

Community Health Improvement Plan



2013 Annual Report

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Letter to Community

January 13, 2014

Dear Community Member:

The Kent County Health Improvement Plan's 2013 Evaluation Report provides a progress update for community partner organizations, community residents, and Kent County leadership in relation to the implementation of the 2012 Kent County Health Improvement Plan (CHIP). This report informs stakeholders of CHIP strategy implementation, while also providing a snapshot of where Kent County stands on various performance measures that were selected as a part of the 2012 CHIP process.

On the following pages you will find a brief overview of the process that has led us to this point in the CHIP process, future direction of this collaborative work, and a summary of findings gathered through a community partner survey that was administered in October 2013. Additionally, the 2013 Evaluation Report includes performance measure updates that will help readers understand if and how efforts implemented in conjunction with the CHIP are actually positively impacting the health of Kent County residents.

Lastly, and perhaps most importantly, this report shares the many revisions that have been made to the 2012 Kent County CHIP following the general evaluation of implementation progress and performance measure status. Major revisions were made to the CHIP and are detailed at the end of this report. These revisions were made in response to a number of issues and occurrences that have arisen during the past year.

Thank you for taking the time to read this report. We hope that you find the contents useful and informative.

Sincerely,

Barb Hawkins Palmer

Barbara Hawkins Palmer, MA
Executive Director, Healthy Kent



Introduction

Background

In the early 1990s, a publication of the U.S. Public Health Service, *Healthy People 2000*¹, was released. Healthy People 2000 contained more than 300 specific objectives in a variety of categories that communities across the U.S. could use as a guide in developing community-specific health goals. Healthy Kent 2000 was conceived as a mechanism to identify which Healthy People 2000 goals were priorities for Kent County, and to develop strategies to meet them.

For nearly 20 years, Healthy Kent has engaged a broad array of community partner organizations to address data-driven priority areas, ranging from infant mortality to violence. During its tenure, Healthy Kent has yielded many noteworthy community-based successes, however in recent years Healthy Kent's impact on community health issues has waxed and waned. As a result, the Healthy Kent Leadership Board members began questioning the initiative's long-term role in Kent County.

At the September 2012 Leadership Board meeting, a proposal was made to merge Healthy Kent and the community health needs assessment (CHNA) coalition, *Working Together for a Healthier Tomorrow*, into one entity with a new identity. *Working Together for a Healthier Tomorrow* was formed in 2011 initially to complete the CHNA and continued to convene throughout 2012 to develop a community health improvement plan (CHIP) that outlines community-driven goals, objectives, and strategies for addressing the top five community-identified priority health issues.

The proposal to merge Healthy Kent and *Working Together for a Healthier Tomorrow* was met with significant support from both the Healthy Kent Leadership Board members, as well as those organizations involved with *Working Together for a Healthier Tomorrow*. This proposal was viewed as an ideal opportunity to retain positive aspects of both initiatives, eliminate duplication, and create one strong community collaborative with a focus on addressing a specific subset of community health needs in Kent County.

Future Direction

As *Working Together for a Healthier Tomorrow* was officially disbanded in early 2013, discussions between Healthy Kent 2020 and the Community Transformation Grant Leadership Team, now branded as Kent County Health Connect, were initiated in fall 2013 to determine whether alignment of the two health improvement-focused initiatives should occur. After much consideration, it was determined that the focused nature of Kent County Health Connect initiatives and the broad reach of Healthy Kent would make alignment very challenging. In order to ensure the success of both initiatives, leadership of both collaborations agreed to liaise with each other regularly, but to continue operating under separate leadership/steering committees.

As progress is made toward achieving goals and objectives contained within the 2012 Kent County CHIP, updates will be communicated to the Kent County community and partner organizations under the title of Healthy Kent - the year "2020" has been eliminated from the name. From this point forward, Healthy Kent 2020 will be known simply as **Healthy Kent**.

¹ <http://healthypeople.gov/2020/default.aspx>

This Report

This report serves as a progress update to partner organizations and Kent County community residents who participated in the 2011 Community Health Needs Assessment (CHNA) and 2012 Community Health Improvement Planning (CHIP) processes. Through this work, five strategic priority health areas were identified as requiring the greatest response in our community, and subsequent goals, objectives, and strategies for these health areas were developed. The 2013 Evaluation Report is the first official and comprehensive report of successes and barriers pertaining to the 2012 CHIP and also offers revisions to the CHIP based on data collected over the course of 2013.

General Evaluation of Progress

In the short amount of time since the publication of the CHNA and CHIP, several events and changes in available resources have led to a significant shift in the overall landscape of Kent County. As a result, Healthy Kent conducted a survey of community partner organizations that were involved at some level in the CHNA and CHIP processes. This survey was conducted in late October 2013 in order to gain community partner perspectives on the feasibility, resource availability, and progress to date. Additionally, the survey asked community partners to indicate whether or not they believed it was likely that the Kent County community would be successful in actually implementing the various strategies and/or achieving the goals and objectives included within the CHIP during the remaining two years of the CHIP's lifespan. The survey also asked questions about the CHNA and CHIP processes more generally.

CHNA/CHIP Partner Survey Findings

The 2013 CHNA/CHIP Partner Survey was an online survey conducted through Survey Monkey. The survey was administered to more than 125 community partners via email beginning on October 22, 2013 and was available for response through the close-of-business on November 1, 2013. It targeted community partners who had participated in either the 2011 CHNA, 2012 CHIP, or both processes. At the close of the survey, 64 community partners had at least begun the online survey.

Respondent Demographics

The majority of community partners who completed the survey participated in both the 2011 Community Health Needs Assessment and the 2012 Community Health Improvement Plan processes (n=22). Another 20 respondents reported having participated in only the CHNA process. Of those respondents who participated in the CHIP process, eight were Access to Care workgroup members, 12 were Adequacy of Prenatal Care workgroup members, 12 were Access to Healthy Food workgroup members, and seven were Youth Risk Behavior workgroup members. Most of the partners who completed the survey indicated commitment to some level of participation in the second iteration of the CHNA process that is set to occur during 2013-2014. Many of these partners indicated interest in active involvement (62.5%) in this future work.

Organizational Use of the 2011 CHNA and 2012 CHIP

Nearly 63% of respondent organizations reported use of the CHNA, CHIP, or both since the reports were published and made widely available. Most frequently, the CHNA and CHIP were utilized by partner organizations in strategic planning and/or program development (96%), grant proposals (56%), and as documentation for accreditation processes (40%). Other indicated uses included resource allocation, discussions with governing boards, communicating health issues with

stakeholders outside of Kent County, grant reporting, and as fulfillment of nonprofit hospital IRS requirements.

Attitudes toward 2011 CHNA and 2012 CHIP

Within the partner survey, respondents were asked to state their organization’s level of agreement with several statements related to the previously published CHNA and CHIP. Table 1 below summarizes the responses to these survey items.

Table 1. Percent of respondents agreeing or disagreeing with statements related to the 2011 CHNA and 2012 CHIP

Statement	Agree	Disagree
The reports were easy to read and understand.	80.0%	20.0%
The reports contained useful data.	94.1%	5.9%
The reports were easily accessible.	74.3%	25.7%
The reports were comprehensive and provided useful strategies to improve health.	82.4%	17.6%
The strategies identified were not measureable.	36.1%	63.9%
There were too many strategies identified, the reports should have been more focused.	57.1%	42.9%
The CHNA was representative of community stakeholders.	61.1%	38.9%
The CHNA represented the ethnic and cultural diversity of Kent County residents.	47.1%	52.9%
The CHNA increased awareness of the health issues concerning Kent County residents.	85.7%	14.3%
The CHNA process was a positive experience that allowed me to build relationships and work with other community members.	82.9%	17.1%
The CHNA process was too time consuming.	44.1%	55.9%
In CHNA meetings I did not feel like my input mattered.	17.1%	82.9%

As indicated in Table 1, most respondents felt the reports themselves were easy to read and understand (80.0%), contained useful data (94.1%), and easily accessible (74.3%). Response was a bit more split when it came to evaluating the strategies identified in the CHIP process. Slightly higher than 47% of respondents felt that the reports were not focused enough and that too many strategies were selected. Additionally, 36% of respondents expressed concern related to measuring success and/or progress on strategies included in the CHIP.

Based on the feedback gathered, it seems that the CHNA process used to complete the 2011 report was well received by partner survey participants. Nearly 86% of respondents felt that the process raised awareness about community health concerns in Kent County and that it served as a great

way for organizational representatives to build relationships with other community partners (82.9%).

Assessment of 2012 CHIP Strategies

The partner survey asked community partners to rate each CHIP strategy using the following four criteria:

1. Is the strategy **feasible** to implement?
2. Are **resources** available in the community for strategy development and implementation?
3. Could the strategy be completed within the **community** in remaining years of the current CHIP?
4. Is **progress** being made toward implementation of a given strategy?

Each respondent answered questions about strategies from the priority health issue area on which he or she worked during the CHIP development process. In total, eight individuals responded to the Access to Care priority strategies; 12 individuals responded to the Adequacy of Prenatal Care priority strategies; 12 individuals responded to the Access to Healthy Food priority strategies; and seven individuals responded to the Youth Risk Behavior priority strategies. The following tables and narratives summarize and discuss key findings from the partner survey.

