

# ***Improving Health In Roscommon County***

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



## **Health Improvement Plan**

**2012**

*Central Michigan District Health Department  
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[www.cmdhd.org](http://www.cmdhd.org)*



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

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

Roscommon County, with a population of roughly 24,682 inhabitants (US Census 2009) is located in the center of northern Michigan's Lower Peninsula. Retirees are continuing to move to Roscommon County from across the state of Michigan. Many Roscommon County residents spend the spring, summer and fall months in Michigan. They seek warmer climates provided in the southern US during the winter. Roscommon County has a tourism-based economy. People live in widely varying economic circumstances within the community, with 22.6% of individuals identified as living below the poverty level (US Census Bureau, State and County Quick Facts, 2009). There are several medical clinics and medical services many of which are tied to major hospitals in the area (Mid-Michigan Medical Center in Clare, Mercy Hospital in Grayling and West Branch Regional Medical 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 Roscommon 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). Roscommon county's ranking of 70 for health outcomes and 69 for health factors ranked third among all counties in the central Michigan health district and in some areas the health discrepancies were alarming (e.g. a ranking of 64 in the Health Behaviors category and 75 in premature deaths) and indicated a need for improvement.



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### **Health Improvement Efforts**

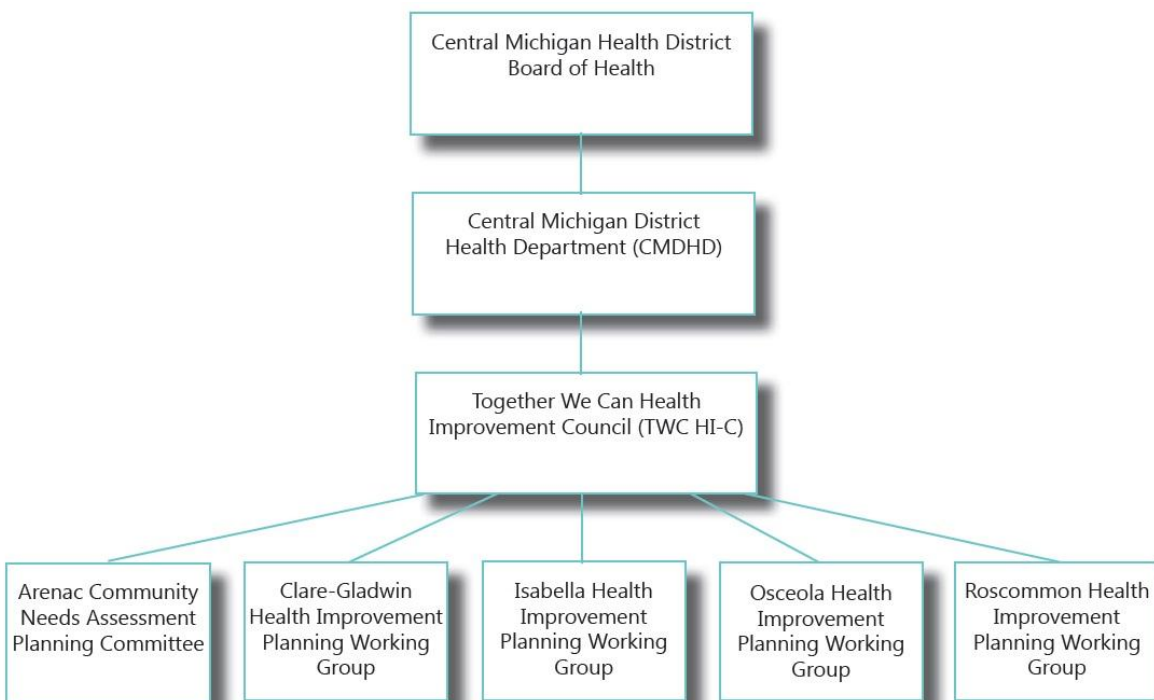
The first step in addressing the health issues in our community was to form the cross-county Together We Can Health Improvement Council, made up of representatives from across the health district from health care organizations, educational institutions, human service agencies, and government agencies. 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.

