PRIME Practices to Reduce Infant Mortality through Equity

Practices to Reduce Infant Mortality through Equity (PRIME)

Narrative Report
July 2016

Project Award # P3027218

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Date: July 13, 2016

To: W.K. Kellogg Foundation

From: Michigan Department of Health and Humans Services

Subject: No-cost Extension for W.K. Kellogg Foundation Grant P3027218

Please note that this project was granted a no-cost extension. The approval was granted by Linda Jo Doctor and was communicated via an email dated May 25, 2016. The extension is to May 31, 2017.

From: Janet E. Pawlak <janet.pawlak@wkkf.org>
Sent: Wednesday, May 25, 2016 11:42 AM
To: Jegede, Brenda (DHHS)
Subject: FW: W.K. Kellogg Foundation Grant P3027218 Final Report Reminder

Looks like this has been approved! Go ahead with the plan as we discussed this morning. You could also mention in your cover sheet , "your (Brenda's) understanding that this no cost time extension has been approved by Linda Jo Doctor per the May 25th email.

I'll upload this approval when the reports come in.

Thanks again,

Jan

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W.K. KELLOGG FOUNDATION
A Partner With Communities Where Children Come First

From: Linda Jo Doctor
Sent: Wednesday, May 25, 2016 11:36 AM
To: Janet E. Pawlak <janet.pawlak@wkkf.org>; Diane E. Smith <diane.smith@wkkf.org>
Subject: Re: W.K. Kellogg Foundation Grant P3027218 Final Report Reminder

Hi, I thought I had approved of the no cost extension a long time ago. It just may be that this fell through the cracks. At this point we need to do the no cost and get that through the system.
L

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W.K. KELLOGG FOUNDATION

A Partner With Communities Where Children Come First

This is the second report on activities and accomplishments of the Practices to Reduce Infant Mortality through Equity (PRIME) project for the period covering June 1, 2015 to May 31, 2016. 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.

In the fall of 2015 leadership within the Bureau of Family, Maternal and Child Health, the Health Disparities Reduction and Minority Health (HDRMHS) manager and the PRIME Coordinator met to discuss how to develop a sustainable infrastructure that incorporated health equity into programs, policies, practices and contracting. Additionally, the group discussed the need to expand the work throughout the department. The Health Equity Core Group developed from this discussion and included many of the MDHHS leadership from the PRIME Steering Team and leadership from the Michigan Public Health Institute (MPHI). On November 23, 2015, the Health Equity Core Group met for a half-day strategic planning session that was facilitated by the Health Equity Social Justice Coordinator at MPHI. The purpose of the session was to determine how to focus health equity work within MDHHS in the years ahead.

Findings from the strategic planning session include:
Staff Development and Training

1. Implement a plan for ensuring the application of health equity principles
2. Explore modification of hiring practices to support a health equity framework
3. Increase opportunities for staff to continue interpersonal work in understanding health equity

Department Leadership

1. Infuse a health equity focus at all levels
2. Advance the economic argument for health equity
3. Seek high level recognition for Michigan's progress in health equity
4. Increase funding for health equity approaches, internally and externally

Community Partnership and Work

1. Expand efforts to engage the local communities in health equity approaches
2. Lead the state in promoting health equity practices
3. Practice shared accountability; embed health equity as a responsibility of both MDHHS and its community partners in all contracts, scope of work documents, and work plans

The Health Equity Core Group met every other month to develop a plan to implement the goals identified during the strategic planning process. Staff from the Office of Workforce Development and Training (OWDT) were invited to join the group. In April 2015, the Michigan Department of Community Health and the Michigan Department of Human Services (DHS) were merged to form the Michigan Department of Health and Human Services (MDHHS). OWDT was a part of the previous DHS. It has been advantageous to have OWDT staff as a part of the Health Equity Core Group. Their involvement with developing training for MDHHS' executive leadership is discussed under Objective III. OWDT has a 3-year Race Equity Plan that includes the following objectives:

1. Increase capacity within OWDT to have meaningful discussions about race and racism

2. Ensure that OWDT curriculum is both developed and delivered through a race equity lens that appropriately addresses institutional racism and its impact on the systems that intersect the MDHHS programs we train
3. Establish a formal institutional antiracism team with child welfare stakeholders to specifically address the disproportionality of children of color in care in Michigan's child welfare system
4. Use infrastructure and work culture established through antiracism work to improve outcomes for other socially oppressed groups

The Chronic Disease and Injury Prevention Control Division Director has also agreed to join the Health Equity Core Group and will attend her initial meeting in July 2016. The Health Equity Core Group will continue to assess the need for additional stakeholders to invite to the group to successfully infuse health equity approaches into our work. During the May 2016 meeting, the Health Equity Core Group decided to assess if using a Collective Impact Framework will assist with developing a health equity plan for the department in the next fiscal year.

