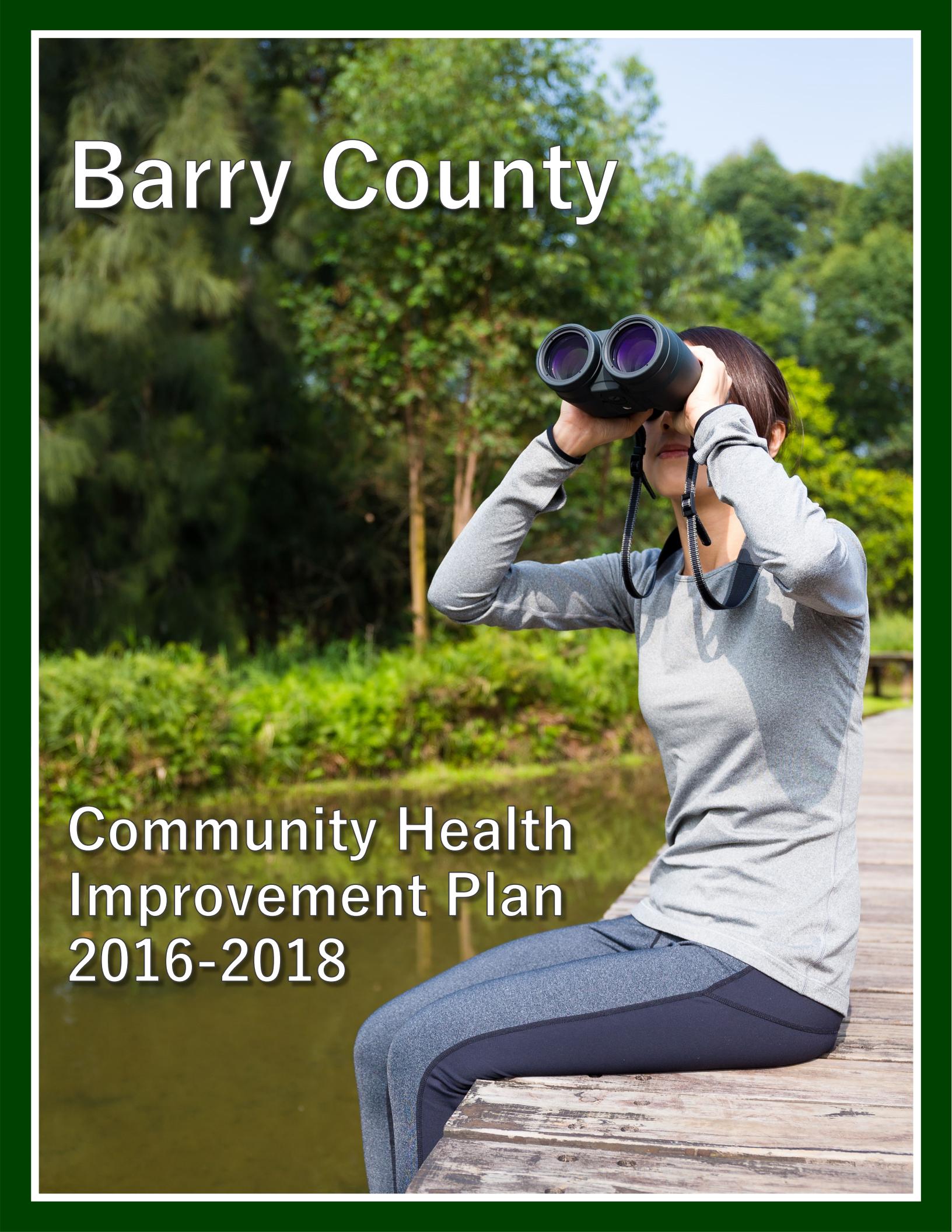


Barry County

A photograph of a woman with dark hair, wearing a grey long-sleeved shirt and blue leggings, sitting on a wooden dock. She is looking through a pair of black binoculars. The background shows a lush green forest and a calm body of water under a clear sky.

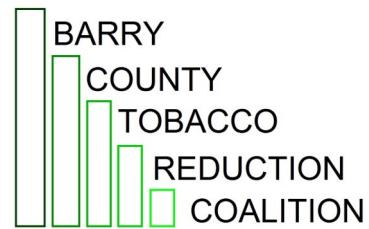
Community Health
Improvement Plan
2016-2018

ACKNOWLEDGMENTS

The Barry-Eaton District Health Department (BEDHD) would first like to acknowledge the hard work and dedication of Janine Dalman and other staff from Spectrum Health Pennock, who partnered with BEDHD on development and publication of the 2015 Barry County Community Health Needs Assessment. Without the development of the Community Health Needs Assessment, there would not be a framework for this Community Health Improvement Plan (CHIP) to be developed from. Additional thanks go out to the various community stakeholders who participated in the selection of the five health priorities for Barry County for 2016-2018.

We would also like to acknowledge and thank the agencies, community coalitions, and organizations that contributed goals, objectives, and action items to this CHIP for Barry County:

- Barry County Access to Care Coalition
- Barry County Great Start Coalition
- Barry County Tobacco Reduction Coalition
- Barry-Eaton District Health Department
- B.Healthy Coalition
- Spectrum Health Pennock



CONTACT INFORMATION

For more information about the Barry County Community Health Improvement Plan, or the Barry County Community Health Needs Assessment, please contact:

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INTRODUCTION

BACKGROUND

A Community Health Improvement Plan (CHIP) is an action-oriented plan outlining the priority health issues of a community and how these issues will be addressed to ultimately improve the health of a community. A CHIP is developed through the community health improvement process, which includes evaluating the findings of the Community Health Needs Assessment (CHNA) and incorporating input from community members and stakeholders.

Since 2012, the Barry-Eaton District Health Department (BEDHD) has worked in conjunction with Spectrum Health Pennock and other community stakeholders to conduct CHNAs and CHIPs for Barry County. A new Barry County CHNA was developed in fall 2015 and finalized in March 2016. On February 11, 2016, a prioritization event was held with community stakeholders, including health care providers, community and government agencies, local coalitions and organizations, businesses, and media. The event allowed for review and feedback of the draft CHNA. In addition, the event participants selected the following health priorities to be of most importance for the upcoming CHIP:

- Chronic disease in adults
- Mental health
- Obesity
- Tobacco and smoking
- Opportunities for physical activity

This CHIP describes how BEDHD, Spectrum Health Pennock, and other stakeholders will work together to improve the health of Barry County residents based on the issues identified by the 2015-2016 CHNA.



Figure 1. The six Core Process Steps of the Community Health Improvement Process. Step 6 includes the Community Health Improvement Plan. From the Association for Community Health Improvement.

ABOUT THE REPORT

WHAT IS THE BARRY COUNTY CHIP?

The Barry County CHIP is a strategic plan to propel improvements in our top health issues through multiple, concurrent interventions across different sectors. It can also be thought of as a community-specific response to the health issues that were prioritized in the Barry County CHNA. Each issue is addressed in its own appendix at the end of this report, in the order that they were ranked at the community prioritization event (from highest to lowest):

- Chronic Disease in Adults
- Mental Health
- Obesity
- Smoking and Tobacco Use
- Opportunities for Physical Activity

Each appendix contains an introduction to the health issue, including relevant data, along with a detailed work plan that outlines how improvements will be achieved. Data was compared between Barry County, Eaton County, and Michigan; Eaton County was chosen as a “peer” county based on the CDC’s Community Health Status Indicators methodology, which includes 19 variables reflecting population demographics, education, housing, income, and unemployment.

WHAT IS THE PURPOSE OF OUR CHIP?

- To drive improvements in the top health priority areas in Barry County, which will ultimately improve health outcomes and quality of life for Barry County residents
- To establish collective approaches that can be integrated into strategic plans and action plans of coalitions and organizations throughout the county
- To communicate actions that are being taken to address health issues within our community, so that future actions that are developed can be complementary and not duplicative

HOW WAS THE CHIP CREATED?

The Barry-Eaton District Health Department sought input for the CHIP from a multitude of Barry County coalitions, agencies, and organizations. Most stakeholders provided content for the CHIP that was based on existing strategic plans and aligned with the CHIP priorities. Some coalitions went through a strategic planning process specifically designed to develop a work plan that would not only guide the work of the coalition, but was appropriate for inclusion in the CHIP. A work plan template was provided so that various elements of the CHIP work plan could be consistently collected.

CHIP TERMINOLOGY

GOALS: Broad, brief statements that explain what you want to achieve in your community and provide focus or vision for planning.

STRATEGIES: Methods selected to achieve a goal or objective. For this CHIP, strategies have been included within the goal statements.

