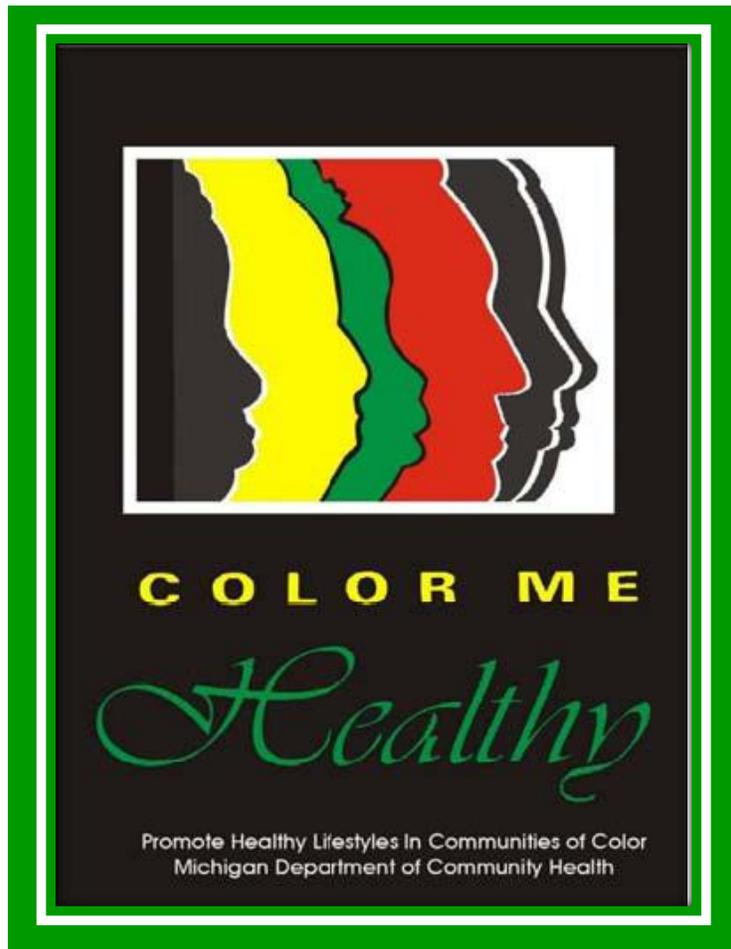


**Michigan Department  
of Community Health**

**2014 Health Equity Report  
*Moving Health Equity Forward***



**Released April 2015**



### **Dedication**

*It is with great honor that we dedicate the 2014 Michigan Health Equity Report to the memory of the late Reverend, and former Michigan State Representative, Michael C. Murphy. Representative Murphy, the original author of Public Act 653 (the Minority Health Law), passed away on December 28, 2014.*

*The first African-American to win his district (covering most of Lansing), Representative Murphy served in the Michigan House of Representatives for three terms, from 2001-2006. In addition, he served as the Senior Minister of St. Stephen's United Church of Christ in Lansing, Michigan for twenty-one years.*

*Committed to addressing social justice and human rights issues, Representative Murphy introduced House Bill No. 4455 to improve the health of racial and ethnic minorities in Michigan. This bill was passed in 2006 and enacted as Public Act 653 in 2007. The legislation has been a call to action to address health disparities for minorities statewide.*

*We thank and salute former Representative, Reverend Michael C. Murphy for giving us the Minority Health Law to achieve health equity for racial and ethnic minorities in Michigan. Through our collaborative work across the state, his legacy will live on.*

# 2014 Health Equity Report

## *Moving Health Equity Forward*

### Executive Summary

The Michigan Department of Community Health (MDCH) 2014 Health Equity Report, *Moving Health Equity Forward*, serves as the annual report on Department efforts to address racial and ethnic health disparities as required by Public Act 653 of the Michigan Public Health Code. Public Act (PA) 653 was passed by Michigan's 93<sup>rd</sup> Legislature in 2006 and became effective in January 2007. It amends the Public Health Code (1978 PA 368). (See Attachment A.)

*MDCH 2014 Strategic Priorities  
Related to PA 653*

Priority: Promote and Protect Health, Wellness, and Safety.

- Reduce disparities in health outcomes.
- Ensure access to culturally and linguistically appropriate services for all Michigan residents.

Priority: Strengthen Workforce and Economic Development.

- Support competitive employment opportunities to retain a creative and diversified workforce.

In accordance with PA 653, MDCH has developed and implemented a departmental structure as well as numerous initiatives to address racial and ethnic minority health disparities in Michigan. These efforts, summarized throughout the report, closely align with PA 653 provisions and represent current best practices to advance minority health. In 2014, MDCH further integrated health equity into several of its Strategic Priorities, which are also highlighted throughout this report.

As in previous years, MDCH focused its work to reduce health disparities on five racial, ethnic and tribal population groups in Michigan: African American, Hispanic/Latino, American Indian/Alaska Native, Asian American/Pacific Islander, and Arab and Chaldean American.

