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## COMMUNITY HEALTH IMPROVEMENT PLAN: STRATEGIC PRIORITY AREAS

# PRIORITY AREA: CHRONIC DISEASE PREVENTION AND MANAGEMENT



## WHY CHRONIC DISEASE PREVENTION AND MANAGEMENT?

Chronic diseases are among the most common, costly, and preventable of all health problems in the United States. Examples of chronic diseases include heart disease, stroke, cancer, diabetes, asthma, pneumonia, and lung diseases such as Chronic Obstructive Pulmonary Disease (COPD) and asthma. Heart disease, cancer, and stroke account for more than half of all deaths in the U.S. each year. The Centers for Disease Control and Prevention identifies four common risk behaviors for chronic diseases: lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption.

Nationally, 75% of healthcare dollars go to the treatment of chronic disease.

Obesity is a risk factor for many health conditions, including hypertension, high blood cholesterol, diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, and some cancers. Obesity rates can be reduced by changes in diet and physical activity level, and helping people to address their weight concerns.

## CHRONIC DISEASE PREVENTION AND MANAGEMENT IN ST. CLAIR COUNTY

St. Clair County adults have lower life expectancy rates (both men and women) and higher age-adjusted mortality rates than adults across the state or nation. Life expectancy is the average period that a person may expect to live and the age-adjusted mortality rate is the death rate a population of interest (study population) would have if it had the same age distribution as the standard population. Death rates from cancer, heart disease, chronic lower respiratory disease, and diabetes are higher than in Michigan or the U.S., the latter almost twice as high.

**TABLE 2: DEATHS PER 100,000 POPULATION PER YEAR, 2011-2015**

Condition	St. Clair County	Michigan
Cancer (skin and non-skin)	179.6	172.2
Diabetes	36.3	23.3
Lung Disease		
Chronic Obstructive Pulmonary Disease (COPD)	61.2	45.8
Pneumonia/Influenza	14.3	14.9
Heart Disease	230.8	199.2
Stroke	35.2	37.4



The prevalence estimates for the following chronic conditions measured are lower than both state and national estimates, and the rates are as follows:

- Cancer (non-skin) (5.5%);
- Skin cancer (3.6%);
- Heart attack (4.1%);
- Angina/coronary heart disease (3.3%); and
- Stroke (2.3%).

Prevalence rates for arthritis (27.4%) and diabetes (10.0%) are lower than Michigan but higher than the U.S. Rates for lifetime asthma (24.4%), current asthma (15.4%), and COPD (10.2%) are all higher than both Michigan and the U.S.

Regarding receiving information on how to manage chronic conditions other than diabetes, the proportion of people who received information on managing their chronic condition within the past 12 months varies, but in general, the vast majority are getting some information to help them manage their condition:

- Angina/coronary heart disease (93.3%);
- Skin cancer (92.5%);
- Heart attack (89.7%);
- Arthritis (87.8%);
- Stroke (86.1%);
- Cancer (non-skin) (82.2%);
- Asthma (82.2%); and
- COPD (79.6%).

Although the majority of adults with chronic conditions believe the existing programs and services in the community help them manage their illnesses “somewhat well” or “very well,” there is room for improvement with regard to the specific chronic illnesses below:

- Arthritis (34.2% “not very well” or “not at all well”)
- Non-skin cancer (31.0% “not very well” or “not at all well”)
- Skin cancer (30.2% “not very well” or “not at all well”)
- COPD (27.2% “not very well” or “not at all well”)
- Stroke (22.3% “not very well” or “not at all well”)

One-third (32.0%) of area adults suffer from chronic pain; only 1.8% say this is caused by cancer. More than one-fourth (28.5%) of those with chronic pain are severely limited in performing usual activities (at least 14 days in the past month). Women suffer from chronic pain more than men, and those in the lowest socioeconomic groups suffer from chronic pain, more often by far, than those with a higher income.

Two-thirds (65.3%) of adults with chronic pain report their pain is managed well; however, four in ten (39.3%) are less than satisfied with their health care provider when it comes to helping them manage pain. There are many barriers to pain management but cost, ineffective treatment, inadequate providers, and lack of services in the community to address these issues top the list.

Almost two-thirds of St. Clair County adults are either overweight or obese (64.2%). Only 35.8% of St. Clair County adults are of normal weight. The percentage of obese St. Clair County residents (33%) was higher than that of residents across Michigan (31.1%) and the nation as a whole (29.8%). The percentage of St. Clair County residents that were overweight (but not obese) was 31.2%, which was lower than the state at 34.9% and nation at 35.5%.

Residents who are high school graduates and college graduates have significantly lower obesity rates than residents who are less than a high school graduate or with some college education. Unlike obesity, overweight generally increased with education ranging from 23.6% for less than high school graduate to 32.4% for college graduates.

St. Clair County residents earning less than \$20,000 were more likely to be obese than those earning higher incomes. Among higher-income households, the highest level of obesity existed among those earning between \$50,000 and \$75,000 annually. Overweight generally increased by income with the lowest rate of 21.4% reported by those with annual incomes less than \$20,000, and the highest at 38.1% by those with incomes of \$50,000-\$74,999.





**GOAL: INCREASE OPPORTUNITIES FOR RESIDENTS TO IMPROVE AND MANAGE THEIR HEALTH ISSUES AND PREVENT DISEASE**

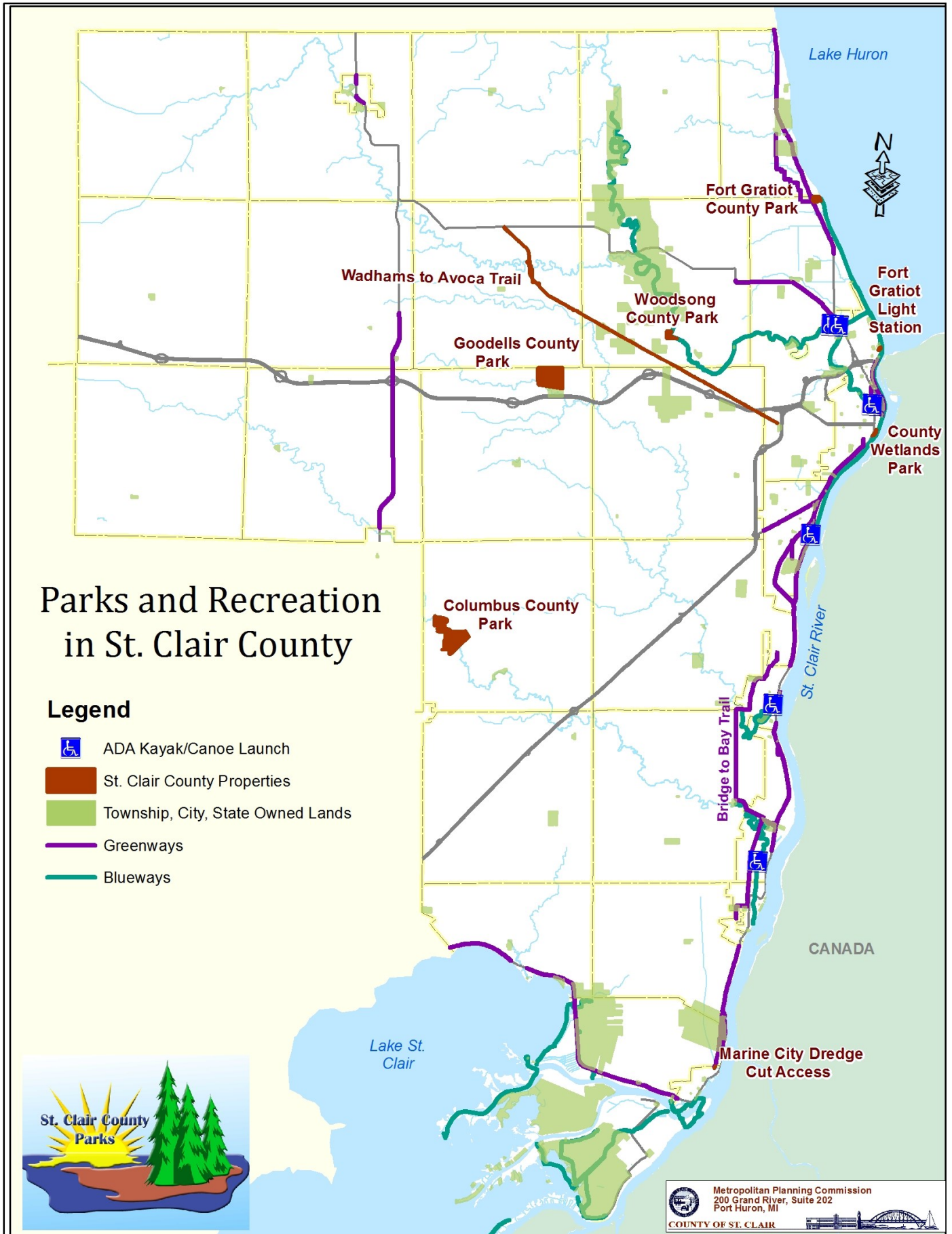
## **POLICY RECOMMENDATIONS**

Advocate for:

- Improving chronic disease management and education in the county, particularly cancer, pulmonary disease and chronic pain;
- Employee wellness programs that offer incentives for healthy eating and physical activity;
- Expanded educational and incentive programs for low-income families;
- Equipping healthcare providers with useful tools to motivate and refer their patients for weight management issues;
- Providing additional tools to navigate healthcare resources;
- Creating social and physical environments that promote good health for all people;
- Policies encouraging physical activity and good nutrition;
- Land use policies that promote walking and bicycling; and
- Increasing healthy food options available at school cafeterias and extracurricular activities.

