

# Engaging Stakeholders in Statewide Perinatal Care System Development




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*Michigan Department  
of Community Health*



Rick Snyder, Governor  
Nick Lyon, Director

- 
- I have no conflict of interest to disclose.
  - I do not have any relevant financial relationships with any commercial interests



# Brief Presentation Description

Systems thinking and the engagement of a collaborative team of diverse stakeholders are the keys to success in building a statewide perinatal coordinated system. This presentation will describe three areas of perinatal system development which demonstrate a collaborative framework: (1) NICU follow-up programming; (2) Northern Michigan Perinatal Integration Model of Care and (3) Certificate of Need Special Care Nurseries Project.



# Conference Objective

Recognize how partnerships, coalitions and broad disciplinary approaches can be used to solve public health challenges.



# Presentation Objectives

At the end of the presentation, participants can

1. State two examples of how the State of Michigan used a collaborate approach in the perinatal coordinated system development.
2. Describe two public health competencies used in the development of a statewide perinatal coordinated system.

# **PUBLIC HEALTH CHALLENGES**

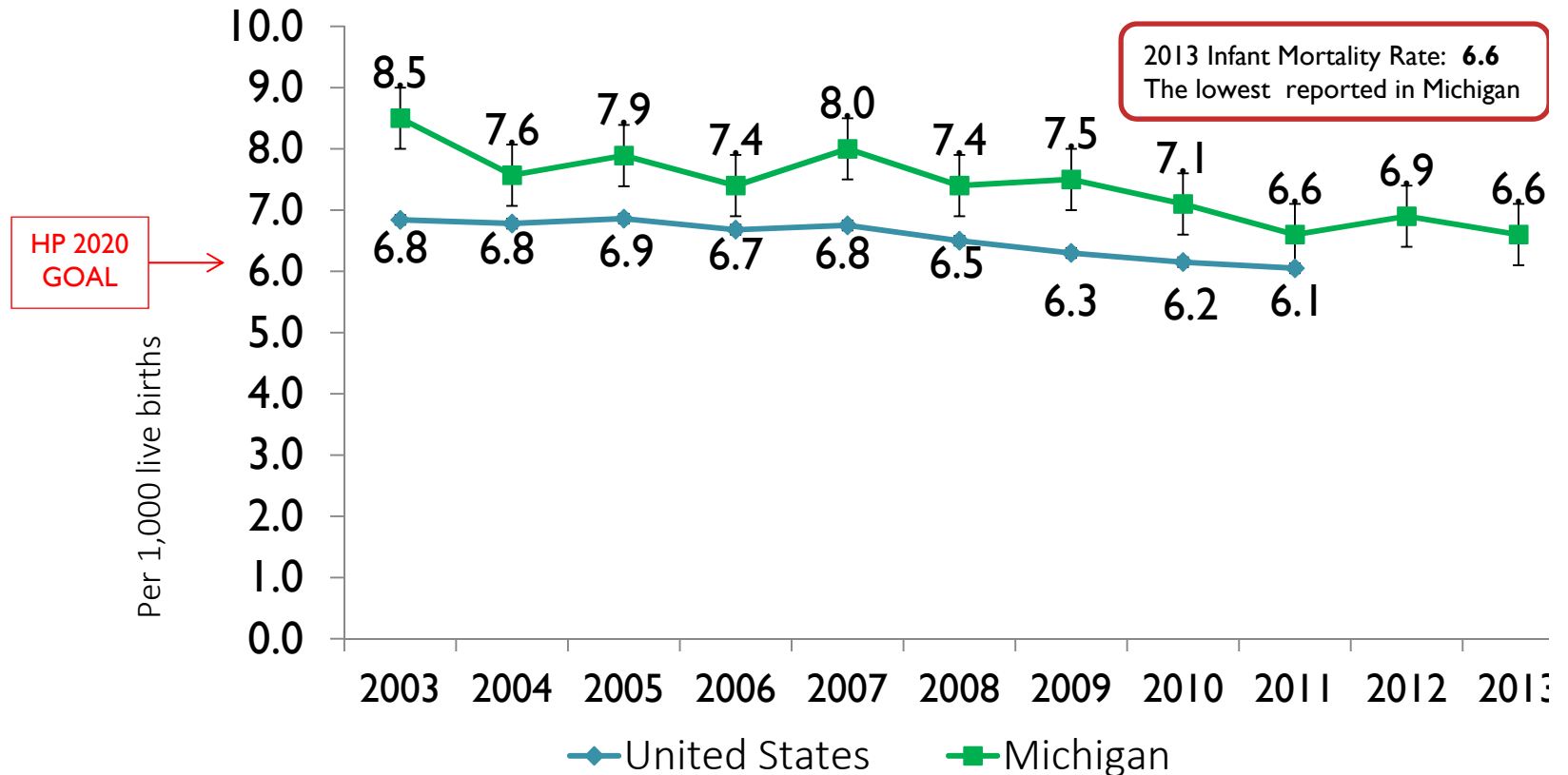
Infant Mortality  
Maternal Mortality

# Public Health Challenge

Infant mortality is a critical indicator of the overall health & welfare of Michiganders.

It is a priority of Governor Snyder and part of the state Dashboard.

Trend of infant mortality, 2003-2013



Source: Michigan Resident Birth and Death Files, MDCH Division for Vital Records & Health Statistics  
Prepared by: MDCH MCH Epidemiology Unit

# Infant Mortality in Michigan is a Public Health Crisis

- 783 Michigan babies died in 2012
- Michigan ranked 37<sup>th</sup>/50 among states for infant mortality overall, 2010 <sup>1</sup>
- MI ranked 31<sup>st</sup>/35 [46/50] nationally for African American infant mortality, 2010 <sup>2</sup>
- Detroit ranked 50<sup>th</sup>/50 nationally among cities compared to U.S.
- #1 cause of infant mortality is Low Birth Weight/ Prematurity



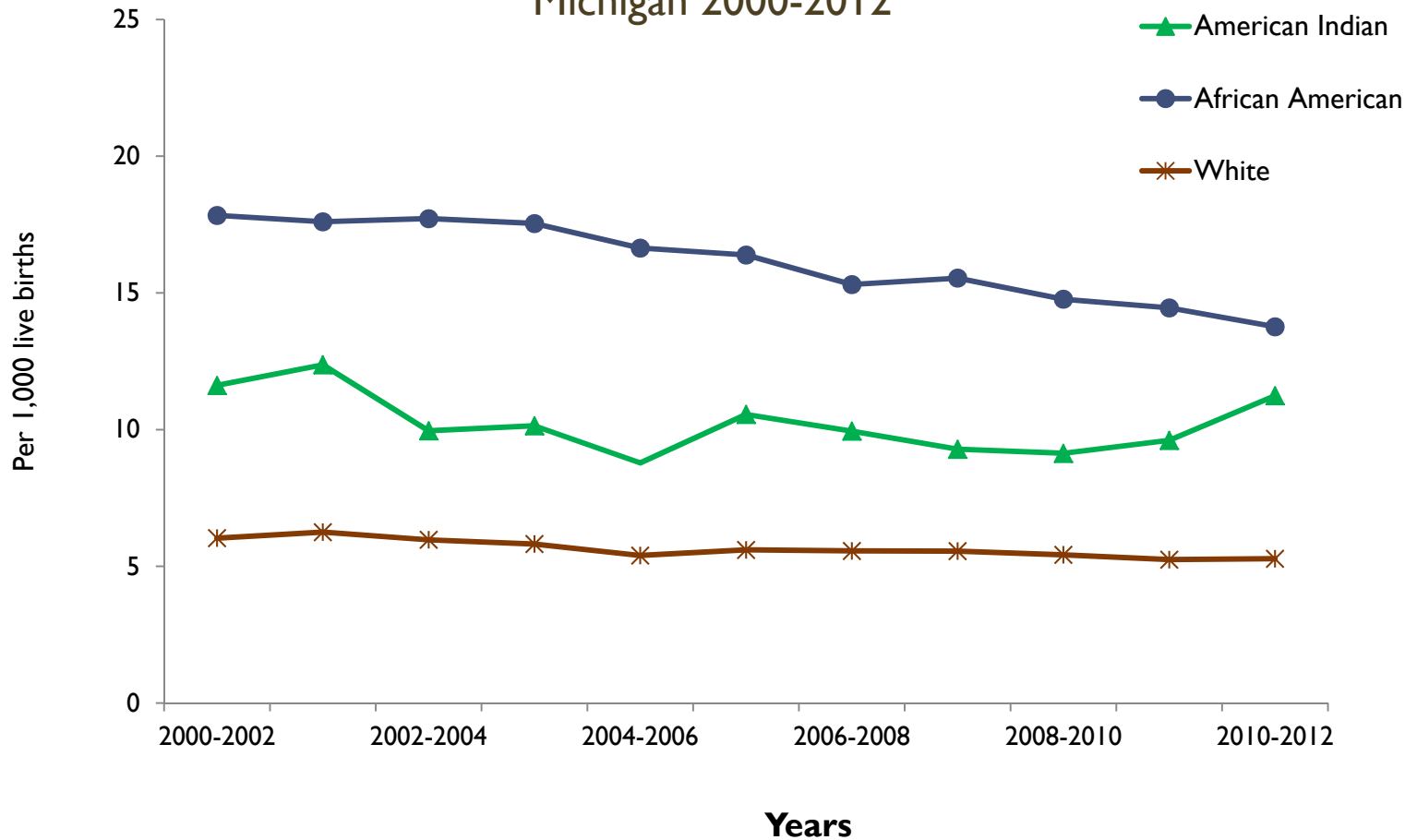
<sup>1</sup> Kids Count Data Center, Annie E. Casey Foundation

