



SOCIAL FACTORS IN POPULATION HEALTH AND MATERNAL MORTALITY

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HEALTHY START DETROIT COMMUNITY ACTION NETWORK

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INTRODUCTIONS



FEBRUARY 2020

BLACK HISTORY MONTH



[Hatshepsut](#), *National Geographic*

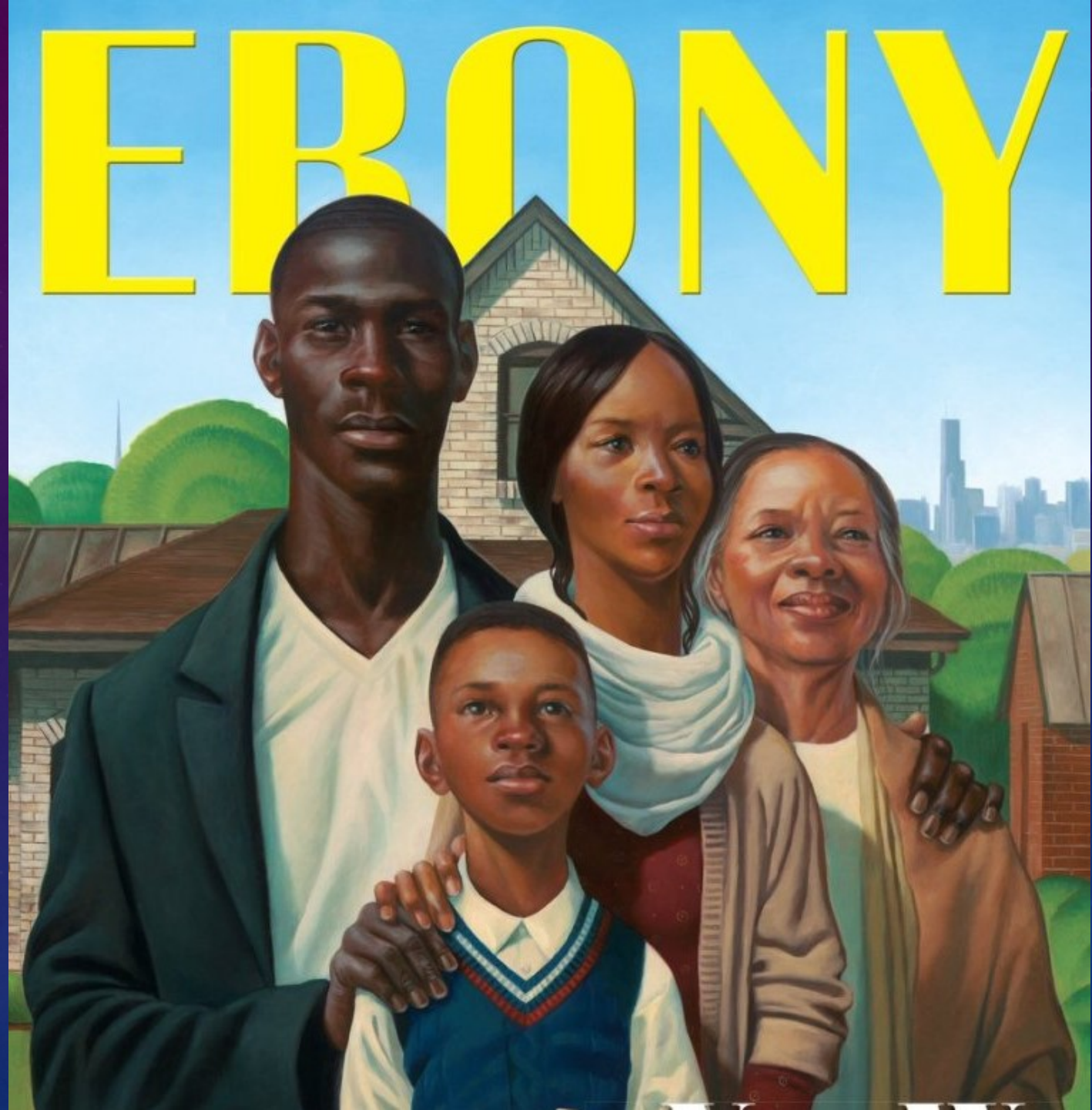


Thespians and Couple,
Ossie Davis and Ruby Dee





Kolumn Magazine Photograph, Photographer Unknown



Ebony Cover
Artist, Kadir Nelson

TERMS WE WILL USE TODAY

∞ Maternal Health Language

- Women's Health
- Maternal Health
- Maternal Morbidity
- Maternal Mortality

∞ Population Health

∞ Related Terms: Infant Mortality, Preterm Birth, Low Birthweight

EQUITY

“Health equity means everyone has a fair and just opportunity to be healthier. It acknowledges that it’s hard to be healthy without access to good jobs, homes, and schools. It requires a concerted effort to increase opportunities to be healthier for everyone – especially those whose obstacles are greatest.”

