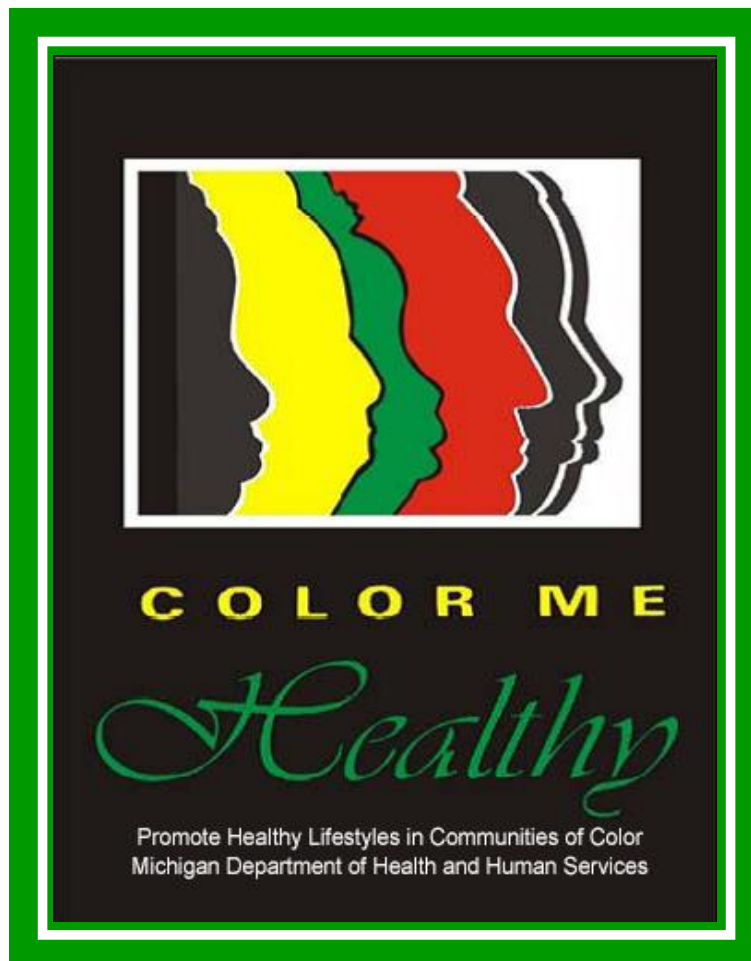


**Michigan Department  
of Health and Human Services**

**2016 Health Equity Report**  
***Moving Health Equity Forward***



**Released April 2017**

# **2016 Health Equity Report**

## ***Moving Health Equity Forward***

### **Executive Summary**

The Michigan Department of Health and Human Services (MDHHS) 2016 Health Equity Report, *Moving Health Equity Forward*, serves as the annual report on the Department's 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 93<sup>rd</sup> 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, establish minority health policy, and implement strategies to promote workforce diversity. Efforts that align with these, and other provisions of PA 653, are summarized throughout this report.

Noteworthy 2016 health equity-related activities and accomplishments of organizational areas throughout the Department included the following:

- Strengthened departmental commitment to addressing health equity by integrating equity, diversity, and cultural competency into the MDHHS 2016-2018 Strategic Plan. (MDHHS Leadership)
- Developed a position description that explicitly includes addressing racial and ethnic minority health equity issues as a part of an agency staff member's professional duties. (Aging and Adult Services Agency)
- Formed a Diversity Committee and provided education and events based on input from front-line staff. (Field Operations Administration/Business Service Center #3/County Director)

- Grew organizational capacity to address race and racism through staff participation in the Understanding and Analyzing Systemic Racism Workshop. (Field Operations Administration/Office of Workforce Development and Training)
- Connected with child welfare partners interested in developing concrete efforts to reduce the proportion of children of color in Michigan's child welfare system. (Field Operations Administration/Office of Workforce Development and Training)
- Worked with two community health centers to implement a health literacy program for providers, staff, and patients to improve health outcomes for racial and ethnic minority patients. (Policy, Planning & Legislative Services/Health Disparities Reduction and Minority Health Section)
- Enhanced nursing students' understanding of social determinants of health and traditional public health work through community health nursing placements with Head Start and Latino communities in Flint. (Policy, Planning & Legislative Services/Office of Nursing Policy)
- Implemented actions resulting from participation in Health Equity Learning Labs, including steps to address diversity in hiring practices, addition of a trauma related question to the Michigan Youth Risk Behavior Survey, and ways to promote equity through trainings and funding opportunities. (Population Health Administration/Family Health Services/Child, Adolescent and School Health)
- Continued to assist Michigan tribes in developing tribe-specific data on health events--such as cancer, mortality and natality--by improving data on Michigan tribal communities. (Population Health Administration/Epidemiology and/Population Health/Vital Records and Health Statistics)

For more information on these and other 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](mailto:weirs@michigan.gov).

# 2016 Health Equity Report

## Introduction

The 2016 Health Equity Report, *Moving Health Equity Forward*, represents the tenth annual report documenting work 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) 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, managers and their staff. The 2016 Health Equity Survey consisted of two primary parts: 1) a set of questions for MDHHS upper management (i.e. high-level administration, agency, and office directors) pertaining to overarching minority health equity efforts; and 2) a set of questions for middle management (i.e. bureau/division directors and section/unit managers) and their staff regarding specific activities to address racial and ethnic health disparities and promote equity. The 2016 survey data reflect responses from a total of 193 individuals. These responses were aggregated by MDHHS organizational areas and used to develop this report, as well as inform ongoing planning and implementation of Department-wide health equity initiatives.

As with last year, the 2016 Health Equity Report centers on three core provisions of the law:

- 1) Having a structure to address racial and ethnic minority health disparities,
- 2) Establishing minority health policy, and
- 3) Implementing recruitment and retention strategies to promote workforce diversity and inclusion.

