PRIME Practices to Reduce Infant Mortality through Equity

Practices to Reduce Infant Mortality through Equity (PRIME)

Final Narrative Report
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MDHHS
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This is an initial report on activities and accomplishments of the Practices to Reduce Infant Mortality through Equity (PRIME) project for the period covering June 1, 2014 to May 31, 2015. Previous reports on the project have been submitted to the W.K. Foundation under Project Award #P3013047.

A. Progress Toward Goals

The project goal is to establish an infrastructure within the Michigan Department of Health and Human Services (MDHHS) that infuses equity training and practices into programming and policy to eliminate racial and ethnic disparities in infant mortality and other health outcomes. Please note that the initial agreement was with the Michigan Department of Community Health. The departments of Community Health and Human Services merged in April 2015 to form the Michigan Department of Health and Human Services.

Objective I – Develop a plan to implement the PRIME model within at least three divisions of MDHHS
Objective II – Initiate implementation of the PRIME model in at least one division of MDHHS
Project staff held meetings and discussions with the following four divisions to implement components of the PRIME model: Division of Family & Community Health, Division of Chronic Disease and Injury Control, Lifecourse Epidemiology and Genomics Division and the Medicaid Managed Care Division.

The PRIME Intervention Design is an adaptable process and will have a different implementation process with each area based on their needs, service provision and division culture.

Figure 1. PRIME intervention design

PRIME was built around the intervention components illustrated in Figure 1. These components include a baseline assessment of individual, group and organizational areas for growth. Assessment findings are used to identify subsequent equity training. The baseline assessment is followed by workshops designed to provide staff with a foundation of knowledge on concepts of equity and an understanding of social determinants that impact health. The next step in the Intervention Design is for staff to develop and begin implementation of action plans for changes in program, policies and practices. The intervention components are supported by ongoing sharing and communication among staff members (within and across divisions) and between MDHHS and local organizations.

The Bureau of Family, Maternal and Child Health has three divisions. Two divisions, Women, Infants and Children and Children's Special Health Care Services engaged in the PRIME Intervention Design between 2012 to 2014. The third division, Division of Family and Community Health (DFCH) participated in foundational equity training but did not complete an organization assessment or engaged in training to develop health equity plans. The PRIME Project Manager began to have meetings with key DFCH staff in April 2015. In May 2015, meetings began with the Health Equity and Social Justice Coordinator (with the Michigan Public Health Institute but previously with Ingham County Health Department) who served as the main facilitator for the Health Equity Learning Labs. An implementation plan has been developed for the DFCH. Staff will engage in the Health Equity Learning Labs by work sections beginning September 2015 through May 2016. Additionally, DFCH staff will complete an online organizational assessment and participate in a Native American History, Culture and Core Values workshop in August and September 2015.

The Division of Chronic Disease and Injury Control (DCDIC) began developing a Health Equity & Social justice curriculum via a grant from the Centers for Disease Control and Prevention four years ago. The curriculum is comprised of self-led review of articles and films on health equity and social justice and is now a part of new staff orientation. In addition to the curriculum, managers and staff in the division have engaged in learning cohorts over a four month period to lead staff through the curriculum resources. The expected outcome for these activities is to promote change within the division and to promote an institutional culture with health equity and social justice at its core. PRIME has been involved in two meetings with staff from DCDIC in July and October 2014 that focused on coordinating efforts to address health equity in MDHHS. Additionally, DCDIC staff participated in PRIME sponsored Health Equity & Social Justice workshops and the PRIME Health Equity Learning Labs for Managers held in 2014. DCDIC staff will participate in two components of the PRIME Intervention Design. They will complete a three day Health Equity & Social Justice workshop in July 2015 and they will engage in the Health Equity Learning Labs between July to September 2015 to develop equity plans.

Discussions with the Lifecourse Epidemiology and Genomics Division manager to engage staff in the PRIME Intervention Design began during this project period. Due to time and resources, staff from this division may not engage in actual implementation until 2016. The PRIME Project Manager will meet with division staff prior to the end of this calendar year to identify a timeline for staff to begin to participate in the PRIME Intervention Design. Staff have engaged in prior equity training provided by PRIME since 2011.

