



Central Michigan District Health Department

A Healthy Community Together We Can!

Information Compiled from the
Central Michigan Public Health Summit
held on March 10, 2010

May 2010

Revision 1



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Introduction

The Central Michigan District Health Department (CMDHD) has embarked upon an effort to improve the overall health of the more than 187,000 individuals within its health district which includes the counties of Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon. A key component of the health improvement effort is to mobilize the communities within each county to identify health issues and implement action plans to address the most crucial issues within the county. The first step in mobilizing the communities is to involve the stakeholders...the people, groups, and organizations with an interest in identifying and addressing community health issues, as well as those who will be affected by health improvement efforts. CMDHD took that step in February 2010 by issuing a public invitation to those within its six-county health district to attend an all day Public Health Summit in Clare, Michigan.

The Public Health Summit was held on March 10, 2010. It served to inform participants about health issues within each county and to solicit the participants’ perceptions of the key health issues within their communities and methods of addressing these issues. More than 110 people attended the Public Health Summit. The attendees included residents of the central Michigan health district; state, county, and local government officials; tribal nation representatives; members of the academic community and public school systems; representatives from businesses in the health care, transportation, restaurant, and other types of industries; and members of non-government organizations, including community organizations. The level of participation far exceeded the CMDHD’s expectations and indicated the public’s willingness to participate in addressing community health issues.

To provide the attendees with a basis for discussion of the health related issues within the district, CMDHD representatives, with the assistance of officials from the State of Michigan Department of Community Health, presented county specific information from the 2010 County Health Rankings released by the University of Wisconsin Population Health Institute. The County Health Rankings are based upon health outcome and health factor statistics compiled for each county within each state. Health outcome data includes mortality (as indicated by premature death) and morbidity, which is the incidence and prevalence of ill health. Health factor data include more than 20 indicators in four areas: health behaviors, clinical care, socioeconomic factors, and physical environment.

Funded by the Robert Wood Johnson Foundation, the University of Wisconsin Population Health Institute compared the statistics for each county in the United States (US) to the statistics of all of the other counties within that county’s state to produce a health ranking for each county, the lower the ranking, the better the overall health of individuals within that county. Michigan consists of 83 counties; Keweenaw County was not included in the rankings due to a lack of data. The rankings for counties with the central Michigan health district are as follows.

<i>County</i>	<i>Ranking out of 82</i>
Isabella	42 nd
Osceola	45 th
Roscommon	70 th
Arenac	72 nd
Gladwin	77 th
Clare	82 nd

On average, the health rankings of the counties within the central Michigan health district are worse than 89% of the Michigan counties outside of the district. This indicates an urgent need for health improvement actions within the central Michigan health district. (see www.countyhealthrankings.org for additional information regarding the County Health Rankings)



After the County Health Ranking information was presented, the Public Health Summit participants worked in groups to identify issues specific to their county and suggest solutions. To ensure that everyone in a group was allowed time to contribute their ideas, each working group was limited to no more than eight participants. Each group was accompanied by a CMDHD staff facilitator and a CMDHD scribe. As a result of these groupings, there was one group apiece from the counties of Arenac, Gladwin, Osceola, and Roscommon; two groups from Isabella County; and three groups from Clare County.

The county working groups worked for several hours brainstorming on health issues, identifying factors associated with the issues, determining the three most crucial issues within their county, and summarizing potential approaches and methods to address the most crucial issues using nominal group process and affinity diagrams. During the working group session, CMDHD staff facilitated the discussions and documented the input of the participants; they did not provide any input.

This report presents the information provided by participants during the individual county working group session. All information contained in the report is solely that of the participants and is not necessarily the opinion of the CMDHD. The information is presented by county in alphabetical order. For those counties with more than one working group, the information is presented by group within the county section.

Because the information regarding health issues is quite voluminous CMDHD has prepared a summary of the primary issues organized into general categories; this information is presented in the following section. The summary information is not listed in priority order. Rather, it serves to provide readers with a summary list of the issues most commonly identified by multiple groups during the working group session. The report also contains a listing of acronyms used in the report and CMDHD's grateful acknowledgement of the contributions of the Public Health Summit participants; their input is of great value in the effort to improve health within the central Michigan health district communities.

The intent of the report is to serve as a reference for the stakeholder groups that will convene to address health issues within the counties of Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon. The CMDHD's next steps in this process include working with a group of stakeholders from throughout the district to develop a 5-year Central Michigan Health Improvement Plan and working with individual county groups to develop and implement individual county health improvement plans.

This report is also intended to inform the public and stimulate additional interest in addressing health issues within the communities. The CMDHD encourages readers' participation and welcomes additional information. CMDHD's lead for this effort is Health Officer Mary Kushion, M.S.A.; she may be contacted by telephone at 989-773-5921 ext. 8413 or by email at mkushion@cmdhd.org.



SUMMARY

Key Issues Identified during the Central Michigan District Health Department Public Health Summit

Health Care Delivery System Issues

- Lack of access to and use of health services, including transportation services, particularly for the uninsured and the underinsured
- Lack of integrated services and continuity of services between acute and chronic needs
- High incidence of sexually transmitted diseases

Nutritional Issues

- Lack of access to nutritious food, especially in restaurants, daycares, and schools
- Comparatively higher costs of nutritious food
- Lack of education/knowledge about nutrition, including availability of nutritious foodstuffs, educational opportunities, and physical activity

Educational Issues

- Lack of health education, including overall health, nutrition, and sexual education
- Lack of strong community/parental value placed upon education
- Lack of post secondary education or technical training leads to an increased likelihood of poverty

Environmental Issues

- Lack of recreational facilities and organized physical activities
- Harmful effects of chemicals in local area occupational and home environments with special concerns regarding levels of lead and arsenic, water quality of local wells, and the quantities of pesticides and insecticides entering the environment via farmlands, lake spraying, etc.

