

Michigan Department of Community Health

2008 Health Disparities Report



Released February 2009

Executive Summary

Health disparities are differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions or outcomes that exist among specific population groups in the United States. In Michigan, as in the United States, racial and ethnic minority populations carry a disproportionately heavy burden from health disparities. This burden is manifested in increased risk for disease, delayed diagnosis, inaccessible and inadequate care, poor health outcomes and premature death, much of which is preventable.

To effectively diminish the health disparities gap, the Michigan Department of Community Health (MDCH) supports the use of a comprehensive strategy incorporating surveillance; awareness and education; policy; partnerships; and programs, services and system changes. Collectively, these efforts are designed to improve the health status of Michigan's racial and ethnic minority populations. Specifically, these efforts focus on improving access to, quality of, and opportunities for healthier environments and preventive and other health care services. To be effective this comprehensive strategy requires a dedicated and coordinated effort involving all MDCH bureaus, divisions, and sections, along with its external partners.

Toward that end, the MDCH is pleased to present its *2008 Health Disparities Reduction Report*. This report, submitted in response to the House Bill 4455 – PA 653 requirement, provides a snapshot of the Department's efforts to address health disparities during calendar year 2008 (January to December 2008).

The report clearly illustrates the MDCH's commitment to address health disparities. Some of the Department's strengths in 2008 include but are not limited to:

- Serving 2.62 million people from racial and ethnic minority populations. (Duplicated count)
- Providing 55 different programs or services designed to reduce health disparities.
- Assuring that structural elements to address health disparities, such as capacity, policies, and programs/services are in place.
- Using more than 20 national, state, and local surveillance and evaluation data sources to identify and track health disparities and monitor progress.
- Seeking and using federal, state, foundation and other private resources to fund health disparities reduction services and programs.
- Providing training, technical assistance and consultation to state and local programs to enhance their capacity to address health disparities.
- Using employee recruitment and retention strategies to increase racial and ethnic diversity among Michigan's public health, health care and social services workforce.

For 2009, initiatives are underway to revise the current MDCH Strategic Framework for Racial and Ethnic Health Disparities Reduction. Through this process MDCH will identify ways in which the Department can strengthen relationships with local health departments, community organizations, minority health coalitions, and other stakeholders to more effectively work to eliminate racial and ethnic health disparities in Michigan.



The following report provides more detailed information on the work of the Michigan Department of Community Health in its efforts to address health disparities in 2008. For more information on this report, please contact Sheryl Weir, Manager, Health Disparities Reduction and Minority Health, (313) 456-4355.

Spotlight

Addressing Racial and Ethnic Health Disparities through Public Policy Conference

The MDCH, Health Disparities Reduction and Minority Health Section (HDRMH) served as the lead coordinating entity for the first bi-annual **Addressing Racial and Ethnic Health Disparities through Public Policy Conference** [October 21-22, 2008]. For HRDMH, the conference provided a point of re-focus for the Section's racial and ethnic health disparities reduction efforts. More broadly, the conference sought to explore the role of public health policy and workplace policy in reducing racial and ethnic health disparities. The conference objectives were to: 1) Examine health status disparities for various racial and ethnic populations in Michigan; 2) Identify how public health policies can be strengthened to reduce, and eventually, eliminate racial and ethnic health disparities; 3) Identify best practices to improve health status for racial and ethnic populations in Michigan; 4) Discuss effective, evidence-based interventions that can be replicated in various ethnic and racial populations in Michigan to reduce health disparities; and, 5) Provide a business case for workplace policies to reduce health disparities.

Nationally recognized health disparities researchers served as conference keynote presenters including, Drs. Camara Jones, Research Director on Social Determinants of Health at the National Center for Chronic Disease, CDC and Brian Smedley, Vice President and Director of the Health Policy Institute at the Joint Center for Political and Economic Studies; and Cheryl Boyce, MS, Board of Chair the National Association of State Offices of Minority Health (NASOMH) and Director of the Ohio Commission on Minority Health (OCMH). Conference workshops covered such topics as:

- ✓ An Academic-community Partnership to Reduce Health Disparities among Asian Americans
- ✓ Coming Full Circle: Impact of Government Policies on Health Care Delivery for Urban American Indians
- ✓ Beyond Disparity: Tackling Health Inequity through Public Policy
- ✓ Steps to Better Health and Better Community
- ✓ The Regional Coordinating Center for Hurricane Response-Linking Lessons Learned to Policy Implications
- ✓ Race Stress, Social Support and their Relationship to African American Infant Mortality
- ✓ Communities Working In Partnership: Building Capacity for Public Health Advocacy
- ✓ Patient Medical Advocacy
- ✓ Patterns and Causes of Racial and Gender Disparities in Health: Implications for African American Men's Health
- ✓ Do We Need Health Policy to Accommodate Health Disparities: Arab and Chaldean Health Determinants
- ✓ The Role of School-Based Health Centers (SBHC) in Improving Health Equity and Reducing Health Disparities
- ✓ Building Cultural Competency
- ✓ Reporting and Use of Health Data by Race and Ethnicity
- ✓ Community Profiles: Making the Case for Economic Support for Young Families
- ✓ Reducing Disparities in Type 2 Diabetes Among Latino and African American Residents of East and Southwest Detroit: Results from the REACH Detroit Partnership
- ✓ Body & Soul: A celebration of Healthy Eating & Living.

More than 300 participants including state and federal government officials, medical professionals, academics, and community-based organization representatives attended. The conference was convened in collaboration with the Commission to Eliminate Health Disparities whose members include the American Medical Association, the National Medical Association and the Hispanic Medical Association. Conference co-sponsors included the Health and Human Services Office of Minority Health. Additional information on the conference is found in Attachment A.



2008 Report

Survey Description

The Michigan Department of Community Health (MDCH) completed its second annual survey to assess and track the status of its efforts to reduce racial and ethnic health disparities. This report, provided in response to House Bill No. 4455 – PA 653, is a compilation of bureau, division, and section responses to a web-based survey conducted in December 2008.

The MDCH, Health Disparities Reduction and Minority Health Section (HDRMH), worked with an independent contractor to design and execute the survey, as well as analyze and report the survey results. In September 2008, the HDRMH, together with the consultant, presented plans for the 2008 survey to the Department's Health Disparities Reduction Workgroup. The Workgroup provided guidance on the format and agreed to pilot-test the survey instrument. The HDRMH and the survey consultant developed the survey questions. In doing so, they considered lessons learned and data collected from the 2007 survey. The survey instrument was developed in October and pilot-tested by five Workgroup members in November 2008. The survey instrument was modified based on pilot-test feedback and final review from Jean Chabut, Chief Administrative Officer, Public Health Administration.

On 12-15-08, Jean Chabut sent an email to all Bureau Chiefs with a link to the web-based survey. Bureau Chiefs were encouraged to share with their Division Directors and others, as appropriate. The deadline for submission was 12-17-08, although it was subsequently extended to 1-5-09. To maximize the response rate, three email reminders were sent.

