State Community Health Assessment Meeting Summary & Findings

Region #5

Allegan, Barry, Berrien, Branch, Cass, Calhoun, Kalamazoo, St. Joseph, and Van Buren Counties

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MDCH

Rick Snyder, Governor
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State Level Community Health Assessment
Region #5 Meeting Report

August 25, 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 5. 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 5 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 t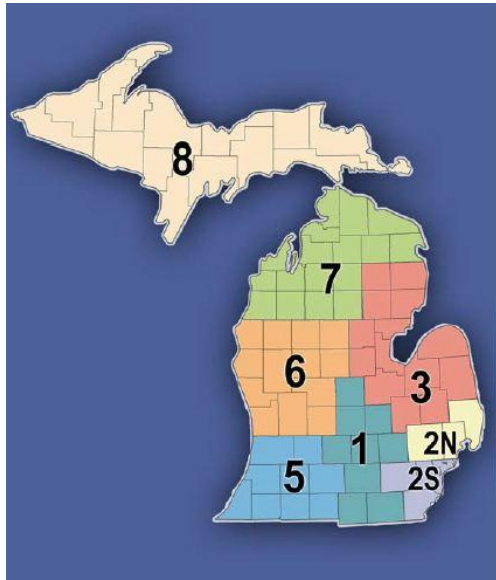hrough eight regional meetings. The regional locations aligned with Michigan's eight public health preparedness regions (Figure 1). In addition to the regional meetings, input was obtained through local and state key informant interviews, open comment periods, and public comment forms.

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 5 meeting was hosted by the Kalamazoo County Health Department at the Radisson Plaza Hotel on August 25, 2011 in Kalamazoo, MI. Collectively, the 123 participants (Appendix A) represented all of the counties in Region 5: Allegan (18), Barry (5), Berrien (14), Branch (2), Calhoun (13), Cass (3), Kalamazoo (42), St. Joseph (5), and Van Buren (6). Participants also represented Clinton (1), Eaton (1), Emmet (1), Ingham (2), Kent (6), Newaygo (1), Ottawa (1), and Wayne (1) counties, as well as Elkhart, IN (1).

Ms. Linda S. Vail, MPA, Health Officer of the Kalamazoo County Health Department opened the meeting. Ms. Vail thanked participants for their attendance and recognized the broad range of organizations represented at this meeting. She encouraged everyone to actively participate and share their

> *"In order to improve health outcomes, we need a coordinated approach, using knowledge and experience across many sectors, including healthcare, public health, education, faith- and community-based organizations, business and private citizens."*
> Linda S. Vail, MPA

perspective and experience in order to identify Region 5's health needs and strategies to improve health outcomes. Ms. Vail noted that, in doing so, the state would receive the information they need to complete the Michigan state level community health assessment, and meeting participants would acquire new information and data that could be helpful as they address the priority health issues of the Region 5 communities.
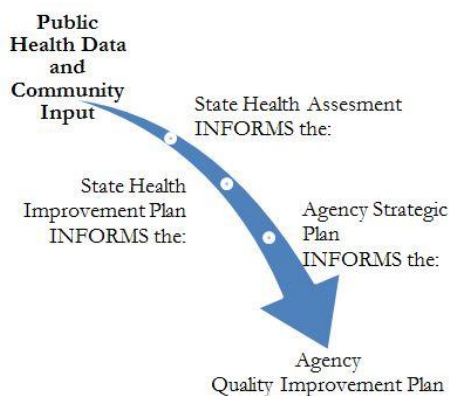

Figure 2

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 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 5 *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 5. 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 5 chartbook are noted in Table 1. The Michigan and Region 5 Chartbooks, and the Region 5 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 Barry-Eaton District Health Department completed a Behavioral Risk Factor Survey (BRFS) for 2008-10; the Berrien County Health Department completed a 2008 BRFS; the Branch-Hillsdale-St. Joseph Community Health Agency developed a 2008-9 Health Improvement Plan and 2010-2012 Strategic Plan; and the Kalamazoo County Health Department completed a 2010 Strategic. Participants were encouraged to share what they know from other data sources, and integrate their expertise and experience into the discussion.

