

PRACTICES TO REDUCE INFANT MORTALITY THROUGH EQUITY

Children's Special Health Care Services
Regional Meeting

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Overview

1

- CityMatCH Life Course Game & Discussion

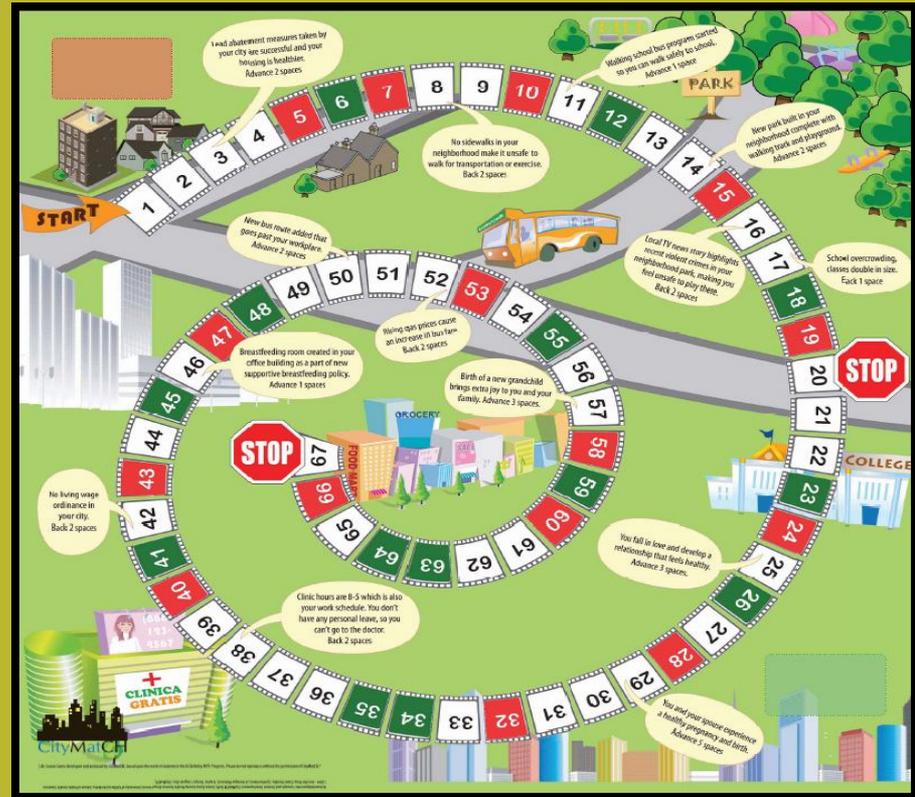
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- Michigan's Focus on Health Equity

