

***Assuring the Conditions for  
Population Health:  
Seeking Collective Impact through  
Public Health/Primary Care  
Integration***

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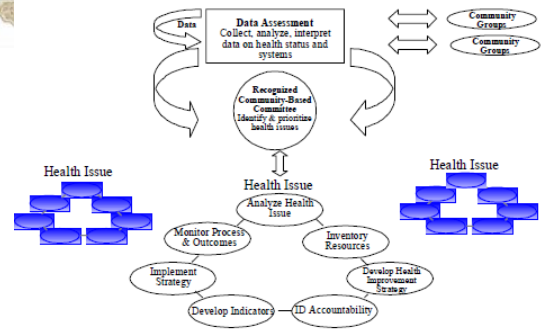
- Health assessments are not new endeavors. Public health and health systems have a long history of assessing and addressing the health needs of their clients.
- This time, however, things were different...

# How it all began

- Healthy! Capital Counties was born of two independent national forces:
  - One acting on not-for-profit hospitals and
  - One acting on public health departments



**Common Framework for Community Health Assessment and Improvement in Michigan**



**Barry-Eaton District Health Department**

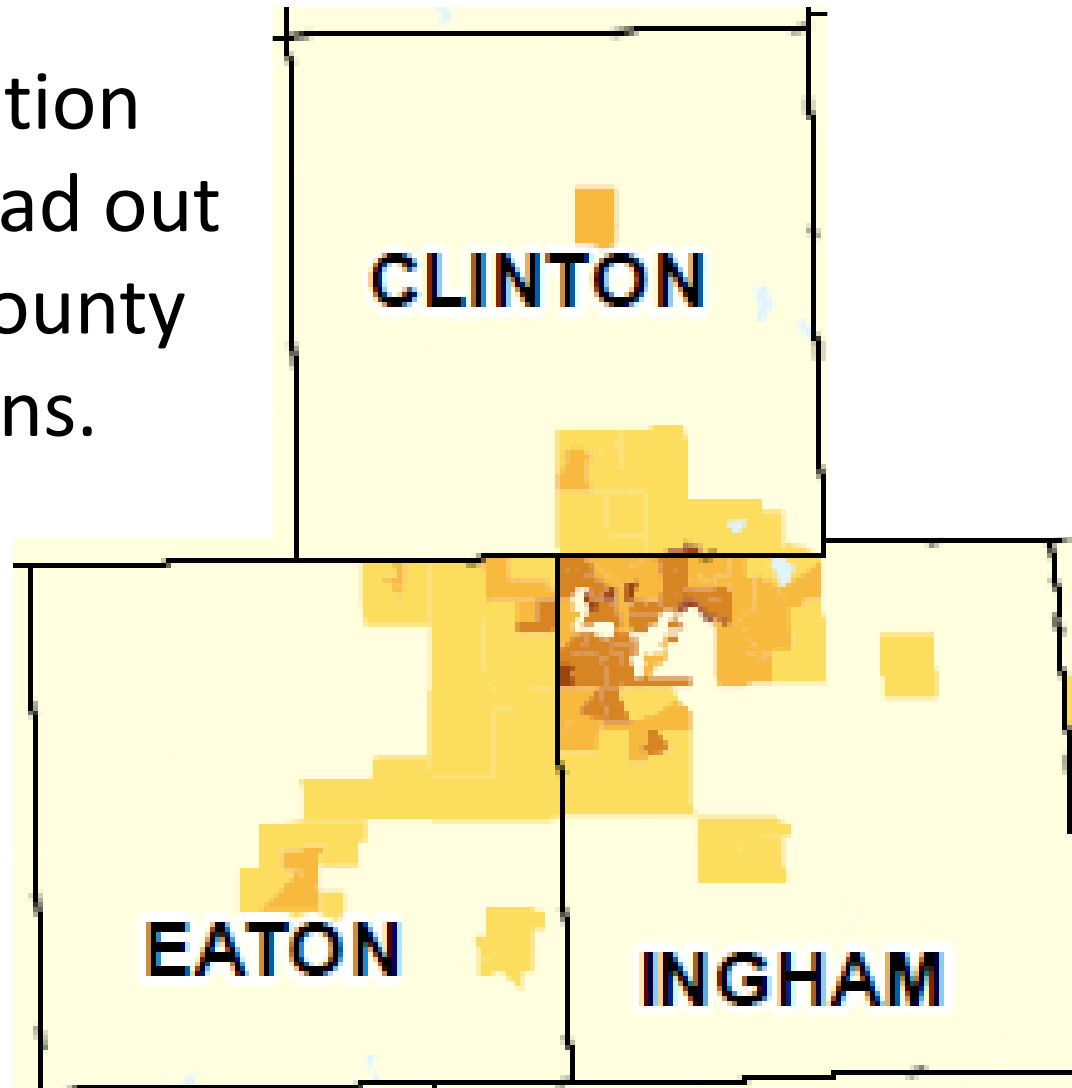


**MID-MICHIGAN District Health Department**

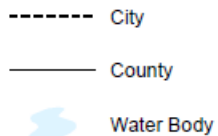
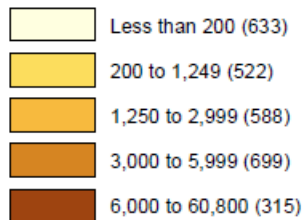
**How are we going to do  
this?**

*There were so many considerations*

Our population center is spread out over three county jurisdictions.

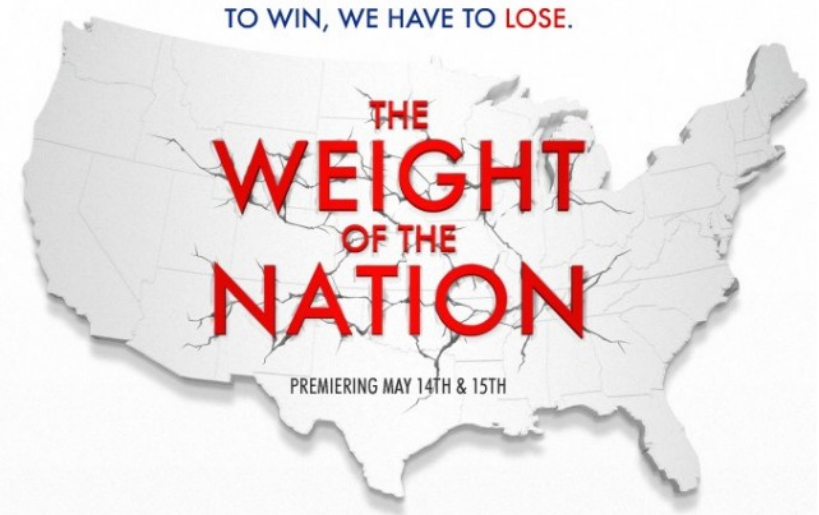


**Persons per Square Mile  
by Census Tract**



Total number of census tracts identified in parenthesis  
Source: U.S. Census Bureau, 2010 PL 94-171