Behavioral Issues

- Difficulties associated with modifying the behaviors associated with an unhealthy lifestyle, including lack of desire and/or ability to change and institutionalized values
- Lifestyle issues, including substance abuse, gambling addiction, and dysfunctional families
- Criminal issues, including domestic violence, sexual assault, and violent crimes

Poverty/Economic Issues

- Widespread poverty as an underlying factor of the majority of health issues
- Combined effect of the high unemployment rate and the increasing number of impoverished on health issues



County Workgroup Notes



Arenac County Notes

Primary Issues

1. Poverty, including socioeconomic and employment issues
 2. Nutrition, including availability of nutritious food, education, and physical activity
 3. Access to care particularly for the uninsured and the underinsured
-

Issue 1. Poverty

Factors

Socioeconomic

- Lack of access to help/resources/care
- Generational
- Family dynamics – have always been that way
- Generational cycle of teen pregnancy
- Lack of resources or knowledge to break the cycle of poverty
- Lack of will to change
- Despair

Employment

- High unemployment rate
- Lack of jobs
- Lack of higher education
- Lack of education
- Lack of resources to attain an education/higher education

Solution/Objective

- Create a Centralized Community Cooperative where the people can help themselves and each other through teaching programs and other offerings.



Issue 2. Nutrition

Factors

Availability

- Low access to healthy food
- Sporadic access to “whole foods”
- Lack of healthy fast food options
- Few stores
- Fast food is less expensive than more nutritious foods

Education

- Lack of understanding about nutrition
- Lack of nutrition programs that target low-income groups/families in poverty
- Lack of education and knowledge
- Lack of understanding of healthy options and nutritional value
- Poor understanding of what “healthy eating” is

Activity

- Lack of physical activity
- Lack of park/playscape/athletic fields

Solution/Objective

- Create a Centralized Community Cooperative that offers:
 - Cooking classes with a nutritional theme
 - Physical activity center
 - Playscape
 - Community garden



Issue 3 – Access to Care/Un(der)insured

Factors

Availability

- Lack of insurance coverage
- Lack of insurance/underinsured
- New doctors don't want to locate in rural areas (can't pay loans)
- Lack of preventive care
- Specialty care spread out in several places (not just one)
- Doctor doesn't accept Medicaid/Medicare
- Unemployed are especially affected

Education

- Lack of education and knowledge of current programs/services

Transportation

- No transportation
- No organized transportation

Solution/Objective

- Create a Centralized Community Cooperative that will be used as a place to get healthcare. Possibly more than just one location in the future.
- Recruit more physicians



Clare County Notes

Clare County Group 1

Issues Identified during Group Discussion

- Poverty related issues, including impact of socioeconomic factors, high unemployment rates, and low income levels in the community
 - Shrinking business base
 - Problems with disease control and treatment
 - Expense of making healthy choices (physical environment, business, healthy foods)
 - Behavior modification
 - Lack of education
 - Lack of access to health education
 - Access to affordable health care
 - Government policy issues
 - Education level of community/population
 - Transportation
 - Lifestyle issues
 - Decline in volunteerism
 - Resistance to change
 - Lack of medical services
-

Primary Issues

1. Poverty, including socioeconomic factors, unemployment rates, and income levels of the community
 2. Behavior modification, lack of education, and access to health education
 3. Lifestyle issues
-



Issue 1. Poverty, including socioeconomic factors, unemployment rates, and income levels of community

Factors

Family

- Resistance to change
- Generational issues
- Lack of role models in home
- Lack of parenting skills
- Lack of programs with one-on-one intervention

Education

- Lack of education
- Societal divisions related to educational levels
- Lack of formal education
- Lack of success in education

Employment

- Lack of jobs
- Lack of good paying jobs
- Lack of quality healthcare for parents

Adverse Behaviors

- Substance use/abuse
- Crime
- Teen pregnancy

Government Issues

- Cuts to programs
- Existing welfare system
- No real plan for improvement
- Lack of interest (of the Board of Health) to make changes



Solution/Objective

- Raise awareness and form a work group of the Clare County Human Services Coordinating Body (HSCB) to identify and educate about poverty issues.



Issue 2. Behavior Modification, Lack of Education, and Access to Health Education

Factors

Public Awareness

- Ability to access programs
- Ability to get to programs offered
- Number of free programs offered
- Where to go for help is not advertised
- Lack of awareness of programs

School-based Education

- Lack of integration of health education programs in K-12
- Health education is not continued beyond early childhood
- Lack of nutritional information in schools

Resources

- User friendly information is not available
- Lack of resources to, and for, different levels of learners
- Lack of use of technology for education
- Lack of resources (library computers)
- Lack of formal education for all level of education

Prevention

- Lack of ability and support to provide one-on-one intervention
- Lack of emphasis on health/wellness
- Lack of exercise facilities
- Behavior modification is not reinforced by the food industry

Solution/Objective

- Involve three school districts (Clare, Harrison, and Farwell), Head Start, private schools, and colleges in the area. Initiate a collaborative group effort to work together to help with behavior modification issues.



Issue 3. Lifestyle

There was not adequate time during the Public Health Summit to address or discuss additional subtopics for Issue 3. Lifestyle was identified as one of the main contributing factors related to the lower county health rankings. Members of the Clare County Workgroup need to meet to further identify subtopics and propose additional objectives and solutions to help improve Clare County's health rankings.



