State Community Health Assessment Meeting Summary & Findings

Region #7

Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Otsego, Presque Isle, Roscommon, and Wexford Counties

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Michigan Department of Community Health

MDCH

Rick Snyder, Governor
Olga Dazzo, Director

State Level Community Health Assessment
Region #7 Meeting Report

August 30, 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 7. 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 7 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.

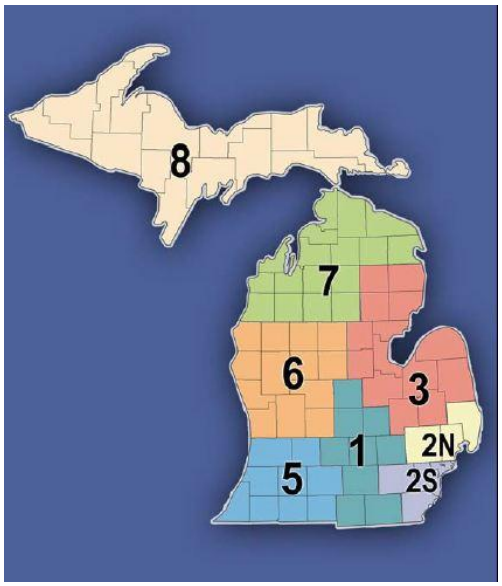

Figure 1

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 7 meeting was hosted by the Northwest Michigan Community Health Agency at the Otsego Club on August 30, 2011 in Gaylord, MI. Collectively, the 60 participants (Appendix A) represented all of the counties in Region 7: Alpena (2), Antrim (3), Benzie (1), Charlevoix (3), Crawford (1), Emmet (5), Grand Traverse (2), Leelanau (2), and Otsego (4). Participants from Cheboygan, Kalkaska, Manistee, Missaukee, Montmorency, Presque Isle, Roscommon, and Wexford counties were represented by organizations serving multiple counties. Participants also represented the state (4), and Alcona (1), Chippewa (2), and Mason (2) counties.

> *"To achieve improvement in key health outcomes … will require a systems approach - an approach that includes tapping into your knowledge and experience."*
> Linda Yaroch, RN, MPH

Ms. Linda Yaroch, RN, MPH Health Officer of the Northwest Michigan Community Health Agency opened the meeting. Ms. Yaroch thanked participants for their attendance and encouraged everyone to share their perspective, their expertise, and their experience to help the state better

understand the health priorities, unmet needs, and existing assets and resources of communities across this region.

