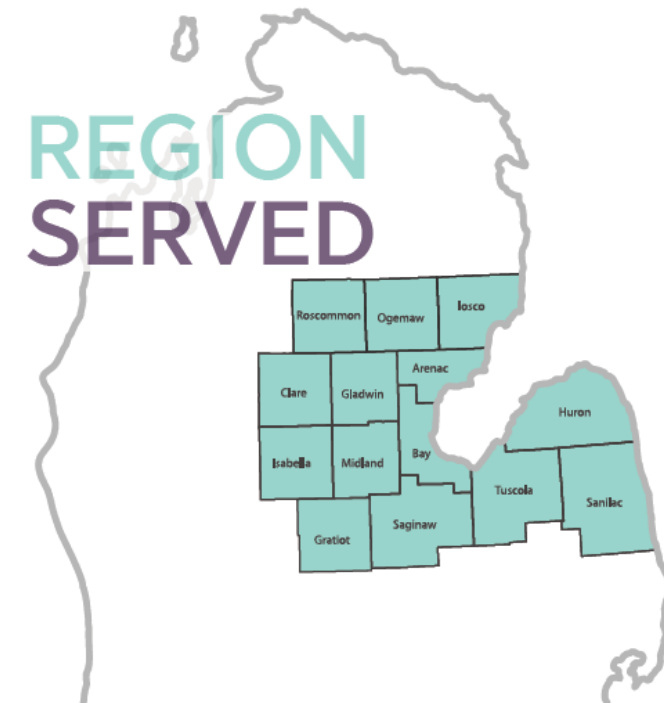
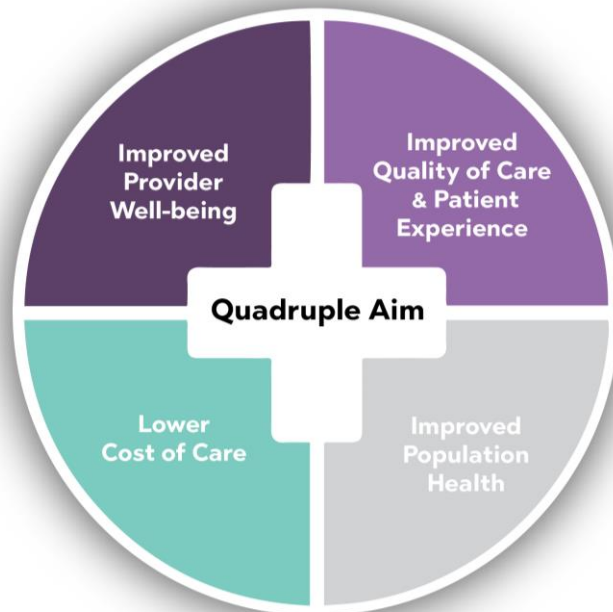


# What is the Vision and Focus of MiHIA?



*Collectively Impacting Health in our region to become the healthiest thriving community with the best quality and value in health care.*

MiHIA seeks **long term sustainability** in the design of initiatives focusing on four facets of health outcomes:



For more information visit: [www.mihia.org](http://www.mihia.org)



# MiHIA: A Regional Asset



**Community challenges we face are greater than any organization or sector can successfully address alone.**

- MiHIA **brings all stakeholders together** to establish shared goals/ metrics, create alignment, enable greater success and catalyze action.
- MiHIA provides a **platform for building relationships, shared learning, reducing duplication of efforts, and fostering innovative solutions.**
- MiHIA has **national presence** and connections that allow us access to experts, resources, and the ability to leverage learning from others.

**We are regionally changing the conversations and landscape of our communities.**

# MiHIA: Multi-Sector Collaborative A Regional Asset since 2007:

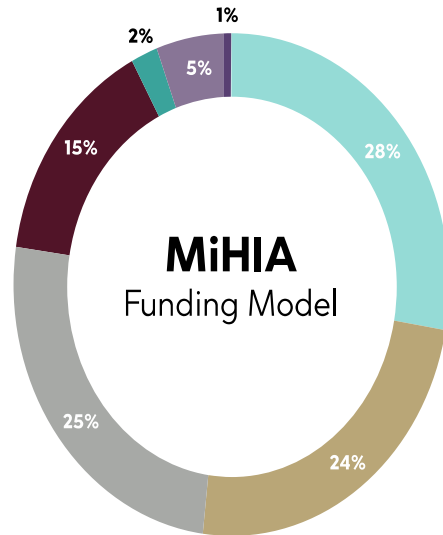


<https://youtu.be/Rw1fiNJGHmU>

MiHIA acts as:

- The **convener**, establishing shared goals and objectives, setting collective targets, or aligning business plans.
- An **assessor**, evaluating processes and offerings to reduce redundancies, conducting environmental scans, or providing health data.
- The **catalyst** to bring resources to our area, facilitates or supports initiatives that will impact the health and well-being of the region

# Funding and Financing Model



- We believe in transparency in our funding and financing Model
- Approach - diversify funding and financing streams to remain sustainable.
- Our operational costs are largely funded by contributions from corporations and affiliate organizations.
  - ❑ Staff, committee/board meetings, legal, accounting, grant writing, I/T support, marketing, and telecommunications, etc.
- Projects are historically funded through grants, foundations or other contributions – creating a sustainability model through implementation



**TRANSFORMING HEALTH REGIONALLY  
IN A VIBRANT ECONOMY** **GREAT LAKES  
BAY REGION**

- Transformational vs incremental
- Regional, multi-sector and sustainable
- Win-Win for existing institutions & the entire community

Systems approach delivers:

