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# Southeast Michigan Infant Mortality Reduction Efforts

Reducing Infant Mortality in Michigan:  
Lessons Learned From the Field  
May 5, 2008

# Speakers

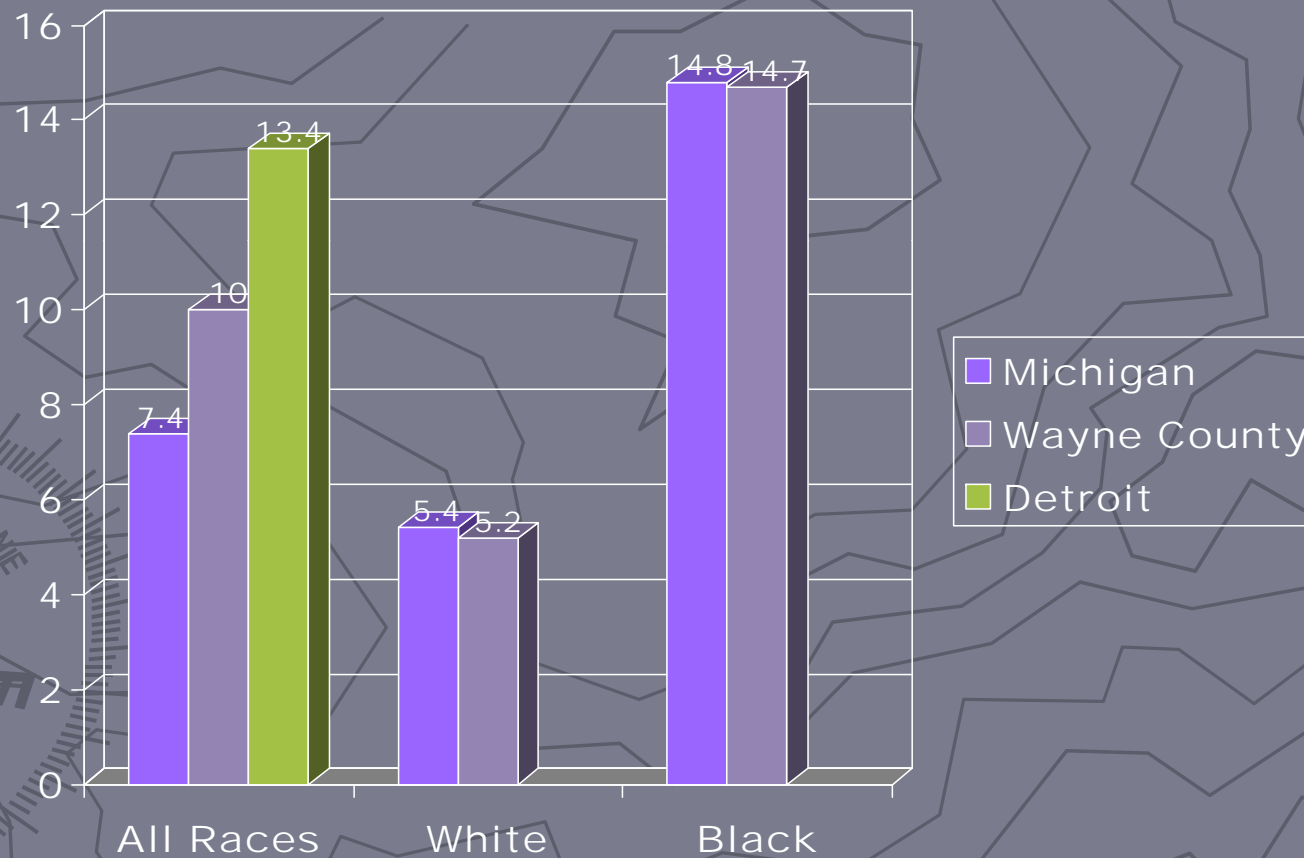
- ▶ Facilitator: Kimberlydawn Wisdom, MD, MS  
VP of Community Health Education & Wellness  
Henry Ford Health System  
  
