

# Welcome to the 12<sup>th</sup> Annual Public-Private Collaborations in Rural Health Meeting

October 24-25, 2024 | Bethesda, MD

Wifi Network: MarriottBonvoy\_Conference  
Access code: MHQ2024



# Welcome And Introductory Remarks



**Tom Morris**

*Associate Administrator*  
Federal Office of Rural Health Policy  
Health Resources and Services Administration



**Cara James**

*President and Chief Executive Officer*  
Grantmakers In Health



**Alan Morgan**

*Chief Executive Officer*  
National Rural Health Association



**Diane Hall**

*Director, Office of Rural Health*  
Centers for Disease Control and Prevention

# Welcome to the 2024 Rural Health Philanthropy Partnership Meeting

## Day 1 Agenda

8:00 – 9:00 am

Greet and Gather

9:00 – 9:15 am

Welcome and Introductory Remarks

9:15 – 10:00 am

The Rural-Urban Dynamic: Differences, Interdependencies, and Disconnects

10:00 – 10:30 am

Group Reaction to Current Rural-Urban Dynamic

10:30 – 11:00 am

Break and Informal Networking

11:00 – 11:45 am

Innovation in Rural Health Leadership Development and Capacity Building

11:45 am – 1:00 pm

Lunch (Networking)

1:00 – 1:45 pm

State, Philanthropy, and Community Partnership

1:45 – 2:15 pm

Break and Information Networking

2:15 – 3:15 pm

CMMI - What's a Hackathon? (Come Find Out)

3:15 – 4:00 pm

Intractable Challenges and Creative Solutions for Rural Communities

4:00 – 4:45 pm

2025 Preview: Potential Areas of Interest

4:45 – 5:00 pm

Day 1 Wrap-Up

5:00 pm

Adjourn

# Philanthropy: Rural Health Assets and Equity



**Tony Pipa**

*Senior Fellow*

Center for Sustainable Development/Brookings Institution



# Considerations on the Current Rural-Urban Dynamic: Understanding the Policy Nuances of Rural America

Tony Pipa, Senior Fellow

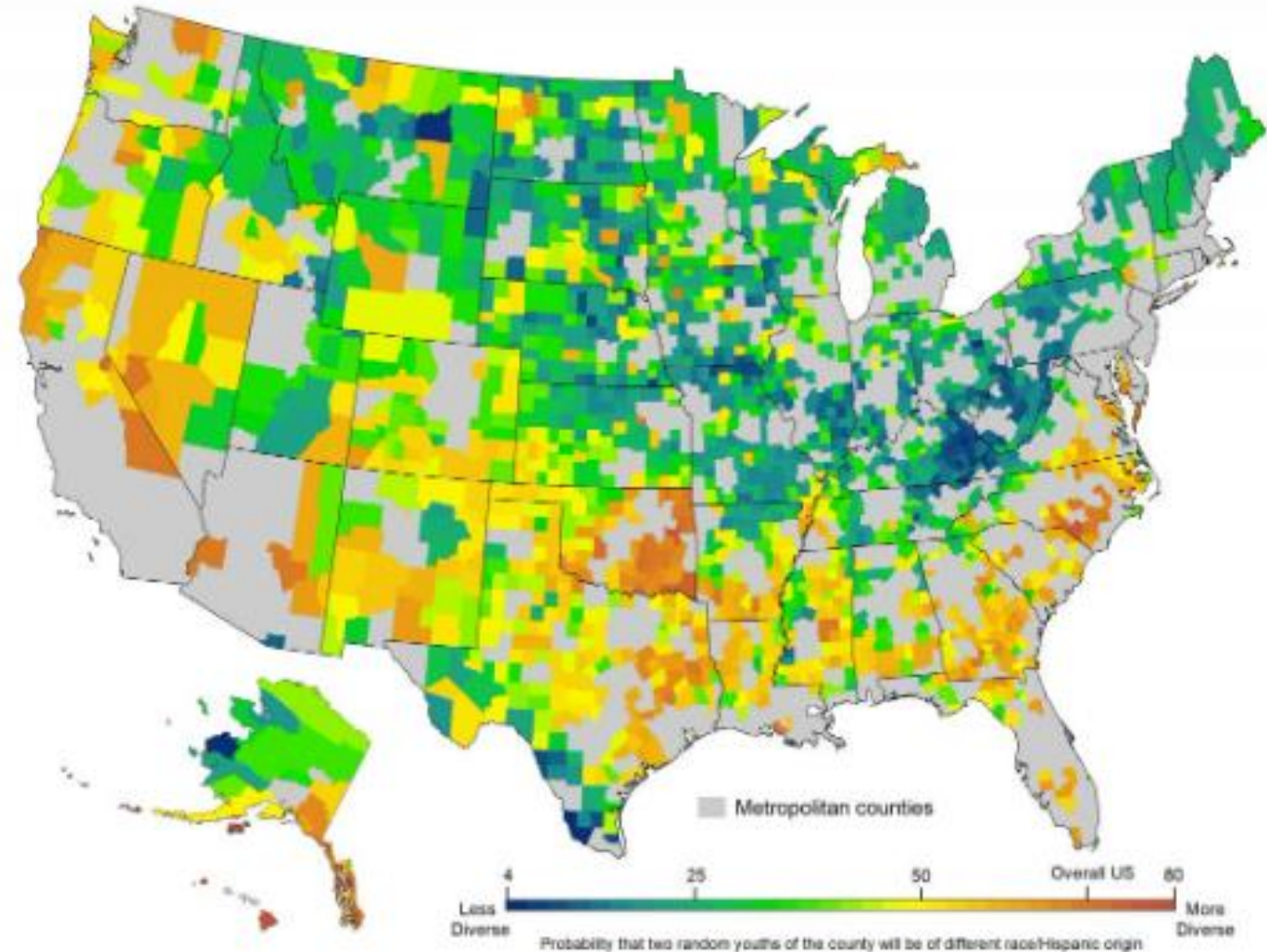
Center for Sustainable Development, Brookings Institution

October 24, 2024

# Demographics

- OMB definition: 14% of pop. (46 MM)
  - (Census def: 20% of pop. (66 MM))
  - Lost population 1<sup>st</sup> time ever 2020 census
- 76% white (↓4% from 2010)
- 24% people of color
  - Latinx where rural grew
- Nearly 1/3 of rural children are racial or ethnic minority
- Larger share of older Americans: 17.5% 65+ in rural vs 13.8% urban

Figure 4. Racial Diversity of Nonmetropolitan Population, Ages 0–17, 2020

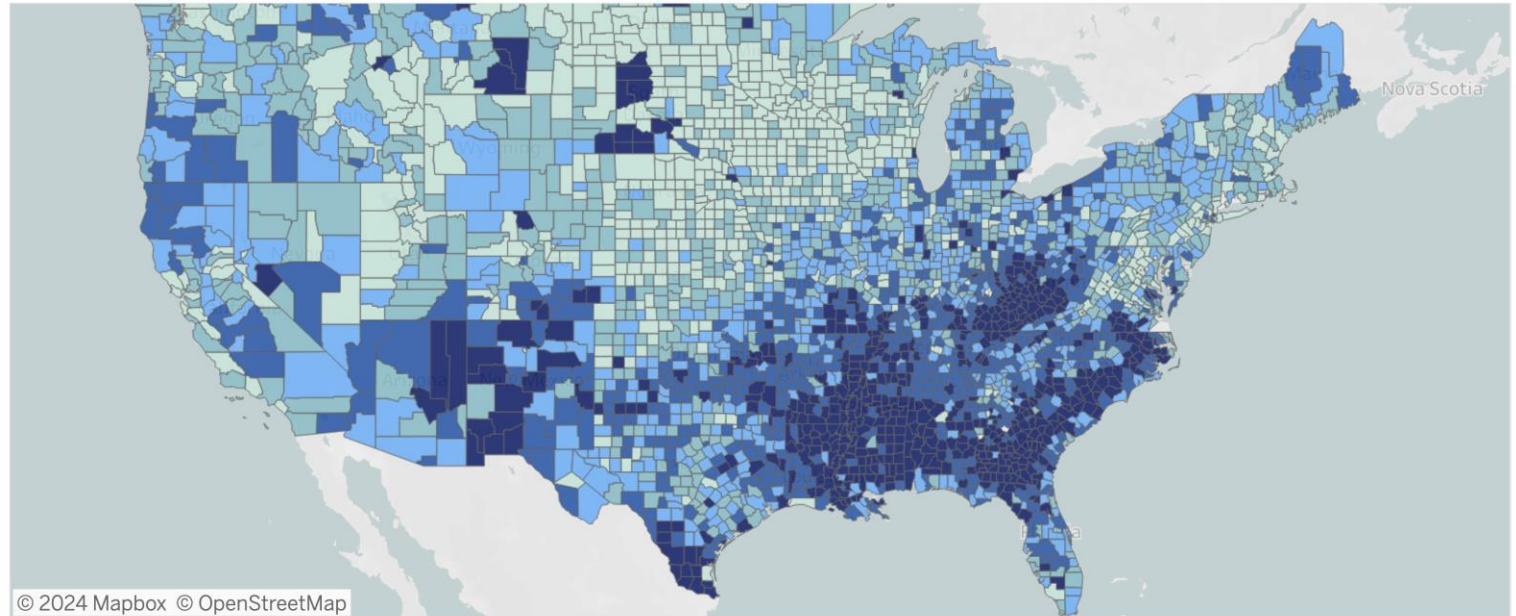


Source: U.S. Census 2020.

# Disadvantage & race in rural

- 85% of persistent poverty counties are rural
  - Nearly 50% of aggregate are minority
- >50% of rural Black & >45% of rural Native live in a distressed county
- History of extractive & mono economies
- **However:** rural is also the place of most advantage
- Slight decline persistent poverty in 2021; uptick in population

## Multidimensional Index of Deep Disadvantage



Most Disadvantaged

Most Advantaged



# Climate change and rural

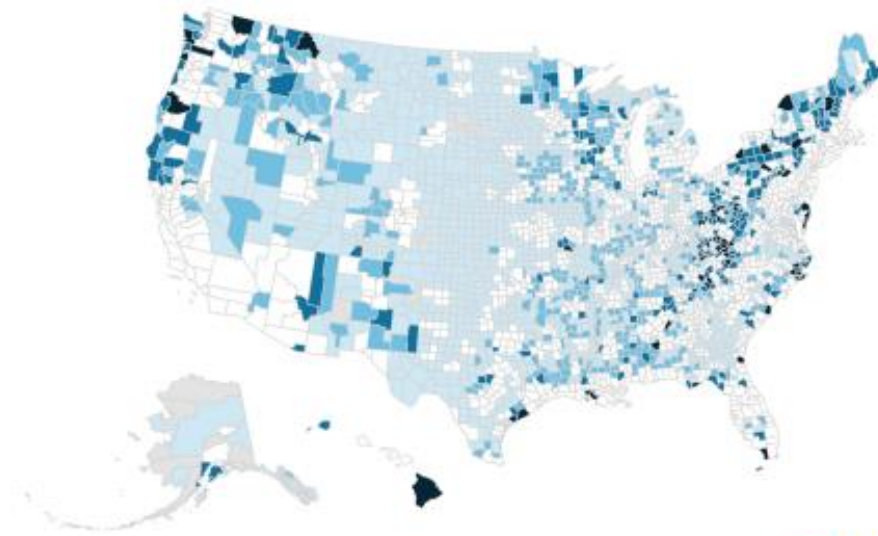
- Rural particularly vulnerable to disasters and climate hazards
  - Higher shares of higher risk populations: older, sicker or disabled, outdoor workers
- Transportation routes can be few and remote – implications for evacuation options and emergency services
- Vulnerable to low-attention and/or “slow disasters” (e.g. river flooding or localized emergencies)

FIGURE 2

## Flood Risk in Rural Counties

Relative Exposure

Very High	Medium	No data available
High	Low	Urban county



URBAN INSTITUTE

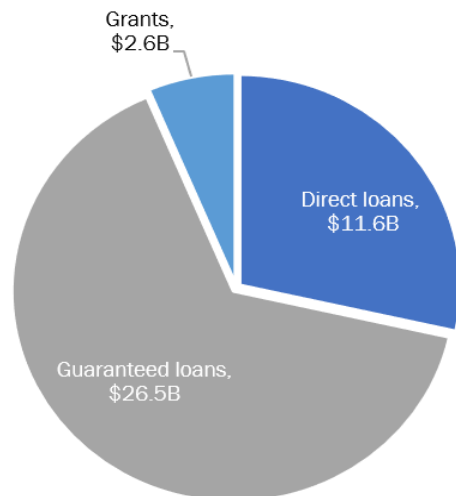
Source: Authors' analysis using First Street Foundation data and US Department of Agriculture Rural-Urban Continuum data.

Source: “Intersecting Vulnerabilities: Disability and Climate Disasters in Rural America,” Urban Institute

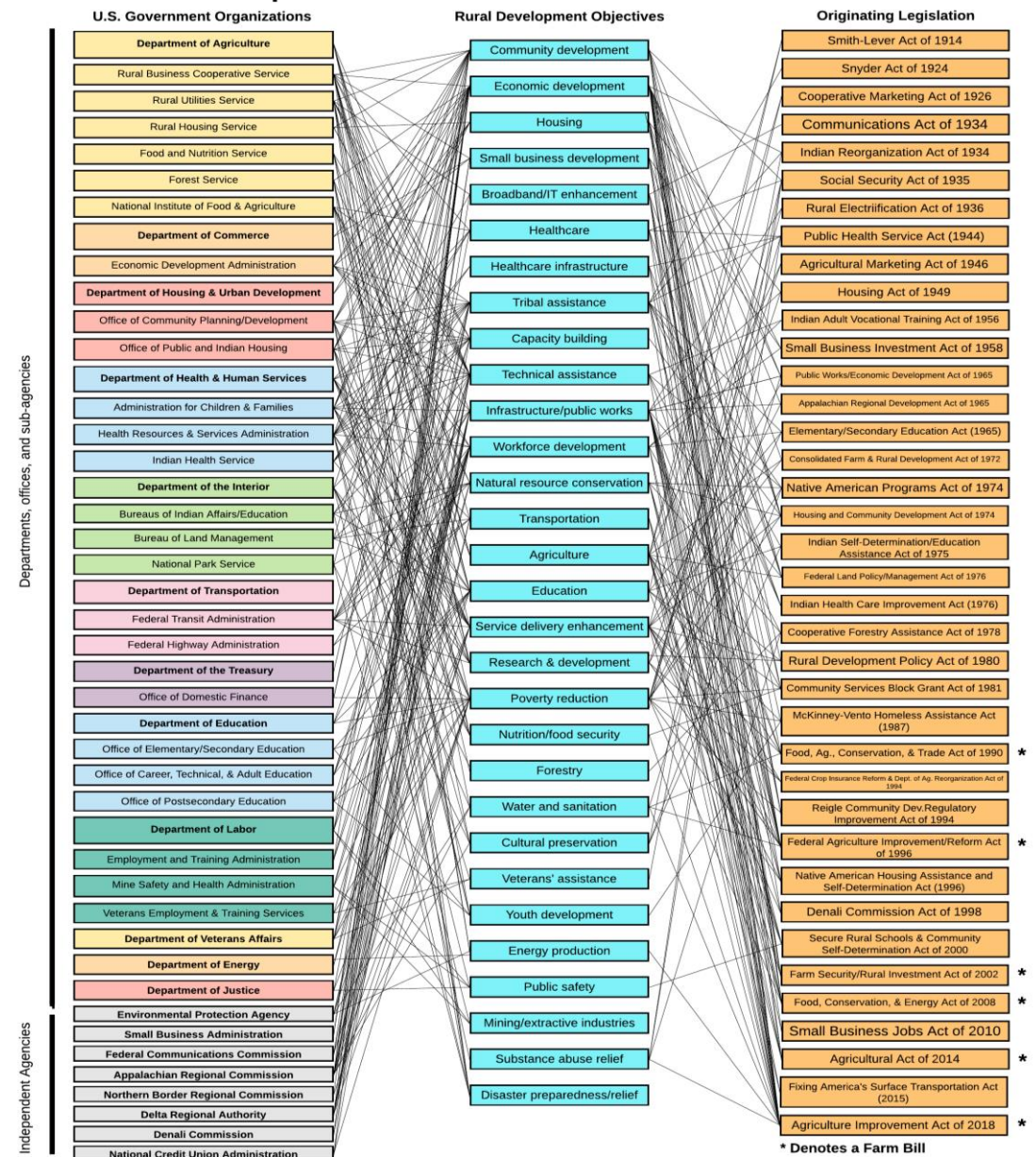
# The federal capital market for rural community & econ development

- Over 400 federal programs
  - 13 departments
  - 10 independent agencies
  - Over 50 offices and sub-agencies
- ¼ programs rural-exclusive
- Remaining ¾ often biased towards urban

*Grants vs Financing  
Rural-exclusive programs*



## Federal Development Assistance for Rural and Tribal Communities

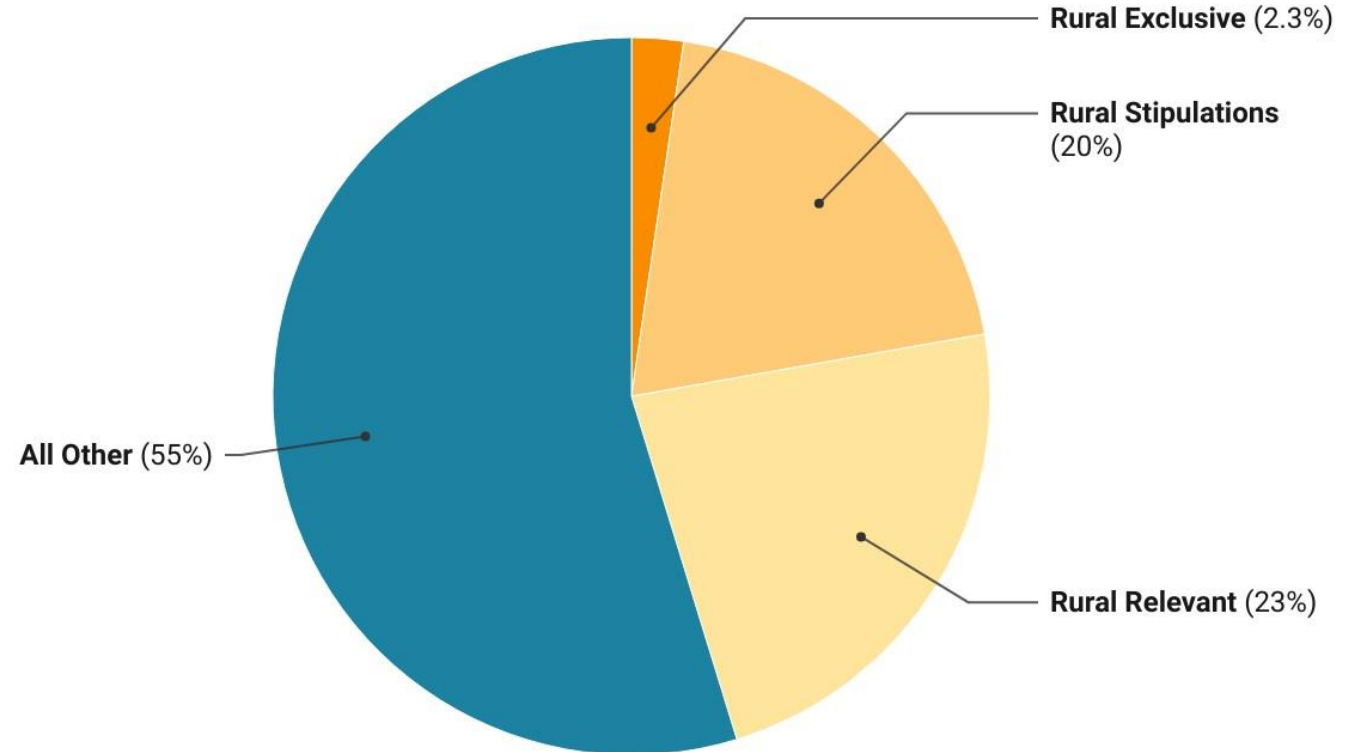




# What's in it for Rural? IIJA/IRA/CHIPS provisions

- Over \$1T in combined appropriated funds; over \$600B worth of authorized-only programs
- \$464B (45%) of the appropriations are highly significant to rural places
- Just \$24B (2%) of appropriations are exclusive to rural places
- State govts will make final funding decisions on more than 50% of the rural-significant resources

