2010 - 2015

"Saginaw County Road Map to Health"

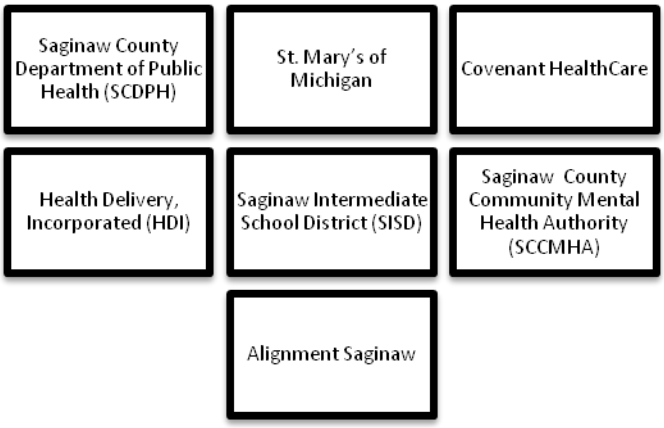
Community Health Improvement (CHI)

Key Partners Planning Team

2010 - 2015

Saginaw County
Community Health Improvement Plan
FY 2010 – 2015

An Initiative of the Community Health Improvement (CHI) Key Partners with funding from the Kresge Foundation. Community Health Improvement Steering Committee Agencies:



The Saginaw County Community Health Improvement Plan 2010-2015

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This report is also available at www.saginawpublichealth.org.

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EXECUTIVE SUMMARY

The Saginaw County Community Health Improvement planning team was formed in 2009 under the auspices of Alignment Saginaw with a vision of creating a healthier Saginaw community and a mission of developing a health improvement plan that would support and maintain a healthy community. This collaborative effort, which was funded in part by the Kresge Foundation and is managed by the Saginaw County Department of Public Health (SCDPH), provides a unique opportunity to address health related issues and ideas in a broad forum with a diverse group of partners. The planning team, identified as the Community Health Improvement (CHI) Key Partners, is made up of representatives from private enterprise, faith and community based organizations, as well as educational and health and human services organizations. Please see Team Charter in Appendix. These representatives play a vital role in designing materials and activities aimed at implementing, promoting, and overseeing the success of the plan.

Over the course of nine months, the partners met, at least monthly, to implement Mobilizing for Action through Planning and Partnerships (MAPP), a community-driven strategic planning process for improving community health. Four groups were formed in February 2010 to complete the four MAPP assessments: community themes and strengths, local public health system, community health status, and forces of change. Information was gathered through focus groups, community surveys and area agencies in an attempt to acquire broad community input regarding their health concerns.

In July 2010 the four sub-assessment groups revealed the results of their findings to the CHI Key Partners and a detailed plan to present the information to the community was created. A public meeting took place in August 2010, where almost 100 members of the general public examined assessment data and identified additional health issues, as well as selected their top health-related concerns. The following five health issues were identified as priorities:

Priority #1 – Infant Mortality
Priority #2 – Child Obesity
Priority #3 – Adult Obesity
Priority #4 – Mental Health
Priority #5 – Cancer

In this report, you will find the Saginaw County Health Improvement Plan 2010-2015 entitled “Saginaw County Road Map to Health” and referred to hereafter as “the Plan”. The Plan outlines the goals, strategies, and activities related to the top ten health-related indicators, with emphasis on the top five health-related indicators. It will be updated as necessary in order to ensure successful plan deployment and optimal impact in addressing the needs of the Saginaw Community. The CHI Key Partners are pleased to present the Saginaw County Health Improvement Plan 2010-2015.

KEY TERMS

3-year moving average - The number of deaths due to a specific cause are averaged for a three year consecutive period to smooth yearly variance in order to make seeing trends in the data easier.

Age-adjusted rate - The crude age-specific rates are averaged by weighting the proportion of persons in each age group against a standard population (typically the 2000 U.S. Population Census).

Determinant - Any factor, whether event, characteristic, or other definable entity, that brings about change in a health condition, or in other defined characteristics.

Determinants of Health Include:

- the social and economic environment,
- the physical environment, and
- the person's individual characteristics and behaviors.

Health Indicator - A measure that reflects, or indicates, the state of health of persons in a defined population, e.g., the infant mortality rate.

Health Outcomes - A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.

Incidence - The number of new cases of a disease or event being identified and reported in a population.

Median - The middle number of a group of numbers that are arranged in numerical order. {1, 3, **10**, 75, 76}.

Place Matters - Where a person lives may determine their length and quality of life. When residents live in neighborhoods without healthy ingredients - parks and playgrounds, living wages, a good healthcare delivery system, grocery stores selling nutritious food, clean air quality, and neighbors who know one another - they are more likely to suffer health burdens such as: obesity, asthma, heart disease, and high blood pressure.

Proportion - A part of the population with respect to the entire population. {50 men exercise out of 100 men surveyed, so the proportion is 50/100 which is equivalent to 0.5 equivalent to 50%}.

Rate - The number of individuals affected by an event or disease divided by the population (population at risk for the event or disease) expressed per 100,000 (may use rate per 1,000 or another number). {Infant mortality rate would be 10 per 1,000 live births for a population with 2,000 births experiencing 20 infant deaths. 20/2,000 = 0.01 x 1,000 = 10 per 1,000}.

TARGET AREA - SAGINAW, MI

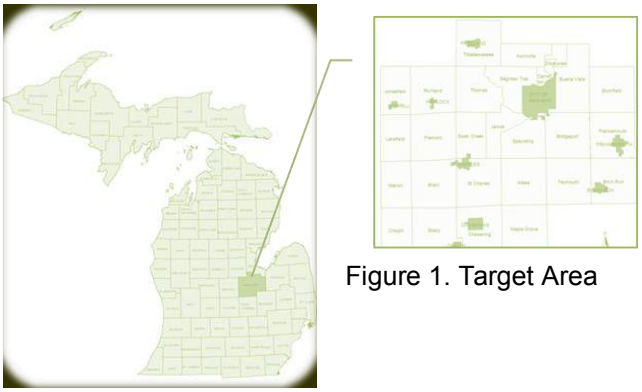


Figure 1. Target Area

According to U.S. Census 2009, the 2005-2009 population estimate for Saginaw County is 200,050 - down almost 5% from the 2000 Census population count - where 76% of the population is White, 18.3% is African American, and 7.3% is Hispanic/Latino. The area affected most by this population shift is the city of Saginaw where the 2005-2009 population is estimated to be 55,238, with a racial/ethnic make-up of 50.5% White, 42.8% African American, and 12.1% Hispanic/Latino. According to 2005-2009 data, 18.9% of individuals living in Saginaw County and 36.5% of individuals living in the City of Saginaw live below poverty level.[1]

Saginaw has long been know as one of Michigan's most dynamic industrial/manufacturing centers.[2] However, the Saginaw Community is growing optimistic as the area emerges to become Mid-Michigan's medical center, with Covenant HealthCare and St. Mary's hospital servicing 26 counties. In addition, there is a growing concerted effort in Saginaw toward health improvement which has been strengthened through the Kresge Safety-net Enhancement Initiative.

Challenges yet facing Saginaw include lose of jobs, where the County and City unemployment rates in 2009 were 12.5% and 20.8%, respectively; an aging housing stock (29.0% in County and 57.3% in City built before 1950), and idle and abandoned former industrial and manufacturing sites.[1,3] Saginaw County, specifically the City of Saginaw, has many areas where there is heavily mixed residential and industrial land-use patterns stemming from historical zoning ordinances. According to published reports, the Saginaw-Saginaw Township Metropolitan Area of Michigan is ranked as one of the most segregated areas in the U.S. [4,5]

Table 1. City of Saginaw in Comparison	City of Saginaw	Saginaw Township	Saginaw County	MI
Percent of individuals living below poverty(1)	36.5%	12.3%	18.9%	14.5%
- with related children under 5 years old (1)	48.6%	11.9%	30.6%	22.7%
Median household income (1)	$27,271	$49,858	$42,244	$48,700
Population 25 years and over with a Bachelor's degree or higher (1)	10.4%	32.3%	17.9%	24.5%
% White Population(1)	50.5%	83.2%	76%	79.7%
% African American Population(1)	42.8%	8.2%	18.3%	14.0%
% Hispanic/Latino Population (of any race)(1)	12.1%	4.8%	7.3%	4.0%
Pre-1950 Housing(1)	57.3%	5.6%	29.0%	25.3%
Pre-1940(1)	45.0%	2.9%	21.3%	16.6%
Jobless Rate Calendar Year 2009(2)	20.8%	6.7%	12.5%	13.6%

(1)U.S. Census Bureau, 2005-2009 American Community Survey. (2)2009 Jobless rates - Department of Labor & Economic Growth Bureau of Labor Market Information Unemployment Statistics

METHODOLOGY - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

The methodology used to design the Plan follows a national model called Mobilizing for Action through Planning and Partnerships (MAPP), developed by the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO). MAPP is a community-wide strategic planning tool for improving community health. This tool was selected because of its comprehensive approach to assessment, its national credibility, and because it embodies the principle of collaboration with a community-driven approach.

Organize for Success/Partnership Development
Saginaw's MAPP process was initiated in 2008, when SCDPH in partnership with the University of Michigan, School of Public Health, published the *Saginaw County Community Health Status Report 2008.* This report was based on data readily available to SCDPH and provided a snapshot of the health status of Saginaw County residents. SCDPH was subsequently awarded a Multi-State Learning Collaborative (MLC)-3 grant (funded by the Robert Wood Johnson Foundation and administered through the National Network of Public Health Institutes) as one of four departments in MI to carry out a Quality Improvement (QI) project by April 2009. Completion of the project succeeded in improving the department's existing community health assessment (MAPP) training curriculum, which has been used to educate community partners in the development of the Saginaw County Health Improvement Plan 2010-2015.

As a result of these grant activities the department developed a flowchart of the steps required to complete the MAPP process. In addition, the Executive Team and key staff were able to identify and prioritize the top three health indicators from the 2008 Health Status Report that would be the focus of internal goals and actions established in the department's strategic planning process. The top three health-related priorities identified by SCDPH are:

Priority #1 - Infant Mortality
Priority #2 - Nutrition & Lifestyle
Priority #3 - Healthcare Access

Public and private agencies designated as leaders within the community begin by organizing themselves and preparing to implement MAPP.

Organize for Success/ Partnership Development. Community-wide strategic planning requires strong organization and a high level of commitment from partners, stakeholders, and the community residents who are recruited to participate.

Visioning. A shared vision and common values provide a framework for pursuing long-range community goals. During this phase, the community answers questions such as "What would we like our community to look like in 10 years?"

~ National Association of County and City Health Officials

Visioning
Then in January 2010, the Saginaw Community received Kresge Phase I Safety-net Enhancement Initiative (SNEI) funding. The Kresge Phase I grant funding allowed SCDPH to partner with community agencies and to engage the general public to further the health improvement planning process. A coordinator was contracted to assist in coordinating efforts.

The planning team, identified as the Community Health Improvement (CHI) Key Partners, was formed and is made up of representatives from private enterprise, faith and community based, educational, as well as health and human services organizations affiliated with Alignment Saginaw, formerly the Saginaw County Human Services Collaborative Body.

METHODOLOGY - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) Continued

The Four MAPP Assessments

In February 2010, four sub-groups were formed to complete the four MAPP assessments: Community Themes and Strengths, Local Public Health System, Community Health Assessment, and Forces of Change. A list of challenges and opportunities are generated from the four MAPP Assessments.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Information was gathered through focus groups, community surveys and area agencies in an attempt to acquire broad community input regarding their health concerns. Community Themes & Strengths Assessment provides a deep understanding of the issues residents feel are important by answering the questions, *"What is important to our community?"* *"How is quality of life perceived in our community?"* and *"What assets do we have that can be used to improve community health?"* The following are themes and strengths that were noted:

Table 2. Community Themes and Strengths

Community Concerns	Strengths
• Transience - High mobility rates of families and children moving from home to home with unstable living arrangements. Difficult to contact families due to disposable phones and mobility of families. • "Poverty paralyzes" families. Many impoverished families lack transportation and ability to access services and basic needs. • Crime, drugs, and safety. Some neighborhoods are safe, while others are "controlled by drug dealers and gangs," and extremely unsafe. Trauma and family/ domestic violence prevalent. • Still a lack of awareness of available services and a lack of trust. Families aren't aware of services or are suspicious of service providers and the system which is a barrier to access. • Health Disparities, e.g., infant mortality rates (prematurity and positional asphyxiation). • Loss of population and shrinking of some communities. Losing some of our most dedicated and promising local leaders - current and future leadership. • Oral health and lack of dentists who accept Medicaid. A general perception of lack of Medicaid providers or "doctors who accept Medicaid." • Lead exposure and unsafe homes and other environmental health risks. Childhood lead poisoning, obesity, and asthma is prevalent in Saginaw. • "Food deserts" - Some communities lack accessible and affordable grocery stores causing a barrier to eating fresh fruits and vegetables.	• Neighborhood and Community-based efforts, i.e., "Green Zone" in the northeast of the city (near the 1st Ward), Houghton Jones Neighborhood Association, Greenhouse Center of HOPE in the Cathedral District, Covenant area, community gardens being built; other grassroots efforts http://www.saginaw-mi.com/community/associations.php. • Hospitals, Synergy Medical Education Alliance (research) and Health Care hub in Saginaw. • Collaborative efforts such as Alignment Saginaw, Great Start Collaborative of Saginaw County, Housing Consortium, etc. • Economic Development efforts - Solar technology (i.e., Global Watt) moving into the 1st Ward area, Dow, Hemlock Semi-Conductor, etc. • Business Education Partnership for skilled workforce/jobs. • Regional promotion efforts by the Chambers of Commerce, Saginaw Future, Inc., Great Lakes Bay Region. • Recreational assets (YMCA, parks, trails, natural areas, etc.). • Plans for shared data in and between service systems. • Michigan Health Information Alliance: http://www.mihia.org/.

METHODOLOGY - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) Continued

Table 2. Community Themes and Strengths

Community Concerns	Strengths
• Children not exercising; lack of recreational "safe places to play," and need access to high quality child care including before and after school programs. • Unemployment - Fair wage jobs are diminishing. • Literacy - Low academic achievement in some areas; special education rates are one of the highest in the state. • Race relations - racial harmony. • Self esteem/peer relations in youth. • Parenting skills and intergenerational poverty. • Rural and urban isolation and lack of "connectedness" to friends, neighbors and other supports. • Workforce development, cultural competence, and credentials for service providers to ensure quality, data collection and use of evidence-based practices. • Recruitment and retention of highly qualified and diverse staff. • Capacity of the service providers to meet demand and waiting lists for families to enroll in programs. Caseload sizes are too large. • Stigma of receiving services is a barrier. • Having providers in the home and privacy issues; fear of "the system" intruding on the family. • Eligibility restrictions of programs and complexity of eligibility requirements. • Referral systems are confusing for families. There appears to be a disconnected and uncoordinated referral system. • Still a lack of awareness of available services and a lack of trust. Families aren't aware of services or are suspicious of service providers and the system, which is a barrier to access. • At-risk families (those most in need) not participating and not required to participate. Programs are voluntary.	• HUD Neighborhood Stabilization Program (NSP); city of Saginaw revitalization plans and efforts to stabilize communities, housing, and get rid of blighted homes. Plans to develop and clean up areas in the city. • Project Saginaw PRIDE: PX2 Pacific Institute curriculum (youth development). • Substance Abuse and Mental Health Services Administration (SAMHSA), Project LAUNCH site with MDCH expanded Healthy Kids Dental: http://www.michigan.gov/documents/mdch/MSA-08-21-Healthy_Kids_Dental_Contract_Expansion_Bulletin_2033040_7.pdf. • Saginaw County Community Mental Health Authority (SCCMHA) System of Care efforts. • Family Drug Court via Judge Harrison. • Re-Imagine efforts via schools/community. • Large number of food banks and non-profit programs. • Faith-based efforts [i.e., Mission in the City, Ezekiel Project efforts, Parishioners on Patrol, Faith Based Lead Poisoning Prevention Project of Saginaw (FBLPPP), and others]. • A shift to evidence-based practices across service systems. • Partnerships with higher education are underway, i.e., Delta College and SVSU. • Standards clearly established for evidence-based programs and high quality services. Most professional development activities are aligned to these standards (core skills, knowledge and competencies). • Quality initiatives are being piloted. • Parents and consumers are playing a larger role in community decisions. Parent and consumer empowerment is helping to drive the development of local programs. Shared governance. • Saginaw as one of Michigan's Cities of Promise; active revitalization plans. • A Kresge Planning grant site. • Data-driven decision-making and accountability across sectors.

METHODOLOGY - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) Continued

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Saginaw County Department of Public Health, in partnership with the Prevention Research Center of Michigan, created and conducted an electronic survey to assess the county's local public health system. The survey focused on the local public health system defined as all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations. The survey used the Ten (10) Essential Public Health Services, developed by CDC and NACCHO, as the fundamental framework for assessing the local public health system. These essential services focus on 10 public health activities that should be provided in all communities. The goal of the assessment was to provide insight and develop strategies toward improving public health in Saginaw County.

Local Public Health System Assessment (LPHSA) is a comprehensive assessment that includes all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions, *"What are the activities, competencies, and capacities of our local public health system?"* and *"How are the* 10 Essential Public Health Services *being provided to our community?"*

~ National Association of County and City Health Officials

Table 3. Ten Essential Public Health Services	
ES 1	**Monitor health status** to identify community health problems
ES 2	Diagnose and **investigate health problems** and health **hazards** in the community
ES 3	**Inform, educate**, and **empower** people about **health issues**
ES 4	Mobilize **community partnerships** and action to **identify** and **solve health problems**
ES 5	Develop **policies and plans** that support individual and community health efforts
ES 6	**Enforce laws** and regulations that protect health and ensure safety
ES 7	**Link people** to needed personal **health services** and **assure** the provision of health care when otherwise unavailable
ES 8	**Assure** a **competent** public and personal health care **workforce**
ES 9	**Evaluate** the effectiveness, accessibility, and quality of personal and population-based health services
ES 10	**Research** for new insights and innovative solutions to health problems
National Public Health Performance Standards Program (NPHPS) developed by CDC and NACCHO (www.phppo.cdc.gov/dphs/nphpsp).	

Eighty-eight collaborative partners were identified by SCDPH and e-mailed the survey link. Twenty-nine partner group representatives responded to the survey, resulting in a 33% response rate.

Table 4. Lowest Ranked Essential Public Health Services	
ES 1	**Monitor health status** to identify community health problems
ES 9	**Evaluate** the effectiveness, accessibility, and quality of personal and population-based health services
ES 10	**Research** for new insights and innovative solutions to health problems
Table 5. Highest Ranked Essential Public Health Services	
ES 2	Diagnose and **investigate health problems** and health **hazards** in the community
ES 4	Mobilize **community partnerships** and action to **identify** and **solve health problems**
ES 6	**Enforce laws** and regulations that protect health and ensure safety

METHODOLOGY - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) Continued

Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered during the phase include, *"How healthy are our residents?"* and *"What does the health status of our community look like?"*

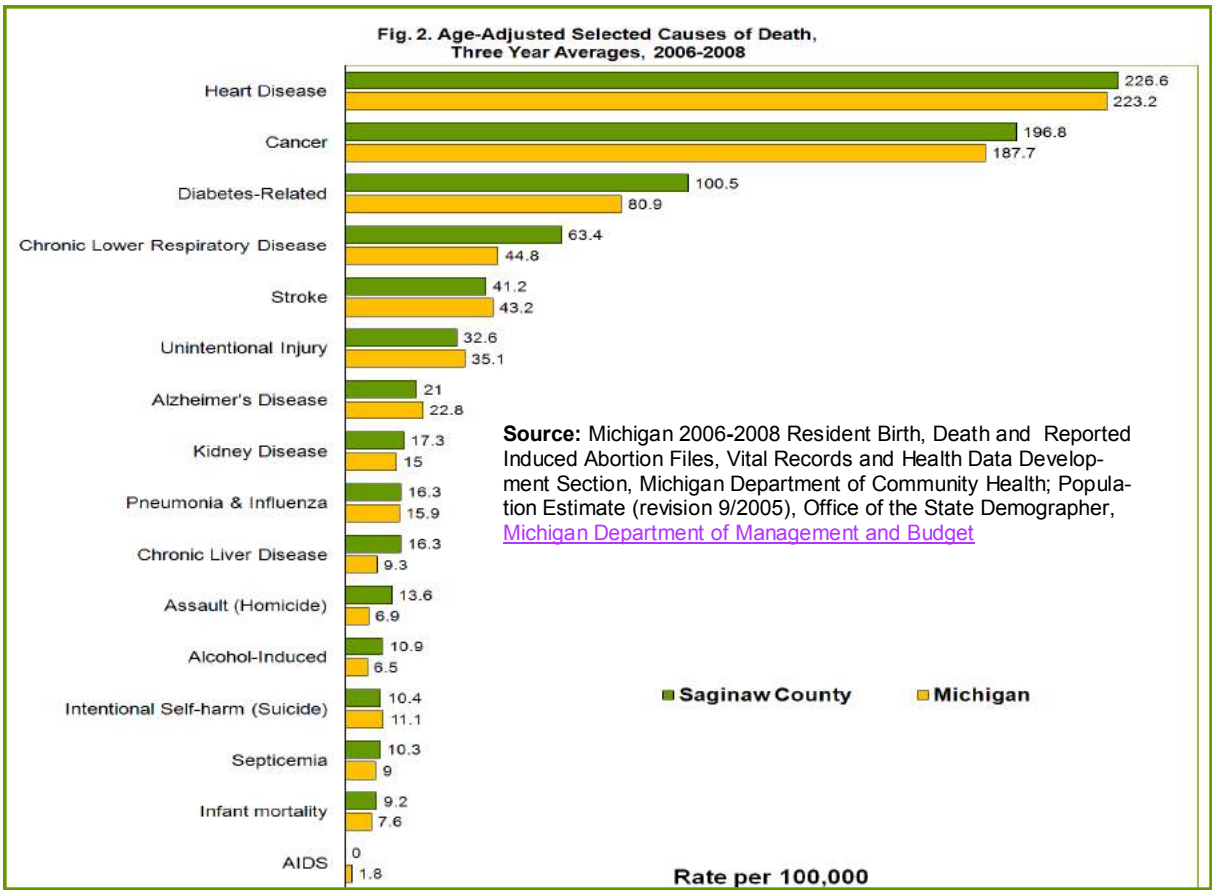
~ National Association of County and City Health Officials

COMMUNITY HEALTH STATUS ASSESSMENT

Data was collected from various sources including *The Saginaw County Community Health Status Report, 2008*; Michigan Department of Community Health (MDCH); Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute *County Health Rankings Report;* Centers for Disease Control and Prevention (CDC); U.S. Census Bureau; Michigan Behavioral Risk Factor Surveillance System (BRFSS); Saginaw Intermediate School District; St. Mary's of Michigan; Covenant HealthCare; Health Delivery Incorporated; and other county, state, and federal agencies and reports.

Health indicators were compared to data available for Saginaw County and Michigan, over consistent time periods. In addition, because of its similar demographics and geographic location, Genesee County data was compared to Saginaw County data. When available, health and risk factor data stratified by race/ethnicity (African American, White, and Hispanic/Latino) and geography (Saginaw City and Township statistics) were provided to examine variations in sub-population statistics.

As shown in Figure 2, for both Saginaw County and Michigan, the top two causes of death for the 2006-2008 three average were heart disease and cancer. Similarity was also seen in the other top causes of death in the county and the state. Across both sex and race, Saginaw County had a higher rate of mortality than Michigan. Overall for the county and state, African Americans had the highest death rate, followed closely by males, then Whites, and finally females.



Source: Michigan 2006-2008 Resident Birth, Death and Reported Induced Abortion Files, Vital Records and Health Data Development Section, Michigan Department of Community Health; Population Estimate (revision 9/2005), Office of the State Demographer, Michigan Department of Management and Budget

METHODOLOGY - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) Continued

FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment, in particular, required participants to dialogue on a broad range of issues affecting Saginaw County, including social (e.g., transportation, cultural changes, affordable housing), economic (e.g., increasing costs of health care, unemployment), environmental, political, and legal, just to name a few. Information for Forces of Change was gathered using brain storming exercises at CHI Key Partners meetings, from community organizations, and from the County Board of Health.

Forces of Change Assessment focuses on the identification of forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operates. This answers the questions, *"What is occurring or might occur that affects the health of our community or the local public health system?"* and *"What specific threats or opportunities are generated by these occurrences?"*

~ National Association of County and City Health Officials

Table 6. Forces of Change

Force	Threat	Opportunity
Shifting Funding Streams Source: National Association of Cities and States	Uncertain funding for public health activities 'Turf' mentality Sustainability decline	New funding streams or new partnerships Blended or "Braided" funding Increased focus on sustainability and funding opportunities, grants, etc.
High crime rate Source: Chief Cliff and Parishioners on Patrol (May 2010)	"Broken Window" phenomenon - everyone sees it and no one cares - makes crime more likely. Unsafe neighborhoods Fear factor Traumatized Community	"Cease Fire Program" Chicago model: Statistics show it works to have former 'criminals' address crime with active criminals at the 'street level.' Chief Cliff, Saginaw Police Dept. seeks to bring the Model to Saginaw with private sector backing.
Health Care System Reform	Federal, State, local government barriers.	Federal, State, local government impetus toward change Broaden the array of services, locations, accessibility, and proximity to services
Health status disparities (County Health Rankings – snapshot Saginaw)	Reveals poorer health than most counties in Michigan	Provides a baseline for monitoring health improvement
Changing demographics	Out-migration of city/county population. Census may fall below 50,000 in city.	
Recent successful collaboration among community leaders	Changing leadership with reduced collaboration Reduced trust	Saginaw Children's System of Care (SOC) Parishioners on Patrol, Stop The Violence Committee Kresge Health Improvement Planning Committee/Grant Planning Shared outcomes promote ownership and accountability.
Willingness of community leaders to learn	"Old School" mentality	Alignment Saginaw Saginaw SOC Kresge Health Improvement Planning Committee/Grant Planning
Economic Decline	Auto industry skills decline Shifting Technology	Green Jobs, technology
Aging Population	Increased demand on service industries.	

METHODOLOGY - MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) Continued

Identifying Strategic Issues

In July 2010, the four MAPP sub-assessment groups revealed the results of their findings to the CHI Key Partners. An NACCHO consultant assisted the group in creating a detailed plan to present this information to the public.

On August 12, 2010, a public meeting was organized by the CHI Key Partners and held at a local church. Display booths were set up and almost 100 members of the general public visited the booths, examining the graphically displayed assessment data. Steering committee members were on hand to answer questions. After viewing the data, individuals were asked questions: "What is your number 1 issue? " "Why is this your number 1 issue?" "What are some of the things we could do as a community to address this issue?" "In five years, if we solved this issue, what would you see or experience in the community?" The NACCHO consultant then facilitated a large group discussion where additional health issues were identified and goals and strategies were established. During a subsequent meeting with CHI Key Partners, this data was further examined and the top health concerns as selected by the public were listed.

Prioritized Health Indicators

After careful analysis of a diverse array of data sources and community input, the Saginaw County CHI Key Partners identified five health priorities on which to focus its interventions. The following five health issues were identified by the Saginaw Community as priorities:

Priority #1 - Infant Mortality
Priority #2 - Child Obesity
Priority #3 - Adult Obesity
Priority #4 - Mental Health
Priority #5 - Cancer

Other priority health indicators identified are: Diabetes, Cardiovascular Disease, Asthma, Sexually Transmitted Diseases (STDs), Oral Health, Substance Abuse, and Childhood Lead Poisoning.

