



# Community Health Improvement Plan Summary Report

**Provided by:**

**Mary Kushion Consulting, LLC**

**And with the assistance of**

**Josh Reiss, MPH Candidate Central Michigan University**

**April 2022**

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Dear Community Stakeholders,

In 2017, following the St. Clair County Community Health Needs Assessment (CHNA), many of you convened to develop St Clair County's first Community Health Improvement Plan (CHIP). This critical process and resulting document created the "blueprint" for collaborative and data driven health improvement strategies to make St. Clair County a healthier place. With the help of St. Clair County Metro Planning this 5-year plan was published in 2019 and outlines seven priority areas with specific policy recommendations and objectives we hoped to accomplish by 2023. ([The full CHIP](#) can be found on our website).

It was decided that during the implementation phase the CHIP Advisory Committee would reconvene annually to review the plan, discuss progress, and share lessons learned. Following this meeting the plan would be updated and the SCC Health Department would provide an annual "progress report" based on the information received from the group. This unfortunately did not happen. Covid hit in early 2020 and there was really no follow up on the plan...until now! This summary report includes survey results to understand how these priority areas have been addressed by stakeholders. In addition, we need to look at policies and objectives to see which may have been addressed, or if there are limitations or barriers not previously foreseen.

The 2021 Community Health Needs Assessment report is now available, and that prompts not only a new and rigorous discussion about how our health is doing in SCCC (not well), but also how to pick up where we left off with our ACTION PLAN: The SCC HCHIP for 2023-2028. This work needs to start now to complete before the next 5-year cycle (2023-2027). I urge you to review the attached report and make an effort to join us as we launch into the next iteration of health improvement planning. There is much to do and it's time to roll up our sleeves and get to it!

Best in Health,

Annette Mercatante MD, MPH

Medical Health Officer

St Clair County Health Department

**Overview:** The St. Clair County Health Department and community partners, stakeholders and community members developed its 2019-2023 Community Health Improvement Plan (CHIP). Staying true to the vision of “St. Clair County is an engaged community working together to ensure that all citizens are educated, connected, and empowered to live a healthier life”, the CHIP encompasses seven strategic priority areas with objectives and strategies designed to achieve the vision. The seven priority areas are:

- Chronic Disease Prevention and Management
- Access to Care
- Substance Abuse
- Mental Health
- Well-Being of Children and Adolescents
- Economic Opportunity
- Environmental Health

While the global COVID-19 pandemic had an impact on implementation of many of the identified strategies, the plan itself did move forward during the pandemic. With a year left in the CHIP plan, the St. Clair County Health Department initiated a process with Mary Kushion Consulting, LLC to produce a status report of the work that was started or implemented since 2019 and the comparison of current data to the 2019 baseline indicators and goals. Ms. Kushion, with the assistance of Central Michigan University Master of Public Health intern Josh Reiss and the staff, developed the 2022 Status Report.

**Process:** The first step in the process was to conduct a stakeholder survey to determine what had been at least started or implemented within the sectors since the plan’s inception. It was determined by health department leadership to send the survey to the participants who were engaged in the CHIP development.

The process also included identification of the benchmark data and goals (when identified), and sources in the initial CHIP. A comparison between the original and updated data was conducted. Also, the current data set was aligned with the survey results. Although it can not be stated that there is a statistical correlation between the survey results and status of strategy implementation and the data, it is intended to illustrate where progress has been made and where strategies may need additional focus and attention to have the desired impact of improved health status and outcomes.

## **Results:**

### **Summary of Survey results**

The St. Clair County Stakeholder Survey started distribution on February 2<sup>nd</sup>, 2022. There were 42 emails sent including the survey and it was sent three separate times during February and March 2022. The total audience size was 126 with 20 surveys being started and 14 total responses showing a 70% completion rate. The response rate for the survey was 33.33% (14 completed surveys/42 individuals).

