Connecting, Sustaining, and Deepening Community Partnerships and Community Health Assessments in a Post-COVID Era
What will you learn today:

How we used our community knowledge, and built it into our health assessment work, and built it into our community outreach/engagement work.

We hope you will pick up ideas, strategies, techniques.
What do we have in common?

Both MCHD and WCHD are focused on reaching at risk and marginalized populations within our communities, identifying disparities and inequities, and improving the Social Determinants of Health within our jurisdictions.

--Community Health Assessments

--How COVID influenced both our CHA/CHIP and Community Outreach work
KAHOOT Break:
Who is in the room?
About Macomb County Health Department

27 individual municipalities in Macomb County
Total population: 876,792 residents
Three MCHD service locations
Approximately 250 employees
About Washtenaw County Health Department

Serves Ann Arbor, Ypsilanti and surrounding area

28 Municipalities

Total population: 366,376

Two major universities: University of Michigan and Eastern Michigan University

Health department staff: approximately 120
Before and After COVID
Lessons Learned From COVID-19 Response About the Community

- COVID-19 impacted communities unevenly (disparate impact on certain communities)
- Enhanced focus on health equity
- The importance of knowing your county
- Relationship building is the key to this work
- Need flexibility to meet people where they are at (One Size Doesn’t Fit All)
Health Department Struggles and Opportunities During COVID-19

- Staff turnover
- Preserving institutional knowledge
- Simplifying what we are doing
- Recognizing missing community voices
Launched our first official CHA

First CHA and CHIP published for PHAB accreditation

CHIP workgroups

HMAC work begins on second CHA

All CHA work paused

CHA work resumes, MAPP 1.0 vs 2.0

Prioritization of findings, draft CHIP

Implement/begin CHIP work
Macomb's Projected CHA Priorities

- Chronic Disease and Healthy Lifestyles
- Behavior Health and Substance Use
- Built Environment/Social Determinants of Health
WCHD: Community Assessment Overview

Prior to 2013

Had been doing CHA work for many years prior to first "official" CHA/CHIP

2013

First official CHA and CHIP created for PHAB accreditation

2015 - 2019

CHA soul searching

2020 – 2021

CHA work resumes. Loosely follows MAPP framework

2022

All CHA work paused

2023

Data gathering and prioritization

2024

CHIP development
Washtenaw's Projected CHA Priorities

- Healthcare Access and Navigation
- Mental Health
- Housing
How we met our community where they're at: engagement approaches for our CHA process

- Shifted focus of survey questions
- Paper surveys
- Emphasis on sharing results back
- Simplify the process
Both Macomb and Washtenaw found the MAPP 2.0 framework overly complex.

Adapted the framework to:

- Align with what worked organically in our community
- Align with limited staff capacity
## CHA Survey Questions

### Before Pandemic

- **Washtenaw:**
  - Questions based on BRFSS
  - Focused on individual health
- **Macomb:**
  - BRFSS
  - Did not align with CDC standardized response categories

### After Pandemic

- Shift focus to community health
- Don’t ask questions we already have data on
- Focus on lived experience
- Focus on SDOH & health equity
- Macomb: Align with Census/ACS metrics
MCHD CHA Survey Questions

Washtenaw and Macomb's Questions Are Startlingly Similar!

MCHD Community Engagement:
Two Key Questions
What would make you healthier?
What is stopping you from getting it?

Community section: focus on quality of life and access, community strengths and needs
Where/How did we distribute survey
Online links, QR code, paper surveys
8000 surveys (original goal), 6243 (final count)

How to get different voices?
Jimmy John's Stadium (semi-pro baseball)
Blood drives at libraries
Health fairs
Flu/COVID vaccine clinics
Schools (PTA meetings, fairs, students)
KAHOOT Break:

What do you think your community member's top needs are?
**MCHD: Our community wants...**

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<thead>
<tr>
<th>Which would improve quality of life in your community – overall respondents</th>
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<tbody>
<tr>
<td>• Better paying jobs/strong economy</td>
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<tr>
<td>• Access to affordable, healthy food</td>
</tr>
<tr>
<td>• Less violence or crime*</td>
</tr>
<tr>
<td>• Access to affordable housing for everyone</td>
</tr>
<tr>
<td>• Clean environment</td>
</tr>
<tr>
<td><em>Most people think they live in safe communities (90%)</em></td>
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<table>
<thead>
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<th>Marginalized or underserved populations</th>
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<tbody>
<tr>
<td>• Access to affordable, healthy food</td>
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<tr>
<td>• Access to affordable housing for everyone</td>
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<tr>
<td>• Access to healthcare services/screenings</td>
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<td>• Access to mental health &amp; substance use services</td>
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<tr>
<td>• Better paying jobs/stronger economy</td>
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<tr>
<td>Access to/help navigating healthcare</td>
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<tr>
<td>Access to healthy, affordable food</td>
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</table>
What do you do when your CHIP priorities are not traditional health topics?
WCHD: Healthy Neighborhoods Team

Responds to community needs around:
• Healthcare access and navigation
• Access to healthy foods
• Affordable housing
• And more
Questions?

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