Michigan Center for Rural Health

Coordinating, Planning, and Advocating for Rural Health in Michigan

Rural Health Equity Plan
Final Report
September 2024

Supplement to the

MDHHS SDOH Strategy: Phase 1

Promoting Health Equity
in Rural Michigan

Table of Contents

Executive Summary

The Rural Health Equity Plan (RHEP) supplements the Michigan Department of Health and Human Services (MDHHS) Social Determinants of Health (SDOH) Strategy, which focuses on the unique needs of rural Michiganders. The MDHHS SDOH Strategy, entitled **Michigan's Roadmap to Healthy Communities**, was developed in 2022 and builds upon existing efforts to address the social determinants of health through a collaborative upstream approach to remove barriers to economic opportunity, improve health outcomes, and advance equity.[6]

The MDHHS SDOH Strategy aims to improve the health and social outcomes of all Michigan residents while achieving health equity by eliminating disparities and barriers to social and economic opportunity.[6] The SDOH Strategy presents a three-pronged approach: improvement, alignment, and innovation, and highlights three focus areas: health equity, housing stability, and food security.[6]

The Michigan Center for Rural Health (MCRH), Michigan's non-profit State Office of Rural Health, was contracted through the MDHHS to provide a rural lens to the MDHHS SDOH Strategy. The RHEP report will ultimately provide the MDHHS with a list of rural-specific recommendations, understanding that geography and where someone calls home play a critical role in achieving health equity. These recommendations will identify opportunities for improvement, assess the current rural landscape, and engage with rural residents and stakeholders. MCRH will utilize the data collected to identify opportunities for improvement, expand rural outreach and communication, and identify specific rural community needs within the MDHHS SDOH Strategy.

The RHEP Advisory Group and additional rural stakeholders throughout Michigan have guided the actionable and operational recommendations. Through data collection, focus groups, listening sessions, and surveys, MCRH has connected with a wide range of rural stakeholders, from individuals at a community level to larger social service organizations. MCRH was intentional in bringing together these stakeholders to ensure rural voices are truly at the heart of this work.

A Message from John Barnas, Executive Director of the Michigan Center for Rural Health

"This Rural Health Equity Report and its recommendations serve as a call to action for advancing health equity and improving outcomes in our rural communities. We are proud to have collaborated with diverse rural stakeholders to ensure that the needs of rural Michiganders are at the core of this work. We firmly believe that an individual's quality of life should not be dictated by their zip code, and we are confident these recommendations will guide impactful interventions and policies across rural Michigan."

Introduction

As Michigan continues to move forward in its efforts to achieve health equity, the social drivers of health continue to be at the forefront. The communities where Michiganders grow and the towns they call home directly impact health and well-being. Data consistently demonstrates how non-medical factors significantly influence both the length and quality of lives.

Rural communities face challenges and barriers, often requiring interventions and policy recommendations structured to fit their unique needs and circumstances. This report brings together rural stakeholders from across Michigan to truly understand their experiences and identify what works in rural areas, existing barriers, and opportunities to strengthen systems in rural communities.

Snapshot of Rural Michigan

According to the U.S. Department of Agriculture, approximately 1.8 million residents, nearly 20% of Michigan's population, live in rural areas of the state.[6] Due to population density in Michigan's largest cities, almost 94% of the state's land mass is considered rural, including most of the northern Lower Peninsula and the entire Upper Peninsula.[17]

Rural Michigan is more than just a beautiful place to live. It is a fundamental part of Michigan's economy. Michigan has around 10 million acres of farmland, housing roughly 47,600 farms.[1] Michigan produces more than 300 commodities on a commercial basis, including cherries, blueberries, dry beans, floriculture products, and cucumbers for pickles.[1] The combined food and agriculture industry contributes $104.7 billion annually to the state's economy, with the food and agriculture industries accounting for 17% of the state's employment.[1]

Although rural communities offer enormous opportunities, assets, and inherent strengths, they present unique challenges and often require tailored interventions to effectively meet their communities' needs. In rural Michigan, individuals struggle to access childcare, affordable/safe housing, and high-speed internet, which directly impacts the health and well-being of rural residents.[6] Rural areas in Michigan continue to see growth in their aging population, while the percentage of children under age 18 continues to decrease. In 2018, more than 83% of Michigan's counties showed a higher proportion of older adults compared to the state average,
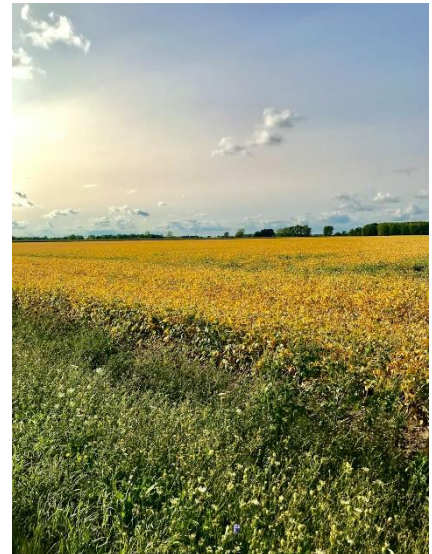
especially among rural Michigan.[7] According to Feeding America, many rural communities across Michigan – approximately 2.2 million households – face access to food issues, making up 87% of counties with the highest rates of overall food insecurity.[9]

Many rural communities also experience health disparities, including higher incidence of disease, higher mortality rates, lower life expectancies, and higher rates of chronic pain.[10] These disparities often exist due to numerous factors and vary by region, but are most notably due to lack of access to health care and public health services, lower socioeconomic status, health-related behaviors, chronic conditions, geographic distance, infrastructure challenges/limitations, provider shortages, limited job opportunities and often limited resources in general.[10]

Objective One:
Rural Context of MDHHS SDOH Strategy

To better understand the current rural context of the MDHHS SDOH Strategy, MCRH assessed the strategy, including qualitative methodologies such as the brainstorming session to understand themes specific to rural Michigan provided in the strategy. In addition, MCRH analyzed the data used within the report to determine rural-relevant data and rural stakeholders' engagement. Several reports highlighted in the strategy and by the MDHHS Policy & Planning Team included:

1. 2022 Poverty Task Force Report
2. 2021 United Way ALICE in Michigan: A Financial Hardship Study
3. 2022 Michigan Health IT Roadmap "Bridge to Better Health" Report
4. 2020-2022 Michigan's Campaign to End Homelessness
5. 2022 Michigan's Statewide Housing Plan
6. 2020 Michigan Primary Care Needs Assessment (PCNA)
7. 2021 Health Equity Report: Moving Health Equity Forward
8. 2022 Michigan County Health Rankings & Roadmaps
9. 2022 Food Security Council: Final Report

These reports not only assisted in understanding the rural context and additional opportunities beyond the current strategy but also helped guide and structure the final recommendations. The brainstorming sessions were valuable in identifying several rural concerns and barriers. However, due to the nature of these brainstorming sessions, MCRH was unable to identify the specific rural stakeholders that participated.

In addition to reviewing the MDHHS SDOH Strategy and related reports, MCRH also engaged with MDHHS to better understand existing efforts that have supported access to assistance programs. MDHHS has partnered with a network of navigators, including community-based organizations, to assist individuals, particularly those facing barriers related to technology, transportation, or application complexity, in navigating state services. These insights helped inform the RHEP and build upon prior MDHHS initiatives, including Project Re:Form, which simplified and shortened the public assistance application, and Project Re:New, which streamlined benefit renewal processes. While these efforts have strengthened statewide

access, there remains an opportunity to build on this progress by addressing the unique needs of rural Michigan communities.

Objective Two:
RHEP Advisory Group

Developing an advisory group was a key priority for the MCRH and was integral to guiding the development of the Rural Health Equity Plan. The advisory group consists of true advocates for rural communities and have extensive knowledge of a wide range of the social drivers of health, focusing on food security, housing stability, and rural health equity.

Charter

The Rural Health Equity Plan Advisory Group was charged with providing guidance and recommendations to the MCRH in assessing the MDHHS 2022-2023 SDOH strategy through a rural lens.

> The Rural Health Equity Plan will identify a list of short-term and long-term rural-specific recommendations that align with the current MDHHS SDOH. These recommendations will identify opportunities for improvement, assess the current rural landscape, and engage with rural residents and stakeholders. MCRH will utilize this data, along with the expertise and recommendations of the advisory group, to identify opportunities for improvement, expand rural outreach and communication, and identify specific rural community needs within the MDHHS SDOH Strategy.

Purpose

The RHEP Advisory Group guided the MCRH in assessing the 2022-2023 MDHHS SDOH strategy through a rural lens. The advisory group was a key contributor in meeting the objectives of the Rural Health Equity Plan as noted below.

Objectives

The Rural Health Equity Plan Advisory Group's priority activities include the following:

1. Guide the current MCRH Rural Health Equity work plan and identify opportunities for improvement.
2. Assist in identifying gaps in the current MDHHS SDOH strategy pertaining to rural-relevant data and stakeholder engagement.
3. Provide appropriate data sets and valuable information to enhance the Rural Health Equity Plan and fill gaps in rural relevant data within the MDHHS SDOH Strategy.
4. Develop recommendations and guidance on appropriate questions and focus areas that can be utilized during focus group/listening sessions/surveys. Formulate best practices for focus groups/listening sessions and provide insight on how to best engage with end users/individuals with lived experience.
5. Provide support and guidance on connecting with rural stakeholders, anchor institutions, and end users/individuals with lived experience who utilize or promote assistance programs.
6. Provide feedback and approval on the Rural Health Equity Plan written report.

Objective Three:
Understand and Review Data for Rural Areas

Better rural data is essential for fostering informed decision-making, driving positive change, and unlocking the full potential of rural communities[14]. Improving the quality and availability of rural data is crucial for several reasons:

1. Strengthening Practice in Rural Communities: With better data, policymakers and rural stakeholders can tailor their approaches to rural areas' specific needs and challenges, leading to more effective interventions and programs.

2. Enhancing Rural Policy: Accurate rural data enables rural stakeholders to craft policies that are better aligned with rural communities' realities, fostering sustainable development and addressing systemic issues such as access to health care, education, and infrastructure.

3. Changing the Narrative: Improved data can challenge stereotypes and misconceptions about rural America by providing a more nuanced understanding of rural places and people. This can help to create a more accurate and inclusive state narrative that reflects the diversity and complexity of rural life.

4. Supporting Research: High-quality data serves as the foundation for research on rural issues, enabling researchers to conduct more accurate and impactful studies. This research can inform policy debates, identify best practices, and drive innovation in rural development.

5. Empowering Local Decision-Making: Local practitioners and governments rely on data to make informed decisions about resource allocation and program implementation.

To further understand rural data, MCRH engaged with various rural stakeholders to better understand State of Michigan food security initiatives. Analyzing the data on food security initiatives, particularly the Supplemental Nutrition Assistance Program (SNAP) and the Senior Project Fresh Program in rural areas, was an important part of this work.

State of Michigan Food Security Initiatives

MCRH examined various sources to understand the effectiveness of these programs and identify gaps in coverage. Integrating data from these sources and conducting thorough analyses, policymakers and practitioners can gain valuable insights into the effectiveness of food security initiatives in rural areas, identify areas for improvement, and develop targeted strategies to address food insecurity and promote access to healthy foods for vulnerable populations.

The data sources utilized within the report include:

1. Senior Project FRESH Program:

- **Senior Project FRESH Redemption Data (2021-2023):** Analyzing redemption data provided insights into the utilization of Senior Project Fresh benefits by older adults in rural areas. This data helped identify trends in participation rates, types of produce redeemed, and geographic distribution of redemption sites.
- **Mapping of Farmer's Markets by County (Urban vs Rural):** Mapping farmer's markets helps visualize the accessibility of fresh produce in rural communities. By comparing farmers' market distribution in urban and rural areas, gaps in access to fresh fruits and vegetables were identified.

2. Supplemental Nutritional Assistance Program (SNAP):

- **Data Sources:** Utilizing data from sources such as Food Research & Action Center (FRAC), U.S. Department of Agriculture (USDA) SNAP Community Characteristics Dashboard, Michigan Food Environment Scan, No Kid Hungry & Feeding America Report, Baylor University Collaborative on Hunger and Poverty Toolkit, and Urban Institute provided a comprehensive understanding of SNAP participation, demographic characteristics of beneficiaries, food insecurity rates, and access to healthy food options.

