

2015 Ottawa County Community Health Needs Assessment

A study of our health strengths and opportunities.

Ottawa County Community Health Needs Assessment



“We took a mandate and turned it into an opportunity;
partnered together and created a
comprehensive health needs assessment.”

- Lisa Stefanovsky, M.Ed., Health Officer
Ottawa County Department of Public Health



A study of our health strengths and opportunities.

Collaborate

In 2012, community agencies and health care organizations came together to develop the baseline Ottawa County Community Health Needs Assessment (CHNA). The study is conducted every few years to find where health improvements are needed; as well as track progress from previous years.

The CHNA findings are a tool for partnering health-oriented organizations to gain a better view of the health strengths and needs in our communities. Continual collaboration helps reduce duplication of community-wide research and more effectively identify, plan and develop methods that will maintain and improve the health of community members.

Purpose

The purpose of the Ottawa County Community Health Needs Assessment (CHNA) is to gather required information so we can effectively plan the vital work of maintaining and improving health. Multiple perspectives from stakeholders, health care professionals, public health officials, community agencies and residents on health needs can lead to re-conceptualizing a problem or a prospective intervention; or it may indicate the advisability of continuing or abandoning current programs.

CHNA partners

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



2015 CHNA Results Summary

Key Findings

- Our community compares favorably to others in most health measures; but feedback from this assessment reveals there is room for improvement.
- As in 2012, there is still a direct relationship between health and two social factors: income and education. People with the lowest income and education often have the poorest health outcomes.
- While more people have health care coverage since 2012, there doesn't appear to be a corresponding improvement in health care access.

Quality of Life

Strengths

- + Nearly 9 out of 10 people earn above the poverty level.
- + More than 90% have a high school education or higher.
- + Almost all adults are satisfied with their life.

Opportunities for Improvement

- Half of single female families, with children younger than 5 years of age, live in poverty.
- Despite declining unemployment, jobs remain a top community concern.

What Changed?

- Child abuse and neglect rates in Ottawa County are lower than in MI and the U.S.; but have almost doubled from the time of the 2012 CHNA.

Who is at risk?

- ⚠ Single parent families with young children.
- ⚠ People who earn the lowest income are 5 times more likely to be dissatisfied with life.

Overall Health

Strengths

- + Life expectancy is higher in Ottawa County than in peer counties across MI and the U.S.
- + Disease rates for adults, children and infants are lower in Ottawa County than in MI or the U.S.

Opportunities for Improvement

- More likely to die of Alzheimer's disease.
- More than 1 in 4 adults ages 18-34 report experiencing mild to severe psychological distress.

What Changed?

- Diabetes, as a cause of death, moved from 10th to 7th since the 2012 CHNA.
- After 6 years of declining numbers, youth reporting they had attempted suicide within the past year increased 50% in 2013.

Who is at risk?

- ⚠ Nearly 1 in 3 under-served residents state that their health is fair to poor, compared to only 1 in 10 adults in the general population.

“As a response to the 2012 CHNA results,
we coordinated our efforts, identified
the top community health needs and integrated the data
to *improve* or *create* new programs and services.”

- Jennifer VanSkiver, Chief Communications Officer
North Ottawa Community Health System



Healthy Behaviors

Strengths

- + Most people know what they need to do to live a healthier lifestyle.
- + In Ottawa County, adults and youth are more active, eat more fruits and vegetables and smoke less than other people in MI or the U.S.

Opportunities for Improvement

- Excessive alcohol use is more prevalent among adults in Ottawa County than in MI or the U.S.
- In Ottawa County, 6 out of 10 adult residents are above a healthy weight and 7 out of 10 do not eat an adequate amount of fruits and vegetables daily.

What Changed?

- The proportion of adults who reported no physical activity in their leisure time increased 61% since 2012.
- While cigarette smoking is consistently decreasing among youth, adult smoking increased to 18.6%.

Who is at risk?

- ⚠ All social and demographic groups are at risk for obesity and inadequate fruit and vegetable consumption.

Health Care

Strengths

- + Of the adults reporting, 9 out of 10 have health insurance and/or a medical home.
- + High rates of childhood immunizations for preventable diseases.

Opportunities for Improvement

- More available health coverage has not removed the barriers of cost, complexity and lack of coordination.

What Changed?