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

PRIME intervention design

During this reporting period, the Division of Family & Community Health (DFCH) completed an Organizational Assessment developed by PRIME in August 2015. Staff also engaged in a Native American History, Culture and Core Values workshop in September 2015. Results of the Organizational Assessment and Workshop are discussed under Objective VIII.

Additionally, DFCH staff engaged in the Health Equity Learning Labs by sections. The Women & Maternal Health Section completed the 5 session/16 hours Learning Labs between September-December 2015. The following is a brief overview of the action plans developed.

1. Create a mechanism for persons working on similar initiatives to share work ideas and strategies for work collaboration during team huddles. Team huddles are a highly effective method of communicating information regarding the focus of health equity in programming and initiatives.
2. Promote engagement and participation of fathers, males and partners in the Maternal and Infant Health home visitation program.
3. Evaluate African-American women's clinical encounters within Michigan's Title X clinics through the assessment of provider- and patient-level factors that influence contraceptive counseling and contraceptive use. If racial and ethnic contraceptive inequities are found to exist, the Family Planning Program will further explore why these inequities exist through qualitative inquiry with providers and clients to develop data-driven program improvements.

The Child, Adolescent and School Health Section engaged in the Health Equity Learning Labs between January and March 2016. Local and State partners engaged in the Labs with section staff. The equity action plans developed by this group include:

1. Gather data about the incidence of trauma in Michigan's school-aged children. Incorporate a trauma question in the 2017 Michigan Youth Risk Behavior Survey and in the 2018 Michigan Profile for Healthy Youth survey.
2. Institute a hiring process that follows written protocols and improves the Section's capacity to address health equity; Demonstrate a commitment to promoting health equity throughout the application and interviewing process; and Develop a recruitment plan that will ensure a diverse (race, ethnicity, gender, gender identity, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, or other differences) applicant pool for all open positions in the Section.
3. Build the likelihood that community-based organizations that are better connected to the target population, can compete for funding; Connect, in an on-going manner, with organizations and programs not currently funded that provide services to the target population; Revise the content, dissemination, and review process for new funding requests for proposals to emphasize working with the target population as a core component.
4. Build local capacity to address health equity; collaborate with local partners to develop a process for improving capacity for health equity orientation and training; institutionalize health equity training requirements through existing monitoring and reporting processes; ongoing evaluation of health equity training and programming efforts.

The Early Childhood Health Section is the final section in the DFCH to attend the Health Equity Learning Labs. Staff completed two of the five Health Equity Learning Lab sections prior to May 31, 2016. The Learning Labs were postponed because the facilitator is off on medical leave. The Labs will resume by fall 2016.

The Women's Infants and Children Division engaged in the pilot of the Health Equity Learning Labs in 2012 & 2013. The Children's Special Health Care Services Division completed the Labs in 2014. Staff reported some difficulty in fully implementing the equity action plans developed in the labs due to lack of organized efforts

after completion of the Labs. Staff also reported needing ongoing technical assistance and consultation to implement their equity action plans. As a result of the feedback received and comments included on past health equity trainings, three, six and twelve month follow-up sessions were initiated with staff during this reporting period. The Women & Maternal Health staff participated in a 3-month follow-up session in March 2016. Additional information on the follow-up technical assistance and consultation sessions is included under Objective V.

We are excited to report that the Michigan Public Health Institute's Health Equity Social Justice Coordinator also engaged the Division of Chronic Disease and Injury Control (DCDIC) in the Health Equity Learning Labs between August and October 2015. As reported in previous reports, DCDIC engaged in health equity work initiated by a Centers for Disease Control and Prevention grant five years ago. Staff within the division engaged in a self-led health equity curriculum review in addition to the facilitator-led Health Equity Social Justice Workshop. Similar to many MDHHS staff who have engaged in health equity training, they reached a point where staff desired more hands on assistance to incorporate equity practices in to their daily work. DCDIC staff were very pleased to have the expertise of the MPHI Coordinator to lead them through the Health Equity Learning Lab process that was developed by PRIME. The equity action plans developed by this group include:

1. Improve dissemination of asthma disparity messages to groups that engage with African Americans with asthma in Detroit. Identify and reach out to organizations and champions in Detroit who could use asthma disparity information.
2. Change program requirements to require WISEWOMAN agencies to conduct outreach to and provide services to targeted populations. The WISEWOMAN program provides low-income, under-insured or uninsured women with chronic disease risk factor screening, lifestyle programs, and referral services in an effort to prevent cardiovascular disease.
3. Develop a plan to gather data about target groups in order to support health equity and future work with target groups. First focus is on the Native American population, others might include the Arab population; Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ); Hispanic; persons with disabilities; persons with mental health disorders; and those for who English is not their first language.
4. Increase the number of HIV/AIDS clients in the Michigan Dental Plan.

Details on the equity action plans developed in the Health Equity Learning Labs are included in our separate evaluation report.

