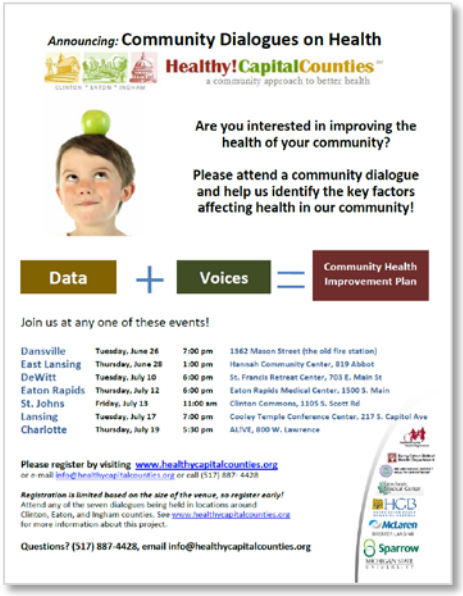
CLINTON * EATON * INGHAM

Healthy!CapitalCounties℠
a community approach to better health

Community Dialogue Report

Table of Contents



Healthy! Capital Counties Project Overview

The vision of the Healthy! Capital Counties Community Health Improvement Process is that all people in Clinton, Eaton, and Ingham counties live:

- In a physical, social, and cultural environment that supports health
- In a safe, vibrant and prosperous community that provides many opportunities to contribute and thrive
- With minimal barriers and adequate resources to reach their full potential

The Healthy! Capital Counties project is a collaboration between the four hospital systems and the three health departments in Clinton, Eaton, and Ingham Counties, as well as a myriad of community organizations and representatives.

In June of 2012, the Community Health Profile was released, which is a data report that describes the health status of the population, key health behaviors, health determinants, and the root causes of poor health and health inequalities.

From June 26th- July 19th of 2012, seven community dialogues took place in Clinton, Eaton, and Ingham Counties. These dialogues were open to the public, and were designed to assess the communities' perceptions of important health outcomes, health behaviors, and determinants of health.

Purpose of the Community Dialogues

To include community input in the upcoming Community Health Improvement Plan, a total of seven dialogues took place in the summer of 2012 in Dansville, East Lansing, DeWitt, Eaton Rapids, St. Johns, Lansing, and Charlotte from June 26th- July 19th. Ninety-seven individuals from Clinton, Eaton, and Ingham counties attended these dialogues and provided written responses to the focus questions.

The purpose of developing and organizing these dialogues was to receive responses to the focus questions:

1. **In order to have the biggest positive impact on the health of our community, what do you think we should focus on? (this question was designed to help us determine what our priority strategic issues)**
2. **As a community, what should we do to have that positive impact? *Please be as specific as you can.* (this question was designed to help us generate ideas for strategies to address the strategic issues)**

Focus question one was designed to assess the communities' priority strategic issues, and focus question two was aimed at determining ways to address the priority strategic issues.

Dialogue Methodology

The dialogue sessions were each two hours long, and consisted of four main parts. The dialogues were led by primary facilitators who received training and a script at a session that occurred on June 26th 2012, prior to the first dialogue. In addition, small group facilitators, who also attended the training, guided small group work.

Introduction

Following welcoming remarks made by a community leader or representative from the hospitals/health departments, the primary facilitator spent approximately fifteen minutes providing an overview of the dialogue process. He/she first presented the focus questions to the group, so that participants could keep these questions in mind throughout the dialogue. The facilitator then introduced the concept of the scenarios and described them as real-life stories of individuals who are representative of people in the capital area. He/she also explained that these stories would be discussed later on during the dialogue, and would serve as triggers for their thoughts about the factors that influence health. Next, the facilitator discussed a concentric circle graphic in order to introduce the participants to indicators from the Community Health Profile Report. The graphic started with health outcomes in the center, surrounded by health behavior factors and stressors. Outside the ring of health behaviors was a circle indicating the social determinants of health. Finally, the opportunity measures (income distribution, and housing segregation) were present on the outermost portion of the circle. When presenting this graphic, the facilitator discussed how all of the different indicators influence health outcomes, and often influence each other. In addition, a distinction was made between behavioral indicators that influence individual health, versus social determinants and opportunity measures which impact population health. Following the presentation of the graphic, the facilitator revisited the scenarios, by reading scenario one in order to help participants understand the connections between the different indicators, and how they can influence a person's health. While reading the scenario, whenever an indicator was mentioned, that indicator would light up on the concentric circle graphic in the powerpoint. After reading the scenario, the facilitator asked the participants to keep these connections in mind throughout the dialogue.

