

National Leadership Academy for the Public's Health

Lenawee Health Network – Final Written Summary

1) Background

The Lenawee Health Network leadership team provides leadership coordination for the larger network of community members. The members include Anne Barton from Promedica Bixby and Herrick Hospitals, Kathryn Szewczuk from Community Mental Health Authority, Patsy Bourgeois from Lenawee Community Health Department, Sue Lewis from Lenawee Catholic Charities, and Amy Palmer from Lenawee United Way.

2) Leadership.

a) Team leadership goals:

- i) Build trust and relationship within both the L.H.N. leadership team and L.H.N. network.
- ii) Communicate effectively to L. HN members and amongst leadership team members.
- iii) Learn how to apply the concepts of collective impact.
- iv) These goals have been accomplished through the relationship building beginning at the April training program. This program, with the addition of collective impact training offered by the United Way in Atlanta, has assisted us in using the collective impact model to provide leadership to the network and human services collaborative.

3) Community Health Improvement Project

a) Big Picture:

- i) Stakeholders: Lenawee Health Network and the Lenawee Human Services Collaborative
- ii) Environmental and political context: Results from the 2011 Lenawee County Health Assessment:

- (1) 41% of low income adults rated their health is fair or poor.
- (2) 72% of adults are overweight or obese based on their BMI
- (3) 22% of adults rated their mental health as “not good” in the previous month. This number increased to 42% for low income adults.

iii) Critical leadership challenges.

- (1) The 2011 health assessment conducted by the L.H.N. identified the health concerns and gaps in service across a community. The challenge is: the agencies that came together to develop the assessment tool, must now implement a strategic plan to improve the county's health. The new chairperson of the network has been appointed by the backbone agency, but was not a part of development and implementation of the community health assessment.

iv) Pathway to change.

- (1) Our mentors monthly meetings helped us with our pathway to change plan.
 - (a) Team members will gain a level of competence and effectively leading.
 - (b) Team members will actively participate in NLAPH.
 - (c) Team members will actively share and engage the LHN members and community stakeholders throughout the NLAPH process.

- (d) Team members will monitor identify strengths and weaknesses in our learning as a team.
- v) Vision & Future State: to have any collaborative of community agencies, achieving goals as specified in the strategic plan and securing financial grants to support these activities.
- b) Project outcomes.
 - i) Our indicators of success were met to include:
 - (1) Received 27 signed MOUs by July 2013.
 - (2) Each solutions team identified one objective from the strategic plan for focus, to be evaluated in December 2014.
 - (3) Each component of the collective impact model will be identified by both the Lenawee health network and Lenawee human services collaborative
 - c) leadership element: the NLAPH program assisted us specifically with the monthly mentor advice and on-site visit.
- 4) The Future.
 - a) Team:
 - i) The team's goal is to accomplish one objective for each solution team; based on the selection made during this project.
 - ii) To complete a Community Health Needs Assessment update in fourth quarter 2014
 - b) Project
 - i) Continue to explore and apply for grants that support the identified objectives.
 - ii) Collaborate with participating agencies to fund programs consistent with the identified objectives.
 - c) Leadership element: continue to encourage reflection on the learnings we have had to date, and use resources from the NLAPH website to continue our development