



C A P I T A L A R E A
HealthAlliance

2019 Annual Report

Working together
to empower our community
to achieve better health

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About the Capital Area Health Alliance

The Capital Area Health Alliance (CAHA) believes that everyone has the right to lead a healthy lifestyle and have access to affordable, quality healthcare resources. As a trusted regional hub, CAHA convenes community conversations, provides an inclusive platform for collaboration, and brings healthcare related resources and educational opportunities to employers, businesses and area residents.

Board of Directors

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Lansing Latino Health Alliance

Denise Ferrell

MSU College of Nursing

Larry Leatherwood

Uplift our Youth Foundation

Randolph Rasch

Michigan State University



Identity Statement

We, the Capital Area Health Alliance,

advance our mission of:

Advocating for community and population health and for improvements in quality and access to healthcare resources

and seek to:

Empower our community to achieve better health (i.e., create improvements in the local healthcare resources, personal health, and well-being of our entire community)

by serving:

Participating organizations and area residents in the Clinton, Eaton, Ingham Tri-County area

through:

Committees and activities aimed at collectively finding solutions to current healthcare trends

and emphasizing our collaborative strengths of:

Being a trusted regional hub for collaboration with the proven ability to network and convene a broad, diverse group of stakeholders and form community partnerships to collectively address common issues.

We are sustainable by:

Funds provided through member fees and the expertise of the many dedicated professionals who volunteer their time accomplishing CAHA strategies and initiatives. Our fee-based funding may be augmented by grants or donations received to support specific initiatives and events.



Strategic Focus 2019–2020

1. Whole Person Care*

Next Steps from CAHA 2018 Forum: *Integrating Physical and Behavioral Health Services*, https://capitalareahealthalliance.org/2018_fall_forum.php. Issues include but are not limited to: integration, diverse workforce, mental health workforce, aging workforce and population, health of healthcare workers, substance use, and technology.

➤ Strategies:

- a) Facilitate a *Learning Community* for organizations engaged in or planning integrated care to share ideas, innovations and solutions.
- b) Education and Networking: bring people together on specific facets of Whole Person Care, such as multidisciplinary teams, patient/family engagement, workforce and reimbursement.

*Whole Person Care recognizes that the best way to care for people is to consider their full spectrum of needs – medical, behavioral, socioeconomic and beyond.

2. Readiness for Care Collaborative

➤ Strategies:

- a) Build on the Capital Area Community Nursing Network's (CACNN) focus of addressing gaps in readiness for practice and leadership training.
https://www.capitalareahealthalliance.org/capital_area_community_nursing.php
- b) Model emerging *Readiness for Care* collaboration: As CACNN works on *Readiness for Care* and nursing leadership initiatives, create a model for collaboration to inspire and inform efforts of other Capital Area professionals.

3. Address Racial and Ethnic Health Inequities

Next steps from the Healthy Lifestyles Committee Health Equity Series/Training.

➤ Strategies:

- a) Build capacity to facilitate difficult yet needed conversations.
- b) Partner with Ingham County Health Department and continue to engage in *Truth, Racial Healing and Transformation*, <https://healourcommunities.org/>.

Health Equity



Background

Health equity is the fair, just distribution of the resources and opportunities needed for diverse members of a community to achieve well-being. There is considerable need in the Tri-County for our health systems to engage their providers and staff in understanding health inequities and viewing themselves as part of the solution. According to the Institute for Healthcare Improvement, “Health care organizations’ interventions and activities have the capacity to perpetuate, worsen, or ameliorate inequities. Leaders have a responsibility to understand, acknowledge, and openly communicate to their staff the role that the health system has played in perpetuating inequities and the broader historical context of how the inequities came to be. It can be difficult for individuals to admit that their organization has contributed to structural racism through their policies, practices, and norms. However, an understanding of the root causes of racism provides the best opportunity to find solutions that can address the key drivers of inequities.” <http://www.ihl.org/communities/blogs/how-to-build-will-to-improve-health-equity-understand-your-context>

In November of 2018, the CAHA Board of Directors voted to make addressing how racism creates health inequities as a strategic goal. Involved in this goal is explicitly and intentionally talking about the impact that racism has on health, both on an individual and collective level; incorporating a focus on health equity in all CAHA initiatives; and continually building our capacity to address these inequities throughout our work.