OBJECTIVES: Specific, measurable, achievable, relevant, and time-bound (SMART) statements that define progress toward a goal.

ACTIVITIES: The detailed actions or steps that will be conducted in order to complete the corresponding objectives.

ABOUT THE REPORT

RESOURCES

The following resources listed in the full work plan (Appendices A-E) demonstrate alignment between the Barry County CHIP and various state and national health priorities. This list may be exclusive, as there are likely additional plans sharing similar goals and objectives which are not listed here.

2020 Michigan State Oral Health Plan: <http://bit.ly/1XILzoi>

Healthy People 2020: <https://www.healthypeople.gov/2020/topics-objectives>

MDHHS Tobacco Control Program Strategic Plan (2013-2018): <http://bit.ly/2lle3da>

Michigan 2016-2019 Infant Mortality Reduction Plan: <http://bit.ly/2mBz39N>

Michigan Health and Wellness 4x4 Plan: <http://bit.ly/2mjVUp8>

Michigan Maternal Child Health Services Grant: <http://bit.ly/2llelkq>

MDHHS Medicaid State Plan: <http://bit.ly/1gQ0iGX>

National Prevention Strategy: <https://www.surgeongeneral.gov/priorities/prevention/strategy/>

ABBREVIATIONS USED IN THIS REPORT:

AAA = Area Agency on Aging

BCCMHA = Barry County Community Mental Health Authority

BEDHD = Barry-Eaton District Health Department

CDC = Centers for Disease Control and Prevention

CHIP = Community Health Improvement Plan

CHNA = Community Health Needs Assessment

CHW = Community Health Worker

CSHCS = Children's Special Health Care Services

HP = Healthy People

MCH = Maternal Child Health block grant

MDHHS = Michigan Department of Health and Human Services

MI = Michigan

MSU = Michigan State University

SPM = State Performance Measure

REPORT SUMMARY

Priorities, Goals, and Objectives from the 2016-2018 Action Plan

This document provides an overview of the top five health priorities identified from the Barry County Community Health Needs Assessment, and the corresponding goals and objectives that were developed by community organizations, agencies, and stakeholders to address these priorities. More information on the detailed activities that will be taking place under these goals and objectives are located in the work plans for each priority in the appendices at the end of this report.

CHRONIC DISEASE

Improve management of chronic disease by increasing access to health care providers



- Increase access to primary care providers for residents who need medical management of chronic diseases
- Expand cancer services to include hospital-based Medical Oncology services
- Implement telehealth services to increase access to primary and specialty care services

Empower individuals to take an active role in health care decisions regarding chronic disease



- Increase the involvement of Barry County Children's Special Health Care Services parents in decisions surrounding service delivery

Support diabetes management



- Increase and improve utilization of the Spectrum Health Pennock Hospital's Diabetes Management Program
- Supplement existing hospital-based diabetes management programs by supporting Barry County diabetes management programs

Develop Community Health Worker infrastructure



- Secure funding for, establish, and educate the community on importance of a county CHW network
- Connect CHWs with existing resources and training to improve patient connections to services and resources

Prevent development of chronic disease



- Prevent chronic dental disease by increasing community awareness of existing dental resources and dental insurance coverage
- Increase awareness of and provide technical assistance for Health in All Policies concepts, in order to increase health equity and decrease factors that contribute to chronic disease

MENTAL HEALTH

Identify and implement strategies to address depression



- Compile and prioritize evidence-based strategies that address depression in youth and women of childbearing age, and integrate strategies into the Community Health Improvement Plan

Improve access to mental health resources



- Facilitate knowledge and utilization of existing mental health resources within and outside of Barry County
- Support and serve residents living with dementia and their family and friend care partners
- Obtain additional mental health providers and services

Implement prevention programs to mitigate mental health outcomes related to childhood lead exposure



- Implement and evaluate a home-based lead education program for families whose children screen high for lead exposure

REPORT SUMMARY

OBESITY

Implement community education and programming on obesity prevention/management



- Provide and improve upon existing obesity prevention and management classes for Barry County residents

Promote nutrition and healthy eating



- Make fresh, local produce available and affordable through a variety of local services, including farmers markets and food pantries
- Evaluate and provide health education opportunities regarding nutrition at food pantries

Develop and implement a comprehensive, policy-driven approach to affect positive changes in physical activity, nutrition, and/or stress management



- Promote policy changes in schools to increase and improve physical activity, nutrition, and stress management in children
- Promote policy changes in local businesses to increase and improve the physical activity, nutrition, and stress management of employees

SMOKING AND TOBACCO USE

Target risk groups to prevent smoking/tobacco use



- Explore community education opportunities to provide anti-tobacco/smoking messaging
- Provide community education on e-cigarettes
- Measure and track Teens Against Tobacco Use programming
- Seek funding for tobacco/smoking prevention efforts

Provide education about and increase treatment for smoking/tobacco cessation



- Provide education on quitting smoking/tobacco use
- Seek funding to increase availability of smoking/tobacco cessation treatment efforts

OPPORTUNITIES FOR PHYSICAL ACTIVITY

Increase physical activity



- Host community events educating residents about the benefits of physical activity

Increase awareness of healthy and positive food/activity choices



- Create a yearly, county-wide health communication campaign to promote and increase awareness of healthy, active lifestyles

CONCLUSIONS

It is inspiring to think that within two years time, six organizations will collectively work towards achieving 15 goals, 28 objectives, and 76 activities that will improve the health and well-being of Barry County residents. No single person or organization can create lasting change on a large scale, but by working together large-scale change is possible!

NEXT STEPS

Communication and Feedback

This Barry County CHIP report will be communicated to stakeholders and the public via a variety of methods, including but not limited to publication on the BEDHD website, BEDHD Facebook postings, a press release, and presentation to community coalitions and organizations. Stakeholder and public feedback will be sought.

Implementation and Progress

The activities in this plan are scheduled for completion during 2016 through 2018. BEDHD will develop and disseminate a document to track progress made in completing these activities; these updates will be put into a CHIP progress report.

Assessment and Revision

Based on updates and the progress report, organizations participating in the CHIP will be assisted by BEDHD in reviewing their existing plans, and revising them if needed. These revisions will be incorporated into a new version of the CHIP.

It is also recognized that some Barry County organizations may not have been able to contribute to this initial CHIP report, for a variety of reasons, despite a desire to do so and conducting meaningful work towards improving the identified health priorities. Any agency, coalition, or organization interested in contributing to the Barry County CHIP is highly encouraged to do so by contacting BEDHD (contact information at the beginning of this report). Any additions to the work plans will be incorporated into future versions of the CHIP.

HOW TO GET INVOLVED

Share and Communicate

Please share this plan, and any actions that are being taken to achieve the goals within the plan, with others in the community. It is critical that we communicate about the community health improvement process. Most people are used to thinking about health as a product of personal responsibility, while in truth the environments in which people live, work, and play, and the opportunities they have within those environments, build the foundation for health.

The Barry County CHIP is available on the Barry-Eaton District Health Department's website at: <http://bit.ly/2lOMBKh>.

Become Engaged

Disparities in health equity affect health outcomes, and negatively impact Barry County as a whole. Community engagement is vital to understanding and committing to improve health disparities. Planning, implementation, and evaluation of health improvement actions should include input from community members. In addition, efforts can be made to inform and influence policy through engagement of local and state decision makers.

Contribute

The community health improvement process works most effectively when all sectors of the community are participating in the process. Organizations that have not already contributed to the CHIP are encouraged to do so, and those that are taking action should document and share their progress. By measuring ourselves we can measure our success!