3

- PRIME Activities & Findings

The Life Course Game: A Simulation Experience

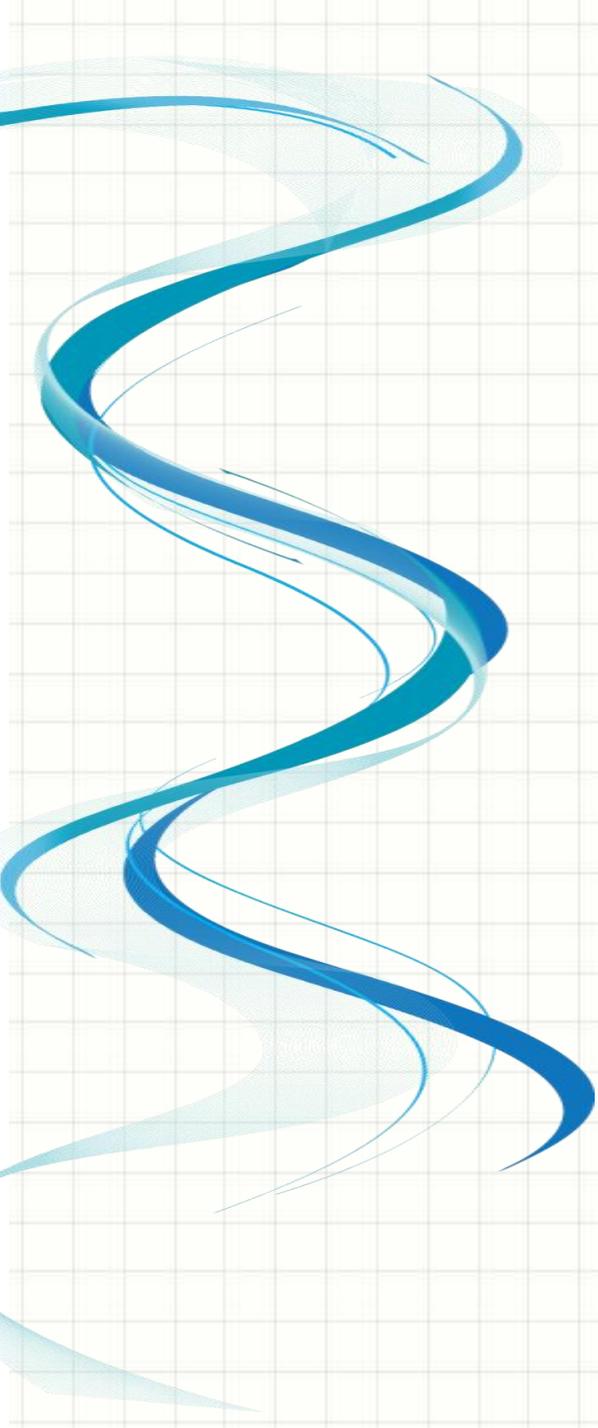


Life Course Game Instructions

- 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



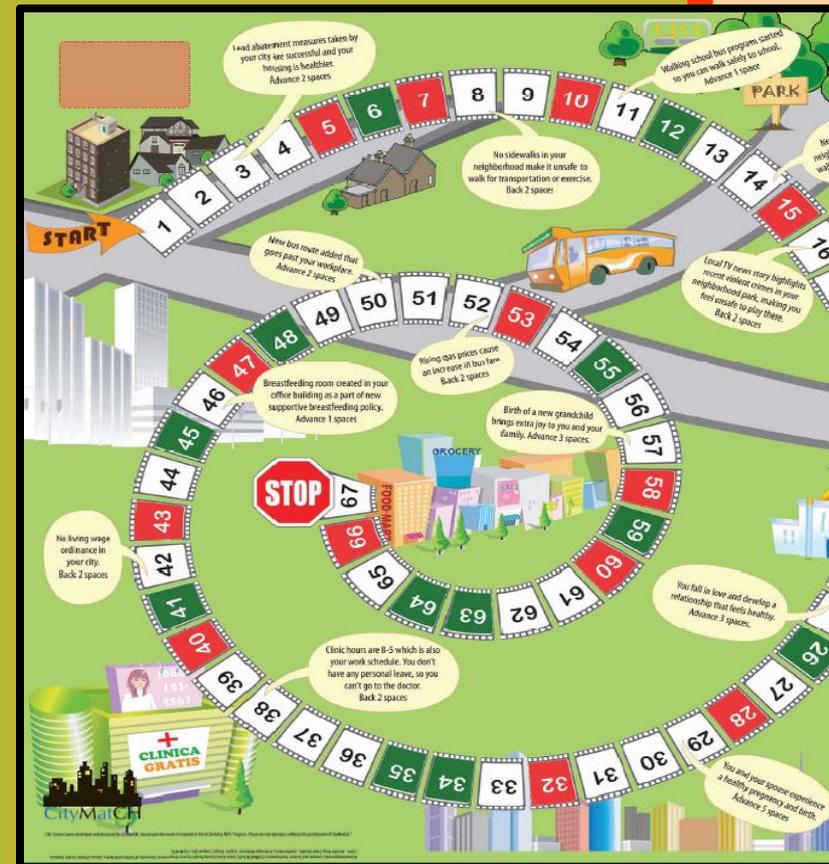
Discussion

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

- **Michigan Public Act 653 (2006)**
 - 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

Maternal & Infant Outcomes			
	Prior (2010)	Current (2011)	Progress
<u>Infant Mortality Rate</u>			
White	5.5	4.8	↑
Black	14.2	13.5	↓
American Indian	10.5		
Hispanic	7.4		
<u>Low Birth Weight</u>			
White	8.5%	8.4%	↓
Black	7.1%	6.9%	↓
American Indian	14.0%	14.1%	↑
Hispanic	8.6%	9.2%	↑
<u><39 wks Birth</u>			
White	28.9%	33.3%	↑
Black	36.5%	43.7%	↑
American Indian	29.1%	34.9%	↑
Hispanic	29.3%	36.8%	↑
<u>Infant Suffocation</u>			
<u>Death Rate – MI</u>			
White	4.5		
Black	2.8		
Hispanic	11.3		
<u>Infant placed to sleep on back (2008 and 2011)</u>			
White	75.6%	79.9%	↑
Black	56.1%	56.0%	↓
Hispanic	70.8%	83.7%	↑
<u>MI Maternal Mortality Rate</u>			
White	41.0		
Black	31.9		
Hispanic	77.1		



Pre-/Inter-conception Health			
	Prior (2010)	Current (2011)	Progress
Pre-pregnancy BMI >30	25.4%	21.1%	↓
Mother smoked while pregnant	17.8%	19.3%	↑
Unintended Pregnancy Rate	45.2%	44.6%	↓
Teen (15-17) Pregnancy Rate	23.6	20.9	↓
Breastfeeding Rate (WIC at 6 mos.)	17.8%	18.4%	↑
Ever Breastfed	54.9%	59.5%	↑
Chlamydia Rate	732	729	↓

Health Care System			
	Prior (2010)	Current (2011)	Progress
VLBW births occurring at NICU	85.2%	83.4%	↓
NICU Central Line Infection Rate	1.38	1.63	↑
Insurance Coverage (women 18-64)	84.2%	84.0%	↓
<u>1st Trimester Prenatal Care</u>			
White	78.0%	78.1%	↓
Black	61.9%	62.3%	↓
American Indian	68.7%	71.6%	↓
Hispanic	69.5%	70.0%	↓
% Need Met for Publicly- Funded Family Planning Services	17.0%	15.0%	↓