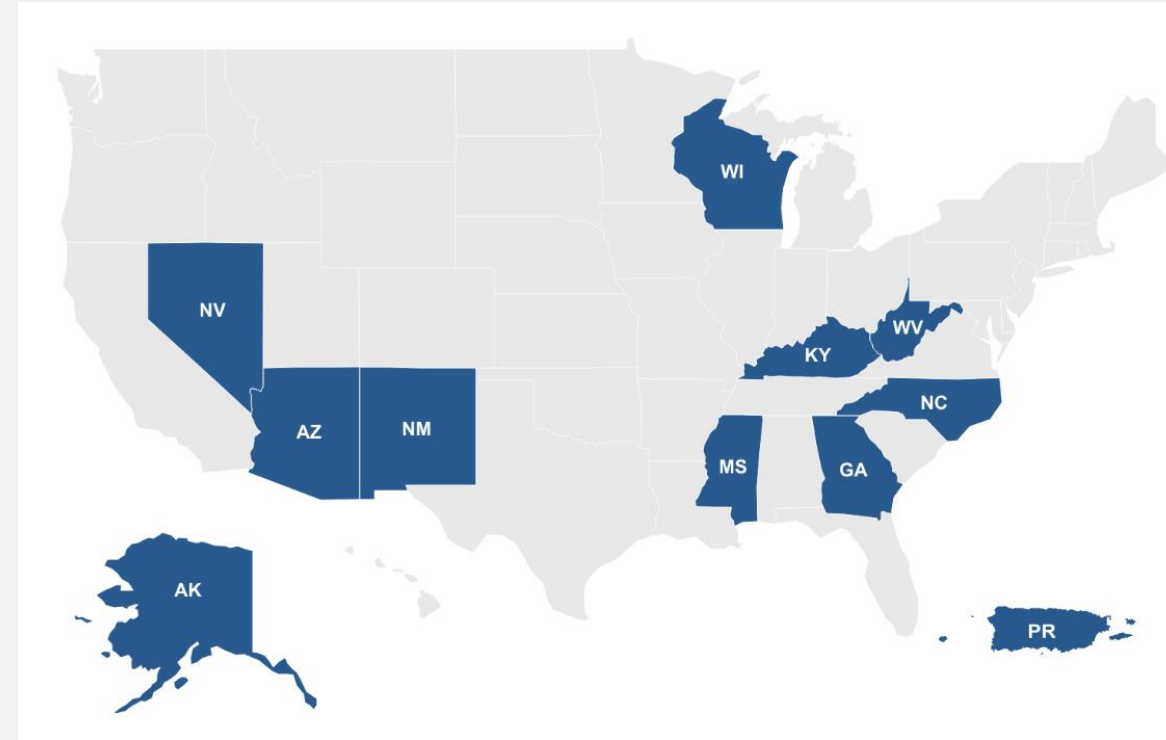
**Combined Appropriations from IIJA, CHIPS, and IRA**



Source: Authors' analysis. • Created with Datawrapper

# Evolutions in federal policy

- Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
- DPC: WH position on rural affairs
- Support for rural capacity
  - Rural Partners Network
  - IWG Rapid Response Teams
  - Economic Recovery Corps
  - Level playing field for place-based programs
- Rural focus on IIJA/IRA/CHIPS implementation
- Rural Partnership and Prosperity Act (Casey (D-PA) & Fischer (R-NE))



Map of RPN states and territories

# A new blueprint for equitable rural devp:

- **Leadership**, innovation, & ingenuity are often unseen but elemental
- **Quality of life & beauty** are core development strategies
- **Civic collaboration & engagement** are fundamental
- **Partnerships** w/intermediaries or regional organizations bring capacity & expertise
- **Shaping a community narrative** that integrates community identity, history, & psychology enables momentum
- **Data** helps focus and mobilize action
- **Commitment & trust** are central to envisioning a new future

# Measuring rural

- ▷ Scale, measures of risk, time frames, and measures of success all look different in rural America
  - Assessing rural areas, esp. distressed rural areas, by metrics developed for urban or suburban contexts will not capture rural realities well
  - Units of output carry more weight per capita in rural
  - Transformation takes time
- ▷ Recommendations for success:
  - Measure relative progress and readiness
  - Co-create metrics in partnership with rural and Tribal communities
  - Use mixed-methods metrics to assess factors like momentum and collaboration
  - Ensure that data collection and reporting requirements are both necessary and accessible; consider investing in third-party support for this
  - Streamline application processes and invest in TA and capacity-building

# Key Takeaways from Regional Commissions

Classifying communities along a spectrum of distress allows for better targeting; multiple criteria can also help

Differentiating communities below the county level reveals variations that, if unnoticed, could otherwise disadvantage rural areas

Utilizing nuanced distress designations can lower barriers to access and improve program success

Looking beyond traditional economic indicators can enable a more comprehensive sense of a community's wellbeing and resilience

Forward looking indicators can capture vulnerability and risk, which may help forestall economic decline and dislocation

Third party innovation and qualitative methods can add nuanced insights into program efficacy but may risk adding confusion



# Rural-urban shared interests

Percent Agree	Total	African American South	Aging Farmlands	Big Cities	College Towns	Evangelical Hubs	Exurbs	Graying America	Hispanic Centers	LDS Enclaves	Middle Suburbs	Military Posts	Native American Lands	Rural Middle America	Urban Burbs	Working Class Country
The American economy is rigged to advantage the rich and powerful	69%	64%	67%	73%	73%	69%	70%	73%	62%	67%	69%	72%	65%	69%	69%	72%
The U.S. government should cut social programs in order to lower taxes	29%	27%	31%	24%	27%	38%	30%	25%	30%	37%	30%	26%	24%	34%	28%	36%
Traditional parties and politicians don't care about people like me	68%	67%	-	61%	66%	76%	66%	70%	63%	74%	65%	69%	-	70%	66%	76%

*Source: American Communities Project Oct 2023*

## Rural & urban agree:

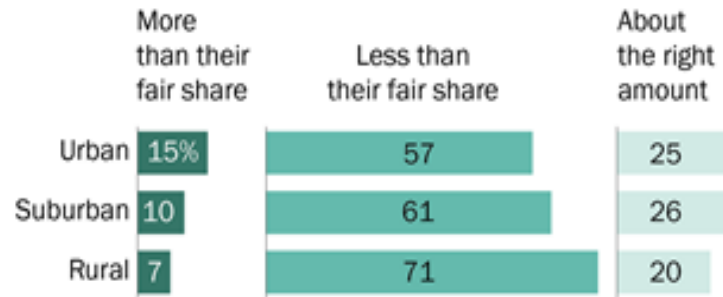
- Overwhelmingly feel as if personal life is on right track (+80%)
- Overwhelmingly feel as if country is on wrong track (+80%)
  - Lack of control/agency
- Shared perspectives on economic system

# Rural voters: priorities & behavior

- Place-based perspective
  - Rural areas don't get their fair share of government resources
  - Policymakers don't protect rural interests
  - Rural lifestyles don't receive respect
- Community-centric values are a greater predictor than demographics
- Rural residency alone is not a statistically significant indicator of xenophobia

## Broad agreement across community types that rural areas get less than their fair share of federal dollars

% of \_\_\_\_ residents saying that, when it comes to federal money, *rural areas* receive ...

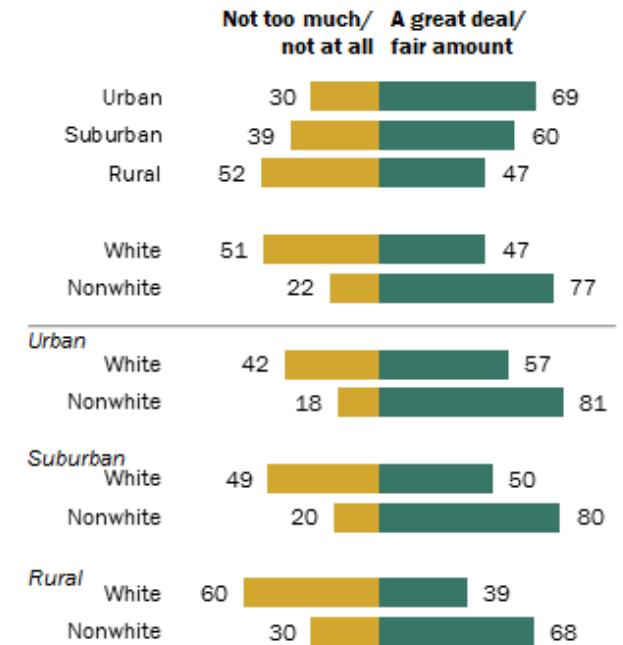


Note: Share of respondents who didn't offer an answer not shown.  
Source: Survey of U.S. adults conducted Feb. 26-March 11, 2018.  
"What Unites and Divides Urban, Suburban and Rural Communities"

PEW RESEARCH CENTER

## Majority of whites in rural areas say whites do not benefit much from extra societal advantages

% saying white people benefit from advantages in society that black people do not have ...



Note: Share of respondents who didn't offer an answer not shown.  
Source: Survey of U.S. adults conducted Feb. 26-March 11, 2018.  
"What Unites and Divides Urban, Suburban and Rural Communities"

PEW RESEARCH CENTER

# Federally Chartered Regional Commissions: Definitions of Distress

n = 29 definitions

## Indicators

- 16 use only economic indicators
- 13 incorporate measures of social well-being

## Geographic Unit of Analysis

- Majority measure at county level
- Some use census tracts, zip codes, or units of local government
- 6 do not use any

## Distress Determinations

- Allocation of funds
- Match requirements
- Eligibility for grant and loan programs
- Tax benefits to individuals or investments

# Rural-urban divergence

- Rural voting behavior nationalized starting in **1980s**; seen as a reaction to structural forces [i.e., policy choices]
  - Trade & globalization
  - De-regulation/anti-trust enforcement -> market consolidation & economic agglomeration
  - Transportation policy
  - Automation

# Philanthropy: Rural Health Assets and Equity

## Q&A Session





# Group Reaction to Current Rural-Urban Dynamic



**Cara James**

*President and Chief Executive Officer*  
Grantmakers In Health



**Sheldon Weisgrau**

Missouri Foundation for Health



**Ky Lindberg**

Georgia Health Initiative

# Group Reaction to Current Rural-Urban Dynamic

## Q&A Session



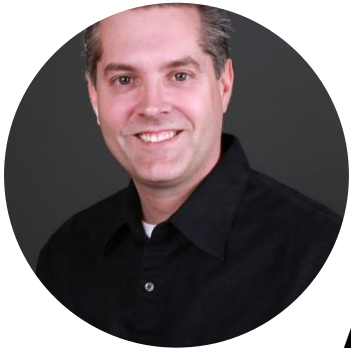
# 12<sup>th</sup> Annual Public-Private Collaborations in Rural Health Meeting

## Break

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# Innovation in Rural Health Leadership Development



**Alan Morgan**

*Chief Executive Officer*  
National Rural Health Association



**Lynn Barr**

Barr-Campbell Family Foundation



**Benjamin Anderson**

Hutchinson Regional Healthcare System



# Empowering the next generation of Rural Public Health leaders

The Rural Health Innovation Program at UC Berkeley's School of Public Health will produce the next generation of rural public health leaders, who will both reshape healthcare policies impacting rural communities and rework and reimagine existing healthcare systems to put these policy changes into effect, enabling rural Americans to access better care and healthy lives.



**Rural  
Health  
Innovation**  
Berkeley Public  
Health  
Online



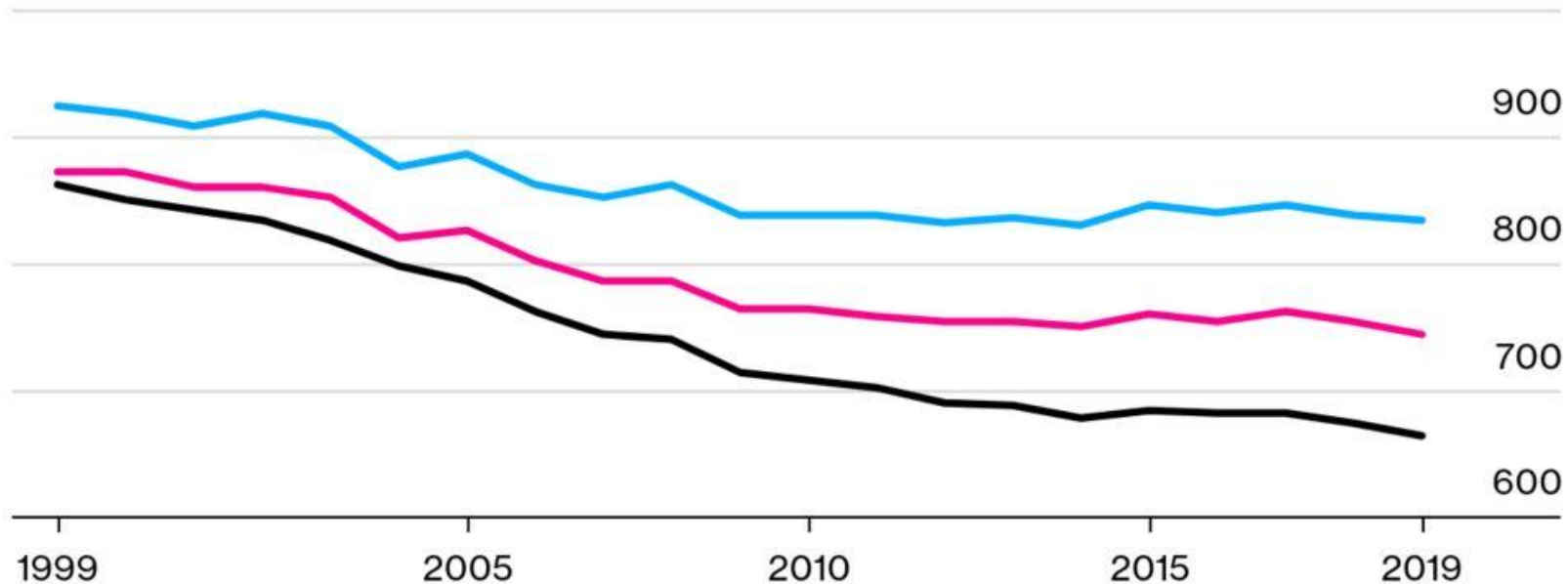
# Disparities in Life Expectancy are Linked to Smoking, Obesity and Chronic Disease

