Today’s Agenda

➢ Welcome
  ▪ Lisa Stefanovsky, Ottawa County Health Officer

➢ Meet the CHNA Task Force

➢ Study Findings
  ▪ Martin Hill, PhD & Marcia Mansaray, MSc

➢ Planning Community Priorities
  ▪ Patrick Cisler, Community SPOKE
A community health needs assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a CHNA is to develop strategies to address the community's health needs and identified issues; the essential ingredients are community engagement and collaborative participation.

-Public Health Accreditation Board (PHAB)
What Is a CHNA

ACA Mandate
- All nonprofit hospitals
- Conduct every three years
- Include expertise of public health
- Seek community input
- Implementation plan based on needs

Ottawa Opportunity
- Work together
- Dig deeper
- Ensure sustainability
- Target limited resources

Who was involved

Task Force Partners:
- Ottawa Department of Public Health
- North Ottawa Community Health System
- Holland Hospital
- Greater Ottawa County United Way
- Spectrum Health Zeeland Community Hospital

Research Partner:
- VIM
METHODS
The Assessment Process

- Population Data
- YAS
- Key informant surveys
- In-depth interviews
- Rankings
- BRFS
- Underserved feedback

United Way Community Assessment

Tell the story...
## Data Collection

*Changes in methods since 2012*

<table>
<thead>
<tr>
<th>Primary Data Source</th>
<th>Data Collection Methodology</th>
<th>Target Audience</th>
<th>Number Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Stakeholders</td>
<td>In-depth Telephone Interviews</td>
<td>Hospital Directors, Clinic Executive Directors</td>
<td>10</td>
</tr>
<tr>
<td>Key Informants</td>
<td>Online Survey</td>
<td>Physicians, Nurses, Dentists, Pharmacists, Social Workers</td>
<td>77</td>
</tr>
<tr>
<td>Community Residents (Underserved)</td>
<td>Self-administered Survey (Paper)</td>
<td>Vulnerable and underserved sub-populations</td>
<td>285</td>
</tr>
<tr>
<td>Community Residents</td>
<td>Telephone Survey (BRFS)</td>
<td>Adults (18 years of age and older)</td>
<td>2,008</td>
</tr>
</tbody>
</table>

### 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

The BRFS responses were analyzed by ZIP code-based sections.

<table>
<thead>
<tr>
<th>Section</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>460</td>
</tr>
<tr>
<td>Northeast</td>
<td>74</td>
</tr>
<tr>
<td>Central</td>
<td>175</td>
</tr>
<tr>
<td>Southwest</td>
<td>948</td>
</tr>
<tr>
<td>Southeast</td>
<td>339</td>
</tr>
</tbody>
</table>
THE LANDSCAPE
Ottawa County is the healthiest county in Michigan.

✅ Fact  Fiction
<table>
<thead>
<tr>
<th>Year</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2nd</td>
</tr>
<tr>
<td>2011</td>
<td>1st</td>
</tr>
<tr>
<td>2012</td>
<td>2nd</td>
</tr>
<tr>
<td>2013</td>
<td>2nd</td>
</tr>
<tr>
<td>2014</td>
<td>1st</td>
</tr>
<tr>
<td>2015</td>
<td>1st</td>
</tr>
</tbody>
</table>