Respondents

MDCH has eight overarching organizational units: five Administrative Units, the Director's Office, Office of Services to the Aging, and the Office of Drug Control Policy. For the purposes of this survey analysis, these were labeled "administrations." The administrations were further divided into 26 sub-units, typically, but not exclusively, titled "bureaus."

In this survey analysis, these sub-units were labeled "bureaus." The

Operations Administration was exempt from completing the survey, as they had not provided or funded public health services in 2008; this administration had 2 bureaus. **The total eligible respondent pool represented 7 administrations with 24 bureaus.**

Response Rate

- 86% for MDCH Administrations
- 88% for MDCH Bureaus

The overall response rate to the survey was 88%, with 21 of the 24 bureaus responding. This represented 6 of the 7 administrations or 86% (see attachment A for listing). Data from the survey came from 50 individual responses that were subsequently aggregated and analyzed into 21 different units. These units were identified with an asterisk (*) in Attachment B. The survey results below are reported by category as listed in PA 653.



Develop and Implement a Structure to Address Racial and Ethnic Health Disparities in the State

The **Health Disparities Reduction and Minority Health Section (HDRMH)** in the **Division of Health,**

Structural Elements to Address Health Disparities

- Capacity
- Policies
- Programs, Services, and Communication

Wellness, and Disease Control, served as the primary MDCH structure to address racial and ethnic health disparities. This section focused the Department's efforts on eliminating health disparities; ensured policies, programs and strategies were culturally and linguistically appropriate; and collaborated with state, local and private partners to advance health promotion and disease prevention strategies. The Health Disparities

Reduction and Minority Health Section developed, promoted, and administered health promotion programs for communities of color, including African American, Hispanic/Latino, Native American/American Indian, Asian/Pacific Islander, and Arab Ancestry. This section used the MDCH Health Disparities Strategic Framework to guide its work; this framework was posted on the Section's website at http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2985---,00.html.

The **Health Disparities Reduction and Minority Health Section** coordinated an intra-departmental Health Disparities Reduction Workgroup (see Attachment C for a list of workgroup members). The goals of the Workgroup are to increase awareness, collect and disseminate data, identify and promote effective evidence-based public health strategies, and establish a systemic approach to inter- and intra-departmental coordination to reduce health disparities. Workgroup participants represent a cross-section of MDCH bureaus. The HDRMH Section Manager serves as the chair of this workgroup. Because this position was vacant for a portion of the year the activities of this workgroup were limited in 2008.

In addition to the HDRMH Section, the Department's bureaus had established other structural elements to address health disparities. These elements were categorized into three strategic areas: capacity; policy; and programs/services.

Structural elements related to capacity included data; staffing and training; partnerships and coalitions; and evaluation. *Policies related to addressing health disparities* included adhering to federal and state laws, as well as department rules and regulations. In addition to formal policies, there were informal policies such as integrating program goals and objectives to address health disparities into state strategic plans, and using the science to guide public health programs and services. MDCH bureaus had established and followed both formal and informal policies related to health disparities. The bureaus also funded and implemented *numerous programs, services, and communication mechanisms* specifically designed to address health disparities. Examples of all of these structural elements were provided throughout this report.

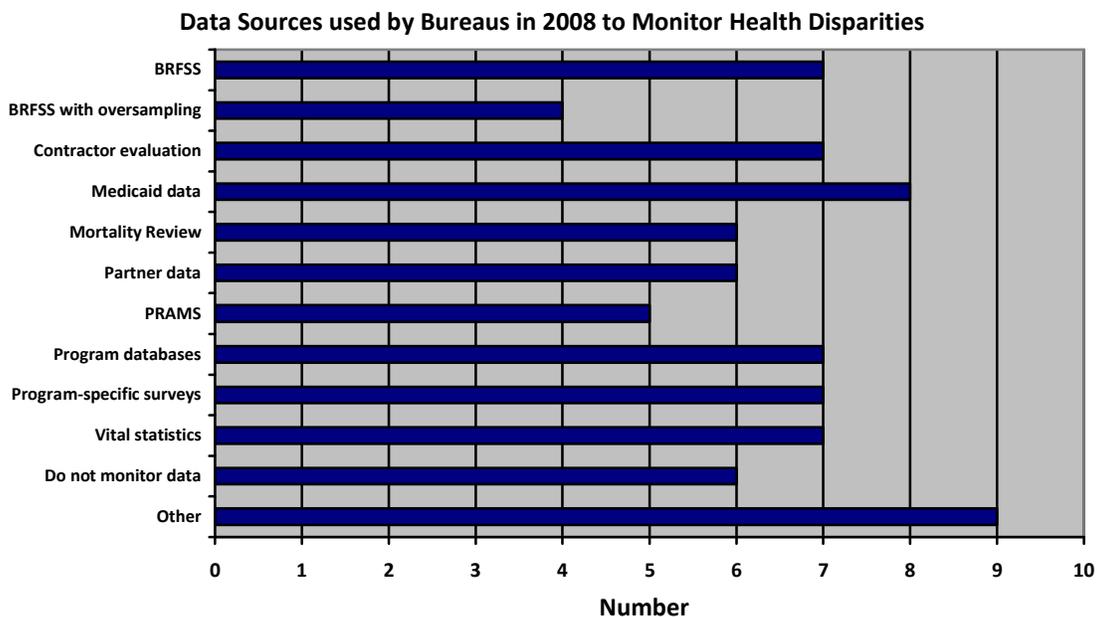
Monitor Health Progress

MDCH tracked and monitored health disparities progress through several mechanisms. At the state level, health and disease data were collected and analyzed from sources both inside and outside the department. In addition to providing statewide data, the data were available for racial and ethnic populations. These data were collected over time, allowing for trend analyses.



Respondents noted that data were collected and used for several main purposes. Prevalence, incidence, mortality, morbidity, access to services, and utilization data were used to identify and monitor racial and ethnic disparities trends. These data were also used to identify populations at highest risk or need and to plan interventions to serve these communities. Data were collected to monitor performance of funded programs, contractors, and state programs, including achieving goals and objectives and improving health outcomes. A variety of data collection sources and mechanisms were identified including state surveys and databases, web-based data collection, and use of national data sources. The most commonly used data sources are identified in the following graph.

- 57% (12) of respondents reported implementing surveillance, data collection, and monitoring activities specific to addressing health disparities.
- 52% (11) identified at least one data source their bureau used to monitor health disparities.



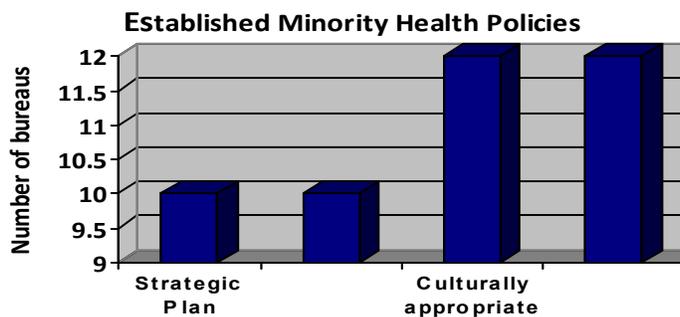
“Other” data sources identified by the respondents included: United States Census, Michigan Inpatient Database, Michigan Care Improvement Registry, HEDIS, Michigan maternal morbidity database, the pregnancy nutrition surveillance system, the pediatric nutrition surveillance system, disease surveillance, the asthma call-back survey, National Aging Program Information System, and the U.S. Renal Data System.

