



**2013
Community
Health
Needs
Assessment**

 **McLaren**
LAPEER REGION





EXECUTIVE SUMMARY

The mission of McLaren Lapeer Region is to provide to its patients and their families the best value in health care as defined by quality outcomes and cost. With this mission in mind, McLaren Lapeer Region, with its community partners, conducted a Community Health Assessment.

The report of the major findings that follows focuses on Lapeer County which is the primary service area of the hospital and the community organizations involved. The stakeholders and workgroups involved in the assessment include:

- Lapeer County Community Collaborative (LCCC)
- Lapeer County Community Foundation Visioning Committee (LCCFVC)
- Lapeer County Great Start Collaborative

After review of the demographic information for Lapeer County, the following outlines the noted strengths and challenges of the county which this needs assessment is based:

COMMUNITY STRENGTHS

- Persons living below poverty level (2009) Lapeer County 9.4%; Michigan 16.1%
- Home ownership rate (2005-2009) Lapeer County 84.7%; Michigan 74.6%
- Low Violent Crime Rate (2012) Lapeer County 167/100,000; Michigan 518/100,000
- Low Teen birth rate (2012) Lapeer County 24/100,000; Michigan 34/100,000
- Considered a "close knit" community with good community agency collaboration

COMMUNITY CHALLENGES

- Rate of persons attending college and completing Bachelor's Degree below Michigan average (2012) Lapeer County 17.5%; Michigan 24.5%
- Mean travel time to work (minutes), workers age 16+ (2005-09) Lapeer County 34.5; Michigan 23.7
- Community leaders have expressed concern about the migration of talented youth out of Lapeer County upon high school and college graduation
- Unemployment rate above Michigan and National rates
- Adult obesity rate, smoking rate and rate of physical inactivity above Michigan and National rates
- Rates of health disease, cancer and chronic lower respiratory disease exceed rates in Michigan as a whole





