

2017



OTTAWA COUNTY

Community Health Needs Assessment



February 28, 2018 Community Presentation
Ottawa County Fillmore Complex



Today's Agenda

Welcome

Study Findings

2015 CHIP Progress

2018 CHIP Launch 2.0

Background & Methods





What is a CHNA?

- A **community health needs assessment** is a
- systematic examination of the **health status** indicators for Ottawa County
 - used to identify key **problems** and **assets**
 - to **develop strategies** to address our health needs and identified issues
 - essential ingredients: **community engagement** and **collaborative participation**



What is a CHNA?

Our Opportunity

- **Work together**
- **Dig deeper**
- **Ensure sustainability**
- **Monitor change over time**
- **Target limited resources**

This study
produced **3** reports

2017 Behavioral Risk Factor Survey, Ottawa County, MI
Prepared by Martin Hill, Ph.D.,
President of VIP Research and Evaluation



Executive Summary Background Methodology Findings & Implications



2017 Community Health Needs Assessment, Ottawa County, MI
Prepared by Martin Hill, Ph.D.,
President of VIP Research and Evaluation



Executive Summary Background Methodology Findings & Implications



Ottawa County Maternal and Child Health Assessment
November 2017



Executive Summary Background Methodology Findings & Implications



miOttawa.org/healthdata



Who we heard from in 2017

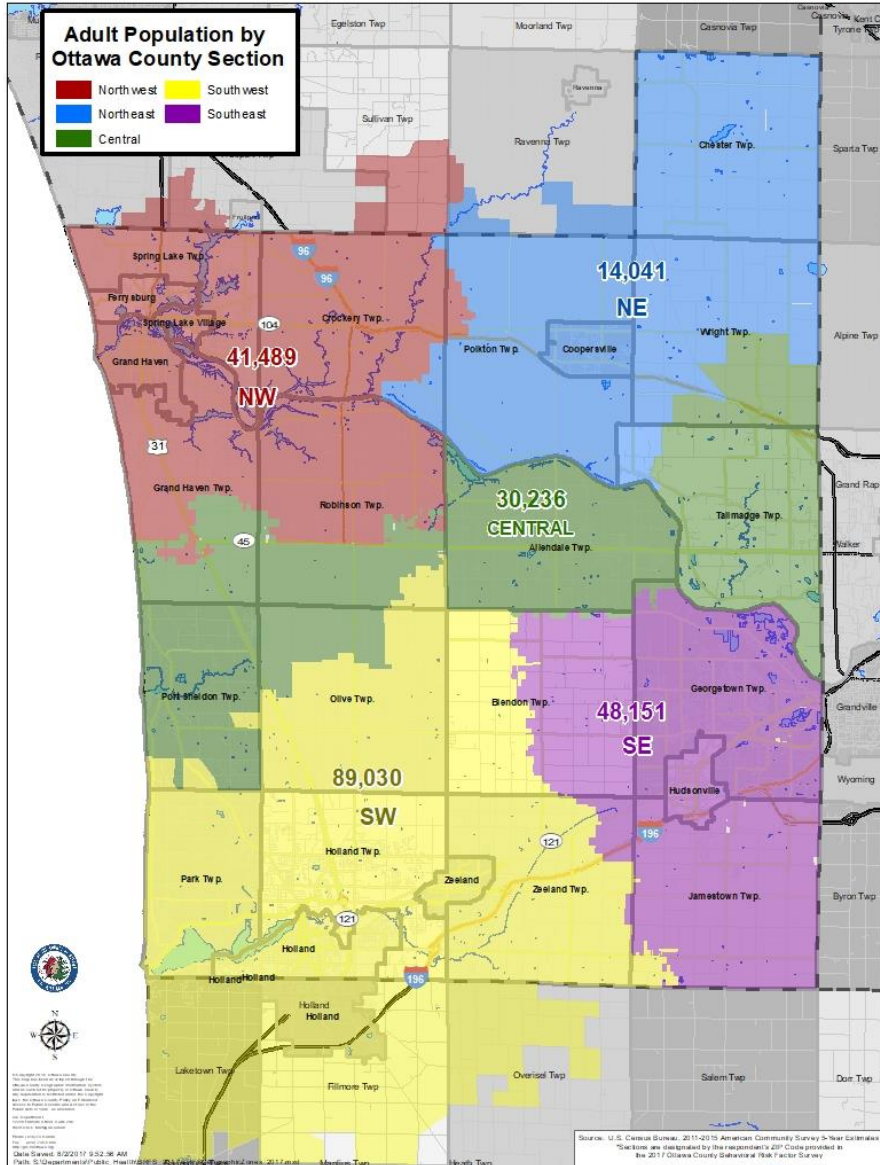
Primary Data Source	Data Collection Methodology	Target Audience	Number Completed
Key Stakeholders	In-depth Telephone Interviews	Hospital Directors, Clinic Executive Directors	10
Key Informants	Online Survey	Physicians, Nurses, Dentists, Pharmacists, Social Workers	91
Community Residents (Underserved)	Self-administered Survey (<i>Paper</i>)	Vulnerable and underserved sub-populations	489
Community Residents	Telephone Survey (<i>BRFS</i>)	Adults (18 years of age and older)	1,318



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

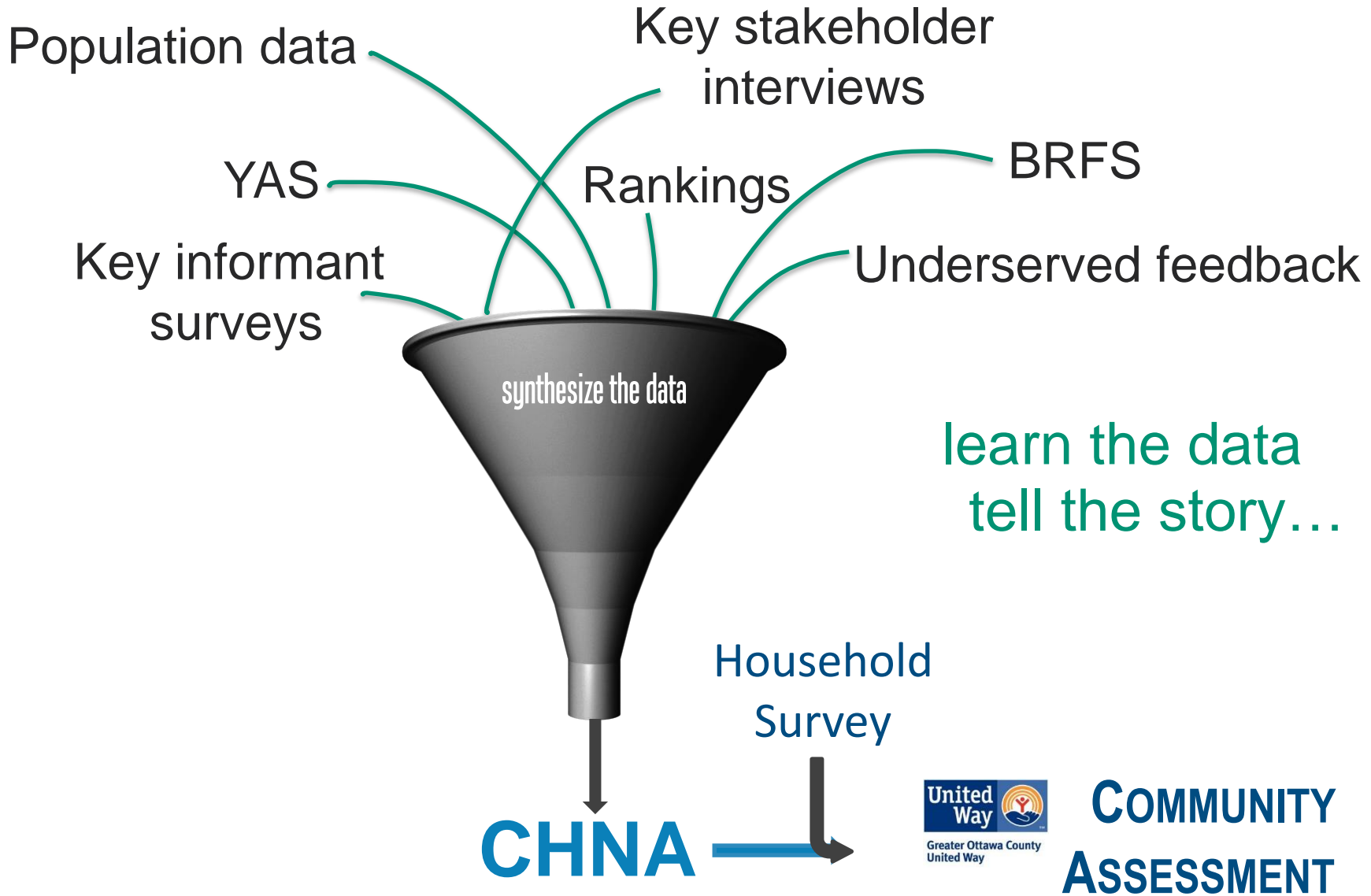


Data Collection Area





The Assessment Process



Health Landscape





Our health, our story

- Ottawa ranks #1 in MI
- Economy is a concern
- Lack health insurance
- Impact of new ACA
- Single female-headed families in poverty
- Alzheimer's disease
- Alcohol use high
- Obesity and ↓ F/V impact all groups
- Health outcomes and income/education
- Mental health

- Ottawa ranks #1 in MI
- Economy still a concern
- More are insured
- Health care cost, complexity & lack of coordination
- Alzheimer's disease
- Alcohol use high
- Obesity and ↓ F/V impact all groups
- Disparities persist
- Mental health & suicide

- Ottawa ranks #1 in MI
- MI ranks 35 out of 50

2011

2014

2017





Our health, our story...

- With 3 hospitals, several low to no fee health clinics and hundreds of providers, health care is accessible to most
- Caring, giving and philanthropic with a **strong collaborative spirit** among people and organizations
- Community of faith with strong schools
- Solid economy and safe neighborhoods
- Offers outdoor spaces that invite activity

“In sum, **Ottawa County** possesses all of the social and community characteristics that distinguish a community as **healthy**.”

