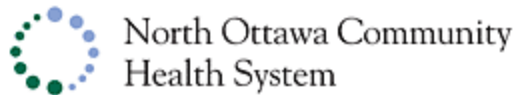


# Ottawa County Community-Wide Health Needs Assessment

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Research Results from the 2014 Community-  
Wide Health Needs Assessment

# A Research Project for



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# ***EXECUTIVE SUMMARY***

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# Executive Summary

In 2014, the Ottawa County Community Health Needs Assessment Task Force commissioned VIP Research and Evaluation to conduct an independent Community Health Needs Assessment (CHNA), which included a Behavioral Risk Factor Survey.

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=2,008) of the broader adult population in Ottawa County, as well as a self-administered survey (n=273) to more targeted subpopulations of underserved residents (e.g., Hispanics, single mothers with children, uninsured/underinsured/Medicaid). Health care professionals and other community leaders, known as Key Stakeholders or Key Informants, provided input via in-depth interviews (n=10) and an online survey (n=77). Secondary data gathered from state and national databases was also used to supplement the overall findings.

# Executive Summary (Cont'd.)

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, three 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 psychological distress.

Ottawa County residents enjoy longer life expectancy and lower mortality rates than 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, heavy drinking and binge drinking rates are higher than in the state or 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 either overweight (35.3%) or obese (23.9%).

Most adults engage in clinical preventive practices such as routine physical checkups, Pap tests, mammograms, and colonoscopies, however, these proportions have declined since the last CHNA conducted in 2011. Additionally, residents are less likely to visit a dentist, especially if they have no health care coverage.

# Executive Summary (Cont'd.)

The prevalence of chronic conditions is low; however, diabetes continues to be a problem according to health care professionals because it is linked to obesity and many other health problems.

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. For example, there is a lack of services for all types of mental illness (from mild to severe), substance abuse, and dental care for people with and without insurance because these services are often not covered by insurance, even Medicaid.

The belief that there is a lack of primary care providers is mixed among health care professionals, although secondary data supports this dearth compared to the state. Many health care professionals believe the issue is more about existing PCPs failure to accept Medicaid or a sliding payment scale, as opposed to lack of PCPs in terms of numbers. Either way, the problem is one of access and it impacts both adults and children, especially the underserved.

Although a myriad of programs and services exist, transportation is still a barrier to services. Residents often have to travel outside of Ottawa County to access care or have a hard time accessing care within the county due to its rural nature and the lack of a good public transportation system.

# Executive Summary (Cont'd.)

There is a direct relationship between health outcomes and both education and income. For example, those with higher incomes and more education are likely to report: better health, greater satisfaction with life, plentiful emotional and social support, having health coverage, having a personal care provider, less engagement 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 dental care.

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 or any type of preventive service.

# Executive Summary (Cont'd.)

Community members (both residents and health care professionals) suggest strategies to improve the health care landscape. Specifically, they prioritize:

- Moving toward a focus on the whole patient – studying the social, behavioral, and environmental determinants of health (e.g., understanding patients' barriers to meeting their health goals, looking at the impact of housing costs on health outcomes)
- Increasing access to primary care, mental health treatment, substance abuse services, and dental care
- Supporting increased coordination and collaboration among area hospitals, medical professionals, providers, agencies, and programs
- Supporting and expanding agency resources to address community health needs
- Increasing a focus on wellness, prevention, and nutrition
- Increasing educational opportunities on existing services, navigation of the health system, management of chronic disease, ways to obtain affordable and healthy food, and ways to prepare healthy meals
- Delivery of immunizations and child dental care directly into communities to alleviate barriers (transportation) to care
- Advocating for increased funding for mental health treatment
- Funding innovative approaches to redesigning the health care system, while making it sustainable
- Addressing health system waste (duplication of services, overuse of ER) through increased transparency



