Ottawa County Community-Wide Health Needs Assessment

Research Results from the 2011-2012 Community-Wide Health Needs Assessment

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INTRODUCTION

The following community partners are responsible for the funding and implementation of the Ottawa County Community Health Needs Assessment 2011:

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

A special acknowledgement to the Grand Haven Area Community Foundation for providing a portion of the funding for the Ottawa County Community Health Needs Assessment.

Background and Objectives

- The Carl Frost Center for Social Science Research was contracted by the Community Health Needs Assessment (CHNA) team of Ottawa County to conduct a community-wide health needs assessment in Ottawa County.
- 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. The law further states that the assessment takes into account input from persons who represent the broad interests of the community including those with special knowledge of, or expertise in, public health.
- In response to the PPACA requirements, organizations serving both the health needs and broader needs of Ottawa County communities began meeting to discuss how the community could collectively meet the requirement of a CHNA. Currently, these Partners comprise a task force consisting of Ottawa County Health Department, Ottawa County Community Mental Health, Holland Community Hospital, North Ottawa Community Hospital, Spectrum Health Zeeland Community Hospital, and the Greater Ottawa County United Way.
Background and Objectives (Cont’d.)

- Information collected from this research will supply the Health and Health Care section of the broader United Way Community Assessment and the Community Health Needs Assessment for the three hospitals in Ottawa County.

- Specific objectives include:
  - Gauge the overall health climate or landscape in Ottawa County
  - Determine positive and negative health indicators
  - Identify risk behaviors
  - Discover clinical preventive practices
  - Measure the prevalence of chronic conditions
  - Establish accessibility of health care
  - Ascertain barriers and obstacles to health care
  - Uncover gaps in health care services or programs
  - Identify health disparities

Executive Summary

In 2011, the Ottawa County Community Health Needs Assessment Task Force commissioned the Carl Frost Center for Social Science Research at Hope College to conduct an independent Community Health Needs Assessment (CHNA).

The primary goal of the study was to identify key health and health service issues in Ottawa County. The results will be used to assist in planning, implementation of programs and services, evaluating results, allocation of resources, and achieving improved health outcomes, specifically related to identified needs.

Data was gathered from a variety of sources and using multiple methodologies. Resident feedback was obtained via a Behavioral Risk Factor Survey (BRFS) (n=1,274) and focus groups (n=47). Health care professionals and other community leaders, known as Key Stakeholders or Key Informants, provided input via in-depth interviews (n=11) and an online survey (n=36). Secondary data gathered from state and national databases was also used to supplement the overall findings.

The findings from the CHNA paint a picture of a community that lives up to its billing as the healthiest county in Michigan, according to the County Health Rankings. Ottawa County is considered to be a giving community with a wealth of excellent resources, programs, and services. With three hospitals, two free medical clinics, and hundreds of health care professionals, health care is accessible to most people. Residents also report good health, life satisfaction, and low levels of major depression.

Ottawa County residents enjoy longer life expectancy and lower mortality rates than in people in Michigan or the U.S., and immunizations for both children and adults are high. The prevalence of risk behaviors such as smoking or inactivity are low; however, binge drinking is higher than in the state and the nation. The most pressing risk behavior is dietary in nature, as there is a general lack of fruit and vegetable consumption among adults. This coincides with an adult population where the majority are overweight (36%) or obese (26%).

Most adults engage in clinical preventive practices such as routine physical checkups, Pap tests, mammograms, and colonoscopies. On the other hand, residents are less likely to visit a dentist, especially if they have no health care coverage.

The prevalence of chronic conditions is low; however, diabetes is considered a problem among health care professionals because it is linked to obesity and many other health problems. Moreover, they are less than satisfied with the community response to diabetes (as well the responses to obesity and depression).

Ottawa County receives high marks for having excellent emergency care and services, general surgery, Ob/GYN, ophthalmology, and orthopedics. Still, Key Stakeholders and Key Informants were clear in their perspective that there is a lack of services, especially for certain subpopulations, and that there are also gaps in services because existing services do not meet the demand.
Executive Summary (Cont’d.)

Many health care professionals believe, and secondary data supports, there is a lack of primary care providers for both adults and children and this has the greatest impact on the underserved.

Although a myriad of programs and services exist, residents often have to travel outside of Ottawa County to access care. Usually this is due to a referral for specialized care or to get second opinions on health issues.

There is a direct relationship between positive health outcomes and both education and income; those with higher incomes and more education are likely to report better health, greater satisfaction with life, plentiful emotional and social support, that they have health coverage and a personal care provider, do not engage in risk behaviors such as smoking, and are more likely to visit a dentist.

Feedback from this assessment demonstrates there is room for improvement. For example, although health care is accessible to most residents, specific subpopulations experience barriers to health care programs and services. The populations considered underserved are low income, uninsured, underinsured, and Hispanic.

Not only are high health care costs a barrier to these groups, but even those with Medicaid find it hard to see a provider because more and more physicians are refusing to accept Medicaid. This has created critical consequences for primary health care, mental health treatment, and dentistry.

There is a direct relationship between positive health outcomes and both education and income; those with higher incomes and more education are likely to report better health, greater satisfaction with life, plentiful emotional and social support, that they have health coverage and a personal care provider, do not engage in risk behaviors such as smoking, and are more likely to visit a dentist.

Next steps may include the creation of a steering committee to work on prioritizing and then developing a coordinated response to issues deemed most important to work on, within a specific time frame, such as 1 year, 3 year, and 5 year goals. Above all, next steps involve the establishment of careful priorities for action that once implemented, will benefit the community for the long haul.

Executive Summary (Cont’d.)

Traditional health insurance often doesn’t cover ancillary services such as prescription drugs, vision, or dental care. Thus, if consumers have to pay for these services, plus deductibles and co-pays, the cost burden can be great and residents will avoid seeking necessary treatment.

Community members (both residents and health care professionals) suggest strategies to improve the health care landscape. Specifically, they prioritize: increasing access to primary and oral health care, supporting and expanding agency resources to address community health needs, providing more opportunities to focus on wellness and prevention, and more educational opportunities to encourage knowledge of healthy lifestyle activities, self-care, and existing support services in the community:

Next steps may include the creation of a steering committee to work on prioritizing and then developing a coordinated response to issues deemed most important to work on, within a specific time frame, such as 1 year, 3 year, and 5 year goals. Above all, next steps involve the establishment of careful priorities for action that once implemented, will benefit the community for the long haul.
Both Ottawa County men and women have longer life expectancy rates (when adjusted for age) compared to men and women across Michigan or the U.S.

Life Expectancy

(Average Age)


Ottawa County’s age adjusted and child mortality rates are far better than those of the state or nation. The most recent mortality rate data shows Ottawa County at just over 600 per 100,000 residents for age adjusted and 13.5 per 100,000 for children aged 1-14.

Mortality Rates

Age Adjusted Mortality Rate
Per 100,000 Population

Child Mortality Rate (Age 1-14)
Per 100,000 Population

Moreover, Ottawa County has fewer live births with low birth weight and lower infant mortality rates than the state or nation. In Ottawa County, roughly one in fifteen live births are classified as having low birth weight and the infant mortality rate is 4.9 for every 1,000 live births.

Compared to the state or the nation, cancer diagnosis rates are lower for Ottawa County residents. Further, cancer death rates are notably lower for Ottawa County residents than for Michigan or the U.S.

**Low Birth Rates and Infant Mortality Rates**

<table>
<thead>
<tr>
<th>Low Birth Rates with Low Birth Weight</th>
<th>Infant Mortality Rate Per 1,000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa County</td>
<td>Michigan</td>
</tr>
<tr>
<td>6.7%</td>
<td>8.4%</td>
</tr>
<tr>
<td>4.9</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Source: Kids Count Data Book/MDOC Vital Records Division, Resident Birth Files, Ottawa Co. and MI 2008; US 2008; US 2009

**Proportion of Live Births with Low Birth Weight**

**Infant Mortality Rate Per 1,000 Live Births**

**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>Cancer</td>
<td>1 44.2%</td>
<td>2 44.9%</td>
<td>2 17.4%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>2 138.5%</td>
<td>1 206.5%</td>
<td>1 105.9%</td>
</tr>
<tr>
<td>Stroke</td>
<td>3 31.5%</td>
<td>4 39.9%</td>
<td>3 42.2%</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>4 31.5%</td>
<td>7 22.2%</td>
<td>6 22.7%</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>5 25.4%</td>
<td>3 40.1%</td>
<td>4 40.5%</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>6 28.3%</td>
<td>5 35.4%</td>
<td>5 40.8%</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>7 23.7%</td>
<td>3 15.5%</td>
<td>9 14.5%</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>8 21.5%</td>
<td>9 13.9%</td>
<td>8 16.2%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>9 11.6%</td>
<td>9 15.3%</td>
<td>8 16.2%</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>10 7.3%</td>
<td>10 11.3%</td>
<td>10 11.3%</td>
</tr>
<tr>
<td>All Other Causes</td>
<td>106.1</td>
<td>107.9%</td>
<td>77</td>
</tr>
</tbody>
</table>

Source: Michigan Department of Community Health, Ottawa Co. and MI 2008; U.S. Census Bureau, USA 2008.

**Cancer** is the leading cause of death in Ottawa County, compared to **heart disease** for the state and the nation. Alzheimer’s disease leads to death in Ottawa County more often than it does for the state and the nation. Conversely, diabetes tends to be a cause of death more in the state and the nation than in Ottawa County.

**Top 10 Leading Causes of Preventable Hospitalizations**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Ottawa County</th>
<th>Michigan</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial Pneumonia</td>
<td>1 16.3%</td>
<td>2 15.7%</td>
<td></td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>2 14.7%</td>
<td>1 14.1%</td>
<td></td>
</tr>
<tr>
<td>Kidney/Urinary Infections</td>
<td>3 7.2%</td>
<td>4 6.9%</td>
<td></td>
</tr>
<tr>
<td>CBadialysis</td>
<td>4 5.3%</td>
<td>6 5.7%</td>
<td></td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary</td>
<td>5 5.9%</td>
<td>3 10.6%</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>6 4.5%</td>
<td>7 4.9%</td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td>7 3.4%</td>
<td>5 4.2%</td>
<td></td>
</tr>
<tr>
<td>Grand Mal and Other Epileptic Conditions</td>
<td>8 2.5%</td>
<td>9 2.7%</td>
<td></td>
</tr>
<tr>
<td>Skin Cancers</td>
<td>9 2.4%</td>
<td>5 2.3%</td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td>10 1.4%</td>
<td>10 1.4%</td>
<td></td>
</tr>
<tr>
<td>Intentional Sudden Injury/Poisoning</td>
<td>37.3%</td>
<td>33.6%</td>
<td></td>
</tr>
<tr>
<td>Preventable Hospitalizations as % of All Hospitalizations</td>
<td>13.7%</td>
<td>25.5%</td>
<td></td>
</tr>
</tbody>
</table>

Source: MDOC Resident Inpatient Files, Division of Vital Records, Ottawa Co. and MI 2008.
Ottawa County women are more likely to begin prenatal care in the first trimester than women elsewhere in Michigan. Further, children aged 19-35 months are far more likely to be fully immunized in Ottawa County than children of the same age elsewhere in the state or in the nation.

**Prenatal Care and Childhood Immunizations**

<table>
<thead>
<tr>
<th>Proportion of Women</th>
<th>Proportion of Births to Women Who Miscarry Late or No Prenatal Care</th>
<th>Proportion of Children Aged 19-35 Months Fully Immunized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa County</td>
<td>Michigan</td>
<td>United States</td>
</tr>
<tr>
<td>82.5%</td>
<td>73.5%</td>
<td></td>
</tr>
<tr>
<td>2.2%</td>
<td>2.2%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>


The unemployment rate is lower in Ottawa County than in Michigan or the U.S., nevertheless, 8% of people aged 16+ are unemployed. One in ten people live in poverty in Ottawa County, lower than the proportions for Michigan or the U.S.

**Unemployment and Poverty Rates**

<table>
<thead>
<tr>
<th>Population Age 16+ Unemployed and Looking for Work</th>
<th>Percentage of People in Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa County</td>
<td>Michigan</td>
</tr>
<tr>
<td>8.1%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Michigan</td>
<td>10.5%</td>
</tr>
<tr>
<td>United States</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; County Health Rankings, Ottawa Co. and MI 2011; Note: Data compiled from various sources and dates.

The proportion of children living in poverty or being eligible for free or reduced school lunches is far lower in Ottawa County than the state of Michigan. Still, almost three in ten children are eligible for free or reduced lunches.

**Children Living in Poverty**

<table>
<thead>
<tr>
<th>Percentage of Children (&lt; Age 18) in Poverty</th>
<th>Percentage of Students Eligible for Free/Reduced Price School Lunches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa County</td>
<td>Michigan</td>
</tr>
<tr>
<td>9.0%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Michigan</td>
<td>39.3%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings. Ottawa Co. and MI 2011; Note: Data compiled from various sources and dates; Fall 2010, Center for Educational Performance and Information (CEPI).
The proportion of families living in poverty in Ottawa County is lower than in Michigan and the U.S. Approximately 10% of families with children in Ottawa County live in poverty. This proportion rises drastically for single female families where over half (58.7%) of single female families with children under 5 years of age live in poverty. Moreover, this is higher than in Michigan or the U.S.

### Poverty Status of Families by Family Type (% Below Poverty)

<table>
<thead>
<tr>
<th></th>
<th>All Families</th>
<th>Married Couple Families</th>
<th>Single Female Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa County</td>
<td>5.5%</td>
<td>5.8%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Michigan</td>
<td>11.6%</td>
<td>10.4%</td>
<td>42.3%</td>
</tr>
<tr>
<td>United States</td>
<td>17.9%</td>
<td>16.6%</td>
<td>45.6%</td>
</tr>
<tr>
<td>Michigan</td>
<td>22.2%</td>
<td>22.2%</td>
<td>53.6%</td>
</tr>
<tr>
<td>United States</td>
<td>39.2%</td>
<td>32.8%</td>
<td>58.7%</td>
</tr>
</tbody>
</table>

Source: U.S. Census, 2009 American Community Survey, Data Profiles, Selected Economic Characteristics

Poverty Status of Families by Family Type (% Below Poverty)

### Educational Level Age 25+

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa County</td>
<td>Michigan U.S.</td>
<td>Michigan U.S.</td>
</tr>
<tr>
<td>No Schooling Completed</td>
<td>0.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Did Not Graduate High School</td>
<td>5.7%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Some College, No Degree</td>
<td>32.8%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>19.4%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>6.6%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Professional School Degree</td>
<td>1.8%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td>1.3%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey, 1-year estimates

### Crime Rates

**Violent Crime Rate Per 100,000 Population**

- Ottawa County: 536.0
- Michigan: 408.4
- United States: 536.0

**Homicide Rate Per 100,000 Population**

- Ottawa County: 0.1
- Michigan: 6.6
- United States: 5.4

*Caution: small number, only 2 homicides during the year*

### Youth Behavioral Risk Factors

For both men and women, more Ottawa County residents graduate high school compared to the state and the nation. However, Ottawa County lags slightly behind the state and the nation for doctoral and professional degrees.
Ottawa County teens are less likely to engage in sexual intercourse than teens across Michigan or the U.S. Still, three in ten (30.9%) Ottawa County youths have had sexual intercourse and one in five (23%) have had it in the past three months.

### Teenage Sexual Activity

<table>
<thead>
<tr>
<th></th>
<th>Ottawa County</th>
<th>Michigan</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Had Sexual Intercourse</td>
<td>30.9%</td>
<td>45.6%</td>
<td>46.0%</td>
</tr>
<tr>
<td>Intercourse in Past 3 Months</td>
<td>23.8%</td>
<td>35.6%</td>
<td>32.2%</td>
</tr>
</tbody>
</table>

#### Source:
Michigan YRBS; Ottawa County Youth Assessment Survey 2009. NOTE: YAS includes grades 8, 10, and 12, while YRBS includes grades 9-12.

### Teenage Pregnancy

Teen births are lower in Ottawa County (6.5%) than in Michigan (10.0%) or the U.S (10.2%). However, repeat teen births are more in line with the state and nation.

<table>
<thead>
<tr>
<th></th>
<th>Ottawa County</th>
<th>Michigan</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Had Sexual Intercourse</td>
<td>6.9%</td>
<td>10.5%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Intercourse in Past 3 Months</td>
<td>10.6%</td>
<td>18.4%</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

#### Source:
MDCH Vital Records; Ottawa Co. and MI 2009; Kids Count Data Book; Ottawa Co. and MI 2009.

### Mental Health Indicators Among Youth

One in five Ottawa County youths reported depression in 2009, while 6% had attempted suicide. Both of these indicators are lower than Michigan or the U.S., although the rate for suicide attempts in Ottawa County is only slightly lower than the U.S.

#### Source:
Michigan YRBS; Ottawa Co. Youth Assessment Survey 2009. NOTE: YAS includes grades 8, 10, and 12, while YRBS includes grades 9-12.

### Tobacco, Alcohol and Marijuana Use Among Youth

Fewer Ottawa County youths report current smoking (16.9%) than in Michigan (18.8%) or the U.S (19.5%), and far fewer report binge drinking or marijuana use compared to Michigan or the U.S.

#### Source:
Michigan YRBS; Ottawa County YAS 2009. NOTE: YAS includes grades 8, 10, and 12, while YRBS includes grades 9-12.
Fewer Ottawa County youth are obese, physically inactive, or reporting inadequate consumption of fruits and vegetables than youth from across the state or nation. However, these are areas of opportunity, especially since almost half (49.2%) of Ottawa County youth are not adequately partaking in physical activity.

<table>
<thead>
<tr>
<th>Youth Who Are Obese (&gt;95th Percentile BMI for Age and Sex)</th>
<th>Youth Reporting Inadequate Physical Activity (&lt;60+ Minutes, 5+ Days Per Week)</th>
<th>Youth Reporting Less Than 5 Servings of Fruits/Vegetables Per Day (Past Week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa County 9.1%</td>
<td>MI 49.2% US 53.2%</td>
<td>MI 66.6% US 77.7%</td>
</tr>
<tr>
<td>MI 11.9%</td>
<td>US 49.2%</td>
<td>MI 53.2%</td>
</tr>
<tr>
<td>US 12.0%</td>
<td></td>
<td>US 63.0%</td>
</tr>
</tbody>
</table>
| Source: Ottawa 2009 Youth Assessment Survey and 7th Grade BMI Surveillance; Michigan YRBS; Ottawa County Youth Assessment Survey 2009. NOTE: YAS includes grades 8, 10, and 12, while YRBS includes grade 9-12.

