

**Michigan Department of Community Health
Division of Health, Wellness and Disease Control
Health Disparities and Minority Health Section**

2007 Health Disparities Report to the Michigan Legislature

Executive Summary

Health disparities are differences in the incidence, prevalence, mortality, burden of disease 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 due to health disparities. This burden is manifested in increased risk for disease, delayed diagnosis, inaccessible and inadequate care, poor health outcomes and untimely death, much of which are preventable.

To effectively diminish the health disparities gap, the Michigan Department of Community Health uses a comprehensive strategy incorporating surveillance; awareness and education; policy; partnerships; and programs, services and system changes. Collectively, these efforts are designed to improve access to and quality of preventive and health care services reaching racial and ethnic minority populations. This comprehensive strategy requires a dedicated and coordinated effort from all parts of the Department, with each Bureau, Division, and Section bringing its unique set of resources, experience, and partners to the table. Toward that end, the Michigan Department of Community Health is pleased to present its *2007 Health Disparities Reduction Report* in response to Public Act 653's requirement that a yearly report be submitted to the Michigan Legislature. This report gives a snapshot of the Department's comprehensive strategy to address health disparities during the 2006-07 state fiscal year.

The report clearly illustrates the Departmental commitment to address health disparities. Some of the Department's strengths include:

- Having Department-wide and Bureau/program-specific **structural elements** related to capacity, policy, or public health programs or services that will ultimately help to address health disparities in Michigan;
- **Establishing a Health Disparity Reduction and Minority Health Section** through the Public Health Administration whose overarching goal is dedicated to addressing health disparities;
- Using **surveillance and evaluation data** to identify populations in need, implement programs accordingly, and evaluate progress and outcomes;
- Establishing a **strategic framework for health disparities reduction** and integrating health disparities goals and objectives into program-specific strategic plans, thereby keeping this issue at the forefront and assuring it will be tackled by all;
- Dedicating **financial resources** to address health disparities;
- Supporting **interdepartmental coordination and technical assistance** to minority health coalitions and partners, including:
 - Developing and implementing awareness strategies to reach providers;
 - Providing technical assistance and data, as well as using measurable objectives;
 - Providing health disparities information and links on their websites;
 - Having designated liaisons to provide assistance to minority health coalitions;
- Using **recruitment and hiring practices** to facilitate Michigan having a diverse and well-qualified health care and social service workforce, for now and in the future; and

- Increasing opportunities to provide and promote **evidence-based, and culturally/linguistically appropriate programs and services.**

The following report provides more detailed information on the Michigan Department of Community Health's status, impact, and effectiveness of its efforts to address health disparities in 2006-07. For more information on this report, please contact Audrea Woodruff, Acting Manager, Health Disparities Reduction and Minority Health Section, (313) 456-4456, or at woodruffa@michigan.gov.

2007 HEALTH DISPARITIES REDUCTION REPORT

The Michigan Department of Community Health (MDCH) is pleased to present the *2007 Health Disparities Reduction Report* to the Michigan Legislature. This report presents a snapshot of the MDCH's comprehensive efforts to address racial and ethnic health disparities in the state for fiscal year 2006-07. The report, provided in response to Public Act 653, provides the Michigan Legislature with information on the status, impact and effectiveness of the Department's efforts.

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

The MDCH's primary structure to address racial and ethnic health disparities is found within the Public Health Administration's **Division of Health, Wellness, and Disease Control**. This Division created the **Health Disparities Reduction and Minority Health Section** and established the Health Disparity Reduction and Minority Health Program. This Section focuses the Department's efforts on eliminating health disparities; ensures policies, programs and strategies are culturally and linguistically appropriate; and collaborates with state, local and private partners to advance health promotion and disease prevention strategies. The Health Disparity Reduction and Minority Health Program develops, promotes, and administers health promotion programs for communities of color, including: African Americans, Hispanic/Latinos, Arab/Chaldeans, American Indians, and Asian/Pacific Islanders.