Health progress was monitored at the bureau, division, section, or program level by establishing program goals and objectives, identifying health indicators, and determining long-, intermediate-, and short-term outcomes. Progress toward achieving these were usually monitored on an annual basis, with long-term progress measured through three- or five-year goals. Of the 21 responding bureaus, seven (33%) indicated that they had evaluated progress toward achieving their health disparities goals and objectives during 2008.



Establish Minority Health Policy

The Michigan Department of Community Health adhered to all federal and state policies and regulations related to minority health. In 2008, the Bureaus reported program-specific policies focusing on racial and ethnic health disparities that included:



- Strategic plans, frameworks, or objectives.
- Funding to programs and services to serve racial and ethnic minority populations.
- Developing awareness and educational material using culturally and linguistically appropriate language.
- Minority employee recruitment and retention strategies.

Bureaus that had strategic plans, frameworks, or objectives focusing on health disparities generally integrated them into state strategic plans or program work plans. Bureaus reported having services, materials, and forms regularly reviewed for cultural appropriateness, as well as translating materials into several languages, e.g., Spanish, Arabic, and Chinese. Minority employee recruitment and retention strategies included following EEO regulations and department hiring policies, maintaining an existing diverse workforce, using specific recruitment strategies, and training managers.

Develop and implement an effective statewide strategic plan for the reduction of racial and ethnic health disparities.

In November 2006, the HDRMH Section worked with its partners to create Michigan's *Strategic Framework for Racial and Ethnic Health Disparities Reduction*. This framework defines the Department's six vision priorities with corresponding goals (see table 1). In addition to having this state strategic framework, 48% (10) of the bureaus reported integrating health disparities objectives into their strategic plans. Several respondents noted they had also integrated health disparities reduction objectives into their program work plans and logic models.

Table 1:

Strategic Framework for Racial and Ethnic Health Disparities Reductions Goals

- Reduce racial and ethnic health disparities across the state.
- Consumers, stakeholders (both public and private) and policy-makers will be involved in policy design, implementation and evaluation.
- Design, coordinate and integrate data systems to provide more robust state and local public health data to better serve the public.
- Develop and implement improved policies and procedures for accountability and continuous quality improvement.
- Recruit and hire a highly qualified and diverse workforce.
- Develop and implement a plan for recruitment, training, retention and succession of our state and local public health workforce.
- Develop and implement an internal and external communication plan.
- Develop and implement innovative strategies for informing policy-makers on public health issues and accomplishments.
- Preserve and enhance state funding for public health priorities.



Spotlight

Improving preventive health service utilization among African American males

The goal of the **Check Up! Or Check Out!** (CUCO) program is to reduce morbidity and premature death inequalities experienced by African American males. In Michigan, about 40 percent of black males do not reach age 65. On average, black men in Michigan live seven years less than white men, eight years less than black women, and 13 years less than white women. In 2006 the Michigan Department of Community Health through the CUCO program partnered with Molina Healthcare of Michigan to increase healthcare access for African American men in southeast Michigan. The goal of this public-private partnership was to work with African American male Molina members and their primary care physicians to establish and maintain an ongoing patient-provider relationship. Prior to implementation, Molina reported that only 6% of their African American male Detroit members had completed a preventive health exam with their primary care physician. In April 2007, nine months after the implementation of the pilot intervention model, 36% of the 1440 males in the pilot group had completed a preventative health exam or preventative health screening with their primary care physician. This successful collaboration earned Molina and the CUCO program a National Committee for Quality Assurance (NCQA) - Recognizing Innovation in Multicultural Healthcare Program award in 2008. MDCH is working with Molina to expand this initiative to other areas of Michigan.

Utilize Federal, State, and Private Resources to Fund Minority Health Programs, Research, and Other Initiatives

Using a combination of federal, state, and private resources, MDCH funded programs to reduce racial and ethnic health disparities. These programs and services included affordable, acceptable, and appropriate health promotion, disease prevention, and early detection services.

Funding

Of the responding bureaus, 43% (9) reported *receiving* funding to address health disparities or minority health. Among the 9 bureaus that reported receiving funding:

- 100% (9) received federal funding.
- 67% (6) received state funding.
- 37% (3) received foundation funding.
- 25% (2) received other private sources of funding.

Ten (48%) of the bureaus reported they *provided* funding for health disparities reduction or minority health activities, programs or services. Among the nine bureaus that had worked with local health departments, minority health coalitions, or community organizations in 2008, 67% (6) reported providing funding to these local entities for programs or services related to health disparities reduction.

Populations Served

MDCH reported more than 2.62 million people received health disparities reduction program services in 2008. This figure represents a duplicated count; that is, the same individual may have received services from more than one program. This figure is an under-representation of the actual number served, as it was not possible for all bureaus to collect and report this data. The number of people served (duplicated count) from the primary racial and ethnic minority populations in Michigan were:

- **African American: 1,626,665**
- **Hispanic/Latino: 451,142**
- **Native American/American Indian: 55,732**
- **Asian/Pacific Islander: 244,418**
- **Arab Ancestry: 62,606**
- **Other: 180,975.**



Examples of “other” racial and ethnic minority populations served included: bi-racial and multi-racial, Spanish, French, Italian, Serbo-Croatian, and Russian.

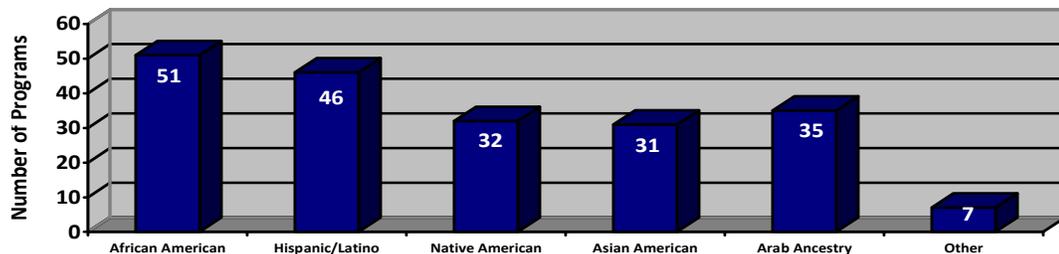
Services or Programs

In total, the bureaus provided data for **55 different programs or services** specifically designed to reduce health disparities in 2008. *Examples* were:

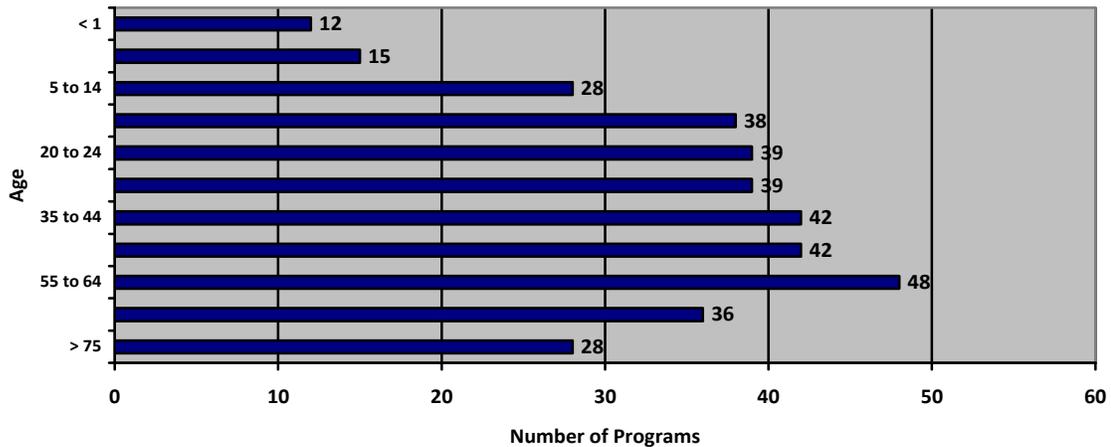
- Addressing Racial and Ethnic Health Disparities Conference – Division of Health, Wellness and Disease Control (see spotlight on page 3)
- Check UP! or Check OUT!, Division of Health, Wellness and Disease Control (see spotlight on page 8)
- Colorectal Cancer Screening, Bureau of Local Health & Administrative Services
- Cultural Competency Conference, Office of Services to the Aging
- Death reviews (asthma, sudden cardiac death, maternal), Bureau of Epidemiology
- Healthy Hair Starts with a Healthy Body and Dodge the Punch, Bureau of Local Health & Administrative Services
- Housing for homeless people with HIV/AIDS, mental illness or substance abuse disorders, Bureau of Administration
- Hypertension Control for African American Seniors, Bureau of Local Health & Administrative Services
- Infant Mortality Summit, Bureau of Family, Maternal & Child Health
- Morris J. Hood Diabetes Center Obese Minority Children at Risk of Type 2 Diabetes Program, Bureau of Local Health & Administrative Services
- Nurse Family Partnership, Bureau of Family, Maternal & Child Health
- Emergency preparedness fact sheets and materials translated for non-English speaking residents, Bureau of Local Health & Administrative Services
- Patient centered medical home initiative (Detroit), Bureau of Health Policy, Planning & Access
- Peer Prison HIV-STD Education/Reduction Program, Division of Health, Wellness and Disease Control
- Person Centered Thinking/Self-Determination/Nursing Home Diversion, Office of Services to the Aging
- Primary Health Care (Child and Adolescent Health Clinics), Bureau of Family, Maternal & Child Health
- Reducing Disparities at the Practice Site, Medicaid Program Operations & Quality Assurance
- Training on applying cultural competency, Bureau of Substance Abuse & Addiction Services
- Substance abuse and communicable disease prevention targeting underserved, Bureau of Substance Abuse & Addiction Services
- WISEWOMAN, Bureau of Local Health & Administrative Services

Demographic characteristics of the populations served by these services follow.

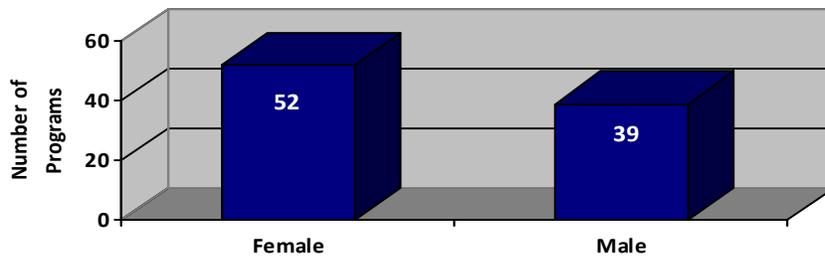
Populations Served: Race/Ethnicity, 2008



Populations Served: Age, 2008



Populations Served: Gender, 2008



More than one-half (60% or 33) of the programs were offered statewide. Of the 22 programs not offered statewide:

- Ten were offered in Southeast Michigan.
- One was offered in Southwest Michigan.
- One was offered in Northern Michigan.

Specific counties served included those with significant racial and ethnic minority populations: Berrien (1), Calhoun (1), Chippewa (1), Delta (1), Genesee (5), Huron (1), Ingham (2), Kalamazoo (3), Kent (6), Lake (1), Lenawee (1), Macomb (2), Menominee (1), Muskegon (3), Oakland (7), Oceana (1), Ottawa (1), Saginaw (1), Sanilac (1), Tuscola (1), Washtenaw (5), and Wayne (9). Specific cities served included: Adrian (1), Benton Harbor (2), Dearborn (1), Detroit (12), Flint (6), Grand Rapids (6), Hamtramck (1), Highland Park (1), Muskegon (1), Pontiac (1), and Warren (1). Some programs were offered in more than one county and/or more than one city.

Provide the following through interdepartmental coordination:

- **Data and technical assistance to minority health coalitions and any other local entities addressing the elimination of racial and ethnic health disparities**



- **Measurable objectives to minority health coalitions and any other local health entities for the development of interventions that address the elimination of racial and ethnic health disparities.**

Bureaus that had worked with local health departments, minority health coalitions, or community organizations provided data on their related activities. Of the 21 bureaus responding to the survey, 9 or 43% had worked with these local entities in the following capacities:

- Developed evidence-based interventions: 33% (7)
- Provided data: 38% (8)
- Provided technical assistance on program design, program implementation, materials development, etc.: 38% (8)
- Funded programs and services: 29% (6)
- Provided training on cultural competency and related topics: 29% (6)
- Assisted with capacity development in strategic planning, fund development, grant writing, etc.: 24% (5)

Establish a web page on the department's website, in coordination with the state health disparities reduction and minority health section that provides information or links to all of the following:

- **Research within minority populations**
- **A resource directory that can be distributed to local organizations interested in minority health**
- **Racial and ethnic specific data, including but not limited to, morbidity and mortality.**

The Health Disparities Reduction and Minority Health Program had a web page on the Michigan Department of Community Health's website (http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2985---,00.html). This web page provided access and linkage to the Program's vision, mission, and strategic framework. It provided a PowerPoint presentation and fact sheets with data that illustrated Michigan's health disparities. The newly released *Color Me Healthy: A Profile of Michigan's Racial/Ethnic Populations* (May 2008) highlighted the health of minority populations in Michigan and documented related health disparities.

Links to events and funded agencies provided information on local organizations involved and interested in minority health. A summary of agencies funded by the Health Disparities Reduction and Minority Health Program was featured on the website, as was a map depicting the service area for their programs. Information on research was available through the link to the federal Office of Minority Health. In addition to this website, additional information on Michigan's health disparities, including data, resources, and research, were found on other Bureau and Program websites, especially the Health Statistics and Reports webpage at <http://www.michigan.gov/mdch/0,1607,7-132-2944---,00.html>.