Medicaid Managed Care Division staff implemented a quality improvement initiative using HEDIS (Healthcare Effectiveness Data and Information Set) data from the 13 Michigan Medicaid contracted health care plans. The purpose of the project was to use HEDIS data to identify racial/ethnic disparities in

health care quality measures as a means of improving equity of care for those populations (http://www.michigan.gov/documents/mdch/All_Plan_Health_Equity_Year_3_report_FINAL_488569_7.pdf). The Medicaid Managed Care Division manager met with the PRIME Project Manager in April 2015 to discuss their participation in the PRIME Intervention Design as a way to further their health equity knowledge and efforts. At the time of the meeting, the Medicaid Managed Care staff were interested in participating in a Health Equity & Social Justice 2.5 day workshop and to have the PRIME Project Manager address the Managed Care Plan Directors in a meeting prior to the end of the year.

Objective III - Continue collaboration with the Health Disparities Reduction & Minority Health Section (HDRMHS) to conduct health equity based CLAS training to at least 15 MDHHS management staff

HDRMHS conducted two 2-day "Cultural Proficiency: Developing cultural competence from the inside out" workshops between February and May 2015. Thirty-five (20 MDCH) individuals participated in this workshop that provided a framework for understanding cultural competency development as an ongoing process of personal, organizational and community change. The session provided a supportive and challenging learning environment in which people learn about the complexities of race, gender, class and other differences and the connections between health disparities and health inequities. Several tools and frameworks were provided to assist participants to apply what they learned to their roles as public health workers at the personal, interpersonal, institutional and cultural levels.

The PRIME Steering Team continued to discuss the development of a health equity curriculum specifically designed for executive leadership within MDHHS. HDRMHS and PRIME are working with the Michigan Public Health Institute to develop the training.

Objective IV – Develop an online, mandatory, bi-annual equity training for all MDHHS employees in collaboration with HDRMHS

The HDRMHS manager has convened a group within MDHHS to develop the online health equity curriculum. The PRIME Project Manager has participated in nine meetings during this reporting period. The curriculum has been developed in consultation with staff from the Michigan Public Health Institute. The course introduces health equity concepts and the important role they play in public health practice.

This course covers the following objectives:

- Define health equity, health inequities, and health disparities
- Identify factors that contribute to health inequities
- Describe the human and economic impact of health inequities
- The role of public health in addressing those factors

Developing the online curriculum has been challenging in terms of time and identifying the critical information needed in an introductory training with staff that have varying levels of knowledge about the subject area. The HDRMHS manager has solicited the assistance of the Health Equity & Social Justice Workshop facilitator to complete development of the online curriculum prior to the end of the calendar year.

Objective V – Identify technical assistance and consultation needs of each BFMCH division in developing and implementing a 2 year equity plan

Objective VI - Identify quality improvement processes for developing and implementing equity plans

The WIC and CSHCS divisions participated in the PRIME Health Equity Learning Labs and developed equity plans in 2013 and 2014 respectively. The equity plans are at varying levels of implementation. In the process

of assessing why equity plans were not fully implemented, the Steering Team wanted to identify what type of technical assistance is needed by staff to fully implement the equity plans. The Office of Performance Improvement and Management, at Michigan Department of Health and Human Services (MDHHS), and Michigan Public Health Institute (MPHI) are working together with WIC and CSHCS staff to complete a quality improvement (QI) project. The aim of the project is to increase WIC and CSHCS staff effectiveness and/or efficiency in implementing the equity workplans.

In May 2015, QI team members attended a pre-work conference call and a one-day training hosted by MPHI and the Office of Performance Improvement and Management. During the initial training, MPHI provided team members with QI materials that helped increase their knowledge of the QI process; oriented them to the Plan-Do-Study-Act (PDSA) methodology for QI; and guided them through exercises to learn about and practice QI tools.

The QI team is currently working to complete Step Three of the PDSA cycle: Examine the Current Approach. The team identified a problem statement, drafted an initial aim statement, and implemented QI tools, including a fishbone diagram to identify root causes. At the next meeting, QI team members will discuss and review baseline data in regards to staff members' current understanding of PRIME and the importance of incorporating equity in their day-to-day work.

