NCRCRD
North Central Regional Center for Rural Development

In partnership with The Federal Reserve Bank of Minneapolis and Rural Health Research Center

UNIVERSITY OF MINNESOTA
RURAL HEALTH RESEARCH CENTER

Rural Health-Economic Development Nexus Workshop

Workshop Report
April 27, 2018

EXECUTIVE SUMMARY

The relationship between health and economic activity is bi-directional. Communities lacking economic opportunity tend to have a greater proportion of their population struggle with mental and physical health challenges. Social factors such as living in poverty increases the risk of poor health. And yet mental and physical health challenges can and do affect community life, including economic development. For example, the opioid epidemic and other addiction problems are a growing concern nationwide, making it more difficult for those affected to be fully engaged in employment and other economic activities. Also, there are important linkages between drug abuse and other mental health issues such as depression and anxiety, which can inhibit economic productivity of households and communities. In this workshop we will explore the interrelationships between health and community economic development.

The objectives of the workshop are threefold:

1. Identify gaps in knowledge and programming regarding the interconnectedness of health and community economic development.
2. Develop partnerships in the North Central region across:
    a. Those who work in health with those who work in community/economic development; and
    b. Researchers and outreach specialists.
3. Encourage collaborations to target research and programming needs and form interdisciplinary grant teams.

Activities are divided into three themes/sections that explore the intersection between health and community economic development: (1) Healthcare costs and access; (2) Community-level issues in behavioral health; and (3) Food and health. Each section will begin with a presentation that will discuss findings from a recent study and/or cases of an issue relevant to the theme. Participants will then engage in facilitated discussions to identify knowledge and programming gaps, and begin to form interdisciplinary partnerships and collaborations.

During this workshop, attendees participated in three facilitated discussions including VISION, BLOCKS, and possible ACTION ITEMS around each topic. Each small group, or table, shared their top action item ideas with all participants. As a final facilitated process, several ACTION ITEMS were self-selected by groups of workshop participant. These ACTION ITEMS were discussed and a 90-day implementation plan was created. The purpose of this activity was to maintain the momentum created by the discussions and begin immediately the forward motion on many of the projects.

The resulting 90-Collaborative Action Items with action plans include:

- Get the mental health first aid training out
- Rural Community Quality of Life Index Development
- Building Resilient Agricultural Communities (Initial Conversation) – June 20, 2018 – Cargill Building – University of Minnesota, Saint Paul
- Explore what it means to be uninsured (barriers, motivators, and economic stress that influence consumer decision-making). Determine the cost of health insurance (and the cost of uninsurance)
- Empowering communities to create and sustain local coalitions to effectively respond to local behavioral health and/or food access issues. Enhance community capacity to create and implement self-help strategies/actions.
- Institute Food/Health Wellness Council in the Rural North Central States
- Community-based health & nutrition programming for tribal communities.
- The goal of the project is to increase awareness of behavioral health issues among Extension leaders. Our team will be trained to teach the Mental Health First Aid program to Extension leadership (directors, associate directors, program leaders, etc.) in the North Central Region.

DISCUSSION #1

Discussion #1: Following Morning Keynote Anne Hazlett, Assistant Secretary for Rural Development U.S. Department of Agriculture *USDA-Rural American Partnership: The Challenges and Opportunities in Combating the Opioid Crisis* and Scott Loveridge, Professor, Department of Agricultural, Food, and resource Economics, Michigan State University *Responding to Community Health and Economic Development Issues – A CAPE Project Example: Recognition and Stigma in Prescription Drug Abuse*

Summary of **VISION**:

- Partnerships
  - Impoverished
  - Native American
- Engagement in Mental Health
- Role of Local Hospitals
- Different Strengths – everyone gets to play to their strengths
- Sharing Resources – especially across states
- Private Sector Involvement
- ACEs Prevention – protective factors and interrelatedness with other issues
- Facilitator to bring partners together
- Backbone infrastructure
- Diverse representation at the table – Allow everyone to have a voice
- Community Mental Health Task Force – connect with Public Health, Extension, and State Leadership
- Common Language and Understanding
- Common ground to begin co-work
- An awareness or understanding of *"how do we address the diseases of despair?"*
- Restore hope and opportunity
- Access, availability, engagement of families, adolescents, etc.

