



PRACTICES TO REDUCE INFANT MORTALITY THROUGH EQUITY

Michigan Family Impact Seminar

Brenda Jegede, MPH, MSW

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Overview

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- Why PRIME?

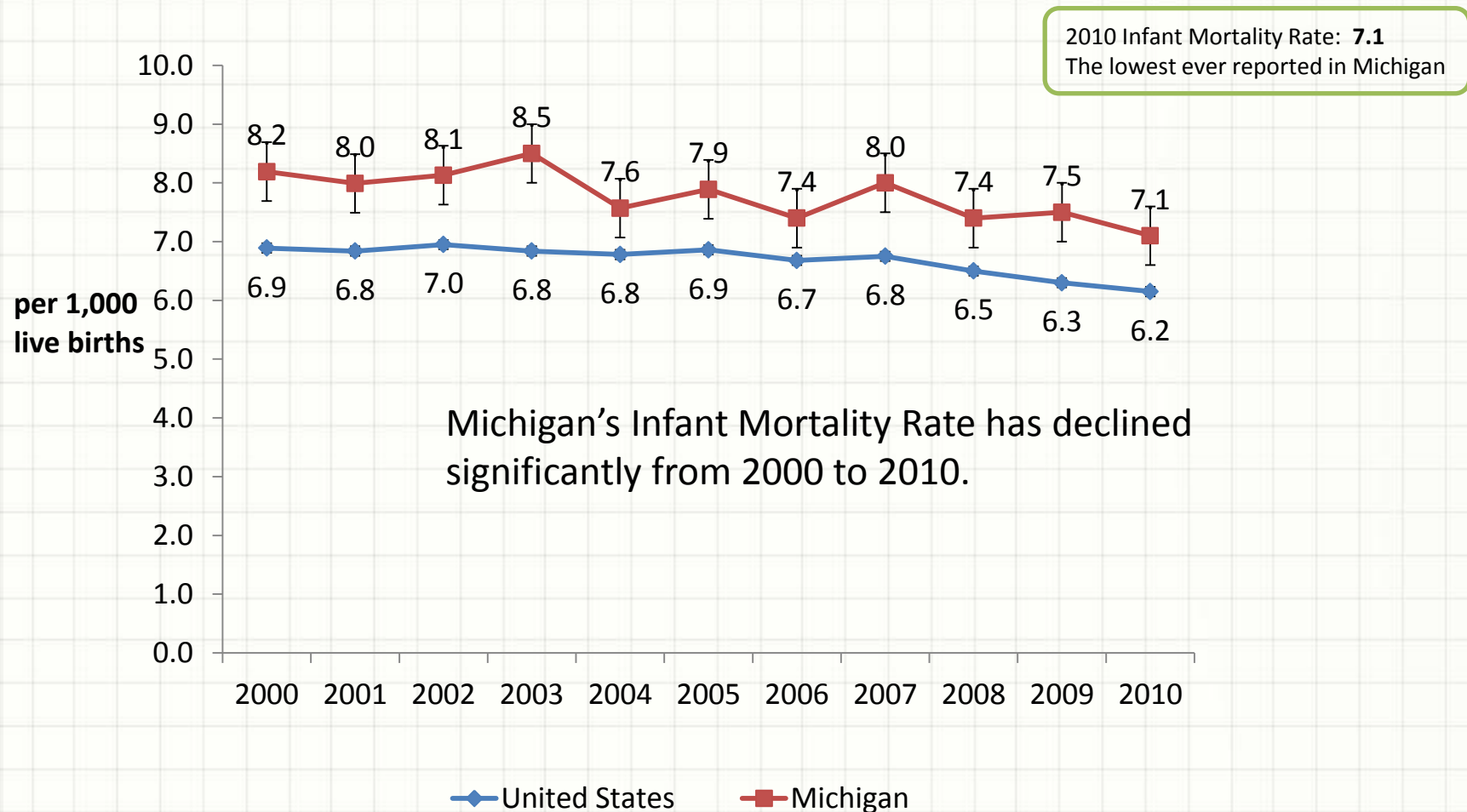
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- Understanding Racial Differences in Infant Mortality