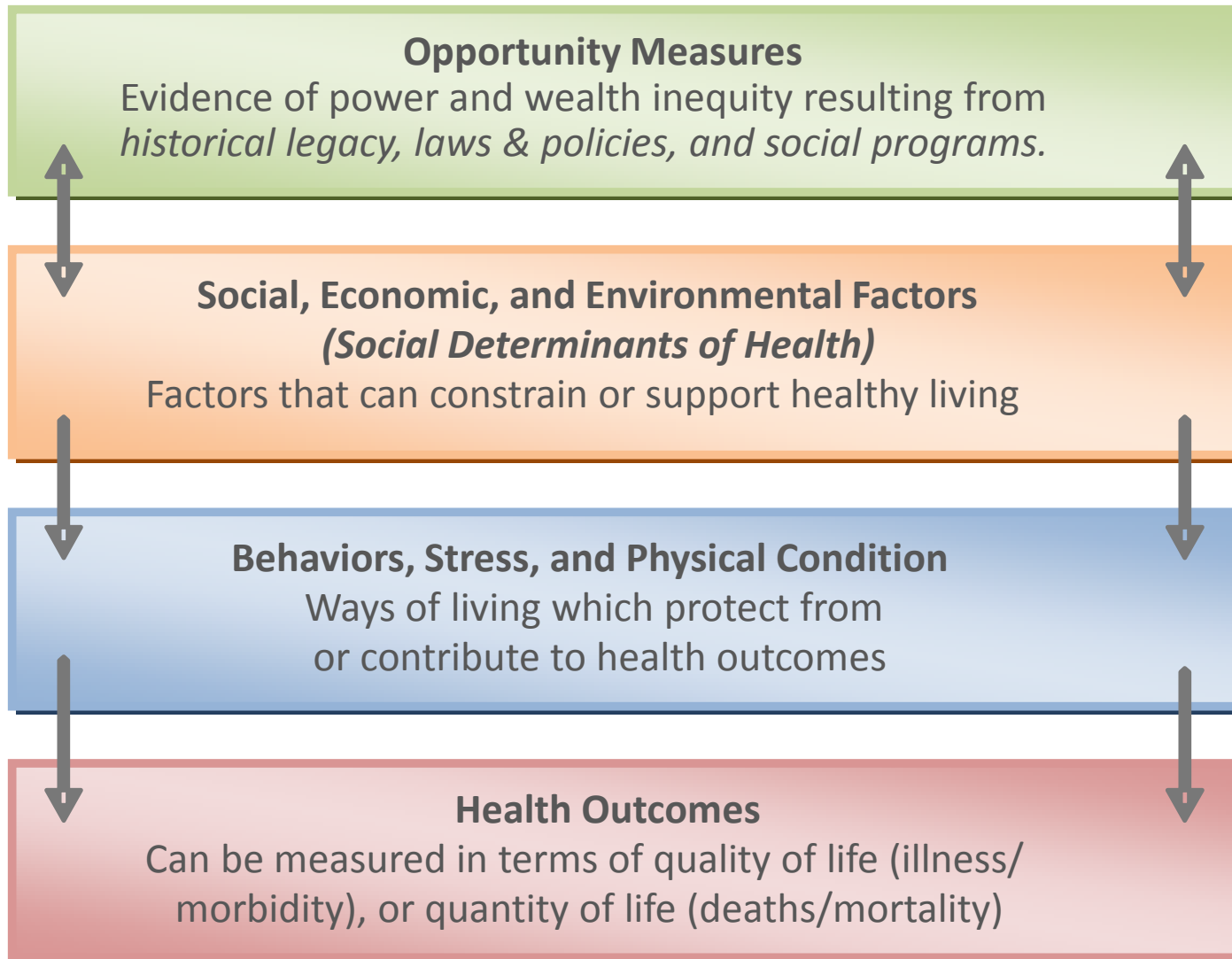
Our concept of  
poor health has  
evolved.



UNNATURAL  
CAUSES

is inequality  
making us sick?

# Our Model for How Health Happens





**So, we had to conduct an assessment that was different from ones we have done separately in the past. We needed to conduct an assessment that had:**

- True and meaningful collaboration between
  1. Hospitals and LHDs
  2. Hospitals/LHDs and the community
- Measures for social determinants and opportunity
- A more accurate and approach to the local data
- A high level of community input



CLINTON \* EATON \* INGHAM

# Healthy! Capital Counties<sup>SM</sup>

a community approach to better health

**True and meaningful  
collaboration between hospitals  
and LHDs**

# A Meeting of the Minds

- One of the first task of this project was to develop the steering committee. It was important that in this committee, roles and responsibilities allocated in such a way that all members felt some ownership to the project.
- This project required us to reshape our thinking about how we view our individual missions and how we relate to other entities with similar missions

