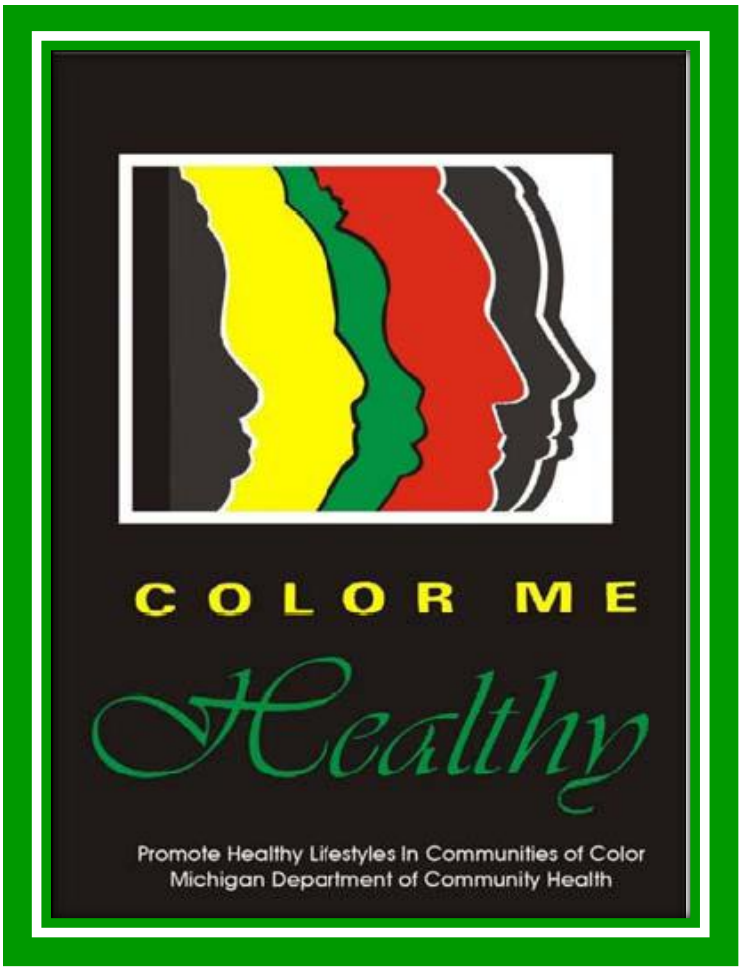
Michigan Department of Health and Human Services

2015 Health Equity Report

Moving Health Equity Forward



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MDHHS
Michigan Department of Health & Human Services
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2015 Health Equity Report
Moving Health Equity Forward

Executive Summary

The Michigan Department of Health and Human Services (MDHHS) 2015 Health Equity Report, *Moving Health Equity Forward,* serves as the annual report on Department efforts to address racial and ethnic health disparities as required by Public Act 653 of the Michigan Public Health Code. Public Act (PA) 653 was passed by Michigan's 93rd Legislature in 2006 and became effective in January 2007. It amends the Public Health Code (1978 PA 368). (See Attachment A.)

Public Act 653 focuses on five racial, ethnic and tribal population groups in Michigan: African American, Hispanic/Latino, American Indian/Alaska Native, Asian American/Pacific Islander, and Arab and Chaldean American.

In accordance with this law, MDHHS has the responsibility to develop and implement a departmental structure to address racial and ethnic minority health disparities in Michigan. Efforts that align with this, and other provisions of PA 653, are summarized throughout this report to document MDHHS efforts to advance minority health.

Noteworthy 2015 health equity-related activities and accomplishments of the Michigan Department of Health and Human Services included the following:

- Developed culturally competent and minority targeted evidence-based programming in the aging network. (Adult and Aging Services: Services to the Aging)

- Implemented a statewide training on Tomando Control de su Salud (Spanish version of the Stanford Chronic Disease Self-Management Program for people with arthritis); trained 14 leaders to deliver the program in Spanish throughout Michigan. (Division of Chronic Disease and Injury Control/Diabetes and Other Chronic Diseases Section)

- Integrated population health, health equity, and social determinants of health requirements into Medicaid Managed Care Request for Proposal (RFP). (Bureau of Medicaid Care Management and Quality Assurance/Managed Care Plan)

- Developed and disseminated Behavioral Risk Factor Surveillance Survey (BRFSS) reports for Arab Americans (2013 survey) and Asian/Pacific Islanders (2012 Survey). (Health Disparities Reduction Minority Health Section, and Division of Lifecourse Epidemiology and Genomics)

- Worked with community partners to increase the adoption of CLAS standards among Michigan organizations through the *Building Organization Capacity to Adopt Culturally and Linguistically Appropriate Services Standards* initiative. (Policy and Legislative/Health Disparities Reduction Minority Health Section)

- Conducted Health Equity Learning Labs to improve staff knowledge and to facilitate the development of equity-related program objectives. (Bureau of Family, Maternal and Child Health/Division of Family and Community Health)

- Worked successfully with 13 local health departments and the Intertribal Council of Michigan to implement culturally relevant infant safe sleep education, awareness and outreach activities. (Division of Family and Community Health/Early Childhood Health/Infant Health)

- Funded eight community-based organizations, representing Michigan's major racial and ethnic minority populations, to form the Michigan Multi-cultural Tobacco Reduction Network (MCN); convened meetings of the MCN with legislators to discuss the disparate impact of tobacco in their respective communities. (Division of Chronic Disease and Injury Control/Tobacco Section)

- Analyzed birth and death certificate data for Asian/Pacific Islander mothers in Michigan between 2009 and 2013, and examined differences within the group for maternal demographics, pregnancy and infant outcomes. (Policy and Legislative/Health Disparities Reduction Minority Health Section)

For more information on the health equity efforts presented in this report, contact Sheryl Weir, Manager, Health Disparities Reduction and Minority Health Section (HDRMHS), (313) 456-4355 or at weirs@michigan.gov.

2015 Health Equity Report

Introduction

The 2015 Health Equity Report, *Moving Health Equity Forward*, represents the ninth annual report documenting work to address racial and ethnic health disparities as required by Public Act 653 of the Michigan Public Health Code and the first annual report under the newly formed Michigan Department of Health and Human Services (MDHHS). Public Act (PA) 653 was passed by Michigan's 93rd Legislature in 2006 and became effective in January 2007. It amends the Public Health Code (1978 PA 368) and includes provisions for addressing racial and ethnic health disparities and improving health equity throughout the state (see Attachment A).

Information and data presented in this report were obtained through an online survey completed by MDHHS administrators, directors, managers and their staff. The 2015 survey data reflect responses from a total of 115 individuals representing all eight MDHHS administrations,[1] 22 bureaus, 35 divisions, and 6 organizational areas under the Office of the Director (OD).[2] Individual responses were aggregated by MDHHS organizational units and used to develop this report as well as inform ongoing planning and implementation of Department-wide health equity initiatives.

MDHHS 2015 Heath Equity Efforts

In 2015, MDHHS continued department initiatives and activities that align with PA 653 provisions. This year's Health Equity Report focuses on three specific provisions of the law that are essential for advancing health equity. These include: 1) having a structure to address racial and ethnic minority disparities, 2) establishing minority health policy, and 3) promoting workforce diversity and inclusion. Each of these provisions is discussed below, including its importance, current departmental efforts, and recommendations for further action. Additional PA 653 provisions are highlighted at the end of the report and summarized in Attachment B.

