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EXECUTIVE SUMMARY

Since 2012, Shiawassee County has conducted community health assessments for measuring and addressing health status. Historically, the community has come together as one to measure health status. Shiawassee County completed their first implementation plan in 2012. In order to continue the work that is being done, Shiawassee County Stakeholders have come together for the second time to prioritize the health issues that will require the commitment of every sector of the community to address these issues effectively. It is hoped that because of this plan, Shiawassee County will rally around the issues identified and work together to implement best practices that will improve the health of Shiawassee County.

Strategies:

Priority Health Issues for Shiawassee County
1. Decrease Obesity
2. Decrease Substance Abuse
3. Improve Access to Mental Healthcare

Action Steps:

To work toward **decreasing obesity**, the following actions steps are recommended:

1. Implement a Nutrition Prescription Program
2. Increase Access to Healthy Food Options
3. Partner with Local Grocery Stores to Encourage Low-Cost Healthy Food Choices
4. Expand the Diabetes Prevention Program
5. Implement Complete Streets Policies
6. Increase Education of Healthy Eating for Youth
7. Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices
8. Expand Community Gardens & Farmer's Markets
9. Implement the Fit & Strong Program for Older Adults
10. Create a Wellness Outreach Campaign

To work toward **decreasing substance abuse**, the following actions steps are recommended:

1. Increase the Number of Health Care Providers Screening for Alcohol and Drug Abuse
2. Increase Provider Training on Opioid Prescribing Guidelines
3. Increase Awareness of Trauma Informed Care
4. Implement Tobacco Policies
5. Increase Community Awareness & Education of Substance Abuse Issues and Trends
6. Secure a Drug Free Communities (DFC) Grant

Action Steps, continued

To work toward improving **mental healthcare access**, the following action steps are recommended:

1. Increase Recruitment for Mental Health Professionals
2. Provide Mental Health First Aid Trainings
3. Expand Community Collaboration to Increase Awareness and Coordination of Mental Health Services
4. Increase the Number of Primary Care Physicians Screening for Depression During Office Visits
5. Provide “Resource Cards” to Individuals with Substance Abuse Disorder
6. Increase Education of ER and Primary Care Providers on Mental Health Issues
7. Expand Evidence-based Programs Targeting Youth

To work toward addressing all three priority areas, the following **trans-strategy** is recommended:

1. Increase Public Transportation

PARTNERS

The Shiawassee County Planning Committee wishes to acknowledge the numerous contributions of the following partners and stakeholders. Their continued commitment makes Shiawassee County a great place to live and work.

Shiawassee County Planning Committee Members:

Bill Archer, Shiawassee County VA
Stephanie Rowell, Memorial Healthcare, Taylor Life Center
Dennis Chernin, Shiawassee County Health Department
Penny Corbin, Shiawassee County Community Mental Health Authority (SCCMHA)
Marla Ekola, Memorial Healthcare – Pharmacy
Kristen Gilpin, Catholic Charities
Nicole Greenway, Shiawassee County Health Department
Phil Hathaway, Town Plans LLC, Live Healthy Coalition
Courtney Herrick, Shiawassee Education Service District (SRESS)
Larry Johnson, Shiawassee County Health Department
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Thomas Teal, MD, Memorial Healthcare
Abbie Tipton, Memorial Healthcare
Jorri Tremain, Memorial Healthcare
Marlene Webster, Shiawassee Hope
Sara Wright, Great Lakes Bay Health Center – Shiawassee County

The strategic planning process was facilitated by Tessa Elliott, Community Health Improvement Coordinator, from the Hospital Council of Northwest Ohio.

ALIGNMENT WITH NATIONAL AND STATE STANDARDS

The 2017-2020 Shiawassee County Strategic Plan priorities align perfectly with state and national priorities. Shiawassee County will be addressing the following priorities: access to mental healthcare, substance abuse, and obesity.

Michigan State Health Improvement Plan

Shiawassee County chose obesity as a priority area which mirrors the 2012-2017 State Health Improvement Plan (SHIP) priority of reducing obesity.

To align with and support the State Health Improvement Plan of decreasing obesity rates, Shiawassee County will work to implement a nutrition prescription program; increase access to healthy food options; partner with local grocery stores to encourage low-cost healthy food choices; expand the diabetes prevention program; implement complete streets policies; increase education of health eating for youth; increase nutrition/physical education materials being offered to patients by primary care offices; expand community gardens and farmer's market's; implement the Fit & Strong program; and create a wellness outreach campaign.

U.S. Department of Health and Human Services National Prevention Strategies

The Shiawassee County Strategic Plan also aligns with six of the National Prevention Strategies for the U.S. population: healthy eating, active living, injury and violence free living, mental and emotional well-being and preventing drug abuse and excessive alcohol use.

Healthy People 2020

Shiawassee County's priorities also fit specific Healthy People 2020 goals. For example:

- **Mental Health and Mental Disorders (MHMD)-2:** Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
- **Substance Abuse (SA)-7:** Increase the number of admissions to substance abuse treatment for injection drug use
- **Nutrition and Weight Status(NWS)-8:** Increase the proportion of adults who are at a healthy weight

There are 12 other mental health objectives, 20 other substance abuse objectives, and 21 other nutrition and weight status objectives that support the work of the Shiawassee County Implementation Plan. These objectives can be found in each individual section.

STRATEGIC PLANNING MODEL

Beginning in February 2017, the Shiawassee County Planning Committee met three (3) times and completed the following planning steps:

1. **Initial Meeting-** Review of process and timeline, finalize committee members, create or review vision
2. **Choosing Priorities-** Use of quantitative and qualitative data to prioritize target impact areas
3. **Ranking Priorities-** Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. **Resource Assessment-** Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
5. **Gap Analysis-** Determine existing discrepancies between community needs and viable community resources to address local priorities; identify strengths, weaknesses, and evaluation strategies; and strategic action identification
6. **Best Practices-** Review of best practices and proven strategies, evidence continuum, and feasibility continuum
7. **Draft Plan-** Review of all steps taken; action step recommendations based on one or more the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence based practices, and feasibility of implementation

NEEDS ASSESSMENT

The Strategic Planning Committee reviewed the 2016 Shiawassee County Health Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. Each member completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

What are the most significant ADULT health issues or concerns identified in the 2016 health assessment report?

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Obesity (14 votes)			
Obese	41%	Income: <25K	Female
Overweight	34%	Age: 60+ Income: >\$25K	Male
Access to Mental Health Care (9votes)			
Felt sad or hopeless two or more weeks in a row	10%	Age: <30	N/A
Health care coverage includes mental health counseling	45%	N/A	N/A
Adults who have looked but have NOT found a specific program	24%	N/A	N/A
Frequency of Drug Use (7 votes)			
Used marijuana and other recreational drugs everyday	48%	N/A	N/A
Used recreational drugs	4%	N/A	N/A
Cardiovascular (Heart) Disease (CVD) (7 votes)			
Diagnosed with high blood pressure	33%	Age: 60+ Income: <\$25K	Male
Diagnosed with high blood cholesterol	43%	Age: 60+ Income: <\$25K	Male
Had angina or coronary heart disease	4%	Age: 60+	N/A
Survived a heart-attack	4%	Age: 60+	N/A
Survived a stroke	3%	Age: 60+	N/A
Prescription Misuse (7 votes)			
Used medication not prescribed for them or took more than prescribed	16%	Income: <\$25K	N/A
Misused medications everyday	32%	N/A	N/A
Tobacco Use (6 votes)			
Current Smoker	16%	Income: <\$25K Age: <30	Female
Former Smoker	24%	Income: <\$25K Age: 65+	Male
Women who smoked during pregnancy	34%	N/A	N/A
Asthma (5 votes)			
Diagnosed with asthma	19%	Age: <30 Income: <\$25K	Female
Diabetes (4 votes)			
Diagnosed with diabetes	10%	Age: 60+ Income: <\$25K	Males
Alcohol Use (4 votes)			
Current drinker	54%	Age: <30	N/A
Binge drinker (5 or more for males, 4 or more for females)	23%	N/A	N/A
Frequent drinker	11%	N/A	N/A

NEEDS ASSESSMENT, *continued*

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Access to Care (2 votes)			
Went outside Shiawassee County for health care services	74%	N/A	N/A
Quality of Life (2 votes)			
Limited in some way because of physical, mental or emotional problem	28%	Age: 60+ Income: <\$25K	Female
Physical Activity (2 votes)			
Did not participate in any physical activity in the past week	27%	N/A	N/A
Arthritis (2 votes)			
Diagnosed with Arthritis	36%	Age: 60+	N/A
Nutrition (2 votes)			
Adults ate 5 more servings of fruits and vegetables per day	6%	N/A	N/A
Adults ate 1 to 2 more servings of fruits and vegetables per day	65%	N/A	N/A
Adults ate 3 to 4 more servings of fruits and vegetables per day	25%	N/A	N/A
Homelessness (1 vote)			
Had someone living on their couch	5%	N/A	N/A
Sexual Behavior (1 vote)			
1 in 4 sexually active females had an STD	N/A	N/A	Female
More than one sexual partner	4%	Income: <\$25K	Male
Engaged in sexual activity after using alcohol or other drugs	14%	Age: <30	N/A
Transportation (1 vote)			
Limited public transportation available/accessible when accessing health services	1%	N/A	N/A
Marijuana Use (1 vote)			
Used marijuana in the past 6 months	9%	Age: <30	N/A

PRIORITIES CHOSEN

Based on the 2016 Shiawassee County Health Assessment, key issues were identified for adults. Committee members then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence and feasibility of correcting, resulting in an average score for each issue identified. Committee members' rankings were then combined to give an average score for the issue.

The rankings were as follows:

Health Issue	Average Score
1. Obesity	26.5
2. Cardiovascular Disease	23.6
3. Prescription Misuse	22.8
4. Diabetes	22.8
5. Access to Mental Healthcare	22.7
6. Drug Use Frequency	22.4
7. Cancer	21.2
8. Alcohol Use	20.8
9. Tobacco Use	20.1
10. Asthma	18.3

Shiawassee County will focus on the following three priorities over the next 3 years:

1. Decrease Obesity (*includes diabetes & cardiovascular disease*)
2. Decrease Substance Abuse (*includes prescription medication misuse, drug use frequency, alcohol use & tobacco use*)
3. Access to Mental Healthcare

RESOURCE ASSESSMENT

Based on the chosen priorities, the Shiawassee County Strategic Planning committee was asked to complete a resource inventory for each priority. The resource inventory allowed the committee to identify existing community resources, such as programs, exercise opportunities, free or reduced cost health screenings, and more. The Strategic Planning committee were then asked to determine whether a program or service was evidence-based, a best practice, or had no evidence indicated based on the following parameters:

An **evidence-based** practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A **best practice** is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. A **non-evidence based** practice has neither no documentation that it has ever been used (regardless of the principals it is based upon) nor has been implemented successfully with no evaluation.