- QI Project Problem Statement – Heath Equity Plans cannot be fully implemented

- QI Project Aim Statement - The WIC & CSHCS Divisions will increase the percentage of staff who share a common understanding of PRIME and the importance of health equity in their day-to-day work, by September 30, 2015.

The Health Equity QI team will continue to meet every two weeks, with ongoing technical assistance provided by MPHI through the duration of the project. Upon completion of the project, a QI storyboard will be created to visually map out the team's process and results, and QI team members will be invited to present their project to the Population Health and Community Services Administration management team.

The PRIME Project Manager received quality improvement training and completed the American Society for Quality exam with the facilitation of MDHHS Office of Performance Improvement & Management. In December 2014, the PRIME Project Manager successfully passed the exam and received her Quality Improvement Associate certificate.

Objective VII – Disseminate information on the PRIME practice model, evaluation results and lessons learned at two state and/or national conferences/meetings

In May 2015, the PRIME initiative published three documents to summarize their Intervention Design, lessons learned and evaluation findings. Several of the Steering Team members were active participants in drafting the document and each of the health equity workshop facilitators were involved in sharing the work they conducted in the project. The three reports are:

I. Practices to Reduce Infant Mortality through Equity: Recommendations for State Health Departments. Lessons learned for transforming public health through education and action (http://prime.mihealth.org/guide/reports/PRIME_Guide_Recommendations_05-24-15.pdf)

II. Practices to Reduce Infant Mortality through Equity: A Guide for Public Health Professionals. An informational resource for transforming public health through equity education and action. (http://prime.mihealth.org/guide/reports/PRIME_Guide_Public_Health_Professionals_05-24-15.pdf)

III. Practices to Reduce Infant Mortality through Equity Program Outcomes: Perspectives on Changes in Organizational Policies and Practices. (http://prime.mihealth.org/guide/reports/PRIME_Guide_Outcomes_05-27-2015.pdf)

The PRIME initiative has been selected for oral presentation at the American Public Health Association's 143rd Annual Meeting and Expo. The title of the presentation is "Recommendations & Lessons Learned from a State-Level Public Health Equity Initiative". The PRIME Project Manager and Steering Team members will share information on their experiences as outlined in the three reports. The reports will also be shared widely with other state and local health departments.

MDHHS has continued to participate on the Health Resources and Services Administration's Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality. The department staff participates on all of the CoIIN workgroups and in May 2015, the PRIME Project Manager was asked to present on PRIME to CoIIN's Social Determinants of Health Workgroup.

In February 2015, the National Governor's Association requested the BFMCH Director and other PRIME Steering Team members to provide an overview of PRIME activities to other states that were interested in the PRIME Intervention Design. A date will be scheduled in the future.

In January, 2015, the PRIME Project Manager facilitated the Life Course Game and discussed PRIME with medical and social work students who were a part of the Leadership in Medicine Program with the Michigan State University College of Human Medicine in Flint. Also, as reported in a previous report, the PRIME Project manager conducted a similar presentation at five Children's Special Health Care Services regional meetings in May and June 2014 and with the Michigan Adolescent Pregnancy & Parenting Program meeting on October 22, 2014.

An overview of PRIME was provided at a WIC webcast in March 2015 and an overview of resources to better understand equity was also discussed. PRIME was also discussed and the Life Course Game was facilitated with local WIC staff during a session at the WIC conference in April 2015.

In May 2015, the CSHCS Director provided a brief overview of the department's efforts to change policies and practices to better address racial and ethnic disparities in infant mortality in a brief published by the Catalyst Center: Improving Financing of Care for Children and Youth with Special Health Care Needs. The brief focused on efforts to reduce health inequities and the CHSCS Director described their involvement in the PRIME Intervention Design and their plan to integrate all aspects of the CSHCS program into a database to ensure all families are being served equitably and working with Medicaid to remove barriers to covered services.