[1] Includes the Office of the Director as an Administration.

[2] Organizational areas were identified and grouped based on existing organizational charts at the time the 2015 Health Survey was conducted and may not reflect organizational changes since the survey was completed. Response rates were not calculated given on-going organizational changes within the Department, making it difficult to determine a total number of bureaus and divisions.

2015 Core PA 653 Provisions

Relevant Public Act 653 Requirement:
Develop and Implement a Structure to Address Racial and Ethnic Health Disparities in the State.

According to the U.S. Department of Health and Human Services, *National Stakeholder Strategy for Achieving Health Equity*, systematic and systemic changes are needed to improve the overall health of our nation and its most vulnerable populations.[3] An essential part of these changes is having an effective structure to address racial and ethnic health disparities.

Structure can be defined in various ways. For the purpose of this report, "structure to address racial and ethnic health disparities" and promote health equity includes how the department is organized and how it functions, as reflected by mission/vision statements, strategic plans and priorities, management and staffing, and operating procedures.

In 2015, the State of Michigan merged the Departments of Community Health and Human Services to create the Michigan Department of Health and Human Services (MDHHS) in an effort "*to provide better integrated, coordinated, and aligned health and human services that address the comprehensive needs of the whole person and support a culture of health, safety, and self-sufficiency*."[4] This signals a significant structure change; one that has the potential to more effectively address those social, economic, and environmental factors (social determinants of health) that underlie and significantly contribute to health disparities.

The Health Disparities Reduction Minority Health Section (HDRMHS), located in the Office of Health Policy and Innovation, serves as the primary coordinating body within MDHHS to address racial and ethnic health disparities. The Section's mission is "*to provide a persistent and continuing focus on assuring health equity and eliminating health disparities among Michigan's populations of color*." HDRMHS strategic priorities and activities include:

- Supporting and initiating programs, strategies, policies and applied research that address a) racial and ethnic health disparities; b) health equity; and c) cultural and linguistic competence.

[3] Office of Minority Health, U.S. Department of Health & Human Services. 2011. National Partnership for Action to End Health Disparities. National Stakeholder Strategy for Achieving Health Equity. Rockville, MD: DHHS. Available at: http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286

[4] Department of Health and Human Services. Chapter IV – The Executive Branch, Michigan Manual 2015-2016; p.300. Available at: https://www.legislature.mi.gov/documents/2015-2016/michiganmanualindex/N2015-MM-P0300-p0302.pdf

- Collaborating in the development of all Department programs and strategies to assure that racial and ethnic health disparities reduction, health equity, and cultural and linguistic competence are addressed.
- Facilitating ongoing integration of culturally and linguistically appropriate health services into the public health system.

In 2015, HDRMHS continued to develop, promote, and administer health promotion programs for communities of color, including African American, Hispanic/Latino, American Indian/Alaska Native, Asian American/Pacific Islander, and Arab American/Chaldean. (See sidebar for list of HDRMHS 2015 activities and accomplishments.) HDRMHS also continued to facilitate and promote department-wide efforts to achieve health equity through its leadership of the Health Equity Steering Committee. This intra-departmental committee works to increase awareness, disseminate data, promote best practices, and support inter- and intra-departmental health disparities-related efforts.

HDRMHS
2015 Activities and Accomplishments

- Partnered with 9 health and heath care organizations to implement the IM-WEL2 Health Literacy Fellowship with the goal of increasing the use of preventive health services and the appropriate use of health care among Healthy Michigan Plan enrollees in Detroit.
- Released the 2013 Arab Behavioral Risk Factor Survey (BRFS) and 2012 Asian/Pacific Islander BRFS final reports.
- Completed an analysis of birth and death certificates for Michigan Asian/Pacific Islander mothers to determine group differences for maternal demographics, pregnancy and infant outcomes.
- Conducted equity based CLAS trainings with MDHHS staff and external partners.
- Continued the *Building Organizational Capacity to Adopt CLAS* program, resulting in 26 organizations adopting enhanced CLAS standards.
- Continued developing a department-wide web-based health equity training.
- Sponsored 2015 Minority Health Month Activities.

Creating structures to address racial and ethnic health disparities is reflected in the mission/visions statements of other organizational areas as well. Examples include:

- The Tobacco Section, within the Division of Chronic Disease and Injury Control, which has as its mission to: *"Eliminate the public burdens - economic, social and health - of commercial tobacco use and secondhand smoke exposure, utilizing policy and environmental change to protect youth from all forms of tobacco, ensure equal access to tobacco dependence treatment, and eliminate tobacco-related health disparities*."

- The Division of Health, Wellness and Disease Control, HIV and STD program, whose vision states, "*Michigan will be a state where health equity is a core focus*

in prevention, care, and treatment for all residents and: new HIV/AIDS, hepatitis C, and STD infections have been eliminated; residents receive culturally appropriate, quality prevention, care/treatment, and support services; discrimination, stigma, homophobia, and racism have been eliminated; health disparities for racial/ethnic and sexual minorities have been eliminated."

- The Bureau of Community Services, Community Action and Economic Opportunity, whose mission (as defined by Act 230, Michigan Social and Economic Act of 1981), is "*to reduce the causes, conditions, and effects of poverty and promote social and economic opportunities that foster self-sufficiency for low income persons*."

Strategic Plans and Priorities Supporting Health Equity

• Of those organizational areas responding to the survey, nearly one-third (32%) reported having a strategic plan or priorities that address racial/ethnic health disparities, social determinants of health, or racial/ethnic health equity.

• These organizational areas represent 41% of MDHHS Bureaus and 75% of the Department's Administrations.

These and other organizational areas incorporate health equity goals and principles into their strategic plans, priorities and core values. For example, the Children's Services Agency, Native American Affairs works "*to assist tribes, Urban Indian organizations, and vulnerable American Indian children and families obtain quality MDHHS services*." This is supported by three core values: "*commitment, cultural competency, and integrity*."

Likewise, the Medical Services Administration, Bureau of Medicaid Care Management and Quality Assurance, Customer Services Division (CSD) operates under a set of customer service principles that recognizes the importance of *all* customers; promotes active listening and prompt and honest communication; encourages CSD staff be a voice for the customer; and advises staff to challenge the way they do business and seek opportunities for improvement when rules and policies do not make sense to the customer.

The Division of Chronic Disease and Injury Control; Cardiovascular Health, Nutrition, and Physical Activity Section; Heart Disease and Stroke Prevention Unit supports its mission to create a heart-healthy and stroke-free Michigan by "*addressing the social determinants of health, increasing health equity and reducing health disparities among high risk populations*."

