



The Michigan Network to Innovate for Community Health Equity (MNICE)

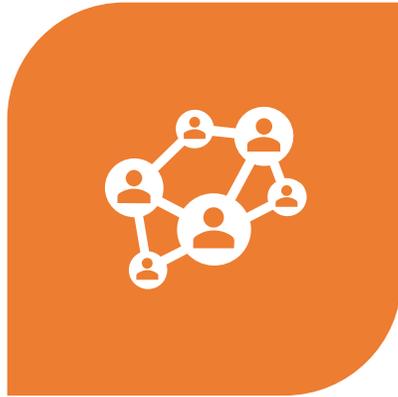


For good. Forever.
For everyone.

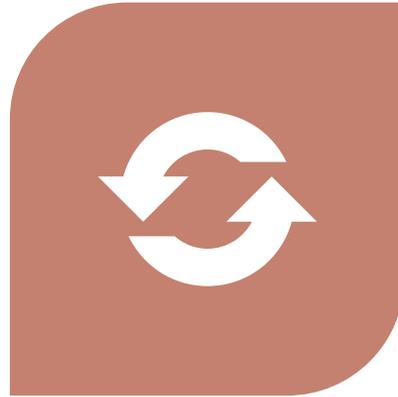
Background



What is the MNICE



STATE-WIDE NETWORK OF
COMMUNITY-DRIVEN PARTNERSHIPS



LEVERAGE FOR ADDRESSING
BROADER PUBLIC HEALTH NEEDS



STRATEGY FOR SUSTAINABLE HEALTH
EQUITY SOLUTIONS

Key Principles



Trust Community



Equip Community



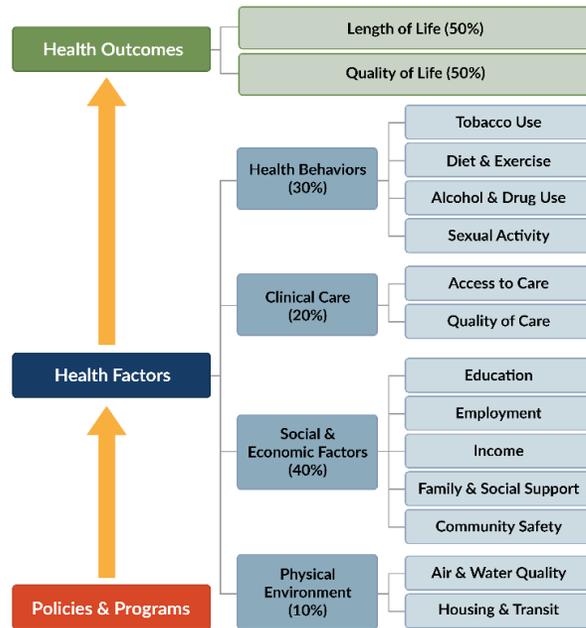
Align Community



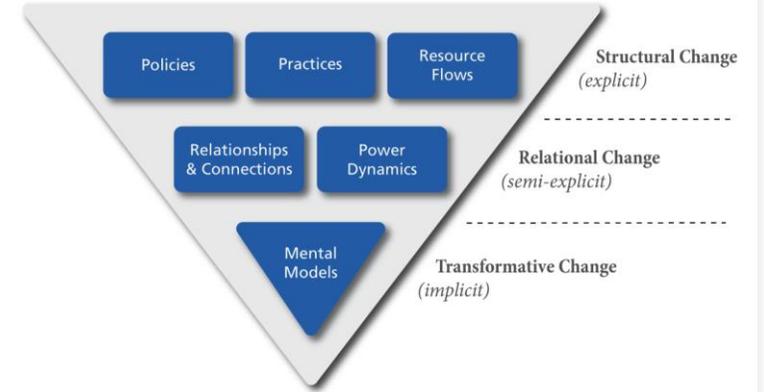
MNICE Pillar Partners

While driven *by* community, the MNICE initiative will be supported by a collaborative partnership comprised of **4 pillars**:



