

PRIME

Practices to Reduce Infant
Mortality through Equity

Practices to Reduce Infant Mortality through Equity (PRIME)

Narrative Report
January 2013

Project Award # P3013047

*Michigan Department
of Community Health*



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 June 1, 2012 to November 30, 2012.

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 assurance process.

PRIME Steering Team

The PRIME Steering Team held five meetings during this reporting period 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 providing health equity training within the Women, Infants & Children (WIC) Division. WIC division staff participated in a 2.5 day Health Equity and Social Justice workshop. They also completed 3-half-day Health Equity Learning Labs that were developed to assist staff with incorporating equity within their daily work duties. WIC staff are scheduled to complete two additional 3-half-day Learning Labs during the winter and spring of 2013. Detail on the training activities will be included later in the report.

PRIME Steering Team members continued to participate in ongoing learning activities that provide knowledge and insight about issues involving institutional racism and health equity. Some of the activities included:

- American Holocaust of Native American Indians Video
- Anne E. Casey Foundation, Race Matters, Organizational Self-Assessment Tool
- Race – The Power of An Illusion, Sorting People Game

PRIME Intervention Workgroup

The Intervention Workgroup's main focus was on the development of the Health Equity Learning Labs that began in November, 2012. There were also planning for the PRIME project retreat and discussion on development of a toolkit and the sustainability of the PRIME project.

Curriculum Development

The Michigan Department of Community Health (MDCH) continued to contract with two faculty from the University of North Carolina, Chapel Hill (UNC). The professors have knowledge and academic experience in applying a health equity model that incorporates a social determinants of health approach in reducing the racial disparities in infant mortality. There were several key meetings to assist in the development of the curriculum for the learning labs.

In August, 2012, Intervention Workgroup members convened at the Zibiwing Cultural Center in Mt. Pleasant with consultants from the Inter-Tribal Council of Michigan (ITC) and from UNC. The purpose of the meeting was to obtain input from the consultants with experience with Native American issues on the development of the Health Equity Learning Labs. Information on a mapping project and publications that were in development by the University of Michigan and Vanderbilt University, with a focus on Native Americans, were also reviewed.

In October, 2012, UNC faculty traveled to Michigan to meet with consultants from ITC in Traverse City. During this meeting, the UNC professors reviewed the outline for the Health Equity Learning Labs and solicited ITC consultant's input on where and how to add information on the Native American culture. A follow-up meeting was held via conference call the end of October in preparation for the Learning Labs that were scheduled for November.

A debriefing meeting was held at the conclusion of Learning Lab 1. Workgroup members, BFMCH staff, Minority Health Reduction and Minority Health Section staff, UNC staff, and ITC consultants participated in the meeting. Members discussed if the Learning Labs goals were accomplished and they identified objectives for Lab 2.

Learning Labs 2 & 3 are scheduled to occur in February and April 2013. The majority of the participants in Learning Lab 1 were WIC staff and there were also participants from the PRIME Steering Team and Local Learning Collaborative members. Additionally, a couple of local WIC agencies were able to attend the workshop.

Tool-kit Development

The Intervention Workgroup also focused on identifying items for the tool-kit to be developed. Members participated in the National Association for County and City Health Organizations (NAACHO) Health Inequity Online Course to identify any useful resources for the tool-kit. The Intervention Workgroup will gather information from past meetings and other resources to begin to form the toolkit. Eventually, PRIME will post all toolkit resources on the PRIME website.

Sustainability

The Intervention Workgroup has stressed the importance of sustainability during the development of the Learning Labs. Group members have discussed whether PRIME project activities will continue through “champions” identified within MDCH, or through staff from the Health Disparities Reduction & Minority Health Section. The Intervention Workgroup plans to discuss sustainability with the PRIME Steering Team at the PRIME project retreat that is planned for first quarter of 2013.

The Intervention Workgroup partnered with the UM Office of Public Health Practice to develop a technology component of the Learning Labs to increase the sustainability of the workshops. Additionally, the Intervention Workgroup has agreed to begin to look for future funding opportunities.