- **Identifying Gaps:** Analyzing SNAP data allowed for the identification of gaps in program participation, such as underserved rural areas with limited access to grocery stores or farmers markets accepting SNAP benefits. Understanding these gaps can inform strategies to improve access to nutritious food for low-income families in rural communities.

Next, MCRH collaborated with various organizations to assess the utilization and reach of housing initiatives in rural areas. This included examining the distribution of housing vouchers, the implementation of lead abatement initiatives, and the availability of recovery housing.

State of Michigan Housing Initiatives

Data was collected from the MDHHS Division of Environmental Health and the Michigan State Housing Development Authority and provided insight into the reach and utilization of these initiatives in rural communities.

This is data and collaboration played a crucial role in informing the RHEP's recommendations, improving access to safe and affordable housing in rural communities, and advancing health equity. These housing-specific recommendations will be helpful to inform future policy decisions, resource allocation, and efforts to address housing needs across rural Michigan.

The MCRH also examined several resource platforms, focusing attention on the utilization of 2-1-1 in rural communities. Centralized resource platforms at the state level are essential for ensuring easy access to resources for community members. However, in rural areas, they may inadvertently overlook smaller, yet valuable resources.

211 Utilization in Rural Communities

Identifying and addressing social needs relies on robust resource platforms that bridge the gap between health care and public health. As health systems are now required to screen for social needs, it is imperative to have easily accessible resources to ensure patients' social needs are met.

2-1-1 is one of those platforms, offering vital connections to community resources. 2-1-1 is a centralized hub that provides confidential assistance to all residents. MCRH conducted several surveys, listening sessions, and focus groups to connect with community members and organizations to gauge the utilization of 2-1-1 in rural areas. The surveys provided an

opportunity to identify strengths and areas for enhancement and garner feedback on better-promoting resources in rural communities.

CIE Systems & Closed-loop Referrals

The Community Information Exchange and Referral (CIE) Systems and the adoption of Closed-loop Referrals continue to rise as a priority area for MDHHS and stakeholders in Michigan, especially with the valuable work being done through the MDHHS CIE Task Force and final report. It is essential for the RHEP to gather information to better understand the challenges that arise specific to rural areas, such as limited resources and geographic isolation. MCRH has connected with community-based organizations and rural health systems to better understand the current state of referrals in rural areas. This information will assist in the efforts to tailor strategies to rural needs and foster collaboration to ensure a more equitable social service network for rural communities.

Objective Four:

State of Michigan Assistance Programs in Rural Areas

The MCRH connected with rural stakeholders, anchor institutions, and community members to identify gaps, significant barriers, and opportunities for improvement in current state programming. Through listening sessions, focus groups, and surveys, the MCRH connected with stakeholders from eleven rural Michigan counties, including Alpena, Baraga, Chippewa, Hillsdale, Iosco, Iron, Kalkaska, Montcalm, Newaygo, Sanilac, and Schoolcraft.

Listening Sessions

The listening sessions connected with rural stakeholders, including but not limited to local health departments, perinatal quality collaboratives, housing assessment and resource agencies, great start collaboratives, veteran services, Area Agencies on Aging, community action agencies, and health care organizations. The goals of the listening session were to:

1. Identify the most used and underutilized state assistance programs in rural communities.
2. Identify barriers that exist for individuals applying for state assistance programs in rural areas.
3. Better understand the resource gaps in state assistance programs in rural areas.
4. Identify opportunities for improvement in how state assistance programs are structured and promoted in rural communities.

Organizational Surveys

The organizational survey was distributed to anchor institutions that assisted community members in accessing and utilizing state assistance programs, including but not limited to community-based organizations, faith-based organizations, grass-roots organizations, and other social service agencies. The survey questions were structured to identify gaps and significant barriers that exist in current state programming for rural communities. The goals of the survey were to:

1. Identify gaps that exist in state assistance programs utilized in rural communities.

2. Understand resources needed to better meet the needs of individuals in rural areas.

3. Understand barriers that exist for individuals applying for state assistance programs.

4. Identify opportunities to inform rural residents of state assistance programming available to them.

Focus Group/Survey

The focus groups were structured to engage with rural stakeholders, specifically those who had utilized state assistance programs, to understand their experience better. Initially, MCRH proposed to host eleven focus groups to connect with individuals who had used state assistance programs. Due to several barriers that resulted in limited attendance, MCRH pivoted to dispersing a survey. This survey was distributed on multiple platforms, utilizing local agencies, community-based organizations, and various community hubs throughout the eleven identified rural communities for distribution. The surveys garnered information from individuals with lived experience who provided valuable insight into how state assistance programs have worked for them in their rural community and better understand strengths and opportunities for improvement. The goals of the focus groups were to:

1. Better understand individual utilization of state assistance programs in rural communities.

2. Identify the most used state assistance programs in rural communities.

3. Better understand barriers that exist in applying for state assistance programs.

4. Connect with end users of state assistance programs to understand opportunities for improvement.

5. Identify how individuals access needed resources in rural communities.

Data from Listening Sessions, Focus Groups and Surveys

Eleven emerging themes have transpired from the qualitative data collected through the listening sessions, focus groups, and surveys to engage with rural stakeholders. These common themes highlighted gaps and barriers identified by rural stakeholders in rural communities and helped to guide and structure the appropriate recommendations. The complete documents outlining common themes are available in the respective appendices: rural community-level feedback (Appendix C), rural organizational stakeholder feedback (Appendix D), and community-based organization feedback (also in Appendix E).

1. Transportation

Transportation was noted as a significant barrier in rural communities. Rural stakeholders identified that if public transportation does exist, it is often very limited to how far someone can travel. Most rural communities lack alternative transportation, including Uber, Lyft, or taxi services, which makes it difficult for individuals to find non-emergency transportation. Rural stakeholders identified that transportation options tend to be expensive, leaving those without formal support unable to travel to places. Vehicle maintenance and support was also discussed, emphasizing the need for gas gift cards, or vouchers through public programs, that are often difficult to access.

2. Child Care and Family Resources

Rural stakeholders indicated that child care is a complex system issue but is often a determinant of a parent's ability to work and socioeconomic status. In rural communities, rural organizations indicated that child care subsidies are massively underutilized, partially due to a lack of awareness and limited child care providers to meet the need. Rural stakeholders suggested that rural communities often don't have the appropriate licensable space for childcare, and additional funding. The previously implemented Facility Grants for Childcare Venues through MDHHS were highly sought after and would increase childcare space. They noted the importance of thinking outside the box for solutions, such as bringing models forward to allow multiple childcare providers within the same building.

Several rural organizations identified opportunities to increase enrollment in the Women, Infants, and Children (WIC). Often, barriers exist, including lack of WIC-eligible food, transportation to bi-annual visits, and enrollment qualifications. They also indicated a need for automatic referrals to Head Start & Early Start to help individuals create a family plan to connect children to services and get adults into the workforce. Rural communities would also benefit from increased resources for grandparents taking care of grandchildren, more baby pantries, and additional resources for children with disabilities.

3. Workforce

Rural stakeholders highlighted the challenges stemming from childcare and housing shortages, which directly impact an individual's ability to work full-time. Due to these significant shortages,

rural stakeholders embedded in health care have identified that these barriers further hinder new hires from relocating to rural areas.

Several rural stakeholders identified the value of increasing food assistance during COVID-19, which proved crucial for families and allowed individuals to return to school to further their education. Rural stakeholders also identified the pressing need to expand mental health services and workforce support in rural communities. This was further emphasized by the shortage of in-home workers and the need to better support individuals who are aging. Lastly, the value of community health workers was discussed, stressing the need to promote sustainable funding and increase awareness of home visiting services that are often underutilized due to lack of awareness, misinformation, or stigma.

4. Internet Access and Technology

Broadband needs to be treated as a utility, as it was once nice to have, but it is now a necessity. Home internet in rural communities is often not affordable, easily accessible, or high-speed. There is a need for county-wide broadband. There is a need for an investment on the front end to ensure people can utilize telehealth and improve their overall well-being. Some individuals in rural communities do not have access to a computer or phone and lack the knowledge to navigate the technology. This creates a significant barrier in working with the Medicaid and Medicare populations, especially in navigating state assistance resources online. Technology is a significant barrier for the aging population, including a lack of skillset or technology availability, and many preferring face-to-face supports.

5. Health Care

Rural stakeholders indicated the value associated with appropriate access to health care, suggesting that many community members would not have received the necessary treatment without this benefit, leading to more significant health issues. They noted that the cost of health care can often lead to increased debt, making it harder for individuals to escape poverty. Several rural community members noted the lack of Medicaid providers within their communities, especially in finding specialists who accept their insurance. Lastly, they discussed the lack of substance use disorder (SUD) resources in their communities, and the value in additional programs and support.

6. Housing Stability and Access

Rural stakeholders agreed that housing is a cornerstone of an individual's life, and in rural communities, housing resources are either unavailable, too expensive, or have long wait lists. They noted that rural communities often do not have homeless shelters, and although some hotels try to do long-term stays to assist, it is often expensive and not sustainable. They suggested the need for additional support before an individual becomes unhoused. Several organizations indicated remaining funding for Emergency Solutions Grants Program (ESG) and noted that it is not easy to find housing units that meet the criteria, which can affect the Michigan State Housing Development Authority (MSHDA) vouchers if units aren't meeting the fair market rate.

Rural organizations noted that MSHDA Michigan Homeowner Assistance Fund (MIHAF) Program and Mortgage Assistance Program are helpful but tend to be underutilized in some rural communities. They noted the need for utility assistance, which is often not covered by many state programs. This includes funding associated with home repairs, which is often limited due to location and is difficult to receive. Lastly, stakeholders discussed the difficulty in accessing housing assistance, especially if they are justice-involved. They suggested the need for additional back rent support, as individuals must receive an eviction notice and go to court before getting assistance.

7. Food Security and Access

Rural organizations and community members stressed the value in expanding SNAP benefits during the pandemic, especially for the low-income working population. They discussed that since it has been removed, it has been a hardship for families who make just a little too much but still need assistance. It was also noted that communities located in vacation destinations often have higher costs associated with living expenses, especially groceries and housing, which makes assistance less beneficial. Lastly, in applying for SNAP, individuals discussed that MDHHS offices are often overloaded with requests, raising the need for potential entry points for individuals to apply for state assistance.

Many rural stakeholders identified the lack of healthy food options in rural communities, and the need to increase infrastructure in food systems, such as freezer storage and addressing the "last mile" delivery or getting food to community members. Several individuals noted that a single-person rate on SNAP is not enough, especially for the aging population, and some in this population aren't accessing these services due to various barriers such as enrollment

challenges or transportation. Community members and organizations stressed the value in Food is Medicine Programs but noted that markets aren't always actively participating.

8. Rural Health Equity

Many organizations noted that individuals that live in rural communities often don't ask for assistance until they are in a crisis situation, and they sometimes feel like they get lost in the system that doesn't seem to be structured for rural communities. Several organizations noted the lower literacy levels is a barrier in some rural communities, requiring additional assistance. They also discussed the importance of ensuring applications and documents are written in a manner that everyone can understand, avoiding confusing and unnecessary language. Lastly, they identified the importance in addressing the ALICE population, ensuring this population has the appropriate resources to meet their basic needs.

Engagement with various rural stakeholders highlighted the differences that exist in each rural county and township, requiring the need for tailored interventions. Rural stakeholders identified the need for flexibility in requirements for state assistance programs, suggesting that policymakers need to understand the differences that exist between rural and urban communities, especially access issues to public transportation and technology. Lastly, several rural community members noted that applying for state assistance can be an overwhelming and complex process, especially for the elderly population. Noting the tremendous value in having resources to meet community members where they are at.

