MMDHD Quality Assurance Program
Domain I – Community Health Assessment
February 22, 2020
Board of Health Meeting, Stanton
Conduct and disseminate assessments focused on population health status and public health issues facing the community

“Chief Community Health Convener”: leading their community’s health promotion efforts in partnership with stakeholders in widely diverse sectors
1.1.1 L: Participate in or conduct a Tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department

Pre-SV Review Status: □ Reopened
Qualitative Status: □ On Target
Private Notes: □ None

1.1.3 A: Ensure that the community health assessment is accessible to agencies, organizations, and the general public

Pre-SV Review Status: □ Reopened
Qualitative Status: □ On Target
Private Notes: □ None
1.2.1 A: Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards.

Pre-SV Review Status: Reviewed
Qualitative Status: Minor Concern
Private Notes: None
1.2.4 L: Provide reports of primary and secondary data to the state health department and Tribal health departments in the state.

Pre-SV Review Status: Reopened
Qualitative Status: On Target
Private Notes: None
# Proposed MMDHD Standards for Domain I

## 1. Monitor Health

<table>
<thead>
<tr>
<th>Num</th>
<th>Standard</th>
<th>Documentation</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Documentation of an inclusive, collaborative process to create a community health assessment (CHA)</td>
<td>Rosters of health sub-committees and meeting minutes</td>
<td>PHAB 1.1.1</td>
</tr>
<tr>
<td>1.2</td>
<td>A CHA covering the entire jurisdiction served by the LHD conducted within the past 5 years</td>
<td>Three completed community health assessments</td>
<td>PHAB 1.1.2, Powers and Duties 1.2</td>
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<tr>
<td>1.3</td>
<td>Collection of primary data on local populations and health conditions</td>
<td>BRFS data, school flu data, focus group results, etc.</td>
<td>PHAB 1.2.3</td>
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<td>1.4</td>
<td>Analyze trends in health and factors affecting health and share the results with the community</td>
<td>Reports, presentations, special projects, etc.</td>
<td>PHAB 1.3.1, 1.4.2</td>
</tr>
<tr>
<td>1.5</td>
<td>Maintain necessary agreements, contracts, licenses, etc. to support data collection.</td>
<td>Updated BRFS, MCIR, CSHCS agreements, SPSS license, for example</td>
<td></td>
</tr>
<tr>
<td>1.6</td>
<td>Participate in the development of new surveillance strategies with state and local</td>
<td>Current examples include EH Tracker, STORM, search for BRFS alternative, etc.</td>
<td></td>
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</tbody>
</table>
County Collaboratives
All three counties have collaborative bodies that engage in planning to improve community well being. Each collaborative has a committee that focuses on health:

- Clinton: Building Stronger Communities Council – Healthy Capital Counties
- Gratiot: Gratiot Collaborative Council – Live Well Gratiot
- Montcalm: Montcalm Human Services Coalition – Healthy Montcalm
Clinton: Build a stronger, healthier, safer community… through collaboration.

Gratiot: create an environment that allows opportunities for… healthy growth, learning, and development.

Montcalm: Improve well-being by sharing information to improve opportunities and resources

How can we support our community’s efforts to improve health?
Community Health Profile
Montcalm County

Live Well Gratiot
March 27, 2019
What’s in the community health assessments?

- Demographics: Economy, employment, aging, disability
- Leading causes of death: Ranking, trends
- Leading Causes of Hospitalization
- Mental health: Depression, youth, suicide
- Substance use: Trends, youth, mortality
- Injuries: Automobiles, homicide, assault
- Maternal and Child Health: Risk factors, birth outcomes, mortality
- ALICE: Economic inequality, behavior
- ACEs: Trauma, relation to health
Physical Health Status

- An individual’s perceived health status is strongly correlated to actual health outcomes. Here are data for both Gratiot County and Michigan.

- Results for Gratiot are more variable because we surveyed 390 people. Approximately 9,000 were surveyed by the State of Michigan.