<sup>2</sup> 15 states not ranked; NCHS reporting standard not met



# Infant Mortality Disparity

Infant Mortality Rates  
Three-Year Moving Averages  
Michigan 2000-2012



Source: Michigan Resident Birth and Death Files, MDCH Division for Vital Records & Health Statistics  
Prepared by: MDCH MCH Epidemiology Unit

# Public Health Challenge

Maternal mortality is a critical indicator of the overall health and welfare of Michiganders.

Healthy People 2020 Objective MICH-5:

*Reduce the rate of maternal mortality*

- U.S. 2007 Baseline: 12.7 maternal deaths/100,000 live births
- Michigan: 25.6 pregnancy-related maternal deaths/100,00 live births
- Healthy People 2020 U.S. Target: 11.4/100,00 live births



References:

Centers for Disease Control and Prevention, National Center for Health Statistics; Retrieved 2-10-11, from

<http://hrc.nwlc.org/status-indicators/maternal-mortality-rate-100000>

US Department of Health and Human Services; Retrieved 9-27-13, from

<http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topidid=26>

# Maternal Mortality Disparity



US & MI Pregnancy-Related Mortality by Race-Ethnicity  
Per 100,000 live births, 1999-2010

	Overall	NH White	NH African American	Rate Difference	Rate Ratio
Michigan	22.2	16.6	50.8	34.3	3.1
United States	15.6	11.5	35.8	24.3	3.1

## Michigan Pregnancy-Related Mortality in compared to other states

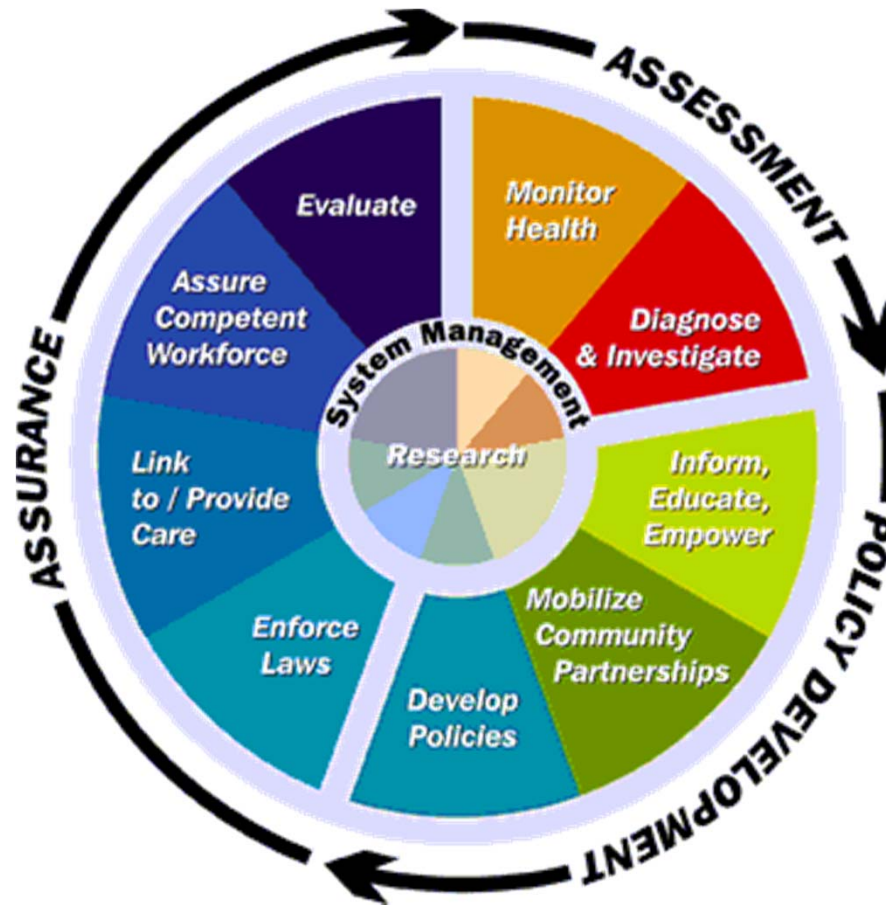
- NH African American                      3<sup>rd</sup> Highest (tied with New Jersey)
- Overall Pregnancy-Related              8<sup>th</sup> Highest
- NH White                                      11<sup>th</sup> Highest
- Racial Disparity                              15<sup>th</sup> Highest

The maternal mortality outcomes for African American and Native American populations represent persistent and unexplained elevated rates/ratios across all income and education levels in Michigan and the US.

Source: MDCH (2013). Pregnancy-Associated Mortality in Michigan. Available:  
[http://www.michigan.gov/documents/mdch/2013Status\\_of\\_Michigan\\_Maternal\\_Mortality\\_445366\\_7.pdf](http://www.michigan.gov/documents/mdch/2013Status_of_Michigan_Maternal_Mortality_445366_7.pdf)

# **PUBLIC HEALTH COMPETENCIES FRAMEWORK**

# Core Public Health Functions: Assessment, Assurance & Policy Development Ten Essential Services



Office of Disease Prevention and Health Promotion (1999). Public Health in America. Retrieved Feb. 23, 2007 from <http://www.health.gov/phfunctions/public.htm>



# Core Competencies for Public Health Professionals

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills



# Policy Development/Program Planning Skills

- Develops options for policies, programs and services
- Recommends policies, programs and services for implementation
- Implements policies, programs and services
- Evaluates policies, programs and services
- Implements strategies for continuous quality improvement

Council on Linkages Between Academia and Public Health Practice (2014).  
Core Competencies for Public Health Professionals. Available:

[www.pfh.org/resourcestools/Documents/Core-Competencies\\_for\\_Public\\_Health\\_Professionals\\_2014June.pdf](http://www.pfh.org/resourcestools/Documents/Core-Competencies_for_Public_Health_Professionals_2014June.pdf)



# Communication Skills

1. Solicits input from individuals and organizations for improving the health of a community
2. Conveys data and information to professionals and the public using a variety of approaches [IM WEBSITE]
3. Communicates the role of governmental public health, health care, and other partners in improving the health of a community




# Michigan Infant Mortality Website

## [www.michigan.gov/infantmortality](http://www.michigan.gov/infantmortality)



**Infant Mortality Prevention** *Helping Babies Survive & Thrive*



[MICHIGAN'S PLAN](#) [MICHIGAN'S STORY](#) [NEWS](#) [CONTACT](#)

[MICHIGAN.GOV HOME](#)  [GO](#)

[print friendly](#) [email this page](#) [Like](#) [Tweet](#)

### Infant Mortality



Keeping babies alive is one of Michigan's highest priorities. Infant mortality, the rate at which babies born alive die before reaching their first birthday, is a significant public health problem in our state. For every 1,000 babies born in Michigan, almost 7 die by age one. Infant mortality rates are much higher for certain racial and ethnic groups. The infant mortality rate for African American and American Indian babies is more than twice that of Caucasians. Causes of infant mortality include serious birth defects, preterm birth before 37 weeks gestation, Sudden Infant Death Syndrome (SIDS), maternal pregnancy complications, and injuries.