There are far fewer primary care physicians (PCP) per capita compared to the state. One in ten adults and one in four children have Medicaid as their health care coverage in Ottawa County.

<table>
<thead>
<tr>
<th>Primary Care Physicians and Medicaid Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physicians* (MDs and DOs) Per 100,000 Population</td>
</tr>
<tr>
<td>Ottawa County 51.5</td>
</tr>
<tr>
<td>Proportion of Medicaid Patients In Ottawa County</td>
</tr>
<tr>
<td>Total 12.1%</td>
</tr>
<tr>
<td>Children 25.1%</td>
</tr>
</tbody>
</table>

*Physicians defined as general or family practice, internal medicine, pediatrics, obstetrics or gynecology

Over half (54%) of hospital inpatient admissions in Ottawa County are for patients with government sponsored health coverage, while only 2% are uninsured. Conversely, 11% of emergency department visits are for patients without insurance. Nearly one in ten (9%) ED visits are from patients without a medical home (primary care physician).

### Hospital Data, Ottawa County

<table>
<thead>
<tr>
<th>Insurance Status of Hospital Patients</th>
<th>Inpatient Admissions</th>
<th>Emergency Department Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid, including HMO</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>Medicare, including HMO</td>
<td>32%</td>
<td>11%</td>
</tr>
<tr>
<td>Commercial, HMO and Other</td>
<td>44%</td>
<td>47%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>11%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

**Hospital and Emergency Department (ED) Admissions/Visits**

- Admissions from ED to Hospital: 6.7%
- Left ED Without Being Seen: 0.3%
- ED Visits Without a PCP: 8.9%

### Free Medical Clinic Data, Ottawa County

<table>
<thead>
<tr>
<th>Free Medical Clinic Utilization by Race/Ethnicity</th>
<th>White</th>
<th>Hispanic</th>
<th>African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization</td>
<td>18%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Utilization</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>By Employment Status</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Free Clinic Data, Ottawa County (City on a Hill, Love INC)**

<table>
<thead>
<tr>
<th>Free Medical Clinic Utilization by Employment Status</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status</td>
<td>14%</td>
<td>24%</td>
<td>49%</td>
</tr>
</tbody>
</table>

**Where Patients Would Go if Free Clinic Was Unavailable**

- White
- Hispanic
- African American

<table>
<thead>
<tr>
<th>Where Patients Would Go If Free Clinic Was Unavailable</th>
<th>No Medical Care</th>
<th>Emergency Room</th>
<th>Private Doctor</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American</td>
<td>61%</td>
<td>28%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Seasonal</td>
<td>24%</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Behavioral Risk Factor Survey 2011**

**Health Status Indicators**

- Medicaid, including HMO
- Medicare, including HMO
- Commercial, HMO and Other
- Uninsured

**Free Medical Clinic Utilization by Employment Status**

- Full-Time
- Part-Time
- Unemployed

**Where Patients Would Go If Free Clinic Was Unavailable**

- No Medical Care
- Emergency Room
- Private Doctor
- Other

City on a Hill Free Clinic, Zeeland; Love INC Free Clinic, Grand Haven.
One in ten (10%) Ottawa County adults perceive their general health as either fair or poor. The proportion of residents who perceive their health as fair or poor is indirectly related to level of education and household income. Hispanics report higher prevalence of fair or poor compared to other ethnic groups. Residents who live in central and southeast Ottawa County are less likely to report fair or poor health than residents in other regions.

Similarly, the prevalence of poor mental health is 9% and is inversely related to age. It is highest among residents with household incomes less than $20,000 and/or Hispanics. Poor mental health is less common in men than women and less common in college graduates than those with less education.

Among adults, the prevalence of poor physical health is 8%. Prevalence is highest among residents with household incomes less than $20,000 (20%) and lowest among residents with the highest incomes (3%) and college graduates (5%).

A small proportion (5%) of adults in Ottawa County experienced activity limitation, where for 14 or more days in the past 30 days poor physical or mental health prevented them from doing their usual activities. The prevalence of activity limitation is highest among those in households with incomes less than $20K (14%).
A small proportion (5%) of Ottawa County adults are dissatisfied or very dissatisfied with their life. People in households with incomes less than $20,000 are least likely to be satisfied (14% dissatisfied). College graduates are more likely satisfied than those with less education and Hispanics are less likely to be satisfied than other racial/ethnic groups.

A small proportion (4%) of adults rarely or never receive the social and emotional support they need. Those lacking support tend to be Hispanic, have less than a high school education, and have lower household incomes ($<35K).

One in five (22%) Ottawa County adults are considered disabled. This proportion increases with age and women are slightly more likely to be disabled than men. Disability decreases with education and income. For example, 39% of people in households with incomes less than $20,000 are disabled, compared to 11% of people in households with incomes over $75,000.

One in five (21%) Ottawa County adults are limited in any activities because of physical, mental, or emotional problems. In general, this proportion increases with age. More than one-third (37%) of adults in households with incomes less than $20K experience this limitation, much higher than other income groups.
A small proportion (6%) of adults require the use of special equipment due to a health problem. This proportion also increases with age and with declining household incomes. Adults with less than a high school education are more likely to use equipment compared to adults with more education.

One in four (26%) Ottawa County adults are considered obese per their BMI. People with less than a high school education are more likely to be obese than those with more education. Hispanics are more likely to be obese than other racial/ethnic groups. Adults living in central Ottawa County are less likely to be obese than those living elsewhere.

More than one-third (37%) of Ottawa County adults are considered overweight per their BMI. Men are far more likely to be overweight than women. Residents living in central or northeast Ottawa County are more likely to be overweight than residents living elsewhere.

Conversely, more than one-third (37%) of Ottawa County adults are considered to be at a more healthy weight per their BMI. This classification is more likely to apply to women than men, and to people aged 18-34 than older people.
More than one in ten (13%) Ottawa County adults aged 18-64 have no health care coverage. Whether or not one has coverage is directly related to education and income. Additionally, younger residents (aged 18-34) are more likely to have no coverage than older residents, and Hispanics report no coverage more than other racial/ethnic groups.

More than one in ten (12%) Ottawa County adults are without a medical home (no PCP). Those most likely to be without a medical home are younger (aged 18-34), male, Hispanic, have not graduated from high school, and/or have lower household incomes (<$35,000).

More than one in ten (13%) adults in Ottawa County do not participate in any leisure time physical activity. Participation in leisure time physical activity is directly related to education and income. In fact, almost three in ten (29%) adults with less than a high school diploma and one-fourth (25%) of residents who have household incomes less than $20,000 do not participate in leisure time physical activity.
Inadequate fruit and vegetable consumption is common in Ottawa County, where 83% consume less than five servings of fruits or vegetables per day. Adequate fruit and vegetable consumption is inversely related to education and income, although the proportions of inadequate consumption are still high for those with college degrees and high incomes. Fewer men than women consume adequate fruits and vegetables.

Just less than one in five (17%) adults currently smoke cigarettes. Cigarette smoking is inversely related to education and income; 35% of residents with less than a high school diploma and 30% of those with household incomes less than $20,000 currently smoke cigarettes.

One-quarter (25%) of the adult population in Ottawa County are former smokers per the BRFS definition, someone who ever smoked 100 or more cigarettes but do not currently smoke. Males are more likely than females to be former smokers. The northeast portion of the county has a lower proportion of former smokers than other portions.

Six in ten (61%) current smokers have tried to quit for one day or longer within the past year. Younger and non-White smokers are more likely to attempt to quit than older or White smokers, respectively.
One in five (20%) Ottawa County residents engaged in binge drinking (5+ drinks for men and 4+ drinks for women on at least one occasion in past 30 days). The prevalence of binge drinking is higher among men, higher among younger people (<35 years of age), and higher in the northern regions of Ottawa County.

The use of smokeless tobacco by Ottawa County residents is low. Those most likely to use tend to be younger than 45 years of age and male.

### Smokeless Tobacco

<table>
<thead>
<tr>
<th>Current Smokeless Tobacco Use*</th>
<th>Current Smokeless Tobacco Use by Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Total Sample)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>&lt; High School</td>
<td>0%</td>
</tr>
<tr>
<td>20-24</td>
<td>High School Grad</td>
<td>2%</td>
</tr>
<tr>
<td>25-34</td>
<td>Some College Grad</td>
<td>4%</td>
</tr>
<tr>
<td>35-44</td>
<td>College Grad</td>
<td>2%</td>
</tr>
<tr>
<td>45-54</td>
<td>HS Income</td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>&lt;$20,000</td>
<td>1%</td>
</tr>
<tr>
<td>65-74</td>
<td>$20,000-$49,999</td>
<td>1%</td>
</tr>
<tr>
<td>75+</td>
<td>$50,000-$74,999</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>3%</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3%</td>
</tr>
</tbody>
</table>

Less than one in ten (7%) Ottawa County residents are heavy drinkers. Younger residents (<35 years of age) are slightly more likely to engage in heavy drinking than older residents. The largest proportion of heavy drinkers is found in the northwest region of Ottawa County.

### Alcohol Consumption (Cont'd.)

<table>
<thead>
<tr>
<th>Heavy Drinking*</th>
<th>Heavy Drinking by Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Total Sample)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>&lt; High School</td>
<td>3%</td>
</tr>
<tr>
<td>20-24</td>
<td>High School Grad</td>
<td>3%</td>
</tr>
<tr>
<td>25-34</td>
<td>Some College Grad</td>
<td>9%</td>
</tr>
<tr>
<td>35-44</td>
<td>College Grad</td>
<td>6%</td>
</tr>
<tr>
<td>45-54</td>
<td>HS Income</td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>&lt;$20,000</td>
<td>11%</td>
</tr>
<tr>
<td>65-74</td>
<td>$20,000-$49,999</td>
<td>7%</td>
</tr>
<tr>
<td>75+</td>
<td>$50,000-$74,999</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>3%</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9%</td>
</tr>
</tbody>
</table>

Nearly all people report always using a seatbelt when driving or riding in a car. Seatbelt use is less common among younger (<35 years of age) adults.

### Seatbelt Use

<table>
<thead>
<tr>
<th>Always Uses a Seatbelt*</th>
<th>Always Uses a Seatbelt by Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Total Sample)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>&lt; High School</td>
<td>61%</td>
</tr>
<tr>
<td>20-24</td>
<td>High School Grad</td>
<td>93%</td>
</tr>
<tr>
<td>25-34</td>
<td>Some College Grad</td>
<td>93%</td>
</tr>
<tr>
<td>35-44</td>
<td>College Grad</td>
<td>92%</td>
</tr>
<tr>
<td>45-54</td>
<td>HS Income</td>
<td>92%</td>
</tr>
<tr>
<td>55-64</td>
<td>&lt;$20,000</td>
<td>92%</td>
</tr>
<tr>
<td>65-74</td>
<td>$20,000-$49,999</td>
<td>90%</td>
</tr>
<tr>
<td>75+</td>
<td>$50,000-$74,999</td>
<td>93%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>98%</td>
</tr>
<tr>
<td>Female</td>
<td>93%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>91%</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>82%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>84%</td>
</tr>
</tbody>
</table>

Less than one in ten (7%) Ottawa County residents are heavy drinkers. Younger residents (<35 years of age) are slightly more likely to engage in heavy drinking than older residents. The largest proportion of heavy drinkers is found in the northwest region of Ottawa County.
Almost one-third (31%) of adults in Ottawa County have high blood pressure (HBP). As expected, HBP is more common in older adults (55+). It is also more common in men than women and significantly more common in adults who have less than a high school education. Further, there is an inverse relationship between the prevalence of HBP and household income.

### Hypertension Awareness

<table>
<thead>
<tr>
<th>Education</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under High School</td>
<td>16%</td>
</tr>
<tr>
<td>High School Grad</td>
<td>22%</td>
</tr>
<tr>
<td>Some College</td>
<td>24%</td>
</tr>
<tr>
<td>College Grad</td>
<td>31%</td>
</tr>
<tr>
<td>HH Income</td>
<td>49%</td>
</tr>
<tr>
<td>&lt;$20,000</td>
<td>54%</td>
</tr>
<tr>
<td>$20,000-$34,999</td>
<td>31%</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
<td>28%</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>28%</td>
</tr>
<tr>
<td>$75,000+</td>
<td>28%</td>
</tr>
</tbody>
</table>

### Clinical Preventative Practices

Nearly all (94%) women 40 years of age or older in Ottawa County have had a mammogram at some point and there is very little difference regardless of demographics, with the exception of those aged 40-44.

### Routine Physical Checkup in Past Year

<table>
<thead>
<tr>
<th>Age</th>
<th>No Routine Physical Checkup in Past Year* (Total Sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>14%</td>
</tr>
<tr>
<td>25-34</td>
<td>12%</td>
</tr>
<tr>
<td>35-44</td>
<td>15%</td>
</tr>
<tr>
<td>45-54</td>
<td>14%</td>
</tr>
<tr>
<td>55-64</td>
<td>12%</td>
</tr>
<tr>
<td>65-74</td>
<td>3%</td>
</tr>
<tr>
<td>75+</td>
<td>3%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18%</td>
</tr>
<tr>
<td>Female</td>
<td>34%</td>
</tr>
</tbody>
</table>

### Mammography Indicators Among Women Aged 40 Years or Older

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Ever Had Mammogram* (Total Sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>94%</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>20%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Among women aged 40 years or older, the proportion who reported ever having a mammogram.
Seven in ten (70%) women 40 years of age or older had a mammogram in the past year. Women in households with incomes $50,000 or more are more likely to have had a recent mammogram than women in households with lower incomes.

Nearly eight in ten (79%) adult women had a Pap test in the previous three years. Women in the youngest (18-24) and oldest (65+) ages groups, and non-White/non-Hispanic women have the lowest cervical cancer screening rates. Further, having an appropriately timed Pap test is directly related to education and income.

Almost all (93%) adult women have had a Pap test. Pap test rates are lowest among women aged 18-24 and non-White/non-Hispanic women.

Three-fourths (77%) of men in Ottawa County aged 50 years or older have had a PSA test screening for prostate cancer. The lowest rates are among men aged 50-54 and the highest rates are among men living in the northeast or southeast regions of the county.
Three-fourths (75%) of adults aged 50 or older have been screened for colorectal cancer at some point. Least likely to have been screened are people aged 50-54, of Hispanic origin, and/or have less than a high school degree. Having been screened is directly related to income.

Six in ten (63%) adults aged 50 or older have been screened for colorectal cancer in the past five years. Least likely to have been screened in the past five years are people aged 50-54, of Hispanic origin, and/or have less than a high school degree. Having been screened is directly related to income.

More than one in five (22%) Ottawa County adults have not visited a dentist in the past year. Visiting a dentist in a timely manner is directly related to education and income. In fact, more than four in ten people with less than a high school education and/or are living in a household with income less than $20K have not visited a dentist in the past year.

Similarly, 22% of Ottawa County adults have not had a teeth cleaning in the past year. Having a recent teeth cleaning is directly related to education and income and those least likely to have had a cleaning have less than a high school education and/or are living in a household with income less than $20K.
Almost one in ten (9%) have six or more missing teeth. Besides older adults (65+), those most likely to have six or more missing teeth have less than a high school education and come from households with incomes less than $35K.

Two-thirds (68%) of adults aged 65 or older received a flu vaccine in the past year. Adults aged 75+ are more likely to have received one than those aged 65-74. Senior Hispanics are least likely, by far, to have received a flu vaccine in the past year, as are senior adults living in the northeast or central regions of the county.

Additionally, seven in ten (71%) adults aged 65 or older received a pneumonia vaccine at some point and this rate is higher for those aged 75 or older. The lowest rates are among Hispanic adults, those with less than a high school degree and adults living in the northeast region of the county.
More than one in ten (13%) adults in Ottawa County have been diagnosed with asthma in their lifetime. Other than this rate being slightly higher for females over males, and the rate being much lower in northeast Ottawa County, there are very little differences with regard to demographics.

### Asthma Among Adults

#### Lifetime Asthma Prevalence

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>13%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20%</td>
</tr>
<tr>
<td>Female</td>
<td>17%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>13%</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>11%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14%</td>
</tr>
</tbody>
</table>

#### Lifetmed Asthma by Demographics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>10-24</td>
<td>20%</td>
</tr>
<tr>
<td>25-34</td>
<td>13%</td>
</tr>
<tr>
<td>35-44</td>
<td>12%</td>
</tr>
<tr>
<td>45-54</td>
<td>12%</td>
</tr>
<tr>
<td>55-64</td>
<td>14%</td>
</tr>
<tr>
<td>65-74</td>
<td>11%</td>
</tr>
<tr>
<td>75+</td>
<td>10%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>10%</td>
</tr>
<tr>
<td>Female</td>
<td>10%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>10%</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10%</td>
</tr>
</tbody>
</table>

### Asthma Among Adults (Cont'd.)

#### Current Asthma Prevalence

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>8%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>7%</td>
</tr>
<tr>
<td>Female</td>
<td>8%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>6%</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9%</td>
</tr>
</tbody>
</table>

Very few Ottawa County adults have had a heart attack and this is true regardless of demographics. It is worth noting that the proportion of adults ever having a heart attack is highest among adults aged 65+.

### Arthritis

#### Ever Told Have Arthritis

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>23%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>21%</td>
</tr>
<tr>
<td>Female</td>
<td>25%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>25%</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>24%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21%</td>
</tr>
</tbody>
</table>

### Arthritis by Demographics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>10-24</td>
<td>3%</td>
</tr>
<tr>
<td>25-34</td>
<td>7%</td>
</tr>
<tr>
<td>35-44</td>
<td>14%</td>
</tr>
<tr>
<td>45-54</td>
<td>16%</td>
</tr>
<tr>
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<tr>
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<tr>
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<tr>
<td>Hispanic</td>
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### Cardiovascular Disease

#### Ever Told Had Heart Attack

<table>
<thead>
<tr>
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### Cardiovascular Disease by Demographics

<table>
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<td>7%</td>
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<td>75+</td>
<td>9%</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
<td>3%</td>
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<td>Female</td>
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<td>Race/Ethnicity</td>
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</tr>
<tr>
<td>Hispanic</td>
<td>3%</td>
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</table>

Few (8%) adults in Ottawa County currently have asthma. Women are more likely to have asthma than men. The prevalence of asthma in northeast Ottawa County is low to non-existent. Other demographics show little differences.
Further, very few Ottawa County adults have ever been told they have angina or coronary heart disease. The rate is slightly higher for adults aged 55+, however, there are very little differences with regard to demographics.

