

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

## **Progress Towards Goals**

### **A. Change in Administrative Practices and Policies & Key Stakeholder Engagement**

During the initial sixteen months of the project, the Steering Team developed a structure for project oversight that included Michigan Department of Community Health (MDCH) staff and local partners. A substantial amount of time was also devoted to understanding the connection between the effects of institutional racism and health inequities on poor birth outcomes.

As described in the initial grant proposal, MDCH was cognizant that it would take more than a year to make practice and policy changes that would reduce racial and ethnic disparities in infant mortality. MDCH was pleased to receive an additional three years of funding from the W.K. Kellogg Foundation during the initial grant year to accomplish the goals and objectives of this project. The three goals for PRIME are: 1) Develop a replicable workforce training and practice model; 2) Use a state/local partnership network to codify effective efforts that undo racism and improve infant health; and 3) identify a sustainable quality assurance process. This report will outline the initial steps taken in the project and subsequent reports will provide details on administrative practice and policy changes within MDCH.

### **MDCH - Public Health Administration**

The Public Health Administration is made up of managers and administrators, and includes the Bureau of Laboratories, Bureau of Local Health and Administration, Bureau of Family, Maternal and Child Health, Office of Public Health Preparedness, Bureau of Disease Control, Prevention and Epidemiology and the Division of Health Wellness and Disease Control. Monthly meetings are held with progress of the PRIME Project as a regular agenda item. Specific learning tools (Unnatural Causes, Race - The Power of Illusion, CityMatCH Life Course Game) have been shared with this team, in an effort to increase knowledge and understanding within the public health administration.

### **PRIME Steering Team**

The PRIME Steering Team convened in May 2010. The team is led by the Bureau of Family, Maternal and Child Health (BFMCH) Director. Additional MDCH staff include members of upper management in the MDCH Public Health Administration, including the deputy director of the Public Health Administration, the administrative deputy and staff from BFMCH. Steering Team members include the BFMCH division directors and management staff of Children's Special Health Care Services, Division of Family and Community Health (DFCH), and Women Infants and Children (WIC) DFCH houses Michigan's women, perinatal, infant, children, adolescent, and oral health services.

Also included on the Steering Team are management and staff from the Health Disparities Reduction and Minority Health (HDRMH) Section in addition to the Division of Genomics, Perinatal Health and Chronic Disease Epidemiology staff. The Steering Team's subject matter expert, evaluator and staff are from the University of Michigan and other team members are from local public health and community services: 1) Ingham County Health Department; 2) Wayne County Department of Public Health; 3) Inter-Tribal Council of Michigan; 4) The Corner Health Center and; 5) Nimkee Memorial Wellness Center. In September of 2010, the Project Coordinator was hired within BFMCH.

Throughout the project, the Steering Team has continued to assess the need to involve various stakeholders in the project. It was during this process that the team recognized the need to add the Inter-Tribal Council of Michigan (ITCM) & Nimkee Memorial Wellness Center to optimize the project's ability to best address the needs of the American Indian population. Members from these organizations joined the Steering Team in October 2010.

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

Within the first months of operation, the PRIME Steering Team developed outcome and process goals, a work plan, and a logic model. In January 2011, the Steering Team adopted “Practices to Reduce Infant Mortality through Equity” (aka PRIME) as the name for the project and agreed to a Consensus Decision Making approach. With this method, all team members provide input for decisions. This method encouraged discussion and ultimately increased group cohesion among the Steering Team members. Additionally, the Steering Team developed operating values and agreed upon responsibilities and expectations of members.

To better understand institutional racism and its impact on health outcomes, the Steering Team viewed episodes of “Race - The Power of an Illusion” video series over three meetings. The videos examine the social construction of “race” and illuminate the social economic and political conditions that channel advantages and opportunities to whites. Further education and development transpired when Ingham County Health Department presented at the November 2010 meeting to describe the benefits of facilitated dialogue to conceptualize concepts of racism, social determinants of health, health equity and unearned privilege. Additionally, ITCM and the Nimkee Memorial Wellness Center presented at the January 2011 meeting and described the historical factors that have impacted the social conditions that have contributed to Native American infant mortality. Meetings were also used to share information on national reports on reducing health disparities, in addition to, local reports produced by agencies represented on the Steering Team. Wayne County Department of Public Health’s report, “Already Broken: A Call for Upstream Action Through Community Collaboration to Reduce Infant Mortality in Detroit and Wayne County” was released in September 2011 as a product of their Place Matters project. The report highlights how upstream approaches focused in the areas of education, employment, social isolation, social perception of girls and women and structural racism are needed to reduce infant mortality.

