

BRANCH, HILLSDALE, ST. JOSEPH

Community Health Improvement Plan 2023

Contents

HEALTH IMPROVEMENT PLANNING	2
EXECUTION.....	6
GOALS AND OBJECTIVES	6

LISTS OF FIGURES AND GOALS

Figure 1 CHNA Priorities.....	2
Figure 2 CHIP Strategy Suggestions	4
Goal 1 Improve Maternal and Child Health	8
Goal 2 Increase Access to Mental Health Treatment	9
Goal 3 Advocacy.....	10
Goal 4	11

A note about terminology: In this document *priorities* means the most important health issues we need to address as determined by our Community Health Needs Assessment (CHNA); *goals* means a change needed to make an improvement in the priority health issue; each goal contains one or more *strategies* that we wish to accomplish to reach the goal; and each strategy has one or more *objectives* which are specific tasks we must perform to accomplish the strategy. When discussing the health improvement plan, people mostly talk about strategies. For example, people might be concerned about maternal and child health (a priority); because of this they might want to reduce maternal risk factors like high blood pressure (a goal); what they might say is, “We need to make sure mothers enroll in prenatal care” (a strategy). The specific tasks partners must do—like contact pregnant women and inform them about prenatal care options—are the objectives.

HEALTH IMPROVEMENT PLANNING

This document summarizes a Community Health Improvement Plan (CHIP) created as part of the Branch, Hillsdale, St. Joseph (BHSJ) Community Health Needs Assessment (CHNA) between December 2022 and June 2023. The CHNA describes the background of this project and won't be repeated here. It is important to know that the CHNA—after a comprehensive data analysis—identifies a set of public health priorities the community needs to focus on to improve health. The purpose of the CHIP is to identify a small number of strategies community members have committed to work on together that could make a measurable improvement in mortality or morbidity rates by addressing the identified priorities.

The priorities were:

PRIORITIES

1. Chronic disease: Reduce the leading killers including heart disease and cancer and related conditions like diabetes, stroke and respiratory illnesses.
2. Mental Health
 - a. Access to treatment, especially inpatient, for mental health disorders. Includes substance abuse and suicide prevention.
 - b. Substance abuse prevention including addiction and overdoses.
3. Maternal and Child Health. This has three parts: early access to prenatal care, affordable quality childcare and income supports for low-income families.
4. Violence: the homicide rate in our community is low, but other forms of violence are increasing. We should take action now.
5. Aging: assure access to health for seniors.
6. Infectious Disease: Restore trust in vaccines.

Figure 1 CHNA Priorities

The phrase used above—*strategies community members have committed to do together that could make a measurable improvement*—is important. It describes a unique philosophy of strategic action. The first part of the phrase puts the emphasis on actions by the entire community and the second commits us to actually obtaining the result of improving health in ways we can quantify, not just doing work.

It might be clearer to start by describing what this CHIP is not. Some improvement planning processes ask participants to address all the things they can think of that could plausibly improve health. Such plans are impressive, but they are too ambitious. Most of the things on them never get done. Some CHIPs are a list of strategies strictly for the local health department. The problem with a health department centered plan is that what health departments do (at least in Michigan) is mostly prescribed by law, and because of unfunded mandates, already exceeds the resources of the department. So a health department can't do much on its own. And well-run health departments already have strategic plans that shift resources toward important, new initiatives. This is true of BHSJ. A health-department-only CHIP would be redundant.

Contemporary CHIPs try to address the whole local public health system—that is, all the local organizations that work to improve health—and they try to leverage the goals and strengths of those organizations. In southern Michigan this is not difficult to do, because most counties already have collaborative bodies that bring the entire human services system together for regular planning and action. Thus our CHIP aims to extend or deepen important things community partners are already working on, or help them commit to new ones. There is a little bit of politics (the good kind) in this work, because one has to discern what partners believe is important and what they are willing to work on, given the constraints they are under. On the other hand, most partners are engaged in CHNA-like planning processes of their own already, and they are well-aware of the health needs of the community and are ready to go to work.

The CHNA describes our approach to garnering community input. In brief, we presented the CHNA at our county community collaboratives and interviewed human service providers and community members, especially in focus groups, about how to address the CHNA priorities. We received many suggestions for strategies through this process. All the suggested strategies are included in Figure 2 below.

The table includes a name for the strategy, the priority health issue to which it pertains, the source of the idea (while maintaining confidentiality), the approximate number of times it was

suggested, and a description of the strategy. Sometimes ideas were presented which the community is already trying to address, and we tried to make note of that here.