Source: 2010 through 2015 County Health Rankings; the Robert Wood Johnson Foundation and the University of Wisconsin.
<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Ottawa County</th>
<th>Michigan</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health Fair/Poor</td>
<td>10.5%</td>
<td>17.7%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Poor Physical Health (14+ days)</td>
<td>6.1%</td>
<td>12.7%</td>
<td>--</td>
</tr>
<tr>
<td>Poor Mental Health (14+ days)</td>
<td>8.6%</td>
<td>12.0%</td>
<td>--</td>
</tr>
<tr>
<td>Activity Limitation (14+ days)</td>
<td>5.7%</td>
<td>8.8%</td>
<td>--</td>
</tr>
<tr>
<td>Dissatisfied/Very Dissatisfied with Life</td>
<td>3.2%</td>
<td>6.1%</td>
<td>--</td>
</tr>
<tr>
<td>Rarely/Never Receive Social and Emotional Support</td>
<td>5.5%</td>
<td>6.5%</td>
<td>--</td>
</tr>
<tr>
<td>Obese</td>
<td>23.9%</td>
<td>31.5%</td>
<td>28.9%</td>
</tr>
<tr>
<td>Overweight</td>
<td>35.3%</td>
<td>34.7%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>37.7%</td>
<td>32.5%</td>
<td>33.4%</td>
</tr>
<tr>
<td>No Health Care Coverage (18-64)</td>
<td>9.3%</td>
<td>17.4.6%</td>
<td>20.0%</td>
</tr>
<tr>
<td>No Personal Health Care Provider</td>
<td>11.4%</td>
<td>17.0%</td>
<td>22.9%</td>
</tr>
<tr>
<td>No Health Care Access Due to Cost</td>
<td>9.8%</td>
<td>15.5%</td>
<td>15.3%</td>
</tr>
<tr>
<td>No Leisure Time Physical Activity</td>
<td>20.5%</td>
<td>24.4%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Inadequate Fruit and Vegetable Consumption (&lt;5 Times Per Day)</td>
<td>70.5%</td>
<td>84.7%</td>
<td>76.6%</td>
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<tr>
<td>Consume Fruits &lt;1 Time Per Day</td>
<td>20.6%</td>
<td>37.5%</td>
<td>39.2%</td>
</tr>
<tr>
<td>Consume Vegetables &lt;1 Time Per Day</td>
<td>17.1%</td>
<td>23.9%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Current Cigarette Smoking</td>
<td>18.6%</td>
<td>21.4%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Former Cigarette Smoking</td>
<td>22.6%</td>
<td>27.0%</td>
<td>25.2%</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>19.3%</td>
<td>18.9%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Heavy Drinking</td>
<td>6.5%</td>
<td>6.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Ever Told High Blood Pressure</td>
<td>26.4%</td>
<td>34.6%</td>
<td>31.4%</td>
</tr>
<tr>
<td></td>
<td>Ottawa County</td>
<td>Michigan</td>
<td>U.S.</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>Cholesterol Ever Checked</td>
<td>77.4%</td>
<td>83.2%</td>
<td>80.1%</td>
</tr>
<tr>
<td>Ever Told High Cholesterol</td>
<td>26.8%</td>
<td>40.6%</td>
<td>38.4%</td>
</tr>
<tr>
<td>No Routine Checkup in Past Year</td>
<td>19.9%</td>
<td>30.1%</td>
<td>31.8%</td>
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<tr>
<td>Ever Had Mammogram (Females, 40+ only)</td>
<td>93.1%</td>
<td>94.5%</td>
<td>--</td>
</tr>
<tr>
<td>Had Mammogram in Past Year (Females, 40+ only)</td>
<td>66.8%</td>
<td>59.2%</td>
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</tr>
<tr>
<td>Had Mammogram in Past 2 Years (Females, 40+ only)</td>
<td>80.6%</td>
<td>76.6%</td>
<td>75.6%</td>
</tr>
<tr>
<td>Ever Had Pap Test</td>
<td>87.7%</td>
<td>92.1%</td>
<td>--</td>
</tr>
<tr>
<td>Had Appropriately Timed Pap Test</td>
<td>71.2%</td>
<td>79.4%</td>
<td>--</td>
</tr>
<tr>
<td>Ever Had PSA Test (Males, 50+ only)</td>
<td>65.8%</td>
<td>72.2%</td>
<td>--</td>
</tr>
<tr>
<td>Ever Had Sigmoidoscopy or Colonoscopy (50+ only)</td>
<td>74.4%</td>
<td>74.0%</td>
<td>--</td>
</tr>
<tr>
<td>Had Sigmoidoscopy /Colonoscopy in Past 5 Years (50+)</td>
<td>61.9%</td>
<td>56.4%</td>
<td>52.8%</td>
</tr>
<tr>
<td>No Dental Visit in Past Year</td>
<td>21.3%</td>
<td>32.0%</td>
<td>30.0%</td>
</tr>
<tr>
<td>No Teeth Cleaning in Past Year</td>
<td>24.3%</td>
<td>29.2%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Had Flu Vaccine in Past Year (65+ only)</td>
<td>72.1%</td>
<td>56.8%</td>
<td>62.6%</td>
</tr>
<tr>
<td>Ever Had Pneumonia Vaccine (65+ only)</td>
<td>66.9%</td>
<td>68.6%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Current Asthma Prevalence</td>
<td>6.5%</td>
<td>10.9%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Ever Told Had Arthritis</td>
<td>18.3%</td>
<td>31.3%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Ever Told Had Heart Attack</td>
<td>2.1%</td>
<td>5.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Ever Told Had Angina/Coronary Heart Disease</td>
<td>2.9%</td>
<td>5.2%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Ever Told Had Stroke</td>
<td>2.1%</td>
<td>3.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Ever Told Had Diabetes</td>
<td>7.8%</td>
<td>10.4%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Non-skin Cancer</td>
<td>5.4%</td>
<td>7.7%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>
Comparison

Ottawa County compares favorably to peer counties, MI and the U.S.

