2021 Case Story

Root Causes of Health Initiative (RoCHI)

Prepared by:

Michigan's Real Adaptive Changes to Equity (MiRACE) Team

In coordination with the National Association of Chronic Disease Directors (NACDD) and the Institute for Healthcare Improvement (IHI)

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"Not everything that is faced can be changed, but nothing can be changed until it is faced."
James Baldwin

The MiRACE (Michigan’s Real Adaptive Changes to Equity) team was established within the Division of Chronic Disease and Injury Control at the Michigan Department of Health and Human Services to advance racial equity efforts. The MiRACE team aims to change current structures within the Division to better incorporate the voices of the communities served in decisions, funding, and overall support.

The MiRACE team includes staff from each section of the Division of Chronic Disease and Injury Control and its administration including:

- Akia Burnett
- Adrienne Davenport
- Ebonie Guyton
- Candice Lee
- Janee Moore
- Deltavier Robertson
- Linda Scarpetta
- Holly Wilson
- Adrian Zeh
Commitment to learning what a community needs from the voices of its members and acting on those needs

Ensuring two-way communication with communities

Including communities that experience inequities in our strategic planning

Using the influence and power of MDHHS to support community-led initiatives

Mission

Striving to advance racial equity and improve health outcomes through authentic community engagement and challenging internal and external policies and practices that continue to perpetuate structural racism.

Shared Values

The MiRACE team aligns with the strategic directions of the Division of Chronic Disease and Injury Control through the following shared values:

- Commitment to learning what a community needs from the voices of its members and acting on those needs
- Ensuring two-way communication with communities
- Including communities that experience inequities in our strategic planning
- Using the influence and power of MDHHS to support community-led initiatives
Key Actions

- Evolution of the team to include representation from every section and disability program
- Conscious effort to prioritize the needs of those who benefit from the efforts and its health impacts
- Focusing initial efforts in southeast Michigan
- Framing the initiative with 7 identified racial equity principles
- Securing a relationship with an external facilitator for stakeholder workshops
- Providing compensation for stakeholder’s time in workshops
- Holding independent stakeholder workshops for four audiences: Community members, community-based organizations, corporate organizations, and MDHHS internal staff
- Prioritizing issue(s) to be addressed in Equity Action Lab informed by stakeholder workshops

The Project
**Desired Outcomes**

- Improve power imbalances between MDHHS and communities by intentionally seeking out communities as experts and sharing in decision making
- Realignment of Division programs to better address social determinants of health and support health equity priorities, data-driven decision making to leverage collective resources, inclusion of community voice, and demonstration of outcomes
- Greater understanding of internal MDHHS racial equity issues that may affect staff and external partners
- Establish authentic relationships in communities to more equitably distribute funding and programming opportunities and achieve better outcomes
- Move toward authentic relationships, decisions made with community voice, racial equity in Division decisions
- Take steps toward becoming a division that merits the trust of communities experiencing inequities.

**Tools Used**

- Cultural Introductions
- Stakeholder Maps - prioritized potential and desired partners as opposed to usual partners
- Equity Action Lab Agenda
- Michigan Office of Equity and Minority Health framework “COVID-19 Response & Mitigation Strategies: Targeting Racial & Ethnic Populations & Marginalized Communities,” - highlighted disparities that spanned chronic diseases
- "GARE COVID-19 Racial Equity Rapid Response: Guidebook for Government,” - to assess if our goals to establish processes and protocols that demonstrate that programs and interventions are working in ways that promote health equity and social justice
- Technical assistance offered by NACDD and IHI
- Evaluation strategy to build capacity to measure equity efforts across the Division
**WHY**
To elevate racism as a public health crisis; move from outrage to action, from outcomes to impact

**WHO**
Focusing on Arab, Black, Latinx, and Native American people

**WHERE**
Communities in Macomb, Oakland, and Wayne counties

**WHAT**
Conducting stakeholder workshops to hear what priorities communities feel impact their relationship with our Division and create barriers to potential partnerships

**WHEN**
Acting now to effect change for the future

**HOW**
Shifting from top-down mindset to one of stewardship, sharing power, incorporating community voice through authentic community relationships
STORY OF US

MOTIVATION
Division Root Causes Strategic Plan
OEMH - COVID Report
Personal tragedies

MINDSET
Desire to move from planning and reporting to action
Being intentional about who this project is intended to impact
Willingness to learn from challenges and failures

