

Michigan Fetal Infant Mortality Review (FIMR) Network Health Equity Toolkit

Background

The Michigan [Mother Infant Health & Equity Improvement Plan \(2020-2023\)](#) set a strategic vision to achieve zero preventable deaths and zero health disparities through collective action, community driven partnerships and collaboration. Informed by this vision and through a process Improvement workshop held in June 2019, the Michigan FIMR Network identified health equity as a priority area to address inequities and create stronger, equitable recommendations. As a result, FIMR team representatives assembled this Health Equity Toolkit to provide a variety of free trainings and resources from national and state partners. This document does not provide a comprehensive list of available trainings and resources. For in-depth, comprehensive trainings, an in-person training is the first recommended choice. The intention of this document is to provide the greater Michigan FIMR Network with a starting place to address and incorporate health equity into their work.

Contents and Overview

The first section of this Toolkit contains a list of trainings and resources that FIMR team members may complete in order to begin the vital work of addressing social determinants of health and integrating health equity principles into infant mortality review processes and recommendations. A FIMR workgroup reviewed many of the trainings included in this Toolkit, but not all. Trainings and resources not reviewed by the FIMR workgroup are indicated below. The FIMR workgroup recommends that internal FIMR teams, Case Review Teams (CRT), and Community Action Teams (CAT) begin with the training module, “Using Health Equity in Fatality Reviews” provided by the National Center for Fatality Review and Prevention. The workgroup also recommends that teams complete at least one additional health equity training annually. An additional training that may be beneficial for Michigan FIMR teams is “Roots of Health Inequity,” provided by the National Association of City and County Health Officials (NACCHO). This online training can be taken as a group or individually.

The last section of this Toolkit, “How to Incorporate Health Equity into the Case Review Team Meetings” provides tips and techniques to engage Case Review Team members with incorporating health equity into the case review process and developing equitable recommendations.

Trainings & Resources

| Agency | Name of the Training or Resource | The Web Link to the Training or Resource | Time to Complete | Description | Michigan FIMR Network Feedback |
|---|---|---|-----------------------|---|---|
| Center for American Progress | Eliminating Racial Disparities in Maternal and Infant Mortality | https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/ | 91 Pages | “This report provides a comprehensive policy framework to eliminate racial disparities in maternal and infant mortality.” | Complex policy blueprint but some sections may help communities who have identified strategies to move forward. |
| Michigan Department of Health and Human Services (MDHHS) | Introduction to Health Equity | https://courses.mihealth.org/PUBLIC/home.html | 45 Minutes to 1 Hour | “This course will cover the concept of health equity and the important role it plays in public health practice. The goal of this training is to provide you with terms and definitions, and also to provide you with information to connect health equity to the work done by health and human services professionals.” | Great information. I liked the application aspect of this training. There is a lot of reading. A certificate is offered after completion. |
| National Center for Fatality Review and Prevention (NCFRP) | Using Health Equity in Fatality Reviews | https://mediasite.mihealth.org/Mediasite/Play/d0efa7aafc3942e29d9501c07e6f65e91d?catalog=db105963a5d642c9b6237f5de124c02a21&playFrom=118502&autoStart=true | 33 Minutes 19 Seconds | | This is great! Good examples. Not as much reading. It held my interest. |