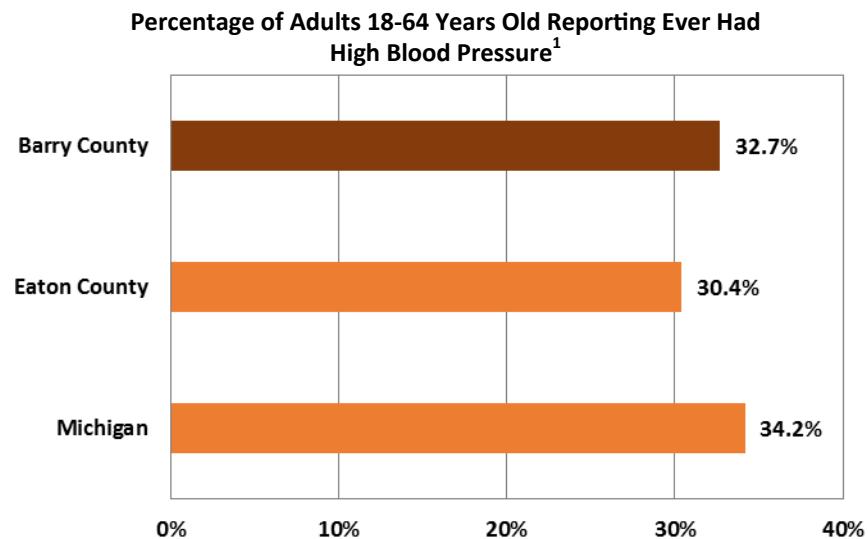
APPENDIX A: CHRONIC DISEASE IN ADULTS

IMPACT ON BARRY COUNTY

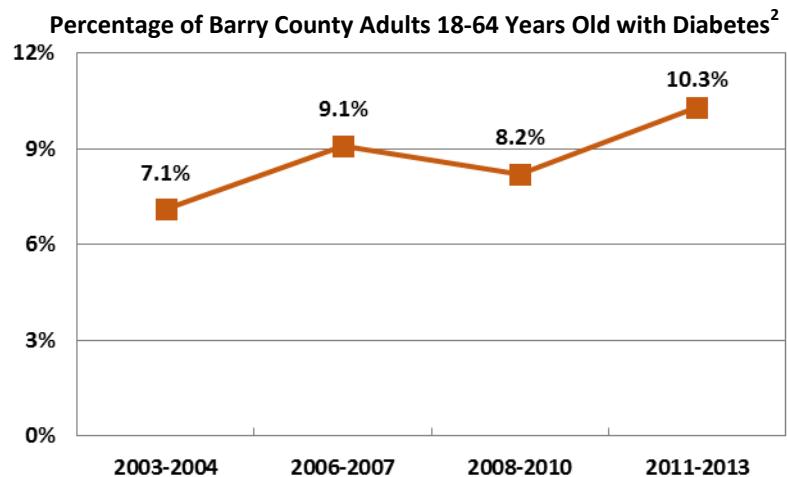
Chronic conditions and their complications account for a substantial portion of health costs, both direct and indirect. Chronic diseases account for \$3 out of every \$4 spent on health care.

DATA SNAPSHOT

High blood pressure, if left uncontrolled or undetected, can lead to heart attack, stroke, heart failure, kidney disease or failure, vision loss, sexual dysfunction, angina (chest pain), and peripheral artery disease. Barry County has a higher percentage of adults aged 18-64 years reporting that they have ever been told by a health professional that they have high blood pressure (32.7%) than Eaton County (30.4%). However, this measure is lower than the reported rate for Michigan adults (34.2%).



The percentage of adults in Barry County reporting that they have ever been told by a health professional that they have diabetes has increased by 3.2% between 2003-2004 and 2011-2013. The most recent data from 2011-2013 indicates that over 10% of Barry County adults report having diabetes at some time.



1. Barry-Eaton Behavioral Risk Factor Survey, 2011-2013; Michigan Behavioral Risk Factor Survey, 2011
2. Barry-Eaton Behavioral Risk Surveys, 2003-2013

APPENDIX A: CHRONIC DISEASE IN ADULTS

Goal/Strategy Statement #1:	Improve management of chronic disease in Barry County residents by increasing access to health care providers
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Objective #1:	By July 2018, increase access to primary care providers for Barry County residents who need medical management of chronic diseases
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Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Hire four new primary care physicians	July 2018	Spectrum Health Pennock		Additional primary care physicians available to public	No		CDC HP 2020 Goals (AHS-3,5,6)
2. Hire three advanced practice providers	December 2016	Spectrum Health Pennock		Additional primary care providers available to public	No		CDC HP 2020 Goals (AHS-3,5,6)

Objective #2:	By March 2017, expand cancer services for Barry County residents to include hospital-based Medical Oncology services
----------------------	--

Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Reintroduce provider-based consultative and chemotherapy program	March 2017	Spectrum Health Pennock	Program funding through Spectrum Health Pennock Foundation	Improved local access for residents in need of medical oncology services	Possibly		CDC HP 2020 Goals (AHS-6,1,6,2, C-14)

Objective #3:	By January 2017, implement telehealth services to increase access to primary and specialty care services for Barry County residents in order to decrease commutes and wait times for these services
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Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Implement Spectrum Pennock-based MedNow services	January 2017	Spectrum Health Pennock	Spectrum Health has existing MedNow system	Decrease commutes and wait times for county residents seeking primary and specialty care services			CDC HP 2020 Goals (AHS-3,5,6)

**APPENDIX A:
CHRONIC DISEASE**

APPENDIX A: CHRONIC DISEASE

APPENDIX A: CHRONIC DISEASE IN ADULTS

Goal/Strategy Statement #2: Empower individuals in Barry County to take an active role in health care decisions regarding chronic disease						
Objective #1: By the end of 2018, increase the involvement of Barry County Children's Special Health Care Services (CSHCS) parents in decisions surrounding service delivery						
Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations
1. Research best practice models of engaging parents in service delivery decision-making	November 2016	BEDHD	Staff time	Identification of best practice models	No	CDC HP 2020 Goals (HC/HIT-3)
2. Develop and implement a strategy to engage parents in decision-making	September 2017	BEDHD	Staff time	Strategic plan	No	CDC HP 2020 Goals (HC/HIT-3)
3. Apply for CSHCS mini-grant to use as potential incentive to increase parental engagement	TBD based on grant application	BEDHD	Staff time	Completed grant application	No	CDC HP 2020 Goals (HC/HIT-3)
Goal/Strategy Statement #3: Support diabetes management for Barry County residents						
Objective #1: By June 2018, increase and improve utilization of the Spectrum Health Pennock Hospital's Diabetes Management Program						
Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations
1. Increase patients referred into the Diabetes Self-Management Education program by 5% by October 2017 and another 5% by June 2018	June 2018	Spectrum Health Pennock	Pennock Diabetes Educator	10% increase in number of referred patients	No	CDC HP 2020 Goals (D-2-7,14)
2. Add an additional 0.5 FTE staff to program to accommodate patient demand	August 2017	Spectrum Health Pennock	Staff time and associated financial support are required	Increasing staff will accommodate patient demand for program	No	CDC HP 2020 Goals (D-2-7,14)
3. Increase current individualized goal attainment rate for program patients from 87% to 89%	October 2017	Spectrum Health Pennock		Increased appropriate diabetes management by patients	No	Barry County primary care providers

APPENDIX A: CHRONIC DISEASE IN ADULTS

Objective #2:	By June 2018, supplement existing hospital-based diabetes management programs by supporting Barry County diabetes management programs
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Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Provide funding, programmatic resources, and staff to National Diabetes Prevention programs in Barry County	Through June 2018	Spectrum Health Pennock, in collaboration with MSU Extension	Spectrum Health will fund through June 2018, and dietitian and diabetic educator staff time	No	MSU Extension	CDC HP 2020 Goals (D-14)	

Goal/Strategy Statement #4:	Develop Community Health Worker (CHW) infrastructure within Barry County, as CHWs are a proven strategy to improve chronic disease outcomes and decrease improper emergency room visits
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Objective #1:	By September 2018, secure funding for, establish, and educate the community on the importance of a Barry County network of CHWs
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Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Advocate for stable funding for CHWs	September 2017	BEDHD	Potential for reimbursement from Priority Health HMO or state Medicaid office	Stable CHW positions at BEDHD	No	Access to Care Coalition	CDC HP 2020 Goals (AHS-6, DH-2,4,8,17), MI Medicaid plan
2. Review and explore existing MiConnectz CHW referral system and identify gaps and potential linkages to expand the system	September 2017	AAA (lead), Access to Care Coalition members	To be determined as part of the activity	An inventory of gaps and potential linkages	No		CDC HP 2020 Goals (AHS-6, DH-2,4,8,17)
3. Educate Barry County stakeholders on CHWs and their services	through September 2018	BEDHD, AAA	CHWs, possible funding for promotion?	Presentations, press releases, newspapers, etc.	No		CDC HP 2020 Goals (AHS-6, DH-2,4,8,17)

Objective #2:	By September 2017, connect Barry County CHWs with existing resources and training to improve patient connections to services and resources
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Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Identify known resources and trainings that would be applicable to CHWs	September 2017	Organizations w/ CHWs (BEDHD and AAA)	Kellogg Community College CHW training, others TBD	A list of resources and trainings applicable to CHWs	No		CDC HP 2020 Goals (AHS-6, DH-2,4,8,17)