Summary of **BLOCKS**:

- Funding
- Community Access
- System Rigidity
- Sexism/Racism
- Dynamic Systems Model needs to be utilized
- Negative Feedback loops
- Same leaders on many issues
- Competition for the same resources
- Leadership turnover
- Overall stigma in rural communities
- Power issues
- Unclear goals
- Lack of integrated response to behavioral health/addiction/substance abuse

ACTION ITEMS:

90-Day Action Items:

- Get the Mental Health First Aid Training out – certification and training

- Being intentional about representation
    a. race/sex/affiliation
    b. agency/faith based
    c. insurance
- Develop community-based support
- Form a broad-based local coalition with public/private groups to inform/engage employers and chambers of commerce to help employers think about taking an approach of helping employees deal with substance/mental health issues
- [Involve] Extension leadership on addressing behavioral health issues

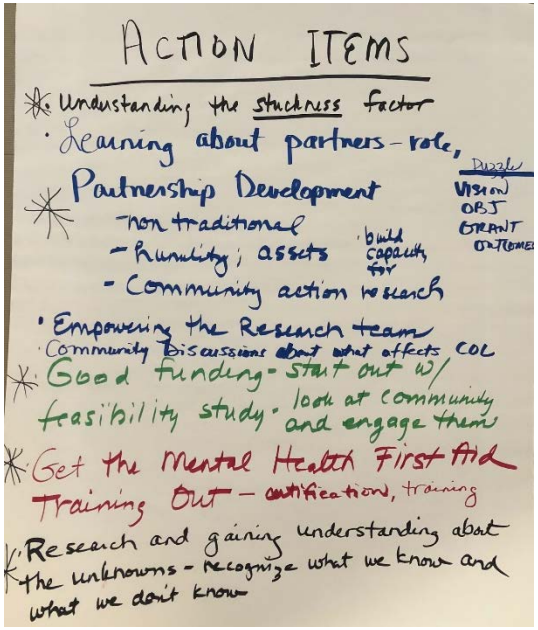
Highlighted Action Items:

- Understanding the *stuckness* factor
- Partnership Development
    - Nontraditional
    - Humility; assets
    - Community action research
    - Build capacity for
- Good funding – start out with feasibility – look at community and engage them
- Research and gaining understanding about the unknowns – recognize what we know and what we don't know
- Training extension or student to translate data – part of community engagement
- Resource for facilitating programs that are collaborative
- Identify Models for extension and health care systems that can be replicated/evaluated
- Create tables that include extension and health care systems
- Share resources across states
    - Multi-state rural specific hotline (resources, crisis intervention)
    - Issue-based multi-state teams – national task forces
- Ecological approach to mental health – recognition of problem (employers, medical doctors, teachers) to identify and deconstruct negative feedback loops
- Sustainable funding

Action Items

- Learning about partners – role (vision, objective, grant, outcomes)

- Empowering the research team
- Community Discussions about what affects COL
- Changing the climate around community-based scholarship
- Share ideas for research (engaged scholar meetings)
- Community based research – led by extension with other resources on campus
- Support for regions/multiple communities to work together
- Simplify the data to see the issue (root cause)
- Involve medical/nurse profession
- Help community address issue
- Start projects with funding being available – regional funding ($75,000)
- Knowing what organizations assets are when starting a project
- Involve insurance companies at the beginning
- Connect local leaders with existing data templates to help elevate/track issue
- Map local leaders who can be potential partners
- Localize economic impact argument
- Literature Review: European Models
- Explore multi-disciplinary approaches/unexpected lenses (workforce data, asset-based, systems-based work)
- Implement a strength-based approach to address/reframe ACES (Adverse Childhood Experiences)
- Co-parenting and grandparenting training programs
- Collocation of services in workplace/schools
- Change hiring policies/practices to increase opportunities
- Innovative delivery (for example: Zoom)
- [Become] Better at talking with Agriculture Committee



DISCUSSION #2

Discussion #2: Following Shoshanah Inwood, Assistant Professor, School or Environment and Natural Resources, Ohio State University *Health Insurance, Rural Economic Development and Agriculture*

Summary of **VISION**:

- Access to universal health care
- Integration of departments and program areas with ag based faculty and staff for access to farmers
- Address stigma around asking for help or assistance. Reduce or remove obstacles that perpetuate stigma.
- Need to educate elected officials and involve on associated topical areas, such as Medicaid expansion.
- Work for continuation of health care coverage when income declines
- Need to educate/involve farm/ag. leadership at state level
- Everyone had access to affordable, quality coverage
- Other alternatives for health care delivery (mobile, telemedicine, etc.)
- Integrate with access to healthy food
- Farmers / small businesses create their own "group" to access health insurance options
- Be more proactive than reactive
- Preventative care readily accessible and used
- Access to systems of health care – hospital, clinic, etc.

Summary of **BLOCKS**:

- Highly politicized topic
- High health care costs / poor outcomes
- Culture of independence / values / beliefs. A paradox of political beliefs, forces, and attitudes.
- Transportation
- Network Inadequacies
- Fear of deportation for undocumented families/workers
- Health insurance plans are inadequate
- Policies & regulations that affect health care costs / corporate interests
- Who manages the health system and what are the local options
- Ignorance around health care plans

ACTION ITEMS:

90-Day Action Items:

- Think Big – what is the sell to get people to farm?
  - Higher education benefit
  - Retirement
  - Single-payer system
  - Incentivize
  - Child care

    - Tied to the Quality of Life?
- Expand research on the costs of farmers being uninsured nationwide
    - Translate associated research so that farm families understand the costs of being uninsured – economics
    - Number of hours off-farm, farm productivity, cost of illness, option to retire
- Broaden the conversation (farmers → rural)

Highlighted Action Items:

- Develop or identify a methodology to break won barriers/seize opportunities for Collective Impact in this area – bring people together (all players in terms of policy development, advocacy groups, unusual participants too)
- Extension collaboration and interdisciplinary work between program/content areas
    - Hold focus groups with farmers and involve on task forces
    - Expand use of video and discussion guide
    - Develop discussion at U by using video to stimulate dialogue
    - Develop discussion at U with farm organizations
- Encourage greater use of tele-med/health – understand legal aspects of HIPAA Law
- Education of health service providers on farm/community issues
    - Farmers Stress Act (Federal – 10 Farms States (HR5259))
    - Farmers First Act
- Educate advocacy groups: farmer-specific, rural focused, other partners, and local leaders
- Use convening power to help rural communities develop shared health policy agenda
- Mobil health services to the community (one stop shop) with advocacy, pre-education, food, and housing assistance
- Needs assessment at local and regional level with new rural health network
- Develop case studies of increasing/maintaining health care services
- Access to virtual care/telemedicine
- Analogy: crop insurance → health insurance

Action Items:

- Expand financial literacy to include health insurance curriculum; best practices, resources (known & available), get into the hands of processionals (tax accountants, AARP, etc.)
- Funding in place to do the necessary actions; retention, start-up, sustainable to action, “spend wisely”, funds to replicate, prevention saves $$

- Integrated and coordinated care system – better provision of care
- Overcome the politicized approach to insurance issues (i.e. Medicaid expansion)
- Address/Account for/Recognize independent attitudes and beliefs of farmers
- Encourage farm organization to provide information – incorporate stress information in safe spaces
- Decrease “silo” mentality among service providers
- Connect consumers to health system
- Explain the health care system
- Identify and disseminate information on alternative finance (and pilot brave new ventures)
- Identify and deconstruct negative feedback loops (system-based) versus focusing on intervention
- Health insurance cooperatives to improve purchasing power
- Advocate for increased Medicaid access
- Increase community investment into farmers
- Rural health fair in conjunction with county fair – with partners and close to timing of open enrollment
- Explore urban/rural linkages
- Community discussion about economic important (small businesses providing) of benefits (turnover, healthy workers, attraction)
- Health insurance literacy education
- Collect better data on local issues
- Estimate value of public sector contributions (“the public sector is not the bad guy”)
- Encourage social connections
- Provide stories from real people to reduce stigma as part of RISK MANAGEMENT → change the conversation