Determinants of Health and Resonating Themes

The community identified multiple conditions/circumstances that put people at greater risk for the above mentioned health issues, determinants of health and themes, which include:

Table 7. Determinants of Health	
Access to Care	Place Matters
- Health Insurance	- Environmental Toxins
Public Safety / Security	- Clean Neighborhoods & Housing
- Crime	Health Education & Advocacy
- Incarceration	Substance Abuse
- Domestic Violence	Racial Disparity
Unemployment	Collaboration
- Poverty	Mental Health
Transportation	

HEALTH STATUS
PUBLIC HEALTH PRIORITIES ONE: INFANT MORTALITY

Table 8. Root Cause Analysis

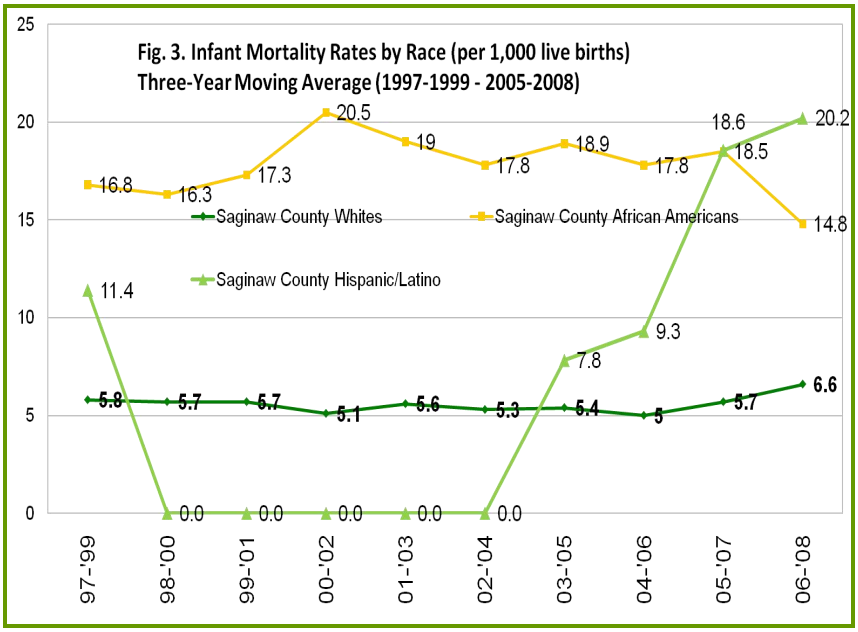
Immediate Factors	Intermediate Causes	Root Causes
Maternal Risk Factors: There are several factors that can increase the risk of an adverse pregnancy outcome and maternal complication.		
Low and Very Low Birth Weight Births **Preterm Births** **Sudden Infant Death Syndrome(SIDS)** **Birth Defects:** Respiratory distress syndrome	**Maternal age:** Adolescent/Teen Pregnancy Delayed Pregnancy	Lack of knowledge Low Self-Esteem Negative Peer Pressure Career Delayed Marriage Technology
	Chronic illness: Hypertension Cardiovascular Diseases Preexisting or Gestational Diabetes Asthma and Other Chronic Lung Conditions	Unhealthy Diet Lack of physical activity Genetics Environmental conditions (IAQ; Poor Ambient Air) Built environment (limited access to nutritional food sources; un-walkable communities; lack of adequate public transportation) Race Maternal Age (older mothers)
	Nutrition: Under-nutrition (Low Folate) Over-nutrition (Obesity)	Unhealthy Diet Lack of physical activity Genetics Built environment (limited access to nutritional food sources) Lack of knowledge
	Infection: Sexually Transmitted Infections (STD/STI) Cervical Infection Uterine Infection Symptomatic Bacterial Vaginosis	Multiple sexual partners Promiscuous behavior (viewed as norm; peer pressure; low self-esteem; forced)
	Stress: Chronic and Persistent	Poverty Racial Discrimination Housing Condition Social Isolation Un/Under employed
	Unwanted Pregnancy/Mistimed/ Unwed	Poor social network (support) Rape Promiscuous behavior (viewed as norm; peer pressure; low self-esteem; forced) Lack of knowledge Lack of birth control Relationship issues
	Smoking and Other Drug Use: Smoking Heavy Alcohol Consumption Illicit Substances	Self-medicating Stress Poor mental health status Genetics Hopelessness Peer pressure
	Prenatal care: No Prenatal Care Late Prenatal care	Lack of access to healthcare Lack of education Unwanted Pregnancy
	Race/Ethnicity/Neighborhood	Increased Exposure to Risk Factors (e.g., Inadequate Housing, Environmental Risk Factors, Unsafe Conditions, Poverty)
	Intentional	Desired early delivery Unwanted Birth Mental Illness (Emotional disorder) Substance Abuse Domestic Abuse/Violence
Infant Risk Factors: There are many factors that decrease the likelihood of infant survival.		
Low and Very Low Birth Weight Births **Preterm Births** **Sudden Infant Death Syndrome (SIDS)** **Birth Defects:** Respiratory distress syndrome	**Multiple births:** (Twins, Triplets, etc.)	Genetics Oral contraceptive
	Infant Sleep Positions	
	Race/Ethnicity/Neighborhood	Increased Exposure to Risk Factors (e.g., Inadequate Housing, Environmental Risk Factors, Unsafe Conditions, Poverty)

HEALTH STATUS
PUBLIC HEALTH PRIORITIES ONE: INFANT MORTALITY

Infant mortality is one of the most important indicators of the health of a nation and predictor of the health of the next generation. Low birth weight birth is a primary risk factor for infant mortality. As listed in Table 8, Infant mortality is associated with a variety of other factors including maternal health, quality and access to medical care, race, income, environmental risk factors, and public health practices. Research reveals that pregnant teens are more likely to have a preterm delivery and low birthweight, increasing the risk of child developmental delay, illness, and mortality.[6,7,8]

Saginaw County's infant health, like other areas in the state and country, is unevenly distributed where infants who are African American, Hispanic/Latino, and/or live in the City are more likely to die before their first birthday than White infants and those living in other parts of the County. African American, Hispanic/Latino, and City infants are also more likely to be exposed to multiple risk factors listed in Table 8.

Table 9. 2008 Child & Maternal Health	Saginaw City	Saginaw County	MI
Infant Mortality[1] (rate per 1,000 live births)	13.7	10.2	7.4
Percentage of Live Births which are Low Birth Weights[2]	11.8%	9.7%	8.5 %
African American	15.8%	15.9%	13.4%
White	7.2%	7.1%	6.5%
Hispanic/Latino	3.8%	4.2%	6.6%
Pregnancy of Woman Age 15-19[3] (rates per 1,000 teen females)	Not Available	63.8	54.1
African American	Not Available	130.4	114.2
White	Not Available	38.9	38.3
2009 Abortion Rates[4] (rate per 1,000 Saginaw County woman)	Not Available	14.6	10.9



Sources: [1]1989 - 2008 Michigan Resident Death Files and Michigan Resident Birth Files, Vital Records and Health Statistics Section, Division for Vital Records and Health Statistics, Michigan Department of Community Health. Infant Deaths: Deaths occurring to individuals less than 1 year of age. [2]1989 - 2008 Michigan Resident Birth Files. Vital Records & Health Statistics Section, Michigan Department of Community Health. Low birthweight: is less than 2500 grams. [3]Live Births, Abortions and Population Estimates obtained from the Vital Records & Health Statistics Section, Michigan Department of Community Health; Population Estimate (latest update 9/2009), National Center for Health Statistics, U.S. Census Populations With Bridged Race Categories. [4]1999 - 2009 Michigan Abortion Files, Vital Records & Health Statistics Section, Michigan Department of Community Health. Population Estimate (latest update 9/2009), National Center for Health Statistics, U.S. Census Populations With Bridged Race Categories.

As shown in Table 9, in 2008, Saginaw County's infant mortality rate (IMR) was greater than the Michigan IMR, 10.2 and 7.4 per 1,000 live births, respectively. With a 2008 infant mortality rate of 13.7 deaths per 1,000 live births, Saginaw City has one of the highest IMRs in the State falling second only to the City of Detroit. The 2006-2008 average rate for Saginaw County African Americans, Hispanic/Latino, and Whites is 14.8, 20.2, 6.6 per 1,000 live births, respectively.

HEALTH STATUS
PUBLIC HEALTH PRIORITIES TWO: CHILD OBESITY

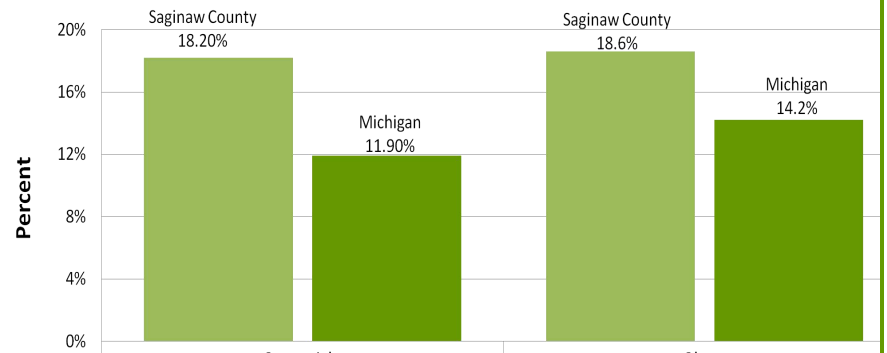
Child obesity has been well-documented as a national epidemic and it is equally significant in Saginaw County.

Why is child obesity important? Simply put, it is the gateway to an elevated variety of health issues.

Combating childhood obesity is likely the key to eliminating Adult Obesity rates, and the dangerous health implications that go along with it. It has been estimated that 43% of adults could be obese by 2018 and the health and economic consequences would be alarming.[9,10]

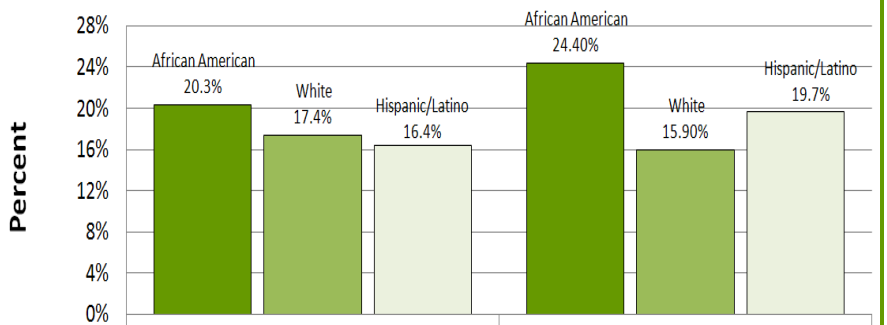
Obesity in children and teens (meaning a Body Mass Index (BMI)-for-age above the 95th percentile) can occur as a result of different combinations of reasons, including environmental and genetic factors. However, it's important to realize that weight gain, whether leading to mild or severe clinical obesity, typically occurs only when a person consumes more calories than he/she expends. A large calorie surplus is typically needed to cause obesity.

Fig. 4. Saginaw County and Michigan High School Students Reporting as Overweight and Obese 2009-2010



	Overweight	Obese
Saginaw County	18.20%	18.6%
Michigan	11.90%	14.2%

Fig. 5. Saginaw County High School Student Weight Status by Race/Ethnicity, 2009-2010



	Overweight	Obese
African American	20.3%	24.40%
White	17.4%	15.90%
Hispanic/Latino	16.4%	19.7%

Source: Michigan Department of Education and Michigan Department of Community Health, Michigan Profile for Healthy Youth, 2009-2010 Survey. [1]Represents surveyed 9th and 11th graders

Figures 4 and 5 illustrate data obtained from some Saginaw County and Michigan 9th and 11th graders and compiled in the Michigan Profile for Healthy Youth 2009-2010 report. The report notes that Saginaw high school students report higher rates of being overweight (18.2% Saginaw County vs. 11.9% Michigan). This report also noted a disparity between African American and White Michigan youth. African American, 24.4%, and Hispanic/Latino youth, 19.7%, had a higher obesity rate than their White counterparts who had a 15.9% obesity rate.

HEALTH STATUS
PUBLIC HEALTH PRIORITIES THREE: ADULT OBESITY

Obesity is more than a cosmetic problem; it is a health hazard. Approximately 280,000 adult deaths in the United States each year are related to obesity. Several serious medical conditions have been linked to obesity, including type 2 diabetes, heart disease, high blood pressure, and stroke. Obesity is also linked to higher rates of certain types of cancer. Obese men are more likely than non-obese men to die from cancer of the colon, rectum, or prostate. Obese women are more likely than non-obese women to die from cancer of the gallbladder, breast, uterus, cervix, or ovaries.[9,10]

Table 10. Obesity Indicators (2006-2008)	Saginaw County	Genesee County	MI
- WEIGHT STATUS			
Obese[1]	36.80%	34.50%	29.2%
Overweight[2]	32.3%	31.1%	35.7%
- NUTRITION & PHYSICAL ACTIVITY LIFESTYLE			
Inadequate Fruit and Vegetable Consumption[3]	82%	83.3%	78.5%
No Leisure-Time Physical Activity[4]	30.50%	29.1%	23.1%
Inadequate Physical Activity[5]	59.80%	48%	49.4%

Sources: 2006 - 2008 Michigan BRFS Regional & Local Health Department Estimates

[1]The proportion of respondents whose BMI was greater than or equal to 30.0.

[2]The proportion of respondents whose BMI was greater than or equal to 25.0, but less than 30.0.

[3]The proportion whose total reported consumption of fruits (including juice) and vegetables was less than five times per day.

[4] The proportion who reported not participating in any leisure-time physical activities or exercises such as running, calisthenics, golf, gardening, or walking during the past month.

[5]The proportion who reported that they do not usually do moderate physical activities for a total of at least 30 minutes on five or more days per week or vigorous physical activities for a total of at least 20 minutes on three or more days per week while not at work.

To most people, the term "obesity" means to be very overweight. Health professionals define "overweight" as an excess amount of body weight that includes muscle, bone, fat, and water. "Obesity" specifically refers to an excess amount of body fat.

Most health care providers agree that men with more than 25 percent body fat and women with more than 30 percent body fat are obese. Some people, such as bodybuilders or other athletes with a lot of muscle, can be overweight without being obese.

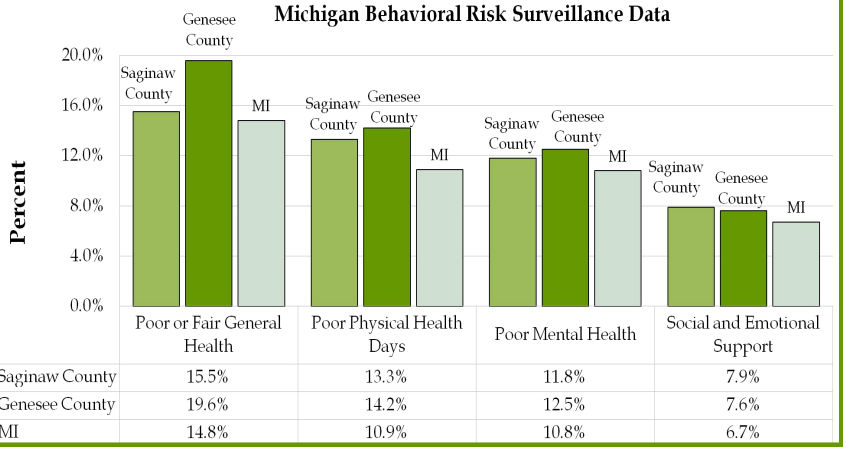
In recent years, BMI has become the medical standard used to measure overweight and obesity. BMI uses a mathematical formula based on a person's height and weight. BMI equals weight in kilograms divided by height in meters squared (BMI = kg/m2). The BMI table that follows has already calculated this information.

The percentage of Saginaw County residents eating an inadequate amount of fruits and vegetables (82%) is greater than that of Michigan residents (78.5%). Saginaw County percentages for no leisure time activity (30.5%) are higher than that of Michigan (23.1%). Consequently, nearly 40% (36.8) of all people in Saginaw County are considered obese, higher than the state's 29.2%. That means just under half of all the county's residents are at risk for serious health conditions such as diabetes, hypertension and heart disease according to the Centers for Disease Control and Prevention. See table 10 above.

HEALTH STATUS
PUBLIC HEALTH PRIORITIES FOUR: MENTAL HEALTH

As described in a 1999 Surgeon General Report, Mental Health is fundamental to overall productivity. It is the basis for successful contributions to family, community, and society. Throughout one's lifespan, mental health is a wellspring of thinking and communication skills, learning, resilience, and self-esteem. Mental health problems and illnesses are real and disabling conditions that are experienced by one in five Americans. It is noted that the prevalence of poor mental health days has the potential to echo throughout a community by influencing the health and safety of citizens. Left untreated, mental illnesses can result in disability and despair for families, schools, communities, and the workplace.[12]

Fig. 6. Saginaw County Social and Mental Health
Michigan Behavioral Risk Surveillance Data



	Poor or Fair General Health	Poor Physical Health Days	Poor Mental Health	Social and Emotional Support
Saginaw County	15.5%	13.3%	11.8%	7.9%
Genesee County	19.6%	14.2%	12.5%	7.6%
MI	14.8%	10.9%	10.8%	6.7%

Source: 2006 - 2008 Michigan BRFS Regional & Local Health Department Estimates

Data collected for the 2006 - 2008 Michigan Behavioral Risk Factor Surveillance (BRFS) Regional & Local Health Department Estimates, reveals that the percentage of Saginaw County adults reporting with poor mental health days, 11.8%, is greater than the state's rate, 10.8%. The estimate is based on responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Data collected over the past 7 years, for the number of days Saginaw County's adult respondents report that their mental health was not good, is averaged.

Social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to participate in healthy lifestyles. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. According to 2006 - 2008 BRFS estimates, Saginaw County has a greater rate of adults without social and emotional support than the state, 7.9% and 6.7% respectively. The measure is based on responses to the question: "How often do you get the social and emotional support you need?" The table above captures the percent of the adult sample population that responded that they "never," "rarely," or "sometimes" get the support they need.

It is also known that high levels of violent crime compromise psychological well-being as well as physical safety. As displayed in Table 11, Saginaw County homicide rates are above the state's. However, Saginaw County's suicide rate for 2007, 9.4 per 100,000 population, is below the state's rate, 11.1%.

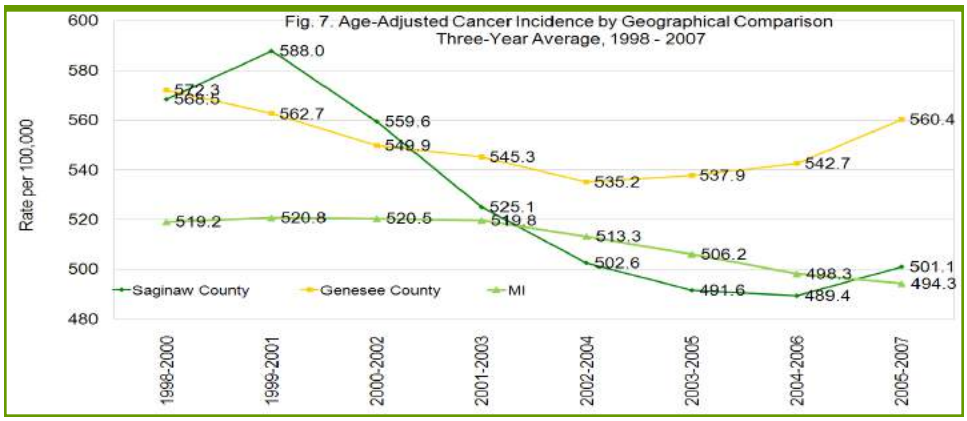
Table 11. Other Social and Mental Health Indicators

INDICATOR	Saginaw County	Genesee County	MI
Homicides, 2007	11.9	8.7	7.0
Suicides, 2007	9.4	12.7	11.1

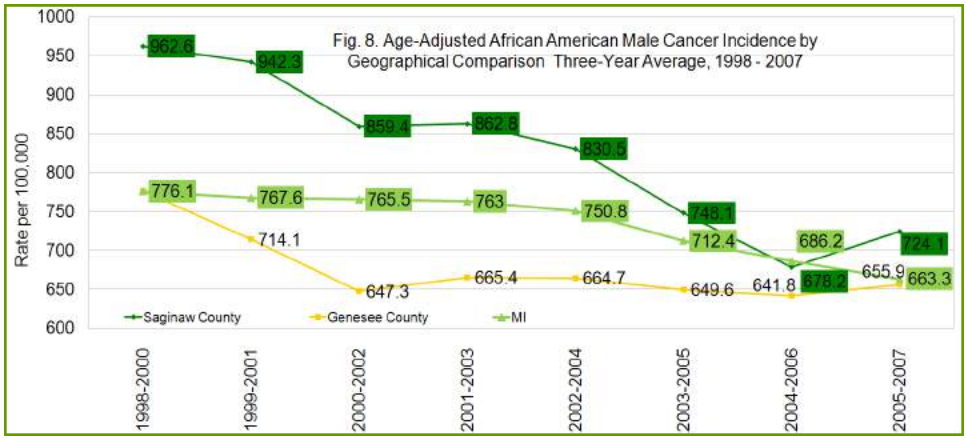
Source: Michigan Resident Death Files, Data Development Section, Michigan Department of Community Health. Rates are per 100,000 population for all ages.

HEALTH STATUS
PUBLIC HEALTH PRIORITIES FIVE: CANCER

The National Cancer Institute defines Cancer as the uncontrolled growth and spread of abnormal cells anywhere in the body, and it serves as an umbrella term for at least 100 different but related diseases. According to the National Cancer Institute, most cancers are related to a combination of factors including heredity, family or personal health history, reproductive patterns and life-style factors such as smoking, diet, exercise, sunlight exposure, and alcohol consumption. Cancer risk is also associated with exposure to environmental toxins. Each type of cancer has certain known and/or suspected risk factors associated with it.[13]



As shown in Figure 7, the 2005-2007 three year average age-adjusted cancer incidence for Saginaw County was greater than that of the state's rate, 501.1 and 494.3 per 100,000 population, respectively.



Most remarkable cancer rates are those for Saginaw County male residents, particularly African American male residents. Shown in Figure 8 and Table 12, Saginaw County African American males have a cancer incidence of 724.1 per 100,000 and have the highest incidence rate for all sites listed, except colorectal cancer and breast cancer. African American males also have the highest cancer death rates, 358.6 per 100,000 population in comparison to the overall County rate of 178.8 per 100,000 population. According to MDCH data, cancer is the leading cause of death for Saginaw County African American male residents.

Table 12. Saginaw County Cancer Incidence by Cancer Site, Race, and Sex, 2005-2007 Three-Year Averages, Age-Adjusted Incidence Rates

Site of Cancer	All Races			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total Cancer Incidence	501.1	606.0	430.2	481.0	569.3	423.0	562.8	724.1	452.8
Breast Cancer	59.1	*	107.2	55.9	*	102.2	70.8	*	122.0
Colorectal Cancer	49.9	61.5	41.2	48.7	59.4	40.4	47.7	57.8	41.8
Lung Cancer	77.2	91.4	68.0	71.3	82.5	64.8	107.4	144.6	82.5
Prostate Cancer	74.1	167.5	-	63.6	142.0	-	100.9	239.7	-

Cells in Yellow Show Saginaw County Sub-Populations with Highest Incidence.

Source: Michigan Resident Cancer Incidence File. Updated with cases processed through December 30, 2009. Vital Records & Health Statistics Section, Michigan Department of Community Health. *: A rate is not calculated when there are fewer than 20 events, because the width of the confidence interval would negate any usefulness for comparative purposes. A dash (-) indicates quantity zero.

HEALTH STATUS
PUBLIC HEALTH PRIORITIES: OTHER

Cardiovascular Disease and Diabetes: For both Saginaw County and Michigan, the leading cause of death in 2008 was heart disease.

Childhood Lead Poisoning and Asthma: Lead poisoning and asthma have shared aspects. Risk factors for both include low income, living in the inner city, minority, or young age. The disease process has other common risk factors like house dust and airborne particles.[14]

As shown in Table 13a, in 2009, 22.4% of children under 6 years old were tested for blood lead in Saginaw County and .8% had an ebll; 34% of City of Saginaw children under 6 were tested and 1.6% had an ebll; 20.5% of Michigan children were tested with .9% having ebIls. Saginaw County's hospitalization rates due to asthma are higher than those of the entire state of MI with the City's rates being much greater than the entire County's rate.

Substance Abuse: Binge drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, chronic liver disease, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. A strong link has also been demonstrated between excessive drinking and alcohol impaired driving. Table 13b shows that Saginaw County's Binge Drinking rate is and Fatal Crash Rate is higher than the entire state's rate.

Sexually Transmitted Infections (STI): STIs are associated with a significantly increased risk of cervical cancer, infertility, premature death, and other morbidities. Chlamydia is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Saginaw County is one of ten Counties with Leading Chlamydia Cases in 2008.

HIV/AIDS: As shown in Table 13d., Saginaw County's total HIV/AIDS rates are lower than the State's. In 2008, there were 167 Saginaw County residents reported to be living with HIV or AIDS. African Americans comprise 56% of all HIV/AIDS cases yet make up only 18% of the County's population.

Table 13a. Other Priority Health Indicators

HEALTH INDICATOR	SAGINAW CITY	SAGINAW TOWNSHIP	SAGINAW COUNTY	GENESEE COUNTY	MI
- 2008 Cardiovascular Disease and Diabetes (Rates per 100,000 population)					
Death Due to Heart Disease [1]	276.1	196.7	219.8	243.9	220.5
Death Due to Diabetes Mellitus[1]	42.6	(a)	26.2	36.4	25.3
- 2009 Childhood Blood Lead levels (BLL)					
% Children = 5 years old Tested for BLLs [2]	33.5%	18% (b)	22.4%	17.9%	20.5%
% of Children with Elevated BLL (BLL=10 µg/dL) [2]	1.6%	0%	.8%	.5%	.9%
- Asthma Hospitalization Rates (Rates per 10,000 population for age group)					
Asthma children<18 [3]	51.5 (c)	Not Available	24.5 (d)	15.2 (d)	18.0 (d)
Hospitalization, All Ages [3]	41.3	Not Available	22.7	18.1	16.4

Sources: [1]1989 - 2008 Michigan Resident Death Files and Michigan Resident Birth Files, Vital Records and Health Statistics Section, Division for Vital Records and Health Statistics, Michigan Department of Community Health.
[2]Michigan Department of Community Health: 2009 Annual Report on Blood Lead Levels in Michigan Children < 6 years old.
[3]Wasilevich E. Epidemiology of Asthma In the East-Central Michigan Counties of Bay, Midland, and Saginaw: Bureau of Epidemiology Michigan Department of Community Health, 2005.

Notes: (a)A rate is not calculated when there are fewer than 6 events, because the width of the confidence interval would negate any usefulness for comparative purposes.
(b)Population of children under 6 years old based on 2000 Census population
(c)Rates are Average Annual Rate for 2000-2002 and are age adjusted to the 2000 US standard population by the direct standardization method. (d)Average Annual Rate for 2003-2007.