Trigger Presentation

The purpose of the trigger presentation was to introduce participants to the Community Health Profile Report. This segment lasted twenty minutes, and was led by a health analyst from one of the three health departments. The trigger presenter discussed the 23 indicators, an understanding of the geographic areas discussed in the report, as well as how to interpret the figures and graphics. In order to do this, the presenter used child poverty as an example of an indicator, and explained the child poverty pages of the report to the group. Finally, the trigger presenter described the Speaking of Health section, a report of the findings of the focus groups.

Scenarios for Analysis and Reflection

Five fictional scenarios were written, and their purpose was to expose participants to the indicators from the Community Health Profile Report in a way that would allow dialogue participants to think about the interrelatedness of the measures presented in the report. For example, scenario one was titled "Karen" and described a forty-five year-old African American women who lives in Lansing. The scenario incorporated the indicator cardiovascular disease, Obesity, premature death, Built environment, income, community safety, housing affordability, and Finally, income distribution. Similarly, each of the remaining four scenarios described one person's life and included several of the indicators. Together, the five scenarios addressed all of the indicators presented in the Community Health Profile Report.

After introducing the scenario the primary facilitator asked the participants to answer three questions, in order to foster thinking about indicators and connections that influence health. The questions were as follows:

1. **What stands out for you in this story?**
2. **Is this story acceptable to you as something that happens in our community?**
3. **If we were to have a positive impact on the health issues in this story, where would we focus our actions as a community?**

After each question was asked, participants were encouraged to share their thoughts with the group about the Karen scenario.

Next, participants were divided into groups consisting of two-five individuals, and each group received either scenario two, three, four, or five. They were given about ten minutes to discuss their scenarios within their groups, and to answer the three aforementioned questions. Small group facilitators were present to guide each group in its discussion and to encourage deep thought.

Following the small group discussion, the participants came back together as one large group. The primary facilitator then read each of the remaining four scenarios, allowing the indicators to light up in the concentric circle graphic, and asked the three scenario-based questions. The particular small group(s) who read that scenario would then discuss their answers to the questions with the large group, guided by the facilitator. In addition, individuals who had not focused on a particular scenario in their small groups were also invited to discuss the three questions.

Community Dialogue Results

Focus Question #1: Priority Strategic Issues

The purpose of the first focus question was to ask the community to identify the priority strategic issues it observed from the information provided. The actual question used was, "In order to have the biggest positive impact on the health of our community, what do you think we should focus on?" The aggregate responses from all the dialogues for focus question 1 are:

A. Access to Resources
B. Financial Stability
C. Social Connection
D. Education
E. Community Safety
F. Access to Healthy Food
G. Physical Activity
H. Mental Health
I. Access to Quality Healthcare

Two priority strategic issues were identified as priority issues, but participants did not go on to identify specific solutions or strategies, even though they selected these issues to be significant.

J. Housing Affordability
K. Environmental Quality

Focus Question #2: Strategies to Address the Issues

The purpose of the second focus question was to get public suggestions on ways to improve the strategic priorities identified in focus question 1. The actual question used was, "As a community, what should we do to have that positive impact?" The aggregate responses from all the dialogues for focus question 2 are:

A. Access to Resources

Most participants felt that people in the capital counties are unaware of the health resources and programs available to them. It is important to **provide information** to the community **about existing resources** and **how to access** them, particularly resources that are inexpensive or free. Several options were suggested in order to increase access to health resources.

Neighborhood Organizations:

Neighborhood organizations should work towards becoming **more appealing to diverse groups** of people, including youth, minorities, and people with and without children. Organizations that provide health programs must **communicate** with each other and **share information**, in order to **coordinate their resources**.

