PRACTICES TO REDUCE INFANT MORTALITY THROUGH EQUITY

Children’s Special Health Care Services
Regional Meeting

Brenda Jegede, MPH, MSW
Overview

1. CityMatCH Life Course Game & Discussion

2. Michigan's Focus on Health Equity

3. PRIME Activities & Findings
The Life Course Game: A Simulation Experience
Life Course Game Instructions

- 5 players: Choose either
  - 1) BLUE or YELLOW;
  - 2) RED; or
  - 3) GREEN or PURPLE/BLACK
- Have one person read the instructions
- Have one person observe
- Each player will read their profile card
- Each player must read their GREEN or RED cards out loud to everyone on the team
Life Course Game Instructions

• Note the two STOP squares
  • 20 – Each player must stop at 20 and complete the instructions on the back of the card
  • 67 – Each player must stop at 67 and complete the instructions on the back of the card
• Read the 2nd TIP
Discussion
What is the Life Course Perspective?

A complex interplay of
- biological,
- behavioral,
- psychological, and
- social

protective and risk factors
contributes to health outcomes across the span of a person’s life.
Michigan’s Focus on Health Equity
Achieving Health Equity In MI

  • Charges the state to develop and implement a structure to address racial and ethnic health disparities in this state.

• MDCH Mission
  • To protect, preserve, and promote the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and under-served populations.

• MDCH Public Health Administration
  • Promotes and protects the health of the population as a whole through surveillance and response to health issues, prevention of illness and injury, improvements in access to care, and promotion of health equity.
Infant mortality is a critical indicator of the overall health and welfare of Michiganders.

Top priority for Governor Snyder and measure on the MI Dashboard.

### Infant Mortality Dashboard

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>5.5</td>
<td>4.8</td>
<td>✓</td>
</tr>
<tr>
<td>Black</td>
<td>14.2</td>
<td>13.5</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>10.5</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.4</td>
<td>6.9</td>
<td></td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>8.5%</td>
<td>8.4%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>7.1%</td>
<td>6.9%</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>14.0%</td>
<td>14.1%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>8.6%</td>
<td>9.2%</td>
<td></td>
</tr>
<tr>
<td>Infant Suffocation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death Rate – MI</td>
<td>28.9%</td>
<td>33.3%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>2.8</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant placed to sleep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>on back (1909 and 2011)</td>
<td>75.6%</td>
<td>79.9%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>56.1%</td>
<td>56.0%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>70.8%</td>
<td>83.7%</td>
<td></td>
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<tr>
<td>MI Maternal Mortality Rate</td>
<td>41.0</td>
<td>39.0</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>31.9</td>
<td>32.0</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>77.1</td>
<td>78.0</td>
<td></td>
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</table>

### Pre-/Inter-conception Health

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<thead>
<tr>
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<tbody>
<tr>
<td>Pre-pregnancy BMI &gt;30</td>
<td>25.4%</td>
<td>21.1%</td>
<td></td>
</tr>
<tr>
<td>Mother smoked while pregnant</td>
<td>17.8%</td>
<td>19.3%</td>
<td></td>
</tr>
<tr>
<td>Unintended Pregnancy</td>
<td>45.2%</td>
<td>44.6%</td>
<td></td>
</tr>
<tr>
<td>Teen (15-17) Pregnancy</td>
<td>23.6%</td>
<td>20.9</td>
<td></td>
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<tr>
<td>Births</td>
<td>17.8%</td>
<td>18.4%</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding Rate (WIC at 6 mos.)</td>
<td>54.9%</td>
<td>59.3%</td>
<td></td>
</tr>
<tr>
<td>Ever Breastfed</td>
<td>732</td>
<td>729</td>
<td></td>
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### Health Care System

<table>
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<tr>
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<tbody>
<tr>
<td>VLBW births occurring at NICU</td>
<td>85.2%</td>
<td>83.4%</td>
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<tr>
<td>NICU Central Line</td>
<td>1.38</td>
<td>1.63</td>
<td></td>
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<tr>
<td>Infection Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Coverage (women 18-64)</td>
<td>84.2%</td>
<td>84.0%</td>
<td></td>
</tr>
<tr>
<td>1st Trimester Prenatal Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>78.0%</td>
<td>78.1%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>61.9%</td>
<td>62.3%</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>68.7%</td>
<td>71.6%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>69.5%</td>
<td>70.0%</td>
<td></td>
</tr>
<tr>
<td>% Need Met for Publicly-funded Family Planning Services</td>
<td></td>
<td></td>
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</table>
State of Michigan