These three provisions serve as a foundation upon which all PA 653 provisions and departmental efforts to advance racial and ethnic minority health equity stand. Each of these three core provisions is discussed below, including current departmental activities and key steps moving forward. Additional PA 653 provisions, and efforts that address them, are highlighted in Attachment B.

## **MDHHS 2016 Health Equity Efforts – Core PA 653 Provisions**

### **Structure**

#### **Public Act 653 Requirement:**

***Develop and implement a structure to address racial and ethnic health disparities in this state.***

Establishing health equity as a systems-level priority is a key to improving racial and ethnic minority health and advancing health equity.<sup>1,2</sup> Essential components of a systems-level approach include: fostering leadership and commitment to addressing health equity at all levels of the organization; promoting coordination and collaboration; allocating appropriate resources; and integrating equity into the organization's overarching strategy, priorities, and daily work.<sup>3,4</sup>

Having an organizational structure to address racial and ethnic minority health disparities is important to implementing these components. While structure can be defined in many ways, for the purpose of this report, structure refers to how the department is organized and functions, as reflected by mission/vision statements, strategic plans and priorities, management and staffing, and operating procedures.

#### **2016 Accomplishments/Efforts**

In 2016, the Department took a significant step in strengthening its structure to address health equity by launching the MDHHS 2016-2018 Strategic Plan. This plan outlines the Department's mission, vision, values, strategic priorities, and objectives. Promoting equity, diversity, and cultural competence have been integrated into the new strategic plan as reflected by the MDHHS vision, 'comprehensive' value statement, and workforce priority, which appear below.

***Vision: Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.***

---

<sup>1</sup> U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Minority Health. *A Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities*. Rockville, MD: Office of Minority Health, January 2008.

<sup>2</sup> Laderman, M and Whittington, J. Institute for Healthcare Improvement, *A Framework for Improving Health Equity: Healthcare organizations have tremendous potential to address disparities. Healthcare Executive*; May/June 2016.

<sup>3</sup> *Ibid.*, p.82

<sup>4</sup> USDHHS, OMH, *op. cit.*, pp.11-12, 20.

**Value - Comprehensive:**

*Innovation – Striving to make Michigan a leader*

*Diversity – Promoting cultural competency as a source of strength*

*Dignity – Treating all people with respect and care*

*Transparency – Facilitating trust, communicating with clarity*

**Strategic Priority – Workforce:** *Strengthen opportunities, promote diversity, and empower our workforce to contribute to Michigan’s economic development.*

The inclusion of equity, cultural competency, and workforce diversity in the Department’s strategic plan represents an institutional commitment to making equity a part of the Department’s work. In terms of how administrations, agencies, and offices are promoting equity in accordance with the MDHHS strategic plan, survey respondents who serve in upper management positions noted that they are implementing evidence-based programs designed to increase self-efficacy and self-sufficiency; ensuring fair, equitable, and appropriate allocation of resources, as well as access to quality and appropriate care; providing education and training to clients so they are better able to advocate for needed services; and working diligently to promote concepts of equity in all activities.

Efforts to promote cultural competency, as reported by upper management survey respondents, consisted of providing education and training for staff, having designated personnel to work on equity issues, and celebrating diversity through office events. Additional opportunities cited by leadership to promote equity included further targeting programs and services to those with greatest need (e.g., low-income minority populations, areas with the largest disparities, etc.); better addressing social determinants of health; and continuing to ensure patients’ rights and equity in quality of care, appropriateness of services, and allocation of resources.

With regard to promoting racial and ethnic diversity and inclusion, upper management respondents reported fostering a work environment that celebrates diversity and cultural awareness, practicing inclusive decision-making that seeks input and involvement from all levels, providing professional development opportunities, improving program integrity and accountability, and promoting workforce diversity.

In addition to integrating equity into its strategic plan, the Department took steps to enhance its ability to address racial and ethnic disparities through the formation of a Strategic Alignment Team. This team, which consists of representatives from management, has been convened to look at programs across the Department in order to identify how they may align and explore opportunities for collaboration on issues that

cut across all program areas. Thus, the Strategic Alignment Team represents a new structure that provides an opportunity to address health equity throughout the organization.

The Health Disparities Reduction Minority Health Section (HDRMHS), located in the Office of Health Policy and Innovation, continued to serve 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, policies, and applied research to address social determinants of health that contribute to health inequities for racial and ethnic minority populations in Michigan;
- Collaborating in the development of MDHHS prevention, health service delivery, and research strategies in an effort to improve health outcomes for racial and ethnic minority populations in Michigan; and,
- Facilitating implementation of culturally and linguistically appropriate health services throughout the Department.

#### **HDRMHS**

##### ***2016 Activities and Accomplishments***

- Completed the development of an online health equity training for MDHHS staff.
- Provided equity based cultural competency, health literacy, and health equity training to Department staff, external partners and professionals, and community members.
- Worked with two community health centers to implement a health literacy program for providers, staff, and patients to improve health outcomes for racial and ethnic minority patients.
- Sponsored community conversations in multiple counties and communities to solicit resident input as part of 2016 Minority Health Month activities.
- Hosted a legislative breakfast to raise awareness among Michigan legislators about racial and ethnic health inequities and promising strategies for improving health status.
- Assigned a part-time HDRMHS staff person to work with communities in Flint to address health disparities related to the water crisis.
- Conducted a special Behavior Risk Factor Survey for Arabs and Chaldeans in Michigan.