**APPENDIX A:
CHRONIC DISEASE**

APPENDIX A: CHRONIC DISEASE

APPENDIX A: CHRONIC DISEASE IN ADULTS

Goal/Strategy Statement #5: Prevent the development of chronic disease in Barry County residents						
Objective #1: By September 2018, prevent chronic dental disease in Barry County residents by increasing community awareness of existing dental resources and dental insurance coverage						
Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations
1. Provide education to providers/ CHWs/others about United Way dental co-pay program, Cherry Health dental services, and My Community Dental Center	September 2017	Various programs (Barry County United Way, Cherry Health, MDCD) provide materials; Access to Care Coalition members distribute	Program materials are needed	Community distribution of program materials, especially to populations in need	No	Health care providers, CHWs
2. Partner with local businesses and municipalities to distribute dental resources	Gather resources by Sept 2017, distribution to businesses by Sept 2018	Access to Care Coalition members	Need list of businesses who are willing to post resources or distribute to employees	List of businesses and municipalities to which document(s) distributed	No	Local businesses and municipalities
Objective #2: By September 2017, increase awareness of and provide technical assistance for Health in All Policies concepts, in order to increase health equity and decrease factors that contribute to chronic disease in Barry County residents						
Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations
1. Educate BEDHD municipality outreach staff on community health initiatives, technical assistance that BEDHD can offer, strategies to assess community readiness, and Health in All Policies concepts	September 2017	BEDHD		BEDHD staff will have increased knowledge of Health in All Policies concepts	No	CDC HP 2020 Goals (PA-15), National Prevention Strategy
2. Conduct promotion and communication activities to enhance awareness of BEDHD's technical assistance capabilities and Health in All Policies concepts by municipalities and commissions	February and September 2017	Staff time		Communications to municipalities and commissions on capabilities	No	CDC HP 2020 Goals (PA-15), National Prevention Strategy

APPENDIX B: MENTAL HEALTH

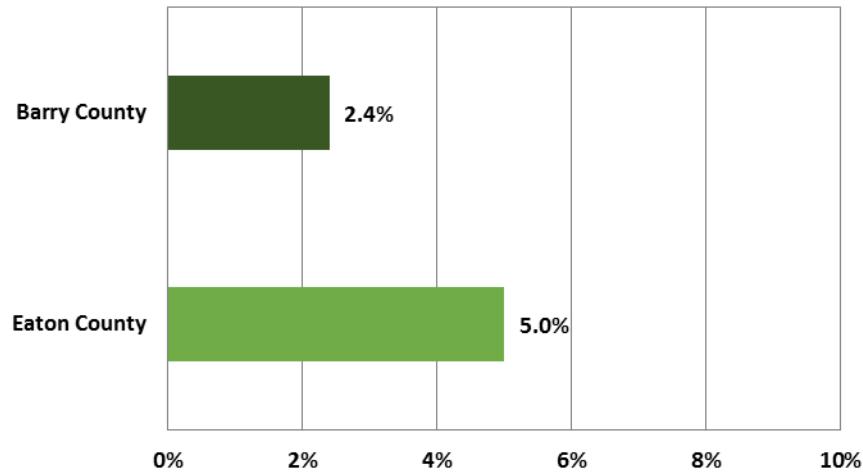
IMPACT ON BARRY COUNTY

Overall health depends on both physical and mental well-being. Poor mental health can affect one's ability to work or perform their normal daily activities. Measuring the number of days when people report that their mental health was not good or during which they felt depressed represents an important facet of health-related quality of life.

DATA SNAPSHOT

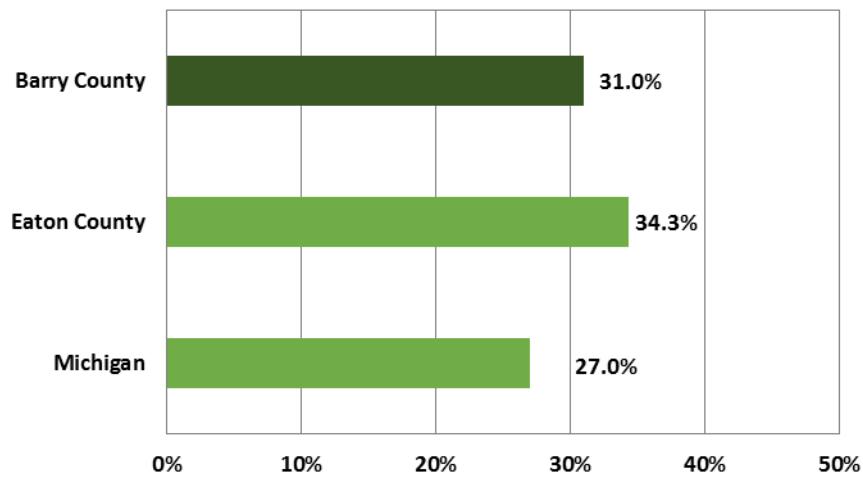
Fewer Barry County adults aged 18-64 years reported a mental health or emotional problem that was severe enough to affect their normal activity during the past month (2.4%) than adults in Eaton County. Mental health questions on the Michigan Behavioral Risk Factor Survey are asked differently and not included in this analysis.

Percentage of Adults 18-64 Years Old with Poor Mental Health¹



This indicator represents the percentage of high school students (9th and 11th graders) who felt so sad or hopeless almost every day for two weeks or more in a row, within the past year, that they stopped doing some of their usual activities. More Barry County students (31.0%) reported experiencing symptoms of depression than students in Michigan; however, this data was less than the reported rate for Eaton County students. Statewide data includes 9th-12th graders.

Percentage of High School Students with Symptoms of Depression in the Past Year²



1. Barry-Eaton Behavioral Risk Factor Survey, 2011-2013

2. Michigan Profile for Healthy Youth Survey, 2013-2014; Michigan Youth Risk Behavior Survey, 2013

APPENDIX B: MENTAL HEALTH

APPENDIX B: MENTAL HEALTH

Goal/Strategy Statement #1: Identify and implement strategies to address depression in Barry County residents						
Objective #1: By September 2017, compile and prioritize a list of potential evidence-based strategies that address depression in youth and women of childbearing age in Barry County, and integrate identified strategies into the Barry County Community Health Improvement Plan						
Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations
1. Research evidence-based strategies for improving depression at the public health or community level	December 2016	BEDHD	Staff time	List of depression prevention strategies	No	Collaborate with local mental health providers to identify any known strategies
2. Evaluate and prioritize identified strategies to address depression	March 2017	BEDHD	Staff time, input needed from community partners	List of prioritized depression prevention strategies, will be included in next CHIP version	No	Barry Community Resource Network: Suicide Awareness Initiative
3. Identify community partners to address depression strategies and integrate those efforts into the CHIP	September 2017	BEDHD	Staff time, input needed from community partners	Strategic plan items included in CHIP	No	CDC HP 2020 Goals (MHMD-4), MI MCH grant (SPN#3)
Goal/Strategy Statement #2: Improve access to mental health resources for Barry County residents						
Objective #1: By March 2017, facilitate knowledge and utilization of existing mental health resources within and outside of Barry County						
Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations
1. Creation and distribution of a mental health resource flowchart	September 2017	Creation - Barry County United Way; Review and Distribution - All Access to Care Coalition members	BCCMHA, Pine Rest, other agencies providing services	Mental health resource flowchart	No	Spectrum Health Pennock

APPENDIX B: MENTAL HEALTH

Objective #2:	By June 2017, support and serve Barry County residents who are living with dementia and their family and friend care partners
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Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Improve dementia care capability of care providers by offering training	June 2017	AAA	Dementia Friendly America toolkit (www.dfacmerica.org/toolkit-1/)	Crisis Prevention Institutes Dementia-capable care training: 30-50	Maybe	Access to Care Coalition	Possibly CDC HP 2020 Goals (DIA-1,2), National Prevention Strategy

Objective #3:	By September 2018, obtain additional mental health providers and services that serve Barry County residents
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Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Develop a plan that advocates for the availability of psychiatric services for Barry County residents	By September 2017	Access to Care Coalition Members	Available: existing services; faith-based organizations, possibly telemedicine services; Required: additional providers/staff	Plan that can be implemented to increase psychiatric services	Possibly (inclusion of telemedicine options, potential memorandums of understanding)		CDC HP 2020 Goals (MHMD-5,6,9,10), National Prevention Strategy
2. Support efforts to increase the number of physicians willing to prescribe appropriate psychotropic medications by increasing coordination among providers	September 2018	BCCMHA (lead), Access to Care Coalition Members	Educational materials and time to educate providers are required; currently unknown if appropriate materials exist	Educational materials describing appropriate psychotropic medication prescribing; list of physicians contacted regarding educational	Possibly, physician offices may need to change prescribing practices	Local physicians	CDC HP 2020 Goals (MHMD-5,6,9,10), National Prevention Strategy