Source: Behavioral Risk Factor Surveillance, Gratiot County. Mid-Michigan District Health Department 2014-16
LIFE EXPECTANCY

- Small Cities = 87.8 years
- East Lansing = 82.4 years
- Inner Suburbs = 79.7 years
- Countryside Suburbs = 79.9 years
- Farms & Fields = 79.0 years
- Lansing Charter Twp = 77.2 years
- Lansing City = 76.8 years
Focus Group for Adults Living in Clinton County

Everyone who registers gets dinner and a $25 Walmart™ gift card

Plus a chance to win a gift basket!

Healthy! Capital Counties

Everyone wants to be healthy.

Come to the Clinton County Focus Group and share your thoughts about the experiences getting health care and community that affect health in our county. We will discuss how we can make our community healthier.

Participants must live in Clinton County and meet the following criteria: uninsured or Medicaid, receiving care).

Influenza-like Illness Cases
Reported to
Mid-Michigan District Health Dept.
by County & District by 2019-2020 MMWR Weeks
Four Week Moving Averages

*NOTE: We are using Moving Averages (4-week) to smooth out short-term fluctuations in this time-series data. The result is to highlight longer-term trends.
Proposal for Capital Area United Way and Power of We Consortium Behavioral Risk Factor Survey 2018

12.20.17

Submitted by Public Sector Consultants Lansing, Michigan www.publicsectorconsultants.com

- Six County Survey
- Rolling three-year study
- Sixty percent cell phones
- Data delivered weighted and in SPSS format
- 4,908 surveys in total
- 1,188 in MMDHDD
- 396 in each county
- $73,959 total cost
- $22,780 cost to MMDHD

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Number of Interviews, 2018</th>
<th>Unit ($)</th>
<th>Total ($)</th>
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<tbody>
<tr>
<td>Mid-Michigan District Health Department</td>
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<tr>
<td>RDD/voter file landline CPI</td>
<td>158</td>
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<tr>
<td>RDD/voter file cell phone CPI</td>
<td>238</td>
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<tr>
<td>Purchase RDD and cell sample, cost per county x 3</td>
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<td>$653.50</td>
<td>$1,960.50</td>
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<tr>
<td>Purchase voter file, cost per county x 3</td>
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<td>CATI programming and SPSS file, cost per county x 3</td>
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<td>$448.00</td>
<td>$1,344.00</td>
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<tr>
<td>Data monitoring</td>
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<td>$2,030.00</td>
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<tr>
<td><strong>MMDHD Total</strong></td>
<td></td>
<td></td>
<td><strong>$22,780.50</strong></td>
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</table>
Hi Steven,

Marcus passed along to me your data request regarding suicide and asked me to follow up with you. It sounds like you’re interested in shareable/public data for our local area, if available.

We don’t directly receive any type of regular reporting on suicide, but we do try to stay updated on the situation by reviewing common sources of information. Here’s a few examples:

- For mortality statistics, we routinely review the MDHHS Vital Statistics web portal. Suicide is frequently one of the top 15 causes of mortality, so MDHHS typically provides data at the county level. For counties in MMDHD’s jurisdiction, the annual number of suicide deaths is comparatively low, so MDHHS typically combines 5 years of data when reporting the rate of death. I’ve attached an Excel document that we use to track the data locally. You can access the MDHHS data online by...
Proposal for
Cap

OTHER DATA AGREEMENTS

The Value of this Process

In checking on data sharing agreements we discovered that our license for SPSS, the software we use for large scale data analysis, is in limbo. We upgraded our analyst’s computer, but SPSS did not transfer to his new operating system. No further action was taken. Now we will find out if we can download a new version or if we need to purchase an upgrade.
Figure 3. Proportion of Samples Positive for Opioids (excluding Naloxone) among Top 10 Inclusive Counties
Date of Death within Last 3 Months

*This map shows county participation status during December 2019. Some counties may have changed status during the course of the project. A county that is currently all-inclusive may have only sent select samples in previous months, which will affect data interpretation.
Map Updated December 2019
Age-Adjusted Rate of Hospitalization for Heart Attacks among Persons 35 or Older per 10,000 Population - Selected year(s)