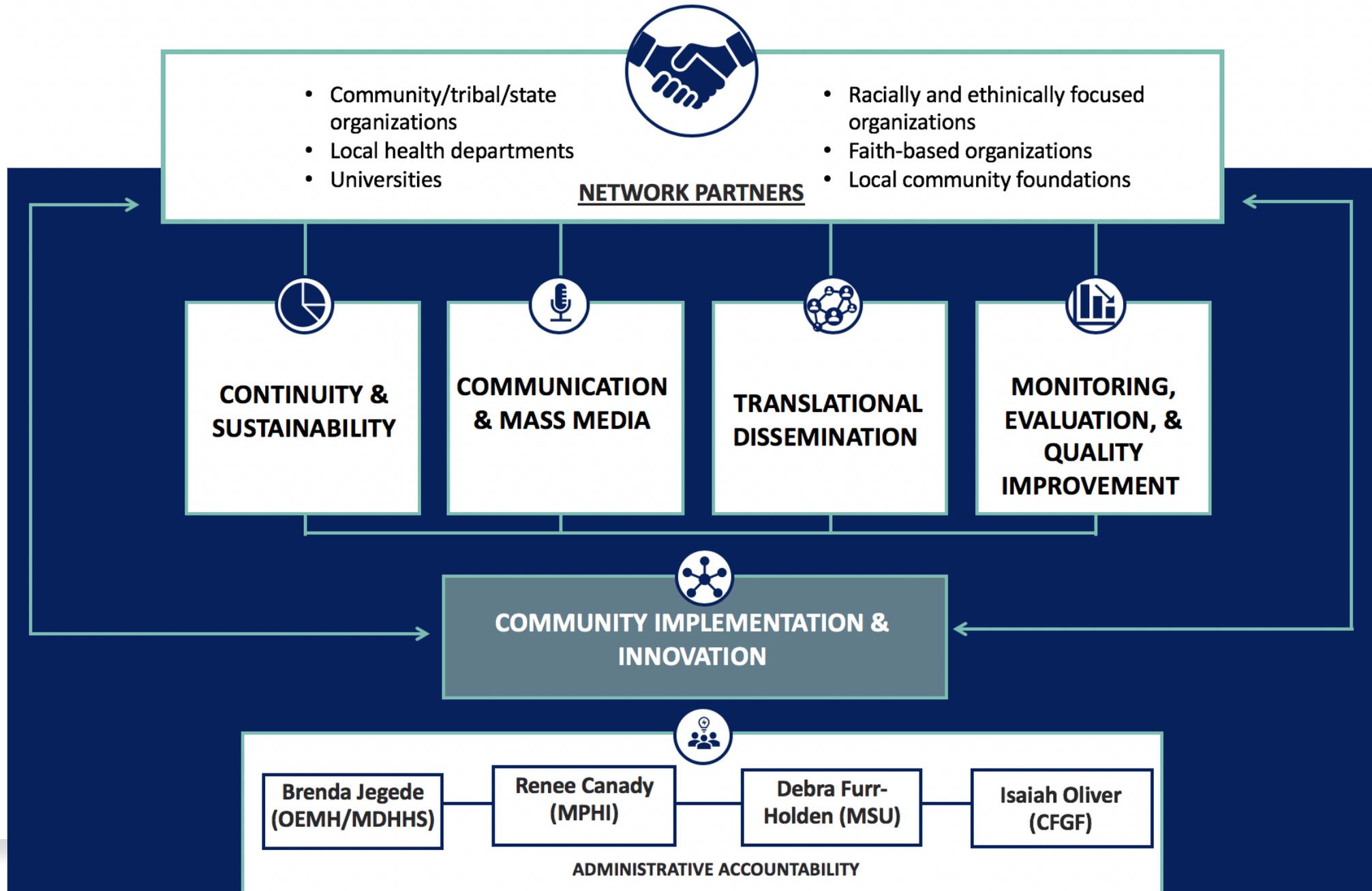


County Health Rankings model © 2014 UWPHI

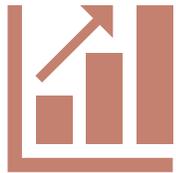


Culturally Responsive Systems Change

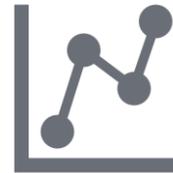
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Community Implementation and Innovation



