

# Community Health Assessment Montcalm County Profile 2011



## Executive Summary

Prepared by the Mid-Michigan District Health Department



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This report is also available at [www.mmdhd.org](http://www.mmdhd.org)

2011 Montcalm County Community Health Profile Report

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# Executive Summary

## Introduction:

In the fall of 2010, in response to new legislation associated with the Affordable Care Act which requires non-profit hospitals to conduct a community health needs assessment, the Mid-Michigan District Health Department (MMDHD) approached the three Montcalm County health systems (Carson City, Spectrum Health United/Kelsey, Sheridan Hospital) and the Federally Qualified Health Center (Cherry Street – Montcalm Area Health Center) to suggest the partners work collectively to conduct a comprehensive community health assessment (CHA) and improvement process. In addition, the health department offered to take the lead in applying for a U.S. Department of Health and Human Services (HRSA) Rural Health Network Development planning grant on behalf of health system partners in Montcalm County. [The purpose of the Network Planning Grant is to expand access to, coordinate and improve the quality of essential health care services and enhance the delivery of health care in rural areas. The grant allows collaborating partners to conduct planning activities (e.g., Community Health Assessment) and then develop strategies for improving health services delivery systems in the community.] The Montcalm County health system partners unanimously agreed to work collaboratively on a comprehensive CHA and support a Rural Network Development grant application. The planning grant proposal, submitted in October 2010, was awarded funding by HRSA in May 2011 to cover project activities over the period May 2011 to April 2012.

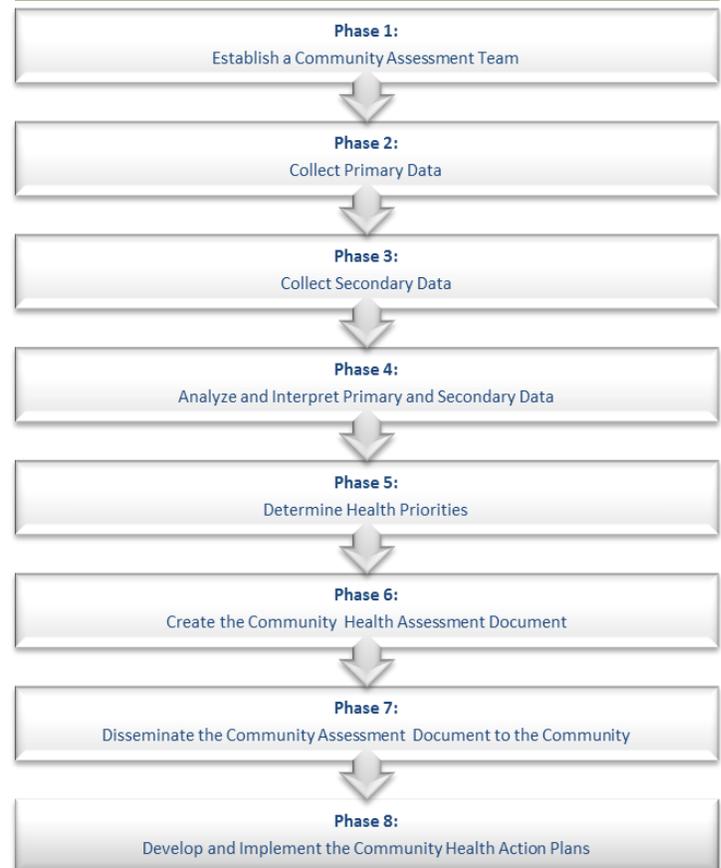
## Purpose and Overview:

A steering committee comprised of staff from Carson City Hospital, MMDHD, Montcalm Area Health Center, Montcalm Community College, Montcalm Human Services Coalition, Sheridan Community Hospital, and Spectrum Health United /Kelsey Hospitals was established to provide oversight and lead the CHA process. An advisory committee consisting of over 40 community organizations was also established to assure community input and advocacy. The Healthy Carolinians (North Carolina) Community Health Assessment model was selected as the framework for the Healthy Montcalm CHA and improvement initiative. The Healthy Montcalm Initiative was officially launched in March 2011 and MMDHD was notified in May 2011 that Montcalm was one of 15 communities nationally that was awarded a Rural Health Network Development planning grant.