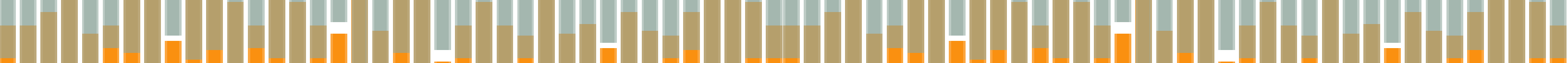
SECTION I

DESCRIPTION OF THE COMMUNITY
SERVED BY THE HOSPITAL

COMMUNITY DEFINITION

COMMUNITY DEMOGRAPHICS

HEALTH STATISTICS



COMMUNITY PROFILE

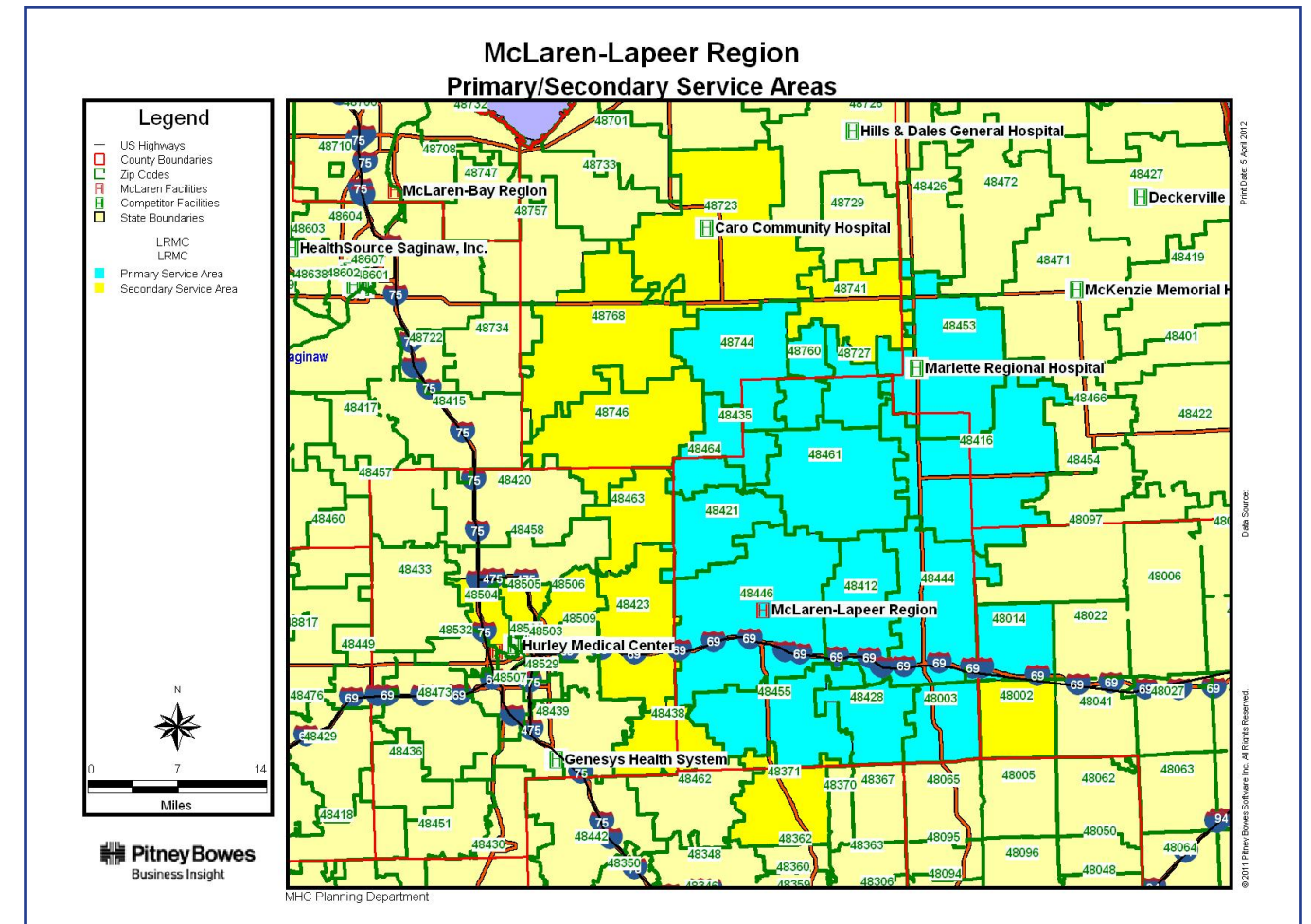
LAPEER COUNTY DEMOGRAPHICS

The following charts outline Lapeer County demographics in comparison to Michigan demographics:


	Lapeer County	Michigan
Population, 2010 Census	88,319	9,883,640
Population, % change 2000 to 2010	.5%	-.6%
Land area (square miles)	654.20	56,803.82
Persons per square mile (2010)	135.0	174.0
Persons under 5 years, percent, 2010	5.2%	6.0%
Persons under 18 years, percent, 2010	24.2%	23.7%
Persons 65 years and over, percent, 2010	13.3%	13.8%
Female persons, percent, 2010	49.6%	50.9%
White persons, percent, 2010	95.5%	78.9%
Black persons, percent, 2010	1.0%	14.2%
American Indian and Alaska Native persons, percent, 2010	.5%	.6%
Asian persons, percent, 2010	.3%	2.4%
Persons reporting two or more races, percent, 2010	1.4%	2.3%
Persons of Hispanic or Latino origin, percent, 2010	4.1%	4.4%
White persons not Hispanic, percent, 2010	93.0%	76.6%
Living in same house 1 year & over, 2005-2009	89.6%	85.4%
Foreign born persons, percent, 2005-2009	2.8%	6.0%
Language other than English spoken at home, pct age 5+, 2005-2009	4.5%	9.0%
High school graduates, percent of persons age 25+, 2005-2009	88.2%	87.4%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	17.5%	24.5%
Veterans, 2005-2009	7,857	751,248
Mean travel time to work (minutes), workers age 16+, 2005-2009	34.5	23.7
Housing units, 2010	36,332	4,532,233
Homeownership rate, 2005-2009	84.7%	74.6%
Housing units in multi-unit structures, percent, 2005-2009	8.4%	17.8%
Median value of owner-occupied housing units, 2005-2009	171,800	147,500
Households, 2005-2009	33,193	3,860,160
Persons per household, 2005-2009	2.69	2.53
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$25,502	\$25,172
Median household income, 2009	\$51,290	\$45,254
Persons below poverty level, percent, 2009	9.4%	16.1%

COMMUNITY PROFILE (cont.)

County Health Rankings & Roadmaps A Healthier Nation, County by County					
2013	Lapeer County	Error Margin	National Benchmark*	Michigan	Rank (of 82)
Health Outcomes					31
Mortality					31
Premature death	6,775	5,353-6,464	5,466	7,273	
Morbidity					31
Poor or fair health	13%	10-17%	10%	14%	
Poor physical health days	3.3	2.5-4.0	2.6	3.5	
Poor mental health days	2.6	2.0-3.3	2.3	3.7	
Low birth weight	6.5%	5.9-7.0%	6.0%	8.3%	
Health Factors					34




COMMUNITY PROFILE (cont.)

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COMMUNITY PROFILE (cont.)

