

Community Health Improvement Plan 2014 Update

HEALTHY KENT
700 FULLER AVE NE
GRAND RAPIDS, MI 49503
616-632-7281
WWW.KENTCOUNTYCHNA.ORG



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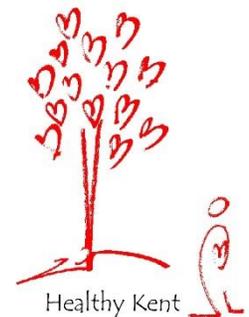
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For more information about this project, please contact:

Chelsey K. Chmelar, MPH
Quality and Performance Manager
Kent County Health Department
616-632-7268
Chelsey.Chmelar@kentcountymi.gov

Barb Hawkins Palmer, MA
Executive Director, Healthy Kent
Kent County Health Department
616-632-7281
Barb.Hawkins-Palmer@kentcountymi.gov

L. Paige Birkelbach, MPH
Epidemiologist
Kent County Health Department
616-632-7241
Lauren.Birkelbach@kentcountymi.gov



Letter to Community

April 2, 2015

Dear Community Member:

The Kent County Health Improvement Plan's 2014 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.

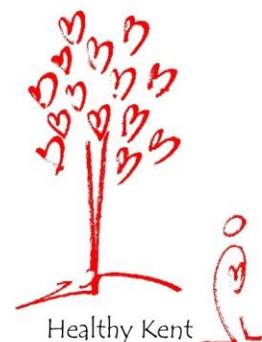
On the following pages you will find a brief overview of the process that has led us to this point in the CHIP process, and the future direction of this collaborative work. Additionally, the 2014 Evaluation Report includes performance measure updates that will help readers understand if and how efforts implemented in conjunction with the CHIP are actually positively impacting the health of Kent County residents.

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 more than 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, and continues to achieve results through its successful community collaborations on topics ranging from maternal and child health to suicide prevention. In 2013, Healthy Kent also took on the role of convener for the 2014 Community Health Needs Assessment (CHNA) process.

Though the next iteration of CHNA and improvement planning is now underway in Kent County, a commitment to implementing community-selected strategies outlined in the 2012 Community Health Improvement Plan (CHIP) remains. Healthy Kent has adopted the 2012 CHIP and continues to advocate for its integration into Kent County agency and organizational plans. Since 2012, many organizations throughout the community have taken strategies from the 2012 CHIP and made significant progress toward impacting community priorities, as described in further detail on the following pages of this report.

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.

In January 2014, a progress report was issued on the implementation of the 2012 CHIP activities. The content of the report was based on data collected through a community partner survey conducted in fall 2013, as well as through narrative updates submitted to Healthy Kent by organizations participating in strategy implementation of the Kent County CHIP. This report concluded that it was necessary to reduce the number of strategies being tracked by Healthy Kent for the remainder of the three-year time frame of the 2012 CHIP. The Kent County [Community Health Advisory Committee](#) voted in February 2014 to adopt proposed revisions to the 2012 CHIP. The following tables demonstrate which CHIP strategies remain key community strategies, and which were eliminated from the 2012 CHIP.

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

Priority 1-2: 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

Goal	CHIP Strategy	Recommended for Inclusion in the CHIP Following this Evaluation?	
		Yes	No
	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

As we near the completion of the second year of the 2012 CHIP, the 2014 Evaluation Report provides the second annual report of achievements, successes, and barriers associated with this plan. This report also offers revisions to the CHIP based on data collected over the course of 2014.

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. In 2013, Healthy Kent conducted a community partner survey to assess the impact of these events and changes, and data from that assessment was reported in the [2013 CHIP Evaluation Report](#). The data from this assessment helped Healthy Kent and community partners reduce the amount of goals, objectives, and strategies that continue to be implemented and monitored through the Kent County CHIP progress.

The following report reviews progress toward achieving and/or maintaining the remaining goals, objectives, and strategies of the 2012 Kent County CHIP. Each section of the report includes updated data, where possible, to show progress on the performance measures, as well as a narrative explanation of how community partner organizations are helping Healthy Kent achieve success in the strategic priority areas identified in the 2012 Kent County CHIP.

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

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.

