State Community Health Assessment Meeting Summary & Findings

Region #1

Clinton, Eaton, Gratiot, Hillsdale, Ingham,
Jackson, Lenawee, Livingston and Shiawassee Counties
Prepared for: Michigan Department of Community Health

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Michigan Department of Community Health

MDCH

Rick Snyder, Governor
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State Level Community Health Assessment
Region # 1 Meeting Report

July 26, 2011

Introduction

In spring of 2011, the Michigan Department of Community Health (MDCH) was awarded a Centers for Disease Control and Prevention grant entitled "Strengthening Public Health Infrastructure for Improved Health Outcomes." Among the goals of this grant are to conduct a state level community health assessment and develop a state health improvement plan. As part of the state level community health assessment, a Steering Team with representatives from the MDCH, Michigan Association of Local Public Health, MPRO – Michigan's Quality Improvement Organization, the Michigan Health and Hospital Association and Public Sector Consultants held meetings engaging community members in eight Michigan regions. Individuals representing a broad array of regional stakeholders were invited to examine state and regional data, compiled in chartbooks, and provide specific input. This report presents both a summary of the process used and a synthesis of the findings in Region 1. 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 1 process are presented.

Purpose and Overview

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

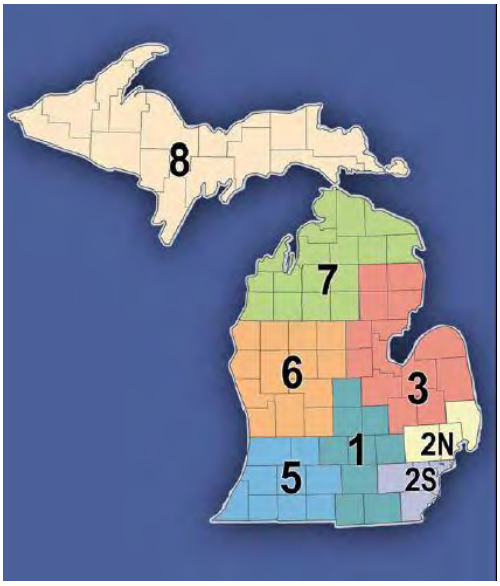

Figure 1

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

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

The first of the eight meetings was hosted by the Ingham County Health Department at Pattengill Middle School on July 26, 2011 in Lansing, MI. Collectively, the 83 participants (Appendix A) represented all counties in Region 1: Clinton (4), Gratiot (3), Hillsdale (7), Ingham (40), Jackson (4), Lenawee (3), Livingston (4), and Shiawassee (2). Eaton County, the ninth county in this region, was represented by three of the five participants serving multiple counties. In addition, participants represented the state (9), Oakland County (1), and Washtenaw County (1).

> *"The health of the community is incumbent on the community."*
> Dean Sienko, MD, MS

Dr. Dean Sienko, MD, MS, Health Officer and Medical Director of the Ingham County Health Department, opened the meeting. Dr. Sienko applauded participants for their attendance, as the process relies upon community engagement to appropriately identify progress toward and challenges to the health and well-being of regional residents. Dr. Sienko encouraged participants to share their perspective and use their experience to think broadly

about this state level community health assessment, including ways public health can facilitate physical, mental, and fiscal health of the region's communities.

Figure 2

MDCH presented an overview of the state level community health assessment and improvement planning process (Figure 2). The input gathered from diverse individuals and organizations representing the region's communities will contribute to the development of a state health improvement plan, public health strategic plan, and an MDCH quality improvement plan. Ultimately, the goal of these processes and subsequent plans 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 1 *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 1. The *Michigan's Health Profile Chartbook 2011* provides an overview of the health of Michigan residents from many different angles and a variety of sources. Collectively, the 46 indicators represent reliable, comparable, and valid data to 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 1 chartbook are noted in Table 1. The Michigan and Region 1 Chartbooks, and the Region 1 presentation can be accessed online at www.malph.org.

The data presented in the chartbooks and highlighted in the Region 1 presentation were meant to inform the discussion by presenting trends to identify and understand current, emerging, and potential health problems. In addition, *Michigan's County Health Rankings 2011*[2] was distributed as a county data reference. Participants were asked to consider local assessments or data sets of which they were familiar. For example, Barry, Eaton, Ingham, Jackson, Livingston, and Shiawassee Counties, along with the Mid-Michigan District Heath Department, have local surveillance data collected from local/regional Behavioral Risk Factor Surveys. 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 1 Chartbook

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

Table 2 provides a comparison of Region 1data to Michigan, and where available to national targets. When looking at data over time, some progress had been made in Region 1 related to: access to healthcare, mental health, binge drinking, gonorrhea and chlamydia, and controlled hypertension. Those that remained a challenge were: obesity, fruit and vegetable intake, physical activity, smoking, stroke and heart attacks, diabetes, and infant mortality. Participants were cautioned that data trends indicating that the region was better than Michigan or the national targets did not negate the need to continue or expand work on those issues. In addition, data analyzed by race, age, and gender could identify population groups in the region that were doing worse than the state average or national target; as available, the regional chartbook included these types of data.