# Reshaping the medical care mindset

- “Thinking outside the bed”
- Motivation beyond Market share
- Investor vs investment

# Reshaping the public health mindset

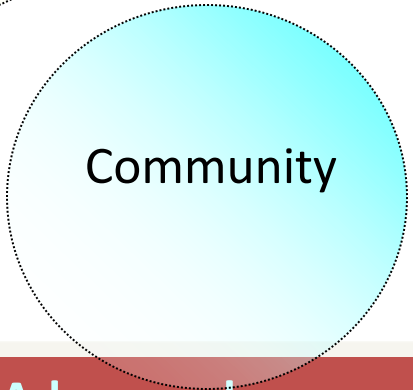
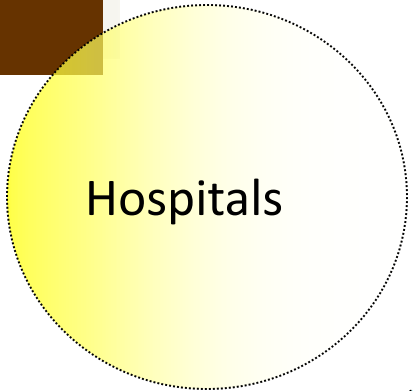
- Neutral convener
- Integrating primary care & public health
- Investment vs investor

# Seeking Collective Impact: A Synergistic Model

- Trading consensus and compromise (“either/or”)
- For collaboration and collective impact (“both/and”)

