

**WASHTENAW
HEALTH
INITIATIVE**



2021

IMPACT REPORT

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2021 IMPACT REPORT

In 2021, the Washtenaw Health Initiative celebrated its 10th anniversary.

During this anniversary year, the Washtenaw Health Initiative:

- advanced the critically important goals of the WHI's active workgroups;
- focused on integrating diversity, equity, and inclusion objectives in WHI programs and operations;
- developed new programs, and new sources of support, that show tremendous promise for addressing inequities and improving health;
- enhanced communications to address information needs during the COVID-19 pandemic;
- documented the WHI's impact over the last 10 years;
- and implemented a series of improvements to ensure that the WHI is positioned to have a greater impact in the years ahead.

To improve health, health equity, and health care for low-income, uninsured, underinsured, and underrepresented populations across Washtenaw County.



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**Document historic impact
addendum (2010 - 2020)**



Advance active work

The investments that the Washtenaw Health Initiative receives from Michigan Medicine and the St. Joseph Mercy Health System are critical. They primarily fund staff time--roughly three full-time equivalent positions--to support the WHI's active work groups.

Workgroup highlights in 2021 included:

Healthy Aging Collaborative. In an effort to identify the needs of seniors, and to improve the county's services for this growing population, the Washtenaw County Board of Commissioners established a new Commission on Aging. The new commission needed local experts to support its work—providing guidance on existing aging services, as well as gaps in services as they relate to the needs of seniors and their families.

- **Impact:** The Washtenaw County Healthy Aging Collaborative was formed to offer guidance to the county commission. It includes local representatives from a dozen critical aging service sectors.

Opioid Project. Several Opioid Project members were invited to join the transition team for Washtenaw County's new prosecutor, Eli Savit. They provided input on medications used to effectively treat Opioid Use Disorder and challenges around implementing and participating in medication assisted treatment.

- **Impact:** Two new policies were announced by the prosecutor's office. The first allows possession of personal-use amounts of Buprenorphine, a medication regularly used to treat Opioid Use Disorder. The second allows possession of personal-use amounts of Methadone, which is more often prescribed for people of color. Together, these policies ensure that individuals with opioid use disorder are able to use gold standard treatments, and that justice is dispensed evenhandedly.

Vital Seniors Network. Launched and led a successful Home Nutrition+ pilot, providing home-based social needs assessments, medically-friendly meals, and referrals to community-based services, to more than 100 seniors and individuals with disabilities.

- **Impact:** The pilot program was shown to improve health, reduce falls, and reduce unnecessary hospitalizations. Based on these results, we secured outside grants that will allow us to expand the network in southeastern Michigan, and perhaps beyond.



Advance active work

Workgroup highlights in 2021 continued:

MI Community Care (MiCC). The MiCC group continued to convene local health and human service organizations to provide patient-centered, coordinated care to individuals with complex medical, behavioral and social needs. While funding for this program was uncertain for the first few months of 2021, since April the program has expanded dramatically.

- **Impact:** In July alone, MiCC supported 122 residents. Most of these individuals (78.7 percent) had Medicaid or Medicare coverage, or were initially uninsured. Twenty-four percent identified as Black or African American; 2.3 percent as Arab or Middle Eastern; and 2.3 percent as Hispanic or Latino. With new funding secured in 2021, the MiCC program will continue to expand in service and impact.

Unified Needs Assessment Implementation Plan Team Engagement Group (UNITE). The UNITE group, comprised of Washtenaw County's non-profit hospitals and health department, once again worked on a collaborative community health needs assessment, and community investment plans, to magnify the impact of hospital investments on community health. This year, the group completed its community health needs assessment one year early to reflect on the impact of COVID-19 on previously identified priority focus areas.

- **Impact:** COVID-19 created new challenges for these health systems as their priorities shifted to combat the pandemic. UNITE members still managed to find time to prioritize collaboration and partnership throughout the pandemic.

Mental Health and Substance Use Disorders (MHSUD). After an intensive systems change effort in 2020, the MHSUD workgroup met quarterly in 2021 to solicit feedback from group members and develop recommendations for future work. Topics of discussion this year included the impact of COVID-19 on MHSUD services, proposed changes to that state's Medicaid behavioral health policies, and ways in which the public behavioral health system can better address racial disparities in health outcomes.

