

# MOTHER INFANT HEALTH & EQUITY IMPROVEMENT PLAN

## Year Three Highlights – 2022



Disparities between Black and white infant deaths in Michigan have decreased from a ratio of 3.4 in 2018, to 2.6 in 2020.

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	2020 Metric	2023 Goal
Infant Mortality Rate/1,000 live births	6.8	6.6	6.4	6.8	5.8
Low Birthweight	8.8%	8.5%	8.8%	9.0%	7.8%
Preterm Birth	10.2%	10.0%	10.3%	10.2%	9.4%
Sleep Related Infant Death Rate/ 1,000 live births	0.9*	1.2*	1.2*	1.3*	0.8*
Severe Maternal Morbidity Rate/ 10,000 delivery hospitalizations	168.9	175.7	194.3	211.3	130
Pregnancy Related Maternal Mortality Ratio/ 100,000 live births	11.5 (2016 data)	9.9 (2017 data)	10.9 (2018 data)	(Data not yet available)	7.3**

\* 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).

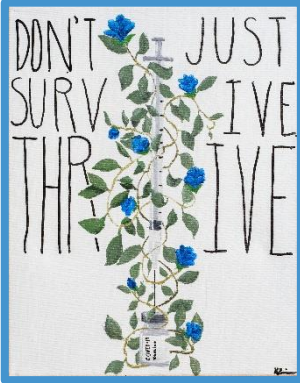
The Michigan Department of Health & Human Services, Division of Maternal & Infant Health celebrates successes across Michigan and acknowledges the invaluable commitment of stakeholders in striving toward the Mother Infant Health & Equity Improvement Plan's vision of **zero preventable deaths** and **zero health disparities**.

[Michigan.gov/MIHEIP](https://michigan.gov/MIHEIP)



## Partnering in Improvement

**Regional Perinatal Quality Collaboratives (RPQCs)** are promoting prevention by building vaccine confidence in their communities. RPQC's are partnering with maternal infant health stakeholders, local health departments (LHDs), Federally Qualified Health Centers, local media, community based organizations (CBOs), families, birthing hospitals, and health systems to increase COVID-19 vaccination and routine vaccinations in the perinatal and infant populations.



*Thrive by Kate Zuidersma  
VFV 2<sup>nd</sup> Prize, Youth*

**Regions 2 & 3** created **Voices for Vaccination (VFV)** an art contest promoting vaccination. Participating artists and community members generated vast support for the campaign through their original works of art.

**Region 9** produced a series of vaccine testimonial videos including "**Why did you get the COVID-19 vaccine while pregnant and/or breastfeeding?**" highlighting stories of families from Southeast Michigan.

**Region 10** awarded mini grants to support vaccination outreach efforts. The seven local entities funded include Catholic Charities of Southeast Michigan - La Casa Amiga, Detroit Association of Black Organizations, Forgotten Felons LLC, Judson Center, Operation Get Down, Second Ebenezer Church, and Training and Treatment Innovations Inc.



*Vulnerable by Hana Phelps  
VFV 1<sup>st</sup> Prize, Adults*



## Advancing Equity

**Michigan continues to prioritize health equity**, collaborating with communities to overcome barriers, build trust, and continue to expand on the successful work across the Great Lakes in eliminating health disparities. MDHHS released the **2021 Health Equity Report: Moving Health Equity Forward** addressing health disparities in Michigan.

The **Michigan Coronavirus Racial Disparities Task Force** released their final progress report "**Recommendations for Collaborative Policy, Programming and Systematic Change.**" The report is intended to guide future health equity work and details several action steps that the Task Force has implemented, as well as recommendations to address systemic racism. The report supports implementation of the Mother Infant Health & Equity Improvement Plan's (MIHEIP) strategic vision of zero preventable deaths — zero health disparities.

STRONGER  
TOGETHER

The fifth annual **Maternal Infant Health Summit** continued to move Michigan forward and challenge the status quo to ensure an equitable future for all. The virtual summit featured globally recognized leaders and advocates in maternal-infant health and equity. Over 600 participants attended the event, which highlighted family stories and community-led solutions to dismantle systems of oppression and advance health equity in the communities where people live, learn, work, and play.

**Maternal Infant Health Action Committees** worked to provide guidance and recommendations on policies and resources required to improve the lives of moms, babies, and families in Michigan. The committees support initiatives that improve maternal-child health, promote family engagement, and eliminate racial disparities in birth outcomes. Several recommendations have been used to inform funding and policy priorities for the state of Michigan.

**Region 10: Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC)** launched the [Detroit Health Equity Education Resource \(DHEER\)](#), offering a wealth of resources to achieve health equity, at no cost, to all.