APPENDIX B: MENTAL HEALTH

APPENDIX B: MENTAL HEALTH

Goal/Strategy Statement #3: Implement prevention programs to mitigate mental health outcomes related to childhood lead exposure						
Objective #1: By September 2017, implement and evaluate a home-based lead education program for Barry County families whose children screen high for lead exposure						
Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations
1. Identify best practices for home-based lead education programs and determine potential need for such a program in Barry County	December 2016	BEDHD	Staff time, existing local health department education programs	Education program elements and data identifying program need	No	MDHHS, local health departments
2. Explore staffing feasibility, resource allocation, and billing components of home-based lead education programs	January 2017	BEDHD	Staff time, existing local health department education programs		Possibly - reimbursement may be needed from state or insurance providers	CDC HP 2020 Goals (EH-8), MI Infant Mortality Reduction Plan (Goals 4,6)
3. Develop and implement home-based lead education program	by April 2017	BEDHD	Funding to implement program is required	Home visits to families with children diagnosed with lead poisoning	No	CDC HP 2020 Goals (EH-8), MI Infant Mortality Reduction Plan (Goals 4,6)
4. Monitor and evaluate home-based lead education program	September 2017	BEDHD	Staff time	Evaluation report	No	CDC HP 2020 Goals (EH-8), MI Infant Mortality Reduction Plan (Goals 4,6)

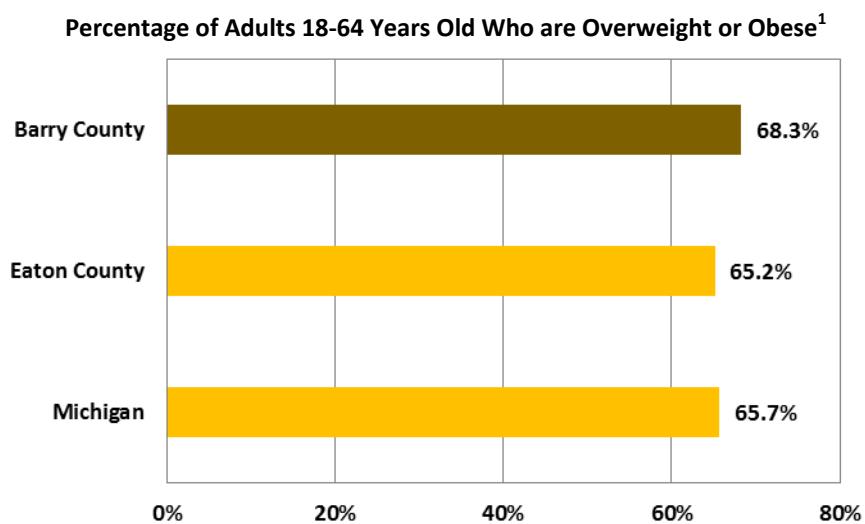
APPENDIX C: OBESITY

IMPACT ON BARRY COUNTY

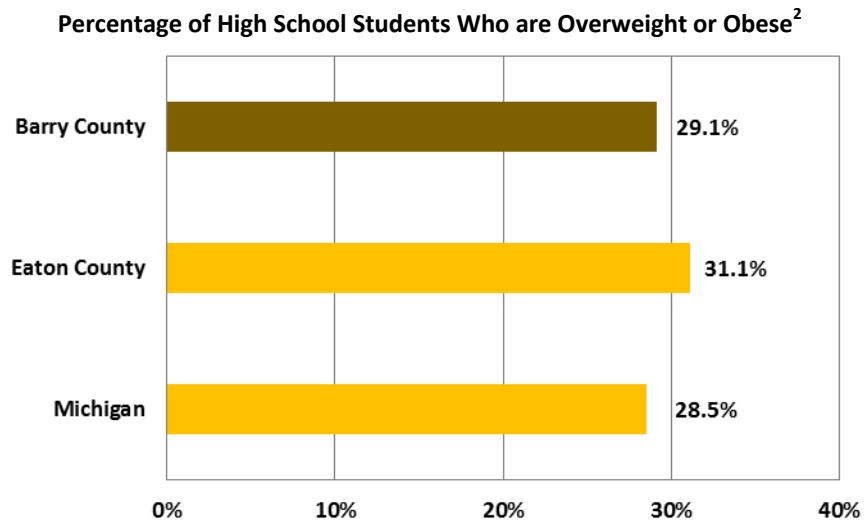
Obesity increases the risk of many diseases and health conditions, such as high blood pressure, diabetes, coronary heart disease, stroke, sleep apnea, arthritis, gallbladder disease, high cholesterol, and some forms of cancer. In 2012, Michigan had the 10th highest prevalence of obesity in the United States. Overweight is defined as having a body mass index (BMI) between 25.0 and 29.9, and obesity is a BMI greater than or equal to 30.0. BMI is defined as weight in kilograms divided by height in meters squared (w/h^2).

DATA SNAPSHOT

Slightly more adults in Barry County reported being overweight or obese (68.3%) than those in Eaton County or throughout Michigan (65.2% and 65.7%, respectively). Data on obesity was calculated from the self-reported height and weight measurements of residents participating in local and state Behavioral Risk Factor Surveys (BRFS). Some people tend to underestimate their weight when self-reporting in a phone survey such as the BRFS.



This chart represents the percentage of high school students (9th and 11th graders) who are considered overweight or obese, as calculated by self-reported height and weight data. There is a slightly higher percentage of overweight or obese students in Barry County when compared to Eaton County, but less than for Michigan. Statewide data includes 9th-12th graders.



1. Barry-Eaton Behavioral Risk Factor Survey, 2011-2013; Michigan Behavioral Risk Factor Survey, 2012

2. Michigan Profile for Healthy Youth Survey, 2013-2014; Michigan Youth Risk Behavior Survey, 2013

APPENDIX C: OBESITY

APPENDIX C: OBESITY

Goal/Strategy Statement #1:	Implement community education and programming for Barry County residents on obesity prevention and management
Objective #1:	By June 2018, provide and improve upon existing obesity prevention and management classes for Barry County residents

Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Increase retention rates in the Spectrum Health Pennock Weight Management class by 2% Establish baseline January 2017, increase by June 2017	Spectrum Health Pennock			Increased participation in class, leading to weight reduction of 5% by class participants over 12 months	No		CDC HP 2020 Goals (NWS-8,9,11), National Prevention Strategy, MI Health and Wellness 4x4 Plan
2. Conduct two 6 week B. Healthy Families programs to address obesity in the community	Conduct one class by June 2017 and one by June 2018 Spectrum Health Pennock, with the B. Healthy Coalition			Each class will educate at least 20 children and one adult caregiver per participating family	No	NE Elementary in Hastings, Delton Gardens	CDC HP 2020 Goals (NWS-8,9,10,11), National Prevention Strategy, MI Health and Wellness 4x4 Plan

Goal/Strategy Statement #2:	Promote nutrition and healthy eating throughout Barry County
Objective #1:	By September 2017, make fresh, local produce available and affordable through a variety of local services, including farmers markets and food pantries in Barry County

Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Assess current resources for and barriers to storing and distributing nutritious foods in food pantries	December 2016	BEDHD	Staff time	List of current resources and barriers	No	Local food pantries	CDC HP 2020 Goals (NWS-12-19), National Prevention Strategy, MI Health and Wellness 4x4 Plan
2. Work with local food pantries to provide infrastructure improvements and technical support	September 2017	BEDHD	Staff time, \$500 incentive for participating pantry	Increased local food pantry capacity to store and distribute nutritious foods	No	Local food pantries	CDC HP 2020 Goals (NWS-12-19), National Prevention Strategy, MI Health and Wellness 4x4 Plan

APPENDIX C: OBESITY

3. Work with local food pantries to establish policies that offer more nutritious food and beverage options to low income residents	September 2017	BEDHD	Staff time, \$500 incentive for participating pantry	Increased number of food pantries offering more nutritious food options	Yes	Local food pantries (CDC HP 2020 Goals (NWS-12-19), National Prevention Strategy, MI Health and Wellness 4x4 Plan
4. Work with local food pantries to develop partnerships with local produce, dairy, and meat farmers to obtain local, nutritious food for food pantries	September 2017	BEDHD	Staff time, \$500 incentive for participating pantry	Increased number of food pantries offering local, nutritious food options	No	Local food pantries, local farmers (CDC HP 2020 Goals (NWS-12-19), National Prevention Strategy, MI Health and Wellness 4x4 Plan

