



Learning Session #5
**Community Engaged Design & Implementation of
Health Promotion/Awareness Campaigns**

**June 11, 2025
1pm – 2pm**

Call Agenda

- Welcome

- Housekeeping

- Presentation

- Close-Out & Next Steps

Housekeeping



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Presenters



Danuelle Calloway

Grant Manager
Michigan Department Health & Human Services
Office of Equity and Minority Health (OEMH)
Office of Race Equity, Diversity, and Inclusion (REDI)



Jen Nicodemus

Director of Health Innovations
State Alliance of Michigan YMCAs



Ashley Brage

Program Director
Muskegon YMCA



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

RELATIONSHIPS INFLUENCE HEALTH

MICH LEARNING COLLABORATIVE - COMMUNITY ENGAGED DESIGN & IMPLEMENTATION OF HEALTH
PROMOTION & AWARENESS CAMPAIGNS

June 11th, 2025

WELCOME & INTRODUCTIONS



Jen Nicodemus

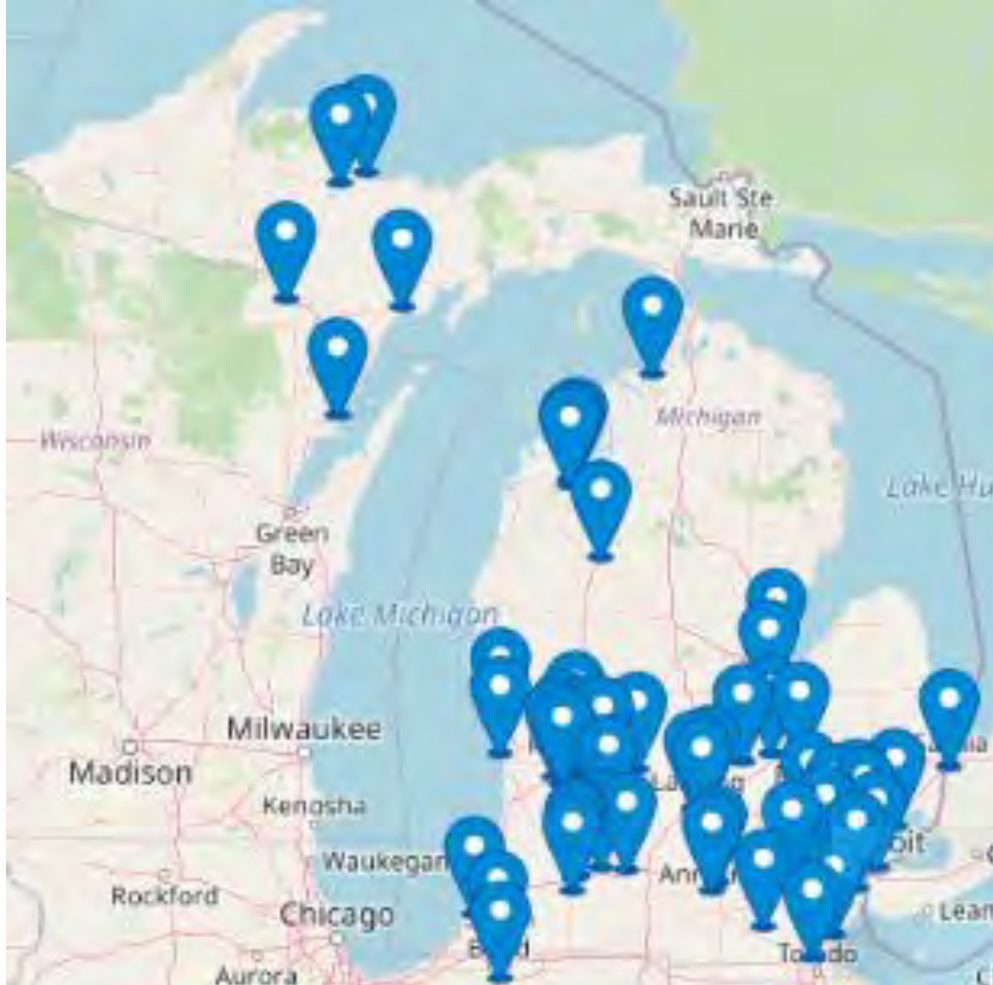
- B.S. in Exercise Science
- 17 years at the YMCA
- HASP/BPSM Instructor & Trainer for 10 years



Ashley Brage

- B.S. in Psychology
- 2.5 years at the YMCA
- HASP & BPSM instructor for 2 years

ABOUT THE YMCA



The YMCA was founded on the principle of welcoming all and is committed to creating an inclusive environment.