9. Collaboration and Organizational Resource Sharing

Both organizations and community members expressed a lack of awareness of the various agencies and resources within their communities, including services offered by local health departments, veterans' services, food assistance programs like WIC and SNAP, housing supports through MSHDA, and navigation platforms such as 211 and MI Bridges. Many noted that smaller or grassroots resources, like faith-based organizations, pop-up food pantries, or home visiting programs, are often left out of centralized platforms, making them harder to find. This gap in knowledge is exacerbated by limited resource sharing and connectivity among community partners. In some areas, organizations noted that veterans remain unaware of available services and resources, highlighting the significance of initiatives like the "No Wrong Door" approach, which ensures individuals can access multiple services from various entry points without being turned away, creating a more seamless and supportive system. This

emphasizes the need to improve communication among partners to enhance client access, ensuring the appropriate funding is available to support this collaborative infrastructure. Rural organizations also identified the challenges they face in accessing funding opportunities due to capacity constraints, often structured for larger organizations.

Lastly, rural stakeholders identified the need to provide comprehensive education to new staff members, especially among the MDHHS offices, to ensure that as turnover occurs, there is a seamless resource exchange. Furthermore, additional training and education for MDHHS staff would enhance their ability to offer tailored in-person support, fostering culturally competent care. Increasing access to prevention programs is also beneficial in empowering individuals to transition from assistance programs.

10. Resource Sharing Platforms: 211

Several rural organizations identified that some organizations struggle to participate with 2-1-1 due to their larger service area, time commitment for agencies, and the inability to incorporate smaller "pop-up" resources, which are valuable to rural communities. Rural organizations identified that these smaller resources, such as faith-based organizations or smaller community-based organizations, often don't promote their resources on these platforms or meet the required criteria. Several organizations noted that for 2-1-1 to be successful, it requires organizations to provide up-to-date and accurate information, stressing the need for accountability in this information exchange. This can be a barrier in rural communities, especially with capacity and effects of turnover on the exchange of needed information. Several community members also noted they were not aware of 2-1-1 as a resource, creating an opportunity to increase marketing and awareness.

Several organizations and community members identified that some individuals prefer paper lists and rural organizations rely on relationships/word of mouth for resources. Although paper resource guides can be valuable, if not updated regularly, they can pose a barrier in accessing up-to-date information. It was noted that rural areas often have fewer resources, creating fewer entry points for people to get into the system and be referred to other resources. Their clients can get easily frustrated with a system they don't feel works for them.

Some organizations lost their phone-based navigation services after the pandemic, which was valuable, as MDHHS Navigation tends to be overwhelmed with requests. Several individuals noted the value in putting kiosks to register for state assistance in local hubs throughout the

community, as often smaller community-based organizations lack the capacity to assist individuals in applying for assistance. Lastly, rural stakeholders emphasized the need to proactively reach out to individuals to promote awareness of resources, instead of waiting for people to show up in crisis.

11. State Assistance Application Procedures

Organizations and individuals in rural communities stressed the need for more assistance in applying for state assistance programs, especially in utilizing the MI Bridges platform. They noted the confusion for varying assistance programs, and the need to better understand each programs criteria, benefits, and application process. There was significant discussion about the Universal Caseload structure, which many feel has created frustration for individuals, especially in a small community. Individuals prefer to connect with someone who knows the resources in their community and prefer to develop a rapport with an individual caseworker.

Rural stakeholders identified the need for personal communication and connection, and the challenges that arise in reaching an actual individual when an issue occurs. Some suggested that although the kiosks are helpful, it does not replace the face-to-face interaction and assistance. Rural community members appreciate having the support of someone to walk them through the application process, addressing their needs and identifying other programs they might be eligible for. Organizations noted the value in having navigators embedded within local hubs in rural communities to assist individuals in applying for state assistance programs. Lastly, individuals noted the challenge in accessing paper application, due to limited office hours and transportation barriers.

The qualitative data collected through the focus groups, listening sessions and surveys have created a better understanding of gaps and barriers that exist in rural communities. This valuable insight has guided the recommendations and will ensure the needs of rural communities remain at the heart of this work.

The MCRH, in collaboration with the Rural Health Equity Plan Advisory Group and various rural stakeholders, have utilized this data to craft recommendations relevant to rural Michigan. These recommendations highlight the necessity for policies and interventions tailored to meet the unique needs of rural communities.

Rural Relevant Recommendations

The rural-relevant recommendations draw from previously discussed data, aligning with reports including the Michigan's Roadmap to Rural Prosperity by the Office of Rural Prosperity, Food Security Council Final Report, Michigan's Statewide Housing Plan, Poverty Task Force Report, Advancing Health Equity in Rural America by the Robert Wood Johnson Foundation. Feedback for the recommendations was gathered from a range of rural stakeholders, including the RHEP Advisory Group and organizations within the Rural SDOH Hubs sites. By integrating these documents and data into the Rural Health Equity Plan, the recommendations will prioritize the needs of rural communities and elevate their perspectives, resulting in more actionable and community-driven solutions.

1. Conduct a regional gap analysis to better understand charitable food resource allocations in rural communities and identify areas that require capacity assistance.

- **Focus on Infrastructure**: Assess the existing infrastructure that supports food distribution and assistance programs, utilizing existing county-level data as available. Understanding the capacity, efficiency, and limitations of the current systems is crucial before considering the infusion of additional food assistance. This includes evaluating transportation, storage facilities, food rescue systems, and the logistical frameworks that sustain food distribution networks.
- **Identify Gaps in Resources**: Analyze the distribution of charitable food resources across the region to identify disparities and areas where communities are underserved. This involves mapping out food pantries, and other food resources to determine coverage gaps in rural communities.
- **Assess Food Being Distributed**: Address the quality of food being distributed. Some food assistance can be highly preserved. It's important to prioritize and promote the availability of healthy, whole foods. Assess the nutritional value and encourage the inclusion of fresh produce and minimally processed items in food assistance programs.
- **Recommendations for Capacity Assistance**: Identify specific areas that require capacity building. This involves improving storage facilities, enhancing transportation networks, and providing training and resources to local food assistance programs to better meet the needs of the community. Emphasis should be placed on supporting local agriculture and integrating best practices.

These recommendations aim to optimize charitable food assistance in rural communities by identifying and addressing infrastructure and resource gaps, improving access to healthy foods, and strengthening local food programs.

2. Build capacity at the local level by investing in rural agencies to distribute funds allocated by the state of Michigan.

- **Invest in Local Rural Agencies**: Allocate state funds to local rural agencies, enabling them to effectively distribute resources within their communities. Current population-based methods used to allocate state funding can disproportionately impact rural communities and further exacerbate health inequities. This investment will help strengthen local infrastructures, such as food distribution networks, health care services, and educational programs.

- **Incentivize Local Sourcing**: Encourage local food agencies to buy from local farmers and producers. By prioritizing local sourcing, the initiative supports the local economy, ensures fresher and healthier food options, and reduces transportation costs and environmental impact.

- **Strengthen the Existing Food Security Network**: Advocate for increased funding at the local level to support and expand innovative community programs, which are essential for addressing food insecurity in rural communities. Strengthening these programs can help meet the growing demand and ensure disproportionately impacted populations receive adequate nutrition.

- **Recognize Existing Efforts**: Bring funders and stakeholders together to share insights and learnings from previous and ongoing projects. Leverage and expand on the work that has proven effective.

- **Advocate for Underfunded Programs**: Highlight the deficiencies in funding for essential programs, particularly those serving seniors and individuals with disabilities. Advocate for policies that divert necessary resources to address food insecurity and ensure that funding keeps pace with growing needs.

- **State Funding with Flexible Parameters**: Ensure state funding comes with parameters that guide its use but do not become overly restrictive. This flexibility allows rural communities to adapt the resources to their unique needs and circumstances, enabling them to respond contextually to local nuances.

These recommendations aim to strengthen rural food security and local infrastructure by investing state funds into rural agencies, supporting local sourcing, expanding innovative community programs, and advocating for flexible funding to address the specific needs of rural communities.

3. Support Medicaid Section 1115 waivers aimed at incentivizing services that address health-related social needs in rural communities.

- **Advocate for Medicaid Section 1115 Waivers**: Ensure waivers support non-traditional services like housing support, transportation, and nutrition programs tailored to rural communities. Waiver implementation should consider rural-specific challenges, such as limited infrastructure and long distances to care, ensuring flexibility and preventing barriers for small rural organizations. This ensures equitable access to community-based services that improve health outcomes.
- **Focus on Rural Communities**: Prioritize these incentives in rural communities where access to health care and related services can be limited. Tailoring the waiver to the specific needs of rural populations ensures the interventions are relevant and effective in improving overall health and well-being.
- **Collaborate with and Empower Local Providers and Agencies**: Work closely with local health care providers, community organizations, and social services agencies to implement these services and educate community members. Their on-the-ground knowledge is crucial in identifying the most pressing needs and ways to address them through innovative service models.
- **Monitor and Evaluate Outcomes**: Establish statewide social care metrics to monitor the effectiveness of these services in improving health outcomes and reducing overall health care costs. This data is essential in demonstrating the value of these non-traditional services and advocating for their continued support and expansion.
- **Advocate for Sustainable Funding**: Using the established social care metrics, work with state and federal policymakers to ensure funding for these services is sustainable in the long term. Demonstrating the cost-effectiveness and positive impact of these services is key to securing ongoing support.

By supporting Medicaid Section 1115 waivers that incentivize services addressing health-related social needs, this initiative can significantly improve health outcomes in rural communities by addressing the underlying social factors that contribute to poor health.

4. Minimize paperwork and streamline eligibility and enrollment requirements for food assistance programs in rural communities.

- **Streamline Eligibility and Enrollment**: Simplify the application and enrollment processes for food assistance programs, including the Emergency Food Assistance Program (TEFAP) and SNAP. Reducing paperwork and making the process more user-friendly will lower access barriers for individuals living in rural communities, ensuring more people can receive the support they need.
- **Leverage Technology for Accessibility**: Online platforms and mobile apps simplify benefit enrollment, but broadband access is a significant challenge in rural areas. Innovative solutions are needed to address this, including the Community Hub Model, which can be set up in local/regional centers, providing internet access and training to help residents use online platforms for benefits enrollment.
- **Promote Inclusive and Flexible Guidelines:** Ensure food assistance program guidelines and processes are designed to be inclusive and flexible, preventing any barriers that may discourage or restrict participation from small rural organizations.
- **Address System Fragmentation**: Work towards integrating disconnected systems that people must navigate to access food assistance. A more cohesive and streamlined approach will make it easier for individuals to receive the help they need without unnecessary confusion or duplication of efforts.

These recommendations will reduce barriers to food assistance in rural communities, ensuring more individuals, particularly vulnerable populations, can access the resources they need to maintain a healthy and secure lifestyle.

5. Invest in innovative efforts that support "last mile" food delivery models and community-led food initiatives in rural communities.

- **Invest in "Last Mile" Food Delivery Models**: Focus on supporting and expanding last-mile delivery systems that ensure fresh food reaches the most remote and underserved areas in rural communities. This includes enhancing existing delivery services and exploring new methods such as mobile markets, food pantries, and farm-to-table distribution networks.
- **Support Community-Led Food Models**: Invest in grassroots initiatives that empower local communities to take control of their food systems. This includes supporting garden

programs, farm stands, and "food is medicine" programs that provide fresh, locally grown produce and promote healthy eating habits.

- **Support Home-Delivered Meals and Senior Nutrition Sites**: Focus on programs that not only provide food but also combat social isolation among seniors, such as home-delivered meals and senior nutrition sites. Advocate for adjustments to the state funding formula to reflect the growing need and ensure these programs are adequately funded.

- **Address the Needs of the Aging Population**: Recognize the aging population is seeing an increase in disability prevalence, which may exacerbate food insecurity. Rural areas have a disproportionately higher number of older adults, making the need for tailored programs and funding especially critical.

- **Innovate and Adapt Delivery Methods**: Encourage the development of new and innovative delivery methods tailored to the challenges of rural communities. This includes expanding the use of mobile markets that bring fresh produce directly to consumers, creating food hubs that centralize distribution and integrating technology to optimize delivery routes and reduce costs.

- **Strengthen Partnerships**: Foster partnerships between local farmers, community organizations, and food assistance programs to build a more resilient and sustainable food network. These collaborations will help ensure a steady supply of fresh, healthy food and support local economies by driving demand for locally produced goods.

These recommendations will enhance food access in rural communities, ensuring fresh and healthy options are available to all residents, regardless of their location.

