Community Influencer Program Cohort 1

Evaluation Report

Social Determinants of Health

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Who were the Community Influencers?

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Participant Background

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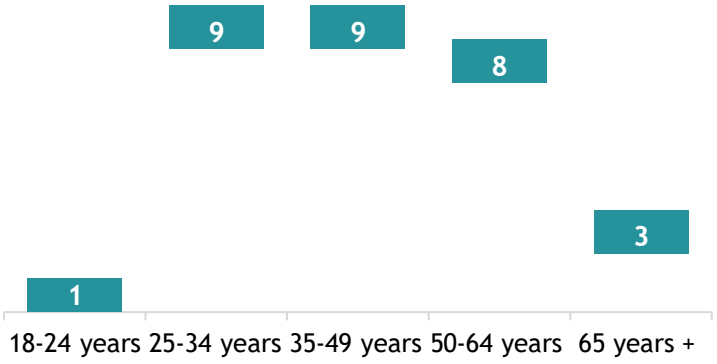
Of the 42 Community Influencers, 30 shared their demographic identities.

Race and Ethnicity

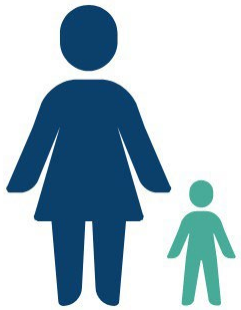
No one reported Hispanic/Latinx ethnicity or Middle Eastern, North African, or Arab-American races.

11 Black
2 Multi-racial
1 Asian
1 American Indian or Alaska Native
15 White

Age Range



Gender



25 Women
4 Men

No one identified as non-binary. One person preferred not to report gender.

Participant Background

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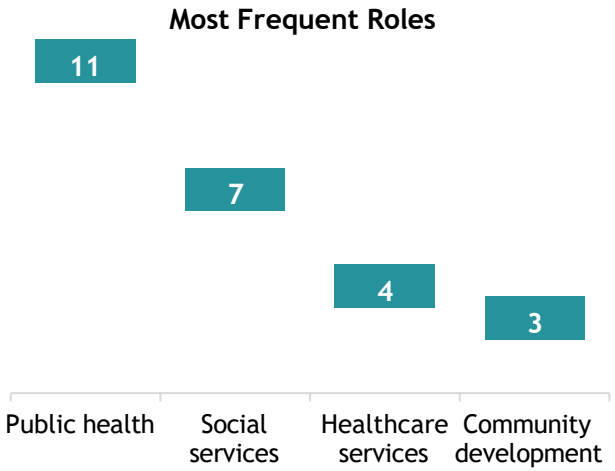
Primary Role

Among the 31 Community Influencers completing the Exit Survey, public health was the most common primary role.

