

# ***Improving Health In Arenac County***

*A Community Project Sponsored by the  
Central Michigan District Health Department*



## **Health Improvement Plan**

**2013**

**Central Michigan District Health Department  
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## Central Michigan Area Health Improvement Planning: Arenac County

### **Introduction/Background: The Community – Arenac County.**

Arenac County, with a population of roughly 15,899 inhabitants (US Census 2010) is located at the bottom of Saginaw Bay on Lake Huron on Michigan's eastern coast. One of the earliest inhabited places in the state of Michigan, many Native American artifacts dating back 5,000 years have been discovered in the area. Arenac County is a popular resort area, dubbed the "sunrise side" of Michigan. A rural, largely undeveloped county, with plenty of canoeing, hunting, and fishing attracts tourists year-round. Standish, the county seat, is known as a supply headquarters for those traveling to Northern Michigan.

People live in widely varying economic circumstances within the community, with 17.9% of individuals identified as living below the poverty level, somewhat higher than the state rate of 15.7% (US Census Bureau, State and County Quick Facts, 2010). There are several medical clinics and medical services many of which are tied to local hospitals (St. Mary's of Michigan Standish Hospital in Standish and Tawas St. Joseph Hospital in Tawas City), as well as a Federally Qualified Health Center/Rural Health Center, but it is considered to be a health professional shortage area according to the US Health Resources and Services Administration. Accessing health care services can often be a challenge for those living in more rural settings. Additional strains and stresses on these services are presented by the transient nature of some of the population (e.g. seasonal residents, tourists and summer visitors) and general economic and demographic changes (i.e. an increasing aged population) that are occurring more generally in all of Michigan and the United States (i.e. increasing numbers of unemployed, increasing numbers of the 'working poor').

### **Background: The Health of Arenac County**

In February of 2010 The University of Wisconsin's Population Health Institute published for the first time County Health Rankings for every county in each US state. Rankings were based on two major factors – Health Outcomes (how each county did in terms of mortality/deaths and morbidity/illness and poor health) and Health Factors that contribute to those ultimate health outcomes (that included four categories Health Behaviors (such as smoking, obesity, drinking, STIs), Clinical Care (e.g. number of uninsured adults, primary care physicians, preventable hospital stays, diabetic screening), Social & Economic factors (such as education, employment, social support, crime rate), and the physical environment (air pollution, access to healthy foods and recreational facilities).

Rankings for the six counties that fall under the jurisdiction of the Central Michigan District Health Department (CMDHD) were poor with health outcomes and health factors in all six counties ranked in the bottom half of Michigan counties (4 of the 6 were ranked in the bottom 10 counties). Arenac County's ranking of 63 for health outcomes and 65 for health factors lead to



the overall ranking of 72, fourth overall among all counties in the central Michigan health district. In some areas the health discrepancies were even more alarming (e.g. a ranking of 67 in Social & Economic Factors and 77 in the Clinical Care category) and indicated a need for improvement.

