Enhancing Health through Community Partnerships

Nicole Luczak, President & CEO
United Way of Bay County

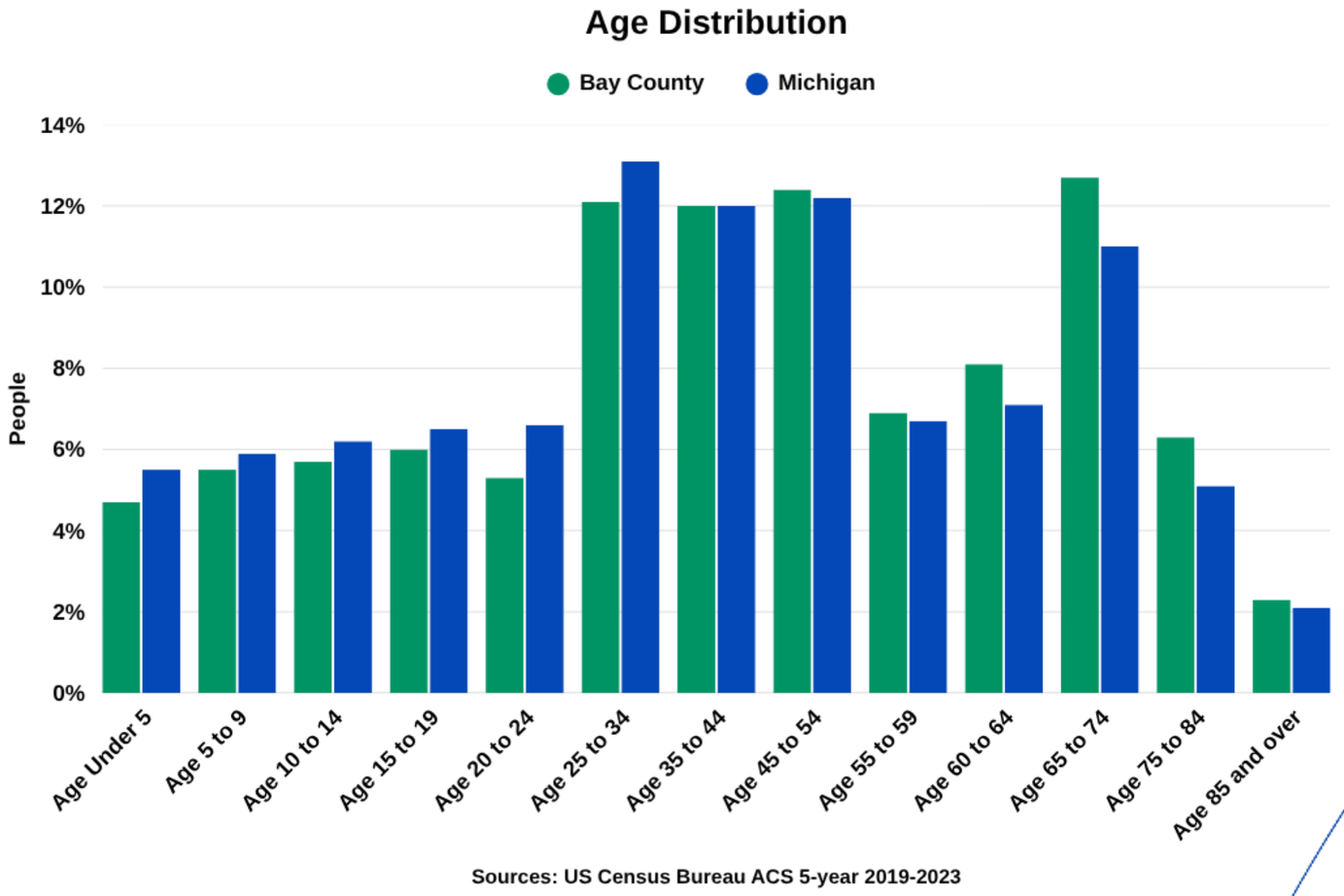
UNITED WAY
Bay County

Session Agenda

- Background
- Factors influencing Health
- State Priorities
- Cross Sector Partnership
- Metrics
- What’s Next