The PRIME Project Coordinator met with the Lifecourse Epidemiology and Genomics Division (LEGD) Director in August 2015 to discuss replicating the PRIME Intervention Design. In September 2015, the PRIME Project Coordinator presented information to the section managers within LEGD. The Division Director requested cost information to engage staff in the 3-day Health Equity Social Justice Workshop. To-date, the division has not scheduled the workshop. However, several staff have engaged in prior equity training provided by PRIME since 2011.

A recent reorganization may provide an opportunity to engage additional divisions in heath equity training. As of April 18, 2016, MDHHS created the Bureau of Epidemiology and Population Health comprised of the former Bureau of Disease Control, Prevention and Epidemiology, and the former Bureau of Family, Maternal and Child Health (BFMCH). The Division of Immunization and the Women, Infants and Children (WIC) Division moved to the Bureau of Health and Wellness. The Children's Special Health Care Services (CSHCS) Division moved to the Medical Services Administration. Since the initiation of PRIME in 2010, WIC and CSHCS were a part of the former BFMCH and staff have engaged in health equity training. The WIC and CSHCS Division Directors remain engaged

in the Health Equity Core Group and their involvement in new bureaus and administrations will provide opportunities to promote equity training to their new colleagues.

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

HDRMHS conducted two, 2-day "Cultural Proficiency: Developing cultural competence from the inside out" workshops during this reporting period. There were thirty-nine participants. Twenty-six of the participants were MDHHS staff and three were managers. As reported in last year's report, the session provides 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.

MDHHS Executive Leadership Health Equity Training

The Health Equity Core Group met to identify a strategy to engage executive leadership in a dialogue and training on health equity. In February 2016, a subgroup of the Health Equity Core Group meet to outline an approach. The group agreed to have the MPHI Health Equity Social Justice Coordinator and OWDT manager outline the agenda. The MPHI CEO was able to have an initial dialogue that included an overview of equity concepts with the MDHHS Director and Chief Deputy Director. The MDHHS Director agreed to have the MDHHS Executive Leadership Team engage in a meeting. The HDRMHS Manger will secure two dates in the fall of 2016 for the training. The Health Equity Core Group is very excited about the opportunity to inform the executive leadership of the great work that is in process within the department and to gain their support to prioritize health equity training for all MDHHS staff.

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

During this time period, a smaller work group took responsibility for overseeing the final development of the on-line health equity curriculum. In May 2016, the first draft of the module and the first review (data and epidemiology review) was completed. The final review with the original work group will be conducted in July 2016. The anticipated roll out to all MDHHS staff is planned for October 2016.

The online 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

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

Between May 2015 and January 2016, staff from the WIC and CSHCS divisions engaged in a quality improvement (QI) project. WIC and CSHCS division staff participated in the PRIME Health Equity Learning Labs in 2013 and 2014 respectively. The purpose of the QI project was to asses why equity plans developed during the Learning Labs were not fully implemented. The MDHHS Office of Performance Improvement and Management sponsored the QI project and Michigan Public Health Institute (MPHI) lead the WIC and CSHCS staff through the process. The PRIME Coordinator and University of Michigan evaluators were also a part of the QI Team.

The team developed an online survey to gather baseline data on staff perceptions on how the division addresses racial disparities. The survey also gathered information on staff understanding of PRIME and solicited feedback on how to best incorporate health equity principles in work roles. Fifty-one percent of respondents indicated

they faced barriers to incorporating health equity principles in work roles. The QI team chose to address "lack of organized effort" as a barrier. "Lack of organized effort" was the third highest rated barrier and was considered within the team's scope of influence. "Policies" and "Changing priorities" received the highest responses.

The Health Equity Wall Challenge was initiated. Staff submitted ideas to increase health equity activities in their daily work by posting cards to walls displayed in the hallway. WIC and CSHCS competed to see which division could generate the most ideas. In total, 77 ideas were generated by WIC (23) and CSHCS (54). The team identified the top three prioritized ideas, as voted by staff, from each division's wall.

The QI team and evaluators conducted a follow-up survey to test whether they achieved their aim. Survey results showed the number of staff identifying that "lack of organized effort" was a barrier to incorporating the principles of health equity in their work role increased from 41.7% to 50.0% of respondents from baseline. The sample size for this analysis is small (N=12), therefore the results should be further investigated to identify if this finding persists with a larger sample.

Some impacts of the QI project include:

- A closer working relationship between WIC and CSHCS, and increased dialogue and information sharing between the two divisions.
- Some staff reported a decrease in some barriers they experienced following the Health Equity Wall Challenge.
- The Health Equity Wall Challenge was featured in the Population Health & Community Services Administration's newsletter.
- The Office of Workforce Engagement and Transformation engagement via offering to help with future equity related activities.