- O2. By October 1, 2015 reduce the disparity in healthcare access among adults in Kent County:
- 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		2014	
				
		9.5% of adults with less than a high school education are without health care access (2012 MiBRFSS)		22.7% of adults with less than a high school education are without healthcare access (2014 Kent BRFS)

03. 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		2014	
		8.0% of adults reporting no personal doctor/ provider (2012 MiBRFSS)		14.3% of adults reporting no personal doctor/ provider (2014 Kent BRFSS)

Community partners involved with the development of the 2012 CHIP identified several possible reasons for why healthcare disparities and access to care remain an issue in Kent County. Therefore, a major goal for the 2012 CHIP was to ensure community members have access to primary and specialty care. Based on data collected through the 2014 Behavioral Risk Factor Survey, 14.3% of adults in Kent County have no personal doctor, and 22.7% of adults with less than a high school education and 18.4% of African Americans do not have access to healthcare. The community continues to work toward achieving the targets set for these different performance measures in the 2012 CHIP, but moving the needle on these important issues has been challenging.

Despite the slow-changing statistical numbers, the Kent County community has made strides to improve access to healthcare for all residents. For example, Spectrum Health, the largest hospital system in Kent County, opened a Community Medicine Clinic in late 2013, which served over 700 patients who reported difficulty finding a medical doctor and/or medical home due to insurance concerns. This clinic has the capacity to serve 8,000 patients per year and partners with Priority Health and other community organizations for patient referrals.

During 2014, Spectrum Health Medical Group added a total of seven Advanced Practice Providers to offer care for patients within Kent County with the intention of improving access to primary care providers for Kent County residents.

Collaborations have been formed to improve access to healthcare services for children, as well. Spectrum Health Healthier Communities has facilitated a partnership between Helen DeVos Children’s Hospital General Pediatric Clinic, Health Intervention Services, and Cherry Health Services to provide primary care outpatient services in a medical home model to a diverse group of children residing in the Grand Rapids area. Over 5,800 children were served through this partnership in 2014, and Cherry Health Services provided more than 1,600 dental visits and 2,000 vision services to these children.

In addition to advances in primary care, pediatrics, and oral health, expanded access to behavioral healthcare services was also recorded in 2014. Pine Rest, a behavioral healthcare organization in Kent County, implemented a number of strategies to improve access and patient care. Pine Rest opened a 22-bed unit for co-occurring disorders, renovated an existing unit, and added ten beds to

meet community need, which resulted in an increase of over 3,000 days of patient care between 2013 and 2014.

Pine Rest also worked to develop a psychiatry residency program in Kent County. This program began in July 2014 with nine residents and will improve access to psychiatrists and behavioral healthcare services in the community. Another strategy Pine Rest implemented in 2014 was targeted at increasing access, specifically for low income and Medicaid patients. No-cost outreach and engagement services, in collaboration with partners, resulted in behavioral healthcare for 1,270 people in our community.

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

O5. 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.

O6. 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
Increase public and private support for dental health services for the under/uninsured community members of Kent County.	% of adults who report having visited a dentist within the past 12 months.	74.2% of adults report having visited a dentist within the past 12 months.	≥81.6% of adults report having visited a dentist within the past 12 months.
Support the agenda of the Oral Health Coalition	% 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

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

Performance Measure Status	2013		2014	
		76.6% of adults in Kent County report having visited a dentist in the past 12 months (2012 MiBRFSS)		73.9% of adults in Kent County report having visited a dentist in the past 12 months (2014 Kent BRFS)
	52.4% of adults with less than a high school education have visited a dentist in the past 12 months (2012 MiBRFSS)		50.5% of adults with less than a high school education have visited a dentist in the past 12 months	

Access to dental healthcare was identified as a priority goal during the 2012 CHIP. Data showed that less than 75% of all Kent County adults had visited a dentist within the past year, and only about 40% of Kent County adults with less than a high school education had visited a dentist in the past 12 months. In the CHIP update for 2013, slight improvements in each of these measures were recorded. However, for 2014, Kent County has not yet achieved the target for overall adult access to oral healthcare, and there has been a slight decrease in access numbers for both measures, as shown in the table above.

