MDHHS Health Equity Core Team

Strategic Planning Session – Revised Report

January 18, 2016

OVERVIEW

On November 23, 2015, the Health Equity Core Team met for a half-day strategic planning session. The purpose of the session was to determine how to focus health equity work within MDHHS in the years ahead. The session was organized around answering Focus Questions related to three concerns:

> STAFF DEVELOPMENT AND TRAINING: Considering the current status of MDHHS staff understanding and application of a health equity framework for practice, where should we focus staff development needs in the coming two years?
>
> DEPARTMENT LEADERSHIP: What strategies or approaches are likely to advance MDHHS leadership's understanding and support for a health equity framework for its practice?
>
> COMMUNITY PARTNERSHIP AND WORK: How can we best enhance or expand MDHHS's community partnerships to strengthen a commitment to health equity?

After generating answers to these three questions, the team was also asked one final question: Given what we have decided today, what should we consider in advancing health equity through the department?

This report presents the findings generated by each section of the retreat, and revisions that were proposed during the validation session December 7, 2015.

PARTICIPANTS

Participants in the initial planning session: Stan Bien, Renee Canady, Paulette Dunbar, Brenda Fink, Brenda Jegede, Patti McKane (by phone), Rashmi Travis, Crystal Pirtle Tyler, and Sheryl Weir.

Participants in the validation session: Lonnie Barnett, Renee Canady, Paulette Dunbar, Brenda Fink, Brenda Jegede, Patti McKane, Rashmi Travis, Crystal Pirtle Tyler, and Sheryl Weir.

PROCESS

For each of the three main sections of the session, the facilitator asked a series of "summary questions" meant to summarize all the relevant information held by the Core Team that should be considered in answering the Focus Question. Answers to the

summary questions were briefly summarized in the preliminary report on the planning process. They are not included in this revised report.

In the validation session, participants reviewed each finding and suggested possible revisions to the text. Each revision was discussed and recommended changes were listed on a flip chart. The current version of the findings is the facilitator's attempt to capture the participants' collective recommendations.

The appendix to this report lists changes made to the preliminary findings as a result of the validation session.

FINDINGS – STAFF DEVELOPMENT AND TRAINING

Considering the current status of MDHHS staff's understanding and application of a healthy equity framework for practice, where should we focus staff development needs in the coming two years?

1. ***Implement a Plan for Ensuring the Application of Health Equity Principles.***

Create a master plan for the implementation of practice change within MDHHS. This plan should have three primary components:

- Continuation of the three-day Health Equity and Social Justice Workshops for MDHHS staff, possibly with modified content based on emerging needs. The practice of including local participants in these workshops should be continued, and a new emphasis should be placed on including the Human Services side of MDHHS in the workshops. The objective of this component is to provide all MDHHS staff with a basic awareness of the ways in which oppression and unearned privilege operate to effect disparate health care outcomes for population groups. Evaluation of this component should capture:
    - Changes in workshop participants' knowledge and awareness of health equity principles; and
    - Changes in workshop participants' readiness to confront health inequity through policy and practice change.
- Further implementation of the Health Equity Learning Lab process, through which teams of MDHHS staff who have completed the HESJ Workshop are supported in applying health equity principals by making specific changes in practice. The objective of this component is to create and enact action plans that tangibly apply health equity principals to the department's practice. Evaluation of this component should capture:
    - Individual teams' success in implementing the policy and practice changes they identify, and specific barriers or supports to implementation.
- Development and implementation of a process to monitor and measure the impact of practice changes derived from the above two components.
    - In the short term, this process capture:
        - Specific practice changes and their sustainability;
        - Integration and collaboration of teams' efforts.
    - In the long term, it should capture the impact of these changes on:
        - The health of targeted population groups;
        - Budgeting and resource allocation;
        - Departmental and interdepartmental collaboration;
        - Data analysis.

2. Explore Modification of Hiring Practices to Support a Health Equity Framework

In advancing and sustaining a health equity framework for public health practice, it is important to find ways to identify and advance public health professionals who have a

deep grounding in health equity principles. Current hiring practices may be in conflict with this goal in several ways: 1) an understanding of health equity principles is not a criterion in Human Resources and Civil Service assessments; 2) the lived experience of promising applicants may not be taken into account in assessing their credentials; and 3) an over-emphasis on academic credentials in hiring may unjustly disadvantage those who have encountered economic barriers to higher education.

Consequently, MDHHS should engage Human Resources and Civil Service staff to explore possible ways to institute hiring and interview processes that identify and promote individuals who are adept at applying a health equity lens to their practice. This might include the generation of model interview questions that illuminate an applicant's understanding of health equity principles. It could also include a broader understanding of the ways in which unconscious bias can influence hiring decisions.