### **PRIME Intervention Workgroup**

The Intervention workgroup has focused on understanding the curricula and trainings, both national and local, which are available in the areas of racism, health equity and social justice. The group consists of members from the Bureau of Family and Maternal Child Health, Health Disparities Reduction and Minority Health, University of Michigan, and the Ingham County Health Department.

### *MDCH Reports & Policy Review*

The Intervention workgroup also engaged in identifying state reports and policy documents to better understand the association between state policies and maternal/child health outcomes. Some of the documents include:

- Michigan Health Equity Roadmap, June 2010
- Action Plan to Reduce Infant Mortality in Michigan 2011-2015, Draft 2011
- Michigan Environmental Justice Plan, December 2009
- MDCH Strategic Diversity Plan, June 2010

### *Toolkit*

The PRIME Intervention workgroup began discussing potential toolkit components in February 2011. The Intervention workgroup is continuing to develop the toolkit. The toolkit will contain resources regarding organizational assessments, workshops/trainings, and ancillary activities (e.g., suggested documentaries). The toolkit will be used in conjunction with the PRIME curriculum model for reducing infant mortality.

### *Green Paper and Intervention*

Beginning in May 2011, partners from the University of Michigan began to outline the project’s Green Paper for the purpose of facilitating discussion and to serve as a framework to develop an intervention for MDCH. The paper will be pivotal in solidifying the agreed upon approach for the remainder of the project and magnifying

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

fundamental questions that need to be addressed by the Steering Team. The goal of the PRIME Green Paper is to review strategies and theoretical approaches to guide the reduction of infant mortality. A draft was completed in September 2011 and the finalized paper and intervention approach will be provided in the next report to Kellogg. Sections of the paper include:

- Overview of PRIME
- Green Paper Goals & Objectives
- Epidemiology of Racial Disparities in Infant Mortality in Michigan
- Roles and Responsibilities of Public Health
- Selected Trainers and Training Models
- Other Resources and Materials
- Proposed PRIME Intervention Components

#### *Native American Google Map*

University of Michigan staff developed a map that outlines a variety of resources for Native Americans in Michigan. The map includes natural, geographical and environmental factors that may influence infant mortality. Work will continue during the project to determine usage for BFMCH staff. The workgroup will also assess the need to develop a similar map for African Americans.

#### *Organization Assessment*

In August 2011, the workgroup began discussions with the University of Michigan Health System Program for Multicultural Health staff to draft an organization assessment for the BFMCH. Some assessment categories include: program development, employee engagement, community outreach, monitoring and evaluation, and staff development. Results of the assessment will be used to focus the intervention to address staff needs.

#### **PRIME Evaluation Workgroup**

The Evaluation Workgroup is led by an evaluator from the University of Michigan (UM) and includes members and management from BFMCH and Epidemiology. Initial work of the group involved reviewing infant mortality data from the eleven targeted Michigan communities with the highest infant mortality rates. Data was analyzed using the Perinatal Periods of Risk (PPOR) method. Survey data from Pregnancy Risk Assessment Monitoring System (PRAMS) was also presented to better understand social determinants of health and barriers to receiving services.

The workgroup also developed pretest and posttest surveys for the Undoing Racism workshops and for the Health Equity and Social Justice workshops provided to MDCH staff, PRIME members, and community members. A primary purpose of the evaluations was to determine what information or considerations are needed in the PRIME intervention. The results of the workshops are highlighted in the next section of the report and in the separate evaluation report for the project.

#### **PRIME Local Learning Collaborative**

A Local Learning Collaborative (LLC) workgroup was formed in an effort to share local lessons learned that addressed racism and improved infant health. The LLC Workgroup was formed by Steering Team members including: the BFMCH Director, Project Coordinator, two health departments and one community-based organization. The workgroup began to meet in January 2001 and created guidelines for conducting a Local Learning Collaborative (LLC).

