

Central Michigan District Health Department Community Health Assessment and Health Improvement Plan



2013 Update

Prepared for the communities of
Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon



Central Michigan District Health Department
Promoting Healthy Families, Healthy Communities

on behalf of the Central Michigan District Health Department
with contributions from the *Together We Can Health Improvement Council*

Printing made possible through funding from the



Robert Wood Johnson Foundation



Central Michigan District Health Department

Promoting Healthy Families, Healthy Communities

Robert W. Graham, D.O., MPH
Medical Director

Mary L. Kushion, MSA
Health Officer

Main Office
2012 E. Preston Ave.
Mt. Pleasant, MI 48858
Administration 989-773-5921
FAX 989-773-4319

Branch Offices:

Arenac County
3727 Deep River Rd.
Standish, MI 48858
989-846-6541
FAX 989-846-0431

Clare County
225 W. Main
P.O. Box 237
Harrison, MI 48625
989-539-6731
FAX 989-539-4449

Gladwin County
103 N. Bowery
Gladwin, MI 48624
989-426-9431
FAX 989-426-6952

Isabella County
2012 E. Preston Ave.
Mt. Pleasant, MI 48858
989-773-5921
FAX 989-773-4319

Osceola County
4329 220th Avenue
Reed City, MI 49677
231-832-5532
FAX 231-832-1020

Marion Human Services
502 E. Main Street
P.O. Box 39
Marion, MI 49665
231-743-9677
FAX 231-743-2140

Roscommon County
1015 Short Drive
P.O. Box 739
Prudenville, MI 48851
989-366-9166
FAX 989-366-8921

April 2013

Dear Central Michigan District Residents,

It is my honor to present to you the 2013 updated version of the Central Michigan District Health Department's Community Health Improvement Plan. The plan, originally produced in 2012 by the Together We Can Health Improvement Council, has been updated to provide you with both updated data and the current action plans for the identified priority areas.

Much has been accomplished in the past 12 months since the first plan was published. I encourage you to review the 7 Priority Areas to see where you may be able to have an impact in achieving the goals outlined in the plan. You will notice in this year's plan we have identified Priority Area Leaders for each area. These individuals have taken on this role in addition to their role on the council and their "day jobs." The 2013 plan is enhanced as a result of their time and expertise. The residents in the central Michigan area are well-served by these individuals as well as everyone associated with the Together We Can initiative. Our communities are healthier today than we were when the initiative began in 2010.

Personal responsibility for our own health is one simple way to improve the health status within our community. If you cannot do anything else - if you are unable to contribute your talents or money to improving the health in your community - please, at the very least, be a positive role model.

Together We Can be a healthier community! Together we will be! Thank you for taking the time to review this report. I welcome your feedback and suggestions for additional ways to improve the health of our community. If you wish to become involved with the Together We Can initiative, please contact us at togetherwecan@cmdhd.org.

Have a healthy day,

Mary L. Kushion, MSA
Health Officer

Contents

| | |
|---|----|
| List of Tables and Figures | ii |
| Acknowledgements | iv |
| Introduction | 1 |
| Demographics of Central Michigan | 2 |
| County Health Rankings | 4 |
| Health Improvement in Central Michigan | 5 |
| Health Improvement Leadership and Workgroups | 6 |
| Leadership and Workgroup Activities | 7 |
| Timeline and Milestones | 8 |
| County Health Profiles, Reports, and Publications | 9 |
| Where do the Numbers Come From? | 10 |
| Health Improvement Plan - 2013 Revisions | 11 |
| Access to Health Services | 12 |
| Healthy Eating and Active Living | 13 |
| Sexual and Reproductive Health | 14 |
| Maternal and Infant Health | 15 |
| Substance Abuse | 16 |
| Abusive, Violent, and Controlling Behavior | 17 |
| Environmental Health | 18 |
| Health Improvement Plan Data Sources | 19 |
| Moving Forward | 20 |

Lists of Tables and Figures

List of Tables

| | |
|--|----|
| Table 1. 2010 population estimates for Michigan counties within the Central Michigan District Health Department's jurisdiction | 2 |
| Table 2. 2010 sex and age estimates for Michigan counties within the Central Michigan District Health Department's jurisdiction | 2 |
| Table 3. 2010 race and ethnicity estimates for Michigan counties within the Central Michigan District Health Department's jurisdiction | 3 |
| Table 4. 2010 unemployment, median income, and public school students receiving free or reduced-cost lunches for the Michigan counties within the Central Michigan District Health Department's jurisdiction | 3 |
| Table 5. Central Michigan counties and their ranking (out of 82 counties evaluated) on health outcomes and health factors, as listed in the 2013 <i>County Health Rankings</i> | 3 |
| Table 6. The Together We Can Health Improvement Council's priorities | 11 |
| Table 7. Summary of central Michigan's Community Health Improvement Plan access to health services strategies and outcomes | 12 |
| Table 8. Summary of central Michigan's Community Health Improvement Plan healthy eating and active living strategies and outcomes | 13 |
| Table 9. Summary of central Michigan's Community Health Improvement Plan sexual and reproductive health strategies and outcomes | 14 |
| Table 10. Summary of central Michigan's Community Health Improvement Plan maternal and infant health strategies and outcomes | 15 |
| Table 11. Summary of central Michigan's Community Health Improvement Plan substance abuse strategies, and outcomes | 16 |
| Table 12. Summary of central Michigan's Community Health Improvement Plan abusive, violent, and controlling behavior strategies and outcomes | 17 |

| | |
|--|----|
| Table 13. Summary of central Michigan’s Community Health Improvement Plan environmental health strategies and outcomes | 18 |
|--|----|

List of Figures

| | |
|--|---|
| Figure 1. The Central Michigan District Health Department comprises six counties: Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon | 1 |
| Figure 2. Model used by the University of Wisconsin’s Population Health Institute to rank U.S. counties’ population health | 4 |
| Figure 3. Central Michigan’s Together We Can Initiative organizational chart | 6 |
| Figure 4. Together We Can partnership model | 6 |
| Figure 5. Health improvement planning milestones | 8 |

The Together We Can initiative would not be possible without the participation of:

Together We Can Health Improvement Planning Participants

2-1-1 Northeast Michigan
A&D Home Health Care
Alzheimer's Association - Greater Michigan
American Red Cross - Central Michigan Chapter
Arenac County Board of Commissioners
Arenac County Sheriff's Office
AuSable Free Clinic
Bay Area Women's Center
Bay-Arenac Behavioral Health
Bay-Arenac Great Start
Beaverton Rural Schools
Beal City Public Schools
Catholic Human Services, Inc.
Central Area Michigan Prisoner Reentry Initiative
Central Michigan District Health Department
Central Michigan University - CARLS center
Central Michigan University - College of Health Professions
Central Michigan University - Center for Collaborative Leadership in Health Care
Chartwell Food Service
Child and Family Enrichment Council (Cafe)
Chippewa River District Library
City of Mount Pleasant - Division of Public Services
Clare County Board of Commissioners
Clare County Cleaver
Clare County Senior Services
Clare County Transit Corporation
Clare County Veteran's Services
Clare Gladwin Literacy Council
Clare Gladwin Regional Education Service District (RESD) - Great Start Collaborative, Head Start, and Collaborative Students Participating in Academics and Recreation for Knowledge and Success
Clare Ministerial Association
Clare Parks and Recreation
Community Mental Health - Northern Lakes
Community Mental Health for Central Michigan
Council On Aging - Serving Gladwin County
Crawford, Ogemaw, Oscoda, and Roscommon Intermediate School District (COOR-ISD) - Early On
Disability Network of Mid-Michigan
Eagle Village
Eight Cap, Inc. - 0-5 Headstart
Farwell Public Schools
Gladwin County Chamber of Commerce
GRACE Center
Griatiot-Isabella Regional Educational School District (RESD)
Great Start Collaboratives - Griatiot, Isabella, and Roscommon Counties
Harrison Community Schools
Hope Pregnancy Center
Isabella County Board of Commissioners
Isabella County Commission on Aging
McLaren-Central Michigan
Mecosta Medical Center
Mecosta Osceola Intermediate School District (MOISD)
Mercy Home Care/Mercy Hospice
Mercy Hospital Grayling
Michigan Department of Human Services
Michigan Health Information Alliance (MiHIA)
Michigan Oral Health Coalition
Michigan Prisoner ReEntry Initiative
Michigan Works!
Michigan State Police
Mid Michigan Big Brothers Big Sisters (BBBS)
Mid Michigan Community Action Agency
Mid Michigan Community College
Mid Michigan Homeless Student Support
MidMichigan Health
MidMichigan Health Services
MidMichigan Home Care
MidMichigan Medical Centers - Clare, Gladwin, Griatiot, and Midland
Michigan State University Extension
Mt. Pleasant Area Chamber of Commerce
Mt. Pleasant Area Diversity Group (MPADG)
Mt. Pleasant Police Department/Public Safety
Natural Living Health Food Store
Northeast Michigan Community Service Agency (NEMCSA)
Northern Michigan Substance Abuse Services
Northwest Michigan Community Action Agency (NMCAA)
Northern Lakes Community Mental Health
Osceola County Board of Commissioners
Parent Coalitions - Parent Representatives and Teen Parent Program Representatives
Public Health Consultant
Reed City Area Public Schools (RCPS)
Region 3 Healthcare Preparedness Network
Residents of Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon counties
Riverhouse Shelter
Roscommon County Board of Commissioners
Roscommon County Community Foundation
Roscommon County Economic Development Corporation
Roscommon County Probate Court
Roscommon County Sheriff's Department
Roscommon County Transit Authority
Saginaw Chippewa Indian Tribe Nimkee Memorial Wellness Center
Spectrum Health Reed City
Sterling Area Health Center
St. Mary's of Michigan - Standish Hospital
Ten Sixteen Recovery Network
Union Township
University of Davenport
Whole Family
Women's Aid Services Inc. - Griatiot, Clare, Isabella
Yoplait USA Inc.

