



Michigan Equity Practice Guide

for State-level Public Health Practitioners



**Michigan Department of Health and Human Services
Health Disparities Reduction and Minority Health Section**

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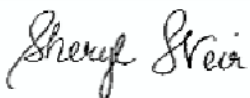
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Foreword

In 2006, the Michigan Legislature passed Public Act 653, also known as the Michigan Minority Health Act. This legislation was the catalyst for the Department of Community Health, now the Department of Health and Human Services, to rethink its approach to racial and ethnic minority health in Michigan. We have long known that racial and ethnic minority and tribal populations, most specifically African Americans, American Indians and Hispanics/Latinos, experience the greatest disparities in health status and healthcare access. We now understand that these disparities have roots far beyond traditional public health and health care.

In 2013, the Health Equity Steering Committee Ambassador Workgroup set out to learn about department programs that were addressing equity and to identify the assistance they needed to continue their focus on implementing equity practices. The interviews conducted resulted in rich information, including success stories about strategies that can be used in everyday public health work. The success stories, available at www.michigan.gov/minorityhealth, served as the starting point for this document.

The *Michigan Equity Practice Guide for State-level Public Health Practitioners* provides strategies, resources and examples that state-level health and social service professionals can use to put equity into practice in their everyday work. The suggested practices are not intended to represent an exhaustive collection of equity strategies. However, we hope that this guide will contribute to a deeper understanding of practices that move us closer to health equity. We look forward to successes that provide every Michigan resident, regardless of race, ethnicity or social status, with the resources and opportunities needed to attain his or her full health potential.



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Health equity has been an important focus within the work of the Michigan Department of Health and Human Services (MDHHS). It's been the topic of staff gatherings ranging from lunchtime brown bags to intensive multiple-day workshops, and health equity has been incorporated into orientation curricula for some staff. Several resources have been developed that address health equity, including [Health Equity in Michigan: A Toolkit for Action](#) and the [Michigan Health Equity Roadmap](#). With all of these significant activities, an important question has persisted for state-level health practitioners: *What specific practices can we use to improve health equity for the populations in Michigan that experience the greatest inequities?*

Given this interest, the MDHHS Health Disparities Reduction and Minority Health Section (HDRMHS) and the Health Equity Steering Committee developed this *Michigan Equity Practice Guide for State-level Health Practitioners*. The practices featured in the guide represent the ongoing charge of MDHHS to address racial and ethnic minority health disparities as required in [Public Act 653](#) of the Michigan Public Health Code. The information presented is based on the assumptions that effective health equity strategies must:

- ◆ Recognize the relationship of race, ethnicity and racism to health.
- ◆ Address the social, environmental, institutional and neighborhood factors that contribute to health and health status.
- ◆ Include opportunities for communities to have an equitable role within health improvement efforts and initiatives.
- ◆ Foster institutional and organizational change.
- ◆ Include health equity as a basic consideration in all public health policy.

The *Michigan Equity Practice Guide* features strategies that were identified through health equity work related to Michigan's racial and ethnic minorities and tribal populations. Although the strategies reflect work with those specific populations, they can be applied to equity work related to any population group. While the guide was developed for the primary audience of state-level health practitioners, it can also be used by health professionals who work in county health departments and local agencies.

As shown in the chart on page 5, this guide features strategies for five areas: policies, procedures and practices; the workforce; grant-making; program planning, implementation and evaluation; and data

collection, analysis and reporting. Throughout each equity section, information is included on additional resources that can be used to deepen understanding about the topics. The guide also highlights examples of many ways that MDHHS has put specific strategies into practice.

Foundational Knowledge for Putting the Strategies to Work

Having a strong foundation in several key areas related to equity can better position public health practitioners for using the strategies in this guide. Resources like the following can provide valuable background information.

Equity within the context of public health work: The [Centers for Disease Control and Prevention Office for State, Tribal, Local and Territorial Support](#) provides several tools to help health agencies enhance their capacity and improve their performance to strengthen the public health system on all levels. These include an overview of [The Public Health System and the 10 Essential Public Health Services](#), which provides a reminder of the purpose of public health (public and private measures to prevent disease, promote health and prolong life among the population as a whole) and its core functions and services. Following are examples of how equity activities relate to the three core public health functions:

- ◆ **Assessment:** Identify, monitor and interpret data related to the impact of health disparities and health inequities.
- ◆ **Policy development:** Create and put into practice policies to achieve health equity and eliminate health disparities.
- ◆ **Assurance:** Enforce equity-related laws and policies; develop a workforce that understands the importance of health equity; foster and maintain partnerships with affected communities; and evaluate efforts to address equity.

Equity and the social determinants of health: Public health practitioners must pay attention to neighborhoods and environments where residents live, learn, work and play. This includes understanding how social determinants of health, which include social, economic and environmental factors, contribute to the overall health of individuals and communities. The CDC [Social Determinants of Health](#) website provides background information on social determinants, as well as data sources and policy options for addressing these root causes of health inequities. Other helpful resources include the [Unnatural Causes](#) documentary series and the MDHHS [Holes in the Mitten](#) video series, both of which explore racial and socioeconomic inequalities in health. *Unnatural Causes*, which was produced by California Newsreel and Vital Pictures Inc., provides an extensive database of resources related to health equity.