Future plans include:

- Presenting the QI project to the Population Health and Community Services Administration Management Team in August 2016
- Develop implementation plans through a facilitated process with the Office of Workforce Engagement and Transformation; based on the top three ideas listed in the challenge
- Reassess the impact of health equity activities on staff through focus groups

<u>Post Health Equity Learning Lab Technical Assistance and Consultation Sessions</u>
After completing the initial iterations of the Health Equity Learning Labs, WIC & CSHCS staff indicated that structured follow-up was needed to increase the probability that the equity actions plans would be fully implemented.

Prior to engaging staff within the Division of Family and Community Health and the Chronic Disease and Injury Control Division in the Health Equity Learning Labs, a structured process was added to the Labs. Developing equity actions plans with a goal, objectives and measures for success at 3, 6 and 12 months were added to the Health Equity Learning Labs. The MPHI Health Equity Social Justice Coordinator and PRIME Coordinator added meetings at these intervals for staff to provide updates and report on successes and challenges. The MPHI evaluation team and Health Equity Social Justice Coordinator developed the following outcome evaluation questions that are asked during the 3, 6 and 12 month sessions.

1. Have you been able to follow through with/begin work towards your group's action plan that you developed in the learning lab? Why or why not?
    a. What, if any, barriers prevent you from fully implementing your action plan?

b. What activities from the Learning Lab do you feel most helped you or prepared you for implementing your action plan?
c. What could help support you/your group in implementing your action plan?

2. Have you been able to collect data to evaluate your progress thus far towards your group's action plan? Please explain.
    a. What, if any, barriers prevent you from collecting data and evaluating your action plan?
    b. What activities from the Learning Lab do you feel most helped you or prepared you for collecting data and evaluating your action plan?
    c. What could help support you/your group in collecting data and evaluating your action plan?
3. Have you felt supported by your colleagues in your efforts to incorporate greater health equity and social justice within the organization? Please describe.
4. Have you felt supported by management in your efforts to incorporate greater health equity and social justice within the organization? Please describe.

Three month follow-up sessions were conducted with the Divisons of Chronic Disease and Injury Control and Family and Community Health in October 2015 and March 2016, respectively. Staff overwhelmingly reported that it was beneficial to have the follow-up session and that they were doubtful that they would have made as much progress if they did not have to report on their progress. Staff also reported that it was beneficial to have management support during the Learning Labs process and that the support continued after the completion of the Learning Labs. The time needed for staff to engage in developing and implementing equity actions plans was a barrier mentioned by several staff. The vast majority of staff indicted that it was beneficial to have time set aside to participate in the Learning Labs. Several staff indicated that it was still a struggle to allot the time needed to work on the activities in the action plans. However, staff reported that because they were able to engage in the work with their colleagues they felt motivated and supported to get the work done.

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

On July 1, 2015, MDHHS issued a press release titled, *Infant Mortality Disparity Resource Release for Public Health Professionals*. http://www.michigan.gov/mdhhs/0,5885,7-339-71692-358281--,00.html. The publication provides a summary of PRIME's intervention design, lessons learned and evaluation findings. In addition to the Guide, PRIME published two additional documents that are listed below:

1. 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)
2. 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)
3. 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)

PRIME Website (www.michigan.gov\dchprime)

Between June 1, 2015 through May 31, 2016 there were 2,478 visits to the PRIME website. There were 4,196 page views and an average of 1.69 pages viewed per visit. There were forty-seven views of the eight videos on the website. Some of the topics covered in the videos include: infant mortality and racism; social determinants of health; Native Americans and historical trauma; and the Division of Family & Community Health's equity work. The PRIME Guide, Recommendations Report and Outcomes Report had, 690, 185 and 116 reviews respectively.

The PRIME Coordinator completed an oral presentation at the American Public Health Association's 143rd Annual Meeting and Expo in October 2015. The title of the presentation was "Recommendations & Lessons Learned from a State-Level Public Health Equity Initiative". The session was supported by the Policy and Finance area in MCH. The audience was impressed that MDHHS has allotted funding to support the PRIME Coordinator's position.

The PRIME Coordinator recorded a session for the University of Michigan's Michigan Public Health Training Center (MPHTC) Certificate in Population Health & Health Equity program. An overview of PRIME was provided and population health strategies to improve equity in health outcomes were discussed. The goal of the program is to provide medical residents with awareness and skills to support their patients' health from a population health perspective. The MPHTC partnered with the Detroit Wayne County Health Authority and MSU College of Osteopathic Medicine to support the certificate program. The curriculum includes monthly in-person training sessions, as well as pre-recorded sessions on special topics that they may count towards required hours of independent study.

In August 2015, the PRIME Coordinator provided an overview of PRIME during the MDHHS Health Disparity Reduction & Minority Health Section's Culturally and Linguistically Appropriate Services (CLAS) Workshop.

A presentation was held at the Family Planning Update in September 2015 titled, "Health Equity Resources & Strategies to Reduce Disparate Outcomes." An overview of PRIME was provided.