The PRIME Local Learning Collaborative (LLC) was established in March 2011. 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 make up the LLC. The intent

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W.K. Kellogg Foundation Grant Report - P3016224  
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of the LLC is to disseminate their experiences with other stakeholders throughout Michigan and seek involvement of LLC members in shaping the practices and policies derived from the project. The LLC prepared a pre-conference session at the 2011 Michigan Premier Public Health Conference. Details and evaluation results from the session will be included in PRIME's year two report.

The Local Learning Collaborative met four times during this first year and includes eighteen community partners. PRIME contracted with ten agencies on the LLC to gather information on the undoing racism and health equity work they have completed in their local communities. Some agencies utilized funding to pay for staff and travel costs to participate in the LLC meetings. Others used the funding to compile reports on work addressing racial equity and health disparities in infant mortality; to conduct community outreach and education sessions to raise awareness about health disparities in infant mortality; and to provide assistance to maternal and child clients with transportation assistance, educational opportunities and tangible items.

#### **PRIME Native American Ad-hoc Data Group**

An ad-hoc group, consisting of BFMCH, Epidemiology, Inter-Tribal Council of Michigan (ITCM) and UM, met to discuss the possibility of adopting alternative methods to collect data from vital records. One method includes recording an infant as Native American on the birth certificate if the race of the infant, mother or father is recorded as Native American. This approach is a change from current protocol. ITCM noted that this method has allowed them to capture an additional 40-60% of records where the infant was not recorded as Native American. The Steering Team has identified the need to develop alternative techniques to collect data with small populations as a priority in the project. As of October 2011, the BFMCH is collaborating with ITCM and Epidemiology to develop a PRAMS survey specifically for Native Americans. Questions on racism and social determinants of health are being added to the survey. Next steps include the addition of tribal health centers within the communication strategy to aid in data collection in 2012. A more detailed update on these efforts will be provided in the next report to Kellogg.

#### **PRIME & BFMCH**

PRIME's Principal Investigator and BFMCH Director initiated discussion and involvement of staff in the process to make changes in policies, programs and procedures to better address racial health disparities in a bureau wide meeting in November 2010. Likewise, the Division of Family and Community Health (DFCH) engaged staff in dialogue facilitated by Ingham County Health Department staff in June 2011 to address the following objectives:

- To provide an opportunity for staff to share their impressions of the Undoing Racism training and its future applicability to their work.
- To reinforce to staff that the PRIME initiative is focused on creating change at the institutional level.
- To identify promising options for creating change at the institutional level (i.e. policy, practice, funding) that can reduce health inequity in Michigan.

Details from the meeting and the work within the division will be provided in the next section of this report.

In summary, the Steering Team embraced the importance of developing a common understanding of racism and the determinants of population-level disparities. This ongoing learning process is essential for the team and to help provide a conceptual context for staff and other stakeholders. These activities and learning experiences help build the foundation for the project to develop and implement strategies and practices to improve birth outcomes and reduce racial and ethnic disparities in the subsequent years of the grant.

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

**B. Project Training Activities**

**Undoing Racism Workshops**

The MDCH's Public Health Administration supported the partnering of the Division of Family and Community Health (DFCH) and the Division of Health Wellness and Disease Control (DHWDC) in mandatory staff attendance of the Undoing Racism workshops led by The People's Institute for Survival and Beyond. The DHWDC includes the Health Disparities Reduction and Minority Health Section, HIV/AIDS and STD prevention and intervention staff.

MDCH's Public Health Administration attended the Undoing Racism workshop in the summer of 2010. Through PRIME, 158 staff and community members attended the 2-day trainings from February through May 2011. Of the 158 attendees, about 140 were MDCH staff. The workshop reviewed racial privilege and the historical impact of institutional, cultural and internalized racism on racial and ethnic disparities. A total of six 2-day workshops were provided.

Workshop participants completed pretest and posttest surveys that assessed self-rated competencies to define key terms (e.g., institutional racism, internalized racism) and to identify social determinants of health disparities and policies/practices that influence health disparities. The results demonstrated statistically significant improvements in all but one of the self-rated competencies. Seventy-four percent of the participants reported that they would recommend the Undoing Racism workshops to a colleague without reservations. Additional details on the workshop results are included in the separate evaluation report.