Characteristics of equitable organizations: The [Tool for Organizational Self-Assessment Related to Racial Equity](#) is designed to provide a snapshot of an organization's practices and policies as they relate to racial equity. The tool was developed by the

[Coalition of Communities of Color](#), which seeks to improve outcomes for communities of color through policy analysis and advocacy, culturally appropriate data and research, and leadership development in communities of color.

Key Terms

Health equity: The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.¹

Health disparities: Particular types of health differences that are closely linked with social, economic and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.²

Health inequities: Differences in health across population groups that are systemic, unnecessary and avoidable, and are therefore considered unfair and unjust.³

Social determinants of health (SDOH): Social, economic and environmental factors that contribute to the overall health of individuals and communities.⁴ Social factors include, for example, racial and ethnic discrimination, political influence and social connectedness. Economic factors include income, education, employment and wealth. Environmental factors include living and working conditions, transportation, and air and water quality.⁵

Additional terms and definitions can be found on pages 11 and 12 of the [Practices for Reducing Infant Mortality Through Equity \(PRIME\) Guide for Public Health Professionals](#), which is available at <http://prime.mihealth.org>.

Health Equity Strategies for State-level Health Practitioners

These strategies are from the *Michigan Equity Practice Guide for State-level Health Practitioners*, published by the Michigan Department of Health and Human Services, Health Disparities Reduction and Minority Health Section, 2016 (available at www.michigan.gov/mdhhs).

Equity Area	Strategy
Policies, Procedures & Practices	Assess equity impacts of policy and program decisions.
	Include equity language.
	Promote a “Health in All Policies” approach.
	Promote programs and policies that focus on multiple aspects of individual and community health.
The Workforce	Expand the diversity of applicant pools.
	Provide training for interview panels.
	Include relevant interview questions.
	Retain and promote diverse staff.
	Provide ongoing staff training and support.
	Include equity competencies in staff evaluations.
Grant-making	Include a focus on equity in funding announcements.
	Promote funding announcements widely.
	Build the capacity of potential applicants.
	Include equity measures in scoring criteria.
Program Planning, Implementation & Evaluation	Use a “social determinants of health” framework to plan programs.
	Design programs that are culturally and linguistically appropriate.
	Include community members throughout the processes.
	Draw from “best practices” and “practice-based” successes.
Data Collection, Analysis & Reporting	Promote the value of reliable and inclusive health data.
	Go beyond minimum standards for data collection.
	Provide multiple levels of data analysis.
	Engage external partners in a collaborative process.
	Know your audiences when sharing information.

Policies, Procedures & Practices

Establish minority public health. (Michigan Public Act 653, 2007)

Strategy: Assess equity impacts of policy and program decisions.

An assessment process can shed light on how a health department's policies, procedures and practices may contribute to racial and ethnic health inequities. It helps departments prepare and share data, recognize unfair practices, build a case for positive change and take action to achieve that change. Two types of assessments can be used: a health equity impact assessment (HEIA) and a racial equity impact assessment (REIA).

The HEIA helps identify how a program or policy may affect population groups that are most vulnerable, such as people of low socioeconomic status or those within racial and ethnic minority groups. HEIA tools can identify potential unintended impacts of a program or policy. This enables departments to reduce the impact of a policy that might widen health disparities among population groups. It also provides an opportunity to identify policies that can be effective in reducing health disparities. One example is the tool developed by the Ontario Ministry of Health and Long-Term Care, which has five key objectives:

- ◆ Help identify potential unintended health impacts (positive or negative) of

a planned policy, program or initiative on vulnerable or marginalized groups.

- ◆ Help develop recommendations for adjustments to plans that can help lessen negative impacts and increase positive impacts.
- ◆ Embed equity in an organization's decision-making processes.
- ◆ Support equity-based improvements in policy, planning, program and service design.
- ◆ Raise awareness about health equity throughout the organization.

A racial equity impact assessment (REIA) specifically seeks to show how proposed actions related to a variety of areas may affect racial and ethnic groups. This tool can help identify unanticipated adverse outcomes related to institutional practices, policies, programs, plans and budgetary decisions. For example, the city of Seattle, Washington, uses the REIA process to focus on policies, initiatives, programs and budget issues related to health, as well as to education, community development, criminal justice, jobs, housing and the environment.