## **OBJECTIVES BY 2023**

- 1) Inventory the number of workplace wellness programs being implemented in St. Clair County and work to continually increase that number;
- 2) Decrease the number of adults who have never had their cholesterol checked from 27.5% to 21%;
- 3) Decrease the number of adults who did not have a routine physical checkup in the past year from 36.5% to 30%;
- 4) Decrease the proportion of adults who are obese or overweight from 64% to 59%;
- 5) Decrease the proportion of teens who are obese or overweight from 35% to 29%;
- 6) Decrease the proportion of children who are obese or overweight from 37% to 32%;
- 7) Improve the Walk Score rating in St. Clair County communities;
- 8) Increase the percentage of adults reporting daily physical activity; and
- 9) Provide evidence-based disease prevention strategies and programs (such as the Diabetes Prevention Program) for the six common chronic diseases: heart disease, stroke, cancer (skin and non-skin), lung disease, diabetes, and arthritis/chronic pain.



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# **PRIORITY AREA: ACCESS TO HEALTH CARE**



## **WHY ACCESS TO HEALTH CARE?**

Access to health care is a critical aspect of preventive health medicine, but only a small part of what a community and individual needs to stay healthy. “Access” can mean having and using insurance (affordability of health care services), transportation issues, understanding and implementing doctors’ orders (health literacy) and following through with pharmacological and non-pharmacological recommendations (compliance), to name only a few. While we know that all people should have equal access, there is significant variations of need and resources to assure that everyone has equal opportunities to achieve their own personal best.

Furthermore, a best practice for achieving health equity focuses on a strategy called “Health in All Policies.” Health in All Policies (HiAP) is a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. HiAP recognizes that health is created by a multitude of factors beyond healthcare, and in many cases, beyond the scope of traditional public health activities. Implementing a Health in all Policies approach in both agency and local governance will greatly enhance the health equity of our community.

## **ACCESS TO HEALTH CARE IN ST. CLAIR COUNTY**

Among adults ages 18-64, 88.7% currently have health care coverage. Over half (52.7%) have coverage through a plan at work or through a union. Non-White adults and men are less likely to have health care coverage compared to White adults and women, respectively. One in ten (10.5%) adults had to forego needed medical care in the past year due to cost. Moreover, in the past year, 11.8% delayed seeking medical care because of the general cost of care; while 11.3% delayed seeking medical care because of the cost of co-pays and/or deductibles. One in three (32.0%) St. Clair County adults have visited an urgent care center in the past year, and 28.4% have visited the emergency room.

While a large majority (86.1%) of residents are at least somewhat confident they can navigate the health care system, 13.9% are not confident. Low confidence is most often seen among the youngest adults (18-24) and non-White adults.

Eight in ten adults (80.3%) have a personal care provider and 3.2% have more than one. More than six in ten (63.5%) adults have visited a doctor for a routine checkup within the past year, a rate worse than MI or the U.S. Men and non-Whites are less likely to have either a medical home or a routine check-up in the past year, compared to women and Whites, respectively.

Although the vast majority of adults (89.0%) have had no problem obtaining needed dental care, one-third of adults (32.5%) have not visited a dentist in the past year. Those who have experienced problems accessing needed dental care say inability to afford treatment and lack of insurance are the main barriers; while an inability to afford co-pays and deductibles, providers not accepting specific insurance plans, and insurance plans not covering specific services are also barriers to more than one-fourth of area adults.

The barrier of health care costs prevents certain subpopulations from seeking needed medical care more

than others. For example, costs are more likely to be a barrier for: adults aged 25-44, non-Whites, and those with low incomes or below the poverty line.

One in five (22.2%) area adults provide caregiving to a family member or friend at least 60 years of age. When all adults were asked who they would call to arrange short or long-term care in the home for a relative or friend the most common response was to reach out to a family member or a friend. Still, almost four in ten (38.1%) adults say they don't know who to call. Roughly half of area adults are extremely confident they can complete medical forms by themselves, never have problems learning about their health condition, and never require someone else to read medical materials for them. Still, roughly one in ten do have problems with these issues. Those most in need of assistance tend to be youngest (18-24) or oldest (75+), non-White, lack a college education, and have household incomes below \$35,000.

**GOAL: ENSURE THAT ALL PEOPLE HAVE FULL AND EQUAL OPPORTUNITIES THAT ENABLE THEM TO ATTAIN THEIR HIGHEST LEVEL OF HEALTH**

## POLICY RECOMMENDATIONS

Advocate for:

- High-quality, affordable, and accessible healthcare services for all;
- Programs that support the well-being of the entire family across the life course;
- Support a collaborative approach to health promotion that recognizes the importance of including health considerations when making policy decisions (Health in All Policies/HiAP);
- Implementation of evidence-based and best practices to integrate behavioral health services into primary care and clinical care services;
- Development and implementation of technology solutions that improve access to care, including telemedicine and telehealth;
- Creating community-based services that coordinate and facilitate with clinical care;
- Expanding and enhancing transportation options for those who have difficulty reliably travelling to all aspects of community engagement programs and health care services;
- Expanding healthcare services in under-resourced areas via options such as co-locating, building new facilities and use of technology such as telemedicine;
- Incorporating screenings for Social Determinants of Health and Adverse Childhood Experiences (ACEs) when assessing health status in clinical settings; and
- Leveraging partnerships and coalitions to move countywide health equity and HiAP forward.

## OBJECTIVES BY 2023

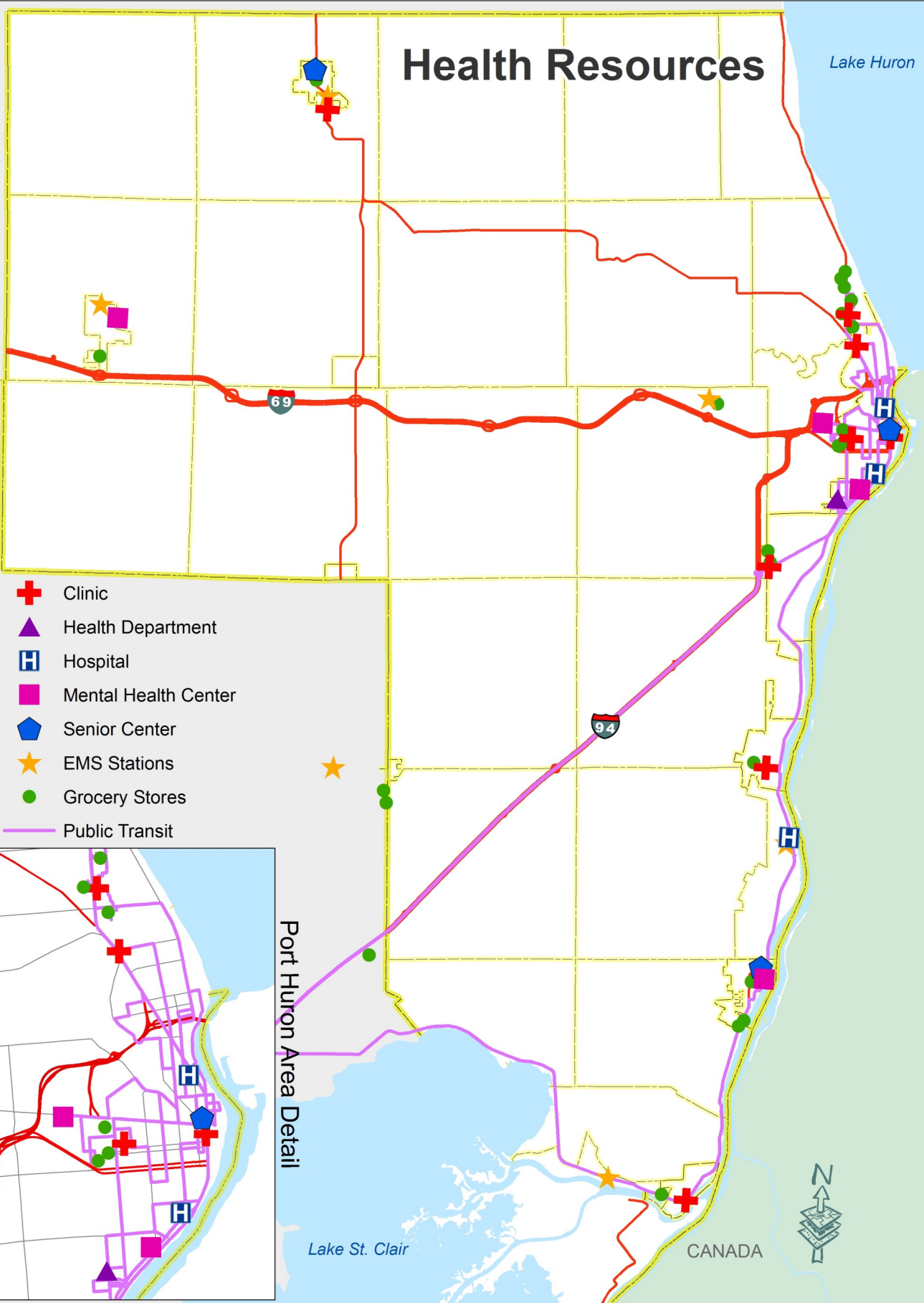
- 1) Increase the percentage of County residents who report having a usual source of care from 80% of adults to the national target of 84% as outlined in the *Healthy People 2020* plan;
- 2) Increase the number of families receiving home visiting services;
- 3) Reduce the number of medically uninsured in St. Clair County;
- 4) Increase the number of new entities using culturally relevant education materials/methods in St. Clair County;
- 5) Increase the number of practicing healthcare providers who accept Medicaid; and
- 6) Improve medical literacy for young adults, elderly, non-white, lack a college education and incomes less than \$35,000 per year.