Table 2. Access to Care Strategy Assessment, October 2013 (n=8)

Priority 1 and 2 CHIP Strategies (Access to Care)		Feasible	Resources	Community	Progress
1	Streamline and strengthen supports for enrollment in public insurance plans.	25%	25%	25%	37.5%
2	Increase the capacity of providers to accept patients with Medicaid.	37.5%	25%	25%	50%
3	Increase public and private support for basic health services for the under/uninsured.	37.5%	25%	37.5%	37.5%
4	Strengthen and expand comprehensive school-based health services.	37.5%	12.5%	25%	12.5%
5	Support the agenda of the Oral Health Coalition.	50%	25%	37.5%	25%
6	Expand and coordinate data collection efforts to ensure behavioral health care needs of KC residents are understood and can be tracked.	50%	25%	25%	12.5%
7	Expand the number of behavioral health care providers in Kent County who take Medicaid.	37.5%	25%	0%	25%
8	Increase the capacity of providers to offer mental health services.	50%	12.5%	12.5%	12.5%
9	Explore the implementation of a Kent County Healthcare Hub.	50%	25%	50%	37.5%
10	Educate Kent County community members on how to access and utilize healthcare and other services for which they are eligible.	50%	25%	50%	25%

Table 2 summarizes the community partner assessment of Access to Care-related CHIP strategies using the four criteria listed on page five of this report. The survey results indicate that community partners deem Access to Care strategies five, six, eight, nine, and 10 most feasible for implementation. From the information gathered through the survey assessment, it does not appear that there are many known resources within the Kent County community that are available to assist with development or implementation of the Access to Care-related strategies. Those community partners who responded to this section of the survey indicated that strategies nine and 10 are the two most likely to be completed within the remaining two years of the CHIP’s timeframe.

Table 3. Adequacy of Prenatal Care Strategy Assessment, October 2013 (n=12)

Priority 3 CHIP Strategies (Adequacy of Prenatal Care)		Feasible	Resources	Community	Progress
1	Promote planning for pregnancy and early detection.	75%	50%	33.3%	25%
2	Implement a system for ensuring pregnant women presenting in the ED are scheduled a prenatal appointment at discharge and referred to a home visiting or support program, if eligible.	66.7%	41.7%	33.3%	33.3%
3	Ensure pregnant women have referral and navigation support to get their prenatal appointment as soon as possible.	66.7%	41.7%	41.7%	33.3%
4	Promote adherence to ACOG guidelines pertaining to first trimester entry to prenatal care and acceptance of Medicaid “guarantee letter” as proof of insurance.	58.3%	25%	41.7%	25%
5	Educate community on availability of prenatal care resources, insurance eligibility, and other support services.	66.7%	41.7%	33.3%	33.3%
6	Identify funding for a coordinated “early and often” prenatal messaging and social marketing campaign.	58.3%	33.3%	25%	16.7%
7	Increase the number of women who are served prenatally by home visiting programs that are evidence-based or promising practices.	58.3%	50%	58.3%	33.3%
8	Ensure providers screen pregnant women for social determinants of health and provide referrals to the appropriate resources and services.	58.3%	41.7%	41.7%	25%
9	Educate community members regarding the relationship between racism/discrimination and poor birth outcomes.	58.3%	41.7%	41.7%	41.7%
10	Ensure that processes for providing prenatal care are culturally competent.	66.7%	33.3%	33.3%	33.3%
11	Expand the models of prenatal care that are available within Kent County, such as Midwifery Care and Centering.	58.3%	41.7%	33.3%	0%

Table 3 summarizes the community partner assessment of Adequacy of Prenatal Care-related CHIP strategies using the four criteria listed on page five of this report. After consideration of community partner evaluations of Adequacy of Prenatal Care strategies, strategies one, two, three, five, and 10 were reported as most feasible to implement. Half of respondents reported resource availability to assist with development and implementation of Adequacy of Prenatal Care strategies one and seven. Respondents seemed very conflicted when responding about the ability of strategies to be implemented within the remaining two years of the current CHIP. Strategy seven, when compared with the remaining Adequacy of Prenatal Care strategies, is the most likely to be completed within the remaining two years of the CHIP. Several partner organizations reported progress toward implementing the various strategies included in this section of the CHIP. The only strategy with no reported progress to date is Adequacy of Prenatal Care strategy 11.

Table 4. Access to Healthy Food Strategy Assessment, October 2013 (n=12)

Priority 4 CHIP Strategies (Access to Healthy Food)		Feasible	Resources	Community	Progress
1	Increase availability of healthy goods in corner stores and gas stations.	58.3%	41.7%	66.7%	25%
2	Increase healthy food options available in pantries.	75%	66.7%	75%	66.7%
3	Market enrollment in and use of SNAP benefits to purchase healthy foods at farmers markets, mobile markets, large retail outlets, and corner stores.	83.3%	66.7%	75%	66.7%
4	Implement a countywide campaign to use a consistent message across agencies and at food outlets to promote healthier food choices.	75%	33.3%	58.3%	25%
5	Implement strategies to encourage healthy choices at the point of purchase in schools.	75%	50%	66.7%	50%

Table 4 summarizes the community partner assessment of Access to Healthy Foods-related CHIP strategies using the four criteria listed on page five of this report. Four of the five strategies included in the Access to Healthy Foods section of the CHIP received very high feasibility ratings from those community partners who responded to the survey. Access to Healthy Foods strategy three received the highest feasibility rating. Partners reported that there are resources available for strategy development and implementation in relation to many of the strategies, however, the highest percentage of responses were reported in relation to strategies two and three. Access to Healthy Foods strategies two and three also received the highest percentage of ratings indicating likelihood of completion in the remaining two years of the plan. These strategies were shown to have the most current or planned progress, as well.

Table 5. Youth Risk Behavior Strategy Assessment, October 2013 (n=7)

Priority 5 CHIP Strategies (Youth Risk Behavior)		Feasible	Resources	Community	Progress
1	Identify and address barriers to MiPHY participation.	100%	57.1%	57.1%	42.9%
2	Create and administer a modified version of the MiPHY with elementary school students	57.1%	14.3%	28.6%	14.3%
3	Engage community partners in the development and implementation of a set of common core health indicators.	71.4%	28.6%	57.1%	28.6%
4	Establish a health-related Kent County Youth Advisory/Leadership Board.	57.1%	14.3%	28.6%	14.3%
5	Expand youth mentoring programs.	42.9%	0%	14.3%	0%
6	Develop and implement a social and mainstream media campaign to educate youth using youth created prevention messages.	71.4%	28.6%	28.6%	28.6%
7	Market services and programs available to youth in Kent County.	71.4%	28.6%	28.6%	28.6%
8	Promote resources that support the development of parenting skills.	42.9%	14.3%	42.9%	14.3%
9	Advocate for the expansion of comprehensive health education programs within all Kent County schools.	42.9%	14.3%	14.3%	0%
10	Strengthen and expand the provision of comprehensive health services within the school system.	42.9%	14.3%	14.3%	0%
11	Coordinate referral services to connect youth to the services they need based on their risk and protective factors.	57.1%	0%	14.3%	0%
12	Develop a health risk appraisal that can be completed as a self-assessment by youth that provides referrals to resources based on risk and protective factors.	42.9%	28.6%	42.9%	14.3%
13	Develop a health risk appraisal for providers that provides referrals for youth based on their risk and protective factors.	57.1%	0%	28.6%	0%

Table 5 summarizes the community partner assessment of Youth Risk Behavior-related CHIP strategies using the four criteria listed on page five of this report. Youth Risk Behavior strategies one, three, six, and seven were deemed feasible by the most respondents. Overall, partners who

participated in this portion of the assessment did not report significant resource availability for many of the strategies included in the Youth Risk Behavior section of the CHIP. In fact, the only strategy that seems to have the potential for resource allocation at this time is strategy one. Respondents reported that Youth Risk Behavior strategies one, three, eight, and 12 seem to be the most likely strategies that could be implemented successfully during the remaining two years of the current CHIP. Very few partners reported progress or planned activities that have the potential to lead to strategy implementation for the Youth Risk Behavior section of the current CHIP. Only one strategy seems to have received attention by more than one or two partner organizations – Youth Risk Behavior strategy one.

Other Considerations

Concerns voiced through the Healthy Kent Core Team regarding some of the objectives and strategies included in the 2012 CHIP were validated by the data collected through the CHNA/CHIP Partner Survey. The Healthy Kent Core Team, at the time of this report publication, was comprised of Kent County Health Department staff. This group began meeting in the Fall of 2013 to plan the second iteration of the Kent County CHNA using the National Association of County and City Health Officials’ Mobilizing for Action through Planning and Partnerships (MAPP) community mobilization framework. The Core Team has also temporarily adopted the responsibility for monitoring progress and evaluating the implementation of the current CHIP strategies.

As mentioned above, the Core Team identified concerns in relation to the objectives and strategies included as components of the 2012 Kent County CHIP. These concerns include:

- Lack of clear community support and buy-in for many of the strategies within the plan.
- Lack of available resources to implement selected strategies.
- Lack of progress on CHIP strategies during the past 12 months.

