



COMMUNITY HEALTH IMPROVEMENT PLAN

September 2017



***District Health
Department #10***

Healthy People, Healthy Communities

District Health Department #10 Community Health Improvement Plan

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Table of Contents

| | |
|----|--|
| 4 | Message from the Health Officer |
| 5 | Introduction |
| 5 | DHD#10 Community Health Needs Assessment Process |
| 6 | Strategic Issues |
| 7 | DHD#10 Community Health Improvement Plan Process |
| 7 | Community Partners and Resources |
| 8 | Jurisdiction Wide Goals, Objectives and Strategies |
| 15 | County Level Goals, Objectives, and Strategies |
| 34 | Community Partner Feedback |
| 34 | Moving forward |
| | Appendices |



August 31, 2017

Message from the Health Officer:

Focused on our vision of “Healthy People, Healthy Communities”, District Health Department #10 (DHD#10) is continually working toward improving the health and quality of life for the residents of our ten-county jurisdiction. In January, 2017, we completed our Community Health Needs Assessment (CHNA), a joint effort between DHD#10 and community partners.



As a following to the CHNA, DHD#10 and its partners have worked together to create this comprehensive Community Health Improvement Plan (CHIP). Using the health issues identified and prioritized in the CHNA, DHD#10 and its partners have created a strategic plan that includes objectives and strategies focused on achieving a measurable impact on health issues in each unique county. This plan highlights a collective impact approach to improving health at the local level.

Over the next three years, DHD#10 is committed to moving the objectives and strategies forward and securing community ownership of this plan to create healthy communities. The CHIP will provide a roadmap for moving toward communities where people find it easy to live a healthy lifestyle.

Sincerely,

Kevin Hughes, MA
Health Officer
District Health Department #10

INTRODUCTION

District Health Department #10 covers a ten county area, serving the counties of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana and Wexford. An office is located in each county to facilitate easy access to services for clients.

With a service area of 5,796 miles, the jurisdiction is the largest geographical area of any health department in the state of Michigan and serves the 10th largest population in the state (and has a larger area than the states of Connecticut, Rhode Island and Delaware).

DHD #10 is governed by a Board of Health, responsible for reviewing agency efforts and setting agency policy. The Board of Health is comprised of two county commissioners from each of the 10 counties within the health jurisdiction. As an organization, DHD#10 has developed a Vision, Mission, Core Values and Organizational Goals.

Vision: Healthy People, Healthy Communities

Mission: To promote and enhance the health of our communities and environment through protection, prevention and intervention.

Core Values: Responsibility & Accountability, Customer Service, Integrity, Positive Attitude, Communications

Agency Goals:

- Maintain excellence as a public health agency
- Improve the health of our communities
- Communicate with community partners and leaders to increase awareness of public health services
- Maintain a working environment that is driven by the agency's Core Values

As a follow-up to the 2016 Community Health Needs Assessment (CHNA), District Health Department #10 (DHD#10) and community partners have created this Community Health Improvement Plan (CHIP) for the health jurisdiction. Strategies and objectives contained within this plan identify population based approaches to addressing the strategic issues identified in the CHNA process for the next three years. This population health approach and focus, combined with our partner hospitals' CHIP strategies, will lay the foundation for the partners' collaboration to improve and maintain the health of the jurisdiction and its residents.

The Health Department started with a broad approach to include all ten counties within the health jurisdiction. Within each county, the hospital-based Community Health Needs Assessments included approaches that were based upon their

specific requirements and resources. The DHD #10 CHNA includes efforts to align with health systems in the jurisdiction - Munson Healthcare, Mercy Health, Spectrum Health, Family Health Care, and Northwest Michigan Health Services. In developing the CHIP, the strategies included also align with many of the strategies included in the hospitals' Community Health Implementation Plans. This plan also aligns with strategic plans and workplans developed by the local coalitions that DHD #10 partners with. Input from community coalition members was essential to the development of this plan, ensuring community buy in and avoiding duplication of efforts through community collaboration and collective impact. The partnerships formed in each county were essential to strengthening the CHNA by incorporating input and considering the unique needs of each county. Unlike the previous Community Health Improvement Plan, this plan includes objectives specific to each of the ten counties.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Since the last Community Health Needs Assessment was completed in 2012, District Health Department #10 has expanded the CHNA process to increase input and buy-in from residents in each county. Improvements have been made in the areas of secondary data collection, use of community wide resident and health care provider surveys, and Community Conversations using the Technology of Participation method.

In 2015, VIP Research and Evaluation was contracted by District Health Department #10 to conduct a Behavioral Risk Factor Survey (BRFS) for the five northern counties within its district: Crawford, Kalkaska, Manistee, Missaukee, and Wexford. The BRFS data from the five northern counties was combined with BRFS data collected from the five southern counties in 2014 as part of the Spectrum Health Community Health Needs Assessment (CHNA): Lake, Mason, Mecosta, Oceana, and Newaygo. The resulting BRFS data provides DHD #10 with feedback from residents representing all ten counties. This survey was conducted by telephone using randomly selected landlines and cell phones; the household member to interview was also randomly selected. Completed surveys included 4,699 adults, representing 4.6% of the 101,546 households in the ten counties. Questions on this survey cover five general areas: health status, health care access, health risk behaviors, clinical preventive practices, and chronic conditions. This local information provides a selfassessment of the health of the residents in the DHD #10 jurisdiction.

On an annual basis, DHD #10 continues to compile secondary health data by county. The Chartbooks include an array

of demographic, health behavior, and chronic disease information to present part of the picture of the health status in each community. Sources of data include the Michigan Department of Health and Human Services (MDHHS), US Census Bureau, the Michigan League for Public Policy, and County Health Rankings. These Chartbooks and Profiles are also intended to serve as the foundation for the agency's CHNA.

In 2015-16, community members were surveyed to collect primary data to complement the secondary data. The survey, "What Matters to You?," was distributed to residents through our community partners, coalitions, senior centers, libraries, food pantries, and health clinics. Key questions on the survey asked residents to choose three of the most important factors for a healthy community, choose the three most important health problems in your county, identify problems getting health care, and identify diseases and conditions within the family.

In addition to the health survey, community conversations were held in each of the ten counties. This process gave key stakeholders an opportunity to provide input on the health status in the community. The question posed to each group was "What can we do in our county to move closer to our vision of a healthy community?" Each of the conversation groups identified goals and strategies. Both the survey and community conversations included a much broader representation of community residents, expanding the CHNA to reach additional areas.

All of the above data were summarized and compared to Michigan and the health jurisdiction as a whole, when appropriate. A Community Health Needs Assessment At-a-Glance and Issue Briefs on the top priorities were developed for each county. This information was provided to local community coalitions in each of the ten counties in the jurisdiction. Using a method of prioritization, each county selected their top three issues to be included in the Community Health Improvement Plan.



STRATEGIC ISSUES

The data and issues which surfaced from the Community Health Needs Assessment process were reviewed and analyzed and eight strategic issues were identified for consideration by each county as issues to focus on to improve health in their respective counties. These strategic issues were presented as Issue Briefs to local health coalitions and Community Collaboratives in each county. Using a method of prioritization, each county selected their top three issues to be included in the Community Health Improvement Plan.

Each health issue was independently scored using the following five criteria:

1. Severity - Risk of morbidity and mortality associated with the problem
2. Magnitude - Number of people impacted by the problem
3. Impact - Improving this issue would have the greatest effect on health, quality of life and health disparities
4. Sustainability - Resources are available and barriers are surmountable
5. Achievability - Achievable and measurable outcomes are possible within three years

The health issues and priorities identified will be used by District Health Department #10 and community partners to guide health improvement initiatives over the next three years.

| COUNTY | ISSUE #1 | ISSUE #2 | ISSUE #3 |
|-----------|----------|----------|----------|
| Crawford | | | |
| Kalkaska | | | |
| Lake | | | |
| Manistee | | | |
| Mason | | | |
| Mecosta | | | |
| Missaukee | | | |
| Newaygo | | | |
| Oceana | | | |
| Wexford | | | |

DHD#10 COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS

To gather input from diverse sectors of the community, including healthcare organizations, community-based organizations, schools, and government, planning meetings were held in each county. Community stakeholders reviewed the prioritized strategic issues. For each issue the question was asked: “What do you want to make progress on in the next 3 years?” Then the group was asked, “What strategies will you commit to working on in the next three years to address the issue?”

Once strategies were identified for each issue, measurable objectives were developed and reviewed by community stakeholders and partners. These objectives and strategies were then incorporated into a plan specific for each county. This plan was reviewed by community coalitions working on health issues in each county, DHD #10 Administration, and the Community Health Needs Assessment Advisory Committee. Once the CHIP was completed it was presented to the DHD #10 Board of Health for final approval.

COMMUNITY PARTNERS AND RESOURCES

Within the DHD #10 health jurisdiction, collaboration among the community members and organizations is essential for success. Limited resources, both personnel and financial, have created huge issues in trying to adequately address all community health needs. While it is true that some counties and communities have fewer resources than others, all have equal commitment to working together to address issues. Existing community health coalitions and collaboratives have come together to explore and secure resources needed to create and maintain healthier communities. These resources have come from a variety of sources including healthcare organizations, local community foundations, state agencies, local service organizations, national funding organizations and foundations, local governmental agencies, and community members.

There are presently ten local county level community health coalitions in the jurisdiction and one regional Chronic Disease Prevention Coalition. These coalitions are developing strategic plans to address important issues which impact the health of their community. In addition, most counties are served by a Human Services Collaborative Body of which two of the health coalitions are considered workgroups. Many of the coalitions have formed sub-committees to focus on specific health issues identified by coalition members. All of the health coalitions focus on a philosophy of utilizing policy, environmental, and systems changes in addressing health issues in the community. Coalitions differ in regards to whether they address single or

multiple issues. Membership in these groups is comprised of diverse sectors within each community: health department staff, healthcare organization staff, school and college personnel, city and county governmental representatives, county MSU Extension staff, chambers of commerce, worksite and business members, community-based organization members, and other community members.

Since Substance Use Disorders was identified as a top issue in the “What Matters Most” community surveys, DHD #10 met with existing Substance Abuse Prevention Coalitions within or across the ten counties to align the CHIP with strategies that these coalitions had identified and are committed to implementing at the local level.

Coalition and Collaborative partners include: Crawford County Human Services Collaborative, Crawford County Health Improvement Committee, Live Well Kalkaska County, Live Well Kalkaska County Substance Free, Kalkaska County Community Collaborative, Lake County Roundtable, Lake County Food Policy Council, Lake County Communities That Care, Live Well Manistee County, Manistee County Human Services Collaborative Body, Substance Education and Awareness Manistee, Mason County Health Coalition, Mason Leeward Initiative, Live Well Mecosta County, Mecosta/Osceola Human Services Collaborative Body, Mecosta/Osceola Coalition to Reduce Underage Substance Abuse, Live Well Newaygo County, Breathe Well Newaygo County, Newaygo County Teen Pregnancy Prevention Workgroup, Headway of Newaygo County, Oceana Health Bound, Healthy Families of Oceana County, Cadillac Area Health Coalition, and the Wexford/Missaukee Human Services Leadership Council.