The Kent County Oral Health Coalition (KCOHC) was an established group already working on oral healthcare needs for children and adults in Kent County, so the KCOHC took the lead on this priority goal. In 2014, the Kent County Oral Health Coalition (KCOHC) became one of the services coordinated by Health Net of West Michigan². The KCOHC has been very active on numerous initiatives over the past year with the intention of improving oral healthcare access and community awareness and knowledge of the importance of oral health. Some examples of progress made in the realm of oral healthcare access during 2014 include:

- **The formation of a Pediatric Dentistry Residency Taskforce.** The KCOHC has been working with Helen DeVos Children’s Hospital leadership to discuss the possibility of creating a local residency for pediatric dentists to improve access to dental care for children on Medicaid and for those with special needs who may require hospital-based care.
- **Early childhood care provider messaging.** The KCOHC partnered with WGUV, a PBS station, to deliver BRUSH! Curriculum training to over 140 early childhood educators, including Head Start, Great Start Readiness Program, and others. The training sessions were held in August, September, and October 2014.
- **A community-wide education campaign.** The KCOHC held two independent focus groups with parents and caregivers of young children during the months of February and April 2014 to gather recommendations for topics to include in an education campaign. The coalition also conducted a survey to ensure future messaging is culturally appropriate.
- **Early childhood primary care provider education.** KCOHC has formed a taskforce to further efforts in developing a strategy for primary care providers in the area, with perinatal oral health as the primary priority. Resources through Smiles for Life national curriculum and the Michigan Department of Community Health Perinatal Program have been identified as possible recommendations for improving medical providers’ proficiency in oral health-related care.
- **Senior dental program.** The Senior Dental Program is a referral-based program that is funded through the Kent County Senior Millage. This program helps seniors access basic oral health services, like x-rays and an exam, and can then refer them for a dental treatment plan, if needed.

In addition to the work of the Oral Health Coalition, a partnership between Kent County and Michigan Community Dental Clinics has resulted in the opening of a new dental clinic in Kentwood. This clinic offers dental services for patients with Medicaid, as well as discounted services for persons who are uninsured or underinsured. Several local donors helped to make the new South Clinic a reality. For a

² Health Net of West Michigan is a non-profit, 501(c)(3) organization that was formed as Kent Health Plan in May 2001. In April 2014, the agency name was changed to Health Net of West Michigan to reflect a shift in focus coinciding with implementation of the Affordable Care Act and the initiation of the Healthy Michigan Plan. For more information, please visit <http://healthnetwm.org/>

complete list of those who contributed financially, please visit the following web address:
https://www.accesskent.com/Health/dental_services.htm

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 ³ (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		2014	
		15.8% of all Kent County hospitalizations are ambulatory care sensitive hospitalizations (2011 MI Vital Records)		15.1% of all Kent County hospitalizations are ambulatory care sensitive hospitalizations (2012 MI Vital Records)

Since the 2013 CHIP Update report, there has been a decrease in the percentage of Kent County hospitalizations that are ambulatory care sensitive (15.8% to 15.1%). This is also an improvement from the baseline data that was included in the 2011 Community Health Needs Assessment, but the community still has work to do before it achieves the target of 14.0% that was set in the 2012 CHIP.

In April 2014, the Children’s Healthcare Access Program (CHAP), Fit Kids 360, and the Kent County Oral Health Coalition transitioned from First Steps to merge with Kent Health Plan. The resulting entity, was renamed Health Net of West Michigan² and is currently functioning as Kent County’s community healthcare hub. Since this transition, Health Net has had a number of successes including:

- CHAP was expanded to include adults on Medicaid.

³ 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>

- Kent Health Plan’s Plan B program was revised and renamed “WellNet”. WellNet is a safety net coverage program for those who remain uninsured in our community, particularly undocumented immigrants. WellNet pays Medicaid rates for primary and specialty care, labs, medications, and urgent care and emergency department visits. In addition, every WellNet member is assigned a case manager who provides health education, system navigation, and chronic disease management. WellNet provides transportation to medical appointments and all members must attend patient empowerment classes.
- Health education classes in English and Spanish were developed and offered at multiple locations in patient empowerment, stress management, nutrition, and oral health.
- FitKids360 has continued to expand to new locations.
- Health Net is developing its intake department to function as a “211 for healthcare navigation”. Health Net is partnering with United Way’s 211 program to establish a seamless transfer between the two systems.

O10. 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		2014	
		173.7/10,000 preventable hospital stays (2011 MI Vital Records)		158.3/100,000 preventable hospital stays (2012 MI Vital Records)

Kent County has seen a marked decrease in the rate of preventable hospital stays since the 2011 CHNA. In 2014, the target for this measure was met and exceeded, as Kent County reported 158.3/100,000 preventable hospital stays, an improvement since 2013.

Per the 2012 CHIP, the strategy community partners identified as the key for reducing preventable hospital stays was to educate community members on how to access and utilize healthcare and other services for which they are eligible. Since its establishment, Health Net of West Michigan has worked to expand and grow its capacity to provide education to community members on these topics. Currently, families and adults who participate in the CHAP program, and those who attend patient empowerment classes receive this education. The goal for the organization is to expand capacity to offer this type of education and support to all members of the Kent County community.