 County Health Rankings & Roadmaps A Healthier Nation, County by County					
2013	Lapeer County	Error Margin	National Benchmark*	Michigan	Rank (of 82)
Health Factors					34
Health Behaviors					31
Adult smoking	20%	16-25%	14%	21%	
Adult obesity	34%	29-39%	25%	32%	
Physical inactivity	27%	22-32%	21%	25%	
Excessive drinking	17%	13-22%	8%	18%	
Motor vehicle crash death rate	15	12-18	12	13	
Sexually transmitted infections	123		84	457	
Teen birth rate	24	22-26	22	34	
Clinical Care					63
Uninsured	13%	11-14%	11%	14%	
Ration of population to primary care physicians	3,247:1		631:1	874:1	
Preventable hospital stays	89	82-96	49	74	
Diabetic screening	83%	78-89%	89%	84%	
Mammography screening	63%	57-69%	74%	68%	
Social & Economic Factors					20
High school graduation	84%			76%	
Some college	56%	53-60%	68%	63%	
Unemployment	15.3%		5.4%	12.5%	
Children in poverty	18%	14-22%	13%	23%	
Inadequate social support	15%	11-19%	14%	20%	
Children in single-parent households	22%	18-25%	20%	32%	
Violent crime rate	167		73	518	
Physical Environment					56
Air pollution-particulate matter days	3		0	5	
Air pollution-ozone days	1		0	3	
Access to recreational facilities	10		16	9	
Limited access to healthy foods	13%		0%	6%	
Proportion of restaurants that are fast food	44%		25%	48%	

COMMUNITY PROFILE (cont.)

SOCIAL AND ECONOMIC INDICATORS

Population characteristics

Most (95.5%) of the 100,000+ who live in Lapeer County are white. Persons 65+ represent 13.3% of the population and 49.6% are female.

EDUCATION AND INCOME

The relationship between higher education and improved health outcomes is well-known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.

Though high school graduation rates exceed the State rate (88.2%) in the county, the proportion of residents who have earned a bachelor's degree lags behind the State (17.5%). The unemployment rate exceeds the state at 10.5%.

SOCIAL AND EMOTIONAL SUPPORT

A large proportion of adults (15%) in Lapeer County do not have adequate social and emotional support, exceeding the national benchmark of 14%. And 14% of children live in poverty as compared to the national benchmark of 11%.

HEALTH FACTORS

Health data is available from a number of sources. Vital statistics from the Michigan Department of Community Health provide information related to maternal and child health data such as births, infant mortality and prenatal care.

Vital statistics also help paint a picture of the primary causes of mortality and morbidity, along with health factors and behaviors that could be improved to reduce premature disease and death.

The County Health Rankings project is conducted by the University of Wisconsin with support from the Robert Wood Johnson Foundation and provides a comparison of Lapeer County health with other Michigan counties.

	Lapeer County	Error Margin	National Benchmark*	Michigan
Poor or fair health	13%	10-17%	10%	15%
Poor physical health days	3.2	2.5-4.0	2.6	3.5
Poor mental health days	2.7	2.0-3.3	2.3	3.7
Physical Environment				
Air pollution-particulate matter days	3		0	5
Air pollution-ozone days	1		0	3
Access to healthy foods	73%		92%	73%
Access to recreational facilities	12		17	10

Snapshot 2011: Lapeer: www.countyhealthrankings.org/michigan



COMMUNITY PROFILE (cont.)

RANKING

Michigan Counties are ranked 1-82 with 1 reflecting the healthiest county.

Note: Some fluctuation in indicator values are expected to occur from year to year and may not constitute a trend.

Indicator	2010 *	2011*
Overall Health Outcomes	11	13
Overall Health Factors	45	39
Mortality (Premature Death)	11	16
Morbidity (Illness & Disability)	9	11
Smoking	53	59
Poor Diet and Exercise Habits (BMI > 30)	55	70
Unhealthy Alcohol Use (alcohol related motor vehicle deaths and self-reported binge drinking)	55	51
Access to Health Care (% of population under age 65 without health insurance and # of primary care providers/population)	69	68
Education	34	26
Family & Social Support	18	8
Community Safety (violent crime rate per 100,000 population)	25	27

Overall, Lapeer County ranked 13 of 82 (with 1 being the healthiest) in Michigan for Health Outcomes. In 2010, Lapeer County was ranked #11.

These are all higher for Lapeer County residents than for residents of other Michigan Counties.

Health Outcomes is a measure of premature death and disability. However, the Health Factors indicator, which helps to rank factors that influence health, show that Lapeer County residents are unhealthier in some categories compared to other residents of the State of Michigan:

However, Lapeer County ranked #8 of 82 on Family and Community Support measures and #27 of 82 in Community Safety, which likely reflects the close-knit qualities of residents and groups in Lapeer County.

- Adult Smoking (ranked 59 of 82)
- Poor Diet & Exercise Habits (ranked 70 of 82)
- Unhealthy Alcohol Use (ranked 51 of 82)



COMMUNITY PROFILE (cont.)