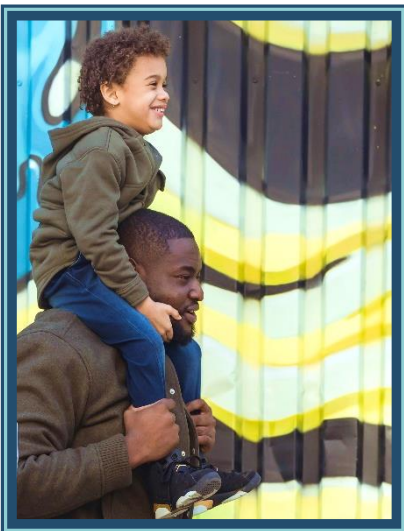
The DHEER website includes a **Data Dashboard** to evaluate progress for services and policies in Wayne, Oakland, and Macomb counties.

MDHHS is collaborating with **LHDs** and **CBOs** in **Region 10** to conduct a strength-based assessment of infant vitality in Southeast Michigan by:

Partnering with Birth Detroit, Focus: HOPE and SEMPQIC to conduct **strength-based** discussions, focusing on the positive attributes of families, communities, and organizations.

Conducting **asset mapping** in partnership with Wayne, Oakland, Macomb and Detroit health departments.

Made possible with funding from the Michigan Health Endowment Fund.



**Focus: HOPE** continues to amplify the importance of authentic fatherhood engagement.

The **Fatherhood Men in Motion** mentorship program works to support men in their fatherhood journey.

Men in Detroit describe the [Impact of the Movie Toxic: A Black Woman's Story](#) after a film screening with Men in Motion. The forum further demonstrates the need for engaging fathers and male caregivers in maternal child health.

**STRONG Beginnings**, a Healthy Start program in **Region 4**, is strengthening families by encouraging and supporting **Strong Fathers**.

Barbershop Talks, Dad's Cafés, and the Community Fatherhood Summit continue to provide opportunities to promote fatherhood involvement and encourage and promote positive fatherhood in Kent County.

[Michigan Maternal Mortality Surveillance \(MMMS\)](#) and [Fetal Infant Mortality Review \(FIMR\)](#) are partnering to advance equity.

MMMS convened a new Recommendations Workgroup comprised of diverse stakeholders to identify opportunities to **work alongside communities** implementing interventions aimed at improving services and resources.

The **Detroit Health Department** FIMR program has continued to partner with MMMS on **next-of-kin interviews**. Interviews provide an opportunity to hear the family's perspective on the events leading to each maternal death and provide support to the family by listening, validating feelings of loss, and sharing grief and bereavement resources.

MMMS was awarded funding under the **Centers for Disease Control and Prevention (CDC) Preventing Maternal Mortality: Supporting Maternal Mortality Review Committees** cooperative agreement. The project will focus on the expansion of the maternal mortality data collection, committee review, and recommendation implementation processes that are currently being conducted within the state of Michigan.

"Every pregnant Michigander deserves access to a safe birth, critical maternal health care, and essential post-partum supports"

Governor Gretchen Whitmer





**Governor Whitmer prioritized increasing access to doulas.** The Fiscal Year 2023 budget included funding allocated for building a statewide doula infrastructure to assist in reducing maternal and infant disparities.

The Maternal Child Health Epidemiology Section made enhancements in analyzing and reporting **inclusive data**. American Indian infant health data is now analyzed using a more inclusive method which counts any American Indian race inclusion: maternal, paternal and/or mixed race - as American Indian or Alaskan Native.

The Division of Maternal and Infant Health requires that Michigan's **Regional Perinatal Quality Collaborative (RPQC)** membership consist of at least 10 percent of families and community members. RPQCs are also required to actively address health inequities, the social determinants of health, and disparate outcomes.

With the **Achieving Birth Equity through Systems Transformation (ABEST)** project, Berrien County Raising Up Healthy Babies Task Force is bringing together healthcare, public health, and community-based partners to build community power and leadership in maternity care, and the Inter-Tribal Council of Michigan is working with the Region 2 & 3 Perinatal Quality Collaborative and Munson Healthcare System to create systems change that supports whole-person birth experiences that hold tradition and culture at the center.

The **Low Birth Weight (LBW)** project is continuing to promote equity across Medicaid Health Plans (MHPs). MDHHS transitioned to the use of a quantitative measure to monitor performance of Low Birth Weight (LBW). MHPs will maintain regional collaboration efforts. MDHHS will incentivize aggressive reductions in LBW racial disparities for African American and minority populations.

**Women, Infants & Children (WIC)** has prioritized diversity, equity and inclusion initiatives that highlight a commitment to advancing health equity for WIC clients.

