



MDCH

*Maternal & Infant Health Program
(MIHP)*

Changing Outcomes through a Changing Program

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Governor's Cabinet Action Plan for MDCH includes...

- ★ Expand Access to Health Care
- ★ Consumer Health Information Improvement
- ★ Health Care Industry Jobs
- ★ Rebuild Public Health



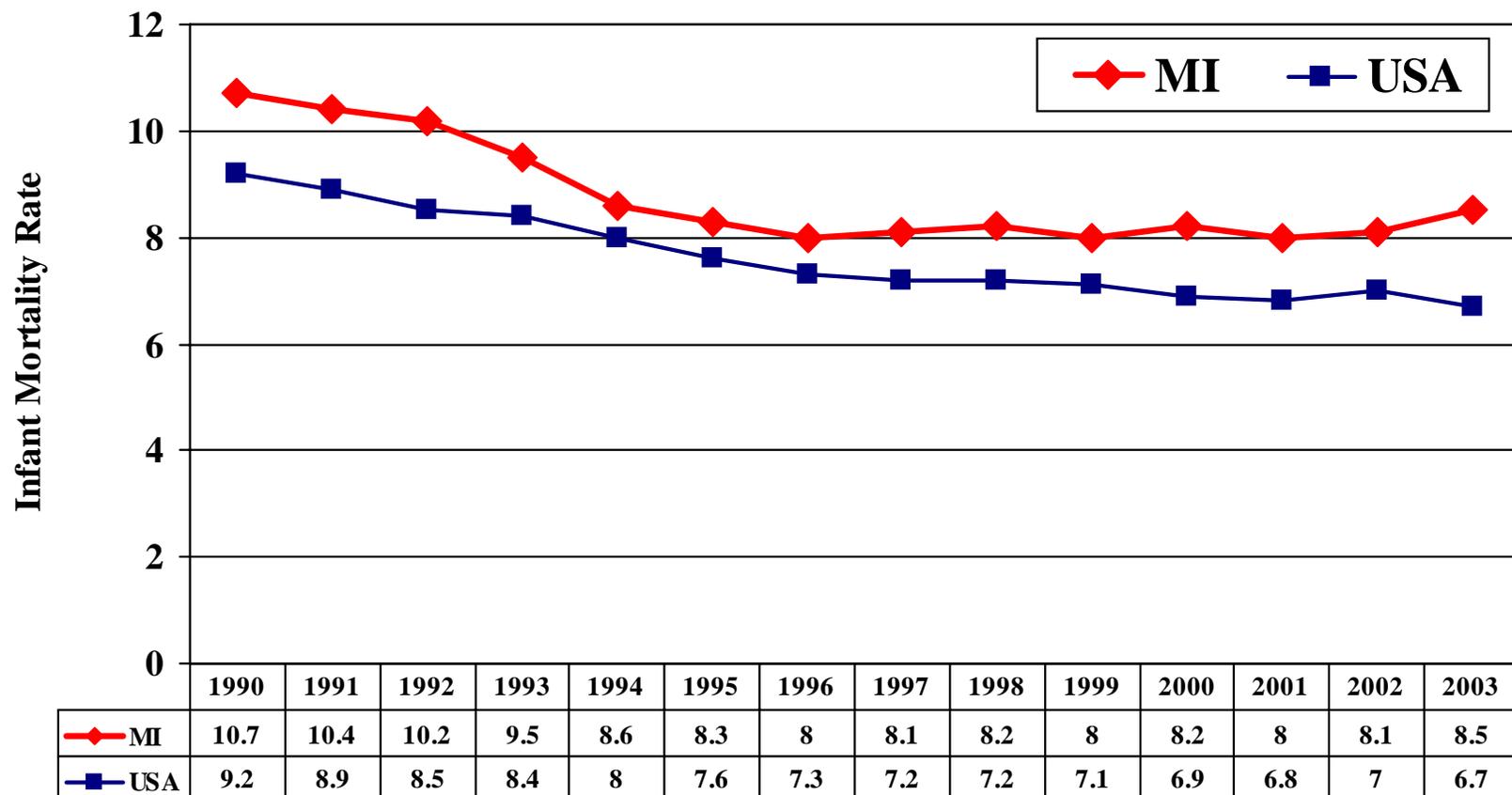


Rebuild Public Health includes...

