Practices to Reduce Infant Mortality through Equity (PRIME)

Narrative Report

July 2012

Project Award # P3013047

A. Progress Toward Goals/Activities

The request of the W.K. Kellogg Foundation was to include a report on the activities and accomplishments of the Practices to Reduce Infant Mortality through Equity (PRIME) project covering the period from December 1, 2010 to May 31, 2012. A report outlining activities from May 1, 2010 to September 30, 2011 was submitted to the foundation in January, 2012. Therefore, this second report to the foundation will cover the period from October 1, 2011 to May 31, 2012.

During this period, the PRIME Steering Team and workgroups continued to work towards fulfilling the goals and objectives of the project. The project goals are to: 1) Develop and pilot a replicable workforce training and practice model for state MCH staff to reduce racial disparities in infant mortality in Michigan, with a focus on African Americans and Native Americans; 2) Use a state/local partnership network to codify effective efforts that undo racism and improve infant health; and 3) identify a sustainable quality assurance process.

PRIME Steering Team

The PRIME Steering Team held eight monthly meetings during this reporting period to provide oversight and direction for the project. During the meetings, the Bureau of Family & Maternal Child Health (BFMCH) Director provided information on the Michigan Department of Community Health (MDCH) activities around infant mortality and health equity. Additionally, there were updates from each of the workgroups, the BFMCH Division Directors and the manager of the Health Disparities Reduction and Minority Health Section. Minutes were taken at all meetings and used for evaluation purposes .

Retreat

In November, 2011, Steering Team members participated in a day long retreat and all but one member attended. Some objectives of the retreat were to: 1) Highlight accomplishments from the first year and a half of the project; 2) Discuss how well the communication around the project goals and activities was going; 3) Discuss the Green Paper and the intervention approach as outlined in the paper; and 4) Identify objectives, activities and a timeline for years two and three.

A facilitator led the group in discussion throughout the day. Overall, the group was excited about the accomplishments of this project period and members expressed that they underestimated the number of accomplishments. Some of the accomplishments included forming the Steering Team and workgroups; MDCH staff and PRIME members' participation in Undoing Racism and Health Equity & Social Justice workshops; increased dialogue and focus on addressing institutional racism and reducing racial and ethnic health disparities among Steering Team members; and intra-departmental and external collaborations.

Steering Team Survey

Prior to the retreat, Steering Team members completed an online survey developed by the project's evaluator at the University of Michigan (UM) to assess member's understanding of the project's goals and the level of communication and collaboration among members. The PRIME Steering Team online survey had a 74% response rate, and was a good representation from each working group.

Survey questions included: Steering Team goals and commitments; Steering Team communications and decision making; Steering Team time invested; project leadership; Steering Team composition and oversight;

Steering Team capacity building; and project achievements. Additional detail of the Steering Team evaluation is discussed later in the report under the Evaluation Workgroup activities and the complete evaluation results are included in the separate evaluation report.

Workshop Results

During the retreat, members also had the opportunity to review the evaluation results from the Undoing Racism (UR) and Health Equity & Social Justice workshops and the UR focus groups. These results were included in the January, 2012 report to Kellogg.

Green Paper & PRIME Intervention Discussion

Beginning in May 2011, partners from the University of Michigan began to outline the project's Green Paper. The Green Paper and its accompanying activities at the retreat were designed to engage and seek the insight of key stakeholders by providing a framework for discussing and making decisions about the aims, goals, objectives, scope, logistics and next steps of the PRIME intervention for MDCH. During the retreat, Steering Team members had the opportunity to review the paper. Significant time was spent discussing the proposed intervention process, focus areas and next steps.

The Green Paper outlined several critical questions that would need to be addressed in order to move forward in the intervention process. Steering Team members were asked to prioritize these critical questions based on their importance for PRIME and identify who or which group would be responsible for addressing the questions (e.g. Steering Team, a workgroup, MDCH staff). Members also had the ability to reword, rewrite, add, delete or reassign questions.

Additional detail on the Green Paper is discussed under the PRIME Intervention Workshop section below and the entire paper is included in the appendix of the separate evaluation report.

Learning Activities

Steering Team members value group participation in ongoing learning activities. These learning activities provide additional knowledge and insight about issues involving institutional racism and health equity and help to identify resources to include in the toolkit that will be developed later in the project. In May, 2012 the Steering Team viewed a video titled "Unequal Opportunity Race" that was produced by the African American Policy Forum. The forum develops research-based strategies to better frame the public discourse around social inclusion. The video was developed as a tool to illustrate the relationship between structural racism and the need for affirmative action policy. The Steering Team will continue to include knowledge building activities at the monthly face-to-face meetings.

