

Ottawa County Community Health Needs Assessment

Our Story, Our Health

2015



May 27, 2015 Community Presentation
Ottawa County Fillmore Complex

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

What Is a CHNA

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:



miOttawa Department of
Public Health



North Ottawa Community
Health System



Greater Ottawa County
United Way



Holland Hospital



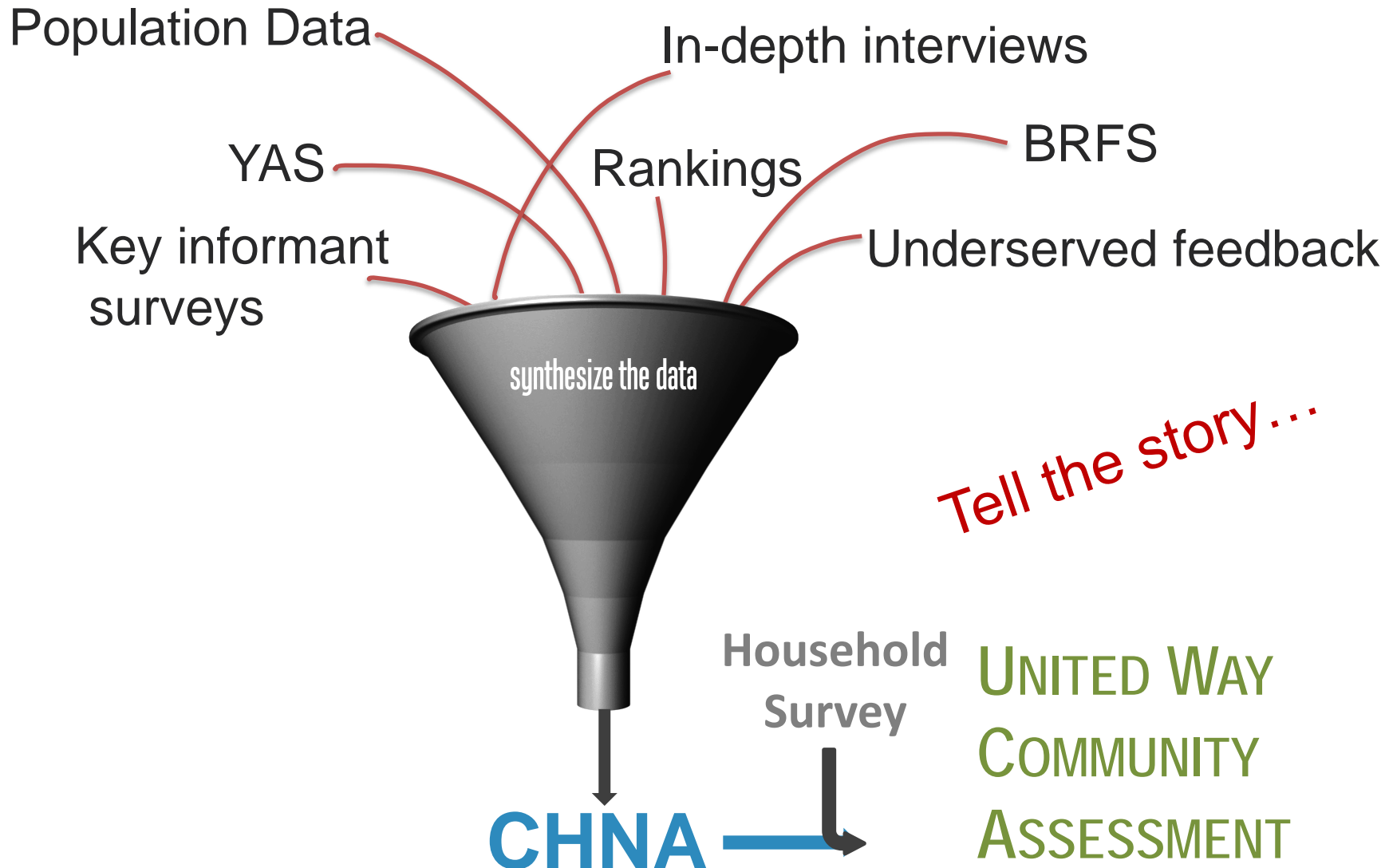
SPECTRUM HEALTH
Zeeland Community Hospital

Research Partner:



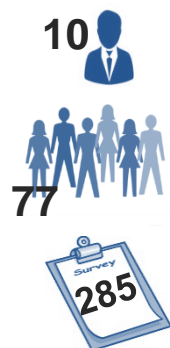
METHODS

The Assessment Process



Data Collection

*Changes in methods since 2012



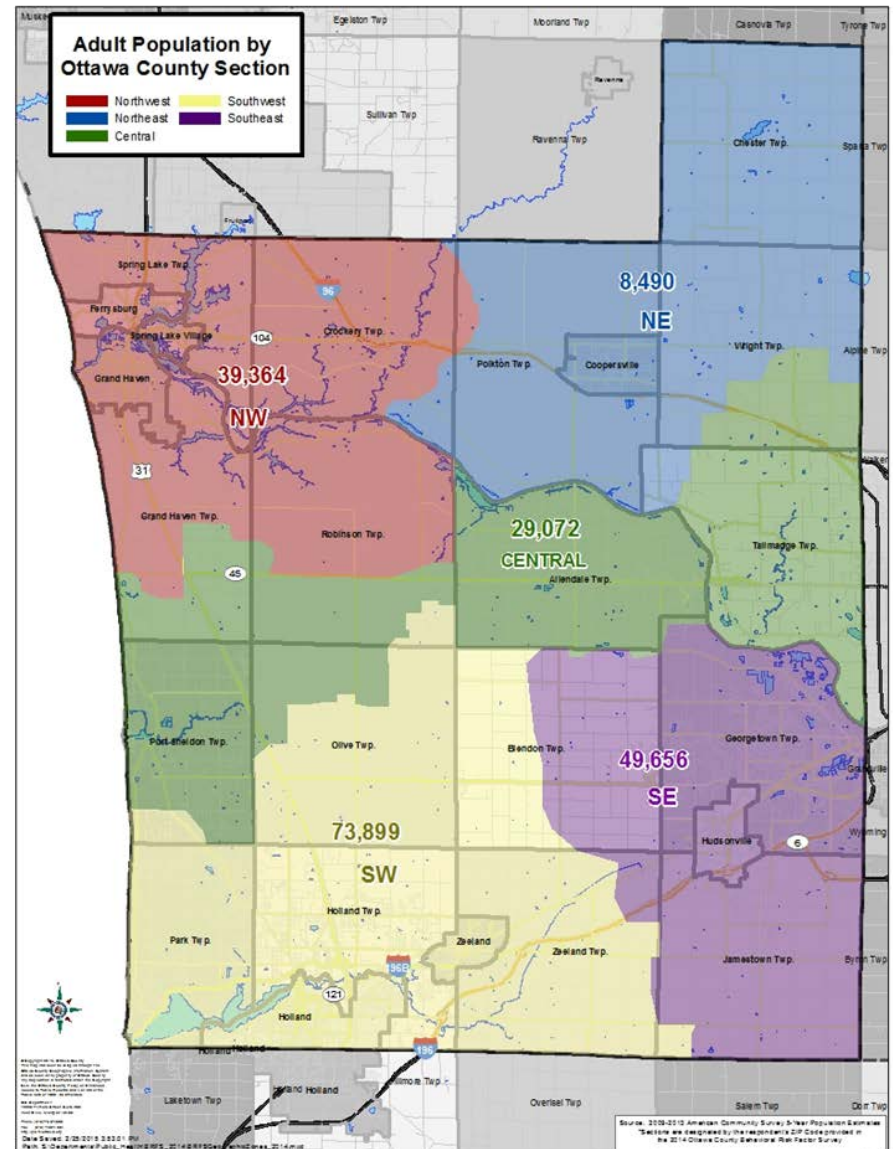
Primary Data Source	Data Collection Methodology	Target Audience	Number Completed
Key Stakeholders	In-depth Telephone Interviews	Hospital Directors, Clinic Executive Directors	10
Key Informants	Online Survey	Physicians, Nurses, Dentists, Pharmacists, Social Workers	77
Community * Residents (Underserved)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

Secondary Data Sources	
County Health Rankings	Michigan Vital Statistics
Community Health Status Indicators	CDC Behavioral Risk Factor Survey (BRFS)
Ottawa County Youth Assessment Survey	Ottawa County Hospitals
Ottawa County Free Clinics	CDC Youth Risk Behavior Survey (YRBS)
U.S. Census Bureau	Kid's Count USA

Data Collection

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

Section	Number of Respondents
Northwest	460
Northeast	74
Central	175
Southwest	948
Southeast	339



THE LANDSCAPE

What Do You Think?

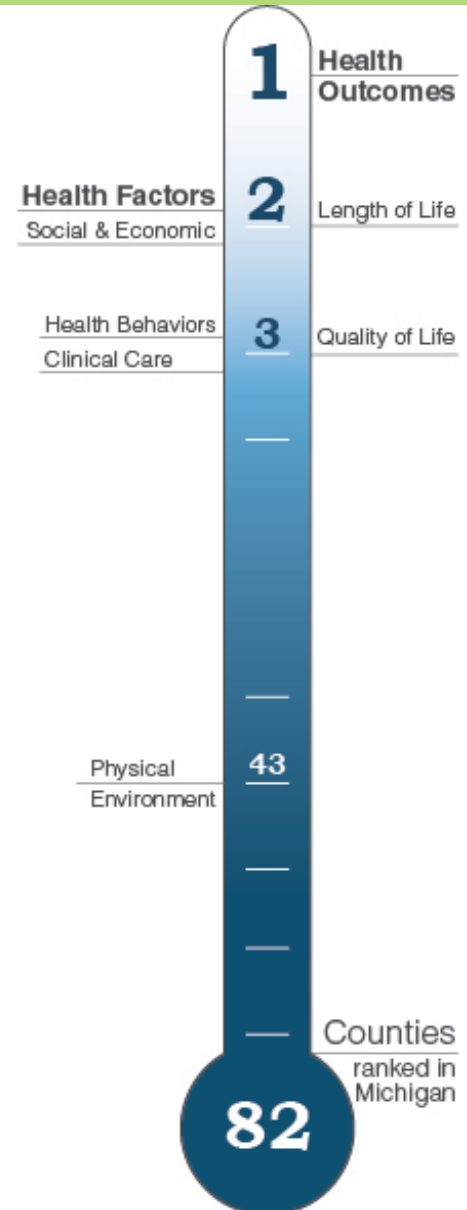
Ottawa County is the healthiest county in Michigan.

 **Fact**

Fiction

County Health Rankings

2010	2 nd
2011	1 st ✓
2012	2 nd
2013	2 nd
2014	1 st ✓
2015	1 st ✓



BRFS: County, State, Nation

	Ottawa County	Michigan	U.S.
General Health Fair/Poor	10.5%	17.7%	16.9%
Poor Physical Health (14+ days)	6.1%	12.7%	--
Poor Mental Health (14+ days)	8.6%	12.0%	--
Activity Limitation (14+ days)	5.7%	8.8%	--
Dissatisfied/Very Dissatisfied with Life	3.2%	6.1%	--
Rarely/Never Receive Social and Emotional Support	5.5%	6.5%	--
Obese	23.9%	31.5%	28.9%
Overweight	35.3%	34.7%	35.4%
Healthy Weight	37.7%	32.5%	33.4%
No Health Care Coverage (18-64)	9.3%	17.4.6%	20.0%
No Personal Health Care Provider	11.4%	17.0%	22.9%
No Health Care Access Due to Cost	9.8%	15.5%	15.3%
No Leisure Time Physical Activity	20.5%	24.4%	25.5%
Inadequate Fruit and Vegetable Consumption (<5 Times Per Day)	70.5%	84.7%	76.6%
Consume Fruits <1 Time Per Day	20.6%	37.5%	39.2%
Consume Vegetables <1 Time Per Day	17.1%	23.9%	22.9%
Current Cigarette Smoking	18.6%	21.4%	19.0%
Former Cigarette Smoking	22.6%	27.0%	25.2%
Binge Drinking	19.3%	18.9%	16.8%
Heavy Drinking	6.5%	6.2%	6.2%
Ever Told High Blood Pressure	26.4%	34.6%	31.4%