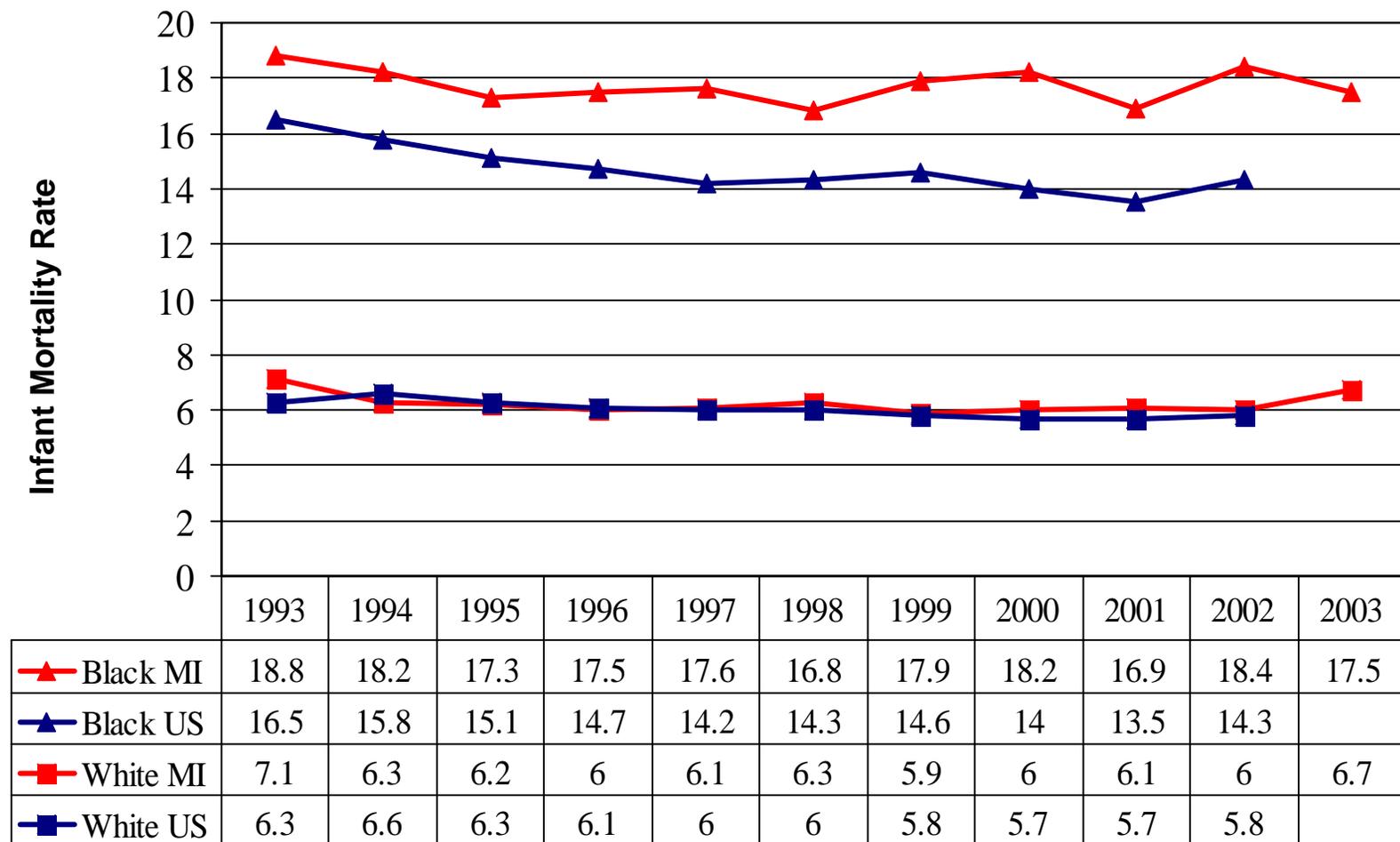
- ★ Eliminate childhood lead poisoning
- ★ Reduce infant mortality
- ★ Reduce health disparities
- ★ Reduce unintended pregnancies
- ★ Prescription for a Healthier Michigan
- ★ Mental Health/Substance Abuse:
Evidence-based Practice Initiative