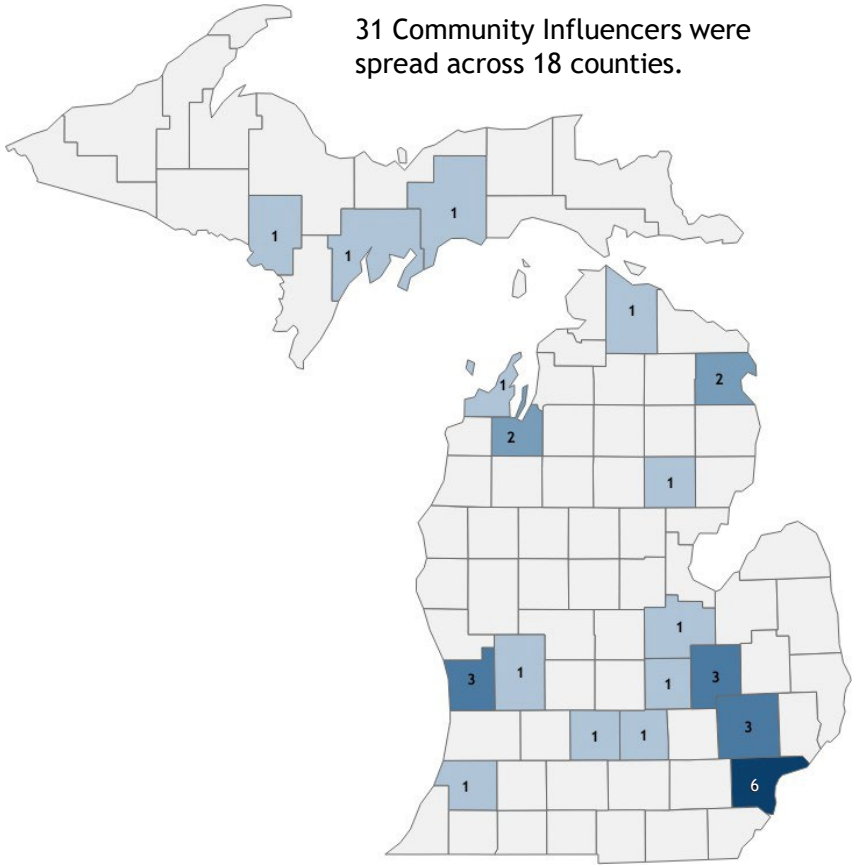


Other Roles Each Held by One Person

- Basic Hygiene need supplier
- Community member
- Community Health Worker
- Education, empowerment, engagement
- Government
- Substance Use Disorder Services

Geography

31 Community Influencers were spread across 18 counties.



What did the Community Influencers do?

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Participation

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52 people were invited to serve as Community Influencers.

10 dropped out before the end of the program.

6 of these people dropped out before submitting any monthly reports.

36 people submitted at least 1 monthly report.

Influencers submitted an **average of 3.2 reports** (excluding the 10 people who dropped out).

9 people submitted all 6 monthly reports.

Reach

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375
Community meetings attended

Average: 10.4
Maximum: 29

207
Engagement events attended

Average: 5.8
Maximum: 24

328
Social media posts reshared

Average: 9.1
Maximum: 42

28 people gave at least 1 presentation. **9** people presented in at least 3 different months.

What community needs and opportunities did the Influencers identify?

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Community Needs: Region 1

SDOH Barriers

- Lack of addiction treatment
- Lack of affordable housing
- Limited transportation
- Lack of living wages
- Shortage of healthcare providers and specialists

SDOH Goals

- Simplified processes and shared information across agencies

SDOH Resources

- Hospital
- Smoking Cessation program at Iron Mountain YMCA
- Upper Peninsula Commission for Area Progress

Information Needs

- Demographics
- Financial stability
- Food security
- Health conditions
- Health insurance coverage
- Housing availability
- Needs assessments
- Transportation

Food Security

- Current resources are insufficient and current collaboratives are ineffective.

SDOH Hub Priorities

- Connect with local school administrators
- Simplify language - "SDOH" does not resonate with locals
- Collaborate with local organizations
- Host regular virtual meetings
- Consider needs of Native populations
- Ensure an ability to reach a person to talk with

Community Needs: Region 2

SDOH

- Lack of affordable housing

interests

SDOH Goals

- More consumer input and continued listening sessions
- Increase preventative health services

SDOH Resources

- Munson Healthcare community health initiatives
- Grand Traverse Center for Mental Wellness

Information Needs

- Affordable housing
- Cost of living
- Education opportunities
- Environmental conditions
- Food bank database
- Health and social services
- Needs assessments
- Wages and employment

Food Security

- Current resources are sufficient. Traverse City has a strong volunteer network to provide free meals. Expanding awareness through advertising and offering transportation vouchers or ride shares would increase access to existing resources.