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

- In many cases, data for only one indicator were presented to reflect a very complex issue. Participants raised concerns that this did not give an adequate picture of the issue.
    - "Other indicators related to **access to care** demonstrate that access has gotten worse in this region."
- Data were regional and could misrepresent certain counties or cities that were not doing as well as the data would indicate.
    - "There may be significant county variation with the **access to care** data, as some counties struggle more with this issue than others."
- Data generally reflected the overall population. It was difficult to determine disparities that were likely to exist among the region's most vulnerable populations.
    - "While **access to care** data may be trending upward, data would need to be examined for various groups of individuals (women, communities of color, low-income) to know where improvement has not been made."
    - **"Smoking** remains a concern; we see that young adults and adolescents continue to smoke."

    - **"Chlamydia** and **gonorrhea** rates for Region 1 were too high and increasing in communities of color. While there may have been improvement overall, the rates in disparate communities were not acceptable."
- Data fluctuated from year to year, making it difficult to identify if the trend upward or downward was sustained over time.
    - "While there has been progress in the Michigan prevalence of **smoking**, the Region 1 levels have fluctuated since 2001."
    - "While it may appear that Region 1 has made progress in **mental health**, the data indicated that there were regional fluctuations over the years."
- Issues were inter-related, and it was difficult to look at one without looking at the others.
    - "The state's **infant mortality rate** is higher than the national rate, and this may be related to decreased **access to healthcare** for women and infants."
    - "Improvement in **binge drinking** was encouraging and could be related to the concerted efforts of the universities and colleges to address this issue. It is also possible that the rates were decreasing due to increasing abuse and misuse of over-the-counter medications and prescription drugs."
    - "While there was improvement in **overweight**, it appeared that this was due to increases in the percentage of people who were **obese**. This reflected a worsening situation."

Community Dialogue

Participants were asked to work as small groups, with each table representing one group; Region 1 had 12 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 only 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: Why do you think these indicators rose to the top? What is contributing to the region's success in these areas?*
2. *Problem Areas: Why do you think the region is performing poorly on this set of indicators? 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 (leading indicators 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 as "problem areas/challenges."

100% of the small groups noted **access to healthcare** and related services as a leading health issue.

- **Access to healthcare** was mentioned by all of the small groups. Healthcare included primary care and preventive care services, as well as chronic disease management, social and ancillary services, and other health resources. Most groups felt that there had been some regional progress in increasing access to healthcare, but access remained a substantial problem for the region. Other groups noted improvement was not seen across the entire region or among all population groups. Others stated that a more extensive look at other indicators representative of access to healthcare would not show that the region had improved. Examples included immunizations, mammography screening, and pap tests. Groups suggested that the factors contributing to progress were:
    - Collaboration among public health, hospital, and community mental health partners;
    - County health plans, federally qualified health centers, and clinics/providers providing affordable or free care;
    - Increased educational and referral efforts, including the 211 system, to assure that families were connected to healthcare and other service providers; and
    - Improved transportation.
- Others commonly cited were: **binge drinking, controlled hypertension, and obesity**.
    - Binge drinking was noted as improving, although drinking among teens was thought to be increasing. Improvement was attributed to:
        - Community education and information;
        - Improved policies;
        - More laws resulting in harsher consequences to offenders; and
        - Changing social norms.

    - Controlled hypertension was seen as a regional success, although some expressed concern that the current economic climate could increase disparities, particularly for African Americans and those with kidney disease. Factors that were ascribed to progress in this area were:
        - Availability of prescription medication;
        - Convenient hypertension screening; and
        - Public awareness.

    - Obesity was cited, although it had not improved in this region. Factors noted as negatively impacting this issue were changes in the climate and decreased access to and increased expense of healthy foods.
- **Smoking, mental health, and gonorrhea and chlamydia** were noted less frequently.
    - Although, there were concerns about increased smoking among certain groups, such as those with low socioeconomic status and youth, smoking was seen as a regional success. Factors mentioned as contributing to the region's progress were: statewide smoke-free legislation; changes in social norms; and other smoke-free policies.
    - Mental health was noted but without much additional explanation. One group noted that this problem was worsening.
    - Gonorrhea and Chlamydia were noted but without additional explanation.
- **Infant mortality, teen pregnancy, and seat belt use** were noted by one small group each.

Problem Areas

The small groups were asked to identify "problem areas." For each problem area, they were asked to note contributing factors and underlying causes, what was working well to overcome the problem area, and barriers to successfully addressing the problem. When looking at the contributing factors and underlying causes, one small group summarized these as, "Public health is bigger than just programs and services. It starts with the culture of community, environmental resources, and public education." It was also noted that many of the indicators were inter-related, such as access to healthcare and infant mortality and obesity, physical activity, cardiovascular disease, and diabetes.