# Health Resources

Lake Huron

St. Clair County, Michigan



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Clinic

Health Department

Hospital

Mental Health Center

Senior Center

EMS Stations

Grocery Stores

Public Transit

Port Huron Area Detail

Lake St. Clair

CANADA



# PRIORITY AREA: SUBSTANCE ABUSE

## WHY SUBSTANCE ABUSE?

Substance abuse is the use of drugs (licit and illicit) or alcohol for the purposes that are not intended. The presence of substance abuse issues exacerbates the cost of treating physical diseases and results in greater disability burdens for individuals, families, businesses, and governments. Individuals who abuse substances are at increased risk for a number of concerning health outcomes, including motor vehicle crashes, crime, domestic violence, child abuse, overdose, and suicide.

## SUBSTANCE ABUSE IN ST. CLAIR COUNTY

The prevalence of cigarette smoking among St. Clair County adults is 28.1%, significantly higher than Michigan (21.1%) and the United States (17.5%). Smoking is far more common among adults from the lowest socioeconomic groups (58.9% of those with household incomes below \$20,000). Smoking rates also generally decrease with age and higher education. Just over 41% of adults with less than a high school education smoke while only 17.2% of those with a college education smoke.

Four in ten (39.7%) area adults are considered to be non-drinkers of alcohol, meaning they consumed no alcohol in the past month. Additionally, 51.6% are light to moderate drinkers and 8.6% are heavy drinkers. The county has higher rates of heavy drinkers than the state (6.5%) and country (5.9%). Moreover, 22.7% of adults engage in binge drinking, meaning they have consumed at least four (if female) or five (if male) drinks on at least one occasion in the past month, also a higher rate than the state (18.8%) and country (16.3%). Binge drinking is most common among men and adults younger than 45 years old.

Substance abuse is considered to be a widespread issue in the community, for both licit (Rx) and illicit (illegal drugs like heroin/meth). Substance abuse is considered to be the second most important health problem in the community only behind cancer. Actual knowledge of drug abuse in the community differs greatly from the perception of drug abuse in the community. Roughly 62% of adults believe there is a prescription drug abuse problem in the community and 44% of adults actually know someone who used prescription drugs to get high. Young adults ages 18-24 are perceived to be the biggest abusers.

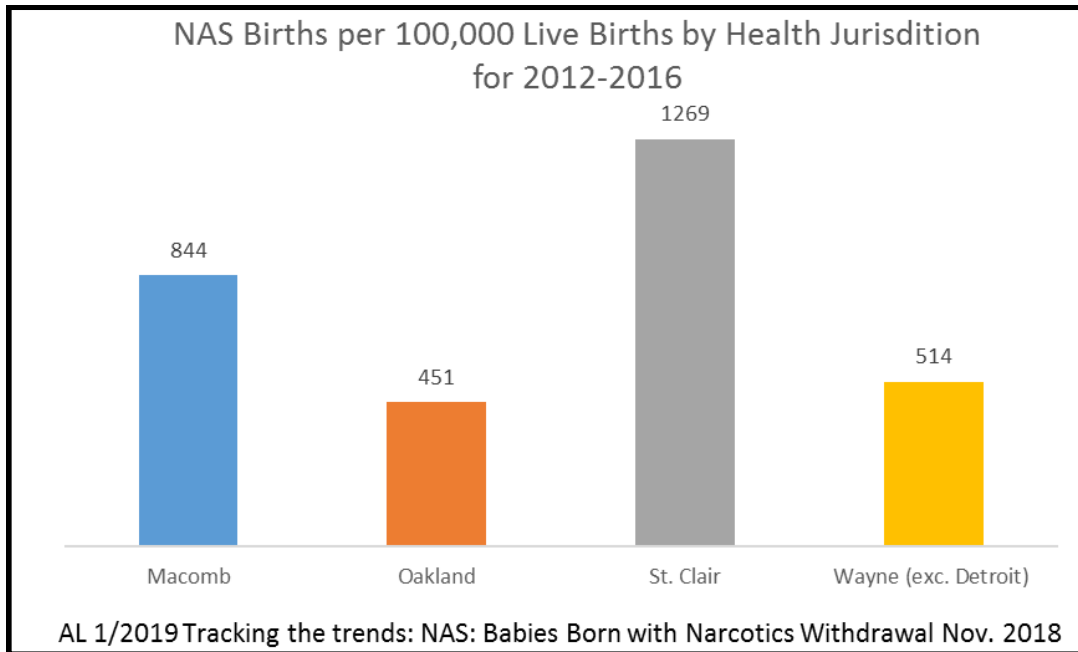
St. Clair County has a higher rate of neonatal abstinence syndrome than neighboring counties in Southeast Michigan. Neonatal abstinence syndrome is a group of conditions that occur when a baby withdraws from drugs they were exposed to in the womb.

Naloxone is a medication designed to rapidly reverse opioid overdose. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or

**TABLE 3: NALOXONE IN ST. CLAIR COUNTY, 2016-2018**

	2016 -2017	2017 -2018	% Change
Naloxone Kits Distributed	678	870	28.3%
Naloxone Kits Distributed to Law Enforcement	47	228	385%
Individuals Trained	1,113	1,517	36.3%

## NEONATAL ABSTINENCE SYNDROME IN ST. CLAIR COUNTY



prescription opioid pain medications. Table 3 shows the significant increase in naloxone kit distribution to individuals and law enforcement officials, as well as the number of people trained in how to administer naloxone.

The rates of St. Clair County youth smoking either cigarettes (8.9%) or marijuana (17.4%) are lower than the state or nation. Among high school students, 31.9% used an electronic vapor product in the past 30 days, 39.4% reported smoking marijuana once or twice a week to be of moderate or great risk, and 56.1% reported their friends felt smoking marijuana to be wrong or very wrong.

The rate of binge drinking among St. Clair County youth (15%) is lower compared to the U.S., but higher than the rate across Michigan (12.5%).

<b>TABLE 4: SCC DRUG TASK FORCE</b>		<b>TABLE 5: DRUG TASK FORCE</b>	
<b>Drugs Seized/ Purchased</b>	<b>Amount</b>	<b>Arrests/ Weapons</b>	<b>Number</b>
Heroin	187 grams	Suspects Arrested	377
Cocaine	502 grams	Felony Charges	446
Methamphetamine	2,299 grams	Misdemeanor Charges	315
Prescription Pills	1,200 doses	Weapons Confiscated	66

**GOAL: REDUCE THE NUMBER OF PEOPLE USING AND ABUSING TOBACCO, ALCOHOL AND DRUGS**

**POLICY RECOMMENDATIONS**

Advocate for:

- Expanding upon existing school-based and community substance abuse education and preventions using evidence based curriculum;
- Expanding and enhancing the youth-oriented prevention coalition, with attention to expanding grant opportunities for healthy communities;
- Improving tobacco treatment and prevention efforts, with an emphasis on vaping;
- Supporting substance abuse outreach and treatment to homeless/transient population;
- Working with school districts, colleges and worksites to improve smoke-free policies of nicotine, vaping and marijuana use;
- Increasing health care providers utilization of behavioral health and substance abuse screening and treatment;
- Supporting quality control measures and expansions for sober living environments;
- Policies that increases alcohol and marijuana taxes and regulate alcohol and medical marihuana dispensary outlet density;
- Decreasing the amount of alcohol and tobacco advertising in local stores;
- Raising the legal age of purchasing tobacco products to 21; and
- Ordinances that prohibit recreational growing facilities and dispensaries.

**OBJECTIVES BY 2023**

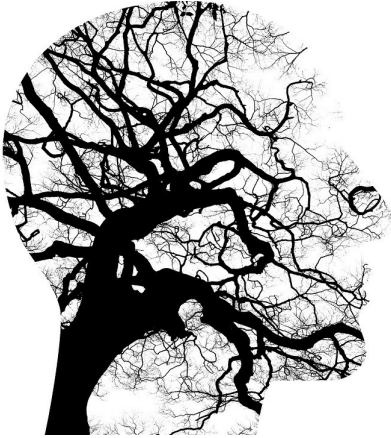
- 1) Decrease percentage of adults who are heavy drinkers from 8.6% to 6%;
- 2) Reduce the number of adults who engage in binge drinking in the past 30 days from 22.7% to 20%;
- 3) Reduce the rate of high school students who report binge drinking at least once in the prior month from 15% to 10%;
- 4) Increase the number of comprehensive smoke-free policies adopted in local communities and organizations;
- 5) Reduce the percentage of high school students who report any tobacco use in the past month from 8.9% to 6%;
- 6) Reduce the proportion of high school students reporting marijuana use within the past month from 17.4% to 15%;
- 7) Reduce the percentage of adults who report current smoking from 28.1% to 25%; and
- 8) Increase treatment options for substance use disorders (SUDs), particular ambulatory Medication and assisted treatment from both publicly funded entities and private providers.



## PRIORITY AREA: MENTAL HEALTH

### WHY MENTAL HEALTH?

Mental illnesses are among the most common causes of disability in the United States. By 2020, behavioral health disorders are expected to surpass all physical diseases as the major cause of disability worldwide, according to the World Health Organization.



Every year, one in five adults in the United States experiences mental illness. One in twenty adults experience a serious mental illness that substantially interferes with or limits major life activities. Over one third of all individuals with a disability in the United States are disabled based on a behavioral health disorder. Individuals with a mental illness are disproportionately represented among the homeless and incarcerated. Mental illness robs the U.S. economy of about 190 billion dollars every year. People with a serious mental illness die on average at least 14 years earlier than the general population. The personal, social, and economic costs of mental illness are incalculable.

