# PROJECT DETROIT: VOICES FOR LIFE



Souttheast Michigan Perimatal Quality Improvement Coalition











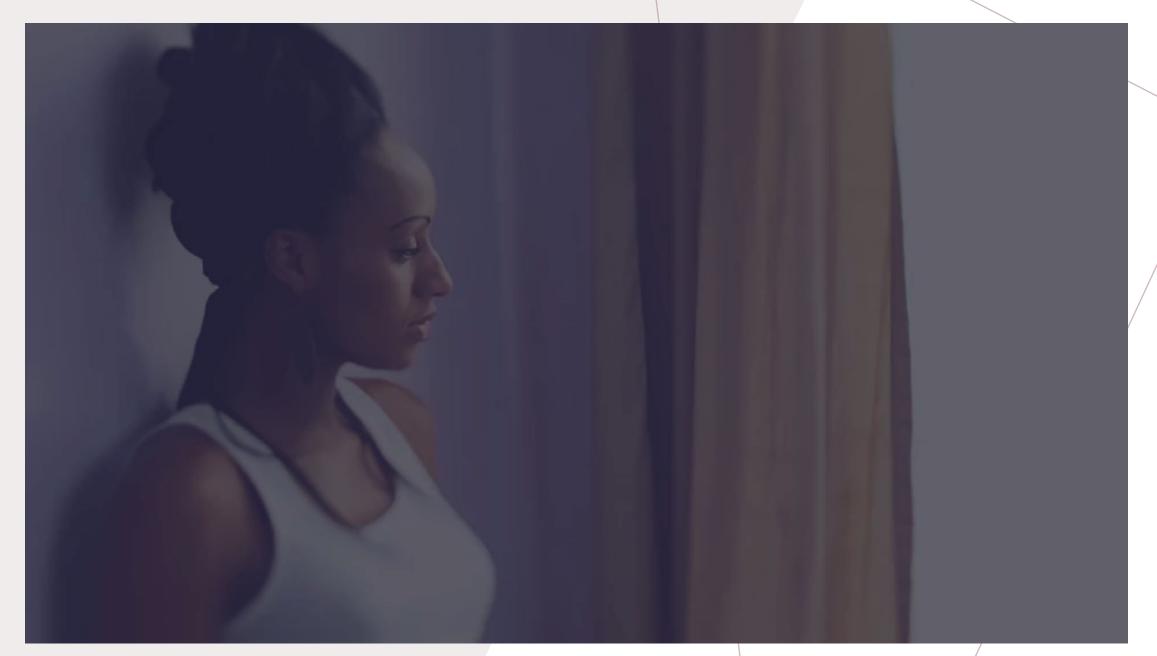




Focus: HPE











## PROJECT BACKGROUND

- SEMPQIC is the Region 10 RPQC since 2015, with a mission that integrates equity in all work improve perinatal health outcomes for all birthing persons in Wayne, Oakland and Macomb counties, particularly Black & Brown mothers and babies.
- SEMPQIC served as grant applicant and project oversight.
- Project Detroit: Voices for Life was funded in the 2nd cohort of the M4M Safer Childbirth Cities investment for 3 years.
- Goal Improve maternal health outcomes for Black and Brown birthing persons and families in Detroit.



#### The Water of Systems Change

6 Levels of Systems Change

Structural Change (explicit)

**Policies** 

**Practices** 

**Resource Flows** 

Relational Change (semi-explicit)

Relationships & Connections

**Power Dynamics** 

Transformational Change (implicit)

Mental Model



Taken from The Water of Systems Change by John Kania, Mark Kramer, Peter Senge, June 2018 FSG

SEMPQIC A. Carr Mar. 2021

#### The Water of Systems Change

6 Levels of Systems Change

Structural Change (explicit)

**Policies** 

**Practices** 

**Resource Flows** 

Relational Change (semi-explicit)

Relationships & Connections

**Power Dynamics** 

Transformational Change (implicit)

Mental Model

Assumptions, top of mind



Taken from The Water of Systems Change by John Kania, Mark Kramer, Peter Senge, June 2018 FSG