Organizational Assessment

In September, results of the Organizational Assessment were presented to WIC staff. In April, 2012, forty (89%) of the WIC Division staff completed an organization assessment that was designed by the Intervention workgroup in collaboration with the UM Health System Program for Multicultural Health to identify the types of changes, resources and training and technical assistance needed for WIC staff to address racial disparities in infant mortality in their daily work.

Currently, the assessment is being revised to a shorter version and will be administered with the Children’s Special Health Care Services in the winter of 2013. The survey is also 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. 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.

Dissemination

In October, University of Michigan and Vanderbilt University partners presented a poster session at American Public Health Association (APHA)’s annual conference. In the poster, it was noted that guidance, such as the Ten Essential Services of Public Health on reducing racial health disparities, originated at the local or federal level and therefore lack clarity on the state’s role. The poster described how PRIME exposes staff to training and tools that make them aware of the personal and professional assumptions they have about social determinants of health and disparities. The project will also identify what determinants are modifiable and staff’s professional role in addressing disparities.

PRIME Evaluation Workgroup

The workgroup’s primary activities focused on evaluating the Health Equity & Social Justice Workshops and Health Equity Learning Lab 1. Brief evaluation results can be found later in this report and a full report is included in the separate evaluation report for the project.

The workgroup also focused on identifying social determinants of health metrics that can be measured that are included in the Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) survey. A meeting was held with the MDCH PRAMS

Coordinator to begin to identify indicators. The epidemiologist that is partially supported with the PRIME grant and who works in the Health Disparities Reduction and Minority Health Section will lead the ongoing effort for this work.

Finally, the evaluation results from PRIME trainings were shared in a poster session at the 2012 Michigan Premier Public Health Conference and during an oral presentation at the 2012 APHA conference. Workshop participants had significant increases in a majority of the self-rated competencies. On some competencies, there were significant race effects that indicated that participants may be on different stages in understanding and processing racism and health equity issues. African Americans typically knew more and felt more competent than European Americans before the workshops. However, European Americans demonstrated the ability to catch up in their learning as a result of participating in these workshops.

Wiki Page

The Project Coordinator continues to use the PRIME WikiPage to house all meeting related documents for the steering team and workgroups. Additionally, other pertinent reports and documents are uploaded to the site. The WikiPage will continue to be evaluated for efficacy and efficiency.

PRIME Local Learning Collaborative (LLC)

Michigan Premier Public Health Conference

The LLC conducted a second pre-conference session at the 2012 Michigan Premier Public Health Conference. Panelists representing MDCH, Kent County Health Department, Strong Beginnings Healthy Start, Inter-Tribal Council of Michigan, and Berrien County Health Department addressed the following during the session:

- 1) Describe the work that has been done in your organization around undoing racism/health equity and the connection to infant mortality reduction
- 2) What “action” has been taken to achieve health equity in your organization?
 - a. Describe policy/practice changes,
- 3) What would you describe as your “best practices” in achieving health equity in your organization?
- 4) What have been major challenges in doing this work?
- 5) What are 1 or 2 recommendations to organizations that are beginning to engage in health equity work?

The PRIME Website was reviewed during the session and participants watched a video prepared by the Executive Director of Ingham County Health Department who is a PRIME Steering Team member. The video described the impact of racism on infant mortality. Participants were also informed about other videos on the site that describe social determinants, historical trauma in the Native American community, MDCH’s health equity work and best practices from LLC members. A variety of health equity resources that included websites and videos were shared with participants at the end of the session.

Twelve evaluations of the pre-conference session were submitted. There were five questions and each was rated on average between 4.33 to 4.92 out of a 5.0 rating. The participants indicated that the PRIME session was helpful in understanding more about health equity and activities at the state level and in local communities related to the improvement of infant health and the promotion of health equity. Details of the survey results are included in the separate evaluation report.

An additional 50 copies of the booklet, highlighting the health equity work in each of the LLC communities, were printed and distributed at the conference.

PRIME Website

A few LLC members worked with the Project Coordinator and two Steering Team members to develop the PRIME Website. The site will be used to share LLC organization’s best practices and lessons learned in implementing strategies to decrease infant mortality and improve equity in their local communities. The site will include a forum for LLC members to share their work with one another and with the general public.

