Brief:

MDCH 2014 Health Equity Report

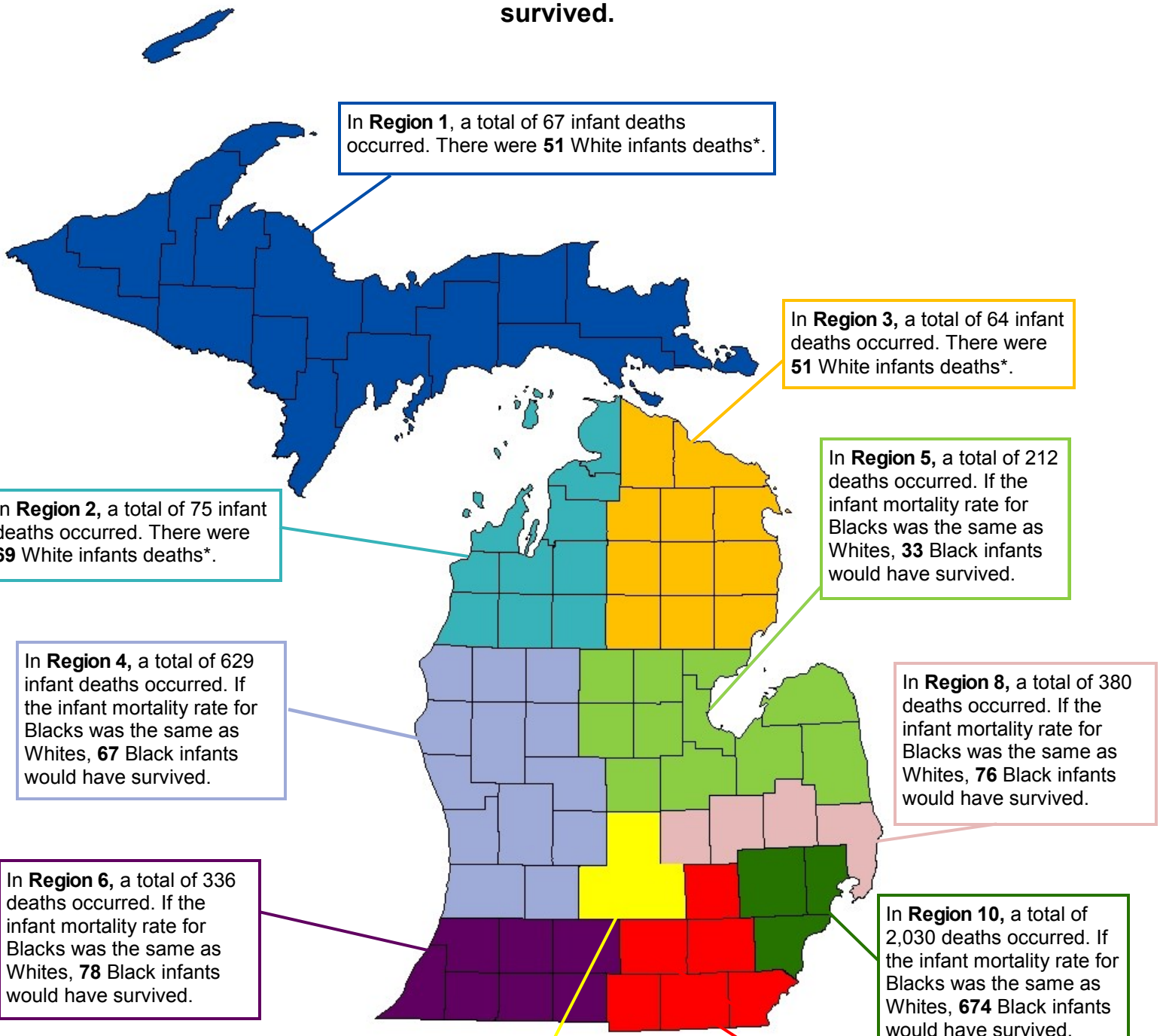
Equity Matters: Infant Mortality

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

April 2015

Michigan Infant Mortality by Prosperity Region, 2008-2012

Between 2008 and 2012, 4,250 infants died before the age of one in Michigan. If the infant mortality rate for Blacks was the same as Whites, 995 Black infants would have survived.