JURISDICTION WIDE GOALS, OBJECTIVES AND STRATEGIES

DHD#10: Environmental Health (EH)

Safe air, land, and water are fundamental to a healthy community environment. Implementing and enforcing environmental standards and regulations, monitoring pollution levels and human exposures, and considering the risks of pollution in decision making can all improve health and the quality of the environment.

Homes with approved wells within the health jurisdiction

40%

Implementing plan to increase rate annually by

2%

Goal: Assure high environmental quality within the health jurisdiction

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|--|---------------------|
| <p>By September 30, 2020, increase the percentage of homes with approved wells within the health jurisdiction by 2% annually. (40% in 2016)</p> <p>By September 30, 2020, implement annual educational campaigns related to environmental issues that pose a current health threat</p> | <p>Educate the community, home owners, and well drillers on the importance of water testing</p> <p>Provide education and printed material on the benefits of water testing to clients at point of contact</p> <p>Provide water sampling kits at community home shows in the health jurisdiction</p> <p>Educate the community on issues of environmental health concerns, using earned, paid and social media</p> | DHD #10 |

In establishing goals, objectives and strategies, it is important to align with national and state plans. For environmental health, DHD#10 aligns with the following:

National Prevention Strategy

Improve quality of air, land, and water

Healthy People 2020

Promote health for all through a healthy environment

DHD#10: Maternal, Infant and Child Health - Maternal Smoking

Smoking during pregnancy is a cause of many health issues related to the health of the mother and the baby. These health risks include; early birth, miscarriage, low birthweight, heart defects in the baby, slowed brain growth in the baby, and risk of heart disease and stroke for the mother. Smoking after the child is born increases the child's risk of asthma, respiratory infections, ear infections, sudden infant death syndrome, irritability and behavior issues.

Percent of women in 2015 who smoked while pregnant (DHD#10)

27%

Percent of women in 2015 who smoked while pregnant (MI)

17%

Source: MDHHS 2015

GOAL: Decrease the percent of pregnant women who smoke during pregnancy from 27.1% to 24.1%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|--|--|
| By September 2020, increase the number of pregnant women in the health jurisdiction who participate in the Script Tobacco Cessation Program from 0 to 30 | <p>Partner with WIC and MIHP to increase referrals to the Script program</p> <p>Partner with healthcare providers to increase referrals to the Script program</p> <p>Train healthcare provider staff to implement the Script program</p> <p>Conduct a community-wide campaign to promote the Script program and provide education regarding the health hazards of smoking while pregnant</p> | <p>DHD #10</p> <p>Hospital Partners</p> <p>Healthcare Providers</p> <p>Federally Qualified Health Centers</p> <p>Northern Michigan Perinatal Smoking Workgroup</p> <p>Michigan Department of Health and Human Services</p> |

DHD#10 Maternal, Infant and Child Health objectives align with the following:

National Prevention Strategy

Expand use of tobacco cessation services

Healthy People 2020

Increase smoking cessation during pregnancy by 30%

Michigan Department of Health and Human Services Tobacco Control Program Strategic Plan 2013-2018

Promoting tobacco treatment (cessation) among adults and youth

DHD#10: Healthy Lifestyles - Obesity Prevention

According to Healthy People 2020, a number of factors affect a person’s ability to eat a healthful diet, stay physically active, and achieve or maintain a healthy weight. The built environment has a critical impact on behaviors that influence health. For example, in many communities, there is nowhere to buy fresh fruit and vegetables, and no safe or appealing place to play or be active. These environmental factors are compounded by social and individual factors—gender, age, race and ethnicity, education level, socioeconomic status, and disability status—that influence nutrition, physical activity, and obesity. Addressing these factors is critically important to improving the nutrition and activity levels of all Americans; only then will progress be made against the Nation’s obesity epidemic and its cascading impact on health.

Obesity is a complex health issue to address. Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion. Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer.¹

1 <https://www.cdc.gov/obesity/adult/causes.html>



Source: DHD#10: 2015 BRFSS; MI: MDHHS 2015

GOAL: Decrease the percent of adults in DHD #10 jurisdiction who report being obese from 32.2% to 29.2%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|---|---|
| By September 30, 2020, increase the number of annual National Diabetes Prevention Program classes offered in the jurisdiction from 5 to 10 | Work with the Northern Michigan Diabetes Prevention Collaborative to increase referrals to the National Diabetes Prevention Program | DHD #10 Local Coalitions |
| By September 30, 2020, increase the number of views annually on the LiveWell website from 6,584 to 9,500 (baseline FY16-17) | Promote and integrate the DHD #10 Live Well campaign into public health programs and all community coalitions throughout the jurisdiction | Northwest Michigan Chronic Disease Prevention Coalition Northern Michigan Community Health Innovation Region |
| By September 30, 2020, maintain active health coalitions in all 10 counties in the health jurisdiction | Provide technical assistance to all local health coalitions in development of a coalition action plan, monitoring the plan, and evaluating the plan | Health System Partners MSU Extensions |
| By September 30, 2020, maintain the Northwest Michigan Chronic Disease Prevention Coalition | Provide technical assistance in facilitation of the Northwest Michigan Chronic Disease Prevention Coalition and task force groups | Northern Michigan Diabetes Prevention Initiative |

DHD#10 Healthy Lifestyles - Obesity Prevention objectives align with the following:

| | | |
|---|--|--|
| <p>National Prevention Strategy</p> <p>Provide people with tools and information to make healthy choices</p> <p>Reduce barriers to accessing clinical and community preventative services, especially among populations at greatest risk</p> | <p>Healthy People 2020</p> <p>Increase prevention behaviors in persons at high risk for diabetes with prediabetes</p> <p>Increase social marketing in health promotion and disease prevention</p> | <p>Michigan Diabetes Prevention Action Plan (2016-2018)</p> <p>Implement a multi-facteted communications plan to increase public and healthcare provider awareness of prediabetes and the Diabetes Prevention Program (DPP) offerings</p> |
|---|--|--|

DHD#10: Health Disparities - Reproductive/Sexual Health

Unintended pregnancy is associated with an increased risk of problems for the mom and baby. If a pregnancy is not planned before conception, a woman may not be in optimal health for childbearing. Women with an unintended pregnancy could delay prenatal care that may affect the health of the baby.

According to a national study published in 2011:

- In 2006, 49% of pregnancies were unintended—a slight increase from 48% in 2001.
- Among women aged 19 years and younger, more than 4 out of 5 pregnancies were unintended.
- The proportion of pregnancies that were unintended was highest among teens younger than age 15 years, at 98%.²

Reported cases of three nationally notifiable STDs – chlamydia, gonorrhea, and syphilis – have increased for the first time since 2006, according to data published by the Centers for Disease Control and Prevention (CDC) in the 2014 STD Surveillance Report. The 2014 data also show that youth are still at the highest risk of acquiring an STD, especially chlamydia and gonorrhea. Despite being a relatively small portion of the sexually active population, young people between the ages of 15 and 24 accounted for the highest rates of chlamydia and gonorrhea in 2014 and almost two thirds of all reported cases.

Additionally, previous estimates suggest that young people in this age group acquire half of the estimated 20 million new STDs diagnosed each year. To reduce STDs, Americans must take steps to protect themselves. For sexually active individuals, testing and treatment according to CDC's recommendations, using condoms consistently and correctly, and limiting the number of sex partners are all effective strategies for reducing the risk of infection and consequences to health.³

² <https://www.cdc.gov/reproductivehealth/unintendedpregnancy/index.htm>

³ <https://www.cdc.gov/nchhstp/newsroom/2015/std-surveillance-report-press-release.html>

2010 Unplanned Pregnancies (MI)

54%

2016 Unplanned Pregnancies (DHD#10)

58%

Source: Guttmacher Institute; DHD#10 Clinical Data

GOAL: Reduce the number of unintended pregnancies to HP 2020 goal of 46%; Decrease rates of Chlamydia in the DHD #10 jurisdiction

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|--|--|
| <p>By September 30, 2020, increase public knowledge and skills related to avoiding unintended pregnancy through one social media campaign, and one school-based education campaign in each county</p> <p>By September 30, 2020, provide evidence-based school programming targeting risk reduction education to 5 school districts within the health jurisdiction</p> <p>By September 30, 2020, maintain STD clinics in all counties across the jurisdiction</p> <p>By September 30, 2020, decrease chlamydia rates the DHD #10 jurisdiction from 309.9/100,00 by 20% to 247.9/100,000</p> | <p>Implement the Beforeplay.org social media campaign to create awareness of good reproductive health and STD prevention</p> <p>Provide school-based education programs targeting asset building and risk reduction</p> <p>Assess risk factors on all clients at each visit and provide education on chlamydia and its prevention</p> <p>Test all female clients under 30 annually</p> <p>Treat all clients testing positive and their partners</p> <p>Repeat testing on treated clients 12 weeks from beginning of treatment</p> <p>Provide free condom distribution at all DHD #10 offices and at community sites</p> <p>Implement a social media campaign across the jurisdiction to educate about prevention of STDs</p> | <p>DHD #10</p> <p>Schools</p> <p>Newaygo County Teen Pregnancy Prevention Workgroup</p> <p>Healthcare Providers</p> <p>Federally Qualified Health Centers</p> <p>Community Health Adolescent Centers</p> |

DHD#10 Health Disparities - Reproductive/Sexual Health objectives align with the following:

National Prevention Strategy

Provide people with tools and information to make healthy choices

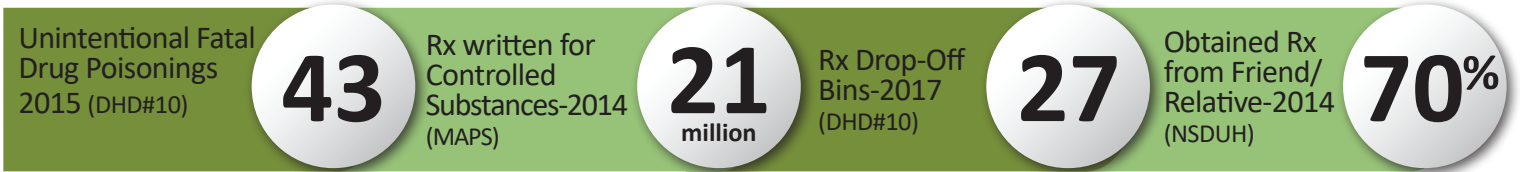
Provide effective sexual health education, especially for adolescents

Healthy People 2020

Increase the proportion of elementary, middle, and senior high schools with health education goals or objectives that address using goal-setting and decision-making skills to enhance health

DHD#10: Substance Use Disorders

Excessive alcohol use is a leading cause of preventable death. Prescription drug abuse is the nation's fastest growing drug problem. Marijuana use and prescription drug abuse among youth is on the rise. There are many effects from substance abuse on social conditions: family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime.



