

QI-TRACS

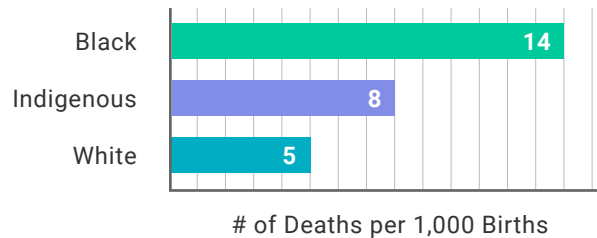
Reducing Disparities through Training, Accountability, and Community Supports (QI-TRACS) aims to implement Baby-Friendly USA & WHO strategies – using an explicit racial equity lens – to reduce disparities in breastfeeding rates among Black and Indigenous dyads, as well as decrease birthing person and infant morbidity and mortality through hospital and community partnership, participation, and policy.

PROBLEM

Michigan Infant Mortality

Infant mortality is high in Michigan, with glaring racial disparities.

Infant Deaths in Michigan by Race, 2020¹



STRATEGY

Why Breastfeeding

26%

Decrease in odds of infant mortality, as a result of breastfeeding.²

Michigan hospitals are encouraged to adopt the WHO [Ten Steps to Successful Breastfeeding](#) to improve breastfeeding outcomes. However, efforts in the last decade may have improved overall outcomes, but have failed to address glaring breastfeeding disparities that contribute to survival gaps. Another approach is needed.

QI-TRACS provides an opportunity for Michigan birthing centers to implement the Ten Steps to Successful Breastfeeding, but this time with their community as their **inspiration, compass, and partner**.

OUTPUTS

Enter QI-TRACS



- 7** Hospital birthing centers engaged.
- 7** Community leaders co-leading quality improvement (QI) with clinical staff.
- 7** Hospital-Community Task Forces (HCTFs) centering community voice in hospital QI.
- 1** Goal: To close racial gaps in breastfeeding and birth outcomes.

ACTIVITIES

Disrupting Hospital QI...

- Using shared power model.
- Including dual-capacity and DEI training.
- Stratifying data by race.
- Offering a collaborative forum.
- Matching funds given to hospital and community.
- Providing additional satellite grants to increase community capacity.

HCTF: A Working Model for Rotating Leadership

The Hospital-Community Task Force model is working. All seven sites have continued to convene regular task force meetings that bring together hospital staff and community members in a space of shared power.

HCTF Benchmarks

Benchmarks ensure that the community's priorities are addressed and implementation of QI processes is informed by community voice.

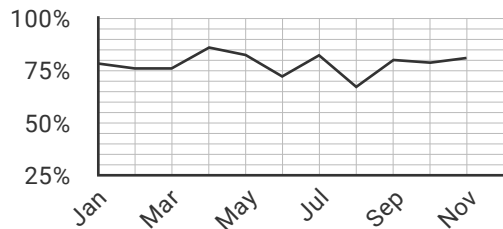
1. Form a Hospital-Community Task Force.
2. Identify shared priorities.
3. Define process and outcome measures.
4. Apply continuous quality improvement.



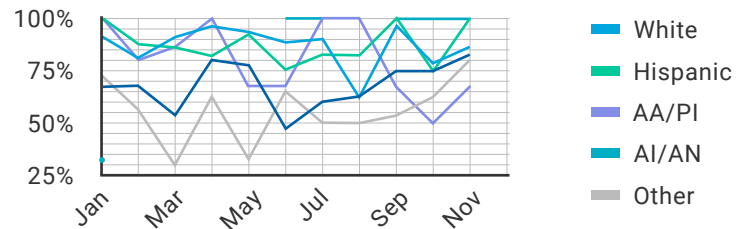
Every Story is Told Through Stratified Data

Data from all races can show slow and steady improvement over time. But only with stratification of the data by race, is every story told.

Total Discharge Support, 2022



Discharge Support by Race, 2022



RESULTS: SYSTEMS CHANGE

A Change is Coming



100% of hospital and community leaders report the highest level of motivation to work together.



Community leaders ranked the HCTF's prioritization of community issues as 3 out of 3.



All community leaders report that power is shifting, but 5 out of 7 report the dynamic is reversed!

RESULTS: PATIENT OUTCOMES

Disparities are Narrowing

Since its start two years ago, this W. K. Kellogg Foundation-funded project has begun to bridge the divide in three key areas: breastfeeding initiation, breastfeeding exclusivity, and post-discharge support.

The initiation disparity between Black and non-Black birthing people is down **48%**, exclusivity down by **41.5%**, and the inequality in access to post-discharge support for Black birthing and lactating people has been reduced by **33%**.