- Ottawa County CHNA

2017





How We Compare to Others

1,318

Health Status Indicators

Risk Behavior Indicators

	Ottawa	MI	US
General Health Fair/Poor	● 12.6%	17.7%	16.4%
Poor Physical Health (14+ days)	● 10.0%	13.0%	--
Poor Mental Health (14+ days)	● 8.8%	11.9%	--
Activity Limitation (14+ days)	● 7.6%	8.8%	--
Disability	● 20.9%	25.1%	--
Obese	29.9%	31.2%	29.9%
Overweight	● 33.3%	34.9%	35.3%
Healthy Weight	● 35.9%	32.4%	32.9%
No Health Care Coverage (18-64)	● 9.2%	12.0%	12.3%
No Personal Health Care Provider	● 12.4%	14.8%	21.6%
No Health Care Access Due to Cost	● 7.4%	12.7%	12.0%

	Ottawa	MI	US
No Leisure Time Physical Activity	● 23.4%	25.5%	--
Adequate Fruit and Vegetable Consumption (5 or more/day)	● 17.6%	14.9%	--
Consumes Fruits <1 time/day	● 31.5%	39.7%	39.7%
Consumes Vegetables <1 time/day	● 21.4%	24.7%	22.1%
Current Cigarette Smoking	17.6%	20.7%	17.1%
Former Cigarette Smoking	● 19.5%	26.7%	25.3%
Binge Drinking	● 14.1%	18.5%	16.9%
Heavy Drinking	● 5.7%	6.5%	6.5%

- = Ottawa County is best
- = Ottawa County is worst



How We Compare to Others

1,318

Clinical Preventive Practices

Chronic Conditions

	Ottawa	MI	US
No Routine Checkup in Past Year	● 18.7%	28.0%	29.1%
No Dental Visit in Past Year	● 18.4%	--	33.6%
Had Flu Vaccine in Past Year (65+ Only)	● 70.8%	57.7%	58.6%
Ever Had Pneumonia Vaccine (65+ Only)	72.9%	72.8%	73.4%

	Ottawa	MI	US
Arthritis	● 19.4%	30.0%	25.8%
Depression	● 17.1%	19.7%	17.4%
Lifetime Asthma	● 12.7%	15.7%	14.0%
Diabetes	● 9.8%	10.7%	10.8%
Current Asthma	● 8.7%	10.2%	9.3%
Skin Cancer	● 6.3%	6.1%	5.9%
Other Cancer	● 4.8%	7.0%	6.7%
COPD	● 4.0%	7.7%	6.3%
Heart Attack	● 3.7%	4.7%	4.4%
Angina/CHD	● 3.3%	4.6%	4.1%
Stroke	● 1.7%	3.3%	3.1%

● = Ottawa County is best

● = Ottawa County is worst



How We Compare to Ourselves



Health Status Indicators

Risk Behavior Indicators

	2011	2014	2017
General Health Fair/Poor	9.9%	10.5%	12.6% ●
Poor Physical Health (14+ days)	8.1%	6.1%	10.0% ●
Poor Mental Health (14+ days)	8.6%	8.6%	8.8% ●
Activity Limitation (14+ days)	5.1%	5.7%	7.6% ●
Disability	22.2%	--	20.9% ●
Obese	25.8%	23.9%	29.9% ●
Overweight	36.7%	35.3%	33.3% ●
Healthy Weight	36.3%	37.7%	35.9% ●
No Health Care Coverage (18-64)	12.6%	9.3%	9.2% ●
No Personal Health Care Provider	12.0%	11.4%	12.4% ●
No Health Care Access Due to Cost	--	9.8%	7.4% ●
Confidence in Navigating the Health Care System	--	81.3%	84.4% ●
Medication/Treatment for Mild to Severe Psychological Distress	--	25.8%	53.5% ●

	2011	2014	2017
No Leisure Time Physical Activity	12.7%	20.5%	23.4% ●
Adequate Fruit and Vegetable Consumption (5 or more/day)	--	29.50%	17.6% ●
Consumes Fruits <1 time/day	--	20.6%	31.5% ●
Consumes Vegetables <1 time/day	--	17.1%	21.4% ●
Current Cigarette Smoking	17.2%	18.6%	17.6%
Former Cigarette Smoking	24.5%	22.6%	19.5% ●
Binge Drinking	20.3%	19.3%	14.1% ●
Heavy Drinking	7.5%	6.5%	5.7% ●

● = better/improved
 ● = worse



How We Compare to Ourselves

1,318

Clinical Preventive Practices

Chronic Conditions

	2011	2014	2017
No Routine Checkup in Past Year	26.2%	19.9%	18.7%
No Dental Visit in Past Year	21.6%	21.2%	18.4%
Had Flu Vaccine in Past Year (65+ Only)	67.9%	72.1%	70.8%
Ever Had Pneumonia Vaccine (65+ Only)	70.9%	66.9%	72.9%

	2011	2014	2017
Arthritis	23.2%	18.3%	19.4%
Depression	18.8%	--	17.1%
Anxiety	14.8%	--	15.0%
Lifetime Asthma	13.5%	11.9%	12.7%
Diabetes	7.3%	7.8%	9.8%
Current Asthma	8.4%	6.5%	8.7%
Skin Cancer	7.3%	4.7%	6.3%
Other Cancer	5.3%	5.4%	4.8%
COPD	--	3.0%	4.0%
Heart Attack	2.1%	2.1%	3.7%
Angina/CHD	3.0%	2.9%	3.3%
Stroke	1.2%	2.1%	1.7%

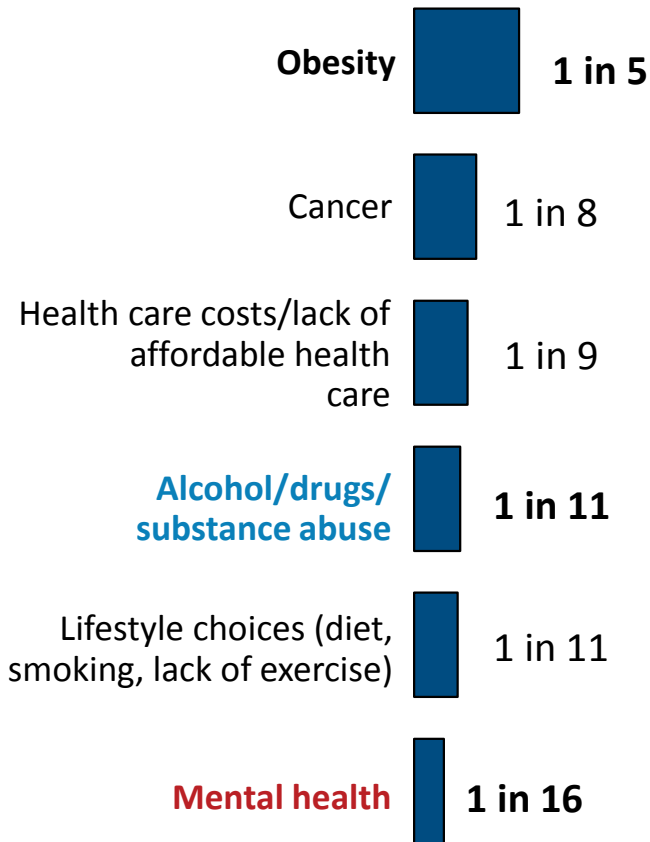
= better/improved

= worse

Top Reported Health Concerns



“The most important health problem in the community is:”



1. Depression & Anxiety
 2. Obesity
 3. Drug abuse

“We need **better resources** and **support for difficult issues**”



1. Mental health
 2. Substance Use/Opioids
 3. Obesity

“Behavioral health is still **very underserved**”

New for 2017





New to this CHNA

Adverse Childhood Experiences study

11 questions

Maternal and Child Health Report

women **18-44**
children **0-17**

Adult suicidal thinking and attempts

1 in **20**

Chronic pain & use of Rx pain meds

1 in **4**

Vaping (adults and youth)

6% vs **14%**

Food insufficiency

1 in **13**

Health literacy

1 in **5**
not confident

Weight control

50% of "obese"
received no advice



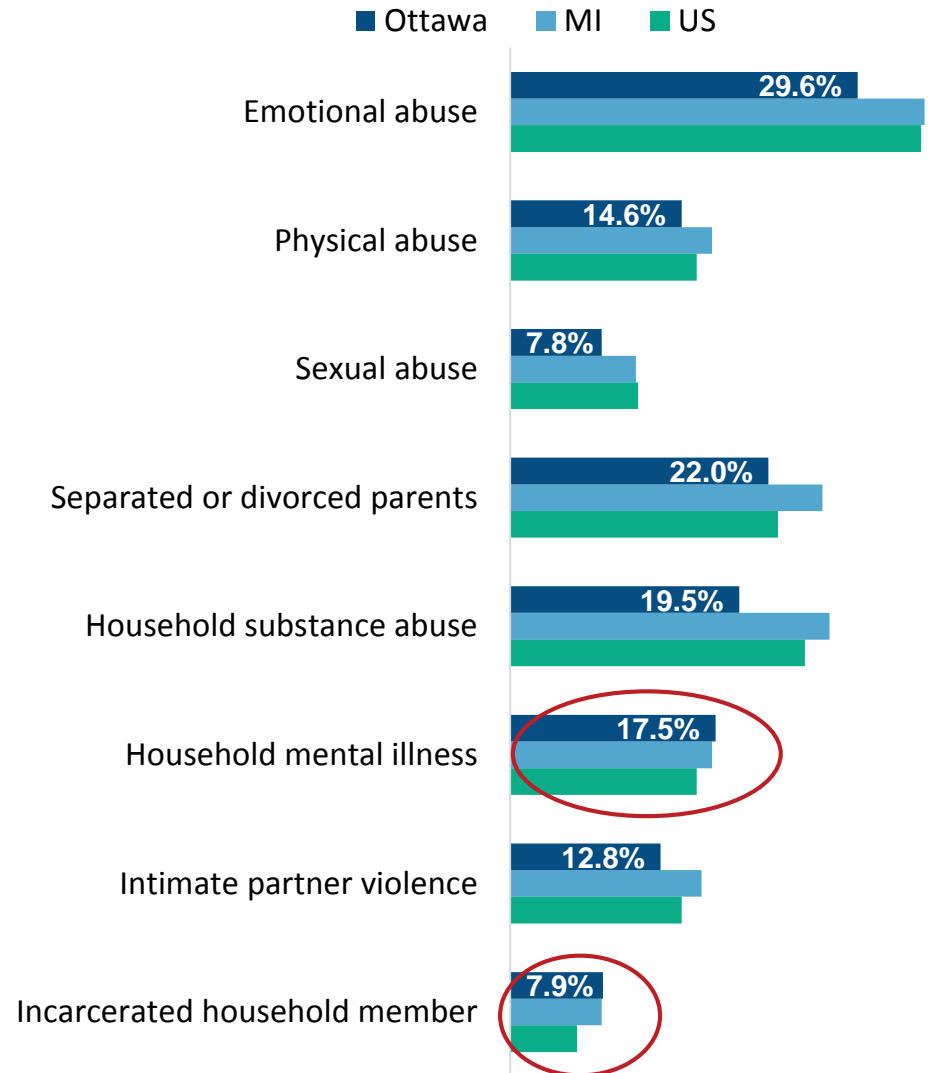
ACEs Overview

ACEs are adverse childhood experiences or traumatic events such as abuse, neglect or family dysfunction.