Michigan's Policy Review/Racial Equity Scans

Many of the LLC members are also a part of Michigan's Partnership to Eliminate Disparities in Infant Mortality (PEDIM) Action Learning Collaborative (ALC). After attending an ALC meeting in April, 2012, many LLC members expressed interest in conducting Racial Equity Scans in their local communities. This approach was presented at the ALC meeting where participants from Tennessee provided historical overviews of policies that impacted African American communities. The approach was used to empower communities to understand the impact of policy and advocate for changes that will improve the health of the community.

MDCH has contacted with a consultant 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. This overview will aid in explaining the contextual conditions in PRIME's logic model. It can also potentially improve effective engagement of all stakeholders by documenting their role in making key decisions. The three specific objectives of this historical policy overview are: a) to demonstrate how policies and practices have affected the Native American and African American populations in Michigan, thereby linking the social determinants of health **specifically to** infant mortality outcomes, b) to supplement instructional resources used to increase awareness of health disparities and provide a template for further research, and c) to prepare materials that can be presented to a broad audience, including all Michigan stakeholders responsible for creating and implementing policy that impacts the infant mortality rate.

The first deliverable is a timeline, which includes the following: 1) major events in Michigan's history from 1837 to present, 2) key national events and federal legislation in history from 1837 to present, and 3) Michigan legislation and regulations. 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. Events and policies are listed in a chart format and can be sorted by date, social determinant of health, population most affected, whether the event or policy directly impacts infant mortality, and whether the event or policy occurred at the state or federal level. The timeline will be completed the first quarter of 2013.

PRIME Native American Ad-hoc Data Group

Last year, a partnership with MDCH, the Inter-Tribal Council of Michigan, Great Lakes Inter-Tribal Epidemiology Center, and Michigan State University formed to design a Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) survey to include all mothers of Native American (NA) infants. The group did not hold any meetings during this reporting period but continued to monitor the implementation process for the survey.

The NA PRAMS aims to understand risk factors for infant mortality among American Indians, with a focus on maternal care, infant care, and infant health. The NA PRAMS uses the Michigan PRAMS as a model and mirrors questionnaire design and survey methodology as closely as possible to ensure comparability between the two surveys.

The NA PRAMS made several attempts to be inclusive and relevant for Tribal communities by including input from Tribal Health Directors and creating Memorandums of Understanding between MDCH and each tribe. An expanded definition of "Native American infant" was used to sample any infant born to a Native American mother or father, as indicated by any mention of American Indian on the birth certificate. There were also several efforts to increase the response rate by circulating a list of "Frequently Asked Questions" about the NA PRAMS among nurses and staff at tribal clinics and to locations serving pregnant women/new mothers (local health departments, WIC, Family Planning, Maternal Infant Health and Early Hearing Detection providers).

As of December, 2012, the total response rate for the first batch of questionnaires was 49%. Subsequent batches are still in progress. Data will be available for analysis in 2013. It is expected that the NA PRAMS will provide a rich source of data related to American Indian maternal and child health in Michigan, and will allow a much deeper analysis of risk factors for infant mortality in this community.

PRIME Website Development Team

During this reporting period, the design and development of the PRIME website was completed. In October, 2012, a year after the Website Development Workgroup convened, a prototype of the website was presented at the Michigan Premier

Public Health Conference. The site is planned to “go live” in January, 2013. The website will be utilized as a mechanism to disseminate information about the PRIME Project and the local work of the Local Learning Collaborative. An additional role is to provide a broad audience access to information about health equity, health disparities, racism, and social justice. Members of this group include: the PRIME Project Coordinator and intern; MDCH staff from the Health Disparities Reduction and Minority Health Section (HDRMHS); LLC members from Kent County Health Department, Grand Rapids African American Health Initiative, Strong Beginnings Healthy Start, and Wayne County Health Department; and the Michigan Public Health Institute (MPHI).

The website includes a list of resources about health equity, infant mortality, and institutional racism. Videos of PRIME Steering Team members describing the importance of the project and its relation to health equity issues and LLC members sharing their best practices are included on the site. There is a forum page where LLC members will share articles and discuss new solutions to health disparities. The interactive map, titled “What’s Happening in Your County,” will allow community members to learn about organizations in their area and information on health equity activities.