Because infant mortality is so important, it is one measure selected by Governor Rick Snyder to gauge the health of Michigan's population. Infant mortality is publicly monitored on Michigan's performance dashboards, which were implemented by Governor Snyder to provide a quick assessment of the state's performance in key areas such as public health. To view the Infant Mortality Dashboard, click [HERE](#).

**INFORMATION FOR FAMILIES**


**PROVIDERS**

**RESEARCH/POLICY**

**COMMUNITY PARTNERS**



**Pregnant and Smoking? We Can Help!**





## Leadership and Systems Thinking Skills

1. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national & global levels
2. Collaborates with individuals and organizations in developing a vision for a healthy community
3. Analyzes internal & external facilitators and barriers that may affect delivery of Essential Public Health Services (QI tools, root cause analysis)



# **MILLION DOLLAR PAUSE**

# **STATEWIDE PERINATAL CARE SYSTEM DEVELOPMENT**

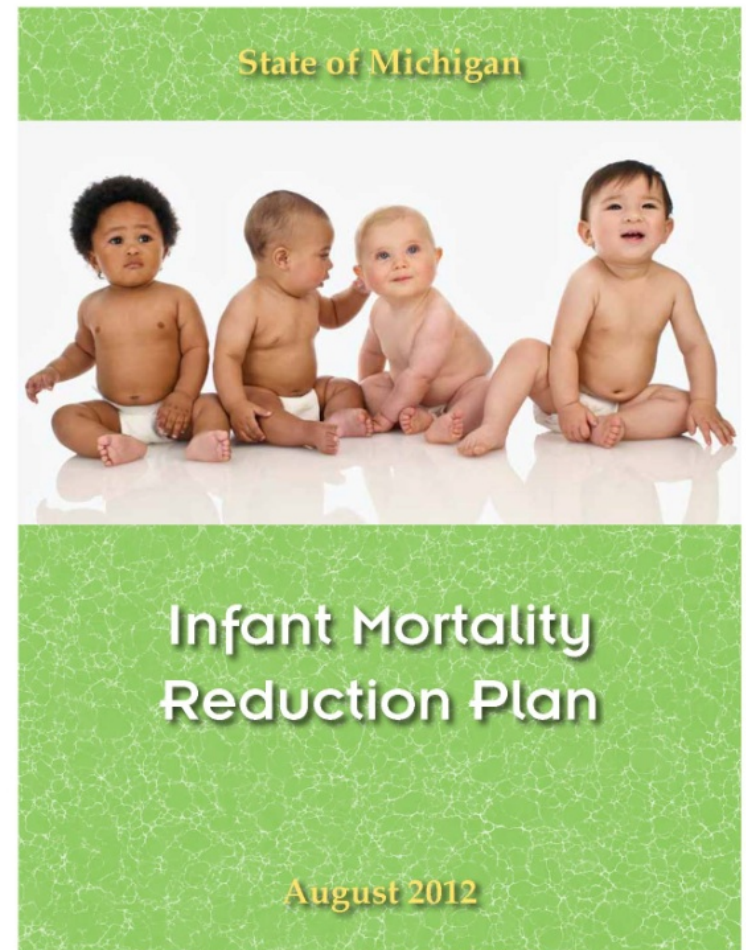


# Background/History

- ❑ 2009 Appropriations required convening group to restore regional perinatal system of care
- ❑ Formed 3 workgroups with stakeholders across the state
- ❑ Created report- *Perinatal Regionalization: Implications for Michigan*
  - ❖ Eighteen recommendations in the report

# BACKGROUND/HISTORY, cont.

- ❑ 2011 Summit: A Call to Action to Reduce Infant Mortality in Michigan
- ❑ Stakeholders contributed
- ❑ Infant Mortality Reduction Plan developed in 2012
  - ❖ One of the eight strategies is to implement a regional perinatal system

