



*Community Health Assessment
and
Improvement*

2000-2001 Report

COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT REPORT

*Michigan Department
of Community Health*



*John Engler, Governor
James K. Haveman, Jr., Director*

2000-2001 Report

The Healthy Michigan Fund and local dollars support community health assessment and improvement in Michigan. These funds are used to support community health assessment and improvement activities at the community level. This report presents highlights of accomplishments for all local initiatives,

their indicators of success, along with goals for FY 2001. Activities and accomplishments are evidence of positive steps being taken to assess and improve the health of Michigan residents.

MDCH is an Equal Opportunity Employer, Services and Program Provider

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Total Units: 200 Cost per Unit: \$7.66

The Michigan Department of Community Health would like to recognize all of the individuals and numerous organizations whose support, guidance, information, and dedication of time and resources have made the community health assessment and improvement efforts in Michigan successful. Without their contributions, the many efforts undertaken to improve the quality of life for Michigan residents may not have been accomplished to the degree this report reflects.

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Executive Summary

Community health assessment and improvement (CHAI) initiatives are designed to direct local efforts toward improving a community's health through a partnership between public and private health organizations and other stakeholders. These efforts, which are supported with a combination of state and local funds, represent an investment in each county's capacity to assess its own health status and health system, identify and prioritize health issues and resources, and develop and implement a comprehensive health improvement plan. Surveillance and health data provide a foundation for assessing the community's health, monitoring outcomes, evaluating programs, and reporting results. Of equal importance to these initiatives is the role of the community in translating health data into information and action by identifying assets and barriers, developing strategies, and implementing plans.

Although communities prioritize health issues on a county or regional basis, many of the same health priorities have been identified throughout Michigan counties. The most frequently identified priority health issues reported in 2000-2001 from local CHAI initiatives were access to health care (35 counties), substance abuse (33 counties), heart disease and stroke (31 counties), teen pregnancy (26 counties), and smoking prevention/cessation (20 counties.)

Michigan communities are realizing success in addressing local priorities identified through their CHAI initiative. For instance, several communities have had success in addressing access to care by establishing clinics that utilize volunteer medical personnel, organizing integrated systems of care, or enhancing outreach and enrollment efforts for existing programs. Other communities have been successful in focusing existing resources and identifying new resources to address priority health issues such as immunizations, parenting education, and fetal alcohol screening programs. Still other communities have seen success in addressing teen pregnancy,

substance abuse, and environmental health issues by bringing community partners together and identifying opportunities for program collaboration and resource sharing. This report highlights these successes as found in each community across Michigan.

Michigan communities are also realizing additional benefits from this investment in CHAI initiatives. These benefits, along with capacities and activities that have been developed locally, are being measured through the reporting of accomplishments for eight essential elements. These elements include:

- data surveillance,
- communicating health status and resources,
- policy recommendations/development,
- use of technology,
- resource sharing/funding generation,
- establishing partnerships/forming linkages with existing initiatives,
- initiatives/interventions, and
- monitoring outcomes and use of indicator sets.

For FY 2000, CHAI initiatives reported more than 650 activities related to these eight elements. Many of these activities were designed to inform and educate the community as to its health status, in support of data-driven program planning, implementation, and evaluation. Strengthening community capacity to inform and educate the community on health status and health system resources, to identify community health priorities, and to develop community health action plans will continue to be the focus of CHAI activities across the state.

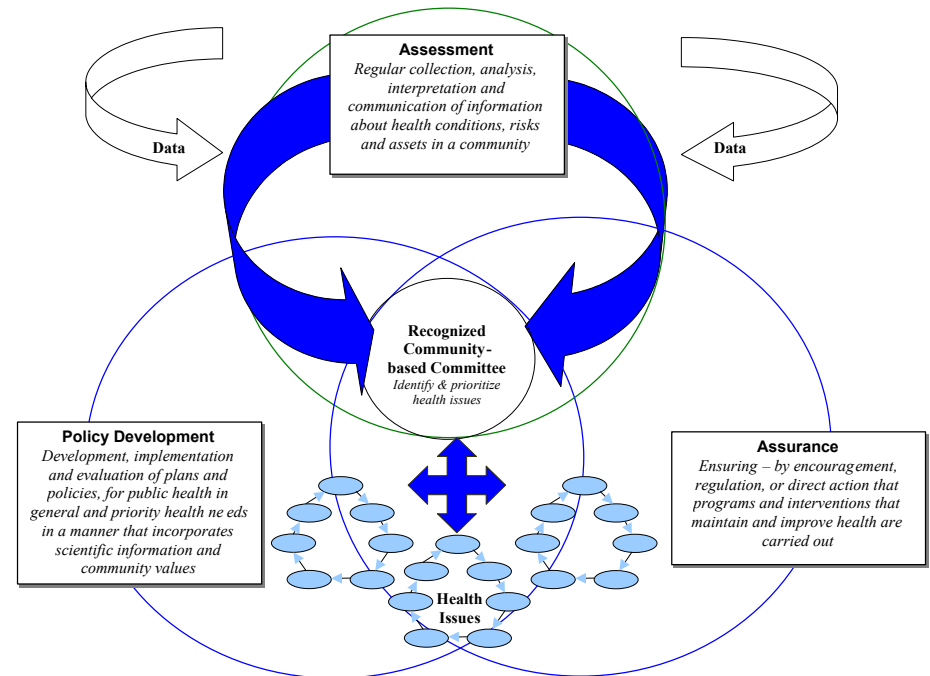
Overview

Community health assessment can be defined as an initiative “whereby a local health department and its community engage in assessing the health needs of their community and investigate adverse health effects and hazards to create a ‘snapshot’ of a community’s health” (National Association of County and City Health Officials, 2001.) In early 1994, the Michigan Department of Community Health (MDCH) and all local health agencies across the state made a joint commitment to the development of a statewide community health assessment and improvement (CHAI) approach for improving health outcomes. This common approach was designed to guide local CHAI initiatives and yet be sufficiently flexible to accommodate variation from community to community. Annually, since that time, nearly two million dollars in state funds have been made available to local health departments to facilitate health assessment and improvement efforts in their communities.

The CHAI initiatives are designed to direct local efforts toward improving a community’s health through partnerships between public and private health care systems and other members of the community. These efforts, which are supported with a combination of state and local funds, represent an investment in each county’s capacity to assess its own health status and health system, identify and prioritize health issues and resources, and develop and implement a comprehensive health improvement plan. Surveillance and health data provide a foundation for assessing the community’s health, monitoring outcomes, evaluating programs and reporting results. Of equal importance to these initiatives is the role of the community in translating health data into information and action by identifying assets and barriers, developing strategies and implementing plans.