–Robert Wood Johnson Foundation

MOTHER AND INFANT HEALTH AND EQUITY IMPROVEMENT PLAN

∞ The **MIHEIP** and The **Improvement Plan**

∞ www.Michigan.gov/MIHEIP



**Health
Equity**



**Healthy Girls,
Women &
Mothers**



**Optimal Birth
Spacing &
Intended
Pregnancies**



**Full Term,
Healthy
Weight Babies**



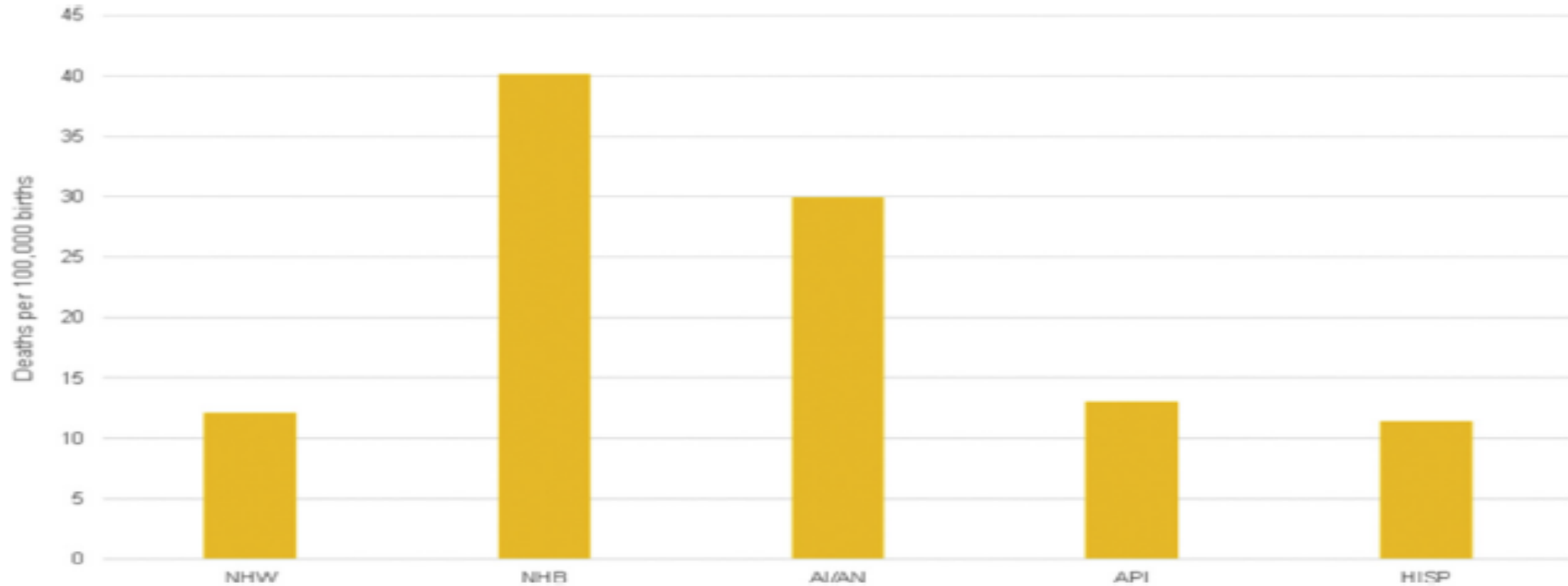
**Infants Safely
Sleeping**



**Mental,
Emotional &
Behavioral
Well-Being**

FIGURE 1

US pregnancy-related mortality ratios, by race and Hispanic ethnicity, 2006–2013



