# SEMPQIC

Southeast Michigan Perinatal Quality Improvement Coalition



### Perinatal Quality Improvement Coalition for Wayne, Oakland, and Macomb counties.

### 2022

### Annual

## Report

SEMPQIC provides leadership, coordination, and opportunities to eliminate the root causes of perinatal inequities through

collective impact and system reform so that all birthing people and babies in Wayne (includes the City of Detroit), Oakland, and **Macomb Counties have optimal** health outcomes.



### SEMPQIC Fiscal Year 2022 Annual Report

### **Table of Contents**

| Executive Summary<br>Parent and Community Engagement |  |         |
|--|--|---------|
|  |  |         |
| Fiscal Year 2022 Program Accomplishments             |  |         |
| •  | Michigan Alliance for Innovation in Maternal Health (MI<br>AIM)                | Page 4  |
| •  | Detroit Health Equity Education Resource (DHEER)                               | Page 5  |
| •  | Project Detroit: Voices for Life   | Page 6  |
| •  | Tools for the Field  | Page 9  |
| •  | Toxic: A Black Woman's Story   | Page 10 |
| •  | Aftershock an Original Documentary from Onyx Collective,<br>Hulu, and ABC News | Page 11 |
| ٠  | Reading Circle   | Page 11 |
| ٠  | COVID-19 Community Outreach  | Page 11 |
| Membership and Coalition Meetings                    |  |         |
| Communications                                       |  |         |
| Participating Member Organizations                   |  |         |
| Data Meeting   |  |         |
| Looking Forward                                      |  |         |



### **Executive Summary**

The 2022 fiscal year resulted in partnership growth, prosperity in projects, and innovation for Southeast Michigan Perinatal Quality Improvement Collaborative, better known as SEMPQIC. The COVID-19 pandemic kept our efforts virtual but did not stop us from building authentic relationships within our collaborative. As public awareness of health disparities and the legacy of racism grew, SEMPQIC continued to center social justice and health equity as an integral part of our efforts. SEMPQIC harnessed the synergy of equity within all actions, projects, and communications to ensure equity is the core of all we do. SEMPQIC integrated health equity in every Coalition meeting, and each meeting featured an interactive small group session highlighting an area of inequity within the healthcare delivery system. This fostered dialogue between diverse coalition members and contributed to individual and organizational transformation.

This year, we launched the <u>Detroit Health Equity Education Resource (DHEER)</u> website with an advisory committee to oversee and approve all resources added to the site. Our marketing efforts are in full swing to ensure DHEER is known to all maternal child health professionals in Region 10 (Wayne, Oakland, and Macomb Counties). SEMPQIC continued our strong emphasis on the perinatal continuum consistent with the State of Michigan's 2020-2023 Mother Infant Health & Equity Improvement Plan, our work with the Michigan Alliance for Innovation in Maternal Health (MI AIM). We strengthened our visibility with an updated communications plan, which included strategic marketing to boost our presence on social media and our bimonthly newsletter. This is especially true for our "Trust Me… I Care" COVID-19 vaccine campaign to increase COVID-19 vaccination rates among birthing and postpartum people.

None of this work would be possible without the financial and policy support of the Michigan Department of Health and Human Services (MDHHS), provided by Dawn Shanafelt, MPA, BSN, RN, Division Director of Maternal Infant Health, and Director of Title V, Maternal Child Health, and her team who are true partners in helping us accomplish our goals. We also recognize and appreciate the many organizations and individuals that participate in SEMPQIC and are the "boots on the ground" and change agents. We are grateful for the Coalition's commitment to the work in the perinatal system to improve equity in healthcare and the outcomes of Black and Brown mothers and infants.

On an administrative note, SEMPQIC's team grew during the fiscal year with the addition of four new team members. We had three new staff members from Michigan Public Health Institute join our team: Princella Graham, BA, CPA as a Program Coordinator, Allison Morey, MPH, RD as an Evaluation Specialist, and Jocelyn Levin, MPH as our Project Manager.



