

Successful Strategies to Increase Our Focus on Health Equity



**Michigan Department of Community Health
Health Equity Steering Committee**

Success Story Packet I: January, 2013

Successful Strategies to Increase Our Focus on Health Equity

Michigan Department of Community Health (MDCH)

Health Equity Steering Committee

In an effort to identify and promote strategies to ensure that programs and practices are equity focused, both internally and externally, the Michigan Department of Community Health's (MDCH) *Health Equity Steering Committee* has compiled a series of stories providing specific examples of Departmental initiatives designed to address and remedy issues of equity and diversity.

This document looks at: Expanding the pool of applicant organizations, and selecting the best providers to serve disproportionately impacted populations in funding processes.*

While each strategy is broadly described, the stories also include contact information for the person most familiar with the implementation of that strategy. This allows you to contact that person for additional details on making this strategy work within your Section or Division.

The following strategies are outlined in this document:

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This document will be updated as new and innovative initiatives are identified. MDCH staff is encouraged to submit any diversity/equity success you have implemented. For more information on submitting your story, please contact Sheryl Weir, Health Disparities Reduction and Minority Health Section Manager at (313) 456-4314, or weirs@michigan.gov.

**This was identified as an area of challenge during pilot project interviews with MDCH Section Managers.*

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Success Story I

Name of Initiative/Strategy – Preparing Agencies to Succeed: Providing Training and Technical Assistance BEFORE funding long term programs.

Name of Person Submitting Success Story

Agency – Division of Health Wellness and Disease Control, Health Disparities Reduction/ Minority Health Section

Contact Person – Shronda Grigsby, grigsbysl@michigan.gov, 517-335-1586

Description of Process

Michigan Department of Community Health (MDCH), Health Disparities Reduction and Minority Health Section (HDRMHS) developed the Capacity Building Grant Program (CBGP), a 2-phase three year grant project with the overall goal of building local capacity and/or mobilize communities to address the root causes (social determinants) of health disparities. Sixteen agencies were funded for the initial 7-month planning period (Phase I). Applicants understood that a sub-set of these would be funded in Phase II, the implementation phase. Agencies funded in Phase I were required to complete the following steps to be eligible for Phase II: identify community needs via a recent or new assessment process, develop and/or strengthen multi-sectoral partnerships, develop a program plan for implementation, and attend required trainings offered by HDRMHS. Phase I also achieved two objectives for MDCH/HDRMHS. First, it provided an opportunity to provide technical assistance and training to agencies wanting to address social determinants of health to ensure that all funded agencies had core knowledge to inform their programs. Second, the MDCH/HDRMHS was able to observe the capacity and partnerships of applicant organizations to inform their final funding decisions to best utilize limited resources.

During Phase I, MDCH/HDRMHS provided Technical Assistance (TA) to funded organizations and their identified multi-sector partners via mandatory bi-annual trainings. To be eligible for Phase II funding, participation was required from a member of the lead (Grantee Organization), a representative of the multi-sector partnership and a local evaluator chosen by the lead organization. This requirement assured that all parties received training on: Health Disparities/Health Equity, Cultural Competence, Undoing Racism, Best Practices, Outcome Evaluation, Grant Writing, and Coalition Building. The goal of the training was to provide organizations and multi-sector partnership members the necessary tools for planning and implementing sustainable, evidence-based, community focused initiatives designed to address racial and ethnic minority health inequities.

Results/Success

As a result of this process, thirteen of the sixteen agencies funded in Phase I, were able to develop a funding proposal for Phase II. While the Department was only able to fund seven programs, the other applicants had a program plan developed and ready to submit to other funding sources.

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Success Story 2

Name of Initiative/Strategy – Building Program Planning/Proposal Writing Capacity Among Potential Applicants

Name of Person Submitting Success Story

Agency – Division of Health Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section (DHWDC/HAPIS)

Contact Person – Amy Peterson, petersona7@michigan.gov, 313-456-4425

Description of Process

The Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section (HAPIS) developed the Technical Assistance (TA) and Capacity Development (CD) Series to build the capacity of agencies to develop, implement and evaluate quality HIV prevention interventions. The Series was structured to meet two needs, first, to strengthen the needs assessment, program planning and evaluation skills of currently funded programs, and second, to build capacity in these areas to improve the quality of program plans developed by agencies likely to apply for future funding from the program. The TA component was a set of six, stand-alone, information based sessions. Participants could attend any number of the sessions, and select the topics of interest to them. During the most recent series, over 35 participants attended at least one session, with the majority attending three or four.