3

- PRIME Activities & Findings

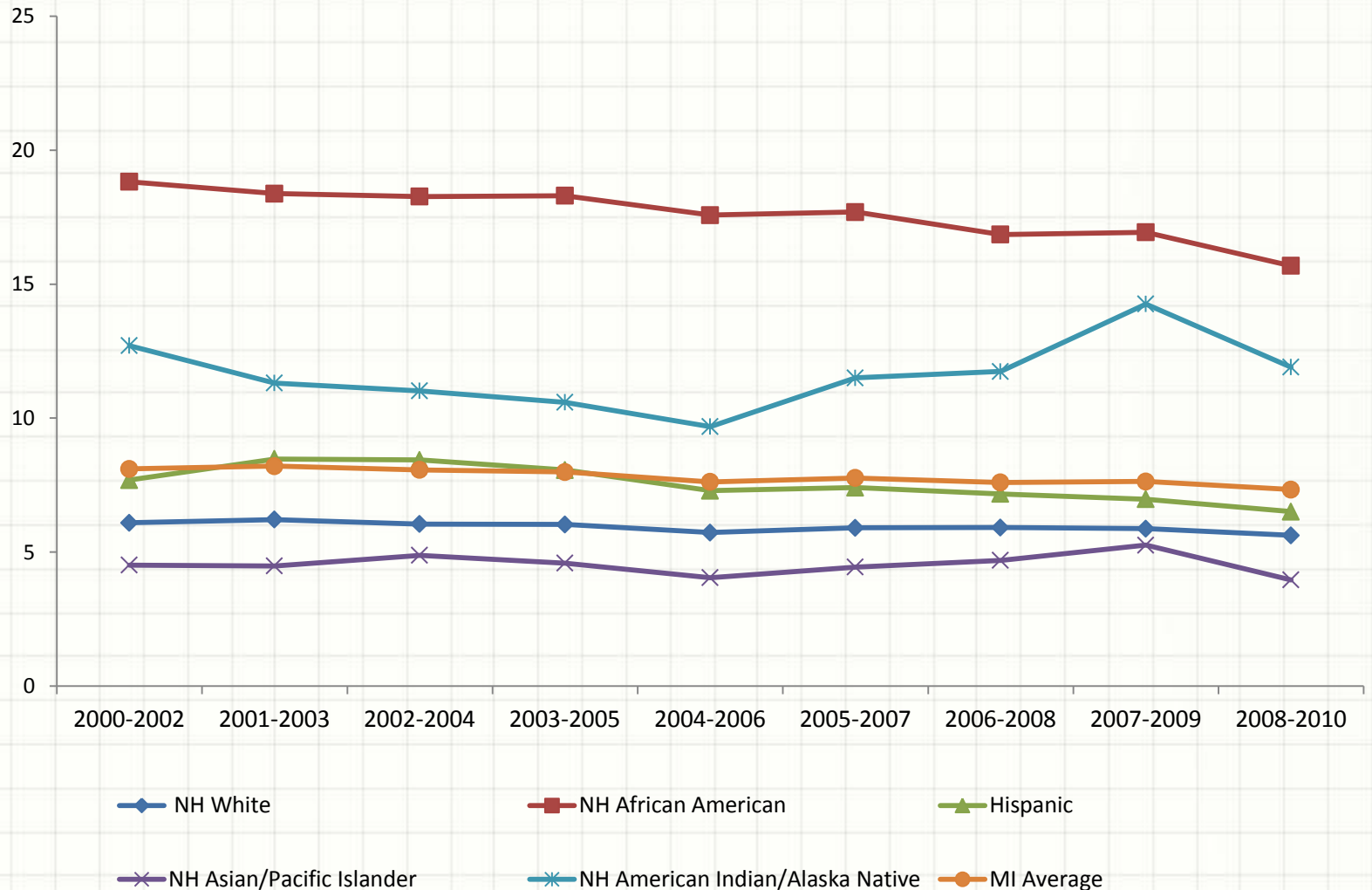
Michigan vs. US rates of infant mortality 2000-2010