6. Support system-wide approaches to prioritize stable access to affordable housing in rural communities.

- **Support System-Wide Approaches**: Advocate for innovative, system-wide solutions that prioritize stable, permanent housing for unhoused individuals in rural areas. Ensure cross-sector collaboration and address rural-specific challenges like limited housing and geographic isolation to create sustainable, scalable housing models that improve health outcomes.

- **Address Aging and Housing Needs**: Ensure housing strategies account for the aging population by including adequate aging options such as adult foster care, assisted living, downsizing, accessibility, and housing options for low-income/fixed-income seniors.

Address the need for housing transformation through both state and local policies and provide incentives for development.

- **Reduce Barriers and Address the Asset Limited, Income Constrained, Employed (ALICE) Population**: Collaborate with MSHDA and other agencies to reduce housing barriers for the ALICE population, who don't qualify for low-income housing but struggle with market rates. Additionally, focus on increasing living-wage employment in rural areas with limited opportunities to create more sustainable solutions beyond temporary subsidies.

- **Focus on Prevention and System Integration**: Implement strategies to prevent homelessness and address the disconnect between prevention efforts and intervention services. Explore ways to integrate services and policies to provide a cohesive response to housing needs.

These recommendations will increase access to affordable housing in rural communities, prevent homelessness, and ensure housing solutions are adaptable to changing demographics and needs.

7. Evaluate and address current restrictions on state of Michigan housing initiatives, including MSHDA vouchers.

- **Evaluate Current Restrictions on Housing Initiatives**: Conduct a thorough review of the existing policies and procedures on state of Michigan housing initiatives, including MSHDA Housing Choice Vouchers and Emergency Solutions Grant funding, to identify barriers that disproportionately affect rural residents. This evaluation can focus on uncovering excessive restrictions that hinder access to affordable housing in rural areas.

- **Remove Barriers for Rural Residents**: Remove or modify restrictions to make housing initiatives more accessible to rural communities, especially for the justice-involved and substance use disorder population. The objective is to ensure rural residents can fully benefit from housing programs without unnecessary obstacles.

- **Promote Home Modifications and Appropriate Housing Types**: Advocate for the inclusion of home modification and rehabilitation programs and the development of housing that meets the specific needs of rural residents, such as accessible housing for the elderly or disabled. Ensuring the availability of the right type of housing is crucial for meeting the diverse needs of rural populations.

These recommendations will work towards making housing assistance programs more effective and accessible for rural residents, ensuring that they can overcome barriers and find suitable, affordable housing.

8. Expand funding and support for additional case managers or navigators to assist rural communities and increase permanent supportive housing for chronically unhoused individuals.

- **Expanding Funding for Case Managers and Navigators**: Advocate for increased funding to hire more case managers, community health workers (CHWs), and navigators dedicated to serving rural communities. These professionals play a critical role in addressing complex food, housing, and other social care needs by connecting individuals to resources and support.
- **Integrate Case Management into Housing Programs**: Ensure case management services are integrated into all supportive housing programs. This holistic approach helps individuals secure housing as well as access health care, employment, and social services, ultimately promoting long-term stability.
- **Address Complex Needs Through Investment**: Recognize the need for increased investment in CHWs, case managers, and navigators is essential to effectively address the multifaceted challenges faced by rural populations. These professionals are crucial in navigating the often-fragmented systems of care due to geographic barriers, smaller population size, and distance between resources.

By expanding funding and support for these roles, rural communities will more effectively assist their most vulnerable populations, ensuring individuals receive the comprehensive care and housing stability they need.

9. Incentivize rural communities to engage in small-scale development projects and leverage rural partnerships.

- **Incentivize Small-Scale Development Projects**: Through incentives, encourage rural communities to participate in small-scale development projects that can enhance the housing ecosystem. These projects can help address local housing needs while fostering community-driven solutions.

- **Provide Specific Incentives**: Offer targeted incentives to make small-scale development more feasible. These incentives can be tailored to the needs of rural communities, ensuring projects are effective, efficient, and sustainable.
- **Leverage Rural Partnerships**: Promote collaboration between local governments, nonprofit organizations, and private developers to increase the efficiency and effectiveness of housing initiatives. These partnerships can pool resources and expertise, leading to more impactful and scalable development efforts.

By providing clear incentives and supporting the housing workforce, rural communities can be empowered to take on small-scale development projects that effectively address local housing challenges and contribute to a more robust housing ecosystem.

10. Promote aging in place for rural Michiganders.

- **Support Innovative Aging in Place Programs**: Advocate for the expansion of innovative programs and models that enable older adults in rural communities to age in place. These programs should be tailored to meet the unique needs of rural residents, ensuring they can remain in their homes and communities as they age.
- **Expand Funding for Home Modifications and Emergency Repairs**: Increase funding opportunities for home modifications that make aging in place safer and more comfortable for older adults. Additionally, allocate funds for emergency home repairs, which are a critical need for many older adults and veterans on fixed incomes. This support will prevent unsafe living conditions and help maintain the livability of homes.
- **Enhance Local Education and Resources for Older Adults and Caregivers**: Provide comprehensive education and resources to older adults and their caregivers in rural areas. This includes information on available services, tips for home safety, reducing stigma, and guidance on how to access in-home care. Strengthening local education initiatives can empower older adults to make informed decisions about their care.
- **Strengthen Health Care Provider Support**: Rural areas are medically underserved, and it is crucial to support efforts to build and maintain a sustainable health care workforce. This includes expanding recruitment and retention programs, providing incentives for providers to work in rural settings, and investing in education and training initiatives to address the unique health care needs of these communities.
- **Support Community Paramedicine Programs**: Advocate for the expansion and reimbursement of community paramedicine programs in rural areas. These programs

provide vital in-home medical care, reducing the need for emergency department visits, and helping older adults manage their health conditions in the comfort of their homes.

- **Promote In-Home Care Services**: Support programs that enable rural individuals to receive in-home care services, such as home health aides, nursing care, and meal delivery. These services are essential for helping older adults maintain their independence and quality of life while remaining in their communities.
- **Address Challenges of Aging in Place in Rural Communities**: Recognize that aging in place can be particularly challenging in rural areas due to isolation, limited access to services, and inadequate housing. Work to develop the right combination of housing options and home- and community-based services that support older adults in aging in place.

These recommendations can effectively promote aging in place for rural Michiganders, ensuring they have the resources, support, and housing options needed to remain in their communities as they age.

11. Design flexible funding opportunities that better support rural communities and drive rural health equity.

- **Create Flexible Funding Opportunities**: Develop and implement flexible funding programs specifically tailored to the unique needs of rural communities. This will allow for adaptability in how funds are used, ensuring they are effectively applied to various local challenges and opportunities.
- **Support Capacity-Building Initiatives**: Provide targeted capacity-building grants to strengthen the infrastructure and capabilities of rural community collaboratives. These grants should focus on enhancing the ability of rural organizations to effectively plan, implement, and sustain initiatives, ensuring long-term impact. Additionally, requirements for agencies to provide matching funds should be reconsidered as this poses a significant burden for rural organizations.
- **Simplify Grant Reporting Methods**: Streamline the reporting requirements to ensure accessibility to rural communities. Simplified reporting methods will reduce administrative burdens, allowing grantees to focus on achieving their project goals.
- **Foster Connections Among Grantees**: Encourage and support connections between rural grantees through networking opportunities, collaborative platforms, and shared learning experiences.

Establishing flexible funding stream can effectively support rural communities in creating and sustaining collaborative efforts that drive health equity, while also making the funding process more accessible and manageable for grantees.

12. Promote sustainable funding streams for the utilization of CHWs and community paramedics in rural Michigan.

- **Promote Sustainable Funding Streams**: Ensure the establishment of reliable and ongoing funding streams that support a robust workforce of CHWs and community paramedics. This investment is crucial for maintaining and expanding vital services in rural and underserved communities. Rural geographies and limited resources make navigation services especially challenging. Sustainable funding to address long drive distances for navigators and additional resource navigation time needs to be considered in policy.
- **Utilize CHW and Community Paramedic Cost Survey Data**: Leverage cost survey data broken down by rural region. This data will demonstrate the financial needs and benefits of investing in CHWs and community paramedics in rural areas, helping to justify the need for sustained funding.
- **Maximize Scope of Practice**: Ensure the scope of practice for CHWs and community paramedics is fully utilized. Efforts should focus on maximizing the impact they can have within their communities in providing a broad range of services that address both clinical and social determinants of health.

Sustained funding for CHWs and community paramedics is vital to addressing the complex health needs of Michigan's rural populations.

13. Build consistent, sustainable infrastructure focused on the social drivers of health to address the diverse needs of rural communities.

- **Foster Regional Collaborations and Partnerships:** Encourage regional collaboration across sectors to maximize resource sharing, leverage expertise, and navigate grant opportunities, including but not limited to local organizations, community leaders, health care providers, and policymakers.
- **Develop Region-Specific Strategies:** Create customized intervention plans focusing on regionally relevant issues and interventions addressing the unique needs of the rural community.

- **Support Regional Customization:** Encourage funding streams allowing rural regions to customize resources, recognizing that different communities face diverse challenges.
- **Consistent Funding:** Funding for consistent infrastructure to coordinate SDOH activities in particular rural regions. Greater incentives and funding are needed to expand outreach and impact by supporting Community Hubs or backbone organizations.

  Building sustainable infrastructure to address social drivers of health in rural communities through regional collaboration, customized strategies, and flexible funding that meets the diverse local needs.

14. Establish a state-wide rural health advisory committee.

- **Establish a Statewide Rural Health Advisory Committee**: Form a permanent advisory committee dedicated to addressing the unique health needs of rural communities. This committee should include a diverse group of stakeholders, including but not limited to those with lived experience, advocates for rural communities, health care providers, state agencies, housing organizations and developers, and public health experts.
- **Focus on Innovations and Adaptations**: Charge the committee with supporting the development, innovation, and adaptation of interventions and programs specifically tailored to rural communities. The objective is to ensure these programs are effective and responsive to the unique challenges faced by rural populations.
- **Sustained Rural Focus**: Recognize this committee as a critical backbone investment for a state with a significant rural population and geographic spread. By providing consistent support and resources to this committee, the state can ensure a sustained focus on rural health issues and the continuous improvement of rural health outcomes.

Establishing a standing rural advisory committee can create a powerful platform for ongoing dialogue, innovation, and action to improve rural health equity.

Conclusion

The Rural Health Equity Plan (RHEP) represents a critical supplement to the MDHHS SDOH Strategy, focusing on addressing the unique needs of rural communities within Michigan.

The RHEP emphasizes the structure implemented within the MDHHS SDOH Strategy, which focuses on three fundamental principles: improvement, alignment, and innovation, with a specific emphasis on health equity, housing stability, and food security. Recognizing the distinct challenges rural Michiganders face, the MCRH, the state's non-profit State Office of Rural Health, has provided a rural lens to the SDOH Strategy.

The final RHEP report provides MDHHS with rural-specific actionable recommendations rooted in data-driven insights and direct engagement with rural residents and stakeholders. Through a multifaceted approach, including data collection, focus groups, listening sessions, and surveys, MCRH has diligently collaborated with a diverse array of rural stakeholders, ensuring their voices resonate at the core of this report.
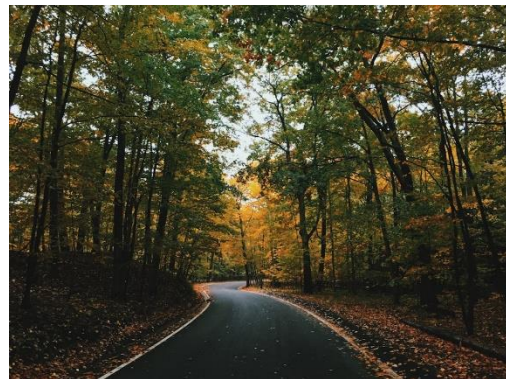
The RHEP Advisory Group and other rural stakeholders from across Michigan have played a pivotal role in crafting actionable recommendations that resonate with rural communities' realities and aspirations. By leveraging data and community input, the final RHEP will identify opportunities for improvement, enhance rural outreach and communication efforts, and address rural communities' unique needs within the broader framework of the MDHHS SDOH Strategy.

