MDHHS
Michigan Department of Health & Human Services

Social Determinants of Health

Michigan's Roadmap to Healthy Communities

Phase II

Addressing the social determinants of health through a collaborative, upstream approach to remove barriers to social and economic opportunity, improve health outcomes, and advance equity

Building on Phase I of the SDOH Strategy

Phase II of the Social Determinants of Health (SDOH) Strategy will build on improvement and alignment efforts from Phase I, with a focused effort on health equity through multisector collaboration and supporting holistic solutions.

Health equity remains foundational to the SDOH Strategy, not only as an outcome to strive for, but also as an essential process – or the action of removing economic, environmental, and social obstacles to health. Phase II of the SDOH Strategy identifies **structural interventions** – intended to be actionable mechanisms – to better advance health equity.

Structural interventions attempt to alter the overarching context through which health disparities emerge and persist by changing the social, physical, economic, environmental and/or political environment that shape health outcomes. They target factors such as food insecurity and housing instability, as well as conditions like systemic discrimination and lack of resources, which limit a person's ability to be as healthy as possible. For a greater impact on population-level health improvement and to reduce health disparities more effectively, multisectoral and multilevel structural interventions are needed.

Phase II Structural Interventions

Four structural interventions serve as the vehicles through which Phase II of the overarching SDOH Strategy will advance efforts to address the social drivers that impact health. They include partnerships to advance health equity, Community Information Exchange (CIE), Community Health Workers (CHW), and a SDOH Accelerator Plan to Prevent Chronic Disease (often referred to more concisely as the "Accelerator Plan").

These structural interventions seek to advance meaningful and sustainable improvements in population health and reduce health disparities at the intersection of social determinants of health domains (including physical and built environment) and policy. Each intervention emerged following a thorough review of evidence to support their effectiveness in reducing structural inequities that lead to health disparities and were developed through a series of partner meetings to garner input from subject matter experts and stakeholders.

SDOH Strategy Phase II Structural Interventions

A holistic approach

Phase II of the SDOH Strategy has been designated the "holistic" phase because it takes a systemic approach to improving health by focusing on developing and enhancing infrastructure to provide comprehensive care. While the initiatives in Phase II each have a different focus, they all support the advancement of health equity and other strategic initiatives. Throughout implementation of Phase II, the SDOH Team will continue to promote integrated efforts for a greater impact.

Structural Intervention: Partnerships to Advance Health Equity

Health equity is integrated throughout the strategy and its implementation. Through the established framework of the SDOH Strategy, which includes *improvement*, *alignment*, and *innovation*, three priorities have been established to advance health equity:

IMPROVEMENT: Develop policy recommendations that address the social determinants of health and support health equity.

Through the expanding and ongoing implementation of the SDOH Strategy, several policy recommendations will be developed to promote change at a systemic level. These policy recommendations will emerge from the SDOH Steering Committee, following a thorough review of input from various work groups and community engagement efforts. Improvement activities will be primarily driven by community input to ensure solutions are community-led. The SDOH Strategy seeks to be proactive in engaging communities before implementing improvements or new initiatives.

ALIGNMENT: Align efforts with statewide entities and health equity partners to take collective and coordinated action toward advancing health equity.

The MDHHS Policy and Planning Social Determinants of Health Team is partnering with the Office of Race Equity, Diversity, and Inclusion (REDI) and the Michigan Center for Rural Health (MCRH) to advance health equity and racial equity, and reduce rural health disparities.

Partnership to support health equity initiatives led by the Office of Race Equity, Diversity, and Inclusion (REDI).

The Minority Health Law (PA 653) has several provisions and is aimed at addressing racial and ethnic health disparities in Michigan to improve health equity.

The Equity Impact Assessment guides MDHHS leaders to think through the full implications that decisions have on marginalized populations and produce equity outcomes.

Regional Health Equity Councils will establish an advisory infrastructure to provide more of the decision-making power within communities.

Partnership with the Michigan Center for Rural Health (MCRH) to develop a Rural Health Equity Plan.

To better support rural communities, the MDHHS SDOH Team is partnering with MCRH to reduce rural health disparities and support communities that have been underserved by health and social services. Together, MDHHS and the MCRH will develop an actionable plan to address the social and economic factors that greatly impact health status and vulnerability to adverse health outcomes. The plan will outline strategies to improve access to services and resources, including health care providers, transportation, and broadband internet.