– MI ranks 34th out of 50
– United States ranks at the bottom of 11 wealthiest countries
Broad Themes

• 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, the same can’t be said of health care access.
Top 10 Most Important Problems in the Community Today

1. Jobs (lack of) / unemployment - 13.5%
2. Alcohol/drugs / substance abuse - 9.0%
3. Crime - 8.1%
4. Streets/roads (physical shape) - 7.9%
5. Poverty/help for the needy - 7.0%
6. Health care costs/lack of insurance/coverage - 6.8%
7. School/education - 6.1%
8. Gangs - 5.1%
9. Property taxes - 4.3%
10. Domestic violence - 2.9%

(n=1377)

Source: 2014 Ottawa County Behavioral Risk Factor Survey
Top of Mind

Top 10 Most Important Health Problems in the Community Today

1. Obesity - 21.7%
2. Cancer - 11.3%
3. Lifestyle choices (diet, smoking, lack of exercise) - 10.3%
4. Health care costs/lack of affordable health care - 10.1%
5. Lack of health care coverage/insurance/lack of access - 9.2%
6. Alcohol/drugs/substance abuse - 6.2%
7. Diabetes - 4.9%
8. Mental illness - 4.7%
9. Care for the elderly/elderly issues - 3.6%
10. Dental care - 2.7%

Source: 2014 Ottawa County Behavioral Risk Factor Survey
QUALITY OF LIFE
If you’re a single mom, you’re more likely to be in poverty if you live in Ottawa County.

Fact ✓ Fiction
Strengths

- Life satisfaction
- Social and emotional support
- Low rates of violent crime
- Nearly 9 out of 10 adults above poverty
- More than 90% HS grads or higher
- High quality and plentiful parks
Areas of Opportunity

• Half of single female families, with children under 5, live in poverty
• Jobs remain a top community concern
• Food insufficiency & quality
Life Satisfaction

Source: 2014 Ottawa County Behavioral Risk Factor Study

- Ottawa County Adults
- Hispanic Adults
- 25-34 Years Old
- <High School Education
- <$20,000

Dissatisfied/Very Dissatisfied With My Life

- 3%
- 4%
- 6%
- 10%
- 14%

Source: 2014 Ottawa County Behavioral Risk Factor Study
Poverty & Single Female Households

- **United States**
  - All Single Female Households: 30.6%
  - Female - With Children <18: 40.0%
  - Female - With Children <5: 46.9%

- **Michigan**
  - All Single Female Households: 34.3%
  - Female - With Children <18: 45.2%
  - Female - With Children <5: 54.7%

- **Ottawa County**
  - All Single Female Households: 27.2%
  - Female - With Children <18: 36.9%
  - Female - With Children <5: 50.7%
Not Enough to Eat

Source: 2014 Ottawa County Behavioral Risk Factor Study

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa County Adults</td>
<td>8%</td>
</tr>
<tr>
<td>Hispanic Adults</td>
<td>15%</td>
</tr>
<tr>
<td>18-24 Years Old</td>
<td>16%</td>
</tr>
<tr>
<td>&lt;High School Education</td>
<td>16%</td>
</tr>
<tr>
<td>Below Poverty Line</td>
<td>21%</td>
</tr>
</tbody>
</table>

Sometimes/Often Don't Have Enough to Eat

Source: 2014 Ottawa County Behavioral Risk Factor Study
Compared to 2012

+ Unemployment
+ Fewer single female families in poverty
- Child abuse/neglect almost doubled
Overall Health
More people in Ottawa County die of Alzheimer’s disease than in MI or the U.S.

Fact
Strengths

• Life expectancy & mortality
• General health status
• Physical health
• Obesity and healthy weight
• Chronic disease (arthritis, asthma, non-skin cancer, COPD, diabetes, heart disease)
• Low birth weight babies
• Prenatal care
Areas of Opportunity

- Overweight adults (obese and overweight)
- Alzheimer’s disease & death rates
- Depression in youth and older adults
- Obesity, anxiety, and depression
Mortality

### Causes of Mortality

#### Top 10 Leading Causes of Death

<table>
<thead>
<tr>
<th>Cause</th>
<th>Ottawa County</th>
<th>Michigan</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RANK</td>
<td>Rate</td>
<td>RANK</td>
</tr>
<tr>
<td>Cancer</td>
<td>1</td>
<td>145.6</td>
<td>2</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>2</td>
<td>128.2</td>
<td>1</td>
</tr>
<tr>
<td>Stroke</td>
<td>3</td>
<td>31.7</td>
<td>4</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>4</td>
<td>27.0</td>
<td>6</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>5</td>
<td>27.0</td>
<td>3</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>6</td>
<td>23.0</td>
<td>5</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>7</td>
<td>13.3</td>
<td>7</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>8</td>
<td>11.0</td>
<td>9</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>9</td>
<td>9.0</td>
<td>10</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>10</td>
<td>7.9</td>
<td>8</td>
</tr>
<tr>
<td>All Other Causes</td>
<td>10</td>
<td>180.5</td>
<td>8</td>
</tr>
</tbody>
</table>

**Alzheimer’s** – not enough care facilities that are affordable and can handle individuals with this disease.

Care facilities for aging parents with Alzheimer’s. Not satisfied with facilities in our area. They aren't trained to handle those patients, even though they say they are.

