

A Shared Vision. A Culture of Health.

A Community Health Innovation Region (CHIR) is a unique model for improving the well-being of a region and reducing unnecessary medical costs through collaboration and systems change. CHIRs engage a broad group of stakeholders to identify and address factors that affect residents' health, such as housing, transportation, and food insecurity, as well as access to high-quality medical care.

The Northern Michigan Community Health Innovation Region serves 10 counties: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford (Prosperity Region 2).

The backbone organization for the Northern Michigan Community Health Innovation Region is the Northern Michigan Public Health Alliance, a partnership of seven local public health departments that together cover 31 counties. The Northern Health Plan serves as fiduciary.

A Steering Committee, composed of leaders from accountable systems of care, community mental health agencies, local public health departments, Medicaid Health Plans, Area Agency on Aging, community action agency, council of governments, federally-qualified health center, prepaid inpatient hospital plan, and others, are guided by a charter and memorandum of understanding.

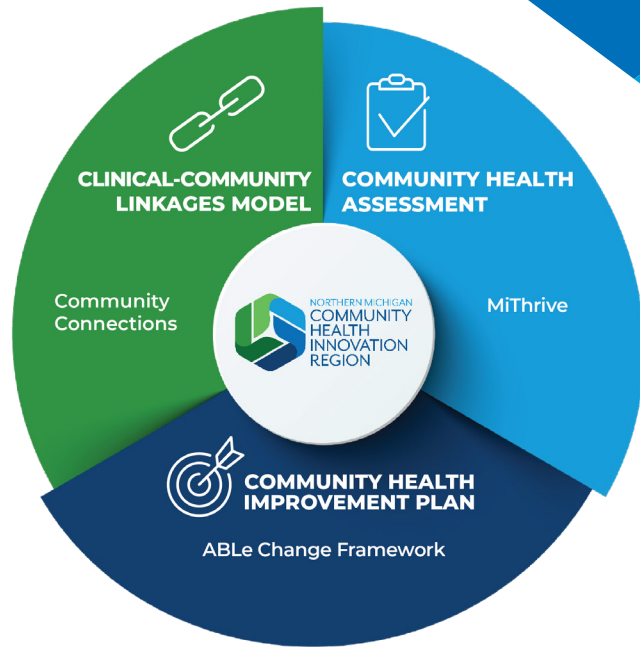
The Steering Committee organized two work groups to facilitate the work required of the Northern Michigan Community Health Innovation Region: a Clinical Community Linkages Work Group and Community Health Assessment and Improvement Work Group.



What We Do

The NMCHIR has engaged over 100 diverse organizations, including health care providers, insurers, community organizations, and local government agencies, to come together to identify and implement strategies that address community health priorities.

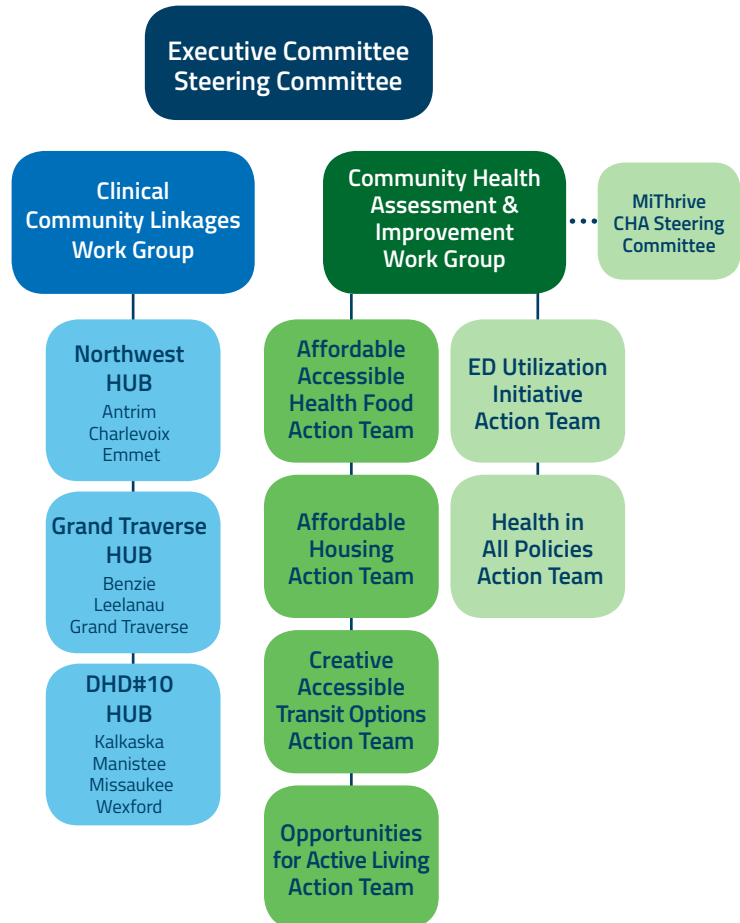
Many communities across the country have clinical community linkages models and others have robust community health assessment and community health improvement planning. What makes Michigan's State Innovation Model unique is that it is testing the effectiveness of combining these activities.



How We Do It

The NMCHIR utilizes two primary work groups in order to carry out its work. The Clinical Community Linkages Work Group oversees a screening tool administered at patient centered medical homes and community services across the region. It identifies individuals' needs for accessing medical care, housing, transportation, healthy food, and other social determinants of health and generates a referral to one of three Community Connections HUBs.

While the HUBs are assisting clients on a one-on-one basis, members of the Community Health Assessment and Improvement Work Group oversee several specialized Action Teams. Four of them focus on the top-ranked barriers to health and quality of life. Additional Action Teams are planning and implementing initiatives to reduce preventable/avoidable Emergency Department visits and to launch Health in All Policies regionally. In addition, the NMCHIR is a member, and funding partner, of the MiThrive community health assessment.



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