SDOH Hub Priorities

- Utilize the national risk index
- Use storytelling to illustrate issues
- Collaborate with local organizations
- Use 211 as resource directory
- Focus on affordable housing and transportation
- Create a political action group to share local needs

Community Needs: Region 3

SDOH Barriers

- Limited transportation
- Lack of childcare
- Lack of community spaces
- Shortage of healthcare services
- Lack of chronic disease education

SDOH Goals

- State and federal funding for local programs and initiatives
- Provide affordable housing
- Develop transportation
- Expand childcare
- Create community gathering spaces

SDOH Resources

- Community transit buses
- Senior Centers

Information Needs

- Education opportunities
- Health and social services
- Stress confidentiality
- Share information across all media formats
- Share with policy makers
- Host open forums for sharing information
- Input from young families

Food Security

- Current resources and collaboratives are insufficient. There are only food giveaways in two places and items are not always healthy. Host pickups at schools or libraries and offer mobile pantries. Redistribute leftover food from restaurants and cafeterias.

SDOH Hub Priorities

- Promote and help coordinate food distribution opportunities

Community Needs: Region 4

SDOH Barriers

- High rate of food insecurity
- Lack of affordable housing
- Lack of childcare
- Lack of living wages
- Lack of support from County Board of Commissioners
- Limited transportation
- Racism

SDOH Goals

- Greater access to affordable housing
- Integrate geriatric services with other human services

SDOH Resources

- Food Club
- the Momentum Center
- Grand Rapids African American Health Institute

Information Needs

- Housing availability and cost
- Health and social services
- Barriers to services
- Built environment
- Transportation
- Food security
- Needs assessments
- Social connection
- Resource awareness

Food Security

- Current resources are insufficient because of cuts to the Healthy Ottawa Foods program. Expand food pantry networks and distribute at places people are already visiting. Prioritize culturally appropriate food and address the stigma attached to receiving social benefits.

SDOH Hub Priorities

- Recruit for DEI
- Work with medical facilities to make social need referrals
- Work with senior programs
- Collaborate with 211
- Partner with existing structures
- Use community events
- Create regional transportation networks
- Subsidize CIE for local organizations

Community Needs: Region 4

SDOH Barriers

- High rate of food insecurity
- Lack of affordable housing
- Lack of childcare
- Lack of living wages
- Lack of support from County Board of Commissioners
- Limited transportation
- Racism

SDOH Goals

- Greater access to affordable housing
- Integrate geriatric services with other human services

SDOH Resources

- Food Club
- the Momentum Center
- Grand Rapids African American Health Institute

Information Needs

- Housing availability and cost
- Health and social services
- Barriers to services
- Built environment
- Transportation
- Food security
- Needs assessments
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Food Security

- Current resources are insufficient because of cuts to the Healthy Ottawa Foods program. Expand food pantry networks and distribute at places people are already visiting. Prioritize culturally appropriate food and address the stigma attached to receiving social benefits.

SDOH Hub Priorities

- Recruit for DEI
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Community Needs: Region 5

SDOH Barriers

- Lack of affordable housing
- High rate of food insecurity
- Inadequate job and education opportunities
- Lack of support for families during early childhood
- Limited transportation
- Shortage of healthcare providers and specialists

SDOH Goals

- Collaboration across organizations
- Community level education
- Support for people with chronic disease
- Preventative health services
- Support for change from policymakers and payers
- Trauma prevention

SDOH Resources

- CHWs
- Childcare planning grants
- BeWell Program
- Community movement groups, e.g. walking clubs

Information Needs

- Education opportunities
- Health and social services
- Identify resource gaps
- Substance use challenges

Food Security

- The communities need better access to healthy, culturally appropriate foods.

SDOH Hub Priorities

- Full coverage of and access to preventative care
- Community input
- Home ownership
- Reduced redundancy of community programs
- Full scan of existing referral systems
- Collaboration with payers
- Integration of healthcare services and holistic care
- Environmental health

Community Needs: Region 6

SDOH Barriers

- Lack of affordable housing
- Limited transportation
- Insufficient shelter capacity
- Lack of information on existing resources for clients
- Shortage of healthcare providers and specialists

SDOH Goals

- Housing assistance
- More green spaces
- Local grocery stores
- Improved communication and resource sharing
- Resource database

SDOH Resources

- Healthy Heart Ambassador Program
- Stroke Prevention Clinic
- Shiawassee County Adverse Childhood Experiences training for community members
- Flint and Genesee Food Policy Council

Information Needs

- Education opportunities
- Health and social services
- Needs assessments
- Promotion of existing programs
- Resource sharing between agencies

Food Security

- Current collaboratives are not effective. Some pantries are inaccessible and run out of food. A paid coordinator could help organize existing resources. Support is needed for nutrition education, garden programming, and encouraging retailers to source food locally.

