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

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Sparrow Health Systems
• 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
March 2010

MID-MICHIGAN District Health Department

Barry-Eaton District Health Department

MID-MICHIGAN District Health Department

Common Framework for Community Health Assessment and Improvement in Michigan

Advancing public health performance
How are we going to do this?

There were so many considerations
Our population center is spread out over three county jurisdictions.
Our concept of poor health has evolved.
Opportunity Measures
Evidence of power and wealth inequity resulting from historical legacy, laws & policies, and social programs.

Social, Economic, and Environmental Factors (Social Determinants of Health)
Factors that can constrain or support healthy living

Behaviors, Stress, and Physical Condition
Ways of living which protect from or contribute to health outcomes

Health Outcomes
Can be measured in terms of quality of life (illness/morbidity), or quantity of life (deaths/mortality)
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
Healthy! Capital Counties
a community approach to better health
True and meaningful collaboration between hospitals and LHDs
A Meeting of the Minds

• One of the first tasks 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”

- Hospitals
- Community
- Local Public Health
# 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

## 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
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<th>Measures</th>
<th>Source</th>
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</table>

¹ 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
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
We spoke to the some of the most vulnerable members of our community: the uninsured, Medicaid participants, those disabilities, and racial/ethnic minorities.
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 framework 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