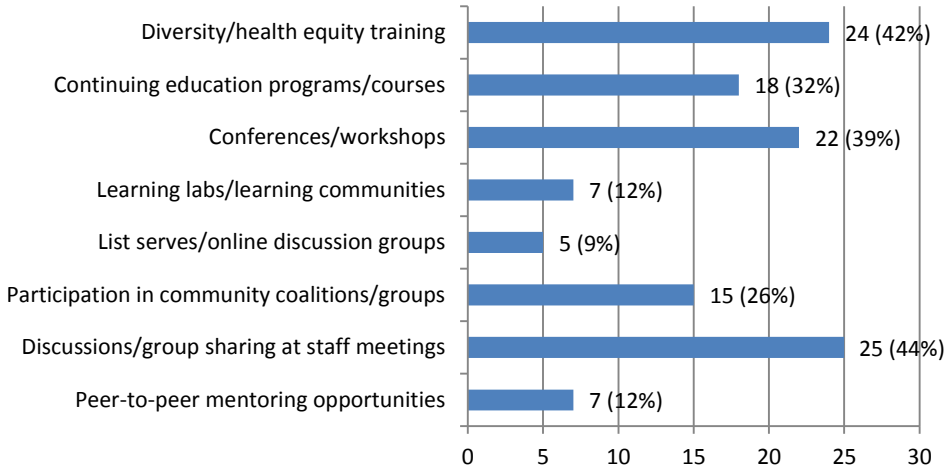
Structures to address racial and ethnic minority health disparities are also reflected in the roles and responsibilities of Department staff. Of those responding to the survey,

seven (20%) MDHHS divisions, and one (16.7%) area under the Office of the Director, reported having staff assigned to work on health equity-related issues. These staff perform a variety of functions including:

- Improving the collection and availability of data on the health and wellbeing of racial and ethnic minority populations in Michigan;
- Monitoring health disparities in Medicaid Managed Care Plans, and developing special programs and quality improvement initiatives to address these;
- Examining and addressing social determinants of health;
- Increasing delivery of health screenings, disease management, in-home visitation/case management, family planning, maternal and child health, and physical activity programs in underserved populations;
- Reducing barriers to health resources and services among vulnerable populations;
- Increasing equitable practices in communities through equitable community engagement;
- Assisting in the development of metrics on health equity;
- Providing education and training on health equity and related concepts; and
- Serving on the Department's Health Equity Steering Committee.

In 2015, MDHHS organizational areas also reported having structures in place to build the capacity of its management and staff to address health disparities and inequalities. More than half (56%) of areas responding to the survey reported that staff capacity was built through diversity and health equity training, continuing education programs, and/or conferences and workshops. These and other capacity building methods are shown in Figure 1.

Figure 1
Ways MDHHS Organizational Areas Build Capacity of Management and Staff to Address Health Dispartities/Inequities, Number (Percent) of Organizational Areas Reporting,* 2015



*Includes Divisions and OD areas as well as Administration-level and Bureau-level responses (percentages based on 57 organizational areas responding to the question).

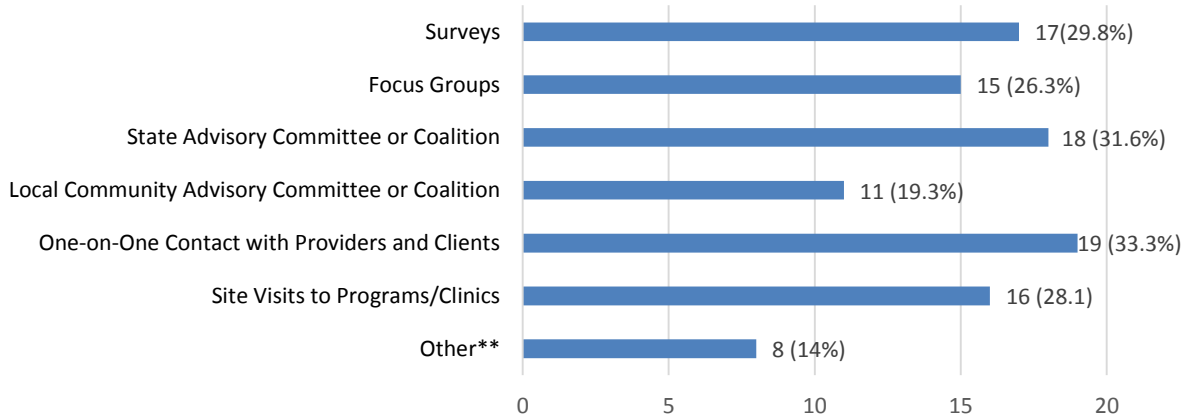
Operating procedures, such as conducting health equity impact assessments on policies and programs, serves as another structure to address health equity. A health

equity impact assessment is a systematic approach to evaluating the health consequences and potential inequities resulting from policies and practices currently in place or under consideration, including those among non-health sectors.

Of those organizational areas responding to the survey, nine percent reported conducting a health equity impact assessment in 2015. Responses indicated that assessments were conducted by the Division of Family and Community Health's Women and Maternal Health Section; the Division of Health, Wellness and Disease Control HIV and STD programs; the Bureau of Community Services' Housing and Homeless Services; and Tobacco Section grantees. The Policy and Legislative area under the Office of the Director also noted that they look at health equity and disparities around the state when considering legislation.

An additional operating procedure that promotes health equity is soliciting participation, input and feedback from racial and ethnic groups served. Nearly half (46%) of MDHHS divisions and one-third (33%) of areas within the Office of the Director reported gathering input and feedback from racial and ethnic minority populations served in 2015. Ways of gathering input reported by organizational areas are shown in Figure 2.

Figure 2
Ways MDHHS Organizational Areas Solicit Participation, Input, and Feedback from Racial/Ethnic Minority Populations Served
Number (Percent) of Organizational Areas Reporting*
2015



*Includes Divisions and OD areas as well as Administration-level and Bureau-level responses (percentages based on 57 organizational areas responding to the question).
**Other response include: Tribal consultations, Internal advisory committee, IRB members, Case reviews (adoption, foster care, CPS), Community partners/grantees.

In terms of how MDHHS is moving towards improving racial and ethnic health equity, organizational areas responding to the survey most frequently noted the following:

- Staff are provided/have opportunities to learn about how social determinants impact health outcomes (53%);
- Department senior staff talk about how to improve minority health inequities (i.e. addressing social determinants, addressing racism, etc.) (46%);
- Staff are provided/have opportunities to learn about how race and racism are related to health inequities (44%); and
- Staff are encouraged to talk about how to improve minority health outcomes (i.e. addressing social determinants, addressing racism, etc.) (44%).

Call to Action: Conduct a Department Health Equity Self-Assessment

Despite existing structures to address racial and ethnic minority health disparities, there is more that could be done to strengthen the Department's ability to address disparities and promote health equity. Conducting an internal health equity self-assessment would allow the Department to understand better where MDHHS is making progress, where there is room for improvement, and what additional actions need to be taken to increase the Department's organizational capacity to effectively address health inequities. *The Foundational Practices for Health Equity: Self-Assessment* is one such assessment tool. Developed as part of a Health and Human Services (HHS) Region V Collaborative--which included staff of the MDHHS Bureau of Family, Maternal and Child Health--this tool assists public health organizations in assessing their capacity and in transforming their practices related to achieving health equity. Therefore, it is recommended that MDHHS implement this health equity self-assessment tool in order to identify internal factors that support or hinder our work, and what we must do to move forward most effectively.