During the first quarter of 2013, the website workgroup will develop a dissemination plan to inform a variety of stakeholders about the website.

Project Training Activities

Health Equity Learning Labs

The Health Equity Learning Lab Series is a set of three separate 3-half-day sessions designed to assist MDCH, Bureau of Family & Maternal and Child Health staff incorporate equity thinking and action into their day-to-day work. The Learning Labs seek to answer the question: **What can I do from my desk, my office, my job, my organization, to change social determinants of health equity as they affect the women, infants and children in the program in which I work?**

The Goals are:

- 1) To foster institutional change to develop policies and procedures that always promote, and NEVER inhibit health equity
- 2) To incorporate equity thinking, perspectives and action into daily work assignments and responsibilities

The Learning Labs aim to increase the repertoire of applied approaches staff can use to promote equity, and through case studies, short lectures, discussion, practical exercises, and self-reflection, promote *proficiency* in incorporating equity thinking, perspectives and action into staff’s day-to-day work.

- Lab 1 (November, 2012) - Included lectures on 1) Race, Class, Gender, History & Health; 2) Social Determinants of Health Inequity; 3) Institutions that play a role in our lives; and 4) Evolution of MCH institutions. Participants were introduced to the Brooks Equity Typology and the value of using a portfolio evaluation. Lastly, staff were provided information on how historical trauma manifest in the inequitable health outcomes experienced by Native Americans.
- Lab 2 (February, 2013) - Review tools available for integrating equity goals into work. Staff will receive technical assistance with applying health equity models to their work plans and overcoming obstacles.
- Lab 3 (April, 2013) – WIC staff to report progress on incorporating equity goals into their work plans. Discuss successes, barriers and lessons learned.

The University of Michigan Office of Public Health Practice (OPHP) arranged for Learning Lab 1 to be 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 first Learning Lab session. The video and transcript will be used by UNC consultants to identify components that may be transferred into online curricula and to plan for Learning Lab 2.

Evaluation Results

The WIC staff are the first MCH division to participate in the Learning Labs. In November, 2012, 48 state WIC staff, PRIME members and local WIC staff attended the 3 – ½ day sessions. Participants showed statistically significant increases in most of the reported self-confidence ratings. Some of the areas include: 1) Identify my unique skills to contribute to the equity building process at MDCH; 2) Identify opportunities at my job to address health inequities; and 3) Describe models and frameworks of social determinants of health equity. Participants listed knowledge of history, and awareness as the most

valuable outcomes of the Learning Labs. Participants appreciated the Native American speaker, and learning about Native American history. Several participants reported that they enjoyed being able to discuss health equity concepts with their colleagues. At the conclusion of the first lab staff requested concrete examples and ideas for how to enact effective change. Fifty-eight percent of the participants reported that they would recommend the learning lab to colleagues without reservations. Please see the complete Learning Lab evaluation report in the separate evaluation report for the project.

Health Equity and Social Justice Workshops

August through September of 2012, 56 WIC staff, PRIME Steering Team and Local Learning Collaborative members attended the Health Equity and Social Justice Workshops. A total of three, 2.5 day sessions were held. The UM Public Health Practice Office funded the consulting and facilitation costs for two of the sessions.

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.

Evaluation Results

Pretest and posttest surveys noted statistically significant improvements in understanding social justice and health equity/disparities terminology, and in their ability to identify opportunities for addressing health equity. A few of the competencies include articulating an understanding of: 1) social determinants of health; 2) public health's historical role in promoting social justice; and 3) the root causes of health inequity.

Participants also showed significant increases in their content knowledge for a majority of content knowledge questions from the pretest to the posttest. Participants reported that the workshop increased their awareness of disparities and health equity. Several participants listed ideas for policy or procedural changes that would help to promote health equity. Eighty-Two percent of staff reported that they would recommend the workshop to a colleague without reservations. Pretest and posttest results of the Health Equity & Social Justice Workshop are included in the separate evaluation report.

Two of the three divisions within the Bureau of Family, Maternal and Child Health have completed the Health Equity & Social Justice workshops. Children's Special Health Care Services is the final division and they are scheduled to attend the workshop during the first quarter of 2013.

