

# Community

# Health Needs

# Assessment

**Zeeland Community Hospital d/b/a  
Corewell Health Zeeland Hospital**

The Ottawa County 2023 Community Health Needs Assessment was adopted by the Corewell Health West Board of Directors on November 20, 2024.



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## About us

People are at the heart of everything we do, and the inspiration for our legacy of outstanding outcomes, innovation, strong community partnerships, philanthropy and transparency. Corewell Health is a not-for-profit health system that provides health care and coverage with an exceptional team of 65,000+ dedicated people—including more than 12,000 physicians and advanced practice providers and more than 15,500 nurses providing care and services in 21 hospitals, 300+ outpatient locations and several post-acute facilities—and Priority Health, a provider-sponsored health plan serving more than 1.3 million members. Through experience and collaboration, we are reimagining a better, more equitable model of health and wellness. For more information, visit [corewellhealth.org](https://corewellhealth.org).

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## Evaluation of impact of actions taken to address health needs in previous CHNA Exhibit A

Attached in Exhibit A is an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding Community Health Needs Assessment, to address the significant health needs identified in the hospital facility's prior Community Health Needs Assessment.

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## Ottawa County 2023 Community Health Needs Assessment Report: Exhibit B

The focus of this Community Health Needs Assessment is to identify the community needs as they exist during the assessment period (2023), understanding fully that they will be continually changing in the months and years to come. For the purposes of this assessment, "community" is defined as the county in which the hospital facility is located, Ottawa County. This definition of community based upon county lines, is similar to the market definition of Primary Service Area.

Corewell Health Zeeland Hospital, along with the Ottawa County Department of Public Health, Community Mental Health of Ottawa County, Holland Hospital, Trinity Health Grand Haven and United Way of Ottawa and Allegan Counties, comprise the Healthy Ottawa Advisory Council and collaborate to improve health outcomes for individuals in Ottawa County. This collaborative process of collecting health data ensures all partners are informed and involved in decision making related to the process and share in the cost of producing the CHNA.

The information contained in this report is current as of the date of the Community Health Needs Assessment, with updates to the assessment anticipated every three (3) years in accordance with the Patient Protection and Affordable Care Act and Internal Revenue Code 501(r). This Community Health Needs Assessment complies with the requirements of the Internal Revenue Code 501(r) regulations either implicitly or explicitly.

# Corewell Health Zeeland Hospital

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## Previous implementation strategy impact

This report identifies the impact of actions to address the significant health needs identified in the 2022-2024 Corewell Health Zeeland Hospital Implementation Strategy created from the results of the 2021 Community Health Needs Assessment. The two-year implementation strategy reporting period covers Jan. 1, 2022, to March 31, 2024. Monitoring of the 2022-2024 Corewell Health Zeeland Hospital Implementation Strategy will continue in accordance with the identified action date, and the organization will use all resources committed toward these goals to accomplish the desired impacts.

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## Health care access

### Ottawa County Broadband Access Study

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#### Action

By Dec. 31, 2024, Corewell Health Zeeland Community Hospital will contribute an in-kind planning time of 6.5 hours per month toward production of a report and recommendations to be implemented in the community to increase access to broadband service.

#### Measurable impact

Total hours per month contributed to planning for the Ottawa County Broadband Access Study.

#### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital had no meetings or initiatives scheduled for this project, but its renewal will possibly occur in the future. Previously, the hospital was averaging about two hours per month toward planning for the Ottawa County Broadband Access Study.

### Ottawa pathways to better health

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#### Action

By Dec. 31, 2024, Corewell Health Zeeland Community Hospital will increase referrals to Ottawa Pathways to Better Health from 30, the 2021 baseline, to a minimum of 36 per year.

#### Measurable impact

Number of annual referrals from Corewell Health Zeeland Community Hospital to Ottawa Pathways to Better Health.

#### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital had made a total of 82 referrals to Ottawa Pathways to Better Health, with 71 in 2023 and 11 in 2024.

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## Mental health

### Mental health first aid classes

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#### Action

By Dec. 31, 2024, Corewell Health Zeeland Hospital will increase participation in Mental Health First Aid classes from 24 participants, the 2020 baseline, to a minimum of 120 individuals.

#### Measurable impact

Number of individuals engaged in the Mental Health First Aid community classes.

#### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital had increased participation in Mental Health First Aid classes to 161 participants.

#### Action

By Dec. 31, 2024, a minimum of 50% of Mental Health First Aid participants will report increased confidence in their ability to deploy strategies learned in class.

#### Measurable impact

Percentage of class participants that report increased confidence in their ability to deploy the strategies learned in class.

#### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital; reported that 98.5% of Mental Health First Aid participants had increased confidence in their ability to deploy the strategies learned in class.

# Mental health (cont'd)

## School Blue Envelope Program

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### Action

By Dec. 31, 2024, Corewell Health Zeeland Hospital will expand the School Blue Envelope Program from six school districts to 10 school districts within Ottawa County.

### Measurable impact

Expand the School Blue Envelope Program from six school districts to 10 school districts within Ottawa County.

### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital had expanded the School Blue Envelope Program to 12 school districts within Ottawa County.

### Action

By Dec. 31, 2024, a minimum of 85% of newly trained participating staff in Ottawa County middle and high schools will report that they are comfortable in their ability to implement the steps needed to complete interactions with students who express suicidal thoughts.

### Measurable impact

Percentage of newly trained school staff members and administration who are confident in their ability to respond to students who express suicidal thoughts.

### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital reported that 94.9% of newly trained school staff and administration are confident in their ability to respond to students who express suicidal thoughts.

### Action

By Dec. 31, 2024, a minimum of 85% of newly trained, participating staff in Ottawa County middle and high schools will report that they are comfortable in their ability to implement the steps needed to complete interactions with students with suicidal thoughts.

### Measurable impact

Percentage of newly trained school staff members and administration who are comfortable in their ability to implement the steps needed to complete interactions with students who express suicidal thoughts.

### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital reported that 94.9% of newly trained school staff members and administration are comfortable in their ability to implement the steps needed to complete interactions with students who express suicidal thoughts.

### Action

By Dec. 31, 2024, 100% of required departments in one additional school district will be trained in the School Blue Envelope Program.

### Measurable impact

Percentage of departments among additional school districts that are trained in the School Blue Envelope Program.

### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital reported that 100% of required departments in one additional school district had been trained in the School Blue Envelope Program.

# Obesity

## Coordinated approach to child health program

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### Action

By Dec. 31, 2024, 100% of K-5 schools in Ottawa County participating in the Coordinated Approach to Child Health (CATCH) Program will implement at least one policy or environmental support designed to improved student nutrition and/or increase physical activity during the school day.

### Measurable impact

Number of policies or environmental support each school participating in the Coordinated Approach to Child Health Program implements, with a focus on improvement to student nutrition and/or increased physical activity.

### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital reported that nine policies or environmental supports focused on improvement to student nutrition and/or increased physical activity had been implemented in schools participating in CATCH.

### Action

By Dec. 31, 2024, a minimum of 50% of K-5 Ottawa County schoolteachers participating in CATCH will report observing positive changes in student behavior related to nutrition and physical activity.

### Measurable impact

Percentage of teachers that report observing positive changes in student behavior related to nutrition and physical activity.

### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital reported that an average of 85.5% of K-5 Ottawa County schoolteachers participating in CATCH had reported seeing positive changes in student behavior related to nutrition and physical activity.

### Action

By Dec. 31, 2024, Corewell Health Zeeland Community Hospital will expand the CATCH Program by one school annually, with a 2020 baseline of one school.

### Measurable impact

Number of schools implementing the Coordinated Approach to Child Health Program.

### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital had expanded the CATCH Program to four schools, with two implemented in 2022 and two in 2023.

# Obesity (cont'd)

## Fit and healthy families educational series

### Action

By Dec. 31, 2024, Fit and Healthy Families participation in Ottawa County will increase from 15 families annually to 65 families annually.

### Measurable impact

Number of families participating in the Fit and Healthy Families Education Series annually.

### Impact of strategy

As of March 31, 2024, there were 60 families participating in the Fit and Healthy Families Education Series in Ottawa County.

### Action

By Dec. 31, 2024, 50% of participating families will increase the average number of hours per week they engage in physical activity as a family.

### Measurable impact

Percentage of participating families that report an increase in the average number of hours per week they engage in physical activity as a family.

### Impact of strategy

As of March 31, 2024, an average of 75% of the participating families reported an increase in the average number of hours per week they engaged in physical activity as a family.

### Action

By Dec. 31, 2024, 50% of participating families will report an increase in the average number of vegetables consumed daily by their family.

### Measurable impact

Percentage of participating families that report an increase in the average number of daily vegetables consumed by their family.

### Impact of strategy

As of March 31, 2024, an average of 75% of the participating families reported an increase in the average number of daily vegetables consumed by their family.

### Action

By Dec. 31, 2024, a minimum of 50% of participating families will report increased confidence in implementing and sustaining healthy changes learned in class.

### Measurable impact

Percentage of participating families that report an increase in confidence in implementing and sustaining healthy changes learned in class.

### Impact of strategy

As of March 31, 2024, an average of 63.3% of participating families reported an increase in confidence in implementing and sustaining healthy changes learned in class.

### Action

By Dec. 31, 2024, Corewell Health Zeeland Community Hospital will expand sites for the delivery of Fit and Healthy Families Education series from one location to at least two locations.

### Measurable impact

Number of locations the Fit and Healthy Families Educational Series has expanded to.

### Impact of strategy

As of March 31, 2024, Corewell Health Zeeland Hospital had expanded the number of locations to 14.

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## Obesity (cont'd)

### YMCA Mobile Veggie Van

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#### **Action**

By Dec. 31, 2024, Corewell Health Zeeland Community Hospital will increase sites served by the YMCA Mobile Veggie Van from two sites per year to five sites per year.

#### **Measurable impact**

Number of sites served by the YMCA Mobile Veggie Van per year.

#### **Impact of strategy**

As of March 31, 2024, Corewell Health Zeeland Hospital had increased the number of sites served by the YMCA Mobile Veggie Van per year to nine.



# Community Health Needs Assessment

2023



Martin Hill, Ph.D.  
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February 9, 2024

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# INTRODUCTION



MEASURE

ASSESSMENT

EVALUATION

ANALYSIS

### *Financial Contributors*

The following community organizations are responsible for primary funding of the 2023 Ottawa County Community Health Needs Assessment:



United Way of Ottawa  
and Allegan Counties

2023

Ottawa County  
Community Needs Assessment



# INTRODUCTION

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## *Healthy Ottawa Advisory Council*

**Mikaela Andrea**, Holland Hospital

**Liz DeLaLuz**, United Way of Ottawa and Allegan Counties

**Lynne Doyle**, Community Mental Health of Ottawa County

**Derel Glashower**, Ottawa County Department of Public Health

**David Kurili**, Corewell Health

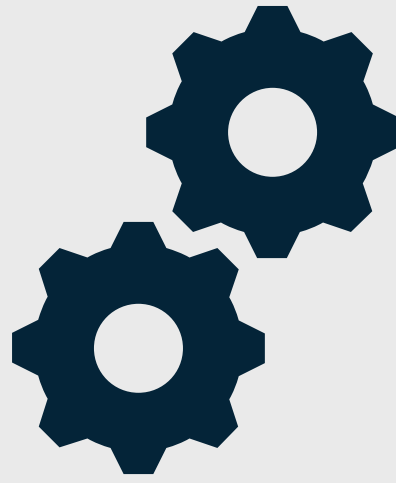
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**Amber TerHaar**, Corewell Health Zeeland Hospital

**Lisa Uganski**, Ottawa County Department of Public Health



## BACKGROUND & OBJECTIVES



- VIP Research and Evaluation was contracted by the Healthy Ottawa Advisory Council of Ottawa County, Michigan, to conduct a Community Health Needs Assessment, which included a Behavioral Risk Factor Survey (BRFS).
- 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 must take 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 the Healthy Ottawa County Advisory Council consisting of Ottawa County Department of Public Health, Community Mental Health of Ottawa County, Corewell Health Zeeland Hospital, Holland Hospital, Trinity Health Grand Haven Hospital, Community SPOKE, and United Way of Ottawa and Allegan Counties.
- Information collected from this research will be utilized in the Community Health Needs Assessment for the three hospitals in Ottawa County and in the health section of the broader United Way Community Assessment.



# BACKGROUND & OBJECTIVES

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- The information collected may be used to:
  - Prioritize health issues and develop strategic plans
  - Monitor the effectiveness of intervention measures
  - Examine the achievement of prevention program goals
  - Support appropriate public health policy
  - Educate the public about disease prevention through dissemination of information
- The overall objective of the CHNA is to obtain information and feedback from Ottawa County residents, health care professionals, and key community leaders in various industries and capacities about a wide range of health and health care topics to gauge the overall health climate of Ottawa County.
- More specific objectives include measuring:
  - Social indicators, such as crime rates, education, and poverty rates
  - Community characteristics, such as resources, collaboration, and volunteerism
  - Physical health status indicators, such as life expectancy, mortality, poor physical health, chronic conditions, chronic pain, and weight status
  - Mental health status indicators, such as poor mental health, psychological distress, anxiety disorder, depressive disorder, and suicide
  - Health risk behaviors, such as smoking, vaping, alcohol use, marijuana use, diet, and physical activity
  - Clinical preventative measures, such as cancer screening and oral health
  - Social support
  - Social determinants of health and food access/sufficiency, affordable housing
  - Adverse childhood experiences (ACEs)
  - Disparities in health
  - Positive and negative health indicators
  - Accessibility/barriers to health care programs and services
  - Health literacy
  - Gaps in health care services or programs
  - Reactions to race





# 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:

	Data Collection Methodology	Target Audience	Number Completed
Key Stakeholders	In-Depth Telephone Interviews	Hospital Directors, Clinic Executive Directors	9
Key Informants	Online Survey	Physicians, Nurses, Dentists, Pharmacists, Social Workers	191
Community Residents (Underserved)	Self-Administered (Paper) Survey	Vulnerable and underserved subpopulations	300
Community Residents	Telephone Survey	Ottawa County Adults (18+) (BRFS)	1,006

- Secondary data was derived from various government and health sources such as the U.S. Census, Michigan Department of Health and Human Services, County Health Rankings, Youth Risk Behavior Survey, Youth Assessment Survey, and Kids Count Database.



# METHODOLOGY (CONTINUED)

- Of the 14 Key Stakeholders invited to participate, 9 completed an in-depth interview. Key Stakeholders were defined as executive-level community leaders who:
  - Have extensive knowledge and expertise on public health and/or human service issues
  - Can provide a “50,000-foot perspective”
  - Are often involved in policy decision-making
  - Examples include hospital administrators and clinic executive directors
- The number of Key Informants participating in the online survey this iteration increased 55.3% from 123 in 2020 to 191 in 2023. 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/health care
  - Examples include health care professionals (e.g., physicians, nurses, dentists, pharmacists, social workers) or directors of non-profit organizations
- There were 300 self-administered surveys completed by targeted underserved, or vulnerable, subpopulations, such as Hispanics, single mothers with children, senior adults, as well as those who are uninsured, underinsured, or have Medicaid. Since the following organizations serve these groups, they agreed to receive the surveys, assist in distributing them to their clientele, and ensure the completed surveys were returned to OCDPH:
  - Children’s Special Health Care Services
  - City On a Hill
  - Community Action House
  - Coopersville Cares
  - Corewell Health Zeeland Hospital
  - Four Pointes Center for Successful Aging
  - Georgetown Senior Center
  - Harvest Stand Ministries
  - Holland Community Health Center
  - Jehovah Jireh Ministries
  - Latin Americans United for Progress
  - Love in Action Food Pantry
  - Love in Action Free Clinic
  - Love INC (Allendale, Hudsonville)
  - Love Your Neighbor (Hudsonville)
  - Maternal Infant Health Program
  - Momentum Center
  - Ottawa County Community Mental Health
  - Ottawa County Department of Public Health
  - Out On the Lakeshore
  - Pathways to Better Health
  - Replenish Food Pantry
  - The People Center
  - Trinity Health Grand Haven Hospital
  - West Ottawa Migrant Education Program



# METHODOLOGY (CONTINUED)

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- A BRFs was conducted among 1,006 Ottawa County adults (age 18+) via telephone and is considered to be a sample of the general population of Ottawa County adults. The response rate was 31%.
- Disproportionate stratified random sampling (DSS) was used to ensure results could be generalized to the population of Ottawa County. DSS utilizes both listed and unlisted landline sample, allowing everyone with a landline telephone the chance of being selected to participate.
- In addition to landline telephone numbers, the design also targeted cell phone users. Of the 1,006 completed surveys:
  - ❖ 688 are landline phone completes (68.4%), and 318 are cell phone completes (31.6%)
  - ❖ 259 are cell-phone-only households (25.7%)
  - ❖ 136 are landline-only households (13.5%), and
  - ❖ 611 have both cell and landline numbers (60.7%)
- For landline numbers, households were selected to participate subsequent to determining that the number was that of an Ottawa County residence or one of the four ZIP codes that partially lie outside county boundaries but are considered a service area of Ottawa County health care systems (49404, 49423, 49448, and 49456). Vacation homes, group homes, institutions, and businesses were excluded.
- Respondents were screened to ensure they were at least 18 years of age.
- In households with more than one adult, interviewers randomly selected one adult to participate based on which adult had the nearest birthday to the date surveyed. In these cases, every attempt was made to speak with the randomly chosen adult; interviewers were instructed to not simply interview the person who answered the phone or wanted to complete the interview.
- Spanish-speaking interviewers were used where Spanish translation/interpretation was needed.
- The 1,006 households represent 0.9% of the 111,425 households in Ottawa County according to the 2022 U.S. Census 1-year estimate.
- The margin of error for the entire sample of 1,006, at a 95% confidence level, is +/- 3.1%. This calculation is based on a population of roughly 232,017 Ottawa County residents 18 years or older, according to the 2022 U.S. Census 1-year estimate.
- Data collection for the BRFs occurred between June 5, 2023 and September 20, 2023.
- Unless noted, consistent with the Michigan BRFs, respondents who refused to answer a question or did not know the answer to a specific question were excluded from analysis for that question. Thus, the base sizes vary throughout the report.





# METHODOLOGY (CONTINUED)

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- Data weighting is an important statistical process that was used to reduce bias from the BRFs sample. The formula consists of both design weighting and iterative proportional fitting, also known as “raking” weighting. The purposes of weighting the data are to:
  - Correct for differences in the probability of selection due to non-response and non-coverage errors
  - Adjust variables of age, gender, race/ethnicity, education, marital status, home ownership, and county section (region) to ensure the proportions in the sample match the proportions in the population of Ottawa County adults
  - Allow the generalization of findings to the entire Ottawa County adult population
- The formula used for the final weight is: Design Weight X Raking Adjustment
- Adverse Childhood Experiences (ACEs) data were collected using the BRFs 11-item version. The 11 items measure the following adverse groups and subgroups:
  - Abuse:
    - Emotional Abuse
    - Physical Abuse
    - Sexual Abuse
  - Household challenges:
    - Intimate Partner Violence
    - Household Substance Abuse
    - Household Mental Illness
    - Parental Separation or Divorce
    - Incarcerated Household Member
- Five of the 11 questions have “yes” or “no” response categories and the remaining 6 questions have “never,” “once,” or “more than once” response categories. Respondents scored either a “0” for each “no” or a “1” for each “yes.” They scored either a “0” for each “never” or a “1” for each “once” or “more than once.” Their total ACEs score was computed by adding the sum of the scores across the 11 items. The total ACEs scores were segmented into three groups according to the number of adverse childhood experiences they had: none, 1 to 3, and 4 or more.



# METHODOLOGY (CONTINUED)

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- It should be noted that if the respondent said “don’t know” or refused to answer any of the ACEs items, they were not included in the ACEs analyses that grouped respondents by the total number of ACEs they reported (e.g., none, 1-3, 4+). This decision was made because the CHNA team and the researchers believe that coding “don’t know” or “refused” answers as zero and then including them in one of the three groups could possibly create an inaccurate picture of the extent to which adverse childhood experiences exist in the population of Ottawa County residents. As an example, if someone refused to answer all 11 ACE questions, rather than coding them as a none (zero), it was determined best to exclude them from the analyses.
- In the Executive Summary, VIP Research and Evaluation has identified several key findings, or significant health needs, which we have determined to be the most critical areas of need, derived from primary and secondary data. The process for making such determinations involved analyzing quantitative and qualitative feedback from Key Stakeholders, Key Informants, Ottawa County adults, and Ottawa County underserved residents to gain a better understanding of what they deem to be the most important health and health care issues in the community. Information needed to identify and determine the community’s significant health needs was obtained by conducting telephone surveys with adult residents, sending out additional community health (paper) surveys to underserved adult residents, and conducting telephone interviews and online surveys with community health care professionals and community leaders. All four respondent groups were explicitly asked what they perceived to be the most important or critical health issues in Ottawa County, and additional information was gleaned from all groups via their responses to various questions throughout the surveys or discussion guides. Secondary data was then used to complement the findings from the primary data analyses. The result is a robust process that we are confident depicts an accurate assessment of the most critical health or health care issues in Ottawa County.
- Throughout this report there are comparisons between the respondents who completed the Behavioral Risk Factor Survey (BRFS) and the respondents who completed the Underserved Resident Survey (URS). In order to streamline the report, they will be denoted as BRFS and URS.





# EXECUTIVE SUMMARY



# EXECUTIVE SUMMARY

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I think if health literacy wasn't a problem before the pandemic, it's certainly a problem now. If we're looking at the Community Health Needs Assessment, I think we need to get back to finding a good way to communicate health-related information in a way that people trust. And I don't know if I have the solution to that, but I would say that would be a topic that we should be looking carefully at. How can we communicate to a very divided and tribal information system? How can we reach across those walls with helpful information? I sense there's been some efforts in that direction that have been helpful actually, now that I say that. – *Key Stakeholder*



# EXECUTIVE SUMMARY (CONTINUED)

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In 2023, Ottawa County continues to be impacted by the social, economic, and political fallout of the coronavirus (COVID-19) pandemic. Economically, although the economy is strong and unemployment is low, inflation is preventing many residents from making purchase decisions, and sometimes that means forgoing health care.

On many levels, the findings from the 2023 Community Health Needs Assessment portray Ottawa County as a community that has slipped a bit from its former status of “healthiest county in Michigan,” as the most recent County Health Rankings list Ottawa County as the third healthiest county in the state. Still, with three hospitals, three free medical clinics, and hundreds of health care professionals, health care is accessible to most people, if they can afford it or have high-quality health insurance.

Ottawa County continues to be a caring, giving, and philanthropic community with a wealth of excellent resources, programs, and services, a robust volunteer force, and strong collaborative spirit among people and organizations. The collaborative spirit among Ottawa County’s health and human service professionals has historically been second to none, but this spirit is currently being tested by the political context that is threatening to undermine the expertise and work of many committed professionals.

Moreover, it is a community of faith with strong schools that mirrors the high educational achievement of the residents. It is a very safe community with low levels of violent crime and homicide. Poverty levels are far lower than state and national rates, and the solid economy boasts a low 3.2% unemployment rate, down from 8.1% in 2011.

Environmentally, the area is relatively clean and offers a plethora of outdoor spaces such as lakes, beaches, parks, walking/hiking paths, and biking trails that invite activity. Additionally, with the farms nearby and the farmer’s markets throughout the warmer months, there is generous access to healthy food for those who can afford it. That said, two-thirds (55.5%) of Key Informants are concerned about environmental factors, especially climate change.

In sum, Ottawa County possesses all of the social and community characteristics that Key Stakeholders say distinguish a community as “healthy.” However, there is room for improvement as there are certain subpopulations that struggle to access the many resources that do exist.

Most area residents have health insurance, have a personal health care provider, and are at least somewhat confident they can navigate the health care system and complete medical forms.

Ottawa County residents enjoy longer life expectancy and lower adult, child, and infant mortality rates than residents across the state or the nation. Area adults also report good or better general health, but chronic disease rates have worsened. Additionally, area adults report higher levels of several forms of mental distress than in previous CHNAs, and these rates are also higher than the state and national rates.

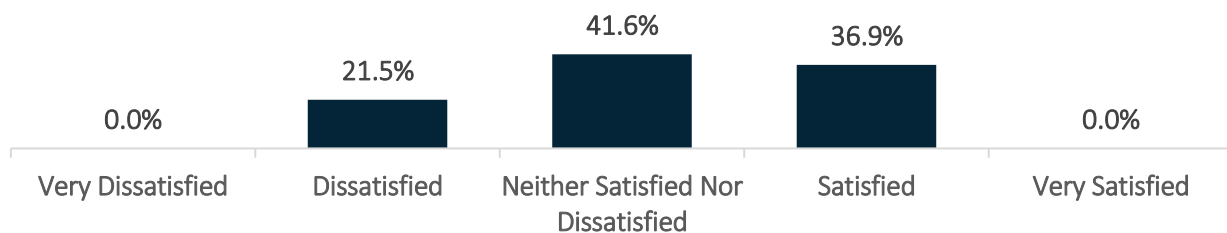
Ottawa County performs well when it comes to clinical preventive practices. The vast majority of children age 19-35 months are fully immunized and the vast majority of pregnant women begin prenatal care in the first trimester. Compared to the state and the nation, Ottawa County generally has better cancer screening rates.



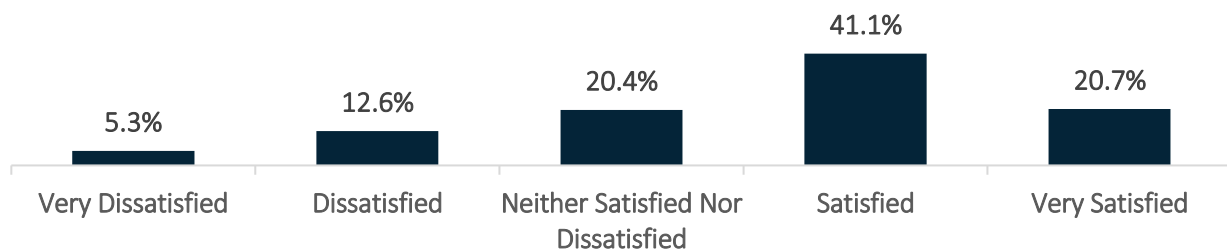
# EXECUTIVE SUMMARY (CONTINUED)

- Approximately one-third (36.9%) of Key Informants are satisfied overall with the health climate in Ottawa County; this is down notably from 2020, when half (49.6%) of Key Informants were satisfied with the health climate in the county.
- Six in ten (61.8%) underserved residents are satisfied with the health care system overall; however, there is room for improvement as 17.9% are dissatisfied with the health care system.

Overall Satisfaction With the Health Climate  
in Your Community  
(Key Informants)



Satisfaction with Health Care System Overall  
(Underserved Residents)



Source: Ottawa County Key Informant Survey, 2023, Q10: Taking everything into account, including health conditions, health behaviors, health care availability, and health care access, how satisfied are you overall with the health climate in Ottawa County? (n=149); Underserved Resident Survey, 2023, Q5: How **satisfied** are you with the health care system **overall**? (n=285)



# EXECUTIVE SUMMARY (CONTINUED)

- 🔍 By and large, Ottawa County has many resources, services, and programs to address health and health care needs of most residents, and compared to most counties in Michigan it has more resources.
- 🔍 However, there are pockets of residents, or groups, that face tremendous barriers to these resources, services, and programs, and this has become more disparate since the COVID-19 pandemic, and the current political context is worsening the situation.

## Satisfied/Very Satisfied

As a public health practitioner, I see many of the statistics on health outcomes in Ottawa County. Generally, **Ottawa County does well compared to other counties**. I also think that there is an **intent to address shortcomings in healthcare in Ottawa using a collaborative approach**. – *Key Informant*

As a consumer of health care services in Ottawa County, **I feel I have access to the care myself and my family need**. As a treating clinician in Ottawa County, **we are staying extremely busy which tells me people are accessing the care they need**. – *Key Informant*

For the most part, **the system is functioning well**. Between **public health resources, private sector resources, and non-profit organizations**, we have **covered many of the gaps**. I think our **largest area for improvement is to continue to coordinate effective collaboration and cooperation between agencies across sectors**. – *Key Informant*

## Dissatisfied/Very Dissatisfied

I am a pediatrician and I feel like **our county is failing our pediatric population**. **Mental health is not going away** and post pandemic **we need access to care for these children now more than ever**. **We have no access for autism testing**. **We have no mental health emergency clinics for these children** and they are often times **exclusively managed by their pediatrician who is not well versed** on most of the medications the psychiatrists prescribe. Pediatricians in my health system are **burning out** due to no one to support our patients. – *Key Informant*

The **lack of resources for those with mental health needs**, those **needing child care**, and those **needing housing** is unfortunate. In addition, there is a **very concerning stigma toward those in minority groups**, such as **LGBTQ+1A individuals, people of color**, and so on. This stigma has been elevated since January 3rd, and **minority groups are being targeted**. **Discrimination has been normalized** and, if not, **praised** by current leadership. – *Key Informant*

Good overall progress in many areas over the years, and even good work on mental health with the millage. **But the needs are outpacing the resources**, and **there is uncertainty about the continuity of services with new approaches by Ottawa County leadership**. – *Key Informant*

Source: Ottawa County Key Informant Survey, 2023, Q10a: Why do you say that? (n=149);



# EXECUTIVE SUMMARY (CONTINUED)

## Comparison of Ottawa County BRFs Measures From 2011 to 2023

	Health Status Indicators				
	2011	2014	2017	2020	2023
★General Health Fair/Poor	9.9%	10.5%	12.6%	13.2%	14.8% ●
Poor Physical Health (14+ days)	8.1%	6.1%	10.0%	9.4%	12.5% ●
Poor Mental Health (14+ days)	8.6%	8.6%	8.8%	15.3%	16.5% ●
Activity Limitation (14+ days)	5.1%	5.7%	7.6%	7.0%	8.8% ●
Obese	25.8%	23.9%	29.9%	34.5%	28.7% ●
Overweight	36.7%	35.3%	33.3%	31.9%	35.8% ●
★Healthy Weight	36.3%	37.7%	35.9%	31.6%	34.5% ●
★Mild to Severe Psychological Distress	--	16.4%	16.1%	19.8%	34.5% ●
★Receiving Medication/Treatment for Mild to Severe Psychological Distress	--	25.8%	53.5%	39.2%	43.4% ●
★Thoughts of Suicide	--	--	5.0%	4.9%	8.9% ●
★Suicide Attempts (among those who had thoughts)	--	--	20.0%	19.6%	36.9% ●
Rarely/Never Receive Social/Emotional Support	4.4%	5.5%	--	8.0%	11.6% ●

	Health Care Access				
	2011	2014	2017	2020	2023
No Health Care Coverage (18-64)	12.6%	9.3%	9.2%	8.2%	7.1% ●
No Personal Health Care Provider	12.0%	11.4%	12.4%	11.9%	14.7% ●
No Health Care Access Due to Cost	--	9.8%	7.4%	8.6%	13.0% ●
★Confidence in Navigating the Health Care System	--	81.4%	84.4%	87.6%	87.8% ●
Confidence in Completing Medical Forms (Very/Extremely)	--	--	81.5%	78.3%	66.8% ●
Problems Learning About Health Condition (Rarely/Never)	--	--	87.8%	84.8%	75.6% ●
Urgent Care Use in Past 12 Months (1+ Times)	--	23.8%	24.5%	28.5%	37.4% ●
Emergency Room Use in Past 12 Months (1+ Times)	--	17.5%	20.0%	17.3%	28.9% ●

● = better/improved

● = worse

★ = indicates an outcome measure for the 2021 Ottawa County Community Health Improvement Plan



2023

Ottawa County  
Community Needs Assessment



# EXECUTIVE SUMMARY (CONTINUED)

	Risk Behavior Indicators				
	2011	2014	2017	2020	2023
★ No Leisure Time Physical Activity	12.7%	20.5%	23.4%	16.4%	10.2% ●
★ Consumes Fruits <1 time/day	--	20.6%	31.5%	43.6%	43.7% ●
★ Consumes Vegetables <1 time/day	--	17.1%	21.4%	31.8%	44.8% ●
Current Cigarette Smoking	17.2%	18.6%	17.6%	14.3%	14.9% ●
Former Cigarette Smoking	24.5%	22.6%	19.5%	25.0%	17.9% ●
Binge Drinking	20.3%	19.3%	14.1%	17.5%	22.0% ●
Heavy Drinking	7.5%	6.5%	5.7%	8.5%	7.4% ●
Current Vaping/E-cigarette Use	--	--	6.1%	6.1%	9.6% ●

	Clinical Preventive Practices				
	2011	2014	2017	2020	2023
No Dental Visit for Teeth Cleaning in Past Year	22.0%	24.3%	20.5%	22.6%	25.1% ●
Ever Had Mammogram (Female, 40+)	94.1%	93.1%	--	94.2%	97.6% ●
Had Mammogram in Past Year (Female, 40+)	70.1%	66.8%	--	55.7%	78.4% ●
Ever Had Pap Test (Female)	92.5%	87.7%	--	92.1%	75.7% ●
Had Pap Test in Past Three Years (Female)	78.8%	71.2%	--	63.8%	57.2% ●
Ever Had Sigmoidoscopy or Colonoscopy (50+)	75.5%	74.4%	--	85.4%	82.6% ●
Had Sigmoidoscopy or Colonoscopy in Past 5 Years (50+)	62.6%	81.9%	--	61.8%	64.6% ●

● = better/improved

● = worse

★ = indicates an outcome measure for the 2021 Ottawa County Community Health Improvement Plan



# EXECUTIVE SUMMARY (CONTINUED)

	Chronic Conditions				
	2011	2014	2017	2020	2023
Arthritis	23.2%	18.3%	19.4%	30.1%	23.1% ●
Depression	18.8%	--	17.1%	21.8%	26.9% ●
Anxiety	14.8%	--	15.0%	22.9%	33.9% ●
Lifetime Asthma	13.5%	11.9%	12.7%	15.3%	21.1% ●
Current Asthma	8.4%	6.5%	8.7%	7.9%	13.4% ●
Diabetes	7.3%	7.8%	9.8%	12.3%	11.5% ●
Pre-Diabetes	--	--	10.9%	7.3%	8.7% ●
COPD	--	3.0%	4.0%	3.7%	7.2% ●
Chronic Pain	--	--	24.1%	32.5%	38.7% ●
Chronic Pain Well Managed	--	--	72.2%	79.4%	72.0% ●

● = better/improved

● = worse

★ = indicates an outcome measure for the 2021 Ottawa County Community Health Improvement Plan



# EXECUTIVE SUMMARY (CONTINUED)

*Comparison of Current Ottawa County BRFs Measures to Michigan and the U.S.*

	Health Status Indicators*		
	Ottawa County	Michigan	U.S.
General Health Fair/Poor	14.8%	17.1%	17.0%
Poor Physical Health (14+ days)	12.5%	12.5%	12.4%
Poor Mental Health (14+ days)	16.5%	16.7%	14.6% (2021)
Activity Limitation (14+ days)	8.8%	10.3%	--
Obese	28.7%	34.5%	33.6%
Overweight	35.8%	32.8%	34.1%
Healthy Weight	34.5%	30.4%	29.7%

	Chronic Conditions*		
	Ottawa County	Michigan	U.S.
Arthritis	23.1%	30.1%	27.7%
Lifetime Asthma	21.1%	16.8%	14.9% (2021)
Current Asthma	13.4%	11.9%	10.4%
Diabetes	11.5%	11.6%	11.5%
COPD	7.2%	8.9%	6.9%
Depression	26.9%	23.0%	21.7%

= worse than MI and/or U.S.

\*Data for Ottawa County from 2023 local BRFs, and data for MI and US from the 2022 state and national BRFs, unless otherwise noted.



# EXECUTIVE SUMMARY (CONTINUED)

	Risk Behavior Indicators*		
	Ottawa County	Michigan	U.S.
No Leisure Time Physical Activity	10.2%	23.9%	23.4%
Consumes Fruits <1 time/day	43.7%	39.9% (2021)	40.8% (2021)
Consumes Vegetables <1 time/day	44.8%	19.4% (2021)	19.7% (2021)
Current Cigarette Smoking	14.9%	15.2%	13.7%
Former Cigarette Smoking	17.9%	26.7%	25.5%
Never Smoked	67.3%	58.1%	60.8%
Binge Drinking	22.0%	17.0%	17.0%
Heavy Drinking	7.4%	7.2%	6.9%
Current Vaping/E-cigarette Use	9.6%	8.4%	7.7%

= worse than MI and/or U.S.

\*Data for Ottawa County from 2023 local BRFS, and data for MI and US from the 2022 state and national BRFS, unless otherwise noted.



# EXECUTIVE SUMMARY (CONTINUED)

	Clinical Preventive Practices*		
	Ottawa County	Michigan	U.S.
No Dental Visit in Past Year	25.1%	30.6%	34.2%
Ever Had Mammogram (Female, 40+)	97.6%	93.9%	--
Had Mammogram in Past Two Years (Female, 40+)	78.4%	72.7%	76.3%
Ever Cervical Cancer Screening Test (Female)	75.7%	63.7%	--
Had Cervical Cancer Screening Test in Past Three Years (Female)	57.2%	54.6%	--
Ever Had Sigmoidoscopy or Colonoscopy (50+)	82.6%	79.7%	--
Had Sigmoidoscopy or Colonoscopy in Past 5 Years (50+)	64.6%	56.5%	--

	Health Care Access*		
	Ottawa County	Michigan	U.S.
No Health Care Coverage (18-64)	7.1%	5.6%	8.8%
No Personal Health Care Provider	14.7%	11.8%	16.2%
No Health Care Access Due to Cost	13.0%	7.9%	10.1%

  = worse than MI and/or U.S.

\*Data for Ottawa County from 2023 local BRFS, and data for MI and US from the 2022 state and national BRFS, unless otherwise noted.



# EXECUTIVE SUMMARY (CONTINUED)

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What follows are seven key findings and discussions of each:

- ✓ KEY FINDING [Significant Health Need] #1: Mental health continues to be the most significant health issue and has declined due to the COVID-19 pandemic and social factors
- ✓ KEY FINDING [Significant Health Need] #2: Access to care can still be summed up as a case of those who have and those who have not, and access to mental health care has become the greatest concern
- ✓ KEY FINDING [Significant Health Need] #3: Physical health metrics and chronic disease rates for most conditions are worse than they were in 2020, and worse than the state and national rates
- ✓ KEY FINDING [Significant Health Need] #4: Addressing certain social determinants of health, especially the lack of affordable housing, lack of affordable healthy food, and access to child care, will improve the overall health and health care climate of the region
- ✓ KEY FINDING [Significant Health Need] #5: Substance abuse has been an issue since 2011, although certain aspects of it have improved (e.g., opioid addiction, over-prescription, prescription drug abuse, smoking among youth and young adults)
- ✓ KEY FINDING [Significant Health Need] #6: The most appropriate way to address health and health care issues is from an integrated, holistic, or biopsychosocial perspective
- ✓ KEY FINDING [Significant Health Need] #7: Health disparities exist across several demographic groups



# EXECUTIVE SUMMARY (CONTINUED)

## **KEY FINDING [Significant Health Need] #1: Mental health continues to be the most significant health issue and has declined due to the COVID-19 pandemic and social factors.**

Prevalence data demonstrates:

- 🔍 34.5% of Ottawa County adults are considered to have mild to severe psychological distress, almost twice the rate (19.8%) it was in 2020
- 🔍 16.5% of area adults report poor mental health, and this rate is the highest it has been across all previous CHNAs, and higher than the national rate; this rate increases to 32.4% for underserved adults
- 🔍 33.9% of area adults have anxiety disorder, and this rate is the highest it has been across all CHNAs conducted since 2011
- 🔍 26.9% of area adults have depressive disorder, and this rate is also the highest it has been across all CHNAs conducted since 2011, and higher than the state and national rates
- 🔍 31.4% of Ottawa County youth report having depression, and this rate has been steadily increasing since 2011; on the other hand, it's notably lower than the state and national rates
- 🔍 34.8% of area adults say while growing up they lived with someone who was depressed, mentally ill, or suicidal, up from the last two CHNA iterations
- 🔍 8.9% of Ottawa County adults had suicidal ideations in the past year and 36.9% of adults who had suicidal ideations actually attempted suicide; both of these rates are almost double the 2020 rates
- 🔍 19.5% of area youths had suicidal ideations in the past year and this rate is slightly higher than the state rate, but lower than the national rate
- 🔍 7.8% of Ottawa County youths attempted suicide in the past year, a rate slightly lower than the state and national rates

Mental health and access to mental health treatment (which will be discussed in Key Finding #2) are the most important health issues or concerns to Key Stakeholders, Key Informants, Ottawa County adults (BRFS), and underserved area adults. There are several reasons for their concern:

- 🔍 It is prevalent in both adults and youths and this has been increasing over the past decade
- 🔍 The stress and uncertainty of the COVID-19 pandemic has exacerbated mental distress
- 🔍 The pandemic and technology (e.g., Internet, video games) have contributed to social isolation among both adults and children
- 🔍 It is often comorbid with other social, behavioral, or physical problems
- 🔍 There is continued stigma preventing some people from seeking and receiving needed treatment and some resort to self-medicating
- 🔍 Lack of programs, services, and resources to address the increasing demand and myriad barriers to existing programs and services (more on this in Key Finding #2)



# EXECUTIVE SUMMARY (CONTINUED)

It is concerning that sizeable proportions of people who currently suffer from mental distress are not undergoing treatment or taking medication for their condition. For example, the following groups are not taking medication or treatment (those in bold are higher than 2020)

- 🔍 60.8% of adults with mild to moderate psychological distress
- 🔍 **51.1% of adults who have anxiety**
- 🔍 **42.2% of adult with severe psychological distress**
- 🔍 **40.4% of adults with depression**
- 🔍 37.9% of those reporting poor mental health

If the vast majority of adults (86.4%) believe that treatment can help people with mental illness lead normal lives, it raises the question: why are so many people not seeking treatment that would benefit them?

- 🔍 The answer may partly lie in the continued stigma concerning mental health conditions: just six in ten (63.2%) adults think people are caring and sympathetic to people with mental illness

## **KEY FINDING [Significant Health Need] #2: Access to care can still be summed up as a case of those who have and those who have not, and access to mental health care has become the greatest concern**

One thing that remains is that those with insurance and the ability to afford out-of-pocket expenses such as co-pays and deductibles have access to almost any kind of service available. Those without insurance, or with insurance but the inability to afford co-pays/deductibles, have trouble accessing needed services and this is most problematic for certain vulnerable or underserved subpopulations and this has not improved over time.

Prevalence data demonstrates:

- 🔍 7.1% of all adults age 18-64 have no health insurance and this proportion rises to 17.5% for underserved adults
- 🔍 13.3% of BRFs adults have Medicaid for their health insurance, compared to 44.6% of underserved adults
- 🔍 Three in ten (29.5%) children under age 19 have Medicaid, a rate far lower than the state rate
- 🔍 More than one-third (36.4%) of underserved adults have had trouble meeting health care needs in the past two years, and this is down slightly from 38.1% in 2020
- 🔍 13.0% of all adults were unable to get needed health care in the past year due to costs and this rate is the highest it has been while conducting the CHNAs
- 🔍 In the past year, more than one in five (23.0%) underserved adults and 6.7% BRFs adults have had to skip or stretch their medication in order to save on costs
- 🔍 Four in ten (44.7%) underserved adults report they visited the ER/ED at least once in the past year, and 22.4% visited two or more times; both of these rates are up from 2020
- 🔍 Almost three in ten (28.9%) BRFs adults report they visited the ER/ED at least once in the past year, and 14.1% visited two or more times; both of these rates are up from 2020





# EXECUTIVE SUMMARY (CONTINUED)

Underserved adults are less health literate than other adults; for example, they are:

- 🔍 Less confident when it comes to navigating the health care system
- 🔍 Less confident in completing medical forms
- 🔍 More likely to have problems learning about their health condition due to the difficulty of understanding written information

With regard to barriers to health care access, 56.6% of underserved adults report that health care costs are the top reason they have trouble meeting their health care needs, and BRFS adults cite inability to afford out-of-pocket expenses, such as co-pays and deductibles, as the second greatest barrier to receiving needed medical care in the past year, behind inability to get an appointment soon enough.

- 🔍 Key Informants cite a number of barriers to accessing health care with cost of health care at the top, mentioned by 64.7%

One in eight (12.6%) Ottawa County adults had problems receiving dental care in the past year, and this rate improved from 2020.

- 🔍 Of those, 65.7% say the top barrier to dental care is cost

The greatest barriers to health care are found for area residents (adults and children) trying to access mental health treatment primarily because there is a lack of providers to meet the demand, however, other barriers exist as well. Prevalence data demonstrates:

- 🔍 25.9% of underserved adults and 15.5% of BRFS adults could not get needed mental health care in the past year, and for both groups, cost was the greatest barrier followed by insurance not covering the treatment
- 🔍 There is 1 mental health provider in Ottawa County per 450 residents, a ratio higher than the state (320:1) or national (340:1) ratios
- 🔍 Among Key informants, 50.0% report that mental health or counseling services for children meet residents' needs not very well or not at all well
- 🔍 Also, Key informants say the mental health programs or services that really struggle to meet the demands of area residents are residential mental health services (64.8% not very well/not at all well) and mental health treatment for the uninsured (68.8% not very well/not at all well)
- 🔍 70.7% of Key Informants say access to mental health treatment is the most pressing health issue or concern in Ottawa County



# EXECUTIVE SUMMARY (CONTINUED)

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Key Stakeholders and Key Informants recognize that certain subpopulations are underserved when it comes to accessing health care, especially those who are uninsured, underinsured, undocumented immigrants and/or non-English speaking residents, for four primary reasons.

- 🔍 Even if they have insurance, it may not be accepted by some providers; an unwillingness to accept Medicaid patients is still a critical problem, especially for mental health treatment
- 🔍 These groups often have multiple barriers to overcome (e.g., cost, transportation, hours of operation, cultural, system distrust, language)
- 🔍 There is a lack of treatment options for these groups, such as primary care, mental health treatment, substance abuse treatment, and dental care
- 🔍 There are free clinics, but wait times for services can be months

Key Informants say that the underserved groups we should focus on most as a community are those experiencing mental health issues, ALICE individuals or families, those who are underinsured or uninsured, and children.

Key Informants report the programs and services that meet area residents' needs the best are:

- 🔍 Emergency care
- 🔍 Orthopedics
- 🔍 Prenatal care
- 🔍 OB/GYN
- 🔍 Oncology

Conversely, Key Informants report the programs and services most lacking include:

- 🔍 Dental care for the uninsured
- 🔍 Programs targeting housing insecurity
- 🔍 Primary care for the uninsured
- 🔍 Programs targeting obesity reduction
- 🔍 Child care/day care programs



# EXECUTIVE SUMMARY (CONTINUED)

Key Informants struggle to be able to refer people/clients/patients to needed services. For example:

- Q Half (51.4%) of Key Informants feel they are equipped to help people/clients/patients access needed programs and services but this proportion is down significantly from 2020 (75.3%)
- Q Despite some Key Informants reporting that they use Ottawa Pathways to Better Health as a referral source, it's concerning that far fewer are aware of this resource now (37.9%) compared to Key Informants surveyed in 2020 (70.8%); this is unfortunate since Pathways is a local and efficient resource for connecting residents to programs and services they need and is often cited by many to be the best thing to come out of the CHNA research conducted over the past decade
- Q Key Informants say what would help them feel more equipped to refer people to services would be a centralized database or source of existing programs that could be instantly accessed

## **KEY FINDING [Significant Health Need] #3: Physical health metrics and chronic disease rates for most conditions are worse than they were in 2020, and worse than the state and national rates**

Several physical health metrics outside of chronic disease are worth noting:

- Q 14.8% of BRFs adults report that their general health is fair or poor, and this rate is the highest it has been across all five CHNAs conducted since 2011; this rate rises to 32.5% for underserved adults
- Q 12.5% of BRFs adults report poor physical health, a rate also higher than it's ever been, and on par with the state and national rates; this rate increases to 26.6% for underserved adults
- Q 8.8% of adults suffer from activity limitation, where their physical or mental health prevents them from doing their usual activities, and this rate is also the highest it's been while conducting CHNA research

Regarding chronic disease, prevalence data suggests:

- Q The prevalence rates of lifetime asthma (21.1%), current asthma (13.4%), COPD (7.2%), and pre-diabetes (8.7%) are all higher than they were in 2020; prevalence rates for asthma are higher than the state and national rates
- Q Prevalence of arthritis (23.1%) and diabetes (11.5%) are lower than in 2020, and the rate for diabetes is on par with the state and national rates
- Q The heart disease death rate is far lower than the state and national rates, but it's still the number one cause of death for area residents
- Q The cancer death rate (the number two cause of death) is lower than Michigan's rate, but on par with the U.S. rate
- Q The death rate from Alzheimer's disease in Ottawa County is far higher than the rates in Michigan and the U.S., and has not improved from 2014



# EXECUTIVE SUMMARY (CONTINUED)

Almost four in ten (38.7%) area adults suffer from chronic pain, and this rate is up from 2020.

- 🔍 72.0% of adults with chronic pain believe their pain is well managed
- 🔍 For adults with chronic pain, the greatest barrier to treating it is their worry about becoming addicted to pain medication, the medication has side effects they don't like, or they can't have pain medication
- 🔍 This might be why 13.3% of those with chronic pain choose to forego treatment for it

Obesity was once considered to be a pressing and prevalent health problem in the community but several other issues have overtaken it in terms of importance.

- 🔍 This year, 28.7% adults are considered to be obese, a rate down from 2020 (34.5%) and better than the state and national rates
- 🔍 The proportion of adults at a healthy weight had also improved from 2020 and is better than the state and national rates
- 🔍 14.3% of area youths are considered to be obese, a rate better than the state and national rates
- 🔍 Key Stakeholders and Key Informants worry that obesity is considered less of a major health issue than in previous years because it's become normalized
- 🔍 Obesity should still be considered an important area to investigate since it is comorbid with other chronic conditions or negative outcomes such as diabetes, heart disease, and stroke
- 🔍 Area adults believe that obesity is the second most important health problem in their community today, only behind mental illness

## **KEY FINDING [Significant Health Need] #4: Addressing certain social determinants of health, especially the lack of affordable housing, lack of affordable healthy food, and access to child care, will improve the overall health and health care climate of the region**

Negative social indicators, such as lack of affordable housing, lack of affordable healthy food, lack of available child care, and adverse childhood experiences can cultivate negative health outcomes and are cited by Key Stakeholders, Key Informants, and underserved adults as important health issues.

- 🔍 Despite this knowledge, almost half (46.3%) of Key Informants say that social determinants of health are only sometimes or rarely considered in developing treatment or care plans

Lack of affordable housing is a top concern (#3) of Key Informants because it permeates and impacts many other aspects of life.

One in five (21.1%) BRFSS adults and 38.4% of underserved adults report problems trying to obtain child care or day care. The greatest barriers are lack of availability and cost.

Half (55.3%) of Key Informants are concerned about environmental factors that could impact the health of Ottawa County residents, most notably climate change, air quality, and water quality/quantity.



# EXECUTIVE SUMMARY (CONTINUED)

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Although poverty levels are relatively low in Ottawa County compared to neighboring counties, the state, or the nation, there are pockets of poverty (e.g., single mothers with children under age 5) that negatively impact the health of residents experiencing it.

That said, an overarching problem such as poverty is hard to ameliorate. Some of the issues that are connected to poverty, however, can be addressed, such as:

- 🔍 Finding ways to provide more affordable housing
- 🔍 Providing more healthy food options to residents at lower costs in order to improve the nutrition of those who would not otherwise be able to afford healthy food
- 🔍 Strengthening social service programs to offset the negative outcomes that can accompany poverty (e.g., broken homes, abusive relationships, household challenges)
- 🔍 Addressing the economic disparity by ensuring that underserved and vulnerable groups have access to services that will move them closer to participating on a level playing field

This research has shown the adverse effects of negative social conditions. For example, adults who experienced four or more adverse childhood experiences (ACEs) as children have a far greater chance of experiencing negative outcomes, such as:

- 🔍 Fair or poor general health, chronic pain, COPD, and having activity limitation
- 🔍 Poor mental health, including significantly higher rates of mild to severe psychological distress, anxiety, depression, suicidal ideations, and suicide attempts
- 🔍 Engaging in risk behaviors, such as smoking, vaping, marijuana use, heavy drinking, and binge drinking

Two-thirds (65.7%) of Ottawa County adults have experienced at least one adverse childhood event, and 23.3% have experienced four or more.

Despite the fact that ACEs are considered important as predictors of adult outcomes, only one-fourth (26.4%) of Key Informants can confirm that they, or their organizations, screen patients/clients for adverse childhood experiences, and this is down from 48.4% of Key Informants surveyed in 2020.

Two-thirds (67.7%) of adults say that while growing up there was an adult in their household who always made them feel safe and protected, and 81.3% say there was adult who always made sure their basic needs were met.

- 🔍 This research demonstrates that when someone doesn't **always** have an adult in their household to ensure that they are safe and protected and that their basic needs are met, they are far more likely to experience several adverse childhood experiences



# EXECUTIVE SUMMARY (CONTINUED)

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Three-fourths (77.2%) of area adults receive the social and emotional support they need usually or always.

- 🔍 However, those who rarely or never receive needed social or emotional support are more likely to experience numerous negative outcomes (e.g., physical problems, mental health problems, engage in risk behaviors) compared to adults who receive social and emotional support more often

## **KEY FINDING [Significant Health Need] #5: Substance abuse has been an issue since 2011, although certain aspects of it have improved (e.g., opioid addiction, over-prescription, smoking among youth and young adults)**

Substance abuse, which is often comorbid with mental illness, is still considered to be a concerning issue among area professionals; however, it receives fewer mentions compared to mental health, access to health care, and social determinants of health (e.g., affordable housing, ACEs).

Prevalence data demonstrates:

- 🔍 14.9% of adults and 2.1% of youths (grades 8-12) currently smoke cigarettes; the adult rate is up slightly from 2020, while the youth rate is down from 2020
- 🔍 9.6% of adults engages in vaping or uses e-cigarettes, up from 6.1% in 2020
- 🔍 11.4% of area youths engages in vaping, a rate lower than the state and national rates
- 🔍 7.4% of adults are heavy drinkers, down from 2020 but still higher than the state and national rates
- 🔍 22.0% of adults and 5.9% of youth are binge drinkers; the adult rate is up from 2020 and higher than the state and national rates
- 🔍 30.1% of underserved adults say that alcohol has had a negative impact on their life

One in five (19.9%) Ottawa County adults uses marijuana, up from 13.8% in 2020.

- 🔍 9.1% of area youths use marijuana, and this rate is lower than the state and national rates
- 🔍 Over half (54.3%) of adults who use marijuana, do so for non-medical reasons
- 🔍 Two-thirds (66.8%) of all adults believe using marijuana once or twice a week poses little to no risk of the users harming themselves; this proportion rises to 88.0% among marijuana users

Key Stakeholders and Key Informants continue to report a lack of treatment options for substance use disorder, especially for those with Medicaid.

- 🔍 59.8% of Key Informants report that the existing residential substance use disorder/addiction centers meet the needs of area residents not very well or not at all well
- 🔍 Additionally, 40.4% of Key Informants believe all existing substance use disorder/addiction treatment providers (e.g., out-patient, non-residential) meet the needs of area residents not very well or not at all well



# EXECUTIVE SUMMARY (CONTINUED)

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## **KEY FINDING [Significant Health Need] #6: The most appropriate way to address health and health care issues is from an integrated, holistic, or biopsychosocial perspective**

We recommend adopting the tenets of the World Health Organization, which seems all the more important given the societal context that demonstrates the importance of the social determinants of health to individuals' overall well-being.

- 🔍 Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity
- 🔍 The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social condition
- 🔍 The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and states
- 🔍 The achievement of any state in the promotion and protection of health is of value to all
- 🔍 Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger
- 🔍 Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development
- 🔍 The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health
- 🔍 Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people
- 🔍 Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures

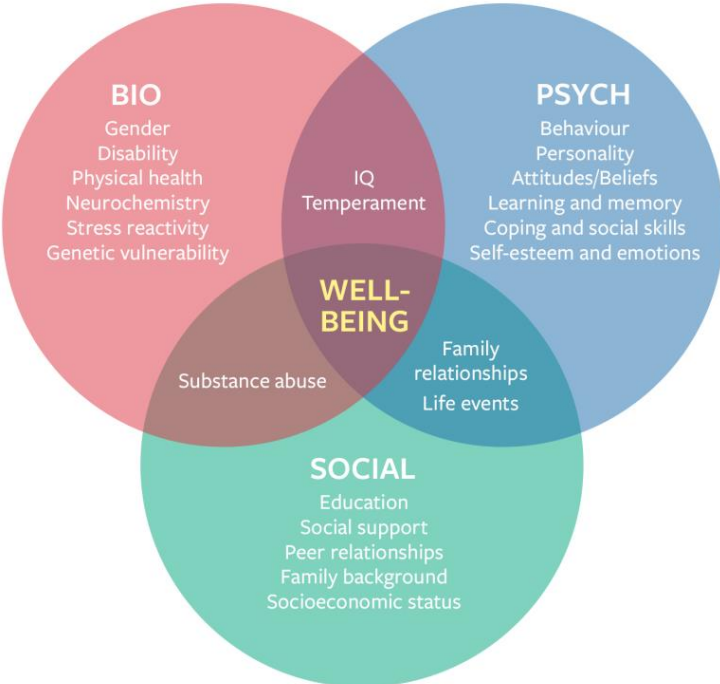
Further, the determinants of health that contribute to each person's well-being are biological, socioeconomic, psychosocial, behavioral, and social. The determinants of health include:

- 🔍 Biological (genes) (e.g., gender and age)
- 🔍 Health behaviors (e.g., drug use, alcohol use, diet, exercise)
- 🔍 Social/environmental characteristics (e.g., discrimination, income, affordable healthy food)
- 🔍 Physical environment/total ecology (e.g., where a person lives, crowding conditions, affordable/safe housing)
- 🔍 Health services/medical care (e.g., access to quality care)



# EXECUTIVE SUMMARY (CONTINUED)

The graphics below are examples of how a focus on community health, or well-being, is best approached through a biopsychosocial lens, and the social determinants of health are an integral part of this process because they influence population health.



Source: (Top) Human Givens Institute (2020) Biopsychosocial Model [Infographic]. East Sussex: UK.; (Bottom) Social Determinants of Health Initiative;





# EXECUTIVE SUMMARY (CONTINUED)

## **KEY FINDING [Significant Health Need] #7: Health disparities exist across several demographic groups**

There is a direct relationship between health outcomes and both education and income. Positive outcomes are more prevalent among adults with higher levels of education and adults from households with higher income levels, while negative outcomes are more prevalent among those with less education and lower incomes.

Examples of this disparity can be found in the following areas:

- 🔍 General health status
- 🔍 Physical health, activity limitation, and chronic pain
- 🔍 Mental health, psychological distress, and having anxiety or depression, suicidal ideations
- 🔍 Chronic diseases such as arthritis and COPD
- 🔍 Health risk behaviors such as smoking, marijuana use, and physical activity
- 🔍 Preventive practices such as visiting a dentist
- 🔍 Being health literate
- 🔍 Lacking needed social and emotional support
- 🔍 Reporting four or more ACEs

The link between both education and income and positive health outcomes goes beyond the direct relationship. Those occupying the very bottom groups, for example, having no high school diploma and/or having household income less than \$20K (or living below the poverty line), are most likely to experience the worst health outcomes.

There is also a direct relationship between health outcomes and age. In many cases, negative outcomes are more often associated with younger adult age groups, for example:

- 🔍 Poor mental health, such as having psychological distress and anxiety
- 🔍 Having no personal care provider
- 🔍 Engaging in risk behaviors such as smoking cigarettes, binge drinking, and marijuana use
- 🔍 Having problems getting mental health care and dental care
- 🔍 Engaging in physical activity
- 🔍 Reporting 4 or more ACEs
- 🔍 Reporting Asthma

In other cases, negative outcomes are more associated with older adult groups, such as:

- 🔍 Reporting fair or poor general health status
- 🔍 Having chronic diseases like diabetes, pre-diabetes, and arthritis



# EXECUTIVE SUMMARY (CONTINUED)

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There are links between health outcomes and gender. For example:

- 🔍 Men are more likely than women to:
  - Engage in risk behaviors such as smoking, heavy drinking, binge drinking, marijuana use, and eating fewer fruits and vegetables
  - Be obese
  - Visit a dentist
  - Lack health insurance
  - Have suicidal ideations
  - Lack confidence in navigating the health care system
  - Rarely or never receive needed social/emotional support
- 🔍 Women are more likely than men to:
  - Be at a healthy weight
  - Have psychological distress, anxiety, or depression
  - Have chronic conditions such as asthma and arthritis
  - Lack a personal health care provider
  - Have problems receiving health care (both physical and mental) and dental care

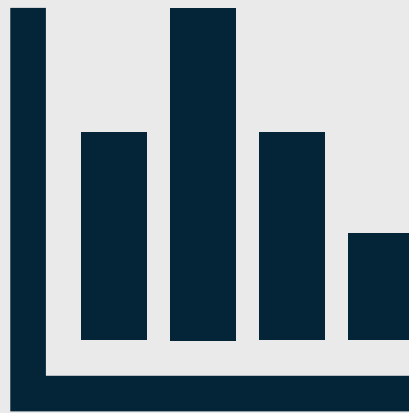
There are also links between race and health outcomes. Non-Whites are more likely than Whites to:

- 🔍 Be at a healthy weight
- 🔍 Have anxiety, psychological distress, and suicidal ideations
- 🔍 Engage in risk behaviors such as eating fewer fruits/vegetables, smoking marijuana, binge drinking
- 🔍 Not engage in preventive practices such as cervical cancer screening, timely breast cancer screening, colon cancer screening, visiting a dentist
- 🔍 Lack a personal health care provider
- 🔍 Have problems receiving health care (both physical and mental) and dental care
- 🔍 Report asthma
- 🔍 Engage in physical activity

Adults living in the central section of Ottawa County fared worse than adults in other sections on the following measures:

- 🔍 Reporting poor physical health and activity limitation
- 🔍 Engaging in preventive practices such as cervical cancer screening and visiting a dentist
- 🔍 Having problems receiving health care (both physical and mental) and dental care
- 🔍 Having no personal health care provider
- 🔍 Consuming fruits
- 🔍 Having psychological distress and anxiety
- 🔍 Having chronic diseases such as asthma





## DETAILED FINDINGS





# PERCEPTIONS OF COMMUNITY HEALTH PROBLEMS



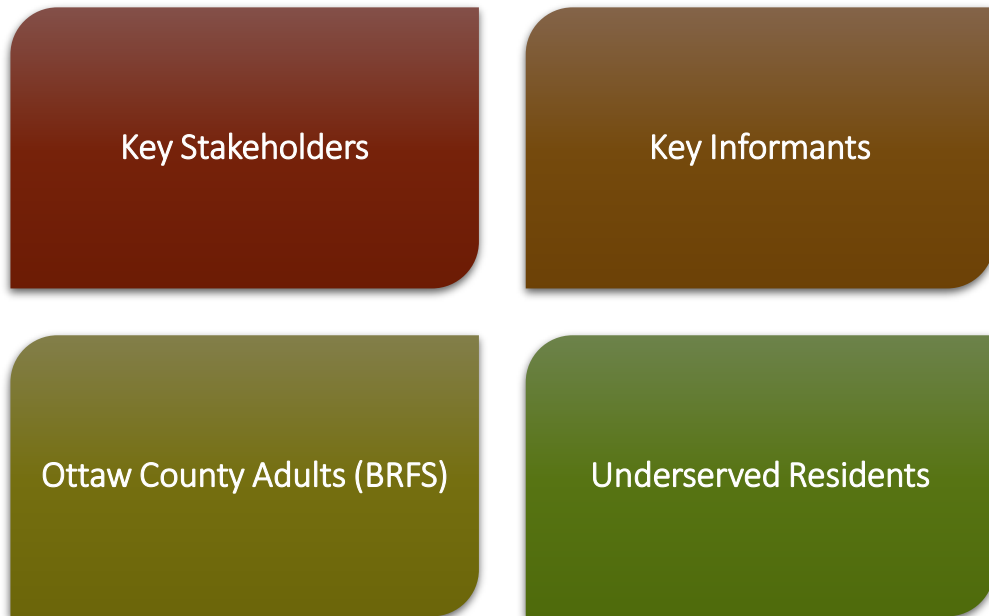
2023

Ottawa County  
Community Needs Assessment

# PERCEPTIONS OF COMMUNITY HEALTH PROBLEMS

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## Key Sectors



# PERCEPTIONS OF COMMUNITY HEALTH PROBLEMS (CONTINUED)

## KEY STAKEHOLDERS

- 🔍 Key Stakeholders report that the most pressing or concerning health issues facing Ottawa County residents are related to mental health – both in terms of prevalence and access to treatment.
- 🔍 Many mental health issues have been exacerbated by the COVID-19 pandemic.
- 🔍 Access to health care in general is a top concern because there continues to be a shortage of providers, especially primary care providers (partly due to population growth) and a large number of residents were dropped from Medicaid as the pandemic provision expired.
- 🔍 Social determinants, like lack of access to affordable healthy food and lack of access to affordable (and safe) housing are issues that are increasingly impacting area residents.