The MDHHS Director of the Population Health and Community Services Administration presented at the Michigan State University Health Policy Forum in November 2015. The topic of her presentation was "State Strategies to Support Population Health." She discussed the state's public health functions in Assessment, Policy Development and Assurance. She mentioned PRIME as one assurance measure to support knowledge development, provide technical assistance, and ensure that actions and services support mission and vision.

The Population Health and Community Services Administration publishes a newsletter that is shared with all MDHHS staff. PRIME and the results of the Quality Improvement Project with WIC and CSHCS aimed at addressing why some of the health equity plans could not be fully implemented was included in the December 2015 newsletter.

In February 2016, the PRIME Coordinator facilitated the City MatCH sponsored Life Course Game and discussed PRIME with medical and social work students. The students were a part of the Leadership in Medicine Program with the Michigan State University College of Human Medicine in Flint.

The PRIME Coordinator co-presented with a representative from the Detroit Institute for Equity in Birth Outcomes at the Region X Southeast Michigan Perinatal Quality Improvement Coalition. The presentation was held in March 2016 and covered Social Determinants of Health.

As a part of the State Infant Mortality Reduction Plan, MDHHS will hold two Communities of Practice webinars to address each goal in the plan. The first goal is to *Achieve health equity and eliminate racial and ethnic disparities by addressing social determinants of health in all infant mortality goals and strategies.* The first webinar was held on March 31. The Michigan Public Health Institute's CEO was the main presenter and the PRIME Coordinator assisted with facilitation of the webinar and provided a brief overview of PRIME.
http://www.michigan.gov/documents/infantmortality/Infant_Mortality_16_FINAL_515908_7.pdf

Future presentations are scheduled for:

- June 2016 - Catalyst Center: Improving Financing of Care for Children and Youth with Special Health Care Needs. "Addressing Health Coverage Inequities among CSHCN in Your State."
- July 2016 – National Association of County & City Health Officials conference
- August 2016 – Michigan Home Visiting Conference
- September 2016 – CityMatCH: The National Organization of Urban MCH Leaders conference

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

The PRIME Organizational Assessment is intended to identify strengths, challenges, and areas for growth related to the capacity of MDHHS staff to address and eliminate infant mortality disparities in Michigan. The results of this assessment are used to provide resources, training and technical assistance to implement practice and policy changes. The Division of Family and Community Health (DFCH) was the third BFMCH division to complete the organizational assessment. Thirty-six of the 66 staff (54.5%) completed the assessment between August 24th and September 4th, 2015. On average, DFCH staff who responded to the assessment agreed that they clearly understood that DFCH has a priority to focus on reducing racial health disparities and that they understood how their work contributed to that priority. Most staff agreed that they had a strong understanding of racism and discussed racism as a root cause of health disparities. On average, staff agreed that they understood more shared cultural practices among African Americans than Native Americans. Staff responsible for developing programs, services and policies were more likely to agree or strongly agree that they engaged with the African American community than the Native American community (64% vs. 24%). The results of the organizational assessment was shared with division staff during a meeting in May 2016. Details of the results are included in the separate evaluation report.

DFCH Staff attended the Native American History, Culture and Core Values Session on September 9th, 2015. The session was four hours long and featured presentations by two Native American consultants who work with the PRIME project. 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 58 staff participated in the workshop. Most of the participants were from DFCH, but there were also several individuals from the Lifecourse Epidemiology and Genomics Division and other Divisions within the Bureau of Family, Maternal, and Child Health. Participants showed statistically significant increases in all of the reported self-confidence ratings. Participants on average showed the largest increase in confidence with being able to “Explain Tribal Sovereignty.” Ninety-one percent of the participants stated that they would recommend the workshop to a colleague without reservations. A detailed report is included in the separate evaluation report.

In April 2016, a 3-day Health Equity Social Justice Workshop was held for any new staff that did not attend training held from 2011 to 2015. Twenty-one MDHHS staff and local partners attended the workshop. The workshop was facilitated by the Health Equity Social Justice Coordinator at the Michigan Public Health Institute 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. Evaluation results will be shared in the next report to the foundation.

The Division of Family & Community Health participated in the Health Equity Learning Labs by section:

- Maternal & Infant Health: September – December 2015
- Child, Adolescent & School Health: January – March 2016
- Early Childhood Health: Began in March 2016; to be completed fall 2016

The Evaluation Team decided to combine the pretest and posttest results for the three sections into one report for the Division due to small numbers of participants in each section. Learning Lab evaluation results will be shared in our report to the W.K. Kellogg foundation next year. Details on the equity action plans developed in the Health Equity Learning Labs are included in our separate evaluation report.

As mentioned earlier in this report, a new process was developed after staff completed the Health Equity Learning Labs. During the Learning Labs staff develop equity actions plans with goals, objectives and measure for success at 3, 6 and 12 months. The new process involves technical assistance consultation sessions with staff at 3, 6 and 12 months after completing the Learning Labs. Staff from the Chronic Disease and Injury Control division and the Maternal and Infant Health section participated in the 3 month session in February and March 2016, respectively. Several staff mentioned that they would not have made as much progress towards achieving their mesures of success without having the follow-up sessions.

