

ACCESS  
TO  
HEALTH SERVICES  
DATA

2008

-OTTAWA COUNTY-

## EXECUTIVE SUMMARY

Presidential candidates debate it. State officials say we must address it. Newspapers, magazines, television and radio consistently bring it into the public dialogue. Neighbors and family mention it door-to-door and around the dinner table. It is an issue that touches many and is never far from impacting any of us.

Health care – a broad term that encompasses all the services which contribute to maintaining and restoring an individual’s health and capacity to successfully live, work, raise a family and be active in society. These services include medical and dental care for the body, mental health care for the mind and emotions, medication for treating disease and malfunction, and vision and hearing services to restore communication and engagement. Access to the many components of health care is vital for a thriving, productive, supportive community. Lack of access is one of the leading factors in disintegration of the fabric of an economy and a society.

It is no longer news that the United States spends more per person on health care than any other nation in the world. That investment contributes to some of the successes of the U.S. health care system – innovation, responsiveness, a proliferation of options. Unfortunately, that investment, and the benefits it can provide, has not translated into improved health outcomes. Instead, the United States ranks toward the bottom of similar developed wealthy nations, and lower even than many developing nations, in such measures as life expectancy, infant mortality and prevalence of chronic disease. What is worse is that our system of health care excludes large numbers of people – the poor, those of different cultures, the uninsured, the unemployed, even segments of those receiving public assistance through Medicaid and Medicare. The problem is not going away and elected officials, health care providers and service agencies warn that it is only getting worse. Such large scale deficiency will inevitably require a large scale answer.

Many local communities are not waiting - not waiting for the much talked about, much promised answer that is ever coming but has yet to appear. They are choosing to act to ease the anxiety, pain and burden felt by a growing number of their friends and neighbors. The solutions for improved health are many, but they are unique to each community. Careful assessment is necessary to avoid providing a solution to a problem that doesn’t exist and failing to uncover the causes for the problems that are real. This document is an attempt to begin that analysis and move the Ottawa County community toward the resources and solutions that fit our people, our circumstances, and our lives.

In compiling this data from available national, state and local sources, several themes surfaced regarding access to health services for the citizens of Ottawa County:

- Health services are most lacking for adults ages 18-64; conservative estimates place the total number of uninsured in Ottawa at 20,000.
- Affordable dental care, both preventive and urgent, is almost completely unavailable.
- While there is some access to primary medical care, there is a serious need for timely access to specialty medical care.

- Access to care for mild to moderate mental and emotional illness is a growing and pervasive problem impacting family stability, employability, law enforcement, substance abuse.
- Those providers who serve in the medical “safety net” (hospital emergency departments, subsidized health clinics, free clinics and faith-based) report that uninsured persons generally do not access health services, often to their detriment, delaying care until the need is critical.
- There are large segments of the county population who experience barriers to effectively access what care is available. Some of those barriers are: transportation, cultural differences, time pressures, child care, and familiarity.

There is much to be hopeful about, despite the challenges that we face as a community. While feeling the impact of a worsening economy, Ottawa County continues to show a resiliency that has allowed our community to weather many of the adversities that are besetting other local populations and economies. When compared to the state and to the nation, Ottawa County consistently fairs better; the trends, though, show an ever worsening situation. In certain areas, those trends are increasing at a faster rate than ever before. The strengths that have safeguarded a certain level of community prosperity – an underlying work ethic, an innovative and responsive business sector, a strong community of faith and a core belief in giving back to the community – these are the assets we bring to the table. We have the resources, the compassion, and the need to solve the crisis of care that is here - and still coming.

# Access to Health Services -Ottawa County-

8/2008

Sources: Adult BRFS – OCHD or MI<sup>1</sup>, 2008 United Way Ottawa County Community Assessment<sup>2</sup>, Ottawa County Community Health Profile<sup>3</sup>, 2007 State Health Access Profile – Robert Wood Johnson Foundation<sup>4</sup>, Bureau of Labor Statistics<sup>5</sup>, Kids Count in Michigan<sup>6</sup>, U.S. Census Data (revised 2007)<sup>7</sup>, Kaiser Family Foundation<sup>8</sup>, Michigan Primary Care Association<sup>9</sup>, MI Dept. of Community Health<sup>10</sup>

**GENERAL DEMOGRAPHICS:** Certain socioeconomic factors such as income, education and employment are associated with health status and health outcomes. As such, these factors are considered important indicators of a community's overall health status.<sup>1</sup> The Michigan League for Human Services, in their study *Economic Self-Sufficiency in Michigan*, defines economic self-sufficiency as “the level at which a household is able to meet all of its basic expenses without relying on government or non-profit assistance.”

## POPULATION<sup>7</sup>

- **2007 Total Population**<sup>7</sup>: 259,206
- **Ages 65+:** 27,771
- **Ages 18-64:** 162,816
- **Ages 0-17:** 68,619

## INCOME

- **2008 Federal Poverty Level Figures**
  - **Single:** \$10,400
  - **Family of 4:** \$21,200
- **2007 Michigan Economic Self-Sufficiency Figures** – does not include savings, certain educational expenses, furniture/appliances, gifts, travel, etc.
  - **Single:** \$20,281
  - **Single parent, two children:** \$40,077
  - **Two parent household, both work:** \$44,572
  - **Two parent household, one with children:** \$26,059

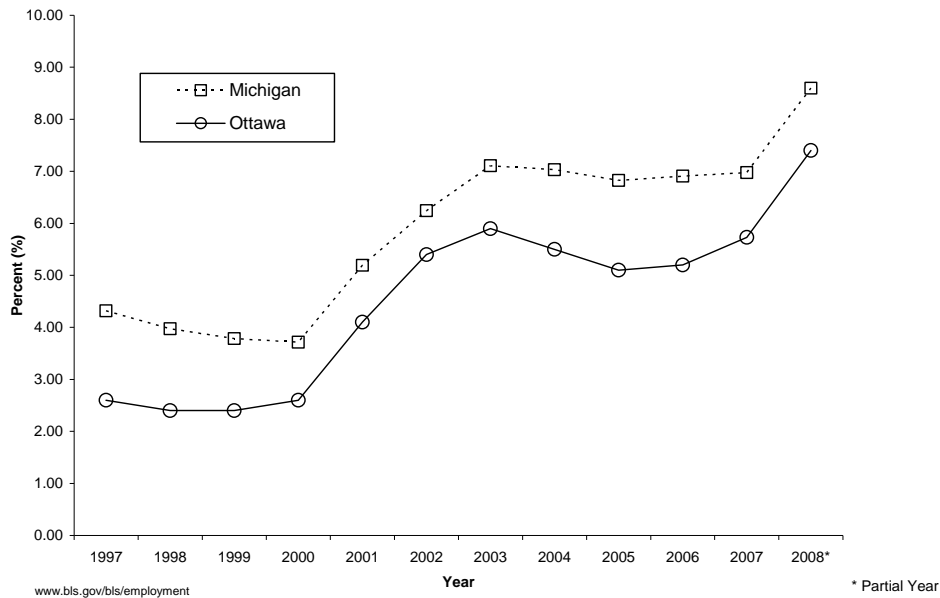
YEAR	% POPULATION BELOW POVERTY LEVEL <sup>3</sup> -OTTAWA-			% POPULATION AT OR ABOVE 200% FPL <sup>4</sup>			HOUSEHOLD MEDIAN INCOME <sup>3</sup>	AVG. FULL TIME WAGE <sup>5</sup>	% STUDENTS ELIGIBLE FREE/RED LUNCH <sup>2,6</sup>	
	Families	Children	Persons	Ott.	MI	US	Ottawa	Ottawa	Ottawa	MI
2000	3.1	5.1	5.5	83.4			\$52,347		18.7	
2002										
2003					72.4	69.5				
2004	5.9	8.7	7.2				\$54,526			
2005			6.7 <sup>7</sup>	81.0 <sup>7</sup>	71.0 <sup>7</sup>	68.7 <sup>7</sup>				
2006				78.0 <sup>7</sup>	70.0 <sup>7</sup>	68.8 <sup>7</sup>		\$36,895	27.5	38.1
2007			7.0 <sup>7</sup>	76.0 <sup>7</sup>	69.3 <sup>7</sup>	69.4 <sup>7</sup>		\$38,560	26.9	37.4

- ✓ Ottawa County ranks among the worst of Michigan’s counties (7 out of 82) for the high number of children receiving free or reduced lunches at school (185% of the current Federal Poverty Level or below).
- ✓ According to the 2000 Census, four census tracts within Ottawa County (three within the city of Holland and one in Allendale Township) have more than 30% of the population with household income below 200% of the federal poverty level.