The group also noted two additional and quite significant concerns with the 2012 CHIP objectives and strategies.

- Lack of baseline data for some CHIP objectives.
- Lack of progress data for some CHIP objectives.

Key to Report



Community has achieved or exceeded target	Community has made positive progress toward achieving target	Community has not made positive progress toward achieving target
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Strategic Priorities 1 and 2: Access to Affordable Healthcare

Priority 1

Increase the proportion of community members, including the uninsured and working poor, who have access to affordable healthcare.

Priority 2

Increase the number of providers available that accept Medicaid or offer low-cost/free services.

Goal 1: Ensure community members have access to primary and specialty health care.

O1. By October 1, 2015, decrease from 10% to 9% the percentage of adults who report that they have no healthcare access.

CHIP Strategy	Performance Measure	Baseline	Target
Streamline and strengthen supports for enrollment in public insurance plans in Kent County, including Medicare, Medicaid, VA and Disability.	Percent of adults reporting no health care insurance	10% of adults reporting no health care insurance (2008-2010 MiBRFSS)	9% or fewer adults reporting no health care insurance

[Data source: Michigan BRFSS, <http://www.mi.gov/mdch>]

Performance Measure Status (2013)		8.2% of adults reporting no health care insurance (2012 MiBRFSS)	According to the 2012 MiBRFSS, 8.2% of Kent County residents reported no healthcare insurance. This data suggests that there has been a reduction in the proportion of adults with no healthcare coverage in our community. While it is encouraging to report movement in a positive direction in relation to this performance measure, the CHIP strategy may not be responsible for this improvement.
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According to the 2012 MiBRFSS, 8.2% of Kent County residents reported no healthcare insurance. This data suggests that there has been a reduction in the proportion of adults with no healthcare coverage in our community. While it is encouraging to report movement in a positive direction in relation to this performance measure, the CHIP strategy may not be responsible for this improvement.

Since the publication of the Kent County CHIP in 2012, the [Affordable Care Act](#)'s constitutionality was upheld by the United States Supreme Court, and many components of the Act have gone into effect. Hence, much of the improvement and any future improvements on this particular indicator can likely be attributed to the implementation of this federal program.

Local organizations are still making strides to address the needs identified in the CHNA and CHIP. The CHNA/CHIP Partner Survey indicated that several organizations, including Saint Mary's Healthcare, Oasis of Hope Center, Kent County Health Department, Kent County Department of Veterans Affairs, Alliance for Health, Network180, Kent County Prevention Coalition, Kent County Essential Needs Taskforce's Food and Nutrition Coalition, Kent Intermediate School District, Gerontology Network, Blue Cross Blue Shield, Mary Free Bed Rehabilitation Hospital, Heart of West Michigan United Way, and Cherry Street Health Services are all working to ensure eligible residents are connected with a health care coverage plan.

One organization in particular, Mercy Health, has worked with Blue Care Network, to launch a health insurance exchange product. There is active growth reported in regard to this product, as it has become the most cost effective option in the healthcare exchange for residents in Kent County.

02. By October 1, 2015 reduce the disparity in healthcare access among adults in Kent County:			
<ul style="list-style-type: none"> Decrease from 16.9% to 15.2% the percentage of African American adults without healthcare access. Decrease from 23.6% to 21.2% the percentage of adults with less than a high school education without healthcare access. 			
CHIP Strategy	Performance Measure	Baseline	Target
Increase the capacity of providers to accept patients with Medicaid.	Percent of African Americans without health care access	16.9% of African Americans without health care access (2008-2010 MiBRFSS)	≤15.2% of African Americans without health care access
	Percent of adults with less than a high school education without health care access	23.6% of adults with less than a high school education without health care access (2008-2010 MiBRFSS)	≤21.2% of adults with less than a high school education without health care access

[Data source: Michigan BRFSS, <http://www.mi.gov/mdch>]

Performance Measure Status (2013)		<i>The 2012 MiBRFSS did not gather sufficient responses from African Americans residing in Kent County to provide an accurate update on this measure</i>
		9.5% of adults with less than a high school education are without health care access (2012 MiBRFSS)

Community partners involved with the development of the 2011 CHNA and 2012 CHIP identified low capacity of healthcare providers to accept Medicaid patients as a reason for disparity in healthcare access within Kent County. Many healthcare providers, ranging from primary care physicians to those practicing various specialties often choose to stop accepting new Medicaid patients because of low reimbursement rates.

Some of the local hospital systems have made it a priority to increase capacity of providers to serve those patients with Medicaid insurance coverage. Metro Health, for example, has integrated strategies into their organizational strategic plan to ensure that patients with Medicaid receive adequate and timely care. Metro Health has worked to increase the number of Medicaid and uninsured patients seen at the Metro Health Community Clinic and at the various Outpatient Clinics. This has been achieved by ensuring the physician to resident ratio is proportionate and through expanded clinic hours.

Throughout 2014, Metro Health plans to conduct a needs assessment to help determine where (geographically) additional primary care providers and primary care sites should be assigned to improve healthcare access by those with Medicaid.

O3. By October 1, 2015, decrease from 8.4% to 7.6% the proportion of adults who report that they do not have someone they think of as their personal doctor or healthcare provider.			
CHIP Strategy	Performance Measure	Baseline	Target
Increase public and private support for basic health services for the under/uninsured community members of Kent County.	Percent of adults reporting no personal doctor/ provider	8.4% of adults reporting no personal doctor/ provider (2008-2010 MiBRFSS)	<7.6% of adults reporting no personal doctor/ provider

[Data source: Michigan BRFSS, <http://www.mi.gov/mdch>]

Performance Measure Status (2013)		8.0% of adults reporting no personal doctor/ provider (2012 MiBRFSS)
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Kent County has experienced a slight improvement in the percentage of adults who report having no primary care provider (8.4% to 8.0%). However, the community has yet to

achieve the goal set in the 2012 CHIP. Whether an individual has a primary care provider hinges on a variety of different variables, such as lack of healthcare insurance, lack of knowledge on how to navigate the healthcare system, or the inability to secure a provider who both accepts the patient's form of insurance and is accepting new patients.

Again, many community agencies and organizations in Kent County have come together to address this issue in order to improve the health of the community. Metro Health hospital has planned to integrate Community Health Workers into 50% of their primary care sites throughout Kent County to increase outreach efforts to patients with Medicaid, Medicare, low cost insurance, and no insurance. Metro Health has also committed to explore the possibility of establishing the Metro Community Care Clinic as a "medical home and/or a Federally Qualified Health Center.

Spectrum Health has committed to the implementation of a Community Medicine Clinic, expected to be in operation by the end of 2014. This clinic will embrace the Primary Care Transformation model, in which the focus is access and patient experience. When the clinic is in operation, it should allow for about 25,000 patient visits per year, which equates to capacity to serve about 8,000-10,000 patients per year.

In an effort to address availability of regular primary care, Mercy Health Physician Partners have hired nine physicians and 11 advance practice professionals to serve residents of Kent County. They are distributed throughout the community and participate in all major health plans, including Medicaid.

O4. By October 1, 2015, reduce the disparity between students who received a checkup in the past 12 months by increasing from 52.4% to 57.6% the percentage of students with Ds/Fs who received a checkup.			
CHIP Strategy	Performance Measure	Baseline	Target
Strengthen and expand comprehensive school-based health services, including primary care services where appropriate.	Percent of students with Ds/Fs who received a checkup in the past 12 months	52.4% of students with Ds/Fs who received a checkup in the past 12 months (2009-2010 MiPHY)	≥ 57.6% of students with Ds/Fs who received a checkup in the past 12 months

[Data source: Michigan Profile for Healthy Youth (MiPHY, <http://www.michigan.gov/mde>)]

Performance Measure Status (2013)		Data for this measure was unavailable at the time this report was written. (2011-2012 MiPHY)	Data reported in the 2012 CHIP indicated that only 52.4% of students attending Kent County schools who have Ds/Fs received a checkup in the past 12 months.
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Spectrum Health has a partnership with several school districts in Kent County called the [School Health Advocacy Program](#) (SHAP) that works to address health concerns amongst students. The mission of SHAP is to promote health and prevent disease among students, maintain a safe school environment for students and staff, and minimize the impact of illness and disability on students' health and participation in school. At the time the 2012 CHIP was published, SHAP was operating in six school districts and 55 school buildings within Kent County. Participating districts include:

- Cedar Springs Public Schools
- Comstock Park Public Schools
- Godfrey-Lee Public Schools
- Grand Rapids Public Schools
- Kentwood Public Schools

Spectrum has plans to expand the reach of SHAP by hiring five new registered nurses to help service the districts and buildings that are not serviced by current staffing levels. This expansion is planned to occur by the end of 2014.

Goal 2: Ensure community members have access to dental healthcare.

05. By October 1, 2015, increase from 74.2% to 81.6% the proportion of adults who report having visited a dentist within the past 12 months.

06. By October 1, 2015, reduce the disparity between adults who report having visited a dentist in the past 12 months by increasing from 40.7% to 44.8% the percentage of adults with less than a high school education who have visited a dentist.