# SYSTEMS CHANGE FOR PERINATAL CARE



**Examine and Change Practices** 

Shift Power Dynamics

Foster Action



#### PROJECT PARTNERS



Maternal Mortality and Vitality Review Team (MMVRT)



Community-based Doula Training and Advocacy



Implicit bias and unconscious bias training for capacity building



#### PROJECT PARTNERS







Identify and train 100 women from the community as storytellers to share their birth stories





Stephanie M. Smith
Program Coordinator
City of Detroit Health Department

#### MATERNAL MORTALITY VITALITY REVIEW TEAM (MMVRT)

- Address the disproportionate number of African American women in Detroit that experience high-risk pregnancies and maternal death
- Develop recommendations for improvement within the health care systems, government agencies, and community-based programs



- Participate in the implementation of community-based interventions and policies
- Evaluate community-based interventions
- Identify barriers to care and trends in service delivery and suggest ideas to improve policies and services that affect families
- Monitor maternal health indicators over time to ensure continuous improvement



• The MMVRT consists of a multisector group:

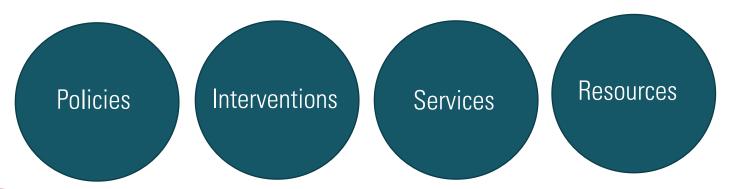
Public Health
Obstetrics & Gynecology Professionals
Professionals

Mental Health Professionals

Emergency Medical Technicians
Technicians

Community Representatives
Social Services
Police

• Findings are presented as recommendations to our Community Action Team (CAT):





 A surveillance methodology that monitors and investigates the causes of maternal death:

A strategy to reduce pregnancyrelated death that is 2-3 times more likely for African American women

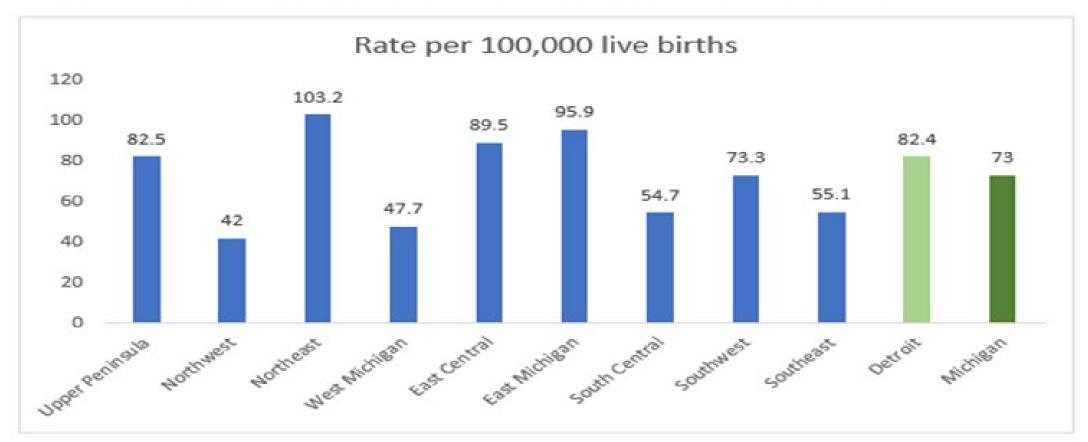
A tool for health care providers to use to assess atrisk populations

A process to remediate maternal health inequities with recommendations for improvement in health care systems and policy-making

- About the data:
  - Review period: October 2021 September 2022
  - Number of cases reviewed: 22
  - Total number of recommendations: 84



Figure 1. Pregnancy-Associated Maternal Mortality Rates by Region, 2015-2019.