BRFS: County, State, Nation

	Ottawa County	Michigan	U.S.
Cholesterol Ever Checked	77.4%	83.2%	80.1%
Ever Told High Cholesterol	26.8%	40.6%	38.4%
No Routine Checkup in Past Year	19.9%	30.1%	31.8%
Ever Had Mammogram (Females, 40+ only)	93.1%	94.5%	--
Had Mammogram in Past Year (Females, 40+ only)	66.8%	59.2%	--
Had Mammogram in Past 2 Years (Females, 40+ only)	80.6%	76.6%	75.6%
Ever Had Pap Test	87.7%	92.1%	--
Had Appropriately Timed Pap Test	71.2%	79.4%	--
Ever Had PSA Test (Males, 50+ only)	65.8%	72.2%	--
Ever Had Sigmoidoscopy or Colonoscopy (50+ only)	74.4%	74.0%	--
Had Sigmoidoscopy /Colonoscopy in Past 5 Years (50+)	61.9%	56.4%	52.8%
No Dental Visit in Past Year	21.3%	32.0%	30.0%
No Teeth Cleaning in Past Year	24.3%	29.2%	28.7%
Had Flu Vaccine in Past Year (65+ only)	72.1%	56.8%	62.6%
Ever Had Pneumonia Vaccine (65+ only)	66.9%	68.6%	69.4%
Current Asthma Prevalence	6.5%	10.9%	9.0%
Ever Told Had Arthritis	18.3%	31.3%	25.1%
Ever Told Had Heart Attack	2.1%	5.2%	4.4%
Ever Told Had Angina/Coronary Heart Disease	2.9%	5.2%	4.1%
Ever Told Had Stroke	2.1%	3.6%	2.8%
Ever Told Had Diabetes	7.8%	10.4%	9.8%
Non-skin Cancer	5.4%	7.7%	6.7%

Comparison

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

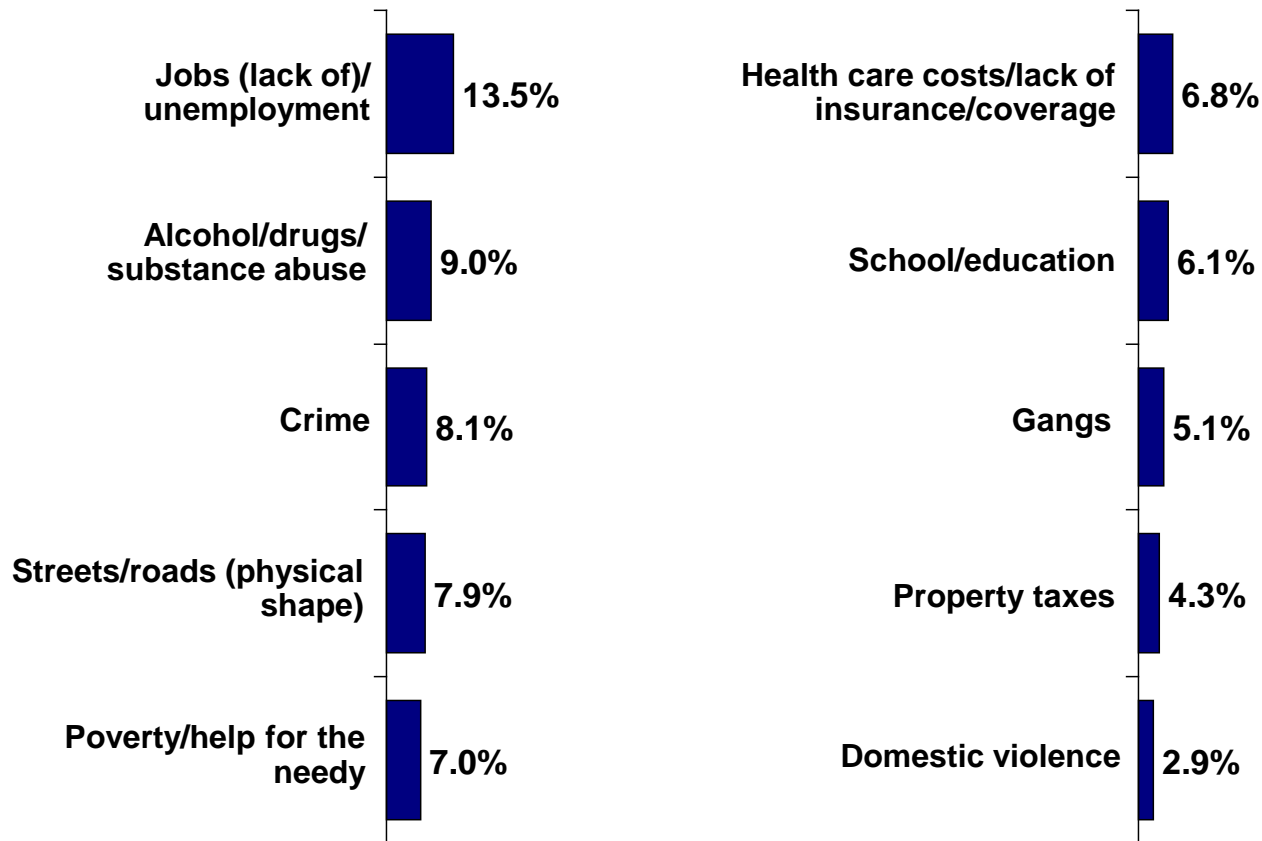
- MI ranks 34th out of 50
- United States ranks at the bottom of 11 wealthiest countries

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 of Mind

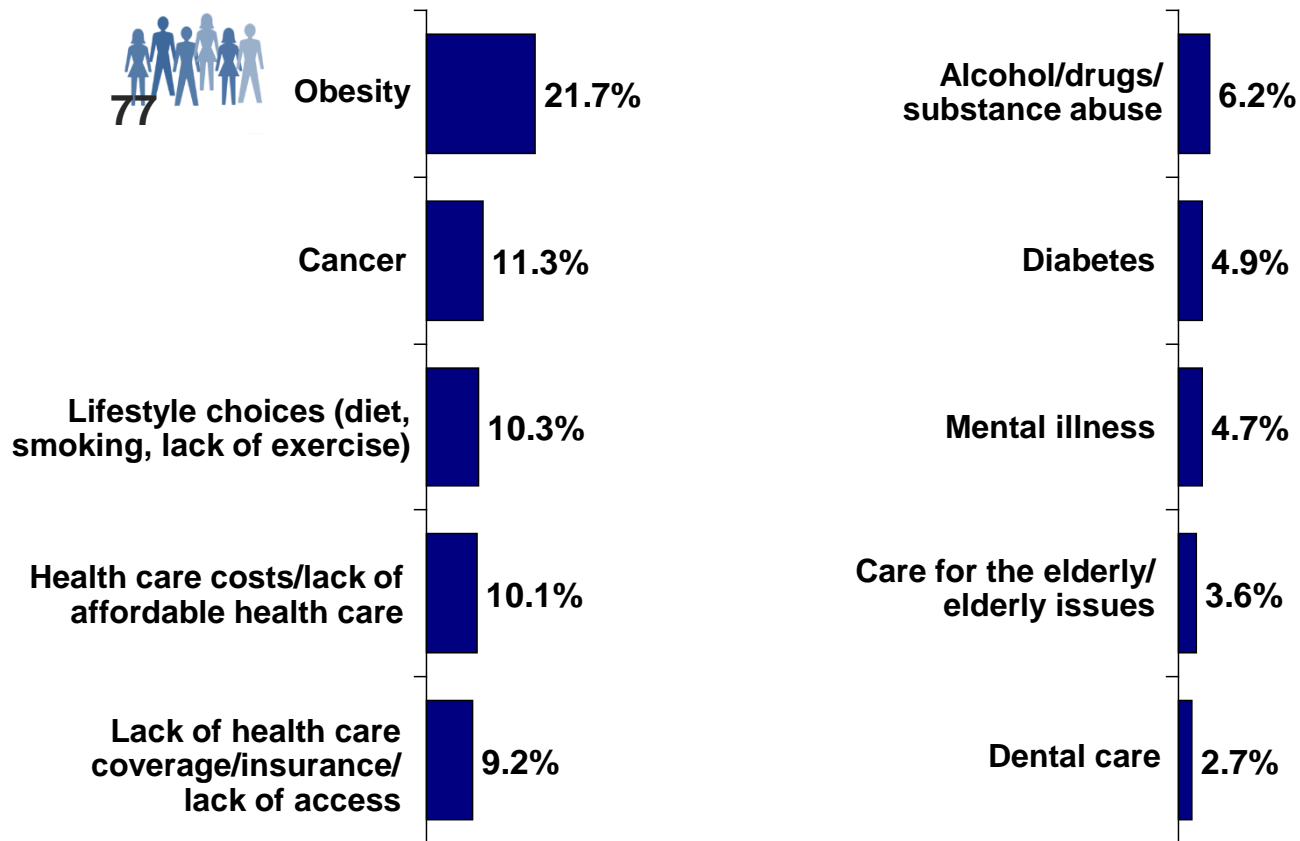
Top 10 Most Important Problems in the Community Today



(n=1377)

Top of Mind

Top 10 Most Important **Health** Problems in the Community Today



QUALITY OF LIFE

What Do You Think?