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.

01. 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.]

	2013	2014
Performance Measure Status	 74.9% of women with a live birth in Kent County received their first prenatal visit within the first trimester (2011 MI Vital Records)	 73.1% of women with a live birth in Kent County received their first prenatal visit within the first trimester (2012 MI Vital Records)

The Healthy Kent Infant Health Implementation Team continues to work collaboratively with over 40 organizations and agencies to increase the percent of women who receive their first prenatal visit in their first trimester. Unfortunately, Kent County saw a decrease in the percentage of women who received their first prenatal visit within the first trimester between 2013 (74.9%) and 2014 (73.1%). The target set by community partners for this performance measure (79.5% or more) has not yet been met.

However, progress continues to be made on the four strategies proposed to address the issue of increasing the percent of women with a live birth who receive their first prenatal visit during the first trimester of pregnancy. For example, the Calvin College Nursing Department’s study – Women’s Health Promotion Project, also known as the Know Your Body study – is now in month 18 and will begin sharing preliminary data with the Healthy Kent Infant Health Implementation Team in January 2015. Additionally, the many maternal-infant health home visiting programs within the community, including Maternal Infant Health Program, Nurse Family Partnership, Strong Beginnings, Healthy Start, Welcome Home Baby, and the Kent County Interconception Care Program each work with mothers and families to address family planning and healthy choices.

Healthy Kent initiated a project with local hospital emergency departments (ED) in 2013 to address the issue of scheduling prenatal appointments for women presenting as pregnant in the ED. The project ended with an agreement from ED case management supervisors to provide the “Are you Pregnant?” flyer to women who have a positive pregnancy test in the ED. As the Kent County Home Visiting Hub is developed and implemented, this project may be revived and expanded.

In response to referral and navigation needs, Healthy Kent updated the “Are you Pregnant?” flyer in 2014 to include new information about the impacts of the Affordable Care Act and navigation services in the community. This flyer is used widely by the Alpha Women’s Center, Pregnancy Resource Center, The Debra Project (a ministry of Kingdom of Life Ministries Corporation), Planned Parenthood, and the EDs of Kent County’s three largest hospitals.

Due to changes in the Medicaid program, the need to provide a “guarantee letter” to prenatal care providers prior to being seen has been eliminated. During an assessment of OBGYN offices conducted by Healthy Kent Infant Health Implementation Team volunteers, it was found that all offices visited had a policy to see pregnant women during the first trimester, as soon as possible. This site assessment indicates better adherence to ACOG guidelines than was previously reported or perceived.

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

03. 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		2014	
		79.1% of women with a live birth in Kent County received adequate or adequate plus prenatal care (2011 MI Vital Records)		78.1% of women with a live birth in Kent County received adequate or adequate plus prenatal care (2012 MI Vital Records)

There has been a documented decrease in the percent of women with a live birth in Kent County who receive adequate or adequate plus prenatal care between 2013 (79.1%) and 2014 (78.1%). Despite this decrease and the fact that the community has not yet achieved the target of 82.3% set by community partners during the 2012 CHIP process, community partners continue to implement efforts to impact this statistic.

The Home Visiting Hub is promoting the benefits of prenatal home visiting programs and is working to make enrollment easy by encouraging the use to 2-1-1. Education of physicians and their office staff on the Maternal Infant Health Program and others is slated for 2015 through a project with the U.S. Agency for Healthcare Research and Quality (AHRQ).

The AHRQ study is being conducted by Michigan State University’s School of Medicine and continues to assess and improve the system of care for pregnant women on Medicaid. Focus groups were completed with OBGYNs in Kent County to determine their knowledge and awareness of the Maternal Infant Health Program and other home visiting programs in the community. Results of these focus groups showed that OBGYNs were unaware of what the programs provide and how to enroll clients. Focus group participants gave recommendations for how to increase physician referrals to the Maternal Infant Health Program, and a brief presentation was given during Grand Rounds.

During the summer of 2014, site visits were made with three OBGYN offices. The visits were intended to provide a plethora of resources to assist offices in providing universal screenings, which include psychosocial issues that impact pregnancy outcomes. Decision Trees created and maintained by the Healthy Kent Infant Health Implementation Team were provided to help offices and providers make appropriate referrals.