Noteworthy 2014 achievements of the Health Disparities Reduction and Minority Health Section, the coordinating body of health equity for the Department, included the following:

- Developed and submitted the 2013 PA 653 Health Equity Report to the Michigan Legislature.
- Implemented the Building Capacity to Adopt CLAS (Culturally and Linguistically Appropriate Services) program.
- Conducted equity based CLAS trainings with MDCH staff & external partners.
- Completed and disseminated Hispanic Behavioral Risk Factor Surveillance (BRFS) Report for the 2012 Hispanic survey.
- Conducted 2014 Hispanic Behavior Risk Factor Surveillance Survey.
- Sponsored 2014 Minority Health Month activities.
- Began developing a web-based equity training module for MDCH staff.
- Updated and monitored the Michigan Health Equity Data Set (MHEDS).
- Continued collaboration on the Practices to Reduce Infant Mortality through Equity (PRIME) project.
- Continued development of the Michigan Equity Practice Guide.
- Completed the 2014 PA 653 assessment of MDCH efforts to promote racial and ethnic minority health equity.

For more information on the content or focus areas presented in this report, contact Sheryl Weir, Manager, Health Disparities Reduction and Minority Health Section (HDRMHS), (313) 456-4355 or at [weirs@michigan.gov](mailto:weirs@michigan.gov).

# 2014 Health Equity Report

## Introduction

The 2014 Health Equity Report, *Moving Health Equity Forward*, represents the eighth annual assessment of Michigan Department of Community Health (MDCH) efforts to promote racial and ethnic minority health equity. The Report also serves as the MDCH annual report documenting work to address the requirements of Public Act 653 of the Michigan Public Health Code. Public Act (PA) 653 was passed by Michigan's 93rd Legislature in 2006 and became effective in January 2007. It amends the Public Health Code (1978 PA 368) and includes provisions for addressing racial and ethnic health disparities throughout the state (see Attachment A).

Information and data presented in this report were obtained through an online survey completed by MDCH administrators, directors, managers and their staff. The 2014 survey data reflect responses from a total of 121 individuals representing 6 out of 7 (86%) MDCH administrations,<sup>1</sup> 15 out of 17 (88%) bureaus, 43 out of 64 (67%) divisions, and 9 out of 9 (100%) organizational areas under the Office of the Director (OD). Individual responses were aggregated by MDCH organizational units and used to inform this report as well as ongoing planning and implementation of Department-wide health equity initiatives.

Health equity-related practices, activities, and initiatives conducted during calendar year 2014 (January to December 2014) are described below as they align with MDCH 2014 Strategic Priorities and PA 653 requirements.

## MDCH 2014 Health Equity Efforts

### **MDCH PRIORITY: Promote & Protect Health, Wellness and Safety**

Health Equity-Related Objective:

- Reduce disparities in health outcomes.

Effectively reducing disparities in health outcomes requires a multi-faceted approach encompassing a variety of strategies. These strategies range from implementing policies and practices that improve the public health and health care systems (e.g.,

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<sup>1</sup> Includes the Office of the Director as an Administration

access, quality, affordability and appropriateness) to cultivating partnerships and collaborations (often with diverse, non-health sectors) that address the root causes of health inequities (e.g., social, economic, and structural determinants of health such as employment, income, education, housing, discrimination, etc.).

In 2014, MDCH continued its department-wide commitment to reducing racial and ethnic minority health disparities through a number of Administration-, Bureau- and Division-level initiatives. Overarching practices to promote health equity included:

- Identifying racial/ethnic minority health equity as an Administration, Bureau, and/or Division priority;
- Integrating goals and objectives to address racial/ethnic health disparities into program and/or state strategic plans;
- Using science/evidence to guide the development and implementation of health equity-related programs and services;
- Providing training to ensure the cultural and linguistic appropriateness of programs, services and/or health educational materials;
- Offering information and/or training to staff on state or federal Civil Rights laws;
- Conducting activities to recruit and retain a diverse workforce; and
- Working with partners from sectors, industries, or disciplines outside of public health on efforts to promote racial and ethnic minority health equity.

**MDCH Practices to Promote Health Equity**

- More than three quarters (78%) of MDCH organizational areas responding to the survey reported at least one health equity promoting practice in 2014.
- These organizational areas represent all (100%) MDCH Administrations and nearly all (80%) Bureaus responding to the survey.

Encompassed within each of the above practices are specific efforts and initiatives implemented by various MDCH program areas in 2014 that are consistent with PA 653 requirements. These are further summarized below.

**Relevant Public Act 653 Requirement:  
*Develop and Implement a Structure to Address Racial and Ethnic Health Disparities in the State.***

The Health Disparities Reduction Minority Health Section (HDRMHS), located in the Office of Health Policy and Innovation, continued to serve as the primary MDCH structure to address racial and ethnic health disparities. The Section's mission is to provide a persistent and continuing focus on assuring health equity and eliminating

health disparities among Michigan's populations of color. Overarching HDRMHS activities include:

- Supporting and initiating programs, policies, and applied research to address social determinants of health that contribute to health inequities for racial and ethnic minority populations in Michigan;
- Collaborating in the development of MDCH prevention, health service delivery, and research strategies in an effort to improve health outcomes for racial and ethnic minority populations in Michigan; and,
- Facilitating implementation of culturally and linguistically appropriate health services throughout MDCH.

In 2014, HDRMHS continued to develop, promote, and administer health promotion programs for communities of color, including African American, Hispanic/Latino, American Indian/Alaska Native, Asian American, and Arab American/Chaldean.

