





Michigan



State and Local Health Equity Policy Checklist

August 2021

KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a




Legislative Reform





POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		<p>Detroit launched a Sustainability Action Agenda in 2019, which includes designing a racial equity assessment tool to increase equitable outcomes in City policy and decision-making processes.^{1,2}</p> <p>In addition, the Michigan Coronavirus Racial Disparities Task Force is piloting an Equity Impact Assessment tool in the state's Department of Health and Human Services, with plans to expand its use, potentially to other state departments. The assessment provides a concrete, organized and more objective way of assessing processes, budget allocations, policies and programs through an equity lens.³</p>
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		<p>The Tri-County Regional Planning Commission, the Ingham County Health Department and Michigan State University's School of Planning, Design and Construction developed an online mapping and analysis tool to help communities assess the health impacts of policies and changes to the built environment, such as construction projects, road improvements and community plans.⁴ Health equity questions incorporated into the tool include:</p> <ul style="list-style-type: none">• Is the project/development located in a neighborhood or region characterized by concentrated poverty?• Are affected residents involved in the planning process?• Are disadvantaged populations at greater risk of exposure to environmental hazards?• Is the project located in a neighborhood or region characterized by disproportionately negative health characteristics? <p>Nevertheless, including equity considerations in Health Impact Assessments is not required.</p>

Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklists.


If you know of a policy we overlooked, please contact hubinfo@altarum.org.

State Health Planning & Programs

POLICY	SCORE	NOTES
<p>Declare racism a public health crisis and implement steps to address it.</p>		<p>Michigan’s governor has issued multiple executive orders concerning racism and its impacts.⁵ One Executive Order created the Black Leadership Advisory Council to develop, review and recommend policies and actions designed to eradicate and prevent discrimination and racial inequity, among other duties.⁶ Another Executive Order recognized racism as a public health crisis, requested that the Michigan Department of Health and Human Services make health equity a core goal and required implicit bias training for all state employees.⁷ The order also required the department to work with other state departments to examine data; develop and plan policies; and engage, communicate and advocate for communities of color.</p>
<p>Develop a ‘Health in All Policies’ strategy at the state or local level.</p>		<p>Ingham County’s Board of Health passed a resolution adopting a “Health in All Policies” (HiAP) approach to decision-making in the Ingham County government.⁸ Similarly, Genesee County’s Board of Health passed a resolution supporting, but not establishing, a “Health Equity in All Policies” approach to decision-making in Genesee County government.⁹ Kent County is also pursuing HiAP.¹⁰</p> <p>In a 2015 report, Michigan’s Department of Health and Human Services recommended that the state strengthen its policy efforts to address health equity by adopting an HiAP framework at the state level.¹¹ Adopting a HiAP approach was recommended again in a 2017 report.¹² The strategy does not appear to be recommended in more recent reports.</p>
<p>Establish Health Equity Zones to better address social determinants of health.</p>		
<p>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</p>		<p>The Michigan Department of Health and Human Services Health Disparities Reduction and Minority Health Section released a Michigan Health Equity Roadmap in 2010.¹³ The document continues to inform the department’s policies and annual reports on health equity within the state.¹⁴ In 2013, the Health Equity Steering Committee Ambassador Workgroup set out to learn about department programs that were addressing equity and to identify the assistance they needed to continue their focus on implementing equity practices.¹⁵</p> <p>In addition, the Genesee County Health Department, Grand Rapids City, the Washtenaw County Health Department, the Kent County Health Department and the Mid-Michigan District Health Department have incorporated health equity into their strategic plans.^{16, 17, 18, 19, 20}</p>