Source: MI: MDHHS 2009-2012; DHD#10: MI Death Certificates, Division for Vital Records and Health Statistics/MDHHS 2015

GOAL: Ensure participation in a coalition in all ten counties to address opioid and prescription drug abuse

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|---|---|
| <p>By September 30, 2020, partner with healthcare providers and hospital partners to implement a regional training on how to treat patients using opioids and how to treat addiction to opioids and other controlled substances for healthcare providers who prescribe controlled substances</p> <p>By September 30, 2020, increase availability of prescription drop-off bins from 27 to 37 across the health jurisdiction</p> <p>By September 30, 2020, increase the number of communication venues that provide a public awareness campaign to inform the public of the dangers of drug abuse, how to safeguard and properly dispose of medicines, proper prescribing practices, and reducing stigma of addiction from 10 to 20</p> | <p>Provide technical assistance to Substance Abuse Coalitions in all ten counties in the jurisdiction</p> <p>Increase awareness of prescription drug and opioid abuse among healthcare providers in the jurisdiction</p> <p>Work with businesses and agencies to provide prescription drop off bins and implement take back events</p> <p>Increase awareness in the communities of prescription drug and opioid abuse and knowledge of how to safely dispose of medications</p> | <p>DHD #10</p> <p>Local Substance Abuse Coalitions</p> <p>Law Enforcement</p> <p>Healthcare Providers</p> <p>Hospital Partners</p> <p>Catholic Human Services</p> <p>Federally Qualified Health Centers</p> |

DHD#10 Substance Use Disorders objectives align with the following:

| | | |
|--|--|--|
| <p>National Prevention Strategy</p> <p>Reduce inappropriate access to and use of prescription drugs</p> | <p>Healthy People 2020</p> <p>Reduce the past-year nonmedical use of prescription drugs</p> | <p>Michigan Prescription Drug and Opioid Abuse Task Force: Report of Findings and Recommendations for Action, 2015</p> <p>Require additional training for all professionals who will be prescribing controlled substances</p> <p>Collaboration among local coalitions, pharmacies, health profession boards, state agencies and the DEA to increase the availability of prescription drop-off bins</p> <p>Recommend a multifaceted public awareness campaign be undertaken to inform the public of the dangers of abuse, how to safeguard and properly dispose of medicines, publicize improper prescribing practices, and reduce the stigma of addiction</p> |
|--|--|--|

DHD#10: Access to Care - Adolescent Health Services

Some preventive services can be delivered effectively outside of traditional medical settings. Work site and school clinics can also provide convenient points of care for traditionally underserved populations. Regular and reliable access to health services can prevent disease and disability, detect and treat illnesses or other health conditions, reduce medical costs, increase quality of life and life expectancy.

A child experiencing mental health issues is more likely to have problems in school and is at greater risk of entering the criminal justice system. About one in five youths experience a mental, emotional, or behavior disorder at some point in their lifetime. Mental illnesses can affect anyone and are treatable. Without treatment, mental illnesses are associated with serious chronic diseases and conditions and may lead to disability, substance use disorders, homelessness, inappropriate incarceration, suicide and wasted lives.

Current Number of Adolescent Health Centers
in Our Region

10

GOAL: Expand access to care in adolescent health centers

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|---|---------------------------------|
| By September 30, 2020, provide dental care services in at least one school-based adolescent health center in the health jurisdiction | Seek funding opportunities | DHD #10 |
| By September 30, 2020, expand mental health counseling and/or healthcare to at least three additional schools in the health jurisdiction | Determine partners to assist with providing expanded services | Schools |
| | Assist schools with conducting the Michigan Profile for Healthy Youth (MIPHY) survey tool | Family Health Care |
| | Maintain active participation in local coordinated school health initiatives | Kalkaska Memorial Health Center |

DHD#10 Access to Care - Adolescent Health Services objectives align with the following:

National Prevention Strategy

Support implementation of community-based preventive services and enhance linkages with clinical care

Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk

Enhance coordination and integration of clinical, behavioral, and complementary health strategies

Engage and empower people and communities to plan and implement prevention policies and programs

Provide individuals and families with the support necessary to maintain positive mental well-being

Healthy People 2020

Increase the proportion of school-based health centers with an oral health component

Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in mental illness

Increase the proportion of children with mental health problems who receive treatment

DHD#10: Access to Care

Access to health services is important at every age. Having both a primary care provider and medical insurance can prevent illness by improving access to a range of recommended preventive services across the lifespan, from childhood vaccinations to screening tests for cancer and chronic diseases, such as diabetes and heart disease. Having a primary care provider and medical insurance also plays a vital role in finding health problems in their earliest, most treatable stages, and managing a person through the course of the disease. Lacking access to health services—even for just a short period—can lead to poor health outcomes over time.

One of the primary barriers to accessing health care is the high cost of medical insurance, and/or deductibles and co-pays. A lack of medical services in some communities, coupled with a shortage of primary care providers, also negatively affects people’s ability to access health services. Living in a rural area itself is a social determinant of health. Geographic isolation, fewer transportation options and limited community resources compounds access barriers.

*Adapted from **Healthy People 2020** and the **National Prevention Strategy***

GOAL: *Expand access to care for all in the health jurisdiction*

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|--|--|
| <p>By August 2017, implement the Community Connections HUB across the four pilot counties (Kalkaska, Manistee, Wexford, & Missaukee) to assess social determinants of health within the Medicaid population, link beneficiaries to appropriate local resources, reduce barriers to improve access to primary care providers and increase preventative health measures</p> <p>By June 2018, expand the Community Connections HUB to the remaining 6 counties within the health jurisdiction</p> <p>By July 2018, and annually thereafter, develop a needs assessment based on gaps in services to address social determinants of health in the health jurisdiction</p> | <p>Utilize Community Connections Clinical Community Linkages Model</p> <p>Implement the HUB utilizing Community Health Workers</p> <p>Pilot test the HUB project and then scale up</p> | <p>DHD #10</p> <p>Northern Michigan Community Health Innovation Region</p> |

DHD#10 Access to Care objectives align with the following:

| National Prevention Strategy | Healthy People 2020 |
|---|---|
| <p>Support implementation of community-based preventive services and enhance linkages with clinical care</p> <p>Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk</p> <p>Enhance coordination and integration of clinical, behavioral, and complementary health strategies</p> | <p>Access to Health Services</p> <p>Increase the proportion of persons with medical insurance</p> <p>Increase the proportion of persons with a usual primary care provider</p> <p>Increase the proportion of persons who have a specific source of ongoing care</p> <p>Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines</p> |

DHD#10: Immunizations

According to the Office of Disease Prevention and Health Promotion, people in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the Federal, State, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Adolescents (13-17) Immunized for HPV (DHD#10)

44%

Babies (24-36 months) Compliant with Current Vaccine Schedule (DHD#10)

77%

GOAL: Increase immunization compliance within the health jurisdiction

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|---|--|
| <p>By Sept. 2020, increase the number of adolescents, age 13-17 years, immunized for HPV within the health jurisdiction by 5% annually. (Baseline is 44% in 2017)</p> <p>By Sept. 2018, increase the percent of children within the health jurisdiction age 24 -36 months who receive the recommended dose of DTaP, Polio, MMR, Hib, Hepatitis B, Varicella and pneumonia conjugate vaccines to 80%. (Baseline in 2017 is 77%)</p> | <p>Integrate school based clinics in each county as able</p> <p>Provide education through e-mails, materials, and INE sessions at healthcare provider offices, with a focus on HPV vaccine as cancer prevention</p> <p>Implement a social media campaign to increase awareness of the need for HPV vaccination</p> <p>Provide guidance to local health department nurses, clerks, and central schedulers, as well as healthcare providers in our jurisdiction to make a strong recommendation for HPV vaccination</p> <p>Partner with Great Start Collaboratives to provide information on immunizations</p> <p>Complete monthly county-wide recalls</p> <p>Integrate iVaccinate into DHD #10 social media plan</p> | <p>DHD #10</p> <p>Schools</p> <p>Great Start Collaboratives</p> <p>Healthcare Providers</p> <p>Federally Qualified Health Centers</p> <p>Community Health Adolescent Centers</p> |

DHD#10 Immunizations objectives align with the following:

National Prevention Strategy

Support implementation of community-based preventive services and enhance linkages with clinical care

Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk

Enhance coordination and integration of clinical, behavioral, and complementary health strategies