Relevant Public Act 653 Requirement:
Establish minority health policy.

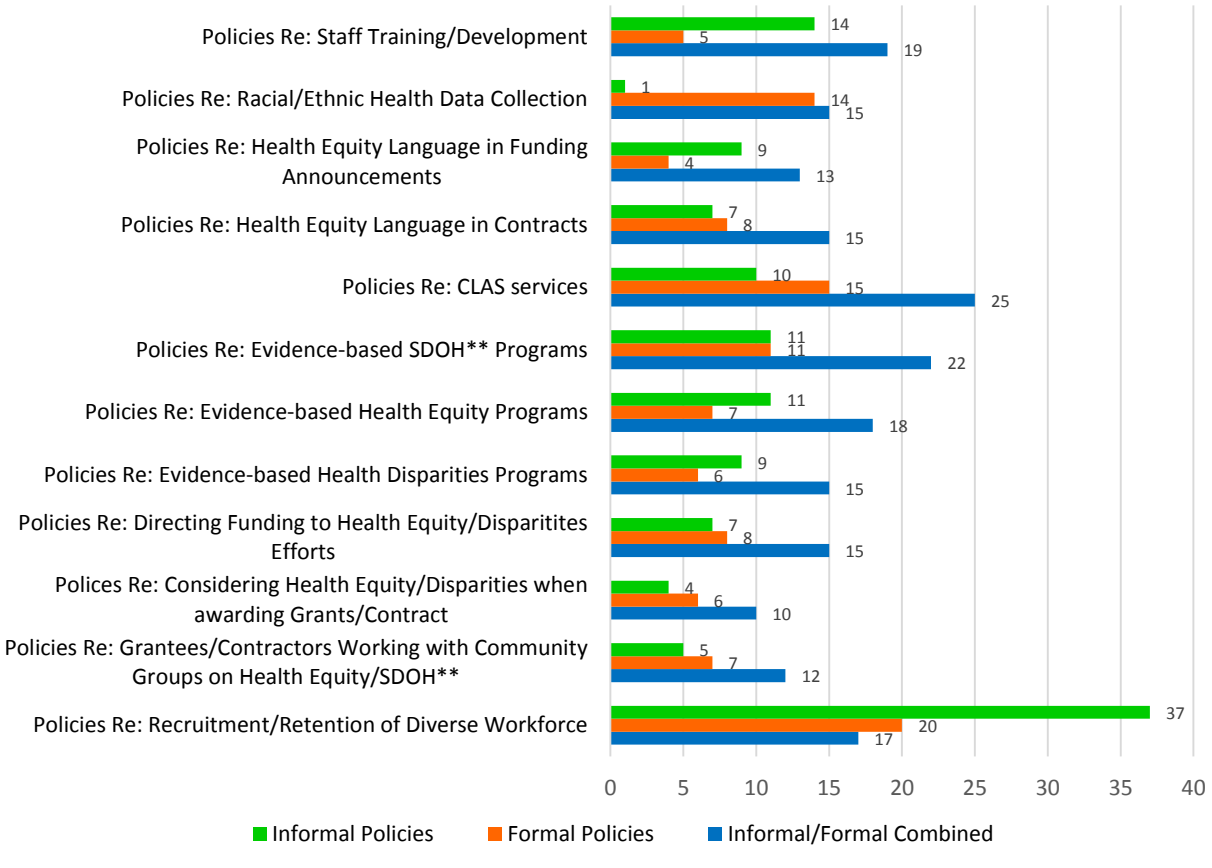
Policies—both formal (i.e., written and codified), or informal (i.e., unwritten rules/agreements, common operations)--generally reflect the philosophy, goals, and acceptable procedures of an organization.[5,6] Establishing minority health policies at the program, department and state levels serve as a way to formalize one's commitment to health equity by integrating related policies into departmental efforts and ensuring best practices are supported and consistently applied. In 2015, MDHHS organizational areas continued to follow existing policies as well as implemented new policies to advance health equity.

[5] Merriam-Webster online dictionary, http://www.merriam-webster.com/dictionary/policy. Accessed 1/28/16.
[6] National Center for Cultural Competence—Georgetown University Center for Child and Human Development. 2006. *Cultural and Linguistic Competence Policy Assessment*. Available at: http://clcpa.info/. Accessed 1/28/16.

Existing policies included continued expansion of health care coverage through the Healthy Michigan Plan. The Healthy Michigan Plan (HMP) represents a legislative, executive and department level policy initiative to improve access to care for the state's most vulnerable populations. Because racial and ethnic minorities and tribal populations are disproportionately represented among vulnerable populations, HMP is an important move toward reducing health and health care disparities for these groups.

While expanding health care coverage and increasing access to care are important to reducing health disparities, achieving health equity also requires policies that address other areas that impact health, including social, economic, and environmental factors. Informal and formal health equity-related policies reported by MDHHS organizational areas in 2015 are shown in Figure 3.

Figure 3
Health Equity-Related Policies Reported by MDHHS Organizational Areas
Number of Organizational Areas Reporting*
2015



*Includes Divisions and OD areas as well as Administration-level and Bureau-level responses.
**SDOH = Social Determinants of Health

As reflected in the graph above, the most commonly reported policies (considering informal and formal policies combined) reported by MDHHS organizational areas in 2015 included the following (number, percent):

- Policies regarding the recruitment and retention of a diverse workforce (37, 64%);
- Policies related to the provision of culturally and linguistically appropriate (CLAS) programs, services, and/or activities (25, 43%);
- Policies requiring evidence-based programs that address social determinants of health (22, 38%); and
- Policies regarding staff training and professional development to improve health equity knowledge, competencies and practices (19, 33%).

In terms of funding policies and practices, organizational areas responding to the survey reported having either informal or formal policies that (number, percent):

- Direct funding to programs or services that address racial and ethnic minority health disparities and/or equity (15, 26%);
- Requires grantees or contractors to work with community groups to address health equity and/or social determinants of health (12, 21%); and
- Consider health equity or health disparities as criteria in awarding grants and/or contracts (10, 17%).

Call to Action: **Adopt a *Health in All Polices* Framework**

Health in All Policies (HiAP) is an approach to public policy that involves multiple sectors working to achieve population and community health improvement. This approach engages public health, education, transportation, health care, housing, environmental and other sectors in determining how policy and funding decisions affect health. It provides a process and tools (i.e. Health Impact Assessment) to assess the potential harmful or beneficial impact of decisions. This is particularly important for groups who have historically and currently experience health inequities, including racial and ethnic minorities. HiAP is an important resource for public health and health equity efforts. Therefore, Michigan's policy efforts to address health equity could be strengthened by adopting a HiAP framework.

> *"Major health benefits can accrue from changes in the social environment. However, incorrect policy decisions may be made if the health effects have not been considered. The health implications of policy decisions need to be taken into account in order to maximize opportunities for health benefits and to avoid the adverse consequences of government actions."*
>
> World Health Organization. *Closing the Health Equity Gap: Policy options and opportunities for action*. 2013. Geneva, Switzerland, p.5.