PRIME Intervention Workgroup

PRIME Task List

At the beginning of this year, the Intervention Workgroup began to prioritize tasks for the project and to have discussion about the feasibility of accomplishing all the proposed tasks in the time remaining in the project. The list was presented to the Steering Team and continues to be refined. The list includes 14 items and some are: 1) completing the Green Paper and other communication tools about the project; 2) identifying the social determinants that will be addressed in the project; 3) identifying an intervention approach for each BFMCH division; 4) using Local Learning Collaborative (LLC) products as a resource for MCH program

development/policy and; 5) creating Quality Assurance tools and evaluation metrics. Several of the items have been completed to date. Many are in progress and some have been reassessed or revised due to timeline feasibility considerations.

PRIME Focus & Goal Statement

It was important to the Steering Team to have a concise document describing PRIME to facilitate clear and consistent communication about the project with policy makers, potential partners, local public health departments, and community members. It was also created in response to Steering Team members' descriptions of challenges communicating the necessity of focusing on African American and American Indian infant mortality, specifically, in order to effectively reduce the rate of infant mortality in the state. Partners at UM drafted the document with input from Steering Team members, and it provides an overview of the project and the rationale for its focus on reducing infant mortality among African Americans and Native Americans.

Green Paper & PRIME Intervention

In March, 2012, Uof M staff and workgroup members finalized a paper that outlined the intervention approach for PRIME. The Green Paper is designed to serve as a springboard for discussion and it was used at an all-day retreat attended by the project's Steering Team as a stimulus for considering, discussing and refining the PRIME project's aims, goals, objectives, and next steps. Data described in the report illustrates that there are factors that vary by race differentially affecting the rates of infant mortality among African Americans and Native Americans. It highlights the need to develop population-specific strategies to reduce infant mortality in each racial group.

The Green Paper argues that the Ten Essential Services of Public Health outline the roles and functions of the public health system, but lack clarity in 1) differentiating state health departments' roles from the roles of local and federal public health, especially how state departments should fulfill their day-to-day responsibilities, and 2) the explicit role of state public health departments in our national strategy to eliminate health disparities.

A review of existing training and intervention approaches are described in the paper and the authors highlight that their content, intensity and level of intervention do not meet the needs of PRIME. The findings of the review further endorsed the need to create a model that addresses the unique needs of a state health department in addressing racial disparities in infant mortality.

Finally, the intervention strategy for PRIME was introduced. The strategy involves a baseline organizational assessment; an initial training to develop a shared language and conceptualization of the problem; targeted trainings, tools and technical assistance to refine organizational policies and practices as identified and prioritized by each division and the findings of the organizational assessment; and additional recommended resources.

The Green Paper was shared with the MDCH Director, Public Health Administration, and all staff in the Bureau of Family & Maternal Child Health. In addition, the paper has been shared with other departments outside of BFMCH when giving presentations about PRIME. Lastly, the paper was discussed during meetings with the PRIME Steering Team and Local Learning Collaborative members.

Women, Infants & Children (WIC) Organizational Assessment

In April, 2012, forty (89%) of the WIC Division staff completed an organization assessment that was designed by the Intervention workgroup in collaboration with the UofM Health System Program for Multicultural Health to identify the types of changes, resources and training and technical assistance needed for WIC staff to address racial disparities in infant mortality in their daily work. To assist with customizing the PRIME intervention to meet the needs of WIC staff, two managers within the WIC division were added to the Intervention Workgroup in March, 2011.

As described earlier, the organization assessment is a part of the PRIME intervention model and will be used to identify and monitor changes in staff's needs and Bureau practices and policies related to addressing disparities in infant mortality in Michigan. The assessment results will be shared with staff and will help to identify training needs for the Social Determinants of Health Training that is being developed and scheduled to take place in the fall of this year.

The assessment asked MDCH staff their perspective on BFMCH programs and services, employee engagement, cultural competency, knowledge and skills, professional development, and community engagement. The survey tool is attached to the separate evaluation report.

After UM staff analyze the effectiveness of the Organizational Assessment for identifying the training needs of staff, it will be determined if the assessment will be replicated throughout the rest of the bureau. Additionally, the assessment may be used to measure "cultural" changes within the department related to staff's capacity to effectively address racial health disparities.

Native American Consultants

In March, the Intervention Workgroup recommended engaging consultants to assist with developing components of the PRIME intervention to best address the unique needs of the Native American population. A contractual agreement was signed with the Inter-Tribal Council of Michigan and we currently have three consultants who collaborate with the PRIME Steering Team and Intervention Workgroup. These consultants will inform the project about the culture and history of Native Americans that influence health behaviors and contribute to disparities in infant mortality. The consultants will assist in creating curricula and toolkit components that will increase the BFMCH's capacity to address social determinants of health disparities in the Native American community.