- More people have health insurance or coverage now compared to the 2012 CHNA, largely due to the Affordable Care Act and the Healthy Michigan Plan.
- Fewer report receiving all four types of cancer screenings (mammogram, PAP, PSA and colon).

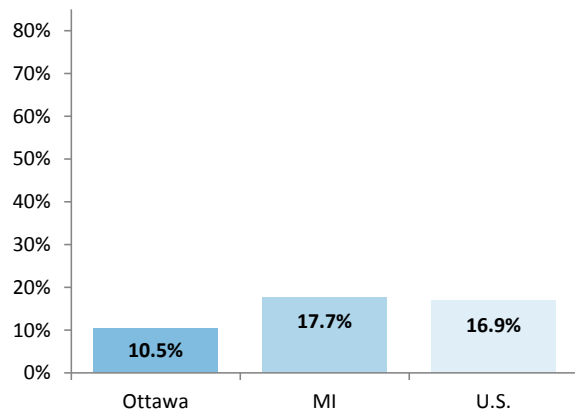
Who is at risk?

- ⚠ There is still a shortage of services available for people with mental health, substance abuse and dental issues.
- ⚠ Minorities are 4 to 5 times more likely to report they do not have a primary health care provider.

How do we Compare?

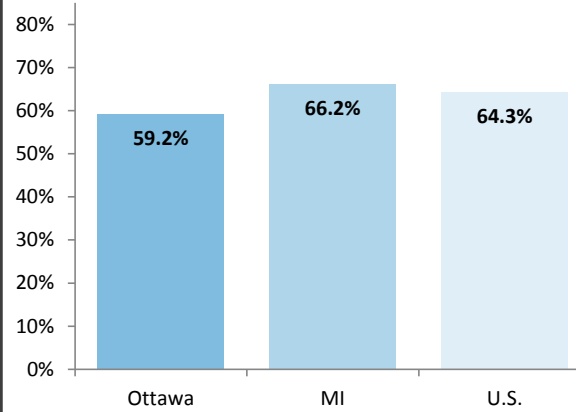
Changes from 2012 to 2015

General Health Fair/Poor



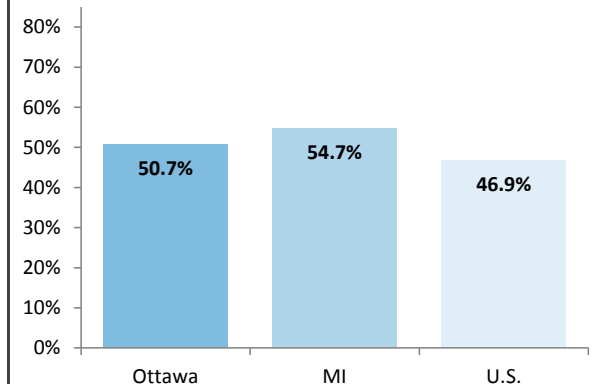
Stayed the Same

Above a Healthy Weight



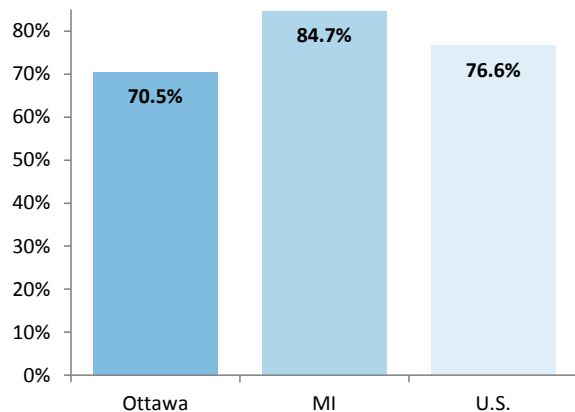
Improved from 63%

Single Female Households in Poverty
(with children 5 years of age and younger)



Improved from 58.7%, but is still worse than U.S.