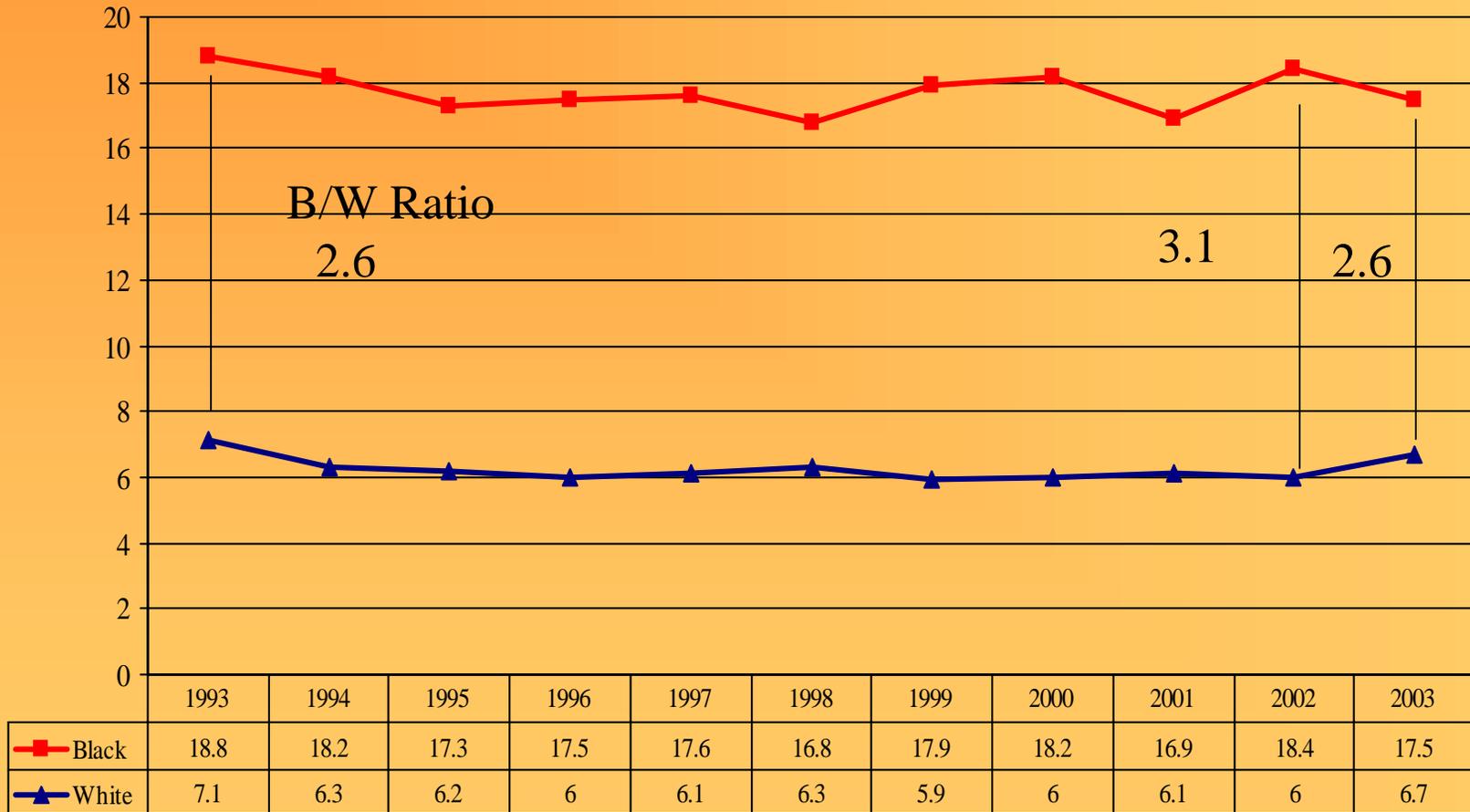
Infant Mortality Rate Michigan compared to U.S.



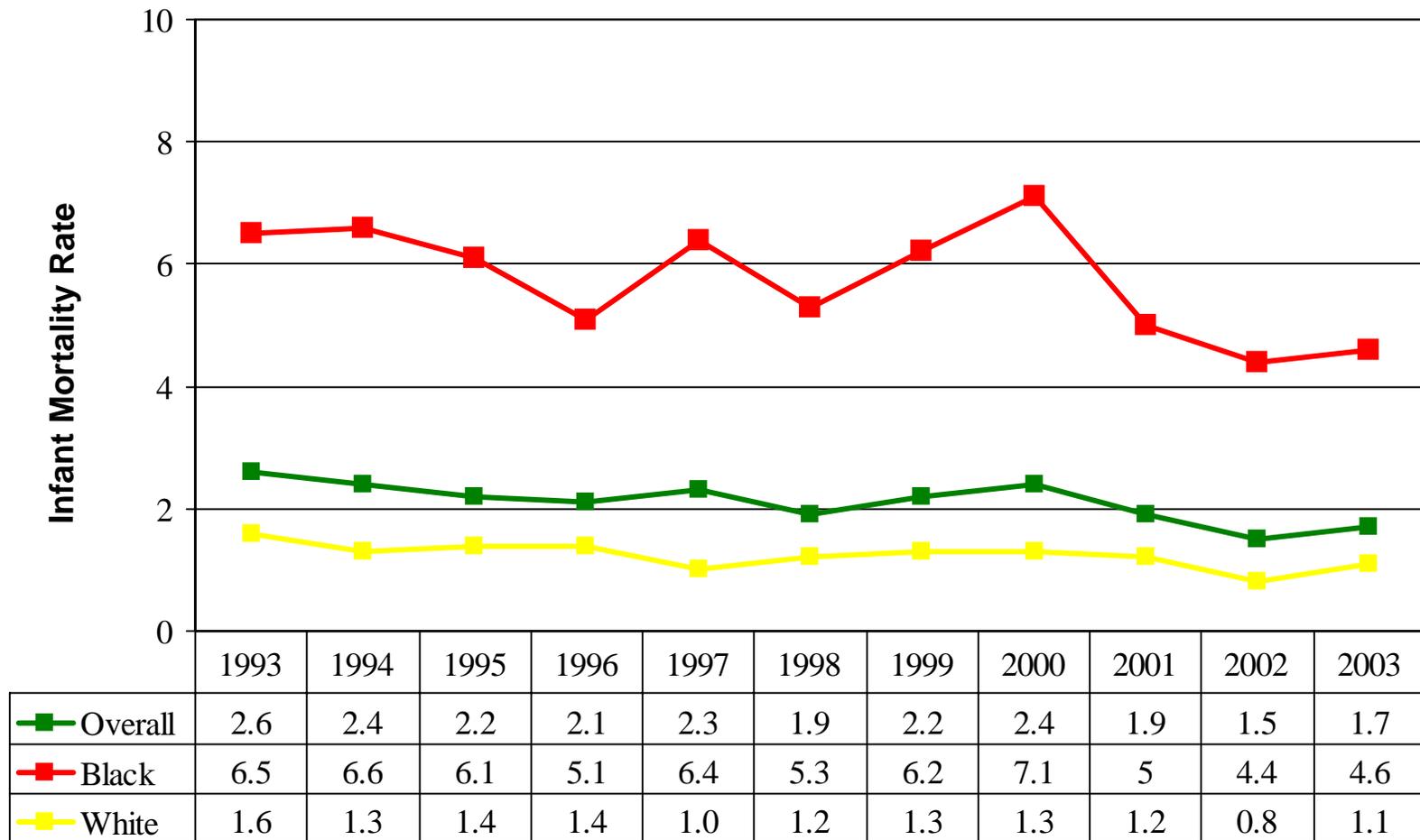
Race specific Infant Mortality Rate Michigan compared to US