Consultants for Social Determinants of Health Training

The department also initiated a contract with two faculty from the University of North Carolina, Chapel Hill (UNC) in May, 2012. The professors have knowledge and academic experience in applying a health equity model that incorporates a social determinants of health approach in reducing the racial disparities in infant mortality. In May, 2012, the consultants met with PRIME Steering Team members, WIC and other MDCH staff to begin to identify the training needs of staff and outline the curricula and training components for the Social Determinants of Health trainings planned for the fall of this year.

The outline of the model will include WIC staff participating in three learning labs over a 4-6 month period. During the labs, staff would map their current work practices onto a health equity model. Staff will identify goals for changes in their work practices to increase their effectiveness at addressing racial health disparities and develop workplans to implement the goals. Between the learning labs, staff will receive support and

technical assistance with applying a health equity model to their work and overcoming obstacles to fulfilling their workplans by consulting with each other, members of PRIME, and the consultants.

The UNC consultants will work closely with Uof M staff, MDCH PRIME leadership and consultants from the Inter-Tribal Council of MI to develop the curriculum and training. The project will also work with the UM Practice Office staff to package the Social Determinants of Health Training, using online components and other technology, to promote feasibility of use by other Divisions and Bureaus within MDCH, and to engage current and new staff in ongoing training and skill development. Prior to the SDOH training, WIC staff will participate in a 2.5 day Health Equity and Social Justice workshop between July-September of this year.

PRIME Evaluation Workgroup

Steering Team evaluation

Prior to participating in a retreat to discuss the goals, accomplishments and next steps for the project, Steering Team members completed an evaluation of the effectiveness and collaborative efforts of the team. Fourteen of the PRIME Steering Team members completed the online survey in November, 2011.

All respondents agreed or strongly agreed that they had a clear understanding of the PRIME project goals and how PRIME is trying to accomplish its goals. All respondents agreed or strongly agreed that the PRIME project leaders have good skills for working with other people and organizations, effectively communicating the vision and mission of the project, and effectively implementing steering team decisions. Finally, most respondents indicated that they understood their own roles and responsibilities on the project and that they invested the right amount of time in collaborative efforts.

The survey also identified areas for improvement. There were several respondents who did not agree that the project had reviewed the organization structure and functions of the BFMCH to identify capacities and needs related to reducing disparities in infant mortality or that the project had built the knowledge and competencies of MDCH staff to incorporate strategies to eliminate racism and health inequities in program planning to reduce disparities in infant mortality. The organizational assessment used with WIC staff will help to address one area identified for improvement. Also, the Steering Team continues to work to develop components of the PRIME practice model that will address the second area identified on the survey for improvement. The complete survey results are included in the separate evaluation report for the project.

Wiki Page

The University of Michigan PRIME partners initiated the development of a WikiPage in May. The WikiPage allows team members to view, upload, and access documents, as well as share any relevant tables, videos, or other files. All documents derived in the project are included on the page. The WikiPage will be evaluated for efficacy and efficiency to decide if its use should be continued.

PRIME Local Learning Collaborative (LLC)

The LLC conducted a pre-conference session at the 2011 Michigan Premier Public Health Conference. There were about 35 people in attendance. The session began with introducing the Unnatural Causes Health Equity Quiz with the attendees. Dr. Derek Griffith from UM School of Public Health provided an overview of PRIME. Some of Unnatural Causes, "When the Bough Breaks" was shown and then members played the CityMatCH Lifecourse game. The session ended with panel presentations from Genesee County Health Department, Inter-

Tribal Council of MI, Dispute Resolution Center and Strong Beginnings Healthy Start (Kent county) about their local best practices to reduce infant mortality and increase health equity.

Thirty-one evaluations were submitted. There were six questions and each was rated on average between 4.23 to 4.63 out of a 5.0 rating. The participants indicated a better understanding of how racism can impact infant health disparities in Michigan. Details of the survey results are included in the separate evaluation report.

A booklet highlighting the health equity work in each of the LLC communities was produced and shared at the conference and at Michigan's Infant Mortality Summit in October, 2011. Additionally, the LLC was included in the poster session at the conference.
A few LLC organizations have identified some of their "best practices". They include, Berrien County Health Department, Detroit Healthy Start, Dispute Resolution Center, Ingham County Health Department, Saginaw County Health Department, and Genesee County REACH. More information is included in the separate evaluation report.

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

PRIME Native American Ad-hoc Data Group

The yearly Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) sample of Native American infants is too small to provide useful information about maternal and infant health of Michigan's Native Americans. As a result, a partnership with MDCH, the Inter-Tribal Council of Michigan, Great Lakes InterTribal Epidemiology Center, and Michigan State University formed to design a survey to include all mothers of Native American infants. The project will interview women to find out what can be done to create better opportunities for good health among Native Americans in Michigan. Mothers of all Native American infants born in 2012 will receive an invitation to participate in the survey beginning this summer and continuing through June 2013.