## Rural America's Struggle

Age-adjusted mortality rates in the U.S. by urban/rural classification

Large Metro Medium/Small Metro Rural

1,000 deaths per 100k population

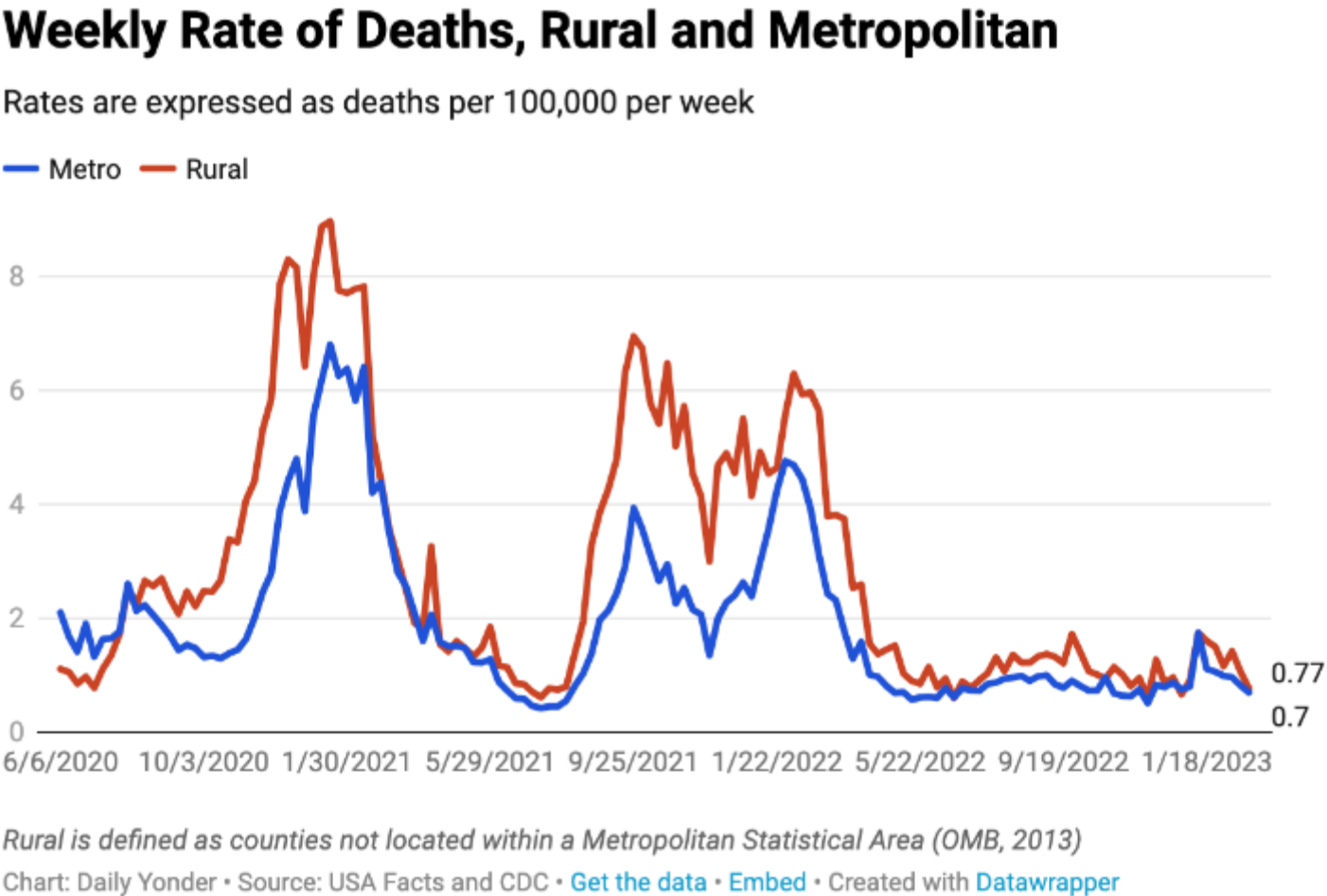


Source: CDC data via Sarah Cross

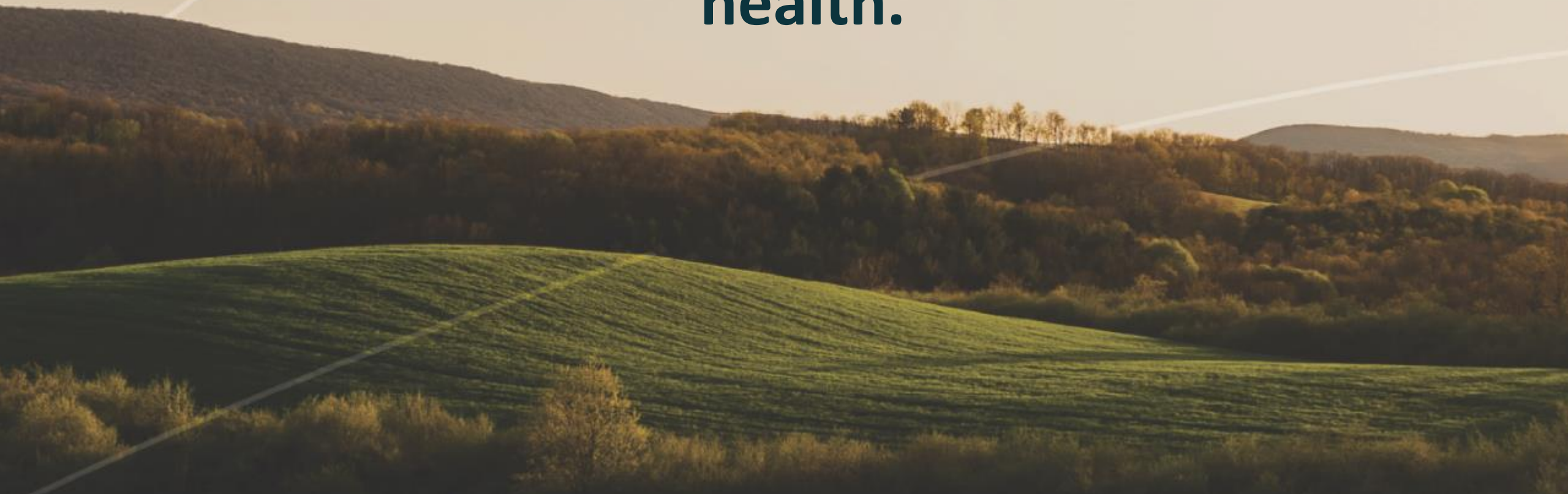
Note: Based on all deaths including external factors

Bloomberg

During COVID, the rural vaccination rate was almost a third lower than the rest of the country. Not surprisingly, the cumulative rural death rate from COVID-19 was 37% higher as of September 2023.



**The least expensive, most impactful investment  
we can make to advance health and reduce  
disparities in rural America is to improve public  
health.**



**A direct investment in local scholarships is  
a highly efficient and tangible way to create  
a culturally sensitive workforce in  
underserved communities.**







100 fully-funded  
scholarships  
designed for  
working  
professionals



Goal of 25  
RHI scholars  
per year to  
join our MPH  
program



Of the 25, 10  
become Health  
Policy Fellows



**Rural  
Health  
Innovation**  
Berkeley Public  
Health  
Online



Summer campus  
visits held at the  
School of Public  
Health

Flexible part-time  
curriculum, 27-  
month program



12 years+ of  
providing quality  
education  
through highly  
ranked online  
learning



# RHI's Target Audience

- Work or reside in a **rural community** (as defined by HRSA).
- Have a deep understanding of and **passion for improving public health** issues particular to rural communities.
- Have at least 3–5 years post-baccalaureate **work experience**, with a preference for 5–7 years work experience. Management experience is not required.

## SPRING RHI 2024 COHORT PROFILE



### States Represented

AZ, CA, CO, GA, HI, IN, KS, KY, MD, ME, MN, MO, MT, NC, NE, NH, NY, OH, OR, TX, VA, WA, WI, WV, WY

# Impacts of the RHI Program

Master in Public Health degree program for **100 rural health leaders**

Education delivered to students so newly learned knowledge and skills into their work and **communities in real time.**

RHI group practicum will create a collection of **community inventories** and **public health stories** to advance rural health equity through **advocacy** at state and national levels.

**RHI Policy Fellows** will develop the knowledge, skills and networks to advocate for their stakeholders and communities.

**Fellowship funding helps us attract and retain the best and brightest students from all backgrounds and provide them the education and supports they need to become future public health leaders and changemakers.**



# DIY Public Health Fellowship Program



**Identify a Public Health Need**

+



**Pick a Professional Audience**

=



**Change & Social Impact**

Such as:

- ☐ Rural Health Equity
- ☐ Improving Birth Outcomes
- ☐ Climate Change & Health
- ☐ Global Capacity
- ☐ Strengthening Advocacy & Policy Training

Such as:

- ☐ Specific Geography
- ☐ Vulnerable Population
- ☐ Type of Community
- ☐ Job function

Many Schools of Public Health have online programs and would be great candidates to create a program meaningful to your foundation's goals.



# **I've got the first 100 but 1900 more rural public health leaders are needed!**

**Please consider funding rural MPH scholarships either through UC Berkeley or your own program**



**Rural  
Health  
Innovation**  
Berkeley Public  
Health  
Online





# Cultivating the Soil for People to Grow

Benjamin Anderson, MBA, MHCDS  
*President and Chief Executive Officer*  
*Hutchinson Regional Healthcare System*



# HUTCHINSON

REGIONAL MEDICAL CENTER



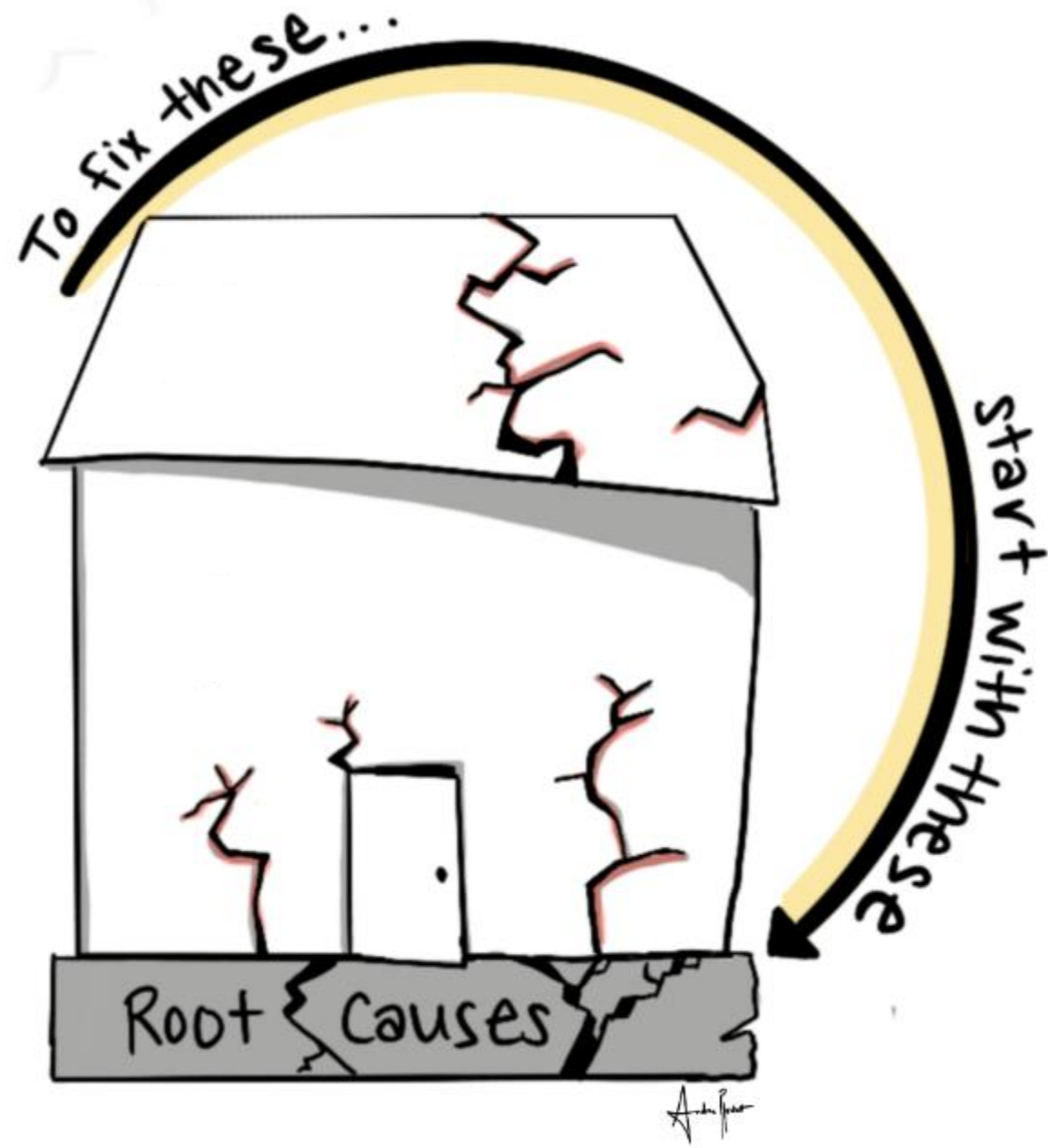












What could we learn about  
growing people from how we  
grow plants?





# Community Apgar

understanding the communities' strengths, benefits, and areas of improvement needed for successful recruitment and retention of providers to the community.

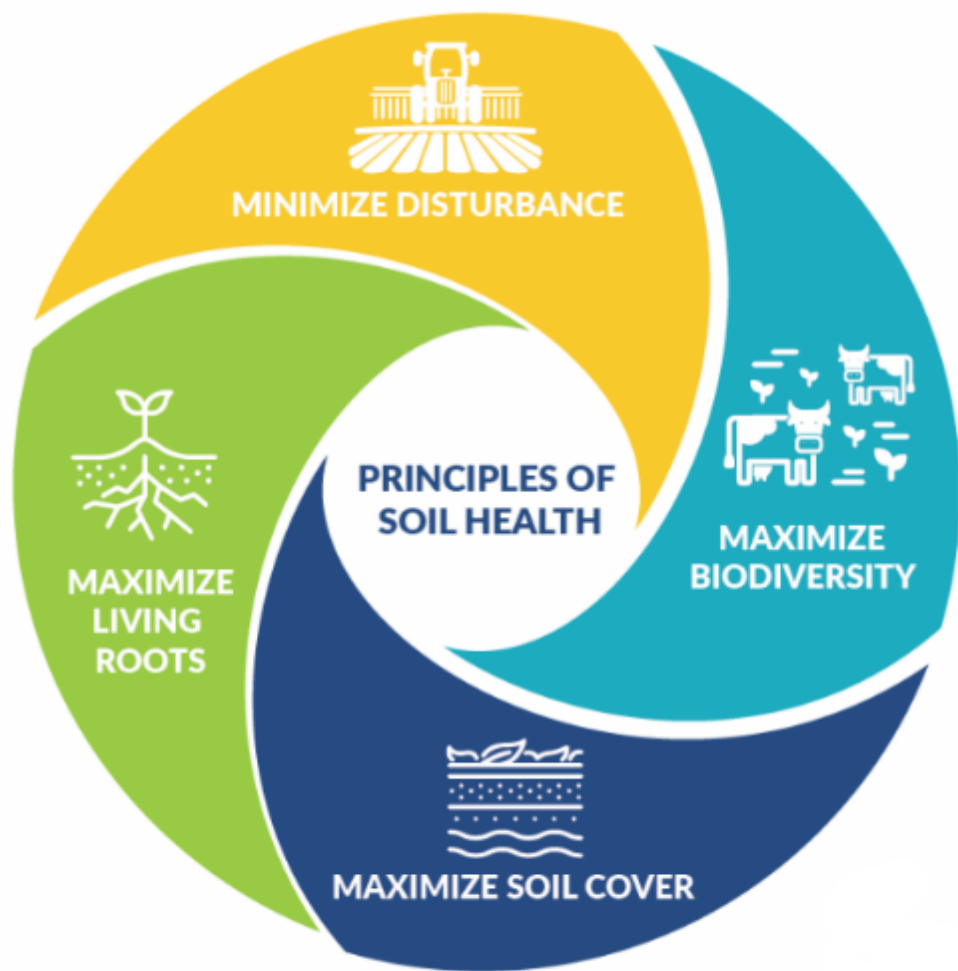
## Five Classes

- Geographic
- Economic
- Scope of Practice
- Medical Support
- Hospital and Community Support

**Dave Schmitz, MD**

Professor and Chairman, Department of Family and Community Medicine  
University of North Dakota School of Medicine





# Doctors and Nurses (Advantages)

Ranking	Apgar Factor*	Apgar Class
1	Access to a Larger Community	Class 1: Geographic
2	Benefits	Class 2: Economic
3	Schools	Class 1: Geographic
4	Social Networking	Class 1: Geographic
5	Emergency Room Coverage	Class 3: Scope of practice

# Doctors and Nurses (Challenges)

Ranking	Apgar Factor*	Apgar Class
1	Perception of Quality	Class 4: Medical Support
2	Day Care	Class 2: Economic
3	Negative Community Perception	Class 1: Geographic
4	Hospital Leadership and Management	Class 4: Medical Support
5	Nursing Workforce	Class 4: Medical Support
6	Specialist Availability	Class 4: Medical Support
7	Recreational Opportunities	Class 1: Geographic

# Doctors and Nurses (Most Important)

Ranking	Apgar Factor* (Advantage)	Apgar Class
1	Hospital Leadership and Management	Class 4: Medical Support
2	Perception of Quality	Class 4: Medical Support
3	Nursing Workforce	Class 4: Medical Support
4	Physician Workforce	Class 4: Medical Support
5	Schools	Class 1: Geographic
6	Day Care	Class 2: Economic

LEADERSHIP









DARTMOUTH





DARTMOUTH







Leveraging elite education to  
develop relevant leadership  
curriculum

**Pam Barnes, Ph.D., MBA**  
Talent Development Manager  
Hutchinson Regional Healthcare System









“I’d have another baby, but...”









# Partnership with YMCA of Greater Wichita and Cosmosphere





# "Cosmo Kids" Childcare Center





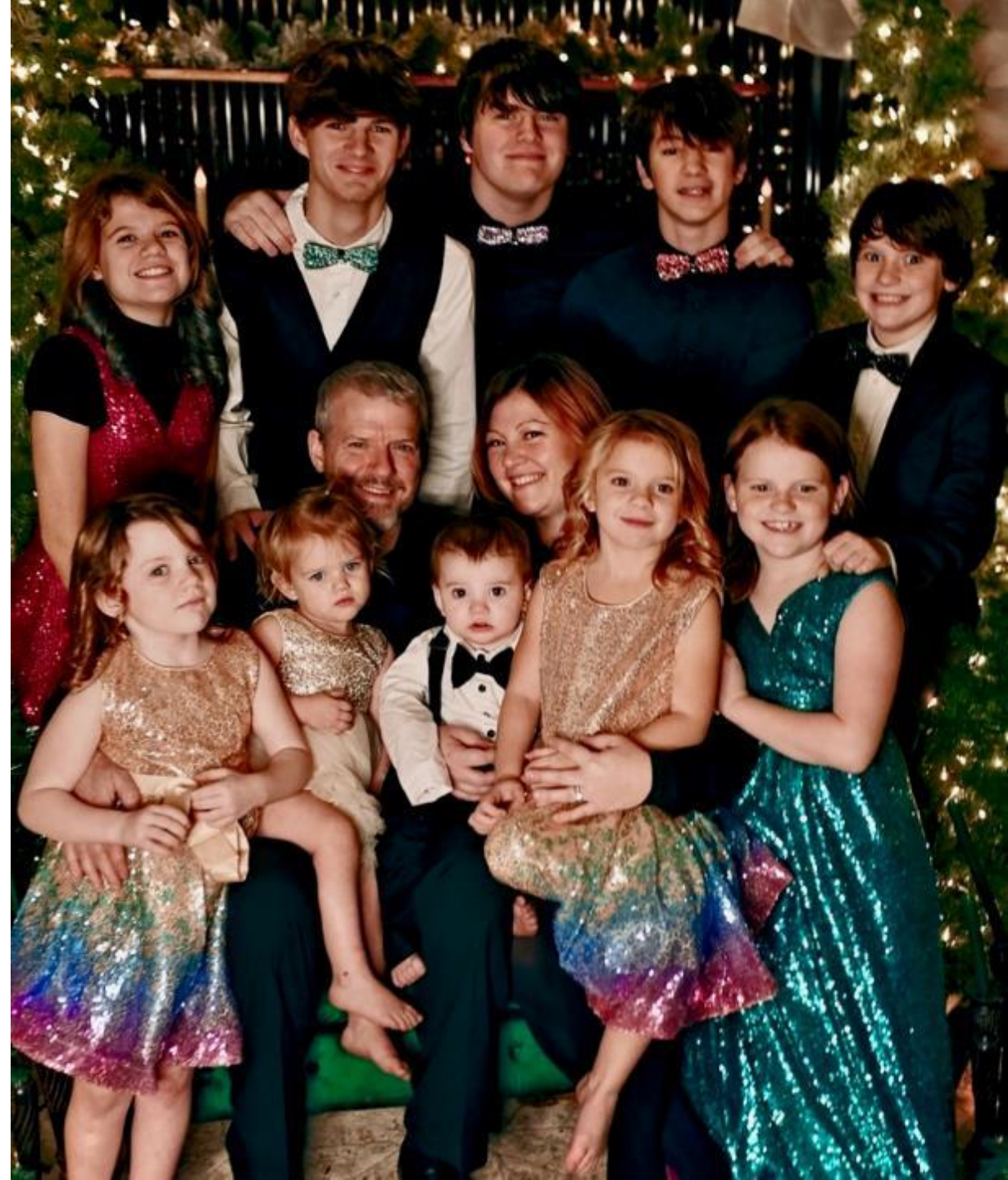


## Recruitment to Community

Plan: 50 Physicians/Families in 5 years

### 2024 Results

OB/Gyn  
Pediatrician  
Hospitalist  
Cardiologist  
Urologist  
Radiation Oncologist  
Neuro-Intensivist

