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LOCAL FINANCING INNOVATIONS

MICHIGAN HEALTH IMPROVEMENT ALLIANCE

Sites have a track record of innovation in their communities that predates their involvement with Bridging for Health: Improving Community Health Through Innovations in Financing, sponsored by the Robert Wood Johnson Foundation. This series allows site leaders to reflect on innovations aimed at financing improvements in population health already underway in their communities. This reflection of ongoing work can serve to possibly reinvigorate existing efforts (e.g., expand scope or partners) or inspire others interested in spreading such innovations to other communities.

In asking communities to think about their existing innovative work at creating health system change, the Georgia Health Policy Center facilitators established the following criteria to select relevant efforts. Innovations highlighted in this series address upstream drivers of health, do not solely rely upon grants, involve multisector partners, and maintain a long-term focus, rather than fixing an immediate community need.

Multicounty Diabetes Prevention Program

Clinical trials have demonstrated the effectiveness of a lifestyle intervention to prevent diabetes through weight loss and increased physical activity. The Centers for Disease Control and Prevention's National Diabetes Prevention Program (DPP) is a yearlong program that consists of 16 weekly core sessions, followed by eight monthly post-core sessions for the remainder of the year. The Michigan Health Improvement Alliance (MiHIA) is currently in its fourth year of implementing the DPP program to prevent or delay the progression of type 2 diabetes. MiHIA began its efforts focusing on three of the 14 counties in its region. In addition to improved patient health and addressing upstream drivers of chronic disease, MiHIA believes the initiative is able to fill significant gaps in the health system and accelerate achievement of the Quadruple Aim through improved population health management, reducing the cost of care, and improved patient experience and provider well-being.



DPP involves 19 multisector partners including health systems, public health departments, employers, payers, and community-based organizations. Each stakeholder signed a commitment letter outlining the in-kind and human resources they could provide per the designated model. The initial funding of \$232,000 came from the Charles J. Strosacker Foundation in 2015 for the DPP to reach 500 patients throughout a two-year period. Planning began during the first quarter of 2015, with delivery of the project starting in April 2015. Partners provided in-kind support valued at \$175,000 over a two-year period, providing a site to deliver DPP, training, and personnel expenses. There are currently 15 DPP locations throughout the region, and in 2017 DPP became a covered benefit for two local health plans, in addition to three employers offering it as a covered benefit.

Based on 2017 results, for participants completing Core Phase, average weight loss was 11 pounds per patient (or an average of 5% weight loss) and participants completed an average of 296 minutes of physical activity. MiHIA plans to expand DPP capacity and bring the program to five counties in its service area using a virtual delivery model to enhance engagement. This expansion will also include funding from establishment of a wellness trust with initial support derived from contributions from insurers, self-insured employers, municipalities, government, hospital systems, and local foundations.

CenteringPregnancy

CenteringPregnancy leads groups of eight to 12 women with similar delivery dates, through the prenatal care process together. Nationally, the model shows benefits related to maternal and neonatal outcomes. Partners in central Michigan launched a 28-month pilot in 2016.

This program successfully brings together a variety of community partners and blends financial and in-kind resources from multiple contributors. Startup funding was provided by the Michigan Health Endowment Fund, while MiHIA and Central Michigan University's CMU Medical Education Partners have provided in-kind resources, including physical space and clinical support. Reimbursement for provided services allows for the program to be sustained long-term.



Additional in-kind contributions have been made by secondary partners, including referring providers, local television stations, county medical societies, and MiHIA's Population Health Strategy Team, which all work to increase awareness and enrollment of CenteringPregnancy. The Federally Qualified Health Center is engaged in a variety of ways, including co-location of CMU Health clinical staff to meet obstetric needs for low-income, at-risk populations. Saginaw County Health Improvement Plan Steering Committee and the Saginaw County Health Department provide community-clinical referral linkage and participate on the steering committee.

To date, 15 staff (physicians, midwives, nurses, medical assistants, and an office manager) have been trained. Additionally, 59 women are actively participating in a Centering group or have completed all 10 sessions and have delivered their child as of August 2017. For those women completing the program, outcomes including delivery method, neonatal intensive care admissions, breast-feeding initiation, and appropriate pregnancy weight gain have all shown substantial improvements, compared to the 2016 baseline population estimates.

Sustainability of the model beyond the 28-month pilot window looks promising. CMU Medical Education Partners, recognizing the value of the CenteringPregnancy program, is committed to extend the program via both external funding and internal budgeting. Furthermore, there appears to be continued patient interest. Patient revenue should fund a substantial portion of the annual incremental cost attributed to the CenteringPregnancy program.

Dig It! Creating Community Gardens

The overall food insecurity rate is 14.5 percent for the central Michigan area, much higher than the national average. Furthermore, the community identified lack of access to fresh fruits and vegetables as an important barrier to healthy eating.

Dig It! Creating Community Gardens generates a positive opportunity for community enrichment, including chances for increased physical activity; social interaction, including cross-generational and cultural mentorship; therapy; positive environmental stewardship and volunteer opportunities; and access to fresh vegetables for the communities, which supports one of MiHIAs regional health improvement strategies.



For the past three years the program has been supported by local funding from the county where the garden is planted. The initial garden was created in 2014 and funded by the Dow Chemical Foundation. For the Dow Chemical Co. this complements the company's Community Success and Total Worker Health priorities. Dow Chemical employees enhanced the environment by creating green spaces that both add beauty and produce locally grown food, which aids in the reduction of greenhouse gas emissions by reducing food transportation from farm to fork. In addition to supporting Dow's environmental stewardship priority through sustainable use of vacant land, this project provides Dow's workforce with access to healthy living opportunities.

Since the program began in 2014, five total gardens have been planted in three counties: in Midland County at the Community Mental Health for Central Michigan, Midland branch, the Midland Community Center, and Windover High School; in Bay County at Bush Elementary School; and most recently in Sanilac County at Marlette Regional Hospital, which was possible through the support of multiple local sponsors.