Central Michigan Regional Rural Health Network Development Planning

August 3, 2017
Acknowledgement

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Today’s Agenda

Central Michigan Regional Rural Health Network

- Who We Are
- Where We Have Been
- Where We Are Going
- Next Steps in Health Network Development Planning
- Community Health Worker Presentation by Shannon Lijewski
Central Michigan Regional Rural Health Network – Who We Are
Central Michigan Regional Rural Health Network Members and Participants

Health Care Providers

- Central Michigan District Health Department (CMDHD)
- Central Michigan University (CMU) Health Services
- Community Mental Health for Central Michigan (CMHCM)
- District Health Department #10
- McLaren Central Michigan
- MidMichigan Community Health Services (MCHS)
- MidMichigan Health - Midland
- MidMichigan Medical Centers – Clare, Gladwin, Gratiot, and Mt. Pleasant
- Munson Healthcare Grayling Hospital
- My Community Dental Centers
- Spectrum Health Reed City Hospital (Spectrum-Reed City)
- St. Mary’s of Michigan Standish Hospital (St. Mary’s Standish)
- Sterling Area Health Center (SAHC)
Central Michigan Regional Rural Health Network
Members and Participants

Educational Organizations and Academic Institutions

- Central Michigan University College of Medicine (CMU CMED)
- Central Michigan University The Herbert H. and Grace A. Dow College of Health Professions (CMU CHP)
- EightCAP, Inc. 0-5 Head Start
- Ferris State University College of Health Professions
- Great Start Collaborative - Clare-Gladwin Regional Education School District
- Great Start Collaborative – Gratiot-Isabella Regional Education School District
- Kirtland Community College
- Michigan State University College of Human Medicine
- Michigan State University Extension (MSUE)
- Mid Central Area Health Education Center (Mid-Central AHEC)
- Mid Michigan Community College Health Sciences Program
- Northern Lower Regional Area Health Education Center (Northern Lower AHEC)
Central Michigan Regional Rural Health Network Members and Participants

Health and Human Services Organizations and Collaboratives

- 211 Northeast Michigan
- Arenac County Health Advisory Committee
- Clare-Gladwin Health Improvement Planning Workgroup
- Girls On The Run
- Greater Lansing Food Bank
- Hospital Council of East Central Michigan (HCECM)
- Life Choices of Central Michigan
- Mecosta Osceola Transit Authority
- Michigan Health Improvement Alliance, Inc. (MiHIA)
- Michigan Primary Care Association (MPCA)
- Michigan Works! Region 7B and Northern Transformation
- Mid Michigan Community Action Agency (MMCAA)
- Mid-Michigan Transportation Connection
Central Michigan Regional Rural Health Network Members and Participants

Health and Human Services Organizations and Collaboratives (concluded)

- Mid-State Health Network (MSHN)
- Region VII Area Agency On Aging (Region VII AAA)
- Roscommon County Health Improvement Planning Workgroup
- Roscommon County Transportation Authority (RCTA)
- Ten16 Recovery Network
- The Garden Project
- United Way Midland

Government Organizations

- City of Mt. Pleasant Parks and Recreation Department Farmers’ Market
- Isabella County Board of Commissioners
- Michigan Department of Health and Human Services
- Michigan State Police
Central Michigan Regional Rural Health Network
Where We Have Been
Where We Have Been

- The Health Network was created in June 2015 under a grant provided by the Health Resources and Services Administration (HRSA) Office of Rural Health Policy and expanded upon the efforts of the Together We Can health improvement initiative started in 2010.

- The Health Network’s mission is to work collectively to improve the health of and promote wellness among the community members in the central Michigan region.

- Beginning with 18 Members, the Network now includes 28 Members and more than 20 additional entities participating.

- Compiled Regional and County Level Health Indicators Report:
  - Part One: Demographic Data
  - Part Two: Social and Economic Data
  - Part Three: Physical Environment Data
  - Part Four: Clinical Care Data
  - Part Five: Health Behaviors Data
  - Part Six: Health Outcomes Data
Where We Have Been

- Completed Central Michigan Region Community Health Survey
  82 respondents’ provided their opinions as to the degree to which they believed the CMR Rural Health Network should focus for 211 different factors.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of factors</th>
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<tbody>
<tr>
<td>Clinical Care</td>
<td>55</td>
</tr>
<tr>
<td>Preventative/Wellness</td>
<td>47</td>
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<tr>
<td>Health Behaviors and Social and Economic</td>
<td>39</td>
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<tr>
<td>Physical Environment</td>
<td>48</td>
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<tr>
<td>Complementary and Alternative Medicine (CAM)</td>
<td>22</td>
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</tbody>
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Top 10 Results

- Lack of access of medication due to: Cost
- Lack of access to health services due to transportation issues
- Mental health promotion/mental illness prevention
- Teen pregnancy prevention
- Neglect and abuse (violent and/or controlling behavior) - Children
- Lack of access to dental care due to: Cost
- Overweight/obesity prevention - Nutritional counseling
- Overweight/obesity prevention - Physical activity counseling
- Smoking during pregnancy
- Neglect and abuse (violent and/or controlling behavior) - Related to domestic situations
Where We Have Been
Developed Priority Areas for Health Improvement

- Access to Quality Health Care
- Behavioral Health, including Mental Health, Substance Use Disorders, and Abuse and Neglect
- Nutrition
- Physical Activity and Access to Recreation
- Maternal and Infant Health
- Children’s Health
- Family Health
- Reproductive and Sexual Health
- Older Adult/Geriatric Health
- Access to Transportation
- Health Professional Workforce Education, Training, Recruitment, and Retention
Where We Have Been
Priority Areas for Health Improvement

Additionally, the Central Michigan Regional Rural Health Network supports and advocates for initiatives for improvement in the following areas.