Michigan Surgeon General
- ▶ Phyllis Meadows, PhD, MSN, RN, Director  
Detroit Department of Health & Wellness Promotion
- ▶ Loretta Davis, MSA, Health Officer  
Wayne County Health Department
- ▶ Carol Callaghan, MPH, Director  
Div. of Chronic Disease & Injury Control, MDCH

*“The solution to adult problems tomorrow depends on large measure upon how our children grow up today.”*

- Margaret Mead, American Anthropologist



# The Challenge: Infant Mortality Rate per 1000 in 2006



Source: Michigan Department of Community Health

# Session Objectives

- ▶ Discuss key objectives and processes to reduce infant mortality in southeast Michigan through a systems approach
- ▶ Learn of important initiatives under way:  
Detroit Dept. of Health & Wellness Promotion, Wayne County Health Dept., Detroit Regional Task Force

# Session Objectives

- ▶ Understand how to engage key stakeholders; discuss consortium-building as an opportunity for sustaining partnership
- ▶ Provide feedback for Detroit regional efforts
- ▶ Identify next steps



# Detroit Regional Infant Mortality Task Force Goal (draft):

*“Develop a plan of action to collaboratively and measurably reduce infant mortality in the Detroit region, setting a sustainable precedent for ongoing new levels of regional partnership.”*



# Detroit Regional Infant Mortality Task Force

- 
- ▶ Michigan Dept. of Community Health
    - Alethia Carr, Brenda Fink, Cheryl Lauber
  - ▶ Detroit Dept. of Health & Wellness Promotion
    - Dr. Phyllis Meadows
  - ▶ Wayne County Health Department
    - Loretta Davis
  - ▶ Greater Detroit Area Health Council
    - Vernice Davis Anthony
  - ▶ Detroit Medical Center
    - Dr. Bonnie Stanton, Shawn Levitt
  - ▶ Henry Ford Health System
    - Dr. Kimberlydawn Wisdom, Dr. Charles Barone, Dr. Richard Smith, Darlene Burgess, Kathleen Conway, Amanda First, Donna Wellington
  - ▶ Oakwood Healthcare System
    - Dr. Charles Cash, Kelly Smith
  - ▶ St. John Health
    - Dr. Brian Mason, Cynthia Taueg

As of 5/5/08

# Background

- ▶ HFHS CEO Nancy Schlichting, representing 4 health system CEOs, charged Dr. Wisdom to build collaboration – Aug. '07
- ▶ Local and state public health leaders convened with HFHS leaders – Oct. '07

# Background

- ▶ Other health systems engaged – Physician/Administrator Teams, Nov. '07 – Jan. '08
- ▶ Preliminary best practice review – Jan. – March '08
- ▶ Task Force is launched – April 1, 2008

# Phase I

- ▶ Review *current reality* (including community needs and assets, programmatic inventory) and assess challenges/opportunities to reduce infant mortality in SEM
- ▶ Validate the *overall goal* and develop preliminary *objectives* for the Task Force

# Work Plan, Going Forward

- ▶ “SWOT” analysis
- ▶ Program roundtable
- ▶ Who else needs to be at the table?
- ▶ Data review and best practices
- ▶ Community asset inventory
- ▶ Determine “low-hanging fruit”
- ▶ Consider consortium approach