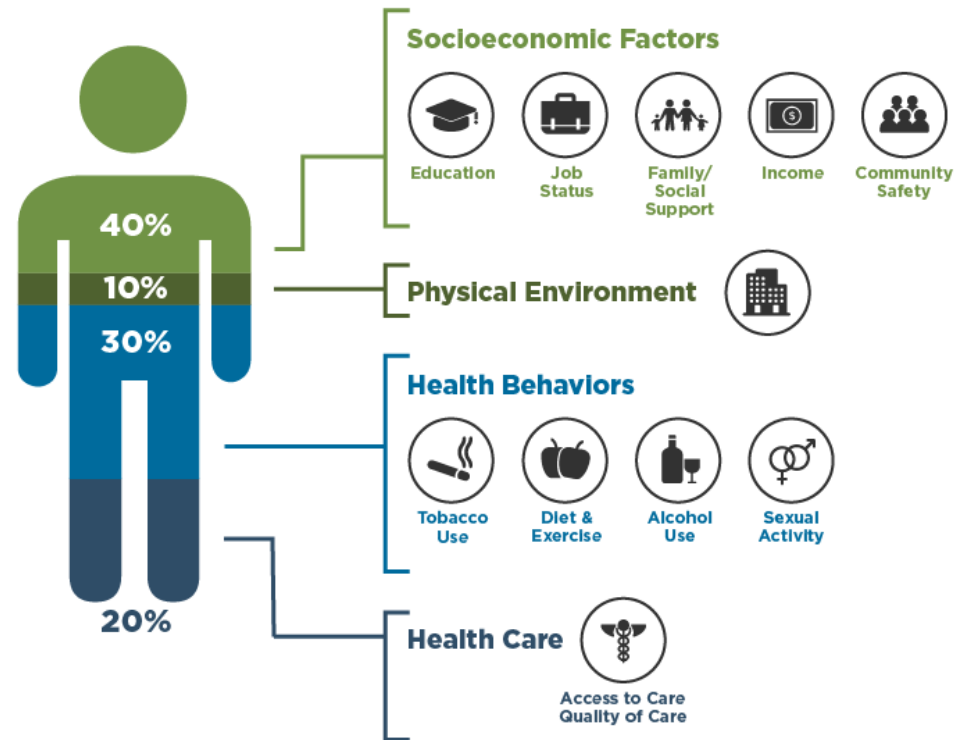
Our goal is to strengthen communities through three areas of focus:

- Youth Development
- Healthy Living
- Social Responsibility

Michigan YMCAs include 26 associations (with more than 60 locations) that operate independently governed by local volunteers.

WHY PARTNERSHIPS MATTER

BURDEN OF CARE



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

**YOUR PATIENTS ARE
OUR MEMBERS**

**LINDA P.
ANN ARBOR, MI**



EXISTING PROGRAMS

BLOOD PRESSURE SELF-MONITORING PROGRAM

This evidence-based self-monitoring program aims to help participants better manage blood pressure.

The program emphasizes that self-monitoring and **tracking of an individual's blood pressure can play a** significant role in reducing blood pressure and improving quality of life.

PARTICIPANT CRITERIA

Inclusion criteria

- 18+ years old

- Diagnosed with hypertension or taking anti-hypertensive medication

- Two or more elevated BP readings with the last 12 months

Exclusion Criteria

- Cardiac event within 12 months

- Atrial fibrillation or other arrhythmias

- At risk for lymphedema

PROGRAM DETAILS

4-month program

2 office hour visits with a certified Healthy Heart Ambassador

Take and track a minimum of 2 blood pressure readings at home per month

1 nutrition seminar per month

OUTCOMES

Participants in this program will :

- learn proper blood pressure measurement techniques
- have a better understanding of their blood pressure numbers
- learn heart friendly nutrition guidelines
- take blood pressure tracker to PCP and be more engaged in medical decisions

BPSM PARTICIPANT

**SHEILA S.
MUSKEGON, MI**



HEART ATTACK AND STROKE PREVENTION PROGRAM

This program aims to help participants better manage blood pressure AND take steps to lowering sodium and reaching physical activity recommendations.