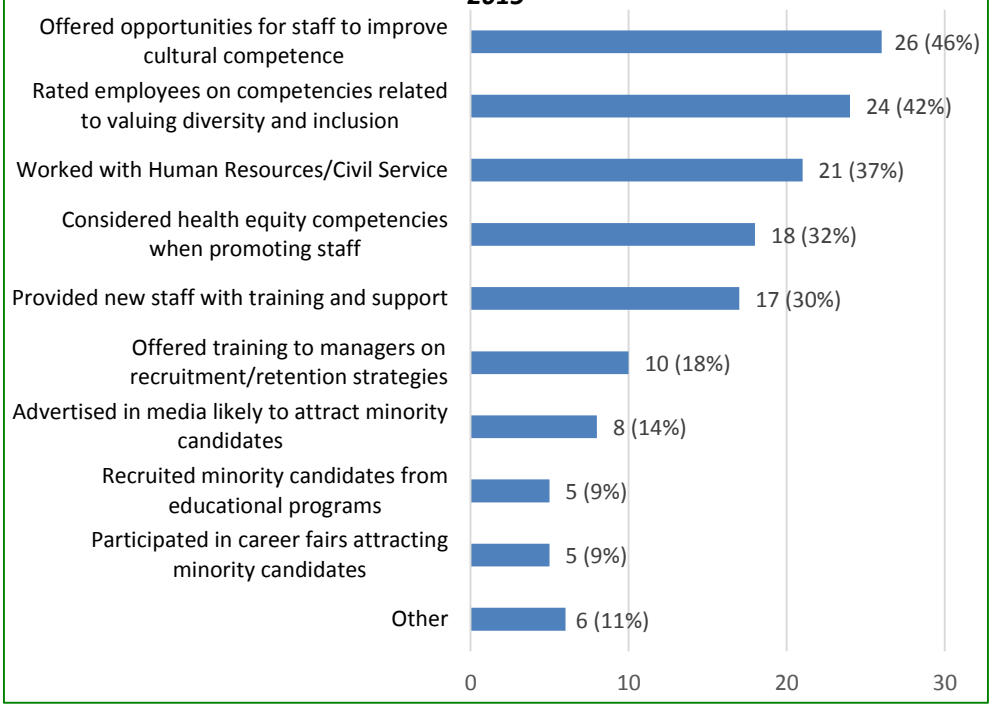
Relevant Public Act 653 Requirement:
Develop and implement recruitment and retention strategies to increase the number of minorities in the health and social services professions.

A key strategy of the National Stakeholder Strategy for Achieving Health Equity is increasing the diversity and competency of health and related industry workforces through the recruitment, retention, and training of racially, ethnically, and culturally diverse individuals, as well as through the leadership of healthcare organizations and systems.[7] Public health, healthcare, and human and social service providers who share the same culture or speak the same language as those they serve can be particularly effective in communicating with patients/clients, promoting mutual understanding, providing services, and improving health outcomes. Consequently, it is important that MDHHS be committed to recruiting and retaining a qualified and diverse workforce.

Of those responding to the survey, nearly two-thirds (65%) of organizational areas, representing all eight MDHHS Administrations, reported that they conducted activities to recruit and retain a diverse workforce in 2015. Specific activities are listed in Figure 4. The most frequently reported activities included:

- Offered opportunities for staff to improve cultural competence;
- Rated employees on competencies related to valuing diversity and inclusion (e.g., actively appreciating and including diverse

Figure 4
Activities to Increase Workforce Diversity
Reported by MDHHS Organizational Areas
Number (Percent) of Organizational Areas Reporting*
2015



*Includes Divisions and OD areas as well as Administration-level and Bureau-level responses (percentages based on 57 organizational areas responding to the question).

[7] Office of Minority Health, U.S. Department of Health & Human Services. 2011. National Partnership for Action to End Health Disparities. National Stakeholder Strategy for Achieving Health Equity. Rockville, MD: DHHS. Available at: http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286

capabilities, insights, and ideas; working effectively and respectfully with individuals/groups of diverse backgrounds); and
- Worked with Human Resources/Civil Service to develop a candidate recruitment and screening strategy that promotes workforce diversity within established civil service requirements.

Various organizational areas also worked to support the long-term retention of racially and ethnically diverse leadership, management, and program staff. For example, the Adult and Aging Services Administration, Services to the Aging has a cultural competency committee that provides education, training and learning opportunities for management and staff. Other areas also reported offering access to trainings, continuing education, team building, and leadership opportunities that not only promote diversity, but also enhance employees' professional development and support attainment of long-term career goals.

Additional efforts to promote the retention of diverse staff included:
- Valuing each individual's contribution and treating all employees with respect and dignity;
- Requesting ongoing input/feedback from employees and openly communicating with managers and staff;
- Promoting a positive, inclusive work environment and being responsive to staff concerns;
- Providing support and guidance for managers and staff to succeed, such as mentoring, coaching, and accessibility to senior management; and
- Being transparent about workforce demographics and discussing issues of race and racism in the workplace, including what can be done to mitigate its impact.

Despite efforts to recruit and retain racially and ethnically diverse staff, many survey respondents indicated that more could be done. Suggestions offered by respondents included the following:
- Expand hiring outreach, recruitment, and advertising to reach more racial and ethnic minority populations; ensure job postings are readily available to culturally, racially, and ethnically diverse populations.
- Work with Civil Service to ensure job requirements and minimum qualifications are more inclusive of racial/ethnic minority candidates and that there are not unnecessary and unintended barriers to the promotion of racially and ethnically diverse staff.
- Provide more training for management about the importance of having a diverse workforce, particularly one that is reflective of the populations served.

- Engage educational partners to help recruit diverse interns and job candidates as well as ensure graduates are well prepared for the workforce.
- Make connections with national minority organizations to help identify viable candidates.
- Lead by example, have greater diversity a very top levels of MDHHS.
- Create and implement a diversity plan that all areas are held accountable for implementing; include strategies to address diversity gaps, recruitment, hiring, professional development, promotion, and retention of culturally, racially, and ethnically diverse applicants/staff.
- Make it a visible and important department priority.

Call to Action: **Update and Adopt the Draft MDHHS Workforce Diversity and Inclusion Strategic Plan**

In 2014, a department-wide diversity work group was convened to develop a workforce diversity and inclusion work plan. The purpose was to provide a *shared direction, encourage commitment, and create alignment to approach workplace diversity and inclusion* for the then MDCH. The draft work plan was completed and submitted in 2015. With the merger of MDCH and DHS in April 2015, there is a need to update the plan to include input from those sectors of MDHHS that were not a part of the previous development process. Doing this will allow MDHHS to finalize the work plan and fully implement the workforce diversity provision of PA 653.

Additional PA 653 Provisions

While provisions related to structure, policy and workforce are the emphasis of this report, the other PA 653 provisions have an essential role in eliminating health disparities and achieving health equity. MDHHS activities aligning with these provisions are briefly highlighted below.

Relevant Public Act 653 Requirements:

Monitor minority health progress.