**If you're a single mom, you're more likely to be
in poverty if you live in Ottawa County.**

Fact

 Fiction

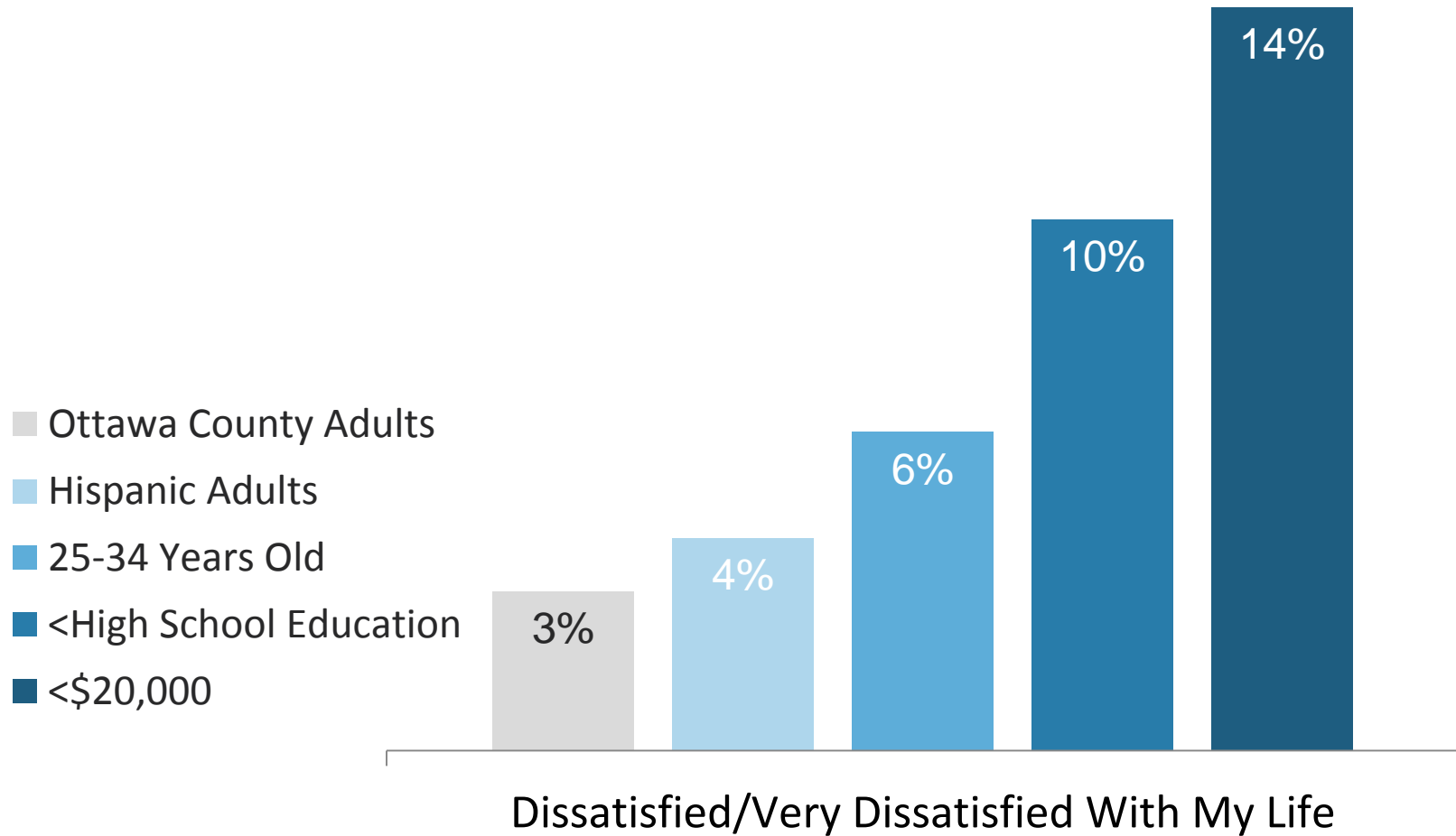
Strengths

- 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

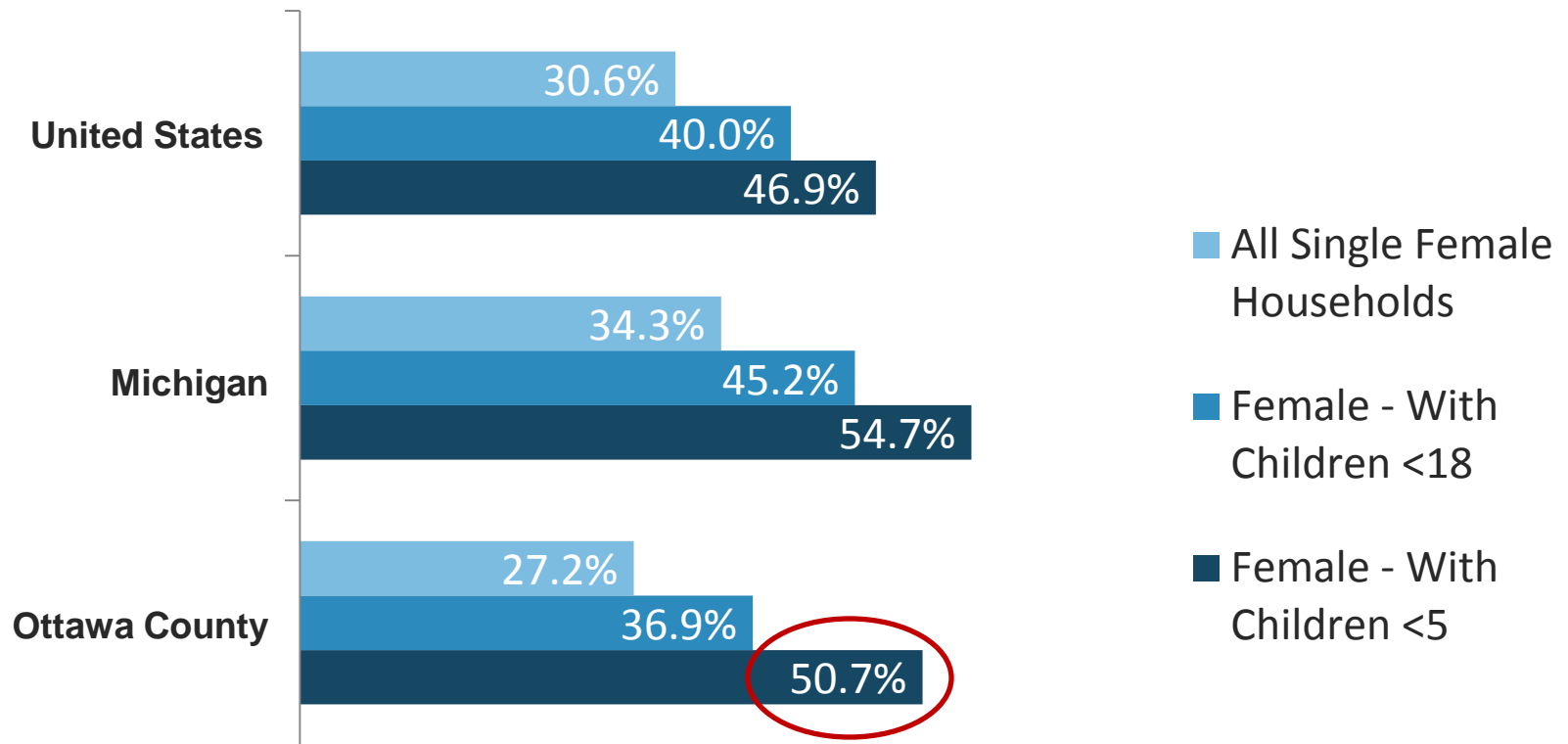
Areas of Opportunity

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

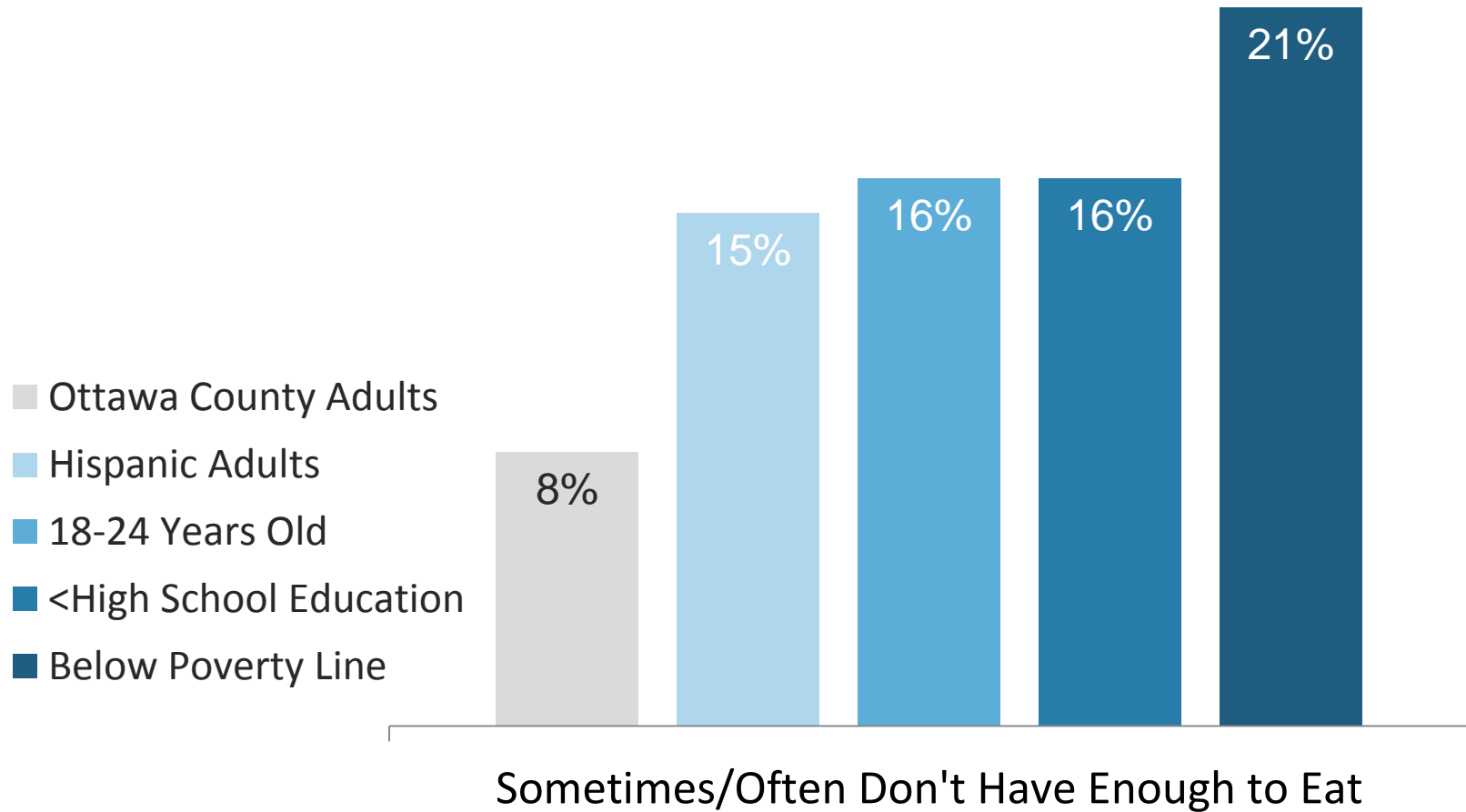
Life Satisfaction



Poverty & Single Female Households



Not Enough to Eat



Compared to 2012

- + Unemployment
- + Fewer single female families in poverty
- Child abuse/neglect almost doubled

OVERALL HEALTH

What Do You Think?