### **Parent and Community Engagement**

Parent and community involvement is critical to ensuring that our efforts reflect the goals of the people we are advocating for. SEMPQIC strives to center those with lived experience and amplify their voices in our work. SEMPQIC's community outreach specialist, Andrell Swift, cultivated new partnerships with parent groups across Region 10.

### **Participating Parent & Community Organizations**

- Anchors Program for Children (Hospice of Michigan)
- Ascension Southeast Michigan Jubilee Parenting Support Groups
- Macomb County Health Department Baby Resource Network of Macomb
- Detroit Health Department
- Detroit Parent Network
- Focus: HOPE
- Great Start Collaborative Wayne Great Start Parent Coalition
- Hope Starts Here
- Institute for Population Health
  - Reach Out Stay Strong Essentials (R.O.S.S.E)
  - o Detroit Healthy Start parent Group
  - o Father's Parent Group
- Kids Health Connection
- Macomb County Community Mental Health
- Sparrow Hospital
- The Children's Center
- Wayne Metropolitan Community Action Agency
- University of Michigan
- MC3 Perinatal
- Zeta Phi Beta Sorority, Incorporated
- Black Mothers Breastfeeding Association
- Head Start & Early Head Start



### Mother Infant Health & Equity Improvement Plan 2020-2023

In 2019, the Michigan Department of Health and Human Services (MDHHS), under the advisement of the Maternal Infant Strategy Group (MISG) and in partnership with maternal and infant health stakeholders in Michigan, introduced <u>the 2020-2023 Mother Infant Health & Equity Improvement Plan (MIHEIP</u>). The MIHEIP includes the top priorities that maternal and infant health stakeholders should address to achieve the strategic vision of zero preventable deaths and zero health disparities. MIHEIP is foundational to the work of SEMPQIC.

### Fiscal Year 2022 Program Accomplishments

### Michigan Alliance for Innovation on Maternal Health (MI AIM)

### **Program Description**

In fiscal year 2022, SEMPQIC continued to expand its effort with MI AIM in Region 10 with funding from the Michigan Department of Health and Human Services (MDHHS). The goal of MI AIM is "to eliminate preventable maternal mortality, severe maternal morbidity, and disparity." This goal is achieved through the implementation of patient safety bundles, which are then reported on by the birthing hospitals. The bundles include Severe Hypertension, Obstetric Hemorrhage, Sepsis, and Reduction of Peripartum Racial/Ethnic Disparities. SEMPQIC has partnered with MI AIM to engage the birthing hospitals in Region 10 in adopting the bundles.

### FY22 Objectives

- SEMPQIC will work with hospitals in Region 10 to identify barriers to adoption of MI AIM protocols.
- SEMPQIC will collaborate with hospitals to determine potential implementation of MI AIM protocols.
- SEMPQIC will host a meeting for birthing hospitals to discuss incorporating aspects of the equity bundle.

### **Program Accomplishments**

- 18 out of 23 Region 10 birthing hospitals signed the committed letter to participate in MI AIM.
- 9 out of 23 birthing hospitals achieved "platinum" designation.
- 6 out of 23 birthing hospitals achieved "gold" designation.
- SEMPQIC created a task force which advocated for increased support of birthing hospitals adopting MI AIM policies and procedures SEMPQIC hosted a MI AIM health equity webinar: *Advancing Health Equity: Language, Concepts & Narrative* With 48 providers in attendance.



### **Detroit Health Equity Education Resource (DHEER)**

### **Program Description**

The W.K. Kellogg Foundation awarded the Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) a grant to create the Detroit Health Equity Network in October 2020. The health equity network is designed to be a platform for health equity information, resources, and best practice exchange that will assist organizations to better serve those at high risk for experiencing maternal and infant mortality. A collective impact framework that envelopes the use of Water of Systems Change as described by FSG was used to develop this initiative, with the intent of working to shift the conditions that hold disparate birth outcomes in place in Detroit. Project activities are guided by a Collective Impact Advisory Committee that consists of individuals from diverse backgrounds and sectors, including healthcare, home visiting, community activism, research, and faith based.