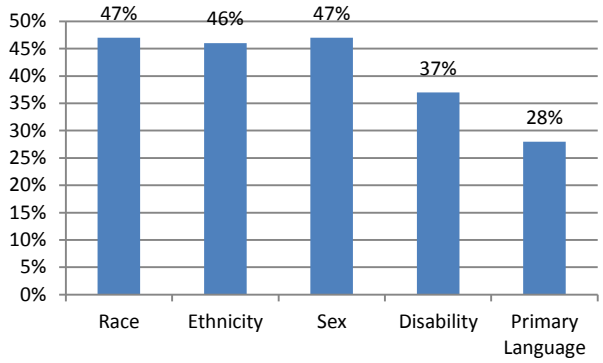
In 2015, MDHHS continued to collect, analyze, and use data on mortality, disease, health care utilization, risk factors, and social determinants of health to monitor minority health. Data sources included state surveys, vital statistics, program-based data, contractor data, as well as national data sources. Data were used to identify racial and ethnic minority populations at greatest risk of poor health outcomes; inform policy development, program planning and service delivery; assess trends; and evaluate program/service impact.

In 2015, several MDHHS organizational areas also collected data on race, ethnicity, sex, disability and primary language of participants in health and human services programs (see Figure 5). These data are also essential to on-going assessment and monitoring of health disparities.

MDHHS also released several special reports highlighting data on specific racial and ethnic groups collected through the Behavioral Risk Factor Surveillance Survey. These specialized data analyses allow the Department to better understand the health status of minority populations and help inform programs, policies and strategic direction. (See Briefs: Health Status of Asian/Pacific Islanders; Health Status of Black Adults; and Health Status of Arab Adults.)

Figure 5

Data Collected on Program/Service Participants
Percent of MDHHS organizational areas collecting each type of data*



*Includes Divisions and OD areas as well as Administration-level and Bureau-level responses (percentages based on 57 organizational areas responding to the question).

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

The *Michigan Health Equity Roadmap: A vision and framework for improving the social and health status of racial and ethnic minority populations in Michigan,* continued to serve as the statewide strategic plan for eliminating health disparities in Michigan. Released in June 2010, the *Roadmap* includes five priority recommendations:

1) Improve race and ethnicity data collection, systems and access.
2) Strengthen government and community capacity to improve racial/ethnic health inequalities.
3) Improve social determinants of health.
4) Strengthen community capacity, engagement and empowerment.
5) Ensure equitable access to quality health care.

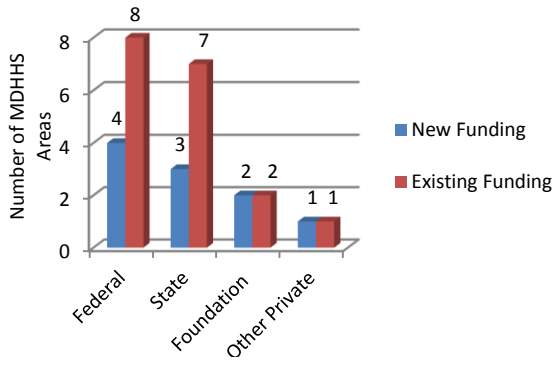
MDHHS organizational areas reporting that they integrate Roadmap Recommendations into their work
Number (% of those responding)

- Administrations: 4 (50%)
- Bureaus: 5 (23%)
- Divisions: 10 (29%)
- OD sub-areas: 3 (50%)

Utilize federal, state, and private resources to fund minority health programs, research, and other initiatives.

Of those organizational areas responding to the Health Equity Survey, 16 or nearly one-third (28%) reported that their area conducted or funded activities related to racial and ethnic minority health in 2015. The majority of these initiatives utilized existing funds from federal, state and foundation sources to support their efforts. A few program areas obtained new federal, state, foundation and private funding in 2015 to implement health-equity efforts (Figure 6).

Figure 6
2015 Funding Sources for MDHHS Health Equity Programs and Services
Number of MDHHS Organizational Areas Reporting*



*Includes Divisions and OD areas as well as Administration-level and Bureau-level responses.

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.

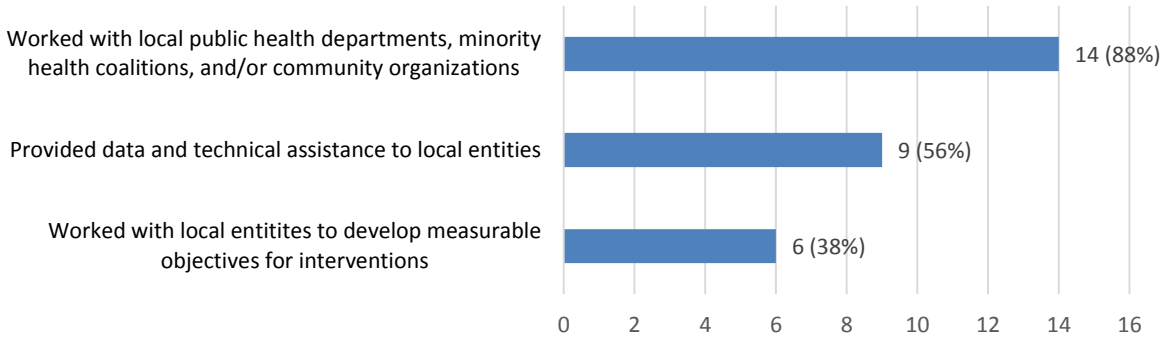
Of those areas that conducted or funded minority health-related activities in 2015, more than two-thirds (69%) provided funding to support evidence-based preventative health, education, and treatment programs.

Provide the following through interdepartmental coordination: Data, technical assistance, and 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.

Of those 16 organizational areas that conducted or funded minority health-related activities in 2015, (see Figure 7):

- 14 (88%) worked with local public health departments, minority health coalitions and/or community organizations;
- 9 (56%) provided data and technical assistance to minority health coalitions and/or other local entities; and
- 6 (38%) worked with minority health coalitions and/or other local entities to develop measurable objectives for the development of interventions.

Figure 7
Number (Percent) of MDHHS Organizational Areas* that Reported Working with Local Entitites to Advance Health Equity, 2015



*Includes Divisions and OD areas as well as Administration-level and Bureau-Level responses (percentages based on 16 organizational areas responding to the question).

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.

About 56 percent of those organizational areas that conducted or funded minority health-related activities provided funding and/or technical assistance to communities to develop or implement health care system interventions to address needs, gaps and barriers experienced by racial and ethnic minority populations.

Promote the development and networking of minority health coalitions.

Just under half (44%) of organizational areas that conducted or funded minority health-related activities promoted the development and networking of minority health coalitions.

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.

Among those organizational areas that conducted or funded minority health-related activities in 2015:

- Half (50%) implemented or funded culturally and linguistically appropriate health promotion, disease prevention, and/or early detection programs; and

- Three-quarters (75%) ensured language access services (interpretation, translation) or education materials for individuals with limited English proficiency or low literacy levels.

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 research within minority populations, a resource directory, and racial and ethnic specific data.

HDRMHS continued to maintain its web page (www.michigan.gov/minorityhealth). The web page provides access to minority health and health equity data, special reports and documents, training information, grant/funding opportunities, tools, resources, and current research.