Central Sources of Information:

A participant stated that **meal sites offering free meals** should be developed, and they should become **central sources of information** about the county health plan, mental health access, home health visits, MSU resources, as well as guidance on how to cook the healthy meals available at the meal sites. Similarly, several participants advocated for a **non-partisan central resource** or hub that **contains information** in plain English on **available health resources,** services, and help lines (i.e., a community clearing house). In addition, information about how to become healthy and who to reach out to, should be printed in a **resource guide or pamphlet**. This resource should then be available at commonly visited locations in the community.

Where to Access Information:

Information on health resources and programs should be available at **grocery stores, city hall, gas stations, libraries, churches, civic clubs, businesses, schools, food banks, shelters,** and **community centers**. Health information could also be **mailed** directly to homes. In addition, health resources should be advertised on **CATA buses and benches**, as well as **billboards**. Participants also suggested that grants be written to offer **health clinics** more resources on healthy living.

Target Groups:

It is also important to provide resources to **low-income individuals** targeted at specific health issues such as **teen pregnancy, parenting, and substance abuse**. **Social workers** should distribute health information to **isolated individuals** who live in apartment complexes, who may not know where to go to access this information. In addition, it is important to bring health resources to populations in need, which could be accomplished by hosting a **community health table** at a local farmers market, or a **world health day celebration.**

Promotion of 211:

Many participants stated that **211**, a database of health services and organizations, must be **vigorously promoted** since it is easy to access by phone, and provides information on a variety of health programs and resources. **Organizations** that provide health services should promote 211, and provide education on this resource. 211 should also be promoted by **print, television, word of mouth, and faith-based groups**.

B. Financial Stability

Several participants stated that financial stability is necessary when it comes to improving health, and that the **high poverty levels** in the community need to be **reduced**. In order to create financial stability, the community should **support small business** development, **increase minimum wage**, and **keep jobs in the area**. Also, **financial incentives** should be provided for **healthy choices**, such as reduced insurance rates for non-smokers.

C. Social Connection

Several participants felt that **building a sense of community** will have a positive impact on health by providing support, reducing stress, and increasing community safety. Community members, particularly people in low-income areas, should **get to know their neighbors**, **help them** with parenting, and potentially provide them with financial assistance if they are struggling. Neighbors should also be encouraged to provide each other with extra fruits and vegetables if possible. Also, individuals should **share stories** and **teach each other** what they know about health, nutrition, and exercise in order to promote healthy behavior and shared ownership of health.

Neighborhood organizations should focus on **reaching out to the community** by hosting **activities** in order to create social circles. Once these circles are formed, people can take part in **health-promoting group activities** such as group trips to the grocery store, or group exercise classes. In fact, it was suggested that the Ingham Health Plan include **support groups** in order to foster social connection.

Individuals should be encouraged to **volunteer** when they see needs they would like to address, such as volunteering for a school system in need. People should also join **community groups and coalitions**, such as in Eaton Rapids, where a wide range of groups work to address the needs of the community.

D. Education

Many participants felt that education is a key factor in improving health and preventing adverse health outcomes. It is important to **provide free, accessible education to adults** on nutrition, physical activity, chronic disease, smoking, alcohol use, domestic/sexual violence, parenting, employment opportunities, budgeting, financial self-reliance, as well as higher education opportunities. In addition, adults should be taught how to **increase health-promoting behaviors** and **decrease behaviors that adversely affect their health**, using **innovative learning techniques**, such as games. Participants also felt that **community education programs** focused on the major health issues in a specific community should be implemented in community centers. Communities should implement **family living classes** based on real-life scenarios in order to help families learn about health together. It is also important to provide health-related education to **physicians, school officials, and politicians** so that they can better serve the community.

Higher Education:

Participants stated that **community colleges** should have increased funding and promotion, online as well as night classes, and should expand into rural areas. In addition, individuals should receive **incentives** to attend college. While most participants felt that all individuals should have access to higher education because it increases career options, a few people felt that not everyone can/should go to college. They felt that young adults should have the **skills** they need **to obtain secure employment**, **without higher education**.