ACTION
Division leadership committed to the effort
MiRACE team convened
Stakeholder workshops conducted
Data and notes from stakeholders compiled and analyzed
Equity action lab planned
WHAT WE HEARD

Electronic reporting systems difficult to use; don’t even want to use; extreme frustration

Inconsistent process across sections within the Division

Language accessibility concerns in RFPS; need to use plain language; assumptions made that public knows the names and roles of MDHHS departments

Frustration with the time it takes to move contracts, receive money, move resources which then leaves less time to get the work done

Data transparency; communities provide data but don’t know how it is used, where it is published, the impact it is making on decision-making

Not enough time to work on building relationships in the community

WHAT WE LEARNED

Increased energy in the Division to talk about racial equity and want to take action

Community awareness that the Division is committed to addressing racial equity

Convening staff improved interpersonal relationships and understanding of how we can better work together

Leadership committing to prioritize community voice and appreciate the story behind the data
The Milestones

Shift in our Division leadership to prioritize this project, commit funding and resources

Convened the MiRACE team with intentional focus on representation from each section of the Division including disability

Focus on relationship building within the MiRACE team through our cultural introductions and establishing shared values

Established a partnership with an external facilitator to conduct stakeholder workshops without the participation of MiRACE team members

Completed all stakeholder workshops and initiated additional feedback from those stakeholders that could not participate

Compilation of data, notes, and stories from stakeholder workshops to inform Equity Action Lab

Communication to the entire Division about the progress of the MiRACE team
The Lessons Learned

Moved from assumed topic for an Equity Action Lab back to conducting stakeholder workshops allowing our communities to highlight topic areas

Adapted timeline to incorporate delays in agreements, approvals, meeting logistics

Added another stakeholder workshop for internal partners due to demand

Expanded survey option for external partners unable to participate in 3-hour sessions

Low attendance in community member stakeholder workshops due to poor initial communication about intent

Importance of clear explanations, making connections, communities don’t automatically know who we are/what we do

Delays in progress on project due to bureaucracy
Next Steps

- Full review of data and notes from stakeholder workshops to determine key issues
- Adapt the Equity Action Lab agenda to accommodate participation by external and internal stakeholders
- Establish partnership with evaluation group to increase capacity of Division to assess equity efforts of MiRACE and other Division projects
- Develop ongoing communication plan between Division and community stakeholders

Hopes & Dreams

- Stakeholder engagement is prioritized across the Division
- Increased communication with communities about how and what their data is impacting
- Improved relationships with communities to elevate their voice during strategic planning
- Momentum from MiRACE will lead to additional efforts across the Division
- Further alignment with the Bureau’s Diversity, Equity, and Inclusion Plan and the Office of Race Equity, Diversity and Inclusion initiatives
Racial Equity Principles

Our strategic goals align with the Racial Equity Principles outlined in the April 2020 “COVID-19 Response & Mitigation Strategies: Targeting Racial & Ethnic Populations & Marginalized Communities” report from the Office of Equity and Minority Health at the Michigan Department of Health and Human Services, which are:

1. Participatory Practice: Leadership, staff and community members are collectively accountable for identifying, collecting, and using data in a participatory process. Strategies and evaluation efforts get developed collectively or by those affected.

2. Data Culture: Transforming the usual punitive data culture to transparent, non-punitive data analysis and use culture. We must seek the story behind data and identify white dominant data.

3. Self-Reflection: A practice that doesn’t “prove” or blame communities for our institutional and systems failure. Turning individual blaming to identifying systemic/institutional reasons for the failure.

4. Sharing Data: Data is shared with the community regardless of outcome; for transparency, trust, and most importantly because community is the best knower of the problem and solution.

5. Data Informs Practice: Data is used consistently to inform practice. Data can claim success as soon as we see substantial evidence. However, data is a proxy for information, and we must go deeper and ask why to uncover deeper messages.

6. Eye to Root Cause: Identify potential solutions with an eye to root cause so that they will disrupt and address racially disproportionate outcomes. Ask yourself: What root problem are we solving for as we’re thinking of this strategy.

7. Authentic Relationships: Build authentic, trusting relationships so that when data goes in a scary direction, the group will seek solutions. Authentic groups name the impact desired and hold each other accountable. The impact is codefined internally or externally (depending on the intended audience).