NORTH CENTRAL COMMUNITY HEALTH INNOVATION REGION

EXECUTIVE SUMMARY

SOCIAL DETERMINANTS OF HEALTH ACCELERATOR PLAN

"Working toward a shared vision by shifting system conditions and connecting residents to needed resources."

OVERVIEW

In 2022, the North Central Community Health Innovation Region (NCCHIR) was one of forty entities nationally to receive a CDC Closing the Gap with Social Determinants of Health (SDOH) Accelerator Plans grant. The NCCHIR SDOH Accelerator Plan is an implementation ready plan to improve chronic disease outcomes among persons experiencing health disparities and inequities in rural Northern Michigan.

BACKGROUND

The catchment area for the NCCHIR SDOH Accelerator Plan includes a ten-county region in rural, Northern Michigan (Arenac, Clare, Gladwin, Isabella, Lake, Mason, Mecosta, Newaygo, Oceana, and Osceola). The ten counties in the project's catchment area are designated as "rural health areas" by the U.S. Health Resources and Services Administration. The selected population for the NCCHIR SDOH Accelerator Plan is individuals with one or more disabilities and/or individuals financially struggling. According to the U.S. Census (2021) and United for ALICE (2021), 39 to 57% of residents in the 10 counties are below the ALICE threshold and 11 to 22% of individuals under the age of 65 have at least one disability. These individuals often experience barriers to social connectedness and access to care within the community, two critical SDOH strongly tied to chronic disease outcomes.

- **Social Connectedness:** Social connectedness is the degree to which individuals or groups of individuals have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported.
- **Community Clinical Linkages:** Community-clinical linkages are connections made among health care systems and services, public health agencies, and community-based organizations to improve population health. These connections can reduce health disparities by bridging the gap between clinical care, community or self-care, and the public health infrastructure.

COLLABORATION

The initial phase prioritized resident voice by establishing an inclusive engagement framework. Leveraging the Community Engagement Continuum, a resident voice survey, focus group, and strategy questionnaire, residents were invited to share their experiences and challenges related to healthcare access, social connectedness, and accessing community resources. Residents were compensated for their time, energy, and expertise to eliminate financial barriers to engagement.

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The data gathered from residents served as the cornerstone for subsequent planning activities. The approach involved comprehensive analyses, including SWOT (Strengths, Weaknesses, Opportunities, and Threats) and landscape analyses, supplemented by secondary data collection. Workshops, guided by established planning frameworks, such as the Mobilizing Action Through Planning and Partnerships Framework and the ABLe Change Action Learning Cycle, provided a collaborative platform. The use of a virtual whiteboard facilitated documentation and asynchronous engagement, fostering transparency and inclusivity. The cumulative efforts of these planning activities enabled the NCCHIR to strategically develop powerful strategies targeting social connectedness and community clinical linkages.

The outcomes of the community engagement efforts were multifaceted. Residents expressed a sense of being heard and valued, fostering increased buy-in and participation. The feedback loop ensured continual refinement of strategies, providing a more accurate understanding of barriers. Importantly, the engagement of residents and the NCCHIR's diverse insights significantly contributed to contextual relevance and the effectiveness of the tailored interventions. Eight powerful strategies were designed as a result of community engagement, fostering collaborative partnerships, and designing interventions that resonate with the lived experiences and needs of the population.

PRIORITIZED STRATEGIES

- Reduce stigma associated with disability, mental illness, and substance use.
- Improve the accessibility of events, programs, services, and community spaces.
- Establish shared understanding and promote effective communication for social determinants of health across sectors.
- Increase Community Health Worker capacity to address chronic disease.
- Make social connectedness a community norm.
- Facilitate community-led interventions addressing barriers to care.
- Increase awareness and coordination of social determinants of health resources.
- Enhance accessible and efficient transportation services.

NEXT STEPS

Securing funding is paramount for the NCCHIR to advance and sustain its initiatives. Efforts will focus on identifying funding opportunities at local, state, and national levels to support implementation and ensure cross-sector collaboration. The NCCHIR is committed to seeking and pursuing implementation and sustainability funds that will uphold the increased cross-sector collaboration that resulted from the development of the SDOH Accelerator Plan.

LEARN MORE

- Access the NCCHIR SDOH Focus Group Report **here**.
- Access the NCCHIR SDOH Accelerator Plan **here**.
- Questions? Email us at **info@northernmichiganchir.org**