**MDCH - Division of Family and Community Health (DFCH)**

The DFCH has worked with staff over several years to better understand what is needed to improve health outcomes using a lifecourse approach. It was noted in the pretest evaluations of the Undoing Racism workshop that staff had attended several trainings targeted at reducing health disparities. However, staff expressed the need for assistance on incorporating strategies into their daily work. Although staff indicated feeling confident about several self-rated competencies, it was noted in the posttest evaluations that staff reported that they were not able to identify policies and practices in MDCH that address racial health disparities. This finding further demonstrates the importance of developing the project's intervention process with DFCH staff to foster skill building of strategy identification that reduces racial and ethnic disparities in infant mortality..

In June 2011, the DFCH held an all staff meeting to develop objectives which would reduce racial disparities in their work. The Health Equity and Social Justice Coordinator from Ingham County Health Department led the group through a discussion on challenges and opportunities for applying lessons from the Undoing Racism workshop in their daily work. Staff also brainstormed about institutional level changes to promote health equity. Each unit identified objectives to work on to better address racial health disparities. Discussions continued in division management meetings and with the PRIME Steering Team. PRIME will assist the division with the following identified areas:

- **Infant Mortality Work plan** – assist with the overall plan development and assess objectives to reduce racial disparities
- **Safe Sleep RFP** – assess considerations for content, target population, funding allocations, and community engagement.
- **Teen Pregnancy Prevention** - integrate the concept of health disparities/health equity in each of the Sexual Health Institutes (bi-annual, 2-3 day trainings)

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

- **Project LAUNCH** – enhance community collaboration, along with stakeholder and community inclusion. LAUNCH is designed to increase evidence-based practices that promote comprehensive wellness for young children, expand the integration of behavioral health into primary health, and develop a local sustainable model that can be replicated throughout the state to drive cultural change toward establishing a comprehensive, coordinated system of care for young children age 0- 8 years.

### **Health Equity and Social Justice Workshops**

In August and September of 2011, 87 MDCH staff, PRIME Steering Team and Local Learning Collaborative members attended two and half day Health Equity and Social Justice Workshops. 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.

Pretest and posttest surveys noted statistically significant improvements in all of the self-rated competencies assessed. There were also statistically significant improvements in specific content knowledge for nearly every content area assessed in the knowledge tests. Additionally, staff appreciated participating in case study analyses and 83% reported that they would recommend the Health Equity and Social Justice workshops to a colleague without reservations. Pretest and posttest results are included in the separate evaluation report.

### **Staff members have identified the following techniques to address racial and ethnic disparities as a result of their participation in the Undoing Racism and Health Equity and Social Justice workshops:**

- **Adolescent & School Health Unit** - will focus on disparities that exist among adolescents and unintended births. The Unit will integrate the concept of health disparities/health equity in each of the Sexual Health Training Institutes. The first Institute is scheduled for January, 2012.
- **Division of Health Wellness and Disease Control** - working with the Applied Research Center (ARC) to identify practical/operational ways to apply racial equity in their everyday work. In August they conducted a day-long training with ARC and the Division Managers and other staff. Five units of the Division identified an initial project related to infusing health equity into the work. The Health Disparities Reduction and Minority Health (HDRMH) Section is also developing a Health Equity Toolkit (with video vignettes) to increase community and professional awareness around Health and Racial Equity. The Toolkit is scheduled for release in spring 2012.
- **Reproductive Health Unit** – assessing protocols to add in sub-recipient agreements and training requirements.
- **Perinatal Health Unit** – added a section on health disparities in the September 2011 Maternal Infant Health Program (MIHP) Coordinators and new orientation meetings. A new webcast has been filmed with a section on lifecourse theory that includes information on racial disparities and health inequity; will request local health departments to discuss in their local Maternal Child Health Plan how they will address health disparities; include any disparities in the patient base and outcomes as reported in the hospital visit questionnaire; Fetal Alcohol Syndrome Disorders community projects will report disparity data in quarterly reports; Maternal Mortality Surveillance plan to share health disparity data on a regular basis during committee reviews and increase recruitment of committee members with diverse racial and gender backgrounds.
- **Fetal Infant Mortality Review** - many teams have made revisions to their maternal interview questionnaire to specifically ask how clients felt they were treated in seeking and receiving health care services
- **WIC** – plan to identify more African American breastfeeding mother role-models as opinion leaders for other African American moms.

