

**RWJF Grant ID#:** 70620

**Team Name:** Northern Michigan

**Major Activities:** The six health departments that cover 25 counties in Northern Michigan collaborated to explore the creation of new CJS arrangements with the goal of increasing efficiency and enhancing public health capacity across the region. At the outset the team leads conducted a series of in-person interviews at each health department and with each county's board of health members. The interviews served to educate stakeholders about the effort and to understand stakeholder perceptions regarding drivers for CJS, benefits and drawbacks of existing arrangement, and the potential for achieving increased efficiency and effectiveness by revising existing CJS arrangements and establishing new ones.

Findings from several additional research strategies complemented what was learned through the interviews. The team leads collected community health assessments from each department and analyzed them for commonalities, in addition to developing an inventory of current existing CJS efforts. They also analyzed several different models of CJS efforts, including some being developed or implemented by SSLC members. The team chose San Luis Valley, CO, for the requisite site visit, as that model was of particular interest to the group.

Equipped with all of this information, the team engaged in a strategic planning process to guide their collaborative efforts from 2015-2017. They agreed to collaborate around maternal-child health, perinatal care coordination, and electronic health records. Moreover, the following strategic directions were identified:

- Implement planning and uniform best practice;
- Formalize a public health alliance;
- Launch a unified marketing plan;
- Educate policymakers about the benefits of aligned public health policy and laws;
- Maximize coordinated technology for efficiency; and
- Catalyze the creation of a public health workforce.

By the end of the first year, the team also began to strategize about working as a single collaborative entity to work more closely with the healthcare system.

Meanwhile, the team leads also assisted one of the health departments in the group with a restructuring effort. The health department serves two counties, and when the health official retired, the board of health decided to explore potential reconfigurations. As they felt they could not afford to maintain the current level of operations. The team leads leveraged technical assistance from the Center to facilitate a strategic planning retreat for the board.

**Accomplishments:** The team developed a formal structure called the Northern Michigan Public Health Alliance (Alliance). The mission of the Alliance is to pursue and sustain CJS arrangements for the purposes of efficiency and effectiveness. The Alliance is governed by an MOU signed by the six counties' board of health chairs and is guided by the aforementioned

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strategic plan. A Steering Committee and a work group for each of the five strategic directions have been established and they each meet on a regular basis.

The Michigan Department of Community Health (MDCH) had been considering a new, statewide, ten region structure for all 45 local health departments in the state. When this concept was met with a great deal of resistance from local health departments, MDCH turned to the Alliance for their input on how the design of a grant that is now supporting health departments across the state taking a “bottom-up” approach to establishing CJS arrangements.

The Alliance received several grants and has applied for some others. The Alliance was an eligible applicant, but individual local health departments were not eligible for these opportunities. Grants that have been awarded include the following:

- Health Innovation Grant from MCDH to continue supporting a staff member through the end of 2015;
- in partnership with the North Central Council of Michigan Health and Hospital Association, a Michigan Birthing Hospitals Mini Grant to increase newborn referrals to public health; and
- Accreditation Readiness Mini-grant from the Michigan Public Health Institute to develop workforce development plans.

Other grant proposals that are pending are as follows:

- Rural Health Outreach Network Development Planning Grant from the Health Resources and Services Administration to build capacity for a Community Health Innovation Region;
- Rural Health Care Services Outreach Grant and Michigan Health Endowment Fund grant to improve immunization rates; and
- Michigan Home Visiting Initiative Grant from MDCH to implement Nurse-Family Partnership.

The Alliance also has made strides toward integration of public health and health care. The Alliance works more closely with the two healthcare systems serving the area. It also is a member of the region's health network accountable care organization (ACO) and serves on its advisory board.

Meanwhile, the two-county health department mentioned above secured contract services from the largest health department in the Alliance to provide a (part-time) medical director and health officer as well as IT support. With this arrangement, the smaller health department can maintain its presence in the communities it serves and leverage the capacity of the largest health department, thus achieving the desired efficiencies and effectiveness.

**Challenges:** Region-wide activities to integrate public health and primary care may require a level of public health capacity that is not consistent among the six health departments. Therefore, the Alliance representative to the ACO and the healthcare systems must always be vigilant with respect to understanding the variation in public health capacity when planning collaborative interventions for the whole area.