State Community Health Assessment Meeting Summary & Findings

Region #2 North (2N)

Macomb, Oakland, and St. Clair Counties

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October 2011

Michigan Department of Community Health
MDCH
Rick Snyder, Governor
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State Level Community Health Assessment
Region #2N Meeting Report

August 26, 2011

Introduction

In spring of 2011, the Michigan Department of Community Health (MDCH) was awarded a Centers for Disease Control and Prevention grant entitled "Strengthening Public Health Infrastructure for Improved Health Outcomes." Among the goals of this grant are to conduct a state level community health assessment and develop a state health improvement plan. As part of the state level community health assessment, a Steering Team with representatives from the MDCH, Michigan Association of Local Public Health, MPRO – Michigan's Quality Improvement Organization, the Michigan Health and Hospital Association and Public Sector Consultants held meetings engaging community members in eight Michigan regions. Individuals representing a broad array of regional stakeholders were invited to examine state and regional health profile data, compiled in chartbooks, and provide specific input. This report presents both a summary of the process used and a synthesis of the findings in Region 2 North (2N). Brief reviews of the indicators used in the assessment are highlighted. Summary comparisons between 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. The 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 2N 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.

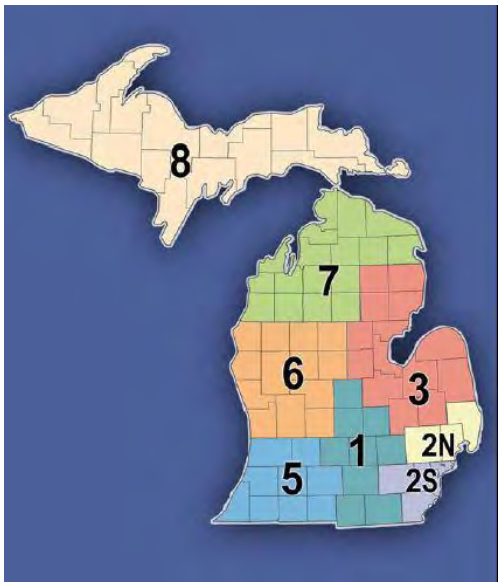

Figure 1

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 2N meeting was hosted by the Oakland County Health Department at the MSU Management Education Center on August 26, 2011 in Troy, MI. Collectively, the 92 participants (Appendix A) represented all three counties in Region 2N: Macomb (13), Oakland (49), and St. Clair (10). Participants also represented Genesee (1), Ingham (1), Kalamazoo (1), Lapeer (1), Livingston (2) Midland (1), Saginaw (1), Washtenaw (3), and Wayne (2) counties.

> *"The participants in this meeting are a diverse group of individuals from a wide variety of organizations. Everyone's active participation is essential in order to assure that we have representation across all sectors and the people we serve."*
> Kathy Forzley, RS, MPA

Ms. Kathy Forzley, RS, MPA, Health Officer of the Oakland County Health Department opened the meeting. Ms. Forzley welcomed participants to the Region 2N state community health assessment meeting. She thanked the participants for attending this meeting and acknowledged that there was broad

Figure 2

representation from stakeholders and partners. Participants represented local public health, faith-based institutions, hospitals, healthcare providers, state agencies, local and county agencies, emergency management systems, mental health and substance abuse agencies and providers, elected officials, parks and recreation, schools/academia, insurance providers, correction facilities, and the aging network. Ms. Forzley asked all participants to share their perspective and experience, as they are the experts in this Region. She closed by stating that their input will help the state to understand the health priorities, unmet needs, and resources and assets in Region 2N.

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 2N *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 2N. 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 provide 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 2N chartbook are noted in Table 1. The Michigan and Region 2N Chartbooks, and the Region 2N 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, Macomb, Oakland, and St. Clair County Health Departments have all conducted a community health needs assessment, and Macomb County has completed a Health Improvement Plan and a 2011-2012 Strategic Plan.

Table 1 List of Indicators Region 2N 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 2N data to Michigan, and where available to national targets. When looking at data over time, some progress was made in Region 2N related to: smoking, mental health, binge drinking, gonorrhea and chlamydia, controlled hypertension, teen pregnancy, and breast cancer screening. Those that remained a challenge were: obesity, fruit and vegetable intake, physical activity, smoking, gonorrhea and chlamydia, diabetes, cancer screening (cervical and colon), infant mortality, and access to healthcare. Participants were cautioned that data trends indicating

that the region was better than Michigan or the national targets did not negate the need to continue or expand work on those issues. In addition, data analyzed by race, age, and gender could identify population groups in the region that were doing worse than the state average or national target; as available, the regional chartbook included these types of data.