Local medical residents who complete a public health rotation through the Kent County Health Department, meet with the Healthy Kent Executive Director. She explains Healthy Kent and its various coalitions and committees, and also provides them the Pregnancy and Infant Decision Trees. These Decision Trees, along with other resources that have been selected by the Healthy Kent Infant Health Implementation Team’s Access to Care Action Team help to promote screening for social determinants of health and offer referral resources and contact information for services available in Kent County.

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.			

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

Performance Measure Status	2013		2014	
		68.7% of African American women with a live birth in Kent County received adequate or adequate plus prenatal care (2011 MI Vital Records)		68.9% of African American women with a live birth in Kent County received adequate or adequate plus prenatal care (2012 MI Vital Records)

Though the target for this performance measure has not yet been achieved, there has been a slight improvement in the percentage of African American women with a live birth who receive adequate or adequate plus prenatal care between 2013 (68.7%) and 2014 (68.9%). Kent County has responded to the issues of informing community members and providers about the relationship between racism, discrimination, and health outcomes through the implementation of Health Equity and Social Justice Dialogue Workshops that are offered by the Kent County Health Department, Strong Beginnings, and the Healthy Kent Infant Health Implementation Team. The Workshops are open for participation by community partners and service providers, and have reached approximately 500 people since their inception in 2012.

Healthy Kent's Responding to Racism Action Team is working to implement a "Health in All Policies" approach to addressing social determinants of health in the community, as well. This work is in collaboration with the Michigan Power to Thrive initiative, which brings together the disciplines of public health and community organizing.

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.

01. 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%.

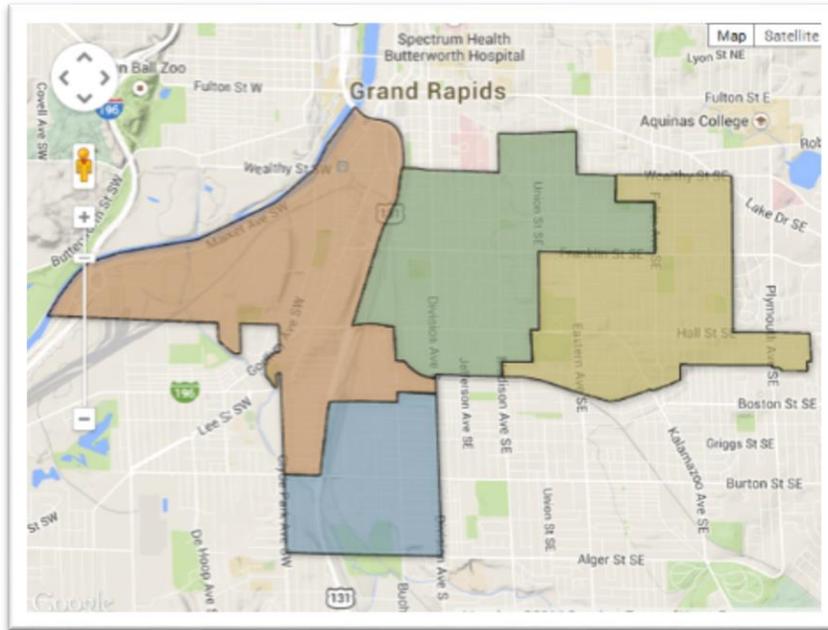
CHIP Strategy	Performance Measure	Baseline	Target
Increase the availability of healthy goods in corner stores and gas stations.	Percent of all Kent County residents who are food insecure	15.2% of all Kent County residents are food insecure	<14.2% of all Kent County residents are food insecure
Increase 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		2014	
		13.3% of all Kent County residents are food insecure (Feeding America, 2011)		13.2% of all Kent County Residents are food insecure. (Feeding America, 2012)
	18.6% of Kent County children are food insecure (Feeding America, 2011)		18.7% of Kent County children are food insecure (Feeding America, 2012)	

Kent County achieved the targets set in 2012 for reducing food insecurity in 2013 and has managed to maintain those achievements through 2014. While the targets were achieved and maintained, there was a slight increase in the percentage of children who are food insecure between 2013 (18.6%) and 2014 (18.7%).

