

MOTHER INFANT HEALTH & EQUITY IMPROVEMENT PLAN

Year Two Highlights – 2021



By 2023, Michigan’s goal is to improve the infant mortality Black/white ratio by 15 percent to achieve a ratio of 2.3 Black infant deaths for every one white infant death.

Indicators	2017 Metric	2018 Metric	2019 Metric	2023 Goal	Improvement Expected (2017-2023)
Infant Mortality Rate/1,000 live births	6.8	6.6	6.4	5.8	15%
Low Birthweight	8.8%	8.5%	8.8%	7.8%	11%
Preterm Birth	10.2%	10.0%	10.3%	9.4%	8%
Sleep Related Infant Death Rate/1,000 live births	0.9*	1.2*	1.2*	0.8*	14%
Severe Maternal Morbidity Rate/10,000 delivery hospitalizations	168.9	175.7	194.3	130	23%
Pregnancy Related Maternal Mortality Ratio/100,000 live births	11.5 (2016 data)	9.9 (2017 data)	(data not yet available)	7.3**	37%

* Vital Records (VR) data were used in place of SUID Case Registry data to match with the HP2020 goal for this indicator.

** A 2023 goal of 7.3 was used in the regression model for this indicator, as it is the current pregnancy-related maternal mortality rate for California and Canada. Methodology: The most recent four to five years of indicator data, along with the HP2020 goal (when available), were modeled to obtain annual projections for each of the MIHEIP indicators listed below. Ordinary least squares (linear) regression models were used to calculate projected annual objectives when current estimates were within an acceptable range (0.2 – 0.8) and projected estimates did not surpass 100 percent or in cases where numerators and denominators were not available. Log-binomial models were used to calculate projected annual estimates when current estimates were outside the acceptable range for OLS and numerators and denominators were available. Data Source: Michigan Department of Health and Human Services (Division for Vital Records and Health Statistics, Michigan resident death files, 2018-2019), (Michigan Inpatient Database, 2018-2019), (Maternal Mortality Surveillance System, 2016-2017) .

Michigan’s 2019 infant mortality rate was 6.4 per 1,000 live births, the lowest rate in the state’s recorded history.

Detroit’s 2019 infant mortality rate was the lowest it had been in decades.

Disparities between Black and white infant deaths have decreased from a ratio of 3.4 in 2018 to 2.8 in 2019.



Partnering in Improvement

5 Maternal Infant Health Action Committees established to align with the priorities of the MIHEIP. Each Action Committee convenes experts aimed at impacting system change, informing policy and elevating recommendations and community voices.

9 Regional Perinatal Quality Collaboratives (RPQCs) worked throughout the pandemic to ensure moms, babies and families received optimal care and services. RPQCs provided maternal infant health stakeholders with support, data and education, while continuing to implement projects aligned with the MIHEIP.



Advancing Equity

- The State of Michigan prioritized health equity and elevated Black voices across Michigan:

Michigan adopts **new licensing rules** requiring implicit bias training for health care providers.

Michigan’s Governor’s Office creates the [Coronavirus Task Force on Racial Disparities](#). Task Force releases [Interim Report](#).

Think Babies Michigan Coalition created an equitable Policy Agenda aimed to increase access and enrollment in high-quality services, such as childcare, home visiting, early intervention and postpartum care for low-income families with children 0-3.

The fourth annual **Maternal Infant Health Summit** took place virtually, with over 600 participants. The summit focused on advancing equity in maternal and infant health.

- **Region 10: Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC)**

Building a Health Equity Network to share evidence-based information, resources and best practices.

Collaborating with the **Detroit Health Department** to reduce maternal mortality:

- Created a **Maternal Mortality Vitality Review Team (MMVRT)** to establish policies, priorities and practices to promote equity and maternal vitality.

- Conducting **Next of Kin Interviews** to delve deeper into the social determinants of health that play a factor in maternal deaths and increase health equity in maternity care and support.

