

MDCH 2014 Health Equity Report

Brief:

PA 653: Equity in Action



April 2015

Public Act 653

Public Act 653 (enrolled House Bill No. 4455) was passed by the 93rd Michigan Legislature during their regular session of 2006, approved by the Governor on January 8, 2007, and filed with the Secretary of State and became effective on January 9, 2007.

The Act amends 1978 PA 368 (MCL 333.1101 to 333.25211) by adding section 2227, which outlines the following provisions for the Michigan Department of Community Health:

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.

Various organizational areas throughout the Michigan Department of Community Health are involved in efforts that promote racial and ethnic minority health equity and align with Public Act 653. Following are just a few examples of 2014 activities illustrating equity in action, as described by the programs.

PA 653 Provision:

(b) Monitor minority health progress

We have developed a Health Equity Project in Medicaid Managed Care that tracks care provided to beneficiaries by race/ethnicity, which is now in its 4th year. Results are reported back to MSA/DCH administration as well as to the Medicaid Health Plans who participate in the project. In 2014, we also presented results from this project at the annual National Institute on Minority Health and Health Disparities (NIMHD) conference. Using Federal funds, we are also in the second year of developing another data system which will allow us to track the care provided to beneficiaries stratified by race/ethnicity, sex, age and region to better identify health disparities and promote health equity. We will begin reporting these results to MSA/DCH administration and the Medicaid Health Plans quarterly in FY 2015. Finally, five staff from the Managed Care Plan Division completed CLAS training in 2014. (Medical Services Administration, Bureau of Medicaid Care Management and Quality Assurance, Managed Care Plan Division, Quality Improvement and Program Development)

PA 653 Provision:

(e) Utilize federal, state, and private resources, as available and within the limits of appropriations, to fund minority health programs, research, and other initiatives.

Through the Medicaid Health Equity Project, we determined that the largest negative difference was found in the Postpartum Care (PPC) measure, where the gap between African American and White women is over 10.0 percentage points. In response to this finding, MDCH is partnering with some of the Medicaid Health Plans on a Postpartum Care quality improvement initiative with a focus on addressing health disparities in postpartum care. This project is primarily intending 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. (Medical Services Administration, Bureau of Medicaid Care Management and Quality Assurance, Managed Care Plan Division, Quality Improvement and Program Development)

PA 653 Provision:

(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.

We support the Michigan Cancer Consortium (MCC), a state-wide partnership of more than 110 organizations, which advances cancer prevention and control. The MCC has a Health Disparities Workgroup which worked with the MCC Policy Committee to develop Health Disparities and Policy

Priorities. The Health Disparities Workgroup has continued to promote the priorities and activities to address priority areas. In 2014 the MCC, in partnership with the Michigan Department of Community Health, hosted a webinar which included information about disparities and was attended by well over 300 people. In September of 2014, the MCC Policy Committee and Health Disparities Workgroup decided to focus on their priority of enhanced data collection, including promotion of the Office of Management and Budget guidelines around collection of race and ethnicity data. Twenty-five people from around the state volunteered to join the MCC's new Data Collection Subcommittee to address data collection and health disparities. The group has begun to plan their activities, which will involve gathering and sharing best practices, tools, and resources to improve race, ethnicity, and other data collection in health settings. (Public Health Administration, Bureau of Local Health and Administrative Services, Division of Chronic Disease and Injury Control, Cancer Prevention and Control)

PA 653 Provision:

- (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.**

The Home and Community Based Services Section supports a Quality Management Collaboration that is run by program participants of all races and ethnic backgrounds. We use their input to assure the MI Choice program and Nursing Facility Transition program staff are culturally competent and program requirements are culturally sensitive. (Medical Services Administration, Bureau of Medicaid Policy and Health System Innovation, Long Term Care Services Division)

Our office/program does address vulnerable or at-risk populations - groups that may be at greater risk of poorer outcomes as a result of a disaster or public health emergency - such as minorities, non-English speaking populations, and those that may be affected by health inequities. We partner with other departments, agencies and community-based organizations that serve vulnerable population groups to ensure a whole community approach to preparedness planning and response to emergencies. Our risk communication program provides translated materials and promotes linguistically and culturally competent communication with the local health departments we work with. (Public Health Administration, Office of Public Health Preparedness)

PA 653 Provision:

- (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.**

Using Vital Stats data, a pilot project was developed and funded in which 3 birth hospitals in high risk areas were identified. Families who delivered newborns at these hospitals received supplemental infant safe sleep education and materials all with the goal of reducing deaths in communities where disparities exist. Use of the PRAMS data also helps us monitor trends in parents' behaviors related to infant sleep and to assess if efforts are reaching and effective with the populations that are most impacted, which are racial and ethnic minority populations. Early Hearing Detection and Intervention (EHDI) Program -- Assess barriers parents have in obtaining follow-up services; review barrier survey results and follow-up. (Public Health Administration; Bureau of Family, Maternal and Child Health; Family and Community Health; Women, Infant and Family Health)

For more information, please contact:

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