

Stories from the Field: Increasing Disability Inclusion in the MAPP Process Project

Health Department of Northwest Michigan (Antrim, Charlevoix, Emmet, & Otsego Counties)



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Background

The Health Department of Northwest Michigan (hereafter, known as Northwest) serves a four-county jurisdiction and provides leadership on multiple regional initiatives, including community health assessment (CHA). CHA lead was trained in the Mobilizing for Action through Planning and Partnerships (MAPP) framework by the National Association of County and City Health Officials (NACCHO), and served two terms on NACCHO's MAPP Workgroup.

Northwest led three cycles of MAPP with geographies increasing over time. During the 2015–17 cycle, efficiency and effectiveness of conducting CHA across multiple public health jurisdictions was documented. For the next cycle, health department and hospital funding partners decided to pilot MAPP across a large region—31 counties. Following evaluation of process and outcomes of this 2018–2020 CHA, the “MiThrive” Steering Committee decided to use the unified, coordinated regional approach again in the fourth MAPP cycle, but with a greater focus on health equity. This committee was composed of leaders from health departments, hospitals, and other community partners.



Northwest leads the MiThrive 2021–2023 CHA (fourth MAPP cycle) with support from a core team composed of staff from six other local health departments and supported by braided funding strategy. To align with another regional initiative, the 31-county region was divided into three “community health innovation regions (CHIRs),” and the disability inclusion project was piloted in the Northwest CHIR (aqua on map above). 14.71% of the 300,211 people who live in the Northwest CHIR have a disability, exceeding state and U.S. rates.



Project Goals

MiThrive has several goals to increase disability inclusion in the MAPP process by March 31, 2021, the end of the grant period:

• Phase 1: Organizing and Engaging Partners

- » Engage Disability Network of Northern Michigan’s Executive Director to serve on MiThrive Steering Committee and MiThrive Northwest Workgroup;
- » Leverage Disability Network of Northern Michigan’s Executive Director relationships to recruit people with disabilities to serve on the MiThrive Northwest Workgroup; and
- » Conduct Circle of Involvement, an exercise to identify public health system and community partners that should be involved in the MAPP process, with MiThrive Northwest Workgroup.

• Phase 2: Visioning

- » Facilitate review and revision of MiThrive vision and core values.

• Phase 3: Complete the Assessments

- » **Community Health Status Assessment (CHSA):** Collect secondary data indicators as recommended in the NACCHO Disability Inclusion Guide.
- » **Forces of Change Assessment (FoCA)**
 - Recruit people with disabilities to participate in the assessment;
 - Adapt invitation, registration, meeting materials, and meeting processes as recommended by people with disabilities to assure full participation; and
 - Complete the assessment.

Our goal is to recruit people with disabilities to assess and adapt materials and processes to complete Public Health System Assessment (PHSA) and Community Themes and Strengths Assessment (CTSA).

Project Description

During the six-month project period, Northwest viewed two webinars and participated in three technical assistance calls with NACCHO Health and Disability staff as required. Twenty meetings were convened, including: six core team meetings where staff from seven local health departments prepared for design team, Steering Committee and workgroup meetings; 10 design team meetings where health department and hospital staff planned recommendations for collecting data for the four assessments; three Steering Committee

meetings where leaders from health departments, hospitals, and other community partners, including the Disability Network, reviewed and updated the vision and core values, and reviewed and approved the data collection plans for CHSA and FoCA Assessments; and the Northwest Workgroup to complete the Circle of Involvement stakeholder identification activity. We also met with the Disability Network six times to discuss recruiting people with disabilities to Steering Committee, design team, and workgroup meetings, and adapting materials and processes for the FoCA Assessment, set for April 2021. Finally, we started collecting 100+ secondary data indicators for CHSA, which is scheduled to be completed by June 2021. These activities complement deliverables for Northwest's grant-funded project to implement the MAPP Equity Supplement from the Center for Sharing Public Health Services.

Challenges

The primary challenge to implementing the project was adhering to the initial MiThrive timeline. At the conclusion of the 2018–2020 MAPP cycle, the Steering Committee decided to replicate the approach with just a few updates. However, as the 2021–2023 MAPP cycle was launched, both the design team and the Steering Committee carefully considered every recommendation decision. For example, the design team decided to thoroughly review every one of over 200 secondary indicators that had been collected in previous cycles and had thoughtful discussions regarding these indicators. Ultimately, the design team decided to delete about half of the indicators, and to collect more trend data and cross-tabulations by age, race, sex, and disability for those indicators that were selected. Similarly, Northwest and other members of the core team (also from local health departments) expected the MiThrive Steering Committee to quickly review and approve existing vision and core values. Instead, these components were discussed over the course of three meetings before edits were approved. Similarly, the FoCA Assessment was delayed from March 2021 to April 2021 to allow time for adapting materials and processes for disability inclusion. Another challenge was the difficulty in engaging health officers in MiThrive Steering Committee meetings due to their lead role in responding to the COVID-19 pandemic.

Solutions to challenges

Recognizing the importance of dedicating additional time for discussion to reach consensus, Northwest and the other core team members adjusted expectations regarding the length of time and number of meetings needed to complete activities. The health officers were kept informed on MiThrive's progress through reports at their monthly meetings.

Results

Our aim was to increase the participation among residents with

disabilities in the MAPP/community health improvement process. Prior to this iteration of the MAPP process, we had not intentionally made efforts to reach this segment of our community's population. We achieved the results that we set out to achieve because we were able to elicit input from a half-dozen residents with disabilities. However, participation is expected to rise in subsequent years because we will not be constrained by a pandemic.

Lessons Learned

The Health Department of Northwest Michigan and other community partners learned how important it is to intentionally include people with disabilities, one of the largest target populations in Northern Michigan, in planning and implementing a community health assessment. The project success is grounded in long-standing partnerships with community partners, experience conducting collaborative community health assessments, and trust in health departments' expertise in leading community health assessments. Another factor is the planning and preparation devoted to designing effective participatory meetings.

Also, it is worth mentioning that as a result of the Increasing Disability Inclusion in MAPP Project, the Health Department of Northwest Michigan and other local health departments are consulting with the Disability Network to make COVID-19 vaccination clinics more accessible for people with disabilities. Disability Network staff have visited clinic locations to make recommendations for changes in flow, signage, written communications, etc. Based on the recommendations of the Disability Network for easier comprehension of the handouts, local health departments are sending written materials through mail to the COVID-19 vaccination clinics.

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