PRIME

Practices to Reduce Infant Mortality through Equity

PRIME Program Outcomes:
Perspectives on Changes in Organizational Policies & Practices

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Additional information about PRIME can be found at www.michigan.gov/dchprime and in the following publications:

Practices to Reduce Infant Mortality Through Equity: A Guide for Public Health Professionals

Practices to Reduce Infant Mortality Through Equity: Recommendations for State Public Health Departments

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Introduction

With financial resources from the W.K. Kellogg Foundation, the Bureau of Family and Maternal Child Health (BFMCH) of the Michigan Department of Community Health (MDCH)* implemented a special initiative between 2010-14 to identify and implement policy and practice changes to reduce infant mortality among Michigan's African Americans and American Indians. The primary objective of this special initiative, *Practices to Reduce Infant Mortality through Equity* (PRIME), was to create a comprehensive strategy to help reduce racial disparities in infant mortality in the state of Michigan. The focus of MDCH staff trainings was to address health disparities by raising awareness of (A) racism and discrimination, (B) the root causes of social and health inequities and (C) capacities for interacting more effectively with colleagues who are different from themselves on a number of dimensions. The trainings laid a foundation for more effective communication and interactions with colleagues in and outside of the health department. Additionally, PRIME training activities helped staff link what they learned in the trainings to the professional roles, responsibilities, and tasks of state-level public health professionals. The PRIME project encouraged BFMCH and other MDCH staff to identify and eliminate institutionalized discriminatory policies and practices within MDCH and to focus maternal and child health program funding, policies, and practices on monitoring and addressing social determinants of racial disparities in infant mortality.

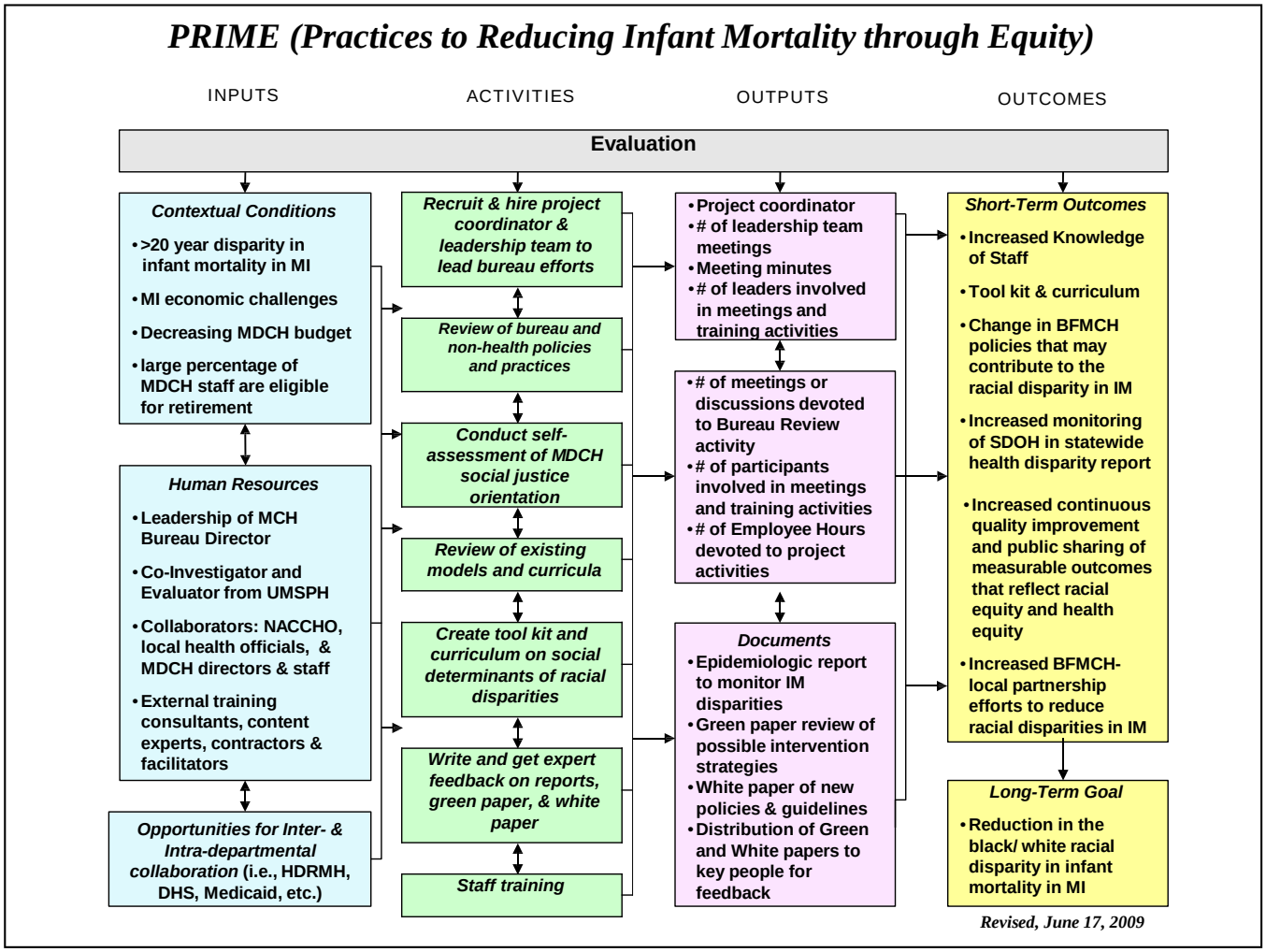
During the early stages of the PRIME project (June 2009), project leaders developed a logic model to identify project resources, activities, outputs, and outcomes (see Figure 1). The logic model served as a project guide for project leaders and as a communication tool for describing the PRIME project to MDCH staff and other interested parties. The PRIME project evaluation team from the University of Michigan School of Public Health also used the logic model to identify valued outcomes of the project and to develop research methods for assessing project outcomes.