Even fewer Ottawa County adults have ever had a stroke.

The prevalence of diabetes is less than one in ten (7%). The rate is slightly higher for older adults (55+) and those with less than a high school degree.

One in twenty (5%) adults in Ottawa County suffers from major depression. Those most likely to meet this diagnosis tend to be younger (< age 55), Hispanic, have less than a high school education, and/or have household incomes less than $35K.

*Among all adults, the proportion who had ever been told by a doctor that they had angina or coronary heart disease.

*Among all adults, the proportion who had ever been told by a doctor that they had a stroke.

*Calculated from responses to Q. 23.1-23.7 where responses in number of days out of the past 14 were summed across all seven questions. A total of 48 points or greater, and either Q. 23.1 or Q. 23.2 greater than or equal to 7 days, is classified as Current Major Depression.
Less than one in ten (7%) Ottawa County adults have been told by a doctor they have skin cancer. Expectedly, this proportion rises dramatically with age; more than one-fourth (27%) of people aged 75 or older have been told they have skin cancer. Residents in northeast Ottawa County are more likely to have skin cancer than residents in other regions of the county.

A small proportion (5%) of Ottawa County residents have been told they have chronic obstructive pulmonary disease (COPD). The disease is more common among older residents (55+), those with lower annual household incomes (<$35,000), and those with less education (less than some college).

One in twenty (5%) Ottawa County residents have been told by a doctor they have cancer. This proportion also rises dramatically with age; 23% of residents aged 75 or older have been diagnosed with some form of cancer other than skin. Residents in northeast Ottawa County are more likely to have cancer than residents in other regions of the county.

### Comparison of BRFS Measures Across Regions

**COPD**

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<tr>
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<tbody>
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<tr>
<td>Some College</td>
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<td>College Grad</td>
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<table>
<thead>
<tr>
<th>Age</th>
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<tr>
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<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>8%</td>
</tr>
<tr>
<td>Female</td>
<td>7%</td>
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<table>
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<th>Race/Ethnicity</th>
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<tr>
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<tr>
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**Cancer (Other Than Skin)**

<table>
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<tr>
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</tr>
</thead>
<tbody>
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</tr>
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</table>

<table>
<thead>
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<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3%</td>
</tr>
<tr>
<td>Female</td>
<td>7%</td>
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<table>
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<tbody>
<tr>
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<tr>
<td>Northeast</td>
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<td>Central</td>
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**Skin Cancer**

<table>
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<tr>
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</thead>
<tbody>
<tr>
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<tr>
<td>Some College</td>
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<tr>
<td>College Grad</td>
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<thead>
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<tr>
<td>75+</td>
<td>21%</td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>7%</td>
</tr>
<tr>
<td>Female</td>
<td>6%</td>
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<table>
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<th>Race/Ethnicity</th>
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### Sources

- Preliminary Estimates for Risk Factor and Health Indicators, State of Michigan, Selected Tables, Michigan BRFS, 2010
### Risk Behavior Indicators

<table>
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<tr>
<th>Measure</th>
<th>County</th>
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<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Leisure Time Physical Activity</td>
<td>13%</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Inadequate Fruit and Vegetable Consumption</td>
<td>63%</td>
<td>77%</td>
<td>77%</td>
</tr>
<tr>
<td>Current Cigarette Smoking</td>
<td>17%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Former Cigarette Smoking</td>
<td>25%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>Current Smokers who Have Ever Quit</td>
<td>61%</td>
<td>82%</td>
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<tr>
<td>Inadequate Diet</td>
<td>3%</td>
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<td></td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>20%</td>
<td>14%</td>
<td>16%</td>
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<tr>
<td>Heavy Drinking</td>
<td>7%</td>
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<tr>
<td>Always Uses a Seatbelt</td>
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<td>89%</td>
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<tr>
<td>Ever Had High Blood Pressure</td>
<td>31%</td>
<td>29%</td>
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### Clinical Preventive Practices

<table>
<thead>
<tr>
<th>Measure</th>
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<tbody>
<tr>
<td>No Routine Checkup in Past Year</td>
<td>30%</td>
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<tr>
<td>Had Mammogram (Females, 40+ only)</td>
<td>94%</td>
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<td>Had Mammogram in Past Year (Females, 40+ only)</td>
<td>70%</td>
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<tr>
<td>Had Sigmoidoscopy/Colonoscopy in Past 5 Years (50+)</td>
<td>63%</td>
<td>55%</td>
<td>63%</td>
</tr>
<tr>
<td>Ever Had PSA Test (Males, 50+ only)</td>
<td>77%</td>
<td>83%</td>
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<tr>
<td>Ever Had Sigmoidoscopy (Males, 50+ only)</td>
<td>75%</td>
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<td>67%</td>
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<tr>
<td>Ever Had Pneumonia Vaccine (65+ only)</td>
<td>68%</td>
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### Chronic Conditions

<table>
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<th>Measure</th>
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<tbody>
<tr>
<td>Lifetime Asthma Prevalence</td>
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<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Current Asthma Prevalence</td>
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<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>Ever Told Had Arthritis</td>
<td>22%</td>
<td>32%</td>
<td>26%</td>
</tr>
<tr>
<td>Ever Told Had Heart Attack</td>
<td>3%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Ever Told Had Angina/Coronary Heart Disease</td>
<td>2%</td>
<td>5%</td>
<td>4%</td>
</tr>
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<td>Ever Told Had Stroke</td>
<td>1%</td>
<td>23%</td>
<td>5%</td>
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<td>Ever Told Had Diabetes</td>
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<tr>
<td>Current Major Depression</td>
<td>5%</td>
<td>9%</td>
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### Key Stakeholder Interviews

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Sources: Preliminary Estimates for Risk Factor and Health Indicators, State of Michigan, Selected Tables, Michigan BRFS, 2010
Health Care Issues and Accessibility

- Rising health care costs
- Lack of system coordination
- Waste in system
- Addressing unhealthy behavior (e.g., smoking)
- Prenatal care & good pregnancy outcomes
- Lack of good oral healthcare
- Lack of patient advocates
- Shortage of doctors accepting Medicaid
- Transportation barriers

Most Pressing Health Needs or Issues
- Top reported health needs or issues are: lack of affordable access to primary care, chronic disease management, lack of prevention education, and obesity.
- Less frequently mentioned needs or issues are:
  - Access Health
  - City on a Hill
  - Community collaboration
  - Employee wellness plans
  - Free community health clinics
  - Healthy Life

Most Pressing Health Needs or Issues
- Prevalent health needs or issues in Ottawa County include:
  - Lack of affordable access to basic primary care, particularly for the uninsured, Medicaid, and (to a lesser degree) Hispanic and migrant populations, identified by Key Stakeholders as the most pressing health issue in Ottawa County. Other pressing issues include chronic disease management, prevention education, and obesity.
  - The majority feel these are county-wide issues, as there are not enough existing services to address level of need.
  - Holland is seen as being most accessible for primary care due to its available social services.
  - Access in the north is viewed as limited by transportation while access in the city is limited by poverty.

Verbatim Comments on Most Pressing Health Needs or Issues

As people have lost jobs or as their employers have decreased benefits, now more of that healthcare burden is placed on the individual and their families so they’re making different choices about how they’re going to seek care and at what point they’re going to seek care.

What we’re finding is a list of people who are not insured because they have been laid off have and chronic diseases now that aren’t being managed (e.g., high blood pressure).

With our Spanish speaking people here in Ottawa county and some of the disease burdens that may reside in those populations such as hypertension, diabetes, and obesity, I think that some of these probably are the conditions we have to focus the most on as well as health literacy and cultural competency around those health related issues .... I would say that the ability to have healthcare paid for, for folks that don’t meet Medicaid eligibility and who are poor, or not working, or don’t have health insurance, is really the biggest challenge in Ottawa County.

Because 75% of mortality is related to diseases that can be prevented I think we really need to invest more in prevention rather than just treatment of diseases.

Q1: What do you feel are the most pressing health needs or issues in Ottawa County?

Q1a. Is there anything currently being done to address these issues? Q1b. (If yes) How are these issues being addressed? Q1c. (If no) In your opinion, why aren’t these issues being addressed? Q1d. (If no) In what ways have these issues been addressed in the past, if any? Q1e. (If no) How effectively were these issues addressed? Q2. What is the size and scope of the most pressing issue/problem? Q2i. How many or what percentage of people are affected by this issue? Q2ii. What specific groups are affected by this issue?
The majority of Key Stakeholders believe health care access is good, except for those individuals who are using Medicaid or are uninsured. While they note there is excellent hospital care, excellent emergency room care, and a strong physician network, they also mention there are not enough primary care physicians and significant barriers such as cost and transportation exist for many.

**The State of Health Care Access**

- Most believe health care access is good, except for those individuals who are using Medicaid or are uninsured.
- Further, Key Stakeholders feel these barriers result in:
  - Foregoing of prescriptions (esp. in older adults)
  - Less help-seeking behaviors
  - Sporadic care of chronic diseases
  - Overuse of the emergency room for primary care
- The majority think Holland has the most services available to the community, yet many residents in the outlying areas of the county may not be able to access such services due to transportation barriers.
- The view on disability services is mixed: 30% say there are adequate disability services, 20% say there are not, citing the population has multiple needs and the general lack of funding, while 50% are unsure. These issues can be addressed through policy changes as well as by the community providing an access safety net for its disabled residents.

**Sentinel Events & Important Health Outcomes**

- Most feel that high unemployment rates, loss of insurance coverage, and state as well as federal deficits have impacted the community’s health care and health landscape.
- Stakeholders also mention fewer physicians accepting Medicaid as an additional factor.
- On the upside, technological improvements in offices have enabled offices to have a universal access point for health records, and more free clinics have opened to respond to needs.
- They identified the following as important measures for health-related outcomes:
  - Numbers with and without access to a primary care provider
  - Overall health, prenatal care, risk behaviors, quality of life indicators & improvement in these rates
  - Chronic disease rates
  - Mortality/Morbidity
  - Health literacy
  - Healthcare delivery methods and user rates
  - Use of wellness plans
  - Numbers using free clinics
  - Availability of mental & behavioral healthcare

Q5i. What are the key sentinel events that may have impacted the community’s health and health care landscape in the past one to two years? Q5ii. Are these issues the same or different for the county versus your local community? Q6g. Are there significant economic events, disasters...
While respondents disagree over whether or not there is a wide variety or choice of primary care physicians, the majority think there is little to no choice for the uninsured, those with transportation barriers, or for those using Medicaid. Lack of primary care physicians in the county is attributed to the difficulty in recruiting them to the area, as well as to a nation-wide decline in primary care physicians as more physicians move into more lucrative specialty fields.

Verbatim Comments on the State of Health Care Access

For everybody else, and that’s probably 80%, Ottawa County has a very well developed and excellent healthcare delivery system. But that’s 20%, access can be tough. It’s hit or miss for their availability. So I would have to rate it overall as good except for that population.

We’re having a really hard time recruiting primary care physicians - it’s a national trend, and if you do find them, you have to be able to pay them.

I do believe that our physician practices are opening up access in the way of extended hours and same day visits. What I don’t know is for the people who don’t have money, are we able to support them well enough via a free clinic or do they feel, “Gosh I can’t go to the doctor, I don’t have $200.” Because if they don’t have insurance, even if they go for a routine visit, that could be a couple hundred bucks. So do we have enough access for them? For the underinsured and the uninsured to seek services. That is what I don’t know and that is what I think our county should address.

Choice of Providers

No, there’s a shortage of primaries. That’s typical for the nation. Try to find pediatrics and see if you can count them on one hand for the entire county. There are few and far between. That’s one of the areas that’s hardest and yet, highly needed.

Again, you’re at the mercy of who’s accepting those clients and that every year decreases. Ottawa County itself, the county switched health plans, and I had just kind of a personal ethics decision, I said I will only go to a doctor that will also accept Medicaid clients. We switched a year ago, I’m still looking for a primary care doctor. So here I am with excellent insurance. I can get in anywhere, they’ll take it. But if I had a Medicaid card, sorry. Now what is the only difference? Reimbursement rate for the physician’s office. So that is one of the biggest barriers and I think its an ethical and moral crisis for healthcare professionals. They really need to think about what they’re really saying with that.

I think our primary care network here is very strong. Primary care nationwide has a reduction in physicians going into primary care. But I do think here in Holland we have a strong primary care infrastructure and that our primary care infrastructure could support the needs of our community by providing them with a medical home. I don’t know that we have an inadequate supply and I do know that supply we have is quite excellent. It’s available to both if they can pay.

Q5. Could you describe the current state of health care access in Ottawa County? Q5i. Are there any issues such as, (a) Transportation, (b) Health Coverage, (c) Differences in Subpopulations or groups such as: older adults, low-income, children, minority groups, uninsured/uninsured/uninsurable.

The majority of Key Stakeholders also see a general lack of insurance coverage for ancillary services such as for prescriptions or dental care as well as an inability to pay out-of-pocket expenses such as deductibles or co-pays for Ottawa County residents.

Ancillary Service Coverage and Inability to Pay Out-of-Pocket Expenses

Lack of Ancillary Service Coverage

I think that the more visible are the seniors who, because they’re unable to pay, they forgo getting their medication.

Especially in dental. There’s a huge gap in coverage for the poor and even Medicaid. They continually cut that.

Definitely dental care. I think the struggle that people have with prescriptions is that, especially with our Medicare patients, now that Medicare has a prescription plan that Medicaid won’t help with, that then they fall into kind of a donut hole, where they spend so much and then Medicare doesn’t help until they get up to another limit, and that makes it difficult for people to get their prescriptions during that time.

We do provide some safety net services and I can tell you that the clients that come in here in the past would be very eager to pay … they would make donations or they would pay on a sliding fee scale and we’ve seen an increase in the number of people who say I just can’t afford to pay on that sliding fee scale.

Yes. As well as, in many cases, the cost of the insurance itself. That’s why we set up Access Health and the Kent Health Plan, to make some insurance available for the places where the cost of traditional insurance is too high. So we use subsidized means to make coverage available.

Q5d. Is there a lack of insurance coverage for ancillary services, such as prescriptions or dental care? Q5e. Is there an inability to afford out-of-pocket expenses, such as co-pays and deductibles?

Existing Programs and Services

No, there’s a shortage of primaries. That’s typical for the nation. Try to find pediatrics and see if you can count them on one hand for the entire county. There are few and far between. That’s one of the areas that’s hardest and yet, highly needed.
All Key Stakeholders think existing programs and services are meeting the community's needs and demands at least somewhat well, and 30% say they meet the needs very well but believe there are also many services lacking, particularly for the uninsured and Medicaid populations.

**Programs/Services Meeting Needs & Programs/Services Lacking**

- Stakeholders believe Ottawa County has many dedicated people and organizations addressing community health needs, particularly focusing on the needs of Hispanic, Medicaid, and uninsured community residents.
- Many still stress an overall lack of resources to meet needs and point to uneven mental health needs.
- Services identified as lacking, particularly for the uninsured and Medicaid populations, include:
  - Primary care access
  - Free/reduced care
  - Oral health care
  - Culturally competent care
  - Substance abuse treatment
  - Mild/moderate mental health care (depression, anxiety)
  - Shortage in primary care physicians
  - Shortage in psychiatrists
  - Teen health services
  - Coordination of care
  - Wellness plans/individual initiative
  - Obesity focus
  - More free health clinics
  - Increased funding for mammograms
  - Expansion of mobile dentist
  - Evidence-based approaches to practice and care

There is no consensus among Key Stakeholders as to whether or not some existing services aren’t needed or if there is duplication of services. While some believe services that are not needed exist, none could volunteer any of those particular services. Further, while some duplication is believed to exist, they still feel services are necessary since some needs are going unmet. Overall, stakeholders want a more coordinated effort to address health care and health needs in Ottawa County.

**Recommendations for Service Improvement & Improvement Plans**

Stakeholders overwhelmingly suggest a better coordinated approach to community health through increased collaboration between service providers and improved case management approaches.

- Systematic health needs assessments are seen as essential in identifying needs to target for improvement and progress toward improvement.
- More specifically, they would like to see or are planning on:
  - Expansion of services
  - Prevention programs
  - Pediatric coordination of mental health
  - Case management/Increased coordination of care
  - Obesity focus
  - More free health clinics
  - Increased funding for mammograms
  - Expansion of mobile dentist
  - Evidence-based approaches to practice and care
  - Addition of mental health into primary care
  - Improved health literacy
  - More doctors in area
  - Community health plan

**Verbatim Comments on Programs/Services Meeting Needs & Programs/Services Lacking in Community**

From the standpoint of a community, we're interested in and have done a good job at addressing many things. There's still populations at risk. It's the underserved and the uninsured. So I would say that addressing mental health symptoms or issues or events is problematic for the poor in every county but once it rises to the level of a significant disorder, then the system is excellent. There's a pretty good amount of collaboration here, and so if there's an area and a need has been identified and the organization identifying that need doesn't have the abilities themselves to do it, they're pretty good about making out.

Most programs are available somewhere somehow, but you have to go out to get them. There has to be initiative on the part of the individual. These are things that left untreated can lead to other social problems for people because they're not managing their mental health enough. I think we've got the infrastructure but is the infrastructure enough to meet the demand? There does not seem to be a very good connection with how information is shared, who's case managing that, it's all left up to the family and the family's not educated enough about what resources are there and available.
Verbatim Comments on Recommendations for Service Improvement & Improvement Plans

I know it's an expensive model, however, if people had more care coordination, it would take us so much farther to achieving improved health outcomes. Because right now we're not really making our population any healthier, we're just sticking a Band-Aid on and sending them out.