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| National Center for Fatality Review and Prevention (NCFRP) | Exploring how FIMR and CDR teams identify and address disparities | https://www.ncfrp.org/content/uploads/2020/07/Equity-Disparities-Webinar-07-2020.pdf Webinar listed under "Equity/Disparities" | 1 Hour 4 Minutes | "This webinar explores how Fetal and Infant Mortality Review (FIMR) teams and Child Death Review (CDR) use the fatality review process to identify and address health disparities and improve maternal, infant, and child health outcomes in their communities." | Great slides and information. Video of the speakers would have been nice. |
| National Center for Fatality Review and Prevention (NCFRP) | Black/White equity in the opportunity to survive the 1 st year of life...a dream deferred | https://www.ncfrp.org/content/uploads/2020/07/Equity-Disparities-Webinar-07-2020.pdf Webinar listed under "Equity/Disparities" | 1 Hour 28 Minutes | "This webinar explores how the inequities in social conditions forced upon slaves and their descendants provide the primary explanation for the racial disparities we see today." | Very informative. Provides a great historical context to racial disparities. |
| National Center for Fatality Review and Prevention (NCFRP) | Health Equity Toolkit | https://www.ncfrp.org/content/uploads/2020/07/Health-Equity-Toolkit.pdf | 42-Page Toolkit | "It is meant to inform fatality review teams in three distinct areas: 1) Create guidance for fatality review teams on team composition and education to new and existing teams to help members understand implicit bias and other equity issues, 2) Create guidance for fatality review teams on gathering the right records to help teams understand mothers'/families' experiences of racism, the impacts of other social determinants of health, and how those experiences may have impacted maternal and child outcomes, 3) Create guidance for fatality | Great toolkit with many resources to encourage teams to think past the medical/biological causes of death to the social context that creates inequities, which can be at the root cause of infant mortality. |

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| | | | | review teams on enduring that – once teams have their findings – they are making and implementing meaningful recommendations that effectively address disparities and the social determinants of health.” | |
| National Institute for Children’s Health Quality (NICHQ) | Pursuing Health Equity: Start where you are | https://www.nichq.org/health-equity-start-where-you-are-recording?submissionGuid=1a050569-40f4-4fcd-8afa-4671e5ae9ba2 | 1 Hour | <p>“The first in a series of webinars to support individuals who are pursuing equity within the health system. If you have ever felt overwhelmed on where to begin with tackling such a complex subject, we invite you to watch our first webinar and join us in what will be an ongoing conversation.</p> <p>Specifically, this webinar provides:</p> <ul style="list-style-type: none"> • An overview of health equity and implicit bias, and their impact on children's health • A modeling exercise to explore how to recognize and address individual implicit bias • Resources and guidance to help attendees continue this journey after the webinar” | Great Simple introduction to health equity, implicit bias and their impact on children's health as well as recourses for moving forward. |

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| National Institute for Children's Health Quality (NICHQ) | Implicit Bias Resource Guide | https://www.nichq.org/resource/implicit-bias-resource-guide | 15-Page Guide | <p>“Recognizing and addressing biases is a critical step toward eliminating health disparities and achieving health equity. In this brief, you’ll find three resources to support your work to address your own implicit biases:</p> <ul style="list-style-type: none"> • Seven steps we can all take to minimize implicit bias • A Q&A with health experts about how to recognize and address implicit bias. All questions were raised by participants in a recent webinar on bias and reflect the real concerns of public health professionals and stakeholders. • A selection of stories shared with NICHQ about the many ways bias has affected individuals. Together, these stories illustrate the pervasive effects of implicit biases, and how every individual has a responsibility to recognize and address their biases.” | <p>This guide provides a good follow-up to the recorded webinar on implicit bias listed above. The guide contains:</p> <ol style="list-style-type: none"> 1) seven steps to take to minimize implicit bias. 2) a Q&A with health experts. 3) stories about ways bias has affected individuals. |
| Robert Wood Johnson Foundation | What is Health Equity | https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html | 20-Page Report | In the report, RWJF defines health equity and provides examples of specific terms related to health equity. | Great resource guide with simple steps and Q&A. |
| Arab Community | (Website) | https://www.accesscommunity.org/ | Varies | Resource for health planning and programs related to the Arab community | * |