State Health Planning & Programs <i>(continued)</i>		
POLICY	SCORE	NOTES
Fund community-driven health equity action plans.		In 2012, 90 community stakeholders attended a Health Equity Forum to address health inequities in Kent County, the results of which were developed into the Kent County Community Plan of Action to Achieve Health Equity . ²¹
Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.		In 2018, Detroit launched a participatory budgeting process to allow community members to decide how to spend \$250,000 in funds for public infrastructure projects in the neighborhood surrounding Clark Park. ²² Additionally, the City of Lansing hosts Participatory Budget Nights to allow citizens to provide input on the City’s budget priorities; however, this appears to resemble a public comment period more than a true participatory budgeting process. ²³
Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans		Michigan’s 2012-2017 State Health Assessment and State Health Improvement Plan acknowledges the importance of addressing health disparities caused by social determinants of health, lack of access to healthcare and limited funding for specific services and programs. ²⁴ Equity is not a major focus of the report; however, eliminating disparities in obesity is mentioned several times throughout the text. The state began updating its State Health Assessment in 2019, however, the report has not been posted on the website as of June 2021. ²⁵
Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.		Through its Minority Health Community Capacity Building Initiative , Michigan’s Department of Health and Human Services (DHHS) funds community-based organizations and others to advance culturally/linguistically appropriate, community-level projects that build capacity to identify and implement programs, policies and practices to address social determinants of health that contribute to health inequities in Michigan. ²⁶

State Health Planning & Programs *(continued)*




POLICY	SCORE	NOTES
<p>Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.</p>		<p>Michigan’s Managing Asthma Through Case Management in Homes program provides home-based asthma case management, including physician care, school/work visits and social work involvement.²⁷ The state also released “Asthma in Michigan 2020-2025: Plans for Action,” which provides direction to the Asthma Initiative of Michigan while working with the state health department’s Asthma Prevention and Control Program to identify best practices towards specific goals, while highlighting equity concerns.²⁸</p> <p>Michigan also has a Diabetes Prevention Program, a Diabetes Self-Management Education and Support program and a Diabetes Improvement Plan that emphasizes health equity.^{29, 30, 31}</p> <p>The Michigan Department of Health and Human Services, in partnership with community stakeholders, developed a Mother Infant Health and Equity Improvement Plan in 2020 to eliminate preventable deaths and health disparities, specifically focusing on health equity concerns surrounding pregnancy, reproductive health and childbirth.³² Additionally, a 2020 law (HB 5396) requires community-based residency training programs administered by Accreditation Councils for Graduate Medical Education with funding from the MiDocs consortium to address local health disparities and local maternal child health issues.³³</p>

<p>Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.</p>		<p>Several counties and cities, as well as the Michigan Department of Health and Human Services participate in GARE.^{34, 35}</p>
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Data & Reporting

POLICY	SCORE	NOTES
<p>Create equity reporting requirements for state and local government agencies.</p>		<p>The Michigan Public Act 653 of 2006 directs the Michigan Department of Health and Human Services to develop strategies to reduce racial and ethnic disparities, including the compilation of racial- and ethnic-specific data.³⁶ The law requires the department to communicate this information through annual Health Equity Reports.³⁷</p>
<p>Use the state’s Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.</p>		<p>The Michigan Department of Health and Human Services’ Office of Equity and Minority Health releases annual Health Equity reports.³⁸ The 2019 report (released in 2020) identifies racial and ethnic disparities within the state and highlights promising initiatives and evidence-based policies to achieve equity.³⁹</p>




Data & Reporting *(continued)*

POLICY	SCORE	NOTES
<p>Require non-profit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.</p>		
<p>Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.</p>		<p>Improving race/ethnicity data collection, systems and accessibility is a core recommendation of Michigan's 2010 Health Equity Roadmap.⁴⁰ Proposed strategies include: assuring that race, ethnicity and preferred language data are collected for all participants in health and social services programs and establishing the Michigan Health Equity Data Set to collect standardized, complete and consistent data for six racial and ethnic minority groups over time.^{41,42} As part of this work, Michigan Department of Health and Human Services has conducted standalone Behavioral Risk Factor Surveillance System (BRFSS) surveys for different racial/ethnic groups in the state. For example, the Health Disparities Reduction and Minority Health Section of Michigan's Department of Health and Human Services conducted a 2013 survey to collect data on health risk behaviors among Arab adults.⁴³</p> <p>In their 2019 Health Equity Report, the Michigan Department of Health & Human Services reported that 25 percent of organizational areas that responded to a department-wide survey reported using evidence-based strategies or promising practices related to collecting, analyzing and reporting race and ethnicity data.⁴⁴ Several reported using this data to identify priority populations, determine needs and make program decisions.</p>
<p>Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.</p>		<p>Michigan does not have an all-payer claims database, although the University of Michigan operates a Multi-Payer Claims Database, called the Michigan Data Collaborative.⁴⁵</p>