# Key Findings

## Health Care Access

- + Nine in ten Ottawa County adults have health insurance and/or a medical home and both of these improved since 2011
- + More people have health insurance or coverage now compared to 2011, largely due to the Affordable Care Act and the Healthy Michigan Plan
- However, many are not using their coverage when needed – and especially not for preventive measures – because they cannot afford out-of-pocket expenses such as deductibles and co-pays
- This feeds into the continued misuse of the ER because: (1) people don't get preventive care or manage their diseases, which would prevent urgent situations, because of cost, and/or (2) people with mental health and other underlying issues visit the ER because their issues are often not covered by health insurance
- There is mixed feedback on whether or not there is a shortage of primary care providers, but there is certainly a lack of access to them. Some health care professionals have suggested that the problem is not lack of PCPs, but lack of PCPs accepting Medicaid, using a sliding scale for payment, or offering any services for the uninsured/underinsured
- There is still a shortage of services available for people with mental health, substance abuse, or dental issues because insurance often does not cover this type of treatment and there is lack of funding for existing service agencies

# Key Findings (Cont'd.)

## Health Status

- + General health status is better among area residents than those in peer counties, the state, or the nation
- + Further, both physical and mental health status is better among Ottawa County residents compared to those from the state or nation
- + Life expectancy is higher in Ottawa County than peer counties, the state, or the nation
- + Conversely, morbidity rates for adults, children, and infants are all lower than MI or US
- + The rate of cancer diagnosis or deaths is lower than MI or the US, and the rate of deaths from heart disease is lower than MI or the US
- Although obesity rates are lower than the state or nation, the prevalence of overweight residents is higher in Ottawa County compared to Michigan. The result is that **six in ten adult residents in Ottawa County are either overweight or obese**

# Key Findings (Cont'd.)

## Alzheimer's Disease

- The prevalence of Alzheimer's Disease is higher in Ottawa County compared to peer counties
- Worse, the rate of death from Alzheimer's Disease is higher in Ottawa County compared to peer counties, the state of Michigan, and the United States
- Key informants have reported a shortage of quality, or even adequate, facilities to care for patients with Alzheimer's Disease

## Chronic Disease

- + Prevalence of all chronic diseases measured (e.g., arthritis, asthma, cancer, COPD, diabetes, heart disease) are lower than the state or nation
- + Moreover, the prevalence of arthritis, asthma, and skin cancer is significantly lower than 2011

# Key Findings (Cont'd.)

## Coordination and Collaboration of Programs/Services

- + Awareness of the need for better coordination of services is high among area hospitals, medical groups, providers, agencies and organizations and has been building since 2011
- In order for a system of seamless care to exist there needs to be more of a team-based and patient-centered (treating the whole patient, focusing on social/behavioral/environmental determinants of health) approach which includes better communication and collaboration among all the stakeholders involved

## Clinical Preventive Practices

- + The majority of older adults recommended to receive cancer screening (breast, cervical, prostate, and colon) are doing so
- Still, fewer are being screened for cervical or prostate cancer compared to the state as a whole
- Further, the proportion receiving screenings has declined for all four areas since 2011

# Key Findings (Cont'd.)

## Lifestyle Choices/Behaviors

- + Most people know what they need to do to live a healthier lifestyle, such as eating healthier, dieting if need be, exercising, and getting plenty of sleep
- Thus, advocating for more education about healthy lifestyle choices is probably not the best way to utilize resources
- + Alternatively, if policies are to focus on ways to get residents to make lifestyle changes, then the following four approaches are worth investigating: (1) find ways to incentivize people to make changes, (2) increase access to affordable and healthy foods, (3) educate people on how to cook healthy foods and prepare delicious healthy meals, and (4) increase access (make affordable) to gyms and place of recreation, especially in the winter months

## Risk Behaviors

- + Area adults are more active, eat more fruits/vegetables, and smoke less than adults around the state or nation
- Still, seven in ten do not eat an adequate amount of fruits and vegetables daily
- Binge drinking and heavy drinking are both higher than the state or the nation
- Although fewer area adults have high cholesterol compared to others, they participate less often in cholesterol screening

# Key Findings (Cont'd.)

## Disparities in Health

- As in 2011, there continues to be disparities in health, particularly with respect to education and income. There is a direct relationship between health outcomes and either education or income on a number of key measures. For example, those with lower incomes or levels of education are less likely to:
  - Report good/very good/excellent general health
  - Be satisfied with life
  - Receive adequate social and emotional support
  - Report good mental health
  - Have health coverage
  - Have a medical home
  - Exercise adequately
  - Refrain from smoking cigarettes
  - Receive cancer screenings (breast, cervical, prostate, colon)
  - Visit a dentist
  - Receive vaccinations for the flu
  - Avoid heart disease
- The link between both education and income and health outcomes goes beyond the direct relationship. Those in the very bottom groups, for example, having no high school education and/or having less than \$20K in household income, are most likely to experience the worst health outcomes.