**EMPLOYMENT**

The Bureau of Labor Statistics data shows that Ottawa County experienced a net loss of nearly 2,500 jobs between 2005 and 2007. The bulk of the jobs lost are in the manufacturing sector. Many jobs available to those leaving manufacturing jobs may be based in the service sector and pay significantly lower wages than what was available in a former position. Survey estimates show that nearly 10% of county adults are currently employed but want a better job.<sup>2</sup>

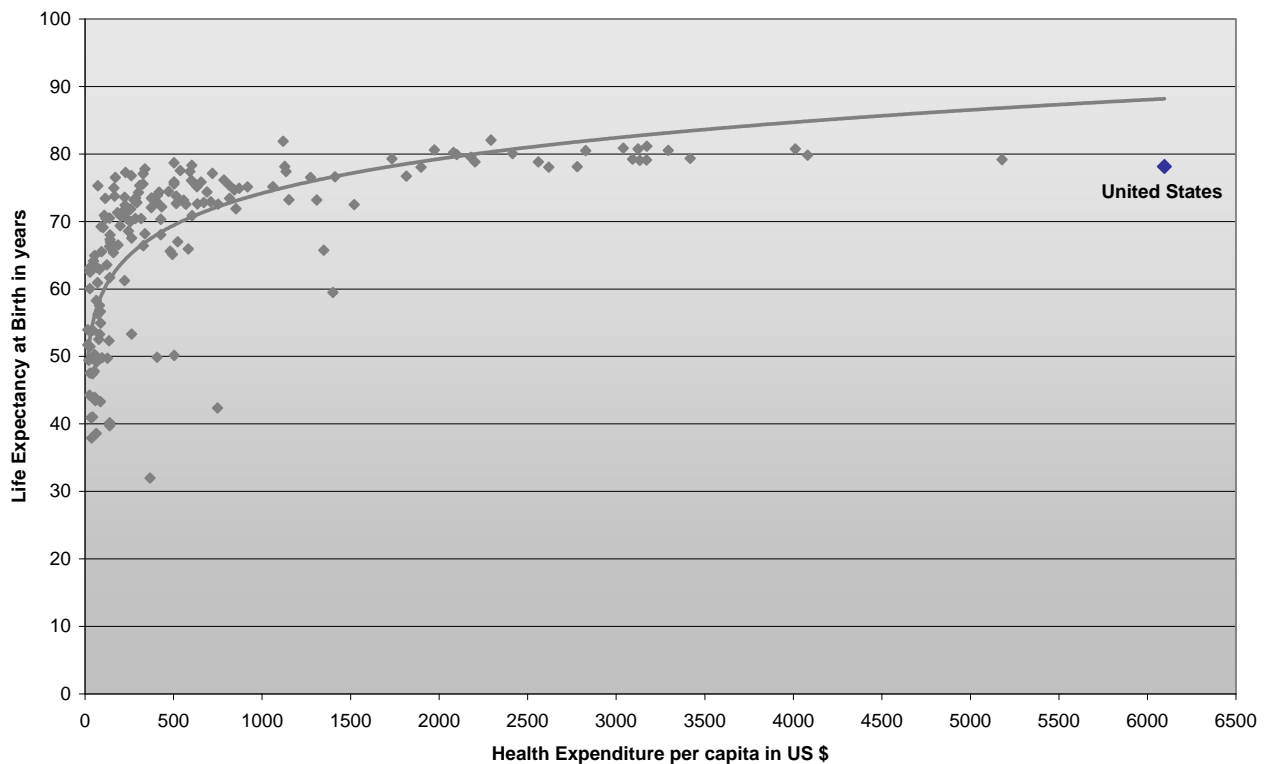
**Yearly Unemployment Rate**



**ACCESS TO HEALTH CARE:** In 2007, the U.S. spent a projected \$2.26 trillion on health care, or \$7,439 per person – the highest in the world (*World Health Organization*). One might expect that this investment in medical care would result in superior health for all Americans. It is interesting to note, however, that forty-six countries have longer life expectancies than the U.S. and that U.S. infant mortality rates lag behind forty-two countries (*CIA World Factbook, 2008 estimates*). Japan, whose average life expectancy of 82.3 years ranks third in the world, spends nearly *two-thirds less* per capita on health care than the United States. U.S. health care spending is more than twice that of the average wealthy nation, with one of the fastest growth rates, yet we have among the worst disease outcomes of any industrialized country. Could we be doing this differently?

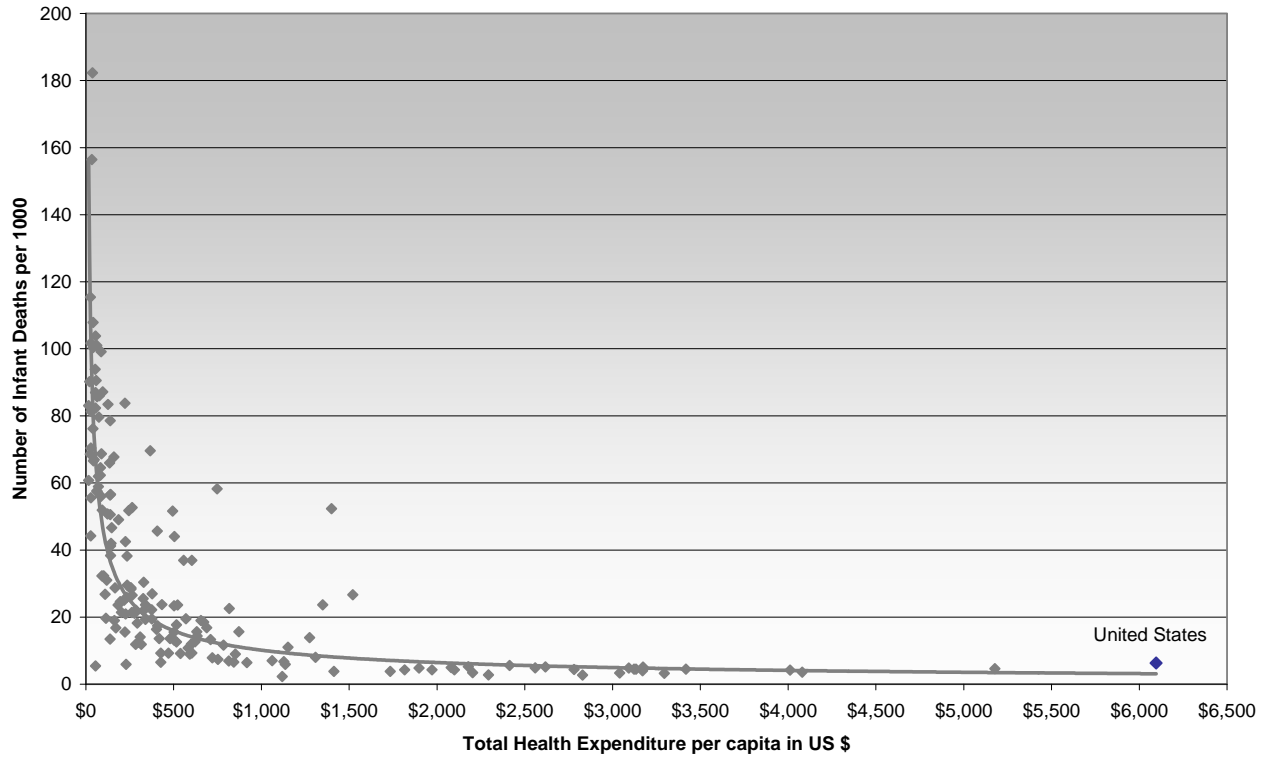
*Jeremiah 5:28 “They have grown fat, they are sleek; yes, they surpass the deeds of the wicked: they do not plead the cause of the fatherless; they prosper, and the right of the needy they do not defend.”*

**World Nations: Correlation between Health Spending and Life Expectancy**



- ✓ In general, as a nation’s wealth increases it spends more on health care.
- ✓ Increasing per capita health spending up to about \$1,200 is associated with improved life expectancy.
- ✓ It is notable that among the nations of the world, increased health care spending *alone* does not directly increase life span.
- ✓ The graph above, using data from the World Health Organization, illustrates that despite significant U.S. spending for health care, life expectancy remains the same, or lower, than many other countries that spend less.