Pregnancy-related mortality ratios, United States, by race and Hispanic ethnicity, 2006–2013. Reproduced from Pregnancy Mortality Surveillance System, Centers for Disease Control and Prevention.

NHW, non-Hispanic white; *NHB*, non-Hispanic black; *AI/AN*, American Indian/Alaska Native; *API*, Asian/Pacific Islander.

Kramer. Health equity framework for maternal mortality. Am J Obstet Gynecol 2019.

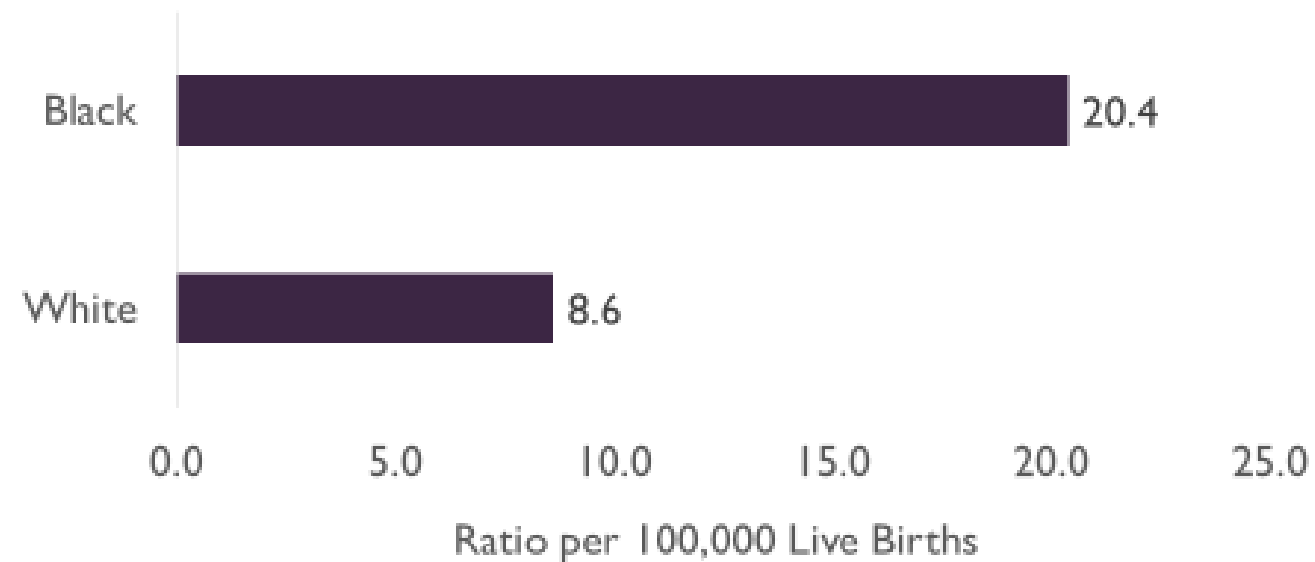
DATA
MATERNAL DEATHS
IN MICHIGAN,
2012 – 2016