The following dissemination activities were included in a previous report to Kellogg:

- The North Carolina Department of Health and Human services webinar in June 2014
- MDHHS news brief featuring the health equity brown bag series and the PRIME project in July 2014
- Detroit Institution for Equity in Birth Outcomes meeting in August 2014
- Visit with the Mississippi State Health Department In August 2014

- Director of the Division of Family and Community Health presented at the National Academy for State Health Policy conference in October 2014

The PRIME website (www.michigan.gov/dchprime) was launched in January 2013. The website includes relevant data on infant mortality and definitions and videos that describe health equity, social determinants of health and racism. PRIME has posted 11 podcasts on the PRIME website regarding health equity topics within the state department and best practices used by local health departments and the Native American partners at the Inter-Tribal Council of Michigan. Collectively, the webcasts had 964 views as of May 2015. For individual webcasts, total views ranged from 35 to 197 views with an average view of almost 88 views. Additionally, the three documents that summarize the PRIME Intervention Design, lessons learned and evaluation findings are included on the site. PRIME collaborated with the Michigan Public Health Training Center (MPHTC) at the University of Michigan to develop webpages to share the publications.

Objective VIII - Conduct a process and outcome evaluation of project activities

In February 2015, the BFMCH provided a 2.5 day Health Equity & Social Justice Workshop for any new staff that did not attend training held from 2011 to 2014. Twenty-six staff completed the workshop including the Population Health and Community Services Administration Deputy Director and the BFMCH Director. The workshop was facilitated by Ingham County Health Department and 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. Participants showed statistically significant increases in all reported self-confidence ratings in understanding social justice and health equity/disparities terminology, and in their ability to identify opportunities for addressing health equity. Participants showed statistically significant increases in knowledge for 5 of 12 content knowledge questions. Pre-test scores ranged from 8.3% to 87.5%, with post-test scores ranging 29.2% to 100.0%. Close to 96% of the participants would recommend this workshop without reservations.

As reported in a prior report, a Native American History, Culture and Core Values Workshop was held with BFMCH staff in September 2014. During a four-hour learning session the presenters provided their perspectives about the challenging historical interactions with federal and state governments and the effects of historical inter-generational trauma on their communities, families, cultural values and norms. The presenters also shared personal life experiences exemplifying their resiliency as Anishinaabek through the retention of their language, culture and ceremonies. A total of 53 staff participated in the workshop. Participants showed statistically significant increases in all of the self-reported competency confidence ratings. This was the only workshop provided by PRIME where 100% of staff indicated that they would recommend the workshop to their colleague without any reservations.

In October 2014, the project evaluator conducted two focus groups to document efforts by MDHHS staff to change policies and practices that could reduce racial disparities in infant mortality. During one focus group, the evaluator led the Steering Team through a review of the original Logic Model that was developed in 2009. A second focus group was held with managers in BFMCH. Staff described organizational changes in their work settings that were related to changes in maternal and child health program policies and practices. A summary of these focus groups is included in the final evaluation document for the project and is titled Practices to Reduce Infant Mortality through Equity Program Outcomes: Perspectives on Changes in Organizational Policies and Practices Report.

WIC & CSHCS Health Equity Workplans

One WIC Health Equity Workplan objective was to increase outreach to the Native American community. Local WIC staff are piloting WIC services at the American Indian Health and Human Services in Detroit. The number of clients who were fully participating increased from 168 to 192 between November 2014 to May 2015.

A second WIC Health Equity workplan objective was to increase awareness and support for breastfeeding from men, focusing on young African American and Native American men. State WIC staff provided assistance to local WIC programs applying for funding from the National Association of County and City Health Officials (NACCHO). The goal of the funding is to reduce disparities in breastfeeding through peer and professional lactation support to serve African American or Native American communities. Three agencies received funding in Oakland County, Benton Harbor and Detroit. Additionally, the Detroit Department of Health and Wellness Promotion contracted to provide breastfeeding peer counseling service through the WIC program at the American Indian Health and Human Services. MDHHS was awarded a W.K. Kellogg grant to increase the number of minority lactation consultants. The grant will provide lactation education, client contact hours and training for three minority women. At the end of the three year grant, the women will met the requirements to be eligible for the International Board Certified Lactation Consultant examination. Work on the grant will begin in June 2015. Finally, MDHHS now has an online application that will customize the education module to the race and ethnicity of the mother who is receiving breastfeeding support and education.

