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Together We Can!  
Advisory Board Meeting  
July 15, 2010

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1. Welcome and Introductions

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## 2. Approval of June 17, 2010 Meeting Minutes

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## 3. County Health Improvement Planning (HIP) Working Groups - Progress and Process

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### 3.1 Progress in Creating HIP Working Groups

Organization	Actions To Date	Suspense Actions
Isabella County Community Collaborative	06/04 – Unable to get on the agenda, so VR attended the meeting for informational purposes.	08/06 – VR to present
Mecosta and Osceola Human Services Collaborative Body	06/10 - Unable to get on the agenda, so VR attended the meeting for informational purposes and to request presentation time at August 12th meeting.	08/12 – VR to present
Osceola County Board of Commissioners	07/06 – VR presented	

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### 3.1 Progress in Creating HIP Working Groups

Organization	Actions To Date	Suspense Actions
Clare Gladwin HIP Working Group	<p>06/25 – The Clare County Human Services Coordinating Body determined that initial meetings would be held under the auspices of the Health Care System Subcommittee (HCSS).</p> <p>07/09 – Since the Gladwin Human Services Coordinating Body has a shared HCSS membership with Clare, the two counties will have a combined HIP Working Group</p>	07/29– Kick off meeting

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### 3.1 Progress in Creating HIP Working Groups

Organization	Actions To Date	Suspense Actions
Arenac Multi-Purpose Collaborative Body	<p>06/14 –They have created a Community Needs Assessment Planning Sub-Committee which meets after the MPBC meeting. It was agreed that they best route would be to have VR attend those meetings and for CMDHD to support that group. CMDHD has been given permission to invite people who are not members of the MPCB to take part in the assessment. Next meeting is on Aug 9<sup>th</sup> at 2PM or immediately following the full meeting.</p>	<p>08/09 – VR and others willing to serve on the Arenac County Community Needs Assessment Committee to attend meeting.</p> <p><i>Location</i> Arenac County Department of Human Services 3709 Deep River Road Standish, MI 48658</p> <p><i>Contact</i> Trisha Charbonneau-Ivey 989-895-2381 tivy@babha.org</p>

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### 3.1 Progress in Creating HIP Working Groups

Organization	Actions To Date	Suspense Actions
Roscommon Human Services Collaborative Body	<p>06/16 – VR presented. The HSCB voted to approve a HIP working Group. Members will include representatives from: Mercy Hospital – Grayling, MidMichigan Health, Michigan Works, MSU Extension, Northern Lakes Community Mental Health, North West Community Action Agency, Roscommon County Transportation Agency, and CMDHD</p> <p>07/06 – VR received notification that Kirtland College will also participate.</p> <p>07/09 – MK spoke a local reporter to notify the public.</p>	<p>08/18– HIP Working Group to convene at 9:30AM immediately following HSCB meeting.</p> <p><i>Location</i> Old Roscommon County Courthouse 500 Lake Street Roscommon, MI</p> <p><i>Contact</i> Initial Mary Kushion mkushion@cmdhd.org Follow-up Cindy Dehadurantaye Cindy.dei@live.com</p>

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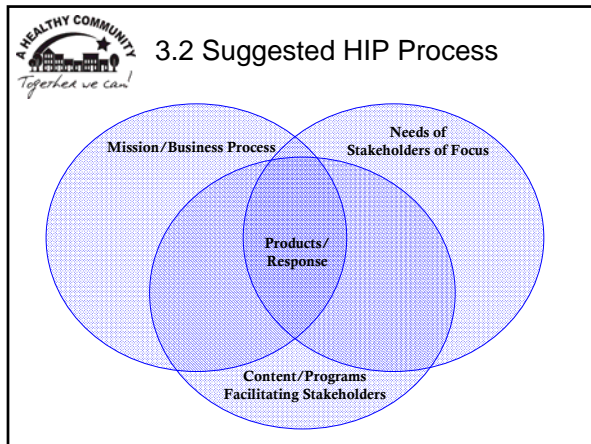
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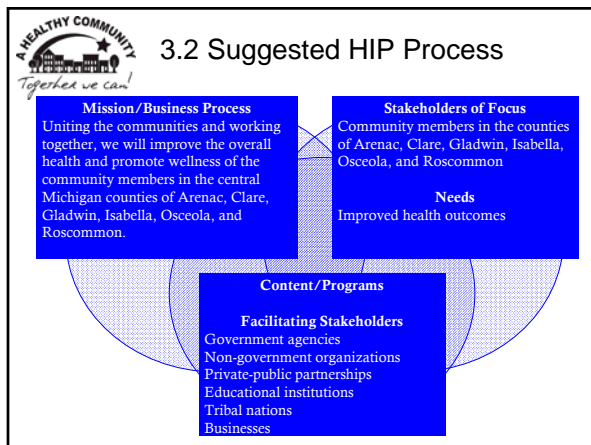
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- A HEALTHY COMMUNITY**  
Together we can!
- ### 3.2 Suggested HIP Process
- The process consists of four phases
- Phase 1. Develop broad based goals
  - Phase 2. Develop objectives and a plan of action for each goal
  - Phase 3. Implement actions plans
  - Phase 4. Evaluate progress and accommodate change

