State Community Health Assessment Meeting Summary & Findings

Region #2 South (2S)

City of Detroit,
Monroe, Washtenaw and Wayne Counties

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Michigan Department of Community Health

MDCH

Rick Snyder, Governor
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State Level Community Health Assessment
Region #2S Meeting Report

August 18, 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 2 South (2S). Brief reviews of the indicators used in the assessment are highlighted. Summary comparisons between the regional data and Michigan and national targets presented 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 2S 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.

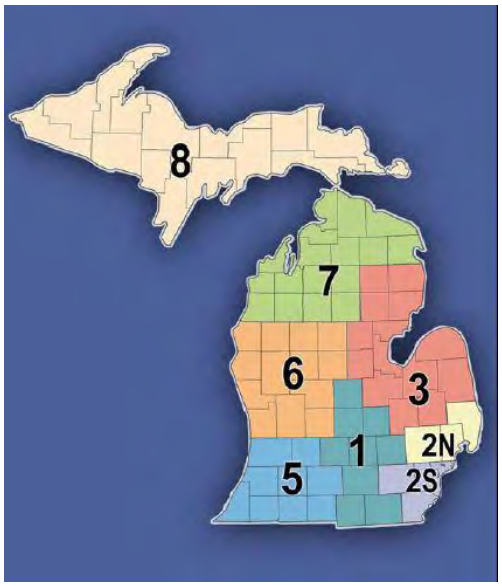

Figure 1

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 Region 2S meeting was hosted by the Wayne County Health Department at the Wayne Tree Manor on August 18, 2011 in Wayne, MI. Collectively, the 89 participants (Appendix A) represented the City of Detroit and all of the counties in Region 2S: Detroit (12), Monroe (1), Washtenaw (9), and Wayne (33). In addition, three participants represented multiple counties, and two represented the state. Participants also represented Livingston (2) and Oakland (7) counties. The remaining participants did not designate their county affiliation.

> *"We have a diverse group of stakeholders and partners in the room today. The collective wisdom and varied perspectives will provide Region 2S and the MDCH with valuable information they can use to determine unmet needs, identify health priorities, as well as existing resources and assets."*
> Loretta Davis, MSA

Ms. Loretta Davis, MSA, Health Officer of the Wayne County Health Department opened the meeting. Ms. Davis welcomed participants to the Region 2S state level community health assessment meeting. She stated that she "was pleased

Figure 2

that the state was undertaking the state level community health assessment and soliciting input from regional stakeholders and partners." She thanked the participants for attending the meeting and recognized them for their knowledge and expertise. Given the wide range of organizations at this meeting, Ms. Davis asked that "all participants share their perspective and experience, allowing the state to understand the health priorities, unmet needs, and resources and assets in Region 2S."

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 2S *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 2S. 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 2S chartbook are noted in Table 1. The Michigan and Region 2S Chartbooks, and the Region 2S 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. For example, the City of Detroit created a "Combined Data Book" in 2005 and 2006; the Wayne County Health Department created an "Out Wayne County Assessment;" the Washtenaw County Health Department conducted a Community Needs Assessment in 2006 and created an Improvement Plan; and the health departments in Detroit, Monroe County, and Washtenaw counties have all published Strategic Plans.

Table 1 List of Indicators Region 2S 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 2S data to Michigan, and where available to national targets. When looking at data over time, some progress was made in Region 2S 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, gonorrhea and chlamydia, 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 2S, Michigan, and National Data Comparison		
Issue	Region 2S compared to Michigan	Region 2S compared to national targets
Access to healthcare	Worse	Worse
Binge drinking	Similar	Better
Fruit and vegetable intake	Better	Similar data not available
Gonorrhea and Chlamydia	Worse	Worse
Hypertension (controlled)	Similar	Better
Infant Mortality	Worse	Worse
Leading causes of death: 1. Heart Disease 2. Cancer	Similar	Not applicable
Mental health	Better	Similar data not available
Obesity	Better	Worse
Physical Activity	Worse	Worse
Smoking	Similar	Worse
Teen pregnancy	Worse	Similar

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.