During this reporting period, CSHCS facilitated a conference session on the Cultural Competency Continuum at five CSHCS regional meetings (about 300 state and local participants). The sessions were held throughout Michigan during the months of May and June 2015. The learning activity was a component of the Health Disparities Reduction and Minority Health Section – "Applying a Health Equity Framework to the Enhanced CLAS Standards" training.

Manuscripts

Two manuscripts have been drafted by members of this Evaluation Workgroup. One is about the Nurse Family Partnership change in policy to require programs to utilize data to more effectively develop outreach plans to target populations most in need. During the fall of 2014, members of this workgroup began to work with consultants from the Inter-Tribal Council (ITC) of Michigan to draft a second manuscript to describe the approach used to develop the Native American History, Culture, and Core Values workshop.

Local Learning Collaborative

The Local Learning Collaborative was established in 2011 and includes members from Healthy Start projects, local health departments and community based organizations. The collaborative have continued to meet quarterly to address priorities the collaborative will focus on in the next 1-3 years. The priorities are: 1) Equity Orientation for Legislators - Develop a plan and strategies to educate legislators on the business case for equity and how they can support equity work; 2) Historical Overview of MI (Racial Equity Scans) - Continue developing a historical overview of events, legislation, and court cases that occurred in Michigan and the United States. Each event directly relates to six social determinants of health (economic stability, safety, housing, education, health services, and social cohesion) and effects on American Indian and African American populations in Michigan; and 3) Interview and Recruitment Practices - Identify and pilot use of health equity questions in the recruitment and interviewing process.

Native American Ad-Hoc Data Group

The Native American Ad-Hoc Data Group members developed Michigan's first standalone Native American Pregnancy Risk Assessment Monitoring Survey (PRAMS) in 2012. The "Native American PRAMS- Preliminary Indicator Tables 2012" report was drafted by an intern and released in in February 2015. The group held several meetings to collect additional data on 2013 births and to analyze and share the data. The Lifecourse Epidemiology and Genomics staff are currently working on weighing the 2012 and 2013 data sets. An intern drafted a fact sheet on Safe Sleep from the data and next steps are to release the facts sheet and look at other topics. Additional topics include Reactions to Racism, Social Determinants of Health and Home Visiting.

Health Resources Services Administration's Collaborative Improvement Innovation Network (COIIN) to Reduce Infant Mortality

MDHHS staff have participated in the Health Resources Services Administration's Collaborative Improvement Innovation Network (COIIN) to Reduce Infant Mortality since 2014. CoIIN is a public-private partnership to reduce infant mortality and improve birth outcomes. Participants learn from one another and national experts, share best practices and lessons learned, and track progress toward shared benchmarks. In 2014, the BFMCH Director, DFCH Director and PRIME Project Manager participated on a CoIIN initiative for Region V states to address social determinants of health as a strategy to reduce infant mortality. Region V's AIM Statement was to develop and begin implementation of a Statewide Action Plan that incorporates evidence-based policies/programs and place-based strategies to improve social determinants of health (SDOH) and equity in birth outcomes. This year, states from around the country were invited to join the SDOH workgroup and now there are 24 states participating. Each state is in the process of identifying their strategy. In May 2015, the PRIME Project Manager was asked to present on PRIME to the CoIIN Social Determinants of Health Workgroup. HRSA promoted the use of the World Health Organization Framework for Tackling SDOH and recommended strategies for the SDOH Learning Network. The DFCH Director has been a leader in a subgroup of the CoIIN to develop a tool for state-level public health departments/organizations to assess organizational capability to address social determinates of health and advance health equity. A draft of the tool will be shared at an in-person meeting to be held in Boston, MA the end of July.

B. Environment/Challenges/Opportunities

PRIME is a part of a larger initiative within MDHHS to reduce infant mortality. The Governor made reducing infant mortality a priority for the state and MDHHS convened a summit in 2011 that included a variety of stakeholders. Initially eight strategies were identified and one of which was to weave addressing the social determinants of health into all strategies. Recently, the strategies were revisited and the Infant Mortality Advisory Council that oversees implementation of the strategies has highlighted the fact that infant mortality is an overall indicator of health for our population in Michigan. Now, health equity, disparities, and social determinants of health are at the forefront of the Infant Mortality Reduction Plan and is now the number one strategy.

