

# A State Health Department Effort to Build Organizational Capacity to Reduce Health Disparities

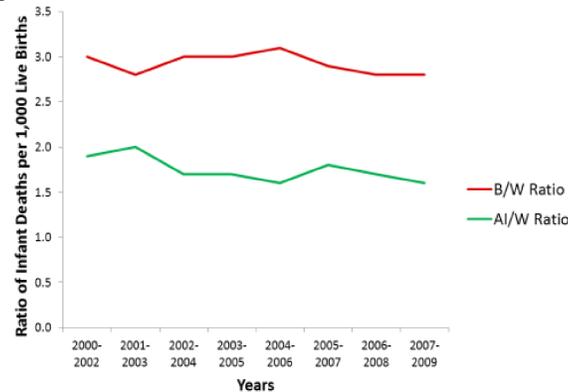
Derek M. Griffith, PhD<sup>1</sup>, Alethia Carr, RD, MBA<sup>2</sup>, Brenda Jegede, MPH, MSW<sup>2</sup>, Julie Ober Allen, MPH<sup>3</sup>, Renee Canady, PhD<sup>4</sup>, Sheryl Weir, MPH<sup>2</sup>, Thomas Reischl, PhD<sup>3</sup> & Cheryl Celestin, EdD<sup>2</sup>

<sup>1</sup> Vanderbilt University; <sup>2</sup> Michigan Department of Community Health; <sup>3</sup> University of Michigan; <sup>4</sup> Ingham County Health Department

## Disparities in Infant Mortality in Michigan

- Despite reductions in the overall rate of infant mortality over the past 30 years, racial disparities in infant mortality have not significantly declined during that time.

Figure 4. Black/White & American Indian/White Infant Mortality Ratios, 3-Year Moving Averages in Michigan 2000-2009<sup>3</sup>



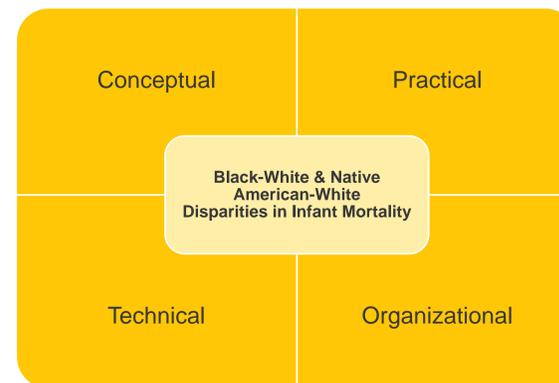
Source: 1970-2009 MI Resident Birth and Death Files, Division for Vital Records Statistics & Health, MDCH

## PRIME: Practices to Reduce Infant Mortality through Equity

- Partnership of:**
  - MDCH's Bureau of Family, Maternal, and Child Health (BFMCH); Bureau of Epidemiology; Health Disparities Reduction and Minority Health Section
  - University of Michigan School of Public Health; Vanderbilt University Center for Medicine, Health and Society
  - Local health departments and health centers
  - Inter-tribal Council of Michigan
  - Established a Local Learning Collaborative of county/city health departments, Healthy Start programs, and community-based organizations to facilitate state-local collaboration and sharing of best practices and lessons learned
- Objectives:**
  - Create a public health practice model that enhances the effectiveness of current BFMCH programs, projects, and policies to reduce racial disparities in infant mortality
  - Create a model curriculum and toolkit made up of resources, training and TA materials to help staff apply social determinant of health and health equity perspectives to their daily work
- Underlying premises:**
  - education and training to address racial health disparities should help staff improve their confidence and performance in areas that are directly relevant to their day-to-day job roles and tasks
  - staff should be able to see how training efforts are connected to the department's role, mission and vision
  - the training needs of staff who interact directly with community members and community health services is different than those who do not

## What does a state health department need to do differently to reduce racial disparities in infant mortality?

### Key Focus Areas



- Conceptual** – the explicit or implicit theories that people use to explain health outcomes, why health disparities exist, and what should be done about health issues or health disparities in Michigan
- Practical** – the application of experience, knowledge, and skills to addressing a particular issue, job role or professional task that staff must address in their typical, day-to-day work
- Technical** – the specific skills, resources, and information staff marshal to systematically address racial disparities in infant mortality
- Organizational** – the social, cultural, institutional, and contextual aspects of MDCH, BFMCH, and the divisions of BFMCH that facilitate and hinder the ability of staff to create, implement, and evaluate the most effective strategy to address racial disparities in infant mortality in Michigan

## Moving Social Determinants of Health from the Margins to the Center

### Maintain a Pragmatic Focus

- Addressing health disparities, social equity, and social determinants of health are challenging and often intimidating endeavors
- Staff need practice-oriented tools, resources, and training they can use immediately to be more effective in their daily responsibilities

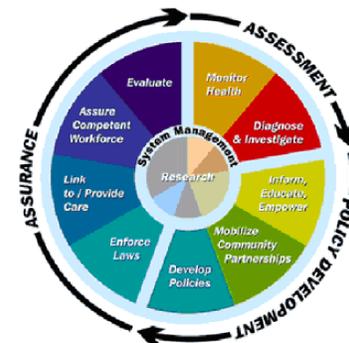
### Undo, then Do

- People must first be aware of the personal and professional assumptions they have about determinants of health and disparities, what determinants are modifiable, and what their professional role is in addressing disparities before they can respond positively to new ways of thinking

Acknowledgements

## Role of State Health Departments in Reducing Racial Health Disparities

Ten Essential Services of Public Health (Institute of Medicine, 2008)



- Lack clarity about the roles and responsibilities of different levels of government
  - What should state health departments be doing that is different from the activities of the federal government and local health departments?
- Lack guidelines with explicit strategies on how to achieve our national objective to eliminate health disparities
- Most governmental public health efforts to reduce racial health disparities have originated at the local or federal level
- A model and approach specific to the central role fulfilled by state health departments in ensuring the health of the public is needed

## Accomplishments To Date

- Established a **Local Learning Collaborative** with health departments and community-based organizations to better understanding and share their lessons learned and best practices in promoting health equity and infant mortality reduction efforts in their communities
- Produced a **Green Paper** to inform and frame discussion and decision-making around the approach of PRIME
- Reviewed existing training curricula, documentaries, articles and other resources
- Created and conducted an **organizational self-assessment** to assess state health department staff competencies and inform how we tailor the intervention to different units
- Created a **PRIME website** to disseminate information
- Improved State health department epidemiologists' capacity to provide meaningful data on American Indian children
  - Successfully advocated for more accurate methods of identifying American Indian children
  - Developed and implemented a Native American-specific PRAMS
- Trained BFMCH staff in health equity
  - Utilized national trainers and curriculum from the **People's Institute for Survival and Beyond on Undoing Racism** to train 141 staff
  - Developed a targeted **Health Equity and Social Justice workshop** led by staff from the **Ingham County Health Department** to train 74 staff and develop a shared vocabulary for health equity through facilitated dialogue
- Developing a series of **Learning Labs** to help and support staff in more effectively attending to social determinants of health and racial health disparities in their daily work