

Improving Health in Clare and Gladwin Counties

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



Health Improvement Plan

2012

*Central Michigan District Health Department
2012 E. Preston Street
Mt. Pleasant, Michigan 48858*

www.cmdhd.org



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Central Michigan Area Health Improvement Planning: Clare and Gladwin Counties

Introduction: The Community - Clare and Gladwin Counties

Clare and Gladwin Counties, with populations of 30,926 and 25,692 respectively (US Census 2010), are located in the center of Michigan's Lower Peninsula. Both can be described as largely rural with high levels of unemployment and many people living in poverty, 22.1% poverty in Clare County and 19.4% poverty in Gladwin County. There are several medical clinics and medical services in the counties, many of which are tied to major hospitals in the area (Mid-Michigan Medical Centers in Gladwin and Clare, and McLaren Central Michigan in Mt. Pleasant), but it is considered to be a health professional shortage area according to the US Health Resources and Services Administration. There are no obstetric services in Clare County, forcing residents to travel much longer distances to receive pre-natal care. 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 general economic and demographic conditions in the area (i.e. an increasing aged population and high levels of people utilizing Medicare and Medicaid) 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 Clare and Gladwin Counties

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 (e.g. smoking, obesity, drinking, STIs), Clinical Care (e.g. number of uninsured adults, primary care physicians, preventable hospital stays, diabetic screening), Social & Economic factors (e.g. education, employment, social support, crime rate), and the Physical Environment (e.g. 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). Clare County's ranking of 82 out of 82 ranked counties for health outcomes make it the "unhealthiest" county in the state of Michigan. Clare county also received a poor rating of 81 in mortality and 76 for health factors. Gladwin county fared only somewhat better, being ranked 77 for both health outcomes and health behaviors. These ratings signified alarming conditions and indicated a need for improvement.



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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.

Clare/Gladwin Health Improvement Plan

Mission

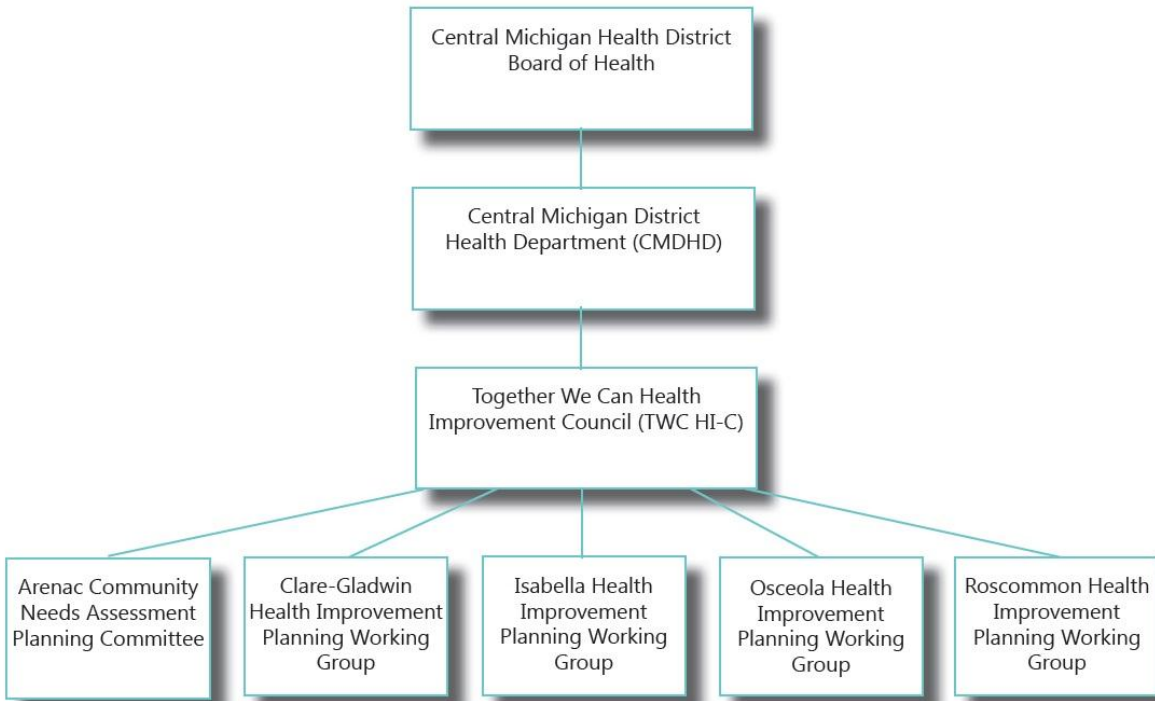
Uniting the communities and working together, we will improve health and promote wellness in central Michigan.

