

# ***Improving Health in Osceola County***

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



## **Health Improvement Plan**

**2012**

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## **Central Michigan Area Health Improvement Planning: Osceola County**

### **Introduction: The Community – Osceola County.**

Osceola County, with a population of roughly 22,703 inhabitants (US Census 2009) is located in the center of Michigan's Lower Peninsula. Osceola County is largely rural, with 95.8% of its 364,905 acres comprised forested area, pastures, and agricultural land. The county has 22 units of government, which includes two cities, four incorporated villages, and 16 townships. Osceola county is home to an extensive park and trail system linking several thousand acres of lakes, rivers, state forest area, and two rails-to-trails systems. The physical environment of Osceola county provides an ideal setting for outdoor activities such as hiking, biking, hunting and snowmobiling.

There are high levels of poverty (19.1%) and unemployed (11.9%); somewhat higher than the state rates of 16.1% and 9.1% respectively. (US Census Bureau, State and County Quick Facts, 2010). Medical services in the area are provided by several clinics, many of which are tied to the local hospital (Spectrum Health, Reed City Hospital) located in the county seat of Reed City 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 general economic conditions (i.e. increasing numbers of unemployed, increasing numbers of the 'working poor') in the county as well as demographic changes (i.e. an increasing aged population) that are occurring more generally in all of Michigan and the United States.

### **Background: The Health of Osceola 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). Osceola county's ranking of 47 for health outcomes and 46 for health factors lead to the overall ranking of 45, second best in the health district. However, this still put Osceola County in the "unhealthiest" 50% of the state's counties.



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### **Osceola County Health Improvement Planning 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.

## **Osceola County 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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**Osceola County Health Improvement Planning Working Group Members**

Lisa Pope – Chair person

Bobbi Pontz

Kim Livingston

Kimberly Lombard

Lori King

Chris Vennex

MaryAnn Hyde

Becky Johnson-Himes – Central Michigan District Health Department

Martha Jones

John Calabrese

Larry Emig

Steve Westhoff

Lisa Spaugh

Michael Ross

Roger Elkin

Melissa Jerzykowski



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**Assessing the Health Needs of Osceola County Stakeholders**

The Health Department has collected health and demographic information specific to Osceola 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 Services assessment survey to determine the importance of various health issues within the county.

In April 2011, the survey was widely distributed to members of the Osceola County community, 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 Osceola 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 Osceola County Health Improvement Working Group developed and prioritized the following tasks for health improvement in Osceola County focusing on strengthening the Together We Can message, and improving nutrition and physical activity.

The major goals of the Osceola County Health Improvement working group follow:

#### **Assemble the Team**

**Goal: Assemble an effective Osceola County Health Improvement Working Group that includes local public officials, business owners, law enforcement, and other valued community stakeholders**

Objectives:

- Send hand delivered invitations to the HIP-WG meeting each month (Lisa Pope)
- Continue to keep prospective HIP-WG prospective members informed as to what TWC is doing and how they could be of value (via meeting minutes, Lisa Pope)

#### **Physical Activity**

**Goal: Get the public moving at sporting and school events during half time with encouragement from HIP-WG team members.**

**Goal: Outreach programs for non-sporting event attendees and community members**

Objectives:

- Involve Cheerleaders and band in motivating the crowd
- Walk Paths in halls for 10 minutes-half time or between games
- Provide free yogurt and water provided by Yoplait and other community businesses to those participating
- Ongoing bridge and community trail walks during spring through fall months
- Coordinate with school officials to get open hours for after school walking programs in winter months and assistance with sporting event programs

#### **Nutrition**

**Goal: Acquire one or two plots of land from the community to create a public garden.**

**Goal: Teach community members about fresh vegetables and harvesting**

Objectives:

- Invite the appropriate stakeholders to participate on the team and involve them in the project (Lisa Pope)

#### **Create a Participant Rewards Program**

**Goal: Create punch cards for active community members to use at local businesses for healthy meals and snacks, walking pedometers, exercise equipment (hula hoop/weights), or water bottles.**



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Objectives:

- Create punch cards
- Garner support from local businesses

Increase Community Awareness

Goal: **Increase community awareness of Together We Can and the Osceola County Working Group.**

Objectives:

- Create a press release on the TWC efforts and the Osceola WG members
- Create flyers/printed announcements for TWC activities and distribute to local schools, churches, and place in grocery store bags and on bulletins

Find Funding Sources

Goal: **Find grants/donations for walking and health eating programs**

Goal: **Request donations of exercise equipment from local businesses**

Objectives:

- Work with TWC HI-C on any available grants and grant writing
- Contact local businesses and obtain donations

## **Moving Forward**

The Osceola County 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 Osceola County Health Improvement Working Group will then move forward to implement the action plans and hopefully improve the overall health and promote the well-being of the community members in the county.

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 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**

### **Osceola 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.

#### **July 2010**

CMDHD presented to the Osceola County Board of Commissioners on July 6 providing information specific to the county from the County Health Rankings, the Community Health Status Indicators Report, and the Public Health Summit.

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

#### **August 2010**

CMDHD presented to the Mecosta and Osceola Human Services Collaborative Body on August 12 providing information specific to the county from the County Health Rankings, the Community Health Status Indicators Report, and the Public Health Summit.

#### **October 2010**

The first meeting of the Mecosta-Osceola Healthcare Work Group was held on October 7. The Work Group has continued to meet in Big Rapids usually once a month.



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**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.

**February 2011**

The Osceola County Health Issues Survey was conducted from February 14 through February 25.

**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

**February 2012**

February 7<sup>th</sup> – May 12, 2012, Get Moving Walking Challenge initiated to Osceola County residence. Walking at the Reed City High School every Tuesday and Thursday.

**May 2012**

Planted vegetables to be distributed to Osceola County residents to encourage healthful eating and gardening.

**June 2012**

Distributed vegetable starter plants to residents along with pamphlets on canning, preserving, and cooking of fresh vegetables, as well as, pamphlets on building various types of vegetable gardens at home.