HDRMHS also continued to facilitate and promote departmental-wide efforts to achieve health equity through its leadership of the Health Equity Steering Committee. This intra-departmental committee works to increase awareness, disseminate data, promote best practices, and support inter- and intradepartmental health disparities related efforts. Steering Committee members represent a cross-section of MDCH bureaus. (A list of Steering Committee members is available at: [www.michigan.gov/minorityhealth](http://www.michigan.gov/minorityhealth))

As previously noted, health equity was also recognized as a department-wide priority through inclusion of several health equity-related objectives in the MDCH 2014 Strategic Priorities.

**Relevant Public Act 653 Requirement:  
*Monitor minority health progress.***

Comprehensive, accurate, and timely data are essential to monitoring minority health progress. In 2014, MDCH continued to collect, use, and analyze data on mortality, disease, health care utilization, risk factors, and social determinants of health for racial and ethnic populations. Data sources included state surveys and data bases, program-based data, contractor data, as well as national data sources. These data are typically collected over time, allowing the Department to track and monitor trends. In addition, these data are often used to identify racial and ethnic minority populations at greatest risk of poor health outcomes, inform program planning and service delivery, and evaluate program/service impact.

For example, the Medical Services Administration (MSA), Bureau of Medicaid Care Management and Quality Assurance, Managed Care Plan Division utilized data from their Medicaid Health Equity Project to identify a significant disparity between White and African American women in receiving postpartum care (PPC) (a gap of over 10.0 percentage points in the PPC measure). In response, MDCH is partnering with select Medicaid Health Plans on a Postpartum Care quality improvement initiative with a focus on addressing health disparities in postpartum care. This project plans to focus on increasing access to transportation and home visitation services, to begin addressing some of the social determinants that influence access to postpartum care.

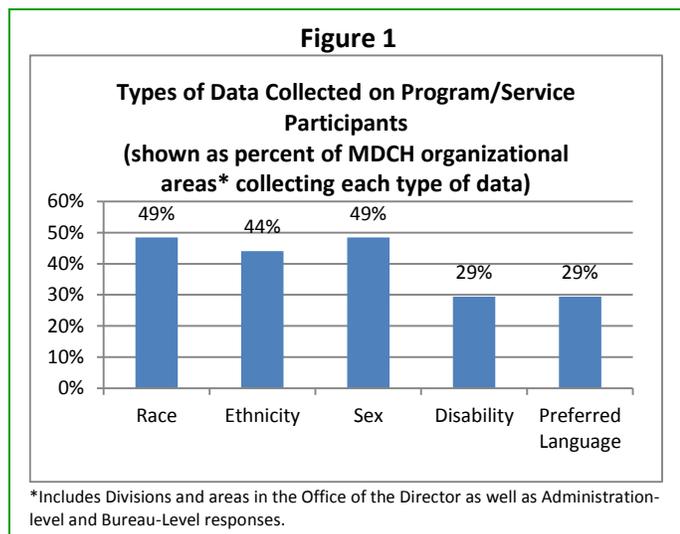
**Collection/Use of Data**

- Of those responding to the survey, 4 out of 6 (67%) Administrations reported collecting or using data to monitor racial and ethnic minority health disparities in 2014.
- Those not collecting or using data noted that: 1) it was not applicable to their work (e.g., budget/audit); 2) per federal law, they cannot require clients to report race/ethnicity; or 3) they lacked the staff and resources to do so.

Likewise, the Public Health Administration, Bureau of Family, Maternal and Child Health’s Infant Safe Sleep program used data from the Pregnancy Risk Assessment Monitoring System (PRAMS) and Vital Statistics to identify populations that are at risk for or experience higher numbers of sleep-related infant deaths. The program then used this information to prioritize use of Infant Safe Sleep mini-grant funds, as well as target media efforts to areas of the state where racial and ethnic minority health disparities exist.

In 2014, several MDCH organizational areas also collected data on race, ethnicity, sex, disability and preferred language of participants in health and social services programs (see Figure 1). These data are also essential to on-going assessment and monitoring of health disparities.

In 2014, MDCH also continued to implement special projects to enhance minority health data collection, analysis and use in order to better inform programs, policies and strategic direction. (See Briefs: The Importance of Race/Ethnicity Data; and PA 653: Equity in Action.)



**Relevant Public Act 653 Requirement:  
*Establish minority health policy.***

State, department, and program policies addressing minority health are important to formalizing our commitment to health equity, promoting full integration of health equity into departmental efforts, and ensuring best practices are supported and consistently applied. In 2014, several MDCH areas across the Department implemented new policies to advance health equity.

***The rollout of the Healthy Michigan Plan has expanded access to comprehensive health care coverage for over 500,000 individuals, including all races and ethnicities, which might not otherwise have access to affordable health care.***

-MSA, Bureau of Medicaid Policy and Health System Innovation, Program Policy Division

Among these, perhaps one of the most note-worthy was expansion of Medicaid enrollment through implementation of the Healthy Michigan Plan. This expansion has enabled an increased number of people from racial and ethnic minority populations to access needed health care and preventive services.