Health Reform – Coverage

POLICY	SCORE	NOTES
<p>Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.</p>		<p>Michigan implemented Medicaid expansion on April 1, 2014.⁴⁶</p>


Health Reform – Coverage *(continued)*

POLICY	SCORE	NOTES
<p>Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.</p>		
<p>Provide one-year continuous eligibility for Medicaid and CHIP.</p>		<p>Michigan provides continuous eligibility for both adults and children in their Medicaid program.^{47,48} In 2016 MiChild, the program for children, became a Medicaid expansion program.⁴⁹</p>
<p>Provide coverage options to undocumented and recent immigrants.</p>		<p>Medicaid covers emergency services for individuals who meet all eligibility criteria except that they are undocumented; however, this option provides coverage only in extreme situations.⁵⁰ Additionally, some level of prenatal care is available, regardless of immigration status, through the Maternity Outpatient Medical Services program.⁵¹</p> <p>Lawfully-residing immigrant children and pregnant women are not eligible for Medicaid/CHIP coverage without a 5-year wait, with some exceptions.⁵² Exceptions include official designation as a refugee, Cuban/Haitian entrant or Iraqi/Afghan special immigrant.⁵³</p>

Health Reform – Delivery

POLICY	SCORE	NOTES
<p>Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.</p>		<p>Michigan’s Medicaid Health Plan (MHP) contract includes requirements related to measuring and addressing health disparities and promoting health equity.⁵⁴ MHPs contracting with Medicaid are required to perform data analytics and report on the effectiveness of interventions designed to reduce health disparities and to promote health equity. Michigan’s Medicaid Managed Care program also has a special low birth rate initiative related to reducing racial disparities in maternity outcomes, among other health equity initiatives.</p> <p>Michigan establishes a minimum ratio of Community Health Workers (CHWs) to members and requires MHPs to provide or arrange for CHW services as part of the state’s comprehensive population health management strategy.⁵⁵</p>


Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.</p>		<p>Michigan does not have ACOs or CCOs in the Medicaid program.⁵⁶</p>

Michigan’s **1115 waiver demonstration**, “Healthy Michigan Plan,” offers the Healthy Behaviors Incentive Program, which provides incentives for people enrolled in managed care plans who complete a health risk assessment and agree to address or maintain healthy behaviors.⁵⁷ In addition, managed care plans are required to have a robust care management program in place to help members reach these goals.

Michigan’s **1915(c) Home and Community-Based Services Waiver** for their Children’s Waiver Program provides community-based services for children with developmental disabilities to live with parents or guardians and fully participate in their communities.⁵⁸ Services include enhanced transportation, community living supports, environmental accessibility adaptations, family support and training, financial management services, specialty services (music, recreation, art and massage therapy) and more. The state’s other **1915(c) Home and Community-Based Services Waiver** provides similar services, including out-of-home nonvocational habilitation, prevocational services and supported employment services.⁵⁹





In addition, **Michigan’s Healthy Kids Dental contract** requires **participating dental plans** to collaborate with community-based organizations to ensure enrollees’ health-related social needs are addressed.^{60, 61} Dental plans are also required to collect and analyze data on social determinants of health to direct targeted interventions, outreach, enrollee education and health promotion.