To learn more about putting this strategy to work, refer to the following resources:

Health Equity Impact Assessment: A Primer, by Rebecca Haber, The Wellesley Institute, available at www.wellesleyinstitute.com (use the “Publication Finder” tool on the site)

[Ontario Ministry of Health and Long-Term Care Health Equity Impact Assessment Tool](http://health.gov.on.ca), available in two parts at <http://health.gov.on.ca>

[Seattle Race and Social Justice Initiative Racial Equity Toolkit](http://www.seattle.gov/rsji), available at www.seattle.gov/rsji



The strategy in action in Michigan

As part of the MDHHS Practices to Reduce Infant Mortality through Equity (PRIME) initiative, an assessment tool was designed to identify strengths, challenges and areas for staff capacity-building within the Bureau of Family, Maternal and Child Health. Part of this assessment gauged staff members’ knowledge about health disparity issues and their perceptions of whether staff incorporated this knowledge into the bureau’s programs, policies and practices. The findings indicated that bureau staff would likely benefit from education and trainings designed to empower them to create and enact policies and practices that could lead to change. More information about PRIME and the assessment is available at <http://prime.mihealth.org/>.

Strategy: Include equity language.

Using equity-related language in official documents shows an organization’s commitment to addressing issues of equity. It can also help both internal and external audiences see this commitment as a priority. Equity language should be used in documents such as vision and mission statements, strategic plans, work plans, requests for proposals, contract language, meeting agendas and internal policy information. An important aspect of this strategy is to provide staff with technical assistance

and guidance in understanding and using health equity language and concepts.

To learn more about putting this strategy to work, refer to the following resource:

[Checklist: Strategies for Successfully Incorporating Health Equity Language and Concepts Into Requests for Applications Across Any Health Agency Program](http://www.dhpe.org/), Directors of Health Promotion and Education, available at www.dhpe.org/



The strategy in action in Michigan

Through an effort of the MDHHS Tobacco Prevention and Reduction Section, staff of local health departments and community-based agencies received training on integrating health equity and social justice language and concepts into local agency work plans. As a result, many agencies felt better positioned to seek MDHHS funding. More information on this effort is on pages 13 and 14 of [*Successful Strategies to Increase Our Focus on Health Equity: Success Story Packet 1 – January 2013*](#). This collection of success stories was compiled by the Ambassador Work Group of the MDHHS Health Equity Steering Committee and is available at www.michigan.gov/mdhhs.

Strategy: Promote a “Health in All Policies” approach.

Eliminating health inequities will require changes in policies and practices of many sectors of government. A “Health in All Policies” (HiAP) approach involves public health professionals working in partnership with policy makers from other sectors (such as housing, transportation, education, parks and criminal justice) to identify the health impacts of current and proposed policies. The HiAP approach, which was developed by the Public Health Institute, the California Department of Public Health and the American Public Health Association, is designed to promote health, equity

and sustainability; support collaboration across sectors; benefit multiple partners; engage stakeholders; and create structural or process change.

To learn more about putting this strategy to work, refer to the following resource:

[*Health in All Policies: A Guide for State and Local Governments*](#), American Public Health Association and Public Health Institute, available at www.phi.org/



The strategy in action in Michigan

In 2010, a Health in All Policies approach was evident when public health and partners from other sectors developed a transportation policy that led to the passage of Michigan [Public Act 134](#) and [Public Act 135](#). The acts, also known as “Complete Streets” legislation, require that infrastructure plans, transit construction and resurfacing must consider all users, including cars, buses, bicycles, walkers and those needing accessibility. Public Act 134 states that master plans must meet criteria that are “in accordance with present and future needs, best promote public health, safety, morals, order, convenience, prosperity, and general welfare.” Public Act 135 requires that a Complete Streets advisory council be established that involves nontraditional, multi-sectored members including “the director/ designee of the Department of Community Health.”

Strategy: Promote programs and policies that focus on multiple aspects of individual and community health.

Health departments should design and carry out policies, procedures and programs that take into account the variety of factors that influence individual and community health. This includes addressing the physical, environmental, social and

economic aspects of health. For example, policies and programs designed to address chronic diseases such as diabetes should focus on individual health behaviors *and* community factors such as access to healthy foods and safe places to exercise.



The strategy in action in Michigan

In an effort to build capacity for improving the health of Michigan’s racial and ethnic populations, the HDRMHS provided funding to organizations that were interested in working with MDHHS to address the root causes of health disparities. The projects, which received funding in 2010-12, involved collaborations with local public health departments, community organizations, faith-based organizations and other local entities. The projects focused on improving efforts in areas including data collection to more clearly assess racial and ethnic health disparities; language access, communication and translation services; food access and food security; and neighborhood safety. To learn more about this effort, contact Sheryl Weir, manager, HDRMHS, at weirs@michigan.gov.

The Workforce

Develop and implement recruitment and retention strategies to increase the number of minorities in the health and social services professions. (Michigan Public Act 653, 2007)

Strategy: Expand the diversity of applicant pools.