The RHEP represents a critical effort to foster health equity and well-being in rural Michigan. This report, along with the rural-relevant recommendations, will assist MDHHS in building more resilient, inclusive, and equitable communities that prioritize the diverse needs of all Michiganders, regardless of their geographic location.

Appendix A

Michigan Center for Rural Health Support

The following staff members supported the MCRH Rural Health Equity Plan:

Laura Mispelon, SDOH Manager
Rural Health Equity Plan Lead
Michigan Center for Rural Health
laura.mispelon@affiliate.msu.edu

Crystal Barter, Director of Programs & Services
Rural Health Equity Plan Support
Michigan Center for Rural Health
Barthcry@msu.edu

John Barnas, Executive Director
Rural Health Equity Plan Support
Michigan Center for Rural Health
Barnas@msu.edu

Renee Calkins, Rural Education Manager
Rural Health Equity Plan Support
Michigan Center for Rural Health
Renee.calkins@affiliate.msu.edu

Appendix B

Membership of the Rural Health Equity Plan Advisory Group

First Name	Last Name	Organization	Title
Elise	Bur	Northern Michigan University (NMU) Center for Rural Health	Director
Jesse	Costilla	Great Lakes Bay Health Center	Migrant Program Director
Nichole	Causley	Bay Mills Indian Community Health Center	Quality Improvement Coordinator
Heidi	Gustine	AAA of Northwest MI	Executive Director
Ryan	Hannon	Central United Methodist Church of Traverse City	Director of Outreach and Discipleship
Jeremiah (JJ)	Hodshire	Hillsdale Hospital	President & Chief Executive Officer
Frank	Lombard	Upper Peninsula Commission for Area Progress (UPCAP)	UP Veterans Program Manager
Sarah	Lucas	Office of Rural Prosperity, Labor and Economic Opportunity (LEO)	Director, Office of Rural Prosperity
Jesica	Mays	Michigan Balance of State Continuum of Care (MiBOSCOC)	Executive Director
Kristen	Misener	Human Development Commission	Program Development Director
Jenifer	Murray	Northern MI CHIR	HUB Director - Community Connections NMCHIR Grant Coordinator for Region 2 & 3 Perinatal Quality Collaborative

Dawn	Opel	Food Council of MI	Chief Innovation Officer, General Counsel Food Bank Council of Michigan
Kaley	Petersen	Corewell Health West	Regional Director, Corewell Health, Health Equity and Community Health
Jane	Sundmacher	Northern Michigan CHIR	Previous Executive Director

Appendix C

Rural Community-Level Feedback: Key Themes and Insights

- The Michigan Center for Rural Health (MCRH) conducted a 14-question survey to understand rural community members' experiences with State Assistance programs.
- Eighty-nine individuals from various rural counties participated, including Alpena, Kalkaska, Newaygo, Montcalm, Sanilac, Iosco, Hillsdale, Chippewa, Schoolcraft, Baraga, and Iron County.
- Common themes and insights were gathered from each question to better understand participants' experiences.
- Initially, feedback was to be gathered through in-person focus groups, but rural stakeholders recommended shifting to an online survey platform due to the sensitive nature of the questions.
- The Qualtrics platform was essential in detecting bot responses, as gift card incentives and widespread marketing on Facebook led to an increase in non-community responses.

1. State Assistance programs that have been most valuable to rural community members.

- **Nutrition and Food Security**: SNAP, WIC, and EBT provide essential food and formula, which are especially vital with rising food costs.
- **Health Care Access**: Medicaid offers crucial medical care, from routine checkups to emergency treatments.
- **Housing Assistance**: Helps prevent homelessness and ensures housing stability during financial struggles.
- **Childcare and Parenting Support**: Programs like WIC, Medicaid, and daycare assistance aid working parents and support early childhood development.
- **Financial Relief**: Includes utility, heating, and emergency relief programs that help families manage living expenses and crises.
- **Veteran and Disability Support**: Veterans Affairs and SSI offer financial aid for those unable to work due to health or service-related issues.
- **Emergency Relief**: Assists with unexpected costs like utility bills and home repairs.

2. State Assistance programs that rural community members found difficult to access?

- **Income Eligibility Issues:** Strict income limits often exclude families who are just above the threshold, making it hard for them to meet basic needs.
- **Complexity and Documentation:** Extensive documentation and frequent reapplications can be overwhelming and confusing.
- **Access to Representatives:** Difficulty reaching caseworkers and lack of assigned caseworkers create communication barriers and delays.
- **Internet and Technology Barriers:** Limited internet access and issues with online portals hinder application and access in rural or underserved areas.

- **Housing Assistance:** Applying for housing assistance is challenging due to long waitlists, excessive paperwork, and unclear eligibility criteria.
- **Transportation Challenges:** Rural residents or those without vehicles face difficulties attending in-person appointments and classes.
- **Poor Customer Service:** Negative interactions with program representatives can add stress and make accessing assistance more difficult.
- **Childcare and Health Care Access:** Challenges include long waitlists and high out-of-pocket costs for childcare and health insurance.
- **Overwhelming Processes:** The volume of forms and repeated requests for information contribute to frustration for applicants.

3. Platforms that rural community members utilize to apply for state assistance programs.

- Most individuals applied for state assistance programs online through MI Bridges, with fewer using in-person applications at MDHHS offices or paper forms. Some also received help from hospitals and health departments, while others used other unspecified methods.

4. The general experience of rural community members in applying for state assistance programs.

1. **Ease of Application**: Many found online systems like MI Bridges user-friendly and straightforward.
2. **Documentation Challenges**: Frequent requests for documentation and issues with paperwork were common, especially for those with limited access to resources.
3. **Customer Service**: Experiences varied widely, with some praising helpful caseworkers and others frustrated by poor service and long wait times.
4. **Automation Issues**: Automated systems were useful but sometimes frustrating, particularly when errors occurred, or follow-up was needed.
5. **Stress and Frustration**: The process was often stressful, with concerns about deadlines and application errors.
6. **Mixed Approval and Communication**: While some received timely and clear communication, others experienced delays and conflicting information.
7. **Lack of In-Person Support**: The shift from in-person assistance to online or phone support created barriers for those without internet access or who were less tech-savvy.
8. **Complicated Eligibility**: Confusing eligibility criteria and repetitive redetermination processes added to the difficulty.

5. Barriers rural community members experienced in applying for state assistance programs.

- **Minimal Barriers for Some:** Many found the application process straightforward without significant issues.

- **Complexity of Application Process:** Common issues included confusing paperwork, unclear questions, and the fear of making mistakes that could delay approval. The process was often overwhelming initially.
- **Documentation and Verification Issues:** Challenges included gathering and submitting required proofs (like income verification) and difficulties faced by those with limited access to technology or transportation.
- **Eligibility Criteria and Income Limits:** Frustration was expressed over low income-based eligibility thresholds and difficulties qualifying for assistance despite financial struggles.
- **Customer Service and Communication Barriers:** Difficulties included trouble contacting caseworkers, inconsistent information, frustration with automated systems, and long wait times.
- **Online System Issues:** Technical problems with online systems like MI Bridges and challenges with the online format were noted, particularly for those with limited technological skills.
- **Rural Challenges:** Respondents from rural areas faced issues such as poor internet and phone service, and lack of transportation for in-person visits.
- **Mental and Emotional Barriers:** Personal barriers included anxiety, low reading levels, and reluctance or shame in seeking help, which compounded the difficulties.
- **Lengthy Process and Wait Times:** Long wait times for application responses and assistance were particularly challenging when urgent help was needed.

6. Opportunities to improve the application process for state assistance programs in rural communities.

- **Simplify and Streamline:** Reduce form complexity and redundancy, use clearer language, and ask only for essential information to make the process more user-friendly.
- **Improve Caseworker Communication:** Enhance accessibility by providing direct contact options, such as email or text, and consider reassigning specific caseworkers for consistency.
- **Enhance Online Systems:** Improve online platforms like MI Bridges with better instructions, text-based proof submission, and troubleshooting features. Consider developing a dedicated app with chat support.
- **Increase Staffing and Reduce Wait Times:** Address staffing shortages to speed up application processing and reduce wait times for inquiries.
- **Support Rural and Technologically Challenged Areas:** Offer more in-person services, local advocacy, and hybrid systems to assist those with limited internet or phone access.
- **Expand Eligibility:** Raise income limits and clarify eligibility criteria to include more individuals facing financial difficulties.
- **Increase Compassion and Support:** Foster empathy and patience among staff to improve the experience for applicants and reduce stigma.

7. Resources most needed by rural community members.

1. **Food Assistance:** Essential for basic nutrition, with many relying on programs like WIC and other food aid.
2. **Housing:** Significant need due to homelessness and high rent costs, exacerbated by the housing crisis.
3. **Health Care/Medicaid:** Vital for access to medical care and mental health services.
4. **Transportation:** Reliable transport is crucial for accessing work, health care, and other services.
5. **Utility Assistance:** Support is needed for high utility costs, especially during winter.
6. **Other Resources:** Includes daycare assistance, toiletries, cash aid, and infant formula.

8. Rural community member's ability to find resources that they needed.

- Most individuals were able to find and receive the resources they needed, such as food, housing, and transportation, while some reported that they were somewhat successful in accessing these resources.

9. Resources rural community members struggled to find in their communities.

- **Housing:** Difficulty finding affordable, quality housing and suitable options with few issues.
- **Transportation:** Lack of reliable and accessible transportation, especially in rural areas with limited public options.
- **Childcare:** Challenges with affordable and accessible childcare, including issues with "free" preschool programs.
- **Mental Health and Health Care:** Limited availability of affordable mental health services and health care, particularly for children with special needs.
- **Utility and Rent Assistance:** Struggle to find emergency assistance for utilities and rent.
- **Food:** Issues with accessing affordable food, especially after income thresholds, and a need for more food and baby pantries.
- **Employment and Disability Resources:** Difficulty finding support for employment and disability, particularly during sudden family changes.
- **Miscellaneous:** Problems with reliable internet, recycling facilities, home repair assistance, and affordable vehicles. Other areas of difficulty include reliable internet service, recycling facilities, home repair assistance, and access to affordable vehicles.

10. Resource platform most utilized to find resources in rural communities.

- The most used platform for finding community resources is Google, followed by 211. Other sources include word of mouth, FindHelp.org, and referrals from local contacts and community organizations, though these are mentioned less frequently.

11. Feedback on the most utilized platform to find resources in rural communities.

- **Usefulness:** The platform is generally effective, connecting users to essential services like Medicaid, housing, and transportation.
- **Regional Specificity:** Users noted challenges in finding localized information for small towns and counties, suggesting more frequent updates and localized details.
- **Access to Resources:** There is a need for better contact information and clearer program details, along with improvements in transportation services and accessibility outside regular hours.
- **Barriers and Preferences:** While digital platforms are valued for expanding access, some prefer in-person support and highlighted issues with technology exclusion for rural or less tech-savvy individuals.
- **Suggestions for Improvement:** Recommendations include adding direct contact options, improving program visibility, simplifying navigation, and developing a state assistance app and user portal.

12. Advice rural community members would give a first-time user in applying for state assistance.

- **Preparation and Organization:** Gather all necessary documents, ensure accuracy, and keep copies of submissions.
- **Patience and Persistence:** Be patient, follow up regularly with caseworkers, and don't give up if the process feels lengthy.
- **Research and Understanding:** Familiarize yourself with the state website or programs and read instructions carefully to avoid mistakes.
- **Seeking Help:** Utilize navigators, caseworkers, or support systems for guidance, and don't hesitate to ask questions.
- **Follow-up and Advocacy:** Follow up with caseworkers, keep records of interactions, and advocate for yourself to ensure timely processing.
- **Utilizing Online Tools:** Use online platforms like MI Bridges for a quicker and easier application process.

13. Experience with state assistance programs from those who live in a rural community.

- **Limited Resources:** Rural areas have fewer resources, including social services, health care, housing, and child care, often due to less funding and program availability.
- **Access and Transportation:** Transportation challenges are significant, with limited or no public transit and long travel distances to access assistance or attend appointments.
- **Potential Advantages:** Lower population density in rural areas might lead to more personalized service and empathetic workers, though this is less consistent.
- **Connectivity and Technology:** Less reliable internet access in rural areas creates difficulties with online applications and digital services.
- **Personalized Help:** Rural communities may offer more one-on-one interactions with caseworkers, but staffing shortages can lead to delays and the need for multiple follow-ups.

