2018

Community Health Improvement Plan (CHIP)

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CHIP Leadership

CHIP Advisory Council: The following organizations are responsible for overseeing the creation of the CHIP

COMMUNITY MENTAL HEALTH OTTAWA COUNTY

Holland Hospital

United Way
Greater Ottawa County United Way

miOttawa Department of Public Health

SPECTRUM HEALTH
Zeeland Community Hospital

North Ottawa Community Health System

CHIP Facilitator: Community SPOKE is responsible for coordinating and facilitating the planning process for the CHIP

COMMUNITY SPOKE
Identify | Coordinate | Connect | Support | Communicate

CHIP Planning Participants

Representatives from the following organizations helped create the 2018 Community Health Improvement Plan:

- Arbor Circle
- Bethany Christian Services
- Center for Women in Transition
- Children's Advocacy Center
- City on a Hill Health Clinic
- Community Action House
- Community Mental Health
- County of Ottawa
- Extended Grace
- Four Pointes Center for Successful Aging
- Good Samaritan Ministries
- Grand Haven Area Community Foundation
- Greater Ottawa County United Way
- Great Start Collaborative - Ottawa
- Holland Free Health Clinic
- Holland Hospital
- Holland Physician Hospital Organization (PHO)
- Holland Rescue Mission
- Lakeshore Health Partners
- Lakeshore Pregnancy Center
- Love in Action of the Tri-Cities
- Michigan Department of Health & Human Services
- Midtown Counseling
- North Ottawa Community Hospital
- Ottawa Area Intermediate School District

CHIP Planning Participants (continued)

Representatives from the following organizations helped create the 2018 Community Health Improvement Plan:

- Ottawa Community Schools Network
- Ottawa County Department of Public Health
- Ready for School
- Salvation Army – Holland
- Senior Resources of West Michigan
- Spectrum Health Zeeland Community Hospital
- TCM Counseling
- Tri-Cities YMCA
- Watershed Strategies

Ottawa County's CHIP Vision, Mission and Values

The CHIP Advisory Council identified the…

Vision: Healthy people living in healthy communities.

Mission: To achieve positive health outcomes for Ottawa County residents by partnering to identify health issues, plan, and implement strategic actions for change.

Values:

- Equity
- Collaboration
- Excellence
- Best Practice

Definitions

BRFS – An acronym for Behavioral Risk Factor Survey, an adult phone survey looking at factors and behaviors connected to health. The Ottawa County BRFS is part of the CHNA (page 10).

Bright Spots – A term for programs or initiatives that already address root causes of community health needs.

CHIP – An acronym for a Community Health Improvement Plan, which is a long-term effort to address public health problems identified through a community health needs assessment.

CHNA – An acronym for Community Health Needs Assessment, which looks at people's health to find key health problems and resources.

Community Resident – An adult who lives in Ottawa County.

Goal – Describes one or more overall purposes or aims of the CHIP.

Key Stakeholder – An executive-level community leader who has extensive knowledge of health, public health and/or human service issues.

Key Informant – A health care professional or non-profit organization leader who has knowledge of public health issues and/or experience with subpopulations impacted most by these issues.

Objective – The specific results to achieve in order to advance a goal within each priority area. Objectives are derived primarily from key metrics in the CHNA.

Root Cause – A factor identified as having significant influence on an objective, based on the perspective of CHIP planning participants.

Strategy – Actions that CHIP planning participants believe have the greatest potential to impact CHIP objectives as well as the most momentum to implement through collective action.

Underserved Community Resident – an Ottawa County adult who may be uninsured, underinsured or have Medicaid; an ethnic or racial minority; low income; a parent with young children; or a senior adult.

What is a CHIP and Why?

"A **community health improvement plan** (or CHIP) is a long-term, systematic effort to address public health problems based on the results of **community health assessment** activities and the **community health improvement process**."

Centers for Disease Control and Prevention (CDC)

The primary data used for Ottawa County's CHIP planning came from the 2017 Community Health Needs Assessment (CHNA). The full report can be found on Ottawa County Department of Public Health's website at www.miOttawa.org/2017CHNAFullReport.

Why make a community health improvement plan?

The public health problems and challenges we face are simply too great for a single individual, organization or even sector to solve alone. Only through true collaboration can we meet the pressing and systemic needs identified in the 2017 CHNA.

How to Use this Document

The goals of putting the CHIP together are multi-faceted. Here is a quick guide on how you or your organization can use this report:

1. Educate yourself on the public health priorities identified for Ottawa County and the factors influencing those priorities.
2. Use the goals, objectives and identified root causes to develop and align your organizational strategies.
3. Identify recommended strategies you want to help implement.

Frequently used terms:

Goal: Describes the overall purposes and aims of the effort; more general than objectives.

Objective: The specific desired results that will be achieved to advance a goal within each priority area. Objectives are derived primarily from key metrics in the CHNA.

Prioritized Root Cause: A factor identified as having the most influence on an objective and also the most feasible for the community to address, based on the perspective of CHIP planning participants.

Recommended Strategies for Implementation: Those strategies CHIP planning participants believe have the greatest potential to address prioritized root causes and the momentum to implement through collective action.

Executive Summary

In 2018, Ottawa County came together to create its next iteration of the Community Health Improvement Plan (CHIP) to help improve the health and well-being of local residents. The impetus for creating a new CHIP begins with the completion of the Community Health Needs Assessment (CHNA), which Ottawa County conducted once again in 2017. The data from the CHNA allows progress to be measured on the 2015 CHIP's objectives as well as assess where we need to focus as a community moving forward. In assessing the quantitative and qualitative data from the 2017 CHNA, it was clear to planning participants that the community should remain focused on the same priority areas identified in 2015; access to care, mental health and healthy behaviors.

While some outcomes have improved in the area of mental health (more adults are now receiving treatment or medication for a mental health condition) and access to care (adults are more confident in navigating the health care system), many outcomes have gotten worse (particularly outcomes related to healthy behaviors). For example, the percentage of obese adults in Ottawa County increased six percentage points in three years; while the percentage of adults consuming five or more servings of fruits and vegetables daily decreased by 12 percentage points.*

*Source: 2017 Ottawa County Behavioral Risk Factor Survey (BRFS). www.miOttawa.org/2017BRFS

Executive Summary

In addition to providing trend line data, the 2017 CHNA included some new questions to better understand resident health and some of the root causes of the health outcomes. One set of questions proving to be particularly informative were those related to Adverse Childhood Experiences or ACEs. The results from these questions draw a direct correlation from adverse experiences as a child and specific physical and mental health outcomes experienced as an adult. An ACE can include varying levels of abuse or having substance abuse prevalent in the home. The full ACEs study is in the CHNA Report.

The 2018 CHIP builds off the good work that began with Ottawa County's first CHIP created in 2015 (Appendix A). Funding from the Grand Haven Area Community Foundation and Community Foundation of the Holland/Zeeland Area made many of the recommended strategies from 2015 become operational which are making a positive difference in the community. Similar to the 2015 CHIP, community members (mostly from health and mental health organizations) came together to identify key objectives within the priority areas – access to care, mental health and healthy behaviors. They came to an understanding of the primary factors influencing the metrics associated to the root causes and recommended strategies to improve overall health outcomes.

Executive Summary

Nonprofit hospitals and local public health departments are required by law to conduct a CHNA and adopt an implementation strategy to address identified health priorities. However, it is a remarkable testament to the collaborative spirit in Ottawa County that three hospital systems, public health and other community partners put together a collective plan and carried out much of the work collaboratively. In particular, the creation of a leading strategy from the 2015 CHIP – Ottawa Pathways to Better Health Program – highlights the level of collaboration that is taking place to improve the lives of local residents. By putting the 2018 CHIP plan together, we hope others in the community will align their organizational strategies with the CHIP or take part in carrying out the recommended strategies.

Process and Timeline

February 2017 – August 2017

Collected primary and secondary data which became the source for the 2017 CHNA. The table below shows the breakdown of primary data collected with the target audience, method of data collection and number of respondents.

	Data Collection Methodology	Target Audience	Number Completed
Key Stakeholders	In-depth Telephone Interview	Hospital Directors, Clinic Executive Directors	10
Key Informants	Online Survey	Physicians, Nurses, Dentists, Pharmacists, Social Workers	91
Community Residents (Underserved)	Self-administered (Paper) Survey	Vulnerable and Underserved Sub-populations	489
Community Residents	Telephone Survey (BRFS)	Ottawa County Adults (18+)	1,318

Process and Timeline

February 2017 – August 2017

Secondary data for the CHNA was derived from local hospital utilization data and various government and health sources such as the U.S. Census, Michigan Department of Health and Human Services, County Health Rankings, CDC's Youth Risk Behavior Survey, Ottawa County Youth Assessment Survey and Kids Count Database. The full CHNA is at www.miOttawa.org/2017CHNAFullReport

December 2017

Using the results of the CHNA, the CHIP Advisory Council and VIP Research determined that the three overarching priority areas for Ottawa County continue to be the same from 2015; access to care, mental health and healthy behaviors.

February 2018

- CHNA presented to the public and the release of the written report.
- Community members expressed a desire to create a CHIP similar to the one in 2015.

Process and Timeline

March 2018

Planning participants determined the objectives for each priority area; access to care, mental health and healthy behaviors.

April – May 2018

Planning participants identified the most influential root causes for each objective and those most feasible for the community to address. Note: The influence and feasibility of these root causes was determined by the expert opinion of the CHIP planning participants rather than a scientific root cause analysis.

June – July 2018

- Planning participants identified bright spots in Ottawa County that already address the prioritized root causes.
- Planning participants identified potential strategies and prioritized which ones should be recommended for community-wide implementation.
- Planning participants identified and named strategies they will implement-internally at their organizations that directly relate to the CHIP (Appendix B).

Process and Timeline

August – October 2018

- Finalized the CHIP report.
- Workgroups convened to carry out the various recommended strategies.

January 2019

Implement the 2018 CHIP and review progress periodically.