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.



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**Clare/Gladwin Health Improvement Planning
Working Group Members**

Sarah Kile – 1016 Recovery Network
Allison.Murphy – MidMichigan Medical Center-Clare
Andrea Eiseler – Community Mental Health of Central Michigan
Beth Bellamy – Mid Michigan Health Services-Houghton Lake
Bev Przystas – MSU Extension
Terri Cady – Disability Network of MidMichigan
Carol Bruce Gage - Mid Michigan Big Brothers, Big Sisters
Carol Westjohn – Clare/Gladwin RESD, SPARKS
Carolyn Hilley – Community Mental Health for Central Michigan, Gratiot County
Catherine Rayburn – Gratiot/Isabella RESD
Cheryl Yesney – MidMichigan Health
Christi Beck – Mid Michigan Community College
Cindy Fillmore – MidMichigan Medical Center-Clare
Bill Rhode/Dennis Carl - County Commissioner;
Dana.Garafalo – MidMichigan Medical Center-Gladwin
Daryl Phillips – Beaverton Rural Schools
Deana Pitts – MidMichigan Medical Center-Gladwin
Debi Harvey - CMDHD
Dennis Bromley –Clare Ministerial Association
Don Kolander - Clare Parks and Rec.
Erin Balbough - Women’s Aid
Genine Hopkins – Clare County Clever
Glenn King – MidMichigan Medical Center-Clare
Gretchen C. Wilbur – DHS, Clare County
Heather DuBois – Clare/Gladwin RESD, Head Start Collaboration
Janelle Cuddie – Northeast Michigan Community Service Agency, Inc.
Janet Foor – MidMichigan Medical Center-Gladwin

Jessica Gardon Rose - Central Michigan University, Carls Center
Jim Pless -
Joann Richards
Joe Phillips – Clare County Adolescent Probation
Joe Trommater – Clare/Gladwin RESD, SPARKS
Jolene Golden – Mid Michigan Community Action Agency
Joy Robinson – Harrison Community Schools
Kelly Conley - CMDHD
Lacie Curns – Chartwell Food Service
Laura Ruhle – Alzheimer’s Association, Greater Michigan
Lynn Grim – Clare County Commissioner
Mary Jane Ogg – Mid Michigan Community College
Mickey Claus – Farwell Public Schools
Michelle Neff – MSU Extension
Pamela Burke
Paul Cronstrom – Community Mental Health for Central Michigan
Rachel Haltiner – Clare/Gladwin RESD
Razvan Adams -
Roxanne Smith – Central Michigan District Health Department
Sandy Merrifield – Central Michigan District Health Department
Stacey Reaume – MidMichigan Home Care
Tom House – Harrison Community Schools
Tom Pirnstill – Clare County Transit Corporation
Veronica Romanov – Public Health Consultant, Together We Can Health Improvement Council
Vicky Bohr – Mid Michigan Community Action Agency



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Assessing the Health Needs of Clare and Gladwin County Stakeholders

The CMDHD provided the Clare-Gladwin County Working Group with health and demographic information specific to Clare and Gladwin Counties. 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), and additional health indicator statistics compiled by CMDHD.

The Clare-Gladwin County Health Improvement Planning Working Group used the various health statistics to develop a Health Issues Survey to determine the importance of various health issues within the county.

In September 2010, the survey was widely distributed to members of the health improvement working groups, Clare/Gladwin Systems of Care Co-occurring Leadership, representatives from government organizations, non-profit groups, educational institutions, businesses, and the public to collect opinions from community members regarding health issues within the two counties. 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 Clare-Gladwin County Health Improvement Planning Working Group used the results of the survey to help determine and prioritize health improvement goals and set priorities, steps and timelines for actions.





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Priority Areas, Goals & Objectives

Following compilation of the results of the Health Issues Survey by CMDHD, the Clare/Gladwin 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 Weight Status, Violence, Substance Abuse, Maternal and Infant Health, and Transportation.