- The 1st ACE study was conducted with 17,000 adults between 1995-1997
- ACEs are common across all populations
- ACEs cluster
- ACEs have a **dose-response relationship** with many health, social & behavioral outcomes
- ACEs help us to understand how Ottawa County residents are impacted by things that happen in childhood
- ACEs can be prevented

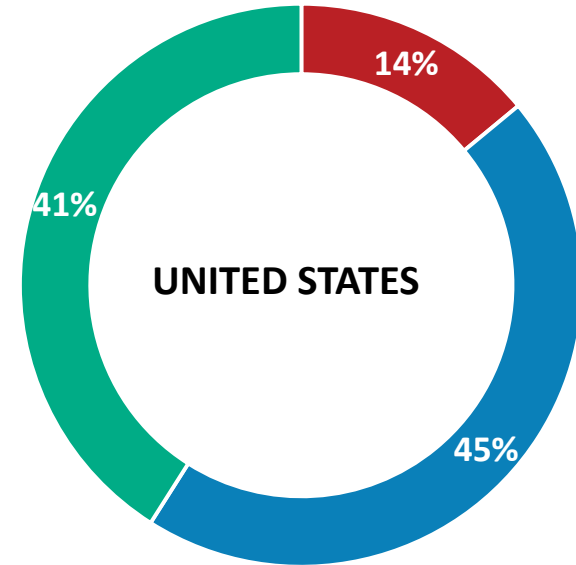
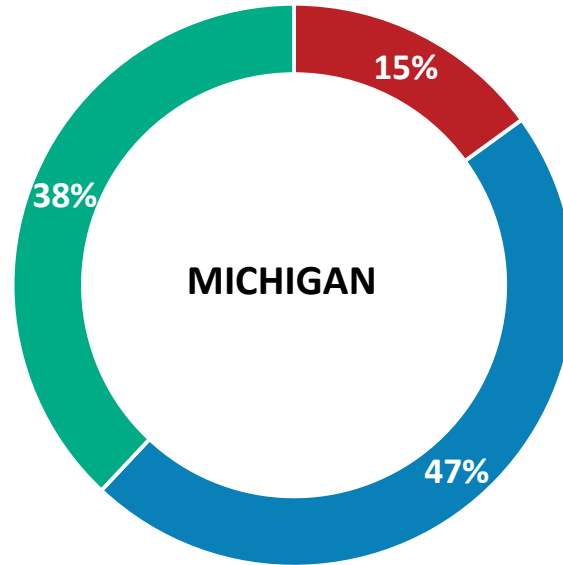
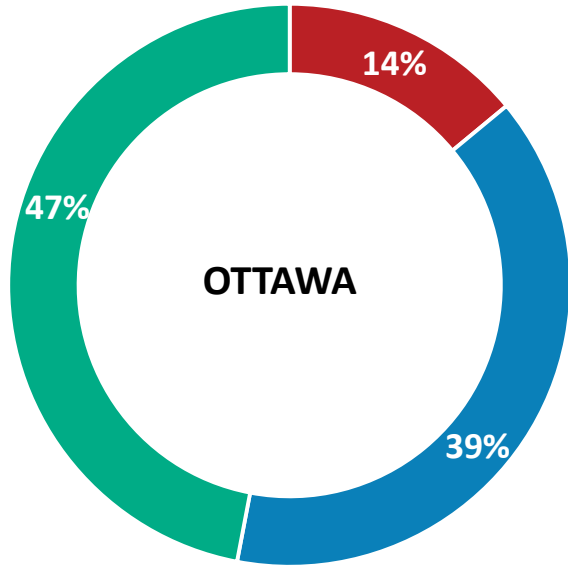
Ottawa County ACE Study




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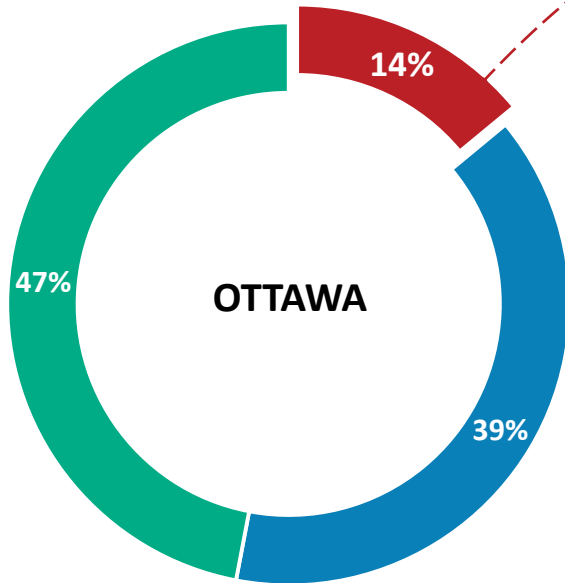
How Common are ACEs?



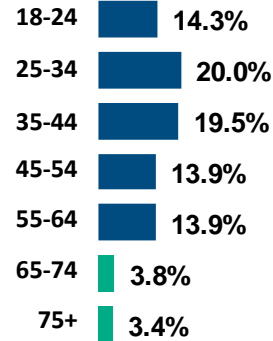
-  ZERO
-  ONE to THREE
-  FOUR or more



Prevalence of 4+ ACEs



Age



Gender



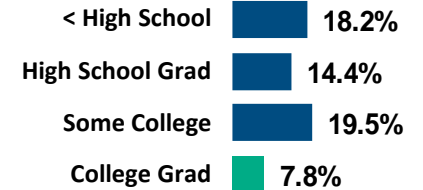
Race/Ethnicity



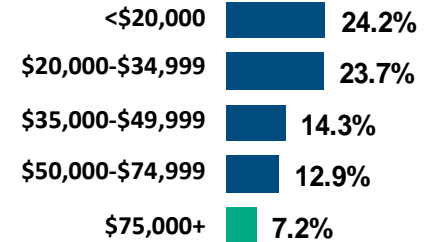
Poverty Level



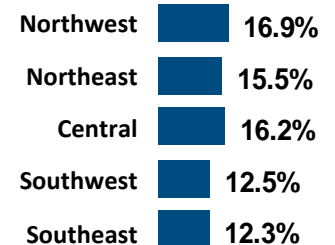
Education



HH Income



Section

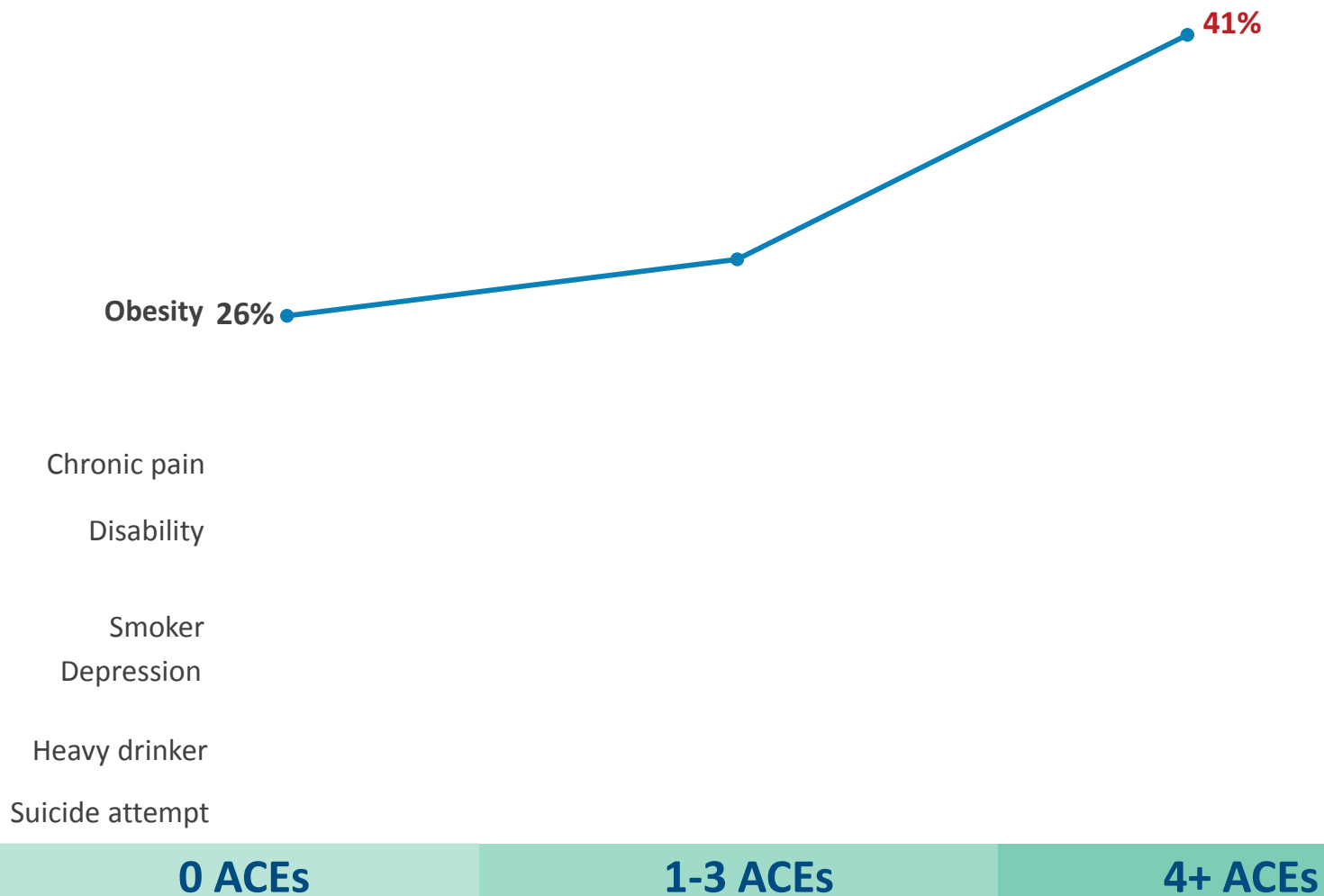


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N=1,157. *Among all adults, the proportion who reported ever experiencing four or more of the eleven adverse childhood experiences by age 18.