# Authentic collaboration between hospitals, LHDs and the community

**Endorsement /  
Mandate by  
leadership**

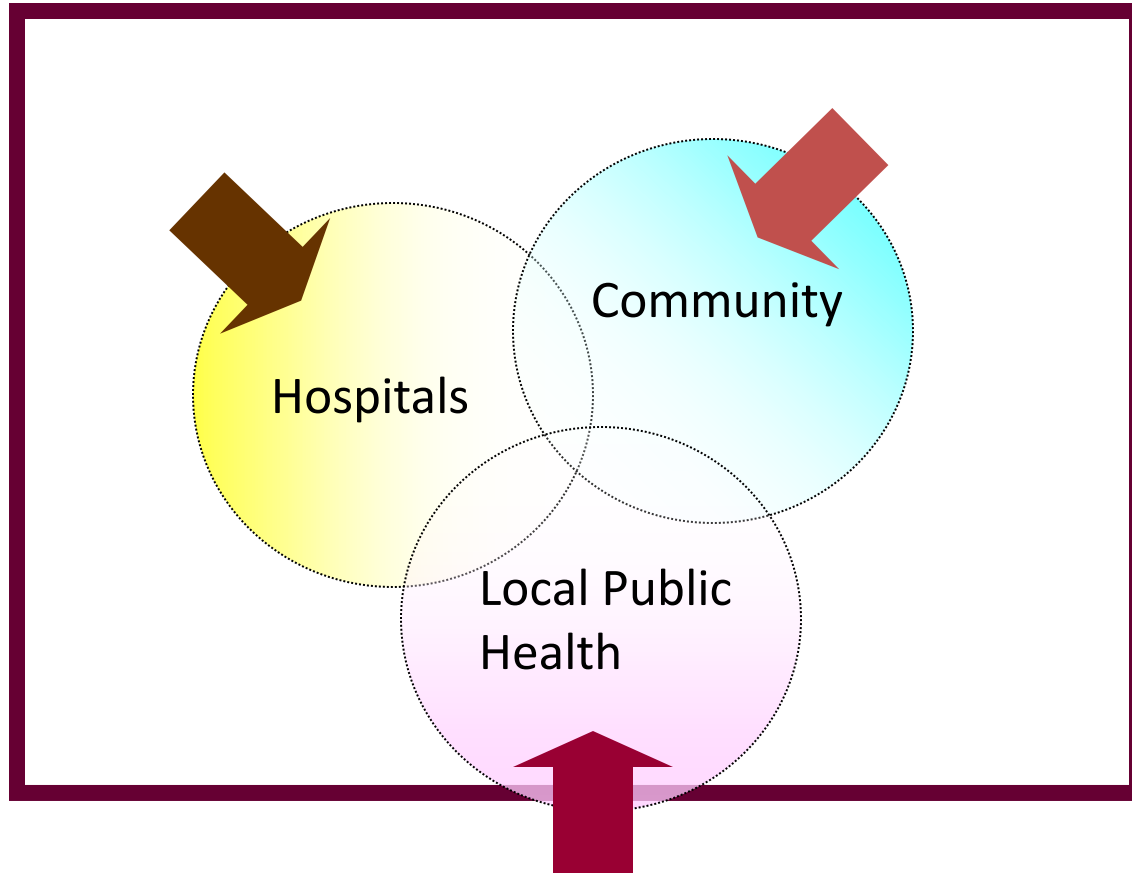


**Staff empowered to  
respond, challenges to  
status quo encouraged  
and welcomed.**

**Engagement of / Advocacy by community members  
who want to create change**



# Collective Impact: “Three are greater than One”



# Healthy! Capital Counties Advisory Committee

## **BUSINESS COMMUNITY:**

- Capital Area Michigan Works
- Peckham, Inc.
- General Motors (Delta Plant)

## **FAITH COMMUNITY:**

- Action of Greater Lansing (Faith-based Advocacy)

## **EDUCATION:**

- Michigan State University
- Eaton Intermediate School District
- Lansing School District
- Clinton County Regional Educational Service Agency

## **HEALTH PLANS:**

- Ingham Health Plan
- Physician's Health Plan of Mid-Michigan
- McLaren Health Plan

## **LOCAL GOVERNMENT:**

- Eaton County Community Development and Planning
- Clinton County Board of Commissioners
- Eaton County Board of Commissioners
- Clinton County Parks
- DeWitt Township
- Bath Township

## **COALITIONS:**

- Capital Area Health Alliance
- Clinton Building Stronger Communities Coalition
- Power of We
- Greater Lansing African American Health Institute
- Lansing Latino Health Alliance
- Clinton County Great Start Collaborative
- Ingham Substance Abuse Prevention Coalition
- Michigan Disability Rights Coalition
- Clinton-Eaton-Ingham Coordinated School Health
- Eaton County Substance Abuse Advisory Group
- Clinton Substance Abuse Prevention Coalition

## **HEALTHCARE IMPROVEMENT:**

- Michigan Health and Hospital Association
- MPRO (Michigan Quality Improvement in Healthcare)
- Michigan Public Health Institute
- Great Lakes Health Information Exchange

## **HUMAN SERVICES:**

- Capital Area Community Services
- Volunteers of America
- Food Bank Council of Michigan
- Tri-County Office on Aging
- Ingham MSU Extension Service
- The Safe Center (Domestic and Sexual Violence Services)

## **LOCAL FUNDING ORGANIZATIONS:**

- Sparrow Foundation

- Eaton County United Way
- Capital Area United Way
- Mid-South Substance Abuse Commission Coordinating Agency

## **TRANSPORTATION:**

- Clinton Transit Authority

## **NEIGHBORHOOD ORGANIZATIONS:**

- Allen Neighborhood Center
- Northwest Initiative (Lansing Neighborhood Organization)

## **COMMUNITY MEMBER PARTICIPANTS:**

- Jeanne Pearl-Wright
- Andrew Missel
- Rev. Tom Jones
- Brett Van Drie
- Cristin Larder
- Dawn Kepler
- Eldon Liggon
- Kimani Hamilton-Wray
- Liz Powers
- Lynne Martinez
- Sandra Ennes
- Roger Harris
- Rina Risper
- Valencia Moses