Infant Mortality

General Health Fair or Poor* (Total Sample)

10.5%

(n=2004)

Health Fair or Poor by Demographics

Age
- 18-24: 9.7%
- 25-34: 4.4%
- 35-44: 3.8%
- 45-54: 12.3%
- 55-64: 17.5%
- 65-74: 15.4%
- 75+: 18.1%

Gender
- Male: 10.5%
- Female: 10.5%

Race/Ethnicity
- White, Non-Hispanic: 9.4%
- Other, Non-Hispanic: 8.7%
- Hispanic: 22.0%

Poverty Level
- Below Poverty Line: 14.2%
- Above Poverty Line: 8.4%

Education
- < High School: 21.9%
- High School Grad: 13.6%
- Some College: 9.7%
- College Grad: 5.4%

HH Income
- <$20,000: 19.1%
- $20,000-$34,999: 12.0%
- $35,000-$49,999: 9.2%
- $50,000-$74,999: 6.5%
- $75,000+: 4.4%

Section
- Northwest: 10.6%
- Northeast: 5.7%
- Central: 5.3%
- Southwest: 12.3%
- Southeast: 12.0%

*Among all adults, the proportion who reported that their health, in general, was either fair or poor.

Source: 2014 Ottawa County Behavioral Risk Factor Survey
Weight Status: Youth and Adult

<table>
<thead>
<tr>
<th>Grade</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>8th</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>10th</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>12th</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>Adult</td>
<td>37%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Source: 2014 Ottawa County Behavioral Risk Factor Study; 2013 Youth Assessment Survey; 2013-14 Third Grade BMI Surveillance
Obesity in Adults

*Among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.

Source: 2014 Ottawa County Behavioral Risk Factor Study
Overweight in Adults

Overweight* (Total Sample)

35.3%

Overweight by Demographics

**Age**
- 18-24: 25.1%
- 25-34: 33.9%
- 35-44: 36.4%
- 45-54: 37.3%
- 55-64: 38.9%
- 65-74: 45.1%
- 75+: 41.3%

**Education**
- < High School: 28.1%
- High School Grad: 36.1%
- Some College: 33.5%
- College Grad: 38.2%

**HH Income**
- <$20,000: 25.4%
- $20,000-$34,999: 32.6%
- $35,000-$49,999: 40.7%
- $50,000-$74,999: 32.6%
- $75,000+: 38.1%

**Section**
- Northwest: 34.9%
- Northeast: 30.2%
- Central: 36.3%
- Southwest: 34.1%
- Southeast: 38.2%

**Gender**
- Male: 39.6%
- Female: 31.0%

**Race/Ethnicity**
- White, Non-Hispanic: 34.9%
- Other, Non-Hispanic: 29.4%
- Hispanic: 44.6%

**Poverty Level**
- Below Poverty Line: 23.3%
- Above Poverty Line: 36.9%

*Among all adults, the proportion of respondents whose BMI was greater than or equal to 25.0, but less than 30.0.

Source: 2014 Ottawa County Behavioral Risk Factor Study
### Mental Health

#### Mild to Severe Psychological Distress*

- **(Total Sample)**
  - 16.4% (n=1942)

*Calculated from responses to Q. 22.1-22.6 where respondents scored 12 or more across the six items on the Kessler 6 scale.

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Mild to Severe Psychological Distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>24.5%</td>
</tr>
<tr>
<td>25-34</td>
<td>27.2%</td>
</tr>
<tr>
<td>35-44</td>
<td>13.5%</td>
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<tr>
<td>45-54</td>
<td>10.9%</td>
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<td>55-64</td>
<td>11.4%</td>
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<td>65-74</td>
<td>10.9%</td>
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<td>75+</td>
<td>10.5%</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
<td>15.6%</td>
</tr>
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<td>Female</td>
<td>17.3%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>13.4%</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>39.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>27.6%</td>
</tr>
<tr>
<td>Poverty Level</td>
<td></td>
</tr>
<tr>
<td>Below Poverty Line</td>
<td>31.9%</td>
</tr>
<tr>
<td>Above Poverty Line</td>
<td>14.8%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>32.2%</td>
</tr>
<tr>
<td>High School Grad</td>
<td>17.2%</td>
</tr>
<tr>
<td>Some College</td>
<td>17.9%</td>
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<tr>
<td>College Grad</td>
<td>10.0%</td>
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<tr>
<td>HH Income</td>
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<tr>
<td>&lt;$20,000</td>
<td>32.2%</td>
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<tr>
<td>$20,000-$34,999</td>
<td>24.4%</td>
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<tr>
<td>$35,000-$49,999</td>
<td>14.4%</td>
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<tr>
<td>$50,000-$74,999</td>
<td>15.6%</td>
</tr>
<tr>
<td>$75,000+</td>
<td>9.0%</td>
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<tr>
<td>Section</td>
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<tr>
<td>Northwest</td>
<td>18.2%</td>
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<tr>
<td>Northeast</td>
<td>18.5%</td>
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<tr>
<td>Central</td>
<td>13.3%</td>
</tr>
<tr>
<td>Southwest</td>
<td>19.1%</td>
</tr>
<tr>
<td>Southeast</td>
<td>12.7%</td>
</tr>
</tbody>
</table>
Compared to 2012