Bay County at a Glance

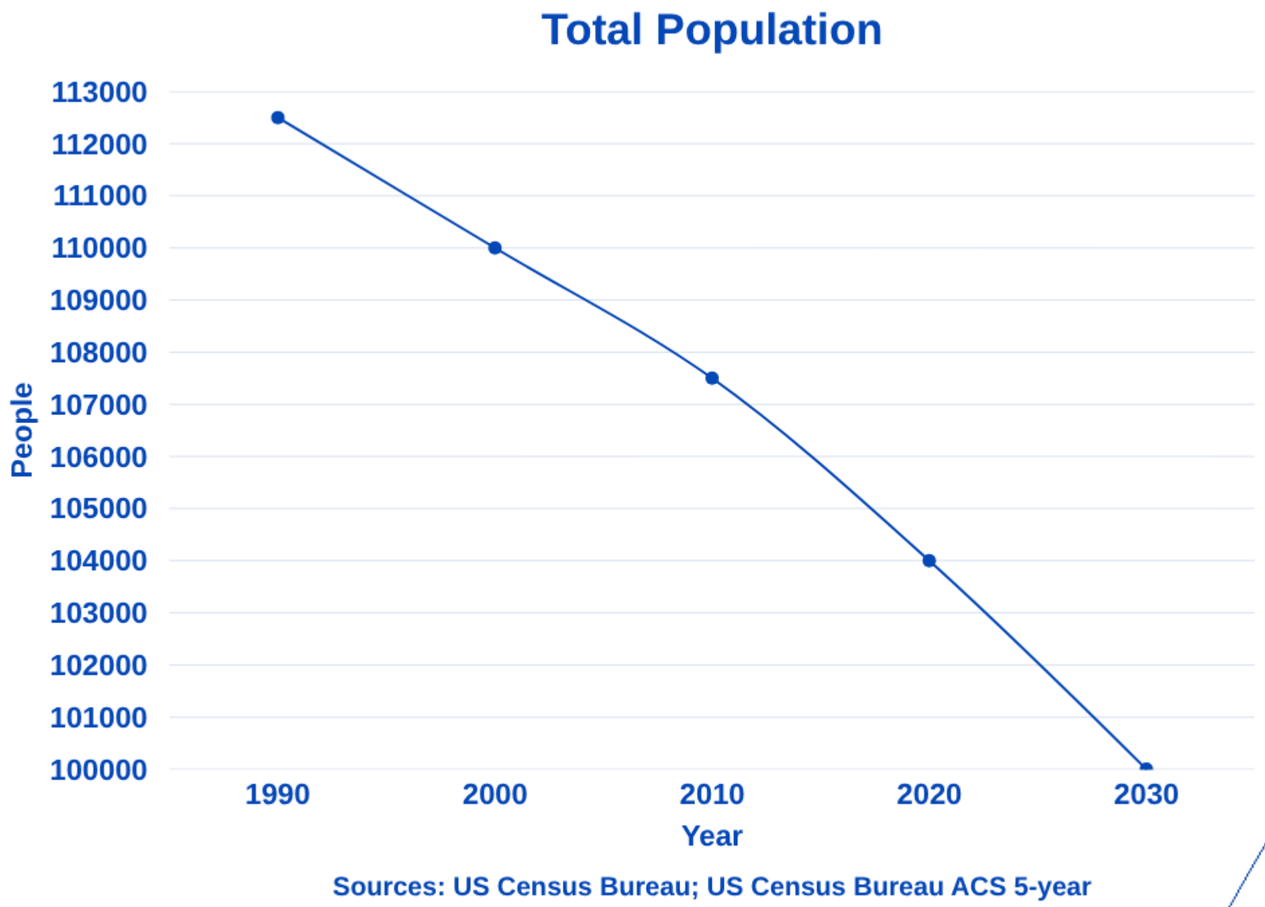
Bay County has an aging population, higher senior citizen demographic compared to the State, and lower youth rates