Clare County Group 2

Issues Identified during Group Discussion

- Lack of education and jobs
 - Lack of resources – things to do for young people
 - Lack of social support for families/schools
 - Money is not available
 - Attitudes regarding a desire to change
 - Domestic violence and abuse
 - People not knowing about resources, especially people who have a first time need
 - Lack of use of technology to provide information to young people who seek out information from the Internet (online social networking)
 - Institutionalized social value systems, attitudes, and expectations
 - Processed foods are less expensive to buy - unprocessed foods are less affordable
 - Low graduation rates caused in part by social values
 - Homelessness
 - More stipulation in food assistance programs to incorporate less processed foods and more fresh foods
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Primary Issues

1. Institutional value system - lack of desire to change
 2. Lack of education
 3. Lack of things for young people to do
-



Issue 1. Institutional Value System - Lack Desire to Change

Solutions/Objectives

Role Models

- Role modeling
- Mentors
- Highlight positive stories
- Job shadowing

Education

- Break poverty cycle
- Train professionals to see strengths
- Parent education
- Community education
- Early Head Start involvement
- School nutrition day
- College visitations
- Speaker series

Community Outreach

- Group forums
- Work with churches
- Extra curricular programs
- Target low-income children and teens
- Focus on abuse and neglect
- Seek grants (several) to study this area's problems



Issue 2. Lack of Education

Solutions/Objectives

K – 12 Education

- Begin at grade school
- Provide classes to all age groups
- Increase adult education opportunities
- Offer a healthy choice curriculum
- Provide more flexible adult education
- Have schools provide more health education
- Teach social values in grade schools

Finding Scholarships for students

- More school funding
- More financial aid
- Support for education seekers

Media Information

- Use low cost/no cost (online) media
- Make education available anytime
- Use social media to educate young
- Have educational forums

Continuing Education

- Offer teen parenting education
- Provide childcare for adult/alternative education
- Offer adult healthy life programs
- Offer incentives to complete education
- Educate people about the correlation between better health outcomes and education/skilled jobs



Issue 3. Lack of Things for Young People to Do

Solutions/Objectives

Facilities

- Recreation/Community Center
- Skate park
- Wellness center
- Complete Rails-to-Trails
- Intramural sports – organized
- County wide teen club
- Park and recreational program
- Public indoor pool/hockey rink
- YMCA

Programs

- Hands-on activities for children and teens
- After school educational program
- Positive youth development
- Juvenile mentoring
- Promote Boy/Girl Scouts
- Interim/co-op between private business and service agencies
- Educate about opportunities outside area
- Leadership opportunities
- Real sex education – not just abstinence education.

Monetary Resources

- Community support
 - Scholarships for community programs
 - Expand area endowment fund
-



Objectives/Solutions for All Three Primary Issues

Increase use of social media by businesses, service agencies, and government organizations to improve communication with the public, in particular with younger people who do not rely on traditional forms of communication. Actions that include a method of measuring change include:

- Surveying social media currently used by businesses and organizations in Clare County to establish a baseline number of sites being used.
 - Communicating with business and service agencies to create social media links. Emphasize that young people obtain information via this form of communication more than through traditional media. This form of communication is often expense-free or low cost.
 - After completing a social network promotion, surveying social media use in Clare County by businesses and organizations to establish a net change in number of sites being used.
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Additional Advice/Comments/Suggestions

- Educating all in community is key.
- The process of information discrimination is as important as information content, e.g. news coverage of this event. Only one of the three Clare County papers covered the health rankings, and it did it in a negative way.
- Keep the study going, but focus on Clare County factors and needs. Do a survey focusing on factors that can be measured and that would have impact on residents, then work to improve the issues identified, rather than relying on national comparisons.
- Long term - Conduct further study specific to needs/areas of concern that is specific to Clare County and address/include domestic violence, homelessness, etc. in the study. This will lead to further long term action/collaboration/solutions
- Short-term - Each agency can immediately begin to create a low cost campaign to: 1) communicate information by using social media; and 2) providing press releases to traditional media resources



Clare County Group 3

Issues Identified during Group Discussion

- Nutrition/exercise(including lack of nutritional understanding, lack of access to healthy food, quality of school food, and access to activities)
 - Family dynamics(including alcohol, tobacco, and drug use/abuse; teen parents/pregnancy; and family unit interactions)
 - Occupational and home environments (including lead, arsenic, water quality, and use of pesticides/insecticides/herbicides on farmlands, lake spraying, etc.)
 - Lack of education on family planning, STD's, sexual issues, etc.
 - Lack of access to care due to lack of medical insurance, lack of transportation, etc.
 - Low socioeconomic area (33% child poverty rate, financial constraints)
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Primary Issues

1. Nutrition/exercise(including lack of nutritional understanding, lack of access to healthy food, quality of school food, and access to activities)
 2. Family dynamics (including alcohol, tobacco, and drug use/abuse; teen parents/pregnancy; and family unit interactions)
 3. Occupational and home environments (including lead, arsenic, water quality, and use of pesticides/insecticides on farmlands, lake spraying, etc.)
-



Issue 1. Nutrition/Exercise(including Lack of Nutritional Understanding, Lack of Access to Healthy Food, Quality of School Food, and Access to Activities)

Factors

Lack of Education about the Benefits of Exercise and the Promotion of Exercise

- Reduction of “exercise” gym time in schools – not required for all years in junior high and high school
- Lack of areas for children and teens to exercise
- No trails for bike riding or walking
- Lack of motivation
- Health barriers (i.e., obesity, arthritis, safety ice/snow)
- Lack of motivation and understanding of overall health

Lack of Healthy Nutritional Choices

- Poor school meals
- Lack of healthy food
- Lack of education about healthy foods
- Lack of interest
- Lack of access – more fast food versus healthier choices/special diets, food allergies, local groceries do not carry special items
- Lack of healthy choices (markets)
- Lack of money
- Too many fast food restaurants in Clare
- Not enough healthy food served in restaurants
- Lack of choices in grocery stores

