow CSHCS staff to complete the new pilot of the Health Equity Learning Labs. The extension will also allow time to develop a toolkit highlighting the lessons learned in the project and to draft the final white paper and evaluation report. Although a 12-month extension was requested, there was only approximately 4 months of funding remaining to support the project. In November 2013, MDCH submitted a proposal for a new grant that would allow for: 1) enhance and disseminate the PRIME Practice Model within MCH and MDCH and to external community organizations; 2) implement the Model and evaluate the outcomes of change in an effort to improve strategies for addressing equity in organizational administrative functions (contracting; resource allocation; distributing resources; implementing and evaluating programs and policies); and 3) develop and implement a continuing quality improvement infrastructure within MDCH for addressing and maintaining equity as part of eliminating disparities in health outcomes statewide.

In previous reports, we revealed that the project will not be able to conduct a comprehensive review of MDCH policies and reports within the time that remains in the project. However, we have outlined in each report policy changes that resulted from staff's engagement in the project. We have also reported that there will not be sufficient time to develop a quality improvement process. However, as indicated in the preceding paragraph the department is seeking additional funding to complete this activity.

C. Environment/Challenges/Opportunities
A new Public Health Administration Director began working in January 2013. Her previous position was as Deputy Director of the Policy and Planning Administration within MDCH.

In May of 2013 the Health Disparities Reduction and Minority Health Section was transferred from the MDCH Public Health Administration, Division of Health, Wellness and Disease Control to the Policy and Planning Administration, Division of Health Policy and Organizational Support. The relocation is intended *'to acknowledge health equity as an issue that cuts across public health as well as other administrations within the department'* and give health equity efforts broader visibility throughout the Department.

The BFMCH Director and Principal Investigator for the PRIME initiative retired in August 2013. The WIC Director acted as the BFMCH Director since September 2013. A new BFMCH Director has been identified and will begin the position in February 2014. It is anticipated that the new BFMCH Director will be very involved in PRIME and oversee the initiative. Since September 2013, the Health Disparities Reduction & Minority Health Section Manager has played an increased role in the project and has provided guidance and direction for the project and to the Project Coordinator.

Michigan's governor continues to identify infant mortality as a critical health indicator for Michigan to monitor and it is included on Michigan's dashboard. In November 2013, MDCH held an Infant Mortality Summit Update to discuss progress and new ideas for MDCH's Infant Mortality Reduction Plan that was released in August 2012. Eight strategies to reduce infant mortality were discussed in the plan with one involving weaving the social determinants of health into the other seven strategies.

Michigan engaged in the National Governor's Association Learning Network – Improving Birth Outcomes in 2013. Several stakeholders met to: 1) develop a mission and strategies toward establishing a regionalized system of perinatal care; and 2) identify focus areas and organizational roles for improving the health of women and girls.

There have been increased opportunities to share the work in PRIME with others. This information is outlined later in the report under *Dissemination*. It should be noted that MDCH is a part of Region V's Collaborative Improvement Innovation Network project focused on infant mortality reduction. MDCH has agreed to share the PRIME Model with COIIN when it is fully developed. Throughout the year, the MCH Director stressed that the department continues to identify additional areas impacted by the work of PRIME. Most recently our state primary care agency has requested negotiations with state staff to provide learning lab exposure for their staff and statewide primary care agencies. The current implementation of the Affordable Care Act offers significant impact of this request, since Michigan's statewide primary care network will play a major role in delivering care to the many people expected to have newly acquired health care coverage without health care providers.

Unfortunately, CSHCS staff from the Family Center were not able to attend the Health Equity and Social Justice workshops due to logistics. Due to the nature of their work and connection to the families it is unfortunate that they were not able to bring that perspective to the group training sessions. PRIME will continue to work on ways to include all staff in trainings.

Sustainability

One of the major goals of the PRIME Steering Team is to make the final curriculum and practice model developed in PRIME sustainable. Therefore, we have concentrated on identifying MDCH staff that can help to facilitate some of the discussion and curriculum pieces. The PRIME Steering Team also discussed needs for sustaining effort in the project at their retreat in March 2013.

The Project Coordinator participated in 3 sessions with the Chronic Disease Section titled "Health Equity Social Justice Study Group". The Division is in the process of developing a self-guided curriculum for their staff. The first two sessions involved reviewing the curriculum and helping to develop recommendations for implementing the curriculum. The third session was for staff within MDCH who are interested in learning about facilitation. It has been beneficial to participate in these sessions to stay connected to other equity efforts within the department and to understand how it might supplement the training efforts in the development of PRIME. Also, as we work to sustain the developments in PRIME it is valuable to identify allies and potential facilitators.