### Health Improvement Efforts

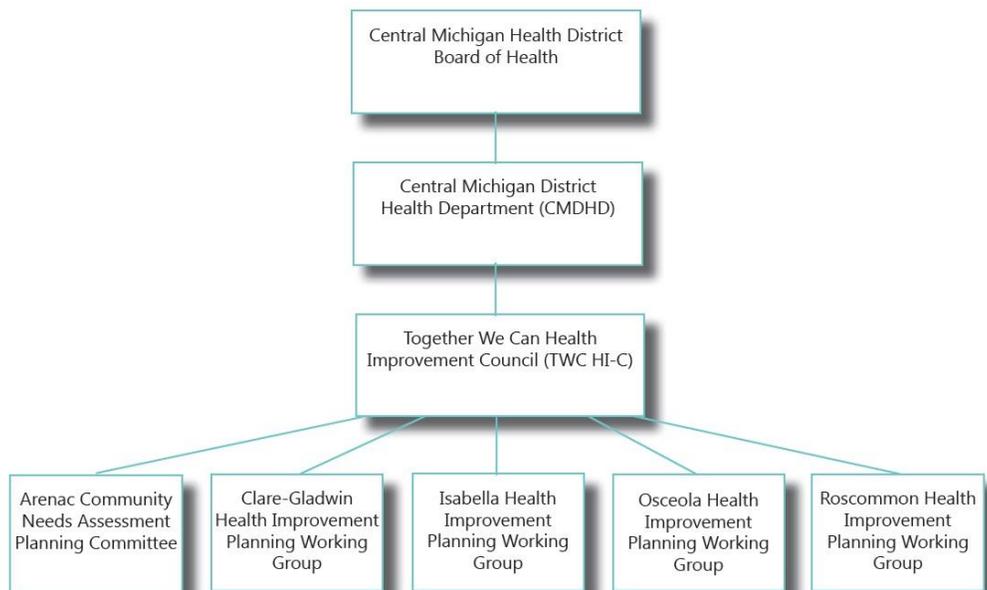
The first step in addressing the health issues in our community was to form the cross-county Together We Can Health Improvement Council, made up of representatives from across the health district from health care organizations, educational institutions, human service agencies, and government agencies. The council first established formal operating agreements and a unifying mission statement. A community needs assessment was completed through community surveys, focus groups, and open-forum discussions at two Public Health Summits. Health Improvement Planning Working Groups were also formed in each county in the central Michigan health district.

## Arenac Health Improvement Plan

### Mission

*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. Each county's Health Improvement Planning Working group has adopted this mission statement. Working towards a common goal with many partners across the Together We Can region will help each county's Health Improvement Planning Working group affect greater change. A diagram of Together We Can Organizational and Reporting Structure is shown below.





**Arenac County Health Improvement Planning Working Group Members:**

Chair-Person: Alison Fegan, CMDHD	Marc Lauria, MI Works
Amy Trogan, Great Start Collaborative Parent Liaison	Deb Kipfmiller, NEMCSA Head Start
Laura Iseler, Bay Area Women's Center	Janelle Cuddie, NEMCSA Head Start
Holly Bender, St. Mary's of Michigan – Standish Hospital	Amy Pratt, NEMCSA Head Start
Rachel Vallad, Arenac County Sheriff's Department	Kimberly Martini-Toth, Bay Arenac Behavioral Health
Mike Snyder, Arenac County Commissioner	Trisha Charbonneau-Ivey, Arenac Multi-Purpose Collaborative Body & Strong Families Safe Children
Michelle Koin, NEMCSA Early Head Start	Kathy Kent, Central Michigan District Health Department
Jenny Trout, Saginaw Indian Chippewa Tribe	Pamela Mazurek, Sterling Area Health Center
Robin Wiess, Whole Family Connection	

**Assessing the Health Needs of Arenac County**

The CMDHD has collected health and demographic information specific to Arenac County. The information included data gathered at the Public Health Summit, County Health Ranking data, Community Health Status Indicators (compiled by the US Department of Health and Human Services and posted at [www.communityhealth.hhs.gov](http://www.communityhealth.hhs.gov)), and additional health indicator statistics compiled by CMDHD.

The Health Department used the various health statistics to develop a Health Issues Survey to determine the importance of various health issues within the county.

In March 2011, the survey was widely distributed to members of the Arenac County community, including county Human Services Coordinating Bodies, representatives from government organizations, non-profit groups, educational institutions, businesses, and the public to collect opinions regarding health issues within the county. The surveys were structured in part on the model developed by the University of Wisconsin and asked for perceptions of severity and importance of factors within the two primary areas measured in the County Health Rankings:

- The health factors which directly affect health outcomes and organized into the major four topic areas of:
  - Health related behaviors



- Health systems/clinical care
- Preventative actions and wellness
- Environmental factors
- And health outcomes (examples of poor health outcomes include premature death, disease, and ill health).