*In April 2015, the Michigan Department of Community Health and the Michigan Department of Human Services were merged to form the Michigan Department of Health and Human Services. Because the information in this report describes events that took place prior to that development, the departmental title of MDCH is used throughout.

Documenting Policy & Practice Changes

MDCH staff members linked the lessons learned in PRIME training sessions to the professional roles, responsibilities, and tasks of state-level public health professionals to identify policies and practices within MDCH that could help reduce infant mortality among African Americans and American Indians. The PRIME Evaluation Work Group proposed a focus group method for documenting efforts by MDCH staff to change policies and practices that could reduce racial disparities in infant mortality. The principle method was to bring together PRIME project

Figure 1. PRIME Logic Model.

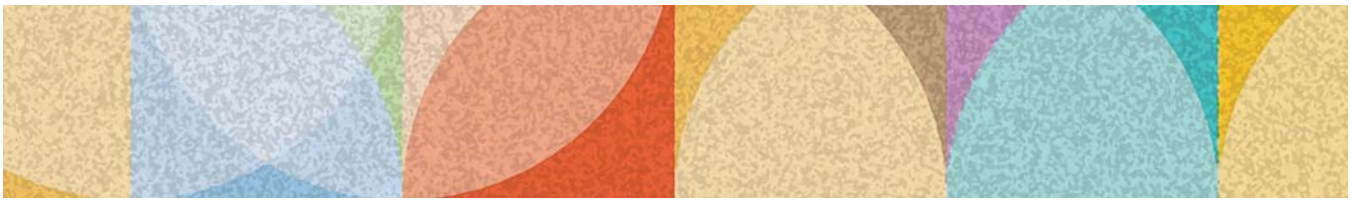


leadership (PRIME Steering Team) and BFMCH managers in the final months of this phase of the PRIME project and to encourage them to describe organizational changes in their work settings that were related to changes in maternal and child health program policies and practices. The focus group setting stimulated discussions about changes in policies and practices.