A detailed work plan was developed early in the process that included the initiative's Mission – *to improve health outcomes for Montcalm County residents*, and Vision – *Montcalm County is an empowered community where people are engaged in leading healthy active lives.*

Primary and secondary data were identified, collected and analyzed from April through October of 2011. Primary data included the development and distribution of a community and health care provider survey. The community survey was mailed in August 2011 to 1,500 randomly selected households within Montcalm County with 424 returned by mail for analysis. An additional 51 surveys were completed and returned from clients of local service agencies for a total of 475 surveys used for analysis. County-specific secondary data from a variety of sources was also collected and analyzed.

### Healthy Carolinians Assessment Model



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A variety of indicators are addressed in the complete assessment report (available at [www.mmdhd.org](http://www.mmdhd.org)) and organized into the following categories: demographics, access to care, general health status, maternal and child health, health-related behaviors, mortality and morbidity, and emergent health-related issues (as perceived by community members). Several key findings and broad themes emerge from a review of the comprehensive data:

## Population Distribution

The Montcalm County population grew at a slow rate from 2000-2010, increasing just 3.4% from 61,266 to 63,342 total residents. This rate of growth is down from the previous three decades where growth of 20%, 12% and 16% was seen. More specifically, during the period 2000-10, the youth segment (less than 18 yrs.) of the population fell by 6.9%, the young working adult segment (age 18-44 yrs.) fell by 9.3%, **while the older working adult segment (45-64 yrs.) grew by 27.2%, and senior population (age 65+ yrs.) grew by 19.9%**. A similar pattern of growth occurred for Michigan overall, where the youth segment fell by 9.7%, young working adult segment fell by 12.2%, older working adult segment grew by 23.8%, and the senior segment grew by 11.7%. As of 2010, both Montcalm County and Michigan had a similar proportion of seniors (age 65+ years): 14.1% vs. 13.8%, respectively. Older age adults are more intensive consumers of health care services, suggesting that an increased population of older residents within Montcalm County could imply growing health service needs. This data also suggests that young working families and their children may be choosing to leave Montcalm County (and Michigan) for better opportunities elsewhere, which could continue to heighten this shift to an older population in the future.

## Access Issues

Although Montcalm County is a rural community, it is fortunate to have four hospitals located within its borders. However, the ability of many residents to access health care is trending in the wrong direction as a result of increasing poverty, unemployment, the number of uninsured and under-insured, and the challenge for many to pay for healthcare services (such as high co-payments and deductibles). **A higher proportion (21.1%) of Montcalm County adults age 18-64 yrs. are without health insurance than Michigan adults (16.2%), and a higher proportion (17.2%) of Montcalm County adults report that they have no personal doctor or health care provider than Michigan adults (13.4%)**. These socio-economic factors play a substantial role in health care access and act as barriers for community members when they need medical attention, which impacts the overall health status of the county. It should also be noted that some members of the community who have been able to access care often cannot afford treatments recommended by their physicians - **17.2% of Montcalm County adults reported there was a time during the past year when they needed a prescription filled, but could not do so because of the cost. Additionally, 16.7% of Montcalm County adults reported that they delayed seeking health care and 25.2% delayed seeking dental care, primarily due to cost**. These findings highlight the importance of safety net and public services, including free or low-income clinics and other low-cost services. For children, who are more likely to have health care coverage than adults, socio-economic factors still play a role in accessing care — for families with children, the primary reason given for a child not seeing a doctor when the parent thought the child needed to, was lack of transportation.

## General Health Status

The general health status of Montcalm County residents has fared slightly worse than that of Michigan residents. **A higher proportion (21.5%) of Montcalm County adults report their general health to be fair or poor than do Michigan adults (15.0%)**. This information suggests that many Montcalm residents are coping with debilitating medical conditions instead of receiving the treatment necessary to address their particular health issues. **Also, a higher proportion (14.4%) of Montcalm County adults experienced mental health issues for at least 14 days during a given month than do Michigan adults (11.2%)**. This included stress, depression and problems with emotions. This information suggests that there is insufficient awareness, referrals, or opportunities for mental health treatment within the community in general and this risk-group in particular.

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## Maternal & Child Health

Infant Mortality is considered one of the more critical indicators related to the overall well-being of society. Montcalm County has maintained a lower infant mortality rate than Michigan infants for much of the past decade, although this rate fluctuates from year to year due to the relatively low number of infant deaths annually from which to analyze. Montcalm County has experienced a downward trend in teen pregnancies the past decade, as have Michigan teens; however, **Montcalm County continues to have a higher annual teen pregnancy rate over the period than Michigan teens.** Montcalm County women giving birth generally have been found to have a greater frequency of maternal risk factors than do Michigan women, most notably smoking while pregnant and less than adequate prenatal care. These maternal risk factors highlight the need for increased efforts focusing on prenatal care, which have long term implications for the health and well-being of the child. Although no trend data is available for Montcalm adolescents, recent student survey results of self-reported substance use indicates tobacco, alcohol and marijuana use are of concern. **Another area of concern is self-reported weight status (BMI), in which survey data indicates about 18% of adolescents are obese in Montcalm County as compared to 11% of Michigan adolescents.** The indicators listed above highlight the need for support services to educate young mothers & adolescents in the areas of prevention and healthy lifestyle behaviors.