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| Center for Economic and Social Services (ACCESS) | | | | in Michigan and nationally. All Health & Wellness pages recommended. | |
| Black Mothers Matter Alliance (BMMA) | Black Paper: Setting the Standard for Holistic Care of and for Black Women | http://blackmamasmatter.org/wp-content/uploads/2018/04/BMMA_BlackPaper_April-2018.pdf | 27-Page Document | “This Black Paper provides a summary overview of holistic care recommendations using a reproductive justice and human rights framework. The components of this Black Paper will be described further in a later report.” | * |
| Brown University School of Public Health | Dr. Sherman James: Building Health Equity in an Unequal World | https://www.youtube.com/watch?v=wKy46yJASrl | 1 Hour 3 Minutes | This talk is the keynote of Building Health Equity in an Unequal World, a collaborative lecture series presented by the Brown University School of Public Health and the Center for the Study of Race and Ethnicity in America. | * |
| Coalition of Communities of Color | Tool for Organizational Self-Assessment Related to Racial Equity | https://www.coalitioncommunitiescolor.org/research-and-publications/ccorgassessment | Questionnaire | “This tool – developed and piloted by our Eliminating Disparities collaborative – helps leaders gain an evidence-based snapshot of practices and policies related to racial equity in their organizations. This open source tool is designed for organizations both large and small, including school districts, nonprofits, corporations, foundations and others.” | * |
| Harvard University, | “America is Failing its Black Mothers” | https://www.hsph.harvard.edu/magazine/magazine | Varies | Magazine of the Harvard T.H. Chan School of Public Health article including discussion of maternal mortality and | * |

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| School of Public Health | | e_article/america-is-failing-its-black-mothers/ | | Family stories on this topic. Description of data and research including Geronimus’s Weathering and telomere research. Other critical research described, including the Black Women’s Health Study. Concludes with hopeful steps towards saving mothers. | |
| Harvard University | Project Implicit Bias | https://implicit.harvard.edu/implicit/user/pih/pih/preliminaryinfo.html | Online Questionnaire | “The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report. The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about. For example, you may believe that women and men should be equally associated with science, but your automatic associations could show that you (like many others) associate men with science more than you associate women with science.” | * |
| | John Henryism Hypothesis | https://www.youtube.com/watch?v=AWsQHxPxykQ | 21 Minutes | Epidemiologist Sherman James explores the startling effects of discrimination on the wellbeing of African Americans. He explains how the stressors induced by racial and economic oppression not only circumscribed opportunities, but also adversely affected people’s physical health. Evoking the legend of the steel-driving man, James discusses how he | * |

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| | | | | developed the “John Henryism Hypothesis.” | |
| Michigan Department of Health and Human Services (MDHHS) Division of Maternal and Infant Health | | https://www.michigan.gov/mdhhs/0,5885,7-339-71550_96967_100643---,00.html | | The following list of available trainings and resources is not exhaustive. For in-depth, comprehensive trainings, an in-person training is the first recommended choice. The intention of this list is to provide Maternal & Infant Health programs and partners across Michigan a starting place to address and incorporate health equity into their work. | * |
| National Association of City and County Health Officials (NACCHO) | Roots of Health Inequities | http://www.rootsofhealthinequity.org/ | Free Online Course (Registration Required) | <p>The online course can be taken individually or as a group. There are interactive modules to make the course engaging and more informative.</p> <p>“As part of the Roots of Health Inequity Learning Collaborative, participants will be able to:</p> <ul style="list-style-type: none"> • Explore social processes that produce health inequities in the distribution of disease and illness. • Strategize more effective ways to act on the root causes of health inequity. • Form relationships with other local health departments who are working to ensure health equity.” | * |

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| National Institute for Children’s Health Quality (NICHQ) | Moving the Needle on Health Equity: Two Experts Share Successful Programs and Lessons Learned | https://www.nichq.org/moving-needle-health-equity-recording | 1 Hour 7 Minutes | <p>“This second webinar in our Health Equity Series will share experiences from two health equity champions: Arthur R. James, MD, an obstetrician, gynecologist and pediatrician who has sought to improve care for underserved populations for the entirety of his medical career; and Denise Evans, MM, MA, a certified facilitator on cultural intelligence and unconscious bias.</p> <p>Together, they will provide insights on:</p> <ul style="list-style-type: none"> • Successful programs that have addressed health equity • Lessons learned about what led to those programs’ successes • Strategies that programs and organizations can use to champion health equity in their work” | * |
| Region V Public Health Training Center | Changing Internal Practices to Advance Health Equity | https://www.mittrainingcenter.org/courses/cipaa0819noce | 1 Hour 15 Minutes | <p>Learning Objectives</p> <ul style="list-style-type: none"> • Describe the role of health departments in addressing power imbalances, racism, and other forms of oppression at the root of health inequities. • Name three barriers and three antidotes to changing organizational culture. | * |