Adolescent and School Health Training

The Adolescent and School Health Unit staff have made it a priority this past year to identify opportunities to share health equity/healthy disparity information with their provider groups and grantees. Teen Pregnancy Prevention staff have integrated a health equity speaker into every Personal Responsibility and Education Program (PREP) Institute. Over the past year and a half, there have been three PREP Institutes, where all of the PREP grantees were convened for a 1-2 day training. Also, the Child & Adolescent Health Center staff added a health equity speaker to their annual coordinator meeting, where 150 staff who work at school based/linked health centers convene annually. All of these training opportunities have been met with positive results. A pre-conference session, "Health Equity and Social Justice as the Core of Primary Prevention" was offered at the 5th Annual *Moving Toward Solutions: Addressing Teen Pregnancy Prevention in Michigan* conference and all 50 spots were filled.

Internships

The PRIME project continued to receive valuable involvement of interns in the project. A UM School of Public Health student worked on the project from May-August of 2012. She worked on the development of the website and helped to take minutes at the Steering Team and Workgroup meetings. The project has allotted funds for a student assistant from October, 2012 to September, 2013. The department conducted interviews for the position in November.

B. Changes in Project Outcomes

The Steering Team has continued to discuss its ability to fulfill the goals and objectives of this project. In our last report, 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, the project will outline policy changes that resulted from staff's engagement in the project. The Steering has also determined that there will not be sufficient time to fulfill Goal 3 of the project which is to

develop a quality assurance process. The project will be able to identify and begin to develop components of the quality assurance process. In reviewing the project's timeline, there will be time to finish piloting the Health Equity Learning Labs with WIC and then refine and implement the Labs with CSHCS. Final reports and a toolkit will be produced by the end of the project. The Intervention Workgroup will seek funding opportunities to fully develop and implement a quality assurance process in the next phase of the project.

C. Environment/Challenges/Opportunities

On August 1, 2012, MDCH held a media event at Hurley Medical Center in Flint to release MDCH's Infant Mortality Reduction Plan. The MDCH and MCH Directors and representatives from Federally Qualified Health Centers, March of Dimes, and Oakland County Health Department attended the event. There were 50-70 participants at the event and 200 copies of the plan were printed. Michigan Public Radio conducted follow up interviews about the Reduction Plan. 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.

In August, 2012, the MDCH Director resigned. The new MDCH Director held the same position under a different administration nearly 10 years prior. A consultant continues to work with the Division of Health Wellness and Disease Control, where HDRMHS resides, to identify needs, and to develop a plan to unite staff around the Division's mission and goals.

PRIME's principle Investigator joined Vanderbilt University in July, 2012 and we contract with University and the University of North Carolina – Chapel Hill to assist with development of the Health Equity Learning Labs. There have been challenges with executing contracts with Vanderbilt and UNC. The crux of the challenge has focused on "intellectual property". We have been able to execute one of the contracts by using language provided by Kellogg.

There have been requests by national organizations to learn more about the work in PRIME and a presentation and information has been provided to the Association of Maternal and Child Health Programs (AMCHP) Board. The MCH Director of MDCH sits on AMCHP's Board. A webinar, presented by MCH lead staff and an Epidemiologist, have also been made to the AMCHP supported Preconception/Interconception Health Action Learning Collaborative. Finally, presentations were made at the MCH – Epidemiology Conference this year and at the CDC PRAMS Conference.

Synergy from the work of PRIME has been seen with several BFMCH staff. The Child and Adolescent Program area provided Health Equity workshops at their Annual Conference. This was followed by several local agencies seeking Health Equity/Social Justice training for their staff, who did not attend the Annual Conference. A similar occurrence was seen with the Family Planning program administered by MDCH/BFMCH staff.

The work of the Partnership to Eliminate Disparities in Infant Mortality (PEDIM) has afforded team building opportunity for state PRIME staff and Michigan's six Healthy Start Projects. This partnership has allowed broader exposure to local training and workshops, sharing of tool kits and improvement in the quality and quantity of racial/ethnic data collection and use. This team work will continue after the PEDIM Project ends in February, 2013.

The Project Coordinator continues to focus on ways to increase Steering Team member's ongoing participation in meetings and other activities.