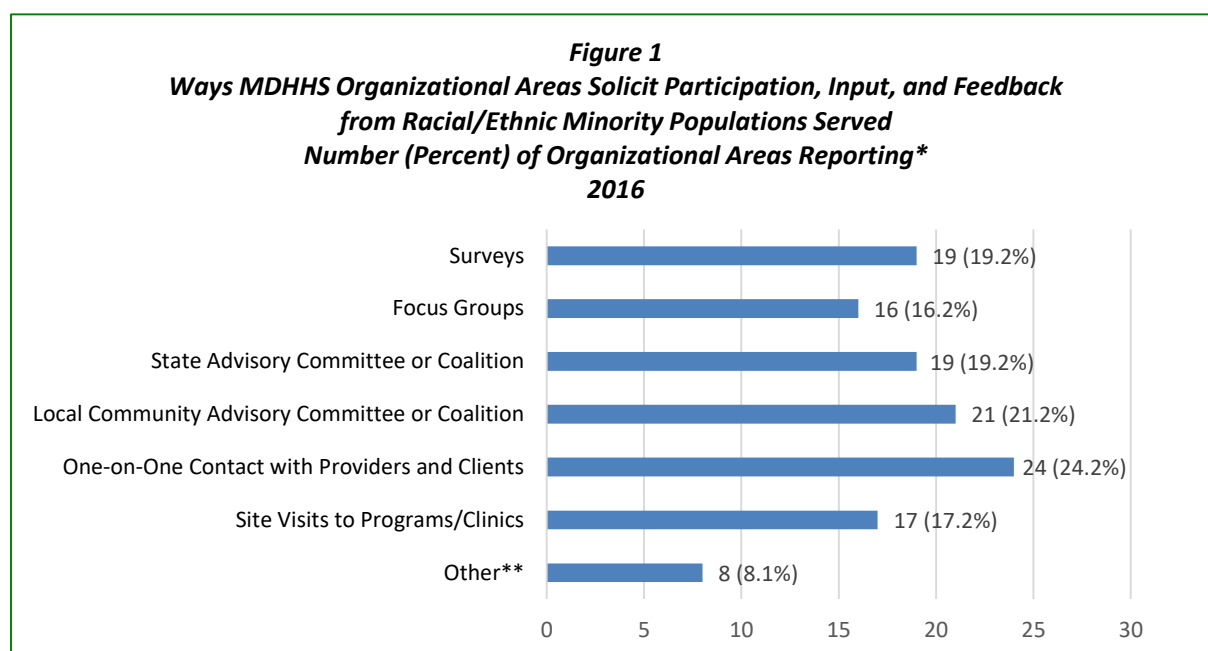
In 2016, HDRMHS continued to develop, promote, and administer health promotion programs for communities of color. (See sidebar for list of HDRMHS 2016 activities and accomplishments.) HDRMHS also continued to facilitate and promote department-wide efforts to achieve health equity through its leadership 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.



Structures designed to address health disparities were also reported among individual MDHHS organizational areas. Of those areas responding to the 2016 Health Equity Survey:

- 39% reported having an area or program-specific mission/vision statement, strategic plan, and/or priorities promoting health equity.
- 34% reported having staff assigned to work on health equity issues.
- 33% reported having a collaborative body or workgroup that addresses racial/ethnic disparities, inequities, equity, and/or social/economic determinants.
- 44% reported having structured opportunities to build the capacity of management and staff to address health equity issues.

Operating procedures such as soliciting participation, input, and feedback from racial and ethnic groups serves as another structure to promote health equity. Nearly forty percent of MDHHS organizational areas responding to the 2016 survey cited at least one way in which they solicited participation, input, and feedback from populations served. Reported ways of gathering input are shown in Figure 1.



\*Includes Divisions and Bureau responses (percentages based on 99 organizational areas responding to the question).

\*\*Other response include: Internal MDHHS committees, Foster Youth from Michigan Youth Opportunity Initiative, input solicited by Medicaid Health Plans, Email listserv communications for advocacy group contacts, input from all stakeholders and general audiences.

Equally important is sharing culturally appropriate information and data with racial and ethnic minority communities. This includes data on health status and social determinants that inform and empower affected populations to work with public health and human service providers to improve health. Among those organizational areas that completed the 2016 survey, nearly one-fifth (18.2%) reported that they shared program,



assessment, or data findings and information with communities served, ensuring information was shared in culturally and linguistically appropriate ways.

Methods of sharing information and data included:

- Presentations to community members, partners, organizations, coalitions, groups, governing bodies, and local leaders;
- General communications such as publications, fact sheets, data briefs, web postings, newsletters, e-mails, press releases, and evaluation reports; and
- Disseminating data and information to community partners who then shared it with the communities they serve.

Reported ways of ensuring the cultural and linguistic appropriateness of information included:

- Testing communications for readability and plain language,
- Soliciting review and input from key partners,
- Sharing with advisory committees for input before disseminating, and
- Review by the MDHHS Communications Office.

### ***Moving Forward***

Respondents completing the 2016 Health Equity Survey generally felt progress was being made by MDHHS in developing structures to address health equity. They also noted that the Department should continue and even expand its current efforts. Specific suggestions included: further increasing visibility of health equity as a priority through executive support and communications; facilitating better coordination of efforts within the Department; spreading the message of equity's importance to other state departments/sectors; and further strengthening institutional commitment by establishing an executive level office and dedicate staff to specifically promote equity across program areas.

As recommended in the 2015 Health Equity Report, conducting an internal health equity self-assessment would allow the Department to explore these and other opportunities for enhancing its capacity to effectively address health inequities. Activities related to this recommendation include: self-assessments being conducted by several organizational areas; the annual Health Equity Survey; department efforts related to national accreditation through the Public Health Accreditation Board (PHAB); and a collective impact assessment of departmental programs and services addressing health equity initiated in 2016.

## ***Call to Action: Use Current Assessment Information to Conduct a Department-Wide Health Equity Self-Assessment***

MDHHS should seek resources for conducting an organization health equity self-assessment. *The Foundational Practices for Health Equity: Self-Assessment* developed as part of a Health and Human Services (HHS) Region V Collaborative provides a tool for assessing organizational capacity and practice related to health equity.

