Central Michigan Regional Rural Health Network Development Planning

February 1, 2018
This presentation was prepared by the Central Michigan District Health Department (CMDHD) for the Central Michigan Regional Rural (CMRR) Health Network Development Planning project.

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Central Michigan Regional Rural Health Network Development Planning

July 9, 2015
Today’s Agenda

1. Introductions

2. Governance Committee Updates

3. HRSA Rural Health Network Planning Project Update

4. Community Paramedicine in Michigan: Emily Bergquist, MSA, EMT-P, EMS-IC - Medical Control Authority Coordinator, Michigan Department of Health & Human Services, Bureau of EMS, Trauma & Preparedness, EMS Division

5. Member Sharing

Next Meeting Date: 10:00 a.m., Thursday, March 8, 2018, at the Clare-Gladwin RESD. Note: March 8 is the second Thursday of the month.
1. Introductions
2. Governance Committee Updates
3. HRSA Rural Health Network Planning Project Update
Project Update Topics

We will endeavor to persevere!

1. Central Michigan Regional Rural Health Network Profile and Rural Health Community Champion Nomination for Health Resources and Services Administration Community-Based Division Program Grantee Conference

2. Connecting, Communicating, and Collaborating…and Growing!

3. Impact – Measures, Measures Everywhere

4. Trauma Informed Systems - Mindfulness-Based Stress Reduction Programs

5. What’s in a Name? Central Michigan Regional Rural Health Network–High School “Liaisons”

6. Next Steps
1. Central Michigan Regional Rural Health Network Profile and Rural Health Community Champion Nomination for Health Resources and Services Administration Community-Based Division Program Grantee Conference
Central Michigan Regional Rural Health Network

Connecting...Communicating...Collaborating

Bringing together stakeholders – health, educational, and social services systems representatives and community members – to work collectively to improve the health of 190,000+ community members in rural central Michigan.

“Provides the opportunity to discuss ways to partner on various programs and collaborate towards common goals.” – Network Member

APM Attendees: Steve Hall & Veronica Romanov

Rural Health Network Development Planning Program
Rural Health Community Champion Nomination

Applicable Criterion/Criteria

- Information Dissemination
- Impact
- Sustainability
- Creative Partnerships
- Innovation in Health Care Delivery
- Evidence-Based Promising Practice Model
- Leadership
Rural Health Community Champion Nomination

Organization name: Central Michigan District Health Department
CBD program: Rural Health Network Development Planning
Applicable criterion/criteria: Creative Partnerships

Connecting, Communicating, and Collaborating: Strengthening Rural Partnerships in Central Michigan

Created in 2015, the Central Michigan Regional Rural (CMRR) Health Network brings together a diverse group of stakeholders working collectively to improve the health of the more than 190,000 community members in 6 medically underserved rural counties in central Michigan. The CMRR Health Network includes 30 Members (many with multiple representatives) and more than 20 additional participating organizations and collaboratives – in total more than 100 individual representatives all joining together to improve community health.
Rural Health Community Champion Nomination

With the Central Michigan District Health Department (CMDHD) serving as the Lead Network Member, the Network includes…

- A public health department (CMDHD)
- Medical centers/hospitals
- Federally qualified health centers
- A rural health clinic
- Behavioral health authorities and providers
- A dental health services provider
- Colleges and universities with health professions programs
- Medical schools

- Michigan’s land grant university
- Area Health Education Centers (AHECs)
- Health and human services organizations
- Great Start Collaboratives
- Area Agencies on Aging
- Transportation authorities
- The regional 2-1-1 system
- Community members
Rural Health Community Champion Nomination

Additional participants include representatives from educational, health, law enforcement, judicial, governmental, legislative, and economic development systems and private sector organizations. To enhance communications over thousands of square miles, the CMRRR Health Network utilizes video/teleconferencing enabling those participating in monthly and ad hoc Network meetings to attend in person or online. Additionally, the Health Network maintains a website of Network materials and resources (www.together-we-can.org/cmrrhn) accessible by all.
Leveraging the depth and breadth of its participants’ knowledge and capabilities, the CMRR Health Network Members worked collectively to identify the following as priority areas for health improvement.