### **Roscommon 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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**Roscommon County Health Improvement Planning Working Group Members:**

Chair-Person: Melissa DeRoche, CMDHD

Amanda Janisse, Au Sable Free Clinic

Amy Hesse, Great Start Collaborative

Bryan Lydick, Mercy Hospital Grayling

Cindy Buss, NMCAA

Darrell Milner, MidMichigan Health Services

Donald Meierant, Mercy Home Care/Mercy Hospice

Donna Hardies, Catholic Human Services, Inc.

Doug Prior, GRACE Center

Douglas Dosson, Roscommon County Probate Court

Kathy Kent, CMDHD

Kim Meyer, Michigan Works

Lorelei King, Mercy Hospital Grayling

Marey Jurkovich, Riverhouse Shelter

Mary Hubbard, Northern Lakes CMH

Maryann McLean, MidMichigan Health Services

Maureen Daugherty, Roscommon County Transit Authority

Michele Cochrane, Early On/COOR-ISD

Nicole Ellens, Northern Lakes CMH/HSCB

Randy Stevenson, Roscommon County Sheriff's Dept.

Roberta Friday, Roscommon Co. Community Fdn.

Rosalie Myers, Roscommon Co. Economic Dev.

Roxie Smith, CMDHD, *Recorder*

Shari Dickson, MSU Extension SNAP ED

Shelley Hubbard, Catholic Human Services, Inc.

Theresa Roberts, Natural Living Health Food Store

Tracy Wilson, MidMichigan Health Services



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### **Assessing the Health Needs of Roscommon County**

The Health Department provided the Roscommon County Working Group with health and demographic information specific to Roscommon 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 Roscommon 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 November 2010 the survey was widely distributed to members of the health improvement working groups, county Human Services Coordinating Bodies, representatives from government organizations, non-profit groups, educational institutions, businesses, and the public to collect opinions from Roscommon County community members 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).

In November 2011, a local resident survey was distributed in the waiting rooms of the health and human service organizations who participate in the Roscommon HIP working group, at health fairs and presentations, and given to individuals. A total of 251 Roscommon County residents completed the Local Resident Survey. 27 surveys were completed by residents of other counties (3 of which were in the CMDHD jurisdiction).

Survey respondents in both groups were asked a series of questions, which included naming their top three health issues. The Roscommon County Health Improvement Planning Working Group combined these results with the previous 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 Roscommon 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; Housing; Transportation; and Environmental Issues. In addition to the following goals and objectives, the Roscommon 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: Educate community service providers on 211**

Objective 1: 100% of non-profit service agencies will fill out and submit 2-1-1 data forms.

**Goal 2: Educate the public on 211 (what resources are available and how to access them.**

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 once per quarter to community groups or agencies.

Objective 3: Assist local 2-1-1 advocates with contacting local agencies to accomplish goal #1.

**Goal 3: Educate and encourage the Roscommon County residents to establish a medical home (primary care provider).**

Objective 1: Improve the percentage of local residents who have primary care providers.

**Goal 4: Support the efforts of MidMichigan Health Services in the expansion of school-based health clinics and services in Roscommon County.**

Objective 1: Determine the feasibility of a new school-based health clinic in Houghton Lake by December 2013.

Objective 2: Expand the school based health clinic in Roscommon by 2012.



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Objective 3: Offer vaccinations at school based health clinics by 2012. (completed Spring 2012)

Resources available: Mid Michigan Health Services school-based health centers and Central Michigan District Health Department

Responsible persons: MidMichigan Health Services

Goal 5: **Continue the advertising of healthcare providers in Roscommon County.**

Responsible persons: Mid Michigan Health, Mercy/Munson Hospital System and West Branch Regional Medical Center.

Goal 6: **Educate and create community awareness of the Michigan 4 X 4 plan.**

Health Services – Dental Preventive Care/Check-ups

Goal 1: **Determine what is available for dental care in Roscommon County by conducting a community scan of dental services available by December 2013. (completed)**

Resources Available: Michigan Community Dental Clinics

Family Life (Parenting)

Goal 1: **Educate local residents on parenting classes**

Objective 1: Gather information on available resources by conducting a community scan by December 2013.

Objective 2: Provide resource information to 211 discovered during the community scan in objective 1.

Objective 3: Develop inventory list of parenting classes through System of Care for Crawford and Roscommon Counties and distribute to 100% Roscommon HIP Working Group partner organizations.

Objective 4: Offer a one-day workshop for parents of children, ages newborn to 1 year olds by March 2013.