### Objectives

- Increase knowledge of health equity, its impact on access to quality care and health outcomes.
- Increase access to health equity tools and resources that foster behaviors that reduce bias in healthcare.
- Use a collective impact approach to build resource capacity of organizations.
- Create infrastructure for regional and statewide health expansion.
- Evaluate and build sustainability.

### **Program Accomplishments**

- SEMPQIC leadership officially launched the DHEER website.
- DHEER was introduced at the January 2022 SEMPQIC coalition meeting.
- SEMPQIC members (approximately 60 individuals) received an invitation to use DHEER along with promotional language for SEMPQIC members to share within their organization respected organizations.
- The DHEER website was revised to increase user accessibility and engagement.



### **Project Detroit: Voices for Life**

### **Program Description**

Project Detroit: Voices for Life, funded as part of the second cohort under Merck for Mother's Safer Childbirth Cities initiative, had an extremely successful year. This project partnered with the Detroit Health Department (DHD), Black Mothers Breastfeeding Association (BMBFA), Focus: HOPE, and Henry Ford Health (HFH). The four prong intervention includes the Maternal Mortality and Vitality Review Team (MMRVT), storytelling (100 Voices Media Empowerment Campaign), community-based doula training, and Reducing Unconscious Bias- an Imperative (RUBI) training for health professionals.

### Objectives

- Build on existing community assets to examine and replicate circumstances and conditions where Black mothers thrive.
- Empower Black women to advocate for the best perinatal care experiences.
- Lead care providers to reach their full potential in providing respectful and equitable care for Detroit women.

### **Program Accomplishments**

- Storytelling training concluded with 110 women trained in storytelling. This surpassed the goal of training 100 women. Of the women trained, 86 used the skills they learned and shared their story with others.
- The 100 Voices Media Empowerment Campaign completed filming with nine women who shared their lived experience.
- HFH held one 3-hour RUBI training session with 28 health professionals.
- The first doula training cohort was completed with 14 candidates graduating. BMBFA facilitated a doula advisory group that was instrumental in shaping the recently released MDHHS Doula Initiative, a Medicaid policy for doula reimbursement and promotion in Michigan.
- The DHD held monthly meetings of MMVRT, where 2-3 cases of Detroit maternal deaths are reviewed each month. Each meeting began with an equity exercise to center discussions around health equity.



### **Project Detroit: Voices for Life Evaluation**

SEMPQIC is conducting a process and outcome evaluation of Project Detroit: Voices for Life. The evaluation is structured around FSG's Six Conditions of Systems Change,<sup>1</sup> and seeks to answer the following evaluation questions:

- 1. What are the successes, challenges, and lessons learned from implementing Project Detroit?
- 2. In what ways does Project Detroit foster collaboration between project partners? How does collaboration contribute to obtaining the goals of the project?
- 3. To what extent and in what ways does Project Detroit shift the six conditions of systems change (policies, practices, resource flows, relationships & connections, power dynamics, and mental models) to improve maternal health outcomes in Detroit?

In FY22, SEMPQIC continued to collect data on the implementation of the project; assessed the outcomes of unconscious bias training, doula training, and storytelling training; and examined how the Maternal Mortality and Vitality Review Team (MMVRT) is affecting the health equity capacity of members.

