As part of the CHA process, CCHD asked county residents for their opinions on health, social and environmental issues in the community. They were also asked to identify any barriers to medical care experienced by themselves or their family in the past year. Here is a sample of what residents reported.

**Health In Clinton County, According to Residents**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>86% of respondents experienced 1 or more health challenge for themselves or family in the past year.</td>
<td>Nearly 1 out of every 3 respondents reported lack of a livable wage as a top social issue for themselves or their family.</td>
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<td>40% reported being overweight or obese.</td>
<td>29% reported physical inactivity.</td>
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</table>
| 2 in 5 live with chronic disease. | Affordable housing is a challenge for nearly 25% of respondents. | Top ranked barriers reported:  
- No vision or dental insurance  
- High co-pays and deductibles  
- Lack of local specialists  
- Affordability |
| 40% reported issues related to aging. | 1 in 4 individuals reported a lack of employment opportunities. | 1 in 4 experienced no access to dental care. |

**Respondent Characteristics**

Surveys were collected from 1,378 Clinton County residents. Respondents represented all:

- Clinton County municipalities
- Age groups 17-80+
- Census education categories
- Census income categories
In June 2019, CCHD and CVPH invited over 200 Clinton County stakeholders to participate in a Community Health Priority Setting Session. Attendees familiarized themselves with current activities, progress and challenges. Before leaving, each attendee voted for the areas they believed were most important for us to address as a community over the next three years.

After reviewing many health indicators, local progress and stakeholder input, Clinton County’s health priorities were finalized. Forty-eight percent of the votes went to two priority areas; community partners will work together to Prevent Chronic Diseases and Promote Well-Being and Prevent Mental and Substance Use Disorders.

The CHIP details planned interventions and activities and offers key measures of success. The following is a sample of activities residents can expect to see in the years ahead.

**Prevent Chronic Diseases**
- Expanded access to the Diabetes Prevention Program
- The county’s first Food Action Plan
- Training on food insecurity and local resources
- Establishment of health policies in different settings
- Increase in tobacco cessation resources

**Promote Wellbeing and Prevent Mental & Substance Use Disorders**
- Institution of the “medical village” concept locally (coordinated in/out patient services for both physical and mental wellness)
- Creation of more inclusive, healthy spaces
- Training on adverse childhood experiences
- Expanded Peer Recovery opportunities

**Mobilizing Action**

**Residents**
- Use services for health improvement in your community.
- Complete surveys and evaluations to enhance understanding of obstacles to health.
- Participate in local health priority setting and planning activities.
- Monitor CHIP progress utilizing the local health department’s social media outlets.

**Healthcare Professionals**
- Align organizational goals with the local CHIP.
- Share health data to support decision making and planning efforts.
- Participate in local health priority setting and planning events.
- Refer patients to resources within the community that help them practice healthy behaviors.

**Community Leaders**
- Advocate for changes that support the local health improvement plan.
- Support public-private collaborations to maximize resources for health improvement.
- Back policies and legislation that eliminate disparities in health and wellness.
- Participate in health priority setting and planning activities.