SDOH Hub Priorities

- Set clear goals and objectives
- Seek public input
- Address affordable housing
- Provide mental health support
- Share honest information about hub progress
- Seek feedback from local agency employees on organizational collaborations
- Educate on value of local food production

Community Needs: Region 7

SDOH Barriers	• Lack of affordable housing • Limited transportation • Violence and auto theft	• Inaccessible MDHHS programs from long phone wait times or lack of internet	• Lack of providers that accept Medicaid and Medicare • Mistrust in Health Dept.
SDOH Goals	• Allocate resources based on level of community need • Support more CHW positions without eligibility restrictions	• Engage community members • Address housing upstream • More job opportunities • Affordable in-home care	• Better access to MDHHS caseworkers • Full partnership with healthcare providers
SDOH Resources	• Health Equity Council • Alive in Charlotte • MSU Healthcare	• CHW program at Barry-Eaton District Health Department • Cristo Rey Community Ctr	• Punks with Lunch Organization
Information Needs	• Housing availability • Environmental conditions • Social needs by zip code	• Mental health • ALICE populations • Resource accessibility	• Develop targeted programs • Raise public awareness of social issues
Food Security	• Current resources and collaboratives are sufficient but more promotion is needed as well as resources to provide culturally-appropriate food. Regional needs assessments could help identify long-term solutions.		
SDOH Hub Priorities	• Provide translators in multiple languages and ASL • Include providers that represent the community	• Identify scope of local organizations' resources • Address transportation, housing, and childcare needs	• Promote widely with fliers throughout the community • Provide assistance applying for benefit programs

Community Needs: Region 10

SDOH Barriers

- Lack of affordable housing
- Limited transportation
- Distrust in undocumented community
- Lack of organizational coordination
- Lack of dental providers who accept Medicaid
- Limited awareness of existing resources
- Lack of major grocery stores

SDOH Goals

- Invest in affordable housing
- Create recreation centers
- Increase SNAP allocations
- Expand Medicaid eligibility
- Provide childcare assistance
- Coordinate referral systems
- Invest in transportation
- Expand access to affordable health insurance

SDOH Resources

- Detroit Heals
- FQHCs
- Healthy Pontiac, We Can!
- Peaches and Greens Produce Market

Information Needs

- Education opportunities
- Housing availability
- Health and social services
- Long-term COVID effects
- Financial literacy
- Mental health
- Health conditions
- Homelessness
- School attendance rates

Food Security

- Current resources are insufficient. Pantries are not always accessible and foods are limited, especially for those with dietary restrictions. More collaborations, more produce prescription programs, and educational materials designed for low literacy are needed.

SDOH Hub Priorities

- Seek resident input on desired changes
- Build database of organizations to facilitate independent partnerships
- Invest in coordinator role
- Include marginalized communities
- Share data with partners
- Include FQHCs
- Start with an achievable goal to build momentum
- Partner with local agencies
- Share effective strategies across hubs
- Share progress transparently
- Use Health in All Policies approach

Key Theme: Housing

- The issue of housing came up over and over again across both the monthly surveys and the comments submitted in along with monthly reports. Community Influencers in seven of the eight participating prosperity regions (all but region 3) shared that the lack of affordable housing was one of the major SDOH barriers in their community.
- Furthermore, influencers in five communities (regions 2, 4, 6, 7, and 10) shared that investing in housing was one of the top SDOH goals for their area.
- Not only do Michigan communities face a shortage of affordable housing, the resources to support people who are unhoused are also limited. There is not enough capacity in shelters. Furthermore, as shared by one Community Influencer, the existing programs to support those who are unhoused are insufficient.
- "Housing is a major issue, **there are no resources to provide to people who are struggling and there's no incentive or actual path out of poverty**. I have one client who has been approved for assistance paying her security deposit and first month's rent, but she doesn't want to use it because she knows she will be unable to pay rent going forward without some type of voucher or subsidy which is almost impossible to get. She's on the waitlist for Section 8 but will likely never make it off of the waitlist because the only way for one of the vouchers to open up is for someone to no longer need Section 8.