The big move across the nation is for the patient-centered primary care medical home. In basic terms, the primary care medical home would act pretty much as a clinic where a doctor will have other resources available, usually in his or her own practice, behaviorists, nutritionists and so on, who can be of great assistance with the total practice. You can see more people at the level they need to be seen by the person they need to see and reserve the physicians for those who have to see the doc. If you do that, every doctor’s office is practically turned into a clinic that can serve many times more people than can be seen by the (traditional) office.

When it comes to actually having the resources to do good planning with good baseline data, with measurable objectives, and agreed upon desired outcomes, I think that it does not happen, it simply cannot happen—we are all too stressed, too thinly staffed, and so we all go about doing our best at whatever little bits of things we can do. On top of our main core service.

We’re getting together a major, area-wide, 13-county-wide coalition, blue-ribbon group to look into that very question. Not only to look into services but look at the organization of the services.

Verbatim Comments on Barriers & How They Can Be Addressed

Many barriers to accessing health care programs and services are linked directly to high cost for services, lack of bi-lingual providers, and individual accountability for one’s health. While a little over half of the Key Stakeholders think these barriers have been addressed, all say that response to these barriers, including new efforts as well as those tried in the past, is not enough to match the level of community need.

Barriers & How They Can Be Addressed

- **Key Stakeholders identified the following barriers or obstacles existing for Ottawa County:**
  - Cost
  - Cultural and language barriers
  - Individual awareness, health literacy and motivation

- **Stakeholders have many ideas such as:**
  - Increasing the number of mid-level providers, prioritizing specific needs to be addressed and aligning organizationally to address the issue(s) through careful planning, creating advisors/advocates for people entering into the system (case management), recruiting more bi-lingual professionals, and establishing a “house call” care system.

- **Only a little over half see relevant stakeholders involved in planning.** Those who don’t see them involved want more community members, business leaders, and service users at the table. Additionally, they would like to see more community planning to look at overall community health.

- **Many feel solutions will involve policy changes and a more focused and strategic approach to community health care and planning.**

Barriers

We need an education campaign, but at the same time, we also need a little bit more accountability when folks are coming into an emergency room; to immediately redirect them to somewhere else, unless it’s an emergency. And that’s hard to do under the current legal structure or law that we have. But people are kind of doing this out of convenience sometimes.

Making sure that a patient or an individual receives the right care at the right time – that’s critical. And I think that’s based on incentives or some sort of mechanism to get that level of engagement. It’s reactive medicine, so you don’t typically go to the doctor when you’re feeling good.

Culturally, they [Hispanic residents] are one of the last ethnic cultures to seek mental health services. A lot of it has to do with the stigma associated in coming to a community mental health type of organization.

I can tell you that many single parents are very much afraid of the care system, for the effect on their family. … Let’s say you are barely minimum wage if that, and someone says your kid needs braces, what are you going to do? Would you try to delay it if you can? Just put it off. Let’s see if we can live with it? Most things you can live with. And if you can live with it, then why incur the expense? That’s the kind of math that goes on daily in people’s lives.

Addressing Barriers

It doesn’t have to be a physician. We could have large numbers of nurses or what we call mid-level providers, physician’s assistants and others that have much more intentional focus even in their training curriculum, because there are much larger numbers of these folks.

There’s a lot of effective solutions. I think where we get to the point where we’ve prioritized our list of the most pressing and prevalent issues in Ottawa County, at least from a health perspective, it’s going to become visible to really go out and look at those best practices and investigate not only what are the best practices but would those best practices fit within our community culture.

Hopefully people who are in positions where they can speak medical Spanish on one end and popular Spanish on the other end so they can be between the provider and the patient.

Barriers & How They Can Be Addressed

- **Barriers**
  - Cost
  - Cultural and language barriers
  - Individual awareness, health literacy and motivation

- **Addressing Barriers**
  - Increasing the number of mid-level providers
  - Prioritizing specific needs
  - Case management
  - Recruiting bi-lingual professionals
  - Establishing a “house call” care system

- **Only a little over half see relevant stakeholders involved in planning.**
  - Those who don’t see them involved want more community members, business leaders, and service users.
  - They would like more community planning for overall community health.

- **Many feel solutions will involve policy changes and a more focused and strategic approach to community health care and planning.**
Community Resources and
the Future of Health Care

Key Stakeholders believe they live in a caring and compassionate community that mobilizes its volunteer force well and contains a faith-based community deeply committed to addressing community needs. However, people feel the county lacks the funding and the ability to coordinate its approach to health care in order to better meet the community’s needs.

Community Resources & Resource Limitations

- Ottawa County is described as a very caring, compassionate community.
- Stakeholders feel residents can depend on the community for addressing community health care needs and issues as the following resources exist:
  - The large number of community volunteers
  - Business-friendly community
  - Faith-based community
  - Ottawa County Health Department
  - School nursing program
  - Faith-based organizations (e.g., City on a Hill, Good Samaritan Ministries)
  - The commitment of Holland citizens to improving the lives of its residents
- Resource limitations include:
  - A lack of physicians/number of providers
  - Funding limitations
  - Lack of a coordinated approach to the community’s health
  - Regional distribution of population – some very rural

Verbatim Comments on Community Resources

Basically Ottawa County is blessed with lots of people who care, through the faith based community. We have a lot of organizations that have been funded at the grass roots level. We have a very philanthropic community, we have a very business-friendly community, we have a very active chamber and visitors bureau and downtown business association and all kinds of community events that include arts. There are lots of ways around here people have found ways to support each other and help each other be successful.

It’s a very giving community and so you often find if there’s a need out there and you get the word out and you connect people together, Ottawa County has unbelievable social capital that way. And I will tell you that does hurt us in one way where the state will end up giving us less state funds because they know this.

I’m really proud to be a part of Ottawa County because the people here are really passionate, they’re very generous, very generous communities with lots of wealth and those folks that hold that wealth have shared that in order to make a positive impact on the community. … We’ve got good leadership in Ottawa County.

While most are unsure of the impact of Federal Health Care Reform on their community, they are cautiously optimistic that it will help with the community’s access issues and provide more federal funding to finance efforts to increase access.

The Future of Health Care

Specifically, stakeholders think health care reform will result in:
- Increased restrictions and bureaucracy
- A focus on quality of care
- More focus on preventative health
- Redistribution of resources to focus on chronic disease
- Development of patient-centered medical homes
- More Medicaid patients with lower Medicaid reimbursement rates
- Employers discouraged from offering employees insurance

However, people are also unsure of how this reform will impact health outcomes and fear its implementation will cost their organizations more than they can afford.

Key Stakeholders stress that: (1) health care must increasingly focus on educating people to make lifestyle changes, (2) the health care system must be made more efficient, (3) fees for servicing Medicaid patients need to improve, and (4) taking a regional approach to care is the right way to move forward.
You're going to have to have a hospital group, a group of physicians, and an agency all working together to qualify as an Accountable Care Organization so that they can accept the Medicaid population that's going to be expanded. And there really are not a lot of details on how to do that.

I anticipate that our Medicaid numbers will grow. I think it has helped our young adults who can now be on their parent’s insurance until age 26. Or at least that option is there now for more kids. I believe there’s also that clause about prior illness and insurance companies can’t discriminate for that with the National Health Care Reform so that will certainly help people access insurance so they can access health care.

The federal government is going to reduce the amount paid to hospitals so our standpoint is we don’t think we’re going to see a lot of people come to the table who now have insurance who didn’t before, and our risk is that we will see a ratcheted down level of reimbursement for the Medicaid patients we take care of today.

Resources will go into things like the health promotion, the chronic care management, creation of patient-centered medical homes so that instead of investing so much money in the tertiary care and highly specialized care, that people have the resources to control their own health before they need the subspecialties.

The most pressing health issues or needs that are top of mind to Key Informants revolve around lack of health care programs or services for specific populations (e.g., low income, un/under-insured). Obesity is considered the single most pressing issue. Other issues include quality of care, access to mental health care, lack of wellness and prevention services, and health care costs.
Q2: Please tell us how prevalent the following health issues are in Ottawa County.

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity (n=32)</td>
<td>4.07</td>
</tr>
<tr>
<td>Diabetes (n=22)</td>
<td>4.44</td>
</tr>
<tr>
<td>Heart Disease (n=18)</td>
<td>4.90</td>
</tr>
<tr>
<td>Cancer (n=23)</td>
<td>5.25</td>
</tr>
<tr>
<td>Depression (n=33)</td>
<td>4.77</td>
</tr>
<tr>
<td>Stroke (n=24)</td>
<td>4.37</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases (n=20)</td>
<td>4.29</td>
</tr>
<tr>
<td>Lack of Childhood Immunizations (n=27)</td>
<td>4.18</td>
</tr>
</tbody>
</table>

Key Informants view **obesity** as the most prevalent health issue, by far, in Ottawa County, followed by **diabetes**, **heart disease**, and **cancer**. Childhood immunizations appear to occur fairly regularly and are not an issue.

Q2a: How satisfied are you with the community's response to these health issues?

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Childhood Immunizations (n=27)</td>
<td>4.44</td>
</tr>
<tr>
<td>Cancer (n=22)</td>
<td>3.83</td>
</tr>
<tr>
<td>Stroke (n=20)</td>
<td>3.80</td>
</tr>
<tr>
<td>Heart Disease (n=25)</td>
<td>3.72</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases (n=20)</td>
<td>3.55</td>
</tr>
<tr>
<td>Diabetes (n=29)</td>
<td>3.34</td>
</tr>
<tr>
<td>Obesity (n=34)</td>
<td>2.74</td>
</tr>
</tbody>
</table>

Key Informants are most satisfied with the community's response to **childhood immunizations**, followed by **cancer**. Conversely, they are least satisfied with the response to **depression** and **obesity**.

The quadrant chart below depicts both **problem areas and opportunities**. The community's response to stroke, cancer, and heart disease is fairly strong because they are all prevalent and Key Informants are satisfied with the community response. Conversely, diabetes, depression, and obesity are critical problem areas because they are not only prevalent, but the response has been less than satisfactory.

<table>
<thead>
<tr>
<th>PREVALENCE</th>
<th>SATISFACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Moderate</td>
<td>Critical</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

**Health Behaviors**
According to Key Informants, alcohol abuse is the most prevalent negative health behavior in Ottawa County, followed by domestic abuse, illegal substance use, and tobacco use. Suicide, although it exists, is not considered to be as prevalent as other health behaviors.

### Prevalence of Health Behaviors in Ottawa County

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Prevalence</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Abuse (n=33)</td>
<td>15%</td>
<td>49%</td>
</tr>
<tr>
<td>Domestic Abuse (n=31)</td>
<td>13%</td>
<td>51%</td>
</tr>
<tr>
<td>Illegal Substance Abuse (n=21)</td>
<td>16%</td>
<td>55%</td>
</tr>
<tr>
<td>Smoking and Tobacco Use (n=33)</td>
<td>12%</td>
<td>58%</td>
</tr>
<tr>
<td>Child Abuse/Neglect (n=28)</td>
<td>18%</td>
<td>57%</td>
</tr>
<tr>
<td>Motor Vehicle Accidents (n=24)</td>
<td>21%</td>
<td>56%</td>
</tr>
<tr>
<td>Suicide (n=36)</td>
<td>23%</td>
<td>41%</td>
</tr>
</tbody>
</table>

Satisfaction with Community’s Response to Health Behaviors in Ottawa County

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Abuse (n=33)</td>
<td>13%</td>
</tr>
<tr>
<td>Domestic Abuse (n=31)</td>
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<td>Illegal Substance Abuse (n=29)</td>
<td>14%</td>
</tr>
<tr>
<td>Smoking and Tobacco Use (n=31)</td>
<td>18%</td>
</tr>
<tr>
<td>Child Abuse/Neglect (n=27)</td>
<td>4%</td>
</tr>
<tr>
<td>Suicide (n=36)</td>
<td>23%</td>
</tr>
</tbody>
</table>

Key Informants are moderately satisfied with the community’s response to the health behaviors rated. Opportunities for improvement exist with child abuse/neglect and suicide.

The quadrant chart shows moderate satisfaction with community response to most all health behaviors. The one area that could be addressed is the response to illegal substance abuse. Additionally, satisfaction with child abuse/neglect and suicide are low compared to other areas; however, these are less prevalent than other behaviors.

Performance of Community in Response to Health Behaviors in Ottawa County

The quadrant chart shows moderate satisfaction with community response to most all health behaviors. The one area that could be addressed is the response to illegal substance abuse. Additionally, satisfaction with child abuse/neglect and suicide are low compared to other areas; however, these are less prevalent than other behaviors.

Access to Health Care
Children and adults have the greatest variety and choice of primary medical care options, although there is room for improvement as roughly one in five disagree with this view. Residents who lack insurance, are low income, and/or are ESL find their options far more limited when it comes to primary medical care.

### Perceptions of Variety and Choice of Primary Medical Care Options

<table>
<thead>
<tr>
<th>Group</th>
<th>Rating</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (n=34)</td>
<td>3.59</td>
<td>19%</td>
<td>12%</td>
<td>62%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Adults (n=35)</td>
<td>3.51</td>
<td>11%</td>
<td>9%</td>
<td>97%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Senior Adults (n=34)</td>
<td>3.09</td>
<td>31%</td>
<td>12%</td>
<td>62%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Non-English Speaking</td>
<td>2.92</td>
<td>32%</td>
<td>12%</td>
<td>47%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Underserved (n=32)</td>
<td>2.00</td>
<td>41%</td>
<td>47%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Low Income (n=36)</td>
<td>1.84</td>
<td>6%</td>
<td>41%</td>
<td>47%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Uninsured (n=34)</td>
<td>1.71</td>
<td>45%</td>
<td>40%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Q4: Please tell us your level of agreement with the following statements about the availability and quality of primary medical care in Ottawa County.

**Reasons for Perceiving a Lack of Primary Medical Care Options for Adults**

- Because of my experience seeing families who are not getting enough care.
- Families need to have private insurance and speak English to receive timely, high-quality, preventative or non-urgent medical care that is easily accessible. Even care for health concerns is complicated by issues of language, insurance and location in the county of a consumer's home.
- I think that Medicaid should give access to health care, but not sure that it is as widely used as it could be.
- Shortage of pediatric care physicians.
- The choice of provider depends on network, number of physicians taking new patients, source of payment, and ability to pay. Some children may have no difficulty finding care, others struggle.
- Many physicians do not accept or limit Medicaid patients.
- Very few physicians accept Medicaid for children.

**Senior adults, although covered by Medicare, experience limitations with this form of coverage.**

Key Informants report that many providers in Ottawa County do not accept Medicare as well. The limited gerontological care that exists in the county forces many older adults to go elsewhere for care and this becomes more complicated when transportation is already a barrier.

**Reasons for Perceiving a Lack of Primary Medical Care Options for Senior Adults**

- Choice of quality care is dependent on financial ability to pay for such care.
- I see many elderly people who do not get primary care unless it is thru Medicare—and that of course is limited.
- It is difficult for adults on Medicare to find a primary doctor to accept Medicare if they are new to the area or do not have a previously established primary care provider.
- Physicians limit how many Medicare patients they accept in their practice.
- Seniors do not have access to affordable, timely, county-wide transportation to assist with access to care.
- Seniors on limited incomes often do not have the $10-$20 needed per ride, rely on the ability to make transportation arrangements the 1-2 weeks in advance as is often required. Also, they may not be healthy enough to wait for the driver to be able to return to pick them up and ride on the bus for extended periods of time while others are picked up and dropped off. Instead, of picking the best health care provider, they will pick the most convenient.
- There is limited to no gerontological care for senior adults in our community. Some physicians will not accept Medicare patients.
- There is some home care available for the insured. There is not much options between in home care to nursing home care for low income.
- Very few physicians available in the Ottawa County community who specialize in senior care. As senior population continues to grow, Ottawa County will face an acute shortage of physicians who specialize in care for seniors.
There are a number of reasons low income and ESL populations face PCP access challenges. In addition to lack of providers accepting Medicaid, too few providers accept patients who are uninsured or underinsured. For ESL patients, cultural and language barriers are the greatest hurdle, but this is compounded by the fact that they often have limited or no health coverage.

### Reasons for Perceiving a Lack of Primary Medical Care Options for Underserved Population

#### Low Income Population
- Too few providers accept Medicaid: 21%
- Not enough providers accept low income population: 14%
- Few providers accept patients without insurance or sliding scale: 17%
- Limited community resources to meet demand: 11%
- Personally see low-income people go without health care: 11%
- Transportation barrier: 7%
- Tend to travel out of county for more/better options: 7%
- Few places/options for uninsured/underinsured: 6%
- Language barrier: 6%
- Lack of availability of bilingual/Spanish speaking providers: 6%
- Lack of bilingual/Spanish speaking physicians/providers: 6%

#### ESL Population
- Few bilingual/Spanish speaking physicians/providers: 60%
- Limited community resources to meet demand: 22%
- Personally see ESL people go without health care: 22%
- Transportation barrier: 22%
- Too few providers accept Medicaid: 11%
- Can’t afford out of pocket expenses (e.g., treatment, co-pays, deductibles, prescriptions): 11%
- Can’t afford out of pocket expenses: 11%
- Lack of education/knowledge of health care options: 7%
- Language barrier: 6%
- Lack of availability of bilingual/Spanish speaking physicians/providers: 6%
- Use of interpreters raises issues of confidentiality: 6%

(For those 25 years and over, if you [SCRAMBLED]: Why do you [SCRAMBLED] not think there is a wide variety and choice of primary care for you? [Multiple responses allowed].)

To reiterate, the underserved, which includes the uninsured/underinsured, have limited PCP options for many reasons but primarily because of a dearth of physicians willing to accept Medicaid patients or patients who have no coverage.

### Reasons for Perceiving a Lack of Primary Medical Care Options for Uninsured/Underinsured

- Few places/options for uninsured/underinsured: 45%
- Personal see underserved go without health care: 10%
- Can’t afford out of pocket expenses (e.g., treatment, co-pays, deductibles, prescriptions): 24%
- Those who lack money receive subpar health care: 17%
- Too few accept patients without insurance/sliding scale/for free: 21%
- Transportation barrier: 17%
- Limited community resources to meet demand: 17%
- Lack of education/knowledge of health care options: 3%
- Tend to travel out of county for more/better options: 3%

(For those 25 years and over, if you [SCRAMBLED]: Why do you [SCRAMBLED] not think there is a wide variety and choice of primary care for uninsured/underinsured? [Multiple responses allowed].)