Performance Key

- ↑ Improvement
- ↓ Decline
- NC No Change

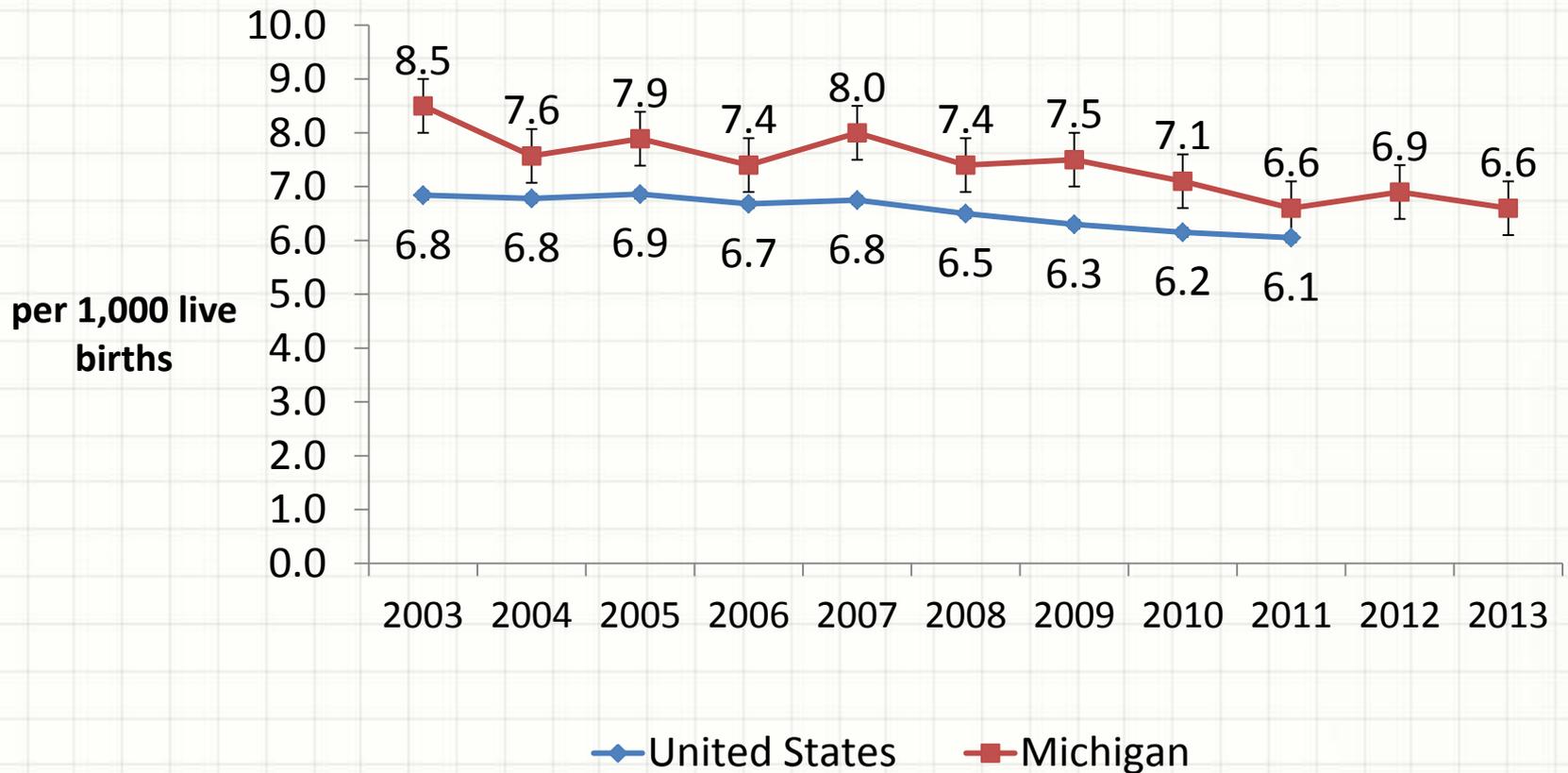
State of Michigan



Infant Mortality Reduction Plan

August 2012

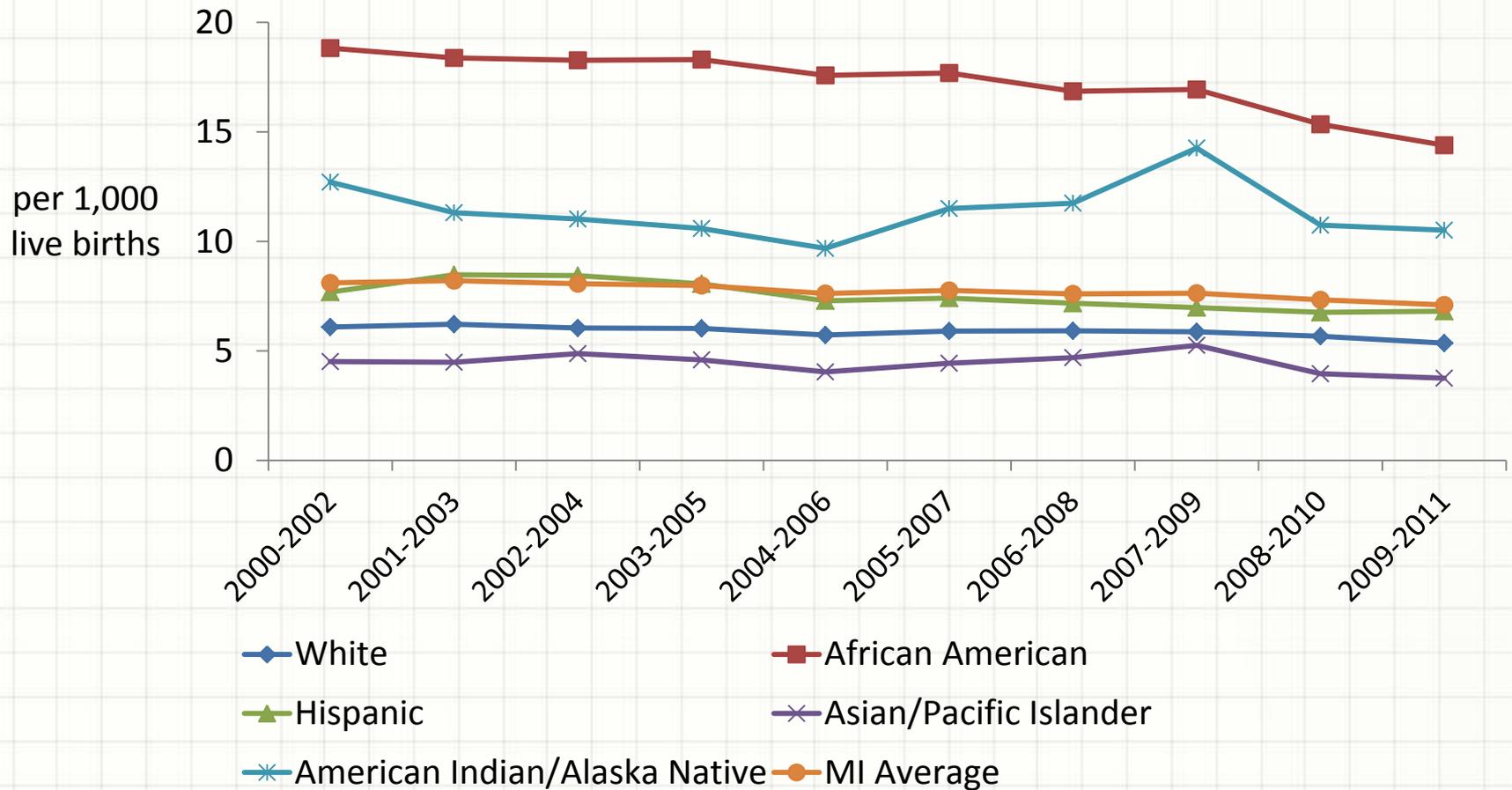
Michigan vs. US rates of infant mortality 2003-2013¹