Lack of Knowledge

- Lack of nutrition and exercise education on a community and school-age level
- Lack of education on developing positive self image and creating life-long “healthy” habits
- No education about foods in stores
- Lack of knowledge regarding the consequences of poor food choices
- Lack of knowledge regarding the nutritional value of foods and how to read labels
- FDA allows “bad” additives, such as aluminum, corn syrup, trans fats, sweeteners, etc.
- Lack of knowledge about how to work around the higher costs of “healthy” food, including how to stretch food dollars and how to select and prepare low cost “healthy” food
- Lack of understanding about healthy choices in both homes and schools
- Lack of education



Issue 2. Family Dynamics(including Alcohol, Tobacco, and Drug Use/Abuse; Teen Parents/Pregnancy; and Family Unit Interactions)

Factors

Lack of Support

- Family trends
- Lack of education/understanding, stress, history of family practices
- Both parents work and don't have enough time to deal with family issues
- Teen parents
- Parents are too busy working and are not guiding and directing children

Lack of Education

- Lack of early intervention – prevention of teen pregnancy and safe sex practices
- Lack of education in school settings regarding consequences of teen pregnancy
- Sex education in schools begin too late
- Churches are not educating people about these issues
- It needs to be “cool” to not party – make it cool to take care of yourself
- Lack of knowledge of available resources
- As demonstrated in *Bridges Out of Poverty; Strategies for Professionals and Communities*, educational materials and programs developed by academicians are often of little practical use to the population to which they are targeted, especially if they are in lower socioeconomic groups
- Low economic funds

Attitudes

- Lack of caring
- Poor parenting practices
- Substance abuse
- Attitude of “Thank God they're only drinking alcohol and not doing drugs”
- Parents think it's OK for teens to drink alcohol.
- Parents supplying kegs at graduation
- Parents not parenting
- Low morals, no unity family
- Parents allow partying – easy access to drugs and alcohol



Issue 3. Occupational and Home Environments(including Lead, Arsenic, Water Quality, and Use of Pesticides/Insecticides on Farmlands)

Factors

Chemicals in the Area

- Too many antibiotics are used on animals
- Fertilizers
- Chemicals in the workplace (working with these products)
- Lots of private wells

Objectives/Solutions:

- Educate people to get water tested and to understand other possible pollution areas
- Educate on genetically modified organisms (GMOs) and food irrigation
- Publicize the statistics, percentage, levels of: lead risks/blood levels, water quality, soil quality
- Educate people about Round-Up and Monsanto
- Have the Public Health Department educate people about possible problems – “How many people don’t know about the arsenic problem in Michigan and how to remedy it?”
- Educate community on lead, lead risks, nutrition and blood levels from pregnancy on through life.
- Lack of knowledge regarding negative effects of household cleaners, pesticides, insecticides, cosmetics, hair dryers, etc.
- Not getting well and/or septic inspection due to lack of money
- Lack of knowledge regarding occupational health-related problems (i.e. lead exposure, chemical exposure, all heavy metal toxins)
- Poor water quality – farmers using pesticides and chemicals on farmland and livestock
- More lead testing needed on toys, jewelry, house wares, clothing, etc.

Poverty

- Lack of ability and financial resources to make improvements to home environment
 - Low income resulting in use of unsafe heating sources (wood or space heaters) and having no smoke or carbon monoxide detectors
 - Lack of education and understanding – financial resources
 - Poor/unsafe housing issues
 - Lack of employment in the area
-



Solutions/Objectives for all Three Primary Issues

- Weekly articles in newspapers and on the web focusing on specific topics, including nutrition, environmental factors, etc.
- Develop materials and programs that are truly useful to the target groups
- Booths at fairs and community events focused on nutrition, exercise, healthy choices. Examples would be Chamber of Commerce events, farmer's markets, etc.
- Partner with Master Gardeners, MSU Extension, colleges/universities to provide educational materials and bring the information to schools and older adults



Gladwin County Notes

Issues Identified during Group Discussion

Summary of Issues

- Access to healthy foods - education, incentives, and transportation
- Transportation
- Health care for all-pre/postnatal care, no pediatric doctors, teen births, insurance for all
- Recruit and retain good medical care providers, reduce high smoking rate, pharmaceutical disposal
- Real exercise/activity programs - sports, music, arts, activities and walkable communities
- Community incentives or motivation – media and education
- Access to mental health services
- Unemployment

Miscellaneous Comments

- Increase awareness and foster engagement
 - In the fast food establishments there is not much to pick from for healthy eating.
 - Look at chronic disease
 - It was questioned how Healthy Foods was determined in the County Health Rankings
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Primary Issues

1. Access to healthy foods
 2. Health care
 3. Transportation
-

Issue 1. Access to Healthy Foods

Solutions/Objectives

- Education
- Community incentives or motivation
- Media Education - partnering with Mid Michigan Community Action Agency, schools, health care providers, the MSU Extension office, the library, and Michigan Works
- School Friday Folders that include information on healthy foods and are sent home to parents
- Transportation
- Project Fresh (where recipients receive funds to purchase items at local farmers' markets) for seniors and families



- Healthy foods in schools - farm to school program
- Utilizing the school greenhouse and expand the program to all schools
- Encourage restaurants to provide healthy menu choices and nutrition information.
- Grocery store education with special diet needs
- Commodities distribution with healthy foods and information about quick easy recipes, as well as tips in using the foods provided
- Need media advertisements to promote healthy recipes, radio PSAs, and a Resource Guide

Issue 2. Health Care

Factors

- High smoking rate
- Pre/postnatal care
- No pediatric or specialty doctors
- Teen birth rate

Solutions/Objectives

- Recruit and learn how to retain primary and pediatric doctors for our area
- Address the uninsured population of our county
- Find low cost activities for our population to promote better physical fitness/exercise with hours that would help the working population. Promote use of existing trails, parks and recreation.
- Provide a depository for pharmacy drugs
- Provide incentives for the above to help people keep on task

Issue 3. Transportation

Solutions/Objectives

- Money
 - Accessibility
 - Coordinate inter-county transportation
 - Metro bus route
 - Volunteer network
 - After hours transportation
-