	Strategy	Source	Mentions
	Winter Family Activities Like Playgroups	All MCH Focus Gps	8
Maternal and Child Health	Many families expressed a desire for family friendly activities in January-March. There are some activities, maybe activities need to be coordinated.		
	On-Demand Mental Health Services	Focus Group	3
Maternal and Child Health	Respondents want to shorten wait times for mental health assistance. CMHs are improving access, but delays for people in crisis still happen.		
	Better Resources on Websites	Focus Group	3
Maternal and Child Health	People newly in need have a difficult time finding support even though collaboratives do publicize them. Maybe websites and bulletin boards could be upgraded.		
	Coordinate Community Referrals to Prenatal Care	Hospital	2
Maternal and Child Health	Too many moms start PNC late even as prenatal risks are rising. Can we catch them early and get them into care.		
	Health Department Doula Program	Focus Group	2
Maternal and Child Health	MCH focus group participants called for a Doula program. Would require substantial funding for a position.		
	Clearly Explain Medicaid and other Benefits	Focus Group	2
Both	Focus group participants said too many don't know about the details of Medicaid benefits. Needs to be publicized.		
	Coordinate Community Referrals to Smoking Cessation	CMH	1
Both	Some health care providers have smoking cessation programs but they are underutilized. Need better referral system.		
	Publicize All-Insurance Availability of CMH Services	CMH	2
Mental Health	All insurances are accepted at CMH now, but respondents were confused about this. It needs to be publicized.		
	Expand Medication Assisted Treatment	Focus Group	2
Mental Health	Medication Assisted Treatment is a proven road to recovery, but requires a local physician to administer the program.		
	Establish a Safe Syringe Program	Focus Group	2
Mental Health	SSPs are a good vehicle for bringing current users into treatment. They require a stable source of funding for dedicated staff.		
	Conduct Advocacy at State and Federal Level	Leader Interviews	2
Both	State and federal policies may hurt local organizations. We need to inform policy makers about the kind of support we need.		

Figure 2 CHIP Strategy Suggestions

As sometimes happens, suggestions for strategies may not align well with the identified CHNA priorities. As we saw in Figure 1, the top priority, based on the CHNA data, was chronic disease. But the most frequently suggested CHIP strategy was to hold more winter play groups! It is important to bear the CHNA data in mind while evaluating the CHIP strategies. While playgroups might help individual participants be healthier, they are unlikely to make much of an impact on overall population health. We are not saying that only strategies directly related to the CHNA priorities should be selected. The stress of families isolated by winter cold is real. But, whenever we adopt a strategy we need to be clear about what the expected health benefits will and will not be.

The two priorities that received the strongest support while we were researching the CHNA were—the second and third most important priorities in terms of their impact on health—were mental illness and maternal and child health. And this support came from community partners who have real knowledge of the problem they wish to address, some capacity to deal with them and specific strategies in mind. Support for these priorities from community partners led directly to the focus groups we conducted.

Chronic disease, the leading killer, was the highest priority. Many community partners are addressing chronic disease as is the health department, but novel ideas focused solely on chronic disease did not come up during the CHNA. Instead, we will recognize that chronic disease is today one of the major risk factors for poor birth outcomes and is getting worse; and we acknowledge that people with mild to severe mental illness or substance abuse problems are at elevated risk for chronic disease themselves. Thus, we would argue that these two issues can constitute the core of a CHIP that does deal with chronic disease.

Another important consideration is that some strategies can be said to be catalytic. That is, if those strategies are accomplished, they make it easier to do everything else on the list. For example, in our conversations with the community we heard repeatedly that poverty underlies many of the problems affecting health. We would argue that if we were successful in advocating for policies to address poverty, it would make it easier to accomplish the other things that promote health. This reasoning led to the strategy called “Advocacy”.

EXECUTION

When we say that we want the strategies in this health improvement plan to be carried out, we mean something specific, that is we want the community collaboratives to monitor work on them. We would like the strategies and their underlying objectives to appear on the agendas of

“The past couple of years have been hard, and people are burned out. We need to remember to enjoy each other and enjoy what we are doing. We’re doing good work. Remember to breath.”

Community Partner

the collaboratives from time to time and we want updates on progress to appear in the minutes. The health department can make sure this happens simply by asking the collaborative coordinators to make it so.

It is also important to acknowledge that community health improvement is a fraught process with frequent changes in funding and partners, and unexpected obstacles challenging our best intentions. What is important is the intelligent maintenance of effort, not rigid adherence to some previously selected SMART goals. Our health partners are encouraged to share both their insights and concerns as we work on the plan.

GOALS AND OBJECTIVES

We have a unique opportunity to formulate new strategies for addressing community health at this time. As our CHNA discussed, many of the things that affect the health of our community arise outside of it, like the economy, public policies and legislation are beyond our control. However, in the past few years important legislation—bipartisan legislation—has been passed and programs have been launched with the intention of helping community organizations take new steps to improve health. This includes the formation of Certified Community Behavioral Health Clinics, legislation opening up billing by Doulas and for medication assisted treatment for substance abuse and programs supporting safe syringe programs. Many of the strategies selected thus have a meaningful path forward and state and federal support.