### **Policy**

#### **Public Act 653 Requirement: *Establish minority health policy.***

Establishing minority health policy at all levels--program, department, and state—is another essential component of a systems-level approach to advancing health equity. Policies provide a way to formalize health equity and ensure best practices are supported and consistently applied. Comprehensive equity related policies must address the physical, environmental, social, and economic conditions that affect the public's health.<sup>5</sup>

### ***2016 Accomplishments/Efforts***

In 2016, MDHHS continued to adhere to all federal and state policies and regulations related to minority health. In addition, forty-three percent (43%) of organizational areas responding to the 2016 Health Equity Survey reported having area or program-specific policies that advance racial and ethnic minority equity. Examples included:

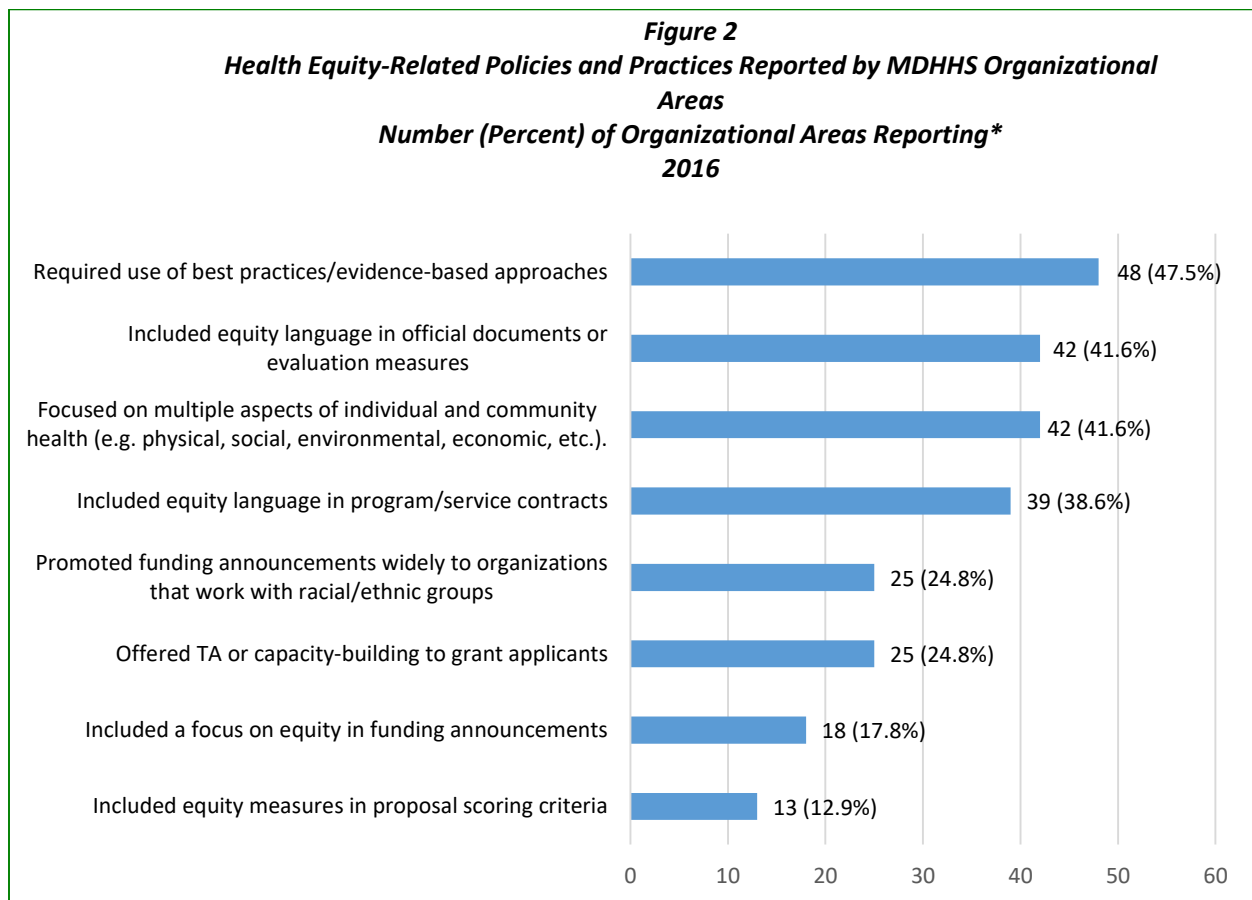
- Non-discriminatory care practices and policies.
- Policies ensuring provision of language services (e.g., translation of materials, use of interpreters, etc.).
- Required training for staff on equity-related issues (e.g. Culturally and Linguistically Appropriate Services (CLAS), multi-culturalism, understanding racism, cultural humility, etc.).
- Legislatively directed funding for special populations.
- Continued implementation of the Healthy Michigan Plan.
- Requirements that programs/services target those with the greatest social and/or economic need, including minority groups.

---

<sup>5</sup> National Association of County & City Health Officials (NACCHO). Guidelines for Achieving Health Equity in Public Health Practice. April 2009. Available at: [http://www.health.state.mn.us/divs/opi/healthequity/resources/docs/Guidelines\\_for\\_Achieving\\_Health\\_Equity\\_in\\_Public\\_Health\\_Practice\\_1.pdf](http://www.health.state.mn.us/divs/opi/healthequity/resources/docs/Guidelines_for_Achieving_Health_Equity_in_Public_Health_Practice_1.pdf) Accessed 2/8/17.

- Inclusion of equity-language, equity-promoting practices, and CLAS standards in funding announcements, contracts, grant agreements, and work plans.
- Integrating health equity into program and strategic plans.
- Policies to ensure equitable hiring practices and promote workforce diversity (e.g., following Civil Service protocols, including interview questions to assess health equity knowledge, etc.).