## Health Related Behaviors

Health-related behaviors associated with the adult population in Montcalm County are similar in prevalence to that of Michigan adults, except for significantly higher smoking rates and inadequate consumption of the recommended daily amount of fresh fruits and vegetables. **A higher proportion (26.7%) of Montcalm County adults are current smokers than Michigan adults (19.6%).** In addition, data indicates that 29% of Montcalm County women smoked cigarettes during pregnancy. This can lead to poor health outcomes for both the mother and infant. **A higher proportion (88.6%) of Montcalm County adults did not consume the recommended servings of fruits and vegetables than Michigan adults (77.8%).** This poor aspect of the diet, as well as the finding that nearly 20% of adults do not participate in any physical activity, are likely to be contributing factors to the fact that approximately 68% of Montcalm County adults are currently considered overweight or obese. These behaviors can increase the likelihood of developing chronic conditions such as hypertension, heart disease, chronic lung disease, stroke, and diabetes. Although the prevalence of binge drinking (15.9%) and heavy drinking (4.7%) by Montcalm County adults is similar to that of Michigan adults; the impact on automobile crashes/fatalities/injuries is worth noting. Adolescent use of substances like alcohol, tobacco, marijuana and other drugs are now able to be tracked through the Michigan Profile for Healthy Youth (MiPHY) survey; some of these results are discussed in the full report concerning adolescent health behaviors.

## Mortality & Morbidity

Five common health conditions account for two-thirds of all deaths statewide and for Montcalm County – heart disease, cancer, stroke, chronic lung disease, and unintentional injuries. For the period 2007-09, Montcalm County had a lower mortality rate than Michigan for only two (heart disease, diabetes) of the ten leading causes of death. Trends of significance where Montcalm differs from Michigan over the past decade include **consistently higher mortality rates for stroke, unintentional injuries, kidney disease, and suicide.** Ambulatory Care Sensitive Hospitalizations (theoretically preventable hospitalizations if timely and appropriate ambulatory care is provided) are lower within Montcalm County than for the State, which may suggest better outpatient management of chronic health conditions, although demographic characteristics also play an important role. There are no clear county-level trends in cancer incidence (new cases of cancer) for the most common types of cancer. Survey data indicates that **Montcalm County has a lower proportion of adult residents receiving screening mammography and sigmoidoscopy or colonoscopy than Michigan adults, for the recommended age groups considered to be at higher risk.** Nationally, (all-cause) cancer mortality has been on the decline since the 1990's; Montcalm County has also seen a decline in mortality, although the trend is not as clear or pronounced.

# Summary of Health Indicators

Health Indicator Results for Montcalm County and Michigan. (Representative years vary by indicator – see notes column).

Indicator	Montcalm County	Michigan	Notes
Total population	63,342	9,883,640	U.S. Decennial Census Estimates 2010
Percent of population age 65+ years	14.1%	13.8%	U.S. Decennial Census Estimates 2010
Percentage of people in poverty	19.9%	16.1%	U.S. Census, Small Area Income & Poverty Estimates 2009
Percentage of children in poverty	29.1%	22.2%	U.S. Census Small Area Income & Poverty Estimates 2009
Percentage of adults reporting fair or poor physical health status	21.5%	15.0%	BRFS, Montcalm: 2008-10, Michigan: 2009
Total age-adjusted mortality rate	822.0 deaths per 100,000	784.6 deaths per 100,000	MDCH, Mi. Resident Death File, 2009
Percentage of adults age 18-64 without health care coverage	21.1%	16.2%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults who reported no personal health care provider	17.2%	13.4%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults who delayed health care in past 12 months	16.7%	13.9%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of ambulatory care sensitive hospitalizations	19.3%	20.5%	MDCH, Mi. Resident Inpatient File, 2009
Infant mortality rate	3.9 deaths per 1,000 births	7.6 deaths per 1,000 births	MDCH, Mi. Resident Birth File, 2007-09 avg.
Percentage of births to teen mothers	12.7%	10.1%	MDCH, Mi. Resident Birth File, 2009
Percentage of births with 1 <sup>st</sup> trimester prenatal care	70.1%	73.5%	MDCH, Mi. Resident Birth File, 2009
Percentage of births with adequate prenatal care	63.8%	68.0%	MDCH, Mi. Resident Birth File, 2009 (Kessner Index)
Percentage of births covered by Medicaid	55.8%	44.0%	MDCH, Mi. Resident Birth File, 2009
Percentage of births with maternal smoking	31.1%	20.6%	MDCH, Resident Birth File, 2009
Percentage of births with low birth weight (<2,500 grams)	7.7%	8.4%	MDCH, Mi. Resident Birth File, 2009
Percentage of births premature (<37 wks.)	11.0%	9.8%	MDCH, Mi. Resident Birth File, 2009
Percentage of infants (19-35 months) fully immunized	77%	66%	MCIR, Immunization Profile Report, 2010
Percentage of adults self-reported as obese	32.7%	30.9%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults reporting they are current smoker	26.7%	19.8%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults reporting binge drinking in the past month	15.9%	16.9%	BRFS, Montcalm: 2008-10, Michigan: 2009