Special Thanks to the Together We Can Health Improvement Planning Facilitators and Recorders

Allison Dunn, Melissa DeRoche, Alison Fegan, Sarah Kile, Helen Lee, Scott Miller, and Kim Schiavi, and Roxy Smith

Together We Can Logo

Designed by Peter M. DeRoche DBA Rock Solid Design

Introduction

In early 2010, the Central Michigan District Health Department (CMDHD) embarked on the Together We Can initiative, an effort to improve the overall health of the more than 190,000 people within its health district, which includes the central Michigan counties of Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon. See Figure 1. Since then, CMDHD has engaged many stakeholders from across the region and led an effort to address health needs and increase resources in our communities.

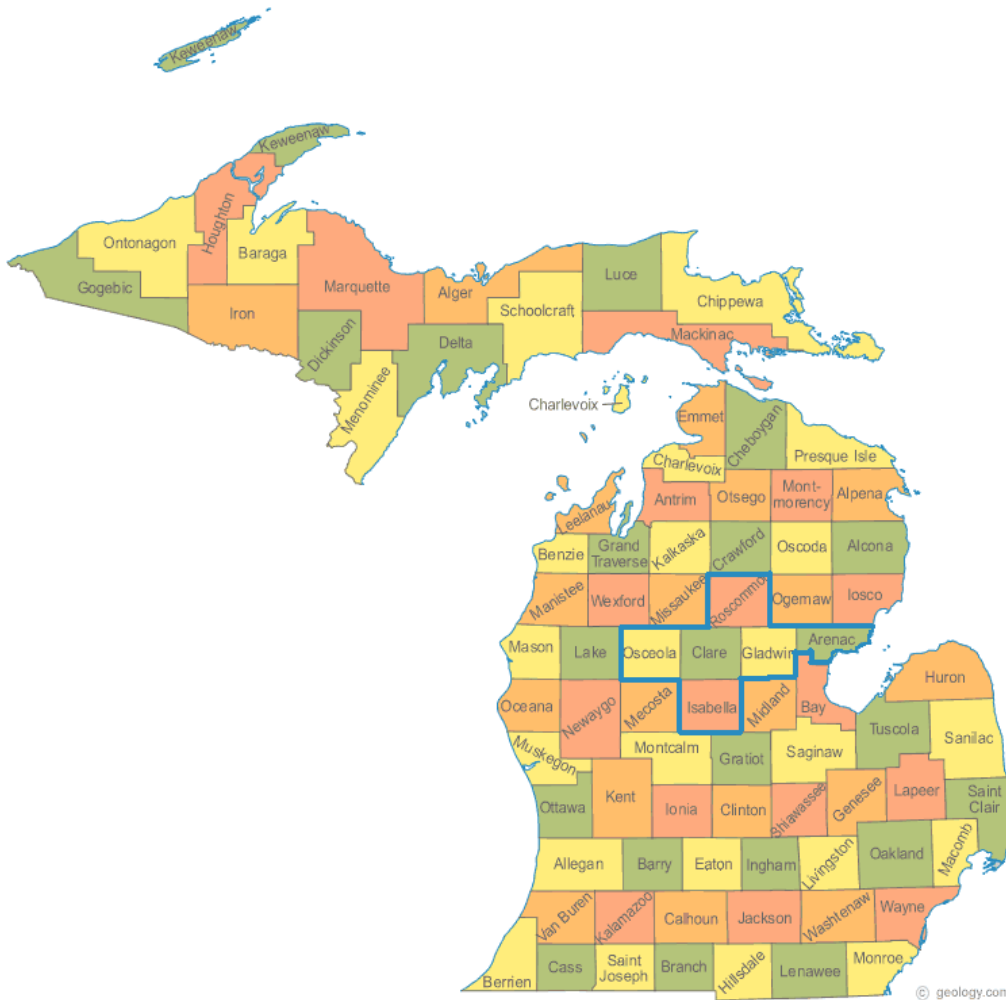


Figure 1. The Central Michigan District Health Department comprises six counties: Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon
Data Source: <http://geology.com/>

Together We Can Health Improvement Council Mission

Uniting the communities and working together, we will improve health and promote wellness in central Michigan.

Demographics of Central Michigan

The six counties represented by CMDHD are primarily rural with high levels of unemployment and poverty. All six of the counties are considered to be health professional shortage areas according to the U.S. Health Resources and Services Administration. However, there are many differences in the counties as exemplified by the variation in the *County Health Rankings*, as well as the variation in population of each county.

Table 1. 2010 population estimates for Michigan counties within the Central Michigan District Health Department's jurisdiction

| County | Population |
|----------------|------------|
| Arenac | 15,899 |
| Clare | 30,926 |
| Gladwin | 25,692 |
| Isabella | 70,311 |
| Osceola | 23,528 |
| Roscommon | 24,449 |
| District Total | 190,805 |

Data Source: U.S. Census Bureau, 2010 Census (<http://www.census.gov>)

Table 2. 2010 sex and age estimates for Michigan counties within the Central Michigan District Health Department's jurisdiction

| County | Under 18 | | 18 - 44 | | 45 - 64 | | 65 and over | |
|-----------|----------|--------|---------|--------|---------|--------|-------------|--------|
| | Male | Female | Male | Female | Male | Female | Male | Female |
| Arenac | 1,652 | 1,543 | 2,223 | 2,157 | 2,603 | 2,494 | 1,578 | 1,649 |
| Clare | 3,339 | 3,128 | 4,466 | 4,414 | 4,635 | 4,777 | 3,000 | 3,167 |
| Gladwin | 2,665 | 2,493 | 3,478 | 3,310 | 3,911 | 3,982 | 2,785 | 3,068 |
| Isabella | 6,479 | 6,155 | 17,894 | 18,883 | 6,921 | 7,152 | 2,922 | 3,905 |
| Osceola | 2,989 | 2,834 | 3,463 | 3,391 | 3,411 | 3,432 | 1,856 | 2,152 |
| Roscommon | 2,028 | 1,898 | 2,735 | 2,653 | 4,114 | 4,172 | 3,319 | 3,530 |

Data Source: U.S. Census Bureau, 2010 Census (<http://www.census.gov>)