CHIP Strategy	Performance Measure	Baseline	Target
Streamline and strengthen supports for enrollment in public insurance plans in Kent County, including Medicare, Medicaid, VA, and disability.	Percent of adults who report having visited a dentist in the past 12 months.	74.2% adults report having visited a dentist in the past 12 months (2008-2010 MiBRFSS)	≥ 81.6% adults report having visited a dentist in the past 12 months
Increase public and private support for dental health services for the under/uninsured community members of Kent County.	% of adults with less than a high school education who have visited a dentist in the past 12 months	40.7% of adults with less than a high school education who have visited a dentist in the past 12 months (2008-2010 MiBRFSS)	≥ 44.8% of adults with less than a high school education who have visited a dentist in the past 12 months
Support the agenda of the Oral Health Coalition			

[Data source: Michigan BRFSS, <http://www.mi.gov/mdch>]

Performance Measure Status (2013)		76.6% of adults in Kent County report having visited a dentist in the past 12 months (2012 MiBRFSS)
		52.4% of adults with less than a high school education have visited a dentist in the past 12 months (2012 MiBRFSS)

According to data collected through the Michigan BRFSS (2012), 52.4% of adults in Kent County with less than a high school education report having visited a dentist within the past 12 months. This is quite a significant increase from the data reported in the 2011 CHNA and 2012 CHIP. There are likely many factors that contribute to this promising trend, a few of which are described below as progress related to the implementation of the

2012 CHIP.

In November 2013, the Kent County Oral Health Coalition released a report entitled [Kent County Oral Health Exam](#), which provided an overview of current oral health clinic access, as well as oral health education and prevention efforts in Kent County. A three-year action plan based on the findings of this “Exam” is currently being developed by the Coalition and will be implemented with the guidance of a part-time Coalition Coordinator that was hired and is scheduled to begin work in January 2014.

The Kent County Health Department partnered with [Michigan Community Dental Clinics](#) in 2013 to establish an oral healthcare clinic site in the southern part of Kent County. This project was made possible through Kent County General Fund and generous contributions from private donors.

The new clinic site will be located in the former Kentwood Library building at 4700 Kalamazoo Avenue SE. The Health Department’s Community Clinical Services and Information Technology staff have met with Kent County Facilities Management several times since September to develop a floor plan and specifications for the new clinic. The planning team is close to producing a final plan and tentative occupancy for the new clinic site is scheduled for late July 2014.

Goal 3: Ensure community members have access to behavioral healthcare.

07. By October 1, 2015, develop a set of data-driven priorities for improving access to behavioral healthcare services for Kent County community members.

CHIP Strategy	Performance Measure	Baseline	Target
Expand and coordinate data collection efforts to ensure the behavioral healthcare needs of Kent County community members are understood and can be tracked over time.	Set of priorities identified	No priorities identified	Data-driven priorities identified for improving access to behavioral healthcare

[Data source: No data source identified.]

Performance Measure Status (2013)		No priorities have been identified to date
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There has been no reported progress on the implementation of the strategy associated with this objective.

08. By October 1, 2015, decrease by 10% the proportion of adults who report that they need behavioral health services who report that they do not have access to these services.

CHIP Strategy	Performance Measure	Baseline	Target
Streamline and strengthen supports for enrollment in public health insurance plans in Kent County, including Medicare, Medicaid, VA, and Disability.	Percent of adults who report a need for behavioral health services who do not have access	No current baseline available	10% decrease in adults who report a need for behavioral health services who do not have access
Increase public and private support for behavioral health care services for the under/uninsured community members of Kent County.			
Expand the number of behavioral health providers in Kent County who take Medicaid.			
Increase the capacity of providers to offer telemental health services.			

[Data source: No data source identified.]

Performance Measure Status (2013)		No status update currently available
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Unfortunately, there has not been any forward progress on the strategies associated with this objective since the 2012 CHIP was published and implementation began. Another challenge associated with this particular objective and associated

strategy is that there was no available baseline data when the performance measure was selected. Because of this lack of data, it would be very difficult to measure any outcomes associated with these strategies, even if work was being done to address this issue. A data source has not been identified to date.

Goal 4: Ensure appropriate, timely, well-coordinated access to a continuum of health and social services.

09. By October 1, 2015 reduce ER visits for conditions that can be prevented through access to quality primary care by 10%.

CHIP Strategy	Performance Measure	Baseline	Target
Explore the implementation of a Kent County Community Healthcare Hub.	Percent of all Kent County hospitalizations that are ambulatory care sensitive hospitalizations	15.5% of all Kent County hospitalizations are ambulatory care sensitive hospitalizations (2009 MI Vital Records)	10% reduction in ambulatory care sensitive hospitalizations ² (Goal = 14.0%)

[Data Source: MI Vital Records, http://www.michigan.gov/mdch/0,4612,7-132-2944_5324---,00.html; Note: The performance measure for this objective was slightly altered to align with available data. For the original measure, please see the 2012 Kent County Community Health Improvement Plan at www.kentcountychna.org]

Performance Measure Status (2013)		15.8% of all Kent County hospitalizations are ambulatory care sensitive hospitalizations (2011 MI Vital Records)
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There has been a slight documented increase in the percentage of hospitalizations that are considered ambulatory care sensitive (2011 Michigan Vital Records). In response to this costly trend, several partner

organizations have strategized and planned to make the implementation of a community healthcare hub (Hub) a reality for the Kent County community.

In November 2013, the Heart of West Michigan United Way formed a position entitled, Executive Director of Healthcare Access. This position was filled by Maureen Kirkwood, formerly of First

² Ambulatory Care Sensitive Hospitalizations are hospitalizations for conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or condition.
(<http://www.mdch.state.mi.us/pha/osr/CHI/HOSP/FRAME.HTML>)

Steps. The initial six months of funding for this position has been provided by Kent Health Plan. During this span of time, a community planning process will be undertaken to guide the formation of the Hub, including a Steering Committee responsible for guiding the strategic direction of this work. More specifically, the Steering Committee is responsible for:

- Establishing a mission, vision, and operational values.
- Providing a systems perspective that will inform strategies implemented by the Hub.
- Asking questions and anticipating challenges.
- Making commitments of collaboration, and potentially resources, on behalf of their organizations.
- Encouraging collaboration among other community stakeholders.
- Representing the interests of key constituencies, including but not limited to providers, payers, and clients.

In addition to the progress listed above, the Children’s Healthcare Access Program (CHAP), which is a program of First Steps, will transition to Kent Health Plan by April 2014. Kent Health Plan will be rebranded as it takes on the role of functioning as the Hub.

010. By October 1, 2015, reduce preventable hospital stays from 168.4/10,000 to 160/10,000.			
CHIP Strategy	Performance Measure	Baseline	Target
Educate Kent County community members on how to access and utilize healthcare and other services for which they are eligible.	Rate of preventable hospital stays	168.4/10,000 preventable hospital stays (2009 MI Vital Records)	≤ 160/10,000 preventable hospital stays

[Data source: MI Vital Records, <http://www.mdch.state.mi.us/pha/osr/chi/hosp/frame.html>]

Performance Measure Status (2013)		173.7/10,000 preventable hospital stays (2011 MI Vital Records)	The rate of preventable hospital stays has increased from 168.4/10,000 to 173.7/10,000 (MI Vital Records).
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Educating the community on accessing and utilizing healthcare and other services for which they are eligible will likely become a role of the Community Healthcare Hub that is described in the previous section. There are many efforts being undertaken in individual organizations related to this strategy, however it has been very difficult to measure community-level progress on this issue.

Other community organizations, to our knowledge, that are working toward the implementation of this strategy include Heart of West Michigan United Way, Cherry Street Health Services, and the Kent County Health Department.

Strategic Priority 3: Adequacy of Prenatal Care

Priority 3 *Reduce disparities in adequacy of prenatal care.*

Goal 1: Ensure all women receive prenatal care in the first trimester.

O1. By September 2015, increase from 74.0% to 79.5% the percent of women with a live birth in Kent County who received their first prenatal visit in their first trimester.

CHIP Strategy	Performance Measure	Baseline	Target
Promote planning for pregnancy and recognizing pregnancy early.	Percent of women with a live birth in Kent County who received their first prenatal visit within their first trimester	74.0% of women with a live birth in Kent County who received their first prenatal visit within their first trimester (2009 MI Vital Records)	> 79.5% of women with a live birth in Kent County who received their first prenatal visit within their first trimester
Implement a system for ensuring pregnant women presenting in the ED are scheduled for an appointment with a prenatal care provider at discharge and referred to a home visiting or support program, if eligible.			
Ensure pregnant women have referral and navigation support to get their first prenatal appointment right away.			
Promote OB provider adherence to ACOG guidelines pertaining to first trimester entry to prenatal care and acceptance of Medicaid "guarantee letter" as proof of insurance.			

[Data Source: MI Vital Records, <http://www.mdch.state.mi.us/pha/osr/CHI/births/frame.html>; Note: The baseline statistic for this performance measure was found to be reported in error in the 2012 Kent County Community Health Improvement Plan. This statistic has since been corrected and is accurately reported in the table above.]