MDCH used an approach recommended by the Inter-Tribal Council of MI to select Native American births by using the race of the mother *or* father from the birth records to identify mothers for the survey. The approach yielded an additional 1300 women to be surveyed. Other noteworthy details regarding the unique aspects of the process include developing memorandums of understanding to be signed by each tribe and data agreements with the ITC and Great Lakes InterTribal Epidemiology Center. Cultural sensitivity training will be provided to staff that make calls to mothers. Also, there is potential for tribal-specific data sharing which is a benefit that is not usually afforded to the Native American community. Finally, a communication strategy was developed to inform, tribal staff and other local health providers about the survey to promote an increased response rate.

PRIME Website Development Team

The Website Development Workgroup convened in October, 2011 and their principle role is to develop a mechanism to disseminate information about the PRIME Project and local work of the Local Learning

Collaborative. An additional role is to provide a broad audience access to information about health equity, health disparities, racism, and social justice. Members of this group include: the PRIME Project Coordinator and interns; MDCH staff from the Health Disparities Reduction and Minority Health Section (HDRMHS); LLC members from Kent County Health Department, Grand Rapids African American Health Initiative, Strong Beginnings Healthy Start, and Wayne County Health Department; and the Michigan Public Health Institute (MPHI).

The website will focus on the objectives and accomplishments of the PRIME project and the best practices and activities of the LLC. Additionally, it will provide a comprehensive list of resources about health equity, infant mortality, and institutional racism. Videos of PRIME members describing the importance of the project and its relation to health equity issues will provide an engaging explanation of these concepts.

Two interactive features of PRIME include a forum page and an interactive map to highlight health equity initiatives by county. The forum will give LLC members a secure arena to share articles and discuss new solutions to health disparities. The interactive map, titled "What's Happening in Your County," will allow community members to learn about organizations in their area; thus, promoting further collaboration and community action. Discussion of the website began in November 2011. Development of the site with MPHI began in April 2012 and the expected completion date is October 2012.

Capacity Building - Internships

The project has found great value in employing interns in the PRIME project. In addition to interns noted in the first report submitted to Kellogg in January, 2012, four interns worked on activities in the project between October, 2011 and March, 2012. One master level student from John's Hopkins assisted with developing the poster and booklet for the Local Learning Collaborative session at the Michigan Premier Public Health Conference. A current intern from the U of M, School of Public Health, works on the website development. A medical student from Wayne State University is helping to draft an implementation plan for a statewide perinatal system. Finally, a fourth master level student continues to work with U of M staff to develop the Google Earth Map that outlines some effects of Social Determinants of Health for Native Americans in Michigan.

B. Changes in Project Outcomes

The Steering Team has had discussions about the ability to review MDCH policies and reports to provide recommendations on how to reduce racial disparities in infant mortality. The project will not be able to conduct a comprehensive review of MDCH policies and reports within the time that remains in the project. The project will outline policy changes that resulted from staff's engagement in the project. Some of the policies involve the use of data to inform policy and decision making and particularly for the Native American population. Additional policy involves the Bureau's approach to target community efforts to identify disparities in infant mortality rates and tailor outreach and activities for the identified populations as described later in the report by using the Kitagawa method. An additional approach discussed is the creation of a template for staff use to guide their thinking about program policy decisions.

One item on the tasklist was to create a communication strategy about how to talk about concepts around institutional racism for staff and internal and external stakeholders. The Steering Team recognizes that the remaining eighteen months will not allow time to comprehensively address this objective. However, it is

anticipated that some communication strategies will be identified during implementation of the project model and will be shared in the toolkit to be developed.

C. Environment/Challenges/Opportunities

Michigan's Black infant mortality rate lowered to 14.1 in 2010 from 15.5 in 2009, the lowest rate in Michigan in decades. However, the Native American infant mortality rate increased from 9.0 in 2009 to 10.5 in 2010. Nevertheless, the African American and Native American infant mortality rates remain close to 2.0-2.5 times the White rate which was 5.5 in 2010.

The MDCH held an Infant Mortality Summit in October, 2011 to engage Michigan stakeholders to develop a plan to reduce infant mortality in Michigan. The plan was created early this year and includes the following recommendations:1) Expand home-visiting programs that provide support to pregnant women and families; 2) Promote infant safe sleep practices to prevent accidental suffocation; 3) Implement a statewide Perinatal System to assure delivery of appropriate needed specialty care of high risk pregnant women and newborns; 4) Promote statewide adoption of policies to eliminate medically unnecessary deliveries before 39 weeks gestation; 5) Encourage statewide adoption of progesterone treatment protocol for women identified as high risk for preterm delivery; and 6) Weave the social determinants of health in all targeted strategies to promote reduction of racial and ethnic disparities in infant mortality. It is noteworthy to highlight that a focus to understand how social determinants of health will affect the recommendations was identified as a critical strategy.

