

Multisector Casebook in Health Administration, Leadership, and Management

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Situation



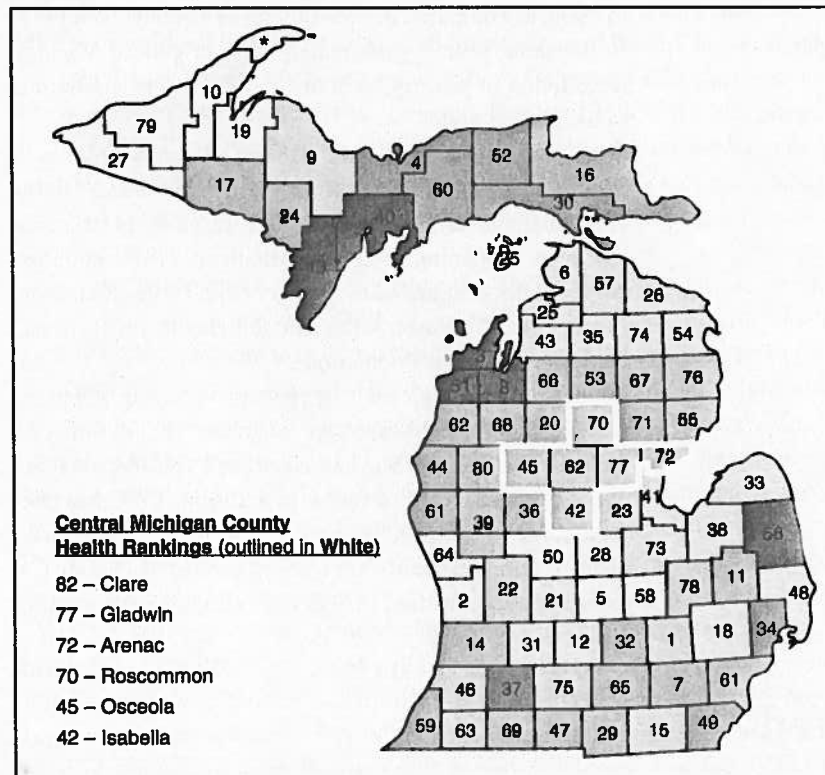
The University of Wisconsin Population Health Institute, in collaboration with the Robert Wood Johnson Foundation, released the first nationwide *County Health Rankings Report* in February 2010.¹ The rankings report is a collection of 50 state reports comparing the health rankings of counties within each state. This study, which is to be continued for at least two more years, provides a barometer of overall health and the factors that influence health, including clinical care, health behaviors, socioeconomic factors, and the physical environment. According to the institute's researchers, the report "shows us that where we live matters to our health. The health of a community depends on many different factors—ranging from individual health behaviors, education and jobs, to quality of health care, to the environment."²

The county health rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) project.³ MATCH helps state and local health departments mobilize local community leaders and residents to invest in developing action plans for addressing barriers to health and helping people lead healthier lifestyles.

In central Michigan, Mary Kushion, health officer for the Central Michigan District Health Department (CMDHD), was very concerned with the *County Health Rankings Report*, since the study revealed that the six counties within the health department's district were in critical need of healthcare improvement (see Figure 41-1).⁴ On average, the health rankings of counties within the CMDHD area were worse than 79% of the Michigan counties outside of the district, with Clare County in central Michigan ranked as the unhealthiest in the state.

In response to the report, the CMDHD embarked upon an effort to improve the overall health of the more than 187,000 individuals within the geographical range of its healthcare operations. CMDHD initiated the aptly named Together We Can (TWC) community campaign, calling for stakeholders to collaboratively embark on a new community-wide process to improve the health and quality of life of residents in their communities.⁵ In partnership with Central Michigan University (CMU), CMDHD, and community health centers in the six-county district, the TWC Health Improvement Council is working to create a districtwide health improvement plan through the pooling of community health assessments and health improvement plans. This districtwide health plan is expected to prioritize key health issues, establish action plans for addressing barriers to health, and develop strategies for helping residents in the six-county district lead healthier lifestyles.

Figure 41-1 Michigan Health Outcomes Map



Source: County Health Rankings by Local Health Department (February 2010).⁶

Background



The mission of the CMDHD is to “promote health & physical well-being by providing preventative health care, education, & environmental safety to all members of the community.”⁷ Despite the economic downturn, Health Officer Mary Kushion has ensured that CMDHD continues to provide quality healthcare services to clients in its six-county district. The health department team consists of dedicated registered nurses, nurse practitioners, dentists, dietitian, social workers, environmental sanitarians, and health educators working with community and clinical student volunteers to provide a wide variety of personal health, dental, family planning, environmental health, health promotion, and emergency preparedness services.