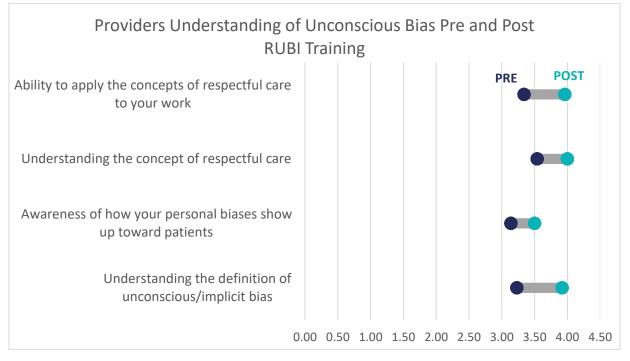
### Reducing Unconscious Bias, an Imperative for Maternal Health (RUBI) Training Evaluation

The Henry Ford Health team conducted the *Reducing Unconscious Bias, an Imperative for Maternal Health (RUBI)* training on September 29<sup>th</sup>, 2022. There were 28 individuals in attendance. Participants completed pre and post surveys. A total of 35 individuals completed the pre survey (not all of them attended the training), and 24 individuals who did attend the training completed the post survey (86% response rate).

Overall, 95.8% of respondents reporting being satisfied or very satisfied with the training. Respondents experienced an increase in their understanding and application of training content from before to after the training. The largest increases were in understanding the definitions of unconscious bias and respectful care (21% increase), applying the concepts of respectful care (19% increase), and awareness of personal biases (11% increase).

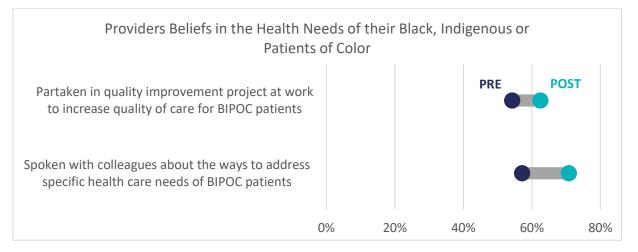
<sup>&</sup>lt;sup>1</sup> Kania, J., Kramer, M., & Senge, P. (2018, June). The water of systems change. Retrieved from <u>https://www.fsg.org/publications/water of systems change</u>.





Providers Understanding of Unconscious Bias Pre and Post RUBI Training. The graph compares respondents' answers before and after the training on their understanding of unconscious bias in their work with patients on a scale of 1 to 4. 1 being "no understanding," 2 being "somewhat," 3 being "a little" and 4 being "a lot" of understanding.

The survey also showed change in participating providers' beliefs regarding the care of BIPOC patients. The largest increases from pre to post were around speaking with a colleague about ways to address specific health care needs of BIPOC patients (24% increase) and participating in quality improvement projects to improve quality of care for BIPOC patients (15% increase).



Providers Beliefs Regarding the Care of BIPOC patients. The graph compares the percentage rate at which respondents agreed or strongly agreed with belief statements before and after participating in RUBI



### **Tools for the Field**

### **Program Description**

Tools for the Field is a workshop that provides a free health equity training. These workshops are offered at least twice a year to deepen our mission and provide individuals tools to be more successful in their work and personal life as it relates to the mission of SEMPQIC.

In 2022, two one hour zoom sessions were held as Tools for the Field webinars. Both were presented by Alethia Carr, RD, MBA, the Health Equity lead in SEMPQIC. On December 8, 2021, "Integrating Equity into Family Health Services", was presented to share available equity resources that exist for use by perinatal professionals. This training highlighted The Center for Disease Control and Prevention's *Health Equity Guiding Principles for Inclusive Communication* and the American Medical Associations' *Advancing Health Equity: A Guide to Language, Narrative & Concepts.* In addition, the free online training, *Cultural & Linguistic Appropriate Services (CLAS) for Maternal Health*, was introduced to the audience, as a mechanism to obtain continuing education credits, while gaining additional knowledge about CLAS in maternal health care. A second session was offered on September 27, 2022, that used the hour to take a deeper dive into the AMA & AAMC publication, *Advancing Health Equity: Language, Concepts & Narrative.* 

| Meeting Date       | How Many Attended | Торіс                    |
|--------------------|-------------------|--------------------------|
| December 8, 2021   | 30                | Health Equity Guiding    |
|                    |                   | Principles for Inclusive |
|                    |                   | Communication            |
| September 27, 2022 | 37                | Advancing Health Equity: |
|                    |                   | Language, Concepts &     |
|                    |                   | Narrative                |