UNITED WAY
Bay County

Bay County at a Glance

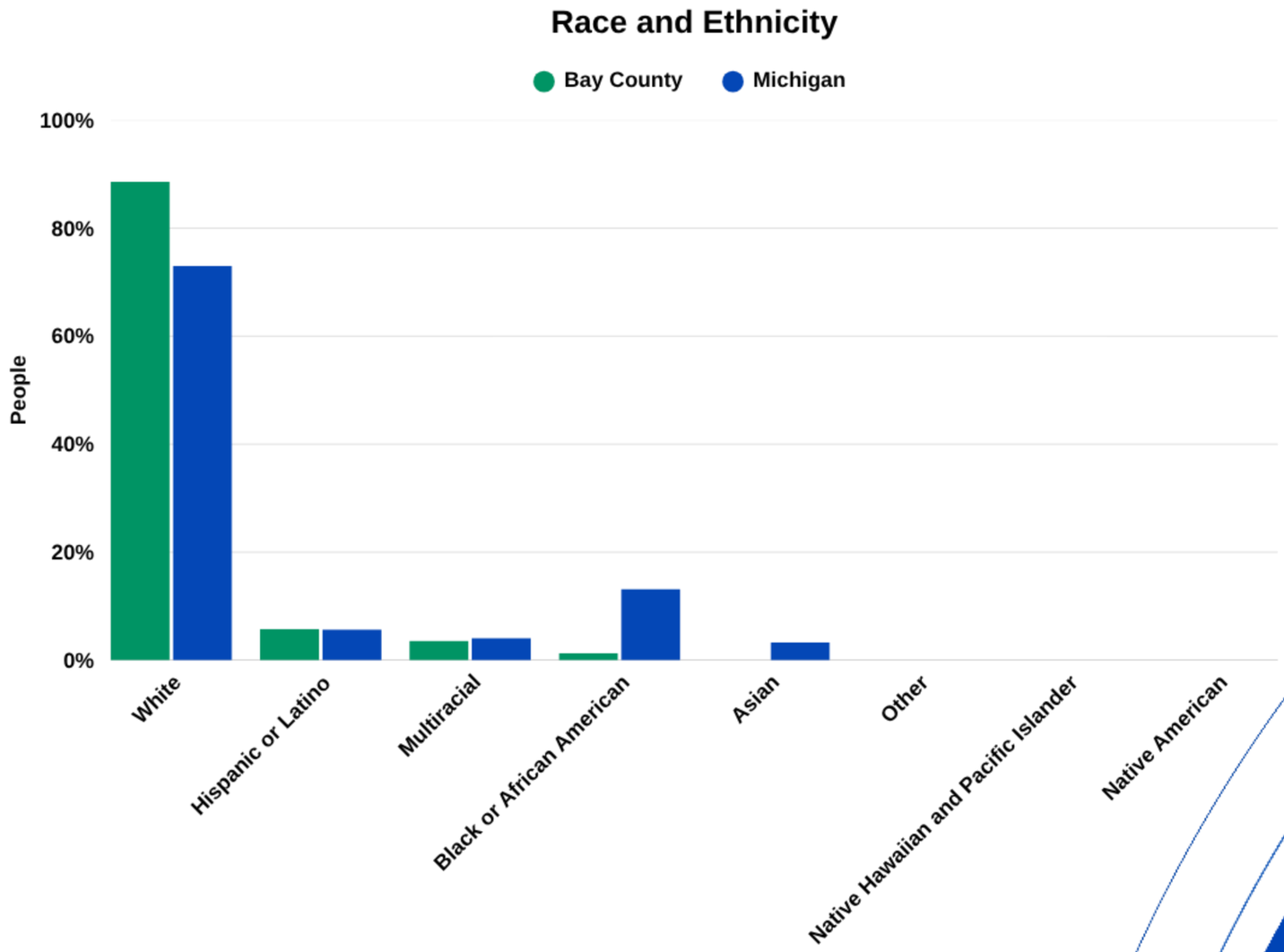
Bay County has seen a decline in its population, and that trend is projected to continue.