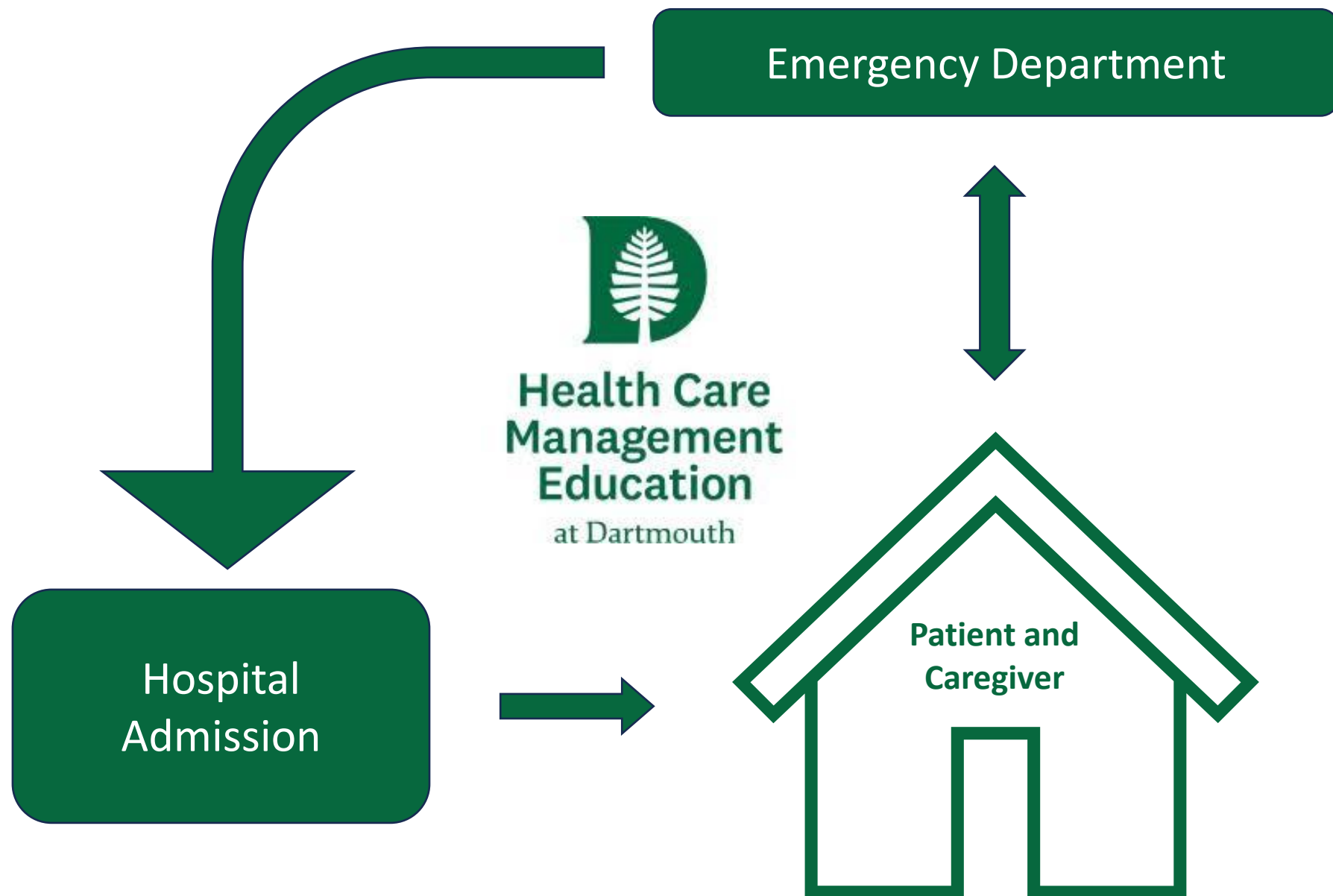




## LWBS from the ED

HRMC ED      CMS Hospital Compare National Average





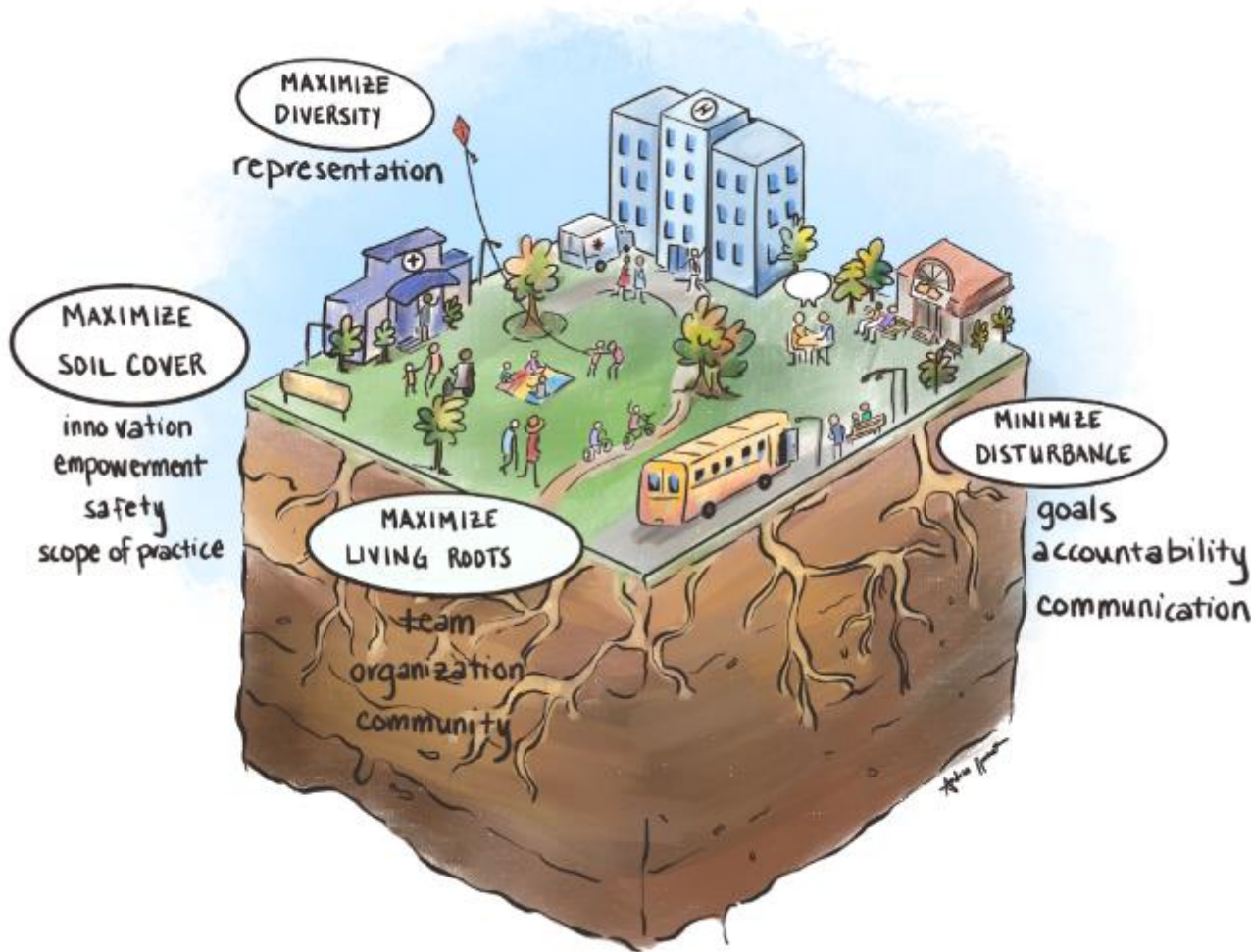
# Leading Systemic Change

Identify the “right thing” to do by asking the right questions.

Hack the system, bootleg the funding to do the “right thing.” (starts with leadership)

Track the outcomes for doing the “right thing.”

Leverage the outcomes and tell the story to scale the intervention and change policy.







**Benjamin Anderson, MBA, MHCDS**

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# Innovation in Rural Health Leadership Development

## Q&A Session





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## Lunch

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# State, Philanthropy, and Community Partnerships



**Brandon Brook**

National Rural Health Foundation



**Julia Wacker**

CaraNova on behalf of  
the Duke Endowment



**Ashley Stewart**

Rapides Foundation



# Behavioral Health System Redesign in the Carolinas

Brokering Alignment of Philanthropy and State Government



# CaroNova's Purpose

**To align leaders across the Carolinas in pursuit of a better and more equitable system of care.**

We do this by creating a common table that fosters cross-system learning, identifies shared priorities from the start, enables promising practices through stringent testing and low-risk pilots, and ultimately aligns payment and policy reforms to advance a new and sustainable standard of care.

## **CARONOVA'S BEHAVIORAL HEALTH PORTFOLIO**

CaroNova's Behavioral Health Portfolio is guided by the belief that all people have mental health needs, just as they do physical health needs. We must value and treat mental health at least as much as we do physical health, including with prevention services that intervene upstream to mitigate the escalation of symptoms.

# A UNIFIED APPROACH TO SYSTEMS CHANGE

## SC Behavioral Health Master Plan

Planning Partner: SC Department of Health and Human Services

In year 3 of the project

Roadmap for redesigning the SC behavioral health system from acute care to prevention

Covers all ages

Implementing a school-based pilot as part of the Master Plan development

## NC Youth Behavioral Health Alignment Plan

Planning Partner: Blue Cross Blue Shield of North Carolina

In beginning of year 1 of the project

Roadmap for redesigning the NC youth behavioral health system from prevention to acute care

Covers ages 12 – 24

Plans for school-based pilot(s) will be determined by Steering and Regional Committees



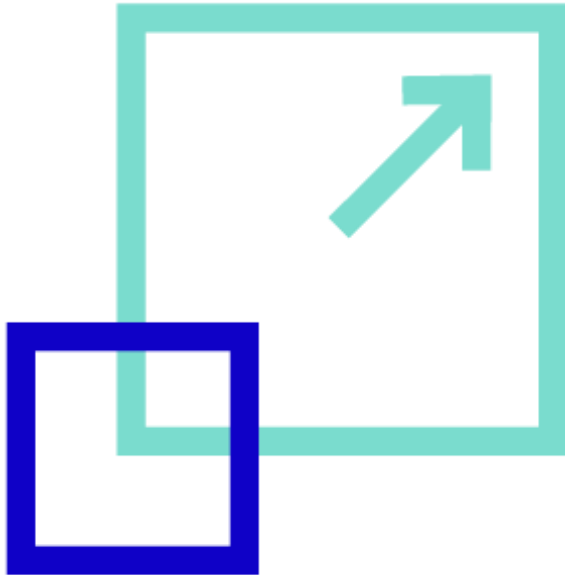
# SC BEHAVIORAL HEALTH MASTER PLAN

## Long-term Goal

Per 2022 Proviso

*“Address existing deficiencies and bring about a more comprehensive and effective continuum of behavioral healthcare in South Carolina”*

The **South Carolina Behavioral Health Master Plan** will serve as a dynamic, long-term planning document outlining the **pragmatic roadmap to a “comprehensive and effective continuum” of behavioral health services** across South Carolina.



**“We shouldn’t settle for good enough,  
we shouldn’t tolerate people leaving the state  
to seek care; we need to make South Carolina  
the place people want to go to for their  
behavioral health treatment.”**

- Director Robby Kerr

# SC MASTER PLAN DEVELOPMENT OVERVIEW



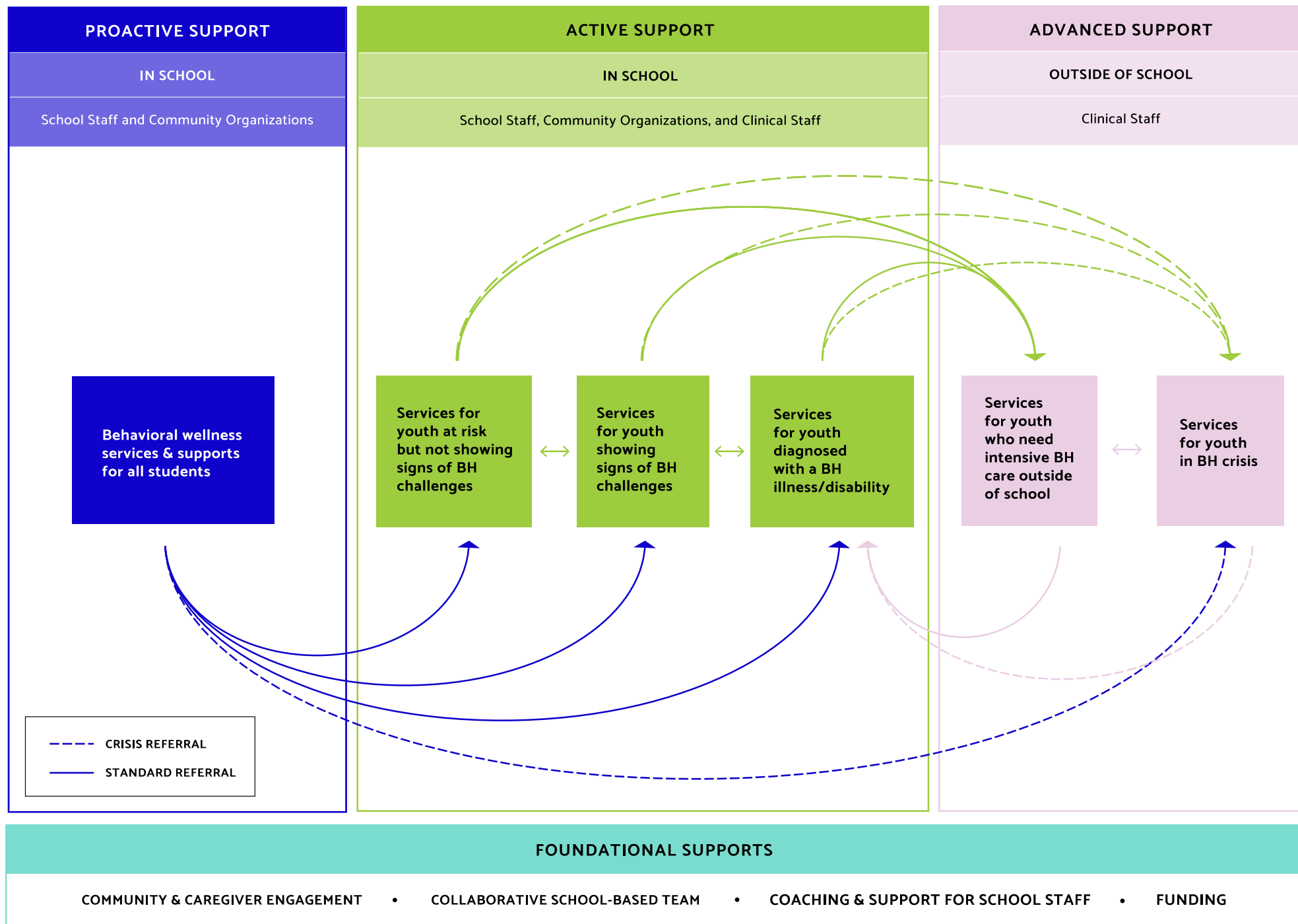


# SC MASTER PLAN OUTPUTS + IMPACT

1. Completed draft of multi-agency, multi-sector Behavioral Health Master Plan with tangible recommendations and how-to guides to improve all components on the behavioral health continuum
2. Recommendations led to \$45M investment by SCDHHS to support the construction of EmPATH units in 13 hospitals and establishing Medicaid reimbursement for EmPATH services
3. Launched comprehensive school-based BH pilot with local experts to improve preventative supports for K-12 youth through public schools
4. SC Behavioral Health Workforce Assessment report
5. Helped inform the specifications of Florence, SC behavioral health hub and ensure accountability of its progress


## **MENTAL WELLNESS THROUGH SCHOOLS**

Normalize mental wellness for all youth through collaborative cross-sector efforts in schools, health care and in the community.







 THE  
RAP-HOUSE





# State, Philanthropy, and Community Partnerships

October 24, 2024

Public-Private Collaborations in Rural Health  
Annual Meeting of the Rural Health Philanthropy Partnership





## The Rapides Foundation Service Area



# Mission & Vision

The **Mission** of The Rapides Foundation is to improve the health status of Central Louisiana.

Our **Vision** is to positively impact Central Louisiana by deploying resources to improve key factors of health status.



# Priority Areas

## Healthy People



## Education



## Healthy Communities







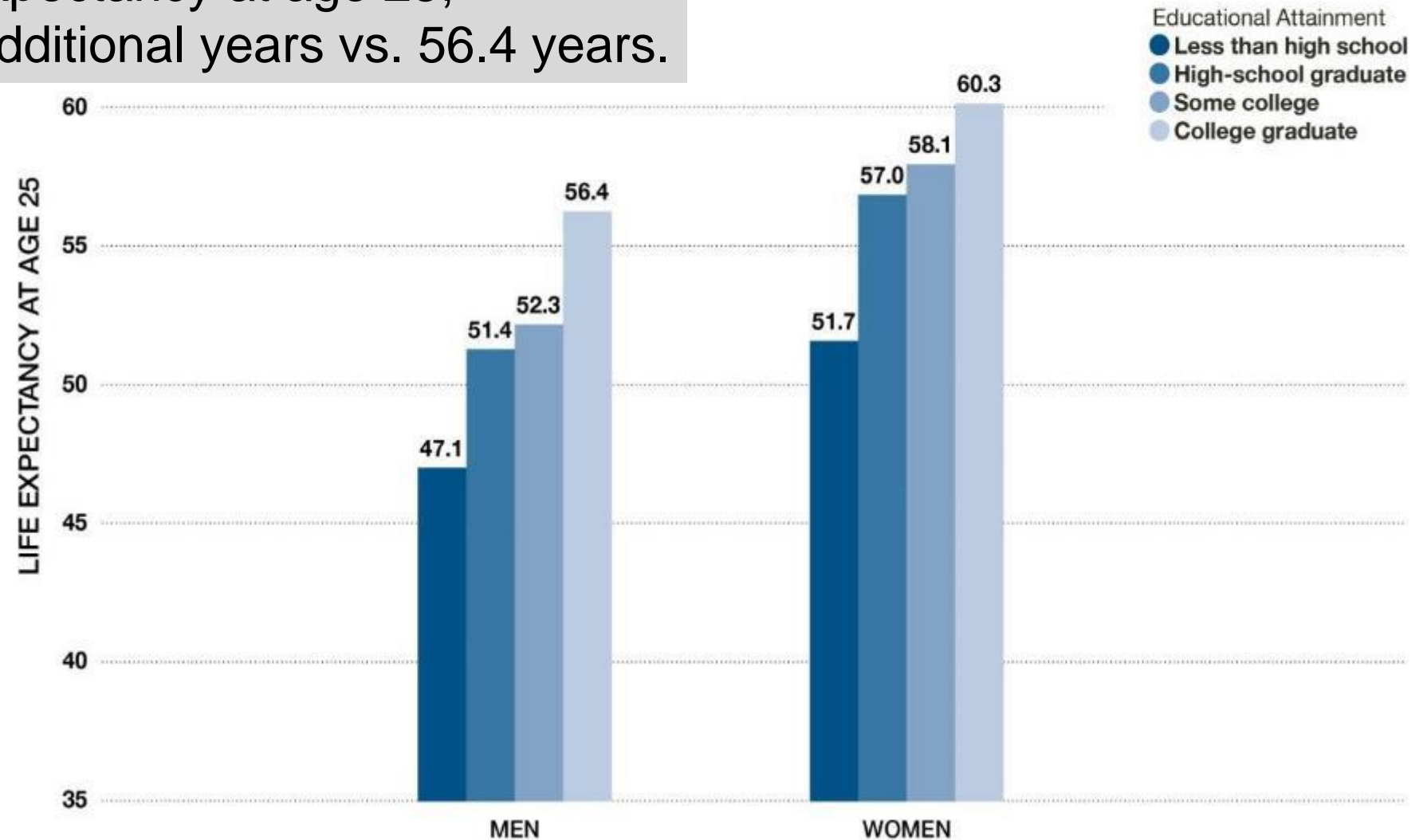
**Increasing the level of educational attainment and achievement is a primary path to improve economic, social and health status.**



Life Expectancy at age 25,  
47.1 additional years vs. 56.4 years.