Over three-fourths (78%) of Key Informants recognize that certain subpopulations or groups in Ottawa County are underserved with respect to health care. Those most at risk lack insurance, either completely or partially. The ESL population is also underserved.

#### Subpopulations Underserved with Regard to Health Care

**Are Specific Subpopulations or Groups Underserved?**

- Yes, 78%
- Don’t Know, 22%

**Subpopulations or Groups Underserved**

- Uninsured: 89%
- Underinsured: 89%
- Uninsurable: 79%
- Undocumented immigrants: 54%
- Non-English speaking: 50%
- Minorities: 32%
- Senior adults: 18%
- Disabled: 18%
- Men: 14%
- Women: 11%
- Children: 11%
Ottawa County programs or services receiving the highest marks involve emergency/ambulatory transportation. A number of other programs, such as general surgery, OB/GYN, emergency care, ophthalmology, and orthopedics, are also highly respected.

<table>
<thead>
<tr>
<th>Programs/Services Lack in Ottawa County</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs/services for uninsured/underinsured (e.g., dental, mental health, primary care)</td>
<td>6%</td>
</tr>
<tr>
<td>Programs/services for low income population (e.g., dental, mental health, primary care)</td>
<td>6%</td>
</tr>
<tr>
<td>Quality care available throughout county</td>
<td>6%</td>
</tr>
<tr>
<td>Specialty programs/services</td>
<td>6%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>6%</td>
</tr>
<tr>
<td>Wellness programs</td>
<td>6%</td>
</tr>
<tr>
<td>Home care/assisted living for elderly/disabled/underserved</td>
<td>6%</td>
</tr>
<tr>
<td>Community based care for disability/elderly</td>
<td>6%</td>
</tr>
<tr>
<td>Programs targeting obesity reduction</td>
<td>6%</td>
</tr>
<tr>
<td>Public system/free clinics are over capacity</td>
<td>6%</td>
</tr>
<tr>
<td>Don’t know/No answer</td>
<td>44%</td>
</tr>
</tbody>
</table>

Degree to Which Programs/Services Meet the Needs/Demands of Ottawa County Residents

<table>
<thead>
<tr>
<th>Programs/Services</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory/Emergency Transport (n=23)</td>
<td>4.48</td>
</tr>
<tr>
<td>General Surgery (n=24)</td>
<td>4.43</td>
</tr>
<tr>
<td>Obstetrics (n=25)</td>
<td>4.07</td>
</tr>
<tr>
<td>Emergency Care (n=23)</td>
<td>4.04</td>
</tr>
<tr>
<td>Ophthalmology (n=24)</td>
<td>3.96</td>
</tr>
<tr>
<td>Orthopedics (n=26)</td>
<td>3.92</td>
</tr>
<tr>
<td>Urgent Care Services (n=20)</td>
<td>3.96</td>
</tr>
<tr>
<td>Dermatology (n=21)</td>
<td>3.86</td>
</tr>
<tr>
<td>Oncology (n=21)</td>
<td>3.85</td>
</tr>
<tr>
<td>Nursing Home Care (n=21)</td>
<td>3.80</td>
</tr>
<tr>
<td>Fracture Care (n=24)</td>
<td>3.76</td>
</tr>
</tbody>
</table>

Key Informants report that programs and services lacking in Ottawa County are those that address the underserved, uninsured/underinsured and low income residents. More often this void is evident in dental, mental health, and primary care areas. Four in ten are unable to think of a dearth in programs/services.

Three-fourths (75%) of Key Informants have had, or someone they know has had, to travel outside of Ottawa County for health care for a variety of conditions. Most commonly, residents travel to other counties for specialized care or for treatment of cancer.

Traveling Outside of Ottawa County for Health Care

<table>
<thead>
<tr>
<th>Had Health Issue/Need Requiring Travel Outside Ottawa County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t Know</td>
</tr>
<tr>
<td>Yes, 75%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons for Traveling Outside Ottawa County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized Care/Services</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Heart condition</td>
</tr>
<tr>
<td>Second opinion/better diagnosis</td>
</tr>
<tr>
<td>Pediatric-related</td>
</tr>
<tr>
<td>Surgery</td>
</tr>
<tr>
<td>Mental health</td>
</tr>
<tr>
<td>Dental needs</td>
</tr>
<tr>
<td>Send uninsured/underinsured to other areas for treatment</td>
</tr>
<tr>
<td>Head trauma</td>
</tr>
<tr>
<td>VA</td>
</tr>
<tr>
<td>ENT</td>
</tr>
<tr>
<td>Child delivery</td>
</tr>
<tr>
<td>Disabilities</td>
</tr>
<tr>
<td>Disability needs</td>
</tr>
<tr>
<td>Orthopedics</td>
</tr>
<tr>
<td>Eye care</td>
</tr>
</tbody>
</table>

Q8: Have you, or someone you know, ever had a health issue or need that necessitated travel outside of Ottawa County for health care?
Q8a: (If yes) What necessitated travel outside of Ottawa County for health care, and why? Please be as detailed as possible.

Q7: What programs or services are lacking in the community? Please be as detailed as possible.

Q6: How well do the following programs and services meet the needs and demands of Ottawa County residents?
Barriers to Health Care

According to Key Informants, **lack of health care insurance** is the top barrier or obstacle to health care programs and services. **Physicians declining Medicaid patients** and **inadequate health insurance** are also viewed as barriers. Conversely, **trust** is not considered to be an obstacle and **transportation** is considered an obstacle by a few.

### Barriers and Obstacles to Health Care

<table>
<thead>
<tr>
<th>Single Greatest Barrier/Obstacle</th>
<th>Top 3 Barriers/Obstacles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Health Care Insurance</td>
<td>Lack of Health Care Insurance</td>
</tr>
<tr>
<td>Physicians Not Accepting Medicaid</td>
<td>Physicians Not Accepting Medicaid</td>
</tr>
<tr>
<td>Inadequate Health Care Insurances</td>
<td>Inadequate Health Care Insurances</td>
</tr>
<tr>
<td>Language/Cultural</td>
<td>Language/Cultural</td>
</tr>
<tr>
<td>Personal Irresponsibility</td>
<td>Personal Irresponsibility</td>
</tr>
<tr>
<td>Lack of Awareness of Existing Services</td>
<td>Lack of Awareness of Existing Services</td>
</tr>
<tr>
<td>Unaffordable Co-Pays/Deductibles</td>
<td>Unaffordable Co-Pays/Deductibles</td>
</tr>
<tr>
<td>Transportation</td>
<td>Transportation</td>
</tr>
<tr>
<td>Lack of Trust</td>
<td>Lack of Trust</td>
</tr>
<tr>
<td>There are no barriers/Obstacles</td>
<td>There are no barriers/Obstacles</td>
</tr>
</tbody>
</table>

(n=36)

The most often cited solution to barriers and obstacles to health care is **universal health care**, however it is mentioned by less than one-fifth of the Key Informants. Suggestions are varied and are targeted toward solving the problem of barriers, including **education**, **lifestyle choices**, more acceptance of Medicaid, **different models of health care and insurance**, and **better transportation**. Four in ten offer no solutions.

### Effective Solutions to Barriers and Obstacles to Health Care

- **Insurance should cover preventive care**: 17%
- **Language/cultural support classes/training**: 6%
- **Better communication within medical community**: 11%
- **Increase awareness of existing programs/services (e.g., more advertising)**: 11%
- **Insurance should cover more costs (e.g., reducing out of pocket expenses, co-pays)**: 4%
- **Better access to programs/services**: 4%
- **Use of quality and satisfaction ratings (accountability)**: 3%
- **More minority physicians**: 6%
- **Different insurance models**: 6%
- **Incentives/tax breaks for physicians who provide services to underserved**: 6%
- **Don’t know/No answer**: 39%

(n=36)

### Identifying and Addressing Needs

The most often cited solution to barriers and obstacles to health care is **universal health care**, however it is mentioned by less than one-fifth of the Key Informants. Suggestions are varied and are targeted toward solving the problem of barriers, including **education**, **lifestyle choices**, more acceptance of Medicaid, **different models of health care and insurance**, and **better transportation**. Four in ten offer no solutions.

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- **Insurance should cover more costs (e.g., reducing out of pocket expenses, co-pays)**: 4%
- **Better access to programs/services**: 4%
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- **More minority physicians**: 6%
- **Different insurance models**: 6%
- **Incentives/tax breaks for physicians who provide services to underserved**: 6%
- **Don’t know/No answer**: 39%
Key Informants believe input about addressing health care needs should be spread across a variety of groups or individuals, the most important being health care professionals, government social services, and mental health workers. Less important are civic organizations and school boards.

The most important element to the success of health care programs or services is ongoing funding or sustainability. Also important are communication between organizations, the formation of strategic relationships and common goals among them.

Overall satisfaction with the health climate in Ottawa County is moderate among Key Informants. Those who are satisfied cite excellent resources, programs, and services, and that the county is rated/ranked higher than most other counties in the state. Those dissatisfied see an inefficient system that wastes money and duplicates services.

Key Informants offer a multitude of strategies for improving the overall health climate in Ottawa County. It’s also evident that they support offering health care to the underserved population.
Focus Group Results

Current Health Situation

Do you and your family members have a primary care physician you can visit for questions/concerns about your health (e.g., medical home)?

- Family Physician (14)
- Eye Doctor (11)
- Dental (11)
- Pharmacists (5)
- OB/GYN (4)
- Cardiologists/Heart Specialists (3)
- Chiropractor (3)
- Clinic (3)
- Dermatologist (3)
- Ear, Nose, & Throat Specialist (3)
- Emergency Room (3)
- Orthodontist (3)
- Orthopedic Specialist (3)
- Pediatrician (3)
- Physical

What is the most important quality you look for in a health care provider? How would you rate your quality of life?

- Good and thorough and very personable. (Parent, North)
- I've been unsatisfied at times because there's been a long wait to get in. (Provider, North)
- It's "Your time's up, you've got to go." And they still want to share something and ask questions. Can't do it, you have to make another appointment. And they seem to be too rushed and a lot of them are not caring enough. (Senior, North)
- Because they found something out that I didn't know was going on. (Low Income, South)
- I felt like he was being very thorough, explained to me the numbers, what it meant. (Parent, North)

All residents look for a health care provider who is a good listener, and is caring and empathetic. Senior and low income individuals also want to know their insurance will be accepted, while parents with children at home value location, availability, and a well-run office. More than three-fourths (75%) rate their quality of life as high.

Health Care Visits

Verbatim Comments on Last Visit

<table>
<thead>
<tr>
<th>Health Care Visits</th>
<th>Satisfaction with Last Visit</th>
<th>Verbatim Comments on Last Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physician</td>
<td>36% Good and thorough and very personable. (Parent, North)</td>
<td></td>
</tr>
<tr>
<td>Eye Doctor</td>
<td>26% I've been unsatisfied at times because there's been a long wait to get in. (Provider, North)</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>15% It's &quot;Your time's up, you've got to go.&quot; And they still want to share something and ask questions. Can't do it, you have to make another appointment. And they seem to be too rushed and a lot of them are not caring enough. (Senior, North)</td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td>9% Because they found something out that I didn't know was going on. (Low Income, South)</td>
<td></td>
</tr>
<tr>
<td>OB/GYN</td>
<td>8% I felt like he was being very thorough, explained to me the numbers, what it meant. (Parent, North)</td>
<td></td>
</tr>
<tr>
<td>Cardiologists/</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Heart Specialists</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Chiropractor</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Clinic</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Dermatologist</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Ear, Nose, &amp; Throat Specialists</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Orthodontist</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Orthopedic</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Pediatrician</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

Quality of Life

<table>
<thead>
<tr>
<th>Quality of Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>44% Good</td>
</tr>
<tr>
<td>32% Satisfied</td>
</tr>
<tr>
<td>17% Unsatisfied</td>
</tr>
<tr>
<td>6% Very Satisfied</td>
</tr>
</tbody>
</table>

All focus group participants indicate they have some type of medical home, whether with a primary care physician or at a clinic. Most have recently interacted with family doctors (14) eye doctors (11), dentists (11), and pharmacists (5). The vast majority (82%) report satisfaction with their most recent visit, primarily because health care professionals listened to them and provided them with the answers to their questions. Dissatisfied residents experienced long waits and unhelpful pharmacy interactions.

With the kids, I look for somebody who's thorough. Who's listening to all of the symptoms I'm describing for the kids. And who will follow up. (Parent, North)

It's insurance driven. (Senior, South)

Somebody that doesn't take five minutes and then run off. And when you want to ask a question they answer you instead of saying I'll be right back and then never come back. (Low Income, North)

Being concerned and considerate. Because I have had the experience with people being rude when I was trying to explain my situation, when she didn't know my situation and I knew what was going on with me because she didn't have my medical records. And I'm trying to let her know what was going on. So it was like she was there but she wasn't there. (Low Income, South)

Somebody who will take the time to explain the language in layman's terms, with what they're talking about. It's difficult otherwise. (Parent, North)

I like to have a good rapport and I like to know that I'm being understood and heard. (Low Income, North)
All but three individuals (one low income, one senior, one parent) have a health care advocate. Advocates are primarily spouses or adult children, although one identified a senior center caseworker and another identified their doctor. The vast majority use the Internet at least somewhat when searching for health information, with providers using the Internet the most and low income and seniors using it the least.

### Health Information Sources

- Internet
- Co-workers/Colleagues
- Family Physician
- Friends
- Television/Newspapers/Magazines
- 2-1-1
- Insurance Company
- Health Department
- Friends in Medical Field
- Nurse
- Senior Center
- Family

I do a lot of research on the Internet. Some results are very good but some results can be frustrating, if you can't find the right answer that you're looking for. You try to compare what the family physician has given you and what the Internet is saying. (Low Income, South)

Just once in awhile I’ll look up a rash or something or what a term means. (Parent, North)

I Google it and compare information on sites. (Hispanic, South)

I would rather rely on information from 2-1-1, talking to a nurse, or talking to a spokesperson for a physician. (Low Income, South)

I am always concerned about the credibility of the site – is it researched based, accurate information? I'm always skeptical of the site. (Provider, South)

### Current Community Health Problems

#### Behaviors Contributing to Health Problems

- No time to exercise or eat right
- Poor eating habits & overeating
- Not enough sleep
- General noncompliance
- Depression
- "Ignorance is bliss"
- Inability to afford care
- Lack of physicians accepting uninsured residents
- Lack of transportation
- Drug abuse
- Isolation/Boredom
- Family

#### Verbatim Comments

I'm thinking of medication compliance, because a lot of times co-pays are a lot higher now even for generics. (Provider, South)

A lot of people can't get to a free clinic. I personally know at least 10 people that don't have care. And a lot of people don't go out at night. They can get out there maybe, but how are they going to get home? (Low Income, North)

Lifestyle choices. (Provider, North)

Overeating fast food, like McDonalds. (Low Income, South)

People think if they don't know what's wrong with them it won't hurt them. They'd rather not know than to face the facts. But then it's a hard time, if they don't have insurance, getting a physician that will accept them and if they don't have insurance, then it's a cash pay and that's just impossible for a $140 doctor's appointment. (Low Income, North)

Being busy all the time and not having time to exercise or eat right. (Hispanic)

I think a lot of people that are depressed eat too much, they eat all day long. (Senior, South)

These community members are especially concerned about: obesity, access to health care (primary and dental), lack of good nutrition/poor diets, and lack of available and affordable mental health services (e.g., depression, substance abuse). They are also concerned about chronic heart disease, diabetes, and cancer. They feel these issues affect everyone, but especially impact children and the uninsured or underinsured.

### Community Issues

#### Are there any issues in Ottawa County that negatively impact quality of life for its residents? When you think about the community you live in, what are the common/serious health problems that come to mind?

Carl Frost Center for Social Science Research
Residents feel the community has wonderful attributes that promote health – it is safe, walkable, and family friendly. They also feel the community has many programs and centers that promote health. Seniors in southern Ottawa County and low income residents in northern Ottawa County are less likely than their counterparts to be able to identify as many characteristics as other individuals.

