Community Health Improvement Plan 2023

Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties

District Health Department #10

Healthy People, Healthy Communities

Table of Contents

Contact

Questions about this report can be emailed to info@dhd10.org.

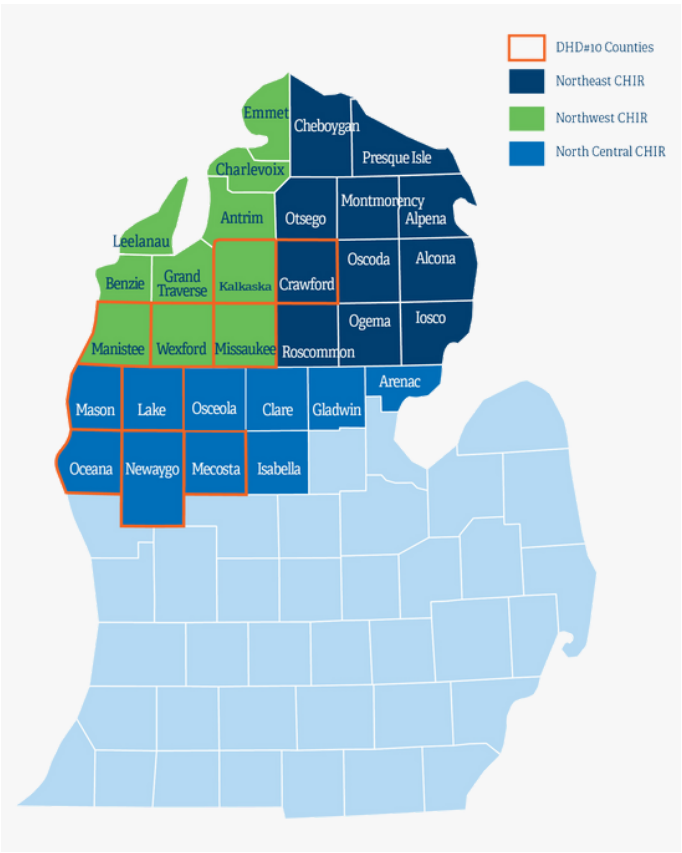
Introduction

Description of the Process

In 2021, District Health Department #10 (DHD#10) participated in MiThrive - a 31-county regional approach to developing a Community Health Needs Assessment to better inform partnerships across our 10-county service area and create greater impact and success in improving the health of the communities we serve. Strategies and objectives contained within this plan identify population-based approaches to addressing the strategic issues identified in the MiThrive Community Health assessment for the next three years. This population health approach and focus will lay the foundation for the partners' collaboration to improve and maintain the health of the jurisdiction and its residents.

The 31-county region is sub-divided into three Community Health Innovation Regions and District Health Department #10 counties are included in each of the three regions. (See Map below)

The MiThrive Community Health Assessment uncovered 10-11 significant health needs in each of the MiThrive Regions. Community Partners, key stakeholders, and residents prioritized four focus areas within each region for collective action. Following the ranking process, MiThrive Workgroup members refined the Strategic Issues and developed goals, strategies, and metrics for a collaborative Community Health Improvement Plan for each of the three Community Health Innovation Regions.



DHD#10's Community Health Improvement Plan includes each of the three CHIR Community Health Improvement Plans. DHD#10 is engaged and committed to collaboratively addressing the focus areas and implementing strategies to address these focus areas with our diverse community partners.

- NWCHIR CHIP
- NCCHIR CHIP
- NECHIR CHIP

The following goals, strategies and objectives have been developed as an addendum to the MiThrive Community Health Improvement Plans for each of the three Northern Michigan Community Health Innovation Regions. These goals address priority areas that align with the MiThrive priority areas identified for each of the three CHIR regions and also address identified goals and objectives specific to improving the health of residents in the DHD#10 jurisdiction. These goals and objectives align with the Vision and Mission of DHD#10.

Vision: Healthy People, Healthy Communities
Mission: To promote and enhance the health of our communities and environments through protection, prevention, and intervention.