Performance Measure Status (2013)		<p>74.9% of women with a live birth in Kent County received their first prenatal visit within the first trimester</p> <p>(2011 MI Vital Records)</p>	<p>Data from 2011 Michigan Vital Records indicate there has been a slight improvement in the percentage of women with a live birth in Kent County who received prenatal care services within their first trimester of pregnancy (74.0% to 74.9%).</p>
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Since the publication of the 2012 Kent County CHIP, several community partners have contributed to the implementation of the four strategies listed in the table above. These partners include Calvin College's Nursing Department, the Healthy Kent Infant Health Implementation Team, the Michigan State University Medical College, Strong Beginnings, and First Steps. To address the promotion of early pregnancy recognition, Calvin College Nursing Department is currently conducting a research study entitled "Knowing your Body", a women's health promotion project. This research study involves the recruitment of 160 African American and Hispanic women to receive education and tools on recognizing the signs of pregnancy.

The Healthy Kent Infant Health Implementation Team convened a workgroup of emergency department representatives from the major Kent County hospital systems, as well as other key partners during 2013. This group was formed to discuss strategies for connecting women who are confirmed pregnant during a visit to the emergency department to support services for which they are eligible. To date, the Emergency Department Workgroup has met twice, while subsequent meetings were held with the supervisors of emergency department case managers to help clarify program information and current referral pathways.

Many efforts are being made to ensure pregnant women are able to get their first prenatal appointment right away. Welcome Home Baby, a First Steps program, is pursuing the development of a Home Visiting “Hub” where women could be connected to prenatal care and home visiting services. Referrals for prenatal care made by local emergency departments would be managed

O2. By September 2015, increase by 10% calls to 211 regarding prenatal care.			
CHIP Strategy	Performance Measure	Baseline	Target
Educate community on the availability of prenatal care resources, insurance eligibility, and other support services.	Proportion of 211 calls regarding prenatal care	No baseline data currently available	≥ 10% increase in 211 calls regarding prenatal care
Identify funding for a coordinated “early and often” prenatal care messaging and social marketing campaign.			

Performance Measure Status (2013)		No status update currently available
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Though data regarding progress on the performance measure for this objective is currently unavailable, progress on strategy implementation

is available and will be reported here. A flyer entitled, “*Are You Pregnant*” has been developed by the Healthy Kent Infant Health Implementation Team. This flyer shares information on how and where to obtain prenatal care services based on insurance status. The flyer is utilized by both Alpha Women’s Center and Planned Parenthood to help address the strategy related to educating the community on availability of resources, insurance eligibility, and other support services.

In addition to the use of the “*Are You Pregnant*” flyer in our community, other organizations are working together to develop and implement a Home Visiting Hub. One of the strategies for marketing the Hub and its services directly aligns with the second strategy listed in this section – identify funding for coordinated messaging and social marketing campaign. This work is still in the developmental stage and updates will be shared as they become available.

Goal 2: Ensure all women receive an adequate number of prenatal care visits.

O3. By September 2015, increase from 78.4% to 82.3% the proportion of women with a live birth in Kent County who received adequate or adequate plus prenatal care.

CHIP Strategy	Performance Measure	Baseline	Target
Increase the number of women who are served prenatally by home visiting programs that are evidence-based or promising practices	Percent women with a live birth who received adequate or adequate plus prenatal care	78.4% of women with a live birth in Kent County who received adequate or adequate plus prenatal care (2009 MI Vital Records)	≥ 82.3% of women with a live birth in Kent County who received adequate or adequate plus prenatal care
Ensure providers screen pregnant women for social determinants of health and provide referrals to appropriate resources and services.			

[Data Source: MI Vital Records, <http://www.mdch.state.mi.us/pha/osr/CHI/births/frame.html>]

Performance Measure Status (2013)		79.1% of women with a live birth in Kent County received adequate or adequate plus prenatal care (2011 MI Vital Records)	There has been a slight improvement in the percentage of Kent County women with a live birth who report having received adequate or adequate-plus prenatal care. Michigan Vital Records indicate an increase from 78.4% to 79.1%. It is hard to say
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what exactly has led to this improvement, but several efforts have been made by Kent County organizations to address this key issue.

First Steps, in conjunction with various community partner organizations, continues to work toward the development of a Home Visiting Hub, which will serve as the “go-to” place for prenatal care and home visiting program referrals. Funding from the Michigan Department of Community Health was allocated to First Steps’ Welcome Home Baby program, which will serve as the base upon which the Home Visiting Hub will be built. As this strategy becomes more defined and is implemented, results will be communicated to key stakeholders and community residents.

To increase the number of providers who screen pregnant women for social determinants of health when they receive prenatal care, Strong Beginnings has hired a consultant to contact obstetrics providers. This contractor will conduct site visits to promote universal screening for these important factors during the prenatal care period. Additionally, the Healthy Kent Infant Health Implementation Team has created screening tools and decision trees as resources for prenatal care providers in Kent County to ensure pregnant women are receiving necessary services for which they are eligible. Prenatal care resource folders have been compiled and will be issued to obstetrics providers across the county, and the Healthy Kent website will be promoted as the site to visit for updated materials and forms.

Goal 3: Reduce disparities in the provision of prenatal care.

O4. By September 2015, reduce the disparity between African American and white women in Kent County in adequacy of prenatal care such that the percent of African American women who receive adequate prenatal care increases from 68.0% to 71.4%.

CHIP Strategy	Performance Measure	Baseline	Target
Educate community members regarding the relationship between racism/discrimination and poor birth outcomes.	Percent of African American women who receive adequate or adequate plus prenatal care	68.0% of African American women in Kent County receive adequate or adequate plus prenatal care (2009 MI Vital Records)	≥ 71.4% of African American women in Kent County receive adequate or adequate plus prenatal care
Educate providers about the relationship between racism/ discrimination and poor birth outcomes.			
Ensure that processes for providing prenatal care are culturally competent.			
Expand the models of prenatal care that are available within Kent County, such as Midwifery care and Centering.			

[Data Source: MI Vital Records, <http://www.mdch.state.mi.us/pha/osr/CHI/births/frame.html>]

Performance Measure Status (2013)		<p>68.7% of African American women with a live birth in Kent County received adequate or adequate plus prenatal care</p> <p>(2011 MI Vital Records)</p>	<p>Michigan Vital Records data on adequacy of prenatal care show a slight improvement in the percent of African American women who report having received adequate or adequate-plus prenatal care (68.0% to 68.7%). There are many factors that may account for this slight</p>
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improvement; however, it is difficult to say with causality what has led to the positive change in this indicator.

The Kent County community has taken great strides to address racism and discrimination in recent years. In relation to the first two strategies associated with this objective - educating providers and the community about the linkages between racism and poor birth outcomes - significant action has been taken. In May 2012, a Health Equity Forum was held to discuss the health inequities that exist in Kent County. As a result of that forum, a Community Plan of Action was created. This plan includes key themes and strategies and is modeled after the US Department of Health and Human Services' Stakeholder Strategy for Achieving Health Equity. Community groups have participated in presentations that highlight health disparities in our community, and a video entitled "Framing Social Determinants of Health in Kent County" was developed and shared. The Kent County Health Department also began offering two-day Health Equity and Social Justice Dialogues for health department staff and community partners.

No progress has been made to date on culturally competent prenatal care practices or expansion of prenatal care models available to women in Kent County.

Strategic Priority 4: Access to Healthy Foods

Priority 4 *Increase healthy eating by ensuring access to healthy foods.*

Goal 1: Ensure healthy foods are available, accessible, and affordable.

O1. By September 30, 2015 reduce the overall food insecurity in Kent County from 15.2% to 14.2% and the food insecurity among children in Kent County from 23.2% to 22.2%.

CHIP Strategy	Performance Measure	Baseline	Target
Increase the availability of healthy goods in corner stores and gas stations.	Percent of all Kent County residents who are food insecure	15.2% of all Kent County residents are food insecure	<14.2% of all Kent County residents are food insecure
Increase healthy food options available in pantries.	Percent of Kent County children who are food insecure	23.2% of Kent County children are food insecure (Feeding America. Map the Meal Gap, 2009)	<22.2% of Kent County children are food insecure

[Data Source: Feeding America, Map the Meal Gap: Food Insecurity Estimates at the County and State Level, www.feedingamerica.org]

Performance Measure Status (2013)		13.3% of all Kent County residents are food insecure (Feeding America, 2011)
		18.6% of Kent County children are food insecure (Feeding America, 2011)

Kent County has successfully achieved its goals related to reducing food insecurity among both children and the county population as a whole. The food insecurity rate among all Kent County residents fell from 15.2% to 13.3%, while the food insecurity rate among Kent County children fell from 23.2% to 18.6%.

To aid in the reduction of food insecurity in our community, several organizations have come together to implement key strategies put forth in

the 2012 Kent County CHIP. For example, Neighborhood Ventures, an organization that has spearheaded the implementation of the Healthy Corner Stores Initiative in Grand Rapids, continues to expand its program within Kent County. At its inception, the Healthy Corner Stores Initiative

targeted four stores in southeast Grand Rapids. It has since expanded to include 12 stores. In mid-June 2013, a proposal for a sodium reduction grant through the Centers for Disease Control and Prevention was submitted in partnership between the Kent County Health Department and Neighborhood Ventures. Though the proposal was not funded, key conversations were initiated around expanding the project to include additional components, such as nutrition education in the targeted corner stores moving forward.