- In many cases, data for only one indicator was presented to reflect a complex issue. Participants raised concerns that this did not give an adequate picture of the issue.
    - "The mental health and binge drinking indicators presented in the chartbook are markers for assessing mental health and substance abuse problems, but the two indicators presented miss the mark on the problem – missing a lot of the problem."
- Data were regional and could misrepresent certain counties or cities that were not doing as well as the data would indicate.
    - "Region vs. county raises an interesting question regarding the challenges to use of aggregated data."

    - "When looking at the County Health Rankings, you see that Washtenaw gets top rankings and Wayne has low rankings. This ends up with the egion looking like the middle of the road."
- Data generally reflected the overall population. It was difficult to determine disparities that were likely to exist among the region's most vulnerable populations.
    - "The binge drinking indicator is based on adults ages 18 and older. For me, the binge drinking problem is greatest in adolescents at the high school ages. In addition, the data may not reflect young adults living on college campuses, another high risk group."

Community Dialogue

Participants were asked to work as small groups, with each table representing one group; Region 2S 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 concern. 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."

Smoking was noted by nine of the 12 small groups as a health issue that has made significant progress in Region 2S

- **Smoking** was most frequently mentioned, with nine of the 12 groups identifying it as improving over time. Factors identified as contributing to progress were:
    - Smoke-free legislation and policies;

- Increased cigarette taxes;
- Change in community and cultural norms; and
- Increased education and cessation programs.

One group noted that while smoking rates are improving, tobacco use in hookah bars continues to be a concern in Region 2S.

- **Cardiovascular disease (CVD) mortality** was noted by five of the 12 groups. The reduction in CVD mortality was largely credited to improved health care, including prevention and treatment interventions. Increased awareness and education were also recognized as contributing to the improvement.
- **Cancer, including screening, fruit and vegetable consumption, controlled hypertension, infant mortality,** and **sexually transmitted diseases** were each noted by three groups.
- Two groups each identified **immunizations, mental health**, and **chronic obstructive pulmonary disease (COPD)**.
- The remaining were cited as trending positively by one group each: **binge drinking, lead poisoning, physical activity,** and **suicide.**

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 six of the 12 groups were: **access to healthcare, mental health, social determinants of health,** and **obesity**. **Infant mortality, health disparities, diabetes, violence, teen pregnancy,** and **substance abuse** were each noted by at least four of the 12 groups. The following were noted by three or fewer groups: **suicide, smoking, controlled hypertension, physical activity, nutrition, cancer, prevention screening, oral health, CVD, HIV/AIDS, binge drinking, fruit and vegetable intake, literacy, chronic disease management,** and **sexually transmitted diseases.**

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; and
- People being unaware of existing resources or services.

In addition, stigma and lack of adequate data to understand the problem were noted as contributing factors for mental health.

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
Access to healthcare	X	X	X
Mental health	X		X
Social determinants of health	X	X	X
Obesity	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
✓ Clinical-community partnerships
✓ Detroit Positive movement
✓ Environmental health efforts to reduce pollution
✓ Farmers' markets
✓ Human Service Collaboratives
✓ MDCH community health indicator data
✓ Partnership for a Healthier Community
✓ Routine, rapid HIV screening
✓ Safe Routes to School
✓ Smoke-free legislation and policies
✓ Substance abuse prevention coalitions
✓ Teen pregnancy grants
✓ Wayne County children's health care access

Among the factors identified as <u>positively impacting the problem areas</u> were: increased collaboration and partnerships; engaged communities; new focus on addressing the social determinants of health and enhanced attention to addressing health disparities; better data and enhanced use of data to drive decisions; increased awareness about and use of evidence-based programs and services; an array of specific initiatives, programs and services; policies that supported behavior change such as smoke-free legislation, Bridge Cards accepted at farmers' markets, and restrictions on advertising; increased access to free and low-cost clinics, healthcare, and screenings; 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.