## Organizations Who Participated in Survey

- United Way of St. Clair County
- Community First Health Centers
- Blue Water Area Transportation Commission
- St Clair County health department
- The Council on Aging, Inc., serving St. Clair County
- Blue Water Community Action
- St. Clair County Community College
- Blue Water Area Chamber
- St. Clair County Community Services Coordinating Body - through St. Clair County Community Mental Health
- Economic Development Alliance
- McLaren Port Huron

**Goal Completion:** Each priority area has a goal statement within the CHIP. The participants were asked to rate the progress on each goal and were provided with the following options: accomplished, in-progress, not started, unknown. The responses are shared below in Table 1.

| <b>Table 1: Goal Completion</b>           |                         |                        |                        |                    |
|---|-------------------------|------------------------|------------------------|--------------------|
| <b>Priority Area</b>                      | <b>Accomplished (%)</b> | <b>In-Progress (%)</b> | <b>Not Started (%)</b> | <b>Unknown (%)</b> |
| Chronic Disease Prevention and Management | 0%                      | 92.31%                 | 7.69%                  | 0%                 |
| Access to Health Care                     | 7.69%                   | 92.31%                 | 0%                     | 0%                 |
| Substance Abuse                           | 0%                      | 92.31%                 | 7.69%                  | 0%                 |
| Mental Health                             | 15.38%                  | 84.62%                 | 0%                     | 0%                 |
| Well-Being of Children and Adolescents    | 0%                      | 76.92%                 | 15.38%                 | 7.69%              |
| Economic Opportunity                      | 0%                      | 92.31                  | 7.69%                  | 0%                 |
| Environmental Health                      | 0%                      | 84.62%                 | 15.38%                 | 0%                 |

The survey results appear to indicate that for each of the seven priority areas, the goals are in large part deemed to be “In-Progress” with participants rating all of the goals at 76.92% to 92.31%.

**Policy Recommendations:** Each priority area has several policy recommendations to reach its set goal. Participants were asked which policy recommendations have been started and implemented in their agency. The tables below summarize each priority area along with any additional comments participants provided.

| <b>Table 2: Chronic Disease Prevention and Management Priority Area</b>   |                  |                      |
|---|------------------|----------------------|
| <b>Policy Recommendation</b>  | <b>% Started</b> | <b>% Implemented</b> |
| Improving chronic disease management and education in the county, particularly cancer, pulmonary disease and chronic pain | 10.00%           | 16.67%               |
| Employee wellness programs that offer incentives for healthy eating and physical activity                                 | 10.00%           | 8.33%                |
| Expanded educational and incentive programs for low-income families   | 10.00%           | 12.50%               |
| Equipping healthcare providers with useful tools to motivate and refer their patients for weight management issues        | 10.00%           | 12.50%               |
| Providing additional tools to navigate healthcare resources   | 20.00%           | 25.00%               |
| Creating social and physical environments that promote good health for all people   | 17.50%           | 4.17%                |
| Policies encouraging physical activity and good nutrition   | 12.50%           | 8.33%                |
| Land use policies that promote walking and bicycling  | 5.00%            | 4.17%                |
| Increasing healthy food options available at school cafeterias and extracurricular activities                             | 2.50%            | 0.00%                |
| Does not apply to my agency   | 2.50%            | 8.33%                |

**Additional comments received for this priority area:**

- Aggregate available offerings from all agencies before making decisions or adding redundant programming
- I believe it is fine as is
- Provide screening programs for early identification

**Table 3: Access to Health Care Priority Area**

| <b>Policy Recommendation</b>  | <b>% Started</b> | <b>% Implemented</b> |
|---|------------------|----------------------|
| High-quality, affordable, and accessible healthcare services for all  | 11.11%           | 14.81%               |
| Programs that support the well-being of the entire family across the life course  | 5.56%            | 7.41%                |
| Support a collaborative approach to health promotion that recognizes the importance of including health considerations when making policy decisions (Health in All Policies/HiAP) | 8.33%            | 7.41%                |
| Implementation of evidence-based and best practices to integrate behavioral health services into primary care and clinical care services  | 11.11%           | 7.41%                |
| Development and implementation of technology solutions that improve access to care, including telemedicine and telehealth   | 13.89%           | 7.41%                |
| Creating community-based services that coordinate and facilitate with clinical care   | 5.56%            | 7.41%                |
| Expanding and enhancing transportation options for those who have difficulty reliably traveling to all aspects of community engagement programs and health care services          | 5.56%            | 7.41%                |
| Expanding healthcare services in under-resourced areas via options such as co-locating, building new facilities and use of technology such as telemedicine                        | 5.56%            | 7.41%                |
| Incorporating screenings for Social Determinants of Health and Adverse Childhood Experiences (ACEs) when assessing health status in clinical settings                             | 11.11%           | 7.41%                |
| Leveraging partnerships and coalitions to move countywide health equity and HiAP forward  | 11.11%           | 11.11%               |
| Does not apply to my agency   | 11.11%           | 14.81%               |