Additional policies implemented in 2014 that promote health equity included:

- Required health equity, social justice and cultural competency training for managers and staff (Behavioral Health and Developmental Disabilities Administration: Bureau of Community Based Services; Office of the Director: Health Policy and Innovation, and Office of Services to the Aging; Public Health Administration: Bureau of Local Health and Administrative Services).
- Contractual requirement that Medicaid Health Plans participate in the Medicaid Health Equity Project (Medical Services Administration: Bureau of Medicaid Care Management and Quality Assurance/Managed Care Plan Division).
- Policies to ensure workforce diversity (Human Resources, Behavioral Health and Developmental Disabilities Administration, Medical Services Administration, Public Health Administration, Office of the Director, Operations Administration).
- Policies to improve racial/ethnic data collection in order to better assess the extent to which programs/services are reaching racial and ethnic minority populations (Public Health Administration: Bureau of Family, Maternal and Child

***MDCH organizational areas reporting that they implemented minority health policies in 2014***  
***Number (% of those responding)***

- Administrations: 5 (83%)
- Bureaus: 7 (47%)
- Divisions: 11 (25%)
- Sub-areas in the Office of the Director (OD sub-areas): 4 (44%)

Health/Division of Family and Community Health; Office of the Director: Health Policy and Innovation/Health Disparities Reduction and Minority Health Section).

- Policy for inclusion of health equity language in all Request for Proposals (Public Health Administration: Bureau of Local Health and Administrative Services/ Division of Chronic Disease and Injury Control).
- Policy to consider health equity in program and funding decisions. (Public Health Administration: Bureau of Family, Maternal and Child Health/Family and Community Health; Bureau of Local Health and Administrative Services/Division of Chronic Disease and Injury Control).

### **Relevant Public Act 653 Requirements:**

***Develop and implement an effective statewide strategic plan for the reduction of racial and ethnic health disparities.***

The *Michigan Health Equity Roadmap: A vision and framework for improving the social and health status of racial and ethnic minority populations in Michigan*, serves as the statewide strategic plan for eliminating health disparities in Michigan. Released in June 2010, the *Roadmap* includes five priority recommendations:

- 1) Improve race and ethnicity data collection, systems and access.
- 2) Strengthen government and community capacity to improve racial/ethnic health inequalities.
- 3) Improve social determinants of health.
- 4) Strengthen community capacity, engagement and empowerment.
- 5) Ensure equitable access to quality health care.

These recommendations correlate with several MDCH Strategic Priorities. In addition, a number of MDCH program areas integrate *Roadmap* recommendations into their work. For example, the Public Health Administration reported that they integrate *Roadmap* recommendation into their program requirements and project initiatives. The Medical Services Administration, Bureau of Medicaid Care Management and Quality Assurance noted that they consider these recommendations when making decisions on data collection, display and dissemination. The Office of Health Policy and Innovation uses the *Roadmap* as their template to address health disparities, health equity and the social determinants of health.

***MDCH organizational areas reporting that they integrate Roadmap Recommendations into their work***

***Number (% of those responding)***

- Administrations: 4 (67%)
- Bureaus: 8 (53%)
- Divisions: 13 (30%)
- OD sub-areas: 4 (44%)

## Relevant Public Act 653 Requirements:

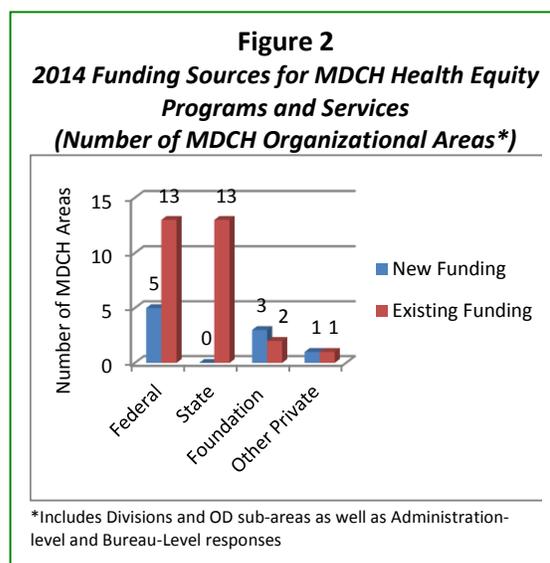
- **Utilize federal, state, and private resources to fund minority health programs, research, and other initiatives.**
- **Provide funding, within the limits of appropriations, to support evidence-based preventative health, education, and treatment programs that include outcomes measures and evaluation plans in minority communities.**

Using a combination of federal, state and private resources, MDCH implemented and/or funded numerous health equity-related programs and services in 2014. The majority of these initiatives utilized existing funds from federal, state and foundation sources to support their efforts. A few program areas also obtained new federal, foundation and private funding in 2014 to implement health-equity efforts (Figure 2).

Racial and ethnic minority health equity-related activities conducted or funded in 2014 included providing:

- Educational materials focused on racial and ethnic health inequity and/or social determinants of health.
- Initiatives that engage communities and mobilize partnerships to achieve racial and ethnic health equity and address social determinants of health.
- Programs to assure access to early detection and/or quality health care for racial and ethnic minority populations including services that are affordable, acceptable, appropriate, and timely.
- Services that include health promotion/disease prevention strategies for racial and ethnic minority populations.
- Programs and services that are consistent with culturally and linguistically appropriate services standards.

(For examples of specific activities, see the Brief: PA 653: Equity in Action.)