# Caveats

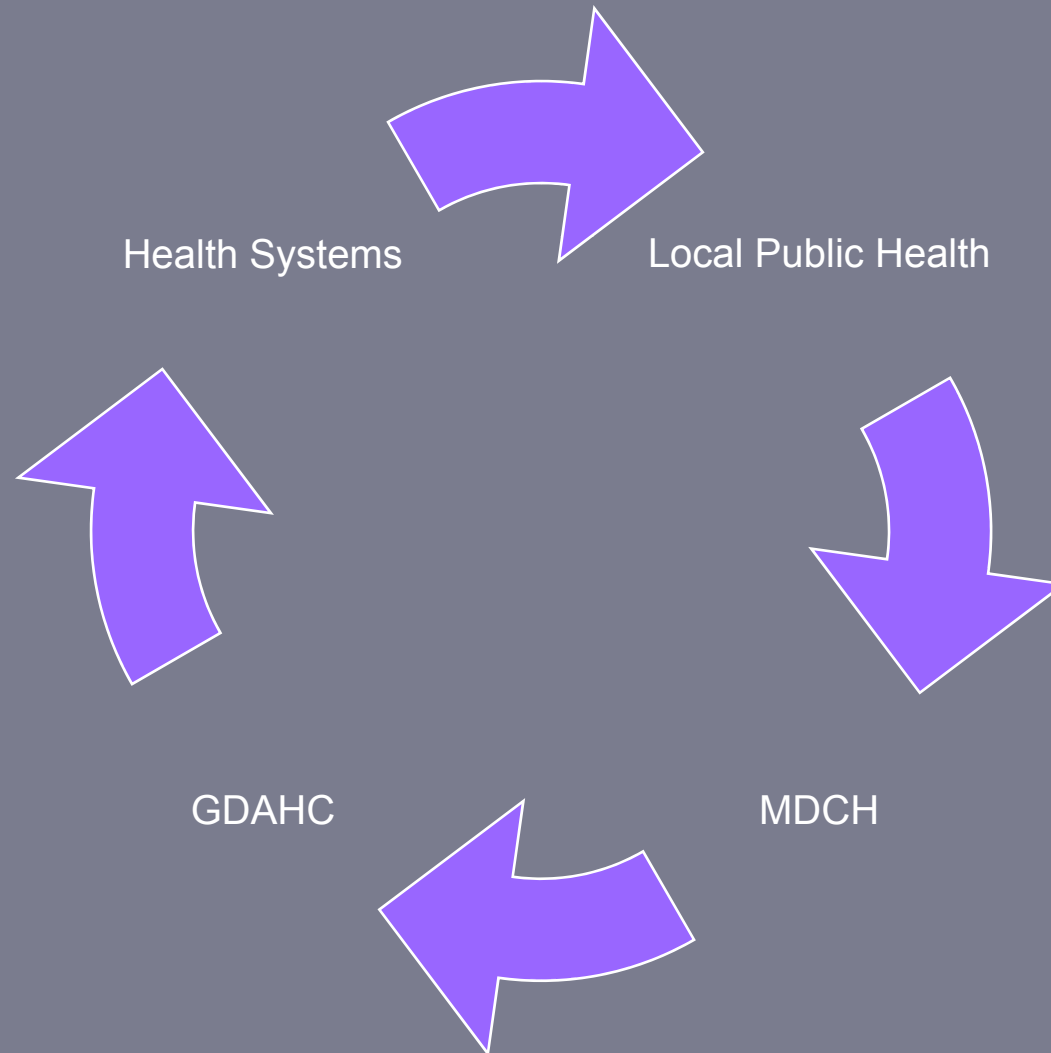
- ▶ Stay focused on making a concrete difference in the lives of mothers and babies
- ▶ Be willing to go public with targets, dates and commitments
- ▶ Build upon tested approaches; link successful initiatives to build synergy, supports, sustainability
- ▶ Dynamic, *ongoing* collaborations among health systems and public health will be key

# Focus On:

- ▶ Individual/clinical outcomes?
  - Demonstration/ research component (funded)
- ▶ Programmatic outcomes?
  - Demonstration/research component (funded)
- ▶ Policy change?
- ▶ ... All 3?

Questions generated in pre-planning meeting 10/07.