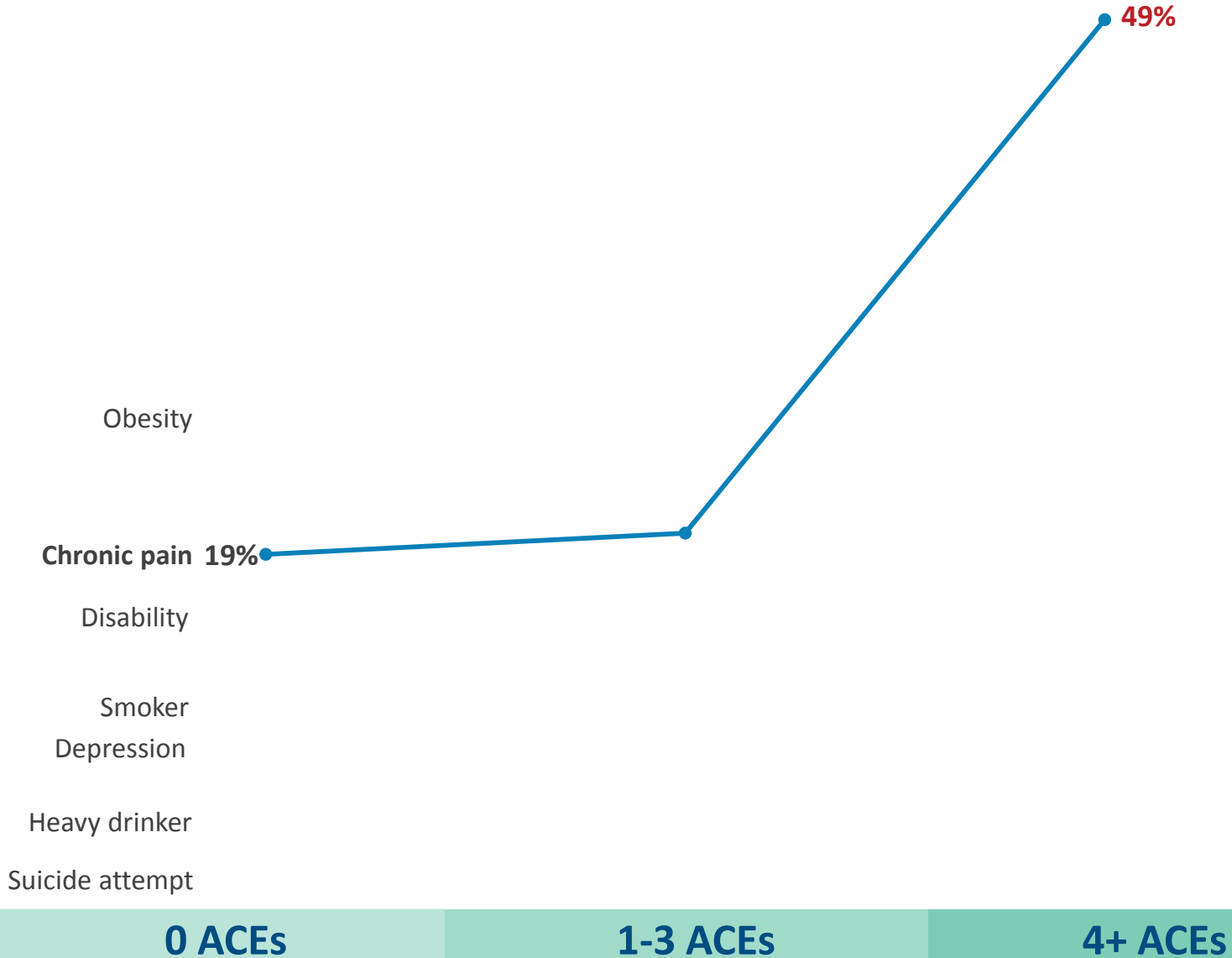


Impact of ACEs



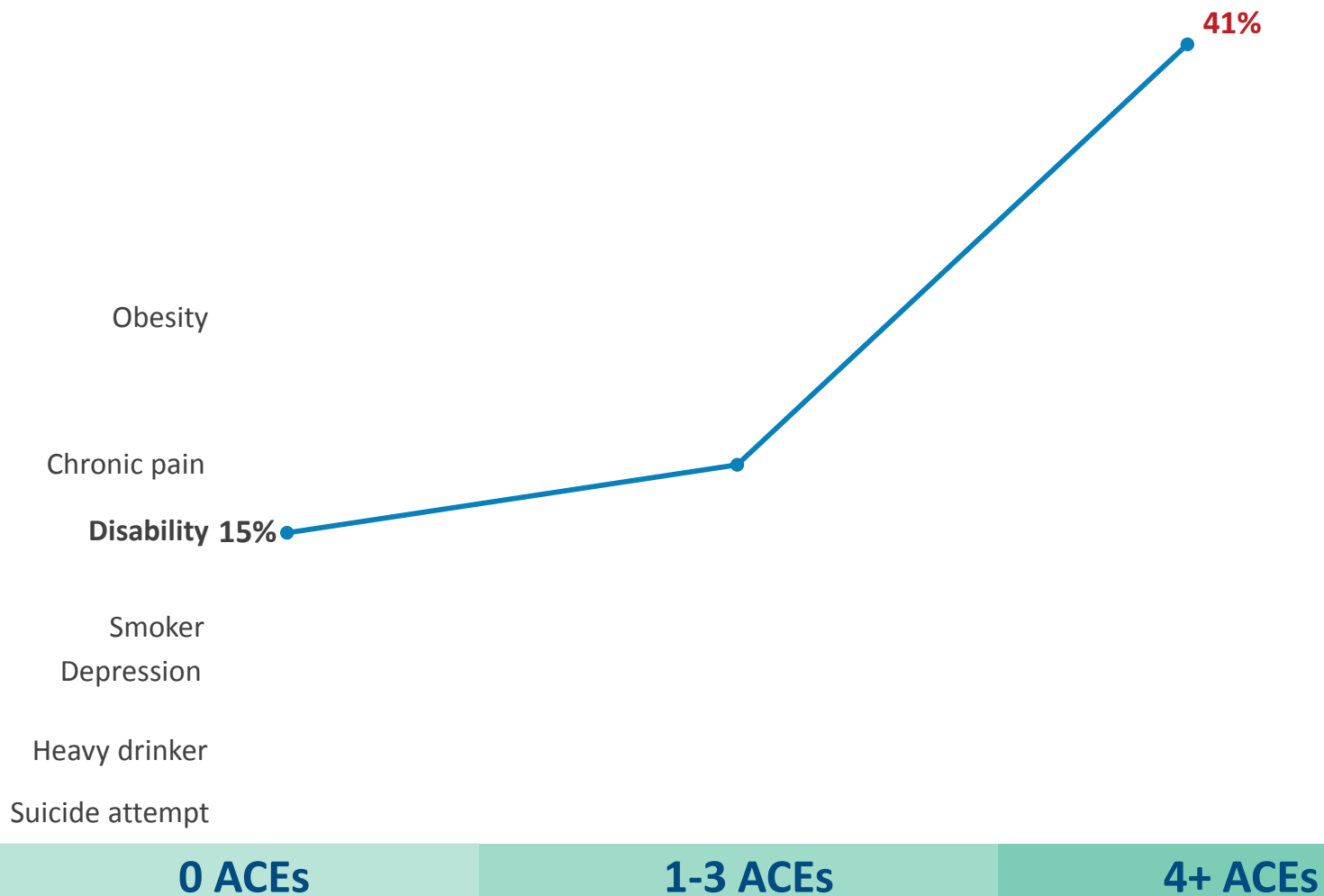


Impact of ACEs



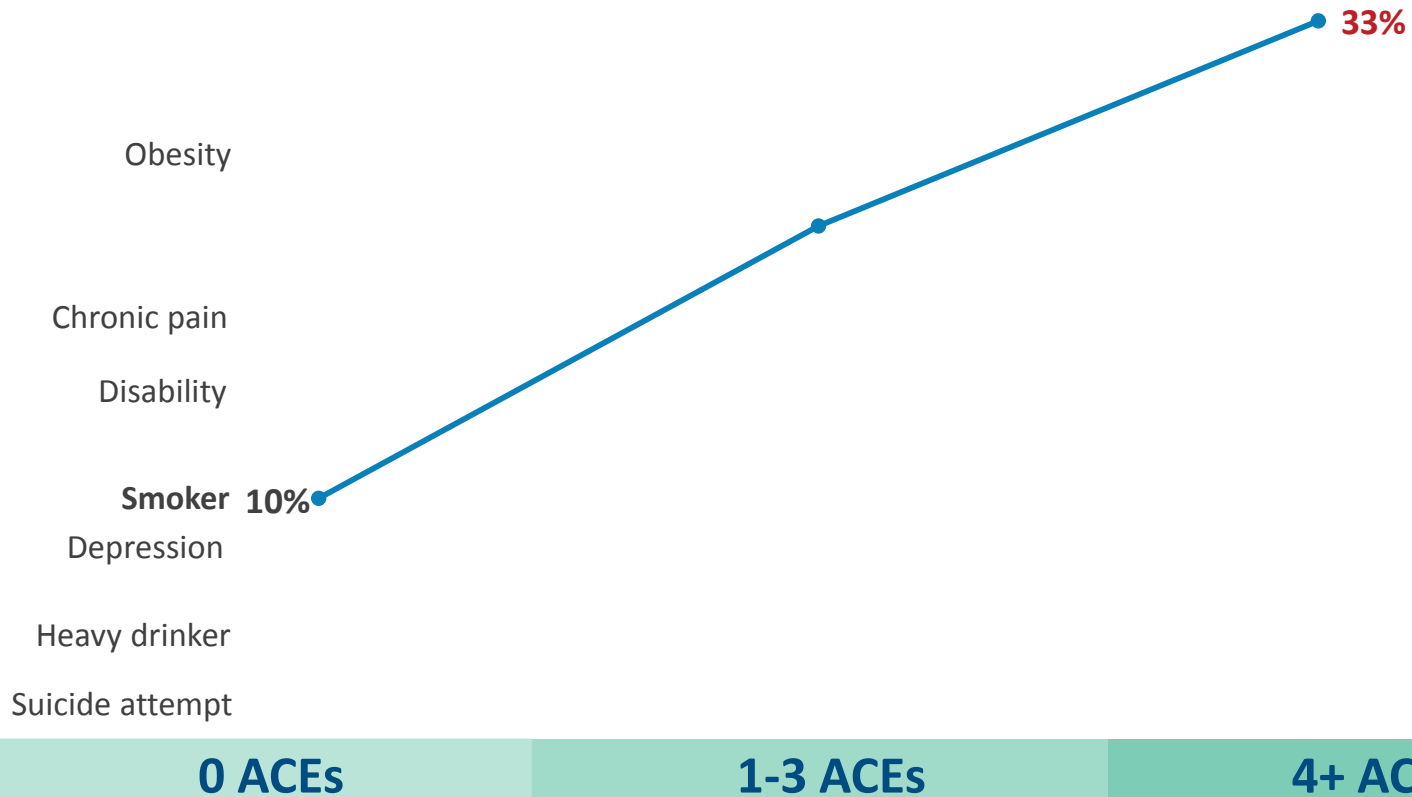


Impact of ACEs



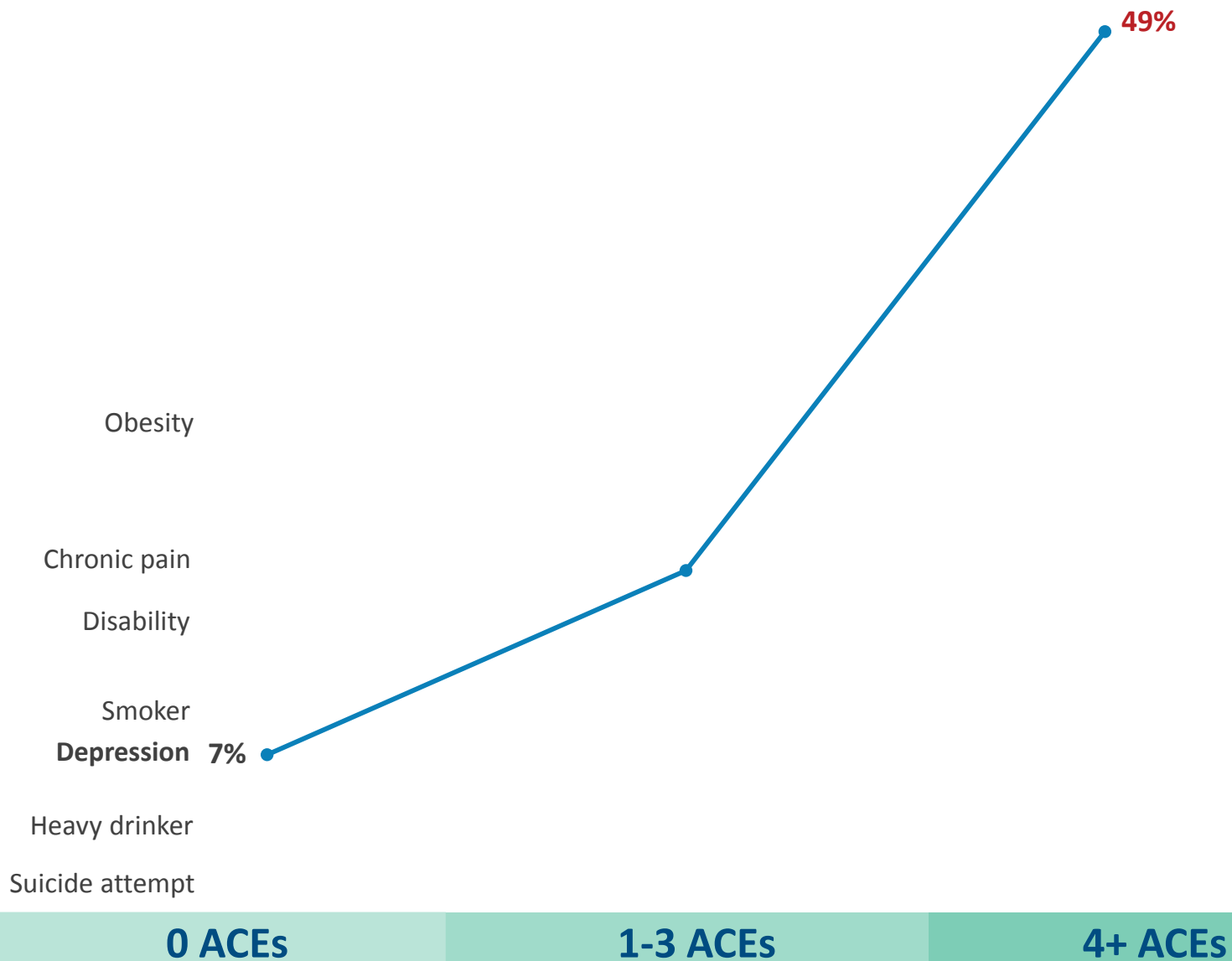


Impact of ACEs



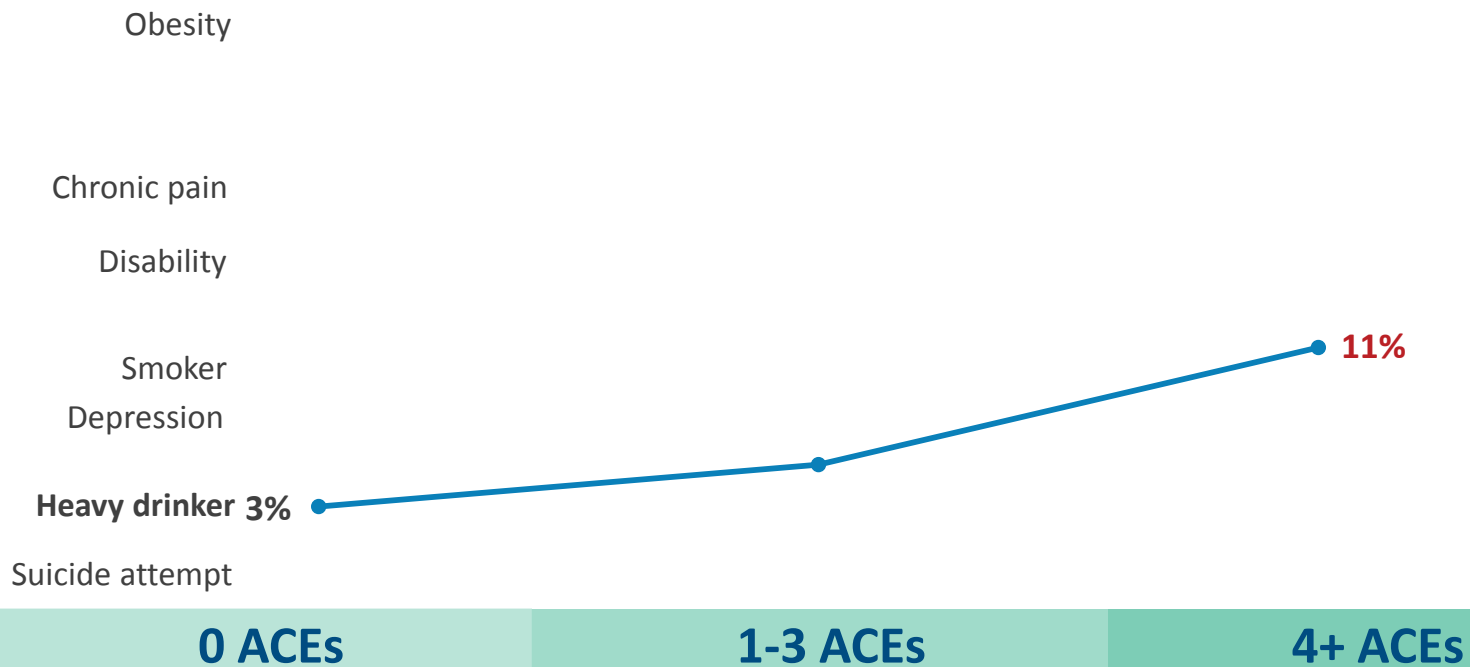