In April 2015, the Michigan Department of Community Health and the Michigan Department of Human Services were merged to form the Michigan Department of Health and Human Services. The merger produces a potential opportunity and challenge. There is opportunity to collaborate with staff from the newly formed Children's Services Administration to engage in equity training and develop a workplan to address health equity in staff's daily work functions. The challenge is addressing the two varied cultures of MDCH and DHS and attempting to build one culture.

In 2014, MDHHS engaged staff (inclusive of PRIME Steering Team members) at various levels of the organization to develop a set of goals related to workforce diversity, workplace inclusion, and sustainability. Integrated within the goals are strategies to engage leadership, develop accountability, develop measurements, and establish training components that meet the needs of the organization. Draft recommendations were submitted to leadership in March 2015. Following the DCH/DHS merger, the Diversity Committee consulted with former DHS staff regarding the proposed recommendations and the existing DHS diversity plan. The committee is currently awaiting direction from DHHS leadership regarding next steps. Possible next steps include: combining the two plans or use the two plans as input into a new/revised plan.

PRIME Steering Team members meet with the Population Health and Community Services Administration Director to provide an overview of PRIME and request support in developing a strategy to implement the intervention program in other divisions throughout the department and to engage executive leadership in equity training. Both the Population Health and Community Services Administration Director and BFMCH Director attended a Health Equity & Social Justice Workshop.

It has been advantageous to connect with staff throughout the department that have health equity initiatives. Two meetings were held in 2014 with three areas within MDHHS: 1) Health Disparities Reduction and Minority Health Section; 2) the Bureau of Family and Maternal Child Health, and 3) the Division of Chronic Disease and Injury Control. The purpose of these meetings was to reflect on each of the respective projects and develop coordinated efforts to advance health equity and social justice through public health at the state level. Partners that had provided equity consultation and training from outside of MDHHS also participated in the meeting. The Division of Chronic Disease and Injury Control will complete a Health Equity & Social Justice Workshop and engage in Health Equity Learning Labs to develop equity workplans. These two workshops are components of the PRIME intervention process.

The CSHCS Director reported action on each of the five health equity plans that were developed during staff's participation in the Health Equity Learning Labs in May 2014. Division staff have reported that certain components of the workplans were not feasible to implement. Also, some staff are not able to make the connection with how their work is related to reducing infant mortality and how to incorporate an equity lens into their daily work functions. These issues are being discussed as a part of the QI team and will be shared with the Health Equity Learning Lab Facilitator for possible refinement of the process used to develop health equity workplans.

C. Collaboration

PRIME continues to have strong collaborative efforts with Health Disparities Reduction and Minority Health Section (HDRMHS). The HDRMHS manager continues to lead the PRIME Steering Team and provide guidance to the Project Manager. PRIME staff collaborates with HDRMHS as they develop an online health equity training that will be mandatory for all MDHHS staff. Additionally, PRIME members and BFMCH staff continue to participate on the MDCH Health Equity Steering Committee that is chaired by the HDRMHS manager.

MDHHS's Lifecourse Epidemiology and Genomics Division staff continues to lead efforts to collect, analyze and disseminate data from the Native American PRAMS. Lifecourse Epidemiology and Genomics Division staff, the PRIME Project Manager and representatives from the Inter-Tribal Council of Michigan and Great

Lakes Inter-Tribal Epidemiology Center continue to meet as a workgroup to identify strategies to collect and disseminate data on Native American mothers in Michigan.

The Local Learning Collaborative established in March 2011, continues to meet quarterly and efforts were described earlier in this report.

The PRIME project continued the collaboration with the Michigan Public Health Training Center (MPHTC) at the University of Michigan. The PRIME Project Manager and Intervention Workgroup held several meetings with MPHTC staff to design the webpages for the PRIME Guide for Public Health Professionals that was completed in May 2015.

PRIME Steering Team members from the Division of Family and Community Health are engaged in HRSA's Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality Workgroups. Their involvement was described earlier this report.