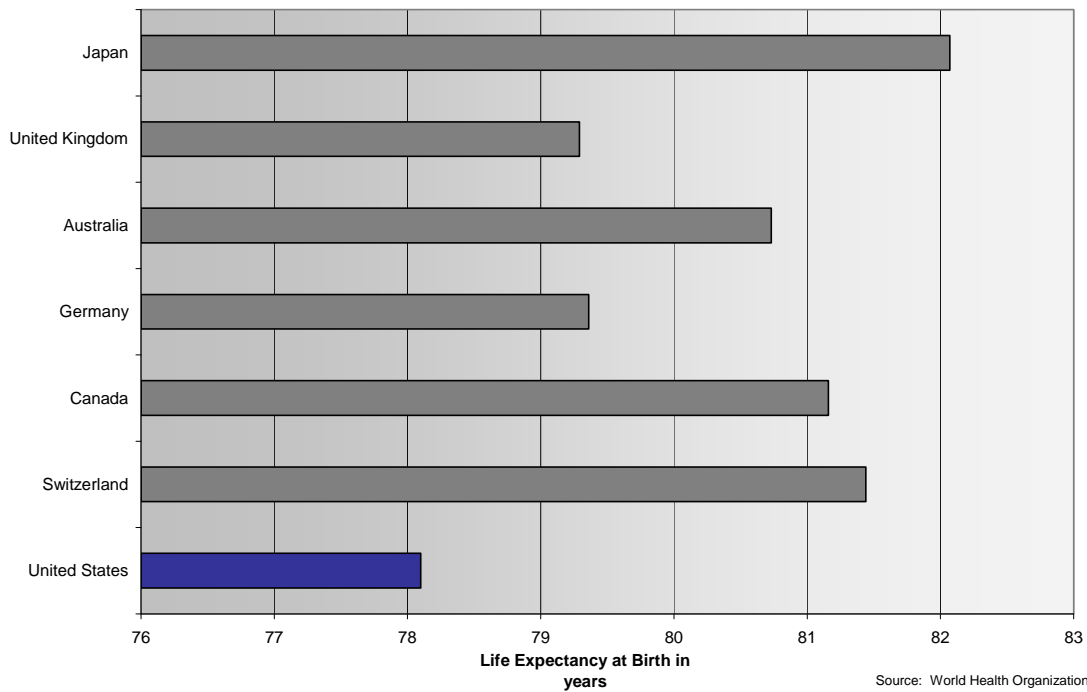
## World Nations: Correlation between Health Spending and Infant Death



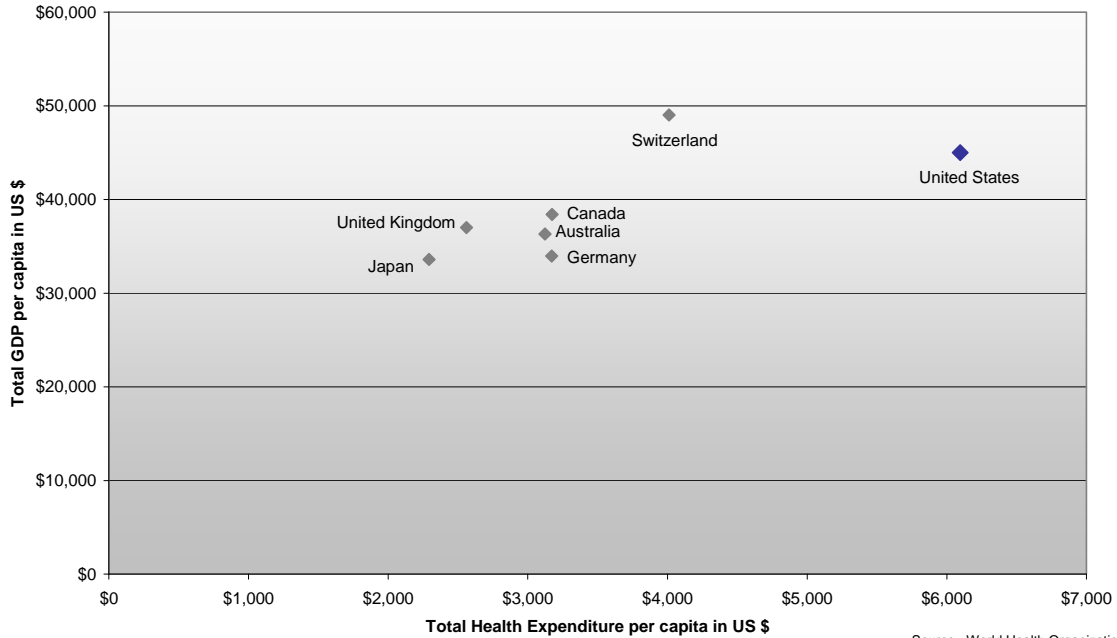
- ✓ Despite large per capita expenditures on health care and medical neonatal technology, the United States experiences higher infant mortality than forty-two other nations.