Table 3. 2010 race and ethnicity estimates for Michigan counties within the Central Michigan District Health Department’s jurisdiction

| County | White | Black / African American | American Indian/ Alaska Native | Asian | Native Hawaiian / Pacific Islander | Other | Identified By Two or More |
|-----------|--------|--------------------------|--------------------------------|-------|------------------------------------|-------|---------------------------|
| Arenac | 15,393 | 29 | 190 | 29 | 9 | 44 | 205 |
| Clare | 29,951 | 149 | 206 | 91 | 8 | 75 | 446 |
| Gladwin | 25,111 | 60 | 122 | 76 | 2 | 73 | 248 |
| Isabella | 62,697 | 1,676 | 2,414 | 1,148 | 18 | 409 | 1,949 |
| Osceola | 22,791 | 133 | 128 | 49 | 6 | 43 | 378 |
| Roscommon | 23,791 | 91 | 147 | 73 | 2 | 44 | 301 |

Data Source: U.S. Census Bureau, 2010 Census (<http://www.census.gov>)

Table 4. 2010 unemployment, median income, and public school students receiving free or reduced-cost lunches for the Michigan counties within the Central Michigan District Health Department’s jurisdiction

| County | Unemployed ¹ | Median Income ¹ | Percent of Public School Students Receiving Free / Reduced-Cost Lunches ² |
|-----------|-------------------------|----------------------------|--|
| Arenac | 12.8% | \$20,949 | 65.1 |
| Clare | 17.1% | \$20,944 | 61.1 |
| Gladwin | 12.5% | \$21,695 | 61.0 |
| Isabella | 13.0% | \$11,921 | 45.2 |
| Osceola | 11.5% | \$23,199 | 57.9 |
| Roscommon | 17.7% | \$17,100 | 60.4 |

Data Sources:

1. U.S. Census Bureau, 2010 Census (<http://www.census.gov>)
2. Michigan Department of Education (http://www.michigan.gov/documents/oct01_14648_7.pdf)

Table 5. Central Michigan counties and their ranking (out of 82 counties evaluated) on health outcomes and health factors, as listed in the 2013 *County Health Rankings*

| County | Health Outcomes | | Health Factors | | | |
|-----------|-----------------|-----------|------------------|---------------|-----------------------------|----------------------|
| | Mortality | Morbidity | Health Behaviors | Clinical Care | Social and Economic Factors | Physical Environment |
| Arenac | 76 | 76 | 45 | 77 | 69 | 28 |
| Clare | 61 | 80 | 69 | 76 | 79 | 30 |
| Gladwin | 67 | 73 | 80 | 78 | 71 | 11 |
| Isabella | 15 | 24 | 25 | 65 | 15 | 41 |
| Osceola | 48 | 17 | 60 | 48 | 55 | 37 |
| Roscommon | 74 | 59 | 78 | 58 | 78 | 45 |

Data Source: University of Wisconsin’s Population Health Institute and the Robert Wood Johnson Foundation. 2013 *County Health Rankings*. <http://www.countyhealthrankings.org/michigan>

County Health Rankings

Each year, since 2010, the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute has released their County Health Rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Each county across the nation receives two rankings: health outcomes (current health of the community as compared to other counties within a particular state) and health factors (estimate of future health of your community as compared to other counties within a particular state). The following model (figure 2) details the structure of the County Health Rankings. Beginning at the bottom, the model shows that effective local, state, and federal policies and programs can improve a variety of factors that, in turn, shape the health of communities. Many health factors shape our communities' health outcomes. The *County Health Rankings* specifically look at health behaviors, clinical care, social and economic factors, and the physical environment.

The *County Health Rankings* measure two types of health outcomes to show how healthy each county is: how long people live (mortality) and how healthy people feel (morbidity).

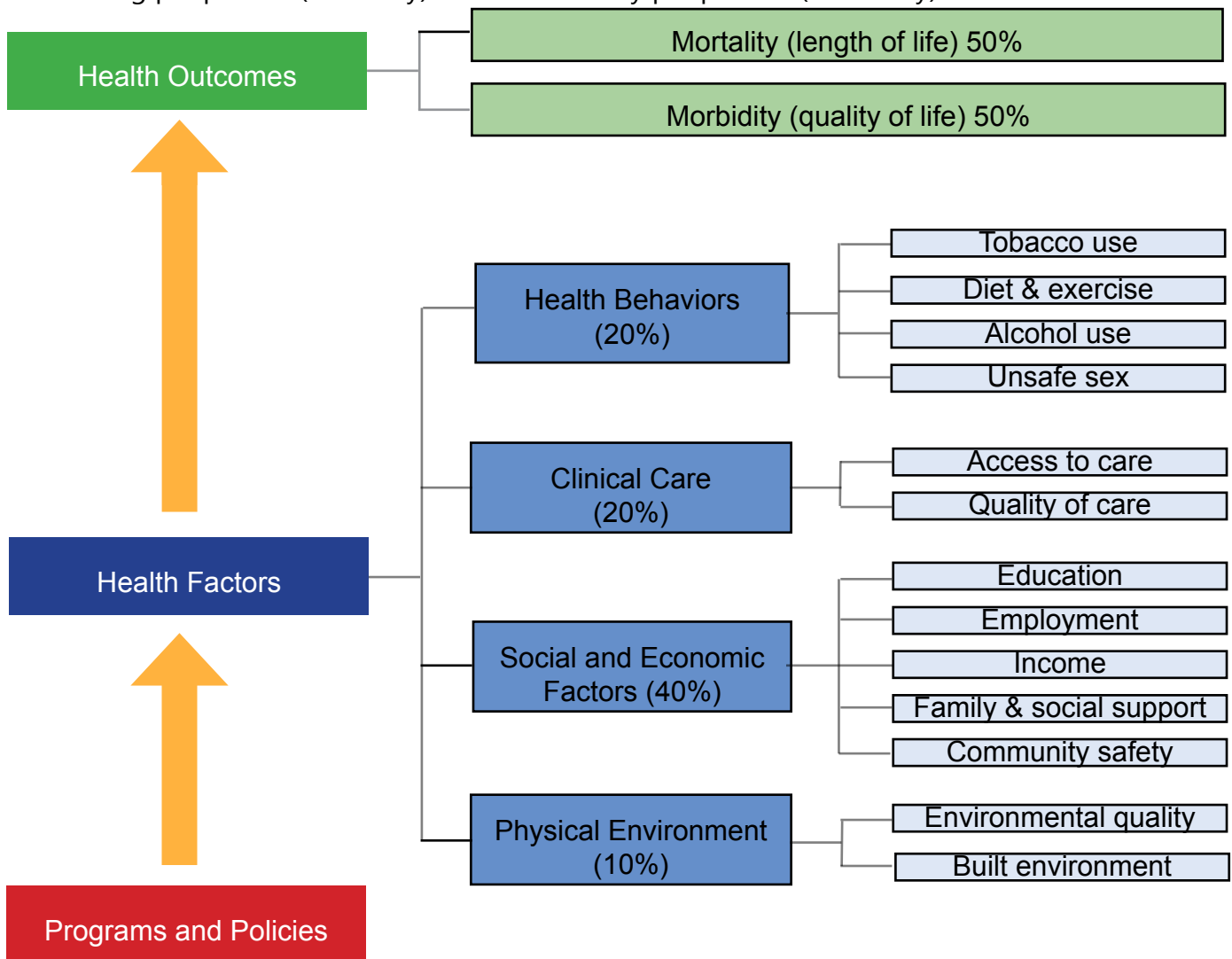


Figure 2. Model used by the University of Wisconsin's Population Health Institute to rank U.S. counties' population health
Data Source: <http://www.countyhealthrankings.org>

Health Improvement in Central Michigan

In 2010, the University of Wisconsin's Population Health Institute's *County Health Rankings* scored the central Michigan counties among the lowest - or "unhealthiest" - in the state. The Central Michigan District Health Department launched the Together We Can initiative in response to these low rankings. The first step taken by the CMDHD was to inform stakeholders about the overall health status within the community and bring the community together to work to improve health in central Michigan. In March 2010, CMDHD invited the public to the first annual Public Health Summit, which prompted a "call to action" and the development of the Together We Can Health Improvement Council (TWC HI-C) as well as Health Improvement Planning Working Groups (HIP-WGs) in each county within the region. These groups were formed to spearhead health improvement initiatives and brought together stakeholders from a variety of agencies including state, county, and local government; business, health care, media, transportation, and other industries; members of human-service agencies; and members of the educational community.