Develop and implement recruitment and retention strategies to increase the number of minorities in the health and social services professions.

In 2008, MDCH was committed to recruit and retain a qualified and diverse public health workforce. Of the 21 responding bureaus, 12 (57%) had implemented specific activities to recruit and retain minority employees. Strategies noted included: following EEO and department hiring practices; using recruitment strategies to actively seek qualified employees representing minority populations; providing mentoring



and adequate supervision; and training managers in this area. Some bureaus noted that their workforce was already diverse.

In addition, the MDCH Workforce Transformation Unit has increased activity through participation in numerous career fairs in Michigan, including fairs targeted to the areas of diversity and health care professions. The Diversity Workgroup has established a subgroup, charged with looking at recruitment and selection practices at MDCH, with a focus on increasing our diversity recruitment efforts. See Attachment D for a membership list of the Diversity Workgroup.

Develop and implement awareness strategies targeted at health and social service providers in an effort to eliminate the occurrence of racial and ethnic health disparities.

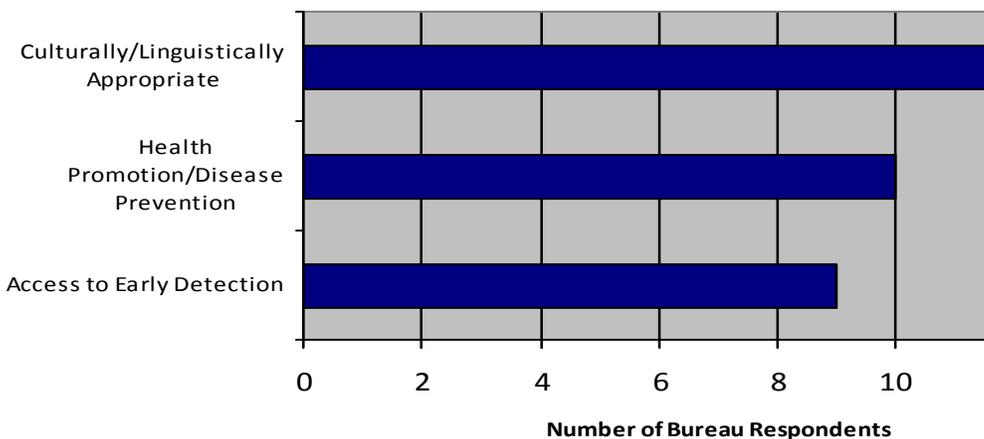
Bureaus worked to develop and implement awareness strategies targeted at health and social service providers at the state and local level. As previously noted, 24% (5) of the bureaus assisted with capacity development in strategic planning, fund development, grant writing, and other areas; 33% (7) helped them to develop evidence-based interventions; and 29% (6) providing training on cultural competency and related topics.

Training sessions on cultural competency and on evidence-based programs, for example, were conducted at meetings/conferences with local agency staff. Several bureaus reported showing the PBS series, *Unnatural Causes: Is Inequality Making us Sick* as a way to begin an important dialogue on social determinants of health among MDCH staff and partners. In October 2008, the Health Disparities Reduction and Minority Health Section co-sponsored a 2-day statewide conference entitled: Addressing Racial and Ethnic Health Disparities through Public Policy: Exploring Effective Strategies.

*“Diversity Brown Bags and viewing of ‘Unnatural Causes’ generated a lot of great discussion about health disparities. The awareness of the reality of health disparities improved amongst our staff.”
Bureau of Laboratories*

Identify and assist in the implementation of culturally and linguistically appropriate health promotion and disease prevention programs that would emphasize prevention and incorporate an accessible, affordable, and acceptable early detection and intervention component.

Activities Conducted to Address Health Disparities



MDCH and its bureaus utilized a variety of strategies to identify and assist implementing culturally and linguistically appropriate health promotion and disease prevention services. Many of these were described throughout this report and examples provided.



On average, ten (range 9 to 12) Bureaus provided these services in 2008. The following examples supplement other illustrations noted throughout this report.

Culturally and Linguistically Appropriate Services

- Client forms were tested for cultural/linguistic appropriateness.
- Resident “samples” for nursing home inspections were culturally and ethnically diverse.
- Diabetes educational materials were available in multiple languages, in alternative formats, and tailored for high-risk minority populations.
- Emergency preparedness contact lists were maintained for diverse populations, key organizations, trusted leaders, interpreters and translation services. The 2-1-1 call centers had Spanish and Arabic Call Specialists, TTY services and access to a telephone based multilingual interpreter service.

Translated Languages

Arabic	Russian
Chinese	Serbo-Croatian
French	Spanish
Italian	Vietnamese
Korean	

Health Promotion/Disease Prevention Services

- The Stanford Chronic Disease Self-Management Program (PATH in MI) was offered in Arabic, Chinese, and Spanish, and efforts are underway to reach African American women in Wayne County.
- The Michigan Multicultural Tobacco Prevention Network (MCN) members, representing the five major ethnic groups in Michigan, were funded to provide preventive and educational services within the ethnic population they represent.

Access to Early Detection Services

- Newborn screening program conducted early screening and intervention for 49 disorders.

Spotlight

Ensuring Culturally and Linguistically Appropriate Services

In 2008 the MDCH Division of Health Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section (HAPIS) expanded its efforts to ensure that culturally and linguistically appropriate HIV/AIDS services are provided for the populations served. This reflects the goals set out by the Health Resources and Services Administration (HRSA) that services meet the HHS Office of Minority Health National Culturally and Linguistically Appropriate Standards (CLAS). The major foci of the HAPIS effort were: to develop a Michigan-specific CLAS curriculum; to train HAPIS staff and multiple sub-contractors who provide HIV/AIDS services, including Executive Directors, supervisors, and case managers on the Michigan-specific Standards; to incorporate CLAS standards into all MDCH HIV care contracts; and, to develop criteria that can be used to measure the extent to which all agencies are meeting these Standards. To date, the Michigan-specific CLAS curriculum has been developed and, in June of 2008, two training sessions and one teleconference training session were conducted. A total of 80 Directors, supervisors and case managers were trained. Also HAPIS staff received training on this topic at a separate session. Ongoing activities include site visits and continuous quality improvement processes to measure the extent to which all agencies are meeting these standards.



- Reaching Out For Your Health: Berrien County Breast and Cervical Cancer Screening Project provided breast and cervical cancer screening to uninsured women.
- SMILE! Michigan and the VARNISH! Michigan programs offered free and accessible oral health services and referrals.

Promote the development and networking of minority health coalitions

Of the 21 bureaus, nine (43%) provided support to local agencies, including minority health coalitions. Efforts to promote the development and networking of these coalitions were previously described.

Appoint a department liaison to provide the following services to local minority health coalitions:

- **Assist in the development of local prevention and intervention plans**
- **Relay the concerns of local minority health coalitions to the department**
- **Assist in coordinating minority input on state health policies and programs**
- **Serve as the link between the Department and local efforts to eliminate racial and ethnic health disparities.**

As previously noted, 24% (5) of bureau respondents worked to build capacity among local minority health coalitions and other local entities, including assistance related to the development of local plans. Many more bureaus (12 or 57%) had mechanisms in place to solicit input and feedback from the populations they served.