### Mental Health (14\*)

- Mental health (7) – access to treatment and prevalence, prevalence in children
- Anxiety (2)
- Depression (2)
- Mental health issues exacerbated by COVID (2)
- Treatment for opioid addiction/abuse

### Health Care Access (8)

- Shortage of primary care providers (3)
- Medicaid enrollment ceasing for many (3)
- Migrant access to physical health, mental health, and dental health care
- Having an identified primary care physician that helps manage health proactively, not on an interventional basis when a problem has been identified

### Social Determinants (6)

- Access to affordable healthy food (3)
- Affordable housing
- Homelessness is way up
- Isolation

### Chronic Disease (5)

- Chronic disease – diabetes (2), CHF
- Chronic pain management
- Respiratory disorders (RSV influenza pandemic)

### Substance Use Disorder (2)

- Alcohol consumption, binge drinking
- Self-medication (especially with meth)

### Lifestyle Choices (1)

- Obesity (but may have become normalized)

Source: Ottawa County Key Stakeholder Interviews, 2023, Q1: Q1.1: What do you feel are the most pressing or concerning health issues facing residents in Ottawa County, especially the underserved? (n=9) \*Numbers in parentheses ( ) denotes number of mentions.

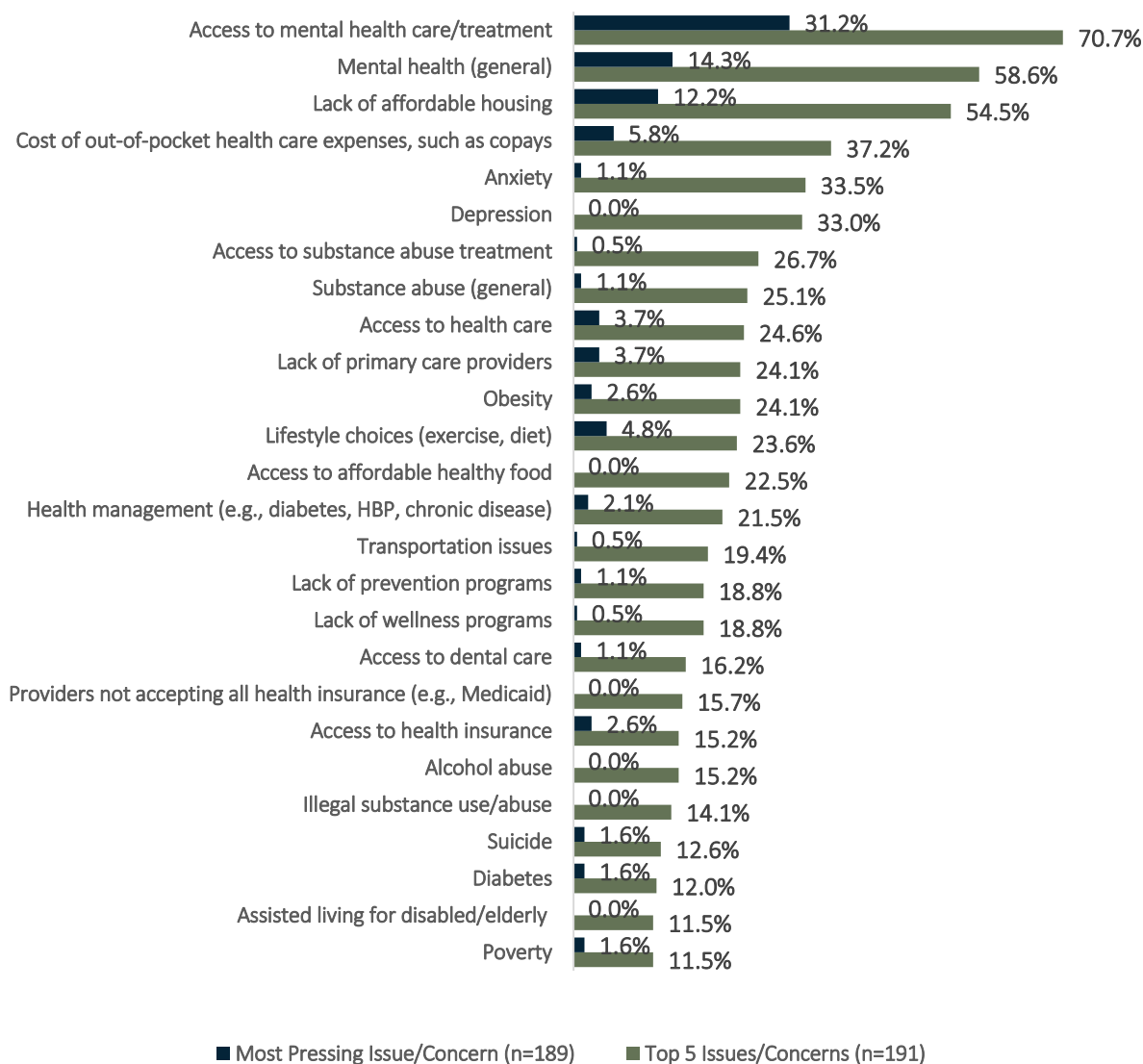


# PERCEPTIONS OF COMMUNITY HEALTH PROBLEMS (CONTINUED)

## KEY INFORMANTS

- Key Informants cite myriad pressing health issues or concerns, and four of the top six revolve around mental health; access to mental health treatment is clearly the top issue or concern.
- Lack of affordable housing, health care costs, and substance use disorder issues (access to treatment and prevalence) are also major concerns.

### Most Pressing Health Issues/Concerns



Source: Ottawa Key Informant Survey, 2023, Q1: To begin, what are the **most pressing health issues or concerns** in Ottawa County? (Multiple response) (n=191); Q1b: Of the most pressing health issues or concerns you selected, which **one** do you think is the most critical? (n=189)

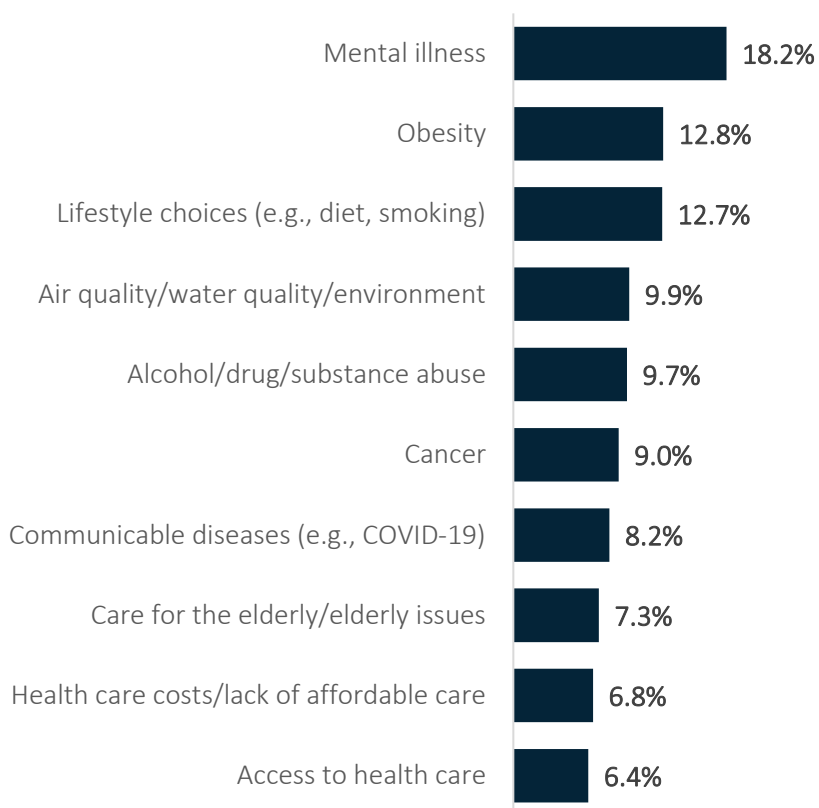


# PERCEPTIONS OF COMMUNITY HEALTH PROBLEMS (CONTINUED)

## OTTAWA COUNTY ADULTS (BRFS)

🔍 Area adults consider mental illness to be the top health problem in Ottawa County, followed by obesity, lifestyle choices, environmental factors such as air and water quality, and substance use disorder.

Top 10 Most Important Health Problems  
in the Community Today



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q1.1: What do you feel are of the most important **health** problems in your community today? (n=751)





# PERCEPTIONS OF COMMUNITY HEALTH PROBLEMS (CONTINUED)

## UNDERSERVED RESIDENTS

- 🔍 To underserved residents, the most important health problems in their community today are access to health care, followed closely by mental health issues, substance use disorder, and chronic disease.
- 🔍 Lifestyle choices (e.g., obesity, diet, exercise) and social determinants of health (e.g., access to affordable healthy food, access to affordable housing) are also considered to be important health problems.

### Access to Care (58\*)

- Cost of health care/medical care/lack of affordable care (19)
- Lack of health insurance (7)
- Lack of doctors/staff (5)
- Getting timely appointment/wait time (4)
- Transportation barriers (4)
- Access to caring/good providers (3)
- Cost of prescriptions/lack of affordable (3)
- Cost of health insurance/lack of affordable (3)
- Lack of elder care/assistance for elderly (2)
- Providers not accepting all insurance (e.g., Medicaid) (2)
- Complex system/navigating system (2)

### Mental Health (54)

- Mental health/mental health issues (27)
- Depression (children and adult) (7)
- Lack of mental health care/help for adults and children (6)
- Lower cost/more affordable access to mental health services (4)
- Anxiety (3)
- Stress (3)

### Substance Abuse (50)

- Drugs/substance abuse/drug addiction (23)
- Alcohol (11)
- Smoking (5)
- Vaping (5)
- Opiates/abuse of prescription medication (4)

### Chronic Disease/Disease/Sickness (48)

- Diabetes (16)
- Respiratory diseases/problems/asthma (6)
- Heart failure/heart disease (5)
- HBP (4)
- Cancer (4)
- Viruses going around/viruses spreading (3)
- COVID-19 (2)
- Mobility issues (2)

### Lifestyle Choices (36)

- Overweight/Obesity (16)
- Healthy eating/diet (11)
- Lack of exercise (6)

### Social Determinants (30)

- Cost of food/lack of affordable healthy food (11)
- Better food options/lack of healthy options/lack of access (7)
- Lack of affordable housing (5)
- Too many fast-food options/unhealthy options (3)

Source: Ottawa County Underserved Resident Survey, 2023, Q13: What do you feel are some of the **most** important **health** problems in your community today? (Open-ended) (n=209) \*Numbers in parentheses () denotes number of mentions.





# SOCIAL INDICATORS



# SOCIAL INDICATORS

## Demographics of Ottawa County

- Ottawa County is predominantly an urban area, where 82.0% of its residents are White and half (48.4%) of the population is under age 35. The median household income is \$85,652, higher than the nation (\$74,755).

Ottawa County Demographic Characteristics				
	N	%		%
<b>Total Population</b>	300,873	100.0	<u>Household Income</u>	
<u>Gender</u>			<b>Less than \$10,000</b>	3.0%
<b>Male</b>	150,296	50.0%	<b>\$10,000 to \$14,999</b>	1.7%
<b>Female</b>	150,577	50.0%	<b>\$15,000 to \$24,999</b>	5.7%
<u>Age</u>			<b>\$25,000 to \$34,999</b>	6.6%
<b>Under 5</b>	16,459	5.5%	<b>\$35,000 to \$49,999</b>	10.4%
<b>5 to 14</b>	39,723	13.2%	<b>\$50,000 to \$74,999</b>	16.6%
<b>15 to 24</b>	54,191	18.0%	<b>\$75,000 to \$99,999</b>	17.0%
<b>25 to 34</b>	35,272	11.7%	<b>\$100,000 to \$149,999</b>	20.4%
<b>35 to 44</b>	37,496	12.5%	<b>\$150,000 to \$199,999</b>	9.4%
<b>45 to 54</b>	32,142	10.7%	<b>\$200,000 or more</b>	9.1%
<b>55 to 64</b>	36,034	12.0%	<u>Urban/Rural Population</u>	
<b>65 to 74</b>	29,207	9.7%	<b>Urban</b>	80.0%
<b>75 to 84</b>	14,485	4.8%	<b>Rural</b>	20.0%
<b>85 and over</b>	5,864	1.9%		
<u>Race/Ethnicity</u>				
<b>White/Caucasian</b>	246,602	82.0%		
<b>Black/African American</b>	5,420	1.8%		
<b>Hispanic/Latino</b>	31,476	10.5%		
<b>American Indian/Alaskan Native</b>	281	0.1%		
<b>Asian</b>	8,583	2.9%		
<b>Native Hawaiian/Other Pacific Islander</b>	0	0.0%		
<b>Some Other Race</b>	1834	0.6%		
<b>Two or More Races</b>	6,677	2.2%		

Source: U.S. Census Bureau, American Community Survey, 2022, 1 Year Estimates. Urban/Rural data from U.S. Census Bureau, Decennial Census, 2020.



# DEMOGRAPHICS OF OTTAWA COUNTY

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## Key Focus Areas

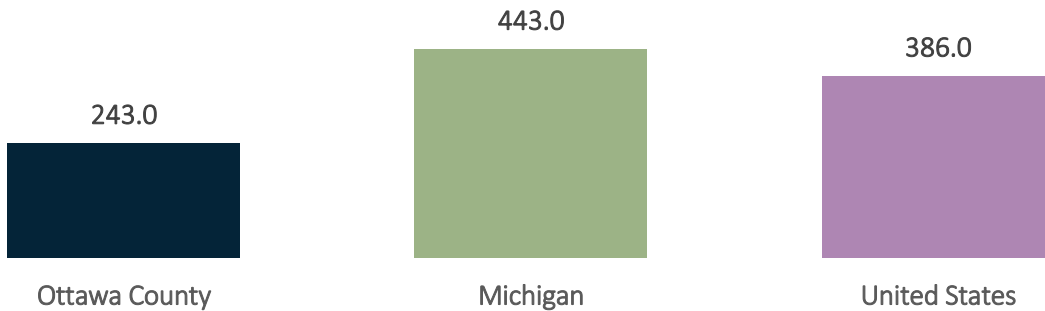


# CRIME RATES

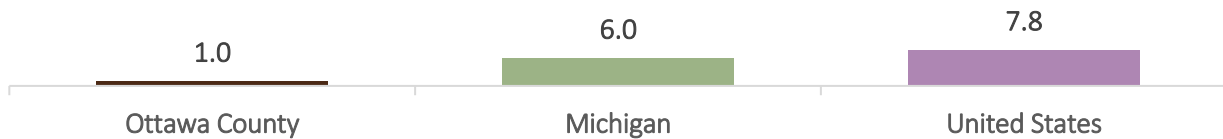
## CRIME RATES

- 🔍 The rates for violent crime, homicide, and child abuse/neglect are far lower in Ottawa County compared to Michigan or the United States. Still, there is room for improvement with 243 violent crimes per 100,000 people in Ottawa County.

### Violent Crime Rate Per 100,000 Population



### Homicide Rate Per 100,000 Population



### Confirmed Victims of Child Abuse/Neglect Per 1,000 Children Under Age 18



Source: MI and county: County Health Rankings, 2021. US: National Center for Health Statistics, 2021. Kids Count Data Book. Counties and MI, 2022; US, 2021.

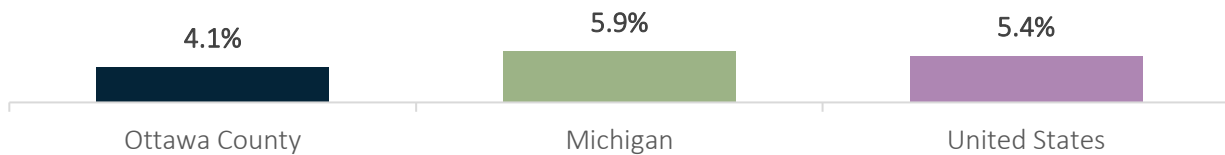


# UNEMPLOYMENT

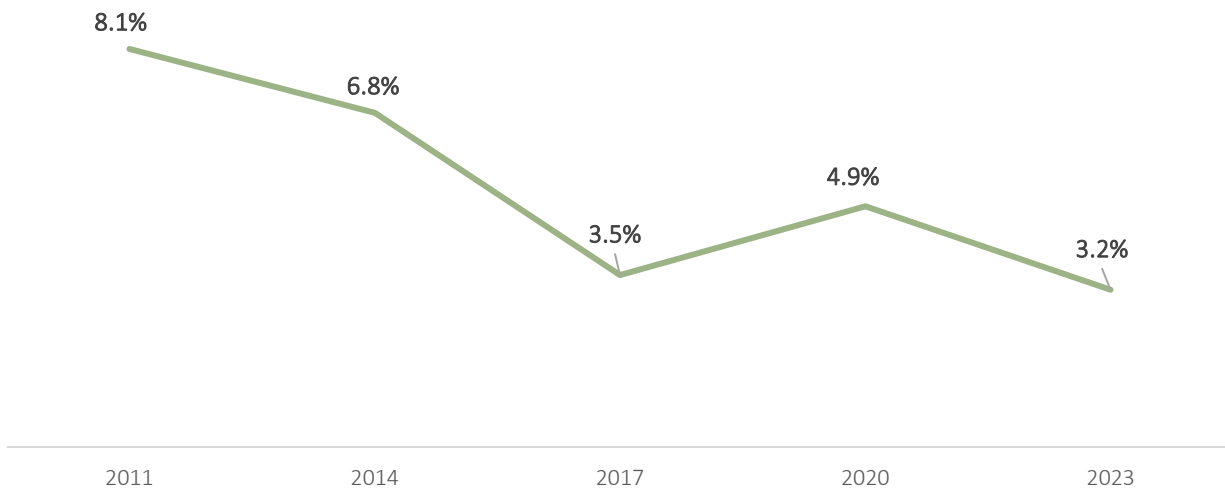
## UNEMPLOYMENT

- 🔍 The most recent unemployment rate for Ottawa County is lower than the rates for Michigan and the U.S.
- 🔍 The unemployment rate has been very low since 2017, with the exception of a couple of months in 2020 when it spiked due to the COVID-19 pandemic. The low unemployment rate in Ottawa County is considered to have a positive impact on the health and well-being of area residents.

Population Age 16+ Unemployed and Looking for Work



Ottawa County Unemployment Rate Over Time



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics 2021. County Health Rankings, 2021. Bureau of Labor Statistics, Local Area Unemployment Statistics 2011-2023.

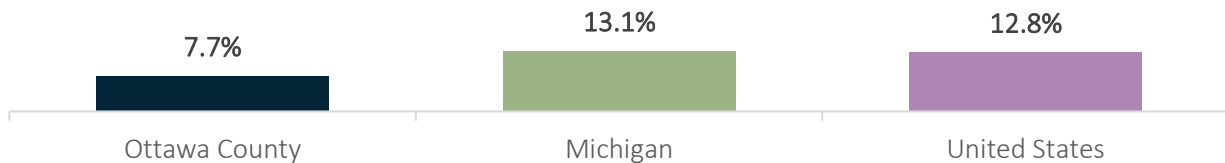


# POVERTY

## POVERTY

- One in thirteen (7.7%) Ottawa County residents live in poverty, a rate lower than the state and national rates.
- The poverty rates for all families, including married couples and single female households, are far lower than the state and national rates.
- Still, one in four (24.8%) single female families with children under age five lives in poverty.

Percentage of People in Poverty



	Poverty Levels		
	Ottawa County	Michigan	U.S.
<u>All Families</u>			
With children under age 18	4.6%	14.9%	14.1%
With children under age 5	3.0%	13.9%	13.0%
Total	4.4%	9.0%	9.1%
<u>Married Couple Families</u>			
With children under age 18	1.3%	6.0%	6.2%
With children under age 5	1.2%	3.8%	4.8%
Total	2.0%	4.4%	4.7%
<u>Single Female Families</u>			
With children under age 18	21.4%	35.7%	37.7%
With children under age 5	24.8%	39.2%	45.7%
Total	17.2%	25.3%	24.4%

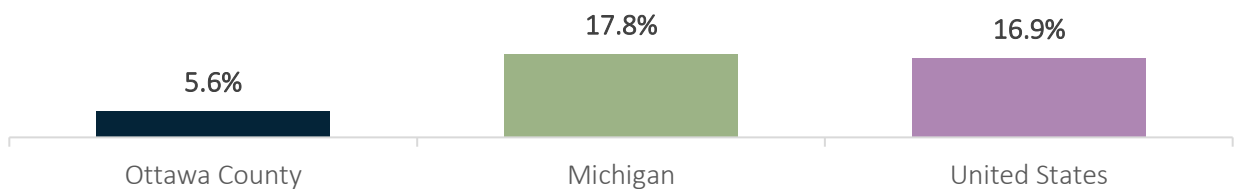
Source: US Census Bureau, 2021: ACS 5-Year Estimates Data Profiles, Selected Economic Characteristics.



# POVERTY (CONTINUED)

- 🔍 One in eighteen (5.6%) children in Ottawa County lives in poverty, a rate far lower than the state and national rates.
- 🔍 Nearly one in four (23.3%) Ottawa County children age 0-4 receive WIC and more than one-third (35.6%) are eligible for free or reduced-price lunches; rates much lower than state and national rates.

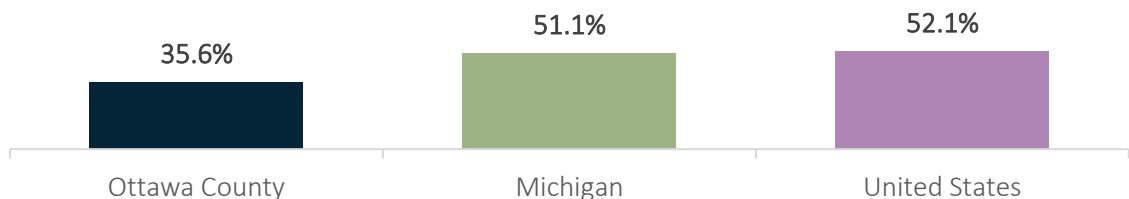
Percentage of Children (Under Age 18) in Poverty



Children Ages 0-4 Receiving WIC



Percentage of Students Eligible for Free/Reduced Price School Lunches



Source: US Census Bureau, 2021: ACS 5-Year Estimates Data Profiles, Selected Economic Characteristics. Kids Count Data Center, 2022. US: Digest of Education Statistics, 2020, Table 204.10 (data for 2018-19). MI and county: Kids Count Data Center, 2020.





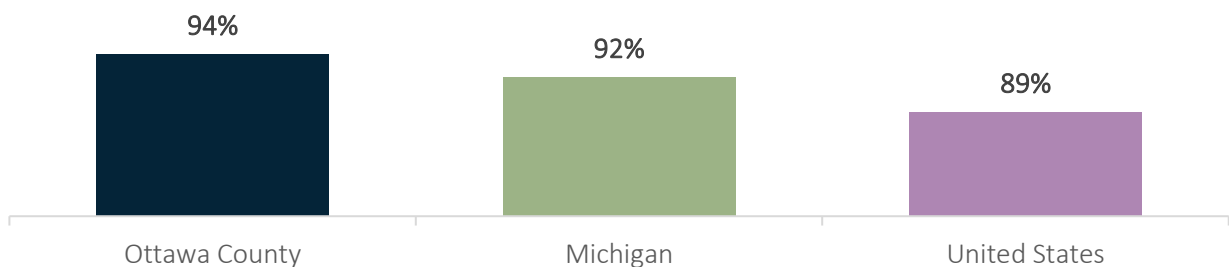
# EDUCATION

## EDUCATION

- For both men and women, slightly more Ottawa County residents graduate high school and get college degrees compared to residents across the state and the nation.
- The graduation rate among those who begin 9th grade is higher for Ottawa County youths compared to youths in Michigan and the U.S.

	Educational Level (Among Adults Age 25+)					
	Men			Women		
	Ottawa County	MI	U.S.	Ottawa County	MI	U.S.
No Schooling Completed	1.4%	1.5%	2.1%	0.9%	1.4%	1.9%
Did Not Graduate High School	4.9%	5.6%	7.7%	3.9%	6.2%	7.9%
High School Graduate, GED, or Alternative	27.0%	29.4%	27.5%	26.0%	26.9%	24.7%
Some College, No Degree	21.0%	22.0%	19.0%	20.1%	21.9%	19.2%
Associate's Degree	7.8%	8.6%	7.9%	12.2%	10.7%	9.6%
Bachelor's Degree	25.1%	19.0%	21.1%	24.9%	20.0%	22.1%
Master's Degree	9.6%	8.4%	8.9%	10.3%	10.2%	11.1%
Professional School Degree	1.3%	2.2%	2.6%	1.3%	1.6%	2.0%
Doctorate Degree	2.0%	1.6%	1.9%	0.4%	1.2%	1.5%

### Freshman Graduation Rate



Source: US Census Bureau, 2022: ACS 5-Year Estimates Data Profiles, Sex by Educational Attainment for the Population 25 Years and Over. County Health Rankings, 2023, data from 2017-2021, High school graduation

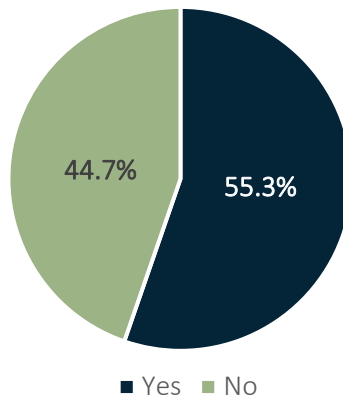


# ENVIRONMENTAL FACTORS

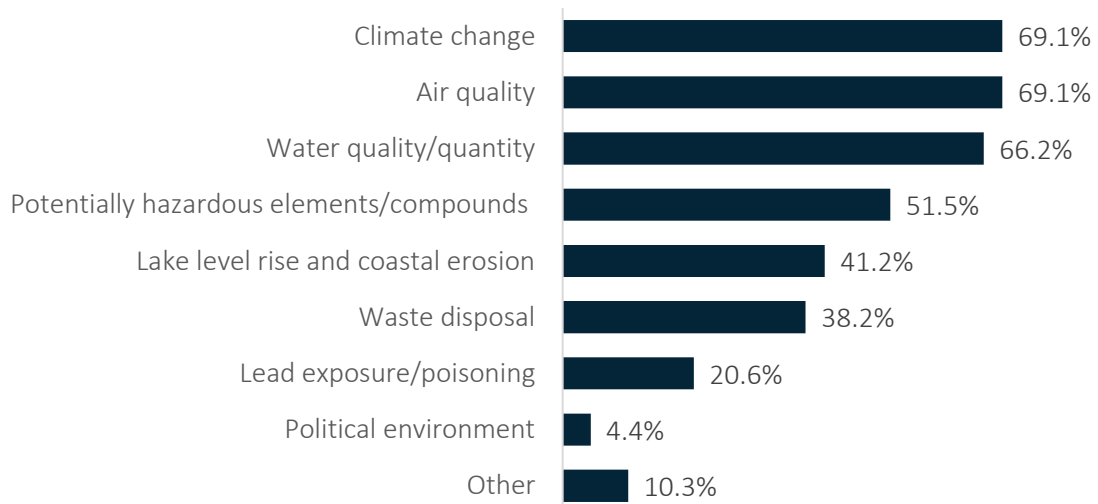
## ENVIRONMENTAL FACTORS

- Over half (55.3%) of Key Informants are concerned about environmental factors impacting the health of area residents in the next few years.
- They are concerned about myriad issues such as climate change, air quality, water quality/quantity, and potentially hazardous elements/compounds

Concerned About Environmental Factors That Could Impact the Health of Area Residents



Environmental Factors That Could Impact the Health of Area Residents



Source: Ottawa County Key Informant Survey, 2023, Q12: Are you concerned about any environmental factors that could impact the health of Ottawa County residents in the next few years? (n=123); Q12a: (If yes) What are the environmental factors that you think could impact the health of area residents? (n=68) (Multiple response allowed)



# ADVERSE CHILDHOOD EXPERIENCES

## ADVERSE CHILDHOOD EXPERIENCES

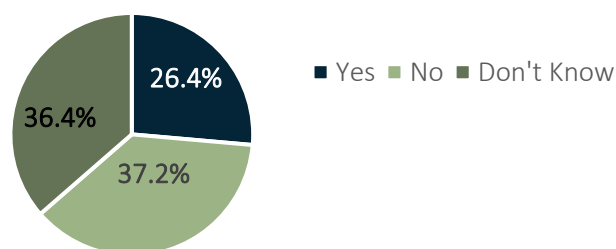
- Four in ten (46.0%) Ottawa County adults report living with parents who insulted them or put them down and one in five (20.7%) say they were physically hurt by a parent. Further, roughly one in three adults (34.8%) report living with household challenges such as mental illness, and more than one in four lived with alcoholism, and/or separation or divorce.
- Only one-fourth (26.4%) of Key Informants say they, or their organization screens for ACEs.

ACE Questions	Percent of Adults With Each ACE in Ottawa County
How often did a parent or adult in your home ever swear at you, insult you, or put you down? (n=939)	46.0%
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say... (n=956)	20.7%
How often did anyone at least five years older than you or an adult, ever touch you sexually? (n=955)	13.9%
How often did anyone at least five years older than you or an adult, try to make you touch them sexually? (n=958)	11.8%
How often did anyone at least five years older than you or an adult, force you to have sex? (n=961)	4.5%
Did you live with anyone who was depressed, mentally ill, or suicidal? (n=961)	34.8%
Did you live with anyone who was a problem drinker or alcoholic? (n=965)	28.6%
Were your parents separated or divorced? (n=967)	28.5%
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? (n=948)	17.1%
Did you live with anyone who served time, or was sentenced to serve time, in prison, jail, or other correctional facility? (n=968)	16.0%
Did you live with anyone who used illegal street drugs or abused prescription medication? (n=966)	13.5%

ABUSE

HOUSEHOLD CHALLENGES

### Currently Screening for Adverse Childhood Experiences (ACEs)



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q21.1-Q21.11.; KSI, 2023, Q11: Are you or members of your organization currently screening people/clients/patients for Adverse Childhood Experiences (ACEs)? (n=129)



# ADVERSE CHILDHOOD EXPERIENCES (CONTINUED)

- 🔍 Ottawa County adults experienced more emotional and sexual abuse, but less physical abuse, in childhood than adults across MI and/or the U.S.
- 🔍 Growing up, Ottawa County adults were more likely to have lived with someone who had mental illness, who had a substance use disorder, and/or who had been incarcerated compared to adults across the state or nation.

ACE Questions	Percent of People With Each ACE		
	Ottawa County	Michigan	United States
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	46.0%	38.0%	34.0%
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say...?	20.7%	26.0%	23.3%
How often did anyone at least five years older than you or an adult, ever touch you sexually, try to make you touch them sexually, or force you to have sex?	16.4%	14.0%	12.6%
Did you live with anyone who was depressed, mentally ill, or suicidal?	34.8%	21.0%	17.3%
Did you live with anyone who was a problem drinker or alcoholic, or who used illegal street drugs or abused prescription medication?	33.9%	31.0%	26.5%
Were your parents separated or divorced?	28.5%	30.0%	28.4%
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	17.1%	18.0%	17.2%
Did you live with anyone who served time, or was sentenced to serve time, in prison, jail, or other correctional facility?	16.0%	10.0%	8.6%

- ABUSE
- HOUSEHOLD CHALLENGES

The term ACEs or adverse childhood experiences is another one of those terms that has risen in the last 10 years. But I can go back and know that was Kaiser Permanente. In fact, that came about in the early 2000s and I kind of know the story of how that came to be. The **social determinants of health** just showed up. Patient-centered medical home (PCMH) is a term we throw around a lot. We know exactly where that came from. That came from the pediatricians and we then adopted it in family medicine. **The social determinants of health, I think there's been a recognition of the importance.** – *Key Stakeholder*

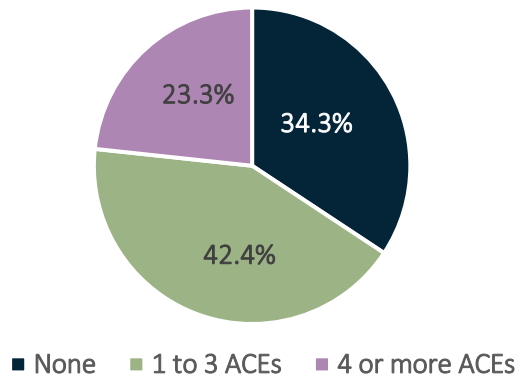
Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q21.1-Q21.11. Michigan Department of Health and Human Services, 2019; Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2019. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2011-2020.



# ADVERSE CHILDHOOD EXPERIENCES (CONTINUED)

- Almost two-thirds (65.7%) of area adults have had at least one adverse childhood experience, and 23.3% have suffered four or more.
- There is a direct and linear relationship between the number of ACEs one encounters and negative outcomes later in life.
- Particularly noticeable is the impact ACEs have on adult mental health.

Number of Adverse Childhood Experiences



	Number of ACEs		
	None	1-3	4 or More
Health status fair/poor	6.7%	17.0%	20.6%
Poor mental health	1.7%	12.6%	42.5%
Activity limitation	3.8%	8.9%	14.4%
COPD	2.3%	3.1%	11.6%
Anxiety	8.8%	38.4%	53.2%
Depression	13.8%	26.6%	44.0%
Suffer from chronic pain	25.6%	36.0%	48.3%
Marijuana use (past 30 days)	5.6%	12.3%	49.1%
Current smoker	3.2%	13.2%	24.0%
Vaping	1.0%	6.6%	19.6%
Heavy drinker	1.7%	4.1%	11.8%
Binge drinker	19.9%	16.7%	29.1%
Mild to severe mental illness (Kessler 6)	10.3%	40.1%	53.2%
Suicidal thoughts	3.4%	6.4%	23.3%
Suicide attempts	0.3%	2.7%	14.2%

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q21.1-Q21.11. (n=887)

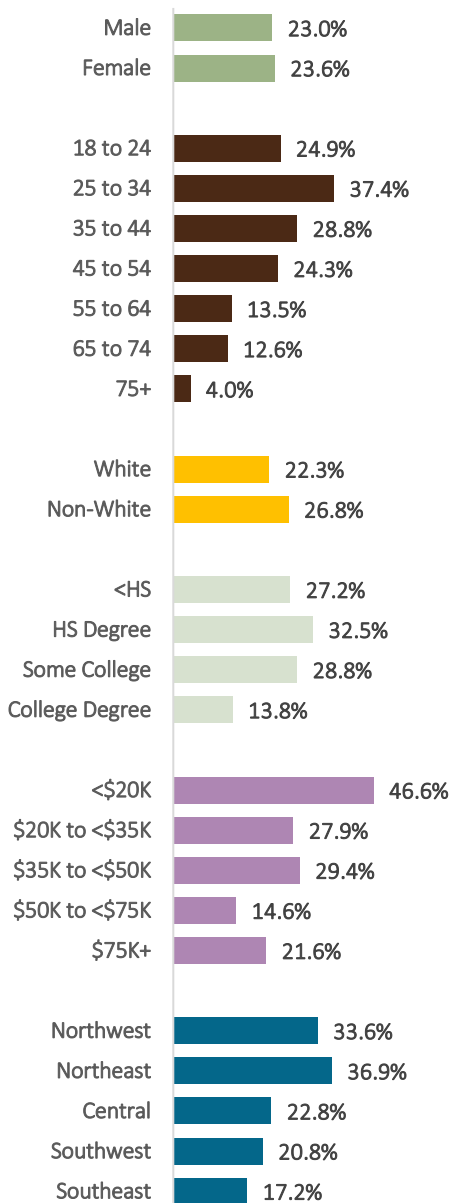


# ADVERSE CHILDHOOD EXPERIENCES (CONTINUED)

## ADVERSE CHILDHOOD EXPERIENCES (CONTINUED)

4 or More ACEs = 23.3%

4 or More ACEs  
by Demographics



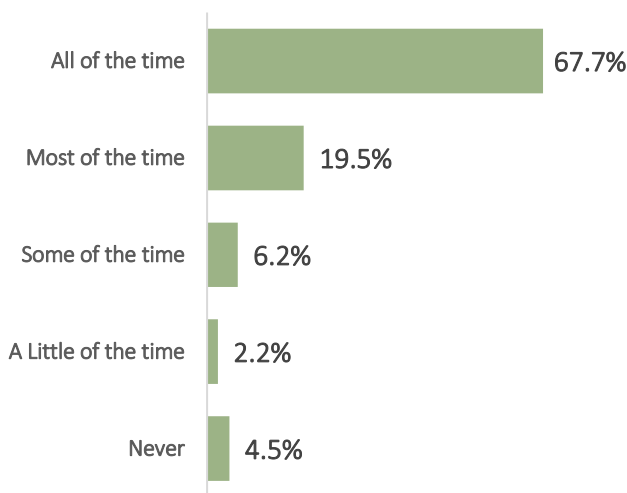
- Adults under age 55 are more likely to report four or more ACEs than older adults
- Adults with college degrees are less likely to report four or more ACEs compared to adults with less education
- Adults with household incomes under \$20K are far more likely to report four or more ACEs than adults with greater household incomes
- Adults living in the northern sections of the county are more likely to report four or more ACEs than adults living elsewhere



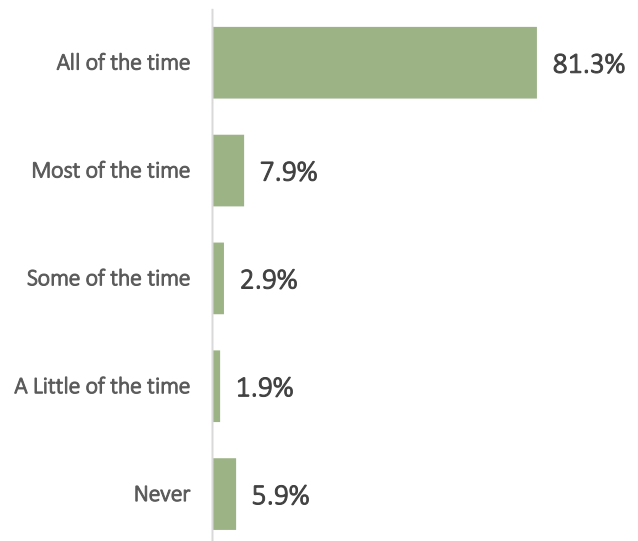
# ADVERSE CHILDHOOD EXPERIENCES (CONTINUED)

- 🔍 In childhood, the vast majority of respondents had an adult in their household who made them feel safe and protected and/or ensured their basic needs were met all of the time.
- 🔍 However, for those who didn't have an adult ensuring safety and basic needs all of the time, they were far more likely to have encountered adverse childhood experiences.

Adult Was Around Who Made Me Feel Safe and Protected During Childhood



Adult Was Around Who Met My Basic Needs During Childhood



	Basic Needs Met		Safety/Protection	
	All of the Time	Not All of the Time	All of the Time	Not All of the Time
None	40.4%	3.8%	46.3%	9.5%
1 to 3	45.0%	30.2%	46.5%	34.3%
4 or More	14.6%	66.0%	7.1%	56.2%

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q21.12: For how much of your childhood was there an adult in your household who made you feel safe and protected? (n=957); Q21.13: For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? (n=960)

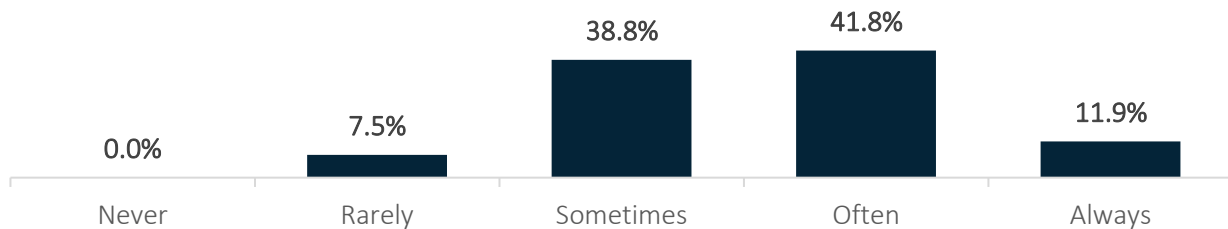


# SOCIAL DETERMINANTS

## SOCIAL DETERMINANTS

- Of the nine Key Stakeholders interviewed, only one believes that social determinants of health are given enough consideration when designing strategies and action plans to improve the overall health of Ottawa County residents.
- Additionally, 46.3% of Key Informants report that social determinants of health are only sometimes or rarely considered when developing treatment or care plans for patients or clients.

Frequency With Which Social Determinants of Health Are Considered When Developing Treatment/Care Plans



Source: Ottawa County Key Informant Survey, 2023, Q9/Key Stakeholder Interviews, Q8: In your opinion, do you think social determinants of health are given enough consideration when designing strategies or action plans to improve the overall health of Ottawa County residents? (n=134/n=9); Q8a: Why do you say that? (n=9)

The issues involved in the Social Determinants of Health, including **housing, education, food, environmental safety** and others, **should be promoted as health issues. Barriers to these services and supports are critical to the health of Ottawa County's population, should be screened for, made part of health providers' referral process, tracked and supported.** These assets, as well as **gun safety, diversity, equity and inclusion issues**, are all part of health and, most especially public health, which is currently being deconstructed in Ottawa County.

– Key Informant

You know we've all got it in the back of our minds that it doesn't matter how good my therapists are, and I might get you your medication **but if you go home and live in your car, you're never going to be mentally healthy and you're likely not going to be physically healthy.** – Key Stakeholder

**When you're designing something, are you truly taking the time and the effort to ask those individuals that you're trying to help?** I think that that's a big problem across the board. We sit in our office, and we talk around the table about the design for some new program that we're trying to come up with, to help the ALICE population or the LGBTQ+IA population, for example. **But we don't sit down and ask them what their opinions are, or ask them for their feedback, or ask them to sit around the table** and then give them a stipend, so to speak, because we feel their time is valuable. -- Key Stakeholder



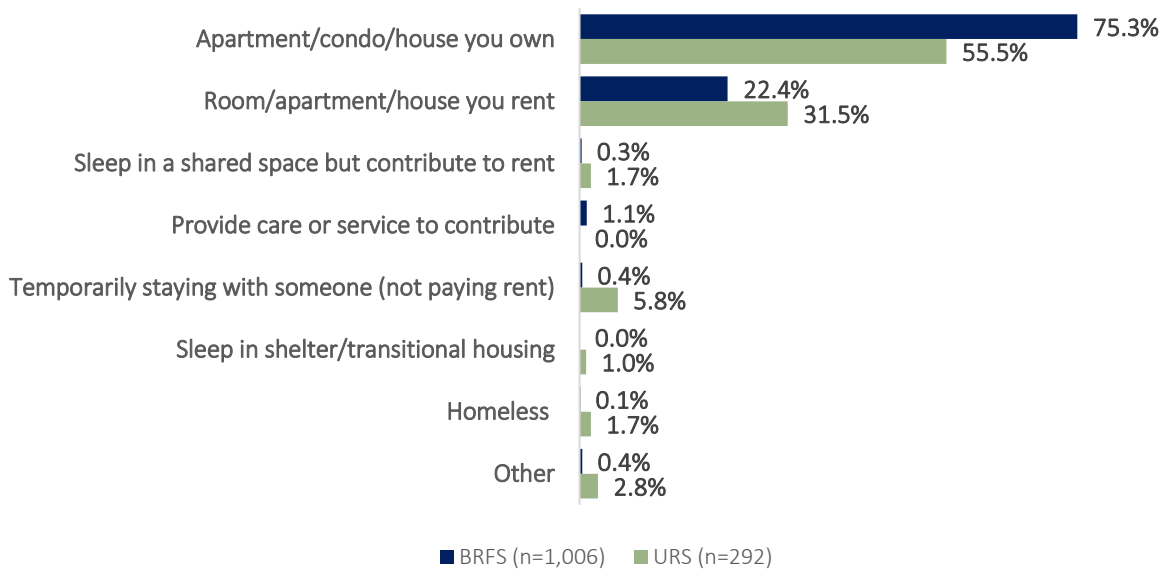


# HOUSING

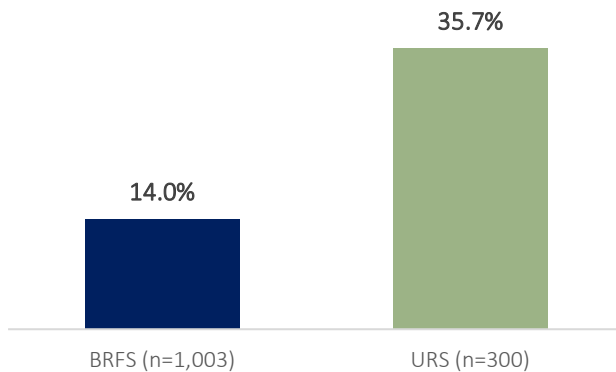
## HOUSING

- Q The vast majority of area adults own or rent the place where they live, although underserved residents are more likely to rent or live in more unstable conditions (e.g., temporary, shelter, homeless) than the general population.
- Q Underserved residents have more trouble paying their rent, mortgage or utilities compared to the general population, and one in eight moved several times and a similar proportion moved in with someone for financial reasons in the past year.

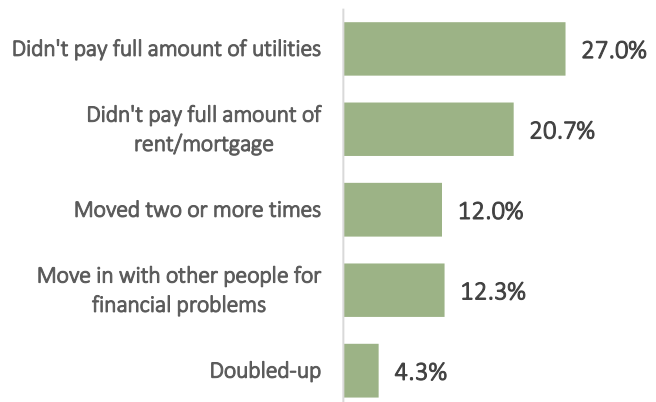
### Place Where You Live



### Had Trouble Paying Rent, Mortgage, or Utilities in Past Year



### Financial Issues in Past Year (Underserved Residents)



Source: Ottawa County BRFS Q16.1/URS Q24: Which of the following best describes the place where you live?; BRFS Q16.2: During the past 12 months, was there a time when you were not able to pay your mortgage, rent, or utility bills? (n=1,003); URS Q25: In the past year, did any of the following happen to you? (n=300)



# AFFORDABLE HOUSING

## AFFORDABLE HOUSING

- 🔍 Key Informants report lack of affordable housing as the most pressing health issue or concern in the county only behind mental health, and it's also a pressing issue for Key Stakeholders.
- 🔍 Not only is housing expensive, but there is a shortage of units even for those who can afford it.
- 🔍 Poor or unsafe housing often leads to other negative physical, mental, and emotional outcomes.

**People below the margins are unable to secure housing leaving them at high risk for poor/declining health** and other **health disparities**. People living at or just above the margins **can just barely afford housing and have little funds to make healthcare a priority**, making them **more vulnerable to poor/declining health**. – *Key Informant*

Puts people under **considerable financial stress and sense of insecurity**, which can be **triggers for other health and personal issues**. – *Key Informant*

**Many people cannot afford to live in our County**. That means they **either commute into work here, spending most of their earnings in another county or they are doubled up trying to find housing**. More crowded homes with **people temporarily living together means less invested homeowners**. **Our neighborhoods need to have home owners to thrive and stay safe**. I would hate to see our county become a haven for only rentals and housing for the rich. – *Key Informant*

**Lack of affordable housing contributes to houselessness, tough decision making** (pay for housing vs pay for food), **contributes to the community's economic strain and decreasing workforce** (if you can't afford to live here you won't work here either), **negatively effects diversity** (eliminates low socioeconomic families), **puts children in poverty situations** (parent(s) can't afford normal life needs and activities if they are spending all their money on housing), and **leads to lack of health and dental care** (can't afford with income going to housing). Before addressing all the other critical health concerns and needs of Ottawa County, **it's the root that needs to be addressed in order to make addressing any of the other concerns even valid or have any potential success**. – *Key Informant*

**Affordable housing is hard to tackle** regardless. When you name that as a social determinant okay, like I understand how that impacts people's health but we **still need millions upon millions of dollars to address that issue, you know even to put a dent in that issue, and how do we do that?** So, I think it's challenging. – *Key Stakeholder*

**You can't afford to live here if you are making minimum wage**. The problem is that **builders can build \$500,000 homes and sell them**. If you're in business to make money you're going to make a lot more money on a \$500,000 than you are on a \$100,000 home. **Condos that are selling for \$400,000**, which are just way outside the range of anybody who is making a low income. **We have a desperate problem with direct care workers in the Ottawa County**. If you're going to make \$15, \$16, \$17 an hour you **can't live here so that means you have to live in Kent County or Muskegon County**, and when gas is \$4, \$5 a gallon why would you drive in when you know you could get the same job two blocks from where you live. – *Key Stakeholder*

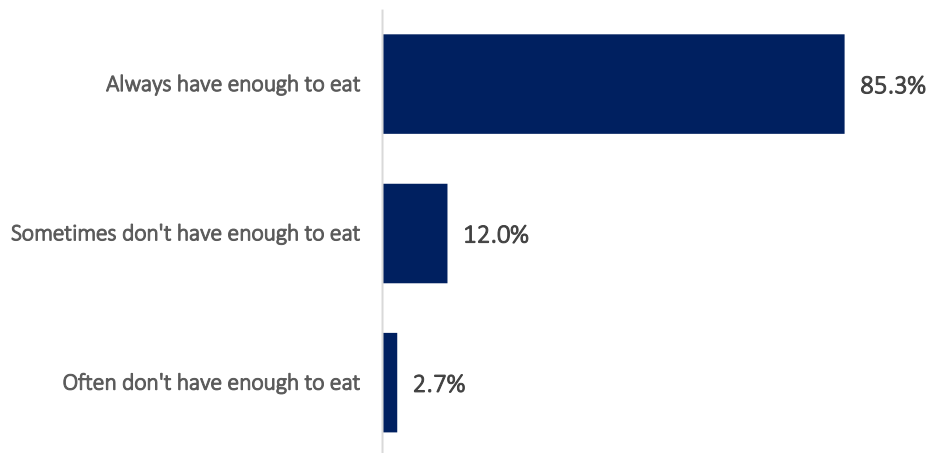


# FOOD ACCESS AND SUFFICIENCY

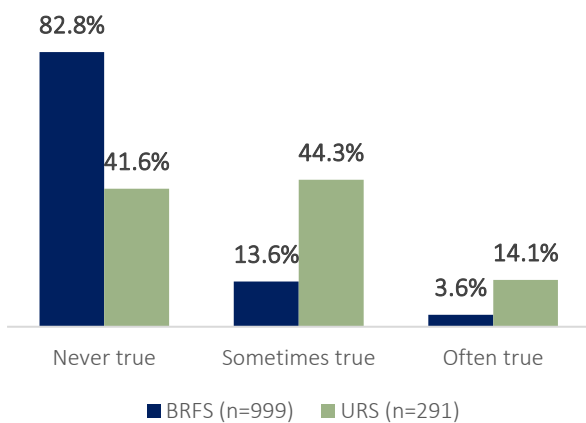
## FOOD ACCESS & SUFFICIENCY

- 🔍 Roughly one in seven (14.7%) area adults say they sometimes or often don't have enough to eat; this proportion is much higher than previous iterations.
- 🔍 In the past year, roughly the same proportions worried they would run out of food, or actually did run out of food, but these proportions were significantly higher for underserved or vulnerable adults.

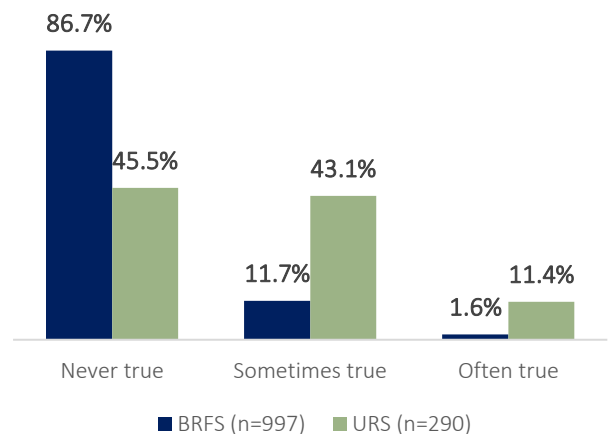
### Food Sufficiency



### In Past Year, I Worried Food Would Run Out



### In Past Year, the Food I Bought Didn't Last



Source: Ottawa County BRFs, 2023: Q13.1: Which of the following statements best describes the food eaten in your household within the last 12 months? (n=1,001); BRFs Q13.2/URS Q22: Within the past 12 months, I worried whether my food would run out before I got money to buy more; BRFs Q13.3/URS Q23: Within the past 12 months, the food that I bought just didn't last, and I didn't have enough money to get more.



# AFFORDABLE HEALTHY FOOD

## AFFORDABLE HEALTHY FOOD

- 🔍 Healthy food has historically always been more expensive than unhealthy food, but this disparity has been exacerbated by inflation over the past couple of years.
- 🔍 That said, the barriers to eating healthier are often not cost-related, and finding innovative ways to get area residents to eat healthier will result in better physical and mental health outcomes.

Food prices have risen quite a bit, and many families are struggling to afford good food. Truly healthy food has the ability to create baseline better health across the board, physical and mental. There are school lunch programs, etc., that run through the summer, but that doesn't help a family buy vegetables/fruits/meat. At the store, it is often cheaper to buy grains/processed foods than fresh meat or produce. – *Key Informant*

I think that there are [food deserts]. Some of the neighborhoods in Holland you have a local convenience store that our kids are walking to, to get candy for cheap or a microwave burrito, or something like that. They are going to go there and get that because there is nothing else available to them. – *Key Stakeholder*

Diet affects all aspects of health. Having a healthy diet is the prevention to numerous health issues/diseases. As inflation continues, more families are forced to choose cheaper foods which are typically highly processed and do not include fruits and vegetables. – *Key Informant*

Junk food, gas station food is keeping patients obese. – *Key Informant*

As far as healthy food, I think at this point, at least in my clinic, the big gap right now is access to education about healthy food. So, a lot of my patients and children that need better diets, it's not so much a lack of access to the food as it is a lack of understanding of the importance and specific training on how to do that. And again, that's been a chronic problem in the US and does not have an easy solution of how do you pay for programs to educate and motivate low socioeconomic people on better nutrition choices? It's true cost of healthy food is an issue, but people are paying \$5 and \$6 a day to smoke a pack of cigarettes and choosing not to buy vegetables, which would be less than that. So, it's not just a cost issue. It's an understanding of the importance and an education and a motivation to do so. I have children with obesity whose parents are obese, and it's hard to communicate to the seven-year-old that they need to eat more vegetables when their parents are not in the habit of doing that. So, that's one of the topics that we have been looking at. How can we do better in that space, because that's not a moneymaker for a healthcare system to educate families on better nutrition. – *Key Stakeholder*

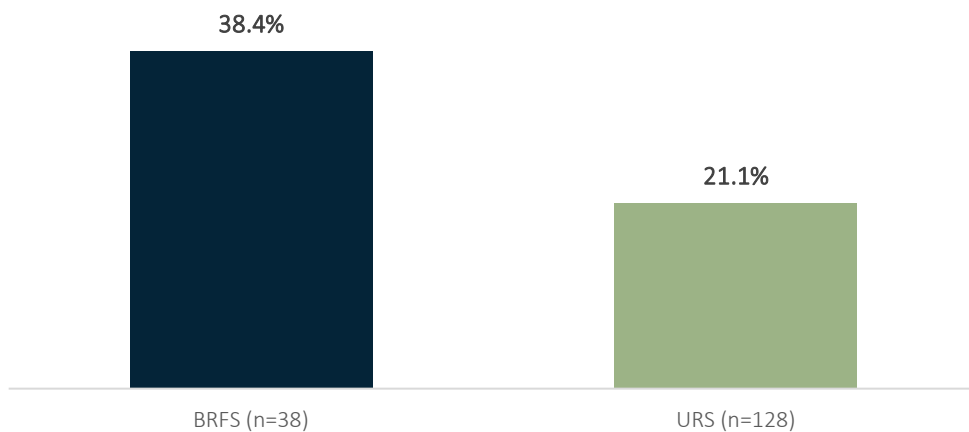


# CHILDCARE

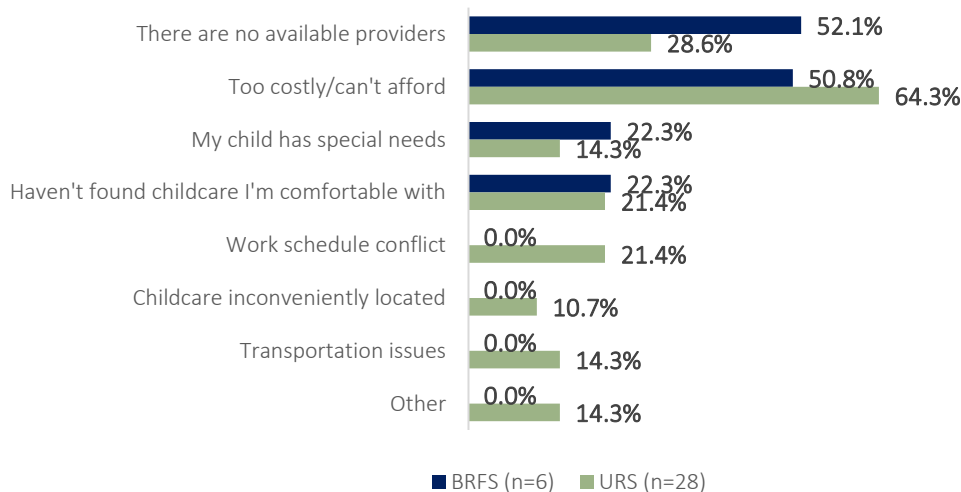
## CHILDCARE

- More than one-third (38.4%) of the general population with children at home under age 6 have had problems receiving childcare\*.
- One in five (21.1%) underserved adults with children also report having problems getting childcare. The greatest barriers to getting childcare are lack of availability and cost, but it's clear the underserved residents face many additional barriers (e.g., work conflicts, transportation issues).

### Experience Problems Trying to Receive Childcare



### Barriers to Childcare



Source: Ottawa County BRFs Q16.3/URS Q28: Do you experience any problems when trying to receive childcare for your children? BRFs Q16.4/URS Q29: What are some of the problems you experience when trying to receive childcare? \*Caution: small base size.

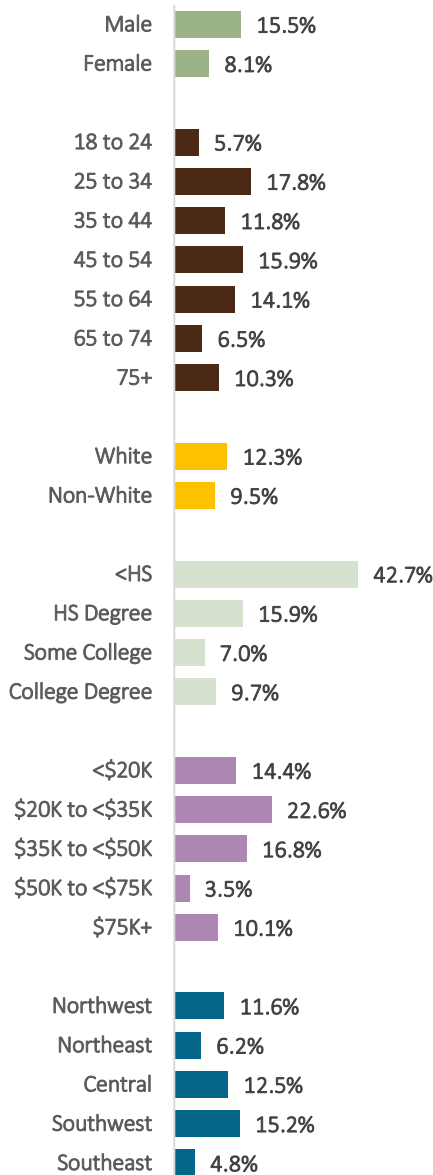


# SOCIAL & EMOTIONAL SUPPORT

## SOCIAL & EMOTIONAL SUPPORT

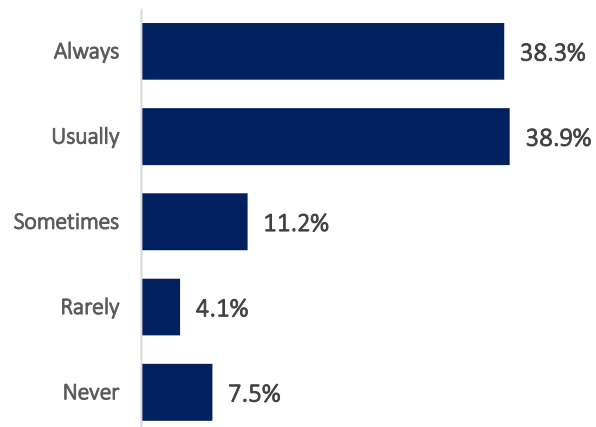
Rarely/Never Received Social Support = 11.6%

Rarely/Never Received Needed Social/Emotional Support by Demographics



- Q The vast majority of area adults (77.2%) receive needed social and emotional support usually or always
- Q Prevalence of receiving needed support is higher among women than men
- Q Prevalence of receiving needed support is lowest among adults with less than a high school degree
- Q The rate of receiving social support rarely or never is higher than past iterations

Frequency of Needed Social/Emotional Support



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q9.1: How often do you get the social and emotional support you need? (n=987).



# SOCIAL & EMOTIONAL SUPPORT (CONTINUED)

- Receiving needed social and emotional support clearly has an impact on outcomes; adults who report receiving needed social and emotional support “rarely” or “never,” are far more likely to experience negative outcomes compared to adults who receive social and emotional support more often.
- The abundant social capital in the county can be leveraged to create a stronger social support network, which will ultimately strengthen the community and lead to better outcomes.

	Frequency of Needed Social and Emotional Support	
	Always/Often/Sometimes	Rarely/Never
Health status fair/poor	12.3%	34.7%
Poor physical health	9.3%	37.9%
Poor mental health	13.3%	42.7%
Activity limitation	5.9%	32.4%
COPD	4.0%	30.9%
Anxiety	31.4%	55.9%
Depression	25.4%	40.8%
Suffer from chronic pain	35.0%	69.1%
Marijuana use (past 30 days)	15.5%	55.1%
Current smoker	10.3%	50.9%
Vaping	6.1%	37.0%
Heavy drinker	4.4%	27.7%
Binge drinker	20.5%	32.2%
Mild to severe mental illness (Kessler 6)	31.0%	63.7%
Suicidal thoughts	6.4%	28.4%
Suicide attempts	3.7%	27.0%

We need to foster better social capital in the community. In order to do this, we need to support community-based organizations such as Rotary Clubs, faith communities, sports leagues, community theater, etc. We need to see these organizations as necessary partners in addressing the mental health crisis at its roots. The more that we can create healthy social support systems at the ground level, the better. – Key Informant



# REACTIONS TO RACE

## REACTIONS TO RACE

- There is definitely a difference in terms of how people feel they are treated at work or by the health care system depending on their race.
- White adults are more likely to perceive themselves as treated the same as other races, whereas non-White adults are more likely to see themselves being treated worse than other races; this is especially true with regard to the health care system.