Made possible with funding from the Kellogg Foundation and a MERCK for Mothers Grant.

- Michigan was awarded the Pew Charitable Trusts, **Calling All Sectors: Maternal Infant Health Outcomes & State Government Systems Change award** in partnership with Focus: HOPE. MDHHS' Diversity Equity and Inclusion (DEI) Checklist was approved and includes a future MDHHS Policy and on demand training.

Michigan Maternal Mortality Review Committee (MMRC) implemented new policies to require unconscious bias training for all members and incorporate health equity into case reviews and recommendations. To further ensure equity in MMRC, membership was broadened by region, race, gender, specialty and profession.

Berrien County Raising Up Healthy Babies Task Force and **Inter-Tribal Council of Michigan Asabike Coalition** partnered with **Achieving Birth Equity through Systems Transformation (ABEST)** to develop Roadmaps for Systems Change that included specific, actionable strategies to achieve birth equity.

Greater Detroit Area Health Council (GDAHC) was awarded a grant from the Michigan Health Endowment Fund to further infant safe sleep efforts in the City of Detroit.

The Michigan Public Health Institute (MPHI), in partnership with MDHHS, launched several new trainings on equity and unconscious bias.

Michigan implemented the **Medicaid Health Equity Project** to promote health equity and monitor racial and ethnic disparities within the managed care population.

Low Birth Weight (LBW) project works across Medicaid Health Plans to promote health equity in maternity care and infant care.

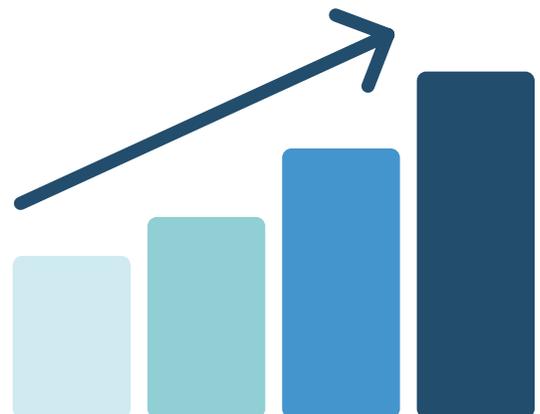
Home Visiting and Michigan Women, Infants & Children (WIC) implemented strategies to increase focus on Health Equity Efforts, both statewide and in local programs.



Healthy Girls, Women & Mothers

- **Michigan Women, Infants & Children (WIC)**

- o Increased access to fruits, vegetables, and other nutritious foods to address pandemic challenges.
- o Increased telehealth options for WIC clients to allow certified professionals to provide high-risk follow-up and secondary education to families.
- o Working to further increase telehealth into rural counties with the Tufts Telehealth Grant.
- o Increased access to services with the aligned WIC/SNAP/Medicaid Cross-enrollment Project.



- **Home Visiting**

As part of the **Governor’s Healthy Moms, Healthy Babies initiative**, MDHHS began piloting an alternate payment model for providers of the Maternal Infant Health Program (MIHP) to provide enhanced home visiting services for pregnant and parenting families.

Completed the statewide home visiting needs assessment, county wide assessments and a family focus companion document.

RPQCs are working to increase access to home visiting through efforts, such as the creation of (social) media campaigns and the establishment of a universal HV referral system and referral hub.

Universal home visiting referral link now included as part of High Touch, High Tech (HT2) app at the participating prenatal care clinics in Regions 2&3.

- **Medicaid** expanded postpartum coverage to 12 months and is working to ensure these changes are sustained



Optimal Birth Spacing

- **MDHHS Family Planning Program** has increased access to reproductive health services:

New Family Planning providers added at Detroit City Health Department and Honor Community Health in Oakland County.

Providers statewide responded to the COVID pandemic with innovative service delivery, including telehealth visits, curbside contraceptive pickup, contraceptives by mail, laboratory drop off.

Partnered with the Michigan Organization on Adolescent Sexual Health (MOASH) to develop a reproductive health media campaign made for and by youth.