[WWW.MICHIGAN.GOV/](http://WWW.MICHIGAN.GOV/MMMS)
MMMS



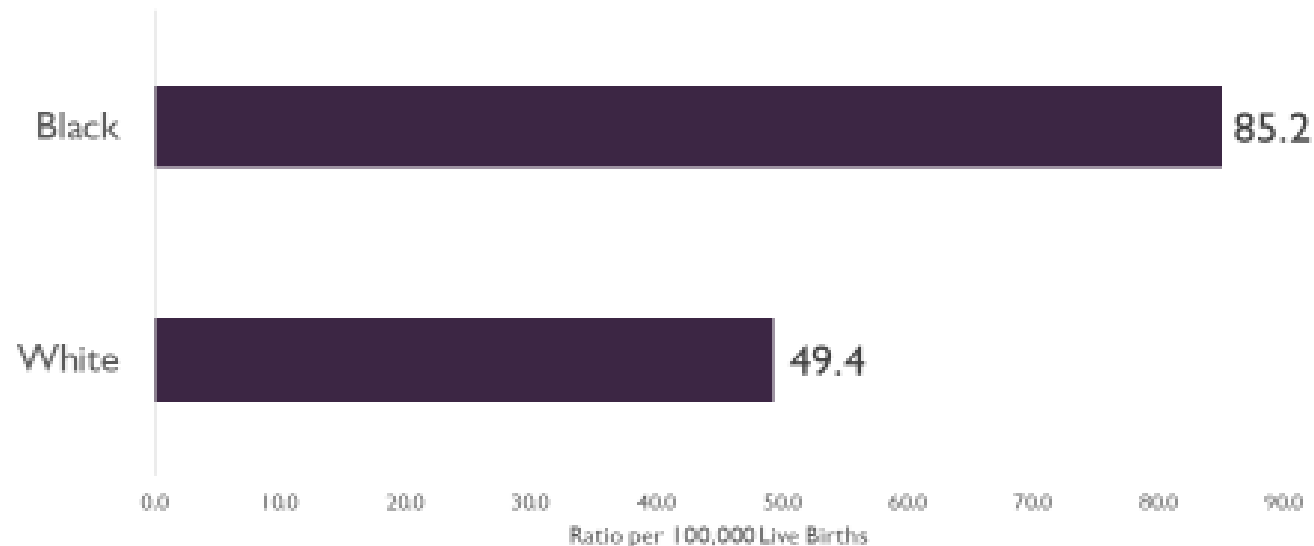
DISPARITIES IN PREGNANCY-RELATED DEATHS

Black women are **2.4x** more likely to die from pregnancy-related causes as white women



DISPARITIES IN PREGNANCY-ASSOCIATED, NOT RELATED DEATHS

Black women are **1.7x** as likely to die from pregnancy-associated, not related causes compared to white women



PREGNANCY ASSOCIATED MATERNAL DEATHS BY RACE

Cause of Death ^a	White	Black	Black/ White Disparity Rate
Medical Conditions	15.3	38.0	2.5
Homicide	3.1	18.5	6.0
Suicide	3.1	Suppressed ^b	Suppressed ^b
Accidental Poisoning/Drug Overdose	18.5	16.7	0.9
Motor Vehicle Accident	7.2	8.3	1.2
All Other Injury	2.2	Suppressed ^b	Suppressed ^b
Total Pregnancy Associated	49.4	85.2	1.7

Ratio per 100,000 Live Births

SIGNIFICANCE OF FAMILY STORIES



Severe Maternal Morbidity, Prosperity Region 10, 2017

(rate per 10,000 delivery hospitalizations)