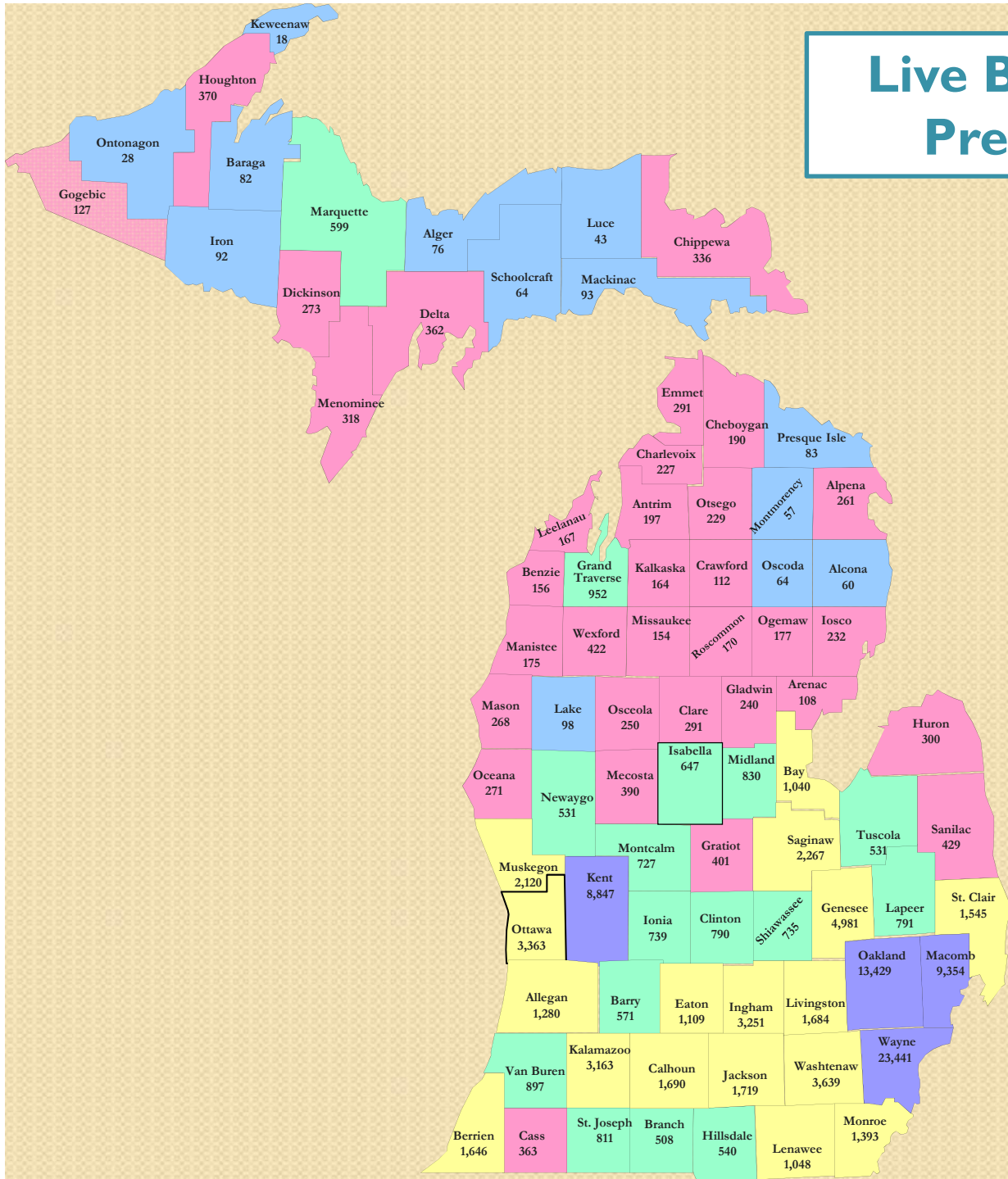




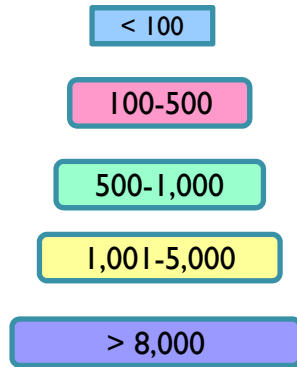
# Defining Perinatal Care System

- **Perinatal period** is defined as the time beginning before conception and continuing through the first year of life  
(March of Dimes, TIOPII, 1993)
- **Perinatal Care System** is defined as a sustainable community integrated health care system of people, institutions and local resources for women and infants that promotes healthy birth outcomes and babies who survive and thrive.

# Live Births by County Preliminary 2013

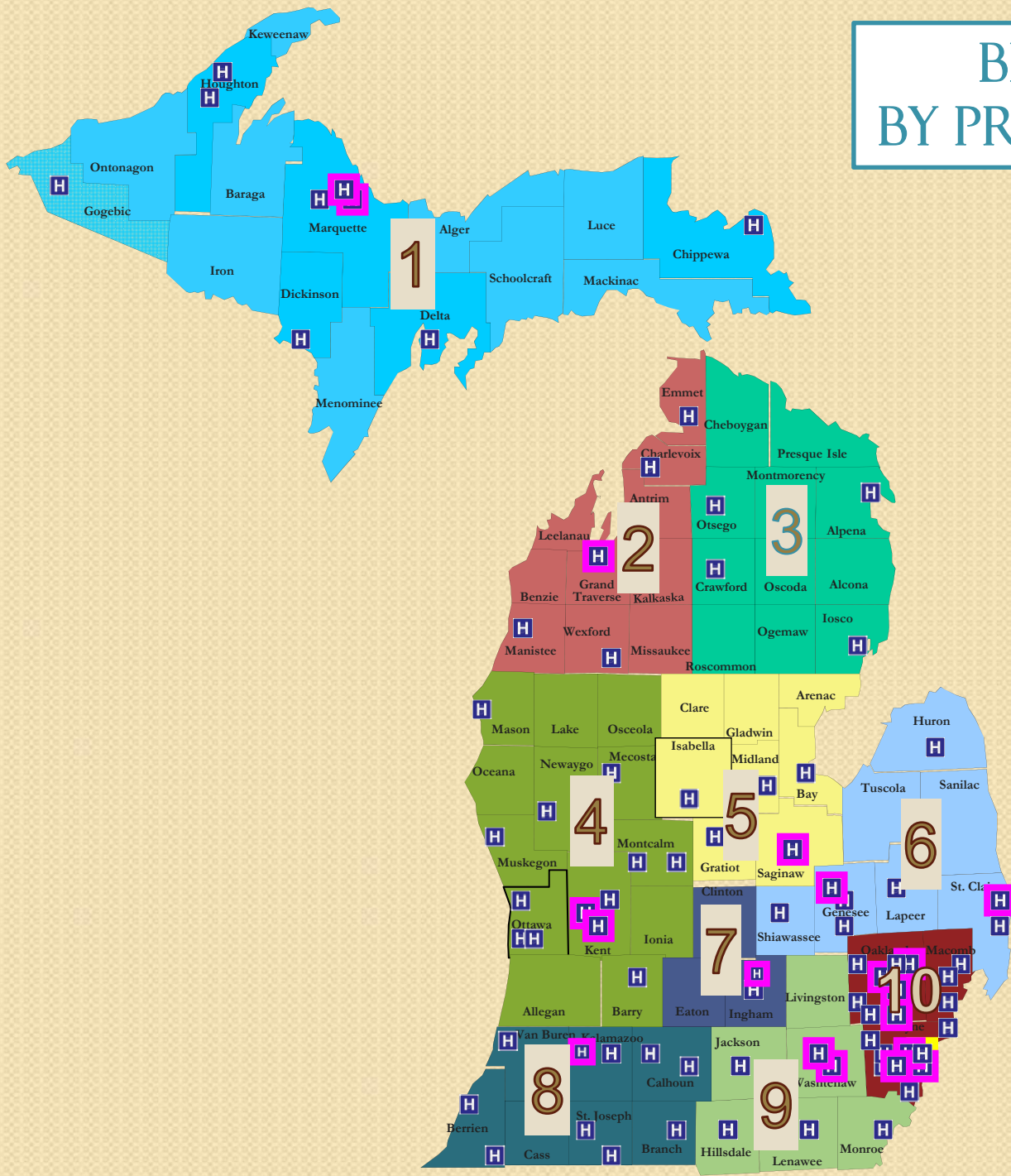


## Key – Number of Births







# BIRTH HOSPITALS BY PROSPERITY REGIONS



**Key –Hospitals by CON**

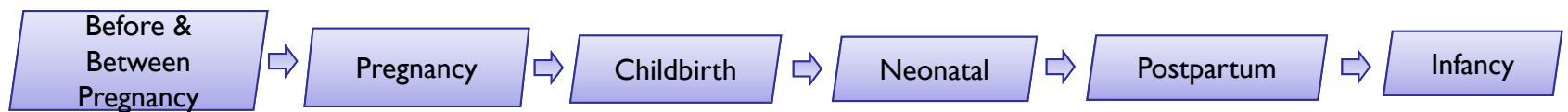
-  OB (Birthing) Hospitals
-  OB (Birthing)/NICU Hospitals