- Balanced impact –
  - Short/Long Term; Clinical and Non-clinical
- Anchored in data
- Measureable progress
- Evidence-based intervention

[www.THRIVEgreatlakesbay.org](http://www.THRIVEgreatlakesbay.org)

# A UNIQUE PARTNERSHIP FOR HEALTH AND THE ECONOMY



Collaboration Partner

# THRIVE: A FOUNDATION OF COMMUNITY ENGAGEMENT

## Our Process

### Preparation and Insight

- Interviews <80 community leaders
- Mapping health ecosystem
- Selecting Priorities

### Build Portfolio through Priority Teams

- Build Metrics Plan
- Secure Capacity Funding
- Establish Governance

### Implement

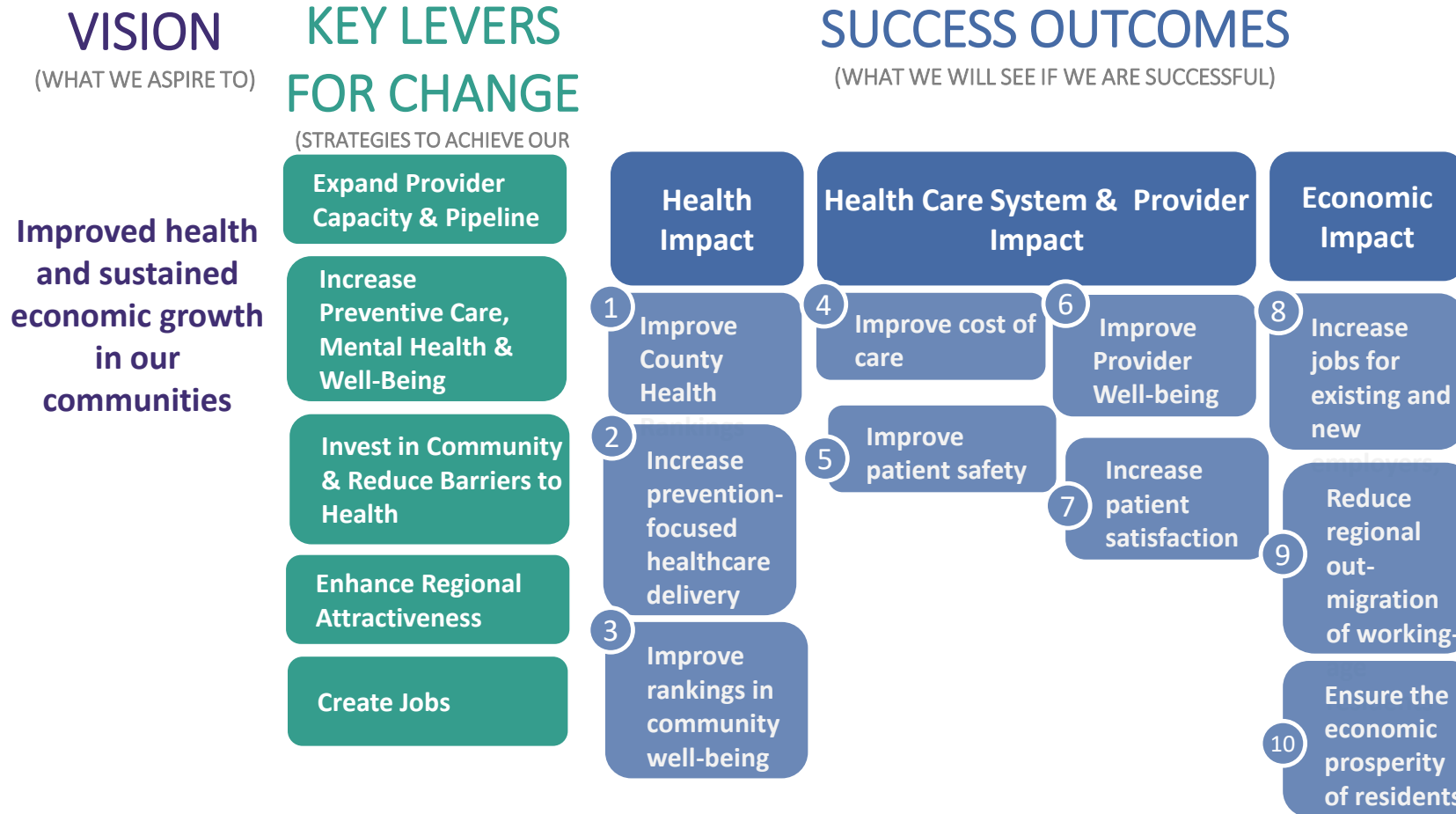
- Staging via readiness
- Financing

# STRATEGIC PRIORITY STRATEGIC PRIORITY TEAMS (10-12 MEMBERS)

- 1 Building Provider Capacity: Health Education and Professional Pipeline
- 2 Preventive Care, Mental Health and Well-being
- 3 Investing in Social Determinants of Health - Community Investments and Reducing Barriers
- 4 Regional Attractiveness: Cost, Quality, Access, and Delivery of Care
- 5 Creation of jobs



# OUR STRATEGIC DIRECTION



- Develop Regional Health educational campus
- Expand education jobs
- Expand agriculture jobs
- Incubate healthcare entrepreneurs
- Expand local supply chains for hospitals
- Attract new industries
- Market and assist businesses to relocate
- Foster expansion of local employers
- Attract non-local talent

- Establish centers of excellence for health care
- Enhance screening and referral for Life's Simple Seven
- Enhance primary care at schools
- Expand Pathways HUB to enhance primary care
- Enhanced Technology to achieve coordinated Healthcare services
- Incorporate patient safety improvements in hospitals
- Prevent provider burnout