Impact of ACEs



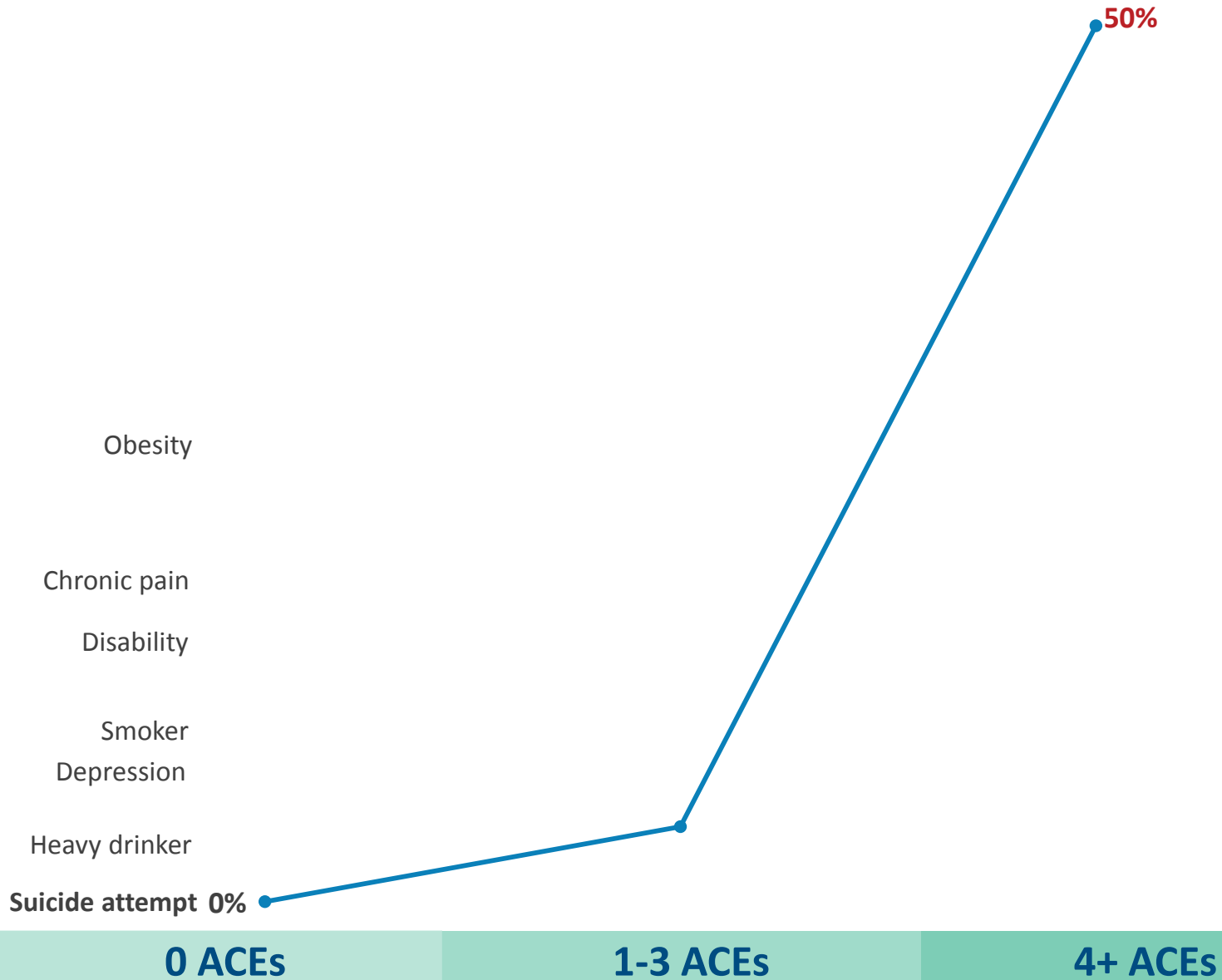


Impact of ACEs



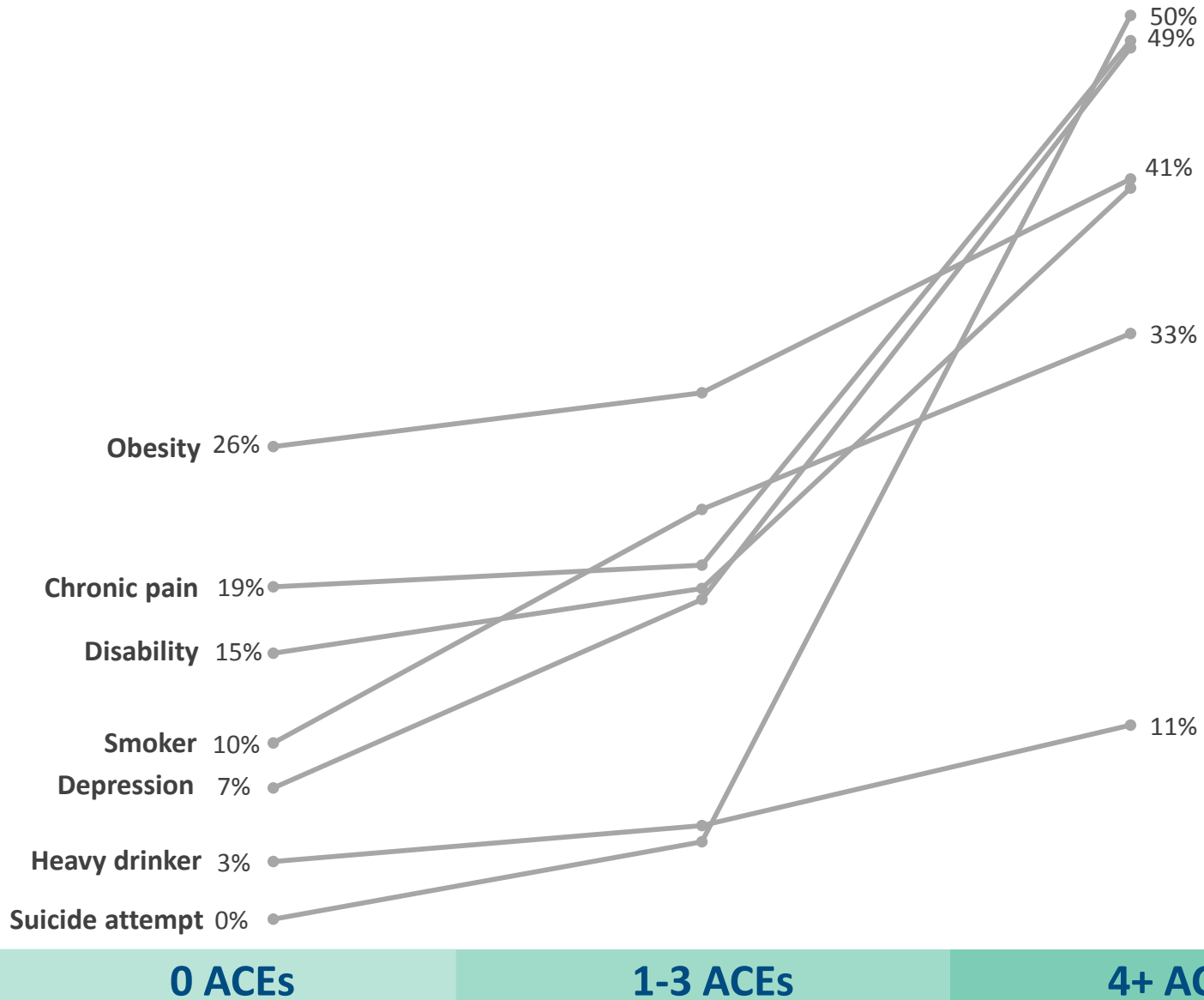


Impact of ACEs





Impact of ACEs





ACEs affect our lives

“It is easier
to build **strong children**
than to repair broken men.”