The major goals and strategies to address each health priority area follow:

Health Services

Goal: Community members will have increased access to health care services including, health care providers, diagnostic services and area referral resources

Objectives:

- Establish a new primary care clinic in Beaverton- this will be done by MidMichigan Medical Centers Expansion by Spring 2012 Champion: MidMichigan Medical Center
- Increase awareness of 2-1-1 and encourage utilization of, various healthcare services through enhanced 2-1-1 referral assistance, as demonstrated by a 25% increase in call volume from September 1, 2011 to September 1, 2012.
Securing additional funding to support 2-1-1 in Clare and Gladwin Counties will be a priority. Champion: Gladwin – Sarah Kile
- Establish a free dental clinic in Clare County by Summer of 2012. Initiatives are in process for working towards a self sustainable, free medical clinic by March 2013. Champion: Genine Hayden is leading a small task team
- Increase the number of new patients being established with a primary care provider in Clare and Gladwin through continuous marketing and education efforts
Baseline Data Fiscal Year End 2011:
Clare: 2929 new patients
Gladwin: 1267 new patients
- Increase utilization of primary care office visits to meet healthcare needs through continuous marketing and education efforts.
Baseline data 1/1/11-12/31/11
Patients 29532
- Increase the number persons reached through an increase in Community Education programs and Screenings as proved by the MidMichigan Community Benefits Tracker Report for each affiliate.
Baseline Data Fiscal Year End 2011:
Clare:



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Community Based Clinical Services-Health Screenings:

59 Events

389 Person's Served

Community Health Education:

74 Events

Gladwin:

Community Based Clinical Services-Health Screenings:

27 Events

253 Person's Served

Community Health Education:

69 Events (3,696 persons served)

- Increase physician referrals and use of low-cost health services such as Health Living screenings in Clare and Gladwin counties by sending material home in Friday folders and report cards to make local families aware of these services. Goal is to achieve a 5% response rate, as measured by the number of callers who mention these materials when calling MidMichigan Health Line for the advertised services divided by the number of children receiving the materials. Champion: Dana Garafalo and Allison Murphy

Nutrition & Weight Status

Goal: Through a variety of education, prevention, and leadership activities, infants, young children and their families in Clare and Gladwin Counties will be physically, socially, and emotionally healthy.

Objectives:

- Provide annual opportunities for increased access to health services, to help meet early childhood requirements and to assist families in finding the medical care they need- this will be done by Great Start Collaborative Family Support Workgroup (Gladwin Child Abuse and Neglect Council, Clare County Youth Council)/ GSC Pediatric and Family Health Workgroup (Clare-Gladwin Health Improvement Planning, Head Start Health Services Advisory) and Great Start Parent Coalition beginning in April 2011 and annually thereafter.
- Increase parent and relative caregiver awareness of Social Emotional Health- this will be done by Great Start Collaborative Social and Emotional Health Workgroup (Early On Local Interagency Coordinating Council), GSC Family Support and Parenting Leadership Workgroup (CCYC, CAN), Great Start Parent Coalition beginning in May 2011 and annually thereafter.
- Provide research based parenting program trainings to parents and professionals in the community- this will be done by Great Start Collaborative Social and Emotional Health Workgroup (LICC), GSC Family Support and Parenting Leadership Workgroup (CCYC, CAN), Great Start Parent Coalition.



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- Led by S.P.A.R.K.S. Middle School and High School Student Leadership Council, programs will research local hunger need, both met and unmet. The Leadership Council will educate program participants about local hunger, plan and implement an Empty Bowls project, use grant money donations to purchase semi of food for local distribution and education. This project will begin October 2011 and be completed by June 2012.

Goal: During the 2011-2012 school year S.P.A.R.K.S. afterschool programs in Harrison, Farwell, Beaverton and Gladwin School Districts will implement specific activities for 80% of K-8 participants that will increase student understanding and participation in healthy choices for healthy bodies. Annual reports will be shared at the HIP meetings.