**Additional comments received in this priority area:**

- Obtaining feedback from the "at risk" population demographic would be helpful
- Fine as is

| <b>Table 4: Substance Abuse Priority Area</b>  |                  |                      |
|--|------------------|----------------------|
| <b>Policy Recommendations</b>  | <b>% Started</b> | <b>% Implemented</b> |
| Expanding upon existing school-based and community substance abuse education and preventions using evidence-based curriculum             | 6.67%            | 8.33%                |
| Expanding and enhancing the youth-oriented prevention coalition, with attention to expanding grant opportunities for healthy communities | 13.33%           | 8.33%                |
| Improving tobacco treatment and prevention efforts, with an emphasis on vaping   | 6.67%            | 8.33%                |
| Supporting substance abuse outreach and treatment to homeless/transient population   | 26.67%           | 25.00%               |
| Working with school districts, colleges, and worksites to improve smoke-free policies of nicotine, vaping and marijuana use              | 6.67%            | 8.33%                |
| Increasing health care providers utilization of behavioral health and substance abuse screening and treatment                            | 6.67%            | 0.00%                |
| Supporting quality control measures and expansions for sober living environments   | 0.00%            | 0.00%                |
| Policies that increases alcohol and marijuana taxes and regulate alcohol and medical marihuana dispensary outlet density                 | 0.00%            | 0.00%                |
| Decreasing the amount of alcohol and tobacco advertising in local stores   | 0.00%            | 0.00%                |
| Raising the legal age of purchasing tobacco products to 21   | 0.00%            | 0.00%                |
| Ordinances that prohibit recreational growing facilities and dispensaries  | 0.00%            | 0.00%                |
| Does not apply to my agency  | 33.33%           | 41.67%               |

**Additional comments received in this priority area:**

- The role of prescription medication in this initiative

**Table 5: Mental Health Priority Area**

| <b>Policy Recommendations</b>   | <b>% Started</b> | <b>% Implemented</b> |
|---|------------------|----------------------|
| Promoting community support, attention, and awareness of risk factors for mental illness  | 18.92%           | 22.22%               |
| Increasing community linkages and attention aimed at reducing stigma and discrimination toward mental illness   | 16.22%           | 14.81%               |
| Improving access to mental health resources to the rural population of the county   | 13.51%           | 14.81%               |
| Increasing the number of private health care providers accepting Medicaid insurance   | 0.00%            | 0.00%                |
| Increasing the mental health awareness literacy of the public   | 10.81%           | 14.81%               |
| Increasing the integration of behavioral health into primary care   | 8.11%            | 7.41%                |
| Increasing mental health screening by primary care givers   | 2.70%            | 3.70%                |
| Recruiting mental health staff in the areas where there are shortages, including general and pediatric psychiatrists and private clinical psychologists | 5.41%            | 3.70%                |
| Increasing the number of people who have been trained in Mental Health First Aid; and   | 13.51%           | 11.11%               |
| Implementing “Zero Suicide Initiative” countywide   | 5.41%            | 3.70%                |
| Does not apply to my agency   | 5.41%            | 3.70%                |

**Additional comments received in this priority area:**

- We need to prioritize depression, loneliness, and the other non-drug precursors to suicidal thoughts
- Good