To increase the capacity of MDHHS to evaluate PRIME activities and sustain established evaluation efforts, PRIME's contracted evaluators at the University of Michigan trained an MDHHS staff person in evaluation activities. The training and transition began in October 2015. The MDHHS staff member worked with the U of M evaluation team to learn the workshop evaluation instruments and data analysis. The transition period spanned several months allowing the MDHHS staff member ample time to absorb the evaluation techniques used by the U of M staff. Contractual services with the University of Michigan to evaluate PRIME ended as of May 31, 2016. However, resources to continue evaluation now exists within the department.

Manuscripts

The Evaluation Workgroup continued to lead the development of two manuscripts. One is about the change in policy in one program area to require using data to more effectively develop outreach plans to target populations most in need. The second is to describe the approach used to develop the Native American History, Culture, and Core Values workshop.

Program evaluators with MPHI provided the PRIME Evaluation Workgroup with data for analysis and inclusion in the manuscript. The workgroup is in the process of making edits to the manuscript and seeking input from the co-authors. The Native American consultants continued to be engaged in the PRIME project by co-authoring on a manuscript with members on the Evaluation Workgroup. The Native American consultants have met and provided input to the manuscript.

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 continued to meet quarterly to address the following priorities: 1) Develop a plan and strategies to educate legislators on the business case for equity and how they can support equity work; 2) Continue developing a historical overview of events, legislation, and court cases that occurred in Michigan and the United States and how they have impacted health outcomes; and 3) Identify and share interview and recruitment practices that incorporate an health equity framework**.**

Each organization that is a part of the collaborative was offered a small grant to support staff time and travel to the meetings and/or to support local infant mortality reduction and health equity efforts. Many organizations utilized the funding prior to June 2015. Two organizations utilized the funding during this funding period and their efforts are listed below.

- Genesee County Health Department's objective was to increase awareness in the Flint community about racial and ethnic disparities, and historical events in Flint that have led to health disparities. They partnered with Metro Community Development, and Neighborhoods Without Borders of Flint to

conduct a community lecture series entitled the "Tendaji Talks." Social justice expert, Tim Wise, kicked off the first lecture at the Flint Public Library.

- Healthy Start Detroit's objective was to enhance awareness and understanding of the role that race, as a social construct and tool, has played in perpetuating racial and ethnic disparities in individual, family and community well-being among residents and providers in the Healthy Start project area. The group engaged in journaling, and a self-evaluation that addresses attitudes, values, and beliefs related to race.

Native American Pregnancy Risk Assessment Monitoring Survey (PRAMS)

The Native American Ad-Hoc Data Group members developed Michigan's first standalone Native American PRAMS. The 2012 Native American PRAMS data was used by the Inter-Tribal Council of MI to set some of their annual priorities for improving the health of native mothers and babies. The utilization of Native American PRAMS data to guide positive change was submitted by MDHHS staff as a "data to action" example to the Centers of Disease Control and Prevention. A comparison of selected demographic factors was also presented to the PRIME Steering Team in May of 2016. Compared to mothers from the MI 2012 PRAMS, mothers in the Native American PRAMS (65% of whom are of native ancestry; the remainder were selected for the Native American PRAMS based on the father's ancestry) reported:

1) Higher levels of anxiety, depression, asthma and anemia before pregnancy
2) Lower exposure to pre-pregnancy counselling on the importance of folic acid supplements
3) Higher exposure to physical abuse by intimate partners before and during pregnancy
4) Obtaining first trimester prenatal care as often as mothers of non-native ancestry

Later this year, the MI PRAMS 2012-2013 final data sets will be created and translated into further positive actions for Michigan's mothers and babies of native descent.

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

MDHHS has continued to participate on the Health Resources and Services Administration's CoIIN to Reduce Infant Mortality. The former Bureau of Family, Maternal and Child Health Director, Division of Family and Community Health (DFCH) Director and the PRIME Coordinator participated on the Social Determinant of Health Learning Network. MDHHS' Aim statement is: *By June 2016, 85% of DFCH staff will complete the Health Equity Learning Lab training and develop a division workplan aimed at practice, program or policy changes that include a health equity framework.* The DFCH Director continued a leadership role on a Region V subgroup of CoIIN charged with developing a tool for state-level public health departments to assess organizational capability to address social determinants of health and advance health equity. A final draft of the *Foundational Practices for Health Equity: State Self-Assessment* was released in March 2015. Lastly, Michigan was invited to participate in a symposium at the CityMatCH Leadership and MCH Epidemiology Conference in September 2016 titled, *The Infant Mortality CoIIN Social Determinants of Health Learning Network: Overview & Early Findings.*