### Relevant Public Act 653 Requirements:

- ***Provide the following through interdepartmental coordination: Data, technical assistance, and measurable objectives to minority health coalitions and any other local health entities for the development of interventions that address the elimination of racial and ethnic health disparities.***
- ***Provide technical assistance to local communities to obtain funding for the development and implementation of health care delivery system to meet the needs, gaps and barriers identified in the statewide strategic plan for eliminating racial and ethnic health disparities.***
- ***Promote the development and networking of minority health coalitions.***

As in previous years, MDCH organizational areas continued to work with minority health coalitions, local health departments, and/or community organizations to support their health equity-related efforts. The most commonly reported ways in which MDCH worked with local entities included the following:

- Provided data, data-related technical assistance (e.g., interpreting data), and/or analyzed data.
- Provided technical assistance to local communities related to the development, implementation, and evaluation of evidence-based interventions that address racial and ethnic health disparities.
- Provided funding to support evidence-based programs/services in racial and ethnic minority communities.
- Assisted with capacity development (strategic planning, fund development, grant writing, etc.).
- Assisted local communities with developing and implementing a health care delivery system that addresses the needs, gaps, and barriers of racial and ethnic minorities.
- Promoted the development, support and/or networking of minority health coalitions.
- Provided training (health equity and cultural competence, etc.).

***MDCH organizational areas reporting that they work with local entities to promote racial and ethnic minority health equity***  
*Number (% of those responding to question)*

- Administrations: 4 (67%)
- Bureaus: 7 (64%)
- Divisions: 14 (40%)
- OD sub-areas: 3 (43%)

To effectively engage communities that experience significant racial and ethnic health

disparities, MDCH continued to partner with local organizations and others. The Tobacco Section within the Division of Chronic Disease and Injury Control (Bureau of Local Public Health and Administrative Services) contracts with numerous community-based organizations that work to eliminate health disparities in tobacco related diseases by working intensively with communities most disparately affected. The purpose is to use evidence-based strategies and practices to decrease tobacco use in these communities.

The Office of Public Health Preparedness partners with local health departments, agencies and other community-based organizations that serve vulnerable population groups in order to ensure a whole community approach to emergency preparedness planning and response. This includes working with local entities to make sure informational materials and communication messages are appropriate for diverse populations.

#### **Relevant Public Act 653 Requirement:**

***Establish a web page on the Department’s website, in coordination with the state Health Disparities Reduction and Minority Health Section that provides information or links to research within minority populations, a resource directory, and racial and ethnic specific data.***

HDRMHS continued to maintain its web page ([www.michigan.gov/minorityhealth](http://www.michigan.gov/minorityhealth)). The web page serves as a vehicle for relevant and current minority health and health equity data, information, and research. The webpage serves as a resource for MDCH, partners, minority health coalitions, and other stakeholders. (See sidebar for list of information available on the website).

In 2014, several MDCH divisions also posted health equity-related information, tools and resources on their program and partner websites (6 divisions within the Public Health Administration; 1 within MSA; and 1 program area--aside from HDRMHS--in the Office of the Director). Health data and statistics also available by race/ethnicity on the Health Statistics and Reports web page: <http://www.michigan.gov/mdch/0,1607,7-132-2944---,00.html>

#### *HDRMHS Website:*

- HDRMHS Vision, mission and strategic framework
- Registration for CLAS training
- Link to Public Act 653
- Previous reports to the Legislature
- The Michigan Health Equity Roadmap
- The Michigan Health Equity Data Set Project
- Special reports and documents
- Michigan Health Equity Toolkit
- Minority Health Data Slides
- Links to health equity resources
- Information on HDRMHS Grant Programs including Minority Health Month Activities

**Relevant Public Act 653 Requirement:**

***Develop and implement awareness strategies targeted at health and social service providers in an effort to eliminate the occurrence of racial and ethnic health disparities.***

In 2014, MDCH organizational areas continued to implement a number of health equity-related awareness activities for health and social service providers. These activities included state and local Minority Health Month events, ongoing dissemination of health equity-related toolkits, and partner and staff training.

*Minority Health Month (April 2014):* To commemorate Minority Health Month, the MDCH HDRMHS offered two, two-day workshops to introduce Culturally and Linguistically Appropriate Services (CLAS) Standards through the lens of a health equity framework. Participants explored issues of power, oppression, privilege and change with the goal of moving individuals and organizations forward in their journey toward cultural competency development. These workshops served as the kick-off of the Department's equity-based cultural competency training sessions (see Training below).

*Health Equity Toolkits:* The HDRMHS continued dissemination and use of *Health Equity in Michigan: A Toolkit for Action*. Available on the HDRMHS website, the Toolkit includes a six-part video series, a facilitator guide, group activities, PowerPoint slides, fact sheets and a resource guide exploring the link between social determinants of health and the health of racial and ethnic minority communities in Michigan ([http://www.michigan.gov/mdch/0,4612,7-132-2940\\_2955\\_2985-294498--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2940_2955_2985-294498--,00.html)).

The Office of Recovery-Oriented Systems of Care in the Bureau of Community Based Services also continued promoting its toolkit: *Transforming Cultural and Linguistic Theory into Action . . . A Toolkit for Communities* ([http://www.michigan.gov/documents/mdch/Transform\\_Cultural-Linguistic\\_Theory\\_into\\_Action\\_390866\\_7.pdf](http://www.michigan.gov/documents/mdch/Transform_Cultural-Linguistic_Theory_into_Action_390866_7.pdf)). The Toolkit includes definitions and examples of how to provide a respectful and safe environment for diverse populations in the substance abuse treatment setting.

*Training:* In 2014, HDRMHS launched its Equity based Cultural Competency Training for MDCH staff, managers, HDRMHS funded organizations and external partners. Three sessions were conducted over the year with a total of 79 persons trained. The Section also sponsored a quarterly, Brown Bag lunch series for MDCH employees to foster awareness and discussion about health equity issues, programs and policies.