In addition to the Community Health Assessment, three discovery channels were explored to develop the following Community Health Improvement Plan:

Root Cause Analysis | Environmental Scan | Strategy Guide

Priority 1: Access to Healthcare

A) DHD#10: Immunizations

According to the Office of Disease Prevention and Health Promotion, people in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the Federal, State, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Priority Area:
Access To Healthcare

Prioritized Root Cause:
Vaccine Disparities

Environmental Scan:

1. Adolescents immunized for HPV 2023 (DHD#10): 47%
2. Babies (24-36 months) compliant with current vaccine schedule 2023 (DHD#10): 66%

Goal	Increase childhood and adolescent immunization rates.
Strategy(ies)	• Partner with WIC to identify children who need to have up to date immunizations and vaccinate on those clinic days. • Educate on the importance of completing all their immunizations at their visit instead of spacing immunizations apart. • Reminders and recalls to parents. • Education and awareness campaigns: Develop comprehensive educational materials to disseminate information about the importance and benefits of HPV vaccination. These materials should be targeted towards parents, adolescents, and healthcare providers. Utilize various channels such as social media, our website, brochures at community outreach programs. • Include HRAs and school nurses to collaborate with their schools to establish on-site HPV vaccination clinics or organize vaccination drives within school premises. This can help overcome barriers such as transportation and scheduling conflicts. • Peer Influence and Support: Engage adolescents who have already received the HPV vaccination and encourage them to share their positive experiences. • Reminder and recall systems to send out reminders to prompt parents in getting their adolescent their HPV vaccine. DHD#10 Maternal, Infant and Child Health objectives align with the following Healthy People 2030 objectives: • Increase the proportion of adolescents who get recommended doses of the HPV vaccine. Metrics: 58.5% (2021) Target: 80.0% • Increase the vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children by age 2 years. Metrics: 80.9% (2017) Target: 90.0%
SMARTIE Objectives	• By December 2026, increase the percentage of children within the health jurisdiction age 19-36 months who receive the recommended dose of DTaP, IPV, MMR, HIB, Varicella, and PCV to 72%. (Baseline is 66% in 2023) • By December 2026, increase the percentage of adolescents within the health jurisdiction age 13-17 years who receive the recommended schedule of HPV vaccination to 50%. (Baseline is 47% in 2023)
Collaboration & Alignment Partners	• Healthcare Providers • Health systems • FQHCs • School Districts • Northern Michigan Public Health Alliance (NMPHA) • Regional Perinatal Collaboratives • MiThrive regional workgroups

Priority 1: Access to Healthcare

B) Family Planning

Unintended pregnancy is associated with an increased risk of problems for the mom and baby. If a pregnancy is not planned before conception, a woman may not be in optimal health for childbearing. Women with an unintended pregnancy could delay prenatal care that may affect the health of the baby.

Priority Area:
Access To Healthcare

Prioritized Root Cause:
Access Barriers

Goal	Increase access to family planning care.
Strategy(ies)	• Launch Family Planning birth control renewal via telehealth services. This helps our clients, especially adolescent clients, with time, effort and transportation barriers. Clients can get 1:1 attention from their clinician, in the privacy of their location. • Implement community outreach on a day the telehealth clinician would be in the office to conduct outreach in the communities. The DHD#10 Family Planning goal and objective aligns with the following Healthy People 2030 Goal: • Improve pregnancy planning and prevent unintended pregnancy.
SMARTIE Objectives	• By December 2025, telehealth services will be implemented to increase access to family planning services across the DHD10 jurisdiction.

C) Community Connections

Community Connections utilizes a proven Pathways Community HUB Institute model to help communities come together to support their under-resourced residents and to improve health and well-being. Through the use of Community Health Workers (CHWs), this model allows for communities to build a transformative and sustainable community-based care coordination network.

Priority Area:
Access To Healthcare

Prioritized Root Cause:
Access Barriers

Environmental Scan:
In 2022, there were 628 referrals to Community Connections in the DHD#10 jurisdiction.

Goal	Increase access to family planning care.
Strategy(ies)	• Partner with the Health Resource Advocate and School Health programming to increase relations in schools, and with our agency school health staff. • Implement policies for staff to work in the office (not from home) to promote office relationships. The DHD#10 Community Connections Program goal aligns with the Healthy People 2030 goal: • Reduce the proportion of people who can't get medical care when they need it.
SMARTIE Objectives	• By December 2026, increase the number of internal client referrals to Community Connections for Access to Care Pathways by 10%. (Baseline is 628 referrals 2022).
Collaboration & Alignment Partners	• NMPHA • Community Clinical Linkages Workgroup • Adolescent Health Centers

Priority 2: Chronic Disease

A) WIC, MIHP, Healthy Futures America

The role of breastfeeding in changing the prevalence of diseases has been under investigation in recent years. Breast milk includes hormones, antibodies, anti-inflammatory cytokines, and probiotic bacteria, making it the finest nourishment for infants. Breastfeeding has been demonstrated in various studies to have numerous merits, the most prominent of which are the reduction of infection and also the risk of asthma and obesity. *(Source: Kian, N., Bagheri, A., Salmanpour, F. et al. Breast feeding, obesity, and asthma association: clinical and molecular views. Clin Mol Allergy 21, 8 (2023).)*

Smoking during pregnancy is a cause of many health issues related to the health of the mother and the baby. These health risks include; early birth, miscarriage, low birthweight, heart defects in the baby, slowed brain growth in the baby, and risk of heart disease and stroke for the mother. Smoking after the child is born increases the child's risk of asthma, respiratory infections, ear infections, sudden infant death syndrome, irritability, and behavior issues.

Priority Area:
Chronic Disease

Prioritized Root Cause:
Chronic Disease Rate Disparities

Environmental Scan:

1. Breastfeeding 6 month duration of the WIC population 2023 (DHD#10): 28.9%
2. Percent of women in 2020 who smoked while pregnant (DHD#10): 26.3%

Goal 1	Reduce chronic disease risk factors: All post-partum women will breastfeed their infants.
Strategy(ies)	• Provide breastfeeding support and education in the community through the Home Visiting Program. • Through the WIC Program, provide BF Peer Counselor support and education via individual, community BF support groups, and weekly hospital visits and outreach at 3 local birthing hospitals. • DHD #10 WIC and MCH professionals will have lactation certifications including IBCLC, CLS, and CLC etc. to provide advanced breastfeeding education and service. • Increase engagement with, and education of local hospital OB staff, GSC, other local MCH partners and communities. The DHD#10 WIC, MIHP, and Healthy Futures America objectives align with the Healthy People 2030 objective: • Increase the proportion of infants who are breastfed exclusively through age 6 months Metrics: 25.4% (2020) Target: 42.4%
SMARTIE Objectives	• By December 2026, Increase the rate of breastfeeding initiation of the WIC population from 74.6% (2021) to 92.4%. 83.2% October 2023 • By December 2026, Increase breastfeeding 6 month duration of the WIC population from 28.9% (2023) to 34.1%; and breastfeeding duration of the Healthy Futures population from 71.8% at 8 weeks of age to 90.0% and from 3.9% at 6 months of age to 6.0%.
Collaboration & Alignment Partners	• Healthcare Providers • Health Systems • NMPHA Maternal-Child Health Workgroup • Regional Perinatal Networks • MiThrive regional workgroups
Goal 2	**Reduce Chronic Disease Risk Factors: Decrease the percent of women who smoke during pregnancy and postpartum**
Strategy(ies)	• Increase the number of referrals of pregnant women to the Script program and postpartum women to the TTS program. • Provide education and training to WIC, MIHP and Home visiting staff regarding DHD#10 tobacco cessation programs. • Increase outreach and education to OB/GYN healthcare providers on DHD#10 TTS and Script. • Train healthcare provider staff to implement the Script program. • Conduct a community-wide campaign to promote the Script program and provide education regarding the health hazards of smoking while pregnant. The DHD#10 WIC, MIHP, and Healthy Futures America objective aligns with the Healthy People 2030 objective: • Increase abstinence from cigarette smoking among pregnant women Metric: 96.3% (2022)
SMARTIE Objectives	• By December 2026, decrease the percent of pregnant women who smoke from 26.3% (2020) to 22.4%.
Collaboration & Alignment Partners	• Northern Michigan Perinatal Collaborative • DHD#10 Community Health Staff

Priority 2: Chronic Disease

B) Community Health

Tobacco Use: Tobacco use remains the leading preventable cause of death in the US, accounting for about 1 in 5 deaths each year. On average, people who smoke die about 10 years earlier than people who have never smoked. Smoking and tobacco use harms nearly every organ of the body, causing many diseases, including heart disease, cancer, asthma, and emphysema. Quitting tobacco use has immediate as well as long-term benefits.

Diabetes Prevention: 1 in 3 adults in the United States has pre-diabetes and is at high risk for developing type 2 diabetes.

Priority Area:
Chronic Disease

Prioritized Root Cause:
Access Barriers

Environmental Scan:

1. Percent of people who smoke in the DHD#10 jurisdiction: 24%
2. In the DHD#10 jurisdiction 9.8% of the population has been diagnosed with diabetes.

(Source: 2020-2022 Michigan BRFS Regional & Local Health Department Estimates November 2023)

Goal	Reduce rates of chronic disease and related risk factors in the region.

Strategy(ies)	1. Implement Tobacco Dependence Treatment, Including Health Coaching or Counseling by trained Tobacco Treatment Specialists.
	
	This Strategy aligns with the Michigan Department of Health and Human Services Tobacco Control Program Strategic Plan (2018-2023)
	• Goal Area 3- Promoting Tobacco Treatment Among Adults and Youth:
	  ◦ By October 2023, increase the rate of adult smokers who attempt to quit smoking by 10%, from 58.8% to 65%. (BRFSS)
	  ◦ By October 2023, increase the number by 4, of health systems treating tobacco use and dependence in accordance with the U.S. Public Health Services' Clinical Practice Guideline.
	• Goal Area 4-Prevent Initiation Among Youth and Young Adults:
	  ◦ By October 2023, increase from 88% to 100%, the number of Michigan public school districts that have adopted a comprehensive 24/7 tobacco-free policy. [MDHHS database]
	
	2. Implement the Clinical Partnerships model, where healthcare providers work together to promote and support diabetes management and prevention programs and collaborate with a range of healthcare and community providers and organizations to extend the reach of services, increase access, and improve coordination of diabetes care.
	
	The DHD#10 Community Health chronic disease objectives align with the Healthy People 2030 goals and objectives:
	• Increase the proportion of eligible persons completing Centers for Disease Control and Prevention (CDC)-recognized lifestyle change programs.
	• Reduce current use of any tobacco products by adults.
	Metrics: 20.4% (2022) Target: 17.4%

SMARTIE Objectives	• By December 2026, decrease the percent of people who smoke from 24% to 22%. • By December 2026, increase the number of public school districts in the DHD#10 jurisdiction that have adopted a comprehensive 24/7 tobacco-free policy that includes vaping. • By December 2026, Increase the number of annual participants of the National Diabetes Prevention Program held each year across the jurisdiction from 10 to 30 participants.
Collaboration & Alignment Partners	• Healthcare Providers • Health Systems • FQHCs • Northern Michigan Diabetes Prevention Network • Local health coalitions • Michigan Kidney Foundation • Regional NMCHIRs • MiThrive regional workgroups

Priority 3: Mental Health

Community Health

Mental health is not prioritized in our culture. People often wait until their mental illness or substance use disorder becomes a crisis to seek help. This is at least partially due to the lack of awareness of the warning signs and risks of mental illness and substance use disorders. Furthermore, people are wary of seeking help for mental illnesses and/or substance use disorders as a result of the stigma around mental illness and substance use disorders.

Priority Area:
Mental Health

Prioritized Root Cause:
Stigma

Environmental Scan:

1. The 2022 Northern Michigan Behavioral Health Initiative Survey found that 93% of people in northwest Michigan believe that stigma is an obstacle to seeking treatment for mental illness.

Goal	Improve access to mental health services.
Strategy(ies)	• Raise critical consciousness within the public and across all systems that persons living with mental health challenges have the capacities for recovery, resilience, and wellness. • Provide prevention and community education to reduce stigma surrounding mental health conditions and promote a positive environment. The DHD#10 Community Health mental health objective aligns with the Healthy People 2030 goal: • Increase the proportion of adults with serious mental illness (SMI) who receive treatment.
SMARTIE Objectives	• By December 2024, implement a mental illness stigma assessment in Crawford County and 5 southern counties in the jurisdiction. • By December 2025, develop an intervention plan to reduce stigma in 3 counties in the DHD#10 jurisdiction. • By December 2026, launch a social media campaign to reduce stigma regarding mental illness across the 10 counties of the DHD#10 jurisdiction. • By December 2026, provide 6 trainings to healthcare providers, worksites, and law enforcement regarding stigma around mental illness.
Collaboration & Alignment Partners	• Regional NMCHIRs • Behavioral Health Initiative of NWCHIR • MiThrive regional workgroups • National Association on Mental Illness (NAMI) • Local Health Coalitions

Priority 4: Youth Mental Health

Adolescent Health Centers

Youth and adults do not have access to reliable information about mental health and the resources available to treat it. The disconnect between youth and adults does not help this situation; the generational divide about how to approach mental health paired with adults' lack of awareness of youths' personal situations can often lead to dismissal of the latter's issues.

Priority Area:
Mental Health

Prioritized Root Cause:
Access Barriers

Goal	Improve youth mental health.
Strategy(ies)	• Engage in collective advocacy for mental health services being integrated into local public-school systems. The DHD#10 Adolescent Health mental health objective aligns with the Healthy People 2030 goal: • Increase the proportion of children with mental health problems who receive treatment.
SMARTIE Objectives	• By December 2026, Increase the number of local school districts that conduct the MiPHY every 2 years to collect data to inform mental health programming in the schools. Increase from 6/12 in 2022 to 12/12.
Collaboration & Alignment Partners	• Local School Districts • MiThrive regional workgroups

Priority 5: Housing

Community Health

Safe and affordable housing promotes good physical and mental health. Poor quality or inadequate housing contributes to chronic disease and injuries and can have harmful effects on childhood development. Housing affordability not only shapes home and neighborhood conditions but also affects overall ability for individuals and families to make healthy choices.

Priority Area:
Housing

Prioritized Root Cause:
Housing Disparities

Goal	Improve housing standards.
Strategy(ies)	• Provide information at community events • Provide presentations to community groups The DHD#10 Community Health housing goal and objective aligns with the Healthy People 2030 Goal: • Promote healthy and safe home environments.
SMARTIE Objectives	• Increase community and homeowner education on the importance of and best practices related to safe and affordable housing to 3 events per county annually through December 2026.
Collaboration & Alignment Partners	• Housing Commissions

Priority 6: Economic Security

Community Connections, WIC, MIHP, Clinical

Resources gained by partnerships with Disability Networks include: independent living mentoring and skills training, accessibility consulting and advocacy, disability peer support, and disability employment services and training for both disabled people and local employers.

Priority Area:
Economic Security

Prioritized Root Cause:
Lack of Awareness of Available Resources

Environmental Scan:

1. Over 16% percent of people with disabilities are unemployed, almost double the rate of unemployment among people without disabilities.

Goal	Increase essential need resource utilization (food, housing, childcare, education, employment programs etc.) among individuals with disabilities.
Strategy(ies)	• Increase awareness and coordination of social determinants of health resources and independent living resources for people with disabilities. The DHD#10 Community Connections, WIC, MIHP, and Healthy Futures America Programs' Economic Security/Health Disparities goal and objective aligns with the Healthy People 2030 Goal: • Improve health and well-being in people with disabilities.
SMARTIE Objectives	• By December 2026, partner with Disability Network West Michigan and Disability Network Northern Michigan to increase number of referrals to complete Independent Living Assessments to increase awareness of SDoH resources for people with disabilities.
Collaboration & Alignment Partners	• Disability Network West Michigan • Disability Network Northern Michigan

Priority 7: Substance Use Disorders

Healthy Families America

Opioid use during pregnancy has risen significantly, with data showing a 131-percent increase in opioid use–related diagnoses at delivery between 2010 and 2017. Opioid use in pregnancy can lead to a range of significant health problems, including death, both in the pregnant person and their baby. Pregnant and postpartum people are at high risk for fatal opioid overdose.

Priority Area:
Substance Use Disorder Prevention and Treatment

Prioritized Root Cause:
Access Barriers

Environmental Scan:

1. Drug overdose mortality for this population increased approximately 81 percent from 2017 to 2020. Providers treating pregnant people should offer universal, evidence-based screening to identify substance use.
   (Source: Substance Abuse and Mental Health Services Administration. The Management of Pregnant People Who Have Opioid Use Disorder. Advisory. Publication No. PEP23-02-01-002. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2023).

Goal	All pregnant women will engage in SUD screening and referral services.
Strategy(ies)	• Provide universal prenatal SUD screening and assessment. The DHD#10 Substance Use Disorders goal and objective aligns with the evidence-based, *Whole person care for pregnant people who have opioid use disorder SAMHSA Advisory, May 2023.*
SMARTIE Objectives	• By December 2026, increase screening of pregnant women for SUD from 17 to 30. (17 is baseline for 2023.)
Collaboration & Alignment Partners	• Northern Michigan Perinatal Collaborative