Michigan's Governor Snyder has implemented the use of a dashboard to reflect metrics related to priority areas. Infant Mortality reduction is one of two health priorities in Michigan. Obesity reduction is the other priority. Consistent with using dashboards, the MDCH Family, Maternal and Child Health Bureau (BFMCH) has adopted a dashboard of health outcomes relted to infant mortality factors. This dashboard was recently revised io include data elelments that reflect a description of health equity (or inequity).

In April of this year, the BFMCH Director, UM subject matter expert and PRIME Coordinator were able to present the PRIME project, its activities and approach to the State Health Officer (SHO). The SHO *was quite* impressed with the work of PRIME and shared the priority of the Governor's administration to improve the living conditions of 4 target cities (Detroit, Flint, Pontiac, and Saginaw), connecting the relationship of social determinants to health, as well as other components that impact living conditions.

She immediately recognized the importance of the work of PRIME and has since scheduled meetings with several state departments in order to discuss and identify coordinating efforts for mutual populations with high needs, from health, to employment, to education, to housing.

In May, the Principle Investigator at UM announced his acceptance of an associate professor position with Vanderbilt University, effective July 1. He will continue to lead the intervention activities for PRIME and has planned visits to Michigan over the next year to meet with MDCH staff and the PRIME Steering Team. Other staff at UM working on the project will remain the same with the additional involvement of the UM Public Health Practice Office.

Some members of the Steering Team have not participated at their initial level of involvement in the beginning of the project. The Project Coordinator has initiated contact with those members to ascertain why there has been a decline in their commitment to the project. Members reported increased work demands as a main reason and

hesitancy to participate in meetings after missing some due to their not being up-to-date on activities. The Project Coordinator shares all meeting minutes with members and will consciously make contact with members who miss meetings to bring them up to speed on project activities. Additionally, the Project Coordinator will continue to identify particular aspects of the project that would benefit from the individual expertise of all members.

The Division of Health Wellness and Disease Control (DHWDC) of MDCH administers the states HIV and STD Section and the Health Disparity Reduction Section partnered with PRIME in 2011 to provide UnDoing Racism workshops to division staff. Following staff participation in the workshops considerable issues of conflict emerged between staff and division managers. This was in contract to the ongoing skill building experience of the Division within BFMCH. Observation of the different approaches used by the Divsions suggests a few lessons. The lessons include: 10 identify a formal, deliberate communication strategy with staff prior to implementing the workshops that include an explanation of the desired outcome from staff attendance; 2) offer follow up opportunities with staff shortly after workshop participation to allow debriefing, reflection and sharing; 3) challenge staff to consider potential changesin work approach as a result of the workshop exposure. At this time a consultant is working with DHWDC to identify needs, and to develop a plan to unite staff around the Division's mission and goals.

D. Collaboration

The Local Learning Collaborative established in March, 2011 continues to meet every six weeks. Representatives from Local Health Departments, all six Michigan Healthy Start Projects and other community organizations that have worked in their local community to address racism, health equity and disparities make up the LLC.

The BFMCH Director serves as the co-chair of Michigan's Partnership to Eliminate Disparities in Infant Mortality (PEDIM) Action Learning Collaborative (ALC), one of five projects nationally. The Project Coordinator and several PRIME Steering Team and Local Learning Collaborative (LLC) members also participate on the ALC. Recognizing the disparities in child welfare outcomes, a representative of the Department of Human Services was added to the ALC to better engage Child Protective Services and Child Welfare workers in this work.

The PRIME Project Coordinator will continue to participate on the Inter-Tribal Council of Michigan's Statewide Consortium. The Consortium provides guidance for a five-year Centers for Disease Control and Prevention (CDC) Racial and Ethnic Approaches to Community Health (REACH) Core initiative to reduce infant mortality among Michigan's Native Americans.

During this reporting period, the PRIME project collaborated with MDCH Epidemiology staff, the Inter-Tribal Council of Michigan, the Great Lakes InterTribal Epidemiology Center and Michigan State University to develop a Native American specific PRAMS.

E. Responses to Kellogg Evaluation Questions

1) Curriculum & Toolkit Development

The curriculum and toolkit to be developed in the project is for state BFMCH staff. Components of the

curriculum and toolkit may be adaptable for other state units/departments and local providers.

As of May, 2012, the project began to consult with professors from the University of North Carolina, Chapel Hill and the Inter-Tribal Council of Michigan to assist in creating curricula and toolkit components that will increase the BFMCH's capacity to address social determinants of health disparities in African American and Native American communities. An initial training on Social Determinants of Health is planned for the fall of this year with WIC Division staff. Local agency WIC staff will be invited as well..