Likewise, the Project Coordinator and other BFMCH staff have continued to participate on the MDCH Health Equity Steering Committee. The Committee compiled a series of stories providing specific examples of Departmental initiatives designed to address and remedy issues of equity and diversity.

MDCH has sought additional funding from the W.K. Kellogg Foundation to develop and implement a continuing quality improvement infrastructure within MDCH for addressing and maintaining equity as part of eliminating disparities in health outcomes statewide.

D. Collaboration

The Local Learning Collaborative established in March 2011, continues to meet every six to eight weeks. The LLC is comprised of representatives from Local Health Departments, all six Michigan Healthy Start Projects and other community organizations that have

worked in their local community to address racism, health equity and disparities. As discussed earlier in the report, the LLC merged with the Partnership to Eliminate Disparities in Infant Mortality (PEDIM) Action Learning Collaborative in August 2013.

The partnership between the MDCH, Inter-Tribal Council of Michigan, Great Lakes Inter-Tribal Epidemiology Center, and the Michigan State University Office of Survey Research continues to work on the Native American PRAMS. Currently, 2012 data is being analyzed and mothers who gave birth to a Native infant in the last 9 months of 2013 will be surveyed.

UM-Office of Public Health Practice (OPHP) arranged for the 1st pilot of the Learning Labs with WIC to be videotaped and transcribed. UM-OPHP is interested in collaborating with PRIME to develop online components for the Learning Labs. The project will determine the feasibility of developing online components after completion of the 2nd pilot of the Learning Labs with CSHCS. In 2014, UM-OPHP is interested in supporting the development of the PRIME toolkit.

The Prevention Research Center of MI submitted a proposal to the Centers for Disease Control and Prevention to translate what is happening at the state level and local level to build capacity to address ethnic and racial disparities, infant mortality and other maternal and child health outcomes. The application described collaboration with MDCH and twelve local health departments in Michigan. If funded, the project would begin in October 2014.

E. Dissemination

During this project year, PRIME focused on disseminating information on the project. The PRIME website was launched in January 2013 and a description of the site is provided earlier in the report. Between July 2013 and January 2014, videos from the PRIME site will be highlighted on MDCH's Facebook Page. Additionally, an article on the website was shared with all MDCH staff in the July 2013 edition of Newsbrief. MDCH launched its Infant Mortality website in August 2013 and there is a prominent link to the PRIME website on the homepage. Local Learning Collaborative members have also added links to the PRIME website on their local agency's site.

In May 2013, the Project Coordinator was interview by MI Radio on a show titled, "Disturbing Statistics about infant mortality reflect Michigan's health disparities". The interview provided a great opportunity to discuss the non-biological and individual behavioral factors that contribute to racial disparities in infant mortality.

In October 2013, the Prevention Research Center (PRC) of MI included an article on PRIME in their periodic report to CDC. The report is disseminated to a variety of audiences around the state and nationally. The PRIME Evaluator is from the PRC and has evaluated the PRIME project since 2010.

Michigan's first Health Equity Status Report was draft in August 2013 and a press release was issued in November 2013. PRIME, the Health Disparities Reduction and Minority Health Section and the Lifecourse Epidemiology and Genomics Division presented data for 14 indicators related to the social context in which women and children live in the report. These data provide a snapshot of the non-biological factors that contribute to Michigan's inequities in maternal and child health. It is hoped that these data can be updated on a regular basis, monitoring Michigan's progress toward achieving health equity. It is hoped that these data can be updated on a regular basis, monitoring Michigan's progress toward achieving health equity. The report was also shared with staff in the BFMCH, PRIME Steering Team, LLC and Infant Mortality Steering Committee members.

The Project Coordinator presented information on the project at the following conferences:1) Family Planning Update. Session title, "Life Course Guide: Exercise on Social Determinants of Health and Outcomes". September 2013; 2) Michigan Premier Public Health Conference. Infant Mortality Plan Update. October 2013; 3) WIC Coordinator's meeting. PRIME Overview. October 2013; and 4) Infant Mortality Summit Update. Social Determinants of Health. November 2013

PRIME was selected to present at the Association for Maternal & Child Health Programs for their 2014 Annual Conference scheduled for January 25-28 in Washington, DC. The title of the session is "Practices to Reduce Infant Mortality through Equity (PRIME) – New Approaches for Using Data".