The mission statement of the Together We Can initiative is *Uniting the communities and working together, we will improve health and promote wellness in central Michigan.*

The development of the mission statement was accomplished by the Together We Can Health Improvement Council with input from all six counties. Working towards a common goal with many partners across the Together We Can region will help the Health Improvement Council and each county's Health Improvement Planning Working group affect greater change.

The TWC HI-C went through a systematic process of gathering and reviewing data, input from community members, and stories from members' professional experiences and identified strategic health priority areas that are the focus of CMDHD's Community Health Improvement Plan. These strategic priority areas were further defined during the 2011 CMDHD Public Health Summit. The eight initial priority areas were Access to Health Services; Nutrition, Weight Status, and Physical Activity; Sexual and Reproductive Health; Maternal and Infant Health; Substance Abuse; Abusive, Violent, and Controlling Behavior; and Environmental Health.

The TWC HI-C and CMDHD then gathered information from resources such as The Community Guide and the University Of Wisconsin's What Works For Health database to develop strategies to address these health priority areas. In 2012, the CMDHD released its Community Health Assessment and Health Improvement Plan, which outlines the goals, strategies, and desired outcomes for each health priority area. The plan was presented to the community at the 2012 CMDHD Public Health Summit, and work began on accomplishing the tasks set forth in the plan.

Health Improvement Leadership and Workgroups

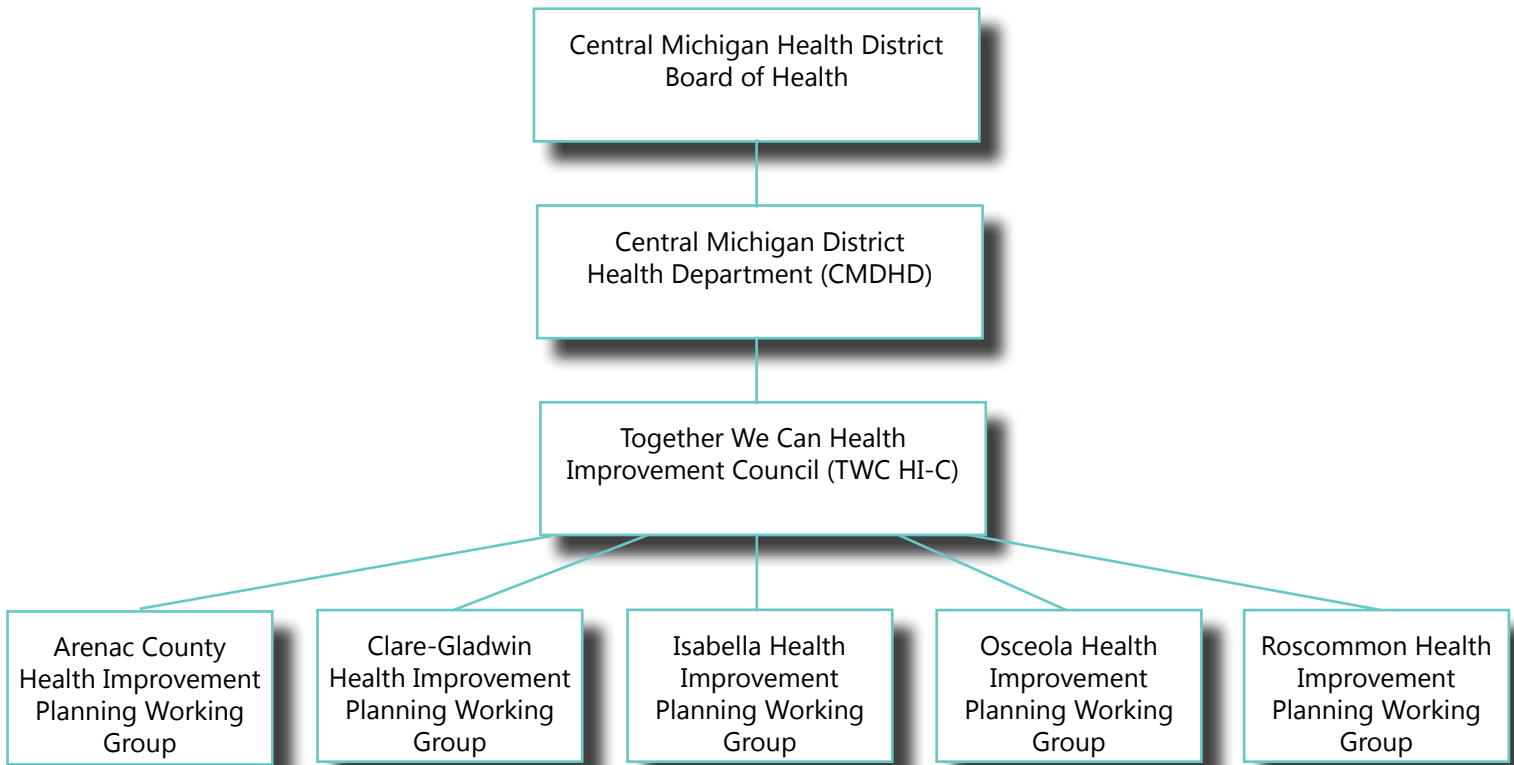


Figure 3. Central Michigan’s Together We Can initiative organizational chart

The Together We Can Health Improvement Planning Working Groups work together with the Together We Can Health Improvement Council and the Central Michigan District Health Department in addressing needs and implementing health improvement strategies within each community, and the region as a whole. Each County Health Improvement Planning Working Group has created a health improvement plan with goals and strategies addressing local health needs, in addition to the regional Health Improvement Plan. A crosswalk of these plans can be found on the CMDHD’s website at www.cmdhd.org and at www.together-we-can.org.

The Together We Can initiative follows the Take Action Cycle partnership model created by the University of Wisconsin to guide its process (see figure 4). At its core, this model shows people working together to improve health in a community.



Figure 4. Together We Can partnership model

Leadership and Workgroup Activities

Teams of Leaders

At the direction and recommendation of Dr. Candace Gibson, in January 2011, CMDHD sponsored two days of Teams of Leaders (ToL) training for council members additional representatives from all six counties within CMDHD's jurisdiction. The ToL approach provides techniques and procedures for enhancing the effectiveness of team efforts and promoting collaboration and cooperation across disparate groups. See www.teamsofleaders.org for more information. Following the training sessions, there was a two-day launch to begin using ToL techniques for the TWC HI-C planning efforts. During the four days of training and launch, the participants took part in several team exercises which resulted in a revised mission statement, a set of core values, several operating agreements, an initial set of objectives, and a communications plan.

In January 2013, Together We Can initiative leaders took part in ToL training in a Together We Can Team Launch 2. This provided ToL training to new members as well as refresher training for some members. During the three-day Team Launch 2, the ToL approach was used to create an onboarding plan for new TWC members and to update the Community Health Improvement objectives and strategies for 2013.

Priority Area Leaders

During the November 8, 2012 Together We Can Health Improvement Council meeting, Council members discussed the need to identify Priority Area Leaders (PALs) to effectively move our community health improvement plan forward. HI-C members were invited to be a PAL for one of the TWC priority areas. The roles and responsibilities of a PAL include: Active engagement and attendance at the monthly TWC Health Improvement Council meetings, provision of quarterly updates on progress made in the priority area, communication with the identified strategy champions within the priority area and bringing forth recommendations to the TWC HI-C, provision of proposed revisions/updates to the master plan when goals are achieved, and coordination of advocacy efforts necessary to achieve the goals outlined in the priority area with the other PALs and through our Robert Wood Johnson Foundation Advocacy Plan grant.

Funding

In May 2012, the CMDHD received a grant from the Robert Wood Johnson Foundation and was selected to be a Community Learning Laboratory partnered with the University of Wisconsin Population Health Institute *County Health Rankings & Roadmaps* initiative as part of an effort to help communities translate the *County Health Rankings* into sustainable action to improve health. In serving as a learning partner, CMDHD works to implement the Together We Can Community Health Improvement Plan and collaborate with the University of Wisconsin Population Health Institute to test and generate advocacy strategies to help communities across the country translate the County Health Rankings & Roadmaps into action.