Each resource assessment is provided with the corresponding priority section and can be found on the following pages:

- Obesity, *pages 15-17*
- Substance Abuse, *pages 29-30*
- Access to Mental Healthcare, *pages 40-43*

Priority #1 | Decrease Obesity

Obesity Indicators

**Additional data can be found in the full 2016 Shiawassee County Community Assessment.*

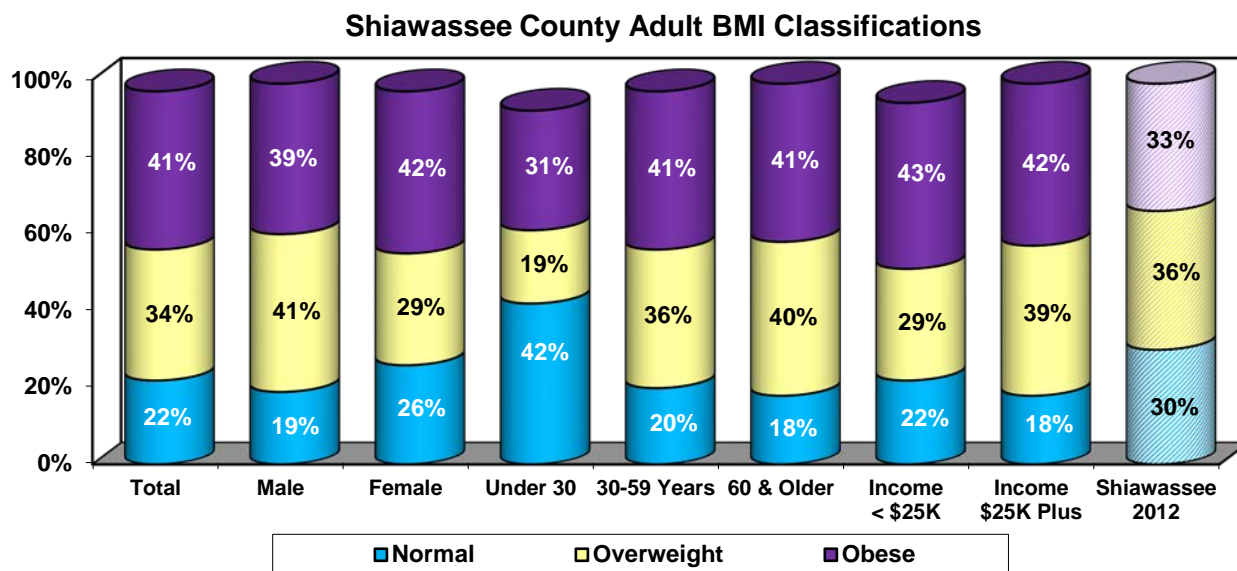
In 2016, the health assessment indicated that three-fourths (75%) of Shiawassee County adults were either overweight (34%) or obese (41%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

The 2016 health assessment project has identified that 10% of Shiawassee County adults had been diagnosed with diabetes, increasing to 21% of those over 60. The 2014 BRFSS reports a prevalence of 10% for both Michigan and the U.S.

5% of adults had been diagnosed with pre-diabetes.

One-third (33%) of adults had been diagnosed with high blood pressure. The 2013 BRFSS reports hypertension prevalence rates of 35% for Michigan and 31% for the U.S.

More than two-fifths (43%) of adults had been diagnosed with high blood cholesterol. The 2013 BRFSS reported that 41% of Michigan adults and 38% of U.S. adults have been told they have high blood cholesterol.

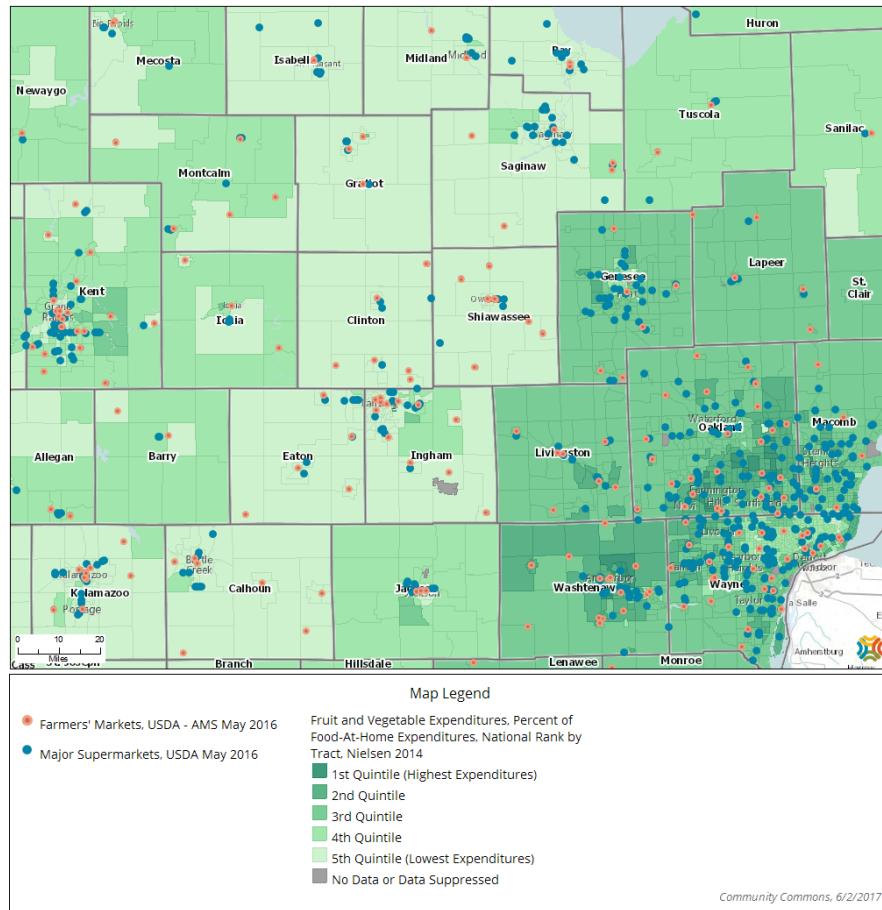


(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

Adult Comparisons	Shiawassee County 2012	Shiawassee County 2016	Michigan 2014	U.S. 2014
Obese	33%	41%	31%	30%
Overweight	36%	34%	35%	35%
Diagnosed with diabetes	11%	10%	10%	10%

Priority #1 | Decrease Obesity

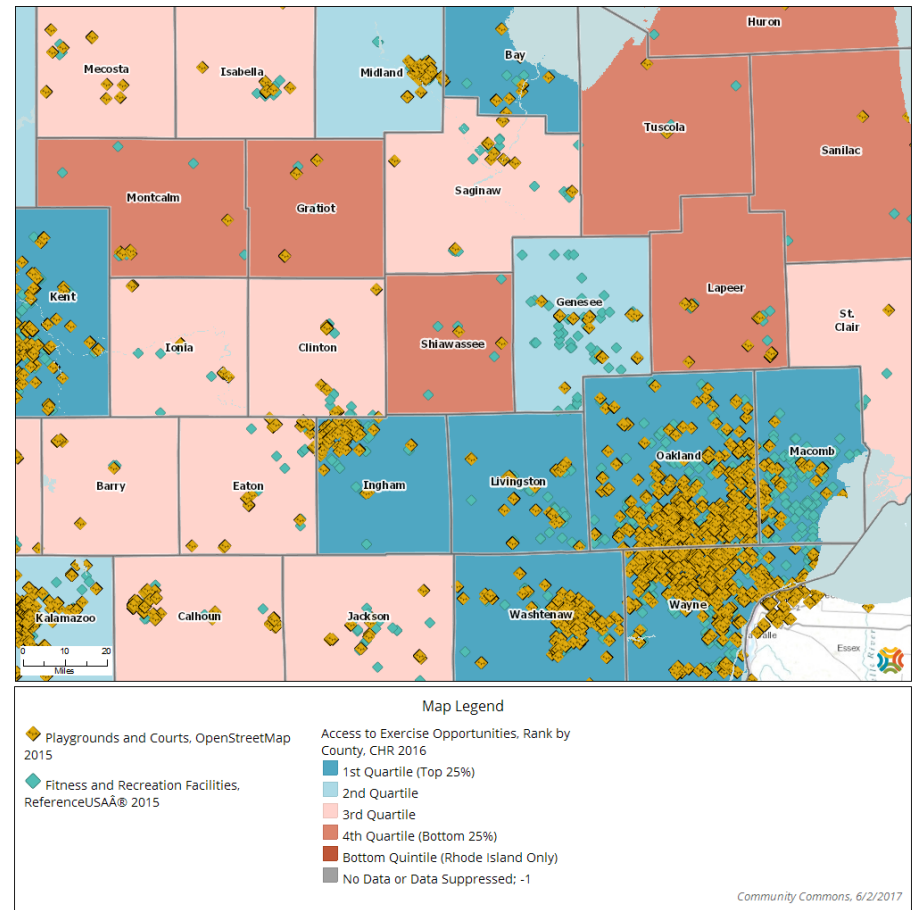
Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014



(Source: Nielsen SiteReports, 2014, as compiled by Community Commons)

An example of how to interpret the data shown in the above map include: Shiawassee County is in the 5th Quintile (having the lowest fruit and vegetable expenditures). The map also shows the number of major supermarkets; farmers' markets; and farmers' markets accepting SNAP in and surrounding Shiawassee County.

Access to Exercise Opportunities, Rank by County, CHR 2016



(Source: County Health Rankings (CHR), University of Wisconsin Population Health Institute, 2016 as compiled by Community Commons)

An example of how to interpret the data shown in the above map include: Shiawassee County is in the bottom 25% (4th Quartile) for access to exercise opportunities. The map also shows the number of playgrounds and courts and fitness and recreation facilities in and surrounding Shiawassee County.

Priority #1 | Decrease Obesity

Resource Assessment

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Memorial Fit Kids	Memorial Healthcare (Partner with local school districts)	826 West King St. Owosso, MI Phone: 989-723-5211 ext. 1712 www.memorialhealthcare.org	Youth	Prevention Early intervention	Outcomes monitored
Diabetes & outpatient nutrition counseling	Memorial Healthcare	802 King St. Owosso, MI Phone: 989-723-5211 ext. 1712 www.memorialhealthcare.org	All ages	Treatment	Best practice
Weight management resources	Memorial Healthcare	802 King St. Owosso, MI Phone: 989-723-5211 ext. 1712 www.memorialhealthcare.org	All ages	Treatment	Best practice
Diabetes Management Clinic	Memorial Healthcare	802 King St. Owosso, MI Phone: 989-723-5211 ext. 1712 www.memorialhealthcare.org	All ages	Prevention Treatment	Best practice
Diet, nutrition & weight management, nutritionists, weight control service	KG Wellness	1067 E. M 21 Owosso, MI 989-723-9355 www.kgwellness.com	All ages	Prevention Treatment	Best practice
Obesity education	Overeaters anonymous	Phone: 989-288-6915	Adults	Early Intervention Treatment	Best practice
Parks & Recreation	Municipalities & public/private entities	Shiawassee County Parks and Recreation Plan http://www.shiawassee.net/Departments/County-Parks	All ages	Prevention	Best practice

Routing screening	General practitioners/ annual physicals School counselors	Memorial Healthcare 826 West King St. Owosso, MI 48867	All ages	Prevention	Best practice
Informal sector	Churches Access to the outdoors	Shiawassee County Parks and Recreation Plan http://www.shiawassee.net/Departments/County-Parks	All ages	Early Intervention	None noted
Obesity, nutrition and physical activity education and food resource management, National Diabetes Prevention Program, "Cooking Matters" program.	MSU Extension	Email: newkirk@anr.msu.edu	All ages	Prevention Early Intervention Management	Best practice
Various health initiatives in schools (i.e. zero sugar, white milk)	MSU Extension	Email: newkirk@anr.msu.edu	All ages	Prevention Early Intervention Management	Best practice
Fresh fruit and produce	Shiawassee County Farmer's Markets	Durand – Paula Brooks – (989) 288-3830 Bennington – Cindy Garber – (989) 723-5555 Vernon – (989) 288-5092 Owosso – Downtown – Tracey Peltier – (989) 413-3728 Owosso Original Market – Crystal Mitchell – (989) 721-0695 DeVries Nature Conservancy- (989) 723-3365 Laingsburg – Dean Veith – (517) 881-8215	All ages	Prevention	Best practice
Community gardens	Various organizations	DeVries Nature Conservancy http://www.devriesnature.org/	All ages	Prevention	Best practice
5-2-1-0 message	Live Healthy Coalition	Courtney Herrick, Herrick@sresd.org	All ages	Prevention	Evidence Based
Weight Watchers	Weight Watchers	Calvary Baptist Church (989) 723-6663	Adults	Prevention Early Intervention Management	Best practice