In order to turn the ideas we collected into actionable strategies supported by the community, we met with the three collaboratives: the Branch County Community Network (BCCN), the Hillsdale Human Services Network (HSN) and the St. Joseph Human Services Commission (HSC)

during June 2023. At these meetings we presented three things: the list of health priorities, the list of strategy suggestions we received, and a set of strategies for addressing the goals with specific objectives listed for each strategy. Partners validated the priorities, goals and strategies. We worked together to identify specific objectives to move each of the strategies forward. Briefly, here are the strategies that rose to the top:

- A. Maternal and Child Health
 - a. Increase winter activities like play groups
 - b. Explore the viability of a Doula program
 - c. Increase the proportion of pregnant women enrolled in prenatal care on time.
Requires getting data from Indiana and Ohio.
- B. Mental Health
 - a. Ensure the community knows that CMHs take all insurances
 - b. Explore the need for medication assisted treatment for substance abuse
 - c. Explore the viability of a safe syringe program
- C. Advocacy
 - a. Strengthen connections with statewide advocacy groups working on behalf of human service providers. Engage with legislators where appropriate.

Descriptions of the strategies and objectives for each of the goals are contained in the tables on the following pages. The tables include the logic behind the strategies, a brief description, outcome measures for the strategies and process measures for the objectives, who might responsible for convening work on the strategies, resources the community can use to facilitate work, and a proposed date to report back on progress.

PRIORITY AREA: MATERNAL AND CHILD HEALTH

Goal: Reduce Maternal Risk Factors		Logic	Outcome Measure	Responsible	
		Increases in maternal risk factors like HBP or diabetes require clinical and community intervention	LBW and IMR do not increase	Health Dept, Great Starts	
		Description	Resources	Process Measure	Check-In
Strategy 1: Weekly playgroups in Jan-Feb		Families know about winter indoor and outdoor activities	GS Collaboratives, Libraries, etc.		Collaborative Meeting September 2023
Objective 1		Survey area options for indoor activities like GS, libraries, etc.			
Objective 2		Brand list of activities		Counts of participants	
Objective 3		Publicize list of activities			
Strategy 2: Explore Doula Program		Mothers have support to reduce risk factors early in pregnancy	MDHHS Doula Initiative, Perinatal Collaborative		Collaborative Meeting September 2023
Objective 1		Contact MDHHS Doula Initiative			
Objective 2		Learn about billing for services		Counts of participants	
Objective 3		Use Doula Registry to identify providers			
Strategy 3: Increase proportion of mothers enrolled in PNC		Identify pregnancies early and conduct outreach to enroll mothers in care.	MDHHS, Hospital OB Departments		Collaborative Meeting October 2023
Objective 1		Get monthly birth information from Ohio and Indiana			
Objective 2		Develop script for mothers seeking PNC		Enrollments in PNC	
Objective 3		Mailing and call to identified mothers			
Goal 1 Improve Maternal and Child Health					

PRIORITY AREA: MENTAL HEALTH

Goal: Increase the proportion of people receiving needed mental health care	Logic	Outcome Measure	Responsible	
	Better access to treatment can stop the growth in suicides and overdoses	Suicide and overdoses stop increasing	Collaborative, CMH, Health Dept.	
	Description	Resources	Process Measure	Check-In
Strategy 1: Publicize availability of treatment for any insurance	Collaborative members commit to publicizing availability of care for any insurance	CMH Administrators		Collaborative Meeting September 2023
Objective 1	Develop text to correctly describe availability of care.			
Objective 2	Develop graphic or logo to brand access to care.		Page Views	
Objective 3	Develop list of participating partners			
Strategy 2: Explore viability of expanded Medication Assisted Treatment	Collaborative members work with health care providers to determine if it is viable to increase access to medication assisted treatment for addiction	Health Care Providers		Collaborative Meeting January 20224
Objective 1	Survey current availability of MAT			
Objective 2	If needed, identify potential MAT providers		Evaluation Complete	
Objective 3	Explore resources to make local MAT viable			
Strategy 3: Explore viability of a Safe Syringe Program	Collaborative members explore need for and available resources to support a safe syringe program	Health Department, CMH		Collaborative Meeting January 20224
Objective 1	Convene community partners to learn about SSPs			
Objective 2	Explore statewide resources to support SSPs		Evaluation Complete	
Objective 3	Determine if a potential SSP provider exists			
<i>Goal 2 Increase Access to Mental Health Treatment</i>				

PRIORITY AREA: ADVOCACY

Goal: Advocate for policies affecting capacity of local organizations		Logic	Outcome Measure	Responsible	
		Collaborative partners need support from state policy makers to succeed	Identified policy is changed	Collaborative, Health Dept.	
		Description	Resources	Process Measure	Check-In
Strategy 1: Coordinate local advocacy efforts		County agencies take increased advantage of advocacy opportunities to meet with legislators	Existing advocacy groups like MLPP		Collaborative Meeting March 2023
Objective 1		Identify statewide organizations engaged in advocacy			
Objective 2		Identify target policy with partners. e.g. EITC		Count advocacy events	
Objective 3		Identify advocacy opportunity. e.g. "Day at the Capitol"			
Objective 4		Schedule meetings with appropriate legislators			
Strategy 2:					
Objectives					
<i>Goal 3 Advocacy</i>					

BHSJ CHIP STRATEGIES 2023

BLANK FOR ADDITIONAL STRATEGIES

Goal:		Logic	Outcome Measure	Responsible	
		Description	Resources	Process Measure	Check-In
Strategy 1:					
Objectives					
Strategy 2:					
Objectives					
Strategy 3:					
Objectives					
Goal 4					