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| | | | | <ul style="list-style-type: none"> Identify five internal actions that health departments can implement to advance health equity. | |
| TEDxEmory | Dr. Camara Jones: Telling Stories - Allegories on Race and Racism | https://www.youtube.com/watch?v=GNhcY6fTyBM | 20 Minutes | Four allegories on race and racism are shared. | * |
| Ted Talk | Dr. David Williams: How Racism Makes Us Sick | https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick | 17 Minutes | “Why does race matter so profoundly for health? David R. Williams developed a scale to measure the impact of discrimination on well-being, going beyond traditional measures like income and education to reveal how factors like implicit bias, residential segregation and negative stereotypes create and sustain inequality. In this eye-opening talk, Williams presents evidence for how racism is producing a rigged system -- and offers hopeful examples of programs across the US that are working to dismantle discrimination.” | * |
| Robert Wood Johnson Foundation | County Health Rankings & Roadmaps: Building a | https://www.countyhealthrankings.org/app/michigan/2021/overview | Varies | The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson | * |

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| | Culture of Health, County by County (Michigan) | | | <p>Foundation and the University of Wisconsin Population Health Institute.</p> <p>The goals of the program are to:</p> <ul style="list-style-type: none"> • Build awareness of the multiple factors that influence health • Provide a reliable, sustainable source of local data and evidence to communities to help them identify opportunities to improve their health • Engage and activate local leaders from many sectors in creating sustainable community change, and • Connect & empower community leaders working to improve health. <p>The Michigan report offers statistics and discussion regarding health among the state's counties. This information can be used for planning actions to identify and address inequities at the county level.</p> | |
| W. K. Kellogg Foundation | Truth, Racial Healing, and Transformation Framework | https://healourcommunities.org/ | Varies | Truth, Racial Healing & Transformation (TRHT) is a comprehensive, national and community-based process to plan for and bring about transformational and sustainable change, and to address the historic and contemporary effects of racism. | * |

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| U.S. Health and Human Services Department | Think Cultural Health Program | https://thinkculturalhealth.hhs.gov/ | Multiple Resources Available at the Website | "Our Mission: Advancing Health Equity at Every Point of Contact" | * |

***Not reviewed by Michigan FIMR Network members**

Incorporating Health Equity in Case Review Team Meetings

These are tips from the Michigan FIMR Network for how to engage teams to be thinking of health equity. Additionally, these resources and tips may provide a way of ensuring health equity is addressed in the case review, recommendation development, and what actions will be taken based on the recommendations:

- Go through the [Public Health Framework for Reducing Health Inequities](#) by the Bay Area Regional Health Inequities Initiative with your teams, which may help teams think about root causes of infant mortality. This may be especially helpful when thinking through recommendations.
- Complete implicit bias training together to better understand the differences in objectivity and subjectivity.
- View the [Cliff of Good Health and Social Determinants](#) by Dr. Camara Jones with your teams.
- Encourage members to be thinking of equity in terms of language used, how root cause factors are marked on the Issue Summary Form (Ps & Cs) and encourage members to make equitable recommendations.
- Start your meeting with a health equity “icebreaker” (e.g. showing a short video, sharing an article on health equity, share some definitions related to health equity, etc.).
- Including something related to health equity on your meeting agendas (e.g. an image, statement, a resource, etc.). For example:
 - The [CDC Reaching for Health Equity Infographic](#) (This can also be downloaded from the CDC website).
 - The [Robert Wood Johnson Foundation Visualizing Health Equity: One Size Does Not Fit All Infographic](#) (This can be downloaded from the RWJF website).