Table 13b. Other Priority Health Indicators

- Substance Abuse	Saginaw County	MI
Current Smoker[1(a)]	20.50%	21%
Former Smoker[1(b)]	27.3%	25.4 %
Never Smoked[1]	52.2%	53.6%
Heavy Drinker[1(c)]	5.2%	5.6%
Binge Drinker[1(d)]	18.80%	17.90%
Alcohol-Related Crash Rate per 100,000 [2(e)]	102.90	110.18
Drug-Related Crash Rate per 100,000 [2(e)]	17.77	14.50
Alcohol-Related Fatal Crash Rate per 100,000 [2(e)]	4.38	2.96
Drug-Related Fatal Crash Rate per 100,000 [2(e)]	2.08	1.29

Source: [1]2006 - 2008 Michigan BRFS Regional & Local Health Department Estimates.
[2]Michigan State Police, Criminal Justice Information Center Crash Statistics, Crashes by County 2007 and 2008.

Notes: (a)The proportion who reported that they had ever smoked at least 100 cigarettes (five packs) in their life and that they smoke cigarettes now, either every day or on some days. (b) The proportion who reported that they had ever smoked at least 100 cigarettes (five packs) in their life, but they do not smoke cigarettes now. (c) The proportion who reported consuming on average more than two alcoholic beverages per day for men or more than one alcoholic beverage per day for women. (d)The proportion who reported consuming five or more drinks per occasion at least once in the previous month. (e)Rate per 100,000 population

Table 13c. Other Priority Health Indicators

- 2009 Sexually Transmitted Illness (STI)	SAGINAW COUNTY	MI
Chlamydia Cases	540	479
Gonorrhea Cases	122	154

Sources: Michigan Department of Community Health, Michigan Disease Surveillance System, 2006-2009 Disease Reports. Rates Per 100,000 Population.

Table 13d. Other Priority Health Indicators

	Saginaw County						MI
		Sex		Race		Ethnicity	
	Total	Male	Female	White	Black	Hispanic/ Latino	Total
HIV/AIDS Rates, 2008 (Rate per 100,000)	83	126.2	42.0	43.3	253.4	†	138

Source: [1]Michigan Department of Community Health, HIV/AIDS County Level Quarterly Analyses, Saginaw County January 2009
[1]In this report, persons described as White, African American (AA), Asian/Pacific Islander (PI), or American Indian/Alaska Native (AN) are all non-Hispanic, persons described as Hispanic might be of any race. Rates are per population for the specified age and sex group in the geographic area. †Rates *rates for less than10HIV/AIDS*

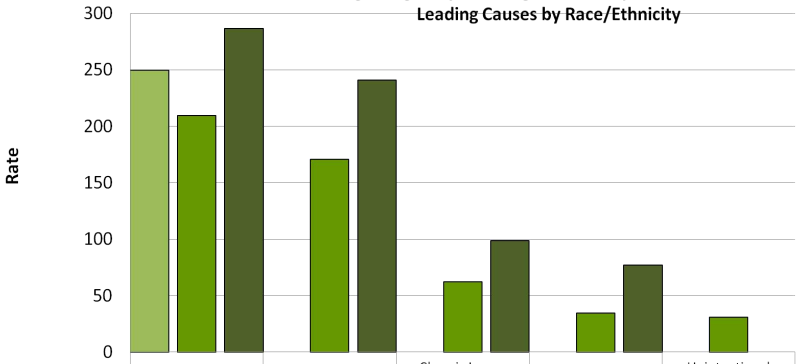
PUBLIC HEALTH PRIORITIES
~ DETERMINANTS OF HEALTH~

Racial Disparity:
Health, socio-economic, and environmental disparities experienced by minority residents influence the persistence of Saginaw's health burdens.[15]

Access to Care:
Inadequate health insurance coverage is a significant barrier to accessing needed health care. Having access to care requires not only having financial coverage but also access to providers.

Saginaw County has five hospitals providing services which include emergency, laboratory, children's health, cancer care, and cardiology services. However, the east side of the City of Saginaw received a geographic designation as a health professional shortage area (HPSA) in primary medical care by the Health Resources and Services Administration (HRSA). Shown in Table 14, the percentage of Saginaw County residents reporting as having no health care coverage and having no health care provider is lower than MI's.

Fig. 9. Age-Adjusted Saginaw County Death Rates for Leading Causes by Race/Ethnicity



	Heart Disease	Cancer	Chronic Lower Respiratory Disease	Stroke	Unintentional Injuries
Hispanic/ Latino	249.90	0.00	0.00	0.00	0
White	209.50	170.60	62.30	34.40	31
African American	286.60	240.80	98.70	77.10	0.00

Source: Michigan 2008 Resident Death File. Vital Records & Health Statistics Section, Michigan Department of Community Health. (†) indicates that data do not meet standards of reliability or precision. Age-adjusted death rates are based on age-specific death rates per 100,000 population in specified group.

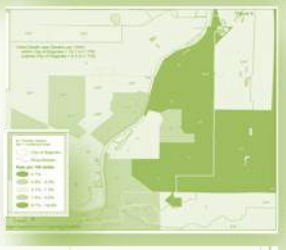
Table 14. Health Care Coverage

INDICATOR (2006-2008)	Saginaw County	Genesee County	MI
No Health Care Coverage[1]	13.60%	13.20%	14.20%
No Personal Health Care Provider[2]	12.10%	12.40%	13.30%
No Health Care Access During Past 12 Months Due to Cost[3]	12%	13.60%	12%

Source: 2006 - 2008 Michigan BRFS Regional & Local Health Department Estimates
Definitions: [1] Among those aged 18-64 years, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare. [2]The proportion who reported that they did not have anyone that they thought of as their personal doctor or health care provider. [3]The proportion who reported that in the past 12 months there was a time when they needed to see a doctor but could not due to the cost.

Place Matters:
Research suggests that limited resources of poorer communities; lower environmental quality; the unavailability/inaccessibility to health services; and infrastructure deprivation (lack of parks, stores selling healthy foods at affordable prices, etc) experienced over many years, leads to the eroded health and accumulated stress of minority and low income residents. This is especially true for those living in segregated neighborhoods. [15,16,17]

Segregation limits residents' access to full-service grocery stores; safe, walkable streets; and a healthy environment. Communities of color—African American and Hispanic/Latino residents —suffer disproportionately from certain health problems—diabetes, high blood pressure, obesity, and asthma. [15,16]



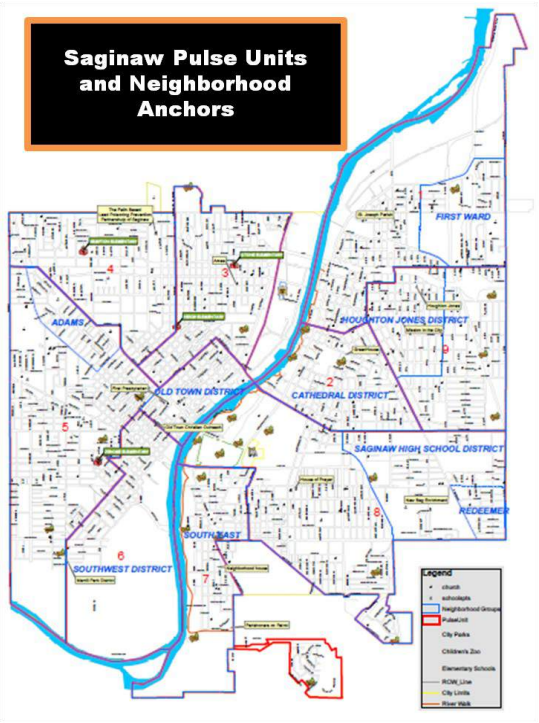
Many businesses and factories that can potentially release toxic chemicals are much more frequently located in communities of color, which means less healthy housing and neighborhoods with more air and soil contamination. The negative consequences of such pollution include decreased lung function, chronic bronchitis, asthma, lead poisoning, and other adverse pulmonary effects. [18,19]

Many of Saginaw's communities of color and low-income communities are overwhelmed with harmful attributes that compromise individual and community health. Areas in Saginaw County, particularly Saginaw City, are noted as "food deserts" or areas of relative exclusion where people experience physical and economic barriers to accessing healthy food. Currently, the Michigan Department Environment Quality (MDEQ) does not maintain a PM2.5 or Ozone monitoring site in Saginaw County. Based on limited monitoring, it is gathered that Saginaw County's unhealthy quality days due to Ozone and fine particulate matter are below MI's.

COMMUNITY PROBLEM SOLVING & SELF-DETERMINATION PROPOSED IMPLEMENTATION PLAN

Saginaw Pulse

Parents United in Life Skills Education



Saginaw County faces multiple challenges which influence the persistence of health burdens in our county. It is recognized that in order to successfully address our health burdens and the associated risk factors, it will take the collective visioning and mobilizing of resources from multiple stakeholders. Moreover, it will involve ensuring that residents who are most likely to be impacted by such health burdens and risk factors are at the forefront of our health improvement efforts. Thus, the Saginaw P.U.L.S.E. is being proposed.

Saginaw P.U.L.S.E (Parents United in Life Skills Education)

The concept involves: 1) engaging and strengthening a given neighborhood's unique human resources; and 2) the belief that community self-determination is the most effective means of achieving desired outcomes. Ordinary citizens from impacted populations/communities will become partners of existing agencies who deliver services which improve health outcomes. These individuals will supplement their skills and experiences with tools necessary to accomplish shared objectives in their own neighborhood. Neighborhood associations and faith/community based organizations will be instrumental in assuring service delivery using this grassroots-up approach.

P.U.L.S.E. Units are defined as all participating families, neighborhood associations, schools, faith-based institutions, community organizations, and Neighborhood Anchors within the defined boundaries. Although it is highly recommended that participants of P.U.L.S.E. activities are affiliated with or live within the defined P.U.L.S.E. boundary, participants are only required to meet activity target group guidelines.

Neighborhood Anchors are designated faith-based or community-based organizations which currently provide health and/or family and youth initiative services. Neighborhood Anchors will increase participation in health care activities through:

a. Training and hiring parent advocates.

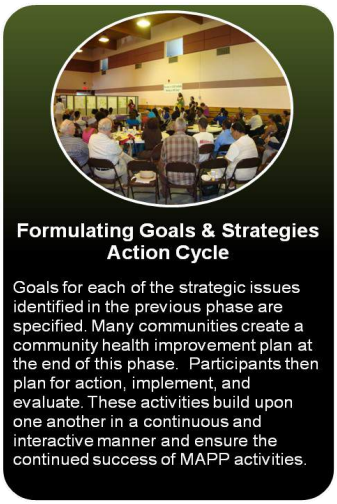
b. Ensuring enrichment activities are specific to the neighborhood needs and meet guidelines set. by the steering committee.

c. Offering incentives for volunteers of such activities.

d. Promoting activities in neighborhoods.

COMMUNITY PROBLEM SOLVING & SELF-DETERMINATION

The ultimate goal of our health improvement implementation plan is to improve Saginaw County residents' health through reducing gaps in morbidity and mortality rates.



Formulating Goals & Strategies Action Cycle

Goals for each of the strategic issues identified in the previous phase are specified. Many communities create a community health improvement plan at the end of this phase. Participants then plan for action, implement, and evaluate. These activities build upon one another in a continuous and interactive manner and ensure the continued success of MAPP activities.

***Our aim is to**:* adequately strengthen families and empower neighborhoods to address risk factors which result in adverse health outcomes in their neighborhoods.

Our specific objectives are to:

1. Increase service capacity in the community.
2. Reduce disparities in access to and utilization of health care.
3. Improve consumer voice.
4. Improve local health care system.

Target Area/Populations:

- City of Saginaw
- African American Saginaw County Residents
- Hispanic/Latino Saginaw County Residents

Table 15. Overarching Strategies and Expected Outcomes

Intervention Strategy	Expected Outcomes
• Enlist services of Coordinator • P.U.L.S.E. Units created • Neighborhood Anchors designated in various City of Saginaw neighbors. • Parent Advocates receive certificates as parent coaches. • Low-income moms, dads, grandparents, etc. living in city neighborhoods hired as parent advocates/coaches • Neighborhood empowerment sessions • Monthly advisory board meetings • Quarterly steering committee meetings to better coordinate implementation of health improvement plan	• Increased service capacity in the community • Reduced disparities in access to and utilization of health care. • Improved consumer voice. • Improved local health care system. • Community involvement in decision making • Employment and training opportunities created • Neighborhood connectedness • Safer neighborhoods • Sustainable partnerships and funding • Increased availability of data • Informed policy makers/community leaders • Determinants of health addressed simultaneously with health

Coordinated Implementation of Health Improvement Plan

Alignment Saginaw, a planning and decision making body to coordinate human services in Saginaw County, was established in 2009 to act as a sounding board to learn about, connect and promote the success of other "collaborations" with an eye on innovation, efficiency, reduction of duplication and pertinent outcome measures and community indicators.

Alignment Saginaw will be responsible for convening a Steering Committee, the Community Health Improvement Steering Committee, to ensure that issues are addressed using a holistic approach. The Community Health Improvement Steering Committee will expound upon the Charter set by the Kresge Safety-net Enhancement Initiative Phase I Steering Committee. The Steering Committee will work with local champions and existing programs/coalitions to address specific health priorities and will ultimately be responsible for the overall success of the health improvement plan.

HEALTH INDICATOR - PRIORITY #1 INFANT MORTALITY

Goal: Reduce the number of infants who die before their 1st birthday.		
Target:	6.0 infant deaths per 1,000 live births	
Baseline:	Saginaw County - 10.2 Infant Deaths/Live Births	City of Saginaw - 13.7 Infant Deaths/Live Births
Baseline Data Source:	[1]1989 - 2008 Michigan Resident Death Files and Michigan Resident Birth Files, Vital Records and Health Statistics Section, Division for Vital Records and Health Statistics, Michigan Department of Community Health.	
Champion: Saginaw County Fetal Infant Mortality Review Counsel Community Action Team (FIMR CAT). See Pages 25-26 for additional reproductive health programs and resources.		
Mission:	To describe significant social, economic, cultural, safety, health and systems factors that contribute to mortality, To design and implement community-based action plans founded on the information obtained from the reviews.	
Root Causes:	See Page 15 for Risk Factors and Root Causes.	

Intervention Strategies	Expected Outcomes
Life Course Planning Activities for youth and young Adults 12-24 ~ Personal Goal Setting (Vision Board) ~ Social Etiquette Training (Boys & Girls) ~ Baby Think It Over ~ 16-24 year olds matriculate through Job Skills Development Training Health and Substance Abuse Education for middle and high school students Educational House Parties (STD information) for at-risk 18-24 year olds One-On-One Parent Coaching - Hard-to-Reach/At-risk moms ~ Home Visits ~ Mobile-to-Mobile Education ~ Transportation assistance/accompanying to medical appointments and childbirth/parenting education ~ Baby Showers ~ Peer Mentoring 48 hours Postpartum ~ Home Organization Assistance Pregnant woman, partners, grandparents and other members of mothers support system Matriculate through Parent University Referrals for appropriate assistance	• Increased number of youth with a sense of control over their future- Diminished sense of hopelessness. • Increased positive health behaviors • Increased fact based information disseminated • Increased positive health behaviors • Increased service capacity in community • Reduced Stress-improved mental health status • Increased social support network • Desire to carry baby full term • Increased early prenatal care • Increased knowledge of healthy homes techniques (reducing environmental exposures) • Increased integration of prenatal, perinatal, primary care, and mental health services

COMMUNITY PROBLEM SOLVING & SELF-DETERMINATION PROPOSED IMPLEMENTATION PLAN

Project management will include: (a) The Community Health Improvement Steering Committee (b) a Community Advisory Council (CAC); (c) a Program Coordinator (PC); and (d) SCDPH Community Health Improvement Director. The PC will oversee day-to-day coordination of all activities. This person will be responsible for mobilization of P.U.L.S.E. units through working with Neighborhood Anchors, faith -based organizations, and neighborhood groups. The Project Coordinator will assist with the selection of participating parents to serve as parent advocates.

A CAC will include the Project Coordinator, frontline staff from partnering organizations, program advocates, and community leaders. The CAC will provide input to the Steering Committee with regards to gathering information, program implementation, and community outreach. A meeting of the CAC will be convened monthly so that they can be updated and to enable them to provide input and guidance to the Steering Committee on action plans including project implementation, and project evaluation.

Multiple agencies currently providing child maternal health services in Saginaw County, *support agencies*, will be instrumental in the success of this program. The PC will work in close collaboration with support agency contact persons from the following agencies:

Fourteen Parents United in Life Skills Education (P.U.L.S.E.) Units will be comprised of parents, grandparents, schools, faith-based and community based organizations, in Saginaw. Each unit will also consist of a neighborhood anchor, a faith-based or community-based organization which currently provides health and/or family and youth initiative services. Ten P.U.L.S.E. units are based on neighborhood group boundaries. There will be 3 parent advocates employed by each neighborhood anchor.

Alignment Saginaw, a planning and decision making body to coordinate human services in Saginaw County, was established to act as a sounding board to learn about, connect and promote the success of other "collaborations" with an eye on innovation, efficiency, reduction of duplication and pertinent outcome measures and community indicators. The Steering Committee will serve under the auspices of Alignment Saginaw.

St. Mary's of Michigan Greenhouse Center of HOPE (Health, Opportunity, Pharmacy Assistance and Education) will serve as a P.U.L.S.E. Unit training site for members of other P.U.L.S.E. units; conduct "shadowing" sessions for hired parent advocates to work with navigators to train them on how to assist the patients in accessing the network of social service programs available to them. **St. Mary's of Michigan Seton Cove Spirituality Center** will be used as an incentive for neighborhood groups to get 'de-stressed' while being trained.

Saginaw County Department of Public Health (SCDPH):

Great Beginnings Healthy Start's program goal is to eliminate the racial disparities seen in infant deaths in Saginaw County. Healthy Start will case manage with P.U.L.S.E. Advocates and participants of Parent University to ensure pregnant women receive assistance with pregnancy testing, health care access, childbirth education, parenting, nutrition, and other health issues.

The Early On Program allows nurses to conduct home visits and complete developmental assessment of children. From this assessment, a family service plan is developed which includes coordination of medical care and referral to appropriate resources. Early On provides assistance/referral in the following areas for children based on their needs: Physical therapy; Occupational therapy/assistive technology; Speech therapy; Hearing testing/audiological services; Vision testing/vision services; Psychological/ counseling services; Social work services; Nutrition counseling; Parenting education; Medical services for evaluation and diagnosis; Nursing services; Transportation to medical appointments.

COMMUNITY PROBLEM SOLVING & SELF-DETERMINATION PROPOSED IMPLEMENTATION PLAN

ACTIVATE Saginaw, a coalition of health organizations whose mission is to create a healthy and active Saginaw, will attend Steering Committee meetings to ensure that a two-year Community Action Plan is implemented which guides and strengthens efforts aimed at creating systematic and policy change that increases physical activity and creates opportunities to improve individual and family nutrition, health and well-being.

Saginaw CAN Council Baby Think It Over Program (BTIO) is an infant simulator program to give young people a small sample of what it might be like to take care of an infant over the weekend to increase their intent to avoid pregnancy in adolescence and stress the prevention of preventable deaths due to Shaken Baby Syndrome/Abusive Head Trauma and unsafe sleep practices. Staff, student interns, and volunteers facilitate four, one-hour presentations to participants that take place at Neighborhood Anchors.

The Saginaw Intermediate School District (SISD) Great Start Collaborative is a network of more than 30 community partners driven by research which shows that education begins at birth and that investing in children leads to economic growth and community development. In conjunction with the CAN Council, SISD will facilitate Great Start University. The program will provide parents and caregivers with information about their vital role in shaping children's lives. Sessions focus on child development and effective parenting skills. The classes are presented by local experts and parents living in neighborhoods (advocates). This program will serve as a "gateway" program into the Great Start system (or Cradle to Career Pipeline). The program will provide parent incentives, transportation, food and child care costs.

Saginaw County Community Mental Health Authority (SCCMHA) System of Care effort was started in 2007 with the support of a Michigan Department of Community Mental Health block grant. The System of Care is guided by the collaborative leadership of SCCMHA, Department of Human Services, Family Division of Saginaw 10th Circuit Court, Saginaw Schools, Law enforcement, and Michigan State University consultants. The System of Care initiative has both a Parent Advisory Board and a Youth Advisory Board.

SCCMHA Project LAUNCH is a new federally-funded program to promote wellness for all children in Saginaw County, focusing on children from before birth through age 8. Through Project LAUNCH, a mental health consultant is currently working in the Partners in Pediatrics office to assist with mental health needs of children.

Covenant HealthCare comprises three in-patient campuses. Covenant HealthCare-Harrison is the regional labor and delivery hospital, with 64 labor and delivery beds and 55 Neonatal Intensive Care Units (NICU). Covenant HealthCare-Harrison has 4 neonatologists on staff. Through Covenant, at-risk pregnant woman and new moms will be referred to P.U.L.S.E.

Synergy Medical Education Alliance (SMEA) is a federally funded obstetrical clinic located in the heart of the city of Saginaw. Synergy Medical Education Alliance provides the home for obstetrical residents from around the world obtaining their advanced medical education from Michigan State University. SMEA has a total of 7 attending obstetricians/gynecologists and 2 Midwives on staff and 13 residents in their program. SMEA sees 100-135 patients per month at their main location. Through SMEA, at-risk pregnant woman and new moms will be referred to P.U.L.S.E.

Health Delivery, Incorporated (HDI) consists of 8 federally qualified health centers (FQHC) in Saginaw County. The Janes Street Academic Community Health Center/OB Services provides obstetrical services to patients in the County and can serve 450 patients annually. The focus of HDI activities is to reach populations that are medically underserved.

HEALTH INDICATOR - PRIORITY #2 CHILD OBESITY

Goal: Reduce the number of children and adolescents who are obese.	
Target: 6-19 year olds	14.6% Obese children ages 6 -19 years old.
Baseline	18.6% Obese 9th and 11th graders.
Baseline data source:	2010 Michigan Profile for Healthy Youth (MiPHY) completed by 9th and 11th grade students in Saginaw County (Obese Children-at or above the 95th percentile for Body Mass Index (BMI) by age and sex). BMI = [Weight (lbs) ÷ Height (in^2)] x 703
Champion: *Activate Saginaw*, a coalition of health organizations whose mission is to create a healthy and active Saginaw, will attend Steering Committee meetings to ensure that a two-year Community Action Plan is implemented. The plan will guide and strengthen efforts aimed at creating systematic and policy change that increases physical activity and creates opportunities to improve individual and family nutrition, health and well-being.	

Vision: To have a positive effect on the quality of life for all in Saginaw by creating systematic and policy change that increases physical activity and creates opportunities to improve individual and family nutrition, health and well-being.

Mission: The *Activate Saginaw* team of Saginaw will work across communities, sectors and professions to implement policy and environmental changes that reduce diseases that lead to premature death, climbing health care costs and inequitable rates of disease in low income and minority populations.

Risk Factors	Intervention Strategies	Expected Outcomes
Unhealthy diet Physical inactivity Lack of education Low income Minority group member Family behavior Food deserts Psychological Genetics Body image	• Review Schools' Wellness Policies and conduct a survey of superintendents to determine adherence to adopted policies. • Meet with school district superintendents to seek commitment and buy-in toward goal of "Enhancing Student Wellness Policies in Schools". • Enhance coordinated School Health Teams by providing health summits/ speakers. • Work with School Nutrition groups to establish a Farms to Schools Program. • Encourage schools to **not** use food as a reward. • Host a food service director focus group to determine specific, achievable goals for school food service programs. • Push nutrition education to students' homes. • Initiate recreation programs at school sites (not mandated but resource supported). • Determine gaps in following the nutrition/U.S. Department of Agriculture (USDA) standards. • Apply for grants for projects that increase children's physical activity and create opportunities to improve child and family nutrition.	• Increased proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at school contributes to good overall dietary quality. • Increase the proportion of children and adolescents who participate in daily school physical education. • Increased proportion of children who consume adequate servings of fruits, vegetables, and grain products. • Increased proportion of children who consume: recommended daily doses of calcium, iron, sodium; and less calories from total and saturated fats.

HEALTH INDICATOR - PRIORITY #3 ADULT OBESITY

Goal: Reduce the proportion of adults who are obese.	
Target:	30.6% Obese Adults
Baseline	36.8% Obese Adults
Data source:	2006 - 2008 Michigan BRFS Regional & Local Health Department Estimates. *Obesity* - BMI greater than 30.

Champion: *Activate Saginaw*, a coalition of health organizations whose mission is to create a healthy and active Saginaw, will attend Steering Committee meetings to ensure that a two-year Community Action Plan is implemented. The plan will guide and strengthen efforts aimed at creating systematic and policy change that increases physical activity and creates opportunities to improve individual and family nutrition, health and well-being.

Vision: To have a positive effect on the quality of life for all in Saginaw by creating systematic and policy change that increases physical activity and creates opportunities to improve individual and family nutrition, health and well-being.

Mission: The Activate Saginaw team of Saginaw will work across communities, sectors and professions to implement policy and environmental changes that reduce diseases that lead to premature death, climbing health care costs and inequitable rates of disease in low income and minority populations.

Risk Factors	Intervention Strategies	Expected Outcomes
Unhealthy diet Physical inactivity Lack of education Low income Minority group member Family behavior Food deserts Psychological Genetics Body image	• Broaden education on Maternal Breastfeeding through partnerships. • Draft a policy/ordinance for vendors so that fresh food carts are permitted in certain areas. • Propose a change to require “healthy options” at Parks and Recreation concession stands and vending machines. • Change/adjust zoning ordinances to permit small green houses on vacant and occupied lots to encourage gardening. • Partner with environmental and planning and development agencies as well as school officials to improve access to fresh food. • Provide discounts on healthy alternatives in vending machines. • Encourage/support Farm to Convenience Store/to School/to Hospital programs. • Pursue adoption of Complete Streets by Saginaw County Board of Commissioners and Saginaw County RoadCommission. • Change/adjust zoning ordinances and policies to encourage sidewalks; pedestrian accommodation, etc. • Conduct sidewalk audits for neighborhoods, groups, and organizations. • Health Promotion: Provide education which illustrates the economic benefit of addressing adult obesity. • Promote activities which involve neighbors walking to nearby destinations like church, schools, parks. • Promote neighborhood groups with strong connectivity (i.e, routinely interact with each other; interact with community police; and practice crime prevention through environmental design).	• Increased access to healthy food choices and participation in physical activity. • Increased focus on prevention of chronic diseases associated with diet and weight. • Increased proportion of adults who are at a healthy weight.

HEALTH INDICATOR - PRIORITY #4 MENTAL HEALTH

Goal: Improve mental health and ensure access to appropriate, quality mental health services.

Local Champions/Existing Programs

· Saginaw County Community Mental Health Authority

· Early Head Start/Head Start

· Birth-to-Five

· Cathedral District Mental Health

· DOT Caring Centers, Inc.