## Comparisons with Six Other Similar Countries

### Life Expectancy in Similar Industrialized Nations

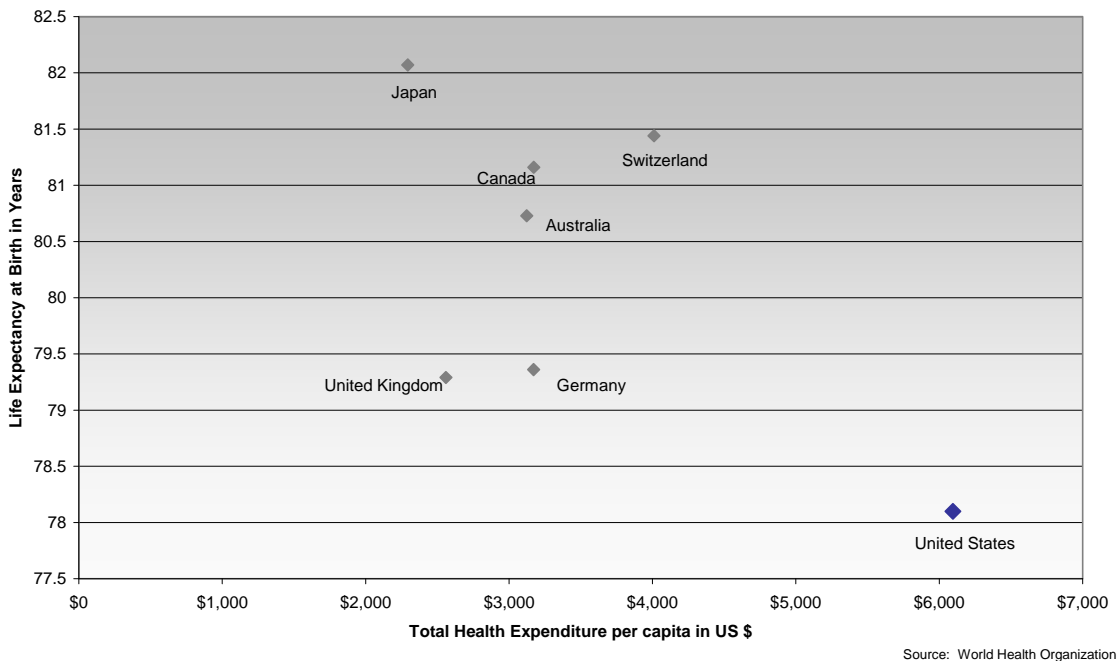


### Correlation between Wealth and Health Spending in Similar Industrialized Nations



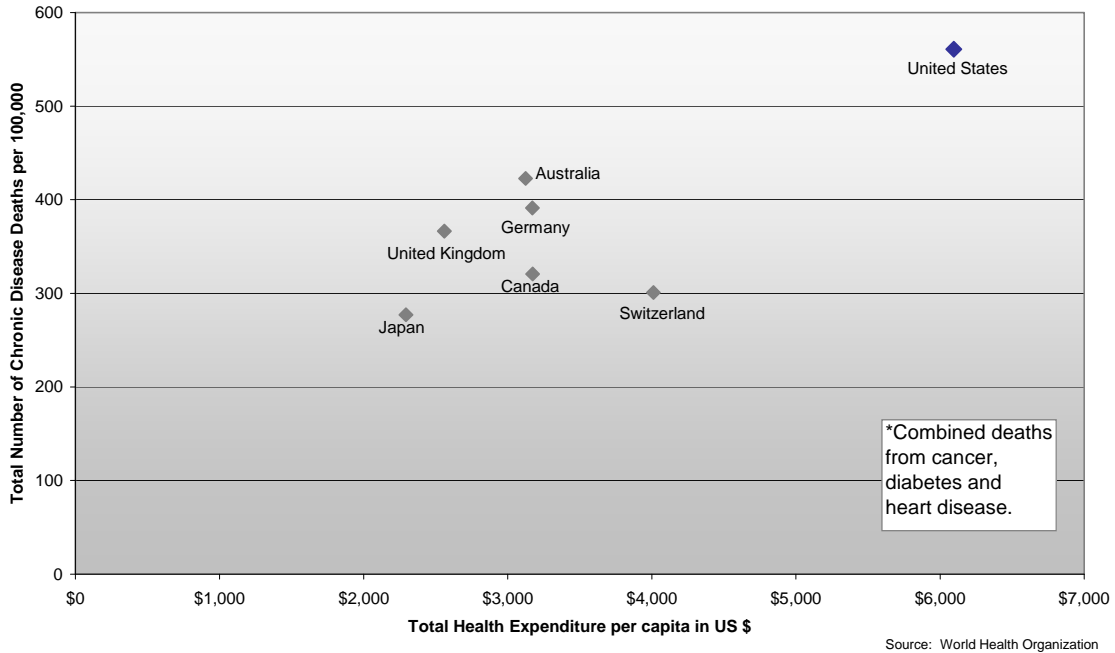
- ✓ The U.S. is one of the more prosperous modern nations, with the highest rate of spending on health care in the world. However, many people in the United States still lack health insurance and go without needed services.
- ✓ In 2004, the cost of uncompensated health care was estimated at \$40.7 billion. The annual economic loss of that foregone health care among the uninsured and underinsured, in 2004 dollars, is estimated to be between \$65 and \$130 billion. For Ottawa County, that translates into \$20.4 million in uncompensated health care costs and an additional \$32 million in lost economic value.

### Correlation between Health Spending and Life Expectancy in Similar Industrialized Nations



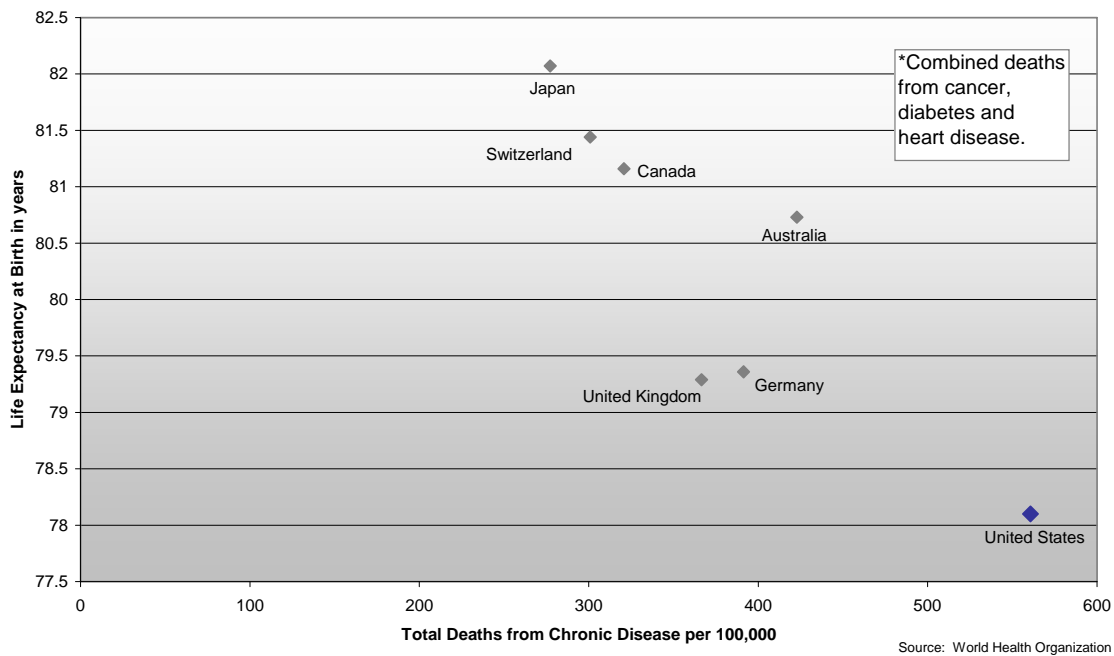


### Correlation between Health Spending and Chronic Disease in Similar Industrialized Nations



- ✓ The United States experiences the highest rates of death from chronic diseases among comparable modern nations, contributing in part to its high per capita health expenditure.
- ✓ Despite an increase of \$1,400 per person in health care spending in the last three years, U.S. deaths from chronic disease still remain higher than other countries who spend much less but have similar economies. U.S. health spending is not resulting in improved health outcomes.
- ✓ A 2008 report from the Trust for America’s Health indicates that a \$10 per person annual investment in proven community-based prevention programs to improve health could save the U.S. more than \$16 billion annually in health care and economic costs within five years – a return of \$5.60 for every \$1.