Objective #2: County food pantries		By September 2017, evaluate and provide health education opportunities regarding nutrition at Barry County food pantries				
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Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Assess the current methods used by local food pantries to educate clients about nutritious foods and cooking methods	December 2016	BEDHD	staff time	Description of current education methods	No	Local food pantries (CDC HP 2020 Goals (NWS-14-19), National Prevention Strategy, MI Health and Wellness 4x4 Plan	
2. Provide technical support and resources to food pantries to offer cooking demonstrations and/or food tastings	September 2017	BEDHD	staff time, \$500 for nutrition-related incentives to increase attendance, recipe cards, brochures, "Healthy Nudges" model signs	Number of attendees at demonstrations or classes	No	Local food pantries (CDC HP 2020 Goals (NWS-14-19), National Prevention Strategy, MI Health and Wellness 4x4 Plan	
3. Conduct a pre- and post-survey to determine food pantry clients' knowledge of benefits of nutritious foods and their comfort/knowledge of using them to create meals	September 2017	BEDHD	staff time	Survey results	No	Local food pantries (CDC HP 2020 Goals (NWS-14-19), National Prevention Strategy, MI Health and Wellness 4x4 Plan	

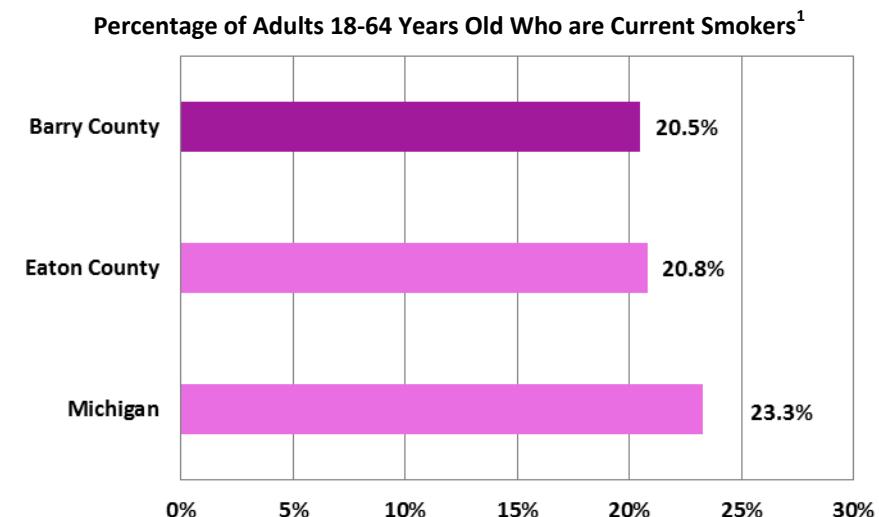
APPENDIX D: TOBACCO AND SMOKING

IMPACT ON BARRY COUNTY

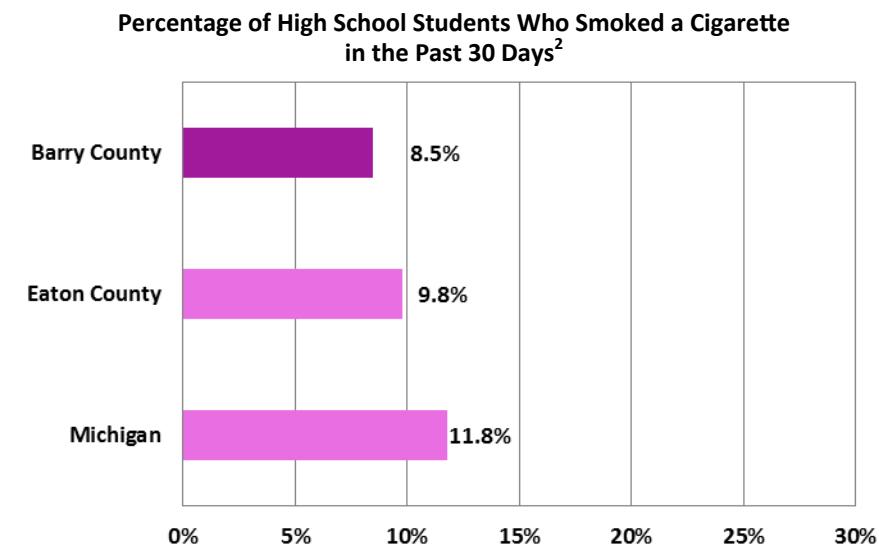
Smoking contributes to the development of many kinds of chronic conditions, including cancers, respiratory diseases, and cardiovascular diseases. Smokers die up to 15 years earlier than non-smokers. Smoking among pregnant women is a major contributor to premature births and infant mortality. The Michigan Department of Health and Human Services estimates that smoking costs Barry County \$15.7 million in annual smoking-related health care costs, and kills 76 Barry County residents each year—67 directly, and 9 via secondhand smoke.

DATA SNAPSHOT

Less adults in Barry County report being a current smoker (20.5%) than adults in Eaton County (20.8%) or throughout Michigan (23.3%). Current smokers are defined as adults who reported that they had ever smoked at least 100 cigarettes in their life and that they smoke cigarettes now, either every day or on some days.



Less Barry County high school students (8.5%) in the 9th and 11th grades reported recently smoking a cigarette (within the past month) when compared to high school students from Eaton County or Michigan. Statewide data includes 9th-12th graders.



1. Barry-Eaton Behavioral Risk Factor Survey, 2011-2013; Michigan Behavioral Risk Factor Survey, 2012

2. Michigan Profile for Healthy Youth Survey, 2013-2014; Michigan Youth Risk Behavior Survey, 2013

APPENDIX D: TOBACCO AND SMOKING

Goal/Strategy Statement #1: Target risk groups to prevent smoking and tobacco use in Barry County

Objective #1: By June 2017, explore community education opportunities to provide anti-tobacco/smoking messaging to Barry County residents

Activity	Time-frame	Responsible Parties	Assets Available/Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Create a list of all current community events where tobacco education would be accepted	June 2017	BCCMHA (as part of Barry County Tobacco Reduction Coalition)	Staff time, utilization of existing connections/networks	Ability to plan for and prep for community events	No		CDC HP 2020 Goals (TU-1,2,3), National Prevention Strategy, MDHHS Tobacco Control Program Strategic Plan (Goal 4)
2. Create a list of all locations at which tobacco/e-cigarette materials could be distributed	March 2017	BCCMHA and BEDHD (as part of Barry County Tobacco Reduction Coalition)	Staff time, community familiarity	Ability to plan out, in advance, where and when to distribute materials and which ones to distribute	No		CDC HP 2020 Goals (TU-1,2,3), National Prevention Strategy, MDHHS Tobacco Control Program Strategic Plan (Goal 4)

Objective #2: By December 2018, provide community education on e-cigarettes within Barry County

Activity	Time-frame	Responsible Parties	Assets Available/Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Research evidence-based programming for education on e-cigarettes	June 2017	Barry County Tobacco Reduction Coalition	Staff time, capability and capacity	Research-based tactics to provide community education about e-cigarettes	No		CDC HP 2020 Goals (TU-1,2,3), MDHHS Tobacco Control Program Strategic Plan (Goal 4)
2. Develop a resource list	August 2017	BEDHD (as part of Barry County Tobacco Reduction Coalition)	Staff time, capability and capacity	Research-based tactics to provide community education about e-cigarettes	No		CDC HP 2020 Goals (TU-1,2,3), MDHHS Tobacco Control Program Strategic Plan (Goal 4)
3. Host a community education session about e-cigarettes for the Great Smokeout	November 2017	BEDHD and MDHHS (as part of Barry County Tobacco Reduction Coalition)	Utilize state connections, staff time	Community education	No		CDC HP 2020 Goals (TU-1,2,3), MDHHS Tobacco Control Program Strategic Plan (Goal 4)
4. Provide e-cigarette education at community events	December 2018	Barry County Tobacco Reduction Coalition	Staff time	Research-based materials to share with risk groups	No		CDC HP 2020 Goals (TU-1,2,3), MDHHS Tobacco Control Program Strategic Plan (Goal 4)

APPENDIX D: TOBACCO AND SMOKING

Objective #3: By November 2018, measure and track Teens Against Tobacco Use programming in Barry County

Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Research best practices to measure and track Teens Against Tobacco Use (TATU) programming	February 2017	BCCMHA (as part of Barry County Tobacco Coalition)	Staff time, ability and knowledge required to research study construction, etc.	Research-based foundation to conduct a study that analyzes TATU effectiveness	No		CDC HP 2020 Goals (TU -2.3), MDHHS Tobacco Control Program Strategic Plan (Goal 4), Nat Prevention Strategy
2. Plan out longitudinal study on TATU	October 2017	Barry County Tobacco Coalition	Staff time, ability and knowledge required to plan study construction, etc.	A well thought out plan to act as the framework to carry out a study that analyzes TATU effectiveness	No		CDC HP 2020 Goals (TU -2.3), MDHHS Tobacco Control Program Strategic Plan (Goal 4), Nat Prevention Strategy
3. Complete longitudinal study on TATU	December 2017 - May 2018	Barry County Tobacco Coalition	Staff time, study participants, waiver forms, capability and resources to track study	Data that measures the effectiveness of TATU programming	No	Local schools	CDC HP 2020 Goals (TU -2.3), MDHHS Tobacco Control Program Strategic Plan (Goal 4), Nat Prevention Strategy
4. Analyze TATU longitudinal study results	June 2018	BEDHD (as part of Barry County Tobacco Coalition)	Staff time, capability and capacity	Data-based conclusions based upon longitudinal study outcomes	No		CDC HP 2020 Goals (TU -2.3), MDHHS Tobacco Control Program Strategic Plan (Goal 4), Nat Prevention Strategy
5. Create report of TATU study results	October 2018	BEDHD (as part of Barry County Tobacco Coalition)	Staff time, capability and capacity	Visual representation of conclusions based upon longitudinal study outcomes	No		CDC HP 2020 Goals (TU -2.3), MDHHS Tobacco Control Program Strategic Plan (Goal 4), Nat Prevention Strategy
6. Present TATU study report	November 2018	Barry County Tobacco Coalition	Staff time, list of places to present report	Leadership/ community/ state/ national knowledge of TATU effectiveness	No		CDC HP 2020 Goals (TU -2.3), MDHHS Tobacco Control Program Strategic Plan (Goal 4), Nat Prevention Strategy

Objective #4: By October 2017, seek grant funding for tobacco and smoking prevention efforts in Barry County

Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Create a list of possible funding sources	May 2017	Barry County Tobacco Coalition	Staff time, utilization of existing connections/ networks	Ability to carry out prevention efforts with more impact	No		
2. Apply for relevant grant opportunities to support smoking and tobacco prevention efforts	October 2017	Barry County Tobacco Coalition	Staff time, utilization of existing connections/ networks	Ability to carry out prevention efforts with more impact	No		

APPENDIX D: TOBACCO AND SMOKING

3. Carry out any awarded grant activities	October 2017	Barry County Tobacco Coalition	Staff time, utilization of existing connections/networks	Ability to carry out prevention efforts with more impact	Possibly		CDC HP 2020 Goals (TU-1,2,3), National Prevention Strategy
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Goal/Strategy Statement #2:	Provide education about and increase treatment for smoking/tobacco cessation for Barry County residents who use tobacco
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Objective #1:	By August 2017, provide education on quitting smoking/tobacco use to Barry County residents who use tobacco
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Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Create a database for best practices for quitting tobacco based on income level, demographics, etc.	April 2017	Barry County Tobacco Coalition	Staff time, capability and capacity	Research-based methods to communicate with risk groups	No		CDC HP 2020 Goals (TU-4,5,6,7), MDHHS Tobacco Control Program Strategic Plan (Goal 3), Nat Prevention Strategy
2. Create plan to survey risk groups on Kick Butts Day	March 2017	Barry County Tobacco Coalition	Staff time, capability and capacity	Formalized plan to gather qualitative data	No		CDC HP 2020 Goals (TU-4,5,6,7), MDHHS Tobacco Control Program Strategic Plan (Goal 3), Nat Prevention Strategy
3. Create a document to track most effective "quit" methods	April 2017	Barry County Tobacco Coalition	Staff time, capability and capacity	A database to save qualitative data	No		CDC HP 2020 Goals (TU-4,5,6,7), MDHHS Tobacco Control Program Strategic Plan (Goal 3), Nat Prevention Strategy
4. Create an infographic highlighting best practices for quitting tobacco	August 2017	Barry County Tobacco Coalition	Staff time, capability and capacity	Visual, research-based methods to communicate with risk groups	No		CDC HP 2020 Goals (TU-4,5,6,7), MDHHS Tobacco Control Program Strategic Plan (Goal 3), Nat Prevention Strategy

Objective #2:	By October 2017, seek grant funding to increase availability of smoking/tobacco cessation treatment efforts in Barry County
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Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities
1. Apply for relevant grant opportunities to increase tobacco cessation treatments	October 2017	Barry County Tobacco Coalition	Staff time, utilization of existing connections/networks	Ability to carry out treatment efforts with more impact	No		
2. Carry out any awarded grant opportunities	October 2017	Barry County Tobacco Coalition	Staff time, utilization of existing connections/networks	Ability to carry out treatment efforts with more impact	Possibly		CDC HP 2020 Goals (TU-4,5,6,7), National Prevention Strategy

APPENDIX E: PHYSICAL ACTIVITY

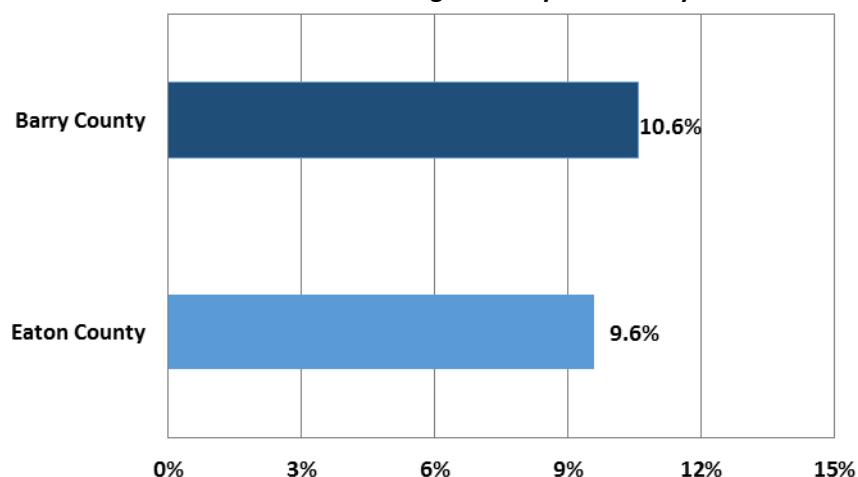
IMPACT ON BARRY COUNTY

Regular physical activity has been shown to reduce the risk of many diseases, including cardiovascular disease, diabetes, colon and breast cancer, and osteoporosis. Keeping physically active also helps to control weight, maintain healthy bones, muscles, and joints, and can relieve symptoms of depression.

DATA SNAPSHOT

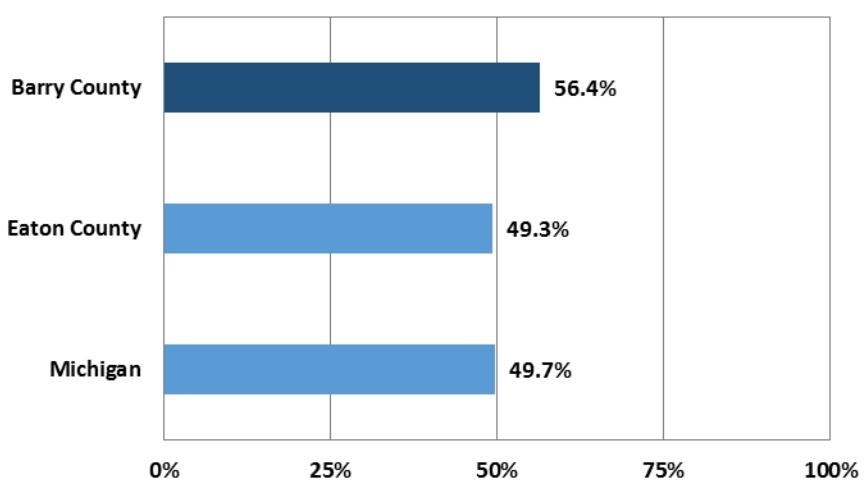
More (10.6%) Barry County adults aged 18–64 years reported that they do not participate in either moderate or vigorous physical activity during a usual week than Eaton County adults. Physical activity questions on the Michigan Behavioral Risk Factor Survey are asked differently and not included in this analysis.

Percentage of Adults 18-64 Years Old Reporting No Moderate and No Vigorous Physical Activity¹



This indicator represents the percentage of high school students (9th and 11th graders) who reported that they had at least 60 minutes of physical activity on five of the past seven days. This data indicates that more Barry County high school students are engaging in consistent physical activity than their counterparts in Eaton County or throughout Michigan. However, over 40 percent of Barry County high schoolers are not engaging in adequate physical exercise. Statewide data includes 9th-12th graders.