Building a diverse workforce calls for organizations to assure that recruitment processes are equitable and fair and that they include strategies to diversify applicant pools. It's important to consider that some people within racial and ethnic minority groups may lack access to information about jobs. This may be related to educational barriers or to being part of social networks that have limited access to this information. Information about open positions may need to be advertised through both a department's customary recruitment processes as well as through more targeted efforts. For example, positions can be publicized through media sources (print, radio, television and online) that target a broad audience, as well as through sources that

are designed for members of specific ethnic groups. Information about positions can also be shared with local community agencies and organizations that serve clientele and members from specific ethnic groups. It can also be helpful to seek the guidance of public health staff who work on issues related to minority health and ask them to share position postings within their networks. In Michigan, for example, the HDRMHS and the MDHHS Health Equity Steering Committee are valuable resources for sharing position postings beyond the customary processes. Those routes that prove helpful in broadening the diversity of applicant pools should be documented for future use.

Strategy: Provide training for interview panels.

Staff who serve on interview panels for open positions must have a good understanding about issues of health equity, as well as the rationale for hiring diverse staff. They can be provided with specific training related to these issues, or they can be part

of larger staff development efforts related to health equity, social determinants of health and strategies to address health inequities. (See page 12 for more information on building staff capacity on these issues.)

Strategy: Include relevant interview questions.

Asking applicants about their knowledge of health equity and social determinants of health can provide important information about their potential for contributing to organizational health equity efforts.

Depending on the scope and responsibilities of positions, these equity-related interview questions may vary from basic to complex.



The strategy in action in Michigan

Health equity-related questions such as the following have been used in job candidate interviews within several sections of MDHHS:

Knowledge about the issues:

- ◆ What is your understanding of the concepts of health equity, health disparities and social determinants of health? Please share examples and describe how they might affect (*specific disease/condition*) prevention and care.
- ◆ What are some examples of health disparities related to the (*specific population*)?
- ◆ In what ways do race, ethnicity and language affect health?
- ◆ What is the role of policy and environmental change in the effort to achieve health equity?
- ◆ Describe the significant social and economic determinants that hamper equal access to care.
- ◆ What's your understanding of how (*specific disease or condition*) health disparities affect minority populations?

Experiences with addressing health equity:

- ◆ Have you had opportunities to address the impacts of social determinants of health in your current or past work or experiences? How did you measure the results?
- ◆ Describe your recent experience working with a health project or program targeting diverse populations.
- ◆ Describe your recent experiences facilitating or leading a multicultural community coalition and working with local health agencies that represent diverse populations.
- ◆ Describe a situation in which you worked with someone whose beliefs or approach to an issue differed from yours. How was the issue resolved?

Actions that could be used to promote health equity:

- ◆ What can health department programs in the area of (*program focus*) do or do differently to address health disparities?
- ◆ How can state-level public health help communities realize their power to address health inequities for (*specific population*)?
- ◆ What strategies do you find important to incorporate as part of improving social justice and equity in program development, management and evaluation?

- ◆ What roles or opportunities do communities have in mitigating the negative effects of social determinants of health? What opportunities, roles and obligations does the state have?
- ◆ What is your philosophy concerning (*disease/condition*) prevention, its contributing factors and strategies to address these factors?
- ◆ Federal and state funding is being reduced. How will you effectively manage a program faced with these reductions and still focus on reducing health disparities and health inequity?

Strategy: Retain and promote diverse staff.

It's important to employ a workforce that reflects racial, ethnic and cultural diversity. It's equally important for health departments to have strategies for retaining and supporting a high-quality, diverse workforce. This includes providing career

development and advancement programs for staff, as well as assigning mentors. One strategy is to use mentors with diverse cultural experiences and perspectives to assist new hires in adapting to their role and to the department environment.

Strategy: Provide ongoing staff training and support.

Create opportunities to provide ongoing training and support to staff on issues of health equity, social determinants of health and strategies for addressing health inequities. Identify ways to support staff at all levels of a department – including staff in leadership positions, those who design and carry out departmental initiatives and communications, and staff who work directly with partners, clientele and the general public. Explore and adapt existing staff development models and resources such as the following:

[Health Equity and Social Justice program](#), National Association of County and City Health Officials, available at www.naccho.org. This resource includes a free web-based course called “[Roots of](#)

[Health Inequity](#)” that helps health department staff explore the relationship between social injustice and everyday public health practice.

[National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice \(The Blueprint\)](#), Office of Minority Health, U.S. Department of Health and Human Services, available at www.thinkculturalhealth.hhs.gov. CLAS is a set of 15 standards designed by the Office of Minority Health Think Cultural Health initiative to help organizations integrate cultural competence into their operations. Note that registration is required to download the standards.

[Race Matters: How to Talk About Race](#), Annie E. Casey Foundation, available at www.aecf.org. This communication tool is designed to help guide conversations about the “dominant model of thinking” in the

United States. This tool is part of an extensive “Race Matters” library of tools that are designed to help professionals identify – and change – policies and practices that may support racial inequities.



The strategy in action in Michigan

MDHHS has developed a variety of resources to help staff and others deepen their learning about health equity issues. These include a “Health Equity Resources” reading list for public health professionals (available at www.michigan.gov/mdhhs), which was developed by the MDHHS Health Equity Steering Committee. Another MDHHS resource is [Health Equity in Michigan: A Toolkit for Action](#), which was developed to help staff learn about and facilitate conversations about the social determinants of health. The toolkit, which includes handouts, exercises, activities, a presentation and a video series titled “Holes in the Mitten,” is available at www.michigan.gov/mdhhs.