D. Collaboration

The Local Learning Collaborative (LLC) established in March, 2011, continues to meet every six 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.

The BFMCH Director continues to serve as the co-chair of the PEDIM Action Learning Collaborative (ALC). The Project Coordinator and several PRIME Steering Team and LLC members also participate on the ALC. The three strategies of the collaborative are 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
- 3) Improve both the quality and the quantity of data collection related to race and ethnicity within the health care system

The PRIME Project Coordinator continues to participate on 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.

The special Native American PRAMS is being implemented by a partnership between the MDCH, Inter-Tribal Council of Michigan, Great Lakes Inter-Tribal Epidemiology Center, and the Michigan State University Office of Survey Research. Described in more detail earlier in the report, this project will allow a much deeper analysis of risk factors for infant mortality among Native Americans. It is hoped that this will result in improved efforts to reduce the disparity in infant mortality rates between Native Americans and Whites.

Finally, as mentioned earlier in the report, the project has collaborated with the University of Michigan Office of Public Health Practice (OPHP) to fund the Health Equity & Social Justice workshops that WIC staff participated in in the summer of 2012. The OPHP also videotaped Health Equity Learning Lab 1 and will partner with the PRIME project to develop online curriculum.

E. Responses to Kellogg Evaluation Questions

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

- 1) In what communities did you implement the curriculum and toolkit around the development and implementation of Maternal and Child Health policies, practices and programs? How were these communities chosen? To what extent did the project activities change the practices and policies of Maternal and Child Health providers in these communities toward more effectively addressing and reducing racial disparities? What evidence is there that these efforts are impacting racial disparities in infant mortality rates, breastfeeding rates, and access to screening and care?
- 2) How has the Michigan Dept. of Community Health/Bureau of Family, Maternal and Child Health as an agency changed its policies and practices to strengthen racial equity and inclusivity?
- 3) What evidence was gathered through the monitoring of statewide reports that this project may have increased the usage of the social determinants of health in health disparities reporting in Michigan?

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.

PRIME began to engage the WIC division by having staff complete the Organization Assessment in May, 2012. During this reporting period, 56 WIC staff, other MDCH staff and local staff from community-based centers participated in Health Equity and Social Justice Workshops.

Curriculum for the Health Equity Learning Labs was developed and piloted with WIC staff. The Intervention Workgroup worked with professors from the University of North Carolina, Chapel Hill and the Inter-Tribal Council of Michigan to create the curriculum. Three specific meetings were conducted between August to October to develop the curriculum and add components that included information on historical trauma in the Native American community. As reported in the earlier section on training activities, the Learning Labs is a set of three separate 3-half-day sessions. In November 27-29, 48 WIC staff and PRIME members participated in Learning Lab 1. Learning Labs 2 & 3 are scheduled for February and April of 2013.

After review of the evaluation results and refining the curriculum, the Children's Special Health Care Services staff will participate in the Learning Labs.

PRIME and the Partnership to Eliminate Disparities in Infant Mortality (PEDIM) ALC continue to collaborate to build on the work in both projects. One strategy of the collaborative is to promote participation in training to raise awareness of racism and its impact on health disparities. Team members hosted thirty workshops on racism and oppression with 854 participants, including state staff, community members, media, service providers, and agency leaders. A second strategy of the collaborative is to create tool-kits for use by communities to start dialogue around racism. A toolkit that includes videos, a power-point, and exercises to foster dialogue around racism, privilege, and equity has been printed and will be distributed in early 2013. Another tool-kit, *Framing the Relationship Between Race & Health*, targets health care providers with an overview of health disparities, patient rights, individual and organizational self-assessment tools, and local and national resources. A third tool-kit for consumers is being developed, and will include information on the impact of racism on health, consumer rights, how to report incidents of discrimination, and resources that may be of benefit to them. PRIME will analyze these toolkits as a part of the process to identify items that should be included in the toolkit that will be developed at the end of the project.

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

The Nurse Family Partnership and the use of 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. Some local agencies are reluctant to accept the use of the Kitagawa method to identify populations at high risk of infant mortality. Although some resistance to change has been encountered, the Division of Family and Community Health (DFCH) continues to rely on this analysis of infant mortality risk to guide caseload targets. The PRIME Evaluation Workgroup is working with staff to document this policy change with the intent of publishing the findings. The learning opportunity and environment supporting change provided by the PRIME Project allowed the creation of this innovative method for accomplishing public health goals.

