



Healthy! Capital Counties

a community approach to better health

Community Health Assessment and Improvement Planning Project

Community Advisory Committee Kick-Off Meeting Summary October 6, 2011

The following is a summary of the issues discussed at the Healthy! Capital Counties Advisory Committee Kick-Off Meeting on October 6, 2011.

Purpose. Representatives from the Steering Committee discussed the why Healthy! Capital Counties project was started -- which is to have community partners within all three counties (Clinton, Eaton, and Ingham) work collaboratively to conduct a community health assessment, and use that information gathered to develop a community health improvement plan to improve the health and well-being of all residents within these three counties.

- **Why we wanted you to be involved**
 - Expertise, Community Involvement, Health is everyone's responsibility
- **How our environment effects our health**
 - Barriers to good health
 - Social justice
- **Community Engagement**
 - Motivate, Excite, and Organize

Project Structure. A description of the project structure and process was presented detailing how the Healthy! Capital Counties initiative plans to function as one cohesive unit in order to meet all of our collective goals and objectives.

- **Organizational structure:**
 - Roles & Responsibilities (*handout*)
 - Work Plan (*handout*)
 - Current Project Status (*handout*)
- **Project Perspective & Requirements**
 - Impact that can be made by working together
 - Hospital requirements
 - Health Department requirements

Community Health Assessment & Improvement. An overview of what the basic framework is encompassed in conducting a community health assessment and improvement project.

- **Health Assessment**
 - Phases/steps of the process, and How information/data will be gathered
 - Deliverables (*Community Health Profile*)
- **Health Improvement**
 - Phases/steps of the process, and Prioritization & use of evidenced based strategies
 - Deliverables (*Community Health Improvement Plan*)

Healthy! Capital Counties Plan. An overview of how our initiative plans to conduct the community health assessment and improvement project within our three counties (Clinton, Eaton, and Ingham) was discussed. Our modified ACHI model was explained in more detail. See the Prezi at <http://prezi.com/oijvayrovjob/community-health-improvement-process/>

Poll Results. The groups took a few polls via texting to try out the www.pollanywhere.com technology.

Where do you live?

- Clinton 27%

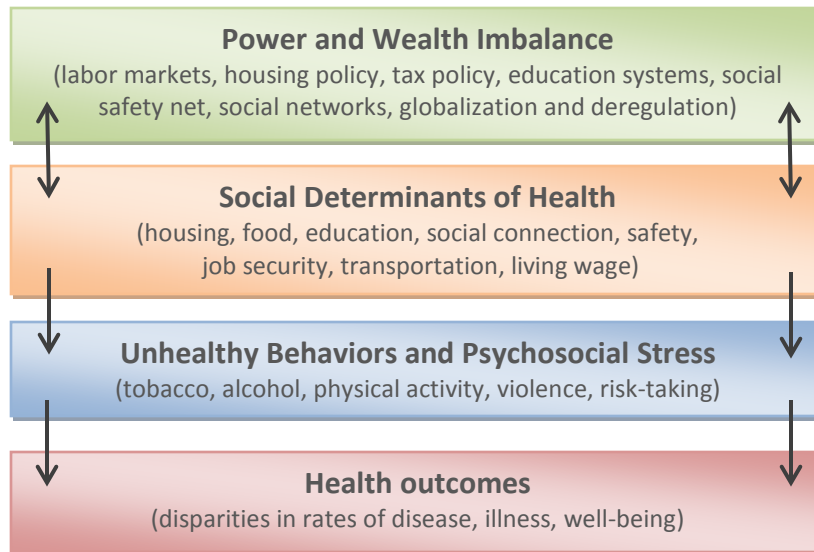
- Eaton 19%
- Ingham 54%

What sector do you work for?

- Business/Industry 0%
- Health Care Provider 36%
- Public Health 21%
- Education 11%
- Civic & Social Organizations 18%
- Local Government 7%
- Voluntary Agency 0%
- Other 7% (one was a resident, one was a regional health organization)

Group Discussion Exercise. The group discussed the questions “What indicators do you use in your work or life and how do they reflect the health and well-being of your community?” and then wrote group answers to the question, “What indicator would you use to measure if the community is getting healthier? Be creative!”

We grouped the indicators by topic, and colored them by what part of a health inequity diagram they fit into.



(Adapted from Doak Bloss’ Health Inequity diagram)

HEALTH INEQUITY

- Measuring the gap and disparity among the entire populations overall well-being
- Income gap
- Existence and extent of social connection/social capital
- Unemployment
- Affordable and safe housing
- Cultural competencies related to veterans

COMMUNITY CONDITIONS

- Barriers to access
- Community resources
- Parks
- Smoke-free environments
- Resiliency of youth (protective factors of youth in schools, middle and high school age)

FOOD



Healthy!CapitalCounties

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- Access to healthy foods
- Neighborhood access to affordable fresh produce
- Consumption of healthy food
- Fruit and vegetable consumption
- Nutrition
- Neighborhood food security

HEALTHCARE

- Access to healthcare (3)
- To afford health insurance coverage (2)
- Health coverage and medical home
- Decrease in emergency room use
- Inappropriate use of inpatient care

BEHAVIORS and ADDICTIONS

- Increased physical activity
- Tobacco use
- Tobacco-related death
- Prescription and Over-the-Counter-related Poisoning and Deaths
- Alcohol-related fatalities and injuries

HEALTH OUTCOMES

- Lower rates of diabetes and hypertension
- Improved oral health
- Years of premature mortality
- Longevity (years of life lost)
- Health outcomes

INFANTS and CHILDREN

- Low birth weight
- Infant mortality
- Child abuse
- Sudden Infant Deaths
- Stillborns (drugs, diet, prenatal care)

OBESITY and WEIGHT STATUS

- Healthy weight in all age groups
- Obesity (4)
- Body Mass Index (BMI) (2)
- Children with appropriate BMI