Another key partnership that has worked toward the reduction of food insecurity in Kent County has been between Access of West Michigan, which oversees Nutrition Options for Wellness (NOW³) food pantries, and the Kent County Essential Needs Taskforce’s Food and Nutrition Coalition (FN&C). The FN&C incorporated strategies for increasing quality and nutritional value of food available to food assistance providers (i.e. pantries) into their coalition strategic plan.

Despite the improvement in food insecurity rates in our community, much work remains. There are still nearly 80,000 Kent County residents who are food insecure, and over 29,500 children who remain food insecure (Feeding America, 2011).

02. By September 30, 2015, increase the average proportion of food assistance used to purchase fruits and vegetables by 5%.			
CHIP Strategy	Performance Measure	Baseline	Target
Market the enrollment in and use of SNAP benefits to purchase healthy foods at farmers’ markets, mobile markets, large retail outlets, and corner stores.	Proportion of food assistance used to purchase healthy foods	No current baseline data available	5% increase in proportion of food assistance used to purchase healthy foods

Performance Measure Status (2013)		No status update currently available	There has not been much progress on addressing this particular objective. SNAP nutrition education, a strategy that was in place prior to the development of the 2012 CHIP continues through the Kent County Women, Infant, Children (WIC) program and through Michigan State University Extension programming.
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Attempts to forge partnerships between local organizations and large grocery corporations, such as Meijer and Spartan, continue in order to promote use of SNAP benefits to purchase healthier food options.

Because there was no baseline data for this objective’s performance measure, it will be very difficult, if not impossible to show any positive or negative progress on this priority over the course of the 2012 CHIP’s implementation.

³ The Nutrition Options for Wellness (NOW) is a prescription-based program that provides healthier food pantry items to clients with diabetes, high blood pressure, heart disease, and/or kidney disease.

Goal 2: Increase healthy eating within Kent County.

Though very specific strategies were identified in the CHIP as priorities for the community, several community partner agencies and organizations took the initiative over the past year to address healthy eating amongst their own employees, families, and consumers. While not necessarily measurable, it is movement in a positive direction to ensure that those of us developing community plans for healthy eating are also undertaking efforts to improve our own eating habits.

O3. By September 30, 2015, increase the number of adults eating five or more servings of fruits and vegetables per day by 5%.			
CHIP Strategy	Performance Measure	Baseline	Target
Implement a county-wide campaign to use a consistent message across agencies and at food outlets to promote healthier choices	Number of adults eating five or more servings of fruits or vegetables per day	No current baseline data available	5% increase in number of adults eating five or more servings of fruits and vegetables per day

[Note: The performance measure listed for this objective does not have a current data source. When the measure was selected, it was believed to have been collected by the Behavioral Risk Factor Surveillance System survey. However, this data is not available through this source, and therefore neither baseline nor status update are available.]

Performance Measure Status (2013)		No status update currently available
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When the 2012 CHIP was developed and published in January 2013, the Heart of West Michigan United Way and First Steps agreed to take the lead

of the planning and implementation of a county-wide campaign to use consistent messaging across agencies to promote healthier food choices. Key personnel who were identified as lead on this project have since left their positions, and therefore progress has been delayed.

Implementing a large educational and marketing campaign is a strategy that would require a significant amount of monetary and human resource commitment from one or many local organizations. Several community partners, including the Heart of West Michigan United Way's Solutions Impact Team for Obesity (which has now disbanded), the Kent County Health Department, and others have identified this strategy as one of importance and merit. These organizations, and others, will continue to pursue opportunities to implement this campaign.

O4. By September 30, 2015 increase the number of students eating five or more servings of fruit and vegetables per day from 34.9% to 36.6%.			
CHIP Strategy	Performance Measure	Baseline	Target
Implement strategies to encourage healthy choices at the point of purchase in schools.	Percent of students eating five or more servings of fruits and vegetables per day	34.9% of students eat five or more servings of fruits and vegetables per day (2009-2010 MiPHY)	≥ 36.6% of students eat five or more servings of fruits and vegetables per day

Performance Measure Status (2013)		32.5% of students eat five or more servings of fruits and vegetables per day (2011-2012 MiPHY)
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There has been a decline in the proportion of students reporting that they consume five or more servings of fruits and vegetables per day. Between the data collected in the 2009-2010 Michigan Profile for

Healthy Youth (MiPHY) survey and the data collected in the more recent 2012-2013 MiPHY survey, the percentage of students consuming sufficient servings of fruits and vegetables has dropped from 34.9% to 33.7%. *[It is important to note that the school districts that participated in the 2009-2010 MiPHY differed from those districts participating in the 2012-2013 MiPHY. This difference in participating schools could account for the reduced percentage of students reporting healthy eating habits.]*

Despite this disappointing finding, there have been many efforts made by Grand Rapids Public Schools (GRPS) in the past several months to address healthy eating habits of students. For example, GRPS has implemented programming like the Healthy Eating Coach program and Wellness Wednesdays. These programs assist with introducing students to novel produce items and in modeling healthy eating behaviors.

Strategic Priority 5: Youth Risk & Protective Behaviors

Priority 5 *Reduce the disparity in health risk factors and protective factors between students.*

Goal1: Coordinate and improve the collection of demographically representative data related to health risk and protective factors to identify current disparities.

O1.By Spring 2014, a demographically representative 20% of school districts in Kent County will complete the 2013-2014 cycle of the MiPHY.

CHIP Strategy	Performance Measure	Baseline	Target
Identify and address barriers to MiPHY participation.	Percent of demographically representative school districts participating in MiPHY	14.6% of school districts participating in MiPHY (2009-2010 MiPHY)	≥ 20% of demographically representative school districts participating in MiPHY

[Data source: Michigan Profile for Healthy Youth (MiPHY, <http://www.michigan.gov/mde>)]

Performance Measure Status (2013)		16.7% of school districts participating in MiPHY (2011-2012 MiPHY)
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The [Michigan Profile for Healthy Youth \(MiPHY\)](#) is an online student health survey offered through a partnership between the Michigan

Department of Education and the Michigan Department of Community Health. It supports local and regional needs assessment by gathering student data on health risk behaviors ranging from substance abuse to nutrition. It also measures risk and protective factors that are used to help predict alcohol, tobacco, and other drug use, as well as violence. Kent County had an increase in MiPHY participation from the 2009-2010 cycle (14.6%) to the 2011-2012 cycle (16.7%), but the target of at least 20% participation has not yet been reached.

Because the MiPHY is used as a key source of data for Michigan youth, it is critical that a representative sample of the population participate in the survey. Partners involved in the 2012 CHIP process identified the MiPHY as an important strategy and opted to strategize methods for improving participation. Since the publication of the 2012 CHIP, the Kent County Prevention Coalition (KCPC) and the Healthy, Safe, Drug-Free Schools and Communities Coalition (HSDFFSCC) have worked together to assess barriers to MiPHY participation and have developed a promotional video (www.vimeo.com/74015558) that helps to address these barriers.

In addition to the promotional video, a letter was drafted and sent to Kent County Schools in December 2013 describing the importance of their participation in the upcoming cycle of the MiPHY (2013-2014). The letter was signed by the Kent County Health Department's Administrative Health Officer and [Kent County Health Connect's](#) program manager.

02. At least 4 school districts representative of the Kent County elementary age population will participate in the modified version of the MiPHY by Spring 2015.			
CHIP Strategy	Performance Measure	Baseline	Target
Create and administer a modified version of the MiPHY with elementary school students.	Number of school districts participating in modified MiPHY	Zero school districts	≥ 4 school districts participating in modified MiPHY

[Data source: Michigan Profile for Healthy Youth (MiPHY, <http://www.michigan.gov/mde>)]

Performance Measure Status (2013)		Zero school districts*
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* The MiPHY is currently administered to students in 7th, 9th, and 11th grades only.

As noted in the previous section, the MiPHY collects risk behavior data, as well as risk and protective factor information for students in the 7th, 9th, and 11th grades. The available data on

the same types of behaviors and factors is not currently available for students in grades below 7th. For this reason, community partners involved in the 2012 CHIP proposed the implementation of a modified MiPHY in Kent County elementary schools as a means for addressing the data gap.

Over the past year, the Kent County Health Department assigned interns to research existing standardized tools that can be used for assessing physical activity, weight status, and nutrition among elementary school-aged children. Beyond the initial research conducted by the interns, however, there has been little progress toward achieving this strategy. Selection of a tool for gathering physical activity, weight status, and nutrition data on elementary school-aged children or for adapting MiPHY questions for use amongst this population remains a strategy of interest moving forward.

03. By Fall 2015, youth serving agencies will implement a system of collecting and sharing a set of common core indicators of youth risk and protective factors.			
CHIP Strategy	Performance Measure	Baseline	Target
Engage CHNA partners and other partners in the development and implementation of a set of common core indicators.	Common core indicators identified and agreed upon	No common core indicators identified	Set of common core indicators developed

[Data source: Michigan Profile for Healthy Youth (MiPHY, <http://www.michigan.gov/mde>)]

Performance Measure Status (2013)		No progress reported to date
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Though community partners involved with the development of strategies for the 2012 CHIP felt that the creation of a set of common core indicators was

important in the overall strategy for addressing youth risk and protective factors, this strategy has not gained much attention over the past year. Based on the information available, no progress has been made toward the implementation of this strategy.