Personal Action Toward Health Program (PATH)	MSU Extension	Cathy Newkirk newkirk@anr.msu.edu	Adults	Management Prevention Early Intervention	Evidence based
Nutrition counseling	Great Lakes Bay Health Centers	Sara Wright, Medical: (989) 729-4848	Adults Youth	Management Prevention Early Intervention	Best practice

Priority #1 | Decrease Obesity

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Connect and promote current health initiatives in Shiawassee County	<ul style="list-style-type: none"> ○ Increase promotion of available resources and the “Live Healthy” initiatives ○ Develop consistent messaging that all organizations can use when promoting different health initiatives (i.e. 5-2-1-0) ○ Create a community event calendar that display what is going on in the community.
2. Access to healthy foods	<ul style="list-style-type: none"> ○ Expand Farmers Markets throughout the county ○ Strategically place the markets in more rural locations ○ Increase awareness and promotion of MyPlate ○ Consider different transportation strategies that could be brought into the county ○ Work with municipal governments and zoning authorities on the benefits of home gardens where front yard in-season sales would be permitted and rear yard hoop houses were permitted by right to help extend the growing season
3. Afterschool programs	<ul style="list-style-type: none"> ○ Increase the number of after school activities available in Shiawassee County schools ○ Consider the possibility of having a second bus available to take students home
4. Exercise options for older adults	<ul style="list-style-type: none"> ○ Consider bringing in programming directed at the older adult population
5. Walkability	<ul style="list-style-type: none"> ○ Consider the “Complete Streets” policy ○ Practicalities of a focused effort on more sidewalks in higher density populated areas for neighborhood exercise and connections (non-motorized too).

Priority #1 | Decrease Obesity

Best Practices

1. **Nutrition Prescriptions:** Nutrition prescriptions are one way for physicians and other health care providers to outline a healthy, balanced eating plan for patients. Based on US Dietary Guidelines for adults, children, and adolescents, nutrition prescriptions establish achievable goals for the patient and their family. Health care providers check progress at each office visit and a nutrition specialist is consulted for dietary advice as needed. Some nutrition prescription programs partner with local farmers' markets (FVRx programs); in these programs, prescriptions for fruit and vegetables are redeemed at participating markets. Such prescriptions typically support the purchase of at least one serving of produce per day for each patient and their family members.

For more information go to: <http://www.countyhealthrankings.org/policies/nutrition-prescriptions>

2. **Complete Streets:** Complete streets are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Complete Streets make it easy to cross the street, walk to shops, and bicycle to work.

Creating Complete Streets means transportation agencies must change their approach to community roads. By adopting a Complete Streets policy, communities direct their transportation planners and engineers to **routinely design and operate the entire right of way to enable safe access for all users**, regardless of age, ability, or mode of transportation. This means that every transportation project will make the street network better and safer for drivers, transit users, pedestrians, and bicyclists – making your town a better place to live.

Changing policy to routinely include the needs of people on foot, public transportation, and bicycles would make walking, riding bikes, riding buses and trains safer and easier. People of all ages and abilities would have more options when traveling to work, to school, to the grocery store, and to visit family.

For more information go to: <http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/complete-streets-faq>

3. The Shiawassee County Planning Committee will plan for walkability through the adoption of Capital Improvement Plans (CIP) with that include walkability and are funded annually.

Priority #1 | Decrease Obesity

Best Practices, continued

4. **Healthy Food Retail Initiative:** In many neighborhoods that lack supermarkets and grocery stores, families depend on corner stores and other small-scale stores to purchase food. The choices at these stores are often limited to packaged food and very little, if any, fresh produce. Improving the product mix at smaller stores and addressing other issues of viability — such as pricing, food quality and freshness, and customer service — are strategies that build upon existing community resources to enhance access to healthy food in underserved communities. Corner stores are also frequent destinations for children, many of whom stop daily on the way to and from school for snacks. Corner stores are therefore a great place to make healthy food choices available and easy.

For more information go to: <http://www.healthyfoodaccess.org/retail-strategies/corner-stores>

5. **Serving Up MyPlate: A Yummy Curriculum** (USDA Nutritional Guidelines): Serving Up MyPlate is a collection of classroom materials that helps elementary school teachers integrate nutrition education into Math, Science, English Language Arts, and Health. This “yummy curriculum” introduces the importance of eating from all five food groups using the MyPlate icon and a variety of hands-on activities. Students also learn the importance of physical activity to staying healthy. Serving Up MyPlate provides teacher lesson plans, activities, posters, parent education handouts, and additional games and resources.

For more information go to: <http://www.fns.usda.gov/tn/serving-myplate-yummy-curriculum>

6. **Fit & Strong! Program** Fit & Strong! is an award-winning, multi-component, evidence-based physical activity program for older adults. This eight-week program targets older adults with osteoarthritis and has demonstrated significant functional and physical activity improvements in this population.

Fit & Strong! helps participants:

- Gain a clear understanding of what osteoarthritis is and how physical activity that is tailored to the needs of persons with arthritis can help them manage arthritis symptoms
- Learn to perform safe stretching, balance, aerobic and strengthening, exercises which gradually increase in frequency, duration, and intensity over time
- Incorporate physical activity into their lifestyles by exercising three times/week for 1 hour
- Reduce arthritis symptoms
- Develop individualized, tailored, multiple component physical activity programs that are sustainable after the program ends
- Maintain independent functioning

For more information go to: <https://www.fitandstrong.org/index.html>

Priority #1 | Decrease Obesity

Alignment with National Standards

The Shiawassee County CHIP will help support the following **Healthy People 2020** Goals:

- **Nutrition and Weight Status (NWS)-1** Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care
- **Nutrition and Weight Status (NWS)-2** Increase the proportion of schools that offer nutritious foods and beverages outside of school meals
- **Nutrition and Weight Status (NWS)-3** Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans
- **Nutrition and Weight Status (NWS)-4** (Developmental) Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans
- **Nutrition and Weight Status (NWS)-5** Increase the proportion of primary care physicians who regularly measure the body mass index of their patients
- **Nutrition and Weight Status (NWS)-6** Increase the proportion of physician office visits that include counseling or education related to nutrition or weight
- **Nutrition and Weight Status (NWS)-7** (Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling
- **Nutrition and Weight Status (NWS)-8** Increase the proportion of adults who are at a healthy weight
- **Nutrition and Weight Status (NWS)-9** Reduce the proportion of adults who are obese
- **Nutrition and Weight Status (NWS)-10** Reduce the proportion of children and adolescents who are considered obese
- **Nutrition and Weight Status (NWS)-11** (Developmental) Prevent inappropriate weight gain in youth and adults
- **Nutrition and Weight Status (NWS)-12** Eliminate very low food security among children
- **Nutrition and Weight Status (NWS)-13** Reduce household food insecurity and in doing so reduce hunger
- **Nutrition and Weight Status (NWS)-14** Increase the contribution of fruits to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-15** Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-16** Increase the contribution of whole grains to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-17** Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-18** Reduce consumption of saturated fat in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-19** Reduce consumption of sodium in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-20** Increase consumption of calcium in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-21** Reduce iron deficiency among young children and females of childbearing age
- **Nutrition and Weight Status (NWS)-22** Reduce iron deficiency among pregnant females

Priority #1 | Decrease Obesity

Action Step Recommendations & Action Plan

To work toward **decreasing obesity**, the following actions steps are recommended:

1. Implement a Nutrition Prescription Program
2. Increase Access to Healthy Food Options
3. Partner with Local Grocery Stores to Encourage Low-Cost Healthy Food Choices
4. Expand the Diabetes Prevention Program
5. Implement Complete Streets Policies
6. Increase Education of Healthy Eating for Youth
7. Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices
8. Expand Community Gardens & Farmer's Markets
9. Implement the Fit & Strong Program for Older Adults
10. Create a Wellness Outreach Campaign

Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement a Nutrition Prescription Program		
Year 1: Research nutrition prescriptions programs. Obtain baseline data to document need for a nutrition prescription program. Contact potential clinic and farmer's market partners. Schedule and attend meetings with potential partners – discuss the program and requirements for participation. Finalize clinic and program partners. Decide what program materials are needed. Develop program materials.	Abbie Tipton Memorial Healthcare Courtney Herrick Live Healthy Coalition	June 1, 2018
Year 2: Implement a nutrition prescription program in at least 1 location with accompanying evaluation measures.		June 1, 2019
Year 3: Double the number of locations offering a nutrition prescription program.		June 1, 2020
Increase Access to Healthy Food Options		
Year 1: Research the Healthy Food Retail Initiative. Survey customers and community members to assess community needs for healthy food items.	Abbie Tipton Memorial Healthcare Courtney Herrick Live Healthy Coalition	June 1, 2018
Year 2: Initiate contact with local corner stores. Recruit at least 2 corner stores to participate in the Healthy Food Retail Initiative. Consider hiring/appointing a health educator to lead the Healthy Food Retail Initiative.		June 1, 2019
Year 3: Continue efforts of years 1 and 2. Recruit at least 3 additional corner stores to participate in the Healthy Food Retail Initiative.		June 1, 2020

Priority #1 | Decrease Obesity

Action Step Recommendations & Plan, *continued*

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Partner with Local Grocery Stores to Encourage Low-Cost Healthy Food Choices		
Year 1: Recruit at least one local grocery store to commit to encouraging healthy food choices by doing any of the following: <ul style="list-style-type: none"> • Offer coupons for “healthy” food items such as fruits and vegetables • Offer a convenience kiosk that includes ingredients for healthy meals, including recipe cards • Offer free fruit/vegetables for children to eat while their parent/guardian shops • Offer “Try it Tuesdays” for children (i.e. child tries a mango at the store and parent/guardian is given a mango coupon with recipe card that include mangos) • Properly label/identify healthy food options that are on sale in weekly ads • Hold in-store healthy meal demonstrations, offering a recipe card and shopping list for each healthy meal • Include recipes for quick and healthy meals in weekly ads. 	Abbie Tipton Memorial Healthcare Courtney Herrick Live Healthy Coalition	June 1, 2018
Year 2: Enlist at least 2 local grocery stores who commit to encouraging healthy food choices by implementing at least one of the items above.		June 1, 2019
Year 3: Continue to enlist new grocery stores and ask current participators to implement 2-3 items above.		June 1, 2020
Expand the Diabetes Prevention Program		
Year 1: Expand the Diabetes Prevention Program through the MSU Extension. Recruit at-risk participants to join the program. Collaborate with Memorial Healthcare for referrals and to assist in managed care reimbursement training.	Abbie Tipton Memorial Healthcare Marla Price Memorial Healthcare Cathy Newkirk MSU Extension	June 1, 2018
Year 2: Increase participation in the Diabetes Prevention Program Analyze participant data after the 25-sessions have been delivered.		June 1, 2019
Year 3: Increase program participants by 25%		June 1, 2020