  This is very difficult to do because as soon as you start doing better financially, you start losing important benefits like Medicaid and food assistance. There is no incentive to want to save more or get more money, you are punished for saving by losing your Medicaid and FAP. Just because someone has more money in their account, doesn't mean they're getting enough to make all of their ends meet, it frequently means that they are putting effort towards getting out of poverty which results in the punishment of losing important food and healthcare benefits that they have no way to get elsewhere."

Key Theme: Transportation

The second major theme evident across the monthly surveys and monthly report comments was the need for more transportation options. Community Influencers in all eight participating regions shared that limited transportation was one of the major SDOH barriers in their area.

Community Influencers noted how transportation so often relates to the other social needs. In some cases, communities have strong networks of resources but limited transportation prevents those who need the resources from accessing them.

"One essential element that the SDOH HUB should consider prioritizing is assisting Detroit residents with **the cost of public transit as well as monitoring and fixing city car insurance rates**. These strategies would help Detroit residents successfully access reliable and affordable transportation."

"I think our area does well with providing resources for food shortages, however one challenge may be for families is transportation. That is usually a **barrier to accessing locally grown food and markets**. Transportation vouchers or paid share rides would be highly recommended for marginalized or underserved populations."

SDOH Month Strategies

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12 Community Influencers shared strategies they planned to use in their communities during SDOH Month.

By far, the most common strategy, shared by 5 people was:

"I plan to **share information on SDOH activities** happening virtually and in the community. I also plan to share resources for common issues that community members face."

Other strategies shared were:

- Build connections across organizations to fill gaps in SDOH resources
- Host community physical activity event
- Identify gerontological assessment access points
- Increase culturally appropriate foods in pantries
- Integrate SDOH lens into existing collaborative meetings
- Seek community input on health needs
- Streamline referral processes

How did Community Influencers feel about their experience?

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Preparation

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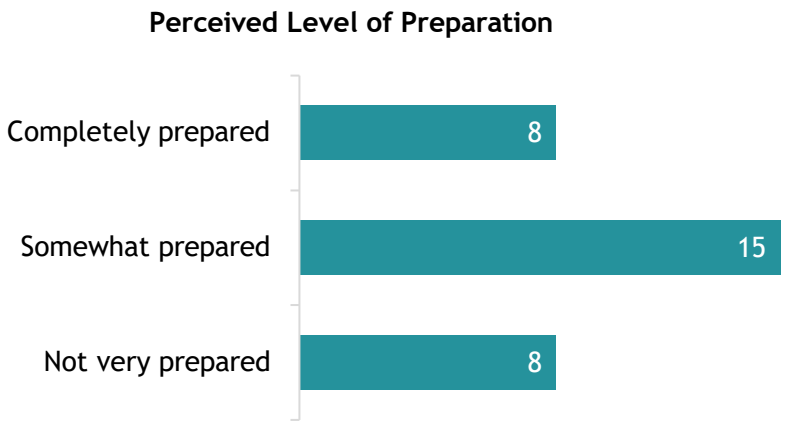
Of 31 people responding, 23 wanted more preparation.



The preparation most often suggested was:

- Presentation training
- Clear expectations for the role
- Better instructions and processes for reporting
- Examples of influencer activities

"**Presentation and resource sharing training could be beneficial** for influencers to be prepared to present MDHHS resources at community meetings and events."