Solutions/Suggestions/Advice for All Primary Issues

- Find measures other than the County Health Rankings for a 5-year plan because the County Health Rankings program has funding for only 3 years.
- Act as a group to help make things better for the county. There are many resources at the Summit to draw upon.
- Land line phone surveys are one of the ways
- There are two farm markets in Gladwin County available to the public.
- There is a plan for a greenhouse to grow food at our schools.
- Goals - To increase awareness and foster engagement
- Ways to reduce hospitalizations – Congestive heart failure could come from eating pre packaged foods full of salt. We need information to get away from these foods. Maybe stores could have information available for some of these health issues to help their consumers make wiser food choices for the diet needed to help avoid conditions brought on by a high salt diet. A lot of the unwise choices come from the dollar amounts that the consumer has to spend. Forty percent is weighted towards economics. They make their budgets go farther by buying these unhealthy choices. They need to be educated at a level that would be easy and quick. It would help if there could be easy access information on menus at restaurants and information for better choices at grocery stores to help people make educated choices.
- The farmer’s market was brought up; the location had not been determined. They are looking for a grant or public place like a parking lot. The school parking lot was brought up.
- We need to go where the people are to be able to access them
- There is the Angel Food Network and Commodity Programs to help with providing more food for your money. Are the people that operate these programs giving out healthy foods or fast food meals? Maybe providing handouts for healthy ways to use and prepare these foods would help along with the distribution of them. These programs are well attended.
- Does DHS have an educational process for buying the foods with their food stamp program? Handouts might be a possible way to reach some of these people to help them make healthier choices in their purchases and meal making with their food monies
- Improving the health of our community is going to be accomplished by making healthy food choices and exercising.
- The public transportation system is a drawback because of money and time. Mainly once they get into town they are stuck waiting for pick ups, and drop offs and they don’t always match the schedules they need to meet. There was discussion about having something put into place for transportation once the public transports get to town. Possibly one that just does town pick up and drop offs. Maybe a volunteer group or something funded from grants to fill this need. Senior programs have friendly driver programs; they use dollars from the United Way.
- Recreation by using our trails was discussed. We could form walking clubs. Have booths at fairs. Have classes on how to fix your own bikes, helping make this life style more accessible.
- We need something to promote entrepreneurs and offer some type of education to encourage the public. Provide continuing education for people who have lost their jobs and to make sure that people are aware of what we do have at present.



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- With the economy going down, domestic violence and drugs are going up. Helping to push towards disposal of drugs may keep them out of the wrong hands. A mail box at the Gladwin Police Station was discussed, and they dispose of them. How? We have ours hauled away by a licensed provider. Someone said that the ball is rolling on this, and they know what to do with their drugs. An article in the paper may be a good way to bring attention to this service but how do we reach people who do not read the paper?
- Teen births were discussed along with how to get children and teens educated on safe sex, perhaps by getting the information to the schools so that children and teens can be taught about what is available.
- We need people to want this information. Presently, there is information at Health Fairs, and there are mostly seniors that come.
- Discussed asking those thought of during this process to come into the group to help us out.
- We have Senior Project Fresh, as well as Project Fresh. Attendees get coupons for fresh fruits and vegetables grown in our county. The money for this project comes from grants. The state and the county both give money.
- The Mid Michigan Community Action Agency (MMCAA) has also started a Community Garden Program.
- Parent Boot Camp is coming up at the school and will have nutrition information in it.
- Real activities, such as sports, music and arts, were discussed. The fact that youth have to pay for their sports in most schools may be a drawback.
- Some of the things that we are competing against were discussed. TV, video games, and the lack of time seem to be the bigger ones. Maybe bringing it to the people would be part of the answer.
- We need to bring down our smoking rate for Gladwin County. We are at 36% and need it to come down to 18%. Sometimes poor choices are made in entertainment within some income brackets. They cannot afford the transportation to get to the tobacco cessation classes, and they are poorly attended.
- It was decided not to make a goal of seeing a number change because of the funding only being for 3 years.
- We lack pediatric health care in this county. People must travel to see one or just go to the Med Center or general practitioner here in our county.



Isabella County Notes

Isabella County Group 1

Issues Identified during Group Discussion

Low Clinical Care Ranking

- Majority do not have primary care providers by choice
- Increased use of walk-in centers
- Social norm: instantaneous service and results

Violent Crime Rate

- Economy, illegal and prescription drug use, domestic violence
- Addictions: substance abuse and gambling
- Dysfunctional families
- Sexual assault

Uninsured Adults

- Minimum wage jobs without benefits
- High rate of service industry jobs

Sexually Transmitted Disease (STD) - Chlamydia

- Sexual behavior among college students
- Lack of follow up and treatment of male partners

Primary Issues

1. Violent crime rate and contributing factors, including the poor economy, illegal and prescription drug use/abuse, domestic violence, gambling addiction, dysfunctional families, sexual assault, etc.
 2. Lack of continuity of care – focus on acute versus chronic care
 3. High incidence of chlamydia and lack of follow up with, and treatment of, males
-



Issue 1. Violent crime rate and contributing factors, including the poor economy, illegal and prescription drug use/abuse, domestic violence, gambling addiction, dysfunctional families, sexual assault, etc.

Factors

- Lack of mental health resources – decreased awareness of programs, inadequate social support, and dwindling attendance in rehabilitation
- Transient Population – inadequate monitoring of criminals, early release of convicts
- Under Employment – increased downtime leads to poor choices, increased poverty, increased unemployment, increased stress, increased access to gambling, lotto, desperate families making desperate decisions, inability to meet basic needs

Solutions/Objectives

- Increase community awareness about crime prevention, including involving the media. (Currently, the media has sensationalized crimes and reports, including descriptions of actions that aren't appropriate for families/children to read or hear about.)
- Increase community awareness of 211 and increase interagency collaboration and communication systems (Michigan Works, 211, MDCH, CMDHD, CMCH, CMU, police, etc.) so that clients in need have all necessary referrals. Ideally, this would reduce our violent crime rate by preventing some people from getting to a breaking point based on their situation, whether they are just recently released from prison, are unemployed, have addictions, etc.