- Access to Quality Health Care
- Behavioral Health: 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
Many partnerships have resulted from the CMRR Health Network efforts to encourage collaborative responses to community health needs. As one representative said, “the Health Network provides the opportunity to discuss ways to partner on various programs and collaborate towards common goals.” Two examples of the many collaborative efforts follow.

- MidMichigan Health Community Education program collaborates with the Clare/Gladwin Great Start Collaborative and CMDHD to increase access to childbirth and maternal/infant health education classes, including Childbirth, Breastfeeding, Baby Care Boot Camp and Infant/Child CPR classes.

- MidMichigan Community College (MMCC) has developed partnerships with both the AHEC and Central Michigan University (CMU). For instance, AHEC coordinates an evening when high school students visit CMU with a student mentor. MMCC participates and has also brought Nursing students to share information. MMCC has also partnered with CMU’s Mobile Health Clinic to provide community health care to areas in central Michigan.
Connecting, Communicating, and Collaborating…and Growing!
Connecting, Communicating, and Collaborating…and Growing!

New Health Network Members

Bay-Arenac Great Start Collaborative - Bay-Arenac Intermediate School District
- Rich Van Tol, Starting Strong (Parents As Teachers) Supervisor

MidMichigan Health
- Katherine Dollard, Psy.D., L.P., Director, Behavioral Health
- Brenda Turner, MA, RD, Director, Ambulatory Clinical Quality

New Health Network Participants

Bay-Arenac Behavioral Health Authority
- Heather Friebe, Clinical Program Manager
Connecting, Communicating, and Collaborating...and Growing!

New Health Network Participants (concluded)

Michigan Department of Health & Human Services, Population Health & Community Services Administration, Office of Local Health Services
- Orlando Todd, Director of Local Health Services (Governance Committee Member)
- Jon Gonzalez, MPP, Special Programs Coordinator

Mt. Pleasant Discovery Museum
- Liz Conway, Executive Director

Michigan Health: University of Michigan
- Susan Dorr Goold, MD, MHSA, MA, FACP, Professor of Internal Medicine and Health Management and Policy, University of Michigan Medical School
- Alfreda Rooks, MPA, Director, Community Health Services
The “Ten16 Recovery Network and the Isabella Citizens for Health (ICH) are excited to announce a new partnership in Mt Pleasant. Ten16 will be partnering with ICH for substance use disorder (SUD) counseling services at the ICH facility, beginning February 1st. This new partnership will allow both organizations to deliver an integrated healthcare approach; each agency being able to bring their unique specialties together for the people they mutually serve.”

Webinar Recording Available: Strategies to Combat Opioid Use in Rural Communities: This presentation by John Gale, MS, of the University of Southern Maine focused on a wide range of strategies that communities can use to combat the opioid problem. In particular, it discussed cost-effective, evidence-based prevention, treatment, and recovery programs that have been successfully implemented in rural communities. It concluded by describing community organizing strategies to engage a wide range of local stakeholders to reduce the burden of opioid use.
"The Associate degree in Public Health at Mid Michigan Community College (MMCC) is the result of the collaboration with Central Michigan University Health Professions. Additionally, MMCC is in the initial stages of collaborating with the Michigan Community Health Worker Alliance (MiCHWA) to offer a non-credit bearing credential for Community Health Workers that would ladder into the Associate degree in Public Health."

"The resulting long-term career pathway between could begin as a short-term training program and Associate degree at MMCC potentially laddering into a bachelor's degree (Health Educator) and master's degree in Public Health at CMU. However, the Associate degree in Public Health can stand alone."

- Maggie Magoon, Dean of Health Sciences, MMCC
Organizations can register as: Access Partners, Referral Partners, or Navigation Partners.

A Referral Partner is an organization that agrees to receive referrals sent from customers using MI Bridges.