Community Goals

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

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

Call to Action

While the community created the CHIP to be a roadmap, an array of complex and multi-faceted health and human services make it challenging to improve people's health. Therefore, to successfully carry out 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, public health and mental health** - primary organizations to develop and implement the plan for collective action.
- **Nonprofit and faith community** - organizations to design strategies aligned with the goals and objectives of the plan.
- **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.

Priority Area: Access To Care

Background:

In general, many of the metrics that are tracked for access to care either improved or remained unchanged from earlier years. More Community Residents have health care coverage, are confident in navigating the health care system, and had routine check-ups and dental visits. However, fewer adults have a personal health care provider, more adults report their health as fair/poor and access to care for Underserved Community Residents continues to be a struggle due to a variety of factors including cost, ability to navigate the health care system and providers not accepting certain insurances like Medicaid.

Priority Area: Access To Care

Key Findings:

- OC has fewer primary care physicians at 62.1 per 100,000 population vs. the State of Michigan at 80.6[1]
- 42.1% of Underserved Community Residents had trouble meeting their health care needs in 2017 while only 4.7% of the general population of Community Residents expressed trouble[2,3]
- 41.8% of Community Residents living in households earning less than $20,000 didn't have a dental visit in the past year[4]
- 86.7% of Underserved Community Residents were very satisfied or satisfied with their last health care visit[5]
- 84.4% of Community Residents are confident in navigating the health care system[6]
- Community Residents identify health care costs/lack of affordable health care as the third most important health issue in community[7]

For footnotes, see Sources Page on page 111.

Priority Area: Access To Care

Key Findings (continued):

- Underserved Community Residents identify lack of affordable health insurance or alternative treatment options for those who lack insurance as one of the top four programs or services lacking in the community[8]
- Key Informants believe the ability to afford out of pocket expenses like co-pays or deductibles is the number one barrier to access to care[9]
- Key Informants believe the limited number of providers accepting Medicaid is the second biggest barrier to access to care[9]

For footnotes, see Sources Page on page 111.

Priority Area: Access To Care

Goal:

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

Objectives:

1. Increase the percentage of adults who are confident navigating the health care system.
2. Decrease the percentage of adults who had trouble meeting their own or family's health care needs in the past year.

Priority Area: Access To Care

Objective #1: Increase the percentage of adults who are confident navigating the health care system.

Metrics: Percentage of adults who are confident navigating the health care system:*

a) 2014 – 81.3%

b) 2017 – 84.4%

Sub-population data:*

a) 70.7% of adults ages 18 – 24

b) 75.2% of adults in households earning less than $20,000

Context for Prioritizing Objective #1: This objective originally identified in the 2015 CHIP resulted in the formation of the Ottawa Pathways to Better Health program (community health worker model). Planning participants felt continuing to build on this success would be important. Although this objective improved a few percentage points from three years ago, it still presents a significant opportunity to increase people's confidence. This should lead to more appropriate and proactive health care use rather than misuse of hospital emergency departments.

*Source: 2017 Ottawa County Behavioral Risk Factor Survey, page 63. www.miOttawa.org/2017BRFS

Priority Area: Access To Care

Objective #1: Increase the percentage of adults who are confident navigating the health care system.

Prioritized Root Cause #1 – Use of health care system during times of crisis rather than for prevention and wellness.

Data shows that some individuals use hospital emergency departments for issues that could be avoided by proper use of the health care system. Building confidence in navigating the health care system and teaching appropriate use of the primary care office, urgent care facility and hospital emergency department can promote wellness and help decrease overall health care costs.

Prioritized Root Cause #2 – Complicated health care system for people to navigate.

Several issues were identified by planning participants that point to a complicated health care system, which can lead to a lack of confidence in accessing proper care. Some examples include the understanding of how various insurances work and limited office hours for many practices, as well as automated menu systems at doctor offices. In addition, the current health care system is made up of several silos; including hospitals and provider offices operating on different systems with complex processes for communication and information sharing.

Priority Area: Access To Care

Objective #2: Decrease the percentage of adults who had trouble meeting their own or their family's health care needs in the past year.

Metrics: Percentage of Community Residents who had trouble meeting their own or their family's health care needs in the past year:*

a) No – 95.3%

b) Yes – 4.7%

Metrics: Percentage of Underserved Residents adults that had trouble meeting their own or family's health care needs in the past year:†

a) No – 57.9%

b) Yes – 42.1%

Context for Prioritizing Objective #2: Even though the percentage of the general public who identified having trouble meeting their health care needs was relatively low, the large percentage of Underserved Residents that had trouble was particularly concerning. By naming this objective a priority, the hope is to identify at a deeper level the root causes as to why the most vulnerable people in the community struggle to have their health care needs met.

Sources: *2018 Greater Ottawa County United Way Household Survey.
†2017 Ottawa County Behavioral Risk Factor Survey, page 63. www.miOttawa.org/2017BRFS

Priority Area: Access To Care

Objective #2: Decrease the percentage of adults who had trouble meeting their own or family's health care needs in the past year.

Prioritized Root Cause #1 – A lack of timely, accessible health care services.

Many factors influence a person's ability to get timely and accessible care; including a low ratio of primary care physicians to patients, limited office hours, limited number of providers accepting Medicaid insurance and long wait times to schedule appointments. Many of these factors also contribute to further misuse of the emergency department.

Prioritized Root Cause #2 – Providers don't accept insurance or uninsured people.

By uninsured people having limited options for primary care combined with a small number of physicians who accept certain insurances (such as Medicaid), this creates a situation where health care needs are not met or they're met through inappropriate use of emergency care.

Priority Area: Access To Care

Recommended Strategies for Implementation: Planning participants recommended two strategies to accomplish the goal of increasing access to a patient-centered and community-integrated system of care and achieve the objectives identified.

Recommended Strategy #1 - Expand the Ottawa Pathways to Better Health program to allow community health workers to serve a greater number of people. Learn more about the program at www.miOttawa.org/OPBH.

Community health workers (CHWs) seek to promote the community's voice within the health care system and act as a trusted advocate to those they serve. 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.

Priority Area: Access To Care

Recommended Strategy #1 (continued)

Through Pathways to Better Health, a CHW will:

- Meet with clients at their convenience.
- Help clients set goals.
- Guide clients through the health care system.
- Link clients to medical care for their specific needs (primary, dental, specialty, mental health, substance abuse treatment).
- Help clients manage their health conditions and prescriptions.
- Help clients reduce hospital and emergency department visits.
- Link clients to community services and resources (food, clothing, housing, financial and utility assistance, transportation, education, employment).
- And much more!

Expanding the Pathways to Better Health program will require additional funding to support more CHWs.

Priority Area: Access To Care

Recommended Strategy #2: Expand care coordination in physician offices.

Care coordination is the 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.

According to the CDC, 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. Planning participants identified care coordination could improve by increasing care coordinators' awareness of services in the community, as well as using the help of community health workers on more complex cases.

Source: CDC, Policy Evidence Assessment Report: Community Health Worker Policy Components
https://www.cdc.gov/dhdsp/pubs/docs/chw_evidence_assessment_report.pdf

Priority Area: Mental Health

Background:

Many of the statistics tracked for mental health either improved or remained unchanged from previous years. One particularly positive improvement was a substantial increase in the percentage of adults who receive treatment or medication for a mental health condition compared to three years ago. Still, mental health, substance abuse, suicide and a lack of services continue to be top concerns for Key Informants as well as Underserved Community Residents.

Priority Area: Mental Health

Key Findings:

- Community Residents receiving treatment or medication for various mental health conditions increased from 2014 to 2017[10]
- Both binge drinking and heavy drinking decreased from 2014 to 2017[11]
- Ottawa County has a higher rate of death from Alzheimer's at 43.7 individuals per 100,000 than the State at 29.7[12]
- In the past year, of those who seriously thought about ending their life, 40% of teens attempted suicide compared to 20% of adults[13]
- A higher percentage of individuals living in households earning less than $20,000 per year experience mild to severe psychological distress (37.5%) than the general population of Community Residents (16.1%)[14]
- Key Informants identified depression and anxiety as the number one and two top health issues most prevalent in Ottawa County.[15] These two issues surpassed obesity from the perspective of Key Informants as the top health issue in comparison to 2014
- Key Informants named anxiety and depression as two of the top three issues they are most dissatisfied with the community's response to addressing[15]

For footnotes, see Sources Page on page 111.

Priority Area: Mental Health

Key Findings (continued):

- Underserved Community Residents identified access to mental health services as one of the top four programs or services lacking in the community[8]
- Mental health treatment for Underinsured/Uninsured is the number one named program or service that is lacking in the community according to Key Informants[16]

For footnotes, see Sources Page on page 111.

Priority Area: Mental Health

Goal:

Increase recognition and treatment of mental health conditions.

Objectives:

1. Increase the percentage of adults receiving treatment or medication for mental health conditions.
2. Decrease the percentage of adults and youth who have suicide ideation and attempts.
3. Decrease the number of accidental deaths caused by an opioid-involved overdose.
4. Decrease the percentage of adults experiencing mild to severe psychological distress.

Priority Area: Mental Health

Objective #1: Increase percentage of adults receiving treatment or medication for mental health conditions.

Metrics: Percentage of Community Residents receiving treatment or medication for:

1. Mild to Moderate Psychological Distress
   a) 2014 – 23.1%†
   b) 2017 – 49.5%*
2. Severe Psychological Distress
   a) 2014 – 38.9%†
   b) 2017 – 75.6%*
3. Poor Mental Health Classification
   a) 2014 – 30.1%†
   b) 2017 – 51%*

Context for Prioritizing Objective #1: Even though more adults were receiving treatment or taking medication for their mental health than in 2014, planning participants felt the overall percentage is still low; especially among people reporting poor mental health.

Sources: *2017 Ottawa County Community Health Needs Assessment, page 84. www.miOttawa.org/2017CHNAFullReport
†2015 Ottawa County Behavioral Risk Factor Survey, page 55. www.miOttawa.org/2017BRFS

Priority Area: Mental Health

Objective #1: Increase the percentage of adults receiving treatment or medication for mental health conditions.

Prioritized Root Cause #1: Inability to pay.