Less than 5 Fruits or Vegetables/Day

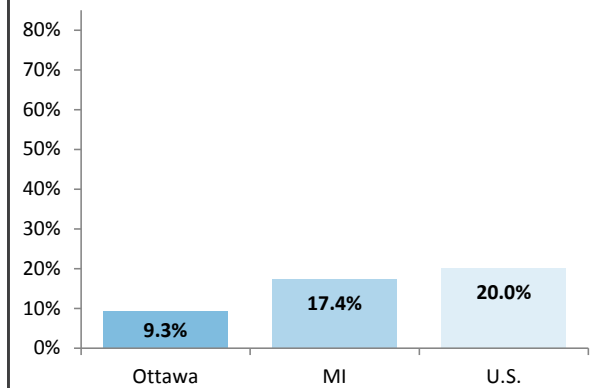


Improved, but the question changed from 2012

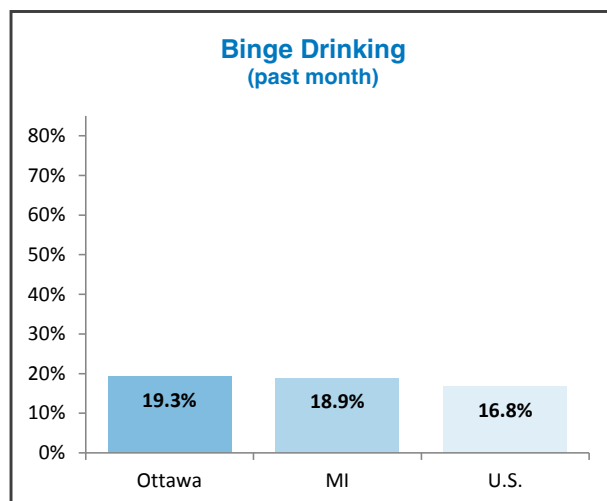
“The results from the 2015 CHNA tell us some things we already knew; we have a **healthy, resilient population**. However, the results also bring into focus areas of health needs *we must address*, if we hope to continue being the **healthiest county in Michigan.**”

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

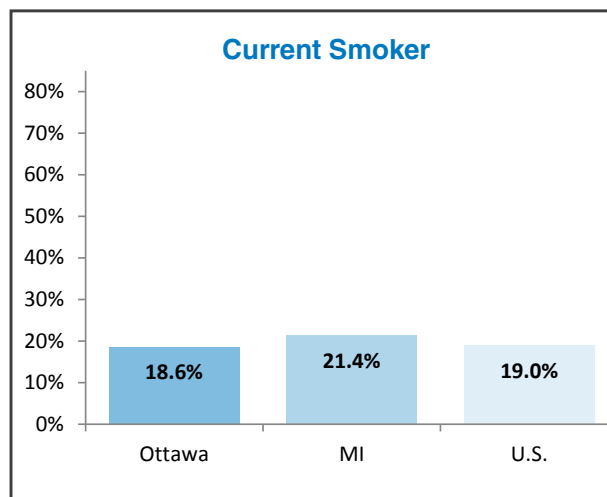
No Health Care Coverage
(adults 18-64 years of age)



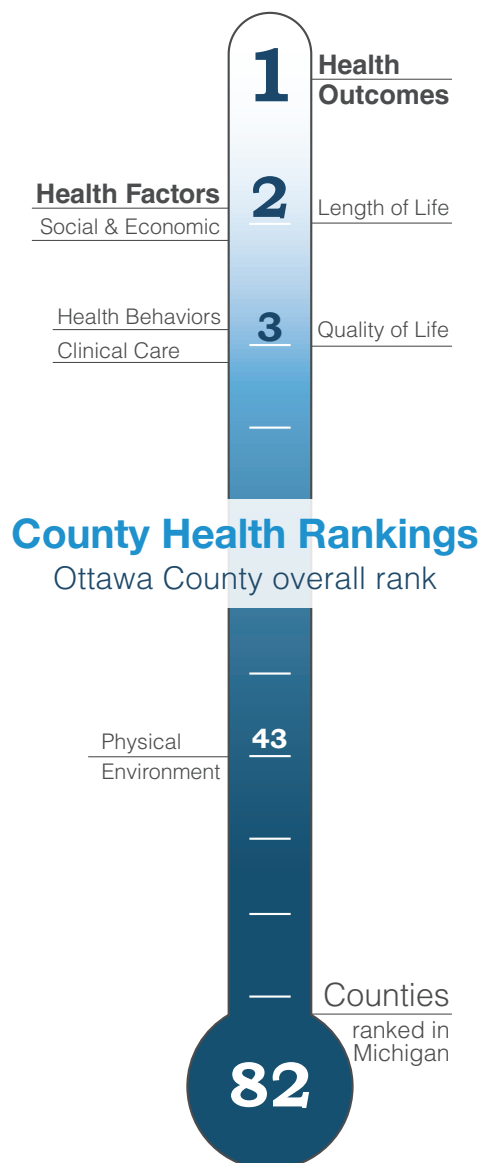
Improved from 13%



Still higher, though MI and U.S. got worse



Got worse from 17% in 2012



County Health Rankings

The County Health Rankings (CHR) measure the health of nearly all counties in the nation and rank them within each state. The rankings are compiled using county-level measures from a variety of national and state data sources.