“The input is used to determine the gaps in care and barriers to care for women during the interconception period (between pregnancies). The information will be compiled into a report and shared with legislators, policymakers, and stakeholders in an effort to reduce the barriers to quality health care. The information is used for strategic planning, service monitoring, and policy and procedure development.”
Perinatal Health Unit, Bureau of Family, Maternal and Child Health

- Feedback was sought through a variety of mechanisms: client satisfaction and other types of surveys; focus groups; consumers and stakeholders involved with advisory committees and planning groups; and one-on-one contact between the client and the service provider.
- Consumer feedback was used in a variety of ways. Many used the information to improve their program’s performance and delivery. Others used it to identify gaps and barriers to inform policy makers and others about how best to serve their communities. Often the feedback was integrated into the development of the state strategic plan.

Provide funding, within the limits of appropriations, to support evidence-based preventative health, education, and treatment programs that include outcomes measures and evaluation plans in minority communities.

Information on Bureaus providing funding for programs and services was previously noted in the report.

Provide technical assistance to local communities to obtain funding for the development and implementation of health care delivery system to meet the needs, gaps and barriers identified in the statewide strategic plan for eliminating racial and ethnic health disparities.

Bureaus provided technical assistance and capacity building support to local communities related to obtaining funding, with eight bureaus (38%) providing data and technical assistance; and five bureaus



(24%) assisted with capacity development in strategic planning, fund development, grant writing, and other areas.

Conclusion

In 2007, the Michigan Department of Community Health (MDCH) conducted its first annual survey to assess and track its progress in reducing racial and ethnic health disparities in Michigan. The report was released to the Michigan Legislature and posted on the MDCH Health Disparities Reduction and Minority Health Section's website in early 2008. Building on information gleaned from that assessment, the MDCH recently executed a subsequent survey in December 2008; this survey was meant to capture the Department's work to address racial and ethnic health disparities in calendar year 2008. Data collected in the 2007 survey were primarily qualitative in nature. In 2008, the data represented both qualitative and quantitative data. Given that there were differences in the survey questions and type of data collected, it was not possible to compare data from 2007 and 2008. Data provided in this report will serve as baseline data to document progress and assess trends in future years.

Many MDCH Bureau strengths were characterized by a number of programmatic elements referenced throughout this report. For example, the Department implemented 55 services to address health disparities in 2008, reaching at least 2.62 million participants. In some cases, these services were offered statewide; in other cases, they were targeted to reach specific areas, especially Southeast Michigan, and the cities of Detroit, Flint and Grand Rapids. MDCH looked inward at ways to reduce health disparities through tracking and using surveillance data, setting goals and objectives and integrating these into state strategic plans, focusing funding on programs to address health disparities, training employees on cultural competency, and establishing minority employee recruitment and retention strategies. Not surprising, MDCH expanded its efforts outward, through its work with local health departments, minority health coalitions, and community organizations.

While much was accomplished in 2008, the MDCH has an opportunity to improve its efforts to reduce health disparities experienced by Michigan's minority populations (African American, Hispanic/Latino, Native American/American Indian, Asian/Pacific Islander, and Arab Ancestry). Over the next several years, the Department is committed to expanding the scope, impact, and effectiveness of its work as outlined in House Bill 4455 – PA 653. The Department will consider developing a statewide health disparities plan. It will continue to work toward institutionalizing health disparities policies within bureaus; integrating health disparities goals and objectives into **all** bureau strategic plans; expanding hiring practices to facilitate workforce diversity; providing and promoting evidence-based and culturally/linguistically appropriate programs and services; and enhancing opportunities to build community partnerships to reduce health disparities among minority populations. The Department is committed to continuing to make progress in addressing health disparities within the confines of available funding. Where resources are not available, the Department will explore new and innovative sources of funding and other resources to support Departmental efforts to address health disparities reduction.



Next Steps

The MDCH has identified several priority initiatives for 2009 related to health disparities reduction and minority health. The Health Disparities and Minority Health Section (HDRMH) will serve as the Department lead for these activities which are to: a) review and revise the Strategic Framework for Racial and Ethnic Health Disparities Reduction; b) improve race/ethnicity data collection; c) improve documentation of effective health disparities programs; and d) enhance efforts to partner with local health departments, local and statewide organizations and others to eliminate health disparities.

- The 2008 Addressing Racial and Ethnic Health Disparities through Public Policy Conference represented an initial step in re-focusing our health disparities reduction efforts. In 2009, the Division of Health, Wellness and Disease Control and its component Sections will undertake a strategic planning effort. This will include a review and revision of the HDRMH Section Strategic Framework for Racial and Ethnic Health Disparities Reduction. The intended outcome is to provide an actionable plan through which the Department can achieve its health disparities reduction goals and also carry out the requirements of PA 653.
- The MDCH Health Disparities Workgroup will assess race and ethnicity data collection among MDCH programs. The intended outcome is to better document racial and ethnic health disparities.
- HDRMH will work within MDCH and with local health departments and communities to identify successful health disparities reduction efforts. The intended outcome is to promote successful strategies that may be replicated.
- HDRMH will enhance collaboration with local health departments, local and statewide organizations and others related to health disparities reduction. The intended result is to strengthen infrastructure and capacity of local communities to address racial and ethnic health disparities.

“The future health of the nation will be determined to a large extent by how effectively we work with communities to reduce and eliminate health disparities between non-minority and minority populations experiencing disproportionate burdens of disease, disability, and premature death.”

Centers for Disease Control and Prevention,
Office of Minority Health and Health Disparities



**Michigan Department of Community Health
Health Disparities Reduction and Minority Health Section**

1st Annual Health Disparities Conference

**Addressing Racial & Ethnic Health Disparities
through Public Policy: Exploring Effective
Strategies**

October 21-22, 2008

Detroit Marriott Renaissance Center
100 Renaissance Center
E. Jefferson and Brush Streets
Detroit, Michigan 48243



Conference Partners:

- ◆ The Commission to Eliminate Health Disparities
- ◆ St. John Hospital
- ◆ Arab American and Chaldean Council
- ◆ Office of Minority Health

Mission of the Conference:

The conference will focus on racial and ethnic health disparities and the role of public health policy in reducing, and eventually eliminating, health disparities. Discussion topics will include racial and ethnic disparities related to health status, to access to health care, and to health outcomes. We will explore how public policy can be strengthened to improve access to healthier environments, to effective health programs, and to comprehensive, culturally competent health care for racial and ethnic populations.

The conference will also feature presenters who will make the business case for reducing health disparities in an increasingly diverse workforce. The discussions will center on practical strategies and workplace initiatives that employers can implement to reduce disparities.

Conference Goal

The goal of the conference is to explore the role of public health policy and workplace policy in reducing racial and ethnic health disparities.

