2014
STATEWIDE HEALTH GRANTEES:
EVALUATION REPORT

DECEMBER 2018
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In 2014 the Michigan Health Endowment Fund made its first awards: large grants to a small cohort of statewide organizations. This approach allowed the inaugural board of directors to support Michigan organizations and residents right away, even as they were building a staff and shaping a long-term strategy.

Five years later, the Health Fund has expanded and refined its grantmaking. We have a five-year strategic plan and leaders in each program area empowered to support progress. We’ve learned that smaller grants help us be nimble. We can support more innovative ideas, invest in more people and places in Michigan, and learn what works (and what doesn’t)—so we can build on it.

Still, those first awards have made their mark on the Health Fund and on our state. The influx of grants had a variety of immediate, positive health impacts on kids and seniors in Michigan. Grantee organizations leveraged these large investments to create the infrastructure and capacity—human capital, policies, payment structures, and institutional knowledge—that they need to enact transformative, enduring change.

And we learned how to be a more effective funder. The successes and challenges from these early grants each pointed us in one direction: collaboration. Our collaborative approach with our partner organizations has become a key part of our culture and it’s an example we’re proud to set.

That’s why, even though our grantmaking looks very different now than it did in 2014, we’re taking you on a guided deep dive into our first grants.

READ ON TO LEARN HOW OUR PARTNERS
INCREASED VACCINATION RATES,
TRANSFORMED THE WAY FOOD BANKS
HELP PEOPLE, AND BROUGHT MILLIONS
IN MATCHING FUNDS TO MICHIGAN
EXECUTIVE SUMMARY

In 2014 the Michigan Health Endowment Fund distributed its first grants. During this initial grantmaking cycle, the Health Fund made awards to a select set of statewide organizations with local affiliates using innovative approaches to address the health and wellness of youth or seniors, reduce healthcare costs, or increase access. This report presents the lessons learned from the $36.15 million in grants provided to ten organizations working to improve health in communities across Michigan.

The Health Fund’s 2014 statewide health grants were successful in many ways. These investments have driven changes that have already—and will likely continue—to positively impact the health of Michigan residents. Although the success of each individual program was varied, as a cohort, the 2014 grantees made significant progress toward their stated outcomes.

Additionally, this funding experience helped us at the Health Fund be more effective. Through these grants, we worked closely with a limited number of grantees, revealing insights that have helped shape our subsequent work. We learned about the range and strength of our potential partners across the state, how to improve our grantmaking process, and how we could help our grantees be more successful.

METHODOLOGY

To understand the impact of the 2014 grants and reflect on lessons learned, our evaluation team conducted a summative evaluation of the funded programs. This work included a review of initial project proposals, other project documentation provided to the Health Fund, and each project’s final evaluation report. To supplement the document review, we conducted interviews with Health Fund staff that oversaw these projects and, in some cases, with grantees themselves.

Our goal was to understand the types of challenges our grantees faced, as well as how those challenges affected their respective implementation processes and project outcomes. There were two main components to this analysis: first, we assessed the obstacles each grantee encountered and what (if any) midcourse corrections they employed, and second, we compared each program’s expected outcomes with their actual results at the end of the grant cycle.

This report summarizes both the findings of grantee project outcomes and the Health Fund’s lessons learned.
Grantee projects had a variety of successes, including improving the health of Michigan children and seniors, and streamlining the delivery of health and other health-related services. Several grantees’ projects had positive impacts on health, for example:

Over the past 30 years, obesity rates across the U.S. have more than doubled in children, and quadrupled in adolescents. In Michigan, 32.6% of kids ages 0 to 17 are overweight or obese, higher than the national average of 31.3%. In addition to the short- and long-term health consequences, overweight or obese children are also more likely to have lower academic achievements and to score poorly in math.¹

To help address childhood obesity in Michigan, the Michigan Recreation and Parks Association (mParks) implemented Come Out & Play, a project that provided materials and support to local park and recreation agencies for health and fitness programs, with a special focus in counties ranked the lowest on health factor rankings. Using a curriculum that meets the Physical Activity Guidelines for Americans, this program engaged more than 1,400 youth in 21 local programs across the state. By the end of the project, youth participants had increased levels of daily physical activity by an average of 30%, and showed measurable improvement in fitness levels.