The CD Series was a set of six, linked, two-day skill building sessions delivered to a small group of participants. This CD cohort was mixed geographically, in age, race, gender and years of experience. Each of these attributes contributed to the rich learning experience of all who attended. CD participants were required to complete homework between monthly sessions and apply lessons learned in the training series to their work immediately.

Topics for the series were:

- Session I: Intro to Evaluation and Program Development
- Session II: Conducting Needs Assessment
- Session III: Analyzing Needs Assessment Data, Using Statistics
- Session IV: Theories of Behavior Change
- Session V: Goals and Objectives/Program Plans/ Outcome Evaluation
- Session VI: Budget Development and Management

The effectiveness of the training was assessed utilizing a pre-test/post-test design measuring changes in participant knowledge, comfort, and attitudes regarding the above topics.

Based on analysis of the data, participants improved in both the CD and TA series in each of the areas. Not surprisingly, the CD group improved to a greater extent than their counterparts who only attended the one-day TA series. Participants in the TA group improved their scores on the average by 7.07 points, while the CD participants improved an average of 9.45 points on a 31 point assessment.

Results/Success

The 18 participants in the CD Cohort represented 14 different agencies. Of these, 11 applied for funding in the next RFP process offered by HAPIS, and 10 were funded, including one who had never been funded by the program before.

Comments from participants who attended the series included the following:

- “I enjoyed the CD series. It is essential for grass-root organizations”
- “This was a very empowering series”, and
- “This series was great. A lot of information to digest. A wealth of knowledge and opportunity to grow.”

From a programmatic perspective, there was a marked improvement in the link between target population needs, selected intervention, and intended outcomes in the HIV prevention program proposals submitted for funding.

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Success Story 3

Name of Initiative/Strategy – Targeted Teen Pregnancy Prevention Funding Utilizing City Level Data

Name of Person Submitting Success Story

Agency – Adolescent & School Health Unit

Contact Person - Sophia Hines, hiness3@michigan.gov, 517-335-6965

Description of Process

The Teen Pregnancy Prevention Program designed an RFP process to fund agencies that served African American youth in Michigan, in and beyond Detroit. Statistics showed that African American youth have the highest birth rates of all racial/ethnic groups.

The Administration for Families and Children (ACF) stipulated that the pregnancy prevention funds should target youth, in particular those who are: at high-risk of pregnancies under age 21, in foster care, homeless, living with HIV/AIDS, or residing in areas with high birth rates from youth. Hence, they decided to direct funds to agencies that served high numbers of African American youth, in particular those who met the above conditions.

To do this, they sought city-level data, not county data. This was because county-level data would likely conceal/minimize the youth pregnancy rates in their urban regions. Oakland County is one example of this. When looking at Oakland county data as a whole, the youth pregnancy rate does not appear to be significant. This approach might cause a reviewer to overlook funding for the city of Pontiac, whose rate is significantly higher than the county's overall rate.

The Teen Pregnancy Prevention Program requested that Vital Statistics compile data for cities where there were at least 100 births among youth. They requested numbers of births, not rates. This helped to provide a clearer picture of what was happening in various communities, in particular urban areas.

Those cities with at least 100 youth births were the only communities eligible for funding. This allowed the funding to reach high-risk communities throughout Michigan.

Eligibility for funding included agencies

- That served large numbers of African American youth.
- In cities with a minimum of 100 teen births: Battle Creek, Detroit, Flint, Grand Rapids, Inkster, Jackson, Kalamazoo, Lansing, Muskegon, Pontiac, Saginaw, Warren, Westland, and Wyoming.

Results/Success

Agencies in each of these cities were awarded a Teen Pregnancy Prevention grant.