Community involvement was a high priority and we solicited input from them at every step:

- Indicator selection;
- Data collection;
- Interpretation of results;
- Priority selection;
- Evaluation of potential interventions

**Announcing: Community Dialogues on Health**

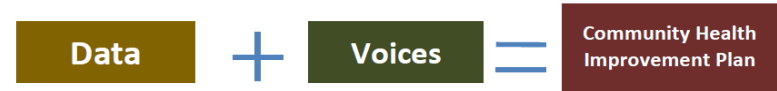


**Healthy!CapitalCounties**<sup>SM</sup>  
a community approach to better health



Are you interested in improving the health of your community?

Please attend a community dialogue and help us identify the key factors affecting health in our community!



Join us at any one of these events!

<b>Dansville</b>	Tuesday, June 26	7:00 pm	1362 Mason Street (the old fire station)
<b>East Lansing</b>	Thursday, June 28	1:00 pm	Hannah Community Center, 819 Abbot
<b>DeWitt</b>	Tuesday, July 10	6:00 pm	St. Francis Retreat Center, 703 E. Main St
<b>Eaton Rapids</b>	Thursday, July 12	6:00 pm	Eaton Rapids Medical Center, 1500 S. Main
<b>St. Johns</b>	Friday, July 13	11:00 am	Clinton Commons, 1105 S. Scott Rd
<b>Lansing</b>	Tuesday, July 17	7:00 pm	Cooley Temple Conference Center, 217 S. Capitol Ave
<b>Charlotte</b>	Thursday, July 19	5:30 pm	ALIVE, 800 W. Lawrence

Please register by visiting [www.healthycapitalcounties.org](http://www.healthycapitalcounties.org) or e-mail [info@healthycapitalcounties.org](mailto:info@healthycapitalcounties.org) or call (517) 887- 4428

Registration is limited based on the size of the venue, so register early! Attend any of the seven dialogues being held in locations around Clinton, Eaton, and Ingham counties. See [www.healthycapitalcounties.org](http://www.healthycapitalcounties.org) for more information about this project.

Questions? (517) 887-4428, email [info@healthycapitalcounties.org](mailto:info@healthycapitalcounties.org)





DOMAIN	INDICATOR GROUP	INDICATOR	MEASURES	SOURCE	Year (or Group of Years)	Smallest Planned Geographic Level of Analysis <sup>1</sup>
Opportunity Measures	Income	Income Distribution	Gini coefficient of income inequality	ACS	2006-2010	HCC geo groups
	Segregation	Housing Segregation	Gini coefficient of minority-headed households	ACS	2006-2010	HCC geo groups
Social, Economic, and Environmental Factors	Social and Economic Factors	Income	% children in poverty	ACS	2006-2010	HCC geo groups
		Education	Education distribution in adults older than 25	ACS	2006-2010	HCC geo groups
		Social Connection & Support	Social Capital	BRFS	2008-2010	HCC geo groups*
		Community Safety	Rate of violent crimes per person	MSP	2010 (+prior)	HCC geo groups
		Affordable Housing	Households who spend more than 30% of income on housing	ACS	2008-2010	HCC geo groups
	Environmental Factors	Quality of Primary Care	Rate of Ambulatory-Care Sensitive Hospitalizations (Preventable)	MDCH Vital Statistics	2010 (+ prior)	HCC geo groups
		Environmental Quality	% water wells w/evidence of significant nitrate contamination	Local Health Depts.	2011 (+prior)	HCC geo groups
Behaviors, Stress, and Physical Condition	Health Behaviors and Physical Condition	Obesity	Adult Weight Distribution (BMI Categories)	BRFS	2008-2010	HCC geo groups*
			Adolescent Weight Distribution (BMI Categories)	MiPHY	2010	County
		Tobacco Use	Current Smoking in adults	BRFS	2008-2010	HCC geo groups*
			Current Smoking in adolescents	MiPHY	2010	County
	Alcohol Use	Binge Drinking in adults	BRFS	2008-2010	HCC geo groups*	
		Binge Drinking in adolescents	MiPHY	2010	County	
	Clinical Care	Access to Care	Persons with a primary medical provider	BRFS	2008-2010	HCC geo groups*
			Ratio of population to the number of primary care physicians	County Health Rankings	2008	County
		Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	MCIR	2011	HCC geo groups*
	Stress	Mental Health	Poor mental health days in adults	BRFS	2008-2010	HCC geo groups*
Adolescents with symptoms of depression in past year			MiPHY	2010	County	
Health Outcomes	Illness (Morbidity)	Child Health	Asthma Hospitalization Rate in children 0-18	MDCH Vital Records	2010 (+ prior)	HCC geo groups
		Quality of Life	Perceived health status (good vs. poor)	BRFS	2008-2010	HCC geo groups*
		Adult Health	Diabetes-related Hospitalization Rate in adults 18+	Local Hospital Data	2011 (+prior)	HCC geo groups*
	Deaths (Mortality)	Premature Death	% deaths before age 75	MDCH Vital Records	2009 (+ prior)	HCC geo groups
		Maternal & Child Health	Infant Mortality Rate	MDCH Vital Records	2009 (+ prior)	HCC geo groups
		Chronic Disease	Deaths due to cardiovascular disease	MDCH Vital Records	2009 (+ prior)	HCC geo groups
		Safety Policies and Practices	Deaths due to accidental Injury	MDCH Vital Records	2009 (+ prior)	HCC geo groups