Infant Mortality Reduction Plan

August 2012
Michigan vs. US rates of infant mortality 2003-2013

Source: Centers for Disease Control and Prevention, National Center for Health Statistics MI Resident Live Birth and Death Files, Division for Vital Records and Health Statistics

1Preliminary: The data for 2013 is an estimate based upon reports of 2013 births and deaths, including unprocessed reports received as of March 15, and adjusted by projections for additional late reports based upon prior year filings. Final numbers and rates are expected to vary. These provisional estimates were developed to provide an early indication of 2013 events and are believed to be good approximations of the final figures.
Average Infant Mortality Rate by race/ethnicity, MI 2000-2011

Source: MI Resident Live Birth and Death Files, Division for Vital Records and Health Statistics
Trends of Infant Mortality by Race and Disparities, MI 1970-2013

1.7
3.3
2.1
0.0
0.5
1.0
1.5
2.0
2.5
3.0
3.5
0
5
10
15
20
25
30
35
Disparity Ratio

Healthy People 2020 Goal

Average Infant Mortality by County and Race: 2010-2012

Division for Vital Records & Health Statistics, Michigan Department of Community Health
Understanding Racial Disparities
Social Determinants of Health

The economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole.

They include, but are not limited to:

- Safe Affordable Housing
- Quality Education
- Job Security
- Social Connection & Safety
- Living Wage
- Access to Transportation
- Availability of Food

Dennis Raphael, *Social Determinants of Health;* Toronto: Scholars Press, 2004
Health equity, as defined by Health People 2020, is the "attainment of the highest level of health for all people”.

Health equity is the absence of systematic disparities in health and its determinants between groups of people at different levels of social advantage. To attain health equity means to close the gap in health between populations that have different levels of wealth, power, and/or social prestige.

Braveman P, Gruskin S. Defining Equity in Health. J Epidemiology and Community Health
With Equity, inputs may need to be different to achieve equal outcomes

This is Equity

This is Equality

MDCH, Health Equity Learning Labs 2013, provided by Hogan, V., Rowley, D., Berthiaume, R. and Thompson, Y, University of North Carolina at Chapel Hill. Adapted from http://indianfunnypicture.com/search/equality+doesn%27t+mean+justice
Reports, Articles & Films

Unnatural Causes – When the Bough Breaks

Levels of Racism: A Theoretical Framework and a Gardner’s Tale
Unequal Treatment

• Across virtually every therapeutic intervention, ranging from high technology procedures to the most elementary forms of diagnostic and treatment interventions, minorities receive fewer procedures and poorer quality medical care than whites

• Differences persist even after differences in health insurance, SES, stage/severity of disease, co-morbidity, and the type of medical facility are controlled

• Differences persist in contexts such as Medicare and the VA Health System, where differences in economic status and insurance coverage are minimized

Institute of Medicine, 2003
Cost of Inequities

• In the U.S. it is estimated that between 2003-2006 the combined cost of racial and ethnic health disparities and premature death was $1.24 trillion

• Approximately 54,300 days of adult productivity are lost each year in Michigan due to disparities in physical and mental health
Additional Resources

CDC Health Disparities and Inequities Reports 2011 & 2013

IS RECONCILIATION POSSIBLE? LESSONS FROM COMBATING “MODERN RACISM”

PRIME Activities & Findings
PRIME Steering Team

**Michigan Department of Community Health**
- Public Health Administration
- Bureau Family Maternal & Child Health
  - Division of Family & Community Health
  - Women’s Infants & Children (WIC)
  - Children’s Special Health Care Services
- Health Disparities & Minority Health Section
- Lifecourse Epidemiology and Genomics Division

