

Community Health Innovation Region

A Community Health Innovation Region (CHIR) is a unique model for improving the wellbeing of a region and reducing unnecessary medical costs through collaboration and systems change. CHIRs engage a broad group of stakeholders to identify and address factors that affect residents’ health, such as housing, transportation, and food insecurity, as well as access to high-quality medical care. The CHIR model creates a neutral space for partners to unite around a common vision, aligning their objectives and services to meet the needs of the community. The result is a community that is purposeful in its response to residents’ needs, creating conditions that meaningfully support an individual’s ability to have a higher, more productive quality of life. 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, providing leadership and facilitating the development of a common agenda, shared measurement, mutually-reinforcing activities, and continuous communication.

Muskegon Health Rankings

CHIRs across the state are focused on improving the social determinants of health (SDOHs).



Over 12,000 children in Muskegon (28%) are living in poverty compared to 21% nationally.



Muskegon County ranks 81st in the state for Health Behaviors (smoking, obesity, physical activity, substance use, etc.).

Clinical Care	7 th	} out of 83 Michigan Counties
Health Behaviors	81 st	
Physical Environment	51 st	
Social/Economic Factors	61 st	

Source: 2018 County Health Rankings

CHIR Successes: Implementing Innovative Approaches to Improve Health

The Muskegon CHIR focused on **building and implementing innovative approaches** to address health inequities through community collaboration and **establishing the infrastructure and collective impact capacity** needed for health transformation. Important wins in the last two years include:

Linking social, behavioral, and health services through data sharing and collaboration.

Creating a new social determinants of health screening and referral process to increase care coordination.

Engaging residents and creating partnerships to design strategies to identify community needs and refer residents to services.

**Bright
 Spot**

Creating a new social determinants of health screening and referral process to increase care coordination.

CHIR Success!

The Muskegon CHIR is **implementing an electronic social determinants of health (SDOH) screening and referral tool**. The CHIR has also developed a repository for data to better identify, track, and address community needs.

What was the challenge facing the CHIR?

Traditionally, SDOH screenings have been done using paper surveys creating more work for Patient-Centered Medical Homes and community-based organizations. These presented a confidentiality issue in terms of protecting patients’ protected health information. It also made it harder to aggregate data and track the screening and referral to determine if residents’ needs were met.

How did the CHIR identify and help individuals?

Using the ClarkeIS platform, the CHIR worked with its social and health service providers to implement an electronic SDOH screening and referral tool and develop a repository for data to better identify and address community needs. The platform allows providers and coordinators to track patients throughout the screening and referral process and shares data with Muskegon’s central data repository. The repository combines SDOH and clinical data creating a holistic data warehouse to identify and track prevalent needs.

The screening and referral process has five steps:

Screen	Patients complete a screening at PCMHs or CBOs.
Assess	PCMHs and CBOs can facilitate referrals and address patient needs.
Share	As needs are identified, information is shared with Referral Specialists.
Refer	Referral Specialists connect them to social and health services.
Track	PCMHs, CBOs, and Specialists track patients to ensure needs are met.

What has the impact been?

As a result of the new screening and referral process, the CHIR can better identify prevalent social and health needs in the community and prioritize them for change efforts. Top needs identified include employment and income, household supplies, transportation, education, and physical health. In addition, the process prioritizes patient care to improve health outcomes.

What are important next steps?

- Expand the use of the ClarkeIS system to include more PCMHs and CBOs.
- Train PCMH and CBO staff to ensure consistency in both referrals and reporting processes.

Working Together

“We’re getting community partners to work together towards a common goal.”

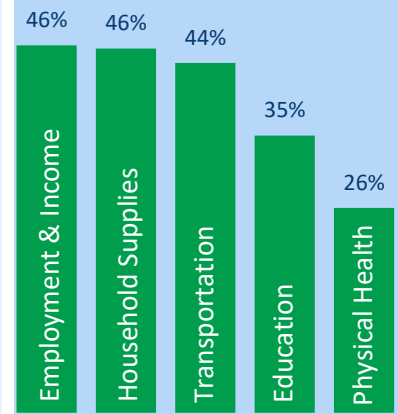
- Backbone Organization Staff

Identifying Needs

20,993

screenings conducted in the CHIR between November of 2017 and April of 2018.

Top 5 social and health needs identified in the CHIR:



Changing Health Outcomes



“We actually see the chance of attaining some of these goals and really moving the needle and changing health in Muskegon County.”

- Backbone Organization Staff

Bright Spot

Engaging residents and creating partnerships to design strategies to identify community needs and refer residents to services.

CHIR Success!

The Muskegon CHIR is **engaging residents and creating partnerships to design strategies aimed at identifying community needs and referring residents to services**. The CHIR is partnering with faith community leaders and working with neighborhood associations to learn and understand the hopes and barriers to creating effective change in neighborhoods.

What was the challenge facing the CHIR?

Many communities in Muskegon County have experienced increased drug use, poor infrastructure, and housing insecurity. In addition to these challenges, other social determinants of health (SDOHs) have an impact on health outcomes for residents. These conditions, combined with a lack of access to services, have resulted in poor health outcomes for the Muskegon community.

How is the CHIR reaching more people?

The Muskegon CHIR is working with multiple faith-based organizations to design and implement pilot referral centers in the county. The faith-based pilots aim to train staff and volunteers across faiths to provide on-site SDOH screenings for residents and use the State of Michigan MI Bridges referral system to refer individuals to the social and health services they need.