Issue 2. Lack of Continuity of Care – focus on acute versus chronic care

Factors

- Primary care issues – Poor communication across providers, physicians haven't been given incentives to manage chronic care, lack of primary care providers (PCPs)
- Insurance barriers – Primary care providers are not accepting Medicaid/insurance, high deductibles, co-pays decrease care access, rising costs of healthcare
- Client irresponsibility – people tend to seek urgent care versus preventive, patients choose to not have a PCP
- Availability of care – transportation issues, primary care providers are unable to see patient same day for acute care, abundance of urgent care centers

Solutions/Objectives

Increase education of consumers on the benefits of establishing a medical home, emphasis on preventive care, annual check-ups, etc.



Issue 3. High incidence of Chlamydia and lack of follow up with and treatment of males

Solutions/Objectives

- Find funding for an STD clinic.
- Offer testing to both males and females.
- Do a better job of tracking down male partners and getting them treated.



Isabella County Group 2

Issues Identified during Group Discussion

- Child poverty
- High crime rate
- High poverty rate (living wage)
- Using funds for unhealthy purchases
- Pollution coming from people outside of the county (i.e. casino visitors)
- High level of uninsured people
- University impact – students don't think about insurance
- Low level of clinical care (per the County Health Rankings)
- Uninsured student impact – no high paying jobs
- Need more local investment
- No middle class
- Recognition of university population in census data.
- Heavy alcohol use
- Police force cuts
- Access to primary care
- Lifestyle changes (exercising, eating right) are needed
- STD funding – students are scared to get tested because they don't want it to show up on their parents' insurance
- Education, or lack thereof, affects most social and economic outcomes
- Michigan is losing population
- Economic influences of tribe/gaming industry
- University no longer has its own elementary school

Solutions Identified during Initial Brainstorming

- Use education as a positive force
 - Mandate insurance for international CMU students
 - The state's high school target graduation rate of 88% is unacceptable
 - Use what resources we have in working with teens to get them to stay in school
-



Primary Issues

1. Access to, and utilization of, affordable medical care
 2. Social and economic factors of Isabella County
 3. Unique demographics of Isabella County
-



Issue 1. Access to, and Utilization of , Affordable Medical Care

Factors

Cost

- Low wage jobs
- Cost of medical care
- Can't afford insurance premiums
- Medical provider doesn't accept one's insurance
- Job doesn't provide insurance
- High cost of medication
- High concentration of chronic illness and obesity

Access

- No job or part time job
- Transportation
- Access for individuals without insurance
- Lack of national insurance
- Location of clinics
- Limited office and clinic hours
- High concentration of chronic illness/denied insurance due to pre-existing conditions
- Low utilization by people with mental illness

Education

- Lack of education/awareness of free prevention programs
- Lack of education on importance of regular preventative healthcare
- Lack of knowledge of when to get health care
- Lack of knowledge of resources
- Poverty, culturally, age, and education related
- High concentration of chronic illness
- Medical and community attitudes about certain populations or disabilities

Prevention

- Preventive care not reimbursed
- Out-of- network insurance providers, i.e., students living in another city, and insurance does not cover them in Mt. Pleasant



- People may wait until they are seriously ill before seeking medical attention
-

Solutions/Objectives

Cost

- Heighten community advocacy for national health care

Access

- Educate community organizations about lower cost health care options
- Provide clinics in schools or mobile clinics
- Increase the number of volunteers for organizations that provide vehicles to take people to clinics or appointments but do not have drivers
- Provide a mobile clinic
- Require CMU students to prove that they have health insurance

Education

- Have more health fairs
- Have peers convey information
- Educate providers
- Provide more information on low cost or free health care options

Prevention

- More employer acceptance
- More health fairs and screenings
- More events in the community
- Publicize the health department and its services

Top Three Solutions/Objectives

- Meet with representatives from Central Michigan University to discuss possible partnerships to establish more community outreach programs
- Develop plans for a mobile clinic
- Develop a program to inform organizations about low cost insurance options



Issue 2. Social and Economic Factors of Isabella County

Factors

Better Jobs

- Low wage jobs without benefits
- Disparity of income levels
- High population of 18-25 year olds
- Isabella County business/jobs focused on retail or fast food economy
- Need more full time employment
- Families moving out of the county

More Education

- Graduation rates
- Education
- Poor communication of free or low cost resources
- High school graduation rates need to be at 95% or higher
- Increased emphasis on high school and community college education

Special Population

- Address special populations
- Large student population
- Urban rural blend, clash of cultures
- Gambling
- Understanding poverty, social structure
- Lots of visitors and transient workers in the county affecting traffic, business, etc.