3. Increase Opportunities for Staff to Continue Interpersonal Work

For many employees, the HESJ workshop, which focuses primarily on the personal and interpersonal levels of oppression and change, is their first introduction into the principles of health equity. Many of these employees need additional opportunities to explore these issues in an interactive, non-judgmental environment. MDHHS should continue to develop and support such opportunities as a continuation of the workshop experience.

In support of this goal, MDHHS should validate such experiences as professional development time for employees.

FINDINGS – DEPARTMENT LEADERSHIP

What strategies or approaches are likely to advance MDHHS leadership's understanding and support for a health equity framework for its practice?

1. ***Infuse a Health Equity Focus at All Levels.***

Create a nucleus of people who understand and can promote health equity that will be strong enough to sustain itself. We can do this in part by making health equity a major tenet of the department's work plan.

It should be a priority at all levels of MDHHS (department, bureau, division, section, unit) that staff understand what it means to apply a health equity focus to their work. Midlevel managers have a special role to play in ensuring that this is the case by leading from both "above" and "below" in the hierarchy of the department. Midlevel managers should be encouraged and supported in integrating heath equity and social justice principles in staff meetings, and highlighting the efforts of Learning Lab teams to change specific practices. Strategically they can also "lead up" in supporting the executive level's understanding of these principles and how they can serve broad department goals and the goals of the administration.

2. ***Advance the Economic Argument for Health Equity.***

There are many strong arguments to be made for the adoption of a health equity framework, each of which is likely to appeal to different audiences depending upon their political values. Public policy researcher Deborah Stone has defined four political values and the ways in which they can inform public policy messaging: equity, liberty, efficiency, and security. While most literature and training in the movement to transform public health practice emphasize an equity or liberty argument, it is important to be prepared to make arguments based on efficiency and security as well. This will require MDHHS leaders to be familiar with the basic political orientation of efficiency (i.e. "getting the most output for a given input" and "achieving an objective for the lowest cost") and security ("the ability to be free from harm imposed by others").

MDHHS should take steps to familiarize staff and leaders with these arguments, in particular the ways in which attending to health equity do in fact save money and time in the long run, and reduce the risk to public safety by ensuring that a greater percentage of the population are able to achieve economic and health security.

These arguments should also enable MDHHS staff to connect health equity to the Governor's Dashboard and its metrics, and use it to compare Michigan favorably with other states. In so doing, health equity and the social determinants approach can be tied to the economic viability of communities and the state as a whole. Future case-making should use data, including fiscal data, to describe the cost and outcomes of adopting a social determinants approach and promoting equity, i.e. What happens when you don't do this vs. when you do?

3. ***Seek High-Level Recognition for Michigan's Progress in Health Equity.***

Endeavor to gain national attention for Michigan's health equity approaches through recognition by a prominent, respected national organizations. Use the federal government's increasing emphasis on health equity for leverage. The goal of this recognition would be to strengthen health equity as a political and governmental priority in Michigan.

4. ***Increase Funding for Health Equity Approaches, Internally and Externally.***

Continually seek to have funding and resources dedicated to advancing health equity. We should actively focus on redirecting existing (and new) funding toward sustaining health equity training and assistance in applying health equity principles to practice. The goal is to create a significant mass of funding dedicated to health equity so that it cannot be ignored in the future. This might be accomplished by having each division dedicate some funds to this, thereby demonstrating that staff training and technical assistance on health equity is supported by all in the department. We need to partner in a unified way with all parts of state government that are doing this work.

In contracting and engaging with vendors, provide incentives for the incorporation of health equity into their work. Creatively use available funding streams to develop Health Equity/Social Justice assessments, work plans, evaluation efforts, etc., at the local level.

FINDINGS – COMMUNITY PARTNERSHIP AND WORK

How can we best enhance or expand MDHHS's community partnerships to strengthen a commitment to health equity?

1. ***Expand Efforts to Engage the Local Communities in Health Equity Approaches.***

Consistently pursue ways to engage local partners mutually in health equity efforts by MDHHS, and to involve MDHHS in local health equity efforts. Provide opportunities for discussion on health equity and public health at the local level (listening tours, forums, open dialogues). Because of the historical and cultural disenfranchisement of people of color, ensure that communities of color have authentic input into decision-making and program development. Use opportunities for representation on advisory groups and planning teams to put local leaders and members of disenfranchised populations in positions of real influence. Seek new partnerships with representatives from the social determinants of health (e.g. transportation, corrections, education—the "people group").

2. ***Lead the State in Promoting Health Equity Practices.***

MDHHS should use its position, experience, and relationships to demonstrate the progress it has made in advancing a health equity approach to practice, and the process that allowed it to do so. It is now time to assert this leadership more prominently with a wide range of external partners—local organizations, other state departments, health care systems, etc. This should be the work of everyone in our network, not just those in positions of high authority.

3. ***Practice Shared Accountability.***

Embed health equity as a responsibility of both MDHHS and its community partners in all contracts, scope of work documents, and work plans. Make health equity a part of an MDHHS Community Scorecard.