+ Physical health
+ Chronic disease (arthritis, asthma, skin cancer)
+ Obesity and overweight
  - Infant mortality increasing
  - Diabetes as a cause of death, from 10th to 7th
  - 50% increase in reported youth suicide attempts
Healthy Behaviors
What Do You Think?

The amount of **fruits and vegetables** that adults eat on an average day is directly related to their income and education.

Fact ✓ Fiction
Strengths

• Obesity
• Nutrition and access
• Physical activity
• Less youth sex & substance use
• Awareness of what to do to have a healthier lifestyle
Areas of Opportunity

• Adult alcohol use
• Increase access (& affordability) to gyms and places of recreation, especially in winter
• Nutritious eating
Among all adults, the proportion who reported not participating in any leisure-time physical activities or exercises, such as running, calisthenics, golf, gardening, or walking, during the past month.

### No Leisure Time Physical Activity by Demographics

#### Age
- 18-24: 22.2%
- 25-34: 19.2%
- 35-44: 15.3%
- 45-54: 18.2%
- 55-64: 18.5%
- 65-74: 28.4%
- 75+: 34.6%

#### Education
- < High School: 41.4%
- High School Grad: 23.7%
- Some College: 20.2%
- College Grad: 12.2%

#### HH Income
- <$20,000: 39.6%
- $20,000-$34,999: 23.8%
- $35,000-$49,999: 19.9%
- $50,000-$74,999: 13.4%
- $75,000+: 8.0%

#### Gender
- Male: 21.9%
- Female: 19.2%

#### Race/Ethnicity
- White, Non-Hispanic: 20.0%
- Other, Non-Hispanic: 17.9%
- Hispanic: 25.9%

#### Poverty Level
- Below Poverty Line: 30.9%
- Above Poverty Line: 16.7%

#### Section
- Northwest: 20.4%
- Northeast: 16.1%
- Central: 23.0%
- Southwest: 19.5%
- Southeast: 21.5%
Inadequate Fruit and Vegetable Consumption* (Total Sample)

- 70.5% (n=1959)

Inadequate Consumption by Demographics

- **Age**
  - 18-24: 77.6%
  - 25-34: 69.5%
  - 35-44: 65.3%
  - 45-54: 65.2%
  - 55-64: 71.6%
  - 65-74: 76.3%
  - 75+: 72.7%

- **Gender**
  - Male: 73.8%
  - Female: 67.3%

- **Race/Ethnicity**
  - White, Non-Hispanic: 69.0%
  - Other, Non-Hispanic: 79.2%
  - Hispanic: 77.9%

- **Poverty Level**
  - Below Poverty Line: 78.8%
  - Above Poverty Line: 69.5%

- **Education**
  - < High School: 81.4%
  - HS Grad: 73.3%
  - Some College: 73.7%
  - College Grad: 61.7%

- **HH Income**
  - <$20,000: 87.3%
  - $20,000-$34,999: 69.0%
  - $35,000-$49,999: 70.1%
  - $50,000-$74,999: 74.4%
  - $75,000+: 63.0%

- **Section**
  - Northwest: 69.3%
  - Northeast: 57.6%
  - Central: 81.3%
  - Southwest: 70.3%
  - Southeast: 65.9%

*Among all adults, the proportion whose total frequency of consumption of fruits (including juice) and vegetables was less than five times per day.
Compared to 2012

+ Physical health
+ Chronic disease (arthritis, asthma, skin cancer)
  - No leisure time physical activity
  - Infant mortality headed in wrong direction
Many uninsured adults in Ottawa County opt to go without health care rather than go to an ER.

