Pair up with someone you don’t know and share...

• Your name
• Where you traveled from to be here today
• One thing you hope to learn or gain from this session
Our Community

- 350,000 residents
- 28 local governments
- 9 school districts
- 6 colleges and universities
- 1,100 restaurants
County Health Rankings

- Fourth healthiest county in Michigan
- Ranked first in factors related to health behaviors and clinical care
- Systemic social, racial and economic disparities
  - YPL for whites – 4800 years
  - YPL for blacks – 9,300 years
  - 81st out of 83 counties in income inequality
  - 17% of households had at least one of four major housing problems
Washtenaw County Health Department

- $15.1 million budget fiscal year 2019
- 112 permanent, 30 temporary & 10 volunteers/interns
- Nationally accredited
- 3 facilities
- 5 divisions
Mission and Vision

Our mission:
To assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs.

Our vision:
A healthy community in which every resident enjoys the best possible state of health and well-being.

Our core values:
- prevention
- interventions in partnership with the community
- promote social justice and reduce inequities
- ethical principles
Promote Social Justice & Reduce Inequities

- Health equity as our organizational compass
- Michigan Power to Thrive
  - The Health Impacts of Youth Arrests: Keeping Kids Safe and Successful in Michigan. Human Impact Partners 2017
- Action in support of immigrants
- Work with Racial Equity Action Team on One Community initiative
- New CHA/CHIP, emphasizing community empowerment
Health Equity

• Means that everyone has a fair and just opportunity to be as healthy as possible.

• Requires action to remove obstacles to health, such as:
  • Poverty
  • Institutional discrimination

• Action → groups who have been historically excluded, marginalized.

Health Equity Framework

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM

SOCIAL INEQUITIES
- Class
- Race/Ethnicity
- Immigration Status
- Gender
- Sexual Orientation

INSTITUTIONAL INEQUITIES
- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Non-Profit Organizations

LIVING CONDITIONS
- Physical Environment
  - Land Use
  - Transportation
  - Housing
  - Residential Segregation
  - Exposure to Taxes
- Economic & Work Environment
  - Employment
  - Income
  - Retail Businesses
  - Occupational Hazards

HEALTH CARE
- Community Capacity Building
  - Community Organizing
  - Civic Engagement
- Risk Behaviors
- Disease & Injury
- Mortality
  - Infant Mortality
  - Life Expectancy

PRIORITY ACTIONS
- Strategic Partnerships
  - Advocacy
- Community Engagement
- Policy

Emerging Public Health Practice
Current Public Health Practice

washtenaw.org/health  |  734-544-6700  |  healthy together
Community Engagement

• A process of working collaboratively with people who share common concerns, interests, identities and seek to address issues affecting the well-being of those involved.

• Can be a strategy for removing power imbalances among communities most impacted.

“...it is not just about having people at the table, it is about having them have a true say in what is happening...”

Quote from Project Advisor for Human Impact Partners Report. Advancing Health Equity in Health Departments’ Public Health Practice (2018)

Adapted from Centers for Disease Control and Prevention (1997); Shore (2006); Wallerstein (2002).
Public Participation Spectrum

- Inform
- Consult
- Involve
- Collaborate
- Empower

Increasing levels of public engagement

Source: International Association for Public Participation (2014).
Early Health Assessment Efforts
Year: 1994-1996

CHA/CHIP Efforts:
- HIP established
- First HIP survey and assessment report

Partners:
- Area hospitals
Early Health Assessment Efforts

- Health Improvement Partnership existed since 1995.
- 3 pillar framework – APEXPH
- Funded countywide “HIP survey” every five years
- African American HIP 1998
Partners

- Internal
  - Coordinator, Epidemiologist
- External partners
  - Area hospitals
What gaps have you noticed in traditional assessments?
PHAB Accreditation
Year
1994-1996
1997-2012
2013-2015

CHA/CHIP Efforts
1994-1996: HIP established
First HIP survey and assessment report

1997-2012: HIP survey and assessment continues on 5 year cycle

2013-2015: PHAB accreditation
First CHIP

Partners
Area hospitals

Area hospitals
Local agencies

Area hospitals
Local agencies
National Accreditation

- Developed first PHAB compliant CHA
- Developed first CHIP
- Encuesta Buenos Vecinos Survey
- Dedicated new position
Partners

• Internal
  • Small core team
  • Division leadership oversight

• External partners
  • Area hospitals
  • Coordinating Committee (local agency leadership/representation)
  • Community Health Committee (network of 200+ local health professionals)
  • Implementation teams (work groups around priority areas)
Has PHAB changed your approach to CHA/CHIP work?
Centering Community Voice
**Year**

- **1994-1996**
  - HIP established
  - First HIP survey and assessment report

- **1997-2012**
  - HIP survey and assessment continues on 5 year cycle

- **2013-2015**
  - PHAB accreditation
  - First CHIP

- **2016-2018**
  - HIP ends
  - Buy in for new partnership
  - Community Conversations

**CHA/CHIP Efforts**

- **1994-1996**
  - HIP established

- **1997-2012**
  - HIP survey and assessment continues on 5 year cycle

- **2013-2015**
  - PHAB accreditation
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- **2016-2018**
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  - Community Conversations