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

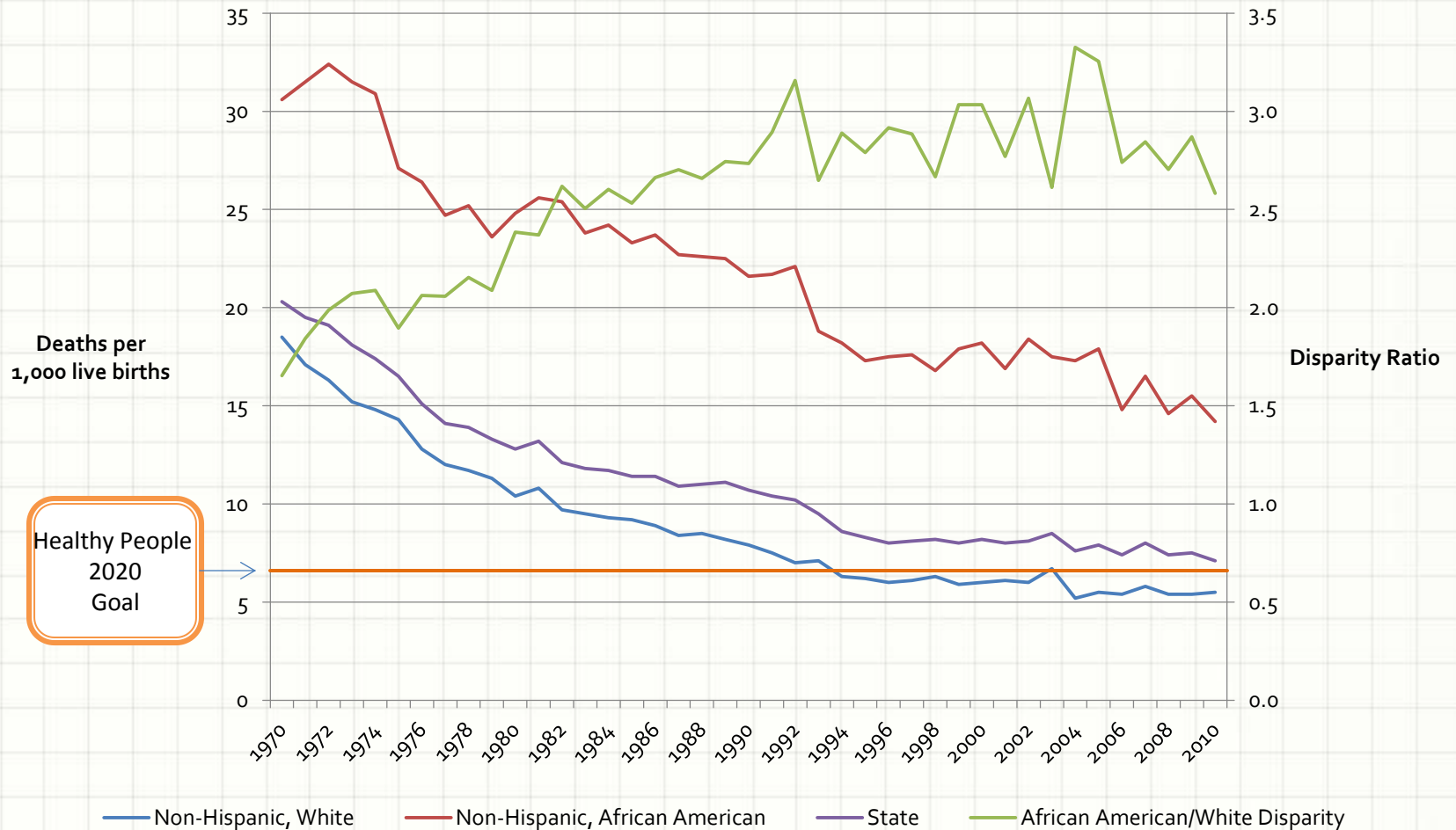
Average Infant Mortality Rate by race/ethnicity, MI 2000-2010