PRIME will also address participants of the Annual WIC conference during lunch and will hold two sessions on: 1) New Approaches for Using Data; and 2) Historical Trauma in the Native America community. The conference will be held in April 2014.

F. Responses to Kellogg Evaluation Questions

We provide detailed responses to the Kellogg Evaluation questions in the separate evaluation report for the project. A summary is provided in this narrative report.

1) Curriculum & Toolkit Development

The current PRIME model includes: 1) Staff participation in an organizational assessment to share their perspectives on BFMCH programs and services, employee engagement, cultural competency, knowledge and skills, program development, and professional development; 2) Participation in Ingham County Health Department's Health Equity & Social Justice (HESJ) Workshop to learn language and conceptual frameworks for engaging staff on the importance of adopting a health equity/social justice framework in public health and 3) Participation in Health Equity Learning Labs to increase the repertoire of applied approaches staff can use to incorporate equity action into their work responsibilities.

The Intervention Workgroup continued to work with consultants from the University of North Carolina, Chapel Hill and Native American consultants to develop the second and third Health Equity Learning Lab sessions (described earlier in the report) with WIC staff. The Intervention Workgroup used information from the Evaluation Workgroup's evaluation reports to make changes to the second and third Learning Lab sessions. The Intervention subcommittee continued to meet through July 2013.

During the summer of 2014 the Intervention Workgroup reviewed the content of the Health Equity Learning Labs attended by WIC staff and also reviewed the evaluation reports from the three Learning Labs. The next division to attend the Health Equity Learning Labs is the Children Special Health Care Services (CSHCS) which has very different job roles than those in WIC. To ensure that the individual aspects of the Division were addressed, the Intervention team met with delegates from CSHCS and invited them to join the Intervention Workgroup to assist with adapting the curriculum for the CSHCS Division.

The Intervention Workgroup decided to partner with PRIME collaborators at the Ingham County Health Department to design and facilitate a five session Health Equity Learning Lab series for non-management staff of CSHCS. The total interaction time for the five sessions will be 14 hours; individual sessions will be 2 – 4 hours in length. Sessions will be scheduled approximately one month apart. Participants will be expected to complete homework assignments between sessions. All sessions will be scheduled outside of normal staff meeting time. ICHD staff and two MDCH staff members will facilitate the non-management staff sessions. ICHD will also facilitate three sessions with managers from CSHCS. The total interaction time for these sessions will be 6 hours.

Additionally, discussions continue with consultants from the Inter-Tribal Council of Michigan to determine the training needs for CSHCHS staff related to how to increase their cultural competency of the Native America community to positivity affect the birth outcomes of that community.

2) Change in Practices and Policies of Maternal and Child Health to more Effectively Address and Reduce Racial Disparities & to Strengthen Racial Equity and Inclusivity

Nurse Family Partnership

The Nurse Family Partnership utilized the Kitagawa method to calculate the excess percent risk of infant mortality rate by race/ethnicity for each of the high risk counties participating in the home visiting program was discussed in the last report to Kellogg. In March 2013, MDCH convened a meeting/workshop to assist each NFP community with their understanding of the Kitagawa and how to best use the data to guide their outreach efforts in recruiting and enrolling clients into NFP. The training was attended by all the Nurse supervisors for the nine NFP sites and some of their support personnel. MDCH provided the sites with a template for creating Outreach Work Plans. Sites were asked to submit their outreach Work Plans by 4/15/13. Additional one time funding (up to $30,000) was also offered to the sites to implement their outreach work plans. Upon review of the outreach work plan reports, several categories or themes of strategies emerged. In no particular order, these categories can be described as: a) Direct contact, education and relationship building with providers; b) Outreach and education to Schools; c) Outreach and education to Churches; d) Media campaigns; e) Direct contact with potential Clients; and e) Engaging Community Partners and raising awareness of NFP Program.

Race and Ethnicity data have been analyzed for the one year enrollment period from July 1, 2012 to June 30, 2013 as a baseline. Progress toward reaching enrollment of the Kitagawa targeted population will be monitored quarterly using the NFP National Service Office quarterly reports on enrollment demographics and caseloads for each site.