To address food insecurity in our community, many community agencies have come together to implement the two strategies put forth in the 2012 CHIP (see table above). Kent County was a recipient of the Center for Disease Control and Prevention's (CDC) Community Transformation Grant



Map courtesy of Community Research Institute at Grand Valley State University (<http://cridata.org/B2Bzones.aspx>)

(CTG), which included work for increasing access to healthy foods. Through work associated with that grant, the YMCA of Greater Grand Rapids was able to secure two new sites for its Veggie Van program – the Cook Arts Center and the Edge Hip Hop Church. Both sites, through data collected by the YMCA, have reported an increase in use of the Veggie Van and an increase in fruit and vegetable purchases. Though the CTG funding has ended, the Veggie Van program continues to provide weekly access to fresh produce at these two locations. Use of food benefits

is also available at both locations, further providing access to individuals and

families who qualify for programs like the Supplemental Nutrition Assistance Program (SNAP) and “Double Up Food Bucks”.

In late 2014, Kent County applied for and was awarded a Racial and Ethnic Approaches to Community Health (REACH) grant from CDC. This three-year grant will continue to increase availability of healthy foods in corner stores and gas stations by increasing the number of available ‘sites’ in the four Hopes Zones within the City of Grand Rapids. The Hope Zones are primarily communities of color, with mostly African American and Hispanic/Latino residents.

Additionally, partnerships with local universities and their MPH student interns have proven mutually beneficial in relation to achieving increased access to healthy foods. Students have begun to analyze work already done in Kent County in relation to healthy food access, and have matched strategic priorities to the foci of their practicum and capstone projects. For example, one student will survey residents within the Roosevelt Park neighborhood to assess purchases of healthy food items at eight sites within the area in 2015.

In regards to healthy food option availability in local food pantries and congregate meal sites, Kent County as a community has made great strides thanks to work lead by ACCESS of West Michigan, the Food and Nutrition Coalition of the Kent County Essential Needs Taskforce, and through activities funded by locally-based grants. Much of this work is coordinated through efforts of the Heartside Feeding Project, Heartside Gleaning Project, and a Spectrum Health registered dietitian. Through collaborative efforts, the number of feeding times within the Heartside community have increased and there has been volunteer and staff training provided on how to secure healthier food donations and how to prepare and store foods. Efforts have been made to eliminate non-nutritive foods from feeding sites and there has been coordination to glean fruits and vegetables from local farmers’ markets for use within congregate meal sites and pantries. Healthy meal planning support has also been offered.

Spectrum Health has transferred management of the Nutritional Options for Wellness (NOW) program to the ACCESS Pantry Network, which has helped to expand NOW pantries in Kent County and to provide nutrition education to staff, volunteers, donors, and food procurement organizations like Feeding America of West Michigan. This endeavor is a coordination of more than 75 pantries that service low-income, chronically ill patients between the ages of 18 and 65. The program provides access to free, healthy food items specific to dietary needs and offers disease management through healthy lifestyle classes and individualized accountability. In 2014, over 3,800 food services were provided through this program.

Spectrum Health Healthier Communities has also entered into an alliance with the Grand Rapids Downtown Market to focus on healthy lifestyle choices to address obesity and other diet-related diseases. Healthy lifestyle educational activities are provided to at-risk populations residing near the Heartside, Roosevelt Park, and South East Community neighborhoods of Grand Rapids. The program offers promotional efforts to encourage shopping for healthy, fresh foods at the Downtown Market, free classes about lifestyle choices, cooking, and nutrition, and partners with dietitians and other health professionals to teach classes and develop programs. Over 1,600 people were served in 2014.

Goal 2: Increase healthy eating within Kent County.

04. 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		2014	
		32.5% of students eat five or more servings of fruits and vegetables per day (2011-2012 MiPHY)		27.9% of students eat five or more servings of fruits and vegetables per day (2013-2014 MiPHY)

There continues to be a decline in the proportion of students reporting that they consume five or more serving of fruits and vegetables per day. Between the data collected in the 2009-2010 MiPHY survey and the data collected in the most recent 2013-2014 MiPHY survey, the percentage of students consuming sufficient servings of fruits and vegetables has dropped from 34.9% to 27.9%. *[It is important to note that school districts participating in the 2009-2010 MiPHY differed from those districts participating in more recent MiPHY assessments. This difference in participating schools could account for the reduced percentage of students reporting healthy eating habits.]*

The [Child Nutrition and Reauthorization Act of 2010](#) mandates the number of servings of fruits and vegetables provided through school breakfast and lunch meals. This ensures access to fruits and

vegetables for students participating in these meal programs. Beyond this, the Health Department provides supportive interventions to teach cooking and nutrition classes to vulnerable youth living in foster care or on their own. The Health Department has also worked with local universities to have students conduct studies to survey schools about mandates, wellness policies, gaps and successes, and nutrition and food vending. These data collection efforts have helped to identify areas for improvement, promote new strategies, and to monitor progress toward increasing the percentage of Kent County students who report eating the recommended number of fruit and vegetable servings per day.