Objectives:

- MSU Extension will provide on-site nutrition presentations during program hours- this will be done by Program Site Coordinators and directors contacting MSU Extension to plan activities and each site will have one multi-session unit presented by MSU Extension, throughout the 2011-2012 program year.
- Each site will present a Healthy Body theme during the school year. The theme will incorporate a nutritional and physical component. Specific topics may include: food for living, experiencing new foods, absorption of sugar vs. fiber, aerobic movement, stretching and sports. The Project Director, Site Coordinators, and staff will plan the theme and staff will host specific focuses/sessions that will be offered during programming. Each K-8 site will implement Healthy Body theme during the 2011/2012 school year lasting a minimum of four weeks.
- K-8 programs will offer ½ day outdoor recreation programming on days schools are only open half days. Efforts will be made to utilize the local Rotary Boy Scout camp in Clare Michigan- this will be done by Project Directors and Site Coordinators will coordinate with the local school and camp to create the opportunity for half-day programs. This will be based on school district published calendars and camp availability, all K-8 programs will hold half day programs during the 2011/2012 school year.
- High School and Middle School SPARKS will hold an opening activity every day with a physical component. Begin October 1, 2011 end May 30, 2012

Goal: Expand access to healthy foods at current Farmer's Markets.

Objectives:

- We will investigate the use of the Bridge Card and Michigan MI-WIC EBT card at local farmers markets and assist them in implementing this by the 2012 summer season.



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- Promote and establish a community garden and involve the local schools through S.P.A.R.K.S. in which excess food can be donated to the farmers' market, by the summer of 2012.
- Low income families will have access to education on food preparation, healthy food choices, as part of food distributions throughout the year at community connection days in both counties. In addition, these education/food distribution opportunities will be offered at least monthly in one or both counties throughout the year 2011 and 2012

calendar years. Participants will be surveyed to measure participation rates, impact on nutrition, and customer satisfaction to assess program value and impact.

Violence

Goal: Increase violence prevention programs and organizational training opportunities for the community by September 2012. According to Kids Count from 2008-2009, 292 children in Clare and Gladwin counties were reported to be victims from child abuse and neglect.

Objectives:

- create a resource guide for domestic violence, anger management and family therapy by March of 2012. Champions: Shelterhouse and Women's Aid
- Collaborate with public and private agencies to enhance services to strengthen families by providing parent education workshops once per year.

Substance Abuse

Goal: Reduce the overall number of poisoning and overdose deaths of persons due to alcohol and other drugs in Clare and Gladwin by September 2013. Baseline data will be collected in 2012.

Objectives:

- Establish permanent drug disposal sites for unused and expired medications, in both Clare and Gladwin Counties by December 2011. Champion: Sarah Kile, 1016
- The Taking it Back Clare Gladwin Coalition Drug Free Movement will host activities to encourage social norming for adolescents throughout the 2011 and 2012 calendar years.
- Ten Sixteen Recovery Network will reach 2.5% of the adult population with a message about prescription drug abuse by September 2012, according to the 2010 census. This includes involvement of the local media with a minimum of 4 articles/letters to the editor about the dangers of prescription drug abuse between September 2011 and September 2012.



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- Ten Sixteen Recovery Network, local hospitals and the Northern Michigan Substance Abuse Services will plan and implement training for the medical community and other community organizations to address prescription drug abuse, and provide resources for substance abuse disorders by January 2012.
- Multiple community organizations including Ten Sixteen Recovery Network, Community Mental Health of Central Michigan, and local area health care professionals will provide

and potentially increase service delivery to persons with co-occurring disorders via Individual and group therapy, case management and Dual Recovery Resource Group monthly in both Clare and Gladwin Counties. This will be monitored by Clare-Gladwin Systems of Care.

- Tobacco Cessation Classes will be offered and completed regularly in both Clare and Gladwin Counties by MidMichigan Medical Center- Gladwin, The Central Michigan District Health Department, and Community Mental Health of Central Michigan.

Maternal and Infant Health

Goal: Increase the overall health of women and infants in both Clare and Gladwin counties by September 2013

Objectives:

- Expand support for the Teen Parent Support Programs to all Clare and Gladwin Counties by December 2013. The emphasis on the importance of completing high school and continuing education to be in the best position to get a job and be better able to afford to raise a family.
- The Parenting Leadership Workgroup (CCYC), and the Great Start Parent Coalition will provide mentoring/peer support groups for parenting teens.
- Coordinated parenting educational opportunities will be available for parents in Clare and Gladwin Counties by Fall of 2012 which will include Drug Abuse/Medicine Safety lessons for early childhood groups and parents and stress management presentations. Who? Champions?
- Increase the rate of pregnant women in the Women, Infants and Children's program who visit a medical provider in the first trimester (5% by September 2012).
- Decrease the rate of teen pregnancy by September 2013, with additional community education initiatives involving local medical providers, school systems, Department of Human Services, and any other applicable community organizations.