Planning participants felt having no insurance and/or very high deductibles are primary reasons why people don't seek treatment. In addition, addressing the ability to afford treatment through current and expanded efforts to educate and enroll people in health insurance felt feasible for community-based organizations to address.

Prioritized Root Cause #2: Stigma.

Planning participants felt stigma encompassed many barriers to seeking treatment; including lack of awareness of resources available, denial of a problem and embarrassment to admit symptoms and the need for help. With many community organizations already working to address mental health, planning participants felt developing a unified message will increase their collective impact.

Priority Area: Mental Health

Objective #2: Decrease the percentage of adults and youth who have suicide ideation and attempts.

Metrics: Percentage of individuals who thought of ending their life in the past year:

a) Adults – 5%*

b) Youth – 19.4%†

Metrics: Percentage of individuals who attempted suicide in the past year (of those who thought of ending their life in the past year):

a) Adults – 20%*

b) Youth – 40%*

Context for Prioritizing Objective #2: There is increased public concern with several publicized youth suicides taking place in Ottawa County in the past year.

Sources: *2017 Ottawa County Community Health Needs Assessment, page 86. www.miOttawa.org/2017CHNA2017FullReport
†2017 Ottawa County Youth Assessment Survey, page 16. www.miOttawa.org/2017YASResources

Priority Area: Mental Health

Objective #2: Decrease the percentage of adults and youth who have suicide ideation and attempts.

Prioritized Root Cause #1: Adverse Childhood Experiences (ACEs) and early childhood trauma.

The ACEs data collected as part of the 2017 CHNA shows a direct relationship between a high ACEs score and the likelihood an adult who considers taking their life will follow through with an attempt.[17] The full results of the ACEs study can be found on pages 125-129 at www.miOttawa.org/2017BRFS.

Priority Area: Mental Health

Objective #3: Decrease the number of accidental deaths caused by an opioid-involved overdose.

Metrics: Number who died from opioid-involved overdose:*

a) 2016: 21 deaths

b) 2017: 28 deaths

Context for Prioritizing Objective #3: National and state data show increases in fatal and non-fatal opioid-related overdoses. Preliminary data for Ottawa County indicate it is experiencing the same trends.

*Source: Ottawa County Medical Examiner's Office; accidental and indeterminate overdose fatalities involving a prescription or illicit opioid drug.

Priority Area: Mental Health

Objective #3: Decrease the number of accidental deaths caused by an opioid-involved overdose.

Prioritized Root Cause #1: Over-prescribing.

Planning participants felt one of the contributors to opioid abuse is the over-prescribing of opioids in medical offices. Participants also indicated this issue is feasible to address since other community strategy efforts focused on tackling the issue through increased regulation already exist.

Prioritized Root Cause #2: Adverse Childhood Experiences (ACEs) and early childhood trauma.

The ACEs data collected as part of the 2017 CHNA shows a direct correlation between a high ACEs score and the likelihood an adult will abuse substances as an adult.[17] The full results of the ACEs study can be found on pages 125-129 at www.miOttawa.org/2017BRFS.

For footnotes, see Sources Page on page 111.

Priority Area: Mental Health

Objective #4: Decrease the percentage of adults experiencing mild to severe psychological distress.

Metrics: Percentage of Community Residents experiencing mild to severe psychological distress:

a) 2014 – 16.4%*

b) 2017 – 16.1%†

Sub-population data:†

a) 28.5% of adults ages 25-34

b) 37.5% of households earning less than $20,000 per year

c) 35.1% of households below the poverty line

Context for Prioritizing Objective #4: Even though data remained relatively unchanged, there is still room for improvement; especially among certain sub-populations like younger adults and households with lower incomes.

Sources: *2014 Ottawa County Behavioral Risk Factor Survey, page 54. www.miottawa.org/2014BRFS
†2017 Ottawa County Behavioral Risk Factor Survey, pages 44-45. www.miOttawa.org/2017BRFS

Priority Area: Mental Health

Objective #4: Decrease the percentage of adults experiencing mild to severe psychological distress.

Prioritized Root Cause #1: Lack of coping mechanisms.

Planning participants, who work with a range of clients and patients, felt many people lack adequate coping skills to address stressors in society; such as political conflicts, terrorism, social media, bullying and financial stress.

Prioritized Root Cause #2: Adverse Childhood Experiences (ACEs) and early childhood trauma.

The ACEs data collected as part of the 2017 CHNA shows a direct relationship between a high ACEs score and the likelihood an adult will suffer from a mental illness such as depression.[17] The full results of the ACEs study can be found on pages 125-129 at www.miOttawa.org/2017BRFS.

Priority Area: Mental Health

Recommended Strategies for Implementation: Planning participants recommended three strategies to accomplish the goal of increasing recognition and treatment of mental health conditions and achieve the four objectives identified.

Recommended Strategy #1 - Increase public awareness of existing mental health treatment models and services.

Planning participants recommended to increase recognition of organizations in Ottawa County that provide mental health services, expand them where possible and bring these services to places where they may not be offered such as in local businesses and schools.

Priority Area: Mental Health

Recommended Strategy #2 - Increase community conversations around mental health, including expansion of the town hall meeting format.

Since the 2015 CHIP, several community-wide efforts helped raise awareness around mental health; including the be nice. campaign, the passage of the first-ever mental health millage in Ottawa County, and the Momentum Center's regular town hall meetings on mental health-related issues. Planning participants felt these efforts, along with others, helped normalize and potentially destigmatize issues related to mental health. Building upon this work could increase the number of people who are willing to talk about their mental health struggles and seek treatment when necessary. Specifically, the town hall concept led by Extended Grace at the Momentum Center is a format that could be expanded to other parts of the county.

Recommended Strategy #3 – Educate the community on Adverse Childhood Experiences.

The first-ever Adverse Childhood Experiences (ACEs) study completed in Ottawa County as a part of the CHNA demonstrated a direct relationship between the number of ACEs one experiences as a child and negative outcomes later in life. Given the implications of these results, planning participants felt it is important to educate the community on the study, the long-term impact of ACEs, and how to combat the effects of exposure with resiliency and related training.

Priority Area: Healthy Behaviors

Background:

Obesity and chronic diseases associated with being above a healthy weight continue to be top concerns for residents and health care providers as more adults trend from a healthy weight to becoming overweight or obese. Obesity alone increased by 6 percentage points in the past three years from 2014 to 2017. More concerning is fewer adults take part in healthy behaviors that prevent weight gain (exercise and a healthy diet are down from 2014). In addition, a surprisingly small percentage of adults who are considered overweight or obese receive any advice about their weight from a health care professional.

Priority Area: Healthy Behaviors

Key Findings:

- Six in 10 Community Residents are overweight (33.3%) or obese (29.9%). Obesity increased six percentage points from 2014 to 2017[18]
- 23.4% of Community Residents are engaging in no leisure-time physical activity (worse than 2014)[19]
- Fewer Community Residents are eating adequate fruits and vegetables in 2017 (17.6%) compared to 2014 (29.5%)[20]
    - 31.5% of adults eat LESS than 1 fruit per day
    - 21.4% of adults eat LESS than 1 vegetable per day
- Only 22.7% of Community Residents classified as overweight and 49.5% classified as obese received advice regarding their weight from a health care professional[21]
- Community Residents identify obesity as the most important health issue in the community[22]
- Key Informants identified obesity as the third top health issue most prevalent in Ottawa County[22]
- Underserved Community Residents identify nutrition and access to fitness or exercise options as two of the top four programs or services lacking in the community[8]

For footnotes, see Sources Page on page 111.

Priority Area: Healthy Behaviors

Key Findings (continued):

- Underserved Community Residents identify the availability of fast food/junk food and the lack of healthy food options/affordable healthy foods as the top two characteristics for why it is hard to be healthy in Ottawa County.[23]

For footnotes, see Sources Page on page 111.

Priority Area: Healthy Behaviors

Goal:

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

Objectives:

1. Decrease the percentage of adults who engage in no leisure-time physical activity.
2. Increase the percentage of adults who consume at least five servings of fruits and vegetables per day.
3. Increase the percentage of overweight or obese adults who receive advice from a health care professional about their weight.

Priority Area: Healthy Behaviors

Objective #1: Decrease the percentage of adults who engage in no leisure-time physical activity.

Metrics: Percentage of Community Residents who engage in no leisure-time physical activity:*

a) 2011 – 12.7%

b) 2014 – 20.5%

c) 2017 – 23.4%

Sub-population data:†

a) 41.2% of households with less than $20,000 annual income

b) 38.4% of households living below the poverty line

c) 39.4% of adults with less than a high school degree

Context for Prioritizing Objective #1: Obesity rates continue to rise in Ottawa County, in addition to the number of adults who engage in no leisure-time physical activity. Helping Ottawa County residents become physically active can assist with weight management and offer many other health benefits.

Sources: *2017 Ottawa County Behavioral Risk Factor Survey, page 32.
†2017 Ottawa County Behavioral Risk Factor Survey, pages 67-68. www.miOttawa.org/2017BRFS

Priority Area: Healthy Behaviors

Objective #1: Decrease the percentage of adults who engage in no leisure-time physical activity.

Prioritized Root Cause #1: Lack of awareness of what constitutes physical activity, physical activity opportunities and the importance of physical activity.

Many people are not aware of low-cost and free opportunities for physical activity and believe if they don't have a gym membership or participate in organized physical activity programs they can't be physically active. Therefore, strategies to educate the community about available free and low-cost options, as well as strategies to educate that all activities count, are necessary to address this root cause.

Prioritized Root Cause #2: Lack of physically active role models.

Planning participants indicated children and young adults who exercise regularly are more likely to seek physical activity throughout their lives. For that reason, it is important for youth to have physically-active role models in all areas of their lives (home, school, community, etc.) to help them develop healthy habits that last a lifetime.

Priority Area: Healthy Behaviors

Objective #1: Decrease the percentage of adults who engage in no leisure-time physical activity.

Prioritized Root Cause #3: Excessive screen time.