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### 3.2 Suggested HIP Process

#### Phase 1. Develop broad based goals

1. Mission
2. Stakeholders
  - Describe and quantify stakeholders of focus
  - Define their needs based upon an examination of health outcomes and health factors with the focus upon health factors and document additional issues being championed

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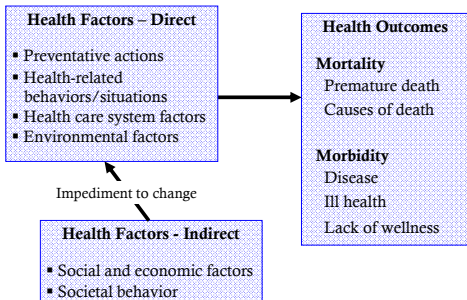
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### 3.2 Suggested HIP Process




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### 3.2 Suggested HIP Process

#### Health Outcomes – Mortality Examples Top 15 leading causes of death in Michigan

- |                                |  |
|--------------------------------|--|
| 1. Heart disease               | 10. Suicide  |
| 2. Cancer                      | 11. Chronic liver disease and cirrhosis  |
| 3. Chronic respiratory disease | 12. Septicemia (blood poisoning)   |
| 4. Stroke                      | 13. High blood pressure kidney failure caused primarily by chronic high blood pressure |
| 5. Injuries                    | 14. Parkinson's disease  |
| 6. Diabetes                    | 15. Homicide   |
| 7. Alzheimer's disease         |  |
| 8. Influenza and pneumonia     |  |
| 9. Kidney disease              |  |

Based upon CDC data for Michigan, the top two leading causes of death account for 51.7% of all deaths, and the top six causes account for 69.9% of all deaths. Leading causes 7 through 15 account for 12.7% of all deaths; all other types of death (other than 1 through 15) account for 17.4% of all deaths.

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### 3.2 Suggested HIP Process

#### Health Outcomes – Morbidity Examples

##### Disease

- Cancer
- Diabetes
- Infectious diseases
- Sexually transmitted disease

##### Ill Health

- Poor or fair health
- Poor physical health days
- Severely work disabled

##### Lack of Wellness

- Poor mental health days
- Have major depression

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### 3.2 Suggested HIP Process

#### Health Factors – Direct Examples

##### Preventative Actions

- Immunization rates – ages 19-35 months old
- Immunization rates – teens
- Adults age 65 and older who have had an influenza immunization in the last year

##### Health-related behaviors/situations

- Low birthweight
- Smoking
- Obesity
- Binge drinking
- Teen pregnancy rate
- Recent drug users
- Physical activity
- Nutrition – fruits/vegetables

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### 3.2 Suggested HIP Process

#### Health Factors – Direct Examples

##### Health system/clinical care factors

- Uninsured adults
- Primary care provider rate
- Community/migrant health centers
- Health professional shortage area
- Preventable hospital stays
- Hospice use

##### Environmental factors

- Air quality standards for carbon monoxide
- Nitrate levels in water
- Radon
- E.coli in surface water rates

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### 3.2 Suggested HIP Process

#### Health Factors – Indirect Examples

##### Social and economic factors

- Have no high school diploma
- Poverty
- Are unemployed
- Single parent households

##### Societal behavioral factors

- Generational
- Apathy

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### 3.2 Suggested HIP Process

#### Phase 1. Develop broad based goals

1. Mission
2. Stakeholders
  - Describe and quantify stakeholders of focus
  - Define their needs based upon an examination of health factors and document additional issues being championed
  - Narrow down the list to those of primary focus to develop two to three goals each for the short, medium, and long term
3. Content
  - Identify current programs/efforts using essential public health service areas for reference

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### 3.2 Suggested HIP Process

#### Essential Public Health Services

- Identifying community health problems
- Investigating health problems and health hazards
- Communicating with stakeholders – informing, educating, empowering
- Mobilizing the community to identify and solve health problems.
- Developing policies, plans, and legislation
- Enforcing health and safety laws and regulations
- Providing services when otherwise unavailable
- Linking people to services
- Assuring that there are competent workforce resources
- Evaluating the effectiveness, accessibility, and quality services
- Researching for new insights and innovative solutions

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### 3.2 Suggested HIP Process