Clients can identify their needs using the ‘Help Me Find Resources’ feature and local organizations will be listed as recommended resources if they can help meet one or more needs.

When a client would like to use a resource offered by a Referral Partner, the partner organization receives an electronic referral on their MI Bridges dashboard and can contact the client to provide services.
Connecting, Communicating, and Collaborating…and Growing!

MI Bridges Community Partners

If you would like more information about the new MI Bridges, please visit the new MI Bridges Partners [website].

All agencies that would like to become a MI Bridges partner must register in the new MI Bridges portal. This [registration process] will be entirely electronic.

The “Become a Partner” and “MI Bridges Levels of Engagement” pages have more detailed information about each partner role, including the “Benefits and Requirements” of each.

A full list of the new MI Bridges features are on the “Features” page.
Impact – Measures, Measures Everywhere
“We are making a difference as a network but need to keep measuring our collective impact”
- Health Network Member

Measures

Objective 3. Collaborate to develop and promote evidence-based or promising practices and programs that address population health needs identified by community health needs assessments

Activities/Strategies: 1. Identify the data sets to be used to measure progress associated with the priority areas for health improvement

Timeline: Third Quarter (Jan. – Mar.)

Outcomes: Health indicator/ outcomes measures for all priority areas
Impact – Measures, Measures Everywhere

You are here: Home › Rural Health Network › Resources Library

Resources Library

Rural Health Network Member Materials

- Central Michigan Region Community Health Survey Instrument
- Central Michigan Region Community Health Survey Report January 2016
  - PDF Version
  - Microsoft Word Version
- Central Michigan Region Health Indicators Report July 2015
- County Community Health Needs Assessments (CHNAs) and Implementation Plans and Strategies
- County Health Rankings for the Central Michigan Region
- Strategic Action Planning Tool

Health Resources and Services Administration Webinars
Additional Resource Documents

- 2016 Michigan Rural Health Conference Presentations
- Central Michigan Coordinated Transportation Plan, December 2013
- Check-Up on Oral Health, A Michigan County Profile
- County Quarterly Immunization Report Cards as of June 30, 2015
- Kids Count In Michigan Data Profiles 2015
- Parenting Awareness Month – March 2018
  - Developing a Local PAM Coalition
  - Great Ideas for Celebrating PAM
  - Planning for PAM
  - Promoting Local PAM Activities
  - Sample Local PAM Resolution
  - PAM Materials Order Form
- Oral Health in Michigan 2015
- Screening, Brief Intervention, And Referral to Treatment (SBIRT) Services, CMS Medicare Learning Network – Target Audience: Medicare Fee-For-Service Program (also known as Original Medicare) and Medicaid programs (posted December 2017)
Impact – Measures, Measures Everywhere

Helpful Links

- Centers for Disease Control and Prevention Youth Online: High School Youth Risk Behavior Surveillance System (YRBSS): Michigan 2013 and United States 2013 Results
- Central Michigan Regional (CMDHD) Health Statistics
- Community Commons
- County Health Rankings & Roadmaps
- Michigan Department of Education County Reports – School Health Survey System, including Michigan Profile for Healthy Youth (MiPHY)
- Michigan Health Improvement Alliance, INC. (MiHIA) Health Dashboard
- National Rural Health Resource Center
- Rural Assistance Center (RAC) Online
- Rural Health Innovations (RHI) Technical Assistance Website
- State of Michigan Open Michigan Health & Wellness Dashboard
- State of Michigan Open Michigan Seniors Dashboard
State Unveils New Parent Dashboard: Provides Versatile Transparency System of School Data:

On January 9, 2018, the Michigan Department of Education (MDE) announced the release of The Parent Dashboard for School Transparency that shows the performance of all K-12 public schools in Michigan and represents a new, improved level of transparency. The Parent Dashboard for School Transparency is a combined effort of MDE and the Center for Educational Performance and Information (CEPI) – based on significant parent feedback on its planning, content, and design.