The problem areas noted by at least 5 of the 12 groups were: **access to healthcare, obesity, infant mortality, and smoking.** Problem areas noted by two or three groups were: **mental health, inadequate fruits and vegetables, physical activity, cardiovascular disease,** and **diabete**s. The following were mentioned by one table: **controlled hypertension, gonorrhea and chlamydia**, and **dental health**.

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;
    - Transportation was reflected as a separate underlying cause as it was frequently mentioned by the groups as a major contributing factor;
- Inability to reach vulnerable populations and lack of data to identify groups at greatest need;
- Lack of access to providers or services;
- 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 four most commonly noted problem areas.

Table 3 Contributing Factors and Underlying Causes for Leading Problem Areas					
Problem Area	Social determinants of health	Transpor-tation	Inability to reach highest need	Lack of access to providers or services	Insurance, reimbursement, or funding
Access to healthcare	X	X	X	X	X
Obesity	X	X			X
Infant mortality	X		X	X	X
Smoking	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.

Table 4 Exemplary Programs, Services, or Agencies
✓ AmeriCorps
✓ Complete Streets Initiatives
✓ County Health Plans
✓ Farmers' Markets
✓ Human Service Network
✓ Mobile Dental Clinics
✓ "Power of We"
✓ Project Healthy Communities
✓ Safe Routes to School
✓ School Health Clinics

Among the factors identified as positively impacting the problem areas were: committed, innovative leaders, partnerships and collaborative efforts around resources and policies; local health assessments; 211 systems; and improved access to care and use of electronic medical records. Some of the community assets and resources specifically mentioned by the groups are listed in Table 4.

The factors raised in the discussion about what is standing in the way of having greater impact overlapped with many issues raised throughout the meeting. The primary factors can be summarized as: inadequacy of resources, services, programs, processes, policies and data to target and meet needs of the most vulnerable populations; complexity of the underlying causes; fragmentation of the system; and challenges in harnessing broad community involvement.

Most Important Health Issues

There was variability in the most important issue identified by the 12 small groups. One half (6) indicated that **obesity** was the most important issue, with 2 specifically mentioning childhood obesity. **Access to healthcare and services** and **infant mortality** were the next most commonly

noted. The remaining groups reported lifestyle indicators, cancer screenings, health literacy/education, diabetes, health equity, and smoking as the most important issue or indicator.

The reasons given for **obesity** being the most important were:

- Affects everyone, regardless of age, race, socioeconomic status, etc.;
- Has serious consequences related to quality of life, years of potential life lost, and increased costs;
- Impacts many of the other issues and indicators, e.g., cardiovascular disease, cancer, diabetes;
- Evidence-based policies and programs that work at the individual and community level are available; and
- Environmental changes, such as walking trails, and bike paths, often cross county lines.

Access to health care and services was deemed as the most important with the following justification:

- Has serious consequences, including reduced quality of life, increased mortality, higher rates of crime and substance abuse, and increased mental health problems;
- Impacts on many other health issues/indicators;
- Affects a broad range of people, especially the most vulnerable populations; and
- Benefits from use of peer support and stronger involvement of stakeholders, including participants and consumers.

Infant mortality was identified as being the most important for the following reasons:

- Many other issues/indicators contribute, including substance abuse, low birth weight, obesity, nutrition, family planning, etc.;
- Current system to address this is too fragmented and variable;
- Need to have a stronger voice in the policy arena; and
- Requires a systematic approach to addressing related health disparities.

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.

As a wrap-up to the meeting, participants were encouraged to share additional thoughts they felt had not been expressed during the small group discussions. As Region 1 was the pilot-test site for the regional meetings, participants were expressly asked to share comments on the process used to convene and conduct the meeting. Subsequent changes in the meeting format were made and used in the remaining seven regional meetings.

One participant noted that **access to dental care** had not been mentioned or discussed, yet it was an important issue. For example, his county did not have any dentists who accepted Medicaid; as a result the federally qualified health center coordinated with a dentist in Saginaw to provide services.

Region 1 Summary

Obesity was noted as the most important issue in Region 1.

Access to healthcare was identified as the most commonly noted leading health issue trending positively. Progress was attributed to: collaboration among partners and in planning efforts; options for affordable or free care; increased education and outreach; and improved transportation. Binge drinking, controlled hypertension and obesity were in the next tier of leading health issues noted by the groups. Issues considered problematic in the region included: access to care, overweight and obesity, infant mortality, and smoking. Among the most commonly cited contributing factors were the social determinants of health, including transportation; the inability to reach those in greatest need; lack of access to providers and services; and funding issues for critical services and programs. Obesity was identified as the most important issue, primarily because it affects everyone, has serious consequences, and impacts other health issues. In addition, there are evidence-based policies and programs that reduce the impact of obesity at the individual and community 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.

Appendix A

Region 1 Meeting
State Level Community Health Assessment
Participants

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Cathy Stevenson
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