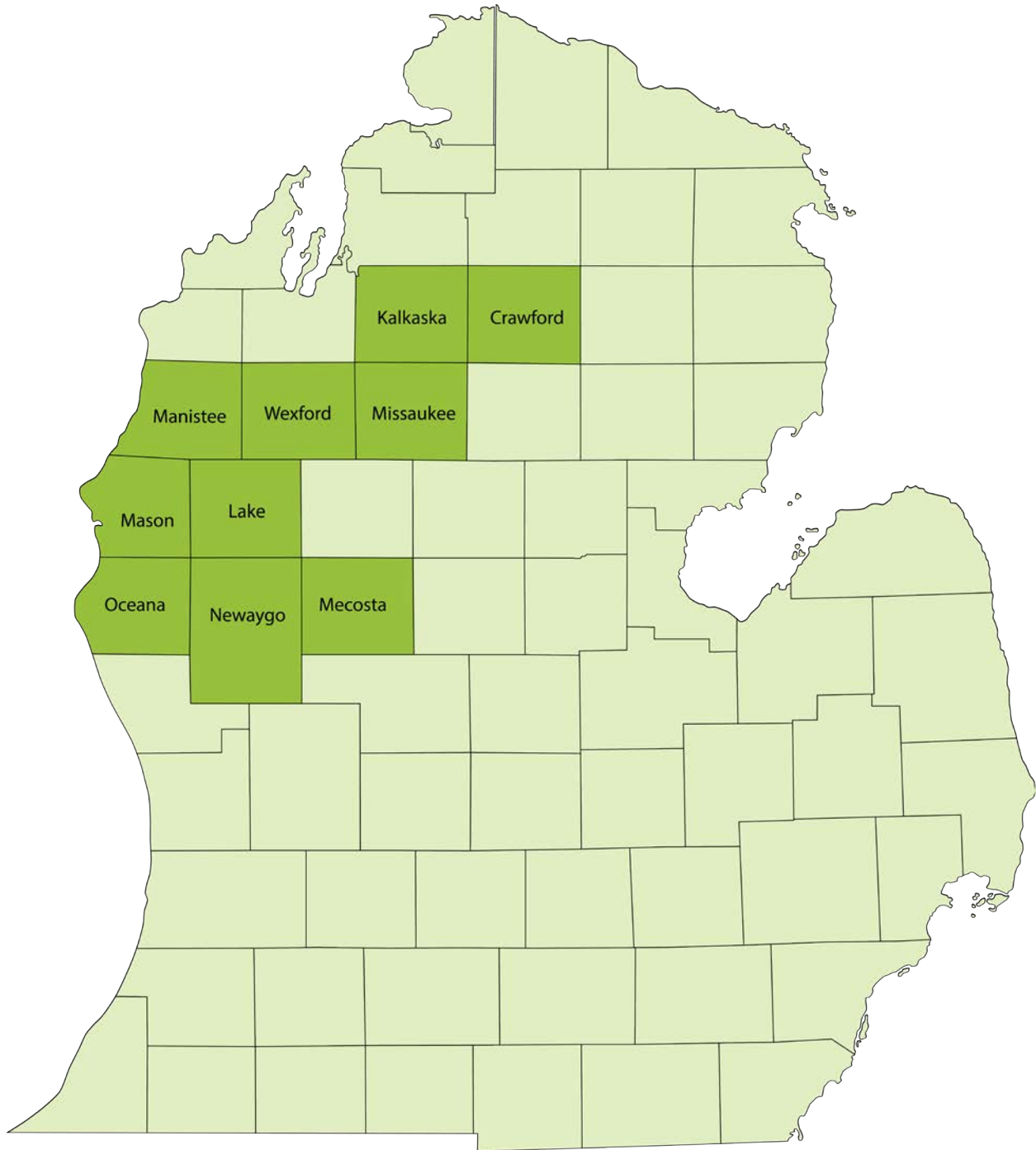
Healthy People 2020

Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children

COUNTY LEVEL GOALS, OBJECTIVES AND STRATEGIES

Using the process previously described, key stakeholders in each of the ten counties in the jurisdiction identified the top three health issues, strategies to impact these issues and objectives to measure the impact on the local level. These issues, strategies, and objectives are presented in the following section. Also included are Healthy People 2020 objectives, National Prevention Strategy recommendations, and strategies from statewide strategic plans that align with the objectives identified in each county.

To accomplish the health objectives in each county, policy changes are needed. Each county has identified the necessary policy changes and these are also outlined in the following section.



CRAWFORD COUNTY

TOP 3 HEALTH ISSUES Identified by Key Stakeholders



**TOBACCO
USE**



**CHRONIC
DISEASE**



**HEALTHY
LIFESTYLES**

| Overweight and Obese | Smoking - Adults | No Leisure Time Physical Activity | Inadequate Fruit/Veg Consumption | Smoked During Pregnancy |
|--|------------------|-----------------------------------|----------------------------------|-------------------------|
| 68.2% | 40.7% | 27.1% | 85.7% | 41.7% |
| DHD#10 Behavioral Risk Factor Survey, 2015 | | | | MDHHS, 2014 |

Goal: Decrease the percent of adults in Crawford County who report being a current smoker from 40.7% to 37.7%;
Decrease the percent of women who smoked during pregnancy from 41.7% to 39.7%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|---|--|
| <p>By September 30, 2020, increase the number of annual calls to the Quitline in Crawford County from 29 to 50</p> <p>By September 30, 2020, increase the number of referrals to the DHD#10 Tobacco Treatment Specialists from 11 to 20</p> <p>By September 30, 2020, increase the number of pregnant women who participate in the SCRIPT Tobacco Cessation Program from 0 to 30</p> <p>By September 30, 2020, increase the number of communication venues that provide messages related to the health effects of tobacco use and exposure to secondhand smoke from 2 to 20</p> | <p>Promote the Michigan Tobacco Quitline and other cessation services and initiatives to reduce rates of adult smoking, maternal smoking and smoking in households with children</p> <p>Align communication messages with Health Observance Months</p> <p>Partner with dental offices for education and referrals</p> | <p>DHD #10</p> <p>Munson Healthcare Grayling Hospital</p> <p>NEMCSA Early Head Start</p> <p>Adolescent Health Centers</p> <p>Baby Toddler Closet</p> <p>Crawford County Community Collaborative</p> <p>Crawford Health Improvement Committee and member organizations</p> <p>Crawford County Dental Health Providers</p> |

The above DHD#10 Crawford County objectives align with the following:

| | | |
|--|--|---|
| <p>National Prevention Strategy</p> <p>Expand use of tobacco cessation services</p> | <p>Healthy People 2020</p> <p>Increase smoking cessation attempts by adult smokers</p> <p>Increase smoking cessation during pregnancy</p> | <p>Michigan Department of Health and Human Services Tobacco Control Program Strategic Plan 2013-2018</p> <p>Promoting tobacco treatment (cessation) among adults and youth</p> |
|--|--|---|

Goals: Decrease the percent of adults in Crawford County who are obese from 27.8% to 24.8%;
 Decrease the percent of adults in Crawford County who report being diagnosed with diabetes from 7.8% to 5.8%;
 Decrease the percent of adults in Crawford County who report being diagnosed with any cardiovascular disease from 11.4% to 8.4%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|--|---|
| By September 2020, develop and maintain a Chronic Disease Prevention Resource Guide for Crawford County. | Connect community members with chronic disease to community resources (Community/ Clinical Linkages) | DHD #10 Munson Healthcare Grayling Hospital |
| By September 2020, increase the number of communication venues where chronic disease prevention resources are promoted from 5 to 10 | Update and distribute a community resource guide. Implement community events to promote resources related to chronic disease prevention Align communication messages with Health Observance Months | Crawford County Commission on Aging MSU Extension Crawford County Community Collaborative Crawford Health Improvement Committee and member organizations |

The above DHD#10 Crawford County objectives align with the following:

| | | |
|---|--|---|
| <p>National Prevention Strategy</p> <p>Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk</p> <p>Provide people with tools and information to make healthy choices</p> | <p>Healthy People 2020</p> <p>Increase the proportion of online health information seekers who report easily accessing health information</p> <p>Increase social marketing in health promotion and disease prevention</p> | <p>Making a Difference in Obesity: Michigan's Priority Strategies: 2014-2018</p> <p>Improve health care quality and equity by building partnerships between provider practices and community organizations/resources</p> |
|---|--|---|

Goal: Decrease the percent of adults in Crawford County who report inadequate fruit and vegetable consumption from 85.7% to 82.7%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|---|---|
| By September 2020, develop and maintain a Healthy Eating Resource guide for Crawford County | Increase awareness of local food and nutrition assistance available in Crawford County | Crawford County Commission on Aging Grayling High School Food Pantry |
| By September 2020, increase the number of communication venues where healthy eating resources are promoted from 5 to 10 | Promote edible landscaping in communities Align communication messages with Health Observance Months | Crawford County Christian Center Community Schools Local Government Crawford County Community Collaborative Crawford Health Improvement Committee and member organizations Munson Healthcare Grayling Hospital |

The above DHD#10 Crawford County objectives align with the following:

| | | |
|--|---|--|
| <p>National Prevention Strategy</p> <p>Increase access to healthy and affordable foods in communities</p> | <p>Healthy People 2020</p> <p>Reduce household food insecurity</p> | <p>Michigan Healthy Eating and Physical Activity Strategic Plan 2010-2020</p> <p>Increasing availability and consumption of fresh fruits and vegetables</p> |
|--|---|--|

Policy changes needed to accomplish the identified health objectives include:

- Policies within healthcare provider practices and DHD#10 to increase community/clinical linkages regarding treating tobacco use and dependence
- Policies to increase community/clinical linkages to increase referrals to chronic disease prevention programs
- Policies to increase access to healthy foods and beverages

KALKASKA COUNTY

TOP 3 HEALTH ISSUES Identified by Key Stakeholders



CHRONIC DISEASE

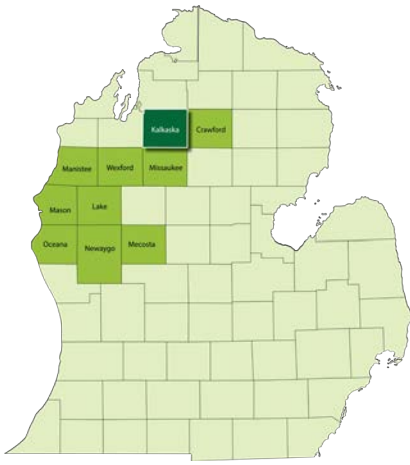


HEALTHY LIFESTYLES



TOBACCO USE

| Overweight and Obese | Inadequate Fruit/Veg Consumption | No Leisure Time Physical Activity | Smoking - Adults | Smoked During Pregnancy |
|---|----------------------------------|-----------------------------------|------------------|-------------------------|
| 57.4% | 82.4% | 21.3% | 39.0% | 36.3% |
| <i>DHD#10 Behavioral Risk Factor Survey, 2015</i> | | | | <i>MDHHS, 2014</i> |



Goal: Decrease the percent of adults in Kalkaska County reporting that they have been diagnosed with diabetes from 9.6% to 6.6%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|--|--|
| By September 30, 2020, increase the number of participants completing the core sessions of the National Diabetes Prevention Program in Kalkaska County from 0 to 30 | Collaborate with the Northern Michigan Diabetes Prevention Program Partner with non-traditional agencies to reach vulnerable populations, i.e. Community Mental Health, Department of Health and Human Services | DHD #10 Kalkaska Memorial Health Center MSU Extension Kalkaska County Community Collaborative Live Well Kalkaska County and member organizations |

The above DHD#10 Kalkaska County objectives align with the following:

National Prevention Strategy

Provide people with tools and information to make healthy choices

Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk

Healthy People 2020

Increase prevention behaviors in persons at high risk for diabetes with prediabetes

Michigan Diabetes Prevention Action Plan, 2016-2018

Implement a multi-faceted communications plan to increase public and healthcare provider awareness of prediabetes and the Diabetes Prevention Program (DPP) offerings

Goal: Decrease the percent of adults in Kalkaska County who are obese from 29.6% to 26.6%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|--|--|
| By September 30, 2020, Implement and measure strategies that are included in the Northern Michigan Community Health Innovation Region Obesity Prevention Plan | <p>Partner with Shape Up North to implement obesity prevention initiatives</p> <p>Partner with the Northern Michigan Public Health Alliance to implement the Community Health Innovation Region Obesity Prevention Plan</p> <p>Partner with the Kalkaska Memorial Health Center to implement strategies included in the Munson Healthcare Obesity Prevention/Reduction Plan</p> <p>Increase communication among partner agencies to avoid duplication of efforts and to increase collective impact</p> | <p>DHD #10</p> <p>Munson Healthcare</p> <p>Northern Michigan Public Health Alliance</p> <p>Kalkaska Memorial Health Center</p> <p>Kalkaska County Community Collaborative</p> <p>LiveWell Kalkaska County and member organizations</p> |