The Director of the PRIME Evaluation Work Group led two focus group sessions in the fall of 2014. The first focus group was held on September 8th, 2014 with members of the PRIME Steering Team. Those in attendance included MDCH staff from the Division of Family and Community Health; Children's Special Health Care Services; the Health Disparities Reduction and Minority Health Section; the Director of the Bureau of Family, Maternal and Child Health (BFMCH) and PRIME collaborators from Vanderbilt University, the Michigan Public Health Institute, the Inter-Tribal Council of Michigan and the Wayne County Department of Public Health.

The second focus group was held on October 17th, 2014 with BFMCH managers representing the three Divisions focused on during the PRIME project: Division of Family and Community Health; Women, Infants and Children Division; and the Children's Special Health Care Services Division. All staff members that participated in the focus group were managers. Generally, the PRIME Steering Team focus group discussed higher level changes that occurred at the Division or Bureau-level, whereas the manager focus group discussed daily work changes. Policy and practice changes within Divisions, however, were described in both focus groups.

The focus groups followed the same format by using the original Logic Model of the Promising Practices to Reduce Infant Mortality through Equity as a guide (See Figure 1). The PRIME Steering Team developed the logic model in June of 2009 to guide the PRIME project efforts. The Steering Team focus group discussed all four components of the logic model: Inputs, Activities, Outputs and Outcomes. The managers' focus group discussed the Outcomes component of the logic model, since staff members were not included in the other components of the logic model. The Evaluation Director encouraged focus group members to identify changes that had occurred due to the PRIME project and the resources needed to accomplish those changes.



PRIME Steering Team Focus Group Reflections on Project Activities

The first set of outcomes discussed by the PRIME Steering Team reflected the planned activities outcomes listed in the project logic model.

Strategic Priorities

The Steering Team mentioned efforts to rewrite the mission and vision statements for the Bureau of Family, Maternal and Child Health (BFMCH). Steering Team members noted that many staff insisted that health equity be incorporated in the mission, vision and guiding principles. They also reported on changes in the strategic priorities of MDCH to: (A) Ensure access to culturally and linguistically appropriate services for all Michigan residents; (B) Reduce disparities in health outcomes; and (C) Utilize Michigan's Infant Mortality Reduction Plan to support healthy babies' growth and address disparities.

Review of Training Curricula & Development of Training Courses

Also mentioned was the review of existing training programs and curricula. This review was led by the project's subject matter expert from Vanderbilt University and resulted in the development of the PRIME training events and training curriculum. These training products are described in the report *Practices to Reduce Infant Mortality through Equity: A Guide for Public Health Professionals,* which is available at the PRIME website at www.michigan.gov/dchprime.

Expert Analyses

PRIME efforts also included expert analyses of previous efforts to build organizational capacity to reduce racial disparities in health outcomes. The project's subject matter expert from Vanderbilt University and the Intervention Work Group compiled these analyses in the PRIME Green Paper. One of the final products of the PRIME project is a paper that describes why PRIME was designed to create a state public health practice model that would help to both reduce racial disparities in infant mortality and promote health equity in the state of Michigan. The paper, *Practices to Reduce Infant Mortality through Equity: Recommendations*

for State Health Departments, is available at the PRIME website at www.michigan.gov/dchprime.

Staff Training

The Steering Team reviewed the amount of time devoted to training staff in three divisions of the BFMCH: Division of Family and Child Health, the Women, Infants and Children Division, and the Children's Special Health Care Services Division. Many of the training events also included MDCH staff from the Lifecourse Epidemiology and Genomics Division, the Health Disparities Reduction and Minority Health Section, the Chronic Disease and Injury Control Division and local and community public health professionals. The Steering Team also discussed the innovative partnership with the Inter-Tribal Council of Michigan that led to the development of a training session focused on providing public health services to American Indians.

Next, the PRIME Steering Team discussed project activities and outcomes not included in the project logic model. The group acknowledged that these outcomes were not planned at the start of the project, but developed because of new ideas stimulated by PRIME activities and initiatives.

Dissemination Activities

The PRIME leadership shared project products and lessons learned at state and national conferences, with other state health departments, with radio audiences, and on the project's dedicated website (www.michigan.gov\dchprime).