DISCUSSION #3

Discussion #3: Following Carrie Henning-Smith, Deputy Director, Rural Health Center, University of Minnesota Remarks on *Rural Health Toolkit* and Amanda Corbett, Research Fellow, Rural Health Research Center, University of Minnesota *Thinking Big: Innovative Approaches to Food Access in Rural Communities*

Summary of **VISION**:

- Wider spread use of local food coalitions
- Food promotes social health as well as physical health
- The healthy choice should be the easy choice
- People understand how and where their food is produced
- Availability of culturally appropriate food for diverse populations
- "One stop shop" for grocery, child care, health clinic, work force activities, etc.
- Existence of a robust food/health (wellbeing) policy council (task forces – including transportation and distribution)
- Home delivery service of health food / mobile grocery store
- Collaboration among organizations to ensure food security
- Knowledge of best practices
- Integrated approach to learning
- Community desires to change their systems
- Including children
- Food as a vehicle for socially connecting communities
- Emphasis on chronic disease and connection to food
- FOOD will be healthy, fair, affordable, and green

Summary of **BLOCKS**:

- Is what people choose to buy, if it is not the healthiest, can we do anything about it? Self-limitation factor.
- Behavioral health – stress, unhappy, etc.
- Time – easiest, quick, skills.
- Access to transportation
- Rural markets move in and steal narrow profit margin from local grocery stores.
- Persistent poverty
- Lack of succession planning for small grocers
- Stigma around food choices of people using food support system
- Lack of stores offering healthy foods
- Language barriers
- Emotional eating
- Needs to have reasonable expectations for inspection (health & food safety)
- Backlash against healthier foods in schools
- Cheap food and convenience culture
- Better research to establish the link/cycle between: food access ☐ health outcomes ☐ nutritional intake ☐ food access, etc.
- Lack of families/other reprioritizing food
- Lack of aligning food work with mission of community institutions and organizations
- Quality/Freshness dependent on distribution

ACTION ITEMS:

90-Day Action Items:

- Community Empowerment/Mobilization with a menu of opportunities and engage – local food council – avenue
- Institute of Food/Healthy/Wellness Policy Council & Fund

- Involve and collaborate with indigenous research and tribal communities

Highlighted Action Items:

- Role of Schools – "Family Systems Approach"
  - Running grocery stores
  - Commercial kitchen
  - Community garden
  - Workforce development/entrepreneurship
  - Learning food skills
- Promote policy change that convenience stores carry health/fresh food (i.e. Dollar General)
- Encourage discussion of broader food issues with production agriculture system – understand community
- Explore Quality of Life beyond the "Food Desert/Food Swamp" system – North Caroline example (faith-based)
- Explore healthy food labeling system (Rosebud Reservation example)
  - Tasting events (healthy foods)
  - Needs assessments required
- Develop stronger understanding of reasons for food choices
- Extension serves as a liaison/bridge to multiple community/state/regional resources/organizations (milk example)
- Engaging young families and youth
- Drone delivery service

Action Items:

- Local food pantry – expand services out with a social work effort, goods and services, volunteer back, GED classes, financial counseling, have an intake form
- Directors view of poverty and resources
- Present corporations with cost/benefit analysis, re: important of healthy food options for employees (employer cafeterias)
- Create mobile grocery and "virtual" one-stop community shop → create an individual matrix/profile of consumer/users
- Create a set of policies/projects that make the whole food production chain work (criteria: healthy, fair, affordable, and green)
- Advocate for living wage
- Test more approaches rigorously
- Increase understanding of food distribution (barriers for non-grocery small businesses in supplying product)

- Use convening power to encourage coalition formation to address supply chain issues
- Track people's food purchases and understand why they buy where they do
- Explore technology as an amplifier of social capital and potential new delivery mechanisms
- Learning where communities are in terms of innovation and diffusion
- Extension's role in state food charter (facilitating and engaging)
- Engaging youth
- Intergenerational programming
- Mobile food distribution systems
- Working with local populations with funding to create locally relevant solutions
- Working on rural food recovery efforts
- Building local leadership to do PSE work
- Policy on food marketing
- Policy to economically incentivize healthy options
- Innovative approaches such as Farm to School to engage local producers with school boards (school cafeterias)