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- Increase the number of infant mental health specialists in both counties and increase the number of referrals for these services

Transportation

Goal: **Develop a plan to reduce transportation barriers for those who need access to medical services in both rural counties.**

Objectives:

- Clare County Transportation Commission Director will develop a regional medical transportation system. Directors from regional transportation commissions will work collaboratively to coordinate rides to provider sites/hospitals by December 2012.
Champion: Tom Pirnstill
- Establish a local coalition for development of non-motorized transportation in Clare and Gladwin Counties by September 2012. This includes working on initiatives such as pedestrian/bicycle master plans, safe walking and biking trails and increasing the connectivity of non-auto paths and trails. This coalition will also advocate for bicycle helmet safety and safe bicycle riding practices. (Need Champion)

Moving Forward

The Clare-Gladwin Health Improvement Planning Working Group will develop action plans to implement each of the objectives listed in the Health Improvement Plan. 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 Clare-Gladwin 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 county health improvement planning 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 working 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 Clare and Gladwin Counties and will serve as our guide for actions in the short term and developing funding and sustainability in efforts in the long term. This is a repetitive process and



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as we measure and evaluate our progress in achieving our goals we will continue to revisit and address the remaining topic areas.



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Appendix A

Clare-Gladwin 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.

June 2010

CMDHD presented to the Gladwin County Human Services Coordinating Body on June 15 providing information specific to the county from the County Health Rankings, the Community Health Status Indicators Report, and the Public Health Summit. Subsequently the Clare/Gladwin Systems of Care Co-occurring Leadership, which reports to both the Gladwin County Human Services Coordinating Body and the Clare County Coordinating Council, met and agreed to participate in the creation of the Clare-Gladwin Health Improvement Planning Working Group.

July 2010

CMDHD published the first edition of *HIP News to Know*, the monthly Health Improvement Planning newsletter, on July 15.

The first meeting of the Clare-Gladwin Health Improvement Planning Working Group/Health Advisory Subcommittee was held on July 29. The Working Group has continued to meet at the Clare-Gladwin Regional Education Service District (RESA) facility on the fourth Thursday of every month.



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September 2010

The Clare-Gladwin Health Issues Survey was conducted from September 14 through September 20.

October 2010

On October 28, based upon the results of the Health Issues Survey and additional input from the members of the Working Group, the Clare-Gladwin Health Improvement Planning Working Group determined that the Group's primary areas of focus (presented in prioritized order) will be: health services; maternal and infant health; nutrition and weight status; substance abuse; transportation; housing; reproductive/sexual health; violence; and water quality.

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

More than 100 people from the central Michigan counties of Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon attended the Public Health Summit on April 14.

April 2011

The Partners of Clare-Gladwin Great Start Collaborative

Goal in 2011 – The partners of the Great Start Collaborative will provide annual opportunities for increased access to health services to help meet early childhood requirements. Partners will also assist families in finding needed medical care.

Accomplishments: On April 30, 2011 the partners of the Great Start Collaborative coordinated and sponsored a Health Fair for children in ages 0-6 in Gladwin County. The health fair was done in cooperation with the annual community Health Fair sponsored by Mid Michigan Medical Center-Gladwin. The 0-6 health fair is provided on an annual basis. The purpose of the health fair is to help families meet the requirements of early childhood programs such as Early Head Start, Head Start preschool and the Great Start Readiness preschool programs. It also gives families the opportunity to become acquainted with local providers such as dentist, physicians and services of the Central Michigan District Health Department. All providers volunteer their time and talents.

Partners of the Great Start Collaborative were also involved in planning and implementation of the annual Paula Memorial Health Fair that was held in Farwell on April 16, 2011.



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There were more than 90 booths with health and safety information and lots of free health screenings were available to children and their families. All attendees received a free nutritious lunch.

There were also free raffles and giveaways, a blood drive, and the Smoke house fire simulator. The fair also featured a Children's Gym with lots of activities for children and free child identification kits and car seat inspection. Free transportation was available for families in Clare County.

Individual partners help families with access to medical needs on an as-needed basis. Programs, such as Head Start, help families find a medical and dental home if they do not have one.

Contact Information: Amy Pratt

Goal: In 2011 the partners of the Great Start Collaborative will provide research based on parenting program training to parents and professionals in Clare and Gladwin Counties.