B. Environment/Challenges/Opportunities

In April 2015, the Michigan Department of Community Health and the Michigan Department of Human Services (DHS) were merged to form the Michigan Department of Health and Human Services. In the fall of 2015, the MDHHS Director shared that a part of the vision for the new department is the promotion of health equity - *Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, **promote equity**, foster healthy habits and transform the health and human services system to improve lives of Michigan families.* In 2014, the Public Health Administration within MDHHS shared that one of its functions is to *Promote and protect the health of the population as a whole through surveillance and response to health issues, prevention of illness and injury, improvements in access to care, and **promotion of health equity**.*

In February 2016 the Office of Performance Improvement & Management staff initiated a meeting with the PRIME Coordinator, Women and Infant Health Section Manager, and Health Disparities Reduction and Minority Health Section Manager to establish a health equity goal within the Population Health and Community Services Administration's (PHCSA) workforce development plan. The workforce development plan would assist in the department's goal to apply for accreditation by the Public Health Accreditation Board. The workforce development plan includes a goal to, "Build PHCSA staff capacity to promote health equity and reduce health disparities." The group met and established the following objectives.

1) By September 30, 2016, identify a feasible method to introduce the concept of health equity to PHCSA staff.
2) By September 30, 2016, establish an ad-hoc PHCSA Health Equity Workgroup to identify FY2017 and FY2018 Workforce Development Objectives.

During this reporting period, the Health Disparities Reduction and Minority Health Section manager (also chair of the PRIME Steering Team) continued to meet with various MDHHS staff on the Diversity Workgroup. In 2014, the Diversity Workgroup began to meet to develop a set of goals related to workforce diversity, workplace inclusion, and sustainability.

In February of 2016, the State of Michigan released their 2016-2019 Infant Mortality Reduction Plan (IMRP). PRIME Steering Team members are members of the Infant Mortality Advisory Council that was responsible for the plan. The Infant Mortality Advisory Council initiated "Communities of Practice" Webinars. Two webinars are planned for each goal in the IMRP. Goal #1 in the plan is to *Achieve health equity and eliminate racial and ethnic disparities by addressing social determinants of health in all infant mortality goals and strategies.* The first webinar was held on March 31.

As mentioned earlier in the report, the Health Equity Core Group has convened and includes staff from several bureaus within MDHHS. The group includes the former DHS Office of Workforce Development and Training, the Division of Chronic Disease and Injury Control, the Division of Family & Community Health, Health Disparities Reduction and Minority Section, WIC and Children's Special Health Care Services. Having various health equity advocates from across the department will aid in developing a unified health equity approach.

In April 2016, the department went through a reorganization. The Bureau of Family, Maternal and Child Health (BFMCH) merged with the Bureau of Disease Control, Prevention and Epidemiology, to form a new Bureau of Epidemiology and Population Health. The former BFMCH and MCH Director was assigned to a new position outside of the new bureau. The former director of the Lifecourse Epidemiology and Genomics Division in now the director of the new bureau. Additionally, the Division of Family and Community Health Division Director is the new MCH Director. Since the initiation of PRIME in 2010, WIC and Children's Special Health Care Services (CSHCS) were a part of the former BFMCH and staff have engaged in health equity training. In the reorganization the two divisions moved to other areas of the department. The WIC and CSHCS Division Directors remain engaged in the Health Equity Core Group and their involvement in a new bureau and administration will provide opportunities to promote equity training to their new colleagues.

C. Collaboration

PRIME continues to have strong collaborative efforts with the Health Disparities Reduction and Minority Health Section (HDRMHS). The HDRMHS manager continues to lead the PRIME Steering Team and provide guidance to the PRIME Project Coordinator. PRIME has continued its collaboration and financial support to HDRMHS in their leadership of the following efforts: 1) Web-based equity training; 2) Culturally & Linguistically Appropriate Services Workshops; and 3) development of the Michigan Equity Practice Guide for State-Level Public Health

Practitioners. The *Practice Guide* provides strategies, resources and examples that state-level health and social service professionals can use in their everyday work to promote equity (http://www.michigan.gov/documents/mdhhs/Michigan_Equity_Practice_Guide_523407_7.pdf). Additionally, PRIME members and MCH staff continue to participate in the MDHHS Health Equity Steering Committee that is chaired by the HDRMHS manager.

The PRIME Coordinator will continue to partner with the Office of Performance Improvement & Management, HDRMHS Manager and Women and Infant Health Section Manager to establish a health equity goal and objectives for a workforce development plan.

The PRIME Coordinator continues to work with Lifecourse Epidemiology and Genomics Division (LEGD) staff to collect, analyze and disseminate data from the Native American PRAMS. During this reporting period LEGD staff provided oversight and supervision of a MDHHS staff that provided evaluation services for PRIME. This collaboration will continue.