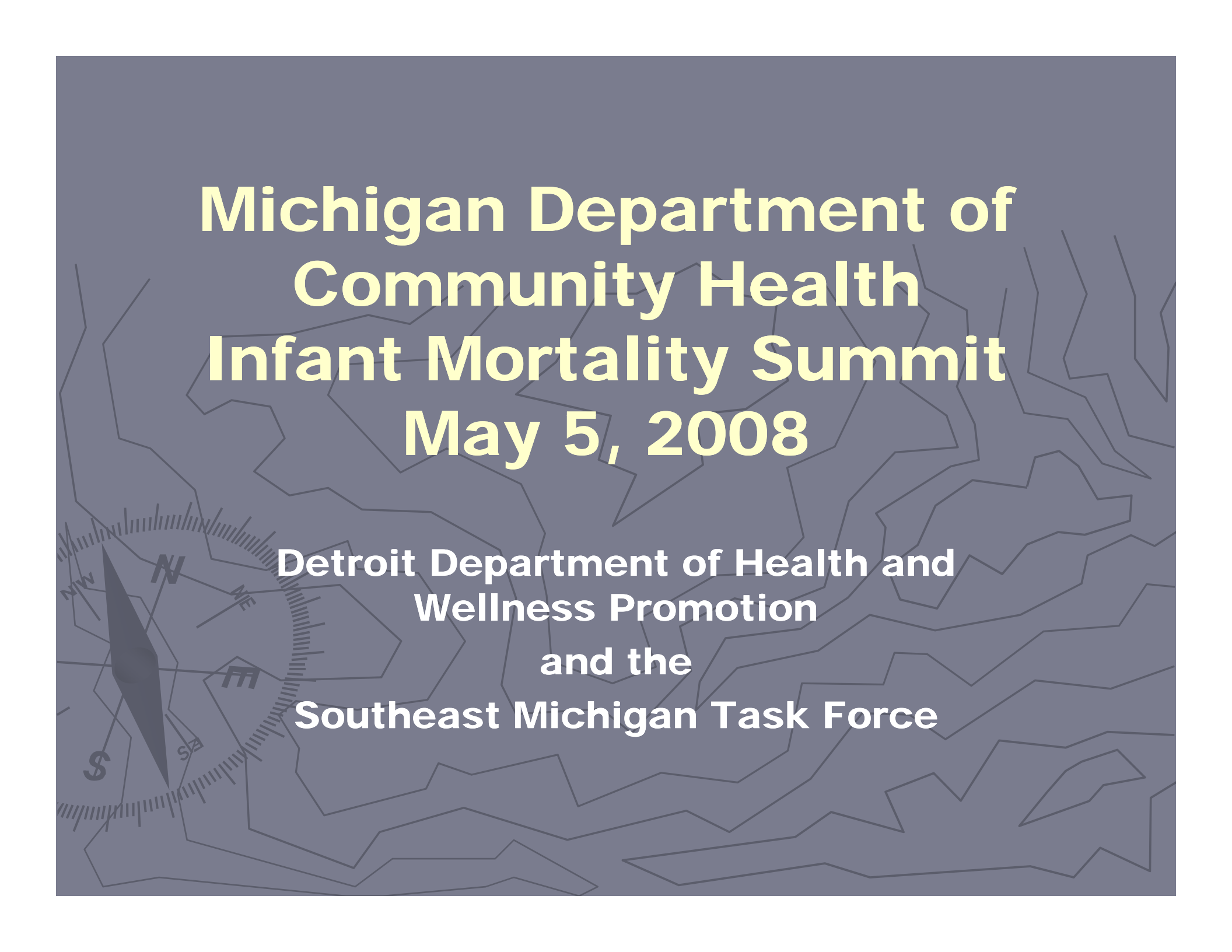
# Who else should be at the table?