During the summer of 2012, CMDHD submitted a successful Community Transformation Grant designed for small communities and was awarded \$1.6 million from the Centers for Disease Control and Prevention to implement the interventions identified in the Community Health Improvement Plan related to nutrition, physical activity, and smoking cessation in the Together We Can Transform Central Michigan Communities project.

Health Improvement Timeline and Milestones

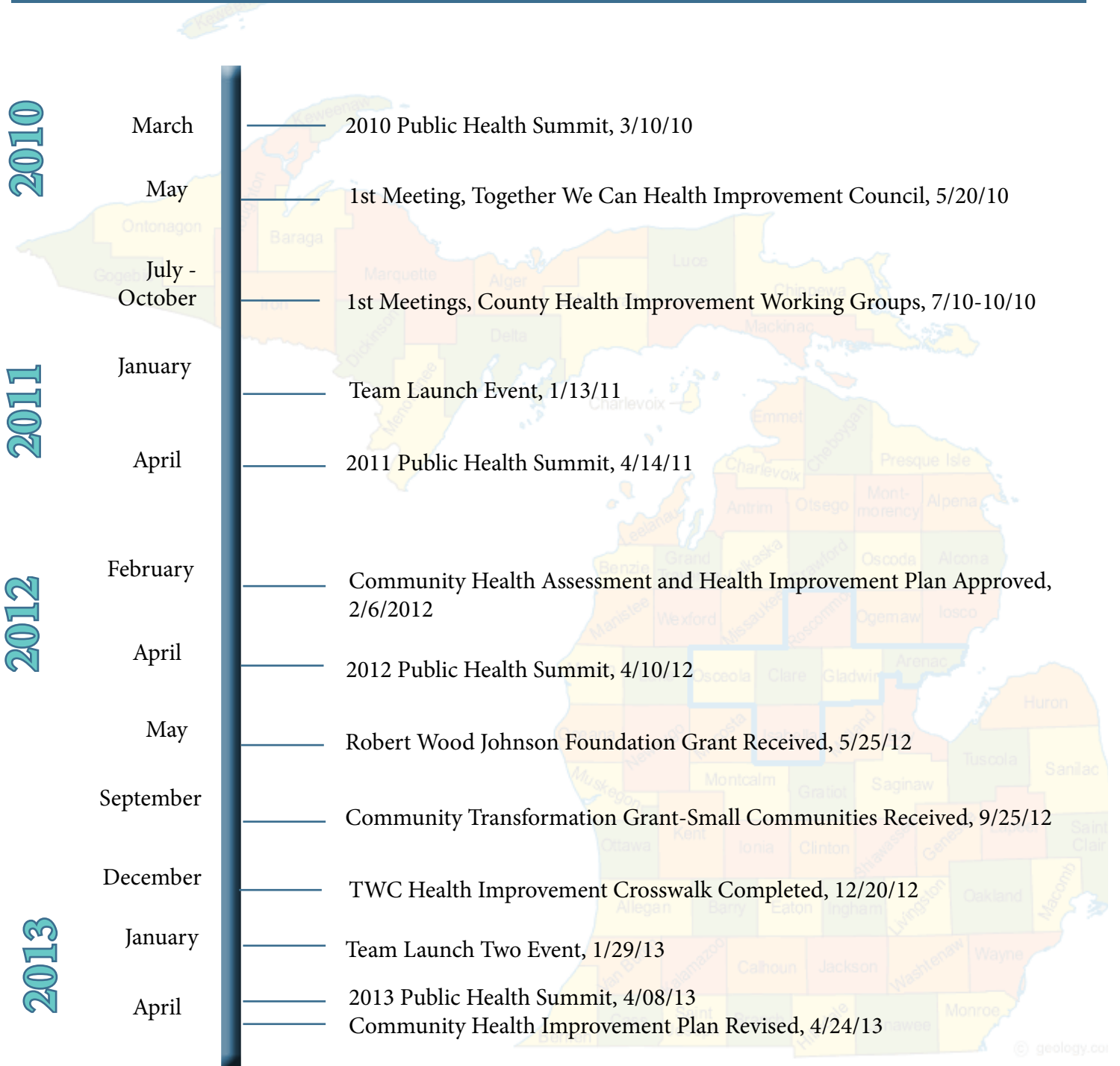


Figure 5. Health improvement planning milestones

County Health Profiles, Reports, and Publications

The Central Michigan District Health Department has created various reports based on the data collected through the Community Needs Assessment Process. These documents can be found on CMDHD's website at http://www.cmdhd.org/county_health_rankings.htm or at www.together-we-can.org and are hyperlinked in the list below.

[2012 Central Michigan District Health Department Community Health Assessment and Improvement Plan](#)

[Together We Can Health Improvement Planning Crosswalk](#)

[Together We Can Health Improvement Plan One year Summary](#)

Community Profiles

[Arenac County](#)

[Clare County](#)

[Gladwin County](#)

[Isabella County](#)

[Osceola County](#)

[Roscommon County](#)

Community Health Issues Survey Results

[Arenac County](#)

[Clare County](#)

[Gladwin County](#)

[Isabella County](#)

[Osceola County](#)

[Roscommon County](#)

Together We Can Accomplishments

[2010](#)

[2011](#)

[2012](#)

Where Do the Numbers Come From

The *County Health Rankings* developed by the University of Wisconsin's Population Health Institute are based on numbers that are most readily and easily available for ALL counties across the United States so that state and county-wide comparisons could be made (<http://www.countyhealthrankings.org>). These national numbers (for example, from the National Center for Health Statistics and the Center for Disease Control and Prevention) ultimately come from individual county, state, and health provider data. We have used the numbers for health behaviors and health outcomes for our baseline measures since these are the numbers and ratings that have spurred the group to action. They are far from ideal; in some cases they represent aggregate data that may be several years old or that may have few representatives from the six central counties in Michigan, but they are a place to start.¹

Target rates/numbers have similarly been set using the goals set by the *Healthy People 2020* initiative for the next decade (<http://www.healthypeople.gov/2020/default.aspx>). These goals build on several decades of work (from the first Surgeon General's report in 1979 through the previous three Healthy People recommendations for 1990, 2000, and 2010) by many federal, state and local agencies in identifying nationwide health improvement priorities and improvement through the application of best evidence-based policies and practices. *Healthy People 2020* recognizes the importance of both the physical and social determinants of health and the integral part that education and prevention play (from the earliest ages on), an approach echoed by the goals and strategies put forth by the county working groups and in this district-wide health improvement plan. A complete listing of the 600 objectives and more than 1300 measures in the *Healthy People 2020* guide can be obtained at the Health Indicators Warehouse (<http://healthindicators.gov/>).

Ideally we would like to work with our own local statistics, and where these numbers are available through the Central Michigan District Health Department or state or local authorities we have indicated these as well. A major effort across the state of Michigan is underway through the Michigan Health Information Alliance (MiHIA) to provide relevant, timely, accurate and complete health information to planners, managers, health providers and policy makers to help improve the performance and quality of health care and health services in Michigan. The Director of the Central Michigan District Health Department, Mary Kushion, is a participant in this alliance and assisting in the development and testing of a health 'dashboard' that will provide pertinent health data in an easily usable format.

The health improvement plan outlines the current situation within the central Michigan area. For the purposes of the 2013 update, the current situation reflects the data and information available to the Together We Can Health Improvement Council as of March 2013. The prior situation reflects data and information as of February 2012. The current situation will be updated on an annual basis as revised versions of the health improvement plan are produced.

¹Data Source: A complete listing of the 2013 *County Health Rankings: Measures, Data Sources, and Years of Data* is available at <http://www.countyhealthrankings.org/ranking-methods/data-sources-and-measures>

Health Improvement Plan - 2013 Revisions

Revision of the 2012 Central Michigan District Health Department Community Health Assessment and Health Improvement Plan began in January 2013 at the Together We Can Team Launch Two. A Leader Team Exercise (LTX) was completed with members of the TWC HI-C as participants and the Priority Area Leaders as LTX facilitators. During the exercise, groups discussed the current status of each priority area and began the process for updating strategies and outcomes. PALs continued to work with team members to collect new data and revise strategies at HI-C meetings and at additional team meetings.