The MDHHS Practices for Reducing Infant Mortality through Equity (PRIME) initiative involved a staff training model designed to help staff understand the root causes of health inequities and methods for creating changes in policies and practices in order to reduce health inequities. The staff development efforts included a variety of training approaches, including Health Equity and Social Justice Workshops and Learning Labs provided by the Michigan Ingham County Health Department. These experiences provided staff with an introduction to the public health role in social justice and health equity and helped participants explore the impacts of sexism, racism and other “isms” on health. The [PRIME Guide for Public Health Professionals](#) provides more information on these and other staff development efforts and can be found at <http://prime.mihealth.org>.

Strategy: Include equity competencies in staff evaluations.

Cultural and equity competencies should be clearly included in the annual staff review process. Annual assessments that include health equity and cultural competency ratings allow departments to provide feedback to staff on their performance in these areas. These assessments can also be used to illustrate a department’s overall performance in addressing equity. Building these competencies into staff evaluations also reinforces the organizational commitment to health equity and cultural competency.

To learn more about putting this strategy to work, refer to the following resource:

[State Health Department Organizational Self-Assessment for Achieving Health Equity: Toolkit and Guide to Implementation](#), National Association of

Chronic Disease Directors, available at www.chronicdisease.org. In 2010, the National Association of Chronic Disease Directors Health Equity Council was commissioned by the CDC to complete a pilot assessment of the skills needed by public health staff to address health inequities. Out of these efforts, the association developed a toolkit to provide tools and guidance for public health leaders to help identify the skills, organizational practices and infrastructure necessary to achieve health equity. “Appendix II: Matrix of Organizational Characteristics and Workforce Competences” of the toolkit (page 79) includes a matrix of the skills and abilities

Grant-making

Utilize federal, state, and private resources, as available and within the limits of appropriations, to fund minority health programs, research, and other initiatives. (Michigan Public Act 653, 2007)

Strategy: Include a focus on equity in funding announcements.

When creating funding announcements, state level staff should take into account the specific requirements of the funding source and look for ways to incorporate equity throughout the grant-making process. The racial equity program planning strategies outlined in the “Equity in Program Planning, Implementation and Evaluation” section of this book can be used to guide the types of equity-focused programs, activities and outcomes to include in funding announcements. These kinds of explicit requirements will help ensure that there is a strong equity focus in

both the applications and proposed program plans.

To learn more about putting this strategy to work, refer to the following resource:

[*Sample health equity language for contracts, RFPs, charters, and other documents*](#), National Association for Chronic Disease Directors, no date, available at www.nacddarchive.org. See page 2 of this resource for information on including equity language in requests for proposals.

Strategy: Promote funding announcements widely.

Consider issues of equity and access when deciding where and how to promote a funding announcement. Sometimes a funding agency specifies which entities may receive funding (for example, funds may need to be awarded to local health departments). If the requirements allow flexibility, announcements should be promoted so they can be viewed by a range of diverse organizations and individuals. Use strategies to reach

people and organizations that may not typically receive announcements or that may not have regular access to announcements that are shared online. Send announcements to media outlets that target specific racial, ethnic and tribal groups, and ask contacts at partnering agencies and organizations to share the announcements during local meetings.

Strategy: Build the capacity of potential applicants.

Many agencies and organizations – especially those at grassroots levels that have limited resources – struggle with developing and submitting successful grant applications. Building the capacity of potential grant applicants may improve their efforts to receive competitive funding and can result in more equitable distribution of funds. Provide opportunities for technical assistance and capacity-building on grant-writing, program specific basics, evaluation and ways to address health equity. Training opportunities, which can take place via workshops or webinars, can be helpful to both organizations that are new to the

funding process and those who have received past funding.

As part of this process, it may be helpful to provide agencies and organizations with the option of presenting their program plans orally. This may be particularly relevant for those community organizations that are best positioned to reach a grant’s intended target population. Many community organizations may lack staff resources for technical writing and this might be reflected in their grant applications. Oral presentations can help funders learn things that groups might not convey in written applications.



The strategy in action in Michigan

To help organizations build capacity to compete for funding opportunities, two sections of MDHHS provided sessions to help organizations improve their grant-writing skills. The HDRMHS and the former HIV and AIDS Prevention and Intervention Section (HAPIS) each developed a series of sessions on topics related to their specific grant opportunities. The HDRMHS sessions focused on health disparities and health equity, cultural competence, best practices for health equity, outcome evaluation, grant-writing skills and coalition-building. Topics during the HAPIS sessions included an introduction to evaluation and program development, conducting and analyzing needs assessments, using statistics, theories of behavior change, and budget development and management. More information on these sessions can be found on pages 3-5 of [*Successful Strategies to Increase Our Focus on Health Equity: Success Story Packet 1 - January 2013*](#). The collection, which was compiled by the Ambassador Work Group of the MDHHS Health Equity Steering Committee, is available at www.michigan.gov/mdhhs.