In addition to allowing one to search for individual school information, the tabs at the top of the page provide access to a wealth of data that may be of particular interest to some Rural Health Network Members.
Trauma Informed Systems - Mindfulness-Based Stress Reduction Programs
Objective for New Focus of Health Network Efforts

Facilitate the development of trauma informed systems in the central Michigan region.

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Systems: Models – Training for Trauma-Informed Systems of Care

Assessing level of adverse childhood experiences and socio-economic/environmental toxic stress

Targeting populations for therapeutic treatment
Your Child: How Stress Impacts Brain Growth, Development & Behavior

Trauma Specific Interventions - For more information on trauma and toxic stress, or to access resources, visit www.michigan.gov/traumatoxicstress.

Trauma Specific Interventions

- Child Parent Psychotherapy (CPP) - Ages 0-5.
- Parent Child Interaction Therapy (PCIT) - Ages 2-7.
- Eye Movement Desensitization and Reprocessing (EMDR) for Children & Adolescents - Ages 2-17.
- Trauma Focused CBT (TF-CBT) - Ages 3-17.
- The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) - Ages 4-14.
Mindfulness: A mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique.

**Practicing Mindfulness Can Help Relieve Anxiety Among Children, Youth And Adults**

Many mental health professionals are concerned about the increasing number of young people and adults who experience overwhelming feelings of anxiety.

**Research** shows that the practice of mindfulness can relieve stress and anxiety related to fearful, anxious thoughts, chronic worrying and feelings of dread.

**Michigan State University Extension** provides resources focused on developing resilience and educational sessions focused on social and emotional health and wellbeing including RELAX and Stress Less with Mindfulness.
Randomized controlled trial of mindfulness meditation for generalized anxiety disorder: effects on anxiety and stress reactivity.

Hoge EA¹, Bui E, Marques L, Metcalf CA, Morris LK, Robinaugh DJ, Worthington JJ, Pollack MH, Simon NM.

Objective: Mindfulness meditation has met increasing interest as a therapeutic strategy for anxiety disorders, but prior studies have been limited by methodological concerns, including a lack of an active comparison group. This is the first randomized, controlled trial comparing the manualized Mindfulness-Based Stress Reduction (MBSR) program with an active control for generalized anxiety disorder (GAD), a disorder characterized by chronic worry and physiologic hyperarousal symptoms.
Method: Ninety-three individuals with DSM-IV-diagnosed GAD were randomly assigned to an 8-week group intervention with MBSR or to an attention control, Stress Management Education (SME), between 2009 and 2011.

Anxiety symptoms were measured with the Hamilton Anxiety Rating Scale (HAMA; primary outcome measure), the Clinical Global Impressions-Severity of Illness and -Improvement scales (CGI-S and CGI-I), and the Beck Anxiety Inventory (BAI).

Stress reactivity was assessed by comparing anxiety and distress during pretreatment and posttreatment administration of the Trier Social Stress Test (TSST).
Results: A modified intent-to-treat analysis including participants who completed at least 1 session of MBSR (n = 48) or SME (n = 41) showed that both interventions led to significant (P < .0001) reductions in HAMA scores at endpoint, but did not significantly differ.

MBSR, however, was associated with a significantly greater reduction in anxiety as measured by the CGI-S, the CGI-I, and the BAI (all P values < .05). MBSR was also associated with greater reductions than SME in anxiety and distress ratings in response to the TSST stress challenge (P < .05) and a greater increase in positive self-statements (P = .004).

Conclusions: These results suggest that MBSR may have a beneficial effect on anxiety symptoms in GAD and may also improve stress reactivity and coping as measured in a laboratory stress challenge.
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Mind Up – a Teaching Curriculum and Framework Mind Up™ consists of 15 lessons for pre-k-8th grades.

Inner Explorer - A series of daily 5-10-minute audio-guided mindfulness practices. The program focuses on key areas of development to help students prepare for learning. Daily practice teaches kids the practical techniques to appropriately handle negative emotions such as stress, anxiety, anger and more. Inner Explorer offers programs for all age-groups (PreK-12).