WIC Equity Plans

The main goal of the WIC breastfeeding equity plan is to increase awareness and support for breastfeeding from men, focusing on young Native and African American men. In August 2013 a breastfeeding awareness walk was held. Media messaging for fathers is a focus. In 2014, the goal is to engage dads in educational "boot camps" and hold focus group with men to gain their input on breastfeeding educational materials. A second initiative is to work with the Native American community of Keweenaw Bay to help increase breastfeeding initiation and duration, possibly through the use of a peer counselor.

The WIC outreach and referral equity plan goals were to: 1) Provide local agency WIC coordinators and staff members with information regarding the PRIME Initiative; 2) Assist local agency WIC Programs to form collaborative relationships with the Native American community (Medical Directors, Tribal members) who are living in their demographic areas and may be eligible to receive WIC Program services; and 3) Evaluate the potential for local agencies to deliver services to the Native American population through modalities more acceptable to the Native American population. In October 2013, Information on PRIME was presented at the WIC Coordinator 2-day meeting and workshops on equity and historical trauma are planned for the annual WIC conference scheduled for April 2013. A PRIME workgroup meeting has been established and includes five local agency coordinators and several State WIC Program staff. The focus of the group is to determine best practice/methodologies for sharing information with other local agency coordinators and their staff. Several State WIC staff members have attended Tribal Council Meetings where they have distributed information about the WIC Program as well as encouraged partnerships between local agency WIC Program staff, Tribal Council Members and Medical Directors. A new pilot is in place at the American Indian Health and Family Services in Detroit to provide WIC serves on site.

The WIC Vendor Management and Operations Section's goal is to increase access to fresh fruits and vegetables in food deserts in a cost effective manner to foster health equity and reduce health disparities in minority populations in Michigan. Currently policies do not allow for special consideration to be given to smaller vendors that are uniquely designed to specifically promote accessibility of quality foods including fresh fruits and vegetables. The WIC Program is reviewing these policies to identify revisions and establish criteria that will minimize existing administrative barriers that encourage these types of eligible vendors to pursue WIC authorization which will in turn promote the increased accessibility of fresh fruits and vegetables.

Strategies to address racial and ethnic disparities:

- **Health Disparities Reduction and Minority Health (HDRMHS) Section** – Awarded two-year funding by the HHS Office of Minority Health through the State Partnership Cooperative Agreement for the Building Organization Capacity to Adopt and Implement Culturally and Linguistically Appropriate Standards (BOCA-CLAS). HDRMHS will work with its partner organizations and others to increase the number of local organizations throughout Michigan that adopt and/or implement the National Enhanced CLAS Standards. HDRMHS will work with the PRIME Steering Team to identify opportunities for collaboration and training of local health department staff.
- **Fetal Infant Mortality Review (FIMR)** - A half day Symposium on the Life Course Theory was held on April 29, 2013 for all FIMR personnel in the 13 existing sites. FIMR Community Review Teams and Community Action Team members explored how differential exposures to risk factors and protective factors over the life course affect developmental trajectories and contribute to disparities in birth outcomes.
- **Maternal Infant Health Program (MIHP)** – All new agency staff throughout the state must review the Root Causes of Infant Mortality and Health Disparities Definitions. In addition, waiver agency staff throughout the state must view webcasts that touch on the social determinants of health. Staff has made sure that they address racial disparities to groups that they present to and when data is collected.
- **Perinatal Regionalization -** The Michigan Collaborative Quality Initiative is collecting data on infants who are drug exposed through a data reporting system called REDCAP. Racial/Ethnic data will be added to the REDCAP data base effective 1/1/2014. Several workgroups formed in 2013 to build a coordinated perinatal system. Each workgroup is formed with a focus on diversity - geography, race/ethnicity, gender and professional role.
- **Michigan Maternal Mortality Surveillance (MMMS)** - expanded both gender & racial diversity of MMMS committee membership
- **Local Maternal Child Health Grant Funds** - Each local health department reports on disparities in their local region as part of the planning process for implementation of strategies in the local community
- **Infant Safe Sleep** - Focus groups convened with African American and Native American parents to examine beliefs related to safe sleep, barriers to implementing safe sleep practices and ideas for culturally competent strategies to address the barriers and improve acceptance of the message. Working with Epidemiology to develop a data report for safe sleep that is representative of all racial and ethnic groups.
- **Early Hearing Detection & Intervention (EDHI) -** 2013 analysis of available demographics of infants with hearing loss indicates that children of Hispanic ethnicity are reported to have the highest percentage. In 2014 methods to provide outreach to Hispanic families of babies lost to follow-up will be developed. EHDI continues development of a new web-based reporting system for hearing screening and diagnostics that will also include the ability to report racial and ethnic information.
- **MDCH Cancer Prevention and Control Section** - Information and techniques from Undoing Racism and Health Equity & Social Justice workshops have been shared with other staff and members of the Michigan Cancer Consortium (MCC). MCC identified reduction of health disparities as one of its two organizational priorities for 2013-2015. Created a "What You Can