According to the Centers for Disease Control and Prevention (CDC) 2016 National Immunization Survey, Michigan’s childhood immunization rate was among the nation’s worst—ranked the 43rd lowest in the United States for children aged 19 through 35 months. Vaccination is one of the best ways parents can protect infants, children, and teens from 16 potentially harmful diseases. Vaccinations are cost-effective, too; the CDC estimates that for every $1.00 spent on immunizations, an estimated $10.20 is saved in disease treatment costs. Vaccine-preventable diseases can be very serious, may require hospitalization, or even be deadly—especially in infants and young children.

In response, the Michigan Association of Local Public Health (MALPH) created the Sustaining Community-Based Immunization Action program, which aimed to raise immunization rates among Michigan children and seniors by facilitating partnerships among health departments and other regional partners. The project reduced disparities in immunization rates along racial and income-based lines, increased the percentage of seniors receiving annual flu vaccines, and improved coverage rates for birth dose hepatitis B vaccines.

¹https://www.nhcm.org/categories/preventing-childhood-obesity-in-michigans-classrooms
Beyond achieving positive health outcomes, or improving the infrastructure for healthcare delivery, several 2014 grant projects achieved broader reach through institutionalization when the Michigan Department of Health and Human Services (MDHHS) integrated them into statewide initiatives. For example:

Easterseals Michigan’s Look, Uncover, Nurture, Act (LUNA) model was used to build a request for proposals for comprehensive trauma team assessments statewide as part of MDHHS’ adverse childhood experiences (ACEs) initiative.

The mParks Come Out & Play model was adopted by MDHHS and rolled out to agencies statewide, ensuring that more Michiganders see and use parks as venues for physical activity.

One way of improving the health and wellness of Michigan’s children and seniors is to streamline the infrastructure of how care, services, and resources are delivered. Several 2014 grantees enhanced and improved health and wellness infrastructure in ways that promote the health of children and seniors in Michigan, including:

Michigan’s community health centers serve more than 650,000 patients each year, providing comprehensive, accessible, affordable, quality primary and preventive healthcare, often to patients living well below the federal poverty level. The Michigan Primary Care Association’s (MPCA) Linking Clinical Care with Community Supports project successfully strengthened the capacity of staff at Michigan’s 38 community health centers by incorporating community health workers (CHWs) into their primary care teams. Beyond the role of CHWs in delivering referrals and community linkages that can help improve health outcomes, this project had major implications for payment reform.

Within the state, the project delivered important lessons learned that brought Michigan closer to reimbursement for CHW services while providing the framework for a later state initiative to ensure smooth transitions of care between beneficiaries and clinical or social services they require. At the national level, other states have looked to MPCA for best practices on CHW integration, leading to a partnership between MPCA and the National Association of Health Centers to promote their model. Ultimately, the program’s success allowed MPCA to use $800,000 in matching funds to apply for and eventually secure $7.1 million in federal Medicaid funding to expand the scope of the project, a nine to one match in the initial investment.

Despite the health benefits of eating fresh fruits and vegetables, fresh produce makes up just about 15% of what food banks distribute to those in need across the US. While this is an improvement from 20 years ago, when canned and boxed food made up 100% of food bank distributions, many food banks still lack the knowledge and infrastructure to effectively distribute more fresh fruits and vegetables to food bank patrons. To that end, the Food Bank Council of Michigan’s Food Bank Access to Nutrition project improved six regional food banks’ abilities to handle fresh produce, and to deliver fresh fruits and vegetables via mobile distribution. They did so by changing both the physical capacity at food banks, as well as the mindset of food bank employees, who hadn’t previously handled much fresh food.

At the conclusion of the program, the landscape for getting more fresh fruits and vegetables into Michigan food banks had changed dramatically. By helping them do more than deliver canned and packaged goods, this project has had a lasting impact on the ability of food banks to ensure low-income Michigan residents access to healthy food. Food banks developed their first partnerships with farms and other private businesses, many of which are still in place today. And they sought additional funding and established other internal protocols to help carry this positive change forward beyond the life of the grant. Finally, the nutrition education delivered to food bank clients increased their demand for fresh produce and, critically, their ability to incorporate it into their diets.

https://psmag.com/social-justice/more-food-banks-offering-fresh-fruits-vegetables-31911
While many of the 2014 grantees successfully made a positive impact on the health of Michigan residents, they also faced challenges with implementation. Understanding these challenges has been critical to helping the Health Fund adapt and evolve our grantmaking strategy.