**Numbers represent State of Michigan Prosperity Regions**

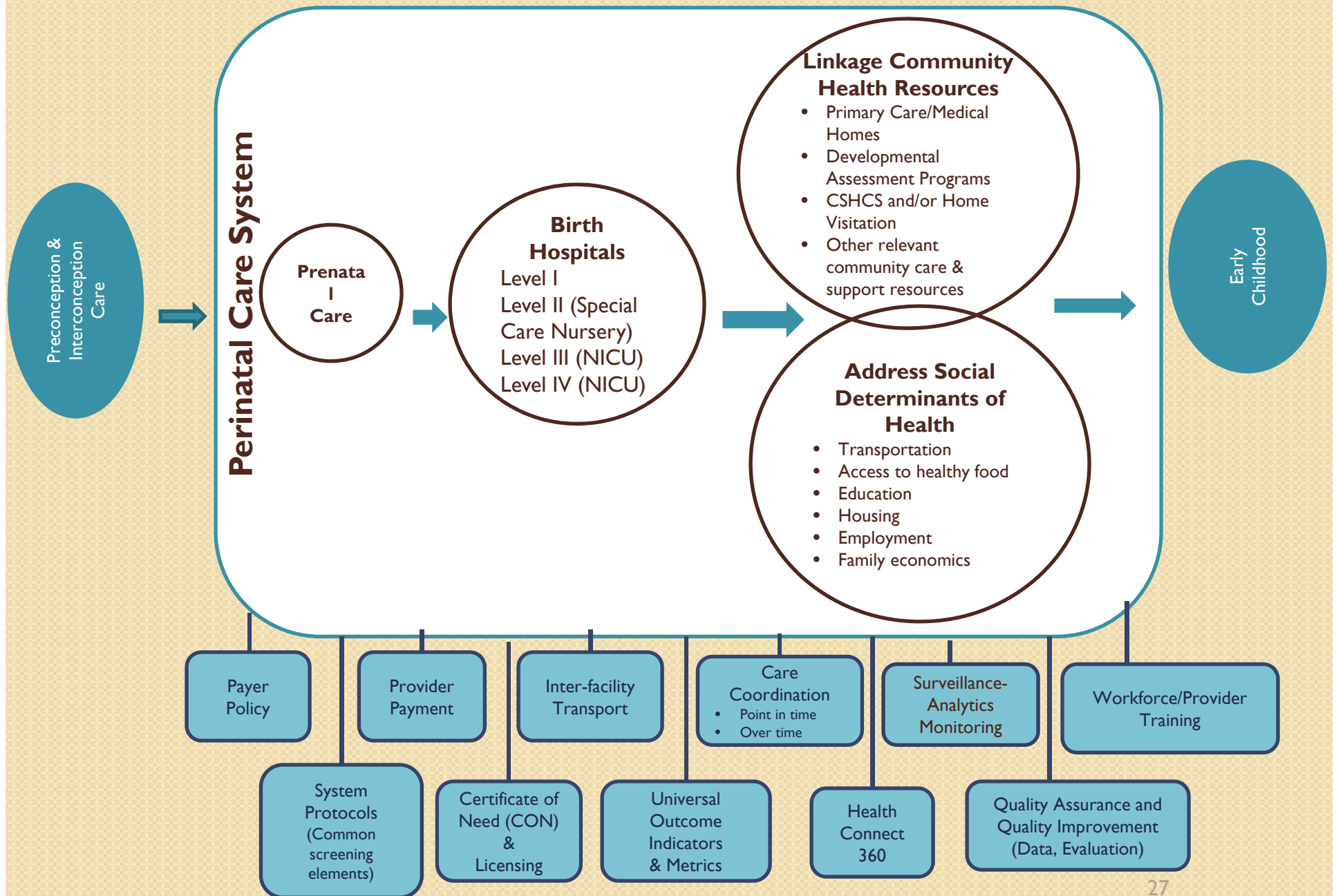
# Perinatal care system within Life Course Perspective



## PERINATAL LIFECOURSE PERIODS



# Michigan's Perinatal Care System within Lifecourse Context



# Perinatal Care System Committee Structure

INFANT MORTALITY

Perinatal Level of Care (LOC) Guidelines  
Priority 1

LOC Implementation  
Priority 3

Education/Training  
Priority 6

NICU Follow-up  
Priority 2

Hospital Nursery Regulation  
Back Transfers

Quality Improvement/Evaluation  
Priority 5

Perinatal Service System  
Priority 4

West MI NICU Project -Kent- -Muskegon- -Ottawa-

- CSHCS/MIHP Linkage
- NICU Risk Screening
- NICU Pre- Post- Discharge Family Visitation
- Medical Home and Community Integration
- Developmental Assessment Program (DAP)

MI Collaborative Quality Initiative

- Breastfeeding—NICU
- Neonatal Abstinence Syndrome
- Central Line-Associated Bloodstream Infection (CLABSI)

- Northern MI Perinatal Integration Model of Care
- Southeast MI Project
- Telemedicine Projects Northwest MI Northeast MI
- Centering Pregnancy Centering Parenting
- Perinatal System Data
- Payer | Billing | Coding
- Breastfeeding
- EMS/Trauma TBD

**KEY**

- Currently working
- Being formed
- Not yet in place
- Committee work completed



# **MILLION DOLLAR PAUSE**

- Certificate of Need Special Care Nurseries Project
- NICU follow-up program
- Northern Michigan Perinatal Integration Model of Care

**COLLABORATIVE  
ENGAGEMENT OF KEY  
STAKEHOLDERS IN  
PERINATAL CARE SYSTEM  
DEVELOPMENT  
USING PUBLIC HEALTH  
COMPETENCIES**

# Stakeholders in Perinatal Care System Development

Local Health Departments
Birth Hospitals Level I Level II - Special Care Nursery Level III & Level IV – Neonatal Intensive Care Unit
Providers Obstetricians, Neonatology, Nurse Practitioners Nurse Managers, Discharge Planners, Educators
Payers Blue Cross & Blue Shield of Michigan Medicaid
Health Plans McLaren Health Plan Meridian Health Plan
Family Representation
State Departments Michigan Department of Education Early On Michigan Department of Human Services

Professional Organizations – Michigan –American Congress of Obstetricians and Gynecologists, Michigan-American Academy of Pediatrics, Michigan State Medical Society
Community Organizations Maternal Infant Health Program (MIHP) Agencies March of Dimes Children’s Healthcare Access Program (CHAP) Federally Qualified Health Centers (FQHC)
Provider Organizations Michigan Health & Hospital Association Michigan Association of Health Plans Michigan Primary Care Association
Universities Wayne State University University of Michigan Michigan State University Institute for Health Policy/Michigan State University
Advocacy Organizations Michigan Council of Maternal Child Health Michigan Association of Infant Mental Health
Michigan Department of Community Health Public Health Administration Chief Medical Executive Bureau of Family, Maternal and Child Health Medical Services Administration Division of Family and Community Health Bureau of Disease Control, Prevention & Epidemiology Division of Children’s Special Health Care System Health Planning & Access to Care Certificate of Need Evaluation Mental Health Services for Children & Families

**CERTIFICATE OF NEED  
SPECIAL CARE  
NURSERIES PROJECT**





# Issues

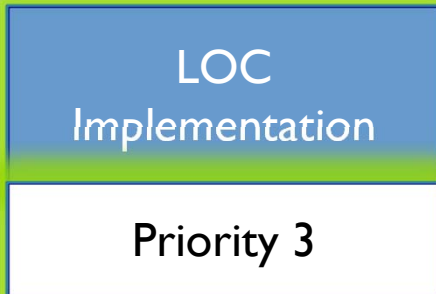
- There has been NO regulation for Level II hospitals or Special Care Nurseries in the state.
- Wide variation in level of care provided in Level II.
- Regulation will:
  - Provide a level of safety and quality for infants in Michigan
  - Provide consistency and a level of standardization based on national standards



# Why regulate?

- Literature and evidence indicate that states with a regionalized and coordinated perinatal system of care better assure that pregnant women and babies are more likely to deliver in an appropriate hospital setting and receive appropriate services to meet their needs.
- Healthy People 2020
  - MICH-33 Increase the proportion of very low birth weight (VLBW) infants born at level III hospitals or subspecialty perinatal centers

# Level of Care (LOC) Implementation Committee



- Internal group working with Certificate of Need (CON) on NICU Bed Standards
- CON reviews standards every three years
- NICU Bed Standards incorporates special care nursery beds (SCN) (Level II)
- CON Commissioners voted to accept the language in their September 17, 2013 meeting
- CON Review Standards, effective March 3, 2014
- After January 1, 2016, all SCN services are subject to these CON Review Standards, for compliance and monitoring purposes

# Level of Care Guidelines

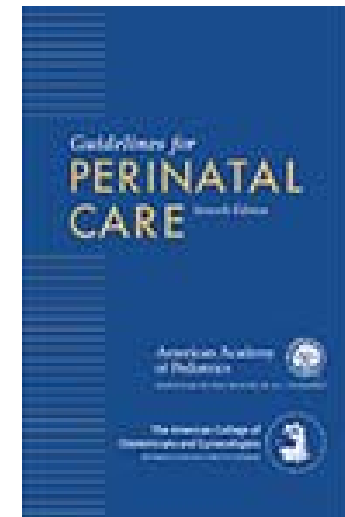
AAP/ACOG have released NEW Perinatal Level of Care Guidelines in 2012

Level I: Basic – Well Newborn Nursery

Level II: Specialty – Special Care Nursery

Level III: Subspecialty – Neonatal Intensive Care Unit (NICU)


Level IV: Regional NICU



American Academy of Pediatrics, Committee on Fetus and Newborn (2012). Policy Statement: Levels of Neonatal Care. *Pediatrics* Vol 130 No 3, pp 587-597. doi: 10.1542/peds.2012-1999. Available:

<http://pediatrics.aappublications.org/content/130/3/587.full.html>

American Academy of Pediatrics and American College of Obstetricians and Gynecologists (2012). *Guidelines for Perinatal Care* (7<sup>th</sup> Ed).