### Correlation between Chronic Disease and Life Expectancy in Similiar Industrialized Nations



## HEALTH INSURANCE

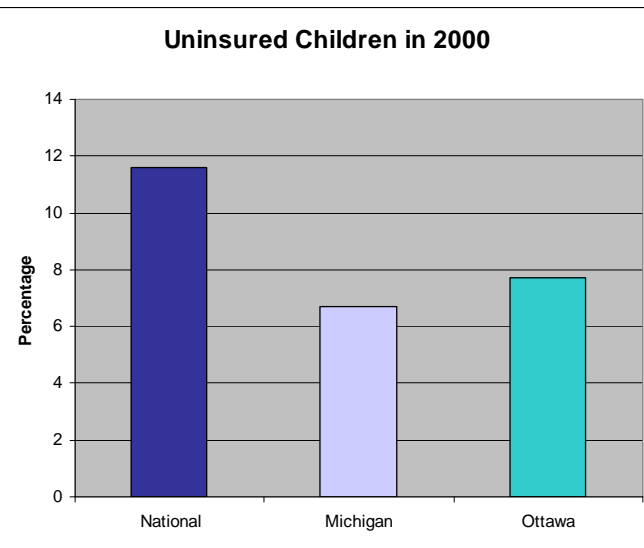
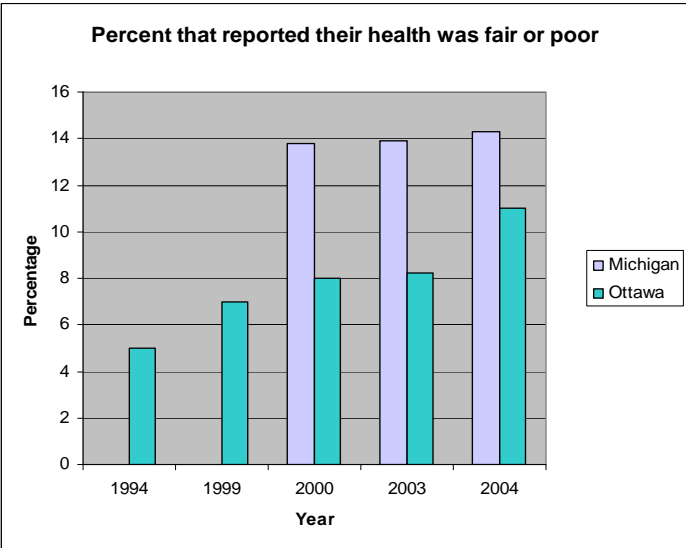
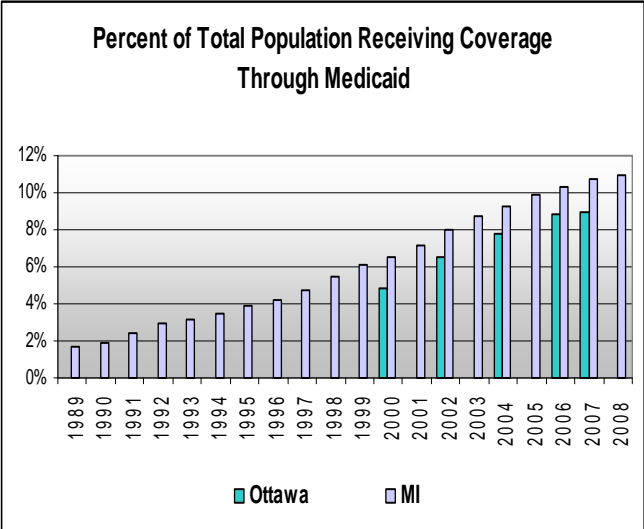
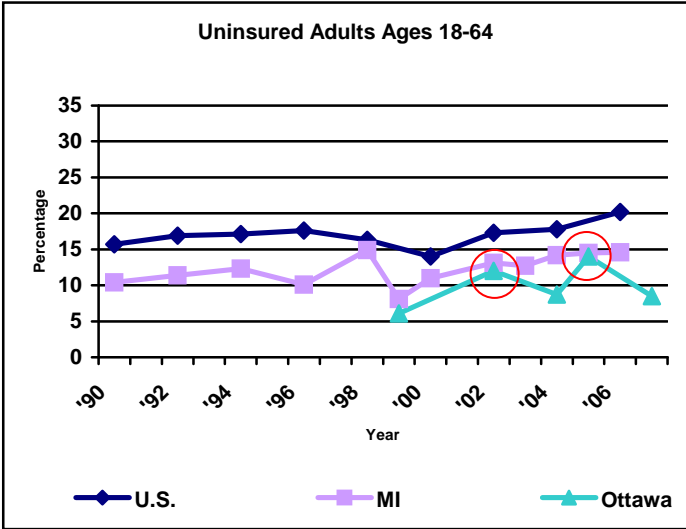
Nationally, it is estimated that nearly 46 million people do not have medical insurance and 108 million do not have dental insurance. The effects of having no insurance often include delayed treatment, poorer health outcomes and higher costs. Adults without health insurance are consistently more likely to have more health risk factors such as smoking, lack of physical activity and not getting preventive health care and screenings. For people who became uninsured in the U.S. between 1996 and 1999, the average length of time without insurance was 5.6 months; in 2005, over 26% of the U.S. population lacked coverage at some point in the year (Medical Expenditure Panel Survey by the Agency for Healthcare Research and Quality). Currently, about 15% of Ottawa County's uninsured are undocumented immigrants. Over 62% have a head of household who is a full-time, full-year worker, and an additional 19.3% work, but less than full-time (Employee Benefit Research Institute). Young adults (18-24) are more likely to be without health insurance, as well as those with lower income and education. Hispanics are far more likely than any other ethnic group to be uninsured. There is no known data that reports on the local prevalence of various categories of health insurance, i.e., medical vs. dental vs. vision vs. prescription insurance.

YEAR	% UNINSURED ADULTS 18-64 <sup>4</sup>			% UNINSURED CHILDREN			% INSURED BY EMPLOYER			% ADULTS INSURED BY MEDICAID		
	Ottawa <sup>1</sup>	MI <sup>1</sup>	US <sup>7</sup>	Ottawa <sup>6</sup>	MI <sup>1</sup>	US <sup>7</sup>	Ottawa	MI <sup>1</sup>	US <sup>7</sup>	Ottawa <sup>10</sup>	MI <sup>8</sup>	U.S. <sup>7</sup>
1994		12.3	17.1		8.2	14.2				Note	Note	
1995												
1996		10.1	17.6		7.3	14.8		74.0				
1997												
1998		14.9	16.3		10.7	15.4		70.6				
1999	6.1	8.1							63.9			10.3
2000	8.8 <sup>7</sup>	11.0	14.0	7.7	6.7	11.6	69.0 <sup>2</sup>	73.9	64.2	4.8		10.6
2001						11.6			63.2			11.2
2002	12.1 <sup>9</sup>	13.1	17.3		6.9	11.4		70.7	61.9	6.5		11.6
2003		12.7				11.2			61.0			12.4
2004	9.8	14.2	17.8		6.8	10.8		68.3	60.5	7.8		13.0
2005	14.0 <sup>7</sup>	14.5	17.7		5.7	10.9	60.0 <sup>2</sup>	69.1	60.2			13.0
2006		14.6	20.2			10.9			59.7			12.9
2007	8.5				5.5	11.7				8.3 <sup>1</sup>	9.2	

*\*Nearly 99% of adults age 65+ are covered by Medicare; this population is not included in this column to provide a more accurate picture of the uninsured. Percentage of adults in the state and county insured by Medicaid is not available; total number enrolled is available (percentage extrapolated using census data for population estimates).*

### **Snapshot of Ottawa County's Uninsured by Employment Status<sup>1</sup>**

- 77 percent are either self-employed or employed for wages.
- 11 percent are unemployed.
- 7 percent are homemakers.
- 5 percent are students.
- 20,339 children and adults, as a conservative estimate, are without insurance; an unknown number are underinsured.



Sources: US Census, State and Local Adult Behavioral Risk Factor Survey, Department of Human Services Reports. Red circles denote 2002 MI Primary Care Assoc. and 2005 U.S. Census Bureau SAHIE data.

