Harnessing Data and Collaboration to Implement Public Health 3.0 in Oakland County
Presentation Objectives

1. Enhance understanding of Public Health 3.0
2. Describe ways OCHD has institutionalized Public Health 3.0
3. Provide recommendations on how to be a Chief Health Strategist in your community
4. Provide recommendations and resources to enhance collaboration and partner engagement
Public Health 3.0

- Model for building healthier communities
- Call to Action released by Health and Human Services in 2016
Public Health 3.0

• New era of enhanced and broadened public health practice that goes beyond traditional public department services

• Cross sector collaboration is a integral component

• 5 recommendations to help achieve Public Health 3.0
Chief Health Strategist

Drives local public health transformation and brings together community members and partner organizations for collective impact on social determinants of health.
Public health departments should engage with community stakeholders—from both the public and private sectors—to form vibrant, structured, cross-sector partnerships that foster shared funding, services, governance, and collective action.
Public Health Accreditation Board (PHAB) Accreditation for public health departments should be strengthened to ensure that every person in the United States is served by nationally accredited health departments.
Actionable Data

• Timely, reliable, detailed, and actionable data should be made accessible to communities throughout the country

• Clear metrics to document success in public health practice developed
Enhanced Funding Sources

• Funding for public health should be enhanced and modified
• Innovative funding models should be explored to expand financial support for Public Health 3.0–style initiatives.
OCHD Strategic Plan
By 2020, OCHD will be a dynamic, evolving public health leader that is data-informed, connected, and engaged in innovative practices and solutions to create an equitable, healthy community.
OCHD Strategic Priorities

• Strengthening Organizational Excellence
• Achieving an Equitable, Healthy Community
• Transforming Public Health
Transform Public Health

Goals

• Adapt Public Health infrastructure to anticipate and meet changing community needs

• Enhance capacity to assess and monitor community health status through increased data collection, analysis, and reporting

• Develop and leverage partnerships and resources to implement a Public Health 3.0 model at OCHD
Transform Public Health

• GOAL: Adapt Public Health Infrastructure to Anticipate and Meet Changing Community Needs
  o Develop agency business plan
  o Review and analyze agency organizational structure
  o Develop agency IT plan
  o Train agency staff on Health in All Policies
Transform Public Health

• GOAL: Enhance Capacity to Assess and Monitor Community Health Status through Increased Data Collection, Analysis, and Reporting
  o Complete agency data inventory
  o Develop OCHD data team
  o Create OCHD data plan
• GOAL: Develop and Leverage Partnerships and Resources to Implement a Public Health 3.0 Model at OCHD
  o Strengthen relationships with non-traditional partners and community stakeholders
  o Collaborate with partners and community stakeholders to increase knowledge and support of Health in All Policies
  o Provide trainings and resources to OCHD staff on community engagement, capacity, and coalition building
Strengthening Organizational Excellence

GOAL: Achieve National Accreditation as a Demonstration of and Commitment to Organizational Excellence

Advancing public health performance
“HEALTHY PEOPLE CONNECTED TO A THRIVING COMMUNITY”
ECHO Action Teams

FOOD POLICY COUNCIL

ACTIVE LIVING NETWORK

ACCESS TO CARE WORKGROUP

HEALTH INFORMATICS WORKGROUP

ENERGIZING CONNECTIONS FOR HEALTHIER OAKLAND
Food System Assessment Survey
February-April 2018

2,430 Responses (May 1st)