- Maximize unused healthcare resources and reduce duplication
- Avoid unnecessary services (Choosing Wisely, in-home hosp.)
- Healthcare service evaluation to optimize care

- Suicide Prevention
- Comprehensive Screening
- Train law enforcement to screen for mental illness



- Encourage Community Ventures to employ local residents
- Prepare youth for STEM careers
- Encourage Conscious Capitalism
- Expand transportation options to access jobs and healthcare
- Reduce Poverty - Comprehensive, multi-strategy approach

- Reduce risky behaviors from ACEs and enhance trauma informed care
- Behavior change through intense culture and environment prevention
- Strengthen parenting and family networks
- Encourage healthier behaviors through engagement of youth
- Enhance prenatal health
- Enact regional opioid strategy
- Strengthen youth development and leadership
- Build nurse-family partnerships

- Capture maximum appropriate regional healthcare

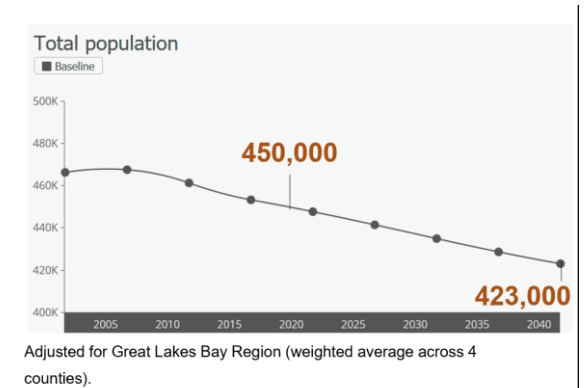
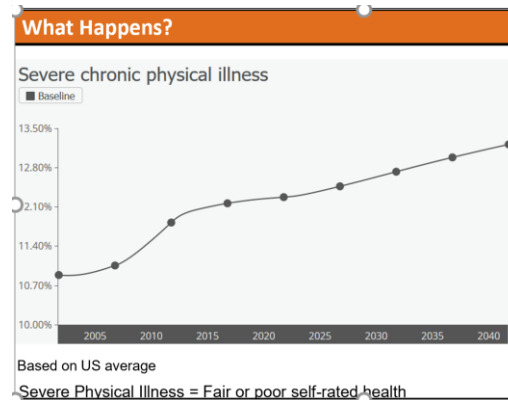


# **BUSINESS AS USUAL COMPARED TO THRIVE OUTCOMES**

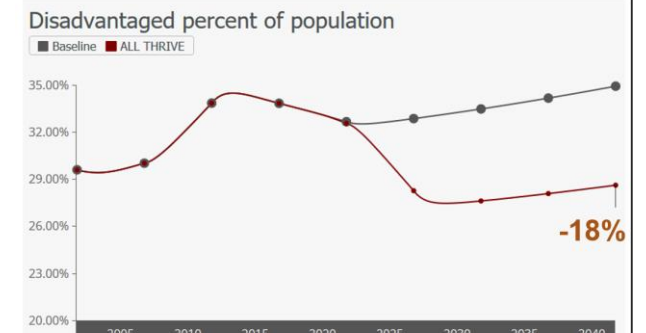
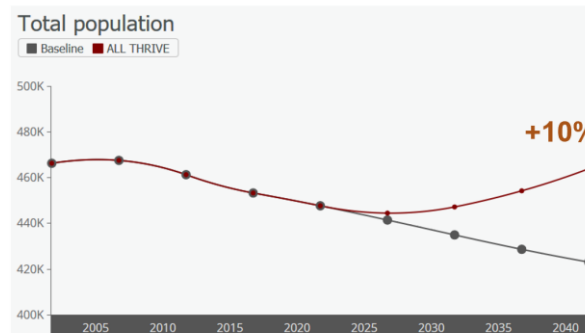
## **SIMULATION ANALYSIS FOR THE FULL THRIVE PORTFOLIO**