**University of Michigan, School of Public Health**

**Vanderbilt University**

**Local Public Health** (Ingham, Wayne)

**Community-Based Organizations**
- Inter-Tribal Council of MI
- Corner Health Center
PRIME uses multiple strategies to achieve equity in maternal and infant health for African Americans and Native Americans

- New approaches to data collection, analysis & use
- Collaboration with local agencies
- Information & Dissemination
- Enhance organization capacity
New Approaches

• Native American Pregnancy Risk Assessment & Monitoring System Survey

• Michigan Maternal Infant and Early Childhood Home Visiting

• Michigan Health Equity Status Report
Local Learning Collaborative

MI Department of Community Health

County/City Health Departments
- Berrien County
- Detroit
- Genesee County
- Ingham County
- Jackson County
- Kalamazoo County
- Kent County
- Oakland County
- Washtenaw County
- Wayne County

Healthy Start Programs
- Detroit
- Genesee
- Grand Rapids
- Kalamazoo
- Ingham
- ITCM Native American
  (Sault Ste. Marie)
- Saginaw

Community-based Organizations
- ACCESS
- Dispute Resolution Center
- Grand Rapids African American Health Initiative
- MI Minority Health Coalition
- National Kidney Foundation
Information & Dissemination

Welcome to the PRIME Website

Practices to Reduce Infant Mortality through Equity (PRIME) is a 3 1/2-year, W.K. Kellogg Foundation funded project to enhance the capacity of the Michigan Department of Community Health’s (MDCH) Bureau of Family, Maternal & Child Health (BFMCH) to reduce racial disparities in infant mortality between Blacks and Whites and between American Indians and Whites in Michigan.

Latest Status Report
Michigan Health Equity Status Report, 2013, Michigan Department of Community Health (PDF)
This status report presents data for 14 indicators related to the social context in which women and children live. These data provide a snapshot of the non-biological factors that contribute to Michigan’s inequities in maternal and child health.
Enhance Organization Capacity

Training & Evaluation

– Existing Workshops
  • Undoing Racism
  • Health Equity & Social Justice

– Developed in PRIME
  • Health Equity Learning Labs
Undoing Racism Workshop

Statically significant increase in self-rated competencies

- Articulate an understanding of racial prejudice
- Articulate an understanding of racism
- Explain racial privilege and power in US
- Define institutional racism
- Define cultural racism
- Define internalized racism
- Identify institutional norms and accepted practices that adversely affect people of color
- Define racial health disparity
- Identify and explain social determinants of racial health disparities
- Identify policies and practices that provide guidance in job duties and that may influence racial health disparities
Health Equity & Social Justice

Statically significant increase in self-rated competencies

Articulate an understanding of:

• Root causes of health inequity
• Public health’s historical role in promoting social justice
• Four levels of oppression and change
• Social determinants of health
• Target and non-target identities

– Articulate the difference between health disparity and health inequity
– Analyze case studies in a social justice/health equity framework
– Identify opportunities for advancing health equity at the workplace
WIC Equity Learning Labs

Statically significant increase in self-rated competencies

- Identify opportunities at my job to address health inequities
- Articulate an understanding of how social determinants can affect women’s lives and health
- Describe models and frameworks of social determinants of health equity
- Envision and articulate what equity would look like at multiple levels across social ecological framework
- Identify my unique skills to contribute to the equity building process
- Identify collective strengths and weaknesses with respect to teamwork, out-of-box thinking, and change at MDCH
CSHCS Equity Learning Labs

- Staff and Managers in separate sessions
- Staff developed equity scenarios
- Staff developing equity plans
- Local CSHCS staff participating (Ingham, Ottawa, Saginaw, Detroit)
Improving Health Equity in CSHCS
Racial & Ethnic Disparities among Children with Special Health Care Needs

Percent of CSHCN who report no unmet needs
(out of 14 specific healthcare services or equipment)