### MENTAL HEALTH IN ST. CLAIR COUNTY

More than three-fourths (77.8%) of St. Clair County adults are considered to be mentally healthy according to the *Kessler 6 Psychological Distress Questionnaire*. Conversely, 18.5% (approximately 23,346 adults) experience mild to moderate psychological distress and 3.7% (approximately 4,669 adults) are severely distressed. These figures roughly correspond to national averages of one in five adults experiencing some form of mental illness and 5% of individuals experiencing serious mental illness.

St. Clair County Community Mental Health (SCCCMH) is the public mental health provider serving primarily Medicaid enrollees, the underinsured and uninsured. SCCCMH currently provides services to roughly 68% of adult Medicaid recipients with serious mental illness. Of the approximately 4,669 adults who are severely distressed, 1,858, or 40%, received services at SCCCMH.

While mental health treatment is available to qualifying individuals at SCCCMH, others in need of mental health services appear to be experiencing difficulty receiving treatment. For example, of all St. Clair County adults, 12.8% (approximately 16,153 adults) currently take medication or receive treatment for a mental health condition or emotional problem. However, those who could benefit the most from medication/treatment are not getting it: fewer than four in ten (36.5%) of those classified as having “severe psychological distress” and 34.6% of those classified as having “poor mental health” currently take medication and/or receive treatment for their mental health issues.

There is a strong perception that there is a lack of access to mental health and substance use disorder treatment health care programs and services for low income, uninsured, and underinsured individuals. There is an equally strong perception that available mental health services across the spectrum do not meet the needs and demands of area residents. Programs and services are available for these populations but are not reaching as many people as needed. Possible reasons include:

- Geographic challenges to individuals located in rural areas of the county;

- Lack of knowledge of how to access services;
- Individuals have private insurance that does not provide adequate mental health coverage;
- Individuals are experiencing situational distress following a traumatic event or series of events that does not meet severity criteria for a serious mental illness and is thus not covered by public and many private insurances;
- Mental health stigma that discourages individuals in need from seeking services. Addressing and reducing the social stigma of mental illness throughout St. Clair County will allow those with mental illness to more fully utilize community resources and to become more engaged and active in their community;
- Many private health care providers limiting or not accepting Medicaid insurance;
- Lack of treatment options for those with mild to moderate mental illness;
- Primary care providers are not prepared to work with individuals with a behavioral health disorder by integrating care with the individual's behavioral health team or making the appropriate referrals to mental health professionals. Mental health and physical health are closely connected. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental wellness and can reduce a person's ability to fully participate in treatment and recovery; and
- Lack of general and pediatric mental health resources. St. Clair County, like Michigan as a whole, has fewer psychiatrists than the national average. In 2018, according to the Health Resources and Services Administration, Michigan had 1,130 psychiatrists while the state needed 2,020 psychiatrists to meet existing and unmet needs.



**GOAL: ENSURE ALL ST. CLAIR COUNTY RESIDENTS HAVE EQUITABLE ACCESS TO MENTAL HEALTH SERVICES AND SUPPORT**

**POLICY RECOMMENDATIONS**

Advocate for:

- Promoting community support, attention and awareness of risk factors for mental illness;
- Increasing community linkages and attention aimed at reducing stigma and discrimination toward mental illness;
- Improving access to mental health resources to the rural population of the county;
- Increasing the number of private health care providers accepting Medicaid insurance;
- Increasing the mental health awareness literacy of the public;
- Increasing the integration of behavioral health into primary care;
- Increasing mental health screening by primary care givers;
- Recruiting mental health staff in the areas where there are shortages, including general and pediatric psychiatrists and private clinical psychologists;
- Increasing the number of people who have been trained in Mental Health First Aid; and
- Implementing “Zero Suicide Initiative” countywide.

**OBJECTIVES BY 2023**

- 1) Decrease the rate of residents who report feeling hopeless at least some of the time from 20.8% to 15.8%;
- 2) Decrease the proportion of youth reporting depression in the past year from 38.1% to 32.1%;
- 3) Decrease the proportion of youth who seriously considered suicide in the past year from 19.7% to 13.7%;
- 4) Decrease the proportion of youth reporting a suicide attempt in the past year from 8.9% to 4.9%;
- 5) Decrease the number of individuals who die from suicide from the current average of 24 individuals per year by at least 50%;
- 6) Increase primary care providers’ utilization of behavioral health and substance abuse screening tools;
- 7) Expand the Suicide Prevention Committee’s outreach to include Adverse Childhood Experiences (ACEs) training and screening; and
- 8) Increase the coordination/integration of physical and mental health services.



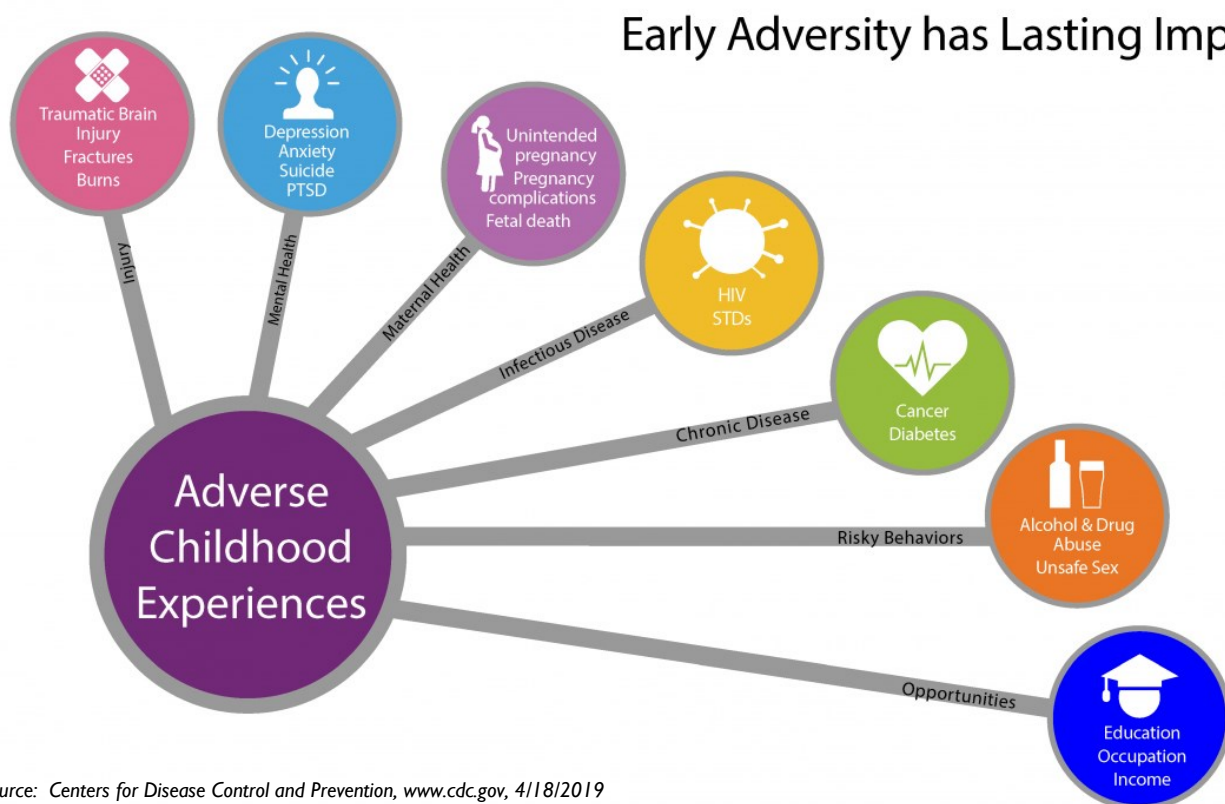
# PRIORITY AREA: WELL BEING OF CHILDREN AND ADOLESCENTS

## WHY THE WELL BEING OF CHILDREN AND ADOLESCENTS?

Well-being of children and adolescents is important because health issues at these ages can stay with them their entire lives. Making sure children/adolescents create healthy habits is very important for them to live healthy lives. According to the Centers for Disease Control and Prevention (CDC), adverse childhood experiences (ACEs) have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. These experiences can range from physical, emotional, or sexual abuse to parental divorce or incarceration of a parent or guardian. Other negative exposures that impact individual health may include exposure to violence (within the home or neighborhood), financial instability, household substance abuse, and mental illness. CDC research indicates that exposure to any of these adverse childhood experiences may result in multiple health and social issues at a later age, with an increased number of negative experiences increasing the severity and likelihood of poor health.


Preventing teen pregnancy is generally considered a priority among policymakers and the public because of its high economic, social and health costs for teen parents and their families. In 2015, U.S. teen births accounted for 5.8% of all births and 12.9% of all non-marital births. The birth rate for teenagers (aged 15-19) increased in 2006 and 2007 after a steady decline since 1991.

Teen parenthood affects the life course of two generations. The children of teen mothers are more likely to drop out of school, have health problems, and become teen parents themselves. These children are



Source: Centers for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov), 4/18/2019

## PREVENTING CHILD ABUSE AND NEGLECT

- **Strengthen economic supports to families**
  - Strengthening household financial security
  - Family-friendly work policies
- **Change social norms to support parents and positive parenting**
  - Public engagement and enhancement campaigns
  - Legislative approaches to reduce corporal punishment
- **Provide quality care and education early in life**
  - Preschool enrichment with family engagement
  - Improved quality of child care through licensing and accreditation
- **Enhance parenting skills to promote healthy child development**
  - Early childhood home visitation
  - Parenting skill and family relationship approaches
- **Intervene to lessen harms and prevent future risk**
  - Enhanced primary care
  - Behavioral parent training programs
  - Treatment to lessen harms of abuse and neglect exposure
  - Treatment to prevent problem behavior and later involvement in violence



Source: Centers for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov), 4/18/2019

also at greater risk for maltreatment, intellectual/developmental delays, and poor academic achievement. Children born to adolescents face particular challenges - they are more likely to have poorer educational, behavioral, and health outcomes throughout their lives, compared with children born to older parents.