Ottawa County ranks **1st out of 82 counties** in Michigan for **Health Outcomes**.

Annual rankings show where counties do well and also where there are opportunities for improvement. Since 2014, Ottawa County improved or maintained in 85% of the 35 indicators that make up the ranking. While Ottawa County is the healthiest county in Michigan, the state ranks 34th in the nation. www.countyhealthrankings.org



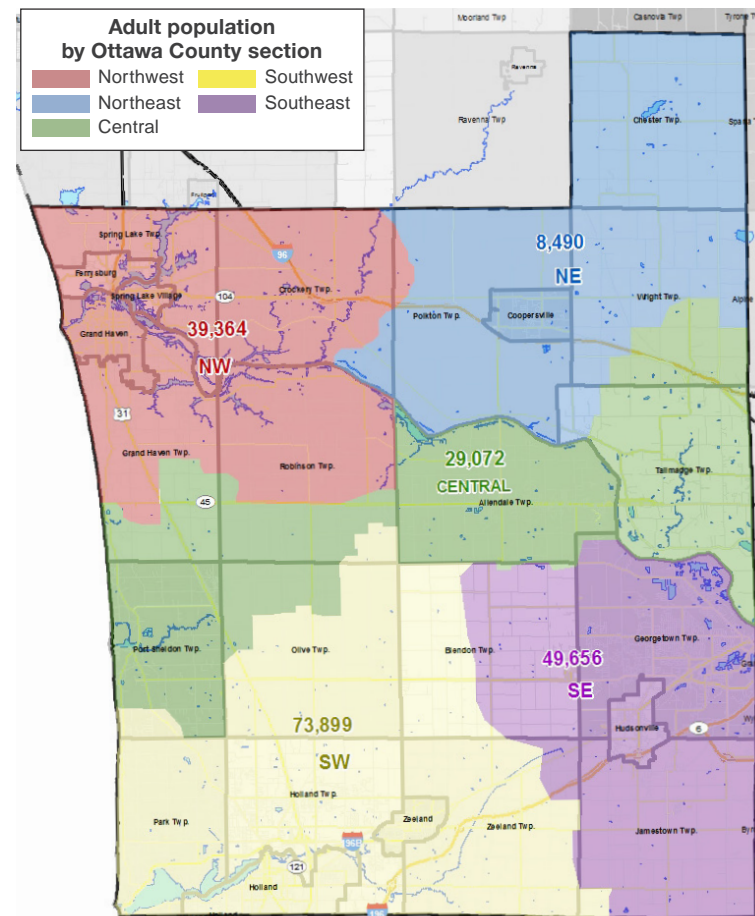
Methodology

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

Data Collection

- In the Ottawa County CHNA, data from both primary and secondary sources were used. Primary data are collected for the specific purpose of the CHNA. Secondary data have been gathered by someone else and made publicly available, which supplemented the CHNA findings.
- Ottawa County Behavioral Risk Factor Survey respondents were reached through randomly sampled land line and mobile phone numbers. Their results were compared across five geographic sections within the county: NW, NE, Central, SW and SE.
- Individuals from Ottawa County health clinics, nonprofit agencies, area food pantries and the county public health and mental health departments, assisted in distributing targeted surveys to 285 under-served residents.





Suggested Improvement Strategies

from key stakeholders, key informants and community residents.

- Gain a better understanding of the social, behavioral and environmental causes of health.
- Remove barriers and increase access to primary care, mental health treatment, substance abuse services and dental care; especially for under-served, uninsured and low income residents.
- Advocate for increased funding pertaining to mental health treatment.
- Work together and look at a person as a whole. If someone has major depression, a chronic condition and lives in poverty, it may be harder for him or her to have better health outcomes.