Michigan Infant Mortality Rate by race



Race specific Infant Mortality Rate due to LBW / Prematurity Michigan, 1993-2003



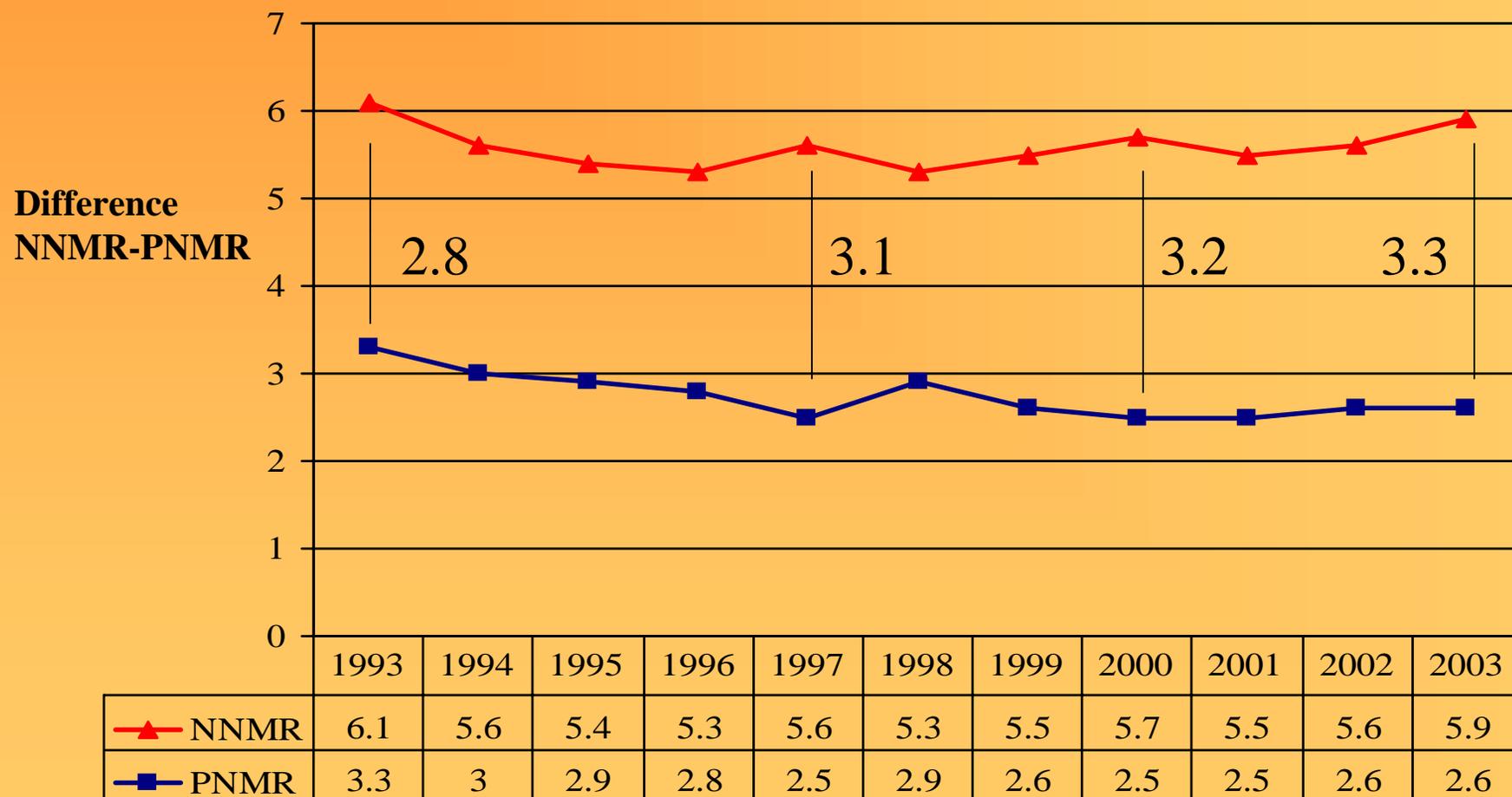


Infant Mortality Components

- ★ Neonatal Mortality (Neonatal Mortality Rate=NNMR): infant deaths within first month (<28 days) after birth / 1,000 live births
- ★ Postneonatal Mortality (Postneonatal Mortality Rate = PNMR): infant deaths between one month and one year after birth / 1,000 live births

