

2022 First Quarter Health Equity Report

1. Please provide a brief update (no more than three paragraphs) on your grant award, including progress made on the goals and objectives you outline in your proposal.

Per Phase 1 of the project work plan, progress of the activities outlined varies. Meetings have occurred with our university partners, Michigan State University (MSU) and University of Michigan (U-M)) to outline goals for the quantitative data analysis and determine what data they need to access. The expertise of both universities is independent and interdependent in nature. MSU will focus on internal data with initial emphasis on enrollment and benefit plan data while U-M will analyze other data such as statewide demographic data and nursing home data to identify potential gaps in current utilization of services. It is expected that the initial data findings will guide the course of further research as we look to understand potential factors that may contribute to the underutilization of services. We expect our first report in the next 1-2 months.

The next item named in the project work plan is the securing of a project coordinator. The position was posted through MPHI, and fourteen applications were received. We are now in the process of setting up interviews. We anticipate having someone selected before the end of April. Once this is completed, we can begin work on securing community researchers for the project.

Lastly, submission of the project was followed by more questions posed by the Health Endowment Fund (HEF) which revealed the need to ensure recruitment of Advisory Committee members was inclusive, with balanced representation of all home and community-based services (HCBS) with the added measure to develop a project charter. The project charter has been developed. It is designed to be a working document to allow beneficiaries and family members to take part in the completion of a final draft. To ensure balanced representation on the HCBS Health Equity Advisory Committee, a press release and application has been created to recruit members from around the state. The application is available in multiple formats for user-accessibility. The press release and application should be released before the end of March and individuals will have 30 days to apply. This will push our orientation meeting for the Advisory Committees into May or early June.

2. Is the project proceeding on-schedule, as anticipated in your work plan? If not, comment on the circumstances affecting your grant.

Although we are making good progress on our goals, there are some activities in Phase 1 that will not be completed until May or early June as noted above.

3. Have you run into any unexpected challenges? Would you like technical assistance?

The project experienced a delay in getting started as the award letter was originally sent in November to someone who was on a leave of absence. Project coordinators didn't learn of the grant award until right before Christmas so the work to accept the grant monies and develop contracts with vendors was delayed. However, once awareness was made, the work and

progress has moved at a steady pace. The contract with MPHI to fund a project coordinator and community researchers has been finalized and the contracts with the university partners are just awaiting their signatures.

Another unexpected challenge is the shift in our current project co-lead as Michelle Tyus left the department on March 25, 2022. Although she will be missed, the other lead, Michelle Martin, is prepared to keep things moving forward with the support of the internal MDHHS committee that consists of other MDHHS program managers.

Technical assistance is not needed at this time, but we will reach out if it becomes necessary.

4. Please share any additional comments, insights, and lessons learned.

The support received from HEF to get the project off the ground has been prompt, and helpful. Although we are excited to begin our work on health equity, we have learned that there is a lot of upfront work that must be done to get the project started.

The committee has had a chance to look at some basic program data to identify diversity around the state. In addition to looking at data statewide, we will be taking a closer look at data for Wayne, Kalamazoo, Grand Traverse, and Chippewa Counties. These counties were chosen due to their diversity in race, ethnicity and languages spoken, number of individuals receiving Medicaid home and community-based services, balancing rural and urban, and making sure that at least four of the identified Medicaid programs were in each county.