State Community Health Assessment Meeting Summary & Findings

Region #8

Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft 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 #8 Meeting Report

August 2, 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 8. 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 8 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.

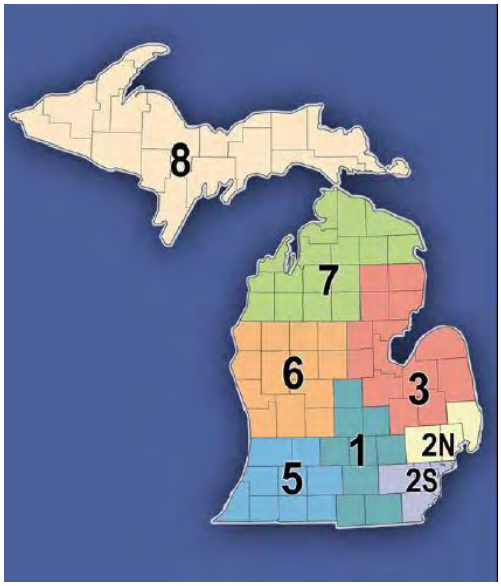

Figure 1

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 8 meeting was hosted by the Marquette County Health Department at Northern Michigan University on August 2, 2011 in Marquette, MI. Collectively, the 79 participants (Appendix A) represented all of the counties in Michigan's Upper Peninsula: Chippewa (3), Delta (6), Dickinson (3), Houghton (7), Iron (3), Keweenaw (1), Mackinac (1), Marquette (39), and Ontonagon (1) counties. The remaining counties - Alger, Baraga, Gogebic, Luce, Menominee and Schoolcraft - were represented by participants serving multiple counties. In addition, two participants represented the state.

> *"In order to know where you want to go, you need to know where you are. Today's meeting is about finding where you are, what you have, prioritizing resources, and identifying strategies for where you want to be."*
> Fred Benzie, RS, MPH

Mr. Fred Benzie, RS, MPH, Health Officer of the Marquette County Health Department, opened the meeting. Mr. Benzie thanked everyone for participating in this first step to create a state health improvement plan, and later, a state health strategic plan. Mr. Benzie encouraged participants to use

what they know about the health needs and assets in Region 8 as the foundation for determining what the future could hold. He emphasized that this is an important opportunity to tell the state what they think is needed to optimize the health and well-being of the Michigan's Upper Peninsula communities.

Figure 2

MDCH presented an overview of the state level community health assessment and improvement planning process (Figure 2). The input gathered from diverse individuals and organizations representing the region's communities will contribute to the development of a state health improvement plan, public health strategic plan, and an MDCH quality improvement plan. Ultimately, the goal of these processes and subsequent plans will be to improve Michigan's health status.

In addition to informing the state planning process, the regional meetings were designed to:

- result in increased awareness and understanding of health status and priorities among regional participants;
- provide information useful to community assessment efforts;
- disseminate a *Health Profile Chartbook*, providing regional data, and, where possible, comparisons to state data and national targets, such as those found in *Healthy People 2020*[1];
- serve as a catalyst for community and state discussion and action;
- be a vehicle to share comments between state and community partners; and
- help prepare for national accreditation of Michigan health departments.

Regional Indicators: Progress and Challenges

The MDCH presented data from the Michigan and Region 8 *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 the other with data from Region 8. The *Michigan's Health Profile Chartbook 2011* provides an overview of the health of Michigan residents from many angles and a variety of sources. 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 8 Chartbook are noted in Table 1. The Michigan and regional Chartbooks, and the Region 8 presentation can be accessed online at www.malph.org.

The data presented in the chartbooks and highlighted in the Region 8 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, in 2007, the Chippewa County Health Department conducted a Community Needs Assessment; Luce-Mackinac-Alger-Schoolcraft District Health Department developed a 2009-2012 Strategic Plan; the Western Upper Peninsula District Health Department developed a Strategic Plan in 2008; and the Marquette County Health Department completed a Community Health Assessment and Improvement Process. 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 8 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 8 data to Michigan, and where available to national targets. When looking at data over time, some progress had been made in Region 8 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, and cancer screening. 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 8, Michigan and National Data Comparison

Issue	Region 8 compared to Michigan	Region 8 compared to national targets
Access to healthcare	Similar	Worse
Binge drinking	Similar	Better
Fruit and vegetable intake	Worse	Similar data not available
Gonorrhea and Chlamydia	Better	Better
Hypertension (controlled)	Better	Better
Infant Mortality	Better	Better
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.
    - "Binge drinking may be coming down, but marijuana and prescription drug abuse is going up. We must look at the big picture."
    - "While chlamydia rates may be decreasing, we need to know if this is because the screening rates are also decreasing. If this is the case, the data look better than it really is."
- Issues were inter-related, and it was difficult to look at one without looking at the others.
    - "Diabetes mortality is listed as number nine; it is generally 4th or 5th highest. Two-thirds of people with diabetes have heart disease, and most people with diabetes die of heart disease. So, the heart disease mortality may actually reflect people who are dying from diabetes."
    - "Many challenges are risk factors for Alzheimer's disease. Similar to diabetes, most people don't die from Alzheimer's disease. Many die from other causes."
- Progress made in the Upper Peninsula was impressive.
    - "I was impressed and pleased to see the binge drinking rates, comparing the U.P. with the rest of the state. In 2010, the rate of binge drinking in the U.P. is almost the same as the state rate."
    - "The breast and cervical cancer rates are dropping, as compared to Michigan, and lower than the HP2020 goals targets."