**More people in Ottawa County die
of **Alzheimer's disease** than in MI or the U.S.**




Fact

Fiction

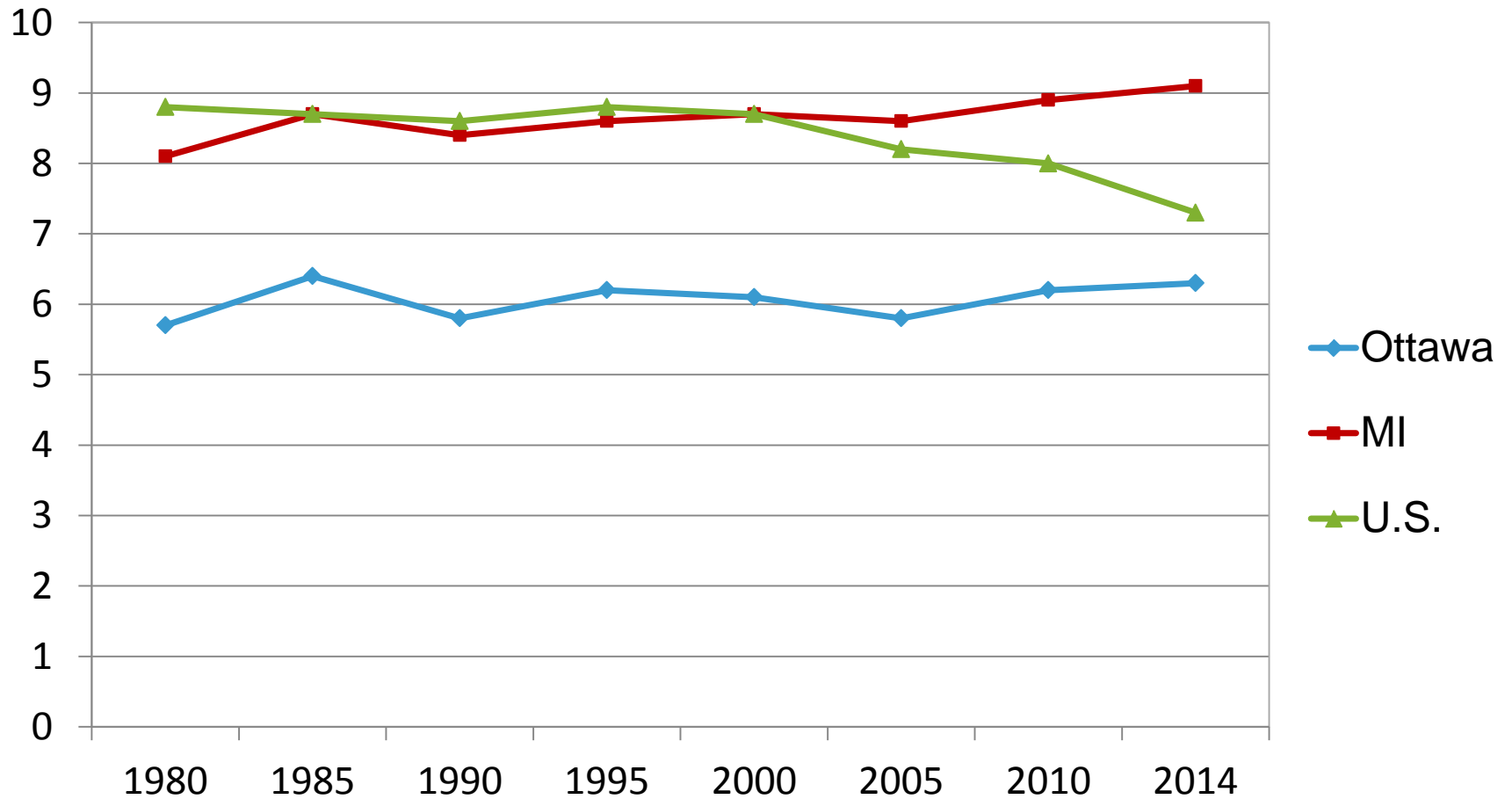
Strengths

- 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

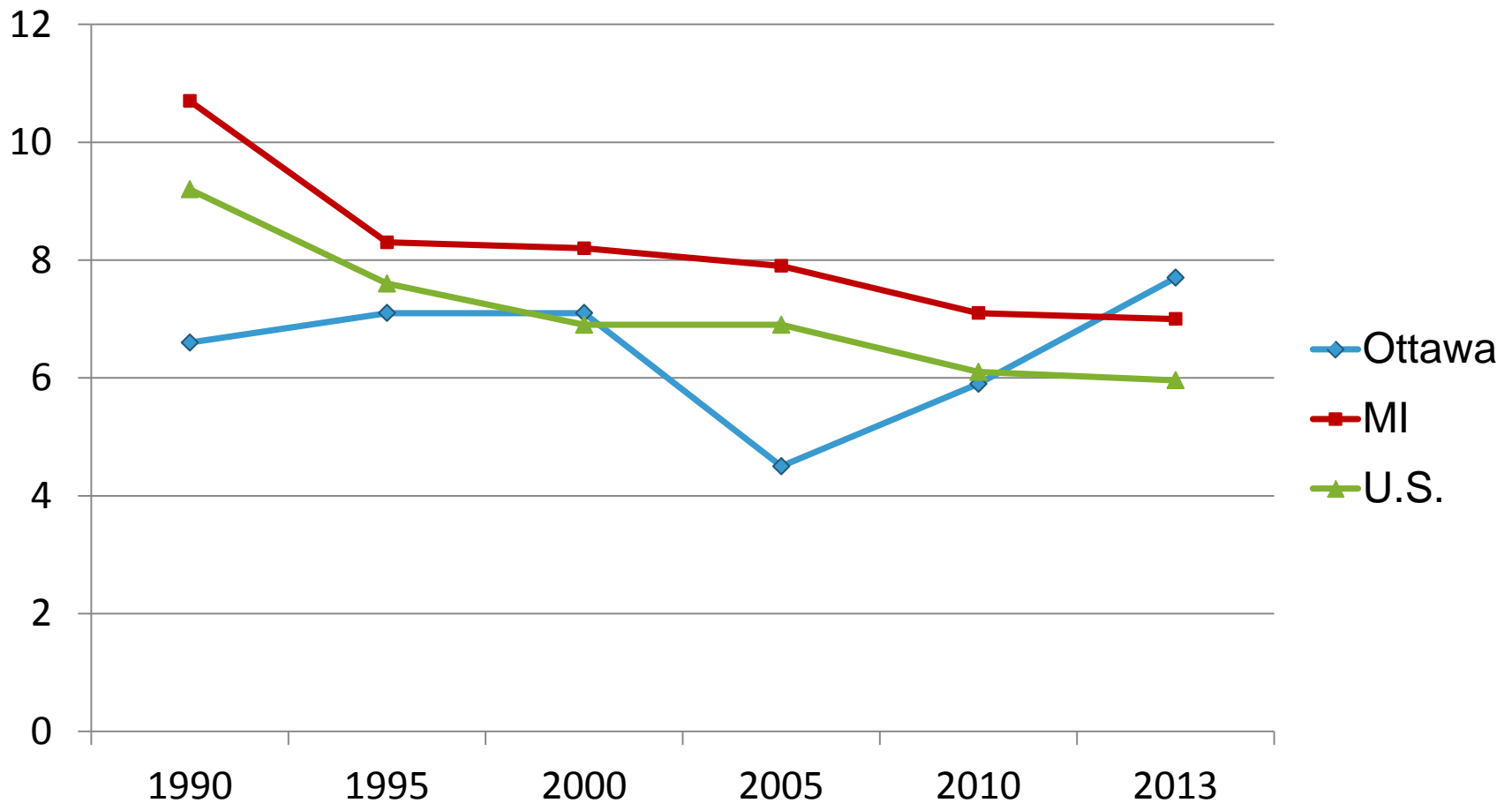
	Ottawa County		Michigan		United States	
	RANK	Rate	RANK	Rate	RANK	Rate
Cancer	1	145.6	2	174.9	2	168.6
Heart Disease	2	128.2	1	197.9	1	173.7
Stroke	3	31.7	4	37.2	5	37.9
Alzheimer's Disease	4	27.0	6	25.6	6	24.6
Chronic Lower Respiratory Diseases	5	27.0	3	45.2	3	42.7
Unintentional Injuries	6	23.0	5	36.6	4	38.0
Diabetes Mellitus	7	13.3	7	15.5	7	21.5
Pneumonia/Influenza	8	11.0	9	13.3	8	15.7
Intentional Self-Harm (Suicide)	9	9.0	10	12.2	10	12.0
Kidney Disease	10	7.9	8	13.5	9	13.4
All Other Causes		180.5		194.9		192.2

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.

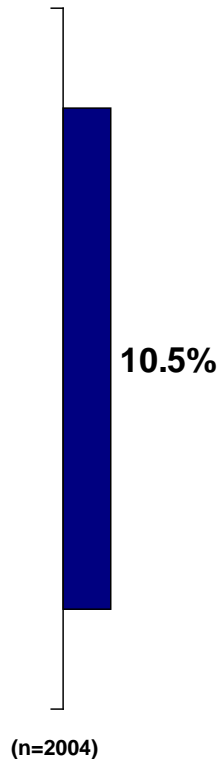
Infant Mortality



General Health

 = 29%

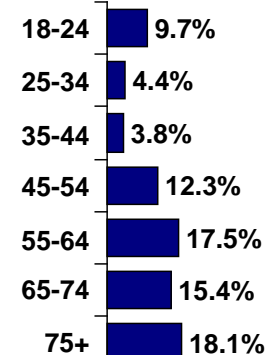
General Health Fair or Poor* (Total Sample)



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

Health Fair or Poor by Demographics

Age



Gender



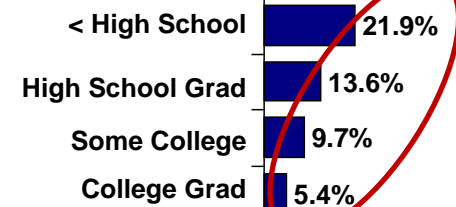
Race/Ethnicity



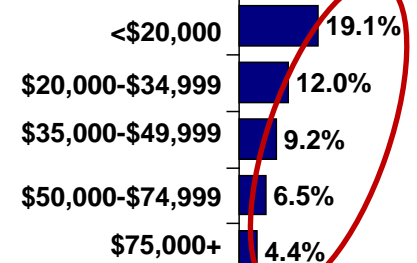
Poverty Level



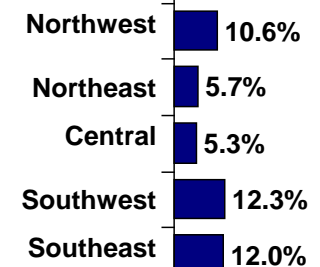
Education



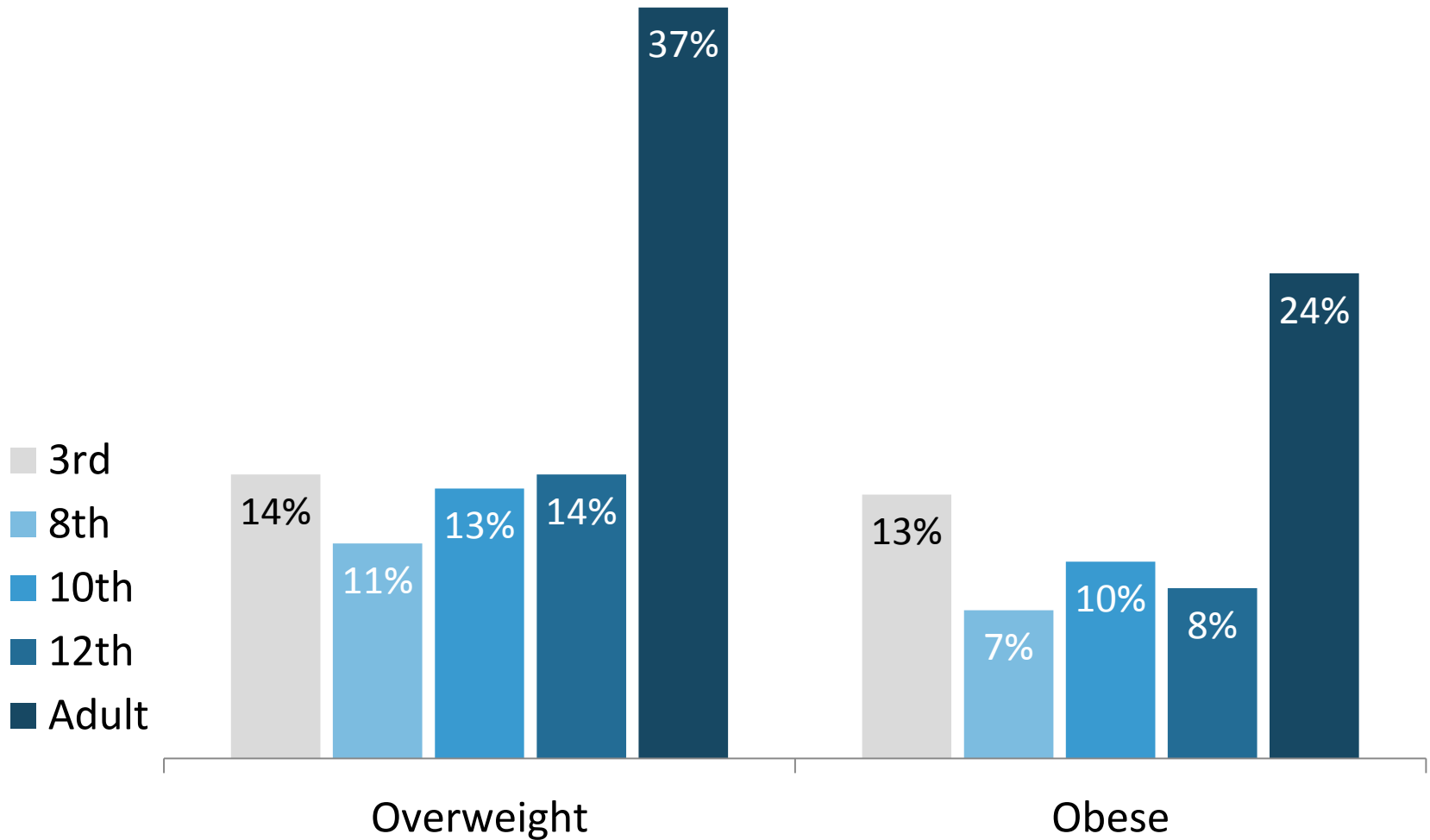
HH Income



Section

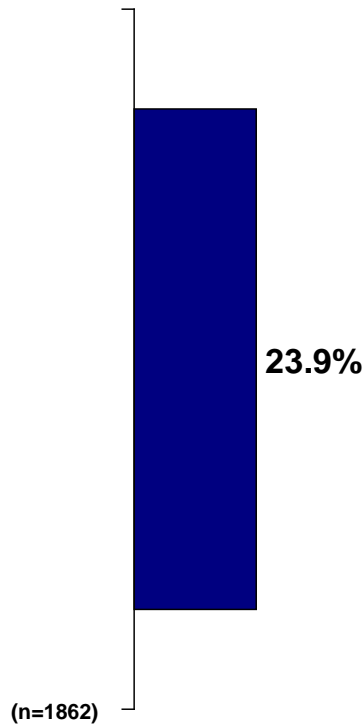


Weight Status: Youth and Adult



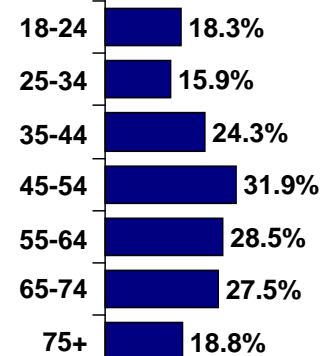
Obesity in Adults

Obese* (Total Sample)