### **Toxic: A Black Woman's Story**

SEMPQIC continues to use the short film *Toxic: A Black Woman's Story* to educate audiences about Black infant mortality and how implicit bias impacts health outcomes for pregnant women and infants. Developed by First Year Cleveland, the film follows a day-in-the-life of Nina, a professional African American woman in her second trimester of pregnancy.

The film continues to be available for use by SEMPQIC member organizations and SEMPQIC is actively seeking opportunities to share the film with larger audiences. If you are interested in screening *Toxic: A Black Woman's* Story, please contact Jocelyn Levin jlevin@mphi.org.



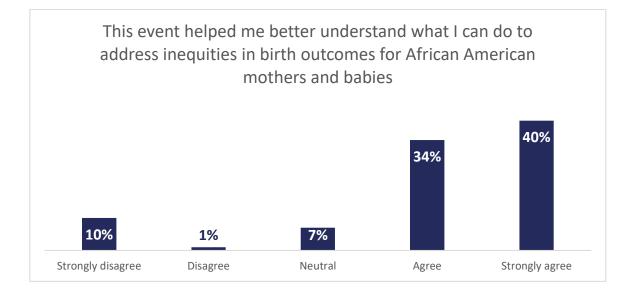
### **SEMPQIC Toxic Film Screenings:**

Conducting five screenings this past year, SEMPQIC has had the opportunity to educate and reach over 830 people in Region 10 including:

- Blue Cross Blue Shield of Michigan
- Focus: HOPE
- University of Michigan Center for Health and Research
- International Women's Forum Michigan
- The Links, Inc.
- Michigan Aetna Health Plan

### **Toxic Screening Evaluation**

- SEMPQIC hosted five screenings of the film, *Toxic: A Black Woman's Story* this fiscal year. Each screening included a panel discussion. A total of 831 individuals attended screenings and 170 completed an evaluation survey.
- Eighty four percent of respondents either agreed or strongly agreed that the event helped them better understand the impact of racism on birth outcomes. Seventy four percent of respondents either agreed or strongly agreed that the event helped them to better understand what they could do to address inequities in birth outcomes for African American mothers and babies.





### Aftershock, an Original Documentary from Onyx Collective, Hulu and ABC News

The documentary, *Aftershock,* an original documentary from Onyx Collective, Hulu and ABC News, shares the true horrifying impact of maternal mortality on a family and a community. The film highlights the stories of two expecting mothers who both tragically died from preventable childbirth complications. Now, their families are committed to fighting for birth justice and raising awareness of the alarming Black maternal mortality rate in the United States. On September 20, 2022, at a coalition meeting of SEMPQIC, highlights were shared of this powerful message with 40 participants, and they were all encouraged to share this with their network.

### **Reading Circle**

The goal of the Reading Circle is to increase the knowledge and awareness of the history of racism and how it impacts and influences the current system of perinatal care and continues to support the unacceptable disparate health outcomes of Black and Brown people. The Reading Circle engaged a Detroit author, Rochelle Riley, to facilitate the discussion of her book, *THE BURDEN: African Americans & the Enduring Impact of Slavery*. Seventeen people registered for and participated in two 1.5-hour virtual discussions held in April and May. SEMPQIC membership were part of the discussion along with SEMPQIC leadership and staff.

### **COVID-19 Community Outreach**

### **Program Description**

SEMPQIC had an objective to gather and use accurate COVID-19 data for Region 10 to create COVID-19 vaccine community outreach strategies. The first strategy was to produce a video to be used for social and mass media and community outreach efforts to increase COVID-19 vaccination in populations determined to be at high-risk for the disease. The second strategy was to release a COVID-19 Vaccine Outreach mini-grant Request for Proposals (RFP) to community-based organizations that serve Region 10 to address specific populations at high risk for COVID-19 infection.