Planning participants feel the increase in lack of physical activity has a direct correlation to excessive screen time. This root cause affects people of all ages. Providing more opportunities to put screens down and engage in physical activity could change this proportion and improve healthy behavior outcomes.

Priority Area: Healthy Behaviors

Objective #2: Increase the percentage of adults who consume at least five servings of fruits and vegetables per day.

Metrics: The percentage of Community Residents who consume at least five servings of fruits and vegetables per day.*

a) 2014 – 29.5%

b) 2017 – 17.6%

Sub-population data:†

a) 3.1% of adults with less than high school degree

b) 8% of households earning less than $20,000 annual income

Context for Prioritizing Objective #2: The number of Ottawa County adults who consume five servings of fruits and vegetables daily decreased significantly since 2014. Fruits and vegetables are important components of a healthy diet and adequate daily consumption is important to help prevent cancer, cardiovascular disease and obesity.

Sources: *2017 Ottawa County Behavioral Risk Factor Survey, page 32.
†2017 Ottawa County Behavioral Risk Factor Survey, pages 84. www.miOttawa.org/2017BRFS

Priority Area: Healthy Behaviors

Objective #2: Increase the percentage of adults who consume at least five servings of fruits and vegetables per day.

Prioritized Root Cause #1: Lack of access to fruits and vegetables (cost and transportation).

We must minimize the barriers that prevent many people from accessing healthy foods, so all residents can enjoy the health benefits of fruits and vegetables.

Prioritized Root Cause #2: Lack of knowledge of what to purchase.

Consumers are often overwhelmed by confusing and conflicting messages about what constitutes a healthy diet. Simple and consistent messages coming from a variety of agencies (schools, worksites, health care providers, etc.) could help reduce confusion and help consumers make healthy food choices.

Prioritized Root Cause #3: Lack of tools and skills to prepare fruits and vegetables.

When people have the tools, knowledge and skills needed to prepare fruits and vegetables, they are more likely to consume them on a regular basis.

Priority Area: Healthy Behaviors

Objective #3: Increase the percentage of overweight or obese adults who receive advice from a health care professional about their weight.

Metrics: Received advice from a health care professional about their weight:

a) Adults classified as overweight according to BMI = 22.7%*

b) Adults classified as obese according to BMI = 49.5%*

*These statistics mean less than a quarter of adults who are classified as overweight and only half who are classified as obese (according to their BMI) are receiving any kind of advice about their weight from a health care professional.

Context for Prioritizing Objective #3: The impact a health care provider has on a patient's healthy behaviors should not be overlooked. Health care providers need to intervene and offer recommendations and resources during office visits; which can result in positive and lasting influence on the patient's healthy behavior changes and weight status.

Source: *2017 Ottawa County Behavioral Risk Factor Survey, page 54. www.miOttawa.org/2017BRFS

Priority Area: Healthy Behaviors

Objective #3: Increase the percentage of overweight or obese adults who receive advice from a health care professional about their weight.

Prioritized Root Cause #1: Not enough time during patient office visits.

A survey of local primary care physician offices indicated a lack of time during a patient visit is the primary reason advice about a patient's weight isn't always given.

Priority Area: Healthy Behaviors

Recommended Strategies for Implementation: Planning participants recommended five strategies to accomplish the goal of promoting consistent healthy behavior messages and decreasing barriers to healthy living and to achieve the three objectives identified.

Recommended Strategy #1 - Increase awareness about low-cost and free opportunities for physical activity within Ottawa County.

Underserved Community Residents identified access to fitness or exercise options was one of the top four programs or services lacking in the community. Fortunately, many low-cost and free opportunities for physical activity within Ottawa County are available. As an identified strategy, it is important to make residents aware of these opportunities, so they may develop more physically active lifestyles.

Priority Area: Healthy Behaviors

Recommended Strategy #2 - Support Ottawa Food efforts.

Ottawa Food (OF) is a collaboration of more than 40 local agencies and individuals who exists to ensure all Ottawa County residents have access to healthy, local and affordable food choices. The vision of OF is an available supply of well-balanced meals for all. OF implements a variety of programs which increase residents' access to fruits and vegetables, educate community members about healthy eating and encourage them to make healthy food choices. Continued support of this important collaboration has the potential to help increase the consumption of fruits and vegetables locally.

Recommended Strategy #3 - Implement an educational campaign about the importance of family meals.

Planning participants indicated family meals are strongly associated with increased consumption of fruits, vegetables and other healthy food choices. They felt it is important to educate the community about the benefits of family meals. Also, provide tips and encouragement for families to engage in family meals on a regular basis.

Priority Area: Healthy Behaviors

Recommended Strategy #4 - Work with health care professionals to reduce the barriers that prevent them from providing weight-related advice to overweight and obese patients.

Given the limited time during office visits, planning participants thought it is important to work alongside health care professionals to help find ways to reduce these barriers.

Recommended Strategy #5 - Develop a strategic framework to promote health communications, activities and local resources that will help people achieve optimal health.

Planning participants felt strongly about capturing multiple healthy-living messages under one brand name or campaign, as seen in other communities using similar strategies.

CHIP Contact Information

Do you want to learn more about the CHIP or be a part of making a difference in our community?

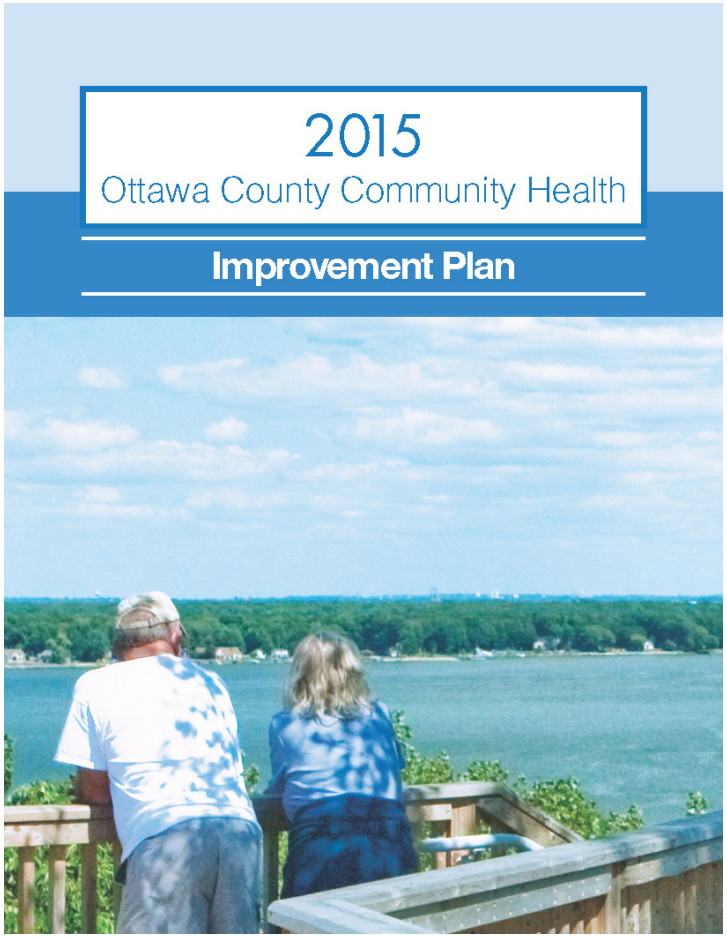
Contact CHIP@miottawa.org for more information.

APPENDIX A

2015 CHIP Progress Update

The following pages highlight the progress made on various strategies implemented based on the 2015 Community Health Improvement Plan. Please note this does not capture all the good work our community has done connected to the original plan, rather those that were being tracked.

2015 CHIP Progress Update



www.miOttawa.org/2015CHIP

2015 CHIP Overview

- In May-August 2015, Ottawa County developed its first Community Health Improvement Plan (CHIP).
- The most prevalent health issues according to the 2014 CHNA included:
  - Access to Care
  - Mental Health
  - Healthy Behaviors
- These became the 2015 CHIP Priority Areas.

Michigan Health Endowment Healthy Ottawa Fund (MHEHOF)

The Grand Haven Area Community Foundation and the Community Foundation for the Holland/Zeeland Area awarded $490,000 in grants from the MHEHOF.

- Funded programs:
  - focused on youth, seniors and other high-need groups.
  - demonstrated the most potential for addressing the three prevalent issues identified in the 2015 CHIP.
- Total funding by CHIP priority:
  - Access to Care: $130,000 (Holland Hospital and Love in Action)
  - Mental Health: $110,000 (Wayne Elhart be nice. fund and TCM Counseling)
  - Healthy Behaviors: $100,000 (Ottawa Food)
  - Covering all priorities: $150,000 (Pathways to Better Health)

Access To Care

Goal: Increase access to a patient centered & community integrated system of care.

- **Objectives:**
  - ↑ the amount of adults who are confident navigating the health care system.
  - ↑ the amount of adults who report their general health is better than fair or poor.
- **Strategies:**
  - Implement **C**ommunity **H**ealth **W**orker (CHW) model.
  - Increase care coordination.
  - Increase health literacy.

Access to Care

Implement CHW Models

3 Year Pilot: Pathways to Better Health (PBH)

- To improve care coordination for individuals at highest risk for poor health outcomes.
- Evidence-based model to identify and address individual risk factors.
- CHWs assist adult Medicaid/Medicare beneficiaries with two or more chronic diseases and health/social service needs.
- CHWs use a standard checklist to identify needs, assess progress, help reduce barriers and provide education/support.

Access to Care

Pathways to Better Health

Community Health Workers:

- Meet with clients at their convenience (home/elsewhere).
- Help clients set goals.
- Help guide clients through the health care system.
- Link clients to medical care based on their specific needs.
- Help clients manage their health conditions and prescriptions.
- Help clients reduce hospital and emergency room visits.
- Link clients to community services and resources (transportation, housing, food, clothing employment and education).