The Teen Health Center (THC), established in 1986, is a school-based health center located on the campus of Port Huron High School. Although it is prohibited from providing any contraception services by state law, it does provide pregnancy testing and referrals, along with youth-friendly comprehensive primary care services. The THC offers primary, acute and chronic disease management, specialty referrals and mental health counseling. It also conducts at-risk assessments and risk reduction counseling.

### THE WELL BEING OF CHILDREN AND ADOLESCENTS IN ST. CLAIR COUNTY

St. Clair County has slightly fewer live births with low birth weight and lower infant mortality rates than the state or nation. In St. Clair County, roughly one in thirteen live births are classified as having low birth weight and the infant mortality rate is 5.6 for every 1,000 live births.

Children aged 19-35 months are less likely to be fully immunized in St. Clair County (72.1%) than children of the same age elsewhere in the state (75.2%) and nearly on par with the nation (72.2%). Over 30% of children aged 2 are not fully immunized and over 60% of toddlers are not up to date with current Advisory Committee on Immunization Practices (ACIP) immunization recommendations. St. Clair County has a higher vaccine waiver rate than 85% of other Michigan counties.

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One in five children under age 18 in St. Clair County live in poverty, a rate slightly better than the state (23%) or nation (21.5%). The proportion of children eligible for free or reduced school lunches is slightly lower in St. Clair County (39.1%) than the state of Michigan (46.1%).

According to the 2019 Kids Count in Michigan study conducted by the Michigan League for Public Policy, St. Clair County saw an 8.7% increase in the rate of confirmed child abuse and neglect victims between the fiscal years for 2012 and 2017. In 2012, the study found a confirmed child abuse and neglect victim rate of 15.2 per 1,000 kids. For 2017, the study found a rate of 16.6 confirmed victims per 1,000 kids.

Four in ten St. Clair County youths reported depression in 2015, while 19.7% seriously considered suicide and 8.9% attempted suicide. All three of these indicators are higher compared to the U.S., and two of the three indicators are compared to Michigan, thus warranting concern.

In St. Clair County, the rate of residents not graduating high school is equivalent to the state's rate (9.4%) and slightly better than the nation as a whole (12.1%). However, St. Clair County lags slightly behind both the state and the nation for both undergraduate (4-year) and graduate degrees.

The prevalence of obesity among youth is higher in St. Clair County (18.%) compared to the state (14.3%) or nation (13.9%). On the other hand, St. Clair County youth are more active and eat more fruits and vegetables than youth across Michigan or the U.S. There is still room for improvement since almost half of local youth report inadequate physical activity and three-fourths report inadequate consumption of fruits and vegetables.

St. Clair County teens are less likely to engage in sexual intercourse than teens across Michigan or the U.S. Still, nearly one in three (32.5%) St. Clair County youths have had sexual intercourse and roughly one-fourth of high-school-aged youth have had intercourse in the past three months. According to St. Clair County MiPHY data, 12.2% of teens reported being forced into sexual activities they did not want to do.

As a percentage of all births, teen births are higher in St. Clair County (7.6%) than in Michigan (6.9%) or the U.S (6.2%). Further, repeat teen births are also higher in St. Clair County than the state or the nation.



**GOAL: REDUCE THE PREVALENCE OF ADVERSE OUTCOMES OF CHILDHOOD, INCLUDING CHILDHOOD TRAUMA AND DISEASE, FAMILY DISRUPTION, TRUANCY, NOT GRADUATING FROM HIGH SCHOOL, AND TEEN PREGNANCY**

## **POLICY RECOMMENDATIONS**

Advocate for:

- Supporting oral health programs and dental exam/dental home by age 2;
- Supporting the needs of families experiencing child hospitalizations and other chronic diseases;
- Increasing child and adolescent vaccine rates (all recommended vaccines, not just required);
- Reducing reported cases of child abuse and neglect by addressing root causes through ACE's screening and early detection and prevention;
- Assuring mothers receive early and effective prenatal care regardless of risk status and they and their infants have strong ongoing supportive programs;
- Reducing teen pregnancy rates by expanding access to Title X family planning services, as well as providing evidence-based education on prevention, abstinence, and healthy relationships;
- Promoting strong, positive family engagement with positive communication and healthy relationships;
- Encouraging formal linkages between youth-servicing partners and community based clinical services to provide quality teen friendly services;
- Promoting early childhood development and school readiness programs;
- Supporting physical activity programs in preschool and child care and reducing "screen time" during recreational time;
- Increasing access to and acceptance of nutritious foods ;
- Promoting prevention, early identification, and interventions for risks for health and developmental delays;
- Adopting the CDC's "Essential for Childhood Framework" countywide;
- Policies and programs that reduce or eliminate bullying; and
- Identify and support program that promote "resiliency" for individuals and communities with high ACE's burden.

## **OBJECTIVES BY 2023**

- 1) Decrease the percentage of children reporting less than five service of fruit/vegetables per day from 75.3% to 68%;
- 2) Increase the percentage of children reporting daily physical activity;
- 3) Increase the number of people participating in parenting programs, community engagement projects and youth related mentoring and support programs;
- 4) Increase the percentage of children and young adults up to the age of 19 who have received all of their recommended vaccines;
- 5) Decrease the number of child abuse and neglect victims on an annual basis;
- 6) Utilize ACE's screening to identify opportunities for reducing the accumulation of further stressors and reduce generational transmission;
- 7) Decrease teen (ages 15-19) birth rate from 7.6% to 4.6% and to decrease the percentage of repeat teen births from 15% to 10%;
- 8) Reduce the truancy rate (all schools districts); and
- 9) Increase the number of high-risk pregnant mothers who receive evidence-based home visitations services from qualified providers.

# PRIORITY AREA: ECONOMIC OPPORTUNITY

## WHY ECONOMIC OPPORTUNITY?

The economic opportunities of a community strongly influence the ability to lead healthy lives. Both quality of life and health status are closely tied to numerous circumstances including income, poverty, race/ethnicity, education level, geographic location, and employment status. While our unemployment rate has gone down, it is still a concern as millions of unemployed Americans are struggling to support themselves and their families. At the same time, employers are struggling to fill needed jobs with qualified workers because the labor force is not prepared for the increasing demand of higher skilled and qualified workers. In today's economy, jobs not only need to be created, but efforts must be made to ensure that workers have the necessary education and skills to compete for jobs. To address these labor market challenges, many have turned to workforce development tactics.

Workforce development refers to expanding access to employment through job education; training and supportive services intended to enhance the skills and employment opportunities of workers. It is an attempt to connect job seekers to educational classes, apprenticeships, and other on-the-job training programs. Essential to expanding the training and development of the workforce is identifying gaps in knowledge, skills, and abilities. In order to address those gaps is to develop targeted training and development opportunities that correlate with employer skill needs. This higher quality training is more apt to connect job seekers with the education and skills to be employed, ability to earn a livable/competitive wage, and open the door to career success.

Policymakers at the state and federal levels have expressed concern over the emerging disparity between job skills employers are looking for and skills that the labor market applicants possess, commonly referred to as the "skills gap." This gap in workforce proficiency appears most critical for middle-skilled jobs - the jobs that require training beyond high school, but less than a four-year college degree. According to the National Skills Coalition (NSC), middle-skilled jobs account for 53% of the U.S. labor market, yet only 43% of the labor force is trained to the middle-skill level. In Michigan, middle-skilled jobs account for 54% of the state's labor market, but only 49% of its workers are trained to the middle-skill level. Furthermore,



estimates have concluded the skills gap costs the U.S. economy \$160 billion annually in terms of unfilled labor output, reduced productivity, and depressed earnings. According to the NSC analysis of long-term labor projections, the demand for workers with middle-skill credentials is anticipated to remain strong in Michigan, with 50% of new job openings from 2014-2024 expected to be at the middle-skill level.

In order to close the skills gap, investments must be made in education and workforce training programs that are directly aligned with employer skill needs. A report from Organization for Economic Co-operation and Development (OECD), calculates that each year of postsecondary education leads to an increased per capita output of between 4% and 7%. This data clearly shows us that investing in skill building can ensure a community's ability to meet that demand, and such an investment makes economic sense.

We will likely always face a skills gap challenge as the need for upskilling and retraining workers attempts to keep pace with new technologies in a changing labor market. Creating a streamlined and adaptable infrastructure that serves both the learner and training provider will be crucial to expanding alternative pathways to the labor force. At the same time, sometimes training programs do not pay off for participants, and continuous improvement will be needed to elevate high-quality workforce development programs. A more talented labor pool helps both job seekers and employers.