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# Detroit Department of Health & Wellness Promotion

Phyllis Meadows, PhD, MSN, RN

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# Michigan Department of Community Health Infant Mortality Summit May 5, 2008

Detroit Department of Health and  
Wellness Promotion  
and the  
Southeast Michigan Task Force

# Detroit Initiatives: "The Work"

- ▶ Coalition Building
- ▶ Comprehensive Case Management
- ▶ Integration of Services/Cross-Referrals
- ▶ Improved Data and Analysis/Mapping
- ▶ Staff capacity building
- ▶ Opportunistic Interventions
- ▶ Strategic Partnerships

# Detroit Initiatives: “The Approaches”

- ▶ Outreach
- ▶ Education
- ▶ Links to Media
- ▶ Community-Based
- ▶ Co-location of Services (Wrap-around)
- ▶ Focus on High-Risk
- ▶ Evaluation of Programs

# Detroit Partnerships: An Example

- ▶ Provider Network for Women in Substance Abuse Treatment
  - ♣ 10+ agencies
  - ♣ Identification of needs
  - ♣ Links to professional staff
  - ♣ In-reach, on-site services

# Detroit Partnerships: "Old and New"

- ▶ Public Health Partnerships
- ▶ Community Based Partnerships
- ▶ Service Networks
- ▶ Health Systems Partnerships



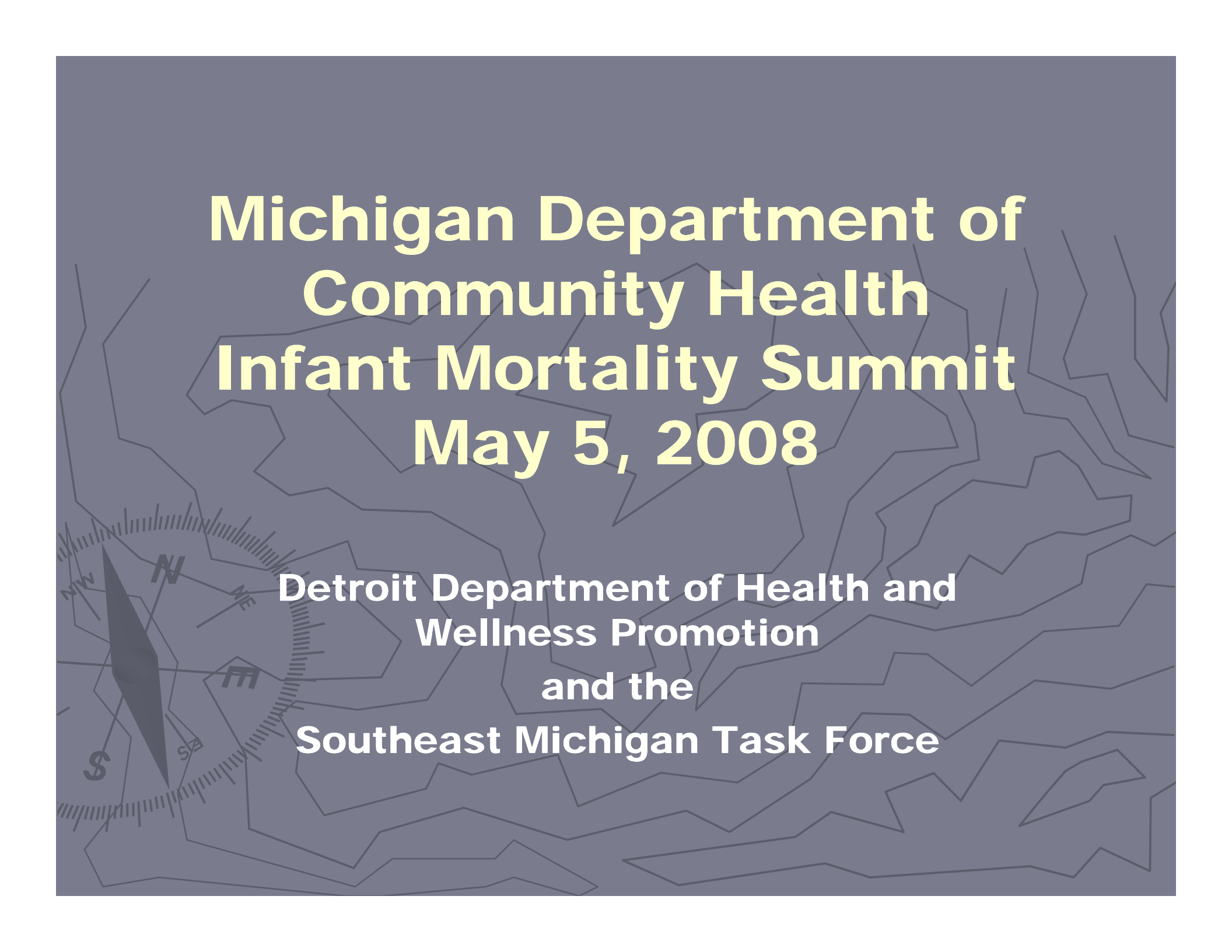
# Where are the New Opportunities?