✓ Fact  Fiction
Strengths

• Three hospitals in Ottawa
• High marks for care
• 9 in 10 have coverage
• Almost 9 in 10 have a medical home
• Routine check-ups and cancer screenings
• Childhood immunizations
• Flu vaccine
• Oral health
Areas of Opportunity

• 1 in 10 forego care due to costs
• Co-pays and deductibles
• PCPs per capita
• Mental health care
• Prevention and wellness
• Programs for Alzheimer’s disease
• Programs for the underserved
• Barriers (transportation, language, cultural)
• Cancer screenings (mammograms, Pap, PSA)
• 1 in 4 adults have not visited a dentist; access
• Navigation & coordination of health care system
Continued Barriers to Care – Professional Opinions

I could be an insured patient but I still have so much personal responsibility for a great deal of the bill that to the hospital or to the doctor I almost still look like uninsured. I’m a new level of uninsured.

For some it’s not good. Prescription costs went up. Co-pays for doctors’ visits went up. So many things that they had available are much more costly.

... theoretically increased access, but high deductibles and lack of providers are big problems. I doubt that there has been a big effect on health outcomes.

More patients on Medicaid. Improved access for previously uninsured, but reduced access to those whose insurance has been dropped, or co-pays have become unaffordable.

I'm aware of greater access to health care for many people. This is absolutely a good thing, but the feeling is that the burden of cost has fallen on the middle class families in the way of higher premiums and deductibles.
Among adults aged 18-64, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.

<table>
<thead>
<tr>
<th>No Coverage by Demographics (Among Adults 18-64)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td><strong>Below Poverty Line</strong></td>
</tr>
<tr>
<td>Above Poverty Line</td>
</tr>
<tr>
<td>Below Poverty Line</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>High School Grad</td>
</tr>
<tr>
<td>Some College Grad</td>
</tr>
<tr>
<td>College Grad</td>
</tr>
<tr>
<td>Above 4 Years</td>
</tr>
<tr>
<td><strong>Poverty Level</strong></td>
</tr>
<tr>
<td>Below Poverty Line</td>
</tr>
<tr>
<td>Above Poverty Line</td>
</tr>
<tr>
<td><strong>HH Income</strong></td>
</tr>
<tr>
<td>$50,000-$74,999</td>
</tr>
<tr>
<td>$75,000+</td>
</tr>
<tr>
<td>$50,000-$64,999</td>
</tr>
<tr>
<td><strong>Section</strong></td>
</tr>
<tr>
<td>Northeast</td>
</tr>
<tr>
<td>Northwest</td>
</tr>
<tr>
<td>Central</td>
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<tr>
<td>Southwest</td>
</tr>
</tbody>
</table>

*Source: 2014 Ottawa County Behavioral Risk Factor Study*
Dental Care

"Affordable dental care. Currently they have a 1 day free clinic, but I always seem to work on that day."

*Among adults, the proportion who reported that they had not visited a dentist or dental clinic for any reason in the previous year.

<table>
<thead>
<tr>
<th>Age</th>
<th>No Dental Visit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>21.8%</td>
</tr>
<tr>
<td>25-34</td>
<td>31.5%</td>
</tr>
<tr>
<td>35-44</td>
<td>18.5%</td>
</tr>
<tr>
<td>45-54</td>
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<tr>
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</tr>
<tr>
<td>65-74</td>
<td>17.9%</td>
</tr>
<tr>
<td>75+</td>
<td>28.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>No Dental Visit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>23.7%</td>
</tr>
<tr>
<td>Female</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>No Dental Visit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>19.2%</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>40.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>26.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poverty Level</th>
<th>No Dental Visit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Poverty Line</td>
<td>41.4%</td>
</tr>
<tr>
<td>Above Poverty Line</td>
<td>18.5%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>No Dental Visit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; High School</td>
<td>51.9%</td>
</tr>
<tr>
<td>High School Grad</td>
<td>24.0%</td>
</tr>
<tr>
<td>Some College</td>
<td>23.1%</td>
</tr>
<tr>
<td>College Grad</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HH Income</th>
<th>No Dental Visit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$20,000</td>
<td>43.1%</td>
</tr>
<tr>
<td>$20,000-$34,999</td>
<td>30.7%</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
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</tr>
<tr>
<td>$50,000-$74,999</td>
<td>22.0%</td>
</tr>
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<td>$75,000+</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>No Dental Visit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>25.5%</td>
</tr>
<tr>
<td>Northeast</td>
<td>25.8%</td>
</tr>
<tr>
<td>Central</td>
<td>19.0%</td>
</tr>
<tr>
<td>Southwest</td>
<td>22.5%</td>
</tr>
<tr>
<td>Southeast</td>
<td>16.8%</td>
</tr>
</tbody>
</table>
No Personal Health Care Provider* (Total Sample)

*Among all adults, the proportion who reported that they did not have anyone that they thought of as their personal doctor or health care provider.
Mental Health

“Treatment Can Help People With Mental Illness Lead Normal Lives”