Access to Care
Pathways to Better Health

PBH Advisory Board:

- Community Mental Health of Ottawa County (CMH)
- Community SPOKE
- Greater Ottawa County United Way
- Holland Hospital (HH)
- North Ottawa Community Health System (NOCHS)
- Ottawa County Department of Public Health (OCDPH)
- Spectrum Health Zeeland Community Hospital (SHZCH)

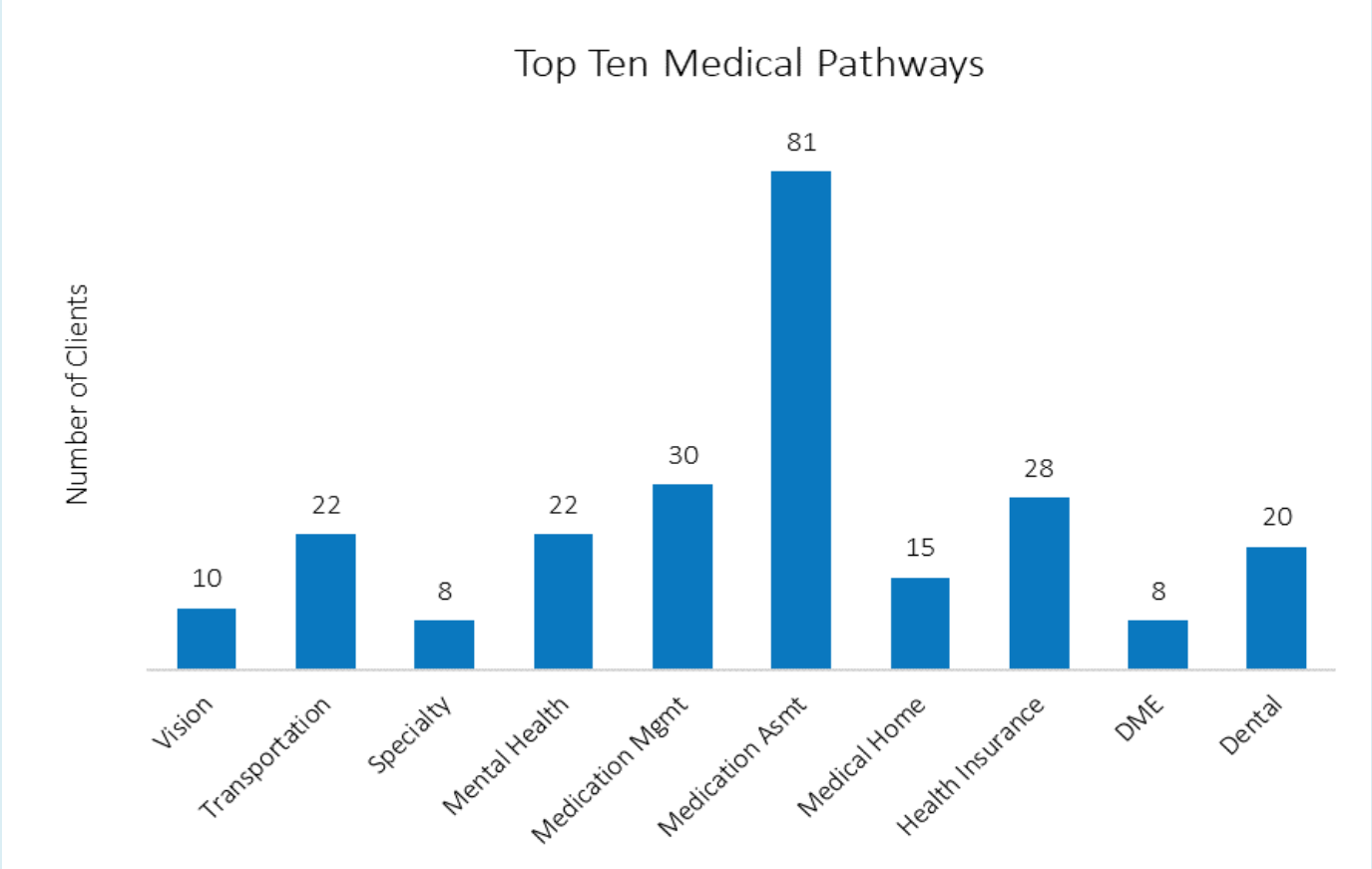
Access to Care
Pathways to Better Health