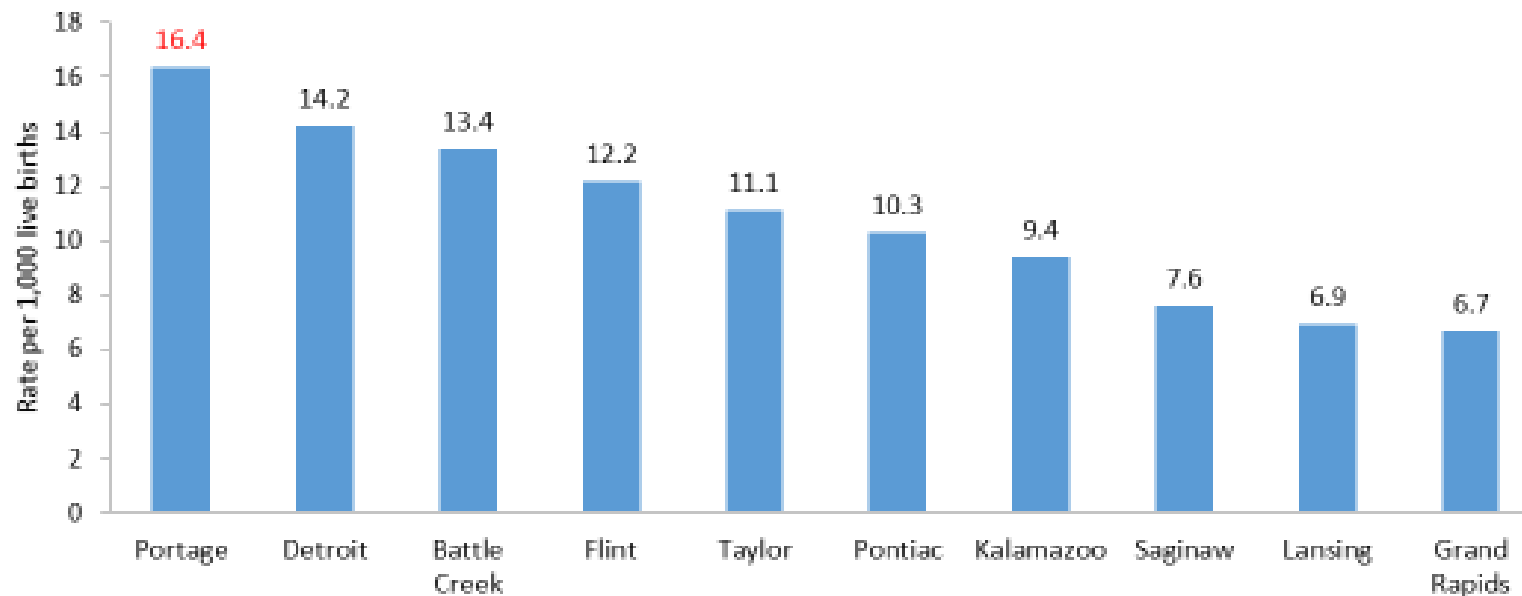
	Severe Maternal Morbidity Rate per 10,000 Delivery Hospitalizations
Michigan	168.7
Region 10	216.1
Wayne	226.9
Macomb	151.8
Oakland	189.8

Data source: Michigan Resident Inpatient Files created by the Division for Vital Records and Health Statistics, Bureau of Epidemiology and Population Health, Michigan Department of Health and Human Services, using data from the Michigan Inpatient Database obtained with permission from the Michigan Health and Hospital Association Service Corporation (MHASC).

RELATED DATA

Infant Mortality Rate by Selected City of Residence at Birth, Michigan, 2017 (rate per 1,000 live births)

Infant Mortality Rates by City of Residence, Michigan, 2017



City	# Live Births	# Infant Death	2017 IMR
Portage	550	9	16.4
Detroit	9,644	137	14.2
Battle Creek	672	9	13.4
Flint	1,397	17	12.2
Taylor	809	9	11.1
Pontiac	1,072	11	10.3
Kalamazoo	958	9	9.4
Saginaw	788	6	7.6
Lansing	1,728	12	6.9
Grand Rapids	3,001	20	6.7