Strategy: Include equity measures in scoring criteria.

In addition to reflecting technical- and program-related criteria, rubrics used for scoring funding applications should include criteria that specifically address health equity. Support can also be provided to

those who are responsible for scoring applications to help ensure that they have an understanding of why equity-related criteria have been included.



The strategy in action in Michigan

Several sections of MDHHS have used health equity-related questions such as the following when scoring funding proposals:

Staff diversity: Are staff members who will implement and manage the proposed effort racially and ethnically diverse?

Staff experience: Does the organization have experience in working with the racial or ethnic populations that would be involved in programming? Is the staff experienced in creating materials and implementing programs that reflect culturally and linguistically appropriate messages and activities?

Proposed activities: Will the program activities reach the target population in culturally and linguistically appropriate ways? Does the intervention use a social determinants of health approach to address health issues? Does the proposed approach reflect and address the effects of institutional and cultural level “isms” (racism, classism, etc.) and their impacts on the health and well-being of the target population?

Community involvement: Are the proposed activities community driven? Were community members included in helping to identify issues to be addressed or in helping to develop the activities? Will the project’s coalition be led or co-led by a community member?

Partner involvement: Is the partner base diverse and does it represents multiple sectors that will contribute to the program (such as guidance and direction or in-kind or monetary support)? Does the partner base also include members who reside within the targeted community and who have a deep understanding of the issues and an ability to speak on behalf of the community?

Program Planning, Implementation & Evaluation

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. (Michigan Public Act 653, 2007)

Strategy: Use a “social determinants of health” framework to plan programs.

Public health programs have traditionally focused on individual behavior change – an approach that has had limited impacts. By broadening the focus to include the physical and social environments where people live, work and play, public health programs can affect both health behavior and health status. A “social determinants of health” framework involves partners from a variety of settings and sectors

working together to improve the health of populations that experience health inequities. Using this framework, programs can be designed across sectors to address issues that affect health, including access to healthy foods (such as fresh fruits and vegetables), quality health care, affordable housing, and safe places for physical activity and recreation.

The strategy in action in Michigan

During 2010–13, the HDRMHS funded projects that were designed to address the root causes of health inequities. As a condition of funding, proposals were required to show how new or strengthened multi-sector partnerships would be used to carry out their efforts. The agencies involved with these partnerships identified community needs (using a recent or new assessment process) related to racial and ethnic minority health inequities, and they developed implementation plans that reflected sustainable and evidence- and practice-based approaches. For example, one project, which sought to improve community food access and food security, involved a partnership between a statewide health organization, the local mayor’s office, local schools, the local health department and a food pantry. To learn more about these efforts, contact Sheryl Weir, Manager, HDRMHS, weirs@michigan.gov.

Strategy: Design programs that are culturally and linguistically appropriate.

By routinely considering the cultural and linguistic needs of people, public health professionals can strengthen their efforts to reduce health inequities. The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) is a tool to help organizations provide services in a manner that is respectful of people’s culture and language preferences. The CLAS Standards were developed as part of the “Think Cultural Health” initiative of the U.S. Department of Health and Human Services Office of Minority Health. This resource includes 15 standards that address responsive care and services; governance, leadership and workforce; communication and

language assistance; and engagement, continuous improvement and accountability.

To learn more about putting this strategy to work, refer to the following resource:

[*The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*](#), U.S. Department of Health and Human Services, Office of Minority Health, available at www.thinkculturalhealth.hhs.gov. The site also includes an extensive *Blueprint for Advancing and Sustaining CLAS Policy and Practice* (free registration required to review).



The strategy in action in Michigan

Building on the capacity-building efforts described on page 16, the HDRMHS initiated an effort in 2013 designed to increase awareness and understanding of the National Enhanced Cultural and Linguistically Appropriate Standards. Through this “Building Organizational Capacity to Adopt and Implement CLAS (BOCA-CLAS)” effort, HDRMHS worked with community partner organizations and other groups to increase the number of Michigan organizations that have adopted and implemented the standards. To learn more about these efforts, contact Sheryl Weir, Manager, HDRMHS, weirs@michigan.gov.

Strategy: Include community members throughout the processes.

Active involvement from the grassroots level is a critical element for creating and sustaining positive change in the health of communities. Public health efforts must engage community members as coleaders and codevelopers throughout program planning, implementation and evaluation. This involves developing partnerships that reflect power-sharing, trust, community relevance and long-term commitment.

To learn more about putting this strategy to work, refer to the following resources:

[Principles of Community Engagement \(2nd ed.\)](#), Department of Health and Human Services, National Institutes of Health, Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, Clinical and Translational Science Awards, available at www.atsdr.cdc.gov.