In August and September of 2011, 87 MDCH staff, PRIME Steering Team and Local Learning Collaborative members attended two and half day Health Equity and Social Justice Workshops. State staff from Adolescent Health, Family Planning and Maternal Infant Health Program wanted their local providers to benefit from learning how to promote health equity within their communities and therefore provided training to them. Ingham County Health Department staff facilitated the sessions.

- **Adolescent Health –** In January, 2012**,** a session titled *Health Equity & Social Justice* was held with 65 supervisors, coordinators and other clinic staff from the Teen Pregnancy Prevention projects.
- **Family Planning** – In February, 2012 a session titled *Health Inequity: How it Impacts the Provision of Health Services* was held with 15 state and local family planning staff. The session was videotaped and shared with all PRIME Steering Team and Local Learning Collaborative members.
- **MIHP** – In March, 2012 a session titled *Health Inequity* was held in four Michigan locations (Plymouth, Grand Rapids, Gaylord and Marquette) with 185 MIHP coordinators and staff participating. MIHP is Michigan's statewide home visiting program for pregnant women and infants on Medicaid.

PRIME and the PEDIM ALC collaborate to build on the work in both projects. Two of the ALC goals involve the use of curriculum and toolkits. They are: 1) Promote participation in workshops that address racism and social inequities; 2) Compile toolkits to raise awareness and provide tools and resources to un-do racism; and 3) Improve the quantity and quality of data collections related to race and ethnicity within the health care system.

2) Change in Practices and Policies of Maternal and Child Health to more Effectively Address and Reduce Racial Disparities & to Strengthen Racial Equity and Inclusivity

Nurse Family Partnership & Use of the Kitagawa Method

Reducing infant mortality among African American, Native American infants and other high risk populations is essential if Michigan is to reduce the states' infant mortality rate and to achieve health equity. It has not been uncommon for DFCH staff to receive "push back" from local communities when promoting policies to focus increased efforts to decrease infant mortality among racial and ethnic populations. In some instances the community argues that "all" woman should be targeted to reduce poor birth outcomes.

Hhome visiting programs serving low-income, first time mothers in Michigan's highest risk areas is one strategy to reduce infant mortality, in some counties the program was not reaching high risk populations. To maximize efficiency of limited resources, a method was needed to identify high risk populations and create a caseload target that could be included in agency contract language.

The MCH epidemiologist used the Kitagawa formula to calculate the excess percent risk of infant mortality rate by race/ethnicity for each of the high risk counties. The Kitagawa formula is a method to evaluate the excess risk of an outcome taking into account differences in the distribution of the outcome and the risk rate. This method is suited for smaller populations and is one component of the Perinatal Periods of Risk developed by

City MatCH. The analysis identified high risk populations within each county and caseload targets were determined.

The caseload recommendations were different for each county and reflected the excess risk rate of infant mortality, taking into account the difference in race/ethnicity within each county compared to the standard population. The results were shared with the local health department health officers and epidemiologists. Although some resistance to change has been encountered, DFCH continues to rely on this analysis of infant mortality risk to guide caseload targets. Extensive discussion with the federal home visiting fudner gained acceptance of the use the Kitagawa method.

Failure to Thrive Workgroup

Last year, the BFMCH Director and the MI Child Death Review (CDR) Coordinator saw the need to convene stakeholders to determine if increased collaboration and coordination could help decrease infant deaths. There was review of data to ascertain the number of CDR infants that were enrolled in WIC. The group continues to identify areas of increased collaboration with WIC, Medicaid and the Maternal Infant Health Program, while applying a health equity lens on the approach used and working to identify missed opportunities for providing family support/education that may prevent infant deaths. A focus is placed on urban areas with large numbers of infants of color, as well as rural areas.

Strategies to address racial and ethnic disparities:

- **Division of Health Wellness and Disease Control**–The Division's Training/Education Unit includes health equity topics in their HIV Training Curriculum; The Health Disparities Reduction and Minority Health (HDRMHS) Section developed a Health Equity Toolkit (with video vignettes) to increase community and professional awareness around health and racial equity. The Toolkit is scheduled for release in summer 2012; The MDCH intradepartmental Health Equity Steering Committee (HESC) is co-chaired by the HDRMHS Manager. The HESC is re-visioning its work to implement health equity best practices throughout the MDCH.
- **Early Hearing Detection and Intervention**-The EHDI program "Barriers to Services" survey now requests identification of race to assist in analyzing barriers that may be linked to race. Working with hospitals to provide greater accessibility for hearing re-screening, especially in the Wayne County area; Reducing racial disparities is now a goal in the EHDI program Maternal Child Health Block grant work plan; As new print materials are designed or revised, photos are evaluated to ensure that they represent the diverse populations of the state; Staff attended the Michigan Midwives Association Conference where Jennie Joseph, a British Midwife, discussed techniques used for women to have more full term pregnancies and no low-birth weight babies.
- **Fetal Infant Mortality Review (FIMR)** - Monthly State FIMR Network meetings are held for all 14 current sites. An Undoing Racism exercise now starts off every meeting, to raise team members' awareness and perceptions around racism and discrimination. Individual local Case Review and Community Action Teams are encouraged to start their meetings this way.
- **Reproductive Health**- Has made a commitment to provide cultural competency/social justice/health equity training at least once every three years to delegate agencies. A Health Inequity Training was held in February 2012; During site visits for the Title X program, staff review efforts to serve vulnerable and special populations.
- **Perinatal Regionalization –** Michigan convened 100 perinatal stakeholders to develop plans for creating a