Partnership with Communities

Building bridges for collaboration is a crucial part of our strategy to establish healthy communities. Community feedback will be incorporated throughout the development and implementation of the SDOH Strategy to ensure that the strategy supports equitable, community-driven solutions.

INNOVATION: Enhance care coordination and connection to services by providing communities with the guidance and resources needed to establish SDOH Hubs.

The strategic initiatives in Phase II form the foundation to start building out SDOH Hubs throughout the state. These hubs will promote regional, multisector collaboration and provide the infrastructure for a sustainable statewide framework that supports addressing the social determinants of health.

Racial Health Equity Plan

A key initiative to improve health equity is the development of a Racial Health Equity Plan. The purpose of the initiative is to fund resources supporting implementing the SDOH Strategy and the development of the next iteration of the *Michigan Health Equity Roadmap* by examining marginalized groups impacted by longstanding, systemic barriers to achieving health equity, along with stakeholders and diverse residents in Michigan. An expansive engagement strategy will capture the perspectives of diverse residents throughout the state that will include focus groups, key informant interviews, and surveys.

Structural Intervention: Community Information Exchange

WHAT IS COMMUNITY INFORMATION EXCHANGE?

At a high level, Community Information Exchange (CIE) is an evolving set of best practices and technology guided by the goal of identifying and addressing social needs. It creates an infrastructure so that both clinicians and community providers can make more informed decisions at the individual and community level to address social needs and improve health. CIE is characterized by a "no-wrong door approach" meaning that any entity that a person engages with, whether it is clinical or community-based, provides a pathway to identify an SDOH need and connect them with someone who can help them to address it.

Organizations involved in CIE rely on technology and data to make this work. Data from screenings and referrals can then be used to better understand the needs of the individual and community. There is also a strong component of consumer-mediated access to information, where the individual receiving services has agency in their data sharing, treatment decisions, and community referrals.

Through the established framework of the SDOH Strategy, which includes *improvement*, *alignment*, and *innovation*, three priorities have been established to support community information exchange as a strategic imperative:

IMPROVEMENT: Develop a comprehensive blueprint for statewide Community Information Exchange to establish protocols for data governance and support system interoperability.

This person-centered approach seeks to understand multiple aspects of social and clinical needs while maintaining autonomy and dignity for those seeking supportive services. Recommendations from the CIE Task Force will be utilized as a blueprint to develop local CIEs that share technical standards to support data exchange, a resource database, and an integrated technology referral platform.

ALIGNMENT: Establish a Community Information Exchange (CIE) Task Force to elevate perspectives from consumers and social service providers in the development of statewide CIE.

To facilitate the creation of a statewide CIE, MDHHS has convened a CIE Task Force, with representation from health care, payers, health information technology, consumers, community-based organizations, and organizations serving communities facing health inequities. The CIE Task Force will work to achieve a set of objectives, honoring that coordinated care and health equity, supported by electronic exchange of information, is vital to improving the overall health and well-being of individuals.

CIE Task Force Objectives

The Community Information Exchange (CIE) Task Force is chartered to:

1. Create a coordinated knowledge resource in service of:
    a. The Michigan Health Information Technology Commission (MHITC) Roadmap, Bridge to Better Health
    b. The Michigan Department of Health and Human Services (MDHHS) Social Determinants of Health Strategy, *Michigan's Roadmap to Healthy Communities*
2. Examine CIE related perspectives from all interested parties and partners, with an emphasis on community and those organizations on the forefront of providing services to communities who face health inequities with a goal to advise.
3. Examine promising state, national, and global strategies that could accelerate, support, and improve CIE in Michigan with a goal to advise.
4. Advise the State of Michigan on the development of a blueprint for CIE.

INNOVATION: Support the development and sustainability of regional and statewide CIE through funding and technical assistance.

The MDHHS Policy and Planning Office awarded $486,500 in planning grants to local health departments (LHDs) and public health alliances, representing a total of 21 LHDs across the state, to advance planning for CIE through investments in screening platforms and additional technology. The planning grants will be implemented in FY23, with plans to make funding recurring and sustainable.