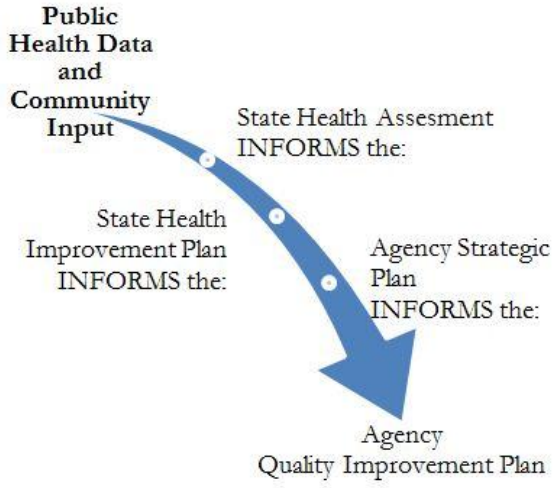

Figure 2

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 7 *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 7. The *Michigan's Health Profile Chartbook 2011* provides an overview of the health of Michigan residents from many different angles and a variety of data sources. Collectively, the 46 indicators represent reliable, comparable, and valid data 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 7 chartbook are noted in Table 1. The Michigan and Region 7 Chartbooks, and the Region 7 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 example: the Grand Traverse County Health Department completed a Community Health Assessment in 2000 and a strategic plan in 2010; the District Health Department #10 completed community health profiles and a strategic plan in 2011; the Central Michigan District Health Department completed a Community Health Profile and is working on a Community Health Assessment, 2010 Improvement Plan, and a 2009-2013 Strategic Plan. Participants also 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 7 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 7 data to Michigan, and where available to national targets. When looking at data over time, some progress had been made in Region 7 related to: smoking, controlled blood pressure, breast cancer screening, and teen pregnancy. Those that remained a challenge were: obesity, fruit and vegetable intake, physical activity, smoking, diabetes, cancer screening 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 7, Michigan, and National Data Comparison		
Issue	Region 7 compared to Michigan	Region 7 compared to national targets
Access to healthcare	Similar	Worse
Binge drinking	Similar	Better
Fruit and vegetable intake	Better	Similar data not available
Gonorrhea and Chlamydia	Better	Better
Hypertension (controlled)	Similar	Similar
Infant Mortality	Slightly Better	Slightly 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	Better	Better
Smoking	Better	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 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.
    - "I was surprised to see that **substance abuse** is not listed, especially because of the increase in prescription drug use. Only **binge drinking** is included to represent substance abuse. There are multiple indicators that are not listed but should be."
- Data were regional and could misrepresent certain counties or cities that were not doing as well as the data would indicate.
    - "It is important to see **smoking** moving in the right direction for the general population. We know it is not the same for our regional subgroups, as reported in our regional behavioral risk factor surveys."
- Data generally reflected the overall population. It was difficult to determine disparities that were likely to exist among the region's most vulnerable populations.
    - "It is important to look at this (**mental health**) within the community, especially when you look at it demographically."
    - "One indicator I was surprised was smoking. In Northeast Michigan, I have been following **prenatal smoking**, and we are at 34% and pretty steady."

- Issues were inter-related, and it was difficult to look at one without looking at the others.
    - "Were you able to cross this information (**mental health**) **with diabetes and obesity**? This connection would be helpful to address these issues."
    - "**Physical activity** data for region 7 are higher than the state, yet the **obesity** level for this region is also higher in the state. There is a disconnection in the data."
- Concern related to lack of access to programs and services.
    - "**Healthcare and dental care access** for the **developmentally disabled population** is a huge problem."
    - "The challenge for us is **oral health** and access to dental care for the population we serve in our clinics."
    - "In some areas, **transportation** has come up in community forums. There are still frontier areas with no transportation."

Community Dialogue

Participants were asked to work as small groups, with each table representing one group; Region 7 had 10 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 leading 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 improving and as "problem areas/challenges."

- **Smoking** was mentioned by every small group. The groups suggested that factors contributing to progress were:
    - State and local laws and regulations, specifically smoke-free policies and communities;
    - State-level initiatives; and
    - Greater coordination.
- Others commonly cited were: **breast cancer screening, physical activity,** and **access to healthcare.**
    - Breast cancer screening was noted as improving. Improvement was attributed to:
        - Increased availability of resources and screening opportunities;
        - Local and national campaigns; and
        - Public health education.
    - Physical activity was seen as improving, with regional success credited to:
        - Increase in the number of trails and places to be physically active;
        - Recognition of the value of exercise and a "cultural change among youth;"
        - Organized initiatives in communities and workplaces; and
        - Federal attention to increasing physical activity.
    - Although there remained many challenges, access to healthcare, including dental care, was cited as an area where some improvement had been made. The primary reason given for improvement was the increased number of clinics providing free or low cost healthcare, e.g., Federally Qualified Health Clinics, Child and Adolescent Health Centers, and Dental Clinics North.

- **Teen pregnancy** was noted by half of the groups, with improvement due to Child and Adolescent Health Centers and the availability of birth control and emergency contraception.
- **Prenatal care, diabetes, immunization, asthma** and **health screenings** 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 5 of the 10 groups were: **mental health, substance abuse, obesity, access to healthcare**, and **smoking**. The following were listed by two to four groups: **physical activity** and **chronic disease management**. Each of the following was mentioned by one

group: **oral health; health screenings; prostate screening; suicide; low birth weight;** and **availability of nutritious and fresh foods**.

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;
    - While stress may be classified as a social determinant of health, it is listed as a separate underlying cause as it was frequently mentioned by groups as a contributing factor.
- 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 most commonly noted problem areas.

Table 3
Contributing Factors/Underlying Causes for Leading Problem Areas

Problem Area	Social determinants of health	Stress	Lack of access to providers or services	Insurance, reimbursement, or funding
Mental health	X	X	X	X
Substance abuse	X	X		
Obesity	X	X		
Access to healthcare	X		X	
Smoking	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: an array of specific initiatives, programs and services; increased access to clinics, care, counseling opportunities and screenings; policies that have supported behavior change such as quit lines, school food offerings and physical activity; collaboration among agencies around specific programs and issues; and county health plans. 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: factors impacting and limiting access to care and services including stigma, transportation/isolation, lack of access to providers and costs and reimbursement; inability to tailor Federal and state funding to local needs; and the general economy in the region and the impact on employment, wages, insurance coverage.