# SIMULATION MODELING

- Baseline or business as usual



- All THRIVE scenario



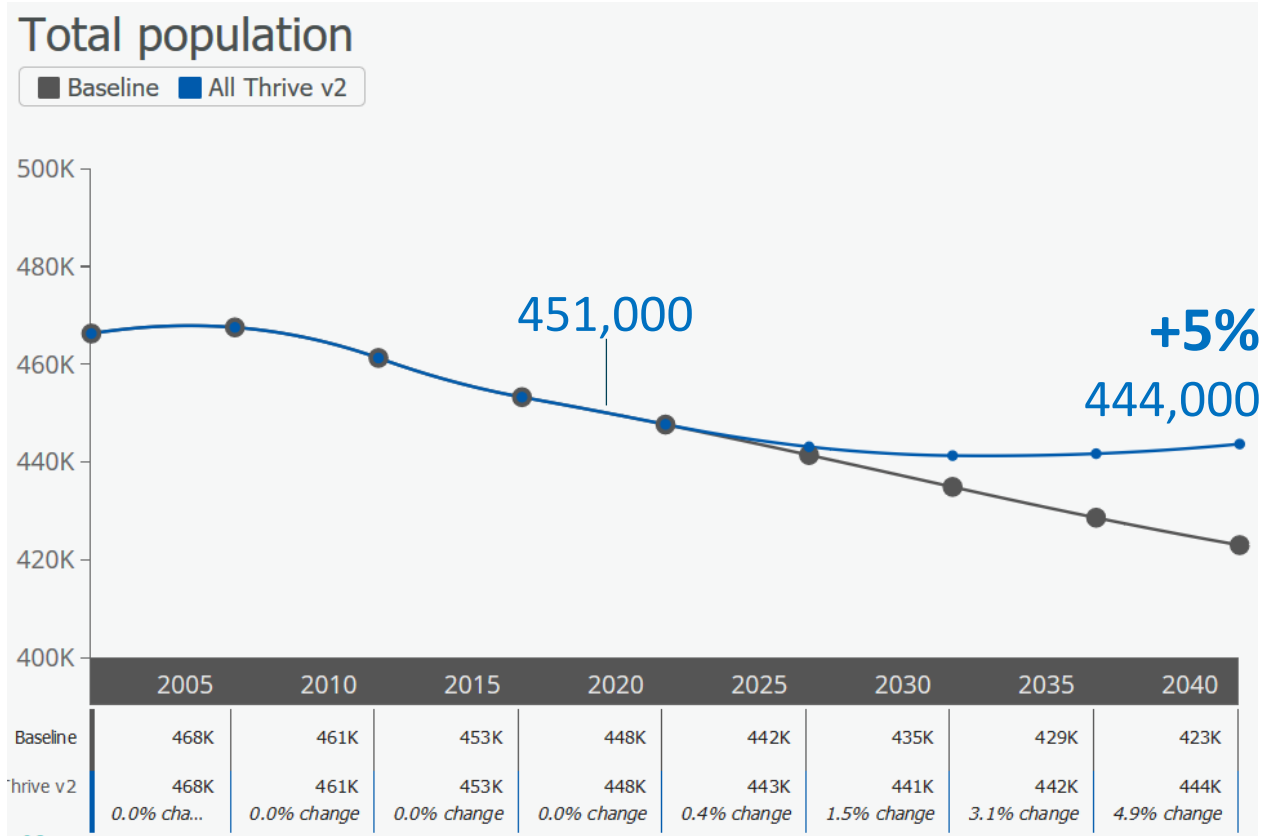
# OUTCOMES OF ALL THRIVE PORTFOLIO

- Business as usual – population drops another 30,000; With THRIVE portfolio - population increases by 20,000
- Business as usual – workforce declines by 25,000; With THRIVE portfolio – workforce increases by 18,000
- Business as usual – more people move into poverty; With THRIVE – 55,000 move out of disadvantage
- Business and usual – we continue with epidemics of health risk factors like obesity; With THRIVE – 40,000 people are no longer at high risk

# Population

## All Thrive v2

### Observations

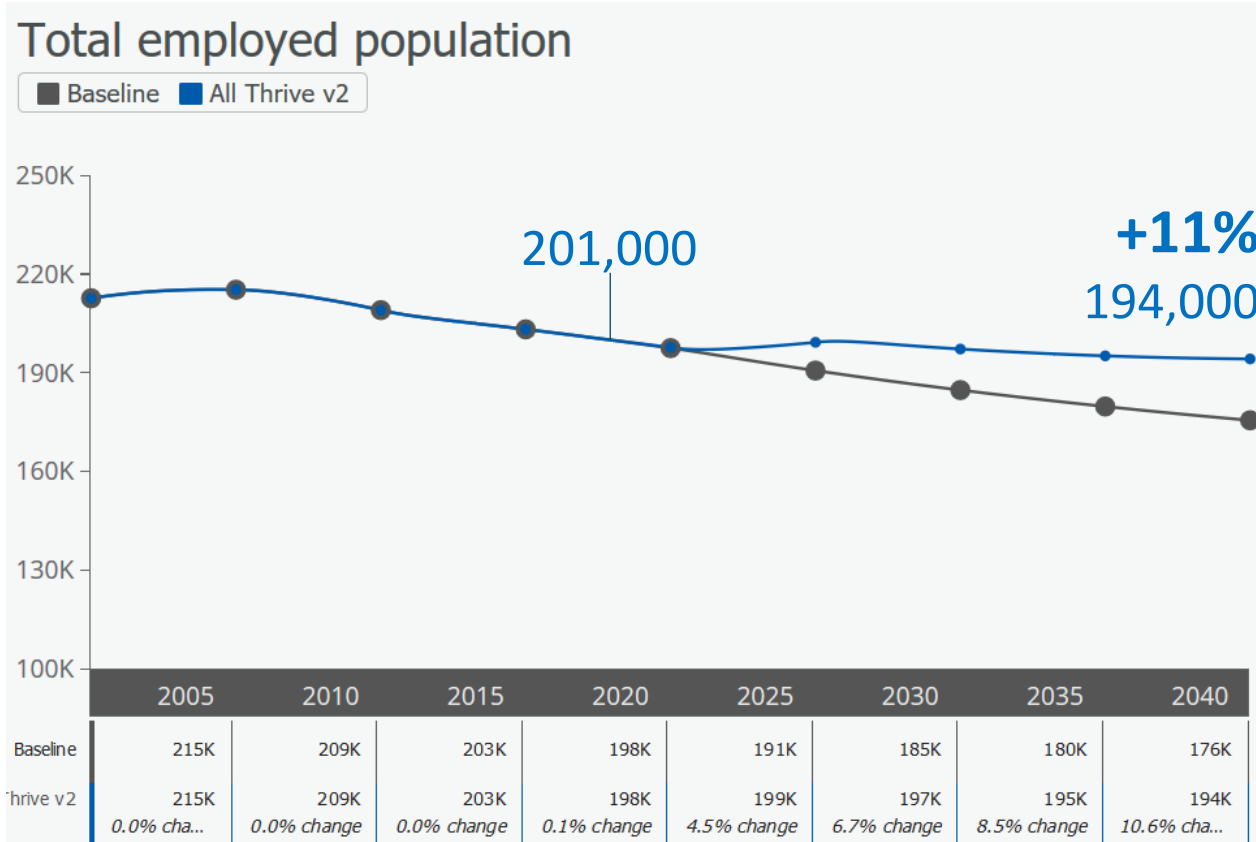


Population begins to grow over time; change the curve of decline; With THRIVE 20,000 more people in the region than business as usual which leads to 30,000 less people