UNITED WAY
Bay County

Bay County at a Glance

Bay County is not a significantly diverse community, with nearly 90% of the population being white.



Sources: US Census Bureau ACS 5-year 2019-2023 Note: Hispanic or Latino includes any race.

UNITED WAY
Bay County

FACTORS CONTRIBUTING TO HEALTH

Conditions in the environment where people are born, live, learn, work, play, worship, and age affect a wide range of health, functioning, and quality-of-life outcomes and risks.

ENHANCING HEALTH THROUGH COMMUNITY PARTNERSHIPS

26

Average Months on Waiting List for HUD Assisted Housing

9%

Of Households do not have Internet Access at home

6%

Of Households do not have access to a vehicle

42%

Of Households live below the ALICE Threshold

https://dashboards.mysidewalk.com/bay-county-cha/our-health-tells-a-story

UNITED WAY
Bay County

ENHANCING HEALTH THROUGH COMMUNITY PARTNERSHIPS

27%

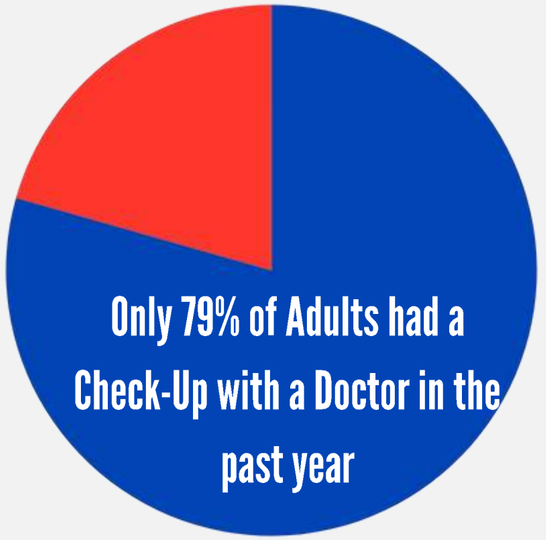
Of Residents are enrolled in Medicaid

1,179:1

Ratio of Healthcare Providers per Resident

6%

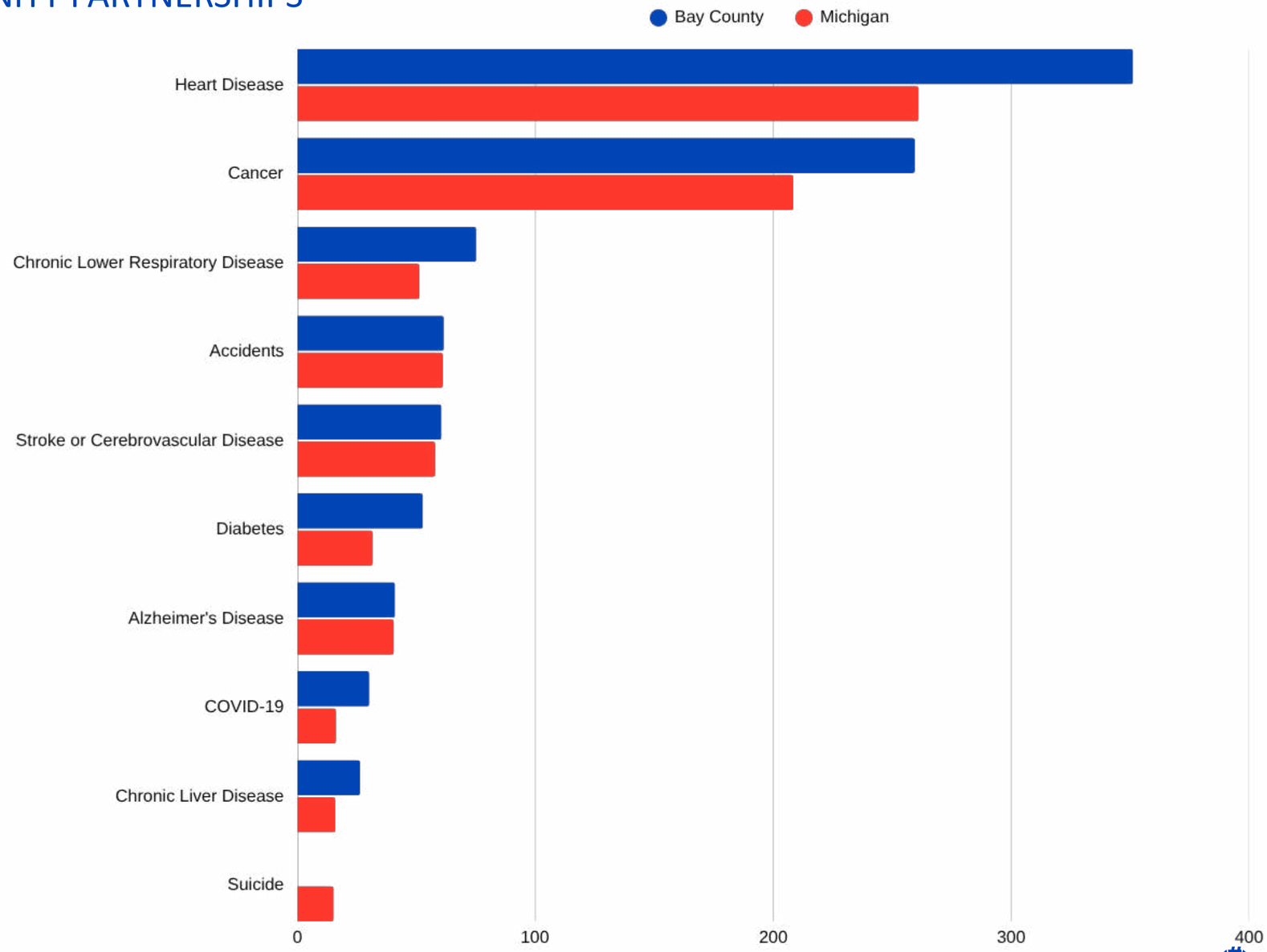
Of Residents are Uninsured



UNITED WAY
Bay County

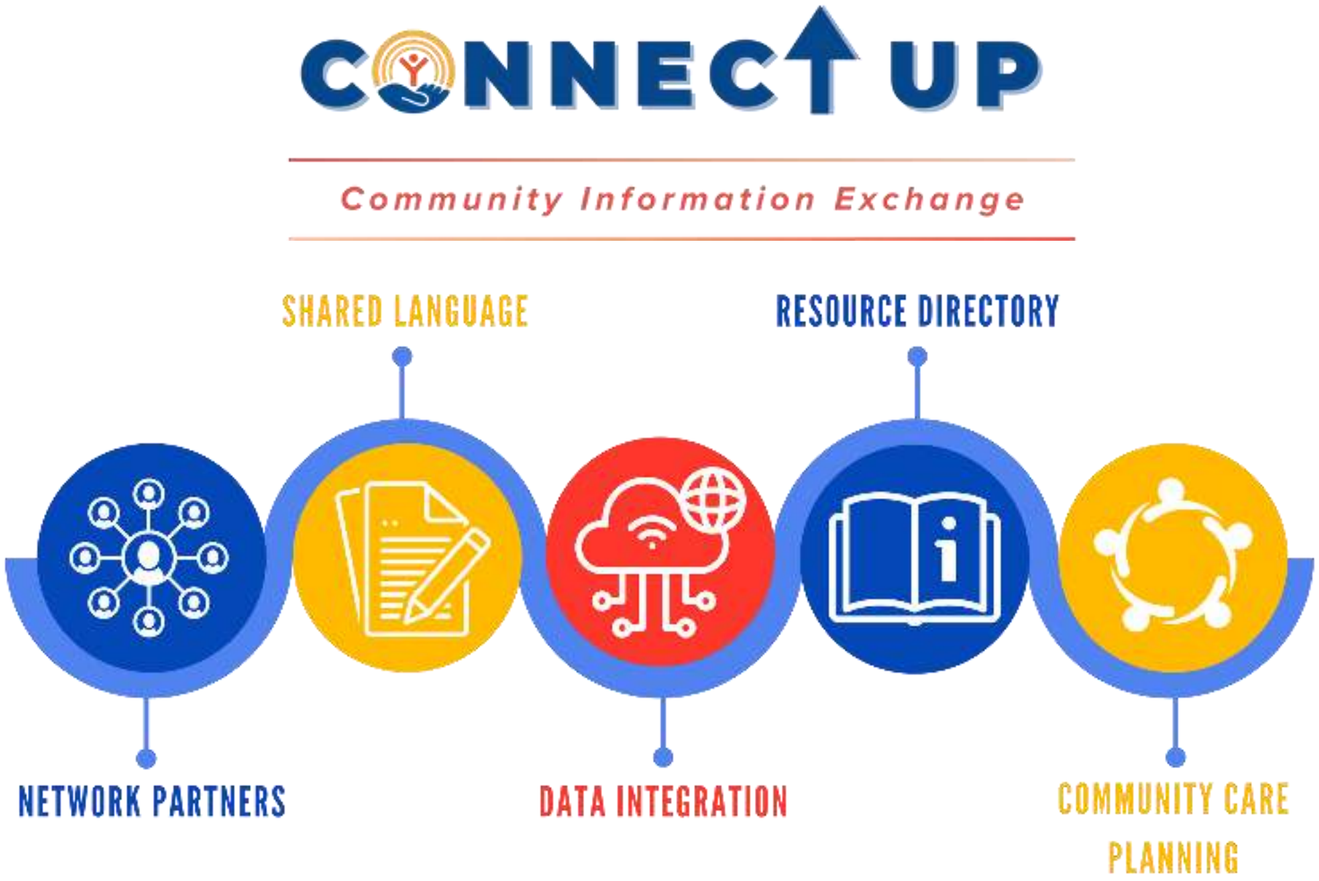
Leading Causes of Death

Deaths in Bay County related to heart diseease, cancer, respiratory disease, diabetes and chronic liver disease are significantly higher than compared to the State of Michigan.



UNITED WAY
Bay County

ENHANCING HEALTH THROUGH COMMUNITY PARTNERSHIPS



UNITED WAY
Bay County

Michigan's Roadmap to Healthy Communities

Key Aspects:

SDOH Hubs: Community-based networks are designed to identify and address SDOH needs by bringing together local partners and community members to build a framework for collaboration and capacity.

Health in All Priorities: HiAP ensures that health equity is considered and promoted in the development of policies across various sectors, not just public health.

Focus Areas: Targets specific SDOH factors, such as housing stability, food and nutrition security, and access to resources within the built environment.

Partnerships and Collaboration: The strategy emphasizes engaging various stakeholders, including state agencies, local communities and different sectors, to create a unified and resilient approach to improving community well-being.

ENHANCING HEALTH THROUGH COMMUNITY PARTNERSHIPS

SDOH Hubs have launched!

They're here to bridge gaps between health care and social care, boosting health equity and well-being for everyone.