- ▶ *Within* Health Systems
- ▶ *Between* Health Systems and Public Health
- ▶ *Across* the array of Health System Providers



# Health Systems Making a Difference!

- ▶ Sharing Information
- ▶ Leveraging Resources
- ▶ Funding
- ▶ Building Capacity of Staff
- ▶ Exploring Missed Opportunities
- ▶ Strengthening Referral Mechanisms
- ▶ Identifying Clear Measures of Accountability

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# Michigan Department of Community Health Infant Mortality Summit May 5, 2008

Detroit Department of Health and  
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Southeast Michigan Task Force

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# Wayne County Health Department

Loretta Davis, MSA

# Wayne County PLACE MATTERS Design Lab

Loretta V. Davis

Catharine Oliver

Audrey Smith

Talat Danish



# Place Matters

- ▶ **MISSION:** Contribute to the Health Policy Institute's fair health movement by increasing communities' ability to address the social determinants of health (SDOH)
- ▶ **GOAL:** Establish a national learning community (16 teams) to design and implement strategies to address SDOH
- ▶ **OBJECTIVES:** Provide technical assistance to teams and to connect teams to professional resources & networks

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# Place Matters – Underlying Assumptions

Improved Health

Addressing SDOH through targeted policy & community strategies

Informed & Capable Learning Community  
(starting with 16 Teams)

Technical Assistance

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# Change: What Will it Take?

## Professional & Personal Transformation

- ▶ Increased understanding and awareness of SDOH
- ▶ Willingness to speak out about SDOH
- ▶ Including others in the discussion
- ▶ Strategic networking

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# Short-term Progress

- ▶ Clarification of priorities, health outcomes and SDOH
  - ▶ Understanding and use of “up-streaming” in thinking and planning
  - ▶ Clarification of data needed
  - ▶ Use of tools to guide planning and track progress (logic models)
  - ▶ Begin strategic planning
  - ▶ Shifting priorities
  - ▶ Engaging others within and outside health sector
- (Timeframe: 1-3 years)

# Intermediate Progress

- ▶ Implement strategic plan
- ▶ Establish data tracking
- ▶ Shifting of resources
- ▶ Collaborate across sectors to address SDOH
- ▶ Establish upstream practices & social policies  
(Timeframe: 3-6 years)

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# Impact/Long-term Progress

- ▶ Increased equity across health outcomes
- ▶ Increased equity in SDOH
- ▶ Increased visibility for PLACE MATTERS
- ▶ Sustained practices and social policies  
(Timeframe: 7+ years)

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# Social Determinants of Health

- ▶ Self-Esteem / Self Determination
- ▶ Social Perceptions of Women
- ▶ Social Isolation
- ▶ Racism

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# Allostatic Load

- ▶ Cumulative effects of stress on the body
- ▶ Effects of dealing with the SDOH

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# Team's Overarching Goal

- ▶ To improve pre-conception and inter-conception health for women by implementing strategies that emphasize, support and strengthen the value of women.