Table 2 Region 2N, Michigan, and National Data Comparison		
Issue	Region 2N compared to Michigan	Region 2N compared to national targets
Access to healthcare	Worse	Worse
Binge drinking	Similar	Better
Fruit and vegetable intake	Better	Similar data not available
Gonorrhea and Chlamydia	Better	Better
Hypertension (controlled)	Better	Better
Infant Mortality	Better	Worse
Leading causes of death: 1. Heart Disease 2. Cancer	Similar	Not applicable
Mental health	Better	Similar data not available
Obesity	Better	Worse
Physical Activity	Better	Worse
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?*

The majority of the comments related to having only one indicator to reflect a complex issue. Participants raised concerns that this did not give an adequate picture of the issue, as represented by the comments highlighted below.

- "A key factor in substance abuse is increase use of over-the-counter medication and prescription drugs. This is a missed opportunity to highlight data related to this type of substance abuse."
- "Access to care lumps together so many things and leaves out a lot. Need to go much, much deeper, including looking at access to various kinds of care (e.g., dental, medical, prescription medication)."

Community Dialogue

Participants were asked to work as small groups, with each table representing one group; Region 2N had 13 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 then asked to deliberate on the following questions, provide a brief report to the full group, and submit written feedback to MDCH.

1. *Leading Health Indicators: Which indicators do you think are moving in the right direction? What is contributing to the region's success in these areas?*
2. *Problem Areas/Challenges: On which indicators do you think the region is not performing well? What are the contributing factors or underlying causes?*
3. *Thinking about the problem areas, what is working well in this region to address these issues?*
4. *What is standing in the way of successfully addressing the problem areas?*

After a large group discussion of the above, the small groups reconvened to deliberate on one final question: *Given all of the health indicators discussed (those moving in the right direction and problem areas), which issue(s) is the* ***most important*** *to work on in this region? Why?*

Pressing Community Health Issues

When the small groups identified what they deemed to be the most pressing community health issues, they reported on those that were improving, as well as those that were problematic. In some cases they acknowledged improvement and noted the need to make further progress. This is why some of the same issues are noted as improving and also as "problem areas/challenges."

Smoking and teen pregnancy were noted by 8 of the 13 small groups as a health issue that has made significant progress in this region.

- **Smoking** and **teen pregnancy** were most frequently mentioned, with 8 of the 13 groups indicating they had improved over time.
    - Factors contributing to progress for <u>smoking</u> were:
        - Smoke-free legislation and policies;
        - Increased cigarette taxes and related increases to cost; and
        - Increased media awareness, education and cessation programs.
    - The progress made with <u>teen pregnancy</u> was attributed to access to contraception and education.
- **Cancer, including screening,** was noted by six of the 13 groups. Improvement in this area was credited to increased access to screening services and greater emphasis placed on screening by health care providers.

- **Healthy lifestyle, controlled hypertension, CVD/stroke,** and **physical activity** were each noted by three or four groups.
- Two groups each identified **fruit and vegetable consumption** and **binge drinking.**
- The following were cited as trending positively by one small group each: **nutrition, obesity, immunizations, mental health, sexually transmitted diseases,** and **access to healthcare.**

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 most frequently noted problem areas, mentioned by at least six of the 13 groups, were: **obesity, substance abuse,** and **mental health**. **Social determinants of health, diabetes, oral health,** and **access to healthcare** were each noted by at least three of the 13 groups. The following were noted by one or two groups: **binge drinking, chronic disease management, immunizations, asthma, vision, infant mortality, physical activity, health literacy, sexually transmitted diseases, low birth weight, cancer screening, nutrition, suicide, smoking,** and **health issues specific to older adults.**

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 or cost related to specific services and programs, including insurance and other forms of reimbursement; and
- Lack of access to providers or services.

In addition, stigma was noted as a contributing factor for mental health.

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

Table 3
Contributing Factors and Underlying Causes for Leading Problem Areas

Problem Area	Social determinants of health	Insurance, reimbursement or funding	Lack of access to providers or services
Obesity	X	X	X
Substance abuse	X	X	X
Mental 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 positively impacting the problem areas were: increased collaboration; partnerships with businesses and academia; use of technology to communicate messages and work more efficiently; an array of specific initiatives, programs and services; policies that supported behavior change such as smoke-free legislation/taxes and school breakfast and lunch policies; increased access to free and low-cost clinics, healthcare, and screenings; and increased outreach for and awareness of programs and services. Some of the community assets and resources specifically mentioned by the groups are listed in Table 4.