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>)]

	2013		2014	
Performance Measure Status		16.7% of school districts participating in MiPHY (2011-2012 MiPHY)		21.0% of districts participating in MiPHY (2013-2014 MiPHY)

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 has seen an increase in MiPHY participation from the 2011-2012 cycle (16.7%) to the 2013-2014 cycle (21.0%). While the population covered in the 2013-2014 cycle may not have achieved the demographic representativeness that was intended, Kent County was able to achieve more than 20% participation in the assessment.

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 in the 2012 CHIP process identified the MiPHY as an important strategy and opted to strategize methods for improving participation. During 2014, community partners have conducted outreach and promotion of MiPHY through various avenues, including the Kent Learning Collaborative, high school principal meetings, email to all secondary school sites with link to video and PowerPoint, meeting with Behavioral Health Committee at Forest Hills Public Schools, meeting with Rockford Public Schools administrator, meetings with faculty advisors from 20 school districts at the Empowering Teens as Leaders Conference, and through a monthly newsletter that is distributed to all K-12 school administrators and 150 teachers.

During the final year of the CHIP, community partners plan to develop a mechanism for gathering feedback about barriers to school participation in the MiPHY. This strategy will yield additional data to inform future initiatives to improve school participation in this important youth assessment.

O2. 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		2014	
		Zero school districts*		Zero school districts*

* 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 process proposed the implementation of a modified MiPHY in Kent County elementary schools as a means for addressing gaps in data.

While no progress has been reported on this particular strategy, the community will for implementing this activity still exists and is being discussed. In 2014, efforts to move this strategy forward were initiated. The Kent Intermediate School District was awarded a federal grant for which the Kent County Health Department was engaged as lead evaluator. Evaluation activities included assessing physical activity and nutrition among Kent County elementary, middle, and high school students. Although the Health Department is no longer serving in the evaluator role due to federal grant stipulations, a large amount of work was done to identify existing tools that have been validated for these types of assessments.

Additionally, the Health Department was awarded a Racial and Ethnic Approaches to Community Health (REACH) grant from the Centers for Disease Control and Prevention in 2014, which may help with the realization of this strategy to collect health information from elementary-aged children. This grant's efforts focus on improving physical activity and reducing obesity in specific neighborhoods

within Kent County. The REACH project team may have the ability to facilitate a health assessment of children within the REACH neighborhoods as the grant's workplan moves forward.

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:

- 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
	Percent of African American students who are obese	14.1% African American students are obese	13.4% African American students are obese
	Percent of Hispanic/ Latino students who are obese	13.4% Hispanic/ Latino students are obese	12.7% Hispanic/ Latino students are obese
	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
	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	86.7% Hispanic/ Latino students use seat belts	87.4% Hispanic/ Latino students use seat belts	

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
	students who 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 Hispanic/ Latino students who use condoms	47.4% of sexually active Hispanic/ Latino students use condoms (2009-10 MiPHY)	49.8% of sexually active Hispanic/ Latino students use condoms

[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				
Performance Measure Status	2013		2014	
		14.3% male students are obese (2011-2012 MiPHY)		13.1% of male students are obese (2013-2014 MiPHY)
		14.0% African American students are obese (2011-2012 MiPHY)		12.8% of African American students are obese (2013-2014 MiPHY)
		12.5% Hispanic/Latino students are obese (2011-2012 MiPHY)		17.2% of Hispanic/Latino students are obese (2013-2014 MiPHY)
		15.0% of American Indian students are obese (2011-2012 MiPHY)		7.1% of American Indian students are obese (2013-2014 MiPHY)

Seat Belt Measures				
Performance Measure Status	2013		2014	
		88.4% African American students wear a seat belt (2011-2012 MiPHY)		69.7% African American students wear a seat belt (2013-2014 MiPHY)
		86.0% Hispanic/Latino students wear a seatbelt (2011-2012 MiPHY)		74.3% Hispanic/Latino students wear a seatbelt (2013-2014 MiPHY)
		92.4% Asian students wear a seatbelt (2011-2012 MiPHY)		74.6% Asian students wear a seatbelt (2013-2014 MiPHY)

Condom Use Measure				
Performance Measure Status	2013		2014	
		52.9% of sexually active Hispanic/Latino students use condoms* (2011-2012 MiPHY)		61.2% of sexually active Hispanic/Latino students use condoms (2013-2014 MiPHY)

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

Comprehensive health education is a planned, sequential curriculum that addresses physical, mental, emotional, and social dimensions of health and enables children and youth to become healthy and productive citizens. It helps students to establish and practice health-enhancing behaviors over a lifetime. Comprehensive health education is designed to motivate students to maintain and improve their health, prevent disease, reduce health-related risk behaviors, and develop and demonstrate health-related knowledge, attitudes, skills, and practices.