Addresses:
Food Access
Food Security
Healthy Eating
ECHO Outcomes

FREE & LOW COST MEDICAL SERVICES

DISCLAIMER - Call first for income requirements and availability

LOW COST HEALTH CENTERS

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>City</th>
<th>Phone</th>
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<tbody>
<tr>
<td>WP - KEYS Grace Academy</td>
<td>22221 Hampden St, Room 202</td>
<td>Madison Heights</td>
<td>(248) 965-8600</td>
</tr>
<tr>
<td>WP - Northwest Health Center</td>
<td>21040 Greenfield Rd</td>
<td>Oak Park</td>
<td>(248) 967-6600</td>
</tr>
<tr>
<td>CHNN - Family Medicine Center</td>
<td>481 W Huron St, Ste 107</td>
<td>Pontiac</td>
<td>(248) 867-7432</td>
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<tr>
<td>CHNN - Jump Start Center</td>
<td>196 Caesar E Chavez Ave</td>
<td>Pontiac</td>
<td>(248) 462-7100</td>
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<tr>
<td>CHNN - Baldwin Center</td>
<td>1701 Baldwin Ave</td>
<td>Pontiac</td>
<td>(248) 724-7660</td>
</tr>
<tr>
<td>CHNN - Orchard Lake Center</td>
<td>114 Orchard Lake Rd</td>
<td>Pontiac</td>
<td>(248) 724-7660</td>
</tr>
<tr>
<td>WP - Henderson Clinic</td>
<td>44405 Woodward Ave, Ste H-13</td>
<td>Pontiac</td>
<td>(248) 868-3126</td>
</tr>
<tr>
<td>WP - Pontiac Medical Center</td>
<td>48156 Woodward Ave, Ste A</td>
<td>Pontiac</td>
<td>(248) 697-0560</td>
</tr>
<tr>
<td>Covenant Community Care</td>
<td>27776 Woodward Ave</td>
<td>Royal Oak</td>
<td>(248) 556-4600</td>
</tr>
<tr>
<td>CHNN - Plum Hollow Center</td>
<td>22000 W 9 Mile Rd</td>
<td>Southfield</td>
<td>(248) 724-7660</td>
</tr>
<tr>
<td>Greenfield Health Center</td>
<td>20077 Greenfield Rd Suite 400</td>
<td>Southfield</td>
<td>(313) 822-9681</td>
</tr>
<tr>
<td>CHNN - Summit Center</td>
<td>279 Summit Dr</td>
<td>Waterford</td>
<td>(248) 724-7660</td>
</tr>
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FREE CLINICS

<table>
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<tr>
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<th>Address</th>
<th>City</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm Care Free Clinic, Inc</td>
<td>499 E 9 Mile Rd</td>
<td>Ferndale</td>
<td>(248) 677-2273</td>
</tr>
<tr>
<td>MAP Clinic</td>
<td>2629 Southfield</td>
<td>Livonia Village</td>
<td>(248) 333-0840</td>
</tr>
<tr>
<td>Gary Burstein Community Health Clinic</td>
<td>45580 Woodward Ave</td>
<td>Pontiac</td>
<td>(248) 339-3762</td>
</tr>
<tr>
<td>Mercy Place Clinic</td>
<td>55 Clinton St</td>
<td>Pontiac</td>
<td>(248) 333-0840</td>
</tr>
<tr>
<td>McLaren Oakland Children's Clinic</td>
<td>672 Martin Luther King Blvd</td>
<td>Pontiac</td>
<td>(248) 334-3434</td>
</tr>
<tr>
<td>Dermhouse (Dermatology)</td>
<td>25420 Northwestern Hwy, Ste 202</td>
<td>Southfield</td>
<td>(248) 219-7007</td>
</tr>
</tbody>
</table>

Legend

Language Services  
Weekend/Night Hours  
WP = The Wellness Plan  
CHNN = Oakland Integrated Health Network

For more information, visit www.oakgov.com/ECHO

Energizing Connections for Healthier Oakland

Free or Low Cost Medical Services
Oakland County, Michigan

MAP ON BACK

MAP Author: Dan Murray
Oakland County Health Division
1200 N. Telegraph Road, Bldg 300
http://www.oakgov.com/health
Focusing on Social Determinants of Health

Healthy Pontiac, We Can!
36% of commuters walk to work, leaving the car-dependent city with a walking score of 41.

Up to 30% of commuters take public transit to work.

18.1% of Pontiac households are without vehicles.

Many low-income households live more than a ½ mile from a supermarket.

Up to 8% of commuters bike to work.

31.1% of traffic fatalities involve pedestrians, & 4.9% involve cyclists (each are twice Michigan’s average).
June 2016: A broad vision to increase access to essential community supports and revitalize transit spaces.

December 2017: A portfolio of investable transportation related projects and future pipeline projects engaged.

Invest Health has been instrumental in moving forward initiatives that improve transportation for better health.
Improving Transit Stops

Bus stop improvements at key locations showcase new design standards improving ADA accessibility, image and safety.

Amenities installed include:

- Concrete boarding pads
- Shelter with solar lighting
- Benches
- Trash cans
- Wayfinding signage

Investment can create additional enhancements

A new marketing campaign encourages residents and visitors to reduce litter at bus transit stops, downtown and community locations such as city parks.

Pick Up Pontiac artful trash can covers beautify transit stops/public spaces and keep areas litter free
Transforming Streets/Sidewalks

The newly adopted Complete Streets Pontiac Plan creates safer walking and biking corridors that aim to:

- Reduce traffic fatalities involving pedestrians/cyclists
- Encourage active transportation
- Lessen chronic disease risk factors

www.walkbike.info/pontiac

Leveraged funding pipelines will continue implementation of Complete Street strategies

Newly installed bike lanes-October 2017
The people of Pontiac are tired of their town being a drive through city!

It’s too hard to walk/bike in the winter because no one clears the snow!

