State Community Health Assessment Meeting Summary & Findings

Region #3

Alcona, Arenac, Bay, Genesee, Gladwin,
Huron, Iosco, Lapeer, Midland, Ogemaw,
Oscoda, Saginaw, Sanilac, and Tuscola Counties

Prepared for: Michigan Department of Community Health
Prepared by: Cyzman Consulting, LLC
October 2011

Michigan Department of Community Health
MDCH
Rick Snyder, Governor
Olga Dazzo, Director

State Level Community Health Assessment
Region #3 Meeting Report

August 3, 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 3. 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 3 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.

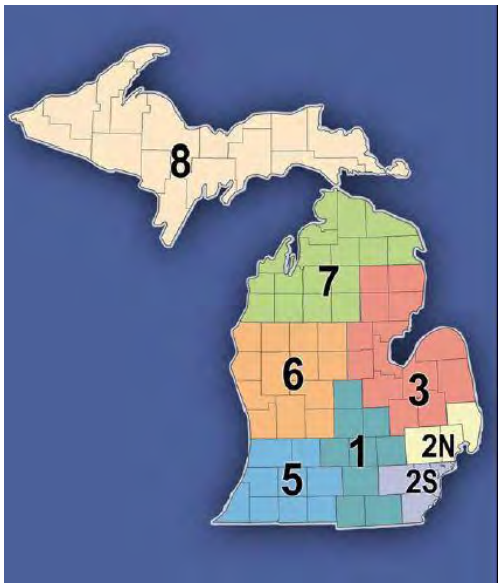

Figure 1

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 3 meeting was hosted by the Bay County Health Department at the Doubletree Hotel on August 3, 2011 in Bay City, MI. Collectively, the 56 participants (Appendix A) represented all of the counties in Region 3: Bay (10), Genesee (3), Midland (6), Saginaw (6), Sanilac (1), and Tuscola (6). Alcona, Arenac, Gladwin, Huron, Iosco, Lapeer, Ogemaw, and Oscoda counties were represented by participants from organizations representing multiple counties. There were six participants who represented the state.

> *"The ultimate goal of today's meeting is to provide the State with a clear understanding of our region's health needs, their underlying causes, and our best ideas of how to address them."*
> Barbara MacGregor, RN, BSN

Ms. Barbara MacGregor, RN, BSN, Health Officer of the Bay County Health Department opened the meeting. Ms. MacGregor thanked participants for their attendance. She encouraged everyone to actively participate by sharing their wisdom, perspective, and experience. Community-level input will help the Department of Community Health understand

the regional health needs and priorities, as well as the best ways to address them. Ms. MacGregor concluded her remarks by informing participants that this information will be useful to MDCH as they identify the most pressing state level community health needs and develop strategies to improve Michigan's health and well-being.

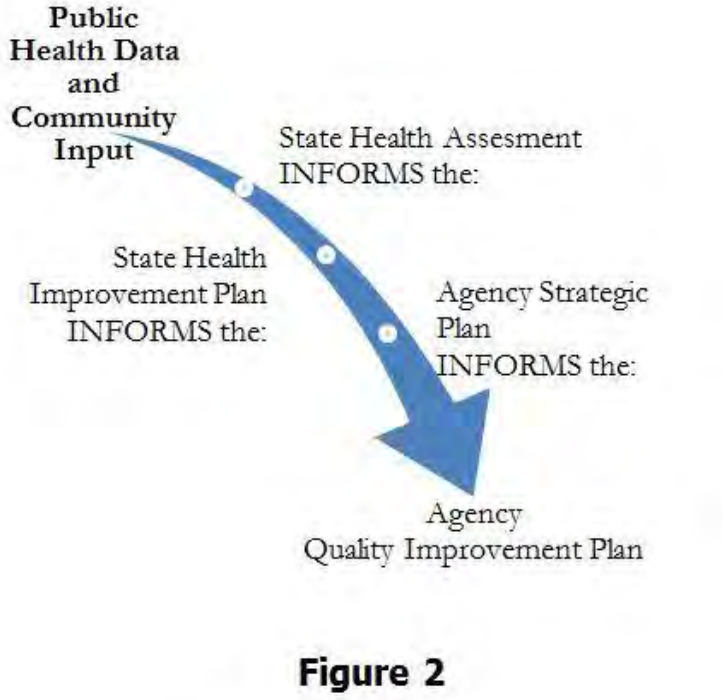

Figure 2

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 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 3 *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 3. 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 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 3 chartbook are noted in Table 1. The Michigan and Region 3 Chartbooks, and the Region 3 presentation can be accessed online at www.malph.org.