In **Region 1**, a total of 67 infant deaths occurred. There were **51** White infants deaths*.

In **Region 2,** a total of 75 infant deaths occurred. There were **69** White infants deaths*.

In **Region 3,** a total of 64 infant deaths occurred. There were **51** White infants deaths*.

In **Region 4,** a total of 629 infant deaths occurred. If the infant mortality rate for Blacks was the same as Whites, **67** Black infants would have survived.

In **Region 5,** a total of 212 deaths occurred. If the infant mortality rate for Blacks was the same as Whites, **33** Black infants would have survived.

In **Region 6,** a total of 336 deaths occurred. If the infant mortality rate for Blacks was the same as Whites, **78** Black infants would have survived.

In **Region 7,** a total of 155 infant deaths occurred. If the infant mortality rate for Blacks was the same as Whites, **25** Black infants would have survived.

In **Region 8,** a total of 380 deaths occurred. If the infant mortality rate for Blacks was the same as Whites, **76** Black infants would have survived.

In **Region 9,** a total of 302 deaths occurred. If the infant mortality rate for Blacks was the same as Whites, **26** Black infants would have survived.

In **Region 10,** a total of 2,030 deaths occurred. If the infant mortality rate for Blacks was the same as Whites, **674** Black infants would have survived.

*Black estimates for Regions 1,2 and 3 are not available due to small number of deaths. White and Black estimates exclude Hispanics.

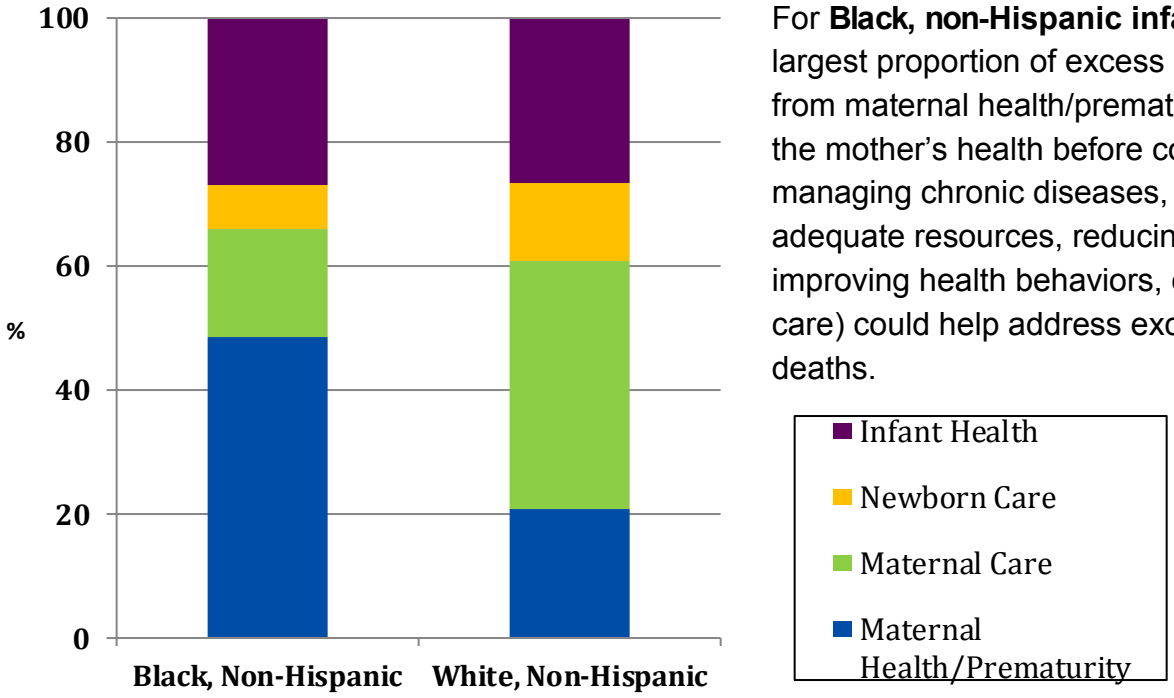
Source: Division of Vital Records and Health Statistics, Michigan Department of Community Health. Data analyses courtesy of the Maternal and Child Health Section, Lifecourse Epidemiology & Genomics Division.

Infant mortality racial disparities exist at the state-level.