What We Heard

**Mobility**
- Sidewalk gaps along major streets
- Poor sidewalk and street pavement condition
- Snow and ice on sidewalks
- Clinton River Trail surface in poor condition

**Personal Safety**
- Stray dogs, overgrown vegetation, street lights

**Traffic Safety**
- Unsafe road crossings, faded pavement markings, signal timings
- No bike facilities on busy roads
- Motorists blocking crosswalks, speeding, not yielding to pedestrians
- People walking in the road
Sidewalk Cleanup

14 Volunteers from Healthy Pontiac, We Can! cleared 0.25 miles of sidewalk around Micah 6 Community

TAKE BACK THE SIDEWALKS
Improving Walkability: One Sidewalk at a Time!
Join us for a Sidewalk Cleaning Party! Tools & Refreshments Provided
Bike Rack Installation

38 Bike Racks
25 Locations
Pontiac, MI

made possible by funding from the Centers for Disease Control and Prevention

Special Thanks for bike rack installation:
General Motors Powertrain World Headquarters & Team #GMCares

Healthy Pontiac, We Can!
Vision: To improve the health and well-being of persons experiencing homelessness in Oakland County.

Mission: Connecting community and health care organizations to coordinate resources for persons experiencing homelessness.
Homeless Healthcare Collaboration

• ID Task Force – Homeless verification letter for Secretary of State pilot
• Hospital Discharge Task Force – Assisted with creating the Hope Recuperative Care Center
• Hospital Transition Workgroup – Educates ED doctors about services and resources for homeless clients
Lessons Learned – Chief Health Strategist

• Develop common messages and marketing materials
• Find ways to empower partners to take ownership
• Focus on your sphere of influence
  o Educate about health impacts and advocate for policy or systems change
  o Provide expertise, data, and evidence-based solutions
• Frustrating – a lot of momentum relies on partners
• Celebrate small wins
• Coalitions/collaborations go through cycles – use tools and evaluation to refocus energy
Collaboration Resources and Tools
Community Coalition Assessment Tool (CCAT)

• Coalition strength and function is essential to successful and sustainable, policy, environment, and systems change initiatives.

• Brief online survey completed by your coalition members. Results will help coalitions determine strengths and areas for growth.
Community Coalition Assessment Tool (CCAT)

• Benefits include:
  – Data for evaluation
  – Greater accountability
  – Ability to respond to ongoing turnover and other changes
  – Discussion generator for coalition improvement

• Available at http://mihealthtools.org
Collaboration Multiplier

Phase II: Collaboration Multiplier Analysis

Collaborator 1
Expertise:
Desired Outcomes:
Key Strategies:

Collaborator 2
Expertise:
Desired Outcomes:
Key Strategies:

Collaborator 3
Expertise:
Desired Outcomes:
Key Strategies:

Collaborator 4
Expertise:
Desired Outcomes:
Key Strategies:
Systems Approaches for Healthy Communities Training

• Web-based, professional development program is designed for organizations whose work focuses on health promotion
• Five online modules
• Examples of systems-thinking including the Social-Ecological Model, Spectrum of Prevention, and PSE concepts.
• Strategies and tools for strengthening engagement, communicating with partners, and understanding community context
Data Resources
Local Data Sources

• U.S. Small-area Life Expectancy Estimates Project
  – Estimates of life expectancy at birth for most of the census tracts in the United States for the period 2010-2015
  – National Center for Health Statistics

• Community Commons/CARES Engagement Network
Life Expectancy Variation in Oakland County

Pontiac – Census Tract 26125142200 – 65.7 years

Troy— Census Tract 26125197200 – 86.8 years
Life Expectancy Variation in Oakland County
Data Resources—Network of Care

Oakland County Michigan
ACS Data by ZIP Code

What Impacts Poverty Levels?
- Demographics
- Information
- Poverty Levels
- Income Measurements
- Education & Employment
- Access to Health Insurance
- Transport

WHAT IMPACTS POVERTY LEVELS IN OAKLAND COUNTY?
The following maps and charts use zip code level data from the US Census Bureau's American Community Survey.
Looking at the data, we can see patterns of how education, employment, access to health insurance and other factors impact poverty.

NUMBER OF PEOPLE AT 50-99% OF FEDERAL POVERTY LEVEL BY ZIP CODE

North
Oakland Health Center
1200 N. Telegraph Rd
Pontiac, MI 48341
Phone: 248.858.1280

South
Oakland Health Center
27725 Greenfield Rd
Southfield, MI 48076
Phone: 248.424.7000

Nurse On Call Public Health Information
800.848.5533 NOC@OakGov.com
OakGov.com/Health

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.