### Ottawa County's Children (0-18) Receiving Public Health Coverage<sup>6</sup>

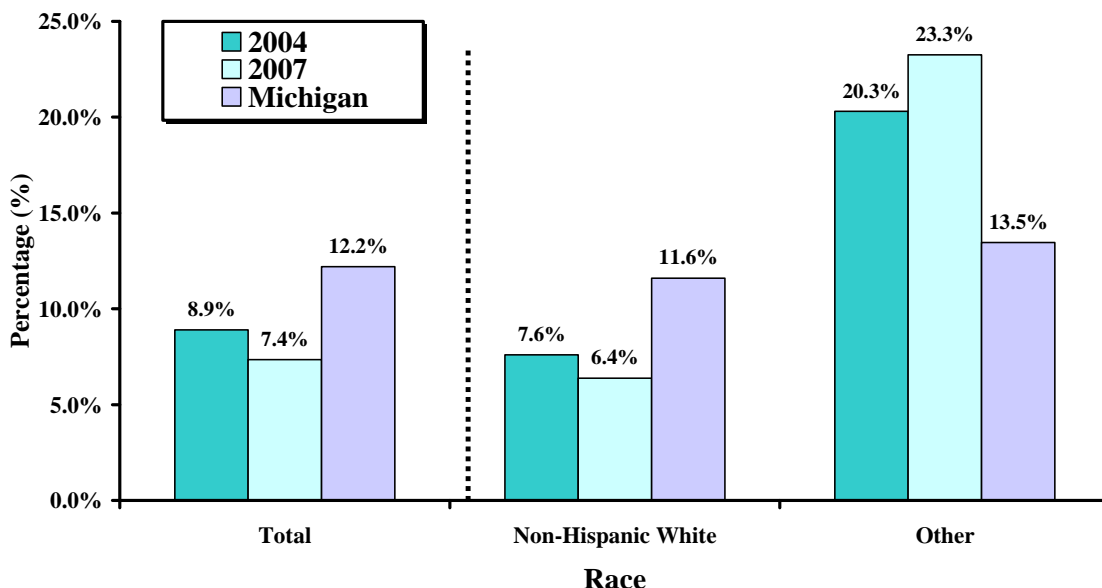
	% UNINSURED <sup>4</sup>	% IN MICHILD (SCHIP)	# IN MICHILD (SCHIP)	% IN HEALTHY KIDS (MEDICAID)	# IN HEALTHY KIDS (MEDICAID)
2000	7.7	0.4	262	8.4	6,124
2002		0.7	523	12.6	9,155
2004		0.9	655	16.7	12,026
2006		1.0	694	20.1	14,585

\*Total population of children in Ottawa County, 2006: 69,400

Not all low-income individuals are eligible for Medicaid. Medicaid eligibility is based on a combination of income and population “category.” The population groups that qualify for Medicaid are generally children, parents of dependent children, pregnant women, the disabled, and the elderly. The income levels at which these groups qualify differs from state to state, and group to group, with coverage of children and pregnant women being available at higher income levels, followed by the disabled and elderly, then parents of dependent children last (though this varies by state). Rarely do childless adults who are not disabled or elderly qualify for Medicaid, even at the very lowest income levels.

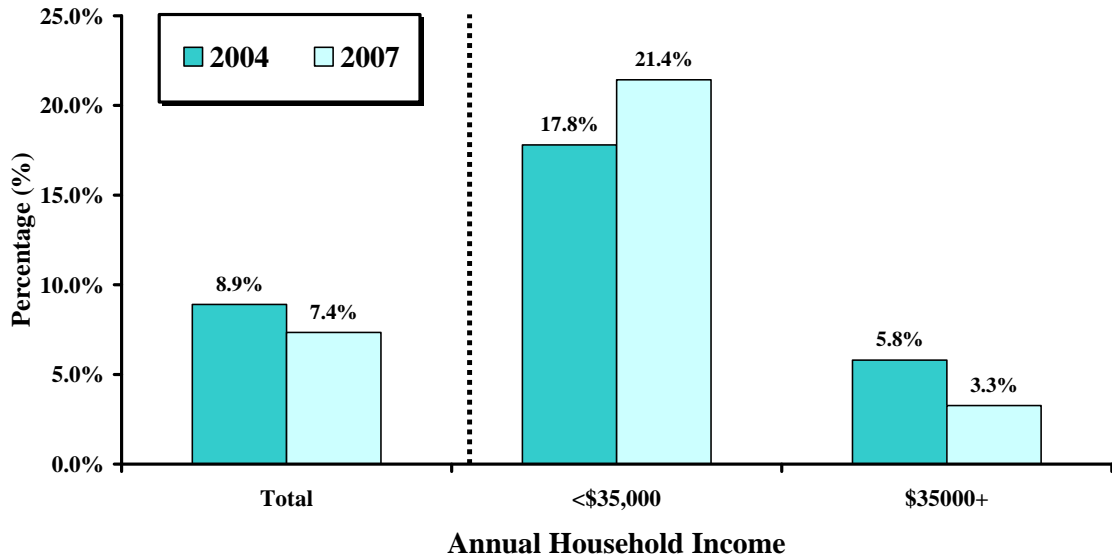
- ✓ If national figures for the uninsured apply to Ottawa County, that means over 41,000 residents have no form of health insurance and over 95,000 have no dental coverage. Local surveys likely underestimate the number of uninsured due to under-representation of certain populations: younger, low income and minority.
- ✓ Other figures for the percent of uninsured in Ottawa County include: NOCH – 9 percent, Holland Hospital – 15 percent, Holland Community Health Center – 22 percent, InterCare – 35 percent. The West Michigan Strategic Alliance 2008 report estimates the region at 14 percent uninsured.
- ✓ Thirty-three percent of Ottawa County adults 18-64 in households earning under \$35,000 report not having any health insurance.<sup>1</sup>
- ✓ The number of physicians in the Medicaid program has declined from 88 percent in 1999 to 64 percent in 2005 according to surveys completed by the Michigan State Medical Society.
- ✓ There are currently no dentists in Ottawa County participating with Medicaid, reportedly due to the program’s low reimbursement rate. Only 17 percent of Michigan licensed dentists submitted a claim to the Medicaid program in 2006, according to a report from MDCH.
- ✓ Any further cuts in the Medicaid program will significantly reduce the percentage of physicians who will treat Medicaid clients.
- ✓ Expectant mothers who have deliveries covered by Medicaid lose that coverage 60 days after birth. Any post-partum treatment for medical or mental health conditions, and prescriptions used in that treatment, are not be covered after the 60 day cut off, putting both maternal and infant health and family stability at risk.

### Percent of Ottawa County Residents Without Health Insurance by Race and Ethnicity (2004 and 2007 BRFS)



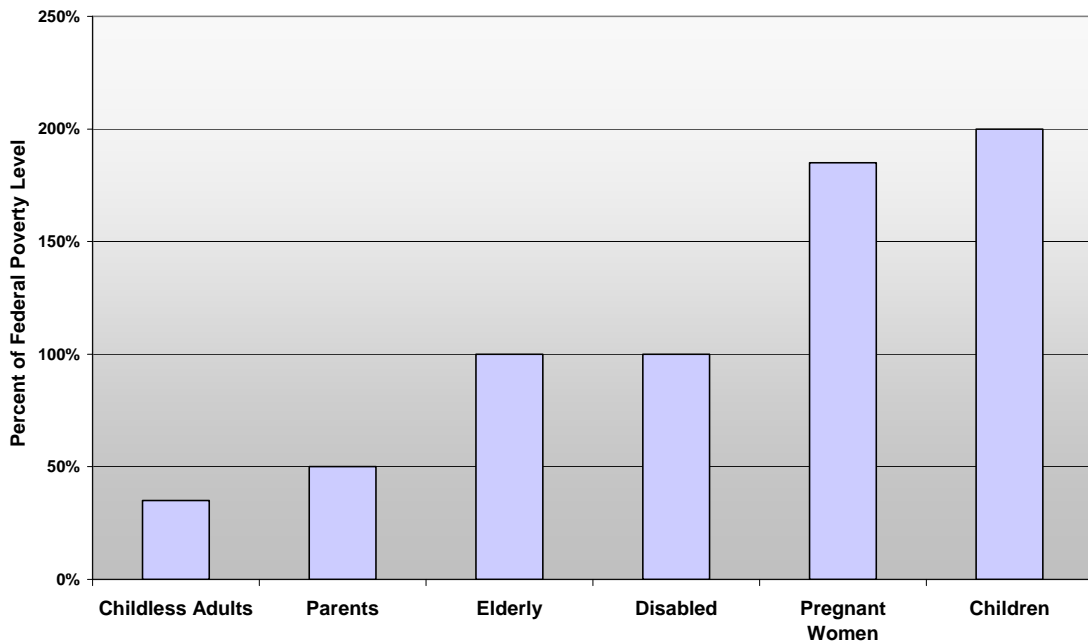
Data from the 2004 and 2007 Ottawa County Behavioral Risk Factor Surveys and 2004 MI BRFS