· Child and Family Service

· Saginaw County Department of Public Health Treatment and Prevention Service (TAPS)

· Community Prescription Support Program (CRxSP)

Risk Factors	Intervention Strategies	Expected Outcomes
Poverty Aging Lack of insurance Cost of treatment/ medications Lack of treatment resources Lack of culturally competent care Lack of understanding that treatment is available and works Stress Genetics Hindered access to care/ transportation Place matters (See Page 21) Domestic violence Substance abuse Social attitudes **Barriers:** · Transportation · Stigma · Language · Cultural · Funding · Economic	• Increase awareness of mental health referral services. • Promote depression and anxiety screening by medical providers • Encourage referral to appropriate mental health services. • Incorporate mental health promotion, including media messages, into chronic disease prevention efforts. • Advocate for expanded mental health care programs. • Increase the pool of child and adolescent psychiatrists by advocating for reimbursement. • Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders. • Strengthen the linkage and referral system between mental health providers and other service organizations. • Increase the proportion of mental health care providers who are culturally and linguistically competent.	• Reduced proportion of the adult population reporting their mental health was not good more than 7 days in the past month. • Increase days able to do usual activities during past 30 days due to good mental health from 27 to 28. • Better integrated services, better care management. • Broadened access to care. • Increased access to behavioral health, providers treatment, and medications. • Reduced days of hospitalizations due to mental illness. • Increased awareness of mental health disorders. • Reduced stigma of mental illness in the community. • Reduced suicide rates.

HEALTH INDICATOR - PRIORITY #5 CANCER

Goal: Reduce the overall cancer death rate.

Target:	160.6 deaths per 100,000 population	
Baseline	Saginaw County - 178.8 deaths per 100,000 population	City of Saginaw - 227.1 deaths per 100,000 population
Baseline Data Source:	2008 Michigan Resident Death File, Vital Records & Health Statistics Section, Michigan Department of Community Health; Population Estimate (latest update 9/2009), National Center for Health Statistics, U.S. Census Populations With Bridged Race Categories	

Champions/Existing Programs

· American Cancer Society	· American Cancer Society Resource Center
· Saginaw County Department of Public Health	· Covenant Cancer Navigators
· Covenant Dieticians	· St. Mary's of Michigan
· Personal Action Toward Health (PATH)	· Primary Home Health Care
· Covenant Cancer Oncology Program	· Hospice Care

Risk Factors	Intervention Strategies	Expected Outcomes
Age Tobacco Exposure to Sunlight Viruses & Bacteria Family History Genetics Lifestyle Alcohol Poor diet Lack of Physical Activity Certain hormones Obesity Ionizing Radiation Asbestos Poverty Place matters Environment (exposure to toxic substances) **Barriers:** Program accessibility	• Increase quit smoking campaigns • Increase awareness about sun exposure • Diet and Exercise • Promotion of self breast exams • Promote coordination of medical services • Increased environmental monitors in Saginaw target areas	• Reduced rates of late stage detection of cancer. • Increased proportion of adults who were counseled about cancer screening consistent with current guidelines. • Increased proportion of adults who receive a cancer screening based on the most recent guidelines. • Reduced exposure to risk factors associated with cancer. • Increased smoke free zones. • Increased awareness about smoking and second hand smoke. • Increased tobacco free zones. • Access and utilization to screening programs. • Decreased underage smoking.

PUBLIC HEALTH PRIORITIES
~ OTHER HEALTH PRIORITIES ~

Health Priority	Goal	Risk Factors	Local Champions/ Existing Programs
Diabetes	Reduce death rate due to diabetes	• Family history; • Weight; • Inactivity; • Age; • Gestational Diabetes; • Polycystic Ovary Syndrome	• Covenant HealthCare Diabetes Self-Management Program • St. Mary's of Michigan • Personal Action Toward Health (PATH) • Great Lakes Bay Region Chronic Disease Coalition • Juvenile Research Diabetes Foundation International • Community Prescription Support Program (CRxSP)
Cardiovascular Disease	Reduce deaths due to Cardiovascular Disease	• Location/Environment; • Smoking; • Inactivity; • Poor Nutrition; • Age; • Hypertension; • Obesity; • Diabetes; • Stress	• Michigan Cardiovascular Institute (MCVI) • Saginaw County Parks and Recreation • Covenant HealthCare • St. Mary's of Michigan • Great Lakes Bay Region Chronic Disease Coalition • American Heart Association PATH • Community Prescription Support Program (CRxSP)
Asthma	Reduce asthma hospitalizations, All Ages Reduce asthma hospitalizations, children < 18 years old	• Genetics; • Asthma Triggers; • Allergies; • Obesity; • Smoking/Second hand; • Low birth weight; • Exposure to toxins	• SCDPH - Saginaw Healthy Homes • Tri-County Asthma Coalition (TAC) • Covenant HealthCare Pulmonary Rehab • St. Mary's of Michigan • Great Lakes Bay Region Chronic Disease Coalition • PATH • Community Prescription Support Program (CRxSP)
Lead Poisoning	Reduce the mean blood lead levels in children aged 1 to 5 years	• Children under 6 years old; • Children living in older homes; • Children living below poverty level; • Pregnant women	• SCDPH-Environment Health Services • SCDPH-Personal and Preventive Health Services • Faith Based Lead Poisoning Prevention Project • Ezekiel Project • Saginaw City Department of Development
Dental Health	Reduce disparities in access to effective preventive and dental treatment services.	• Bacteria; • Age; • Tobacco/smoking; • Alcohol/drugs; • Disease	• Health Delivery, Inc. (HDI) - Wadsworth Clinic • SCDPH-Dental • Delta College Dental Hygiene Program • Michigan Dental Association
Sexually Transmitted Infection	Reduce proportion of adolescents/ young adults with Chlamydia trachomatis infections Reduce HIV/AIDS in Saginaw County, particularly among African American s	• Sexual Activity; • Early Sexual Activity; • High risk sexual activity; Multiple sex partners; • Alcohol/recreational drugs; Youth; • Gender (female); Race • Meeting people online/ in public places for sex	• SCDPH - Personal and Preventive Services • HDI Hearth Home
Substance Abuse	Increase the proportion of adolescents never using substances	• Family history; • Gender (male); • Psychological problem(s); Peer pressure; • Anxiety; Depression; • Loneliness; • Lack of family involvement;	• SCDPH-Substance Abuse Treatment and Prevention Services (TAPS) • Saginaw County Community Mental Health Authority (SCCMHA) • Prevention and Youth Services/Drug Education Center (PAYS/DEC) • Family Drug Treatment Court

A. ACRONYMS

BMI	Body Mass Index
BRFS	Behavioral Risk Factor Survey
BRFSS	Behavioral Risk Factor Surveillance System
CARRS	Center for Applied Research and Rural Studies
CDC	Centers for Disease Control and Prevention
DLEG	Department of Labor and Economic Growth
ECIC	Early Childhood Investment Corporation
EPA	Environmental Protection Agency
FQHC	Federally Qualified Health Center
HRSA	Health Resources and Services Administration
IMSC	Interagency Migrant Services Committee
LMI	Labor Market Information
MAPP	Mobilizing for Action through Planning and Partnerships
MCIR	Michigan Care Improvement Registry
MDCH	Michigan Department of Community Health
MDEQ	Michigan Department of Environmental Quality
MPCA	Michigan Primary Care Association
MSA	Metropolitan Statistical Area
NACCHO	National Association of County and City Health Officials
OSHA	Occupational Safety and Health Administration
QOL	Quality of Life
PSA	Prostate Specific Antigen
PTA	Parent Teacher Association
SCDPH	Saginaw County Department of Public Health
STD	Sexually Transmitted Disease
TEQ	Toxic Equivalency
UM SPH	University of Michigan School of Public Health
USDOL	U.S. Department of Labor
YPLL	Years of Potential Life Lost

B. DEFINITIONS (INCLUDING RATES AND RATIO DEFINITIONS)

AMBULATORY CARE SENSITIVE HOSPITALIZATIONS - Hospitalizations for conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or condition.

BIRTHWEIGHT - Weight of fetus or infant at time of delivery.

HOSPITALIZATIONS - Inpatient hospital stays as measured by stays that were completed during the specified year. The number of hospitalizations is often greater than the number of persons hospitalized since some persons are hospitalized more than once during a year.

INFANT DEATH - Deaths occurring to individuals less than 1 year of age.

INFANT MORTALITY RATE - Number of resident infant deaths divided by total resident live births x 1,000.

LEADING CAUSES OF DEATH - Deaths are grouped into 72 categories dependent upon the underlying cause of death. Ranks are assigned by organizing these categories according to the number of deaths in each category from most frequent to least.

LIVE BIRTH - A live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

LOW BIRTHWEIGHT - Births in 1984 or later wherein the birthweight is less than 2,500 grams (approximately 5 lbs., 8 oz.) or births before 1984 wherein the birthweight is 2,500 grams or less.

LOW BIRTHWEIGHT RATIO - Number of resident low birthweight live births divided by total resident live births x 1,000.

RACE - Race for mother, father, or decedent is as stated on certificate. Race of child is determined from the race of the parents.
“White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish."

"Black or African American (AA). A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as African American, Afro American, Kenyan, Nigerian, or Haitian."

ETHNICITY - The Federal government of the United States has mandated that "in data collection and presentation, federal agencies are required to use a minimum of two ethnicities: "Hispanic or Latino" and "Not Hispanic or Latino."" The Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race." For discussion of the meaning and scope of the Hispanic or Latino ethnicity, see the Hispanic and Latino Americans and Racial and ethnic demographics of the United States articles.

RESIDENCE - Usual place of residence for the person to whom the event occurred. For births and fetal deaths, residence is defined as the mother's usual place of residence.

C. DATA SOURCES

A description of each data source used in the report is included below in alphabetic order.

Healthy People
- 2020 Objectives

Michigan Behavioral Risk Factor Survey
- 2006 - 2008 Combined

Michigan Department of Community Health
- Division of Genomics, Perinatal Health, and Chronic Disease Epidemiology
  - Asthma Hospitalization Rates for Saginaw County
- HIV/STD & Other Bloodborne Infections Surveillance Section
  - January 2009 Quarterly HIV/AIDS Analysis for Saginaw County
- Vital Records and Health Data Development Section
  - 1989-2008 Michigan Resident Death Files and Michigan Resident Birth Files
  - 2008 Michigan Resident Infant Death File
  - 1989-2009 Live Birth, Abortions, and Estimated Miscarriages
  - 1985-2007 Michigan Resident Cancer Incidence File
- Michigan Disease Surveillance System
  - 2006-2009 Disease Reports

Michigan Department of Education (Collaborates with MDCH)
- Michigan Profile for Healthy Youth
  - 2007-2008 Survey
  - 2008-2009 Survey

Michigan Department of Environmental Quality
- Air Quality Division
  - 2009 Annual Air Quality Report

Michigan Department of Labor and Economic Growth
- 2009 Labor Market Information

Michigan Department of Community Health Childhood Lead Poisoning Prevention Program
- 2009 Annual Report on Blood Lead Levels in Michigan

Saginaw County Department of Public Health
- Saginaw County Community Health Status Report 2008

United States Census Bureau
- 2005-2009 Population Estimates
- 2000 Census

Note: 2006 - 2008 Michigan Behavioral Risk Factor Surveillance System (BRFSS) Regional & Local Health Department Estimates are from data collected on preventive health practices and risk behaviors of individuals 18 years and older for infectious and chronic diseases in addition to injuries. A state-based, random sample of telephone land lines are surveyed monthly. The sample is designed to be representative of the state, not necessarily of the county, and various factors bias the results (i.e., not all households have phones), problems exist in estimating county-level prevalence of most risk factors. This is true of Saginaw County BRFSS data and any conclusions that are made should take this into account. Several potential biasing factors include a lack of sampling from low income individuals due to the inability to pay for a telephone line or underrepresenting the young adult population which has a higher prevalence of cell phones in place of telephone land lines.

D. REFERENCES

1. U.S. Census Bureau. 2005-2009 American Community Survey. 20095-2009
2. Saginaw County Chamber of Commerce. Home Page. 2003. http://www.saginawchamber.org/.
3. Unemployment Statistics. 2009. http://www.milmi.org/cgi/dataanalysis/AreaSelection.asp?tableName=Labforce. Accessed January 28, 2011.
4. John Iceland LS, Gregory Sharp, Kris Marsh *Racial and Ethnic Residential Segregation in the United States: Comparisons Across Racial and Ethnic Groups, 1970-2009*: Penn State University Matthew Hall, University of Illinois-Chicago, University of Maryland; 2010.
5. William H. Frey DM. Michigan Segregation: Dissimilarity Indices.
6. Department of Health and Human Services (HHS). *Healthy People 2010: Understanding and Improving Health. 2nd ed.* Washington, DC 2000.
7. McCormick M. The contribution of low birth weight to infant mortality and childhood morbidity. *N Engl J Med.* 1985; 10(312(2)):82-90.
8. Ashdown-Lambert J. A review of low birth weight: predictors, precursors and morbidity outcomes. *J R Soc Promot Health.* 2005;125(2):76-83.
9. Hoyert DL. Medical and life-style risk factors affecting fetal mortality 1989-90. *Vital and Health Statistics 20 Data National Vital Statistics System.* 1996;31:1-32.
10. World Health Organization (WHO). *Obesity: Preventing and Managing the Global Epidemic.* Geneva, Switzerland: WHO; 1998.
11. Wolf AM and Colditz GA. Current estimates of the economic cost of obesity in the United States. *Obesity Research.* 1998; 6(2):97-106.
12. Health and Human Services (HHS). *Mental Health: A Report of the Surgeon General-Executive Summary.* Rockville, MD: HHS, SAMHSA, CMHS, NIH, NIMH; 1999.
13. Institute NC. Understanding Cancer. December 12, 2009; http://www.cancer.gov/, 2011.
14. Pugh Smith P, Nriagu,J.O. Lead poisoning and asthma among low-income and African American children in Saginaw, Michigan. *Environ.Res.* 2010;10(1016).
15. Payne-Sturges D., Gee G. C. National environmental health measures for minority and low-income populations: tracking social disparities in environmental health. *Environ Res* 2006;102 (2):154-171.
16. Judith Bell and Victor Rubin. *Why Place Matters: Building a Movement for Healthy Communities*: Policy Link.
17. Pickett K. E., Pearl M. Multilevel analyses of neighbourhood socioeconomic context and health outcomes: a critical review. *J Epidemiol Community Health* 2001;55(2):111-122.
18. Evans G. W. P., Marcynyszyn L. A. Environmental Justice, Cumulative Environmental Risk, and Health Among Low-and Middle-Income Children in Upstate New York. *American Journal of Public Health.* 2004;94(11):1942-1944.
19. O'Neill M. S., Jerrett M. Health, wealth, and air pollution: advancing theory and methods. *Environ Health Perspect.* 2003;111(16):1861-1870.

E. TEAM CHARTER

Team Charter

Team Identity (Name)

How this team will be known: ***Community Health Improvement (CHI) Key Partners Team***

Team Mission (Purpose)

The planning Team is chartered to champion our community through the community health improvement planning process by

~ facilitating the community health improvement planning process for our community.

~ encouraging investment in the community health improvement planning process by stakeholders.

~ communicating progress regarding the community health improvement planning process.

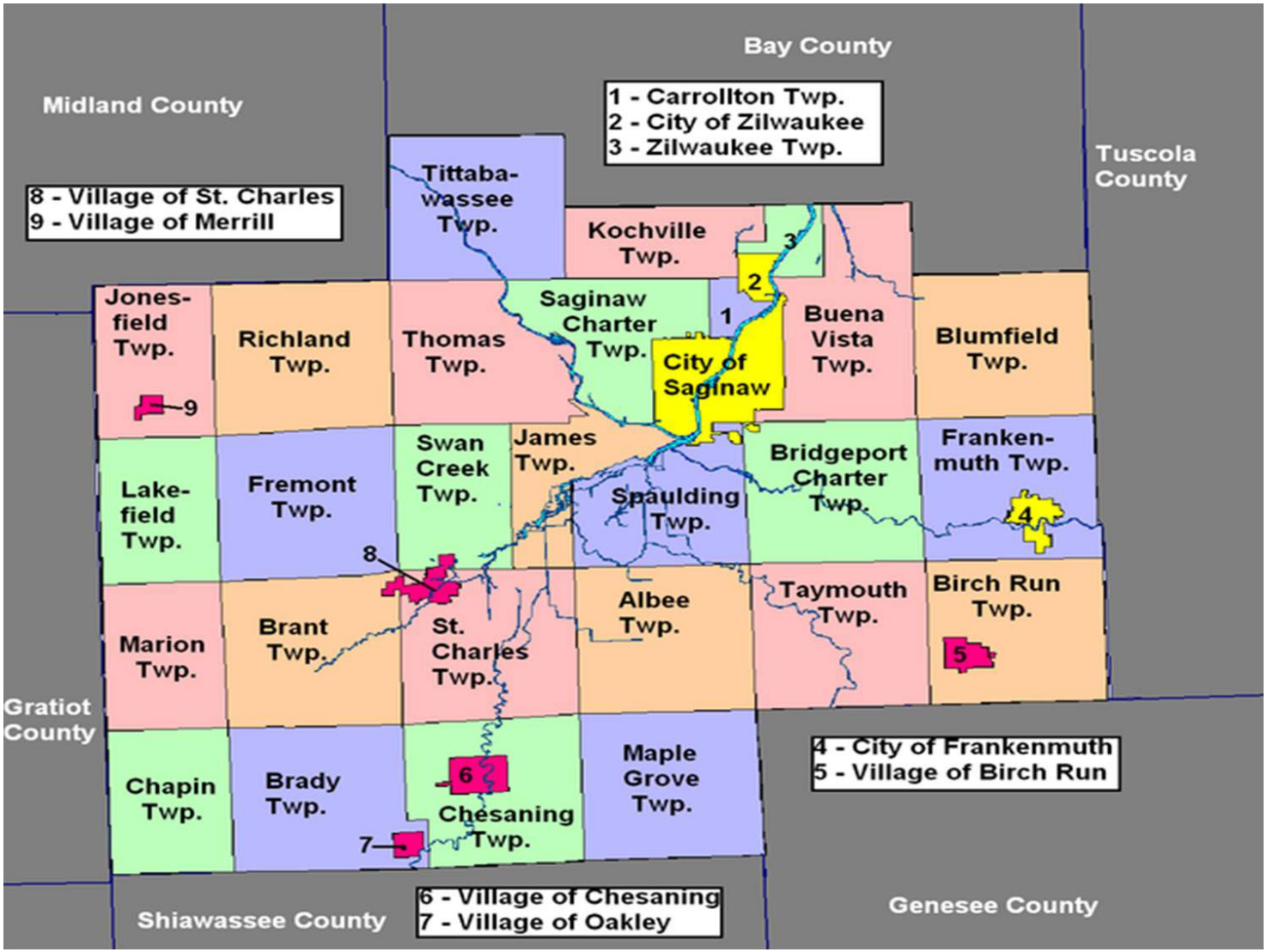
~ ensuring the community health improvement planning process is followed to completion.

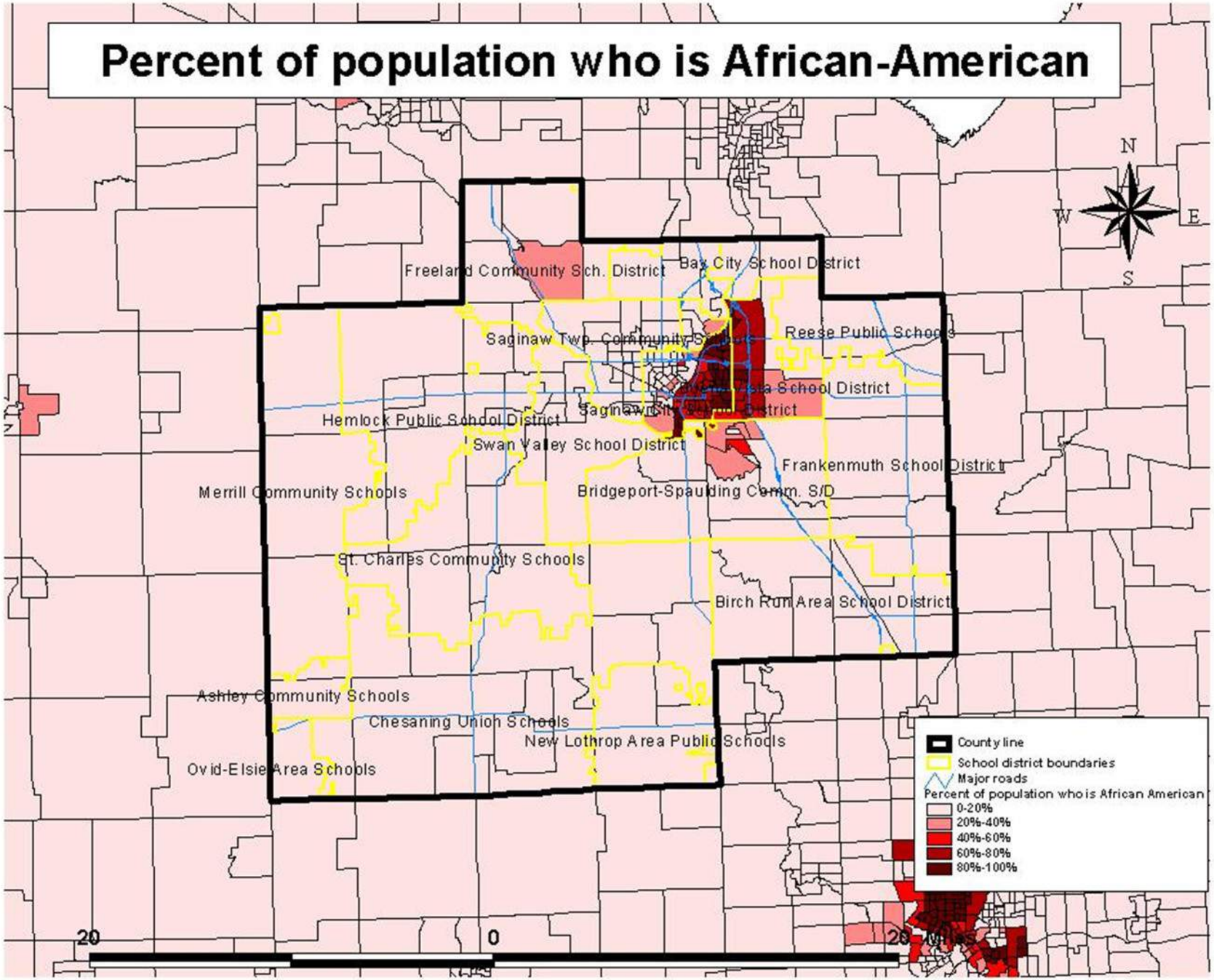
~ evaluating and improving the community health improvement planning process.

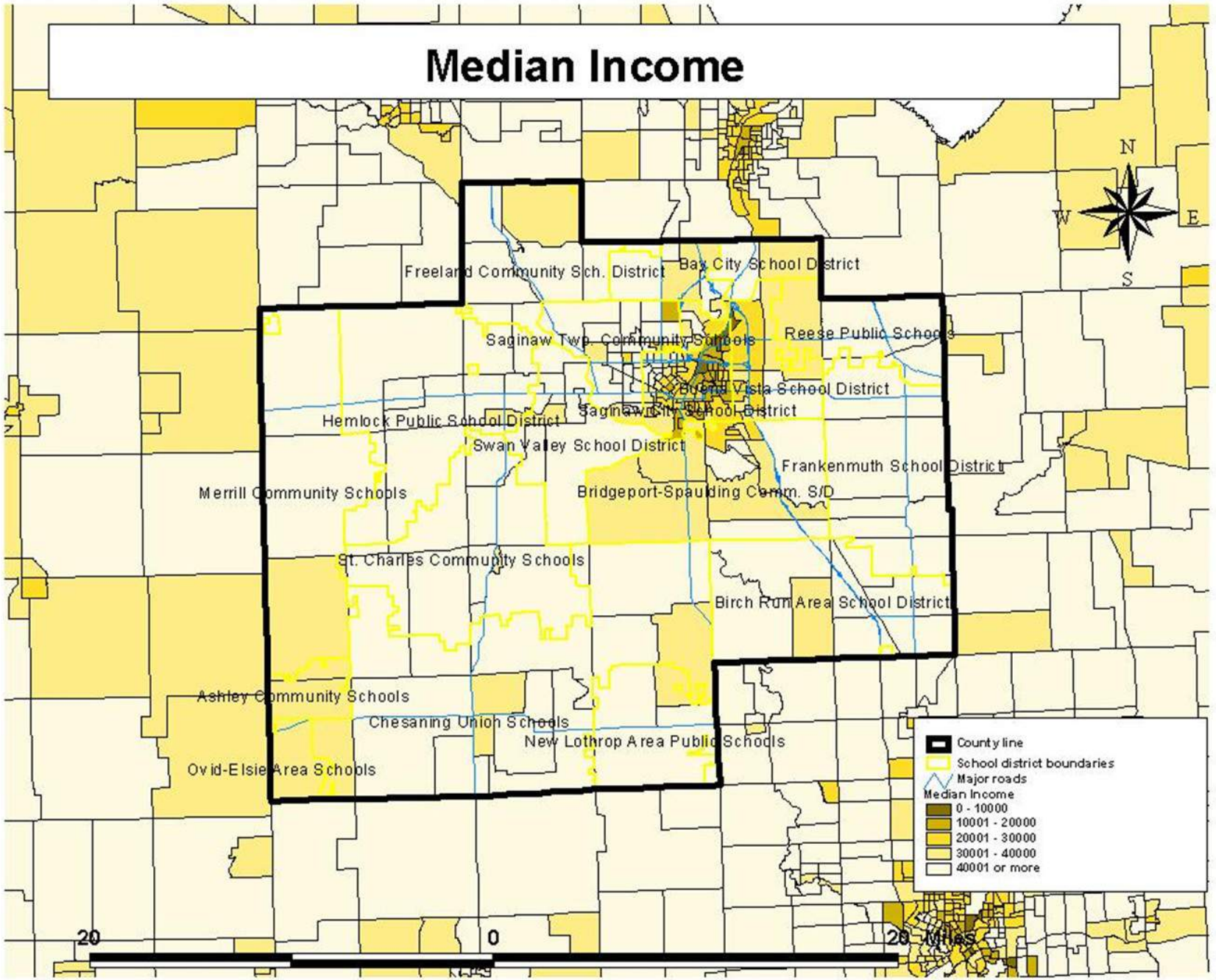
Team Vision (Desired Outcomes)

- We will improve/explain MAPP "lingo" for novices.
- We will complete the "organize for success" and visioning phases by 3/1/2010.
- We will complete the 4 MAPP assessments by 9/15/2010.
- We will develop the Community Health Improvement Plan by 9/15/2010.
- We will identify key people in each organization with cross knowledge of resources.
- We will better inform public and agencies of the public health delivery process in order for grassroots organizations to be better community navigators for their constituents.
- We will provide a safety net (with key partners each holding a piece of the net) for people in the community.
- We will generate awareness of services available to families.
- We will partner with people to be co-producers of their health.
- We will leverage resources to reduce redundancy and promote accuracy.
- We will initiate public policy to address determinants of health.
- We will create a culture of systems thinking.