2019 Health Equity Forum

On December 13, 2019, CAHA hosted a forum to explore the impact of racism on health, what racial healing looks like, and how we achieve both health equity and healing. Over 120 people from area health systems, public health, governmental, community, and faith-based organizations were in attendance.

Keynote Remarks

Dr. Gail Christopher gave the keynote address, *RX Racial Healing: An Engagement Strategy for Eliminating Health Inequities*. Dr. Christopher is an award-winning change agent widely recognized for designing holistic strategies for social change and is the Executive Director of National Collaborative for Health Equity. She designed the Truth, Racial Healing and Transformation (TRHT) process, which is underway in greater Lansing.

TRHT is a comprehensive, national, and community-based process to bring about transformational and sustainable change, and to address the historic and contemporary effects of racism. In Lansing, TRHT is engaging community members to focus on racial healing through the TRHT framework consisting of five areas: Narrative Change, Racial Healing and Relationship Building, Beyond Separation, Law, and Economy. To learn more about greater Lansing’s TRHT process go to <https://www.oneloveglobal.org/trht>.

According to Dr. Christopher, the Centers for Disease Control (CDC) has embraced the influence that social determinants (e.g., poverty, education, housing) has on health, but what the CDC has not addressed is what creates these socio-economic factors in the first place. The belief in a hierarchy of human value - racism - is a fundamental driver of the social determinants of health.

Christopher went on to say, “Why RX, why a prescription? A prescription is a recommendation that is authoritatively put forth. I am recommending that people in communities and organizations across America become committed to and actively engage in the process of replacing the deeply held, antiquated belief in a false hierarchy of human value with a new understanding of and commitment to honoring the equal and interconnected value of all people.”

Following the keynote, discussions were held on *Focusing on Our Common Humanity*; the *Power of Story*; a visioning session on *How Would Health and Healthcare Look Different in the Tri-County If Everyone Were Valued Equally*; and *Opportunities to Engage in Local Health/Racial Equity Work*.

Visioning Session: How Would Health and Healthcare Look Different in the Tri-County If Everyone Were Valued Equally? (responses from participants)

Envisioning a connected and caring community

- People would receive the care they need as soon as they need, and there would be more available resources for all. The community would be more interwoven and engaged in the medical care and wellbeing of all individuals, and down the line the overall population would be happier, healthier, more connected, less isolated, and productive. Every child would be able to reach his or her potential in such a world.

Envisioning physical health, behavioral health, and social services that value every individual, and are accessible to every individual

- All would feel welcomed into healthcare settings. Practitioners would have time in their schedule to connect and would embrace whole person health and team-based care.
- Providers won't make assumptions about people's backgrounds (health status, lifestyle, etc.) based on race. Society will look at and work to address risk factors and environmental conditions beyond the individual level.
- Preventative healthcare would be promoted and practiced. Preventative diseases would decline, emergency rooms could focus on true emergencies. A shift could occur where mental health would be a high priority resulting in less crime and family disfunction, while increasing productivity in our workforce.
- Nurses, physicians, and administrators would reflect the diverse population that they serve. Caregivers would be respected and appreciated regardless of race or gender.

Envisioning improved outcomes from valuing everyone equally:

- No homelessness, people are in healing facilities instead of prisons, and youth are thriving not striving to break free.
- Access to safe and affordable housing, healthcare, childcare, and culturally sensitive healthcare systems absent of biases.
- Infant mortality and morbidity rates among families of color would be significantly reduced, as would those of low-income families in general.
- Stigmas would go away (behavioral health and substance use disorder) so people would be more open to get help for these conditions. People would not be penalized by the justice system for addiction.
- The racial gaps in health outcomes would narrow and eventually become obsolete. Would start to see less despair; people treating everyone with kindness, understanding, and respect.