School Health:

Numerous participants felt that the most positive way to impact health is to focus on providing youth with **in-depth health education**, both in **school** and in the **home**, before bad health habits form. Health education in schools needs to promote **healthy eating, cooking**, as well as **physical activity** through walking programs. The school system should also provide information **on health care**, so that young people know what options are available to them.

E. *Community Safety*

Community safety and health behavior are interrelated issues, and many factors that contribute to an unsafe community also contribute to poor health behaviors and health outcomes among its residents. In order to have a positive impact on health, **safety must be made a health priority** by state legislators, county commissioners, city councils, and local agencies. To make communities safer, there need to be **more resources**, such as an increased **police presence**, for the **enforcement of policies** aimed at preventing crime. Also, there must be support behind community efforts to make the community safer, such as **community watch groups**, as long as these groups do not profile individuals, or take part in extreme neighborhood watch behaviors. Neighborhoods should be **walkable**, which can be accomplished through the **creation of safe paths**.

F. Access to Healthy Food

Participants felt that access to healthy food is an essential component of reducing obesity and improving health. It is important for individuals of all ages to have access to nutritious food all year long via **transportation to grocery stores**, as well as **food pantries**. In order to ease the financial burden of healthy eating, meal centers should provide free healthy meals to children, seniors, and families in the community. Shopping assistants should be hired at farmers markets to help families shop for nutritious food.

Incentives:

Double Up Food Bucks, which promotes the purchase of healthy food, should be **advertised more widely** since it incentivizes nutrition. Participants suggested that **similar incentives** should be provided based on the purchase of healthy foods, since this could encourage community members to pass up on high-fat, caloric food options.

Cooking Classes:

There should be increased opportunities for community members to take part in cooking classes, so that they can learn **how to prepare healthy food** in inexpensive ways, without sacrificing flavor. School kitchens could potentially host these classes when not in use, particularly in St. Johns.

Food Supply:

It is important to **reduce the amount of unhealthy food** that is available for purchase. This can be done through policies that **limit the number of fast food restaurants** in a given community. Another solution is to ask neighborhood food sources, including **convenience stores**, to utilize at least some of their shelf space for **lower fat, lower sodium foods**.

Target Groups:

Participants suggested that healthy food be taken to **underserved populations**, via **mobile food trucks** that deliver fresh, nutritious food to those in need on a weekly basis. In addition, it would be beneficial to develop an alliance with farmers in the area to **deliver fresh fruit and vegetables** to urban, underserved areas. It is also important for schools to **adopt healthy diet programs**, and for parents to feed their children **healthy food at home**, in order to promote healthy eating. **Access to fruits/vegetables**, should be targeted at **low-income children.**

Community Gardens:

Community gardens were mentioned several times as an important way to bring families together, and **encourage healthy eating**. They may also encourage families to create their own gardening plots. It is important for community gardens to be **accessible** to all individuals, including those with **disabilities**. In addition, **incentives, resources, and coordinators** should be provided for starting community gardens. Youth should also receive education on how to **garden**, since it fosters personal responsibility and healthy eating habits, which can then positively influence entire family units, including parents.

G. Access to Physical Activity

Exercise is an important way to improve the health of individuals and the community. Participants felt that all community members should have **access to safe, affordable, acceptable exercise** options. Specifically, there should be **exercise classes in urban areas** and

small communities. Also, **community wellness centers** should provide **free exercise classes** on a regular basis, particularly in areas where it is unsafe to walk outside. In addition, people should be encouraged to take part in **group exercise**, and **sports leagues**. The community should also be educated on how to **exercise in the home**.

H. *Mental Health*

Participants felt that mental health issues are associated with stress and oppression. Also, poor health outcomes often occur when individuals are unable to access mental health treatment. In order to improve **access to mental health care**, the Ingham Health Plan should include **treatments aimed at addressing mental health**, such as individual/group therapy, and support groups. Also, similar to the Women's Center of Greater Lansing, community centers throughout the capital counties should include more **psychologist interns**. In addition, a participant suggested that health care providers in the Emergency Department should have **assistants** who can discuss patients' underlying health needs, in order to provide care to depressed patients who are unlikely to reach out on their own. There should also be more opportunities for the community to learn about the **mental health resources** available to them. Another participant stated that there should be **public campaigns** in the media that attempt **to destigmatize** the need for therapists and counselors.