# Summary Tables – Strengths

## Social Indicators

- ✓ *Lower crime and poverty rates than MI/US*
- ✓ *Lower child abuse/neglect rates than MI/US*
- ✓ *Safe, walkable, and family-friendly community*
- ✓ *Active organizations that promote health - Fitness centers, senior centers, beaches, trails, parks, YMCA*
- ✓ *Caring and compassionate community*
- ✓ *Strong faith-based groups actively mobilizing around community causes*
- ✓ *Strong volunteer force*

## Health Care Access

- ✓ *Excellent health resources, services, and programs*
- ✓ *More residents have health insurance and medical home (PCPC) than MI/US*
- ✓ *Significantly more residents have coverage vs. 2011*
- ✓ *Fewer have had to forego medical care due to cost than MI/US*
- ✓ *Health partnerships are collaborative and cooperative (but could do better)*

## Preventive Practices

- ✓ *Higher proportion of immunized children than MI/US*
- ✓ *Majority have routine checkups (much better than 2011) and health screenings/tests*
- ✓ *Colon cancer screening higher than MI*
- ✓ *Prevalence of oral health higher than MI*
- ✓ *Flu vaccine higher than MI/US*

## Health Indicators

- ✓ *Higher life expectancy rates than MI/US (both men/women)*
- ✓ *Lower adult/child/infant mortality rates than MI/US*
- ✓ *Proportion of low birth weight lower than MI/US*
- ✓ *Death rates from cancer and heart disease lower than MI/US*
- ✓ *Higher proportion of mothers seek prenatal care than MI*
- ✓ *General health status, physical, and mental health better than MI/US*
- ✓ *High satisfaction with life*
- ✓ *Strong social and emotional support networks*
- ✓ *Prevalence of obesity far lower and prevalence of healthy weight higher than MI/US*
- ✓ *Lower prevalence of chronic disease such as diabetes, arthritis, asthma, cancer (other than skin), cardiovascular disease, and COPD compared to MI/US*

## Risk Behaviors

- ✓ *Fewer youth having sex than MI/US*
- ✓ *Teen pregnancy rates lower than MI/US*
- ✓ *Fewer youths reporting depression, considering/attempting suicide than MI/US*
- ✓ *Lower prevalence of youth risk behaviors such as smoking, binge drinking, and marijuana use compared to MI/US*
- ✓ *Lower prevalence of adult risk behaviors such as inactivity, and smoking compared to MI/US*
- ✓ *Lower obesity and inadequate exercise rates than MI/US*
- ✓ *Lower prevalence of HPB and high cholesterol than MI/US*
- ✓ *Significantly fewer have high cholesterol than in 2011*

# Summary Tables – Opportunities for Improvement

## Health Care Access

- ✓ *Even though more insured, high deductibles and co-pays preventing many residents from utilizing coverage*
- ✓ *Proportion of Medicaid patients higher than MI*
- ✓ *Far fewer PCPs per capita than MI*
- ✓ *Lack of adequate mental health care services in general and those that accept multiple forms of insurance*
- ✓ *Lack of affordable oral health care and available dentists for uninsured, low income, and Medicare/Medicaid residents*
- ✓ *Lack of health care access for unemployed, uninsured, and Medicare/Medicaid residents*
- ✓ *Lack of Spanish-speaking health care professionals*
- ✓ *Need for more focus on prevention and wellness, self-care, and general health literacy through community programming*
- ✓ *Lack of programs/services to adequately address Alzheimer's and related senior issues*
- ✓ *Lack of programs/services for substance abuse in general and those that accept multiple forms of insurance*
- ✓ *Not enough health care services to meet community demand for uninsured residents*
- ✓ *Shortage of physicians accepting Medicare/Medicaid, and a shortage of specialists*
- ✓ *Transportation continues to be a barrier to access*