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- Time to access care would be available to individuals and families without repercussions at work.
 - No child or person would be hungry. We would all know our neighbors and support them and reach out to others when a need happens.
 - People and families won't have to decide to pay their rent, buy food or go without medication.
 - We would see less of one racial group marginalized and represented in homelessness, crime, and suffering with mental health.
 - Lonely, isolated individuals would learn to improve their mental health by finding motivation and resources to offer resilience factors to children and youth...saving millions of dollars in treatment because an ounce of prevention is worth a ton of cure/treatment. This is freeing!
 - Whole person care resources would be easily accessible within and throughout the region in diverse methods, including mobile health vans, family visits, nutrition services, social capacity building networks, mental health advocates eliminating barriers throughout the regions.

Future Health Equity Considerations

Amid Covid-19, the glaring, traumatic, heart-wrenching, and **preventable** health and racial inequities are being exposed more than ever. On April 9, 2020, Governor Gretchen Whitmer established a statewide Coronavirus Task Force on Racial Disparities. As the Governor noted, "from basic lack of access to healthcare, transportation, and protections in the workplace, these inequities hit people of color and vulnerable communities the hardest." https://www.michigan.gov/whitmer/0,9309,7-387-90499_90640-525224--,00.html. This task force will provide recommendations on how to address these racial disparities and outline steps to address lack of access to care, transportation, and equity in the workplace.

As CAHA moves into the future, we have an opportunity to build on our own health equity work to date and the recommendations that will emerge from this Task Force. In order to move ahead, it is crucial to understand that inequities will not change unless we change. Particularly for those of us who are white, changing inequity will require looking deep within, wrestling, and reflecting on who and what we value. This is hard work, internal work. Where do we find ourselves on this journey? What role will we play? How will we engage in this work? How is each one of us uniquely situated to help shape change? It is up to all of us.

As we deepen our understanding that racial healing and equity are integral to health equity, the question to be asked is, how do we foster racial healing? According to Beverly Tatum, race relations scholar and author of the book *Why are All the Black Kids Sitting Together in the Cafeteria?*, the answer is talk to someone different than you. In an interview with a local radio station Dr. Tatum said, "Engagement with that other person, hearing that other person's story, seeing how their humanity is just like yours...those types of conversations lead to relationships. Relationships lead to caring about another person. Caring about another person leads to taking action, and it's the action that ultimately brings about change." <https://www.wmuk.org/post/just-talk-it-shrinks-racial-divide-expert-says>

Health Equity Resources

A compilation of resources can be found on the Health Equity page of CAHA's website: https://www.capitalareahhealthalliance.org/health_equity.php. New resources are added as they become available.

Whole Person Care Initiative



Chair: Mary Anne Ford, Healthcare Consultant, Capital Area Health Alliance

Whole Person Care is one of CAHA's three areas of focus, along with Health Equity and Readiness for Care. This focus builds on successful initiatives in the Tri-County region to integrate physical and behavioral health services.

Whole Person Care Core Group

At the beginning of 2019, a Whole Person Care Core Group was established, with members being added throughout the year. By the end of the year, Core Group participants included the Capital Area United Way, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, Ingham County Community Health Centers, Ingham County Health Department, Ingham Health Plan, Michigan Center for Rural Health, Michigan Osteopathic Association, MSU School of Nursing, and the Tri-County Office on Aging.

The Whole Person Care Core group developed a working definition and vision for Whole Person Care in the Capital Area, held two education and networking programs, shared resources on the Whole Person Care page of CAHA's website, and held a planning session to identify priorities for 2020.