In addition, HDRMHS disseminated its work and health equity message through a number of presentations to state and national groups including:

- The National Association of Maternal and Child Health Programs;
- Julian Samora Research Institute Hispanic/Latino Summit;
- University of Michigan Health Equity Policy Seminar;
- Michigan Maternal Mortality Surveillance Committee;
- Michigan Consumers Statewide Stakeholders Conference;
- Community Adolescent Health Center Conference; and
- American Public Health Association Annual Meeting.

MDCH staff participated in other Department, state, regional and national trainings and conferences addressing health equity. Several MDCH organizational areas provided or sponsored health equity-focused training/education for their staff and/or external partners (e.g., local health department staff, physicians, other health care and social service providers, etc.). Training covered a range of topics such as social determinants of health, cultural competency/proficiency, health literacy, diversity, and racial equity/anti-racism.

Outcomes of these educational opportunities included:

- Increased staff and partner awareness, education, knowledge and skills to address health inequities.
- Improved ability to incorporate health equity principles and best practices into programs/services.
- Increased sharing of best practices from across the U.S. in health equity initiatives, impacting future planning.
- Greater efficiency in implementing culturally and linguistically appropriate services (CLAS) into policy, program decisions, and daily work.
- More complete integration of health equity into the work of MDCH program areas (e.g., development of equity work plans, increased integration into policies and procedures, etc.).

**2014 Training  
Among MDCH Organizational areas  
responding to the survey:**

- 24% reported that they or their staff attended a *HDRMHS sponsored* training in 2014 (e.g., Equity based Cultural Competency, Brown Bag series, or other HDRMHS presentation)
- 34% reported that they or their staff attended a *MDCH, state, regional, or national training/conference* addressing health equity (separate from those offered by HDRMHS).
- 16% reported *providing* health equity-focused training/education for staff and/or external partners.

**Relevant Public Act 653 Requirement:**

***Appoint a department liaison to provide the following services to local minority health coalitions: Assist in the development of local prevention and intervention plans; relay the concerns of local minority health coalitions to the department; assist in coordinating minority input on state health policies and programs; serve as the link between the Department and local efforts to eliminate racial and ethnic health disparities.***

In 2014, MDCH organizational areas and programs continued to seek input from the populations served in communities all across the state. Consumer input was used in a variety of ways. Many used this information to enhance program or service delivery, identify barriers to participation, and develop or revise education materials. Some areas used this input to tailor technical assistance for communities and service providers. In some cases, feedback was integrated into state or community strategic/program plans.

***MDCH organizational areas reporting that they solicit input/ feedback from minority populations  
Number (% of those responding to question)***

- Administrations: 4 (67%)
- Bureaus: 7 (64%)
- Divisions: 17 (49%)
- OD sub-areas: 3 (43%)

For example, in 2014, the Public Health Administration, Bureau of Disease Control, Prevention and Epidemiology, Division of Communicable Disease worked with the Arab community in southeast Michigan to develop protocols and trainings around the occurrence of Middle East Respiratory Syndrome.

**MDCH PRIORITY: Promote & Protect Health, Wellness and Safety**

Health Equity-Related Objective:

- Ensure access to culturally and linguistically appropriate services for all Michigan residents.

**Relevant Public Act 653 Requirement:**

***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.***

Cultural and linguistic competency is described as clear and understandable communication for all, with the ability to relate to all patients, regardless of cultural roots, in the delivery of quality health care.<sup>2</sup> In an effort to promote the provision of culturally and linguistically competent care, the U.S. Department Health and Human Services' Office of Minority Health (OMH), established National Culturally and Linguistically Appropriate Services (CLAS) standards aimed at providing the most appropriate services for diverse populations.<sup>3</sup>

A major focus of the Department in 2014 was identifying and assisting in the implementation of culturally and linguistically appropriate health promotion and disease prevention programs, as well as integrating CLAS standards into programs and services to ensure accessible, affordable, and acceptable early detection and care. This was accomplished through a variety of activities including:

***Ensuring Culturally and Linguistically Appropriate Services (CLAS)***

Of those MDCH organizational areas\* responding to the 2014 Health Equity Survey:

- More than half (59%) reported that they **ensured** the cultural and linguistic appropriateness of programs, services and/or educational materials.

\*Includes Division, OD sub-areas, Bureau-level and Administration-level responses.

- Working with contractors that have access to and experience with serving racially and ethnically diverse populations;
- Including contractual requirements to serve disparate populations and provide culturally competent services;
- Developing culturally and linguistically appropriate health messages and information;
- Translating health messages and information into languages other than English;
- Providing/funding translation services in community and/or health care settings;
- Assessing the competence of individuals providing language assistance and translation services;
- Providing cultural competency training and technical assistance;
- Conducting assessment of community health assets and needs in order to plan and implement culturally and linguistically appropriate programs/services;
- Partnering with communities to design, implement and evaluate policies, practices, and services to ensure culturally and linguistically appropriate services;

<sup>2</sup> National Partnership for Action to End Health Disparities. National Stakeholder Strategy for Achieving Health Equity. Rockville, MD: U.S. Department of Health & Human Services, Office of Minority Health, April 2011.

<sup>3</sup> Michigan Department of Community Health, Health Equity Steering Committee. Success Story Volume 2: November, 2013.