WIC established a DEI Review Committee to develop a standard process to review and approve external communications and publications using an equity framework.

Other efforts include; diversifying the state breastfeeding team, promoting monthly DEI discussions, and revising WIC's client education materials to include gender-neutral terminology and diversity in visual images.

WIC started the *Breastfeeding Supporters of Color Network*, a monthly, virtual meeting that provides a collaborative space for peer support and identifying strategies to improve the breastfeeding experiences of communities of color.

Additionally, WIC established a Vendor Advisory Council to inform WIC policies, program integrity, and improve community relations between WIC vendors and clients.

WIC is convening a Client Advisory Council (CAC) comprised of current and past WIC clients to elevate and strengthen the participant voice in state and local agency operations. The CAC will assist with outreach, educational material creation and other program priorities and special projects.





## Healthy Girls, Women & Mothers

Michigan expanded Medicaid coverage for moms and babies. Coverage has been approved for a 12-month postpartum period for moms and babies. This expansion is part of Governor Whitmer's [Healthy Moms, Healthy Babies](#) initiative.

Governor Whitmer and the Michigan Department of Corrections (MDOC) announced [a new policy directive](#) that will guarantee critical medical resources and support for people who are incarcerated and pregnant or post-partum and their newborns.

The Fiscal Year 2023 budget included funding to raise awareness of uterine fibroids, which disproportionately impact women of color.

"Extending Medicaid postpartum coverage will assist the state in its continued efforts to improve access to care for all Michigan families and equitable health outcomes."

Director Elizabeth Hertel, MDHHS

The [Michigan Early Hearing Detection & Intervention \(EHDI\)](#) program partnered with [Michigan Hands and Voices](#), a family-based organization to create videos highlighting resources available for families with infants with hearing loss:

[EHDI 1/3/6 Goals](#)

[The Guide by Your Side Program](#)

[DHH Guide Program](#)

EHDI is improving access to diagnostic hearing services for infants in medically underserved geographies by piloting telehealth services in conjunction with the University of Michigan.



Evidence-based [Home Visiting](#) programs are growing in Michigan's communities.

The University of Michigan Youth Policy Lab assessed the value of using **Community Health Workers (CHWs)** in home visiting programs, demonstrating that CHWs improved agency outreach and beneficiary retention and overall outcomes for families.

Enhancements are being made to [MI Bridges](#) and [Michigan 2-1-1](#) to improve the user experience, provide streamlined information, facilitate automatic referrals, and increase access to programs and services.

Home visitors are implementing the "Survivor Mom's Companion," a **trauma-informed care** initiative in Southeast Michigan. Trainings will be provided to doulas and [Maternal Infant Health Program \(MIHP\)](#) agencies and providers. This work was made possible with funding from the W.K. Kellogg Foundation.



**Regional Perinatal Quality Collaboratives (RPQCs)** are working to increase access to home visiting awareness and overall referrals through mass media campaigns and social media marketing.

Partnerships are thriving between RPQCs Home Visiting workgroups and other maternal child health focused programs, with a focus on birthing hospitals and health systems.





## Optimal Birth Spacing

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

The Family Planning Network currently has 33 local agencies and 92 clinics.

The MDHHS Family Planning Program **received \$7.6 million in federal funds** due to continued dedication from program staff and partners.

MDHHS awarded eight local agencies with funding under the Family Planning Telehealth Infrastructure Enhancement and Expansion Grant, announced by the Office of Population Affairs (OPA), under Section 2605 of the American Rescue Plan Act of 2021, to support MDHHS **Family Planning telehealth infrastructure** and capacity in Michigan.



Governor Whitmer and MDHHS launched efforts to educate Michiganders and health care providers on the difference between **Emergency Contraceptives and Medication Abortion.**

In response to the Supreme Court's decision to overturn **Roe v. Wade**, MDHHS is working on efforts to expand women's reproductive rights and ensure their health care needs are met in Michigan.

Governor Whitmer issued **Executive Directive No. 2022-05**, requesting state departments and agencies to identify and assess potential opportunities to increase protections for reproductive health care.

Michigan is continuing to expand **CenteringPregnancy** as an alternative model of prenatal care. Locations are now available in Regions 4, 5, 7, 9 and 10. Additionally, RPQCs and maternal infant health stakeholders have worked to improve access to care with virtual support groups, as well as virtual birthing and breastfeeding education.



## Full-Term Healthy Weight Babies

**Michigan is working to expand access to doula care and build a diverse and sustainable doula workforce.**

MDHHS released a proposed policy for **Medicaid coverage of doula services**, including community-based, prenatal, labor and delivery, and postpartum services when recommended by a licensed healthcare provider.

