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“Together We Can! Create a Healthier Community”

In early 2010, the Central Michigan District Health Department (CMDHD or the health department) embarked upon the Together We Can! initiative, an effort to improve the overall health of the more than 196,000 people within its health district, which includes the central Michigan counties of Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon. This action was in part motivated by the results of the University of Wisconsin’s Population Health Institute’s *County Health Rankings*, which showed the counties in CMDHD’s district to be among the unhealthiest in Michigan. This evaluation clearly indicated an urgent need for health improvement in the region. The first step in addressing the health issues in our community was to form a multi-jurisdictional 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. Additional data was gathered by survey and through focus groups, and eight areas were identified as health priorities in the region. These eight areas are Access to Health Services, Nutrition/Weight Status/Physical Activity, Maternal/Infant Health, Reproductive/Sexual Health, Abusive/Violent/Controlling Behavior, Substance Abuse, Environmental Health, and Transportation. Health Improvement Planning Working Groups were also formed in each county in the central Michigan health district.

Armed with data and community input, CMDHD lead the Together We Can Health Improvement Council in creating a strategic plan to address the eight health priority areas. One challenge CMDHD faced was selecting interventions to address the health priority areas that would be effective in improving the health of the community. The *Community Guide* was an invaluable tool in this process. For each health priority area, measurable objectives were identified, and then specific interventions were researched and selected for implementation. The *Community Guide* was used to identify evidence-based initiatives to apply in the region. The *Community Guide* was also very helpful in communicating this process among the Together We Can network of partners because it gave all members a common source of reference. Members were able to get a clear understanding of the criteria that were used in selecting interventions for the strategic plan. Another useful aspect of The *Community Guide* has been the ease of use. It clearly details effectiveness, community-specific recommendations, and cost/ROI information.

With the help of The *Community Guide* as valuable reference, the Central Michigan District Health Department and the Together We Can Health Improvement Council successfully completed and approved the 2012 Together We Can Community Health Assessment and Health Improvement Plan- the group’s strategic plan. Finalizing such an important step in the community health improvement process is a great accomplishment. One challenge that CMDHD faced was the length of time it took to finalize the document. The longer-than-expected timeframe was due to the need for additional data collection and resource gathering. But, because The *Community Guide* provided such a concise template for interventions, the action plan portion of the document was developed relatively quickly.

Now, the Together We Can Health Improvement Council and CMDHD look forward to the implementation phase of the Together We Can initiative, where information from *The Community Guide* will be put into action. One of the first initiatives being introduced is the development of a worksite wellness program within the health department itself. A weight management program, delivered by Central Michigan University, is now in place in the Isabella County branch office of the health department. Indoor walking “maps” are currently being created and point-of-decision signage is being developed for all branch offices that will encourage employees to walk during breaks, and before or after the workday. Additional wellness initiatives will be implemented pending a survey of employee interests. These initiatives have benefited the organization by providing our employees education and access to weight control resources, right at work. Participation in the weight control program remains high, and more employees are using break-time for physical activity. CMDHD’s over 120 employees recognize that as members of the community, we need to set a great example of healthy lifestyle. By being healthier, we can improve the quality of our life and the quality of our time spent at work as well.

Other strategies set forth in the strategic plan (as directed by *The Community Guide*) beginning implementation are community-wide physical activity campaigns and activities related to monitoring of Michigan’s smoking ban in public places.

Using *The Community Guide* has been an important part of the health improvement planning process for CMDHD. Health improvement planning can be very challenging, and creating a concise action plan is a critical step in any community health improvement activity. The initial step taken by CMDHD and the Together We Can Health Improvement Council in creating a community health improvement plan, including using *The Community Guide* to select appropriate interventions, should be used as a model by other organizations undertaking community health improvement. The planning phase must come first, in order to have a good understanding of community needs and selecting appropriate interventions.

With the help of *The Community Guide*, CMDHD and the Together We Can Health Improvement Council have finalized a strategic health improvement plan. The Together We Can Health Improvement Council has now changed its practice from planning to implementation. Additionally, after learning more about policy and legislation in *The Community Guide*, the Together We Can Health Improvement Council has begun developing an Advocacy Plan that will create the tools necessary for partner organizations and individuals to properly advocate for health-promoting legislation and policies. CMDHD has changed by implementing an employee wellness program and dedicating staff time and financial resources to creating healthier employees. In March 2012, the Central Michigan District Board of Health passed a board policy stating it will “use the Guide to Community Preventive Services as a resource to help choose evidence-based programs, practices, and policies to better improve health and prevent disease, injury and disability in our communities. This resource will enable the board to better advise, support advocacy, and justify decisions when developing evidence-based policies for the Central Michigan District Health Department. This guide should help our public health team as we strive to maximize the benefit of our core functions of assessment, assurance and policy development.”

Whereas participation in the needs assessment and planning stages has been great, participation from Together We Can network members in the implementation stage is expected to continue to be strong as we move from plan to action. The collaborative nature of this endeavor helps to maintain and sustain efforts. The Together We Can Health Improvement Council members as well as the Health Improvement Planning Working Group members have been meeting since May, 2010, during which time the members have offered their resources such as staff and conference rooms. Network members are continually actively recruiting other community members to the Together We Can Health Improvement Council and the Health Improvement Working Groups to join the health improvement initiative. Although the numbers are fairly fluid, the Together We Can Health Improvement Council has representation from 38 individuals and organizations and the combined totals for the Health Improvement Planning Working groups averages over 100.

CMDHD is an advocate and leader in Michigan with quality improvement initiatives and activities. The community health assessment and improvement plan development is considered by health department leadership and staff as a QI initiative and incorporates the elements of Plan-Do-Study-Act. The assessment process was the “Plan” where we assembled our base-line data. The community health improvement plan outlines the “Do” and, as previously stated, the plan does contain evidence-based strategies that were found in the Community Guide. Since the health improvement plan was just launched in April 2012, we are just beginning to “Do”, but as part of our on-going process we will need to “Study” the effectiveness of the strategies employed and then “Act” to revise and modify the plan as necessary.