Indicator	Montcalm County	Michigan	Notes
Percentage of adults reporting no leisure time physical activity	19.5%	24.1%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults consuming inadequate fruit and vegetables	88.6%	77.8%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults age 50+ who have ever had colonoscopy / sigmoidoscopy	67.8%	70.9%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of women age 40+ who have ever had a mammogram	90.6%	94.2%	BRFS, Montcalm: 2008-10, Michigan: 2009
Total cancer incidence rate, age adjusted, 2003-07 avg.	461.3 cases per 100,000	500.2 cases per 100,000	MDCH, Mi. Resident Cancer Incident File, 2003-07
Total cancer mortality rate, age adjusted 2007-09 avg.	196.8 deaths per 100,000	184.8 deaths per 100,000	MDCH, Mi. Resident Death File, 2007-09
Percentage of adults who have ever been told they have diabetes	9.7%	9.4%	BRFS, Montcalm: 2008-10, Michigan: 2009

Description of acronyms cited in the preceding table:

BRFS—Behavioral Risk Factor Survey

MDCH—Michigan Department of Community Health

MCIR—Michigan Care Improvement Registry

# Identified Priority Issues & Next Steps

## Emerging Community Health Trends and Issues

In addition to the analysis of quantitative historical data, in the summer of 2011 two surveys were conducted to identify and gauge the relative importance of surfacing health issues in Montcalm County. The first of these surveys was a Community Health Survey distributed to 1,500 randomly selected community members across the county, of which approximately 450 responded. The second parallel survey was a Provider Opinion survey distributed to health care providers in the county, of which 64 responded. Comparisons between community and provider surveys were made to identify any discrepancies between attitudes of community members and those of providers. Survey summaries and data comparisons were then further discussed in work sessions of the Healthy Montcalm Advisory Committee to assist in identifying leading health-related concerns in Montcalm County.

## Leading Community Issues

From a list of 38 possible health-related concerns, survey respondents were asked to record their perception of the seriousness of each issue in the community (serious problem, moderate problem, not a problem, or not sure). The following table shows the top 13 ranked issues considered to be of serious or moderate problem in the community. While providers tended to rank all medical issues as a problem to a greater degree than did the community respondents, to a large degree top health issues tended to parallel one another on both the community and the provider surveys.

Community Perceived 'Serious or Moderate' Issue		Provider Perceived 'Serious or Moderate' Issue	
Issue	Percentage	Issue	Percentage
Jobs (availability)	80.8%	Jobs (availability)	98.2%
Overweight adults	75.8%	Alcohol/drug use	94.7%
Alcohol/drug use	74.5%	Overweight children	87.5%
Overweight children	72.6%	Overweight adults	85.7%
Crime	70.1%	Mental illness	80.4%
Traffic crashes (alcohol & drug related)	56.4%	Smoking	78.9%
Smoking	56.2%	Dental care (access)	73.2%
Teen pregnancy	55.6%	Prescription drug abuse	71.4%
Child abuse	48.0%	Substance abuse treatment (access)	71.4%
Domestic violence	47.8%	Domestic violence	69.6%
Cancer	46.9%	Diabetes	67.9%
Transportation (public & personal access)	46.9%	Cancer	66.1%
Housing (affordability, availability)	45.1%	Health care (access)	66.1%