Conference Objectives

- Examine health status disparities for various racial and ethnic populations in Michigan.
- Identify how public health policies can be strengthened to reduce, and eventually, eliminate racial and ethnic health disparities.
- Identify best practices to improve health status for racial and ethnic populations in Michigan.
- Discuss effective, evidence-based interventions that can be replicated in various ethnic and racial populations in Michigan to reduce health disparities.
- Provide a business case for workplace policies to reduce health disparities.

Tuesday, October 21, 2008

The Commission to End Healthcare Disparities

AGENDA

8:00 a.m. – 9:30 a.m. Steering Committee Meeting
(CLOSED SESSION)

Conference Open to all Registered Attendees

9:00 – 9:30 a.m. Registration/Continental Breakfast

9:30 – 9:45 a.m. Welcome, Introductions,
and Overview

Ronald M. Davis, MD, Sandra Gadson, MD
Co-Chairs: The Commission to End Healthcare
Disparities

**Theme: *Cross-Fertilization between the Health Care
and Public Health Communities on Disparities
in Health Care and Health Status***



9:45a.m. – 10:15 a.m. The AMA Apology and the NMA Response
Ronald M. Davis, MD and Sandra Gadson, MD

10:15 a.m. – 11:15 a.m. General Session
Camara Phyllis Jones, MD, MPH, PhD (Invited)

11:15 a.m. – 12:15p.m. Committee Meetings/Breakout

Education/Training and Awareness Committee
"Closing the Gap" mini-workshop
Mildred Oliveria, MD, Andy Eisenberg, MD, MHA, Robert C. Like, MD

Data and Information Gathering Committee
"Collecting racial, ethnic and language data"
Christine Joseph, PhD, and Rob Gilchick, MD

Workforce Diversity Committee
Pipeline initiatives: Doctors Back to School
Alice Coombs, MD and Art Fleming, MD

12:15 .p.m. - 1:45 p.m. Working Lunch

1:45 p.m. - 2:45 p.m. Committee Reports

2:45 p.m. – 3:00 p.m. Break

3:00- 3:10 pm. Welcome

Janet Olszewski, MA
Director, Michigan Department of Community Health

3:10 p.m. – 5:00 p.m. Foundations initiatives related
to disparities, quality, care, cultural competence and
patient centered care

Gail Christopher, Kellogg Foundation

Marc A. Nivet, Ed.D, Josiah Macy, Jr Foundation

Ignatius Bau, JD, California Endowment (Invited)

Susan Hernandez, Commonwealth Fund

6:00 p.m. Dinner/Speaker

Reverend Edgar Vann, Pastor
Second Ebenezer Baptist Church
Detroit, MI



1st Annual Health Disparities Conference
Wednesday, October 22, 2008
Michigan Department of Community Health
Health Disparities Reduction and Minority Health Section

AGENDA

8:00 – 9:00 Registration / 8:30 – 9:00 Continental Breakfast

9:00 – 9:45 Welcome/Opening Remarks

Jean Chabut, MPH, BSN

Deputy Director of Public Health Administration

Michigan Department of Community Health

Ronald M. Davis, MD & Sandra Gadson, MD

Co-Chairs: The Commission to End Healthcare Disparities

Kimberlydawn Wisdom, MD

Michigan Surgeon General

9:45 – 10:45 Keynote Address

Brian Smedley, PhD

Vice President and Director of the Health Policy Institute at the Joint Center for Political and
Economic Studies

10:45 – 11:00 Break

11:00 – 12:15 Concurrent Workshops

***An Academic Community Partnership In Reducing Health Disparities
Among Asian Americans***

Presenter: Tsu-Yin-Wu, PhD, RN

Coming Full Circle

Presenter: Martha Hinojosa, Nickole Fox, BA, and Diane Webster

Beyond Disparity: Tackling Health Inequity Through Public Health

Presenter: Dr. Renee Canady, Deputy Health Officer, Doak Bloss, BA and Carlton Evans, MS

Steps to Better Health and a Better Community

Presenter: James Blessman, MD

***The Regional Coordinating Center for Hurricane Response: Linking Lessons Learned to policy
Implications***

Presenter: Ayanna Buckner, MD, MPH

Race, Stress, Social Support: and their Relation to African American Infant Mortality

Presenter: Dr. Deborah S. Walker

Communities Working in Partnership: Building Capacity for Public Health Advocacy

Presenter: Chris Coombe, PhD, and Akosua Nicole Burris, BA

Patient Medical Advocacy

Presenter: Khan Nedd, MD



12:15 – 1:30 Lunch Keynote Address

Cheryl A. Boyce, MS

National Association of State Offices of Minority Health

David Lockett, Deputy Director

National Minority AIDS Education and Training Center

1:30 – 1:45 Break

1:45 – 3:15 Panel Session Business Case for Addressing Disparities

Andrew Eisenberg, MD, MHA

Evelyn Lewis, MD

John Montgomery, MD

Diana Ramos, MD

3:15 – 4:30 Concurrent Workshops

Patterns and Causes of Racial and Gender Disparities in Health: Implications for African Americans Men's Health

Presenter: Derrick M. Griffith, PhD

Do We Need Health Policy to Accommodate Health Disparities

Presenter: Hikmet Jamil, MD, PhD

The Role of School-Based Health Centers (SBHC) in Improving Health Equity and Reducing Health Disparities

Presenter: Kathleen Conway, MHSA, Yvette White, MS, MHSA, RN

Building Cultural Competency

Presenter: John Golaszewski, MA and Linda McLin, MBA

Reporting and Use of Health Data by Race and Ethnicity

Presenter: Glen Copeland, MDCH State Register

Community Profiles - Making the Case for Economic Supports for Young Families

Presenter: Dr.Carolynn Rowland

Reducing Health Disparities in Type 2 Diabetes

Presenter: Gloria Palmisano, MA, BS

Body and Soul

Presenter: Voncile Brown-Miller

4:30 – 5:00 Closing Remarks

Mildred Hunter, MSW, MPH

Regional Minority Health Coordinator

Office of Minority Health

Office of Public Health and Science

US Department Health

and Human Services, Region V

Sheryl Weir, MPH

Section Manager

Health Disparities Reduction & Minority

Health Section

Michigan Department of Community

Health



Attachment B

2008 Health Disparities Reduction Survey Respondents by MDCH Administration

Bureau	Division	Section	Unit	Other (please specify)
BUREAU OF ORGANIZATIONAL SUPPORT AND SERVICES				
Bureau of Organizational Support and Services*	Human Resources			
	Human Resources			
	Human Resources	Civil Service Commission		
Bureau of Organizational Support and Services*	Infrastructure Services			
DIRECTOR'S OFFICE*				
Director's Office (General Response)				
Director's Office	Chief Medical Executive			
Director's Office	Communications			
Director's Office	Office of Recipient Rights			
HEALTH POLICY, REGULATION, AND PROFESSIONAL ADMINISTRATION				
Health Policy, Planning & Access*				
	Community Health Policy Division	EMS and Trauma Systems		
	Health Planning and Access to Care			
Office of the Chief Nurse Executive*				
Health Professions*				
Health Systems*				
MEDICAL SERVICES ADMINISTRATION				
Medicaid Policy and Actuarial Services*				
Bureau of Medicaid Financial Management*				
	Third Party Liability Division			
Medicaid Program Operations and Quality Assurance*				
	Managed Care Plan	Quality Improvement and Program Development		
MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION				
Bureau of Administration*				
	Division of Community Living & Long-term Care Planning			



