2021 Health Equity Report Moving Health Equity Forward

Executive Summary

The Michigan Department of Health and Human Services (MDHHS) 2021 Health Equity Report, "Moving Health Equity Forward," serves as the annual report on the department's efforts to address racial and ethnic health disparities as required by <u>Public Act 653</u>. This legislation was passed by Michigan's 93rd Legislature in 2006 and became effective in January 2007. It amends the Michigan Public Health Code (1978 PA 368; MCL Section 333.2227).

Public Act (PA) 653 focuses on five racial, ethnic and tribal populations in Michigan: African American, Hispanic/Latino, Native American, Asian American/Pacific Islander, and Arab/Chaldean American. In accordance with this law, MDHHS has the responsibility to establish a departmental structure to address racial and ethnic minority health disparities, monitor minority health, promote workforce diversity, and develop policy and actions to advance health equity as specified in the provisions of the act.

Over the past two years, the COVID-19 pandemic has not only illuminated pervasive inequities among racial and ethnic minority populations, but also exposed weaknesses in the public health and human services infrastructure. Having a strong, multidimensional and integrated infrastructure is essential to Michigan's health, safety and economic prosperity, as well as to achieving health and social equity. The increased awareness of racial and ethnic inequities, along with the recent influx of federal COVID-19 relief dollars, presents a unique opportunity to strategically invest in and strengthen the state's public health and human service infrastructure with a particular eye towards equity. Therefore, the 2021 Health Equity Report focuses on MDHHS's infrastructure and key components necessary to promote racial and ethnic equity in accordance with PA 653 provisions.

For the purpose of this report, infrastructure is defined as the underlying foundation that supports the planning, delivery and evaluation of public health and social service activities and practices.⁴ Core components include: workforce capacity and competency, robust and up-to-date data and information systems, and organizational capacity to address public health and social needs.⁵ Additional domains include financing, policy/law, technology, cross-sector partnerships, and community engagement.¹

Included in the 2021 Report is an overview of what is currently in place with regard to each of the above-named elements of infrastructure along with existing gaps and

recommendations for strengthening the department's capacity to advance health and social equity. In addition, the report includes a data brief highlighting leading health and social disparities for Michigan's racial and ethnic populations.

Information for this report was obtained through a department-wide survey completed by MDHHS organizational areas. Overarching findings showed that among survey respondents:

- Over 88 percent (88.9%) implemented practices to promote workforce diversity, retention and advancement.
- Over 98 percent (98.4%) reported that personnel participated in training or professional development to enhance cultural competency and capacity to address health and social equity.
- Nearly two-thirds (65.1%) had data and information systems to collect, analyze and/or report race and ethnicity data.
- Over three-quarters (77.8%) had structures in place to support health and social equity work.
- A quarter (25.4%) received funding for efforts to advance health/social equity.
- Two-thirds (66.7%) established/followed equity-promoting policies and/or laws.
- About 44 percent (44.4%) used new or existing technology to advance health/social equity among racial and ethnic groups.
- Nearly 62 percent (61.9%) engaged in cross-sector partnerships to address social determinants of health and advance equity for racial and ethnic populations.
- Over half (55.6%) engaged communities to improve health and social conditions for racial and ethnic populations.

Moving forward, the State of Michigan should invest resources in sustainable, long-term solutions that continue to build a robust and equitable public health and human services infrastructure. Doing so will help to provide a firm foundation on which to rebuild the economic security, health and well-being of Michigan citizens post-pandemic as well as prepare the state to address future challenges and crises. The department invites policymakers as well as partners across the state to seize this opportunity and come together to take action.

¹ Bipartisan Policy Center. Public Health Forward: Modernizing the U.S. Public Health System. Washington, D.C. December 2021. https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/12/BPC_Public-Health-Forward_R01_WEB.pdf Accessed 12/23/21.

² Dean HD, Roberts GW, Bouye KE, Green Y, McDonald M. Sustaining a Focus on Health Equity at the Centers for Disease Control and Prevention Through Organizational Structures and Functions. Journal of Public Health Management and Practice. 2016 Jan-Feb;22 Suppl 1:S60-7. doi: 10.1097/PHH.000000000000305. PMID: 26599031.

³ Association of State and Territorial Health Officials (ASTHO). Public Health Review Podcast - Financing the Future of Public Health, aired December 1, 2021. https://www.astho.org/communications/podcast/financing-the-future-of-public-health/ Accessed 3/30/22.

⁴ Preventing Emerging Infectious Diseases: A Strategy for the 21st Century. Overview of the Updated CDC plan. MMWR Recommendations and Reports. 1998; Sep 11;47(RR-15):1-14. PMID: 9751113.

⁵ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. Public Health Infrastructure. Healthy People 2030 Website. https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure Accessed 1/3/22.