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: lack of leadership and vision; competition for resources; lack of a coordinated approach resulting in duplication of effort; insufficient data or not using data to drive decisions; limited, overloaded, and declining financial and human resources at a time of increasing need; lack of support from non-public health or health partners; racism; factors impacting and limiting access to care and services including transportation, lack of providers, high costs and insufficient reimbursement; and the general economy in the region and the impact on employment, wages, insurance coverage, and safety.

Most Important Health Issues

The most important health issues in Region 2S were **health disparities/health equity** and **social determinants of health**. Specific social determinants of health noted were: education, employment, poverty, and racial inequality. Each had four groups indicate this as the most important issue impacting health. Two groups each identified **infant mortality, access to healthcare**, and **mental health** as most important. One group each identified **teen pregnancy, HIV** and **sexually transmitted diseases**. Some groups identified two issues as being most important.

Across the board, groups agreed that it was necessary to address the social determinants of health in order to impact health disparities and health inequities. In turn, this would improve health outcomes. One group summarized this by saying, "We need to approach health from a holistic perspective that identifies challenges and supports across all indicators, including attention to poverty, healthy environments, education, and social justice."

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 2S meeting.

Region 2S Summary

Smoking was most frequently identified as the leading health issue trending positively. Progress was attributed to an increased focus on legislation, policies, and taxes, along with changes in norms and improved education. Cardiovascular disease mortality, cancer, fruit and vegetable consumption, controlled hypertension, infant mortality, and sexually transmitted diseases were in the next tier

Participants most frequently noted health disparities/health equity and social determinants of health as the most important health issue in Region 2S.

noted by the small groups. Issues considered problematic in the region included: access to healthcare, mental health, social determinants of health, and obesity. Among the most commonly cited contributing factors were the social determinants of health; people being unaware of resources, programs and services; and lack of access to providers and services. In addition, stigma and inadequate data were noted as contributing factors related to mental health. Of the 12 small groups, eight considered health disparities/health inequities and social determinants of health as the most important health issues. The groups clearly recognized the need to address social determinants of health in order to impact health disparities, and ultimately, improve Region 2S residents' health and well-being.

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 2S Meeting
State Level Community Health Assessment
Participants

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Paul Barry
Mike Bekheet
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Talat Danish
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Janette Davis
Mary Dekker
Mary Dereski
Carol Eddy
Konrad Edwards
Avery Eenigenburg
Lynn Evans
Kristin Finton
Janice Fitzhugh
Kit Frohardt-Lane
Paul Giblin
Trudy Hall
Christina Hall
Shirley Hankerson
Elizabeth Hughes
Tatyana Ivanova
Grace Johnson
Ruth Kaleniecki
Rose Khalifa
Susan Kheder
Carolyn Kimbrough
Anthony King
Sandra King
Kristie King
Keven Koehler
Annette Kusluski
Joyce Lai
Karen Love
Wendy Lukianoff
Dawn Lukomski
Anntinette McCain
Katrina McCue
Rich Miller
Gaylotta Murray
Susan Nicholas
Danielle North
Catherine Oliver
Gary Petroni
Renee Pitter
Paul Propson
Mishael Raiford
Carolyn Rakotz
Erminia Ramirez
Tawana Robinson
Nancy Rolston
Lisa Rutledge
Manal Said
John Sczomak
Elizabeth Shane
Terrill Shaw
Thea Simmons
Maureen Smith
Debbie Stellini
Angela Stevenson
Charles Stokes
Judy Street
Deborah Strong
Shaun Taft
Veerinder Taneja
Harolyn Tarr
Danielle Terry
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Elizabeth Venettis
Sandy Waddell
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Margret Watson
Theresa Webster
Lindsey West
Jasmine Williams
Elizabeth Wurth
Susan Wyman
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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.