Perspective on How You Are Treated at Work in Past Year		
	Race	
	White	Non-White
Worse than other	2.4%	15.5%
The same as other races	88.9%	67.7%
Better than other races	8.7%	16.8%
Worse than some races, better than others	0.0%	0.0%

Perspective on How You Are Treated by the Health Care System in Past Year		
	Race	
	White	Non-White
Worse than other	0.9%	33.6%
The same as other races	82.5%	60.7%
Better than other races	16.5%	5.7%
Worse than some races, better than others	0.1%	0.0%

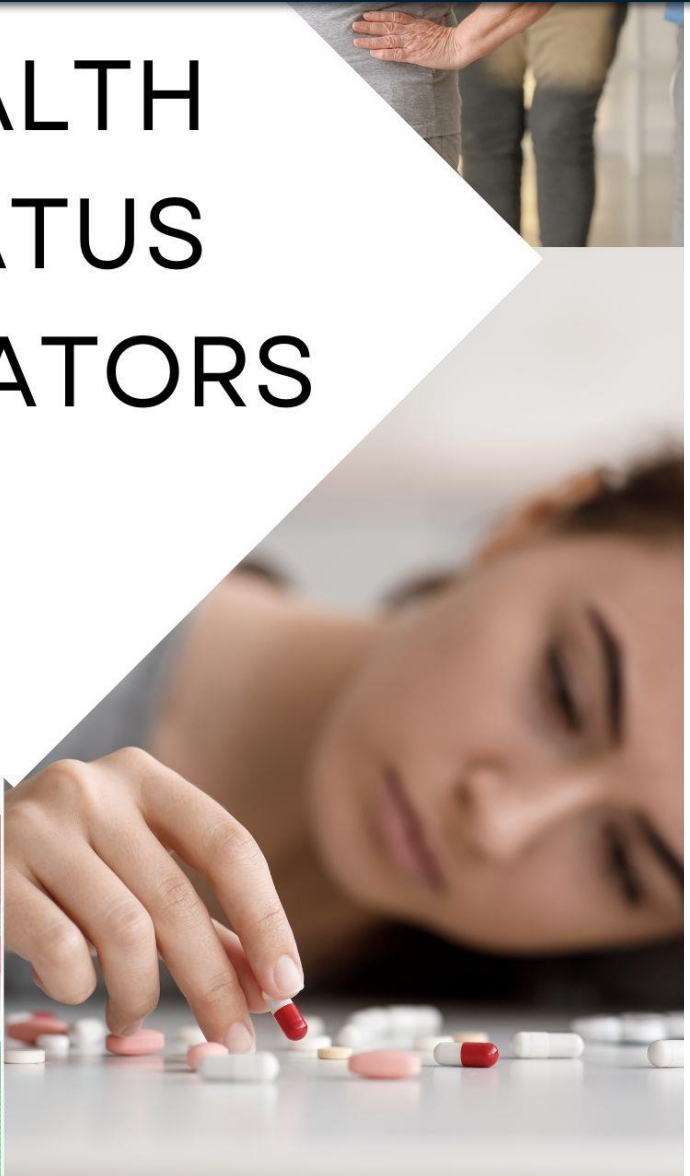
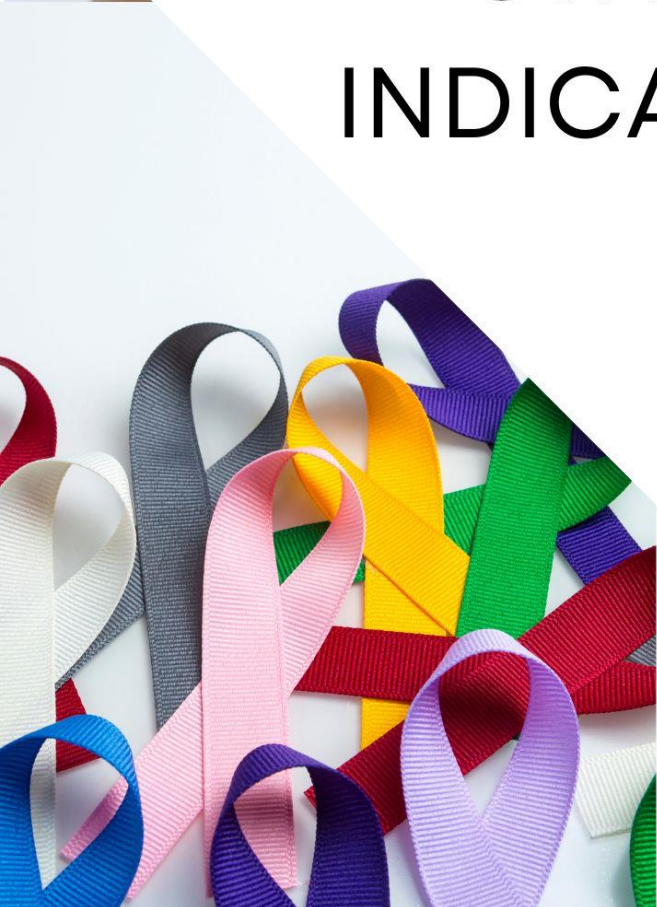
Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q22.1: Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than, people of other races? (n=232); Q22.2: Within the past 12 months when you were seeking health care, do you feel you were treated worse than, the same as, or better than, people of other races? (n=821)







# HEALTH STATUS INDICATORS



# HEALTH STATUS INDICATORS

## Key Focus Areas

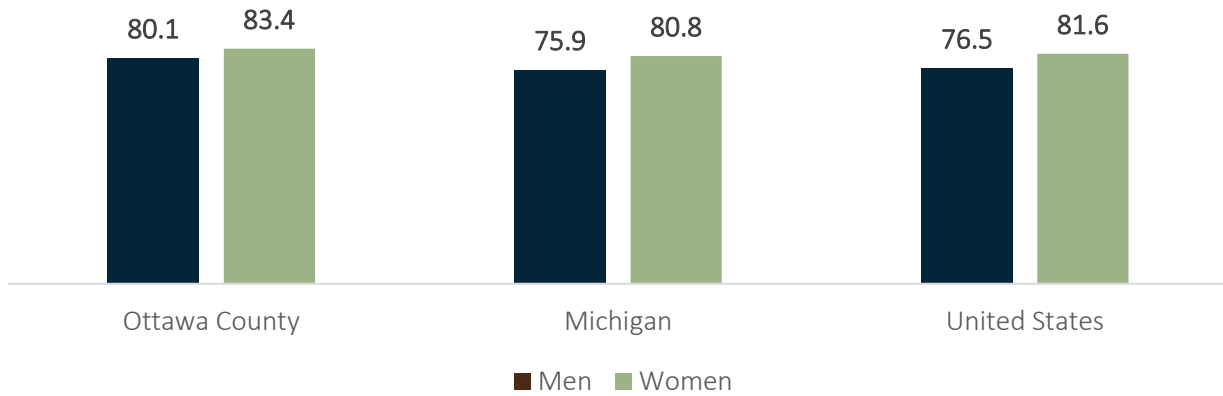


# LIFE EXPECTANCY & MORTALITY RATE

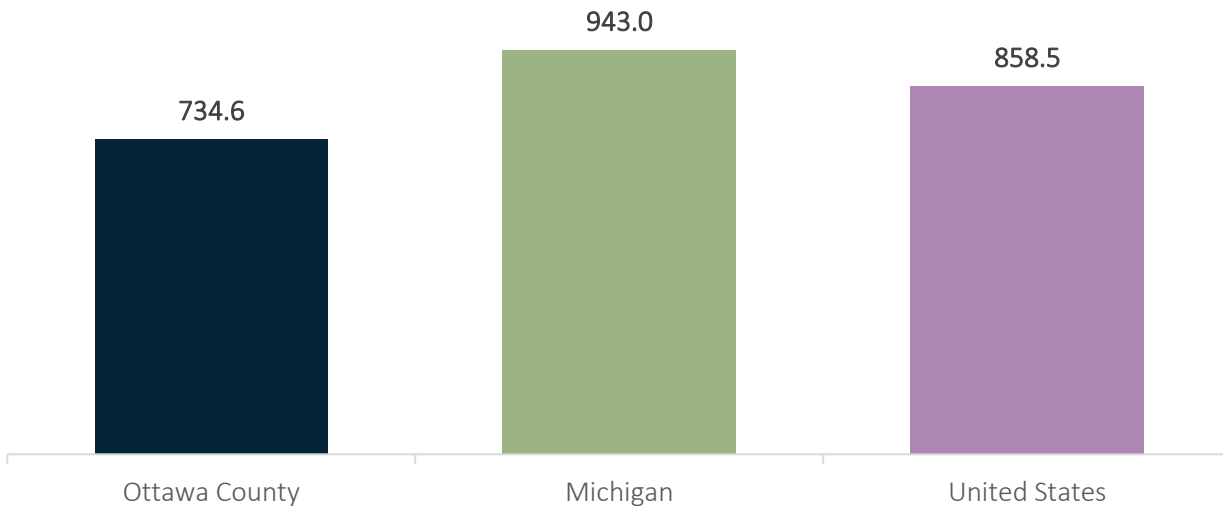
## LIFE EXPECTANCY & MORTALITY RATE

- With regard to life expectancy rates, both men and women in Ottawa County have higher rates compared to men and women across Michigan and the U.S.
- The age-adjusted mortality rate for Ottawa County is much lower than the state and the national rates.

Life Expectancy (Average Age)



Age-Adjusted Mortality Rate Per 100,000 Population



Source: Institute for Health Metrics and Evaluation at the University of Washington, 2019. Bureau of Labor Statistics. County Health Rankings use data from 2019 but posted in 2023 rankings.

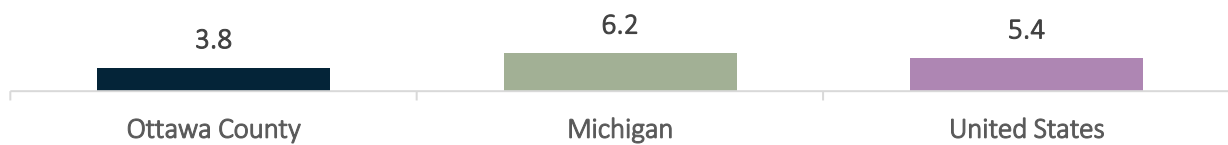


# INFANT & CHILD MORTALITY RATES

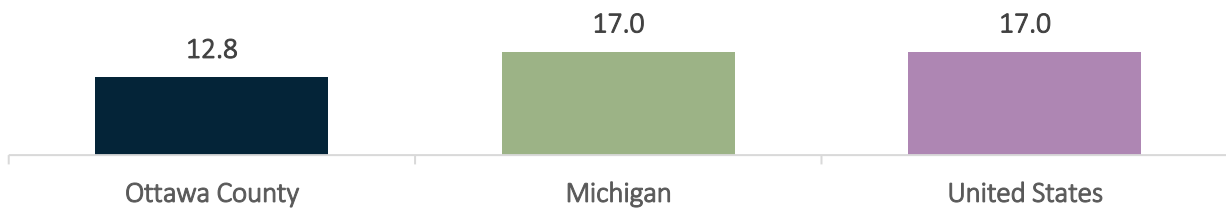
## INFANT & CHILD MORTALITY RATES

- 🔍 The infant mortality rate is lower in Ottawa County compared to the state and national rates.
- 🔍 Similarly, the child mortality rate for children age 1-14 is lower in Ottawa County than rates across Michigan and the U.S.

Infant Mortality Rate  
Per 1,000 Live Births



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



Source: MI and county: Michigan Department of Health and Human Services, Infant Deaths, Infant Live Births, and Infant Death Rates, 2021. US: National Center for Chronic Disease Prevention and Health Promotion, 2021. MI and county: Michigan Department of Health and Human Services, Crude, Age-specific & Age-adjusted Death Rates by Age, Race and Sex, 2021. US: Kids Count Data Center, 2021.



# LEADING CAUSES OF DEATH

## LEADING CAUSES OF DEATH

- Heart disease, cancer, and COVID-19 were the leading causes of death in Ottawa County, the state, and the nation according to the most recent data from the Michigan Department of Health and Human Services.
- Compared to Michigan and the U.S., the death rates for nine of the top ten leading causes of death are all lower for Ottawa County.
- However, the death rate for Alzheimer’s disease continues to be significantly higher (almost double) in Ottawa County compared to the rates for the state and the nation.
- The death rate for diabetes is much lower in Ottawa County than the rates in Michigan and the U.S.

	Ottawa County		Michigan		United States	
	Rank	Rate	Rank	Rate	Rank	Rate
Heart Disease	1	155.5	1	209.5	1	168.2
Cancer	2	144.5	2	160.2	2	144.1
COVID-19	3	86.8	3	106.9	3	91.5
Alzheimer’s Disease	4	66.0	7	34.4	7	32.4
Unintentional Injuries	5	49.0	4	61.8	4	57.6
Stroke	6	34.3	5	46.1	5	38.8
Chronic Lower Respiratory Diseases	7	20.0	6	39.5	6	36.5
Chronic liver disease and cirrhosis	8	12.8	10	15.1	9	13.3
Diabetes Mellitus	9	12.0	8	26.7	8	24.8
Kidney disease	10	*	9	15.5	10	12.7

Source: MI and county: Michigan Department of Health and Human Services, 2021; US: Michigan Department of Health and Human Services, Number of Deaths and Age-adjusted Mortality Rates for the Ten Leading Causes of Death, 2021  
 Asterisk (\*) indicates that data do not meet standards of reliability or precision due to small numbers.



# LEADING CAUSES OF PREVENTABLE HOSPITALIZATIONS

## LEADING CAUSES OF PREVENTABLE HOSPITALIZATIONS

- 🔍 Rates for preventable hospitalizations are similar for Ottawa County and Michigan.
- 🔍 Diabetes continues to be the leading preventable hospitalization, followed by congestive heart failure and bacterial pneumonia.
- 🔍 Residents of Ottawa County are more likely to be hospitalized for congestive heart failure, bacterial pneumonia, and grand mal or other epileptic seizures, but less likely to be hospitalized for COPD, compared to residents across Michigan.

	Ottawa County		Michigan	
	Rank	% of All Preventable Hospitalizations	Rank	% of All Preventable Hospitalizations
<b>Diabetes</b>	1	17.6%	1	17.8%
<b>Congestive Heart Failure</b>	2	8.4%	2	6.7%
<b>Bacterial Pneumonia</b>	3	6.9%	3	5.8%
<b>Grand Mal and Other Epileptic Conditions</b>	4	6.8%	5	3.5%
<b>Cellulitis</b>	5	3.5%	6	2.8%
<b>Chronic Obstructive Pulmonary Disease</b>	6	2.7%	4	5.2%
<b>Dehydration</b>	7	1.3%	8	1.2%
<b>Convulsions</b>	8	1.1%	10	0.8%
<b>Asthma</b>	9	0.9%	7	1.4%
<b>Gastroenteritis</b>	10	0.9%	9	1.0%
<b>All Other Ambulatory Care Sensitive Conditions</b>		56.7%		53.8%
<b>Preventable Hospitalizations as a % of All Hospitalizations</b>		<u>22.6%</u>		<u>22.6%</u>

Source: Michigan Department of Health and Human Services, Ambulatory Care Sensitive Hospitalizations and Rates per 10,000 Population: For Patients of All Ages, 2020.

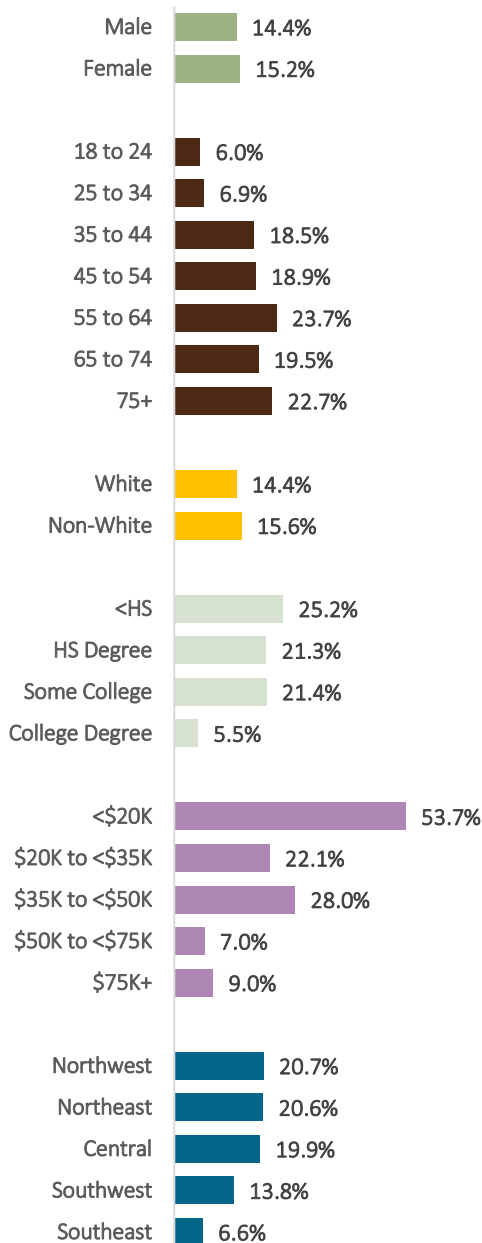


# GENERAL HEALTH STATUS

## GENERAL HEALTH STATUS

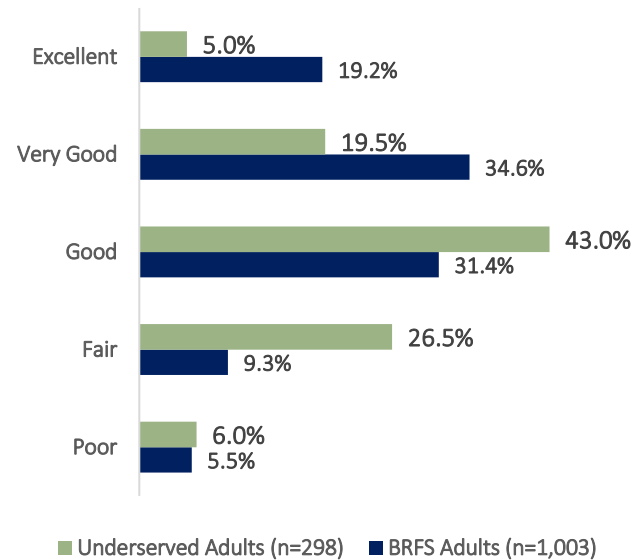
Perception of General Health is Fair/Poor= 14.8%

General Health Fair or Poor by Demographics



- Among all Ottawa County adults, 14.8% perceive their general health as fair or poor, and this rate increases to 32.5% for underserved adults
- Perception of health as fair or poor is less prevalent in adults under age 35 compared to older adults
- Perception of health as fair or poor is also less prevalent in the most educated adults (college degree) and/or those with the highest incomes (\$50K+) compared to adults with less education and/or income

Perception of General Health



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q2.1/Underserved Resident Survey, 2023, Q1: Would you say that your general health is...?

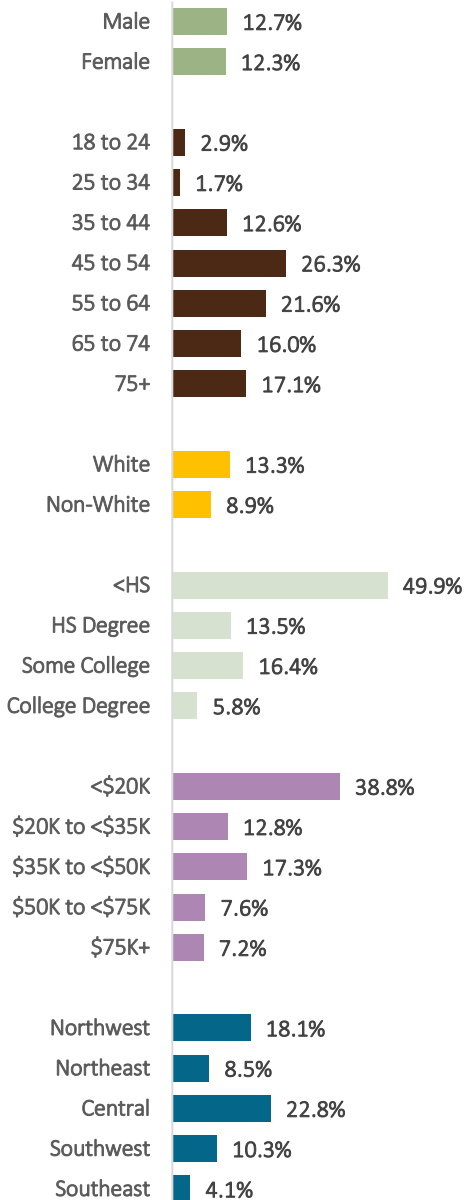


# PHYSICAL HEALTH STATUS

## PHYSICAL HEALTH STATUS: POOR HEALTH STATUS

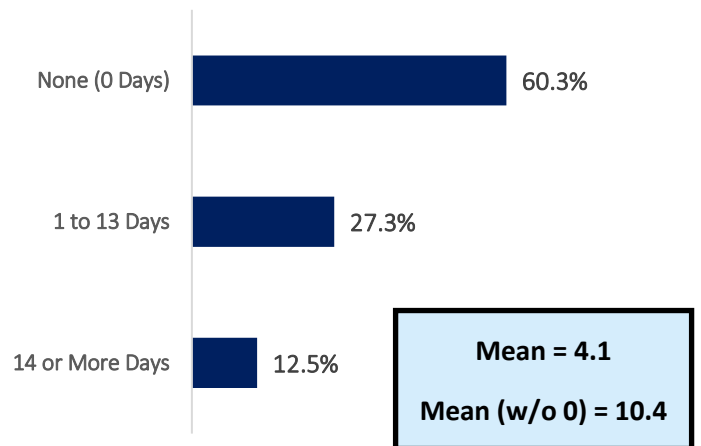
Poor Physical Health = 12.5%

Poor Physical Health by Demographics



- One in eight (12.5%) Ottawa County adults reports poor physical health
- Prevalence of poor physical health is far lower among adults under age 35, compared to older adults
- White adults report poor physical health slightly more than non-White adults
- Prevalence of poor physical health is inversely related to education and income

Number of Days Physical Health Not Good in Past Month



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q2.2: Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (n=959)



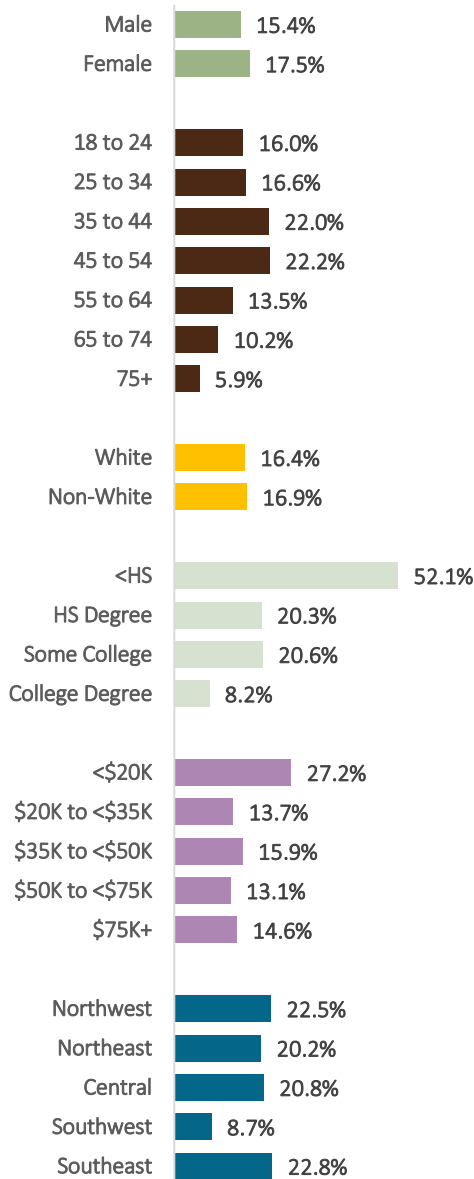


# MENTAL HEALTH STATUS

## MENTAL HEALTH STATUS: POOR MENTAL HEALTH

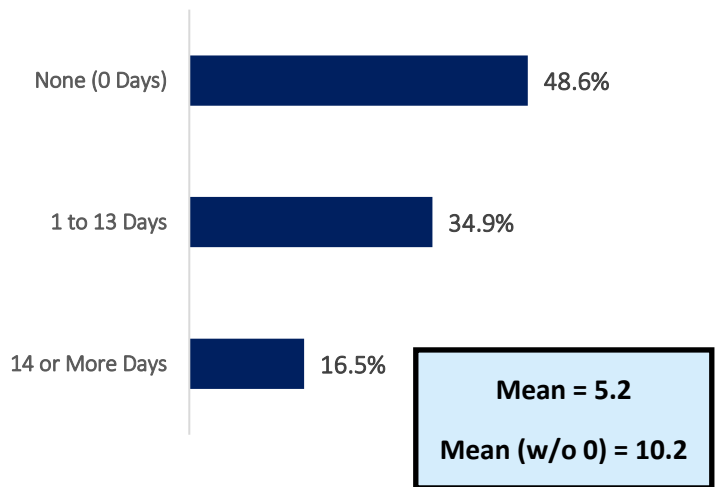
Poor Mental Health = 16.5%

Poor Mental Health by Demographics



- One in six (16.5%) Ottawa County adults reports poor mental health
- Prevalence of poor mental health is higher among adults under age 55, compared to older adults
- Prevalence of poor mental health is inversely related to education
- Prevalence of poor mental health is lower among adults living in the southwest section of the county, compared to adults living elsewhere in the county

Number of Days Mental Health Not Good in Past Month



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q2.3: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (n=962)

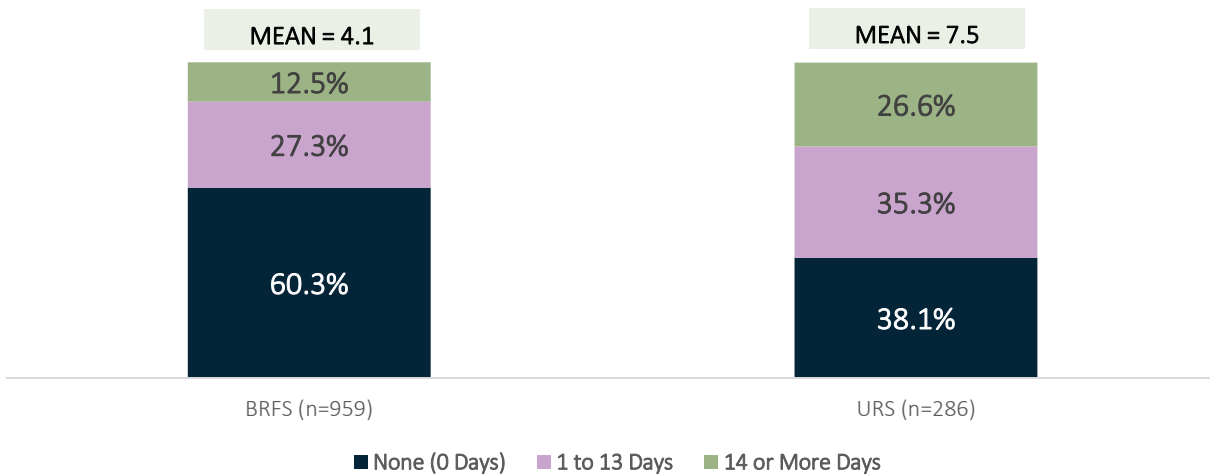


# PHYSICAL AND MENTAL HEALTH STATUS

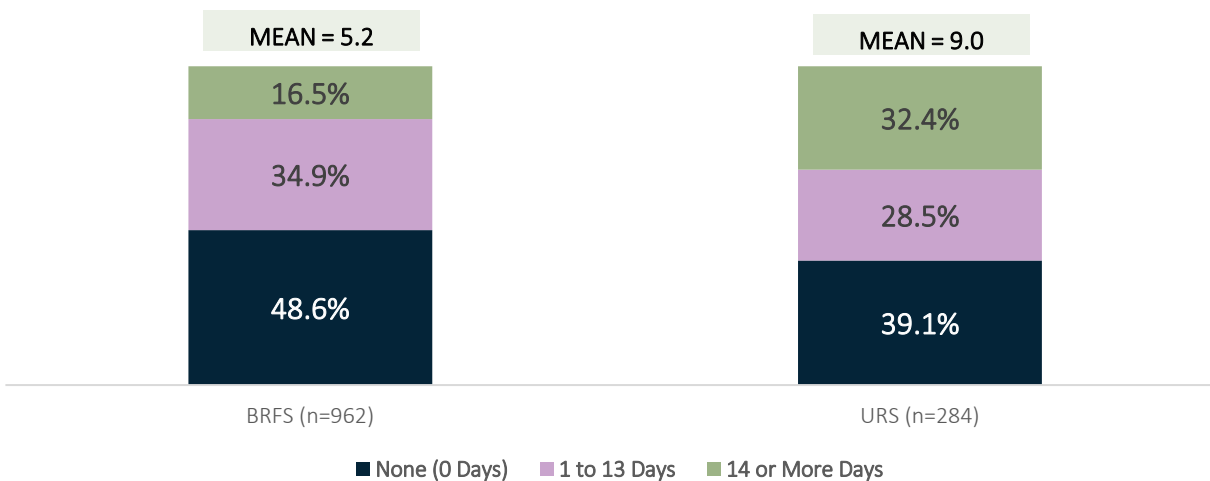
## PHYSICAL AND MENTAL HEALTH STATUS

- Compared to area adults in the general population, underserved or vulnerable adults report much higher rates of poor physical and poor mental health.
- In fact, one-third (32.4%) of underserved adults in Ottawa County report poor mental health.

### Physical Health Status



### Mental Health Status



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q2.2/Underserved Resident Survey, 2023, Q2: Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?; Ottawa County Behavioral Risk Factor Survey, 2023, Q2.3/Underserved Resident Survey, 2023, Q3: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (n=962)

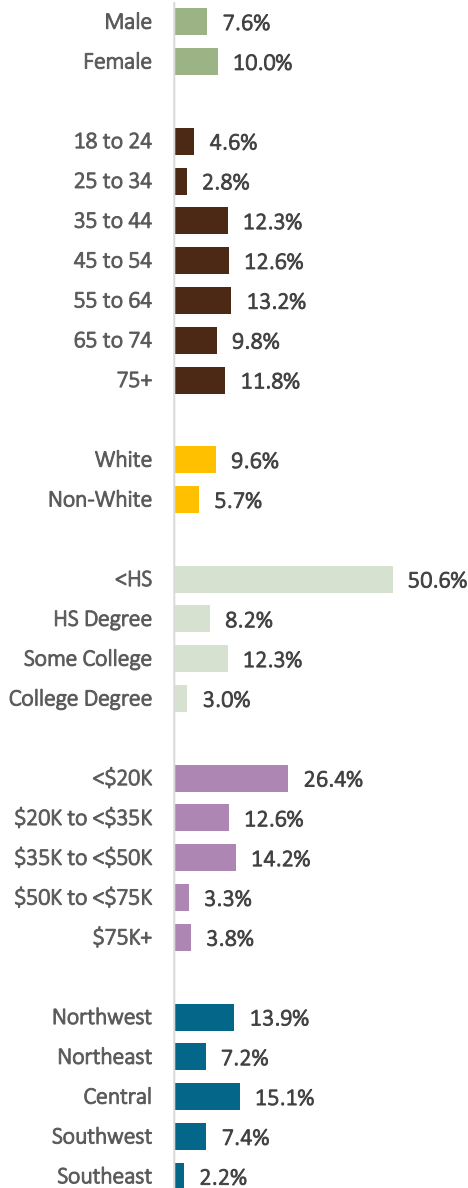


# ACTIVITY LIMITATION

## ACTIVITY LIMITATION

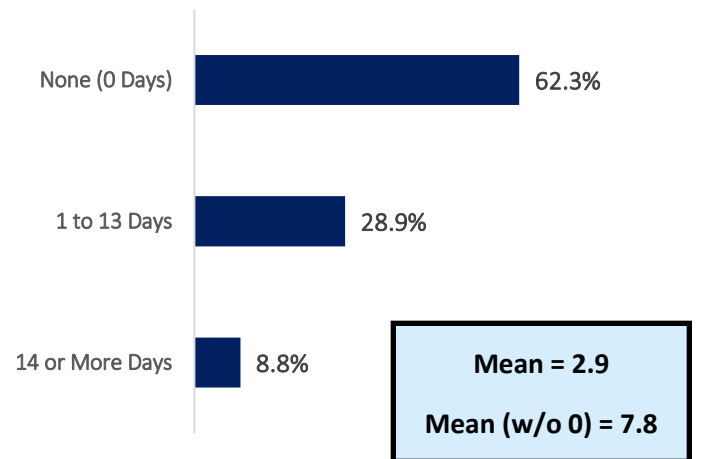
Activity Limitation = 8.8%

Activity Limitation by Demographics



- In the past 30 days, poor physical or mental health prevented 8.8% of area adults from doing their usual activities (e.g., self-care, work, recreation)
- Prevalence of activity limitation is higher among adults age 35 or older, compared to younger adults
- Prevalence of activity limitation is inversely related to education and household income, with the highest rates among those with no high school degree and/or incomes below \$20K

Activity Limitation During the Past Month



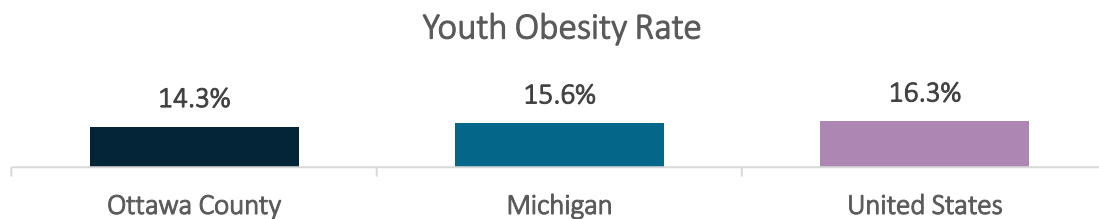
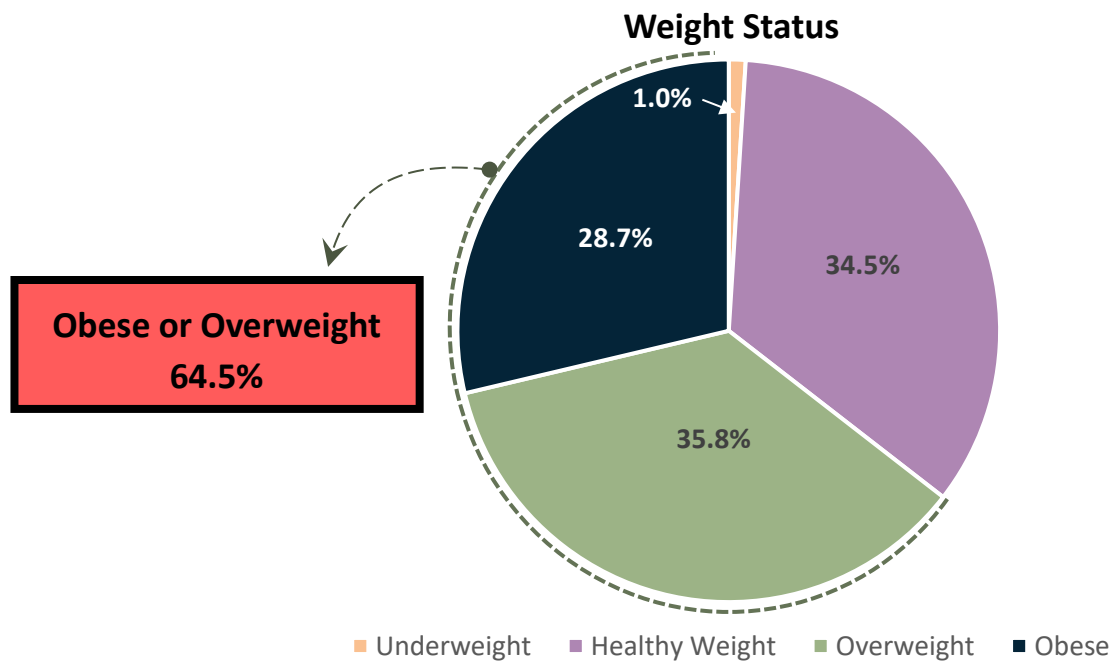
Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q2.4: During the past 30 days, for about many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (n=560)



# WEIGHT STATUS

## WEIGHT STATUS

- More than one-fourth (28.7%) of area adults are obese per their BMI score; this rate is better than it was in 2020 and better than the most recent state (34.5%) and national (33.6%) rates for obesity.
- The proportion of adults at a healthy weight also improved from 2020 and is better than the current state and national rates.
- Obesity rates for Ottawa County youths are slightly better than the state and national rates.



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q12.10: About how tall are you without shoes? (n=960)  
Q10.9: About how much do you weigh without shoes? (n=982); Ottawa County YAS Report, 2021, MI High School YRBS 2021, US High School YRBS 2021.

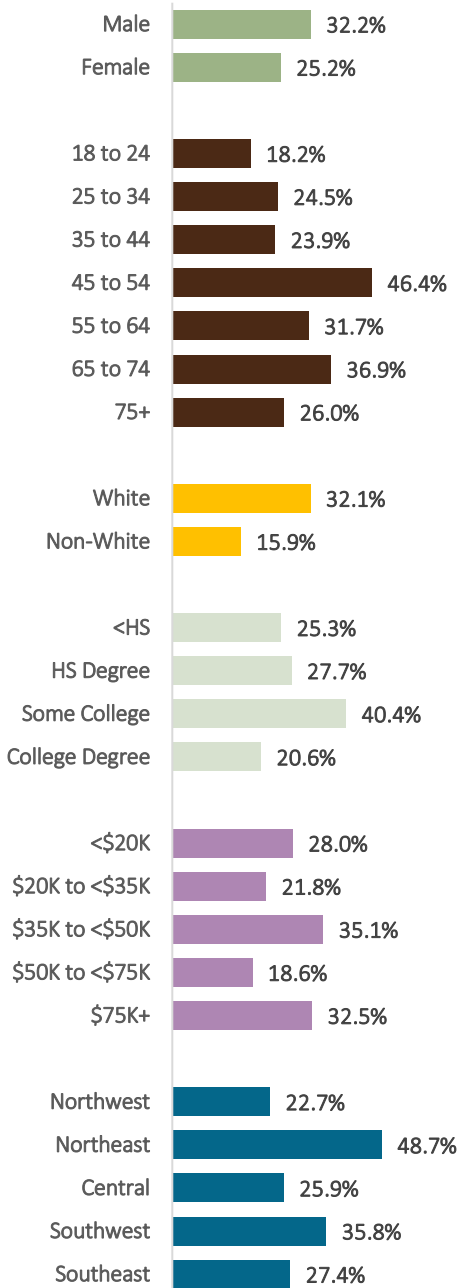
Note: BMI, body mass index, is defined as weight (in pounds) divided by height (in inches) squared [weight X 703/(inches)<sup>2</sup>]. Weight and height were self-reported. Pregnant women were excluded. Obese = the proportion of adults whose BMI was greater than or equal to 30.0; overweight = the proportion of adults whose BMI was greater than or equal to 25.0, but less than 30.0; healthy weight = the proportion of adults whose BMI was greater than or equal to 18.5, but less than 25.0; underweight = the proportion of adults whose BMI was less than 18.5.



# WEIGHT STATUS (CONTINUED)

Obesity = 28.7%

Obesity by Demographics



- Men are more likely to be obese than women
- White adults are far more likely to be obese than non-White adults
- Prevalence of obesity is lower in adults under age 45, compared to older adults
- Prevalence of obesity is higher in adults who live in the northeast section of the county, compared to adults who live in other sections of the county

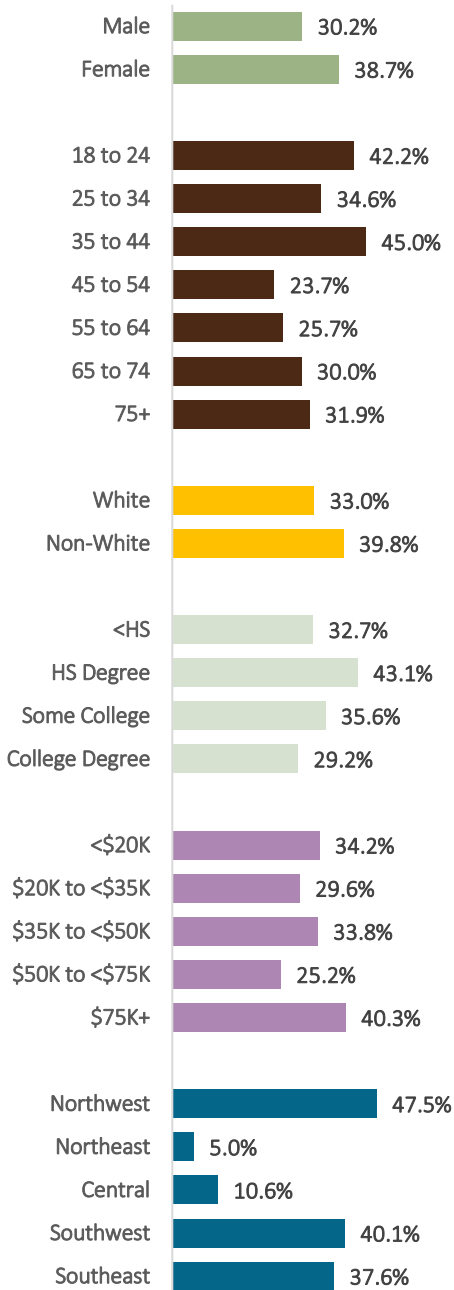
Obesity contributes to so many other health issues and is so prevalent in our community-both in kids and adults. As a county, we really need to make progress on this issue if we are going to dramatically impact the health of our community. – *Key Informant*



# WEIGHT STATUS (CONTINUED)

Healthy Weight = 34.5%

Healthy Weight by Demographics



- 🔍 Women are more likely to be at a healthy weight than men
- 🔍 Non-White adults are more likely to be at a healthy weight than White adults
- 🔍 Adults under age 45 are more likely to be at a healthy weight than older adults
- 🔍 Adults living in the northwest, southwest, or southeast sections of the county are more likely to be at a healthy weight compared to adults living in the northeast or central sections of the county

Obesity correlates with diabetes and it complicates COPD and overall well-being.  
 – *Key Informant*



# MENTAL HEALTH

## MENTAL HEALTH

- Key Stakeholders and Key Informants offer several reasons why mental/behavioral health is their top concern, but the main theme is that prevalence is very high, and has been steadily increasing over the last decade. Not only is the prevalence of anxiety and depression on the rise, but other negative emotions are as well. Some of these negative emotions may not have official classifications but they still translate into not feeling well mentally or emotionally.

### Increasing prevalence

People are coming in with **treatment resistance kind of issues** where we had **hospitalizations that would last for on average seven to eight days**. People are in a hospital **sometimes now for 30 days and it's because they cannot stabilize them**. They're **trying different medications and they're not stabilizing**. We're seeing **kids and families that are coming in with huge issues** as far as **behaviors being out of control and families being dysfunctional**. I think COVID had a ton to do with it. – *Key Stakeholder*

We have **seen an increase in the number and severity of mental health-related incidents across the county**. In my role, I intersect with multiple agencies serving a wide variety of constituents, but **mental health continues to be the dominant theme across all of them**, regardless of population served. – *Key Informant*

The **prevalence of poor mental health has increased significantly over the past several years**. While there are many other critical health issues in our county, the **prevalence of mental health problems is considerably higher than those other issues**. – *Key Informant*

I **feel like I'm a broken record with this**. I mean **mental health has got to continue to be the top thing** and I wish I could come into these calls one of these years and come up with something new. And yet when we sit around the tables that I do, and report out on what's happening particularly with mental health, providers have shared on these calls that their **needs are greater than ever**. The needs are great, and that was the case five years ago. – *Key Stakeholder*

I truly **believe that mental health, depression, and anxiety are some of the biggest issues we are facing in this community**. I think it's across the United States quite frankly, but we are **seeing more people and the acuity is what is noticeably different**. – *Key Stakeholder*

They just know they never feel good anymore. They have **zero energy, they don't want to go out, just want to stay home**. They **don't care whether they eat today**, if they remember to eat today. I **don't know how you categorize** that part but I can tell you what's happening. – *Key Stakeholder*



# MENTAL HEALTH (CONTINUED)

Q According to Key Stakeholders and Key Informants, the increase in mental health issues was happening pre-COVID-19 pandemic, but the stress and uncertainty of that time exacerbated mental health issues. Mental health issues are prevalent in adults as well as children, and according to some Key Stakeholders and Key Informants, technology (e.g., the Internet, video games) may contribute to being isolated from society. The continued stigma also prevents people from seeking needed care and at some point, many people who suffer from mental distress simply normalize the way they feel and/or self-medicate.

<b>Impact</b>	<p>[Mental health issues] <b>were</b> kind of <b>ramping up before COVID</b> and then COVID hit and I think the <b>stress and the anxiety level of this county got just so out of control</b> with the unknowns that it was the <b>tipping point for a lot of people</b>. And you know I think we're seeing the <b>ramifications of all of that</b> now that we're slightly coming out of this pandemic. – <i>Key Stakeholder</i></p> <p>It's now <b>manifesting itself in physical symptoms</b>. If we could back it way up, we could <b>figure out how to identify, teach, and provide resources, instead of there being a stigma</b>. Now, we tell them they need to toughen up, or it'll get better tomorrow. Then they decide 'maybe I'll have two beers tonight instead of one.' <b>They self-medicate</b>. – <i>Key Stakeholder</i></p>
<b>Stigma</b>	<p>I think <b>most people struggle with some sort of mental health issue</b>, whether that is <b>trauma, childhood trauma, anxiety, depression, etc., but are unaware of it</b>. There is <b>stigma</b> around mental health and thinking that you have to look or act a certain way, but <b>so many suffer in silence or just think that how they are feeling is normal</b>. I also think <b>many people do not understand the benefits of seeking counseling</b> and what it can do for them, or <b>understand ALL the ways mental health issues can be treated</b>. It just <b>doesn't have to be drugs and therapists</b>. – <i>Key Informant</i></p>
<b>Children</b>	<p>We <b>see a lot of issues with kids still</b>, like their <b>inability to learn or move through the system</b>. There's a <b>lot of absenteeism</b>, people just <b>burnout</b>. Maybe I don't have a diagnosis of mental health disorder of some sort, but what we're watching not only on our own employee base, but our circles of influence, is that <b>people are absolutely exhausted</b>. – <i>Key Stakeholder</i></p>
<b>Technology</b>	<p>I think right now, the reason why we're not healthy is because of <b>technology</b>. I think <b>technology has really separated a lot of people, and we're seeing a lot of social isolation</b>. – <i>Key Stakeholder</i></p>





# MENTAL HEALTH (CONTINUED)

- Two-thirds (65.5%) of area adults are considered to be mentally healthy, or psychologically well, according to the Kessler 6 Psychological Distress Questionnaire\*; this is a significant decrease from 2020 (80.2%).
- Conversely, 26.7% experience mild to moderate psychological distress and 7.8% are severely distressed; the latter is significantly higher than 2020 (2.8%)

*During the Past 30 Days, About How Often Did You....*

<i>Frequency of Feeling</i>	Feel Nervous (n=989)	Feel Hopeless (n=990)	Feel Restless or Fidgety (n=986)	Feel So Depressed That Nothing Could Cheer You Up (n=985)	Feel That Everything Is an Effort (n=982)	Feel Worthless (n=987)
None of the time	39.9%	63.2%	47.7%	73.6%	54.8%	73.6%
A little	26.0%	21.5%	23.6%	15.8%	15.7%	10.6%
Some of the time	24.3%	10.7%	17.2%	7.9%	20.0%	11.8%
Most of the time	6.0%	1.9%	3.9%	2.2%	6.2%	2.4%
All of the time	3.8%	2.7%	7.6%	0.5%	3.3%	1.5%

**Mentally Healthy/Psychologically Well = 65.5%**

**Mild to Moderate Psychological Distress = 26.7%**

**Severe Psychological Distress = 7.8%**

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q18.1-Q18.6: During the past 30 days, about how often did you feel....?

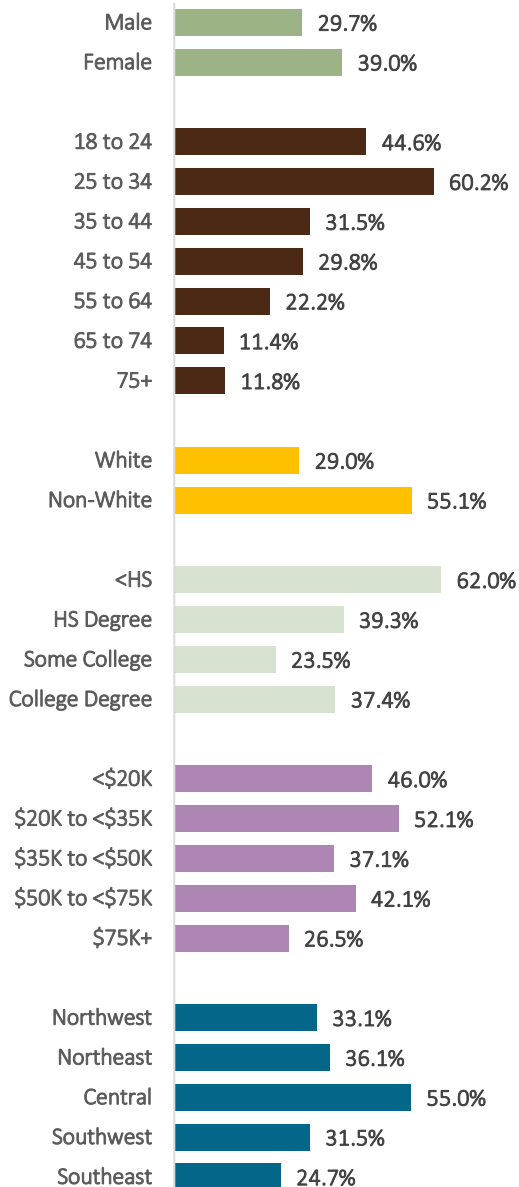
Note: \*Calculated from responses to Q. 18.1- 18.6, where none of the time = 1, a little = 2, some of the time = 3, most of the time = 4, and all of the time = 5. Responses were summed across all six questions with total scores representing the above categories: mentally well (6-11), mild to moderate psychological distress (12-19), and severe psychological distress (20+).



# MENTAL HEALTH (CONTINUED)

Mild to Severe Psychological Distress = 34.5%

Mild to Severe Psychological Distress by Demographics



- One-third (34.5%) of Ottawa County adults have mild to severe psychological distress
- Prevalence of mild to severe psychological distress is higher in women than men, and higher in non-White adults than White adults
- Prevalence of psychological distress is higher in adults under age 35 compared to older adults
- Prevalence is also inversely related to income

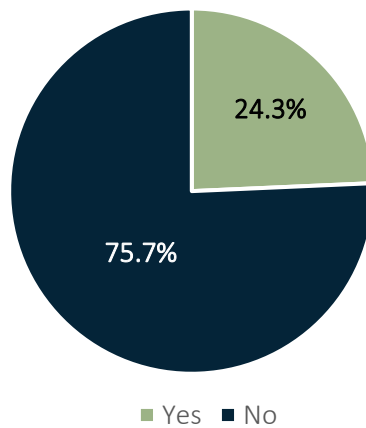
Mental health impacts all age groups and is inclusive to all races and ethnic groups. Mental health conditions are increasing in prevalence and severity and there doesn't seem to be the proper infrastructure in place to address it properly.  
 – Key Informant



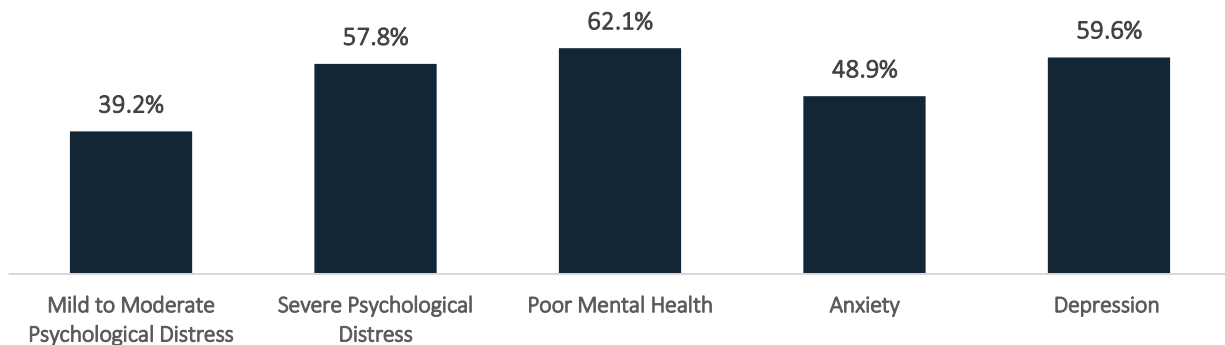
# MENTAL HEALTH (CONTINUED)

- Among all Ottawa County adults, 24.3% currently take medication or receive treatment for a mental health condition or emotional problem.
- It is clear that many adults who could benefit most from medication or treatment are not receiving it; for example, 42.2% of adults with severe psychological distress and 51.1% of adults with anxiety, are not receiving medication or treatment for their condition.

### Currently Taking Medicine or Receiving Treatment for Mental Health Condition or Emotional Problem



### Percent Receiving Treatment/Taking Medication by Psychological Disorder



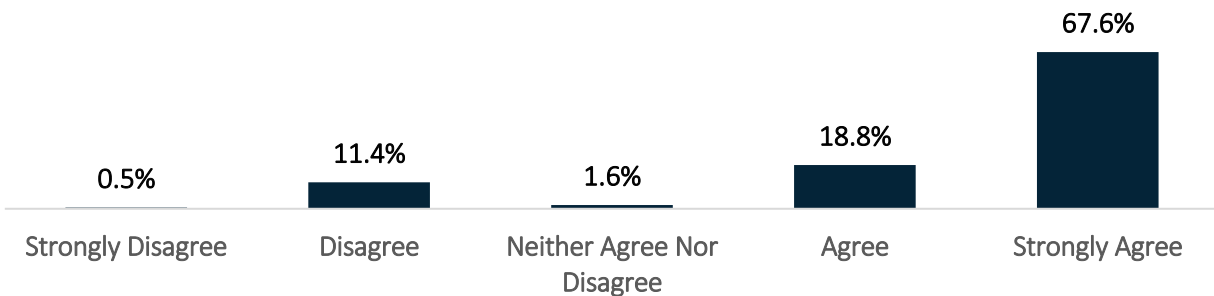
Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q18.7: Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (n=987)



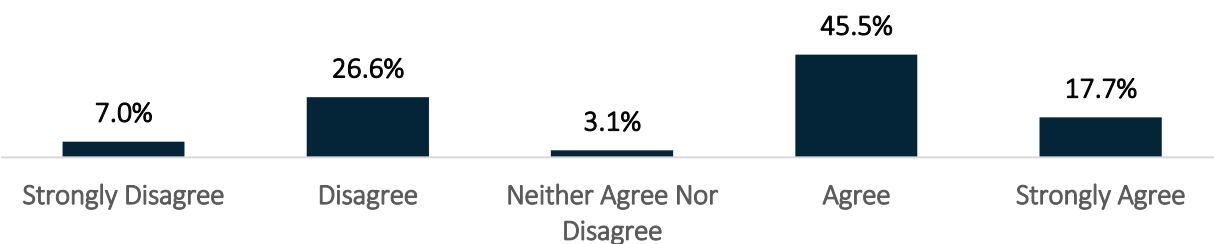
# MENTAL HEALTH (CONTINUED)

- Q The vast majority (86.4%) of Ottawa County adults believe treatment can help people with mental illness lead normal lives.
- Q On the other hand, only 63.2% view people as generally caring and sympathetic to people with mental illness, and this drops to 29.1% among those with severe psychological distress.
- Q This continued discrepancy between the perception that treatment for mental illness works and a lack of caring and sympathy for people with these conditions exacerbates the stigma that surrounds seeking treatment.

"Treatment can help people with mental illness lead normal lives."



"People are generally caring and sympathetic to people with mental illness."



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q18.10: What is your level of agreement with the following statement? "Treatment can help people with mental illness lead normal lives." Do you – agree slightly or strongly, or disagree slightly or strongly? (n=953); Q18.9: What is your level of agreement with the following statement? "People are generally caring and sympathetic to people with mental illness." Do you – agree slightly or strongly, or disagree slightly or strongly? (n=945)

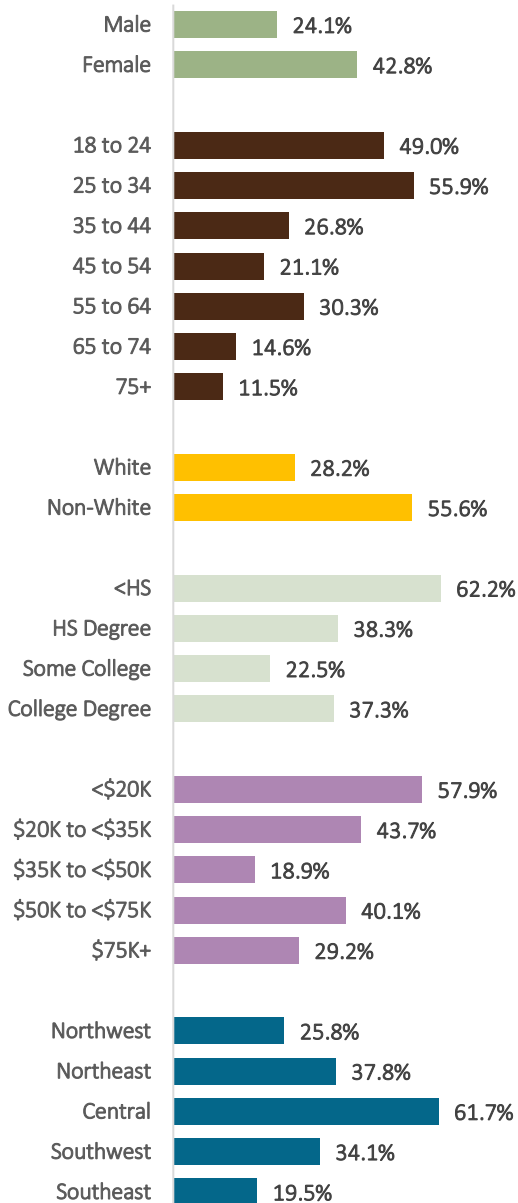


# ANXIETY

## ANXIETY

Prevalence of Anxiety = 33.9%

Prevalence of Anxiety by Demographics



- One third (33.9%) of Ottawa County adults report having an anxiety disorder
- Women report having anxiety significantly more than men
- Prevalence is higher among adults under age 35, compared to older adults
- Non-White adults report having anxiety far more than White adults
- Adults living in the central section of the county report more anxiety than adults living in other sections
- Prevalence of anxiety is higher than past iterations of the BRFS

Mental health is at a crisis level. The recent spike in intolerance around Diversity Equity and Inclusion also contributes substantially to increased anxiety throughout the county. – Key Informant

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q4.8: Has a doctor, nurse, or other health professional EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder)? (n=994).

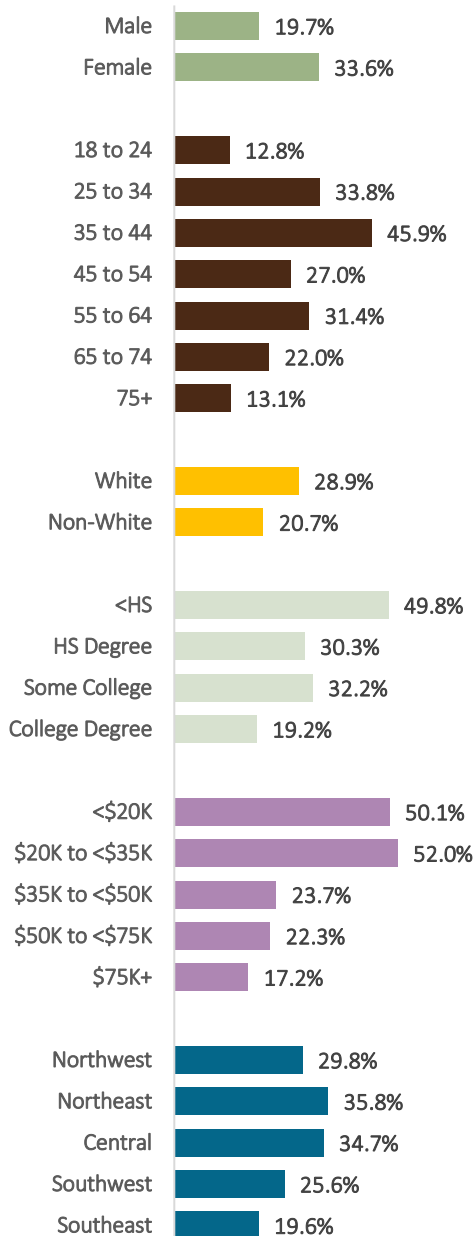


# DEPRESSION

## DEPRESSION

Prevalence of Depression = 26.9%

Prevalence of Depression by Demographics



- Among Ottawa County adults, 26.9% report having a depressive disorder
- Women report having depression significantly more than men
- White adults report having depression more than non-White adults
- Prevalence of depression is inversely related to education and income, and highest in the lowest income groups (under \$35K)
- Prevalence of depression is higher than past iterations of the BRFs

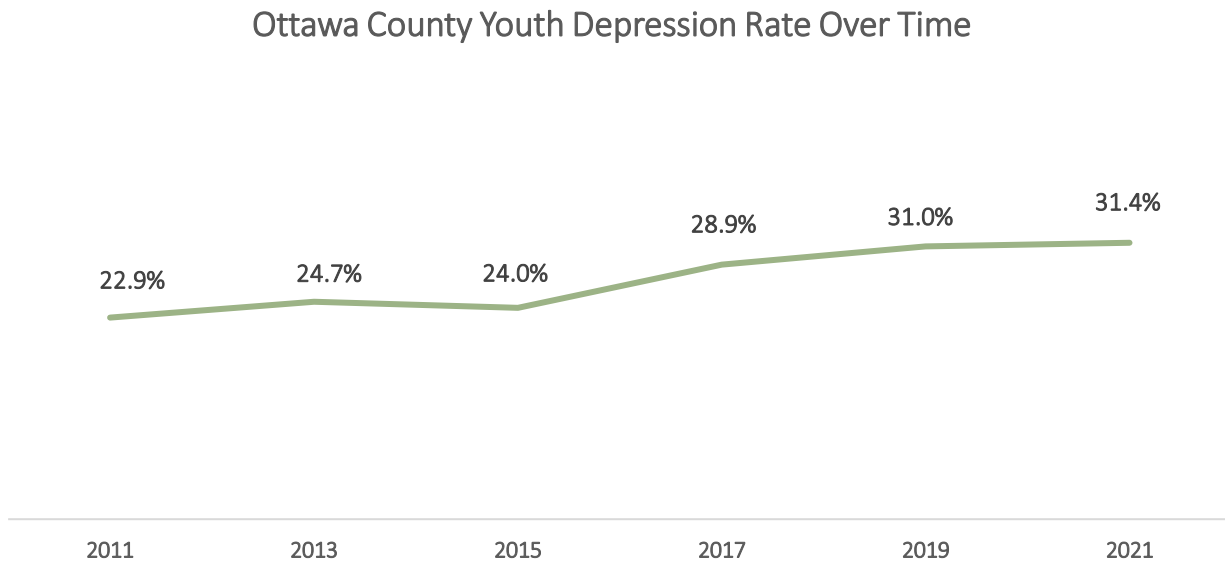
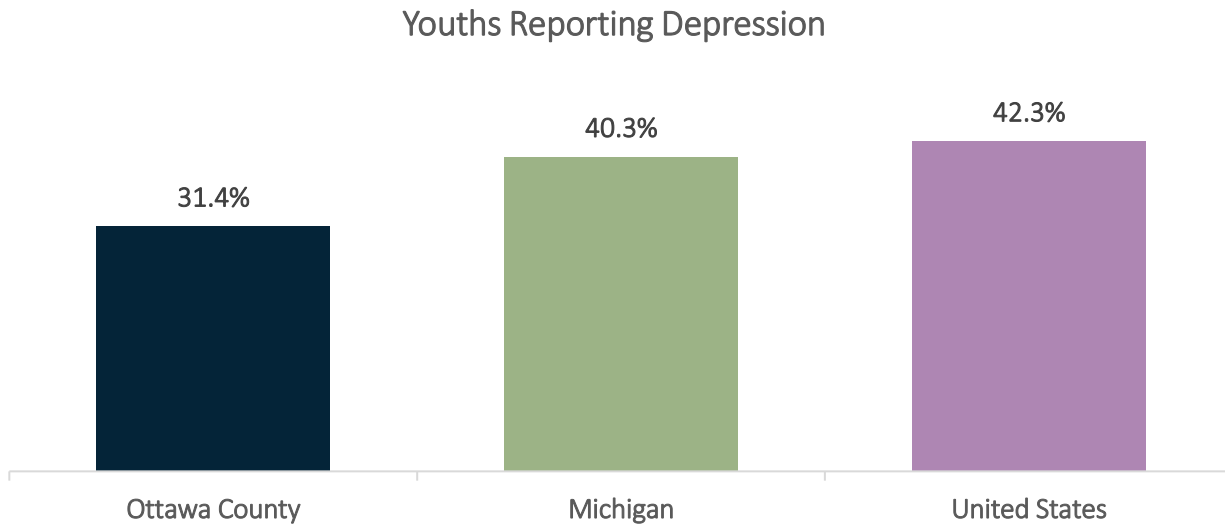
I see that a number of the low-income and persons in need of assistance have underlying issues with mental health and depression that are part of the cause of their situation.  
 – Key Informant

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q4.9: Has a doctor, nurse, or other health professional EVER told you that you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (n=997).



# DEPRESSION (CONTINUED)

- 🔍 Three in ten (31.4%) area youths report depression, a rate lower than the state and national rates.
- 🔍 Prevalence of depression among Ottawa County youths has been steadily increasing over the past decade.