Resources Available: Reach Out and Read, Cares Program, Love and Logic, Parent Train In Day, Triple P Training Program (0 – 12 year olds), Roscommon HIP Group

Abusive and Violent Behavior (Child Abuse, Elder Abuse, Abuse in Adults with Disabilities)

Goal 1: **Implement School-based programs to prevent bullying**

Objective 1: Support and/or participate in programs through local school districts (i.e. Pink Shirt Awareness Day on 11/18/11)

Goal 2: Encourage and promote a seminar and/or training session on elder abuse in Roscommon County.

Objective 1: Roscommon HIP-WG will assist in promoting the annual elder abuse conference (occurring each September) organized through NEMCSA

Goal 3: **Work with the Coordinated School Health Team to apply for a Safe Route to Schools grant (include snowmobile safety)**

Objective 1: Survey parents in private, public and charter school districts in Roscommon County (sent through CSHT)

Objective 2: Apply for a Safe Routes to Schools grant





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Resources Available: Department of Human Services, faith-based organizations, Riverhouse Shelter, Law Enforcement (programs in schools), School Counselors, Coordinated School Health Team, Roscommon HIP Group

Substance Abuse

**Goal 1: Continue to promote and monitor prescription drug drop boxes in Roscommon County through including drug drop box information in current community presentations.**

Resources available: Houghton Lake State Police Post has a permanent drop-box center; National Take Back Day (other locations)

Nutrition & Physical Activity

**Goal 1: Increase availability of food resources for all residents of Roscommon County**

Objective 1: Gather information on available resources by conducting a community scan by December 2013.

Objective 2: Identify gaps in services noted in the community scan in objective 1.

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

Objective 1: Create a "Let's Get Moving" brochure for Roscommon County to promote physical activity

Resources Available: Project HOPE, Roscommon HIP Group

Housing

No goals have been set at this time.

Transportation

**Goal 1: Establish a Michigan Mobility Center (Roscommon County Transit Authority) by June 2012**

Objective 1: Survey available transportation options and develop a transportation plan.

Objective 2: Roscommon HIP-WG will act as a resource/brainstorming group to help find resources to support the Michigan Mobility Center

**Goal 2: Participate in the Together We Can! Transportation Committee**

Environmental Issues

No goals have been set at this time.

## Moving Forward

The Roscommon 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 Groups will identify the additional facilitating stakeholders needed to accomplish the action plan and work to bring them into the process. The Roscommon County Health Improvement Working



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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 Roscommon County 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.

## **Appendix A**

### **Roscommon 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



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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 Roscommon Human Services Collaborative Body on June 16 providing information specific to the county from the County Health Rankings, the Community Health Status Indicators Report, and the Public Health Summit. The Roscommon Human Services Collaborative Body agreed to participate in the creation of the Roscommon County Health Improvement Planning Working Group.

**August 2010**

The first meeting of the Roscommon County Health Improvement Planning Working Group was held on August 19. The Working Group has continued to meet in Roscommon on the third Wednesday of each month following the Roscommon Human Services Collaborative Body meeting.

**November 2010**

The Roscommon County Health Issues Survey was conducted from November 2 through November 12.

**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.

On January 19, based upon the results of the Health Issues Survey and additional input from the members of the Working Group, the Roscommon County Health Improvement Planning Working Group determined that the group's primary areas of focus (presented in prioritized order) will be: health services; family life; abusive and violent behavior; housing; transportation; nutrition and physical activity; substance abuse; and environmental health.

**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

**May 2011**

The Roscommon County Health Improvement Planning Working Group established a list of current resources for Access to Health Care, Parenting/Family Life and Abusive & Violent Behaviors available in Roscommon County.



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**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.

**October/November 2011**

In the fall of 2011, a local resident survey was distributed in the waiting rooms of the health and human service organizations who participate in the Roscommon HIP working group, at health fairs and presentations, and given to individuals. A total of 251 Roscommon County residents completed the Local Resident Survey. 27 surveys were completed by residents of other counties (3 of which were in the CMDHD jurisdiction).

**February 2012**

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

**March 2012**

The "Sportsman for Your Neighbors" fishing tournament was held on Houghton Lake to benefit Project HOPE and other local food pantries throughout the CMDHD jurisdiction.

**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.

**May 2012**

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