The **Health Disparities Reduction and Minority Health Section** coordinates an intra-departmental Health Disparities Workgroup. This Workgroup increases awareness, collects and disseminates data, identifies and promotes effective evidence-based public health strategies, and establishes a systematic approach to inter and intra-departmental coordination to reduce health disparities. Workgroup participants represent a cross-section of MDCH Bureaus, with the largest concentration from **Public Health Administration**. Other workgroup participants include representatives from **Mental Health and Substance Abuse Administration, Office of Services to the Aging, Health Policy, Regulations and Professions, and Maternal and Child Health**.

In addition to the Health Disparities Reduction and Minority Health Section, the Department's Bureaus have established other structural elements to address health disparities. These elements can be categorized into three strategic areas: capacity, policy, and programs/services.

Structural elements related to capacity include data; staffing and training; partnerships and coalitions; and evaluation. The Public Health Administration's **Bureau of Epidemiology** is the primary source for data collection and dissemination (see next section). Results obtained from the collection of data assist with the production of reports which reflect disparity estimates. Different analytical methods are employed to explore potential factors leading to any disparity; provide continued information related to racial disparities in program-specific health outcomes, and promote the translation of evidence based findings.

The **Office of Legal Affairs** includes the Department's Institutional Review Board (IRB). This board serves to protect human subjects used in research. Their primary goal is to ensure that no particular population disproportionately bears risks or potential benefits from human subject's research. Of particular interest is protecting Michigan's racial and ethnic minority populations, as they are often populations of interest for researchers.

In some program areas, there are staff dedicated to addressing health disparities. For example, the **Tobacco Section** has a Multicultural Public Health Consultant, and the **Office of Services to the**

Aging has two Cultural Competency Project Managers. In addition to having dedicated staff, MDCH is supportive of training all staff in civil rights, cultural competency, diversity, and health disparities. These trainings are commonly offered and supported, with staff being highly encouraged to attend.

Several Bureaus maintain partnerships to address health disparities and improve cultural competency. The **Office of Public Health Preparedness** uses its Public Health Information Coalition to increase its outreach and communication capacity to reach racial and ethnic minority populations. On a local level, the **Women, Infant, and Family Health Section** supports eleven Infant Mortality Coalitions in counties with the highest rate of African American infant deaths. The **Mental Health and Substance Abuse Administration** has a partnership with the Michigan Association of Community Mental Health Boards to address cultural competency in the public mental health system. As illustrated by these examples, these partnerships typically involve other departments, coalitions, partners and programs.

Structural elements related to policies addressing health disparities include adhering to federal and state laws regarding the protection of human subjects in research, equal opportunity employment, and the public health code. In addition to formal policies, there are informal policies and practices that also provide a framework for addressing health disparities. These include integrating program goals and objectives to address health disparities into state strategic plans, as well as using findings from science to guide public health programs and services. Both of these are common practices among MDCH's programs.

Structural elements related to numerous programs, services, and communication mechanisms specifically designed to address health disparities are described throughout this report.

Monitor Health Progress

MDCH tracks and monitors health disparities progress through several mechanisms. At the state level, health and disease data are collected and analyzed from sources both inside and outside the Department. In addition to providing statewide data, the data are also available for racial and ethnic populations. These data are collected over time, allowing for trend analyses. Some of the data sources are the Behavioral Risk Factor Surveillance System (BRFSS), the Prenatal Risk Assessment Monitoring System (PRAMS), birth and death certificates, inpatient hospitalization data, long-term care data, and Medicaid data. The Public Health Administration's **Bureau of Epidemiology** and the **Medical Services Administration** are primarily responsible for the collection and analysis of this data. Progress in decreasing disease and risk factor rates as well as improving health outcomes, especially if they resulted in narrowing the health disparities gaps, would be seen as successful.