The above DHD#10 Kalkaska County objectives align with the following:

| | | |
|--|--|---|
| <p>National Prevention Strategy</p> <p>Engage and empower people and communities to plan and implement prevention policies and programs</p> | <p>Healthy People 2020</p> <p>Reduce the proportion of adults who are obese</p> | <p>Michigan Healthy Eating and Physical Activity Strategic Plan 2010-2020</p> <p>Increase the percent of Michigan's population who are at a healthy weight and reduce inequities that contribute to health disparities in obesity and overweight by:</p> <ul style="list-style-type: none"> • increasing physical activity • increasing healthy eating • increasing percent of women who breastfeed |
|--|--|---|

Goal: Decrease the percent of adults who report being current smokers from 39% to 36%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|---|---|
| By September 30, 2020, decrease the percent of 9th and 11th grade student in Kalkaska County schools who report smoking in the past 30 days from 16.7% to 13.7% | <p>Partner with the Live Well Kalkaska Substance Free Coalition and the Kalkaska Memorial Teen Health Corner to provide tobacco prevention programming to youth</p> <p>Partner to promote use of the Towards No Tobacco curriculum for 4th grade students and the Fourth R Program for high school students</p> <p>Assist with planning for youth driven tobacco prevention events for Great American Smokeout and Kick Butts Day</p> | <p>DHD #10</p> <p>Kalkaska Memorial Health Center Teen Health Corners</p> <p>Communities in Schools</p> <p>Kalkaska County Live Well Substance Free</p> |

The above DHD#10 Kalkaska County objectives align with the following:

| | | |
|--|--|--|
| <p>National Prevention Strategy</p> <p>Expand use of tobacco cessation services</p> <p>Use media to educate and encourage people to live tobacco free</p> | <p>Healthy People 2020</p> <p>Reduce tobacco use by adolescents</p> | <p>Michigan Department of Health and Human Services Tobacco Control Program Strategic Plan 2013-2018</p> <p>Promoting tobacco treatment (cessation) among adults and youth</p> <p>Prevent initiation among youth and young adults</p> |
|--|--|--|

Policy changes needed to accomplish the identified health objectives include:

- Policies within healthcare provider practices and DHD #10 regarding identifying patients with pre-diabetes and providing referrals to the National Diabetes Prevention Program
- Policies in schools regarding implementation of Farm to School
- Policies in schools regarding providing evidence-based tobacco prevention education and tobacco-free campuses

LAKE COUNTY

TOP 3 HEALTH ISSUES Identified by Key Stakeholders



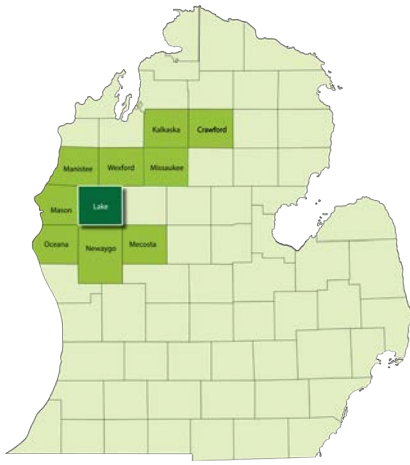
CHRONIC DISEASE



ACCESS TO HEALTH CARE



TOBACCO USE



| | | | | |
|---|-------------------|------------------|-------------------------------------|-------------------------|
| Overweight And Obese | Diabetes - Adults | Smoking - Adults | Primary Care Physicians | Smoked During Pregnancy |
| 70.5% | 14.0% | 39.1% | 5,690:1 | 37.9% |
| <i>DHD#10 Behavioral Risk Factor Survey, 2015</i> | | | <i>County Health Rankings, 2016</i> | <i>MDHHS, 2014</i> |

Goal: Decrease the percent of adults in Lake County who report being diagnosed with diabetes from 14% to 11%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|---|---|
| By September 2020, increase the number of participants in Lake County completing the core sessions of the National Diabetes Prevention Program from 0 to 50 | <p>Implement evidence-based health education programs</p> <p>Increase data sharing among service providers</p> <p>Focus on a month to promote diabetes prevention and self-management</p> | <p>DHD #10</p> <p>Spectrum Health Big Rapids</p> <p>MSU Extension</p> <p>Family Health Care</p> |

The above DHD#10 Lake County objectives align with the following:

National Prevention Strategy

Provide people with tools and information to make healthy choices

Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk

Healthy People 2020

Increase prevention behaviors in persons at high risk for diabetes with prediabetes

Michigan Diabetes Prevention Action Plan, 2016-2018

Implement a multi-faceted communications plan to increase public and healthcare provider awareness of prediabetes and the Diabetes Prevention Program (DPP) offerings

Goal: Decrease the percent of adults in Lake County who have no primary care provider from 12.7% to 9.7%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|--|--|
| By September 2020, increase the number of people using MedNow Telehealth in Lake County from 7 to 50 | Implement and promote Telehealth/ mobile health Form a task force aimed at increasing access to care and increasing infrastructure to provide care Increase data sharing among service providers Develop a sustainability plan to assure progress on objectives even without outside funding Introduce potential healthcare professionals to all resources in the area | DHD #10 Spectrum Health Big Rapids Hospital Family Health Care Rotary Lions Club VFW 211 |

The above DHD#10 Lake County objectives align with the following:

| | |
|---|--|
| <p>National Prevention Strategy</p> <p>Expand use of interoperable health information technology</p> | <p>Healthy People 2020</p> <p>Increase the proportion of persons who use the Internet to communicate with their health provider</p> |
|---|--|

Goal: Decrease the percent of adults who report being a current smoker from 39.1% to 36.1%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|--|--|
| By September 2020, increase the number of media outlets that promote tobacco cessation and tobacco prevention messages in Lake County from 0 to 10 | Implement a mass media campaign for tobacco use prevention Implement campaigns to promote nicotine dependence treatment programs Target youth with prevention education through the Adolescent Health Center | DHD #10 Spectrum Health Big Rapids Family Health Care Lake County Roundtable and member organizations Great Start Collaborative Baldwin Community Schools |

The above DHD#10 Lake County objectives align with the following:

| | | |
|--|---|---|
| <p>National Prevention Strategy</p> <p>Use media to educate and encourage people to live tobacco free</p> | <p>Healthy People 2020</p> <p>Increase social marketing in health promotion and disease prevention</p> | <p>Michigan Department of Health and Human Services Tobacco Control Program Strategic Plan 2013-2018</p> <p>Promoting tobacco treatment (cessation) among adults and youth</p> |
|--|---|---|

Policy Changes related to Lake County Objectives

- Implement policies within healthcare systems and DHD #10 to create community/clinical linkages to increase referrals to the National Diabetes Prevention Program
- Policies to expand access to Telehealth for Medicaid or uninsured populations
- Implement policies within healthcare provider practices and DHD #10 to increase community/clinical linkages regarding treating tobacco use and dependence

MANISTEE COUNTY

TOP 3 HEALTH ISSUES Identified by Key Stakeholders



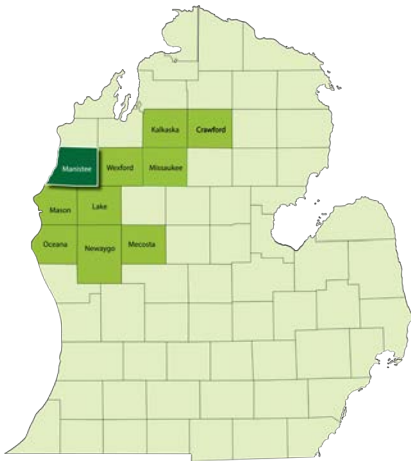
HEALTHY LIFESTYLES



SUBSTANCE ABUSE



TOBACCO USE



| Smoking - Adults | Overweight and Obese | Inadequate Fruit/Veg Consumption | Drug Overdose Deaths | Smoked During Pregnancy |
|---|----------------------|----------------------------------|-------------------------------------|-------------------------|
| 34.5% | 67.8% | 80.8% | 14/100,000 | 32.6% |
| <i>DHD#10 Behavioral Risk Factor Survey, 2015</i> | | | <i>County Health Rankings, 2016</i> | <i>MDHHS, 2014</i> |

Goal: Decrease the percent of people in Manistee County who report no leisure time physical activity from 24% to 20%;
Decrease the percent of people in Manistee County who report inadequate fruit and vegetable consumption from 80.8% to 77.8%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|---|---|
| By September 2020, increase the number of communication venues where Live Well Manistee goals are promoted from 0 to 10 | <p>Designate one or two members at each monthly meeting to write a news release to submit to News Advocate</p> <p>Promote Live Well Manistee County events and activities on the livewell4health.org website and Facebook page</p> <p>Advocate for physical activity opportunities be included in existing community events</p> <p>Support implementation of Munson Healthcare's Obesity Prevention/Reduction Plan FY 18- FY 20</p> | <p>Live Well Manistee County and member organizations</p> <p>Manistee Parks Department</p> <p>Residents of Manistee County</p> <p>Manistee Recreation Association</p> |

The above DHD#10 Manistee County objectives align with the following:

| | |
|---|---|
| <p>National Prevention Strategy</p> <p>Provide people with tools and information to make healthy choices</p> | <p>Healthy People 2020</p> <p>Increase social marketing in health promotion and disease prevention</p> |
|---|---|

Goal: Develop a strategic plan to address substance use disorders in Manistee County

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|--|---------------------------------------|
| By September 2020, one Strategic Plan for Substance Abuse Education (SEA) Manistee will be developed, using the communities that Care Model to collect data, complete a needs assessment, and prioritize goals and objectives to address substance abuse | Implement the Communities that Care model Increase prescription drug disposal sites | SEA Manistee and member organizations |

The above DHD#10 Manistee County objectives align with the following:

| | |
|--|--|
| <p>National Prevention Strategy</p> <p>Engage and empower people and communities to plan and implement prevention policies and programs</p> | <p>Healthy People 2020</p> <p>Reduce past-month use of illicit substances</p> |
|--|--|

Goal: Decrease the percent of adults who report being a current smoker from 34.5% to 30%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|---|---|
| By September 2020, increase the number of tobacco-free recreation areas and playgrounds in Manistee County from 11 to 25 By September 2020, increase number of annual referrals to tobacco cessation services (baseline to be determined) | Educate the community and local government units on the benefits of designating tobacco free outdoor recreation areas and playgrounds Partner with Centra Wellness to provide training in tobacco dependence treatment | Live Well Manistee County and member organizations Centra Wellness |