- 6 CHWs
- 530 referrals

Ottawa PATHWAYS to better health

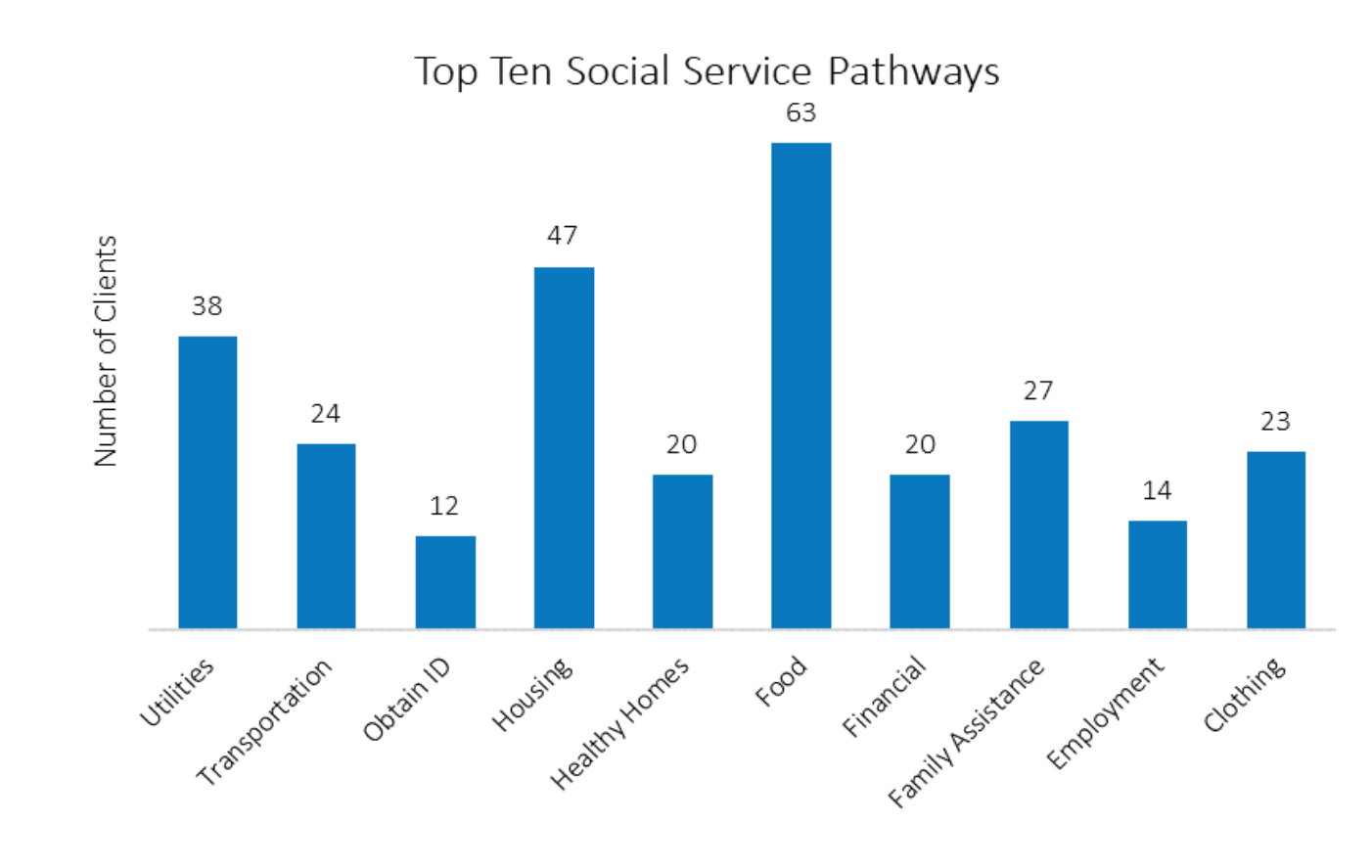
Access to Care

Pathways to Better Health- Year 1



Access to Care

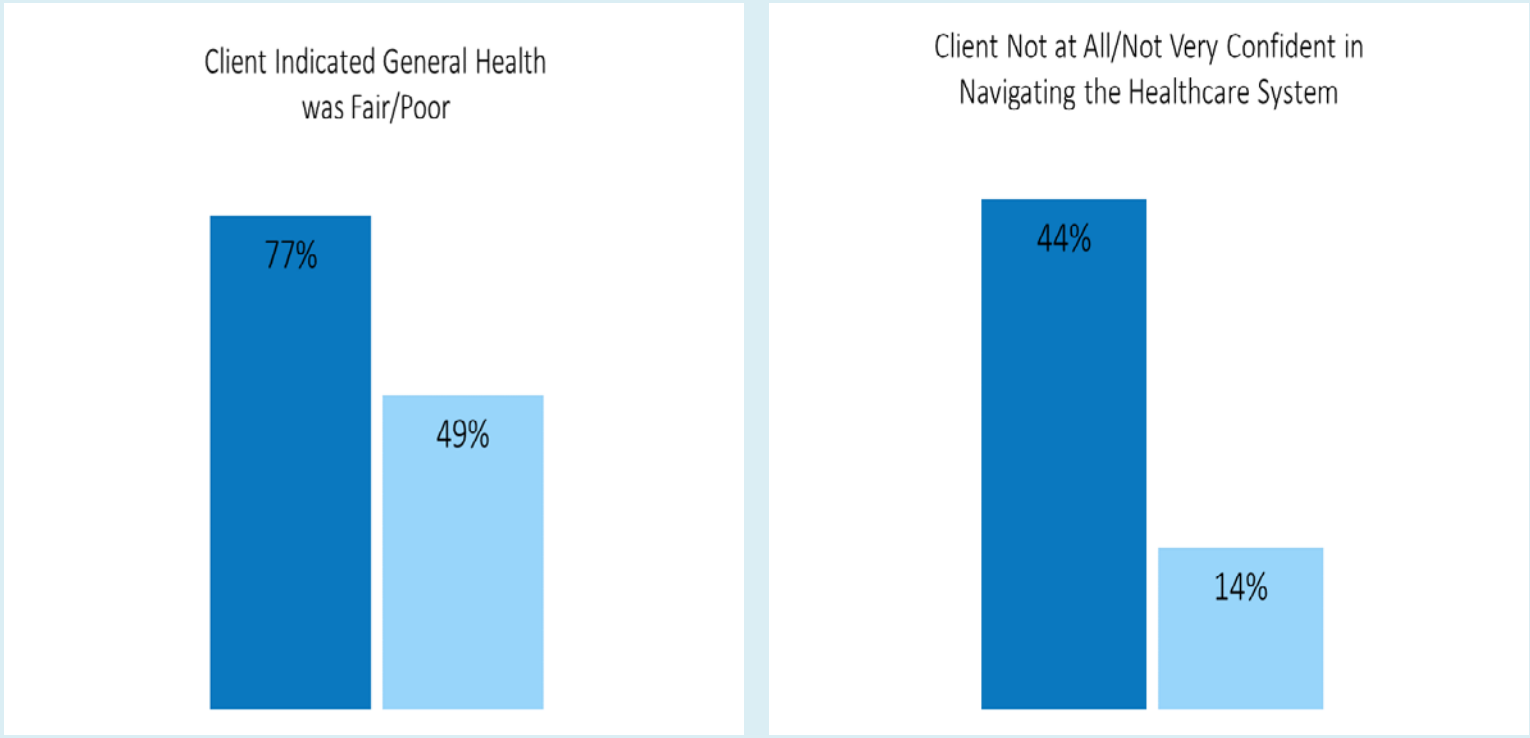
Pathways to Better Health- Year 1



Access to Care

Pathways to Better Health- Year 1 Outcomes

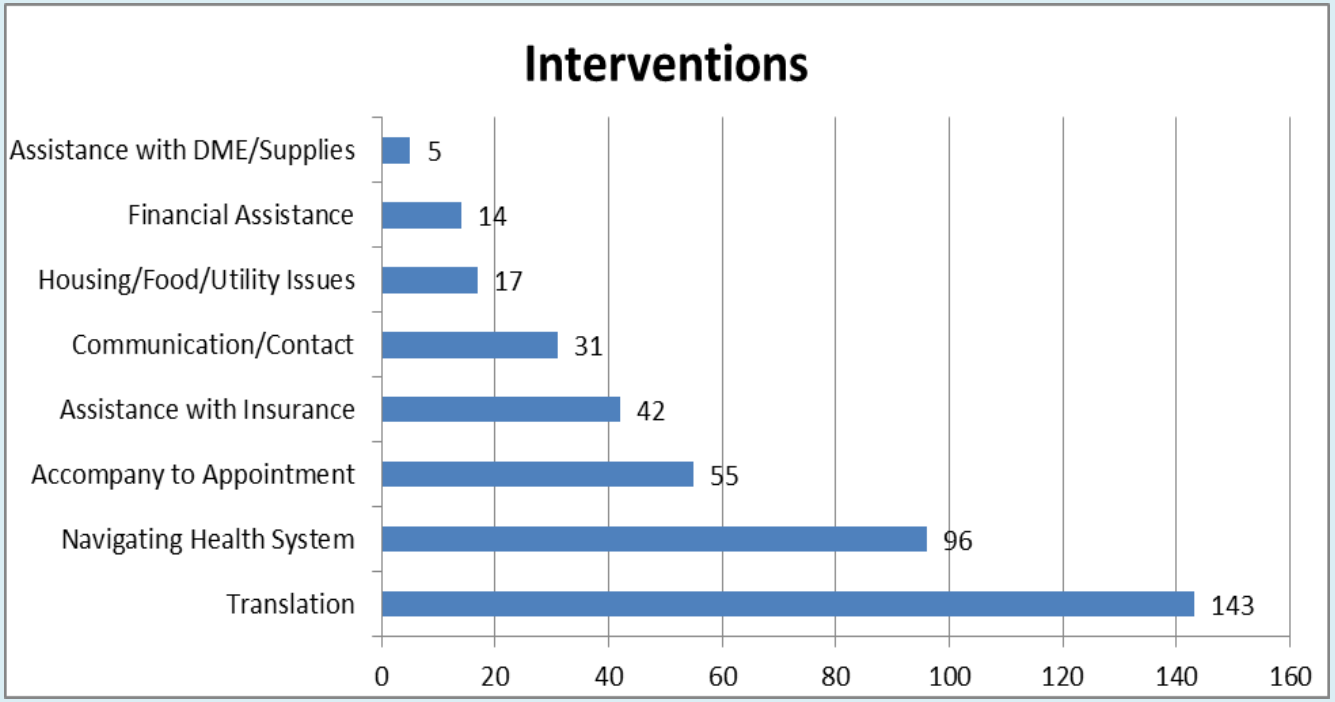
Client Evaluation



Access to Care

Implement CHW Model

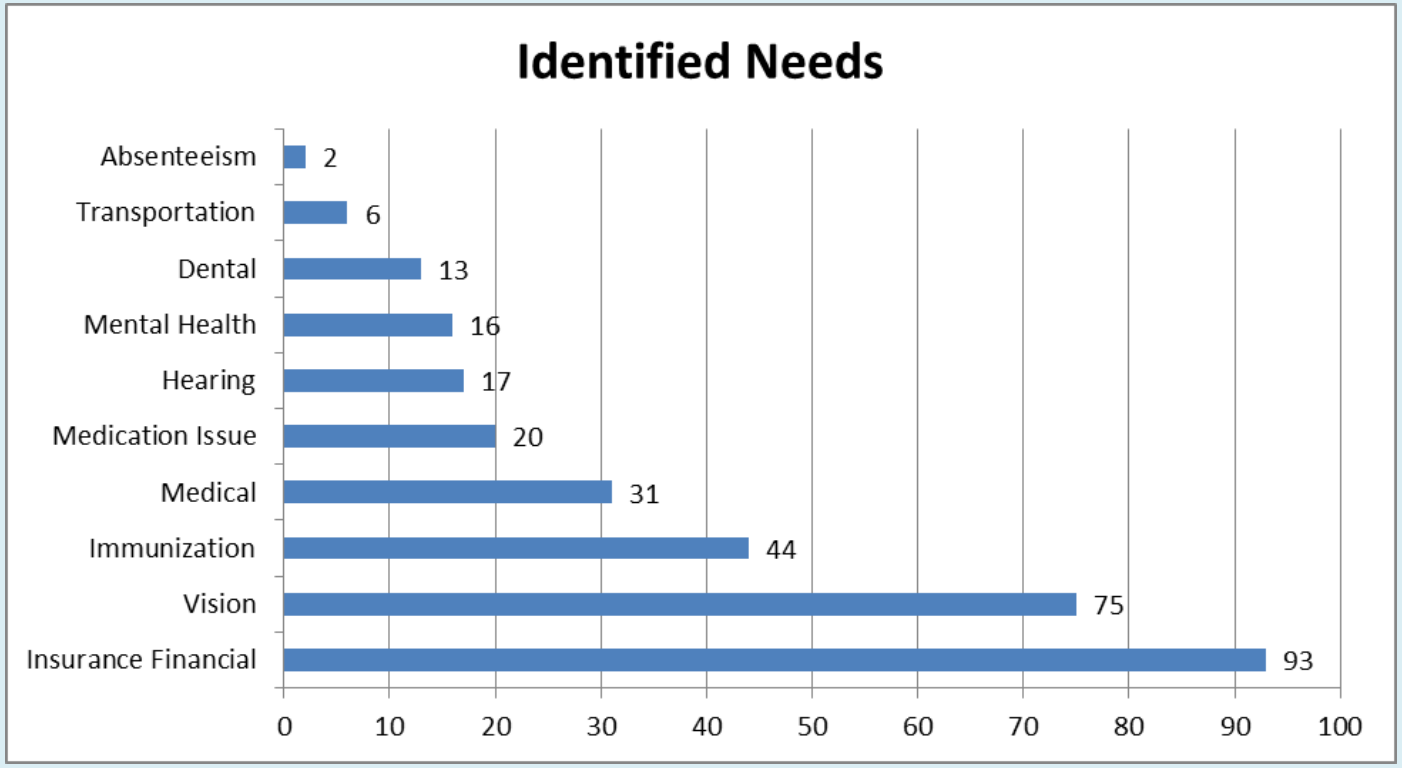
Holland Hospital placed a CHW in their schools that have a school nurse leading to 753 student/family encounters.



Access to Care

Implement CHW Model

The school CHW identified the following needs during student/family encounters:



Access to Care

Increase Care Coordination

- North Ottawa Medical Group
  - Added three case managers.
- NOCHS collaboration with Mercy Health
  - ↑ access to primary and specialty care in northern OC.
- Ottawa Community Schools Network/Coopersville Public Schools
  - NOCHS providing training services, funding telemedicine program and other medical services.

Access to Care

Increase Care Coordination

- Love in Action Free Health Clinic
  - Expanded hours to more broadly meet the community's needs.
- Miles of Smiles collaboration with Holland Free Health Clinic
  - Providing dental services to low income, uninsured adults and Medicaid insured adults.

Access to Care

Increase Health Literacy

- Spectrum Health Zeeland Community Hospital
  - Provided marketplace education sessions where financial counselors provided about 200 community members with information about the Affordable Care Act.
  - Conducted breast cancer awareness campaigns:
    - Saw a 12.3% ↑ in screening mammograms over the baseline in 2014.

Mental Health

Goal: Increase recognition and treatment of mental health conditions.

- **Objective:**
  - More people will seek and receive appropriate mental health (MH) treatment.
- **Strategies:**
  - Partner and promote the *be nice.* campaign.
  - Train primary point of contact people in MH.
  - Develop and distribute treatment resource materials.
  - Improve and promote existing resources.

Mental Health

be nice. campaign

- Schools:
  - 55,000 students in OAISD area received *be nice.* Education.
  - 4,000 school staff trained.
  - Among students receiving training:
    - Understanding mental health increased from 30% to 85%.
    - Retention of understanding symptoms of depression jumped from 36% to 60%.