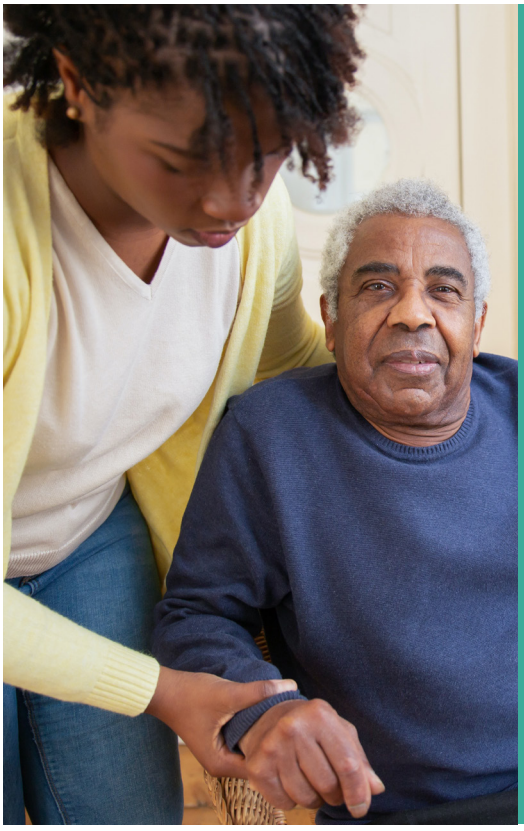
Structural Intervention: Community Health Workers (CHW)

While technological approaches are important to connect people to resources, a person-centered approach is also needed to ensure those connections are made for people who face barriers to access. In Phase II of the SDOH Strategy, community health workers (CHWs) have been identified as a strategic imperative, fulfilling the need for a person-centered approach to support statewide SDOH efforts. This bilateral approach – utilizing both technological and person-centered strategies – helps bridge the gap between social and clinical care services, with the aim of more holistic (all inclusive) care and reducing barriers to access programs and services.

What are Community Health Workers?

"A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."

- American Public Health Association (APHA)



CHWs may be known by many titles, which include, but are not limited to:

- Certified Peer Support Specialist
- Community Health Advocate
- Community Outreach Worker
- Community Neighborhood Navigator
- Family Health Outreach Worker
- Outreach and Enrollment Worker
- Community Health Representative
- Recovery Coach
- Community Health Outreach Worker
- Community Health Worker
- Early Intervention Services (EIS) Worker
- Maternal Child Health Worker
- Promotor/a

Through the established framework of the SDOH Strategy, which includes *improvement*, *alignment*, and *innovation*, three priorities have been established to support community health workers as a strategic imperative:

IMPROVEMENT: Address barriers to the successful establishment of community health workers as health care professionals.

To promote the expansion and sustainability of the CHW workforce in Michigan, it is important to address identified barriers through policies and system-level changes.

ALIGNMENT: Convene specialized groups to align and guide statewide CHW efforts, including a CHW Subcommittee, a CHW Internal Alignment Work Group, and a CHW Community Feedback Forum.

Through the SDOH Strategy, specialized groups have been established that will form the foundation for informing investments in community health workers.

CHW Subcommittee Priorities

An 18-member CHW Subcommittee with a vast majority of representatives who are CHWs and past CHWs convened in January 2023. They will make recommendations on the following policy priorities:

1. *Better align CHW efforts by consistently sharing best practices and coordinating approaches to mitigation of barriers.*
2. *Identify meaningful measures of CHW work to demonstrate value and illustrate impacts.*
3. *Build a community engagement strategy to raise awareness of the importance and impacts of CHW work.*
4. *Identify and prioritize existing and potential mechanisms through Medicaid, other MDHHS programs, and other approaches to assure sustainable financing of CHW programs.*
5. *Create recommendations to support standards for CHW core competency-based training and mechanisms for certifying that training programs meet them.*

INNOVATION: Invest in recruiting, training, and retention of community health workers throughout the state.

Investing in community health workers is critical for increasing access to health care and improving health outcomes. As such, the CHW work groups established through the SDOH Strategy will be proactive about developing sustainable funding for the recruitment, training, and retention of community health workers.

Structural Intervention: Accelerator Plan to Prevent Chronic Disease

Within Phase I of the SDOH Strategy, a broad set of objectives to address housing instability and food security were outlined. Phase II of the strategy will build on these focus areas from Phase I by integrating additional determinants that impact chronic disease risk factors.

What is the Accelerator Plan?