[Community-Based Participatory Research](#), Detroit Urban Research Center, available at www.detroiturc.org. Community-based participatory research (CBPR) reflects an approach designed to involve community

members and partners equitably when funding organizations and researchers work within a community. By involving those who are not usually included in research and programs such as health interventions, CBPR facilitates greater buy-in, checks and balances, and sustainability. Drawing from a variety of sources, the Detroit Urban Research Center Board adopted a set of [Community-Based Participatory Research Principles](#) that health professionals can draw from to promote collaborative and equitable partnerships.

[Guidelines for Achieving Health Equity in Public Health Practice](#), National Association of County and City Health Officials, available at www.naccho.org. These guidelines were designed to identify the needs of local health departments and their constituents and to provide a tool to evaluate the effectiveness of their practices in achieving health equity. The guidelines include a section on strategies for connecting with communities to identify and eliminate health inequities.



The strategy in action in Michigan

The Michigan Power to Thrive (MPTT) initiative was launched in 2014 to promote strategic connections between health departments and community organizers. MPTT is supported by a partnership between the [National Association of City and County Health Officials](#) and [Gamaliel](#), a faith-based foundation focused on training community and faith leaders to build political power and create organizations that unite people of diverse faiths and races. By drawing from the social justice expertise and local connections of community organizers, health departments involved with MPTT can strengthen their efforts to achieve health equity and to ensure that community voices are reflected in their policies, programs and practices. For more information about MPTT, contact Doak Bloss, Michigan Public Health Institute, dbloss@mphi.org, or Sister Cheryl Liske, Gamaliel, Cliske_mivoice@yahoo.com.

Strategy: Draw from “best practices” and “practice-based” successes.

Evidence-based or “best practice” approaches to health programs usually require uniformity of program delivery, which may limit their effectiveness with diverse audiences that are dealing with long-term and complex issues like health inequities. Program development can be strengthened when it draws from both evidence-based approaches *and* practice-based successes. Practice-based evidence

comes out of program successes that use community members’ knowledge, culture, traditions, input and involvement to adapt and deliver programs. Practice-based approaches do not exclude scientific best practices; rather, they use the best scientific evidence available while engaging the community members in tailoring strategies to meet their specific needs.



The strategy in action in Michigan

In 2012, the MDHHS Practices for Reducing Infant Mortality through Equity (PRIME) project conducted the first Michigan stand-alone [Pregnancy Risk Assessment Monitoring System](#) (PRAMS) survey for mothers of Native American infants. In an effort to use practice-based approaches to inform the survey outreach, MDHHS consulted with the Inter-Tribal Council of Michigan, the Great Lakes Inter-Tribal Epidemiology Center and the Michigan Tribal Health Directors (12 federally recognized tribes). This collaboration resulted in a 50 percent response rate, and more than 1300 surveys were completed on 2012 births. More information about the Michigan Native PRAMS initiative is available at <http://prime.mihealth.org>.

Data Collection, Analysis & Reporting

Monitor minority health status. (Michigan Public Act 653, 2007)

Strategy: Promote the value of reliable and inclusive health data.

Health-related data is crucial for showing progress in eliminating health disparities and achieving health equity. Ongoing, consistent, standardized and reliable data collection allows health departments to plan and implement programs with outcomes that can be well monitored. This

helps inform decision-making about resources and health policies. Reliable data also builds community awareness about ways that people's health is affected by race and access to resources.

The strategy in action in Michigan

In 2015, the HDRMHS released a brief titled [The Importance of Race/Ethnicity Data](#). The brief was designed to provide a public health case for the importance of collecting racial and ethnic minority health data. This brief was included in the [2014 Health Equity Report: Moving Health Equity Forward](#), an annual report to the Michigan Legislature that is required by Michigan Public Act 653.

Strategy: Go beyond the minimum standards for data collection.

The Affordable Care Act (ACA) includes several provisions aimed at eliminating health disparities, including the standardization, collection, analysis and reporting of health disparities data. State-level health departments should view the law's required demographic categories (race, ethnicity, language, sex and disability status) as the minimum standards for program data collection systems. State systems should

also include additional demographic categories that reflect state populations. For example, within Michigan, race and ethnicity demographic questions were expanded to include Arab or Chaldean ancestry. State health departments can also expand the base demographics used for Behavior Risk Factor Surveys to monitor risks for smaller racial and ethnic populations (such as including populations with

Arab ancestry). Departments can also adapt or design additional survey instruments for these populations (such as surveys designed for specific American Indian tribal populations).

To learn more about putting this strategy to work, refer to the following resource:

[U.S. Department of Health and Human Services Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status](http://aspe.hhs.gov), U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, available at <http://aspe.hhs.gov>.



The strategy in action in Michigan

Two examples illustrate methods used to collect health data about specific Michigan population groups. Because a large number of people with Arab ancestry live in Michigan, the HDRMHS initiated a project in 2013 to design and administer a survey (similar in design to the Behavioral Risk Factor Survey) for Arabs and Chaldeans in Michigan. Over 400 people of Arab ancestry were interviewed for this survey, which was the first such survey conducted in the nation. The survey report, [Health Risk Behaviors Among Arab Adults Within the State of Michigan](http://www.michigan.gov/mdhhs), is available at www.michigan.gov/mdhhs. Another example involves the [Pregnancy Risk Assessment Monitoring System](http://prime.mihealth.org) (PRAMS) surveillance project of the CDC and state health departments. Due to limited sample sizes, Michigan PRAMS did not adequately capture information about Native American health experiences. Consequently, MDHHS initiated a parallel Native American PRAMS in 2012, and Michigan became the first state to send PRAMS surveys to the mother of every American Indian/Alaska Native baby born in the state. More information about the Michigan Native PRAMS initiative is available at <http://prime.mihealth.org>.