Priority #1 | Decrease Obesity

Action Step Recommendations & Plan, *continued*

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement Complete Streets Policies		
Year 1: Raise awareness of Complete Streets Policy and recommend that all local jurisdictions adopt comprehensive complete streets policies for villages. Gather baseline data on all the Complete Streets Policy objectives.	Phil Hathaway Town Plans LLC Live Healthy Coalition	June 1, 2018
Year 2: Begin to implement the following Complete Streets Objectives: <ul style="list-style-type: none"> • Increase in total number of miles of on-street bicycle facilities, defined by streets and roads with clearly marked or signed bicycle accommodations. • Increase in member jurisdictions which adopt complete streets policies. • Increase in number of jurisdictions achieving or pursuing Bike-Friendly Community status from the League of American Bicyclists, or Walk-Friendly Community status from walkfriendly.org. 		June 1, 2019
Year 3: Continue efforts from years 1 and 2.		June 1, 2020
Increase Education of Health Eating for Youth		
Year 1: Conduct an assessment of Shiawassee County schools to determine what schools are currently utilizing the <i>Serving Up MyPlate</i> framework. By utilizing the <i>Serving Up MyPlate</i> framework, implement the MyPlate educational activities in at least 1 school districts. Work with at least 1 school to offer "Try it Tuesday" fruit and vegetable taste testing for children.	Abbie Tipton Memorial Healthcare Courtney Herrick Live Healthy Coalition	June 1, 2018
Year 2: Continue efforts from Year 1 in at least 2 school districts. Work with at least 1-2 schools to host a taste-testing event or family education night.		June 1, 2019
Year 3: Continue efforts from Years 1 and 2 in all school districts.		June 1, 2020
Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices		
Year 1: Work with primary care physician offices to assess what information and/or materials they may be lacking to provide better resources for overweight and obese patients.	Abbie Tipton Memorial Healthcare	June 1, 2018
Year 2: Offer trainings for PCP offices on nutrition and physical activity best practices, as well as referral sources. Enlist at least 3 primary care physician offices.		June 1, 2019
Year 3: Offer additional trainings to reach at least 20% of the primary care physician offices in the county.		June 1, 2020

Priority #1 | Decrease Obesity

Action Step Recommendations & Plan, *continued*

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Expand Community Gardens & Farmer's Markets		
<p>Year 1: Obtain baseline data regarding which cities/towns, school districts, churches, and organizations currently have community gardens and/or farmer's markets.</p> <p>Obtain baseline data regarding which local food pantries have fresh produce available.</p> <p>Research grants and funding opportunities to increase the number of community gardens and/or farmer's markets in Shiawassee County.</p>	<p>Abbie Tipton Memorial Healthcare</p> <p>Courtney Herrick Live Healthy Coalition</p>	June 1, 2018
<p>Year 2: Help school districts and other organizations apply for grants to obtain funding to start a community garden or farmer's market.</p> <p>Consider placing any additional farmer markets and community gardens in more rural locations throughout the county.</p> <p>Increase the number of food pantries offering fresh produce.</p> <p>Encourage the use of SNAP/EBT (electronic benefit transfer) at farmer's markets</p>		June 1, 2019
<p>Year 3: Implement community gardens in all school districts and double the number of organizations with community gardens and/or farmer's markets from baseline.</p> <p>Implement the use of WIC and SNAP/EBT benefits in all farmer's markets</p>		June 1, 2020
Implement the Fit & Strong Program for Older Adults		
<p>Year 1: Research the Fit & Strong physical activity program for older adults.</p> <p>Recruit at least one healthcare provider to be trained as an instructor for the program.</p> <p>Determine best locations to hold the Fit & Strong program (ex: Senior Centers, churches, etc.).</p> <p>Work with physicians for referrals to program.</p> <p>Pilot program in at least one location.</p>	<p>Abbie Tipton Memorial Healthcare</p> <p>Larry Johnson Shiawassee County Health Dept.</p>	June 1, 2018
<p>Year 2: Continue efforts from year 1. Expand the Fit & Strong program to other locations and times.</p>		June 1, 2019
<p>Year 3: Continue efforts from years 1 and 2.</p>		June 1, 2020

Priority #1 | Decrease Obesity

Action Step Recommendations & Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Create a Wellness Outreach Campaign		
<p>Year 1: Engage strategic planning committee organizations to design a unified health and wellness outreach campaign.</p> <p>Expand and update the Parks app.</p> <p>Work to promote the “Live Healthy” initiatives by creating shared messages among organizations to distribute in Shiawassee County. Include print and social media.</p> <p>Create a community calendar with the most up-to-date information regarding nutrition and exercise programs and opportunities in Shiawassee County. Put the calendar on-line and raise awareness about the calendar. Keep the community calendar updated on a quarterly basis. Check on funding to sustain calendar.</p> <p>Work with city and county parks and recreation departments to create a list of free physical activity opportunities, such as walking paths, bike paths, parks etc., in Shiawassee County.</p> <p>Partner with Shiawassee County Schools to provide wellness materials and services as needed.</p> <p>Create a branded logo with a consistent message (i.e. 5-2-1-0).</p> <p>Begin disseminating information.</p>	<p>Abbie Tipton Memorial Healthcare</p> <p>Courtney Herrick Live Healthy Coalition</p>	June 1, 2018
<p>Year 2: Increase awareness and dissemination of the wellness outreach campaign.</p> <p>Provide community organizations with ways to support the outreach campaign such as using social media, websites, flyers, etc.</p> <p>Continue to promote and update the community calendar.</p>		June 1, 2019
<p>Year 3: Increase the number of organizations participating in the wellness campaign by 5% from baseline.</p> <p>Continue efforts from year 2.</p>		June 1, 2020

Priority #2 | Decrease Substance Abuse

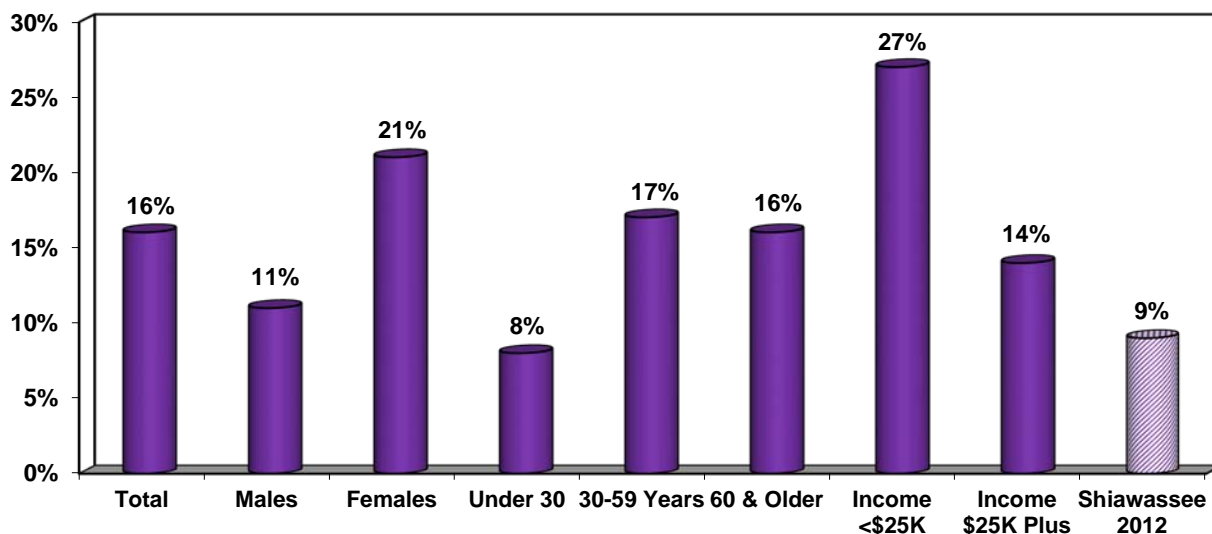
Substance Abuse Indicators

**Additional data can be found in the full 2016 Shiawassee County Community Health Assessment.*

Shiawassee County adults used the following tobacco products in the past year: cigarettes (19%), e-cigarettes (9%), roll-your-own (6%), chewing tobacco (5%), cigars (4%), cigarillos (2%), little cigars (2%), pipes (2%), swishers (2%), betel quid (1%), pouch (1%), snuff (1%), and Black and Milds (<1%).

Shiawassee County adults experienced the following in the past six months: drove a vehicle or other equipment after having any alcoholic beverage (7%), drank more than they expected (5%), used prescription drugs while drinking (4%), continued to drink despite problems caused by drinking (1%), gave up other activities to drink (1%), spent a lot of time drinking (1%), tried to quit or cut down but could not (1%), drank more to get the same effect (<1%), drank to ease withdrawal symptoms (<1%), and failed to fulfill duties at home or work (<1%).

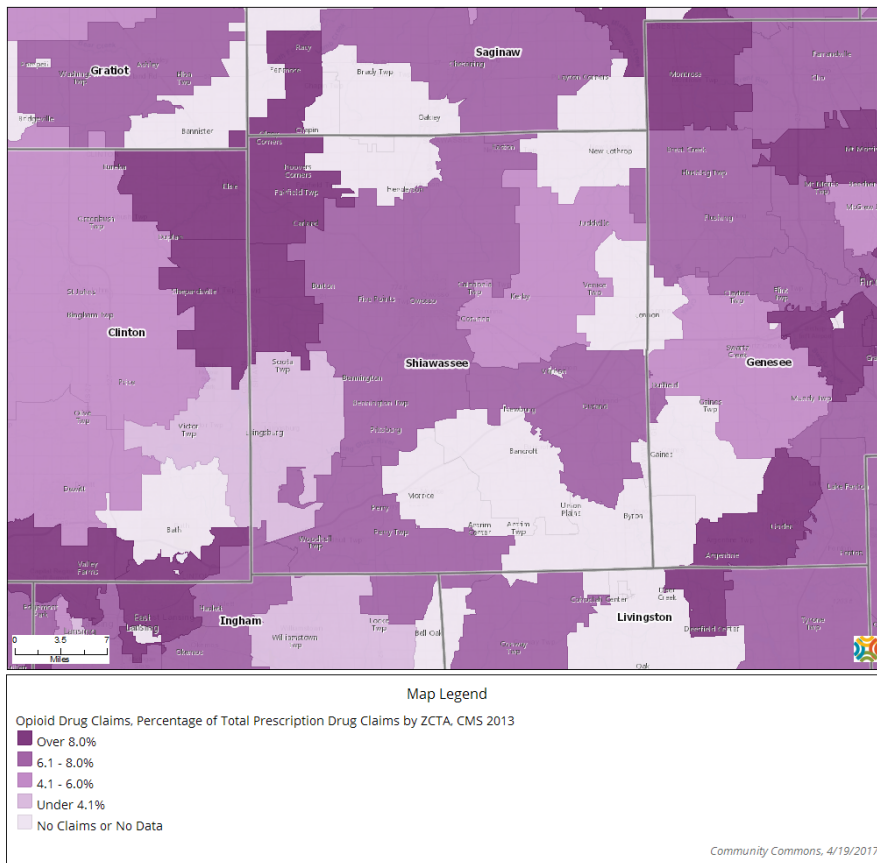
Shiawassee County Adult Medication Misuse in Past 6 Months



Adult Comparisons	Shiawassee County 2012	Shiawassee County 2016	Michigan 2014	U.S. 2014
Drank alcohol at least once in past month	50%	54%	57%	53%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	20%	23%	19%	16%
Current smoker	19%	16%	21%	18%
Former smoker	24%	27%	27%	25%