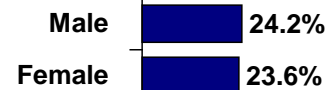


Obese by Demographics

Age



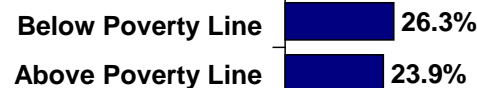
Gender



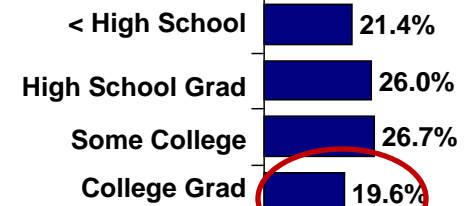
Race/Ethnicity



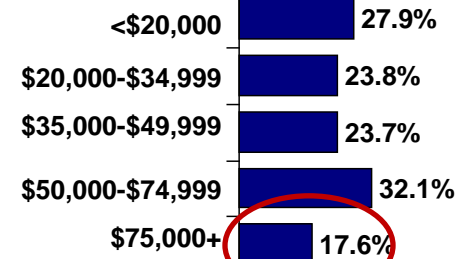
Poverty Level



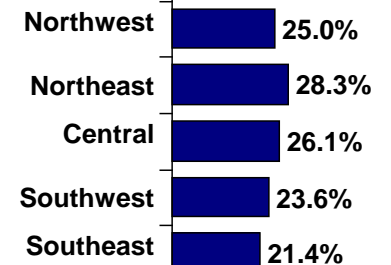
Education



HH Income



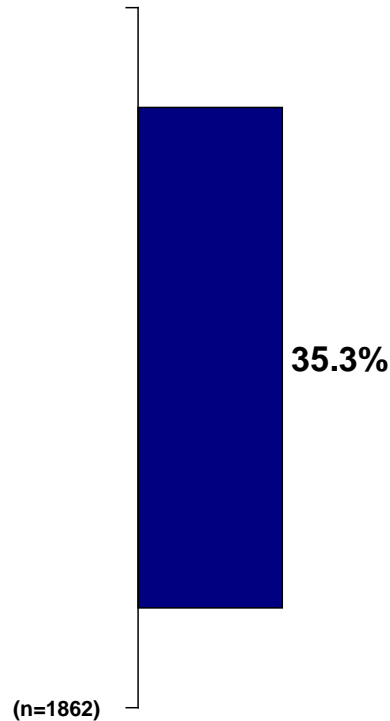
Section



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

Overweight in Adults

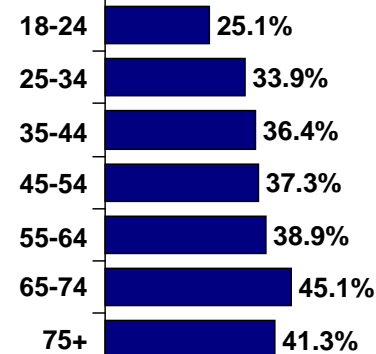
Overweight* (Total Sample)



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

Overweight by Demographics

Age



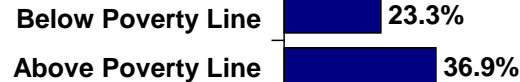
Gender



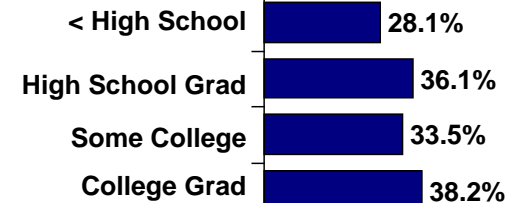
Race/Ethnicity



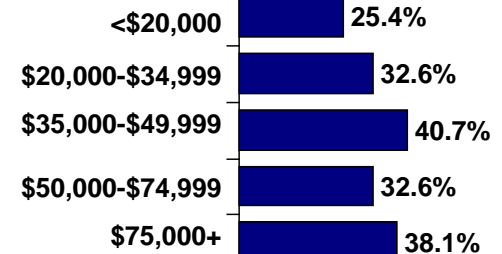
Poverty Level



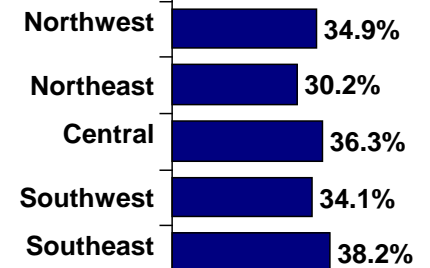
Education



HH Income

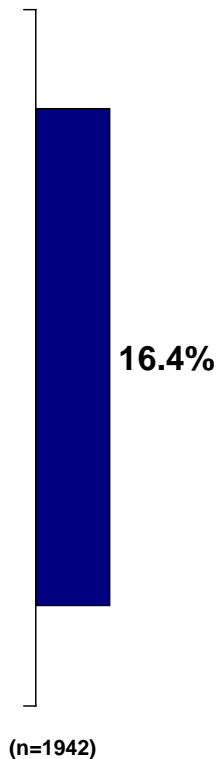


Section



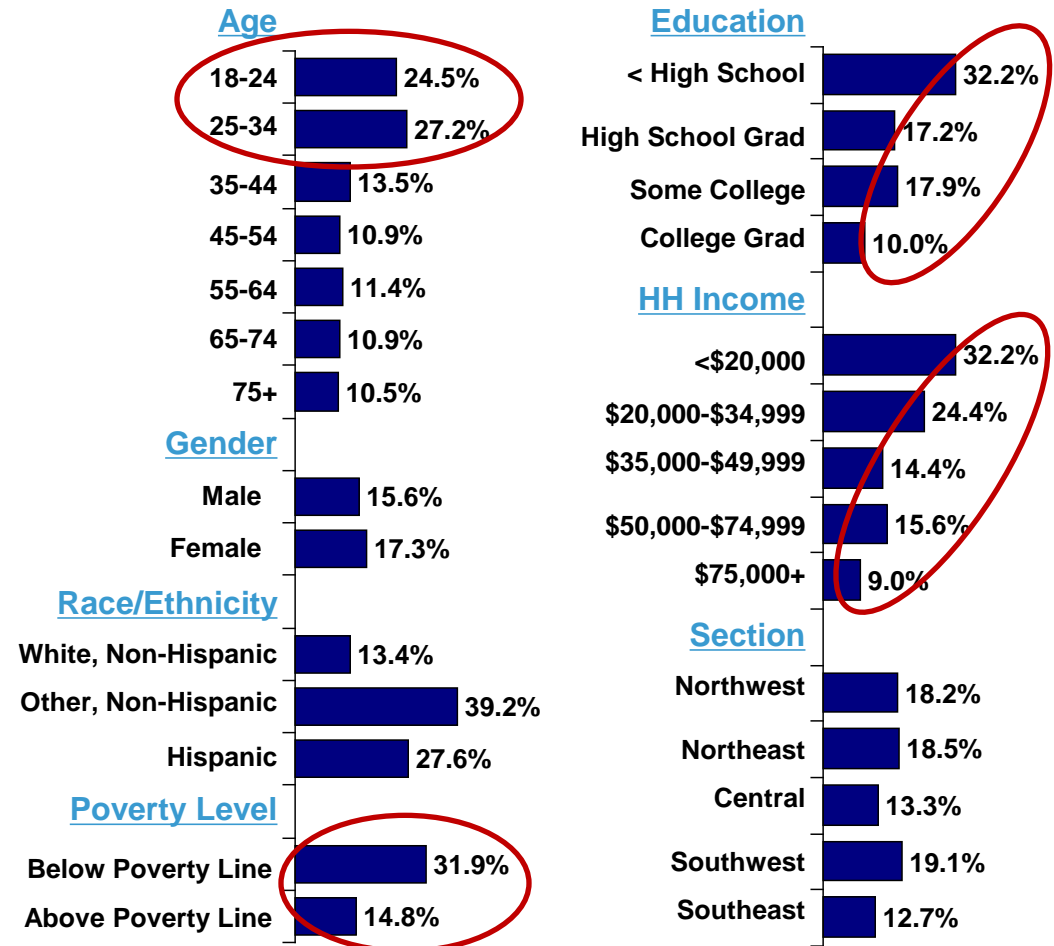
Mental Health

Mild to Severe Psychological Distress* (Total Sample)



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

Mild to Severe Psychological Distress by Demographics



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

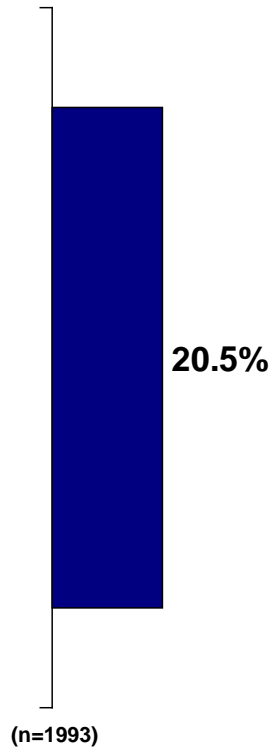
- Obesity
- Nutrition and access
- Physical activity
- Less youth sex & substance use
- Awareness of what to do to have a healthier lifestyle

Areas of Opportunity

- Adult alcohol use
- Increase access (& affordability) to gyms and places of recreation, especially in winter
- Nutritious eating

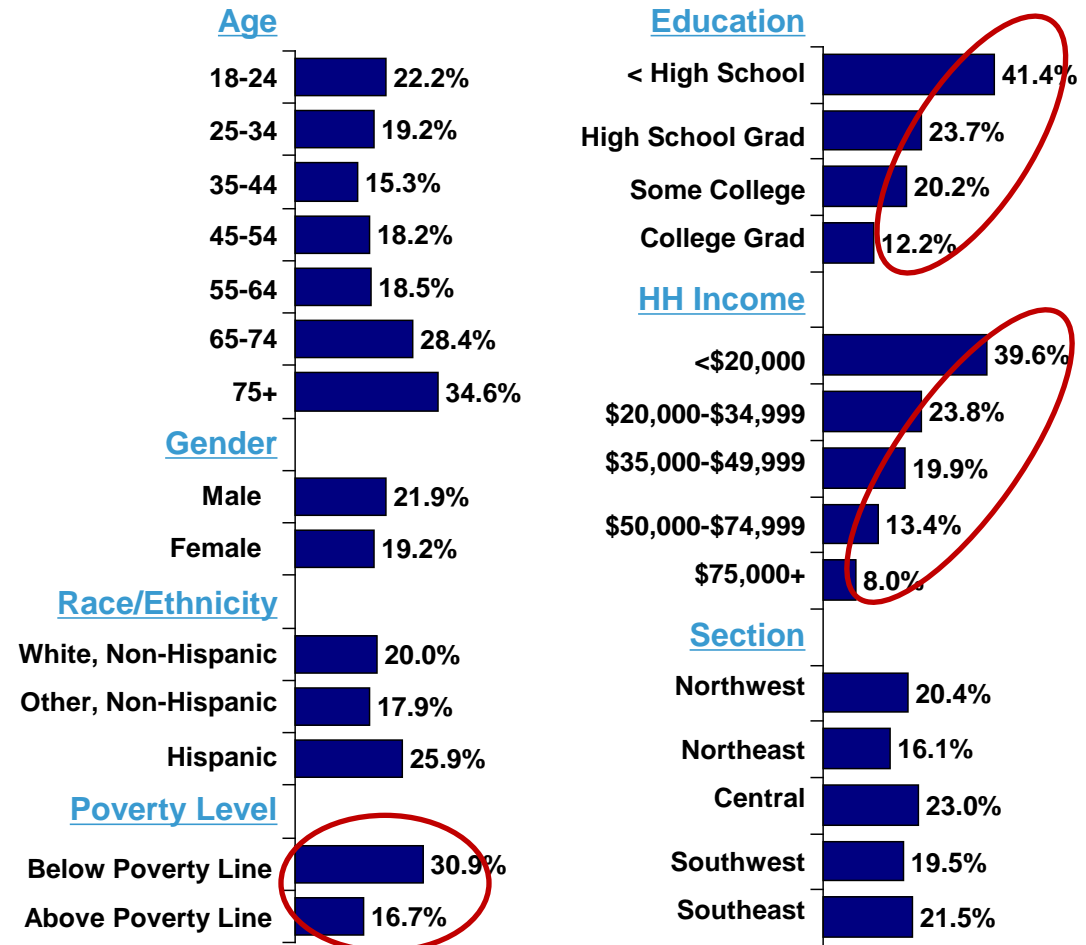
Physical Activity

No Leisure Time Physical Activity* (Total Sample)



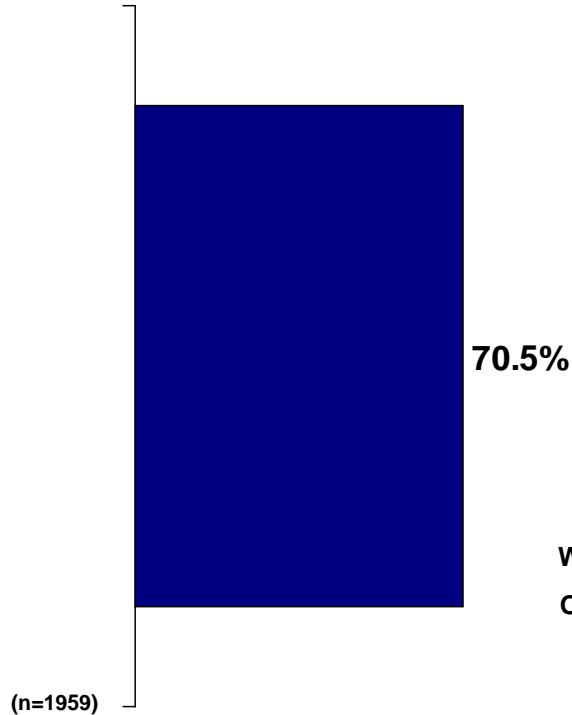
*Among all adults, the proportion who reported not participating in any leisure-time physical activities or exercises, such as running, calisthenics, golf, gardening, or walking, during the past month.