### Primary Community Characteristics that Promote Health

#### Seniors
- **North**
  - Fewer factories so less pollution
  - Schools open so you can walk to the winter
  - The Senior Center – a lot of exercise classes
  - Walkable Grand Haven
- **South**
  - Churches
  - Fitness Centers
  - Hospital classes

#### Providers
- **North**
  - A lot of community programs
  - Beach
  - Family-friendly, safe community
  - Festivals and activities
  - Parks
  - Paths
  - Rail models
  - Walkable community
  - Water sports
  - YMCA

#### Parents
- **South**
  - Beaches
  - Bike trails
  - Gym access
  - Indoor soccer areas
  - Insurance company incentives
  - No smoking in restaurants
  - Programs
  - Trails and beaches
  - Walkable community

#### Low Income
- **North**
  - Farmer’s Market
  - Organized sports for kids
  - YMCA
  - YMCA camps – physical activities available to the kids at a reasonable price
  - Yoga
- **South**
  - Beautiful natural resources – parks and trails
  - Family Connections
  - Farmer’s Market
  - Health being a community priority
  - Libraries
  - Walkable community

### Verbatim Comments on Community Characteristics that Promote Health

**Parents**

- You can go to the library and you can get a list of things to do. I take my children. (Hispanic)
- Classes at the hospital. Some are free, some are not. But they also have to be receptive to the ideas that are coming to them. They may go in so close-minded they may not accept it. (Senior, South)
- Insurance companies have offered incentives too. If you make some healthy lifestyle changes, you get some of your premium back or you pay less. (Provider, South)
- Fear might keep someone from going to the doctor and fear might make someone go to the doctor. (Low Income, North)
- Having a community that sees the importance of different programs like Healthy Beginnings. (Parent, South)
- Those who can afford it, the fitness center here. They’re probably everywhere, but you have to be able to afford it. (Senior, South)

**Low Income**

- You have all kinds of bike trails and with the beaches I think that actually helps with physical therapy. (Provider, South)
- Some are free, some are not. But they also have to be receptive to the ideas that are coming to them. They may go in so close-minded they may not accept it. (Senior, South)
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### Primary Community Characteristics that Deter Health

#### Seniors
- **North**
  - Acceptance of obesity – no pressure
  - Food choices at festivals
  - Lack of knowledge of preventive activities
  - Resistant to new opportunities
  - Tourism keeps locals away
  - Transportation barriers
  - Winter weather
- **South**
  - Cost of activities/centers
  - Location
  - Personal motivation
  - Transportation services
  - Winter weather

#### Providers
- **North**
  - Cost of activities/centers
  - Food choices at festivals
  - Lack of knowledge of preventive activities
  - Resistant to new opportunities
  - Tourism keeps locals away
  - Transportation barriers
  - Winter weather
- **South**
  - Cost of activities/centers
  - Location
  - Personal motivation
  - Transportation services
  - Winter weather

#### Parents
- **North**
  - Don’t have big city stores
  - Food choices at festivals
  - Lack of knowledge of preventive activities
  - Resistant to new opportunities
  - Tourism keeps locals away
  - Transportation barriers
  - Winter weather
- **South**
  - Cost of activities/centers
  - Location
  - Personal motivation
  - Transportation services
  - Winter weather

#### Low Income
- **North**
  - Cost of activities/centers
  - Lack of healthy food options
  - Transportation barriers
  - Winter weather
- **South**
  - Cost of activities/centers
  - Location
  - Personal motivation
  - Transportation services
  - Winter weather

### Verbatim Comments on Community Characteristics that Deter Health

**Parents**

- I think, as a deterrent, there’s communities that live in Holland that don’t have access to healthy food choices as readily as some of the other areas in Ottawa County. (Provider, South)
- It’s hard to get your kids to eat healthy when they go to school and all they eat is pizza and macaroni and cheese and chicken nuggets. Where’s the fruits? Where’s the vegetables? You come home and that’s what they want. (Parent, North)
- If you don’t have the dollars, you can’t do a lot of these things. In this day and age, everything costs money. (Senior, South)
- People who live on a fixed budget can’t afford using the facilities and so on. (Low Income, South)
- Thinking specifically of young people, acceptance of obesity. Young people don’t have the peer pressure. In my opinion we got so overwhelmed with girls being anorexic that all of a sudden we went the other extreme saying it’s okay if you’re overweight. We don’t put an emphasis on healthy lifestyles. (Senior, North)
- Tourism keeps locals away from the healthy stuff. (Provider, North)
- It costs money to eat organic. It costs more money to eat fresh versus frozen or canned. (Parent, North)
- Being in a diverse community, there’s certainly the disparity in health. Might be that we aren’t able to facilitate communication and networking in our Hispanic population, which is growing. (Provider, South)

**Low Income**

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- Being in a diverse community, there’s certainly the disparity in health. Might be that we aren’t able to facilitate communication and networking in our Hispanic population, which is growing. (Provider, South)
All community members can name at least a few programs and services that promote health in the community. Community members more cultural celebrations

Community Programs Improving Health

- Aquatic Center
- Bike Ministry
- Blood Banks
- Churches
- Community gardens
- Community Action House
- Employer incentive programs
- Evergreen Commons
- Farmer’s Market
- Fitness classes
- Feeding America
- Food banks
- Good Samaritan Ministries
- Girls on the Run
- Health education programs
- Health clinic
- Hospital programs/classes
- Love INC.

Verbatim Comments on Programs Improving Health

- Meals on Wheels
- Medical Weight Loss
- Meals of Smiles
- NCCOA
- Parks
- Red Cross
- Salvation Army
- School classes in conjunction with hospital
- Senior Center
- Support groups
- Walkable Grand Haven
- Walmart low-cost prescriptions
- YMCA (including the kids day camp)
- Zeeland Hospital Classes at the hospital (e.g., CPR, First Aid, Babysitting, Birthing). (Low Income, North)

The YMCA in Grand Rapids. (Hispanic)

The Senior Center – works on all issues. (Senior, North)

I think a lot of that is from our religious support groups in this area. That’s very strong – the churches as well as the food clinics, health clinics. (Provider, South)

We have things available to us like the Aquatic Center and things that promote healthy activities that you can do indoors even in cold, winter months. (Parent, South)

The Red Cross is a good one. As far as getting you to the places that you need to go to, they will provide transportation for doctor’s visits and stuff like that. (Low Income, South)

Where my husband works they gave you gift certificates if you lose weight. It was nice. (Hispanic)

WIC promoting breast-feeding and healthy Mom and baby programs. (Parent, North)

Resident comments:

Residents say a personal health crisis motivates people to change from an unhealthy behavior to a healthy one. Active health, they agree, needs more education and awareness about healthy choices. A general desire for change play into this decision. These are the key things that personally motivated them to change as well - seeing people become it, engaging in activities with friends, and wanting to look and feel better.

Motivation to Change from Unhealthy to Healthy Behavior

- A mentor or friend’s support
- Worker or peer influence
- Easy access to services
- Employer rewards for healthy (behavior/fitness plans/challenges)
- Desire for change
- Familial support
- Fun activities
- Healthy food options in schools
- Illness in the family or a friend
- Insurance incentives for healthy choices/Premium rate changes
- Loss of mobility
- Money
- Peer support/presure – not having to do it alone
- Sense of community

Verbatim Comments on Motivation to Change

When you get diagnosed with something. When I got diagnosed with diabetes everything changed. (Hispanic)

Things that are simple, accessible, and functional. (Provider, North)

When there were five or six of us from church coming to Yngs circle here I was much more aware of the possibility. I called on it. (Senior, South)

A lot of times, if someone who’s a brother was diagnosed with breast cancer than the other siblings, the other people in the family, are then more likely to be motivated. (Provider, South)

Maybe family cooperation, family support in saying you’ve got to take a look at this. (Low Income, North)

I think there’s more of an opportunity for collaboration with different sectors in this, so that maybe a healthy restaurant partnered with a corporation partnered with a fitness place or exercise. Different entities can benefit. We’re talking about integration of information, a program that allows for that integration can be interesting. (Parent, South)

A major life event, like a divorce. A lot of people get skinny and divorced when suddenly they’re out in the world again. Or lose a spouse, you’ll see people change. (Senior, North)

While everyone feels more activities are needed that promote good health through exercise and nutrition, seniors would like to see more cultural celebrations, and parents would like to see more youth activities and education efforts. Residents in the southern region are more concerned about putting services in place that increase access and lower costs for both primary care and dental care.

What is Lacking in Services

- Age-specific prevention programs
- Assistance with eye doctors
- The YMCA
- Education programs (nutrition, aging process)
- Emergency preparedness
- Evening programs
- Free health screenings
- Health care champions
- Health fair
- Help for diabetes prevention care
- Increased health care access
- Lack of dentalists that accept Medicare/Medicaid
- Loss of a wait time to see a doctor/visit a clinic
- Mobile health clinic
- More awareness about existing programs & free services (including seasonal events)
- More cultural awareness and celebration
- More youth activities/school education programs
- Promotive service programs
- Prisoner reentry program
- Programs for access to primary care
- Support to increase health care access
- Programs geared toward mental health (e.g., depression)
- Weight loss support

What health care services/programs are missing in Ottawa County? In other words, what programs/services do you want that are currently unavailable? What health services, programs or classes would you like to see more of in the community?

Community can assist in changing behavior.

How Community Can Assist in Changing Behavior

Seniors

- Connections with role models
- Competitions and events
- Getting recognized for health
- Increased access to care
- Media involved in prevention
- Practical opportunities

Parents

- Connections with role models
- Family support

Low Income

- Increased tolerance of mental illness
- Increased number of class differences
- More education on commonness of mental illness

Hispanics

- Better food in schools
- Education & awareness so eat right & exercise
- Offer more programs

South

- Community centers

North

- Connections with role models
- Competitions and events
- Getting recognized for health
- Increased access to care
- Media involved in prevention
- Practical opportunities

South

- High school programming teaching about balance (life)
- More family activities involving both children & parents
- More low cost gyms
- Promote women’s health
- Teach kids how to cook healthy

South

- Community centers

North

- Connections with role models
- Competitions and events
- Getting recognized for health
- Increased access to care
- Media involved in prevention
- Practical opportunities

South

- High school programming teaching about balance (life)
- More family activities involving both children & parents
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- Community centers

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- Connections with role models
- Competitions and events
- Getting recognized for health
- Increased access to care
- Media involved in prevention
- Practical opportunities

South

- High school programming teaching about balance (life)
- More family activities involving both children & parents
- More low cost gyms
- Promote women’s health
- Teach kids how to cook healthy

South

- Community centers
Verbatim Comments on How Community Can Assist in Changing Behavior

- Offer more programs. Motivate people to get involved. Especially in the summer when you have the kids at home and they need to have something to do. (Hispanic)
- Right now there's no primary care for the uninsured. Community Health Center hasn't taken anyone for about 6 months, InterCare's not taking anyone—they're completely closed. The uninsured in the county have absolutely no place to go right now for primary care. So they'll end up in your emergency room. (Provider, North)
- They go to school and they serve them fast food. Then you get kids who are depressed because they're so big.... They can't help it because they're in school. But when they're home, I'm so busy that we go to fast food places. (Hispanic)
- Practical opportunities – realistic. (Provider, North)
- My feeling is that some people put off going to the doctor or going for different things because of the cost. Because I know everything has gone up. Our co-pays have gone up. (Senior, North)
- The dentist in Grand Haven are pretty much anti-Medicaid. (Low Income, North)
- There are not enough hours in the day, if you have kids, to find time for yourself. (Parent, North)
- The wait to get into a clinic is ridiculous. A month to a month and a half. (Hispanic)
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Personal Barriers to Improved Health

- Depression
- Few doctors accepting Medicare/Medicaid
- Generational poor health habits
- Illness of spouse
- Insurance limits
- Isolation
- Lack of insurance
- Lack of motivation
- Lack of prescription coverage
- Lack of providers
- Lack of support
- Lack of transportation
- Length of wait time for an appointment
- Limited insurance coverage
- Money/finances
- Not seeing doctor preventatively
- Physical pain
- Stress
- Time constraints

Barriers to Improved Health

The vast majority (85%) of community members feel there are not enough resources or affordable health care. Providers in the northern region and seniors in the southern region report that what exists is not widely accessible. Parents feel it depends on the service and who needs it. All but low-income residents have reliable transportation to health care providers.

Personal Barriers to Improved Health

- Depression
- Few doctors accepting Medicare/Medicaid
- Generational poor health habits
- Illness of spouse
- Insurance limits
- Isolation
- Lack of insurance
- Lack of motivation
- Lack of prescription coverage
- Lack of providers
- Lack of support
- Lack of transportation
- Length of wait time for an appointment
- Limited insurance coverage
- Money/finances
- Not seeing doctor preventatively
- Physical pain
- Stress
- Time constraints

Verbatim Comments on Barriers to Improved Health

- There's not enough time in the day, if you have kids, to find time for yourself. (Parent, North)
- The wait to get into a clinic is ridiculous. A month to a month and a half. (Hispanic)
- No gas money to get to a certain appointment. (Low Income, North)
- I think some people don't want to maybe do something alone. They need to have someone go with them and if they can't, then they don't do it. Some friends of mine, if they don't have someone to walk with, they won't do it. (Senior, North)
- The dentists in Grand Haven are pretty much anti-Medicaid. (Low Income, North)
- It's hard not having dentists. They'll put you on the list and you have to wait up to 8 months. And that's if they call you. (Low Income, South)
- Not taken seriously because they know they're not going to get their full payment for a procedure. (Low Income, North)

While most community members feel a top barrier to improved health is time, those in the Hispanic and low income groups stress lack of doctors accepting Medicare/Medicaid, cost, or transportation as crucial barriers to better health. Additionally, all groups except low income cite lack of motivation as a barrier. More seniors say lack of companionship or isolation or depression are barriers, while more parents mention scheduling.
While most individuals agree that **dental** and **prescription medication** would be the type of care dropped if financially necessary, parents added they would **stop buying fresh food** and providers would, more than any other group, drop the care of **specialists**. People would prioritize primary care for their children first, and then for themselves.

**Health Care that Would Be Dropped**
- Dental
- Prescriptions/Medications (cholesterol, high blood pressure)
- Care of a specialist (e.g., chiropractor, rehabilitation)
- Annual check-ups/preventative visits
- Primary care physician
- Eye doctor
- Lab work
- Fitness organization membership
- Orthodontist
- Christian Healing
- OB/GYN

**Health Care that Would Be Kept as a Priority**
- Family Physician/Primary care
- Pediatrician
- Prescriptions
- Specialists (chiropractic, knee)
- Annual check-ups/preventative visits

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Residents would attend a community health class or event if **personally interested or invested in the topic** – such as attending a class on a disorder with which they or a friend had been diagnosed. They also would consider attending a class or event if it is low-cost, provides giveaways, is convenient to their schedule, involves a famous or familiar speaker, or is family friendly.

**Prompts to Attend/Not Attend a Community Health Class/Event**
- **Personality of interest (e.g., famous name speaker)**
- **Convenience** – timing, location (e.g., evening, early morning, close to home)
- **Doctor’s orders**
- **Family-friendly**
- **Famous name speaker**
- Free giveaways/gifts/incentives
- **Good promotion/awareness of event**
- **Interest in topic**
- **Low cost or free event**
- **Schedule**
- **Trust in validity of speaker**

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Verbatim Comments on Services

If I didn’t have Medicaid assistance, I’m sure I wouldn’t be taking all my medications that I’m supposed to be on and would choose those diseases that are most invisible. (Senior, South) [Keep] anything to do with the kids. (Parent, North) The dentist. We basically go without right now because we don’t have healthcare coverage. (Parent, South) Right now I go to the dentist twice a year. If that happened I’d maybe go once a year so I wouldn’t necessarily give it up but definitely cut back. Instead of going to my doctor annually maybe two years – just trying to space things out more. (Provider, South)

If the household’s finances are tight, which health care service will you most likely go without? Which would be a priority?

**Verbatim Comments on Barriers**

As a provider, do you feel you have adequate time with each patient to give the best care? Would you say that you need to see patients for longer blocks of time or more frequently with shorter blocks of time?

**Barriers to both receiving and providing care are similar for providers and non-providers; cost-related access, Medicaid reimbursement issues, and lack of patient motivation to engage in services. However, those in the southern region low income group identify transportation, doctor availability, and lack of a caregiver after surgery as additional barriers.**

**Provider Barriers**
- Access
- Capacity
- Cost of co-pay/services not covered
- Distress of government
- Lack of awareness of coverage
- Lack of collaboration
- Lack of health education
- Literature
- Literacy
- Literacy
- Literacy
- Lack of health education
- Lack of insurance coverage
- Lack of time with patient
- Language
- Length of time for limited Medicaid reimbursement

**Non-provider Barriers**
- Cost
- Doctor availability
- Inadequate answers from insurance company
- Transportation
- Unmotivated patients (to engage in services)
- Insurance
- Lack of a caregiver after procedure
- Lack of a local, easily accessible doctor
- Cost
- Lack of motivation/initiative
- Needing smaller health issues resolved before serious one can be addressed
- Time
- Transportation
- Unmotivated patients (to engage in services)

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Carl Frost Center for Social Science Research
All individuals except for parents feel it is at least somewhat difficult to navigate through the health care system. Some parents, seniors, and Hispanic residents feel it depends on the doctor and the insurance type. Seniors comment on the difficulty of understanding the paperwork, while low income or Hispanic residents feel it is difficult to get timely coverage and care.

### Verbatim Comments on Difficulty in Navigating the Health Care System

It depends on what health insurance you have. They have to find out if you're covered for something or not. Sometimes it takes forever. (Hispanic)

It’s difficult for me because I have a hard time. I almost feel like I need a health advocate to tell me what my Medicare does pay for, because those books they give you are just overwhelming. (Low Income, North)

It’s hard. Because I didn’t have insurance, when I would get to the point where my knee was swollen so big that I couldn’t hardly walk or tolerate the pain, I would have to go to ER and ER sometimes didn’t want to take me, because you know, you need a family physician, well I didn’t have insurance. (Low Income, South)

It’s not hard but then if you’re going for Medicaid or welfare you’ve got a long waiting period before you find out am I or am I not going to get the help. (Senior, South)

My mother-in-law was very ill for awhile and had multiple issues and it became a full-time job for him (father) to decipher the reports from Medicare that came in, to match them up from the various bills that came in, so it’s more than confusing, it was so overwhelming because there were so many different bills and depending on what got paid or what didn’t get paid, the bills didn’t match up. It almost became a full-time job for him and I don’t know how to label that. (Senior, North)

Sometimes they tell you to find out for yourself if you’re covered. (Hispanic)

### Views on the Health Care System

The majority of residents feel the paperwork needed to get health care is at least somewhat burdensome, as individuals struggle with interpreting it and in communicating with providers and insurance carriers. Paperwork to pay for care is also seen by most as at least somewhat burdensome, but people feel it depends on the insurance provider.