The PRIME Coordinator is a member of a Michigan team that is a part of the Association of Maternal and Child Health Program's Data Translation: MCH Data Communication Partnerships. The team is led by staff within the MDHHS Lifecourse Epidemiology and Genomics Division. Michigan's focus is to adapt a risk reduction message for safe sleep and create an education tool for community health workers to use in home visiting. The partnership began in May 2016 and will end in December 2016. Michigan is one of 6 national teams.

The PRIME Coordinator also participated in several planning meetings with the Division of Chronic Disease and Injury Control staff to develop an organizational assessment aimed at identifying a baseline and specific steps to improve health outcomes within populations served by the division. The goal is to improve their practices to achieve a higher level of health equity.

PRIME continued to partner with the Inter-Tribal Council of Michigan (ITCM) to provide a Native American History, Culture and Core Values workshop. The ITCM MCH Director continues to assist the department with implementation and data interpretation of the Native American Pregnancy Risk Assessment Monitoring System Survey.

Health Equity Learning Labs held with the Children, Adolescent and School Health (CASH) Section and the Early Childhood Health Section invited several outside MDHHS individuals to participate in the Health Equity Learning Labs. CASH had five participants representing Oakland Primary Health Services, Health Delivery, Inc. (the Teen Pregnancy Prevention Manager and the Director of School Based Health Centers), a MDHHS case manager consultant for teen parenting and a MDHHS consultant representing The Son to a Father Project and The Son to a Father Parenting Skills Training Program. Learning Labs for the Early Childhood Health Section included 5 participants representing the Children's Trust Fund of Michigan, Wayne Children's Healthcare Access Program, Early Childhood Investment Corporation, Michigan Department of Education/Office of Great Start, and the Detroit Department of Health and Wellness Promotion.

The PRIME Local Learning Collaborative established in March 2011, continues to meet quarterly and efforts were described earlier in this report. Healthy Start projects, local health departments and community-based organizations are a part of collaborative.

The PRIME Coordinator continued to participate in the Detroit Institute for Equity in Birth Outcomes meetings.

The PRIME Coordinator continue to attend Michigan Power to Thrive (MPTT) meetings. MPTT is led by the Michigan Public Health Institute and one area of focus is on early childhood development. A summit was held to promote alternatives to preschool and early care expulsions.

D. Future Plans & Sustainability

During the next reporting period the PRIME project team will:

1. Continue to convene the Health Equity Core Group and assess the use of a collective impact approach to develop collective health equity objectives and activities for the department.
2. Continue to collaborate with the Health Disparities Reduction and Minority Health Section (HDRMHS) to complete an online health equity training that will be mandatory for all MDHHS staff.
3. Continue collaboration with HDRMHS, Office of Workforce Development and Training and the Michigan Public Health Institute to complete health equity training for the executive leadership of MDHHS.
4. Complete the Health Equity Learning Labs with the Early Childhood Health Section and develop equity actions plans. Continue co-facilitation of the Learning Labs by the PRIME Project Coordinator.
5. Continue Health Equity Training for MDHHS staff and conduct the following workshops: 1) 3-day Health Equity and Social Justice Workshop and 2) Native American History, Culture and Core Values Workshop
6. Share results of the quality improvement project to identify root causes to why health equity plans developed in WIC and CSHCS Health Equity Leaning Labs were not being fully implemented.
7. Continue partnership with the Michigan Public Health Institute's Center for Health Equity Practice. The 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.
8. Continue to support the PRIME Project Coordinator position. MDHHS has also provided funding for collection of 2013 data for the Native American PRAMS. The department will continue to support this data collection activity.
9. Collaborate with HDRMHS and the Lifecourse, Epidemiology and Genomics Division to support a staff person to provide epidemiological and evaluation services focused on improving health equity.
10. Seek internal and external funding to replicate the PRIME Intervention Design in other MDHHS divisions.
11. Continue to share PRIME findings with local and national entities.

All of these efforts, in addition to the equity focused work that is taking place within MDHHS via the Health Equity Core Group, Health Equity Steering Committee, Diversity Workgroup, Population Health and Community Services Administration's workforce development plan will aid in sustaining current equity efforts and in building a collective strategy throughout the department.

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) Implementing the PRIME Intervention Design in two MDHHS divisions; 2) Establishing a Health Equity Core Group to identify and implement strategies for promoting equity practices throughout the department; 3) Providing health equity and social justice training to MDHHS staff; 4) Engaging in a Quality Improvement process to identify why health equity plans developed in WIC and CSHCS were not fully implemented; 5) Disseminating information on PRIME via the website and conferences, 6) Collaborating with HDRMHS to develop an online equity curriculum and CLAS workshops; 7) Transferring PRIME evaluation efforts to a MDHHS staff member to promote sustainability; and 8) Continuing to partner with local health departments, Healthy Start projects and community organizations to promote health equity practices in Michigan. All of these endeavors work to address and eliminate racial and ethnic disparities in Michigan.