High racial and ethnic minority population



Disproportionate COVID-19 impact and emerging trends

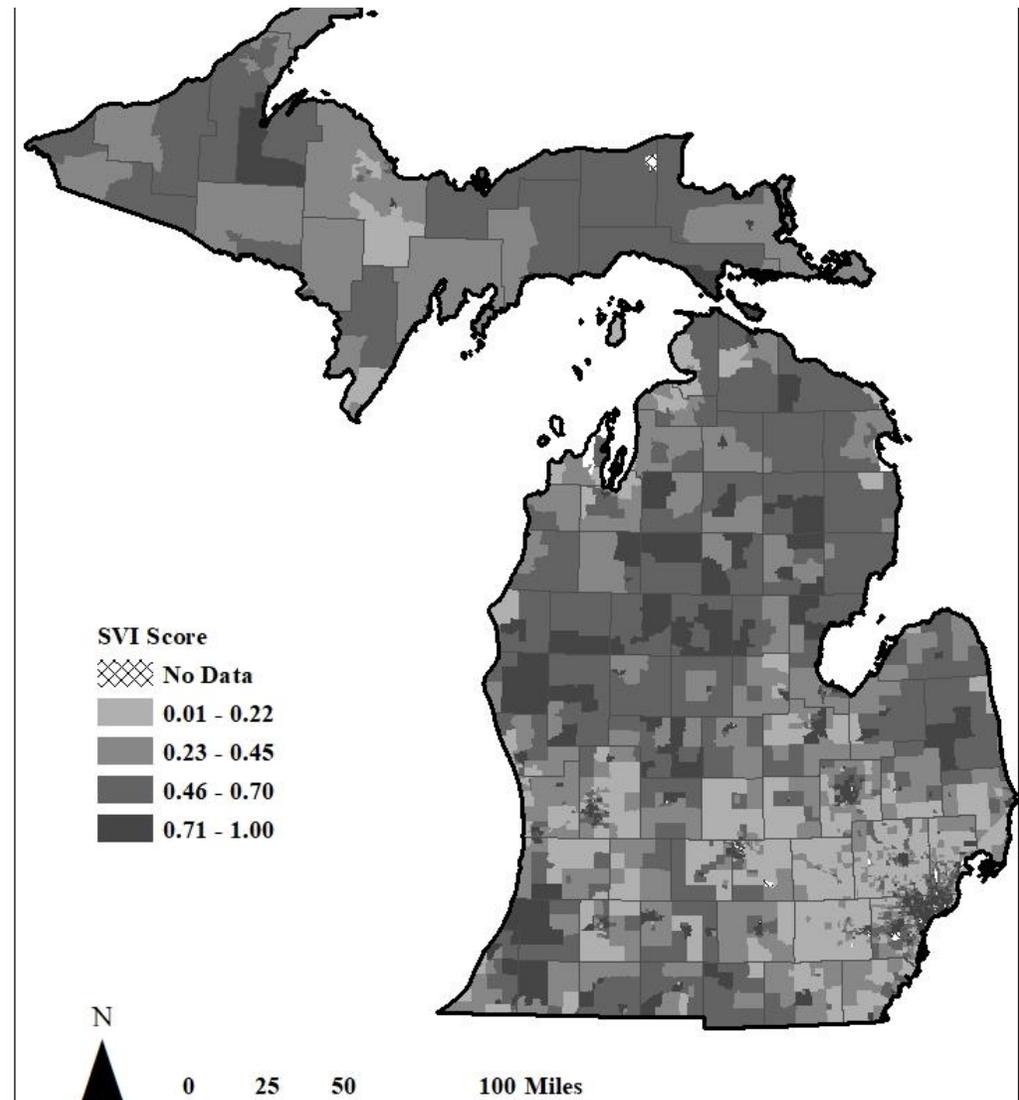


Social Vulnerability



Proposed Regional Implementation and Innovation Communities

- Wayne, Oakland, Macomb, Washtenaw
- Kent, Ottawa, Muskegon
- Genesee, Saginaw
- Berrien
- Calhoun
- Chippewa



Proposed MNICE Activities



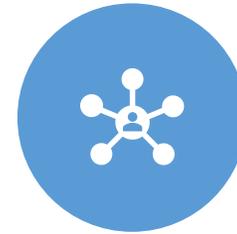
FUND COMMUNITY-DRIVEN TO
ADDRESS HEALTH DISPARITIES



IDENTIFY AT-RISK AND HIGHLY
IMPACTED COMMUNITIES



PROVIDE SUPPORT AND
TECHNICAL ASSISTANCE



PARTNER WITH COMMUNITY-
BASED ORGANIZATIONS ON
DISSEMINATION AND
LINKAGES



DEVELOP AND DISSEMINATE
CULTURALLY AND
LINGUISTICALLY COMPETENT
OUTREACH

Proposed MNICE Activities



IDENTIFY, TRAIN AND
DEVELOP EMERGING
LEADERS



IDENTIFY TRUSTED, HIGH-
PERFORMING
COMMUNITY PARTNERS
TO ENGAGE IN THE MNICE



IDENTIFY, IMPLEMENT
AND DISSEMINATE
EVIDENCE-BASED
INTERVENTIONS,
SUCCESSFUL STRATEGIES,
AND PROMISING
PRACTICES



DEVELOP AND
IMPLEMENT A
CULTURALLY-RESPONSIVE
MONITORING,
EVALUATION AND
QUALITY IMPROVEMENT
PLAN



RESEARCH, IMPLEMENT
AND DISSEMINATE
LESSONS LEARNED FOR
ADDRESSING ROOT
CAUSES OF HEALTH
DISPARITIES AND THE
SOCIAL DETERMINANTS
OF HEALTH



RECOMMEND
INFRASTRUCTURE AND
POLICY CHANGES TO
SUPPORT SUSTAINABLE
HEALTH EQUITY
SOLUTIONS

Outcomes and Metrics



REDUCTION IN COVID
DISPARITIES



REDUCTION OF
COMMUNITY IDENTIFIED
PRIORITY RISK FACTORS



PRACTICES/POLICIES TO
PROMOTE EQUITY AND
REDUCE HEALTH
DISPARITIES



ANTI-RACISM AND ANTI-
PREJUDICE PRACTICES
WITHIN COMMUNITY
ORGANIZATIONS



EQUITABLE AND EFFICIENT
USE OF RESOURCES



COMMUNITY-DRIVEN
DECISION-MAKING AND
PRIORITY SETTING

Dialogue



Think about an experience you have had with authentic community engagement; what were the noticeable characteristics?



Describe that community engagement initiative; how were equity principles applied?



What distinctions do you see between community collaboration, community engagement, and community-driven?



Community partners are Public Health's greatest asset. What community strengths have you benefited from in your partnerships?



Public Health should be one of the community's greatest resources. What resources are needed to build capacity of emerging leaders and trusted community organizations?