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

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Disparities in Infant Mortality in Michigan

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

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

Key Focus Areas

Conceptual

- the explicit or implicit theories that people use to explain health outcomes, why health disparities exist, and what should be done about health issues or health disparities in Michigan

Practical

- the application of experience, knowledge, and skills to addressing a particular issue, job role or professional task that staff must address in their typical, day-to-day work

Technical

- the specific skills, resources, and information staff marshal to systematically address racial disparities in infant mortality

Organizational

- the social, cultural, institutional, and contextual aspects of MDCH, BFMCH, and the divisions of BFMCH that facilitate and hinder the ability of staff to create, implement, and evaluate the most effective strategy to address racial disparities in infant mortality

Role of State Health Departments in Reducing Racial Health Disparities

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

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

Accomplishments To Date

- Established a Local Learning Collaborative with health departments and community-based organizations to better understanding and share their lessons learned and best practices in promoting health equity and infant mortality reduction efforts in their communities
- Produced a Green Paper to inform and frame discussion and decision-making around the approach of PRIME
- Reviewed existing training curricula, documentaries, articles and other resources
- Created and conducted an organizational self-assessment to assess state health department staff competencies and inform how we tailor the intervention to different units
- Created a PRIME website to disseminate information
- Improved State health department epidemiologists’ capacity to provide meaningful data on American Indian children

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

Moving Social Determinants of Health from the Margins to the Center

Maintain a Pragmatic Focus

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

Undo, then Do

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

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