14. Needed assistance accessing free or low-cost high-speed internet in your household.

- Out of the respondents, 14 indicated they need assistance accessing free or low-cost high-speed internet in their households, while 55 reported they do not need such assistance. This highlights a significant number of individuals who may benefit from support in obtaining affordable high-speed internet.

15. Additional comments from rural community members on their experience with state assistance.

- **Appreciation:** Many respondents are grateful for the support provided by state assistance programs, noting their critical role in addressing housing, health care, and other needs.
- **Challenges and Improvements:** Issues include internet access, communication difficulties with caseworkers, and complex application processes. Suggested improvements are user-friendly applications, better communication, and more resources for homebuyers and rental assistance.
- **Fairness and Efficiency Concerns:** Some feel that income-based limitations are unfair and express concerns about fraud and misuse, recommending better targeting of assistance.
- **Desire for Personalization:** Preference for dedicated caseworkers and more personalized support to improve the assistance experience.
- **Impact of Assistance:** Positive personal stories highlight how assistance has helped through difficult times and the desire to give back to the community.
- **Suggestions for Improvement:** Calls for better service accessibility, increased housing and rental assistance, and enhanced support for needs like internet costs and food security.
- **Access Challenges:** Rural areas face unique issues, such as limited resources and transportation barriers, which could be improved with better local support.

Appendix D

Rural Stakeholder Feedback at an Organizational Level: Key Themes and Insights

- A diverse group of rural stakeholders gathered via Zoom to discuss state assistance programs and resource platforms.
- Eleven virtual listening sessions were held in Alpena, Kalkaska, Newaygo, Montcalm, Sanilac, Iosco, Hillsdale, Chippewa, Schoolcraft, Baraga, and Iron County, each featuring nine questions to gather organizational perspectives.
- A total of 80 individuals participated, representing various organizations, including:
    - Local health departments.
    - Perinatal Quality Collaborative.
    - Housing Assessment and Resource Agency (HARA).
    - Great Start Collaborative.
    - Veteran Services.
    - Community Action Agencies.
- The listening sessions provided valuable insights into the effectiveness and accessibility of state assistance programs in rural communities.

1. **Most utilized state assistance programs in rural communities.**

    - **Most Utilized State Assistance Programs:**
        - Food Assistance (SNAP, WIC, Senior Meal Plan, Project FRESH, Double Up Food Bucks).
        - Medicaid/Medicare.
        - Housing Assistance (MSHDA, HUD).
        - Utility Assistance.
        - Transportation Assistance.
        - Programs for Seniors (Home-delivered meals, transportation, medical equipment).
    - **Post-COVID-19 Shifts:**
        - Increased awareness and usage of assistance programs due to job loss, temporary financial strain, and telehealth availability.
        - Food assistance doubled in some areas.
        - Housing needs surged, including among families and seniors.
        - Transportation remains a critical barrier, with limited public and non-emergency medical transport options.
        - Congregate meals and other meal programs have picked up again.
    - **Ongoing Issues:**
        - Housing shortages persist, exacerbated by external factors like local infrastructure projects.
        - Long-term care challenges: Staffing shortages, limited bed availability, financial unpreparedness among families.

- Utility assistance remains a high demand, especially in rural and Upper Peninsula communities.
- Lack of childcare, mental health, and substance use disorder resources.
- Access to transportation, especially for medical appointments, is a significant issue across rural areas.
- Veteran services are notable in some counties, but assistance like cash benefits remains challenging to access for certain populations.

2. State assistance programs that are most underutilized in rural communities.

- **WIC and SNAP Enrollment**: Limited awareness, transportation issues, and stigma reduce participation. The end of increased SNAP benefits has particularly impacted working families. Assistance programs like SNAP and Medicaid contribute significantly to the local economy by increasing spending in the community.
- **Housing and Homeless Services:** Emergency shelters are quickly depleted, and many avoid them due to strict rules or trauma. There is a high need for affordable, fair-market-rate housing.
- **Childcare Subsidy:** Low provider participation and awareness reduce utilization, impacting parents' employment and socioeconomic status.
- **Children's Health Services:** Programs like Children's Special Health Care Services and Maternal Infant Health are underused due to lack of awareness and provider education.
- **Public Transportation:** Limited-service hours and availability hinder access to health care and other resources, with inadequate medical transportation options.
- **Veterans and Senior Services**: Programs are not well-known, especially among recently discharged veterans and those in rural areas.
- **Workforce and Daycare:** Lack of affordable daycare and housing barriers affect employment. Limited knowledge about job support services exacerbates the issue.
- **Coalition and Resource Coordination:** Challenges in grant coordination and writing hinder securing resources. Improved partnerships and communication among providers are needed.
- **Substance Use Disorder Resources:** Treatment programs are often not located where they are needed, with insufficient programming in rural areas.

3. Most significant barriers that individuals note when applying for state assistance programs in rural communities.

- **Limited Internet Access and Technology Issues:** Many individuals lack internet access, reliable phones, or the skills to navigate online systems like MI Bridges. Older adults and those in rural areas struggle with technology, preferring paper forms or in-person assistance.
- **Transportation and Office Availability:** Transportation challenges and limited MDHHS office hours make it difficult to apply or meet with caseworkers. Some areas have no local offices or limited public transportation options.

- **Complex Application Processes:** The paperwork is overwhelming for some, especially those with literacy issues. Navigating the online system can be confusing, and lost or incomplete applications are common.
- **Lack of Personal Assistance:** The shift to online platforms has reduced personal interaction. Many individuals prefer one-on-one help to complete applications and provide documentation. CHWs have been helpful, but there's a need for more hands-on support.
- **Barriers for Vulnerable Populations:** Unhoused individuals face challenges with identity verification (e.g., birth certificates, state IDs). Seniors, those with cognitive impairments, and non-tech-savvy individuals often feel intimidated or confused by the process.
- **Distrust and Communication Issues:** Many people are wary of sharing personal information, particularly Native American populations due to historical trauma. Miscommunication or lack of empathy from staff can further erode trust.

4. Support that organizations give to rural communities in applying for State Assistance Programs.

- **CHWs:** Trained to assist with MI Bridges applications, helping to bridge gaps left by other services.
- **Case Managers:** Many are official MI Bridges navigators, though staffing issues can limit assistance.
- **Food Banks and Other Services:** Previously helped with SNAP but lost funding. MDHHS is overwhelmed, reducing in-person support.
- **Challenges:** Issues with account management and staff turnover affect navigation services.
- **Organization Limitations:** Some are community access points but not official navigators. The model struggles with staffing and resource limitations.
- **COVID-19 Impact:** Assistance has declined due to staffing shortages and other challenges.
- **General Observations:** Not all organizations have trained navigators or utilize CHWs to the fullest extent.

5. Most requested needs in rural communities that organization struggles to find resources for.

- **Transportation**: Major barrier with high costs and limited options in rural areas.
- **Housing:** Shortage of affordable units and long waitlists.
- **Child Care:** Limited availability and high costs, worsened by COVID-19.
- **Behavioral Health Services:** Insufficient access, especially for seniors.
- **Dental Care:** Few affordable providers accepting state insurance.
- **Food Assistance:** Gaps in SNAP access and low utilization of programs.
- **Funding:** Scarcity of funds and high demand depletes resources quickly.
- **General Observations:** Resources are often focused in larger areas, leaving rural communities underserved. Creative solutions needed for child care and transportation.

6. The biggest strength of how state assistance programs are structured in rural communities and the greatest opportunity for improvement.

- **Biggest Strength**
    - **Community Collaboration:** Rural communities excel in fostering strong relationships between organizations and resources, enhancing the effectiveness of assistance programs.
    - **In-Person Support:** Direct interaction with community members, such as through MDHHS offices and local hubs, is highly valued and beneficial for navigating assistance programs.
    - **Localized Focus:** Successful initiatives, like the UP MOM model, leverage local knowledge and engagement to address community-specific needs.
- **Opportunities for Improvement**
    - **Resource Awareness:** Create resource charts and revive monthly human service meetings.
    - **Internet Access:** Improve internet availability and digital literacy, using hubs like libraries for assistance.
    - **Grant Management:** Simplify grant processes and provide longer-term funding.
    - **Support Services:** Increase in-person support and navigator availability, especially in rural areas.
    - **Community Hubs:** Utilize natural hubs like libraries and senior centers for service delivery.
    - **Funding and Program Sustainability:** Ensure long-term funding to build awareness and trust in programs.
    - **Application Assistance:** Offer more in-person application support and simplify the process for various populations.

7. Organizational promotion of specific state assistance programs within rural communities.

- **Resource Utilization and Promotion:** Food banks and community groups promote programs via flyers, websites, and social media. They also use resources like 211 for referrals and updates.
- **Challenges and Opportunities:** Keeping resource information current is difficult, often relying on volunteers or staff. More in-person assistance and better internet access are needed, especially in rural areas.
- **Support Systems:** CHWs play a key role in helping with applications and referrals. Monthly meetings enhance agency collaboration and updates.
- **Communication and Outreach:** Information is shared through printed materials, social media, and community events. Improved communication about 211's capabilities and limitations are necessary.

8. Feedback on the 211 resource platforms.

- **Updating and Accuracy:** Ensure frequent updates and assign responsibility for maintaining accuracy.

- **Usability and Accessibility:** Simplify user experience and address technical issues for easier access.
- **Integration and Collaboration:** Enhance local coordination and increase agency collaboration.
- **Community Engagement:** Boost awareness through partnerships with local hubs and maintain community-specific resource guides.
- **Feedback and Improvement:** Collect user feedback and improve outreach to agencies for better service.

9. Free or low-cost high-speed internet in rural communities.

- **Lack of Infrastructure:** Rural areas often lack high-speed internet access, and even when available, connections may not extend to homes. Costs for installation are prohibitive for many.
- **Affordability Issues:** Internet services are expensive, with options like Starlink out of reach for low-income families.
- **Limited Resources Post-COVID:** Low-cost internet programs from the pandemic have ended, and funding for internet access has decreased. Awareness and utilization of existing federal and local programs are low.
- **Resource Navigation:** While organizations help with resources like SafeLink for free cell phones, there's no direct funding for high-speed internet. Libraries offer hotspots but they are underused.
- **Awareness Gaps:** Many people and organizations are unaware of available internet access programs and resources in their communities.

Appendix E

Rural Community-Based Organization Feedback: Key Themes and Insights

- A diverse group of 84 rural stakeholders completed the survey.
- The survey consisted of 13 questions to better understand state assistance programs and the utilization of 211 to promote resources in rural communities.
- Online surveys were distributed to 11 rural counties in Michigan, including Alpena, Kalkaska, Newaygo, Montcalm, Sanilac, Iosco, Hillsdale, Chippewa, Schoolcraft, Baraga, and Iron County.
- The Qualtrics platform was essential in detecting bot responses, as gift card incentives and widespread marketing on Facebook led to an increase in non-community responses.

1. Social services provided to individuals by rural community-based organizations in their community.

- Top three social services provided by organizations included services for seniors, food assistance, and the indication of "other."
- Top other social services indicated included SUD, mental/behavioral health, child services, reentry services, domestic violence services

2. Rural community-based organizations assistance in signing individuals up for MI Bridges.

- **Assistance with MI Bridges Registration**: Many organizations help with MI Bridges sign-ups, but smaller ones rely on warm handoffs or referrals due to capacity. Some lost phone-based navigation post-pandemic, adding pressure on MDHHS.
- **Challenges with the Process**: The process is smooth with trained staff, but login issues, website navigation (especially for those with disabilities or limited tech skills), and gathering documents add complications. Multi-factor verification also creates barriers.
- **Technology and Accessibility Barriers**: Limited internet access and reliance on cell phones hinder applications. Adding navigators is time-consuming, and direct navigator access would improve efficiency.
- **System Limitations and Frustrations**: Lack of local MDHHS support and caseworkers frustrates users, especially for tasks like adding an infant to Medicaid. Organizations assisting those with limited literacy or tech skills feel undercompensated.
- **Impact of Individual Circumstances**: Issues like poor internet access and transportation challenges make the process overwhelming, causing some to give up seeking assistance.