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Success Story 4

Name of Initiative/Strategy – Two Tiered Review Process for Funding Opportunity

Name of Person Submitting Success Story

Agency – Division of Health Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section (DHWDC/HAPIS)

Contact Person – Amy Peterson, peterzona7@michigan.gov, 313-456-4425

Description of Process

Beginning in 2006 and repeated in 2009, to assist in selecting the strongest proposals and most qualified service providers, DHWDC/HAPIS conducted a two-tiered review process. This allowed for additional data points, beyond the score of the written application, to influence final funding decision.

The Process

Tier 1. All proposals received in response to the RFP undergo objective review and evaluation by a group of external reviewers. Their scores and comments are submitted to the Section. Scores from individual reviewers are aggregated and reviewer comments are compiled.

Tier 2. Based on a number of factors including objective review findings and scores; populations served; and complexity of proposed services, a subset of applicants are invited to present their program orally to an Expert Panel.

Individuals invited to serve as Expert Panelists possess significant expertise and experience in a variety of content areas related to the funding announcement. They are from outside of the State of Michigan to decrease previous knowledge of agencies and bias; members of the Expert Panel represent diverse perspectives and experience.

Questions are designed to clarify information presented in the proposal or to obtain additional information about the proposed program in order to assess the soundness and feasibility of the proposal. Questions and items for clarification focus on the applicant agency's capacity to implement the proposed program and the likelihood of program success.

A brief period of time is taken by the Expert Panel, prior to each presentation, to discuss questions and issues to address with applicant agencies. Agency presentations also sometimes result in Panelists identifying additional questions or items for clarification. After the agency presentation and interview, Panelists discuss their findings and develop consensus in scoring the proposed programs. A summary consensus tool is used to guide these discussions and capture Panel recommendations.

“Order of business” for oral presentations:

1. Expert Panelists discuss questions/general areas of inquiry (applicant agency is absent from the room).
2. Applicant agency provides a brief overview (5-10 minutes) of their program plan for specific target population(s) (selected by DHWDC).
3. Expert Panelists and DHWDC ask questions of applicant agencies based upon review of the program plan and agency presentation.
4. As needed, additional presentations by applicant agency on additional program plan(s)
5. Applicant agency representatives are excused.

Agency representatives are not providing a “defense” of the agency’s program plan(s). Rather the sessions are an opportunity for HAPIS, via the panel experts, to obtain additional information and clarification on program proposals and agency capacity.

Agencies are notified that a request by HAPIS for an agency to meet with the review panel is not to be considered a guarantee of award, nor does the lack of a request indicate that an agency will not receive an award. Decisions regarding who is required to meet with the review panel are made by HAPIS/DHWDC staff following receipt of the written review scores.

Results/Success

The input of the Expert Panel members is a piece of the decision making data – reviewer scores, past performance of agencies, agency capacity as well as other information is used in final decision-making.

As a result of this process, the program feels confident that their final funding decisions are a reflection of the true capacity of an agency, and their understanding of their target population, and not only of how well they write, or respond to an RFP.

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Success Story 5

Name of Initiative/Strategy – Rewarding the Behavior You Want Repeated: Awarding bonus points for targeted services in an RFP process

Name of Person Submitting Success Story

Agency – Division of Health Wellness and Disease Control, STD Section

Contact Person – Amy Peterson, peterzona7@michigan.gov, 313-456-4425

Description of Process

In 2007 the Michigan Department of Community Health (MDCH), STD Program developed the Gonorrhea/Chlamydia Reduction Plan (GC/CT Plan). The goal of the plan was to decrease the overall prevalence of GC and CT by identifying and treating infected individuals at a faster rate than new infections occur. To achieve a decrease in disease, the plan focused on identifying and treating infection in the highest risk populations.

One intervention of the Gonorrhea/Chlamydia Reduction Plan was funding of screening services under the Expanded Screening Initiative (ESI). Dollars available for this initiative were limited, and the Division planned to fund only 4-6 programs. To maximize the impact of these resources, eligibility and service expectations in the Request for Proposal (RFP) were very stringent. First, as the RFP stated, because the populations most impacted by GC and CT are adolescents and young adults, age 15-24, only agencies who were able to screen at least 350 adolescents and young adults annually (above their pre-award levels), were eligible.

