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

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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











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.







Unified Needs Assessment Implementation Plan Team Engagement (UNITE)



















Developed group infrastructure

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









Prioritization Process

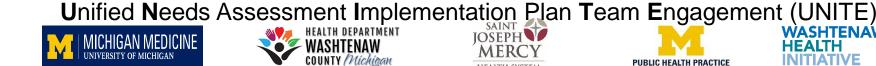
- Data Review
 - Needs assessments conducted by local non-profit organizations
 - Health Department Health Improvement Plan (HIP) BRFSS-style surveys and other data
 - Key stakeholder interviews
 - Focus groups (rural and urban areas of the county)
 - Person-on-the-street interviews
 - Environmental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



Prioritization Process

Health Priority Criteria

- 1. Number of people impacted
- 2. Severity of the problem
- 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



Health Priority Criteria Ratings

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	Points						
		1	2	3	4	5	
	# of people Impacted	0-10%	10-20%	20-30%	30-40%	More than 40%	
Ac	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	
Additive Crit	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	
Criteria	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	

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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



Example – Additive Criteria 1-5

1. Number of people impacted

- 2. Severity of the problem 3
- 3. UNITE members impact 4.33
- 4. UNITE members to support partners 4
- 5. Alignment with organizational mission 4.67 SUM = 19.33



Equity Multiplier

	Guide to Scoring	Impact on Equity
	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
Multiply by	1.6	Disparity exists in three demographic areas OR big disparity in two areas
oly by	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
- 2. Severity of the problem
- 3. UNITE members impact 4.33
- 4. UNITE members to support partners
- 5. Alignment with organizational mission 4.67 SUM = 19.33

Equity multiplier $19.33 \times 2 = 38.53$













Unified Needs Assessment Implementation Plan Team Engagement (UNITE) Health Issues – AVERAGES for each box

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

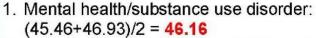
Note - CHRT staff averaged each box individually and did no adding across rows or multiplying between boxes. The number in each box represents the average for that individual box only.

Final top three selected priorities

Impact on health equity

Health Issue	Equity Multiplyer	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

Clumps Final Ranking



2. Obesity & related illnesses (CVD, diabetes): (47.13+38.53+42.6)/3 = 42.75

3. Pre-conceptual/perinatal: (31.73+29.73)/2 = 30.73

4. Vaccine preventable: 28.46

5. Oral health: 25.93

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HEALTH DEPARTMENT JOSEPH

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Questions?

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