There were two primary challenges experienced by the 2014 grantees. First, several grantees encountered significant delays due to unanticipated staffing and hiring challenges. These delays included staff turnover that interrupted project implementation, or lengthy hiring processes that slowed progress. Hiring delays were most likely to be an issue for grantees seeking to fill higher-level positions, such as a program director or a project team lead.

Related to these staffing challenges, some grantees experienced difficulties coordinating program implementation and staff training across their full target area, especially those grantees working statewide or in a large geographic region.

Based on these organizational challenges, we determined that the Health Fund should provide support to each program throughout the funding period, including technical assistance and events for grantees to share strategies to address obstacles. In response, the Health Fund has since implemented ways to have more frequent and regular contact with our grantees.

The second challenge that many 2014 grantees faced was a problem of ambition. Grantees came to us with aspirational project plans, but some found their scope of work was too large for the relatively short funding period. In some cases, this was due to an incomplete understanding of requirements to secure additional funding (for example, securing arrangements for third party reimbursement), an area where the Health Fund is now delivering targeted technical assistance. In other cases, this was due to the staffing challenges mentioned above, or difficulties ensuring program consistency across a large target region.

To address these feasibility challenges in future grantmaking rounds, the Health Fund implemented a concept paper process. Applicants submit a brief project overview before a formal grant proposal, which our staff uses to assess a project’s feasibility and provide feedback to potential grantees. In addition, we now segment our funding for some large or complex projects into multiple, smaller grants given over more than one funding cycle.

The 2014 grants helped drive change to improve the health of people across Michigan, and helped shape the Health Fund’s current approach to grantmaking. The following section highlights the projects and outcomes of each grantee, with a particular focus on each grantee’s large-scale impact on their stated health objectives. A link to the final evaluation report for each project is also provided.
2014 STATEWIDE HEALTH GRANTEES

AREA AGENCIES ON AGING OF MICHIGAN
EASTERSEALS MICHIGAN
MICHIGAN ALLIANCE OF BOYS AND GIRLS CLUBS
MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH
MICHIGAN ASSOCIATION OF UNITED WAYS
MICHIGAN FITNESS FOUNDATION
MICHIGAN RECREATION AND PARK ASSOCIATION
MICHIGAN PRIMARY CARE ASSOCIATION
STATE ALLIANCE OF MICHIGAN YMCAS
FOOD BANK COUNCIL OF MICHIGAN
**Great At Any Age: Empowering Older Adults to Prevent Falls and Control Their Diabetes**

The Great At Any Age project aimed to improve the health and well-being of older adults by reducing two major drivers of preventable healthcare expenses among Michigan’s growing senior population: preventable falls and diabetes. To do so, the Area Agencies on Aging of Michigan, the statewide umbrella organization, packaged and disseminated evidence-based programs for senior adults to sixteen area agencies on aging (AAAs) across Michigan. This initiative focused on two nationally studied, evidence-based curricula programs, both of which utilize a multi-session group format lasting six to eight weeks: A Matter of Balance, a program created by Boston University that is aimed at mitigating the risk of falls among older adults, and Stanford University’s Diabetes Self-Management (DSMT) program, focused on increasing diabetes management.

Beyond reducing preventable healthcare costs among Michigan seniors, Great At Any Age was also driven by the goal to improve the infrastructure that connects Michigan’s aging network (including AAAs) with the traditional healthcare system. The project successfully increased referrals from healthcare providers to AAA-sponsored evidence-based programs. It also improved the sustainability of local AAAs by helping two-thirds of those participating complete the demanding requirements of becoming Medicare-certified providers of diabetes education, and by building their capacity to obtain private pay and insurance reimbursements.

The final evaluation results of this project were very positive. More than 7,200 people graduated from A Matter of Balance, 180% of the project’s original goal of 4,000 graduates. These graduates gained a greater sense of control about the risks of falling, and experienced fewer restrictions on their social activities and increased their physical activity levels. In fact, final evaluation data revealed that graduates of the Michigan program achieved outcomes comparable or great to those demonstrated in comparable national studies. Meanwhile, Diabetes Self-Management graduates showed improvements in their ability to cope with their diabetes, an increase in regular exercise, and they consumed more fruits and vegetables.