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Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

- **Oral Health** - added race and ethnicity to forms to capture data for analysis; considering education materials that would appeal to the audience's diverse culture and beliefs

**Staff member reported collaborative efforts with other state agencies and organizations to reduce racial disparities**

- **Adolescent & School Health Unit** - The Delving Into Disparities interdepartmental workgroup consisting of school health professionals from MDCH and the Michigan Department of Education was convened with the purpose of gathering available data related to the health status of Michigan youth and determining where racial disparities exist. The current goal is to determine the most effective means of educating school staff on racial inequality and its consequences for the health of youth and their educational achievement.
- **Health Disparities Reduction and Minority Health Section** - currently fund seven organizations under the Capacity Building Grant Program (CBGP). Each lead agency as a condition of funding must develop or strengthen broad community partnership. The number of organizations represented by the Capacity Building Grant is over 100. Each of the CBGP grantee organizations is funded to address some aspect of racial and ethnic health disparities.
- **Reproductive Health Unit** –discussion with Medical Services Administration (MSA) to assure that racial disparities are included in the "Plan First!" (Medicaid waiver) outreach efforts.
- **Fetal Infant Mortality Review (FIMR)** - In collaboration with the PEDIM (Partnerships to Eliminate Disparities in Infant Mortality) Action Learning Collaborative, all of the Michigan FIMR sites were sent a survey to assess what kind of trainings they have had around Undoing Racism and Social Justice.

**C. Social Determinants of Health**

At this time in the project, we cannot report making an impact on social determinants of health or racial disparities in Michigan communities. MDCH has had an increased emphasis on social determinants of health over the past sixteen months. During Michigan's 2011 Infant Mortality Summit, there was a focus on social determinants and contributing factors for infant mortality. The action plan that is being derived from the summit will include an emphasis on social determinants across all activities in the work plan.

Within the Division of Family and Community Health, a Lifecourse Workgroup is engaged in prioritizing which social determinants of health to monitor in their efforts to reduce disparities in health outcomes. Currently, the workgroup is reviewing the health equity data set developed by the Health Disparities Reduction and Minority Health section and the information included in the Health Equity and Social Justice workshop on root causes of health inequities to determine the social determinants to measure.

The Steering Team will continue to discuss issues associated with using the Pregnancy Risk Assessment Monitoring System (PRAMS) for monitoring social determinants as well as other methods in the project's second year. MDCH is currently drafting a PRAMS Native American specific survey. Questions on racism and social determinants of health are being added to the survey.

**D. Activities & Achievements**

**Structural Developments**

The PRIME project established a project Steering Team along with two workgroups (Evaluation and Intervention), a Local Learning Collaborative and Native American Ad-hoc Data Group as described earlier in this report. The PRIME Steering Team increased its capacity by hiring a project coordinator. The project coordinator provides overall support, coordination and communication for the PRIME project and oversees implementation of the project work plan and contractual agreements. A chart detailing each of the meetings and agenda items is included in the separate evaluation report.

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

## **Capacity Building**

### *Training*

The PRIME project invested in training MDCH staff, community partners, and Steering Team members. During the first year, the PRIME project hosted two training workshops. The People’s Institute for Survival and Beyond facilitated the first workshop titled, “Undoing Racism.” The Ingham County Health Department facilitated the second workshop titled, “Health Equity and Social Justice.” As discussed earlier in the report, participants completed pretests and posttests for each workshop. Detailed results are provided in the separate evaluation report.

### *Undoing Racism Focus Groups*

The PRIME Evaluation workgroup also held three focus groups with MDCH Undoing Racism workshop participants. The purpose of the focus groups was to gather information that would assist in developing the curriculum and intervention approach for the project. Focus group participants reported a growth in knowledge, and a desire to increase collaboration with community members. There were a lot of different views expressed by staff during the focus groups and the Intervention Workgroup will need to make fundamental decisions on how to utilize the focus group results. More information on the focus groups can be found in the separate evaluation report.