Agree by Psychological Distress

<table>
<thead>
<tr>
<th>Psychological Distress</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well</td>
<td>85.1%</td>
</tr>
<tr>
<td>Mild to Moderate</td>
<td>82.4%</td>
</tr>
<tr>
<td>Severe</td>
<td>83.5%</td>
</tr>
</tbody>
</table>

“People Are Generally Caring and Sympathetic to People With Mental Illness”

Agree by Psychological Distress

<table>
<thead>
<tr>
<th>Psychological Distress</th>
<th>Agree</th>
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<tr>
<td>Well</td>
<td>50.9%</td>
</tr>
<tr>
<td>Mild to Moderate</td>
<td>57.2%</td>
</tr>
<tr>
<td>Severe</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Percent Taking Medication/Receiving Treatment by Psychological Distress Category

- Well: 12.6%
- Mild to Moderate: 23.1%
- Severe: 38.9%

We need mental health understanding by the community so people understand more about mental health issues that people live with each day. Not enough information in this area that people who have mental illness are "not always crazy or dangerous" as can be seen a lot on TV.
Mental health agencies in this community certainly are attempting to deal with people’s mental health concerns and substance abuse issues; our funding is being cut. Even though there’s coverage through insurances now, some people still can’t afford it because of deductibles, or their insurance benefits aren’t adequate.

Increased number of people with mental health issues. The funding cuts to CMH have left many uninsured and low income people without these resources.

Many including myself struggle to find proper care for mental health issues because of lack of funds. Most people don’t care for their physical health if their mental health is lacking. We need better access.
Each doctor has their own specialty so they send patients to numerous doctors which makes it too costly.

Limited availability after traditional office hours...to make an appointment you have to call months in advance.

Source: 2014 Ottawa County Behavioral Risk Factor Study
Compared to 2012

+ More people covered
+ More adults having routine check-ups
− All cancer screenings down from 2012
− A greater awareness for need to coordinate health and human services

If you and I sat down to build a community-wide system of support today, we wouldn’t build it the way it has evolved. It has evolved separately and it needs to be coordinated.

Managing a person’s health care really should include looking at the whole person and making those connections in the community.
WHAT’S NEXT
2012 UW Household Survey

When it comes to health, what message should all health-related agencies promote?

- Healthy Nutrition: 36.5%
- Personal Responsibility: 28.6%
- Exercise: 9.3%

Source: 2012 Community Assessment of Ottawa County, Greater Ottawa County United Way.
In the past, what has motivated you to make long-term changes for improved health?

- Serious Health Issue: 28.4%
- Concern About Family: 15.0%
- Wanting to Lose Weight: 12.1%

Source: 2012 Community Assessment of Ottawa County, Greater Ottawa County United Way.
Next Steps

- **Health Improvement Plan:** Work together to identify areas where we can make an impact and partner on a countywide initiative.

- Contribute to the Health Section of the **2015 United Way Community Assessment** which will further inform next steps and provide more partnerships.

- Maintain strong partnerships to provide a sustainable, comprehensive structure for **assessing health needs** in Ottawa County **every three years**.
Improve Our Health

focus on areas of greatest need

collaborate to maximize efforts

know what affects health

SOCIOECONOMIC FACTORS
HEALTH CARE
HEALTH BEHAVIORS
PHYSICAL ENVIRONMENT
The health of the individual is almost inseparable from the health of the larger community.

U.S. Department of Health and Human Services, Healthy People 2010

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.

World Health Organization, Health Impact Assessment, 2015
For More Information on the Study

➢ Visit

2015 CHNA summary: www.miOttawa.org/2015CHNA
2015 CHNA full report: www.miOttawa.org/2015CHNAreport
Other county health reports: www.miOttawa.org/healthdata

➢ Contact

Marcia Mansaray: mmansaray@miOttawa.org 616-494-5598
Why a Health Improvement Plan?

1. Required
   - The Patient Protection and Affordable Care Act (PPACA) passed by Congress in March of 2010 set forth additional requirements that hospitals must meet in order to maintain their status as a 501(c)(3) Charitable Hospital Organization. One of the main requirements states that a hospital must conduct a community health needs assessment (CHNA) and must adopt an implementation strategy to meet the community health needs identified through the assessment.

2. The Opportunity is Great
   - Other Communities are implementing comprehensive plans with results in positive health outcomes and financial savings
Community Health Improvement in Action

- **New York:** Wraparound care for 23,000 Medicaid patients reduced costs by 7% and earned $14 million in shared savings.

- **California:** Permanent Supportive Housing for high-risk patients creates cost-savings of $32,000 per person per year, 77% reduction in ER visits, 77% reduction in in-patient admissions.