#### Phase 1. Develop broad based goals

1. Mission
2. Stakeholders
  - Describe and quantify stakeholders of focus
  - Define their needs based upon an examination of health factors and document additional issues being championed
  - Narrow down the list to those of primary focus to develop two to three goals each for the short, medium, and long term
3. Content
  - Identify current programs/efforts using service areas for reference
  - Identify facilitating stakeholders

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### 3.2 Suggested HIP Process

#### Facilitating Stakeholders

- |   |  |
|---|--|
| <b>Government</b> <ul style="list-style-type: none"> <li>• Central Michigan District Health Department</li> <li>• Federal government</li> <li>• State government</li> <li>• Regional government</li> <li>• County government</li> <li>• Local government</li> </ul>   | <b>Educational Institutions</b> <ul style="list-style-type: none"> <li>• Academia (post secondary educational institutions), including colleges, universities, and technical schools</li> <li>• Adult and alternative schools</li> <li>• K-12 (Kindergarten through 12th grade)</li> <li>• Preschools</li> </ul> |
| <b>Non-Government Organizations</b> <ul style="list-style-type: none"> <li>• National non-government organizations</li> <li>• Central Michigan district wide non-government organizations</li> <li>• Central Michigan district county non-government organizations</li> <li>• Local non-government organizations, including community organizations and religious institutions</li> </ul> | <b>Tribal Nations</b>  |
| <b>Private-Public Partnerships</b> <ul style="list-style-type: none"> <li>• National private-public partnerships</li> <li>• Central Michigan district private-public partnerships</li> <li>• Central Michigan district county private-public partnerships</li> </ul>  | <b>Businesses</b> <ul style="list-style-type: none"> <li>• Health delivery system businesses</li> <li>• Health related businesses</li> <li>• Media</li> <li>• Transportation businesses</li> <li>• Food producers</li> <li>• Food retailers</li> <li>• Restaurants</li> <li>• Other businesses</li> </ul>        |

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### 3.2 Suggested HIP Process

#### Phase 1. Develop broad based goals

1. Mission
2. Stakeholders
  - Describe and quantify stakeholders of focus
  - Define their needs based upon an examination of health factors and document additional issues being championed
  - Narrow down the list to those of primary focus to develop two to three goals each for the short, medium, and long term
3. Content
  - Identify current programs/efforts using service areas for reference
  - Identify facilitating stakeholders

- Products**
- Short, medium, and long terms goals
  - List of current programs and facilitating stakeholders by for each goal

- Timeline**
- Two to three meetings

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### 3.2 Suggested HIP Process

#### Phase 2. Develop objectives and a plan of action for each goal

1. Goal - State goal
2. Stakeholders - Describe and quantify stakeholders of focus

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### 3.2 Suggested HIP Process

#### Stakeholders of Focus Subgroup Examples

- Children
- Youth
- Elderly
- Seasonal residents
- Seasonal student residents
- Seasonal workers
- Amish residents
- Disabled mentally
- Disabled physically
- Disabled work related
- Homeless
- No high school diploma (adults age 25 and older)
- Recent drug users (within the past month)
- Those in poverty
- Those with major depression
- Unemployed

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### 3.2 Suggested HIP Process

#### Phase 2. Develop objectives and a plan of action for each goal

1. Goal - State goal
2. Stakeholders - Describe and quantify stakeholders of focus
3. Objectives and action plans
  - Identify objectives using service areas for reference basing them upon:
  - Current programs/efforts to be modified/enhanced
  - New programs/efforts
  - Determine resources required
  - Identify facilitating stakeholders, including current and those to be included
  - Develop steps associated with each objective and create a timetable for achieving each step
  - Develop measures of success

- Products for each goal**
- Stakeholders of focus
  - Objectives
  - Planned actions
  - Timetables
  - Measures

- Timeline**
- Approximately 2 hours for each goal

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### 3.2 Suggested HIP Process

**Phase 3. Implement actions plans**

Conduct monthly meetings to monitor progress and revise timelines if necessary

**Phase 4. Evaluate progress and accommodate change**

On an annual basis:

- Collect and review objective-specific measures information
- Review updated data indicator information
- Repeat Phases 1 and 2, including considering changes that have occurred

**Products**

- Revisions to action plans
- Stakeholders of focus
- Objectives
- Planned actions
- Timetables
- Measures

**Timeline**

- Approximately 2 meetings

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### 4. A Summary of Health Issues within the Central Michigan Health District

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### 5. Communications Plan for Information Exchange

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## 6. Potential Speakers/Topic for Future Meetings

- Community Health Centers – Michigan Primary Care Association
- Health Care Reform – local impact
- Community Health Data Dashboard Project

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## 7. General Discussion

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## 8. Next Steps

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