Date Sources: Michigan Department of Health and Human Services, Michigan Maternal Mortality Surveillance Program, 2011-2019; Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, Resident Death Files, 2011-2019





Kiddada Green, M.A.T. Founding Executive Director Black Mothers' Breastfeeding Association

#### DOULA TRAINING

- Community-based Doula Training
- Detroit community-based Taskforce



#### **CHANGE IN KNOWLEDGE**

Median level of knowledge before and after doula training 1=No knowledge 5=Extensive knowledge

Prenatal period\*

Adolescent needs\*

Labor and delivery\*

Comfort measures during labor\*

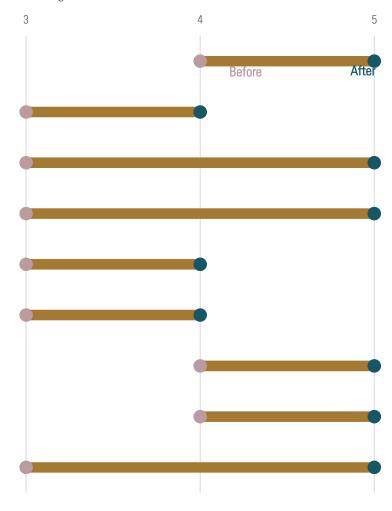
Medications and medical procedures during labor\*

Loss\*

Postpartum period\*

Newborn

Breastfeeding\*





#### CHANGE IN KNOWLEDGE

Median level of knowledge before and after doula training 1=No knowledge 5=Extensive knowledge

Prenatal period\*

Adolescent needs\*

Labor and delivery\*

Comfort measures during labor\*

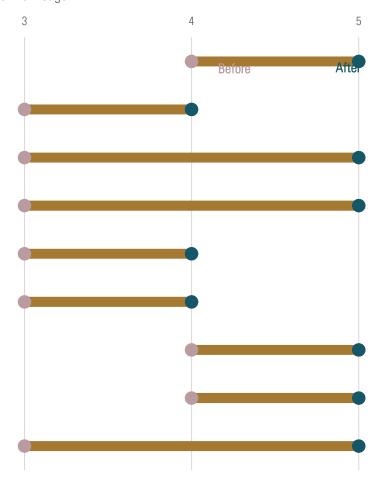
Medications and medical procedures during labor\*

Loss\*

Postpartum period\*

Newborn

Breastfeeding\*







Ally Rooker, MPH Project Manager Henry Ford Health

#### UNCONSCIOUS BIAS TRAINING

- Reducing Unconscious Bias an Imperative (RUBI) training was developed as a bias and respectful care training specifically tailored to Black maternal health disparities
- Curriculum was developed by a team of community health professionals, curriculum design researcher, OBGYN, Certified Nurse Midwife, with input from Black Detroit mothers



 Since 2020, over 550 individuals have been trained by RUBI, including the entire Women's Health Services department at Henry Ford Hospital from front desk staff to providers

 By end of 2023, we will have reached all Women's Health and Pediatrics providers at Henry Ford Health



 RUBI has sparked efforts to sustainably and continually provide educational opportunities around DEIJ

- Microlearning sessions on DEIJ topics that build on RUBI are presented at Women's Health Grand Rounds
- An equity digest newsletter is disseminated to Women's Health team members with further learning resources



 Mothers who delivered at the Detroit hospital before and after training implementation will be surveyed using the Mothers on Respect Index and Mothers Autonomy in Decision Making Index (developed by the Birth Place Lab) to assess impact of the trainings and guide quality improvement

RUBI toolkit being developed to accompany the training for implementation





Shirley Mann Gray, MSW, LCSW Director of Maternal Child Health SisterFriends Detroit Detroit Health Department

#### 100 VOICES STORYTELLING

Our Goal: To empower the voices of Black and Brown mothers to expect and advocate for respectful, equitable perinatal care.

- DHD SisterFriends, Focus: HOPE and BMBFA partnered to maximize their access to the community
- The 100 Voices Partners recruited women who had enrolled in their programs and given birth within the last two years.

- A professional Storyteller was commissioned and held 21 training sessions
- 110 women received 4 hours of training across 2 days. That included the components of storytelling.
- 94 chose to tell their stories during the training sessions.
- Bi-weekly listing sessions were held with the women allowing partners to recognize and address emotional needs...
   re-traumatization of reliving their experiences.