**Partners**

- **Area hospitals**
- **Local agencies**

- **Area hospitals**
- **Local agencies**

- **Area hospitals**
- **Local agencies**

- Mostly area hospitals and local agencies
  - Some community members
TWO FUTURES
ONE COMMUNITY

Washtenaw County #1 county in Michigan for health factors

Ann Arbor - #1 Most educated city in America

#6 Cities that are secretly great for tech grads

#3 hottest market housing market in the country

#5 green cities for families & #1 city for millennials

Washtenaw County ranked 80/83 for income inequality

Racial gap of more than 30-40 points in student test scores

Ann Arbor 8th most economically segregated city

Washtenaw County #1 most expensive rental market in Michigan

Bottom 8% for upward income mobility
Opportunity Index

Legend

Opportunity_Index

- Very Low
- Low
- Moderate
- High
- Very High
- Low Number of Households

Washtenaw Opportunity Index  http://www.opportunitywashtenaw.org/opportunity-index.html
HIP Transition (2016 – 2018)

• A new approach to community assessment...
  • Explicit emphasis on community engagement (empowerment) and health equity.

• Goals
  1. Identify and address community-defined health priorities.
  2. Broaden the definition of health
  3. Transform the community health planning process by centering community voices
Priority Populations

- Identified based on health disparity data and relationships with existing community groups and networks.
# New Leadership & Support

## HIP Coordinating Committee
- Local hospitals
- University partners
- Nonprofits

## “Transition Team”
- Local hospitals
- University partners
- Nonprofits
- Funders
- Community leaders
- Elected officials
- Other sector partners
Funding Support

• Prior to 2015 → primarily HIP survey
• 2016-2018 → community engagement and empowerment
Zip Code More Important Than Genetic Code

Childhood poverty rate

Educational Attainment

Percentage African-American

Unemployment

Community Commons – Washtenaw County Profile  http://www.communitycommons.org/maps-data/
Community Conversations

- Designed and led by community members.

- Shared data from 2015 HIP survey (and other sources).

- Identified community-specific health priorities.
What We Heard

Quotes from Maternal Child Health Focus Group, MacArthur Boulevard Neighborhood, August 2017

We have a voice, but it’s never being heard.

I’m a human being... I have children and they matter too.

It’s not fair... we shouldn’t be treated this way because we are low-income.
Community-Led Action

- Mini-grants
- Community ownership
- Focus on issues identified by each neighborhood/community
Community Leadership Team

- Community leaders from six areas
- Meets monthly
- Supports ongoing engagement and action-oriented work.
What strategies do you use to engage communities and build relationships, particularly with those who are most impacted by inequities?

If none, what strategies you would like to see implemented?
Building on a strong foundation...

**Previous**
- Collaborating with agency partners...
- Identifying needs...
- Traditional health indicators...

**Future**
- And partnering with community leaders
- And emphasizing community strengths
- And social determinants of health equity
MAPP Framework

- Mobilizing for Action Through Planning and Partnerships (MAPP)

- Method to help communities:
  - Prioritize health issues
  - Identify resources
  - Take action
Why MAPP?

- Community-owned process
  - Community engagement at every step of the process

- Emphasis on health equity
  - Process is driven by those most affected by inequities
Six Phases

- Organize for Success
- Community Vision
- Assessments
- Identify Strategic Issues
- Formulate Goals and Strategies
- Action Cycle
Phase One: Organize for Success

Core Team

Partner Network

Steering Committee

Broader Community
Steering Committee

- Provides leadership and direction
- Makes key decisions
- Members commit to taking on specific tasks
- 10-16 people
- Fully inclusive of members of neighborhoods and groups most impacted by health inequities
Leadership Buy-In

• Committee composition
  • 60% community members (10 people)
  • 25% organizational representatives (4 people)
  • 15% hospital representatives (2 people)
  • 2 youth representatives (ages 13-18)

• Committee roles

• Committee compensation
Steering Committee Selection Process

- Formed a selection group
  - 6 non-health department partners
  - Provided guidance on selection process
  - Made final decision on steering committee nominees

- Open applications
  - One for adults, one for youth ages 13-18

- Blind application review process
If you were to take a health equity approach to your CHA/CHIP, would you be the only group/department in your community to do that?

Do other plans in your community incorporate equity?
Key Supports

- Internal
  - Leadership
  - Dedicated staff time and resources
  - Organizational commitment to health equity

- External
  - Neighborhood groups and community leaders
  - Agency partners and stakeholders
  - Funders
Lessons Learned

• Humility & reflection (individual and institutional)
  • Requires asking critical questions about the process, what is and isn’t working and for whom.

• Trusting relationships are the foundation
  • Spending the time to build and connect beyond a single project or grant.

• CHA/CHIP can be a catalyst for equity work
  • Change at multiple levels (individual, organizational, community)
Resources

• Washtenaw County Health Department
  • https://www.washtenaw.org/1129/Health-Department

• One Community: Advancing Racial Equity in Washtenaw County
  • Opportunity Index – http://www.opportunitywashtenaw.org/

• Human Impact Partners, Health Equity Guide
  • HealthEquityGuide.org
Questions?

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