Priority #2 | Decrease Substance Abuse

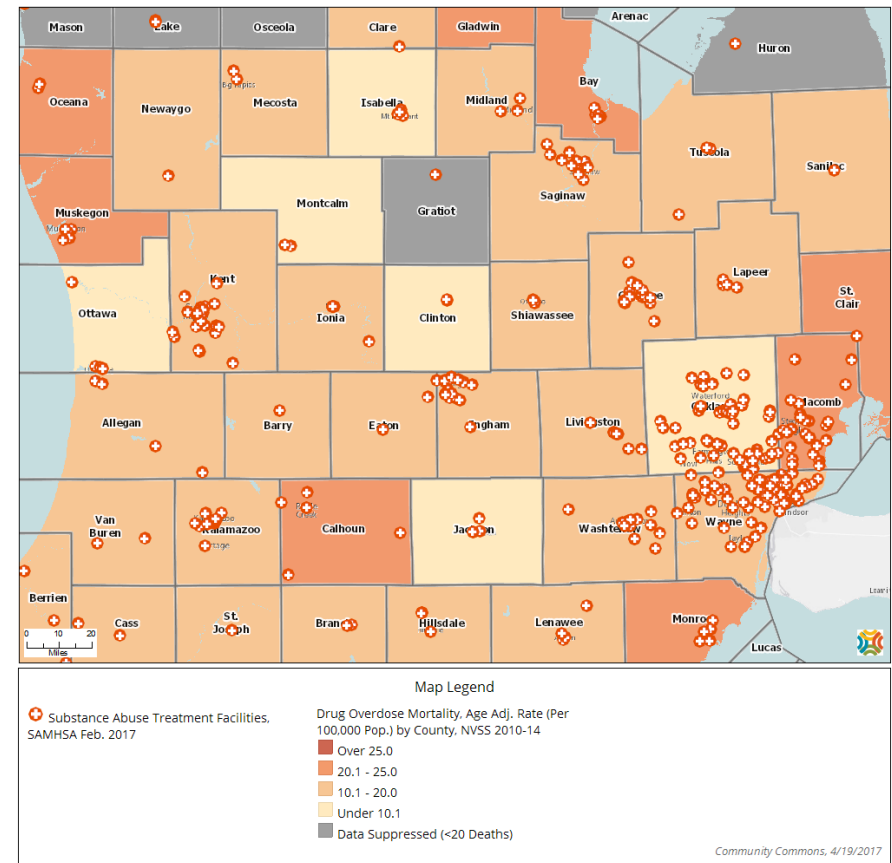
Opioid Drug Claims, Percentage of Total Prescription Drug Claims by ZCTA, CMS 2013



(Source: Centers for Medicare and Medicaid Services: 2013, as compiled by Community Commons)

An example of how to interpret the data shown in the above map include: the Fairfield township area has the highest percentage of Opioid Drug Claims by the Zip Code Tabulation Area (ZCTA) in Shiawassee County according to the 2013 Centers for Medicare and Medicaid Services.

Drug Overdose Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2010-14



(Source: National Vital Statistics System Mortality component (NVSS-M) 2010-14, as compiled by Community Commons)

An example of how to interpret the data shown in the above map include: Shiawassee County has the 3rd highest age-adjusted drug mortality rate. The map also shows the number of substance abuse treatment facilities in and surrounding Shiawassee County.

Priority #2 | Decrease Substance Abuse

Resource Assessment

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Substance abuse therapy for adolescents & adults, outpatient services, Cognitive Behavioral, Women Specialty Services, M.I.N.D.S. Program, substance abuse group (MDOC), women's specialty/jail programs	Catholic Charities	1480 N. M-52 Owosso, MI Phone: 989-723-8239 www.catholiccharitiesflint.org	Adults and youth	Prevention Early Intervention Treatment	Outcomes monitored
Substance abuse counseling, addiction and outpatient services	Taylor Life Center	632 N. Shiawassee Street Owosso, MI Phone: 989-723-0330 www.consumerservicesinc.org	Adults	Treatment	Outcomes monitored
Outpatient substance abuse treatment including suboxone	Dot Caring Center	510 S. Washington Street Owosso, MI Phone: 989-725-2229 www.dotcaringcentersinc.com	Adults	Treatment	Outcomes monitored
Substance abuse disorder treatment, case management, drug court program, addiction services	Recovery Pathways	115 Shiawassee St. Corunna, MI Phone: 989-928-3566 www.recoverypathwaysllc.com	Adults	Treatment	Outcomes monitored
Substance abuse counseling, marijuana education group	Cross Road Center	301 N. Shiawassee Street Corunna, MI Phone: 989-743-1007 www.crossroadcenter.net	Adults and youth	Treatment	Outcomes monitored
Drug Court (including Vivitrol injections)	Drug Court	Sari Colbry http://www.shiawassee.net/Law-Justice/Circuit-Court	Adults who have been court ordered	Early Intervention Treatment	Evidence-based
Alcoholics Anonymous (AA)	Alcoholics Anonymous	http://www.shiacoaa.org/index1.html	Adults	Treatment	Evidence-based

	(AA)				
Narcotics Anonymous (NA)	Narcotics Anonymous (NA)	http://www.naws.org/meetingsearch/	Adults	Treatment	Evidence-based
Pain management group (PMG)	Pain management group (PMG)	Memorial Pain Clinic 818 W. King Street Suite 300 (Third Floor) Owosso, Michigan 48867	Adults	Early Intervention	Best Practice
Alliance for a Drug-Free Shiawassee	Shiawassee Hope	Shiawassee Hope Marlene Webster http://www.shiawasseehope.org/	All ages	Prevention Early Intervention Treatment	Best Practice

Priority #2 | Decrease Substance Abuse

Gaps and Potential Strategies

Substance Abuse Gaps	Potential Strategies
1. Lack of local inpatient facilities	<ul style="list-style-type: none">○ Collaborate with surrounding communities and hospitals for referrals○ Develop a group email containing information on where beds are available (i.e. bed sharing)
2. Over prescription of drugs	<ul style="list-style-type: none">○ Provide an in-service on new best practices, the MAPS protocols and appropriate management for pain to primary care physicians
3. Substance abuse	<ul style="list-style-type: none">○ Educate people on the idea that substance abuse is a disease; there must be a shift in the mind set regarding substance abuse disorders
4. Lack of medical assisted treatment (MAT)	<ul style="list-style-type: none">○ Lack of MAT and addiction specialists in county; recruit substance abuse providers into the county
5. Prevention strategies for youth	<ul style="list-style-type: none">○ Introduce prevention programming to county schools○ Possibly integrate programming into school curriculum

Priority #2 | Decrease Substance Abuse

Best Practices

1. **Project ASSERT:** Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a screening, brief intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (EDs). Project ASSERT targets three groups:
 - a. Out-of-treatment adults who are visiting a walk-in health clinic for routine medical care and have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).
 - b. Adolescents and young adults who are visiting a pediatric ED for acute care and have a positive screening result for marijuana use. Project ASSERT aims to reduce or eliminate their marijuana use through interaction with peer educators (adults who are under the age of 25 and, often, college educated).
 - c. Adults who are visiting an ED for acute care and have a positive screening result for high-risk and/or dependent alcohol use. Project ASSERT aims to motivate patients to reduce or eliminate their unhealthy use through collaboration with ED staff members (physicians, nurses, nurse practitioners, social workers, or emergency medical technicians).

On average, Project ASSERT is delivered in 15 minutes, although more time may be needed, depending on the severity of the patient's substance use problem and associated treatment referral needs. The face-to-face component of the intervention is completed during the course of medical care, while the patient is waiting for the doctor, laboratory results, or medications.

For more information go to: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=222>

2. **Prescription Drug Monitoring Programs (PDMP's):** Prescription drug monitoring programs are electronic databases, housed in state agencies, that track prescribing and dispensing of controlled substances. Most states monitor drugs on Schedules II - IV of the Drug Enforcement Administration's drug schedule; many also include drugs on Schedule V and other controlled substances. Schedule I drugs (e.g., heroin) are not included. PDMPs can be used by prescribers and pharmacists to view prescriptions written for and dispensed to individual patients, by law enforcement agencies to identify drug diversion or pill mills, or by state medical boards to identify potentially problematic prescribers. Drugs monitored, individuals authorized to use the system, functionality, and use varies from state to state.

For more information go to: <http://www.countyhealthrankings.org/policies/prescription-drug-monitoring-programs-pdmps>

Priority #2 | Decrease Substance Abuse

Best Practices, continued

3. **Tobacco 21:** Tobacco 21 is a national campaign aimed at raising the tobacco and nicotine sales age in the United States to 21. The Tobacco 21 campaign is produced and funded by the Prevention Tobacco Addiction Foundation, a public health nonprofit organization established in 1996. Tobacco 21 produces online content to promote anti-tobacco messages and helps communities around the United States raise the tobacco and nicotine sales to age 21.

In March 2015, the Institute of Medicine, on behalf of the Food and Drug Administration (FDA), released a seminal report detailing the potential public health benefits of enacting a nationwide Tobacco 21 policy. Among the results was a 25% drop in youth smoking initiation, a 12% drop in overall smoking rates and 16,000 cases of preterm birth and low birth weight averted in the first 5 years of the policy. ***The conservation estimate is that if age 21 were adopted throughout the U.S. it would prevent 4.2 million years of life lost to smoking in kids alive today.*** Age 21 reduces initiation in younger kids and inhibits consolidation of addiction in older teens.

For more information go to: <http://tobacco21.org/>

Priority #2 | Decrease Substance Abuse

Alignment with National Standards

The Shiawassee County Strategic Plan helps support the following **Healthy People 2020** Goals:

- **Substance Abuse (SA)-1** Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol
- **Substance Abuse (SA)-2** Increase the proportion of adolescents never using substances
- **Substance Abuse (SA)-3** Increase the proportion of adolescents who disapprove of substance abuse
- **Substance Abuse (SA)-4** Increase the proportion of adolescents who perceive great risk associated with substance abuse
- **Substance Abuse (SA)-5** (Developmental) Increase the number of drug, driving while impaired (DWI), and other specialty courts in the United States
- **Substance Abuse (SA)-6** Increase the number of States with mandatory ignition interlock laws for first and repeat impaired driving offenders in the United States
- **Substance Abuse (SA)-7** Increase the number of admissions to substance abuse treatment for injection drug use
- **Substance Abuse (SA)-8** Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year
- **Substance Abuse (SA)-9** (Developmental) Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (ED)
- **Substance Abuse (SA)-10** Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI)
- **Substance Abuse (SA)-11** Reduce cirrhosis deaths
- **Substance Abuse (SA)-12** Reduce drug-induced deaths
- **Substance Abuse (SA)-13** Reduce past-month use of illicit substances
- **Substance Abuse (SA)-14** Reduce the proportion of persons engaging in binge drinking of alcoholic beverages
- **Substance Abuse (SA)-15** Reduce the proportion of adults who drank excessively in the previous 30 days
- **Substance Abuse (SA)-16** Reduce average annual alcohol consumption
- **Substance Abuse (SA)-17** Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities
- **Substance Abuse (SA)-18** Reduce steroid use among adolescents
- **Substance Abuse (SA)-19** Reduce the past-year nonmedical use of prescription drugs
- **Substance Abuse (SA)-20** Reduce the number of deaths attributable to alcohol
- **Substance Abuse (SA)-21** Reduce the proportion of adolescents who use inhalants

Priority #2 | Decrease Substance Abuse

Action Step Recommendations & Plan

To work toward **decreasing substance abuse**, the following actions steps are recommended:

1. Increase the Number of Health Care Providers Screening for Alcohol and Drug Abuse
2. Increase Provider Training on Opioid Prescribing Guidelines
3. Increase Awareness of Trauma Informed Care
4. Implement Tobacco Policies
5. Increase Community Awareness & Education of Substance Abuse Issues and Trends
6. Secure a Drug Free Communities (DFC) Grant

Action Plan

Decrease Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Increase the Number of Health Care Providers Screening for Alcohol and Drug Abuse		
Year 1: Introduce Project ASSERT. Collect baseline data on the number of emergency department, primary care and specialty care providers that currently screen for drug and alcohol abuse (and at what age they start screening).	Abbie Tipton Memorial Healthcare Penny Corbin Community Mental Health (CMH) Sara Wright Great Lakes Bay Health Centers	June 1, 2018
Year 2: Introduce a screening, brief intervention and referral to treatment model (SBIRT) to physicians' offices and hospital emergency departments. Pilot the model with one primary care physician's office and hospital ER.		June 1, 2019
Year 3: Increase the number of ER and primary care physicians using the SBIRT model by 25% from baseline.		June 1, 2020
Increase Provider Training on Opioid Prescribing Guidelines		
Year 1: Develop a training on Opioid prescribing guidelines and the use of MAPS (Michigan Automated Prescription System). Focus on new best practices, the MAPS protocols and appropriate management for pain. Also include the importance of follow up with individuals already identified as receiving medication. Offer the training to local healthcare providers.	Abbie Tipton Memorial Healthcare Penny Corbin Community Mental Health (CMH) Sara Wright Great Lakes Bay Health Centers	June 1, 2018
Year 2: Continue to market the training to local healthcare providers. Increase the number of trainings by 10%.		June 1, 2019
Year 3: Continue efforts from year 2. Increase the number of trainings by 15%.		June 1, 2020