- **Massachusetts:** Substance Abuse partnership reduced overdoses by 50% and drug-related deaths by 78%.
CHNA Icon Key

10 = Key Stakeholder

77 = Key Informants

285 = Underserved Population Survey

2,008 = Resident Survey (Ottawa County Adults)
Community Health Improvement Plan

CHNA

Priority Areas
Top Priority Areas

1. Overweight/Obesity

2. Health Access/Affordability

3. Mental Health
Recognize that to improve health…

80% = know they need to eat healthier
78% = know they need to exercise regularly

Identify a need for increased focus on… wellness/prevention as one of the top reported health needs

Rank… Most Pressing Health Issues
#4 = Obesity
#5 = Health Education (Healthy lifestyles, nutrition, medication)

Current Environment: while Ottawa County is often ranked the #1 Healthiest County in Michigan, BUT 6/10 adults are still considered overweight/obese.

Believe… Obesity is the greatest health challenge facing Ottawa County

Data shows…
• 70.5% adults have inadequate fruits/vegetables consumption
• 35.3%* Overweight;
• 23.9%* Obese Adults (6/10)
  * Trending down from 2012
Health Access/ Affordability

Current Environment: (↑3.3%) More residents in Ottawa County have healthcare insurance than they did in 2012 due, in large part, to the Affordable Care Act and Healthy Michigan Plan.

- Access & affordability continue to be a challenge - particularly among the underserved populations for preventative, dental, mental health, & primary.

Identify Top Reported Health Needs:
Shortage of primary care physicians
- County: 52.2 per 100,000
- MI: 122.2 per 100,000
- Lack of coordinated care/whole patient approach
- Services lacking for mental health & preventative care

Rank Most Pressing Health Issues:
#2 Health Care Costs/ Lack of Affordable Care
#3 Social issues (Housing, poverty, crime, & adequate food supply)
- Shortage of quality, or even adequate, and facilities to care for patients with Alzheimer’s.
  - County: Higher rate of death from Alzheimer’s than MI

Reveals:
57.9% Greatest barrier to Improving Health = Healthcare Affordability
1/3 underserved adults don’t have primary care physician

Reveals:
21.3% adults did not see a dentist in 2014
(51.3% of adults with < high school degree)
Current Environment: County Community mental health budget was reduced
↓ $2 million: FY 2014/15                        Potentially ↓ $7 million: FY 2015/16 and beyond

- 92% of existing funding is reserved for individuals eligible for Medicaid, only 4% of funding is available for individuals with no insurance or in adequate insurance.
- CMH is contractually mandated to serve the most severely impaired, and, due to budget constraints are typically unable to serve those moderate mental health issues.

Identify Top Reported Health Needs:
- Lack of affordable mental health care

#1 most pressing health issue in the community = mental health (access, depression, illness)
- Greatest lack in programming/services is in mental health (63.9%)

Drinking rates ↑ in MI than nation
- 1/5 County Adults engage in Binge Drinking
- 6.5% County Adults engage in Heavy Drinking
Mild to Severe Psychological Stress is ↑↑↑↑ for
- Ages 25-34 (27.2%)
- < High School (32.2%)
- <$20,000 HH Income (32.2%)
- Non-White/Hispanic (39.2%)

1/4 Youths Report DEPRESSION

84.3% of adults believe that Treatment can help

BUT only a small % of adults are taking Medication or receiving treatment for...
- Moderate Psychological Distress (23.1%)
- Severe Psychological Distress (38.9%)
- Poor Mental Health (30.1%)
Community Health Improvement Plan

Priority Areas

1. Overweight/Obesity
2. Health Access/Affordability
3. Mental Health

CHNA

Survey 77
Survey 285
Survey 2,008

SWOT
## SWOT Analysis of Priority Areas

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
</table>
| • What is working to achieve positive outcomes in the priority area?  
  • How do you know? | • What is producing negative outcomes in the priority area?  
  • Where are the gaps in care? |

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
</table>
| • Funding Opportunities  
  • Who else is working on this?  
  • Organizations, Initiatives, Legislation, Collaborations | • What might work against us in the future? |
Who Needs to be Involved Moving Forward?

• Who can help us establish the goals and strategies to be successful in this priority area?
Community Health Improvement Plan

Priority Areas
1. Overweight/Obesity
2. Health Access/Affordability
3. Mental Health

CHIP
#1 Priority
#2 Priority
#3 Priority

Map Environment
Define Priorities
Identify Strategies
Write the plan

Summer 2015

SWOT
Health Improvement Plan Timeline

- May 27: SWOT Analysis
- June 10 (9am – 12pm): Map the Environment
- July 1 (9am – 12pm): Opportunities/Strategy Ideation
- July 22 (1 – 4pm): Strategy Determination
- August 5 (9am – 12pm): Develop Action Plan
- August 19: CHIP Final Plan