- Safe Schools
- Complete Streets
- Food Quality and Safety
- Water Quality and Safety
- Air Quality and Safety
- Housing
Where We Have Been

- Identified Health Network Members’ current and planned strategies in each of the priority areas
- Promoted collaborations between Members and co-location of events leveraging resources and capabilities
- Addressed health professional workforce education, training, recruitment, and retention issues
- Developed the Health Network Operating Agreement and Governance Committee Member description, created the Governance Committee, and formed Subcommittees
  - Finance/Sustainability
  - Administrative/Rules
  - Legislative
  - Outreach/Communications
  - Operational/Technical
Where We Have Been

- Developed Central Michigan Regional Rural Health Network website - [www.together-we-can.org/cmrrhn](http://www.together-we-can.org/cmrrhn)
  - Central Michigan Regional Rural Health Network Member Directory
  - Community Calendar
  - Resources Library
  - Central Michigan Regional Rural Health Network Meeting Archive
  - Central Michigan Regional Rural Health Network Member Materials (password is CMRRHN15)

- Met the Health Services and Resources Administration’s reporting requirements
  - Self-Assessment
  - Strategic Plan
  - Programmatic Report
  - Performance Improvement and Management System (PIMS) Measures Report
Where We Have Been

In the Interim Between the Previous and Current Grants

- The medical centers/hospitals independently completed Community Health Needs Assessments (CHNAs) for Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon counties and identified program areas of focus
- CMDHD lead a Maternal and Child Health Needs Assessment
- The Governance Committee/Legislative Subcommittee held a Legislative Day.
Central Michigan Regional Rural Health Network Where We Are Going
Where We Are Going

The aim of the proposed Central Michigan Regional Rural Network Development Project is to strengthen the regional rural health care system as a whole to improve population health. The term of the grant is from July 1, 2017 through June 30, 2018.

Objectives

1. Expand the utilization of community health workers (CHWs)
2. Develop a plan to implement a sustainable, region wide care coordination hub
3. Collaborate to develop and promote evidence-based or promising practices and programs that address population health needs identified by community health needs assessments
4. Address regional health professional workforce education, training, recruitment, and retention issues
5. Develop the Health Network infrastructure and sustainability mechanisms
Objective 1. Expand the Utilization of Community Health Workers

1.1. Identify and document organizations currently using CHWs
1.2. Map current coverage and identify gaps
Where We Are Going

Objective 2. Develop a Plan to Implement a Sustainable, Region Wide Care Coordination Hub

2.1. Review national hub standards and present findings to the Network Members

2.2. Identify additional stakeholders that can facilitate the planning process

2.3. Review existing hub organizations/models and document lessons learned

2.4. Identify lead agency and participating Network members roles (service provider and/or referral source) Q1 – 2

2.5. Review models for financing CHWs and develop a sustainability/funding plan Q1 – 3
Where We Are Going

Objective 3. Collaborate to Develop and Promote Evidence-Based or Promising Practices and Programs that Address Population Health Needs Identified by CHNAs

3.1. Identify the data sets to be used to measure progress associated with the priority areas for health improvement

3.2. Develop a crosswalk of the regional and county CHNAs

3.6. Identify program champions and collaborative partners both within the Network and among other facilitating stakeholders within the community Q1-Q4

3.8. Encourage co-location of program events to increase collective impact and assist in promotion of events and programming Q1-Q4
Where We Are Going

Objective 4. Address Regional Health Professional Workforce Education, Training, Recruitment, and Retention Issues

4.1 Identify additional facilitating stakeholders

4.5. Workforce training: Promote increases in the number of internships offered by Network Members and link Member Academic institutions with other Network Members Q1 – Q4

4.7. Workforce recruitment and retention: Identify best practices

4.8. Workforce recruitment and retention: Determine which of the best practices are practical for the region Q1 – Q2

4.9. Workforce recruitment and retention: Collect and share information provided by Network Members and facilitating stakeholders regarding strategies they have found to be effective. Q1 – Q2
Where We Are Going

Objective 5. Develop the Health Network Infrastructure and Sustainability Mechanisms

5.1. Conduct monthly Network meetings Q1 - Q4
5.2. Conduct monthly Governance Committee meetings Q1 - Q4
5.3. Report on subcommittee activities Q1 - Q4
5.5. Evaluate project progress and provide quality assurance/quality improvement recommendations Q1 - Q4
5.6. Develop and implement sustainability plan Q1 - Q4
5.7. Develop and implement a communications plan Q1 - Q4
5.9. Update and maintain the website, including the community calendar, Network Member directory, meeting recording and materials archive, resources library, and Network related documentation Q1 - Q4
Next Steps in Health Network Development Planning
Next Steps in Health Network Development Planning

- Identify and document organizations currently using CHWs
- Gather Community Health Needs Assessments conducted by the Medical Centers/Hospitals to develop a crosswalk and identify the data sets to be used to measure progress associated with the priority areas for health improvement
- Identify program champions and collaborative partners within the Network
- Identify additional regional health professional workforce education, training, recruitment, and retention facilitating stakeholders – Member input will be requested
- Hold subcommittee meetings
- Update Member Directory – Members: please review your entry
Next Steps in Health Network Development Planning

- Begin using Constant Contact template for communications
- The next Central Michigan Regional Rural Health Network Meeting will be on September 7th starting at 10 a.m.

Presentations will include:
- Shannon Lijewski – Care Coordination Hub Models
- Lori Noyer, CareHub Programs Manager, Ingham Health Plan Corporation – Pathways to Better Health Care Hub

- Members/Participants - Keep posting events on the Community Calendar at www.together-we-can.org/calendar