Access to health care for vulnerable populations remains challenging due to the current economic depression of the state. The six-county district is plagued by a high incidence of cardiovascular disease, cancer, and diabetes. Top health factor issues include obesity, binge drinking, and tobacco use. The *County Health Rankings Report* revealed problems of unemployment (6–12% throughout central Michigan), lack of healthcare coverage (11–17%), and limited schooling, with only approximately 12% pursuing a bachelor’s degree or higher (as compared to 83% in Michigan as a whole).^{4,8}

Nearly one in five central Michigan residents (21%) was identified to be of low income in 2009, as compared to 16% of total Michigan residents and 14% of the nation as a whole.⁸ In the same year, approximately 32% of central Michigan county children under age 18 were living in poverty, as compared to 22% of children in Michigan and 20% of children in the United States.

Many low-income families have trouble accessing healthcare services due to lack of health insurance to cover primary healthcare needs. In turn, local health providers experience financial difficulties and often leave to practice medicine elsewhere. This is what has been happening in central Michigan's rural counties and small communities, which are federally designated as Primary Care Professional Shortage Areas, Dental Care Health Professional Shortage Areas, Mental Health Professional Shortage Areas, and Medically Underserved Areas/Populations.^{9,10}

Faced with high rates of poverty, an aging population, a vulnerable local economy, and substantial healthcare access barriers, Health Officer Mary Kushion has asked for help from the TWC team. She has asked for TWC to establish objectives and identify the target resident stakeholders of focus. In addition, TWC has been charged with identifying those stakeholders who need to come to the table to influence change for implementing action plans to improve health outcomes in central Michigan. CMDHD also needs concrete timelines and identification of outcome measures for monitoring how the TWC campaign is progressing.

Next Steps



The campaign is a large undertaking and TWC has many management challenges to overcome. Where does TWC start? What groups or individuals should be involved in order to have a truly representative community organization? How can TWC facilitate consistency with discussions and planning development when volunteers need to travel significant distances to get to meetings? How can health outcome statistical reports be compiled for the lay community to easily interpret and understand? How can TWC engage a diverse group of stakeholders? How can the group maintain momentum and ensure goal-oriented progress on its work?

TWC needs to apply team leadership techniques and community-based participatory research processes for developing a long-term collaborative research and action agenda. To help build the TWC infrastructure and skills needed to move forward with the campaign, Health Officer Mary Kushion has asked for support from CMU.

The early stages of the TWC project have been supported by in-kind donations and volunteer efforts by stakeholders. Their efforts have resulted in a preliminary examination of conditions in the central Michigan county district. However, the development of an organized research and action agenda requires a more in-depth understanding of local factors including residents' and providers' perceptions of community needs and community readiness. This can be readily accomplished through the implementation of comprehensive community assessments and community-action practices associated with community-based participatory research.¹¹

Having trained leaders and the key resources required to implement and evaluate program interventions will be crucial to successfully improve the health outcomes of central Michigan residents. The need to have additional trained leaders to coordinate group meetings, facilitate community-based focus groups, manage collected data, and develop action plans is strongly evident. Unfortunately, few members of the otherwise excellent staff of the CMDHD are trained in conducting community health assessment activities. The CMDHD partnership with CMU will result in the application of team leadership training and community-based research mechanisms needed for ramping up focused community team performance.

In the few months since launching the TWC initiative, team leadership recognized the need for audio and video telecommunication equipment in order to have members participate from remote locations when they were unable to participate in person. A virtual team room supported on a web-based platform allows for effective information exchange and collaboration through the sharing of documents, project management timetables, resources, and an up-to-date list of active team members.¹² To support development of the virtual team platform, CMU is assisting TWC with grant procurement, technical support, and educational resources to enhance team building and open information exchange.

The establishment of a centralized data warehouse and information portal for community stakeholders and researchers is also planned. The portal, to be maintained by CMDHD, will allow one-stop accessing of federal and state data, as well as local county health outcomes data. This portal will be important for enabling county stakeholders to not only monitor the outcomes of their health improvement plan initiatives, but also to review the best practices established by neighboring communities. CMU resources will be able to assist in supporting information exchange and development of this portal for facilitating improved health outcomes in central Michigan.

The strategy plan has been established for TWC. The team waits to see over the next several years the outcomes of the TWC campaign. Hopefully, as a result of well-organized team collaboration and effective project management, victory will be realized.

Discussion Questions



1. How would you prioritize the issues that affect health and health outcomes in rural counties and small communities?
2. What issues can the TWC team tackle locally versus those that require assistance from more influential stakeholders at the state and federal level?
3. How can the goals of various interest groups be aligned to buy into the TWC campaign?
4. Given the various factors affecting community health outcomes, what stakeholders should be included in the TWC Health Improvement Council and its community health planning workgroup subcommittees?

5. What are some of the challenges faced by the health department in implementing TWC?
6. There are several challenges that the TWC team may face when operating in a virtual environment. What strategies will help TWC with planning, team communication, and decision making?
7. What strategies should the TWC team employ to improve health outcomes in communities where healthy lifestyles and improving health are not seen as priorities to many of the residents?
8. Given that funding is limited to support public health programs, are there policies and laws that could be implemented to improve a community's health infrastructure and promote healthier lifestyles?

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