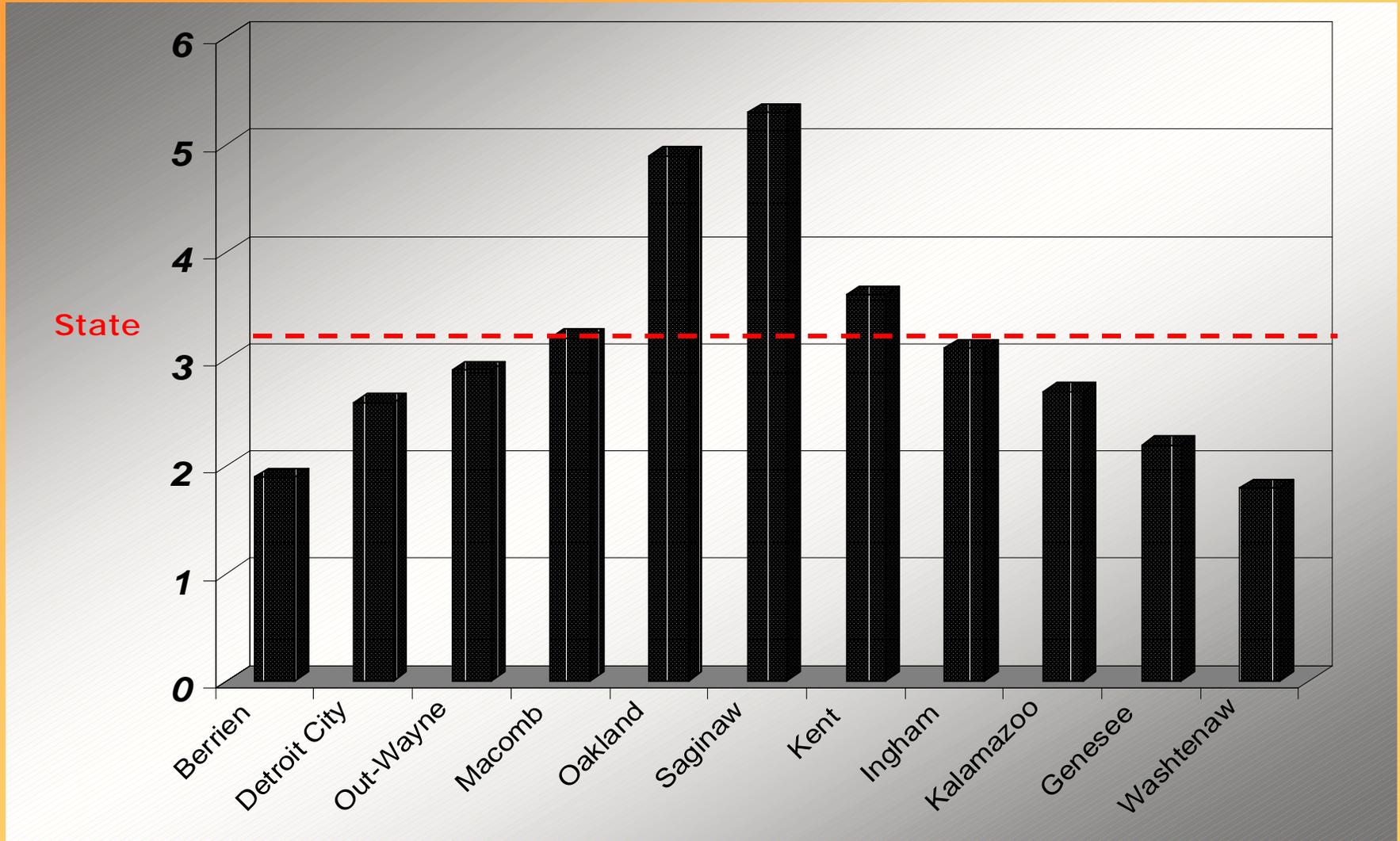


Neonatal Mortality Rate (NNMR) and Postneonatal Mortality Rate (PNMR)