3. Community-based organization that were an official navigator partner with MI Bridges.

- The organizations surveyed did not have an official partnership as navigators with MI Bridges.

4. The most significant barriers for individuals applying for state assistance programs in rural communities identified by community-based organizations.

- The most significant barriers for individuals in applying for state assistance programs in rural communities involved the time-consuming process, lack of access to the necessary technology, lack of awareness, and indication of "other."

  - Other barriers included additional assistance, including transportation, providing the required documentation, the length and difficulty of documents for those with lower reading levels, not knowing where to turn for help and stigma.

5. The most underutilized state assistance programs identified by community-based organizations.

- Over half of the survey participants felt that individuals in their community were not aware of the state assistance programs available to them.

6. Community-based organization's perspective on whether individuals in their community were aware of the state assistance programs available to them and how to improve awareness.

- More than half of survey participants indicated they did not feel individuals in their community were aware of state assistance programs that were available to them.
- To improve awareness of state assistance programs, survey participants highlighted several common themes:
  - **Community Engagement**: Utilize social workers, outreach workers, and local caseworkers to connect with individuals in schools, health care settings, and community events.
  - **Education and Training**: Provide education through health providers and multiple agencies, along with better training for staff to improve communication.
  - **Accessible Communication**: Use written materials and non-internet-based communication methods (e.g., booklets, direct mail) to reach a broader audience.
  - **Stigma Reduction**: Foster awareness to reduce the stigma associated with receiving assistance.
  - **Integration and Collaboration**: Crosstrain human services agencies and integrate education campaigns into nonprofits to streamline information sharing.

o **Personal Assistance**: Ensure real people are available to answer questions and guide individuals through the process.

7. Additional resources needed to more effectively address the needs of rural communities from the perspective of community-based organizations.

- Survey participants identified the primary resources needed to better serve their community as housing, transportation, food banks/pantries, and "other."
- "Other" resources mentioned included child care, non-medical transportation, well-stocked and equipped food pantries/banks, legal services, behavioral health support, adult education/technology programs, dental care that accepts Medicaid, and access to technology.

8. The biggest strengths of how state assistance programs structure in rural communities identified by community-based organizations.

- **Community Connections**: Smaller communities enable effective word-of-mouth communication and strong agency relationships.
- **Personalized Support**: Caseworkers build deeper relationships with clients for better understanding and assistance.
- **Integrated Services**: MDHHS representatives in schools and CMH facilities enhance resource access.
- **Caring Collaboration**: Agencies work together with staff who genuinely care about community well-being.
- **Local Expertise**: The community benefits from local knowledge in addressing needs.
- **Technology Use**: Technology helps overcome transportation challenges.
- **Community Bonding**: Strong bonds within small communities foster a supportive environment.

9. The greatest opportunities for improvement in the structure of state assistance programs in rural communities identified by community-based organizations.

- **Clarity and Flexibility**: Need for clearer program requirements and flexibility for urban versus rural housing situations.
- **Transportation and Housing**: Demand for improved transportation options and more affordable housing.
- **Personal Assistance**: More in-person support in MDHHS offices, with dedicated caseworkers preferred over universal caseloads, and home visits for those with transportation barriers.
- **Resource Access**: Establish kiosks for assistance applications in community locations and offer evening hours at MDHHS offices.
- **Education and Collaboration**: Better education about available programs and increased collaboration among organizations, with regular attendance at rural assistance meetings.

- **Streamlined Systems**: Simplification of resource navigation and reduced paperwork through technology support.
- **Community Engagement**: Enhanced outreach to connect with those in need and foster community.
- **Funding and Infrastructure**: Increased funding and infrastructure improvements for food systems.
- **Prevention Programs**: Development of programs to help individuals transition out of poverty and automatic referrals to early childhood programs.
- **Simplified Communication**: Use plain language for individuals with low education levels and boost marketing efforts for services.

10. Rural community-based organizations that utilize 211 to promote their resources.

- Most survey participants utilized 211 to promote the resources they provided.
- Organizations that did not use 211 often rely on internal guides, avoid it due to outdated information, or have never heard of the service.

11. Rural community-based organization that suggest individuals utilize 211 to find resources.

- Most of the community-based organizations surveyed suggested individuals utilize 211 to find resources.
- Organizations that did not recommend 211 often provide an internal resource or community guide and refer individuals directly to agencies.

12. Rural community-based organizations perspective on the biggest strength and barriers/obstacles in utilizing 211.

- **Biggest Strengths**
  - After-hour services and accessibility.
  - Connection to a wide range of previously unknown resources.
  - One easy-to-remember phone number.
  - Immediate assistance through a centralized resource.

- **Barriers and Obstacles**

  - More than half of the survey participants did not experience any barriers/obstacles.
  - **Resource Accuracy**: Need for more up-to-date and accurate resources within clients' service areas.
  - **Accessibility**: Difficulty navigating resources suggests a need for a search option and improved area code handling.
  - **Authority for Operators**: Empowering 211 operators to update forms, approve cases, and facilitate benefits is crucial.

- o **Advertising and Education**: Increased advertising and better education on resource access are needed.
- o **Responsiveness**: Shortening response times and utilizing resource navigators, like CHWs, are essential for addressing unmet needs.

13. Rural community-based organizations that assist community members with identifying free or low-cost high-speed internet.

- More than half of survey participants do not assist with identifying free or low-cost high-speed internet for community members.

Appendix F

Tiered Recommendations by Priority

Housing Stability

Priority 1: Expand funding and support for additional case managers or navigators to assist rural communities and increase permanent supportive housing for chronically unhoused individuals.

- **Expand Funding for Case Managers and Navigators:** Advocate for increased funding to hire more case managers, CHWs, and navigators dedicated to serving rural communities. These professionals play a critical role in addressing complex food, housing, and other social care needs by connecting individuals to the resources and support they need.
- **Address Complex Needs Through Investment:** Recognize the need for increased investment in CHWs, case managers, and navigators is essential to effectively address the multifaceted challenges faced by rural populations. These professionals are crucial in navigating the often-fragmented systems of care due to geographic barriers, smaller population size, and distance between resources.
- **Integrate Case Management into Housing Programs:** Ensure that case management services are integrated into all supportive housing programs. This holistic approach helps individuals not only secure housing but also access health care, employment, and social services, ultimately promoting long-term stability.

Priority 2: Evaluate and address current restrictions on State of Michigan housing initiatives, including MSHDA vouchers.

- **Evaluate Current Restrictions on Housing Initiatives:** Conduct a thorough review of the existing policies and procedures on State of Michigan housing initiatives, including MSHDA Housing Choice Vouchers and Emergency Solutions Grant funding, to identify barriers that disproportionately affect rural residents. This evaluation can focus on uncovering excessive restrictions that hinder access to affordable housing in rural areas.
- **Remove Barriers for Rural Residents:** Remove or modify restrictions to make housing initiatives more accessible to rural communities, especially for the justice-involved population and people with substance use disorder. The objective is to ensure rural residents can fully benefit from housing programs without unnecessary obstacles.
- **Promote Home Modifications and Appropriate Housing Types:** Advocate for the inclusion of home modification and rehabilitation programs and the development of housing that meets the specific needs of rural residents, such as accessible housing for the elderly or disabled. Ensuring the availability of the right type of housing is crucial for meeting the diverse needs of rural populations.

Priority 3: Support systemwide approaches to prioritize stable access to affordable housing in rural communities.

- **Reduce Barriers and Address the ALICE Population:** Collaborate with MSHDA and other agencies to reduce housing barriers for the ALICE population, who don't qualify for low-income housing but struggle with market rates. Additionally, focus on increasing living-wage employment in rural areas with limited opportunities to create more sustainable solutions beyond temporary subsidies.
- **Address Aging and Housing Needs:** Ensure that housing strategies account for the aging population by including adequate aging options such as adult foster care, assisted living, downsizing, accessibility, and housing options for low-income/fixed-income seniors. Address the need for housing transformation through both state and local policies and provide incentives for development.
- **Support System-Wide Approaches:** Advocate for innovative, system-wide solutions that prioritize stable, permanent housing for unhoused individuals in rural areas. Ensure cross-sector collaboration and address rural-specific challenges like limited housing and geographic isolation to create sustainable, scalable housing models that improve health outcomes.
- **Focus on Prevention and System Integration**: Implement strategies to prevent homelessness and address the disconnect between prevention efforts and intervention services. Explore ways to integrate services and policies to provide a cohesive response to housing needs.

Priority 4: Incentivize rural communities to engage in small-scale development projects and leverage rural partnerships.
- **Leverage Rural Partnerships:** Promote collaboration between local governments, nonprofit organizations, and private developers to increase the efficiency and effectiveness of housing initiatives. These partnerships can pool resources and expertise, leading to more impactful and scalable development efforts.
- **Provide Specific Incentives:** Offer targeted incentives to make small-scale development more feasible. These incentives can be tailored to the needs of rural communities, ensuring that projects are both effective, efficient, and sustainable.
- **Incentivize Small-Scale Development Projects:** Through incentives, encourage rural communities to participate in small-scale development projects that can enhance the housing ecosystem. These projects can help address local housing needs while fostering community-driven solutions.

Food Security

Priority 1: Conduct a regional gap analysis to better understand charitable food resource allocations in rural communities and identify areas that require capacity assistance.
- **Focus on Infrastructure:** Assess the existing infrastructure that supports food distribution and assistance programs, utilizing existing county-level data as available. Understanding the capacity, efficiency, and limitations of the current systems is crucial before considering the infusion of additional food assistance. This includes evaluating transportation, storage facilities, food rescue systems, and the logistical frameworks that sustain food distribution networks.

- **Identify Gaps in Resources:** Analyze the distribution of charitable food resources across the region to identify disparities and areas where communities are underserved. This involves mapping out food pantries, and other food resources to determine coverage gaps in rural communities.
- **Recommendations for Capacity Assistance:** Identify specific areas that require capacity building. This involves improving storage facilities, enhancing transportation networks, and providing training and resources to local food assistance programs to better meet the needs of the community. Emphasis should be placed on supporting local agriculture and integrating best practices.
- **Assess Food Being Distributed:** Address the quality of food being distributed. Some food assistance can be highly preserved. It's important to prioritize and promote the availability of healthy, whole foods. Assess the nutritional value and encourage the inclusion of fresh produce and minimally processed items in food assistance programs.

Priority 2: Build capacity at the local level by investing in rural agencies to distribute funds allocated by the State of Michigan.
- **Invest in Local Rural Agencies:** Allocate state funds to local rural agencies, enabling them to effectively distribute resources within their communities. Current population-based methods used to allocate state funding can disproportionately impact rural communities and further exacerbate health inequities. This investment will help strengthen local infrastructures, such as food distribution networks, health care services, and educational programs.
- **Strengthen the Existing Food Security Network:** Advocate for increased funding at the local level to support and expand innovative community programs, which are essential for addressing food insecurity in rural communities. Strengthening these programs can help meet the growing demand and ensure that disproportionately impacted populations receive adequate nutrition.
- **Incentivize Local Sourcing:** Encourage local food agencies to buy from local farmers and producers. By prioritizing local sourcing, the initiative supports the local economy, ensures fresher and healthier food options, and reduces transportation costs and environmental impact.
- **Recognize Existing Efforts:** Bring funders and stakeholders together to share insights and learnings from previous and ongoing projects. Leverage and expand on the work that has proven effective.
- **Advocate for Underfunded Programs**: Highlight the deficiencies in funding for essential programs, particularly those serving seniors and individuals with disabilities. Advocate for policies that divert necessary resources to address food insecurity and ensure that funding keeps pace with growing needs.
- **State Funding with Flexible Parameters:** Ensure that state funding comes with parameters that guide its use but do not become overly restrictive. This flexibility allows rural communities to adapt the resources to their unique needs and circumstances, enabling them to respond contextually to local nuances.

Priority 3: Invest in innovative efforts that support innovative food delivery models and community-led food initiatives in rural communities.
- **Invest in Last Mile Food Delivery Models:** Focus on supporting and expanding last-mile delivery systems that ensure fresh food reaches the most remote and

underserved areas in rural communities. This includes enhancing existing delivery services and exploring new methods such as mobile markets, food pantries, and farm-to-table distribution networks.