Priority #2 | Decrease Substance Abuse

Action Step Recommendations & Plan, *continued*

Decrease Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Increase Awareness of Trauma Informed Care		
<p>Year 1: Facilitate an assessment among clinicians in Shiawassee County on their awareness and understanding of toxic stress and trauma informed care.</p> <p>Survey community members, social workers, pastors, etc. on their awareness and understanding of toxic stress and trauma.</p> <p>Facilitate a training to increase education and understanding of toxic stress and trauma.</p>	<p>Alison Morrison Department of Health and Human Services (DHHS)</p> <p>Penny Corbin Community Mental Health (CMH)</p> <p>Sara Wright Great Lakes Bay Health Centers</p> <p>Courtney Herrick Great Start</p> <p>Abbie Tipton Memorial Healthcare</p> <p>Cathy Sprague-Emans Catholic Charities</p>	June 1, 2018
<p>Year 2: Facilitate trainings for Shiawassee County teachers on trauma and Adverse Childhood Experiences.</p> <p>Develop and implement a trauma screening tool for social service agencies who work with at risk youth.</p>		June 1, 2019
<p>Year 3: Continue efforts of years 1 and 2</p> <p>Increase the use of trauma screening tools by 25%.</p>		June 1, 2020
Implement Tobacco Policies		
<p>Year 1: Research the Tobacco 21 Initiative. Raise awareness of Tobacco 21 and research the feasibility of local jurisdictions adopting this policy.</p> <p>Reach out to other communities who have implemented these policies to learn the best way to approach decision makers and to learn of potential barriers and challenges.</p>	<p>Lori Glover/Kristin Gilpin Prevention Network</p> <p>Cathy Sprague-Emans Catholic Charities</p> <p>Penny Corbin Shiawassee County Health Department (SCHD)</p> <p>Nicole Greenway Shiawassee County Health Dept.</p>	June 1, 2018
<p>Year 2: Present information to City Councils on both the Tobacco 21 initiative and smoke free outdoor public locations.</p> <p>Begin efforts to adopt smoke-free policies in Shiawassee County parks, fairgrounds, schools and other public locations.</p>		June 1, 2019
<p>Year 3: Continue efforts from Years 1 and 2.</p>		June 1, 2020

Priority #2 | Decrease Substance Abuse

Action Step Recommendations & Plan, *continued*

Decrease Substance Abuse		
Action Step	Responsible Person/Agency	Timeline
Increase Community Awareness & Education of Substance Abuse Issues and Trends		
Year 1: Plan a community awareness campaign to increase education and awareness of risky behaviors and Substance Use trends. Include information on e-cigarettes, alcohol use, prescription drug abuse, marijuana use, heroin use and other illegal drug use. Determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.)	Marlene Webster Alliance for a Drug Free Shiawassee County Kristen Gilpin Prevention Network Cathy Sprague-Emans Catholic Charities	June 1, 2018
Year 2: Plan awareness programs/workshops focusing on different "hot topics" and risky behavior trends. Attain media coverage for all programs/workshops.		June 1, 2019
Year 3: Continue efforts of Years 1 and 2.		June 1, 2020
Secure a Drug Free Communities (DFC) Grant		
Year 1: Start the process to apply for a Drug Free Communities (DFC) Grant.	Marlene Webster Alliance for a Drug Free Shiawassee County	June 1, 2018
Year 2: Wait until March, 2018 to find out if DFC grant was awarded to Shiawassee County. Initiate any pre-work that must be done to meet grant deliverables such as enlisting missing sectors to the current coalition, etc. If unsuccessful, apply again in fall, 2018 or consider applying for a mentoring grant with a county that is already a grantee.		June 1, 2019
Year 3: Follow through with grant deliverables if funded or re-apply if not funded.		June 1, 2020

Priority #3 | Access to Mental Healthcare

Mental Health Indicators

**Additional data can be found in the full 2016 Shiawassee County Community Assessment.*

3% of Shiawassee County adults considered attempting suicide in the past year.

No adults reported attempting suicide in the past year.

In the past year, 10% of Shiawassee County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities, increasing to 19% of those under the age of 30.

Shiawassee County adults felt sad, blue, or depressed and had a period of two or more weeks when they had trouble sleeping/slept too much (25%), felt fatigued, no energy (22%), had trouble thinking or concentrating (16%), woke up before they wanted (14%), felt worthless or hopeless (13%), lost interest in most things (13%), had a weight/appetite change (11%), felt extremely restless or slowed down (10%), thought about death or suicide (4%), and attempted suicide (1%).

Four-fifths (81%) of adults reported they were satisfied or very satisfied with their life, increasing to 89% of those under the age of 30. Conversely, 16% indicated they were dissatisfied or very dissatisfied with their life.

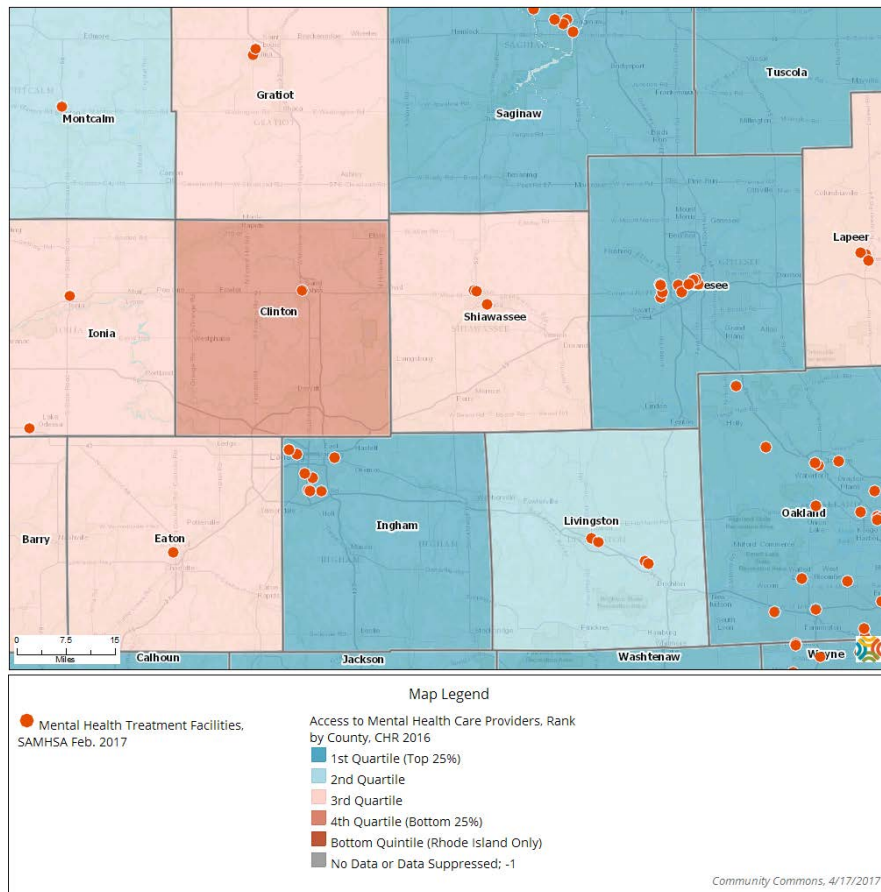
Shiawassee County adults received the social and emotional support they needed from the following: family (77%), friends (69%), church (25%), neighbors (13%), community (6%), Internet (6%), a professional (4%), self-help group (1%), and other (6%).

Shiawassee County adults reported they or a family member were diagnosed with or treated for the following mental health issues: depression (47%), anxiety or emotional problems (39%), an anxiety disorder (35%), attention deficit disorder (ADD/ADHD) (29%), alcohol and illicit drug abuse (23%), bipolar (16%), post-traumatic stress disorder (PTSD) (12%), other trauma (11%), a psychotic disorder (6%), autism spectrum (3%), developmental disability (3%), life-adjustment disorder (2%), and some other mental health disorder (8%). 32% indicated they or a family member had taken medication for one or more mental health issues.

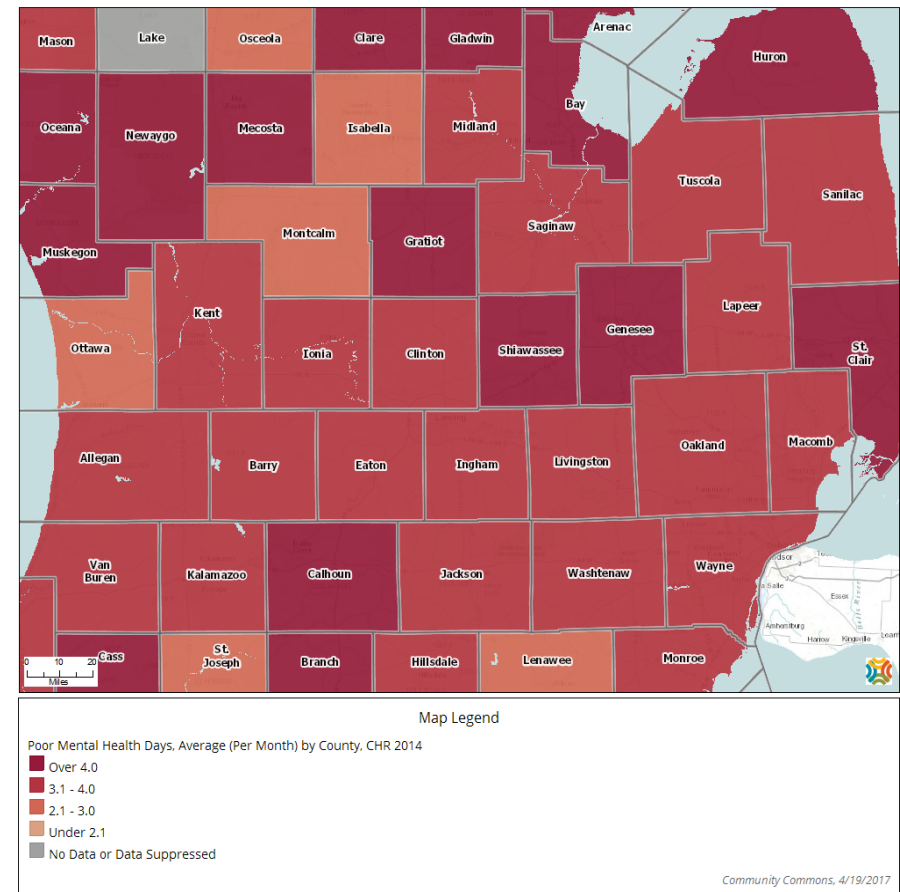
11% of Shiawassee County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included: could not afford to go (5%), had not thought of it (5%), other priorities (5%), co-pay/deductible too high (4%), did not know how to find a program (4%), fear (3%), stigma of seeking mental health services (3%), did not feel the services they received were good (2%), transportation (1%), and other reasons (2%). 63% of adults indicated they did not need such a program.