The "be nice." education program is one prevention initiative in my opinion that does make a difference. This is one of the most significant and dynamic processes I have come across in nearly 30 years in education."

- Todd Kamstra, ZPS Counselor

Mental Health

be nice. campaign

- Supervisors/HR Employees
  - Approximately 20 companies offered the *be nice.* training, impacting 5,000 employees.
- Law Enforcement
  - All City of Holland and Ottawa County police officers received *be nice*. action plan training.
- Faith Community Staff
  - Staff at Christ Memorial received *be nice*. Training.

Mental Health

Train Primary Points of Contact

- Mental Health First Aid trainings
  - Building Resilient Youth (BRY) provided three trainings.
  - CMH trained 185 people.
  - SHZCH hosts quarterly training sessions.
- Question, Persuade, Refer (QPR) trainings
  - BRY provided 18 QPR trainings.
  - CMH trained 73 people in QPR.
  - TCM provided 62 QPR trainings to 1,350 people.
  - All staff at Grand Haven Area Public Schools & Spring Lake Public Schools were trained in QPR.
- CMH trained 180 people on the topic of MH.

Mental Health

Develop & Distribute Treatment Resource Materials

- Treatment materials were developed & distributed to a listserv of over 25 agencies and to hundreds of organizations.
  - MH Crisis Warning Signs and Resource Guide
  - Training Resource Guide
  - MH Insurance Flow Chart

Mental Health

Improve & Promote Existing Resources

- TCM
  - Extended counseling and school services to the Holland/Zeeland area, and ↑ counseling/psychiatric services in the Tri-Cities.
- Beacon of Hope
  - New building to respond to the growing demand for no-cost counseling services for uninsured/ underinsured community members with mental health issues.
- SHZCH
  - Expanded hours for social workers in its emergency department.

Healthy Behaviors

- **Goal:** Promote consistent health behavior messages and decrease barriers to healthy living.
- **Objectives:**
  - ↑ fruit and vegetable (F/V) consumption.
  - ↑ people who have enough to eat.
  - ↑ people at a healthy weight.
  - ↑ leisure time physical activity.
- **Strategies:**
  - Support the efforts of Ottawa Food (OF).
  - Support the efforts of Shape Michigan.

Healthy Behaviors

Ottawa Food

- A collaboration of 40+ local agencies and individuals who exist to ensure all Ottawa County residents have access to healthy, local and affordable food choices.
- Three Priority Areas:
  - Eliminate hunger.
  - Encourage healthy eating.
  - ↑ sourcing of local food.

OTTAWA FOOD
Hunger | Health | Community

Healthy Behaviors

Ottawa Food

- Promote and Support Meet Up & Eat Up
  - Provides free and nutritious summer meals to children 18 and younger.
  - 68,850 meals served in 2017 in five different communities, including two new Ottawa Food sites.

Healthy Behaviors

Ottawa Food

- Prescription for Health
  - 50 participants received $10 in tokens to purchase fresh local produce per visit to the farmers market—up to $100 in a single market season.
  - Participants reported a 0.9 cup increase in daily F/V consumption, surpassing program goal.

Prescription for HEALTH

Healthy Behaviors

Ottawa Food

- Senior Project Fresh
  - Provides qualifying older adults with $20 vouchers to purchase unprocessed and Michigan-grown produce at authorized farmers markets/roadside stands in the state.
  - OF distributed 375 vouchers in 2017.
  - 75% redemption rate.

Senior
Project FRESH
Market Fresh Food

Healthy Behaviors

Ottawa Food

- 2017 CSA to Pantry
  - Connected two farmers with two local food pantries.
  - 120 low-income households received fresh, local produce; 36 participated in cooking classes.
- 2017 Produce Donation Programs
  - Grand Haven Farmer's Market: 575 lbs.
  - Holland Farmer's Market: More than 475 lbs.
  - U-pick Donations: More than 300 lbs.

Healthy Behaviors

Ottawa Food

- Rebranding and Marketing Campaign (Burch Partners)
  - 20+ media placements for programs.
  - 1 million+ media impressions.
  - Raised awareness of OF on radio, TV, print and online.

OTTAWA FOOD
Hunger | Health | Community

Healthy Behaviors

Initiatives

- Shape Michigan – discontinued.
- Community Kitchen Renovation
  - Updated space which serves >200 meals/day and >75,000 meals/year to residents in need.
- Eighth Day Farm
  - A New Growth Center.
- Ottawa County Parks and OCDPH
  - Step It Up! 286 fall program participants.
  - 46 million steps taken.
- SHZCH
  - Piloting *Fit & Healthy Families* & *Healthy Me* programs.
- NOCHS
  - Free community health lectures on healthy lifestyles topics.

Collaboration

"There is power in collaboration. Just by coming together as a community of organizations committed to population health, we have leveraged more financial support, more services and more community benefit than we could have on our own."

Lisa Stefanovsky, Health Officer
Ottawa County Department of Public Health

APPENDIX B

Summary of Organizational Strategies Linked to the 2018 CHIP

The following pages include specific strategies that various Ottawa County organizations are currently implementing, or seeking to implement, that have a direct connection to achieving the goals and objectives outlined in this plan. The CHIP Advisory Council will provide periodic updates and share the progress of these strategies, as well as broader collaborative strategies being implemented by CHIP workgroups.

Extended Grace

CHIP Priority Area: Mental Health

- Adding teen programming at the Momentum Center.
- Adding evening hours/activities at the Momentum Center once a week for adults who work.
- Summer series on addiction each Monday night in August.
- Expand town halls to facilitate a Town Hall on Mental Illness in Holland and/or other parts of the county.
- Lead a Stomp Out Stigma Walk in Ottawa County.

Great Start Collaborative-Ottawa

CHIP Priority Area: Access to Care

- The Great Start Collaborative (GSC) started the work group around medical access for women receiving prenatal care and for children receiving well-child check-ups. Our goal is to increase the percentage of women who get to their prenatal appointments to better the chances their children are born healthy. Right now, the GSC strategies include building connections between OBGYNs as well as businesses (e.g., time off for medical appointments).

Holland Hospital

CHIP Priority Area: Access to Care

- Added Spanish-speaking staff and providers at our outpatient behavioral health clinic to improve access to care for Spanish-speaking population.
- Expanding work of the school nurse community health worker in our community.

CHIP Priority Area: Mental Health

- Expanding our emergency department to develop a Mental Health ED, creating a better environment of care for patients experiencing an acute mental health crisis.

Multiple CHIP Priority Areas:

Mental Health and Healthy Behaviors

- Social workers and certified diabetes educators are now embedded in our internal medicine and primary care offices to address mental health concerns and promote healthy lifestyles.

Holland Hospital Physician Health Organization

CHIP Priority Area: Access to Care

- Holland Hospital Physician Health Organization (PHO) is a Clinically Integrated Network for providers surrender contracting authority (they are required to contract with the same plans). We are working on which providers are OPEN and accepting NEW patients for certain insurances. PCP and SCP practices are required to maintain certain hours outside of 9am-5pm for PCMH (Patient Centered Medical Home) accreditation. Alternative is they must have a feedback loop with the urgent cares (which they do) or offer alternative visit types.
- We are working within our IT systems to communicate seamlessly with other health care providers. Care Everywhere, Epic Care Link, Commonwell, CareQuality, SureScripts and Great Lakes Health Connect VIPR are some of the data repositories we are linking up with to share clinical data. Furthermore, providers have enhanced direct messaging capabilities between Hospital and Skilled Nursing Facilities to improve communication.

CHIP Priority Area: Mental Health

- Providers are required to complete PHQ depression screening at preventive care visits, which has been beneficial in screening more patients for depression. We are seeing a significant increase. Working on clinical care pathways to improve follow-up for high results, using care managers as first line.

Holland Hospital Physician Health Organization

CHIP Priority Area: Mental Health (continued)

- Holland PHO has a special grant partnership with OCDPH to address opiate prescribing in our network. Our aim is threefold; to reduce the number of opiates prescribed in the network, to initiate provider guidelines for prescribing and management of opioid medications, and assure access to Medication Assisted Therapy (MAT). Our guidelines for Acute Low Back Pain and Pain Management have just been approved and will be shared with the network soon. We are working with the state on access to the Michigan Automated Prescription System (MAPS) for surveillance and performance monitoring for opioid prescribing. In the meantime, we are promoting that physicians monitor opioid prescribing using quarterly MAPS reports that are automatically generated on their behalf with special consideration on keeping prescribing below 90 daily Morphine Milligram Equivalents (MME).
- Backlog for a psychiatrist consult is out to the end of December. Working on improving access by offering rounding program between primary care and behavioral health providers.
- With regard to ACEs, Holland PHO is working collaboratively with OAISD on standardizing developmental screening for pediatric patients. We are also training our pediatric providers to look at mom/dad when they assess for SDOH with children in treating the whole person.

Holland Hospital Physician Health Organization

CHIP Priority Area: Healthy Behaviors

- Assessment of BMI percentile, counseling for physical activity and counseling for nutrition is a HEDIS metric our physicians are completing for well-child visits for children ages 3-17 years of age.

North Ottawa Community Health System (NOCHS)

CHIP Priority Area: Access to Care

- Pilot Peace of Mind regional collaboration to improve compliance and engagement, whereby reducing unnecessary ED visits, hospital admissions primarily for the elderly and disabled.

CHIP Priority Area: Mental Health

- Expand partnership with TCM Counseling to better assist patients in the ED with acute mental health crisis.
- Increase events and organizational efforts to raise awareness about, and collaboratively address, mental health issues – from opioid addiction to peri/post-partum mood disorders (PPMD).

CHIP Priority Area: Healthy Behaviors

- Expand Farmers Market Education Station that provide vital information about, and open up access to, healthy food and interactive displays.
- Provide student athletes and faculty access to Grand Haven Area Public School facilities off hours for training, wellness activities, an on-site athletic trainer and access to a sports medicine physician.