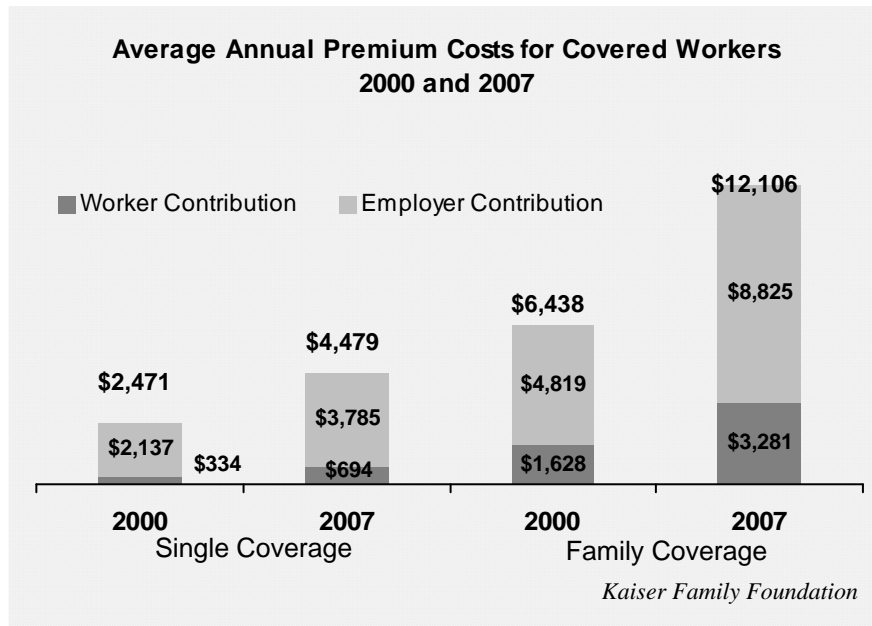
### Percent of Ottawa County Residents Without Health Insurance by Income (2004 and 2007 BRFSS)



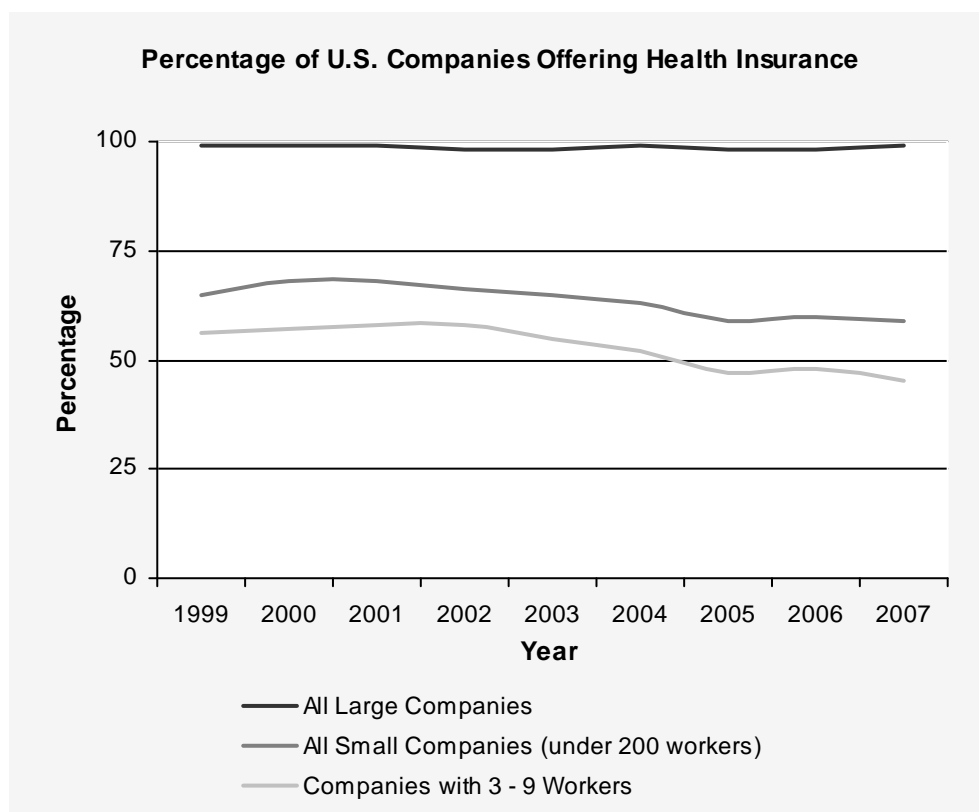
Data from the 2004 and 2007 Ottawa County Behavioral Risk Factor Survey

### Michigan Income Eligibility for Medicaid Assistance





Workplace health coverage plans were first developed during the 1930's. These were early versions of health insurance "pools" that combine many people who are generally healthy with a few who are likely to need expensive medical care, keeping coverage affordable for all. In 1975, eighty-five percent of Americans had workplace or other private coverage compared to 2007 figures of sixty percent. Though slowly shrinking, this remains the dominant source of coverage. Employer based coverage is often lost through job change, job loss, reduction to part-time work, divorce or self-employment. Smaller companies (fewer than 100 employees) are much less likely to offer health insurance coverage (CovertheUninsured.org from RWJF), especially as insurance premiums continue to rise.



## Share of *Pre-Tax* Family Income Spent On Health Care in Michigan

YEAR	MORE THAN 10%	MORE THAN 20% <sup>4</sup>	MORE THAN 25%
	Percent of Pop.	Percent of Pop.	Percent of Pop.
2000	16.1%		4.3%
2001		3.8%	
2004		7.4%	
2008	22.2%		5.9%

*“Too Great a Burden: Michigan’s Families at Risk”, Families USA, December 2007*

- ✓ Nearly nine out of ten people in families spending more than 10 percent of their pre-tax income on health care costs *are insured*.
- ✓ Four out of five people in families spending more than 25 percent of their pre-tax income on health care costs *are insured*.

Health care costs that equal 10 percent or more of family’s pre-tax income represents a significant burden for working families and their already tight budgets. Below are figures for a family of four with a gross (pre-tax) annual income of \$60,000.

### A Typical Family Budget

Gross Annual Income	\$60,000
Less Taxes (federal, state and local taxes)	11,160
Disposable Income (gross income minus taxes)	\$48,840
Annual Expenses	
Housing and Utilities	16,680
Transportation	10,940
Food and Personal Care Items	9,650
Pets, Sports, Entertainment, Vacation	2,660
Education and Miscellaneous Expenses	2,530
Clothing and Footwear	2,310
Personal Insurance (non-health) and Pensions	1,080
Less Total Expenses	\$45,850
<b>Amount left to Pay for Health Care</b>	<b>\$2,990</b>

- ✓ This family has only \$2,990 left over to cover health insurance premiums, co-payments and deductibles, prescriptions, over-the-counter medications and medical supplies.
- ✓ If this family’s health care costs add up to 10 percent of their pre-tax income, or \$6,000, they will have to cover a \$3,010 shortfall.

## MEDICAL CARE

YEAR	NO PERSONAL PHYSICIAN (%)		
	Ottawa Hospital ED Data	Ottawa <sup>1</sup>	MI <sup>1</sup>
2001			20.8
2002			17.0
2003			16.4
2004			15.7
2005			14.4
2006			14.1
2007		5.4 (6.2 of ages 18-64)*	

*\*10.8% reported not having a medical home and 1.6% reported that the reason they did not have a physical exam in the past 12 months was because they did not have/know a doctor (2008 United Way Community Assessment).*

- ✓ Half of those who report not having a personal physician were insured.<sup>1</sup>
- ✓ The 2008 United Way Ottawa County Community Assessment found that 10.8 percent of respondents reported that they do not have a “medical home”. Twice as many males as females reported not having a “medical home” or usual source of care.
- ✓ Of those who reported having a “medical home”, 81 percent visited a doctor’s office or health clinic while almost 6 percent reported their usual source of care as either the hospital or an urgent care center.