No Leisure Time Activity by Demographics



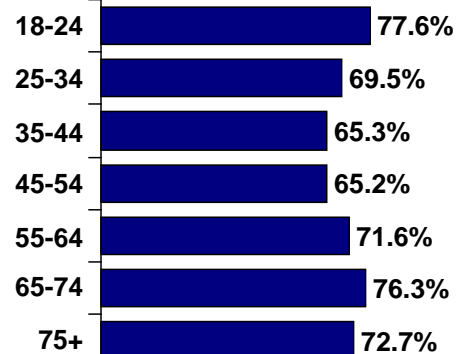
Fruits and Vegetables

Inadequate Fruit and Vegetable Consumption* (Total Sample)



Inadequate Consumption by Demographics

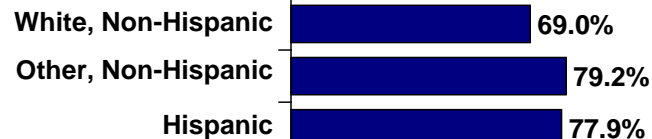
Age



Gender



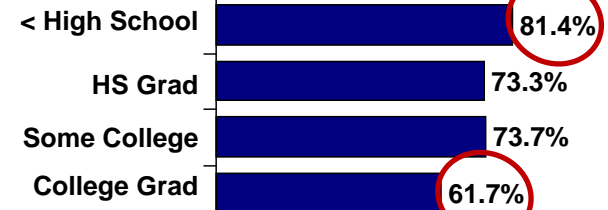
Race/Ethnicity



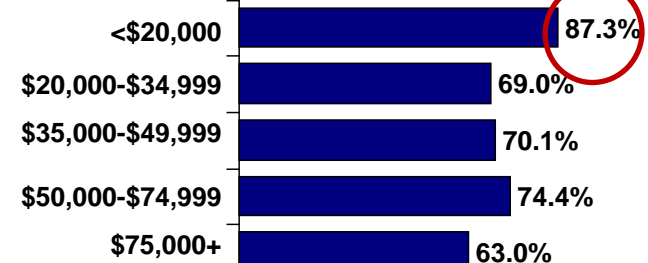
Poverty Level



Education



HH Income



Section



*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

HEALTH CARE




What Do You Think?

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  10  77 
- 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.

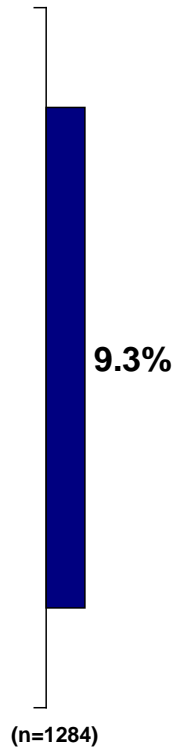
I'm aware of **greater access to health care for many people.** This is absolutely a good thing, but the feeling is that the burden of cost has fallen on the middle class families in the way of higher premiums and deductibles.



Uninsured

 = 24%

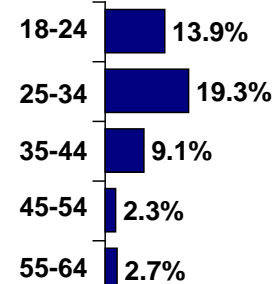
No Health Care Coverage* (Among Adults 18-64)



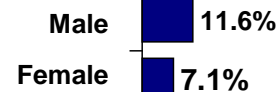
*Among adults aged 18-64, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare.

No Coverage by Demographics

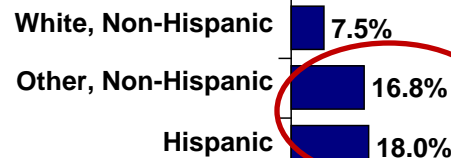
Age



Gender



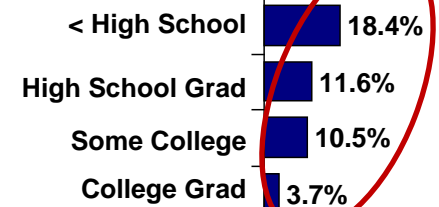
Race/Ethnicity



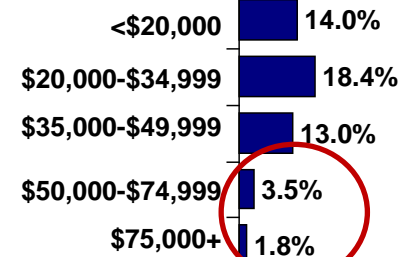
Poverty Level



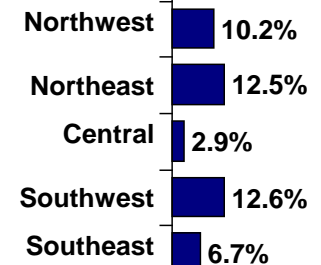
Education



HH Income



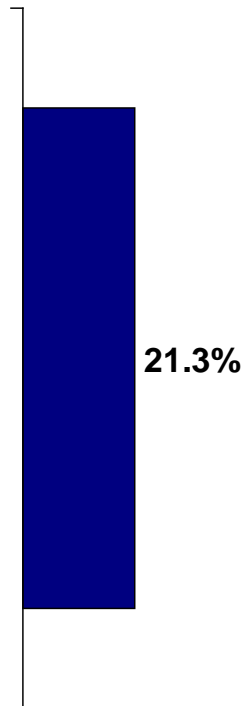
Section



Dental Care

No Dental Visit in Past Year* (Total Sample)

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

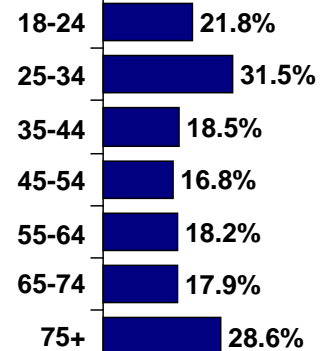


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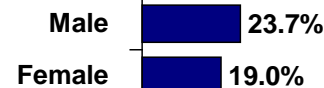
*Among adults, the proportion who reported that they had not visited a dentist or dental clinic for any reason in the previous year.

No Dental Visit in Past Year by Demographics

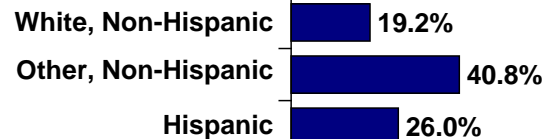
Age



Gender



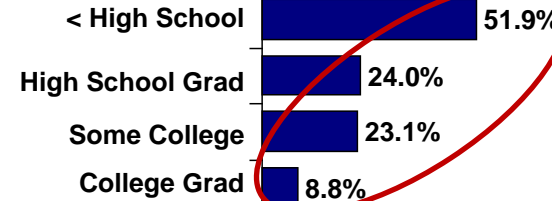
Race/Ethnicity



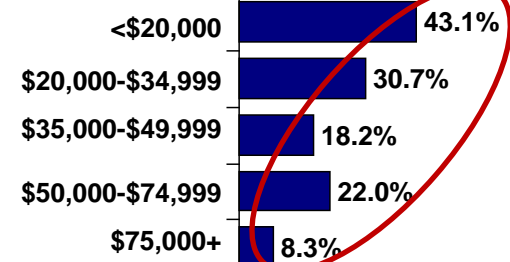
Poverty Level



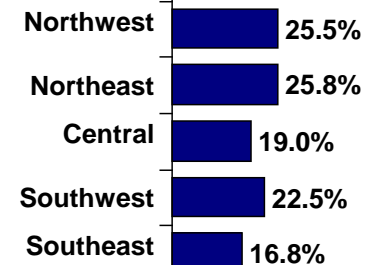
Education




HH Income



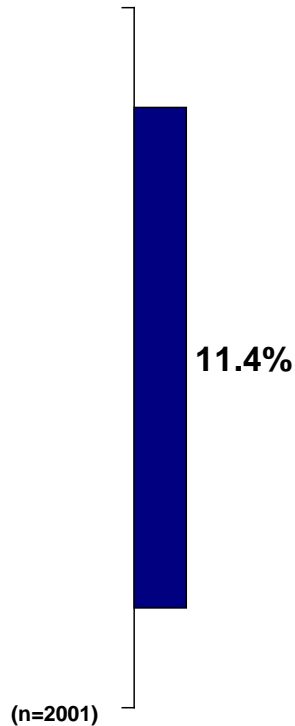
Section



No PCP

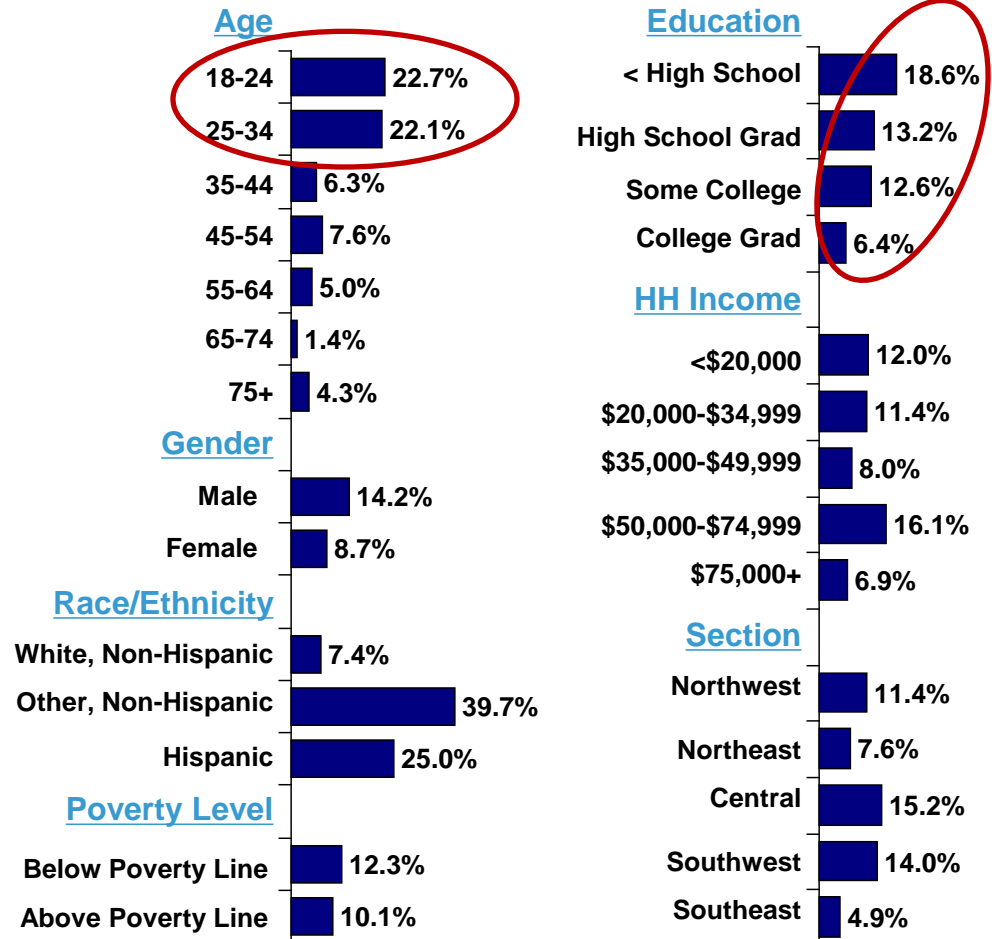
 = 34%

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.

No Provider by Demographics



Mental Health

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

Agree by Psychological Distress

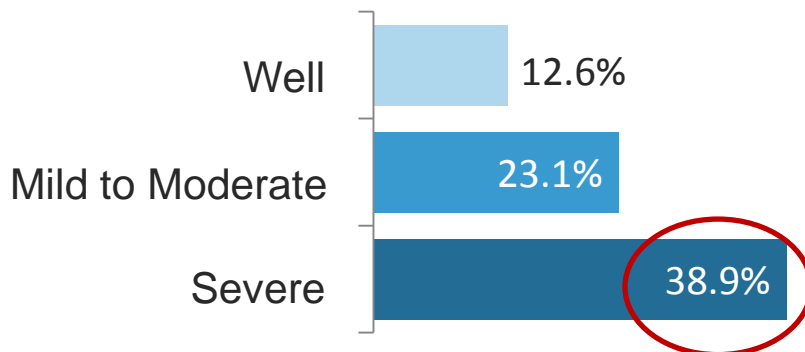
Well	85.1%
Mild to Moderate	82.4%
Severe	83.5%

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

Agree by Psychological Distress

Well	50.9%
Mild to Moderate	57.2%
Severe	11.7%

Percent Taking Medication/Receiving Treatment by Psychological Distress Category



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

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.