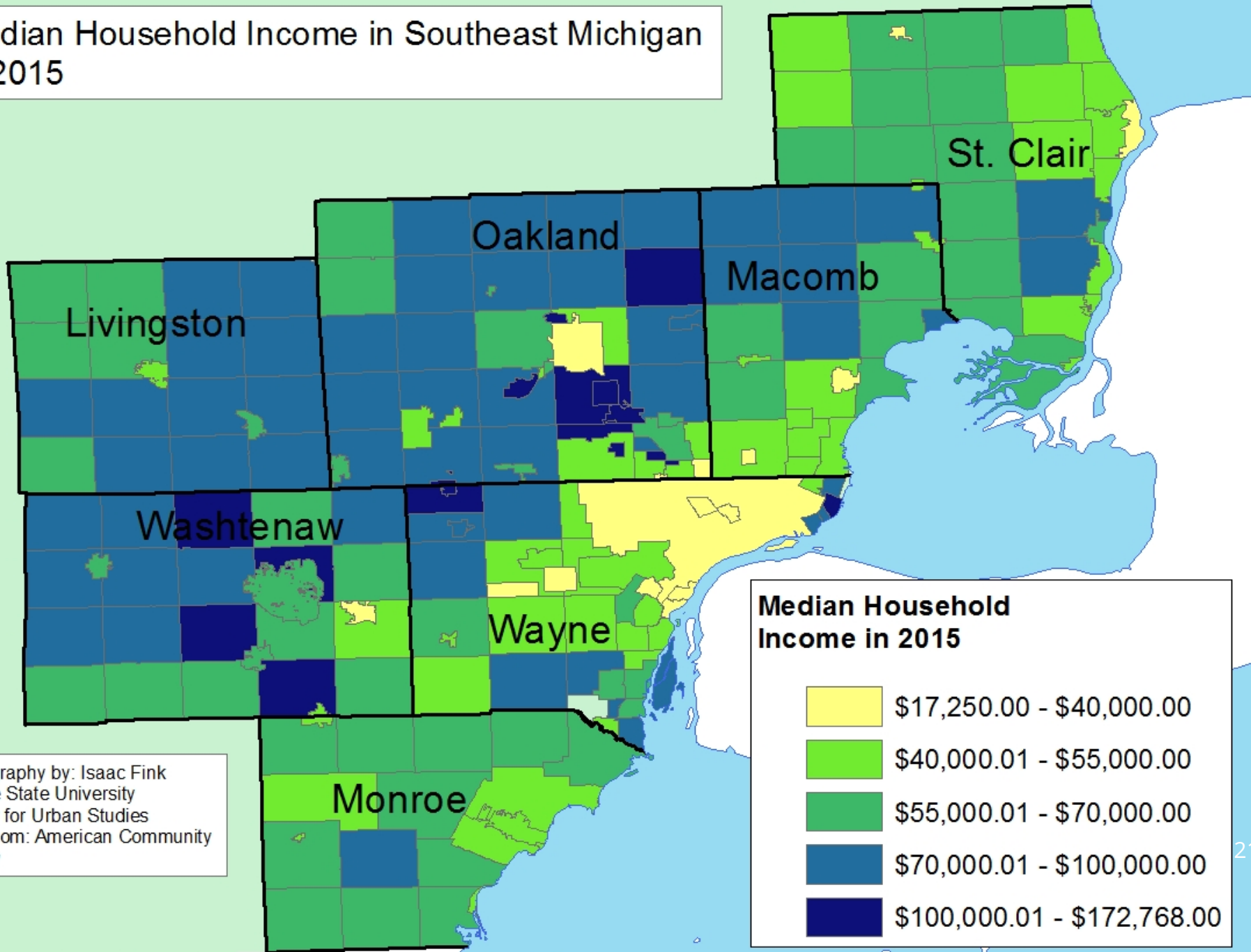
Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.

Selected city has more than 5 infant deaths.