Health progress is also monitored at the program level. The Department's programs establish program goals and objectives, identify health indicators, and determine long, intermediate, and short-term outcomes. Progress toward achieving these are usually monitored on an annual basis, with long-term progress often measured through three or five year goals. For example, the **Women, Infants, and Children (WIC)** program monitors racial and ethnic differences in health indicators for their clients served via the Pregnancy and Pediatric Nutrition Surveillance System. The **Tobacco Program** has developed a Tobacco Disparity Matrix used to identify disparate populations affected by tobacco. Beginning in 2008, the **Medicaid** managed care plans are required to measure and address disparities in cervical and breast cancer screening. And, the **Office of Drug Control Policy** monitors progress through their statewide substance abuse treatment system.

Establish Minority Health Policy

The Michigan Department of Community Health adheres to federal and state policies and regulations as previously described. Program-specific policies focusing on racial and ethnic health disparities include: (1) directing funding to programs and services that serve racial and ethnic minority populations; (2) including contractual requirements to tailor work plans and focus service delivery to racial and ethnic minority populations; and (3) developing awareness and educational materials using culturally and linguistically appropriate language and standards, including translation into relevant languages.

Develop and Implement an Effective Statewide Strategic Plan for the Reduction of Racial and Ethnic Health Disparities.

In November 2006, the Health Disparities Reduction and Minority Health 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.

Additionally, many of the Department's Bureaus and programs have strategic plans that include addressing health disparities. Some of these plans focus on specific aspects of health disparities. Others integrate disparity-related goals and objectives into their statewide strategic plans. Examples of the former come from four areas of the Department. The **Office of Services to the Aging** has a comprehensive Cultural Competency Strategic Plan. The **Office of Drug Control Policy** is currently developing a cultural competency workplan. The **Division of Health, Wellness and Disease Control** has a strategic plan to address health disparities, and the **Division of Chronic Disease and Injury Control** is developing a division-specific health disparities strategic plan. Examples of the latter are the Michigan **Diabetes** Strategic Plan which specifically calls for the reduction in diabetes-related health disparities, and the **Tobacco** Disparity Matrix that is integrated into the five-year Tobacco Strategic Plan.

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

MDCH utilizes a combination of federal, state, and private resources to fund programs to reduce health disparities among racial and ethnic minority populations. These programs and services include awareness and education, primary prevention, early detection and diagnosis, and quality health care and self-management services. Collectively, a number of Michigan's racial and ethnic minority populations are served. Examples of the programs and services include:

- **The Breast and Cervical Cancer Control Program and the WISEWOMAN** program provide cardiovascular and cancer screening and risk reduction services with linkage to medical follow-up and treatment for minority and other at-risk women.
- **The Cardiovascular Health Faith-Based Initiative** implements prevention programs to promote immunizations and increase fruit and vegetable consumption for older African Americans.
- **The Child and Adolescent Health Center Program** funds comprehensive primary health care and psychosocial services through school-based or linked health centers, with two-thirds of the services being provided to youth of color.
- **The Division of Health, Wellness and Disease Control** uses their federal and state funding to provide HIV, STD, and other prevention and care health programs to reach populations at greatest risk, with an emphasis on service to racial and ethnic minority populations.

- **The Immunization Program** purchases vaccines and supports staff in local health departments and federally qualified health centers; these agencies typically serve racial and ethnic minority populations.
- **The Tobacco Section** utilizes federal funding to fund thirteen Communities of Color tobacco prevention programs across the state.

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.**

MDCH provides data and technical assistance services to minority health coalitions and other local entities primarily through these highlighted partnerships or contractual relationships. **The Bureau of Epidemiology** provides county data profiles, trend analyses, and reports. **The Office of the Surgeon General** provides technical assistance to ten middle schools in five of the Governor's Cities of Promise to develop plans to address the elimination of health disparities. **The Office of Public Health Preparedness** provides oversight and guidance to all local health departments on risk communication preparedness for diverse populations. **The Oral Health Program** provides statistical information used to form measurable objectives and provides technical assistance to increase oral health among minority populations. **The Medical Services Administration** provides an annual health disparity workshop for Medicaid health plans in order to increase their awareness of current practices and theories. Throughout all of these and other MDCH programs, the Department strives to assure that contracts have measurable objectives and corresponding work plans.