| <b>Table 6: Well-Being of Children and Adolescents Priority Area</b>  |                  |                      |
|---|------------------|----------------------|
| <b>Policy Recommendations</b>   | <b>% Started</b> | <b>% Implemented</b> |
| Supporting oral health programs and dental exam/dental home by age 2  | 8.51%            | 5.56%                |
| Supporting the needs of families experiencing child hospitalizations and other chronic diseases   | 4.26%            | 2.78%                |
| Increasing child and adolescent vaccine rates (all recommended vaccines, not just required)   | 10.64%           | 11.11%               |
| Reducing reported cases of child abuse and neglect by addressing root causes through ACE's screening and early detection and prevention   | 8.51%            | 8.33%                |
| Assuring mothers receive early and effective prenatal care regardless of risk status and they and their infants have strong ongoing supportive programs                                   | 6.38%            | 8.33%                |
| 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 | 2.13%            | 2.78%                |
| Promoting strong, positive family engagement with positive communication and healthy relationships  | 10.64%           | 13.89%               |
| Encouraging formal linkages between youth-servicing partners and community based clinical services to provide quality teen friendly services  | 4.26%            | 2.78%                |
| Promoting early childhood development and school readiness programs   | 10.64%           | 13.89%               |
| Supporting physical activity programs in preschool and childcare and reducing "screen time" during recreational time  | 4.26%            | 2.78%                |
| Increasing access to and acceptance of nutritious foods   | 10.64%           | 11.11%               |
| Promoting prevention, early identification, and interventions for risks for health and developmental delays   | 6.38%            | 5.56%                |
| Adopting the CDC's "Essential for Childhood Framework" countywide   | 4.26%            | 0.00%                |
| Policies and programs that reduce or eliminate bullying   | 2.13%            | 0.00%                |
| Identify and support program that promote "resiliency" for individuals and communities with high ACE's burden   | 0.00%            | 2.78%                |
| Does not apply to my agency   | 6.38%            | 8.33%                |

**Additional comments received in this priority area:**

- Parental resources and importance/advantage of 2-parent families
- We have lost 30% of daycare facilities during the COVID pandemic. More resources to assist with the opening of new or reopening of former childcare facilities is needed

| <b>Table 7: Economic Opportunity Priority Area</b>  |                  |                      |
|---|------------------|----------------------|
| <b>Policy Recommendations</b>   | <b>% Started</b> | <b>% Implemented</b> |
| Attracting and retaining higher-wage employment opportunities to the County   | 6.90%            | 8.00%                |
| Inventorying the full range of job training and workforce development programs that exist within the County   | 3.45%            | 4.00%                |
| The support of adult vocational training  | 3.45%            | 0.00%                |
| The support of collaboration between employers and education providers to build workers' skills   | 10.34%           | 8.00%                |
| Increasing awareness of the full impact and net gain of Blue Water Middle College enrollment  | 0.00%            | 0.00%                |
| Improving the public transportation for the role it plays in employment   | 0.00%            | 4.00%                |
| Encouraging high-quality competency based occupational training programs for working adults   | 3.45%            | 0.00%                |
| Investing in targeted education and training programs to provide unemployed or under-skilled workers with quality jobs and fill skills gaps for local employers | 3.45%            | 4.00%                |
| Engaging business and industry to build relationships and understand immediate and future workforce needs   | 10.34%           | 12.00%               |
| Facilitating collaboration and encouraging partnerships with all system partners to build a shared vision and strategy  | 6.90%            | 12.00%               |
| Focusing on skill development and career paths for job seekers, current workers, and business and industry  | 10.34%           | 16.00%               |
| The integration of foundational skills into relevant education and training programs  | 3.45%            | 4.00%                |
| Increasing the benefits that people acquire from subsequent occupational training, and empower individuals to move along career paths                           | 6.90%            | 8.00%                |
| Providing families with needed financial literacy training  | 10.34%           | 12.00%               |
| Safe, affordable housing for all County residents   | 6.90%            | 0.00%                |
| Does not apply to my agency   | 13.79%           | 8.00%                |

**Additional comments received in this priority area:**

- Reinforcement of the linkage between education and outcomes at an age where the individual can impact more readily (while young)
- Leadership in the county is working on initiatives to develop more workforce/affordable housing. This is a long-term process. We're also working with area companies to identify gaps in workforce training and provide assistance for industry-led collaboratives.