Next, the pool was narrowed geographically based on epidemiological data. Under this RFP, applicants are invited to apply for funding to serve those at highest risk in select jurisdictions of Michigan, with the highest combined rates of gonorrhea and chlamydia among 15-24 year olds. The list included the top 17 jurisdictions as there was a precipitous drop-off at that point in the rankings.

Last, Black non-Hispanics have rates of chlamydia infection 9 times greater than their white counterparts, and gonorrhea rates over 25 times that of whites. Given this disparity, and the fact that the burden of disease is not equal across all groups in Michigan, programs proposing to serve a cohort at least 50% black non-Hispanic received 10 bonus points in the scoring of their application.

Results/Success

The bonus points for serving African American clients ended-up to be a driving force in the scoring of proposals and final funding decisions. Six sites in five health jurisdictions were funded. All of these targeted African Americans. Given the extremely disparate rates of infection among African Americans, the STD Program was comfortable with this outcome. Due to cuts in funding to the program, awards ended up to be only for a 6-month period. However, in that 6-months, a total of 1,538 individuals were screened (average of 256 per site), 100% were 15-24 years of age

and approximately 90% were African American. One-hundred sixty-seven (167) cases of chlamydia were identified (10.9% positivity), and 19 cases of gonorrhea. The positivity identified via this funding far exceeded that in other public sites which was 7.5% during the same period.



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Success Story 6

Name of Initiative/Strategy – Building Grass-Roots Capacity through Strong Partnerships

Name of Person Submitting Success Story

Agency – Division of Health Wellness and Disease Control, Health Disparities Reduction/ Minority Health Section

Contact Person – Shronda Grigsby, grigsbysl@michigan.gov, 517-335-1586

Description of Process

Michigan Department of Community Health (MDCH), Health Disparities Reduction and Minority Health Section (HDRMHS) implement its Capacity Building Grant Program (CBGP). The CBGP was designed as a 2-Phase three year grant project with the overall goal of building local capacity to address the root causes (social determinants) of health disparities. Because a multi-sectoral partnership rather than a single agency is more likely to be able to impact needs at the level of social determinants, a major component of the (CBGP) is a requirement for applicants to convene and lead a diverse multi-sector partnership consisting of a minimum of four members/entities representing two or more of the following: local public health, community- and/or faith-based organizations, academic institutions, community residents/stakeholders, health care institutions and local business.

To strengthen the partnerships, HDRMHS staff organized bi-annual trainings which required attendance from a member of the lead (Grantee Organization), a representative of the multi-sector partnership and a local evaluator chosen by the lead organization to conduct evaluation activities. This requirement assured that all parties received training on: Health Disparities/Health Equity, Cultural Competence, Undoing Racism, Best Practices, Outcome Evaluation, Grant Writing, and Coalition Building.

To further foster the community partnerships MDCH/HDRMHS regularly assessed the functioning of the CBGP partnerships and the perspectives of project partners on the processes and effectiveness of the partnership. Staff then provided feedback and technical assistance to the local communities to strengthen their efforts and ensure sustainability. All partners of CBGP grant recipients were first surveyed in the planning stage of the programs, and the survey was repeated one year later. The survey was conducted on-line and the survey instrument was based on an adaptation of an instrument developed in Colorado to assess the Tony Grampsas Youth Services (TGYS) collaborative. The TGYS Collaboration Assessment evaluates partnerships on six dimensions:

- Membership: To what extent do members have a strong commitment to the partnership?
- Structure: To what extent does the collaboration have effective norms, rules, support, and facilities?

- Leadership: To what extent does the collaboration have strong, knowledgeable, and engaged leaders?
- Internal Collaboration: To what extent do members of the partnership effectively work together?
- Effectiveness: To what extent has the partnership set specific, measurable goals and achieved them?
- Sustainability: To what extent has the partnership worked toward and achieved long-term sustainability plans?

Results/Success

The 131 partners developed and sustained as a result of the CBGP viewed their collaborations in a positive light, in many cases more positively than revealed in the initial 2010 survey. Comments revealed that the collaborations are motivated to improve the health of their communities, and are hopeful that the synergy created by engaging many sectors to work together can have an impact in the long term. While the partnerships are still fairly new, there appears to be a sense of accomplishment and a continued strong commitment to continue the work.