90-DAY COLLABORATIVE ACTION PLANS

<table>
<tr><td colspan="3">Collaborative Action: Get the mental health first aid training out</td></tr>
<tr><td colspan="3">Intent – Issue/Problem this action will address: Address opioid issue, mental health, behavioral health needs. De-stigmatize mental health issues, address broader mental-physical health connection. Address deaths of despair and suicide.</td></tr>
<tr><td>Implementation Steps:
1. See who is interested, setup Zoom meeting among Extension staff.
2. Apply for funding (SAMHSA?)
3. Conduct environmental scan (where is this already being done?)
4. Look at mental health first aid, youth mental health first aid, suicide first aid programs
5. Be a community catalyst, train the trainers, implement trainings
6. Evaluate
7. Write $25,000 NCRCRD grant application</td><td>Who needs to be part of this conversation?

<u>Possible Team Lead:</u> ?

<u>Team Members:</u>
Alison Davis
Lori Zierl
Mary Emery
Kent Olson
Ken Martin
Carrie Henning-Smith

<u>Partners:</u></td><td>What resources do you need?
Funding (~$30,000 for week-long training or $200 for an individual)
Trainers
Facilities
Food
Training materials
Community Buy-In</td></tr>
<tr><td colspan="2">Evaluation: What would you like to see in place once this is complete? How do we know we’ve been successful?
Community buy-in; more people trained; less stigma around mental health illness</td><td>How can we share the results?</td></tr>
</table>

<table>
<tr><td colspan="3">Collaborative Action: Rural Community Quality of Life Index Development</td></tr>
<tr><td colspan="3">Intent – Issue/Problem this action will address: Retaining and attracting talent (residents/families) to rural areas to create vibrant, prosperous communities who provide and exemplary Quality of Life.</td></tr>
<tr><td>Implementation Steps:
1. Identify lead and team members
2. Board bases literature review and analysis of gaps
3. Determine community level indicators to include
4. Determine measures
5. Develop a pilot proposal</td><td>Who needs to be part of this conversation?

<u>Possible Team Lead:</u>

<u>Team Members:</u>
Melissa Olfert
Russel Medley
Shoshanah Inwood
Carrie McKillip

<u>Partners: (sectors)</u>
Health Care
Education
Child Care
Natural Resources/Recreations
Transportation
Technology
Social Capital
Etc.</td><td>What resources do you need?
Money/Time
Partners
Pilot Locations</td></tr>
<tr><td colspan="2">Evaluation: What would you like to see in place once this is complete? How do we know we’ve been successful?
Proposal to develop and polity the tools to measure the sectors that impact Quality of Life to drive vibrant, prosperous individuals and communities</td><td>How can we share the results?
Replication of the Project
Existing Networks</td></tr>
<tr><td colspan="3">Willing to participate: Carrie McKillip, Melissa Olfert, Shoshanah Inwood, Russel Medley</td></tr>
</table>

<table>
<tr><td colspan="3">Collaborative Action: Building Resilient Agricultural Communities (Initial Conversation)
June 20, 2018 – Cargill Building – University of Minnesota, Saint Paul</td></tr>
<tr><td colspan="3">Intent – Issue/Problem this action will address: Being intentional about representation (“Who is at the table?”)</td></tr>
<tr><td>Implementation Steps:
1. Planning Process for forum complete
2. Further Research
• Ground Trusting
• Strategic Stakeholder Mapping
• Safe Spaces for further discussion</td><td>Who needs to be part of this conversation?

<u>Possible Team Lead:</u>

<u>Team Members:</u>
Sectors of Public Health
Sectors of Medicine

<u>Partners:</u>
Farmers
Ag organizations
MN Department of Ag
Extension</td><td>What resources do you need?

Maintenance Funding – further research
Identify other organizations</td></tr>
<tr><td colspan="2">Evaluation: What would you like to see in place once this is complete? How do we know we’ve been successful?
Ask Targeted Questions</td><td>How can we share the results?
What can be learned?
Process Improvements
“How To Guide”</td></tr>
<tr><td colspan="2">Contacts: Kaitlyn, Ashton Chapman</td><td></td></tr>
</table>

<table>
<tr><td colspan="3">Collaborative Action: Explore what is means to be uninsured (barriers, motivators, and economic stress that influence consumer decision-making). Determine the cost of health insurance (and the cost of uninsurance)</td></tr>
<tr><td colspan="3">Intent – Issue/Problem this action will address: Uninsured ranchers, farmers and other rural folks</td></tr>
<tr><td>Implementation Steps:
1. Review of literature
2. Look at role of information on the consumer decision to buy insurance
3. Review of current survey instruments
4. Adapt current surveys to design new instruments
5. Test survey with focus groups</td><td>Who needs to be part of this conversation?