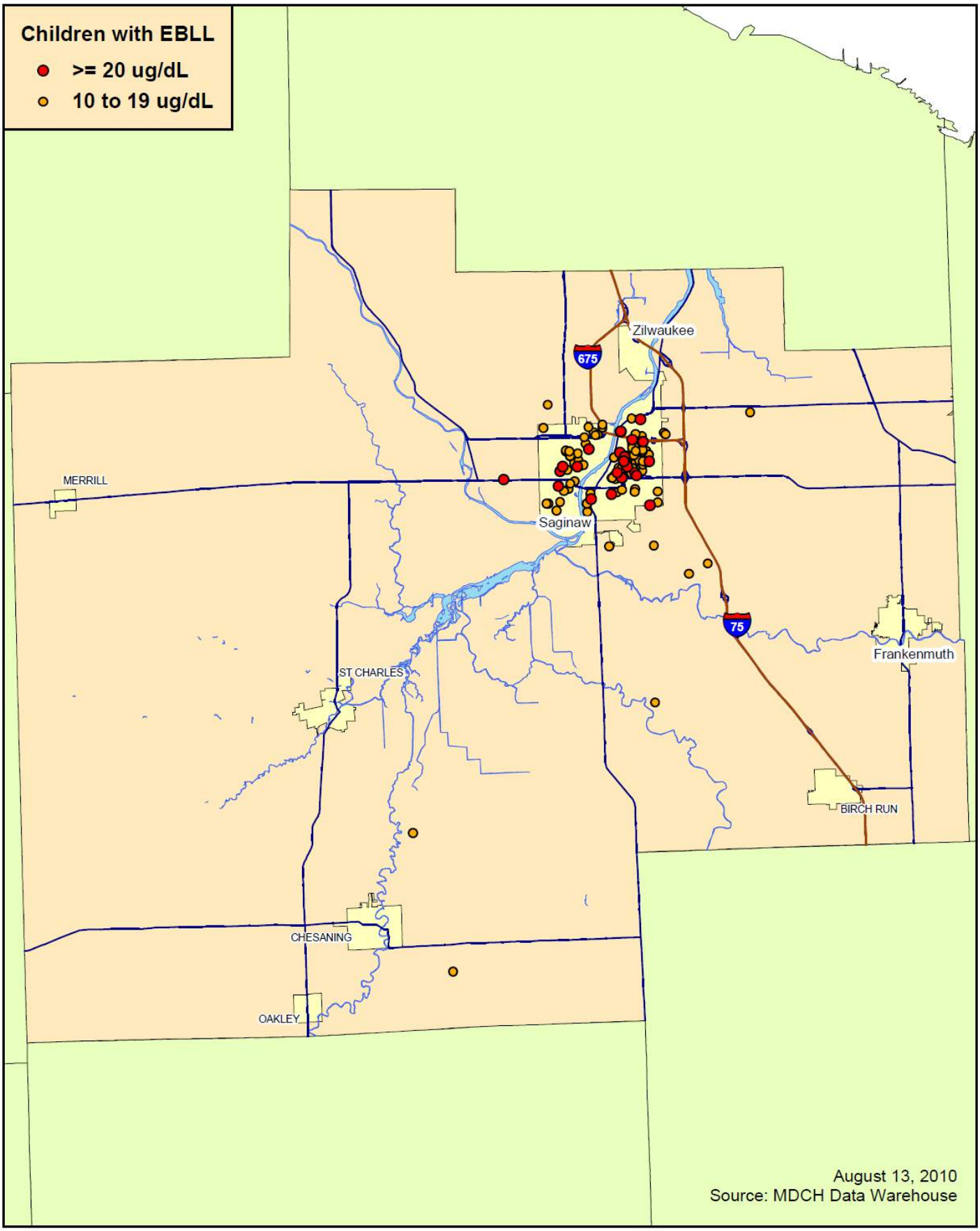
F. MAPS


Bay County
Midland County
Tuscola County
Gratiot County
Shiawassee County
Genesee County
1 - Carrollton Twp.
2 - City of Zilwaukee
3 - Zilwaukee Twp.
8 - Village of St. Charles
9 - Village of Merrill
4 - City of Frankenmuth
5 - Village of Birch Run
6 - Village of Chesaning
7 - Village of Oakley
Tittaba-wassee Twp.
Kochville Twp.
Jones-field Twp.
Richland Twp.
Thomas Twp.
Saginaw Charter Twp.
City of Saginaw
Buena Vista Twp.
Blumfield Twp.
Swan Creek Twp.
James Twp.
Spaulding Twp.
Bridgeport Charter Twp.
Franken-muth Twp.
Lake-field Twp.
Fremont Twp.
Marion Twp.
Brant Twp.
St. Charles Twp.
Albee Twp.
Taymouth Twp.
Birch Run Twp.
Chapin Twp.
Brady Twp.
Chesaning Twp.
Maple Grove Twp.

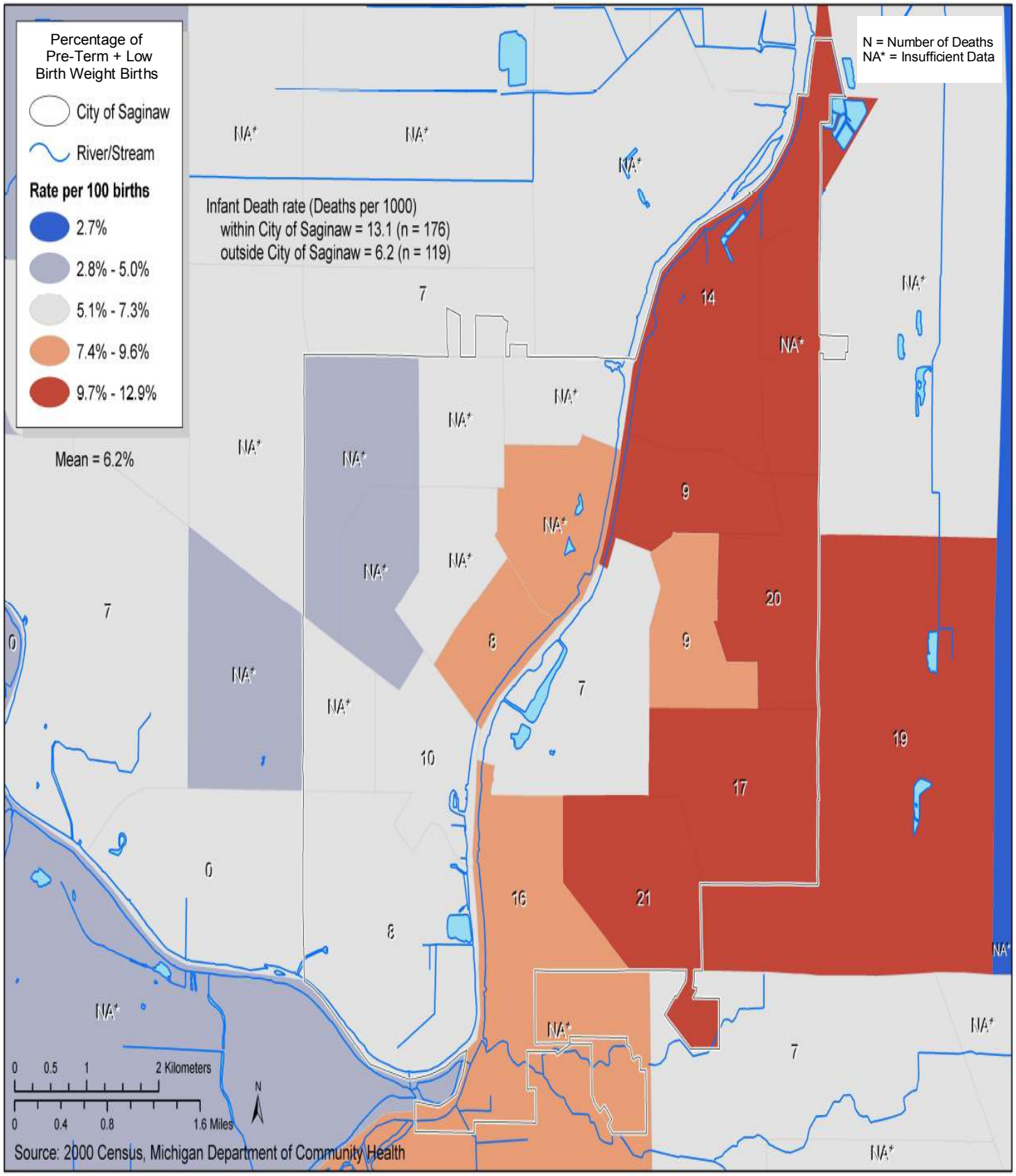

Percent of population who is African-American
N
W
E
S
Freeland Community Sch. District
Bay City School District
Saginaw Twp. Community Schools
Reese Public Schools
Hemlock Public School District
Swan Valley School District
Frankenmuth School District
Merrill Community Schools
Bridgeport-Spaulding Comm. S/D
St. Charles Community Schools
Birch Run Area School District
Ashley Community Schools
Chesaning Union Schools
New Lothrop Area Public Schools
Ovid-Elsie Area Schools
County line
School district boundaries
Major roads
Percent of population who is African American
0-20%
20%-40%
40%-60%
60%-80%
80%-100%
20
0
20

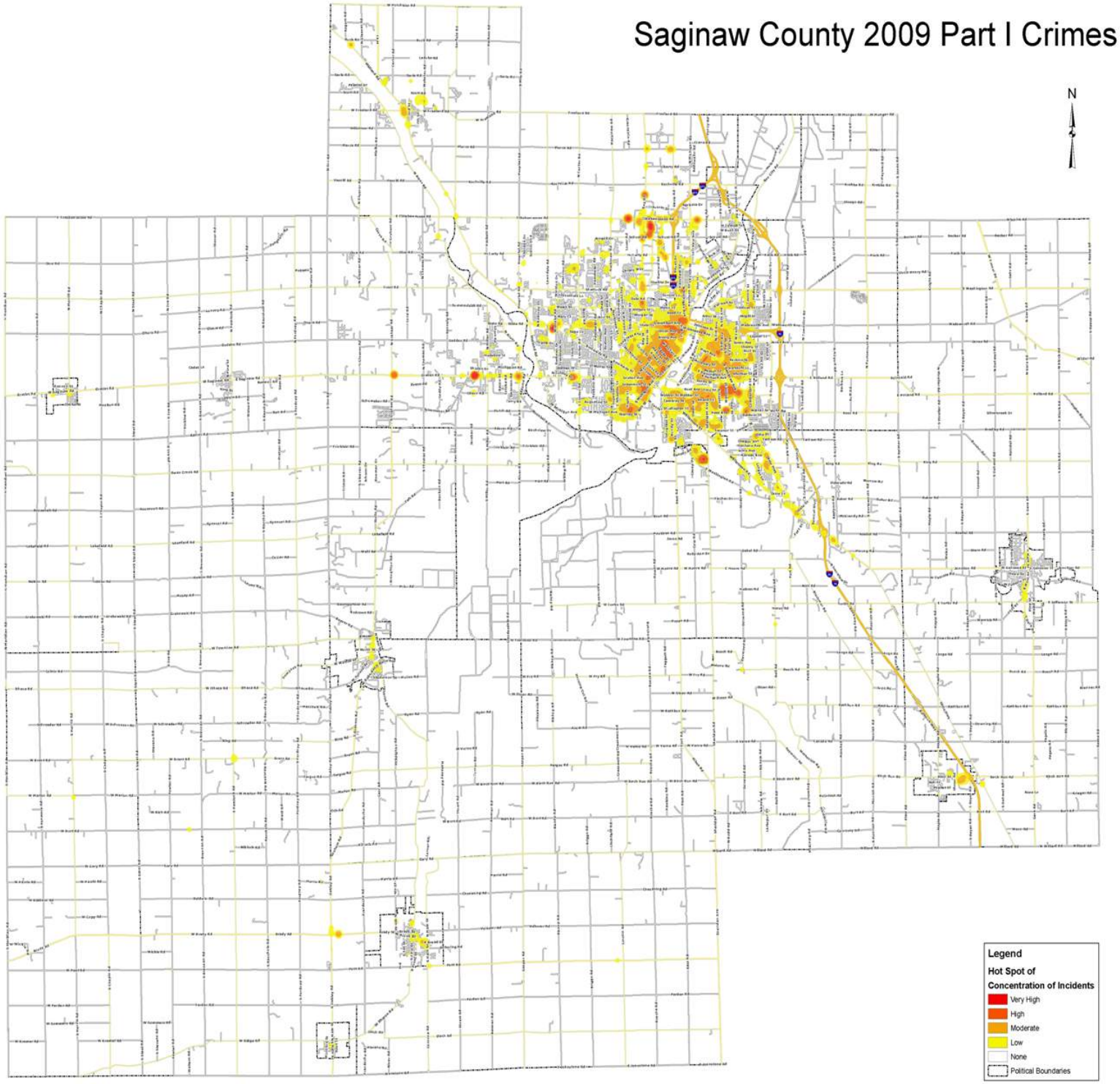

Median Income
N
W
E
S
Freeland Community Sch. District
Bay City School District
Saginaw Twp. Community Schools
Reese Public Schools
Buena Vista School District
Saginaw City School District
Hemlock Public School District
Swan Valley School District
Frankenmuth School District
Merrill Community Schools
Bridgeport-Spaulding Comm. S/D
St. Charles Community Schools
Birch Run Area School District
Ashley Community Schools
Chesaning Union Schools
New Lothrop Area Public Schools
Ovid-Elsie Area Schools
County line
School district boundaries
Major roads
Median Income
0 - 10000
10001 - 20000
20001 - 30000
30001 - 40000
40001 or more
20
0
20 Miles

Saginaw County Children < Age Six, with Elevated Blood Lead Levels (EBLL) 2006-2009



Saginaw County
Percentage of Pre-Term and Low Birth Weight Births by Census Tract, 2004-2006
(Numbers in each census tract represents the number of infant deaths for each census tract)




Saginaw County 2009 Part I Crimes
N
Legend
Hot Spot of
Concentration of Incidents
Very High
High
Moderate
Low
None
Political Boundaries

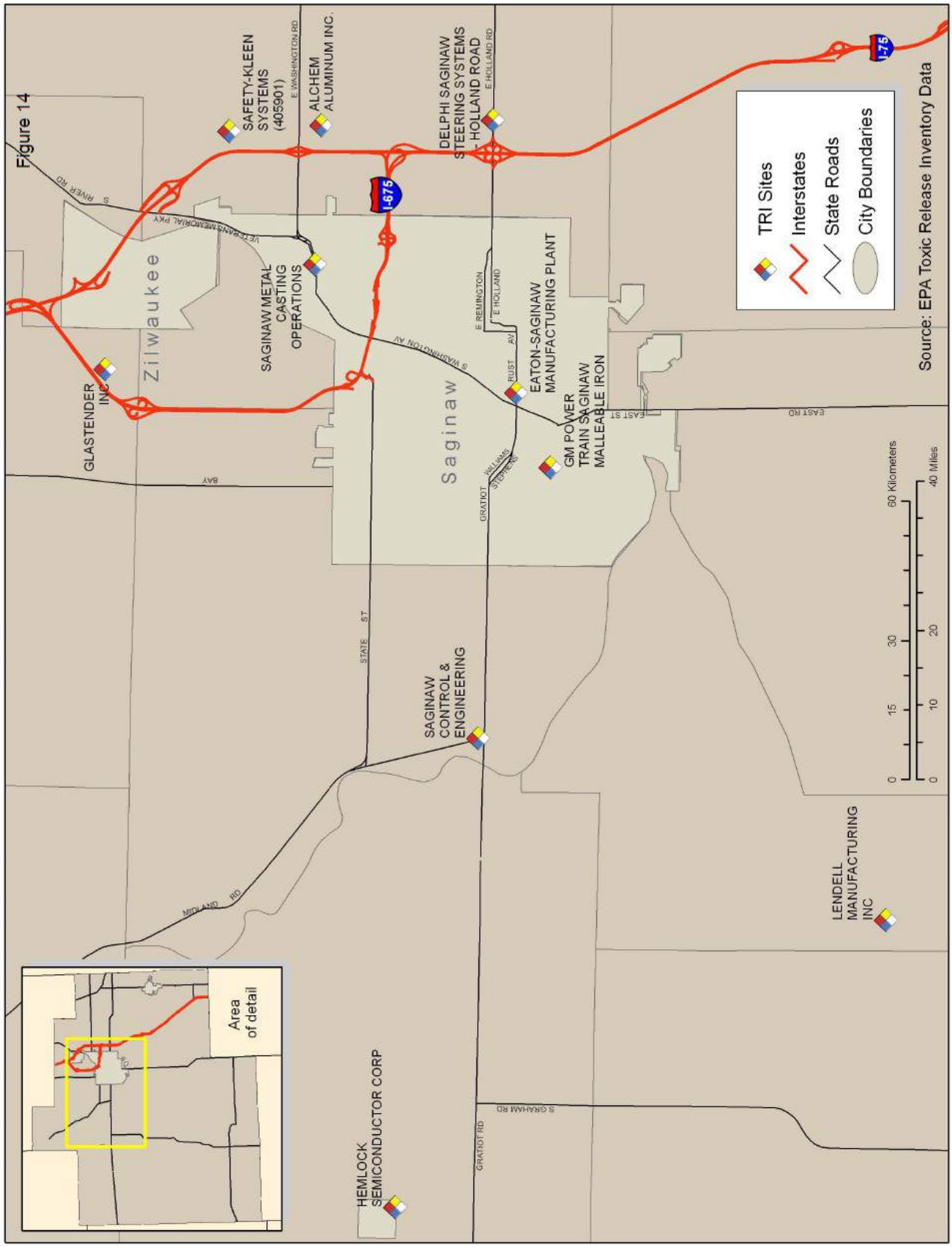


Figure 14
SAFETY-KLEEN SYSTEMS (405901)
ALCHEM ALUMINUM INC.
DELPHI SAGINAW STEERING SYSTEMS - HOLLAND ROAD
SAGINAW METAL CASTING OPERATIONS
GLASTENDER INC
EATON-SAGINAW MANUFACTURING PLANT
GM POWER TRAIN SAGINAW MALLEABLE IRON
SAGINAW CONTROL & ENGINEERING
HEMLOCK SEMICONDUCTOR CORP
LENDELL MANUFACTURING INC
Zilwaukee
Saginaw
I-675
I-75
E WASHINGTON RD
E HOLLAND RD
S WASHINGTON AV
STATE ST
MIDLAND RD
GRATIOT RD
S GRAHAM RD
EAST RD
Area of detail
TRI Sites
Interstates
State Roads
City Boundaries
Source: EPA Toxic Release Inventory Data
0 15 30 60 Kilometers
0 10 20 40 Miles

Saginaw County

Identifying Strategic Issues

Formulating Goals and Strategies

Community Problem Solving

Road Map to Health

Appendix A

Alignment Saginaw Members

ALIGNMENT SAGINAW MEMBERS

Mary Awend, **Community Corrections**
Margaret Bach, **Child & Family Services**
Yolanda Barefield, **Volunteer Project Coordinator**
Ann Bierman, **Salvation Army**
Trish Burns, **Public Libraries of Saginaw**
Barbara Beeckman, **10th Circuit Court – Family Division**
Cherrie Benchley, **United Way of Saginaw County**
Rufus Bradley Sr., **New Life Baptist/Mission in the City**
Cameron Brady, **Habitat for Humanity**
Larry Daly, **Covenant Health Care**
David Callejo, **Saginaw Valley State University**
Kathy Conklin, **Saginaw County Business & Education Partnership**
Pastor Larry D. Camel, **Parishoners on Patrol**
Shena Camese, **Kresge Grant**
Tom Coughlin, **Mission in the City**
Joanie Covert, **SC-CHAP**
Deanna East, **Saginaw County MSU Extension Direction**
William Federspiel, **Saginaw Police Department**
Jordan French, **Girl Scouts Heart of MI**
Dr. Brenda Coughlin, **Health Delivery, Inc.**

Suzanne Greenberg, **Child Abuse and Neglect Council**
Kevin Gregory, **SVAALTI**
Deborah Griffin, **Project LAUNCH**
Dorothy Hammond, **Girl Scouts**
Betty M. Hansen, **Consumer Member**
Ilene Harris, **Center for Civil Justice**
William Hartl, **Saginaw Intermediate School District**
Judge Faye Harrison, **Family Division Circuit Court**
Jim Hayden, **Health Delivery Inc.**

Lester Heyboer, **HealthSource**
Ana Hidalgo, Cathdral **District neighborhood Association**
Valerie Hoffman, **Underground Railroad**
Tom Holmes, **SVRC Industries**
John Humphreys, **Attorney/Yes Saginaw!**
Alvernis Johnson, **The Legacy House**
Bob Johnson, **Communities Working2gether**
Renee Johnston**, Saginaw Community Foundation**
Reverend Mark Karls, **Ames United Methodist Church**
Julie Kozan, **Saginaw Great Start Collaborative**
Judi Lincoln, **Center for Civil Justice**
Sandra M. Lindsey, **Saginaw County Community Mental health Authority**
John McKellar, **Saginaw County Department of Public Health**
Sylvester Payne, Saginaw Transit Authority
Aileen Pettinger, **Saginaw Fire Department**

ALIGNMENT SAGINAW MEMBERS

Chaplain June Price, **Consumer**
Janet Rentsch, **Saginaw Valley State University**
Barbara Russell, **Early On**
Cherie Sammis, **St. Mary's of Michigan**
Joyce Seals, **Ezekiel Project**
Marlene Searles, **Saginaw County Business & Education Partnership**
Leslie Sheridan, **Saginaw County Chamber of Commerce**
Dalia Smith, **Consumer Member**
Pamela L. Smith, **Saginaw County Department of Public Health**
Linda Tilot, **Saginaw County Community Mental health Authority**
Michelle Trudell, **List Psychological Services**
Rita Truss, **Department of Human Services**
Rich Van Tol, **Saginaw Intermediate School District Early Childhood Department**
Paul Verciglio, **Saginaw City Council**
Duane Walker, **Saginaw Housing Commission**
Starr Watley, **St. Mary's of Michigan**
Lillie Williams, **Saginaw County Community Action Center, Inc.**
Robert Woods Jr**. Saginaw County Commissioner**

Appendix B

Lead Agencies and Health System Resources

I. Lead and Partnership Agencies

Lead Agency

Established in 1928 as the second oldest health department in the State of Michigan, Saginaw County Department of Public Health (SCDPH) has over seventy-five years of experience in meeting public health needs of Saginaw County. SCDPH serves Saginaw County, the tenth most populous county in the state of Michigan, which includes an urban and rural population of roughly 202,626 residents.[1] With a budget approaching $14 million including federal, state and local grant awards. and 105.6 FTE staff, SCDPH has broad organizational resources to achieve its mission of protecting and promoting the public's health and well-being". Furthermore. SCDPH has established strategic pla1ming and Continuous Quality Improvement (CQI) experience.

SCDPH has demonstrated a commitment to a comprehensive strategic planning process that incorporates concepts since 2003. The SCDPH is currently in the fourth cycle of its agency-focused strategic planning initiative. "'MOD (Moving in One Direction) Squad". A multi-disciplinary panel representing front-line staff, managers, and government body representatives have developed the framework for the department's operations, including the Mission. Vision. Vision Priorities. and Guiding Principles and Values. In each cycle, a new group learns strategic planning and skills, reviews our Vision Priorities, and develops goals to support them. These goals then become the focus of the department's efforts until they are completed or become an integral part of operations.

SCDPH had the privilege to be one often health departments in the country to serve as a National Association for City and County Health Officials (NACCHO) Accreditation Pilot site. The department used the Operational Definition of a Functional Local Health Department indicator matrix to perform a capacity self-assessment of our ability to carry out the Ten Essential Public Health Services. In the course of this assessment. The department identified Essential Service #1 "Monitor health status and understand health issues facing the community" as its chief weakness. This is, in part. due to the fact that funding for community health assessment was cut from the State of Michigan's budget and no comprehensive health assessment had been carried out in Saginaw County for many years. The department began to make plans to implement the Mobilizing for Action through Planning and Partnerships (MAPP) process, a nationally recognized model developed by NACCHO and the Centers for Disease Control and Prevention (CDC). A curriculum was developed and efforts to educate the SCDPH Executive team and key staff on MAPP began.

In 2008, SCDPH in partnership with the University of Michigan, School of Public Health, published the *Saginaw County Community Health Status Report, 2008.* This report is based on data readily available to SCDPH and provides a snapshot of the health status of Saginaw County residents. Furthermore, it represents the first step in a longer, more comprehensive health improvement planning process in which the MAPP process will be the model used.

SCDPH was subsequently awarded an MLC-3 grant as one of four departments in Michigan to carry out a QI project by April 2009. Completion of the project succeeded in improving the department's existing community health assessment (MAPP) training curriculum, which will be used to educate community partners interested in collaborating on the development of the Saginaw County Health Improvement Plan. As a result of these grant activities the department developed a flowchart of the steps required to complete the MAPP process. In addition. the Executive Team and key staff were able to identify and prioritize the top three health indicators from the 2008 Health Status Report that would be the focus of internal goals and actions established in the department's strategic planning process.

SCDPH has developed internal capacity to carry out QI activities with the formation of a CQI Team within the department. This team is committed to work towards the future of public health applying Ql

principles to program services to increase effectiveness. Through the completion of the previous NACCHO pilot accreditation grant the team focused on building capacity to perform community health assessments MAPP model. This exposed not only the CQI team to QI principles and concepts. but the entire Executive Team for the Department, designated key staft and community partners. The team continues to carry out Ql activities in order to build capacity for the implementation of the MAPP model.

Successful Planning Efforts

Alignment Saginaw

In 1996 the Saginaw County Human Services Collaborative Body (SCHSCB) was established to act as a planning and decision making body to coordinate human services in Saginaw County. The mission of the SCHSCB was to work toward a collaborative service delivery system which was cost effective and fostered strong, safe families and communities. The SCHSCB developed a committee structure and focus to support the work of the Department of Human Services to assist in planning and oversight of the new Strong Families Safe Children initiative and also focus on the establishment and growth of services for young children and families.

The membership of the SCHSCB continued to grow over the years and additional focus included housing and homelessness. early childhood development, infant mortality coalition. kinship care. substance abuse and suicide prevention. The members of SCHSCB have worked to plan. implement, and fund numerous collaborative projects to increase. enhance and improve human services to children, families and citizens of Saginaw.

Recognizing this national trend towards an '"enhanced community collaborative", SCHSCB realized that the dynamics of a community collaborative would now require data collection and management in order to establish measurable indicators and sound benchmarks. In response, the focus of SCHSCB was expanded to include additional critical community dimensions and the appropriate community leadership to address the broader community needs. Effective June 30, 2009 SCHSCB was renamed Alignment Saginaw. The functions of the restructured group are to:

- Act as a sounding board to learn about, connect and promote the success of other "collaborations" with an eye on innovation. efficiency, reduction of duplication and pertinent outcome measures and community indicators once established.

- Be action oriented and accomplish tasks having both broad and specific community impact.

- Act as the community focal point for data warehousing and community level statistics and facilitate/sponsor the development of a report card and other data/information purposes to help quantify both Saginaw needs and strengths and progress.

- Act as senior level problem fixers/barrier busters. facilitators, communicators and establish formal Saginaw leadership Networking.

- Provide the collective leadership voice to address/take action on public policy on local, state and national levels.

- Act as an aligner, i.e., leadership to move priority community indicators in a positive direction through related projects.

- Communicate well with the community and in as transparent a fashion possible.

To ensure that these identified tasks are being completed, it is necessary to provide the appropriate leadership to facilitate discussions, identify key players, seek additional resources and communicate results.

Saginaw YMCA

In March 2009, the Saginaw community, through its local YMCA, was selected by the National Association of Chronic Disease Directors (NACDD) and the YMCA of the USA (Y-USA) to pilot the ACHIEVE (Action Communities for Health, Innovation. and Environmental Change) model for preventing or managing health-risk factors for heart disease. stroke, diabetes, cancer, obesity. and arthritis. As one of only two communities in Michigan with the CDC ACHIEVE grant, Saginaw has established high-level commitment through a Leadership Team that includes the Mayor of Saginaw, Chair of the Saginaw County Board of Commissioners, Superintendent of the Saginaw Intermediate School District, Executive Director of the YMCA, the SCDPH Health Officer. the Saginaw County Prosecutor and several other community and healthcare leaders. These leaders attended the ACHIEVE Action Institute in Denver on July 21-23, 2009, and returned with a commitment to implementing policy. environmental and systems changes that create a healthier community. The team is currently developing a two-year ACHIEVE Community Action Plan, which would help guide and strengthen implementation efforts.