Solutions/Objectives

Better Jobs

- Increase minimum wage
- Investigate living job wage
- Full time employment opportunities
- Work with Middle Michigan Development Center (MMDC)



More Education

- More funding and investment in libraries and vocational training
- More programs like the Kalamazoo Promise
- More mentoring
- More job fairs, junior achievement programs, and mock interviewing techniques
- More alternative education options

Special Population

- Use the university as more of a resource in a positive aspect
- Identification of the special needs population



Osceola County Notes

Issues Identified during Group Discussion

Education

- Not enough public health type education in the schools
- High teen birth rates/single parents
- Lack of education relating to STD's
- Lower education rates that lead to an increase in the number of children living in poverty
- Graduation rates need improvement
- Young people who pursue college degrees do not choose to move back to the county after they receive a degree, for a variety of reasons, including:
 - No jobs in their field
 - Limited opportunities to explore their careers or land an adequate paying job to raise a family
 - It is appealing to move to areas where having more in common with other young working adults is possible

Employment

- High unemployment rate
- The migrant worker population in the area lack access to health and medical resources
- Violent crimes increase when unemployment increases

Obesity

- Linked to lack of education, especially in early years
- Not enough exercise education and available, affordable resources
- High rate of “poor physical health days” in county

Motor Vehicle Crashes

- M-115 corridor – many who travel this road are from other areas of the state. Medical resources/personnel (EMS, Fire, LE) are diverted by the demand related to vehicle accidents
- Bad conditions on rural roads

Mental Health Access

- Mental instability can lead to physical health issues
- Access to and awareness of mental health services is limited



Chronic Diseases

- It is unknown as to whether chronic disease data is available at the local level
- The needs of those with chronic disease are not taken into consideration
- High rate of “poor physical health days” in county

Access to Healthcare

- Physicians may not be able to access patients’ medical history because many physicians are not using EMR
- Limited transportation system – people/families have to travel long distances for care
- Lack of wellness education through a “medical home” and having a good relationship with family doctor or other health care professional

Response to inquiry as to whether there are any indicators that are not in this report that should be

- Mammograms/pap smears – need to assess statistics for county and include in the profile
-

Primary Issues

1. Education
 2. Jobs
 3. Healthcare access and use
-



Issue 1. Education

Factors

Lack of Family and Community Investment

- Students may follow in parents' footsteps (i.e. dropping out of school, becoming a teen parent, not exercising regularly, being unaware of who to turn to) which may lead to the following
 - Lack of money
 - Lack of effort, indifference, and apathy
 - Lower self-esteem
 - Use of crime for income
 - Less income for health-related items
 - Teens with poor health may be unable or unmotivated to finish school
- It is difficult to find people to invest in change
- The economic atmosphere may push students to enter the workforce before finishing high school or prevent them from seeking a college degree

Facilities and Resources

- Lack of general equivalency (GED) services
- Lower graduation rates
- Lack of resources to get students to finish school (food assistance, alternative/flexible education schedules, financial aid)
- Facilities are outdated (several school buildings and equipment)
- The above issues lead to:
 - Less income for health-related items
 - Teens with poor health may be unable or unmotivated to finish school

Health Education Programs

- High pregnancy rates and high alcohol and drug use rates may keep students from finishing school
- Lack of birth control options education
- Limited STD education in schools
- Ewart is the only school district with a nurse employed
- Lack of obesity education, especially in early years
- School lunches are not as healthy as they should be
- Many people do not know about WIC services
- Lack of public health education in schools



Solutions/Objectives

- The community should be made aware of the county health rankings/health profile for Osceola
- Determine a process for bringing together stakeholder groups and beginning discussions
- Establish a vision/mission – tie county objectives together with the entire CMDHD health plan
- Develop a timeline and evaluation measures prior to implementation



Issue 2. Jobs

Factors

Bad Economic Climate

- No money for healthcare
- Lack of funds to purchase ordinary items
- The low population density affects the amount of resources needed in a community, so there is less generation/retention of jobs

Resources

- The amount of public transportation is very limited

Education Rates and Marketability

- Lower education rates
- Lower graduation rates lead to less marketable workers

Social Make-up

- Lack of caring, apathy
- Single parent households

Solutions/Objectives

The Osceola County group believed that several of the other county workgroups had feasible ideas for this same issue. No definitive objectives or solutions were documented.



Issue 3. Healthcare Access and Use

Factors

Resources and Rural Community Challenges

- Not enough mobile health services
- Lack of transportation
- There are not enough screening clinics for preventive care (such as health centers in schools)
- Lack of awareness and understanding of the existing resources/assets available

Limited Providers

- No obstetric providers in the county
- Lower population densities can keep physicians from establishing practices within a county

Education

- Lack of educational programs
- Lack of interest in prevention
- Educational, preventive, and other types of health related programs are not well advertised

Healthcare Financing

- Not enough health insurance coverage
- Lack of healthcare dollars for middle income families

Solutions/Objectives

- Consider assembling a Healthcare Improvement Task Force that will remain in place throughout the community health planning process. First, assess what group may already exist in the county to which this issue can be addressed.
- Identify stakeholders for involvement and a mechanism for ongoing communication about issue.
- Seek/submit grant proposals to large corporations, foundations, or federal sources.
- Tap into the MiHIA project to promote engagement by consumers, payers, providers, and partners striving for healthcare improvement (quality, value and efficiency).



Roscommon County Notes

Issues Identified during Group Discussion

Along with the three issues listed below, safe and affordable housing and access to affordable health care were discussed.

Primary Issues

1. Lack of quality employment opportunities including in the technical trades, for adults
2. Lack of strong community/parental value in education and getting high school diplomas and college/trade school training for students. Without additional education beyond high school job prospects are limited.
3. Lack of access to specialized health care - residents usually need to go long distances for specialized care. (Solutions for this issue were not developed due to time constraints.)



Issue 1. Lack of Quality Employment Opportunities, including in the Technical Trades for Adults

Factors

- No real tax incentives for businesses to encourage them to locate/start up in the county
- No real access to trades training in the county
- Employers cannot afford to provide health care and other benefits to employees, as well as a living wage

Solutions/Objectives

- Provide tax incentives to businesses which would encourage them to move/start up in Roscommon County. This would require the inclusion of state government officials.
- Provide some type of incentive for employers who are willing to provide adequate health benefits. Again, we would need to collaborate with state and local government on this.
- Support ongoing efforts in this area. We have a board that has been formed under the umbrella of the Roscommon County Community Foundation and is now in the process of becoming a 501c3 corporation. It is called the Roscommon Regional Career Center (or R2C2). The purpose of this board is to create a training center that will prepare county residents to perform trade or skilled worker type jobs, apprentices, etc. to make them employable for those types of job in the county.
- Support another current effort – Mid Michigan Health Park has a temporary program in place where any client who does not have insurance can come in and have up to four office visits in a three month period for an 80% discount. This is being marketed to small businesses right now by the MMHP outreach team which was recently hired.
- Encourage the institution of the 211 referral network. Roscommon is currently working on this project and is seeking funding.