### Verbatim Comments on Burdensome Paperwork to Get Health Care

It’s a doable thing. There’s a lot of annoyance level stuff. Like I just filled out that out three times. (Senior, South)

Just the difficulty in getting the paperwork filled out and in a timely fashion and there’s such a bad stigma attached to having to get public assistance in some way. I mean, just the people at the Department of Health and Human Services, how she talked to me on the phone, I even said I went to college and I can’t get this figured out. I’m sad that you will talk to people on the phone that haven’t even completed high school, that can’t give their babies any food, and you’re giving them this much trouble just to get them to the doctor? Here I am, with all my needs being met except this one thing and I can’t even get through this phone conversation or fill the paperwork out correctly. (Parent, North)

When you’re not feeling well and you’re sitting there with a clipboard and you’ve got to answer all of these questions. They did that to me at the hospital one time. I had to get 11 stitches and they’re saying well fill this out and I’ve got blood gushing out of me! (Senior, North)

### Verbatim Comments on Burdensome Paperwork to Pay for Health Care

Some insurance companies, you have to do everything and others do everything for you. (Hispanic)

It’s because sometimes one of the wording you can’t understand it. (Low Income, North)

Really when I had health insurance through my work, it was very easy. We just paid our co-pay, we didn’t have to submit anything or keep trying to re-qualify. That part of our life was very easy. (Parent, South)

We have a rule – never pay that first bill. Wait for the second one to come around because you can overpay and unless you catch it, you don’t get it back! (Senior, North)

### Important Changes in the Health Care System to Improve Service Delivery and Health Outcomes

<table>
<thead>
<tr>
<th>Seniors</th>
<th>Providers</th>
<th>Parents</th>
<th>Low Income</th>
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<tbody>
<tr>
<td>North:</td>
<td>North:</td>
<td>North:</td>
<td>North:</td>
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<tr>
<td>Focus on service instead of insurance</td>
<td>Better phone answering</td>
<td>More information on how to access options</td>
<td>Get the red tape out of the system</td>
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<tr>
<td>Make more affordable Medicare bargaining for prescriptions</td>
<td>Better websites</td>
<td>Need universal, quality care</td>
<td>No more checks for Medicaid</td>
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<tr>
<td>Simplify multiple payer system</td>
<td>Stop shop business increases in cost</td>
<td>No stigma attached to Medicaid</td>
<td>Team approach to address a problem</td>
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<tr>
<td>South:</td>
<td>South:</td>
<td>South:</td>
<td>South:</td>
</tr>
<tr>
<td>Change Medicaid part D</td>
<td>Quicker turnaround with Medicare as payer source</td>
<td>Teach preventative healthcare in insurance companies and medical school</td>
<td>South:</td>
</tr>
<tr>
<td>Make coverage more affordable</td>
<td>More advantage for residents to get help in applying and renewing services</td>
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In your opinion, what important changes in the health care system could improve service delivery and health outcomes (Insurance, laboratory, pharmacy)?

*Carl Frost Center for Social Science Research*
Residents want the future of health care to improve health care access and outcomes but are nervous about any coming change. Providers see more mergers, more strain on services, and increased community ownership of care. Parents see a disconnect between providers and those seeking care, resulting in fewer doctor visits and more general illness. Seniors are concerned about losing Medicare. Overall, people feel health care is too expensive.

The Future of Health Care

- More personal responsibility
- More prevention
- Disconnect between providers and consumers
- Less quality care
- Fewer doctors
- Harder on doctors
- Overall community health declining
- The end of Medicare
- Improved training for professionals
- More community ownership
- More health coverage

Verbatim Comments on the Future of Health Care

- Everything is skyrocketing. Prescriptions are ridiculous. I don't think it looks good, even with Obama Care. You see people going to other countries because it's cheaper. (Hispanic)
- We worry! All those big shots out there trying to make these decisions. Listen to us. Let them go one month without money and see how they feel. We worry. (Senior, North)
- I'm concerned about access. Because as more people get it, access can be a problem now. What's it going to be like if more people get access to coverage, will there be enough doctors because everything I've seen says there's going to be a shortage. (Provider, South)
- I think in the future they should have the meds there at the hospital for you or at your doctor's office. Walk out with the meds. Instead of going to the pharmacy have it right at the hospital. Unite the pharmacy with the hospital. (Low Income, South)

CONCLUSION

While the majority feel their providers communicate well with them and with each other about a patient, many feel it depends on who one works with. Those who think providers don’t communicate well with each other are primarily concerned about the time it takes to get records transferred.

Verbatim Comments on Important Changes to the Health Care System to Improve Service Delivery and Health Outcomes

- I would love to see a Medicaid application approved within 48-72 hours so you can get people what they need when they leave the hospital. (Provider, South)
- We really don’t have that much of a choice for insurance. As you get older, you have your supplementary, with your Medicare. (Senior, North)
- A better explanation of what you can do to better the situation. (Low Income, South)
- Just in general? We’re like the only industrialized nation in the world without universal healthcare coverage. I don’t want to have my kids have the crappy Medicaid coverage that the doctor doesn’t want to take just because my husband works at a small company that’s not providing great healthcare. And I have such a problem with how they run it through the Department of Human Services anyway. (Parent, North)
- It’s the complexity of multiple payer systems. One insurance says yes, one insurance says no. We take this one, we don’t take that one. (Senior, South)
- We really don’t have that much of a choice for insurance. As you get older, you have your supplementary, with your Medicare. (Senior, North)
- I had a difficult time getting my records from my prior physician over to the one that I have now. It took months to get my records over there so they could have a look. (Parent, North)
- Because she knows what I’m going through is very painful and I have to have all these other small things done before I have the actual job done so she’s been kind of lenient and understanding. (Low Income, South)
- He doesn’t take time to listen. I have more response from his physician assistant than I do him. (Senior, South)
- They do, but there’s always a little gap. (Hispanic)
- The computer communication I think has increased. I had to go from my primary, to my orthopedic to my PT and everyone had the x-rays so I was pleased with that. (Senior, South)

Do you feel your health care providers communicate well with you about your health care? Do you feel your health care providers communicate well with each other about your health care?
Summary of Findings

Social Indicators

- Ottawa County is a community that has limited social factors that negatively impact health and quality of life. For example:
  - The violent crime rate, homicide rate, and rate of confirmed victims of child abuse or neglect, are all significantly lower in Ottawa County than in the state of Michigan or the U.S.
  - Slightly more Ottawa County adults have a college degree than adults around the state or nation.
  - Far fewer students are eligible for free or reduced lunches, compared to students around the state.

- Additionally, Ottawa County has lower poverty rates than the state of Michigan or the U.S. for the following:
  - People in general
  - Families in general, including those with children under age 5 and under age 18
  - Married couples, including those with children under age 5 and under age 18

- Although the overall proportion of single female families living in poverty in Ottawa County is lower than in Michigan or the U.S., the proportion of single female families with children under age 5 living in poverty is much higher.

Summary of Findings (Cont’d.)

Social Indicators (Cont’d.)

- Focus group participants report that Ottawa County has wonderful attributes that promote health. For example, it is a safe, walkable, and family-friendly community.
  - There are also existing aspects and services that promote health, such as farmer’s markets, fitness centers, senior centers, beaches, paths/trails, parks, organized sports, and the YMCA.

- Alternatively, certain community factors deter health, such as:
  - General acceptance of obesity
  - Cost of activities/centers
  - Transportation barriers
  - Lack of affordable and healthy food
  - Winter weather

Summary of Findings (Cont’d.)

Overall Health Climate

- Key Informants are moderately satisfied overall with the health climate in Ottawa County. Those satisfied cite:
  - Excellent resources, services, and programs
  - Good quality of life
  - County ranked as healthiest in Michigan
  - Giving community
  - Partnerships are collaborative and cooperative

- Those less than satisfied cite:
  - Lack of health care access for many groups/subpopulations
  - Shortage of physicians
  - Increasing rates of obesity
  - Redundancy and waste
  - Not enough services to meet demand

- Top suggested strategies to improve the health climate in Ottawa County include an increased focus on prevention and wellness and an increase in health education for a myriad of issues such as services offered, payment options, lifestyle choices, and personal responsibility.

Summary of Findings (Cont’d.)

Overall Health Climate (Cont’d.)

- Key Stakeholders point to the economy as the sole and key sentinel event that has impacted the health and health care landscape in Ottawa County over the past couple of years.
  - High unemployment rates have led to loss of health insurance coverage.
  - Additionally, large state and federal deficits have resulted in less funding for area programs and services, ultimately effecting the overall health landscape.

- If funding were in place, many health issues could be better addressed as Ottawa County is a caring and compassionate community comprised of a volunteer force and a faith-based foundation that is easily mobilized to causes that tackle community needs.

- Although most health care professionals are unsure of the impact of Health Care Reform, they are optimistic that it will improve health care access and provide more funding to finance efforts that will increase access and allow for an increased focus on prevention and wellness as well as increased health education.
Summary of Findings (Cont’d.)

Health Indicators (Cont’d.)

- Compared to the state of Michigan or the U.S., Ottawa County residents experience far lower infant, child, and adult mortality rates. Moreover, Ottawa County residents have higher life expectancy rates.
- Although the top two leading causes of death, cancer and heart disease, are the same for Ottawa County, the state and the nation, the rate for Ottawa County is significantly lower for both. Two additional differences worth noting are:
  - The death rate from Alzheimer’s Disease is much higher in Ottawa County than the state or the nation, while
  - The death rate for Diabetes Mellitus is far lower in Ottawa County
- Preventable hospitalizations are a much lower proportion of all hospitalizations in Ottawa County compared to the state of Michigan.
- Most pregnant women begin prenatal care in the first trimester and this proportion is higher than for Michigan as a whole.
- Childhood immunizations are a strength in Ottawa County. The proportion of fully immunized children aged 19-35 months is much greater than the state.
  - Key Informant feedback supports this as a major plus in Ottawa County

Summary of Findings (Cont’d.)

Risk Behavior Indicators (Cont’d.)

- Nearly all Ottawa County adults wear seat belts while driving or riding in cars.
- The proportion of adults with high blood pressure (HBP) is on par (even slightly higher) with Michigan and the U.S. HBP is more common among:
  - Men, older adults (aged 55+), and those with less than a high school degree
Summary of Findings (Cont’d.)

Youth Behavioral Risk Factors

- The teen (aged 15-19) birth rate is lower in Ottawa County than in Michigan or the U.S.; however, the repeat teen birth rate in Ottawa County is on par with the state and the nation.
  - Further, three in ten teens have had sexual intercourse and 23% have had it within the past three months.
- The proportion of youth in Ottawa County reporting depression or suicide attempts are lower than Michigan and the U.S. Still, these numbers are large enough to indicate an area of opportunity.
- With respect to substance use, Ottawa County youth have lower levels of binge drinking and marijuana use than youth across the state or the nation. The proportion who currently smoke cigarettes is also lower, although not nearly as disparate.
  - Half (49.2%) of Ottawa County youth report inadequate amounts of physical activity

Summary of Findings (Cont’d.)

Clinical Preventive Practices

- The vast majority of Ottawa County adults have had a routine physical checkup in the past year.
  - Men and younger adults (<35) are less likely to have routine checkups.
- Almost all women who fall within the recommended age guidelines for a mammogram and a Pap test have had them.
  - Further, the majority (at least 70%) have been received in a timely manner.
- Among adult men, the majority have had tests screening for prostate, and the majority of both men and women have been screened for colon cancer.
  - Although the majority of men have received these tests, the proportions are far lower when compared to the proportion of women who have received comparable tests (above) screening for cancer.
  - Further, the majority of residents aged 65 or older have been immunized for the flu and pneumonia.

Summary of Findings (Cont’d.)

Clinical Preventive Practices (Cont’d.)

- Oral health is an area that the health care community may want to address for several reasons:
  - One in five have not visited a dentist, even for a teeth cleaning, in the past year.
  - Both Key Stakeholders and Key Informants mention the lack of dental care available for the uninsured, those with Medicaid, and low income groups.

Summary of Findings (Cont’d.)

Chronic Conditions

- The prevalence of the following chronic conditions is very low (5% or less of adults):
  - Cardiovascular disease, including heart attack, angina, coronary heart disease, or stroke
  - Cancer (other than skin)
  - Chronic obstructive pulmonary disease (COPD)
  - Major depression
- Moreover, small proportions (10% or less) of adults have been told they have:
  - Diabetes
  - Skin cancer
  - Asthma (currently)
- Although the prevalence of diabetes is relatively low, Key Informants believe it is an important health issue in the county.
  - In fact, they are less than satisfied with the community response to diabetes compared to most other health issues.
- The prevalence of arthritis (23%) is highest among chronic conditions.
  - This proportion increases drastically after age 55.
Summary of Findings (Cont’d.)

Health Care Access

- Most adults have health care coverage and have a personal health care provider. However, specific subpopulations are far less likely to have either of these, such as those who:
  - Have less than a high school degree
  - Live in households with annual incomes less than $20,000
  - Are of Hispanic origin
  - Are younger (18-24)

- Key Stakeholders and Key Informants confirm these findings and suggest that the most pressing health issues revolve around the lack of health care programs and services for specific subpopulations, such as low income residents and those who are uninsured or underinsured.
  - This is especially true for primary care options
  - One of the biggest criticisms is that there are not enough physicians or providers who accept Medicaid
  - Which is concerning since one-fourth (25.2%) of children in Ottawa County have Medicaid
  - The ESL or Hispanic population is also affected because they tend to fall into one of these groups
  - Programs and services most scarce for these populations are dental care, mental health treatment, and primary care
  - Senior adults often have to travel out of county for gerontological services

Summary of Findings (Cont’d.)

Barriers or Obstacles to Health Care

- Health care professionals say the single greatest barrier to health care in Ottawa County is lack of health care insurance.

- Additionally, the lack of physicians and providers accepting Medicaid extends beyond mental illness to all realms of health care.
  - This impacts both adults AND children

- Further, some providers are now limiting the number of new patients they see with Medicare.
  - Senior adults are obviously impacted most

- In addition to providers not accepting Medicaid and Medicare, those with no or limited health care coverage have trouble finding providers who will see them if they have no insurance.
  - There are two free clinics in Ottawa County that can serve this population, but not as a source of primary care.
  - Additionally, for people who utilize these clinics, the demand is greater than the supply

- Cost is a barrier as those without insurance or with limited insurance often cannot afford the high costs of care or the out-of-pocket costs such as deductibles and co-pays.

Summary of Findings (Cont’d.)

Health Care Access (Cont’d.)

- Local hospital data shows that compared to inpatient admissions, a higher proportion of Emergency Department visits are for uninsured residents.

- Additionally, local free medical clinic data illustrates that minority groups are overrepresented among their patient base. The value of the free clinics is supported by the fact that:
  - Half of their patients are unemployed
  - If these clinics did not exist, patients report they would probably go without care, or would visit the ED

- Even those with health care coverage find that their policies neglect to cover ancillary services such as prescriptions, vision, or dental care.

- There is also a lack of mental health care, especially for low income, uninsured, and Medicaid residents.
  - Key Informants report some dissatisfaction with the community response to depression

- Key Informants point to a lack of wellness and prevention programs or services that could offset health costs.

Summary of Findings (Cont’d.)

Barriers or Obstacles to Health Care (Cont’d.)

- Language barriers primarily impact the Hispanic population.
  - Key Informants and Key Stakeholders report a lack of not only Hispanic health care professionals, but also non-Hispanic professionals who speak Spanish and can translate
  - There is also a need for education/workshops on how to best address cultural differences that can become obstacles

- The jury is out as to whether transportation is an issue. On the one hand, Key Stakeholders mention it because there is a lack of public transportation in the rural areas and this makes up a great deal of the landscape in Ottawa County. On the other hand, very few Key Informants list transportation as a barrier to health care.

- Key Informants offer the following suggestions for effective solutions to health care barriers:
  - Universal health care/single payer system
  - Education on services offered, payment options, prevention, wellness
  - More acceptance of Medicaid by providers
  - Incentives for better lifestyle choices
  - Different local health care model/plan/paradigm
  - More free/no cost clinics
Summary of Findings (Cont’d.)

Barriers or Obstacles to Health Care (Cont’d.)

- A lack of physicians accepting Medicaid, transportation and cost are not only barriers to health care, community residents say there are also barriers to good health.
- Providers say there are also barriers and obstacles to providing health care, such as Medicaid reimbursement rates and lack of patient motivation to engage in services.

Summary of Findings (Cont’d.)

Gaps in Health Care or Services/Programs Offered (Cont’d.)

- Many health care professionals believe there is not a wide variety and choice of primary care physicians for both adults and children.
  - Again, the lack of primary care options hits the underserved the hardest
  - Lack of primary care options is attributed to the difficulty in recruiting primary care physicians to Ottawa County and the fact that fewer physicians overall are seeking a career in primary care
- The majority of residents have to travel outside of Ottawa County, or know someone who does, for certain services, in order to receive specialized care, cancer treatment, treatment for heart conditions, pediatric-related, or to seek a second opinion/better diagnosis.
- Focus group participants believe more activities and services are needed that promote good health through exercise and nutrition. Senior adults would like to see more cultural celebrations and parents would like to see more youth activities and education efforts.
  
Summary of Findings (Cont’d.)

Gaps in Health Care or Services/Programs Offered

- Health care professionals agree that Ottawa County has a wealth of health care services and programs that meet the demand of the population, including:
  - Emergency services – such as ambulatory/emergency transport, emergency care, and urgent care services
  - General surgery
  - OB/GYN
  - Ophthalmology
  - Orthopedics
- Conversely, there is a lack of programs and services to meet the demands of the population for:
  - Mental health treatment, whether for mild, moderate, severe, or persistent
  - Substance abuse
  - Non-emergency transport (transportation barrier)
  - General dental care and oral surgery
- The inability to meet the demand partly stems from a lack of coordination among providers and a general lack of resources to support existing programs. Better coordination and communication across services will result in a more effective referral system and increase access by the sharing of resources.

Summary of Findings (Cont’d.)

Health Disparities

- There is a direct relationship between health outcomes and both education and income, meaning positive outcomes are more prevalent with higher education and income levels on the same measure.
- Examples include:
  - General health status
  - Satisfaction with life
  - Likelihood of receiving social/emotional support
  - Having health care coverage
  - Having a personal health care provider
  - Engaging in leisure time activity
  - Smoking cigarettes
  - Having an appropriately timed Pap test
  - Having a colonoscopy
  - Visiting a dentist
  - Having major depression
- The link between both education and income and positive health outcomes goes beyond the direct relationship. Those in the very bottom groups, for example no high school education and/or less than $20K in household income, are most likely to experience the worst health outcomes.
Overall, this research identifies the pressing and prevalent health needs and concerns in Ottawa County as the following: health care access - primary and oral care - for the uninsured or low income, monitoring chronic disease rates, levels of obesity, mental health care services, health literacy, preventative activities, and lack of a coordinated community approach to tackling these issues in the community. These issues are organized by each identified need.