### *Internships*

The PRIME project provided internships to three graduate students. Interns gained experience working with community groups, attended meetings and created program profiles for the Division of Family and Community Health (DFCH) and the PRIME Local Learning Collaborative (LLC). In addition, the PRIME project has hired two graduate research assistants at the University of Michigan. These research assistants work on the development of Native American Resources and to compile information on local and state organizations which were doing work on racism, health equity and racial disparities. Three interns and one graduate assistant participated in the Health Equity and Social Justice workshops.

## **Lessons Learned**

One lesson learned after conducting the Undoing Racism workshop was the need to have a better communication strategy prior to implementing the training and the need to have follow-up discussions or activities within the first couple weeks after the workshop. Although the overall results of the Undoing Racism workshops indicate that staff increased in self-rated competencies and the majority would recommend the workshop without any reservation, there was a few outspoken staff that expressed their displeasure with the workshops. After consulting with the People’s Institute for Survival and Beyond and Ingham County Health Department, both groups reported that negative reactions, specifically from Whites, was very common. However, they did recommend having activities soon after the workshop for staff to process the information and be clear about the next steps for the organization. The follow-up focus groups provided staff an opportunity to process the workshops’ information. Also, the DFCH staff meeting with facilitated discussion aided staff contemplating next steps, and was very well received.

Additionally, the PRIME Project Coordinator and staff from the Division of Health Wellness and Disease Control (DHWDC) addressed participants prior to each of the Undoing Racism workshops about the purpose of the workshop and provided an overview of the project goals. However, after the first session, the PRIME

Steering Team decided that it was beneficial to also share a written overview of the project to all staff members. Prior to the last two sessions, in which half of the staff attended the workshop, Dr. Camara Jones’ Gardener’s Tale article was shared with staff. Finally, the BFMCH Director sent out communication to all staff in June

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

2011 about the purpose of PRIME and to inform them of the Health Equity and Social Justice workshops that would take place in August and September.

The facilitator of the Health Equity and Social Justice workshops informed the PRIME Steering Team that staff were much more prepared and open to participate in their workshops due to their prior involvement in the Undoing Racism workshop.

Work plan activities have helped to focus this broad, unique project. Also documenting as much of the work to capture activities and results along this journey has been invaluable. Descriptive summaries help with final reporting. The Steering Team taped steering team meetings and transcribed them for evaluation purposes.

#### **E. Outcomes**

The need to continue to re-focus our work efforts and set target completion dates help keep all team members on track. The diversity of professionals involved (public health, researchers, evaluators, epidemiologists) all have different interests and pace in doing this work. Refocusing, setting deadlines and regular communication helped identify unrealistic expectations and re-align the work. It also helped to reassure the team members.

This project identified a challenge experienced by public health program staff in effective communication with epidemiology staff. This was an unexpected outcome of this project, but an important issue which the project will continue to address.

#### **F. Environment/Challenges/Opportunities**

The project began with strong support from the State Health Officer (SHO). In January 2011, the election of a new Governor from a different political affiliation brought a new SHO, and uncertainty about MDCH's future priorities. Although the new SHO is supportive of addressing Michigan's persistent infant mortality disparity issues, work is necessary to help develop support of the PRIME project. We will do this by showing the connection between racism and infant mortality, along with the social determinants of health and the role MDCH will play.

The promising news is Michigan's Governor has identified infant mortality as a critical health indicator for Michigan to monitor and it is included on Michigan's dashboard. Beginning in May 2011, the BFMCH Director and members of the PRIME Steering Team participated on the State's Infant Mortality Steering Committee to plan the 2011 Michigan Infant Mortality Summit. The action plan is scheduled for release the beginning of 2012. Results of the summit and information on the action plan will be provided in PRIME's report on year two activities.

#### **G. Collaboration**

Collaborative efforts have increased PRIME's leadership's understanding of the efforts that currently exist to improve health equity. More importantly, an appreciation of the lessons learned and obstacles that have been faced will assist the Steering Team in developing the intervention module and tool-kit.

The BFMCH Director serves as the co-chair of Michigan's Partnership to Eliminate Disparities in Infant Mortality (PEDIM) Action Learning Collaborative (ALC), one of five projects nationally. CityMatCH, the Association of Maternal & Child Health Programs, and the National Healthy Start Association created PEDIM, with funding from the W.K. Kellogg Foundation, to eliminate racial inequities contribution to infant mortality within U.S. urban areas. Michigan's ALC consist of a partnership with Michigan's six Healthy Start Programs and the Michigan Department of Community Health. Several of the ALC members are also PRIME Steering Team and Local Learning Collaborative (LLC) members. Over an 18 month period, the ALC will work to raise

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

awareness about the prevalence of racism and its impact on the disparity in pregnancy outcomes. The efforts of PEDIM and PRIME will work to reinforce one another's project.