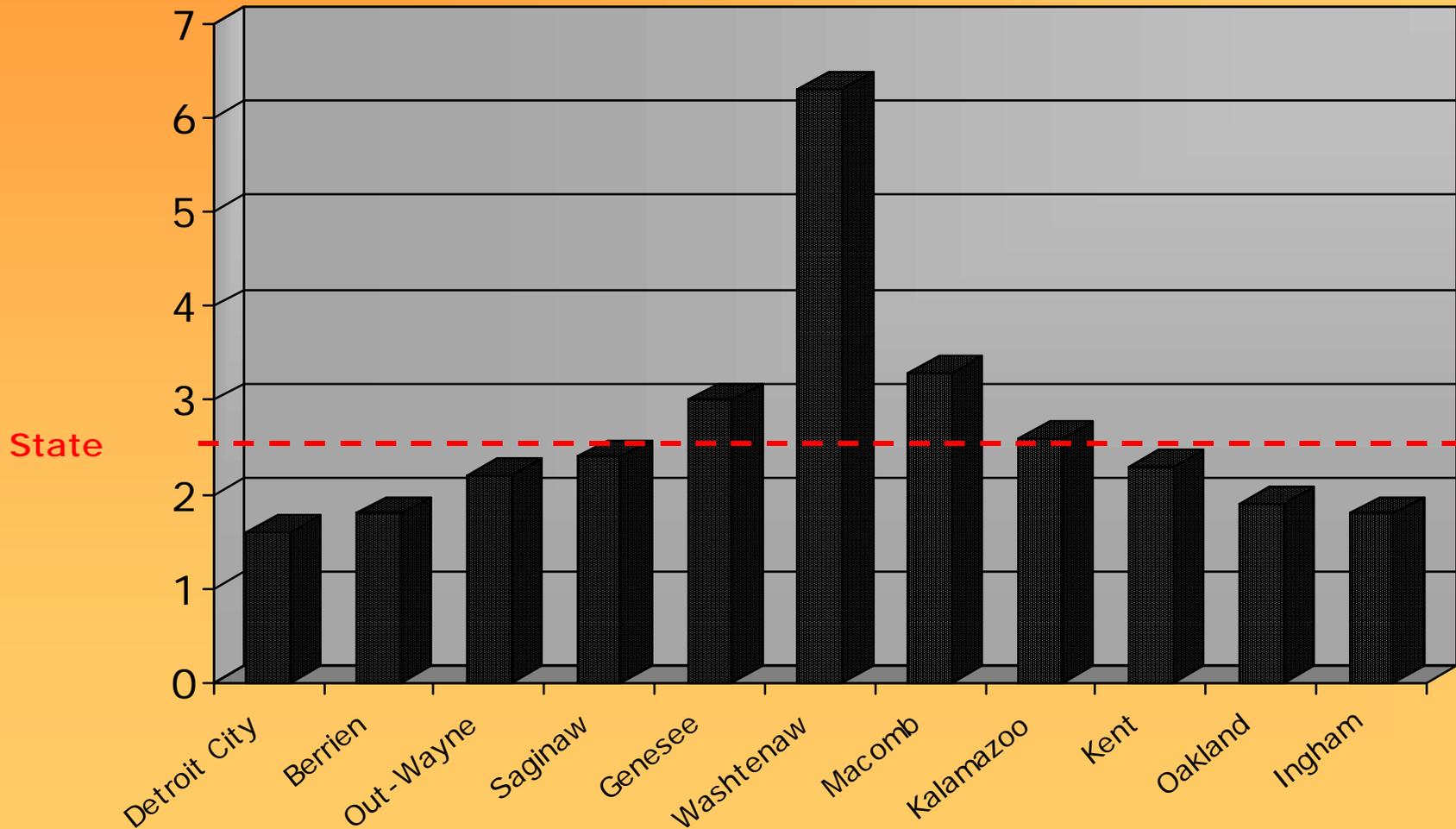
Targeted Counties

2002 Black/White Ratio



Targeted Counties

2003 Black/White Ratio





Michigan's Infant Mortality Reduction Plan

- ★ Conceptual framework
- ★ Statewide strategies
- ★ Targeted programs
 - Family Planning
 - WIC
 - Maternal & Infant Support Program (MIHP)
 - Nurse Family Partnership





Conceptual Framework

★ Perinatal Periods of Risk (PPOR)

- A conceptual model to analyze infant deaths
- Analyzes causes and identifies target areas for intervention by risks associated with each period





Conceptual Framework, cont.

★ Perinatal Periods

- Maternal Health (preconception health status)
- Maternal Care (prenatal health)
- Newborn Care (neonatal period (0-7 days))
- Infant Health





PPOR Framework

Maternal Health/Prematurity

- I. Improve the health status of women to maximize their chances for having healthy babies**
- II. Increase the proportion of pregnancies that are planned**

- ★ Provide access to family planning and effective contraception
- ★ Assess woman's health and risks before conception/pregnancy
- ★ Monitor and treat existing maternal medical problems
- ★ Assure early entry and adequate prenatal care
- ★ Educate about symptoms of early labor
- ★ Reduce smoking and alcohol consumption during pregnancies
- ★ Improve percent of high-risk pregnancies delivered at appropriate hospitals

Resources:

Family Planning

Chronic disease prevention

School Based/Linked Hlth Ctrs

Michigan Model

Maternal Health activities

Healthy Start-Interconception Care

FAS Prevention Projects

11 Coalitions

Rx for Michigan

Tobacco Quitlines

MCH Hotline

MIHP

FQHC's

NFP

Medicaid





PPOR Framework

Maternal Care

I. Increase the proportion of births which are full term, at appropriate birth weight, and otherwise at low risk for infant morbidity and mortality

- ★ Assure partners are healthy
- ★ Identify high risk pregnancies and assure specialty care
- ★ Improve health risk behaviors
- ★ Assure early entry and adequate prenatal care
- ★ Monitor and treat maternal medical problems
- ★ Improve percent of high-risk pregnancies delivered at appropriate hospitals

Resources:

Prenatal Clinics

MIHP

Prenatal Smoking Cessation

Medicaid/Health Plans

FQHC's

Intertribal clinics

Nurse Family Partnership

Healthy Start

WIC

Perinatal HIV/AIDS

Rural Health Clinics





PPOR Framework

Newborn Care

I. Increase the proportion of newborns whose acute problems are immediately identified and effectively addressed

- ★ Improve appropriate in-hospital preparation for parenting
- ★ Provide newborn screening and follow-up
- ★ Discharge plans to meet the newborn needs
- ★ Assure link to pediatric provider
- ★ Assure link with home visitations programs