- Between 2008 and 2012, the statewide infant mortality rate was 7.5 infant deaths for every 1,000 live births.
- Among **White, non-Hispanics,** the infant mortality rate was **5.4.**
- Among **Black, non-Hispanics,** the infant mortality rate was **14.8, roughly 3 times the White Rate.**

We examine the causes of infant deaths and stillbirths (≥ 24 weeks gestation) to better understand ways to intervene and possibly prevent future occurrences. There are many critical periods in the healthy development of an infant: the mother's health before, during and after pregnancy and the health and development of the newborn as well as the infant.[1]

Mortality rates for White and Black, non-Hispanic infants from 2006-2010 were compared to national averages and the factors contributing to the excess deaths were analyzed.



For **Black, non-Hispanic infants**, the largest proportion of excess deaths occurred from maternal health/prematurity. Improving the mother's health before conception (e.g. managing chronic diseases, access to adequate resources, reducing stressors, improving health behaviors, early perinatal care) could help address excess infant deaths.

Social, economic and environmental factors that can influence maternal health include: living in poverty, stress, experiencing racism, unemployment, neighborhood safety and access to affordable housing.[2,3] Addressing health disparities in infant mortality requires a comprehensive approach that includes improving those factors that contribute to the overall health of women, infants and communities.

Source: Division of Vital Records and Health Statistics, Michigan Department of Community Health. Data analyses courtesy of the Maternal and Child Health Section, Lifecourse Epidemiology & Genomics Division. Note: The race of the infant is determined from the race of the mother. Data by other race/ethnicities available by request. Please contact colormehealthy@michigan.gov or (313) 456-4355.

1. CityMatch. Perinatal Periods of Risk. http://www.citymatch.org/projects/perinatal-periods-risk-ppor. (February 2015).
2. Adler NE & Newman K. 2002. Socioeconomic Disparities In Health: Pathways and Policies. *Health Affairs,* 21(2):6076.
3. Michigan Health Equity Status Report, Focus on Maternal and Child Health: A joint report of the Practice to Reduce Infant Mortality through Equity Project and the Health Disparities Reduction and Minority Health Section. Lansing, MI: Michigan Department of Community Health. 2013.

PRIME

Practices to Reduce Infant Mortality through Equity

PRIME (Practices to Reduce Infant Mortality through Equity) seeks to improve birth outcomes for Black and Native American infants that face the highest infant mortality rates in Michigan. PRIME is a project of the Michigan Department of Community Health (MDCH), Bureau of Family, Maternal & Child Health (BFMCH). The overall goal is to reduce racial disparities in infant mortality between Blacks and Whites and between American Indians and Whites in Michigan. The primary activity is the development of a public health training model for BFMCH leadership and staff that allows them to more effectively address racial disparities in infant mortality. This includes understanding how institutional barriers, including racism, contribute to health inequities for these populations. The PRIME training model is intended to lead to improved practices for achieving equity within the BFMCH's current programs, policies and resource distribution. The intent is to disseminate the training throughout MDCH and to its external partners.

Some of the PRIME activities include:

1) Organizational Assessment

PRIME uses an organizational assessment to identify each unit's capacity (i.e. strengths, challenges, and areas for growth) to address infant mortality.

2) Training and Evaluation Tools

Workshops and training include: *Undoing Racism; Health Equity Social Justice; Native American History, Culture & Core Values; Health Equity Learning Labs for staff; and, Health Equity Learning Labs for Managers.*

3) Program and Policy Changes

a. Change in home visiting contractual requirements to develop plans aimed at enrolling moms at most risk
b. First stand-alone Pregnancy Risk Assessment Monitoring System (PRAMS) Survey for mothers of Native American infants in Michigan
c. Piloting WIC services at a Native American community-based agency
d. Efforts to increase breast feeding in the African American community
e. Children Special Health Care Services Advisory Committee working to achieve a more diverse and inclusive committee

4) Partnerships

PRIME partners with 18 local health departments, Healthy Start projects and community-based organizations as a part of the PRIME Local Learning Collaborative.

Visit us at www.michigan.gov\dchprime

For more information, please contact:
MDCH, Health Disparities Reduction and Minority Health Section
Phone: (313) 456-4355, colormehealthy@michigan.gov, www.michigan.gov/minorityhealth