UNITED WAY
Bay County

Michigan's SDOH Hubs

SDOH Hubs support the development and implementation of Community Information Exchanges (CIE), Community Health Worker (CHW) Initatives, and Health in All Policies (HiAP) strategies.

Anticipated outcomes include:

- Increased alignment across health and social care
- Improve access to state resources
- Reduce health disparities
- Increase accountability and transparencey
- Increase commitment to community driven work

ENHANCING HEALTH THROUGH COMMUNITY PARTNERSHIPS

Helen M. Nickless
VOLUNTEER CLINIC

- Open since 2004
- Patients must have no health care insurance or only catastrophic insurance
- Eligibility is income less than 250% of the FPL
- Services include free primary medical care, including lab and x-ray to patients of all ages and assistance in obtaining prescribed medication

THE MISSION OF THE HELEN M. NICKLESS VOLUNTEER CLINIC

The Helen M. Nickless Volunteer Clinic is an access point for meeting the primary health care needs of the economically disadvantaged residents in the Bay area. We serve with deep compassion and respect those who fall through the medical safety net and help them connect with basic health resources by offering education, prevention, and treatment.

UNITED WAY
Bay County

ENHANCING HEALTH THROUGH COMMUNITY PARTNERSHIPS

McLaren
BAY REGION

Family Health and Wellness Center

UNITED WAY
Bay County

ENHANCING HEALTH THROUGH COMMUNITY PARTNERSHIPS

How it Works

Cross Sector Partnership

- SDOH Screenings
- CHW Integration
- Bulk Referral Upload
- Social Needs are met

UNITED WAY
Bay County

Box 1 | Accountable Health Communities
Core Health-Related Social Needs Screening Questions

Underlined answer options indicate positive responses for the associated health-related social need. A value greater than 10 when the numerical values for answers to questions 7-10 are summed indicates a positive screen for interpersonal safety.

Housing Instability

1. What is your housing situation today?

- ☐ I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- ☐ I have housing today, but I am worried about losing housing in the future.
- ☐ I have housing

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)

- ☐ Bug infestation
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Inadequate heat
- ☐ Oven or stove not working
- ☐ No or not working smoke detectors
- ☐ Water leaks
- ☐ None of the above

Food Insecurity

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

Transportation Needs

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (Check all that apply)

- ☐ Yes, it has kept me from medical appointments or getting medications
- ☐ Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
- ☐ No

Utility Needs

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- ☐ Yes
- ☐ No
- ☐ Already shut off

Interpersonal Safety

7. How often does anyone, including family, physically hurt you?

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

Metrics

- Controlled/ Uncontrolled Diabetes
- Controlled/ Uncontrolled Hypertension
- Appointment Adherence (No calls/ No shows)
- ER Visits
- Hospital Admissions

Addressing Social Needs in Health Care Settings: Evidence, Challenges, and Opportunities for Public Health

‘At present, however, such partnerships may be the exception: only 30% of hospitals and health systems in a national survey reported having fully-functional formal partnerships with community-based social needs providers, and 70% did not have dedicated funds to address social needs for all their target populations.’

Kreuter MW, Thompson T, McQueen A, Garg R. Addressing Social Needs in Health Care Settings: Evidence, Challenges, and Opportunities for Public Health. Annu Rev Public Health. 2021 Apr 1;42:329-344. doi: 10.1146/annurev-publhealth-090419-102204. Epub 2021 Dec 16. PMID: 33326298; PMCID: PMC8240195.

Looking Ahead

- Full Tech Integration
- Bidirectional Referral Functionality
- Contract for Medicaid Reimbursement
- Expand across health system

ENHANCING HEALTH THROUGH COMMUNITY PARTNERSHIPS

Questions?

Contact Information:
Nicole Luczak
989.893.7508
nicole@unitedwaybaycounty.org

UNITED WAY
Bay County