| <b>Table 8: Environmental Health Priority Area</b>  |                  |                      |
|---|------------------|----------------------|
| <b>Policy Recommendations</b>   | <b>% Started</b> | <b>% Implemented</b> |
| Educating local government officials and decision makers on the principals of the CDC's Health in All Policies (HIAP) approach  | 0.00%            | 0.00%                |
| Using national best practices for health considerations to be integrated into existing policies, plans and procedures   | 9.09%            | 13.33%               |
| Studying transportation, planning, zoning, and development review processes to identify opportunities to incorporate health benefits and impact analyses into current policy frameworks | 4.55%            | 6.67%                |
| Active participation by health-focused groups in regional efforts to improve environmental health and enhance sustainability  | 9.09%            | 6.67%                |
| Improving air quality and water quality in St. Clair County and the surrounding region  | 9.09%            | 13.33%               |
| The development and implementation of pedestrian and bicycle master plans   | 4.55%            | 0.00%                |
| Linking health-focused organizations with local and regional groups working outside public health (e.g. transportation departments, parks and recreation departments)                   | 9.09%            | 6.67%                |
| Developing recommendations and policies to mitigate the impacts of climate change on public health and the environment in St. Clair County  | 4.55%            | 13.33%               |
| Clean, safe, and affordable housing options for all County residents  | 9.09%            | 0.00%                |
| Land use policies that protect valuable environmental, agricultural, and water resources  | 4.55%            | 0.00%                |
| Improving access to affordable healthy foods  | 18.18%           | 20.00%               |
| Does not apply to my agency   | 18.18%           | 20.00%               |

**Additional comments in this area:**

- Strengthening linkage between environmental factors and human activity (resources are great but they need to be used)

**Comments Related to CHIP Plan Overall:** Participants were asked to express any recommendations related to the overall goal of the community health improvement plan, which is to achieve our vision for a healthy St. Clair County. The following are the comments received from survey participants.

- Covid interfered with most initiatives
- Would be great to understand how this is shared with the community upon completion
- I believe that the worldwide pandemic has greatly affected to progress on this plan, as well as delayed people in our community from securing the health screenings needed as early prevention.
- Very important to engage the entire community for a comprehensive approach.

## Priority Area Strategy Implementation

### Chronic Disease Prevention and Management

**Goal: Increase opportunities for residents to improve and manage their health issues and prevent disease.**

92.3% of Survey respondents indicated that there was progress made toward the goal, but none indicated it had been accomplished.

#### **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.

#### **Policy Implementation Status:**

- 25% of survey participants indicated they have implemented a policy to provide additional tools to navigate healthcare resources
- 16.67% of survey participants indicated they are working to improve chronic disease management and education in the county, particularly cancer, pulmonary disease, and chronic pain
- 12.5% indicated they have implemented expanded educational and incentive programs for low-income families and are equipping healthcare providers with useful tools to motivate and refer patients for weight management issues
- The remaining policies have all been started in at least one organization, but less than 10% of the survey respondents indicated they had been implemented.

## Access to Care

**Goal: Ensure that all people have full and equal opportunities that enable them to attain their highest level of health.**

92.3% of Survey respondents indicated that there was progress made toward the goal, and 7.7% indicated it had been accomplished.

### **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.

### **Policy Implementation Status:**

- 14.8% of survey respondents indicated they had implemented advocacy efforts for high-quality, affordable, and accessible healthcare services for all: 11.1% indicated they had started, but not yet implemented
- 11.1% of survey respondents indicated they were leveraging partnerships and coalitions to move countywide health equity and Health in All Policies (HiAP) forward; 11.1% also indicated they had started.
- 13.9% indicated they had started development and implementation of technology solutions that improve access to care, including telemedicine and telehealth
- 11.1% stated they had started but not fully implemented the use of evidence-based and best practices to integrate behavioral health services into primary care and clinical services
- 11.1% stated they had started, but not fully implemented incorporating screenings for social determinants of health and adverse childhood experiences when assess health status in clinical settings

## Substance Abuse

**Goal: Reduce the number of people using and abusing tobacco, alcohol, and drugs**

92.3% of Survey respondents indicated that there was progress made toward the goal, but none indicated it had been accomplished.

### 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 marijuana 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.

### Policy Implementation Status:

- 25% of survey respondents indicated implementation of supporting substance abuse outreach and treatment to homeless/transient populations and another 26.7% indicated they had started to do so.
- 13.3% of the survey respondents indicated they started to expand and enhance youth-oriented prevention coalition advocacy with attention to expanding grant opportunities for healthy communities and 8.3% indicated it had been implemented in their organization
- The remaining policy recommendations had less than a 10% start or implementation rate and five of the recommendations had start/implementation rates of 0%. See Table 4 for specific rates of responses.

