



Healthy People 2020-National Association of County and City Health Officials Partnership

Collaboration in Action

In the Greater Capital Area of Michigan, three local health departments and four hospital systems collaborated to complete a regional community health assessment and community health improvement plan that emphasized addressing the root causes of poor health outcomes. Here is a look at how they worked together and how they're moving forward to take action to improve health.



NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

Overview of Case Example

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What's happening in Healthy! Capital Counties?

The Healthy! Capital Counties coalition has been working over the last two years to complete a comprehensive community health (needs) assessment (CHA/CHNA) and community health improvement plan (CHIP) for the region surrounding and including Lansing, Michigan's capital city.

Meet the interviewees!

(Click on one of the speaker icons to hear from Anne or Brian)

Anne Barna, *Health Analyst ii, Barry-Eaton District Health Department, MI*



Describes partnership benefits and health equity approach

Brian Brown, *Director, Planning & Marketing, McLaren Greater Lansing Medical Center, MI*



Describes how the collaboration began

History

Although there is a long history of health department and hospital partnerships on a lot of projects, as a region all involved had not previously worked together. “There were doors open already, but each hospital was at a different place in this work and this work sat in different places in each of the area hospitals.” ~Brian Brown, hospital representative

Although all the leaders were on board, “At the beginning of 2011, the question was, ‘how do you all want to make this happen?’” ~Anne Barna, LHD representative

A few months later, the three health departments involved decided that they could conduct the work, but they lacked the financial resources to provide the staff time needed. The departments collectively wrote a proposal to conduct the work in partnership with the hospitals and submitted it to the hospitals for funding support.

Defining Community

The coalition felt it was important to complete a CH(N)A and CHIP in a way in which those who work, live, learn, and play in the area do: as a region. To do this, three local health departments, working across jurisdictional lines and four hospital systems serving the region forged a new collaborative relationship for the CH(N)A and CHIP work.



Health Equity and Social Determinants of Health

“We were clear about the model for how health happens. We incorporated health equity concepts in the selection of indicators and social determinants of health were built into the process. We carefully crafted interpretation and incorporation [of these factors] based on the expertise and experience of health department staff and leaders who were capable of translating social justice and health equity concepts. When we selected the strategic priorities, we used selection criteria that lent to selecting social determinants.... It is quite exciting to look at the social determinants [of health] model and integrate it into assessment work.”

~Anne Barna, LHD representative

Health Equity and Social Determinants of Health

Healthy! Capital Counties Model for How Health Happens



Hospitals and Health Equity

“Upstream work is more uncomfortable for the hospitals. ‘Safety and Social Connection’ as a priority and then thinking the hospitals might support a crime watch, for example, requires hospitals to leave their comfort zone. Integrating [upstream issues] into the hospital plan, at the board-level and at the physicians’ level, is helpful. Putting the pieces of that out there in each organization [hospital] as there are different processes for this [is key].”

~Brian Brown, Hospital representative



Brown describes focusing on upstream issues

Cultural Differences

“Hospital culture is different and they have different ways of going about things. This is true of health departments also, but I think health departments are more alike than hospitals. Various hospitals have various priorities. It’s difficult, from a health department perspective, to know a hospital’s priorities”.

~ Anne Barna, LHD representative

“Hospitals also get very focused on who’s walking in our doors. Hospitals tend to think that ‘X number of people need one service’. Hospitals are transitioning to thinking upstream and to a population focus. There are different cultures.”

~Brian Brown, hospital representative

Cultural Differences

Both interviewees describe cultural differences between the LHD and hospital.



Anne Barna, LHD representative



Brian Brown, hospital representative

Benefits of Co-Leadership

“Not duplicating things has been a benefit. [Working together] eases the burden of doing these [CHAs/CHNAs] three different times for each area. From a time perspective, this is valuable,”

~ Brian Brown, hospital representative

“From the outlying county perspective, the health department has a strong relationship with our county hospital, but wasn’t known to the big hospitals [in the area]. There is no way we could have done the quality of the CHA for Eaton County without partnering with other health departments.

~ Anne Barna, LHD representative

Many thanks!

Learn more about Healthy! Capital Counties
work at:

<http://www.naccho.org/topics/infrastructure/healthy-people/stories-from-the-field.cfm>