

Calculating Equity into a Joint Community Health Needs Assessment and Implementation Plan

Carrie Rheingans, MPH, MSW

Project Manager, Washtenaw Health Initiative and Community Implementation

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Unified Needs Assessment Implementation Plan Team Engagement (UNITE)



Background

Washtenaw County is one of the most educated, vibrant and healthiest places to live in the state of Michigan. However:

- 3.5 % Unemployment
- 14.8% Live below the poverty line
- 8% Uninsured
- 24% Do not earn enough to meet basic needs



Source: Washtenaw Health Improvement Plan 2015

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Background

In 2015, for the first time, all nonprofit hospitals in Washtenaw County, Michigan collaborated to conduct a single Community Health Needs Assessment (CHNA) and Implementation Plan.

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Background



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Background

Developed group infrastructure

- Mission
- Vision
- Guiding Principles
 - One vote per each of three hospitals
- Prioritization Process Flow
- Neutral facilitator/backbone project management

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Prioritization Process

- Data Review
 - Needs assessments conducted by local non-profit organizations
 - Health Department Health Improvement Plan (HIP) BRFSS-style surveys and other data
 - **Key stakeholder interviews**
 - **Focus groups (rural and urban areas of the county)**
 - **Person-on-the-street interviews**
 - **Environmental scans**

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Prioritization Process

Health Priority Criteria

1. Number of people impacted
2. Severity of the problem
3. UNITE's ability to positively impact the potential priority
4. UNITE's ability to enhance existing resources and/or complement strategies
5. Alignment with institutional priorities
6. Impact on health equity

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Health Priority Criteria Ratings

	Points				
	1	2	3	4	5
# of people Impacted	0-10%	10-20%	20-30%	30-40%	More than 40%
Severity of the problem	No impact on length or quality of life	Some impact on length or quality of life	Severely impacts quality of life, but not length	Severely impacts length of life, but not quality	Severely impacts length and quality of life
UNITE members' ability to impact	No way for hospitals to impact	Unknown whether hospitals could influence	Hospitals could influence (questionable impact)	Hospitals can impact with new programs	Hospitals can impact with existing programs
UNITE members' ability to support partners' efforts to impact	No existing programs to support	Few existing programs to support	Programs exist, hospital does not currently partner with the organizations	Hospitals have existing relationships with partners working on this problem	Hospitals already supporting partners' efforts
Alignment with organizational missions	No alignment	Loosely related to missions	Somewhat related to missions	Moderately related to missions	Integral to mission

Additive Criteria

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Example – Heart Disease

- Heart disease is the leading cause of death in Washtenaw County. The average rate of deaths from heart disease is 125 per 100,000 population (2006-2010 average). Blacks or African Americans have the highest heart disease mortality rate (177 per 100,000) among all county residents.

Source: Community Health Assessment: Chronic Disease www.washtenaw.org/documentcenter/view/5143

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Example – Additive Criteria 1-5

1. Number of people impacted	3
2. Severity of the problem	3
3. UNITE members impact	4.33
4. UNITE members to support partners	4
5. Alignment with organizational mission	<u>4.67</u>
	SUM = 19.33

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Equity Multiplier

	Guide to Scoring	Impact on Equity
Multiply by	1	No disparities exist
	1.2	Disparity exists in one demographic area
	1.4	Disparity exists in two demographic areas OR big disparity in one area
	1.6	Disparity exists in three demographic areas OR big disparity in two areas
	1.8	Disparity exists in four demographic areas OR big disparity in three areas
	2	Disparity exists in five demographic areas OR big disparity in four areas
	2.2	Disparity exists in six demographic areas OR big disparity in five areas
	2.4	Disparity exists in all seven demographic areas OR big disparity in six areas

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Example

1. Number of people impacted	3
2. Severity of the problem	3
3. UNITE members impact	4.33
4. UNITE members to support partners	4
5. Alignment with organizational mission	<u>4.67</u>
	SUM = 19.33

Equity multiplier $19.33 \times 2 = \mathbf{38.53}$

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Criterion → Health Issue ↓	Number of people impacted	Severity of the problem	ability to impact the issue	enhance existing resources, complmnt strategies	Align. w/ missions	Total
Cardiovascular Disease	3	3	4.33	4	4.67	19.33
Diabetes	3.33	3.33	4.67	4.67	4.33	20.66
Infant Mortality	1.33	5	3.67	3	4.67	17
Mental Health	4	3.33	4	4.33	5	20.66
Obesity	5	3.67	3.66	4.33	4.67	21.33
Oral Health	3.33	3	3.33	3	3	15.66
Substance Use Disorder	3	5	4.33	3	4.33	20.66
Unintended Pregnancy	2.33	2.67	3	3	3.67	14.66
Vaccine Preventable Diseases	3.67	2.67	4	3	4	17.33

Note – CHRT staff averaged each box individually and did no adding across rows or multiplying between boxes. The number in each box represents the average for that individual box only.

Impact on health equity

Health Issue	Equity Multiplier	Grand Total
Cardiovascular Disease	2.00	38.53
Diabetes	2.07	42.6
Infant Mortality	1.87	31.73
Mental Health	2.20	45.46
Obesity	2.20	47.13
Oral Health	1.67	25.93
Substance Use Disorder	2.27	46.93
Unintended Pregnancy	2.00	29.73
Vaccine Preventable Diseases	1.60	28.46

Final top three selected priorities

Clumps Final Ranking

1. Mental health/substance use disorder:
 $(45.46+46.93)/2 = \mathbf{46.16}$
2. Obesity & related illnesses (CVD, diabetes):
 $(47.13+38.53+42.6)/3 = \mathbf{42.75}$
3. Pre-conceptual/perinatal: $(31.73+29.73)/2 = \mathbf{30.73}$
4. Vaccine preventable: **28.46**
5. Oral health: **25.93**

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Questions?

Carrie Rheingans, MPH, MSW

Project Manager, Washtenaw Health Initiative and Community Implementation

Center for Health and Research Transformation

Ann Arbor, Michigan



crheinga@umich.edu



@crheinga

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