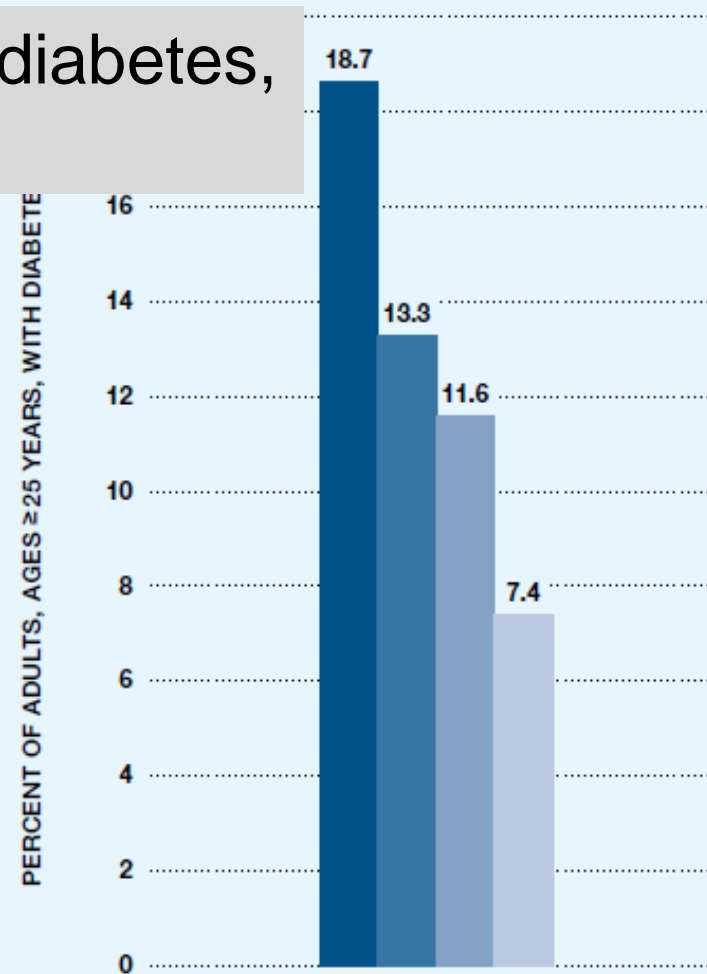
## Association of Education and Life Expectancy

### More Education, Longer Life



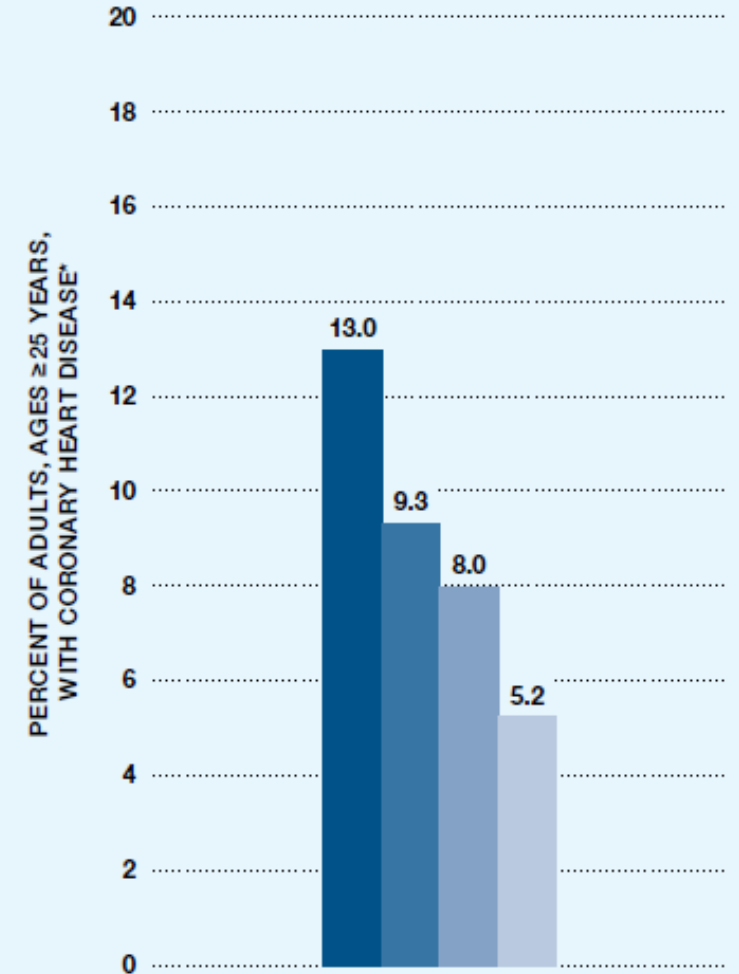
# Association of Education and Chronic Disease

% of adults with diabetes, 18.7 vs. 7.4.



Educational Attainment

- Less than high school
- High-school graduate
- Some college
- College graduate



% of adults with coronary heart disease, 13 vs. 5.2.





# Educational Attainment Strategy

## School Readiness

- 90% of a child's brain is formed by age 5.
- High-quality early care and education programs have long-lasting positive impacts, including:
  - Higher achievement scores
  - Fewer grade retentions and placement in special education
  - Higher levels of college graduation and job-holding
  - Healthier outcomes as adults
- Every dollar spent on high-quality early care and education goes back into the economy, delivering a 13% return-on-investment.



# # 1 Barrier to Accessing Early Childhood Programs... COST

- Only 7% of birth-to-two-year-old children have access to publicly funded programs.
- Only 33% of three-year-olds have access.

Tuition for an infant is about \$18,000 a year.

Tuition for a three-year-old is over \$10,000 a year.

Opportunity:  
Leverage state funds and  
incentivize the community to  
engage.





# Louisiana Early Childhood Education (ECE) Fund

- ❑ 2017 Louisiana Legislature established ECE Fund. RS 17:407.30
  - Intended to incentivize local investment in and fundraising for early childhood care and education by providing a dollar-for-dollar State Match for locally-generated funds.
- ❑ 2019 Legislature identified and dedicated funding sources to ECE Fund.
- ❑ Funds must be used for additional birth-to-3-year-old seats in high-quality publicly funded childcare centers.



# Partnerships

## Local Early Childhood Lead Agencies

- Identified how many additional seats were needed.
- Determined the budget needed to support seats.
- Requested funds from the Foundation.
- Requested funds from the ECE Fund.
- **Engaged the community in a fundraising campaign.**
- Administered the program and funds from all partners.

## The Rapides Foundation

- Provided a grant to the lead agencies for the local match for a portion of the number of seats requested.
- Provided a 1:1 matching challenge grant to incentivize the community to fund the remaining seats.
- Helped promote the challenge grant.

## Louisiana DOE/ BESE

- Administers the Louisiana ECE Fund.
- BESE sets rules and regulations to distribute the funds.
- Approves funding requests.



# Results

For the 2024-25 school year the project provided tuition for 600 birth-to-3-year-old children from low-income families.

The local lead agencies raised over \$500,000 in 4 months and identified local champions for early childhood education.

Louisiana ECE Fund provided \$3.2 million.

The Rapides Foundation provided \$2.6 million.

Community provided \$510,000.





# Concerns: Sustainability and Equity.





## Questions?

Ashley Stewart, MPH  
Director of Programs  
[ashley@rapidesfoundation.org](mailto:ashley@rapidesfoundation.org)

The Rapides Foundation  
[www.rapidesfoundation.org](http://www.rapidesfoundation.org)  
318-443-3394 / 318-767-3006



THE RAPIDES FOUNDATION

# State, Philanthropy, and Community Partnerships

## Q&A Session





# 12<sup>th</sup> Annual Public-Private Collaborations in Rural Health Meeting

## Break

Wifi Network: MarriottBonvoy\_Conference  
Access code: MHQ2024



# CMMI – What's a Hackathon? (Come Find Out)



**Diane Hall**

*Director, Office of Rural Health*  
Centers for Disease Control and Prevention



**Mark Holmes**

Cecil G. Sheps Center for Health Services Research



**Mary Greer Simonton**

Learning and Diffusion, CMMI



**Kate Davidson**

*Learning and Diffusion, CMMI*

# CMMI – What's a Hackathon? (Come Find Out)

## Q&A Session





# Intractable Challenges and Creative Solutions for Rural Communities



**Tom Morris**

*Associate Administrator*  
Federal Office of Rural Health Policy  
Health Resources and Services Administration



**Kevin Lambing**

Temple Foundation



**Kim Tieman**

Claude Worthington  
Benedum Foundation

JUNE 2022

# 2024 RURAL HEALTH PHILANTHROPY PARTNERSHIP MEETING

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**T.L.L. TEMPLE FOUNDATION**

EST 1962

**BUILDING A THRIVING RURAL EAST TEXAS**



**T.L.L. TEMPLE FOUNDATION**

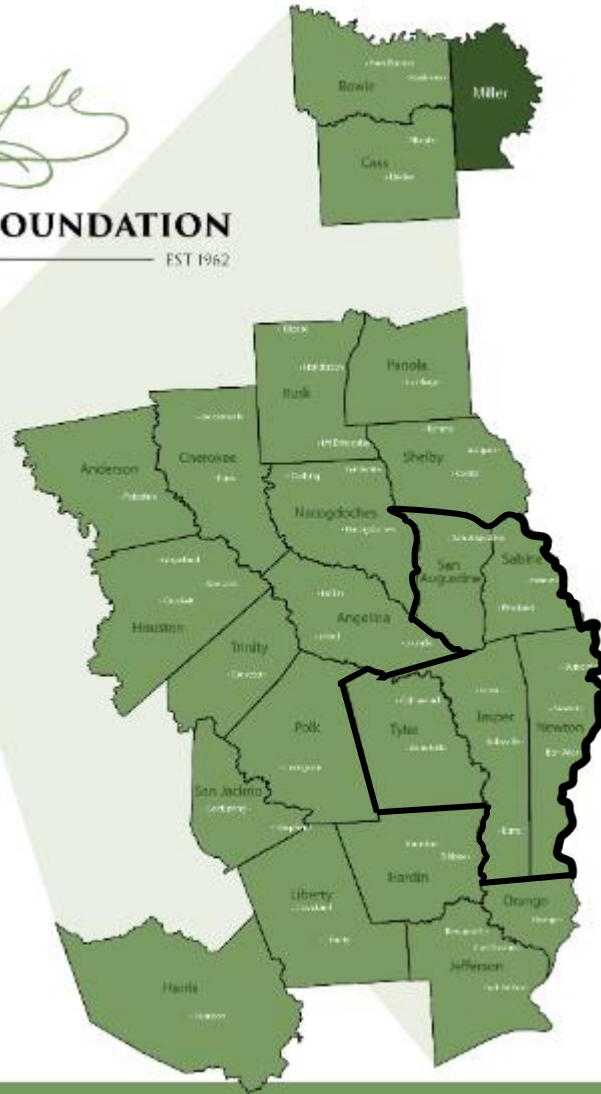
EST 1962



= Labor and delivery locations

**BUILDING A THRIVING RURAL EAST TEXAS**





**BUILDING A THRIVING RURAL EAST TEXAS**

- Private OB Group
- SHSU
- BHSET

# “DEFICIT” FOCUSED APPROACH

**“Maternity Deserts: Fewer Rural Hospitals Delivering Babies”**

**“A shrinking number of rural Texas hospitals still deliver babies. Here’s what that means for expecting moms.”**

**“Under Half of Rural Hospitals Offer Labor and Delivery Services, Putting Rural Moms at Risk, Report Says”**

**“U.S. maternal death rate increasing at an alarming rate”**

**“Nowhere to Go: Maternity Care Deserts Across the US”**

# “ASSET” FOCUSED APPROACH

“So, you’re saying 40% ARE DOING IT”



*“Making it Work: Models of Success in Rural Maternity Care”*

*“As Rural Hospitals Struggle, A Hopeful New Model Emerge”*

**“Rural resilience: The role of birth centers in the United States”**

**Transforming Maternal Health (TMaH) Model**

**“RMOMS”**



# RURAL MATERNITY INNOVATION SUMMIT



**NRHA**



U.S. Department of Health & Human Services



**HRSA**

Federal Office of Rural Health Policy



STROUDWATER



Texas  
Rural  
Funders

**Milbank**  
Memorial Fund



*Using evidence to improve population health*



## SIX INNOVATIVE SITES

- **Fairview Hospital – Great Barringer, MA**
- **UNC Chatham Hospital – Silver City, NC**
- **Mahaska Health – Oskaloosa, IA**
- **Goodall-Witcher Hospital – Clifton, TX**
- **Sterling Regional Medical Center – Sterling, CO**
- **South Central Foundation – Anchorage, AK**



# RURAL MATERNITY INNOVATION SUMMIT



# RURAL MATERNITY INNOVATION SUMMIT

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# RURAL MATERNITY INNOVATION SUMMIT



## RURAL MATERNITY INNOVATION SUMMIT

Site Report

[Abstract](#)

This report summarizes the insights from six rural maternity programs, as presented at the 2024 Rural Maternity Innovation Summit in Clifton, TX.

Erin E. Sullivan, PhD, Benjamin Anderson, MBA, Mark Deutchman, MD





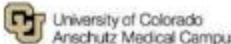

## RURAL MATERNITY INNOVATION SUMMIT

Leader Report

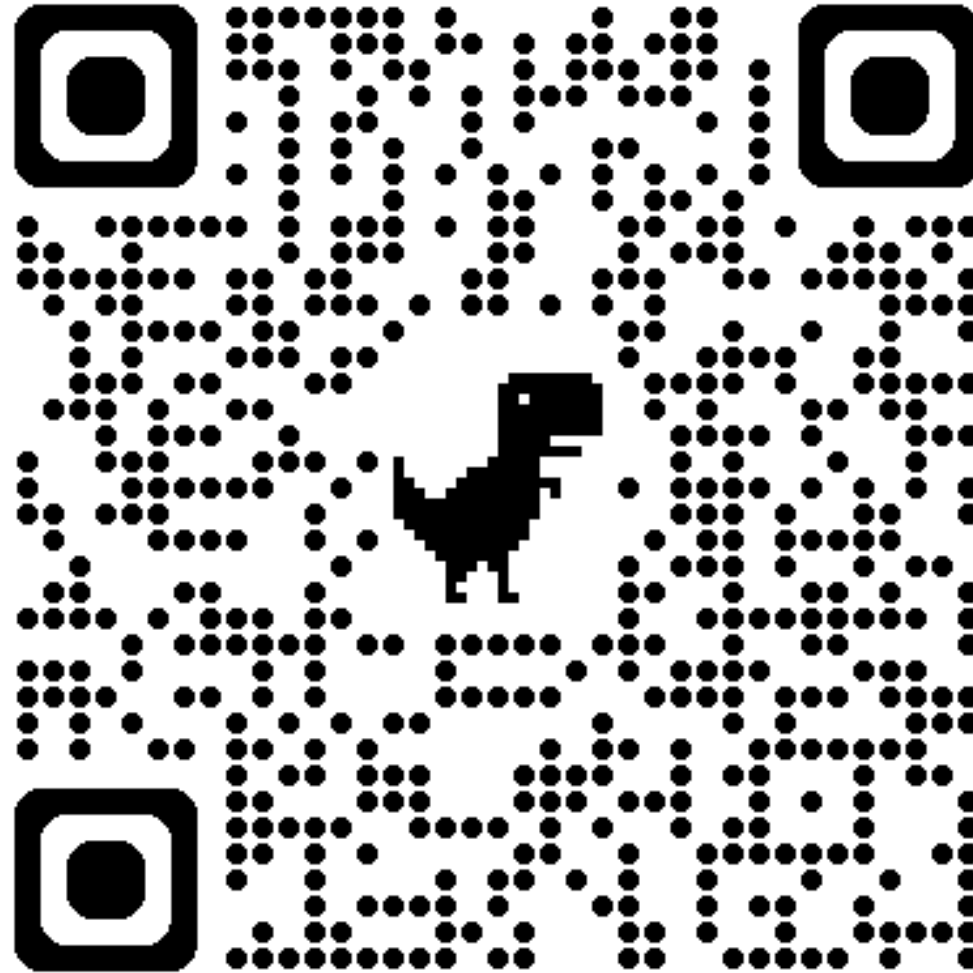
[Abstract](#)

This report provides insights into the essential role of leaders in maintaining and advancing rural maternity care.