North Ottawa Community Health System (NOCHS)

Multiple CHIP Priority Areas:

Access to Care and Mental Health

- Provide immediate access to inpatient beds at Forest View Psychiatric Hospital and its outpatient medication management clinic for patients in Northern Ottawa County.
- Increase student access to medical and mental health services at Coopersville Area Public Schools through partnership with Ottawa Community Schools Network (OCSN).
- Open and initiate utilization of NOCHS' Integrated Emergency Room Model to enhance collaborative partnerships in reducing costly and unnecessary visits, whereby opening up access to more patients and instilling best practice tools to sustain quality acute care.

Access to Care and Healthy Behaviors

- Provide immediate access to inpatient beds at Forest View Psychiatric Hospital and its outpatient medication management clinic for patients in Northern Ottawa County.
- Increase student access to medical and mental health services at Coopersville Area Public Schools through partnership with Ottawa Community Schools Network (OCSN).

North Ottawa Community Health System (NOCHS)

Multiple CHIP Priority Areas (continued)

Mental Health and Healthy Behaviors

- Embed Mindfulness curriculum into Grand Haven Area Public Schools. Provide Mindfulness in-service for primary care and specialist providers. Increase referrals to Mindfulness experts and other community resources in the areas of nutrition and wellness in partnership with North Ottawa Wellness Foundation (NOWF).
- Expand the Get Better Seminar Series to increase access to local service providers and offer an avenue for them to discuss what they provide our community members. Topics include child processing and parental support, fall prevention, Alzheimer's, anxiety and coping mechanisms, coach to 5k, etc.

Access to Care, Mental Health and Healthy Behaviors

- Increase referrals from the NOCHS' ER Social Work and Medical Group in Northern Ottawa County into the Pathways to Better Health community health worker program.
- Support expansion of Love In Action Free Health Clinic via grant support to help expand its volume and access; as well as continue being the primary referral source, providing reduced-cost diagnostic services to clinic patients and assisting in recruitment of medical volunteers.

Ottawa County Department of Public Health

CHIP Priority Area: Access to Care

- Partner with Ottawa County Community Mental Health (CMH) to increase access to oral health services for CMH clients.
- Partner with Holland Free Health Clinic to increase access to oral health services for low-income uninsured/underinsured adults.
- Increase access to oral health services for low-income uninsured/underinsured adults through the implementation of My Community Dental Clinic (MCDC).

CHIP Priority Area: Mental Health

- Partner with Ottawa County Community Mental Health to expand the Pathways to Better Health program to community mental health clients.
- Provide facilitation of the Ottawa County Suicide Prevention Coalition, which is supporting the efforts of the be nice. Campaign; encouraging QPR trainings; and replicating the Blue Envelope Initiative for community groups, churches, schools and employers; and coordinating continued education opportunities for medical providers and other community members on suicide prevention.

Ottawa County Department of Public Health

CHIP Priority Area: Healthy Behaviors

- Serve as the backbone organization for OF, including acting as the fiduciary for OF grants, funding the OF coordinator and providing a board member and subcommittee member for the effort.
- Coordinate OF initiatives including Meet Up and Eat Up, Prescription for Health, Senior Project Fresh, Pick for Pantries, Produce Donation Program, etc.
- Partner with Ottawa County Parks to implement the Step It Up! fitness challenge, an annual eight week program that encourages participants to increase their level of physical activity and explore new county parks.

Ottawa Community Schools Network (OCSN)

CHIP Priority Area: Access to Care

- The Ottawa Community Schools Network (OCSN) schools will hold monthly Community School Leadership Teams starting Fall 2018. These teams will consist of community partners, school administration, key support staff and parents. The teams will effectively convene stakeholders to use data to identify needs and drive the work around the areas of academics, attendance, behavior and parent engagement. This is an important platform to strategize bringing services into the schools to increase access to needed services.

CHIP Priority Area: Mental Health

- Include the ACEs questionnaire in the screening process that coordinators use to assess students for mental health services.
- Each OCSN school is working to offer parenting classes at the schools. They are looking at having a focus around first offering the parents education around ACES and then offering classes to empower parents to build resiliency and protective factors both in themselves and in their children.
- A group from the Intermediate School District is forming a Trauma Informed Collaborative to look at creating a system to bring best practices for Trauma Informed Schools into the Ottawa area schools.

Ottawa Community Schools Network (OCSN)

CHIP Priority Area: Mental Health (continued)

- Holland East and Zeeland Venture will partner with Good Samaritan's AmeriCorps next year to bring additional mentorship to the schools at the middle and high school level.
- Coopersville will be partnering with TCM next year to provide counseling services to uninsured or underinsured students at the OCSN schools-West and East Elementary.

CHIP Priority Area: Healthy Behaviors

- OCSN has received a grant to continue to bring Feeding America Mobile food pantries to the OCSN schools on a monthly basis. These trucks bring 5,000 pounds of fresh produce every month. These are held at the schools but will be open to the whole community.

Spectrum Health Zeeland Community Hospital

CHIP Priority Area: Access to Care

- Support the new MAX bus stop at SHZCH by promotion and marketing efforts so it achieves sustainable ridership.

CHIP Priority Area: Mental Health

- Work with the Spectrum Health Medical Group (SHMG) to reinforce and support the Blue Envelope Program insuring all staff are comfortable with the process of identifying, handling and referring a patient at risk of attempting suicide. Revise Blue Envelope Program materials so they are appropriate for a school setting and pilot the Blue Envelope Program in a school.
- Work with the Suicide Prevention Task Force of Ottawa County to develop a list of QPR (Question, Persuade, Refer) resources available in the county and pilot offering 2 additional QPR trainings a year.
- Explore offering Tele-psych services.
- Increase use of the Oncology Distress Screening Tool with cancer patients to help identify how to best meet the needs (transportation, housing, finance, emotional, family support, etc.) of patients.

Spectrum Health Zeeland Community Hospital

CHIP Priority Area: Healthy Behaviors

- Pilot the Win With Wellness Fit Club in one school and support the Fit Club 100 Mile Challenge.
- Work with the SHMG to encourage physicians to talk with their patients about their weight and create a resource for physicians that will list available weight management resources.

Multiple CHIP Priority Areas:

Access to Care, Mental Health and Healthy Behaviors

- Increase the number of referrals from the SHMG in Ottawa County and from SHZCH into the Ottawa Pathways to Better Health (OPBH) community health worker program.

TCM Counseling

Multiple CHIP Priority Areas: Access to Care and Mental Health

- TCM never turns people away for being uninsured or underinsured. We are adding more staff and therapists to reach more people throughout the entire county. We currently have 50 therapists and one psychiatrist.

CHIP Priority Area: Mental Health

- Offer educational/support groups on various mental health topics to help reduce stigma.
- Starting a support group for individuals lacking coping mechanisms for dealing with psychological distress.
- Offer QPR training for free. Staff trained more than 3,000 people in QPR in the past several years. People who may be suicidal need to access professional counseling immediately. TCM is helping decrease suicide attempts by making sure professional counseling is affordable and accessible to everyone in Ottawa County.
- To address the root cause of ACEs, TCM is expanding its School Outreach Program to students, schools and school districts in the 2018/2019 school year. During the 2017/2018 school year, TCM provided FREE counseling in 20 schools in four school districts. The target children (K-12) are either uninsured/underinsured and unable to get to a therapist's office outside of school. According to the Ottawa ACEs study, adults reporting one or more ACEs are also more likely to be without health insurance.*

*Source: 2017 Ottawa County BRFS, pages 125-129 (special analysis conducted to investigate relationship between ACEs and health insurance). www.miOttawa.org/2017BRFS

Tri-Cities YMCA

CHIP Priority Area: Healthy Behaviors

- The YMCA offers a number of wellness-related activities and strives to ensure memberships and programs are available to all regardless of ability to pay.

Sources Page

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[3] Greater Ottawa County United Way 2018 Community Assessment, released October, 2018.

[4] 2017 Ottawa County Behavioral Risk Factor Survey, page 90. www.miOttawa.org/2017BRFS

[5] 2017 Ottawa County Community Health Needs Assessment, page 97. www.miOttawa.org/2017CHNAFullReport

[6] 2017 Ottawa County Behavioral Risk Factor Survey, page 63. www.miOttawa.org/2017BRFS ;
2017 Ottawa County Community Health Needs Assessment, page 95. www.miOttawa.org/2017CHNAFullReport

[7] 2017 Ottawa County Behavioral Risk Factor Survey, page 36. www.miOttawa.org/2017BRFS

[8] 2017 Ottawa County Community Health Needs Assessment, page 103. www.miOttawa.org/2017CHNAFullReport

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2014 Ottawa County Behavioral Risk Factor Survey, page 55. www.miOttawa.org/2014BRFS

[11] 2017 Ottawa County Community Health Needs Assessment, page 120. www.miOttawa.org/2017CHNAFullReport;
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[12] 2017 Ottawa County Community Health Needs Assessment, page 71. www.miOttawa.org/2017CHNAFullReport

[13] 2017 Ottawa County Community Health Needs Assessment, pages 26, 86. www.miOttawa.org/2017CHNAFullReport

[14] 2017 Ottawa County Behavioral Risk Factor Survey, page 45. www.miOttawa.org/2017BRFS

[15] 2017 Ottawa County Community Health Needs Assessment, pages 25, 76. www.miOttawa.org/2017CHNAFullReport

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[17] 2017 Ottawa County Behavioral Risk Factor Survey, page 128. www.miOttawa.org/2017BRFS

[18] 2017 Ottawa County Community Health Needs Assessment, pages 78-79. www.miOttawa.org/2017CHNAFullReport

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[20] 2017 Ottawa County Community Health Needs Assessment, page 125. www.miOttawa.org/2017CHNAFullReport

[21] 2017 Ottawa County Behavioral Risk Factor Survey, page 54. www.miOttawa.org/2017BRFS

[22] 2017 Ottawa County Community Health Needs Assessment, pages 75-76. www.miOttawa.org/2017CHNAFullReport

[23] 2017 Ottawa County Community Health Needs Assessment, page 57. www.miOttawa.org/2017CHNAFullReport

Contact Information for CHIP

Do you want to learn more about the CHIP or be a part of making a difference in our community?

Email CHIP@miOttawa.org for more information.