## Mental Health

**Goal: Ensure all St. Clair County residents have equitable access to mental health services and support.**

84.6% of Survey respondents indicated that there was progress made toward the goal, and 15.4% stated it had been accomplished.

| <b>POLICY RECOMMENDATIONS</b>   |
|---|
| <p>Advocate for:</p> <ul style="list-style-type: none"><li>→ Promoting community support, attention and awareness of risk factors for mental illness;</li><li>→ Increasing community linkages and attention aimed at reducing stigma and discrimination toward mental illness;</li><li>→ Improving access to mental health resources to the rural population of the county;</li><li>→ Increasing the number of private health care providers accepting Medicaid insurance;</li><li>→ Increasing the mental health awareness literacy of the public;</li><li>→ Increasing the integration of behavioral health into primary care;</li><li>→ Increasing mental health screening by primary care givers;</li><li>→ Recruiting mental health staff in the areas where there are shortages, including general and pediatric psychiatrists and private clinical psychologists;</li><li>→ Increasing the number of people who have been trained in Mental Health First Aid; and</li><li>→ Implementing “Zero Suicide Initiative” countywide.</li></ul> |

### Policy Implementation Status:

- 22.2% of the survey respondents indicated implementation of advocating for promoting community support, attention, and awareness of risk factors for mental illness; 18.9% indicated their organization had started
- 14.8% responded to increasing community linkages and attention aimed at reducing stigma and discrimination toward mental illness; 16.22% have started, but not fully implemented
- 14.8% of the survey respondents indicated their organization had implemented policies to improve access to mental health resources to the rural population of the county; 13.5% have started but not fully implemented
- 11.1% of the respondents indicated their organization implemented actions to increase the number of people who have been trained in Mental Health First Aid; 13.5% have begun to do so
- 14.8% of the respondent organizations implemented efforts to increase mental health awareness literacy of the public; 10.8% have started
- The remaining policies received less than 10% starting or implementation responses. See Table 5 for details

## Well-Being of Children and Adolescents

**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.**

76.9% of Survey respondents indicated that there was progress made toward the goal, but none indicated it had been accomplished. 15.4% indicated it had not started.

### 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.

### Policy Implementation Status:

- 13.9% of the survey respondents indicated they had implemented advocacy efforts for promoting strong, positive family engagement with positive communication and relationships; 10.6% indicated they had started, but had not fully implemented any policy
- 13.9% of survey respondents indicated they had implemented promoting early childhood development and school readiness programs; 10.6% indicated a start, but not full implementation
- 11.1% indicated implementation of advocacy efforts to increase child and adolescent vaccine rates (all recommended vaccines, not just required) and 10.6% indicated they had started these efforts

- 11.1% of survey participants acknowledged implementing increased access to and acceptance of nutritious foods; 10.6% indicated they had started to do so.

## **Economic Opportunity**

**Goal: Ensure adequate opportunities throughout St. Clair County for a variety of economic activities vital to the health, welfare, and prosperity of our citizens.**

92.3% of Survey respondents indicated that there was progress made toward the goal, but none indicated it had been accomplished.

### **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.

### **Policy Implementation Status:**

- 16% of the survey respondents indicated they had implemented advocacy efforts that focused on skill development and career paths for job seekers, current workers and businesses and industry; 10.3% indicated they had started
- 12% of the survey respondents indicated they had implemented efforts to provide families with needed financial literacy training; 10.3% indicated they had started these efforts
- 12% responded they had facilitated collaboration and encouraged partnerships with all system partners to build a shared vision and strategy; 6.9% indicated they had started to do so.
- The remaining policy recommendations did not have responses above 10%. See Table 7 for details.

## Environmental Health

**Goal: Ensure healthy and safe natural and physical environments for all who live, work and recreate in St. Clair County.**

84.6% of Survey respondents indicated that there was progress made toward the goal, but none indicated it had been accomplished.

