

# REPORT ON THE RURAL HEALTH IMPROVEMENT PLAN PROJECTS

(FY2009 Appropriation Bill - Public Act 246 of 2008)

**April 1, 2009**

**Section 725:** From the funds appropriated in part 1 for rural health services, up to \$100.00 may be allocated to support rural health improvement as identified in "Michigan Strategic Opportunities for Rural Health Improvement, A State Rural Health Plan 2008-2012". The department shall make these funds available to rural and micropolitan communities under a competitive bid process. The department shall not allocate more than \$5,000.00 to each rural or micropolitan community under this section. The department shall not allocate funds appropriated under this section unless a 50/50 state and local match rate has occurred. The department shall submit a report to the house and senate appropriations subcommittees on community health, house and senate fiscal agencies, and state budget director by April 1 of the current fiscal year on the projects supported by this allocation.

*Michigan Department  
of Community Health*



**Jennifer M. Granholm, Governor**

**Janet Olszewski, Director**

**Michigan Department of Community Health**

## **MICHIGAN DEPARTMENT OF COMMUNITY HEALTH BOILERPLATE REPORT SECTION 725**

The Michigan Rural Health Plan: Strategic Opportunities for Rural Health Improvement (MI-SORHI) identifies the leading health issues faced by rural health areas of the state, describes the current health care environment, and identifies strategic opportunities for improvement in the health of Michigan's rural residents, including healthy lifestyles with an exclusive focus on Nutrition, Obesity, and Physical Activity.

The leading causes of death in rural Michigan are heart disease, cancer, and stroke. Although these are also the leading causes of death in metropolitan Michigan, the death rates from these causes of death are notably higher in rural Michigan, indicating that the burden of these diseases is more acute in rural Michigan.

Whereas the Michigan Rural Health Profile describes the leading causes of death, the tremendous opportunity to prevent these causes of death through healthy behaviors and healthy lifestyle choices (physical activity, eating healthy, and maintaining a healthy weight) was clearly communicated through the Community Meetings and the Delphi Study. Throughout Michigan, and the nation, the rate of obesity has been increasing, drawing considerable attention as the new epidemic. Among the states, Michigan has one of the highest rates of obesity in the nation, and Michigan's rural areas have a significantly higher rate of obesity than the urban areas.

Supporting and engaging rural Michigan communities and their residents in eating healthy, being physically active, and achieving and maintaining a healthy weight should reduce the burden of chronic disease and also contribute to an improved quality of life. Collaborative efforts involving communities, schools, worksites, families, and others are needed to create environments that support sustainable healthy behaviors.

During Fiscal Year 2008, twelve communities, Alma, Cheboygan, Eaton Rapids, Fremont, Hillsdale, Manistique, Newberry, Ontonagon, Pigeon, Sandusky, Sault Ste. Marie, and St. Ignace were awarded \$5,000 matching grants to address the healthy lifestyles objectives outlined in The Michigan Rural Health Plan (MI-SORHI). These communities proposed to utilize the funds for programs that varied from working with the schools kids to seniors, offering health fairs or on-going educational programs. Each community tailored the grant to fit the needs of their citizens, in order to get the message out about living a healthier lifestyle. The accompanying report – “Healthy Lifestyles Grant 2008 Summary” gives a detailed listing of how each community utilized these funds.

## Healthy Lifestyles Grants 2008 Summary

Community	Objectives	Partners	Outcome
Alma Objective A-2	Establish a community coalition to develop and implement a screening program to identify 7th graders that are determined high risk for obesity related health issues.	Hospital, Health Dept, Pediatricians & Family Medicine Physicians, Community Mental Health, Department of Human Services, American Cancer Society, Alma College, School Principals, registered dieticians, and Business owners	375 students will be screened; educational packets for students and adults on risk factors distributed, data specific recommendations provided to principals on programs to address the identified risk factors for class.
Cheboygan Objective B-2	Establish a worksite wellness program utilizing local instructors to teach yoga, pilates, line dancing. Treadmills, cycles, and rowing machines available. Monthly healthy cooking demonstrations.	Hospital, Health Department, MSU-Extension, and local instructors.	Hospital employees will increase their physical activity and choose healthier foods; Seasonal Affective Disorder will decrease.
Eaton Rapids Objectives B-4 & C-2	Establish after school "Kids Club" for 4th-6th graders. Increased knowledge of healthy foods and exercise, and improved school menu.	Hospital, Eaton Rapids Public Schools (curriculum coordinator, principal, dietary manager, physical education instructors, and superintendent).	Students will increase physical activity by 60 minutes per week (measured by student journals). Increased healthier choices measured by <i>Student Health Survey</i> ; and improved school lunch menu.
Fremont Objectives B-1 & C-1	The NCHIC will assess Fremont's policy and support for healthy eating and physical activity.	Hospital and the Newaygo County Healthcare Improvement Council (NCHIC).	The NCHIC will develop an action plan to improve Fremont's policies.
Hillsdale Objectives B-3 & C-3	Implement the Coordinated School Health Program and the Exemplary Physical Education Program in all schools. Implement countywide the "Mileage Club."	Hospital, Health Department, United Way, ISD, county schools, Fitness Finders, Jackson/Hillsdale Safe and Drug Free Schools Program.	By June 1, 2009: Each school district in Hillsdale County will have a CSHP; at least 50% of county schools will implement EPEC curriculum; at least 50% of the children will participate in the countywide program.