<p>Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.</p>		<p>Michigan’s 1115 waiver demonstration, “Healthy Michigan Plan,” offers the Healthy Behaviors Incentive Program, which provides incentives for people enrolled in managed care plans who complete a health risk assessment and agree to address or maintain healthy behaviors.⁵⁷ In addition, managed care plans are required to have a robust care management program in place to help members reach these goals.</p> <p>Michigan’s 1915(c) Home and Community-Based Services Waiver for their Children’s Waiver Program provides community-based services for children with developmental disabilities to live with parents or guardians and fully participate in their communities.⁵⁸ Services include enhanced transportation, community living supports, environmental accessibility adaptations, family support and training, financial management services, specialty services (music, recreation, art and massage therapy) and more. The state’s other 1915(c) Home and Community-Based Services Waiver provides similar services, including out-of-home nonvocational habilitation, prevocational services and supported employment services.⁵⁹</p> <p>In addition, Michigan’s Healthy Kids Dental contract requires participating dental plans to collaborate with community-based organizations to ensure enrollees’ health-related social needs are addressed.^{60, 61} Dental plans are also required to collect and analyze data on social determinants of health to direct targeted interventions, outreach, enrollee education and health promotion.</p>
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Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.</p>		<p>Medicaid Health Plans (MHPs) must measure and report annually to the Michigan Department of Health and Human Services (MDHHS) on the effectiveness of their efforts to reduce health disparities by considering measures such as the as number of enrollees experiencing a disparate level of social needs (such as transportation, housing, food access, unemployment or education level) and the number of enrollees receiving additional support services (such as a Community Health Worker, patient navigator, Maternal and Infant Health Program (MIHP) or health promotion/prevention program delivered by a community-based organization).⁶² Additionally, MHPs are required to report on Health Equity HEDIS measures, among other performance measures, as of April 2021.</p> <p>Contractors are also required to participate in Michigan’s Medicaid Health Equity Project and report all required information to the MDHHS to be compiled into annual reports.^{63, 64}</p>
<p>Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.</p>		<p>Michigan withholds a portion of capitated payments and uses quality-based auto-assignment programs to incentivize Medicaid Health Plans to reduce racial disparities and improve regionally-defined performance.⁶⁵</p>
<p>Create or expand Accountable Communities for Health with a focus on increasing health equity.</p>		<p>Community Health Innovation Regions (CHIRs) that engage a broad group of stakeholders to identify and address factors that affect residents’ health – such as housing, transportation and food insecurity, as well as access to high-quality medical care – form the foundation of Michigan’s State Innovation Model (SIM)’s Population Health component.^{66, 67}</p>
<p>Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.</p>		<p>The Connecting Michigan Communities grant program provides grants to extend broadband service into unserved areas of the state.⁶⁸ Funding is available to projects demonstrating collaboration to achieve community investment and economic development goals of the area impacted.</p>
<p>Subsidize internet access to expand opportunities for telehealth.</p>		<p>Unlike the federal Lifeline Program, Michigan’s Lifeline Program provides discounted landline voice telephone service only.⁶⁹</p>
<p>Expand coverage for telehealth services.</p>		<p>Michigan requires insurers and healthcare corporations to cover services appropriately provided through telemedicine, as determined by the insurer or healthcare corporation, and expanded coverage for a limited set of services in response to the COVID-19 pandemic, but does not mandate coverage parity between telehealth and in-person services as of June 2021.^{70, 71}</p>



Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.		
Establish cost-sharing parity for telehealth services.		
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.		
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.		Although cultural competency and implicit bias training for healthcare providers is not required, the Department of Health and Human Services created an Equity Practice Guide for State-level Public Health Practitioners to provide strategies, resources and examples that health and social service professionals can use to put equity into practice in their everyday work. ⁷²

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		Michigan reports vaccine, cases and mortality data by race and ethnicity , but does not stratify data for testing, hospitalizations or recoveries. ⁷³
Implement changes to Medicaid enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		Michigan has not extended presumptive eligibility, used less restrictive methodologies to determine coverage eligibility, simplified applications, allowed for self-attestation or conducted post-enrollment verification to make it easier to apply for coverage. ⁷⁴ However, the Michigan Department of Health and Human Services suspended coverage closures for all Medicaid programs beginning March 16, 2020 until one month after the State of Emergency ends. ⁷⁵
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		Emergency Services Only Medicaid covers medically necessary COVID-19-related testing and treatment, regardless of immigration status. ⁷⁶

COVID-Specific Reforms *(continued)*

POLICY	SCORE	NOTES
<p>Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.</p>		<p>Michigan has secured agreements from many of the state’s private insurers to extend their commitments to waive all out-of-pocket costs for COVID-19 testing, vaccinations and treatments. Although it is not required, the agreements cover more than 90% of Michigan’s commercial health insurance market.⁷⁷</p>
<p>Provide COVID-19 testing to residents free of charge.</p>		<p>Michigan’s Medicaid program waived copays and cost-sharing for COVID-19 testing and treatment in March 2020.⁷⁸ COVID-19 testing is available to additional state residents free of charge.⁷⁹</p>

Notes

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With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

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