Special Data Collection Efforts

Other unplanned outcomes included the data collection and compilation efforts to deepen the knowledge base for addressing race disparities in infant mortality. One effort was the inaugural standalone Pregnancy Risk Assessment Monitoring System (PRAMS) data collection with Native Americans so that accurate estimates could be obtained for this population. With typical statewide sampling procedures, there is usually such a small sample of Native Americans that few conclusions can be drawn about pregnancy care and pregnancy outcomes in this population. Another unplanned activity was a compilation of data related to health equity and social determinants of health from a state and national database—this compilation was published as the Health Equity Status Report by MDCH. This status report presents data for 14 indicators related to the social context in which women and children live. The data provide a snapshot of the

non-biological factors that contribute to Michigan's inequities in maternal and child health.

Local Learning Collaborative

The PRIME Steering Team members saw the value of engaging local public health professionals in discussions about health equity issues that affect racial disparities in infant mortality. The PRIME leadership initiated a Local Learning Collaborative (LLC) that met 4-6 times a year to share training ideas and other initiatives the local public health professionals were trying in their communities. Most of the LLC participants were staff from local health departments and Healthy Start programs. Other members were from community-based organizations. This group shared their experiences at the Michigan Premier Public Health Conference (annual conference supported by state, county and local health; universities and other stakeholders), in a booklet that outlines their infant mortality reduction initiatives. The LLC members share their efforts to address racism and social determinants of health in their communities on the PRIME website.

Organizational Assessments

As the PRIME Intervention Work Group members started working with BFMCH Division leadership to plan trainings and other initiatives, it became clear there was a need to systematically assess how current staff experienced their work environments as it related to racism and cultural competence. The PRIME Organizational Assessment tool was designed to identify strengths, challenges and areas for staff capacity-building within BFMCH. The PRIME Intervention Work Group members developed an organizational assessment to be completed by staff in the Women, Infant, and Children Division (WIC) and a shortened version was completed by staff in the Children's Special Health Care Services Division. The compiled results of the organizational assessments helped develop training events for the staff of these Divisions.

Interdepartmental Collaborations

The PRIME initiatives brought staff from various administrative units within MDCH together for joint planning and activities. The department had a MDCH Diversity Workgroup and the Health Equity Steering Committee that also collaborated with the PRIME leadership and staff. These two groups included staff from various areas throughout MDCH. PRIME Steering Team members discussed how these collaborations provided support for the respective efforts and also encouraged different units to coordinate their efforts.

PRIME Steering Team Focus Group Reflections on Project Outcomes

In addition to discussing PRIME project activities, the Steering Team also discussed the project outcomes they believed were notable.

Increased Knowledge of Staff

The Steering Team noted that the PRIME training events created a workplace culture that encouraged the BFMCH and MDCH staff to discuss what they thought about health equity and racial differences in health outcomes. Some reported that it was easier for staff to communicate with one another about health equity issues. Several administrative units had started rewriting vision and mission statements to include a strategic priority of addressing health equity. They also noted that PRIME efforts promoted the discussion of race and ethnic health disparities at the managerial level, which was credited to an increase in knowledge and awareness of these issues. The changes to the MDCH communication materials such as including photographs of racially diverse people were also cited as evidence of increased knowledge outcomes.

PRIME Resource Guide

The PRIME Resource Guide (previously referred to as the toolkit in prior communication) was noted as an important product of the PRIME project. Some believed that the PRIME Resource Guide will help disseminate the PRIME project and promote positive outcomes in other settings and areas within MDCH.

New BFMCH Policies & Practices

The PRIME Steering Team noted a number of changes they witnessed in BFMCH that address racial disparities in infant mortality. The changes included:

1. Incorporating health equity as a priority in the department strategic priorities.
2. Changes in a WIC program site in collaboration with the Tribal Health Centers. There is a new pilot in Detroit where WIC services are being provided at a traditional American Indian community-based center. There have been changes in how leadership engages with American Indian partners. With the

assistance of Native American tribal partners, WIC has identified additional locations to pilot WIC clinics to serve Native populations.

