Together We Can – Health Improvement Council

Date: February 7, 2013
Time: 9:00 a.m.
Location: Clare-Gladwin RESD, 4041 E. Mannsiding Road, Clare, MI 48617

Present: Alison Fegan, Allison Dunn, Allison Hubbard, Brenda Luckhardt, Darrell Milner, Dennis Cantrell, Gary Billotti, Gretchen Wilbur, Heather Cole, Helen Lee, Julie Wright, Kelly Conley, Mary Kushion, Melissa DeRoche, Melissa Kesterson, Noreen Rechlin, Pamela Mazeurek, Patti McNeilly, Sarah Kile, Scott Miller, Stephanie Leibfritz, Veronica Romanov

1. Welcome and Introductions
M. Kushion welcomed everyone and introductions were made. M. Kushion had everyone pick a picture from a selection provided that they feel represents one of the Together We Can Health Improvement core values. In small groups, each council member discussed which core value they felt their picture represented and why they felt that way. Then, M. Kushion had each member of the small group say which core values they see in each other’s pictures. One picture from each small group was presented to the council, and stated which core value was depicted from the picture.

2. Review/Approval of the January 3, 2013 Meeting Minutes
With no corrections stated, M. Kushion stated that the meeting minutes are approved and will be posted on the Together We Can Team Room and on the Central Michigan District Health Department’s website (www.cmdhd.org).

3. Launch Re-Cap
M. Kushion stated that the team launch went really well and she appreciated everyone attending the meetings. M. Kushion asked for feedback from the council on how they felt the team launch went. H. Lee stated that she received a lot of valuable information from the training and felt that the time went fast. H. Lee stated that she felt that the Teams of Leaders process will help her as a HIP working group facilitator and feels that the leader team exercise is a good process. H. Cole stated that she felt it was a really good use of our time to do some problem solving within our plan. K. Conley stated that she felt it was good to identify and establish possible barriers. G. Billotti stated that he felt the engagement of everyone was great and non-judgmental of others thoughts. B. Luckhardt stated that it was good to repeat everything that she had learned 2 years ago at the previous team launch.

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4. **Summit Update and Facilitator/Spokesperson Training**

S. Kile stated that the 4th Annual Public Health Summit will be held on Monday, April 8th, 2013, at the Comfort Inn, in Mt. Pleasant. S. Kile stated that on Tuesday, April 9th, 2013, there will be facilitator/spokesperson training. S. Kile stated that this training will be from 9:30 until 3:00 p.m. S. Kile stated that this training will teach us how to deal with difficult situations that may arise in one of your meetings; help us learn how to run a meeting; and teach us to tell people about what we are doing. M. Kushion stated that currently, we do not have a keynote speaker for the summit, but we do have a few people in mind. M. Kushion stated that the Together We Can awards will be presented at the summit, and we will also launch the Health Hero award program.

5. **Community Transformation Grant Evaluator Update**

Veronica Romanov, Community Transformation Grant Evaluator, stated that as part of the grant, she is required to give quarterly briefings to the council. V. Romanov gave her background information and how she became affiliated with Together We Can. V. Romanov presented a power point presentation entitled “CDC Community Transformation Grant: Program Overview – Measuring Outcomes, Leadership Team Briefing – February 2013.” V. Romanov stated that during the presentation, she will discuss the following: what is in a name, leadership team, outcomes, interventions – objectives, current activities, program monitoring, program evaluation, leadership team – again, and the next steps.

V. Romanov stated that the funding for the community transformation grant is provided by the CDC, which stands for Centers for Disease Control and Prevention. V. Romanov stated that the CDC started in 1946 to help control the spread of malaria from soldiers returning from World War II, and in 1946, it was called Communicable Diseases Center. V. Romanov stated that in 1967 they changed their name to the National Communicable Disease Center (NCDC); in 1970, they became Center for Disease Control; in 1980, they became Centers for Disease Control; and in 1992, the became what they are knows as now, which is the Centers for Disease Control and Prevention.

V. Romanov stated that the full name for this grant is CTG-TWC-TCMCP, which stands for Community Transformation Grant for the Together We Can Transform Central Michigan Communities Program. V. Romanov stated that we need to come up with a shorter “street name” for this grant. V. Romanov stated that she has come up with a few ideas: Together We Can Transform our Communities Program, and Transforming our Communities Program. V. Romanov stated that if anyone has any additional suggestions, to please let her know. V. Romanov

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stated that there were 40 grants given nationwide, and we were the only grant awarded in the state of Michigan.

V. Romanov explained what the leadership team does:
- Assist in educating stakeholders about program (and determining about their requirements and contributions)
- Participate in collaborative activities with CDC, national/state experts, County HIP Working Groups, network members, and partners as well as the public
- Review program implementation and evaluation reports and provide advice on methods of overcoming barriers to progress
- Attend monthly program meetings
- Participate in training sessions
- Participate in the development of the program
- Advise on implementation of program activities
- Assist in the development of dissemination products
- Participate in sustainability efforts

V. Romanov stated that the program staff will provide information in the following ways: progress briefings, training sessions, quarterly briefings by the program evaluator, quarterly reports prepared by the program evaluator, information will be posted on the team room as well as the Michigan Health Information Alliance dashboard, and information will come from stakeholders as well.

