State Community Health Assessment Meeting Summary & Findings

Region #6

Clare, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, and Ottawa Counties

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MDCH

Rick Snyder, Governor
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State Level Community Health Assessment
Region #6 Meeting Report

August 17, 2011

Introduction

In spring of 2011, the Michigan Department of Community Health (MDCH) was awarded a Centers for Disease Control and Prevention grant entitled "Strengthening Public Health Infrastructure for Improved Health Outcomes." Among the goals of this grant are to conduct a state level community health assessment and develop a state health improvement plan. As part of the state level community health assessment, a Steering Team with representatives from the MDCH, Michigan Association of Local Public Health, MPRO – Michigan's Quality Improvement Organization, the Michigan Health and Hospital Association and Public Sector Consultants held meetings engaging community members in eight Michigan regions. Individuals representing a broad array of regional stakeholders were invited to examine state and regional health profile data, compiled in chartbooks, and provide specific input. This report presents both a summary of the process used and a synthesis of the findings in Region 6. Brief reviews of the indicators used in the assessment are highlighted. Summary comparisons between the regional data and Michigan and national targets presented to each group are reported. Participants engaged in a large group discussion to solicit initial reactions to the data.

Following the general discussion, participants worked in small groups to respond to specific questions about their region's most pressing community health issues. This report provides a summary of these deliberations specifically focusing on issues where improvement had been made and those where opportunities for further progress remain. Further, a synthesis of the discussions on what was working well and barriers to success is highlighted. A brief summary of next steps in the state level community health assessment and improvement effort, findings from related key informant interviews, and a list of the participants in the Region 6 process are presented.

Purpose and Overview

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

A local health department in each region served as the host site for the regional meeting. More than 100 community members representing a wide range of health, human services, educational, public safety, and other community organizations across the region were invited to participate. The meetings were widely publicized, and the general public was encouraged to attend. The meetings were held in July and August 2011.
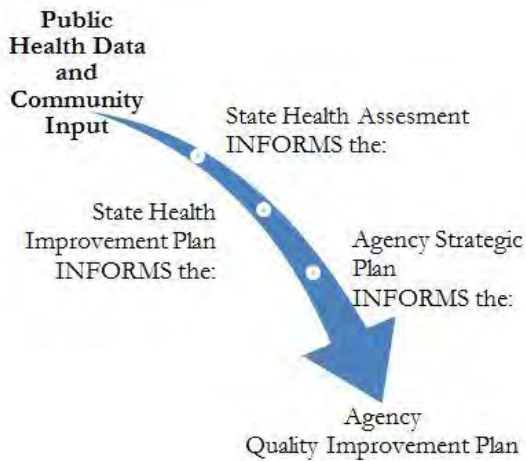
Community-level information was gathered and interpreted to better understand community health priorities across Michigan. The health issues and their contributing causes identified during these meetings will be used to develop local and state-wide strategies to improve health.

Figure 1

The Region 6 meeting was hosted by the District Health Department #10 at the Holiday Inn on August 17, 2011 in Big Rapids, MI. Collectively, the 67 participants (Appendix A) represented all of the counties in Region 6: Clare (1), Ionia (2), Kent (11), Lake (4), Mason (1), Mecosta (10), Montcalm (5), Muskegon (4), Oceana (3), Osceola (8), and Ottawa counties (3). In addition, three (3) participants represented multiple counties, including Isabella and Newaygo counties. Participants also represented Barry (1), Benzie (1), Eaton (1), Isabella (1), Missaukee (1), and Wexford (1) counties, and one participant represented the state. The remaining participants did not designate their county affiliation.

> *"Improving health outcomes, like the reduction of heart disease, cancer, diabetes, obesity, infant mortality, substance abuse, and health disparities, will require our tapping into your knowledge and experience."*
> Linda Van Gills, MA

Ms. Linda VanGills, MA, Health Officer of the District Health Department #10 opened the meeting. Ms. VanGills

Public Health Data and Community Input

State Health Assessment INFORMS the:

State Health Improvement Plan INFORMS the:

Agency Strategic Plan INFORMS the:

Agency Quality Improvement Plan

Figure 2

welcomed participants to the Region 6 state community health assessment meeting. She encouraged all stakeholders and partners to actively participate in the dialogue that will help the state better understand the health priorities and needs of the communities across Region 6. She reminded participants that they are the "experts," and thanked them for sharing their perspective, knowledge, and experience.