3. Native American PRAMS - the plan is to collect data every 2 years. PRIME supported the initial year of data collection via W.K. Kellogg funding and the department supported the second year of data collection.
4. Kitagawa data analysis method (a statistical method to compare outcomes between two or more populations, while taking into account the differences in the rate between the two groups and the differences in the distribution of characteristics) for local home visiting program recruitment. This method used data analyses of infant mortality disparities to identify minority populations with the greatest need and helped set outreach goals.
5. Changes in the grant language to include health equity, incorporating health equity in meetings and conferences.
6. Human Resources hiring questions now include a question on health equity for Lifecourse Epidemiology and Genomics Division, Chronic Disease and Injury Control Division and the Division of Family and Child Health.
7. Children's Special Health Care Services Advisory Committee working to achieve a more diverse and inclusive committee.
8. More changes to incorporate equity in work (e.g., making sure that grants submitted to the department incorporate health equity ideas, program plans include health equity concepts, more of a community focus and focus on reducing disparities, disparity analysis, change training style to fit providers, use of Kitagawa to better target residents with the greatest need, Adolescent Health Centers have more commitment to reduce and address racial health disparities as they have started new centers, and more racial health equity focus for newborn screenings by focusing on communities with large racial disparities).
9. Health equity is now interwoven within the department in that there are workgroups focused on health equity and meetings include time to discuss health equity issues. The department has momentum with PRIME and Steering Team members reported a need to continue with that momentum.

BFMCH Managers Focus Group Reflections on Project Outcomes

The BFMCH management staff met in a focus group and discussed six outcomes when they reviewed the Outcomes of the PRIME Logic Model: (A) changes in regards to staff knowledge; (B) policy changes ; (C) quality improvement; (D) new partnerships, (E) data usage; and (F) changes in the BFMCH culture.

Health Equity Knowledge

BFMCH management staff reported that as a result of the PRIME project they had more knowledge to develop health equity projects and to address equity within populations and programs. Additionally, staff learned how to present these health equity projects and health equity ideas to leadership. Staff members continue to engage in the health equity projects they developed in the PRIME trainings. When developing strategic plans, staff are asking, "What about health equity?" Staff members are taking the impact of social determinants of health into account when discussing the health of Michigan, and they want to spend money wisely by focusing on addressing the areas of greatest and more concentrated needs. The Women, Infants and Children (WIC) Division incorporated health equity lessons during their two day annual trainings and during brown bag meetings, and the staff meetings include discussions on health equity and how to make WIC services equitable for clients. Staff reported seeing the inclusion of health equity in some regional reports and planned activity reports. Staff members reported that many of the efforts from the trainings have continued and are being led by individuals who are passionate about health equity work.

Policy Changes

BFMCH management staff reported changes in funding requirements for communities by incorporating health equity in their plans, discussions on how to change the composition of advisory committee membership to be more inclusive and equitable, data usage, and in policy writing (e.g. including health equity in a job description). One Division is requiring local health departments to collaborate with members within the community and to create a team of community partners when they submit their proposals. These changes provide an opportunity

for the community to provide input to the local health department. Staff also reported that they are either reviewing the guidelines for their Division's Advisory Committee to recruit community members representative of the diverse service population, or that the operating guidelines have already changed to be more equitable. Staff reported several changes to data collection, usage and analysis. One Division added questions on health equity knowledge in the interview process and revised the job description to include health equity. After attending a PRIME training on Native American culture, some staff members reported that they had more cultural sensitivity when writing policy since they had a better understanding of the diversity within the Native American population.

Quality Improvement

Staff reported several changes in regards to quality improvement. As mentioned previously, staff reported changes in using data. One Division is currently in the process of building their dataset to conduct quality improvement efforts. However, the staff noted that the building process was difficult due to the multitude of data and the time requirement to create a dataset that will have meaningful results. Staff from another Division stated that they began to compile infant mortality data within Native American populations at the state level and they are now providing this data to each county to help facilitate more local partnerships. This change has facilitated more local partnerships with the State. A home visiting program has changed outreach requirements and MDCH requires sites to report changes and progress on enrolled clients.