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Advance active work

Workgroup highlights in 2021 continued:

- **Impact:** In 2020, the MHSUD group was heavily engaged in a systems change process designed to improve SUD treatment access and quality across the county. Very soon, one of the key goals outlined by the group will be implemented, leading to 24/7 access to SUD support.

Medicaid and Marketplace Outreach and Enrollment (MMOE). As in previous years, more than 10,000 English and Spanish flyers were distributed across Washtenaw County to raise awareness about trustworthy counselors who provide free support with Medicaid and Marketplace health insurance applications.

- **Impact:** This year, electronic and paper flyers were also delivered to K-12 schools, colleges, faith -based organizations, healthcare clinics, county offices, COVID-19 testing centers, EMS providers, food pantries, and employment organizations. These community partners distributed even more flyers to their clients.



Emphasize equity

Recruited new Steering Committee members with DEI experience:

- Sharon Moore, a retired UAW / Ford auto worker and a Packard Health Steering Committee member;
- Dr. Tendai Thomas, chair of the diversity, equity, and inclusion advisory council for Integrated Health Associates (IHA);
- Pastor Mashod Evans, an itinerant elder in the African Methodist Episcopal Church and senior pastor of Bethel AME Church in Ann Arbor; and
- Angela Moore, a lifelong Washtenaw County resident with lived experience that is of direct relevance to the WHI mission.

Hired new staff with DEI experience:

- Erin Horne, MSW, community engagement project manager, provides strategic support focused on health care equity and justice for underrepresented minorities, vulnerable elders, and others

Improved policies and procedures:

- Embarked on a listening campaign to understand member perspectives on diversity, equity, and inclusion
- Updated the WHI's mission statement to include health equity
- Updated the WHI's operational principles to include health equity and relevant focus areas
- Updated the WHI's member commitment statement to request that members demonstrate an explicit focus on DEI
- Implemented a biannual work group reporting requirement, with an explicit focus on equity
- Conducted a self-assessment for diversity, equity, and inclusion to collect benchmark data
- Developed an inventory of grassroots organizations and community groups to learn how their work may connect with the WHI and to prepare for outreach.



Launch new initiatives

Launched an Annual Wellness Visit improvement initiative

The need: Annual Wellness Visits (AWVs) give patients an opportunity to speak with physicians about their health, mental health, and social concerns. AWVs give providers an opportunity to offer preventive care, screenings, and chronic disease management. But while AWVs are beneficial for both patients and providers, the use of AWVs is low nationwide, especially among individuals with low incomes and ethnoracial minorities. The persistence of low AWV utilization rates among communities of color is of particular concern.

- **Intended impact:** The WHI and its partners, Michigan Medicine and IHA, hope to identify which patients are absent in care for Annual Wellness Visits and the root causes that may be contributing to disparities. To do so, partners will provide aggregated Medicare AWW data for the last three years and the WHI will analyze the data by race, disability, age, and zip code. With this data, the WHI will facilitate conversations about health and racial disparities, potential root causes, and strategies for closing the gaps.

Launched community integrated health network pilot

The need: During the COVID-19 pandemic, many Washtenaw County seniors and vulnerable populations with chronic conditions found themselves homebound, with limited access to groceries, increasing social isolation, and mounting social needs. Local senior service leaders wanted to become a community integrated health network, so they could contract with health insurers and systems to provide medically-friendly meals to this population. The pilot design built on evidence that links medically tailored meals to improvements in health and wellness.

- **Intended impact:** With support from the WHI and its backbone organization, CHRT, these senior service leaders became a community integrated health network and partnered with Priority Health to conduct a pilot, visiting dual-eligible Medicare and Medicaid clients with specific chronic conditions, screening them for social needs, delivering medically-friendly meals, and providing community-based service referrals. The pilot program participants experienced improvements in overall health and wellness, reductions in falls and unnecessary hospitalizations, and more.

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Leverage investments

Whenever possible, health system-funded Washtenaw Health Initiative staff members leverage Michigan Medicine and St. Joseph Mercy Health System investments to attract outside grants to advance high-impact WHI activities.

This year, five commitments in the range of \$2.3 million were made to support and expand programs that were launched and nurtured in the WHI.