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Success Story 7

Name of Initiative/Strategy – Developing Local Agency Workplans for Health Equity and Social Justice

Name of Person Submitting Success Story

Agency/Section – Tobacco Prevention and Reduction

Contact Person – Janet Kiley, kileyj@michigan.gov, 517-335-9407

Description of the Process

During FY 10/11, the consultant section developed a workplan and toolkit to incorporate health equity and social justice concepts into its workplans for local health departments and community-based agencies. The purpose of the workplan objective was to share the language and concepts of health equity and social justice with local contractors and provide an opportunity to explore these concepts in their own communities.

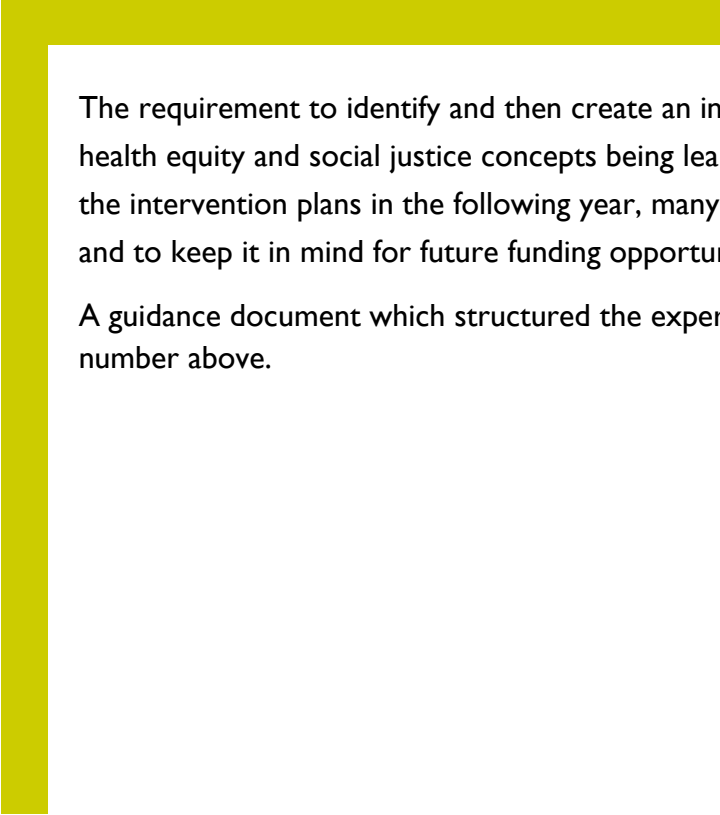
Each contracted agency agreed to achieve three major activities during the fiscal year:

1. Community Intervention - education: Learn about public health policy through a social justice and health equity lens. Schedule viewing(s) of the documentary “*Unnatural Causes: Is Inequality Making Us Sick?*” as an agency, coalition and/or network activity.
2. Community Intervention – assessment: Review the basic data sets sent to funded coalition/workgroup from MDCH; add additional local data that is relevant or available; determine specific gaps and disparate outcomes suggested by the data.
3. Community Intervention plan: Based on the health disparities assessment report above, identify one desirable outcome that eliminates or lessens an identified health disparity in your community, and list realistic steps to be taken to eliminate the disparity.

Because this was a new workplan concept which had not been utilized before, considerable technical assistance and guidance was provided by six public health consultants with expertise and knowledge in understanding health inequities in public health. Sonji Revis and Janet Kiley were the lead consultants for the initiative.

Results/Success

This workplan objective was met with a range of reactions from contractors – mostly positive; tinged with reticence, skepticism and genuine interest. As the year went on the project resulted in considerable learning at the local level, provided many opportunities for more and varied discussions with local health departments, and an increased exchange of data and information regarding local disparities. The project illuminated disparities that the Department (nor local contractors) may never have otherwise realized.



The requirement to identify and then create an intervention plan was essential to applying the health equity and social justice concepts being learned. Even though MDCH was unable to fund the intervention plans in the following year, many agencies felt the need to act on the information and to keep it in mind for future funding opportunities.

A guidance document which structured the experience is available by contacting Janet Kiley at the number above.

