

Together We Can – Advisory Committee  
Mid-MI Medical Center – Clare  
Medical Bldg. - Kindle Board Room  
May 20, 2010 - 11:00 a.m.

Meeting Minutes

I. Welcome and Introductions

Mary Kushion welcomed attendees and introductions were made. See attached sign-in sheet for names, organizations and email addresses. The Robert Wood Johnson Foundation sponsored film crew (DeSantis Breindel) was introduced. They are producing a documentary that will highlight the Together We Can process and how we are utilizing the county health rankings, as well as the issue of teen parents in Clare County.

Group discussed the proposed mission statement. Several ideas and suggestions were considered and a mission statement will be finalized/shared.

M. Kushion distributed and referred to the hard copy of *MI County Health Rankings*. She described the University of Wisconsin Population Institute Studies report, how it was derived, and the purpose it serves in regard to the ‘Health Improvement Plan’ (HIP) process. M. Kushion updated committee members on what steps have been taken thus far such as the March 10 Public Health Summit and our contractual partnership with Veronica Romanov to carry-out this process. M. Kushion stressed that due to the county health rankings and where the six counties within our jurisdiction ‘rank,’ as well as our agency strategic planning goals, we felt this could be an opportunity to involve the community in improving its health.

II. Health Improvement Plan process overview and schedule

M. Kushion went over the proposed HIP process and schedule. Each of our six counties has a collaborative council (HSCB/MPCB). Committee members discussed the advantages of utilizing the collaboratives (or a subcommittee thereof such as ‘economic development’) as the *forum* that would take the lead in the process. Additionally, the CMDHD internal ‘Community Assessment/ HIP Committee will serve as the group to provide additional data and resource needs throughout the process. Those familiar with and/or serving in leadership roles on their county collaboratives gave input. Group agreed that the collaboratives have diverse/multi-discipline representation and are a good place to start. The schedule includes having a Health Improvement Plan completed and ready to implement by October 2010.

III. Anticipated role of advisory committee members

Goal is to keep our meeting time to a minimum. Committee discussed the issue of ‘funding’ and its relationship to our planning process. It was recognized that funding will always be a challenge for our agencies, but community health assessment and developing health improvement plans is important. We must still focus on community health improvement and devote resources to planning and its

relative outcomes. Advisory committee does not need to be large in membership to be effective. If each of our collaboratives assigned one person for the advisory committee, he/she could serve as the liaison to the process – providing communication and planning status.

#### IV. Stakeholder groups and potential champions

Committee discussed at length who/what a stakeholder is and made suggestions for membership of stakeholder groups, as well as potential champions. Names and entities were noted and will be reviewed again with the committee.

A stakeholder is one who is interested in the “outcomes” of the process.

Resources were also discussed. It was stated that CMDHD has an existing ‘Internal Resource Team’ to call upon for assistance with planning and resource inventory. We also have a college intern who is looking at model programs, and who will help assess and compile data. Norm Keon, epidemiologist, is an available resource, and we have received an internship request from a medical doctor in Clare who is working on his Masters in Public Health.

M. Kushion emphasized that our planning is to be locally based and ‘driven.’

#### V. Public Health Summit Report

V. Romanov presented a comprehensive overview of the report (*blue cover*) developed from the March 10 summit held at the Doherty Conference Room in Clare. The report includes the most critical county-specific issues identified, discussed and prioritized within each county group. V. Romanov highlighted each section of the report, using a set of accompanying slides. In addition to the hard copy, an electronic copy will be made available to advisory committee members.

V. Romanov emphasized that members keep in mind the document is not perfect, it isn’t ‘written in stone,’ and it isn’t easy reading. Specific names of summit participants, as well as suggested champions, are not included in the document. She described the value of the document and the issues and solutions within it that provide a starting point for filling out the framework for the HIPs. M. Kushion stated that the goal is to develop a 5-year district-wide plan.

The second document (*yellow cover*) described by V. Romanov is the ‘County Health Rankings.’ She gave an overview of what the components are and noted that it is taken primarily from an on-line version of the Univ. of Wisconsin report and also includes data that Central Michigan District Health Department has researched.