Promotion of Health Equity

\$1.3 million

The U.S. Centers for Medicare and Medicaid Services have pledged to provide a 90/10 Medicaid match in support of a Promotion of Health Equity project. Over the next two years, CHRT will facilitate the delivery of social services provided by the state's former Community Health Innovation Regions (CHIRs) in Genesee, Jackson, and Kent Counties. In Livingston and Washtenaw Counties, the grant will support the WHI's MI Community Care program.

MI Community Care

\$507,000

The U.S. Centers for Disease Control has made a \$507,000 commitment to support the work of Michigan's former Community Health Innovation Regions, including the MI Community Care program in Livingston and Washtenaw Counties.

Home Nutrition+

\$401,564

Three new grants from the Thome Foundation (\$50,000) Ann Arbor Area Community Foundation (\$60,000) and U.S. Administration for Community Living (\$291,564) support the development of the local network of social service providers that launched the Home Nutrition+ pilot, which emerged from the WHI's Vital Seniors Project. CHRT will function as a Network Lead Entity (NLE) to help these providers become a formal community integrated health network so they can contract with health plans to address key social determinants of health related to food insecurity, and other needs, for adults aged 60+ and those with disabilities under the age of 60. The program will expand through southeastern Michigan, and perhaps beyond.

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Enhance communications

The Washtenaw Health Initiative Communications Committee, co-chaired by Liz Conlin and Maria Alfonso, set ambitious goals for 2021 communications.

Due to the pandemic, and urgent, unmet community information and support needs, the committee set a goal of sending monthly e-newsletters with COVID-19 information, free and low-cost community resources, and grant opportunities. These e-newsletters achieved a 37 percent open rate and 28 percent click-through rate, well above industry standards.

In addition to the items referenced above, the e-newsletters included:

- WHI member organization spotlights for Integrated Health Associates (IHA), Dawn Farm, Huron Valley Ambulance (HVA), and others.
- Voice of the WHI interviews with longstanding WHI stakeholders, including Margy Long, director of Washtenaw Success by 6, Versell Smith, director of the Corner Health Center in Ypsilanti, and Jack Billi, professor of internal medicine.
- Stories about the WHI's new collaborative impact award, annual wellness visit initiative, and health insurance outreach opportunities.

In addition, the WHI Communications Committee developed:

- a new award to recognize high-impact community health collaborations;
- an interactive, historical timeline of WHI accomplishments;
- an enhanced website to showcase workgroup activities and attract partners; and
- a 10th anniversary stakeholders meeting with panel to discuss unmet health needs.

Finally, the WHI communications team supported WHI workgroup initiatives. Materials developed to serve this need in 2021 included:

- For free and low-cost insurance, seek new health care coverage during this year's special enrollment period, requested by the WHI's Medicaid and Marketplace Outreach and Enrollment (MMOE) workgroup. Packard Clinic shared this with hundreds of patients.
- American Rescue Plan benefits, a two-page overview for clients, requested by a former member of the MMOE group. Document shared with thousands of low-income residents.
- Health insurance myths, a two-page overview for clients, requested by members of the MMOE workgroup to explain why health insurance is valuable, even when you're healthy.

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Plan for 2022

Plans for calendar year 2022 include:

- Expand the senior services network behind the Home Nutrition+ pilot to additional southeastern Michigan counties, and perhaps beyond, by formalizing a regional community integrated health network that allows payers and health systems to reimburse social service agencies for addressing social needs.
- Facilitate Health Equity Project rollout in five Michigan counties, including Genesee, Jackson, Kent, Livingston, and Washtenaw; collect racial, ethnic, and socioeconomic data from regional partners; collect service data from regional partners; support researchers as they analyze data to identify best practices for addressing inequities.
- Analyze and report on Medicare Annual Wellness Visit data from IHA and Michigan Medicine. Provide research and support to partners as they plan policies and procedures to encourage more equitable use of these critically important preventive benefits.
- Develop one new MI Community Care pilot initiative, with funding from the U.S. Centers for Disease Control and Prevention grant, that is designed to improve access to care for individuals with complex lives and medical conditions.
- Find ways to engage more diverse community partners--including grassroots organizations and community groups--in the work of the Washtenaw Health Initiative through Steering Committee membership, work group participation, and other mechanisms.
- Solidify an organization-wide commitment to diversity, equity, and inclusion by having all WHI member organizations resign our revised membership charter.
- Explore community information exchange needs in Washtenaw County, including the data systems used by community partners, interoperability between these systems, and more.