The project also overcame notable challenges. During the funding period, program staff learned that in order to bill Medicare for the curricula, they needed to provide a second billable service to AAA clients. As a result, they were forced to design and implement a nutrition program, which wasn’t anticipated during the application phase. In the context of the program itself, this represented a temporary setback. But it ultimately led to positive health outcomes for Diabetes Self-Management graduates, and it had one of the largest impacts on the Health Fund’s grantmaking strategy by demonstrating the need and opportunity for us to play a more hands-on role supporting organizations prior to and during a funding period.
Every year, Michigan agencies receive referrals for nearly 3 million child maltreatment cases. Each of these cases represents a potentially traumatic situation for the child involved, and evidence shows that trauma and toxic stress have serious long-term consequences for kids’ physical and mental health. To address these traumas, Easterseals Michigan developed a trauma assessment program called the Look, Uncover, Nurture, Act (LUNA) model, which provides children with trauma assessments and an individualized treatment plan to help get them the care they need.

8 TRAUMA ASSESSMENT SITES
5,256 CHILDREN SCREENED FOR TRAUMA
692 TRAUMA ASSESSMENTS

By the end of the funding period, all eight trauma assessment sites were operational, and more than 5,000 screenings and nearly 700 trauma assessments had been completed. But this project’s success has had an impact well beyond the funding period.

State health officials noticed the LUNA model. As part of its adverse childhood experiences (ACEs) initiative, MDHHS utilized evidence from Easterseals’ project to develop a trauma assessment program in the state’s youth foster care system. MDHHS has since implemented trauma assessments at 14 state sites statewide, and awarded a contract to Easterseals to conduct some of these assessments. As a result of this partnership between MDHHS and Easterseals, trauma assessment referrals and payment come directly from local county MDHHS offices within each region, streamlining the reimbursement process and improving access to care for children statewide.

Easterseals Brain Health Pilot Project

With the support of the Health Fund, Easterseals Michigan expanded LUNA beyond Southeast Michigan. They established comprehensive trauma and neurodevelopmental assessment and treatment programs at eight sites across the state, and developed resources to connect care providers with childhood trauma screening resources. Prior to its implementation, Easterseals estimated that two-thirds of children screened would require complex trauma assessments, approximately one-third of whom would be referred for comprehensive neurodevelopmental assessments.

Great Health Starts Here

To improve the health of Michigan’s children, the Michigan Alliance of Boys and Girls Clubs implemented the Healthy Michigan Today project, doing so through 18 local club partner organizations in 46 locations throughout the state. This project combined three existing programs, including:

1. Triple Play, which focused on youth fitness and nutrition education
2. Two BeFit festivals, featuring health screenings and workshops on healthy behaviors
3. Healthy Michigan Today, aimed at hosting mobile medical screenings for a range of health indicators.

These three programs addressed a list of goals for club members’ health, including increased physical activity, strengthened partnerships with local health care systems, and higher rates of regular appointments for immunizations, diabetes care, and cardiac health. These interventions were intended to install health-conscious attitudes and behaviors in participating youth, helping them make informed decisions about their health and well-being.

More than 13,750 health screenings were conducted over the life of this project, helping healthcare professionals identify a variety of vision, hearing, and physical health issues, and make referrals for additional care. Screening activities helped identify disparities in immunization compliance across certain subsets of children being served. In response, the Boys and Girls clubs partnered with local public health sites to target immunizations to better serve these populations.

Surveys conducted at the outset and end of the project measured attitudes and change in health-related behaviors among participants. Although the health screenings led to an improvement in referrals and access to care, the survey results were inconclusive as to whether this project changed health behaviors of these children over the long-term.

Beyond the direct benefits of conducting health screenings and instilling health-conscious attitudes in Michigan kids, this project helped address a key collaboration challenge among Boys and Girls Club local organizations across the state: data collection, standardization, and confidentiality. With this funding, the Michigan Alliance successfully implemented a web-based system to track each local organization’s programs, activities, and membership records into a central statewide database. This database has enabled the Michigan Alliance to track and report program information across the state, helping both the Alliance and local clubs better understand their impact, and in turn make more informed programming decisions going forward.