Table 2 provides a comparison of Region 5 data to Michigan, and where available to national targets. When looking at data over time, some progress was made in

Table 1 List of Indicators Region 5 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

Region 5 related to: smoking, mental health, binge drinking, controlled blood pressure, teen pregnancy, and breast cancer screening. Those that remained a challenge were: obesity, fruit and vegetable intake, physical activity, smoking, diabetes, cancer screening (cervical and colon), 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 5, Michigan, and National Data Comparison		
Issue	Region 5 compared to Michigan	Region 5 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	Similar
Infant Mortality	Worse	Worse
Leading causes of death: 1. Heart Disease 2. Cancer	Similar	Not applicable
Mental health	Better	Similar data not available
Obesity	Similar	Worse
Physical Activity	Worse	Better
Smoking	Worse	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.
- 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.
  - "While there is information regarding unemployment, there is nothing on poverty; this is one of the **social determinants of health** that should be included. Someone may be employed and living in poverty."
- Data were regional and could misrepresent certain counties or cities that were not doing as well as the data would indicate.
  - "Numbers between the state and region are virtually identical; almost true for every issue. Michigan problems are our problems. However, various counties and parts of counties would have very different needs. Combining data loses the variability."
  - "In our region, we have urban and rural counties. **Access to health care** – primary care and specialists – is related to transportation. This may not be true for some parts of our region."
- Data generally reflected the overall population. It was difficult to determine disparities that were likely to exist among the region's most vulnerable populations.

- o "**Smoking** appears on both lists. For Barry County, we have a significant issue related to maternal smoking and smoking among low-income and young adults. We are concerned about these sub-groups and are working to address these disparities."
- Issues were inter-related, and it was difficult to look at one without looking at the others.
  - o "I noticed that six of the 9 challenges were directly or causally related to **obesity**."
  - o "My concern is that everything we talk about is issue specific but not **lifestyle.** We cannot focus on one aspect and not the other."

Community Dialogue

Participants were asked to work as small groups, with each table representing one group; Region 5 had 15 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 as "problem areas/challenges."

> Cancer – including cancer screening - was the health issue most commonly noted as improving in Region 5.

- **Cancer, including cancer screening,** was most frequently mentioned by the small groups. The groups suggested that factors contributing to progress were:
  - o Increased access to free or low-cost screening and treatment services; and
  - o Increased awareness and information.

- Others commonly cited were: **access to healthcare, smoking, and teen pregnancy.**
  - Although there remained challenges, <u>access to healthcare</u> was cited as an area where improvement had been made. Progress was attributed to:
    - Targeted focus, including grant funding, on providing healthcare to the underserved populations;
    - Increased outreach and improved information and referral systems, such as 211;
    - Strengthened collaboration among hospitals, providers, and organizations;
    - Improved transportation; and
    - Increased provider availability, including free or low-cost healthcare and dental clinics.
  - <u>Smoking</u> was noted as improving, largely due to:
    - Smoke-free policies and legislation; and
    - Smoking cessation classes and increased knowledge.
- **Health disparities, mental health**, and **social determinants of health** were noted by three small groups.
- **Fruit and vegetable consumption, oral health, physical activity,** and **air quality** (with references to **asthma**) were each cited by two small groups.
- **Obesity, food borne illnesses, hypertension screening, healthy living, infant mortality, immunization, and diabetes management** were each listed by one group as a leading indicator trending positively.

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 9 of the 15 groups were: **access to healthcare, social determinants of health,** and **obesity**. **Substance abuse, oral health, smoking,** and **healthy lifestyle behaviors** were noted by at least five of the 15 groups. **Physical activity, infant mortality, nutrition, mental health, fruit and vegetable intake, diabetes, controlled hypertension; trauma/accidents; sexually transmitted disease; teen pregnancy; school physical activity/education policies;** and **co-morbidities** were noted by at least two small groups. The following were noted by one group: **health literacy; HIV/AIDS; cancer screening; autism; dementia; health inequities; chronic disease overall; low birth weight;** and **suicide**.

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;
- Need for more effective, evidence-based interventions; 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	Insufficient effective, evidence-based interventions	Lack of access to providers or services	Insurance, reimbursement, or funding
Access to healthcare	X	X		X	X
Social determinants of health	X	X		X	X
Obesity	X		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 positively impacting the problem areas were: collaboration, communication, and strategic planning among agencies around specific programs and issues; grant funding; 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; 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.

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: factors impacting and limiting access to care and services including stigma, transportation/isolation, lack of access to providers and costs and reimbursement; limited and declining financial and human resources; insufficient understanding of evidence-based interventions and inadequate communication mechanisms to share best practices and data; cultural factors and personal values; political barriers; and the general economy in the region and the impact on employment, wages, insurance coverage.