The data in the chartbooks and highlighted in the 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 instance, Community Health Profiles, regional Behavioral Risk Factor Surveys, Health Improvement Plans, and/or Strategic Plans were completed and disseminated by most of the county and district health departments serving Region 3. 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 3 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 3 to Michigan, and where available to national targets. When looking at data over time, some progress had been made in Region 3 related to: smoking, mental health, binge drinking, gonorrhea and chlamydia, and controlled blood pressure. Those that remained a challenge were: obesity, fruit and vegetable intake, physical activity, smoking, diabetes, cancer screening, access to healthcare, 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 3, Michigan, and National Data Comparison

Issue	Region 3 compared to Michigan	Region 3 compared to national targets
Access to healthcare	Worse	Worse
Binge drinking	Similar	Better
Fruit and vegetable intake	Worse	Similar data not available
Gonorrhea and Chlamydia	Better	Worse
Hypertension (controlled)	Similar	Better
Infant Mortality	Similar	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	Better
Smoking	Similar	Worse
Teen pregnancy	Worse	Worse

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 were presented to reflect a very complex issue. Participants raised concerns that this did not give an adequate picture of the issue.
    - "The reasons for lack of **access to care** are variable, including where someone lives, co-pays and other cost of services, etc."
    - Since 2008, region 3 has experienced a decline in **mammograms and pap tests**. Has anyone thought to overlay these data with the Breast and Cervical Cancer Control Program caseload reduction?"

- Data were regional and could misrepresent certain counties or cities that were not doing as well as the data would indicate.
    - "What is important to Saginaw County is different than what is important to the region. Although, three of the top five top health issues recently identified in the Saginaw County Assessment were noted as regional challenges in today's presentation."
    - "It is not surprising to see regional data similar to state data, as you are looking at a 14-county region. Midland County completes its own Behavioral Risk Factor Survey. The county data are generally better than the State, although Midland County has been losing ground over the past 4 to 8 years."
- Concern related to lack of access to programs and services.
    - "Did you consider access to **dental or oral health services** under access to care? If not, it's one of the challenges – huge, huge issue.
    - "Older adults are dealing with a wide variety of health and social issues, including **dementia, financial exploitation**, not **exercising** enough, and **lacking resources**, in general."

Community Dialogue

Participants were asked to work as small groups, with each table representing one group; Region 3 had seven (7) 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 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 are noted as improving and as "problem areas/challenges."

- **Smoking** was mentioned by every small group. All groups credited smoke-free legislation and other smoke-free policies as significant contributors to decreasing smoking. Other factors mentioned were:
    - Increased cost of cigarettes (taxes);
    - Insurance surcharges on smokers; and
    - Education and awareness campaigns.

> All of the small groups identified smoking as a pressing community health issue.

- Others cited by more than one group were: **obesity, physical activity, and mental health.**
    - While obesity is not improving in the region, it was noted that the region has made some progress in this area. The improvement was attributed to:
        - Healthy workplace initiatives;
        - Increased emphasis on healthy lifestyles, specifically making healthy choices; and
        - Education, media campaigns, and outreach.
    - Participants saw physical activity as improving primarily due to workplace initiatives.
    - Mental health trends toward improvement were credited to locally-focused initiatives and outreach efforts.
- **Access to healthcare, binge drinking, breast and cervical cancer screening, controlled hypertension**, and **teen pregnancy** were each noted by one small group.

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 3 of the 7 groups were: **obesity, substance abuse, binge drinking, and oral health**. The following were listed by one or two of the small groups: **access to healthcare, cancer screening, mental health, suicide rates, fruit and vegetable consumption, physical activity,** and **hospitalizations due to cardiovascular disease.**

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;

- Funding for specific services and programs, including insurance and other forms of reimbursement; and
- Lack of awareness or education.

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

Table 3
Contributing Factors/Underlying Causes for Leading Problem Areas

Problem Area	Social determinants of health	Lack of awareness or education	Insurance, reimbursement, or funding
Obesity	X	X	X
Substance abuse (prescription and illicit drug use)	X	X	X
Binge drinking	X		
Oral health	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: specific initiatives, programs and services and their convenient location for regional residents; polices that have impacted environmental change; and collaborative efforts that increased awareness and opportunities to increase access. Some community assets and resources specifically mentioned by the groups are listed in Table 4.