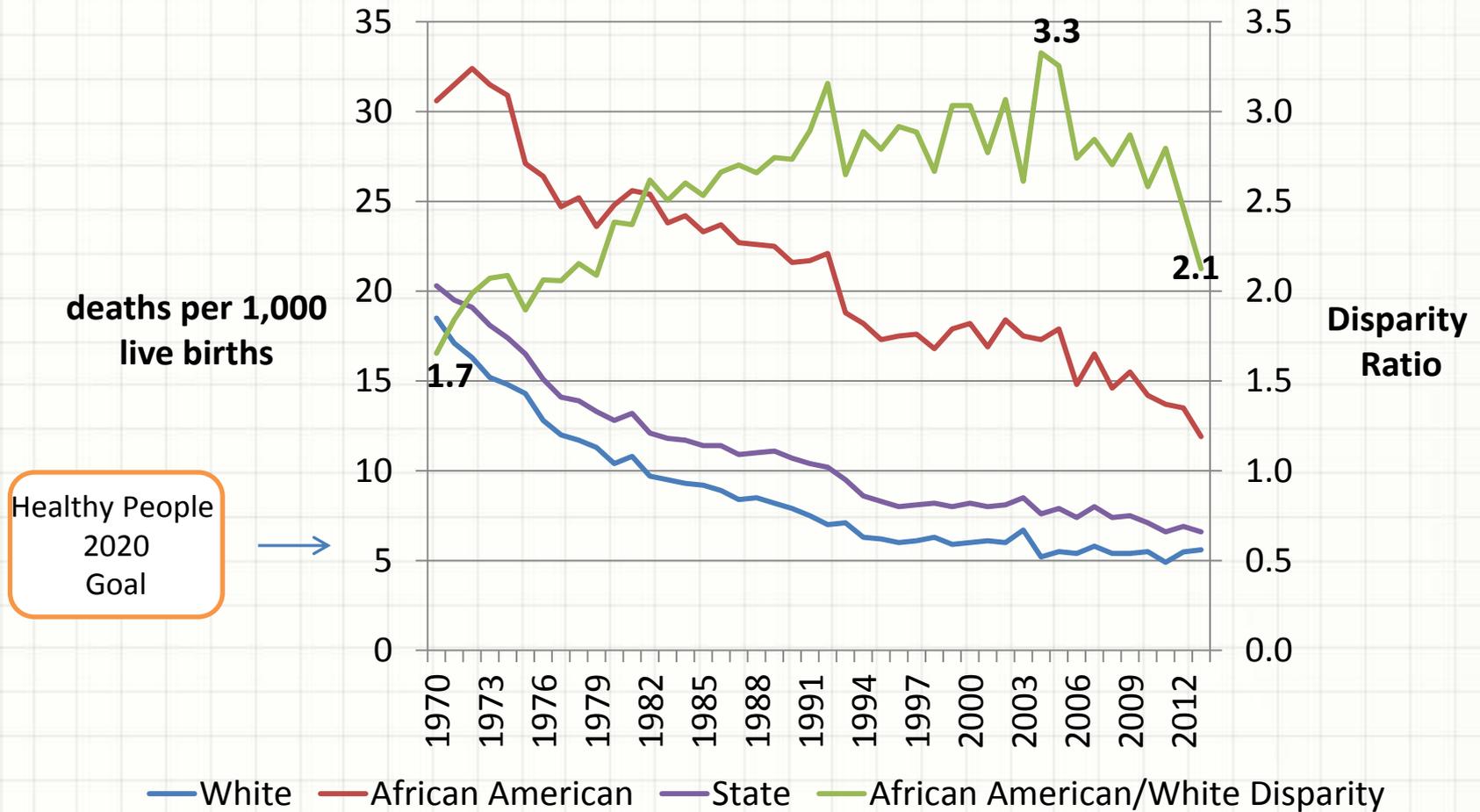
Source: Centers for Disease Control and Prevention, National Center for Health Statistics MI Resident Live Birth and Death Files, Division for Vital Records and Health Statistics