Percentage of High School Students Reporting at Least 60 Minutes of Physical Activity on Five of the Past Seven Days²



1. Barry-Eaton Behavioral Risk Factor Survey, 2011-2013

2. Michigan Profile for Healthy Youth Survey, 2013-2014; Michigan Youth Risk Behavior Survey, 2013

APPENDIX E: PHYSICAL ACTIVITY

Goal/Strategy Statement #1: Increase the physical activity of Barry County residents	Objective #1: By August 2017, host community events educating Barry County residents about the benefits of physical activity	<table border="1"> <thead> <tr> <th>Activity</th><th>Time-frame</th><th>Responsible Parties</th><th>Assets Available/ Resources Required</th><th>Anticipated Results or Products</th><th>Policy change needed?</th><th>Collaboration with outside organizations</th><th>Alignment with other local/state/ US priorities</th></tr> </thead> <tbody> <tr> <td>1. Broaden the Roll & Read Parents as Teachers event</td><td>August 2017</td><td>Barry Great Start Collaborative Coordinator, Great Start Parent Coalition</td><td>Great Start Parent Educators, Parent Liaison</td><td>Setting a community example to encourage families to participate in physical activities and model literacy strategies</td><td>No</td><td></td><td>CDC HP 2020 Goals (EMC-2,3, PA-1), National Prevention Strategy</td></tr> </tbody> </table>	Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities	1. Broaden the Roll & Read Parents as Teachers event	August 2017	Barry Great Start Collaborative Coordinator, Great Start Parent Coalition	Great Start Parent Educators, Parent Liaison	Setting a community example to encourage families to participate in physical activities and model literacy strategies	No		CDC HP 2020 Goals (EMC-2,3, PA-1), National Prevention Strategy																
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Goal/Strategy Statement #2: Increase awareness of healthy and positive food/activity choices to those who live, work and play in Barry County	Objective #1: By January 2018, create a yearly, county-wide health communication campaign to promote and increase awareness of healthy, active lifestyles to Barry County residents	<table border="1"> <thead> <tr> <th>Activity</th><th>Time-frame</th><th>Responsible Parties</th><th>Assets Available/ Resources Required</th><th>Anticipated Results or Products</th><th>Policy change needed?</th><th>Collaboration with outside organizations</th><th>Alignment with other local/state/ US priorities</th></tr> </thead> <tbody> <tr> <td>1. Research previous successful, research-based communication campaigns and present options to group</td><td>January 2017</td><td>BEDHD (as part of B. Healthy Coalition)</td><td>Research-based descriptions of campaigns</td><td>A framework to base our campaign off of</td><td>No</td><td></td><td>CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan</td></tr> <tr> <td>2. Choose campaign to begin carrying out in 2017</td><td>January 2017</td><td>All B. Healthy Coalition members</td><td>List of campaigns and their frameworks</td><td>A list of frameworks for members to choose as a team</td><td>No</td><td></td><td>CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan</td></tr> <tr> <td>3. Determine measurement format for assessing campaign effectiveness</td><td>February 2017</td><td>BEDHD (as part of B. Healthy Coalition)</td><td>Measurement system</td><td>Effective measurement and definition of success of the campaign, baseline established</td><td>No</td><td></td><td>CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan</td></tr> </tbody> </table>	Activity	Time-frame	Responsible Parties	Assets Available/ Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations	Alignment with other local/state/ US priorities	1. Research previous successful, research-based communication campaigns and present options to group	January 2017	BEDHD (as part of B. Healthy Coalition)	Research-based descriptions of campaigns	A framework to base our campaign off of	No		CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan	2. Choose campaign to begin carrying out in 2017	January 2017	All B. Healthy Coalition members	List of campaigns and their frameworks	A list of frameworks for members to choose as a team	No		CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan	3. Determine measurement format for assessing campaign effectiveness	February 2017	BEDHD (as part of B. Healthy Coalition)	Measurement system	Effective measurement and definition of success of the campaign, baseline established	No		CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan
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1. Research previous successful, research-based communication campaigns and present options to group	January 2017	BEDHD (as part of B. Healthy Coalition)	Research-based descriptions of campaigns	A framework to base our campaign off of	No		CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan																											
2. Choose campaign to begin carrying out in 2017	January 2017	All B. Healthy Coalition members	List of campaigns and their frameworks	A list of frameworks for members to choose as a team	No		CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan																											
3. Determine measurement format for assessing campaign effectiveness	February 2017	BEDHD (as part of B. Healthy Coalition)	Measurement system	Effective measurement and definition of success of the campaign, baseline established	No		CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan																											

APPENDIX E: PHYSICAL ACTIVITY

APPENDIX E: PHYSICAL ACTIVITY

4. Create a checklist/PowerPoint comprised of components of the campaign, obesity resolution, and other necessary B.Healthy information to present to community leaders	February 2017	B.Healthy Coalition	Staff time, coalition collaboration, community networks	A strategic plan/presentation to communicate with community leaders to adopt a community obesity resolution and facilitate campaign promotion	No	CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan
5. Pitch campaign to community leaders of large cities and townships in Barry County	March 2017	All B.Healthy Coalition members	Existing networks, member time commitment, presentation	Community participation	No	CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan
6. Township community leaders promote campaign to their respective communities	April 2017	All B.Healthy Coalition members, township leaders	Check list of networks/partners that have been sent info	Community-wide participation	Possibly	Community leaders
7. Launch individual campaign component	September 2017	All B.Healthy Coalition members	City/township promotion	Individually-based campaign will add to efforts of community -based campaign	No	CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan
8. Assess both communication campaign's effectiveness	January 2018	BEDHD (as part of B.Healthy Coalition)	Utilization of a tool to evaluate effectiveness	Results to indicate whether or not the coalition will continue to utilize the campaign	No	CDC HP 2020 Goals (PA-1,15), National Prevention Strategy, MI Health and Wellness 4x4 Plan
Goal/Strategy Statement #3:	Institute a plan to develop and implement a comprehensive, policy-driven approach to affect positive changes in the physical activity, nutrition, and/or stress management of Barry County residents					
Objective #1:	By August 2018, promote policy changes in schools to increase and improve physical activity, nutrition, and stress management in Barry County children					
Activity	Time-frame	Responsible Parties	Assets Available/Resources Required	Anticipated Results or Products	Policy change needed?	Collaboration with outside organizations
1. Create a list of all Barry County schools' existing physical activity, nutrition, and stress management policies	May 2018	BEDHD (as part of B.Healthy Coalition)	Staff time	Complete list of current policies in place	No	Alignment with other local/state/ US priorities

APPENDIX E: PHYSICAL ACTIVITY

2. Create a research-based list of policy changes schools could implement	July 2018 BEDHD (as part of B Healthy Coalition)	Member time	Resources for interested schools	No	CDC HP 2020 Goals (ECBP-2, 8, 2, 9, 3, 5, 3, 6, EMC-4, NWS-10, PA-3 -7), Nat Prevention Strategy, MI Health and Wellness 4x4 Plan
3. Create list of local schools who could potentially implement a policy change and assign a group member to connect with each school	July 2018 B Healthy Coalition, BEDHD	Member time, existing connections, new connections	A complete list of schools in the area to connect with	No	Local schools CDC HP 2020 Goals (ECBP-2, 8, 2, 9, 3, 5, 3, 6, EMC-4, NWS-10, PA-3 -7), National Prevention Strategy, MI Health and Wellness 4x4 Plan
4. Connect with schools to assess/ begin implementation	August 2018 All B Healthy Coalition members	Member time	Policy change implementation	Yes	Local schools CDC HP 2020 Goals (ECBP-2, 8, 2, 9, 3, 5, 3, 6, EMC-4, NWS-10, PA-3 -7), National Prevention Strategy, MI Health and Wellness 4x4 Plan

By October 2018, promote policy changes in local businesses to increase and improve the physical activity, nutrition, and stress management of employees working in Barry County					
Objective #2:	Activity	Time-frame	Responsible Parties	Assets Available/ Assets Required	Anticipated Results or Products
1. Create a list of all Barry County businesses' existing physical activity, nutrition, and stress management policies	June 2018 BEDHD (as part of B Healthy Coalition)	Staff time	BEDHD (as part of B Healthy Coalition)	Complete list of current policies in place	Policy change needed?
2. Create a research-based list of policy changes businesses could implement	August 2018 BEDHD (as part of B Healthy Coalition)	Member time	BEDHD (as part of B Healthy Coalition)	Resources for interested businesses	Collaboration with outside organizations
3. Create list of local businesses who could potentially implement a policy change and assign a group member to connect with each business	August 2018 All B Healthy Coalition members	Member time, existing connections, new connections	All B Healthy Coalition members	A complete list of businesses in the area to connect with	Alignment with other local/state/ US priorities
4. Connect with businesses to assess/ begin implementation	October 2018 All B Healthy Coalition members	Member time	All B Healthy Coalition members	Policy change implementation	CDC HP 2020 Goals (ECBP-9, NWS-7, PA-12), National Prevention Strategy, MI Health and Wellness 4x4 Plan