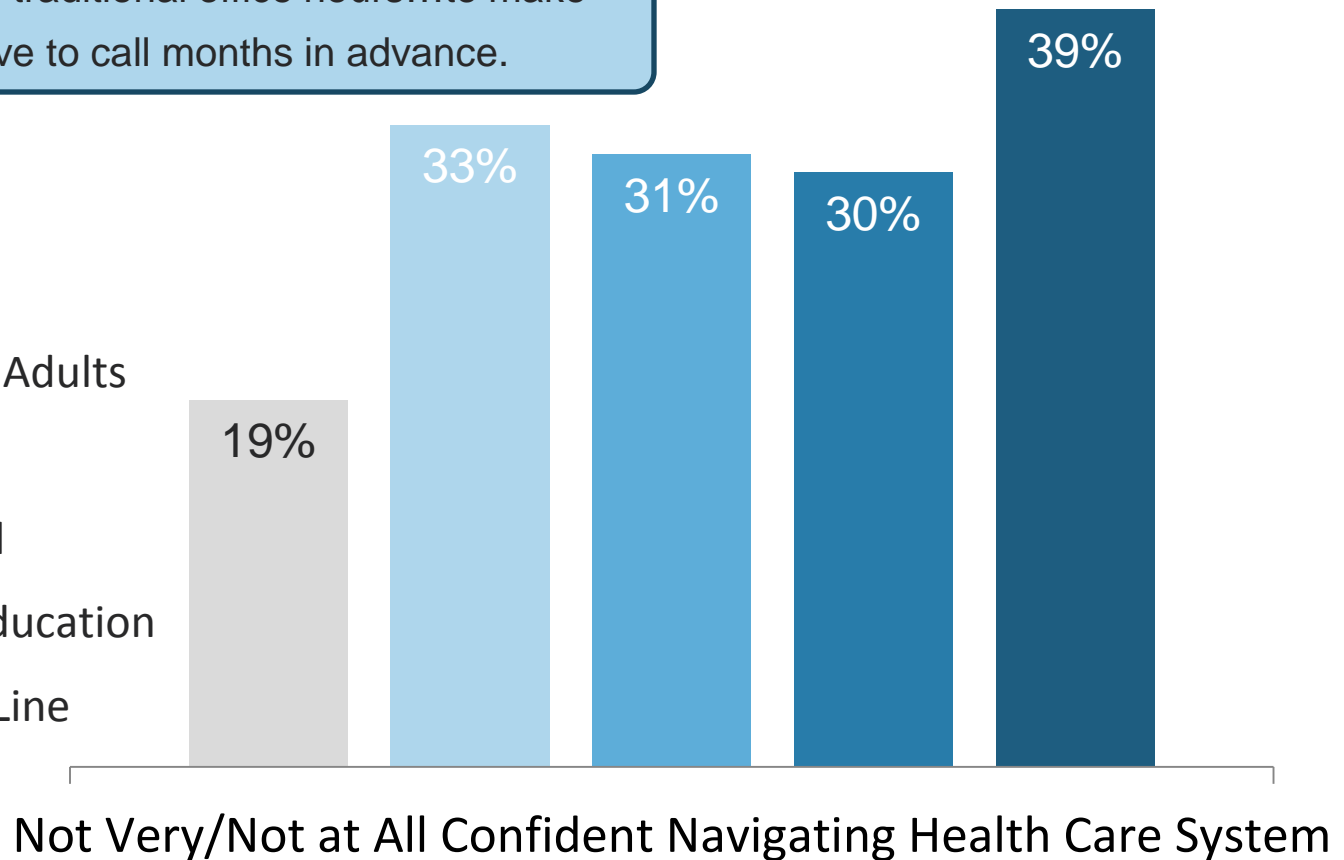
Accessing Health Care

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.



- Ottawa County Adults
- Hispanic Adults
- 18-24 Years Old
- <High School Education
- Below Poverty Line



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

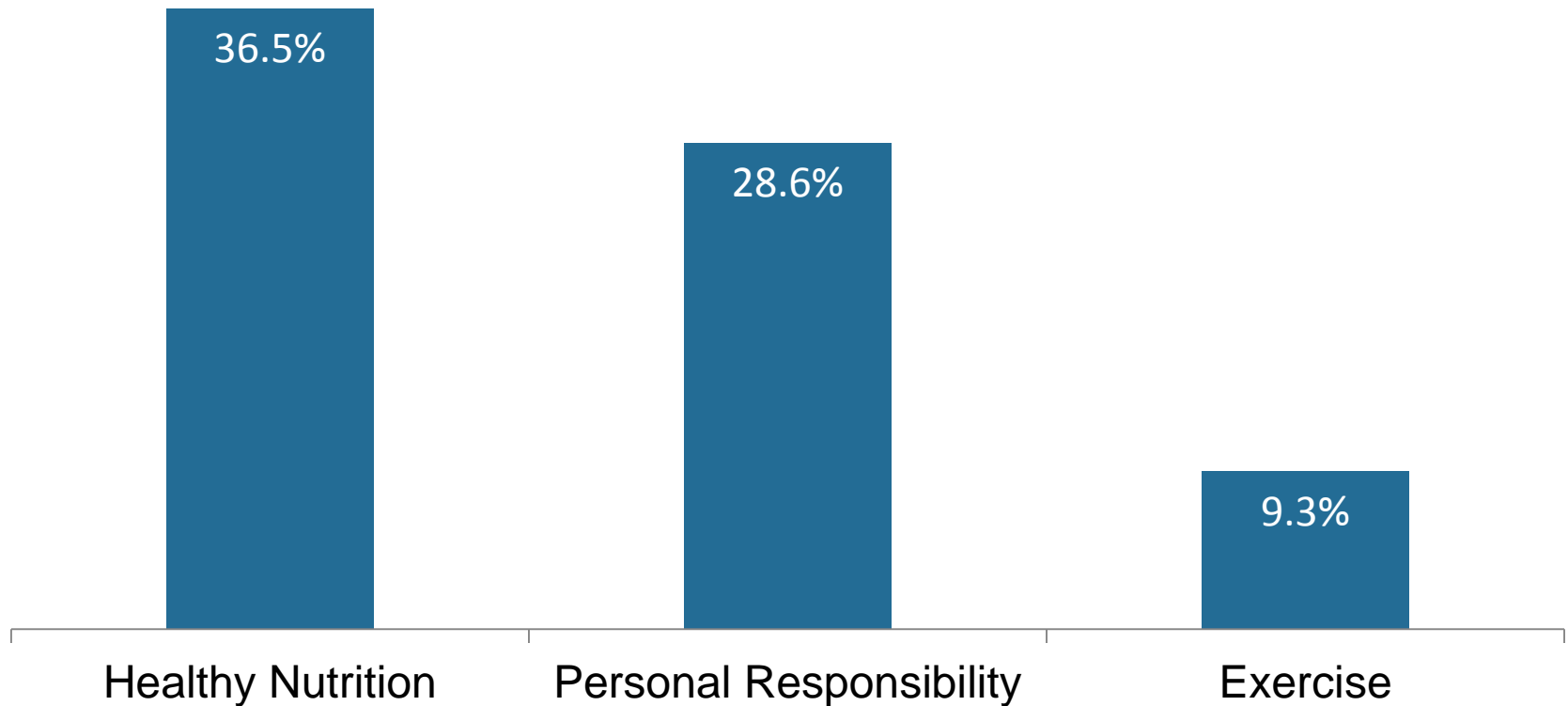
If you and I sat down to build a community-wide system of support today, we wouldn't build it the way it has evolved. It has evolved separately and it needs to be coordinated.

Managing a person's health care really should include looking at the whole person and making those connections in the community.

WHAT'S NEXT

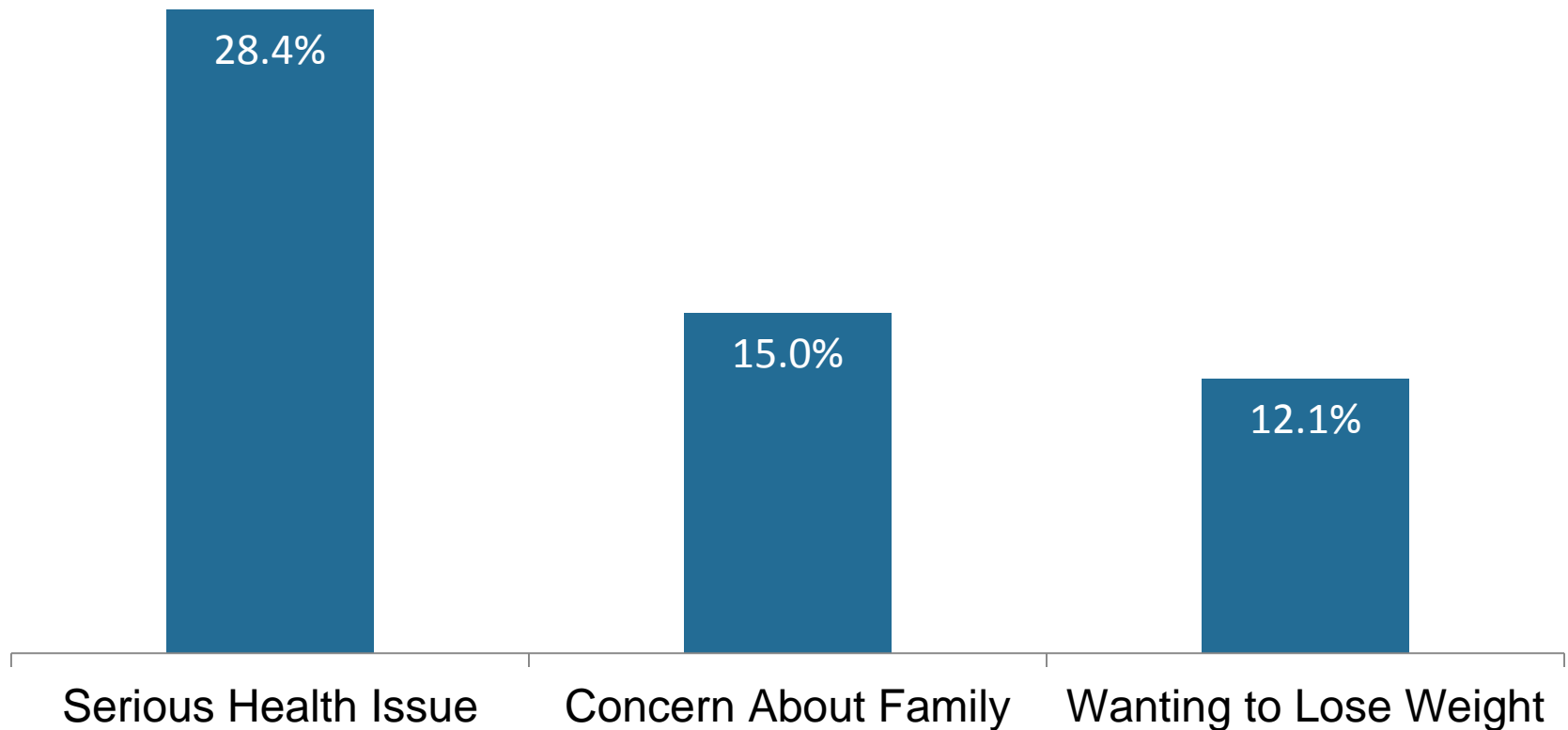
2012 UW Household Survey

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



2012 UW Household Survey

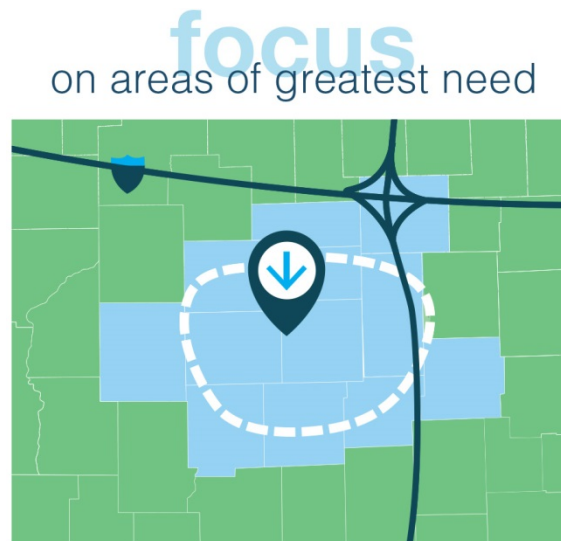
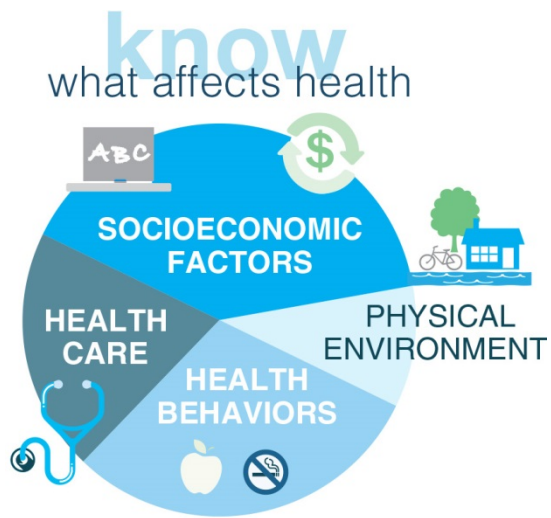
In the past, what has motivated you to make long-term changes for improved health?