Goal 2: Engage and empower youth to reduce disparities in risk and protective factors.

04. By Spring 2015, the percentage of Kent County youth who are aware they have chances to be involved in their community will increase from 57.5% to 58.6%.

CHIP Strategy	Performance Measure	Baseline	Target
Establish a health-related Kent County Youth Advisory/Leadership board.	Percent of students with service clubs available for youth in their community	57.5% of students with service clubs available for youth in their community (2009-10 MiPHY)	≥ 58.6% of students with service clubs available for youth in their community
Expand mentoring programs for youth.			

[Data source: Michigan Profile for Healthy Youth (MiPHY, <http://www.michigan.gov/mde>; Note: The baseline data point for this measure was incorrect in the 2012 CHIP and has been modified to reflect the correct baseline. Furthermore, the target has been adjusted to reflect the same level of improvement as previously intended.]

Performance Measure Status (2013)		56.7% of students with service clubs available for youth in their community (2011-2012 MiPHY)	During the past year, there has been a slight decline in the percentage of students who report having service clubs available for youth in their communities (57.5% to 56.7%).
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At the time of this report, there has been no action associated with the establishment of a health-related Kent County Youth Advisory/Leadership board. Although partner organizations throughout Kent County integrate mentoring of youth into their daily functions, there have been no coordinated efforts to achieve the expansion of youth mentoring programs within our county.

05. By Spring 2015, increase the percentage of Kent County youth who believe that substance abuse is risky by 5%.

- Regular cigarette smoking as a moderate or great risk will increase from 84.5% to 88.7%.
- Alcohol use as a moderate or great risk will increase from 72.0% to 75.5%.
- Marijuana use as a moderate or great risk will increase from 67.3% to 70.7%.

CHIP Strategy	Performance Measure	Baseline	Target
Develop and implement a social and mainstream media campaign to educate youth through creative prevention messages.	Percent of youth believing regular cigarette smoking is a	84.5% of youth believe regular cigarette smoking is a moderate or great risk	88.7% of youth believe regular cigarette smoking is a moderate or

05. By Spring 2015, increase the percentage of Kent County youth who believe that substance abuse is risky by 5%.

- Regular cigarette smoking as a moderate or great risk will increase from 84.5% to 88.7%.
- Alcohol use as a moderate or great risk will increase from 72.0% to 75.5%.
- Marijuana use as a moderate or great risk will increase from 67.3% to 70.7%.

CHIP Strategy	Performance Measure	Baseline	Target
Market services and programs available to youth in Kent County.	moderate or great risk		great risk
	Percent of youth believing alcohol use is a moderate or great risk	72.0% of youth believe alcohol use is a moderate or great risk	75.5% of youth believe alcohol use is a moderate or great risk
	Percent of youth believing marijuana use is a moderate or great risk	67.3% of youth believe marijuana use is a moderate or great risk	70.7% of youth believe marijuana use is a moderate or great risk
		(2009-10 MiPHY)	

[Data source: Michigan Profile for Healthy Youth (MiPHY, <http://www.michigan.gov/mde>)]

Performance Measure Status (2013)		84.9% of youth believe regular cigarette smoking is a moderate or great risk (2011-2012 MiPHY)
		73.3% of youth believe alcohol use is a moderate or great risk (2011-2012 MiPHY)
		67.4% of youth believe marijuana use is a moderate or great risk (2011-2012 MiPHY)

Updated data indicates there has been a slight improvement in youth perceived risk of substance use. Between the 2009-2010 and 2011-2012 cycles of the MiPHY, students reported an increase from 84.5% to 84.9% in perceived risk of cigarette smoking; an increase from 72.0% to 73.3% in perceived risk of alcohol use; and an increase from 67.3% to 67.4% in perceived risk of marijuana use.

These improvements are in spite of the fact that there is no reported

progress on the strategies put forth to address these issues in the 2012 CHIP. Use of marketing and social media tactics could be very useful in addressing substance abuse in our community, however both strategies require monetary resources that are not currently available.

06. By Spring 2015, the percentage of Kent County youth who believe they can ask their mom or dad for help with personal problems will increase from 73.3% to 77.2%.			
CHIP Strategy	Performance Measure	Baseline	Target
Promote resources that support the development of parenting skills.	Percent of youth who believe they can ask their parents for help with personal problems	73.3% of youth who believe they can ask their parents for help with personal problems (2009-10 MiPHY)	> 77.2% of youth who believe they can ask their parents for help with personal problems

[Data source: Michigan Profile for Healthy Youth (MiPHY, <http://www.michigan.gov/mde>)]

Performance Measure Status (2013)		76.3% of youth who believe they can ask their parents for help with personal problems (2011-2012 MiPHY)	The percent of students who report the belief that they can ask their parents for help with personal problems has improved between the 2009-2010 and 2011-2012 cycles of the MiPHY.
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Again, this improvement is reported despite the fact there has been no formal coordinated actions taken amongst community partners to implement the CHIP strategy that was developed to address this issue.

Goal 3: Ensure vulnerable youth have access to the services they need based on the risk factors they face in order to reduce disparities between youth.

07. By Spring 2015, reduce the risk and protective factor disparities between youth in Kent County, including:			
<ul style="list-style-type: none"> • 5% reduction in percent of male (14.7% to 14.0%), African American (14.1% to 13.4%), Hispanic/Latino (13.4% to 12.7%) and American Indian (16.0% to 15.2%) students who are obese. • 5% increase in seatbelt use among African American (13.7% to 13.0%), Hispanic/Latino (13.3% to 12.6%), and Asian (12.3% to 11.7%) students. • 5% increase in condom use among Hispanic/Latino (47.4% to 49.8%) students who are sexually active. • An average 5% reduction in risk factors between students who get Ds/Fs and students who get As/Bs 			
CHIP Strategy	Performance Measure	Baseline	Target
Advocate for expansion of comprehensive health education programs in all Kent County schools.	Obesity Measures		
	Percent of male students who are obese	14.7% male students are obese	14.0% male students are obese
Strengthen and expand the provision of comprehensive health services within the	Percent of	14.1% African	13.4% African

07. By Spring 2015, reduce the risk and protective factor disparities between youth in Kent County, including:

- 5% reduction in percent of male (14.7% to 14.0%), African American (14.1% to 13.4%), Hispanic/Latino (13.4% to 12.7%) and American Indian (16.0% to 15.2%) students who are obese.
- 5% increase in seatbelt use among African American (13.7% to 13.0%), Hispanic/Latino (13.3% to 12.6%), and Asian (12.3% to 11.7%) students.
- 5% increase in condom use among Hispanic/Latino (47.4% to 49.8%) students who are sexually active.
- An average 5% reduction in risk factors between students who get Ds/Fs and students who get As/Bs

CHIP Strategy	Performance Measure	Baseline	Target
school system.	African American students who are obese	American students are obese	American students are obese
Coordinate referral services to connect youth to the services they need based on their risk and protective factors.	Percent of Hispanic/Latino students who are obese	13.4% Hispanic/Latino students are obese	12.7% Hispanic/Latino students are obese
Develop a health risk appraisal that can be completed as a self-assessment by youth that provides referrals to resources based on risk and protective factors.	Percent of American Indian Students who are obese	16.0% American Indian students are obese (2009-10 MiPHY)	15.2% American Indian students are obese
Develop a health risk appraisal for providers that provides referrals for youth based on their risk and protective factors.	Seat Belt Measures		
	Percent of African American students who use seat belts	86.3% African American students use seat belts	87% African American students use seat belts
	Percent of Hispanic/Latino students who use seat belts	86.7% Hispanic/Latino students use seat belts	87.4% Hispanic/Latino students use seat belts
	Percent of Asian students who use seatbelts	87.7% Asian students use seat belts (2009-10 MiPHY)	88.3% Asian students use seat belts
	Condom Use Measure		
	Percent of sexually active	47.4% of sexually active Hispanic/	49.8% of sexually active Hispanic/

07. By Spring 2015, reduce the risk and protective factor disparities between youth in Kent County, including:

- 5% reduction in percent of male (14.7% to 14.0%), African American (14.1% to 13.4%), Hispanic/Latino (13.4% to 12.7%) and American Indian (16.0% to 15.2%) students who are obese.
- 5% increase in seatbelt use among African American (13.7% to 13.0%), Hispanic/Latino (13.3% to 12.6%), and Asian (12.3% to 11.7%) students.
- 5% increase in condom use among Hispanic/Latino (47.4% to 49.8%) students who are sexually active.
- An average 5% reduction in risk factors between students who get Ds/Fs and students who get As/Bs

CHIP Strategy	Performance Measure	Baseline	Target
	Hispanic/Latino students who use condoms	Latino students use condoms (2009-10 MiPHY)	Latino students use condoms
Disparities between Students who get As/Bs and Ds/Fs			
<i>The indicators for this measure were not clearly defined during the CHIP process and therefore will not be reported on in this CHIP evaluation update.</i>			

[Data source: Michigan Profile for Healthy Youth (MiPHY, <http://www.michigan.gov/mde> ; Note: The target statistic for the African American student obesity measure was found to be reported in error in the 2012 Kent County Community Health Improvement Plan. This statistic has since been corrected and is accurately reported in the table above.]