The county health rankings were conducted under the premise that: policies and programs affect health factors, and health factors affect health outcomes. Discussion was held pertaining to interpretation of the data and measures in the rankings, and defining terms like ‘value, target value, overall Mich value, percent variation from county health ranking, percent variation from overall Mich value, and rank out of the 82 Michigan counties.’ Some data may not give a clear picture of what a particular health indicator really means to a county and its population due to a low/or ‘0’ target value. Issues like this all need to be taken into consideration when assessing data and measuring health. Committee

members brainstormed/discussed additional indicators for measuring health of the community. The question was asked: How do we determine if an indicator is still 'valid?' It's possible an entity that generates health statistics, such as the state of Michigan, is using an outdated measure. For instance, Michigan collects statistics on low birth weight babies. The measure for comparing and determining 'health' in this area is based on 'white/Caucasian babies born in the 1950's.'

#### VI. Communications Plan

M. Kushion reminded all in attendance to please be sure to indicate your name, agency and email address on the sign-in sheet. Everyone will receive via email both the blue and yellow documents following today's meeting (see section V. for brief description of both documents).

Additional points/suggestions regarding our communications plan include:

- Get legislators on board and send reports to them.
- Please let CMDHD know who else to send this information to. What about "Twitter" account? Would it be beneficial to set up Facebook page? We may receive many public comments and opinions if we post our reports and status on Facebook. Also, we have some really great teen parents that we should invite, to get their opinions and feedback.
- Additional agencies and entities were mentioned that we should consider including on our 'contacts' list for communications. These were recorded by CMDHD.
- Question was asked: How soon do we anticipate our local citizen/stakeholder groups to start up? As soon as possible. CMDHD will be asking the county collaborative councils for time on their agendas to pitch the project and request ongoing involvement.
- Another suggestion was to write press releases to seek out community involvement, as well as PSA's, etc.

#### VII. Additional information regarding the County Health Rankings

Addressed in previous agenda sections

#### VIII. Next Steps

Addressed in previous agenda sections

#### IX. General Discussion/Comments

Committee members offered additional suggestions for health indicators/measures.

Sources of statistics were discussed.

Additional potential 'partners' and notable projects that may tie in with the HIP were noted, such as faith/religious communities, the Michigan Rural Health Initiative, Mid-MI 20/20 Visions project, CMU health professors conducting research and collecting data from programs, Mi-HIA, and the Saginaw Chippewa Indian Tribe and their many programs. Hospital involvement is very important and welcomed. Through their accreditation process, community health assessment is required and this HIP project should fit the criteria nicely.

- V. Romanov asks all participants to send any additional issues and ideas to M. Kushion via email, based on your review of the summit report. Thank You! ☺
- X. Next Meeting is scheduled for Thursday, June 17<sup>th</sup>, 2010, from 11:00 a.m. until 12:30 p.m. Location: Mid-Michigan Medical Center – Clare in the Kindle Board Room.

**ADVISORY COMMITTEE SIGN-IN SHEET**

**MAY 20, 2010**

<b>NAME</b>	<b>ORGANIZATION</b>
Melissa DeRoche	CMDHD
Chelsea Groleau	CMDHD
Helen Lee	CMDHD
Mary Kushion	CMDHD
Veronica Romanov	Consultant
Catherine King	Mid Michigan Community College
Patti McNeilly	MMCAA
Tom Pirnstill	CCTC
Julie Hipkins	Mid Michigan Medical Center - Clare
John Shaffer	HSCB Gladwin
Rod Williams	Clare County Enterprise Community
Jessica Gardon Rose	CMU
Anne Hobart	Natorpath - Clare
Carrie Breault	Mid Michigan Medical Center – Gladwin
Betsy Wood	Clare County DHS
Pam Hillhisler	1016 Recovery Network
Tom House	Harrison Community Schools
Joy Robinson	Harrison Community Schools
Karen Peck	Clare Public Schools
Darrell Milner	Mid-Michigan Community Health Services
Glenn King	Mid Michigan Medical Center – Clare
Paul Cronstrom	Community Mental Health
Sam Price	1016 Recovery Network
Howard Sweeney	DHS
Nancy English	Central Michigan Community Hospital
Kathe Martin	Region 3 HPN
Kelly Conley	CMDHD