D. Future Plans & Sustainability

During the next reporting period the PRIME project team will:

1. Focus on replicating the PRIME Intervention Design with the Family and Community Health Division staff. Staff will complete an online organizational assessment, participate in a Native American Workshop and engage in the Health Equity Learning Labs to develop health equity plans. Additionally, the main facilitator of the Health Equity Learning Labs will replicate the Health Equity Learning Labs with the Division of Chronic Disease and Injury Control.

2. Conduct a 2.5 day Health Equity and Social Justice Workshop for new staff in the Bureau of Family, Maternal and Child Health.

3. Continue to collaborate with the Health Disparities Reduction and Minority Health Section to complete an online health equity training that will be mandatory for all MDHHS staff. PRIME will also continue to collaborate with HDRMHS to complete health equity training for the executive leadership of MDHHS.

4. Continue the work of the quality improvement project to identify root causes to why health equity plans developed in previous Health Equity Leaning Labs are not being fully implemented. Share findings of the Quality Improvement Team on the strategy that is developed to increase the percentage of WIC and CSHCS staff who share a common understanding of PRIME and the importance of health equity in their day-to-day work.

5. Continue discussions with the Michigan Public Health Institute regarding their partnership and support the development of a Center for Health Equity Practice in Michigan. As MDHHS looks to sustain the efforts in PRIME, this partnership will identify strategies for continuous quality improvement associated with infusing equity practices into staff's daily work functions. The partnership will also assist in identifying and addressing the ongoing technical assistance needed to fully implement health equity plans that are developed within various divisions of MDHHS.

6. Continue PRIME Project Management via the MDHHS BFMCH infant mortality funding that has supported these activities since October 2013. Also, MDHHS BFMCH funding has been provided for

collection of 2013 data for the Native American PRAMS and the department will continue to support this data collection activity.

7. Seek additional funding to replicate the PRIME Intervention Design in other MDHHS divisions. The various divisions will provide funding and resources to support the activities.

8. Continue dissemination of the three companion documents mentioned earlier in this report which will aid in introducing the PRIME Intervention Design to other divisions within the department that are interested in applying the model to their area to address racial and ethnic disparities. In particular, the "*Practices to Reduce Infant Mortality through Equity: A Guide for Public Health Professionals. An informational resource for transforming public health through equity education and action",* will be instrumental in providing the guidance needed to promote understanding and action to impact health inequities.

9. Continue the work of the PRIME Project Manager in co-facilitating the Health Equity Learning Labs and identify ambassadors to engage in and led equity training within the department.

All of these efforts aid in establishing a process to sustain the PRIME Intervention Design. As we continue to build a strategy with other equity efforts in the department, as discussed earlier in the report, this will help to sustain our efforts.

E. Evaluation

Our project requires a separate evaluation report. Responses to the following questions are included in that report.

1. To what extent did the project activities change the administrative practices and policies of the agency and other organizations? How engaged were agency leaders, organization staff members, and other key stake holders in the process of developing and implementing new strategies and practices to improve birth outcomes and reduce racial and ethnic disparities?
2. How effective were the project's technical assistance and training activities? In addition to counts of training sessions, number of training and curriculum documents, what other evidence is there that staff members are using the techniques and information provided through their training?
3. To what extent did the project activities impact various measures of social determinants of health and/or racial inequities in target communities in Michigan?

F. Summary

During this reporting period PRIME has focused on the following activities: 1) Developing a plan to implement the PRIME Intervention Design in divisions throughout MDHHS; 2) Providing health equity and social justice training to MDHHS staff; 3) Engaging in a Quality Improvement process to identify why health equity plans developed in WIC and CSHCS are not fully implemented; 4) Disseminating information on PRIME via the website, conferences, webcasts, CoIIN, and in the final publications describing the work, lessons learned and findings in PRIME since 2010; 5) Collaborating with HDRMHS to develop an online equity curriculum; 6) Continuing the PRAMS survey and data analysis for Native Americans; and 7) Continuing to partner with local health departments, Healthy Start projects and community organizations to promote health equity practices in MI. All of these endeavors work to address racial and ethnic disparities in Michigan.