**Health Care Access**

Clearly, access to quality and affordable health care is a challenge for Ottawa County’s low income and uninsured residents. Not only does this lead to unhealthy individuals and families, it results in an overuse of other services, such as the emergency room, to address needs that grow more severe with neglect. Therefore, the following are suggested to address the issue of access:

- Encourage physicians in Ottawa County to accept more Medicaid patients through incentives (e.g., increased Medicaid reimbursement rates, local government or community foundation-subsidized reimbursement).
- Increase Medicaid reimbursement for both primary and dental care.
- Explore the degree to which services can be provided by mid-level providers to increase health care access.
- Consider the development of a more team-oriented approach to care, such as where a physician works with a team of mid-level providers (e.g., nurse practitioners, physician’s assistants) to be able to see more patients and effectively address patient concerns.
- Expand insurance coverage opportunities in the county, especially for those suffering from chronic conditions. This could occur through government decisions to subsidize the cost of health care for individuals or families or by encouraging currently uninsured residents to use different models of health care coverage (e.g., Access Health), and promoting coverage for preventive services.
- Build upon existing safety net programs for dental health and primary care by increasing investment in existing providers of free or low-cost dental and primary care (such as free clinics) to enable them to better address the existing community need.
- Policy efforts should be made to incorporate dental care into the community’s overall health care delivery system. For example, the task force or committee that will take the information from this report and move forward with it, needs to work with people at the state level to change definitions, determine ways to obtain funding, etc. Legislation has to occur at the state level to ensure dental care is accessible to all residents.

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**Suggested Priorities/Next Steps**

- Implement a community service that provides residents with support and general advocacy in getting their health care needs met as well as paid for, and in navigating the overall health care system.
- Consider implementing primary and dental care services to residents in need through new community avenues (e.g., hospital-based outpatient walk-in clinics, schools).
- Hire more bi-lingual health care providers to both hear and address the needs of the county’s Hispanic residents. This may prove difficult, thus, alternatively hire more mid-level health care practitioners who speak Spanish and/or hire bilingual liaisons who can simply translate for ESL patients. These measures will address the "trust" barrier if it exists.
- Explore the establishment of a prescription drug assistance program that allows a patient immediate access to needed prescriptions. For example, one Key Stakeholder suggested providing prescription drugs onsite (e.g., at physician’s office, hospital) because many people face transportation barriers that make it difficult to travel to multiple places to tend to their medical needs.
- Implement transportation service options for low income and senior residents in need (such as reimbursement system or nonprofit service provider).
### Suggested Priorities/Next Steps (Cont’d.)

#### Chronic Disease Care
Chronic disease care, especially in the case of diabetes, is linked directly to future health outcomes and care for residents. It is important that residents receive consistent care, be knowledgeable about their disease, and take steps toward active self-care, or conditions will worsen, creating greater health problems and more strain on health care delivery.

- Create a system in which walk-in clinics are linked to primary care physicians for information and follow-up opportunities that will increase communication between providers and refer patients with chronic conditions to education and support services.
- Make changes to policy and practice that improve patient self-management such as providing more education and support.
- Determine what types of specialist providers are needed in the community to improve the management of chronic conditions.

#### Mental Health Support
Residents are unsatisfied with how the community is addressing mental health needs (e.g., depression, substance abuse). There is also a lack of affordable and available services for moderate mental health needs in the community. Therefore:

- Mental health diagnosis and care should be enhanced based upon the specific needs and resources available in the community.
- Provide more resources for services to residents with mild and moderate mental illness or substance abuse problems.
- Mental health care needs to be integrated into the approach to primary care (e.g., co-location of such services, coordinating communication and treatment between mental health care provider and primary care physician).
- Coordinate the delivery of care across agencies to better meet the needs of residents with mental as well as physical health problems.

#### Addressing Obesity
Obesity is clearly recognized as a health problem existing in the community, and is linked to many undesirable health outcomes. The following recommendations are made to address this community issue, some of which come from recommendations identified by the Centers for Disease Control and Prevention.

- Encourage healthy eating, diets, and exercise through a public awareness campaign in the community.
- Increase access to high quality, fresh, and affordable foods.
- Provide insurance-based incentives to address self-management education needs and provide support that motivates residents to address issues concerning weight.
- Increase the availability of healthy foods and beverages in public venues.
- Support physical education and nutrition classes in school systems by assisting in the evaluation and assessment of their effectiveness.
- Provide incentives to retailers in geographically underserved areas to provide healthier food and beverage options to the public.
- Improve upon and advertise affordable venues for physical fitness activities. Investigate whether or not local fitness centers, personal trainers, and dieticians would be willing to provide discounted services if reimbursed some way.
- Develop community partnerships that look to reduce obesity rates through evidence-based approaches.
Overall, there is a need to promote health literacy and increase prevention education and activities in the community. Therefore, the following recommendations are made to address this need:

- More community education opportunities that teach and promote healthy lifestyle choices promoted by local health organizations can benefit the community.
- Employee insurance policies should promote coverage for prevention services and activities (e.g., quitting smoking).
- More development of structured employee wellness programs that offer incentives (e.g., reduced insurance premiums, health challenges for prizes) to encourage the practice of healthy lifestyle choices.
- Free or subsidized gym memberships should be offered to increase access to exercise opportunities.

A coordinated approach to community health and health care can enable the community to focus on its most important targets for improvement, have a complete understanding of the services available and the extent of need, and allow for sharing of patient information across medical providers to ultimately increase access and make the process of accessing services easier for county residents. Therefore, the following ideas are recommended:

- Make technology improvements that allow for a regional system permitting local data exchange concerning patient care.
- Create a community health care action plan that creates a plan to support efforts to improve community health. Community members want a coordinated community plan that allows people to strategize.
- Focus these coordinated efforts on increasing ease of use in order to encourage more engagement in the health care delivery system by community residents.
- The community must develop and agree upon population health outcomes and targets for intervention.

There are groups within the general population that deserve specific focus in implementing any improvements to the health care service delivery and overall health outcomes in Ottawa County.

- Hispanic residents – Hispanic residents are more likely to report their health as fair or poor than other residents, and also face language barriers in accessing services. Considering this population’s health needs and care is critical to improving community health.
- Low education and low income residents – The majority of health care access and health outcomes identified in this needs assessment are directly or indirectly related to income as well as education. Considering these factors in any attempt to increase access or achieve desired health outcomes should improve the overall effectiveness of these efforts.

- Teen and single mothers – repeat teen birth rates are high, as well as the number of single mothers with children under 5 living in poverty. This group is deserving of further investigation and efforts to increase access to care for these families will benefit the health of the community.
- More women than men tend to have regular screening for disease or chronic conditions. Therefore, the community must develop strategies to get more men to participate in this type of preventative health care.

Next steps may include the creation of a steering committee to work on prioritizing and then developing a coordinated response to issues deemed most important to work on, within a specific time frame, such as 1 year, 3 year, and 5 year goals. Additionally, the steering committee might consider using the information provided in this needs assessment to facilitate discussions with different community stakeholders on how to best address the needs identified here, in pursuit of funding for new efforts, and as a baseline to provide the community with its health profile. Above all, next steps involve the establishment of careful priorities for action that once implemented, will benefit the community for the long haul.
Methodology

This research involved the collection of primary and secondary data. The table below shows the breakdown of primary data collected with the target audience, method of data collection, and number of completes:

<table>
<thead>
<tr>
<th>Data Collection Methodology</th>
<th>Target Audience</th>
<th>Number Completed</th>
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<tr>
<td>Key Stakeholders</td>
<td>In-Depth Telephone Interviews</td>
<td>Hospital Directors, Clinic Directors</td>
</tr>
<tr>
<td>Key Informants</td>
<td>Online Survey</td>
<td>Physicians, Nurses, Dentists</td>
</tr>
<tr>
<td>Community Residents</td>
<td>Focus Groups (9 groups, 47 participants)</td>
<td>Providers, Low Income, Hispanic Senior Adults, Parents with Children at Home</td>
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<tr>
<td>Community Residents</td>
<td>Telephone Survey (BRFS)</td>
<td>Ottawa County Adults (18+)</td>
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Secondary data was derived from local hospital utilization data and various government and health sources such as the U.S. Census, Michigan Department of Community Health, County Health Rankings.

Methodology (Cont’d.)

Of the 11 Key Stakeholders invited to participate, all 11 completed an in-depth interview (100% response rate). Key Stakeholders were defined as executive-level community leaders who:

- Have extensive knowledge and expertise on public health issues
- Can provide a “50,000 foot perspective”
- Are often involved in policy decision making
- Examples include hospital administrators and clinic directors

Of the 80 Key Informants invited to take the online survey, 36 completed it for a 45% response rate. Key Informants are also community leaders who:

- Have extensive knowledge and expertise on public health issues, or
- Have experience with subpopulations impacted most by issues in health care
- Examples include health care professionals or directors of non-profit organizations

There were 9 focus groups conducted, 5 in southern Ottawa County and 4 in northern Ottawa County, with a total of 47 participants. The breakdown of participants per group is as follows:

- Seniors, North (n=7)
- Seniors, South (n=3)
- Low income, North (n=2)
- Low income, South (n=4)
- Parents with children, North (n=2)
- Parents with children, South (n=7)
- Providers, North (n=11)
- Providers, South (n=7)
- Hispanic, South (n=4)

Methodology (Cont’d.)

A Behavioral Risk Factor Survey was conducted in Ottawa County via telephone with 1,274 county residents. The response rate was 41%.

Disproportionate stratified random sampling (DSS) was used to ensure results could be generalized to the population of Ottawa County. Characteristics of DSS are:

- Landline telephone numbers are drawn from two strata (lists) that are based on the presumed density of known telephone household numbers
- Numbers are classified into strata that are either high density (listed) or medium density (unlisted)
- Telephone numbers in the high density strata are sampled at the highest rate, in this case the ratio was 1.5:1.0

In addition to landline telephone numbers, the design also targeted cell phone-only Ottawa County residents. Of the 1,274 completed surveys, 286 were cell phone-only (22%).

The 1,274 households represent 1.4% of the 93,775 households in Ottawa County according to the 2010 U.S. Census.

The margin of error for the entire sample of 1,274, at a 95% confidence level, is +/- 2.7%. This is based on a population of roughly 195,064 Ottawa County residents 18 years or older, according to the 2010 U.S. Census estimate.
Methodology (Cont’d.)

- Unless noted, as in the Michigan BRFS, respondents who refused to answer a question or did not know the answer to a specific question were normally excluded from analysis. Thus, the base sizes vary throughout the section regarding the BRFS.

- Data weighting is an important statistical process that was used to remove bias from the BRFS sample. The formula consists of both design and post-stratification weights. The purpose of weighting the data is to:
  - Correct for differences in the probability of selection due to non-response and non-coverage errors.
  - Adjusts variables of age and gender between the sample and the entire adult population in Ottawa County.
  - Allows the generalization of findings to the whole population, not just those who respond to the survey.

APPENDIX

Definitions of Commonly Used Terms/Acronyms

- ESL – means “English as a second language.” For this population/group, English is not their primary language. For purposes of this report, it most often refers to the Hispanic population that has Spanish as their primary language.

- PCP – refers to “primary care provider” or “primary care physician,” but the key terms are “primary care.” Examples of this are family physicians, internists, and pediatricians.

- Binge drinkers – those who consume five or more drinks per occasion (for men) or four or more drinks per occasion (for women) at least once in the previous month.

- Heavy drinkers – those who consume an average of more than two alcoholic drinks per day for men and one per day for women in the previous month.
Respondent Profiles

Key Stakeholder Interviews

Chief Executive Officer/President of Alliance for Health
Chief Executive Officer/President of Holland Hospital
Chief Executive Officer/President of Innovation Health and Wellness Benefits
Chief Executive Officer/President of North Ottawa Community Health Systems
Chief Executive Officer/President of Spectrum Health Zeeland Community Hospital
Chief Operating Officer for Ottawa County Health Programs
Director of Medical Management for Priority Health
Director of Ottawa County Department of Human Services
Executive Director for Ottawa County Community Mental Health
Executive Vice President of Intercare Community Health Network
Vice President of Human Resources, Shape Corporation

Behavioral Risk Factor Survey

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Behavioral Risk Factor Survey (Cont’d.)

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</tr>
<tr>
<td>Five</td>
<td>13%</td>
<td>10%</td>
<td>16%</td>
<td>14%</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>More than five</td>
<td>10%</td>
<td>3%</td>
<td>5%</td>
<td>2%</td>
<td>10%</td>
<td>17%</td>
</tr>
</tbody>
</table>
### Behavioral Risk Factor Survey (Cont’d.)

<table>
<thead>
<tr>
<th>Education</th>
<th>TOTAL</th>
<th>Northwest</th>
<th>Northeast</th>
<th>Central</th>
<th>Southwest</th>
<th>Southeast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never attended school, or only Kindergarten</td>
<td>&lt;1%</td>
<td>0%</td>
<td>0%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>0%</td>
</tr>
<tr>
<td>Grades 1-8 (Elementary)</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Grade 9-12 or high school graduate</td>
<td>39%</td>
<td>38%</td>
<td>35%</td>
<td>37%</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>College 1 year to 2 years (some college)</td>
<td>31%</td>
<td>&lt;1%</td>
<td>0%</td>
<td>2%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>College 2 years or more (college graduate)</td>
<td>25%</td>
<td>22%</td>
<td>10%</td>
<td>22%</td>
<td>20%</td>
<td>22%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>TOTAL</th>
<th>Northwest</th>
<th>Northeast</th>
<th>Central</th>
<th>Southwest</th>
<th>Southeast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed for wages</td>
<td>51%</td>
<td>45%</td>
<td>46%</td>
<td>56%</td>
<td>54%</td>
<td>47%</td>
</tr>
<tr>
<td>Self-employed</td>
<td>7%</td>
<td>9%</td>
<td>11%</td>
<td>2%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Out of work for more than a year</td>
<td>3%</td>
<td>3%</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Out of work for less than a year</td>
<td>3%</td>
<td>3%</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>A homemaker</td>
<td>7%</td>
<td>9%</td>
<td>11%</td>
<td>2%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>A student</td>
<td>7%</td>
<td>7%</td>
<td>6%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Retired</td>
<td>17%</td>
<td>21%</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Unable to work</td>
<td>4%</td>
<td>6%</td>
<td>3%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Household Income

<table>
<thead>
<tr>
<th>Income Level</th>
<th>TOTAL</th>
<th>Northwest</th>
<th>Northeast</th>
<th>Central</th>
<th>Southwest</th>
<th>Southeast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $20,000</td>
<td>0%</td>
<td>15%</td>
<td>18%</td>
<td>28%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>$20,000 to less than $35,000</td>
<td>18%</td>
<td>15%</td>
<td>17%</td>
<td>21%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>$35,000 to less than $50,000</td>
<td>18%</td>
<td>17%</td>
<td>32%</td>
<td>15%</td>
<td>19%</td>
<td>13%</td>
</tr>
<tr>
<td>$50,000 to less than $75,000</td>
<td>21%</td>
<td>20%</td>
<td>6%</td>
<td>16%</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>$75,000 or more</td>
<td>29%</td>
<td>30%</td>
<td>15%</td>
<td>38%</td>
<td>26%</td>
<td>37%</td>
</tr>
</tbody>
</table>

### Poverty Status

<table>
<thead>
<tr>
<th>Poverty Status</th>
<th>TOTAL</th>
<th>Northwest</th>
<th>Northeast</th>
<th>Central</th>
<th>Southwest</th>
<th>Southeast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income under poverty line</td>
<td>11%</td>
<td>10%</td>
<td>25%</td>
<td>1%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Income over poverty line</td>
<td>89%</td>
<td>90%</td>
<td>75%</td>
<td>99%</td>
<td>89%</td>
<td>84%</td>
</tr>
</tbody>
</table>

### Region

<table>
<thead>
<tr>
<th>Region</th>
<th>TOTAL</th>
<th>Northwest</th>
<th>Northeast</th>
<th>Central</th>
<th>Southwest</th>
<th>Southeast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>21%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>3%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>7%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southwest</td>
<td>52%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southeast</td>
<td>17%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Key Informant Surveys

- **Assistant Administrator, Ottawa County Health Department**
- **Assistant Administrator, GVSU, Campus Wellness & Recreation**
- **Associate Director, Hope College Health Clinic**
- **CFO, Spectrum Health Zeeland Community Hospital**
- **Chair, Health and Human Services Committee, Ottawa County Board of Commissioners**
- **Coordinator, Ottawa County Great Start Collaborative**
- **Dean of Students, Western Theological Seminary**
- **Deputy Director, Community Mental Health of Ottawa County**
- **Director of Adult Ministries, Second Reformed Church, Zeeland, MI**
- **Director, City on a Hill Free Health Clinic**
- **Director, Holland Community Health Center**
- **Director, Holland Free Health Clinic**
- **Director, Holland Hospital Center for Good Health**
- **Director, Tri-Cities Ministries Counseling**
- **Executive Director, Allendale Love INC**
- **Executive Director, Bethany Christian Services**
- **Executive Director, Children’s Advocacy Center**
- **Executive Director, Coopersville Cares**
- **Executive Director, Grand Haven Community Foundation**
- **Executive Director, Lakeshore Ethnic Diversity Alliance**
- **Executive Director, Latin Americans United for Progress**
- **Executive Director, Ottawa County Human Services Coordinating Council**
- **Executive Director, Northwest Ottawa County Council on Aging**
- **Executive Director, Senior Resources**
- **Executive Director, The People Center**
- **Health and Wellness Coordinator, GVSU, Human Resources**
### Key Informant Surveys (Cont’d.)

- Parish Nurse, Christ Memorial Church
- Past Board Member, Spectrum Health Zeeland Community Hospital
- President, Community Foundation of Holland/Zeeland Area
- President, Greater Ottawa County United Way
- President, Holland Area Chamber of Commerce
- President, Lakeshore Advantage
- President, West Michigan Strategic Alliance
- Recreation Director, Zeeland Public Schools/Zeeland Recreation
- Retired VP of Human Resources, Gentex Corporation
- Senior Vice President, Huntington National Bank

### CHNA Task Force Members

- Lynne Doyle, Deputy Director, Community Mental Health of Ottawa County
- Jodi Gogolin, Community Outreach Director, Holland Hospital
- Melissa Kamara Liggins, Community Relations Manager, Spectrum Health Zeeland Community Hospital
- Marcia Knol, Community Health Planner/Analyst, Ottawa County Health Department
- Donald Longpre, Vice President – Finance/CFO, North Ottawa Community Health System
- Patrick Moran, President, Greater Ottawa County United Way
- Andre Pierre, Director of Business Operations – Healthier Communities, Spectrum Health System
- Ryan Powers, Vice President of Finance and System Services, Spectrum Health Zeeland Community Hospital
- Lisa Stefanovsky, Health Officer, Ottawa County Health Department
- Jennifer VanSkiver, Chief Communications Officer, North Ottawa Community Health System