Resources:

MIHP

Genetics and Newborn Screening

Birth Defects Registry and follow-up

Regional Perinatal System

Early Hearing Screening (EHDI)

Safe Sleep Initiative

MiChild

Medicaid Health Plans

Safe Delivery

NFP

FIMR





PPOR Framework

Infant Health

I. Increase the proportion of infants who never experience serious illnesses or injuries

- ★ Improve access to primary care
- ★ Assure assessment of family social/environmental risks
- ★ Assure teaching regarding infant safe sleep and breastfeeding
- ★ Educate about the signs, symptoms and what to do for infection in infancy
- ★ Assure access to developmental assessment and therapies

Resources:

MIHP

Safe Sleep Initiative

Injury Prevention

MiChild

Childhood Lead Poisoning Prevention

Healthy Start

FIMR

Immunizations

Fetal Alcohol Diagnostic Clinics

Early On

WIC

Medicaid/Health Plans

NFP





Statewide Strategies

1. Support healthy lifestyle behaviors for all women of child-bearing age (i.e., preconceptional health)
 - Rx for a Healthy Michigan
 - Michigan Model
 - Public education campaigns
 - FAS prevention
 - FQHC expansions
 - Chronic disease prevention
 - Family Planning





Statewide Strategies, cont.

2. Assure access to primary care, including ob/gyn care, for all women of child-bearing age and their infants

- Medicaid HP's
- FFS Medicaid
- FQHC's
- Rural health clinics
- Intertribal clinics
- School based and linked clinics
- MIHP
- NFP
- Family Planning





Statewide Strategies, cont.

3. Reduce unintended pregnancies
 - Family Planning
 - Title X 1115 waiver
 - Outreach
 - Public awareness and education campaign
 - Michigan Abstinence Program
 - Talk Early, Talk Often





Statewide Strategies, cont.

4. Identify causes of death in high risk communities
 - FIMR
 - Regional NICU analysis
 - Eleven community coalitions





Statewide Strategies, cont.

5. Identify and screen all women relative to pregnancy/infant risk
 - No missed opportunities within medical community
 - Screening for all pregnant women covered by Medicaid
 - MIHP
 - Expanded outreach activities funded; outreach activities connected amongst relevant programs (WIC, MSS/ISS, etc.)
 - FAS prevention





Statewide Strategies, cont.

6. Provide in-home and/or in-community supports to at risk women, using a risk stratification approach, focused on healthy mothers and babies (mothers make healthy lifestyle choices and infants reach/exceed developmental milestones)
 - MIHP
 - Nurse Family Partnership
 - Hospital discharge planning and community linkage for every woman hospitalized during pregnancy





Statewide Strategies, cont.

7. Reduce SIDS and other infant death
 - Safe Sleep workplan
 - Education
 - Outreach
 - Autopsy support
 - Bereavement support/counseling





Statewide Strategies, cont.

8. Improve infant/perinatal health relative to known risk conditions
 - FAS
 - Maternal/child HIV/AIDS
 - Prenatal smoking cessation
 - Lead elimination
 - Breastfeeding
 - Nutrition
 - Michigan Model
 - MIHP
 - NFP
 - Family Planning





Statewide Strategies, cont.

9. Reduce disparities by reducing infant deaths in all populations, but particularly for African Americans
 - Nurse Family Partnerships—expand
 - Closing the Gap—HRSA grant for Flint
 - MIHP
 - NFP
 - Eleven community coalitions
10. Build/expand community coalitions statewide





Statewide Strategies, cont.

11. Assure adequate data collection and analysis to measure both outcomes and method effectiveness in order to drive policy and strategy decisions
 - Surveillance data
 - Unique population survey
 - Demonstrates true prevalence of problem being studied
 - Shows trends over time
 - PRAMS, YRBS, others





Statewide Strategies, cont.

11. Assure adequate data collection and analysis to measure both outcomes and method effectiveness in order to drive policy and strategy decisions, cont.
 - Family Planning/FPAR
 - Program specific data sets
 - School Health Education Profile
 - Improved data warehouse integration relative to tracking relevant outcomes
 - WIC/MIHP coordinated data registry
 - MDCH data warehouse





Statewide Strategies, cont.

12. Assure evidence based practices and approaches through national collaboration and interface
 - Family Planning
 - MIHP
 - NFP
 - U of M project
 - Wayne State project
13. Develop a system infrastructure at state and local levels that assures continuity and coordination of care and support, minimizes both over and under service delivery, and assesses all interventions against achievement of outcomes





Statewide Strategies, cont.