“Community mental health services and supports are so vital; not only do they help enable our friends, family members and neighbors to have a **better quality of life, but they also help each and every person, in our programs, contribute to the **overall health of our county.**”**

*- Lynne Doyle, Executive Director
Community Mental Health of Ottawa County*

Amanda reclaims her life



Amanda Volz had a rough start in life. Early on, she was a victim of domestic violence and lost her mother to suicide when she was 15 years of age. Amanda was then placed in foster care and spent time in and out of juvenile detention. She had her first child at age 17 and faced many hurdles in her life; including domestic violence, substance use and mental illness. In 2010, Amanda was homeless. Shortly thereafter, she received help from the Community Mental Health of Ottawa County (CMHOC) Permanent Supportive Housing Program. Through the program, she's moved into affordable subsidized housing in the Tri-Cities area.

“When I began therapy with Community Mental Health, I learned why I behaved the way I did and how to have a healthy relationship; breaking free from the cycle of violent relationships,” said Amanda.

Amanda has been sober for 10 months, with the support of CMHOC and the Ottawa County's 58th District Mental Health Treatment Court. “I've found the mental health court a good balance of enforcement and encouragement. This has helped me reclaim control of my life,” she said.

CMHOC provides psychiatry, case management, individual therapy, group therapy, peer support and nursing services; assisting people to take control of their lives. It is designed to ensure people with mental illnesses, who have committed certain crimes, receive treatment and support to comply with the court's requirements.

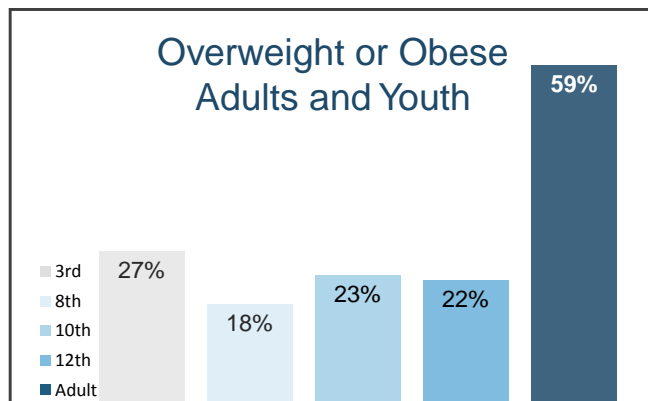
Amanda is now married and has custody of her oldest son. She's also re-established visitation with her youngest son and spends her days taking care of her infant daughter. She is an involved and nurturing parent to all three of her children; and is now looking forward to the next chapter in her and her family's life.

OVERALL health

Suggested Improvement Strategies

from key stakeholders, key informants and community residents.

- Help managing chronic diseases.
- Promote existing community services to reduce duplication.
- Expand agency resources to address community health needs.
- Deliver immunizations and child dental care services into the community.
- Reduce transportation barriers for low-income and rural residents.

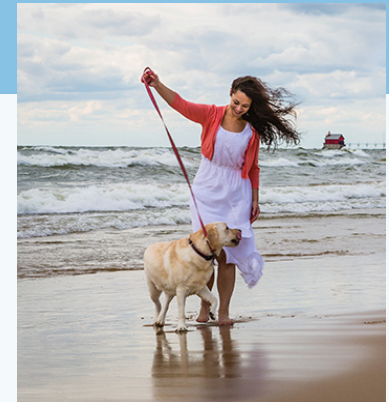


Nearly 6 out of 10 adults are above a healthy weight, based on their body mass index.

“As a result of the 2012 CHNA findings regarding the increasing number of overweight and obese people in our community, we included as part of our action plan, services that help address this need. Anna's journey is one of the many **successful outcomes** from our response.”

*- Rachel McDermott, Health System Educator
North Ottawa Community Health System*

Journey from morbid obesity



Anna Raggl lives in Grand Haven and has spent the majority of her life medically classified as super morbidly obese. She endured significant daily physical pain; but the emotional weight she carried was much more damaging. Anna's failed attempts to change her body depleted her self-image and left her feeling inadequate, in every aspect of life. She gradually began to accept being labeled as morbidly obese and turned to a life of merely surviving.

Anna decided no more - three years ago, she became a patient of North Ottawa Community Health System (NOCHS) Bariatric Clinic. During her weight loss program, Anna learned how to eat and prepare healthy foods. She also dug deep and found the motivation to exercise, even when it was hard and hurt. Anna's family and friends, along with members of the Bariatric Team at NOCHS provided tremendous support to help her push through the headaches, cravings and manage the wide range of emotions she experienced.

