Welcome and Introductions
M. Kushion welcomed everyone to the Together We Can Health Improvement Council meeting and introductions were made. M. Kushion asked if any council members had any amendments to the agenda. Hearing none, M. Kushion stated that the agenda will stand as distributed.

Review/Approval of the June 6, 2013 Meeting Minutes
With no corrections stated, M. Kushion stated that the June 6, 2013 meeting minutes will stand as approved and will be posted on the Together We Can team room, on the Central Michigan District Health Department’s website (www.cmdhd.org), and on the Together We Can website (www.together-we-can.org).

Health Hero Award Nominees
M. Kushion stated that the Health Hero award nominations are to be reviewed twice a year and it is time to review the first set of nominations. M. Kushion reminded everyone that the award is given to recognize local businesses, restaurants, schools, faith-based organizations, clubs, and other entities that are going above and beyond in promoting health and wellness of community members. M. Kushion distributed the Together We Can Health Hero Award Nominees August 2013 sheet and asked each person to read each nomination, and then vote either yes or no if they felt the nomination should receive a health hero award. K. Conley asked how the nominees would receive their award. M. Kushion stated that the award would be sent to them along with a letter explaining the Health Hero Award. M. Kushion also stated that all health hero award winners would also be eligible to receive a Together We Can award at the next public health summit. After voting, the following nominees were awarded Health Hero Awards: James Badgerow (Sterling, Michigan resident in Arenac County); City of Mt. Pleasant Farmer’s Market (Parks and Rec – Isabella County); We Care Shop – St. Vincent DePaul; MI-Works; Catholic Human Services; MSU Extension; Karen LaBranche – Curves (Roscommon County); and Houghton Lake School Based Health Clinic and Roscommon

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TWC Future Direction/MiHIA Overview
M. Kushion thanked Gary Billotti for facilitating the June Together We Can meeting and leading the discussion on the future direction of Together We Can. M. Kushion stated based on the information provided at that meeting, the document entitled Together We Can 2.0 was developed. M. Kushion stated that the council has three options to consider in regards to the future direction of Together We Can:

- Option One: Create a formalized partnership between CMDHD and MiHIA where TWC continues to be sponsored primarily by CMDHD and serves as the foundational model in the development of a regional population health strategy for MiHIA in the 6 county CMDHD region.
- Option Two: CMDHD applies for 501c3 status for the TWC initiative to leverage funding opportunities, but the TWC leadership remains within CMDHD.
- Option Three: TWC remains a part of CMDHD (non-501c3) as a governmental entity and CMDHD partners with MiHIA for available to 501c3 entities as appropriate.

M. Kushion stated that the main difference between option 1 and option 3 is that in option 1 there is a formalized agreement, where in option 3, there is no formalized agreement. M. Kushion stated that in option 3, CMDHD and MiHIA would partner when partnerships are possible, but there would be no agreement.

Kim Morley, chief executive officer of MiHIA, provided a power point presentation on MiHIA’s assets and achievements. K. Morley stated that she wanted to give the TWC HI-C a good understanding of what MiHIA is and how the TWC and MiHIA can work together. K. Morley stated that this would be a unique opportunity if MiHIA and TWC would combine to replicate the work we are doing at a regional level because as of today, no one is doing work like this at the regional level, and that TWC already has a great framework in place. K. Morley stated that MiHIA is one of just 24 community collaborations in the nation and is designated to build a healthcare system where consumers, providers and payers make decisions based on value and quality. K. Morley stated that MiHIA has a well-represented board of directors that believe in common goal, which is locally, we can do it better. K. Morley stated that the board believes the work should start locally and move up to a state wide, rather than start at the state and work down to the local level.

K. Morley stated that MiHIA has national recognition and positioning with the chartered value exchange and the IHI triple aim (population health, patient experience, and cost of
care) in the region community. K. Morley stated that MiHIA does have data in the form of the Health Dashboard, and MiHIA and TWC can have convening capacity and look at how to connect the dots between the work that is already being done in our area.

K. Morley stated that MiHIA is not looking to compete with TWC, but rather work together. K. Morley stated that leadership is not a noun, but a verb and that one has to practice leadership and being a leader. J. Moreno asked if there is a formalized agreement, how TWC and MiHIA would go about applying for grants. K. Morley stated that it depends on the grant and the criteria of the grant.