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# Goal Evolution

- ▶ Improving Access vs. impacting more upstream factors
- ▶ Recognizing the impact of social determinants
- ▶ Need to obtain sustained results vs. band-aid approach
- ▶ Addressing landscape factors as opposed to portrait factors

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# Goal Evolution (continued)

- ▶ Most importantly the Team realized that to achieve our goal of improving pre-conception and inter-conception health, the Team will need to address the social determinants that impact self-esteem, self-worth and self-sufficiency of women--hence the focus on valuing womanhood.

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# Reasons Goals Changed

- ▶ Presumptive eligibility was already passed in the State of Michigan, hence the need to pursue it was eliminated
- ▶ A better understanding of upstream factors led to change in focus

# Accomplishments to Date

▶ Team met to consolidate objectives and strategies. Worked to develop actionable items and to start working on items within four months

▶ Decision made to continue working on other factors while focusing on valuing womanhood.

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# Accomplishments to date (continued)

- ▶ Introduction of the problem of high infant mortality rates and disparities in infant mortality in Wayne County to key stakeholders
- ▶ Formation of a steering committee that will move Wayne County's infant mortality reduction efforts forward
- ▶ Pulling together of various Wayne County maternal and child health programs under the single umbrella of the Wayne County Babies program
- ▶ Targeting cities which would benefit most from a pre-conception and inter-conception health program

# Lessons Learned

- ▶ Set realistic objectives
- ▶ Focus on one or two key issues in the short term while continuing to work on other areas of the program in the long term
- ▶ Importance of stakeholder buy-in: one cannot go it alone
- ▶ Sustained results require addressing root causes

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# How does “place matter?”

- ▶ Targeted cities (with high IMR) had one or more of the following issues:
  - Higher unemployment rates and poverty whereby valuing womanhood seen as secondary to more pressing issues of adequate food, healthcare and jobs
  - Inadequate stakeholder involvement

## **Additionally these cities had:**

- Higher birth rates
- Limited access to services (lack of transportation even if FQHCs were offering services)

# Challenges

- ▶ Keeping stakeholders engaged given competing priorities for their time
- ▶ Short time frame (efforts may not produce results in the time frame)
- ▶ Sustaining funding sources
- ▶ Effective legislation that promotes equitable sharing of resources: nutritional, educational, health care related, housing related, etc.

# Vision for 2009

- ▶ To have a committed group of stakeholders who champion and/or implement the identified strategies for increasing self-assurance and self-reliance in women and girls
- ▶ Community dialogue relevant to the value of women and women's health
- ▶ Increased knowledge, trust, and utilization of available services in the targeted communities

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# Policies and Practices that would Support this Vision

- ▶ Early and consistent health education along with interventions that increase and encourage self-esteem and self-reliance in venues that touch women and girls such as schools, faith based organizations, and community based organizations

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# Policies and practices (continued)

- ▶ Diverse venues that consistently identify and intervene with women and girls who are at high risk of unintended pregnancy
- ▶ Executive branch and appropriator buy-in for funding to sustain these efforts

# Thank You

**The Wayne County Department  
of Public Health**

**Wayne, Michigan**

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# Michigan Dept. of Community Health

Carol Callaghan, MPH

# For Discussion

- ▶ What are the *main opportunities* in bringing multidisciplinary partners to the table on a major community issue such as infant mortality?
- ▶ What are the *challenges*?
- ▶ What are possible *strategies to overcome these challenges*?
- ▶ What are *key attributes of a successful public-private partnership or consortium* ... that can be applied to combating infant mortality?

# For Discussion

- ▶ How will our efforts benefit at-risk mothers, babies and communities in *specific, measurable ways*?
- ▶ How will our efforts produce a *sustainable program* that could ultimately serve as a working model to collaboratively address other pressing health issues?
- ▶ *Who else* needs to be at the table?
- ▶ What are our *next steps*?