Other equity-promoting policies and practices reported by organizational areas are shown in Figure 2.



\*Includes Divisions and Bureau responses (percentages based on 101 organizational areas responding to the question).

In addition to minority health policy, establishing a process to ensure policies promote equity is equally critical. This process should include Health or Racial Equity Impact Assessments (HEIA or REIA). Such assessments provide a systematic, data-driven approach to identifying the potential health consequences (either positive or negative) of

a proposed or existing policy or program. Completing an HEIA/REIA can help to maximize health benefits or minimize/advert adverse effects on minority populations.<sup>6</sup>

Among those organizational areas completing the 2016 Health Equity Survey, three reported that they had conducted an assessment to evaluate how their policies, programs, or services may impact racial/ethnic minority health. For example, the Division of Child and Adolescent Health in the Bureau of Family Health Services completed an assessment as part of their participation in Health Equity Learning Labs. The assessment looked at hiring practices, formal policies and procedures, how the area conducts Requests for Proposals (RFPs), and other practices. Another area noted that they required grant recipients to conduct assessments of their reach to priority populations by examining policies for inclusiveness and monitoring participation of racial and ethnic groups in evidence-based community programs. Finally, one organizational unit completed an internal institutional racism assessment through a contractual agreement with Partners for a Racism Free Community.

Along with equity impact assessments, Health in All Policies (HiAP) provides a framework for ensuring equity is a key component of all policy. A HiAP approach enables public health and human services professionals to work in partnership with policy makers across various sectors (e.g., housing, transportation, education, parks, criminal justice, etc.) to consider the health impacts of current and proposed policies.<sup>7</sup> In recognizing the relation of economic, environmental, social and other determinants to health status, a HiAP approach encourages decision makers to view policies through a health equity lens.<sup>8</sup>

Responses to the 2016 Health Equity Survey suggest that HiAP is gaining attention and recognition among organizational units, and being integrated into the work of certain areas. Nearly one-third (30%) of organizational areas completing the 2016 survey reported taking a HiAP approach in program, service, and/or policy-related decisions.

For example, the Environmental Health Section within the Bureau of Epidemiology and Population Health noted that they provided training to local public health and community planners on integrating health considerations into community planning activities. In

---

<sup>6</sup> Knight, E. *Promising Practices for Achieving Health Equity Through Public Health Practice*. Health Equity Strategy Alignment. March 26, 2012. Available at:

<http://dhss.delaware.gov/dhss/dph/mh/files/promisingpracticesforachievinghealthequity.pdf> Accessed 2/8/17.

<sup>7</sup> Michigan Department of Health and Human Services. *Michigan equity practice guide for state-level public health practitioners*. Lansing, MI: Michigan Department of Health and Human Services; Health Disparities Reduction and Minority Health Section. 2016. Available at:

[http://www.michigan.gov/documents/mdhhs/Michigan\\_Equity\\_Practice\\_Guide\\_523407\\_7.pdf](http://www.michigan.gov/documents/mdhhs/Michigan_Equity_Practice_Guide_523407_7.pdf) Accessed 2/9/17.

<sup>8</sup> Knight, op. cit., p. 3.

particular, they discussed how health and vulnerable populations, including racial and ethnic minorities and low socio-economic groups, should be considered in community climate or resiliency planning. Collaborating partners included LIAA (a nonprofit community planning organization), Michigan Green Communities, and the Michigan Association of Planning (MAP).

Taking a HiAP approach when working with other state departments is also essential to advancing equity. For instance, the Adolescent and School Health Unit within the Bureau of Family Health Services reported that they collaborated with the School Health and Safety Programs Unit at the Michigan Department of Education to promote comprehensive school health. This 10 component Whole School, Whole Community, Whole Child model works to infuse health in all policies at the school and district level. This is promoted through professional development, the provision of resources and technical assistance to schools, and funding opportunities.

An additional example of how HiAP is being considered is the implementation of the MDHHS client-centered Integrated Service Delivery (ISD) model. The goal of ISD is to create a more seamless delivery of services and a 'one view' or 'one-stop shop' across multiple services sectors. Other considerations noted by survey respondents included routinely reviewing policies to ensure they have a HiAP focus and following up on discussions of the Strategic Alignment Team regarding HiAP efforts.

### ***Moving Forward***

Organizational areas that participated in the survey noted even more could be done to institute equity-promoting policies and practices. Suggestions included requiring health equity impact assessments on *all* new and existing policies; integrating equity-related policies and/or practices in grant awards and service provider contracts; ensuring health equity is considered by all programs and services (e.g., require plans to ensure policies and practices are developed through an equity lens); enhancing data collection and analysis to better pinpoint key aspects of disparities in order to develop more effective and focused practices to address them; and further supporting a HiAP approach.

While survey responses indicate that some areas are already operating from a HiAP framework, survey data also suggests that there may be some confusion regarding what constitutes a HiAP approach and how it can be applied to health equity work. Consequently, more education, training, and technical assistance may be warranted in this area.

## **Call to Action: Provide Education and Training on Health in All Policies (HiAP) to MDHHS Leadership, Staff, and Partners**

Because HiAP relies on strong partnerships and collaborations across various sectors, effectively adopting the approach requires a common understanding of what it is and how to implement it. There is a need to raise awareness and build capacity in this area among decision and policy-makers, both internal and external to MDHHS. MDHHS leadership, staff, and partners should receive education and training that raises awareness and provides practical examples of how HiAP can be effectively implemented.

### **Workforce**

#### **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 ‘competent’ workforce should be adequately educated and trained in issues pertaining to health equity and when possible, reflective of the community served. Increasing the diversity and competency of health and related industry workforces is a key strategy of the National Stakeholder Strategy for Achieving Health Equity<sup>9</sup> and an important provision of PA 653. Public health, health care, and human/social service providers who understand and are sensitive to the root causes of health inequities, as well as those who share the same culture or speak the same language as individuals served, can be particularly effective in providing services and improving health outcomes.