In general, there is a direct relationship in education and income to health outcomes. Positive outcomes are more prevalent among adults with higher levels of education and adults from households with higher income levels. Negative outcomes are more prevalent among those with less education and lower incomes. Examples of this disparity include:

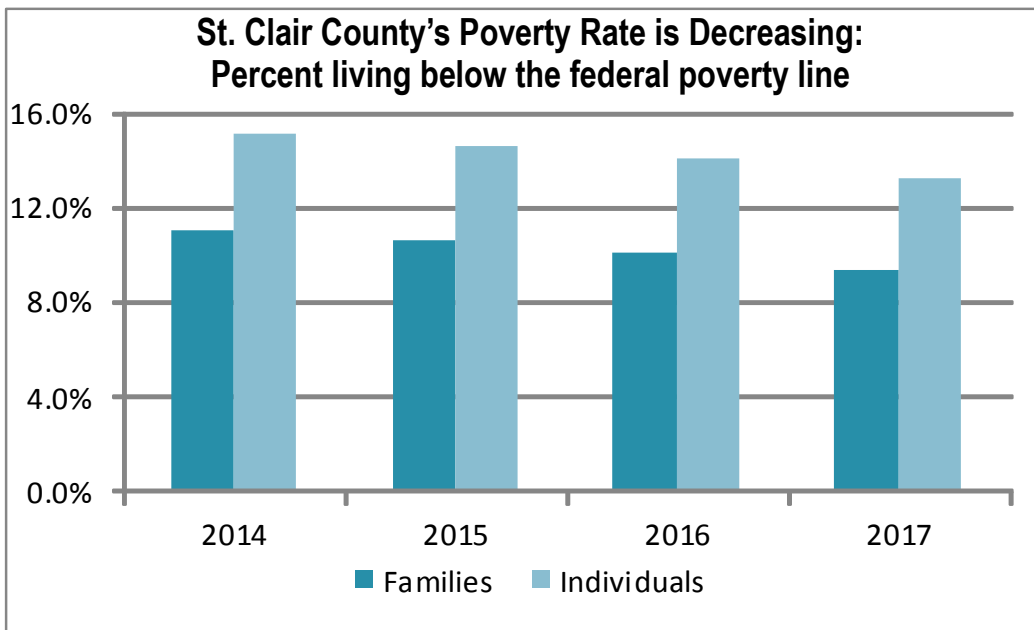
- General health status
- Satisfaction with life
- Likelihood of receiving social/emotional support
- Poor mental health
- Poor physical health
- Activity limitation due to poor physical and/or mental health
- Having health care coverage
- Engaging in leisure time activity
- Smoking cigarettes
- Visiting a dentist
- Food sufficiency in the household
- Having high cholesterol
- Having diabetes
- Having cardiovascular disease (heart attack, angina/CHD, or stroke)
- Having COPD
- Having chronic pain
- Being health literate

The link between both education and income and positive health outcomes goes beyond the direct relationship. Those individuals facing the most disparity (for example, no high school diploma or earning less than \$20,000) are most likely to experience the worst health outcomes.

## **ECONOMIC OPPORTUNITY IN ST. CLAIR COUNTY**

St. Clair County is experiencing this same need for an educated and seasoned workforce. The need arises

not only from demand, but high turnover rates, a shortage of professionals, an aging workforce and lower wages. St. Clair County adults who completed the Behavioral Risk Factor Survey identified unemployment or lack of jobs to be the second highest concern among our County's most pressing problems, followed by education as the third most significant problem. Higher employment rates lead to better access to healthcare and better health outcomes. St. Clair County's current unemployment rate of 4.9% is similar to the state rate (Michigan DTMB – Local Area Unemployment Statistics, 2018). St. Clair County should focus on building a successful workforce development system that supports business growth and competitiveness, centers on the skill sets needed in the local labor market, and how workers can obtain these skills through education, training and job retention and succession. By working to improve and grow our workforce, we will be adding to the health and vitality of our community by providing many economic development benefits such as the providing of new jobs and keeping money in the local economy.



#### Cost Burdened Households



**47%** of household renters are **Cost Burdened:**  
Spending **30%** of income on rent (48% in 2016)

**24%** of households are **Severely Cost Burdened:**  
Spending **50%** of income on rent (26% in 2016).

#### EDUCATION

**54.4%**  
of Children Ages 3-4 are  
Not Enrolled In Preschool

**72.7%**  
M-STEP:  
Students Not  
Proficient In  
Grade 8 Math

**18.4%**  
Population with a  
Bachelors Degree or  
Higher (2016, 16.3%)



**7.3%**  
High School Drop Out Rate  
*Down 4.4% over the past 5 years*

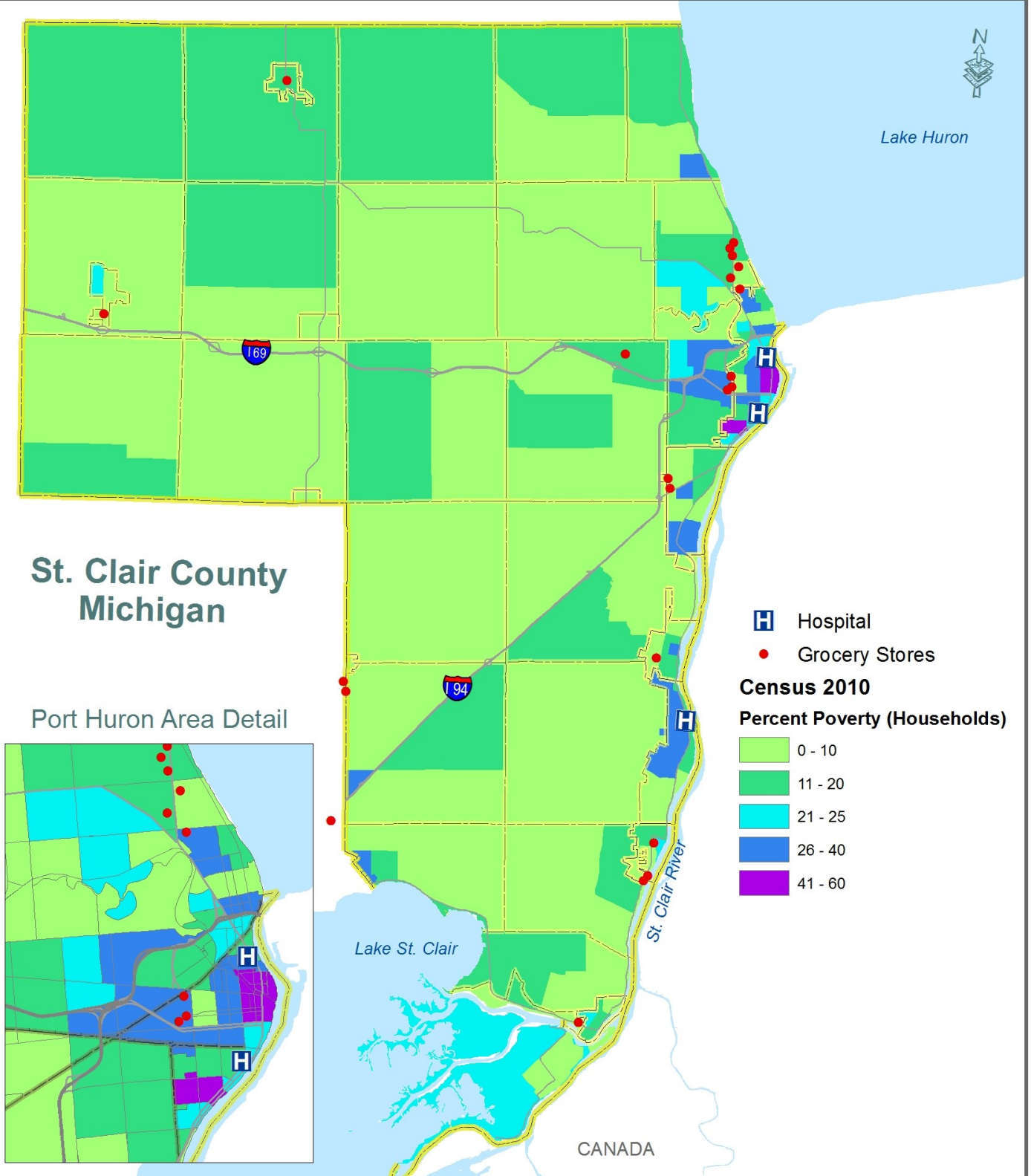
**30%**  
Highest Level of  
Education Achieved  
is a High School  
Diploma