Source: Ottawa County YAS Report, 2021; MI High School YRBS, 2021; US High School YRBS, 2021.; Ottawa County YAS Report, 2021

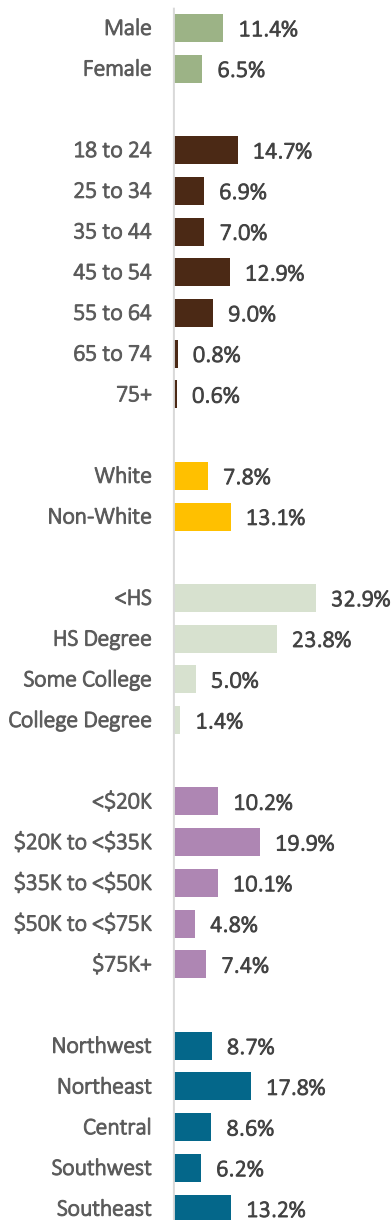


# SUICIDE

## SUICIDE

Thoughts of Suicide in Past Year = 8.9%

Thoughts of Suicide in Past Year by Demographics



- One in eleven (8.9%) Ottawa County adults have had suicidal thoughts in the past year, and 6.4% of all adults have attempted suicide
- One in seven (13.7%) underserved adults have had suicidal thoughts in the past year.
- Prevalence of suicidal ideation is greater in men than women, and greater in non-White adults than White adults
- Prevalence of suicidal ideation is inversely related to education
- Prevalence of suicidal ideation is lowest among adults age 65 or older

I see and hear about mental health issues daily as an RN and we continue to see a rise in suicide ideation/attempts and other mental health issues. It takes more than just a medication. – Key Informant

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q20.1: Has there been a time in the past 12 months when you thought of taking your own life? (n=971); Q20.2: During the past 12 months, did you attempt suicide (take your own life)? Would you say...? (n=969).

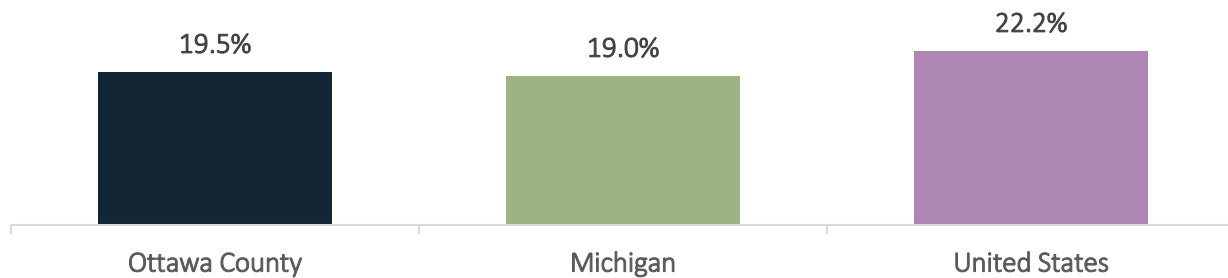




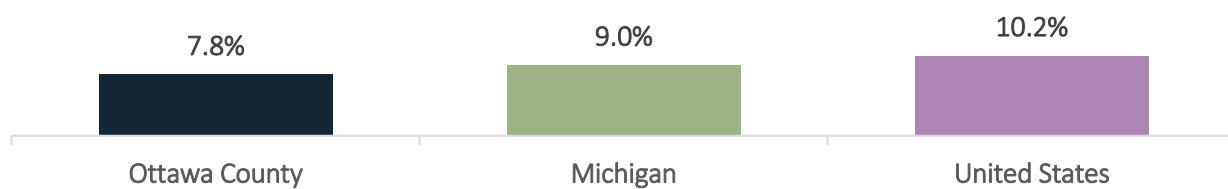
# SUICIDE (CONTINUED)

- 🔍 One in five (19.5%) area youths have thought about committing suicide in the past year, a rate on par with the state rate and slightly lower than the national rate.
- 🔍 Further, 7.8% of area youths have attempted suicide in the past year, a rate slightly lower than the state and national rates.

## Youths Who Seriously Considered Suicide in the Past Year



## Youths Reporting Suicide Attempts in the Past Year



Source: Ottawa County YAS Report, 2021, MI High School YRBS 2021, US High School YRBS 2021.





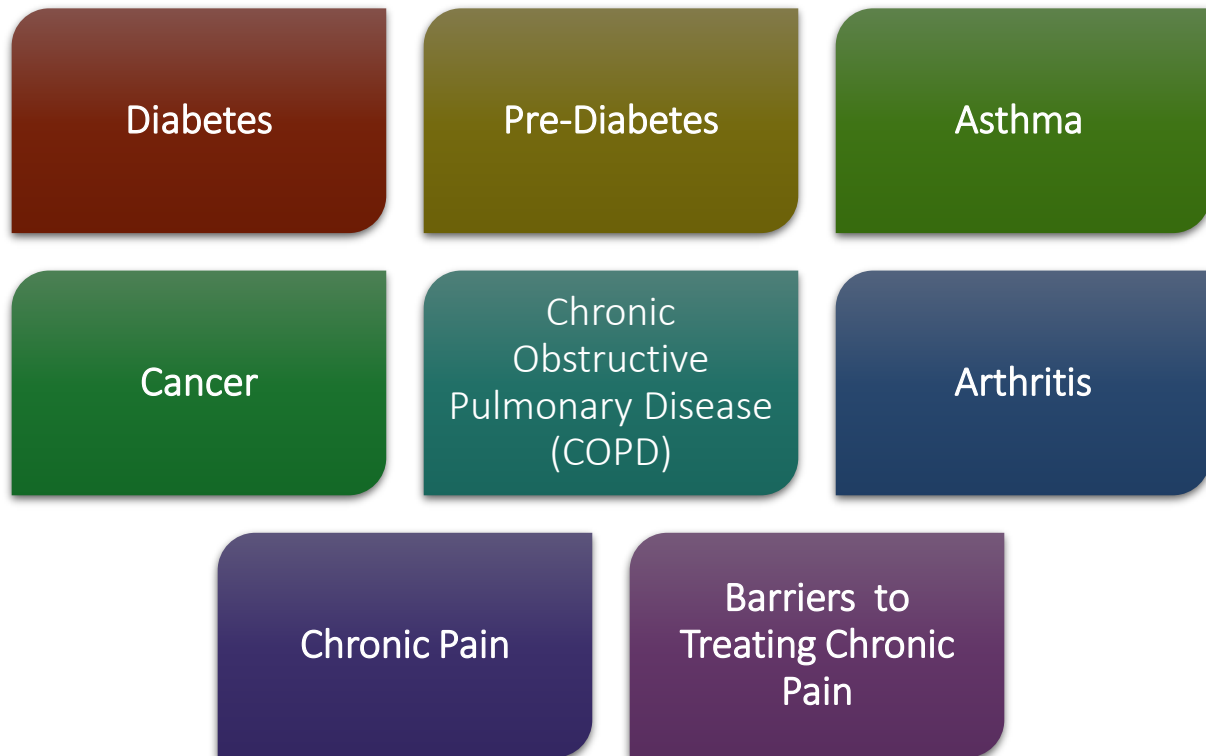
# CHRONIC HEALTH CONDITIONS



# CHRONIC HEALTH CONDITIONS

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## *Key Focus Areas*

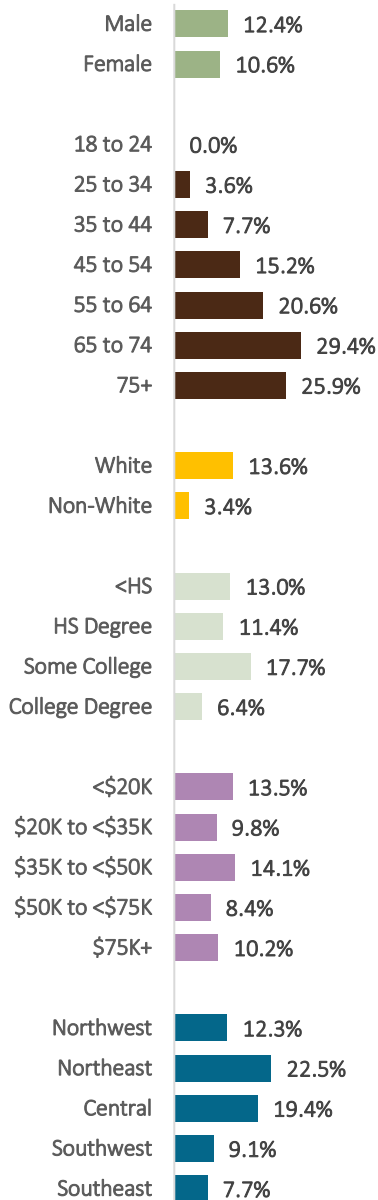


# DIABETES

## DIABETES

Prevalence of Diabetes = 11.5%

Prevalence of Diabetes by Demographics



- 🔍 Roughly one in nine (11.5%) Ottawa County adults has been diagnosed with diabetes
- 🔍 Prevalence increases with age
- 🔍 White adults report diabetes more than non-White adults
- 🔍 Adults living in the southern sections of the county report diabetes less than adults living in other sections
- 🔍 Prevalence is lower than what was reported in 2020, but still higher than the state or national rates

“So many risks are associated with diabetes, leading to other health related problems.” – Key Informant

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q4.3: Has a doctor, nurse, or other health professional EVER told you that you had diabetes? (n=1,006). Note: excludes women who had diabetes only during pregnancy.

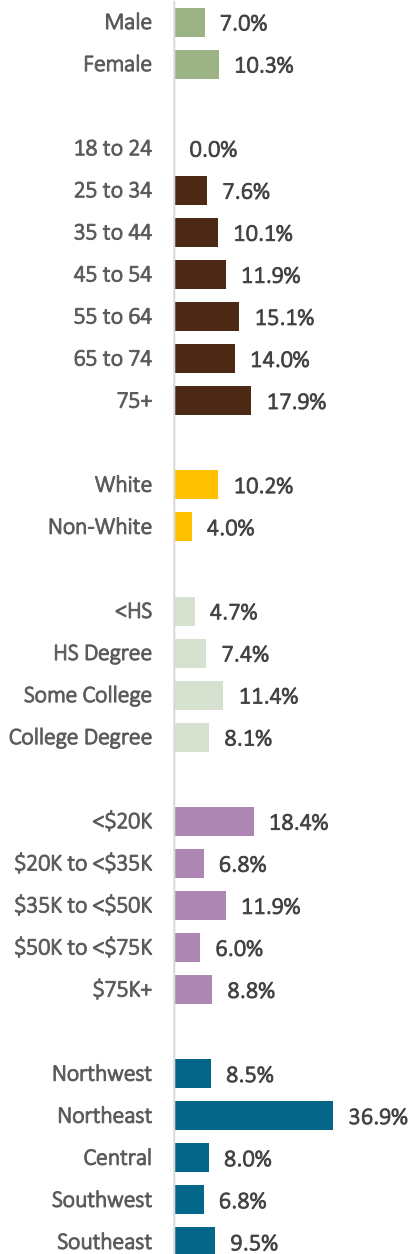


# PRE- DIABETES

## PRE-DIABETES

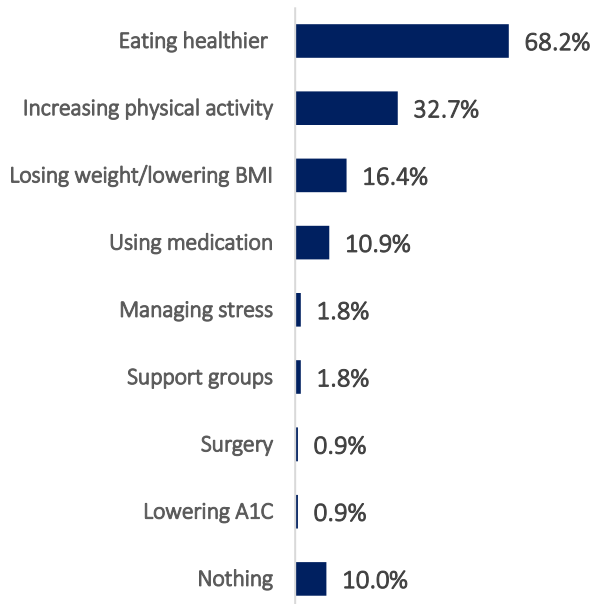
Prevalence of Pre-Diabetes = 8.7%

Prevalence of Pre-Diabetes by Demographics



- Among area adults without diabetes, 8.7% have been diagnosed with pre-diabetes or borderline diabetes
- Prevalence increases with age
- White adults report pre-diabetes more than non-White adults
- Prevalence is slightly higher than what was reported in 2020
- Almost all are taking steps to prevent their pre-diabetes from becoming diabetes, mostly through diet and exercise

Steps Taken to Control Pre-Diabetes



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q4.4: Has a doctor, nurse, or other health professional EVER told you that you had pre-diabetes or borderline diabetes? (n=786); Q4.5: (If yes) What steps, if any, are you taking to prevent your pre-diabetes from developing into diabetes? Note: asked only of those who were not diagnosed with diabetes? (n=110)

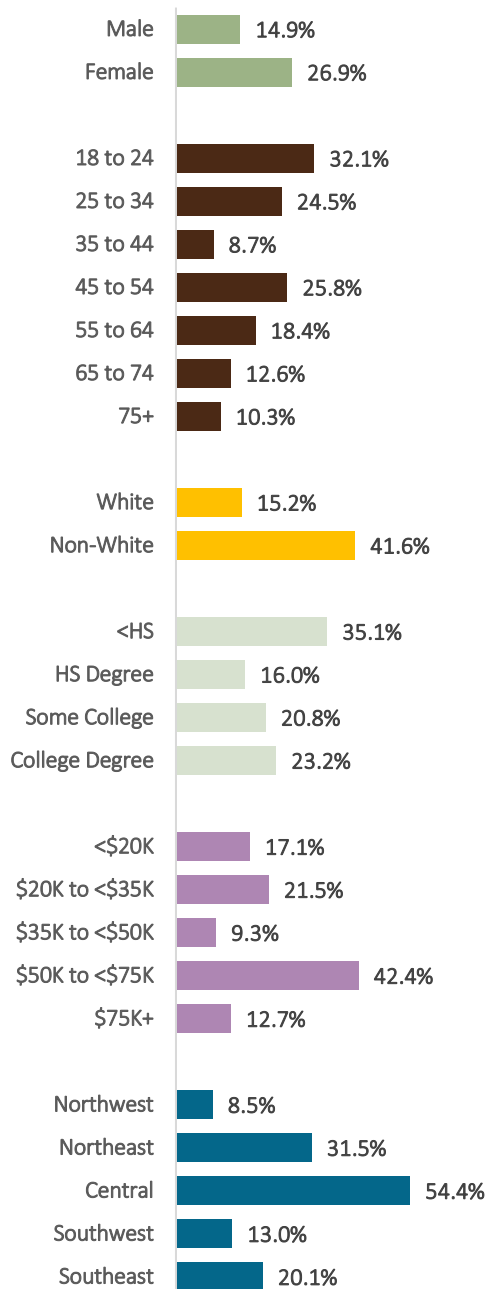


# ASTHMA

## ASTHMA: LIFETIME

Prevalence of Lifetime Asthma = 21.1%

Prevalence of Lifetime Asthma by Demographics



- 🔍 Roughly one in five (21.1%) Ottawa County adults has had asthma during their life
- 🔍 Prevalence of lifetime asthma is higher among women than men
- 🔍 Non-White adults report lifetime asthma far more than White adults
- 🔍 Adults living in the central section of the county report lifetime asthma more than adults living in other sections
- 🔍 Prevalence is higher than past iterations of the BRFS and higher than the state and national rates for lifetime asthma

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q4.1: Has a doctor, nurse, or other health professional EVER told you that you had asthma? (n=1,003).

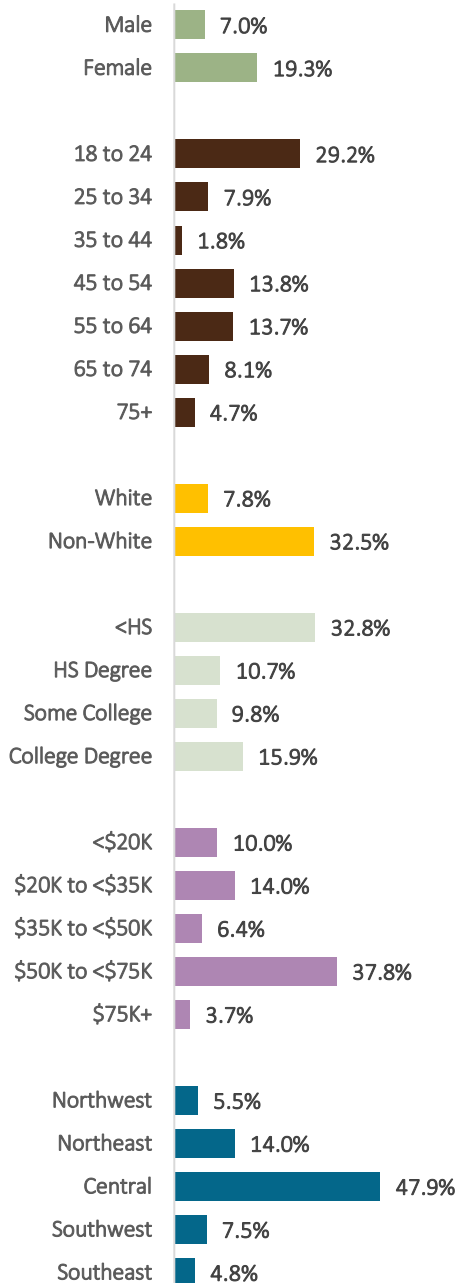


# ASTHMA (CONTINUED)

## ASTHMA: CURRENT

Prevalence of Current Asthma = 13.4%

Prevalence of Current Asthma by Demographics



- Among all Ottawa County adults, 13.4% currently has asthma
- Women report having asthma significantly more than men
- Non-White adults report having asthma far more than White adults
- Adults living in the central section of the county report having asthma more than adults living in other sections
- Prevalence of asthma is higher than past iterations of the BRFs and higher than the state and national rates for lifetime

I feel like unhealthy eating, diabetes, asthma, and too much access to substances are some of the most important health problems in my community today – *Underserved Resident*

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q4.2: Do you still have asthma? (n=994). Note: among all adults.

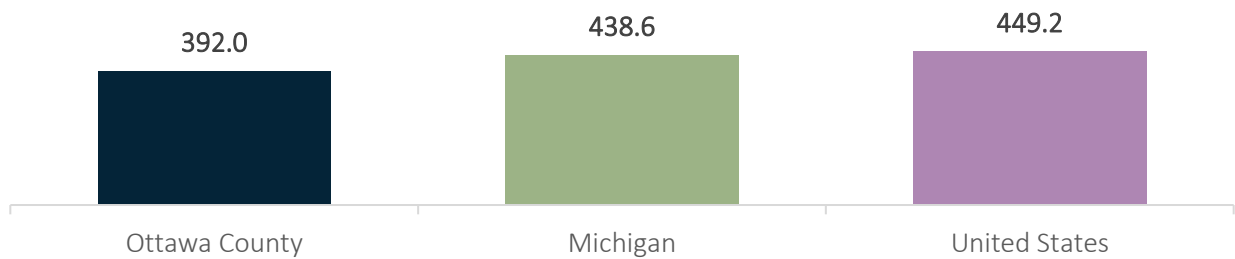


# CANCER

## CANCER

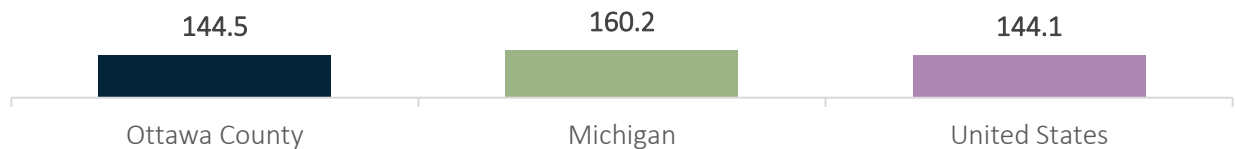
- 🔍 The cancer diagnosis rate for Ottawa County is lower than the rates for Michigan and the U.S.
- 🔍 The cancer death rate is lower in Ottawa County compared to the state rate and on par with the national rate.

Cancer Diagnosis Rate (Age-Adjusted)  
Per 100,000 Population



Source: Michigan Department of Health and Human Services, Five-year Average Invasive Cancer Incidence & Mortality Trends, 2015-19 for United States, and 2016-2020 for Michigan and Ottawa Residents.

Overall Cancer Death Rate  
Per 100,000 Population



Source: MI and county: Michigan Department of Health and Human Services, Age-adjusted Mortality Rates for Ten Leading Causes of Death by Sex and Race, 2021; US: Michigan Department of Health and Human Services, Number of Deaths and Age-adjusted Mortality Rates for the Ten Leading Causes of Death, 2021



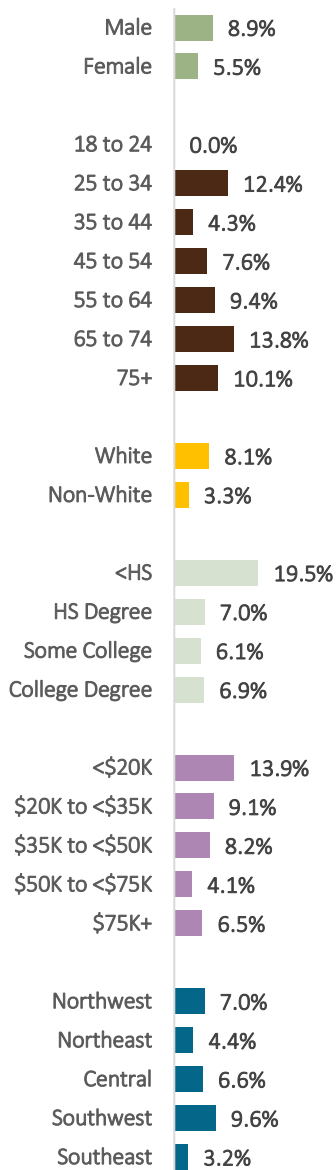


# CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

## CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Prevalence of COPD = 7.2%

Prevalence of COPD by Demographics



- One in fourteen (7.2%) Ottawa County adults has been diagnosed with COPD
- Men report having COPD more than women
- White adults report having COPD more than non-White adults
- Prevalence of COPD is inversely related to household income
- Prevalence of COPD is higher than past iterations of the BRFSS and higher than the national rate (but lower than the state rate)

Obesity correlates with diabetes, complicates COPD and overall wellbeing. – Key Informant

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q4.6: Has a doctor, nurse, or other health professional EVER told you that you had COPD (chronic obstructive pulmonary disease, emphysema, or bronchitis)? (n=1,001).

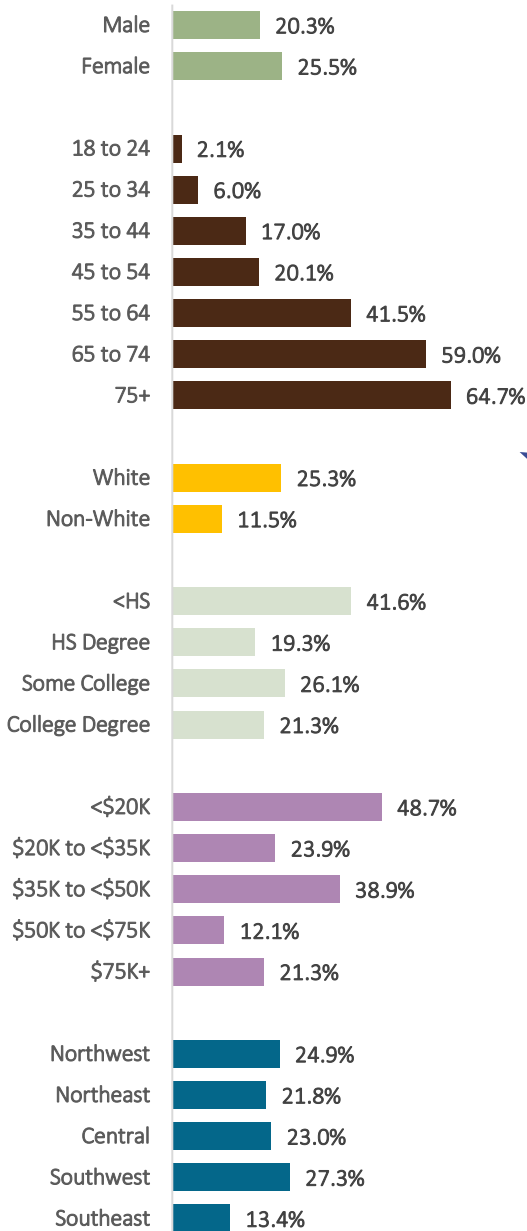


# ARTHRITIS

## ARTHRITIS

Prevalence of Arthritis = 23.1%

Prevalence of Arthritis by Demographics



- Among all Ottawa County adults, 23.1% report having arthritis
- Prevalence of arthritis increases with age
- White adults report having arthritis more than non-White adults
- Prevalence of arthritis is highest in the lowest income and education groups
- Prevalence of arthritis is lower than in 2020 and lower than the state and national rates

As an evaluating Physical Therapist in Ottawa County, the majority of the seniors I treat lead sedentary lifestyles which causes issues with back/neck pain, joint issues, CV issues and chronic pain. – Key Informant

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q4.7: Has a doctor, nurse, or other health professional EVER told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (n=998).

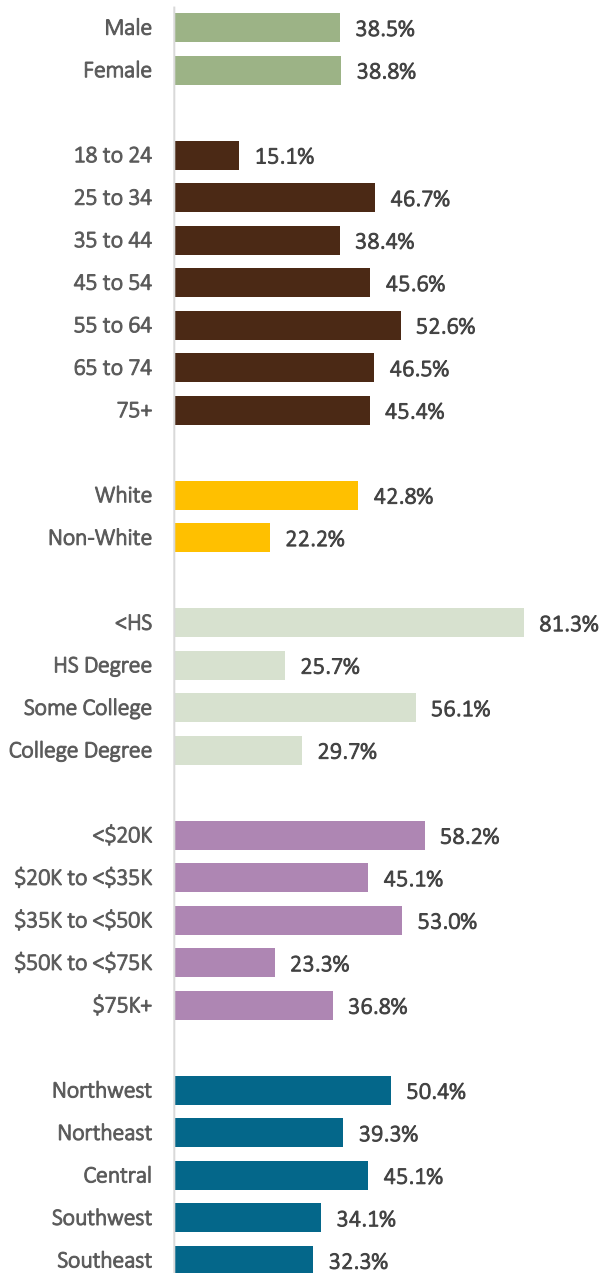


# CHRONIC PAIN

## CHRONIC PAIN

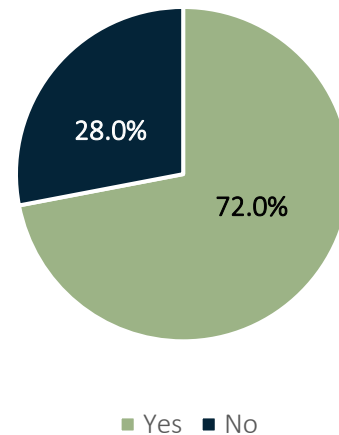
Prevalence of Chronic Pain = 38.7%

Prevalence of Chronic Pain by Demographics



- Among all Ottawa County adults, 38.7% report having chronic pain
- White adults report having chronic pain notably more than non-White adults
- Prevalence of chronic pain is highest among those with less than a high school degree
- Prevalence of chronic pain is lower among residents living in the southern sections of the county compared to those living elsewhere
- Prevalence of chronic pain is higher than in past BRFs iterations
- Among those with chronic pain, 72.0% say it is well managed

### Believe Chronic Pain is Well Managed



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q6.1: Do you suffer from any type of chronic pain; that is, pain that occurs constantly or flares up frequently? (n=998); Q6.2: (If yes) Do you feel your pain is well managed? (n=440)

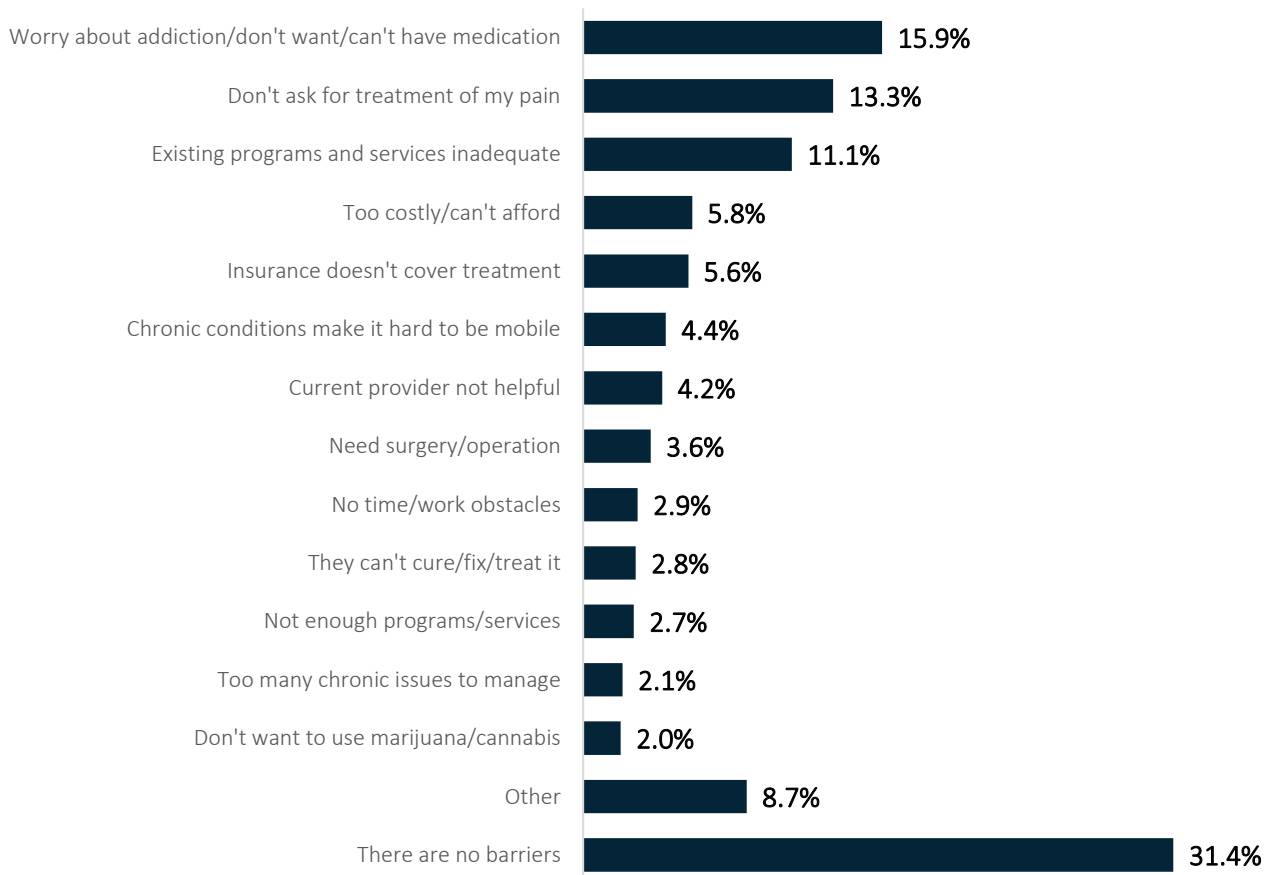


# BARRIERS TO TREATING CHRONIC PAIN

## BARRIERS TO TREATING CHRONIC PAIN

- Q Almost seven in ten (68.6%) area adults suffering from chronic pain report myriad barriers to treating their pain, including: worrying about addiction to pain medication, inadequate programs or services, cost, and insurance not covering their treatment.
- Q Interestingly, 13.3% of those with chronic pain don't ask for treatment for it; it's possible some of these people are worried about becoming addicted to pain medication.

### Barriers to Treating Chronic Pain



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q6.3: What are some of barriers to treating your pain? (n=412)  
Note: asked of those adults who reported they suffer from chronic pain.





# ACCESS TO HEALTH CARE



# ACCESS TO HEALTH CARE

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## Key Focus Areas

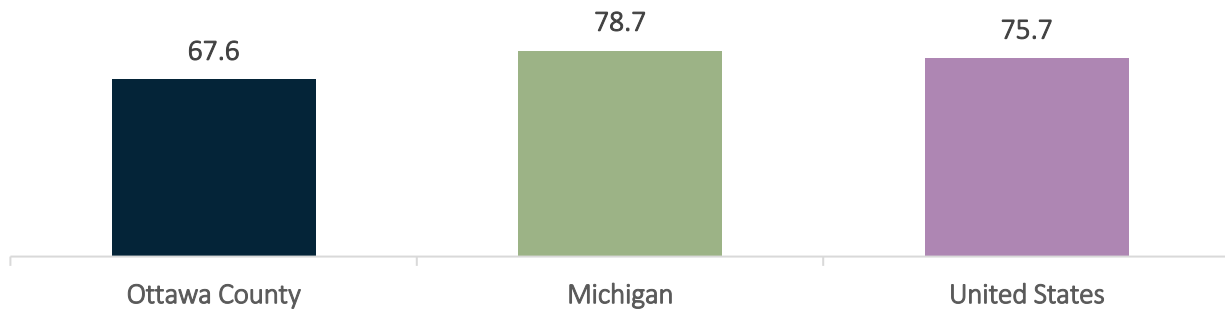


# HEALTH CARE PROVIDERS

## HEALTH CARE PROVIDERS

- 🔍 There are fewer primary care physicians (MDs or DOs) per capita in Ottawa County compared to the state and national rates; however, this gap has decreased over the past several years.
- 🔍 Key Stakeholder and Key Informant comments point to not only an inadequate number of PCPs to handle the growing population, but also an unwillingness of many to accept new patients or all insurance, such as Medicaid; this has the greatest impact on the underserved.

Primary Care Physicians\* (MDs and DOs)  
Per 100,000 Population



Source: County Health Rankings, 2021. \*Note: Physicians defined as general or family practice, internal medicine, pediatrics, obstetrics or gynecology.

There is a **documented shortage of primary care providers in Ottawa county** according to federally designated Health Professional Shortage Area (HPSA) data. It is **especially difficult for uninsured, non-English speaking populations and seniors looking for geriatric primary care providers**. The access to other critical services (e.g., mental health, substance use, HIV/AIDs services and others) are most frequently identified in the primary care setting. – *Key Informant*

There are **limited primary care providers accepting new patients** making these **patients travel longer distances to find care or going to the ER or UC** which provides **fragmented and often poor and inappropriate care**. We are **failing the patients by not having access**. – *Key Informant*

Individuals that need a physician cannot find one that has openings. Unfortunately, they must resort to evaluation by mid-level providers who are not trained in critical thinking required for their health needs or do not seek any care at all. – *Key Informant*

I think another issue is **we have a shortage of primary care physicians**. I do think Ottawa County is **blessed to have a lot of primary care physicians** but if you look at the magnitude of the population, and the rate at which it is **growing**, I think we **don't have enough primary care providers**, and I think that **can create issues with access** for the community. – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q1: What do you feel are the most pressing or concerning health issues facing residents in Ottawa County, especially the underserved? (n=9); Key Informant Survey, Q1c: Why do you think [lack of primary care providers] is the most critical health



# HEALTH CARE COVERAGE

## HEALTH CARE COVERAGE

- More often, the primary source of health coverage for **all** area adults is a plan purchased through an employer or union, followed by Medicare; Medicaid is far more common among the underserved.
- Fewer children are on Medicaid in Ottawa County compared to Michigan.

	Primary Source of Health Coverage of All Adults	
	BRFS (n=968)	Underserved* (n=294)
<b>A plan purchased through an employer or union</b>	<b>46.5%</b>	<b>15.6%</b>
<b>Medicare</b>	<b>17.4%</b>	<b>28.2%</b>
<b>Medicaid or other state program</b>	<b>13.3%</b>	<b>44.6%</b>
<b>A plan that you or another family member buys on your own</b>	<b>13.1%</b>	<b>5.8%</b>
<b>Other governmental program</b>	<b>2.0%</b>	<b>2.4%</b>
<b>Tricare, VA, or military</b>	<b>1.5%</b>	<b>1.4%</b>
<b>Medicare supplement</b>	<b>NA</b>	<b>6.8%</b>
<b>None</b>	<b>6.1%</b>	<b>14.3%</b>

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q3.1: What is the current **primary** source of your health care coverage?; Underserved Resident Survey, 2023, Q9: Which of these describes your health insurance situation? \*Note: multiple response question for underserved residents.

### Children on Medicaid



Source: Kids Count Data Book, 2021.



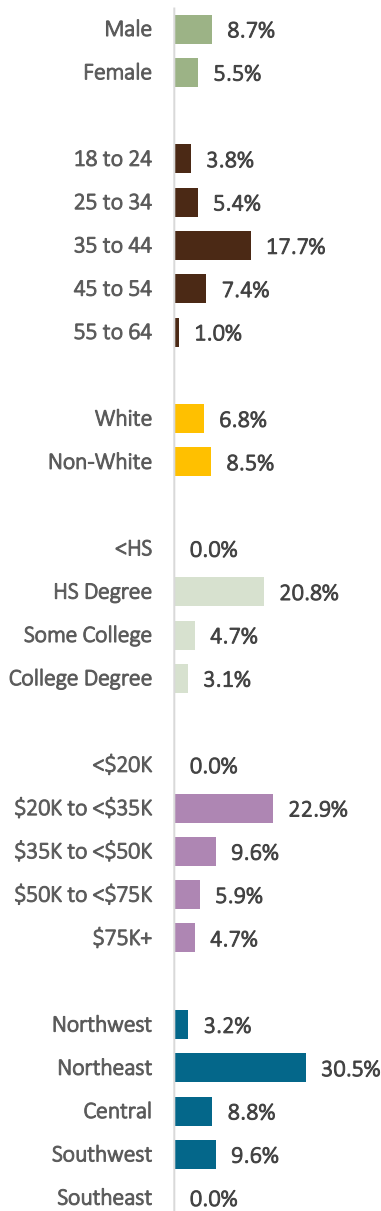


# HEALTH CARE COVERAGE (CONTINUED)

## HEALTH CARE COVERAGE: NO HEALTH INSURANCE

No Health Insurance = 7.1%

No Health Insurance (Age 18-64)  
by Demographics



- Among area adults age 18-64, 7.1% have no health insurance, and this rate increases to 17.5% for underserved residents
- Half (50.0%) of underserved adults age 18-64 have Medicaid
- Men are slightly more likely to lack health insurance than women, and non-White adults are slightly more likely to lack health coverage than White adults
- Adults in the northeast section of the county are more likely to lack health insurance compared to adults living in other sections

### Underserved Adults (Age 18-64)

Have Medicaid = 50.0%

No Health Insurance = 17.5%

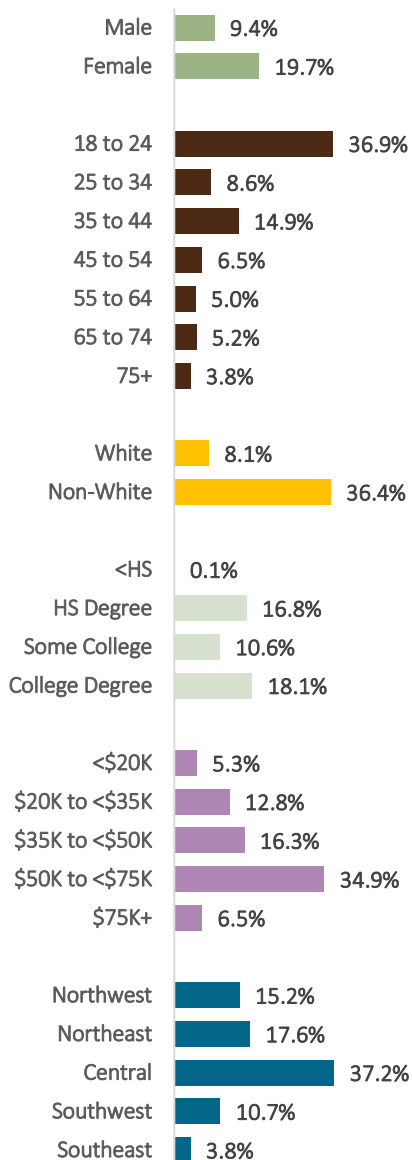


# HEALTH CARE COVERAGE (CONTINUED)

## HEALTH CARE COVERAGE: NO PERSONAL HEALTH CARE PROVIDER

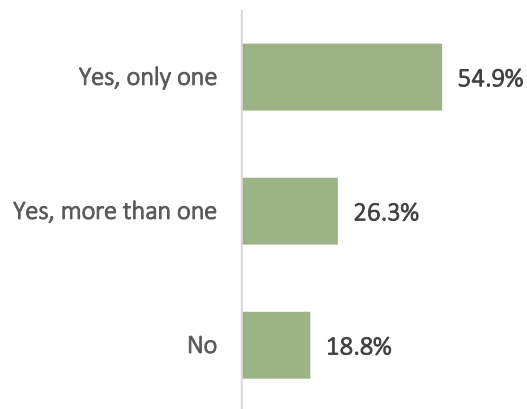
No Personal Health Care Provider = 14.7%

No Primary Care Provider by Demographics



- Among all area adults, 14.7% have no medical home (PCP)
- Women are much more likely than men to lack a personal health care provider (PCP)
- Adults between the ages of 18-24 are more likely to lack a PCP than older adults
- Non-White adults are significantly more likely to lack a PCP than White adults
- Adults living in the central section of the county are more likely to lack a PCP compared to adults living in other sections

Have a Personal Health Care Provider (Underserved Adults)



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q3.2: Do you have one person or a group of doctors that you think of as your personal health care provider? (n=997); Underserved Resident Survey, 2023, Q4: Do you have one person you think of as your personal doctor or health care provider? (n=293)

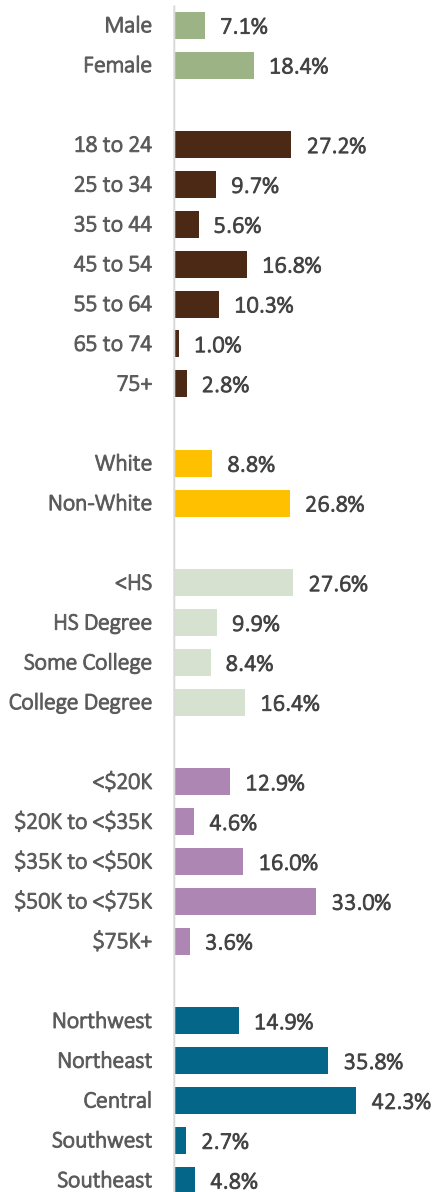


# PROBLEMS RECEIVING HEALTH CARE

## PROBLEMS RECEIVING HEALTH CARE

No Health Care Access Due to Cost = 13.0%

No Health Care Access Due to Cost by Demographics



- Among Ottawa County adults, 13.0% have had trouble seeing a doctor when they needed to because of cost
- Women are far more likely than men to face this cost barrier
- Non-White adults are far more likely than White adults to forego needed health care because of cost
- Adults age 18-24 are much more likely to forego needed care because of cost compared to older adults
- Adults living in the southern sections of the county are less likely to face cost barriers than adults living elsewhere

The high cost of care is a significant barrier to good health. Even people living in the middle class, without good health care coverage, can find cost a barrier to get even routine care, like going to the doctor for a cold because the out-of-pocket expenses are too high. – Key

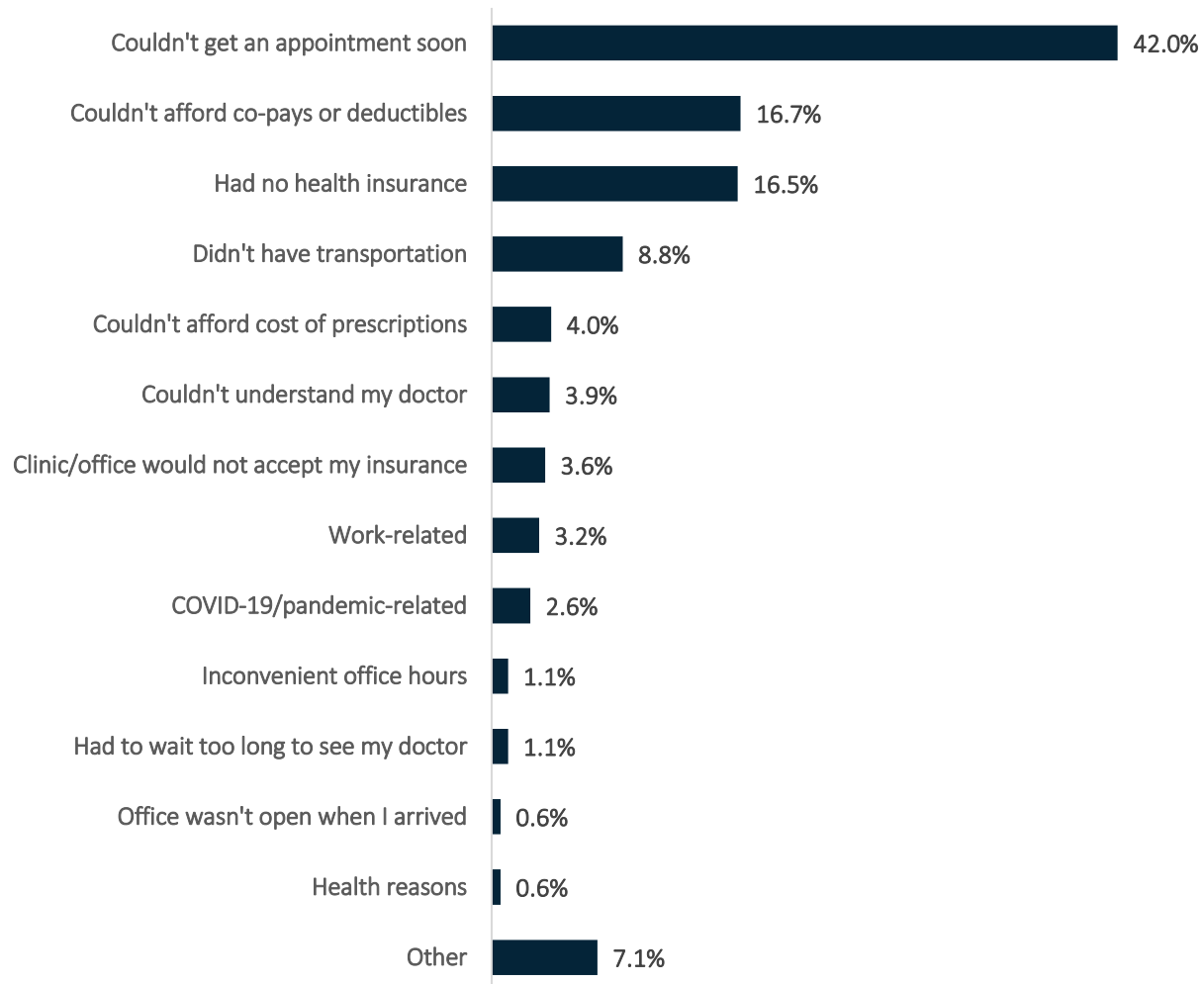
Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q3.3: Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (n=1,000)



# PROBLEMS RECEIVING HEALTH CARE (CONTINUED)

Among all Ottawa County adults, 40.5% experienced trouble getting needed health care in the past year. Of these, 42.0% report the greatest barrier to be the inability to get a timely appointment. Additional barriers include the inability to pay out-of-pocket costs such as co-pays and deductibles, lack of health insurance, and transportation barriers.

Barrier to Health Care (BRFS Adults)



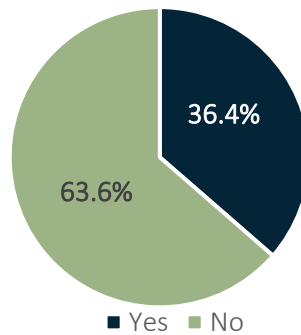
Source: Ottawa County Behavioral Risk Factor Survey, 2017, Q3.4: In the past year, what were some of the reasons you had trouble getting health care when you needed it, if any? (n=221)



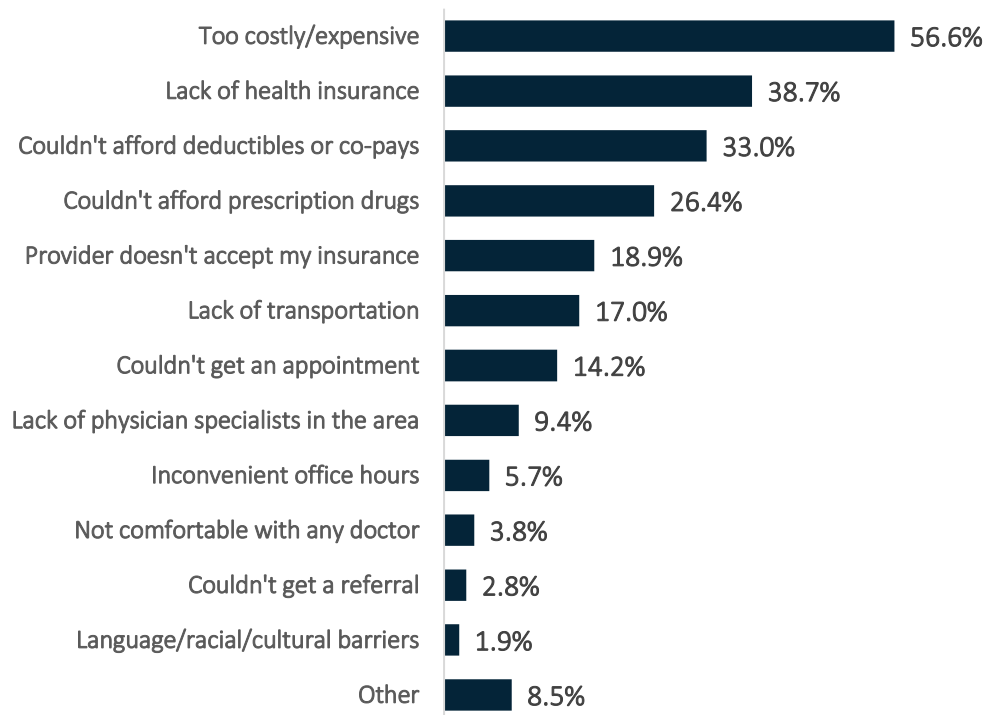
# PROBLEMS RECEIVING HEALTH CARE (CONTINUED)

Among underserved adults, one-third (36.4%) had trouble meeting their health care needs in the past two years. The greatest barrier to this group is cost, followed by lack of insurance, providers not accepting their insurance, and transportation issues.

Have Had Trouble Meeting Health Care Needs in the Past Two Years



Reasons Had Trouble Meeting Health Care Needs



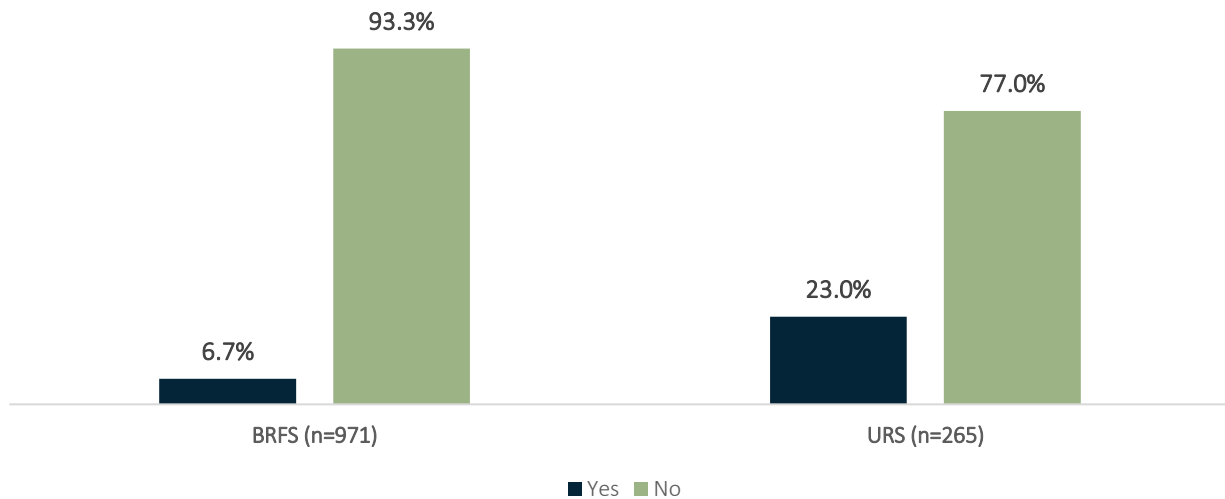
Source: Ottawa County Underserved Resident Survey, 2023. Q7: In the past two years, was there a time when you had trouble meeting your health care needs? (n=294); Q8: (If yes) What are some of the reasons you had trouble meeting your health care needs? (n=106)



# PROBLEMS RECEIVING HEALTH CARE (CONTINUED)

- 🔍 Among all Ottawa County adults, in the past year, 6.7% did not take their medication as prescribed in order to save on costs, and this proportion increases to 23.0% for underserved adults.
- 🔍 Out-of-pocket costs for prescriptions have historically been an issue for many, but it may become more of a problem as eligibility criteria for Medicaid changes and people lose their Medicaid coverage.

Didn't Take Medication as Prescribed to Save on Costs



**People who need access to prescription drugs or other treatments are having to pick and choose whether they get help, or if they get to eat. Inflation is high nationwide and the dollar isn't worth as much as what it used to be, leading people to pick and choose. – Key Informant**

Once you get to be elderly, there's a whole lot more fixed income and lack of resources issues that we see. **They ration their medication and they share their medication with their circle of friends. – Key Stakeholder**

We have a lot of those people that are going to have spend-downs, or they're going to have deductibles, or going to have a co-pay. Right now, they don't. So, I think you're going to see that change pretty significantly over the next 14 months. **Whereas people were probably accessing their prescriptions, for example, that's always a huge one. Right. With Medicaid, most of their prescriptions are free, whereas once we start the new eligibility criteria, there's going to be a lot of people that are not going to have free prescriptions, and is that going to change their willingness to fill them? – Key Stakeholder**

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q3.7/Underserved Resident Survey, 2023, Q9: Was there a time in the past 12 months when you did not take your medication as prescribed, such as skipping doses or splitting pills, in order to save on costs? Do not include over-the-counter (OTC) medication.

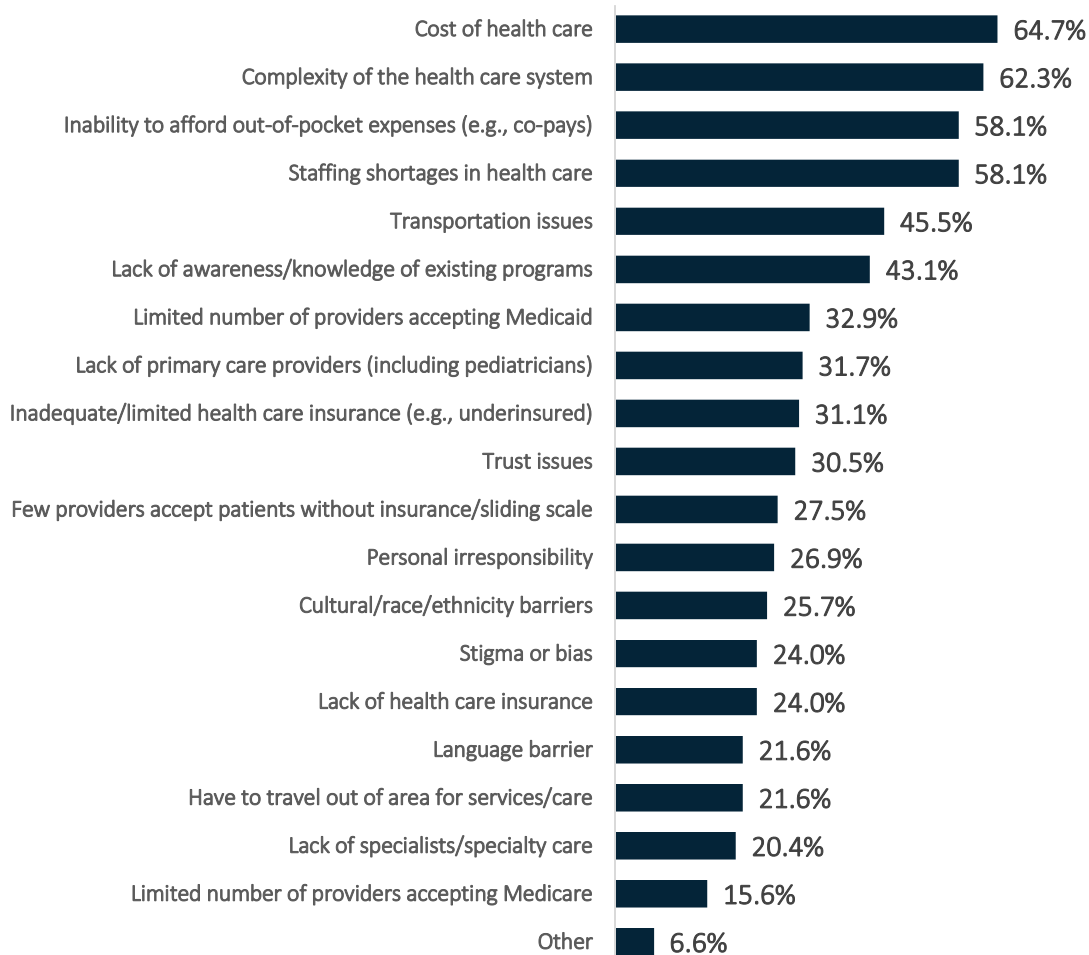


# BARRIERS TO HEALTH CARE

## BARRIERS TO HEALTH CARE

- Q Key Informants cite myriad barriers to accessing health care in Ottawa County.
- Q The top barriers to care are cost (both general costs and out-of-pocket), the complexity of the system, staffing shortages, transportation issues, and lack of awareness of existing programs and services.
- Q Moreover, three in ten Key Informants cite the limited number of providers accepting Medicaid, lack of primary care providers, inadequate (or limited) health insurance, and trust issues.

### Most Common Barriers to Accessing Health Care



Source: Ottawa County Key Informant Survey, 2023, Q2: In your opinion, what are the most common barriers to accessing care in Ottawa County? (n=167)

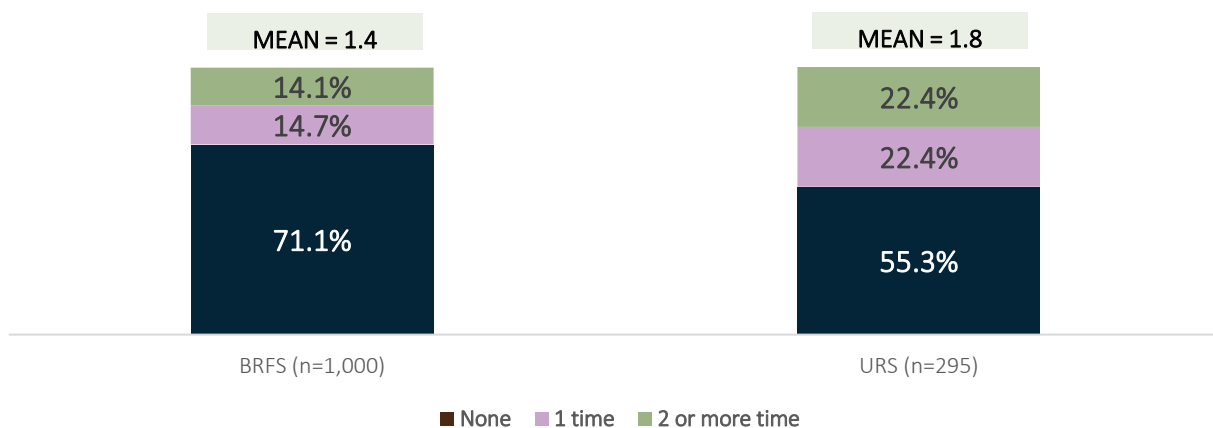


# USE OF ER, ED OR URGENT CARE

## USE OF ER, ED OR URGENT CARE

- Q Almost three in ten area adults (28.9%) visited the Emergency Room/Emergency Department at least once this past year, and that rate rises to 44.7% for underserved adults.
- Q A slightly larger proportion of area adults visited Urgent Care in the past year – 37.4% at least once.
- Q Key Informant comments support the notion that ER/ED use occurs far more often than is warranted either because the circumstances are unavoidable or they are the result of mental health and/or substance abuse issues for which treatment is lacking.

Number of Times Visited ER/ED in Past Year



**Emergency Rooms see many mental health patients.** There is a **lack of inpatient beds needed** to treat these patients so **many are forced to return home without the resources they need.** Emergency rooms are **not suitable places for mental health care to take place.** – *Key Informant*

**We see so much of this in the emergency department, especially lately.** Often times we are even **unable to find placement** for patients **because of the lack of access and they can end up sitting in our MHER for days or weeks** while we try to find places for them to go or resources for them to utilize. **At times we even have to send patients out of state** because we **don't have placement.** It can be **especially difficult for the pediatric mental health population.** – *Key Informant*

We have people **often come to our emergency department** and it's an issue to be sure. **The underserved don't have adequate resources.** They depend on agencies like **adult foster care and community mental health.** So, the patient **waits in the ED,** they may wait until another component of this, adult foster care center, nursing home setting, or a post-acute care setting is available for them. **We are wasting an incalculable amount of money and resources** that should be in place for people that really need the hospital care. So **essentially, we're babysitting.** – *Key Stakeholder*

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q3.6/Underserved Resident Survey, 2023, Q11: How many times have you been to an Emergency Department/Emergency Room in the past 12 months? (n=998/295); BRFs, 2023, Q3.5: How many times have you been to an Urgent Care in the past 12 months?



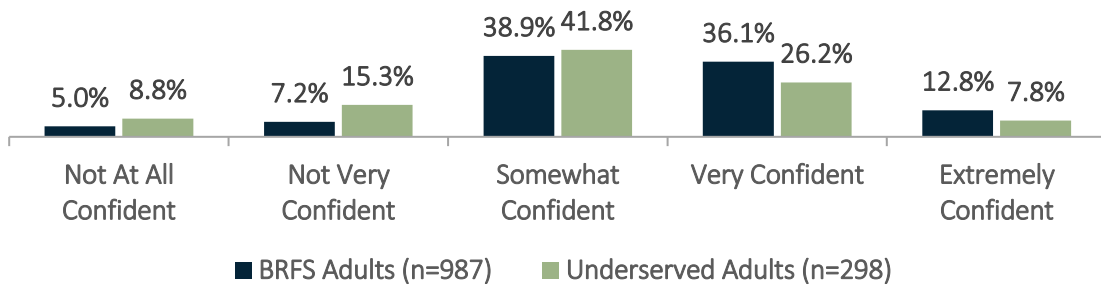


# HEALTH LITERACY

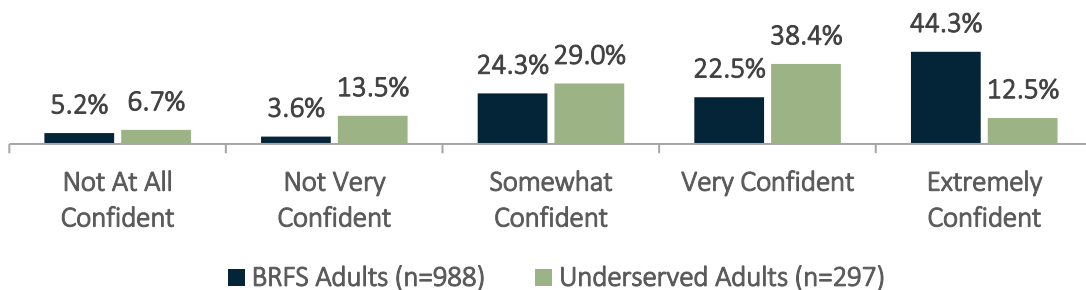
## HEALTH LITERACY

- Over half of both adults in the general population, and underserved adults, are less than very confident when trying to navigate the health care system.
- Underserved adults are slightly more challenged when it comes to having confidence in completing medical forms; for example, 66.8% of adults in the general population are very or extremely confident in completing medical forms compared to 50.9% of underserved adults.