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 2015, MDHHS staff participated in both department-sponsored as well as other state, regional, and national trainings and conferences to raise awareness and address health equity. Of those organizational areas responding to the survey:

- 16 percent reported that staff participated in the two-day equity-based CLAS (Culturally and Linguistically Appropriate Services) workshop offered by HDRMHS, reaching a total of 71 MDHHS staff members.
- 30 percent reported that staff attended other MDHHS, state, regional, and/or national trainings and conference addressing health equity or social determinants of health, reaching a total of 228 MDHHS staff members.

In addition, 12 percent of organizational areas reported that they provided or sponsored health equity-focused training and education for their staff and/or external partners (e.g., local health department staff, health care and human service providers, etc.). Those responding to the survey reported a total of 69 trainings provided, reaching an estimated 1413 MDHHS employees and 2030 external partners/service providers.[8]

Appoint a department liaison to provide the following services to local minority

[8] Individuals participating in more than one continuing education/training event would be counted more than once. It was not possible to provide a total number of unique individuals receiving continuing education through all MDHHS organizational areas.

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 noted previously under the section on structures to address racial and ethnic health disparities, seven (20%) MDHHS Divisions, and one area under the Office of the Director, reported having staff assigned to work on health equity-related issues. These staff performed a number of duties (see p. 8). In addition, 46 percent of MDHHS divisions and one-third (33%) of sub-areas within the Office of the Director reported soliciting participation, input and feedback from racial and ethnic minority populations served in 2015.

Conclusion

In 2015, MDHHS through its organizational units and programs continued efforts to eliminate racial and ethnic health disparities. This is evident in its work internally and with local health departments, minority health coalitions, community organizations, and other diverse partners.

Merging the Department of Community Health and the Department of Human Services offers an opportunity to address the root causes of the social and health inequalities that greatly affect racial and ethnic minority and tribal populations in Michigan. While much was accomplished in 2015, there is more work to be done. By continuing to enhance its structure, policies and a workforce, MDHHS will be well positioned to advance health equity as outlined in PA 653.

2016 Health Disparities Reduction and Minority Health Section Activities and Timeline

● Complete and disseminate the Michigan Health Equity Practice Guide	January	2016
● Conduct Arab-Chaldean BRFS survey	March	2016
● Initiate the IM-WEL2 health literacy initiative	March	2016
● Disseminate 2015 Health Equity Report	April	2016

● Conduct Minority Health Month Activities	April	2016
● Disseminate Asian American maternal/child health data report	July	2016
● Complete health literacy nursing webinar	July	2016
● Complete web-based equity training module for MDHHS staff	August	2016
● Complete/disseminate African American BRFS Reports for	October	2016
● Develop health literacy toolkit	October	2016
● Update/monitor the Michigan Health Equity Data Set (MHEDS) data	Ongoing	
● Continue conducting equity based CLAS trainings with MDHHS staff & external partners	Ongoing	
● Continue collaboration with the PRIME project	Ongoing	
● Conduct health literacy training for health professionals	Ongoing	

Acknowledgements

The Health Disparities Reduction and Minority Health Section would like to thank the members of the MDHHS Health Equity Steering Committee who helped to review and pilot test the 2015 MDHHS Health Equity Survey instrument. The Section would also like to thank all MDHHS managers and staff who took the time to complete the 2015 MDHHS Health Equity Survey.

Attachment A: Public Act (PA) 653

Act No. 653
Public Acts of 2006
Approved by the Governor
January 8, 2007
Filed with the Secretary of State
January 9, 2007
EFFECTIVE DATE: January 9, 2007
STATE OF MICHIGAN
93RD LEGISLATURE
REGULAR SESSION OF 2006

Introduced by Reps. Murphy, Gonzales, Zelenko, Williams, Whitmer, McConico, Leland, Clemente, Condino, Tobocman, Farrah, Lipsey, Alma Smith, Clack, Cushingberry, Plakas, Hopgood, Waters, Anderson, Stewart, Kolb, Meyer, Adamini, Brown, Gaffney, Virgil Smith, Hunter, Kathleen Law, Bieda, Meisner, Wojno, Vagnozzi, Taub, Accavitti, Stakoe, Gleason, Wenke, Ward, Byrum, Sak, Nitz, Moolenaar, Casperson, Dillon, Angerer, Bennett, Byrnes, Caul, Cheeks, Espinoza, Green, Hansen, Rick Jones, Kahn, David Law, Lemmons, Jr., Marleau, Mayes, McDowell, Miller, Polidori, Proos, Sheltrown and Spade

ENROLLED HOUSE BILL No. 4455

AN ACT to amend 1978 PA 368, entitled "An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to provide for the imposition of a regulatory fee; to provide for the levy of taxes against certain health facilities or agencies; to promote the efficient and economical delivery of health care services, to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to regulate and prohibit the sale and offering for sale of drug paraphernalia under certain circumstances; to provide for the implementation of federal law; to provide for penalties and remedies; to provide for sanctions for violations of this act and local ordinances; to provide for an appropriation and supplements; to repeal certain acts and parts of acts; to repeal certain parts of this act; and to repeal certain parts of this act on specific dates," (MCL 333.1101 to 333.25211) by adding section 2227.

The People of the State of Michigan enact:
Sec. 2227. The department shall do all of the following:
(a) Develop and implement a structure to address racial and ethnic health disparities in this state.
(b) Monitor minority health progress.
(c) Establish minority health policy.
(d) Develop and implement an effective statewide strategic plan for the reduction of racial and ethnic health disparities.
(e) Utilize federal, state, and private resources, as available and within the limits of appropriations, to fund minority health programs, research, and other initiatives.

(f) Provide the following through interdepartmental coordination:
(*i*) Data and technical assistance to minority health coalitions and any other local entities addressing the elimination of racial and ethnic health disparities.
(*ii*) 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.
(g) 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:
(*i*) Research within minority populations.
(*ii*) A resource directory that can be distributed to local organizations interested in minority health.
(*iii*) Racial and ethnic specific data including, but not limited to, morbidity and mortality.
(h) Develop and implement recruitment and retention strategies to increase the number of minorities in the health and social services professions.
(i) 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.
(j) 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.
(k) Promote the development and networking of minority health coalitions.
(*l*) Appoint a department liaison to provide the following services to local minority health coalitions:
(*i*) Assist in the development of local prevention and intervention plans.
(*ii*) Relay the concerns of local minority health coalitions to the department.
(*iii*) Assist in coordinating minority input on state health policies and programs.
(*iv*) Serve as the link between the department and local efforts to eliminate racial and ethnic health disparities.
(m) Provide funding, within the limits of appropriations, to support evidence-based preventative health, education, and treatment programs that include outcome measures and evaluation plans in minority communities.
(n) Provide technical assistance to local communities to obtain funding for the development and implementation of a health care delivery system to meet the needs, gaps, and barriers identified in the statewide strategic plan for eliminating racial and ethnic health disparities.
(o) One year after the effective date of this section and each year thereafter, submit a written report on the status, impact, and effectiveness of the amendatory act that added this section to the standing committees in the senate and house of representatives with jurisdiction over issues pertaining to public health, the senate and house of representatives appropriations subcommittees on community health, and the senate and house fiscal agencies.