Obesity Measures (2011-2012 MiPHY)		
Performance Measure Status (2013)		14.3% male students are obese
		14.0% African American students are obese
		12.5% Hispanic/ Latino students are obese
		15.0% of American Indian students are obese

Community partners were ambitious when developing strategies to address risk and protective factor disparities amongst Kent County students. Four key strategies were selected as priorities for inclusion in the final 2012 CHIP, and much of the progress reported was contained to promoting comprehensive health education and provision of school-based health services.

The Kent Intermediate School District (Kent ISD) has been and continues to be actively engaged in providing

health education curriculum and training for K-12 teachers. This training is heavily focused on the state curriculum, [Michigan Model for Health](#). Within the Kent ISD, the Michigan Model for Health curriculum is provided in nearly every school district in at least two grade levels.

In addition to the Michigan Model, a grant was awarded to Kent County from the United States Department of Agriculture to provide nutrition education in 33 Kent County schools. The schools implementing this nutrition education program were identified through the School Food Program as having 50% or greater poverty rates. The program is offered through partnership between Kent

ISD, the YMCA, and Michigan State University-Extension. Further, substance abuse prevention programming has also been made available to all schools in Kent County through the Healthy, Safe, Drug-Free Schools and Communities Coalition as well as through the Kent County Prevention Coalition.

The Kent County Health Department and the Kent School Services Network (KSSN) teamed up to assess currently available health programs within schools, number of students served, gaps in services, and other key issues. Though meetings and discussions occurred, no formal report of the findings was ever created and there has since been no activity toward the implementation of this strategy. Despite no further action on this particular effort, KSSN continues to provide health services to students in 27 schools spanning 7 school districts within Kent County.

Seat Belt Measures (2011-2012 MiPHY)		
Performance Measure Status (2013)		88.4% African American students wear a seat belt
		86.0% Hispanic/ Latino students wear a seatbelt
		92.4% Asian students wear a seatbelt

Despite the lack of reportable progress on these strategies, data available through the MiPHY indicates some improvement in many of the indicators of interest. For example, obesity rates among male students has slightly decreased from 14.7% to 14.3%, but has not yet reached the target rate of 14.0%. The target rates of obesity for both Hispanic/Latino and American Indian students has been achieved, while the obesity rate

amongst African American students has decreased but not to the target level.

In regards to seatbelt use amongst students, the rates for both African American and Asian students has met and exceeded target rates that were set in the 2012 CHIP. There was, however, a decrease in the percentage of Hispanic/Latino students whom use a seatbelt (86.7% to 86.0%).

Condom Use Measure (2011-2012 MiPHY)		
Performance Measure Status (2013)		52.9% of sexually active Hispanic/ Latino students use condoms*

At this point in time, condom use amongst Hispanic/Latino students has met and exceeded the target that was set in the 2012 CHIP.

**Includes high school data only – insufficient middle school data for this measure*

Conclusions

In its first attempt to develop and implement a community health improvement plan, Kent County partners were ambitious in setting goals, objectives, and proposing strategies. Since the plan was published in December 2012, there has been some documented progress of strategy implementation. Upon review of available data and implementation progress updates, it is possible that the numerous goals, objectives, and strategies outlined in the current plan should be pared down. By doing this, the remaining strategies could be more manageably implemented and the community would be able to better allocate resources.

Healthy Kent Recommendations for CHIP Revisions

CHIP Revisions

Recommended revisions to the 2012 Kent County Community Health Improvement Plan (CHIP) were drafted after careful consideration of CHNA/CHIP Partner Survey results, assessment of availability of baseline and progress data for performance measures, and the community partner-perceived likelihood a given strategy could be implemented within the remaining timeframe of the current CHIP.

The proposed elimination of strategies from the plan is an attempt to reduce the amount of currently non-implemented strategies for which Healthy Kent will be responsible for monitoring and tracking over the next several years. Many of the strategies that have been recommended for removal from the CHIP do not have baseline data nor do they have a method in place for measuring progress.

Strategies that did not have any reported activity toward implementation were recommended for removal. This recommendation was made because the current CHIP is a three-year plan that will conclude at the end of 2015. Many of the strategies included in the CHIP are multi-year strategies that would involve time to plan, secure necessary resources, and then implement. With year one of the CHIP commencing, it is unlikely the strategies would achieve their intended outcomes within the timeframe of the current plan.

The tables on pages 37 through 39 help to delineate which strategies are recommended to remain part of the CHIP moving forward. This means that Healthy Kent hopes to continue monitoring the implementation of these strategies as part of the 2012 Kent County CHIP. Progress on these strategies would be included in subsequent annual reports.

The recommendations put forth by Healthy Kent were presented to the Kent County [Community Health Advisory Committee \(CHAC\)](#) at the February 27, 2014 meeting. CHAC was established in 2001 to expand community participation in public health issues, to function as Health Department ambassadors, and to be the Health Department's "eyes and ears" in the community. This Committee is comprised of a diverse membership of organization and agency representatives, community members, as well as two County Commissioners. After many questions and in-depth discussion, the CHAC members voted to unanimously accept the recommendations for revision to the 2012 Community Health Improvement Plan.

Priority 1: Access to Care

Goal	CHIP Strategy	Recommended for Inclusion in the CHIP Following this Evaluation?	
		Yes	No
1	Streamline and strengthen supports for enrollment in public insurance plans.		X
	Increase the capacity of providers to accept patients with Medicaid.	X	
	Increase public and private support for basic health services for the under/uninsured.	X	
	Strengthen and expand comprehensive school-based health services.		X
2	Support the agenda of the Oral Health Coalition.	X	
3	Expand and coordinate data collection efforts to ensure behavioral health care needs of KC residents are understood and can be tracked.		X
	Expand the number of behavioral health care providers in Kent County who take Medicaid.		X
	Increase the capacity of providers to offer mental health services.		X
4	Explore the implementation of a Kent County Healthcare Hub.	X	
	Educate Kent County community members on how to access and utilize healthcare and other services for which they are eligible.	X	
	Streamline and strengthen supports for enrollment in public insurance plans.		X

Priority 3: Adequacy of Prenatal Care

Goal	CHIP Strategy	Recommended for Inclusion in the CHIP Following this Evaluation?	
		Yes	No
1	Promote planning for pregnancy and early detection.	X	
	Implement a system for ensuring pregnant women presenting in the ED are scheduled a prenatal appointment at discharge and referred to a home visiting or support program, if eligible.	X	
	Ensure pregnant women have referral and navigation support to get their prenatal appointment as soon as possible.	X	
	Promote adherence to ACOG guidelines pertaining to first trimester entry to prenatal care and acceptance of Medicaid “guarantee letter” as proof of insurance.	X	
	Educate community on availability of prenatal care resources, insurance eligibility, and other support services.		X

	Identify funding for a coordinated “early and often” prenatal messaging and social marketing campaign.		X
2	Increase the number of women who are served prenatally by home visiting programs that are evidence-based or promising practices.	X	
	Ensure providers screen pregnant women for social determinants of health and provide referrals to the appropriate resources and services.	X	
3	Educate community members regarding the relationship between racism/discrimination and poor birth outcomes.	X	
	Educate providers about the relationship between racism/discrimination and poor birth outcomes	X	
	Ensure that processes for providing prenatal care are culturally competent		X
	Expand the models of prenatal care that are available within Kent County, such as Midwifery Care and Centering.		X

Priority 4: Access to Healthy Foods

Goal	CHIP Strategy	Recommended for Inclusion in the CHIP Following this Evaluation?	
		Yes	No
1	Increase availability of healthy goods in corner stores and gas stations.	X	
	Increase healthy food options available in pantries.	X	
	Market enrollment in and use of SNAP benefits to purchase healthy foods at farmers markets, mobile markets, large retail outlets, and corner stores.		X
2	Implement a countywide campaign to use a consistent message across agencies and at food outlets to promote healthier food choices.		X
	Implement strategies to encourage healthy choices at the point of purchase in schools.	X	

Priority 5: Youth Risk and Protective Factors

Goal	CHIP Strategy	Recommended for Inclusion in the CHIP Following this Evaluation?	
		Yes	No
1	Identify and address barriers to MiPHY participation.	X	
	Create and administer a modified version of the MiPHY with elementary school students	X	
	Engage community partners in the development and implementation of a set of common core health indicators.		X
2	Establish a health-related Kent County Youth Advisory/ Leadership Board.		X
	Expand youth mentoring programs.		X
	Develop and implement a social and mainstream media campaign to educate youth using youth created prevention messages.		X
	Market services and programs available to youth in Kent County.		X
	Promote resources that support the development of parenting skills.		X
3	Advocate for the expansion of comprehensive health education programs within all Kent County schools.	X	
	Strengthen and expand the provision of comprehensive health services within the school system.		X
	Coordinate referral services to connect youth to the services they need based on their risk and protective factors.		X
	Develop a health risk appraisal that can be completed as a self-assessment by youth that provides referrals to resources based on risk and protective factors.		X
	Develop a health risk appraisal for providers that provides referrals for youth based on their risk and protective factors.		X