<sup>1</sup> HCC Geo Groups = 8 groups of census tracts, cities, and/or townships grouped by median home value and population density in Clinton, Eaton, and Ingham Counties.

\*subject to reportable data availability; some areas may have too few responses/incidents to report

ACS = American Community Survey, conducted by the U.S. Census Bureau  
 BRFS = Behavioral Risk Factor Survey, conducted by local health departments  
 MCIR = Michigan Care Improvement Registry  
 MDCH = Michigan Department of Community Health

MiPHY = Michigan Profile for Healthy Youth Survey  
 MSP = Michigan State Police  
 USDA = United States Department of Agriculture

**Extending the Dialogue -Starting  
with the end in mind:  
Health Equity**

# Extending the Dialogue to Social Justice

## Health Disparity

**“A disproportionate difference in health between groups of people.”**

## Health Inequity

**“Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.”** Margaret Whitehead

## Social Justice

The absence of unfair, unjust advantage or privilege based on race, class, gender, or other forms of difference.

A world which affords individuals and groups fair treatment and an equitable share of the benefits of society.

## Health Equity

**A fair, just distribution of the social resources and social opportunities needed to achieve well-being.**

# Community input





# Healthy!CapitalCounties™

a community approach to better health

## Hispanic / Latino Focus Group

Everyone who registers gets dinner and a \$25 Meijer™ gift card

Plus a chance to win your choice of a \$75 Meijer™ gift card or an Amazon Kindle™

### Healthy! Capital Counties

Everyone wants to be healthy. Some of us aren't. Come to Foster Community Center to share thoughts about you and your family's health, your experiences getting medical care, and the neighborhood conditions that affect health in Ingham, Clinton and Eaton counties! This focus group will help health care and community services providers measure how healthy we are, what health conditions we deal with, and the root causes of those health problems.

Eat dinner and get \$25 gift card for coming!

Participate in an interesting discussion about health

Help us tell the Hospitals and Health Departments what we need to stay healthy!

When: March 22, 2012

Where: Foster Community Center  
200 N. Foster, Lansing, MI  
(just off of Michigan Avenue)

Time: 6:00 pm – 8:00 pm

Rsvp is required: (517) 999-4035 or  
Lansinglatinohealth@gmail.com

NOTE: Space is limited to the first 15 eligible persons, so register to save your spot today! The incentives described above are offered to registered and confirmed participants only.