- Concern related to lack of access to services and programs in the U.P.
    - "Access to care for mental health is problematic; we have had a waiting list since 2008. This is true for my county's Community Mental Health, as well as in other areas of the region."
    - "There is only one dental clinic in the U.P. Patients need to pay for ½ of the cost of their care, which is too much. We need to increase oral health resources to help people get the care they need."

Community Dialogue

Participants were asked to work as small groups, with each table representing one group; Region 8 had 11 small groups. The groups were asked to answer a series of questions designed to provide a clearer understanding of regional health concerns and priorities. The small groups met twice during the meeting. In the first dialogue, participants were asked to consider what was working well in the region and the major areas of concerns. They were not limited to focusing on only one issue, and most provided feedback on more than one. The groups were asked to deliberate on the following questions, provide a brief report to the full group, and submit written feedback to MDCH.

1. *Leading Health Indicators: 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."

- The most commonly noted health issues were **smoking, binge drinking, and teen pregnancy.**
    - The improvement made for smoking was credited to:
        - State and local smoke-free laws/ordinances, including campuses, hospitals and housing;
        - Increased cigarette taxes and the associated increased cost to purchase;
        - Expanded quit lines and education;
        - Tribal support;
        - Good understanding of the challenges; and
        - More local champions.
    - The progress made in binge drinking was related to the decline in youth drinking. Contributing factors were:
        - Strengthened enforcement;
        - Greater awareness, education and programs through schools and campuses; and
        - Good understanding of the challenges.

        - One group specifically indicated, "kids have more opportunities to communicate (express themselves), more parental involvement, and the availability of technology."
    - **Improvement related to the decline in teen pregnancy** was primarily attributed to family planning education and services.
- Others less commonly cited were: **Physical activity**, **infant mortality**, and **access to healthcare**.
    - Factors related to increased physical activity were:
        - Increased options and opportunities to be active in the region due to trails for hiking and biking;
        - More education and emphasis to be active; and
        - Coalition work focused on physical activity.
    - Education and prenatal care were attributed to the positive trends in infant mortality.
    - Improvement in collaborations and associated decreases in duplication were indicated as factors in the success to access to care.
- **Diabetes, increased access to fruits/vegetables, controlled hypertension, decrease in traffic accidents, nutrition,** and **mental health** were each mentioned by one group as a leading health issue that had improved.

Problem Areas/Challenges

The small groups were asked to identify "problem areas/challenges." For each problem area, they were asked to note contributing factors and underlying causes, what was working well to overcome the problem area, and barriers to successfully addressing the problem.

The groups in Region 8 reported a wide variety of problem areas, with the following being identified by at least three of the 11 small groups: p**hysical activity, drug abuse (prescription and illicit), mental health, obesity, breast cancer screening, oral health, schools (physical education and school lunches), smoking,** and **access to care**.

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 health policies, and the economy;
- Lack of access to providers and services;
- Lifestyle and cultural issues; 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 four most commonly noted problem areas.

Table 3 Contributing Factors and Underlying Causes for Leading Problem Areas				
Problem Area	Social determinants of health	Lack of access to providers or services	Lifestyle/ cultural issues	Insurance, reimbursement, or funding
Physical Activity	X		X	
Drug Abuse	X		X	X
Mental Health	X	X		X
Obesity	X		X	X
Breast Cancer Screening	X			
Oral Health	X	X		X
Schools – PE/Lunch	X X		X	
Smoking	X			
Access to Care	X			

Additionally, the following were listed by at least one group: **gonorrhea/chlamydia, binge drinking, nutrition,** and **suicide rates**.

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 also 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.

The overarching factors identified as positively impacting the problem areas were: an array of specific initiatives, policies, regulations, programs and services in the public and private sector; increased access to clinics and primary and specialized care; expanded availability of local foods and convenient places to be active in communities; focused leadership; collaborations among public and private organizations and agencies around specific programs and issues; and greater focus on preventive health. Some community assets and resources specifically mentioned by the groups are listed in Table 4.