# Employed Population

## All Thrive v2

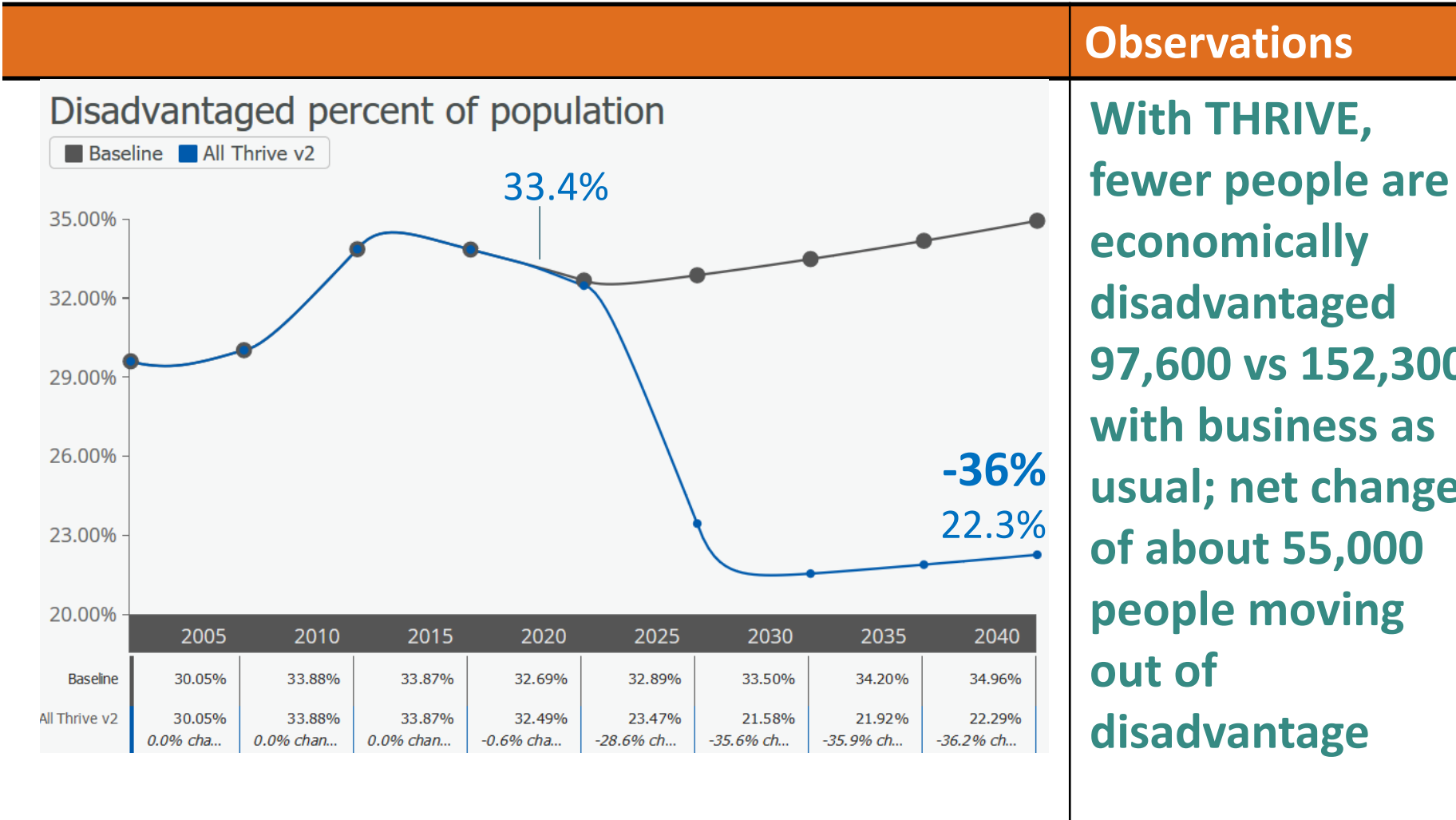
### Observations



More people in the regional workforce; change the curve of decline; 18,000 more people in the workforce than business as usual which leads to 25,000 fewer workers