Issue 2. Lack of strong community/parental value in education and getting high school diplomas and college/trade school training for students. Without additional education beyond high school, quality job prospects are limited.

Factors

- Roscommon’s current high school graduation rate is 69%. This is unacceptable.
- There is a strong Alternative Education Program for those who can stick with the program. However, the STRIVE program can only provide intensive mentoring accommodate to approximately 10 students a year.
- The group perception is that many of the parents of children now in school do not have their high school diplomas either.
- This is a problem that needs to be addressed at the family level and at the school level.

Solutions/Objectives

At the Family Level

- In collaboration with the MPCB, develop a “catchy” slogan or phrase that we can print on service agency brochures and posts in service agency lobbies about the importance of high school graduation. When families receive services, give them information about the “how” and “why” related to high school graduation requirements, alternative education, GED, etc. Also involve the local schools, private schools, and Kirtland Community College.
- Use local “home grown” young adults who have graduated, gone for additional training and are now successfully employed in Roscommon County as part of this campaign. Feature posters, brochures, etc. of our success stories. Utilize young people who are not necessarily the county superstars, but the average kids who graduated, got more education, and are making a difference in our county.
- Find a way to reinstitute the Teen Parent Program which emphasized helping pregnant and parenting teens to get through high school and make plans to get education for a good job in order to raise a family.

At the School Level

- Propose a coordinated effort with the local school boards to seek out an evidenced based curriculum for young elementary students that emphasizes the importance of education and life beyond high school, a kind of “it’s not an option not to.” It will be important to involve teachers who can reinforce this expectation with their students and the benefits of planning ahead.
- Ensure that students are taught that education beyond high school includes all kinds of options: community college, 4 year college, trade school, military service.
- Make sure school counselors are updated regularly on how to provide information for all students on the next “track” after graduation.
- Support current school based efforts to teach teens about college applications, scholarships, campus visits, etc. like NeXtConnect at Roscommon High School.



**Central Michigan District Health Department: A Healthy Community – Together We Can!
Information Compiled from the March 10, 2010 Public Health Summit**

- Encourage college night to include information about trade schools and military service opportunities for additional education (Army, Navy, Air Force, Coast Guard, National Guard).
- If teacher unions are amenable, look at using more volunteers to provide children and teens with a one-on-one mentoring experience in school to encourage them to do well. Decreasing teacher-student ratios has proven to increase graduation rates.
- Mobilize those community groups who do have volunteers (the RSVP senior volunteer program, Literacy Councils, Parent Teacher organizations, etc.) to help out and promote this entire idea of life after high school. Look into the possibility of getting an AmeriCorp volunteer with American Recovery and Reinvestment Act (ARRA) of 2009 funds. Kirtland Community College students need volunteer hours as well.
- Look at the possibility of presenting to service organizations and asking for their assistance and ideas on getting these proposed action steps put in place.
- Rotary in Houghton Lake has a huge fundraiser for the STRIVE program each year.



Acronyms

Acronym	Definition
ARRA	American Recovery and Reinvestment Act of 2009
CMCH	Central Michigan Community Hospital
CMDHD	Central Michigan District Health Department
CMU	Central Michigan University
DHS	Michigan Department of Human Services
EMR	Electronic medical records
EMS	Emergency Medical Service
GED	General equivalency degree
GMO	Genetically modified organism
HSCB	Human Services Coordinating Body
LE	Law enforcement
MDCH	Michigan Department of Community Health
MiHIA	Michigan Health Information Alliance
MMCAA	Mid Michigan Community Action Agency
MMDC	Middle Michigan Development Center
MPCB	Multi Purpose Collaborative Body
MSU	Michigan State University
NEMCSA	Northeast Michigan Community Service Agency
PCP	Primary care provider
PSA	Public service announcement
STD	Sexually transmitted disease
STRIVE	Support and Training Results in Valuable Employees program
WIC	State funded supplemental nutrition program for women, infants, and children



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1016 Recovery Network	Gratiot-Isabella Regional Education School District (RESD)
Arenac County Residents	Harrison Public Schools
Bay Area Women’s Center	Health Preparedness Network (HPN) Region 3
Central Health Plan	Isabella County Board of Commissioners
Central Michigan Community Hospital	Isabella County Residents
Central Michigan University	Kirtland Community College
Central Michigan University – Office of Research	Michigan Department of Community Health
Central Michigan University Broadcasting	Michigan Department of Human Services
Central Michigan University Health Services	Michigan Health Information Alliance
Clare County Board of Commissioners	Michigan State University Extension Office
Clare County Emergency Management Office	Mid Michigan Community Action Agency
Clare County Residents	Mid Michigan Community College
Clare County Senior Services/Council on Aging	Mid Michigan Health
Clare County Transit Corporation	Mid Michigan Medical Center
Clare Public Schools	Northeast Michigan Community Service Agency (NEMCSA) Head Start
Clare-Gladwin Regional Education School District (RESD)	Nimkee Memorial Wellness Center
Coffee Talk 505	Osceola County Board of Commissioners
Community Mental Health of Central Michigan	Osceola County Residents
Gladwin County Board of Commissioners	Roscommon County Residents
Gladwin County Council on Aging	St. Mary’s of Michigan Standish Hospital
Gladwin County Residents	United Way of Isabella County

Central Michigan District Health Department has made every effort to include all participants. We apologize for any omissions/errors that may have been made.