This act is ordered to take immediate effect.
Clerk of the House of Representatives
Secretary of the Senate
Approved

Attachment B

Public Act 653 Provisions and MDHHS 2015 Health Equity Efforts At-a-Glance

PA 653 Provision	MDHHS Activities
(a) Develop and implement a structure to address racial and ethnic health disparities in this state.	Health Disparities Reduction Minority Health Section (HDRMHS) is the primary coordinating body within MDHHS to address racial and ethnic health disparities. In addition, of those MDHHS organizational areas responding to the 2015 health Equity Survey: • 37% of MDHHS organizational areas reported having a mission/vision statement and/or strategic plan/priorities promoting health equity. • 20% of Divisions and 17% of Office of the Director (OD) sub-areas reported having staff assigned to work on health equity issues. • 56% of organizational areas reported having activities to build capacity of management and staff to address health equity issues. • 46% of Divisions and 33% OD sub-areas solicited participation, input and feedback from populations served.
(b) Monitor minority health progress.	33% of organizational areas responding to the survey report collecting and/or using data to monitor minority health disparities in 2015.
(c) Establish minority health policy.	Of those organizational areas responding to the 2015 Health Equity Survey: • 43% reported having either a formal or informal policy related to the provision of culturally and linguistically appropriate programs, services, and/or activities. • 33% reported having informal or formal policies regarding staff training and professional development to improve health equity knowledge, competencies and practices. • 26% having informal or formal policies concerning the collection of racial and ethnic minority health data. • 40% reported having informal or formal policies requiring evidence-based programs that address social determinants of health, promote racial and ethnic minority health equity, and/or reduce minority health disparities. • 29% reported having informal or formal policies that require the inclusion of health equity, health disparities, or minority health language in funding announcements or contracts issued by the Department. • 26% reported having either informal or formal policies that direct funding to programs or services that address racial and ethnic minority health disparities and/or equity.

PA 653 Provision	MDHHS Activities
	• 17% reported that they consider health equity or health disparities as criteria in awarding grants and/or contracts. • 21% reported having either an informal or formal policy that requires grantees or contractors to work with community groups to address health equity and/or social determinants of health. • 64% reported having policies that promote the recruitment and retention of a diverse workforce.
(d) Develop and implement an effective statewide strategic plan for the reduction of racial and ethnic health disparities.	The *Michigan Health Equity Roadmap: A vision and framework for improving the social and health status of racial and ethnic minority populations in Michigan*, serves as the statewide strategic plan for eliminating health disparities in Michigan.
(e) Utilize federal, state, and private resources, as available and within the limits of appropriations, to fund minority health programs, research, and other initiatives.	Of those organizational areas responding to the 2015 Health Equity Survey, 28% reported that their area conducted or funded activities related to racial and ethnic minority health in 2015. Of these areas: • 25% received new federal funding and 50% used existing federal funding. • 19% received new state funding and 44% used existing state funding. • 13% received new foundation funding or used existing foundation funding. • 6% received new other private funding or used existing other private funding.
(f) Provide the following through interdepartmental coordination: i. Data and technical assistance to minority health coalitions and any other local entities addressing the elimination of racial and ethnic health disparities. ii. 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.	Of those organizational areas that reported conducting or funding minority health-related activities: • 56% provided data and technical assistance to minority health coalitions and/or other local entities. • 38% worked with minority health coalitions and/or other local entities to develop measurable objectives for the development of interventions.
(g) Establish a web page on the department's website, in coordination with the state health disparities reduction and	HDRMHS continued to maintain its web page: www.michigan.gov/minorityhealth Information available on the website includes: • HDRMHS Vision, mission and strategic framework

PA 653 Provision	MDHHS Activities
minority health section, that provides information or links to all of the following: i. Research within minority populations. ii. A resource directory that can be distributed to local organizations interested in minority health. iii. Racial and ethnic specific data including, but not limited to, morbidity and mortality.	• Information about trainings • Link to Public Act 653 • Reports to the Legislature • The Michigan Health Equity Roadmap • The Michigan Health Equity Data Set • Minority Health Data Slides • Michigan Health Equity Toolkit • Special reports and documents • Information on HDRMHS Grants/funding opportunities • Links to health equity resources
(h) Develop and implement recruitment and retention strategies to increase the number of minorities in the health and social services professions.	65% of organizational areas responding to the 2015 Health Equity Survey reported that they conducted activities to recruit and retain a diverse workforce.
(i) 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.	Of those organizational areas responding to the 2015 Health Equity Survey: • 16% reported that staff participated in the two-day equity-based CLAS (Culturally and Linguistically Appropriate Services) workshop offered by HDRMHS, reaching a total of 71 MDHHS staff members. • 30% reported that staff attended other MDHHS, state, regional, and/or national trainings and conference addressing health equity or social determinants of health, reaching a total of 228 MDHHS staff members. • 12% reported that they provided or sponsored health equity-focused training and education for their staff and/or external partners, reaching a total of 1,413 MDHHS employees and 2,030 external partners/service providers.
(j) 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.	Of those organizational areas that conducted or funded minority health activities: • 50% implemented or funded culturally and linguistically appropriate health promotion, disease prevention, and/or early detection programs. • 75% ensured language access services (interpretation, translation) or education materials for individuals with limited English proficiency or low literacy levels.
(k) Promote the development and networking of minority health coalitions.	Of those organizational areas that conducted or funded minority health activities, 44% promoted the development and networking of minority health coalitions.

PA 653 Provision	MDHHS Activities
(l) Appoint a department liaison to provide the following services to local minority health coalitions: i. Assist in the development of local prevention and intervention plans. ii. Relay the concerns of local minority health coalitions to the department. iii. Assist in coordinating minority input on state health policies and programs. iv. Serve as the link between the department and local efforts to eliminate racial and ethnic heal	Of those organizational areas responding to the 2015 Health Equity Survey: • 20% of Divisions and 17% of Office of the Director (OD) sub-areas reported having staff assigned to work on health equity issues. • 46% of MDHHS divisions and 33% of OD sub-areas reported soliciting participation, input and feedback from racial and ethnic minority populations served.
(m) Provide funding, within the limits of appropriations, to support evidence-based preventative health, education, and treatment programs that include outcome measures and evaluation plans in minority communities.	Of those organizational areas that conducted or funded minority health-related activities in 2015, 69% provided funding to support evidence-based preventative health, education, and treatment programs.
(n) Provide technical assistance to local communities to obtain funding for the development and implementation of a health care delivery system to meet the needs, gaps, and barriers identified in the statewide strategic plan for eliminating racial and ethnic health disparities.	Of those organizational areas that conducted or funded minority health-related activities in 2015, 56% provided funding and/or technical assistance to communities to develop or implement health care system interventions to address needs, gaps and barriers experienced by racial and ethnic minority populations.
(o) One year after the effective date of this section and each year thereafter, submit a written report on the status, impact, and effectiveness of the amendatory act that added this section to the standing committees in the senate and house of representatives with jurisdiction over issues pertaining to public health, the senate and house of representatives appropriations subcommittees on community health, and the senate and house fiscal agencies.	The MDHHS 2015 Health Equity Report, *Moving Health Equity Forward*, serves as the annual report on Department efforts to address racial and ethnic health disparities as required by Public Act 653 of the Michigan Public Health Code.

For more information about this report, please contact:
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