These initiatives reflect the core functions of public health: *assessment, policy development, and assurance* as described in the Institute of Medicine’s reports (see Figure 1).

Figure 1
Core Public Health Functions and Community Health Assessment and Improvement

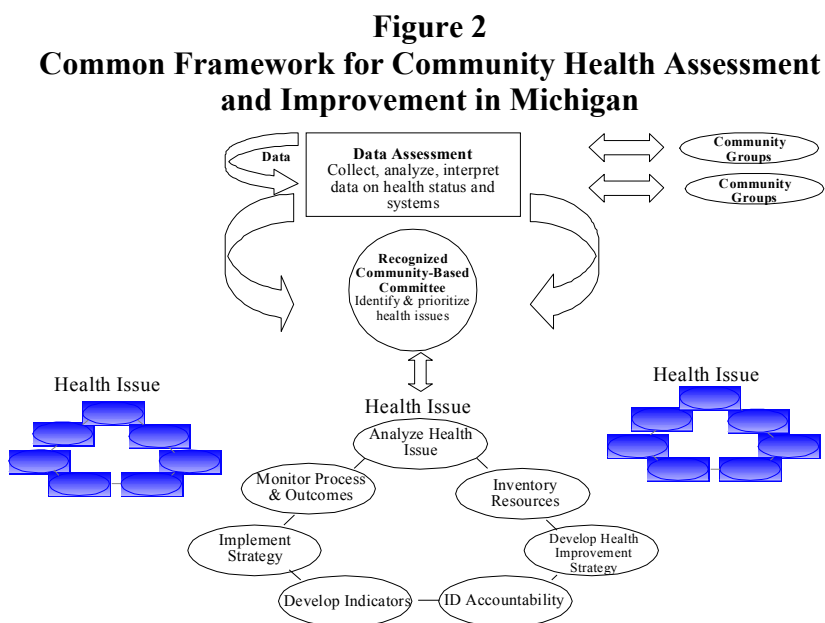


Source: Definitions from *Improving Health in the Community: A Role for Performance Measuring*, Institute of Medicine, 1997.

Through CHAI efforts, local health departments carry out their assessment function by assisting communities in analyzing the health of the community and the determinants of those identified health needs. The function of policy development is addressed as local health departments assist communities in setting priorities among health needs, identify resources in the communities, develop plans and policies to address priority

health issues, and evaluate programs in an effort to provide quality assurance. The assurance function occurs within the CHAI initiatives as the local health departments participate with the community in developing organizational structures and managing community resources to address priority health needs with local assets. This includes informing and educating the public, implementing programs, or assuring the delivery of health services. Each CHAI initiative is unique and dynamic reflecting the strengths of its community. Although no universal approach can be prescribed, most communities have benefited from a common framework from which they can identify, prioritize, analyze and address health issues (See Figure 2).

During the past years, the process has undergone an evolutionary transition that has been influenced by the changing environment. Opportunities for new partnerships have emerged as human service systems reform, Medicaid managed care and various community initiatives have taken shape. The ability for conducting detailed assessments has expanded as technology advances and the capability for data collection improves. Prioritization processes have taken into consideration both the communities' resources, as well as its barriers. Community-based health improvement plans act as blueprints for improving a community's health by directing the distribution of health services and resources. These plans identify strategies that better target at-risk populations and encourage collaboration. In addition, monitoring and evaluation efforts focus on tracking outcomes through the development of indicator sets. As a result, strong partnerships, primarily among community organizations, hospitals and health and human service organizations have been established; and every county in the state has community identified health priorities and action plans to address them.



Source: Modified from *Improving Health in the Community: A Role for Performance Measuring*, Institute of Medicine, 1997.

Overall, Michigan's community health assessment and improvement efforts are very consistent with the recommendations issued by the Institute of Medicine, *Improving Health in the Community - A Role for Performance Monitoring, 1997*, particularly in regard to the roles of state and local public health agencies. It is now an established and growing collaborative effort between state and local public health agencies, and local public and private community partners. The capacities that MDCH and the state's local public health system have developed provide a solid foundation upon which health improvement activities can be structured.

Identifying Community Priorities

Through CHAI, local efforts have identified community health priorities that not only reflect the concerns of public health agencies and health care providers but also the broader spectrum of community stakeholders, including the general public. Communities identify health priorities by using various prioritization tools and measures such as geographic and time comparisons and *Healthy People 2010* targets.

To date 416 community health priorities have been identified by the 62 locally-based initiatives. Similar health priorities have been grouped under common headings, creating a set of priority health issue areas. From this grouping, *Access to Health Care* has emerged as the most frequently reported priority health issue amongst Michigan counties by local communities. *Substance Abuse* was the second most reported priority health issue, followed by *Heart Disease and Stroke*. The following table ranks the top ten priority health issues by CHAI initiatives' frequency of identification for Michigan counties. These ranked priority health issues represent 224 of the 416 health priorities identified and at least one of these priority health issues has been chosen for all but six Michigan counties by local communities.

Although most community identified health priorities remain active for several years, each community reviews the priority list at least once during a three-year cycle. As a result, some priorities have been removed, while others have been added. The removal of a priority can signal that the outcome indicators have sufficiently improved; that community strategies have been implemented; or that conditions have changed within the community in such a way that the community has chosen to address other emerging issues.

Selected Priority Health Issue Areas in Ranked Order as Identified by Michigan Communities

Priorities	No. of Counties that Have Identified
Access to Health Care	35
Substance Abuse	33
Heart Disease and Stroke	31
Teen Pregnancy	26
Tobacco Control	20
Environmental Health	17
Data Surveillance	16
Violence Prevention	16
Access to Dental Care	15
Cancer	15

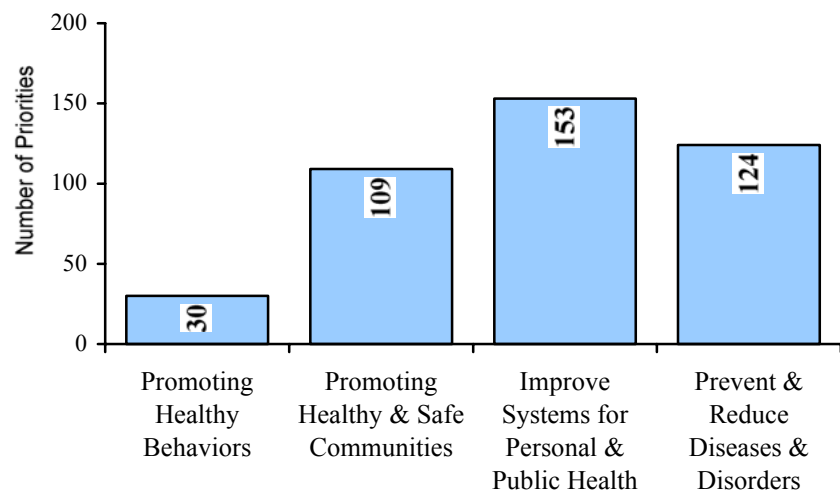
Source: Local CHAI Reports, FY 00

A detailed listing of community priorities, that more clearly demonstrates the breadth of health issues being addressed by local efforts, can be found in the *Community Priority Index* (page 142), listed in the back of the report.

While many of the priorities chosen by local communities share similarities, the strategies that communities develop to impact those priorities are unique and diverse, reflecting local norms, values and resources. Some strategies are designed to address the health priority at a county or multi-county level, while others are narrower in scope and seek to impact the priority at the city, township or neighborhood level. Strategies can range from creating community awareness about a specific issue to implementing system-wide changes that improve access to or quality of care. A listing of community strategies for each of the selected priority issues has also been included in the initiative-specific two-page summaries that follow.

To further assist Michigan in understanding CHAI accomplishments and their effect, the framework outlined in *Healthy People 2010* – a national prevention initiative that identifies opportunities to improve the health of all Americans - has been adopted, and includes: 1) Promote Healthy Behaviors, 2) Promote Healthy and Safe Communities, 3) Improve Systems for Personal and Public Health, and 4) Prevent and Reduce Disease and Disorders. Listed below is a summary of the more than 400 locally identified health priorities based on the *Healthy People 2010* framework.

Number of Community Priority Issues Reported for Michigan Counties Grouped by Healthy People 2010 Categories



Listed are examples of health priorities that are found in each category:

- *Promote Healthy Behaviors* category includes issues such as physical activity, nutrition, and tobacco use. In Michigan through the CHAI process, five counties have

reported physical activity and fitness as a community health priority; five counties have reported nutrition as a community health priority; while 20 counties have reported tobacco control as a community health priority. From these health priorities a multitude of activities have occurred, including: Family Fun and Fitness Day (see Wayne County), “Take a Pledge” Nutrition campaign, (see Oakland County), and several school-based tobacco prevention education/cessation programs (see Benzie-Leelanau and Ionia Counties for examples).

- *Promote Healthy and Safe Communities* category includes issues such as unintentional injury, oral health, violence prevention and environmental health. In Michigan through the CHAI process, ten counties have reported unintentional injury prevention as a community health priority; 15 counties have reported oral health as a community health priority; 16 counties have reported violence prevention as a community health priority; while 17 counties have reported environmental health as a community health priority. From these health priorities a multitude of activities have occurred, including: car seat assessments (see Lapeer County); multiple dental clinics that serve underserved populations (See Northwest Community Health Agency); community meetings on Youth and Violence (see Midland County); and a universal childhood lead screening program (see City of Detroit).
- *Improve Systems for Personal and Public Health* category includes issues such as health communication, maternal and child health and access to quality health services. In Michigan through the CHAI process, 13 counties have reported information and referral as a community health priority; five counties have reported infant mortality as a

community health priority; eleven counties have reported maternal and child health as a community health priority; while 35 counties have reported access to quality health services as a community health priority. From these health priorities a multitude of activities have occurred, including: a web-based information and referral system (see Branch, Hillsdale and St. Joseph Counties); “Back to Sleep” SIDS prevention program (see City of Detroit); Home Visitation Program (see Berrien County); and the development of community-based health plans for uninsured populations (see Ingham, Marquette and Muskegon Counties).

- *Prevent and Reduce Disease and Disorders* category includes issues such as various chronic diseases, immunization and infectious diseases, mental health and disorders, and substance abuse issues. In Michigan through the CHAI process, five counties have reported mental health issues as a community health priority; 16 counties have reported immunization and/or infectious diseases as a community health priority; 33 counties have reported substance abuse as a community health priority and 8 counties have reported alcohol as a health priority; while 40 counties have reported one or more chronic diseases (such as heart disease, diabetes or kidney disease) as a community health priority. From these health priorities a multitude of activities have occurred, including: an infant mental health service (see St. Joseph County); immunization information presentations (see Roscommon County); a residential adolescent treatment program (see Saginaw County); and various health fairs, screening clinics and expanded worksite wellness programs (see Kalkaska, Delta and Menominee Counties);

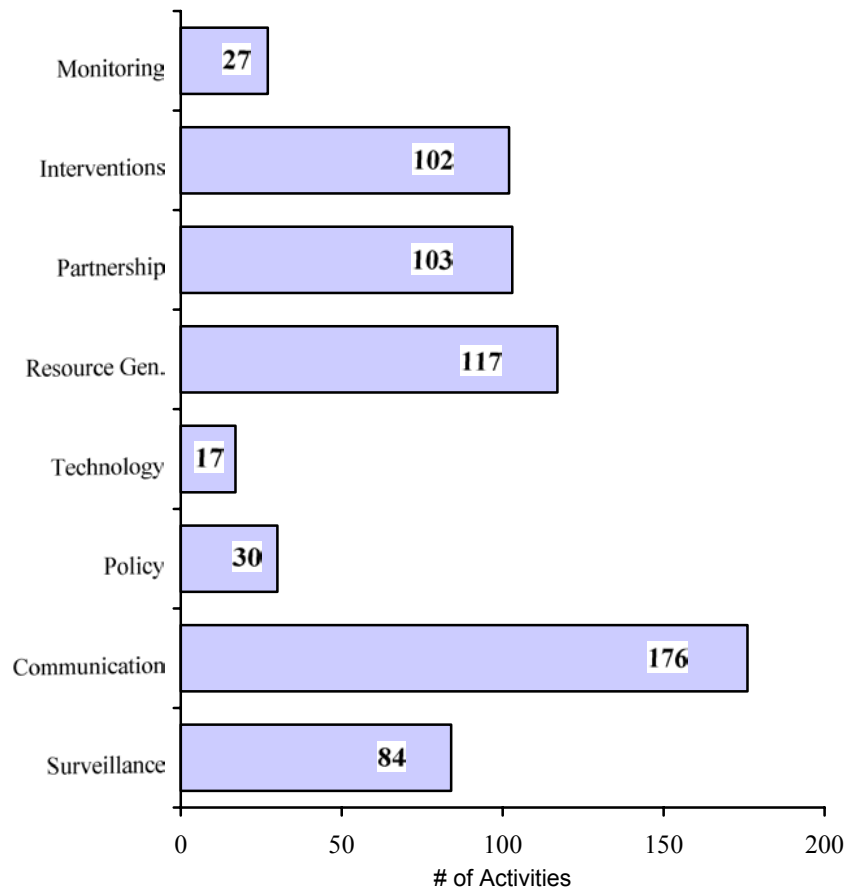
Building Community Capacity

To assist communities in their health assessment and improvement efforts, health information and health planning capacities have been strengthened through increased data provision, technical assistance and funding. Assessing these community capacities becomes crucial to understanding and communicating CHAI accomplishments, as well as for identifying areas for future guidance and training. Eight elements have been identified as essential to CHAI and can serve as a framework for studying CHAI impact statewide. These eight elements are:

1. *Data Surveillance*
2. *Communicating Health Status and Resources*
3. *Policy Recommendation/Development*
4. *Use of Technology*
5. *Resource Sharing/Funding Generation*
6. *Establishing Partnerships/Forming Linkages with Existing Initiatives*
7. *Initiative/Interventions*
8. *Monitoring Outcomes and Use of Indicator Sets*

Activities reported by each of the initiatives and featured in the *Highlights of Accomplishments in FY 2000* section has been categorized and aggregated into one of these eight elements. A summary of these locally reported findings, along with a definition and examples of activities that fit each element, follows:

**CHAI Reported Activities
by Eight Essential Elements**



Source: Local CHAI Reports, FY 00

1. Data Surveillance Activities – defined as the collection, analysis and interpretation of quantitative and qualitative data from both primary and secondary sources as it relates to the community, the sub-populations, and the local health department. *Examples of data surveillance activities include forming data review committees, hiring epidemiologists and*

statisticians, surveying the community for risk factors, conducting focus groups and performing gap analysis.

During FY 2000, 46 of the 62 initiatives reported being involved in data surveillance activities. Of these, 43% (or 20) were involved in two or more activities resulting in 84 separate and distinct data surveillance activities occurring across the state through CHAI. Surveying the community in order to better understand its risk behaviors, access to services and perceptions about needs occurred 25 times. Community input activities such as focus groups, town hall meetings, key informant interviews occurred a total of 21 times. Technical assistance related to asset and gap analyses was provided 18 times. The remaining 20 events consisted of infrastructure building activities that included the establishment of data review committees, construction of databases and recruitment of specialty staff.

2. Communicating Health Status and Resources Activities – defined as a plan or other documentation that demonstrates an ongoing effort to inform and educate the community about its health status, health system and resources. *Examples of communicating health status and resources activities include the publishing and distributing of health profiles, community health plans and special reports; the development of speakers bureaus and delivery of presentations; and various media encounters (i.e., news articles, radio interviews, letters to the editor, etc.).*

During FY 2000, 53 of 62 initiatives reported having been involved in communicating the communities’ health status and resources. From these 53 initiatives, 176 separate activities have resulted including 42 media encounters; 24 community health plans or progress updates; 22 health profiles that depict

the health of the community or a special target population; 22 newsletters to update community members about CHAI progress; 19 special analyses or white papers; and 16 presentations. The remaining 31 activities include the development and distribution of resource directories (18), handouts (10), and chart books (3).

3. Policy Recommendation/Development Activities—defined as the advocacy for, or the adoption of, actions that relate to resource allocations, program developments and regulations within the public sector as well as the private sector of the community. *Examples of policy recommendation/development activities vary and can include establishing a legislative committee, sponsoring legislative forums, proposing local ordinances, advocating for the adoption of policies within an organization or participating in a continuous quality improvement effort.*

During FY 2000, 19 of 62 initiatives reported being involved in 31 policy recommendation/development activities. Seventy percent of these activities were locally based and included presenting CHAI updates and other community information to local county commissioners or boards of health to assist them with their decision-making process. Four of the activities sought to engage the state legislature on various issues, while the remaining six activities were more internally focused and related to the organization’s continuous quality improvement and local health department accreditation efforts.

4. Use of Technology Activities – defined as the use of technological enhancements that improves the understanding or utilization of information. *Examples of technology activities include using Geographical Information Systems (GIS) to map health and socio-economic data, developing integrated*

databases to promote a seamless delivery system, and posting community health information or resources on a web site.

During FY 2000, 15 of 62 initiatives reported using technology as a means to improve access and promote community health improvement. From these 15 initiatives, 17 activities were reported. Use of the Internet was the most reported form of technology used. Thirteen of the initiatives reported developing web pages or web sites that featured health status information or promoted the use of health resources. Of the remaining four technology activities: two initiatives expanded their use of GIS; one utilized the Healthy Communities’ “Community Toolkit” software to monitor health improvement efforts; and one used satellite technology to promote participation in the National Healthy People’s 2010 conference.

5. Resource Sharing/Funding Generation Activities – defined as the use of CHAI activities to leverage both direct and in-kind resources in order to improve the assessment process and address priority health issues. *Examples of resource sharing and funding generation activities include receiving state, federal or community grants, securing cash or in-kind donations, or administering local grant programs to assist other organizations in completing assessment activities.*

During FY 2000, 32 of 45 health jurisdictions reported playing a key role in their community’s resource sharing and funding generation activities. Of the 117 activities reported, nearly 90% of these activities involved providing technical support in the form of data assistance, program planning and collaboration for successful grant-writing endeavors. Of the 104 grants reported, 51 were sponsored by foundations or other locally based organizations. Forty-one were state awards, while 12 represented federal awards. In total, CHAI efforts

have been connected to more than \$15 million dollars in grants, awards, donations and in-kind support in FY 2000. Both the size of the awards and the projects associated with these awards vary greatly. Awards cited range from \$300 for a sexual assault campaign to \$1.9 million for an early child development program.

6. Establishing Partnerships/Forming Linkages with Existing Initiatives Activities – defined as the formation, maintenance, or expansion of cooperative/collaborative relationships in order to more effectively assess the community's health and address community health issues. *Examples of partnership and linkage activities include the establishment of formal committees with well developed reporting relationships and by-laws; the formation of cause specific task forces, coalitions and advisory groups; and the development of more informal liaison relationships that work together for a specific purpose or project as needed.*

During FY 2000, 38 of 62 CHAI initiatives reported forging 103 different relationships in order to address their community health issues. From these relationships, the formation of informal networks was most often reported, representing 54 of the total partnerships cited. More formalized standing committees, with their identified purpose, duties and reporting structures, accounted for 28 of the total partnerships/linkages formed. Newly formed task forces, coalitions, and advisory groups constituted the remaining 21.

7. Initiative/Interventions Activities – defined as the improvements made to the service delivery system through the development of new programs/services or the modification of existing programs/services in order to more effectively address community health issues. *Examples of initiatives and*

interventions include: awareness activities, such as health fairs, conferences, and school and community-based classes; direct service provision activities, such as clinics, screening programs, home visitation programs, counseling and mentoring programs; and support services, such as case management, non-emergency transportation, and outreach activities.

During FY 2000, 45 of 62 CHAI initiatives reported involvement in the implementation of 102 programs and services within their community. Of these 102 projects, 30 of the projects were designed to improve training opportunities through one-time workshops and conferences within the community. Twenty-two focused on creating community awareness about a particular issue such as domestic violence or teen pregnancy. Thirteen sought to improve access to medical care by developing or expanding clinic or health services. Nine focused on providing multiple session instruction at schools and other community locations. The remaining 28 consisted of seven health fairs, six screening or special immunization clinics, four projects that involved mentoring, counseling or home visitation, three school-based exercise programs, and five projects designed to improve community outreach.

8. Monitoring Outcomes and Use of Indicator Sets Activities – defined as the use of community change statements that are linked to specific measures of improvement; observed and reported upon over time. *Examples of monitoring activities include issuing report cards and conducting process, output and outcome evaluation studies.*

During FY 2000, 10 of 62 CHAI initiatives reported actively monitoring their community's health status or being engaged in

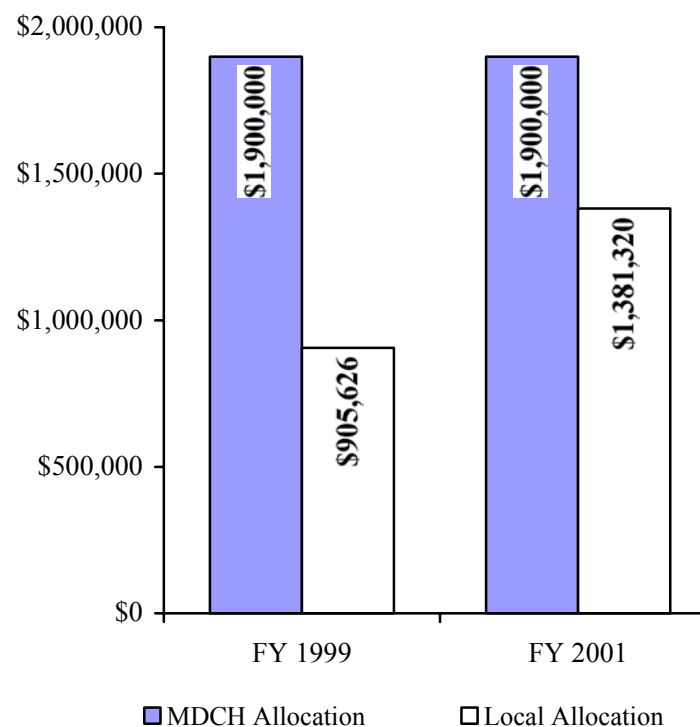
a formal evaluation process. The overwhelming majority of these activities (22 or 81%) involved issuing report cards that were used to inform the community about health improvement progress. The remaining five activities involved identifying indicator sets to be used in monitoring or performing program evaluation studies.

Funding and Expenditures

Local community health assessment and improvement efforts have been funded in part through the *Healthy Michigan Fund*. The Michigan Department of Community Health distributes approximately \$1.9 million dollars annually from the fund to local health departments in support of these efforts. Many local health departments also contribute funds to support the CHAI infrastructure. During FY 2001, local communities contributed almost \$1.4 million dollars for CHAI staffing and activities, representing a \$0.72 investment from local communities for every state dollar appropriated. Additionally, CHAI local dollars have increased by 52% from FY 1999. As local contributions continue to rise in support of these efforts, local staffing has also increased from 36 full time employees in FY 1999 to 40 employees in FY 2001. Local staff members vary from epidemiologists to health educators. This diverse level of expertise provides ample opportunities for sharing unique insights into how a community may approach improving health. More importantly is the benefit communities have derived from their improved capacities to use and interpret health data in a more meaningful manner. During FY 2000, local community CHAI efforts were connected to more than \$15 million in grants and other revenue generating efforts that were specifically designed to fund local health improvement activities. Equally important to the

process are the hundreds and thousands of dollars of in-kind donations in the form of manpower, supplies, materials and equipment. State funds serve as a stimulus for ongoing partnerships between local agencies and concerned citizens who contribute their time, energy, and resources to improving their community's health.

**CHAI Funding Allocation
FY 1999 and FY 2001**



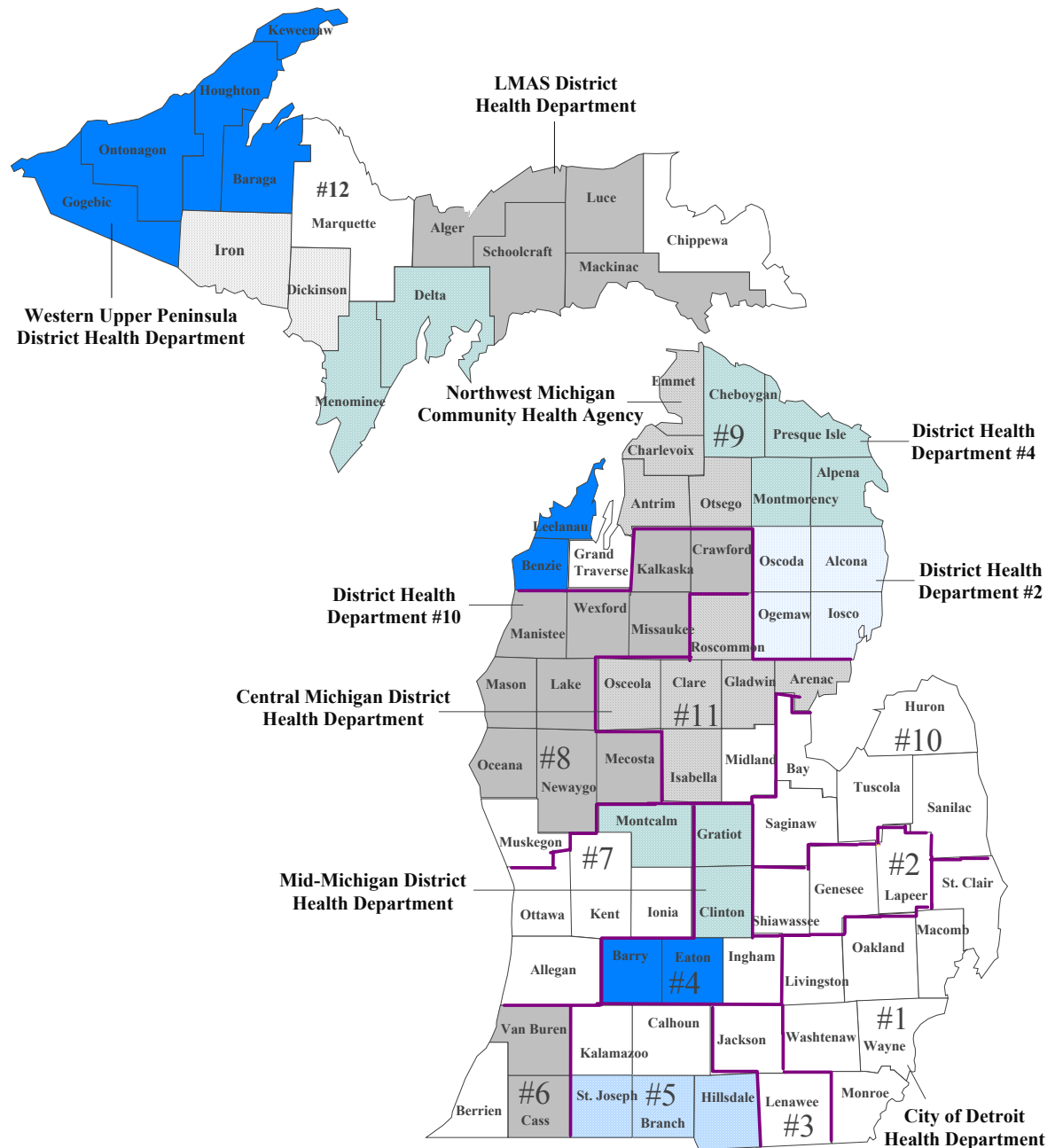
Source: CPBC, MDCH.

Regional Map

Community Health Assessment and Improvement (CHAI) in Michigan

Overview

- 12 CHAI regions
- 45 local public health jurisdictions
- 83 counties
- 62 community initiatives



Regional Overview

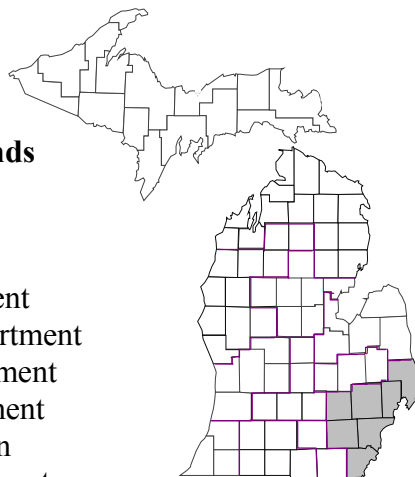
Region 1

**Regional Year 2000
Population:** 4,833,493

**Regional FY 2000 MDCH Funds
Appropriated:** \$483,943

Local Public Health Agencies:

City of Detroit Health Department
Livingston County Health Department
Macomb County Health Department
Monroe County Health Department
Oakland County Health Division
St. Clair County Health Department
Washtenaw County Health Department
Wayne County Health Department



Regional Priority Profile:

- * Access to health care
- * Adult literacy
- * Advance directives
- * Bike and skate safety
- * Cancer
- * Cardiovascular disease
- * Community health profile
- * Diabetes
- * Fitness and exercise
- * Healthy workforce
- * Heart disease
- * HIV/AIDS
- * Immunizations
- * Infant mortality
- * Lead poisoning
- * Multi-cultural communities
- * Nutrition
- * Oral health
- * Quality ground water
- * Radon
- * Safe communities
- * Seat belt usage
- * Substance abuse
- * Youth assets

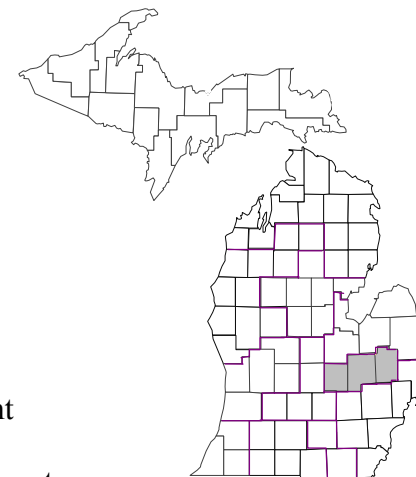
Region 2

**Regional Year 2000
Population:** 595,732

**Regional FY 2000 MDCH Funds
Appropriated:** \$99,516

Local Public Health Agencies:

Genesee County Health Department
Lapeer County Health Department
Shiawassee County Health Department



Regional Priority Profile:

- * Access to health care
- * Cancer
- * Chronic diseases
- * Communicable diseases
- * Domestic violence
- * Emergency medical services
- * Environmental safety
- * Heart disease
- * High-risk children
- * Infant mortality
- * Injury related deaths
- * Motor vehicle crashes
- * Senior issues
- * Teen pregnancy

Region 3

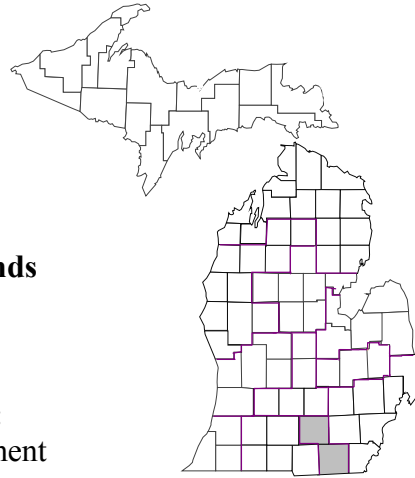
**Regional Year 2000
Population:** 257,312

**Regional FY 2000 MDCH Funds
Appropriated:** \$56,624

Local Public Health Agencies:
Jackson County Health Department
Lenawee County Health Department

Regional Priority Profile:

- * Access to health care
- * Cardiopulmonary disease
- * Cardiovascular disease
- * Immunizations
- * Maternal and infant health
- * Quality of life
- * Sustaining the health improvement project
- * Teen pregnancy



Region 4

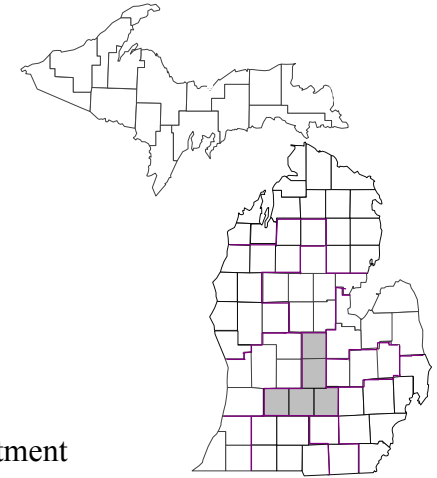
**Regional Year 2000
Population:** 546,768

**Regional FY 2000 MDCH Funds
Appropriated:** \$122,035

Local Public Health Agencies:
Barry-Eaton District Health Department
Ingham County Health Department
Mid-Michigan District Health Department (Clinton & Gratiot)

Regional Priority Profile:

- * Access to community services
- * Access to quality health care
- * Community awareness
- * Community safety
- * Diabetes
- * Disseminating health information
- * Environmental health
- * Infant mortality
- * Ischemic heart disease
- * Nutrition
- * Oral health
- * Physical activity
- * Health disparities
- * Substance abuse
- * Teen pregnancy
- * Tobacco
- * Violence
- * Youth development



Region 5

**Regional Year 2000
Population:** 531,324

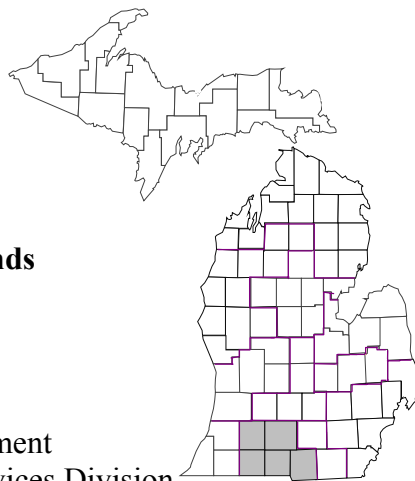
**Regional FY 2000 MDCH Funds
Appropriated:** \$121,473

Local Public Health Agencies:

Calhoun County Health Department
Kalamazoo County Human Services Division
Branch-Hillsdale-St. Joseph Community Health Agency

Regional Priority Profile:

- * Access to community services
- * Access to safe, affordable housing
- * Assets and needs mapping
- * Dependent care
- * Family self-sufficiency
- * Immunizations
- * Infant mortality
- * Minority health
- * Outcome oriented information system
- * Prepared for adult life
- * Ready for school
- * Succeed in school
- * Success by Six
- * Teen pregnancy



Region 6

**Regional Year 2000
Population:** 289,820

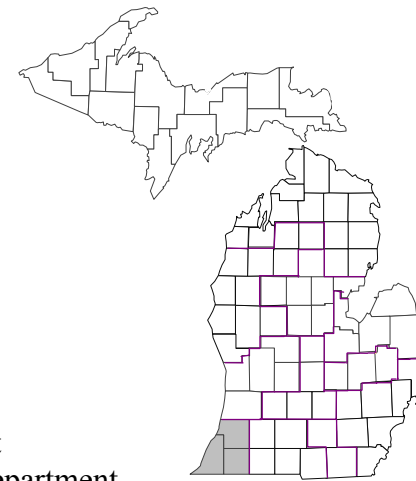
**Regional FY 2000 MDCH Funds
Appropriated:** \$71,342

Local Public Health Agencies:

Berrien County Health Department
Van Buren-Cass District Health Department

Regional Priority Profile:

- * Access to health care
- * Aging
- * Cancer
- * Cardiovascular disease
- * Data surveillance
- * Heart disease
- * Infant mortality
- * Low birth weight
- * Prenatal care
- * Stroke
- * Substance abuse
- * Teen pregnancy



Region 7

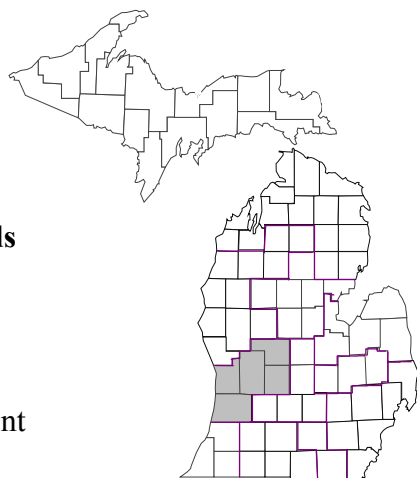
**Regional Year 2000
Population:** 1,041,098

**Regional FY 2000 MDCH Funds
Appropriated:** \$163,651

Local Public Health Agencies:
Allegan County Health Department
Ionia County Health Department
Kent County Health Department
Mid-Michigan District Health Department (Montcalm)
Ottawa County Health Department

Regional Priority Profile:

- * Access to health care
- * Access to dental care
- * Alcohol abuse
- * Cancer
- * Chronic diseases
- * Diabetes
- * Diet
- * Dysfunctional families
- * Exercise
- * Healthy families
- * HIV/AIDS
- * Infant health
- * Mental health
- * Motor vehicle deaths
- * Newborn complications
- * Racial health disparities
- * Sexually transmitted diseases
- * Substance abuse
- * Teen pregnancy
- * Tobacco
- * Violence
- * Water quality



Region 8

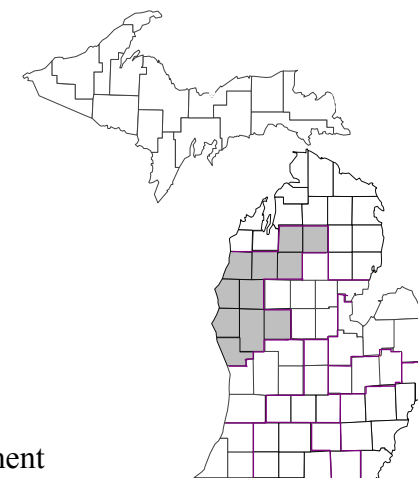
**Regional Year 2000
Population:** 425,440

**Regional FY 2000 MDCH Funds
Appropriated:** \$165,235

Local Public Health Agencies:
District Health Department #10
Muskegon County Health Department

Regional Priority Profile:

- * Access to dental care
- * Access to health care
- * Cancer
- * Cardiovascular disease
- * Chronic disease management
- * Diabetes
- * Heart disease
- * Immunizations
- * Kidney disease
- * Mammography
- * Minority health
- * Monitor health status
- * Parenting
- * Quality of life
- * Smoking cessation
- * Substance abuse
- * Tobacco
- * Violence
- * Youth self-esteem



Region 9

**Regional Year 2000
Population:** 371,318

**Regional FY 2000 MDCH Funds
Appropriated:** \$197,414

Local Public Health Agencies:

Benzie-Leelanau District Health Department
District Health Department #2
District Health Department #4
Northwest Michigan Community Health Agency
Grand Traverse County Health Department

Regional Priority Profile:

- * Access to health care
- * Alcohol abuse
- * Asset mapping
- * Character education
- * Child rearing
- * Community resources
- * Data collection
- * Elder needs and care
- * Environmental health
- * Family empowerment
- * Health education
- * Maternal and child health
- * Mental health
- * Risk reduction
- * Sense of community
- * Service coordination
- * Substance abuse
- * Teen pregnancy
- * Tobacco
- * Wellness and prevention
- * Youth education



Region 10

**Regional Year 2000
Population:** 459,088

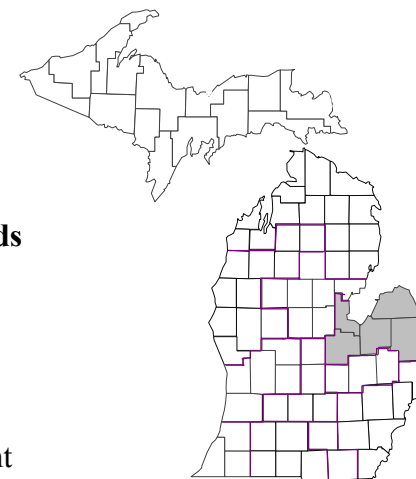
**Regional FY 2000 MDCH Funds
Appropriated:** \$113,069

Local Public Health Agencies:

Bay County Health Department
Huron County Health Department
Saginaw County Health Department
Sanilac County Health Department
Tuscola County Health Department

Regional Priority Profile:

- * Access to health care
- * Access to dental care
- * Child abuse and neglect
- * Child and adolescent deaths
- * Chronic diseases
- * Crime
- * Domestic violence
- * School truancy
- * Economics
- * Healthy lifestyles
- * Immunizations
- * Infant mortality
- * Infectious diseases
- * Injuries
- * Low weight births
- * Maternal health
- * Motor vehicle fatalities
- * Smoking
- * Substance abuse
- * Suicides
- * Teen pregnancy

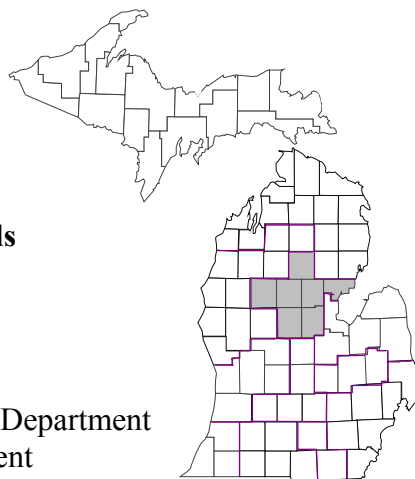


Region 11

**Regional Year 2000
Population:** 269,435

**Regional FY 2000 MDCH Funds
Appropriated:** \$104,158

Local Public Health Agencies:
Central Michigan District Health Department
Midland County Health Department



Regional Priority Profile:

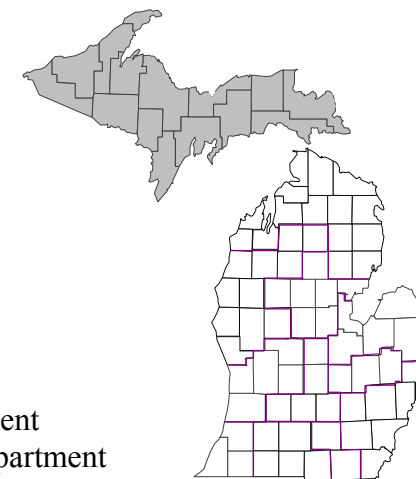
- * Access to medical care
- * Access to dental care
- * Activities for youth
- * Cardiovascular disease
- * Child abuse and neglect
- * Child and teen problems
- * Community resources
- * Data surveillance
- * Domestic violence
- * Economic development
- * Education
- * Heart disease
- * Housing
- * Immunizations
- * Infant and child development
- * Infant and child safety
- * Information and referral
- * Jobs
- * Lead poisoning
- * Leadership
- * Outcome measures
- * Sexual assault
- * Teen pregnancy
- * Youth & gang violence
- * Youth assets

Region 12

**Regional Year 2000
Population:** 317,616

**Regional FY 2000 MDCH Funds
Appropriated:** \$201,540

Local Public Health Agencies:
Chippewa County Health Department
Dickinson-Iron District Health Department
LMAS District Health Department
Marquette County Health Department
Public Health Delta-Menominee Counties
Western Upper Peninsula Health Department



Regional Priority Profile:

- * Access to health care
- * Cancer
- * Cardiovascular diseases
- * Child abuse and neglect
- * Dental care
- * Early child health improvement
- * Emergency medical services
- * Fetal alcohol syndrome
- * Head lice
- * Hepatitis B immunizations
- * Parent-infant attachment
- * Physical well-being
- * Positive parenting
- * Safe drinking water
- * Safe food supply
- * Substance abuse
- * Suicide
- * Teen pregnancy
- * Tobacco
- * Violence
- * Water quality
- * Youth assets
- * Youth violence