Erin E. Sullivan, PhD, Benjamin Anderson, MBA, Mark Deutchman, MD

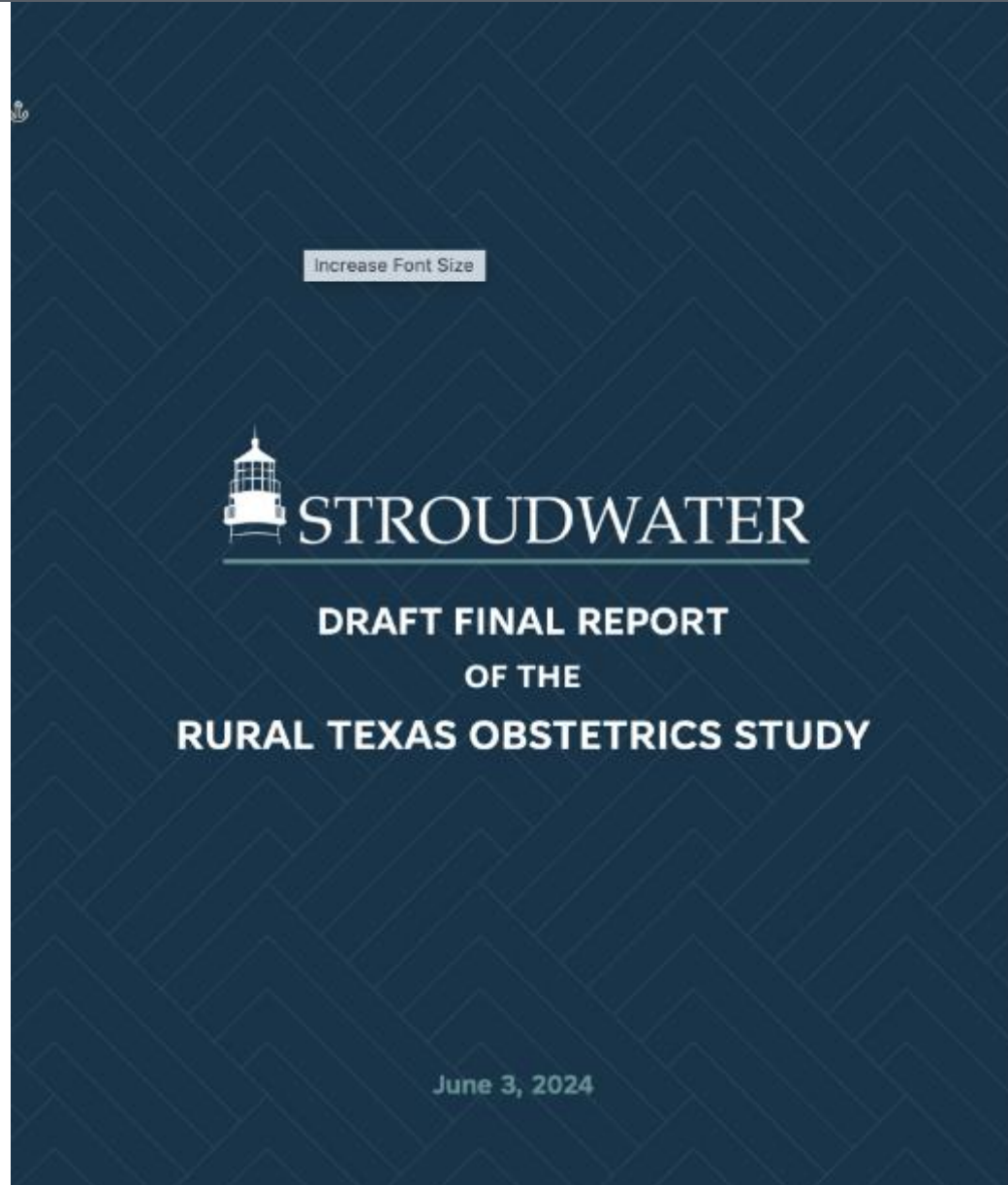


# RURAL MATERNITY INNOVATION SUMMIT





# WHAT ABOUT THE COST REPORT??





**T.L.L. TEMPLE FOUNDATION**

EST 1962

**BUILDING A THRIVING RURAL EAST TEXAS**

**THANK YOU**

[www.tlltemple.foundation](http://www.tlltemple.foundation)



**Lead Agency:** Marshall University

**Risk Takers:** Bobbi Jo Steele, Gina Sharps, Janna Thornsberry

**Benedum Program Staff:** Kim Barber Tieman  
[katieman@benedum.org](mailto:katieman@benedum.org)

**75<sup>th</sup> Anniversary Grantmaking Amount:** \$750,000 (\$400,000 in 2020 and \$350,000 in 2021) for this three-year project (one year extension due to COVID-19).

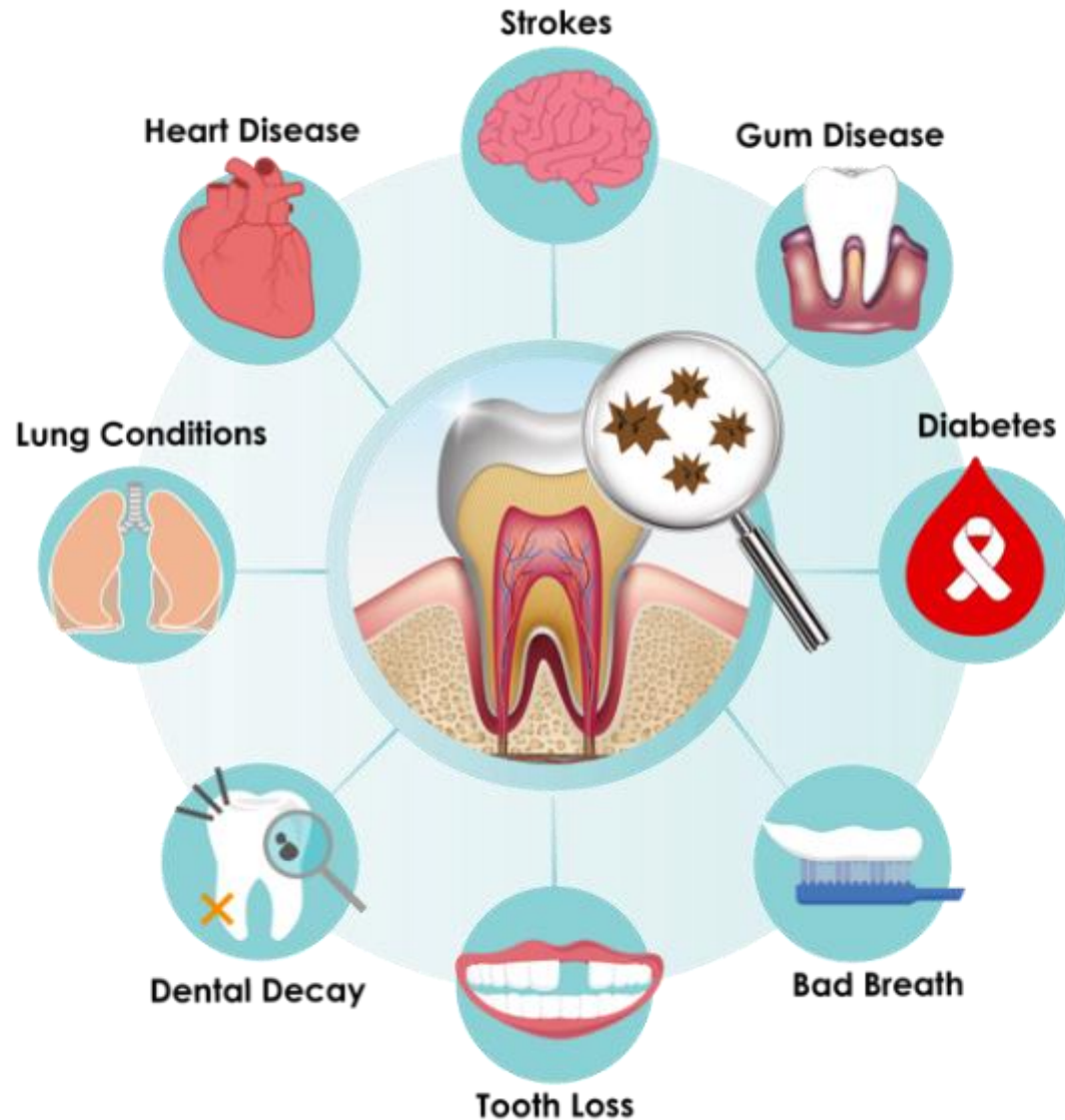
**Project Timeline:** January 2020 through April 2024.

**Target Population:** Marginalized populations (children in poverty, seniors particularly those in long term care facilities, underserved communities, those uninsured and underinsured).

**Strategic Initiative:** Oral Health (This project was designed to increase workforce capacity and flexibility to address oral health inequities for underserved populations.)

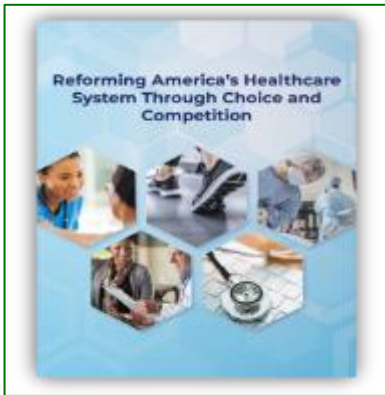


# ORAL HEALTH IMPACTS OVERALL HEALTH



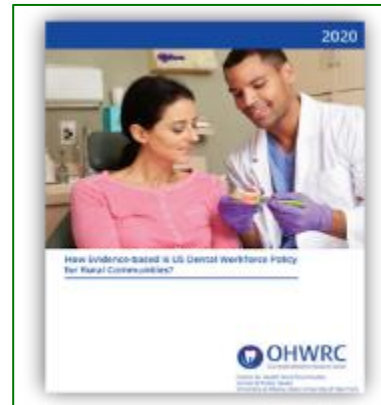
Revisiting The Core Issue:  
***Why*** This Trend Exists In  
West Virginia

# Evidence Base For The Two Strategies



## Key Strategy

Removing or decreasing restrictive rules that are not justified by legitimate health and safety concerns.



## Key Strategy

Implement workforce “redesign” approaches that include new team members or expand the scope and roles of existing team members.



## Key Strategy

Encouraging new professional models, and the delivery of care in new settings.

# What We Set Out To Do With The 75<sup>th</sup>: Improve Oral Health Access In West Virginia

## Strategy 1

Promotion of widespread use of Silver Diamine Fluoride (SDF), particularly among hard-to-reach populations.

## Strategy 2

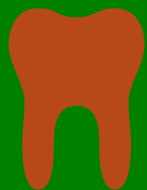
Expanding the scope of practice for dental hygienists with the intent to improve access to care and reduce oral health disparities.



# STRATEGY 1: SILVER DIAMINE FLUORIDE (SDF)

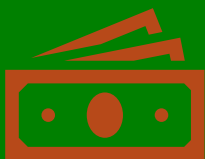
## IMPLEMENT A REIMBURSABLE AND REPLICABLE SDF PROGRAM

*APPROXIMATELY 100 CHILDREN COULD BE TREATED WITH A SINGLE VIAL, COMPARED TO A SINGLE CHILD BEING SEEN IN THE OPERATING ROOM, PUT UNDER GENERAL ANESTHESIA WHICH HAS IT OWN RISKS, AND AVERAGES \$10,000 OR MORE.*



### Actual Outcomes

- 1. Expanded scope of practice for dental hygienists to include SDF
- 2. SDF Resolution Statement
- 3. Established a reimbursement system for SDF
- 4. Trained the oral health workforce in the use of SDF



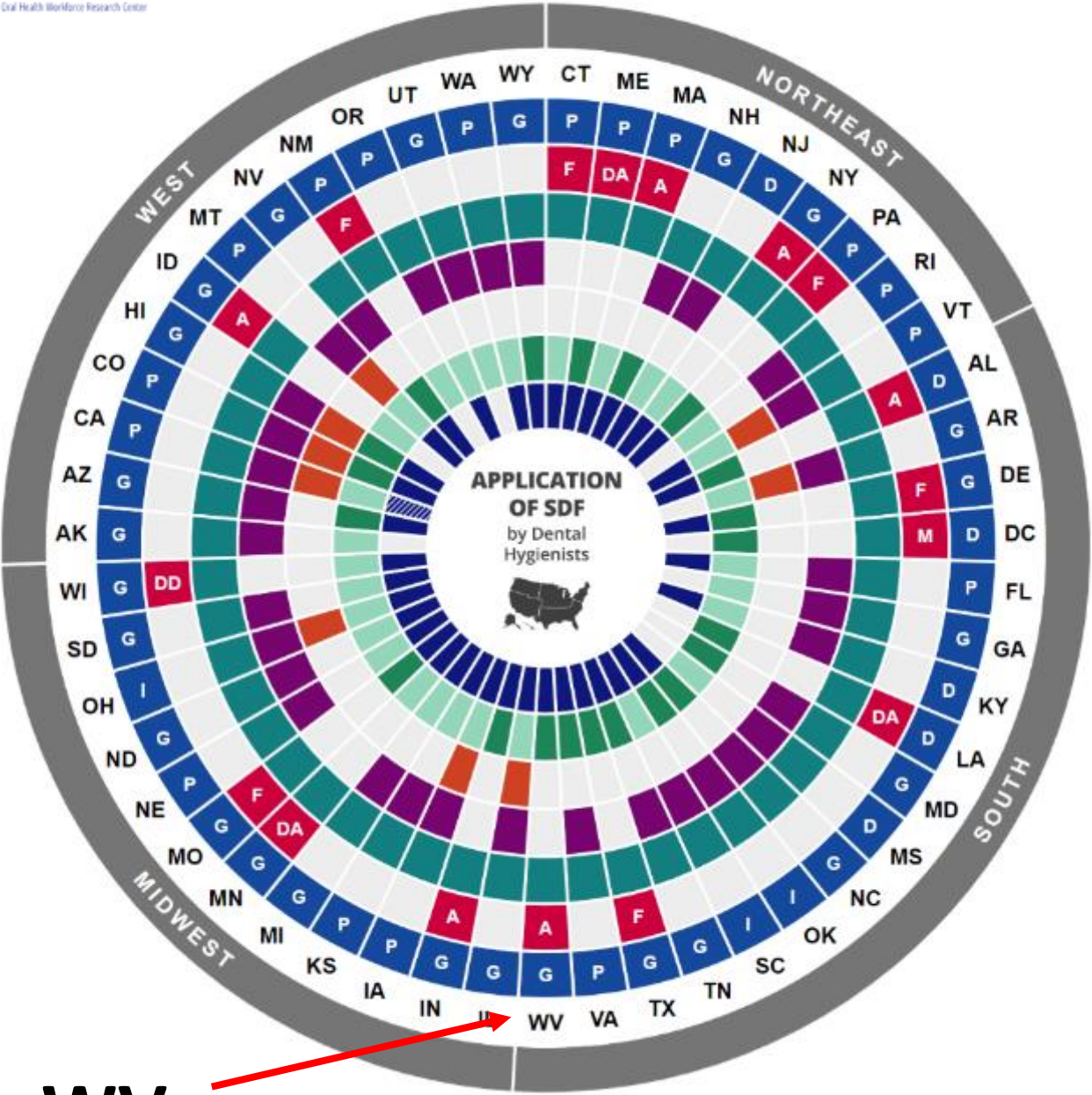
### Sustainability Plan

- 1. Payment system
- 2. Future workforce



Quantity	Price
1	\$185.00

# Silver Diamine Fluoride Policy Snapshot



Lowest Level of Supervision Under Which a DH can Apply SDF

- D** Direct
- I** Indirect
- G** General
- P** Public Health/Collaborative

Scope of Practice for DHs May Allow SDF Under Permission for Application of:

- A** Antimicrobial/Anticariogenic Agents
- F** Topical Fluoride/Preventative Agents
- M** Medicament
- DA** Desensitizing Agent
- DD** Delegable Duty

State Medicaid Has Frequency Limitations on Payment for Fluoride or SDF

SDF Clearly Within Scope of Practice (Statute, Regulation, or Board Opinion)

Dental Board Recommendations or Requirements for Specific Education for a DH to Apply SDF Under All or Specific Conditions

Age Limitation in Medicaid Guidance for Payment of Fluoride or SDF Applications

- Children Only
- Children & Some or All Adults

State Medicaid Program Covers CDT 1354 (Interim Caries arresting Medicament Application)

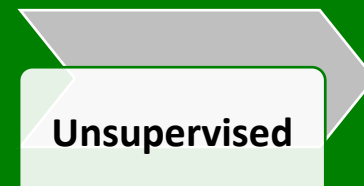
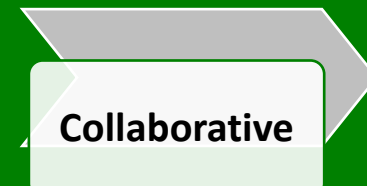
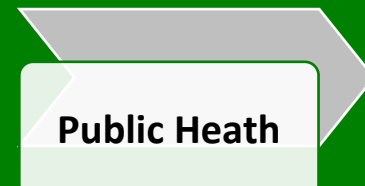
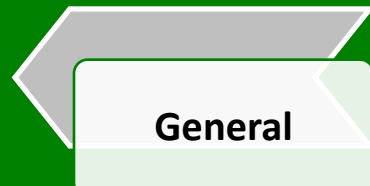
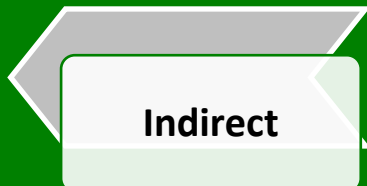
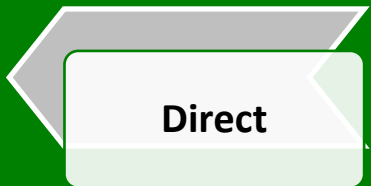
- Yes
- No
- ▨** Pilot Program Only

Silver Diamine Fluoride (SDF) Policy Snapshot: West Virginia	Before	After	Outcome
1. Lowest level of supervision	No Clear Guidelines	Public Health/ Collaborative	Improvement
2. Scope of Practice for dental hygienists may allow application of SDF	Antimicrobial Agent	Antimicrobial & Preventive Agent	Improvement
3. State Medicaid has <u>frequency</u> limitations on payment	Limitations	Limitations	In Progress
4. SDF clearly within Scope of Practice	No	Yes	Improvement
5. Dental Board recommendations or requirements	No Clear Guidelines	Guidelines Established	Improvement
6. Age limitation in Medicaid guidance for payment	Children only	Children Only	In Progress
7. State Medicaid Program covers CDT 1354	Children Only	Children Only	In Progress