Registration is required.



Please call  
Heather Rae at  
(517) 999-4035 or  
email  
[lansinglatinohealth@gmail.com](mailto:lansinglatinohealth@gmail.com) to  
reserve your spot  
today!

We spoke to the some of the most vulnerable members of our community: the uninsured, Medicaid participants, those with disabilities, and racial/ethnic minorities

# “Speaking of health...”

## RESULTS FROM THE HEALTHY! CAPITAL COUNTIES FOCUS GROUPS

While quantitative (numbers) data presented elsewhere in the Community Health Profile is important, so too are the **experiences, thoughts, beliefs, and stories** from real people in our community – particularly from persons who tend to have the most significant health needs or belong to groups that have the greatest health disparities. We conducted a series of eight focus groups with an average of eleven people per group.

For our counties, the focus groups were designed to include the following groups:

- Persons with disabilities
- Persons recovering from substance addiction
- Persons who are uninsured
- Persons who have low incomes
- Persons who identify as Hispanic or Latino (including those who speak Spanish and those who speak English)
- Persons who identify as Black or African American
- Persons who are unemployed

Therefore, the information contained in this report is not necessarily reflective of the entire population of Clinton, Eaton, and Ingham counties, but rather is reflective of some of our most medically underserved residents.

Eight focus groups were held in February and March, 2012. These focus groups took place in various locations throughout the three county area; Charlotte, Lansing (Allen Neighborhood Center), Lansing (Black Child and Family Institute), Lansing (Foster Community Center), Lansing (Gier Community Center), Lansing (Peckham, Inc), Mason, and St. Johns. Each participant was awarded a \$25 Meijer gift card upon completion of the group, and one person in each group was randomly selected to receive their choice of an additional \$75 Meijer card or an Amazon Kindle. **Many thanks to the following organizations for their generous assistance in coordinating and recruiting for these focus groups: Allen Neighborhood Center, Black Child and Family Institute,**

And tried to capture information that does not usually make it onto a data table

# Applying, not Incorporating, Health Equity

- Incorporating health equity is more than just stratifying data by race/ethnicity or gender. It is opening people's minds to the fact that some disparities are unfair and unjust.
- A philosophy and frame work used to shift our thinking about the questions we routinely ask or asking additional questions.
- It's not '*what*,' but '*how*'

# Applying a Health Equity Lens to our Work

Instead of only asking:

How can we create more green space, bike paths, and farmer's markets in vulnerable neighborhoods?

Perhaps we should also ask:

What policies and practices by government and commerce discourage access to transportation, recreational resources, and nutritious food in neighborhoods where health is poorest?

# Applying a Health Equity Lens to our Work

Instead of only asking:

Why do people smoke?

Perhaps we should also ask:

What social conditions and economic policies predispose people to the stress that encourages smoking?

# Applying a Health Equity Lens to our Work

Instead of only asking:

Who lacks access to healthy food options and why?

Perhaps we should also ask:

What policy changes would redistribute healthy food resources more equitably in our community?

# Applying a Health Equity Lens to our Work

Instead of only asking:

How do we connect isolated individuals to social supports?

Perhaps we should also ask:

What institutional policies and practices maintain rather than counteract people's isolation from social supports?

# *Well Worth the Effort!*

- Successes
  - Check –In’s: open communication
  - Solid model and method – not person dependent
  - LEADERSHIP!
- “The more successful partnerships often developed a shared mission with a formulated structure and clearly defined roles. They were driven by strong leadership and established ongoing communication between the two sectors.”
  - IOM, Primary Care & Public Health Integration Report, 2011



# *Well Worth the Effort!*

- Challenges
  - Blazing a trail
  - Sustaining the work
  - Serving different masters (Implementation Strat vs CHIP)
- Accountability to the Community



*If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.*

Antoine de Saint Exupery