Survey respondents were also asked to name their top three health issues. The Health Department and the Together We Can Health Improvement Council used the results of the survey to help determine and prioritize health improvement goals and set priorities, steps and timelines for actions

### **Priority Areas, Goals & Objectives**

Following compilation of the results of the Health Issues Survey by CMDHD and based on the experiences of group members, the Arenac County Health Improvement Working Group developed and prioritized the following major topic areas in which health improvement efforts are to be focused: Health Services; Nutrition and Physical Activity; Abusive and Violent Behavior; Substance Abuse; Family Life (Parenting); Transportation; and Environmental Issues. In addition to the following goals and objectives, the Arenac county HIP Working Group is committed to advocating for Together We Can goals and objectives through participation in (planning, implementing, and marketing) health fairs.

Health Services –Access to Quality Health Care

#### **Goal 1: Increase awareness of 2-1-1 North East Michigan and encourage utilization of various healthcare services through use of 2-1-1.**

Objective 1: 2-1-1 marketing materials will be available at 100% of collaborative body agencies.

Objective 2: Educate the public on the 211 system (how to use it, it's purpose, etc.) by providing a 2-1-1 presentation at least twice per year to community groups or agencies.

Objective 3: Assess and confirm that database is up to date.

Nutrition & Physical Activity

#### **Goal 1: Support and promote the existing initiatives already in place in Arenac County. (Senior Olympics and Health Fair, Project Connect, Saganing Health Fair, Bike Safety Rodeo, Caring Bear Picnic, St. Mary's Of Michigan – Standish Hospital Be Healthy For Life 2 Mile walk/Run and Healthy Arenac!, MSU Extension-Cooking Matters, Early Childhood Health Round Up, Depot Days 5K Run.**

Objective 1: Promote all special events by adding them to 2-1-1 database, TWC Facebook page and website, School newsletters and websites.

#### **Goal 2: Promote physical activity for all residents of Arenac County**

Objective 1: Update "Let's Get Moving" brochure for Arenac County to promote physical activity



Objective 2: Develop a distribution plan to distribute brochure at community events.

**Goal 3: Promote community education nutrition programs and promote availability/access to farmer's markets/produce stands in Arenac County.**

Objective 1: Develop comprehensive list of available programs for distribution.

Objective 2: Compile list of farmer's markets and produce stands and distribute list at community events.

**Goal 4: Explore development of community garden in Arenac County.**

Objective 1: Gather data and research possible partners, location etc.

Objective 2: Develop action plan.

**Goal 5: Coordinate efforts with Community Transformation Grant recipients for Arenac County.**

Objective 1: Develop relationship with existing community transformation grant recipients and collaborate together.

Family Life (Parenting)

**Goal 1: Promote existing parenting classes available in Arenac County**

Objective 1: Use existing systems in place to promote parenting classes (Great Lakes Bay Moms, 2-1-1, Whole Family)

Objective 2: Evaluate participation rates on a quarterly basis.

**Goal 2: Reinstate Community Baby Shower in Arenac County.**

Objective 1: Offer 1 day educational workshop for parents of children ages newborn to one year.

Objective 2: Explore funding options and sponsors for this event.

Abusive and Violent Behavior

**Goal 1: Support and promote local domestic violence shelter services.**

Objective 1: Help distribute Bay Area Women's Center program information to providers/physicians/public locations/Facebook and websites.

Objective 2: Connect with Prevention Educator at Bay Area Women's Center to provide opportunities for presentations.

**Goal 2: Promote local Child Abuse Prevention Training.**

Objective 1: Work directly with Arenac County Child Protection Council to promote annual child abuse training workshop.

**Goal 3: Advocate for continuation of School Liaison Office in Arenac County Schools.**

Objective 1: Write letter of support for the continuation of this position.

Substance Abuse

**Goal 1: Continue to promote prescription drug box in Arenac County.**

Objective 1: Continue to raise awareness about the National DEA Take Back Days.

Objective 2: Continue to market and promote the use of the prescription drug box in Arenac County.

**Goal 2: Maintain mutual representation on the Arenac Drug and Alcohol Containment Task Force (ADACT) to effectively collaborate and coordinate efforts.**



#### Transportation

**Goal 1: Advocate for bicycle helmet safety and safe bicycle riding practices.**

Objective 1: Bring back bicycle safety rodeo.

Objective 2: Collaborate with St. Mary's of Michigan – Standish Hospital's Caring Bear Picnic and add Bicycle Safety Rodeo to this event.