Per 1,000 live births



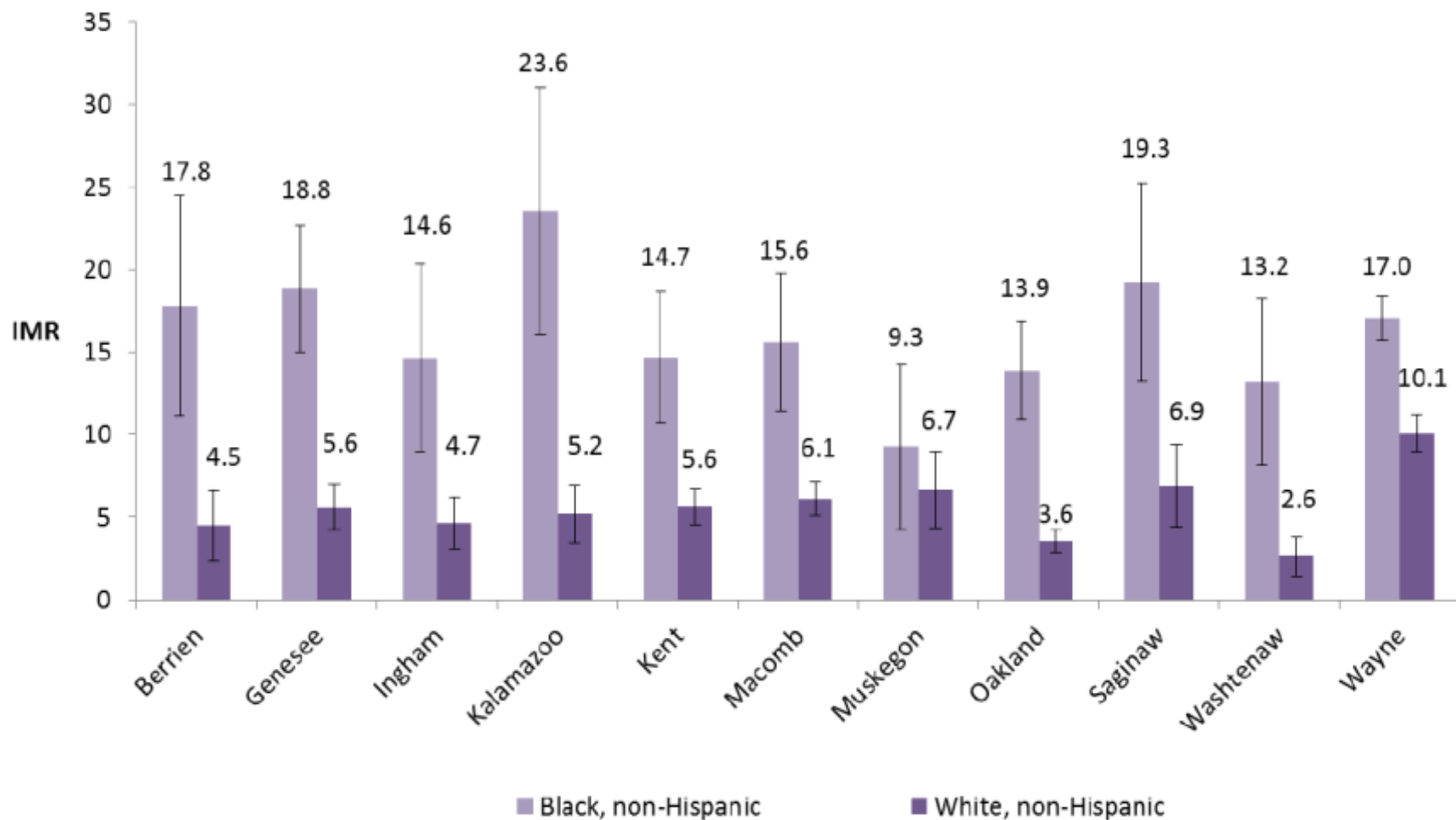
Source: MI Resident Live Birth and Death Files, Division for Vital Records and Health Statistics