Whole Person Care Definition and Vision

Definition:

Whole Person Care is the coordination of health, behavioral health, and support to address social determinants of health in a person-centered and relationship-based manner, taking into account all that is important **to** the person, as well as what is important **for** the person, with goals of improved health outcomes and efficient and effective use of resources.

Vision:

CAHA is working with a group of community stakeholders to support Whole Person Care that is:

- Equitably accessed and delivered
- Person-centered
- Inclusive of cultural backgrounds, needs, and values
- Provided by an educated and prepared workforce
- Committed to providing resources and support for each person's health, wellness, and self-management goals
- Committed to valuing and hearing each individual
- Valued as a means of improving health outcomes and using resources efficiently and effectively

Networking and Education Events

The Whole Person Care Team, April 24, 2019

The event was presented by Christopher G. Wise, MHSA, PhD. Dr. Wise has extensive experience in employing the principles of Lean thinking to the redesign of clinical practice processes. Dr. Wise discussed contexts in which practices have undergone redesign and shared a high-level overview of the Lean process.

Whole Person Care and Social Determinants of Health, July 23, 2019

Three presenters shared perspectives about social determinants of health (SDOH). Anne Barna, Planning, Promotion, and Evaluation Manager of the Barry Eaton District Health Department, shared findings from the 2018 Community Needs Assessment. Lisa Peacock, Health Officer for the Health Department of Northwest Michigan and the Benzie-Leelanau District Health Department, described how data from SDOH screening and other resources is being used to inform priorities of the Northwest Michigan Community Health Innovation Region. Anne Scott, Executive Director of Ingham Community Health Centers and Deputy Health Officer for the Ingham County Health Department, described how the Ingham Community Health Centers collect and use social determinants of health data to direct people to community resources, advocate for and invest in strategies to improve the health outcomes of their patients, and identify potential risks in their patient population.

A third education and networking session was planned, on the topic of *Sharing Health Data Across Sectors*, which was postponed due to low registration. A survey of members of the Whole Person Care mailing list confirmed significant interest in the topic, and plans call for the session to be held at a later date.

Whole Person Care Resources

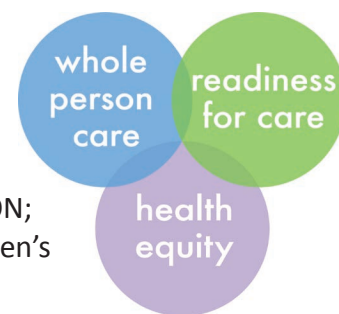
The group has compiled and shared resources on the Whole Person Care page of CAHA's website: https://www.capitalareahealthalliance.org/whole_person_care.php. New resources are added as they become available.

2020 Priorities

- Learn about the training needs of healthcare organizations and identify resources and opportunities for organizations interested in improving the skills needed to efficiently provide person-centered, integrated care.
- Work with state partners to develop and support sustainable models to recruit and retain the community, social service, and direct care workers needed to address changing healthcare needs and support Whole Person Care.
- Develop information about the business case for person-centered, integrated care for use in engaging support and participation of multiple sectors.
- Grow momentum for Whole Person Care in the Capital Area Region by engaging partners in multiple sectors, including community members, to participate in related activities.

Several other Core Group members were engaged to work with us in 2020, including a community member, Eaton County Health, IMPART Alliance/MSU College of Osteopathic Medicine, McLaren Greater Lansing, and MSU College of Human Medicine.

Capital Area Community Nursing Network



Chairs: Kathy Forrest, Coordinator Professional Programs and Instructor, MSU-CON; Joanne Goldbort, Assistant Professor, Course Coordinator for Maternal and Women’s Health, MSU-CON

The Capital Area Community Nursing Network (CACNN) continued to prioritize *Readiness for Practice* as its focus of work in 2019. The committee’s work centered on Community Education Activities and the Millennial Speakers Bureau, two initiatives within the *Readiness for Practice* focus.