#### Environmental Issues

**Goal 1: Assess existing recycling programs in Arenac County.**

Objective 1: Partner with TWC environmental health.

**Goal 2: Promote prescription disposal sites.**

Objective 1: Partner with the Arenac Drug and Alcohol Community Task Force (ADACT) to market and promote the use of the prescription drug box.

### Moving Forward

The Arenac County Health Improvement Planning Working Group will develop action plans to implement the strategies to each of the objectives. The action plan for each of the strategies will include the steps required to implement the strategy and the timelines for each step, as well as those responsible for completing each step. At that point, the Working Group will identify the additional facilitating stakeholders needed to accomplish the action plan and work to bring them into the process. The Arenac County Health Improvement Working Group will then move forward to implement the action plans so as to improve the overall health and promote the well-being of the community members in the county.

The Arenac County Health Improvement Planning Working Group has brought together representatives from local and state government, social and health agencies and organizations, schools and school boards, business, law enforcement, and members of the public to address these issues. As the group continues to address all of the health issues identified, it will also continue to enlist the aid and services of those individuals and agencies who can best address the problems and bring resources to bear on providing solutions. Some of these goals can be accomplished in the short term, but many demand long term solutions and will not be accomplished overnight. We have set an ambitious agenda that depends on the continued interest and support of the working group members and members of the community.

This planning report represents just the start of our efforts to improve the health of the residents of Arenac County and will serve as a guide for actions in the short term and developing funding and sustainability in efforts in the long term. This is a repetitive process and as we measure and evaluate our progress in achieving our goals we will continue to revisit and address the remaining topic areas.



## Appendix A

### Arenac County Health Improvement Planning Milestones: Chronology

#### March 2010

More than 100 people from the central Michigan counties of Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon attended the Public Health Summit on March 13.

#### May 2010

The first meeting of the Together We Can Advisory Committee was held on May 20. The Committee has continued to meet on the third Thursday of each month in Clare, Michigan. The group was renamed to the Together We Can Health Improvement Council in January 2011.

CMDHD released *A Healthy Community Together We Can! Information Compiled from the Central Michigan Public Health Summit on March 10, 2010*, a report of information compiled from the Public Health Summit, including the health issues identified by the summit participants as being of particular importance and potential strategies for addressing those issues.

CMDHD released *A Healthy Community Together We Can! County Health Rankings Information for the Central Michigan District Health Department Counties: Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon* containing information compiled from the County Health Rankings, including the health indicators for each of the six counties within CMDHD's jurisdiction, as well as summary information for the six counties as a whole.

#### January 2011

Teams of Leaders (ToL) training was held on January 10 and 11 for the members of the Together We Can Advisory Council and other invited participants from the six counties within CMDHD's jurisdiction.

The ToL team launch for the Together We Can Advisory Council was held on January 12 and 13.

#### April 2011

Public Health Summit 2 was held on April 14, 2011 at the Doherty Hotel in Clare. Input from the Roscommon County and other county working groups was used to guide and inform discussion on health topics and areas for improvement

#### July 2011

A Town Hall meeting to discuss local residents' input on the county health rankings/health issues was held on July 27 at 2 p.m. in the Clare County Courthouse and conducted by the Michigan Public Health Institute.



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**February 2012**

The Central Michigan District Health Department's Community Health Assessment and Health Improvement Plan was released.

**April 2012**

Public Health Summit 3 was held on April 10, 2012 at the Comfort Inn & Suites in Mt. Pleasant. Input from the Roscommon County and other county working groups was used to guide and inform discussion on health topics and areas for improvement.

**October 2012**

Alison Fegan became the facilitator for the Arenac County HIP Group and established a standing monthly meeting date and time.

**December 2012**

The Arenac HIP Group conducted a resident survey to assess community member's input on what priorities to focus on first.

**April 2013**

Public Health Summit 4 was held on April 8, 2013 at the Comfort Inn & Suites in Mt. Pleasant.

**May 2013**

The Arenac HIP Group finished developing their first draft of their goals/objectives for their county-specific health improvement plan.