Table 4 Exemplary Programs, Services, or Agencies
✓ Breast and Cervical Cancer Control Program
✓ County health plans
✓ Dental clinics
✓ Fetal Infant Mortality Review
✓ Girls on the Run
✓ Interfaith Strategy for Advocacy and Action in the Community (ISAAC)
✓ Nurse Family Partnership
✓ PATH
✓ "Pink Saturdays"
✓ Program for All-inclusive Care for the Elderly
✓ Project Fresh
✓ Project Lean
✓ School-based health clinics
✓ We Can Program
✓ United Way

Most Important Health Issues

There was some variability in the most important issue or indicator identified by the 15 small groups. Seven groups indicated **obesity**, and four groups noted **healthy lifestyle** and **access to healthcare**. **Diabetes** and **social justice/health inequities** were indicated by a single group. Two groups identified two issues as being most important.

The reasons given for why **obesity** was most important were:
- Affects everything and everyone;
- Linked to other health factors/diseases, e.g., nutrition, fruit and vegetable intake, physical activity, chronic diseases, mental health, and mortality;
- Is multi-generational and is becoming the "norm;"
- Requires a holistic approach and a cultural change;
- Has a large overall impact on healthcare and societal costs; and
- Is impacted by a broad expanse of contributing factors.

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 and after the meeting was consistent with and supportive of the discussion throughout the Region 5 meeting.

Region 5 Summary

Cancer, including cancer screening, was most frequently identified as the leading health issue trending positively. Progress was attributed to: increased access to free or low-cost screening and treatment services, and increased awareness and information.
Access to healthcare, smoking, 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, and obesity. Among the most commonly cited contributing factors were the social determinants of health; people unaware of resources and services; need for more effective and evidence-based interventions; lack of access to providers and services; and funding issues for critical services and programs. Of the 15 small groups, seven considered obesity to be the most important health issue. Four groups each identified healthy lifestyle and access to healthcare as the most important health issue. The small groups identified many of the same factors when noting why these were considered most important, including the wide range of people affected, the array of factors influencing the issue; the impact on costs; and the acknowledgement that the problems will only grow if not addressed.

> Participants most frequently noted obesity
> as Region 5's most important health issue.

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.

Region 5 Meeting
State Level Community Health Assessment
Participants

Terri Albers	Melissa Essig	Kathy Lentz	Joseph Schmitt
Rod Auton	Jennifer Frank	Oemeeka Liggins	Melissa Schultz
La'Tonya Baidy	Kathy Freberg	Gary Lindquist	Cherie Seitz
Sandy Ball	Mimi Gabriel	Vicki Loll	John Senkowicz
Anne Barna	Carl Gibson	Bob MacKenzie	Michelle Serbenski
Sarah Barnhart	Adrienne Glover	Victoria Martin	Yas Kulski Sharron
Stephanie Bell	Pamela Goodcare	Kristy Mattern	Judy Sivak
Don Black	Carrie Goode	Ann Mazure	Garrie Smith
Karla Black	Melinda Graham	Sue McCormick	Tonia Smith
John Bolton	Linda Grap	Julie McGowen	Steve Springsdorf
Amy Brauer	James Greene	Marc Meulman	Kevin Steely
Margaret Brown	Linda Grey	Mary Middleton	Lisa Striegle
Diana Buist	Gale Hackworth	Susan Molenaar	Andrea Sunderman
Rebecca Burns	Janet Hahn	Elizabeth O'Dell	Lori Thompson
Elizabeth Burns	Kathryn Hamm	Margaret Patton	Steve Todd
Catherine Burton	Kimberlee Hancox	Charlotte Pavilanis	Richard Tooker
Snell	Jamie Helsen	Samantha Pearl	Sherry Torres
Bradley Casemore	Bonnie Hildreth	Ron Peterson	Michelle Truax
Jane Chappell	Amy Hill	James Phillips	Linda S. Vail
Eileen Chiang	William Hodges	Kanika Phillips	Kathleen Valdes
Theresa Christner	Doug Homnick	Jim Picking	Louise Van
Julie Clark	Marianne Huff	Wayne Price	Zanselaar
Margaret Clayborn	Marti Hughes	Judy Rayman	Denise Van Dyken
Scott Corbin	Jules Isenberg-	Jan Reed	Dan Wedge
Denise Crawford	Wedel	Victoria Reese	Paula White
Regina Crooks	Hal Jenson	Chris Reinart	Amanda Williamson
Keith Crowell	Rick Johansen	Tyson Richmond	Dave Wingard
Randy DeGroot	Janet Jones	Sharon Ritchie	Robert Withee
Barbara DeLong	Angelique Joynes	Natasha Robinson	Kathy Yonkers-
Susan Deming	Teresa Klan	Kristin Roux	Wright
Connie Downs	Blaine Koops	Terri Rushlow	Anne Zemlick
Jeff Elliot	Judy Lammers	Karensa Schascheck	

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.