Table 4 Exemplary Programs, Services, or Agencies
✓ Community Gardens
✓ Dental Clinics
✓ Diabetes Outreach Network
✓ Farmers' Markets
✓ Federally Qualified Health Centers
✓ MSU Residency Program
✓ Navigators
✓ Patient-centered Medical Home Initiatives
✓ Project/Market Fresh
✓ RSVP
✓ School Health Clinics
✓ Yellow bike programs
✓ YMCA expanded programs

The factors raised in the discussion about what was standing in the way of having greater impact overlapped with many issues raised throughout the meeting. The factors can be summarized as: cultural norms, school policies, clinical practices and geography not supporting wellness and healthy lifestyles; factors limiting access to care and services including reimbursement issues, insurance, transportation/isolation, adequate providers; cuts in funding; social determinants of health; the general economy in the region; inadequacy of current programs and efforts; and leadership issues.

Most Important Health Issues

There was variability in the most important health issue identified by the small groups. Of the 11 groups, six selected **obesity** as the leading indicator, with one specifically mentioning childhood obesity. The remaining five groups chose a different issue as being the most important: **mental health**, **access to healthcare, parent education, physical activity,** and **healthy lifestyle choices**.

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

- Linkages to many other indicators – diabetes, cardiovascular diseases, cancers, hypertension, mental health, arthritis, renal health, and disability;
- Monumental costs to society, including healthcare;
- Broad impact across all ages – from young children to older adults;
- Rising rate in UP and Michigan; and
- Relationship to numerous underlying issues and factors – economics, nutrition, fruit and vegetable intake, physical activity levels, lack of infrastructure in rural areas, winter climates, and "pay to play" issues.

Most of the same reasons given for obesity were also delineated for **physical activity** and **healthy lifestyle** choices. **Parent education** was selected as it was deemed to be "the most efficient way to impact all other health indicators." **Access to healthcare** was selected due to the great need in rural areas and the potential to impact the most vulnerable populations. **Mental health** was seen as important as it was considered "an underlying cost breaker." The group also thought the best way to reduce treatment of mental health was through prevention, including education in schools, outreach to families, access to and promotion of physical activity and health foods.

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 received for the Region 8 meeting included:

- One aspect that was not addressed or identified as a challenge today was environmental risks. In Big Bay, there is an outbreak of blastomycosis, which may relate to construction and road work.
- Inadequate, reduced, or inferior services related to durable medical equipment, respite care, personal care support, and Project Fresh are concerns. Better solutions are needed.

Region 8 Summary

Obesity was noted as the most important issue in Region 8.

Smoking, binge drinking, and teen pregnancy were noted most often by the Region 8 groups as the leading health issues trending positively. Progress was attributed to: strengthened ordinances/laws and enforcement; expanded awareness, education, and services; and understanding challenges. Physical activity, infant mortality, and access to care were in the next tier. Issues considered problematic in included: physical activity, drug abuse, mental health, obesity, breast cancer screening, oral health, schools (physical education and school lunch), smoking, and access to care. Among the most commonly cited contributing factors were the social determinants of health; lack of access to providers and services; lifestyle and cultural factors; and funding issues for critical services and programs. Obesity was identified as the most important issue, primarily because it is linked to other indicators; relates to many underling issues and factors; is costly; has impact across all ages; and is on the rise in Region 8.

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 8 Meeting
State Level Community Health Assessment
Participants

Cookie Aho
Ruth Almen
Bridget Bartol
Fred Benzie
Rachel Berglung
Mary Lou Blomquist
Jim Bogan
David Boyd
Jennifer Boyer Dewitt
Don Britton
Carena Bublitz
Lisa Coombs Gerou
Lindsay Demske
Nick Derusha
Sara Drury
Eric Erickson
Tom Feldhusen
Chuck Flood
Jill Fries
Carol Fulsher
Diane Gadomski
Nicole Gearheart
Natasha Gill
Carol Grafford
Melissa Hall
Shanna Hammond
Victor Harrington
Mike Hauswirth
Sandra Hebert
Al Hendra
Carolyn Hilden
Dawn Hoffman
Melissa Holmquist
Joyce Iwinski
Lisa Johnson
Donna Kitrick
Marjorie Klein
Lynn Krahn
Robert Kulisheek
Lee Leong
Dotty Lewis
Betsy Little
Christine Lundquist
Angela Luskin
Taryn Mack
Steve Markham
David Martin
Nancy Matthews
Katie Maxon
Helen McCormick
Lynn McDonnell
Julie Moberg
Dale Moilanen
Laura Murawski
Paul Olson
Kevin Piggott
Nancy Ponozzo
Rick Potes
Al Reynolds
Katie Ritzenhein
Pam Roose
Mary Kaye Ruegg
Scott Schreiber
George Sedlacek
Karen Senkus
Ray Sharp
Donald Simila
Pam Sorensen
Linda St. Arnauld
Karen Thekan
Jim Thomas
Jennifer Thum
Beth Waitrovich
Harvey Wallace
Sam Watson
Benjamin Wood
Casey Young
Joyce Ziegler
Penni Zoller

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.