Strategies to address racial and ethnic disparities:

- **Health Disparities Reduction and Minority Health (HDRMHS) Section** – Developed a Health Equity Toolkit (with video vignettes) to increase community and professional awareness around health and racial equity. Activities are planned to disseminate the toolkit in January, 2013; The MDCH intradepartmental Health Equity Steering Committee (HESC) is co-chaired by the HDRMHS Manager. The HESC began to survey staff in 2012 to collect information on health equity best practices throughout MDCH.
- **Fetal Infant Mortality Review (FIMR)** - FIMR Network meetings continue to have an “Undoing Racism” exercise at the beginning of each meeting. To better understand the impact of inequities on poor pregnancy outcome and infant mortality, FIMR will utilize the Life Course Theory (LCT). In August 2012, the Michigan FIMR program received a one-time grant from National FIMR and American Congress of Obstetricians and Gynecologists to integrate LCT into the work of the 14 existing local projects.
- **Maternal Infant Health Program (MIHP)** - Orientation training for all new MIHP employees hired after September 1, 2012, and for all nurses conducting home visits for NICU Follow-up, includes a fish bone diagram describing social determinants and contributing factors to infant mortality and a list of definitions (racism, health equity, social determinants).
- **Women, Infants and Children (WIC)** – Reviewing racial/ethnic reports to assess Native American enrollment; 2013 plan includes a review of WIC policies in the context of social justice/health equity and will make recommendations for policy change to improve services to Native American and African American populations.
- **Perinatal Regionalization** - A health equity lens is used in the implementation plan for perinatal regionalization; inquire about health disparities on the Local Maternal & Child Health Block grant.
- **Adolescent and School Health** – Training activities are described on page 6 of this report.

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

- **HDRMHS** – Manager continues to chair a Continuous Quality Improvement project at MDCH to standardize collection and use of Race, Ethnicity, Sex, Language, and Disability data in compliance with new Health Care

Reform (ACA) requirements; collaborating with Michigan Medicaid to identify racial/ethnic disparities in eight measures related to accessing care. The project is being expanded to include six additional measures, including a postpartum care measure; plan to assist the Kalamazoo County Health Department with modifying the Michigan Health Equity Data Project for Kalamazoo County to identify inequities in their community.

- **MDCH Health Equity Steering Committee** – The Health Equity Ambassador pilot project assessed health equity practices in a few programs; identified program managers willing to participate a survey and in-person interview; identified health equity best practices, shared ideas for implementation and provided health equity resources; next steps include expanding the number of MDCH programs to be included in the project; a report of the pilot project has been completed.
- **MIHP** - Collaboration with Chronic Disease and WIC to facilitate culturally competent training on breastfeeding to MIHP providers through CDC breastfeeding enhancement grant; arranging breast feeding peer support sites at MIHP sites in SE Michigan in collaboration with the Black Mothers Breastfeeding Coalition and the Chronic Disease section.
- **WIC** – Collaboration with MDCH Obesity prevention section to apply for a grant to increase the support of breastfeeding mothers in low-income populations of colors to continue breastfeeding; provided 5 regional trainings for all breastfeeding peer counselor and peer managers on the what, where, why's and how's of multicultural breastfeeding issues; CDC grant to conduct breastfeeding training for approximately 100 MIHP health care providers.
- **Adolescent and School Health** – Helped to convene an interdepartmental workgroup with the Michigan Department of Education to look at racial disparities.

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. PRIME has lead one of these initiatives and have members that are involved with the other initiatives. The project is informed by these endeavors and will determine how to support the work. More detail can be found on the following initiatives in the separate evaluation report.

A. The Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire

- PRIME initiated a special PRAMS project for all women who gave birth to a Native American infant in Michigan in 2012.
- PRIME is assessing PRAMS data to monitor social determinants of health among pregnant women and new mothers in Michigan.

B. Life Course Workgroup

The workgroup leadership team has developed a template grid for indicators that emphasizes the connection between Healthy People, Prepared Communities and Effective Systems. The project is scheduled to be complete later in 2013.