Table 6 presents the updated Priority Areas for the Health Improvement Plan 2013 Update. The 2012 priority area "Transportation" was removed, as its strategies have been moved within other Priority Areas. The 2012 priority area "Nutrition, Weight Status, and Physical Activity" has been renamed "Healthy Eating and Active Living."

The tables in the following pages provide summaries of strategies (the "how") and the outcomes (objectives) for improving health in central Michigan. Community resources to address the strategies are located at www.cmdhd.org.

Table 6. The Together We Can Health Improvement Council's priorities

| Topic Area | General Description of Health Issues |
|--|---|
| Access to Health Services | <ul style="list-style-type: none"> Lack of access to and use of health services particularly for the uninsured and underinsured Lack of integrated services and continuity of services between acute and chronic needs Lack of awareness of the components of the Affordable Care Act Lack of inter-county transportation services, especially for medical services |
| Healthy Eating and Active Living | <ul style="list-style-type: none"> Lack of nutritious food, especially in restaurants, daycares, and schools Comparatively higher costs of nutritious foods Lack of education/knowledge about nutrition, including availability of nutritious foods, nutrition educational opportunities, and the importance of physical activity |
| Maternal and Infant Health | <ul style="list-style-type: none"> Lack of localized OB care, respite care for parents (doulas) Lack of educational opportunities, peer support, and awareness of available resources and services Low incidence of breast feeding High incidence of smoking during pregnancy |
| Reproductive and Sexual Health | <ul style="list-style-type: none"> High incidence of <i>Chlamydia</i> High incidence of births to teens age 15-17 |
| Abusive, Violent, and Controlling Behavior | <ul style="list-style-type: none"> Prevalence of domestic violence, sexual assault, and violent crimes Lack of resources to provide anti-bullying education |
| Substance Abuse | <ul style="list-style-type: none"> Increasing prevalence of prescription drug, alcohol, and illicit drug abuse |
| Environmental Health | <ul style="list-style-type: none"> Harmful effects of chemicals in local environments, water quality, and lack of recycling opportunities Lack of safe/convenient bike/walking paths |

Access to Health Services
Priority Area Leader - Darrell Milner

The goal is to assure access and coverage to affordable healthcare for central Michigan residents.

| Current Situation | Prior | Current | Progress |
|--|-------------|-------------|----------|
| Population under 65 with Health Insurance ¹ | 84.2% | 83.4% | |
| 2-1-1 regional calls per year about health and medical transportation ² | 60 | 97 | |
| School entities with | | | |
| Coordinates School Health Teams | 9 | 11 | |
| School-based/school-linked health centers | 2 | 2 | |
| District-wide school nurse | 10 | -- | |
| Follow MI Model for Health | 17 | -- | |
| Children age 1-5 tested for blood lead ³ | 2,128-17.9% | 1,991-17.0% | |
| Children age 19 months to 18 years compliant with immunization recommendations ⁴ | -- | 70.33% | -- |
| FQHC's, Free Clinics & Free Access Points | 2 | 6 | |
| Dental service access points for uninsured, low-income residents | NA | 3 | -- |
| County public transit busses cannot cross county boundaries for passengers with medical appointments | NA | NA | NA |

Table 7. Summary of central Michigan's Community Health Improvement Plan access to health services strategies and outcomes

| Strategy | Outcome |
|---|--|
| Advocate for Medicaid Expansion. | Decrease percent of population under age 65 without health insurance over 5 years to meet the <i>Healthy People 2020</i> objective of 100% coverage. |
| Increase awareness of Affordable Care Act through the Michigan Consumers for Healthcare Community Education Partnership activities. | |
| Promote 2-1-1 service. | |
| Develop an enhanced database and retrieval capabilities for 2-1-1. | Increase calls to 2-1-1 regarding the availability of medical/health services by 5% per year for the next 5 years. |
| Work closely with school districts to expand the use of community health workers in schools. | |
| Establish more school-based or school-linked health centers. | |
| Establish additional coordinated school health teams. | |
| Convene a school health summit (topics include: school health clinics, coordinated school health teams, etc.). | Increase school-based/school-aged health services within the region to reach at least 90% of school entities within 5 years. |
| Encourage health care providers to screen for elevated blood lead levels. | |
| Encourage parents/guardians and health care providers to immunize children. | Increase the percentage of children under six who have been tested for elevated blood lead levels to 25% within 5 years. |
| Encourage parents/guardians and health care providers to immunize children. | Increase the percentage of children age 19 months to 18 years in compliance with immunization recommendations to 75.33% within 5 years. |
| Establish additional FQHC sites, access points and free medical clinics physically located within the district. | Establish at least 1 FQHC site in each county within 5 years. |
| Establish additional access points for dental services for uninsured, low income residents. | Establish at least 1 access point in each county within 5 years. |

Healthy Eating and Active Living Priority Area Leader - Stephanie Leibfritz

The goal is to reduce obesity rates through improved nutrition and increased physical activity for central Michigan residents.







| Current Situation | Prior | Current | Progress |
|---|-------------|-------------|---|
| Adult Obesity (BMI >30) ¹ | 33.2% | 33.2% | -- |
| Adolescent Obesity (BMI >30) ² | 16.8% | 17.6% |  |
| Inadequate Fruit and Vegetable Intake | | | |
| Adult ³ | -- | 82.2% | -- |
| Adolescent ² | 64.1% | 68.1% |  |
| Physical Activity | | | |
| Adults with no leisure-time physical activity ³ | 29.9% | 28.8% |  |
| Adolescents not active for 60 minutes, 5 days/week ² | 38.5% | 40.1% |  |
| Overall Food Insecurity Rate ⁶ | 19.8% | 17.8% |  |
| Limited Access to Healthy Foods ¹ (% of population who are low-income and do not live close to a grocery store) | 1.1% | 4.3% | -- |
| Approved Project Fresh Vendors ⁴ | 12 | 16 |  |
| Food Stamp Sales at Farmer's Markets (Michigan) ⁵ | \$1,076,611 | \$1,530,319 | -- |
| Food Policy Councils in the region | 0 | 0 | -- |

Table 8. Summary of central Michigan's Community Health Improvement Plan healthy eating and active living strategies and outcomes

| Strategy | Outcome |
|--|---|
| Increase the number of residents with opportunities for daily physical activity in institutional settings (schools, worksites, & community centers). | Reduce the percentage of adults who report a Body Mass Index of 30 or more by at least 1% per year for the next 5 years to reach or exceed the national benchmark of 25%. |
| Increase the number of residents with access to healthy food and beverage options in institutional settings (schools, worksites, & community centers). | |
| Increase the number of residents with access to healthy food and beverage options in restaurants. | |
| Implement a community campaign to promote physical activity through recreation. | |
| Advocate for policy, system, and environmental changes to increase physical activity in schools, such as safe routes to school and active recess. | |
| Increase access/availability to food distribution trucks, soup kitchens, and food donation opportunities. | Reduce the population with limited access to healthy foods by 2.5% in the next 5 years to reach the national benchmark of 1%. |
| Establish additional farmers markets and community garden programs in the region. | |
| Implement a community campaign to educate the public about gardening and to promote community gardens. | |
| Increase awareness of potential economic and health impacts of supporting fresh and local foods. | Establish a Food Policy Council within the district by December 2012. |

Sexual and Reproductive Health Priority Area Leader - Kelly Conley

The goal is to prevent unplanned pregnancies for both teens and adults while also preventing and controlling the spread of sexually transmitted diseases and certain cancers.