1. Community Education Activities

On April 13, CACNN hosted *Launch Your Nursing Career: Tips and Strategies for that First Nursing Job*, its first educational forum. Twenty-five nursing students attended from Baker College, Davenport University, Lansing Community College, and Michigan State University. Presentations were done by volunteer representatives from ANA-MI, Davenport University, Holt Senior Care and Rehab, McLaren Greater Lansing, Michigan State University College of Nursing, Sparrow Health System, and VA Medical Center.

Topics included resume and interviewing tips; working in hospice, long-term care and rehab, behavioral health, and ambulatory care; communicating with physicians/colleagues; time management and prioritization; and advocacy/professionalism.

Chief Nursing Officers from area health systems attended the May CACNN meeting to review evaluation results from the educational forum and shared insights about possible “readiness for practice” issues that could be addressed at the March 2020 forum.

2. Millennial Nurses Speakers Bureau

The Millennial Speakers Bureau aims to provide examples of alternatives to acute care practice attractive to young nurses. The panel of speakers is comprised of millennial-aged nurses in a variety of practice settings. The first panel presentation was held on March 19, where more than eighty nursing students preparing to graduate from Michigan State University’s Baccalaureate Nursing (BSN) program attended. Angela Ackley, MSN, RN, Emergency Department Manager, Eaton Rapids Medical Center; Ashley Benjamin, RN, Assistant Director of Nursing and Staff Development Coordinator, Holt Senior Care and Rehabilitation Center; and Antigoni Tzumakas, BSN, RN, Nurse Case Manager, Tri-County Office on Aging, provided a 60-minute presentation featuring their roles and professional sites in rural health, long term care, and community case management practice.

The Speakers Bureau aims to add representatives of diverse ethnic backgrounds and has reached out to the local chapter of the National Association of Hispanic Nurses and the Lansing Area Black Nurses Association.

CACNN is well positioned to link its work to whole person care and health equity (CAHA’s other two areas of focus). The committee is in the beginning stages of exploring strategies related to:

- What opportunities are there to weave whole person care and health equity into the work that CACNN is currently doing; what are CACNN organizations doing to address health disparities and inequities in their home organizations; and how can whole person care and health equity be integrated into nursing curriculum?



Balance Sheet

As of December 31, 2019

ASSETS

Current Assets	
Checking/Savings	
Checking - Huntington Bank	44,280.36
Money Market Investment - Huntington Bank	26,406.18
Total Checking/Savings	70,686.54
Other Current Assets	
Accounts Receivable - Sponsorships	431.93
Prepaid Expenses	1,058.00
Total Other Current Assets	1,489.93
Total Current Assets	72,176.47
Fixed Assets	
Office Equipment	7,675.00
Accumulated Depreciation	-7,675.00
Total Fixed Assets	0.00
TOTAL ASSETS	<u>\$72,176.47</u>

LIABILITIES & EQUITY

Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	10,068.46
Total Accounts Payable	10,068.46
Other Current Liabilities	
Deferred Annual Dues	0.00
Total Other Current Liabilities	0.00
Total Current Liabilities.....	10,068.46
Total Liabilities	10,068.46
Equity	
Unrestricted (retained earnings).....	63,275.89
Net Income	-1,167.88
Total Equity	62,108.01
TOTAL LIABILITIES & EQUITY	<u>\$72,176.47</u>

Profit & Loss

January through December 2019

INCOME

Contributions	9,416.50
Dues	108,000.00
Interest income	26.39
TOTAL INCOME	<u>\$117,442.89</u>

EXPENSE

Accounting and auditing.....	6,260.98
Conferences and meetings	12,582.28
Contract services	86,998.24
Dues and subscriptions	0.00
Information technology	885.08
Insurance	899.65
Licenses and permits	20.00
Occupancy expenses	6,660.00
Office expense	3,329.11
Travel	353.00
TOTAL EXPENSE.....	<u>\$118,610.77</u>

NET INCOME.....	<u>\$ -1,167.88</u>
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