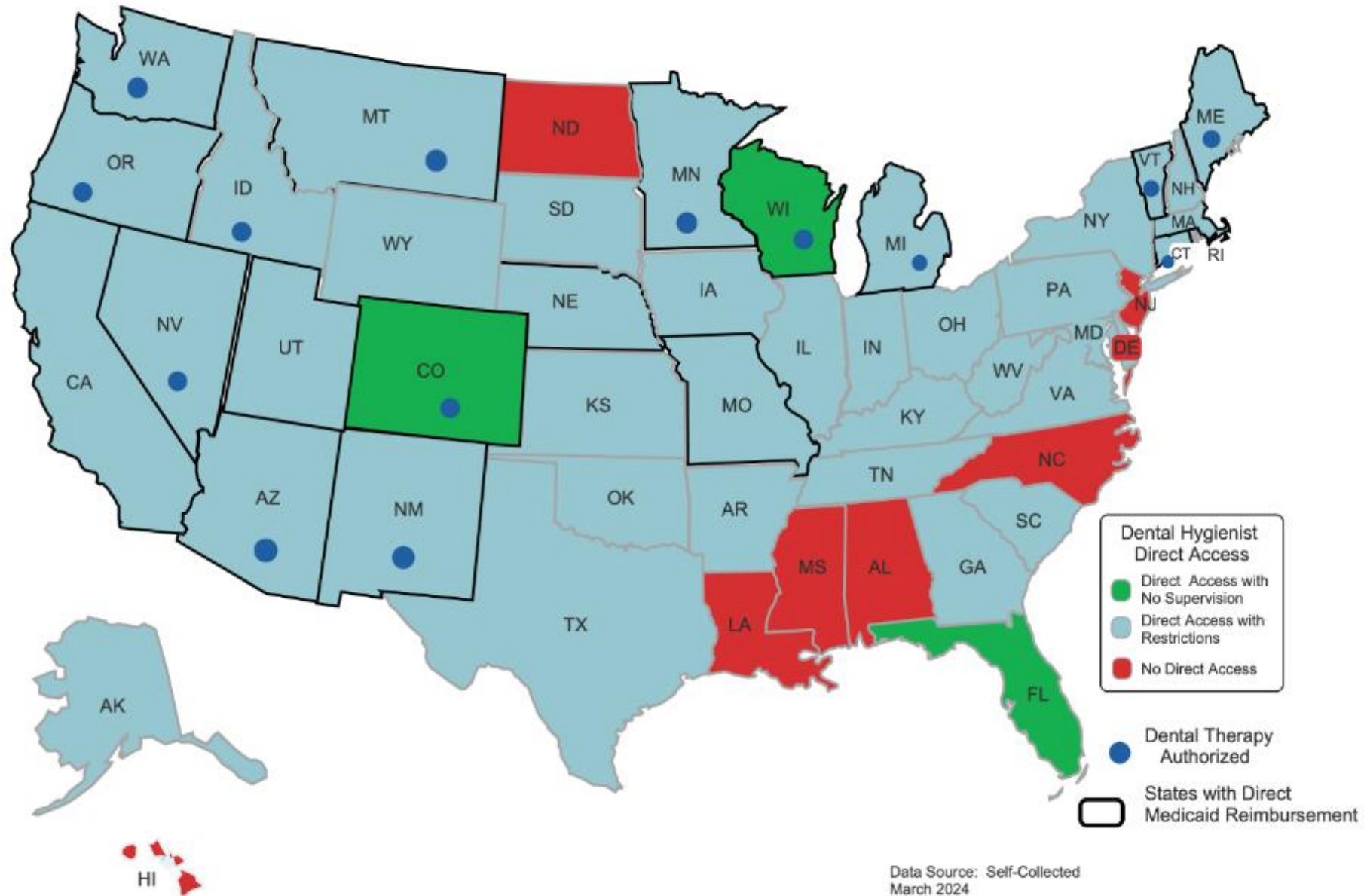


# Dental Hygiene Scope of Practice

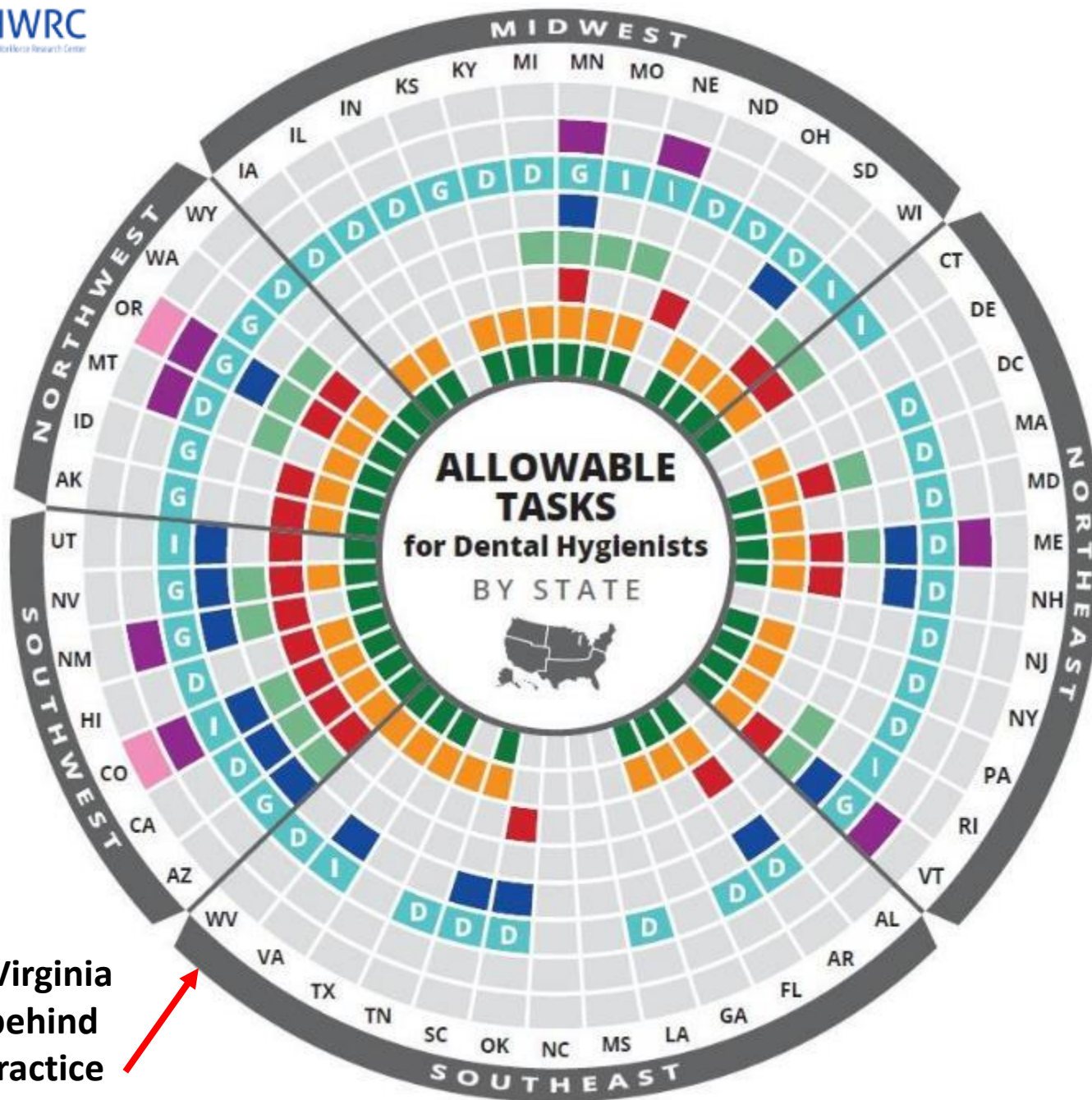
Direct or Indirect Supervision	General Supervision	Remote/ Public Health/ Collaborative/ Unsupervised
Dentists must authorize services, be present, and provide supervision.	Dentists must authorize services but does not need to be present.	Dentist need not be present, or previously authorize patient services, but dentists supervise professionals and monitor patient care.



# Dental Hygienist Scope of Practice and Mid-Level Policies



# Dental Hygiene Scope of Practice Policy Snapshot



West Virginia  
is far behind  
best practice  
states



Dental Hygiene Scope of Practice Policy Snapshot: West Virginia	Type of Change Required	Current Status
1. Dental Hygiene Diagnosis	Scope of Practice change by West Virginia Board of Dentistry	Future Opportunity
2. Prescriptive Authority	Scope of Practice change by West Virginia Board of Dentistry	In Progress
3. Local Anesthesia	☑	Achieved
4. Supervision of Dental Assistants	Scope of Practice change by West Virginia Board of Dentistry	In Progress
5. Direct Medicaid Reimbursement	Policy Change by West Virginia Bureau for Medical Services	In Progress
6. Dental Hygiene Treatment Planning	Scope of Practice change by West Virginia Board of Dentistry	Future Opportunity
7. Provision of Sealants	☑	Achieved
8. Direct Access to Prophylaxis	☑	Achieved

# Strategy 2: Dental Hygiene Scope of Practice

***Sustainability Plan** :Established payment, billing, and reimbursement mechanisms, which support sustainable DH expanded scope practice.*

- Scope of Practice Toolkit
- Dental Workforce Maps
- Dental Hygiene Workforce Survey
- Peer Learning Site Visits
- Shared **best practices** through **continuing education** with the dental community
- **SOP Pilot Projects – FQHC & HD**



- Established **Partnership with Managed Care Organizations**
- Increased number of West Virginia Dental Hygienists with a **National Provider Number (NPI)**
  - **32% increase** in WV Dental Hygienists with a General Supervision Permit
  - **38 % increase** in WV Dental Hygienists with a Public Health Permit
  - **51** WV Dental Hygienists with a Registered NPI Number

# Intractable Challenges and Creative Solutions for Rural Communities

## Q&A Session





# 2025 Preview: Potential Areas of Interest



**Tom Morris**

*Associate Administrator*  
Federal Office of Rural Health Policy  
Health Resources and Services Administration



**Cara James**

*President and Chief Executive Officer*  
Grantmakers In Health



**Alan Morgan**

*Chief Executive Officer*  
National Rural Health Association



**Diane Hall**

*Director, Office of Rural Health*  
Centers for Disease Control and Prevention



**NRHA**  
**Your voice. Louder.**

**Our mission is to provide  
leadership on rural health issues.**

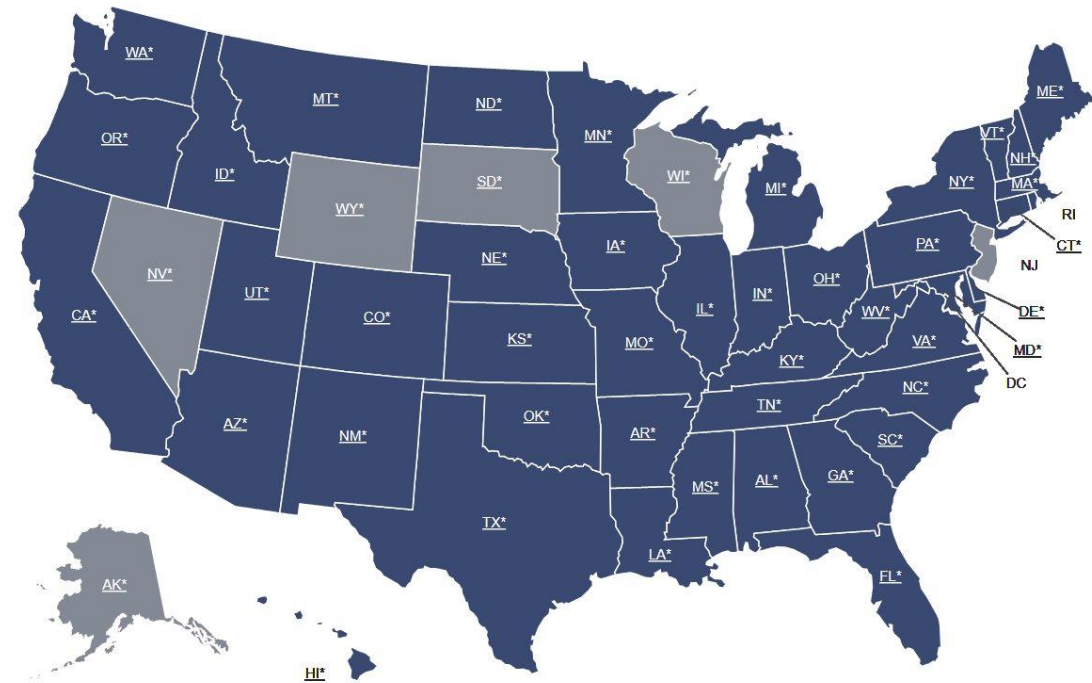




# State Rural Health Associations

- 44 SRHAs
- Advocacy
- Annual SRHA Leadership Conference
- Technical Assistance Grants

State Rural Health Associations



# Rural Community Health Worker Training Network

- The [CHW Training Network](#) Began in 2012 with trainings on the US-Mexico Border
- CHW trainings in Appalachia-Verizon funded to determine utilization of technology to improve health outcomes
- Oral health focused trainings via the CareQuest Institute for Oral Health and a rural aging training via The John A. Hartford Foundation.
- COVID-19 focused trainings offered nationally
- Over 2,000 trained



# Rural Development Capacity Building in Rural Health Facilities: Providing TA to Hospitals in Need

- Objective: [Partnership with USDA](#) to test an early intervention strategy to strengthen the financial and operational capacity of vulnerable rural hospitals in the Community Facilities portfolio.
- NRHA has provided TA to hospital borrowers with loans > \$10 million that were assessed to be a higher credit risk and were willing to accept TA to strengthen their finances and operations.



# USDA/NRHA Rural Hospital TA Program

- **Characteristics of hospitals seeking assistance**
  - Hospitals selected for TA were generally trying to adapt to a post-Covid environment, evaluate unprofitable service lines, reduce expenses through optimization where possible, and undertake strategies to increase collections and revenue



Jan. 4, 2024 Site Visit to Jersey County Hospital, Illinois  
USDA RD Field Reps, Hospital CEO, Consultants and NRHA

# USDA/NRHA Rural Hospital TA Program

## High Level Findings

- Estimated \$1.7M in financial opportunity/impact identified per completed SFOA
- Over life of project:
  - 52 SFOAs for an estimated total impact of \$88.4M
  - 13 Debt Capacity/Market Analysis
  - 11 Other targeted services
- Major areas of improvement identified included
  - Revenue cycle (Chargemaster, POS collections, third-party contracts, etc.)
  - Cost report
  - 340B utilization
  - Swing bed program growth
  - Market share capture
  - Inpatient and Outpatient service growth
  - Rural Health Clinic Strategy
  - Rural Emergency Hospital Conversion (Nebraska)
  - Board Training (Riverton, Wyoming)
- Debt capacity analyses suggest capacity for capital improvements and potential USDA financing opportunities

# Health Equity Council

- The [Health Equity Council](#) highlight the needs and concerns of rural underserved populations; including but not limited to ***multiracial, multicultural, LGBTQIA, veteran, and homeless*** populations.
- Plan Health Equity Conference
- Sit on the Rural Health Congress & Board of Trustees
- Address current issues
  - *Statement on racism*
  - *Support of DEIA initiatives*
  - *Impact of COVID-19*
  - *Behavioral Health & Substance Use*
  - *Maternal & Child Health*





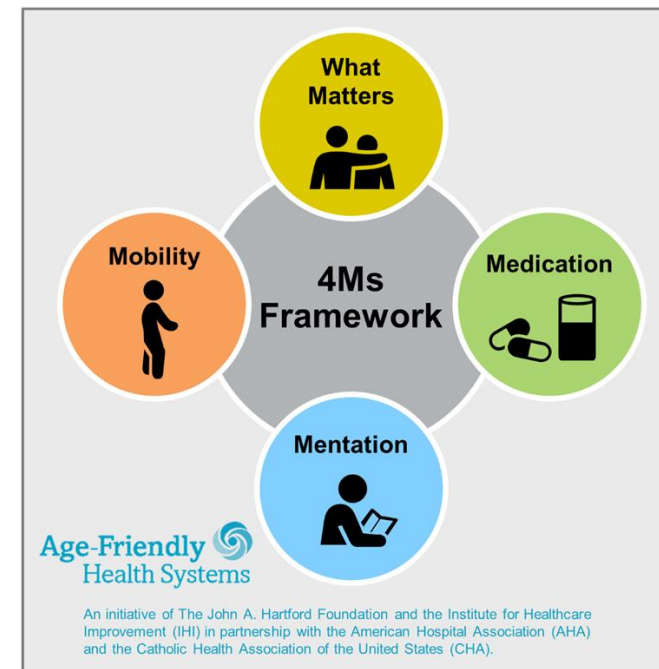
# National Rural Oral Health Initiative

- *Purpose is to provide leadership on rural oral health care to elevate oral health as part of primary care.*
- Collaboration in partnership with the CareQuest Institute for Oral Health with a focus on:
  - **Policy:** Support of a Special Oral Health Interest Group to provide policy recommendations/analysis.
  - **Communications:** Disseminate rural oral health information and best practices.
  - **Education:** Integrate rural oral health related tracks within NRHA programming, CHW trainings and SRHA programming.
  - **Research:** Advance rural oral health related research and policy.



# National Rural Age-Friendly Initiative

- The initiative, launched in January 2023 as a planning grant of The John A. Hartford Foundation, is currently in the first year its three-year implementation phase.
- The mission is to enhance access to age-friendly care for rural older adults by employing the national network of rural health experts with NRHA.
- **Key priority areas:**
  - Familiarizing our members and partners with age-friendly care - specifically the 4Ms framework.
    - Public Health Systems
    - Rural Hospital Systems
    - Rural Communities
    - Rural Community Health Workers
- **Identifying places in the rural aging environment where NRHA should follow, partner, and lead.**



## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

## Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

## Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

For related work, this graphic may be used in its entirety without requesting permission.  
Graphic files and guidance at [ih.org/AgeFriendly](http://ih.org/AgeFriendly)

# Additional Initiatives & Issue Groups

- [US/Mexico Border Health Initiative](#)
- Behavioral Health and Substance Use Disorder Policy Issue Group
- Rural Indigenous Peoples Health Initiative
- Rural Hospital Issue Group
- Rural Primary Care Issue Group
- [National Rural Health Veteran's Initiative](#)
- [Rural Wellness and Chronic Disease Initiative](#)





# Additional Rural Programming

- **Rural Health Fellows Leadership Program:** a network of diverse rural leaders that will step forward to serve in key positions within NRHA, affiliated advocacy groups, and local and state bodies with health equity as a main focus.
- **Partnership The Centene Corporation:** focus on Medicaid issues impacting rural communities to support policy solutions.



# Day 1 Wrap-Up



**Diane Hall**

*Director, Office of Rural Health*

Centers for Disease Control and Prevention

Please take a  
moment to  
begin the  
meeting  
evaluation.

## 12th Annual Meeting of the Rural Health Philanthropy Partnership





# 12th Annual Public-Private Collaborations in Rural Health Meeting

## Day 2 Sessions Begin at 9am



# Welcome to the 12<sup>th</sup> Annual Public-Private Collaborations in Rural Health Meeting

October 24-25, 2024 | Bethesda, MD

Wifi Network: MarriottBonvoy\_Conference  
Access code: MHQ2024



# Welcome Back and Context Setting



**Tom Morris**

*Associate Administrator*

Federal Office of Rural Health Policy

Health Resources and Services Administration



# Welcome to the 2024 Rural Health Philanthropy Partnership Meeting

## **Day 2 Agenda**

9:00 – 9:15 am

9:15 – 10:30 am

10:30 – 11:00 am

11:00 am – 12:00 pm

12:00 – 12:30 pm

Welcome Back and Context Setting for Day 2

Engagements in Rural Health with Federal Partners

Break and Information Networking

Rural Community Engagement and Capacity Building

Key Takeaways and Continuing the Conversation

## Meeting Adjourns

# Engagement in Rural Health with Federal Partners

\*\*\*Two 30-minute sessions: Federal representative will be the same for each session

Appalachian Regional Commission  
Delta Regional Authority  
Department of Agriculture  
Department of Education  
Department of Health and Human Services:  
Agency for Health Care Research and Quality  
Assistant Secretary for Policy and Evaluation, HHS  
Centers for Disease Control and Prevention  
Centers for Medicare & Medicaid Services  
Health Resources and Services Administration  
Indian Health Service  
National Institutes of Health  
Substance Abuse and Mental Health Services Administration  
Environmental Protection Agency

Please take a  
moment to  
begin the  
meeting  
evaluation.