Frederick Douglass
American abolitionist, author & orator

Key Findings





9 Key Findings

Mental Health

Substance Abuse

Obesity

Access to Care

Chronic Diseases

Health Disparities

Specific Risk Behaviors

Biopsychosocial Approach

Negative Social & Economic Factors



Key Themes for Maternal & Child Health

Youth & Maternal Depression / Youth Suicide

Substance Abuse

Obesity

Access to Care

Hispanic Disparities

Specific Risk Behaviors

Access to Transportation

Lack of Consistent Developmental Screening

Value, Belief, & Priority of Personal Health



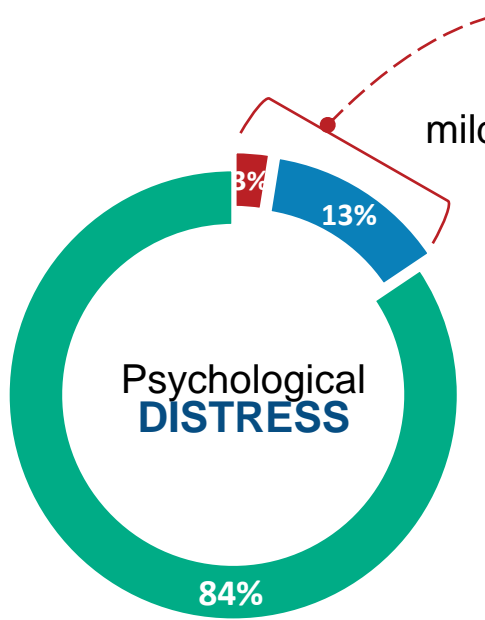
Mental Health

Mental health continues to be a **critical** issue with little change since 2011.



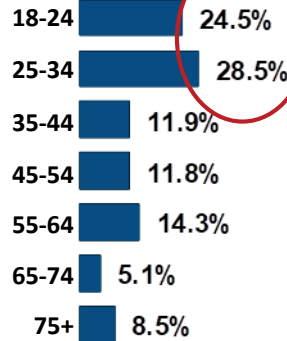
Indicate this is a top concern, mentioning **4 main themes**:

- 1 lack of programs & services
- 2 lack of funding for services
- 3 lack of therapists/psychiatrists
- 4 stigma attached to mental illness



- Well
- Mild to Moderate
- Severe

Age



Gender



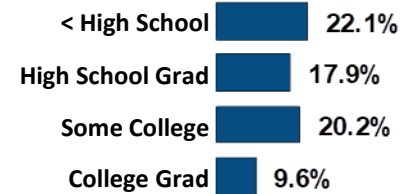
Race/Ethnicity



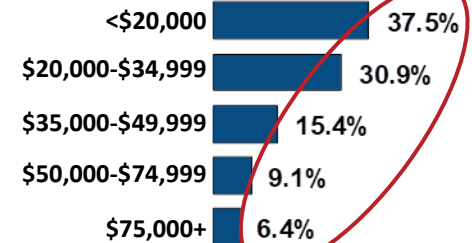
Poverty Level



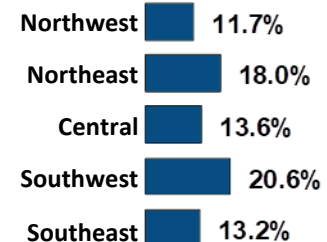
Education



HH Income



Section





Mental Health

Many of those who could benefit the most from medication/treatment are not getting it.



If **90%** of Ottawa adults **agree that treatment can help** people with mental illness lead normal lives

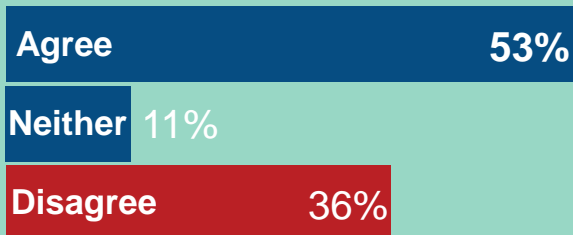
WHY

are many **not** seeking treatment that would benefit them?

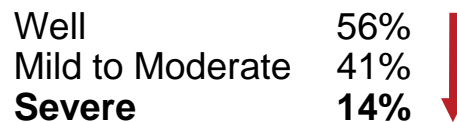
are not getting treated

- 1/2 who report **poor mental health**
- 1/3 who report **anxiety/depression**
- 1/4 who report **severe distress**

“People are Generally **Caring and Sympathetic** to People with Mental Illness”



“**Agree**” by Psychological Distress Category



STIGMA

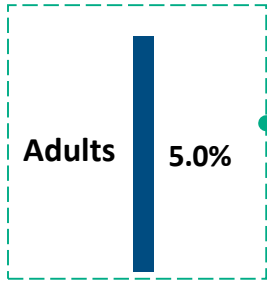
may prevent some people from seeking & receiving needed treatment



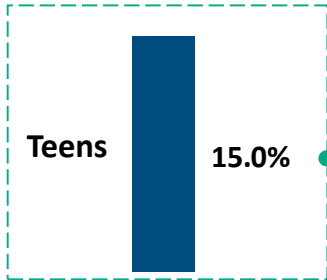
Mental Health

Thought
of taking own life
in past 12 months

Attempted
taking own life
in past 12 months



20.0%



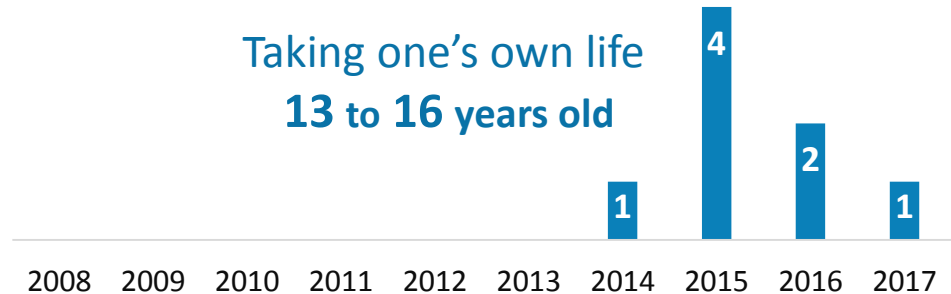
39.8%

“We are finding that **suicides** among youth are **occurring at younger ages.**”



“In our schools, with the amount of suicides or attempted suicides in our area...**it's just heartbreaking.** Schools are very, very worried.”

Taking one's own life
13 to 16 years old



Source: BRFSS – Q20.1: Has there been a time in the past 12 months when you thought of taking your own life? (n=1,265); Ottawa County Youth Assessment Survey, 2015. (n=4913); BRFSS – Q20.2: During the past 12 months, did you attempt to commit suicide (take your own life)? Would you say... (n=43); Ottawa County Youth Assessment Survey, 2015. (n=736)



Mental Health

Some **critical** concerns

- Experiencing **4+ ACEs** greatly increases reported mental illness & suicide attempts
- **Females** are disproportionately affected by mental health concerns
- **1 in 4** teens report depression in past year, higher than adults
- Self-reported mental health issues continue to increase among **adults and youth**

Some **bright** spots

- Adults who report receiving **treatment** for a mental health condition **improved** compared to 2014
- Community members report **progress** in addressing mental health
- Discussion of mental health across all surveyed groups may indicate **increasing awareness**
- Increase in **belief** that treatment helps people lead normal lives



Substance Abuse

Substance abuse, particularly opioid addiction, has become more concerning since 2011. It is often **co-morbid** with mental illness.



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&



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Identified as **second most concerning issue**, mentioning:

1 Rx & Illicit opioid addiction

2 lack of treatment options

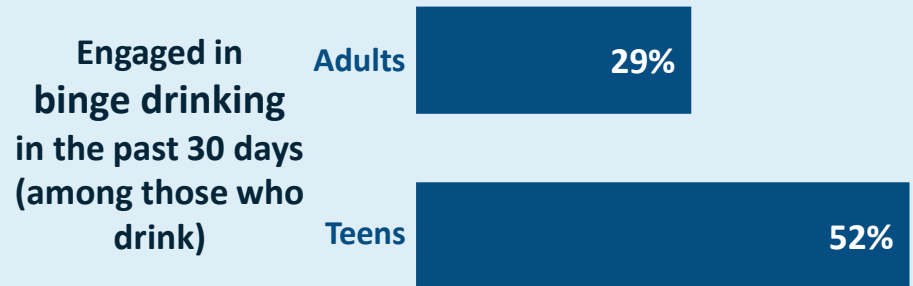
3 increase in overdoses and deaths from opioids

“**Substance use** for us has caused an increase in **child abuse and neglect.**”

9 in 10

of all **overdose deaths** in Ottawa involved an opioid

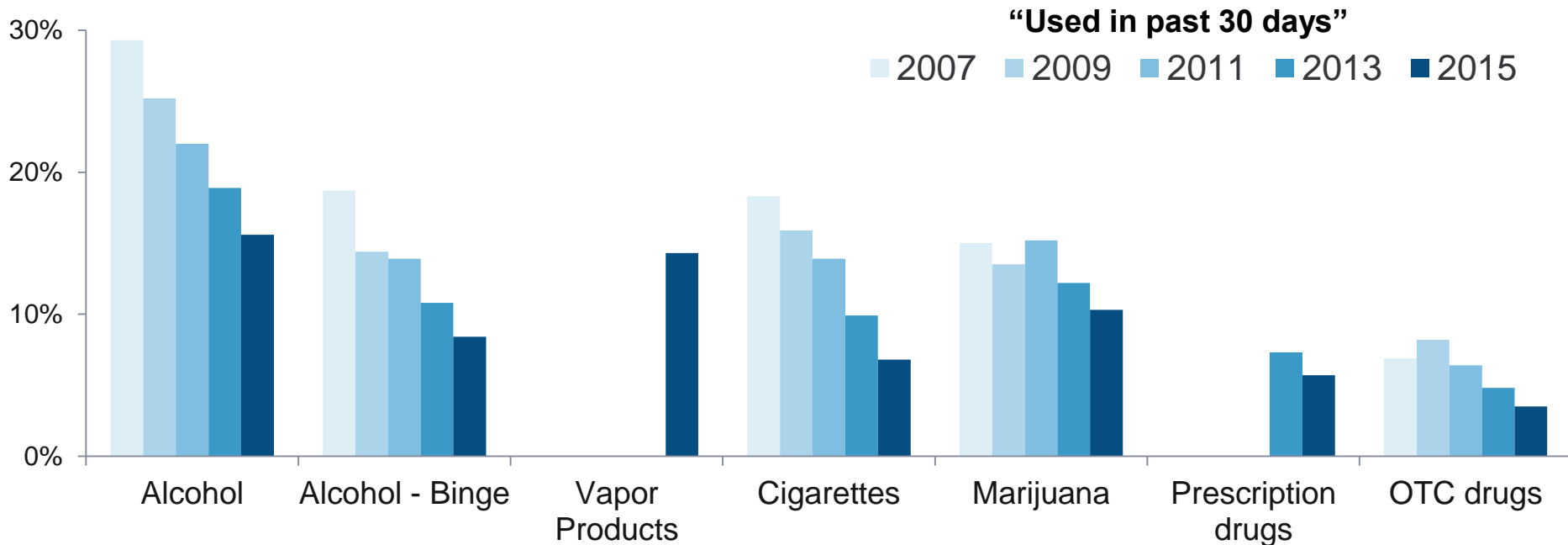
Adult alcohol use in Ottawa **is now lower** than MI & U.S.