- **Support Community-Led Food Models:** Invest in grassroots initiatives that empower local communities to take control of their food systems. This includes supporting garden programs, farm stands, and food is medicine programs that provide fresh, locally grown produce and promote healthy eating habits.
- **Support Home-Delivered Meals and Senior Nutrition Sites:** Focus on programs that not only provide food but also combat social isolation among seniors, such as home-delivered meals and senior nutrition sites. Advocate for adjustments to the state funding formula to reflect the growing need and ensure these programs are adequately funded.
- **Address the Needs of the Aging Population:** Recognize the aging population is seeing an increase in disability prevalence, which may exacerbate food insecurity. Rural areas have a disproportionately higher number of older adults, making the need for tailored programs and funding especially critical.
- **Innovate and Adapt Delivery Methods:** Encourage the development of new and innovative delivery methods tailored to the challenges of rural communities. This includes expanding the use of mobile markets that bring fresh produce directly to consumers, creating food hubs that centralize distribution, and integrating technology to optimize delivery routes and reduce costs.
- **Strengthen Partnerships:** Foster partnerships between local farmers, community organizations, and food assistance programs to build a more resilient and sustainable food network. These collaborations will help ensure a steady supply of fresh, healthy food and support local economies by driving demand for locally produced goods.

Priority 4: Minimized paperwork and streamline eligibility and enrollment requirements for Food Assistance Programs in rural communities.

- **Streamline Eligibility and Enrollment:** Simplify the application and enrollment processes for Food Assistance Programs, including the TEFAP and SNAP. Reducing paperwork and making the process more user-friendly will lower access barriers for individuals living in rural communities, ensuring that more people can receive the support they need.
- **Address System Fragmentation:** Work towards integrating disconnected systems that people must navigate to access food assistance. A more cohesive and streamlined approach will make it easier for individuals to receive the help they need without unnecessary confusion or duplication of efforts.
- **Promote Inclusive and Flexible Guidelines:** Ensure that Food Assistance Program guidelines and processes are designed to be inclusive and flexible, preventing any barriers that may discourage or restrict participation from small rural organizations.
- **Leverage Technology for Accessibility:** Online platforms and mobile apps simplify benefit enrollment, but broadband access is a significant challenge in rural areas. Innovative solutions are needed to address this, including the Community Hub Model, which can be set up in local/regional centers, providing internet access and training to help residents use online platforms for benefits enrollment.

Health Equity

Priority 1: Design flexible funding opportunities that better support rural communities and drive rural health equity.

- **Create Flexible Funding Opportunities:** Develop and implement flexible funding programs specifically tailored to the unique needs of rural communities. This will allow for adaptability in how funds are used, ensuring they are effectively applied to various local challenges and opportunities.
- **Simplify Grant Reporting Methods**: Streamline the reporting requirements to ensure accessibility to rural communities. Simplified reporting methods will reduce administrative burdens, allowing grantees to focus more on achieving their project goals.
- **Support Capacity-Building Initiatives:** Provide targeted capacity-building grants to strengthen the infrastructure and capabilities of rural community collaboratives. These grants should focus on enhancing the ability of rural organizations to effectively plan, implement, and sustain initiatives, ensuring long-term impact. Additionally, requirements for agencies to provide matching funds should be reconsidered, as this poses a significant burden for rural organizations.
- **Foster Connections Amongst Grantees:** Encourage and support connections between rural grantees through networking opportunities, collaborative platforms, and shared learning experiences.

Priority 2: Support Medicaid Section 1115 waivers aimed at incentivizing services that address health-related social needs in rural communities.

- **Advocate for Medicaid Section 1115 Waivers**: Ensure waivers support non-traditional services like housing support, transportation, and nutrition programs tailored to rural communities. Waiver implementation should consider rural-specific challenges, such as limited infrastructure and long distances to care, ensuring flexibility and preventing barriers for small rural organizations. This ensures equitable access to community-based services that improve health outcomes.
- **Focus on Rural Communities:** Prioritize these incentives in rural communities where access to health care and related services can be limited. Tailoring the waiver to the specific needs of rural populations ensures that the interventions are relevant and effective in improving overall health and well-being.
- **Collaborate with and Empower Local Providers and Agencies**: Work closely with local health care providers, community organizations, and social services agencies to implement these services and educate community members. Their on-the-ground knowledge is crucial in identifying the most pressing needs and ways to address them through innovative service models.
- **Advocate for Sustainable Funding:** Using the established social care metrics, work with state and federal policymakers to ensure that funding for these services is sustainable in the long term. Demonstrating the cost-effectiveness and positive impact of these services is key to securing ongoing support.
- **Monitor and Evaluate Outcomes:** Establish statewide social care metrics to monitor the effectiveness of these services in improving health outcomes and reducing overall health care costs. This data is essential in demonstrating the

value of these nontraditional services and advocating for their continued support and expansion.

Priority 3: Promote sustainable funding streams for the utilization of CHWs and community paramedics in rural Michigan.
- **Promote Sustainable Funding Streams:** Ensure the establishment of reliable and ongoing funding streams that support a robust workforce of CHWs and community paramedics. This investment is crucial for maintaining and expanding vital services in rural and underserved communities. Rural geographies and limited resources make navigation services especially challenging. Sustainable funding to address long drive distances for navigators and additional resource navigation time needs to be considered in policy.
- **Maximize Scope of Practice:** Ensure the scope of practice for CHWs and community paramedics is fully utilized. Efforts should focus on maximizing the impact they can have within their communities in providing a broad range of services that address both clinical and social determinants of health.
- **Utilize CHW and Community Paramedic Cost Survey Data:** Leverage cost survey data broken down by rural region. This data will demonstrate the financial needs and benefits of investing in CHWs and Community Paramedics in rural areas, helping to justify the need for sustained funding.

Priority 4: Build consistent, sustainable infrastructure focused on the social drivers of health to address the diverse needs of rural communities.
- **Consistent Funding:** Funding for consistent infrastructure to coordinate SDOH activities in particular rural regions. Greater incentives and funding are needed to expand outreach and impact by supporting Community Hubs or backbone organizations.
- **Foster Regional Collaborations and Partnerships:** Encourage regional collaboration across sectors to maximize resource sharing, leverage expertise, and navigate grant opportunities, including but not limited to local organizations, community leaders, health care providers, and policymakers.
- **Develop Region-Specific Strategies:** Create customized intervention plans focusing on regionally relevant issues and interventions addressing the unique needs of the rural community.
- **Support Regional Customization:** Encourage funding streams allowing rural regions to customize resources, recognizing that different communities face diverse challenges.

Priority 5: Establish a statewide rural health advisory committee.
- **Establish a State-Wide Rural Health Advisory Committee:** Form a permanent advisory committee dedicated to addressing the unique health needs of rural communities. This committee should include a diverse group of stakeholders, including but not limited to those with lived experience, advocates for rural communities, health care providers, state agencies, housing organizations and developers, and public health experts.
- **Focus on Innovations and Adaptations:** Charge the committee with supporting the development, innovation, and adaptation of interventions and programs

specifically tailored to rural communities. The objective is to ensure these programs are effective and responsive to the unique challenges faced by rural populations.

- **Sustained Rural Focus:** Recognize this committee as a critical backbone investment for a state with a significant rural population and geographic spread. By providing consistent support and resources to this committee, the state can ensure a sustained focus on rural health issues and the continuous improvement of rural health outcomes.

Priority 6: Promote aging in place for rural Michiganders.

- **Support Innovative Aging in Place Programs:** Advocate for the development and expansion of innovative programs and models that enable older adults in rural communities to age in place. These programs should be tailored to meet the unique needs of rural residents, ensuring that they can remain in their homes and communities as they age.

- **Expand Funding for Home Modifications and Emergency Repairs:** Increase funding opportunities for home modifications that make aging in place safer and more comfortable for older adults. Additionally, allocate funds for emergency home repairs, which are a critical need for many older adults and veterans on fixed incomes. This support will prevent unsafe living conditions and help maintain the livability of homes.

- **Promote In-Home Care Services:** Support programs that enable rural individuals to receive in-home care services, such as home health aides, nursing care, and meal delivery. These services are essential for helping older adults maintain their independence and quality of life while remaining in their communities.

- **Strengthen Health Care Provider Support:** Rural areas are medically underserved, and it is crucial to support efforts to build and maintain a sustainable health care workforce. This includes expanding recruitment and retention programs, providing incentives for providers to work in rural settings, and investing in education and training initiatives to address the unique health care needs of these communities.

- **Enhance Local Education and Resources for Older Adults and Caregivers**: Provide comprehensive education and resources to older adults and their caregivers in rural areas. This includes information on available services, tips for home safety, reducing stigma, and guidance on how to access in-home care. Strengthening local education initiatives can empower older adults to make informed decisions about their care.

- **Support Community Paramedicine Programs**: Advocate for the expansion and reimbursement of community paramedicine programs in rural areas. These programs provide vital in-home medical care, reducing the need for emergency department visits, and helping older adults manage their health conditions in the comfort of their homes.

- **Address Challenges of Aging in Place in Rural Communities:** Recognize that aging in place can be particularly challenging in rural areas due to isolation, limited access to services, and inadequate housing. Build on existing MDHHS efforts to develop the right combination of housing options and home- and community-based services that support older adults in aging in place.

References

[1]Agriculture & Rural Development. (2023). Michigan Agriculture Facts & Figures. 2023 Michigan Agriculture Facts & Figures

[2]Bipartisan Policy Center. (2023). Rural Child Care Priorities for 118th Congress. bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/05/BPC_ECI_Rural_Priorities_for_118th_Congress.pdf

[3]Childcare Aware (2021). Child Care Affordability in Michigan. https://info.childcareaware.org/hubfs/2021%20Price%20of%20Care%20State%20Sheets/Michigan_Price%20Fact%20Sheet%202021.pdf

[4]Federal Communications Commission. (2022). Advancing Broadband Connectivity as a Social Determinant of Health. Advancing Broadband Connectivity as a Social Determinant of Health | Federal Communications Commission (fcc.gov)

[5]Gallardo, Roberto. (2022). The State of the Digital Divide in the United States. Purdue University. The State of the Digital Divide in the United States – Purdue Center for Regional Development

[6]Michigan Department of Health & Human Services (2022). 2022-2024 Michigan's Roadmap to Healthy Communities. Phase-I-SDOH-Strategy-2823.pdf (michigan.gov)

[7]Michigan Department of Labor & Economic Opportunity (2022). Poverty Task Force Report. 22-LEO-0478-PTF-PrePress.pdf (michigan.gov)

[8]Reitsma, Kelly. (2023). Important Facts on Rural Hunger in Michigan. Feeding America West Michigan. Important Facts on Rural Hunger in Michigan – Feeding America West Michigan (feedwm.org)

[9]Rural Health Information Hub. (2024). Rural Health Disparities. Rural Health Disparities Overview - Rural Health Information Hub

[10]Rural Health Information Hub. (2024). Healthcare Access in Rural Communities. Healthcare Access in Rural Communities Overview - Rural Health Information Hub

[11]Rural Health Information Hub. (n.d.). Barriers to Transportation in Rural Areas Toolkit. Barriers to Transportation in Rural Areas – RHIhub Toolkit (ruralhealthinfo.org)

[12]Rural Health Information Hub. (n.d.). Rural Health Equity Toolkit. Rural Health Equity Toolkit - RHIhub (ruralhealthinfo.org)

[13]Scally, C.P., Burnstein, E., Gerken, M & Immonen, E. (2020). In Search of "Good" Rural Data. Urban Institute. In Search of "Good" Rural Data (urban.org)

[14]United States Census Bureau. (2023). QuickFacts Lake County, Michigan. U.S. Census Bureau QuickFacts: Lake County, Michigan

[15]United States Census Bureau. (2023). QuickFacts Isabella County, Michigan. U.S. Census Bureau QuickFacts: Lake County, Michigan

[16]United States Government Accountability Office. (2023). Why Health Care is Harder to Access in Rural America. Why Health Care Is Harder to Access in Rural America | U.S. GAO

[17]United States Department of Agriculture. (2023). Economic Research Service. USDA ERS - Rural Classifications

[18]United States Government Accountability Office. (2023). Why Health Care is Harder to Access in Rural America. Why Health Care Is Harder to Access in Rural America | U.S. GAO