Michigan State Health Assessment: Focus Group Summary Report

2024 Update

Introduction

The Michigan Department of Health and Human Services (MDHHS), along with partners from across Michigan's public health system, came together to complete a State Health Assessment (SHA) between June 2019 and September 2020. This SHA process engaged organizations and individuals across the state, and the following areas were selected as priorities based on community input:

- Engage in policy, systems, and environmental change efforts to address racism and other biases that lead to health inequities in Michigan.
- Strengthen the ability of Michigan's communities to equitably support families and prevent childhood trauma.
- Improve equitable access to healthy food and community resources that promote physical activity.
- Increase accountability and enforcement of environmental regulations and policies.

In 2022, MDHHS decided to revisit the SHA process and make updates to ensure the SHA incorporated all the changes, advances, new knowledge, and lessons learned that have occurred over the past two years and the Addendum was developed.

To learn more about the State Health Assessment and SHA Addendum visit here: https://www.michigan.gov/mdhhs/doing-business/state-health-assessment

2024 Update

MDHHS continues to update the SHA findings and focused on qualitative feedback in 2024. Staff from the Michigan Public Health Institute (MPHI) designed and facilitated focus groups collecting feedback from populations in Michigan. The purpose of the focus groups is to understand from the perspective of the community:

- What community health looks like (facilitators towards health);
- Gaps that exist (challenges/barriers); and
- What is being offered currently (existing resources).

Members of the Michigan State Health Improvement Plan (SHIP) steering committee reviewed data from the original SHA and SHA Addendum to help brainstorm priority populations that were underrepresented in data. The following communities and potential partners were identified:

- Older Adult Population
- Uninsured or Underinsured Individuals
- LGTBQ+ Population

- Individuals Living with a Disability (and parents/caregivers of children with special health care needs)
- Unhoused Individuals
- Incarcerated or Formerly Incarcerated Individuals
- Immigrant and Refugee Populations
- Rural Communities
- Arab Community
- Southwest Asian and North African (SWANA)
- Tribal Communities
- Youth/Young Adults
- Mental Health
- People Living with HIV and Chronic Disease (cardiovascular, cancer, diabetes, tobacco)
- Low Income Individuals or Families
- Environmental Justice Areas
- Communities impacted by localized chemical, physical, or environmental hazards
- Individuals that experience domestic violence
- Urban Communities
- Individuals that experience substance misuse

Outreach with potential partners took place and five focus groups were held. Participation from tribal, rural and professionals working in social determinants of health made up the focus groups. Partnerships were the driving forces of participation and included efforts from the following organizations:

- The Michigan Center for Rural Health
- Tribal Government Services & Policy
- SDOH (Social Determinants of Health) Hubs Learning Community

A total of thirty-seven community members and public health professionals participated in the focus groups providing beneficial information on what drives and hinders health in Michigan. Below are themes that emerged in the different categories:

- Facilitators to Health
    - Resources
- Barriers to Health
- Ideas for Improving Health
- Visions for Health

Facilitators to Health

Facilitators towards a healthy life were shared by focus group attendees including access to equitable outcomes and resources. General resources were shared that facilitate health. Michigan specific resources were also shared throughout the focus group.

Access:

- Healthcare
  - Non-emergency medical transportation available
  - Quality and holistic healthcare that promotes wellness and prevention
  - Culturally competent providers
  - Medical, behavioral, and social health services accessible
  - Equitable birthing hospitals
  - School based health centers, including behavioral health therapists, that are available for students and their families
  - Screening for social determinants of health (SDOH) and referrals
- Community Support and Resources
  - Harm reduction programs
  - In-person home visiting programs
  - Outreach workers that aid with services like employment and transportation
  - Children's services
  - Network systems
- Safe Community/Environment
  - Green spaces with child play areas
  - Clean water and air
  - Recreation opportunities
- Education
  - Quality education with modern resources (e.g. updated textbooks)
  - Better representation for Native Americans
- Childcare
  - High quality
  - Affordable
- Job opportunities with livable, well-paying wages
- Mental Health (specifically for men was mentioned)
- Reliable transportation
- Food Security
- Affordable housing that supports stability

Equitable Outcomes:

- Reduce and remove disparities by populations and geography
  - Reduce and remove food insecurity
  - Equitable educational opportunities

General Community Resources:

- American Indian health clinics
- Big Sister/Little Sister programs
- Bike/walking paths
- Children's Special Healthcare Services (CSHCS) program available at the local health department
- Community Health Foundations
- Community health nurse that interacts with people on a different level
- Community Mental Health Coalitions
- Early childhood resources
- Emergency food and shelter resources
- Great Start Collaborative
- Harm reduction programs (i.e. HIV, Hep C treatment and testing)
- Home visiting programs (i.e. MIHP, Families America, Healthy Beginnings)
- Integrated Services at Federally Qualified Health Centers (FQHC)
- Local health departments
- Local libraries
- Navigation services
- Quality food being donated to local pantries
- Salvation Army
- School based health centers
- Veteran services
- Warming centers
- Wheelchair accessible vans
- WIC offices
- YMCAs

MI Specific Resources Shared:

- 8-CAP (ISD)
- 988 for suicide and mental health crises
- Community Connections Hubs (Northern Michigan)
- Community Health Information Exchange
- Detroit HD solutions for Deferred Action for Childhood Arrivals (DACA)
- Early Childhood Kent County
- Emergency Food and Shelter SE MI
- Emergency Relief Food Wayne County
- Great Start Thumb
- InSHAPE Program
- Inter-Tribal Council of Michigan
- Little Brothers of the Elderly
- Mantherapy.org
- Michigan 2-1-1
- Michigan GetSetUp Program
- Michigan State Housing Development Authority (MSHDA)
- MiThrive Dashboard and Action Planning
- Northeast Michigan Community Service Agency (NEMCSA)
- Northern Michigan Community Health Innovation Regions (CHIR)

- Presque Isle County Council on Aging
- Project Unity for Life, projectunity4life.org
- Ride to Wellness & Ride to Wellness UP
- Senior millage Kent County
- Southeast Native American Indian family services
- Traverse City Transportation Association
- UP homeless shelters
- UPMOM Program
- Upper Peninsula Health Plan/Upper Peninsula Health Services
- Vision to Learn
- Wayne RESA
- Whole Health Initiative

Barriers to Health

Most themes from the focus groups were challenges and barriers in the community that impact Michigan residents' health. Below are the themes that were shared.

Health Communication and Resources (especially in the UP):

- Healthcare communication
    - Low communication between healthcare providers, especially primary care physicians
    - Since COVID-19, it has been difficult to get information to and from agencies in a timely fashion
    - Socio-economic status impacts the ability or means to communicate with healthcare providers
    - Healthcare staff are overwhelmed when families do not have prevention or preparedness discussions for future needs
- Obtainable Resources
    - Difficulty getting resources to and sharing information with the people that need it most
    - Difficulty navigating resources
    - Geography and small market in rural areas impacts available resources
        - Lack of funding availability
        - Fewer resources being allotted
        - Other counties are serving each other because their resources are closer to the population on the other side of the county
        - Traveling long distances to use food benefits
- Digital Infrastructure
    - Virtual care barriers due to no or poor internet access
    - No communication about what is available for the community
    - No cell phone towers make it harder to communicate
    - Lack of access to information across all levels
- Social Media Issues
    - Using social media can exacerbate social isolation and mental health impacts
    - Promotes individualism
- Community communication

- Issues with community messaging, such as lack of alignment
- No prevention or preparedness discussions within families

Healthcare Infrastructure:

- Healthcare Providers
  - Racism and discrimination (unfair treatment from medical providers)
  - Out of network
  - Mistrust
  - Lack of cultural awareness
  - Difficult for rural providers to compete with providers over county lines where urban hospitals exist
  - Hard to attract more providers
- Low amount of healthcare providers
  - Mental health providers
  - Youth mental health services within schools
  - Dental providers (especially in rural counties)
    - Few health departments provide dental services
    - Difficulty securing dental appointments at health departments
  - Substance use disorder (SUD) treatment providers
  - Specialized healthcare providers
  - Results in long waitlists
- The current healthcare system is not sustainable
  - Too expensive
  - Provider qualifications based on the pay-type
  - Using older medical equipment (for example, poking their fingers for blood checks, instead of automatic checks).
  - Difficulty navigating insurance (including Medicaid)
    - Not enough providers accept private and Medicaid insurances
    - Doctors are out of network
    - Some insurances are not always accepted
- Healthcare demands are increasing while patients are losing access
  - Hospitals closing birthing centers
  - Severely limited mental health locations
  - Not enough beds available for specialty care (i.e. senior care)
  - The stress of the collapsing healthcare systems trickles down from provider to patients affecting the quality of care they receive
- Turnover of healthcare staffing
  - High turnover among registered nurses
  - Patient burnout makes it difficult to develop trust with new providers
  - Low wages don't incentivize new hires
- Large health systems have concentrated resources typically not located in rural areas

Access to Essentials:

- Healthy foods
  - Grocery stores/Food deserts
    - Only access to grocery stores are dollar stores

        - Some counties in the UP/rural counties may only have 1 grocery store
    - High prices make healthy, nutritious food unaffordable
    - Long wait times at pantries
    - No or low cooking skills
    - Barriers using WIC/SNAP
- Information and resources
    - Poor quality or no internet access
    - No cell phone towers in rural areas
- Affordable childcare options
    - Intersects with many other factors of health (job, housing, etc.)
    - Lack of access to childcare resources & services
- Family support services
    - Lack of Evidence-Based Home Visiting and practices for maternal and infant health
    - Lack of support for single parents
- Elder/Senior care
- Mental health providers and services located outside of one's county

Cultural:

- Impacts of Colonialism
- Low trust within healthcare among minority populations (e.g. Native Americans)
    - SUD and mental health specifically mentioned
- Racism and discrimination
    - The U.S. is the deadliest developed country for maternal mortality and morbidity, preventable reasons for death
- Stigma on or related to:
    - SUD
    - Poverty
    - Mental health/disorders
    - Disabled people
    - Elderly
    - Youth
    - Race
- Lack of knowledge about different cultures in Michigan in general (i.e. Native Americans)
- Long working hours
- Reliance on medication instead of improving diet and exercise

Transportation:

- Challenges for rural populations
    - Distance impacts whether follow-up care is completed and specialized care is sought
    - Difficulty traveling to services in the city
    - Resources located in larger cities, not rural areas
    - Lack of public transit options in rural areas
- Reliability for getting to work
    - Limits access to employment opportunities
    - Challenging to plan and attend appointments
- Weather/Winter can make transportation challenging
- Low-income earners are impacted the most

- Lack of non-emergency medical transportation (NEMT)
- Lack of personal transportation within household

Mental Health and Substance Use Disorder (SUD):

- Maintaining stability (e.g., keep a job) while managing mental health challenges
- System challenges in Community Mental Health Boards (outdated requirements that don't account for people with lived experiences)
- Low or no resources in/for SUD treatment and mental health services
- Lack of mental health crisis training for community facing roles (e.g. police and medical technicians)
- High cost
- Substance misuse
- Addiction

People Experiencing Poverty:

- Economic instability
- Income inequality
- Unable to afford gas and public transit
- Struggling to feed kids
- Fear of losing assistance with the uncertainty post-election
- Reliance on emergency care
- Unable to afford preventative care and maintain good health
- High cost of living

Community Infrastructure:

- Not safe or walkable in rural areas
- Few opportunities for physical activity, especially in the UP
- Gyms are too expensive and don't offer sliding scale fees
- Some assets that encourage healthy living require transportation
- Poor building accessibility (e.g. not ADA complaint) create challenges for people with disabilities

Social Isolation:

- Resources limited for seniors and often far away
- Social interaction in the UP is limited, based on snow/weather conditions
- Socialization for persons with disabilities is severely limited in lower mid-Michigan
- Geographical and social disconnect in the UP consistently leads to prescribing solutions that do not work
- Lack of community connectedness

Quality Education:

- Inequitable education because of racism and discrimination
- High cost/affordability making it difficult to seek advanced degrees
- High dropout rates for high school and college

- Curriculum includes a lack of accurate history and knowledge about Native Americans (textbook image)

Housing:

- Lack of safe, affordable, quality, and attainable housing available
- Housing programs have long waiting lists and procedures (i.e. tribal housing)
- Difficult to find housing quickly
- Not enough emergency shelters (especially in rural areas)

Violence/Trauma:

- Safety concerns impacting health decisions
- Unfair treatment within minority groups
- Violence against women

Impacted Populations:

- Native Americans
- African Americans
- Minorities/immigrants
- Seniors
- Youth
- Caregivers
- Women
- Persons with disabilities
- Non-English speakers/people whose first language is not English
- Individuals with health challenges
- Rural populations
- Lower socioeconomic status
    - Asset Limited, Income Constrained, Employed (ALICE) population

Ideas for Improving Health

Along with challenges and barriers, ideas to improve health were also shared throughout the focus groups. Below are the themes of ideas that can move Michigan residents closer to health shared by participants.

Healthcare

- Help people navigate health services/meet people where they're at
    - Connect people to resources to improve their health
    - Help people understand systems and their choices
    - No-wrong-door approaches to services and resources
    - Expand care to where the people are
    - Allow for more time at doctor visits to meet with an educator/nurse to discuss needs, resources, and educate
- Insurance Improvements
    - Accept Medicaid everywhere

    - Require providers to see patients regardless of insurance status or payment source
    - Understand state-based insurance coverage
    - Provide insurance that covers more services, with lower costs for medications
- Mental Health and Substance Misuse
    - More substance misuse programs
    - Bridge substance use to recovery
    - Eliminate mental health stigma
- Improve Healthcare Workforce
    - Increase number of therapists and social workers
    - Streamline provider qualifications or pathways
    - Increase community health nurses that support providers and interact with patients
- Delivery of Care
    - Deliver services through a trauma-informed lens
    - Provide unbiased care
    - Encourage providers to be caring and compassionate

Community Infrastructure

- Improve Connections to Resources
    - Utilize community health workers to help people navigate/connect to resources
    - Improve the capacity of existing resources to meet the needs of the community
    - Encourage alignment and coordination between existing resources
    - Stronger network with local resources
    - Utilize the hub model to streamline access to resources
    - Don't charge organizations to participate in 'FindHelp' platform (i.e. integrating 211 services into electronic medical records)
- Provide Funding for Communities
    - Stabilize funding which in turn stabilizes the market
    - Remove funding restrictions
    - Flexible funding to support direct services
    - Use funding with intention, encouraging more community collaboration
    - Use SDOH funds for frontline staff to host cohorts in the region
    - Increase funds to support CHW services
- Partnerships/Collaborations
    - Improve partnership between health systems
    - Partner with grassroots organizations
    - Partner with colleges and universities
- Increase Outdoor Physical Activity Infrastructure
    - Make outdoor trails and other activities more appealing to participate in
    - Open community centers or schools before and after for walking inside the gyms

Social Determinants of Health

- Provide community support and resources
    - Increase prevention programs across the board

    - More resources from the state for training staff - especially behavioral health and SUD
    - Implement programming to support community building
    - Create gathering spaces and a sense of belonging
    - Ensure digital equity
    - Use technology, accompanied by human interaction
    - Encourage legislators to support evidence-based practices, specifically home visiting and practices for maternal and infant health
    - Provide more support for the following:
        - Youth mentoring programs
        - Provide better support for single parents
        - Support programs for older adult population, especially those who lack strong community or family connections and supports
- Financial and Job Assistance
    - More opportunities for upward mobility
    - Real cost of living affordability
    - Bridge from assistance to sustainable income
    - Bridge entry level jobs to credentials
    - Provide job readiness support
    - Complementing SDOH hub efforts with the Bridges out of Poverty community framework
- Increase Access to Healthy Food
    - Community gardens
    - Indigenous food systems
    - Increase quality/nutritious [fresh] food donations to food pantries
    - Allow healthy meal programs within food assistance
    - Bridge program which would allow for more expensive healthy foods
- Meeting Basic Needs
    - Increase non-food items such as cleaning products, hygiene items, etc. donated to food pantries
    - Clear, direct request of what kinds of donations are needed
    - Cash assistance programs for clothes and other needs
- Housing
    - Create permanent supportive housing solutions for those who are experiencing chronic housing crises
    - Create recovery housing options for those with SUD as part of their treatment options
- Transportation
    - Create reliable, affordable, and accessible transportation options for all areas of the state, but especially for more rural areas like the UP
    - Non-emergency medical transportation (NEMT) covered by insurance

Prioritizing specific populations

- Children
- Native families
- Disabled population

- People in poverty
- Older adults
- Adolescents

Vision for Health

Participants were asked to think about what it would mean for Michigan to be a healthy place for all. Below is a statement developed based on responses:

The State of Michigan ensures equitable and easy access to healthcare resources that aides in Michigan resident's ability to overcome social-structural determinants of health (e.g. healthy food, transportation, mental health services) and support wholistic well-being. To start, the basic needs (e.g. shelter, clothing, etc.) of all who live in Michigan are met. The cost of living is realistic and affordable, along with housing costs, household incomes, and childcare. Environmental health needs, such as clean water, plentiful green space, and diverse recreation opportunities, supports Michigan resident's ability for healthy living. All neighborhoods are free from violence and foster a sense of belonging by centering equitable community connections.