“My treatment is not a matter of my jeans fitting; it's the confidence I received knowing I'm capable of achieving happiness,” said Anna.

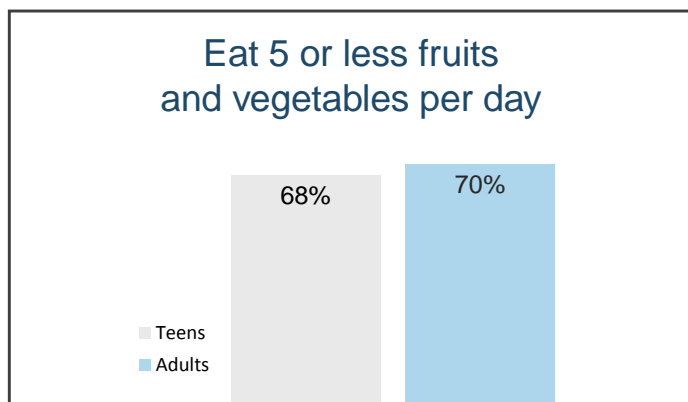
During her three year journey so far, she has lost 186 pounds. Anna talks openly about her challenges and progress. She wants to motivate people to decide for themselves it's time for change. Today, Anna's body mass index is considered within the normal range. However, she knows she now has the most important classification in her life – happiness. Anna has a new found love for fitness and enjoys walking her dogs without pain and needing to stop for rest.

HEALTHY behaviors

Suggested Improvement Strategies

from key stakeholders, key informants and community residents.

- Incorporate healthy lifestyles into our culture, even though it may be a difficult thing to do.
- Spend more time educating schools about healthier lifestyles.
- Help reduce the urge for people to want to eat fast and/or processed foods.
- Educate about the importance of physical activity.
- Provide information about healthy food options.
- Teach people how to cook healthy meals that do not require a lot of energy and time.
- Increase focus on nutrition and wellness, along with prevention methods.
- Determine ways to obtain affordable and healthy foods.



Eating enough fruits and vegetables is better than 3 years ago.

New out-look on life



“I feel revived,” said Holle Mans of Zeeland, when describing her success in the Spectrum Health Zeeland Community Hospital’s Healthy Weighs program. “Since starting the program for issues with my knee, I’m stronger, healthier and happier. I haven’t felt this good in years!” Today, Holle is still losing weight months after the program has ended.

“I became interested in the Healthy Weighs program when I saw a Well for Life newsletter in my doctor’s office,” said Holle. “I learned about easy-to-follow food plans; and the instructors helped motivate me to ensure I met my health goals,” said Holle.

The eight-week Healthy Weighs weight loss program combines six dimensions of health - social, emotional, spiritual, physical, mental and environmental. It also includes guidance from a registered dietitian, psychologist and a certified health specialist. This team of experts create a customized meal plan and physical activity program for each participant, giving them the tools needed to achieve reasonable weight loss and better health.

“Everyone’s different - we help people lose weight at a controlled pace by **managing their own **risk factors and behaviors.**”**

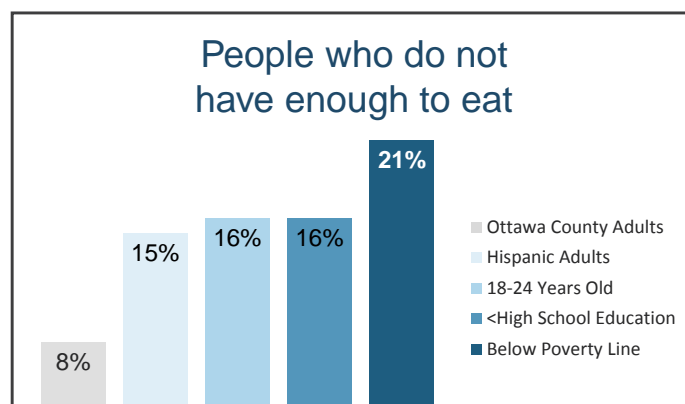
*- Kelly Adkins, Community Programs Coordinator
Spectrum Health Zeeland Community Hospital*

HEALTHY foods

Suggested Improvement Strategies

from key stakeholders, key informants and community residents.