Substance Abuse

Substance use among **Ottawa County youth** has been going down.



Things to note

- Teen **vaping** is as prevalent as teen alcohol use
- Teen **perception of risk** for many substances headed in **wrong direction**
- Teen use of alcohol/cigarettes is **lower** than adults, but use of vapor products is **higher**



“**Overdoses** are becoming commonplace in the ER... addiction is affecting **teens through adults.**”



Obesity

A sizeable majority of adults are either overweight or obese and this proportion is higher than in both 2011 and 2014.



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Obesity is mentioned **by all groups** as a top concern and increased in adults from **23.9%** to **29.9%**

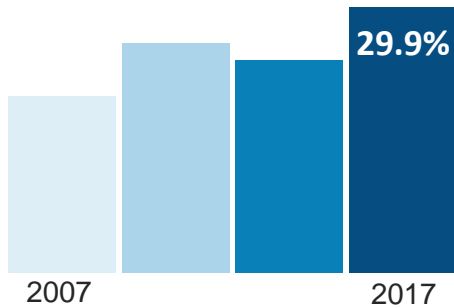


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Adult obesity



Teen obesity



Obesity is fairly **universal** across all demographics. That said, obesity is...



slightly more common among **33%** **women** than men



slightly less common among college grads **27%** & highest incomes **23%**

“**Obesity** is at the **core** of multiple **preventable** chronic conditions. If we could **reverse this trend** we would, without doubt, lower the incidence of disease.”



91



Obesity

Many overweight or obese **adults & teens** see themselves in a more favorable light.

1,318

ADULTS Self-Described Weight	BMI Category		
	Healthy Weight	Overweight	Obese
Underweight	8%	0.6%	0%
About the right weight	71%	40%	10%
Slightly Overweight	20%	57%	54%
Very Overweight	1%	3%	36%

Advice on Weight from a Health Care Professional

Overweight **23%**

Obese **50%**

TEENS Self-Described Weight	BMI Category		
	Healthy Weight	Overweight	Obese
Underweight	21%	3%	1%
About the right weight	68%	39%	16%
Slightly Overweight	10.5%	54%	63%
Very Overweight	0.5%	4%	20%

Among teens considered **obese** per their BMI

21% of males vs. **8%** of females

think their weight is **about right**



Access to Care

Can be summed up as a case of those who have and those who have not

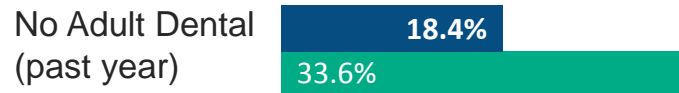
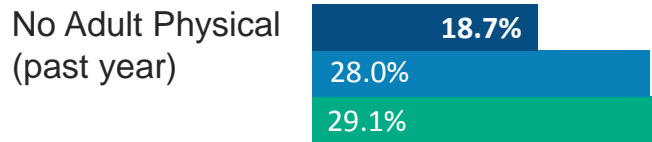
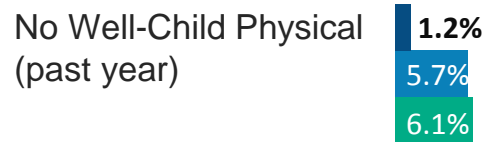


Underserved residents report services most lacking are:

- 1 Affordable mental health treatment options
- 2 Assistance in finding economical health coverage and medication
- 3 Free or reduced-cost exercise and fitness options for all ages
- 4 Teaching low income families how to stretch food dollars & prepare healthy food

“For the issue of access,
it’s about cost.

We have some programs that really support people, but it’s the numbers of people that need it...
the need outweighs the resources.”



34%
among those earning < \$20,000

42%



Access to Care



85.7% of Key Informants believe access to care is a critical issue for some OC residents

1 Ottawa County consistently has fewer primary care providers than Michigan **62.1** vs **80.6** per 100,000 people



2 Lack healthcare coverage



3 Lack confidence navigating healthcare system



4 Delayed medication due to cost



5 Delayed health care due to cost



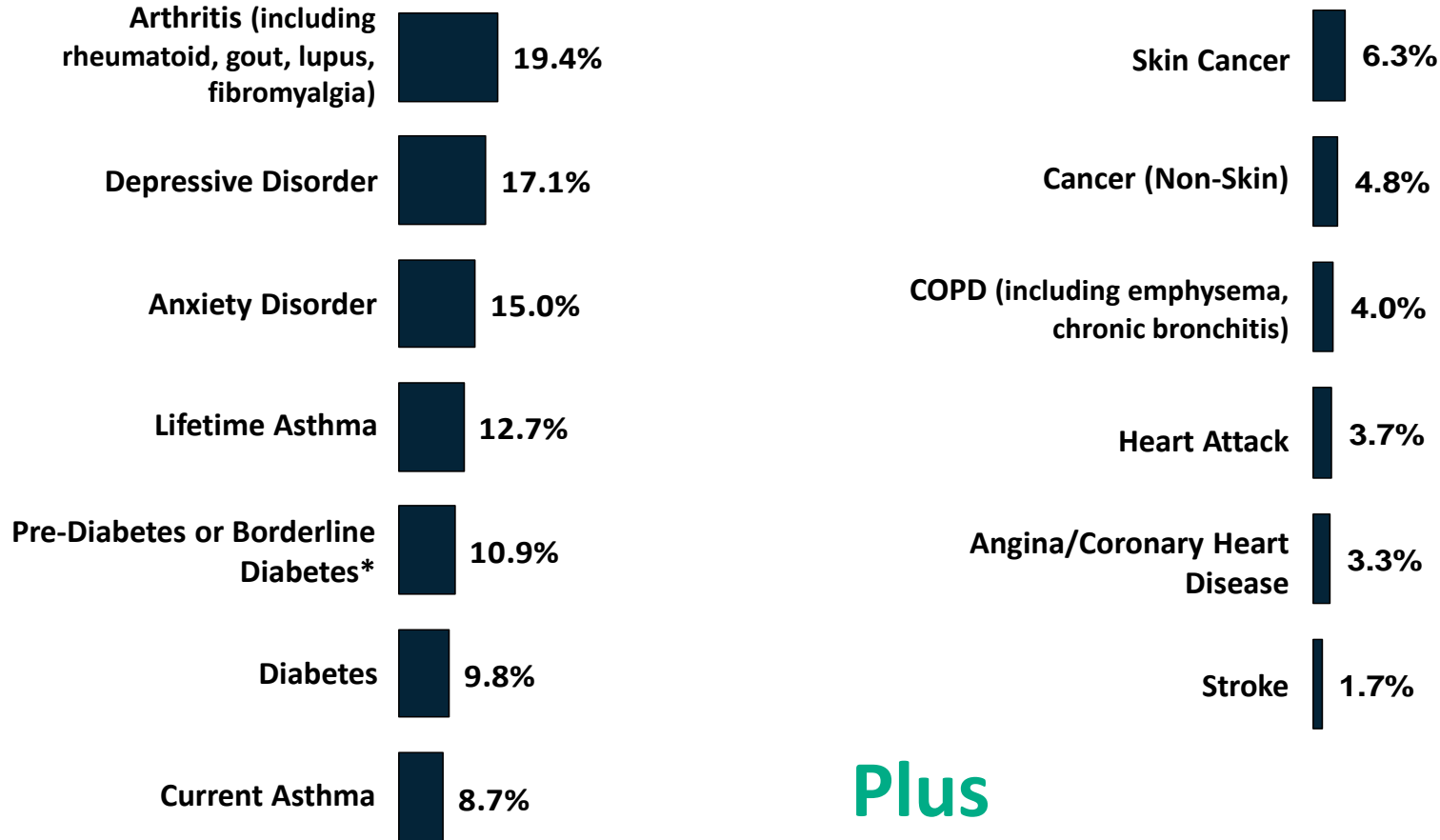
6 Difficulty understanding medical information





Chronic Disease

Chronic disease rates are relatively low, but some conditions merit watching.



Plus

1 in **4** suffer from chronic pain

↑ deaths due to **Alzheimer's disease**



Health Disparities

Differences in health outcomes persist across several demographic groups.

“When we talk about community health needs we have to talk about disparities, because **that’s our story.**”

“In the overall picture, we’re a **healthy community**, but if we’re going to continue to improve, we need to **address the areas at risk.**”

2014 Community Health Needs Assessment

1 There **continues** to be a direct relationship between health outcomes and both **education** and **income**

- 4+ ACEs
- General health status
- Sometimes or often insufficient food
- Fair/poor physical health, disability and chronic pain
- Mental health, psychological distress, anxiety/depression
- Health risk behaviors: nutrition, smoking, physical activity
- Preventive health care: dentist or doctor visit, vaccination
- Health care access: having a PCP, coverage, lack meds due to \$\$ and being health literate

Those occupying the very **bottom** income and education groups are most likely to experience the **worst health outcomes**



Health Disparities

2 There is a relationship between health outcomes and **age**

Younger

- Poor mental health, psychological distress, anxiety and depression, 4+ ACEs
- Sometimes or often insufficient food
- No health coverage, personal health provider or routine physical
- Health risk behaviors: smoking & binge drinking

Older

- Fair or poor health, poor physical health & activity limitation
- Lack of muscle strengthening activities
- Chronic diseases
- Chronic pain

3 There is a relationship between health outcomes and **gender**



- Poor mental health, psychological distress, anxiety and depression, 4+ ACEs
- Chronic arthritis & chronic pain
- Fair or poor physical health
- Obesity & no muscle strengthening activities



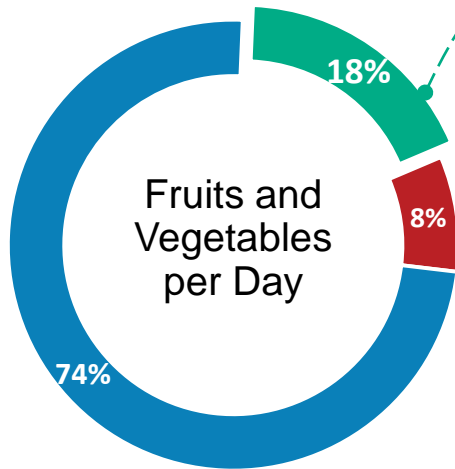
- Health risk behaviors: smoking, binge drinking, fewer fruits & vegetables
- Resist preventive practices like visiting a dentist or doctor
- No health coverage or personal health provider



Specific Risk Behaviors

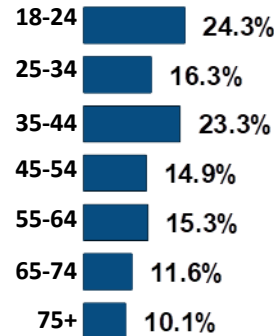
Certain risk behaviors are not improving and remain issues worth addressing.