# Disadvantaged Population

## All Thrive v2



### Observations

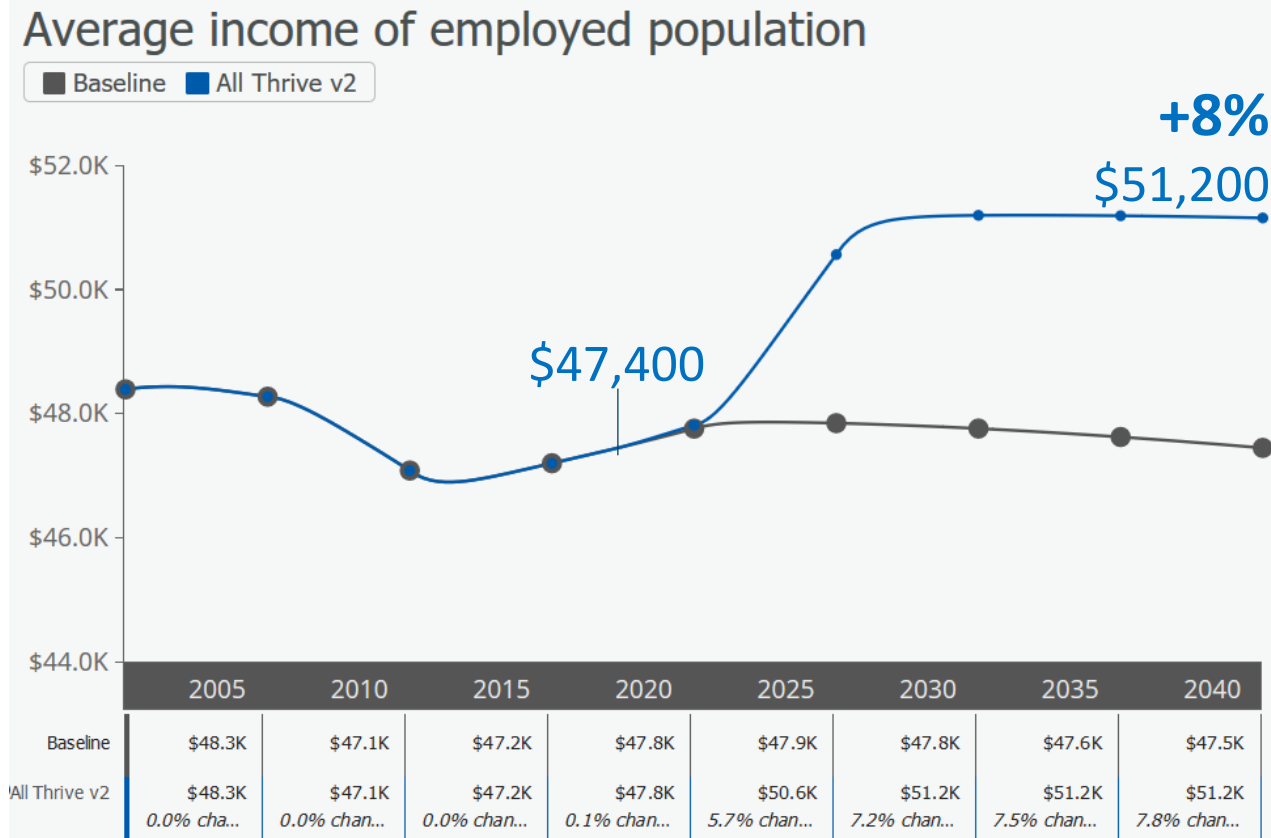
With THRIVE, fewer people are economically disadvantaged 97,600 vs 152,300 with business as usual; net change of about 55,000 people moving out of disadvantage