### Confidence in Navigating Health Care System



### Confidence in Completing Medical Forms



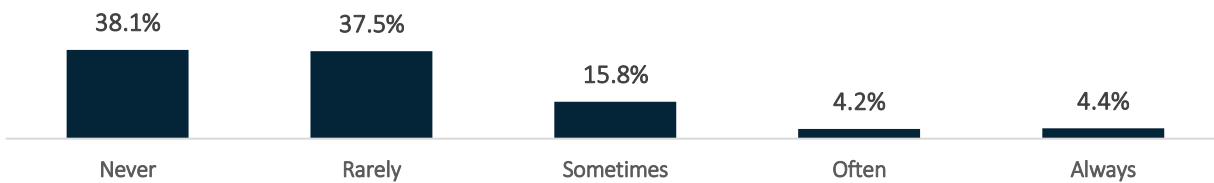
Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q3.8/Underserved Resident Survey, 2023, Q14: How confident are you that you can successfully navigate the health care system?; Behavioral Risk Factor Survey, 2023, Q7.1/Underserved Resident Survey, 2023, Q18: How confident are you in filling out medical forms by yourself? For examples, things like insurance forms, questionnaires and doctor's office forms?



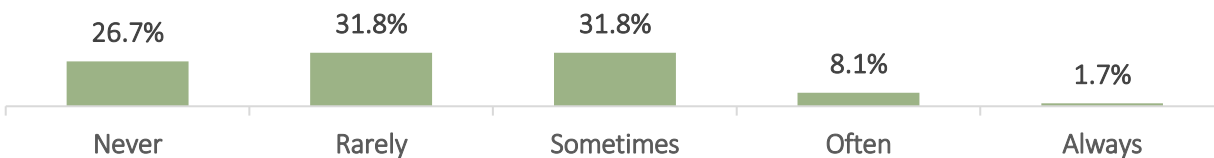
# HEALTH LITERACY (CONTINUED)

- 🔍 Three-fourths (75.6%) of adults in the general population rarely or never have difficulty understanding written or verbal information given to them by their health care provider.
- 🔍 Almost six in ten (58.5%) underserved adults rarely or never have problems learning about their health condition due to difficulty in understanding written information.

Have Problems Understanding Written or Verbal Information from Health Care Provider (BRFS Adults)



Frequency of Having Problems Learning About Health Condition Due to Difficulty in Understanding Written Information (Underserved Adults)



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q7.2: How often do you have difficulty understanding written or verbal information your health care providers (doctor, nurse, nurse practitioner) give you? (n=994); Underserved Resident Survey, 2023, Q16: How often do you have problems learning about your health condition because of difficulty in understanding written information? (n=296)

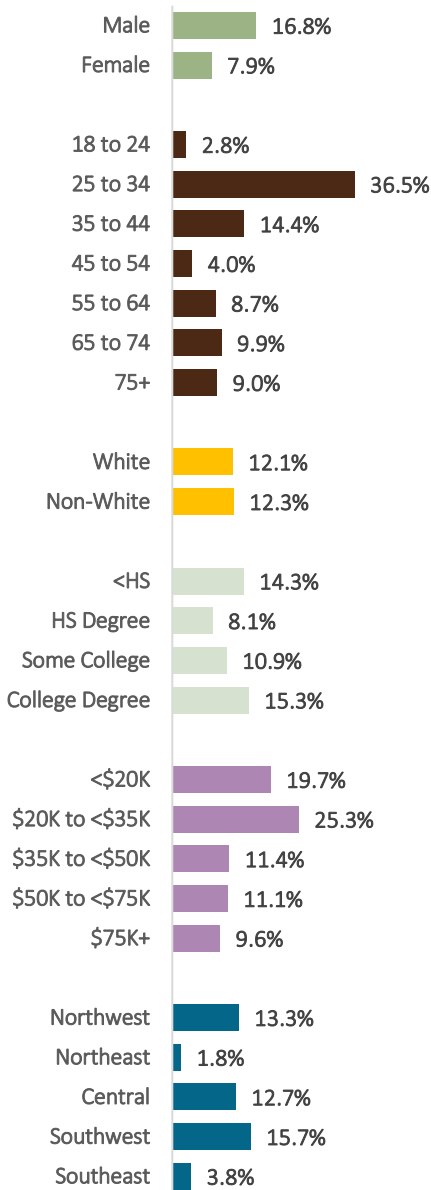


# HEALTH LITERACY (CONTINUED)

## HEALTH LITERACY: NOT CONFIDENT NAVIGATING HEALTH SYSTEMS

Not Confident in Navigating Health Care System = 12.2%

Not Confident in Navigating Health Care System by Demographics



- Among Ottawa County adults, 12.2% are not very or not at all confident they can navigate the health care system
- Men are less confident than women when it comes to navigating the system
- Adults between the ages of 25-44 are less confident than adults of other ages
- Adults with the lowest household incomes (under \$35K) are less confident than adults with higher incomes

I feel that me and my family have been able to find the health resources that we need in this community. I know there are many programs to help others, but I do see some people struggling to navigate the system to find those resources. – Key Informant

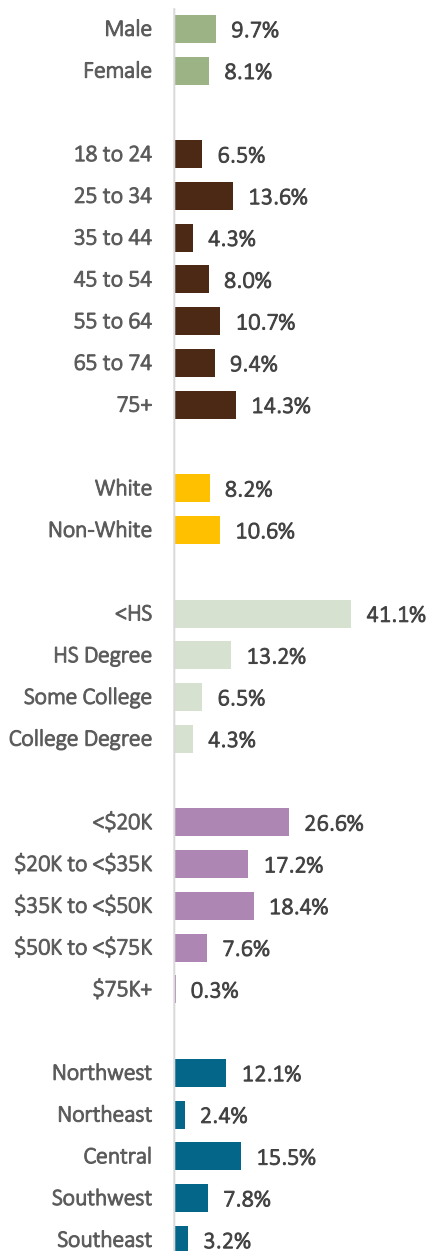


# HEALTH LITERACY (CONTINUED)

## HEALTH LITERACY: NOT CONFIDENT COMPLETING MEDICAL FORMS

Not Confident in Completing Medical Forms = 8.8%

Not Confident in Completing Medical Forms by Demographics



- Among Ottawa County adults, 8.8% are not very or not at all confident that they can complete medical forms
- Confidence in completing medical forms is directly related to education and household income
- As with confidence in navigating the health care system, adults living in the northeast or southeast sections of the county are more confident in both navigating the system, and completing medical forms, compared to adults living in other sections of the county

I know every time I have to call my insurance company and spend two hours on the phone trying to understand how my insurance works and I'm a fairly literate person. I think it's ridiculous. I mean understanding how co-pays work and deductibles and what's covered and what's not. I think it's really challenging, and again, I'm in a good position I can't imagine working two jobs, have three kids, to be a single parent and trying to navigate this. – Key Stakeholder

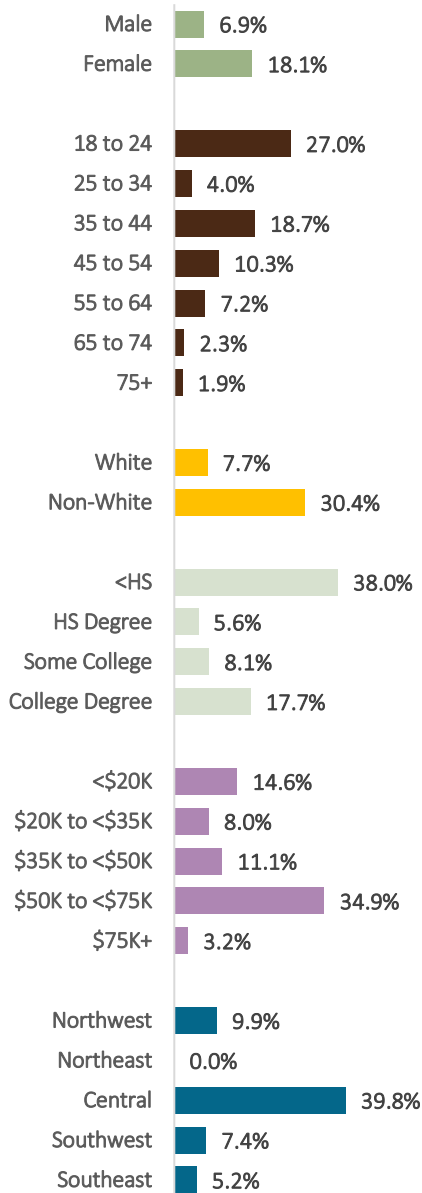


# BARRIERS TO DENTAL CARE

## BARRIERS TO DENTAL CARE

Problems Getting Dental Care in Past Year = 12.6%

Problems Getting Needed Dental Care in Past Year by Demographics



- Among Ottawa County adults, 12.6% have had problems receiving needed dental care in the past year
- Women have had more of an issue receiving needed dental care than men, and non-White adults have had more of a problem than White adults
- Problems with receiving needed dental care decreases with age
- Adults with less than a high school degree are far more likely to find barriers to needed dental care than adults with more education

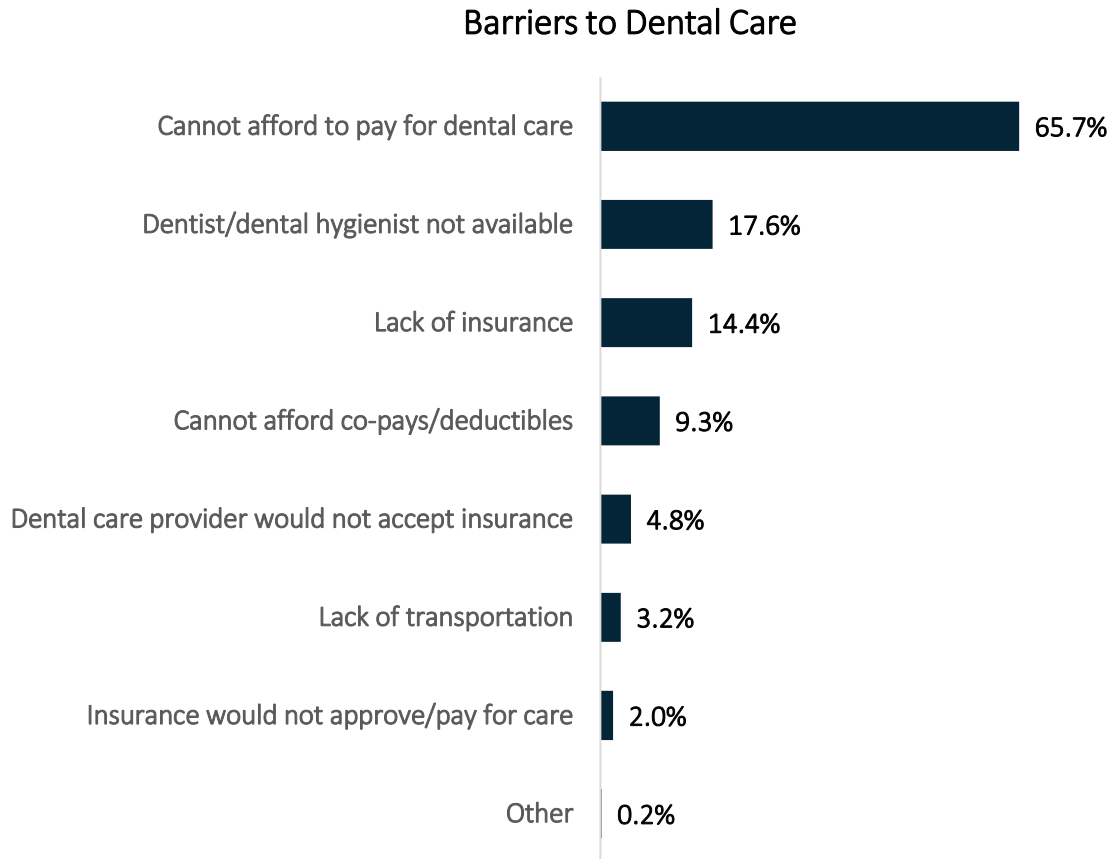
Based on the requests for services we receive each month (and track) we are seeing an increased need for dental care and limited options for those seeking affordable care. We are not seeing comparable requests for other services/issues. There are only a few dental providers in the county which are low cost (or free) and/or accept Medicaid covered patients. – *Key Informant*

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q19.2: In the past 12 months, have you had problems getting needed dental care? (n=981)



# BARRIERS TO DENTAL CARE (CONTINUED)

🔍 Among area adults who had problems receiving needed dental care, the cost of dental care is the greatest barrier, by far, followed by lack of availability of providers, and lack of dental insurance.



Lack of access to dental care I believe is equal to a priority as access to health care.  
– Key Informant

We in a dental health care setting are isolated from other areas of the medical field. This is difficult because I am not approached by many programs and services to send patients to.  
– Key Informant

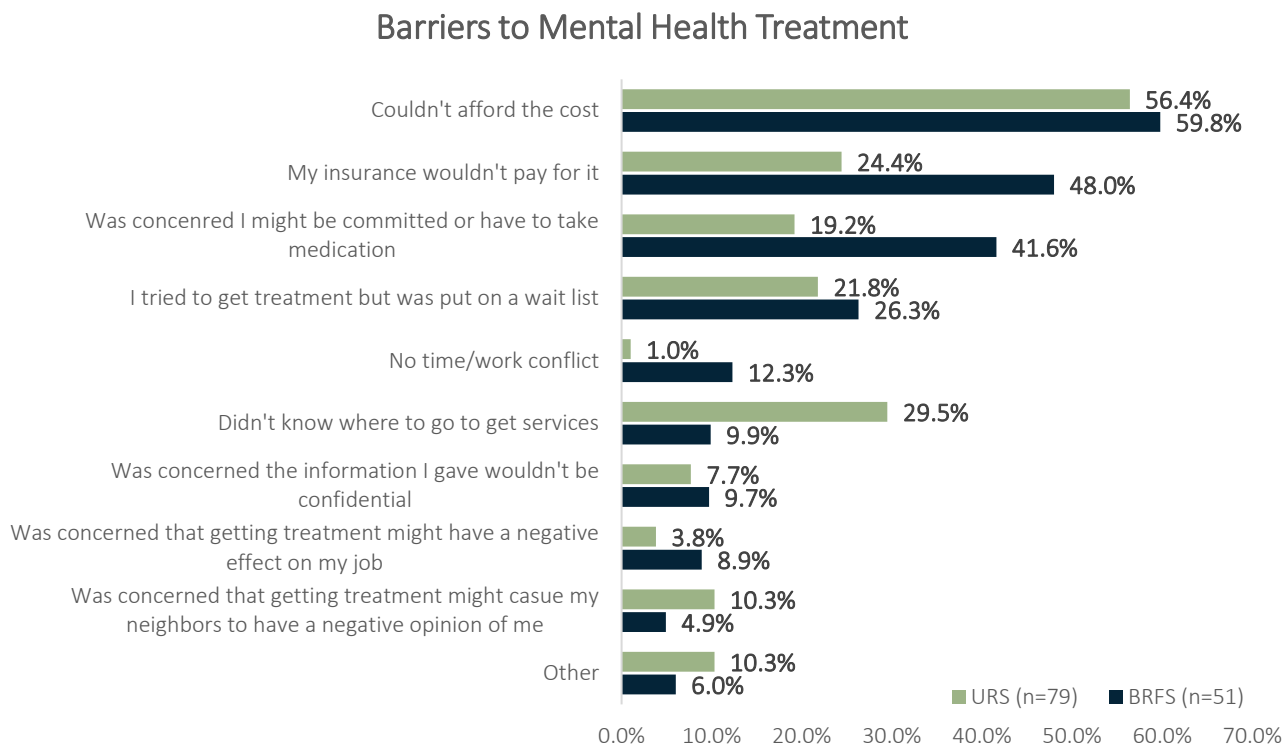
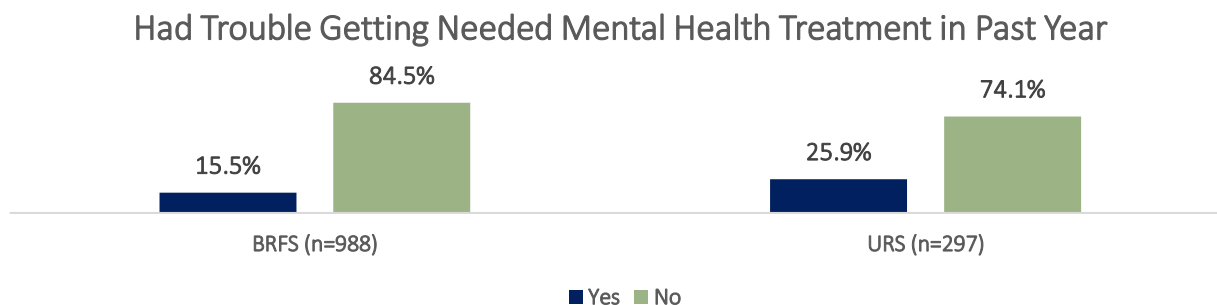
Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q19.3: (If problems receiving dental care in past year) What are some of the barriers, or obstacles, preventing you from getting needed dental care? (n=49)



# BARRIERS TO MENTAL HEALTH CARE

## BARRIERS TO MENTAL HEALTH CARE

- Among Ottawa County adults from the general population, 15.5% had trouble receiving needed mental health treatment in the past year; this proportion rose to 25.9% of underserved adults.
- The greatest barrier to needed mental health treatment is cost.
- Other barriers include insurance not covering treatment, the fear of being committed or having to take medication, and being put on a waitlist for treatment; not knowing where to go for services is a barrier for the underserved subpopulation.



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q18.8/Underserved Resident Survey, 2023, Q26: Within the past 12 months, was there any time you needed mental health treatment or counseling for yourself but didn't get it?; BRFs, Q18.9/URS, Q27: Which of the following, if any, were reasons why you did not get the mental health treatment or counseling you needed?

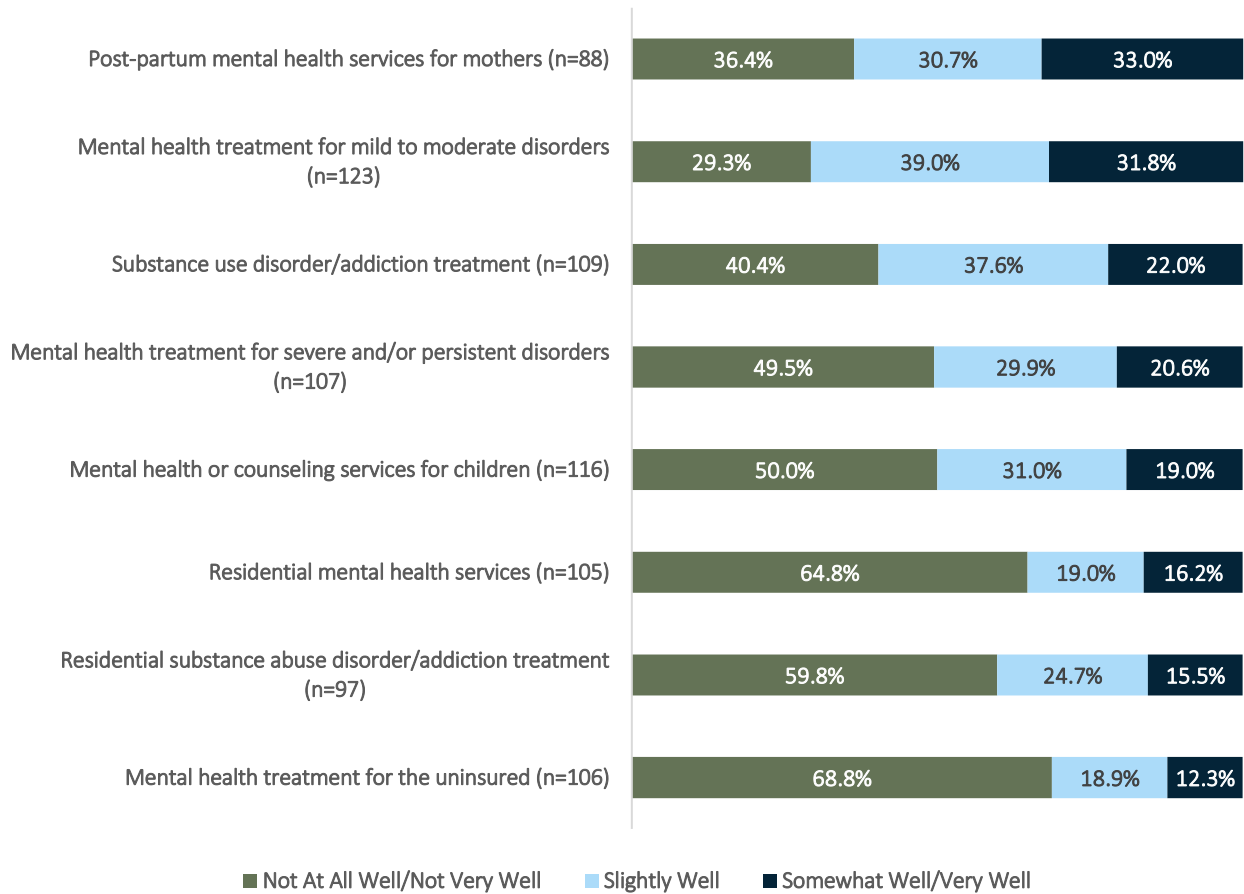


# BARRIERS TO MENTAL HEALTH CARE (CONTINUED)

## BARRIERS TO MENTAL HEALTH CARE: MENTAL HEALTH CARE SERVICES LACKING

- Key Informants perceive behavioral health (mental health, substance abuse) programs in Ottawa County as notably lacking when it comes to serving the needs and demands of Ottawa County residents.
- Between one half and two-thirds of Key Informants say that mental health treatment for the uninsured, residential treatment mental health and/or substance abuse disorder, and mental health services or counseling for children meet area residents' needs not very well or not at all well.

Extent to Which Mental Health/Behavioral Health Programs Meet Residents' Needs



Source: Ottawa County Key Informant Survey, 2023, Q7: How well do the following mental health or behavioral health programs and services meet the needs and demands of Ottawa County residents?





# BARRIERS TO MENTAL HEALTH CARE (CONTINUED)

- Q Because the prevalence of mental health issues has been increasing over the years across all demographics, and may have worsened due to the COVID-19 pandemic, Key Stakeholders and Key Informants see a mental health crisis, especially with regard to access to treatment.
- Q Primarily, access is an issue because there is a lack of providers to treat the demand for services. However, wait times and the continued stigma in seeking treatment are also enormous barriers.

Almost every person in the community is impacted by some element of mental health needs. We need more resources accessible within the community, schools, hospitals, primary care facilities, and we need to normalize this help. – *Key Informant*

Mental health care access is an issue across the whole spectrum. We hear from parents all the time that their kid needs help and they can't get them in anywhere. They can't get them in for counseling because there's not enough therapists. We've had people that have been on wait lists for residential treatment. *Key Stakeholder*

The need is great and there is a lack of providers. We need providers both for the insured and uninsured. – *Key Informant*

There are not enough resources available for all the people in need, including adolescents and adults for both inpatient and outpatient services. – *Key Informant*

We have seen an explosion of mental health disease over the last several years. Persons with anxiety/depression have difficulty reaching out for help and when they do they have to wait weeks to be seen. We need in the moment resources as well as increase destigmatization for mental health. – *Key Informant*

Access is a combination of factors: lack of providers, unable to get consistent appointments, patients not following up, or patients not motivated to present for care. This, and mental health, in general, are the most pressing issues. – *Key Informant*

There is limited access to mental health care and even if you do get a hold of someone the scheduling is sometimes months out. Also, there is a stigma around mental health that makes it less of a need or perceived as a low need in the community because nobody wants to talk about it. – *Key Informant*

I think one of the pressing issues has to do with mental health, and what I hear a lot of it is mental health related issues for children. I hear it's very hard to get access to mental health services. And when you do, it can take a long time. And it can be quite expensive. I don't think this is necessarily unique to Ottawa County. But one of the things that has changed a lot in our community is the need for mental health services is growing. And I don't think the pandemic and some of the isolation that resulted from that was helpful at all. – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q1: What do you feel are the most pressing or concerning health issues facing residents in Ottawa County, especially the underserved? (n=9); Q4d: What specific mental health care programs or services are lacking or don't meet the needs of area residents very well? (n=9); Ottawa County Key Informant Survey, 2023, Q1c: Why do you think [access to mental health care/treatment] is the most critical health issue or concern in Ottawa County? (n=59)



# BARRIERS TO MENTAL HEALTH CARE (CONTINUED)

- Q Key Stakeholders and Key Informants highlight the access to mental health treatment issue that continues to be a case of “haves vs. have-nots”; those with resources, like good insurance or financial resources, can access needed mental health treatment easier than those without.
- Q Thus, even those with insurance like Medicaid or Medicare face barriers to mental health treatment, which is a sad commentary since individuals with these types of insurance may be most at risk.

Our organization takes in all insurances and we find clients who have been to several places who have turned them away because they fall into a gap with not being "severe enough" but also not being able to afford a private practice. We also have a lack of psychiatrists in the area, and clients are often waiting around three months for an initial appointment. – *Key Informant*

I would say this is an area unlike the housing issue, where if you do have resources, if you have good private insurance, like you're much more able to access treatment. So, mental health treatment is definitely more of an issue for folks who do not have the financial resources to be able to address those. – *Key Stakeholder*

There are a lot of people in the community that do not have access to mental health care. I see the issue is mainly on the outpatient level. There is a lack of therapist availability, especially for those with Medicaid and Medicare insurance. A lot of providers in the area do not take the kinds of Medicaid we are seeing (e.g., Blue Cross, Meridian, McLaren). There is also an abundance of people being turned down for services with CMH that have those insurance plans that are not widely accepted. People have been told they do not meet criteria to see providers at CMH and do not have the ability to see providers elsewhere either due to Medicaid provider or due to lack of providers in the area. Therapists have long wait lists to get people in and by the time they have an appointment they are requiring a higher level of care, and staff are not able to set up aftercare appointments. – *Key Informant*

I think mental health therapy for the underinsured patients is lacking. So, Medicaid, Medicare, and uninsured I still think that it's a pain point for us. We have a growing amount of access to therapy, especially now that video visits are available. People can access that from anywhere and so that has improved access, but my Medicaid and Medicare populations and those that are uninsured still do not have good access to therapy. – *Key Stakeholder*

I work with children and there are very limited resources especially for Medicaid and the wait times are outrageous. I am seeing more and more kids with mental health issues and the age is getting younger. – *Key Informant*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q1: What do you feel are the most pressing or concerning health issues facing residents in Ottawa County, especially the underserved? (n=9); Q4d: What specific mental health care programs or services are lacking or don't meet the needs of area residents very well? (n=9); Ottawa County Key Informant Survey, 2023, Q1c: Why do you think [access to mental health care/treatment] is the most critical health issue or concern in Ottawa County? (n=59)

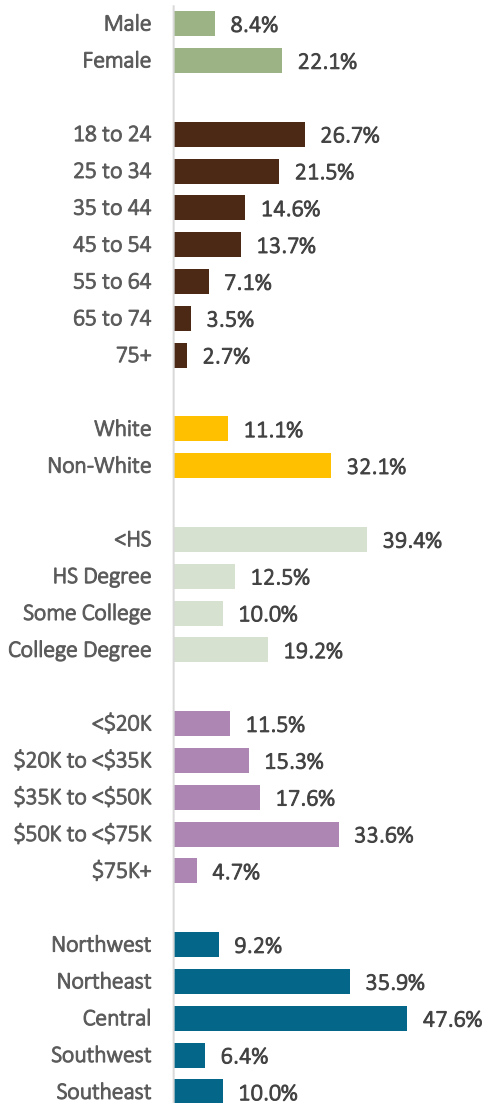


# BARRIERS TO MENTAL HEALTH CARE (CONTINUED)

## BARRIERS TO MENTAL HEALTH CARE: NO MENTAL HEALTH CARE IN PAST YEAR

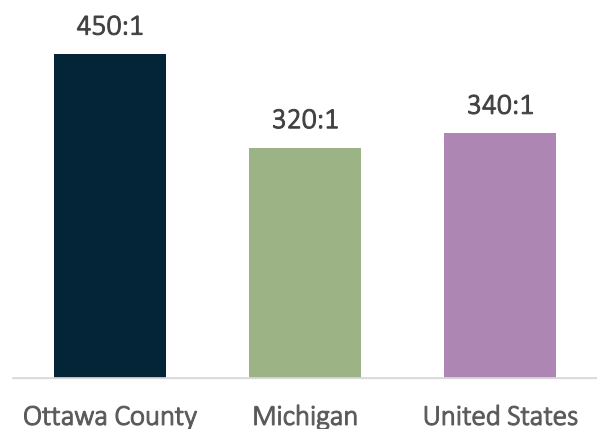
No Mental Health Treatment in Past Year = 15.5%

No Mental Health Treatment in Past Year  
When Needed by Demographics



- Women are more likely to forego needed mental health treatment than men
- Obtaining mental health treatment is directly related to age
- Non-White adults are more likely than White adults to not receive needed mental health treatment
- Adults living in the central or northeast section of the county experience more barriers than adults living in other sections
- There is 1 mental health provider in Ottawa County per 450 residents, a ratio higher than the state or national ratios

Ratio of Population to  
Mental Health Providers\*



Source: County Health Rankings, 2022.

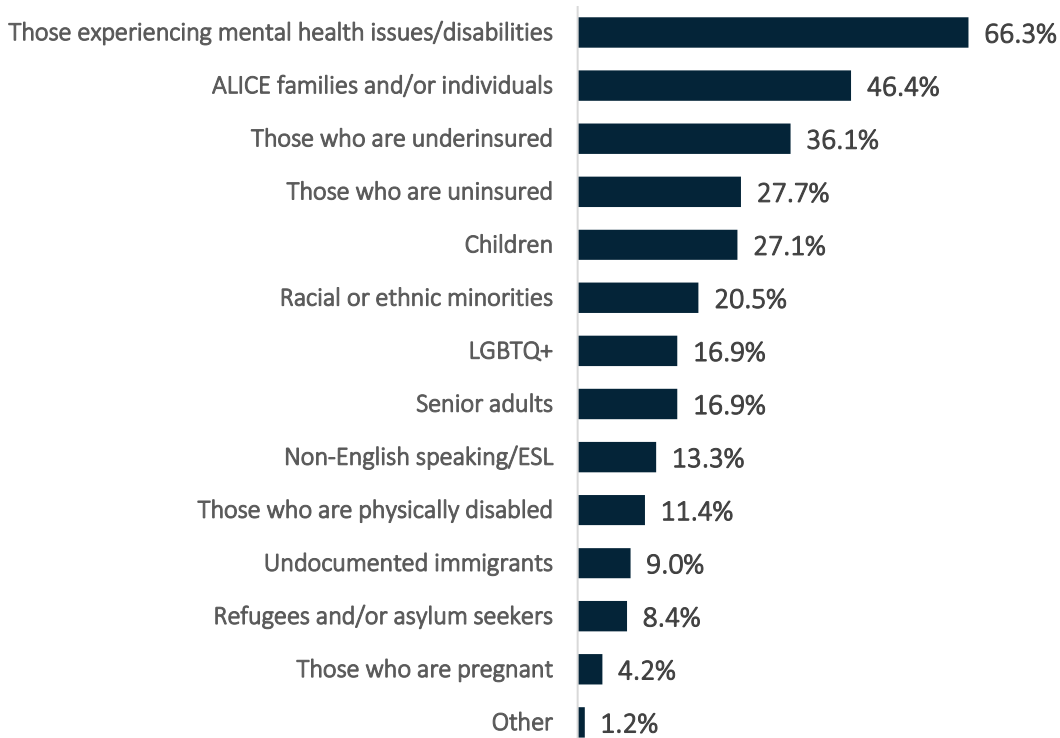


# UNDERSERVED SUBPOPULATIONS

## UNDERSERVED SUBPOPULATIONS

- According to Key Informants, with regard to health care, the community needs to focus on many underserved or vulnerable groups, and the most often cited is people experiencing mental health issues or disabilities.
- Additional groups requiring our attention are the ALICE (Asset Limited, Income Constrained, Employed) subpopulation, people who are uninsured or underinsured, children, minorities, the LGBTQ+ community, and elderly adults.

### Underserved Groups Worthy of Focus



Source: Ottawa County Key Informant Survey, 2023, Q3: With regard to health care, which of the following underserved or vulnerable groups should we focus on most as a community? (Multiple response) (n=166)



# UNDERSERVED SUBPOPULATIONS (CONTINUED)

🔍 As a community, Key Stakeholders believe we should focus on the uninsured or underinsured because they are less likely to participate in preventive care, and often won't visit a health care provider until things have become much worse and ultimately a larger problem for everyone. The LGBTQ+ community is also vulnerable to multiple negative outcomes and faces numerous barriers. Children are at risk because of the amount of information and disinformation they are exposed to, and the elderly are often limited by fixed incomes that prevent them from seeking needed care.

<p><b>Uninsured or underinsured</b></p>	<p>Those with inadequate or no healthcare insurance because I think they, by definition, have less access to healthcare until things become a crisis or avoid healthcare services until things are delayed. They become less active in taking good care of themselves. – Key Stakeholder</p>
<p><b>LGBTQ+</b></p>	<p>The LGBTQ+ community, because when you look at the data, they are anywhere from 2 to 10 times more likely to be at risk for multiple things such as suicidal ideation, mental health, bullying, and healthcare access. There's a lot of kids that don't have family and social support, because the Youth Assessment Survey told us this. Kids are at risk. And they're going to turn into adults that are going to be at risk as well, unless we do something to help them. – Key Stakeholder</p>
<p><b>Children</b></p>	<p>Kids are particularly vulnerable right now. When you think about the development of a child, you know, when I grew up, all we had to worry about was when our mom was going to call us in for dinner. Now kids are exposed to so much information (the Internet, social media). Parents are really concerned about what happens at school. Well, you could gag every teacher in the school, but these kids are still talking to each other. They still ride the bus together, and they all know stuff. They learn about stuff so much earlier than we did. And it's not from any government organization, to be quite honest with you. I just think kids, kids have a lot on their plate, so they're vulnerable. – Key Stakeholder</p>
<p><b>Elderly</b></p>	<p>The elderly. Some of them would rather be sick and take their chances than seek care because they're afraid. They're either living at that poverty line or maybe the home dwelling that they're living in is lacking and the more we find out and realize in the name of helping that they think they're exposing themselves to the fact that someone's going to tell them that they have to live differently or they have to be put into a facility. – Key Stakeholder</p>

Source: Ottawa County Key Stakeholder Interviews, 2023, Q3: With regard to health care access, what specific underserved or vulnerable groups or subpopulations should we focus most on as a community? (n=9); Q3a: Why do these groups warrant our attention as a community? (n=9)

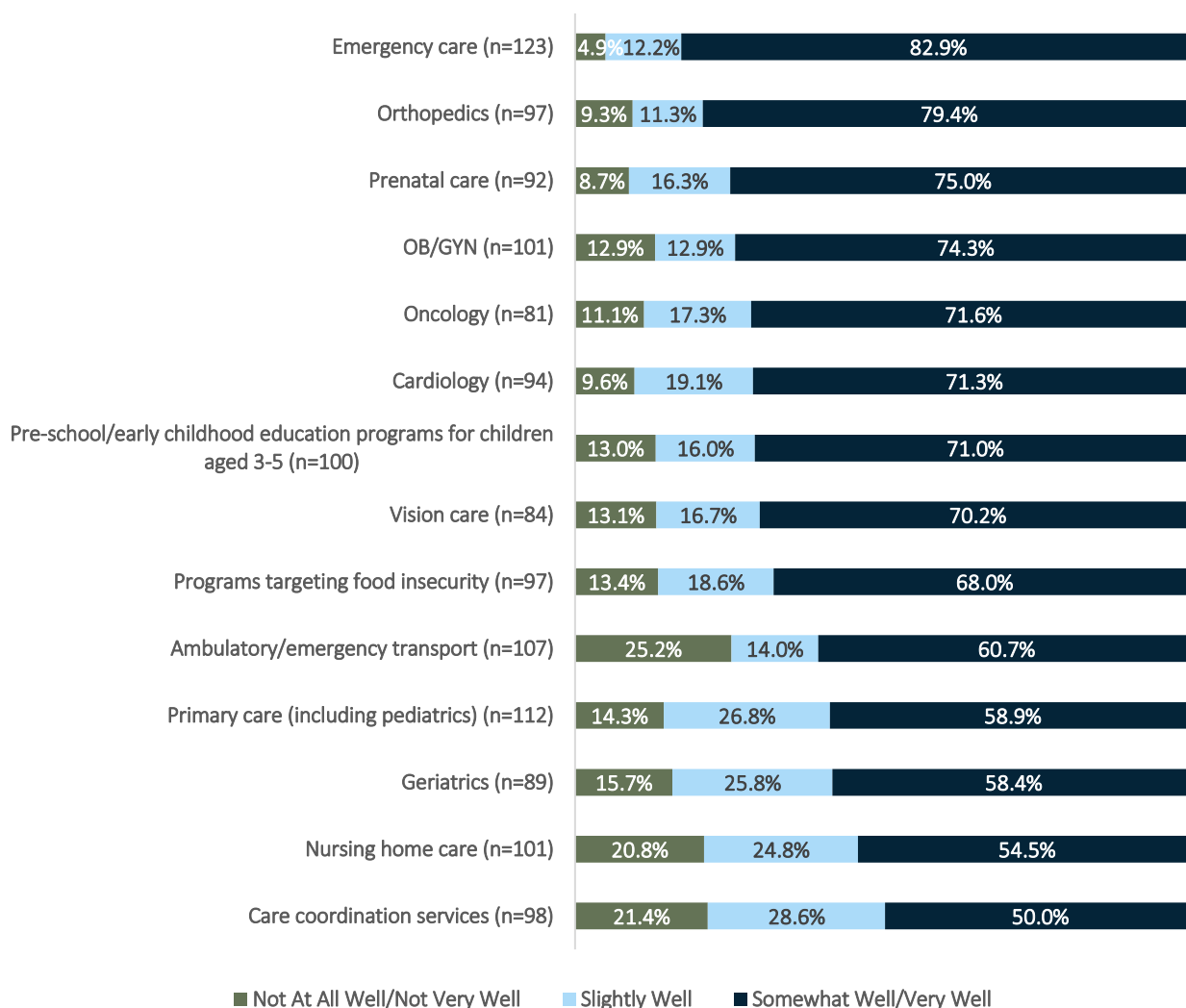


# GAPS IN PROGRAMS & SERVICES

## GAPS IN PROGRAMS & SERVICES

- Key Informants say the programs and services that meet the needs and demands of area residents best include emergency care, orthopedics, prenatal care, OB/GYN, oncology, cardiology, pre-school or early childhood education programs, and vision care.
- At least three-fourths of Key Informants believe emergency care, orthopedics, and prenatal care meet residents' needs and demands somewhat well or very well.

### Extent to Which Programs and Services Meet Residents' Needs (Top Rated Programs)



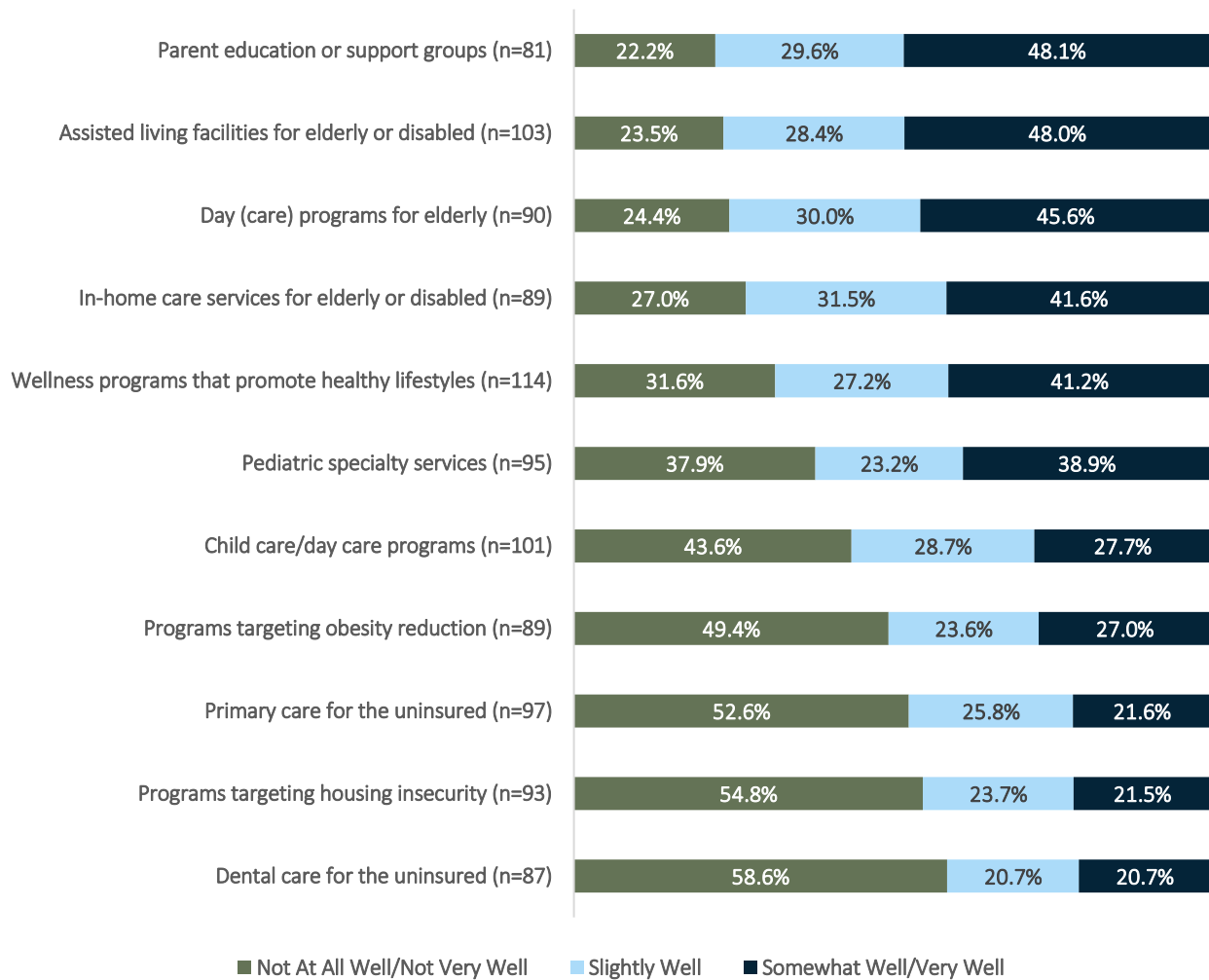
Source: Ottawa County Key Informant Survey, 2023, Q6: How well do the following programs and services meet the needs and demands of Ottawa County residents



# GAPS IN PROGRAMS & SERVICES (CONTINUED)

- Conversely, Key Informants say the programs and services that do not meet the needs and demands of area residents include dental care for the uninsured, programs targeting housing insecurity, primary care for the uninsured, programs targeting obesity reduction, child care or day care programs, and pediatric specialty services.
- Further, Key Informants' low ratings of programs targeting the elderly lends support for health and human service professionals who view the elderly as an underserved or vulnerable group.

## Extent to Which Programs and Services Meet Residents' Needs (Bottom Rated Programs)



Source: Ottawa County Key Informant Survey, 2023, Q6: How well do the following programs and services meet the needs and demands of Ottawa County residents?



# SPECIFIC PROGRAMS AND SERVICES LACKING IN THE COMMUNITY

## SPECIFIC PROGRAM & SERVICES LACKING IN THE COMMUNITY

- 🔍 Key Informants report there are myriad programs and services available, especially compared to other counties, but not enough to meet the demand for specific groups like the ALICE subpopulation.
- 🔍 Several Key Informants mentioned a lack of programs and services for the elderly, and much of what exists is substandard.
- 🔍 Child care is severely lacking in Ottawa County even for those who can afford it.

I believe our service system is excellent and that we provide excellent services as a community. The challenge is that there simply isn't enough. There are not enough staff, or enough providers, and it can be difficult to provide services to more people if you cannot hire and retain staff. – *Key Informant*

There is a significant lack of quality SAR, ALF and LTC facilities for our elderly populations. The facilities that we do have, have too much power to take the individuals they want, instead of basing their decisions on need. The care at several facilities is poor at best, and we hear ongoing reports from residents and those staying for short periods of time regarding questionable care. – *Key Informant*

We need more community navigators to assist people in tapping into all the resources. We need more school-based or partnership programs to support students in getting resources. We need more hospital/health care-based navigators that can help link patients with community resources. – *Key Informant*

I would like to see health programming targeted to address the needs on marginalized communities that are considered ALICE or below. – *Key Informant*

In general, there is a gap of resources for those in the ALICE population. There are a lot of resources for those with lower incomes, but not those that are working and not making a livable wage. – *Key Informant*

I think access to quality and affordable child care is a huge issue in our county. There is not nearly enough of it available and what there is, it's not accessible, nor affordable. Even upper-middle class families struggle to afford care, so the availability to lower-income families is impossible. I think proper child care being accessible would make a variety of other community challenges better (items like unemployment, underemployment, ability to pay for healthy food, access to healthcare/ability to pay for healthcare, etc.). – *Key Informant*

So many people do not have reliable transportation to doctors' visits. Some are riding their bikes or taking buses. Red Cross is overwhelmed and does not have enough volunteers to drive. Elderly and sick patients hate to have their family members take off work to drive them to office visits. If there could be a medically designated part to the MAX bus system that goes between all the medial campuses, that would be great. – *Key Informant*

Source: Ottawa County Key Informant Survey, 2023, Q8: What are any additional programs or services that do not meet the needs and demands of Ottawa County residents well, it any? Please be as detailed as possible. (n=56)





# SPECIFIC PROGRAMS AND SERVICES LACKING IN THE COMMUNITY (CONTINUED)

- Q Similar to Key Informants, Key Stakeholders report Ottawa County lacks programs and services related to mental health, services for the elderly, and certain specialty service and tertiary care that require people to travel out of county.
- Q One Key Stakeholder spoke about emergency transport not being as good, or reliable, as it was in the past, which support Key Informants' rating of it as well.

I guess **pediatric specialty care has always been the case** [as to programs lacking]. **They have to travel out of county for that.** And then **tertiary care, specialty care** that can't be provided here that's what **people will have to travel out of the county for.** – *Key Stakeholder*

There is, and has been, a **shortage of mental health prescribers**, so there is a **huge shortage of psychiatrists and nurse practitioners who are certified to prescribe mental health and behavioral health medications.** There are **waiting lists of four months sometimes** and that's **hard to tell your 10-year-old who needs meds.** – *Key Stakeholder*

**We've improved our dental services, but there's probably still adults that are going without oral healthcare because they can't afford it.** I can even tell you that my elderly parents are too embarrassed to go in and they just don't have enough money for all of the expensive stuff. – *Key Stakeholder*

I wonder what dental health looks like? I haven't even touched on the senior population because looking at **dental, health, hearing, and vision, those are things that I think are lacking, especially for seniors that fall in the ALICE population.** I mean **to buy a hearing aid battery is insane.** And then we ask them to do this every three to six months. I mean, it's kind of crazy to think, **that's what we are doing to our senior population** that have given so much. – *Key Stakeholder*

I'll go with **primary care** just **because I know, per capita, we are always lagging.** Serving on a hospital board I also know that's an **area where we need increased services.** Also, from my board experience I guess I'll say, **specialty services** in the community because, although we have a great general infrastructure of health care here, **if you need more specific specialty services you often have to go to Grand Rapids,** which is not far so it's not terrible. **As we grow as a community, I think it's desired to have more of those services accessible at the local level.** – *Key Stakeholder*

A more recent, but acute, issue, is that we have found ourselves **without adequate emergency medical service transport, ambulance service.** **It's not even close.** And that's **more recent development but that certainly affects the county.** And we have **lots of evidence for in-patients that need to be transferred out of our facility to another care program.** So, with nursing homes there are routine instances **where an opening does occur but we can't get them there.** I don't know if it's just staffing. I don't know that much about their economic circumstances. I just know that's a relatively new issue. And **it's an acute one to the point that we have created our own very limited transport service for certain applications.** It was that bad. – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q4b: What health care programs or services are lacking in the community or do not meet area residents' needs well? (n=9)

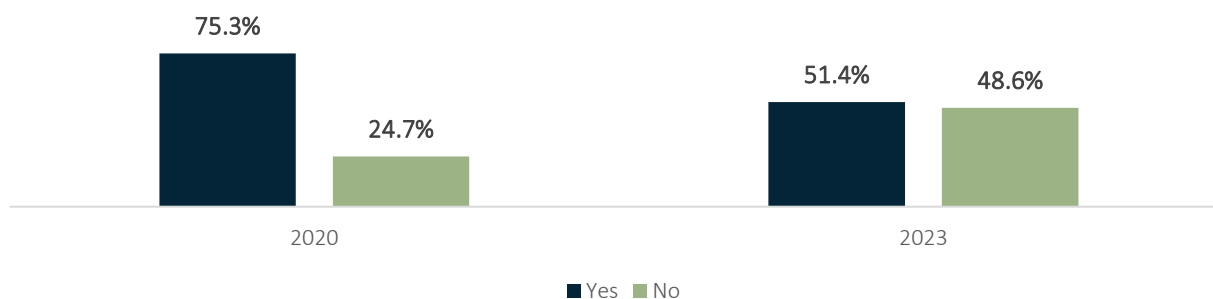


# ABILITY TO REFER PEOPLE TO PROGRAMS AND SERVICES

## ABILITY TO REFER PEOPLE TO PROGRAMS & SERVICES

- Half (51.4%) of Key Informants feel they are equipped to help people/clients/patients access needed programs and services; this is down significantly from 2020 (75.3%).
- Those who feel equipped use a variety of sources, most notably Pathways to Better Health, 211, care managers, medical social workers, Community Action House, Community Mental Health, and Ottawa County Department of Public Health.

Believe to be Equipped to Help People Access Needed Programs and Services



Resources Used Most Often*			
<b>211</b>	<b>Community Mental Health</b>	Holland Free Clinic	Moms Bloom
Beacon of Hope	DHHS	Internet	Mosaic Counseling
Bethany Christian Services	Early On	Love in Action	Movement West MI Community Resources Guide
<b>Care Managers</b>	Fair Housing Center of Michigan	<b>Medical Social Workers</b>	OAISD
City on a Hill	Good Samaritan Ministries	MIPH	<b>OCDPH</b>
<b>Community Action House</b>	Help Me Grow	Midtown Counseling	<b>Pathways to Better Health</b>

\*Bold denotes resources cited most often.

The Health Resource Guide that the OC Dept of Public Health puts out is truly the most helpful guide. We provide this to people all the time. – *Key Informant*

Source: Ottawa County Key Informant Survey, 2023, Q5: Do you feel you are well equipped to help people/clients/patients access needed programs and services? (n=142); Q5b (If yes) What is the resources you use most often to help people/clients/patients access needed programs and services? (open-end) (n=68)



# ABILITY TO REFER PEOPLE TO PROGRAMS AND SERVICES (CONTINUED)

- Q For Key Informants who don't feel equipped to help people/clients/patients access needed programs and services, as also reported in 2020, it would help to have instant access to information or a list of available resources or services. There is also a need for better ways to access this information through websites, apps, or a centralized person or location.
- Q As some Key Informants point out, Ottawa County has significantly more resources available than neighboring counties, so the fact that many health and human service professionals don't know what is available speaks to the need for a better, more centralized method of dispensing this information.

I honestly feel like sometimes **even professionals who are specifically in positions to help connect people to resources don't always know what all is available. I spend a lot of time just googling what might be out there.** – *Key Informant*

Have an **easy list of what services are available. I have no idea what is out there for patients and how to instruct them to get in touch with these programs.** – *Key Informant*

**Information sent out to healthcare workers and facilities are not available. There has not been specific attention given to resources in our community and dispersed on a wide scale. If you want the information, I am certain you could find it, but with the business of the day to day in a healthcare setting I am not able to spend time looking for all the information.** We also have others within our system who know what resources are available. I know my resources to the resources. – *Key Informant*

A **central repository of the various resources needed - online or physical - maybe in a public place like a library.** – *Key Informant*

A **comprehensive resource listing of all available community resources.** Either a brochure that we could give to patients or a **website** we could reference. – *Key Informant*

**Awareness of resources and programs that are available, the requirements to qualify for said programs and the extent to which these programs are able to help as well as their limits and why.** – *Key Informant*

A **contact or organization at the local/county level that we could reach out to** when young people/families need support or have questions. – *Key Informant*

**Central database or contact person** to refer for assistance. – *Key Informant*

**Encompassing information rather than brochures** from so many different agencies. A **more streamlined process of navigating the DHHS process.** This **causes frustration that causes some to simply give up** or is so lengthy that needed care ends up being two months out. – *Key Informant*

**Have each organization better educate their staff regarding the local programs for patients.** – *Key Informant*

Source: Ottawa County Key Informant Survey, 2023, Q5: Do you feel you are well equipped to help people/clients/patients access needed programs and services? (n=142); Q5a: (If no or DK) What would better equip you to help people/clients/patients access needed programs and services? (open-end) (n=71)

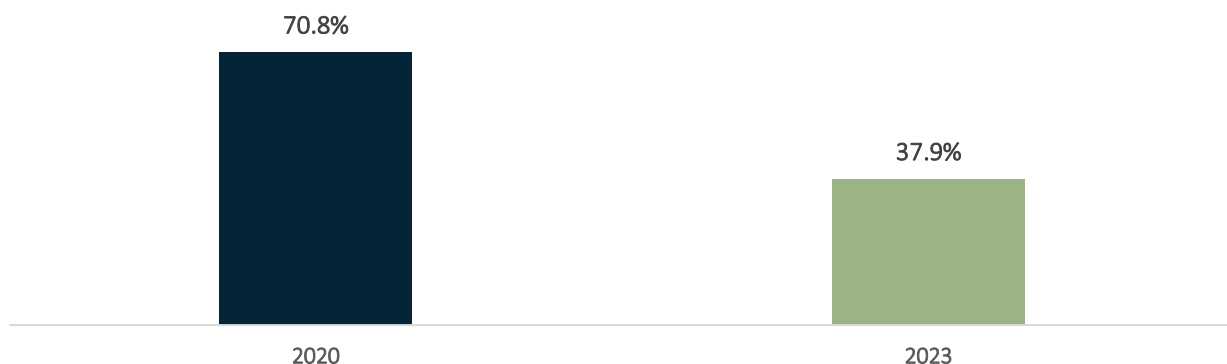


# OTTAWA PATHWAYS TO BETTER HEALTH

## OTTAWA PATHWAYS TO BETTER HEALTH

- 🔍 Despite some Key Informants reporting that they use Ottawa Pathways to Better Health as a referral source, it's concerning that far fewer are aware of this resource now compared to Key Informants surveyed in 2020.
- 🔍 This lack of awareness is consistent with the fact that fewer Key Informants feel equipped to help people/clients/patients access programs and services today, compared to 2020.
- 🔍 This is unfortunate since Pathways is a local and efficient resource for connecting residents to programs and services they need.

Awareness of Ottawa Pathways to Better Health as a Referral Source (% Yes)



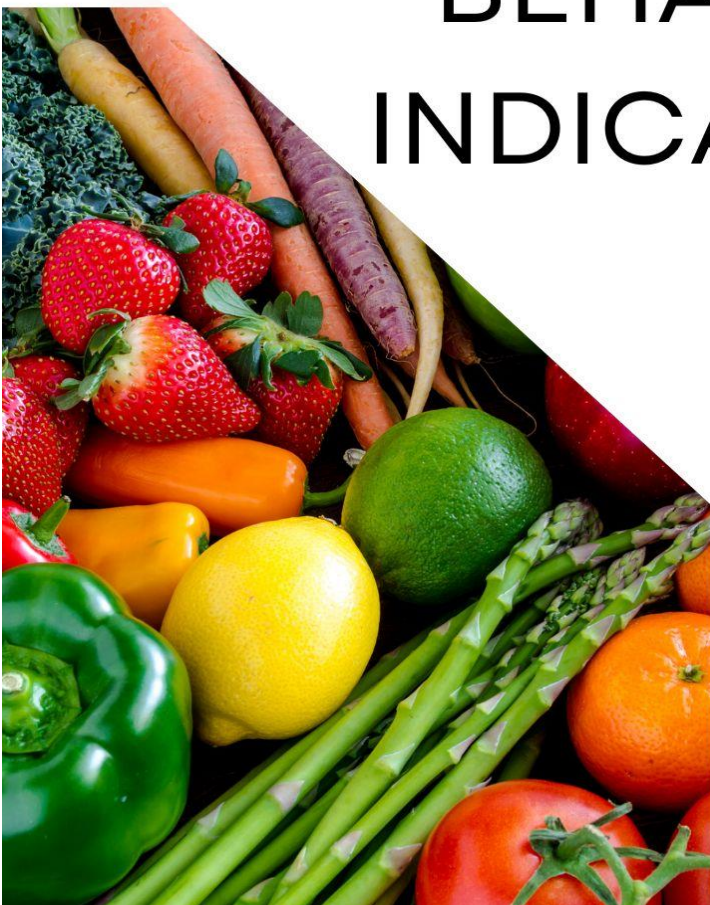
The state of Michigan is recognizing that community health workers are really valuable to the healthcare system, and they're looking at maybe allowing Medicaid to pay for those services. They're not looking at it as they should, for example, It's like, 'we'll give you \$18 for a contact point', where they should be looking at it like we do within the Pathways model where you have a pathway for housing, you have a pathway for mental health, you have a pathway for medication management, and you have to pay for an outcome in each of those areas if you're going to give the person what they need and have the outcome that we as healthcare and public health professionals desire. – Key Stakeholder

Source: Ottawa County Key Informant Survey, 2023, Q4: Are you aware of Ottawa Pathways to Better Health as a referral source to assist people/clients/patients in accessing needed programs and services? (n=153)





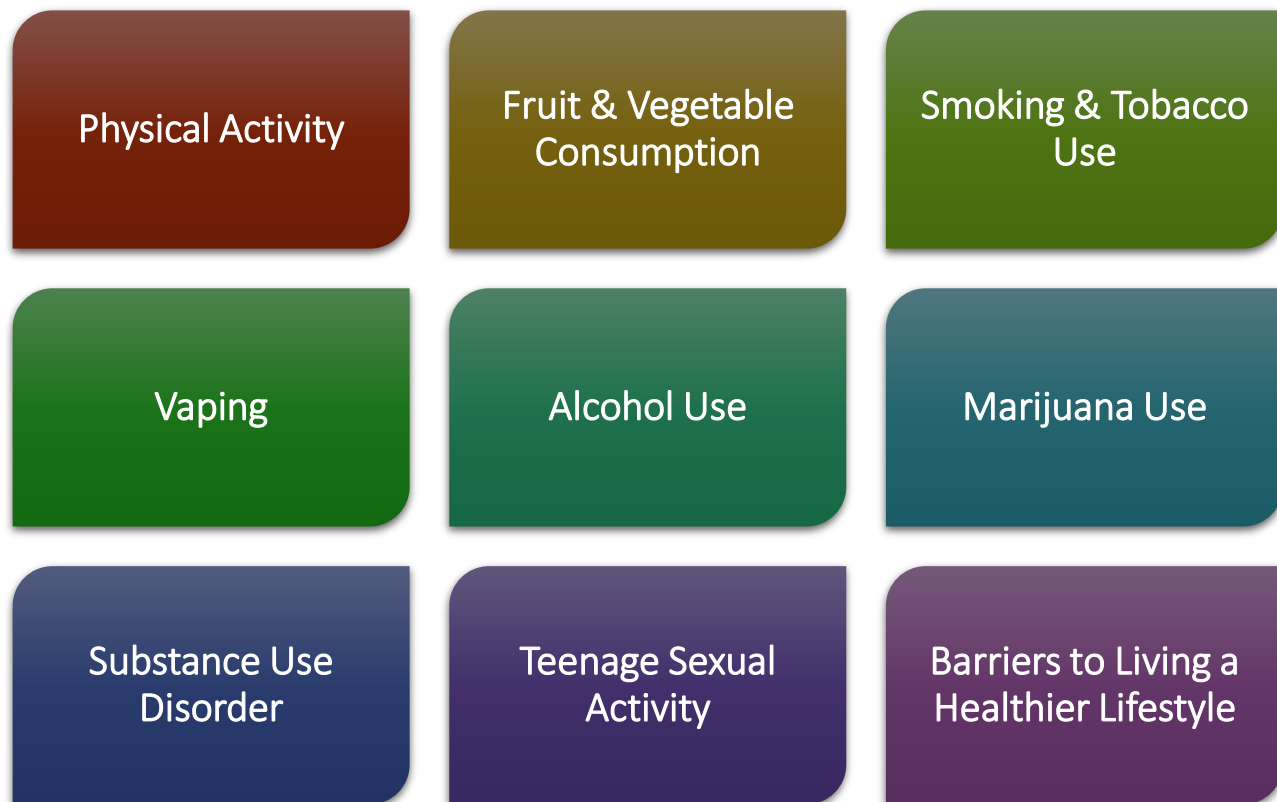
# RISK BEHAVIOR INDICATORS



# RISK BEHAVIOR INDICATORS

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## *Key Focus Areas*

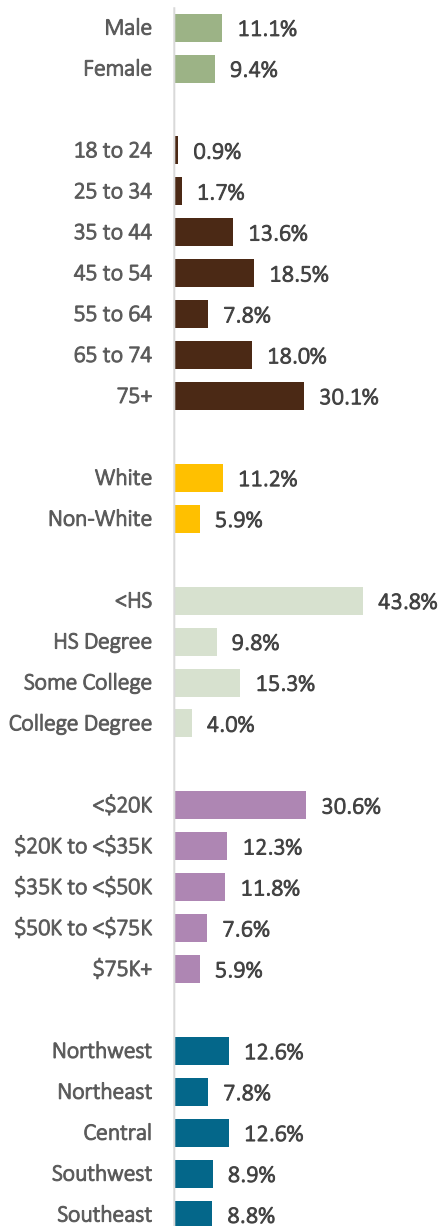


# PHYSICAL ACTIVITY

## PHYSICAL ACTIVITY

No Leisure Time Physical Activity = 10.2%

No Leisure Time Physical Activity by Demographics



- One in ten (10.2%) Ottawa County adults have not engaged in any leisure time physical activity in the past month
- White adults engage in less physical activity than non-White adults
- Prevalence of physical activity is directly related to education and income
- Prevalence of engaging in leisure time physical activity decreases with age
- Older adults need to engage in adequate exercise to avoid additional health problems

As an evaluating Physical Therapist in Ottawa County, the majority of the seniors I treat lead sedentary lifestyles which causes issues with back/neck pain, joint issues, CV issues and chronic pain. – *Key Informant*

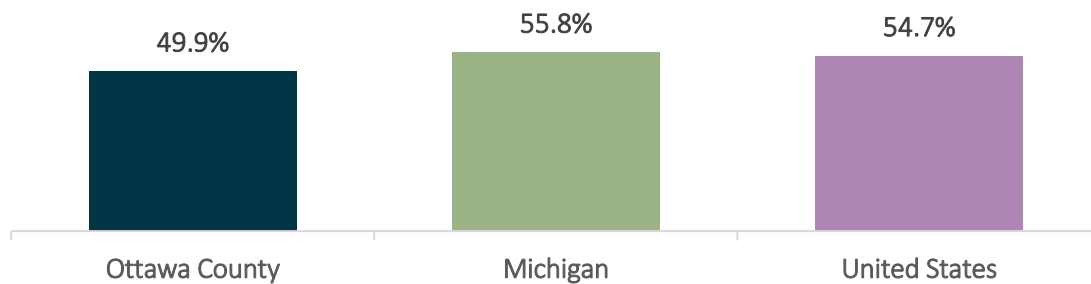
Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q14.1: During the past month, other than your regular job. Did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (n=998).