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

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

Regional Indicators: Progress and Challenges

The MDCH presented health profile data from the Michigan and Region 6 *Health Profile Chartbooks*. Staff from the MDCH Health Policy and Planning, Bureau of Disease Control, Prevention and Epidemiology, and Vital Statistics Division prepared these documents, with one featuring health indicators statewide, and one reflecting data from Region 6. The *Michigan's Health Profile Chartbook 2011* provides an overview of the health of Michigan residents from many different angles and a variety of sources. Collectively, the 46 indicators selected represent reliable, comparable, and valid data that reflect health and wellbeing.

The regional chartbook provides a local data profile. Where possible, regional data are compared to Michigan data and national targets such as those developed for *Healthy People 2020*. Indicators featured in the Region 6 chartbook are noted in Table 1. The Michigan and Region 6 Chartbooks, and the Region 6 presentation can be accessed online at www.malph.org.

The data presented in the chartbooks and highlighted in the presentation were meant to inform the discussion by presenting data and trends to identify and understand current, emerging, and potential health problems. In addition, *Michigan's County Health Rankings 2011[2]* was distributed as a county data reference. Participants were asked to consider local assessments or data sets of which they were familiar. Most of the county and district health departments in Region 6 had completed Community Health Profiles and/or collected local data through the Behavioral Risk Factor Survey. Participants were encouraged to share what they know from other data sources, and integrate their expertise and experience into the discussion.

Table 1 List of Indicators Region 6 Chartbook	
Access to Care	Injury Deaths
Birth Weight	Mental Health
Binge Drinking	Nutrition
Blood Pressure	Obesity
Cancer	Physical Activity
Cardiovascular Disease	Potential Life Lost
Causes of Death	Primary Care
Demographics	Sexually Transmitted Disease
Diabetes	Smoking
Immunizations	Teen Pregnancy
Infant Mortality	Unemployment

Table 2 provides a comparison of Region 6 data to Michigan, and where available to national targets. When looking at data over time, some progress was made in Region 6 related to: smoking, mental health, binge drinking, gonorrhea and chlamydia, and controlled hypertension. Those that remained a challenge were: obesity, fruit and vegetable intake, physical activity, smoking, diabetes, cancer screening, infant mortality, and access to healthcare. Participants were cautioned that data trends indicating that the region was better than Michigan or the national targets did not negate the need to continue or expand work on those issues. In addition, data analyzed by race, age, and gender could identify population groups in the region that were doing worse than the state average or national target; as available, the regional chartbook included these types of data.

Table 2 Region 6, Michigan, and National Data Comparison		
Issue	Region 6 compared to Michigan	Region 6 compared to national targets
Access to healthcare	Similar	Worse
Binge drinking	Similar	Better
Fruit and vegetable intake	Worse	Similar data not available
Gonorrhea and Chlamydia	Better	Better
Hypertension (controlled)	Similar	Better
Infant Mortality	Better	Similar
Leading causes of death: 1. Heart Disease 2. Cancer	Similar	Not applicable
Mental health	Better	Similar data not available
Obesity	Similar	Worse
Physical Activity	Better	Better
Smoking	Similar	Worse
Teen pregnancy	Similar	Better

Community Feedback

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

Common themes from this discussion with some quotes elaborating on the issue follow.
- Data were regional and could misrepresent certain counties or cities that were not doing as well as the data would indicate.
  - "Data were combined for a 12-county region, but the counties are very diverse. Ottawa and Kent data could have skewed some of the outcomes to the positive side, especially smoking and teen pregnancy rates."
- Data generally reflected the overall population. It was difficult to determine disparities that were likely to exist among the region's most vulnerable populations.
  - "A lot of the data are not relevant when applying at the local level. You can be miserably sick in the healthiest county. You can be very healthy in the poorest county. Going forward, we need to use data that can track real activity at the local level."
- Issues were inter-related, and it was difficult to look at one without looking at the others.
  - "Mental health impacts other health outcomes. Need better indicators to assess mental health."