The above DHD#10 Manistee County objectives align with the following:

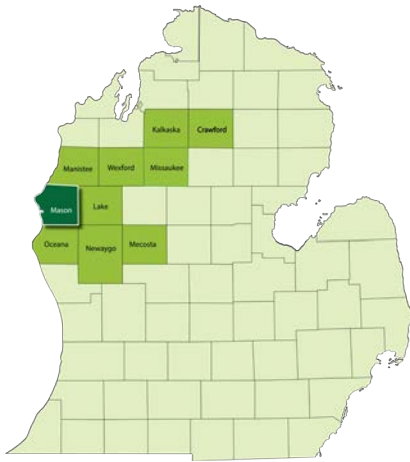
| | | |
|--|--|---|
| <p>National Prevention Strategy</p> <p>Support comprehensive tobacco free and other evidence-based tobacco control policies</p> | <p>Healthy People 2020</p> <p>Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events</p> | <p>Michigan Department of Health and Human Services Tobacco Control Program Strategic Plan 2013-2018</p> <p>Increase the number of jurisdictions with tobacco-free or smoke-free park and beach policies</p> |
|--|--|---|

Policy Changes related to Manistee County Objectives

- Implement policies related to creating environments that increase access to healthy foods and beverages and increase physical activity opportunities
- Identify policies that decrease youth access to alcohol, tobacco and other drugs
- Identify policies that change social norms around the use of alcohol, tobacco, and other drugs
- Implement policies designating tobacco-free outdoor recreation areas

MASON COUNTY

TOP 3 HEALTH ISSUES Identified by Key Stakeholders



CHRONIC DISEASE



HEALTHY LIFESTYLES



SUBSTANCE ABUSE

| Overweight and Obese | No Leisure Time Physical Activity | Inadequate Fruit/Veg Consumption | Binge Drinking (Ages 18-25) | Marijuana Use in Past Month (Ages 18-25) |
|---|-----------------------------------|----------------------------------|---|--|
| 64.4% | 35.5% | 84.8% | 42% | 29% |
| <i>DHD#10 Behavioral Risk Factor Survey, 2015</i> | | | <i>Young Adult Survey, Mason County, 2016</i> | |

Goal: Decrease rates of obesity in Mason County from 33.5% to 30%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|--|---|
| <p>By September 2020, increase the number of worksites in Mason County that offer worksite wellness programming from 3 to 10</p> <p>By September 2020, increase participation in the Fit Club School Wellness program in Mason County Schools from 1600 to 2200</p> | <p>Integrate health and wellness to where people already are (business and school)</p> <p>Promote resources for chronic disease prevention in the worksites</p> <p>Conduct assessments for employees that include mental health and well-being</p> <p>Develop a Speaker's Bureau to provide presentations to worksites and schools</p> | <p>DHD #10</p> <p>Spectrum Health Ludington</p> <p>West Shore Community College</p> <p>Mason County Health Coalition and member organizations</p> |

The above DHD#10 Mason County objectives align with the following:

| | | |
|---|--|---|
| <p>National Prevention Strategy</p> <p>Support workplace policies and programs that increase physical activity</p> <p>Implement organizational and programmatic nutrition standards and policies</p> <p>Promote and strengthen school and early learning policies and programs that increase physical activity</p> | <p>Healthy People 2020</p> <p>Increase the proportion of worksites that offer an employee health promotion program to their employees</p> <p>Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity</p> | <p>Making a Difference in Obesity: Michigan's Priority Strategies: 2014-2018</p> <p>Create environments that assure healthy eating options</p> <p>Support workplace policies and programs that increase workday physical activity, such as flextime policies, lunchtime walking groups, access to exercise equipment, facilities, bicycle racks, walking paths and changing facilities with showers</p> <p>Provide increased opportunity for physical activity in education environments, promote and strengthen policies and programs that increase physical activity</p> |
|---|--|---|

Goal: Decrease the percent of people in Mason County who report no leisure time physical activity from 35.5% to 31.5%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|--|---|
| By September 2020, increase the number of participants in the Walk with Ease Program at senior centers in Mason County from 0 to 100 | <p>Increase fitness opportunities for seniors</p> <p>Provide education on Walk with Ease to healthcare providers</p> | <p>DHD #10</p> <p>Mason County Commission on Aging</p> <p>Mason County Health Coalition and member organizations</p> <p>Senior Life Committee</p> |

The above DHD#10 Mason County objectives align with the following:

| | | |
|--|---|--|
| <p>National Prevention Strategy</p> <p>Facilitate access to safe, accessible, and affordable places for physical activity</p> | <p>Healthy People 2020</p> <p>Increase the proportion of trips made by walking</p> | <p>Michigan Healthy Eating and Physical Activity Strategic Plan 2010-2020</p> <p>Increase the percentage of Michigan youth and adults that get the recommended amount of moderate physical activity</p> |
|--|---|--|

Goal: Reduce the percent of young adults (18-25) reporting misuse of a prescription painkiller in the past year by 25% (from 15% to 11%);
 Reduce the number of treatment admissions for opiates by 30% (from 71 to 50);
 Reduce the number of total opiate overdoses by 31% (from 29 to 20)

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|---|--|
| <p>By September 30, 2020, increase the percent of primary care providers who refer patients with chronic pain or injury to alternative or complementary treatment options by 50% (from 10% to 15%)</p> <p>By September 30, 2020, increase the percent of primary care providers that screen and refer persons with mental health struggles (including substance use issues) to appropriate services by 50% (from 10% to 15%)</p> | <p>Provide support to physicians in implementing practices to: a) educate patients on the proper use of and risks associated with opiates; b) offer alternative options for pain management; c) screen and refer for mental health issues and pain management</p> <p>Expand the Leeward Coalition partners to include Department of Health and Human Services, Community Mental Health, Mercy Health, 211, etc.</p> | <p>Leeward Initiative and member organizations</p> <p>Lakeshore Resource Network</p> <p>Dr. Custer – Connection Point</p> <p>MSU Extension</p> |

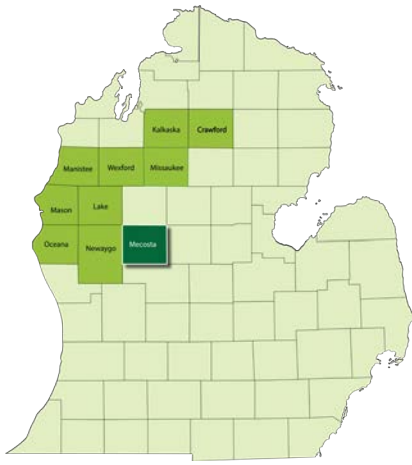
The above DHD#10 Mason County objectives align with the following:

| | | |
|--|--|--|
| <p>National Prevention Strategy</p> <p>Reduce inappropriate access to and use of prescription drugs</p> | <p>Healthy People 2020</p> <p>Reduce past month use of illicit substances</p> | <p>Michigan Prescription Drug and Opioid Abuse Task Force: Report of Findings and Recommendations for Action, 2015</p> <p>Recommend requiring additional training for all professionals who will be prescribing controlled substances</p> |
|--|--|--|

Policy changes related to Mason County objectives:

- Implement policies in worksites to increase access to healthy foods and beverages and implement organizational and programmatic nutrition standards and policies
- Implement policies in worksites to increase physical activity opportunities
- Implement policies in worksites to increase tobacco-free lifestyles
- Implement systems changes and policies in senior centers to increase physical activity opportunities for seniors
- Promote and strengthen policies and programs to prevent falls, especially among older adults
- Develop and adopt evidence-based guidelines and policies for prescribing opioids in primary care provider practices

MECOSTA COUNTY



TOP 3 HEALTH ISSUES Identified by Key Stakeholders



MATERNAL, INFANT & CHILD HEALTH



ACCESS TO HEALTH CARE



SUBSTANCE ABUSE

| Child Abuse and Neglect | Smoked During Pregnancy | Primary Care Physicians | Alcohol Impaired Driving Deaths | Binge Drinking - Adults |
|--|---|-------------------------------------|---|-------------------------|
| 29.5/1,000 | 22.5% | 1,870:1 | 32.0% | 18.9% |
| <i>Michigan League for Public Policy, 2014</i> | <i>Michigan Department of Health and Human Services, 2014</i> | <i>County Health Rankings, 2016</i> | <i>DHD#10 Behavioral Risk Factor Survey, 2015</i> | |

Goal: Increase physical activity opportunities and healthy eating education for residents in Mecosta County

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|--|---|
| <p>By September 2020, maintain the Girls on the Run Program at 9 school districts in Mecosta County</p> <p>By September 2020, maintain the number of people reached through the healthy eating option booth at the Big Rapids Farmers Market (baseline to be determined)</p> <p>By September 2020, in partnership with schools and health coalition members, research feasibility of implementation of the "Let Me Run" program for boys</p> | <p>Develop and implement healthy eating and physical activity initiatives for youth</p> <p>Increase membership in the Big Rapids Health Coalition to involve diverse sectors in the county</p> <p>Increase utilization of the www.livewell4health.org website</p> | <p>DHD#10</p> <p>Spectrum Health Big Rapids Hospital</p> <p>Love, Inc.</p> <p>Faith-based organizations</p> <p>Big Rapids Health Coalition and member organizations</p> <p>City of Big Rapids</p> |

The above DHD#10 Mecosta County objectives align with the following:

| | | |
|--|--|---|
| <p>National Prevention Strategy</p> <p>Promote and strengthen school and early learning policies and programs that increase physical activity</p> <p>Increase access to healthy and affordable foods in communities</p> | <p>Healthy People 2020</p> <p>Increase the proportion of adolescents who meet current Federal physical activity guidelines</p> <p>Increase the proportion of adults who are at a healthy weight</p> | <p>Making a Difference in Obesity: Michigan's Priority Strategies: 2014-2018</p> <p>Provide community programs with a focus on changing physical activity behavior and building social support</p> <p>Create environments that assure healthy eating options</p> |
|--|--|---|

Goal: Increase access to healthcare services in Mecosta County

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|--|--|
| <p>By September 2020, increase the number of annual referrals to the Tobacco Treatment Specialist Program from 16 to 30.</p> <p>By September 2020, increase the number of participants taking part in free or low-cost preventive health screenings in Mecosta County (baseline to be determined)</p> | <p>Increase access to healthcare for under-insured</p> <p>Implement health care education programs</p> | <p>DHD #10</p> <p>Spectrum Health Big Rapids</p> <p>Ferris State University</p> <p>Big Rapids Housing Commission</p> |