More than 8 in 10 adults and 2 in 3 youth consume fewer than 5 servings of fruits and vegetables per day



- 5 or more F/V
- 1 to less than 5
- less than 1

Age



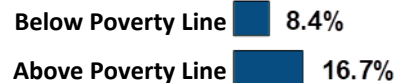
Gender



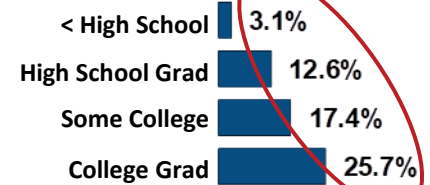
Race/Ethnicity



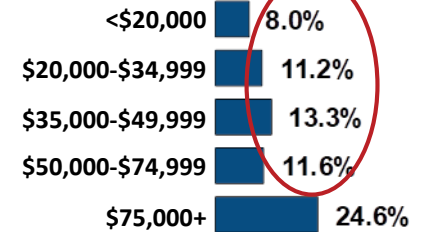
Poverty Level



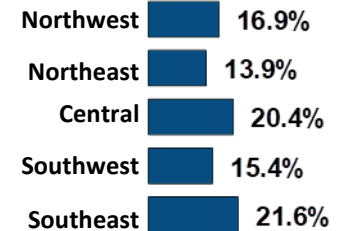
Education



HH Income



Section

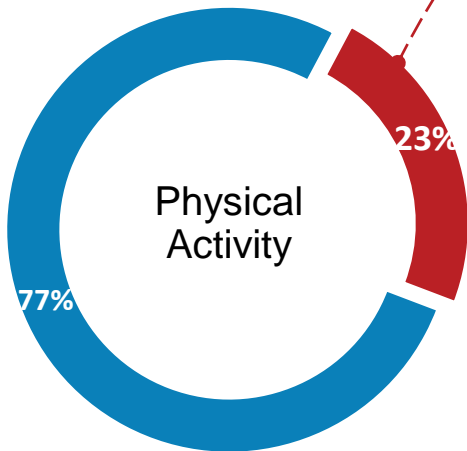




Specific Risk Behaviors

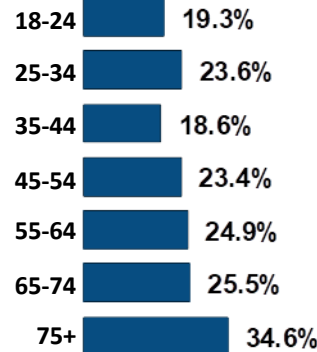
Certain risk behaviors are not improving and remain issues worth addressing.

About 1 in 4 adults do no leisure time physical activity and 1 in 2 teens do not meet daily physical activity guidelines.



■ Physical activity outside of work
 ■ None

Age



Gender



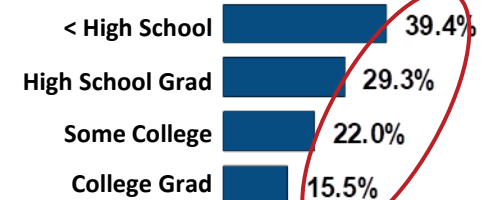
Race/Ethnicity



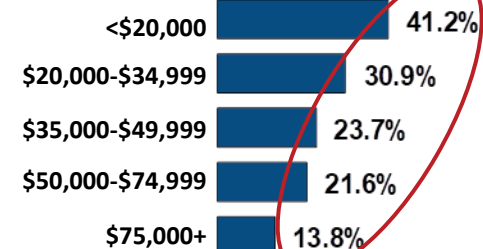
Poverty Level



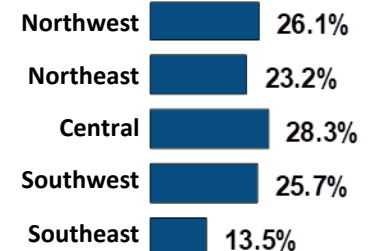
Education



HH Income



Section





Negative Social Indicators

Addressing certain social indicators will improve the overall health and health care climate of the community.



“I think you would have more of a true community if people could **live** and **work** in the same place.”

Social factors putting **our health** at risk:

- 1 Lack of **affordable housing**
- 2 Lack of **affordable healthy food** & how to prepare it
- 3 Adverse childhood experiences
- 4 Poverty of **single mothers** with children under 5
- 5 **Transportation** continues to be a barrier for some

Some things to note

- Though comparatively lower than MI & U.S., confirmed reports of **child abuse & neglect are increasing**
- Preliminary analysis indicates that many 2017 teen measures headed in the **wrong direction**
- **Decreasing** teen births; **increasing** STD rates
- Although employment is high and poverty levels are relatively low, poverty and lack of education continue to adversely impact the health of Ottawa residents
- Infant mortality is **similar to MI & U.S.**



Biopsychosocial Approach

The most appropriate and effective way to address health and health care issues is from an integrated, whole person perspective.



the good news
85% of our health is **NOT**
related to genes & biology

“Health is a state of **physical**, **mental** and **social** well-being and not merely the absence of disease or infirmity.”

-World Health Organization

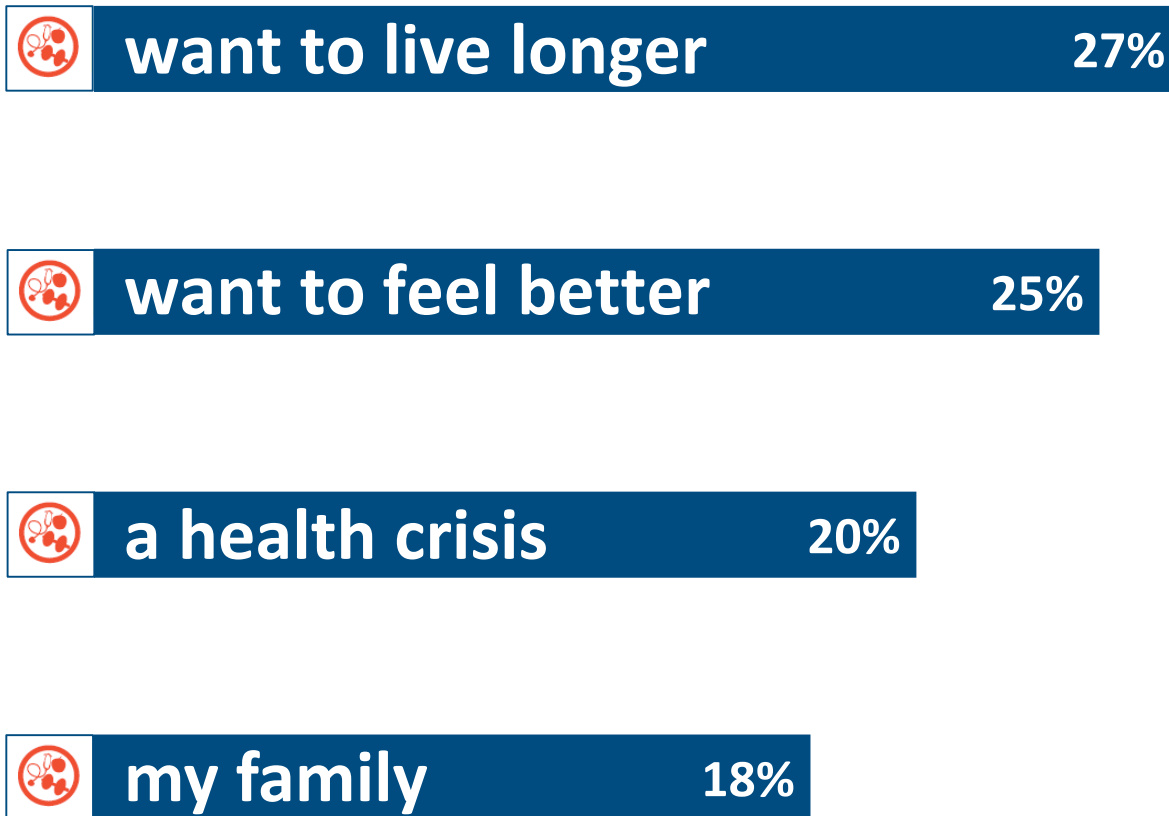
What's Next





Digging Deeper

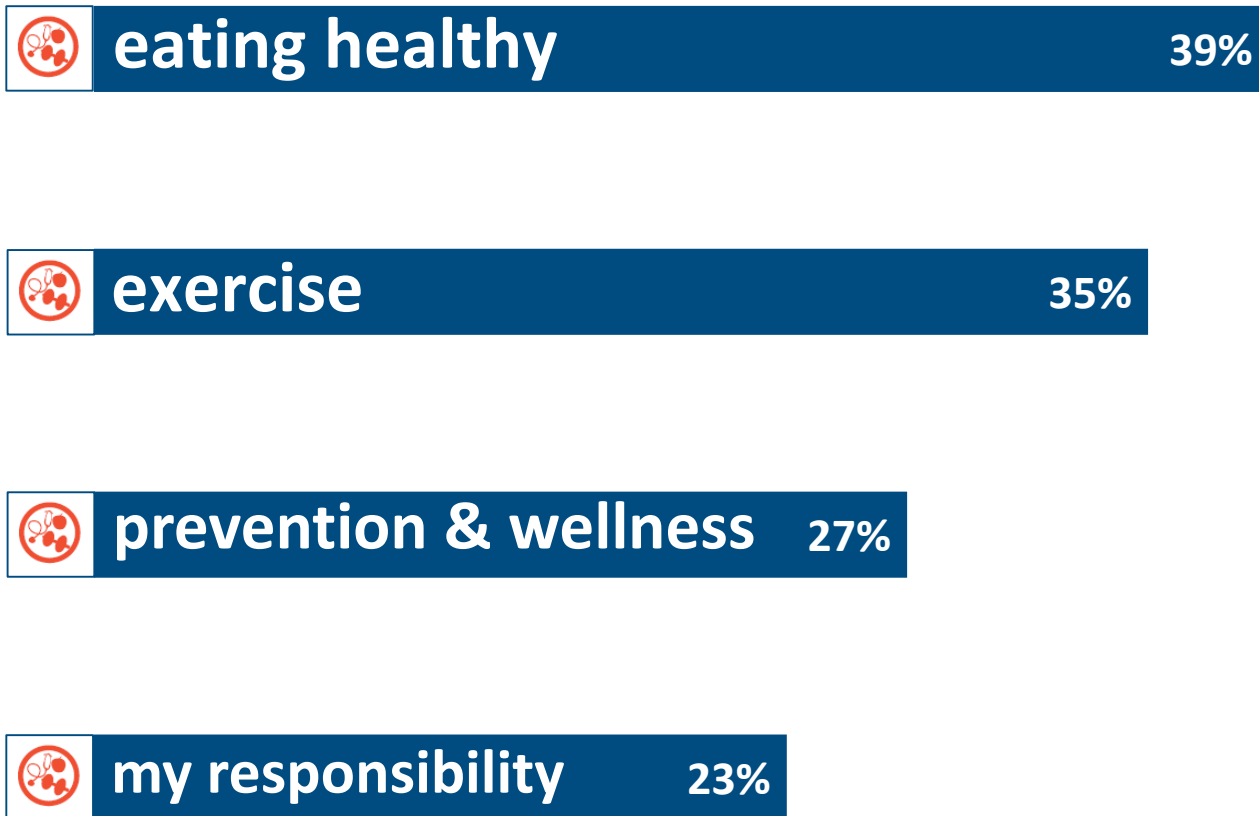
“What motivated long-term change?”





Digging Deeper

“Most important health message?”





A Healthy Future

collaborate
to maximize efforts



“Ottawa County is blessed to have a lot of **resources** and **people behind them...** making a lot of headway.”



“A **multi-discipline approach** is needed in view of limited professional and economic resources.”



“Having local **community champions** – like Jeff Elhart – helps to make struggles more **real** and **accessible** .”



Thank You!

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Advisory Council



Research Partner