V. Romanov reviewed the outcomes, stating that these outcomes are the CDC’s goals:
- Reduce death and disability due to heart disease and stroke by 5% in the implementation area.
- Reduce the rate of obesity through nutrition and physical activity interventions by 5% in the implementation area.
- Reduce death and disability due to tobacco use by 5% among the target population.

V. Romanov stated that the long term outcomes and measures are to reduce death and disability due to: heart disease, stroke, cancer, diabetes, chronic lower respiratory disease, and tobacco use. V. Romanov stated that these outcomes are primarily health outcomes. V. Romanov stated that intermediate term outcomes would be to: reduce obesity rates by a 5% reduction, improved nutrition, increased levels of physical activity, and decreased rates of tobacco use.

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V. Romanov reviewed the baseline data for obesity rates, nutrition, level of physical activity, and rate of tobacco use.

V. Romanov reviewed the interventions/objectives, stating that all objectives are to be accomplished by September 2014. V. Romanov stated that the objectives are:

1. Increase the number of K-12 students who have access to healthy foods at school to 6,729.
2. Increase the number of residents with opportunities for daily physical activity in institutional settings to 52,196.
3. Increase the number of residents who have access to healthy food and beverage options in restaurants to 195,805.
4. Increase the number of residents with access to active transportation options to 65,268.
5. Increase the number of infrastructure components supporting Community Transformation Grant activities from 0 to 3.

V. Romanov reviewed the current activities for each outcome, stating what has been done during the 1st, 2nd, and 3rd quarter. Current activities include topics such as: collecting baseline data, recruiting, developing partnership agreements, providing training and/or technical support, and other areas specific to the outcome.

V. Romanov stated that we will be doing program monitoring will be done in a number of ways. V. Romanov stated that Heather Cole will be reporting to the CDC through their Chronic Disease Management Information System (CDMIS).

V. Romanov stated that other program monitoring will be as follows:

- Intermediate and long term measures will be maintained on the Michigan Health Information Alliance dashboard.
- A Program Tracker, which will include the community transformation implementation plan, additional program related requirements, resources, and program measures.
- Processes for collecting qualitative data to be developed.

V. Romanov stated that there are two types of program evaluations:

1. Process Evaluation – Focuses on the quality and implementation of the activities and interventions.
2. Outcome Evaluation – Concentrates on assessing the achievement of expected outcomes.

V. Romanov stated that the purpose of program evaluation is to: determine whether activities are accomplished according to schedule; assess the degree to

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which expected short, intermediate, and long term outcomes are achieved; and
provide continuous improvement.

V. Romanov reviewed the leadership team activities once more and stated that the
next steps for her as the program evaluator are as follows:
 Today’s presentation will be posted in the team room.
 Quarterly progress reports for the leadership team will be produced before
the end of February; feedback for inclusion should be provided no later
than Monday, February 11, 2013 via email to
  veronica@romanovegroup.com.
 Continue bi-weekly telephone meetings with the program director.
 Processes for collecting qualitative data to be developed.
 Leadership team to provide feedback. V. Romanov encourages members
to keep comments and suggestions coming.

6. Priority Area Plan Revision Work Session
M. Kushion distributed to the priority area leaders the original leader team
exercise butcher charts, as well as a typed version, of the 6 priority areas that were
discussed at the team launch. Council members could choose which priority area
group they wanted to work on for the remaining 40 minutes. Groups discussed
the butcher chart notes, goals, and how they saw their priority area being revised.

7. Member Updates
M. Kushion introduced Sharon Mortensen, who is the president and CEO of the
Midland Area Community Foundation. S. Mortensen stated that her organization
is conducting a needs assessment so that their organization has a prioritized list of
needs so when her organization is writing grants, they will be able to put the
funding where there is need. Discussion was held on focus groups and data
information. S. Kile stated that the MIPHY is a good source for data information.
V. Romanov stated that during the food truck distribution, there is 1-2 hours of
lag time between when a person arrives and when they get there food and that
may be a good resource to do a needs assessment.

D. Milner stated that Governor has released his intent to support the expansion of
Medicaid. D. Milner stated that this still needs to be passed through the state
senators and the state representatives, but this could save lives. D. Milner
encouraged everyone to contact their state representatives and senators and
express the importance of this legislation.

D. Milner stated that they will be applying for a HRSA grant for an FQHC access
point in Clare County. D. Milner stated that he has discussed this with Ray

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Stover and the full application is due April 3rd, 2013. D. Milner stated that the first part of the application will be due in March. D. Milner also stated that we will be seeking letters of support from organizations when the time comes. D. Milner stated that 25 projects will be funded at first with the possibility of additional projects be funded later.

S. Kile stated that the Governor is releasing the state budget today. S. Kile also stated that she brought 2-1-1 posters and magnets and asked people to please take as many as they wanted.

8. **Adjournment**
The next meeting will be on Thursday, March 7, 2013, at 9:00 a.m., at the Clare Gladwin RESD. M. Kushion stated that there will be representatives from the Michigan Department of Community Health to discuss the Governor’s 4x4 plan. Meeting adjourned at 11:15 a.m.

Respectfully Submitted,

**Allison B. Dunn**

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