The program emphasizes that self-monitoring and **tracking of an individual's blood pressure, sodium, and** physical activity can play a significant role in reducing blood pressure and improving quality of life.

PARTICIPANT CRITERIA

Inclusion criteria

- 18+ years old

- Diagnosed with hypertension or taking anti-hypertensive medication

- Two or more elevated BP readings with the last 12 months

Exclusion Criteria

- Cardiac event within 12 months

- Atrial fibrillation or other arrhythmias

- At risk for lymphedema

PROGRAM DETAILS

8 1-hour classes over 4 months

Small group setting 8-15 people

Facilitation discussions leader by a trained lifestyle coach

- Nutrition
- Physical Activity
- Stress Management

OUTCOMES

Participants in this program will :

- have a better understanding of their blood pressure numbers
- take steps to lowering their sodium intake and following the DASH approach
- work toward 150 minutes of moderate physical activity per week
- take blood pressure tracker to PCP and be more engaged in medical decisions

PARTICIPANT STORY:

SUE W.
MUSKEGON, MI



ENGAGEMENT THAT WORKS

CREATIVE ENGAGEMENT - CLINICAL

Highly Effective:

- Bulk Outreach: Patient Portal Referrals
 - Hospital approved access
 - Physician approval
 - **'You've been identified'**
 - Call to action, but with effort
 - Classes are starting soon
 - Call this number
- Point of Care Referrals

Less Effective:

- CHEERS Campaign
 - **"Click here to request more info" auto-populated email**
 - Looks like spam
 - Weaker relationship with providers

CREATIVE ENGAGEMENT – CLINICAL CONTINUED

TBD Effectiveness:

- UHC Insurance Referral Letters
 - Medicaid Only
 - Many participants did not qualify
 - Only wanted BP cuffs
 - No collaboration on content of letter
 - Quantity not quality referrals
 - Potential opportunity to be effective

CREATIVE ENGAGEMENT - COMMUNITY

More Effective:

- Gathering places
 - Libraries, churches, coffee shops, job sites, senior housing
- Piggyback on other programs (or involved in other Y programs)
- Multiple locations/times
- Virtual, hybrid, and in-person

Less Effective:

- Anchoring places
 - health clinic, grocery stores, pharmacies,
- Only one class location
- In-person only

**RELATIONSHIPS
INFLUENCE
HEALTH**

CHALLENGES/OPPORTUNITIES

Trust in the community-based, evidence-based programs

Overall provider awareness and familiarity with the programs

Desire for secure referral systems

Desire for bi-directional referral systems

Ease of referral process

Consistent HIPAA compliance

Lack of insurance coverage of chronic disease programs

Need for ability to screen for and address social determinants

Accessibility and transportation for patients to programs

BUILDING TRUST & AWARENESS

Community Health Detailing

- A means of disseminating Evidence-Based Health Interventions by changing knowledge and behaviors of frontline professionals and caregivers.
- Developed to advance health equity through goal-directed educational campaigns that improve clinical-community relationships

Community Health Detailing

But what is it really?

- Targeted outreach to PCPs
- 10 minutes of education about programs, how to identify patients and how to refer; repeated over time
- Improving patient data for the clinic

**BLOOD PRESSURE
SELF-MONITORING PROGRAM**
Identify • Educate • Refer

Inclusion Criteria:


- 18 years old or older
- Diagnosed hypertension and/or on hypertensive medication
- Two or more elevated BP readings the last 12 months

Exclusion Criteria:

- Cardiac event within 12 months
- Atrial fibrillation or other arrhythm
- At risk for lymphedema

Program Snap Shot:

- 16-week lifestyle change program
- Measure and track blood pressure
- Nutrition education
- BP cuffs available
- Membership not required



YMCA of Saginaw
1915 Fordney St
Saginaw, MI 48601

**BLOOD PRESSURE
SELF-MONITORING PROGRAM**
Identify • Educate • Refer

How to refer:

- Secure fax: 734-660-5555
- Secure email: bpsm@anytownymca.org
- Phone: 734-661-5555

Program Coordinator:

Jill Somebody
Health Innovation Coordinator
Anytown YMCA
j somebody@anytownymca.org
734-661-5555

General YMCA information:

- Our mission is to put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.
- It is the policy of the YMCA to provide services to all those who need them regardless of ability to pay established fees.