<table>
<thead>
<tr>
<th>Nat</th>
<th>Hisp</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>71.6</td>
<td>79.4</td>
<td>71.5</td>
<td>73.9</td>
</tr>
<tr>
<td>C.I.</td>
<td>(69.0 - 74.2)</td>
<td>(78.5 - 80.2)</td>
<td>(69.2 - 73.9)</td>
<td>(70.8 - 77.1)</td>
</tr>
<tr>
<td>n</td>
<td>3,258</td>
<td>22,470</td>
<td>2,895</td>
<td>2,809</td>
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<td>Pop. Est.</td>
<td>1,295,342</td>
<td>5,128,170</td>
<td>1,255,830</td>
<td>631,661</td>
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</tbody>
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MI

| %     | 81.8  | 77.8  | 68.7   | 81.4   |
| C.I.  | (67.9 - 95.7) | (72.6 - 83.0) | (53.5 - 83.8) | (69.0 - 93.8) |
| n     | 26    | 471   | 76     | 43     |
| Pop. Est. | 13,931 | 228,669 | 55,449 | 21,342 |
## Racial & Ethnic Disparities among Children with Special Health Care Needs

### Percent of CSHCN who report no unmet needs for family support services

<table>
<thead>
<tr>
<th></th>
<th>Hisp</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nat</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>92.3</td>
<td>93.1</td>
<td>92.5</td>
<td>92.4</td>
</tr>
<tr>
<td>C.I.</td>
<td>(90.8 – 93.8)</td>
<td>(92.6 – 93.7)</td>
<td>(91.0 - 93.9)</td>
<td>(90.0 – 94.8)</td>
</tr>
<tr>
<td>n</td>
<td>4,132</td>
<td>26,251</td>
<td>3,726</td>
<td>3,468</td>
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<tr>
<td>Pop. Est.</td>
<td>1,713,658</td>
<td>6,110,284</td>
<td>1,651,065</td>
<td>803,657</td>
</tr>
<tr>
<td>MI</td>
<td>%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>98.1</td>
<td>94.7</td>
<td>84.1</td>
<td>91.6</td>
</tr>
<tr>
<td>C.I.</td>
<td>(94.5 – 100.0)</td>
<td>(92.5 - 96.9)</td>
<td>(68.5 – 99.7)</td>
<td>(83.8 – 99.4)</td>
</tr>
<tr>
<td>n</td>
<td>34</td>
<td>553</td>
<td>97</td>
<td>52</td>
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<tr>
<td>Pop. Est.</td>
<td>16,835</td>
<td>280,133</td>
<td>68,600</td>
<td>26,069</td>
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# Racial & Ethnic Disparities among Children with Special Health Care Needs

Percent of CSHCN who did not receive all direct care coordination help needed

<table>
<thead>
<tr>
<th></th>
<th>Hisp</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nat</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45.8</td>
<td>38.9</td>
<td>47.9</td>
<td>43.6</td>
</tr>
<tr>
<td>C.I.</td>
<td>(41.4 – 50.2)</td>
<td>(37.0 – 40.7)</td>
<td>(43.5 - 52.3)</td>
<td>(37.6 – 49.5)</td>
</tr>
<tr>
<td>n</td>
<td>764</td>
<td>3,018</td>
<td>659</td>
<td>512</td>
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<tr>
<td>Pop. Est.</td>
<td>335,282</td>
<td>802,158</td>
<td>331,449</td>
<td>131,295</td>
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</table>

<table>
<thead>
<tr>
<th>MI</th>
<th>%</th>
<th>Insufficient Data</th>
<th></th>
<th>Insufficient Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.I.</td>
<td></td>
<td>26.7</td>
<td>63.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(18.6 – 34.8)</td>
<td>(38.7 – 89.1)</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>553</td>
<td>97</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pop. Est.</td>
<td>280,133</td>
<td>68,600</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

National Survey of Children with Special Health Care Needs 2009-2010
Health Care Disparities – Children with Disabilities & Special Health Care Needs

• Care Coordination
  – Not referring for behavioral health
  – Not informing parents about Early Intervention
  – Unintentional error in diagnosing
Health Care Disparities – Children with Disabilities & Special Health Care Needs

• Family-Centered Care
  – Time with doctor
  – Parent/health care provider communication
  – Parent/health care provider partnering
  – Family sensitivity
Health Care Disparities – Children with Disabilities & Special Health Care Needs

• Role of Race & Ethnicity
  – Preference for same race health care providers
  – Cultural sensitivity
  – Health care satisfaction
  – Parent-health care provider relationships
  – Language
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