### Mini Grants

In Region 10, seven community-based organizations were selected to receive mini grants. The seven mini grants amounted to \$81,000. The organizations we have been able to work with are:

- Catholic Charities of Southeast Michigan
- La Casa Amiga
- Detroit Association of Black Organizations
- Forgotten Felons, LLC
- Judson Center
- Operation Get Down, Inc.
- Second Ebenezer Church
- Training and Treatment Innovations, Inc.

Each of the organizations has provided progress reports and noted many COVID-19 vaccination related activities that they have engaged in.

### **Program Accomplishments**

- Over 10,000 people were educated on COVID vaccination.
- Just under 40,000 people reached through social media.
- Just under 2,000 people vaccinated.

### "Trust Me... I Care" COVID-19 Vaccine Campaign

To increase COVID-19 vaccination rates among birthing people, SEMPQIC launched the "Trust Me... I Care" COVID-19 vaccine campaign. Eight different videos were created with SEMPQIC leadership, physicians, a community doula, and a faith-based representative speaking directly to the issue of mistrust of medical care systems in the Black community. We thank MDHHS for funding and technical support for this project. SEMPQIC is currently breaking ground on the marketing plans. The videos are available to be shared and downloaded from our YouTube channel and website. We are encouraging our collaborative to share these videos with their network: <u>SEMPQIC - YouTube</u>.



### **Membership and Coalition Meetings**

The core of SEMPQIC is our coalition and the members who are a part of this work. This includes individuals that represent health plans, health systems, community-based organizations, faith-based organizations, maternal infant health programs, home visiting programs, perinatal providers, pediatricians, federally qualified health systems, mental and behavioral health, local and state public health, Great Start Collaboratives, non-profits, social services, academia, and more. SEMPQIC convenes these diverse stakeholders at least four times a year at our coalition meetings. These meetings serve to engage the membership in contemporary issues related to our perinatal work within the region, as well as issues related to health equity, and other poignant topics of interest.

| Meeting Date       | How Many Attended |
|--------------------|-------------------|
| January 25, 2022   | 69                |
| April 26, 2022     | 60                |
| June 28, 2022      | 72                |
| September 20, 2022 | 40                |

Since going virtual because of the ongoing pandemic, participation in coalition meetings has increased to a high of over 70 participants. While SEMPQIC hopes to host hybrid meetings in the future, we cannot ignore how virtual meetings have assisted in making coalition meetings more accessible to membership, allowing for greater participation and an increase in coalition members.

### Communications

Verve360 Media continued as the Communications Consultant in 2022, to further SEMPQIC's mission, body of work, and programming. Communication strategies were developed for internal communication with Coalition Members and partners, and expanded to the external audience of community members, potential supporters, and partners.

### **Program Accomplishments**

 The 2022 strategic communications plan built on the initial strategy to amplify communication of SEMPQIC's work within the community, activities and accomplishments, key resources and learnings, partnership with supporting organizations and external events. Communications tactics include quarterly newsletters to Coalition members; e-mail updates regarding ongoing programs, events, and resources; an increased social media presence and increased media relations.



- The SEMPQIC newsletter has been published bi-monthly and distributed electronically to our 478 coalition members. 2022 Newsletter engagement had an average open rate of 28% and an average click rate of 38%.
- The revised brand logo finalized in 2021 has been broadly utilized in SEMPQIC's work via internal communications, presentation slides, newsletters, and social media via Facebook.

The culmination of SEMPQIC's work with website development and branding specialist, Jason Anderson of the SmithAnderson Group, resulted in a well-designed, branded and informative site, www.sempqic.org. The SEMPQIC website features an overview of SEMPQIC's mission, vision, and purpose; the Coalition's leadership and participating organizations; summaries of SEMPQIC projects; and an invitation to engage with SEMPQIC. The SEMPQIC website also features the Detroit Health Equity Education Resource, which has successfully channeled visitors to the DHEER website.