Community Health Detailing - Clinical benefits:

- Improve clinician & care team knowledge and confidence to connect patients with community resources, including those that address health-related social needs
- Improved clinician knowledge and perception of clinic efficacy to address social needs is associated with lower burnout
 - In a national study of 1298 family physicians, 27% of family physicians reported burnout. **Physicians with a high perception of their clinic's ability to meet patients' social needs were less likely to report burnout**

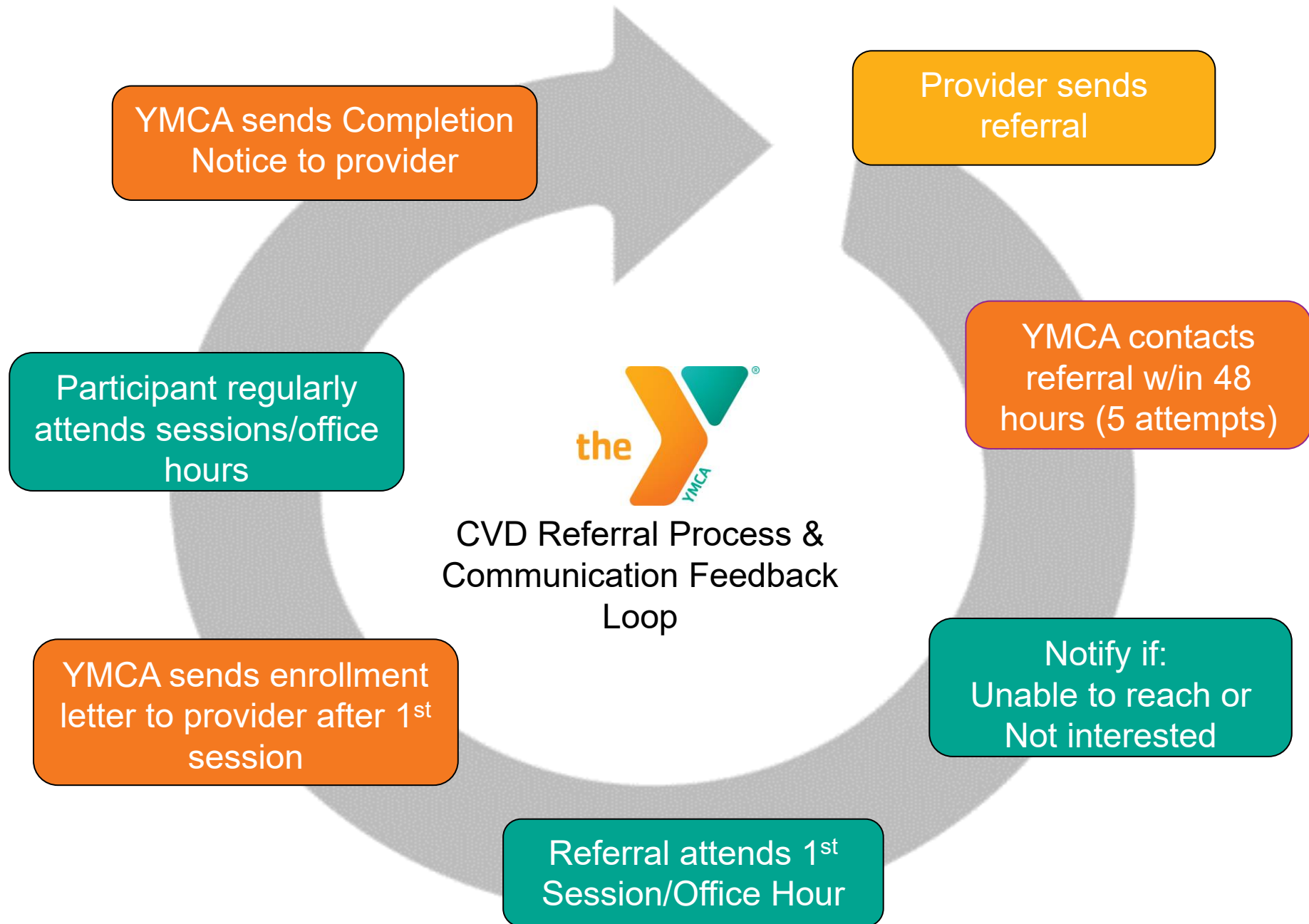
ORIGINAL RESEARCH

Physician Burnout and Higher Clinic Capacity to Address Patients' Social Needs

Emilia De Marchis, MD, Margae Knox, MPH, Danielle Hessler, PhD, Rachel Willard-Grace, MPH, J. Nwando Olayiwola, MD, MPH, Lars E. Peterson, MD, PhD, Kevin Grumbach, MD, and Laura M. Gottlieb, MD, MPH

SECURE, BI-DIRECTIONAL, AND EASY REFERRALS

- Variety of referral methods
 - EPIC, Holon/MiHIN, Secure Fax
- HIPAA Compliance
- Continuous Communication
 - Program Feedback Loop



SUSTAINABILITY



Dependent on eligible Medicare or Medicaid plans AND eligible YMCAs.

SUSTAINABILITY

UHC Demonstration Project

- UHC funding to serve 100 UHC Medicaid members in BP programs

Process:

1. UHC sent letters out to qualifying insurance members
2. Members contact YMCA
3. Member enrolls & attends 1st session
4. Data sent to insurance monthly
 - Data includes office hour attendance, BP readings, nutrition seminar attendance

NETWORKS

- Develop enrollment workflows that include screening for SDOH
- Maintaining referral partners for each category
- Find effective 'Gathering Places'

Domain: Food			
Within the past 12 months did you worry whether your food would run out before you got money to buy more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Within the past 12 months, did the food you buy just not last and you didn't have money to get more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Domain: Finance			
Is it hard for you to pay for the very basics like food, housing, medical care, and heating?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Domain: Housing			
Are you worried that in the next few months you may not have stable housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Domain: Food Access			
Do you have access to a variety of food, including fruits and vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Domain: Healthcare			
Have you visited the emergency department for your medical care within the last 3 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Domain: Transportation			