The CHIR is also piloting a neighborhood-based initiative by working with neighborhood associations in Muskegon Heights to better understand residents' needs and wants. The CHIR is leveraging existing relationships and developing new ones, particularly with young adults in the community. Through outreach and engagement strategies such as door-to-door surveys and a PhotoVoice project, residents are sharing their experiences, their hopes for the future, and the barriers they face.

What will the impact be?

These partnerships will allow the CHIR to reach people who may have previously fallen through the cracks and connect them to services. In addition, the neighborhood efforts increase collaboration between organizations and residents. Data collected in the community will be shared locally to develop real strategies and shared more broadly to inform decision makers.

What are the important next steps?

- Roll out the pilot programs and assess their feasibility and effectiveness.
- Expand the programs to other faith communities and neighborhoods in the county to reach more people.

Doing Things Differently



"As a faith-based organization, we should be open to doing more than just our traditional services. I'm excited about the real change this can bring to the county."

- Social Services Provider



Engaging Neighborhood Surveys



"We have seen some really good remarks from people wanting change. They're actually opening their doors and talking to us."

- Social Services Partner

PhotoVoice Questions

-  What helps you to achieve your dreams?
-  Are there things in the neighborhood that get in the way of your dreams?

Reaching More People

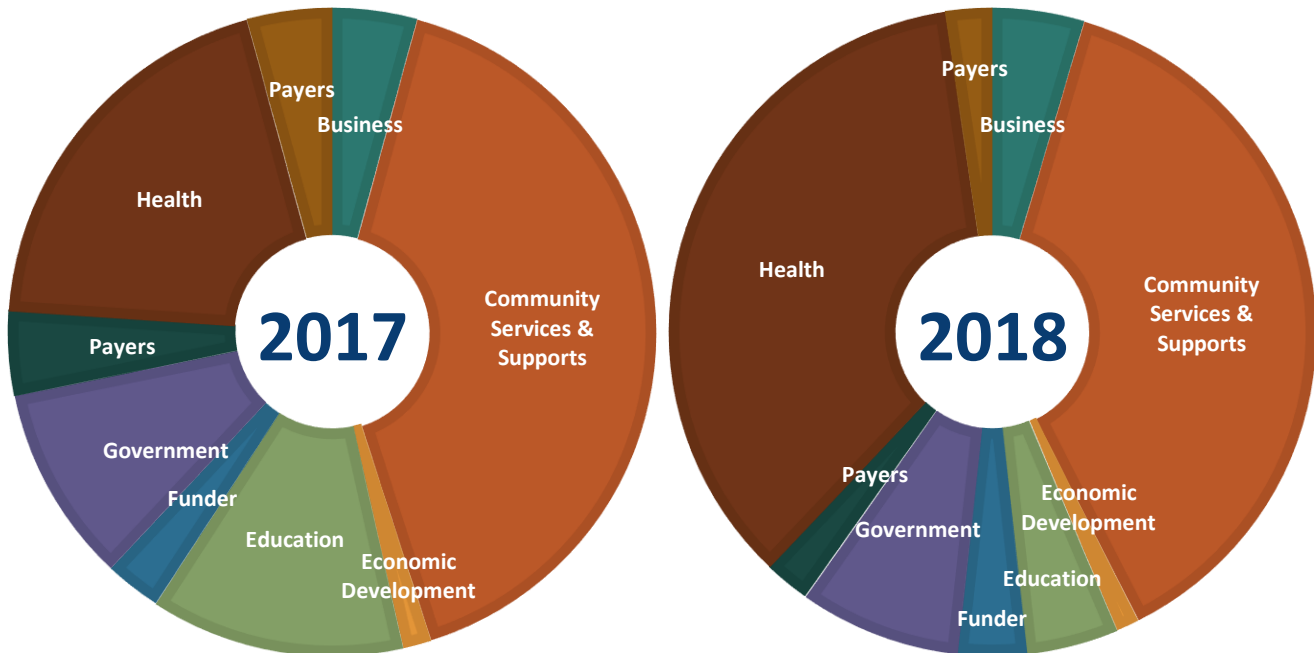


"There's a lot of people who will go to a church for help. It would be helpful for the churches to connect with people who are coming in so they can receive better services"

- Social Services Provider

Muskegon CHIR Partners

The Muskegon CHIR has engaged community organizations, local government agencies, business and nonprofit entities, health care providers, payers, and community members to come together to identify and implement strategies that address population health. In addition to members of the CHIR governing body, the backbone organization, and work groups, the graphics below highlight the breadth of Muskegon CHIR’s partnerships. The Muskegon CHIR significantly expanded the number and diversity of stakeholders participating as CHIR partners. **The CHIR counts 85 organizations as partners in the work in 2018.**



New Partners in 2018

- Adult Medicine Specialists
- Bear Creek Health Center
- Boys & Girls Club of the Muskegon Lakeshore
- Correct Care Solutions
- Embrace Books
- EXIT Program
- Fellowship Reformed Church
- Fruitport Family Medicine
- Good Temps, Inc.
- Great Lakes Kingdom Ministry
- Harborwood Family Medicine
- Harbour Pointe Medical Associates
- Harbour View Family Medicine
- Hart Family Medicine
- Kitchen 242
- Lakes Family Medicine
- Lakeshore Medical Center
- Mission for Area People
- Morse Marketing Connections, LLC
- Muskegon Community Health Project
- Muskegon Rescue Mission
- Muskegon YMCA
- North Shore Family Medicine
- Norton Family Practice
- Packingham Associates
- Port City Pediatrics
- Ravenna Family Practice
- Rite Aid
- Rotary Foundation
- Shoreline Pediatrics
- Sowing Resilience Communities
- The Dwelling Place
- Wedgwood Christian Services
- West View Family Medicine