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



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

2015 Behavioral Risk Factor Survey: www.miOttawa.org/2015BRFS

Other county health reports: www.miOttawa.org/healthdata

➤ Contact

Marcia Mansaray: mmansaray@miOttawa.org 616-494-5598

Community Health Improvement Plan



Patrick Cisler, Executive Director

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



= Key Informants

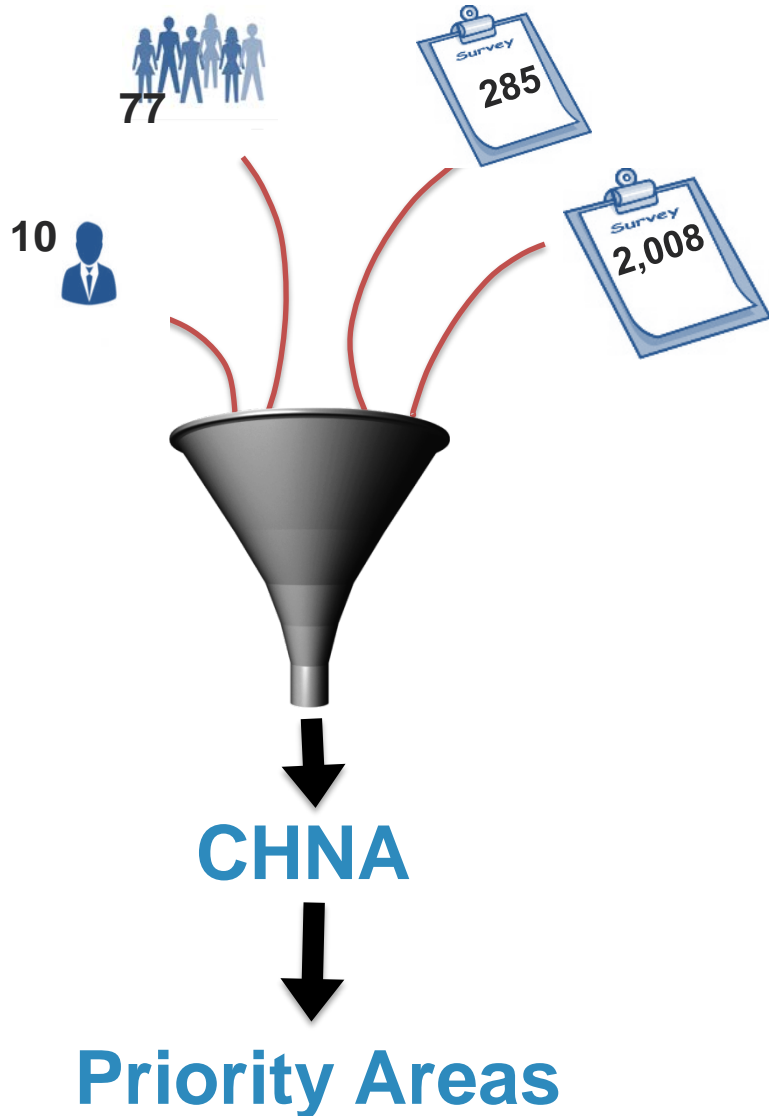


= Underserved Population Survey



**= Resident Survey
(Ottawa County Adults)**

Community Health Improvement Plan



Top Priority Areas

1. Overweight/Obesity

2. Health Access/Affordability

3. Mental Health

Overweight/Obesity

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



10

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



Recognize that to improve health...

80% = know they need to eat healthier

78% = know they need to exercise regularly



77

Rank...Most Pressing Health Issues

#4 = Obesity

#5 = Health Education (Healthy lifestyles, nutrition, medication)



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.

10



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

77



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)

Mental Health

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.

10  **Identify Top Reported Health Needs:**

- **Lack of affordable mental health care**

77



- **#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**

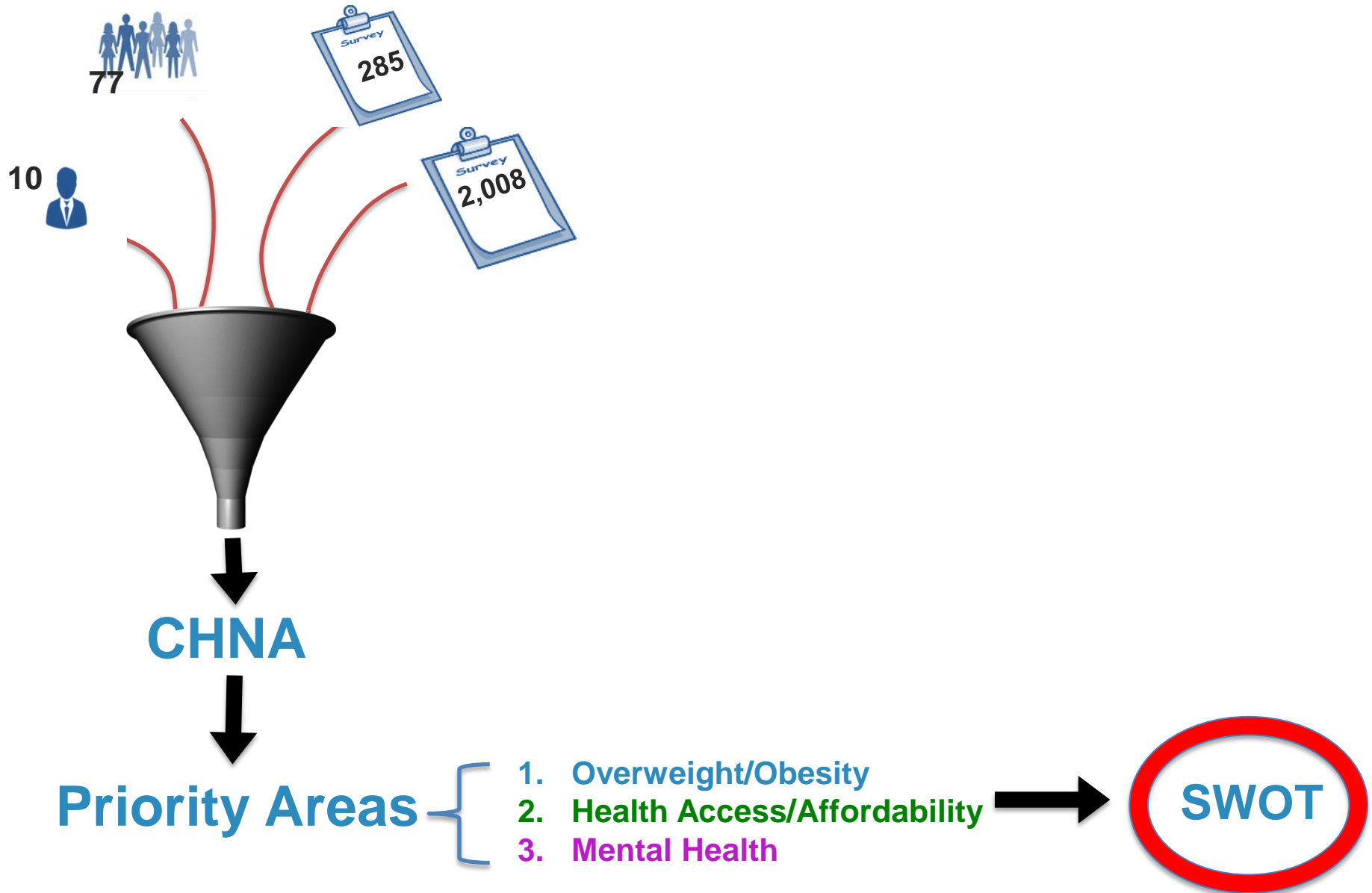


84.3% of adults believe that Treatment can help

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



SWOT Analysis of Priority Areas

Strengths

- What is working to achieve positive outcomes in the priority area?
 - How do you know?

Weaknesses

- What is producing negative outcomes in the priority area?
- Where are the gaps in care?

Opportunities

- Funding Opportunities
- Who else is working on this?
 - Organizations, Initiatives, Legislation, Collaborations

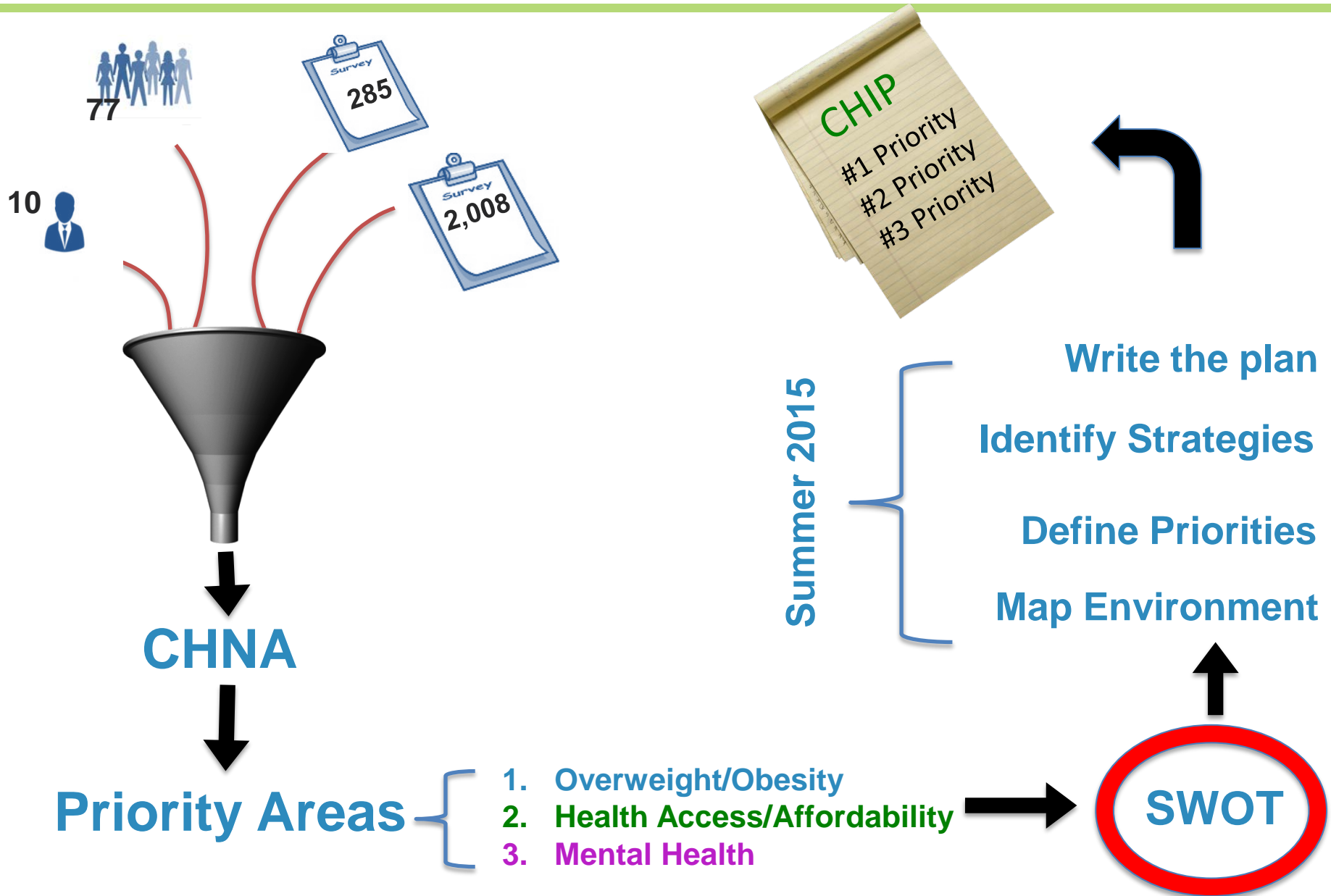
Threats

- 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



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