# CON Standards for Neonatal Intensive Care Services/Beds and Special Newborn Nursing Services

Web link:

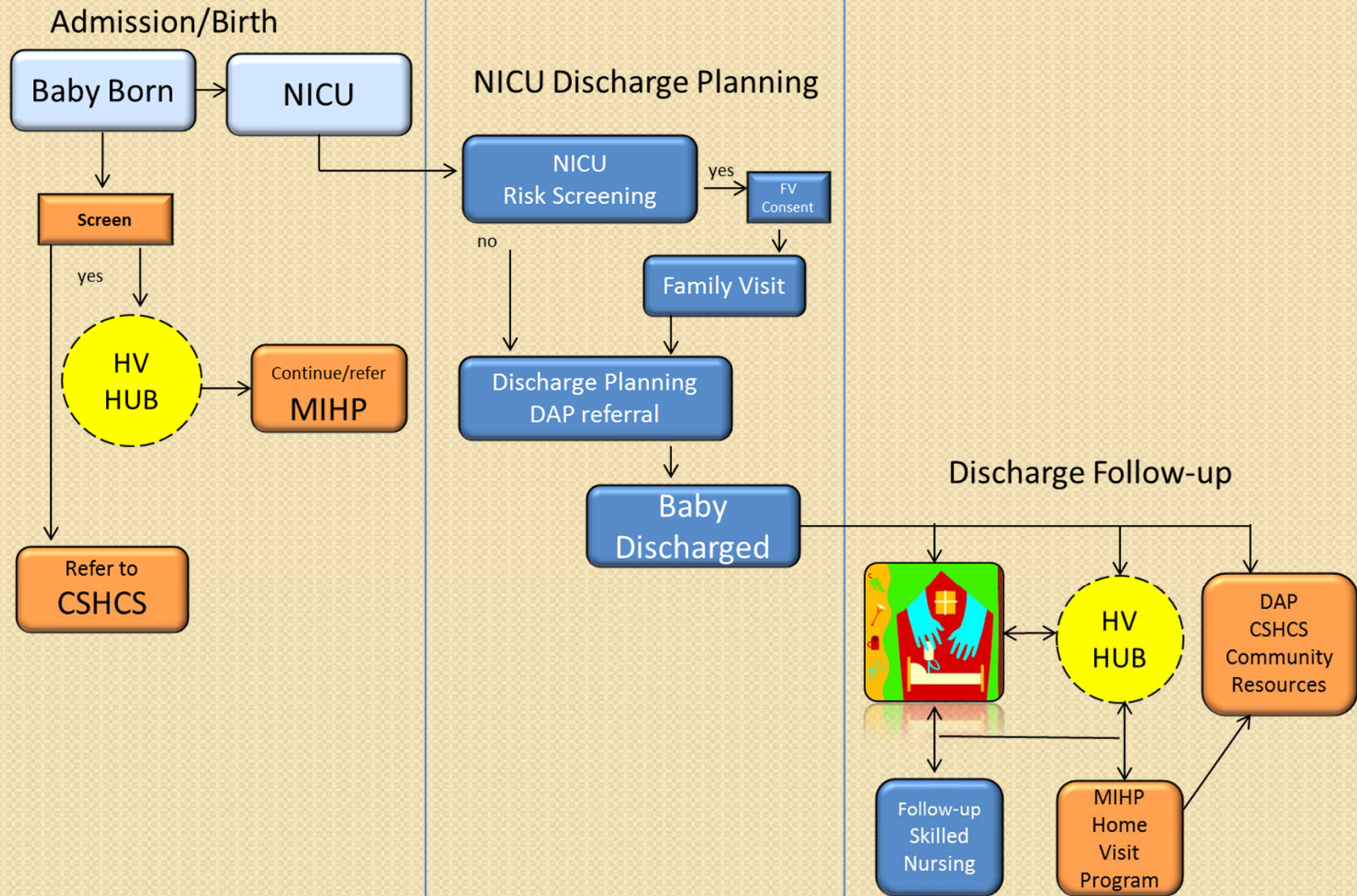
[http://www.michigan.gov/documents/mdch/NICU\\_Standards\\_330179\\_7.pdf](http://www.michigan.gov/documents/mdch/NICU_Standards_330179_7.pdf)

# NEONATAL INTENSIVE CARE UNIT (NICU) FOLLOW-UP

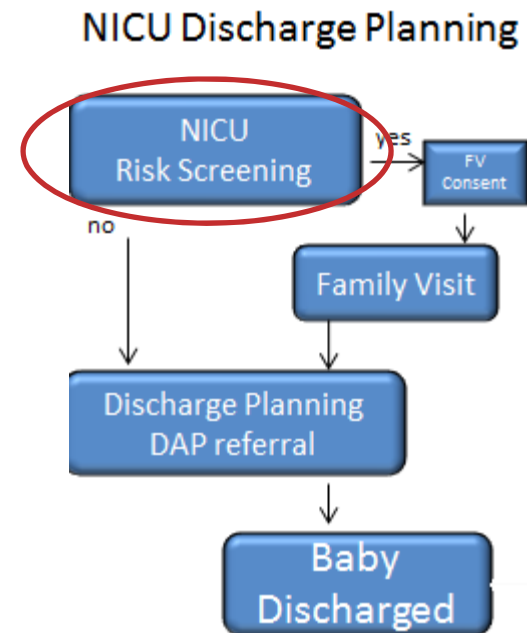
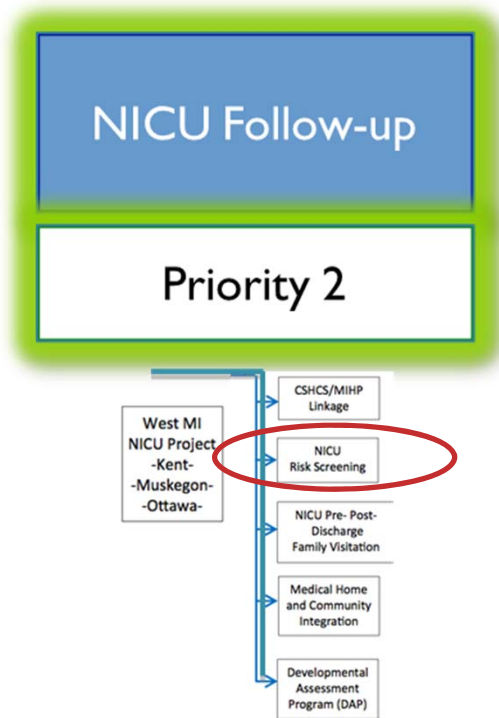