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According to the Centers for Disease Control and Prevention (CDC) 2015 National Immunization Survey, Michigan’s childhood immunization rate was among the nation’s worst—ranked the 43rd lowest in the United States for children aged 19 through 35 months. With the goal of increasing vaccination rates in children and seniors across Michigan, MALPH developed the Sustaining Community-Based Immunization Action project.

Increasing vaccination rates isn’t just about giving more shots—it’s also about coordination. Comprehensive immunization programs depend on a robust infrastructure of health organizations, including partners in both public health and in private healthcare. To function effectively, local health departments work with public and private sector physicians and other stakeholders to ensure effective immunization practices, and conduct education and outreach.

In Michigan, MALPH helped convene a network of regional partners that share information at the state level, and then worked to implement partnerships to deliver care in their unique regions. Given this challenge, this project took a systems-change approach, creating pilots in two of six Michigan Care Improvement Registry (MCIR) regions, including one rural region and one urban region. In each region, health departments convened partners to identify and implement evidence-based strategies to raise and sustain local immunization rates. Specific goals in each region included reducing disparities in immunization rates along racial and income-based lines, increasing the percentage of seniors receiving annual flu vaccines, and achieving coverage of birth dose hepatitis B vaccines.

The project successfully achieved statistically significant increases in vaccination rates among children, adolescents, and the senior population in the two pilot regions. However, its impact was more widespread than just raising rates. By engaging local stakeholders, the project helped forge new connections in each region, setting the stage for continued collaboration and improved immunization rates. In one pilot region, this led to the formation of a formal collaborative alliance: the Northern Michigan Public Health Alliance.

The project also helped MALPH build capacity at the state level, work that will help other regions improve their immunization rates. For example, the project helped MALPH discover that vaccine manufacturers were charging different rates for the same vaccine among different providers, leading to the development of a statewide vaccine purchasing agreement. MALPH also developed a statewide reference manual that documents immunization resources for providers operating across the state.
Michigan Children’s Health Access Program (MI-CHAP)

The Children’s Health Access Program (CHAP) was piloted in Kent County in 2008, a project of nonprofit leaders who recognized that kids on Medicaid often lacked a medical home and suffered worse health outcomes. In its first three years, CHAP helped increase up-to-date well visits and use of asthma services, and reduce school absences due to asthma and emergency department visits. Based on these early successes, the Michigan Association of United Ways (MAUW) wanted to expand the program statewide as Michigan CHAP (MI-CHAP).

This project supported the launch of seven new local CHAPs: Genesee, Ingham, Kalamazoo, Macomb, Saginaw, and Wayne counties, and Northwest Michigan spanning Antrim, Charlevoix, Emmett, and Otsego counties. MAUW also helped integrate MI-CHAP into Michigan 2-1-1, the statewide hotline and database that helps residents access a range of information and services. This coordination helped refer more people to their local CHAPs, including both current and potential Medicaid recipients. Finally, MAUW sought to develop a statewide virtual CHAP (V-CHAP).

The MI-CHAP project aimed to reduce barriers to care at the family, practice, and system levels by providing this new gateway to a medical home and strengthening the connection between that gateway and established community resources like 2-1-1. Ultimately, MIUW expected the program to improve the health of Medicaid-enrolled children, save on the cost of care by reducing inpatient and emergency department visits, and improve access to medical homes statewide via local CHAPs and V-CHAP. In addition, MIUW expected V-CHAP to help with efficiency and scaling by allowing for virtual delivery of some program components.

By the end of the grant, MI-CHAP successfully improved access to care for Medicaid-enrolled children, both through the seven new CHAPs as well as improved service at two established CHAPs. One example of how this success was the Genesee County CHAP’s role as the main hub for resources and information for parents and families during the Flint water crisis. In other regions, local CHAPs and V-CHAP effectively coordinated with physicians’ offices to establish medical homes for the target population. As a result, the program did help reduce hospitalizations and emergency department visits in target regions in the year after launching MI-CHAP services.

Currently, MIUW is pursuing avenues to expand the program further and sustain it into the future. Toward that end, they secured Medicaid matching funds and are collaborating with managed care organizations to explore sustainable revenue models for both MI-CHAP and V-CHAP.