<u>Possible Team Lead:</u>
Elizabeth Kiss
Carrie Johnson

<u>Team Members:</u>
NC2172 Multi-State Research Team (Behavioral Economics & the intersection of healthcare & financial decision making across the life span)

<u>Partners:</u>
Women in Ag / Annie’s Project?
Farm Credit Services</td><td>What resources do you need?
Time
Incentives for participation in focus groups/pilot on instrument
Travel fund</td></tr>
<tr><td colspan="2">Evaluation: What would you like to see in place once this is complete? How do we know we’ve been successful?
Development of the final instrument</td><td>How can we share the results?
Presentations, journal articles, Extension publication, webinar, video</td></tr>
</table>

Collaborative Action: Empowering communities to create and sustain local coalitions to effectively respond to local behavioral health and/or food access issues. Enhance community capacity to create and implement self-help strategies/actions.

Intent – Issue/Problem this action will address:
Broad vs. Narrow Opioid. Opioid Reduction. Scale resources to move ahead on opioids with opening grants. Breaking down stigma around mental health (is a part not the full). Broader behavioral health focus.

Implementation Steps:

1. Identify existing resources with community-base. Review CAPE model. Voices for Food/Food Council.
2. Everyday Democracy / study guide for community conversations.
3. Train Extension staff and other allies in community development; focus EE's to deliver.

Training curriculum → Disseminate → Measure

Who needs to be part of this conversation?

Possible Team Lead:
Extension Person

Team Members:
John Leatherman – Kansas
Courtney Culbertson
Scott Loveridge

Partners:
Extension – Director, other program areas, Public Health, Social Work, Family Social Sciences, Medical School, Behavioral Health Providers, Community Leaders/Community Collaborative, School Board Members, City Leaders

What resources do you need?
Curriculum
Trainers
Review possible frameworks
Rosa from NCRCRD

Inside resources:
Time
Commitment
Collaboration
Logic Model
Development of a grant for NCRCRD this fall
Form a team
Platform to connect (i.e. Zoom, admin. space)

Evaluation: What would you like to see in place once this is complete? How do we know we've been successful?
90 Day: Go or No Go of New Team. Short-Term: Learning & Awareness. Medium: Implementation and Training. Long-Term: Existence of Community Collaboratives Behavioral Change on Indicators.

How can we share the results?
Prepare to apply for grants.

Contact: John Leatherman
Interested/Non-Team Members: *Stay connected via email, link updates when new information is added to website, specific tasks like reviewer, etc.*
Kenneth Sherin, Sreedhar Upendram, Suza Stluka, Abigail Cudney

<table>
<tr><td colspan="3">Collaborative Action: Institute Food/Health Wellness Council in the Rural North Central States</td></tr>
<tr><td colspan="3">Intent – Issue/Problem this action will address:
1. Lack of access to health care
2. Lack of access to food/food insecurity
3. Lack of awareness of above issues and the capacity to address them
4. Lack of grassroots organizational infrastructure to identify problems and establish action plans</td></tr>
<tr><td>Implementation Steps:
1. Identify best practices to start a rural council on a regional basis by reviewing existing practices of counties or regions that already have councils (in all 12 states)
2. Collect at least one rural example across the 12 states
3. Determine what lessons were learned by each example and translate that into best practices
4. Transfer these examples to regions that want to have a council but don’t have one yet.
5. Create space for learning and customization.
6. Develop an RFP with key elements related to best practices that applicants would fill out.
7. Help select one applicant from each state to help inform a set of best practices from each state
8. Conduct a meeting that piggybacks on the North Central Regional Directors meeting where these best practices examples could be shared.</td><td>Who needs to be part of this conversation?
<u>Possible Team Lead:</u>
Richard Pirog
Bradford Wiles

<u>Team Members:</u>
Representatives from each of the North Central States would be on the planning team