| Current Situation | Prior | Current | Progress |
|---|--------------|---------------|----------|
| Rate of Chlamydia Infections- CMDHD Region ¹ | 364/100,000 | 474/100,000 | |
| Rate of Gonorrhea Infections - CMDHD Region ¹ | 34/100,000 | 54/100,000 | |
| Rate of Syphilis Infections - CMDHD Region ¹ | 2/100,000 | 11/100,000 | |
| New positive HIV cases - CMDHD Region ² | 6 | 7 | |
| Population tested for HIV at CMDHD ³ | 273 | 301 | |
| Birth Rate to women age 15-19 - CMDHD Region ⁴ 3 CMDHD counties are below the <i>Healthy People 2020</i> goal | 30.9/1,000 | 30.0/1,000 | |
| Cervical Cancer Rate - Michigan ⁵ | 10.9/100,000 | not available | -- |
| Number of HPV Vaccinations given at CMDHD ⁶ | 326 | 1,161 | |

Table 9. Summary of central Michigan's Community Health Improvement Plan sexual and reproductive health strategies and outcomes

| Strategy | Outcome |
|---|---|
| Maintain sexually transmitted disease and HIV/AIDS testing clinics to educate and test for Chlamydia, Gonorrhea, Syphilis, and HIV as indicated or needed in each county. | Reduce the rate of Chlamydia infections by 2% per year over 5 years reach or exceed the 2011 national benchmark cases of 457/100,000. |
| Educate community members at schools, health fairs and community presentations about the prevention, signs, symptoms, and treatment for sexually transmitted diseases. | Reduce the rate of Gonorrhea infections by 1% per year over 5 years to continue to exceed the 2011 national benchmark cases of 104/100,000. Reduce the rate of Syphilis infections by 10% per year over 5 years to reach or exceed the 2011 national benchmark cases of 4.5/100,000. |
| Provide education, follow-up testing, treatment and referrals for people with positive STD or HIV/AIDS tests. | Increase the number of residents tested for HIV at CMDHD by 2% per year. |
| Follow CDC recommendation for routine HIV testing. | Increase the number of presentations in the community, schools, and health fairs by 50% over the next 5 years. |
| Provide training/technical assistance to health care providers to increase appropriate testing for HIV and STDs. | |
| Mobilize youth leaders to spread the message of safe sex. | Reduce the number of births to women aged 15-19 by at least 2% per year for 5 years to reach or exceed the 2011 national benchmark of 22/1,000. |
| Implement group-based comprehensive risk reduction interventions for adolescents. | |
| Sponsor "Talk Early – Talk Often" presentations to educate parents. | Reduce the number of births in those aged 15-17 so all counties fit with the <i>Healthy People 2020</i> goal of 36.2/1,000. |
| Create a Facebook Page to educate teens about pregnancy prevention. | |
| Educate on the importance of HPV and vaccination to prevent cervical cancer. | Reduce all six counties to be below 50% of reported cases of cervical cancer within 10 years. |
| Increase HPV vaccination and encourage routine screenings/Pap smears. | Increase HPV4 vaccine series completion in women age 26 and younger by 10% per year. Reduce rates of cervical in-situ cancer among women aged 20 to 39 years by 10% by 2015. |

Maternal and Infant Health

Priority Area Leader - Julie Wright and Pamela Mazurek

The goal is to assure that more women have safe and healthy pregnancies that lead to full-term babies.


| Current Situation | Prior | Current | Progress |
|---|------------|---------------|---|
| Percent of babies born with low birth weight ¹ | 7.5% | 7.4% |  |
| Birth Rate to women age 15-19 - CMDHD Region ¹ 3 CMDHD counties are below the <i>Healthy People 2020</i> goal | 30.9/1,000 | 30.0/1,000 |  |
| Breastfeeding initiation rate (all hospital births) ² | -- | 77.8% | -- |
| Breastfeeding duration >= 6 months (enrolled in WIC) ³ | 17.8% | 22.0% |  |
| Rate of women who abstain from smoking | 66.9% | not available | -- |

Table 10. Summary of central Michigan's Community Health Improvement Plan maternal and infant health strategies and outcomes

| Strategy | Outcome |
|---|---|
| Promote the use of folic acid supplements while utilizing March of Dimes community awareness materials. | Reduce percentage of live births with low birth weights (<2500 grams) by at least 1% within 5 years to reach or exceed the 2011 national benchmark of 6%. |
| Institute an awareness campaign for WIC services and 2-1-1 referral assistance. | |
| Provide public transportation options to pregnant mothers for medical appointments. | |
| Provide childbirth education classes in every county in the region. | Increase the number of pregnant women who attend childbirth education classes. |
| Promote breastfeeding education through classes, medical center help lines, and one-on-one education opportunities. | Increase number of women who initially breastfeed by at least 2% per year over 9 years to reach the <i>Healthy People 2020</i> goal of 81.9%. |
| Promote breastfeeding in the workplace, through peer support, education efforts with mothers, media campaigns and social media. | Increase percentage of those who breast feed for 6 months or more by at least 3% per year for 9 years to reach or exceed <i>Healthy People 2020</i> goal of 43.4%. |
| Encourage participation in breastfeeding support groups. | |
| Promote breastfeeding education in OB/GYN settings through all stages of pregnancy, delivery, and hospital discharge. | |
| Implement smoking cessation interventions for pregnant women. | Increase the percentage of women who abstain from smoking during pregnancy by 2% per year for 9 years to reach or exceed the <i>Healthy People 2020</i> goals of 98.6%. |
| Advocate for comprehensive coverage of smoking cessation provisions to be included in the Affordable Care Act. | |
| Expand Teen Parent Support Programs to all counties by December 2013. | Increase number of teen parents who complete high school, continue education and become employed. |

Substance Abuse

Priority Area Leader - Pam Millhisler

The goal is to reduce accidents, disease, and premature death from abusing substances such as alcohol, tobacco, prescription medications, and illegal drugs.







| Current Situation | Prior | Current | Progress |
|--|-------|---------|---|
| Rate of residents reporting excessive drinking ¹ | 17.0% | 17.8% |  |
| Number of alcohol-involved car accidents ² | 834 | 240 |  |
| Rate of adults who report smoking <= 100 cigarettes and are currently smoking ¹ | 26.5% | 23.2% |  |
| Number annual calls to the MDCH Tobacco Quit Line in the region ³ | 115 | 129 |  |
| Rate of 7, 9, and 11 grade students who report it is "very easy" or "sort of easy" to get alcohol ⁴ | 56.5% | 54.0% | -- |
| Number of counties in the region with at least 2 schools participating in the MIPHY survey ⁴ | 3 | 6 |  |
| Number of counties in the region with prescription drug drop off locations | | 6 |  |

Table 11. Summary of central Michigan's Community Health Improvement Plan substance abuse strategies and outcomes

| Strategy | Outcome |
|---|---|
| Advocate to increase alcohol excise tax and limit times of alcohol sales. | Decrease percentage of people who report excessive drinking by at least 2% per year over 5 years to reach or exceed the 2011 national bench mark of 8%. |
| Advocate for alcohol-impaired driving education and awareness. | Decrease alcohol-involved car accidents per three-year period by 10% in the next 5 years. |
| Advocate for the increased use of Ignition Interlock Systems. | |
| Enforce and monitor Smoke Free Michigan law. | Decrease the percentage of adults who report smoking >=100 cigarettes and are currently smoking by at least 2.5% per year over 5 years to reach or exceed the Michigan rate of 18.9%. |
| Encourage employers to support insurance incentives for smoking cessation. | |
| Encourage participation in the MDCH Tobacco Quit Line. | Increase participation of the MDCH Tobacco Quit Line by 1% every year over the next 5 years. |
| Implement Social Hosting awareness campaigns with local alcohol retailers. | Reduce the rate of students who report that is "sort of easy" or "very easy" to get alcohol by 5% by 2016. |
| Submit 1 letter-to-the-editor in each county in the region to encourage parents to be good role models. | |
| Write and distribute a form letter promoting social hosting arrests/investigations to all law enforcement agencies in the region. | |
| Build capacity to collect and analyze youth risk data. | Increase the number of schools completing the MIPHY survey to 2 middle schools and 2 high schools each county by December 2014. |

Abusive, Violent, and Controlling Behavior
Priority Area Leader - Brenda Luckhardt

The goal is to assure a safe and secure environment for all central Michigan residents.