Accomplishments: The partners of the Great Start Collaborative coordinated and sponsored a Conscious Discipline behavioral intervention strategy training for professionals and parent leaders on May 13, 2011. The training was facilitated by a national trainer from Loving Guidance, Inc. There were 125 people in attendance, 19 agencies/organizations were represented including Parent Leaders, Transportation, and Community Agency staff. It is estimated that 600-700 children age birth to five that are served through the various programs will be impacted by this training. As a result of this training, 5 local early childhood professionals attended the Conscious Discipline Train the Trainer in August 2011, also facilitated by a national trainer from Loving Guidance, Inc. These local individuals have been utilized to provide ongoing training to parents and professionals in the Clare-Gladwin community through the following avenues during the 2010-2011 year.

- ✓ Infant/Toddler Home Visiting Programs (Early Head Start/Early On)
- ✓ Community Parent/Child Activities and Socialization Groups
- ✓ Parenting Boot Camp – Provided 9 hours of Conscious Discipline training to 28 parents.
- ✓ Annual Community Baby Showers-Provided 1 hour of Conscious Discipline training to 46 parents in Gladwin County and 65 parents in Clare County. Each participant received a Conscious Discipline CG.
- ✓ Conscious Discipline Training Series for Parents – provided 15 hours of Conscious Discipline training to 27 parents.
- ✓ Childcare provider trainings offered through Great Start Connect.

Contact Information: Heather DuBois



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November 2011 – on going

Goal: Increase the availability of Family Planning hours to meet the needs of local clientele.

Accomplishments: Second Thursday evening clinics 4:00 – 7:00p.m.

Champion: Central Michigan District Health Department – Clare County

Goal: Educate the community and particularly teens and young adults by increasing sexually transmitted disease (STD) clinics and provide early prevention and routine screening for STDs.

Accomplishments: Central Michigan District Health Department started STD clinics in all 6 counties on 10/1/11. Testing is done on anyone who wants to be tested for gonorrhea, chlamydia, syphilis and HIV. These tests include counseling and education. The tests are fee-for service, payable at the time of visit. Medicaid is billed.

Champion: Central Michigan District Health Department – Gladwin County

Accomplishment/Date: November 2011 – on going

December 2011

Goal: Establish a permanent drug disposal site for unused and expired medications in both Clare and Gladwin Counties by December 2011.

Champion – Sarah Kile

Accomplishment/ Date: Gladwin City Police Department – 2010; Beaverton City Police Department – 2011; Clare County Sheriff Department – 2011.

September 2011 – 2012

Great Start Parent Coalition

Goal – Will provide mentoring/peer support groups for parenting teens.

Champion – Heather Dubois

Accomplishment/Date: September 2011 – 2012

October 2011 - 2012

Goal: Present healthy body theme during school year. Incorporating a nutritional and physical component. Specific topics include food for living, experiencing new foods, absorption of sugar vs fiber, aerobic movement, stretching and sports.

Champion: Carol Westjohn and Joe Trommater



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Accomplishment/Date: 2011-2012

November 2011 – 2012

Goal: MSU extension will provide on-site nutrition presentations during program hours.

Champion: Michelle Neff

Accomplishment/Date: 2011 - 2012

February 2012

Goal: Creation of a web site and template to house achievements of the Clare-Gladwin HIP team.

Champion: Carol Westjohn

Accomplishment/Date: February 2012 – on going

Goal: Tobacco cessation classes offered and continuing.

Champion: Lisa Cross

Accomplishment/Date: February 2012 – on going

March 2012

Goal: Research the local hunger need and educate program participants about hunger. Planned and implemented an Empty Bowls project.

Champions: Carol Westjohn and Joe Trommater

Accomplishment/Date: March 2012

April 2012

Goal: Increase the number of new patients established with primary care through marketing and education efforts.

Champions: Clare and Gladwin Hospitals

Accomplishment/Date: On going

September 2012

Goal: Community Nutrition Network - Soup Kitchen:

Low income families to have access to education and healthy food.

Education/food distribution opportunities will be offered at least monthly.

Champion: Gretchen Wilbur



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Accomplishment/Date: Fall of 2012

Goal: Soup Kitchen - Low income families to have access to education and healthy food; education/food distribution opportunities will be offered at least monthly.

Accomplishment Date: Fall of 2012