K. Morley reviewed the alignment MiHIA would have with TWC stating:

- Alignment of mission, vision and business plan of the MIHIA organization with TWC
- Alignment of geography with the geographic scope of MIHIA
- Fits well with the project/ initiative approach for MIHIA where individual projects operate independently with support of the staff and broader resources
- Saves TWC enormous time and cost establishing a legal entity to become a 501c3
- Offers synergy of using some MIHIA resources such as website/ calling lines etc.
- Offers expertise and connections to be leveraged for the benefit of TWC
- Dr. Baase/ MIHIA has strong ties to RWJ leadership and CDC as well as other funders
- Close relationship with CMU Medical School
- Central funding for third parties rather than fragmentation

K. Morley highlighted some MiHIA achievements:

- Played a key role in acquiring a $22MM statewide FCC networking grant that resulted in high-speed network capability
- Received a competitive grant of $40,000 from the Center for Health Value Innovation for consumer engagement
- Received $100,000 grant from Aetna towards population health projects and sustainability
- Established and maintains regional health dashboard
- January 2012 – Submitted $30MM CMS Innovation Grant
- May 2012 - Identified as key partner with Michigan Public Health Institute to launch Michigan Pathways to Better Health (CMS Innovation Grant) in Saginaw County
- June 2012 - Identified as key partner with Central Michigan District Health Department in the Community Transformation Grant
- March 2013 – Recipient of the ABIM Foundation/RWJ Choosing Wisely Grant ($70,000 – 2 year grant)

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K. Morley also reviewed a few MiHIA Project Accomplishments stating:

- Key Partner: TWC Health Improvement Council
- Key Partner: Michigan Pathways to Better Health
- Established baseline data on the cost of care in the region
- Triple Aim Project - Child Developmental Screening - promotes wellness of children birth to age 8; and Advancing Youth Futures - adolescent health initiative for grades 6-12
- Key Partner: Community Transformation Grant
- Recipient: ABIM Foundation Grant: “Choosing Wisely” Campaign

M. Kushion thanked K. Morley for her MiHIA overview and stated that moving forward with TWC, we need to think about sustainability and growing. M. Kushion stated that she does have a conference call with the Robert Wood Johnson Foundation scheduled for later that afternoon and she would like to tell the Foundation that we would like to share our success story in other counties, but regardless if they fund that, we will still keep doing what we are doing.

M. Kushion discussed the idea of having a Together We Can Coordinator, who would work with the MiHIA population health strategy team and coordinated efforts between the TWC HI-C and all TWC HIP working groups.

J. Wright stated that at first she was concerned that if TWC got too big, we might lose some of the initial ideas, but from a MidMichigan Health viewpoint and the communities that MidMichigan Health covers, it may be beneficial to have a combined effort with MiHIA.

S. Leibfritz stated that the idea of regionalizing is attractive to her and that all communities have groups such as county collaboratives that we could bring the framework to them and coach them along the way.

M. DeRoche stated that she felt a relationship with MiHIA would be good, but asked if there had been discussions with other health departments and if they even wanted us to come into their communities. M. Kushion stated that there have been discussions, however, we would only go to the other communities upon their request.

J. Wright stated that the Together We Can model has been recognized at the state level, and asked if people from the state are telling other health departments that they should follow this model. M. Kushion stated that the state can encourage other health departments to follow our model, however, they can’t offer funding for other communities to do so, and therefore, can’t mandate it. M. Kushion also stated that

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because hospitals have to conduct self-assessments, the state may feel that this is already being done.

V. Romanov asked how the county HIP working groups would be affected by this change if TWC and MiHIA were to have a formalized agreement. M. Kushion stated that the HIP working groups are a very important part of Together We Can and would of course continue. M. Kushion stated that this partnership would give us more HIP working groups and the coordinator position would be able to see where there are overlaying efforts and could bring information to other working groups as well as the council. V. Romanov stated that she felt the coordinator position is need as she feels that there is a disconnect between the working groups and the council.

D. Milner asked M. Kushion what her thoughts are as she was the one that brought everyone to the table in the first place. M. Kushion stated that she would not like to see the health department lose autonomy, but, from a regional standpoint, MiHIA would be a good fit for TWC. M. Kushion stated that while MiHIA does have a lot to offer to TWC, TWC has a lot to give to MiHIA as well. J. Wright asked if this idea has been presented to MiHIA’s board and if they are in favor a formalized agreement. K. Morley stated that it has been presented to the executive board and they felt good about it. K. Morley stated that they like the idea of starting local and moving up as opposed to working at the State level and moving down. K. Morley stated that the MiHIA board felt strong about the health department’s leadership. M. Kushion stated that she felt comfortable stating that the board of health would follow the recommendation of the council. J. Moreno stated that he felt that both organizations bring different things to the table and he supports option 1.

H. Cole stated that she has learned a lot about MiHIA and feels that the health department would be giving MiHIA a lot in the formalized agreement as well. H. Cole stated that MiHIA would like to see how TWC is growing and changing as opposed to telling us how to change. H. Cole stated that she would be in favor of option 1.

M. Helveston stated that the timing seems right to grow and expand. M. Helveston stated that it could even be something where the health department would go into MiHIA counties to teach the framework of TWC, but then other counties outside of the MiHIA region, we could charge for our services.

M. Steiner stated that at the June meeting the major concern was growing too big too fast. M. Steiner stated that she can’t see that happening now and why re-invent the wheel when we can share what we have already accomplished. M. Steiner stated that she was in favor of option 1.

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S. Kile addressed V. Romanov’s concern about the HIP working groups getting lost in the shuffle, stating that she would never let that happen. S. Kile stated that she is in favor of option 1 as well.