Selected Mortality Statistics, 2007-2009 Three-Year Averages

Mortality Rates (rate per 100,000 population)	Lapeer	Michigan
AIDS	-	1.7 ±0.1
Alcohol-Induced	6.7 ±2.8	7.1 ±0.3
Alzheimer's Disease	22.8 ±6.4	23.2 ±0.5
Cancer	195.9 ±17.0	184.8 ±1.5
Chronic Liver Disease	11.6 ±3.8	9.4 ±0.3
Chronic Lower Respiratory Disease	50.4 ±9.0	45.5 ±0.7
Diabetes-Related	70.4 ±10.5	79.7 ±1.0
Heart Disease	235.0 ±19.8	216.4 ±1.6
Assault (Homicide)	-	6.8 ±0.3
<u>Infant mortality</u>	7.8 ±3.3	7.6 ±0.3
Kidney Disease	24.7 ±6.5	15.2 ±0.4
Pneumonia & Influenza	17.9 ±5.6	15.3 ±0.4
Septicemia	*	9.3 ±0.3
Stroke	53.7 ±9.5	41.7 ±0.7
Intentional Self-harm (Suicide)	10.0 ±3.8	11.2 ±0.4
Unintentional Injury	29.4 ±6.7	35.4 ±0.7

Source: Michigan Department of Community Health, Division of Vital Records and Health Statistics

Suicides

	< 20	21-35	36-60	60+
2009	1	2	4	2
2010	0	1	9	3

Source: Lapeer County Medical Examiner's Office: Lapeer County Health Department

Heroin and Other Drug-Related Deaths

	Total	Heroin
2009	13	Unknown
2010	13	7

Source: Lapeer County Medical Examiner's Office: Lapeer County Health Department

COMMUNITY PROFILE (cont.)

MATERNAL CHILD HEALTH INDICATORS

The number of live births in Lapeer County has been consistently falling. From 2004-2009 the birth rate fell 19.7%. This is nearly double the State of Michigan decrease of 10.6% for this period.

The reasons for this decrease are not clear, although Michigan was the only state that experienced a decrease in residency per the 2010 U.S. Census.

Enrollment in Lapeer County Schools is down considerably over the past few

years suggested that young families are leaving the County, perhaps to seek work out of state.

**Infant Deaths, Live Births and Infant Death Rates
Lapeer County Residents, 2003-2009**

Single Year			
Year	Infant Deaths	Live Births	Infant Death Rate
2003	6	1,045	5.7 ±4.6
2004	1	1,056	*
2005	3	987	*
2006	7	926	7.6 ±5.6
2007	5	967	*
2008	5	865	*
2009	11	848	13.0 ±7.6

HEALTH BEHAVIORS

Obesity

Lapeer County WIC Participants ages 2-5	Obese	Overweight
2007	12.8 %	17.2%
2006	11.0%	15.2%
2005	13.1%	15.8%

Source: WIC 2011 Annual Report

	Lapeer County	Error Margin	National Benchmark*	Michigan
Adult smoking	25%	20-31%	15%	22%
Adult obesity	32%	27-37%	25%	31%
Excessive drinking	21%	16-27%	8%	19%
Motor vehicle crash death rate	17	14-20	12	13

Source: County Health Rankings 2011

COMMUNITY PROFILE (cont.)

**Hospitalizations and Rates per 10,000 Population for Twenty
Statewide Leading Diagnoses**

PRINCIPAL DIAGNOSIS (View ICD-9-CM Codes)	HOSPITALIZATIONS		RATE PER 10,000 POPULATION	
	Average Annual Number for 2005-2009	2010	Average Annual Rate for 2005-2009	2010
ALL HOSPITALIZATIONS	11,805	11,191	1,301.8 ± 10.5	1,267.1 ± 23.5
Heart Diseases	1,450	1,292	159.9 ± 3.7	146.3 ± 8.0
Injury and Poisoning	917	893	101.1 ± 2.9	101.1 ± 6.6
Newborns and Neonates (Less than 7 days)	941	826	103.8 ± 3.0	93.5 ± 6.4
Females with Deliveries	897	775	98.9 ± 2.9	87.8 ± 6.2
Infectious and Parasitic Diseases	375	499	41.4 ± 1.9	56.5 ± 5.0
Psychoses	411	426	45.3 ± 2.0	48.2 ± 4.6
Osteoarthritis and Allied Disorders	378	423	41.7 ± 1.9	47.9 ± 4.6
Cancer (Malignant Neoplasms)	368	369	40.6 ± 1.9	41.8 ± 4.3
Pneumonia	351	348	38.7 ± 1.8	39.4 ± 4.1
Cerebrovascular Diseases	314	347	34.6 ± 1.7	39.3 ± 4.1
Diseases of the Skin and Subcutaneous Tissue	209	248	23.0 ± 1.4	28.1 ± 3.5
Chronic bronchitis	198	239	21.8 ± 1.4	27.1 ± 3.4
Kidney/Urinary Infections	122	164	13.5 ± 1.1	18.6 ± 2.9
Intervertebral Disc Disorders	180	159	19.9 ± 1.3	18.0 ± 2.8
Chest Pain	165	143	18.2 ± 1.2	16.2 ± 2.7
Care Involving Use of Rehabilitation Procedures	471	121	51.9 ± 2.1	13.7 ± 2.4
Diabetes Mellitus	110	102	12.2 ± 1.0	11.5 ± 2.2
Asthma	123	100	13.6 ± 1.1	11.3 ± 2.2
Diseases of the Blood & Blood-Forming Organs	92	97	10.1 ± 0.9	11.0 ± 2.2
Neoplasms, Benign and Unspecified Nature	132	95	14.6 ± 1.1	10.8 ± 2.2
All Other Hospitalization Conditions	3,601	3,525	397.1 ± 5.8	399.1 ± 13.2

Hospitalizations are 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.