Bureau	Division	Section	Unit	Other (please specify)
Bureau of Hospital & Center, and Forensic Mental Health Services*				
	State-operated Inpatient Psychiatric Hospitals and Centers			
Office of Psychiatric/Medical Services*				
Bureau of Substance Abuse and Addiction Services*				
	Division of Prevention and Treatment	Prevention Section		
	Division of Substance Abuse Prevention and Treatment	Prevention Section		
OFFICE OF SERVICES TO THE AGING*				
	Quality Operations Division			
	Community Services Division			
	State Long Term Care Ombudsman			
PUBLIC HEALTH ADMINISTRATION				
Bureau of Epidemiology*				
	Genomics, Perinatal Health and Chronic Disease Epidemiology			
	Immunization			
	Communicable Disease			
Bureau of Family, Maternal and Child Health*				
Family, Maternal and Child Health	Bureau-level			
	WIC			
	Family and Community Health	Administration		
	Family and Community Health	Women, Infant, and Family	Infant Health	
	Family and Community Health	Women, Infant, and Family	Reproductive Health	
	Family and Community Health	Women, Infant and Family	Perinatal Health	
	Family and Community Health	Child & Adolescent Health	Adolescent and School Health	
	Family and Community Health	Child and Adolescent Health	Adolescent and School Health	Oral Health
	Family and Community Health	Child & Adolescent Health	Child Health	



Bureau	Division	Section	Unit	Other (please specify)
Laboratories*				
Bureau of Local Health and Administrative Services*				
	Chronic Disease and Injury Control	Injury & Violence Prevention		
	Chronic Disease and Injury Control	Cancer Prevention and Control Section		
	Chronic Disease and Injury Control	Diabetes and Other Chronic Diseases	Diabetes and Kidney Disease	
	Chronic Disease and Injury Control	Diabetes and Other Chronic Diseases	Other Chronic Diseases	
	Chronic Disease and Injury Control	Tobacco Prevention and Control		
	Chronic Disease and Injury Control	Cardiovascular Health, Nutrition and Phys. Activity	Heart Disease and Stroke Unit	
	Vital Records and Health Statistics			
Health, Wellness and Disease Control*				
	Health, Wellness and Disease Control	HIV-AIDS Prevention and Intervention	Continuum of Care	
	Health, Wellness and Disease Control	HIV-AIDS Prevention and Intervention	Education, Training and Resource Development	
	Health, Wellness and Disease Control	HIV-AIDS Prevention and Intervention	Prevention	
	Health, Wellness and Disease Control	Sexually Transmitted Diseases		
	Health, Wellness and Disease Control	Sexually Transmitted Diseases		
	Health, Wellness and Disease Control	Health Disparities Reduction & Minority Health		
Office of Public Health Preparedness*				

*"Bureau-level" categorization used for data analysis



Attachment C

**Michigan Department of Community Health
Health Disparities Reduction Workgroup**

Name	Bureau	Division/Section/Unit
Alethia Carr	Family, Maternal & Child Health	
Amanda Davis-Harrier		
Amna Osman		Health, Wellness & Disease Control
Ann Garvin	Local Health & Administrative Services	Chronic Disease & Injury Control Breast/Cervical Cancer Control
Anne Esdale	Local Health & Administrative Services	Chronic Disease & Injury Control Diabetes & Kidney Unit
Audrea Woodruff		Health, Wellness & Disease Control STD
Betsy Pash	Local Health & Administrative Services	
Carlton Evans	Laboratories	Infection Disease Division B & P Serology Unit
Damita Zweiback	Local Health & Administrative Services	Chronic Disease & Injury Control Cardiovascular Health, Nutrition
Daniel Diepenhorst	Local Health & Administrative Services	Chronic Disease & Injury Control Diabetes & Kidney Unit
Debra Duquette	Epidemiology	Genomics & Genetic Disorders
Fawzia Ahmed	Local Health & Administrative Services	Vital Records & Health Statistics Health Data Analysis Services
Gregory Holzman	Medical Director	
Henry Miller	Local Health & Administrative Services	Chronic Disease & Injury Control Heart Disease & Stroke Prevention
Jacquetta Hinton		Health, Wellness & Disease Control Health Disparities Reduction
Janet Kiley	Local Health & Administrative Services	Chronic Disease & Injury Control Tobacco Prevention & Control
Jean Chabut	Public Health Admin	
Judi Lyles	Local Health & Administrative Services	Chronic Disease & Injury Control Other Chronic Disease Unit
Kari Tapley	Epidemiology	Immunization
Karla McCandless	Family, Maternal & Child Health	Children's Special Health Care Service; Plan Management & Program Development
Kim Walsh	Local Health & Administrative Services	Chronic Disease & Injury Control Diabetes & Other Chronic Diseases
Kimberly Snell		Health, Wellness & Disease Control HIV/AIDS Prevention/Intervention



Name	Bureau	Division/Section/Unit
Kimberlydawn Wisdom	Surgeon General	
Konrad Edwards	Local Health & Administrative Services	Local Health Services
Patricia Blake-Smith	Local Health & Administrative Services	Chronic Disease & Injury Control Injury & Violence Prevention
Patrick Jackson		Health, Wellness & Disease Control Health Disparities Reduction
Paulette Dobynes Dunbar	Family, Maternal & Child Health	Family and Community Health
Paulette Valliere	Local Health & Administrative Services	Chronic Disease & Injury Control Breast/Cervical Cancer Control
Rhonda Bantsimba		Health, Wellness & Disease Control HIV/AIDS Prevention/Intervention
Robert Cochran		Health, Wellness & Disease Control STD
Rosalyn Beene-Harris	Local Health & Administrative Services	Chronic Disease & Injury Control Cancer Prevention and Control
Sheila Embry	Medicaid Operations & Quality Assurance	Quality Improvement & Program Development
Sheryl Weir		Health, Wellness & Disease Control Health Disparities Reduction
Sonji L. Smith Revis	Local Health & Administrative Services	Chronic Disease & Injury Control Tobacco Prevention & Control
Sophia Hines	Family, Maternal & Child Health	Perinatal Health
Viki Lorraine	Local Health & Administrative Services	Chronic Disease & Injury Control Breast/Cervical Cancer
Brenda Fink	Family, Maternal & Child Health	Family and Community Health
Carol Callaghan	Local Health & Administrative Services	Chronic Disease & Injury Control
Debra Szwejda		Health, Wellness & Disease Control HIV/AIDS Prevention/Intervention
Frances Pouch Downes	Laboratories	
Kathleen A. Stiffler	Family, Maternal & Child Health	Children's Special Health Care Service



Attachment D

**Michigan Department of Community Health
Diversity Workgroup Roster**
Appointed Members: March 2008 through March 2009

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