- Reduce language barriers to help provide greater access to food programs.
- Know where to obtain healthy and inexpensive foods (e.g., grocery stores, pantries, food markets, gyms, etc.).
- Encourage people to eat healthy meals to help reduce chronic illnesses.
- Limit the number of fast food restaurants and decrease easy access to cheap and unhealthy foods.
- Teach kids how to choose nutritious foods for school lunches or anywhere they're given selections.



Adults who reported they sometimes or often do not have enough to eat - increases to more than 1 in 5 (21.3%) for individuals living below the poverty line

Hunger within our community



At times, some families may need to choose between purchasing enough food for the week and paying their electric bill. Staff members of the Ottawa County Department of Public Health (OCDPH), in conjunction with Ottawa County Food Policy Council (OCFPC) members and people within the community, participated in the 2014 Supplemental Nutrition Assistance Program Challenge.

The week long experience enabled participants to better understand what it takes to live on a small food budget. They were only allowed to spend \$4.15 per day or \$29.05 for the full week. The participant's food selections were limited. At times, they had to choose between purchasing less expensive canned, boxed or processed foods versus healthier food.

"It was stressful trying to plan nutritious and affordable meals on a limited budget. As I walked the grocery aisles, I felt deprived. My cart had fewer fruits, vegetables and whole grain foods than usual. I spent \$28.03 in one shopping trip (pictured above), leaving me with only \$1.02 left to spend for the rest of the week," said Lisa Uganski, OCDPH Dietitian and Health Educator.

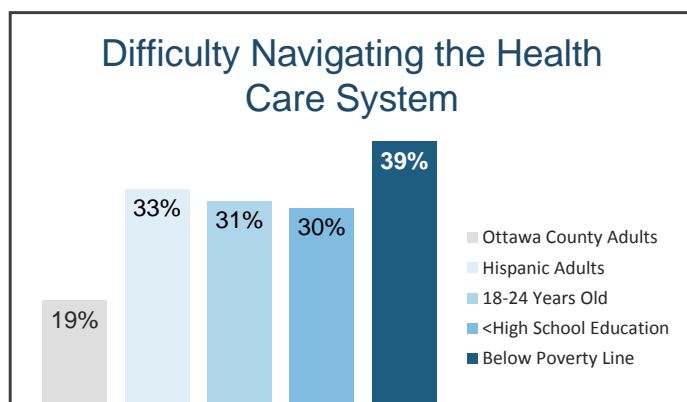
The challenge helped provide insight into some of the barriers people may have when trying to purchase enough healthy foods. As a result of the challenge, action was taken to help feed Ottawa County residents in need. People from the community, OCDPH and the OCFPC developed partnerships with local pantries and churches to provide greater access to affordable and healthier food options. In addition, they held a Community GiveFest, where people gave 4,695 food items to pantries and churches 63% were healthy foods.

HEALTH care

Suggested Improvement Strategies

from key stakeholders, key informants and community residents.

- Increase access to primary care physicians.
- Guide people to available resources that will help them obtain healthier outcomes.
- Support increased collaboration with hospitals, medical professionals, providers and community health and human service agencies.
- Minimize overuse of emergency departments.
- Help people to navigate the health care system.
- Fund innovative methods to redesign the health care system and make it sustainable.



In some sub-populations, nearly 40% report they are not at all confident they can navigate the health care system.

Learning to walk again



Earl Siems has lived in Holland for 30 years and retired from teaching industrial arts at Zeeland High School. In May 2012, Earl at age 77, suffered a severe stroke and was taken by ambulance to Holland Hospital. The following week was a blur. Earl went from the emergency room to intensive care and then had to begin his long road to recovery. Earl's wife, Chris, clearly remembers the physicians, nurses, therapists, speech pathologist and several other staff members who "laid the groundwork for my husband's recovery," she commented.

"Looking back, I understand better what remarkable help we received. In retrospect, I realized how extraordinary each staff member was during our journey," said Chris.

In 2014, Earl and Chris returned to Holland Hospital to thank his caregivers in person. The emergency physician and half a dozen nurses and therapists gathered to welcome them. They were amazed to see Earl walk, slowly, but without any assistance. When he left the hospital in 2012, he could barely move his left foot. Earl now walks without any assisted device.