- Partners held monthly follow-up meetings to share and hone their stories and identify needs that required further attention.
- 16 storytellers were video taped as part of the empowerment media campaign to advocate for respectful and equitable care. That include videos, storyboards and infographics.
- 15 women became a member of the campaign design panel as content experts.
- Women were compensated for their time.

### Women are lifting their Voices for Life



EMPOWERMENT
MEDIA
CAMPAIGN



Detroit Mothers Speak

# FUTURE WORK

- Detroit Summit to share this work and identify continuation elements
- Education/training
- Research
- Additional Presentations
- Maternal health outcome improvements
- Publications



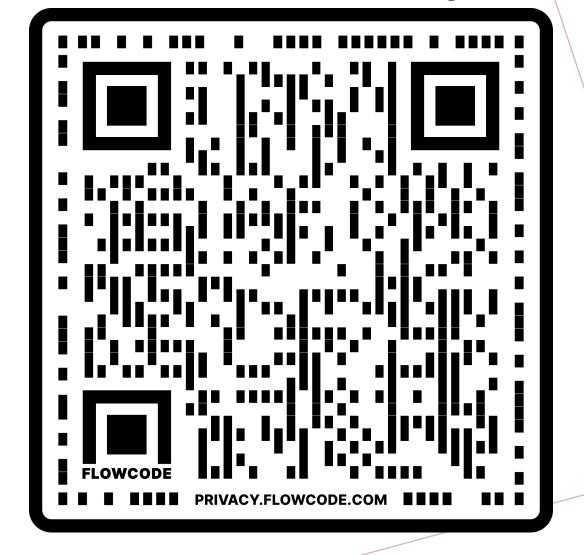
"Efforts of the Partners will reduce the chance of gathering at the MMVRT table"



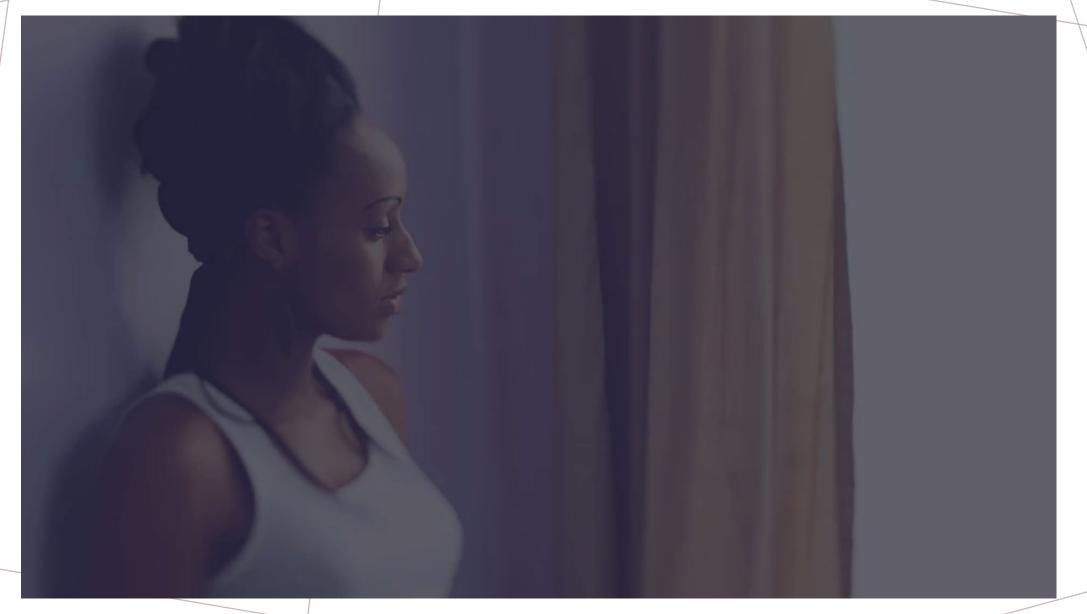
# FINAL THOUGHTS

Stay connected! Visit our SEMPQIC website.

#### www.SEMPQIC.org









# THANK YOU!



**Southeast Michigan Perinatal Quality Improvement Coalition** 





**SisterFriends** 

**DETROIT** 