Michigan Fitness Foundation

The Michigan Fitness Foundation’s ACT4HEALTH (A4H) program sought to promote healthy behaviors among seniors through an online platform that providers and community organizations can use to provide health education. Specifically, A4H used Wellness Anytime Through Technology (WATT), a lifestyle management app that includes health tracking tools, connections to health experts, and personalized health guidelines and resources. A4H launched the tool in two communities, one in the Upper Peninsula and one in Southwest Michigan, both chosen for their high proportions of seniors and limited availability of nutrition and physical activity education.

A4H encountered obstacles that prevented the platform from being used as envisioned. Uptake of the platform was hindered by a failure to account for a decreased user base, largely stemming from the fact that many Michigan seniors relocate outside Michigan in the fall and winter months. These obstacles sparked a conversation about the Health Fund’s role during project planning phases and implementation.

Michigan Children’s Health Access Program (MI-CHAP)

7 NEW LOCAL CHAPS
60% DECREASE IN ACUTE INPATIENT HOSPITALIZATIONS
14% DECREASE IN EMERGENCY DEPARTMENT VISITS

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Currently, MIUW is pursuing avenues to expand the program further and sustain it into the future. Toward that end, they secured Medicaid matching funds and are collaborating with managed care organizations to explore sustainable revenue models for both MI-CHAP and V-CHAP.
This project aimed to strengthen the delivery system for fitness-related programs across different regions in Michigan. Specifically, the goal was to improve the links between Michigan’s public parks and recreation (P&R) departments and residents, healthcare providers, insurers, and advocates throughout the state. This initiative had three goals:

1. Grow awareness among Michigan’s healthcare workforce and P&R professionals about the importance of P&R facilities in achieving health outcomes.
2. Increase the awareness and utilization of P&R facilities by Michigan children and families.
3. Develop fitness-based P&R resources to help youth and seniors meet physical activity goals.

Through this grant, mParks provided materials, resources, and other support to 38 municipal and county P&R departments across Michigan, enabling them to provide enhanced fitness and health programming. More broadly, this project helped build awareness of P&R agencies as partners in building a culture of preventative health by empowering P&R professionals to view their work through a public health lens.

By the end of the funding period, mParks established a board committee and a dedicated budget to sustain the funded activities after the grant period. In addition, mParks partnered with local P&R departments to develop and integrate the Come Out and Play! (COAP) curriculum at sites throughout Michigan. These activities provided a platform to evaluate and advocate for COAP statewide. Due to its success, MDHHS adopted COAP as its preferred youth activity curriculum for state innovation model (SIM) regions³, which over the long-term should help Michigan residents better recognize local and state parks as venues for healthy activity.

³The MDHHS State Innovation Model aims to improve Michigan’s health care system by focusing on improving Population Health, Care Delivery, and Technology in the health arena. This approach is being implemented in five regions statewide.
This project aimed to strengthen the capacity of staff at Michigan’s 38 community health centers by incorporating community health workers (CHWs) into their primary care teams. MPCA sought to account for population-specific social determinants of health, such as lack of access to healthcare, local environments, and health behaviors. CHWs would help address these determinants by leveraging partnerships in the community and working with local social service programs to identify lack of access to healthcare when applicable. Given that community health centers provide care to vulnerable populations that include low-income, homeless, and uninsured individuals, the integration of CHWs improves access to difficult-to-reach individuals, thereby making effective care more accessible to that underserved population.

When the grant was complete, CHWs were integrated into teams at 16 community health centers across the state. These teams were focused on older adults with chronic conditions, pregnant women, and children with asthma.

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Linking Clinical Care with Community Supports (LCS3)

3,157 VULNERABLE PATIENTS
7,103 REFERRALS FOR CARE

The initiative was a huge success both within and outside of Michigan. Within the state, the program brought Michigan closer to reimbursement for CHW services while providing the framework for a 2016 MDHHS initiative to ensure smooth transitions of care between beneficiaries and clinical or social services they require. Outside of Michigan, other states have looked to MPCA for best practices on CHW integration, leading to a partnership between MPCA and the National Association of Health Centers to promote their model. Ultimately, the program’s success allowed MPCA to use $800,000 in matching funds to apply for and eventually secure $7.1 million in federal Medicaid funding to expand the scope of the project, a nine to one match in the initial investment.

