What are the main barriers to advancing health equity in Title V programs?

- Time & FTE: Rigid bureaucratic processes, having support for addressing the issue.
- Our state's political climate: History and current systems inertia (or lack thereof).
- Family Leaders at the table: Not cross collaborating, coordination with other programs and not sloping this work, lack of shared vision among employees.
- Lack of support from the public: Understanding the meaning of health equity, knowing where to start and how to scope efforts, lack of knowledge and training.

What are ways your program has addressed these barriers?

- Partner with F2FHIC and Family Voices: Being very intentional about linking health equity to health outcomes (political culture) and keeping the focus on health outcomes for all - meaning those on the margins in addition to the majority.
- Professional development, including from MCHB in response to a TA request: Slowly addressing but need to bring others along. There has been progress.
- Just starting the discussion with leadership has been helpful: We focused our CYSMCH Needs Assessment around family's experiences with racism in the health and health care systems.
- Contract requirements: Standardized training plan for all internal MCH programs/partners and external contractors.
- Carving out funds to hire specific people to work on HE: Just as we have promoted health in all policies, advancing health equity in all policies and initiatives.
What tools or resources has your organization used to build the capacity of staff and committee members to advance health equity work?

- MCH Workforce Development Center Cohorts and Trainings
- Racial Equity Institute (REI) Groundwater and Phase I/II Trainings
- Standardized training plan for all internal MCH programs/partners and external contractors.
- Staff assessment of knowledge, skills, abilities on equity-related practices to get a baseline for training needs
- Webinar trainings to staff from experts
- Book clubs/Reading Circles
- Mimic other programs

- Ditto on MCH WF Development Center
- Human Impact Partners has a lot of great educational resources
- Also, MCHB provided TA funds for us to work with Michigan folks who conducted a series of workshops on reducing disparities. I think, overwhelmingly, we thought it was well-done and worthwhile.
How can Title V programs include persons with lived experience and those most impacted into their health equity committees, councils and work?

Ensure people with lived experiences are compensated for their time.
- Bring them in as partners through contracts or hire them to help lead the work
- Require, value and pay for their expertise in equal or greater measure to titles and education backgrounds

Proximity matters
- Give ownership and credit to communities/communitiy entities responsible for developing ideas

Work with stakeholders to identify and connect with community members
- Instill in the Title V culture that people with lived experience need to be included in projects, policy development, etc... from the outset, in substantive ways, and given leadership roles.
- Offer flexibility to ensure everyone can participate, regardless of connectivity, etc. - allowing them to join virtual meetings at local health department state office, etc.

Be present in communities to build trust

Be intentional in invitations and listen
- Family engagement in all parts of the process - decision-making, program planning, service delivery, and quality improvement activities
How can programs shift power and ownership of health equity work to committee/council?

- Have to have higher ups on the committee
- Develop ad hoc groups/staff to help with the work
- Majority culture folks & Title V staff stepping back and giving POC leadership roles
- Community buy-in
- Listen and respond with action

This is challenging - as a state agency, our advisory councils can only advise - the department director/leadership has final say.

be prepared to shift funding/programming to respond to issues/solutions identified by committees/communities.
What are ways or examples of how to make health equity work more sustainable?

- Advocate and get buy-in from leadership
- Include in policies, workplans, staffing and conversations
- Might require a shift in funding
- Policies
  - Policies and standardization of requirements
    - making it required in contracts/workplans for contractors and Title V staff
- It must be foundational and central to strategic plans and metrics.
- Easier said than done, but advancing health equity has to be part of everyone's job. Can't just be left to the HE Committee or Council.
- Representation in leadership roles

I believe the more we intentionally and authentically integrate health equity into ALL our work, and the more informed we become regarding health equity, the more sustainable it will be.

Need to implement policies/structures that can be sustained as people retire, switch jobs, etc. Not quite sure what these are yet :)