YEAR	ROUTINE CHECK-UP IN THE PAST YEAR (%)		AVOIDED A DOCTOR VISIT DUE TO COST (%)	
	Ottawa <sup>1</sup>	MI <sup>1</sup>	Ottawa <sup>1</sup>	MI <sup>1</sup>
1997		72.6		8.7
2003				10.9
2004				12.0
2005				12.7
2006				12.0
2007	84.5	70.4	6.5	

- ✓ When results are adjusted for ages 18-64 only, fewer respondents had a routine check-up (83%) and more had a time when they did not see a doctor because of cost (7.9%).
- ✓ The 2008 Community Assessment found that 70.5 percent of respondents reported having a “complete physical exam” in the past year.
- ✓ When 2008 Community Assessment respondents were asked why they had not had a physical check-up in the past year, 13.7 percent cited cost/insurance as the main reason. Additionally, 8.1 percent of respondents indicated that there was a least one time in the past year that they did not have enough money to fill a prescription or get doctor recommended follow-up care.
- ✓ Of Ottawa County adults who reported not seeing a doctor at least once in the past year due to cost, nearly 60 percent had health insurance.



## DENTAL CARE

YEAR	VISITED A DENTIST IN THE PAST YEAR (%)		TEETH CLEANED IN THE PAST YEAR (%)	
	Ottawa <sup>1</sup>	MI <sup>1</sup>	Ottawa <sup>1</sup>	MI <sup>1</sup>
1999	84.5			
2002		76.1		
2004	82.7			
2007	82.0 <sup>2</sup>		80.0	

- ✓ The latest research indicates that there is a strong and critical association between oral health and overall body health. Even early stages of oral disease, such as tooth decay and gingivitis are associated with heart disease, atherosclerosis, diabetes, and pre-term births, illustrating the need for coordinated care between the medical and dental professions.
- ✓ 7.5 percent of Ottawa County adults (8.5 percent of 18-64 year olds) had a time in the past year when they did not see a dentist because of cost; 80 percent of those had health insurance of some kind.<sup>1</sup>
- ✓ According to the 2008 United Way Ottawa County Community Assessment, 18 percent of Ottawa County adults did not have a dental exam in the past year. The majority of those lived in the SW quadrant of the county (24.1%).
- ✓ Medicare does not provide dental coverage; Medicaid offers some dental coverage, but only one clinic in Ottawa County and two dentists accept new patients for the 23,681 individuals (nearly 16,000 children) with Medicaid coverage in September of 2008.
- ✓ CALL 2-1-1 reports that during 2007 there were over 200 requests for dental services that were primarily unmet. The Ottawa County Health Department receives as many as 15 requests per week for referrals to low-cost dental services.

**KEY STAKEHOLDER COMMENTS:** In gathering data for any issue, there is always a preponderance of national level figures and studies, a fair measure of state level information, and often large gaps in the availability of local data needed to assess problems and generate informed local solutions. In addition, the limitations inherent in survey tools understandably limit the reliability and usefulness of the data gathered. While scientifically administered and well-designed data collection is necessary to support any assessment of need or resulting program development, it is also beneficial to gather anecdotal information from those in the population in question and the persons providing services to that population.

## MEDICAL CARE and INSURANCE

- “My daughter is 25 and only has catastrophic health insurance at this time. She has been rapidly gaining weight (only in her abdomen) over the last 6 to 12 months in spite of regular exercise and

not overeating. Is there any free or low cost clinic where she could be evaluated and possibly...be tested? Any help would be appreciated. Thank you.” *Community Member*

- “Could you please provide any information that can help us? I am 52 and retired due to medical conditions. My insurance payments have been raised to \$900.00 a month. I have to stay with the plan because I could not find anyone that would touch me with my ongoing health care needs. If we drop my wife from the plan the payments reduce to \$350.00 a month. My wife has no health care issues but any other plan we can find for her puts our payments back around 900.00 a month. I do not want my wife to be without insurance, you never know what could happen. I have always been able to provide for my family, but the last of our funds are running out fast.” *Community Member*
- “I am a 22 year old student at Grand Valley State University. My mother is on SSI and Medicare, and I have a very low income with my parents unable to help me and with me still being a student. I was removed from Medicaid when I turned 21, and I am currently without health insurance. I was doing some research online and ... I am hoping [you can help me].” *Community Member*
- “We are seeing unmet needs for health care in the tri-cities area. The biggest challenge is finding care for the people in our area who are struggling and then getting them there. Most of the services are in Holland and Muskegon and that’s a big barrier.” *Non-Profit Agency*
- “There are many unmet needs in the Grand Haven area. Transportation is a huge barrier to people accessing necessary services.” *Tri-Cities Area Ministry*

### **DENTAL CARE**

- “We have 10 requests for dental services for every one person we can help.” *Safety Net Provider*
- “Our department received 11 calls in the last three days from people needing urgent dental care and I know I don’t have anywhere I can guarantee will see them.” *Health Department Employee*
- “In general, our community does a pretty good job providing medical services for those who need them, but two issues are not being met: urgent and preventive dental services and mental health services.” *ED Physician*
- “Not a day goes by that we don’t see someone with severe tooth pain and we have no ability to solve the problem. We can only give antibiotics and temporary pain relief; it is a huge need.” *ED Physician*
- “I think that when a person has Medicaid, even if they could go to a dentist and pay cash for services, the dentist is required to bill Medicaid – and most dental offices do not do that. So the person would still be refused care.” *Safety Net Worker*
- “We can provide low-cost general dental care for the uninsured and Medicaid-covered individual but we have a 12 month waiting list right now.” *Safety Net Clinic*
- “Medicaid is sort of like a “phantom benefit”; it’s there on paper but in reality it doesn’t exist since no dentists in Ottawa County will take new Medicaid patients.” *Non-Profit Referral Agency*
- “In 2006, InterCare saw 1,820 uninsured patients in the dental facility.” *InterCare Health Network*
- “A member of my family is in need of dental help. We have called everywhere and for what they need, we need the money up front. Is there any information on how to get assistance with this?” *Community Member*

### **MENTAL HEALTH**

- “Of 1523 Emergency Department visits with mental health disorder as the primary diagnosis, over 700 were severely or persistently mentally ill and referred to Community Mental Health (CMH).

The rest (over 800) were not eligible for CMH and fall into the mild or moderate category. Follow-up care is recommended but is a huge uncertainty.” *Hospital ED*

- “During my residency in Grand Rapids, I saw maybe 1 patient a week or a month in ER with a mental health issue; I don’t know why, but here we see several a day.” *ED Physician*
- “The public system only provides services to the severely and persistently mentally ill.” *Non-Profit Agency*
- “Unfortunately, substance abuse and mental health services are separate treatments or services in Ottawa County, but in reality they often co-occur in patients.” *Human Service Agency*
- “People, who suffer even from mild mental health issues, do not have the energy or focus to solve the problem of identifying and accessing care.” *Community Member*
- “A 16-year-old first time mother with alcohol-exposed baby receives counseling services but this does not address addiction issues. Another similar case is getting court-appointed treatment for alcohol but no services for her depression.” *Social Services Agency*
- “A 22-year-old first time mother was able to get an evaluation and some counseling through CMH due to history of chronic depression; she is waiting 3 months to see a psychiatrist for prescription needs.” *Social Services Agency*
- “We see many young mothers whose pregnancies and births are covered by public assistance. That coverage ends 60 days following birth and along with it the coverage for mental health medication, counseling services, addiction services. Post-partum depression can be a serious problem for those without insurance whose lives are already difficult.” *Social Services Agency*
- “If you have a mental health issue and have insurance, then there is a responsive system to help you.” *ED Physician*
- “If you are uninsured or have Medicaid coverage and are struggling with a mental health issue, you are referred to CMH. As far as I know, they only have the capacity to see those who are severe or chronic.” *Hospital Social Worker*
- “The poor live from surviving one crisis event to another.” *Minority Service Agency*

\*For additions or changes, please contact Marcia Knol at 616-494-5598 or [mknol@miottawa.org](mailto:mknol@miottawa.org).



# NOTES

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