- Creating conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints; and
- Posting information to promote culturally and linguistically appropriate programs and services on program websites.

In addition, HDRMHS continued implementation of its CLAS initiative in 2014, which promotes the adoption of CLAS standards among capacity building partner organizations and other local organizations. Funded by the Department of Health and Human Services (DHHS) Office of Minority Health, this project includes developing a health equity enhanced CLAS training module, which was discussed previously in the report.

**Priority: Strengthen Workforce and Economic Development.**

Health Equity-Related Objective:

- Support competitive employment opportunities to retain a creative and diversified workforce.

**Relevant Public Act 653 Requirement:**

***Develop and implement recruitment and retention strategies to increase the number of minorities in the health and social services professions.***

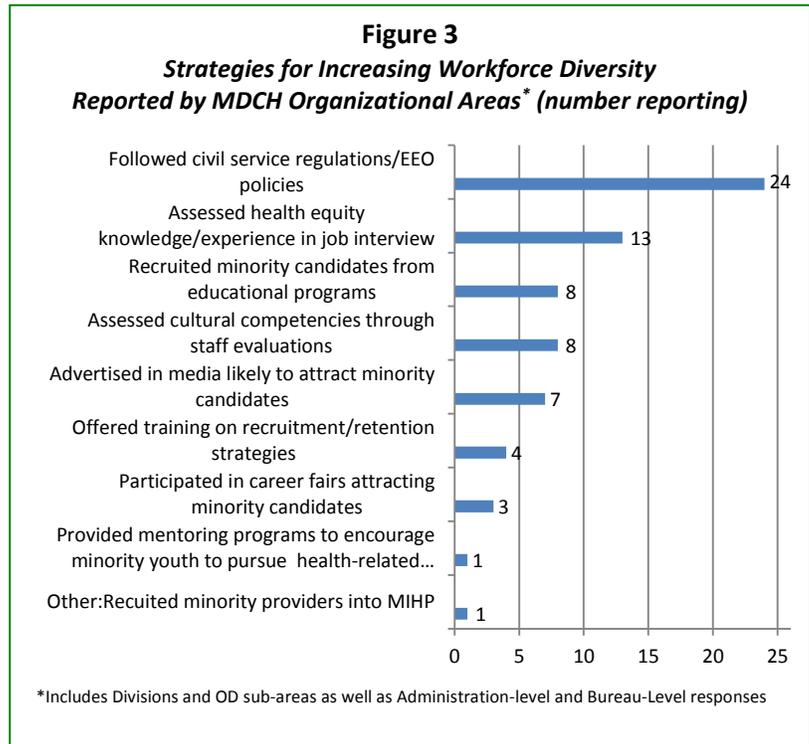
The recruitment and retention of racial and ethnic minorities into healthcare and related fields is an important strategy for achieving health equity. Providers who share the same culture or speak the same language as those they serve can be particularly effective in providing services and improving health outcomes. Consequently, MDCH is committed to recruiting and retaining a qualified and diverse workforce.

Of those responding to the survey, almost all MDCH Administrations (83%) reported that they conducted specific activities to recruit and retain a diverse workforce in 2014. Those that did not report such activities most often cited “no new hires in 2014” as the reason. Activities conducted to increase staff diversity in 2014 are listed in Figure 3. The most frequently reported activities included:

- Followed civil service regulations and departmental EEO policies and procedures;
- Inquired about candidates' knowledge of and experience working with diverse populations and/or health equity-related issues during job interviews;

- Worked with university and professional education programs to recruit qualified graduates from racial/ethnic minority backgrounds;
- Assessed cultural and health equity competencies as part of annual staff evaluations; and
- Advertised vacancies in media most likely to attract minority candidates.

A few MDCH organizational areas also reported: providing training to managers on recruitment and retention strategies; participating in career fair recruitment opportunities that attract minority candidates; and providing mentoring programs to encourage high school youth from disadvantaged communities to pursue health-related careers. The Bureau of Family, Maternal and Child Health further reported recruiting minority providers into the Maternal Infant Health Program (MIHP) and including cultural competence as part of their New Provider Application.



## Conclusion

As illustrated by the information highlighted in this report, MDCH was involved in multiple health equity efforts in 2014. The Department has continued to look inward at ways to reduce health disparities through improved collection and use of racial and ethnic data; development of policies to reduce health disparities; integration of health equity-related goals and priorities into strategic and program plans; expanded training of employees and partners on cultural proficiency, social determinants and other equity related issues; implementation of programs and services consistent with CLAS standards; and use of strategies to recruit and retain a diverse workforce. MDCH has also continued to expand its efforts outward through its work with local health departments, minority health coalitions, community organizations, and other diverse traditional and non-traditional public health partners.

While much was accomplished in 2014, there is more work to be done to eliminate racial and ethnic minority health disparities in Michigan. MDCH remains committed to increasing the scope, impact, and effectiveness of its work as outlined in PA 653, and within the means of current appropriations. Where possible, the Department will continue to explore new and innovative sources of funding to further support and expand efforts to promote health equity.

