

Muskegon Community Health Innovation Region

Building Capacity to Reinvent Health: Year One Highlights



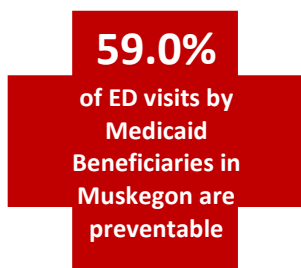
The State Innovation Model

The State has organized the work of implementing its SIM initiative under three main umbrellas: Population Health, Care Delivery, and Technology. The Population Health component has at its foundation Community Health Innovation Regions (CHIRs) which are intended to build community capacity to drive improvements in population health. A CHIR is a broad partnership of community organizations, local government agencies, business entities, health care providers, payers, and community members that come together to identify and implement strategies that address community priorities. The state has selected five regions of the state in which to test the CHIR model.

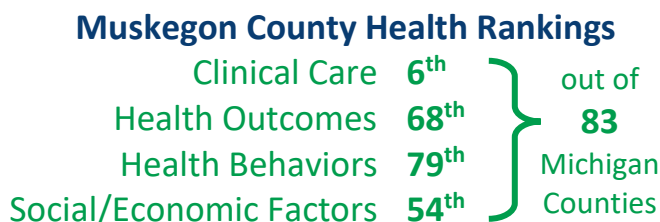


Muskegon CHIR

Muskegon Community Health Innovation Region (CHIR) is a partnership of health and community service providers serving the health needs of individuals across Muskegon County, Michigan. Muskegon Community Health Project is serving as the backbone organization (BBO), providing leadership and facilitating the development of a common agenda, shared measurement, mutually-reinforcing activities, and continuous communication.



Source: 2015-16 Medicaid Warehouse Data



Source: 2017 County Health Rankings

CHIR Early Successes: Building Community Capacity

The Muskegon CHIR focused on **building community capacity** to address emergency department utilization and **establishing the infrastructure and collective impact capacity needed** for health transformation. Important early wins include:

Developing clinical community linkages with data sharing across hospitals, behavior health, and social service providers	Cultivating new and enhanced cross-sector partnerships to focus on upstream issues
Developing new tools including a common screening tool, evaluation metrics, and a community dashboard	Leveraging existing community resources with the Community Coordinating Council serving an advisory panel
	Integrating coaching to support changes in clients' health behaviors

Early
Success
Spotlight

Leveraging Existing Community Resources with the
Community Coordinating Council Serving an Advisory Panel

What was the challenge?

Muskegon’s historical loss of its manufacturing base has contributed to high levels of poverty and poor health outcomes. Although Muskegon County ranks high in clinical care – 6th out of 83 counties, other factors contributing to poor overall health are significant. Health behaviors such as tobacco use, diet and exercise, alcohol and drug use and sexual activity are ranked 79th. Social and economic factors such as education, employment, income, family and social support and community safety are ranked 54th. With a cautious and conservative culture, addressing these issues systemically has been slow. Health systems and social service agencies have worked independently and sometimes in competition. The lack of cross-sector relationships and collaboration created competing priorities, unaligned efforts, gaps in services, and unsustained change efforts.

How did the CHIR address this challenge?

Recognizing the role social determinants of health play in overall population health, the Muskegon CHIR promoted cross-sector collaboration between health systems and social service agencies. To demonstrate the important role social service agencies play in promoting health, the Community Coordinating Council of Muskegon County (CCC) was invited to serve as an advisory panel to the CHIR. The CCC includes 45 community service agencies that work together to promote effective human services through collaboration, integration, and support.

As a result, what has changed?

The medical and social service sectors are developing relationships around a broader definition of health that includes SDoH. They are touring each other’s facilities and learning about what each other does. The Muskegon CHIR is working towards balancing the influence and shared decision making of both sectors to enhance clinical community linkages in support of positive health outcomes.

What lessons were learned?

- Educate health providers and system leaders to promote thinking about the social determinants of health.
- Understand that community work is hard, very complex, but worth it.

“Bring the right people to the table to broaden the perspectives of the entire group. Don’t be afraid to sit down and have conversations with people that don’t look like you. Open the door to everybody.”

- BBO Staff Member

“I think that people are recognizing the need to be involved in the community and engaged to make the community better.”

- Finance Committee member

“There has been learning about what different agencies are doing... [this] shared knowledge of one another’s services has helped us redirect patients currently... What is being identified by the CHIR now will lead us into some new opportunities.

- Hospital Partner

**Early
Success
Spotlight**

Developing Clinical Community Linkages with **Data Sharing** across Hospitals, Behavior Health, and Social Service Providers

What was the challenge?

Hospitals, behavioral health, and social service providers operated independently of each other, employed different tools to conduct needs assessments, and maintained different data systems. This lack of alignment caused duplication of efforts by community health workers and ineffective communication across health and social service providers, resulting in gaps in services to meet local needs.

How did the CHIR address this challenge?

Muskegon CHIR brought partners to the table to build relationships and address overlapping job roles. Members of the community attended steering committee and workgroup meetings to discuss and define definitions and the components for a shared Social Determinants of Health (SDoH) screening tool. In support of this work, Muskegon CHIR recognized the need for a broader understanding of community needs and leveraged their community-wide Adverse Childhood Experiences Survey (ACES) of adults to educate CHIR partners of the broader social needs of the population and the value of community-wide shared data.

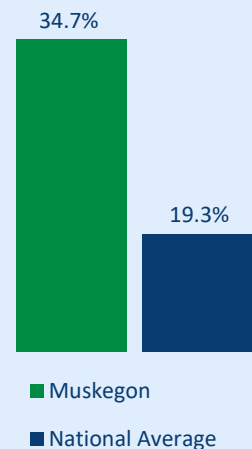
As a result, what has changed?

Health and social service organizations are developing a greater understanding of each other’s operational processes and developing a shared language to promote more effective communication. FQHCs and Behavioral Health providers are beginning to share data and a single SDoH screening tool has been adopted across the community. Initial results of over 6,000 individuals screened at one of the health centers identified education and job training as the most requested areas for assistance. Muskegon CHIR also is in the process of comparing community needs assessments from different organizations to identify gaps and build a more comprehensive approach.

What lessons were learned?

- Ensure a solid data foundation to understand, measure, and evaluate processes.
- Develop benchmarks for continuous improvement.
- Take time to learn about the culture and language of the different systems, understand the work that others are doing, and share past mistakes and successes.

Percent of Adult Women Reporting Substance Abuse in their Childhood Homes



- 2016 ACES Survey Report

“We need to pull all of our data together as we work with individuals. What are the needs of the individual? What are the resources that we have? How do we get the best return on investment and the best outcomes for that individual?”

- Steering Committee Member

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Muskegon CHIR Partners

The Muskegon CHIR has engaged community organizations, local government agencies, health care providers, insurers, and community organization to come together to identify and implement strategies that address community priorities. In addition to members of the steering committee, the backbone organization, and work groups, the chart below highlights the breadth of Muskegon CHIR's partnerships.