#### **2016 Accomplishments/Efforts**

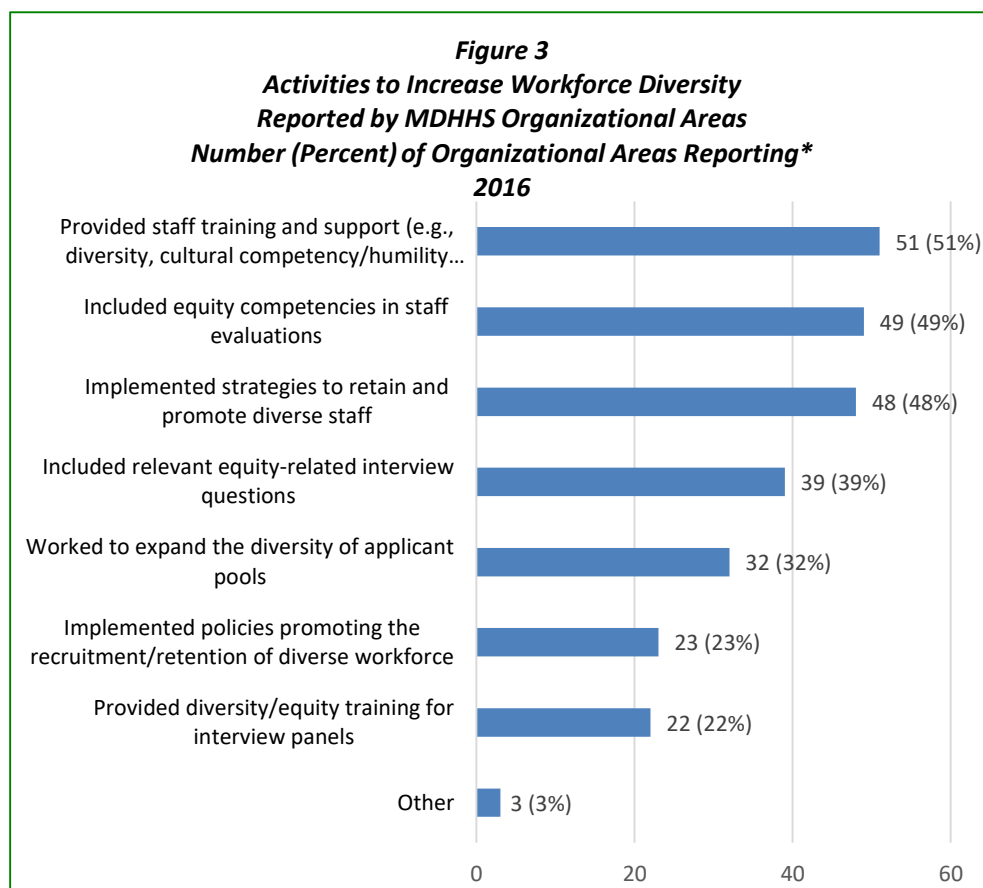
During 2016, MDHHS continued its commitment and efforts to recruiting and retaining a qualified and diverse workforce. Of those responding to the survey, nearly three-quarters (72%) of organizational areas reported at least one activity they conducted to promote workforce diversity and inclusion.

Specific activities are shown in Figure 3. Those most frequently reported included:

---

<sup>9</sup> 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>

- Provided staff training and support (e.g., diversity, cultural competency/humility training, etc.);
- Included equity competencies in staff evaluations (e.g., actively appreciating and including diverse capabilities, insights, and ideas; working effectively and respectfully with individuals/groups of diverse backgrounds); and
- Implemented strategies to retain and promote diverse staff (e.g., provided career development and advancement opportunities, fostered mentorship relationships, etc.).



\*Includes Divisions and Bureau responses (percentages based on 100 organizational areas responding to the question).

Several organizational areas responding to the 2016 Health Equity Survey noted efforts to promote workforce diversity among their 2016 accomplishments. For example, the Child, Adolescent and School Health Section within the Bureau of Family Health Services noted that they successfully completed two interview processes using their new health equity question as well as distributed job notices to a broader audience. Environmental Health's Healthy Homes Section under the Bureau of Epidemiology and Population Health reported that they hired a new health educator to promote culturally appropriate messages and distribution of these messages in culturally relevant means. Likewise, one of the county offices within the Field Operations Administration's Business Service Centers expressed that they continued to have a diverse team, which enables them to learn from each other and better work with diverse client groups.



## ***Moving Forward***

While there is general awareness of the importance of workforce diversity, there appears to be a sense among survey respondents that advancement in this area is somewhat limited by Civil Service rules and regulations. When asked what MDHHS can do to expand the diversity of applicant pools in order to build a more diverse public health and human services workforce, several respondents expressed working with Civil Service and Human Resources to develop a candidate recruitment and screening strategy that promotes inclusion and diversity in applicant pools. In particular, respondents suggested:

- Expanding outreach and recruitment to reach more racially and ethnically diverse candidates (e.g., identify and post in media most likely to reach minority candidates; distribute postings more widely to community organizations working with minority populations and colleges/universities with diverse student populations, etc.).
- Providing training to help programs understand the recruitment and screening options available that may lead to more diverse candidate pools;
- Examining and adjusting hiring criteria to eliminate qualifications that are not relevant to competence and disproportionately disadvantage people of color and ethnic minorities;
- Assuring that the hiring process incorporates diversity-based position descriptions and applicant questions;
- Incorporating relevant equity-related questions into standard interview question sets; and
- If feasible, collecting and analyzing data on workforce/candidate demographics to identify areas that lack diversity and develop strategies to increase diversity of applicant pools in those areas.