Rates are per 10,000 population in the area for the specified year or years. Adding and subtracting the number shown after ± symbol from the rate creates an interval indicating that the true rate lies between the lower and upper bounds with 95% statistical confidence.

A rate is not calculated and is shown by an "***" if there were less than 6 cases for the specified period and given diagnosis.

Source: Michigan Resident Inpatient Files, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

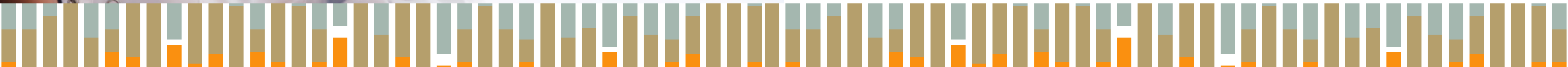
Last Updated: 02/01/2012



SECTION II

PROCESS AND METHODS

PARTNER ORGANIZATIONS



PROCESS AND METHODS

The Community Needs Assessment relied on a number of community initiatives for input into the process as well as for implementation of a plan.

Each of the groups listed below participated in data gathering from their constituents as well as participated in focus groups and informational sessions.

LAPEER COUNTY COMMUNITY COLLABORATIVE

Lapeer County enjoys exceptional collaborative and cooperative relationships with organizations across the County.

The Lapeer County Community Collaborative (LCCC) acts as an oversight group to review, monitor and address emerging community issues. Data, such as the Kid's Count data, Child Death Review Team data, economic, housing and poverty data and health data are reviewed annually as new reports are available.

Subgroups of the LCCC include Senior Coalition, Emergency Planning, Great Parents/Great Start, Housing and Literacy. Subcommittees have also been formed over the past 4 years to address Access to Health Care, Suicide, Infant Mortality and Heroin related deaths.

These groups were formed at the request of the Lapeer County Health Department, based on real-time mortality numbers from the Medical Examiner's office and evidence of lack of access to health care.

LAPEER COUNTY GREAT START COLLABORATIVE

This collaborative consists of community and business leaders, local government and service agencies, parents and schools, child care providers and organizations in Lapeer County who are working together to build a better coordinated system of care for families with young children.

LAPEER COUNTY COMMUNITY FOUNDATION VISIONING COMMITTEE

The Lapeer County Community Foundation Visioning Committee (LCCFVC) was formed after the Lapeer County Community Foundation Board convened a meeting of broad stakeholders in June, 2007 to identify community issues. Five areas of concerns were identified, including:

- Government
- Education
- Economy
- Health Care
- Transportation

A Visioning Health Care Sub-Committee was formed in response to concerns related primarily to lack of access to health care and a lack of information on healthy behaviors, the importance of health screening and the need to take personal responsibility for health for many Lapeer County residents.

The Health Care sub-committee of the Lapeer County Community Foundation Visioning Committee reviewed data from the 2011 County Health Rankings in June of 2011. Two areas of notable concern were the topics of nutrition and physical inactivity. In August, 2011, the committee began a number of activities to address community health care concerns:

1. A "Health Summit" was convened on September 21, 2011 at McLaren Lapeer Region. Stakeholders from all community agencies/organizations attended so that input could be gathered regarding the needs of their specific constituents.
2. Focus groups were conducted with individuals and organizations representing specific population demographics.
3. County health data was reviewed to correlate with reported needs from the individual focus groups.

4. A Health Risk Appraisal was offered on-line and at selected worksites. This survey solidified the areas of concentration for the implementation plan and provided a basis for measuring health behavior improvements over a year long program. Health Risks identified by the appraisal as well as self-reported by the participants include:

- Body weight
- Physical activity
- Stress

Health Issues Identified

- The economy creates issues for Lapeer citizens including a great concern for the health of children and adults
- Heart Disease and Stroke exceed state averages
- Pregnant women smoking rates continue to climb from 16.2%(2004-06) to 19.8% (2007)
- Obesity rates reflect state averages in both children and adults
- Many children are physically fit, yet many more lack minimal endurance/stamina
- Heart Disease is the leading cause of death and the most common hospital discharge diagnosis
- Lung and bronchial cancer combined are the 2nd highest cancer incidence and the highest in cancer deaths
- The top 4 causes of death can be impacted by appropriate diet, regular exercise and smoking cessation

PROCESS AND METHODS (cont.)