Saginaw Intermediate School District

The Saginaw Intermediate School District through the Great Start Collaborative (GSC) performed a planning process in 2006 which involved a comprehensive, cross-systems, local assessment, using a common set of state-furnished data indicators of child and family conditions in Michigan and in Saginaw County. This data, community feedback, goals and strategic plan. were organized; prioritized and formed into a local Action Agenda which is now being implemented.

SCCMHA System of Care

The Saginaw System of Care effort was started in 2007 with the support of a Michigan Department of Community Mental Health block grant. The System of Care is guided by the collaborative leadership of Saginaw Community Mental Health Authority, Department of Human Services, Family Division of Saginaw 10[111] Circuit Court, Saginaw Schools, Law enforcement, and Michigan State University consultants. The System of Care initiative has both a Parent Advisory Board and a Youth Advisory Board. The Parent Advisory Board brings together parents of children with social and emotional disturbances to give input on how to increase parent involvement and share ideas about improving services in Saginaw County. The Youth Advisory Board is comprised ofyoung people ages 14 to 18 years old who share ideas about how to improve social services otTered in Saginaw.

Partnering Agencies

Although the entire Alignment Saginaw collaborative body has agreed to take part in the initial planning process, organizations have been subdivided into two categories to distinguish their level of involvement. These categories include the **1)** steering committee, which include the anchor and lead agencies, and 2) the key partners (Phase 1), which includes remaining Alignment Saginaw partners and other key community partners. The community at-large will also be invited to the final exercise of the initial planning phase. An expanded group of Implementation Partners will be engaged if the project is selected for Phase 2 funding.

Steering Committee:

1. **Saginaw County Department of Public Health (SCDPH)**
   SCDPH will serve as the Anchor Institution. SCDPH will be the fiduciary to manage the operations of the group and to identify and oversee program coordination.

2. Saginaw Intermediate School District (SISD)
   Services provided by Saginaw ISO include direct instruction, physical and occupational therapy, teacher consultant services, professional development, and oversight ofthe special education programs in 13 local districts and 5 public school academies. SISD also provides support for the Birth-Five, Head Start and Saginaw County Juvenile Detention Services education programs. SISD will be responsible for providing leadership in plan development; meeting space for the planned large group meetings; and data.

3. Saginaw County Mental Health Authority (SCCMHA) is a locaL independent governmental unit that provides for the publicly funded mental health needs of all eligible persons in Saginaw County. SCCMHA operates under contract with the Michigan Department of Community Health (MDCH) as a Pre-Paid Health Plan (PHP). serving persons with serious mental illness or emotional disorders, developmental disabilities, and substance abuse disorders. SCCMHA meets MDCH service array requirements through provision of services by varied network providers, both contractors and direct operated programs. SCCMHA will be responsible for providing leadership in plan development; and data.

4. Health Delivery, Incorporated (HDI) is a Federally Qualified Health Center (FQHC) accredited by the Joint Commission on Accreditation of Health Organizations, and receives partial funding through the Department of Health and Human Services. It employs over 300 staff persons who provide family practice services to over 45,000 patients a year in Arenac, Bay, Gratiot, Huron, Ionia, Lapeer, Macomb, Montcalm, Midland, Saginaw, Sanilac, St. Clair. Tuscola. and Washtenaw Counties. HOI has two dental centers, seven year-round medical centers, and seasonal migrant clinics. The focus of HOI activities is to reach populations that are medically underserved. Health Delivery, Inc. will act as a lead agency by providing leadership in plan development; meeting space; data; and assist in ensuring that clients from underserved populations are a part of the planning process (See Section III -Community Involvement).

5. St. Mary's of Michigan is a member of Ascension Health, the nation's largest Catholic and nonprofit health system with more than 105,000 associates serving in 20 states and the District of Columbia. There are 23 St. Mary's of Michigan specialty centers located in Saginaw, Bad Axe, Bay City, Birch Run, Chesaning, Frankenmuth, Marlette, St. Charles, Standish, Tawas, Vassar, and West Branch. St. Mary's of Michigan's has made medical advancements in cardiac sciences, neurosciences, oncology, and trauma. St. Mary's of Michigan will be responsible for providing leadership in plan development; meeting space for the planned large group meetings; and data.

6. Covenant Health Care is one of the largest, most comprehensive health care facilities north of metro Detroit. Covenant Health Care offers a broad spectrum of programs and services ranging from obstetrics, neonatal and pediatric care, to acute care including cardiology, oncology, surgery and many other services on the leading edge of medicine. As a medical facility with more than 600 beds, and a complete range of medical services, Covenant HealthCare stands ready to meet the health care needs of 15 counties in east central Michigan. With more than 20 inpatient and outpatient facilities, Covenant HealthCare offers convenience and easy access to high quality care. As a partnering agency, Covenant is committed to providing leadership in plan development; meeting space; and assistance with data collection.

Key Partners (Phase I)
Other key partners include faith-based organizations, neighborhood and community groups, and other social agencies. These partners will assist with completion of the four MAPP assessments. Please see Attachment A for Partner list.

Community Partner Inventory

Attachment A

	Programs to Support Health System	Administered Entity (School, CBO, FBO, Public Agency, etc.) Area of Expertise	Name & Contact Information for Organization/Program
Steering Committee (Planning to Plan)			
	Covenant Health Care System	Health care/Area hospital	(989) 583-7000
	Health Delivery, Inc.	Health care/community health center	(989) 759-6400
	St. Mary's of Michigan	Health care/Area hospital	(989) 907-8000
	Saginaw County Department of Public Health	Local public health department	(989) 758-3800
	Saginaw County Community Mental Health Authority	Mental health services/access In/Outpatient	(989) 797-3400 Admin. (989) 792-9732 Crisis (989) 797-3559 Access
	Saginaw Intermediate School District	County school system support for local school districts/families	(989) 249-8701 Superintendent (989) 399-7473 Early Childhood
Key Partners in Phase 1 of Grant (MAPP Process) + Steering Committee			
	Health & Medical Care		
	Blue Cross/Blue Shield of Michigan	Health insurance company	1-800-258-8000
	Healthy Futures	Health care for uninsured, underinsured, homeless of Saginaw County	(989) 907-8340
	Health Plus of Michigan	Health insurance company	(989) 797-4000
	HealthSource	Health care/Mental health/Chemical dependency, rehabilitation	(989) 790-7700
	Mobile Medical Response, Inc.	Emergency transport/services	(989) 907-2036
	Planned Parenthood of East Central Michigan	Health care/Women's health	(989) 249-7736
	Synergy Medical Education Alliance	Medical clinics/Medical education	(989) 583-6800
	Valley Urgent Care	Health care/ambulatory urgent care services	(989) 791-3888
	West Side Urgent Care	Health care/ambulatory urgent care services	(989) 791-4100
	Family Life/Teen Parenting Program		
	Family Division Circuit Court		
	Recreation/Sports		
	Saginaw County Parks & Recreation Commission	County Parks and Recreation programs	(989) 790-5280
	YMCA	Recreation programs for all ages	(989) 753-7721
	Crime/Violence Prevention		
	Parishioners on Patrol	Neighborhood watch/safety patrols	(989) 759-1220
	Saginaw City Police	Public safety and law enforcement for city of Saginaw	(989) 759-1229
	Saginaw County Sheriff's Department	Public safety and law enforcement for Saginaw County	(989) 790-5400
	Underground Railroad	Domestic violence prevention/support/shelter	(989) 755-0411
	Business		
	Saginaw County Chamber of Commerce	Voice of economic influence/Business advocacy	(989) 752-7161
	Saginaw Future, Inc.	Economic development	(989) 754-8222

Programs to Support Health System	Administered Entity (School, CBO, FBO, Public Agency, etc.)	
	Area of Expertise	Name & Contact Information for Organization/Program
Job Training		
Department of Human Services	Job education training (JET)/human services needs	(989) 758-1500
MI Works!	Employment/Work First program	(989) 754-1144
Saginaw Valley Rehabilitation Center (SVRC Industries Inc.)	Support/job training for those with disabilities/barriers to employment	(989) 752-6176
Mental Health Services	Saginaw Psychological Services,	Mental Health/substance abuse
(989) 799-2100 Inc.	Mental Health/Substance Abuse	
Westlund Child Guidance Clinic	Mental health services for persons Under the age of 18	(989)793-4790
Family Support Centers		
First Ward Community Center	Family support programs	(989) 753-0411
Head Start of Saginaw County	Education for low-income preschoolers/social services for parents	(989) 752-2193
Michigan State University Extension Service	Nutrition and health education and support/Child care/Parenting/4-H	989) 758-2500
Parent Resource Center	Support for parents in city of Saginaw	(989) 399-6900
Community Service Learning		
United Way of Saginaw County	Service learning opportunities	(989) 755-0505
Neighborhood Associations	Neighborhood advocacy/service	989
Houghton-Jones Neighborhood Assoc.	Neighborhood advocacy/service	(989) 992-7513
Health & Medical Care		
Aleta Lutz care Center (veterans hospital)	Health care for veterans	(989) 497-2500
American Red Cross	Disaster assistance/Health and (safety education)	989) 754-8181

	Programs to Support Health System	Administered Entity (School, CBO, FBO, Public Agency, etc.)	
		Area of Expertise	Name & Contact Information for Organization/Program
	Prevention and Youth Services	Substance abuse prevention services for families and children	(989) 755-0937
	FYifTAPS (Saginaw County Department of Public Health	Family/Youth initiatives/safe houses; treatment and prevention services	(989) 758-3781
	CrimeNiolence Prevention/Legal Services		
	Child Abuse and Neglect Council	Prevention of child abuse	(989) 752-7226
	Michgian State Police	Public safety and law enforcement for residents of Michigan	(989) 777-3700
	Legal Services of Eastern Michigan		
	Faith-Based Organizations		
	Ezekiel Project of Saginaw	Community advocacy	
	Faith Based Lead Poisoning Prevention Project of Saginaw		
	Ames United Methodist Church		
	Mental Health Services		
	Abortion Alternative/Pregnancy Aid of Saginaw County	Crisis pregnancy counseling	(989) 753-8446
	Bay Area Social Intervention Services, Inc. (BASIS)	Substance abuse treatmenUcounseling/HIV case management	(989) 894-2991
	Catholic Family Services	Outpatient mental health counseling for individual an families	(989) 797-6638
	Child and Family Services of Saginaw County	Counseling/services for victims of sexual assault Employee assistance program	(989) 790-7500
	DOT Caring Center, Inc.	Counseling and substance abuse therapy/services	(989) 790-3366
	Holy Cross Children's Services	In-home crisis intervention and family education program/Residential treatment program for male/female ages 12-17	(989) 781-2780
	Innerlink	Crisis counseling/shelter for runaway youth ages 12-17	(989) 753-3431
	Insight Recovery Center	Outpatient substance abuse counseling and support	(989) 792-0150
	Kairos Healthcare	Residential and outpatient substance abuse treatment and counseling	(989) 792-8000
	List Psychological Services	Outpatient mental health and substance abuse services	(989) 460-1000
	Lutheran Child and Family Services of Michigan	Mental health counseling/children and families	(989) 790-3130
	Odyssey House	Long-term psychiatric treatment facility for pregnant and post partum adult women/outpatient program	(989) 754-8598
	Pregnancy Counseling Center	Crisis pregnancy counseling	(989) 752-7664
	Professional Psychological and Psychiatric Services	Mental health outpatient counseling/substance abuse	(989) 755-8225
	Restoration Community Outreach	Crisis intervention and counseling for homeless males/substance abuse prevention and treatment	(989) 753-1886

	Programs to Support Health System	Administered Entity (School, CBO, FBO, Public Agency, etc.)	
		Area of Expertise	Name & Contact Information for Organization/Program
	Family Support Center		
	Birth to Five	Early intervention/development	(989) 758-2500 Saginaw County (989) 399-6850 City of Saginaw (989) 792-6789 Teen Parent Services
	City Rescue Mission of Saginaw	Temporary shelter/food	(989) 752-6051
	Gleaning for Jesus	Household items	(989) 754-6706
	Good Neighbors Mission	Emergency food/personal needs	(989) 399-9919
	Habitat for Humanity	Housing/donated building supplies	(989) 753-5200
	Hunger Solution Center	Meals (East Side Soup Kitchen), food assistance	(989) 755-3663
	Partnership Center	Emergency utility assistance/household items	(989) 249-4290 (Community Assist) (989) 793-9585 Thrift Store
	Saginaw Community Action Committee (CAC)	Community services/Food and Nutrition	(989) 753-7741
	Saginaw County Commission on Aging	Senior/family caregiver support	(989) 797-6880
	Salvation Army	Emergency assistance -food, utilities, prescriptions	(989) 793-8371
	Arts, Music and Cultural Programs		
	Children's Zoo at Celebration Square	Animal exhibits	(989) 759-1488
	Mid-Michigan Children's Museum	Hands-on children's museum	(989) 399-6626
	Public Libraries of Saginaw	Library network of Saginaw County	(989) 755-9833 Main Branch
	READ Association	Literacy programs	(989) 755-8402
	Saginaw Art Museum	Art exhibits	(989) 754-2491
	Saginaw-Bay Symphony Orchestra	Musical ensemble performance	(989) 755-6471
	Mentoring		
	Big Brothers/Big Sisters of Saginaw County	Mentoring from men and women volunteers for children ages 5-18	(989) 755-7558
	Boys and Girls Club, Inc. of Saginaw	At-risk children support/mentoring	(989) 399-4681

Updated 10/15/2009

Appendix C

Steering Committee Charter 2012

Alignment Saginaw Operational Guide for

Health Strategy Committee

Team Identity

Saginaw County Community Health Improvement Partners

Purpose

The purpose of the Saginaw County Community Health Improvement Partners is to champion the development and implementation of an integrated plan that will support and maintain a healthy Saginaw Community.

Team Vision (Picture of Success)

- Alignment of priorities
- Efficient deployment of resources
- Culture of cooperation and systems thinking
- Improved health of Saginaw residents
- Action plan to address identified priorities which is evidence based, data driven and has stated timelines.
- Necessary persons engaged to inform the process
- Improved service delivery and awareness of available services
- Consumers who are co-producers and partners in the transformation of their health.
- Unified promotion of improved public policy to support health improvement.

Introduction

The Health Strategy Committee was formed in 2009 under the auspices of Alignment Saginaw. The Committee is made up of representatives from the Saginaw Community Foundation (SCF), Covenant HealthCare, St. Mary's of Michigan, Saginaw Intermediate School District (SISD), Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Department of Public Health (SCDPH), and Health Delivery Incorporated (HDI). Local champions and existing coalitions have been enlisted to form five Action Groups. The Action Groups, along with the Health Strategy Committee, are identified as the Community Health Improvement Partners (CHIP). The CHIP plays a vital role in designing strategies aimed at planning, implementing, promoting, and overseeing the success of Community Health Improvement in Saginaw County.

Background

The original planning team, identified as the Community Health Improvement (CHI) Key Partners, was made up of representatives from private enterprise, faith and community based organizations, as well as educational and health and human services organizations. CHI Key Partners met for over a year, at least monthly, to implement the design phase of Mobilizing for Action through Planning and Partnerships (MAPP), a community-driven strategic planning process for improving community health.

Four groups were formed in February 2010 to complete the four MAPP assessments: community themes and strengths, local public health system, community health status, and forces of change. Information was gathered through focus groups, community surveys and area agencies in an attempt to acquire broad community input regarding their health concerns.

In July 2010, the four assessment groups reported the results of their findings to the CHI Key Partners and a detailed plan to present the information to the community was created. A public meeting took place in August 2010, where almost 100 members of the general public examined assessment data and identified the following health priorities: 1) Infant Mortality; 2) Child Obesity; 3) Adult Obesity; 4) Mental Health; 5) Cancer. Other priority health indicators identified were: Diabetes, Cardiovascular Disease, Asthma, Sexually Transmitted Diseases (STDs), Oral Health, Substance Abuse, and Childhood Lead Poisoning. They also identified determinants of health and themes, which include: Access to Care, Unemployment, Collaboration, and Public Safety/Security.

In March 2011, the Saginaw County Health Improvement Plan 2010-2015 entitled "Saginaw County Road Map to Health" was unveiled to the public during a second public meeting. The Plan outlines the goals and strategies related to the top health-related indicators.

The Health Strategy Committee is currently in Phase 6, the continuous "Action Cycle", of the MAPP process. The following Action Groups, comprised of local champions and existing programs/coalitions, have been organized to develop practical work plans to address the identified health priorities and determinants of health: 1) Emerging Models of Health Services Delivery; 2) Infant Mortality; 3) Obesity; 4) Chronic Diseases; 5) Behavioral Health.

This collaborative effort, which has been funded in part by the Kresge Foundation, provides a unique opportunity to address health related issues and ideas in a broad forum with a diverse group of partners and to develop means to sustain the process and continue implementation over time.

Saginaw County Community Health Improvement Partners Composition

Health Strategy Committee:

- At least one representative from the Saginaw Community Foundation
- At least one representative from the Saginaw County Department of Public Health (SCDPH)
- At least one representative from Saginaw Intermediate School District (SISD)
- At least one representative from the Saginaw County Community Mental Health Authority (SCCMHA)
- At least one representative from Health Delivery Incorporated (HDI)
- At least one representative from St. Mary's of Michigan
- At least one representative from Covenant HealthCare
- At least one representative from each action group
- Additional, project specific, members may be added as advised by the Health Strategy Committee

Staff:

- Coordinator

Action Groups:

- Emerging Models of Health Services Delivery
- Infant Mortality
- Obesity
- Chronic Diseases
- Behavioral Health

All efforts will be made to have representation from all areas of Saginaw County.

Roles and Responsibilities

Health Strategy Committee:

- Facilitate the community health improvement planning process for our community.
- Act as an oversight committee
  - Ensure that the health improvement planning process is sustained.
- Create Sub-committees (Action Groups)
  - Small subgroups around each health improvement priority.
  - Ensure appropriate representatives and key implementers in the relevant groups.
- Review and refine objectives developed by Action Groups.
- Identify common or duplicative activities and seek ways to combine or coordinate the use of limited community resources.
- Identify how the goals, strategies, and outcome objectives can be incorporated into each member's organizational mission statements and plans.
- Ensure that the goals, objectives, and action plans are presented publicly and discussed.
- Ensure that the progress regarding the community health improvement planning process is communicated to the general public.
- Oversee implementation and monitoring of action plans.
- Oversee evaluation of process, outcome, and impact.
- Identify fundamental policy choices or critical challenges that must be addressed in order for our community to achieve its vision.

Coordinator:

- Organize and facilitate Community Health Improvement Health Strategy Committee meetings.
- Develop agendas.
- Oversee preparation and distribution of meeting memory.
- Oversee follow-up on Action Register and Communication Action Register.
- Ensure meeting logistics are in place.
- Assist in organizing Community Health Improvement Planning Action Groups.
- Monitor progress of the Action Groups to assure action planning work is completed on schedule.
- Review action plans looking for opportunities to coordinate activities and combine resources for maximum efficiency, effectiveness, and sustainability.
- Seek funding and other resources for implementation of Community Health Improvement Plan.

Action Groups Roles and Responsibilities:

- Identify facilitator and representative for Health Strategy Committee.
- Review Community Health Improvement Plan.
- Complete a work plan
  - Translate outcome objectives into specific action plans and activities to be carried out by the responsible persons.
  - Include specific activities
  - List names of implementers
  - Outline timeframes
  - State needed resources
- Complete an Agenda/Objectives for each meeting.
- Ensure timelines are maintained.
- Monthly update Action Group progress at the CHIP Health Strategy Committee meeting.
- Quarterly update workgroup progress at the Alignment Saginaw meetings.
- Annual Report of what the sub-committee has completed and what work will be completed over the following year.

Note: Work plans may be organization-specific or may call for collective action from a number of organizations.

Health Strategy Committee Operating Principles (If we were to fail what would be the cause)

- Health Strategy Committee members are expected to: act as a conduit of information between their constituency and the Health Strategy Committee; solicit input from their respective constituencies; and assist in identifying the direction of the Community Health Improvement Planning Process and ensuring its sustainability in Saginaw County.

- It is up to the discretion of the Health Strategy Committee to decide the frequency of the Health Strategy Committee meetings; however, an annual meeting calendar must be set in September of each year.

- If a Health Strategy Committee member misses two consecutive meetings and has not assigned those duties to a delegate, the organization/action group will be asked to nominate another representative to assure that communication is maximized between the Health Strategy Committee, the action group members and the community.

- The Health Strategy Committee is facilitated (co-facilitated) by a coordinator (and/or a member of the Health Strategy Committee)

- The Operational Guide of the Health Strategy Committee is to be reevaluated at a minimum of every three years. As the Health Improvement Planning Process evolves and matures, the role, function and structure of the Health Strategy Committee may change substantially in an effort to sustain the Process in Saginaw County.

- Community partners are integral components of the Community Health Improvement Planning Process and are involved in the process through the action group structure and other avenues of public input (including, but not limited to the County-wide public meeting).

- Minutes will be taken by the coordinator (or a member of the group). Minutes will be distributed to the group by the Coordinator.

- Communications regarding CHIP happenings will be reported in each organizations newsletter.

- Talking points will be collected at the end of each Health Strategy Committee meeting to be presented at monthly Alignment Saginaw meetings.

Health Strategy Committee Authority

What this team can do:

- Recommend future directions.
- Discuss issues surfaced during the health improvement planning process.
- Develop strategies to enhance partnerships within the CHI Partners Health Strategy Committee and other community partners.
- Leverage resources (staff, facilities and monetary).
- Present a unified message to the community that encourages investment.

What this team cannot do:

- Assume fiduciary responsibilities (reallocate grant funds).
- Communicate directly with the press without Committee consensus.

Decision Making Process

- The Health Strategy Committee will use consensus decision-making during meetings: Consensus is a decision that everyone present is willing to live with and actively support. If consensus cannot be reached, then the Committee will vote based on a simple majority of those present to move the Committee forward.
- The decision/recommendation making process below outlines how community assessments, the County-Wide public meeting, other collections of public input, and action group activity are brought together by the Health Strategy Committee to make community-wide decisions and/or recommendations.
- The decision making process is not meant to be restrictive, but rather a method of keeping the process organized and with a unified direction.

Decision/Recommendation Process Narrative

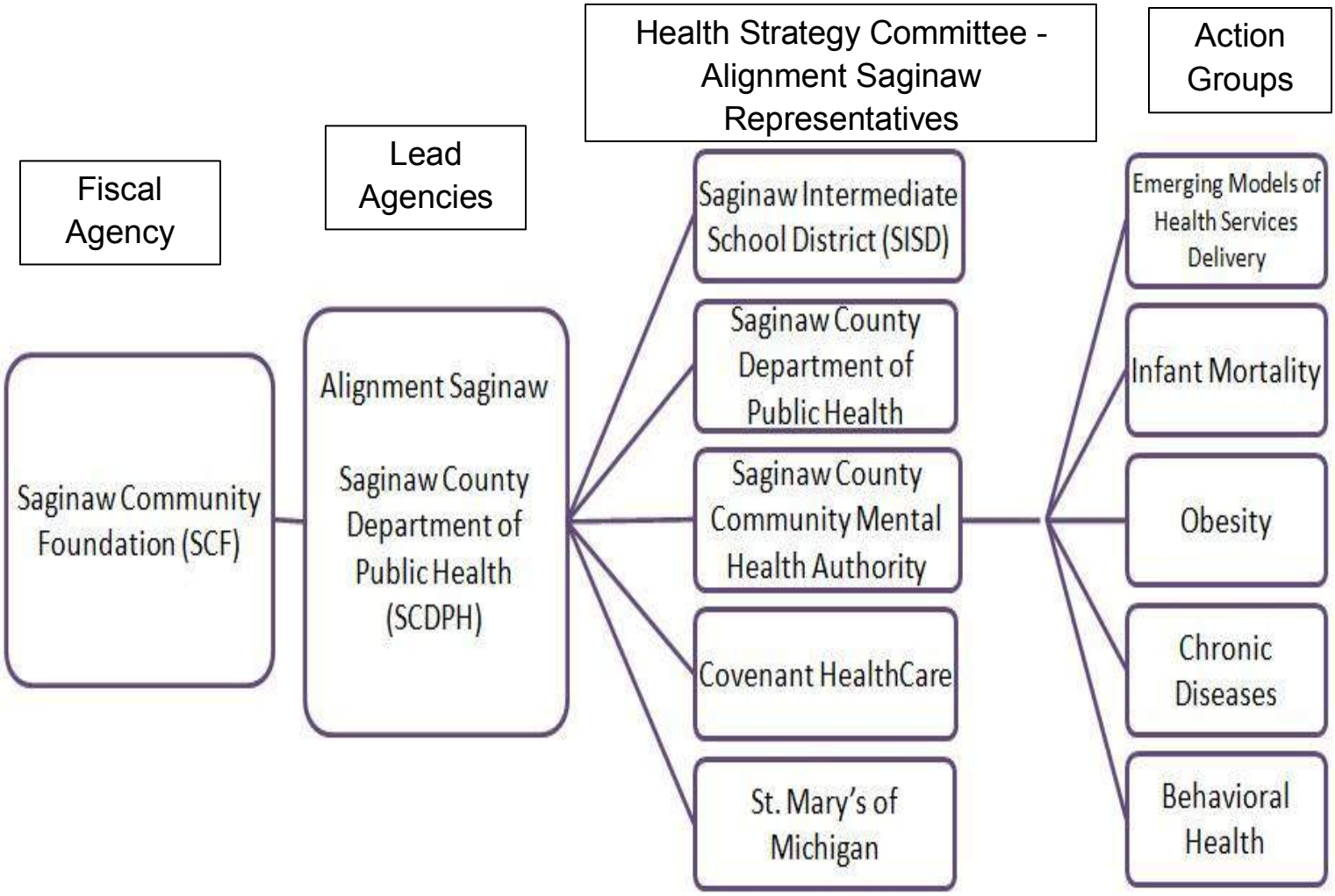
Step 1: A "Health Priority" or "Determinant of Health" is identified in the County-Wide public meeting, another assessment, or by the various action groups and brought to the Health Strategy Committee.

Step 2: For issues in alignment with the Health Improvement Plan, the Health Strategy Committee decides:

- Whether to assign the issue to a specific Action Group to gather more information. If assigned to an action group: the assignment is clearly defined, prioritized, the responsible parties are listed and notified, and the due date is set.
- If no further information-gathering is deemed necessary, the Health Strategy Committee formulates a recommendation on how the issue can be resolved as well as an implementation plan.
- If an issue falls under the jurisdiction of another entity/Alignment Saginaw Sub-committee, or outside of the scope of the Health Improvement Plan, it will be directed to that entity.

Step 3: The recommendation is sent to all action group members via their Health Strategy Committee Representative to gather feedback and input on the issue.