Table 4 Exemplary Programs, Services, or Agencies
✓ Breast and Cervical Cancer Control Program
✓ CHAP
✓ Electronic health records and Health Information Exchanges
✓ Farmers' markets
✓ Federally qualified health centers
✓ Intramural sports in schools
✓ Let's Move
✓ Peer teen educator program
✓ Project Fresh
✓ SMART
✓ Social media
✓ Clean indoor air legislation and policies
✓ University of Detroit Dental Service Partnership

The factors raised in the discussion about what is standing in the way of having greater impact overlapped with many issues raised throughout the meeting. The primary factors can be summarized as: lack of leadership, vision, and coordination; insufficient data, including data at the local level; health/medical literacy; factors impacting and limiting access to care and services including: language and cultural barriers, transportation, lack of providers, high costs and insufficient reimbursement; limited, overloaded, and declining financial and human resources; and the general economy in the region and the impact on employment, wages, insurance coverage, and safety.

Most Important Health Issues

The most important health issues in Region 2N were **obesity** and **access to healthcare**. Each had three groups indicate this as the most important issue. Two groups each identified **healthy lifestyle** and **integration of mental and physical health** as most important. One group each identified **infant mortality, collaboration/partnerships,** and **social determinants of health**.

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

- Broad impact across all ages and all races and ethnicities;
- Linkages to many other indicators – diabetes, hypertension, cardiovascular disease;
- Monumental costs to society, including healthcare;
- Prevention, especially at the youngest ages, can be impactful in the long run;
- Requires a comprehensive approach including individual behavior change, as well as policy and environmental change; and
- Relates to numerous underlying issues and factors – economics, nutrition, fruit and vegetable consumption, physical activity, mental health.

Access to healthcare and services was deemed as the most important with the following justifications:

- Impacts on and affected by many other health issues and indicators;
- Resources may be available, but people are not aware of what they are or how to access them;
- May benefit from increased collaboration and coordination among healthcare providers; and
- Related to health disparities and health inequities.

Public Comment

Public comment was solicited and accepted in two ways: verbal and written. Individuals who were unable to attend the entire meeting could provide verbal feedback toward the end of the meeting. In addition, written public comment was accepted during and after the meeting. The public comment received during the meeting was consistent with and supportive of the discussion throughout the Region 2N meeting.

Region 2N Summary

Smoking and **teen pregnancy** were most frequently identified as the leading health issue trending positively. Progress in smoking was attributed to an increased focus on legislation, policies, and taxes, and improved awareness and education. Teen pregnancy improvement was credited to access to contraception and education. Cancer, including screening, was in the next tier noted by the small groups. Issues considered problematic in the region included: obesity, substance abuse, and mental health. Among the most commonly cited contributing factors were the social determinants of health; funding for or cost related to services and programs; and lack of access to providers and services. In addition, stigma was noted as a contributing factor for mental health. Of the 13 small groups, three each considered obesity and

> Participants most frequently noted obesity and access to healthcare as the most important health issue in Region 2N.

access to healthcare as the most important health issue. Obesity was considered most important primarily because it is linked to other indicators; relates to many underlying issues and factors; is costly; impacts a broad range of people; and can benefit from prevention. Access to healthcare was important as it also is linked to other health issues and indicators. In addition, existing resources and services may be underutilized, increased collaboration and coordination could maximize service delivery; and addressing this will help to reduce health disparities and health inequities.

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 2N Meeting
State Level Community Health Assessment
Participants

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Janet Flanegin
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Kathy Forzley
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Rita Goldman
Shari Goldman
Andrea Goodwin
Mary Griffiths
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Denise Henderson
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Sally Joy
Amy Kaherl
Henard Kaplan
Jeff Kapuscinski
Rick Kelly
Grace Keng
Valarie Lane
Dianne Larson
Rhonda Leitch
Ann Marie Lesniak
Nancy Lindman
Anne Mancour
Carla Marten
Lisa McKay-Chaisson
Sharon McRae
Annette Mercatante
Jennifer Michaluk
Elizabeth Milton
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Quentin Moore
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Laura Newsome
Cindy Nicholson
Janet Novara
Randy O'Brien
Shane Pat
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Lori Podsiadlik
Amanda Popiela
Michaeline Raczka
Claudia Rivera
Tawanna Robinson
Cynthia Roush
Terri Rowe
Contessa Rudolph
Carla Schwartz
John Siller
Rosita Singh
Nancy Smith
Lorie Spear
Dennis Spens
Monique Stanton
Edward Stein
Cynthia Taueg
Carol Trewartha
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Linda VanMeter
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Pamela Voss-Page
Shelly Wagner
Lynn Weimeister
Sue Wells
Gary White
Jasmin White
Deborah Whiting
Sharon Wilson
Pam Wong
Helaine Zack

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.