



A Community Project Sponsored by the
Central Michigan District Health Department
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**Together We Can and the Center for Collaborative Leadership in Healthcare
Opportunities to Improve Performance**

Together We Can Overview

The 2010 County Health Rankings (funded by the Robert Wood Johnson Foundation) were released by the University of Wisconsin Population Health Institute in February 2010. The County Health Rankings are based upon health outcome and health factor statistics compiled for each county within each state. The institute compared the statistics for each county in the United States 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)

Under the leadership of Health Officer, Mary Kushion, the Central Michigan District Health Department (CMDHD) embarked upon an effort to improve the overall health of the more than 187,000 individuals within its health district. CMDHD took that step in February 2010 by hosting an all day Public Health Summit in Clare, Michigan. The Summit was held on March 10, 2010. More than 110 people attended the 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. (See www.cmdhd.org for the Summit report)

Uniting the communities and working together, we will improve the overall health and promote wellness of the community members in the central Michigan counties of Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon.



In May 2010, CMDHD invited participants from the Summit, as well as those who had indicated an interest in the process to form the Together We Can Advisory Board. An estimated 34 organizations and individuals are members of Together We Can. (See www.cmdhd.org for complete list of names and affiliations). The board has adopted a mission statement “Uniting the communities and working together, we will improve the overall health and promote wellness of the community members in the central Michigan counties of Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon.”

In addition to the district-wide advisory board that will be developing a district-wide health improvement plan, each of the six multi-purpose human service collaborative councils is facilitating county-specific sub-committees to work on individual county health improvement plans. The timeline is to have the plans completed by February 2011 (in time for the 2011 release of the rankings). The plans will be reviewed and revised on an annual basis. Each year a summit will be held to report on, and celebrate the successes of the year and to revise the plans as necessary.

Opportunities for partnering with the Center for Collaborative Leadership in Healthcare

The Together We Can initiative will certainly be strengthened with the resources associated with the Center for Collaborative Leadership in Healthcare (CCLH). In the few months since the launching of the project, the leadership is recognizing the need for audio and video telecommunication equipment in order to have the members participate from remote locations when they are unable to participate in person. There is also recognized need to establish a centralized data warehouse and information portal for community stakeholders and researchers to easily access the data maintained by the local health department. This portal will be important for county stakeholders to not only monitor outcomes of their health improvement plan initiatives, but to also review best practices established by neighboring communities. The resources of the CCLH will be able to assist in supporting information exchange and development of this portal.

As the county health plans are further developed, the need to have trained leaders and the resources required to implement and evaluate program interventions will be crucial to successfully improve the health status of Mid Michigan residents. The need to have additional trained leaders to coordinate and facilitate group meetings and develop action plans is strongly evident. CMDHD has very few staff trained/educated in conducting community health assessment activities. Partnership with CCLH will result in the application of the Teams of Leadership training mechanism for ramping up community team performance.