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 Disparity Reduction and Minority Health Program** has 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 provides access and linkage to the Program's vision, mission, and strategic framework. It provides a PowerPoint presentation and fact sheets with data that illustrate Michigan's health disparities. Links to events and funded agencies provide information on local organizations involved and interested in minority health. Information on research is 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, are 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 Michigan, there are workforce shortages in nursing, medicine, pharmacy, therapists, and other health and social service fields. With these shortages increasing, MDCH recognizes this as a troubling situation. Michigan's changing demographic profile requires workforce development strategies to draw qualified health and social service professionals from all segments of society. Thus, the Department's commitment to address the growing shortage of providers is and must be coupled with their interest to increase new providers coming from communities of color.

The Department has a two-fold strategy to increase recruitment and retention. The first strategy is to address the current situation. MDCH follows Civil Service regulations and departmental personnel policies and procedures that assure equal opportunity employment. Additional and enhanced strategies, however, are used in some parts of the Department. For example, managers often work with their university partners to recruit new graduates from racial and ethnic minority backgrounds. Vacancies are advertised and posted in newspapers and other media, as well as listservs most likely to attract minority candidates.

The second part of the strategy is to look to the future. **The Generation of Promise** project, implemented by the **Office of the Surgeon General**, is developing a method to interest middle school students in underserved communities to pursue a career in the health professions. The Oral Health Coalition, coordinated through the **Oral Health Program**, supports and promotes mentoring of minorities entering the dental professions and works with universities to increase the diversity of new enrollees.

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.

In its work to increase the health of Michigan's residents, the Department of Community Health often works in partnership with health and social service providers. Working with them to address health disparities is a natural extension of these partnerships. As previously described, the Department is committed to increasing awareness of and knowledge about racial and ethnic health disparities for its staff. This is done through state and department sponsored training, continuing education, and other professional development opportunities. This commitment to increased awareness and knowledge extends to all of Michigan's health and social service providers. Often, programs will provide data, information, and training on health disparities, cultural competency, and diversity to its contractors, partners, and other providers. The **WIC** program, for example, requires the local WIC staff to annually participate in a web-based Civil Rights training. The **Division of Health, Wellness and Disease Control** conducts an annual six week Black AIDS Awareness Campaign and an annual National Latino AIDS Awareness Day. The **Office of Public Health Preparedness** develops and promotes related training on the MI-Train website (<https://mi.train.org>). The **Michigan Model for School Health** will undergo evaluation on cultural competency. The results of this evaluation will help teachers in implementing the curriculum that will ultimately impact health disparities through primary prevention for school-aged children and adolescents.

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.

MDCH uses a variety of strategies to identify and assist in implementing culturally and linguistically appropriate health promotion and disease prevention programs. These include:

- Working with contractors that have access to and serve racial and ethnic minority populations;
- Including contractual requirements to serve disparate populations and provide culturally competent services;
- Developing culturally and linguistically appropriate messages and information;
- Translating messages and materials into languages other than English;
- Providing training and technical assistance; and
- Posting information on websites.

Examples of these strategies follow. The **Division of Health, Wellness and Disease Control** contracts with Molina Healthcare of Michigan and other organizations serving racial and ethnic minority populations. The **HIV/AIDS Prevention and Intervention Section** offers provider training consistent with culturally and linguistic appropriate services standards and requires Continuum of Care programs to provide services in compliance with those standards. The **Infant Mortality Coalitions' Interconception Pilot Projects** provide culturally competent case management services to African American women. The **Healthy Asian American Project** provides culturally and linguistic appropriate services to Asians at risk for colorectal cancer through its educational and community screening programs. Additionally, the **Office of Legal Affairs** provides legal assistance to a program regarding "language access." Newborn screening pamphlets, WIC client publications, public health preparedness advisories, smoking cessation materials, perinatal HIV prevention brochures and a wide variety of other materials are available in multiple languages.