#### PER CAPITA INCOME

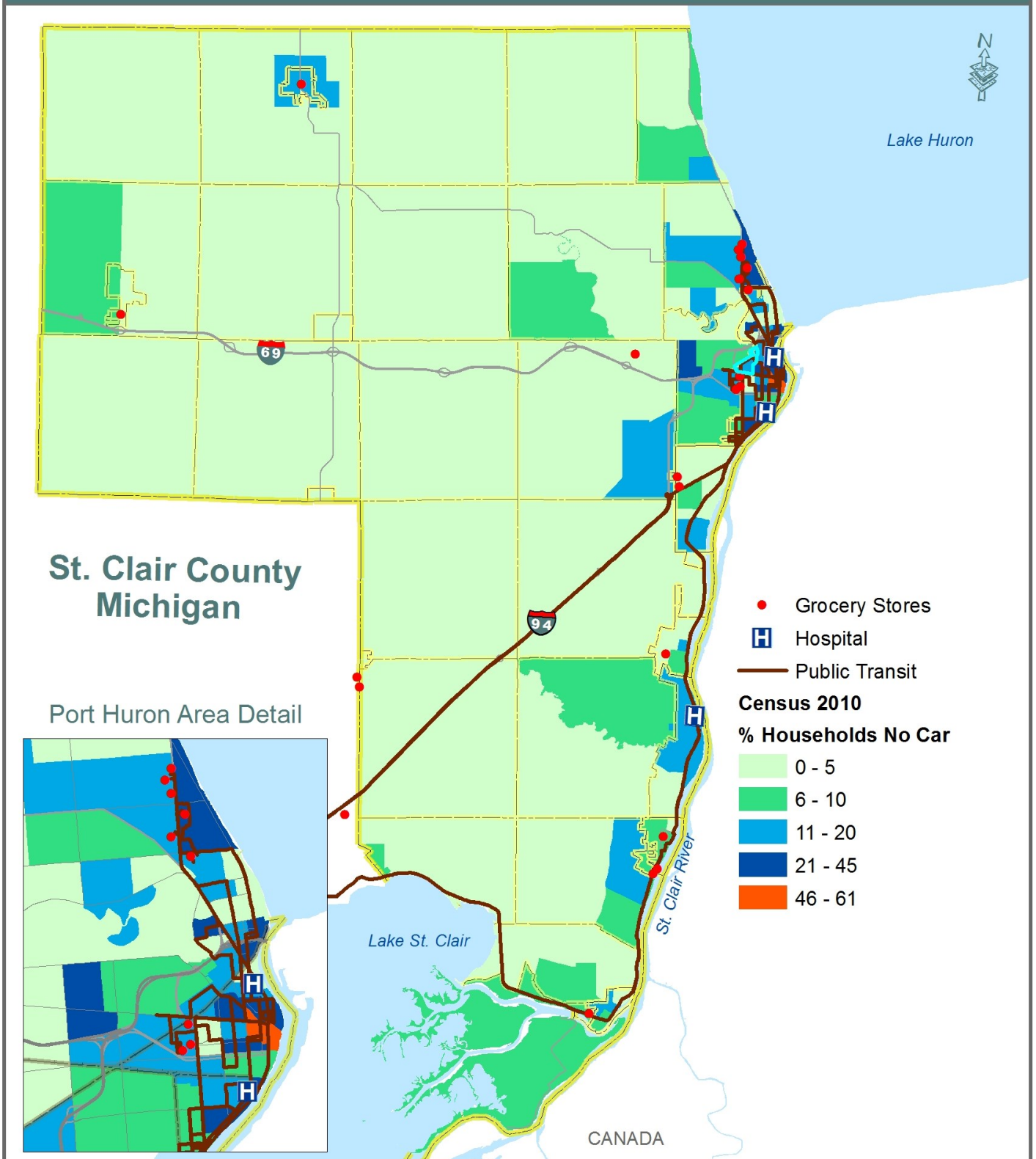
The average income of our total population  
**\$27,497** (5.5% higher than 2017, \$26,077)

# HOUSEHOLDS IN POVERTY





# HOUSEHOLDS WITH NO CAR



# ACCESS TO CORE SERVICES

## St. Clair County Michigan



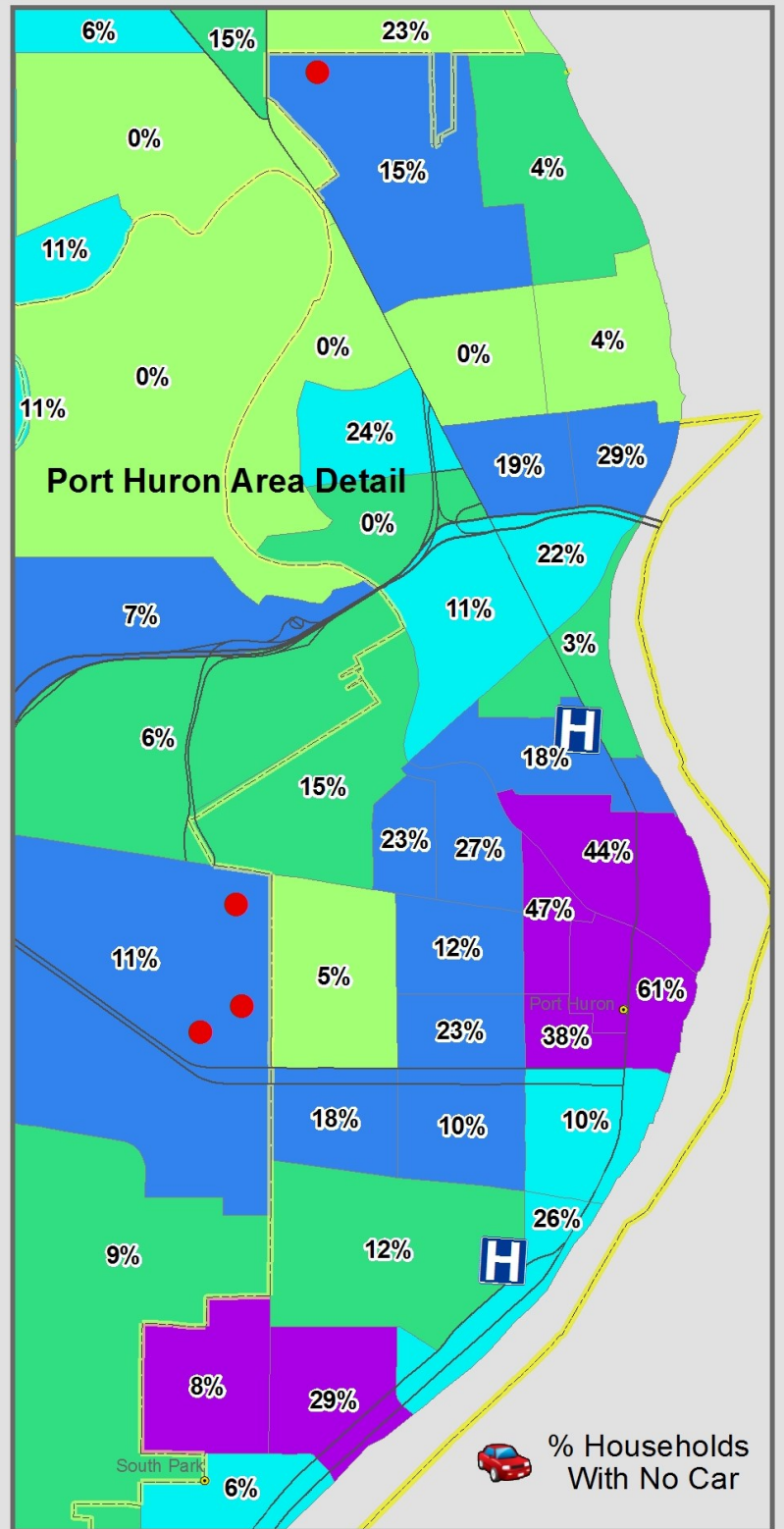
Hospital



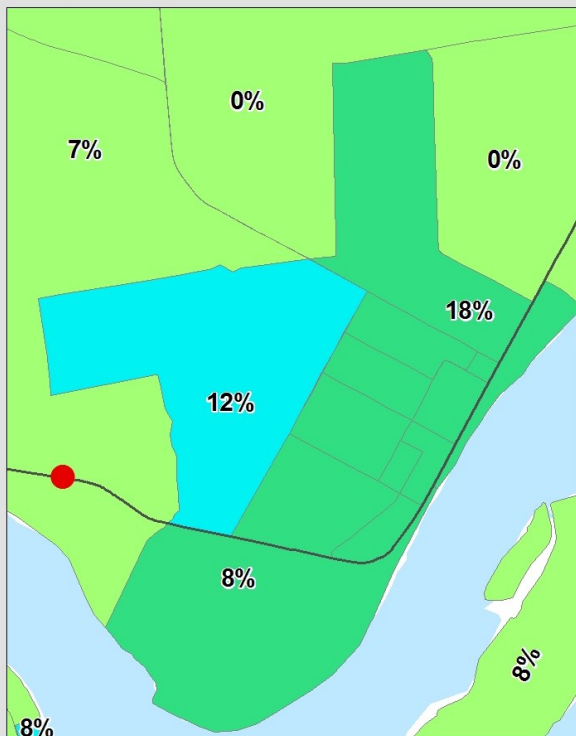
Grocery Stores

### Census Block Group 2010

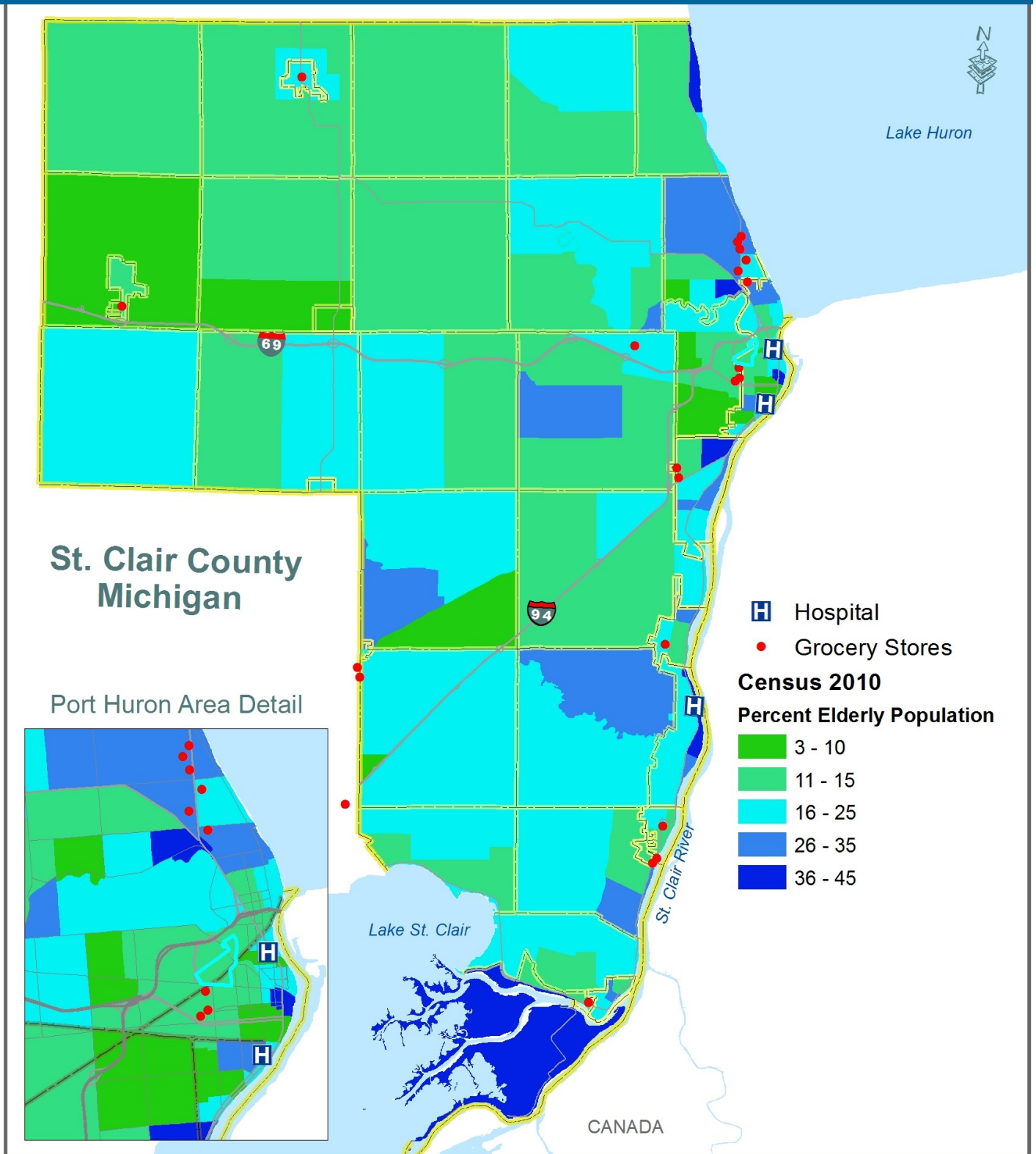
#### Percent Poverty (Households)