Table 4
Exemplary Programs , Services, or Agencies

- ✓ 211
- ✓ Breast and cervical cancer screening program
- ✓ Coalitions
- ✓ Community redesign
- ✓ Council on Aging
- ✓ Farmers' markets
- ✓ Girls on the Run
- ✓ Health screenings
- ✓ Patient navigator training
- ✓ Personal Action Toward Health
- ✓ Rails to Trails
- ✓ WIC
- ✓ YMCA

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: limitations and "red tape" of

existing programs; inadequacy of resources, processes, and policies/regulations; lack of leadership and impactful collaborations; transportation issues; social determinants of health; and lack of knowledge and awareness among those most in need.

Most Important Health Issues

Obesity was the most frequently cited issue as being the most important. Of the three groups that noted this, one specifically mentioned childhood obesity. Another combined **diabetes** and obesity as its most important issue. **Access to healthcare, cardiovascular health, lifestyle choices,** and **behavioral health** (**mental health and substance abuse**) were each noted by one small group.

The reasons given for why **obesity** was most important were:

- Linked to other health factors/diseases, e.g., cardiovascular disease, mental health, diabetes, productivity, and infant mortality;
- Affects everyone regardless of age, race, socioeconomic status, etc.;
- Fast food and junk food more widely available than healthy foods found at grocery stores, farmers' markets, and other places that sell fresh food;
- Cultural norms;
- Environmental issues, such as community walkability and safety;
- Limitations with Bridge Cards; and
- Serious consequences related to quality of life, life expectancy, and health care costs.

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.

Public comment for the Region 3 meeting included:

- "The Saginaw County Health Improvement Plan, 2010-2015, is available at www.saginawpublichealth.org. Through community surveys, focus groups, data analysis and public forums, the following five health issues were identified as priorities for improvement: infant mortality, child obesity, adult obesity, mental health, and cancer."
- "We must instill changing the culture of health as the base of all our efforts. In order to make gains, this must be part of our strategy."
- "Interesting that nobody (almost 100 people) mentioned environmental concerns. There are legally contamination issues in the region (dioxin, etc.), but no one localized these as issues."

Region 3 Summary

Smoking was unanimously identified as the leading health issue trending positively. Progress was attributed to: smoke-free legislation and policy; increased costs related to tobacco (taxes and surcharges); and education and awareness campaigns. Obesity, physical activity, and mental health were in the next tier noted by the small groups. Issues considered problematic in the region included: obesity, substance abuse, binge drinking, and oral health. Among the most commonly cited contributing factors were the social determinants of health; lack of awareness and education; and funding issues for critical services and programs. The most important health issue identified by Region 3 was obesity. The three groups that chose obesity as most important articulated reasons similar to those provided by the other four groups as their rationale for selecting their issue (access to healthcare, cardiovascular health, lifestyle choices, and behavioral issues) as the most important. The reasons common to all seven small groups included the broad impact across all ages, races, and socioeconomic groups; limitations of environmental and policy issues; and cultural norms.

Obesity was noted as the most important health issue in Region 3.

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 3 Meeting
State Level Community Health Assessment
Participants

Laurie Anderson
Lynnette Benjamin
Cathy Bodnar
Tim Bolen
Russell Bush
Jennifer Carroll
Trisha Charbonneau-Ivey
Kim Cereske
Gail DeBusk
Rebecca Dockett
Kathy Dropski
Becky Egan
Angie Emge
Ann Filmore
David Friday
Alice Gerard
Darcy Garnik-Laurin
Chris Girard
Kari Halvorsen
Linda Hamacher
Christina Harrington
Kirk Herrick
Diane Hillaker
Eileen Hiser
Annette Jeske
Mitzi Koroleski
Michael Krecek
Mary Kushion
Marilyn Laurus
Stephanie Leibfritz
Barbara MacGregor
Melissa Maillette
John McKellar
Jim McLoskey
Tracy Metcalfe
Tina Middaugh
Melissa Neering
Becky Reeniau
Joshua Salander
Cherrie Sammis
Dianna Schafer
Michael Schultz
Elizabeth Schnettler
Elizabeth Shephard
Stephanie Simmons
David Solis
Ellen Talbott
Gretchen Tenbusch
Bruce Trevithick
Mark Valack
Michelle Vouaux
Starr Watley
Sam Watson
Goldie Wood
Jill Worden
Fred Yanoski

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.