Saginaw County Community Health Improvement Partners Structure



Timeline (2012)

Outputs	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
CHIP Health Strategy Committee Operational Guide Drafted			X									
Action Groups convene		X	X	X	X	X	X	X	X	X	X	X
2011-2012 Work plans drafted		X										
2011-2012 Work plans reviewed and adopted by SC			X									
CHIP 2011-2012 Action Plan published					X							
Kresge grant close-out					X							
Public Meeting								X				
2012-2013 Work plans drafted									X			
Work plans reviewed and adopted by SC									X			
CHIP 2012-2013 Action Plan published										X		
CHIP Health Strategy Committee Monitor and Evaluate Plan	X	X	X	X	X	X	X	X	X	X	X	X

Team Ground Rules

• Treat each other with respect. • Share all relevant information. • Exchange relevant information with non-group members. • Identify things to be kept confidential on the team. • Focus on interests, then on solutions and/or positions. • Focus on systemic issues, not personal (leave your "turf" behind). • Agree on what important words/concepts mean. • Explain the reasons behind one's statements, questions and actions.	• Disagree openly, test assumptions and inferences. • Make statements, to invite and offer constructive feedback. • All members are expected to participate. • Make decisions by consensus (I can support it). • Discuss the undiscussable issues • Keep the discussion focused. • Avoid side conversations, private jokes that distract the group. • Have fun! • Do self-critiques.

Health Strategy Meeting Schedule

Thursday, October 6, 2011, 1:30-3:30 p.m.
Friday, November 4, 2011, 10:00 a.m.-12:00 p.m.
Thursday, December 15, 2011, 1:30-3:30 p.m.
Thursday, January 19, 2012, 1:30-3:30 p.m.
Thursday, February 16, 2012, 1:30-3:30 p.m.
Thursday, March 15, 2012, 1:30-3:30 p.m.
Thursday, April 19, 2012, 1:30-3:30 p.m.
Thursday, April 19, 2012, 1:30-3:30 p.m.
Thursday, May 17, 2012, 1:30-3:30 p.m.
Thursday, June 21, 2012, 1:30-3:30 p.m.
Thursday, July 19, 2012, 1:30-3:30 p.m.
Thursday, Aug. 16, 2012, 1:30-3:30 p.m.
Thursday, Sept. 20, 2012, 1:30-3:30 p.m.
Thursday, Oct. 18, 2012, 1:30-3:30 p.m.
Thursday, Nov. 15, 2012, 1:30-3:30 p.m.
Thursday, Dec. 20, 2012, 1:30-3:30 p.m.

All meetings will be held at the Saginaw Community Foundation, 1 Tuscola, Saginaw, MI 48607.

Current Team Membership (Designees)

Name	*Email*	*Phone*
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Appendix D

SHA Region 3 Report Final Assessment October 2011

State Community Health Assessment Meeting Summary & Findings

Region #3

Alcona, Arenac, Bay, Genesee, Gladwin,
Huron, Iosco, Lapeer, Midland, Ogemaw,
Oscoda, Saginaw, Sanilac, and Tuscola Counties

Prepared for: Michigan Department of Community Health
Prepared by: Cyzman Consulting, LLC
October 2011

Michigan Department of Community Health
MDCH
Rick Snyder, Governor
Olga Dazzo, Director

State Level Community Health Assessment
Region #3 Meeting Report

August 3, 2011

Introduction

In spring of 2011, the Michigan Department of Community Health (MDCH) was awarded a Centers for Disease Control and Prevention grant entitled "Strengthening Public Health Infrastructure for Improved Health Outcomes." Among the goals of this grant are to conduct a state level community health assessment and develop a state health improvement plan. As part of the state level community health assessment, a Steering Team with representatives from the MDCH, Michigan Association of Local Public Health, MPRO – Michigan's Quality Improvement Organization, the Michigan Health and Hospital Association and Public Sector Consultants held meetings engaging community members in eight Michigan regions. Individuals representing a broad array of regional stakeholders were invited to examine state and regional data, compiled in chartbooks, and provide specific input. This report presents both a summary of the process used and a synthesis of the findings in Region 3. Brief reviews of the indicators used in the assessment are highlighted. Summary comparisons between the regional data and Michigan and national targets presented to each group are reported. Participants engaged in a large group discussion to solicit initial reactions to the data. Following the general discussion, participants worked in small groups to respond to specific questions about their region's most pressing community health issues. This report provides a summary of these deliberations specifically focusing on issues where improvement had been made and those where opportunities for further progress remain. Further, a synthesis of the discussions on what was working well and barriers to success is highlighted. A brief summary of next steps in the state level community health assessment and improvement effort, findings from related key informant interviews, and a list of the participants in the Region 3 process are presented.

Purpose and Overview

The MDCH partnered with the Michigan Association of Local Public Health, MPRO – Michigan's Quality Improvement Organization, the Michigan Health and Hospital Association, and others to conduct a state level community health assessment. The first step in the process was to elicit feedback from a broad array of stakeholders through eight regional meetings. The regional locations aligned with Michigan's eight public health preparedness regions (Figure 1). In addition to the regional meetings, input was obtained through local and state key informant interviews, open comment periods, and public comment forms.

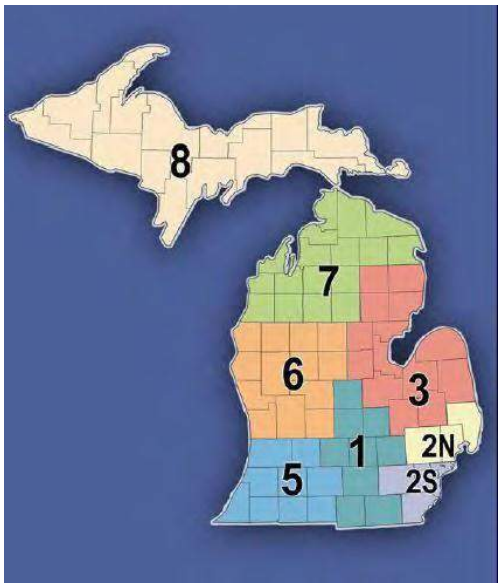


Figure 1

A local health department in each region served as the host site for the regional meeting. More than 100 community members representing a wide range of health, human services, educational, public safety, and other community organizations across the region were invited to participate. The meetings were widely publicized, and the general public was encouraged to attend. The meetings were held in July and August 2011.

Community-level information was gathered and interpreted to better understand community health priorities across Michigan. The health issues and their contributing causes identified during these meetings will be used to develop local and state-wide strategies to improve health.

The Region 3 meeting was hosted by the Bay County Health Department at the Doubletree Hotel on August 3, 2011 in Bay City, MI. Collectively, the 56 participants (Appendix A) represented all of the counties in Region 3: Bay (10), Genesee (3), Midland (6), Saginaw (6), Sanilac (1), and Tuscola (6). Alcona, Arenac, Gladwin, Huron, Iosco, Lapeer, Ogemaw, and Oscoda counties were represented by participants from organizations representing multiple counties. There were six participants who represented the state.

> *"The ultimate goal of today's meeting is to provide the State with a clear understanding of our region's health needs, their underlying causes, and our best ideas of how to address them."*
> Barbara MacGregor, RN, BSN

Ms. Barbara MacGregor, RN, BSN, Health Officer of the Bay County Health Department opened the meeting. Ms. MacGregor thanked participants for their attendance. She encouraged everyone to actively participate by sharing their wisdom, perspective, and experience. Community-level input will help the Department of Community Health understand

the regional health needs and priorities, as well as the best ways to address them. Ms. MacGregor concluded her remarks by informing participants that this information will be useful to MDCH as they identify the most pressing state level community health needs and develop strategies to improve Michigan's health and well-being.

Figure 2

MDCH presented an overview of the state level community health assessment and improvement planning process (Figure 2). The input gathered from diverse individuals and organizations representing the region's communities will contribute to the development of a state health improvement plan, public health strategic plan, and an MDCH quality improvement plan. Ultimately, the goal of these processes and subsequent plans developed will be to improve Michigan's health status.

In addition to informing the state planning process, the regional meetings were designed to:

- result in increased awareness and understanding of health status and priorities among regional participants;
- provide information useful to community assessment efforts;
- disseminate a *Health Profile Chartbook*, providing regional data, and, where possible, comparisons to state data and national targets, such as those found in *Healthy People 2020;*[1]
- serve as a catalyst for community and state discussion and action;
- be a vehicle to share comments between state and community partners; and
- help prepare for national accreditation of Michigan health departments.

Regional Indicators: Progress and Challenges

The MDCH presented health profile data from the Michigan and Region 3 *Health Profile Chartbooks*. Staff from the MDCH Health Policy and Planning, Bureau of Disease Control, Prevention and

Epidemiology, and Vital Statistics Division prepared these documents, with one featuring health indicators statewide, and one reflecting data from Region 3. The *Michigan's Health Profile Chartbook 2011* provides an overview of the health of Michigan residents from many different angles and a variety of sources. Collectively, the 46 indicators represent reliable, comparable, and valid data that reflect health and wellbeing.

The regional chartbook provides a local data profile. Where possible, regional data are compared to Michigan data and national targets such as those developed for *Healthy People 2020*. Indicators featured in the Region 3 chartbook are noted in Table 1. The Michigan and Region 3 Chartbooks, and the Region 3 presentation can be accessed online at www.malph.org.

The data in the chartbooks and highlighted in the presentation were meant to inform the discussion by presenting trends to identify and understand current, emerging, and potential health problems. In addition, *Michigan's County Health Rankings 2011*[2] was distributed as a county data reference. Participants were asked to consider local assessments or data sets of which they were familiar. For instance, Community Health Profiles, regional Behavioral Risk Factor Surveys, Health Improvement Plans, and/or Strategic Plans were completed and disseminated by most of the county and district health departments serving Region 3. Participants were encouraged to share what they know from other data sources, and integrate their expertise and experience into the discussion.

Table 1
List of Indicators
Region 3 Chartbook

Access to Care	Injury Deaths
Birth Weight	Mental Health
Binge Drinking	Nutrition
Blood Pressure	Obesity
Cancer	Physical Activity
Cardiovascular Disease	Potential Life Lost
Causes of Death	Primary Care
Demographics	Sexually Transmitted Disease
Diabetes	Smoking
Immunizations	Teen Pregnancy
Infant Mortality	Unemployment

Table 2 provides a comparison of Region 3 to Michigan, and where available to national targets. When looking at data over time, some progress had been made in Region 3 related to: smoking, mental health, binge drinking, gonorrhea and chlamydia, and controlled blood pressure. Those that remained a challenge were: obesity, fruit and vegetable intake, physical activity, smoking, diabetes, cancer screening, access to healthcare, and infant mortality. Participants were cautioned that data trends indicating that the region was better

than Michigan or the national targets did not negate the need to continue or expand work on those issues. In addition, data analyzed by race, age, and gender could identify population groups in the region that were doing worse than the state average or national target; as available, the regional chartbook included these types of data.

Table 2
Region 3, Michigan, and National Data Comparison

Issue	Region 3 compared to Michigan	Region 3 compared to national targets
Access to healthcare	Worse	Worse
Binge drinking	Similar	Better
Fruit and vegetable intake	Worse	Similar data not available
Gonorrhea and Chlamydia	Better	Worse
Hypertension (controlled)	Similar	Better
Infant Mortality	Similar	Worse
Leading causes of death: 1. Heart Disease 2. Cancer	Similar	Not applicable
Mental health	Better	Similar data not available
Obesity	Worse	Worse
Physical Activity	Similar	Better
Smoking	Similar	Worse
Teen pregnancy	Worse	Worse

Community Feedback

Immediately following the data presentation, a trained facilitator led a large group dialogue. Participants were asked to respond to the following: *What, if anything, surprises you about the indicators on which the region/state is performing poorly? What about the indicators on which it is performing well?*

Common themes from this discussion with some quotes elaborating on the issue follow.

- In many cases, data for only one indicator were presented to reflect a very complex issue. Participants raised concerns that this did not give an adequate picture of the issue.
    - "The reasons for lack of **access to care** are variable, including where someone lives, co-pays and other cost of services, etc."
    - Since 2008, region 3 has experienced a decline in **mammograms and pap tests**. Has anyone thought to overlay these data with the Breast and Cervical Cancer Control Program caseload reduction?"

- Data were regional and could misrepresent certain counties or cities that were not doing as well as the data would indicate.
    - "What is important to Saginaw County is different than what is important to the region. Although, three of the top five top health issues recently identified in the Saginaw County Assessment were noted as regional challenges in today's presentation."
    - "It is not surprising to see regional data similar to state data, as you are looking at a 14-county region. Midland County completes its own Behavioral Risk Factor Survey. The county data are generally better than the State, although Midland County has been losing ground over the past 4 to 8 years."
- Concern related to lack of access to programs and services.
    - "Did you consider access to **dental or oral health services** under access to care? If not, it's one of the challenges – huge, huge issue.
    - "Older adults are dealing with a wide variety of health and social issues, including **dementia, financial exploitation**, not **exercising** enough, and **lacking resources**, in general."

Community Dialogue

Participants were asked to work as small groups, with each table representing one group; Region 3 had seven (7) small groups. The groups were asked to answer a series of questions designed to provide a clearer understanding of regional health concerns and priorities. The small groups met twice during the meeting. In the first dialogue, participants were asked to consider what was working well in the region and the major areas of concerns. They were not limited to focusing on one issue, and most provided feedback on more than one. The groups were asked to deliberate on the following questions, provide a brief report to the full group, and submit written feedback to MDCH.

1. *Leading Health Indicators: Which indicators do you think are moving in the right direction? What is contributing to the region's success in these areas?*
2. *Problem Areas/Challenges: On which indicators do you think the region is not performing well? What are the contributing factors or underlying causes?*
3. *Thinking about the problem areas, what is working well in this region to address these issues?*
4. *What is standing in the way of successfully addressing the problem areas?*

After a large group discussion of the above, the small groups reconvened to deliberate on one final question: *Given all of the health indicators discussed (those moving in the right direction and problem areas), which issue(s) is the* **most important** *to work on in this region? Why?*

Pressing Community Health Issues

When the small groups identified what they deemed to be the most pressing health issues, they reported on those that were improving, as well as those that were problematic. In some cases they

acknowledged improvement and noted the need to make further progress. This is why some are noted as improving and as "problem areas/challenges."

- **Smoking** was mentioned by every small group. All groups credited smoke-free legislation and other smoke-free policies as significant contributors to decreasing smoking. Other factors mentioned were:
    - Increased cost of cigarettes (taxes);
    - Insurance surcharges on smokers; and
    - Education and awareness campaigns.

> All of the small groups identified smoking as a pressing community health issue.

- Others cited by more than one group were: **obesity, physical activity, and mental health.**
    - While obesity is not improving in the region, it was noted that the region has made some progress in this area. The improvement was attributed to:
        - Healthy workplace initiatives;
        - Increased emphasis on healthy lifestyles, specifically making healthy choices; and
        - Education, media campaigns, and outreach.
    - Participants saw physical activity as improving primarily due to workplace initiatives.
    - Mental health trends toward improvement were credited to locally-focused initiatives and outreach efforts.
- **Access to healthcare, binge drinking, breast and cervical cancer screening, controlled hypertension**, and **teen pregnancy** were each noted by one small group.

Problem Areas/Challenges

The small groups were asked to identify "problem areas/challenges." For each area, they were asked to note contributing factors and underlying causes, what was working well to overcome the problem, and barriers to successfully addressing the problem.

The problem areas noted by at least 3 of the 7 groups were: **obesity, substance abuse, binge drinking, and oral health**. The following were listed by one or two of the small groups: **access to healthcare, cancer screening, mental health, suicide rates, fruit and vegetable consumption, physical activity,** and **hospitalizations due to cardiovascular disease.**

The most commonly identified contributing factors or underlying causes for the expressed **leading problem areas** included:

- Social determinants of health – the environment in which people live and work including housing, health and transportation systems, access to healthy food, environmental policies, and the economy;

- Funding for specific services and programs, including insurance and other forms of reimbursement; and
- Lack of awareness or education.

Table 3 provides feedback on the contributing factors and underlying causes for the most commonly noted problem areas.

Table 3
Contributing Factors/Underlying Causes for Leading Problem Areas

Problem Area	Social determinants of health	Lack of awareness or education	Insurance, reimbursement, or funding
Obesity	X	X	X
Substance abuse (prescription and illicit drug use)	X	X	X
Binge drinking	X		
Oral health	X	X	X

The small group answers to the questions about what was working well and barriers to success often crossed several problem areas. What was working well in one area, for example, could impact positively on another. The same was true for barriers. Given this, the following reflects a summary of what was working well for all of the problem areas noted above, as well as the barriers to success for those same problem areas.

Among the factors identified as positively impacting the problem areas were: specific initiatives, programs and services and their convenient location for regional residents; polices that have impacted environmental change; and collaborative efforts that increased awareness and opportunities to increase access. Some community assets and resources specifically mentioned by the groups are listed in Table 4.

Table 4
Exemplary Programs , Services, or Agencies

- ✓ 211
- ✓ Breast and cervical cancer screening program
- ✓ Coalitions
- ✓ Community redesign
- ✓ Council on Aging
- ✓ Farmers' markets
- ✓ Girls on the Run
- ✓ Health screenings
- ✓ Patient navigator training
- ✓ Personal Action Toward Health
- ✓ Rails to Trails
- ✓ WIC
- ✓ YMCA

The factors raised in the discussion about what is standing in the way of having greater impact overlapped with many issues raised throughout the meeting. The primary factors can be summarized as: limitations and "red tape" of

existing programs; inadequacy of resources, processes, and policies/regulations; lack of leadership and impactful collaborations; transportation issues; social determinants of health; and lack of knowledge and awareness among those most in need.

Most Important Health Issues

Obesity was the most frequently cited issue as being the most important. Of the three groups that noted this, one specifically mentioned childhood obesity. Another combined **diabetes** and obesity as its most important issue. **Access to healthcare, cardiovascular health, lifestyle choices,** and **behavioral health** (**mental health and substance abuse**) were each noted by one small group.

The reasons given for why **obesity** was most important were:

- Linked to other health factors/diseases, e.g., cardiovascular disease, mental health, diabetes, productivity, and infant mortality;
- Affects everyone regardless of age, race, socioeconomic status, etc.;
- Fast food and junk food more widely available than healthy foods found at grocery stores, farmers' markets, and other places that sell fresh food;
- Cultural norms;
- Environmental issues, such as community walkability and safety;
- Limitations with Bridge Cards; and
- Serious consequences related to quality of life, life expectancy, and health care costs.

Public Comment

Public comment was solicited and accepted in two ways: verbal and written. Individuals who were unable to attend the entire meeting could provide verbal feedback toward the end of the meeting. In addition, written public comment was accepted during and after the meeting.

Public comment for the Region 3 meeting included:

- "The Saginaw County Health Improvement Plan, 2010-2015, is available at www.saginawpublichealth.org. Through community surveys, focus groups, data analysis and public forums, the following five health issues were identified as priorities for improvement: infant mortality, child obesity, adult obesity, mental health, and cancer."
- "We must instill changing the culture of health as the base of all our efforts. In order to make gains, this must be part of our strategy."
- "Interesting that nobody (almost 100 people) mentioned environmental concerns. There are legally contamination issues in the region (dioxin, etc.), but no one localized these as issues."

Region 3 Summary

Smoking was unanimously identified as the leading health issue trending positively. Progress was attributed to: smoke-free legislation and policy; increased costs related to tobacco (taxes and surcharges); and education and awareness campaigns. Obesity, physical activity, and mental health were in the next tier noted by the small groups. Issues considered problematic in the region included: obesity, substance abuse, binge drinking, and oral health. Among the most commonly cited contributing factors were the social determinants of health; lack of awareness and education; and funding issues for critical services and programs. The most important health issue identified by Region 3 was obesity. The three groups that chose obesity as most important articulated reasons similar to those provided by the other four groups as their rationale for selecting their issue (access to healthcare, cardiovascular health, lifestyle choices, and behavioral issues) as the most important. The reasons common to all seven small groups included the broad impact across all ages, races, and socioeconomic groups; limitations of environmental and policy issues; and cultural norms.

Obesity was noted as the most important health issue in Region 3.

Next Steps

Feedback from all eight regional meetings has been summarized to produce a state level community health assessment report reflecting the state's top health priorities. These reports are available online at www.malph.org. The information gleaned from the state level community health assessment will be used to develop a state improvement plan, a public health strategic plan, and a Public Health Administration quality improvement plan. The ultimate goal of these efforts is to make Michigan a healthier place to live, learn, work, and play.

The Michigan State Level Community Health Assessment was conducted by the Michigan Department of Community Health. It was supported by a grant from the Centers for Disease Control and Prevention, "Strengthening Public Health Infrastructure for Improved Health Outcomes," CDC-RFA-CD10-1011.

Appendix A

Region 3 Meeting
State Level Community Health Assessment
Participants

Laurie Anderson
Lynnette Benjamin
Cathy Bodnar
Tim Bolen
Russell Bush
Jennifer Carroll
Trisha Charbonneau-Ivey
Kim Cereske
Gail DeBusk
Rebecca Dockett
Kathy Dropski
Becky Egan
Angie Emge
Ann Filmore
David Friday
Alice Gerard
Darcy Garnik-Laurin
Chris Girard
Kari Halvorsen
Linda Hamacher
Christina Harrington
Kirk Herrick
Diane Hillaker
Eileen Hiser
Annette Jeske
Mitzi Koroleski
Michael Krecek
Mary Kushion
Marilyn Laurus
Stephanie Leibfritz
Barbara MacGregor
Melissa Maillette
John McKellar
Jim McLoskey
Tracy Metcalfe
Tina Middaugh
Melissa Neering
Becky Reeniau
Joshua Salander
Cherrie Sammis
Dianna Schafer
Michael Schultz
Elizabeth Schnettler
Elizabeth Shephard
Stephanie Simmons
David Solis
Ellen Talbott
Gretchen Tenbusch
Bruce Trevithick
Mark Valack
Michelle Vouaux
Starr Watley
Sam Watson
Goldie Wood
Jill Worden
Fred Yanoski

References

[1] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at www.healthypeople.gov.

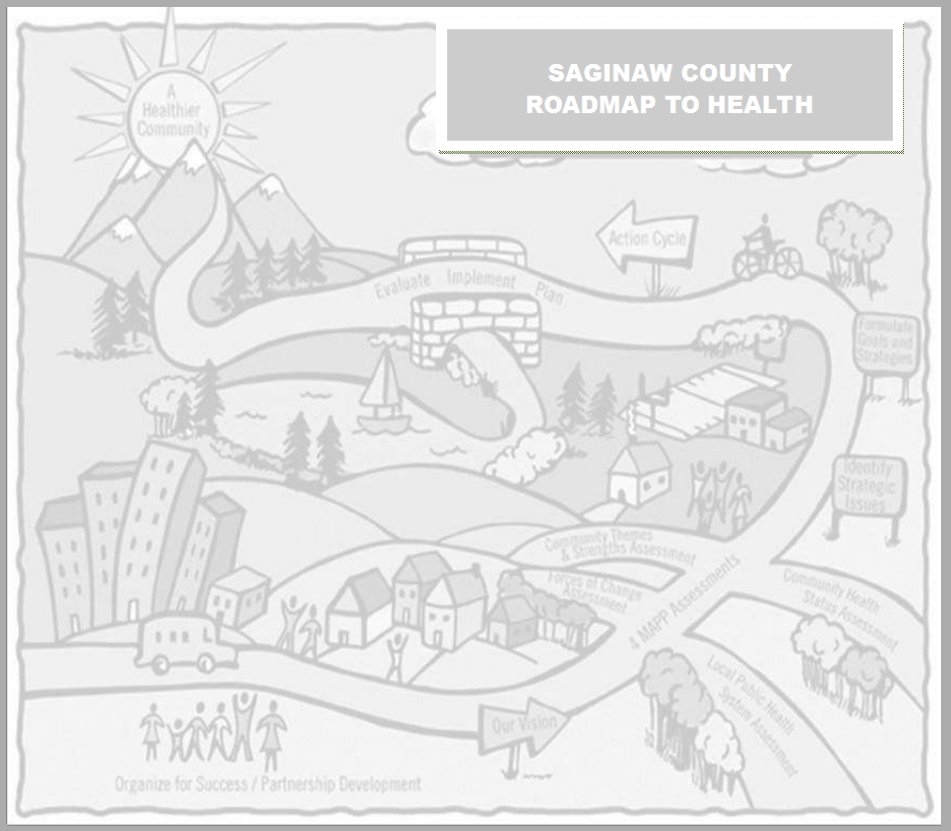
[2] University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. *County Health Rankings 2011.* www.countyhealthrankings.org/michigan.

Appendix E
Community Health Improvement Plan 2011-2012

Saginaw Community Health Needs Assessment

2011-2012

Saginaw Community Health Improvement (CHIP) Action Plan



EMERGING MODELS OF HEALTH SERVICES DELIVERY WORK PLAN

Health, socioeconomic, and environmental disparities experienced by Saginaw residents, particularly minority and low income residents, influence the persistence of Saginaw's health burdens.

Lack of health insurance coverage is a significant barrier to accessing needed health care. Having access to care requires not only having financial coverage but also access to providers.

Residents living in neighborhoods without healthy ingredients - parks and playgrounds, living wages, a good healthcare delivery system, grocery stores selling nutritious food, clean air quality, and neighbors who know one another - are more likely to suffer health burdens such as: obesity, asthma, heart disease, and high blood pressure.

GOALS

Our goal is to increase access to health care and health insurance and improve utilization and quality of health services delivery.

OBJECTIVES

Our objectives are to:

1. Promote person-centered engagement and care.
2. Enhance the patient experience of care through workforce development.
3. Advocate for improved access to health care and delivery of services.
4. Develop a system to better assess population health improvement and patient experience.

	Time A	Time A
Saginaw County	**2009**	**2010**
Population[1]	201,241	200,169
African American[1]	40,853	40,753
White[1]	156,746	155,739
Under 15 Years Old[1]	38,689	37,936
15-44 Years Old[1]	76,942	76,001
65+ Years Old[1]	30,213	30,601
No Health Care Coverage[2]	13.5%	12.9%
No Personal Health Care Provider	10%	9.8%
No Health Care Access in Past 12 Months[2]	11.7%	12.8%

Sources: [1]Table prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (latest update 1/2012)
[2]2007- 2009 Combined and 2008—2010 Combined Michigan BRFS Regional & Local Health Department Estimates.