Document historic impact

In 2012

- Developed and disseminated a county-wide detox protocol for those who would benefit from medically supported detox services
- Informed the development of a dental pilot, which would serve patients without dental coverage at a reduced fee based on their income, a significant need in Washtenaw County

In 2013

- Facilitated a BlueCaid pilot at Michigan Medicine's Ypsilanti Family Medicine health care center, connecting new Medicaid enrollees to primary care physicians and social services within 90 days of enrollment
- Hosted monthly meetings of care managers, designed to strengthen the network between care managers and provide educational opportunities to improve their knowledge base
- Assessed the needs of local safety net clinics and identified priority focus areas for improving capacity and services (informed clinic advancements)

In 2014

- Assessed mild and moderate mental health capacity at community-based primary care safety net clinics (informed future programs)
- Met with the Snyder Administration to share evidence and findings pertinent to expanding Medicaid eligibility in the state (informed decision to expand Medicaid)
- Coordinated community-wide education, outreach, and enrollment efforts for Medicaid and Marketplace enrollment (have continued to do this every year since)
- Supported an acute dental care pilot including a referral process for patients presenting at hospitals with abscess-related diagnoses
- Helped MHSUD workgroup co-chairs develop a Tailored Mental Health Management and Support (TaMMS) project to manage the treatment of depression and anxiety for patients served by safety net clinics

In 2015

- Facilitated conversations between the St. Joseph Mercy Health System and the Michigan Medicine Health System to develop a joint hospital community health needs assessment (the two have continued to build on and expand this collaboration, with WHI support, in the intervening years)



Document historic impact

In 2015, continued

- Submitted a proposal to serve as the backbone organization for the Livingston Washtenaw Community Health Innovation Region, a critical part of Michigan's State Innovation Model
- Published a County Dental Assessment, offering history and context surrounding county dental care, analyzing access and cost issues for different populations, and illustrating the impact of oral health on physical health
- Hosted a film and panel discussion at the Michigan Theatre in downtown Ann Arbor about communicating about and preparing for end-of-life care
- Hosted a substance use disorder harm reduction training program, sharing tools and best practices

In 2016

- Completed assessment of acute dental pilot - 71 percent of qualifying patients were treated
- Selected as the coordinating organization for the Livingston-Washtenaw Community Health Innovation Region SIM project
- Educated hundreds of Washtenaw County teens about substance use and opioid use disorders
- Completed a Mental Health and Substance Use Service Gaps Assessment - later used to inform the development of the successful Public Safety and Mental Health Preservation Millage ballot initiative

In 2017

- Received approval for SIM operational plan at the Livingston Washtenaw Community Health Innovation Region (plan included community health needs assessment, intervention designed to link frequent ED users with clinical and social services)
- Applied for a grant from the Community Foundation for Southeast Michigan to research the impact of the Livingston Washtenaw SIM care coordination program; began pilot testing for associated care coordination intervention



Document historic impact

In 2017, continued

- Completed first SIM social needs assessment report, reporting social needs screening results, to show a snapshot of social needs in Washtenaw County
- Published "Making Your Health Care Wishes Known" advance care planning conversation guide

In 2018

- Celebrated the TaMMS pilot, which the WHI helped get off the ground, which served 585 participants during its six years of operation (showed statistically significant decreases in depression and anxiety symptoms among participants; the data was instrumental in Michigan's decision to expand coverage for mental health services)
- Hosted first Washtenaw County Opioid Summit, attracting more than 400 attendees including numerous government officials and community-based organizations
- Hosted the first of several convenings designed to improve the county's substance use disorder treatment system (participants identified a common vision and goals)

In 2019

- Completed two more substance use disorder system improvement convenings (developed an action plan including what to do, how to fund it, and how to see it through)
- Began to provide support for Vital Seniors Initiative grantees as they worked to improve the county's senior service system in preparation for Washtenaw's coming age wave
- Helped to prepare Washtenaw County's Medicaid enrollees understand and conform to the state's new work requirements for Medicaid (these were eventually overturned)
- Helped community partners develop a strategic plan to improve the homeless response system in Livingston and Washtenaw Counties

In 2020

- Worked with community partners to implement strategic plan for the county's homeless response systems with a special focus on diversion (this has shown impressive results)