Strategy: Provide multiple levels of data analysis.

Health departments should analyze outcomes for both the conditions of well-being for the community they are ultimately hoping to affect *and* the results of specific program activities. Gathering information about community outcomes is sometimes referred to as “outcome tracking,” and the data analyses are often presented in the

form of a community report card. This provides a powerful way to examine health equity trends and differences between groups, identify needs for specific program approaches and institutional changes, and identify opportunities for supporting research related to health inequities.



The strategy in action in Michigan

In 2011, the HDRMHS collaborated with the Health Equity Steering Committee to develop the Michigan Health Equity Data Set, which is designed to collect standardized, complete and consistent data for six racial and ethnic minority groups over time. By gathering comparable data for each racial and ethnic population and combining all indicators in one place, these health equity data tables provide ongoing monitoring and progress reports related to health equity trends in Michigan. More information about these efforts is available at www.michigan.gov/mdhhs.

Strategy: Engage external partners in a collaborative process.

Find intentional ways to involve others when designing and carrying out data collection, analyses and reporting related to health equity issues. This includes working with local agencies and organizations, as well as other state-level departments. These partnerships can provide sources for additional kinds of pertinent data, including data related to social determinants that

influence health outcomes (such as access to education, housing, transportation, jobs, safe neighborhoods and settings free from environmental hazards). Partnerships also help provide context for data in the analysis process. Use the networks of partners to share findings and reports about efforts to reduce health inequities.



The strategy in action in Michigan

In 2013, the HDRMHS funded a special Behavioral Risk Factor Survey of Arabs and Chaldeans in Michigan. In an effort to engage partners in all facets of this process, HDRMHS convened a team that included a representative of an Arab/Chaldean-serving organization, a community member, researchers and public health professionals. This team provided input throughout the survey development and implementation process, the data analysis, and the development and dissemination of the report. This collaborative process has served as a model for all ongoing HDRMHS Behavior Risk Factor Survey projects. To learn more about this model, contact Sheryl Weir, Manager, HDRMHS, weirs@michigan.gov.

Strategy: Know your audience when sharing information.

Identify targeted ways to share data and reports with a wide range of audiences – including those who are most affected by health equity issues, as well as the broader community, partnering departments at state and local levels, and decision-makers who influence policy and funding. Design

reporting methods for specific audiences by providing materials in multiple languages and formats, such as presenting oral reports during community meetings or sending concise issues briefs to elected officials.

Having an explicit focus on equity is essential for state-level public health departments to meet their goal of assuring that all residents have opportunities to reach their full health potential. In addition to using the strategies included in this guide, public health practitioners can draw from resources like the following to build capacity for addressing equity:

[U.S. Department of Health and Human Services Office of Minority Health](http://www.minorityhealth.hhs.gov), which is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. Available at www.minorityhealth.hhs.gov

[W.K. Kellogg Foundation](http://www.wkkf.org), which has a mission to support children, families and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society. Available at www.wkkf.org

[Haas Institute for a Fair and Inclusive Society](http://diversity.berkeley.edu/haas-institute) at the University of California Berkeley, which brings together researchers, organizers, stakeholders, communicators and policymakers to identify and eliminate the barriers to an inclusive, just and sustainable society and to create transformative change toward a more equitable nation. Available at <http://diversity.berkeley.edu/haas-institute>

[Race Forward: The Center for Racial Justice Innovation](http://www.raceforward.org) (formerly Applied Research Center, which has a mission to build awareness, solutions and leadership for racial justice by generating transformative ideas, information and experiences. Available at www.raceforward.org

[Kirwan Institute for the Study of Race and Ethnicity](http://www.kirwaninstitute.osu.edu), an interdisciplinary engaged research institute at The Ohio State University, which has the goal of connecting individuals and communities with opportunities needed for thriving by educating the public, building the capacity of allied social justice organizations, and investing in efforts that support equity and inclusion. Available at www.kirwaninstitute.osu.edu

[Center for Social Inclusion](http://www.centerforsocialinclusion.org), an organization based in New York which works to identify and support policy strategies to transform structural inequity and exclusion into structural fairness and inclusion. Available at www.centerforsocialinclusion.org

With an ongoing and intentional commitment by public health practitioners for addressing these issues, health inequities experienced by vulnerable and underserved populations will be greatly reduced. By working in partnership across and within institutions, departments, agencies and communities, public health will be able to transform its efforts to make a positive difference in the lives of all residents – regardless of their race, ethnicity and social status.

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