¹**Preliminary:** 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 12

Average Infant Mortality Rate by race/ethnicity, MI 2000-2011

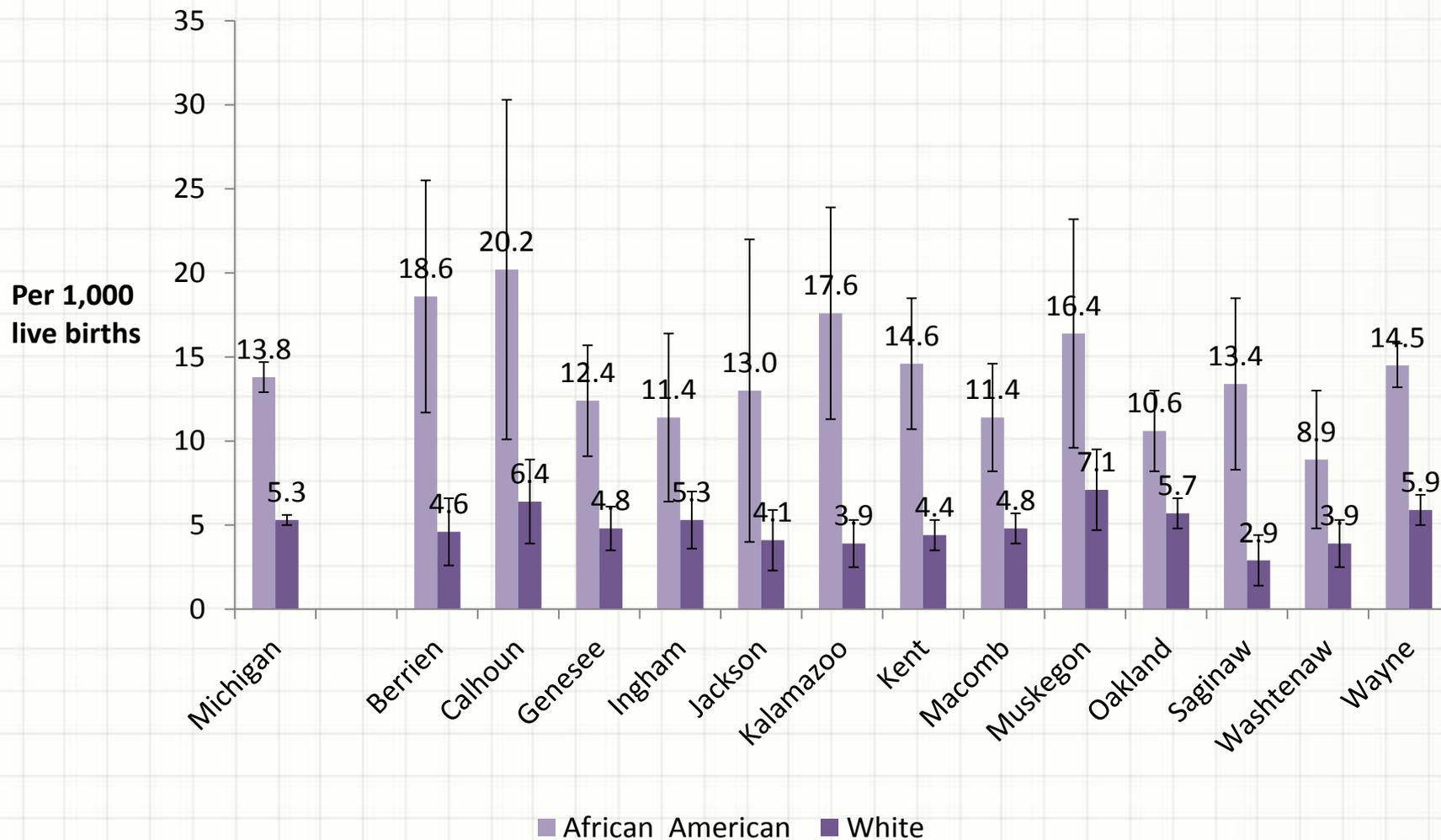


Trends of Infant Mortality by Race and Disparities, MI 1970-2013¹



Source: Michigan Resident Birth and Death Files, MDCH Division for Vital Records & Health Statistics . Prepared by: MDCH MCH Epidemiology Unit, 4/25/2014

Average Infant Mortality by County and Race: 2010-2012



Source: 2010-2011 Geocoded Michigan Death Certificate Registries; 2012 Michigan Death Certificate Registry.