EMERGING MODELS OF HEALTH SERVICES DELIVERY ACTION GROUP WORK PLAN			
Objectives and Strategies	**Action Plan**	**Completion Date**	**Responsible Entities**
Objective 1: Promote person-centered engagement and care			
1.1 Explore implementation of health services delivery models aimed at increasing health care access/utilization of services (i.e., Child Healthcare Access Program (CHAP)), school-based healthcare centers, P.U.L.S.E. (Parents United in Life Skills Education), School-based telemedicine	Convene stakeholders and potential funders	Dec. 2011	R. Vantol Dr. Outwater
	Implement process to begin collecting data from data bases, parents, providers, and stakeholders	Feb. 2012	P. Smith R. Vantol
	Collect Qualitative and Quantitative data to conduct needs assessment	Feb. 2012	All
	Analyze data to access appropriate and most effective health care delivery model(s)	On-going	All
	Analyze health data to determine special health improvement projects to be implemented with model(s) (i.e., asthma, behavioral health, dental. etc)	On-going	All
	Seek funding availability for various models	On-going	All
	Calculate return on investment for various models	July 2012	All
	Apply for funding as a community	On going	All
1.2 Promote existing Patient Centered Medical Home (PSMH)	Develop list of current PCMH in Saginaw County	Aug. 2012	K. Knoll C. Sammis
	Provide education on current PCMH	Aug. 2012	K. Knoll C. Sammis
1.3 Promote Centering Pregnancy programs	Provide education on current centering pregnancy programs	Aug. 2012	B. Russell
Objective 2: Enhance the patient experience of care through workforce development			
2.1 Increase workforce completing cultural competency training	Meet to coordinate annual training with relevant agencies	Sept. 2012	P. Smith
2.2 Increase use of Peer Support and Community Health Workers	Develop current list of programs with health navigation system/community advocates	Aug. 2012	Starr Watley
	Assess need for additional support	Sept. 2012	All
	Determine funding mechanism	On going	
2.3 Behavioral Health/ Primary Care Bi-directional work force training	Identify additional sites	Sept. 2012	S. Lindsey P. Smith
	Set training dates		
2.4 Expand early childhood developmental screening in primary care	Identify sites	Sept. 2012	S. Lindsey P. Smith
	Implement		
Objective 3. Advocate for improved access to health care and delivery of services			
3.1 Educate constituents and legislature on issues relevant to improved healthcare delivery and access to healthcare and in-surance	Provide on-going surveillance of relevant issues	On going	All
	Report on policy updates during meetings	On going	All
	Annually develop position papers to articulate systemic barriers and suggested solutions	Sept. 2012	R. Van tol
Objective 4: Develop a system to better assess population health improvement and patient experience.			
4.1 Coordinate community health assessment, evaluation, and data surveillance and explore Personal Health Record (PHR) systems	Determine surveillance Indicators to be collected	Jan. 2012	All
	Determine collection methodology	Sept. 2012	All
	Determine funding mechanism and responsible persons	Sept. 2012	All
	Develop steps needed to improve interoperability of Electronic Medical Records (EMRs)		

Barriers to Overcome:

1. Health Disparities, e.g., infant mortality rates (prematurity and positional asphyxiation).
2. Difficult to contact families due to disposable phones and mobility of families.
3. Many impoverished families lack transportation and ability to access services and basic needs.
4. Families aren't aware of services or are suspicious of service providers and the system which is a barrier to access.
5. Losing some of our most dedicated and promising local leaders - current and future leadership.
6. A general perception of lack of Medicaid providers or "doctors who accept Medicaid."
7. Childhood lead poisoning, obesity, and asthma is prevalent in Saginaw.
8. Some communities lack accessible and affordable grocery stores causing a barrier to eating fresh fruits and vegetables.

INFANT MORTALITY REDUCTION WORK PLAN

Infant mortality is one of the most important indicators of the health of a nation and predictor of the health of the next generation Infant mortality rates provide insight into the health of the child and mother and is defined as the number of children dying under one year of age per 1,000 live births. It is associated with a variety of factors including maternal health, quality of and access to medical care, psychosocial conditions, environmental risk factors, and public health practices.

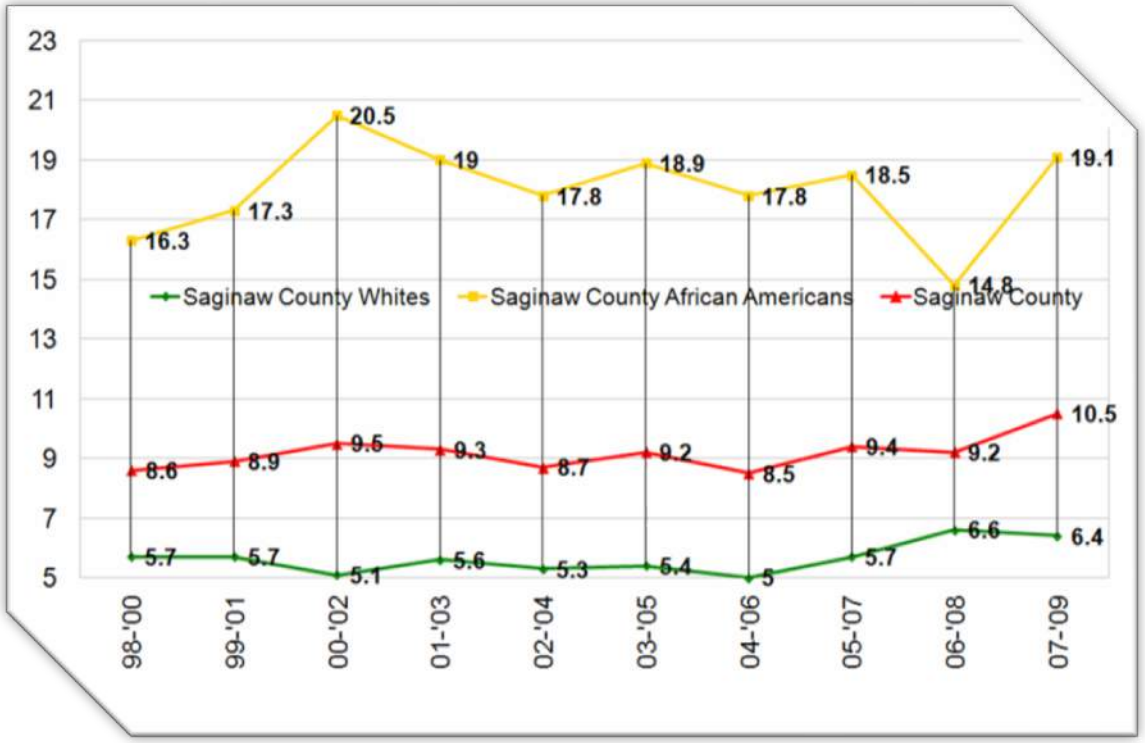
GOALS

Our goal is to reduce the number of Saginaw County children who die before their 1st birthday.

OBJECTIVES

Our Objectives are to:

1. Improve Coordination amongst agencies/entities working towards eliminating infant mortality.
2. Provide consistent, relevant, fact-based education and communication message for various target groups and modes of communication.
3. Offer one-on-one pre-natal through age five parenting services.
4. Reduce pre-mature birth through improved women's health before, during, and after pregnancy.
5. Decrease the gaps of disparity among African American infant deaths and White infant deaths through promotion of health equity through advocacy and outreach.



INFANT MORTALITY ACTION GROUP WORK PLAN			
Objectives & Strategies	**Action Plan**	**Completion Date**	**Responsible Entities**
Objective 1: Improve Coordination amongst agencies/entities working towards eliminating infant mortality through Action Group			
1.1 Convene stakeholders	Determine best venue to conduct routine (i.e., Great Start Collaborative or Saginaw County Community Action Team (CAT) meetings of Action Group.	Jan. 2012	Julie Kozan Dawn Shanafelt
	Provide oversight to ensure work plan is adhered.	On going	Champion(s) and Action Group
	Seek resources to carry-out plan.	On going	Action Group
	Assign at least one Action Group Champion.	Jan. 2012	Action Group
	Determine with Emerging Models of Health Services Delivery data monitoring plan.	Feb. 2012	Action Group
	Report updates and relevant information to Health Strategies Committee.	On going	Champion(s)
Objective 2: Provide consistent, relevant, fact-based education and communication message for various target groups/communication mechanisms.			
2.1 Create and disperse consistent, relevant, fact -based communication messages	Determine target groups for various messages and mediums of communication (i.e., Social media, Text messages, Websites, Radio, TV, Op-eds, Church bulletins, Babysitting classes, Resource Center, Great Start Connect, existing programs).	July 2011	Great Start Collaborative Partners
	Develop list of messages to promote (i.e., Breast feeding, Safe Sleep; Text for Babies; Tomorrow's Child).	July 2011	Great Start Collaborative Partners
	Develop/Obtain messages to be disseminated.	Aug. 2011	MSU-Ext., Covenant, WIC, Action Group
	Provide materials to appropriate groups for dissemination.	Sept. 2011	
Objective 3: Offer one-on-one pre-natal through age five parenting services.			
3.1 Maintain Home Visiting Programs that can offer pre-natal through age five services	Meeting to determine means of better coordination of home visiting programs.	July 2011	GSC Home Visitation Partners- Project LAUNCH (Birth-5-Saginaw Public Schools, Teen Parent Services, MSU-E) Healthy Start-Nurse-Family Partnership NIC-U/MSU-E Partnership Maternal Infant Health Program (MIHP)
Objective 4: Reduce pre-mature birth through improved women's health before, during, and after pregnancy.			
4.1 Reduce pre-mature birth through improved women's health before, during, and after pregnancy	Identify emerging health issues (i.e., drug use/abuse during pregnancy)	On going	Physicians Advisory Committee Health Delivery Inc.
	Implement Centering Pregnancy program	March 2011	
	Hold Childbirth education program/lunch and learn	June 2011	Covenant/Dr. Waechter
	Preconception and Interconception Planning		SCDPH GSC partners
	Meeting to determine steps to expand education of men and women about STDs and other relevant health topics (i.e., high blood pressure) during "House Parties"	Sept. 2011	SCDPH St. Mary's Center of Hope Navigators (i.e., church members/Grandparents)
Objective 5. Decrease the gaps of disparity among African American and White infant deaths through promotion of health equity advocacy and outreach.			
5.1 Provide health equity education: Providers, Community, Policy Makers, Consumers	Develop/Obtain materials Health Equity toolkits	May 2011	(ALC)/SCDPH-Dawn Shanafelt GSC-Julie Kozan St. Mary's Center of Hope -Starr Watley State Action Learning Collaborative
	Document historical factors that led to health equity in the African American.	Sept. 2011	
	Develop distribution plan	Sept. 2011	

Barriers to Overcome:

1. Difficulty changing policies
2. Built environment
3. Continued participation of a variety of community members

OBESITY REDUCTION WORK PLAN

Obesity is more than a cosmetic problem. Several serious medical conditions have been linked to obesity, including type 2 diabetes, heart disease, high blood pressure, and stroke. Obesity is also linked to higher

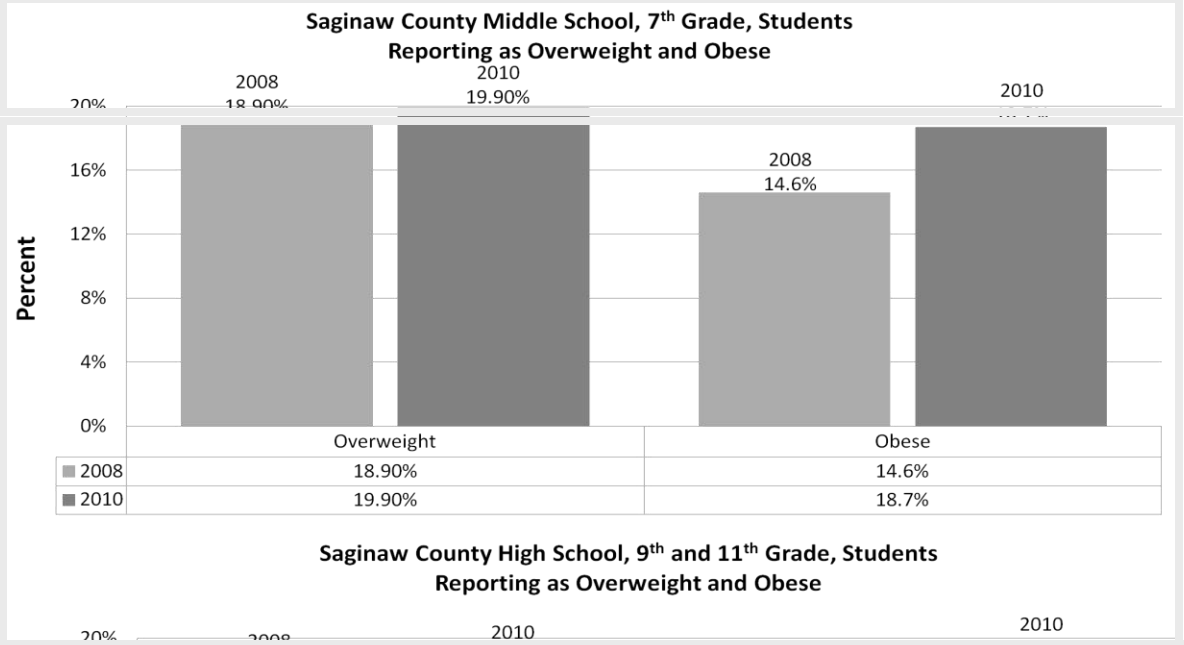
GOALS

Our goal is to reduce the number of children, adolescents and adults who are obese.

OBJECTIVES

Our objectives are to:

1. Improve Coordination amongst agencies/entities working towards reducing adult and childhood obesity.
2. Implement School Nutrition and Physical Activity Programs/Initiatives.
3. Improve community-wide nutrition & physical activity education and outreach.
4. Advocate for community-wide policy and initiatives which increases healthy food choices and physical activity.



Saginaw County Adult Residents Aged 18 Years and Older	2007-2009	2008-2010
- WEIGHT STATUS		
Obese	37.5%	40.2%
Overweight	32.2%	29.8%
- NUTRITION & PHYSICAL ACTIVITY LIFESTYLE		
No Leisure-Time Physical Activity	29.8%	27.4%

Sources: 2007- 2009 Combined and 2008—2010 Combined Michigan BRFS Regional & Local Health Department Estimates.

OBESITY ACTION GROUP WORK PLAN			
Objectives & Strategies	**Action Plan**	**Completion Date**	**Responsible Entities**
Objective 1: Improve Coordination amongst agencies/entities working towards reducing adult and childhood obesity			
1.1 Convene stakeholders monthly	Provide oversight to ensure work plan is adhered.	Monthly On-going	YMCA Step UP Saginaw
	Seek resources to carry-out plan		
	Assign at least one Action Group Champion.		
	Determine with Emerging Models of Health Services Delivery data collection/monitoring plan		
	Champion(s) report updates and relevant information to Health Strategies Committee		
Objective 2: Implementing School Nutrition and Physical Activity Programs/Initiatives			
2.1 Enhance student wellness policies in schools	Meet with superintendents to seek commitment	Complete	Amy (SISD) Dawn (MSU-E)
	Review schools wellness policies		
	Meet with food service directors to address concerns		
	Issue toolboxes for assistance		
	Host a food service director focus group		
2.2 Expand services so that all schools and districts have access to nutrition education in schools.	Plan and hold in-service for educators	9-12	Amy (SISD) Dawn (MSU-E) School Nutrition groups St. Mary's/Covenant dieticians "experts" Step Up Saginaw
	Activate school-based health teams	9-12	
	Hold quarterly meetings	9-12	
	Provide Team Nutrition guidelines	9-12	
	Identify schools willing to pilot establish a Farms to Schools Program.	9-12	
	Identify schools willing to pilot student education (i.e., Kids in Kitchen and Show Me Nutrition)	9-12	
	Prepare suggested non-food reward policy	9-12	
2.3 Schools initiate nutrition and recreation programs at school sites	Identify physicians/pediatricians to explain to families the medical benefits of health programs	7-12	Dawn (MSU-E)
	Determine Family Fitness Program - student walking program that provide recognition and prizes	7-12	Dawn (MSU-E)
	Identify schools that will apply for Fuel Up to Play 60 - up to $2,000 focused on physical activity.	7-12	Dawn (MSU-E)
	Identify schools that will explore expanding "Girls on the Run"	7-12	Dawn (MSU-E)
	Pilot walking bus	7-12	Dawn (MSU-E)
Objective 3: Improved community-wide nutrition & physical activity education and messaging			
3.1 Create Marketing Plan	Develop tips to apply messages to lifestyle (Meatless Monday, Take the Stairs Tuesdays)	5-12	Kristin Knoll (Covenant)
	Identify neighborhoods with strong connectivity - neighbors walking to church, school, park, etc.	5-12	Kristin Knoll (Covenant)
	Revamp website	5-12	Kristin Knoll (Covenant)
	Develop message which illustrates the economic benefit of addressing obesity	5-12	Kristin Knoll (Covenant)
Objective 4: Advocate for community-wide policy and initiatives which increases healthy food choices and physical activity.			
4.1 Meet with physicians advisory group	Identify docs who will pilot Prescribe the "Y", refer to PATH, MDPP, MCVI, Run for your heart., etc.	3-12	Joyce Seals Julie Houghton Jones Grow Saginaw Brian Thomas Bridgette Smith
4.3 Meet with local business owners	Provide list of healthy alternative food choices to local convenience stores	3-12	
	Identify business willing to support farm to convenience store project	3-12	
	Identify business willing to reduce cost of healthy food choices	6-12	
4.4 Partner with environmental and planning and development agencies/boards	Conduct walking audits for assessment of Complete Streets implementation	6-12	
	Obtain commitment for implementation of Complete Streets implementation	6-12	
	Obtain listing of upcoming road work for scheduling of pilot complete streets implementation	6-12	
	Obtain commitment for ordinances to permit hoop houses and small green houses	6-12	
Barriers to Overcome and Resources Needed:			
Food desserts and access to [healthy] food Lack of Coordinated and Effective Marketing Not having Food Bank of Eastern Michigan on coalitions Unsafe environment/[Perception of unsafe environment] Schools do not have equipment and staff to prepare healthy, fresh food Getting youth and adults to participate (transportation, financial, emotional, cultural, nutritional messages through physical activity, no hats and gloves, etc/)			

CHRONIC DISEASES REDUCTION WORK PLAN

Chronic diseases – such as heart disease, stroke, cancer, diabetes, and arthritis – are among the most common, costly, and preventable of all health problems in the U.S.

Chronic diseases account for 7 of the 10 leading causes of death in Michigan and are responsible for a great deal of morbidity and disability. Over 60% of Michigan's adult population suffers from a chronic disabling condition, such as arthritis, heart disease, hypertension, or diabetes.

GOALS

1. Reduce the overall cancer death rate.
2. Reduce complications due to diabetes (i.e., diabetic patient amputations).
3. Reduce complications due to Cardiovascular Disease
4. Reduce asthma hospitalizations of children < 18 years old.
5. Reduce incidence of Elevated Blood Lead Levels for children under 6 years old.

OBJECTIVES

	Time 1			Time 2		
	Saginaw County	Saginaw City	Saginaw Township	Saginaw County	Saginaw City	Saginaw Township
HEALTH INDICATOR	**2008**			**2009**		
Death Due to Cancer[1]	178.9	227.1	145.2	184.9	253.8	148.0
Death Due to Diabetes Mellitus[1]	26.2	Not Available	Not Available	31.5	51.6	*
Death Due to Heart Disease[1]	219.8	276.1	196.7	196	264.7	148.7
Childhood Blood Lead levels (BLL)	**2010**			**2011**		
% Children ≥ 5 years old Tested for BLLs[2]	25.8%	35.4%	Not Available	25.8%	32.9%	Not Available
% of Children with Elevated BLL (BLL≥10 µg/dL)[2]	.6%	.9%	Not Available	.3%	.7%	Not Available
% Children ≥ with BLL ≥ 50 µg/dL[2]	6.8%	11.3%	Not Available	4.1%	7.3%	Not Available
Asthma Hospitalization Rates	**2005-2009 Average Annual Rate**			**2010**		
Asthma Hospitalization Rate for Children Under18 (Rates per 10,000 population for age group)[3]	23.6	Not Available	Not Available	14.3	Not Available	Not Available
Asthma Hospitalization Rate for All Ages (Rates per 10,000 population for age group)[3]	25.1	Not Available	Not Available	26.2	Not Available	Not Available

Sources: [1]Michigan Resident Death Files and Michigan Resident Birth Files, Vital Records and Health Statistics Section, Division for Vital Records and Health Statistics, Michigan Department of Community Health (latest update 9/2009), National Center for Health Statistics, U.S. Census Populations With Bridged Race Categories.
[2] Michigan Department of Community Health: 2010 and 2011 Annual Report on Blood Lead Levels in Michigan Children < 6 years old.
[3]Michigan Resident Inpatient Files, Division for Vital Records and Health Statistics, Michigan Department of Community Health.
*A rate is not calculated when there are fewer than 20 events because the width of the confidence interval would negate any usefulness for comparative purposes.

Our objectives are:

1. Improve Coordination amongst agencies/entities working towards reducing chronic diseases.
2. Implement evidence based programs which address multiple chronic diseases.
3. Reduce environmental risk factors associated with chronic illness.

CHRONIC DISEASES ACTION GROUP WORK PLAN

Objectives & Strategies	Action Plan	Completion Date	Responsible Entities
Objective 1: Improve Coordination amongst agencies/entities working towards reducing chronic diseases			
1.1 Convene stakeholders monthly	Provide oversight to ensure work plan is adhered.	On going	Covenant-Joy Welense Covenant-Jackie Tinnin
	Seek resources to carry-out plan.	On going	CD Action Group
	Assign at least one Action Group Champion.	Jan 2012	CD Action Group
	Determine with Emerging Models of Health Services Delivery data collection/monitoring plan and services delivery plan.	Feb. 2012	CD Action Group
	Champion(s) report updates and relevant information to Health Strategies Committee.	Monthly	Champions
Objective 2: Implement programs which address multiple chronic diseases			
2.1 Educate agency staff on various programs to reduce chronic illnesses (Patient Centered Medical Homes, PATH, Healthy Homes)	Develop list of topics to be delivered at Physician Hospital Organization AM Education Classes and to relevant divisions within agencies.	June 2012	CD Action Group
	Schedule times and appropriate persons to deliver topics to PHO AM Ed classes and relevant agency staff.	June 2012	CD Action Group
2.2 Promote existing program s • increase # of PCMH model by 5% • increase # of lay leaders/master leaders. • increase # of referrals to Healthy Homes Program	Share PCMH model video on various websites.	July 2012	CD Action Group
	Circulate sign-on list for entities willing to be PATH sites at CHIP meetings.	Sept. 2012	MSU-E-Dawn Earnesty
	Develop formal agency referral system for Healthy Homes program.	July 2012	Jayne Heringhausen
Objective 3: Reduce environmental risk factors associated with chronic illness			
3.1 Promote healthy and safe living environments	Seek funding to carry out strategies outlined in the Strategic Plan to Eliminate childhood Lead Poisoning and Promote Healthy Housing.	On going	SCDPH-Bryant Wilke
3.2 Promote healthy and safe built environment	Develop message illustrating the health benefit of implementing policy which increases access to nutritious food and physical activity (i.e., hoop houses and complete streets).	Sept. 2012	MSU-E-Dawn Earnesty

Barriers to Overcome:

PATH – Capacity – master trainers are needed. Time for Covenant to get running – Managing Asthma through Case Management and Homes (MATCH)

Lack of certified lay instructors to carry out PATH classes

Difficulty getting reimbursement from Insurers

GIST – practice transformation – EMR

Lack of knowledge of available programs

Lack of communication between Emergency Departments and Primary care

Lack of education on the link between environmental risk factors and health outcomes

BEHAVIORAL HEALTH IMPROVEMENT WORK PLAN

It is noted that the prevalence of poor mental health days has the potential to echo throughout the community by influencing the health and safety of citizens.

Behavioral Health is a term of art that refers to the specialty division of health care that typically includes the management and provision of services to address psychiatric disorders/ illness and substance use disorders/illness.

GOALS

Our goal is to improve the mental health and reduce the incidence and negative impact of chemical addictions of Saginaw County residents.

OBJECTIVES

Our objectives are:

1.1 Increase insurance coverage and expansion of coverage for behavioral health treatment.

1.2 Increase knowledge and awareness of where to seek treatment.

2.1 Increase the use of evidence based practices (EBPs).

2.2 Increase use of behavioral health screening tools

BEHAVIORAL HEALTH INDICATORS	2007-2009	2008-2010
Social and Emotional Support[1]	8.2	9.1
Poor Mental Health on at Least 14 Days in the Past Month[1]	10.1	9.6
Life Satisfaction[1]	6.1	5.6
Current Smoker[1]	19.5	19.9
Former Smoker[1]	28.4	26.8
Never Smoked[1]	52.1	53.3
Heavy Drinker[1]	5.8	4.9
Binge Drinker[1]	18.2	18.5
	2010	**2011**
Alcohol-Related Crash Number/Percent of All Crashes[2]	215/3.66%	213/3.8%
Number of Drug-Related Crashes[2]	45	49
Number of Alcohol-Related Fatal Crashes[2]	11	4
Number of Drug-Related Fatal Crashes[2]	7	1

in primary care practice. 2.3 Increase the use of health care screenings.	Source: [1]2007-2009 Combined and 2008-2010 Combined Michigan BRFS Regional & Local Health Department Estimates.[2]Michigan State Police, Criminal Justice Information Center Crash Statistics, Crashes by County 2010 and 2011. Michigan Resident Death Files, Data Development Section, Michigan Department of Community Health. Rates are per 100,000 population for all ages.

BEHAVIORAL HEALTH IMPROVEMENTS WORK PLAN				
Objectives & Strategies	**Action Plan**	**Means of Measure**	**Timeline**	**Responsible Entities**
Objective 1.1 Increase Insurance Coverage and Expansion of Coverage for Behavioral Health Treatment				
1.11 Work to Create a Mental Health Benefit including Pharmacy Coverage at Saginaw Health Plan/ Type B (non ABW) for adults	Bridge the financing of indigent care for adults not meeting specialty service access of SCCMHA.	Contracts between SCCMHA and Saginaw Health Plan (SHP) completed.	March 2012	SCCMHA SHP
	SHP establish contracts with the three identified service providers.	Provider contracts competed.	March 2012	
		Service Authorizations to Providers fully in place and active treatment .	April 2012	
1.12 Work to Expand Substance Use Disorder Services to High Risk Population at Saginaw Jail.	Treatment and Prevention Services have contracted with a treatment provider.	Treatment and Prevention Provider contracted for Services	On-going	
Objective 1.2: Increase Knowledge and Awareness of Where to Seek Treatment				
1.21 Expand Saginaw Counseling Directory to include Providers of Substance Use Disorder Services; include listing of all self help groups	Collect and provide information to United Way of Saginaw	Information Sheets Completed	August 2012	SCCMHA SCDP-TAPS
1.22 Ensure all Saginaw Behavioral Health Providers Connect their information to 211 Data Base	Provide resources and training for the provider network on 211 programming.	Active 211 database	Ongoing	SCCMHA SCDPH-TAPS
1.23 Develop Strategy to include links to treatment services on appropriate local websites	Hold TAPS and SCCMHA meeting. Develop Strategy to include links to treatment services on appropriate local websites	Strategy, including the format and funding mechanisms for the project, developed	June 2012	SCCMHA SCDPH-TAPS
Objective 2.1 Increase the use of Evidence Based Practices (EBPs)				
Objective 2.2: Increased use of Behavioral Health Screening Tools in Primary Care Practice				
Objective 2.3: Increase the use of Health Care Screenings				
Barriers to Overcome and Resources Needed:				
1. Not for profit outpatient clinics often have sliding fees in attempts to serve uninsured persons. These resources are stretched beyond service capacity. 2. SCCMH has the responsibility to provide a public treatment safety net to the "most disabled". Hundreds of less disabled persons can not access such services. 3. Many adults fall off the Medicaid and Adult Benefit Waiver eligibility rolls rendering them uninsured for intervals of time. 4. SCCMHA is working out the details for how to adhere to the mandatory state reporting requirements. 5. Estimates are that funding to support outpatient treatment for uninsured persons in Saginaw County is ~ 400 persons immediately and 3,000 persons by 2014. 6. Saginaw County Sheriff Department and counseling staff annual meeting should be increased to a quarterly basis. 7. The formatting and updates to the directory will be an ongoing process. 8. Identifying funding for the 211 data base and sustainability. Leadership from the 211 staffing for direction and updates to the program will be needed. 9. Connection to community partners and community networks that have access to websites will be needed				