Respondents also suggested strategies to promote more racial and ethnic diversity in the health and human services fields in general, such as developing programs with high schools, colleges, universities, and other educational institutions to introduce racial and ethnic minority youth to careers in public health and human services.

Promoting greater diversity among upper-level leadership positions was another area cited by survey respondents that the Department could improve upon. Current efforts to address this, as reported by respondents in upper management positions themselves, included:

- Engaging in best practices to attract, retain, and promote persons of all backgrounds and experiences, in accordance with the law and Civil Service Rules; and

- Involving managers in identifying and mentoring leadership candidates that reflect our diverse work culture.

Opportunities to further improve work in this area included:

- Further seeking diversity in candidates by maximizing outreach efforts;
- Providing more career-development, mentoring, and training opportunities for front-line staff to prepare them for leadership positions; and
- Creating a department-wide leadership development program.

Additional suggestions from survey respondents for increasing diversity in upper management included: providing on-going training, development of succession plans that address promoting greater diversity and inclusion, and better communicating the benefits of diversity in the workplace (e.g., hiring a diverse workforce in upper-management positions brings strength to the department through diversity).

At a department level, workforce diversity, development, and internal capacity was examined in 2016 (and continues to be examined) by a Diversity Workgroup as they worked to update the Workforce Diversity and Inclusion Strategic Plan. When asked what suggestions leadership had for this workgroup, those responding to the survey noted the following:

- Recommend strategies to strengthen applicant pools/better recruit potential candidates.
- Develop specific recommendations for each administration.
- Provide training and technical support to help organizational areas implement the Workforce Diversity and Inclusion Strategic Plan.
- Make the strategic plan a visible department priority (e.g., have prominent place on MDHSS-Net, provide frequent updates on activities).

### ***Call to Action: Finalize and Implement the MDHHS Workforce Diversity and Inclusion Strategic Plan***

In follow-up to the 2015 Health Equity Report Call to Action, it is recommended that the Diversity Workgroup finalize the MDHHS Workforce Diversity and Inclusion Strategic Plan, and that the Department approve and begin implementing recommendations outlined in the plan. It is further suggested that MDHHS form an internal committee to oversee and monitor implementation of the plan.

### **Additional PA 653 Provisions**

As previously noted, provisions related to structure, policy, and workforce serve as the focus of this report. A complete list of PA 653 provisions, along with highlights of MDHHS activities aligning with each provision, is provided in Attachment B.

### **Conclusion**

In 2016, MDHHS continued to make strides in moving health equity forward through departmental structures, policies, and efforts to promote workforce diversity. In addition, the Department continued to implement activities in accordance with all other provisions of PA 653. Among the most noteworthy accomplishments of 2016 was inclusion of equity, diversity, and cultural competency in the MDHHS 2016-2018 Strategic Plan. This plan sets the tone and direction for all departmental organizational units. It is also indicative of the growing awareness of and attention to the importance of racial and ethnic minority health equity in improving and protecting the health of all Michigan citizens.

While MDHHS celebrates its accomplishments of 2016, it also acknowledges that there is more work to be done. Efforts to advance equity need to be continually woven into the fabric of the Department's daily work as well as further elevated by leadership as a principle that guides both health and human services initiatives. Through continued efforts to enhance departmental structures, policies, and workforce, MDHHS will be well positioned to move health equity forward in accordance with PA 653.

### ***Acknowledgements***

*The Health Disparities Reduction and Minority Health Section would like to thank all MDHHS administrators, managers, and staff who took the time to complete the 2016 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 2016 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.	<p>In 2016, MDHHS integrated equity, diversity and cultural competency into its 2016-2018 Strategic Plan, which outlines the Department's mission, vision, values, strategic priorities, and objectives.</p> <p>The Health Disparities Reduction Minority Health Section (HDRMHS) continued to serve as the primary coordinating body within MDHHS to address racial and ethnic health disparities.</p> <p>Structures to address health disparities are also present in certain MDHHS organizational areas. Of those responding to the 2016 Health Equity Survey:</p> <ul style="list-style-type: none"> <li>• 39% of MDHHS organizational areas reported having a unit or program-specific mission/vision statement and/or strategic plan/priorities promoting health equity.</li> <li>• 34% of organizational areas reported having staff assigned to work on health equity issues.</li> <li>• 32% of organizational areas reported having a collaborative body or workgroup that addresses racial/ethnic disparities, inequities, equity, and/or social determinants.</li> <li>• 44% of organizational areas reported having structured opportunities to build capacity of management and staff to address health equity issues.</li> <li>• 39% of organizational areas cited at least one way in which they solicited participation, input and feedback from populations served.</li> </ul>
(b) Monitor minority health progress.	28% of organizational areas responding to the 2016 Health Equity Survey reported collecting and/or using data or other information to monitor minority health disparities in 2016.
(c) Establish minority health policy.	43% of organizational areas responding to the 2016 Health Equity Survey reported having either formal or informal policies that advance racial and ethnic minority equity.
(d) Develop and implement an effective statewide strategic plan for the reduction of racial and ethnic health disparities.	<i>The Michigan Health Equity Roadmap: A vision and framework for improving the social and health status of racial and ethnic minority populations in Michigan</i> , continued to serve as the statewide strategic plan for eliminating health disparities in Michigan.
(e) Utilize federal, state, and private resources, as available and within the	Of those organizational areas responding to the 2016 Health Equity Survey, 24% reported that their area utilized federal, state, or private