I. *Access to Quality Healthcare*

Participants stated that access to health care has a large impact on health outcomes. To improve health and quality of life, all individuals must have **health insurance** and **access to affordable primary** and **specialty care**, including **dental health care**.

Free Clinics:

Free clinics should provide **physical, mental, and nutrition services**, as well as treatment for **substance abuse**; information about free clinics needs to be more widely distributed.

Transportation:

To increase access to health care, medical offices should have **spec-trans applications** in order to make it easier for patients who cannot use **fixed transportation** to get to their health appointments. There should also be increased **bus routes, shuttle services,** and **bus passes** to simplify transportation to and from medical offices. In addition, other counties should adopt a program such as **New Freedom through Clinton Transit**, which provides transportation to **frail & disabled** individuals for health service appointments.

Target Groups:

People who live in **rural communities**, and **teens** who need **reproductive health care**, should have access to the health services they need. **Family Planning** should also become a focus, since teen pregnancies occur too often, and result in reduced options later in life. Healthcare providers should be given **incentives** to locate their practices in **rural and inner-city areas**, in order to reach members of the community whose health needs are sometimes ignored. In addition, it is important to encourage doctors to accept more **Medicaid** patients, as well as individuals with **low-income health plans**. It is also essential to take health care to people in **underserved** areas, in order to increase access. To accomplish this, participants **suggested home health visits** as well as **traveling/mobile health clinics**. There also must be more support and funding behind **community social work** and **FQHC's**. In **Charlotte**, participants felt as though there is little access to healthcare, and many people fall through the cracks. To improve access, a **community health program** should be developed and supported by the health department and hospitals.

Quality of healthcare:

Participants felt that all individuals should have **access to quality healthcare**. **Healthcare providers** should go beyond providing medical services, but should also be a **source of preventative information** on health, nutrition, exercise, and valuable resources. Providers should also be **subsidized to provide quality care** for all patients. In addition, a participant suggested that **referrals** must become **more accurate** because misinformation is a common problem.

**NOTE: Two priority strategic issues (Housing Affordability and Environmental Quality) from Section I were not discussed in Section II because participants did not provide specific solutions, even though they found these issues to be significant.*

Next Steps

In Fall 2012, the Healthy! Capital Counties Steering Committee and the Community Advisory Committee will develop a Community Health Improvement Plan. This plan will be based on the results of the Community Health Profile and the findings from the community dialogues, as presented in this report.

Acknowledgements

We would like to thank everyone who helped organize and promote the community dialogues, including the Steering Committee, the Advisory Committee, the Ingham County Health Department, the Barry-Eaton District Health Department, the Mid-Michigan District Health Department, Eaton Rapids Medical Center, Hayes Green Beach Memorial Hospital, McLaren of Greater Lansing, Sparrow Health System, and Michigan State University. In addition, we would like to thank Doak Bloss and Bob Brown for developing the dialogue process, agenda, and facilitator script. We would also like to thank the primary facilitators and the small group facilitators, all of whom volunteered their time to this project. In addition, we would like to acknowledge and thank the locations that hosted the dialogues, including the fire station in Dansville, the Hannah Community Center in East Lansing, St. Francis Retreat Center in DeWitt, Eaton Rapids Medical Center in Eaton Rapids, Clinton Commons in St. Johns, the Cooley Temple Conference Center in Lansing, and AL!VE in Charlotte. We also want to thank the IMPACT, City Pulse, WKAR radio station, the Lansing State Journal, the DeWitt Chronicle, Adelante Forward Magazine, and all of the organizations and community centers who helped promote the dialogues. Finally, we would like to thank all of the dialogue attendees for actively participating in this process and providing valuable feedback.

A very special thanks to **Taejah Vemuri**, Masters of Public Health Candidate at the University of Michigan, Intern at Ingham County Health Department, who took on the task of coordinating the community dialogues and analyzing the results. Her excellent and tireless work made this phase of the assessment and improvement planning process possible. We wish Taejah all the best in her future endeavors improving community health!