CONCLUSIONS AND RECOMMENDATIONS

Lapeer is Lacking:

- An external motivational opportunity for citizens to make healthier decisions in walking, eating and smoking
- A commitment by key officials in the city, business, school, and health to focus on creating and/or offering citizen's healthier life choices
- An Employer/Employee involvement programs that focus on healthier life choices
- The embracing of healthy lifestyle by residents of the city

CONCLUSIONS

- Lapeer citizens have many healthful alternatives available but the resources are not adequately utilized

- Programs together have a diverse rather than concentrated focus and may have too many objectives to effectively address significant changes in the population's overall health
- There appears to be no global community plan or efforts addressing the issues of population-based healthfulness
- Based on the gathered information, the Health Care sub-committee identified two areas of focus, obesity and physical activity

THE HEALTH CARE SUB-COMMITTEE MEMBERS INCLUDE:

- Bart Buxton, CEO & President, McLaren Lapeer Region

- Stephanie Simmons, Director, Lapeer County Health Department
- Matthew Wandrie, Lapeer Schools Superintendent
- Ashley White, Director, Lapeer County Community Foundation



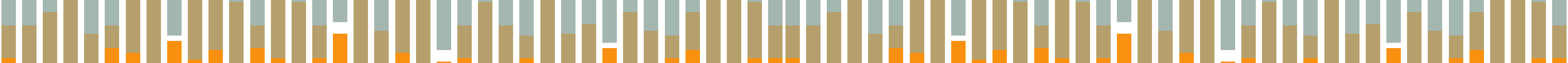


SECTION III

IMPLEMENTATION PLANS

THE CHALLENGE OF LAPEER COUNTY

OTHER COMMUNITY-WIDE ACTION PLANS



THE CHALLENGE PROGRAM

Based on the assessment efforts of the Health Care sub-committee of the Lapeer County Community Visioning committee and to address the health issues of Lapeer county residents and to enable all of our residents to share in the benefits of prevention and wellness, a committee of key county stakeholders developed "The Challenge", a year long health and wellness program.

The program consists of components to address physical fitness and exercise, weight management and nutrition, smoking cessation and chronic disease management. The fitness portion of the program culminates in June and July, 2013 with a major fitness event for children and a 5k run/walk for adults and families.

PROJECT GOALS AND OBJECTIVES:

GOAL 1:

To provide education on physical fitness and exercise, weight management and nutrition, smoking cessation and chronic disease management.

OBJECTIVE 1:

The program begins with a health fair that will include several risk screenings, a series of educational programs will be scheduled throughout the year to address major identified risk factors. A health fair at the end of the program, January, 2014 will measure results and assess successful behavioral change.

GOAL 2:

To provide a structured and monitored program to increase physical activity in both adults and children.

OBJECTIVE 2:

A structured program was developed by personal trainers to help individuals reach a higher level of physical wellness. The program is self-directed and has monitored check points every three months. Other exercise options will be offered throughout the year including, one-on-one personal

training, walking and running clubs, and small group exercise classes.

GOAL 3:

To assist individuals in developing a plan for a healthy lifestyle.

OBJECTIVE 3:

A website will be developed upon start-up of the program to assist in monitoring and supporting program participants over the year and in subsequent years.

A resource/staff person will assist individuals in developing a long-term individualized health plan that addresses their needs. Risk factors before and after program participation will be monitored and assessed for outcomes.

The website also provided a means for gathering data from the Health Risk Appraisal.

TIMELINE

Health Fairs: Conducted at the beginning of the program, January 5, 2013 and upon program completion, January, 2014.

Educational programs: Scheduled throughout the year. Calendar to be posted on website beginning January, 2013.

Exercise component: Begins at Health Fair, January 5, 2013 and culminates at the two scheduled events in August, 2013.

POPULATION TO BE SERVED

While "The Challenge" will have components for all Lapeer County residents, ages 5+, special emphasis will be made to engage parents, individuals with multiple risk factors, and those who lack access to healthcare.

In an effort to reach out to groups of individuals to encourage group support, we approached churches, senior centers and worksites to participate in the program. Two worksites offered incentives for their employees to participate in the year-long activities.

OTHER PARTICIPATING ORGANIZATIONS AND OTHER PROVIDERS OF PROGRAMS/SERVICES:

Lapeer County enjoys exceptional collaborative and cooperative relationships with organizations across the county.

The Lapeer County Community Foundation Visioning Committee (LCCFVC) was formed after the Foundation Board convened a meeting of broad stakeholders in June 2007 to identify community issues.

After a long investigative period, the sub-committee identified two areas of major concern, obesity and physical activity.

A committee of community stakeholders including business leaders, personal trainers and medical center employees was formed to outline the process and implement the plan.