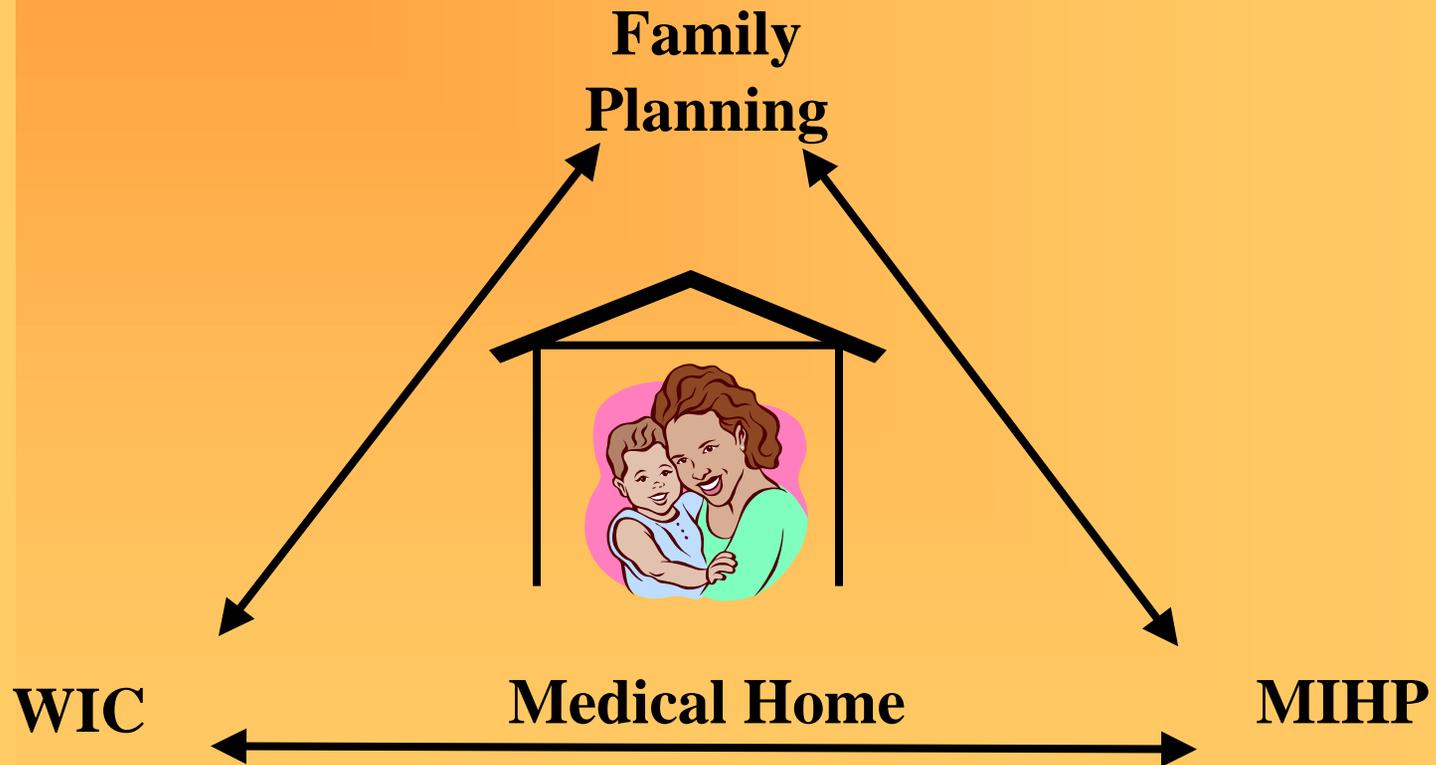
14. Demonstrate high satisfaction levels from women/families using services/supports
15. Assure access to advocacy, rights appeals and grievances for all at-risk women relative to available services and supports





Infant Mortality Reduction Plan Statewide Strategies

Targeted Programs





MIHP Changes for FY06

- ★ December 1, 2005
 - Name change to MIHP
 - New risk factor screening tool
 - Modified assessment
 - Revised care plan
 - Smoke Free for Baby & Me as is the smoking cessation intervention statewide
- ★ Reimbursement & other programs requirements stay the same





MIHP Changes for FY06

★ Coordination with WIC

- Integrated WIC/MIHP assessment form shared with providers for voluntary local use
- State & local provider cooperation & planning
- No WIC reimbursement or formal involvement in screen/assessment





Ongoing planning & Implementation

★ Program Interventions

- Risk Areas/Outcomes matrix as conceptual framework
- Smoke Free for Baby & Me online training developed
- Updated Smoke Free Baby & Me field materials developed
- Prenatal care adequacy intervention protocol
- Chronic disease intervention protocol
- Infant Screening Tool
- Nutrition & breastfeeding protocols
- Depression intervention protocol





Ongoing planning & Implementation

★ Program Infrastructure

- MIHP data system, online registry
- Performance requirements
- Outcomes & data reporting





Infant Mortality Reduction Plan Program Coordination

- ★ Guidelines, requirements for WIC, MIHP, Family Planning coordination
- ★ Local agreement requirements & components
- ★ Referral, linkage & engagement protocols
 - WIC
 - MIHP
 - Family Planning
 - Medical Home
 - Others





Results: Changed Outcomes

- ★ Women obtain skills to deal with targeted risks
- ★ Increased birth weights
- ★ Decreased prematurity
- ★ Increased interpregnancy interval





Results: Changed Outcomes, cont.

- ★ Increased number of infants meet defined developmental milestones
- ★ Increased coordination with medical home for mothers & babies
- ★ Lower unintended pregnancy rate
- ★ Lower infant mortality rates





Questions, Comments & Ideas?