2001-2012 Geocoded Michigan Birth Certificate Registries

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
Transporta-
tion

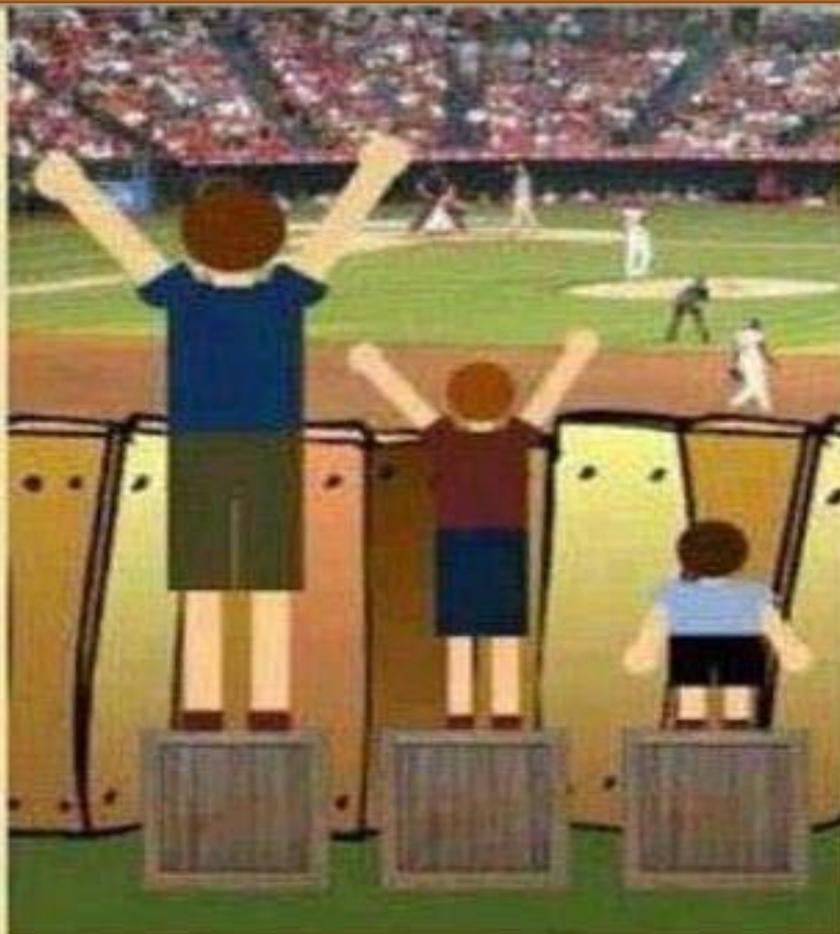
Availability
of Food

Health equity, as defined by Health People 2020, is the "attainment of the highest level of health for all people".

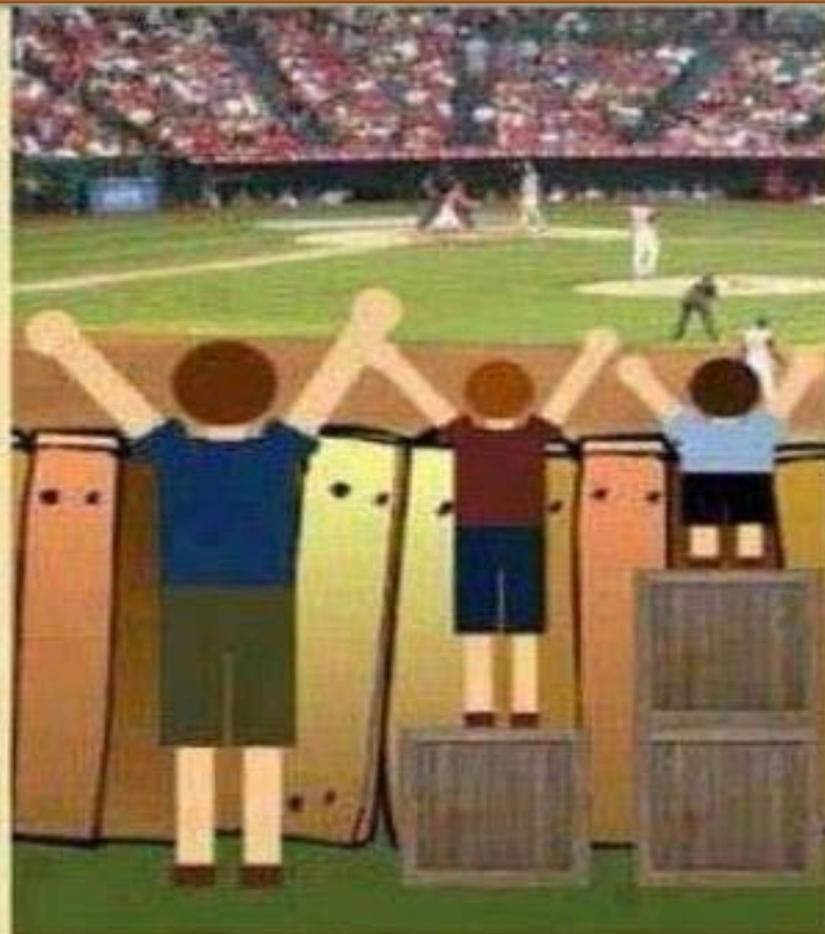
Health equity is the absence of systematic disparities in health and its determinants between groups of people at different levels of social advantage. To attain health equity means to close the gap in health between populations that have different levels of wealth, power, and/or social prestige.

• 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

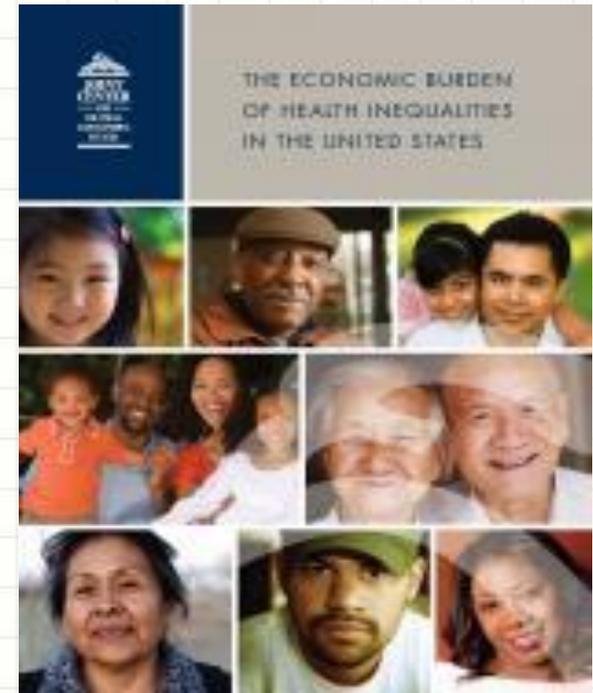
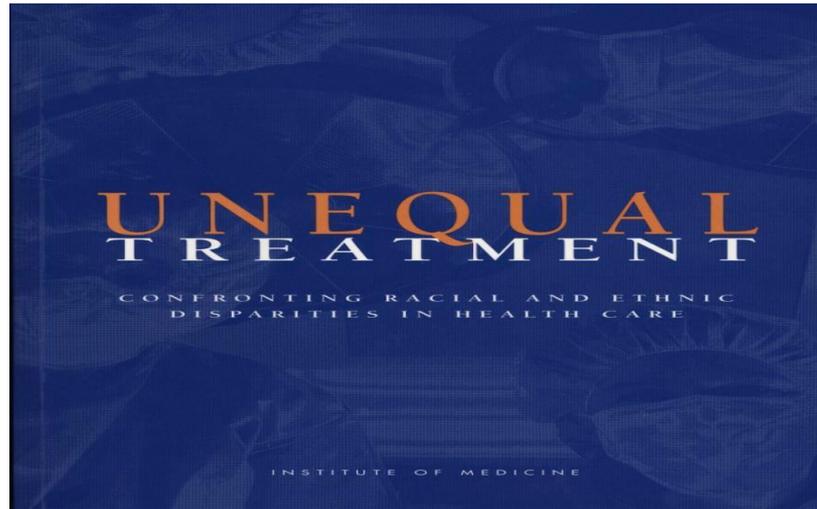