THE CHALLENGE PROJECT OUTLINE	
Dates	Key Milestone
8/1/2012	Begin sending out teaser advertisements
9/14/2012	Website/Calendar/Advertising/Registration Capabilities – Pre-registration process begins
1/5/2013	Health Fair, HRA, Fitness Training Program Begins
8/3/2013	5K Run/Walk, Children's activities

THE CHALLENGE PROGRAM (cont.)

NAMES AND QUALIFICATIONS OF RESPONSIBLE MEMBERS

Stephanie Simmons, BSN, MPA

Stephanie is the Director/Health Officer for the Lapeer County Health Department, serving as the chief executive for the past 12 years.

In her 27+ years of public health employment, she has conducted community health assessments, managed worksite and community-based health promotion programs, directed personnel functions, provided oversight for program evaluation and quality improvement and developed and implemented annual budgets for 45+ public health programs.

Susan Perry-Nolte, MSA

Susan is currently the Director of Marketing and Public Relations for McLaren Lapeer Region. Susan is a senior marketing and communications professional with a proven track record focused primarily in the health care sector. Over the last 30 years she has demonstrated the ability to develop an organization's brand architecture and create an effective marketing and communication strategy to deliver strategic business growth.

She is a highly effective communicator, comfortable with all internal and external stakeholders. Throughout her career she has honed her exceptional leadership skills and has the ability to motivate a team to reach a common goal.

Susan holds a Bachelors of Science from Central Michigan University and completed a Master's of Science at Eastern Michigan University. She is currently working on a Graduate Certificate in Non-Profit Management from Lawrence Tech University.

Cassandra Davis

Cassandra is currently an Administrative Fellow at McLaren Lapeer Region and is pursuing her Master of Science in Administration Degree from Central Michigan University. Additionally, Ms. Davis has over 15 years of operations, logistics and human resource management experience and is a veteran of the United States Army.

Henry W.C. Kaye

Henry has been a Master Fitness Trainer since 1988. Henry was certified by the United States Army where he completed extensive fitness training in Augsburg, Germany. Henry spent 10 years in the military where he trained soldiers to prepare for the elite Special Forces and Ranger training schools. Since that time, he has earned several additional highly accredited certifications. In his tenure, he was an accomplished military parachute instructor "Jumpmaster" with the 82nd Airborne Division, Ft. Bragg, NC, a tactical communications team leader attached to various units around the world and a decorated veteran of Desert Shield/Storm and Desert Saber.

Dale Jenkins

- Graduate of Lakeville High School
- Certified Police Officer. Worked 31 Years for Lapeer County Sheriff Dept.
- Formerly Certified DARE instructor.
- Certified Field Training Officer for new hire Police Officers
- Past Varsity Football, Baseball and Softball Coach.
- Served on Church Boards at Richfield Nazarene and North Branch Wesleyan Church

Dustin Jenkins

- Graduate of North Branch Wesleyan Academy
- Served 4 ½ years in the United States Marine Corp.
- Assigned to HMX-1 (Helicopter Marine Squadron AKA Marine One) for 3 years.
- Received Accommodation for rewriting the Training Manual for new Marines assigned to HMX-1
- PT instructor for Marines assigned to HMX 1
- Certified Child Abuse investigator through Marine Corp MP's.
- Certified Personal Trainer
- Certified Running Coach through RRCA
- Business Owner Elite Feet Running stores in Lapeer and Port Huron

Laura Peet CDA

Laura is a Certified Dental Assistant and is also studying to be a Health Coach. Mrs. Peet is able to help people from their oral health to achieving overall health and wellness goals.



THE CHALLENGE PROGRAM (cont.)

CONTINUATION PLAN

The Challenge Program will be maintained by federal, state and local grants and include financial sponsorship from local businesses and private sector funding. The expected revenues of the project will continue to increase year over year as participation levels increase.

The future plan of The Challenge Program is that it be designed to share with other counties throughout the State of Michigan and support the ongoing health objectives of the Michigan Health and Wellness 4X4 plan.

ORGANIZATIONAL OVERSIGHT

Organizational oversight of this project will be administered through McLaren Lapeer Region Administration Offices. Funds will be maintained in a separate account and office space and oversight of associated contracted consultant will be provided

by the Director of Marketing and Public Relations.

For the purposes of this grant application, McLaren Lapeer Region will act as the fiduciary agent for The Challenge Project. It is intended that the first year of the project will require financial support, but for the 2nd and continuing years the project should become self sustaining.

Start up costs were funded by grant money from the McLaren Lapeer Region Foundation and the Lapeer County Community Foundation.

CONCLUSION

Preventing disease and encouraging healthy habits is the key to improving Lapeer County's health. When we invest in prevention, the benefits are realized throughout the community. Children grow up in families that nurture their healthy

development; people are more productive at work and at home. Businesses benefit because a healthier workforce reduces long-term healthcare costs and increases productivity. And, communities that offer a healthy, productive, stable workforce can be more attractive places for families to live and business to locate.