Community	Objectives	Partners	Outcome
Manistique Objective B-1	Provide 2-10 week FUN Steps programs to elementary school children and their parents and siblings. Provide 2-10 week Body Recall sessions to the geriatric population.	Hospital, Manistique Area Schools, Grocery store, church, and city	At least 20 elementary school age children will complete FUN STEP. At least 40 adults will complete Body Recall.
Newberry Objectives B-4 & C-4	Provide educational programs to area health care providers to improve behavior change during well child visits. Media campaign to promote physical activity and behavior change. Create educational program for community. Create a resource book for teachers.	Helen Newberry Joy, War Memorial and Mackinac Straits Hospitals; Engadine, Saulte Ste Marie, and Tahquamenon Area Schools.	Education is provided to providers. <i>Shaping our Children's Future</i> website is created and updated. PSA on radio stations. In-services are provided to area schools, WIC program and health department employees and local Tribes.
Ontonagon Objectives A-2 & B-2	Provide a Community Health Fair. Conduct a winter "melt-down" and summer "slim-down" contest. Work with the area paper mill and copper ore refinery to disseminate healthy lifestyles fact sheets.	Hospital, White Pine Refinery, Smurfit Stone Corp., Ontonagon School District, Physical Therapy & Fitness Center, and newspaper	Community participation in the health fair; people participating in the weight loss contests; company employees participating in the Fitness Center.
Pigeon Objective B-1 & B-4	Thirty older/sedentary adults participate in 30 minute low-impact exercises twice a week. 100 children & adults reach a personal walking goal. 100 adults & children participate in the free 5K run/walk at the Farmer's Festival.	Hospital, Chamber of Commerce, Farmer's Festival Committee and the American Cancer Society.	50% of the class participants attend 75% of the scheduled classes. 80% of the participants reach their walking goal. 90% of the participants complete the 5K in less than 50 minutes.

Community	Objectives	Partners	Outcome
Sandusky Objectives A-2 & B-4	Free monthly healthy living forums. Monthly healthy lifestyles E newsletter to school parents. Create a healthy living website to access information and linked to other programs/sites and a healthy living calendar. Complete promoting active communities assessment.	Hospital, Health Department, MSU-Extension, and Kids Connection of Sanilac County	Twelve monthly healthy living forums are presented to the public. 12 E newsletters are distributed to school parents. The website is created and linked to other sites. Calendar of events is completed and linked to partners websites. A community assessment is completed at the end of the project.
Sault Ste Marie Objectives B-4 & C-4	Provide educational programs to area health care providers to improve behavior change during well child visits. Media campaign to promote physical activity and behavior change. Create educational program for community. Create a resource book for teachers.	Helen Newberry Joy, War Memorial and Mackinac Straits Hospitals; Engadine, Saulte Ste Marie, and Tahquamenon Area Schools.	Education is provided to providers. <i>Shaping our Children's Future</i> website is created and updated. PSA on radio stations. In-services are provided to area schools, WIC program and health department employees and local Tribes.
St Ignace Objectives B-1 & B-4	Provide a Mackinac County Health Day. Participants receive blood pressure checks, lab testing, diabetes education; healthy eating habits presentation and motivational speaker to create a personal walking regime. All participants receive a pedometer and conclude with an organized community walk.	Hospital, Chamber of Commerce, MSU-Extension, and Mackinac County Wellness Coalition	Identify county residents with high blood pressure and diabetes. Increase the number of county residents who participate in daily walking for exercise.

## **HEALTHY LIFESTYLES GOALS**

### **GOAL A: Reduce the rate of obese and overweight adults and children in rural Michigan**

**Objective A-2:** By 2012, adapt existing educational materials regarding risk, prevention, and long term effects of obesity for rural communities and disseminate to at least 20 rural communities including 10 CAH communities.

### **Goal B: Increase the number of rural adults and children who engage in moderate physical activity at least 5 days a week for 30 minutes a day.**

**Objective B-1:** By 2012, work with at least 20 rural communities including 10 CAH communities to establish a committee to assess their policy and environmental support for healthy eating and physical activity, through the use of a community assessment toolkit and develop an action plan to improve community-wide policies.

**Objective B-2:** By 2012, increase by 20% the number of worksites that establish a worksite wellness program and utilize a worksite assessment tool to advance physical activity for employees.

**Objective B-3:** By 2012, increase by 10% the number of rural school districts who establish a school health committee and implement environmental and policy changes to advance physical activity.

**Objective B-4:** By 2010, adapt existing educational materials regarding the health benefits of moderate physical activity for rural communities and disseminate to at least 20 rural communities including 10 CAH communities.

### **Goal C: Increase the number of rural residents who engage in healthy eating (including adequate fruit, vegetable, and calcium intake; reduce transfats).**

**Objective C-1:** By 2012, work with at least 20 rural communities including 10 CAH communities to establish a committee to assess their policy and environmental support for healthy eating and physical activity, through the use of a community assessment toolkit and develop an action plan to improve community-wide policies

**Objective C-2:** By 2010, increase by 25 the number of rural communities that have taken steps to increase demand for, and improved access to, healthy foods.

**Objective C-3:** By 2012, increase by 10% the number of school districts that establish a school health committee and implement environmental and policy changes to advance nutrition in the schools.

**Objective C-4:** By 2010, adapt existing educational materials regarding healthy eating and nutrition for rural communities and disseminate to at least 20 rural communities including 10 CAH communities.