## 12th Annual Meeting of the Rural Health Philanthropy Partnership





# 12<sup>th</sup> Annual Public-Private Collaborations in Rural Health Meeting

## Break

Wifi Network: MarriottBonvoy\_Conference  
Access code: MHQ2024



# Rural Community Engagement and Capacity Building



**Ann Rodgers**  
Grantmakers In Health



**Pennie Foster-Fishman**  
Northwest Michigan Community  
Health Innovation Region



**Amy Elizondo**  
National Rural Health Association

# Rural Health Community Capacity Academy



# Rural Health Community Capacity Academy Overview

## **What is the Academy?**

The Rural Health Community Capacity Academy supports rural organizations in addressing local health challenges by building their capacity for community engagement and development.

## **Who is it for?**

Aimed at rural health organizations, including medical centers, nonprofits, FQHCs, RHCs, and tribal and local governments, with a demonstrated need for capacity-building support.

## **Purpose**

Provide personalized coaching to help organizations assess strengths, overcome challenges, and improve efficiency and collaboration.

# How the Rural Health Community Capacity Academy Works

## Personalized Coaching

- Development coaches help organizations evaluate community health needs and create strategic plans through site visits and regular communication over a 13-month period.

## Core Activities

- **Tailored Support:** Flexible, adaptive coaching based on organization needs.
- **Site Visits:** 2-3 in-person visits for in-depth assessment and hands-on guidance.
- **Resource Connection:** Assistance in identifying opportunities for support.
- **Ongoing Feedback:** Regular assessments and communication to track progress.

For more information visit:

[Rural Community Health Initiative](#)

# The Northwest Michigan Behavioral Health Initiative

Strengthening the Behavioral Health System  
through Cross-Sector Actions

**Pennie Foster-Fishman, Ph.D.**



**NORTHWEST**  
COMMUNITY  
HEALTH  
INNOVATION  
REGION

NORTHWEST MICHIGAN  
**Behavioral  
Health  
Initiative**



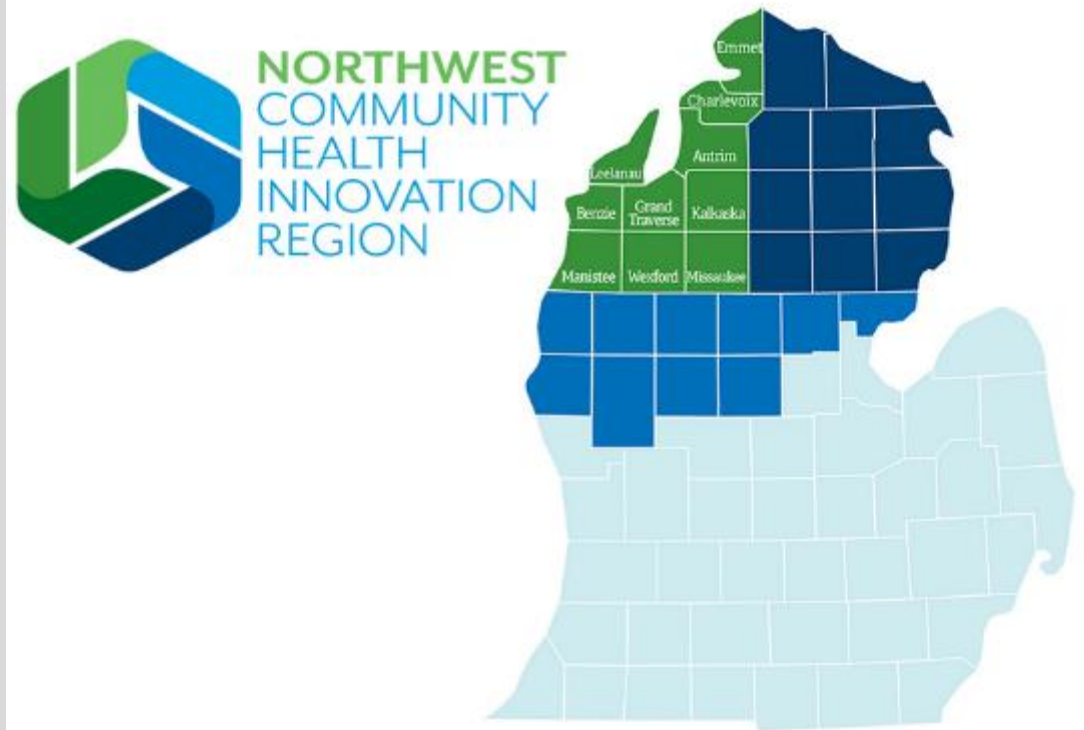
# Our Funders



**Huckle Family Foundation**



# THE NORTHWEST MICHIGAN COMMUNITY HEALTH INNOVATION REGION (CHIR)



Behavioral  
Health  
Prioritized in  
CHNAs

June 2021  
MHEF Planning  
Grant

September 2022  
Received 2 year  
MHEF Behavioral  
Grant

October 2024  
Received 2-year  
MHEF Behavioral  
Health Grant

Over 2000 stakeholders engaged in the work

\$5.64M received from other funders to support  
the work

# Developed a Shared Framework Using a Grounded Theory Approach

---



# Our Framework

## BLUEPRINT FOR ACTION:

Strengthening Behavioral  
Health Systems and Promoting  
Well-Being and Resiliency

DEVELOPED BY



WITH FUNDING FROM





# THE BEHAVIORAL HEALTH INITIATIVE

## Goal #1

Increase access to quality  
behavioral health services



**Increase Availability of  
Providers and Services**

**Promote Easier  
Access to Services**

**Enhance Willingness and  
Ability to Seek Services**

# THE BEHAVIORAL HEALTH INITIATIVE

## Goal #2

Enhance overall well-being  
and resilience across the  
region



Promote Positive Healthy  
Experiences

Reduce Risk of  
BH Challenges

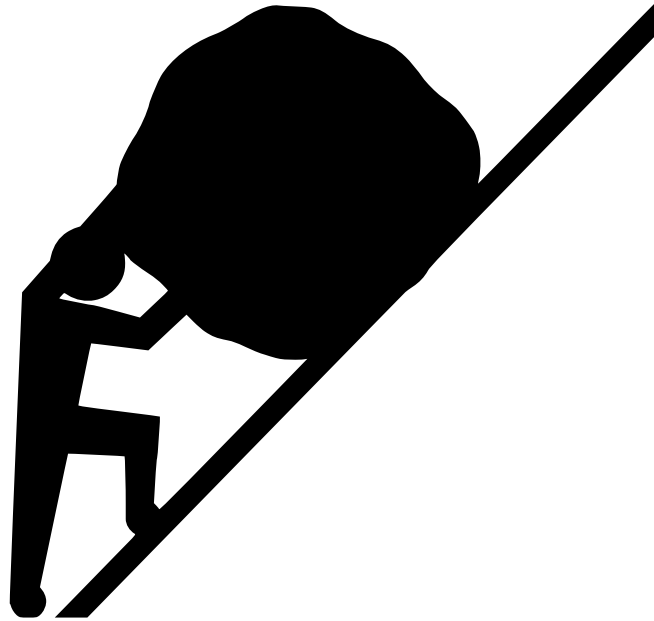
Strengthen  
Community

## Our Challenge

Large Rural  
Geographic Space

Isolation

Sense of  
overwhelm given  
scope of need



## Our Opportunity

Connected Network

Committed Residents  
& Staff Across the  
Region



# Our Action Learning, Systems Change Approach

Compelling Aim	Opportunity for Action
Quick Action Sprints with Real Wins	Implementation Wraparound Supports
Capacity Building	Adaptive Action





## November 2021 Virtual Summit

### Launched Cross Sector Action Teams

- Action priorities selected prior to Summit
- Action team facilitators recruited and trained in an action planning process using Mural prior to summit
- Participants self-organize into Action Teams
- Teams prioritize action and develop initial plan

Action Teams  
&  
Communication

## April 2022 Celebration & Summit

Celebrated cross-sector actions

Prioritized next steps

Integrated actions and networking across region

Launched next round of action teams

Action Teams  
&  
Communication

# Expand Crisis Services Action Team



Received \$5M ARPA Grant from  
Grand Traverse County

New Crisis Services Center Opens in  
January 2025

# Recruit Interns Action Team: Behavioralhealthinterns.org

## A Behavioral Health Internship Directory



Home All Internships Contact Us Resources

Post an Internship

### The #1 Site for Behavioral Health Interns in Northwest Michigan

Find a placement opportunity in northwest Michigan that fits your needs and interests! Search for opportunities within your chosen field and geographic location below and learn more about the experiences northwest Michigan has to offer.

Browse Regional Internship Opportunities

### All Internships

Looking for an internship in the behavioral health field in Northwest Michigan? Browse the listings below to find an opportunity that fits your needs and interests!

#### Addiction Treatment Services

Addiction Treatment Services offers a variety of programs that work to promote the mental health, wellness, and recovery of individuals impacted by substance misuse and behavioral health issues. Internship experiences vary and depend on the degree the student is pursuing. To learn more, visit our website at [addictiontreatmentservices.org](http://addictiontreatmentservices.org) and contact us. [Read more](#)

Counties served: Alcona, Benzie, Charlevoix, Emmet, Grand Traverse, Kalamazoo, Leelanau, Manistee, Ogemaw, and Oshtemo

Position: Substance Use and Treatment

Typical setting: Internship

[View details](#)

#### Alcona Health Center

Counties served: Emmet

Position: Healthcare

Typical setting: Internship

[View details](#)

#### Centra Wellness Network

Centra Wellness Network (CWN) is a Community Mental Health Service Provider and has a goal to offer placement, training, and supervision for interns, and to provide experience, learning opportunities, and support for individuals who may desire to enter the behavioral health field. CWN offers a variety of clinical programming. [Read more](#)

Counties served: Benzie and Manistee

Position: Community Mental Health

Typical setting: Internship

[View details](#)

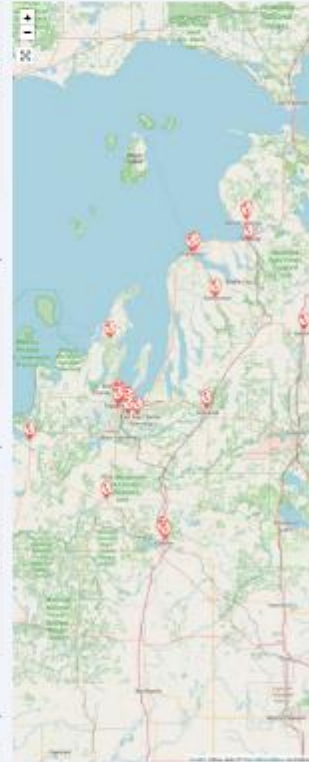
#### Charlevoix-Emmet Intermediate School District

Charlevoix-Emmet Intermediate School District (CEISD) offers internships to students earning towards a master of social work degree and those who are studying within psychology programs. Internship opportunities are available in early childhood, K-12, and special education program settings and interns have the opportunity to work with an CEISD employee currently in [Read more](#)

Counties served: Alcona, Charlevoix, and Emmet

Position: Education

Typical setting: Internship



Home All Internships Connect with a School Contact Us Resources

Post an Internship

### Connect With A School

Are you looking to place more interns within your organization? Connect with the field placement faculty members at the schools listed below to learn more about the internship placement requirements and needs of their students studying within the behavioral health field.

Central Michigan University

#### Connect with CMU

Contact: Lissa Schwander

Social Work Program Field Director

Email: [lschwander@cmich.edu](mailto:lschwander@cmich.edu)

Florida State University

#### Connect with FSU

Contact: Joanne Hamilton

Northern Region MSW & BSW Field Director

Email: [joannehamilton@fern.fsu.edu](mailto:joannehamilton@fern.fsu.edu)

# Reduce MI STIGMA Action Team

reducestigma.org



People with mental illness or substance use disorder often face judgment, lowered expectations, derogatory remarks, isolation, and biased treatment simply because others view them as different. This stigma has significant consequences: 93% of individuals in Northwest Michigan said that stigma is an obstacle to seeking treatment.

In fact, stigma can create a "why try" effect: why should I try treatment or try to live and work independently if I am not valued.

Stigma is tricky. We may strongly believe that we value people with mental illness and substance use disorder and work hard to not stigmatize them, but sometimes our unconscious biases take over. Since we all live in a society that has portrayed people with mental illness or substance use disorders in a negative way in movies, tv shows, and media reports, it is likely we all have some of these unconscious negative biases.

But here is the good news: Many people in Northwest Michigan want to play a role in making things better. This 21-Day Stigma Challenge was designed to expand this good will. By promoting awareness, understanding and collective action, we can create communities where ALL residents feel included and valued and where all individuals experiencing mental illness or substance use disorders feel supported and encouraged.

Your daily conversation starter questions are linked to the 21 Day Stigma Challenge for more information.



JOIN THE DISCUSSION

### Record Your Activities for the Day

This challenge is designed to spur change – in ourselves, behavior, opportunities and practices. Please help us keep track of how individuals are engaging with the 21-Day Stigma Challenge. Record your activities and actions. Each action you take, each resource you review, will add a sticker to your name in the drawing for a chance to win \$100 gift cards at the end of the challenge.



We are thrilled to have you join our collective effort to fight stigma!

[Learn More](#)

**READ:**

**Why Stigma Matters**

- Read [Marianne O'Brien's](#) description of what stigma is, the impact of stigma, and how you help fight stigma.

-OR-

**WATCH:**

**Stigma Hurts. Treatment Heals**

- Watch this video created by [Munson Healthcare](#) about why stigma hurts those experiencing a substance use disorder and what health care needs to do differently.

**What Does Stigma Feel Like?**

- Watch this 2 minute video created by [Bring Change 2 Mind](#) about how individuals with mental illness experience the stigma in their lives.

**Do You Want To Learn More? Check Out These Additional Resources:**

**Stigma 101**

Click through this interactive presentation to [learn more about stigma, its impact and what you can do to fight against stigma.](#)

**Stigma Interferes with Quality Care**

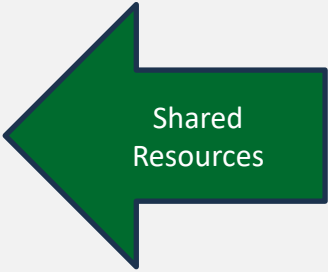
Watch [Susan's Video](#), a mother in northwest Michigan, share her story of how stigma interfered with her child receiving quality care.

**What You Can Do to Fight Against Stigma**

Watch [high-schooler Sarah Mack](#) talk about her own mental health struggles and what needs to be done to reduce stigma.

**Fighting the Stigma Against Mental Illness**

Listen to this podcast by [Dr. Patrick Corrigan, DC](#). Corrigan discusses where stigma comes from, how it affects mental illness, and what's been done to fight it.



[Take Action](#)

**Take the Pledge to Fight Stigma**

Please read the pledge below and add your name to our signature list. [Forward the pledge](#) to a family member, friend, or coworker.

A banner for the "21 DAY STIGMA CHALLENGE" featuring a collage of diverse people's faces.

**I PLEDGE TO FIGHT AGAINST STIGMA**

Together, we can **end stigma, create hope**, and make it easier to **access care and support**. We can shift the social and systemic barriers for those living "with a mental health illness or substance use disorder and encourage acceptance and understanding.

**I PLEDGE TO...**

A blue icon of a person with a thought bubble above their head.

- Learn the facts against stigma, its impact, and how to end it.
- Show compassion by reaching out to those in need of help.
- Not let anyone suffer in silence.
- Have the courage to speak up.
- Challenge stereotypes and attitudes.

A blue icon of a person sitting on a couch.

- Encourage others to speak about their experiences.
- Listen to mental health or substance use disorder experiences without judgment.
- Avoid using stigmatizing words in everyday conversations.
- Not discriminate against people with a mental illness or substance use disorder.

A blue icon of two people talking.





# Increase Care Coordination Action Team



## What is this website and how can I use it?

The goal of this website is to strengthen the care coordination network across Northwest Michigan. It is designed to promote awareness of and connection to **Care Coordination Groups** across the region as well as to promote the sharing of training and other resources across these groups.

## Shared Slack

A screenshot of a Slack workspace for "Northwest MI Care Coordination". The left sidebar shows a list of channels: #education, #behavioral-health, #child-care, #clothing-and-household-items, #dental, #developmental-supports, #employment-income, #financial-resources, #food-security, #housing, #housing-repair-and-safety, #legal-assistance, #medical-care-costs-and-health-insurance, #meet-the-network, #other, #primary-care-provider, #senior-care-and-safety, #transportation (highlighted), #utilities, and + Add channels. The main area shows the "#transportation" channel with a message from Kailey Kanaziz at 10:51 AM asking for help with car repairs. Below it, a message from CLARISSA at 3:04 PM asks for help with purchasing a vehicle. At the bottom, a message from Linda Stark at 11:36 AM mentions state assistance. The message input area at the bottom shows "Message #transportation".

<https://micarecoordinationnetwork.org/>

# Expand Community Health Workers in Schools Action Team

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# Contact Info:

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NWCHIR Behavioral Health Initiative

[behavioralhealth@northernmichiganchir.org](mailto:behavioralhealth@northernmichiganchir.org)

[Pennieff@gmail.com](mailto:Pennieff@gmail.com)



Or visit the [BHI Website:](http://northernmichiganchir.org/northwest-chir/behavioral-health-initiative)

[northernmichiganchir.org/northwest-chir/behavioral-health-initiative](http://northernmichiganchir.org/northwest-chir/behavioral-health-initiative)



# Rural Community Engagement and Capacity Building

## Q&A Session





# Key Takeaways



**Tom Morris**

*Associate Administrator*  
Federal Office of Rural Health Policy  
Health Resources and Services Administration



**Cara James**

*President and Chief Executive Officer*  
Grantmakers In Health



**Alan Morgan**

*Chief Executive Officer*  
National Rural Health Association



**Diane Hall**

*Director, Office of Rural Health*  
Centers for Disease Control and Prevention

## 12th Annual Meeting of the Rural Health Philanthropy Partnership



Don't forget to take the meeting evaluation!

# 12th Annual Public-Private Collaborations in Rural Health Meeting

## Thank You for Joining Us!