coordinated system of perinatal care. It was suggested and adopted by the group that the implementation plans be assembled and reviewed with a health equity lens. Work will occur in the next period to accomplish this objective.

- **Women, Infants and Children (WIC) –** Materials are provided in multiple languages, and language lines used with telephonic translators in local clinics.
- **MDCH Cancer Section -** Included health equity language in the competitive RFP recently distributed to Michigan Cancer Consortium members for cancer prevention and control activities in FY 2013.

Also note that a new question on health disparities was added to the Local Maternal Child Health Block Grant plan in FY 2012. All local health departments report local data on their plan using a health disparity focus.

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

- **Health Disparities Reduction and Minority Health Section (HDRMHS)–** funds seven organizations under the Capacity Building Grant Program (CBGP) to address some aspect of racial and ethnic health disparities; participates in the Coordinated Chronic Disease Grant Epidemiology and Surveillance Work Group to add a disparity lens to the work; collaborating with Michigan State University Survey Research Office and the MDCH— Behavioral Risk Factor Survey staff to implement a stand-alone BRFS that oversamples Asian Americans and Hispanic/Latinos; chairing a CQI project at MDCH to standardize collection and use of Race, Ethnicity, Sex, Language, and Disability data in compliance with new Health Care Reform (ACA) requirements.
- **Early Hearing Detection and Intervention**-staff work to improve collaboration and provide education on the importance of newborn screening and follow up with the American Indian Health Center and the American Arab-Chaldean Council. EHDI staff are consulting with the MIHP to improve access to support services for mothers who are deaf / hard of hearing.
- **Reproductive Health-**MDCH is working with Brogan and Partners to develop media spots for Plan First! The market is statewide with a focus in Southeast Michigan. Target audience is women ages 19-44, which a focus on African American, Latino, and Arab/Chaldean women.
- **WIC–** held a joint Birth Defects Webcast in April, 2012 with Genetics. The webcast focused on health considerations of specific racial/ethnic groups adversely affected; In the next quarter efforts to mitigate health inequity will include: Bridges - Breastfeeding Promotion in Henry Ford Hospital, Detroit and Detroit Urban League's Kellogg Grant to increase breastfeeding among African Americans.

3) Increased Usage of the Social Determinants of Health in Reporting

The Michigan Infant Mortality Reduction Plan includes weaving the social determinants of heath in all targeted strategies to promote reduction of racial and ethnic disparities in infant mortality. Many members from PRIME participated on the workgroups to develop the recommendations and are involved in many of the efforts that are described below. The project is informed about these endeavors and will determine how to support the work.

Michigan Health Equity Data Project

The HDRMHS released its first Health Equity Data Tables in May, 2011, and is currently updating the tables and creating factsheets for the Michigan Health Equity Data Project (HEDP). The HEDP measures and monitors health disparities among Michigan's racial and ethnic minority populations. Among the 18 indicators monitored, 5 are social determinants of health (median household income, children at or below poverty, unemployment, high school dropout rate, and persons not registered to vote). This reflects the view that

inequities in SDOH must be monitored as carefully as inequities in other risk factors and health outcomes if we are to achieve health equity in Michigan. Three staff members from HDRMHS sit on the PRIME Steering Team.

Coordinated Chronic Disease Grant Epidemiology/Surveillance Workgroup

The Chronic Disease Division is currently implementing the CDC funded "Coordinated Chronic Disease Grant". An Epidemiology/Surveillance Workgroup is developing a surveillance plan for chronic disease in Michigan. Among indicators included in the plan are 8 SDOH: Percent with adequate fruit and vegetable consumption, Percent who could not see a doctor in the past 12 months due to cost, Percent living in poverty, Percent who are unemployed, Percent with limited access to healthy foods, Percent with limited access to recreational facilities, Percent who reside in primary care shortage areas, and Percent of households with no vehicle available. Additionally, these indicators will be monitored separately by race/ethnicity, gender, age, geography, education, income, insurance status, and ability to speak English.