PA 653 Provision	MDHHS Activities
limits of appropriations, to fund minority health programs, research, and other initiatives.	<p>resources to support/fund minority health programs, services, research, and/or other initiatives. Of these areas:</p> <ul style="list-style-type: none"> <li>• 26% received new federal funding and 65% used existing federal funding.</li> <li>• 17% received new state funding and 70% used existing state funding.</li> <li>• 4% received new foundation funding and 13% used existing foundation funding.</li> <li>• 4% used existing other private funding.</li> </ul>
<p>(f) Provide the following through interdepartmental coordination:</p> <p>i. Data and technical assistance to minority health coalitions and any other local entities addressing the elimination of racial and ethnic health disparities.</p> <p>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.</p>	<p>Among those organizational areas responding to the 2016 Health Equity Survey, 26% reported working with minority health coalitions or other local entities. Of those areas who reported working with local entities:</p> <ul style="list-style-type: none"> <li>• 58% provided data and technical assistance to minority health coalitions and/or other local entities.</li> <li>• 39% worked with minority health coalitions and/or other local entities to develop measurable objectives for the development of interventions.</li> </ul>
<p>(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:</p> <p>i. Research within minority populations.</p> <p>ii. A resource directory that can be distributed to local organizations interested in minority health.</p> <p>iii. Racial and ethnic specific data including, but not limited to, morbidity and mortality.</p>	<p>HDRMHS continued to maintain its web page: <a href="http://www.michigan.gov/minorityhealth">www.michigan.gov/minorityhealth</a></p> <p>Information available on the website includes:</p> <ul style="list-style-type: none"> <li>• HDRMHS Vision, mission and strategic framework</li> <li>• Information about trainings</li> <li>• Link to Public Act 653</li> <li>• Reports to the Legislature</li> <li>• The Michigan Health Equity Roadmap</li> <li>• The Michigan Health Equity Data Set</li> <li>• Minority Health Data Slides</li> <li>• Michigan Health Equity Toolkit</li> <li>• Special reports and documents</li> <li>• Information on HDRMHS Grants/funding opportunities</li> <li>• Links to health equity resources</li> </ul>
<p>(h) Develop and implement recruitment and retention strategies to increase the number of minorities in the health and social services professions.</p>	<p>72% of organizational areas responding to the 2016 Health Equity Survey reported at least one activity they conducted to recruit and retain a diverse workforce:</p> <ul style="list-style-type: none"> <li>• 51% provided staff training and support (e.g., diversity, cultural competency/humility training, etc.).</li> <li>• 49% included equity competencies in staff evaluations (e.g., actively appreciating and including diverse capabilities, insights,</li> </ul>



PA 653 Provision	MDHHS Activities
	<p>and ideas; working effectively and respectfully with individuals/groups of diverse backgrounds).</p> <ul style="list-style-type: none"> <li>• 48% implemented strategies to retain and promote diverse staff (e.g., provided career development and advancement opportunities, fostered mentorship relationships, etc.).</li> <li>• 39% included relevant equity-related interview questions.</li> <li>• 32% worked to expand the diversity of applicant pools (e.g., advertised vacancies in media most likely to attract minority candidates, worked with Human Resources to develop a candidate recruitment and screening strategy that promotes diversity, etc.).</li> <li>• 23% developed/implemented policies that promote the recruitment and retention of a diverse workforce.</li> <li>• 22% provided diversity/equity training for interview panels.</li> </ul>
(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.	<p>Of those organizational areas responding to the 2016 Health Equity Survey:</p> <ul style="list-style-type: none"> <li>• 30% reported that staff participated in a MDHHS-sponsored training addressing health equity issues.</li> <li>• 30% reported that staff attended other state, regional, and/or national trainings and conference addressing health equity or social determinants of health.</li> <li>• 16% reported that they provided or sponsored health equity-focused training and education for partners or service providers.</li> <li>• 27% reported raising awareness through brown bag sessions, discussion groups, community forums, presentations, publications/guides, and/or sharing awareness-raising videos.</li> </ul>
(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.	<p>Of those organizational areas responding to the 2016 Health Equity Survey, 25% reported that they identify or assist in the implementation of culturally and linguistically appropriate health promotion/disease prevention programs that emphasize prevention and incorporate accessible, affordable, and acceptable early detection/intervention.</p>
(k) Promote the development and networking of minority health coalitions.	<p>Of those organizational areas that reported working with minority health coalitions or other local entities, 31% promoted the development and networking of minority health coalitions.</p>
(l) Appoint a department liaison to provide the following services to local minority health coalitions:	<p>Of those organizational areas responding to the 2016 Health Equity Survey, 15% reported having a liaison or designated staff person to assist local minority health coalitions in developing local initiatives and/or serve</p>

PA 653 Provision	MDHHS Activities
<ul style="list-style-type: none"> <li>i. Assist in the development of local prevention and intervention plans.</li> <li>ii. Relay the concerns of local minority health coalitions to the department.</li> <li>iii. Assist in coordinating minority input on state health policies and programs.</li> <li>iv. Serve as the link between the department and local efforts to eliminate racial and ethnic health</li> </ul>	<p>as a link between their area and local efforts to eliminate racial and ethnic health disparities</p>
<p>(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.</p>	<p>Of those organizational areas responding to the 2016 Health Equity Survey, 21% reported that they provided funding to support evidence-based preventative health, education, and treatment programs that include outcome measures and evaluation plans in minority communities.</p>
<p>(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.</p>	<p>Of those organizational areas responding to the 2016 Health Equity Survey, 16% provided technical assistance to local communities to obtain funding for the development and implementation of a health care delivery system to meet needs, gaps, and barriers experienced by racial/ethnic minority communities.</p>
<p>(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.</p>	<p>The MDHHS 2016 Health Equity Report, <i>Moving Health Equity Forward</i>, 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.</p>

For more information about this report, please contact:  
Michigan Department of Health and Human Services  
Health Disparities Reduction and Minority Health Section  
[colormehealthy@michigan.gov](mailto:colormehealthy@michigan.gov)  
Phone: (313) 456-4355



MDHHS is an Equal Opportunity Employer, Services and Programs Provider  
50 copies printed