Other suggestions for preparation were:

- Provide information on how to connect to local organizations and how to locate resources
- Give an orientation to other SDOH initiatives
- Provide influencers with identification they can use in when meeting with others
- Host regular meetings with the entire cohort
- Streamline communication

Overall Experience

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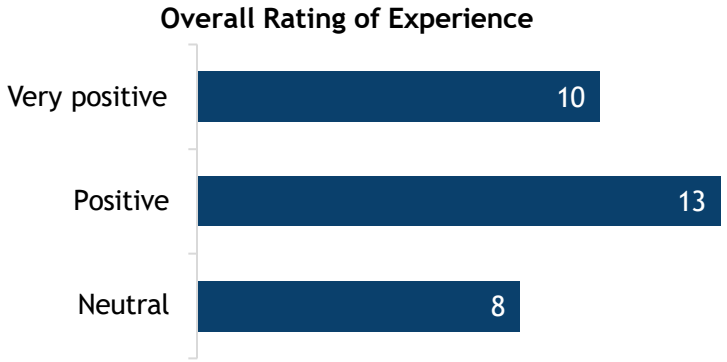
Of 31 people responding, 23 felt positive about the influencer experience.



"By becoming a SDOH Influencer, I was able to attend meetings and **provide resources to the community**."

"I am glad I was able to **share thoughts about programs** that need improving."

"Working as a cohort, I gained new partners, information and most of all I **realized that I am not working alone** but we are working together!"

Those who felt positive about the experience most often noted they appreciated:

- Connecting their community with resources
- Sharing information on state initiatives
- Learning from other communities
- Sharing thoughts and experiences
- Facilitating collaboration with state and local programs

Overall Experience cont.

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Those who felt neutral about the experience most often noted they were disappointed with:

Not seeing any changes

"I decided to become a Community Influencer to share mine and my community's perspective. Although I did the surveys and participated as expected, **I didn't get to see how our viewpoints altered the decisions being made**. I didn't really feel 'connected' to the program or other participants."

Feeling unprepared

"I feel that the influencer experience **did not furnish me with sufficient knowledge, authority, or insight** into health to impact my community members effectively."

Poor communication

"Sometimes multiple, delayed emails were sent every month with instructions that made it **difficult to sift through and figure out my tasks**. I recommend a monthly meeting held with all influencers to discuss the upcoming month's objectives."

Barriers to Participation

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11 people did not have any barriers to participating in the Community Influencer role.

20 people had at least one barrier, including 10 who had more than one barrier.

Four of the five "other" barriers experienced related to potential program improvements:

- One person noted that, because the end of the month has so many deadlines, they often missed the reporting window and therefore were only compensated for about 1/3 of the months participated.
- One person noted that it was difficult to connect with agencies to share program resources.
- One person suggested site visits to learn more about other community initiatives.
- One person noted that it was confusing to separate the SDOH Community Influencer role from their other roles.

"I felt abandoned. The only follow up was nagging emails with short time frames. The vagueness and potential breadth of the program **did not give me enough tools to be effective**."

Positive Impacts

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When asked to share an example of a time they felt good about their impact as a Community Influencer, **24 described a positive impact.**

The most prominent themes were:

- Aligning efforts across organizations
- Connecting individuals to resources needed
- Leading discussions
- Learning from others
- Sharing information with community members
- Providing input to MDHHS
- Networking

"It is a wonderful program. I would encourage **everyone who cares about their community** to do it."

Stories of Positive Impact

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Professional growth

"**It felt good to be viewed as a subject matter expert** in my community. I believe the community influencer program helped solidify that and added to my credibility as a public health professional and as a community advocate."

Meeting social needs

"I was most humbled by a woman who is a grandmother who is struggling. . . I had an encounter that I could have responded negatively to, however, remembering my role and knowing the struggles of this grandmother. . . **I chose to offer her some help**. Sometimes people need to be seen and heard! And that is what I offered in a time of despair. A relationship was made and that was a gateway to assisting this family!"

Alignment across organizations

"On March 15, 2024 we had a Great Start Collaborative meeting with more than 50 local leaders we talked about ALL of the intersections between the SDOH work and many other state/local initiatives doing similar work and **started to work on some unified strategies** rather work in parallel paths."