### **2015 Health Disparities Reduction and Minority Health Section Activities and Timeline**

- |   |                |
|---|----------------|
| • Sponsor 2015 Minority Health Month Activities                                       | April 2015     |
| • Initiate the IM-WEL health literacy initiative                                      | May 2015       |
| • Complete/disseminate BRFS Reports for 2012 Asian and 2013 Arab/Chaldean             | June 2015      |
| • Complete web-based equity training module for MDCH staff                            | August 2015    |
| • Conduct Asian American maternal/child health data analysis project                  | September 2015 |
| • Update/monitor the Michigan Health Equity Data Set (MHEDS) data                     | October 2015   |
| • Continue BOCA-CLAS program  | Ongoing        |
| • Continue conducting equity based CLAS trainings with MDCH staff & external partners | Ongoing        |
| • Continue collaboration with the PRIME project                                       | Ongoing        |

### **Acknowledgements**

*The Health Disparities Reduction and Minority Health Section would like to thank all MDCH managers and staff who took the time to complete the 2014 MDCH Health Equity Survey.*

## Attachment A: Public Act (PA) 653

Act No. 653  
Public Acts of 2006  
Approved by the Governor  
January 8, 2007  
Filed with the Secretary of State  
January 9, 2007  
EFFECTIVE DATE: January 9, 2007  
STATE OF MICHIGAN  
93RD LEGISLATURE  
REGULAR SESSION OF 2006

Introduced by Reps. Murphy, Gonzales, Zelenko, Williams, Whitmer, McConico, Leland, Clemente, Condino, Tobocman, Farrah, Lipsey, Alma Smith, Clack, Cushingberry, Plakas, Hopgood, Waters, Anderson, Stewart, Kolb, Meyer, Adamini, Brown, Gaffney, Virgil Smith, Hunter, Kathleen Law, Bieda, Meisner, Wojno, Vagnozzi, Taub, Accavitti, Stakoe, Gleason, Wenke, Ward, Byrum, Sak, Nitz, Moolenaar, Casperson, Dillon, Angerer, Bennett, Byrnes, Caul, Cheeks, Espinoza, Green, Hansen, Rick Jones, Kahn, David Law, Lemmons, Jr., Marleau, Mayes, McDowell, Miller, Polidori, Proos, Sheltroun and Spade

## ENROLLED HOUSE BILL No. 4455

AN ACT to amend 1978 PA 368, entitled “An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to provide for the imposition of a regulatory fee; to provide for the levy of taxes against certain health facilities or agencies; to promote the efficient and economical delivery of health care services, to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to regulate and prohibit the sale and offering for sale of drug paraphernalia under certain circumstances; to provide for the implementation of federal law; to provide for penalties and remedies; to provide for sanctions for violations of this act and local ordinances; to provide for an appropriation and supplements; to repeal certain acts and parts of acts; to repeal certain parts of this act; and to repeal certain parts of this act on specific dates,” (MCL 333.1101 to 333.25211) by adding section 2227.

*The People of the State of Michigan enact:*

Sec. 2227. The department shall do all of the following:

- (a) Develop and implement a structure to address racial and ethnic health disparities in this state.
- (b) Monitor minority health progress.
- (c) Establish minority health policy.
- (d) Develop and implement an effective statewide strategic plan for the reduction of racial and ethnic health disparities.
- (e) Utilize federal, state, and private resources, as available and within the limits of appropriations, to fund minority health programs, research, and other initiatives.

- (f) Provide the following through interdepartmental coordination:
- (i) Data and technical assistance to minority health coalitions and any other local entities addressing the elimination of racial and ethnic health disparities.
  - (ii) Measurable objectives to minority health coalitions and any other local health entities for the development of interventions that address the elimination of racial and ethnic health disparities.
  - (g) Establish a web page on the department's website, in coordination with the state health disparities reduction and minority health section, that provides information or links to all of the following:
    - (i) Research within minority populations.
    - (ii) A resource directory that can be distributed to local organizations interested in minority health.
    - (iii) Racial and ethnic specific data including, but not limited to, morbidity and mortality.
  - (h) Develop and implement recruitment and retention strategies to increase the number of minorities in the health and social services professions.
    - (i) Develop and implement awareness strategies targeted at health and social service providers in an effort to eliminate the occurrence of racial and ethnic health disparities.
    - (j) 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.
    - (k) Promote the development and networking of minority health coalitions.
  - (l) Appoint a department liaison to provide the following services to local minority health coalitions:
    - (i) Assist in the development of local prevention and intervention plans.
    - (ii) Relay the concerns of local minority health coalitions to the department.
    - (iii) Assist in coordinating minority input on state health policies and programs.
    - (iv) Serve as the link between the department and local efforts to eliminate racial and ethnic health disparities.
  - (m) Provide funding, within the limits of appropriations, to support evidence-based preventative health, education, and treatment programs that include outcome measures and evaluation plans in minority communities.
  - (n) Provide technical assistance to local communities to obtain funding for the development and implementation of a health care delivery system to meet the needs, gaps, and barriers identified in the statewide strategic plan for eliminating racial and ethnic health disparities.
  - (o) One year after the effective date of this section and each year thereafter, submit a written report on the status, impact, and effectiveness of the amendatory act that added this section to the standing committees in the senate and house of representatives with jurisdiction over issues pertaining to public health, the senate and house of representatives appropriations subcommittees on community health, and the senate and house fiscal agencies.

This act is ordered to take immediate effect.  
Clerk of the House of Representatives  
Secretary of the Senate  
Approved

For more information about this report, please contact:  
Michigan Department of Health & Human Services  
Health Disparities Reduction and Minority Health Section  
[colormehealthy@michigan.gov](mailto:colormehealthy@michigan.gov)  
Phone: (313) 456-4355



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