Has the lack of transportation kept you from meetings, work, or from getting things needed for daily living?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Has the lack of transportation kept you from medical appointments or from getting medications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Domain: Social Isolation			
Do you feel lonely or isolated from those around you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Domain: Health Literacy			
Do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Domain: General			
Would you like to receive assistance with any of these needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are any of your needs urgent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA

WELLD ID: _____

Entered onto SHAPE-ED SDOH Tracking Spreadsheet on (date): _____

Triggers email referral to Sarah CHW (copy Tonia):

Muskegon, Oceana, Newaygo (49412, 49413, 49459, 49421), & Ottawa (49417, 49456, 49409)

All Others:

mi211.org

findhelp.org

Catholic Charities

Washtenaw & Livingston (all of MI): Madison Herrington MICHWA (mherrington@michwa.org)

If applicable, referred date & contact: _____

CHALLENGES/OPPORTUNITIES

Trust in the community-based, evidence-based programs	Outreach
Overall provider awareness and familiarity with the programs	
Desire for secure referral systems	Continuous Feedback Loop
Desire for bi-directional referral systems	
Ease of referral process	
Consistent HIPAA compliance	
Lack of insurance coverage of chronic disease programs	Sustainability
Need for ability to screen for and address social determinants	Networks
Accessibility and transportation for patients to programs	

CLOSING THOUGHTS

- Build out SDOH networks and leverage those relationships
- Use Patient Portal for referrals
 - Get physician support
- Connect with your local YMCA
- Look for diverse reimbursement pathways



THANK YOU

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ASHLEY BRAGE
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abrage@muskegonymca.org

Questions & Discussion

Close-Out & Next Steps

- Let us know what you thought about today's session!
- Planning underway for Year 3 Learning Sessions.
 - Topic interest poll will be sent from MDHHS-MICHLearningCollab@michigan.gov
 - List of topics will be sent out once finalized
 - Next Learning Session anticipated for September 2025



For additional questions about MICH Learning Sessions, contact:

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MDHHS-MICHLearningCollab@michigan.gov

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