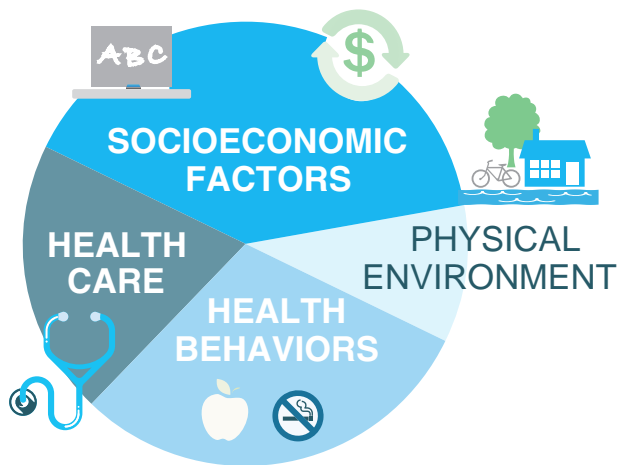
"With each CHNA, we learn more about the physical, mental and emotional needs of residents. The information helps affirm where we are making progress as well as identifying emerging needs that we must address."

*- Tim Breed, Community Relations Director
Holland Hospital*

How do we make change?

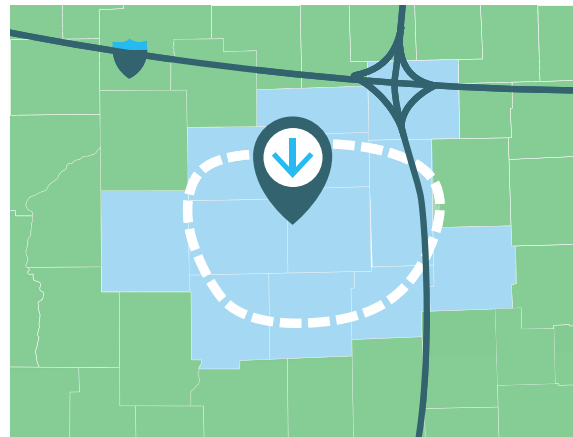
know

what affects health



focus

on areas of greatest need



collaborate

to maximize efforts



“When we talk about community health needs we have to talk about disparities, because ***that’s our story***. In the overall picture, we’re a **healthy community**, but if we’re going to continue to improve, we need to address the areas at risk.”

- Jodie Reimink, MPH, Coordinator of Community Programs
Spectrum Health Zeeland Community Hospital

CHNA Task Force Members

Tim Breed, Director of Community Relations, Holland Hospital
Liz DeLaLuz, Director of Community Impact, Great Ottawa County United Way
Lynne Doyle, Executive Director, Community Mental Health of Ottawa County
Jodi Gogolin, Community Outreach Director, Holland Hospital
Marcia Mansaray, Epidemiologist, Ottawa County Department of Public Health
Rachel McDermott, Health System Educator, North Ottawa Community Health System
Patrick Moran, President, Greater Ottawa County United Way
Jodie Reimink, Coordinator of Community Programs, Spectrum Health Zeeland Community Hospital
Lisa Stefanovsky, Health Officer, Ottawa County Department of Public Health
Tamara VanderArk-Potter, Director of Foundation & Community Services, Spectrum Health Zeeland Community Hospital
Jennifer VanSkiver, Chief Communications Officer, North Ottawa Community Health System

Sources

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Page 7 - Thermometer data from the County Health Rankings report www.countyhealthrankings.org
Page 8 - Image courtesy of Holland Hospital
Page 8 - County map provided by the County of Ottawa Geographic Information System Department
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Page 13 - Image courtesy of Holland Hospital
Page 10 - Bar graph data provided by the 2014 Ottawa County Behavioral Risk Factor Study; 2013 Youth Assessment Survey; 2013-14 Third Grade BMI Surveillance
Page 11 - Bar graph data provided by the 2014 Ottawa County Behavioral Risk Factor Study; 2013 Youth Assessment Survey; 2013-14 Third Grade BMI Surveillance
Page 12 - Bar graph data provided by the 2014 Ottawa County Behavioral Risk Factor Study
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Resources

CDC's Community Health Improvement Navigator - www.cdc.gov/chinav
CDC's Community Health Status Indicators - www.cdc.gov/CommunityHealth
County Health Rankings - www.countyhealthrankings.org
Kid's Count Data Center - datacenter.kidscount.org
National Association of City and County Health Officials'
Community Health Assessment - www.naccho.org/topics/infrastructure/CHAIP
Ottawa County Department of Public Health data - www.miOttawa.org/Healthdata



2015

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A study of our health strengths and opportunities.