The above DHD#10 Mecosta County objectives align with the following:

| | | |
|--|---|---|
| <p>National Prevention Strategy</p> <p>Expand use of tobacco cessation services</p> <p>Use media to educate and encourage people to live tobacco-free</p> | <p>Healthy People 2020</p> <p>Increase smoking cessation attempts by adult smokers</p> <p>Increase social marketing in health promotion and disease prevention</p> | <p>Michigan Department of Health and Human Services Tobacco Control Program Strategic Plan 2013-2018</p> <p>Promoting tobacco treatment (cessation) among adults and youth</p> |
|--|---|---|

Goals: Reduce underage use of alcohol and access to alcohol; Reduce drinking and driving; Increase awareness of the dangers of prescription drugs and opioids and provide opportunities for safe disposal of prescriptions and medications

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|--|---|
| <p>By September 30, 2020, decrease the percent of MIP violations in Mecosta county ages 17 and up by 5% each year (Baseline 121)</p> <p>By September 30, 2020, decrease the rate of DUI offenses in Mecosta county each year from 72.5/10,000 licensed drivers (197) to 50.0/10,000 licensed drivers</p> <p>By September 30, 2020, in partnership with Spectrum Health, implement a training for health care providers regarding implementation of safe prescribing practices for controlled substances</p> | <p>Increase prevention and education programs</p> <p>Implement Sticker Shock campaign to reduce underage access to alcohol in retail outlets in Mecosta County</p> <p>Provide alcohol retailer education on laws forbidding alcohol sales to minors</p> <p>Provide TIPS training to on-premise and off-premise alcohol retailers</p> <p>Conduct Prescription Drug Take Back Day events</p> | <p>Mecosta/Osceola Coalition to Reduce Underage Substance Abuse</p> <p>Ferris State University</p> <p>Spectrum Health Big Rapids Hospital</p> |

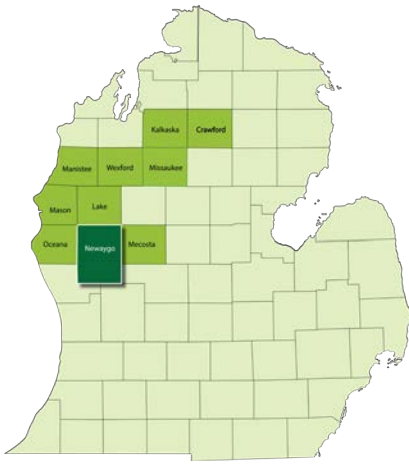
The above DHD#10 Mecosta County objectives align with the following:

| | | |
|---|--|--|
| <p>National Prevention Strategy</p> <p>Create environments that empower young people not to drink or use other drugs</p> <p>Reduce inappropriate access to and use of prescription drugs</p> | <p>Healthy People 2020</p> <p>Increase the proportion of adolescents never using substances</p> <p>Decrease the rate of alcohol impaired driving fatalities</p> <p>Reduce drug-induced deaths</p> | <p>Michigan Prescription Drug and Opioid Abuse Task Force: Recommendations for Action, 2015</p> <p>Recommend requiring additional training for all professionals who will be prescribing controlled substances</p> <p>Recommend a multi-faceted public awareness campaign to inform the public of the dangers of abuse and how to safeguard and properly dispose of medicines</p> |
|---|--|--|

Policy changes related to Mecosta County objectives:

- Implement policies that increase access to healthy and affordable foods in communities (e.g. implement policies that support farmer's markets)
- Implement policies within healthcare provider practices and DHD #10 to increase community/clinical linkages regarding treating tobacco use and dependence
- Support state and local implementation and enforcement of alcohol control policies
- Implement and support policies that reduce inappropriate access to and use of prescription drugs

NEWAYGO COUNTY



TOP 3 HEALTH ISSUES Identified by Key Stakeholders



**ACCESS TO
HEALTH CARE**



**TOBACCO
USE**



**HEALTH
DISPARITIES**

| Primary Care Physicians | Smoking - Adults | Smoked During Pregnancy | Poverty - Ages 0-17 | Bachelor's Degree or Higher |
|-------------------------------------|---|---|--|------------------------------------|
| 2,290:1 | 26.0% | 25.5% | 17.2% | 13.0% |
| <i>County Health Rankings, 2016</i> | <i>DHD#10 Behavioral Risk Factor Survey, 2015</i> | <i>Michigan Department of Health and Human Services, 2014</i> | <i>Michigan League for Public Policy, 2013</i> | <i>US Census Bureau, 2010-2014</i> |

Goal: Increase venues where youth have access to care and prevention programs

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|--|--|
| By September 2020, increase the number of students participating in the Coordinated Approach to Child Health (CATCH) program in Newaygo County from 750 to 3,400 | <p>Increase access to health programming for youth</p> <p>Monitor BMI and healthy weight through aggregate data for program evaluation</p> | <p>Spectrum Health Gerber Memorial</p> <p>MSU Extension</p> <p>Live Well Newaygo County and member organizations</p> |

The above DHD#10 Newaygo County objectives align with the following:

| | | |
|--|---|---|
| <p>National Prevention Strategy</p> <p>Promote and strengthen school and early learning policies and programs that increase physical activity</p> | <p>Healthy People 2020</p> <p>Reduce the proportion of children and adolescents who are considered obese</p> | <p>Making a Difference in Obesity: Michigan's Priority Strategies: 2014-2018</p> <p>Promote education environments as a focal point for obesity prevention</p> |
|--|---|---|

Goal: Decrease the percent of adults in Newaygo County who report being current cigarette smokers from 26% to 23%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|---|--|
| <p>By September 2020, increase the number of annual referrals to tobacco cessation resources in Newaygo County from 72 to 120</p> <p>By September 30, 2020, increase the number of annual referrals of pregnant women to the SCRIPT Tobacco Cessation Program from 0 to 20</p> | <p>Increase member engagement to expand Breathe Well effort</p> <p>Partner with Connect True North and Community Mental Health to provide tobacco cessation resources</p> | <p>DHD #10, Spectrum Health Gerber Memorial BreatheWell Coalition and member organizations</p> |

The above DHD#10 Newaygo County objectives align with the following:

| | | |
|--|--|---|
| <p>National Prevention Strategy</p> <p>Expand use of tobacco cessation services</p> | <p>Healthy People 2020</p> <p>Increase smoking cessation attempts by adult smokers</p> <p>Increase smoking cessation during pregnancy</p> | <p>Michigan Department of Health and Human Services Tobacco Control Program Strategic Plan 2013-2018</p> <p>Promoting tobacco treatment (cessation) among adults and youth</p> |
|--|--|---|

Goal: Decrease the rate of teen pregnancy in Newaygo County from 35.4 per 1000 to 32.4 per 1000

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|--|--|
| <p>By September 30, 2020, increase the number of high schools implementing Safer Choices, or other evidence-based teen pregnancy prevention curriculums from 1 to 4</p> <p>By September 30, 2020, increase the number of educators/providers trained in evidence-based teen pregnancy prevention from 1 to 5</p> | <p>Implement programs to decrease teen pregnancy</p> | <p>DHD#10 Newaygo County Teen Pregnancy Prevention Workgroup Newaygo County RESA</p> |

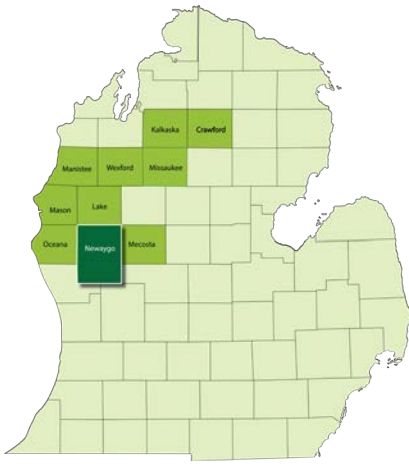
The above DHD#10 Newaygo County objectives align with the following:

| | |
|---|---|
| <p>National Prevention Strategy</p> <p>Provide effective sexual health education, especially for adolescents</p> | <p>Healthy People 2020</p> <p>Reduce pregnancies among adolescent females aged 15-17</p> |
|---|---|

Policy changes related to Newaygo County objectives:

- Promote and strengthen school policies that support active lifestyles
- Implement policies in schools that increase the availability of healthy foods, including in a la carte lines, school stores, vending machines and fundraisers
- Implement policies within healthcare provider practices and DHD #10 to increase community/clinical linkages regarding treating tobacco use and dependence
- Implement and support policies in schools to offer programs for teen pregnancy prevention

OCEANA COUNTY



TOP 3 HEALTH ISSUES Identified by Key Stakeholders



ACCESS TO HEALTH CARE



CHRONIC DISEASE



HEALTHY LIFESTYLES

| | | | | |
|---|-----------------------------------|-------------------|-------------------------------|-------------------------------------|
| Overweight And Obese | No Leisure Time Physical Activity | Diabetes - Adults | <5 Fruits and Vegetables/ Day | Primary Care Physicians |
| 67.5% | 43.9% | 14.8% | 85.5% | 1,870:1 |
| <i>DHD#10 Behavioral Risk Factor Survey, 2015</i> | | | | <i>County Health Rankings, 2016</i> |

Goal: Increase the number of agencies providing services and resources in Spanish and at an appropriate language level

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|--|--|
| <p>By September 2020, increase the number of agencies providing services in Spanish and developing resources translated into Spanish from (baseline to be determined)</p> <p>Increase the number of bilingual community health workers in Oceana County (baseline to be determined)</p> | <p>Ensure that healthcare resources are provided in Spanish and at an appropriate language level</p> <p>Conduct a survey of agencies to determine services and materials provided in Spanish</p> | <p>DHD #10</p> <p>Mercy Health Lakeshore</p> <p>Oceana Hispanic Center</p> <p>Northwest Michigan Health Services</p> |

The above DHD#10 Oceana County objectives align with the following:

| | |
|--|--|
| <p>National Prevention Strategy</p> <p>Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk</p> <p>Reduce barriers in access to quality health care</p> | <p>Healthy People 2020</p> <p>Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs (archived)</p> |
|--|--|

Goal: Decrease the percent of adults in Oceana County who report being diagnosed with diabetes from 14.8% to 11.9%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|---|---|
| <p>By September 30, 2020, increase the number of participants completing the National Diabetes Prevention Program in Oceana County from 0 to 30</p> <p>By September 30, 2020, increase the number of participants in Diabetes Self-management Programs (baseline to be determined)</p> | <p>Promote the National Diabetes Prevention Program in communities in Oceana County</p> <p>Promote diabetes self-management programs</p> <p>Promote programs at the Free Clinic and the farmers markets</p> | <p>DHD #10</p> <p>Mercy Health Lakeshore</p> <p>National Kidney Foundation</p> <p>MSU Extension</p> <p>Northwest Michigan Health Services</p> |