Continuous Quality Improvement Survey

MDCH is working on a CQI project to standardize the collection and use of race, ethnicity, sex, language, and disability status data. This will allow MDCH to understand how these factors affect health status and access to care, and how to better target interventions to specific populations. The HDRMHS manager leads the work group and PRIME's Principal Investigator works on the CQI team.

Native American PRAMS

The Native American PRAMS Survey, funded by PRIME, added original questions about Social Determinants of Health:

1. During your most recent pregnancy, did you have problems with any of the following basic needs? Check all that apply.

a) Transportation to and from health care appointments; b) Skipping meals or eating less because there wasn't enough money for food; c) Safety of your house/apartment; d) Your house/apartment being too crowded; e) Ability to keep basic utility services (heat, water, lights); f) Access to a telephone when needed

2) Did your doctor, nurse, or other health care worker talk to you about where you could get help with any of these basic needs? (Yes/No)

Additionally, the Native American PRAMS survey includes questions from the CDC's Behavioral Risk Factor Survey *Reactions to Race* module to assess women's experiences with racism.

F. Future Plans/Sustainability

The PRIME project has engaged in activities to increase the likelihood that the project will be self-sustaining by the end of the grant period. Initial components of a practice model to address racial and ethnic health disparities have been identified. A social determinants of health training that incorporates development of a workplan with health equity goals and intermittent consultation will be piloted in the fall. The project plans to identify internal BFMCH staff and staff in the DHWDC that will be trained and supported to provide consultation to staff. The goal is to build the capacity of staff and not be reliant on a particular curriculum.

The PRIME practice model is being developed with replication in mind. It is anticipated that the knowledge gained throughout the project and aspects of products (training module, toolkit, etc.) developed will be very useful to other state level departments such as education, corrections and transportation. The Steering Team will

also identify the capacity and training needs of the DHWDC to replicate the intervention process developed in PRIME throughout MDCH. In the department, DHWDC has the responsibility of infusing health equity throughout all programs in MDCH. The Steering Team has agreed to analyze all processes and products for replicable use at the local level. During the next six months of the project, intervention focus will be with the WIC Division, using, curricula being developed for a Social Determinants of Health training that will take place in the fall.

G. Dissemination

In October, 2011, the Local Learning Collaborative held a pre-conference and poster session at the Michigan Premier Public Health Conference. A booklet was developed outlining the infant mortality reduction strategies and health equity work of each of the 18 health departments, Healthy Start programs and community based organizations on the LLC. Thirty-five participants attended the pre-conference session and 150 booklets have been distributed.

The PRIME Green Paper was finalized in March, 2012 and has been shared with MDCH leadership, state staff, and local agencies. The paper outlines the intervention approach for PRIME. Discussion on the paper is also shared during presentations about the project.

In March, 2012, the BFMCH Director and UM subject matter expert presented the PRIME project at the *Making an Impact: Maternal & Child Health Equity* conference. Participants were community health providers in Detroit. The conference was held by the U of M MCH Community Training Program.

An article highlighting one of PRIME's Principle Investigator's work on the project was included in the Spring/Summer 2012 UM School of Public Health Findings publication. Information on PRIME is also included on the Prevention Research Center's website, as the PRIME Evaluator works for PRC and highlighted his involvement with the project. See http://prc.sph.umich.edu/?s=PRIME.

In the next report, the project will report on dissemination activities at the following conferences confirmed for this year: Council of State & Territories Epidemiology; MI Premier Public Health and American Public Health Association. Also, an abstract was submitted for the CityMatCH/Maternal Child Health Epidemiology Conference.

Since November, 2011, the project has been working to develop a website for the project to disseminate information about PRIME and local equity efforts.

The PRIME Intervention workgroup continues to discuss toolkit components that will contain resources regarding organizational assessments, workshops/trainings, and ancillary activities (e.g., suggested documentaries). Additionally, the project will produce a final report with recommendations for reducing racial disparities in infant mortality that will be shared with all stakeholders.

H. Other

Please refer to the "Changes in Project Outcomes" section and note that the project will not be able to conduct a comprehensive review of MDCH policies and reports within the time that remains in the project. We also want to emphasize that the curriculum and toolkit that will be developed in the project will be for state BFMCH staff.

Components of the curriculum and toolkit may be adaptable for other state departments and for local providers use.

It is also apparent from our work that this project objective to identify and change the public health practice for reducing infant mortality is a long term effort. It requires significan shift in the work culture and will need on-going nurturing and support to become sustainable.

I. Summary

During this reporting period, the project has focused on the following activities: 1) Steering Team Evaluation; 2) Producing a Green Paper, LLC booklet and poster; 3) Engaging consultants to develop a Social Determinants of Health training; 4) Conducting an organizational assessment of the WIC Division and 5) Developing a PRAMS survey for Native Americans. All of these efforts work to help address racial and ethnic disparities in Michigan.