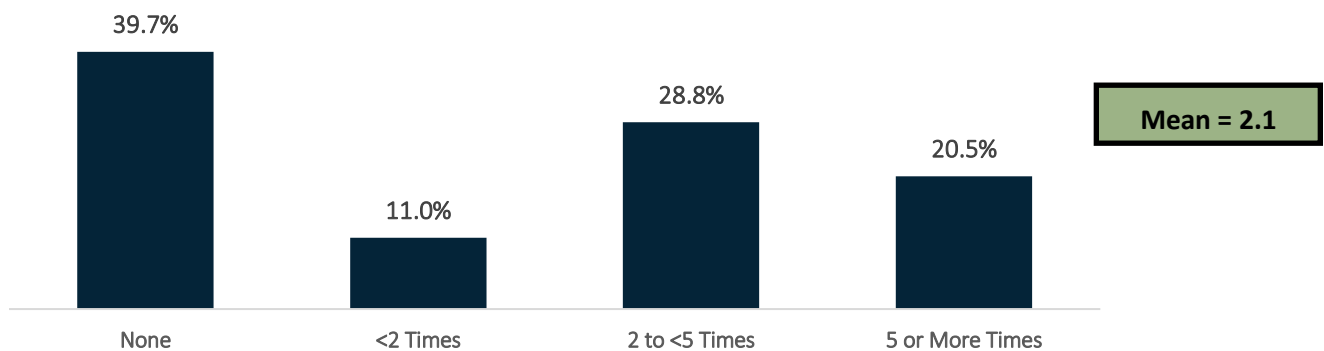
# PHYSICAL ACTIVITY (CONTINUED)

- 🔍 Ottawa County youths are slightly more active than youths across the state and nation; still, half (49.9%) of local youths participate in inadequate amounts of physical activity, which means they fall below the threshold of being active for 60 minutes or more at least five days per week.
- 🔍 Six in ten (60.3%) area adults engage in some form of muscle strengthening activities, and half (49.3%) participate at least twice a week.

Inadequate Physical Activity (Youth)



Frequency of Strength Training Per Week (BRFS Adults)



Source: Ottawa County YAS Report, 2021, MI High School YRBS 2021, US High School YRBS 2021; Ottawa County BRFS, 2023 Q14.2: During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands. (n=980)



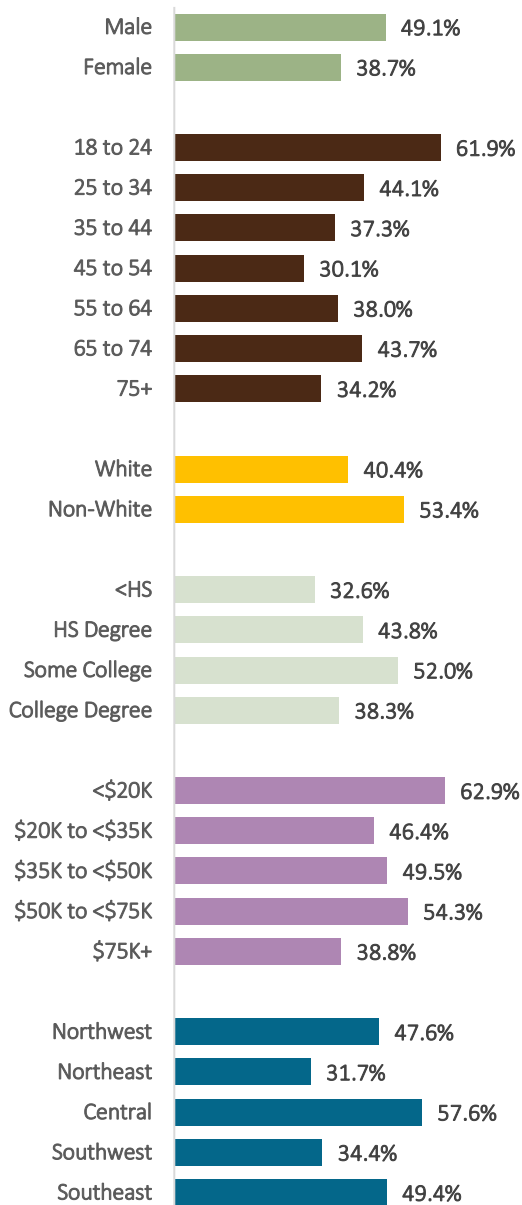


# FRUIT & VEGETABLE CONSUMPTION

## FRUIT & VEGETABLE CONSUMPTION: CONSUMED FRUITS PER DAY

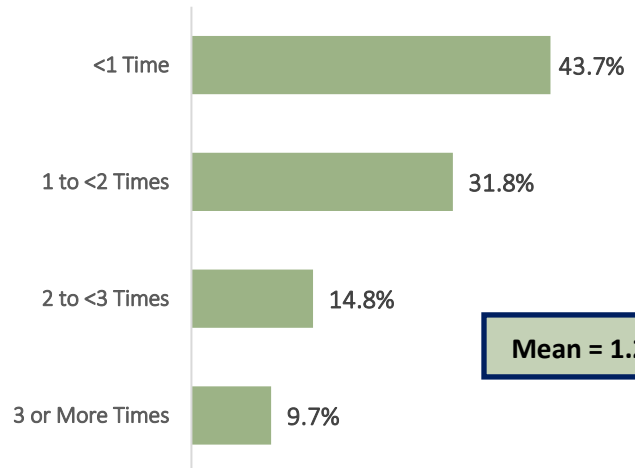
Consumed Fruits <1 Time Per Day = 43.7%

Consumed Fruits <1 Time Per Day by Demographics



- Among Ottawa County adults, 43.7% consume fruits less than one time per day, while 24.5% eat fruits two or more times per day
- Non-White adults eat fruit less often than White adults
- Men consume fruit less often than women
- Fruit consumption is lowest among the youngest adults (age 18-24) and/or those with the lowest household incomes (<\$20K)

Number of Times Consumed Fruit Per Day



Mean = 1.2

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q12.1: In the past 30 days, not including juices, how often did you eat fruit? You can tell me times per day, times per week, or times per month. (n=980).

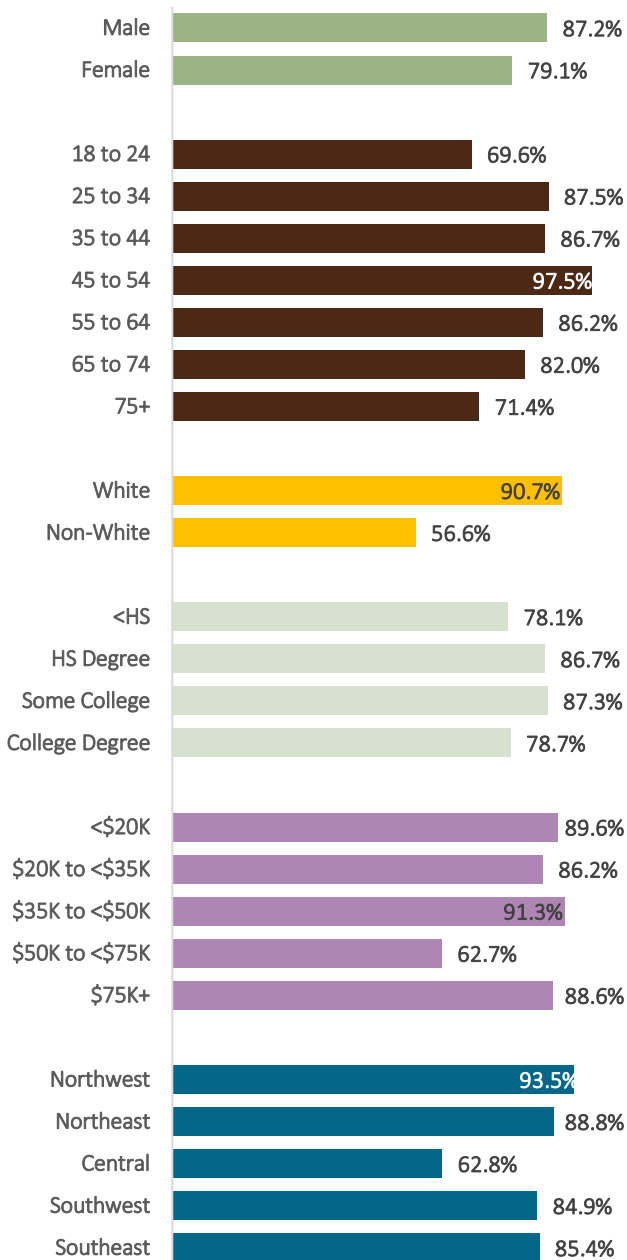


# FRUIT & VEGETABLE CONSUMPTION (CONTINUED)

## FRUIT & VEGETABLE CONSUMPTION: CONSUMED 100% FRUIT JUICE PER DAY

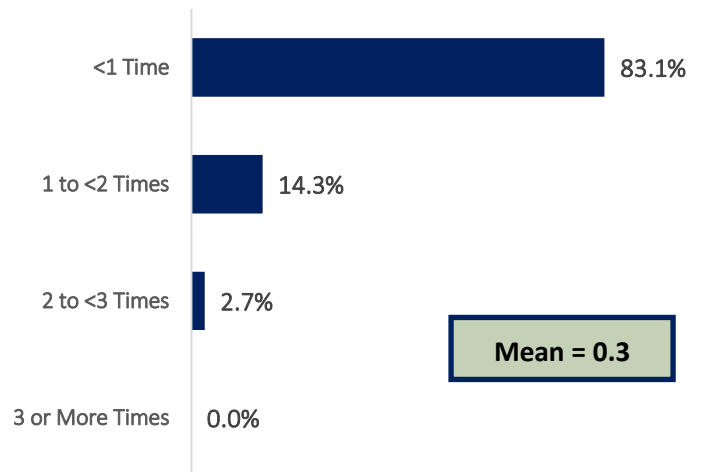
Consumed 100% Fruit Juice <1 Time Per Day = 83.1%

Consumed Fruit Juice <1 Time Per Day by Demographics



- 🔍 Ottawa County adults drink very little fruit juice; 83.1% consume fruit juice less than one time per day, and only 2.7% consume fruit juice two or more times per day
- 🔍 White adults drink fruit juice less often than non-White adults
- 🔍 Men consume fruit juice less often than men

Number of Times Consumed 100% Fruit Juice Per Day



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q12.2: In the past 30 days, not including fruit flavored drinks of fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? You can tell me times per day, times per week, or times per month. (n=979).

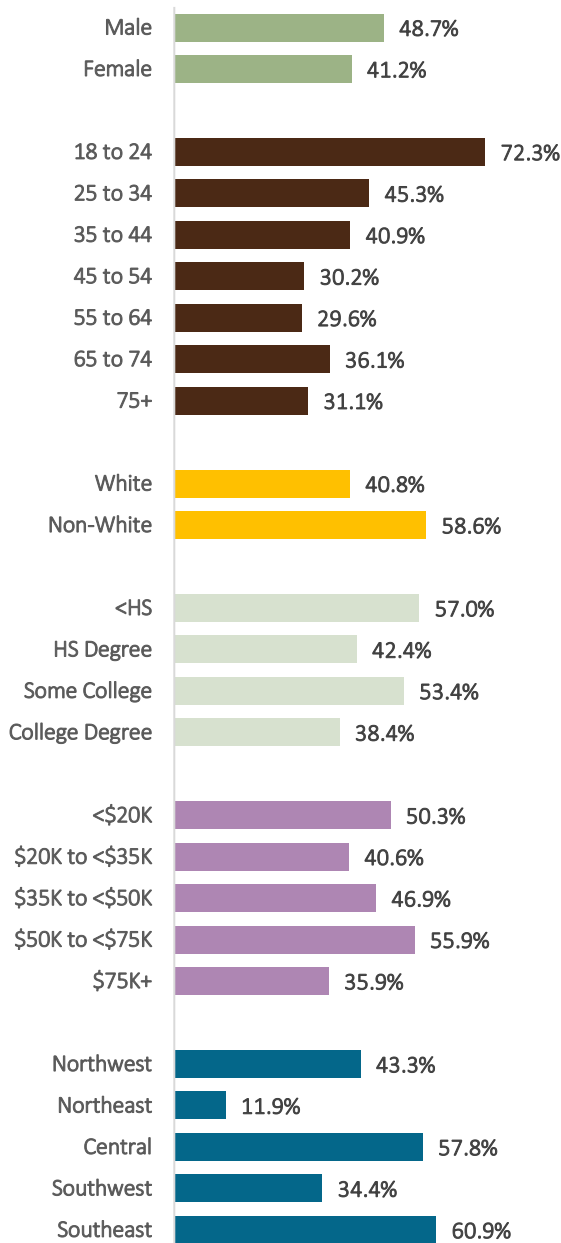


# FRUIT & VEGETABLE CONSUMPTION (CONTINUED)

## FRUIT & VEGETABLE CONSUMPTION: CONSUMED VEGETABLES PER DAY

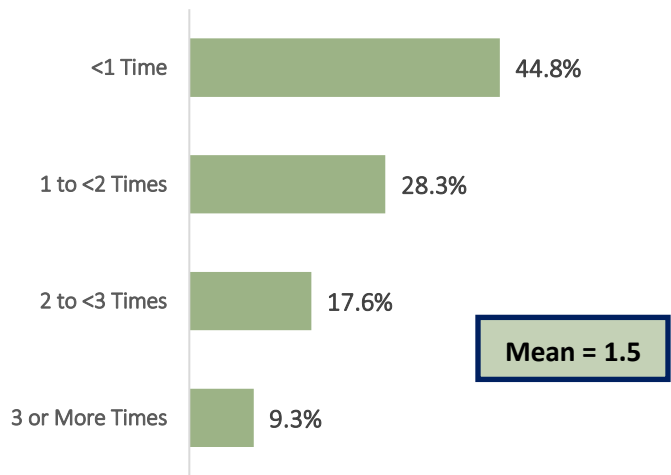
Consumed Vegetables <1 Time Per Day = 44.8%

Consumed Vegetables <1 Time Per Day by Demographics



- Among Ottawa County adults, 44.8% consume vegetables less than one time per day, while 26.9% eat vegetables two or more times per day
- Non-White adults eat vegetables less often than White adults
- Men consume vegetables less often than women
- Vegetables consumption is lowest among the youngest adults (age 18-24)

Number of Times Consumed Vegetables Per Day



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q12.3: During the past month, how many times per day, week, or month did you eat vegetables, for example green leafy or lettuce salads, broccoli, sweet potatoes, carrots, tomatoes, V-8 juice, corn, cooked or fresh leafy greens including romaine, chard, collard greens or spinach? (n=989).

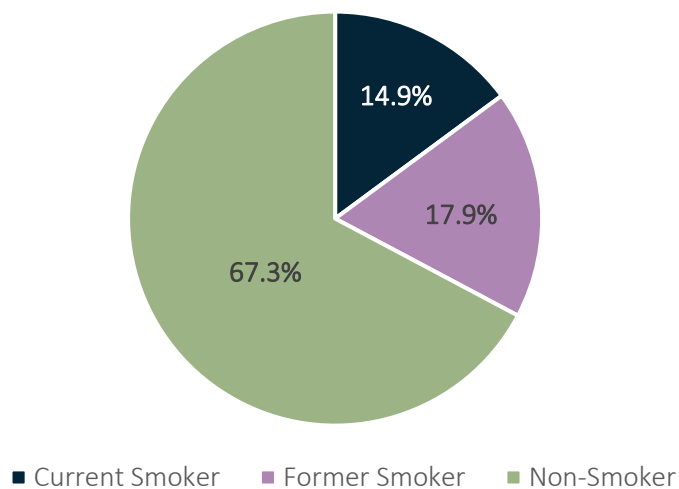


# SMOKING & TOBACCO USE

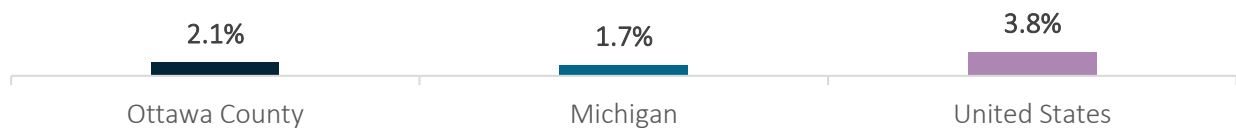
## SMOKING & TOBACCO USE:

- Q Almost one in seven (14.9%) Ottawa County adults are cigarette smokers, a rate lower than the state rate but slightly higher than the national rate.
- Q Youth smoking rates are very low and Ottawa County's youths smoke slightly more than youths across Michigan but less than youths across the U.S.

Adult Cigarette Smoking Status\*



Youth Cigarette Smoking



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q8.1: Have you smoked at least 100 cigarettes in your entire life? (n=992); Q8.2: Do you now smoke every day, some days, or not at all? (n=819). Ottawa County YAS Report, 2021, MI High School YRBS 2021, US High School YRBS 2021.

\*Note: current smoker = among all adults, the proportion reporting that they had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or on some days.

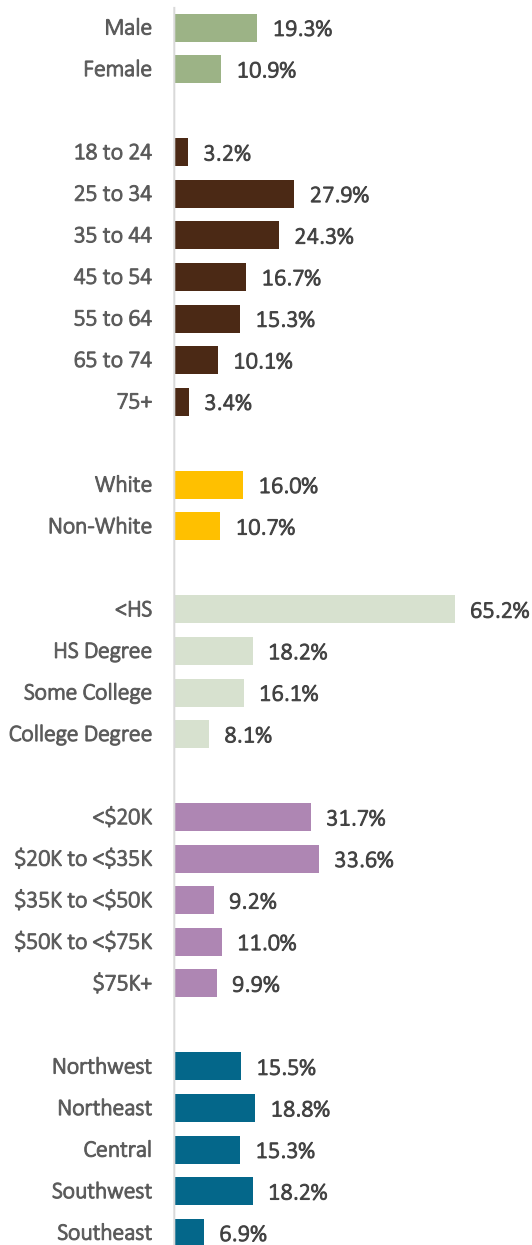


# SMOKING & TOBACCO USE (CONTINUED)

## SMOKING & TOBACCO USE: CURRENT CIGARETTE SMOKER

Current Cigarette Smoker = 14.9%

Current Cigarette Smoking  
by Demographics



- Higher cigarette smoking prevalence rates are found among men compared to women
- Prevalence of smoking declines with age
- Prevalence of smoking is higher among White adults than non-White adults
- Prevalence rates for smoking are inversely related to education, and rates are highest among adults with less than a high school degree
- Smoking rates are significantly higher among adults with household incomes below \$35K, compared to adults with greater household incomes
- Cigarette smoking rates are lower among adults living in the southeast section of the county, compared to adults living elsewhere in the county
- Prevalence of smoking is on par with the 2020 Ottawa County rate and the national rate, but lower than the state rate

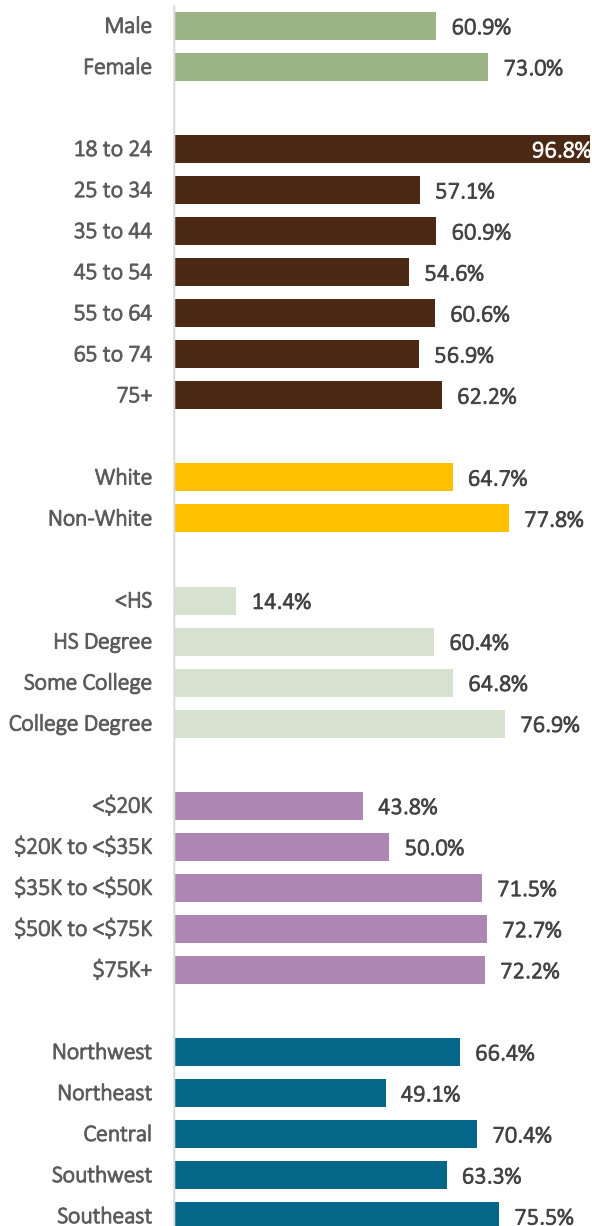


# SMOKING & TOBACCO USE (CONTINUED)

## SMOKING & TOBACCO USE: NON-SMOKER/NEVER SMOKED

Non-Smoker/Never Smoked = 67.3%

Non-Smoker  
by Demographics



- Women are more likely to be non-smokers than men
- Prevalence of non-smoking is highest, by far, among the youngest adults (age 18-24)
- Non-White adults are more likely to be non-smokers than White adults
- Prevalence rates for non-smoking are directly related to education, and rates are highest among adults with a college degree
- Non-smoking rates are significantly higher among adults with household incomes of \$35K or more, compared to adults with lower household incomes
- Non-smoking rates are higher among adults living in the southeast section of the county, compared to adults living elsewhere in the county

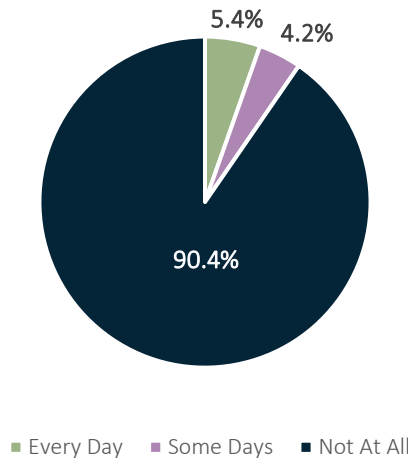


# VAPING

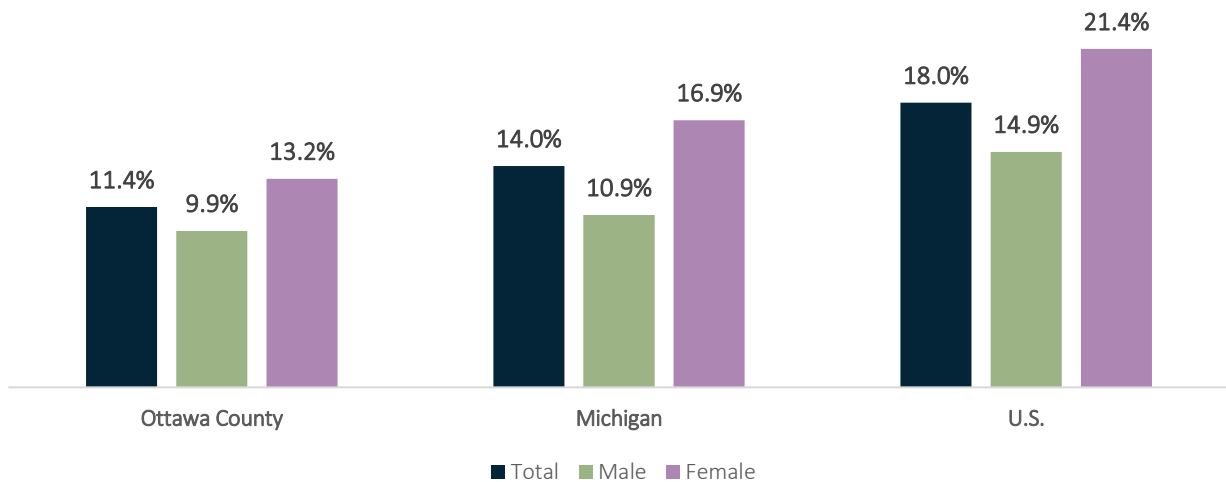
## VAPING

- 🔍 One in ten (9.6%) area adults engages in vaping or uses e-cigarettes, a rate higher than the state and national rates.
- 🔍 Conversely, Ottawa County youths engage in vaping less often than youths across Michigan and the U.S.
- 🔍 Female youths engage in vaping more than male youths.

### Frequency of Vaping or Using e-Cigarettes (Adults)



### Prevalence of Youth Vaping by Region



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q8.3: Do you now use e-cigarettes or other “vaping” products every day, some days, or not at all? (n=1,005); Ottawa County YAS Report, 2021, MI High School YRBS 2021, US High School YRBS 2021.

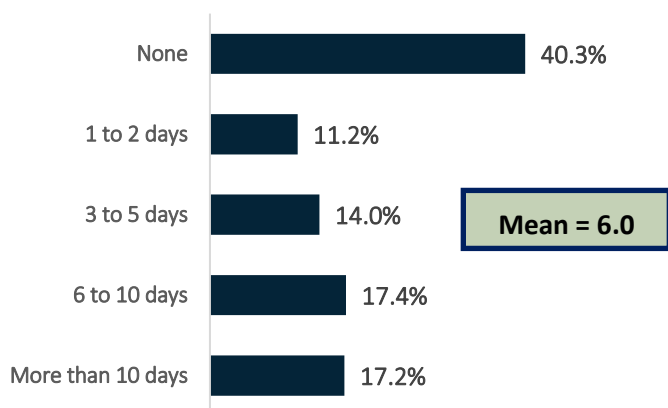


# ALCOHOL USE

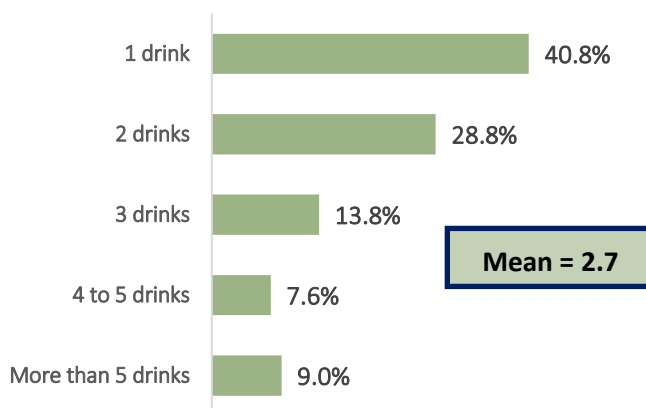
## ALCOHOL USE

- Among area adults, 59.7% drank alcohol at least one day in the past month, while one third (34.6%) drank six or more days over the past month.
- Of those who drink, seven in ten (69.6%) average one to two drinks when drinking alcohol.
- Half (51.4%) of Ottawa County adults are considered to be light to moderate drinkers, 7.4% are heavy drinkers, and 41.2% are non-drinkers.

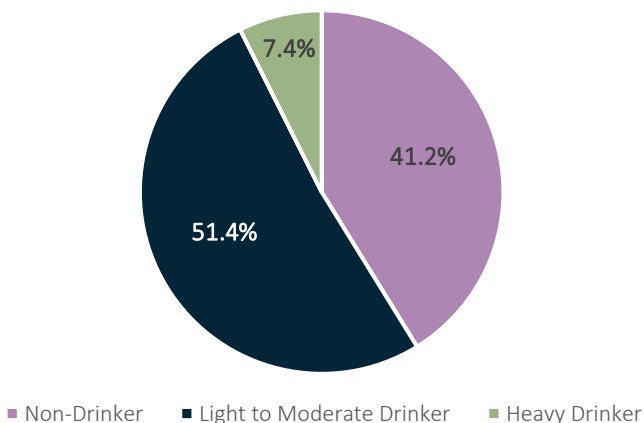
Number of Days Drank Alcohol in Past Month



Average Number of Drinks When Drinking



Drinking Status



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q17.1: During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (n=991); Q17.2: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (n=510). Note: heavy drinkers = the proportion who reported consuming an average of more than two alcoholic drinks per day for men or more than one per day for women in the previous month.



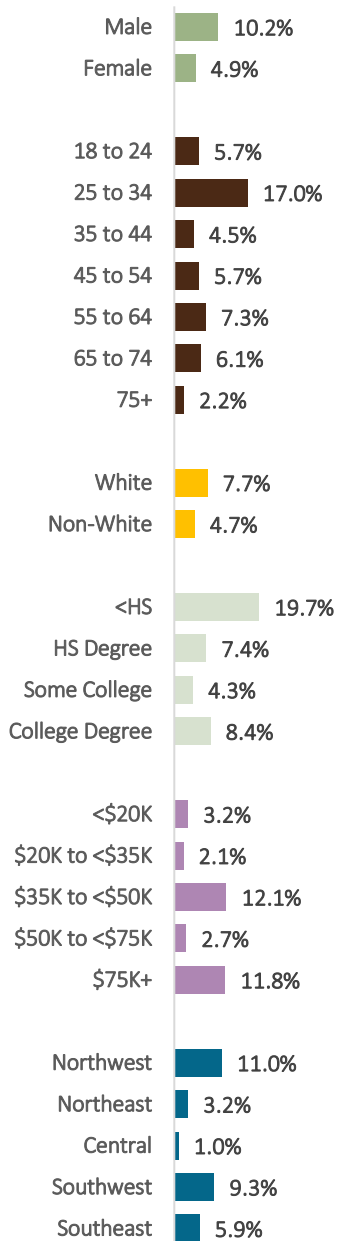


# ALCOHOL USE (CONTINUED)

## ALCOHOL USE: HEAVY DRINKING

Heavy Drinking = 7.4%

Heavy Drinking by Demographics



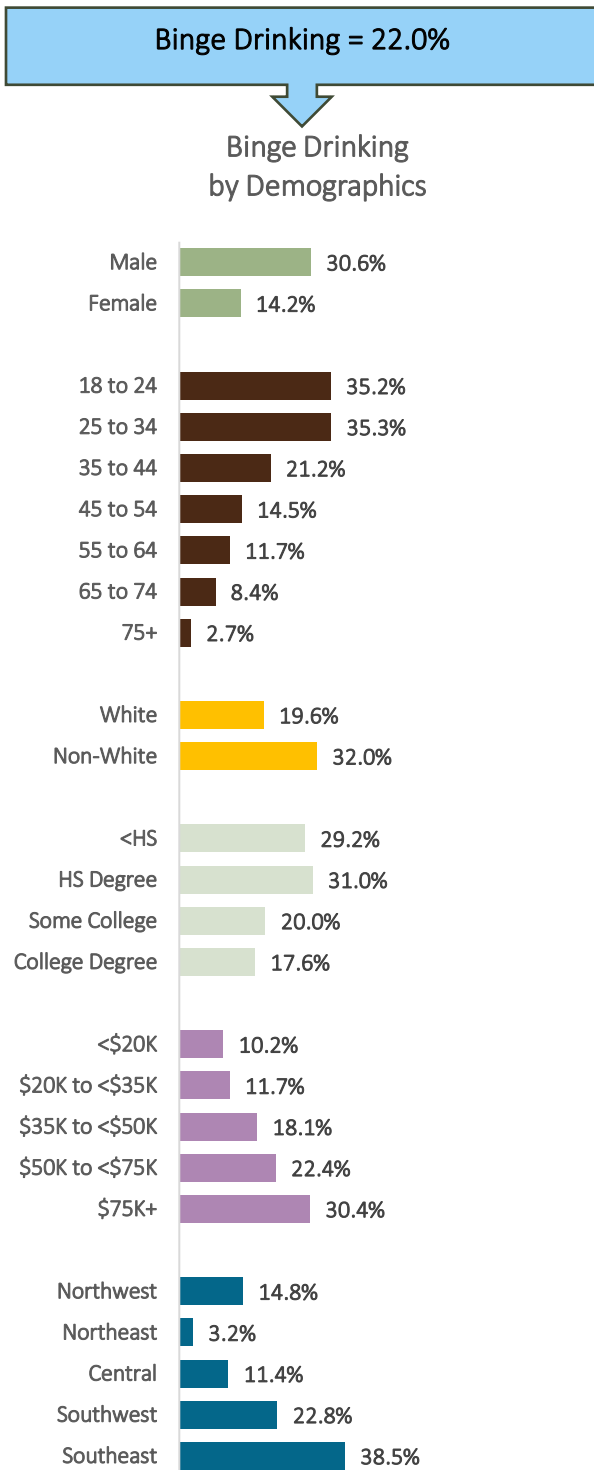
- Prevalence of heavy drinking is higher among men than women, and slightly higher among White adults compared to non-White adults
- Adults with less than a high school degree are much more likely to drink heavily than adults with more education
- Prevalence of heavy drinking is highest among adults age 25-34 compared to adults in other age groups
- Heavy drinking occurs less among adults who live in the northeast or central sections of the county, compared to adults who live elsewhere

We did see increases in binge drinking and alcohol consumption [during the pandemic]. I think that stepped back down a bit, but still is a concern. – Key Stakeholder



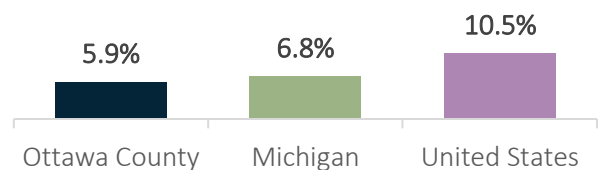
# ALCOHOL USE (CONTINUED)

## ALCOHOL USE: BINGE DRINKING



- 🔍 More than one in five (22.0%) Ottawa County adults engage in binge drinking, a rate higher than the state and national rates
- 🔍 Prevalence of binge drinking is significantly higher among men than women, and higher among non-White adults compared to White adults
- 🔍 Binge drinking decreases with age, and is most prevalent in adults under age 35
- 🔍 Prevalence of binge drinking is inversely related to education, but directly related to income
- 🔍 Among Ottawa County youths, 5.9% engage in binge drinking, a rate lower than the state and national rates

### Youth Binge Drinking



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q17.3: Considering all types of alcoholic beverages, how many times during the past 30 days did you have (4 if female, 5 if male) or more drinks on an occasion? (n=510). Ottawa County YAS Report, 2021, MI High School YRBS 2021, US High School YRBS 2021.

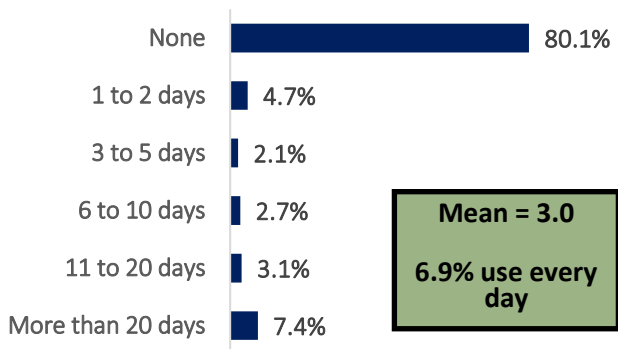


# MARIJUANA USE

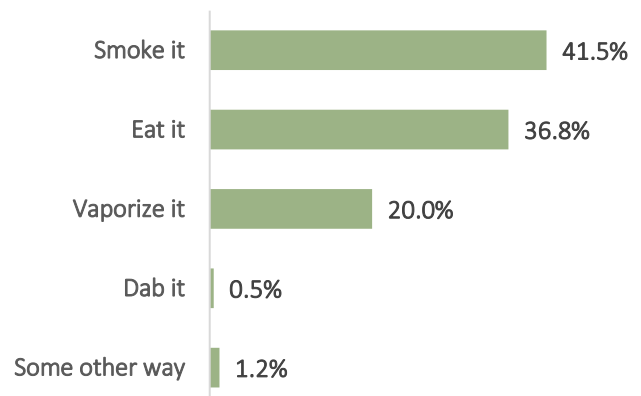
## MARIJUANA USE

- One in five (19.9%) Ottawa County adults uses marijuana at least one day per month and 6.9% use it every day of the month.
- Users most often consume marijuana by smoking or eating it.
- Over half (54.3%) of marijuana users use it for non-medical (recreational) reasons; 18.1% use it solely for medical reasons.

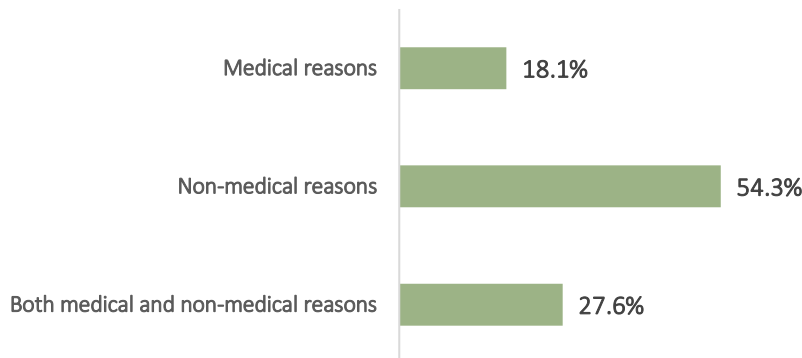
Days Used Marijuana in Past Month



Ways Most Often Use Marijuana



Reasons for Marijuana Use



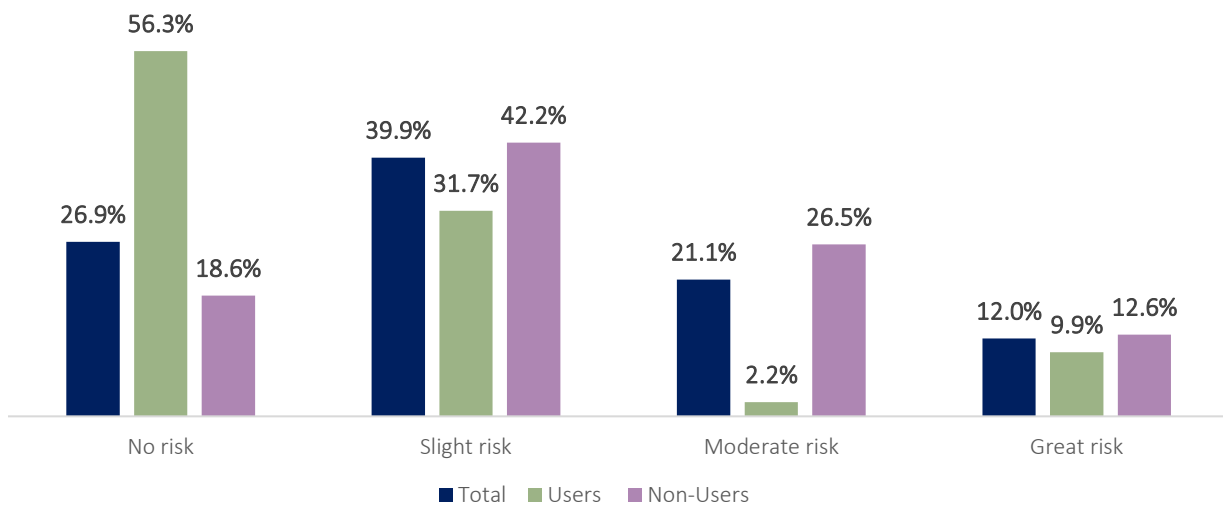
Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q5.1: During the past 30 days, on how many days did you use marijuana or cannabis? (n=999); Q5.2: During the past 30 days, which one of the following ways did you use marijuana the most often? (n=95); Q5.3: When you used marijuana or cannabis during the past 30 days, was it usually...? (n=95).



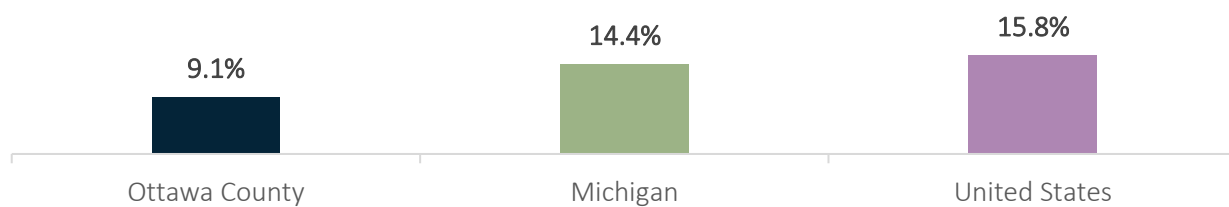
# MARIJUANA USE (CONTINUED)

- Two thirds (66.8%) of all Ottawa County adults believe there is only a slight risk or no risk to using marijuana once or twice a week.
- Not surprisingly, users believe the risk of using marijuana is minimal compared to non-users, but only 12.6% of non-users believe the risk is great.
- One in eleven (9.1%) area youths use marijuana, a rate below the state and the national rates.

Risk of Using Marijuana Once or Twice a Week



Youth Marijuana Use



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q5.4: How much do you think people risk harming themselves (physically or in other ways) if they use marijuana or cannabis once or twice a week? (n=858); Ottawa County YAS Report, 2021, MI High School YRBS 2021, US High School YRBS 2021

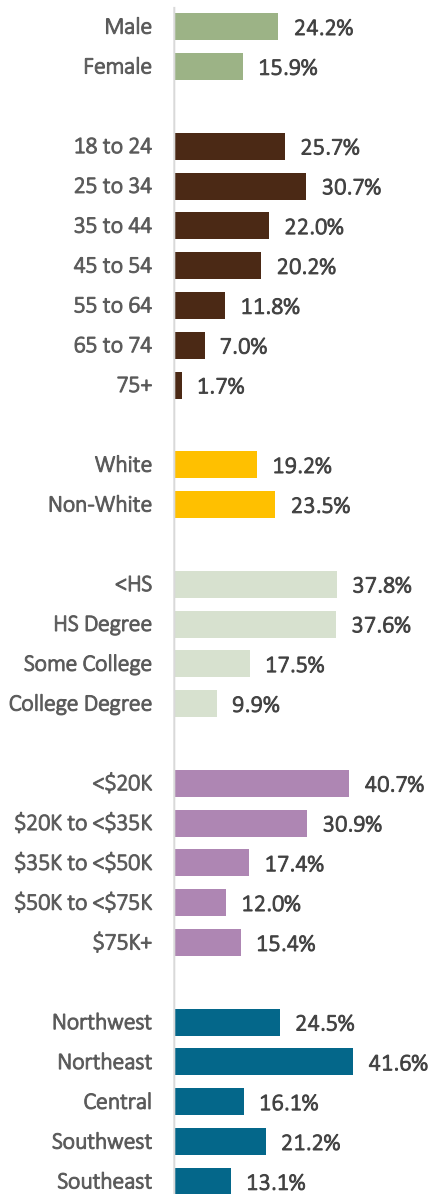


# MARIJUANA USE (CONTINUED)

## MARIJUANA USE (CONTINUED)

Marijuana Use = 19.9%

Marijuana Use by Demographics



- One in five (19.9%) Ottawa County adults have used marijuana in the past month
- Men use marijuana more than women
- Prevalence of marijuana use decreases with age
- Adults without a college education use marijuana more than adults with a college education
- Marijuana use is inversely related to household income

Continue to teach adults and children about mood altering substances and addiction. For example, there is no safe marijuana or alcohol intake. People assume since recreational marijuana use is legal, it is safe or even recommended for anxiety. I see people hospitalized with bipolar/schizophrenic characteristics which have been proven later to have resulted from heavy cannabis use. – *Key Informant*

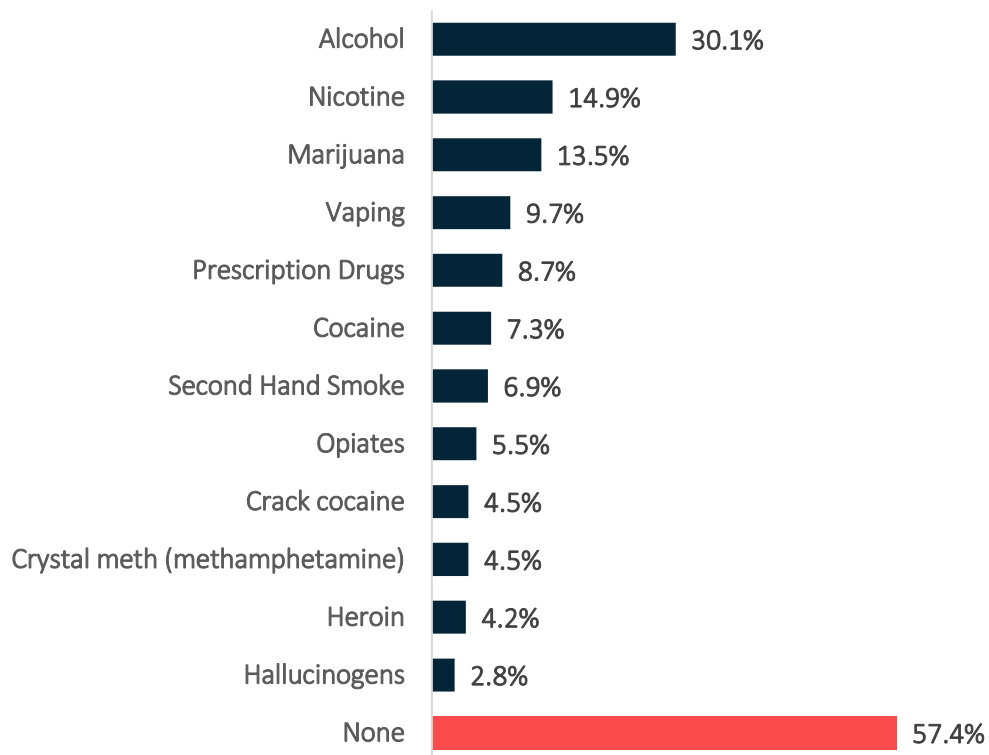


# SUBSTANCE USE DISORDER

## SUBSTANCE USE DISORDER

- Among underserved or vulnerable area residents, four in ten (42.6%) say that substance abuse or addiction has had a negative impact on their lives or on the lives of someone they know.
- Alcohol is cited most often as having had a negative impact, followed by tobacco and marijuana.

Substances/Addiction That Have Had a Negative Impact on the Person/Family



Source: Ottawa County Underserved Resident Survey, 2023, Q12: Substance abuse and addictions can have a negative impact on individuals or someone you know. Which of the following, if any, have had a negative effect on you or someone you know? (Multiple response) (n=289)



# SUBSTANCE USE DISORDER (CONTINUED)

- Q A few Key Stakeholders and Key Informants consider substance abuse to be one of the most pressing or concerning health issue in Ottawa County, although other issues have overtaken it in terms of importance over the last few years.
- Q There has been an increase in the use of Fentanyl, mirroring many other communities. There is also a lack of treatment options, although the continued stigma is a major barrier to seeking treatment. In general, key leaders view substance use disorder as a critical issue because it disrupts so many other facets of the community, including the lives of individuals and families.

<p><b>Negative Impact</b></p>	<p>Substance abuse causes an impact across the whole community. This involves <b>legal concerns, including DUI's</b>. Substance abuse <b>causes an increase in imprisonment</b>. Substance abuse <b>can cause harm to people's health and impair how they take care of responsibilities</b>. – <i>Key Informant</i></p> <p>It <b>impinges on every aspect of personal and community health and undermines other wellness behaviors</b>. It is <b>self-perpetuating</b> by nature and <b>harms mental health</b>. – <i>Key Informant</i></p>
<p><b>Stigma</b></p>	<p>I think the biggest thing with the whole substance use issue is more about the <b>stigma behind it</b>. I'm not really sure how to handle that because <b>people are, you know, still socially isolating</b>. – <i>Key Stakeholder</i></p>
<p><b>Prevalence</b></p>	<p>Right now, <b>we're back to substance use</b>. We, alone, in our department, in the last six months <b>have seen a huge uptick in meth and Fentanyl</b>. To the point of <b>people not being able to care for themselves or for their children</b>. – <i>Key Stakeholder</i></p>
<p><b>Barriers to Treatment</b></p>	<p>Some people have <b>great opportunities for substance use residential treatment</b>. OCCMH does a great job for individuals with Medicaid. <b>Private insurance and Medicare individuals have what generally is a cost prohibitive co-pay</b> which is due upon admission <b>resulting in under treatment</b>. – <i>Key informant</i></p>

Source: Ottawa County Key Stakeholder Interviews, 2023, Q1: What do you feel are the most pressing or concerning health issues facing residents in the community, especially the underserved? (n=9); Q1a: Why do you feel these issues are the most important to discuss? (n=9); Key Informant Online Survey, 2023, Q1: To begin, what are the most pressing health issues or concerns in Ottawa County? (n=191); Q1c: Why do you think it's the most critical health issue or concern in Ottawa County? (n=2)

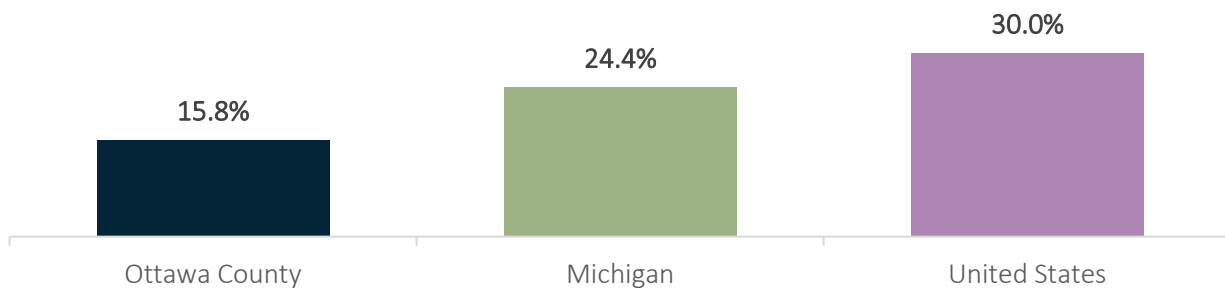


# TEENAGE SEXUAL ACTIVITY

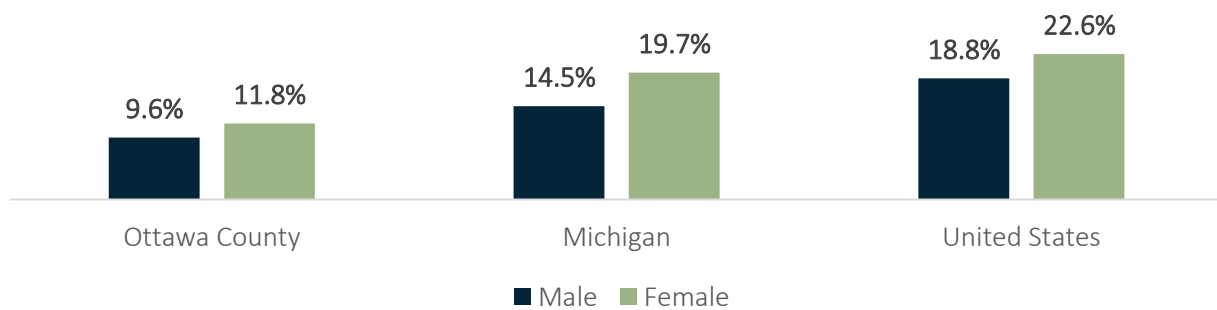
## TEENAGE SEXUAL ACTIVITY

- 🔍 One in six (15.8%) area teens have had sexual intercourse and this rate is far lower than the state and national rates.
- 🔍 Among teens who report having had sexual intercourse in the past three months, the proportion of females is higher than the proportion of males.

### Youth Who Have Ever Had Sexual Intercourse



### Youth Who Have Had Intercourse in Past Three Months



Source: Ottawa County YAS Report, 2021, MI High School YRBS 2021, US High School YRBS 2021; Ottawa County YAS Report, 2021, MI High School YRBS 2021, US High School YRBS 2021.

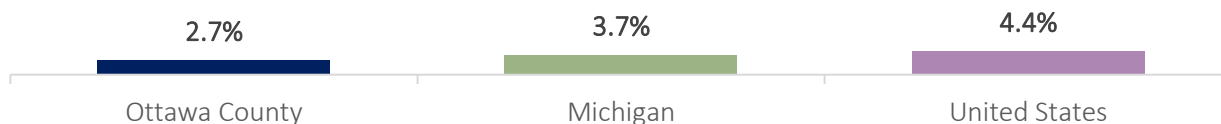




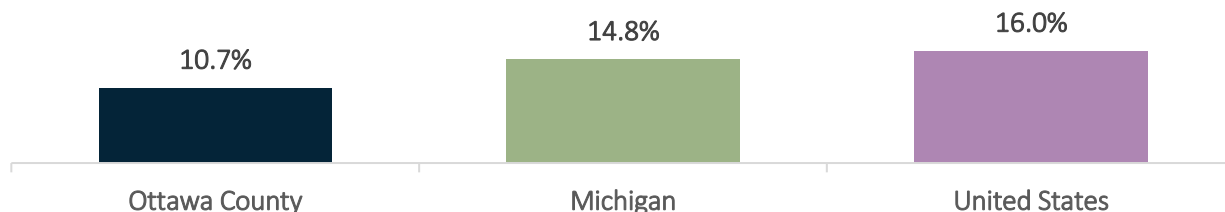
# TEENAGE SEXUAL ACTIVITY (CONTINUED)

- 🔍 As a percentage of all births, the rate of births among teens age 15-19 is lower in Ottawa County than across Michigan or the U.S.
- 🔍 Additionally, repeat teen birth rates are lower in Ottawa County, compared to the state or the national rates.

Teen Births, Ages 15-19  
(% of All Births)



Repeat Teen Births  
(% of All Births to Mothers Aged 15-19)



Source: MI and county: Michigan Department of Health and Human Services, 2021; US: Births: Final Data for 2020, National Vital Statistics Reports, Vol. 70, No. 2; MI and county: Kids Count Data Center, 2021; U.S. 2021, The total number of second or third births to teens, NCBI.

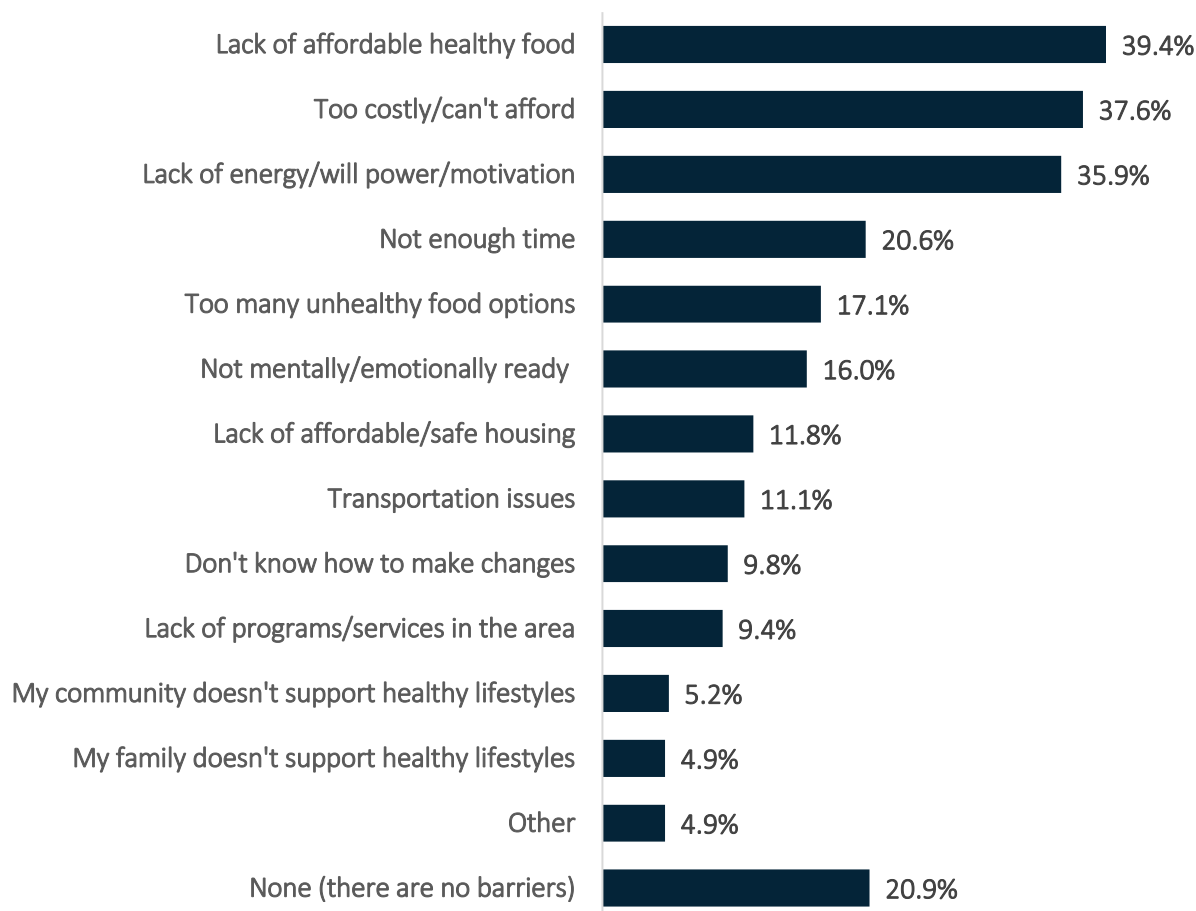


# BARRIERS TO LIVING A HEALTHIER LIFESTYLE

## BARRIERS TO LIVING A HEALTHIER LIFESTYLE

- 🔍 The vast majority (79.1%) of underserved or vulnerable adults in Ottawa County reports at least one barrier to efforts to live a healthier lifestyle.
- 🔍 This group faces many barriers when trying to live a healthier lifestyle, such as lack of affordable healthy food, the general cost of living healthier, and lack of time, energy, and will power.

Barriers to Living a Healthier Lifestyle

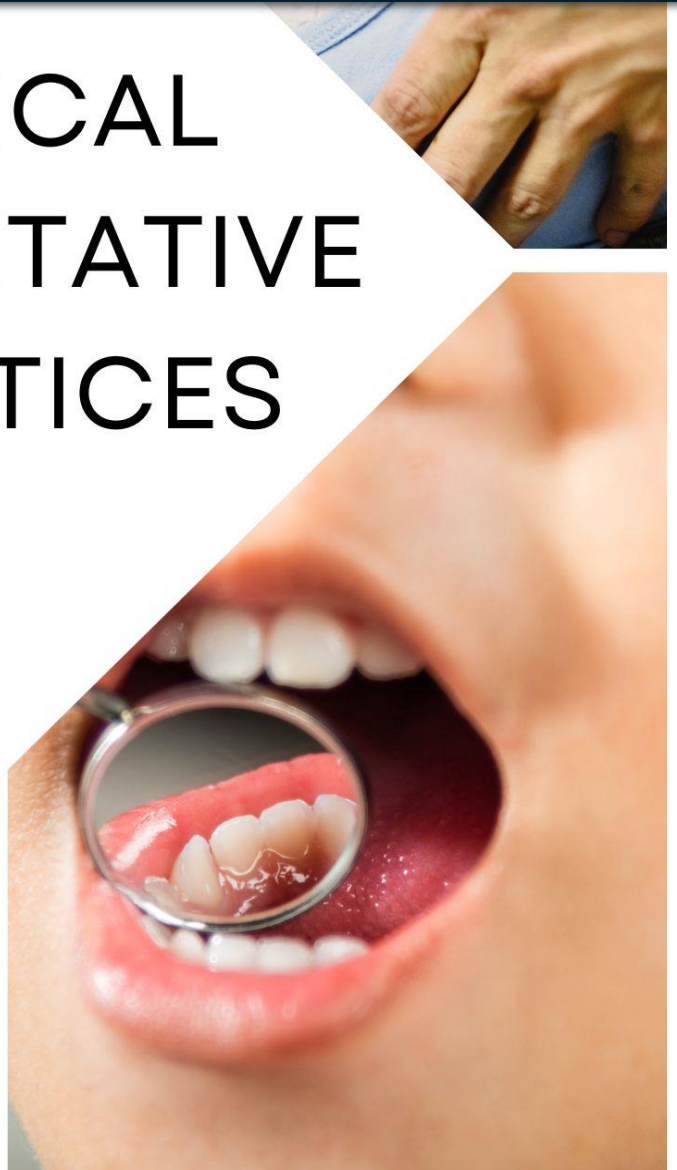
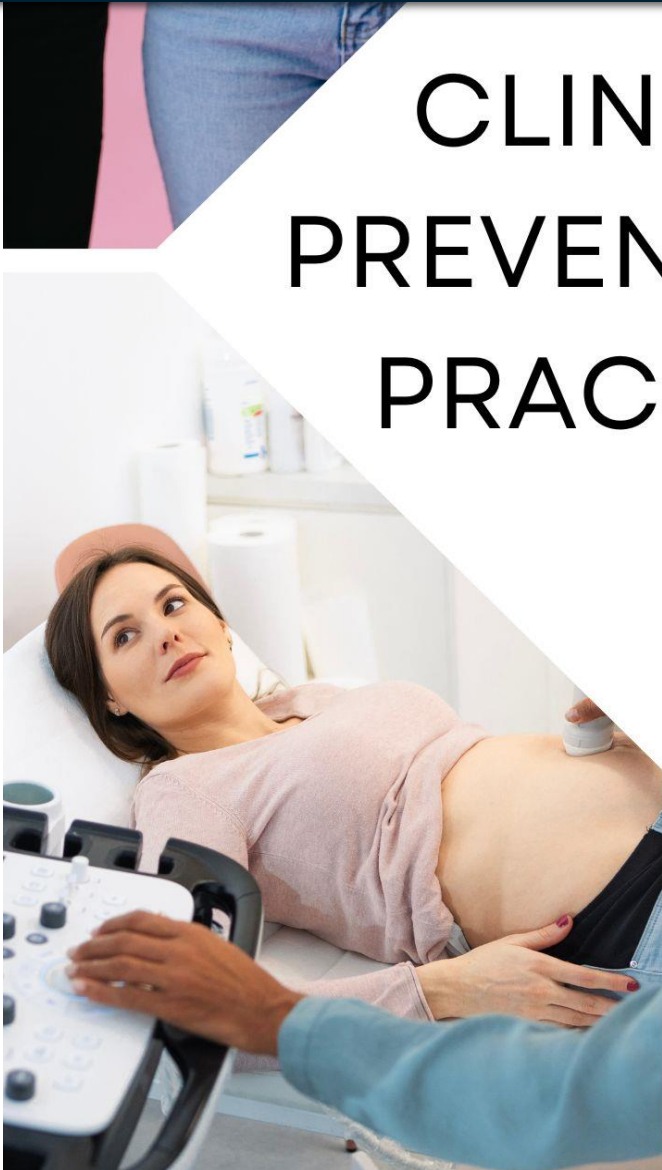


Source: Ottawa County Underserved Resident Survey, 2023, Q10: What are some of the barriers you face personally when trying to live a healthier lifestyle? (n=287)





# CLINICAL PREVENTATIVE PRACTICES



# CLINICAL PREVENTATIVE PRACTICES

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## *Key Focus Areas*

Immunizations

Oral Health

Breast Cancer Screening

Cervical Cancer Screening

Colon Cancer Screening

Prenatal Care

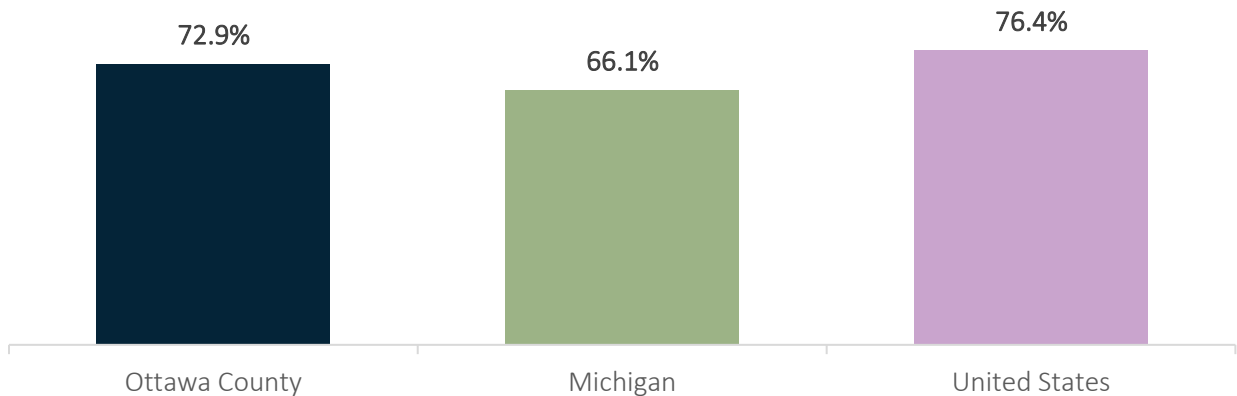


# IMMUNIZATIONS

## IMMUNIZATIONS

- 🔍 More than seven in ten (72.9%) children aged 19-35 months in Ottawa County are fully immunized, a rate above the state rate but below the national rate.
- 🔍 The political context surrounding COVID-19 may have negatively impacted immunization rates since some people were left questioning the importance of immunizations.