Do" document to help MCC member organizations identify and implement strategies to reduce health disparities. Sponsored a *Race and Ethnicity Data Collection and Biospecimen Collection and Use in Research* session at the MCC annual meeting. A special MCC Health Disparities Report was published and distributed in 2013.

Collaborative efforts with other programs, agencies and organizations to reduce racial disparities:

- **MDCH Health Equity Steering Committee** – The HESC Health Equity Ambassador pilot was an effort to identify and promote MDCH programs and practices that promoted equity, both internally and externally. The effort resulted in a two-volume report, *Successful Strategies to Increase Our Focus on Health Equity.* HESC will begin to coordinate and host a series of brown bag events to engage human resources, the MDCH Diversity Workgroup and the Division of Health Planning and Organizational Support.
- **MIHP** - Discussions have occurred with Department of Human Services to promote more home visitation in homes where there are high rates of infant mortality, especially black infant mortality.

3) Increased Usage of the Social Determinants of Health in Reporting

PRIME project staff and Steering Team members continued discussions about available data and new data collection opportunities that would allow increased monitoring of social determinants of health and of health disparities. As reported under the Dissemination section, Michigan's first Health Equity Status Report was released in November 2013. The report describes 14 indicators highlighting the non-biological factors that contribute to Michigan's inequities in maternal and child health. It is hoped that these data can be updated on a regular basis, monitoring Michigan's progress toward achieving health equity.

Additional efforts to collect and utilize data on the Social Determinants of Health include:

A. **Association of Maternal Child Health Programs (AMCHP) Life Course Metrics Project -** MDCH staff participated on AMCHP's life course metrics project state team to select a final set of standardized indicators that can be applied to measure progress using the life course approach to improve maternal and child health. The effort was led by AMCHP and funded with support from the W.K. Kellogg Foundation. The AMCHP Life Course Indicator's work has become integrated into ongoing indicator development occurring within the Division of Family and Community Health at the Michigan Department of Community Health. Analysis of critical indicators is underway and the goal is to produce a comprehensive analysis and report that can be used to inform policymakers and stakeholders not only about the health status of Michigan residents, but to also reinforce the concept that health status is integrated with and dependent on community, environment and social determinants of health. Furthermore, this work of defining core outcomes across the stages of the maternal and child health life course, including identification of indicators and metrics for each; this is done with a new conceptual framework that integrates population health outcomes with core community capacity indicators as well as with system infrastructure outcomes and analysis.
B. **Michigan Health Equity Data Project (HEDP) -** The project continues and is run by the Health Disparities Reduction and Minority Health Section. HEDP measures and monitors health disparities and progress towards achieving health equity for Michigan's racial and ethnic minority populations.
C. **Michigan Maternal Mortality Surveillance (MMMS) -** Expert Medical and Injury Committees meet throughout the year to identify modifiable risk factors for each maternal death that occurs in the state. During 2013, a three-year project was completed for a statewide database that will collect data regarding the social determinants of health for all maternal deaths. The technology incorporated into this database expands the capability to cross-link the social determinant data with other state public health programs & priority initiatives.
D. **Perinatal Infant Oral Health (PIOH) -** In early February 2014, the newly formed PIOH Advisory Committee will meet to further develop the draft Action Plan that was outlined by the PIOH conference (August 2013) participants. Social Determinants of Health (SDOH) and health equity will be integrated into the refined Action Plan. The refined Action Plan will identify objectives, activities and projects that reflect commitment to SDOH and health equity.

G. Summary

During this reporting period, the project has focused on the following activities: 1) Completing the pilot of the Health Equity Learning Labs with WIC Staff; 2) Engaging CSHCS staff in an organizational assessment and Health Equity and Social Justice training; 3) Developing a curriculum for a new pilot of the Health Equity Learning Labs with CSHCS; 4) Disseminating information on PRIME via a new website and during conferences; 5) Continuing the PRAMS survey for Native Americans and 6) identifying efforts to sustain the work in the project. All of these endeavors work to help address racial and ethnic disparities in Michigan.