Community Dialogue

Participants were asked to work as small groups, with each table representing one group; Region 6 had 9 small groups. The groups were asked to answer a series of questions designed to provide a clearer understanding of regional health concerns and priorities. The small groups met twice during the meeting. In the first dialogue, participants were asked to consider what was working well in the region and the major areas of concerns. They were not limited to focusing on one issue, and most provided feedback on more than one. The groups were asked to deliberate on the following questions, provide a brief report to the full group, and submit written feedback to MDCH.

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

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

Pressing Community Health Issues

When the small groups identified what they deemed to be the most pressing community health issues, they reported on those that were improving, as well as those that were problematic. In some cases they acknowledged improvement and noted the need to make further progress. This is why some of the same issues are noted as improving and also as "problem areas/challenges."

> Access to healthcare was most frequently noted as improving in Region 6.

- **Access to healthcare** was most frequently mentioned; it was identified by 3 of the 9 small groups. Factors contributing to progress were:
  - Focus on providing healthcare to underserved populations, including improving cultural competency and transportation;
  - Free or low-cost insurance provided through county health plans, and the Affordable Care Act should continue to increase access; and
  - Free or low-cost services provided through FQHCs and similar clinics.
- Others commonly cited were: **immunizations and teen pregnancy.**
  - Progress made toward increased immunizations was attributed to immunizations being given through programs providing other services, e.g., WIC;
  - Teen pregnancy was noted as improving, due to increased opportunities for teens to participate in recreational activities and a shift in cultural norms; and
  - Increased access to healthcare services was noted as a contributing facilitating factor for both immunizations and teen pregnancy.

- **Controlled hypertension** and **infant mortality** were each cited by two small groups.
- The remaining were cited as trending positively by one small group: **sexually transmitted diseases, fruit and vegetable intake, physical activity, oral health, diabetes, obesity,** and **cardiovascular disease.**

Problem Areas/Challenges

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

The problem areas noted by at least 4 of the 9 groups were: **access to healthcare, social determinants of health/transportation,** and **obesity.** **Substance abuse, physical activity, oral health, unemployment**, and **poverty** were each noted by 3 of the 9 groups. The following were noted by one or two groups: **health disparities, binge drinking, smoking, mental health, lifestyle behaviors, violence, chronic diseases, diabetes, and fruit and vegetable intake.**

The most commonly identified contributing factors or underlying causes for the expressed **leading problem areas** included:
- Social determinants of health – the environment in which people live and work including housing, health and transportation systems, access to healthy food, environmental policies, and the economy;
- Lack of access to providers or services;
- People being unaware of existing resources or services; and
- Funding for specific services and programs, including insurance and other forms of reimbursement.

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

Table 3 Contributing Factors and Underlying Causes for Leading Problem Areas				
Problem Area	Social determinants of health	Unaware of resources or services	Lack of access to providers or services	Insurance, reimbursement, or funding
Access to healthcare	X	X	X	X
Social determinants of health /transportation	X	X	X	X
Obesity	X		X	X

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

Among the factors identified as <u>positively impacting the problem areas</u> were: collaboration, community involvement, volunteerism, and strengthening infrastructure; an array of specific initiatives, programs and services; policies that supported behavior change such as smoke-free legislation, coordinated school health, and transportation assistance; increased access to clinics, healthcare, and screenings; use of the medical home model and patient navigators; county health plans; and increased outreach for and awareness of programs and services. Some of the community assets and resources specifically mentioned by the groups are listed in Table 4.