| Current Situation | Prior | Current | Progress |
|--|-------------|-------------|----------|
| Violent Crime Rate in the region ¹ | 208/100,000 | 188/100,000 | |
| Percentage of 9 and 11 graders who have been bullied on school property in the last 12 months ² | 25.3% | 25.3% | -- |
| Percent of 7th graders who have ever been bullied on school property ² | 43.2% | 32.7% | |
| Percent of 9 and 11 graders who have been in a physical fight in the last 12 months ² | 29.3% | 21.8% | |
| Percent of 7th graders who have ever been in a physical fight ² | 50.2% | 49.9% | |
| Number of domestic violence shelters available to women in the region | 7 | 7 | -- |

Table 12. Summary of central Michigan’s Community Health Improvement Plan abusive, violent, and controlling behavior strategies and outcomes

| Strategy | Outcome |
|--|--|
| Implement community-based crime prevention programs. | Reduce the violent crime rate by at least 26% per year over 5 years to reach the 2011 national benchmark of 100/100,000. |
| Assess what schools are currently doing to reduce violence and bullying-patterned behavior. | Reduce the number of 7, 9, and 11 grade students who have been bullied on school property. |
| Work with school districts to introduce and support curricular activities that teach children strategies and techniques to reduce violence and bullying behavior. | Reduce the number of 7, 9, and 11 grade students who have been in a physical fight. |
| Implement school-based violence prevention programs in 50% of schools in the district. | |
| Encourage area school districts to take pro-active steps to dissuade violent or bullying behaviors by: Installing cameras on buses Superviseing walk/bike routes to schools | |
| Provide education to law enforcement agencies, emergency department personnel and MI Department of Human Services staff on the signs of Intimate Partner Violence (IPA) and available resources. | Increase the number of IPA educational opportunities offered to at least one per county by 2014. |

Environmental Health

Priority Area Leader - Dennis Cantrell

The goal is to maintain the quality physical environment of the central Michigan area.



| Current Situation | Prior | Current | Progress |
|---|---------|---------|---|
| Communities with curb-side recycling | | | |
| Arenac | 1 of 18 | 1 of 18 |  |
| Clare | 1 of 19 | 1 of 19 | |
| Gladwin | 3 of 17 | 2 of 17 | |
| Isabella | 8 of 23 | 8 of 23 | |
| Osceola | 0 of 23 | 1 of 23 | |
| Roscommon | 0 of 12 | 2 of 12 | |
| County Health Ranking - Physical Environment ¹ | | | |
| Arenac | 18 | 28 |  |
| Clare | 27 | 30 | |
| Gladwin | 16 | 11 | |
| Isabella | 34 | 41 | |
| Osceola | 31 | 37 | |
| Roscommon | 6 | 45 | |
| Lack of accurate and credible data on contaminated sites and their proximity to schools, parks, and residential areas | -- | -- | -- |
| Communities with a pedestrian/bicycle master plan | -- | 6 | -- |

Table 13. Summary of central Michigan's Community Health Improvement Plan environmental health strategies and outcomes

| Strategy | Outcome |
|--|--|
| Conduct survey by December 2013 to identify current programs and barriers to curbside recycling. | Increase the number of communities that have curb-side/alternate forms of recycling by December 2016. |
| Encourage alternative forms of transportation such as carpooling and bus pass incentives. | Improve <i>County Health Rankings</i> status for each county in central Michigan to rank above the 50th percentile for Physical Environment. |
| Advocate for continuing Michigan's smoking ban in public places. | |
| Encourage the development of pedestrian/bicycle master plans. | |
| Promote Energy Star energy efficient consumer products. | |
| Partner with Alma College and Michigan Department of Environmental Quality to update databases. | Create an environmental-contaminated site database for the region by December 2014. |
| Encourage municipalities to develop pedestrian/bicycle master plans. | Increase the number of safe walking and bicycling trails. |
| Encourage municipalities to develop "complete streets" plans. | Improve the connectivity of non-auto paths and trails. |
| Encourage municipalities to adopt policies requiring the installation of sidewalks during road improvements. | |
| Create "bicycle libraries." | |
| Advocate for "safe driving with bicycle traffic" curriculum in Driver's Education classes. | |
| Promote bicycle helmet safety and safe bicycle riding practices. | |

Health Improvement Plan Data Sources

Access to Health Care

Data Sources:

1. <http://www.countyhealthrankings.org/michigan/>
2. <http://www.211nemichigan.org/>
3. Child Lead Poisoning Data Fact-2012, Michigan Department of Community Health
4. Michigan Care Improvement Registry (Report on March 16, 2013)

Healthy Eating and Active Living

Data Sources:

1. <http://www.countyhealthrankings.org/michigan/>
2. Michigan Profile for Healthy Youth
3. http://www.michigan.gov/mdch/0,1607,7-132-2945_5104_5279_39424---,00.html
4. Michigan WIC Program Current Year State Staff Market Master List Report
5. http://www.michigan.gov/midashboard/0,4624,7-256-59026_59031_59047---,00.htm
6. <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

Sexual and Reproductive Health

Data Sources:

1. http://www.michigan.gov/mdch/0,4612,7-132-2944_5320_5332---,00.html
2. http://www.michigan.gov/mdch/0,4612,7-132-2944_5320_5331-166891--,00.html#Oct_2011
3. Michigan HIV and AIDS Prevention and Intervention System
4. <http://www.countyhealthrankings.org/michigan/>
5. <http://www.michigancancer.org/PDFs/MCCReports/CancerBurden-Sept2011/Section2-SelectedCancerSites.pdf>
6. Michigan Care Improvement Registry

Maternal and Infant Health

Data Sources:

1. <http://www.countyhealthrankings.org/michigan/>
2. Data collection from the OB Managers of regional healthcare organizations with OB units
3. Michigan WIC Program. Breastfeeding Initiation and Duration Report 02-13-13

Substance Abuse

Data Sources:

1. <http://www.countyhealthrankings.org/michigan/>
2. <http://www.michigantrafficcrashfacts.org>
3. Michigan Tobacco Quit Line
4. Michigan Profile for Healthy Youth

Abusive, Violent, and Controlling Behavior

Data Sources:

1. <http://www.countyhealthrankings.org/michigan/>
2. Michigan Profile for Healthy Youth

Environmental Health

Data Sources:

1. <http://www.countyhealthrankings.org/michigan/>

Moving Forward

In the coming months and years, the Together We Can Health Improvement Council, the Priority Area Leaders, and the Health Improvement Planning Working Groups will continue the process of action planning, implementing, and evaluating each strategy defined in this plan. The Together We Can partners will also become increasingly involved in health improvement advocacy efforts at all levels of government. Strong and permanent transformation in the health status of our residents will occur only with policy and environmental change. Advocacy efforts will encourage lawmakers to support efforts that make “the healthy choice the easy choice” everywhere we live, work, learn, and play.

Recruitment of new stakeholders to the Together We Can initiative is important to the sustainability of the effort. At the 2013 Team Launch 2, council members began the development of a New Member Recruitment and Onboarding Plan. This plan serves as the guide for inviting and welcoming new members to all Together We Can groups in a way that fosters immediate participation and ownership of the Together We Can mission.

Creating a sustainability plan for the Together We Can initiative will also be an area of focus for CMDHD in the coming months. In addition to recruiting stakeholders, there will also be organizational structure changes and fund development efforts. From the beginning of the Together We Can health improvement initiative, CMDHD and its network partners realized that the health issues and disparities in the region were deeply rooted and would not be solved within a year or two. The Together We Can Health Improvement Council is developing a plan for long-term sustainability which includes, in part, becoming a separate non-profit organization. The Robert Wood Johnson Foundation has pledged funding in support of this effort. The sustainability plan will also include other measures such as fundraising events and seeking additional grant funding. These efforts will enable the continuation of health improvement into the future to ensure that the vitally important work continues on to benefit the individuals and communities within the region.

Individuals and organizations wishing to get involved with the Together We Can initiative are welcome and should contact Mary Kushion, Health Officer/Director at Central Michigan District Health Department for more information. Tax-deductible contributions may be made to help fund Together We Can initiatives by downloading the TWC Donation Form located at www.cmdhd.org.

Together We Can, build a healthier community!