- Region 1 has expanded access to **Long-Acting Reversible Contraception (LARC)** across the upper peninsula.
- Regions 4 & 5 have promoted **CenteringPregnancy** as an alternative model of prenatal care.
- RPQCs are increasing and improving access to care and support throughout the pregnancy and postpartum period. They provide virtual support groups, as well as virtual birthing and breastfeeding education.



Full Term Healthy Weight Babies

- **Fetal Infant Mortality Review (FIMR)**

The Association of Maternal and Child Health Programs (AMCHP) awarded MDHHS' FIMR program with an Innovation Station Cutting-Edge Practice award.

Implemented efforts to align Michigan Maternal Mortality Surveillance (MMMS) program recommendations and FIMR recommendations.
– Efforts included developing a joint recommendation tool, obtaining and utilizing qualitative analysis software and creating a dissemination/communication plan

- Michigan has worked to increase education, awareness and the prevention of **birth defects** through the pandemic. The program was awarded all three components of the *Advancing Population-Based Surveillance of Birth Defects* grant.
- Region 9 is working to promote birthing rights and prenatal care options regionally.
- Region 1 is utilizing a **Community Health Worker** model of care to connect families to resources and services focused on social determinants of health.



Infants Safely Sleeping & Breastfeeding

Increases in 2-month breastfeeding duration and 6-month breastfeeding exclusivity rates in WIC clients

Over 1500 people, including health care professionals and home visitors, were trained in infant safe sleep

Developed the [Sleep-Related Infant Death Infographic](#)

[The Michigan Breastfeeding Plan](#) was released

Launched Michigan.gov/Breastfeeding website

Partnered with High Touch, High Tech (HT2) to add safe sleep information to the e-screening tool

- Convened a Breastfeeding Advisory Group of community stakeholders.
- Supported multiple breastfeeding and safe sleep projects (in partnership with the **Michigan Breastfeeding Network**), with a focus on advancing racial equity and supporting BIPOC-led community organizations.
- Collaborated with **Michigan Organization on Adolescent Sexual Health (MOASH)** to survey youth to assess their knowledge of breastfeeding and safe sleep and to identify their preferred means of receiving information to inform educational sessions and social media messages.

- **Focus: HOPE** is working with fatherhood groups to provide education on safe sleep and breastfeeding.
- Launched the **Quality Improvement, Training, Accountability and Community Supports (QI-TRACS)** project, in partnership with Coffective and the Kellogg Foundation. The project aims to reduce racial disparities in breastfeeding rates and decrease maternal and infant morbidity and mortality.



Mental, Emotional & Behavioral Well Being

Expanding, Enhancing Emotional Health (E3)

funded **93** sites to ensure Child & Adolescent Health Centers have access to mental health therapists providing comprehensive screening, assessment and treatment for children ages 5-21 years with mild to moderate severity of need.

Child and Adolescent Health Centers played a significant role in increasing youth access to physical and mental health care via telehealth during the COVID pandemic.

- **Women’s Specialty Services** was awarded a Pregnant and Parenting Women grant

MDHHS expanded the **Behavioral Health Home (BHH)** and **Opioid Health Home (OHH)** initiatives to provide intensive care management and care coordination services for Medicaid beneficiaries with mental health and substance use issues.

Medicaid Maternity Outpatient Medical Services (MOMS) benefit plan added behavioral health and substance use disorder services.

- Eight prenatal care clinics are implementing the **High Touch, High Tech (HT2)** app for universal mental and behavioral health screening, brief intervention and linkage to resources and services.
- War Memorial Hospital, Hurley Medical Center and Munson Health System implemented and expanded a **Rooming-In** model of care for substance-exposed infants and their families.
- Region 5 has begun efforts to incorporate an SUD-related focus into the **CenteringPregnancy** model at local prenatal care clinics.
- Region 9 developed a **Trauma Informed Care** toolkit for providers to ensure women receive care and support.