Michigan's **Regional Perinatal Quality Collaboratives** are collaborating on expanded regional access to doulas.

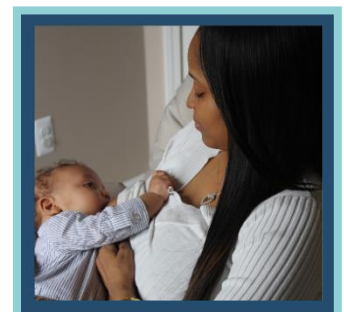
**Region 8** launched a pilot project with the goal of connecting pregnant people of color with local doulas to enhance wrap-around services to improve birth outcomes and positive birth experiences.

**Region 9** launched a Doula Project which includes work to increase and diversify the doula workforce, improving accessibility for birthing families. This project was made possible by grant funding from the Michigan Health Endowment Fund.

### Fetal Infant Mortality Review (FIMR) & Michigan Maternal Mortality Surveillance (MMMS)

The Michigan FIMR Network participated in a National FIMR **Strategic Storytelling** Learning Collaborative to study the foundations and strategies of storytelling to help prevent fetal and infant deaths. Stories provide the context to the FIMR recommendations and data, providing an opportunity to not only elevate equitable recommendations for action but to elevate families' voices, empowering the families who share their sacred stories.

The aligned FIMR and MMMS recommendation analysis process was fully implemented. This resulted in a collaborative format for communicating, disseminating, evaluating, and acting on joint findings.







## Infants Safely Sleeping & Breastfeeding

Over 8,000 people, including health care professionals and home visitors, were trained in infant safe sleep.

The [Safe Sleep program](#) collaborated with the Bureau of EMS Trauma and Preparedness, EMS for Children Program with support from the Children's Safety Network Learning Collaborative to develop the **Infant Safe Sleep Certification Program for EMS Agencies and Fire Departments**. To date, 14 agencies have enrolled – training nearly 400 providers.

WIC published their first [Breastfeeding Data Report](#) with a focus on breastfeeding disparities.

Across MDHHS, breastfeeding and safe sleep education, outreach, and media campaigns launched before, during and after [National Breastfeeding Month](#).

MDHHS partnered with [Michigan Breastfeeding Network](#) on the Great Lakes Breastfeeding Webinar series, providing educational webinars to over 1,200 participants.

WIC coordinated and led a breastfeeding training grant among seven Midwest region states.

The Infant Safe Sleep program is working with StoryCentre to offer a **digital storytelling workshop** to parents who have lost an infant due to unsafe sleep. By bringing families with lived experience, community members, and advocates together to share and heal from their safe sleep experiences, we can work to eliminate safe sleep deaths.



## Mental, Emotional & Behavioral Well Being

MDHHS is continuing to support the expansion of [High Touch, High Tech \(HT2\)](#) e-screening for mental and behavioral health, brief intervention and linkage to resources and services. Currently 12 prenatal care clinics and two family planning clinics have implemented HT2 statewide, with another six clinics working towards full implementation.

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. Two hospitals have implemented peer recovery programs to provide families with additional support.

MDHHS expanded **Opioid Health Home (OHH)** initiatives to provide case management and care coordination for Medicaid beneficiaries with mental health and substance use disorders. Serving **3,000 people** across the state in nine of ten Prepaid Inpatient Health Plan (PIHP) regions.

MDHHS amended the State Plan and changed policy to include two new **Behavioral Health Home (BHH)** regions. BHH expanded to five additional counties and nine Health Home Providers (HHPs). There are now 38 HHP's within the Prepaid Inpatient Health Plan (PIHPs).

**Women's Specialty Services** began implementation of the Pregnant and Postpartum Women's grant, expanding HT2.

WSS bolstered Medication Assisted Treatment provider education, and communication, referral streams, and service delivery between substance use providers, OB-GYN offices, and family health centers.

The grant also provided trauma-informed, women-specific, evidence-based training, including Healing Trauma +, Mom Power, and Fraternity of Fathers.

A program for **bullying prevention** was established through **Children's Special Health Care Services**. Thirteen schools and school districts received funding to implement efforts that focus on children and youth with special health care needs, who experience bullying at a higher rate. The program is informed by schools, parents, and service providers.

**Handle with Care (HWC)** launched in partnership between law enforcement and schools, providing **trauma-informed** interventions for children who experience or witness an event requiring the presence of law enforcement. HWC provides age-appropriate interventions to support children and help them achieve academically despite experiences of trauma.

7 The Michigan Department of Health and Human Services (MDHHS) will not exclude from participation in, deny benefits of, discriminate against any individual or group because of race, sex to include sexual orientation and gender identity and expression, religion, age, national origin, color, height, weight, marital status, partisan considerations, or disability.