## Social Indicators

- ✓ *Unemployment rate higher than US*
- ✓ *Three in ten students eligible for free/reduced lunch*
- ✓ *Half of single female families with children under 5 live in poverty, higher rate than US*

## Health Indicators

- ✓ *Death rates from Alzheimer's higher than MI/US*
- ✓ *One in four youths reporting depression*
- ✓ *Prevalence of overweight residents higher than MI/US*
- ✓ *Obesity, depression, and anxiety viewed as highly prevalent but dissatisfaction with community response to them also great*

## Risk Behavior Indicators

- ✓ *One in four teens (15-19) pregnant*
- ✓ *Almost half of youth report inadequate physical activity*
- ✓ *Lack of adequate fruits and vegetables in diets of both youth and adults, combined with a lack of affordable, healthy food*
- ✓ *Higher prevalence of heavy and binge drinking than MI/US*
- ✓ *Fewer residents getting cholesterol checked vs. MI/US*
- ✓ *Lack of personal responsibility and motivation to engage in behavioral changes*

## Preventive Practices

- ✓ *Fewer adults have mammograms, Pap test, and PSA than MI*
- ✓ *Further, screenings for breast, cervical, prostate, and colon cancer all down from 2011*
- ✓ *One in four have not visited dentist in past year*
- ✓ *Proportion vaccinated against pneumonia lower than MI/US*
- ✓ *Most/All clinical preventive practices have worsened since 2011*



# Summary Tables – A Comparison of Ottawa County to Peer Counties

		Better (Most Favorable Quartile)	Moderate (Middle Two Quartiles)	Worse (Least Favorable Quartile)
<b>M O R T A L I T Y</b>	Cancer deaths		Chronic kidney disease deaths	Alzheimer's disease deaths
	Chronic lower respiratory deaths (CLRD)		Coronary heart disease deaths	
	Diabetes deaths		Motor vehicle deaths	
	Female life expectancy			
	Male life Expectancy			
	Stoke deaths			
	Unintentional injury (including motor vehicle)			
		Better (Most Favorable Quartile)	Moderate (Middle Two Quartiles)	Worse (Least Favorable Quartile)
<b>M O R B I D I T Y</b>	Adult obesity		Adult diabetes	Alzheimer's disease/dementia
	Adult overall health status		Gonorrhea	Older adult depression
	Cancer		Older adult asthma	
	HIV		Preterm births	
	Syphilis			

The above Summary Comparison Report provides an “at a glance” summary of how Ottawa County compares with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Community Health Profile, Ottawa County.

# Summary Tables – A Comparison of Ottawa County to Peer Counties (Cont'd.)

A C C E S S	Better (Most Favorable Quartile)	Moderate (Middle Two Quartiles)	Worse (Least Favorable Quartile)
	Older adult preventable hospitalizations	Cost barrier to care	Primary care provider access
		Uninsured	
H E A L T H	Better (Most Favorable Quartile)	Moderate (Middle Two Quartiles)	Worse (Least Favorable Quartile)
	Teen births	Adult binge drinking	
		Adult female routine pap tests	
		Adult physical inactivity	
B E H A V I O R S		Adult smoking	

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Community Health Profile, Ottawa County.

# Summary Tables – A Comparison of Ottawa County to Peer Counties (Cont'd.)

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Better (Most Favorable Quartile)	Moderate (Middle Two Quartiles)	Worse (Least Favorable Quartile)
Children in single parent households	High housing costs	Unemployment
Inadequate social support	On time high school graduation	
	Poverty	
	Violent crime	

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Better (Most Favorable Quartile)	Moderate (Middle Two Quartiles)	Worse (Least Favorable Quartile)
Drinking water violations	Access to parks	Limited access to healthy food
	Annual average PM2.5 concentration	
	Housing stress	
	Living near highways	

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Community Health Profile, Ottawa County.