<u>Partners:</u>
Extension
John Hopkins University Center for a Livable Future
Robert Wood Johnson Center for Healthy Living
Other nonprofit organizations (TBD)</td><td>What resources do you need?
Money for planning, convening and reporting
Supportive costs for start-up councils (at least one in each state)</td></tr>
<tr><td colspan="2">Evaluation: What would you like to see in place once this is complete? How do we know we’ve been successful?
More rural food councils will exist. More food council best practices are adopted and utilized</td><td>How can we share the results?
A webinar and a manuscript or paper.</td></tr>
</table>

<table>
<tr><td colspan="3">Collaborative Action: Community-based health & nutrition programming for tribal communities.</td></tr>
<tr><td colspan="3">Intent – Issue/Problem this action will address:
• Access to healthy foods
• Encouraging practices to promote health
• Reclaiming or reintegrating cultural practices around agriculture and food</td></tr>
<tr><td>Implementation Steps:
1. Identifying contact people to determine current activities, best way to get started.
2. Reach out to 1994 institutions (start with ND, SD, MN, NE)
3. Identify other experts. Public Health (Native American Public Health program at NDSU)
4. Catalog existing projects (literature)
5. Meet up to discuss in Detroit at CDS meeting
6. Zoom meeting. (Doodle poll Alison, Mary, Gary, Chris, and other team members)</td><td>Who needs to be part of this conversation?
Possible Team Lead:
Alison Brennan
Gary Goreham

Team Members:
Mary Emery at SDSU
Ask Suzanne Stluka
Ask Michael Yellowbird
Christopher Gustafson
Emma Distel (may not be able to be involved)
Need a horticulturalist (Chiwon Lee)
Partners:
Tribal colleges</td><td>What resources do you need?
Transportation
Food for meetings
TBD</td></tr>
<tr><td colspan="2">Evaluation: What would you like to see in place once this is complete? How do we know we’ve been successful?
Participatory action research.</td><td>How can we share the results?</td></tr>
<tr><td colspan="3">Contact People: Alison Brennan, Gary Goreham, Christopher Gustafson
Additional Team Members: Mary Emery, Emma Distel. Chris is going to ask Suzanne Stluka. Gary is going to ask Michael Yellowbird.</td></tr>
</table>

<table>
<tr><td colspan="3">Collaborative Action: The goal of the project is to increase awareness of behavioral health issues among Extension leaders. Our team will be trained to teach the Mental Health First Aid program to Extension leadership (directors, associate directors, program leaders, etc.) in the North Central Region.</td></tr>
<tr><td colspan="3">Intent – Issue/Problem this action will address:
1. The project will improve human resource management within Extension in each state.
2. The project will facilitate the integration of behavioral health programming concepts into different disciplines and/or encourage interdisciplinary work.</td></tr>
<tr><td>Implementation Steps:
1. The project team will be trained to teach the Mental Health First Aid program.
2. The project team will offer the training in each of the 12 North Central states.</td><td>Who needs to be part of this conversation?
<u>Team Members:</u>
Andrea Bjornestad (South Dakota State University): trainer
Suzanne Pish (Michigan State University): trainer
John Shutske (University of Wisconsin-Madison): trainer
Scott Loveridge (Michigan State University): framing the project for leadership, recruitment of program leaders</td><td>What resources do you need?
1. $8,000 to train the project team. (Half of the team will be trained; half of the need needs to be trained.)
2. $17,000 for travel to each of the states and purchase training materials.</td></tr>
<tr><td colspan="2">Evaluation: What would you like to see in place once this is complete? How do we know we’ve been successful?
Desired end goal/impact:
a. Increase awareness of behavioral health issues among Extension leadership.
Measuring success:
a. Pre/post standard evaluation survey of Mental Health First Aid.
b. Six-month post survey related to the use of mental health first aid and/or behavioral health concepts into programming.
c. Utilize an assessment related to mental health attitudes/perceptions (pre/post)</td><td>How can we share the results?
1. Each state will receive a report regarding knowledge obtained, differences in mental health attitudes/perceptions, and programmatic implementation.
2. A webinar of the results will be provided to NCRCRD.</td></tr>
</table>

Facilitation & Report provided by:

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