Healthy Out of School Time (HOST) Initiative

One of the most pressing health concerns affecting Michigan youth today is obesity. One in three Michigan children are overweight or obese, with obesity disproportionately affecting low-income and minority children. Children who are obese are more likely to be obese adults and to develop high blood pressure, high cholesterol, type 2 diabetes, asthma, sleep apnea, and joint problems, as well as suffer from psychosocial and behavioral problems.

This program aimed to improve the health of some of Michigan’s most vulnerable populations, low-income children and older adults at risk of chronic disease, primarily through obesity prevention. Working with the network of 28 independent YMCA’s across Michigan, the State Alliance increased the reach of existing evidence-based physical activity interventions at local YMCAs and established new program sites. This initiative successfully established school- and community-based partnerships in vulnerable communities to offer afterschool and summer programs so that more Michigan children have access to high-quality out-of-school time program. The project also successfully implemented evidence-based curricula to develop YMCA members’ core competencies, and tailored the Healthy Out of School Time (HOST) initiative to individual communities.

This grant also supported the statewide expansion of the Michigan Swims curriculum, aimed at mitigating the risk of drowning among school-aged children. By building the capacity and expanding the reach of these two YMCA programs throughout Michigan, this intervention addressed an array of risky health behaviors while advocating for increased awareness of and participation in these programs.

63,954 MICHIGAN YOUTH
PARTICIPATED IN HOST
PROGRAMMING

Funded activities were implemented at nearly 500 YMCA locations, reaching over 100,000 children statewide. The HOST initiative ultimately offered summer programs at 123 locations and after-school programming at 162 locations in total. Additionally, a total of 38,709 children participated in swimming programs statewide.

Beyond the impressive participation rates of each program, the project helped foster significant improvements in the quality of programming being delivered by YMCAs across the state. Local YMCA staff improved their knowledge of and ability to implement evidence-based curriculum for physical activity and healthy eating. And local Ys made strides toward implementing national best practice standards for healthy eating and physical activity.
The MI-FBCM program aimed to improve nutrition and food access among low-income Michigan families through two key activities. First, MI-FBCM partnered with six regional food banks to improve local food banks’ ability to handle fresh produce, and to deliver fresh fruits and vegetables via mobile distribution. Second, MI-FBCM worked with local food banks to implement nutrition education to help clients make healthier eating choices.

The project used grant funds to upgrade local food bank infrastructure to do more than handle packaged and canned goods. MI-FBCM served as a centralized procurement agency, arranging the purchase of fresh produce from farmers and vendors across the state. By establishing these buying relationships, and delivering technical assistance to local food banks on how to handle fresh produce, the project improved participating food banks’ ability to distribute healthy food to clients. It also increased local food bank staff interest in produce distribution as part of the food bank business model. Finally, the project exceeded its original performance goals, distributing 24 million pounds of food (vs. a goal of 17 million), establishing 266 mobile sites (vs. a goal of 66), and reaching 43,916 individuals per month (vs. a goal of 16,197). The project’s mobile distribution reached a total of 771 Michigan zip codes, representing coverage of 88% of the state’s population.

In addition to improving infrastructure, and shaping the willingness of local food banks to handle fresh produce, the project also enhanced collaboration between local food banks. Local food banks are now coordinating produce delivery, collaborating on repackaging frozen produce, and working closely with MI-FBCM to procure goods and services.

Meanwhile, although the reach and capacity of each participating food bank throughout the state varies, all pledged to some form of nutrition education going forward. This component is critical, as food bank clients may not be used to preparing fresh produce and incorporating it into their diets. The nutrition education helps build comfort with and demand for healthier options.

Additionally, in collaboration with a host of partners, including Michigan State University Extension, Area Agencies on Aging, and the National Kidney Foundation, this initiative produced a replicable model and set of tools for future food bank programs to improve access to nutritious foods.

Michigan Food Bank Access to Nutrition

2014 TOTAL FUNDING
$5 MILLION

Michigan Food Bank Access to Nutrition

LINK TO
PPA FINAL EVALUATION REPORT

FOOD BANK COUNCIL OF MICHIGAN (MI-FBCM)