### Participating Member Organizations

| Advantage Health Centers                            | Aetna                                 | All My Children (MIHP)          |
|---|---------------------------------------|---------------------------------|
| Arab American & Chaldean<br>Council                 | Ascension Southeast Michigan          | Baldwin House Senior Living     |
| Beaumont Health                                     | Birth Detroit                         | Black Family Development        |
| Black Mothers Breastfeeding<br>Association          | Blue Cross Blue Shield of<br>Michigan | Blue Cross Complete             |
| Children's Hospital of<br>Michigan                  | Corner Health Center                  | Crossroads Care Center          |
| Detroit Community Health<br>Connection              | Detroit Health Department             | Detroit Medical Center          |
| Detroit Wayne Integrated<br>Health Network          | Development Centers                   | Everybody Ready                 |
| Focus: HOPE   | Great Start Collaborative<br>Wayne    | Harbor Health Plan              |
| Health Alliance Plan                                | Henry Ford College                    | Henry Ford Health System        |
| Honor Community Health                              | Institute for Health Policy           | Institute for Population Health |
| Joy-Southfield Community<br>Development Corporation | Kid's Health Connections              | Kresge Foundation               |
| Lincoln Behavioral Services                         | Macomb County Health<br>Department    | Make Your Date                  |
| Mama and Me (MIHP)                                  | March of Dimes                        | Martin Waymire                  |



| McLaren Health Plan                        | Meridian Health Plan                            | Metro Detroit Midwives of<br>Color                |
|--|---|---|
| Michigan Health & Hospitals<br>Association | Michigan Council for<br>Maternal & Child Health | Michigan Department of<br>Health & Human Services |
| Michigan Health Council                    | Molina Healthcare                               | Mommies in the D                                  |
| MOSES                                      | Mothers Friend (MIHP)                           | Michigan Public Health<br>Institute               |
| Neighborhood Service<br>Organization       | New St. Paul Head Start<br>Agency               | Northeast Integrated Health                       |
| Nurse Family Partnership                   | Oakland County Health<br>Department             | Obstetrics Initiative                             |
| Positive Images, Inc. (MIIHP)              | Priority Health                                 | Public Sector Consultants                         |
| St. Joseph Mercy Health<br>System          | Starfish  | The Children's Center                             |
| The Senior Alliance                        | The Senior Alliance                             | Total Health Care                                 |
| Unified                                    | UnitedHealthcare                                | United Way for Southeastern<br>Michigan           |
| University of Detroit Mercy                | University of Michigan                          | Uplift Family Services of<br>Michigan             |
| Wayne County Health<br>Department          | Wayne State University                          | Yamaya Doula Services                             |
| Department                                 |   |   |