The PRIME Project Coordinator is a member of the Inter-Tribal Council of Michigan's Statewide Consortium. The Consortium provides guidance for a five-year Centers for Disease Control and Prevention (CDC) Racial and Ethnic Approaches to Community Health (REACH) Core initiative to reduce infant mortality among Michigan's Native Americans. Each of the seven Native Healthy Start projects are engaged in the Mobilizing for Action through Planning and Partnerships (MAPP) process to develop community plans that target policy, systems and environmental change to improve maternal and infant health outcomes within the Native American community.

As mentioned previously, eighteen organizations (Health Departments, Healthy Start Programs and Community-based Organizations) make up the PRIME Local Learning Collaborative (LLC). Initially, agencies were invited to participate on the LLC and share their undoing racism and health equity efforts based on three factors:

- 1) Participation in the MDCH 2008 Infant Mortality Summit;
- 2) Healthy Start Programs; and
- 3) Presenters at the 2010 MDCH Health Disparities Conference.

After a few meetings, four additional health departments were invited to join based on their communities being one of the initial eleven targeted Michigan communities with the highest African American infant mortality rates. Several of the health departments and other organizations on the LLC have found it necessary to develop initiatives to combat the racial and ethnic health disparities in infant mortality in their communities. Information on their work is included in the separate evaluation report.

#### **H. Observations**

In discussions with the PRIME Local Learning Collaborative, many members have stressed the importance of embracing the reality that this work will not be accomplished in a short time period. At varying points throughout this process, it may have been difficult for some Steering Team members and staff not to have a "road map" to follow to accomplish our goal to reduce racial inequities in infant mortality.

Additionally, the Steering Team has to strike a sensitive balance in appreciating the need to adequately research and develop strategies while at the same time providing timely direction and feedback on current policy and procedure developments within the department. It takes time to develop new approaches and conduct the proper research and analysis of strategies. At the same time, it is also important to make timely decisions that can be applied to current situations being faced by staff and organizations doing the work. We believe that finalizing the green paper and taking the initial steps in the intervention process will help to keep Steering Team members and staff engaged in PRIME.

#### **I. Future Plans**

In December 2010, the W.K. Kellogg Foundation granted PRIME an additional 3-year award to accomplish the goals of the project.

In year two, PRIME will report on the intervention strategy that will be used in the project; Local Learning Collaborative dissemination activities; and any structural changes made to accomplish the goals of the project. The Steering Team will also evaluate their process through an online survey that will assess the primary project partners' views about the development and implementation of the PRIME project.

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

In years three and four of the project, the Steering Team will focus on developing a quality assurance process that will help to sustain the training module and process developed in PRIME. The Steering Team will also identify the capacity and training needs of the Division of Health Wellness and Disease Control (DHWDC) to replicate the intervention process developed in PRIME throughout MDCH. In the department, DHWDC has the responsibility of infusing health equity throughout all programs in MDCH.

In review of programs and initiatives throughout the country that address the systemic effects of racism and its impact on health outcomes, we have found that most of the work has taken place at the local level and not within a state health department. It is anticipated that the knowledge gained throughout the project and aspects of products (training module, toolkit, etc.) developed will be very useful to other state level departments such as education, corrections and transportation. Additionally, the Steering Team has agreed to analyze all processes and products for replicable use at the local level.

**J. Dissemination**

In December 2010, MDCH issued a press release announcing the grant funding from W.K. Kellogg and the goals and objectives of the project. The release was shared in the Gongwer News Service and Michigan Chronicle and the BFMCH Director was interviewed by Central Michigan University's radio station.

During the summer of 2011, the PRIME Local Learning Collaborative (LLC) began to compile information on all of their work in undoing racism and health equity into one document. The LLC shared this information at a preconference session at the annual Michigan Premier Public Health Conference in October 2011. Results of this event will be shared in the next report to Kellogg. In addition, the LLC has begun to draft a dissemination plan that will include a web-based component.

