

History

In 1988, the Office of Minority Health (OMH) was established by executive order to serve as the coordinating body for minority health issues in Michigan. This office is now the Health Disparities Reduction and Minority Health Section (HDRMH) in the Division of Health, Wellness and Disease Control.

Health Priorities

The **Michigan Department of Community Health** (MDCH) has identified the following as major health priorities for the people of Michigan.

Health Priorities for the General Population
Improve the health of citizens and promote safe, supportive environments in every community
Collaborate with internal and external partners who have shared public health priorities
Design, coordinate and integrate data systems to provide robust state and local public health data
Assure the existence of a strong and effective health workforce in the state
Develop effective communication, marketing and branding to help policy-makers, funders and the public value state/local public health systems
Increase investment and diversification of funding for public health priorities

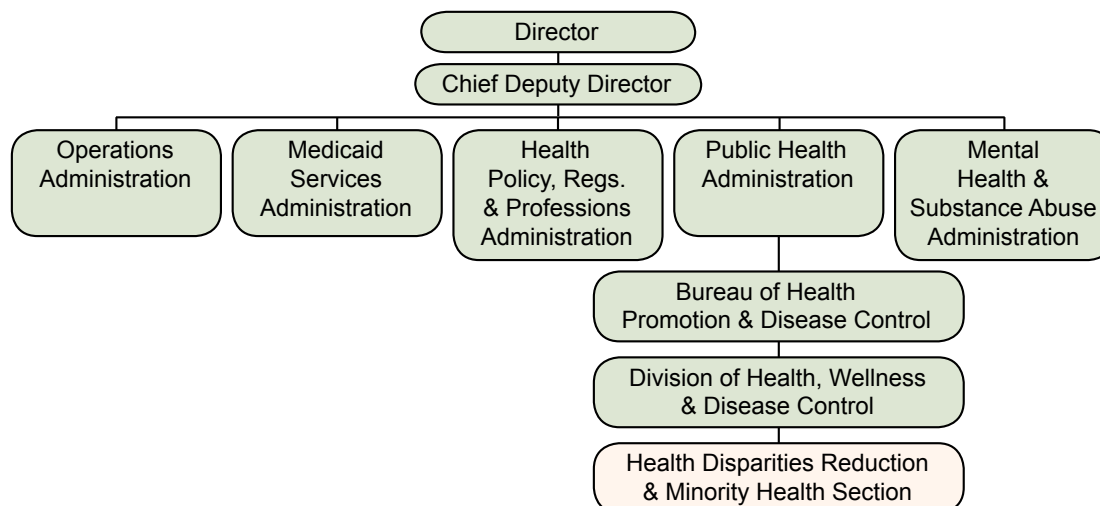
Overview

	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
Michigan	✓	✓	✓	✓	✓	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

Organization, Infrastructure and Resources

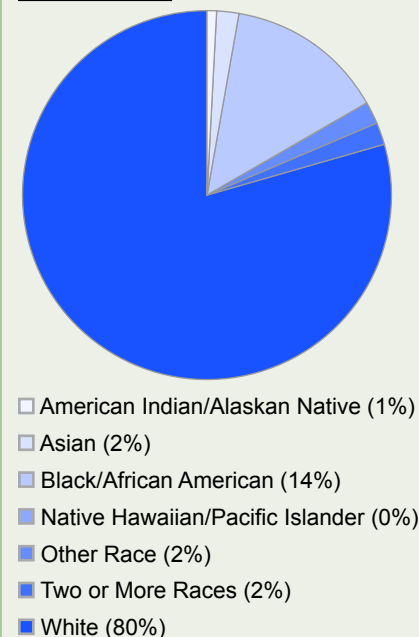
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and other key public health offices:

Michigan Department of Community Health

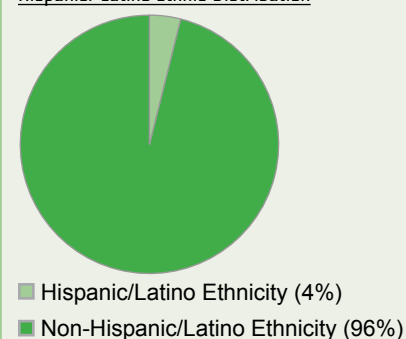


Total State Population:
18,089,889

Racial Distribution



Hispanic/Latino Ethnic Distribution



Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

Source: 2006 American Community Survey, US Census Bureau

Strategic Planning

Michigan's Health Disparities Reduction and Minority Health Section (HDRMH) has developed a strategic framework for racial and ethnic health disparities reduction that is based on the overall strategic goals for MDCH:

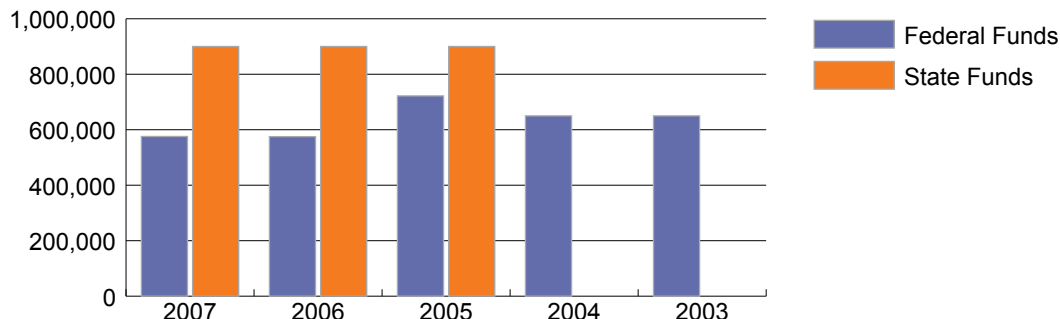
MDCH Goal:	Improve the health of Michigan citizens and promote safe and supportive environments
HDRMH Goal:	Reduce racial and ethnic health disparities across the state
Tracking Methods:	Degree to which health disparities strategic framework is implemented
MDCH Goal:	Collaborate with partners who have shared public health priorities
HDRMH Goal:	Placement of designated representatives from every MDCH program on the Health Disparity Reduction Work Group; Utilize minority health coalitions, workgroups, opinion leaders and taskforces for input into policy design, implementation, and evaluation
Tracking Methods:	Track HDR Work Group membership and partnerships formed around MH/HD
MDCH Goal:	Design, coordinate and integrate data systems to provide robust state/local health data
HDRMH Goal:	Increase awareness of health disparities by collecting and disseminating relevant data
Tracking Methods:	Number of mandates and policies to collect population-specific data; population-specific data collection and reporting; data collection plans; strategic goals and objectives regarding MH/HD in each MDCH Bureau and Division strategic plan
MDCH Goal:	Assure a strong and effective health work force in the state
HDRMH Goal:	Recruit and hire a highly qualified and diverse workforce
Tracking Methods:	Number of health professions recruitment activities at venues that target racial/ethnic minorities; development of MDCH minority health professions recruitment, training and retention plan
MDCH Goal:	Develop communication, marketing and branding capability to help policy makers, funders and the public value the state/local public health system
HDRMH Goal:	Develop and implement an internal and external MH/HD communications plan
Tracking Methods:	Number of MDCH programs that are labeled as "Color Me Healthy" initiatives
MDCH Goal:	Increase investment and diversification of funding for public health priorities
HDRMH Goal:	Preserve and enhance state funding for MH/HD priorities
Tracking Methods:	Contacts with stakeholders that ensure continued support for activities that reduce racial/ethnic health disparities

Partnerships

- MDCH consults with an external Michigan Minority Health Coalition that assists HDRMH in addressing health disparities throughout the state;
- Minority health and health disparities (MH/HD) activities are coordinated with and across MDCH programs;
- MDCH maintains partnerships with entities active in MH/HD including: local health departments, tribal governments, independent advisory bodies representing state's racial/ethnic minority communities, federal agencies, community- and faith-based and non-profit organizations, health systems, schools, universities and the media.

Financial Investments

MDCH reported annual investments in racial/ethnic minority health and health disparities (MH/HD) for 2003 through 2007. It should be noted that the amounts represented below may not include funding for specific activities related to MH/HD and may therefore be an underestimate of the total investment from all sources in MH/HD activities.



Human Capital Investments

The following staff dedicates all or part of their work hours to MH/HD activities at the MDCH:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	100%
Program Specialist*	2	100%
Epidemiologist	1	100%
Administrative/Clerical Staff	1	100%

Activities

Check UP! Or Check OUT! (CUCO) African American Male Health Initiative

Launched in 2005, CUCO focuses on African American males between the ages of 18-64. It aims to increase their knowledge of health risks specific to African American men, and what they can do to decrease those risks, e.g. seek yearly preventive health screenings and services.

Partners and Funding

Office of Minority Health (OMH) at the US Department of Health and Human Services (DHHS) (\$159,250/yr); Molina Healthcare of Michigan (Medicaid provider)

Activity Outcomes

Initiative is in the data collection phase, results will be available in 2008.

Evaluation Methods

Pre and post-intervention assessment of preventive service utilization and Knowledge, Attitude, Belief and Behavior Surveys (KABB) for African American participants; pre- and post intervention process evaluation via monitoring of initiative work plan benchmarks

Activities continued...

Health Disparities Reduction and Minority Health Demonstration Projects

The MDCH launched ten health disparities demonstration projects in 2006. These projects provide preventive and primary care services to reduce hypertension, cancer, lead poisoning, diabetes, infant mortality, asthma, and obesity among African Americans, Hispanics, Arab/Chaldeans, American Indians, and Asian Americans in Michigan.

Partners and Funding

Healthy Michigan funds (\$900,000), Preventive Block Grants (\$415,877) Grantees: Adult Well-Being Services Hypertension Management Program for African-Americans, Arab-American and Chaldean Council's Cancer Health Communication Program, Greater Flint Lead Safe Children Program, Nottawaseppi Huron Band/Potawatomi Tribe, Oakland Livingston Human Services, Saint Joseph Mercy Hospital, St. John Community Health, Tomorrow's Child/Michigan SIDS, Inc, Greater Grand Rapids YMCA, HAAP

Activity Outcomes

Significant improvements in health status among program participants were documented, including three projects that have reported participant groups transitioning from high-risk to non-high risk population status.

Evaluation Methods

Common evaluation framework developed by the University of Michigan which documents common themes, goals and activities among projects; logic models connecting program outputs to anticipated outcomes; in-depth case studies on promising practices

Michigan's primary contact for racial/ethnic minority health and health disparities is:

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