# Average Income

## All Thrive v2

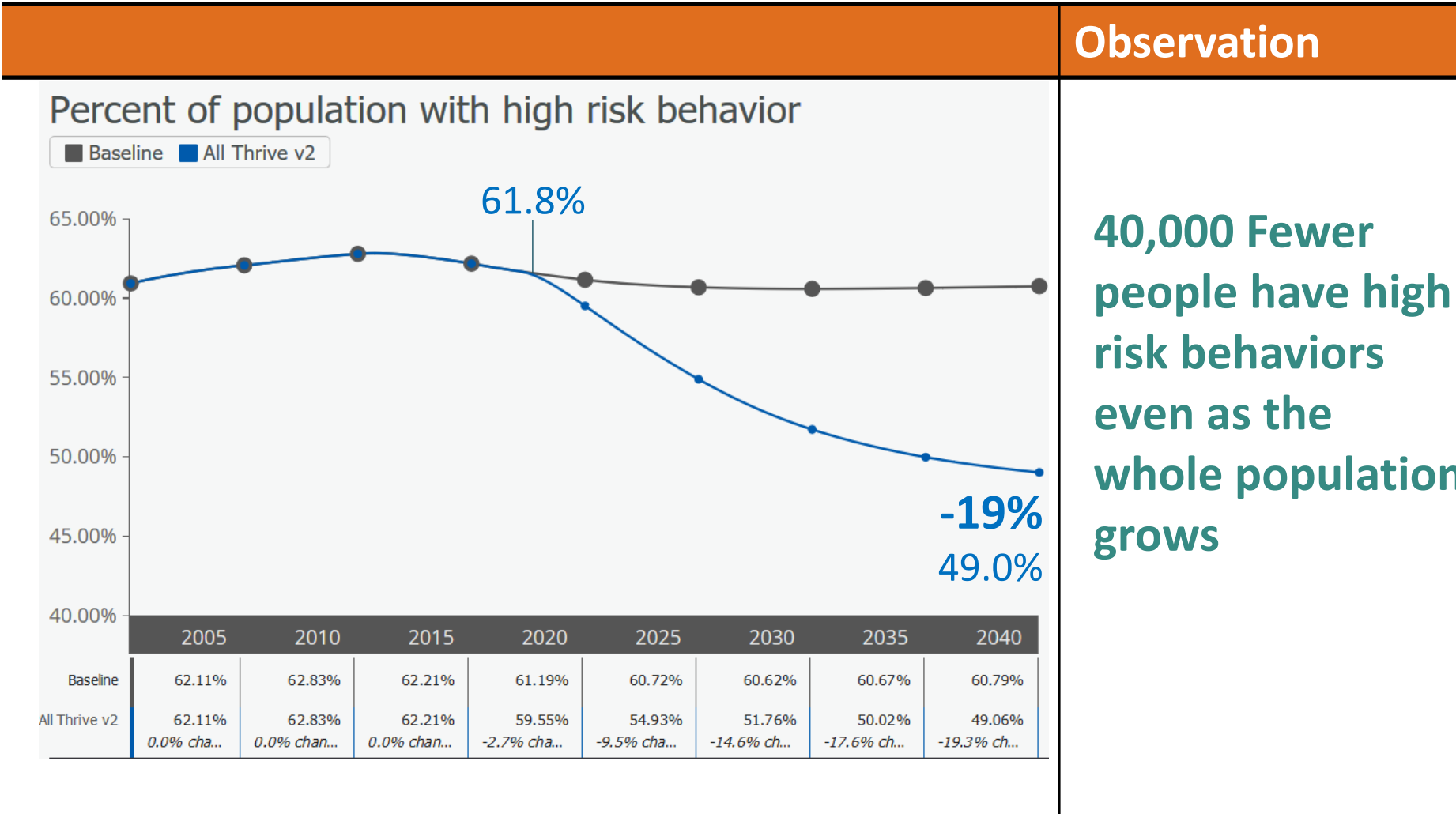
### Observations



Salaries and wages are 8% higher, reflecting the reduction in Disadvantage

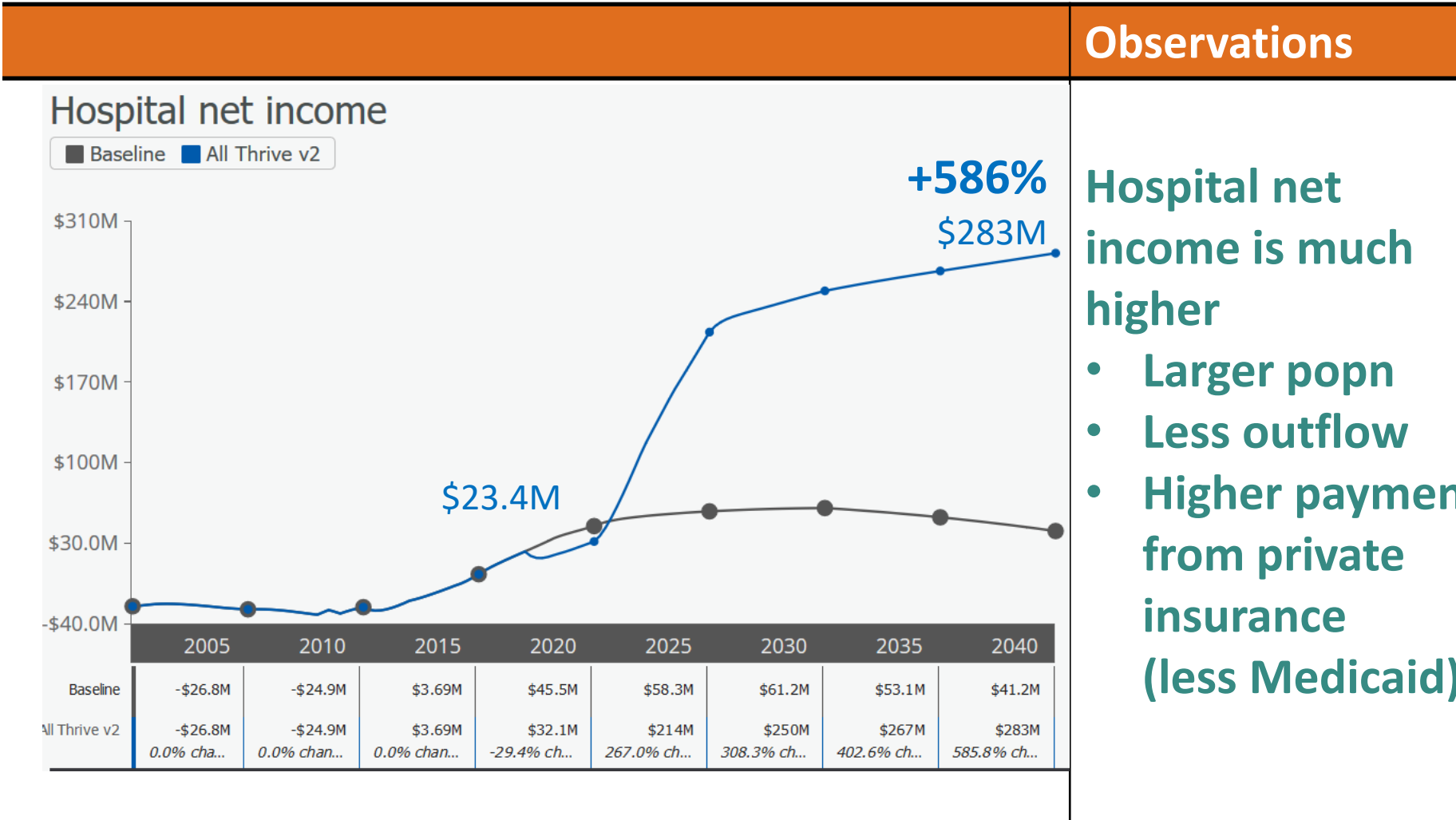
# High Risk Health Behaviors

## All Thrive v2



# Hospital Net Income

## All Thrive v2

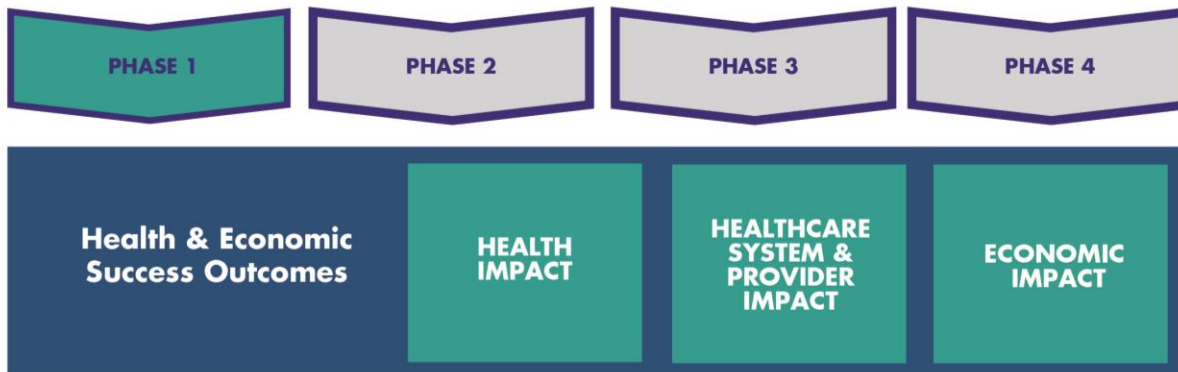




**WE NEED TO THINK BIG  
AND ACT BOLDLY TO REINVENT  
OUR SHARED FUTURE**

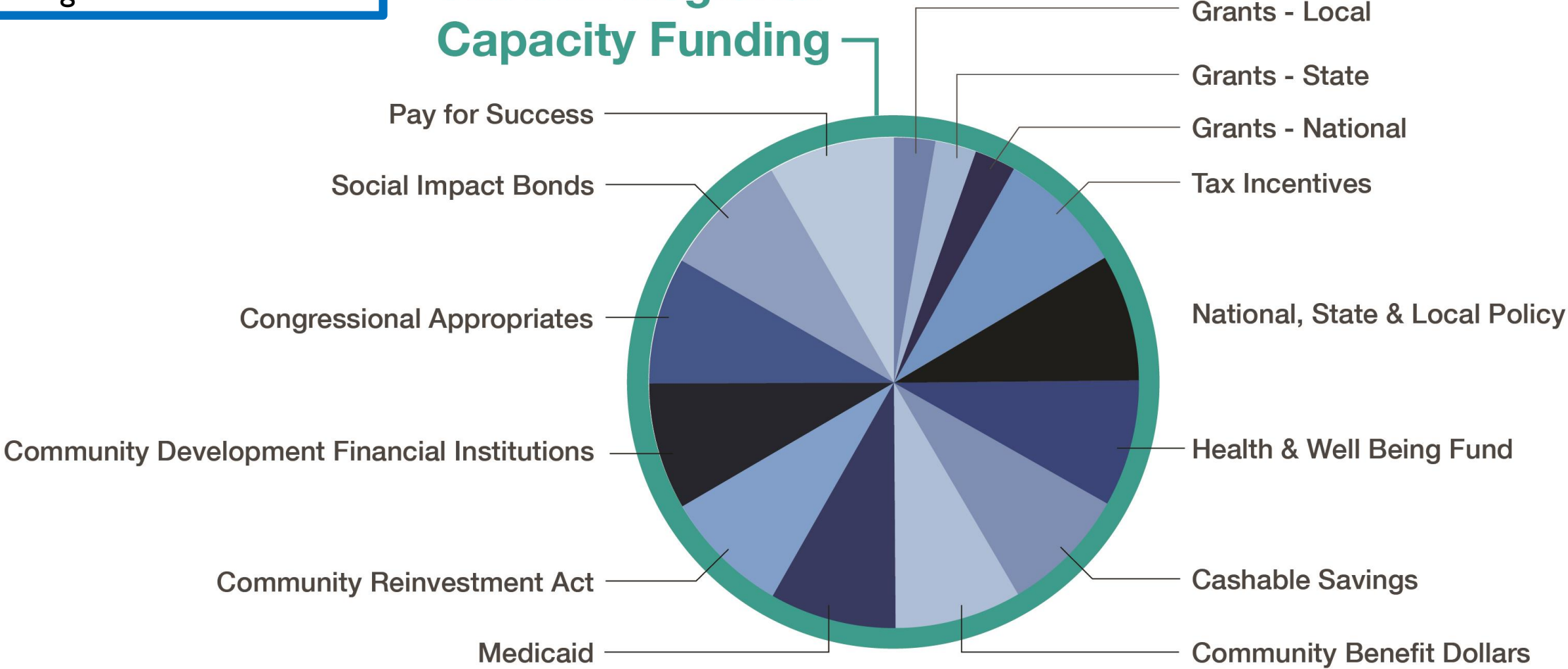


## STAGED IMPLEMENTATION



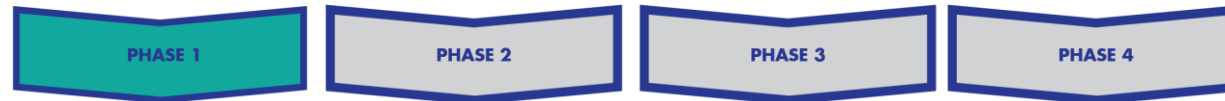
Comprehensive Funding and Financing – illustrative list

# THRIVE Regional Capacity Funding





**STAGED IMPLEMENTATION**



**Health & Economic Success Outcomes**

# PORTFOLIO HIGH READINESS -- PHASE I INTERVENTIONS

- **Patient Safety**
- **Regional Opioid Strategy**
- **Prenatal, Maternal and Infant Health**
- **Health Educational Hub**
- **Reduce Risky Behavior from ACEs**
- **Comprehensive mental health screening, referral, placement**
- **Enhanced Technology to Achieve Coordinated Healthcare Services**
- **Attract New Industries and market for businesses to relocate to the GLBR**



# TRANSITION TO IMPLEMENTATION

- Capacity Funding and Securing Resources
- Portfolio Advancement
- Funding and Financing
- Communication
- Partner and Stakeholder Engagement