Proportion of Children Aged 19-35 Months Fully Immunized



Source: MI and county: Kids Count Data Center, 2020); Vaccination Coverage Among Children Age 35 Months — United States, 2021.

The anti-vaccine movement during the pandemic propelled forward, big time, parents who are not bringing their children in for vaccines, which is a huge concern. We're seeing this not just here, but across the state and nation. It's something that is happening in our community that is preventing children from their best opportunities for health. – *Key Stakeholder*

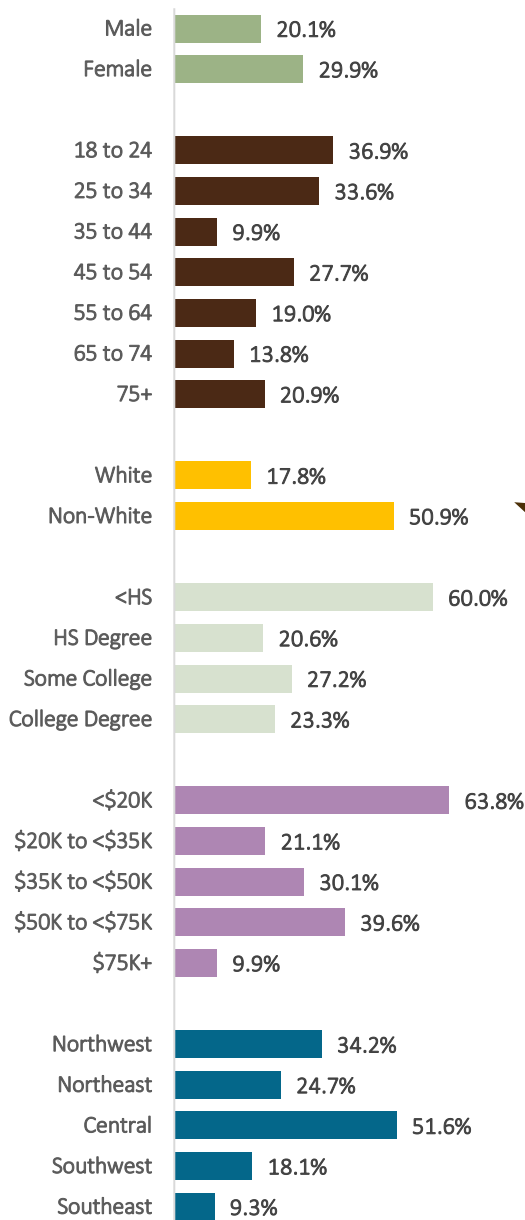


# ORAL HEALTH

## ORAL HEALTH: NO DENTAL VISITS

No Dental Visit in Past Year = 25.1%

No Dental Visit in Past Year  
by Demographics



- One in four (25.1%) Ottawa County adults have not visited a dentist in the past year for any reason
- Non-White adults are less likely to visit a dentist than White adults
- The highest prevalence of not visiting a dentist is found in adults who have less than a high school degree and/or have household incomes under \$20K
- Prevalence for not visiting a dentist is higher than past iterations of the BRFS and lower than the state and national rates

Based on the requests for services we receive each month (and track) we are seeing an increased need for dental care and limited options for those seeking affordable care. There are only a few dental providers in the county which are low cost (or free) and/or accept Medicaid covered patients. – *Key Informant*

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q19.1: Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, how long has it been since you last visited a dentist or a dental clinic for any reason? (n=976).

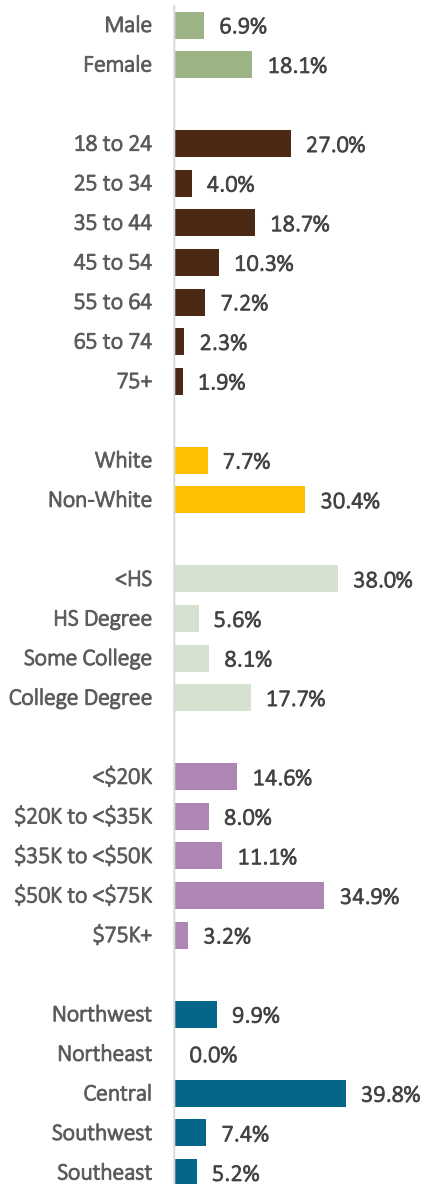


# ORAL HEALTH (CONTINUED)

## ORAL HEALTH: PROBLEMS GETTING DENTAL CARE

Problems Getting Dental Care in Past Year = 12.6%

Problems Getting Needed Dental Care in Past Year by Demographics



- Among all area adults, 12.6% had problems getting needed dental care in the past year
- Women were more likely than men to have barriers to dental care
- Non-White adults were more likely than White adults to have barriers to dental care
- The prevalence of barriers to dental care is higher among adults age 18-24 compared to older adults
- Prevalence is lower than in 2020

Dental health has improved in the last couple of years. Some clinics have opened up that are catering more towards Medicaid and low income/no income, but it's still a huge expense for people if you know it's not fully covered, but that actually has improved somewhat. Ten years ago, people could not find a dentist who would take Medicaid. – Key Stakeholder

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q19.2: In the past 12 months, have you had problems getting needed dental care? (n=981).

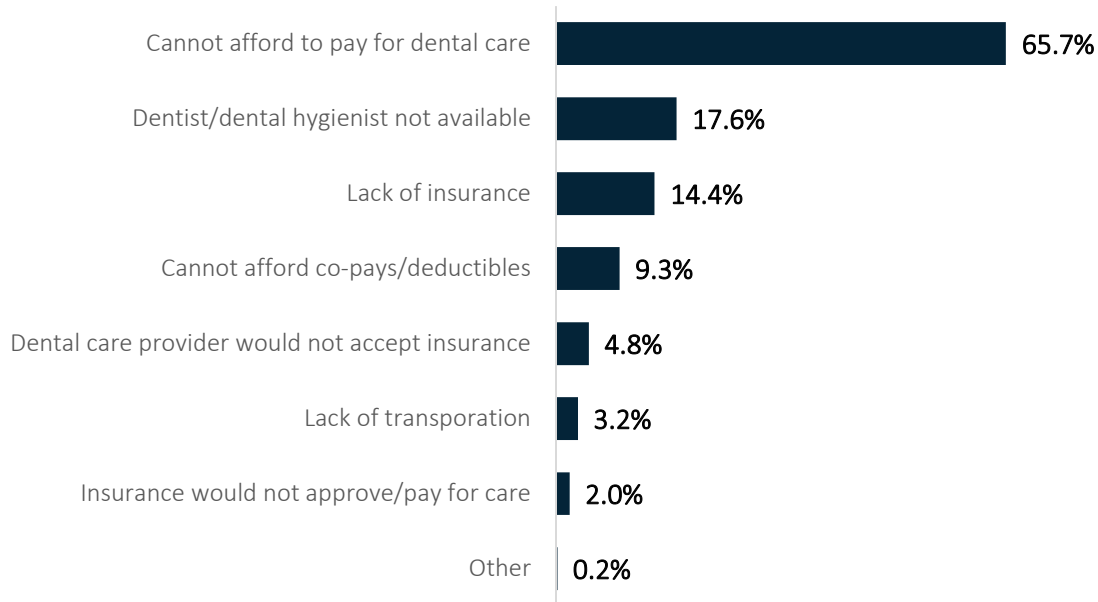


# ORAL HEALTH (CONTINUED)

## ORAL HEALTH: BARRIERS TO DENTAL CARE

🔍 For Ottawa County adults who had problems receiving needed dental care in the past year, the cost of dental care is, by far, the greatest barrier. Lack of dental provider availability and lack of dental insurance are important barriers to needed dental care.

Barriers to Dental Care



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q19.3: What are some of the barriers, or obstacles, preventing you from getting needed dental care? (Multiple response). (n=49)



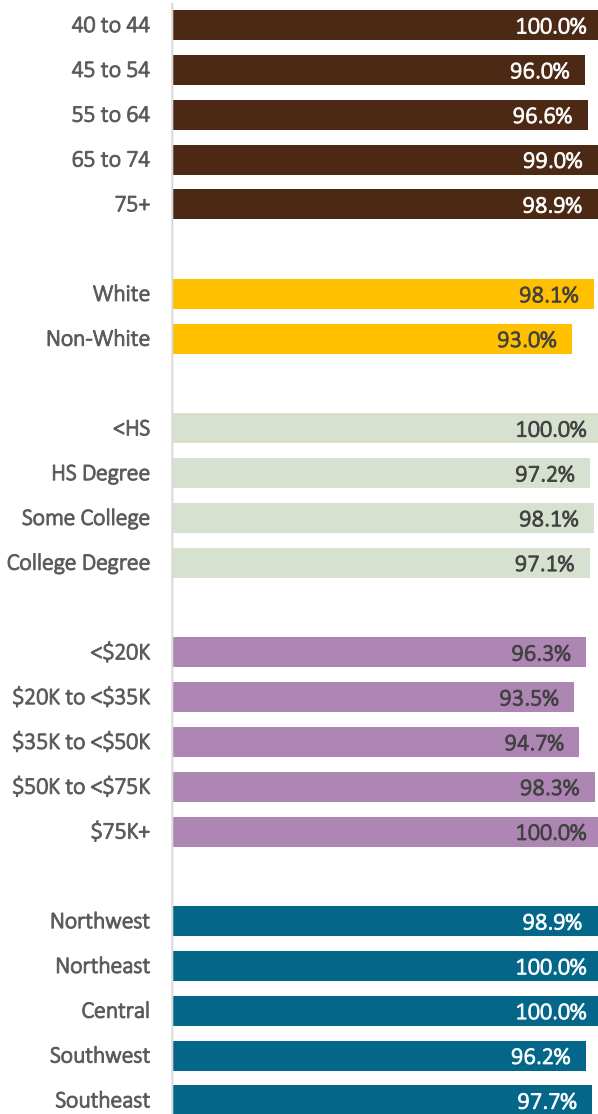


# BREAST CANCER SCREENING

## BREAST CANCER SCREENING: MAMMOGRAM (WOMAN AGE 40+)

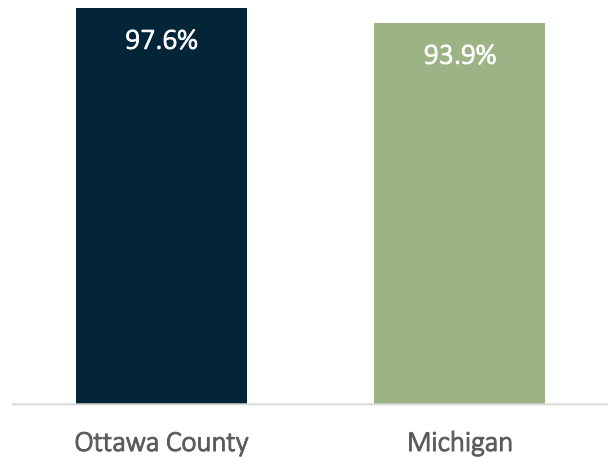
Ever Had a Mammogram = 97.6%

Ever Had Mammogram by Demographics



- Almost all women age 40 or older have had a mammogram at one point in their lives
- There is very little difference across demographics
- Prevalence of having a mammogram is higher than past iterations of the BRFSS and higher than the state rate

Ever Had a Mammogram (Women Age 40+)



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q15.1: A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram? (n=525). Note: among woman age 40 or older.

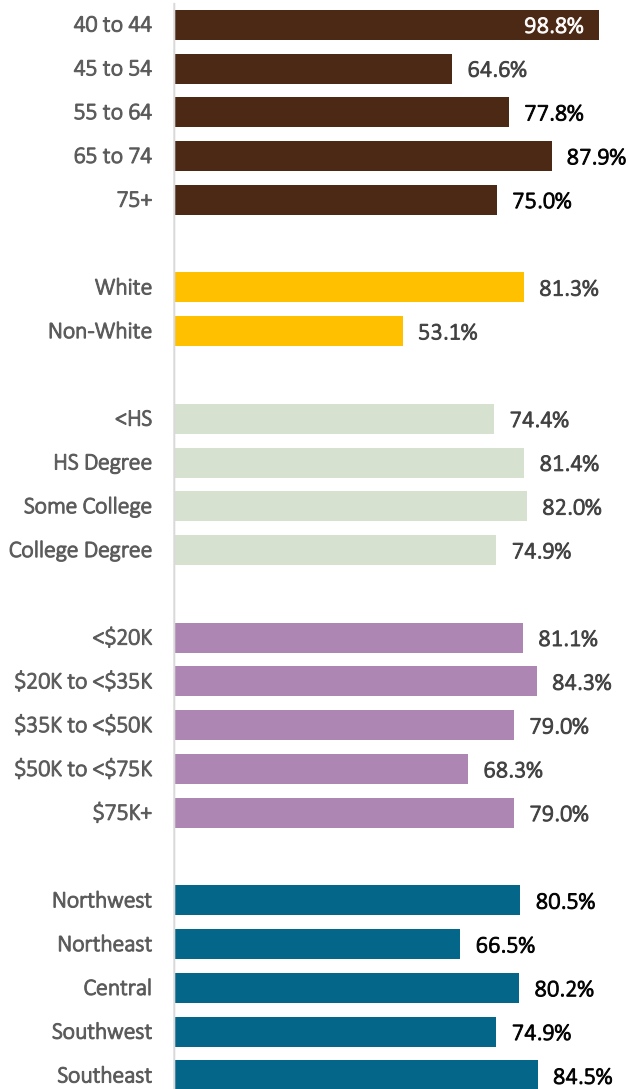


# BREAST CANCER SCREENING (CONTINUED)

## BREAST CANCER SCREENING: TIMELY MAMMOGRAM (WOMEN AGE 40+)

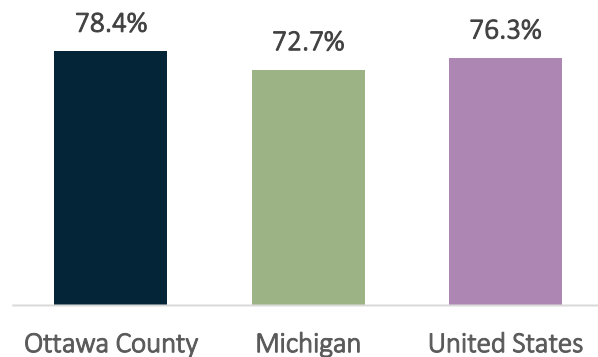
Had a Timely Mammogram = 78.4%

Had Mammogram in Past Two Years  
by Demographics



- More than three-fourths (78.4%) of area women age 40 or older have had a mammogram in the past two years
- White women are far more likely to have a timely mammogram than non-White women
- Prevalence of having a timely mammogram is higher than past iterations of the BRFs and higher than the state and national rates

Had Mammogram in Past Two Years  
(Women Age 40+)



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q15.1: A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram? (n=525). Note: among woman age 40 or older.

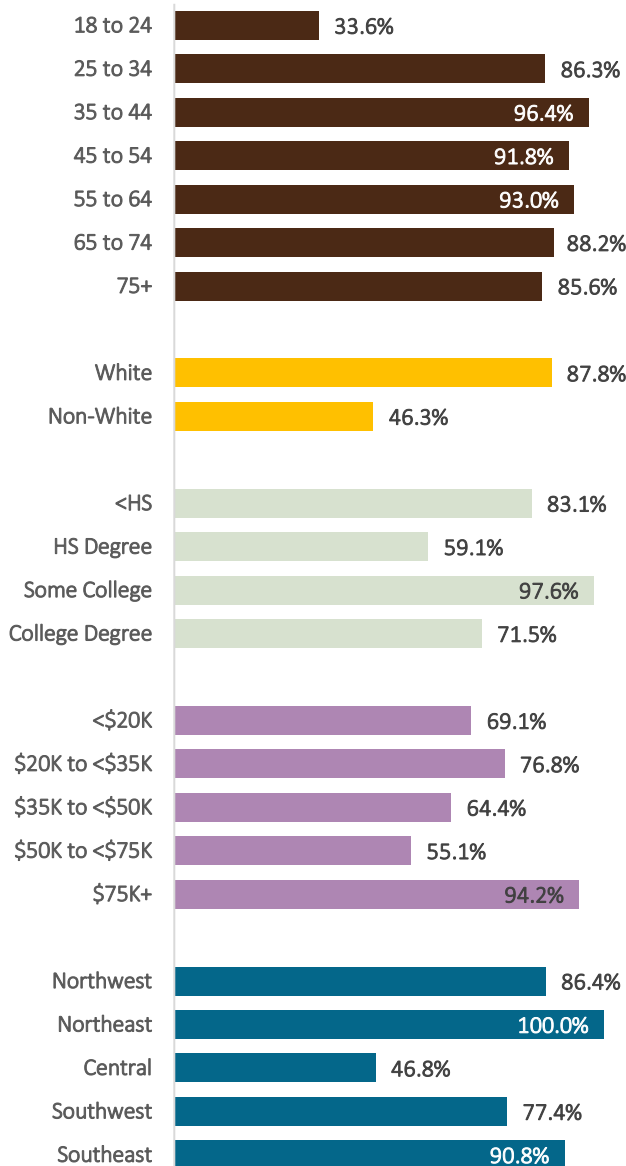


# CERVICAL CANCER SCREENING

## CERVICAL CANCER: SCREENING TEST

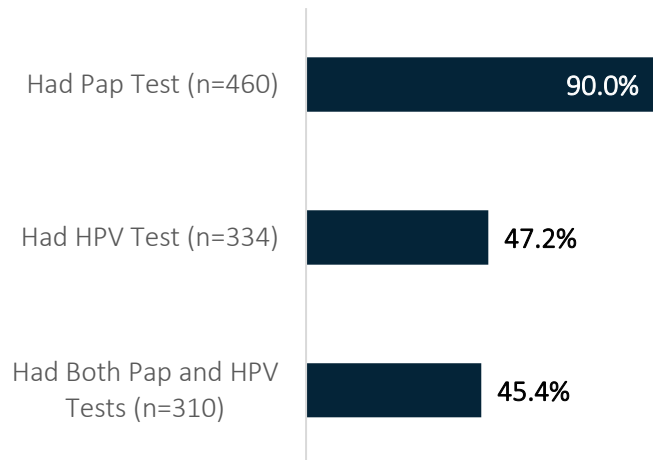
Had a Cervical Cancer Screening Test = 75.7%

Ever Had Cervical Cancer Screening Test by Demographics



- Three-fourths (75.7%) of area adult women have had a cervical cancer screening test at some point in their lives
- Prevalence of cervical cancer screening tests is much lower among women age 18-24 compared to women who are older
- White women are far more likely to have a cervical cancer screening test than non-White women
- At their most recent cervical cancer screening, 90.0% received a Pap Test and 47.2% received an HPV test

### Types of Cervical Cancer Screening



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q15.2: How long has it been since you had a cervical cancer screening test? (n=519); Q15.3: At your most recent cervical cancer screening, did you have a Pap test? Q15.4: At your most recent cervical cancer screening, did you have an HPV test?. Note: among all women age 18 or older.

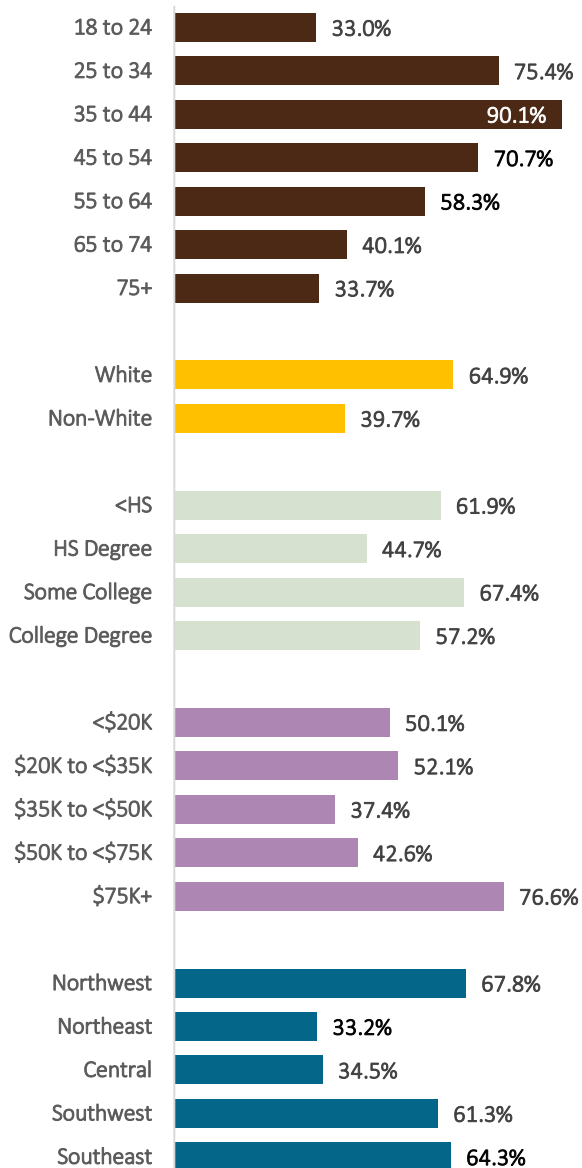


# CERVICAL CANCER SCREENING (CONTINUED)

## CERVICAL CANCER: TIMELY SCREENING TEST

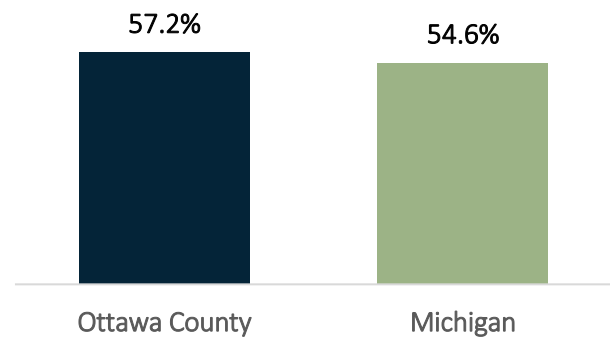
Had Timely Cervical Cancer Screening Test = 57.2%

Had Cervical Cancer Screening Test in Past Three Years by Demographics



- More than half (57.2%) of area adult women have had a cervical cancer screening test in the past three years
- Prevalence of timely cervical cancer screening is highest among women age 25-54 compared to women who are younger or older
- White women are far more likely to have a cervical cancer screening test than non-White women
- Prevalence is higher among women with incomes of \$75K or more, compared to women with lower incomes

Had Cervical Cancer Screening Test in Past Three Years



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q15.2: How long has it been since you had a cervical cancer screening test? (n=519). Note: among all woman age 18 or older.

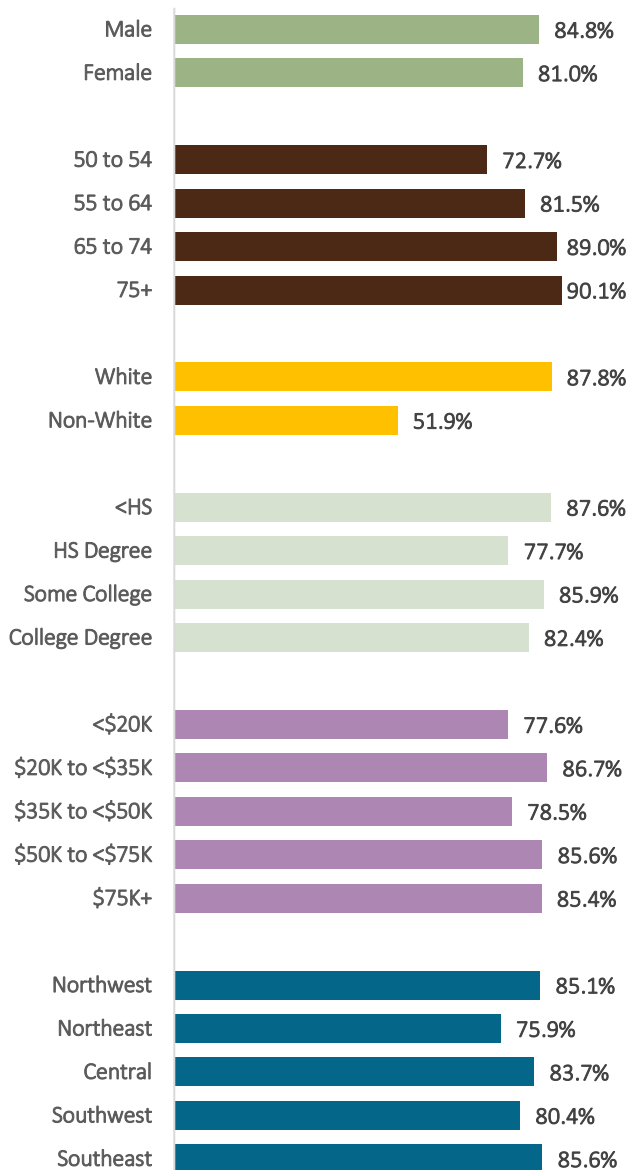


# COLON CANCER SCREENING

## COLON CANCER: COLONOSCOPY OR SIGMOIDOSCOPY (ADULTS 50+)

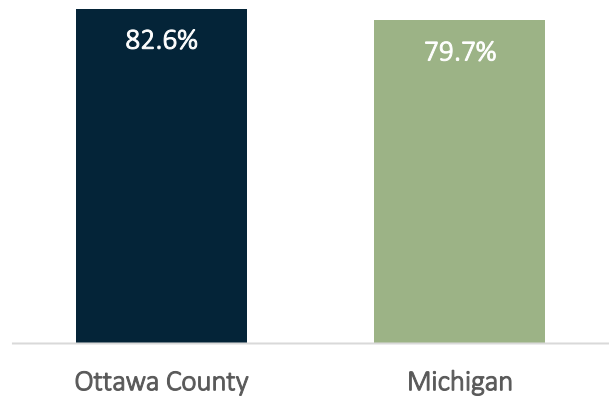
Had Colonoscopy or Sigmoidoscopy = 82.6%

Ever Had Sigmoidoscopy or Colonoscopy by Demographics



- 🔍 The vast majority (82.6%) of adults age 50 or older have been screened for colon cancer in their lifetime
- 🔍 Prevalence of colon cancer screening increases with age
- 🔍 White adults are far more likely to have been screened for colon cancer than non-White adults
- 🔍 The rate of colon screening is slightly lower than in 2020, but remains higher than the state rate

Ever Had Colonoscopy/Sigmoidoscopy (Adults Age 50+)



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q15.5: Colonoscopy and sigmoidoscopy are exams to check for colon cancer. How long has your last colonoscopy or sigmoidoscopy? (n=821). Note: among all adults age 50 or older.

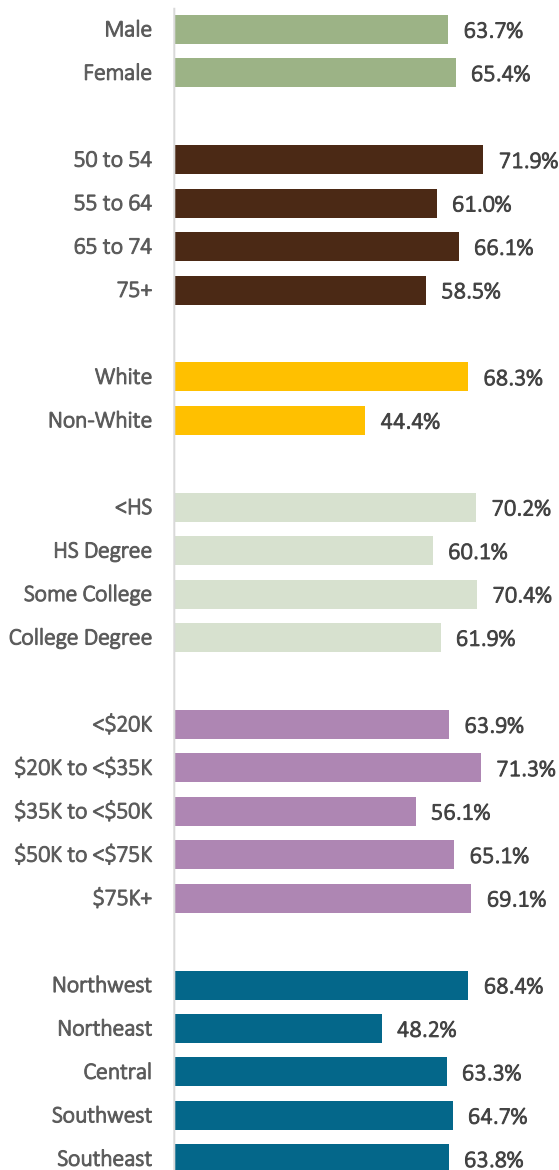


# COLON CANCER SCREENING (CONTINUED)

## COLON CANCER: TIMELY COLONOSCOPY OR SIGMOIDOSCOPY (ADULTS 50+)

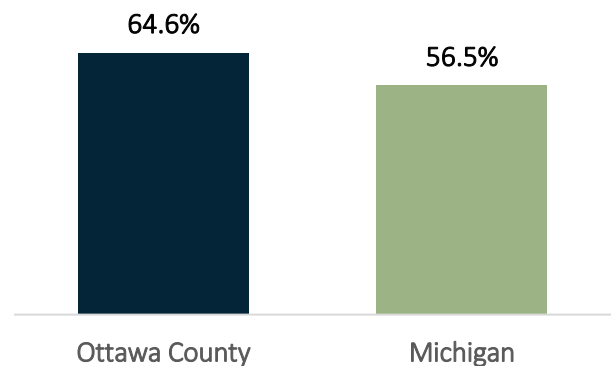
Had Timely Colonoscopy or Sigmoidoscopy = 64.6%

Had Sigmoidoscopy or Colonoscopy in Past 5 Years by Demographics



- Almost two-thirds (64.6%) of area adults age 50 or older have been screened for colon cancer in the past five years.
- White adults are far more likely to have had a timely colon cancer screening than non-White adults
- The rate of timely colon cancer screening is higher than in 2020 and higher than the state rate

Had Colonoscopy/Sigmoidoscopy in Past Five Years (Adults Age 50+)



Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q15.5: Colonoscopy and sigmoidoscopy are exams to check for colon cancer. How long ago was your last colonoscopy or sigmoidoscopy? (n=821). Note: among all adults age 50 or older.

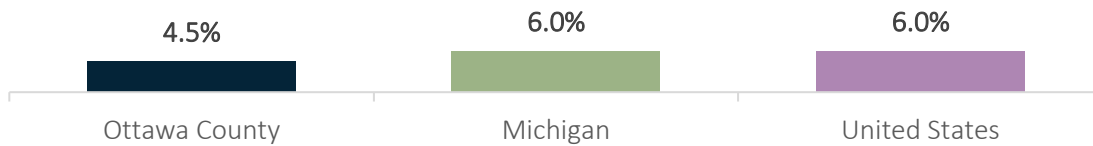


# PRENATAL CARE

## PRENATAL CARE

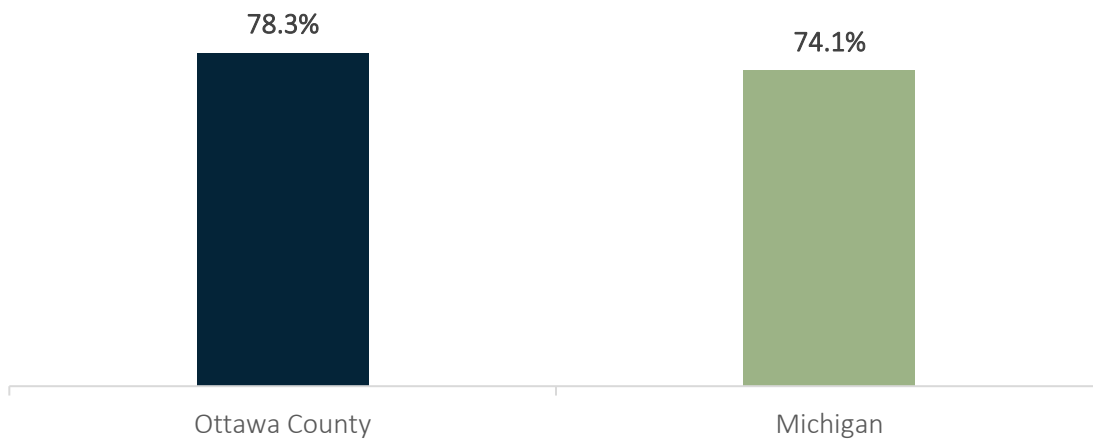
- 🔍 The proportion of pregnant women in Ottawa County that receive late or no prenatal care is low, and the rate is lower than the state and national rates.
- 🔍 That said, there is room for improvement as 21.7% of pregnant women in Ottawa County do not receive prenatal care in the first trimester.

Proportion of Births to Women Who Receive Late or No Prenatal Care



Source: MI, US, and county: Kids Count Data Center, 2021

Proportion of Women Who Begin Prenatal Care in First Trimester



Source: MI and county: MDHHS, Characteristics of the Mother or Infant, as a Percentage of Live Births, 2021.





# COMMUNITY CHARACTERISTICS

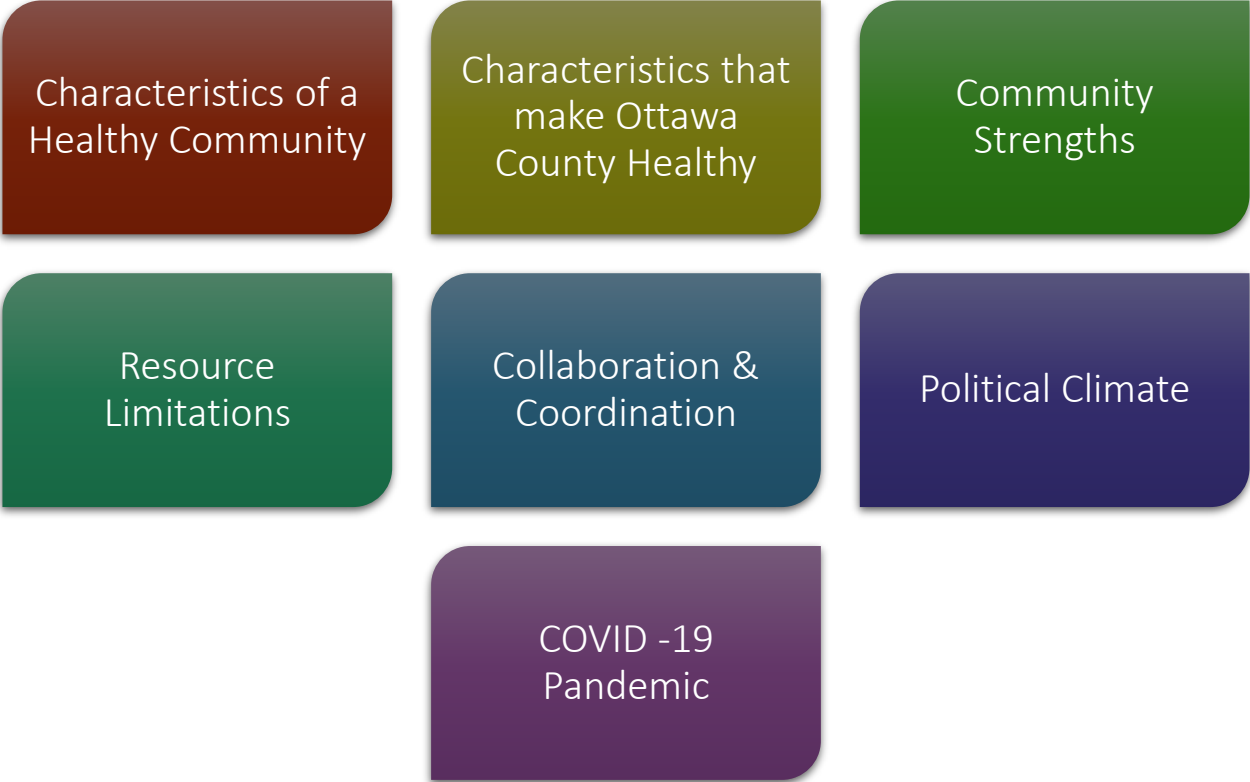




# COMMUNITY CHARACTERISTICS

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## Key Focus Areas



# CHARACTERISTICS OF A HEALTHY COMMUNITY

## CHARACTERISTICS OF A HEALTHY COMMUNITY

Q When asked to describe what a healthy community looks like, Key Stakeholders moved beyond common physical metrics (e.g., lifestyle choices, chronic conditions) and speak more about social determinants of health and inclusion. Based on interviews with Key Informants, a healthy community is open and welcoming to everyone. Additionally, all residents throughout the life course would have access to needed resources such as education, health care, employment, housing, and healthy food. It is also a community where people are engaged and collaborative. This demonstrates that they view health and health care from a holistic or biopsychosocial lens.

- ✓ A **welcoming** community, **open to everyone**, and a community that is **very purposeful about bringing people together**, through community **activities/events**, or **relationship building**
- ✓ Starting with something super basic, **people trust health care providers to take care of them**, and **believe that their provider is working in their best interest**
- ✓ **People getting out**, people **connecting, collaborating**, having a **sense of community**, **feeling like you can actually rely on your neighbors**
- ✓ Wonderful place to have **access to housing, affordable food, good schools, healthcare, activities**, and has a **diverse population with access to churches for whatever religious affiliations** people have or want
- ✓ A **welcoming** community, being an **inclusive** community that is **vibrant** because **everybody's opinions are heard, not necessarily agreed with**, but they're heard and **we work together**
- ✓ Where **every child has access to a very good quality education regardless of their family's socio-economic status**
- ✓ One that is **focusing on the leading indicators**, things like **obesity** that are lagging indicators
- ✓ One where **people feel welcomed and safe**
- ✓ **Has the resources they need to get their healthcare needs met** so they **understand the importance of being healthy** and how if you're not healthy it's going to impact your whole life
- ✓ People **have access to their variety of health needs**, both acute and chronic
- ✓ The **environment is healthy** and there **aren't environmental factors** that are **damaging people's health**
- ✓ People have **access to healthy activities, parks, playscapes, outdoor spaces**, or even **gyms** and things they can invest in their health
- ✓ A **healthy community also ends well**; that means that **Hospice resources are well utilized and well-funded**
- ✓ **Access to healthy food**, and grocery shopping and food access
- ✓ **Collaborative** spirit

Q Key Stakeholders agree that, relatively speaking, Ottawa County is a healthy community, but there are opportunities for improvement.

I would say that **we are considered a healthy community, but I think we have work to do.** – *Key Stakeholder*

**I don't think it's an ideal healthy community. I do think that relatively speaking, it is pretty strong**, within the state of Michigan. – *Key Stakeholder*

**Portions of it.** Up here in the **northern part of the county affordable housing continues to be a challenge**, but it's **slowly getting better**. There's been a lot of focus and effort in the last several years and it's starting to pay off but **we're not there yet**. Obviously, we have the **health care and the wonderful schools** and I think we've **made some strides in the area of diversity and inclusion but we have ways to go.** – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q2: In your opinion, what is a healthy community? In other words, what does a healthy community look like? (n=9); Q2a: Is Ottawa County a healthy community/county? (n=9)



# CHARACTERISTICS THAT MAKE OTTAWA COUNTY HEALTHY

## CHARACTERISTICS THAT MAKE OTTAWA COUNTY HEALTHY

🔍 Characteristics that make Ottawa County healthy include: (1) outdoor recreational opportunities that contribute to good health, (2) a very good health care system, (3) programs and services in place that address many residents' needs, (4) a solid economic base with plenty of good jobs, and (5) a great school system.

<p><b>Outdoor recreational opportunities</b></p>	<p>We do <b>have lots of outdoor opportunities for physical activity</b>. We have those <b>outdoor spaces</b>. I think it <b>makes us a really great place for physical activity</b> during the <b>winter</b>. – <i>Key Stakeholder</i></p> <p>The <b>geography</b> of this particular county, <b>being by the lake</b>, and the <b>amazing parks</b> that we have is bent towards accessing the community and the environment. – <i>Key Stakeholder</i></p> <p>People can have good opportunities for <b>biking, hiking, or swimming</b>. – <i>Key Stakeholder</i></p>
<p><b>Economic base, schools, families</b></p>	<p>I think <b>we have very good health care</b>. We <b>have very good education services</b>. I think we have <b>good public safety</b>, and we have in general <b>good access to healthy food</b>. <b>That's a relative statement, though</b>. – <i>Key Stakeholder</i></p> <p>There are <b>great schools</b>. I think <b>there's a lot to do outside</b>. I think it is a <b>very close community</b>. I think there's <b>good family structure</b>. I just think <b>families are tight</b>. And regardless of what those families look like, <b>there's cohesiveness in the community</b>. And I think <b>there's great health care</b>. – <i>Key Stakeholder</i></p> <p>A <b>good economic base contributes to good employment opportunities; good employment that is available at all levels</b> where we have a people eligible to work. And I also think that there are <b>several good school options</b>. – <i>Key Stakeholder</i></p>
<p><b>Programs in place</b></p>	<p>We just <b>have some unique programs</b>, some <b>unique nonprofits and partnerships</b> that <b>maybe not every community has</b>. We have things like <b>Food Club</b> that <b>Community Action House</b> runs. I mean that's a unique thing for a community like ours to really <b>promote healthy eating</b>. – <i>Key Stakeholder</i></p>
<p><b>Health care system</b></p>	<p>We do have a <b>lot of resources here like hospitals, doctors, a well-run health department</b>. We have <b>mental health providers even though right at the moment there aren't enough</b> so I think there are resources here. – <i>Key Stakeholder</i></p>

Source: Ottawa County Key Stakeholder Interviews, 2023, Q2a: Is Ottawa County a healthy community? (n=9); Q2b: (If yes) What makes it healthy? (n=9)



# COMMUNITY STRENGTHS

## COMMUNITY STRENGTHS

- 🔍 Key Stakeholders believe Ottawa County is a very philanthropic and caring community, with many generous people and key leaders who devote all kinds of resources toward a common goal of bettering the community. There is ample funding via community and corporate foundations. The health care system is solid, the economy is robust, and the schools are top-notch.

### Philanthropic/caring spirit

I think we **continue to be a highly philanthropic community** so there are a **lot of resources**. We have **good schools** that we could continue to resource. **Employers are adding childcare on-site**, that's a big momentum shift. Having **social workers on-site** and things like that, I think those are all positive. I think employers and schools have taken big steps. I think **we do have a lot of the financial resources to address needs**. – *Key Stakeholder*

We have a **very generous philanthropic community**. We were talking to the Holland City Mission yesterday, and that organization takes in zero grants. They're completely 100% funded by donations. **People are so generous with their money**. And it's not just people that have big money. It's also **people that just believe in the work that these nonprofits are doing and they give**. I think that's a **huge strength**. I think that **comes from a place of caring**. – *Key Stakeholder*

### Health care system

We do have **really good health care systems** already in place that I think are **continuing to grow and expand** and look at how they meet the needs of the community. – *Key Stakeholder*

### Foundations

We not only have **two Community Foundations**, but there's a **lot of corporate foundations** in the area as well that **our programs are able to tap into**. And I think our corporate partners speak it and don't back it up, but some of our corporate partners realize that the health of their employees is essential, so therefore they invest in certain areas or certain programs throughout our community because that affects their employees. I think that **we do have some really socially aware companies in the area**. The **United Way is also strong**. – *Key Stakeholder*

### Great leadership

There is some **excellent leadership** here that has a **very passionate focus**. And they are very **proactively involved with a commitment to the advancement of common good**. I've seen that the entire time I've lived here with **really prominent community leaders who are very passionate**. **They do everything that they can to mobilize effective work**. – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q7: In order to improve the health of your community, please talk about some of the strengths/resources that your community has to build upon. (n=9)



# RESOURCE LIMITATIONS

## RESOURCE LIMITATIONS

- 🔍 Despite the fact that community foundations and their available funds are a resource strength, some Key Stakeholders suggest there are not enough funds to address all of the issues facing area residents, and that insurance companies may have to cover some of the cost. Additionally, many agencies and organizations compete for the same funds.
- 🔍 Transportation and lack of affordable housing continue to be issues, as mentioned earlier, and some Key Stakeholders view them as a resource limitation.
- 🔍 Probably partly due to the low unemployment rate, some lower paying jobs are very hard to fill and sustain, such as positions at long-term care facilities or homes for senior citizens.

<b>Transportation</b>	<p>We can talk about transportation, and people have attempted to get at that. <b>It hasn't been neglected, but I would say that it remains an issue for populations that we want to target to help.</b> It remains a priority item that affects health care and other services. – <i>Key Stakeholder</i></p> <p>It just kind of goes back to some of those inherent problems with the county being what we are, especially with <b>housing and transportation.</b> You know I don't really know how to make an inroad. – <i>Key Stakeholder</i></p>
<b>Funding</b>	<p>In terms really making a dent I think you need <b>insurance to come along and cover some of these costs.</b> There's <b>only so much a community can do to pick up the slack,</b> but a lot of what we're talking about insurance has to cover it at the end of the day. – <i>Key Stakeholder</i></p>
<b>Lack of qualified personnel</b>	<p>There's a <b>worker shortage for certain places.</b> For example, it's so hard for CMH to find people to work in some of the facilities that they contract with. I can tell you <b>long-term care facilities, they really are having a hard time.</b> And I can tell you stories from as recent as the last three to four months where they would have shifts with one person working. And they have, you know, 125 people in their facilities. So, <b>having a qualified workforce in some of these organizations that care for people is really important.</b> – <i>Key Stakeholder</i></p>
<b>Housing</b>	<p>I think that <b>affordable housing is a limitation.</b> – <i>Key Stakeholder</i></p>

Source: Ottawa County Key Stakeholder Interviews, 2023, Q7a: What are any resource limitations, if any? (n=9)



# COLLABORATION & COORDINATION

## COLLABORATION & COORDINATION

- Q Key Stakeholders agree that community agencies and organizations continue to collaborate and coordinate well to ensure that programs and services are accessible to area residents.
- Q Organizations such as SPOKE and Lakeshore Non-Profit Alliance have been critical and important in bringing together various organizations and agencies such as the hospitals, Community Mental Health, Ottawa County Department of Public Health, United Way, and other non-profit organizations, to collaborate and meet the needs of area residents. This was especially important during the COVID-19 pandemic.

I think yes generally. **All of the primary care offices in the Holland area have care managers embedded in the office** and are familiar with area services and **will connect patients with them**. I think that Michigan has been kind of a leader in **bringing care managers to primary care**. The care management has been helpful in that regards, where people who we find in our clinics need access to services can have **someone to help navigate those for them**. – *Key Stakeholder*

Yes. Well, **Lakeshore Non-Profit Alliance** and **SPOKE**. People have talked about the stuff that SPOKE did for COVID and really just **banded everyone together** to make sure people were getting what they needed. You know, homebound people who needed food or whatever, vaccines. All of these nonprofit organizations and government organizations worked together to coordinate things so we weren't all doing our own thing out there. – *Key Stakeholder*

I certainly think **most of the major players in the area still work very collaboratively together**. I think the **Community Foundation** and **Community SPOKE** continue to be spaces where, particularly for health and human services, nonprofit, and government providers, come together regularly. – *Key Stakeholder*

Yes, and I think **Community Spoke did a good job and they were the ones that pulled the lever when the pandemic hit**. They were the ones that said, 'okay, everybody, let's come to the table and how can we work on this?' As one of the funders, one of three funders, we said, 'okay, these are the pieces we're going to take,' and other people stepped up to do other things throughout that process, but it was led by Community SPOKE. – *Key Stakeholder*

The **health department, United Way, the hospitals we're all working together to bring these critical services and information to the table**. You also have **lots of coalitions, or lots of collaborative bodies, that are going on in Ottawa County, Ottawa Food, around health**. You've got **Thrive Ottawa** that's talking about **ACEs and resilience**. You've got **OSAP** that's working around substance abuse. You've got **lots of different collaborative bodies that are working together**. – *Key Stakeholder*

I've worked in public health and with the nonprofit community, faith community, businesses, and these are **such good people in Ottawa County**. **Traditionally, we work together very, very well together. We have done a great job of identifying health problems and working collaboratively**. When we find out what those health problems are, **we figure it out**. We have respect. I think we've acted with dignity. **If something doesn't exist, we build it**. – *Key Stakeholder*

Like the **county health department, the United Way, the Community Foundation, Mosaic Counseling, the hospitals, the schools, the YMCA, the North Ottawa Wellness Foundation, the Chamber of Commerce, etc. These are people who all know each other**. These are people that are **around the table in various ways working to solve a problem**, either one that's already been identified and still continues to be a problem, or sometimes were brought together to talk about what we are missing, what haven't we solved yet, what haven't we even identified yet. – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q6: Do area organizations and agencies in Ottawa County continue to collaborate and coordinate services well in order to make programs and services more accessible to area residents? (n=9); Q6a: What organizations and agencies work particularly well together to ensure area residents can access needed services? (n=9)



# COLLABORATION & COORDINATION (CONTINUED)

- Q Key leaders mention the political divisiveness that has risen in the county over the past few years, and how it has created a toxic environment for Ottawa County residents because the trust they once had with their health care providers has eroded.

I think we definitely try. I'll be very honest today, **with some of the changes in the county, I don't know if that will continue.** I think **prior to January we had some really great collaboration,** and some collaborative groups came under question with the **new commissioners.** They actually very much questioned our individual that oversees the Lakeshore Non-profit, they questioned the SPOKE committees. They **questioned** a lot of "why." Like, why are we paying for collaboration? Now, of course, many collaborations don't need money, we get together because we need to share resources. I think it's also because people are afraid. Like, what can I say? What can I not say? You know, is my job on the line? So, **there's definitely some fear for some people.** – *Key Stakeholder*

The fact that [hospitals] still come together to do the CHNA and help you out with a plan is certainly a sign of collaboration, but **we're seeing the deterioration in collaboration and that's primarily due to new county commissioners.** They **continue to not necessarily take the time to understand how valuable collaboration is** and are **making decisions that are impacting our community's ability to collaborate** particularly with county government. – *Key Stakeholder*

I think we're running into some **barriers** with some folks in our community that **have an ideology that doesn't align with the ideology of most folks.** Which is that **all people deserve to be treated with dignity and respect and deserve to be cared for.** I think that is a problem. In some ways, **it's strengthening all of us working better together.** – *Key Stakeholder*

Everybody, every municipality has been really good about partnerships in the past. I think it's **only until recently where we're seeing that rippling effect from county administration.** I think our **county commission could do a better job of appreciating and allowing some strong collaborations** that have historically benefited our community to continue. – *Key Stakeholder*

My impression is that I think **Ottawa County,** particularly in Holland and Zeeland, **do that better than anywhere I've ever been.** I feel like there is a **number of really good community-based organizations who are often partnered with governmental agencies.** I think they do a **good job of partnership.** I'm **concerned about the changing political climate, and maybe the changing leadership, in Ottawa County because I have a concern that new barriers will come up that make some of that collaboration more difficult.** I know there is this ongoing issue right now with the county commissioner. I think some funding has to be approved for some aspect of this CHNA work. And the new county commissioners keep either taking it off the agenda or never putting it on the agenda to start with. – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q6: Do area organizations and agencies in Ottawa County continue to collaborate and coordinate services well in order to make programs and services more accessible to area residents? (n=9); Q6b: Where could improvements be made? (n=9)



# POLITICAL CLIMATE

## POLITICAL CLIMATE

In our community with **COVID**, it was **very divided**. Half of that population felt like COVID was real and masks were needed and things like that. And then you've got 50% of the population or maybe even more, who think it was all ridiculous. So, for Ottawa County, I really think the medical piece, the COVID pandemic, and medical services in general, have **really split our county**, which is **really sad**. Even right now with a lot of the conversations, not just about COVID, but also vaccines in general, just regular immunization, and things like that. **There's just a lot of people questioning medical services in general.** – *Key Stakeholder*

I think what makes [Ottawa County] unhealthy is our **county commissioners** and the things that they're doing, the things that they're **trying to do with the health department**. I think we have a wonderful health department. I think it's a **very robust health department**, but if you have the county commissioners **attacking the health department that starts to whittle away that trust**. **Trust has already been whittled away** to some extent with the pandemic. Do you vaccinate, don't you vaccinate? Do you mask, don't you mask? But I think that our **health department has always done what they feel is the best for our community as a whole**. I think it **makes our community unhealthy as a whole when you've got such divisive things** that are going on at the county level. – *Key Stakeholder*

The **public fighting that happens at the commission level erodes public trust** in what is happening in our county. – *Key Informant*

We had a very high vaccination percentage before the pandemic, but it is definitely less than it was. And there is ongoing talk about **we have to rebuild that trust** of we know what we're doing, and that our advice is sound. That **has taken a significant backslide, especially when it comes to vaccines, and even just the basic understanding of believing that health care is a benevolent force**. Even at the height of the pandemic, every person would say their own personal doctor has their best interest at heart, but they would have the **thought that I've been duped by the CDC or the national government**, or the health department, and that I don't know what I'm talking about, even though I care about them and have tried to give them good care. **There is the breakdown of trust** where they never questioned my authenticity and good intentions, but I **think they have questioned my actual understanding of health and disease more so than ever.** – *Key Stakeholder*

I do think I mentioned the **information wars**. I think it's **going to take a while to rebuild trust between the medical community and our very conservative Christian population**. We are a very conservative Christian region that **has been taught to be against the healthcare community over the past few years**. And I'm sensing some lessening of that tension, but that I think is **going to continue to need to be nurtured.** – *Key Stakeholder*





# POLITICAL CLIMATE (CONTINUED)

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I think this **defunding of the Office of Diversity Equity and Inclusion** for Ottawa County is **sending the wrong message**. I think Ottawa County needs to be a place that is seen by people who might want to come and live here and work here, that **this is an inclusive community**. And, whether that office was actually impactful or not, I would say the defunding that office has sent a message, **an inaccurate message**, but a message that this is something that we don't care about. And, I think **for a segment of the population, that that's not something that makes it feel healthy**. – *Key Stakeholder*

It certainly comes at a cost of **narrowing the scope of who you interact with and how diverse your community is**, and then add on to that all the **shenanigans going in the county with getting rid of the DEI office**. From a philosophical standpoint, **are we an open minded, inviting, and well-rounded community?** – *Key Stakeholder*

I appreciate Ottawa County Health Department's efforts to reach out to traditionally marginalized communities such as LGBTQ+ and ethnic/racial minorities. As a leader in the healthcare community, I am saddened that these efforts are being discouraged and prevented by local politics. – *Key Informant*

The current County Commission's work to dismantle public health infrastructure and initiatives destabilizes the total healthcare infrastructure in the county (mental health, vaccines, prevention, health professionals' quality of life impacting recruitment of new health professionals). – *Key Informant*

With this new board coming in, we're finding all kinds of **barriers**. **Barriers with collecting data and how we collect data**, but these things are very important for us to be able to identify the specific needs in our community that need to be addressed. And if we have barriers to being able to do our job and collect data so that it tells a story about how we can do our jobs better, and more effectively, and address the absolute needs, I'm very, very, very concerned about that. **If we stop counting things, I think some people have this perception that it will just go away**. Some folks don't believe that these issues exist, but we know that that's just not true because we are looking at the data. – *Key Stakeholder*

I can't help but bring up, when it comes to access to mental health care, I think these are linked in this way that **we're marginalizing and with a lot of what's happening with the board take over**. It's **making people in our community feel more left out and more marginalized**, and **less hopeful**. We are a caring community for all people, and that is so concerning to me. As a former leader in a government organization, I think that **the role of government is to not make a moral judgment. We serve everybody**. – *Key Stakeholder*

# POLITICAL CLIMATE (CONTINUED)

🔍 Furthermore, when adult residents of Ottawa County were asked to identify the most important health problems in the community today, some also mention the political divisiveness that has risen in the county.

**Political control. Firing the head of our health department and stopping them from doing outreach.** – Ottawa County Resident (BRFS)

**County board is messing with our health department. Trying to dismantle the health department.** – Ottawa County Resident (BRFS)

Getting the health department funded. Healthcare for those who have few resources. I think we **need to have healthcare handled by patients, especially women and their doctors and not by politicians.** – Ottawa County Resident (BRFS)

The Ottawa County **Health Department is under immense attack every day by the county commissioners. The funds are being lowered.** It's a **big mess.** – Ottawa County Resident (BRFS)

The impact of the elections changing the makeup of the **Ottawa County Board of Commissioners**, and they **have arbitrarily changed everything, including the Health Department.** – Ottawa County Resident (BRFS)

**Get rid of Ottawa Impact.** We need pre-natal care, sex education and information about the importance of vaccinations. – Ottawa County Resident (BRFS)

**Lack of support or knowledge to support members of the LGBTQ community and their needs.** – Ottawa County Underserved Resident (URS)

**Making sure our county has a qualified health care officer.** – Ottawa County Underserved Resident (URS)

The **importance of keeping the health department funded versus keeping administrators that are unqualified and don't even meet the criteria.** They are hired more than fired. Not acknowledging the ones who met the requirement with master's degrees. – Ottawa County Resident (BRFS)

Hyperawareness and **fear over community, dictatorship.** – Ottawa County Underserved Resident (URS)

The community is being sickened with **woke ideas** such as **transgender issues, public schools**, and I think that **society is taking a turn for the worse under these circumstances.** – Ottawa County Resident (BRFS)

**Too much government control over people's health.** – Ottawa County Resident (BRFS)

Source: Ottawa County Behavioral Risk Factor Survey, 2023, Q1/Ottawa County Underserved Resident Survey, Q13: What do you feel are some of the most important health problems in your community today? (open-end) (n=1,006/n=300)

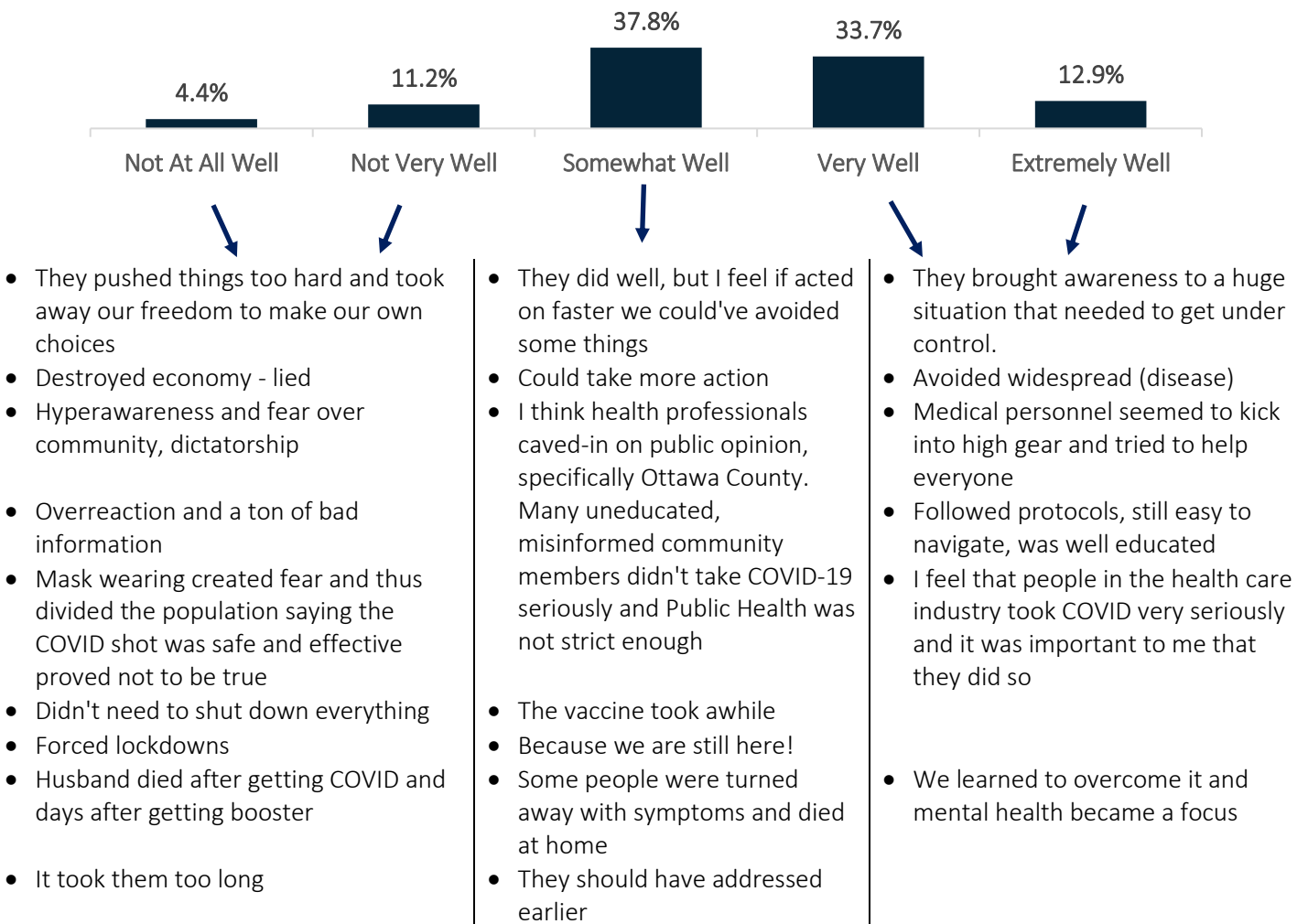


# COVID-19 PANDEMIC

## COVID-19 PANDEMIC

- 🔍 The vast majority (84.4%) of underserved residents say that local health professionals responded at least somewhat well to the COVID-19 pandemic; almost half (46.6%) say they responded very well or extremely well.
- 🔍 Those who felt otherwise did not take the pandemic as seriously as those who appreciated the efforts of the health community.