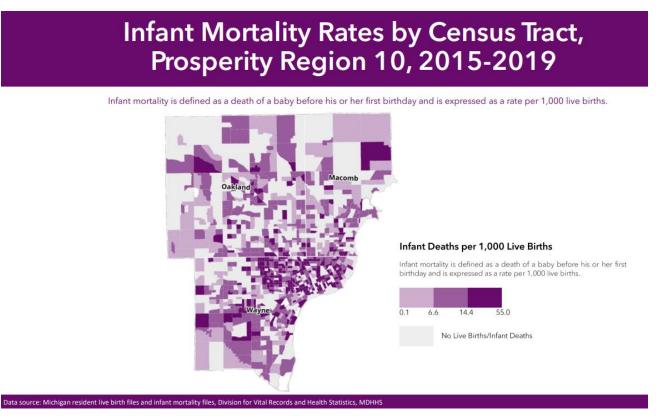


### Data Meeting – June 14, 2022

The SEMPQIC data meeting was well attended by 55 individuals from a variety of fields. The most pressing issue to arise during the data meeting was the concern around sleep-related deaths. Closely following and related, was a concern regarding the disparities present in the data. The use of Mentimeter and Zoom chat helped support the evaluation of the meeting by gathering comments from participants. Participants had time to reflect on how they could address issues they saw in the data and responses focused on health care and education. Most participants (88%) felt the meeting impacted their understanding of equity and maternal infant health either "somewhat" or "a great deal". Survey respondents indicated they planned to work and engage with others to make changes. Almost all survey respondents (88%) indicated they planned to share the information with organizational leadership, which aligned with a theme of sharing and using data as potential next steps.

The complete 2022 Data Report for Region 10 can be accessed using this link: <u>PowerPoint</u> <u>Presentation (michigan.gov)</u>. The charts below provided foundational data elements that guided our work in 2022.

### **Foundational Data**



17



### Infant Mortality Rates by Maternal Race/Ethnicity, Prosperity Region 10, 2016-2020

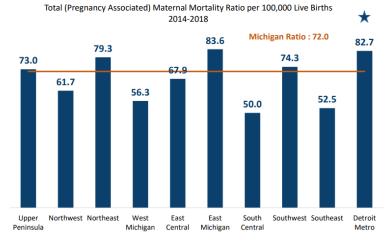
Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.

# Infant # Live **Maternal Race** Infant Mortality Rate (per 1,000 Live Births) MI Deaths Births White Non-Hispanic 573 122,817 4.7 4.9 4.7 Black Non-Hispanic 959 68,609 14.0 13.6 14.0 5.4 5.6 Hispanic 73 13,564 5.4 5.0 American Indian 0 252 0.0 0.0 4.4 4.1 Asian/Pacific Islander 62 13,996 4.4

Data source: Michigan resident live birth files and infant mortality files, Division for Vital Records and Health Statistics, MDHHS

hal Mortality Sur

### Maternal Mortality Ratio by Prosperity Region, 2014-2018



- Maternal deaths include deaths that occur during pregnancy, at delivery or within one year of pregnancy.
- Pregnancy associated (total) maternal mortality includes both pregnancy associated, not related mortality (unrelated to the pregnancy), pregnancy-related mortality (related to or aggravated by the pregnancy), and deaths where pregnancyrelatedness is unable to be determined.
- In Region Ten there were **190** maternal deaths between 2014 and 2018.

Data source: Michigan resident live birth files (03/17/22) and infant mortality files (12/16/21), Division for Vital Records and Health Statistics, MDHHS June 2022



### **Looking Forward**

While we are pleased with our impact and progress over the past year, we are even more excited about SEMPQIC's future! Since our world is constantly changing, standing still is going backwards. With the future in mind, we completed a Strategic Planning Process led by a consultant, Karen Schrock, in September 2022. The Plan covers the years 2022-2024 and addresses maternal infant health disparities, noting that the disparities are rooted in systemic inequities, often based on race.

We revised our Mission and Vision while also identifying the Core Values that underpin our work. In addition, we identified three strategic program areas based on input from key stakeholders and current data: Health Equity, Infant Safe Sleep, and Mental Health. We also identified five strategic infrastructure areas: the creation of a sustainability plan, impact documentation, external communications, and increased work efficiency. This work reinforces and complements our priorities based on grants from Michigan Department of Health and Human Services, W.K. Kellogg Foundation, and Merck Foundation.

We want to express our sincerest gratitude to everyone who contributed to Region 10's collective impact on perinatal health, and we look forward to even greater participation, impact, and, ultimately, the achievement of our vision and mission.

Vernice Anthony

Vernice Anthony, BSN, MPH SEMPQIC Lead

Iris Taylor

Iris A. Taylor, PhD., RN SEMPQIC Co-Lead

Alethia Carr

Alethia Carr, RD, MBA SEMPQIC Co-Lead

Jocelyn Levin

Jocelyn Levin, MPH Project Manager (MPHI)