The above DHD#10 Oceana County objectives align with the following:

| | | |
|---|--|--|
| <p>National Prevention Strategy</p> <p>Provide people with tools and information to make healthy choices</p> | <p>Healthy People 2020</p> <p>Increase prevention behaviors in persons at high risk for diabetes with prediabetes</p> | <p>Michigan Diabetes Prevention Action Plan, 2016-2018</p> <p>Implement a multi-faceted communications plan to increase public and healthcare provider awareness of prediabetes and the Diabetes Prevention Program (DPP) offerings</p> |
|---|--|--|

Goal: Decrease the percent of adults in Oceana County who report no leisure time physical activity from 43.9% to 40.9%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|--|---|--|
| <p>By September 30, 2020, increase the number of worksites that offer physical activity programming and/or opportunities for employees from 15 to 30</p> | <p>Conduct walking groups for employers to encourage employees to walk on lunches and/or breaks</p> <p>Promote walking programs and places to walk</p> <p>Promote worktime physical activity</p> <p>Promote all physical activity opportunities and programs available in Oceana County</p> <p>Implement physical activity education programming at worksites</p> <p>Support and promote the DNR MiBigGreenGym program</p> <p>Expand membership in the Oceana HealthBound Coalition</p> | <p>DHD#10</p> <p>Oceana Health Bound Coalition and member organizations</p> <p>Lakeside Rehabilitation and Family Fitness Center</p> |

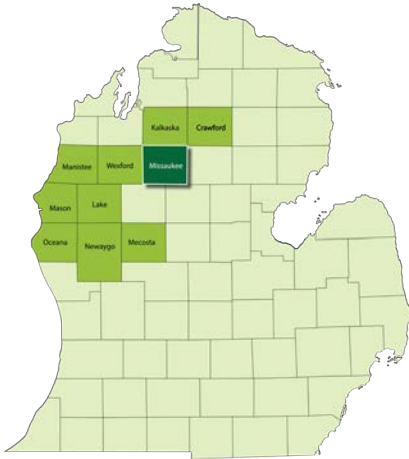
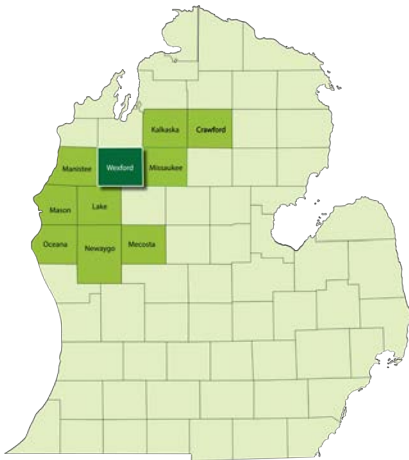
The above DHD#10 Oceana County objectives align with the following:

| | | |
|---|--|--|
| <p>National Prevention Strategy</p> <p>Support workplace policies and programs that increase physical activity</p> <p>Implement organizational and programmatic nutrition standards and policies</p> | <p>Healthy People 2020</p> <p>Increase the proportion of worksites that offer an employee health promotion program to their employees</p> | <p>Making a Difference in Obesity: Michigan's Priority Strategies: 2014-2018</p> <p>Create environments that assure healthy eating options</p> <p>Support workplace policies and programs that increase workday physical activity, such as flextime policies, lunchtime walking groups, access to exercise equipment, facilities, bicycle racks, walking paths and changing facilities with showers</p> |
|---|--|--|

Policy changes related to Oceana County objectives:

- Implement policies that support increase of services and information in ways that match patients' culture, language, and health literacy skills.
- Implement policies within healthcare systems and DHD #10 to create community/clinical linkages to increase referrals to the National Diabetes Prevention Program
- Support workplace policies and programs that increase physical activity

WEXFORD & MISSAUKEE COUNTIES



TOP 3 HEALTH ISSUES Identified by Key Stakeholders



HEALTHY LIFESTYLES



MATERNAL, INFANT & CHILD HEALTH



CHRONIC DISEASE

| Counties | Overweight and Obese | Cardiovascular Disease | <5 Fruits and Vegetables/Day | Child Abuse and Neglect | Smoked During Pregnancy |
|---|----------------------|------------------------|------------------------------|--|-------------------------|
| Wexford | 72.5% | 10.7% | 79.7% | 35.8/1000 | 32.5% |
| Missaukee | 71.5% | 11.4% | 76.9% | 35.8/1000 | 24.5% |
| <i>DHD#10 Behavioral Risk Factor Survey, 2015</i> | | | | <i>Michigan League for Public Policy, 2014</i> | <i>MDHHS, 2014</i> |

Goal: Decrease the percent of people in Wexford and Missaukee Counties who report inadequate fruit and vegetable consumption.
Decrease the percent of people in Wexford and Missaukee Counties who report no leisure physical activity.

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|--|--|
| Increase the number of worksites in Wexford and Missaukee Counties that offer worksite wellness programming from 27 to 33 | Implement comprehensive worksite wellness program. | DHD #10 Cadillac Area Health Coalition and member organizations |

The above DHD#10 Wexford and Missaukee County objectives align with the following:

| | | |
|---|--|--|
| <p>National Prevention Strategy</p> <p>Support workplace policies and programs that increase physical activity</p> <p>Implement organizational and programmatic nutrition standards and policies</p> | <p>Healthy People 2020</p> <p>Increase the proportion of worksites that offer an employee health promotion program to their employees</p> | <p>Making a Difference in Obesity: Michigan's Priority Strategies: 2014-2018</p> <p>Create environments that assure healthy eating options</p> <p>Support workplace policies and programs that increase workday physical activity, such as flextime policies, lunchtime walking groups, access to exercise equipment, facilities, bicycle racks, walking paths and changing facilities with showers</p> |
|---|--|--|

Goal: Reduce the rate of childhood abuse and neglect

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|--|---|
| By September 30, 2020, implement annual youth driven social media campaigns using the Strengthening Families Protective Factors Framework to address childhood trauma issues for parents and young children | <p>Implement programs to address child abuse and neglect</p> <p>Implement programs to address childhood trauma</p> | <p>DHD #10</p> <p>Wexford County Child Protection Council</p> <p>Career Tech Center</p> <p>Baker College</p> <p>Wexford and Missaukee County schools</p> <p>Department of Health and Human Services</p> |

The above DHD#10 Wexford and Missaukee County objectives align with the following:

| | |
|---|--|
| <p>National Prevention Strategy</p> <p>Social and Emotional Well-being - promote positive early childhood development including positive parenting and violence-free homes</p> | <p>Healthy People 2020</p> <p>Reduce non-fatal child maltreatment</p> |
|---|--|

Goal: Decrease the percent of people in Wexford County who are obese from 38.4% to 35.4%
Decrease the percent of people in Missaukee County who are obese from 35.0% to 32.0%

| OBJECTIVES | STRATEGIES | RESPONSIBLE PARTIES |
|---|---|--|
| <p>By September 2020, increase the number of communication venues that post or publish messages related to obesity prevention from 0 to 50</p> <p>By September 30, 2020, Implement and measure strategies that are included in the Northern Michigan Community Health Innovation Region (CHIR) Strategic Plan</p> | <p>Implement a social media campaign that focuses on obesity prevention</p> <p>Partner with the Northern Michigan CHIR to implement the Strategic Plan to reduce obesity</p> <p>Increase collaboration among community agencies to address the obesity issue</p> <p>Increase healthy options in food pantries</p> | <p>DHD #10</p> <p>Cadillac Area Health Coalition and member organizations</p> <p>Munson Healthcare Cadillac Hospital,</p> <p>Northern Michigan CHIR</p> <p>Stehouwer Free Clinic</p> <p>Family Health Care</p> <p>Cadillac Area YMCA</p> |

The above DHD#10 Wexford and Missaukee County objectives align with the following:

| | | |
|---|--|---|
| <p>National Prevention Strategy</p> <p>Provide people with tools and information to make healthy choices</p> <p>Identify and implement strategies that are proven to work and conduct research where evidence is lacking</p> | <p>Healthy People 2020</p> <p>Increase social marketing in health promotion and disease prevention</p> <p>Reduce the proportion of adults who are obese</p> | <p>Michigan Healthy Eating and Physical Activity Strategic Plan</p> <p>Increase the percent of Michigan's population who are at a healthy weight and reduce inequities that contribute to health disparities in obesity and overweight by:</p> <ul style="list-style-type: none"> • increasing physical activity • increasing healthy eating • increasing percent of women who breastfeed |
|---|--|---|

Policy changes related to Wexford and Missaukee County objectives:

- Implement policies in worksites to increase access to healthy foods and beverages and implement organizational and programmatic nutrition standards and policies
- Implement policies in worksites to increase physical activity opportunities
- Implement policies in worksites to increase tobacco-free lifestyles
- Support policies in schools and communities that assure evidence-based programming is implemented to strengthen parent-child interaction and promote healthy development and well-being in parents and children
- Implement policies to increase access to healthy and affordable foods in communities
- Implement policies to facilitate access to safe, accessible, and affordable places for physical activity

COMMUNITY PARTNER FEEDBACK

Are the goals, objectives, and/or strategies currently in the plan relevant, achievable, and realistic?

- Yes, local coalitions plan to exceed some of the goals and objective measures.
- Some objective measures were modified due to new information.
- Some baseline measures need to be determined. Surveys were suggested.
- Most agreed that goals, objectives and/or strategies align with Hospital plans and Coalition plans

Who in the community is addressing these areas?

- Many agencies and organizations were added to the partner lists from brainstorming at each county meeting

If efforts overlap, how can they be better coordinated?

- Expanding coalitions' membership to bring additional partners to the table
- Increase collaboration through coalitions' strategic plans addressing these issues
- Align communication messages with Health Observance Months
- Partner with Community Mental Health to connect programs with what they offer and to fill in gaps of needs
- Increase utilization of the www.livewell4health.org website
- Develop a speaker's bureau to promote programs and strategies
- Support implementation of Munson Healthcare's Obesity Prevention/Reduction Plan FY 18- FY 20

Are there other strategies that key stakeholders are implementing related to the goals and objectives in the plan?

- Increasing healthy options in food pantries?
- Promotion of physical activity opportunities that are already in place in each county
- Health programming at Farmers Markets
- Implementation of the PATH diabetes self-management programs
- Partner with non-traditional agencies to reach vulnerable populations, i.e. Community Mental Health, Department of Health and Human Services
- Develop a sustainability plan to assure progress on objectives even without outside funding

MOVING FORWARD

Next Steps

District Health Department #10 will work with partners to implement, monitor, and document the strategies outlined in this Community Health Improvement Plan. DHD #10 will improve and maintain capacity and infrastructure present in communities within the jurisdiction to assist with implementation of local strategies to address identified priority health issues in each county. The local community health coalitions and the regional chronic disease prevention coalition will work together to engage key stakeholders and community members to take ownership, participate in, and document strategies identified to meet the objectives outlined in this plan.