The Steering Team will also discuss potential organizations and conferences to share the Green Paper that outlines the PRIME intervention and the process used to develop it. The Green Paper will be finalized in year two of the project.

**K. Project Director's Opinion**

1. There will be objection and rejection to the value of this project, which I think is directly related to the sensitive nature of the subject matter. Information will be contributed to demonstrate the need for a broader – all race focus-, which obviously avoids addressing the race specific issues. Stay the course, help those involved understand the life issues that exist and connect that information to the work within our purview. Some staff, the majority of whom were White, challenged the “mandatory requirement” of work shop attendance. Objecting to it being mandatory, even though it was done during paid work time and considered a work assignment.
2. Even those who support the need for better understanding of the impact of racism on programming/policy development in public health will revert to customary ways of dealing with conflict that is likely to occur. An example is when concerns were raised by staff attending the “Undoing Racism” workshop, it was suggested to examine the presenters abilities/methods, rather than acknowledging the very different subject matter and approach used for staff skill building. Seeking guidance from others who have traveled this path before helped identify an effective solution to the issue without diluting the work effort.
3. It is important not to lose the focus of addressing issues related to institutional racism to identity program and policy changes. African American staff voiced the importance of not losing this focus.
4. Connecting with peers doing this work is invaluable. It helps to confirm understanding of issues, share lessons and reassure progress. Additionally, it was beneficial to consult with our UM subject matter expert on a consistent basis.

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Practices to Reduce Infant Mortality through Equity (PRIME) Project  
W.K. Kellogg Foundation Grant Report - P3016224  
Reporting Period – May, 2010 – September, 2011

5. Those outside of the work expect answers that change the work to spring forth unrealistically fast. Help those who may understand and support the effort to recognize that the change must be identified, piloted and then implemented, all of which takes considerable time.
6. Reassessing accomplishments periodically is useful when done with the project team members. Dialogue about the project successes and lessons with team members helps bring out perceived project progress, supports team bonding and helps team members better understand project objectives.
7. Though not done in this project, the Wilders Team Survey is a good tool to use to help identify project team strengths and weaknesses, and guide developmental steps for the project team.
8. Use information tools that help the team members develop a common knowledge base. We discussed this in our narrative.
9. Maximize the talents and experience of the team members in the work. Our team members were included because of their knowledge and expertise and they have been invaluable in helping this project develop as well as connecting us with others that have helped with our work.
10. Data is important and should be used consistently to help focus the work. It is also important to recognize that this work may lead to new approaches to our work in public health. Our discussions about historical reporting challenges associated with small numbers of Native Americans has led to fruitful conversations of alternative methods for data collection, as noted earlier in this report. We will pursue this over the course of the project, and anticipate developing recommendations for improved data collection methods.
11. Do not feel stifled by not knowing if you are doing the right thing. Allow science and others knowledgeable in this work to guide you and adjust as you learn.
12. Communication is key. Work to assure there is open and frequent communication with all involved – project team, staff involved in affected departments, etc.
13. Watch out for project creep. This work is so very needed and important; it is easy to be inclined to expand the focus, because of the need. Regularly assess the work plan and timelines to assure realistic goals and objectives exist. Keep a parking lot of additional work efforts, and draw from those when more time and or resources present.
14. Use students and interns, they can be a valuable resource for your project in a couple ways. They bring fresh views to the work and having a specific component of the project for them can often be accomplished expeditiously and better than expected. This also allows the planting of seeds about the impact of racism in our work in those who will be our future work force.
15. Remember the work of this project is on top of people's other work – which is done purposefully, in order to understand what needs to change and to identify the change. It is expected that lessons learned in this project will offer changes in the approach to program and policy development. This happens as an evolutionary process and brings added work load to staff. Patience is important, as is empathy to staff.

**L. Summary**

The first sixteen months of the project was used to develop a work plan and structure for project oversight and development. Substantial time was spent on training and understanding the connection between the effects of institutional racism and health inequities in poor birth outcomes. At this time, the Steering Team is focusing on developing the intervention module and training curriculum that will recognize and address the social determinants of health in policies, programs and practices. Incorporating social justice and the elimination of racism in organizational policy and practices will be used as a strategy for eliminating health inequities in infant mortality in Michigan.