Following a comprehensive data review in September of 2011, the Healthy Montcalm Advisory Committee identified the following issues as priorities to be addressed as a result of this needs assessment:

- Reduce the Prevalence of Obesity
- Increase Awareness of Existing Community Resources
- Improve Access to Care
- Reduce Substance Abuse
- Address Mental Health

*Members of the Advisory Committee acknowledged that economic issues (particularly jobs) were also identified by the community as an issue of great concern as it relates to health access and affordability and would be taken into consideration when addressing the five identified priority issues.*

The Advisory Committee is now in the process of developing an improvement plan, identifying and prioritizing potential solutions or actions to best address these major issues. Presentations have been provided to community organizations, coalitions and service clubs to increase awareness of identified issues and gather input. Identified solutions for each issue will be evaluated using a decision tree analysis that will consider cost of implementation, likelihood of success, and percent of the population that would be affected. The improvement plan is anticipated to be completed in the spring of 2012.

The Healthy Montcalm community health needs assessment and improvement process will be continuous and ongoing. A new assessment and improvement cycle will be initiated every three years. During each three-year cycle, the Healthy Montcalm initiative will develop a community-wide implementation plan that includes measurable evidence-based strategies to improve health outcomes in the identified target areas. This improvement plan will be monitored during the three-year cycle and the results will be evaluated before beginning the next assessment process in order to build upon the initial assessment process. Annual community updates will also be provided.

# Healthy Montcalm 2011/12 Committee Members



## FY 2011/12 Committee Members

### Steering Committee Members

<b>Jodie Faber</b> United Lifestyles	<b>Lisa Lund</b> Montcalm Community College	<b>Jennie Mills</b> Cherry Street Health Services	<b>Steve Scott</b> Sheridan Community Hospital	<b>Maria Suchowski</b> Evaluation Consultant
<b>Rex Hoyt</b> Mid-Michigan District Health Department	<b>Amy McMillan</b> Carson City Hospital	<b>Ross Pope</b> Mid-Michigan District Health Department	<b>Kim Singh</b> Mid-Michigan District Health Department	<b>Cheryl Thelen</b> Mid-Michigan District Health Department

### Advisory Committee Members

<b>Alison Barberi</b> Greenville Area Community Foundation	<b>Kim Croy</b> Generation E Institute	<b>Kyle Hamlin</b> Lakeview Community Schools	<b>John Kroneck</b> Health Promotion	<b>Michelle Seigo</b> Dept. of Human Services
<b>William Barnwell</b> Sheriff's Department	<b>Jean DeStafano</b> Hospice of Michigan	<b>Patsy Harkness</b> Farm Bureau	<b>Franz Mogdis</b> Montcalm Alliance	<b>Ron Simon</b> MAISD
<b>Kristine Bassett</b> Baker College	<b>Penny Dora</b> MAISD	<b>Jacob Helms</b> Central Montcalm Public Schools	<b>Carrie O'Connor</b> Great Start	<b>Deb Terborg</b> Goodwill Industries
<b>Jeff Beal</b> Vestaburg Community Schools	<b>Ron Farrell</b> Montabella Community Schools	<b>Abby Hodges</b> Carson City-Crystal Area Schools	<b>Rick Outman</b> Montcalm County	<b>Keith Treiber</b> Lakeview Area Community Fund
<b>Bob Brown</b> Montcalm Center for Behavioral Health	<b>Dave Feldpausch</b> Montcalm EMS	<b>Beverly Holland</b> Carson City Hospital	<b>Evi Petersen</b> Great Start	<b>John Van Nieuwenhuyzen</b> EightCAP
<b>Darcy Brown</b> United Way Montcalm-Ionia Counties	<b>Bob Ferrentino</b> Montcalm Community College	<b>Linda Huyck</b> MSU Extension	<b>Dixie Pope</b> Central Michigan University	<b>Cameron Van Wyngarden</b> City of Greenville
<b>Kim Brown</b> Catholic Charities	<b>Sandy Gardner</b> Early On	<b>Chris Hyzer</b> Montcalm County	<b>James Scholten</b> Tri County Area Schools	<b>Frances Schuleit</b> Greenville Area Community Foundation
<b>Melissa Castillo</b> United Way	<b>Patricia Gray</b> Greenville Public Schools	<b>Jerry Jones</b> First Congregational Church	<b>Mike Scott</b> Village of Howard City	
<b>Bob Clingenpeel</b> Commission On Aging	<b>Pete Haines</b> Greenville Public Schools	<b>Candy Kerschen</b> Greenville Chamber		