12/11/2019

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

Median Household Income in Southeast Michigan in 2015



Cartography by: Isaac Fink
Wayne State University
Center for Urban Studies
Data from: American Community Survey

Differences in Health Outcome Measures among Counties and for Racial/Ethnic Groups in Michigan

	Healthiest MI County	Least Healthy MI County	AI/AN	Asian/PI	Black	Hispanic	White
Premature Death (years lost/100,000)	4,700	12,200	10,300	2,500	12,200	6,500	6,800
Poor or Fair Health (%)	13%	15%	27%	6%	25%	17%	16%
Poor Physical Health Days (avg)	3.4	4.1	6.1	2.1	4.5	3.9	4.3
Poor Mental Health Days (avg)	3.8	4.2	7.7	2.4	4.8	3.9	4.4
Low Birthweight (%)	6%	10%	9%	9%	14%	7%	7%

American Indian/Alaskan Native (AI/AN), Asian/Pacific Islander (Asian/PI)

N/A = Not available. Data for all racial/ethnic groups may not be available due to small numbers

Michigan Homelessness By The Numbers

Learn more at the [2018 Homelessness Annual Report](#)

65,104

Michigan Homeless (2018)

54%

Homeless Population Who Are African American (2018)

8,367

Homeless Seniors (2018)

44%

Homeless Population with Disability (2018)

7

Average age of homeless child (2018)

17,102

Homeless Youth Under 18 (2018)

DRIVERS OF HEALTH INEQUITY

- ∞ Layered and Chronic Stress
 - Weathering (Geronimus)
 - John Henryism (James)
 - Adverse Childhood Experiences (ACEs)
 - Distinctive evaluations of stressors
- ∞ The role of **bias**
 - Schulman Cardiac Catheterization study, [New England Journal of Medicine](#), 1999
- ∞ Other “...isms”?
- ∞ Stigma (Goffman)
- ∞ Access to supportive **determinants of health**

WHAT IS BIAS?

An implicit bias is any unconsciously-held set of associations about a social group. Implicit biases can result in the attribution of particular qualities to all individuals from that group, also known as stereotyping.

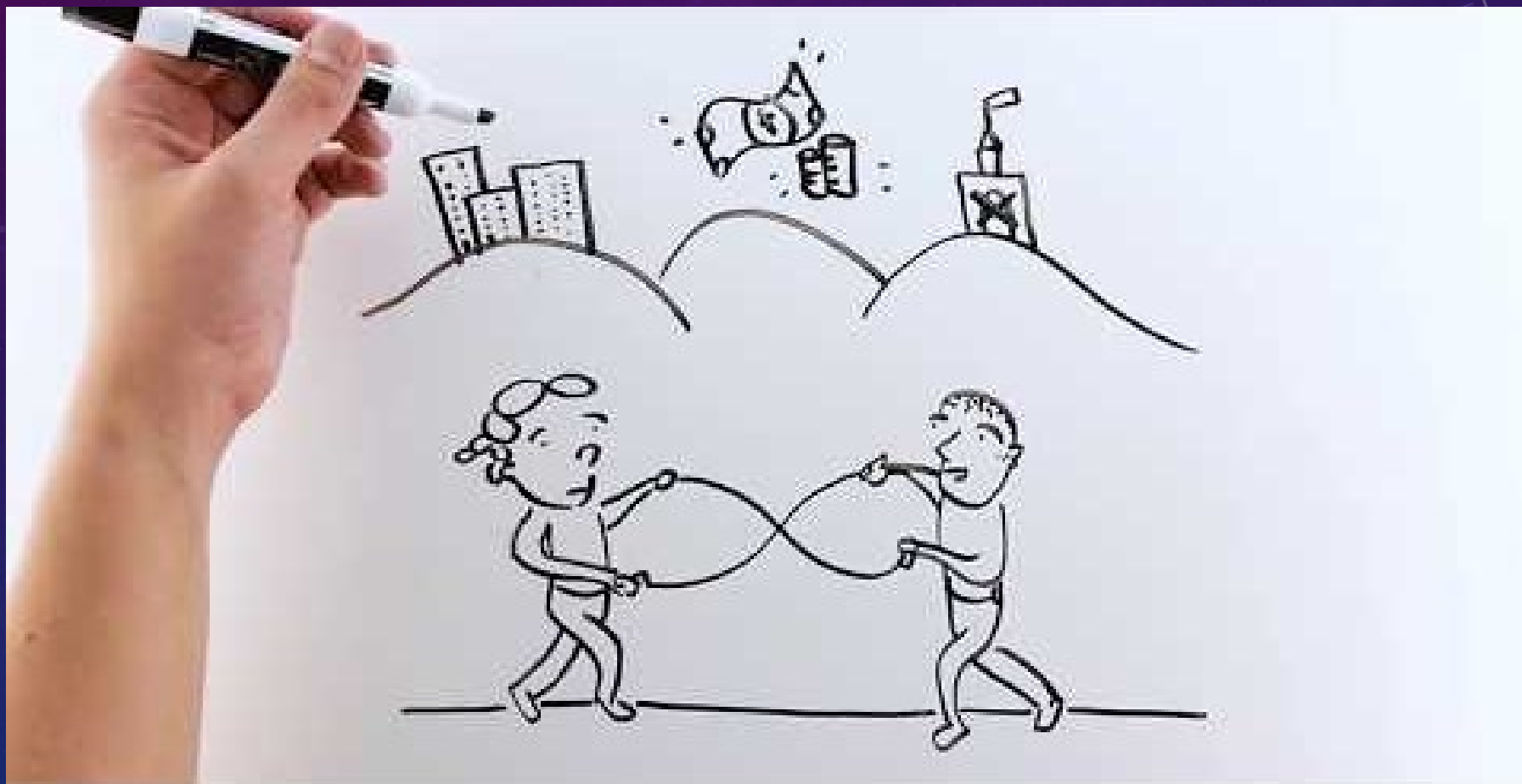
BIAS IS BEING DISCUSSED. WHY?