### Algonac Area Detail



# ELDERLY POPULATION



**GOAL: ENSURE ADEQUATE OPPORTUNITIES THROUGHOUT ST. CLAIR COUNTY FOR A VARIETY OF ECONOMIC ACTIVITIES VITAL TO THE HEALTH, WELFARE, AND PROSPERITY OF OUR CITIZENS**

**POLICY RECOMMENDATIONS**

Advocate for:

- Attracting and retaining higher-wage employment opportunities to the County;
- Inventorying the full range of job training and workforce development programs that exist within the County;
- The support of adult vocational training;
- The support of collaboration between employers and education providers to build workers' skills;
- Increasing awareness of the full impact and net gain of Blue Water Middle College enrollment;
- Improving the public transportation for the role it plays in employment;
- Encouraging high-quality competency based occupational training programs for working adults;
- Investing in targeted education and training programs to provide unemployed or under-skilled workers with quality jobs and fill skills gaps for local employers;
- Engaging business and industry to build relationships and understand immediate and future workforce needs;
- Facilitating collaboration and encouraging partnerships with all system partners to build a shared vision and strategy;
- Focusing on skill development and career paths for job seekers, current workers, and business and industry;
- The integration of foundational skills into relevant education and training programs;
- Increasing the benefits that people acquire from subsequent occupational training, and empower individuals to move along career paths;
- Providing families with needed financial literacy training; and
- Safe, affordable housing for all County residents.

**OBJECTIVES BY 2023**

- 1) Increase the number of literacy and financial stability educational programs targeting vulnerable populations;
- 2) Increase the percentage of the homeless population that is sheltered;
- 3) Increase the percentage of transitional housing participants moving into permanent housing;
- 4) Increase the percentage of permanent supportive housing participants remaining in housing for more than six months;
- 5) Decrease the percentage of families with children under 18 who live in poverty by 3%;
- 6) Increase the number of training programs implemented to increase the number of workers qualified for skilled labor jobs;
- 7) Increase public transportation options to education and employment centers throughout St. Clair County;
- 8) Reduce the percentage of cost burdened renters spending at least 30% of their income on rent from 47% to 41%; and
- 9) Reduce the percentage of severely cost burdened renters spending at least half their income on rent from 24% to 19%.

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# **PRIORITY AREA: ENVIRONMENTAL HEALTH**

## **WHY ENVIRONMENTAL HEALTH?**

Health is not only a function of genetics and health behavior. Another important contributor to health is the environment in which a person lives. The World Health Organization reports that 25% of all deaths and diseases globally are attributable to environmental factors. Though this rate is lower in the U.S., environmental health is still an important consideration for any public-health planning effort. A robust community health plan must include a focus on creating a healthy environment in which all community members can thrive.

Health and wellness are shaped by the places where community members live, work, and play. The community environment, including homes, schools, worksites, parks, and streets, can be transformed to make healthy choices easy and accessible for all. According to the U.S. Surgeon General, people are more likely to engage in an active lifestyle when their neighborhoods are connected to safe walking and biking routes and they have easy access to public transportation and recreational areas. Creating a healthy and safe physical environment for everyone begins with developing and implementing policies that support community health.

As noted earlier, Health in All Policies (HiAP) is a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. The HiAP approach provides one way to achieve the *National Prevention Strategy and Healthy People 2020* goals and enhance the potential for state, territorial, and local health departments to improve health outcomes. To improve the community environment, health considerations must be integrated into the policies, plans, and procedures of non-health sectors. The Health in All Policies (HiAP) collaborative approach accounts for potential health impacts during all stages of the policymaking process.





Common environmental health concerns include clean air, clean water, and housing that is free from contaminants and toxins known to affect human health. St. Clair County is geographically positioned in a unique area. Located at the southernmost point of Lake Huron and the headwaters of the St. Clair River, the County has access to several inland rivers, a Great Lake, and an International water border with Canada. The largest freshwater delta in North America is found in the southern part of the St. Clair County. While our abundance of fresh water is life-sustaining, as well as an asset for water recreation, it can also be a conduit for spreading pollutants. Local environmental health concerns include clean air and water, legacy lead contamination, and the lack of access to fresh food.

## **ENVIRONMENTAL HEALTH IN ST. CLAIR COUNTY**

It is widely agreed upon that the ‘gem’ of St. Clair County is our clean water and our pristine beaches. Many decades ago during a heavy rain event, the storm sewers would get overwhelmed with rainwater and combine with the sanitary sewer, bypassing treatment and ending up in the St. Clair River (called a combined sewer overflow, or CSO). The communities along the St. Clair River have spent decades and millions of dollars to separate their storm sewers from the sanitary sewers. The result has been measurably cleaner water.

St. Clair County’s location close to heavy industry is a contributing factor to our compromised air quality. In fact, because of increased standards of baseline limits, parts of the County are no longer in attainment of the National Ambient Air Quality Standards for Sulfur Dioxide (SO<sub>2</sub>). Modeling and monitoring data point toward the County’s two existing DTE Energy coal-fired power plants (St. Clair and Belle River) as the primary sources contributing SO<sub>2</sub> to the atmosphere. Construction of the \$1 billion natural gas-fired Blue Water Energy Center by DTE is scheduled to be completed in 2022. Once online, the new facility will allow for closure of the St. Clair (2022) and Belle River (2030) power plants.



Food deserts are defined as parts of a community with no access to fresh fruits, vegetables, and other healthy whole foods. More often than not, food deserts are found in impoverished areas. This is largely due to a lack of grocery stores, farmers' markets and healthy food providers. While food deserts are short on healthy food providers, they are often times heavy on local convenience stores and fast food establishments that provide a wealth of processed sugar and fat-laden foods that are known contributors to our nation's obesity epidemic.

The central and northwest regions of St. Clair County are predominately agricultural, providing an abundance of fresh foods. However, there are several other factors that contribute to the access of healthy foods. Because of urban sprawl and economics, local small grocery stores have given way to large 'big box' food chains, that may be removed from the older neighborhoods. There are farmers' markets in the County, but not all residents have transportation to access them. In other cases, some people have never been taught how to prepare fresh foods and that lack of knowledge is passed on to younger generations.

### Food Access Density

**1,941**

People per Fast Food Restaurant



**5,967**

People per Grocery Store

**2,557**

People per Liquor Store



**3**

Farmers' Markets in the County



**GOAL: ENSURE HEALTHY AND SAFE NATURAL AND PHYSICAL ENVIRONMENTS FOR ALL WHO LIVE, WORK AND RECREATE IN ST. CLAIR COUNTY**

**POLICY RECOMMENDATIONS**

Advocate for:

- Educating local government officials and decision makers on the principals of the CDC's *Health in All Policies (HIAP)* approach;
- Using national best practices for health considerations to be integrated into existing policies, plans and procedures;
- Studying transportation, planning, zoning and development review processes to identify opportunities to incorporate health benefits and impact analyses into current policy frameworks;
- Active participation by health-focused groups in regional efforts to improve environmental health and enhance sustainability;
- Improving air quality and water quality in St. Clair County and the surrounding region;
- The development and implementation of pedestrian and bicycle master plans;
- Linking health-focused organizations with local and regional groups working outside public health (e.g. transportation departments, parks and recreation departments);
- Developing recommendations and policies to mitigate the impacts of climate change on public health and the environment in St. Clair County;
- Clean, safe, and affordable housing options for all County residents;
- Land use policies that protect valuable environmental, agricultural, and water resources; and
- Improving access to affordable healthy foods.

**OBJECTIVES BY 2023**

- 1) Increase the number of children screened for elevated blood lead levels by age 6 from 34% to 50%;
- 2) Increase the quality and number of parks and connected trail systems throughout St. Clair County and the surrounding region;
- 3) Work with state and regional partners to improve air and water quality in St. Clair County;
- 4) Increase the *Walk Score* of local communities in St. Clair County;
- 5) Develop programs and resources for local residents re: PFAS and other legacy pollutants to better understand local impacts and assessments; and
- 6) Develop three additional farmers markets in appropriate locations to afford underserved populations with access to healthier foods.