A. Hubbard stated that she feels partnership is always helpful and beneficial and that we can be stronger as a region.

K. Conley stated that she felt there was no downside to the partnership with MiHIA.

M. Kushion thanked everyone for their input.

**Community Transformation Grant Update**

Veronica Romanov, Community Transformation Grant Program Evaluator, presented a power point presentation entitled “Together We Can Transform Central Michigan Communities Program Leadership Team Briefing; Third Quarter – April through June 2013.” V. Romanov stated that the Community Transformation Grant has completed its third quarter. V. Romanov stated that she will be discussing two topic areas during her presentation: CTG Program Information and Outcome Measures.

V. Romanov stated that that there are two places to find information regarding the community transformation grant: the Together We Can team room and also the Together We Can website. V. Romanov stated that the best place to find information on the grant is in the team room. V. Romanov stated that there is a CTG folder in the shared documents tab of the team room and that all materials for the grant are placed in that folder. V. Romanov recommended that all team room users use the Alert Me function of the team room, which would alert a user when a new document has been placed in the folder. V. Romanov stated that when a user logs in, in the upper right hand corner of the screen under the user’s user name, there is a drop down button where a user can set an alert. V. Romanov stated that CTG materials can also be found on the Together We Can website, which is [www.together-we-can.org](http://www.together-we-can.org), under the Community Transformations tab. V. Romanov stated that there is all types of information under the Community Transformation tab, including the “Reasons You Can Quit Tobacco” messages, and urges everyone on the council to visit the website.

V. Romanov reviewed the documents that have been placed in the team room under the CTG folder during the third quarter, including: Central Michigan District Health Department Awarded $1.6 million to Help Create Healthier Communities in Central Michigan area press release date (October 1, 2012); Community Transformation Grant School Partner Agreements press release (May 2013); Local School Improves Access to Healthy Food press release (June 24, 2013); Community Transformation Grant Head Start/Great Start Agencies and Michigan Works! Partner Agreements press release (April 2013); Community Transformation Grant - Commission on Aging Partner Agreements

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gathered the information. V. Romanov stated it was a telephone survey, both landline and cell phone numbers were called.

V. Romanov stated that her power point presentation will be available in the team room for review. V. Romanov also stated that she recently listened to a broadcast by the Robert Wood Johnson Foundation on the commission to set up a healthier America. V. Romanov stated that there are three things needed when effecting change:

1. A persons wants to want to change
2. Once the person wants to change, they have to know how to change
3. A person has to be able to change.

V. Romanov stated that if you want more information on the broadcast, please contact her. M. Helveston stated that it is very important to make sure the schools take the MIPHY survey. H. Cole stated that the health department is reaching out to schools to make sure they do complete the MIPHY.

H. Cole reminded everyone that we may not see change in the numbers at the end of the community transformation grant, but it is not a reflection of the work we are doing with the grant. H. Cole stated that change takes time.

**Member Updates**

M. Kushion stated that Heather Cole and Helen Lee will be attending a training conference in Atlanta put on by the CDC in August, and that Scott Miller has been asked to be a presenter at the conference and will be presenting on his work with social media. M. Kushion also stated that the Clare-Gladwin RESD now has the teleconferencing equipment and that the poly-coms are available to be placed around the room so people who call in will be able to hear the conversations and be a part of the meetings. M. Kushion stated that there are extra copies of the printed 2013 revised plan in the back and encouraged members of the council to take copies.

M. Kushion stated that $600 was donated to every county (to either a food distribution truck or food pantry) with the money raised from the Together We Can 5K Trot and the Together We Can golf outing. M. Kushion stated that the health department distributed the money and in the future, the decision as to where the money goes, could be discussed at the council meetings. K. Conley stated that maybe the HIP working groups should be consulted as to where they would like to see their county’s money go.

M. DeRoche stated that the Big Latch On is scheduled for Friday, August 2, 2013. M. DeRoche stated that it is an event to raise awareness to encourage breast feeding.

D. Milner stated that there could be a vote regarding Medicaid expansion at the end of August. D. Milner encouraged everyone to contact your legislator and let them know that Uniting the communities and working together, we will improve health and promote wellness in central Michigan.
you support the house bill or the Michigan Health Plan. D. Milner stated that this bill will save lives.

V. Romanov stated that when residents sign up to receive a distribution from the food trucks, there is some time in between when a person registers and when they receive their food distribution. V. Romanov stated that she has heard from community partners that attend the food distributions that this is an excellent time to reach out to people, communicate with people, and pass along information.

M. Helveston stated that Northern Michigan Substance Abuse Services will be holding a physician training on pain management. M. Helveston stated that the training will be offered to all of the counties they serve and they can do any type of training from presenting at a staff meeting to a more formal event. M. Helveston stated that they unfortunately can’t offer the training to Arenac County because it does have to be within the NMSAS jurisdiction. M. Helveston stated that CME’s can be attached and to contact her if you would like more information on offering the training.

Meeting adjourned at 11:15 a.m.

Respectfully Submitted,

Allison B. Dunn

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