Promote the Development and Networking of Minority Health Coalitions

MDCH bureaus and programs promote the development and networking of minority health coalitions. Typically, this is done through funding and supporting community coalitions, and participating on other state or local coalitions. The Department's active participation in the Health Disparities Workgroup has previously been described. Examples of MDCH-funded community coalitions dedicated to addressing health disparities are the Infant Mortality Coalitions. Some state coalitions that the Department partners with include the Michigan Minority Health Coalition, the Migrant Child Health Task Force, the Latin Health Alliance of Ingham County, Faith Access to Community Economic Development, and HIV African American and Hispanic Advisory groups.

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.**

Bureaus and program areas within MDCH have liaisons to assist local minority health coalitions. For example, the **Office of Services to the Aging** has a liaison to the Native American community and

a liaison to the Hispanic community. In addition, they have two staff that serve as their Cultural Competency Project Managers. Another example is the **Bureau of Health Systems** Quality Improvement Nurse Consultant that serves as their liaison to minority health groups.

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.

Throughout this report, examples have been provided of Department-funded evidence-based programs designed to address health disparities. These programs range from health promotion and prevention to disease management. They serve people at risk as well as those with identified disease or conditions. Collectively, they represent people at all life stages: pregnant women and their fetuses, infants and young children, school-age children and adolescents, young adults, and middle-age to older adults, and they reach all racial and ethnic minority populations in Michigan. To assure that funding is being used efficiently and people are being served appropriately, the Department is dedicated to develop and implement evaluation plans designed to measure process and outcomes. The evaluation efforts often collect information on number of people served and as much as possible, this data is also collected for the various racial and ethnic populations. Other examples of evaluation plans include:

- The **Michigan Infant Health Program** uses Medicaid data to show impact on birth outcomes.
- The **Oral Health** program is evaluated internally and externally and uses logic model, goals, objectives, and work plans as part of their evaluation plan.
- The **Tobacco Program** has logic models and uses the Tobacco Disparity Matrix to monitor progress related to each disparate population.

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.

MDCH partners with and funds local communities to address health disparity needs, gaps and barriers as described throughout this report. Collectively, these efforts will help to meet the statewide health disparities strategic plan vision priorities, as well as program-specific goals and objectives. The Department is eager to provide these communities with technical assistance and support so they may achieve success. Ultimately, it is this success that will impact on the health of Michigan's racial and ethnic minority populations and reduce health disparities. Examples of technical assistance provided by MDCH to the communities are illustrated throughout this report.

Conclusion

It is the mission of the Michigan Department of Community Health to protect, preserve and promote the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and underserved populations. To this extent, the Department is dedicated to addressing the particular health needs of our racial and ethnic populations that research has shown disproportionately carry the heavy burden of disease due to delayed diagnosis, inaccessibility and inadequate care, poor health outcomes, and untimely death. While this report references a number of programmatic elements that address health disparities as mandated by Public Act 653, the Department is cognizant of the fact that more work is needed.

It is important to mention that the Department has been challenged by a variety of factors impacting the results of this report. There were a number of leadership changes within the Division as well as a turnover of key management and subordinate staff within the Health Disparities Reduction and Minority Health Section. In addition, the State's economic issues and the uncertainty of the budget, made it impossible to fill empty positions within the Section. Another factor impacting the outcome of this report is the cross-divisional responsibilities of Departmental staff to prioritize health disparity reduction efforts. While many Divisions responded to this initiative, some Divisional efforts could be improved. Regardless of the factors impacting the outcome of this report, the Michigan Department of Community Health is committed to the vision and goals of our mission to provide for a safe and healthy Michigan for all citizens.

Therefore, the Department looks forward to sustaining our commitment to carrying out the mandates outlined in Public Act 653. We are excited about moving forward with our plan to strengthen program objectives to reduce the health disparities among Michigan's racial and ethnic populations. With a more solvent budget, we will be able to enhance program stability, and promote programmatic accountability toward achieving quality outcomes. We also recognize the importance of working with coalition members and other community partners to ensure that health department programming is both culturally and linguistically appropriate, to promote excellence in both design and administration.

The following website is available to individuals to learn more about what the Michigan Department of Community Health is doing to address racial and ethnic health disparities in Michigan:

http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2985---,00.html