New Partnerships

The WIC Division developed a relationship with Native American tribes after attending PRIME trainings. WIC staff members meet regularly with representatives of Native American tribes and are conducting a pilot program at a Native American community-based center. WIC representatives attend the Tribal Health Directors' Meetings and provide assistance when needed. Additionally, staff members continued to develop a relationship with the Inter-Tribal Council of Michigan, and are now receiving data on Native American health indicators that the State previously did not have. WIC staff members are also looking at data collection methods within the Native American population. As mentioned previously, local health departments are either encouraged or required to form partnerships with local communities for funding. The State has developed more local partnerships with tribes and tribal councils in which the State provides data to these communities and they share their data with the State. Additionally, local

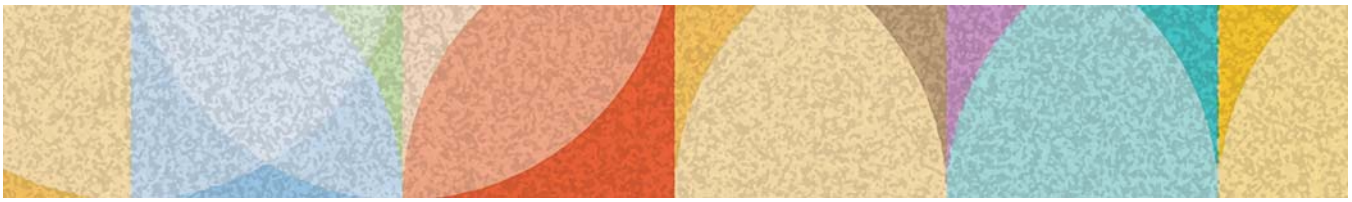
health department members attended PRIME trainings and worked with State staff.

Data Usage

Multiple workgroups formed from PRIME trainings and several of these workgroups developed ideas for how to better use data. Workgroups wanted to identify better methods to collect data by including additional questions or prompts on surveys in order to capture health access for underserved populations, and more complete racial pediatric and prenatal regional data. Staff members are making changes to how they use data to investigate the causes of disparities and develop messages that are more specific for the populations they serve.

BFMCH Work Culture

Several staff members reported cultural changes within the Divisions. Before the PRIME project, staff members felt that discussions about race were uncomfortable, but after PRIME staff have been thinking about health equity more and are more willing to discuss health equity. The staff reported changes within the Division's culture to begin including health equity in all work processes. Some staff mentioned that discussions on race and racism are more frequent and that non-management staff will bring up race and racism. Additionally, the emphasis on infant mortality has risen to be one of the top priorities among the Divisions. Some staff, however, reported difficulty in connecting racism to infant mortality. Some staff noted growth in shy and quiet staff members who are now more engaged in cross-sectional teams and even becoming leaders. Several PRIME group projects included cross-sectional teams that provided an opportunity for different individuals to become leaders. During these trainings staff had a better understanding of cross-cultural issues and a greater appreciation for individual's strengths. Staff members continue to meet in groups from the trainings to address health equity initiatives and in some cases, separate units have come together.



Summary

PRIME Steering Team members and Division management staff both reported changes in practices and policies within BFMCH that are attributable to PRIME. PRIME Steering Team members noted higher-level systematic changes that provide a supportive framework for staff members to pursue changes within their day-to-day work to promote health equity. Both focus groups reported changes within the culture of BFMCH, with management staff highlighting changes within Divisions, units, sections and also at the individual level. The PRIME project infused health equity throughout all levels of BFMCH, and health equity and infant mortality are now priorities.

The PRIME Project resulted in increased staff knowledge and awareness of health equity, racism and disparities; increased usage of data to inform changes and to monitor progress; and increased collaboration of BFMCH staff members with other Divisions, local health departments and local community agencies. These collaborations have resulted in practice changes that will be monitored by data collected by both the Michigan Department of Health and Human Services (MDHHS) and community partners. The PRIME project achieved the short-term outcomes designated at the beginning of the project, however, there is still more work to be done. In the fall of 2014, the PRIME project began a new phase to expand PRIME efforts to other Divisions within MDHHS. The PRIME project continues to move forward in achieving its long term goal of reducing infant mortality among African Americans and Native Americans.

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