Table 4 Exemplary Programs, Services, or Agencies
✓ 211
✓ Child and adolescent health clinics
✓ County health plan
✓ Dental Clinics North
✓ Federally-qualified health centers
✓ Girls on the Run
✓ Great Start
✓ Health Link
✓ Healthy Futures
✓ Northern Michigan Diabetes Initiative
✓ School nutrition programs
✓ SAFE
✓ Smoking quit line
✓ Suicide prevention collaborative
✓ Tribal health services
✓ United Way

Most Important Health Issues

There was significant variability in the most important issue or indicator identified by the 10 small groups. Two groups each indicated the most important health issue as: **obesity**, **access to healthcare,** and **chronic diseases, including management**. **Poverty, substance abuse, mental health,** and **stress/coping** were each mentioned by a single group.

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

- Linked to other health factors/diseases, e.g., nutrition, fruit and vegetable intake, physical activity, chronic diseases, stress, and dental health;
- Opportunity to improve if all agencies and organizations worked together;
- Affects a large number of people, regardless of age, race, socioeconomic status, etc.;
- Has a large overall impact on healthcare costs; and
- Is impacted by a broad expanse of contributing factors.

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

- Addresses many indicators and population and age groups;
- Encompasses physical, mental and dental health care;
- Builds on interventions currently in place;
- Affords early identification of risk factors and conditions/diseases in early stages; and
- Results in increased costs if not addressed.

Chronic diseases, including management, were deemed as the most important due to:

- Healthcare system cannot support the growing needs;
- Requires multidisciplinary approaches;
- Model programs and approaches exist; and
- Our society is aging resulting in increased needs.

Many of the factors as to why obesity, access to care and chronic diseases, including management, were selected by the groups overlap. These included the broad impact across all ages and the number of lives impacted, the expanses of factors influencing the indicator, the impact on healthcare costs and an acknowledgement that without focus the issue will only grow.

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 7 meeting included:

- "We are seeing an increase in the suicide rate. This goes along with mental health. We hear some about suicide, but his has not come up today."
- "We need to look at the idea of what is working. We did not talk about infant mortality, but we work hard to have good health outcomes in this area."

Region 7 Summary

Smoking was unanimously identified as the leading health issue trending positively. Progress was attributed to: smoke-free laws and regulations; state-level initiatives; and greater coordination. Breast cancer screening, physical activity, and access to healthcare were in the next tier noted by the small groups. Issues considered problematic in the region included: mental health, substance abuse, obesity, access to healthcare, and smoking. Among the most commonly cited contributing factors were the social determinants of health, including stress; lack of access to providers and services; and funding issues for critical services and programs. The Region 7 small groups had diverse views on what they considered the most important health issue. Two groups each identified obesity, access to healthcare, and chronic diseases, including management, 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

Region 7 had diverse perspectives on the most important health issue. Obesity, access to healthcare, and chronic diseases were each cited by two of the 10 groups.

array of factors influencing the issue; the impact on costs; and the acknowledgement that the problems will only grow if not addressed.

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 7 Meeting
State Level Community Health Assessment
Participants

Phil Alexander
Tracy Andrews
Lynette Benjamin
Lynda Bockstahler
Darcia Brewer
John Bruning
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Diane Butler
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Bob Felt
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Gregory Heintschel
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Kevin Hughes
Bill Jackson
Fred Keeslar
Scott Kendzierski
Lorelei King
Christina Korson
Martha Lancaster
Laura Laisure
Nicole Lindwall
Lorraine Manary
Cathy Maxwell
Ranaé McCauley
Jack Messer
Joshua Meyerson
Kit Mikovitz
Jenifer Murray
Mary Ouellette
Christine Perdue
Mandy Peterson
Denise Plakmeyer
Julie Puroll
Cynthia Pushman
Roger Racine
Andrew Sahara
Beth Schelske
Dave Schneider
Miriam Schulingkamp
Sarah Shimek
Ellen Smith
Ruth Sommerfeldt
Nancy Spencer
Augusta Stratz
Larry Sullivan
Jane Sundmacher
Cynthia Swise
Dale Terryberry
Sara Ward
Jody Werner
Judy Williams
Sue Winter
Heidi Yaple
Linda Yaroch

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.