# Consortium-Building

## When is This Needed and Why?

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Carol Callaghan, MPH  
Infant Mortality Summit  
May 5, 2008



# What is a Consortium?

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- An association of organizations, companies, and/or governmental units with the objective of participating in a common activity or pooling their resources to achieve a common goal

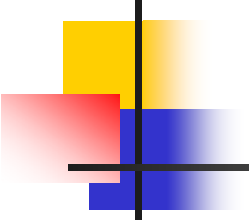
## When is a Consortium useful?



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- When problems are important and complex, and not the responsibility or concern of only one entity.
- When the issue or problem is at the societal level (often needs organizations from both public and private sectors)

# Characteristics of Effective Consortia

- 
- Membership includes representation from all important interests and perspectives
  - Members are organizations rather than individuals, bringing resources and political strengths
  - The organization's representative on the consortium is a decision-maker or communicates routinely with decision-makers
  - The convener of the consortium is perceived as neutral; not a competitor

# Characteristics of Effective Consortia (continued)



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- Inclusiveness and Consensus-Building are valued and monitored
- Mission and Vision Statements are clear and compelling
- Operating Principles are transparent, including how conflict will be resolved
- Actions on priorities will often require organizations to work with each other, even competitors
- Full-time dedicated staff supports work of the consortium



# Two Current Michigan Examples

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- Michigan Cancer Consortium
- Michigan Primary Care Consortium



# Michigan Cancer Consortium

## Mission

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- The MCC is a statewide public/private partnership that includes all interested organizations and provides a forum for collaboration (i.e., communication, coordination, and the sharing of resources) to reduce the burden of cancer among the citizens of Michigan by achieving the Consortium's research-based and results-oriented cancer prevention and control priorities



# Michigan Cancer Consortium Membership

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- > 100 organizations, ranging from cancer centers, advocacy organizations, universities, medical, nursing and allied health professional associations, insurers, public health agencies, community hospitals, consumer groups, and others



# MCC Accomplishments

Of 10 priorities identified in 1998...

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- 5 were achieved or exceeded:
  - Breast cancer screening rate goal achieved
  - Colorectal cancer screening rate goal exceeded
  - Adolescent tobacco use rate reduction goal achieved
  - Prostate cancer goal achieved: prostate cancer patients were enabled to make an informed choice about their treatment options
  - Consistent lexicon in use by pathologists communicating with cancer specialists
- Significant progress being made on remaining priorities

# Michigan Primary Care Consortium

## Mission



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- The MPCC is a statewide public/private partnership committed to resolve the system barriers\* reducing the quality of primary care available to consumers – especially preventive and chronic disease care – and contributing to escalating health care costs

\*Barriers include lack of: info technology, payment reform, evidence-based clinical guidelines, community resources, practice redesign



# Michigan Primary Care Consortium Membership

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- 27 organizations, including associations of family medicine, internal medicine, pediatrics, obstetrics/gynecology, nurse practitioners, physician assistants; medical and other health professional schools; insurers and health plans; universities; public health agencies; advocacy organizations; and others



# Michigan Primary Care Consortium Accomplishments

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- Receipt of national grant to work with 130 Michigan practices over 2 years on practice redesign
- Funding commitments from others to support practice redesign
- Consensus from multi-payer meeting on need for consistent definitions, metrics in Michigan regarding Patient-Centered Medical Homes



# Review: Characteristics of Effective Consortia

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- Membership assures diverse perspectives
- Members are organizations, not individuals
- Organization's rep is a decision-maker
- Convener is perceived as neutral
- Inclusiveness, consensus-building are crucial
- Mission statements are clear and compelling
- Operating principles are transparent
- Actions on priorities expect members to work together
- Full-time dedicated staff is essential



# For more information

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MI Cancer Consortium: [www.michigancancer.org](http://www.michigancancer.org)

MI Primary Care Consortium: [www.mipci.org](http://www.mipci.org)

Contact info for Carol Callaghan: [CallaghanC@michigan.gov](mailto:CallaghanC@michigan.gov)