Yoga Ed - Evidence-based professional development workshops and online yoga classes for all ages. Designed for educators, school administrators, yoga instructors, or anyone inspired to bring the benefits of yoga to the youth in their lives. Classes are 3–60 minutes long.
Trauma Informed Systems - Mindfulness-Based Stress Reduction Programs

Mindful Flint Facilitating Stakeholders

Champions
- Crim Fitness Foundation
- Grace Bullock

Coalitions
- Greater Flint Health Coalition

Health Systems (Providers)
- Genesee Health System
- Mott Children’s Health Center
- Hurley Wellness Services (Hurley Medical Center)

Health Insurers
- HAP
- Genesee Health Plan

Public School Systems
- Flint Community Schools
- GISD – Genesee Intermediate School District

Colleges and Universities
- University of Michigan Flint
- Mott Community College
- Michigan State University College of Human Medicine

Associations, Societies
- Genesee County Medical Society
Trauma Informed Systems - Mindfulness-Based Stress Reduction Programs

Mindful Flint Facilitating Stakeholders (concluded)

Foundations
- Ruth Mott Foundation
- Michigan Fitness Foundation
- Charles Stewart Mott Foundation
- Community Foundation of Greater Flint
- 1440 Foundation

Additional Stakeholders
- Mindful Magazine
What’s in a Name? Central Michigan Regional Rural Health Network–High School “Liaisons”
Encourage school systems/students (high school sophomores and juniors with minimum overall GPA of 3.0) to apply to Michigan State University College of Osteopathic Medicine’s OsteoCHAMPS

Timeline
Application available starting December 1, 2017
Application due March 1, 2018
All applicants will be notified by mid-April 2018
2018 program dates: July 7th – 15th, 2018
Encourage school systems/students (high school freshman, sophomores, and juniors) to apply to Central Michigan University College of Medicine’s CampMed. This three-day, overnight event is scholarship-based and provided at no cost to the student.

**2017 Timeline**
Application due by June 1, 2017
All applicants notified by June 7
2017 program dates: June 27-29, 2017
Rural Health Network–High Schools “Liaisons”

Expanding the Health Network to Schools .... Connecters, Liaisons, Emissaries, Ambassadors, Affiliates

Arenac County
- AGS Middle/High School (Au-Gres School District)
- Bay-Arenac ISD LLC - Arenac Campus
- Standish Sterling Community High School

Clare County
- Clare High School
- Farwell High School
- Harrison High School

Gladwin County
- Beaverton Jr/Sr High School
- Gladwin High School
- Gladwin Cool School
- Skeels Christian High School

Isabella County
- Beal City Jr/Sr High School
- Beal City Alternative Education
- Chippewa Hills High School
- Mt. Pleasant High School
- Mt. Pleasant WAY-Oasis
Rural Health Network–High Schools “Liaisons”

**Isabella County (concluded)**
- Scared Heart Secondary School
- Shepherd High School
- Odyssey Middle/High School

**Osceola County**
- Evart High School
- Marion Jr/Sr High
- Pine River Middle/High School
- Reed City High School

**Roscommon County**
- Charlton Heston Academy
- Houghton Lake High School
- Immanuel Christian School
- Roscommon High School
Next Steps
Next Steps

- Identify Health Network-High School Liaisons

- Submitting HRSA Rural Health Network Development Planning grant application by February 23.

- HRSA Community Based Division Grantees conference: February 27 – March 1

- in to Priority Area Programs updates to be scheduled after document release by mid-January

- March 8th Presentations—Lessons Learned at the Social Determinants of Health Academy: Isabella Citizens for Health and Harm Reduction: Central Michigan District Health Department
Community Paramedicine in Michigan: Emily Bergquist, MSA, EMT-P, EMS-IC - Medical Control Authority Coordinator, Michigan Department of Health & Human Services, Bureau of EMS, Trauma & Preparedness, EMS Division