Priority #3 | Access to Mental Healthcare

Access to Mental Health Care Providers, Rank by County, CHR 2016



Poor Mental Health Days, Average (Per Month) by County, CHR, 2014



(Source: County Health Rankings (CHR), University of Wisconsin Population Health Institute, 2016 as compiled by Community Commons)

An example of how to interpret the data shown in the above map include: Shiawassee County is in the 3rd Quartile for access to mental health care providers. The map also shows the number of mental health treatment facilities in and surrounding Shiawassee County.

(Source: County Health Rankings (CHR), University of Wisconsin Population Health Institute, 2014 as compiled by Community Commons)

An example of how to interpret the data shown in the above map include: Shiawassee County has an average of over 4.0 poor mental health days per month.

Priority #3 | Access to Mental Healthcare

Resource Assessment

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Substance abuse case management, counseling services (including family), emergency assistance, individual/group therapy, peer support service, prevention services & community education, psychiatry, substance abuse, mental health, support groups.	Catholic Charities	1480 N. M-52 Owosso, MI Phone: 989-723-8239 www.catholiccharitiesflint.org	Children Adolescents Individuals Families	Early Intervention Treatment	Outcomes monitored
Prevention education & outreach: anger parenting substance abuse education, encouraging positive behavior, student assistance programs, F.A.S.T., P.E.A.R.L.S. (program to encourage active, rewarding lives for seniors), designated youth tobacco use representative. Early Intervention: MINDS Treatment: individual, family & group counseling, substance abuse treatment, alternative to violence, department of corrections, prisoner reentry, Cognitive Behavioral Program, women's specialty	Catholic Charities	1480 N. M-52 Owosso, MI Phone: 989-723-8239 www.catholiccharitiesflint.org	Children Adolescents Individuals Families	Prevention Early Intervention Treatment	Outcomes monitored
Counseling services (including family), individual/group therapy, medical services, substance abuse treatment, support groups	DOT Caring Center	510 S. Shiawassee Street, Suite 1 Owosso, MI 48867 Phone: 989-725-2229 www.dotcaringcentersinc.com	Adults	Early Intervention Treatment	Outcomes monitored
Inpatient psychiatry services,	Memorial Healthcare	826 W. King Street	Adults	Early Intervention	Outcomes

medical services, occupational therapy, prevention services & community education, psychiatry, support groups		Owosso, MI 48867 Phone: 989-723-5211 www.memorialhealthcare.org		Treatment	monitored
Counseling services (including family), individual/group therapy, psychiatry	Mid-Michigan Behavioral Health	721 N. Shiawassee Street Owosso, MI Phone: 989-725-8124	Adults	Early Intervention Treatment	Outcomes monitored
Case management, consumer protection, counseling services (including family), emergency assistance, individual/group therapy, psychiatry, crisis line (domestic violence)	SafeCenter	1300 N. Hickory Street Owosso, MI 48867 Phone: 989-723-9716 www.thesafecenter.org	Adults	Early Intervention Treatment	Outcomes monitored
Assertive community treatment (ACT), autism and behavioral resource services, case management, community living supports, consumer protection, counseling services (including family), critical incident stress management, early childhood services, emergency assistance, geriatric assessment & case management, individual/group therapy, medical services, occupational therapy, peer support services, prevention services & community education, psychiatry, respite, skill building/supported employment, substance abuse treatment, support groups, wraparound for children and families	Shiawassee County Community Mental Health Authority	1555 Industrial Drive Owosso, MI 48867 Phone: 989-723-6791 www.shiacmh.org	Adults, children and families who have serious mental illness and/or developmental disabilities, and/or substance abuse disorders	Prevention Early Intervention Treatment	Outcomes monitored
Case management, counseling services (including family), individual/group therapy, psychiatry, substance abuse treatment	Taylor Life Center	632 N. Shiawassee Street Owosso, MI 48867 Phone: 989-723-0330 www.consumerservicesinc.org/taylor_life_center	Adults, couples, and families ages three and over	Early Intervention/ Treatment	Outcomes monitored
Mental health and substance abuse counseling. Groups include	Cross Road Center	301 N. Shiawassee Street Corunna, MI	Individuals Couples	Treatment	Outcomes monitored

making better decisions and marijuana education		Phone: 989-743-1007 www.crossroadcenter.net	Family & groups		
Mental health counseling (marriage, family, child & individual)	Johnson Terry & Beth, Ph.D.	802 W. King Street Owosso, MI Phone: 989-723-1120	Individuals Couples Family & groups	Early Intervention Treatment	Outcomes monitored
Grief and bereavement services to local schools	Hospice Home Health	Memorial Healthcare 826 West King St. Owosso, MI 48867	Adults Youth	Early Intervention Treatment	Outcomes Monitored
Child sexual abuse	Child advocacy center	1216 W. Main Street Owosso, MI Phone: 989-723-5877	Children	Prevention Early Intervention Treatment	Outcomes Monitored
Family group meetings where friends and family members of problem drinkers share their experiences	Al-Anon	http://www.shiacooa.org/index1.html	Family members of problem drinkers	Prevention	Best Practice
Weekly grief sharing meetings	Perry Church of the Nazarene Owosso Church of the Nazarene	3100 Ellsworth Rd. Perry, MI 48872 Phone: 517-625-3400 1865 M-52, Owosso, MI 48867 Phone: 989-723-2229	All ages	Early Intervention	Best Practice
Alcoholics Anonymous (AA)	Alcoholics Anonymous (AA)	http://www.shiacooa.org/index1.html	Adults	Treatment	Evidence-based
Narcotics Anonymous (NA)	Narcotics Anonymous (NA)	http://www.usrecovery.info/NA/Michigan.htm	Adults	Treatment	Evidence-based
Peer-to-peer support, community resources, address the stigma surrounding "asking for help", outpatient health clinic	Buddy-to-Buddy	Phone: 1-888-822-8339 Email: buddytobuddyVVP@umich.edu	Veterans	Early Intervention Treatment	Outcomes monitored
Infant mental health program	Shiawassee County Health Department	Nicole Greenway (989) 743-2318	Infants	Prevention	Evidence Based
Various sporting activities	YMCA	515 W. Main Street	All ages	Prevention	Best practice

		Owosso, MI 48867 Phone: 989-725-8136			
Blue and Gold Afterschool club	Shiawassee County schools	http://www.owosso.k12.mi.us/	Youth	Prevention	Best Practice
Girls on the Run	Shiawassee County schools	https://www.gotrmidmichigan.org/	Girls	Prevention	Best Practice
Mental health, eating disorders, outpatient substance abuse services	Clinton County Medical Center (CCMC) Psychological Services	1505 Waterford Parkway St. Johns, MI Phone: 989-252-7229	All ages	Treatment	Outcomes Monitored
Integrated Health Care (mental health needs, decreasing barriers/stigma, health maintenance)	Shiawassee County Community Mental Health Authority	1555 Industrial Drive Owosso, MI 48867 Phone: 989-723-6791 www.shiacmh.org	All ages	Prevention Early Intervention Treatment	Best Practice

Priority #3 | Access to Mental Healthcare

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Timely access to mental health care providers/psychiatry/number of counselors	<ul style="list-style-type: none"> Recruit and retain doctors/mental health care providers/counselors in the county through Community Mental Health (CMH) and Catholic Charities Use incentives to bring mental health care professionals (i.e. school reimbursement, etc.) into the county Partner with local universities in and surrounding the county to recruit mental health care providers Consider telemedicine as an alternative to regular psychiatry
2. Transportation	<ul style="list-style-type: none"> Develop a system where patients and clients would not have to pay to use transportation services (currently tokens are used and/or taxi)
3. School counselors	<ul style="list-style-type: none"> Introduce school counselors and/or social workers to county schools
4. Efficient emergency room care	<ul style="list-style-type: none"> Provide education to ER staff including physicians, social workers, and nurses on mental issues and what do if someone presents with a mental health issue in the ER (i.e. where to refer? /connect them to memorial charity care, etc.)
5. No mental health providers for individuals with private insurance	<ul style="list-style-type: none"> Catholic Charities accepts private/commercial insurances

Priority #3 | Access to Mental Healthcare

Best Practices

1. **Mental Health First Aid:** Mental Health First Aid is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depressive, anxiety, and/or psychotic disorders, which may occur with substance abuse).

The intervention is delivered by a trained, certified instructor through an interactive 12-hour course, which can be completed in two 6-hour sessions or four 3-hour sessions. The course introduces participants to risk factors, warning signs, and symptoms for a range of mental health problems, including comorbidity with substance use disorders; builds participants' understanding of the impact and prevalence of mental health problems; and provides an overview of common support and treatment resources for those with a mental health problem. Participants also are taught a five-step action plan, known as ALGEE, for use when providing Mental Health First Aid to an individual in crisis:

- A--Assess for risk of suicide or harm
- L--Listen nonjudgmentally
- G--Give reassurance and information
- E--Encourage appropriate professional help
- E--Encourage self-help and other support strategies

In addition, the course helps participants to not only gain confidence in their capacity to approach and offer assistance to others, but also to improve their personal mental health. After completing the course and passing an examination, participants are certified for 3 years as a Mental Health First Aider.

In the studies reviewed for this summary, Mental Health First Aid was delivered as a 9-hour course, through three weekly sessions of 3 hours each. Participants were recruited from community and workplace settings in Ashtabula or were members of the general public who responded to recruitment efforts. Some of the participants (7%-60% across the three studies reviewed) had experienced mental health problems

For more information go to: <http://www.mentalhealthfirstaid.org/cs/>

2. **PHQ-9:** The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment. The primary care clinician and/or office staff should discuss with the patient the reasons for completing the questionnaire and how to fill it out. After the patient has completed the PHQ-9 questionnaire, it is scored by the primary care clinician or office staff.

There are two components of the PHQ-9:

- Assessing symptoms and functional impairment to make a tentative depression diagnosis
- Deriving a severity score to help select and monitor treatment

The PHQ-9 is based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV).

For more information go to: <http://www.integration.samhsa.gov/clinical-practice/screening-tools#depression>

Priority #3 | Access to Mental Healthcare

Alignment with National Standards

The Shiawassee County Strategic Plan helps support the following **Healthy People 2020** Goals:

- **Mental Health and Mental Disorders (MHMD)-1** Reduce the suicide rate
- **Mental Health and Mental Disorders (MHMD)-2** Reduce suicide attempts by adolescents
- **Mental Health and Mental Disorders (MHMD)-3** Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight
- **Mental Health and Mental Disorders (MHMD)-4** Reduce the proportion of persons who experience major depressive episodes (MDEs)
- **Mental Health and Mental Disorders (MHMD)-5** Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
- **Mental Health and Mental Disorders (MHMD)-6** Increase the proportion of children with mental health problems who receive treatment
- **Mental Health and Mental Disorders (MHMD)-7** Increase the proportion of juvenile residential facilities that screen admissions for mental health problems
- **Mental Health and Mental Disorders (MHMD)-8** Increase the proportion of persons with serious mental illness (SMI) who are employed
- **Mental Health and Mental Disorders (MHMD)-9** Increase the proportion of adults with mental health disorders who receive treatment
- **Mental Health and Mental Disorders (MHMD)-10** Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
- **Mental Health and Mental Disorders (MHMD)-11** Increase depression screening by primary care providers
- **Mental Health and Mental Disorders (MHMD)-12** Increase the proportion of homeless adults with mental health problems who receive mental health services

Priority #3 | Access to Mental Healthcare

Action Step Recommendations & Plan

To work toward **improving access to mental healthcare**, the following action steps are recommended:

1. Increase Recruitment for Mental Health Professionals
2. Provide Mental Health First Aid Trainings
3. Expand Community Collaboration to Increase Awareness and Coordination of Mental Health Services
4. Increase the Number of Primary Care Physicians Screening for Depression During Office Visits
5. Provide "Resource Cards" to Individuals with Substance Abuse Disorder
6. Increase Education of ER and Primary Care Providers on Mental Health Issues
7. Expand Evidence-based Programs Targeting Youth