Educating community members

"I was able to **share with a parent group** about the social determinants of health and educate them on what that means for them personally and what it means for society on the whole."

Suggested Improvements

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When asked to suggest improvements for future cohorts, the most prominent themes were:

Clarify roles and expectations and give examples of what success looks like.	Respondents suggested that the orientation include more specifics about roles and expectations. They also wanted examples of what other Community Influencers have done and the impact it had on the community.
Offer more support and training.	Many people felt they needed more training to be effective. Ideas included help making connecting with local organizations, public speaking training, one-on-one support to generate ideas, specific tools to use, a calendar of community events, and a shared folder of resources.
Provide opportunities for Influencers to meet regularly.	Multiple people shared the desire for more opportunities to connect with other Community Influencers. These meetings could include time to share success stories and lessons learned, recap talking points, receive inspiration, and connect with others working on similar issues.

Suggested Improvements cont.

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Other ideas for improvements, each suggested by one person, were:

- Connect Community Influencers with other efforts working on the same systemic issues
- Improve the payment process
- Streamline the reporting process
- Allow more autonomy in social media promotion
- Include Instagram and TikTok in social media outreach
- Host more meetings to discuss policy change and system improvement

Key Findings

The Community Influencers were a diverse group of people from across the state.

With close to 600 meetings and events and nearly 30 presentations, the Community Influencers reached many state residents.

The Community Influencers shed light on the needs in eight of the Michigan's prosperity regions.

Two key themes emerged from the Community Influencers' observations: the need for more investment in affordable housing and the need for more transportation options.

Community Influencers helped build awareness of social determinants of health needs and opportunities in their communities during SDOH Month.

The majority of Community Influencers wanted more preparation for the role.

- Most Community Influencers felt positively about their experience in the role, though some did not.

- Most Community Influencers experienced barriers to carrying out their role. Some of these could be addressed with program improvements.

- The Community Influencers shared positive impacts from the role across a range of levels – for themselves, for individuals they worked with, for their community, and for statewide policy.

- The stories of positive impact illustrate that Community Influencers can be successful in different ways.

- The Community Influencers shared three main suggested improvements for future cohorts: clarify the nature of the role; offer more support and training; and provide opportunities for Community Influencers to connect with one another.

Report Methodology

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Monthly Reports

The monthly reports analyzed consisted of the following:

- October 2023 - 28 reports
- November 2023 - 27 reports
- December 2023 - 22 reports
- January 2024 - 24 reports
- February 2024 - 23 reports
- March 2024 - 18 reports

The total number of community meetings attended, engagement events attended, presentations given, and social media posts reshared was tallied for each Community Influencer across all six reports in order to analyze the overall participation and reach across the cohort. Comments made related to SDOH needs and opportunities were analyzed in conjunction with the topical survey data.

Topical Surveys

The monthly surveys analyzed for this report consisted of the following:

- Community Information Exchange survey (October 2023) - 42 responses
- SDOH Month Survey (December 2023) - 13 responses
- SDOH Hub Survey (January 2024) - 19 responses
- Food Security Survey (February 2024) - 13 responses
- SDOH Accelerator survey - 28 responses

Responses were analyzed by prosperity region where possible. All of the ideas from responding influencers were included in the Community Needs pages under the appropriate region and topic. Since the December survey did not include Community Influencers' locations, the comments were analyzed for overall themes. Where Community Influencers' direct comments are quoted, minor edits were in some instances made for the sake of clarity and brevity. The demographic information shared in the October 2023 survey was used to analyze Community Influencer background.

Exit Survey

The SDOH team sent a 10-question electronic "exit" survey to Community Influencers with questions about their experience. The survey was open from April 15 - 29, 2024 and 31 people responded. The majority (22) of respondents reported being "active" in the Community Influencer role, meaning they participated most months or every month. Only two people reported being "not very active - I only participated for a few months." As such, the survey underrepresents the perspective of the individuals who stopped participating in the program.

Descriptive statistics were used to analyze closed-ended survey responses. Themes were generated from open-ended responses by looking at topics mentioned by two or more respondents.