Trends of infant mortality by race/ethnicity and disparities, MI 1970-2010



Source: Michigan Resident Birth and Death Files, MDCH Division for Vital Records & Health Statistics
 Prepared by: MDCH MCH Epidemiology Unit, 10/19/2012

Top 11 MI Counties with Racial Disparities in Infant Mortality: 2009



*Counties with more than 1,000 live births and 5 infant deaths for each race/ethnicity




2

- Understanding Racial Disparities in Infant Mortality

Unnatural Causes – When the Bough Breaks

- Why do African American women have babies that are born too small, at twice the rate of white American women?
 - Socioeconomic differences?
 - Is there something in the DNA of African American women?



Life Course Theory points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups

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

Health equity, as defined by Health People 2020, is the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities".



If health equity were achieved and all infants born in Michigan had the same chance of surviving beyond their first birthday, **235 babies who died in 2009 would be alive today** – more than enough to fill a jumbo jet



UNEQUAL TREATMENT

CONFRONTING RACIAL AND ETHNIC
DISPARITIES IN HEALTH CARE

INSTITUTE OF MEDICINE

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

Other Reports

- CDC Health Disparities and Inequities Report 2011
- HHS Action Plan to Reduce Racial & Ethnic Disparities – April, 2011
- RWJF – Place & Health: Why Conditions Where We live, Work & Play Matter – May, 2011

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



3

- PRIME - Activities & Findings

PRIME Objectives

- Create a comprehensive strategy and practice model in state public health that will reduce racial disparities/inequities in infant mortality. Targets African Americans and Native Americans
- Use state/local partnership network to codify effective efforts that undo racism and help to eliminate racial disparities in infant mortality
- Establish a sustainable quality improvement process for these efforts within the Bureau of Family, Maternal & Child Health

PRIME

- W.K. Kellogg awarded 3 ½ years of funding
May, 2010 & December, 2010

- Steering Team
 - Intervention Workgroup
 - Evaluation Workgroup
 - Local Learning Collaborative
 - Native American Ad Hoc Workgroup

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

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

PRIME Activities

- Training & Evaluation
 - Undoing Racism
 - Health Equity & Social Justice
 - Health Equity Learning Labs
- Native American PRAMS
- Reports
 - Health Equity Status Report
- MI Policy Review



MDCH Successes

Policy/Program Changes

- DFCH Training with Local Providers
- Local MCH/Health Disparities
- Nurse Family Partnership Outreach Plans
- Native American PRAMS
- WIC Health Equity Plans & Local Provider Training

What we are learning...

“Learning Labs” are needed

Important to Collect Racial & Ethnic Data

Connecting with Local Community is Imperative

Staff Competencies Improved

European Americans Demonstrated the Ability to Catch up in their Learning

Important to Address Root Causes

Lack of guidelines for State Health Department

Reducing Infant Mortality....

- Prevention
- Population Health Factors – SDOH
- Home Visiting Programs
- Partnerships with local communities
- Trying something different

MDCH Website - Resources

www.michigan.gov/dchprime

www.michigan.gov/infantmortality

www.michigan.gov/minorityhealth



BRENDA JEGEDE, M.P.H., M.S.W.

JEDEB@MICHIGAN.GOV

517-335-9483