Action Plan

Access to Mental Healthcare		
Action Step	Responsible Person/Agency	Timeline
Increase Recruitment of Mental Health Professionals		
<p>Year 1: Collect baseline data on the number of mental health professionals practicing in the County and the need for more.</p> <p>Develop a marketing strategy focused on recruiting mental health providers.</p> <p>Work with local Universities in and surrounding the county to address the need for larger class sizes and possible school loan reimbursement if the students stay in the county to work after their schooling is finished.</p> <p>Increase the number of preceptors/placement sites for students in the county.</p> <p>Gather baseline data on the use of telemedicine in Shiawassee County and neighboring areas.</p>	<p>Abbie Tipton Memorial Healthcare</p> <p>Penny Corbin Community Mental Health (CMH)</p> <p>Cathy Sprague-Emans Catholic Charities</p>	June 1, 2018
<p>Year 2: Continue to work with local Universities in and surrounding the county.</p> <p>Begin implementing the mental health provider recruitment strategies.</p> <p>Increase the number of preceptors/placement sites for students by 10%.</p> <p>Develop a plan to increase the use of telemedicine by mental health providers. Pilot the program with one mental health care provider or clinic.</p>		June 1, 2019
<p>Year 3: Continue efforts of years 1 and 2.</p> <p>Increase the number of mental health care providers/clinics using telemedicine by 10% from baseline.</p>		June 1, 2020

Priority #3 | Access to Mental Healthcare

Action Step Recommendations & Plan, *continued*

Access to Mental Healthcare		
Action Step	Responsible Person/Agency	Timeline
Provide Mental Health First Aid Trainings		
Year 1: Obtain baseline data on the number of trainings that have taken place. Market the training to Shiawassee County area churches, schools, Rotary Clubs, Law Enforcement, Chamber of Commerce, City Councils, college students majoring in social work/mental health, etc. Provide at least 2 trainings	Penny Corbin Community Mental Health (CMH)	June 1, 2018
Year 2: Provide 3 additional trainings and continue marketing efforts.		June 1, 2019
Year 3: Continue efforts from year 2.		June 1, 2020
Expand Community Collaboration to Increase Awareness and Coordination of Mental Health Services		
Year 1: Invite faith-based leaders, local businesses, community organizations and mental health service providers (both inside and outside the county) to have a round table discussion to gather baseline data on what programs and services are offered within or near Shiawassee County. Collaborate with local organizations to address gaps in services. Increase awareness and coordination of existing mental health services between all sectors involved. Measure progress based on number of clients served.	Abbie Tipton Memorial Healthcare Penny Corbin Community Mental Health (CMH) Cathy Sprague-Emans Catholic Charities	June 1, 2018
Year 2: Expand collaboration efforts to continue filling mental health service gaps. Continue to coordinate services between one another. Measure progress based on number of clients served.		June 1, 2019
Year 3: Continue efforts of Years 1 and 2.		June 1, 2020
Increase the Number of Primary Care Physicians Screening for Depression During Office Visits		
Year 1: Collect baseline data on the number of primary care physicians that currently screen for depression during office visits	Abbie Tipton Memorial Healthcare	June 1, 2018
Year 2: Introduce PHQ2 and PHQ9 to physicians' offices and hospital administration Pilot the protocol with one primary care physicians' office		June 1, 2019
Year 3: Increase the number of primary care physicians using the PQH2 screening tool by 10% from baseline.		June 1, 2020

Priority #3 | Access to Mental Healthcare

Action Step Recommendations & Plan, *continued*

Access to Mental Healthcare		
Action Step	Responsible Person/Agency	Timeline
Provide "Resource Cards" to Individuals with Substance Abuse Disorder		
Year 1: Develop "Resource Cards" to be distributed by first responders, EMS, Emergency Room (ER) personal to individuals with substance abuse disorder or individuals who overdose and/or receive Narcan. List Shiawassee County providers and contact information on including the Mid-State Health Network contact information on the card.	Abbie Tipton Memorial Healthcare Penny Corbin Community Mental Health (CMH)	June 1, 2018
Year 2: Increase the number of first responder organizations (EMS and Police) and Emergency Rooms distributing "Resource Cards" by 50%.		June 1, 2019
Year 3: Have 100% participation from all first responder organizations (EMS and Police) and Emergency Rooms in Shiawassee County.		June 1, 2020
Increase Education of ER and Primary Care Providers on Mental Health Issues		
Year 1: Work with ER, primary care providers, mental health professionals, and/or office staff to assess what information and/or materials they are lacking to provide better care for patients with mental health issues.	Abbie Tipton Memorial Healthcare	June 1, 2018
Year 2: Begin offering CME (continuing medical education) and/or CEU (continuing education units) trainings for ER, primary care physicians and/or staff, and mental health professionals to provide better care for patients and/or clients with mental health issues. Enlist at least 10 primary care providers to be trained.		June 1, 2019
Year 3: Offer additional trainings to reach at least 75% of primary care providers in Shiawassee County.		June 1, 2020

Priority #3 | Access to Mental Healthcare

Action Step Recommendations & Plan, *continued*

Access to Mental Healthcare		
Action Step	Responsible Person/Agency	Timeline
Expand Evidence-based Programs Targeting Youth		
<p>Year 1: Provide guidance counselors, superintendents, principals, teachers and other school personal with mental health resources (brochures, flyers, 1-pagers, etc.).</p> <p>Expand the Signs of Suicide (SOS) program to 2 additional school districts.</p> <p>Discuss program/service needs and gaps with school personnel at all schools within the county.</p> <p>Work with school administrators, guidance counselors, teachers and students to raise awareness of the SOS program and other services.</p>	<p>Cathy Sprague-Emans Catholic Charities</p>	June 1, 2018
<p>Year 2: Increase the percentage of guidance counselors, superintendents, principals, teachers and other school personal distributing mental health resources (brochures, flyers, 1-pagers, etc.) to students by 25%.</p> <p>Continue to expand the SOS program to other school districts and school buildings throughout the county.</p>		June 1, 2019
Year 3: Continue efforts of years 1 and 2.		June 1, 2020

Trans-Strategy | Transportation

Best Practices

1. **Building the Fully Coordinated Transportation System:** Leaders in communities and states across the country have greatly improved mobility for millions of people over the last several decades. The shift away from providing rides to managing mobility is driving the success of fully coordinated transportation systems.

The strategy coordinates human service agencies that support transportation with public and private transit providers. Such systems have gone far in meeting the needs of consumers who must have access to healthcare, jobs or job training, education and social networks. Coordinated transportation systems also increase the ability of government officials, at all levels, to make the most efficient and effective use of limited resources.

The Framework for Action: Building the Fully Coordinated Transportation System helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The Framework for Action was developed by analyzing the transportation coordination efforts in states and communities and successful models, with the advice and guidance of an expert panel. The assessment tool can be used by itself, or it can be an essential element of developing a work plan, a strategic plan, or some other plan.

For more information go to:

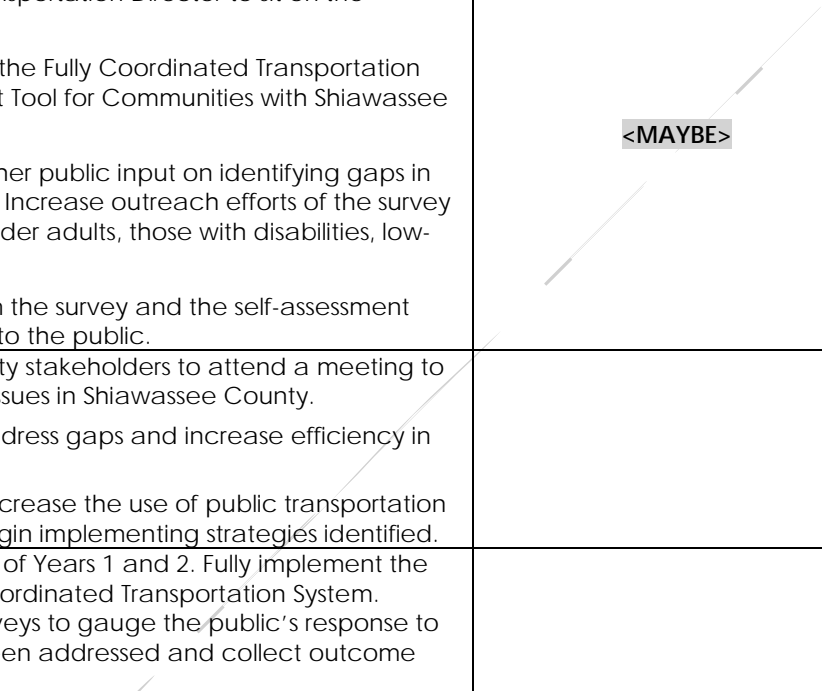
<http://www.incog.org/transportation/coordinatedplan/UnitedWeRideFramework.pdf>

Trans-Strategy | Transportation

Action Step Recommendation & Action Plan

To work toward addressing all three priority areas, the following action step is recommended:

1. Increase Public Transportation

Trans-Strategy		
Action Step	Responsible Person/Agency	Timeline
Increase Public Transportation		
<p>Year 1: Collaborate with community organizations, local government, churches and schools to create a transportation coalition. Invite the Transportation Director to sit on the committee.</p> <p>Complete the Building the Fully Coordinated Transportation System Self -Assessment Tool for Communities with Shiawassee County stakeholders.</p> <p>Create a survey to gather public input on identifying gaps in transportation services. Increase outreach efforts of the survey to include input from older adults, those with disabilities, low-income, and veterans.</p> <p>Analyze the results from the survey and the self-assessment tool. Release the data to the public.</p>	 <p><MAYBE></p>	June 1, 2018
<p>Year 2: Invite community stakeholders to attend a meeting to discuss transportation issues in Shiawassee County.</p> <p>Create strategies to address gaps and increase efficiency in transportation.</p> <p>Address strategies to increase the use of public transportation and reduce stigma. Begin implementing strategies identified.</p>		June 1, 2019
<p>Year 3: Increase efforts of Years 1 and 2. Fully implement the Shiawassee County Coordinated Transportation System.</p> <p>Facilitate follow-up surveys to gauge the public's response to strategies that have been addressed and collect outcome measures.</p>		June 1, 2020

PROGRESS AND MEASURING OUTCOMES

The progress of meeting the local priorities will be monitored with measurable indicators identified by The Shiawassee County Planning Committee. The individuals that are working on action steps will meet on an as needed basis. The full committee will meet quarterly to report out the progress. The committee will form a plan to disseminate the Community Health Improvement Plan to the community. Action steps, responsible person/agency, and timelines will be reviewed at the end of each year by the committee. Edits and revisions will be made accordingly.

Shiawassee County will continue facilitating a Community Health Assessment every 3 years to collect and track data. Primary data will be collected for adults using national sets of questions to not only compare trends in Shiawassee County, but also be able to compare to the state, the nation, and Healthy People 2020.

This data will serve as measurable outcomes for each of the priority areas. Indicators have already been defined throughout this report:

- To evaluate decreasing obesity, the indicators found on page 13 will be collected every 3 years.
- To evaluate decreasing substance abuse, the indicators found on page 27 will be collected every 3 years.
- To evaluate improving mental healthcare access, the indicators found on page 38 will be collected every 3 years.

In addition to outcome evaluation, process evaluation will also be used on an ongoing basis to focus on how well action steps are being implemented. Areas of process evaluation that the CHIP committee will monitor will include the following: number of participants, location(s) where services are provided, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all action steps have been incorporated into a Progress Report template that can be completed at all future Shiawassee County Strategic Planning meetings, keeping the committee on task and accountable. This progress report may also serving as meeting minutes.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

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