The SDOH Accelerator Plan to Prevent Chronic Disease, also shortened to the "Accelerator Plan", will be comprised of strategies to reduce chronic disease by addressing social drivers of health and better support individuals with existing chronic conditions. MDHHS received funding from the CDC's National Center for Chronic Disease Prevention to support engagement with community partners during the development of the implementation ready Accelerator Plan to comprehensively address community conditions driving health inequity.

The Accelerator Plan aims to reduce disparities in health outcomes related to chronic disease, with a particular focus on populations disproportionately impacted by chronic disease. It will identify strategies to improve food and nutrition security and the built environment (including housing and transportation), while considering risk multipliers, such as climate change and the COVID-19 pandemic.

Addressing social determinants of health, including built environment and food and nutrition security, has the potential to narrow disparities in many chronic diseases by removing systemic and unfair barriers to practicing healthy behaviors. This ensures everyone has more equitable opportunity to make healthy choices and promotes more sustainable positive health outcomes.

Through the established framework of the SDOH Strategy, which includes *improvement*, *alignment*, and *innovation*, three priorities have been established to support the Accelerator Plan as a strategic imperative:

IMPROVEMENT: Integrate a Health in All Policies approach to chronic disease prevention programs.

The SDOH Strategy continues to seek out opportunities to integrate a Health in All Policies approach. Domains that may not traditionally consider their impact on chronic disease prevention, such as transportation, will be encouraged to identify opportunities to incorporate a health lens into the provision of programs and services. This, in turn, will impact the social, economic, and physical environments that shape people's opportunities to make healthy choices, ultimately helping to prevent chronic disease and reduce inequities in disparately impacted communities.

ALIGNMENT: Increase collaboration and engagement across multi-sectoral partners to address the burden of chronic disease.

The increasing prevalence of chronic disease and related risk factors requires a more coordinated approach to chronic disease prevention practices. Phase II of the SDOH Strategy seeks to build capacity in coordinated chronic disease prevention and mitigating the burden of chronic disease for people most impacted. This coordinated approach seeks to better address common risk factors and the determinants that influence health behaviors, reduce duplication of program efforts, and have a greater impact in improving health outcomes.

INNOVATION: Develop an implementation-ready SDOH Accelerator Plan to Prevent Chronic Disease.

Development of the Accelerator Plan will build on the existing framework of the SDOH Strategy and utilize the expansive reach and resources of MDHHS. This existing infrastructure, which includes programs, policies, and local partnerships, will support the successful development and implementation of an Accelerator Plan, ensuring capacity and promoting sustainable outcomes.

Supporting populations disproportionately impacted by chronic disease

Interventions to prevent and reduce chronic disease will be tailored to assert adverse or disproportionate social, economic, or environmental impact upon disproportionately burdened communities. This means that SDOH efforts will be tailored to advance equity in communities that have been made vulnerable to adverse outcomes through discriminatory policies and practices. The SDOH Strategy and Accelerator Plan seeks to implement both interventions to meet emergent need and address policies and practices that ultimately impact the SDOH to have a more systemic-level impact on health and well-being.

Building Healthy Communities

Utilizing a Health in All Policies approach to address key drivers of health outcomes and health inequities

Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. It seeks to ensure all policies have neutral or beneficial impacts on the determinants of health and introduces improved health for all and the closing of health gaps as shared goals.

Multisector partnerships are critical to improve health outcomes and reduce disparities. The HiAP approach makes it possible to respond to complex issues impacting health and wellbeing. It supports the development of innovative solutions, utilizing limited resources, to address increasingly challenging problems. Collaboration across sectors breaks down the more traditional silos of government to reduce duplicative efforts, more efficiently uses resources (often decreasing costs), and improves health outcomes.

Looking Ahead to Phase III

Phase III of the SDOH Strategy will create more space for innovation and will further expand on community-driven solutions. This will include providing funding and support to expand and sustain SDOH Hubs, promotion of Health in All Policies multi-sectoral initiatives, and the release of an updated Health Equity Roadmap. As our capacity increases, the SDOH Strategy will continue build on previous efforts for a greater impact.

Implementation of the SDOH Strategy

Following the launch of Phase II, the SDOH Team will continue to promote *improvement*, *alignment*, and *innovation* efforts. Throughout implementation and development of Phase III of the SDOH Strategy, there will be significant opportunities to engage with this work. Robust community engagement efforts will continue to inform policy recommendations and solutions to address the social determinants of health.