### Extent to Which Local Health Professionals Responded to the COVID-19 Pandemic



Source: Ottawa County Underserved Resident Survey, 2023, Q20: How well do you think local health care professional responded to the coronavirus (COVID-19) pandemic? (n=294); Q21: Why do you say that? (open-end) (n=180)



# COVID-19 PANDEMIC (CONTINUED)

- Q All nine Key Stakeholders believe local health care professionals responded to the COVID-19 pandemic very well or extremely well. The communication was great, consistent, and timely, and organizations rallied to collaborate at the highest levels. The fact that much of the planning and strategizing was done on-the-fly about something new is all the more impressive.

Because **we put ourselves in harm's way to take care of people**, and **we put our own incomes on the back burner while we did what needed to be done**, and **we spent extra time working remotely to take good care of people**. – *Key Stakeholder*

I think they **jumped into action very quickly**. I think **they provided high quality service to the general public** but I also think **we saw a lot of the equity issues that many of them were not prepared to address in the moment**. In the big picture I think **they did quite well**. – *Key Stakeholder*

The **creation of an alternative delivery system of necessity** meant that we had to **create things like testing facilities that didn't exist**. Since for a long period of time, for example, outpatient facilities were shut down, they were **repurposed to focus on the testing, which is essentially served as a triage**. – *Key Stakeholder*

They **communicated well what they knew**. I think that's probably the biggest thing. I think **the communication was good**. They were **quick to rally with anyone that was able to assist**. They **got out in the community and met people where they were**. They **felt vaccines were important, so they did the push for vaccines**. If people agree to that or not, that's up to them. But I think that they **attempted to respond in the way that they felt was factual**. – *Key Stakeholder*

I saw **lots of coordinated efforts to get information out to people to provide vaccines if they wanted them**. You know that was from the health department perspective and I think they were **doing the very best they could to stay on top of things and tell people what was going on**. I think the effort was, from my point of view, **pretty well organized**. – *Key Stakeholder*

I think there was a **high degree of collaboration between the hospitals and the community**. I think that the health system did a great job of **helping people get access to testing and vaccination**. And when people needed care or a higher level of care, I think that in general, the hospital did a **great job of ensuring that people had access to those services**. I think this hospital system did a great job of making sure that people were taken care of. – *Key Stakeholder*

We were a team and **we worked across county lines**. So, we had **our hospital systems working together**. We would be on phone together. We were planning how to **vaccinate our most vulnerable populations first**. And we were creating policy around that that we all agreed to **hold true to the course of getting the older adults and the people with chronic illnesses done first** until we know that we've gotten to everybody we possibly can. So, we **had a strategy, we had good communications, we had educational platforms for healthcare, for business, for faith, for education**. We all worked together on this. – *Key Stakeholder*





# SOLUTIONS AND STRATEGIES



# STRATEGY



# SOLUTIONS & STRATEGIES

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## *Key Focus Areas*

Resources Available to  
Meet Issues/Needs

Strategies  
Implemented Since  
Last CHNA

Suggested Strategies  
to Address Specific  
Needs/Issues



# RESOURCES AVAILABLE TO MEET ISSUES/NEEDS

## RESOURCES AVAILABLE TO MEET ISSUES/NEEDS

- Q Key Stakeholders report inadequate area resources available to address what they consider to be the most pressing or concerning health issues facing Ottawa County residents. Although there are resources in place, there aren't enough to meet the demand for services.
- Q Funding is more limited now than it has been in previous years, and the additional funding that surfaced due to the COVID-19 pandemic is about to run out.

The **pandemic allowed us to ramp some of these things up. But now that those dollars are going away.** It's that whole ebb and flow, **we're now going to be on the backside if we don't find other sustainable ways to fund the things that have been done.** So no, **we don't think we have adequate resources.** – *Key Stakeholder*

I wouldn't say adequate yet. I think there are resources, but they are **woefully underfunded, understaffed.** – *Key Stakeholder*

Adequate? I would say no. If we had enough resources, we probably would've solved some of these problems before now. The most important thing is to move the needle, is to do what we've been doing. **Funding is continuing to be an issue.** And if you talk to some of our non-profit partners, **we're seeing decreases in some of the funding** that's coming in, like for example, **through United Way.** And United Way funds so many of our nonprofit communities and I think this is **creating some struggle for them.** I'm hearing that for many nonprofits, they're **concerned about their funding streams moving forward,** which could lead to reduction in services. – *Key Stakeholder*

It's **becoming a little more difficult for patients to find primary care,** it seems to me. We had a number of primary care doctors retiring about three or four years ago, and that became kind of a crisis of access to primary care. And then Holland Hospital Medical Group, as they call themselves, hired many new primary care doctors, and that became much easier. And then **there's been some turnover in that space again** and so there's a little bit of primary care access pressure. I think there are a lot of companies moving in and bringing in a lot of workers, **a lot of people moving to the area.** I think some of the primary care that were hired have since left, and so **with growing population and fluctuating providers, I'm sensing that it's becoming a little bit more of an issue** recently. – *Key Stakeholder*

The community health agencies **don't have the adequate resources.** A lot of parties have to get involved with this likely on the political side and elsewhere. Everybody seems ready to be talking about this [underserved] population, so what does it reflect? My desperation, as a health care executive for thirty- five years is, **why are we are still talking about this in 2023?** And the answer is **because I can't even get them out of my emergency department to go where they should go.** I mean, what is going on? That's actually the most important point that I wanted to make in my contribution to this. **From the hospital's point of view, this is putting a finger, or a spotlight, on things we should focus on – funding, staffing, educating, and having adequately trained people.** Let's get them out of the hospital and where they need to be. It's a disservice to those people for sure, because we're really just a backstop, and that's not what we're supposed to be. – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q1d: Are there adequate area resources available to address these issues? (n=9)



# RESOURCES AVAILABLE TO MEET ISSUES/NEEDS (CONTINUED)

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🔍 A summary of area resources available to address health and health care needs are as follows:

- ✓ American Red Cross of West Michigan
- ✓ Be Nice Campaign
- ✓ City on a Hill
- ✓ Community Health Improvement Plan (CHIP)
- ✓ Community Mental Health Services
- ✓ Corewell Health Zeeland Hospital
- ✓ Evergreen Commons
- ✓ Farmers markets
- ✓ Greater Ottawa County United Way
- ✓ Holland Free Health Clinic
- ✓ Holland Hospital
- ✓ Holland Physician Health Organization
- ✓ Intercare Community Health Network
- ✓ Love INC
- ✓ Ottawa County Food Policy Council
- ✓ Ottawa County Health and Human Services
- ✓ Ottawa County Department of Public Health
- ✓ Pathways to Better Health
- ✓ Pine Rest Holland Clinic
- ✓ Priority Health
- ✓ Ready for School
- ✓ Trinity Health Grand Haven





# STRATEGIES IMPLEMENTED SINCE LAST CHNA

## STRATEGIES IMPLEMENTED SINCE LAST CHNA

- Q Key Stakeholders highlight initiatives that have grown out of prior CHNA research and the corresponding implementation plans, particularly programs targeting mental illness and access to treatment, where one hospital completely redesigned their Emergency Department to include embedded social workers.
- Q Relationships between area organizations and agencies have also been strengthened, as people come to the table to collaborate with the common goals of solving community problems.

### Mental Health

For us here, **we changed our entire model in the emergency room and how we delivered care real time for the mental health base. This was the catalyst for that. We embedded social workers right into our ER.** We created a **relationship with Mosaic** where, in real time, when we have a patient in crisis we don't say, "Hey, by the way we need to get you set up with a counselor." We call the actual counselor and say, "Come over here to the ER." That changed pre-pandemic. – *Key Stakeholder*

**I think the focus on, and resources for, mental health is what I see as the biggest success in these.** I think the **data gleaned** from this community health needs assessment has **promoted a focus in a very concrete way.** There was a **millage passed** in the county to **promote mental health**, and that's been a chronically difficult topic, and it still needs a continued focus, but **it made a quantum leap in the last 10 years.** I think, **based primarily on the community needs assessment.** – *Key Stakeholder*

In the mental health space, it's led to things like the **school-based programs** where Ottawa County community school's network wasn't in existence probably six years ago, and I've lost track of how many schools they're in. I mean **the growth has been incredible.** The **data helped us pass the mental health knowledge on because we had data,** we could point to address mental health needs. – *Key Stakeholder*

### Strengthening Relationships

I think it's **hugely strengthened the relationship between the hospitals, the healthcare system, and the Human Services Network.** It's a really important element of **caring for our community.** It's **created efficiency.** So, it's been **money well spent.** – *Key Stakeholder*

I think **that's been really huge.** I think **some of the relationships and the willingness to have some of the health systems be more collaborative and at the table.** I think that has been helpful. – *Key Stakeholder*

You know the **people who are involved in the process of the Community Health Needs Assessment get to know one another,** and you know **you can reach out to them, to people that you're acquainted with** at the hospitals if you've got an issue that you want to work on. I think from a global sense, it's **been a good thing to have those relationships,** because you know it's always **easier if you know someone** at the hospitals. You're going to have a much better time, much easier time figuring out problems. – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q11: From the past four CHNAs, what do you think are 2-3 highlights, or the most important steps that have been taken to address areas of need or gaps in services with regard to health and health care? (n=9)



# STRATEGIES IMPLEMENTED SINCE LAST CHNA (CONTINUED)

- Q The data collected from the CHNAs has not only allowed for improved program or service delivery, but also enabled organizations to secure needed funding via grants.
- Q One of the most important things to come out of the CHNA research has been the program Pathways to Better Health, which employs community health workers to connect with residents, often the most underserved and vulnerable, to needed programs and resources.

## Evidence/Data

I think there's **broader understanding of the data** in the community. I think **people know the issues better because we've collected the data**. I think a **lot of nonprofits in particular, but government agencies as well, have used that data countless times in terms of securing additional funding through grants**, which has been great. I think it also has **led to new programs**. I think **Food Club** is one of the big celebrations in our community. It's a massive program and maybe it **wouldn't be here without the data**. The data certainly helps an organization like Community Action House **understand how big a need is, and then come up with creative solutions** to address that. – *Key Stakeholder*

The Community Health Needs Assessment has also **provided this amazing platform of consistency for us all to work from**. We're all **working on one set of data instead of a whole bunch of other stuff**. I think that the Community Health Needs Assessment has helped to **bring additional financial resources to our community through numerous grants, and even philanthropic donations**. – *Key Stakeholder*

## Community Health Workers

**Pathways to Better Health, our community health worker program** here in the community. Those kinds of **innovative solutions would not come about without the data for sure**. – *Key Stakeholder*

**Pathways to Better Health was definitely a product of the Community Health Needs Assessment** in the dialogue that happened about really needing **community health workers to connect people to health care resources**. – *Key Stakeholder*

And the other thing is the **community health workers**. That's a **huge win that came out of the CHNA and the CHIP** and then it was brought to the forefront, so community health workers, I think, have been doing a phenomenal job in our community. They have been **really critical throughout the community and to connect those vulnerable populations to services and things that are needed**. They're in different organizations throughout the community, such as City on the Hill. Their health clinic has one that's there and again, it's just **being able to talk to people where they are, meet them where they are and help them process** through how things could be better if they engaged in certain other actions. – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q11: From the past four CHNAs, what do you think are 2-3 highlights, or the most important steps that have been taken to address areas of need or gaps in services with regard to health and health care? (n=9)



# STRATEGIES IMPLEMENTED SINCE LAST CHNA (CONTINUED)

- Moreover, the data collected from the CHNAs has demonstrated the importance of adverse childhood experiences (ACEs) and their connection to negative outcomes in adulthood. This is a critical first step in finding ways to prevent adverse events in childhood.
- The CHNA has progressively demonstrated the importance to social determinants of health (e.g., affordable housing, affordable healthy food) and how they impact an individual's mental and physical health.

## ACEs

I think the **Community Health Improvement Plan**, or Healthy Ottawa, is one thing that has **gotten stronger as the iterations have gone by**. I think that **Thrive Ottawa** is another thing that has been something that has come out of the iterations of this CHNA. Thrive Ottawa is **addressing the ACEs in Ottawa County** that morphed out of the CHIP or Healthy Ottawa. It's become a spin-off work group that has its own website and it's got a group that meets on a regular basis to **train people on ACEs**, have some **community champions out there training on ACEs**, and **talking about resilience**. – *Key Stakeholder*

I've seen and I've even presented the **data** to my peers and **it's dramatic**. That brings to mind another topic, **ACEs**. I think that has shown up because of these conversations and an **understanding of the importance and how to address it**. I've noticed the health department and the school district, Ottawa Intermediate School District, has classes that they **present to parents on helping reduce adverse childhood experiences** and also **helping your child** through those adverse childhood experiences. – *Key Stakeholder*

## Affordable Healthy Food

Just a general statement that the work that we're doing we take very seriously and it's been **embedded in lots of different things** whether it's an improved way of **providing education or food and nutrition**. One of the things we did coming out of our dialogue was look at the wonderful, beautiful farmers market that nobody knows how to access. People don't even know what half the foods are, they don't know how to prepare them. People who have WIC, they can't come and use it. So, we **worked with the Chamber and they changed that so now I have accessibility to people who can come and use their card at our Farmer's Market** because of this. We sent a **dietitian and partner with a local chef** and they did actual **food demonstrations** and taught kids and adults why they want to eat this type of vegetable, **how you prepare it**, etc. – *Key Stakeholder*

I think, just the re-acknowledgment of **the importance of Ottawa Food** and having an entity be the **collaborative nature**. – *Key Stakeholder*

We help support the **Veggie Van**. We do try to **provide fresh foods to different parts of the community throughout the year**. There are a number of really creative efforts that are going on to **improve access to take good quality food** (e.g., Community Action House) – *Key Stakeholder*

Source: Ottawa County Key Stakeholder Interviews, 2023, Q11: From the past four CHNAs, what do you think are 2-3 highlights, or the most important steps that have been taken to address areas of need or gaps in services with regard to health and health care? (n=9)



# SUGGESTED STRATEGIES TO ADDRESS SPECIFIC NEEDS/ISSUES

## SUGGESTED STRATEGIES TO ADDRESS SPECIFIC NEEDS/ISSUES

- 🔍 Key Informants have thought long and hard about potential ways to improve the barriers to mental health treatment, and many suggest focusing on a treatment approach that is more than, or an alternative to, the standard approach of therapy and/or medication.
- 🔍 Finding ways to get society to view mental illness and needed therapy in a more caring light will reduce the stigma, leading to more people seeking the treatment that they need.

### Access to mental health treatment

Create **better facilities with healthy foods** that are affordable, include a nature center where patients can be outside, offer classes such as yoga, recreational activities, arts. **Something more than just medications and indoor therapy** where the patient writes down goals or healthy ways to get through hard times. – *Key Informant*

By **increasing the quantity of mental health medical professionals**, we can decrease the burden on staff. More importantly we need to **get at the true root of what is causing** this epidemic. Research points to **lack of community willingness to care for others, increase use in social media**, as well as the **cultural norm in the United States to be as independent as possible**. I believe by **developing healthier community values** as well as **getting local churches more involved** in caring for those in need that we can initiate change. -- *Key Informant*

**Better insurance reimbursement for Medicaid** insurances **so that more organizations accept this insurance**. Lower cost mental health care (psychiatry, counseling, etc.). **Walk-in clinic focused on mental health**. More funding to get psychiatrists in the area. -- *Key Informant*

Outpatient mental health being more available for crisis needs for their patients, having their own **after-hours lines**, even if it's private practice. This can help to provide support and **potentially decrease trips to the ER or hospitalizations**. **Not kicking people out if there is a no-show**, considering things on a case-by-case basis, and **looking at all of a patient's barriers**. Not simply turning people away if they don't accept insurance, but **helping them to navigate and find someone that does accept their insurance**. – *Key Informant*

Possibly some sort of **program that encourages work in the mental health field** including **assistance with education** for those who want to gain therapist certification or even doctorate degrees. This is more **long-term**, but may be more of a **solution** than a band-aid approach. – *Key Informant*

A form of **'me too' campaign** where **people share how they have overcome their mental illness to give others hope**. **Medications are imprecise** and take a long time to become effective. **Lifestyle modifications are helpful but don't 'work right away'**. Seeing/hearing about what others have done and been successful with can be encouraging. – *Key Informant*

Source: Ottawa County Key Informant Survey, 2023, Q1d: What ideas do you have, if any, to resolve this issue? Please be as detailed as possible. (n=147); Ottawa County Key Stakeholder Interviews, 2023, Q1e: What are your recommendations? (n=9)



# SUGGESTED STRATEGIES TO ADDRESS SPECIFIC NEEDS/ISSUES (CONTINUED)

- Q It's sometimes hard to separate mental health from access to mental health treatment, but it is clear that the prevalence of mental health issues has increased over the past several years, and because of that, society needs to normalize mental illness and seeking treatment for these conditions.
- Q This focus should begin at any early age, especially since the prevalence of mental health distress is rising among children, adolescents, and young adults.
- Q Identifying the root causes of mental distress should be a goal for sustainable, long-term solutions to the problem.

## Mental health

We focus so much on meditation, or drugs, or therapy, but **don't focus enough on the first step, which is identifying why you are feeling a certain way.** – *Key Informant*

We need to **foster better social capital** in the community. In order to do this, we need to **support community-based organizations** such as Rotary Clubs, faith communities, sports leagues, community theater, etc. We need to **see these organizations as necessary partners in addressing the mental health crisis at its roots.** The more that we can **create healthy social support systems** at the ground level, the better. – *Key Informant*

More **public opportunities to promote conversation and connection to resources.** We need to **normalize the conversation about mental illness to destigmatize it.** We also need to **find ways to highlight our support of marginalized populations** as members of those populations and as allies. We need to know that we are not alone. – *Key Informant*

**Additional partnerships with community agencies** and the education system to further **support our youth.** – *Key Informant*

Support CMH and other mental health providers by ensuring funding and work environments that help attract mental health professionals to the community. Also **support teens with programming to address mental health issues commonly reported by youth.** – *Key Informant*

**Normalize the need for mental health.** Make it available to everyone to care for themselves mentally also. **Group physical, mental and spiritual health together** as needs for every individual to stay on top of for good health. – *Key Informant*

**Normalize conversations about mental health challenges and asking for help.** – *Key Informant*

Source: Ottawa County Key Informant Survey, 2023, Q1d: What ideas do you have, if any, to resolve this issue? Please be as detailed as possible. (n=147); Ottawa County Key Stakeholder Interviews, 2023, Q1e: What are your recommendations? (n=9)



# SUGGESTED STRATEGIES TO ADDRESS SPECIFIC NEEDS/ISSUES (CONTINUED)

- Q To address the lack of affordable housing problem it's going to take some innovative approaches. Builders are less likely to build affordable housing when they can make more money building and selling more expensive homes. Therefore, builders need to be incentivized in ways that would make sense for them to build more affordable housing.
- Q Being overweight or obese and eating unhealthy food may be normalized at this point, so health care professionals and community leaders need to think of creative ways to make getting healthy, and staying healthy, worthwhile goals.

## Affordable housing

**Require all housing developments to include minimum percent of affordable housing.** Potentially offer greater financial rewards to those offering more in more desirable locations so as to counter the idea of building the affordable housing farther away/less convenient locations and preserving diversity without condensing low socioeconomic families to specific areas. – *Key Informant*

**Increase areas where multi-family unit buildings are allowed per zoning regulations.** Encourage new housing development as well as rehabbing existing housing. Even adding higher-end housing units increases the overall supply, thereby increasing access and affordability over time. – *Key Informant*

**Public/Private partnership to build housing** (or fund current and available housing/apartments) based on income thresholds for people who qualify as ALICE. – *Key Informant*

Incentive for builders and developers, **fast track State and Federal grants.** – *Key Informant*

**Reboot Housing Next.** I also know there are things in the works, like trying to enhance the Housing Trust Fund. They're trying to find ways to filter in dollars. – *Key Stakeholder*

## Lifestyles choices

**More education on the impact of choices. Less acceptance of poor health habits out of fear of "shaming" someone.** – *Key Informant*

Prevention is critical and yet most of the pediatric population is currently being tertiary care treated. For example, obesity is reaching its highest level in this population **in part because of how the family eats** and there is no lifestyle medicine in the pediatric population to care for children. **If we can emphasize exercise (fun affordable approaches) this can minimize the number of obese children.** If we had **mentor programs for children by adults who have struggled with similar things** and can **give tools on coping strategies, support alongside of parents,** etc., this could offset some of the escalating problems our community faces. – *Key Informant*

Source: Ottawa County Key Informant Survey, 2023, Q1d: What ideas do you have, if any, to resolve this issue? Please be as detailed as possible. (n=147); Ottawa County Key Stakeholder Interviews, 2023, Q1e: What are your recommendations? (n=9)



# SUGGESTED STRATEGIES TO ADDRESS SPECIFIC NEEDS/ISSUES (CONTINUED)

Q The cost of health care is a complicated issue since it is a business. Community leaders need to find innovative and creative ways to combat the high cost of health care by engaging with each other, and with consumers, to find ways to get insurance companies, or employers, to cover more of the costs that have been passed on to consumers.

## Cost of health care

It'd be nice if payers, you know **insurance companies**, would **reimburse for more of these services, increase the rates of reimbursement to make the market for treating mental health a little more appealing**. I think that would be advantageous. It has to rely with the insurers. It breaks my heart every time I hear the Pine Rest updates, which is a great resource in our community but there's just never enough beds for in-treatment mental health. **I feel like those issues could be resolved if payers were covering the costs of that.** – *Key Stakeholder*

We need to **find ways to ensure insurance companies are compensating** at fair market value, and are **paying the true costs for services**. We need to find ways to ensure insurance isn't just for catastrophes. While some services are more accessible, we need to continue this work. Diagnostic testing is still expensive to the consumer. We need to **find ways to ensure people can access medicine, ongoing care, case management** if needed, etc. We also need to find ways to **ensure that funding, external of insurance companies, is appropriate to inflation and the workforce.** – *Key Informant*

Realizing there is a cost to the consumer and businesses, **increasing the scope and payment of coverage from health insurance companies** is needed. – *Key Informant*

I think **more employers should cover health care costs and employees shouldn't have a deductible to reach or co-pays**. This would allow some flexibility to have people take care of themselves without having to choose. **Employers are also struggling with finding employees, and I think this would attract more workers as it would be deemed as 'taking care' of their employees**. Many employees might actually get the help that they need if this happened. – *Key Informant*

Source: Ottawa County Key Informant Survey, 2023, Q1d: What ideas do you have, if any, to resolve this issue? Please be as detailed as possible. (n=147); Ottawa County Key Stakeholder Interviews, 2023, Q1e: What are your recommendations? (n=9)



# SUGGESTED STRATEGIES TO ADDRESS SPECIFIC NEEDS/ISSUES (CONTINUED)

- Q Access to health care, especially primary care, can be improved if providers get on the same page with the goal of ensuring that all residents should have access to health care.
- Q Transportation has been an issue and a barrier to care for a long time, but it impacts a small proportion of the population so it's very hard to address it efficiently. Using Uber, Lyft, and other private companies to transport people to appointments would be a workable alternative.

## Access to health care

I think **making sure that primary care is not under pressure to make more money**, and are capable of spending more time with people to help overcome some of those barriers without concern for getting paid. And that's a big ask. That's not an Ottawa County topic, but **I sense that primary care is willing and able to overcome some of these barriers more adequately**, but there is a **pressure of productivity that is a barrier to that**. – *Key Stakeholder*

**Expand the services of Intercare**, a Federally Qualified Health Center, to a **broader population beyond migrant and seasonal farmworkers**, making **sliding fee-based payment** and culturally responsive care more available. Also, work with health professions training programs to **increase student and resident experiences in medical and dental practices in Ottawa county**, expanding access and **exposing health professionals in training to the quality of life in Ottawa county** to **increase recruitment** of health professionals to our area. – *Key Informant*

**Streamline referral systems** within the healthcare providers. Also **have access to the medical specialist needed instead of having to go to a primary doctor** then wait for referrals. This process **takes such a long time** and is **not handled well by the health insurance carriers**. – *Key Informant*

## Transportation

We're exploring some of these **companies that will help you find transportation for appointments**. We've met with a company a couple times who coordinates transportation. If it's not out there **they'll find it** and what they'll find is **Uber or private companies** who might help get somebody to an appointment, or it might be grocery shopping if that's the only option that they have. – *Key Stakeholder*

I would **recommend implementing more MAX bus routes** that operate more frequently (including the weekends/after typical work hours). Or, **introducing Uber/taxis to our community**. The final option would be to **provide more car repair vouchers** to ensure vehicle safety for low-income families. – *Key Informant*

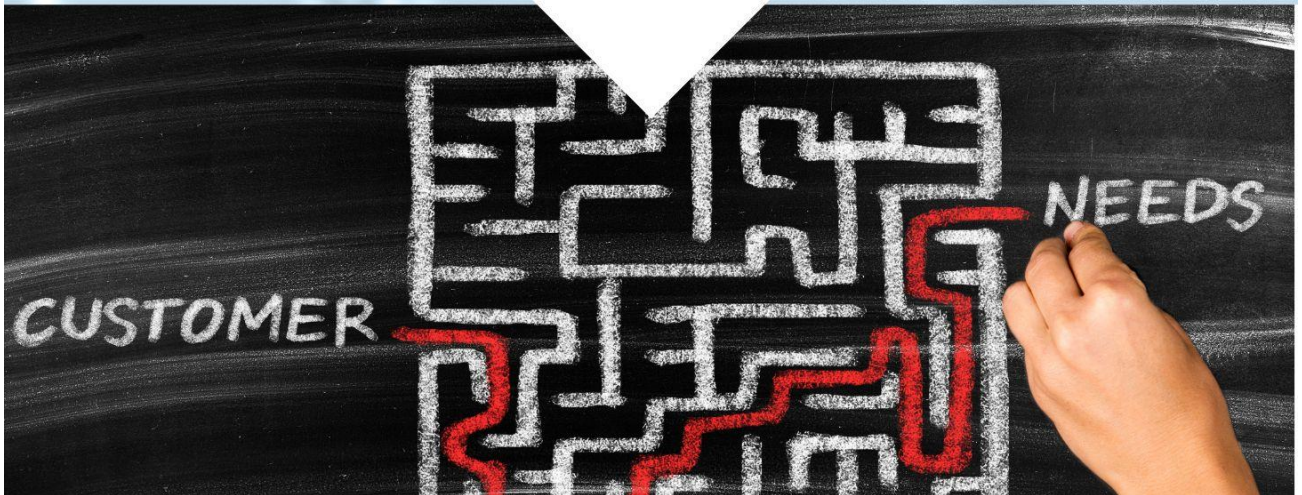
Source: Ottawa County Key Informant Survey, 2023, Q1d: What ideas do you have, if any, to resolve this issue? Please be as detailed as possible. (n=147); Ottawa County Key Stakeholder Interviews, 2023, Q1e: What are your recommendations? (n=9)







# APPENDIX



Appendix A: Respondent Profile

Appendix B: Community Asset List

# APPENDIX A: RESPONDENT PROFILE KEY STAKEHOLDER INTERVIEWS

## APPENDIX A: RESPONDENT PROFILE – Key Stakeholder Interviews

Chief Executive Officer/President, Community Foundation of Holland/Zeeland

Chief Executive Officer/President, Holland Hospital

Chief Executive Officer/President, Trinity Health Grand Haven

Director, Ottawa County Department of Health and Human Services

Executive Director, Community Mental Health of Ottawa County

Health Officer, Ottawa County Department of Public Health

President, Corewell Health Zeeland Hospital

President/Medical Director, Holland Physician Health Organization (PHO)

VP of Community Impact, Greater Ottawa County United Way



# APPENDIX A: RESPONDENT PROFILE

## KEY INFORMANT ONLINE SURVEYS

### APPENDIX A: RESPONDENT PROFILE – Key Informant Online Surveys

• Registered Nurse (23)	• Chief Nursing Officer	• Oral and Maxillofacial surgeon
• Physician/MD/DO (19)	• Clinic Director	• Outpatient Behavioral Health Therapist
• Director (11)	• CNO	• Parish Administrator
• Executive Director (6)	• Community Health Worker	• Patient Care Assistant
• Nurse/Nurse Practitioner (4)	• Community Services Director	• PCP FM
• Program coordinator/officer/manager/director (4)	• Consultant	• Pediatric Nurse Practitioner
• Social Worker (4)	• Coordinator	• Pediatric Psychologist
• Physical Therapist (3)	• Deputy Director	• President/Medical Director of the Physician/Hospital Organization and a primary care provider
• Physician Assistant (3)	• Epidemiologist	• Principal
• Administrator (2)	• Family Practice Physician at Lakewood Family Medicine	• Quality Manager, Holland PHO
• City Manager (2)	• Family Services Manager	• Regional Manager
• Dentist/DDS (2)	• Healthcare Risk Manager	• Registered Nurse - ICU
• Health Educator/Supervisor (2)	• Hospital Chaplain	• Resource Navigator
• Patient Relations Coordinator/Specialist (2)	• Hospital President	• Retired Non-profit CEO
• Pediatrician (2)	• Hospital Security	• RN Emergency department
• Professional Counselor (2)	• Manager	• Township Supervisor
• Therapist (2)	• Mayor	• Treasurer
• Administrative assistant	• Medical Social Worker	• Utilization Review Care Manager
• Administrative VP	• Mental Health counselor	• Vice President
• Analyst	• Minister of Word and Sacrament	
• Behavioral health therapist	• Nurse Anesthesiologist (CRNA)	
• Chief Financial Officer	• Nurse Care Manager	



# APPENDIX A: RESPONDENT PROFILE UNDERSERVED REDSIDENT SURVEY

## APPENDIX A: RESPONDENT PROFILE – Underserved Resident Survey

	TOTAL
<b>Gender (Assigned at Birth)</b>	<b>(n=281)</b>
Male	29.2%
Female	70.8%
<b>Transgender</b>	<b>(n=280)</b>
Yes	2.5%
No	97.5%
<b>Sexuality</b>	<b>(n=247)</b>
Straight, not gay	85.0%
Gay	3.2%
Bisexual	8.5%
Something else	3.2%
<b>Age</b>	<b>(n=298)</b>
18 to 24 years	10.4%
25 to 34 years	17.4%
35 to 44 years	23.5%
45 to 54 years	14.1%
55 to 64 years	13.8%
65 to 74 years	13.8%
75 years or older	7.0%
<b>Adults in Household</b>	<b>(n=281)</b>
One	34.5%
Two	38.4%
Three	13.2%
Four	8.2%
Five or more	5.7%

	TOTAL
<b>Race/Ethnicity</b>	<b>(n=299)</b>
White/Caucasian	62.9%
Black/African American	5.4%
Hispanic/Latino	25.1%
Native American	1.3%
Asian	1.7%
Other	3.7%
<b>Marital Status</b>	<b>(n=299)</b>
Married	35.1%
Divorced	18.1%
Widowed	5.4%
Separated	5.0%
Never married	30.1%
Member of an unmarried couple	6.4%
<b>Children at Home &lt;18</b>	<b>(n=284)</b>
None	47.5%
One	7.7%
Two	20.1%
Three	15.1%
Four or more	9.5%
<b>Children at Home &lt;6</b>	<b>(n=273)</b>
None	69.6%
One	17.9%
Two or more	12.4%

	TOTAL
<b>Education</b>	<b>(n=296)</b>
Never attended school or only Kindergarten	0.3%
Less than a 9 <sup>th</sup> grade education	5.7%
Grades 9-11 (some high school)	10.5%
Grade 1 or GED (high school grad)	37.2%
College 1 to 3 years (some college)	31.8%
College 4 years or more (college grad)	14.5%
<b>Employment Status</b>	<b>(n=291)</b>
Employed for wages	40.5%
Self-employed	6.9%
Out of work less than 1 year	7.2%
Out of work 1 year or more	4.1%
Homemaker	7.2%
Student	2.4%
Retired	17.9%
Unable to work/disabled	13.7%
<b>Household Income</b>	<b>(n=286)</b>
Less than \$10K	19.6%
\$10K to less than \$15K	14.7%
\$15K to less than \$20K	9.4%
\$20K to less than \$25K	7.7%
\$25K to less than \$35K	15.4%
\$35K to less than \$50K	18.2%
\$50K or more	15.0%



# APPENDIX A: RESPONDENT PROFILE BEHAVIORAL RISK FACTOR SURVEY

## APPENDIX A: RESPONDENT PROFILE – Behavioral Risk Factor Survey

	TOTAL	Northwest	Northeast	Central	Southwest	Southeast
<b>Gender</b>	<b>(n=1,006)</b>	<b>(n=279)</b>	<b>(n=33)</b>	<b>(n=107)</b>	<b>(n=452)</b>	<b>(n=132)</b>
Male	48.2%	39.4%	59.1%	40.0%	45.7%	66.4%
Female	51.8%	60.6%	40.9%	60.0%	54.3%	33.6%
<b>Sexual Orientation</b>	<b>(n=903)</b>	<b>(n=248)</b>	<b>(n=28)</b>	<b>(n=98)</b>	<b>(n=410)</b>	<b>(n=118)</b>
Straight, not gay	89.7%	79.2%	78.2%	99.5%	86.0%	100.0%
Gay	1.4%	3.1%	0.0%	0.0%	2.0%	0.0%
Bisexual	5.5%	17.1%	21.8%	0.5%	3.9%	0.0%
Something else	3.4%	0.5%	0.0%	0.0%	8.0%	0.0%
<b>Transgender</b>	<b>(n=934)</b>	<b>(n=259)</b>	<b>(n=30)</b>	<b>(n=101)</b>	<b>(n=417)</b>	<b>(n=126)</b>
Transgender, male to female	2.1%	0.0%	0.0%	0.0%	0.0%	10.4%
Transgender, female to male	1.0%	0.0%	0.0%	0.0%	2.4%	0.0%
Transgender, gender nonconforming	3.0%	0.0%	0.0%	0.5%	7.1%	0.0%
Not transgender	93.9%	100.0%	100.0%	99.5%	90.5%	89.6%
<b>Age</b>	<b>(n=1,004)</b>	<b>(n=278)</b>	<b>(n=33)</b>	<b>(n=107)</b>	<b>(n=452)</b>	<b>(n=132)</b>
18 to 24	23.2%	28.8%	0.0%	30.3%	15.9%	30.4%
25 to 34	16.3%	14.1%	33.5%	13.3%	19.9%	10.9%
35 to 44	15.3%	10.0%	22.2%	9.3%	17.0%	20.7%
45 to 54	15.3%	12.8%	6.9%	22.0%	15.7%	12.6%
55 to 64	13.4%	16.0%	18.8%	8.3%	14.4%	12.7%
65 to 74	10.6%	11.9%	6.9%	12.7%	11.3%	6.8%
75 or older	5.9%	6.4%	11.6%	4.1%	5.8%	5.9%

NOTE: All proportions for the Behavioral Risk Factor Survey are weighted proportions.



# APPENDIX A: RESPONDENT PROFILE

## BEHAVIORAL RISK FACTOR SURVEY (CONTINUED)

	TOTAL	Northwest	Northeast	Central	Southwest	Southeast
<b>Race/Ethnicity</b>	<b>(n=275)</b>	<b>(n=265)</b>	<b>(n=33)</b>	<b>(n=100)</b>	<b>(n=438)</b>	<b>(n=130)</b>
White, non-Hispanic	77.9%	90.2%	82.2%	67.0%	72.7%	85.4%
Other, non-Hispanic	8.7%	6.8%	0.0%	1.1%	10.2%	14.6%
Hispanic	13.4%	3.0%	17.8%	31.8%	17.1%	0.0%
<b>Marital Status</b>	<b>(n=999)</b>	<b>(n=279)</b>	<b>(n=33)</b>	<b>(n=105)</b>	<b>(n=448)</b>	<b>(n=132)</b>
Married	53.7%	45.6%	74.9%	40.1%	58.0%	60.1%
Divorced	6.2%	10.3%	4.3%	7.8%	5.4%	3.1%
Widowed	2.4%	3.9%	2.1%	1.6%	2.4%	1.5%
Separated	0.2%	0.0%	0.0%	0.5%	0.3%	0.1%
Never married	34.2%	38.7%	18.8%	49.4%	27.0%	35.0%
A member of an unmarried couple	3.3%	1.6%	0.0%	0.6%	6.9%	0.2%
<b>Number of Children Less Than Age 18 At Home</b>	<b>(n=1,004)</b>	<b>(n=279)</b>	<b>(n=33)</b>	<b>(n=107)</b>	<b>(n=450)</b>	<b>(n=132)</b>
None	55.5%	69.7%	60.1%	50.0%	58.4%	40.5%
One	20.5%	11.3%	0.0%	12.3%	17.5%	44.4%
Two	12.8%	13.9%	15.0%	30.4%	11.3%	0.0%
Three or more	11.2%	5.1%	24.8%	7.3%	12.8%	15.1%
<b>Number of Adults and Children in Household</b>	<b>(n=1,004)</b>	<b>(n=279)</b>	<b>(n=33)</b>	<b>(n=107)</b>	<b>(n=450)</b>	<b>(n=132)</b>
One	9.0%	11.8%	8.4%	4.5%	10.2%	7.3%
Two	47.0%	44.3%	84.2%	51.8%	38.9%	56.8%
Three	21.2%	24.0%	5.2%	10.1%	22.7%	27.2%
Four	8.0%	8.5%	2.2%	3.4%	9.8%	8.6%
Five	9.2%	11.3%	0.0%	29.8%	5.0%	0.2%
More than five	5.6%	0.0%	0.0%	0.4%	13.4%	0.0%

NOTE: All proportions for the Behavioral Risk Factor Survey are weighted proportions.



# APPENDIX A: RESPONDENT PROFILE

## BEHAVIORAL RISK FACTOR SURVEY (CONTINUED)

	TOTAL	Northwest	Northeast	Central	Southwest	Southeast
<b>Education</b>	<b>(n=1,002)</b>	<b>(n=276)</b>	<b>(n=33)</b>	<b>(n=107)</b>	<b>(n=451)</b>	<b>(n=132)</b>
Never attended school, or only Kindergarten	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grades 1-8 (Elementary)	0.3%	0.9%	0.0%	0.3%	0.2%	0.1%
Grades 9-11 (Some high school)	3.6%	4.4%	3.7%	6.1%	3.1%	1.8%
Grade 12 or GED (High school graduate)	24.2%	21.5%	29.7%	16.8%	30.1%	19.8%
College 1 year to 3 years (Some college)	30.0%	39.0%	55.8%	33.8%	17.5%	41.0%
College 4 years or more (College graduate)	41.9%	34.1%	10.8%	42.9%	49.1%	37.3%
<b>Employment Status</b>	<b>(n=996)</b>	<b>(n=276)</b>	<b>(n=32)</b>	<b>(n=107)</b>	<b>(n=448)</b>	<b>(n=131)</b>
Employed for wages	44.3%	40.6%	35.4%	23.6%	58.8%	36.9%
Self-employed	17.4%	5.2%	17.5%	48.0%	8.4%	21.7%
Out of work for a year or more	1.8%	1.9%	0.0%	0.0%	3.5%	0.0%
Out of work for less than a year	2.2%	1.6%	0.0%	0.5%	3.8%	1.0%
A homemaker	5.7%	5.2%	18.2%	3.5%	6.4%	5.1%
A student	6.8%	17.8%	0.0%	0.0%	0.3%	16.7%
Retired	15.8%	18.5%	24.1%	14.5%	14.7%	14.9%
Unable to work	5.9%	9.3%	4.8%	9.9%	4.0%	3.8%

	TOTAL	Northwest	Northeast	Central	Southwest	Southeast
<b>Household Income</b>	<b>(n=834)</b>	<b>(n=234)</b>	<b>(n=27)</b>	<b>(n=81)</b>	<b>(n=382)</b>	<b>(n=110)</b>
Less than \$10,000	2.7%	4.3%	0.0%	0.6%	3.8%	0.7%
\$10,000 to less than \$15,000	1.5%	2.1%	0.2%	4.0%	0.6%	0.9%
\$15,000 to less than \$20,000	2.2%	4.5%	6.1%	0.4%	1.9%	1.6%
\$20,000 to less than \$25,000	6.9%	3.0%	0.0%	8.3%	11.4%	0.8%
\$25,000 to less than \$35,000	5.0%	4.4%	0.7%	6.8%	6.3%	2.3%
\$35,000 to less than \$50,000	9.7%	21.0%	18.7%	9.1%	6.5%	5.6%
\$50,000 to less than \$75,000	23.3%	17.7%	13.2%	48.9%	21.1%	15.3%
\$75,000 or more	37.1%	43.1%	61.2%	21.9%	48.5%	72.8%
<b>Home Ownership</b>	<b>(n=1,000)</b>	<b>(n=277)</b>	<b>(n=33)</b>	<b>(n=107)</b>	<b>(n=153)</b>	<b>(n=612)</b>
Own	75.3%	74.3%	75.3%	45.1%	84.1%	82.9%
Rent	22.4%	23.2%	24.2%	53.1%	12.3%	17.1%
Other Arrangement	2.3%	2.5%	0.6%	1.8%	3.6%	0.0%
<b>Section</b>	<b>(n=1,003)</b>	<b>(n=279)</b>	<b>(n=33)</b>	<b>(n=107)</b>	<b>(n=450)</b>	<b>(n=131)</b>
Northwest	18.3%	100.0%	0.0%	0.0%	0.0%	0.0%
Northeast	2.9%	0.0%	100.0%	0.0%	0.0%	0.0%
Central	16.7%	0.0%	0.0%	100.0%	0.0%	0.0%
Southwest	41.5%	0.0%	0.0%	0.0%	100.0%	0.0%
Southeast	20.6%	0.0%	0.0%	0.0%	0.0%	100.0%

NOTE: All proportions for the Behavioral Risk Factor Survey are weighted proportions.





# APPENDIX B: COMMUNITY ASSET LIST

## APPENDIX B: COMMUNITY ASSET LIST

Every community has local assets that can be leveraged by people or organizations to sustain and improve health and wellbeing. The Healthy Ottawa Collaborative developed the following Community Asset List to provide a list of local assets that could help meet the three 2021 Community Health Improvement Plan (CHIP) objectives – Access to Health Care, Mental Health, and Healthy Behaviors. Web links in this introduction and assets in the lists below were compiled using resources available to the Healthy Ottawa Collaborative and do not represent a comprehensive list of all local assets. Included web link references and listed assets should not be considered endorsed by Healthy Ottawa. For more resources beyond those included here, please call 211, or visit <https://mi211.org/>.

**Access to Health Care** assets listed include locations where community members can receive health care, including dental care. Some health care or dental care locations listed are low or no cost options. Because health care can be difficult to obtain without transportation, transportation assets were included in the list. For those interested in searching for a local healthcare provider, please visit any of the following links:

<https://findadoctor.spectrumhealth.org/>, <https://www.hollandhospital.org/find-a-doctor>, or <https://www.trinityhealthmichigan.org/find-a-doctor/>

**Mental Health** assets include locations where community members can access mental health services, including counseling. Because many more organizations and individuals in Ottawa County may provide mental health services, please visit the following websites for more comprehensive lists of local mental health options:

<https://findtreatment.gov/> and/or <https://www.psychologytoday.com/us>.

Lastly, **Healthy Behaviors** assets include locations where community members can access food, specifically food pantries for obtaining adequate food, and farmers markets for accessing fresh and local produce and other food products. Additionally, the Parks and Green Spaces assets are listed because these locations encourage outdoor and physical activity for all ages.



# APPENDIX B: COMMUNITY ASSET LIST

## APPENDIX B: COMMUNITY ASSET LIST – Access to Health Care

### Access to Health Care

#### Medical Care

Name	Address	City	Zip	Website	Phone Number
<b>Corewell Health Zeeland Hospital</b>	8333 Felch St.	Zeeland	49464	<a href="#">Corewell Health Zeeland Hospital</a>	(616) 772-4644
<b>Holland Community Health Center</b>	336 S River Ave.	Holland	49423	<a href="#">Community Health Center</a>	(616) 394-3788
<b>Holland Free Health Clinic</b>	99 W 26 <sup>th</sup> St.	Holland	49423	<a href="#">Holland Free Health Clinic</a>	(616) 392-3610
<b>Holland Hospital</b>	602 Michigan Ave.	Holland	49423	<a href="#">Holland Hospital</a>	(616) 392-5141
<b>Hope College Student Health Center</b>	168 East 13 <sup>th</sup> St., Floor 1	Holland	49423	<a href="#">Hope College Student Health Center</a>	(616) 395-7585
<b>InterCare Community Health</b>	285 James St.	Holland	49424	<a href="#">InterCare Community Health</a>	(855) 869-6900
<b>MED-1</b>	383 Garden Ave.	Holland	49424	<a href="#">MED-1 Urgent Care</a>	(616) 494-8271
<b>Trinity Health Hospital – Grand Haven</b>	1309 Sheldon Rd.	Grand Haven	49417	<a href="#">Trinity Health Hospital - Grand Haven</a>	(616) 842-3600
<b>Concentra Urgent Care</b>	335 N 120th Ave.	Holland	49424	<a href="#">Concentra Urgent Care</a>	(616) 392-5222
<b>WellNow Urgent Care</b>	12344 James St.	Holland	49424	<a href="#">WellNow Urgent Care</a>	(616) 820-0076



# APPENDIX B: COMMUNITY ASSET LIST

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Website</b>	<b>Phone Number</b>
<b>Holland Hospital Urgent Care</b>	3232 Wellness Drive Bldg. B	Holland	49424	<a href="#">Holland Hospital Urgent Care</a>	(616) 494-4250
<b>Corewell Health Urgent Care - Zeeland</b>	8333 Felch St., Medical Office Building, Ste. 100 A	Zeeland	49464	<a href="#">Corwell Health Urgent Care - Zeeland</a>	(616) 772-7562
<b>Holland Hospital Walk-In Care</b>	8300 Westpark Way, First Floor	Zeeland	49464	<a href="#">Holland Hospital Walk-In Care</a>	(616) 748-5778
<b>Trinity Health Urgent Care – Grand Haven</b>	1091 S. Beacon Blvd.	Grand Haven	49417	<a href="#">Trinity Health Urgent Care – Grand Haven</a>	(616) 604-0096
<b>Trinity Health Urgent Care - Jenison</b>	345 Baldwin St.	Grand Haven	49417	<a href="#">Trinity Health Urgent Care – Jenison</a>	(616) 410-7703
<b>Corewell Health Urgent Care – Grand Haven</b>	15100 Whittaker Way	Grand Haven	49417	<a href="#">Corewell Health Urgent Care – Grand Haven</a>	(616) 935-6210
<b>Corewell Health Walk-In Clinic - Hudsonville</b>	4075 32nd Ave.	Hudsonville	49426	<a href="#">Corewell Health Walk-In Clinic - Hudsonville</a>	(616) 486-6100
<b>City on a Hill Health Clinic</b>	100 Pine St.	Zeeland	49464	<a href="#">City on a Hill Health Clinic</a>	(616) 748-6060



# APPENDIX B: COMMUNITY ASSET LIST

## Access to Health Care

### Oral Health

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Website</b>	<b>Phone Number</b>
<b>Destiny Dental</b>	2279 North Park Dr.	Holland	49424	<a href="#">Destiny Dental</a>	(616) 392-1500
<b>Holland Free Health Clinic – Dental Program</b>	99 W. 26 <sup>th</sup> St	Holland	49423	<a href="#">Holland Free Health Clinic – Dental Program</a>	(616) 392-3610
<b>InterCare Community Health</b>	285 James St.	Holland	49424	<a href="#">InterCare Community Health</a>	(855) 869-6900
<b>Little Smiles - Grand Haven</b>	1203 S Beechtree St.	Grand Haven	49417	<a href="#">Little Smiles - Grand Haven</a>	(616) 850-3970
<b>Little Smiles - South Holland</b>	205 W 29th St., Suite 100	Holland	49424	<a href="#">Little Smiles - South Holland</a>	(616) 392-2587
<b>Little Red Pediatric Dentistry</b>	12723 N Bellwood Dr., Ste 20	Holland	49424	<a href="#">Little Red Pediatric Dentistry</a>	(616) 377-7333
<b>My Community Dental Center</b>	801 S Beacon Blvd.	Grand Haven	49417	<a href="#">My Community Dental Center</a>	(616) 210-0145
<b>Ottawa County Department of Public Health - Oral Health</b>	12253 James St., Suite 400	Holland	49424	<a href="#">Ottawa County Department of Public Health - Oral Health</a>	(616) 396-5266
<b>Winning Smiles Orthodontics Foundation</b>	4790 Cascade Rd. SE	Grand Rapids	49546	<a href="#">Winning Smiles Orthodontics Foundation</a>	(616) 957-3977



# APPENDIX B: COMMUNITY ASSET LIST

## Access to Health Care

### Transportation

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Website</b>	<b>Phone Number</b>
<b>Four Pointes-Center For Successful Aging</b>	1051 S Beacon Blvd.	Grand Haven	49417	<a href="#">Four Pointes-Center For Successful Aging</a>	(616) 842-9210
<b>Harbor Transit</b>	440 North Ferry St.	Grand Haven	49417	<a href="#">Harbor Transit</a>	(616) 842-3200
<b>Lakeshore Ride Link</b>	N/A	N/A	N/A	<a href="#">Lakeshore Ride Link</a>	211
<b>Macatawa Area Express - Max Transit</b>	171 Lincoln Ave., Suite 20	Holland	49423	<a href="#">Macatawa Area Express - Max Transit</a>	(616) 355-1010
<b>Pioneer Resources</b>	12330 James St.	Holland	49424	<a href="#">Pioneer Resources</a>	(231) 220-2330
<b>Rosebud Transportation</b>	239 James St.	Holland	49424	<a href="#">Rosebud Transportation</a>	(616) 848-7588
<b>Wings of Mercy</b>	100 Pine St., Suite 393	Zeeland	49464	<a href="#">Wings of Mercy</a>	(616) 396-1077



# APPENDIX B: COMMUNITY ASSET LIST

## Access to Health Care

*Multiple Resources*

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Website</b>	<b>Phone Number</b>
<b>Children's Special Health Care Services</b>	12251 James St., Suite 400	Holland	49424	<a href="#">Children's Special Health Care Services</a>	(616) 396-5266
<b>City on a Hill</b>	100 Pine St., Suite 175	Zeeland	49464	<a href="#">City on a Hill</a>	(616) 748-6060
<b>InterCare Community Health</b>	285 James St.	Holland	49424	<a href="#">InterCare Community Health</a>	(855) 869-6900
<b>Ottawa County Department of Public Health</b>	12251 James St.	Holland	49424	<a href="#">Ottawa County Department of Public Health</a>	(616) 396-5266
<b>Ottawa County Pathways to Better Health</b>	12251 James St., Suite 300	Holland	49424	<a href="#">Pathways</a>	(616) 393-5601
<b>Positive Options – Allendale</b>	4623 Lake Michigan Dr.	Allendale	49401	<a href="#">Positive Options</a>	(616) 895-1893
<b>Positive Options – Grand Haven</b>	700 Washington, #30	Grand Haven	49417	<a href="#">Positive Options</a>	(616) 842-7510
<b>Positive Options – Holland</b>	339 S River Ave	Holland	49423	<a href="#">Positive Options</a>	(616) 396-5840
<b>W.I.C. Program</b>	285 James St.	Holland	49424	<a href="#">W.I.C. Program</a>	(616) 399-0202



# APPENDIX B: COMMUNITY ASSET LIST

## APPENDIX B: COMMUNITY ASSET LIST – Mental Health

### Mental Health

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Website</b>	<b>Phone Number</b>
<b>Arbor Circle – Grand Rapids</b>	1115 Ball Ave. NE	Grand Rapids	49505	<a href="#">Arbor Circle</a>	(616) 456-6571
<b>Arbor Circle – Holland</b>	412 Century Ln.	Holland	49423	<a href="#">Arbor Circle</a>	(616) 396-2301
<b>Bethany Christian Services – Global Headquarters</b>	901 Eastern Ave. NE	Grand Rapids	49503	<a href="#">Bethany Christian Services</a>	(800) 238-4269
<b>Bethany Christian Services – Grand Haven</b>	1475 Robbins Rd.	Grand Haven	49417-2799	<a href="#">Bethany Christian Services – Grand Haven</a>	(616) 396-0623
<b>Bethany Christian Services - Holland</b>	11335 James St.	Holland	49424-8627	<a href="#">Bethany Christian Services - Holland</a>	(616) 396-0623
<b>Children’s Advocacy Center</b>	12125 Union St.	Holland	49424	<a href="#">Children’s Advocacy Center</a>	(616) 393-6123
<b>Community Mental Health of Ottawa County</b>	12265 James St.	Holland	49424	<a href="#">Community Mental Health of Ottawa County</a>	(866) 512-4357
<b>Holland Hospital – Behavioral Health Services</b>	854 Washington Ave., Ste. 330	Holland	49423	<a href="#">Holland Hospital – Behavioral Health Services</a>	(616) 355-3926
<b>Inclusive Empowerment</b>	313 N. River Ave., Suite 5	Holland	49424	N/A	(616) 635-3107



# APPENDIX B: COMMUNITY ASSET LIST

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>Website</i>	<i>Phone Number</i>
<b>Services Mental Health Services</b>					
<b>Latin Americans United in Progress (LAUP)</b>	430 W 17 <sup>th</sup> St., Suite 31	Holland	49423	<a href="#">LAUP</a>	(616) 392-5058
<b>Mediation Services</b>	291 W Lakewood Blvd., Suite 9	Holland	49424	<a href="#">Mediation Services</a>	(616) 399-1600
<b>Midtown Counseling Services</b>	96 W 15 <sup>th</sup> St., Suite 204	Holland	49423	<a href="#">Midtown Counseling Services</a>	(616) 594-7135
<b>Momentum Center – Grand Haven</b>	714 Columbus Ave.	Grand Haven	49417	<a href="#">Momentum Center – Grand Haven</a>	(616) 414-9111
<b>Momentum Center – Holland</b>	345 W 14 <sup>th</sup> St.	Holland	49423	<a href="#">Momentum Center - Holland</a>	(616) 294-3992
<b>Mosaic Counseling – Grand Haven</b>	1703 S Despelder St.	Grand Haven	49417	<a href="#">Mosaic Counseling – Grand Haven</a>	(616) 842-9160
<b>Mosaic Counseling – Holland</b>	345 W 14 <sup>th</sup> St.	Holland	49423	<a href="#">Mosaic Counseling - Holland</a>	(616) 842-9160
<b>Our Hope Association</b>	324 Lyon St. NE	Grand Rapids	49503	<a href="#">Our Hope Association</a>	(616) 451-2039
<b>Pine Rest – Christian Mental Health Services</b>	Multiple locations	Multiple locations		<a href="#">Pine Rest – Christian Mental Health Services</a>	(866) 852-4001
<b>Samaritas</b>	2450 Van Ommen Dr., Suite C	Holland	49424	<a href="#">Samaritas</a>	(616) 350-7781





# APPENDIX B: COMMUNITY ASSET LIST

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>Website</i>	<i>Phone Number</i>
<b>The Mental Health Foundation of West Michigan – Be Nice</b>	160 68 <sup>th</sup> St. SW	Grand Rapids	49548	<a href="#">Be Nice</a>	(616) 389-8601
<b>Thrive</b>	5575 Estate Rd.	Allendale Charter Township	49401	<a href="#">Thrive</a>	(616) 745-1797
<b>Wedgewood Christian Services</b>	3300 36 <sup>th</sup> St.	Grand Rapids	49512	<a href="#">Wedgewood Christian Services</a>	(616) 942-2110
<b>Western Michigan Teen Challenge</b>	440 E Pontaluna Rd.	Norton Shores	49444	<a href="#">Western Michigan Teen Challenge</a>	(616) 798-7927



# APPENDIX B: COMMUNITY ASSET LIST

## APPENDIX B: COMMUNITY ASSET LIST – Healthy Behaviors

### Healthy Behaviors

*Food Pantry or Food Assistance Program*

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Website</b>	<b>Phone Number</b>
<b>Access of West Michigan</b>	1700 28 <sup>th</sup> St. SE	Grand Rapids	49508	<a href="#">Access of West Michigan</a>	(616) 774-2175
<b>Boulevard Church Ministries</b>	238 W 15 <sup>th</sup> St.	Holland	49423	<a href="#">BLVD Church</a>	(616) 209-8306
<b>Community Action Agency</b>	12251 James St., Suite 300	Holland	49424	<a href="#">Community Action Agency</a>	(616) 393-4433
<b>Community Action House</b>	739 Paw Paw Dr.	Holland	49423	<a href="#">Community Action House</a>	(616) 392-2368
<b>Community Kitchen</b>	101 E 13 <sup>th</sup> St.	Holland	49423	<a href="#">Community Kitchen</a>	(616) 392-2368 Ext. 100
<b>Coopersville Cares</b>	180 68 <sup>th</sup> Ave.	Coopersville	49404	<a href="#">Coopersville Cares</a>	(616) 997-8602
<b>Commodity Supplemental Food Program</b>	12251 James St., Suite 300	Holland	49424	<a href="#">Commodity Supplemental Food Program</a>	(616) 393-4433
<b>East Side Food Pantry</b>	995 E 8 <sup>th</sup> St.	Holland	49423	<a href="#">East Side Food Pantry</a>	(616) 392-8559
<b>Feeding America – West Michigan</b>	864 W River Center Dr. Ne	Comstock Park	49321	<a href="#">Feeding America</a>	(616) 784-3250
<b>Grace Episcopal Mobile Food Pantry</b>	555 Michigan Ave.	Holland	49423	<a href="#">Grace Episcopal Mobile Food Pantry</a>	(616) 396-7459
<b>Harvest Stand Ministries</b>	100 Pine St., Suite 100	Zeeland	49464	<a href="#">Harvest Stand Ministries</a>	(616) 741-8250



# APPENDIX B: COMMUNITY ASSET LIST

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Website</b>	<b>Phone Number</b>
<b>Heights of Hope</b>	995 E 8 <sup>th</sup> St.	Holland	49423	<a href="#">Heights of Hope</a>	(616) 392-8559
<b>Holland First Assembly of God</b>	1331 E 16 <sup>th</sup> St.	Holland	49423	<a href="#">Holland First Assembly of God</a>	(616) 396-5646
<b>I Am Academy</b>	190 E 8 <sup>th</sup> St., P.O. Box 2072	Holland	49422	<a href="#">I am Academy</a>	N/A
<b>Jehovah Jireh Ministries of West Michigan</b>	4055 VanBuren St.	Hudsonville	49426	<a href="#">Jehovah Jireh Ministries of West Michigan</a>	(616) 209-7688
<b>Kid's Food Basket</b>	652 Hastings Ave.	Holland	49423	<a href="#">Kid's Food Basket</a>	(616) 796-8471
<b>Ottawa Food</b>	12251 James St., Suite 400	Holland	49424	<a href="#">Ottawa Food</a>	(616) 396-5266
<b>St John's Episcopal Church</b>	524 Washington Ave.	Grand Haven	49417	<a href="#">St. John's Episcopal Church</a>	(616) 842-6260
<b>St. Vincent DePaul Center</b>	170 W 13 <sup>th</sup> St.	Holland	49423	<a href="#">St. Vincent DePaul Center</a>	(616) 392-6700
<b>The Emergency Food Assistance Program</b>	12251 James St., Suite 300	Holland	49424	<a href="#">The Emergency Food Assistance Program</a>	(616) 393-4433



# APPENDIX B: COMMUNITY ASSET LIST

## Healthy Behaviors

### Farmer's Markets

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Website</b>	<b>Phone Number</b>
<b>Downtown Holland Farmer's Market</b>	150 W 8 <sup>th</sup> St.	Holland	49423	<a href="#">Holland Farmer's Market</a>	(616) 355-1138
<b>Grand Haven Farmer's Market</b>	Chinook Pier, 301 N Harbor Dr.	Grand Haven	49417	<a href="#">Grand Haven Farmer's Market</a>	(616) 842-4910
<b>Spring Lake Farmer's Market</b>	312 W Exchange St.	Spring Lake	49456	<a href="#">Spring Lake Farmer's Market</a>	(616) 842-1393
<b>Hudsonville Farmer's Market</b>	3380 Chicago Dr.	Hudsonville	49426	<a href="#">Hudsonville Farmer's Market</a>	(616) 669-0200
<b>Georgetown Township Farmers Market</b>	1525 Baldwin St.	Jenison	49428	<a href="#">Georgetown Township Farmers Market</a>	(616) 457-9620



# APPENDIX B: COMMUNITY ASSET LIST

## Healthy Behaviors

### Parks and Green Spaces

<i>Name</i>	<i>Website</i>
Ottawa County Parks and Recreation	<a href="#">Ottawa County Parks and Recreation</a>
Port Sheldon Township Parks and Recreation	<a href="#">Port Sheldon Township Parks and Recreation</a>
Olive Township Parks and Recreation	<a href="#">N/A</a>
Park Township Parks and Recreation	<a href="#">Park Township Parks and Recreation</a>
Holland Charter Township Parks and Recreation	<a href="#">Holland Charter Township Parks and Recreation</a>
Holland City Parks and Recreation	<a href="#">Holland City Parks and Recreation</a>
Zeeland Charter Township Parks and Recreation	<a href="#">Zeeland Charter Township Parks and Recreation</a>
Zeeland City Parks and Recreation	<a href="#">Zeeland City Parks and Recreation</a>
City of Hudsonville Parks and Recreation	<a href="#">City of Hudsonville Parks and Recreation</a>
Jamestown Township Parks and Recreation	<a href="#">Jamestown Township Parks and Recreation</a>
Georgetown Township Parks and Recreation	<a href="#">Georgetown Township Parks and Recreation</a>
Allendale Charter Township Parks and Recreation	<a href="#">Allendale Charter Township Parks and Recreation</a>
Grand Haven Charter Township Parks and Recreation	<a href="#">Grand Haven Charter Township Parks and Recreation</a>
Grand Haven City Parks and Recreation	<a href="#">Grand Haven City Parks and Recreation</a>
Robinson Township Parks and Recreation	<a href="#">Robinson Township Parks and Recreation</a>
Spring Lake Township Parks and Recreation	<a href="#">Spring Lake Township Parks and Recreation</a>
Village of Spring Lake Parks and Recreation	<a href="#">Village of Spring Lake Parks and Recreation</a>
City of Ferrysburg Parks and Recreation	<a href="#">City of Ferrysburg Parks and Recreation</a>



# APPENDIX B: COMMUNITY ASSET LIST

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Chester Township Parks and Recreation	<a href="#">Chester Township Parks and Recreation</a>
Crockery Township Parks and Recreation	<a href="#">Crockery Township Parks and Recreation</a>
Polkton Charter Township Parks and Recreation	<a href="#">Polkton Charter Township Parks and Recreation</a>
Tallmadge Charter Township Parks and Recreation	<a href="#">Tallmadge Charter Township Parks and Recreation</a>



# APPENDIX B: COMMUNITY ASSET LIST

## Healthy Behaviors Multiple Resources

Name	Address	City	Zip	Website	Phone Number
<b>Allendale Love Inc.</b>	6633 Lake Michigan Dr.	Allendale	49401	<a href="#">Allendale Love Inc.</a>	(616) 895-5683
<b>GoServe at the Gateway Church</b>	17290 Roosevelt Rd.	Spring Lake	49456	<a href="#">GoServe</a>	(231) 799-2141
<b>Love in Action Tri-cities</b>	326 N Ferry St.	Grand Haven	49417	<a href="#">Love in Action Tri-Cities</a>	(616) 846-2701
<b>Love your Neighbor</b>	3300 Van Buren St.	Hudsonville	49426	<a href="#">Love your Neighbor</a>	(616) 662-3300
<b>Ottawa County Department of Public Health - Maternal Infant Health Program</b>	12251 James St.	Holland	49424	<a href="#">MIHP</a>	(616) 396-5266
<b>Ottawa County Department of Public Health - Environmental Health Services</b>	12251 James St., Suite 400	Holland	49424	<a href="#">Ottawa County Department of Public Health – Environmental Health Services</a>	(616) 396-5266
<b>Ottawa County Department of Public Health – Clinic and Community Health Services</b>	12251 James St., Suite 400	Holland	49424	<a href="#">Ottawa County Department of Public Health</a>	(616) 396-5266
<b>Ottawa County Department of Veteran Affairs</b>	12251 James St., Suite 300	Holland	49424	<a href="#">Ottawa County Department of Veteran Affairs</a>	(616) 393-8387
<b>Ottawa County Community Mental Health Substance Use</b>	12265 James St.	Holland	49424	<a href="#">Ottawa County Community Mental Health Substance Use</a>	(616) 393-5681



# APPENDIX B: COMMUNITY ASSET LIST

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>Website</i>	<i>Phone Number</i>
<b>Treatment &amp; Prevention</b>				<a href="#">&amp; Treatment &amp; Prevention</a>	
<b>Michigan Department of Health and Human Services</b>	12285 James St.	Holland	49424	<a href="#">MDHHS</a>	(616) 394-7200
<b>Salvation Army - Holland</b>	104 Clover Ave.	Holland	49424	<a href="#">Salvation Army - Holland</a>	(616) 392-4461
<b>Salvation Army – Grand Haven</b>	310 Despelder St.	Grand Haven	49417	<a href="#">Salvation Army – Grand Haven</a>	(616) 842-3380
<b>The People Center</b>	307 E Exchange St.	Spring Lake	49456	<a href="#">The People Center</a>	(616) 844-6710