| <b>POLICY RECOMMENDATIONS</b>   |
|---|
| <p>Advocate for:</p> <ul style="list-style-type: none"><li>→ Educating local government officials and decision makers on the principals of the CDC's <i>Health in All Policies (HIAP)</i> approach;</li><li>→ Using national best practices for health considerations to be integrated into existing policies, plans and procedures;</li><li>→ Studying transportation, planning, zoning and development review processes to identify opportunities to incorporate health benefits and impact analyses into current policy frameworks;</li><li>→ Active participation by health-focused groups in regional efforts to improve environmental health and enhance sustainability;</li><li>→ Improving air quality and water quality in St. Clair County and the surrounding region;</li><li>→ The development and implementation of pedestrian and bicycle master plans;</li><li>→ Linking health-focused organizations with local and regional groups working outside public health (e.g. transportation departments, parks and recreation departments);</li><li>→ Developing recommendations and policies to mitigate the impacts of climate change on public health and the environment in St. Clair County;</li><li>→ Clean, safe, and affordable housing options for all County residents;</li><li>→ <i>Land use policies that protect valuable environmental, agricultural, and water resources; and</i></li><li>→ Improving access to affordable healthy foods.</li></ul> |

### Policy Implementation Status:

- 20% (the highest of all policies within the entire plan) of survey respondents indicated their organization has improved access to affordable healthy foods; 18% indicated they had started the policy process
- 13.3% indicated use of national best practices for health considerations to be integrated into existing policies, plans and procedures; 9.1% indicated a start of doing so
- 13.3% acknowledged improving air quality and water quality in St. Clair County and the surrounding region; 9.1% indicating they are also starting to do so
- 13.3% indicated they are implementing developed recommendations and policies to mitigate the impacts of climate change on public health and the environment in St. Clair County; 4.55% have started
- The remaining policy recommendations had less than 10% of the respondents indicating either an implementation effort or the start of one. See Table 8 for details.

## Recommendations for 2023-2027 Community Health Improvement Plan

The following are the recommendations provided by Mary Kushion Consulting, LLC who has extensive background in the development and implementation of community health improvement plans.

- It is evident that the St. Clair County community produced a robust and ambitious community health improvement plan in 2019. No one could have predicted that 12 months after the plan was implemented that a global pandemic would interrupt and delay many of the CHIP activities planned to improve the health status within the county.

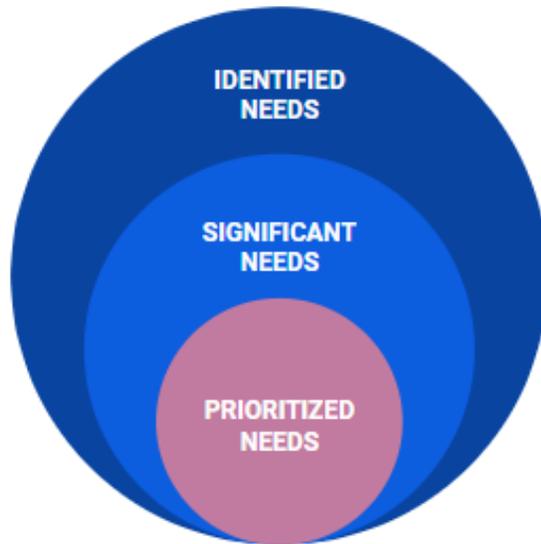
It is recommended as an initial step to review the goals and objectives from the current (2019-2023) plan to determine what has not yet been achieved and to discuss if a) it is still relevant and b) if it should be moved forward into the 2023-2027 plan.

- When developing goals and objectives for the 2023-2027 plan, it is recommended to have both be measurable and achievable. This is applicable to both the health status indicators and the policy recommendations. It is important to have baseline data (your starting point), time-framed targets for benchmark measurement ( where do you hope to be at the end of each year of the plan) and desired data end-points.( the intended goal you hope to achieve).

For example: Hypothetically, you want to increase the percentage of children screened for elevated blood-lead by age 6. The baseline is 18.5% and your goal is to increase it to 50%.(desired data end-point). Within the plan, it is recommended to state that by December 31, 2024, you hope to be at 25%, December 31, 2025 at 35% and December 31, 2026 at 40%. Use SMART objectives: Specific, Measurable, Achievable, Relevant and Time-Bound.



- During the CHIP development process, review the data presented, identify the needs indicated from the data, determine which are significant to address and prioritize them to determine the timeframe for actions and activities.



Source: Ascension Category of Community Needs

- As an element of the CHIP development process, it is recommended to designate a primary and secondary champion (individual or organization) to move the action plan forward.
- Lastly, it is recommended to set a meeting schedule to update on progress, challenges and achievements.