# NICU Follow-up Schematic

## Statewide Perinatal Care System: Birth-Discharge Follow-Up Process



# NICU Risk Screening Workgroup





# Collaborators – NICU Risk Assessment Workgroup

Stakeholder	Name	Position
<b>MDCH MCH WG STAFF</b>	Trudy Esch, MS, RN	Perinatal Nurse Consultant, MDCH
<b>Neonatologist WG CO-CHAIR</b>	Kim Tekkanat, MD	Neonatologist, Director NICU; Director DAC St. Joseph Mercy, Ann Arbor
<b>NICU f/u Coordinator WG CO-CHAIR</b>	Karen Pawloski, BSN, RN, BCLC	NICU Transition & Follow-up Coordinator Neurodevelopmental Pediatrics
<b>Medical Consultant</b>	Nina Mattarella, MD	CSHCS Med. Consultant MDCH
<b>NICU discharge planner</b>	Lourdes Murphree	SJMH Service Leader NICU
<b>Neonatal Nurse Practitioner/CNS</b>	Lori Charbonneau, MS, NNP-BC/CNS	NICU Covenant Healthcare
<b>Perinatal CNS</b>	Marilyn Maggioncalda	NICU CNS, Hurley Medical Center
<b>NICU Nurse Manager</b>	Sue Temen	Nurse Manager, NICU Helen DeVos Children's
<b>MIHP representative</b>	Lori Marta	Marquette County Health Dept. MIHP
<b>LPH representative</b>	Jenifer Murray Deb Aldridge	Benzie Leelanau HO Benzie Leelanau Nsg Supervisor
<b>LHD</b>	Deb Aldridge	Benzie Leelanau Nsg Supervisor
<b>CSHCS representative</b>	Linda Smith	Kent County CSHCS RN
<b>MSU IHP</b>	Deb Darling, RN, BSN, CCP	Project Manager, Quality Improvement Programs
<b>Health Plans/Payers</b>	Umbrin Ateequi	Health Policy Analyst BCBSM
<b>MHA</b>	Ron Hubble	Project Coordinator
<b>Early On</b>	Kelly Hurshe	MDE Consultant – Early On
<b>Infant Mental Health</b>	Joan Shirilla, MA/Med	IMH/Early Childhood Consultant (Traverse City)
<b>Family member</b>	Sylvia Driscoll	

- MDCH
- Hospital NICUs
- Community MIHP
- Local Health Department
- Local CSHCS
- Payers
- Early ON
- Infant Mental Health
- Family
- MHA
- All geographic regions

# NICU Risk Screening Work Group

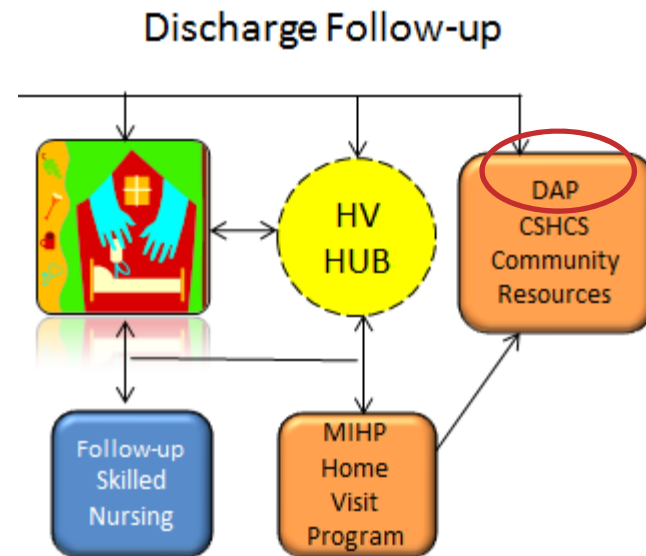
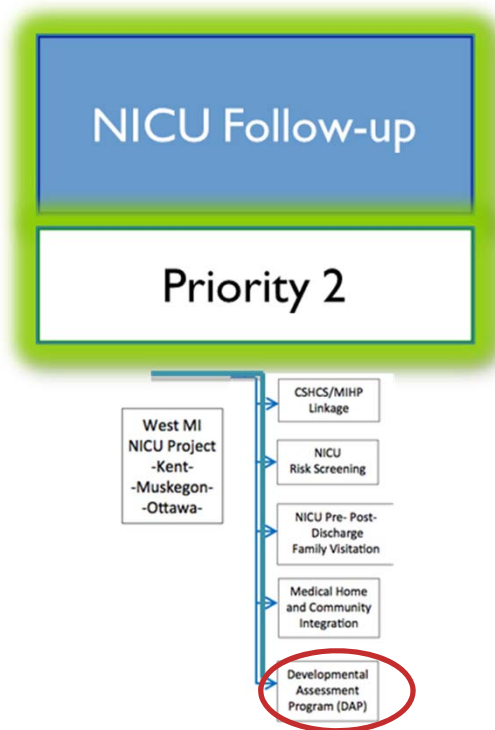
- Purpose: Develop an integrated, risk-based assessment process to determine need for NICU-specific home visitation
- Activities:
  - Define standardized risk assessment components, particularly including social determinants of health, as related to NICU-specific follow-up needs
  - Develop guidelines for implementing within NICU discharge planning
  - Develop a monitoring and evaluation plan, include the data needed to accomplish this



# Deciding on the best criteria for NICU Risk Assessment

- Workgroup reviewed all possible infant risks that should trigger a home visit. List was comprehensive and long.
- Everyone in the group completed a survey monkey to stratify risks.
- Workgroup validated the top criteria
- Final recommendation = 16 criteria identified as most important in determining need for a home visit.

# Developmental Assessment Program Workgroup



# Collaborators for DAP Workgroup

Stakeholder	Name	Position
<b>MDCH MCH WG Staff</b>	Trudy Esch, MS, RN	Perinatal Nurse Consultant MDCH
<b>Neurodevelopmental pediatrician WG Co-Chair</b>	Prachi Shah, MD	Assistant Professor, Pediatrics Center for Human Growth and Development, U/M
<b>DAC nurse coordinator WG Co-Chair</b>	Karen Pawloski, BSN, RNC, BCLC	NICU Transition & Follow-up Coordinator Neurodevelopmental Pediatrics
<b>MDCH MSA Medicaid Policy</b>	Carol Lowe	Policy Specialist, MSA, MDCH
<b>MPCA</b>	Rebecca Ciencki, MPH	Chief Operating Officer MPCA
<b>Health Plans/Payers</b>	Umbrin Ateequi	Health Policy Analyst BCBSM
<b>Health Plans</b>	Cheryl Bupp	Medicaid Policy Director MAHP
<b>Developmental Assessment Coordinator</b>	Ann Iatrow, RN, MPH	DAC Coordinator University of Michigan
<b>Developmental Assessment Coordinator</b>	Heather Krueger, RNC, MSN	DAC Coordinator Covenant HealthCare
<b>Developmental Assessment Coordinator</b>	Elaine Taylor	Clinic Coordinators Marquette DAC
<b>NICU Nurse Manager</b>	LeeAnn Chadwick	RNICU Manager, Covenant HealthCare
<b>Director Women's and Children Health</b>	Connie Downing	Director, Women's and Children Health, Covenant HealthCare
<b>MSU IHP</b>	Lynette Biery	Project Manager, Quality Improvement Programs
<b>Neonatology</b>	David Sciammana, MD	Neonatologist, Director DAC Munson Medical
<b>Neonatology</b>	Kim Tekkanat, MD	Neonatologist, Director NICU; Director DAC, St. Joseph Mercy, Ann Arbor
<b>CSHCS representation</b>	Chris Buczek, RN, BSN	CSHCS, Kent County Health Department
<b>MIHP representation</b>	Connie Braxton	Silverspoon Home Services MIHP Farmington Hills
<b>LPH</b>	Debra L. Lenz	Kalamazoo County Health Dept., Maternal & Child Health Div. Manager
<b>Family member</b>	Barb Schinderle	
<b>Early On</b>	Vanessa Winborne	Education Consultant MDCH
<b>Early On</b>	Christy Callahan	Director of Innovative Projects MDCH
<b>Mental Health</b>	Sheri Falvay	Director of Mental Health Services for Children and Families MDCH
<b>Mental Health</b>	Lori Irish	

