Developing a Principled Mechanism for Reducing Health Inequities in San Francisco Session One

Maria X Martinez – SFDPH CASPER – September 28, 2012

Developing a Principled Mechanism

Part 1: September 28, 2012

Identifying Priority Groups

Part 2: October 26, 2012

Making Health Equity Operational and Transparent

DPH 5-year Budget Criteria

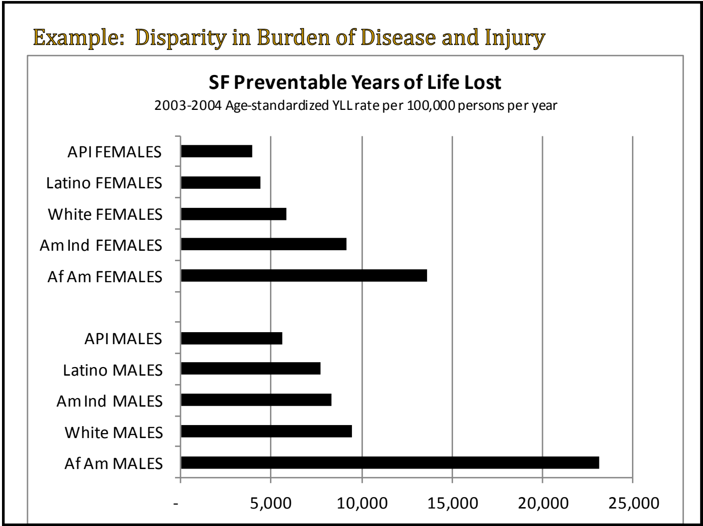
Domain		Criteria	Definition	Weight
Health Impact	1	Numbers affected	Number of individuals affected by the proposed change	5.00
	2	Equity	Impact on the health status of recognized groups where there is a known health status gap/disparities	7.67
	3	Significance of impact	Impact on health outcomes for the patient/client (e.g., risk of adverse events, improved health status) as compared to current practice/service	6.83
	4	Effectiveness	1. Intervention is meeting a demonstrated need; 2. Intervention is known to achieve intended outcomes; 3. Intervention is evidence-based	8.33
	5	Health promotion and disease prevention	Impact on illness and/or injury prevention, wellbeing and harm reduction as measured by projected longer term improvements in health	7.22
	6	Client experience	Impact on safety, effectiveness, cultural competence, timely access, self-efficacy, and client experience of service(s) provided	6.28
Strategic Alignment	7	Alignment to Health Commission's 5-year budget priorities	1. Service directly supports IDS goals (i.e., provide medical homes responsible for coordinating preventive, primary, and specialty care; reduce misuse, overuse, and underuse of services; increase the number of insured patients served; enhance information technology to improve quality of care and decision making; manage resources responsibly for the maximum benefit of clients; ensure service excellence); 2. Service directly supports public health accreditation; 3. Service directly promotes financial and operational efficiency	9.78
	8	Mandates	1. The service is mandated by local, state or federal law, including the mandate to have a balanced budget; 2. The extent to which the level of service provided is below, at or beyond the mandated level	8.33
Organizational Impact	9	Adoption/ implementation	1. Political/legal challenges to the adoption of proposed initiative or reduction; 2. Internal operational challenges to the implementation of the proposed initiative or reduction	5.22
	10	Workplace environment	Impact on workplace environment including morale, workload, tools and equipment, safety and wellness, professional growth and teamwork	7.67
	11	Innovation and knowledge transfer	Impact on the generation and/or application of new knowledge/practice	4.89
Financial Impact	12	Associated revenue	1. The extent to which the program affects non-General Fun revenue (e.g., Medicaid match, grant funding); 2. The extent to which a project is sustainable beyond the expiration of time-limited funding.	7.56
	13	Downstream impact on service utilization	Impact on cost on future use of services elsewhere in the system (e.g., preventing unnecessary hospitalizations, preventing future illness, extent to which a service could be scaled up or down under different financial circumstances)	7.67
	14	Efficiency and appropriateness	1. Optimal use of resources to yield maximum benefits and results; 2. Appropriate level of service is provided; 3. Extent to which other organizations are also providing this service (e.g., duplication of service or sole provider)	7.56

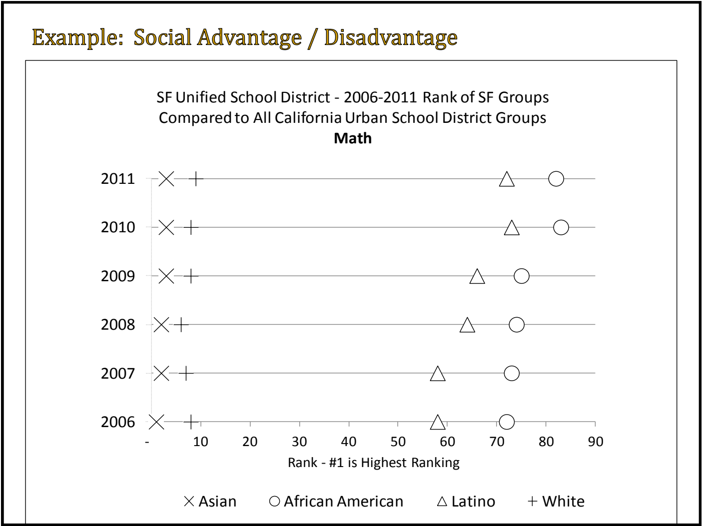
What is Health Equity?

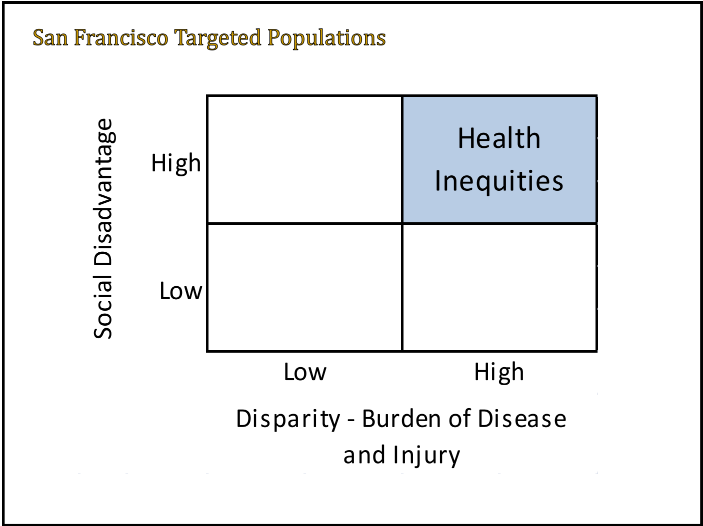
Reducing disparities in health status that are patterned, preventable, and unjust.

It suggests underlying social advantage and disadvantage based on imbalances in political power or privilege.

Whitehead, M. (1992). The Concepts and Principles of Equity and Health. International Journal of Health Services, Vol 22(3) pp 429-445







Exercise
Identifying Priority Populations

Instructions:

Review list of populations. Any missing?

Ten minutes:

1. Individually, select 10 populations who meet both criteria. Okay to combine and add.
2. With a partner, discuss and select top 5.
3. Write each of the 5 in large letters on a single card.

Discussion:

1. Any surprises? Disagreements?
2. Does size of population count in prioritizing groups?
3. Who else should have a say in identifying priority groups?
4. How might other stakeholders, who are not so familiar with data, be able to prioritize?

Next Meeting:
Part 2: October 26, 2012
Making Health Equity Operational and Transparent

1. Review Session 1 feedback
2. Application exercise to identify options for Equity Rating Tool
3. Review next steps