Table 4 Exemplary Programs, Services, or Agencies
✓ 211
✓ Asthma education
✓ Community gardens
✓ Dental education and support
✓ Diabetes self-management education
✓ Farmers' markets
✓ Federally Qualified Health Centers
✓ Great Start parent coalition
✓ Michigan Model for Coordinated School Health
✓ Michigan Rx database
✓ Parks, trails, and bike paths
✓ Patient navigators
✓ Public transportation
✓ School food service policies
✓ Smokefree policies
✓ University-based binge drinking programs

The factors raised in the discussion about what is <u>standing in the way of having greater impact</u> overlapped with many issues raised throughout the meeting. The primary factors can be summarized as: lack of leadership, fragmented government, and duplication of effort; focus on sick care and treatment rather than prevention; factors impacting and limiting access to care and services including transportation, lack of providers, high costs and insufficient reimbursement; limited, overloaded, and declining financial and human resources; cultural factors, personal values, and family structure; and the general economy in the region and the impact on employment, wages, insurance coverage.

Most Important Health Issues

The majority of the groups – five out of the 9 – identified **access to healthcare** as the most important health issue in Region 6. Three groups indicated **obesity**, and one group each identified **physical activity** and **chronic disease**. One group identified two issues as being most important.

The reasons given for why **access to healthcare** was most important were:

- Numerous social determinants of health, including transportation, are related to and impact access to healthcare;
- It is a complicated problem that does not have one generic solution;
- Has elements of societal and personal responsibility;
- Goes beyond medical care to include behavioral health, oral health, chronic disease self-management, and other support services;
- Requires a holistic approach and a cultural change; and
- Affects all aspects of a person's life, and affects children and adults.

Public Comment

Public comment was solicited and accepted in two ways: verbal and written. Individuals who were unable to attend the entire meeting could provide verbal feedback toward the end of the meeting. In addition, written public comment was accepted during and after the meeting. The public comment received during the meeting was consistent with and supportive of the discussion throughout the Region 6 meeting.

One participant commented through written testimony that we need to recognize that **hunger** rates have doubled in this country. "We must remember that hunger does not just happen in other places, or to people who are really, really poor." Good nutrition is the foundation for most health concerns, and we need to address hunger if we want to impact on proper nutrition.

Region 6 Summary

Access to healthcare, was most frequently identified as the leading health issue trending positively. Progress was attributed to an increased focus on assuring that healthcare was accessible and acceptable to underserved populations through improved cultural competency, better transportation, and services covered by insurance or at low or no-cost. Immunizations and teen pregnancy were in the next tier noted by the small groups. Issues considered problematic in the region included: access to healthcare, social determinants of health/transportation, and obesity. Among the most commonly cited contributing factors were the social determinants of health; people unaware of resources and services; lack of access to providers and services; and funding issues for critical services and programs. Of the 9 small groups, five considered access to healthcare the most important health issue. Three groups identified obesity as the most important health issue. The small groups identified many of the same

> Participants most frequently noted access to healthcare as Region 6's most important health issue.

factors when noting why these were considered most important, including the wide range of people affected, the complexity of and array of factors influencing the issue; the impact on costs; and the element of needing to address these at a personal and a societal level.

Next Steps

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

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

Region 6 Meeting
State Level Community Health Assessment
Participants

John Barker	Minnie Morey
Jeremy Beebe	Allison Murphy
Cheryl Blair	Susan North
Sandra Burns	Carrie O'Connor
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Susan Deming	Lisa Pope
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LouAnn Gregory	Theresa Raglin
Barb Hawkins Palmer	Bruce Rendon
Denise Herbert	Peter Sartorius
Tom Hogenson	Frances Schuleit
Chastity Holmquist	Shelly Shafer
Rex Hoyt	Jan Shangle
Linda Huyck	Carrie Sharps
Mary Ann Hyde	Chris Shea
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Karlene Ketola	Kathy South
Shila Kiander	Shawn Sredersas
Arlene Kolbe	Lisa Stefanovsky
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Mary Kushion	Deb Thalison
Pam Lewis	Cheryl Thelen
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Judy Lochman	Shawn Washington
Cindy Macens	Mary Welsh
Danielle Martin	Sharon Wing
Bruce Miller	Sharon Zajac
Jennie Mills	Gregory Zimmerman
Kathy Moore	

References

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

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