# NICU Follow-up Workgroup: DAP

- **Purpose:** Define core elements/functions of developmental assessment program for statewide consistency and continuing quality improvement.
- Move from Developmental Assessment Clinic to Developmental Assessment Program
- **Activities: Develop:**
  1. Identification of best practices
  2. Care plan core elements
  3. Involved Professional Staff
  4. Role of Parents / Caregivers in the P
  5. Criteria for referral
  6. Referral process
  7. Discharge Criteria
  8. Linkage / Collaboration



**NORTHERN MI  
PERINATAL  
INTEGRATION  
MODEL OF CARE**



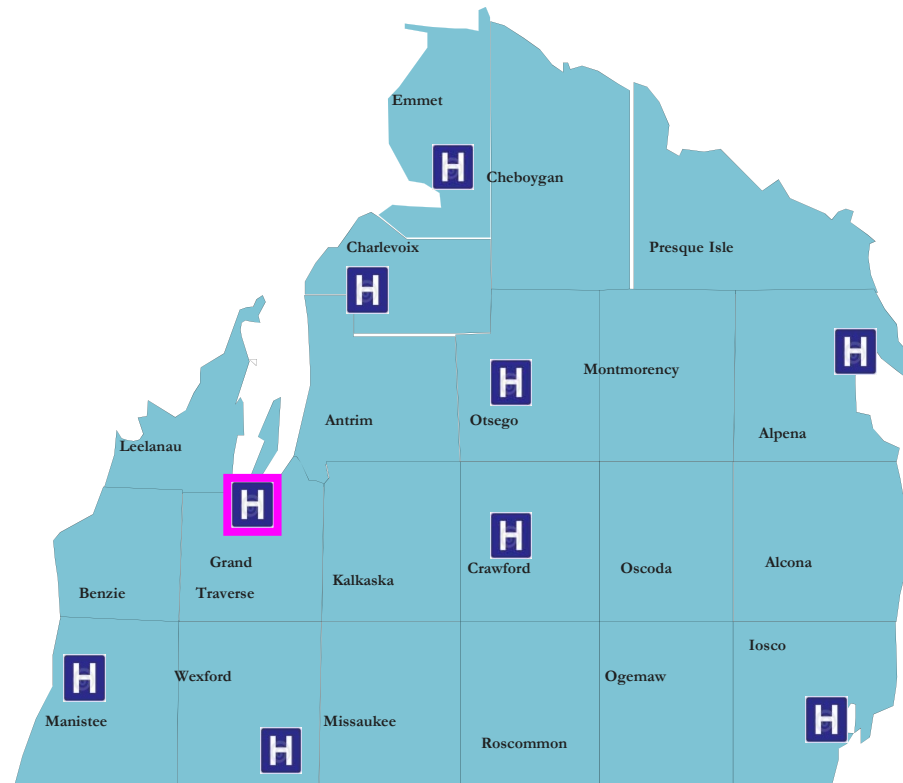
## Northern Michigan Perinatal Integration / Regional Model of Care Project

- North Central Council, Munson leadership in collaboration with stakeholders
  - Local hospitals in the northern Lower Peninsula
  - 7 health departments
  - March of Dimes
  - Michigan Hospital Association
  - physicians
  - Michigan Primary Care Association
  - Michigan Department of Community health
- Scope is 21 counties in northern Lower Michigan
- Mission: Construct a sustainable integrated and coordinated network of care to deliver perinatal services to women and children in northern lower Michigan that builds on the existing structures of care and results in decreased infant mortality



# Northern Michigan Perinatal Integration / Regional Model of Care Project

- Scope = 21 Counties





# Northern Michigan Perinatal Integration / Regional Model of Care Project

## Phase I work

(July 2011 – June 2012)

- Understanding Regional characteristics of 21 counties – review of data and PPOR analysis of 21 counties, Affinity exercise
- Expanded membership of the leadership team
- Relationship to State regionalization initiative

## Phase II

(July 2012-2013)

Work from the project will be concentrated on three regional initiatives

1. Regional FIMR for 21 counties
2. Expansion of Healthy Futures – home visiting type of services
3. Regional access to prenatal care



# Northern Michigan Perinatal Integration / Regional Models of Care Project

## Phase III

( 2014)

In addition to three regional initiatives

1. Cross Jurisdictional Sharing
  - a) 6 local health departments
  - b) Northern Michigan Public Health Alliance
2. Access to High Risk Care/Maternal Fetal Medicine through telemedicine
3. Birth Hospital Planning Mini-grants collaboration

# Project: High Risk Maternal/Fetal Medicine Telemedicine Clinic

**Purpose:** to extend sustainable access to high risk maternal/fetal medicine care via telemedicine in Cadillac (Region II) and Alpena (Region III)

**Process:**

- ❑ Cadillac & Alpena areas have no access to subspecialty care/maternal fetal medicine providers; Spectrum MFM is 100 miles away from Cadillac; Munson MFM is 125 miles away from Alpena
- ❑ Telemedicine provides virtual meeting with patients in the Cadillac or Alpena clinic and MFM provider out of Spectrum in Grand Rapids or Munson Medical
- ❑ Real time appointment with access to obstetric equipment/ultrasound through encrypted process





## Projects: Birthing Hospital Mini-grants

**Purpose:** Birthing hospitals implementation of linkages to Children's Special Health Care Services (CSHCS) and the Maternal Infant Health Program (MIHP) programs (*if family not previously enrolled in an evidence-based home visiting program*), based on the positive health outcomes as the result of families being enrolled in evidence-based home visiting services.

**Funding Amount:** 32 birthing hospitals (\$10,000 maximum funding amount per hospital)

**Time Frame:** July 1<sup>st</sup>-September 30<sup>th</sup>, 2014

**Geographical Area:** All Birthing Hospitals in Michigan

**Evaluation:** Work plan outcomes from each participating MI birthing hospital

# Northern MI Mini-Grant Collaborators

## 21-County Region Birthing Hospitals: Prosperity Regions 2 and 3

Birthing Hospital	Primary Counties	Primary Health Department
<b>Charlevoix Area Hospital</b>	Charlevoix	HDNWM
<b>Otsego Memorial Hospital (OMH)</b>	Otsego Montmorency Antrim Cheboygan	HDNWM DHD4
<b>Munson Medical Center (MMC)</b>	GT, Benzie, Leelanau, Kalkaska, Antrim	GTCHD BLDHD DHD10 HDNWM
<b>Mercy Cadillac</b>	Wexford Missaukee	DHD10
<b>Mercy Grayling</b>	Crawford	DHD10 HDNWM DHD2
<b>West Shore</b>	Manistee Benzie	DHD10 BLDHD
<b>McLaren Northern MI</b>	Emmet	HDNWM
<b>Alpena Medical Center</b>	Alpena...	DHD4
<b>Tawas St. Joseph's</b>	Ogemaw Iosco Oscoda Alcona	DHD2

## 21-County Region Health Departments: Prosperity Regions 2 and 3

Health Department	Counties Served
<b>District Health Dept. #2</b>	Alcona, Iosco, Ogemaw, Oscoda
<b>District Health Dept. #4</b>	Cheboygan, Alpena, Presque Isle, Montmorency
<b>Health Dept. of Northwest MI</b>	Antrim, Emmet, Charlevoix, Otsego
<b>Benzie Leelanau District Health Dept.</b>	Benzie, Leelanau
<b>Grand Traverse County Health Dept.</b>	Grand Traverse
<b>District Health Dept. #10</b>	Kalkaska, Crawford, Manistee, Wexford, Missaukee,
<b>CMDHD</b>	Roscommon

Perinatal Regionalization Lead: Kathy Garthe  
 Project Coordinator: Jenifer Murray  
 Other Members: Lynette Biery (MSU)



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MOTHERS, BABIES & FAMILIES  
are the foundation of creating a  
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# **MILLION DOLLAR PAUSE**



## Contact information

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