C. Michigan Health Equity Data Project (HEAP)

The project is run by the Health Disparities Reduction and Minority Health Section (HDRMHS). HEDP measures and monitors health disparities among Michigan's racial and ethnic minority populations.

D. Continuous Quality Improvement Survey

In the summer of 2012, MDCH conducted a "data inventory" and quality improvement project to standardize the collection and use of race, ethnicity, sex, language, and disability status data.

F. Dissemination

In June, 2012, the epidemiologist working with the HDRMHS and PRIME presented a poster at the Council for State and Territorial Epidemiologists conference. The poster title was "Assessing the impact of using maternal race in vital birth records to measure racial and ethnic disparities in birth outcomes and maternal risk factors in Michigan". Conclusions supported that including the father's race/ethnicity may improve the ability to understand racial/ethnic disparities in birth outcomes and how the disparities can be eliminated. This is especially important for small populations.

In October, 2012, the Local Learning Collaborative held a second pre-conference session at the Michigan Premier Public Health Conference. Five panelists from MDCH, Inter-Tribal Council of Michigan, Strong Beginnings Healthy Start and Kent

and Berrien County Health Departments discussed their infant mortality reduction and health equity activities. They discussed best practices and challenges in their work and provided recommendations to organizations that are new to incorporating equity into their workplans. Additionally, a PRIME member presented a poster titled, “The Effect of Previous Health Disparities/Equity Training on Undoing Racism Pre- and Post-Tests with a State Health Department,” at the Michigan Premier Public Health Conference.

PRIME held three sessions at the 140th American Public Health Association meeting in October 2012. The presentation titled, “Evaluating Undoing Racism and Health Equity Training with a State Health Department,” focused on the pre/post test and focus group results from last year’s Undoing Racism and Health Equity Social Justice trainings. PRIME Evaluation Workgroup members have discussed the possibility of developing a manuscript based on the oral presentation. The two PRIME poster presentations included, “PRIME: A state health department effort to build organizational capacity to reduce health disparities,” and “Historical and spatial relations as fundamental determinants of American Indian infant mortality in Michigan”

Also in October, a PRIME member from the Women, Infant and Family Health section manager and the MCH epidemiologist presented a Webinar “Michigan’s Experience to Achieve Health Equity.” This presentation was a part of the Association of Maternal and Child Health Program’s (AMCHP)-Kellogg action learning collaborative “Utilizing Health Reform to Move toward Health Equity”. This webinar presentation provided background information on Michigan’s infant mortality rates, the Maternal, Infant and Early Childhood Home Visiting grant, development of the selection process for the Nurse Family Partnership and information on the PRIME project.

The project has continued to develop a website for the project to disseminate information about PRIME and Michigan’s local equity efforts. The website will be available in the January, 2013.

The PRIME Intervention workgroup continues to identify components for the toolkit that will be developed in the project and to discuss ways to sustain the work that is developed in PRIME. Additionally, the project will produce a final report with recommendations for reducing racial disparities in infant mortality that will be shared with all stakeholders.

G. Other

The work supported by the PRIME project funding has touched the Bureau of Family, Maternal and Child Health in many aspects. It has helped to allow the dialogue to occur among our state public health colleagues about the necessary changes needed to mitigate long used practices that may prevent improvement in racial and ethnic health disparities. The work that has led to the collection of data on Native American birth outcomes in Michigan is an example. We have learned of a local health department providing the Health Equity/Social Justice workshops to all their staff (in Kent county), which is a new initiative. The work of Michigan to improve health, education and living standards of its population has allowed an opportunity to share the work of PRIME across state departments and begin to partner more closely in this work. At least one department has expressed interest in participating in the Health Equity Learning Lab curriculum when it is complete.

H. Summary

During this reporting period, the project has focused on the following activities: 1) Developing curriculum for Health Equity Learning Labs; 2) Engaging WIC staff in training activities that include Health Equity & Social Justice and Health Equity Learning Lab 1; 3) Disseminating information on PRIME, including the development of a website; and 4) Conducting a PRAMS survey for Native Americans. All of these efforts work to help address racial and ethnic disparities in Michigan.