"The Challenge" will ensure that your investment in the health of our county is implemented in the most effective, affordable and achievable means for improving the health and well-being of Lapeer County.

A final Health Risk Appraisal was conducted in August of 2013. Results and data comparison will provide some of the supporting information for ongoing community assessment and project implementation.

OTHER COMMUNITY-WIDE ACTION PLANS

While The Challenge of Lapeer County is a result of the Health Care sub-committee of the Visioning Committee, there have been several other initiatives throughout the county to address identified needs. McLaren Lapeer Region participates as a major stakeholder in these efforts:

HEALTH SCREENINGS AND EDUCATION

The McLaren Lapeer Region Cancer Institute is committed to community screenings and education. Each year they complete four major cancer screenings for community members. They include screenings for:

- Skin cancer
- Colorectal cancer
- Prostate cancer
- Breast cancer

The Cancer Institute also provides education and support groups for cancer patients and their families.

ACCESS TO CARE

The Health Issues Committee met in May, 2009. At that time needs that were identified by the committee included increased mental health (particularly psychiatrist) needs, transportation for STD testing and treatment, dental care and medical services in general and the general lack of medical services available for the working poor.

Consultation occurred with Hamilton Clinic (FQHC) in Flint. Initially the discussion centered around possibilities to improve transportation to the Flint clinics.

Further discussion led to the option to open a clinic in Lapeer County. An application was submitted to the US Department of Health and Human Services in November, 2010 to expand services to Lapeer County.

INFANT MORTALITY

In the winter of 2010, it was noted that Lapeer County had seen 6 infant deaths within a 4 month period.

The Lapeer County Child Death Review Team recommended convening a committee to further review the causes of these deaths and implement a plan. These deaths were all related to positional asphyxiation.

In March, a committee, consisting of representatives from the Medical Examiner's Office, Great Start Collaborative, Community Collaborative, Lapeer Regional Medical Center and the Health Department was convened to review the data and discuss community educational efforts to address this issue.

The "Back to Sleep" campaign was utilized to reach families through local print media,

OTHER COMMUNITY-WIDE ACTION PLANS (cont.)

childbirth education classes, WIC, MIHP and Great Start avenues. An educational session for community agency staff who provide direct services to pregnant women and young families was held in June, 2009.

SUICIDE

During the winter of 2010, the Medical Examiner's office noted a significant increase in suicides in Lapeer County. With a historic baseline of 1 or 2 suicides per year, 9 suicides were reported for 2009, and 6 suicides were reported for the first 3 months of 2010. The majority of these suicides were among middle-aged men.

A group of stakeholders, including CMH, the Medical Examiner, Health Department and Community Collaborative Coordinator attended Suicide Prevention Technical Assistance Training in May, 2010 and the Lapeer County Suicide Prevention Task Force was formed.

The Medical Examiner's office compiled detailed risk data on each suicide case, which was reviewed by the Task Force and plans were put in place to address the current case demographics. Community training was provided for agencies and the interested public in August, 2010 and in-dept training (ASSIS) was provided for

mental health and other professionals in September, 2010. Activities are ongoing.

HEROIN-RELATED DEATHS

In October, 2010, the Medical Examiner's, Prosecutor's and Sheriff's offices noted a significant increase in heroin-related deaths. At least ten occurred in 2010.

On March 30, 2011 a task force, including representatives from the Sheriff's office, Prosecutor's office, Medical Examiner's office, CMH and Health Department Substance Abuse Division (AICC) convened to develop a plan to increase public awareness of this problem.

A speaker's panel, which included a former heroin addict the prosecutor was working with, was put in place.

On May 5, 2011, this panel presented at a "Networking Lunch" meeting at the Health Department with over 50 people from various agencies, schools, parents, etc. attending. The panel has also presented to a number of community groups and schools. Posters, flyers and brochures have been developed for distribution and the task force is ongoing.

LAPEER COUNTY INFLUENZA SUMMIT

Immunization rates for both Lapeer County children and adults are below the state average. Influenza rates among adults 65+ are believed to be at 50.7 (Michigan rate 69.9). Children aged 6 months-4 years showed the next highest rate of 25.9-31.6% complete. In the past year, pharmacies have increasingly become providers of flu vaccines for adults.

In an effort to engage all stakeholders and improve influenza vaccine coverage throughout the county, the Health Department convened an Influenza Summit on June 29, 2011. Providers discussed last season's efforts and next year's plans. The group discussed possible avenues to improve coverage levels.

As a result, the Health Department will gather information about influenza vaccine sites throughout the county. This information will be compiled and promoted via the print media and Health Department website. The Health Department will also establish an influenza email list serve to be used to provide compiled vaccine availability information and internet links to promotional materials. There are plans to convene a local Influenza Summit annually.





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