This is Equality

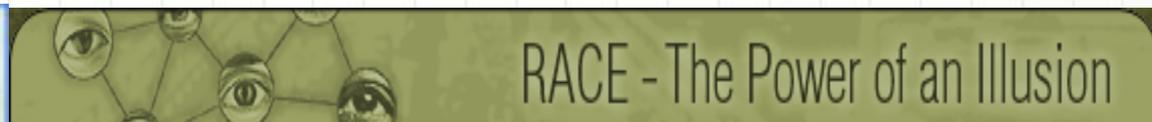


This is Equity

Reports, Articles & Films



Unnatural Causes – When the Bough Breaks



Levels of Racism: A Theoretical Framework and a Gardner's Tale

Unequal Treatment

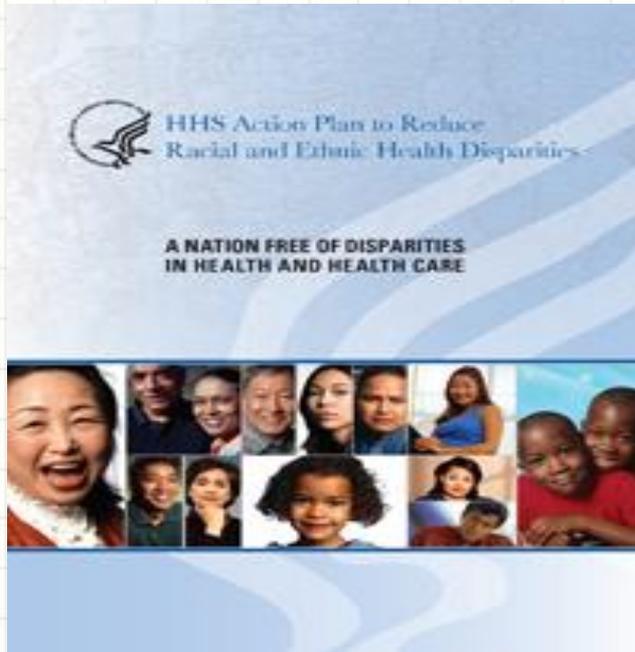
- Across virtually every therapeutic intervention, ranging from high technology procedures to the most elementary forms of diagnostic and treatment interventions, minorities receive fewer procedures and poorer quality medical care than whites
- Differences persist even after differences in health insurance, 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

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 & 201



IS RECONCILIATION POSSIBLE?
LESSONS FROM COMBATING
“MODERN RACISM”

RWJF – Place & Health: Why Conditions Where
We live, Work & Play Matter – May, 2011



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

Skip to Content

MDCH PRIME Practices to Reduce Infant Mortality through Equity

MICHIGAN.GOV Michigan's Official Website

PRIME Local Learning Collaborative Action Center Resources Contact Us

Welcome to the PRIME Website

What are Social Determinants of Health? Watch the video and find out!



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.

PRIME Project	Local Learning Collaborative	Action Center	Resources
What is PRIME? Infant Mortality in MI Health Equity Steering Team & Workgroups PRIME Practice Model	About Us Best Practices What's happening in your area? Event Calendar	Forums and Discussions Examples	PRIME Reports Articles & Books Recordings, Webinars, & Toolkits Other Reports Websites African American Resources Native American Resources

[Michigan.gov](#) | [PRIME \(home\)](#) | [Contact PRIME](#) | [State Websites](#) | MDCH
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www.michigan.gov\dchprime

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)

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

		Hisp	White	Black	Other
Nat	%	92.3	93.1	92.5	92.4
	C.I.	(90.8 – 93.8)	(92.6 – 93.7)	(91.0 - 93.9)	(90.0 – 94.8)
	n	4,132	26,251	3,726	3,468
	Pop. Est.	1,713,658	6,110,284	1,651,065	803,657
<hr/>					
MI	%	98.1	94.7	84.1	91.6
	C.I.	(94.5 – 100.0)	(92.5 - 96.9)	(68.5 – 99.7)	(83.8 – 99.4)
	n	34	553	97	52
	Pop. Est.	16,835	280,133	68,600	26,069

Racial & Ethnic Disparities among Children with Special Health Care Needs

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

		Hisp	White	Black	Other
Nat	%	45.8	38.9	47.9	43.6
	C.I.	(41.4 – 50.2)	(37.0 – 40.7)	(43.5 - 52.3)	(37.6 – 49.5)
	n	764	3,018	659	512
	Pop. Est.	335,282	802,158	331,449	131,295
<hr/>					
MI	%	Insufficient Data	26.7	63.9	Insufficient Data
	C.I.		(18.6 – 34.8)	(38.7 – 89.1)	
	n		553	97	
	Pop. Est.		280,133	68,600	