- Implicit biases are the product of learned associations and social conditioning.
- Relationship with stigma
- Relationship with racism
- <https://implicit.harvard.edu/implicit/>

SOCIAL DETERMINANTS OF HEALTH (SDoH)

Conditions in the places in which people are born, live, learn, work, play, worship, and age that affect health.

THE CLIFF OF GOOD HEALTH AND SOCIAL DETERMINANTS





SDoH, CONTINUED

∞ We can think of some of these as basic needs. Examples include available and affordable sources of:

- Healthy food
- Transportation
- Housing
- Others?

∞ What happens when we don't have them?

SDoH, CONTINUED

∞ We can think of some of these as social factors that either challenge or support our best health status as groups.

- **Challenging examples:**

- Systemic Racism
- Multi-generational economic factors
- Community level trauma

- **Supporting examples:**

- Extended family
- Cultural insulation
- Faith

WOMEN'S HEALTH CARE

- ∞ If possible, and if we choose, we encounter health care as part of our lives. Examples include:
 - Primary Care
 - Prenatal care
 - Delivery
- ∞ What do some of our health care professionals think about this information?
 - American College of Obstetricians and Gynecologists, Women's Health Care Physicians
 - Committee Opinion
 - "Racial and Ethnic Disparities in Obstetrics and Gynecology" (Handout)

WOMEN'S HEALTH AND COMMUNITY ACTION NETWORK (CAN)

∞ We spend most of our lives and pursue our good health in our homes, neighborhoods, and society.

∞ Community Action Network as:

- Knowers
 - experts on community and health related factors
- Network
- Translators
- Users of the legislative process
 - Influencers of policy
- Representatives
 - for mothers and women

CONNECTIONS

∞ Division of Maternal and Infant Health

∞ Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC)

- Regional Perinatal Quality Collaboratives
- Wayne, Oakland, Macomb counties

LET'S CONVERSE AND CONCLUDE

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Human Services

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**MOTHER INFANT
HEALTH & EQUITY
IMPROVEMENT PLAN**



Michigan Department of Health & Human Services

GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR