

# 2015

Ottawa County Community Health

## Improvement Plan



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# Executive Summary

According to the Robert Wood Johnson Foundation County Health Rankings (CHR), in 2015 Ottawa County ranked as the healthiest county in Michigan. While this recognition is an honor, there are still concerning health issues to be addressed, which are detailed in this **Community Health Improvement Plan (CHIP)**.

The Patient Protection and Affordable Care Act requires nonprofit hospitals to conduct a **Community Health Needs Assessment (CHNA)** every 3 years in order to remain as a Charitable 501(c)3 Hospital. In addition, they must adopt an implementation strategy to meet the community's health needs identified by the CHNA. The law also states the assessment must include input from individuals who represent the interests of the community (e.g., health and human service representatives, health care professionals and community members).

The 2015 Ottawa County CHNA consisted of survey data from adult residents (including under-served populations) and key informants; in addition to interviews with key stakeholders. A steering committee provided guidance to VIP Research and Evaluation when developing the CHNA. Members of the steering committee include representatives from:

- Greater Ottawa County United Way
- Holland Hospital
- North Ottawa Community Hospital
- Ottawa County Community Mental Health
- Ottawa County Department of Public Health
- Spectrum Health Zeeland Community Hospital

The assessment provides information on the county's health strengths and opportunities for improvement. The research indicates the most prevalent health issues are **access to health care, mental health and healthy behaviors**.

- 4 in 10 low income households are not confident navigating the health care system
- 1 in 4 adults, 18-24 years of age, experience mild to severe psychological distress
- 6 in 10 adults are overweight (35.3%) or obese (23.9%)
- 7 in 10 adults consume less than 5 fruits and vegetables per day

As a result of the assessment, an Ottawa County CHIP was initiated by the partners of the CHNA and community members. The process was facilitated by the executive director of Community SPOKE; an organization created to enhance the quality of life for all Ottawa County residents through a strategic, coordinated and systemic response to human services needs. Participants invested 10 weeks focused on one of the priority areas (access to health care, mental health or healthy behaviors). They served in collaborative work groups and identified feasible strategies that may impact their areas of influence.

Work group members suggested new strategies for change in Ottawa County. They also recognized some of the best strategies were already in place or being developed by other organizations and initiatives. The work groups focused on where they may leverage existing efforts to avoid duplication and obtain better outcomes. However, given the magnitude and complexity of the three priority health areas, it is anticipated they will remain a primary focus in the 2018 Ottawa County CHNA and beyond. Creating a plan to improve people's health can only be done with community members engaging to help carry out the objectives to form a healthier county.



“We want to **maximize resources & reduce duplication**, which leads us to look at measures and find out where we can have the **GREATEST IMPACT** with our giving dollars.”

*Employee Giving board member  
Doug Bazuin, with Herman Miller Cares*

## Take action today!

To participate in the Community Health Improvement Plan implementation, contact:

Ottawa County  
Department of Public Health  
Public Health Administration  
(616) 393-5775

# Process

## August 2014 - March 2015

### Collected CHNA Data

- primary data
- secondary data  
(see table to the right)

## April 2015 - May 2015

### Identified 3 Priority Areas

- appeared as prevalent issues in multiple data sources
- compared to state and national data
- selected 3 priority areas
  - access to health care
  - mental health
  - healthy behaviors
- created CHNA report

## May 27, 2015

### Presented CHNA Results

- key findings summary
- strengths and concerns
- past 3 years improvement or decline
- areas of opportunity
- recommended strategies

### Engaged the Community

- discussed priorities
- analyzed with health professionals and interested community members
- formed 3 priority area work groups

## May 27, 2015 - August 5, 2015

### Developed the CHIP

- 5 planning sessions
- in-depth evaluation
- thorough analysis
- customized plans
  - SWOT analysis  
*strengths, weaknesses, opportunities, threats*
  - mapped current environment  
*resources, service gaps, individual experiences*
  - formed concepts and ideas
  - developed framework for success
  - established community goals & objectives
  - prioritized strategies
  - recommended action steps for change

## August 2015 - October 2015

### Finalized the CHIP Document

## August 2015 - December 2015

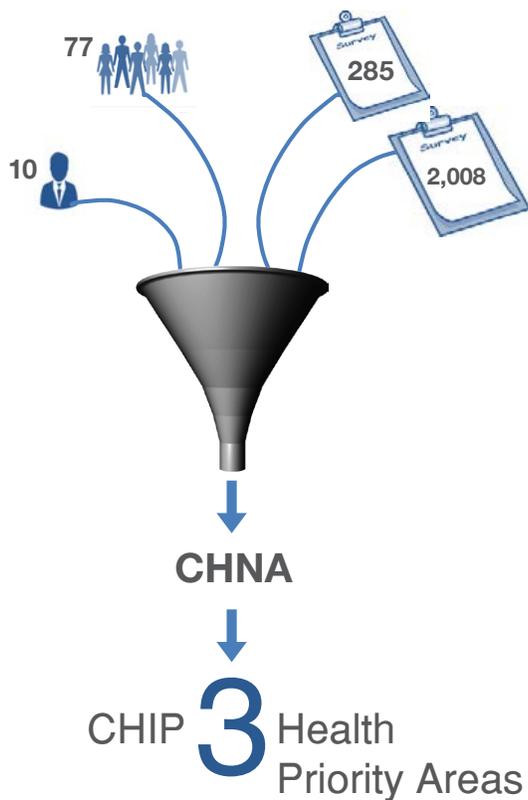
### Developed Implementation Plans

## January 2016

### Implement CHIP and review its progress every 6 months

Primary Data Source	Data Collection Methodology	Target Audience	Number Completed
Key Stakeholders	In-depth Telephone Interviews	Hospital Directors, Clinic Executive Directors	 10
Key Informants	Online Survey	Physicians, Nurses, Dentists, Pharmacists, Social Workers	 77
Community Residents (Underserved)	Self-administered Survey (Paper)	Vulnerable and underserved sub-populations	 285
Community Residents	Telephone Survey (BRFS)	Adults (18 years of age and older)	 2,008
Secondary Data Sources			
County Health Rankings		Michigan Vital Statistics	
Community Health Status Indicators		CDC Behavioral Risk Factor Survey (BRFS)	
Ottawa County Youth Assessment Survey		Ottawa County Hospitals	
Ottawa County Free Clinics		CDC Youth Risk Behavior Survey (YRBS)	
U.S. Census Bureau		Kid's Count USA	
<a href="http://www.miOttawa.org/2015CHNA">CHNA Summary www.miOttawa.org/2015CHNA</a> <a href="http://www.miOttawa.org/2015CHNAreport">CHNA Full Report www.miOttawa.org/2015CHNAreport</a>			

# Key Findings



## Access to Health Care

- 1 in 10 adults do not have health insurance
- 11.4% of the general population do not have a primary care physician (33% among under-served populations)
- Key stakeholders identified the top health need is care coordination and patient centered care
- Key informants reported a barrier to improving health is the lack affordable health care (especially among under-served populations)

“The needs assessment and improvement planning enabled us to better understand how several aspects of people’s lives; household income, educational attainment, ethnicity and socioeconomic status, are **connected to their health**.

The community must work together and address these contributing factors for healthier outcomes, **TO TRULY MAKE A DIFFERENCE.**”

*Executive Director Patrick Cisler,  
Community SPOKE & Lakeshore Nonprofit Alliance*

## Mental Health

- Key informants reported the greatest lack in health care programs and services is in mental health treatment for uninsured and under-insured adults
- 1 in 4 youths reported depression
- Within the last 2 years, there was a 50% increase in youth reporting one or more suicide attempts and a 20% increase in youth reporting contemplating suicide
- Higher rate of mild to severe psychological distress among young adults 18-34 years of age (25.7%), the Hispanic population (27.6%) and low income households (32.2%)
- Key informants reported mental health conditions (anxiety and depression) and treatment access are the most pressing health issues
- Only 23.1% of individuals with mild to moderate psychological distress receive mental health treatment
- Only 38.9% of individuals with severe psychological distress receive mental health treatment

## Healthy Behaviors

- Key informants reported obesity as the 4<sup>th</sup> most pressing health issue
- 6 in 10 adults are overweight (35.3%) or obese (23.9%)
- 7 in 10 adults consume fruits and vegetables less than 5 times per day
- 20.5% of adults reported they do not include physical activity during their leisure time

# Community Goals

The CHIP was developed first to prioritize the greatest health needs in Ottawa County. Second, it identifies what changes are desired and the means by which members of the community will have the greatest influence. The following goals have been identified by the CHIP work groups, who collaborated to create strategies for each of the three priority health areas.

- Access to Health Care** Increase access to a patient centered and community integrated system of care.
- Mental Health** Increase recognition and treatment of mental health conditions.
- Healthy Behaviors** Promote consistent healthy behavior messages and decrease barriers to healthy living.

## Call to Action

A diverse group of committed people representing the three hospitals in Ottawa County, health and human service agencies and community members:

- identified three priority health areas;
- set specific community goals and objectives in each area;
- and recommended obtainable and sustainable strategies.

While the CHIP was created by the community to serve as a road map, an array of complex and multi-faceted health and human services make it challenging to improve people's health. Therefore, to successfully implement the recommended strategies and make improvements, commitment is needed from even more community members, organizations and diverse populations. The CHIP was designed to engage various interest groups and to be carried out by:

- **hospitals** - primary organizations to develop and implement the plan for collective action,
- **public health and mental health** - also primary organizations to develop and implement the plan for collective action,
- **nonprofit and faith community** - organizations to use the plan as a basis to design health programs,
- **community members** - to better understand the greatest health areas and be involved in solutions,
- **funders** - to use the plan as a reference for decision-making related to health,
- **businesses** - to use the plan as a reference for designing employee focused solutions and lowering insurance costs.



## Access to HEALTH CARE



### Background

Within the last three years, the Affordable Care Act and the Healthy Michigan Plan helped provide more Ottawa County adult residents (3.3% increase) with health care insurance. However, the county still has numerous uninsured adults (9.3%), according to the 2014 Ottawa County Behavioral Risk Factor Survey (BRFS). In addition, an increase in health care coverage does not necessarily equate to an increase in health care access. Limited access may impact the health of adults and children, especially under-served populations.

The CHNA secondary data reported a shortage of Primary Care Physicians (PCPs) in Ottawa County (57.1 per 100,000 population) compared to the state (78.5 per 100,000 population). Survey respondents, including health care professionals, indicated access may be out of reach due to:

- a lack of available Primary Care Physicians;
- a lack of affordable health care and an increase of out-of-pocket expenses;
- a limited number of PCPs accepting Medicaid or offering a sliding fee scale;
- and a lack of health care services that support the work of PCPs (e.g., mental health, substance abuse, vision, prescriptions and dental health).

Key informants reported mental health issues, including illness and access to treatment, as the most pressing health need and affordable health care as the second. In addition, survey respondents from under-served populations also stated affordable health care is the greatest barrier to improve their health. When the cost of health care is too high, people forgo necessary treatment and services, rely too heavily on free to low cost community clinics or misuse emergency departments. As a result of untreated conditions, serious health complications may occur.

Access to health care was the most complex health priority area to delineate. Members of this work group defined access and identified which factors contributed to proper access to health care. They also determined by improving the top three items listed below will have the greatest impact and influence.

- 1. Affordable health care**
- 2. Health care system navigation**
- 3. Patient centered care**  
*(emphasis on social determinants of health)*
4. Health insurance access
5. Primary care physician availability
6. Health care specialist access
7. Dental health care access

**ACCESS** **2<sup>nd</sup>**  
to dental health  
services is the  
most pressing health need,  
*according to the under-served resident survey.*

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**50%** or more of adults  
without a high school degree  
**did not visit a dentist**  
within the last 12 months.

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*Untreated dental conditions may  
lead to other health complications.*

## Priority Goal

**Increase access to a patient centered and community integrated system of care.**



### Objectives

1. Increase the amount of adults who are confident navigating the health care system.
2. Increase the amount of adults who report their general health is better than fair or poor.

### Strategies

1. Implement community health worker model.
2. Increase care coordination.
3. Increase health literacy.

### CHIP Participating Organizations

- City on a Hill Health Clinic
- Commons of Evergreen
- MI Department of Health & Human Services
- Disability Network Lakeshore
- Greater Ottawa County United Way
- Holland Free Health Clinic
- Holland Hospital
- Holland Physician Hospital Organization
- Love Inc. of Tri-Cities
- North Ottawa Community Hospital
- Ottawa County Department of Public Health
- Senior Resources
- Spectrum Health Zeeland Community Hospital
- Watershed Strategies

## Strategy 1 Implement Community Health Worker Model

**Community health workers (CHWs) are trusted by the community and understand its health needs.**

According to the American Public Health Association, CHWs seek to promote the community's voice within the health care system. Their trusting relationships enable them to serve as a link between health and social services and the community. CHWs usually share ethnicity, language, socioeconomic status and life experiences and generally live in the communities where they work.

### Community health workers:

- offer translation services,
- share culturally appropriate health information,
- assist with access to health care,
- give informal counseling on healthy behaviors,
- advocate for individual and community health needs,
- and provide some direct services.

## Strategy 2 Increase Care Coordination Use

**Care coordination is deliberate organization by providers to share information and expectations** about patient care; leading to informed and connected patients. As a result, unnecessary duplication of health care services and fragmented care are reduced. Ottawa County has numerous organizations that provide effective care coordination from hospitals, public health and mental health departments, nonprofit and faith community organizations, community members, funders and businesses.

### Patient centered care

According to The Institute of Medicine, patient centered care considers a patient's cultural traditions, personal preferences, values, family situations, social circumstances and lifestyles.

**Whole-person care**  
**Coordination and communication**  
**Patient support and empowerment**

Research indicates care coordination is effective and improves health outcomes. However, with the complex health care system and limited funding, care coordination is not available to everyone. According to the Association of State and Territorial Health Officials, transformation of the current health care system is critical to address the inefficiencies of the current system and the associated costs.

The access to health care work group stated that to improve health outcomes community members and organizations must consistently implement care coordination and ensure everyone is connected to a patient centered medical home.

### Care coordination strategies

1. Create better coordination of current care coordinator services.
2. Increase communication methods between health care providers and care coordinators, to ensure appropriate exchange of information and coordination.
3. Create a care coordination directory, including available community resources and agencies.

## Strategy 3 Increase Health Literacy

According to the Institute of Medicine (*Health Literacy: A Prescription to End Confusion*), health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. To achieve desired health outcomes, people must understand human body functions, insurance and payment information, disease processes, self-care, medication instructions and health care system navigation. Health care providers and patients need to understand the same medical language to receive proper health services and treatment.

**Health education, leading to healthy behaviors, must begin at an early age.** In Ottawa County, health education has been reduced to allow more time for other curriculum demands and only two school districts have a nurse on premise. The National Association of School Nursing states school nurses serve a pivotal role to provide expertise and oversight of school health services and promotion of health education. They facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and serve as a liaison between school personnel, family, community and health care providers to advocate for health care and a healthy school environment.

### Other identified strategies to increase health literacy:

1. Develop educational materials at age appropriate learning levels.
2. Make materials available in multiple languages.
3. Design standard educational resources.
4. Provide consistent communication methods about specific health topics.

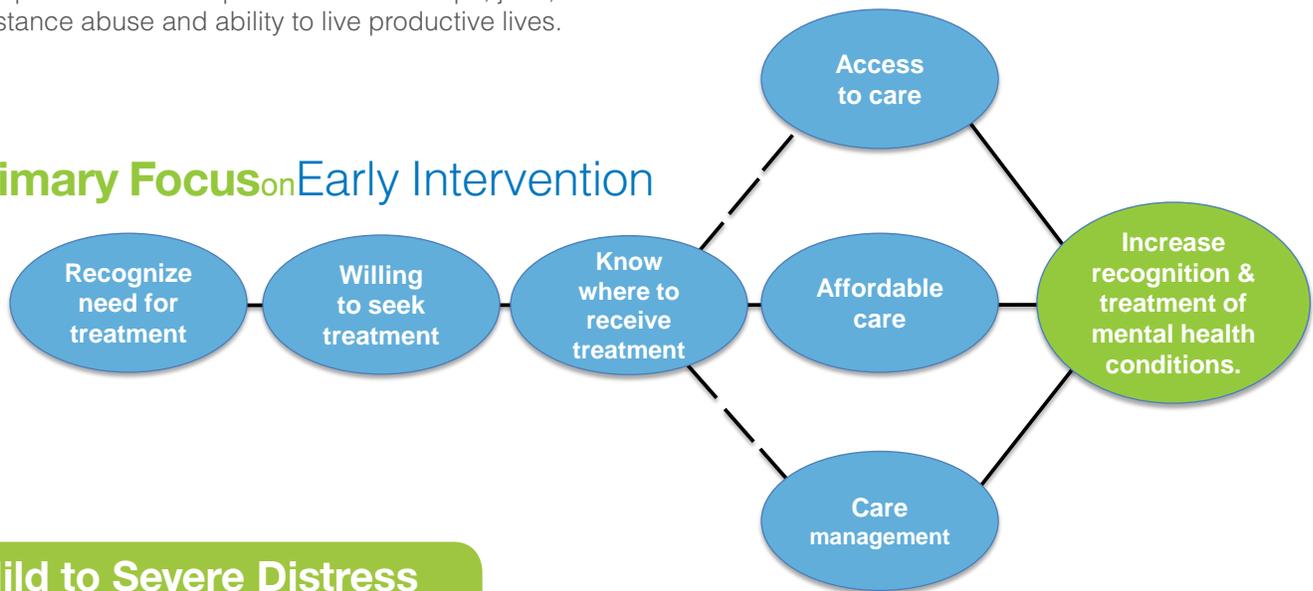
## Mental HEALTH

### Background

Ottawa County's mental health concerns are a component of access to health care. In 2015, the Community Mental Health Department (CMH) had a 52% reduction in General Fund dollars from its \$38 million budget. As a result, 35 employees were laid off and available treatment services and programs became limited. In addition, \$6.8 million more will be cut within the next four years. Reducing mental health funding hinders people, with mental health conditions, from receiving proper treatment and medications. This may have an impact on their interpersonal relationships, jobs, likelihood for substance abuse and ability to live productive lives.



### Primary Focus on Early Intervention



### Mild to Severe Distress

**16.4% Ottawa County adults have mild to severe psychological distress**

High risk adult populations

- 27.2% - Hispanics
- 25.7% - 18-34 years of age
- 32.2% - < High school degree
- 32.2% - < \$20K household income
- 39.2% - Non-White/Non-Hispanics

8.6% experience frequent mental distress or poor mental health  
*(less than the state's adult population at 12.9%)*

### Treated Conditions

**Ottawa County adults who receive treatment or take medication**

- 23.1% - mild to moderate psychological distress
- 38.9% - severe psychological distress
- 30.1% - poor mental health

### Untreated Conditions

**People with untreated mental health conditions are at high risk for:**

- Suicide
- School failure
- Alcohol or drug abuse
- Violence or self-destructive behavior

*According to the federal Healthy People 2020 initiative.*

## Priority Goal

### Increase recognition and treatment of mental health conditions.

#### Objective

More people will seek and receive appropriate mental health treatment.

#### Strategies

1. Partner and promote the *be nice.* campaign.
2. Train primary point of contact people in mental health.
3. Develop and distribute treatment resource materials.
4. Improve and promote existing resources.

#### CHIP Participating Organizations

- Bethany Christian Services
- Elhart Automotive Campus
- Greater Ottawa County United Way
- Heritage Homes
- Holland Hospital
- Holland Free Health Clinic
- Holland Physician Hospital Organization
- Holland Rescue Mission
- Midtown Counseling
- North Ottawa Community Hospital
- Ottawa County Community Mental Health
- Ottawa County Sheriff's Department
- Pathways, MI
- Peace at Home Givers
- Priority Health
- Spectrum Health Zeeland Community Hospital
- TCM Counseling

## ANXIETY

Mental health conditions and *ACCESS TO TREATMENT* are the **most pressing** health needs in Ottawa County, according to **25.7%** key informants surveyed.

depression



## Strategy 1 Partner and Promote the *be nice.* Campaign

During the summer of 2015, Jeff Elhart (owner of Elhart Automotive Campus) and the Michigan Health Foundation of West Michigan partnered to raise awareness about depression and suicide. They hosted community showings of the movie *Hope Bridge - Where there is hope, there is life* and distributed *be nice.* awareness materials. The events successfully engaged community members and opened conversations concerning mental health. As a result, the CHIP mental health work group decided to continue to promote the *be nice.* campaign and agreed to offer their agencies' services at future showings.



### Bullying

#### Bullied on School Property

- **20.9%** Ottawa County 10<sup>th</sup> graders
- **27.9%** Michigan 10<sup>th</sup> graders
- **22.2%** U.S. 10<sup>th</sup> graders

#### Bullied Electronically

- **14.5%** Ottawa County 10<sup>th</sup> graders
- **21.3%** Michigan 10<sup>th</sup> graders
- **14.1%** U.S. 10<sup>th</sup> graders

### *be nice.*<sup>®</sup>

A mental health awareness and bullying and suicide prevention initiative that focuses on school-wide change through simple daily actions.

Bullying is a significant issue within schools and communities.

Its devastating effects, such as depression and suicide, are reduced with mental health awareness.

The *be nice.* campaign is an effective way to promote a safe and civil environment.

“After entering the world of a suicide survivor (as a result of my brother’s death), I quickly learned mental health awareness and suicide prevention are priorities for schools, colleges, corporations, churches, law enforcement agencies and other civic organizations.

When people of all ages understand, support and utilize the *be nice.* campaign tools, they can be lifesavers for loved ones struggling with a mental health condition.”

*Jeff Elhart, owner of Elhart Automotive Campus*

### MAKE CHANGE

**Notice** changes in behavior, signs of depression

**Invite** yourself to start the conversation

**Challenge** stigma

**Empower** yourself and others to take action

## Strategy 2 Train Primary Point of Contact People in Mental Health

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In times of crisis, many people turn to trusted leaders in their communities before mental health professionals. A person who frequently encounters mental health situations has a greater opportunity for early intervention with individuals who may need help. When leaders know how to respond, they become significant assets to the overall health system. To increase recognition of a person who may be struggling with a mental health condition and need treatment, primary point of contact people need to be prepared, equipped with mental health information and help connect people to treatment resources. The *Mental Health First Aid* and *Question, Persuade, Refer* training programs are examples that provide effective methods on how to identify people who may need treatment.

### Primary Point of Contact People

- law enforcement officers
- hospital emergency department personnel
- supervisors and human resources employees
- school counselors, teachers and principals
- faith community leaders and congregation members



## Strategy 3 Develop and Distribute Treatment Resource Materials

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It may be a challenge for people with a mental health condition to find treatment resources. Several private, government, nonprofit and faith community organizations provide mental health services; but agencies may have different requirements and procedures. Developing a resource guide and flow chart (*page 10*) will help reduce confusion and frustration when people search for treatment options.

## Strategy 4 Improve and Promote Existing Resources

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The mental health work group acknowledged some community resource information is not always up-to-date nor utilized to its fullest. This strategy involves maintaining updated community resources, along with promoting them.

### Mental Health Treatment Resources

- **Call 2-1-1** phone-based Ottawa County service to connect people with health and human services
- **The Know Book** directory of more than 240 Ottawa County resources (*updated every 2 years*)
- **Whole Family Connections** online referral source of community services

## Healthy BEHAVIORS



### Background

Nutrition and physical activity are essential to maintain a healthy weight. The CHNA results revealed adults from every population (e.g., age, gender, ethnicity, income and education) are affected by overweight and obesity. Key informants stated obesity and health education are the top two out of five most pressing health needs. In addition, they indicated wellness and prevention need to be the primary focus and residents reported obesity is Ottawa County's greatest health concern.

### Work Group Conclusions

1. Place an emphasis on measuring healthy behaviors, rather than the percentage of overweight and obese adults. This focus will lead to more sustainable outcomes and help reduce the percentage of overweight and obese adults.
2. Among the under-served populations, there is a general knowledge of healthy behaviors. However, they encounter barriers which make it challenging to become healthier:
  - 80% of Ottawa County adults reported they need to **eat healthier**
  - 78% of Ottawa County adults reported they need be more **physically active**
3. To avoid duplication, it's important to support and promote other local organizations' best strategies that aim to encourage healthy behaviors.
4. Utilize the strategies identified by SHAPE Michigan and the Ottawa County Food Policy Council, to decrease barriers, create consistent messaging and increase healthy behaviors.

### BARRIERS

healthy foods are costly • lack of willpower  
lack of energy for physical activity • not enough time

#### No Leisure Time Physical Activity

- 20.5% Ottawa County adults
- 39.6% Ottawa County  
(low income households)
- 24.4% Michigan adults
- 25.5% U.S. adults

#### Overweight or Obese

- 59.2% Ottawa County adults
  - 66.2% Michigan adults
  - 64.3% U.S. adults
- 70.5% OC adults eat fruits and vegetables fewer than 5 times per day.

## Priority Goal

Promote consistent healthy behavior messages and decrease barriers to healthy living.

### Objectives

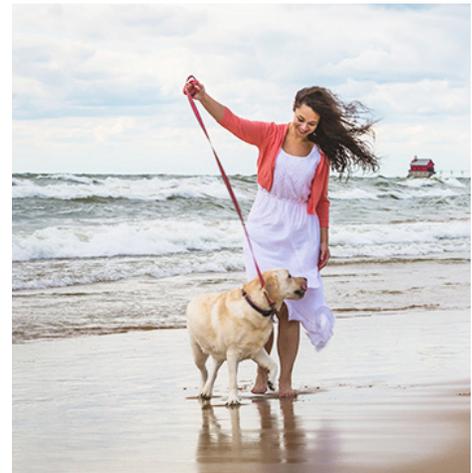
1. Increase fruit and vegetable consumption.
2. Increase the amount of people who have enough to eat.
3. Increase the amount of people who are at a healthy weight.
4. Increase leisure time physical activity.

### Strategies

1. Support the Ottawa County Food Policy Council's efforts.
2. Support SHAPE Michigan's efforts.

### CHIP Participating Organizations

- Blue Cross Blue Shield
- Grand Valley State University
- Greater Ottawa County United Way
- Holland Hospital
- InterCare Community Health Network
- North Ottawa Community Hospital
- Ottawa County Department of Public Health
- Pathways, MI
- Spectrum Health Zeeland Community Hospital
- Tri-Cities Family YMCA



“We designed the CHIP to **engage** community members so they may see where we can **MAKE A DIFFERENCE**; whether in our own lives, the lives of our families, in schools or as broad-reaching corporate initiatives.”

- Marcia Mansaray, M.Sc., Epidemiologist  
Ottawa County Department of Public Health



## Strategy 1 Support the Ottawa County Food Policy Council's Efforts



In 2011, the Ottawa County Food Policy Council (OCFPC) was developed as a community collaborative. Its mission is to ensure residents have access to healthy, local and affordable food choices. The OCFPC members are in the process of developing a new 3-year strategic plan, which will include building on existing strategies and creating new ones for the most successful impact. Based on local data and community stakeholders' input, the council members identified three main themes to address in 2016-2018:

- eliminate hunger,
- healthy eating by all,
- and locally sourced food.

### OCFPC Achievements

- Launched a community food resource website - [www.OttawaFood.org](http://www.OttawaFood.org).
- Developed a food depot to lower the cost of stocking local pantries.
- Helped local pantries develop healthy food policies.
- Helped four Ottawa County farmer's markets to accept SNAP/Bridge Cards.
- Promoted the *Double Up Food Bucks* program; enabling more low income residents to purchase more fruits and vegetables.
- Managed and promoted several healthy eating campaigns; including Plant A Row, Community GiveFest and farmer's market food donations.
- Increased availability of *Meet Up and Eat Up* summer meal programs for school aged children.

## Strategy 2 Support SHAPE Michigan's Efforts

To have the most impact, the CHIP healthy behaviors work group decided to support SHAPE Michigan's initiatives to avoid duplication of programs and services. SHAPE Michigan is a United Way community partnership with coalition members from businesses, government agencies, nonprofit and health organizations and educational institutions. The **5 counties** (Ottawa, Kent, Muskegon, Newaygo and Oceana) set out to **change 5 metrics within the next 5 years**.



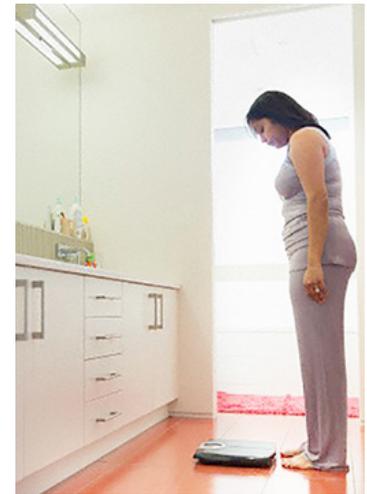
**5 COUNTIES · 5 METRICS · 5 YEARS**  
*Changing the Shape of West Michigan*

1. Decrease the percentage of children and adults who are overweight or obese.
2. Increase the percentage of children and adults who get the recommended amount of physical activity.
3. Increase the percentage of children and adults who eat at least 3-5 servings of fruit and vegetables per day.
4. Increase the percentage of adults who 'know their numbers' with appropriately periodic screenings.
5. Increase the average combined County Health Rankings for the 5 counties involved in the SHAPE Michigan initiative.



## Progress Evaluation

Broad population-level measures could be impacted long-term by successful adoption and implementation of the CHIP. Trends in these measures will be monitored every 2-4 years, according to the source's data cycle.



### Access to Health Care

Objectives	Measure	Baseline	Source
<b>Increase the amount of adults who are confident navigating the health care system.</b>	Decrease the proportion of adults who say they are not very/not at all confident that they can successfully navigate the health care system.	Broad population - 18.7% Sub-population Hispanic - 32.7% < \$20K - 40.9% < HS - 30.3% 18-24 years of age - 31.2%	2014 BRFS
<b>Increase the amount of adults who report their general health is better than fair or poor.</b>	Decrease the proportion of adults who say their general health is fair or poor.	Broad population - 10.5% Sub-population Hispanic - 22% < \$20K - 19.1% < HS - 21.9% Under-served - 30.9%	2014 BRFS Under-served Resident Survey

### Mental Health

Objectives	Measure	Baseline	Source
<b>More people will seek and receive appropriate mental health treatment.</b>	Increase the proportion of adults who take medication or receive treatment for their mental/emotional health condition.	Mild to Moderate Psychological Distress - 23.1%  Severe Psychological Distress - 38.9%  Poor Mental Health - 30.1% (or frequent mental distress)	2014 BRFS

Objectives	Measure	Baseline	Source
<b>Increase fruit and vegetable consumption.</b>	Increase the proportion of youth who report consuming five or more cups of fruit and vegetables on an average day.	Broad population - 32%	2013 YAS
	Increase the proportion of adults who report consuming fruit and vegetables five or more times daily.	Broad population - 29.5% Sub-population < \$20K median - 16.7% < HS median - 19.6%	2014 BRFS
	Decrease the proportion of youth who report consuming no fruits or vegetables on an average day.	<i>Fruits and fruit juices</i> Broad population - 10.1%  <i>Vegetables</i> Broad population - 18.3% Sub-population Hispanic - 29%	2013 YAS
	Decrease the proportion of adults who report consuming fruits and vegetables less than one time per day.	<i>Fruits and fruit juices</i> Broad population - 20.6% Sub-population Hispanic - 43.3% < \$20K - 29.4% < HS - 33.9% 18-24 years of age - 31.9%  <i>Vegetables</i> Broad population - 17.1% Sub-population Hispanic - 35.2% < \$20K - 24.2% 18-24 years of age - 26.2%	2014 BRFS
<b>Increase the amount of people who have enough to eat.</b>	Decrease the proportion of individuals or households who cut the size of meals or skip meals in the past 12 months because there wasn't enough money for food.	Broad population - 12.2% Sub-population <\$25K - 32.1% Rent home - 27.1% Non-white, non-Hispanic - 19.7%	2015 Greater OC United Way, Household Survey
<b>Increase the amount of people who are at a healthy weight.</b>	Maintain or increase the proportion of youth at a healthy weight (BMI based on self-reported height and weight or, in third grade, measured height and weight).	<i>Youth</i> Broad population - 74.3% Sub-population Hispanic - 62.2%  <i>3<sup>rd</sup> graders</i> Broad population - 69.9% Sub-population Lower income public school students - 60%	2013 YAS  2013 Childhood Body Mass Index Study
	Increase the proportion of adults at a healthy weight (BMI based on self-reported height and weight).	Broad population - 37.7% Sub-population Hispanic - 27.4%	2014 BRFS
<b>Increase leisure time physical activity.</b>	Increase the proportion of youth who meet current Federal physical activity guidelines (60+ minutes/day on five or more of the past seven days).	Broad population - 54.3% Sub-population Female - 47.3% Hispanic - 40.3%	2013 YAS
	Decrease the proportion of adults who engage in no leisure time physical activity.	Broad population - 20.5% Sub-population < \$20K - 39.6% < HS - 41.4%	2014 BRFS

To participate in the  
Community Health Improvement  
Plan implementation, contact:

Ottawa County  
Department of Public Health  
Public Health Administration  
(616) 393-5775

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**Improvement Plan**

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