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

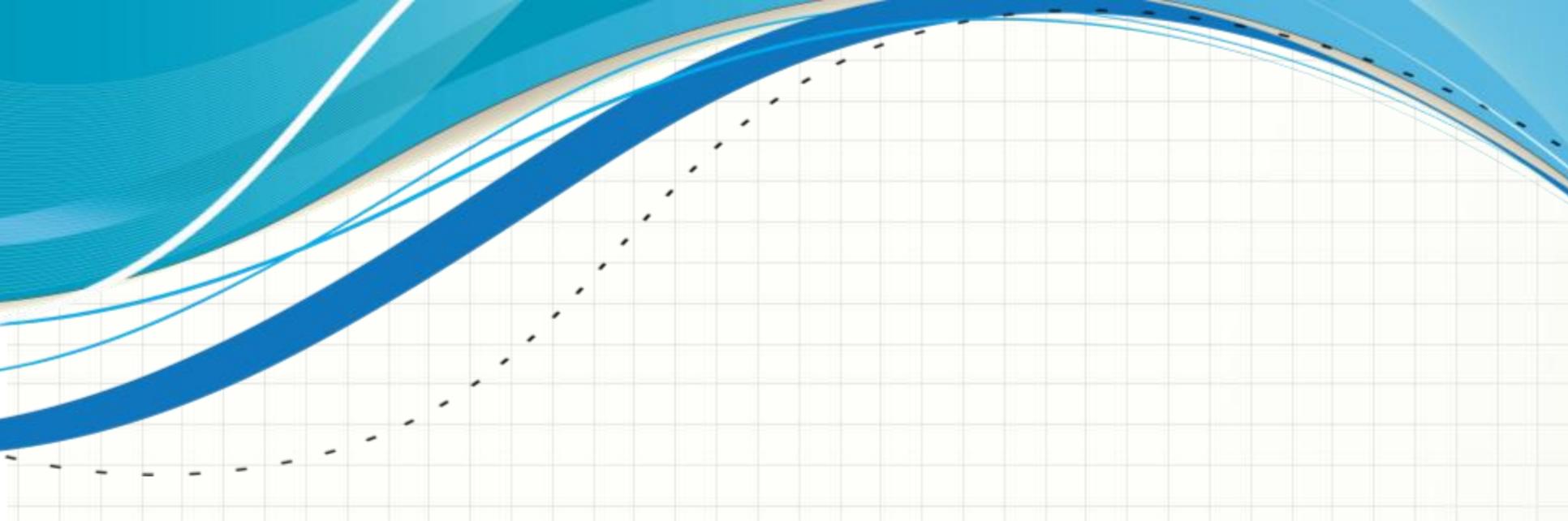


Holes in the Mitten

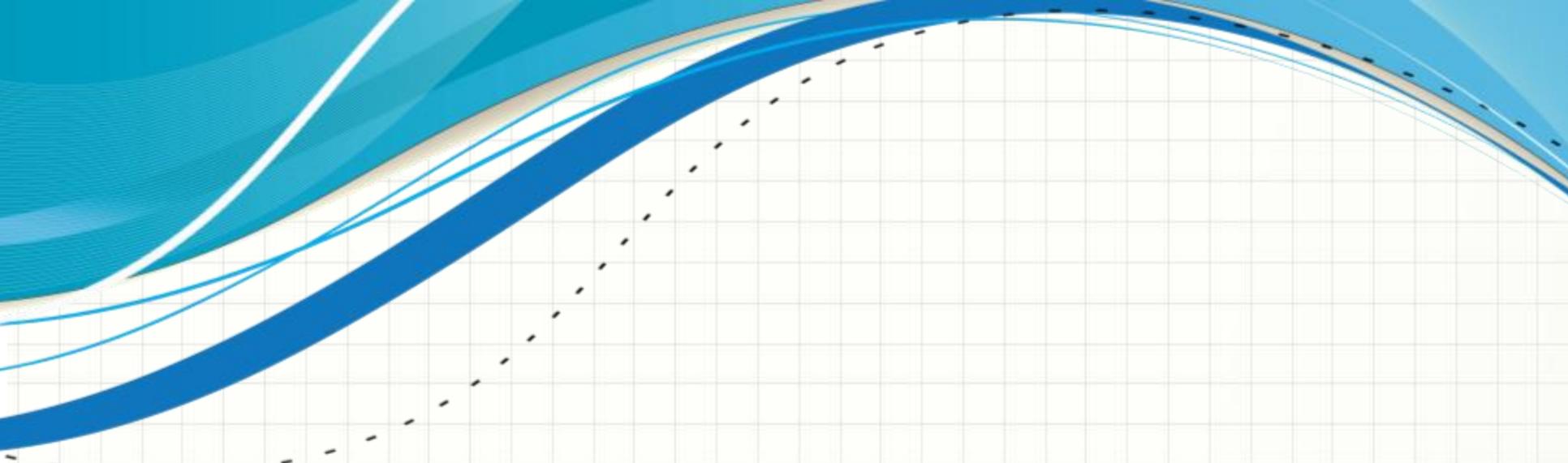
Health Equity In Michigan: A Toolkit for Action

- **Video**
- **Fact Sheets**
- **PowerPoint**
- **Activities**

Michigan Department of Community Health
Health Disparities Reduction/Minority Health Section
www.michigan.gov/minorityhealth



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QUESTIONS