In Michigan, the standard curriculum for comprehensive health education is the Michigan Model for Health. The implementation of this curriculum in Kent County schools has been sporadic and oftentimes, educators choose to present select units of the curriculum to students rather than the full program. Hence, advocacy efforts to expand implementation of this curriculum became a key strategy for the Priority 5 Workgroup.

The initial workplan developed by community partners to address this objective largely focused on targeting policy change efforts at the school district and state levels. It has since become apparent that this approach is not feasible due to a number of challenges, including funding issues and competing priorities of key stakeholders. However, key community partners supporting the expansion of comprehensive health education curriculum have proposed a revised and more feasible workplan that they believe will help to achieve the cited objectives.

The revised workplan still focuses on expanding implementation of the Michigan Model for Health curriculum in Kent County schools. Key objectives and strategies for this new plan include:

- **Objective 1:** Recruit non-implementing (i.e. public, alternative, charter, and private) schools for Michigan Model for Health trainings.
 - **Activity 1.1:** Implement strategies to promote the recruitment of schools that do not currently utilize the Michigan Model for Health®.
 - **Strategy 1:** Using the evidence-based Michigan Model for Health curriculum as a tool to complement academic skills and encourage positive behavior with all building sites through multiple media and/or face-to-face meetings with building principals and staff.
 - **Strategy 2:** Develop technology tools to reach out to school staff encouraging MI Model for Health Curriculum as a selected curriculum, K-12, increasing number of teachers trained in MI Model by 10% by September 2015.
 - **Strategy 3:** Create web-based promotional tool that reaches out to charter and private schools, as well as non-participating public schools to assess current health education curriculum status and interest in exploring the MI Model for Health Curriculum.
- **Objective 2:** Increase by 5-10% the proportion of teachers trained in the Michigan Model for Health curriculum.
 - **Activity 2.1:** Provide trainings on the implementation of the Michigan Model for Health® curriculum at the elementary, middle and high school levels.
 - **Strategy 1:** Provide at least two workshops which utilize the Michigan Model for Health as the tool to complement academic skills and encourage positive behaviors for K-12 teachers and staff.
 - **Strategy 2:** Provide two workshop on Michigan Model for Health’s social-emotional units for school guidance counselors, K-12, and its connection to MTSS for overall positive behavioral outcomes.
 - **Strategy 3:** Provide summer K-6 Michigan Model for Health two day workshop to encourage stronger use and updates in each of the key six topics for health for teachers trained some time ago and not fully using this curriculum.
- **Objective 3:** Provide technical assistance and consultation related to the Michigan Model for Health to teachers and schools.
 - **Activity 3.1:** Provide consultation and technical assistance to local school districts, public school academies, identified private schools, and teachers.
 - **Strategy 1:** Promote technical assistance on human sexuality, nutrition and physical activity or drug prevention with area charter and non-public schools who have not been part of the Michigan Model for Health curriculum users, using TA as a method of reaching new schools for MM implementation.
 - **Activity 3.2:** Work with local school districts, communities, voluntary and professional groups to identify, develop and coordinate support for the Michigan Model for Health® curriculum.
 - **Strategy 1:** Meet with West MI School Guidance Counselor’s Board of Directors to identify how to work collaboratively to provide overview of MI Model at their September conference.
 - **Strategy 2:** Collaborate with the Kent County Connect Teams to promote school health through the MI Model for Health.
 - **Strategy 3:** Collaborate with Kent Co. Health Department, area hospitals, and Kent County Health Connect on elementary student health survey which will include questions on student health and school health education, providing a base for identifying target audiences for MI Model curriculum and specific health content areas which are of greatest need in elementary schools.

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 publication of the 2012 CHIP, there have been great efforts in the community by numerous agencies to address community need and move the needle on health indicators with some success.

The 2013 CHIP Evaluation Report documented efforts to streamline goals, objectives and strategies in order to make implementation of the CHIP more manageable and realistic. As the community moves into the next iteration of the community health needs assessment and health improvement planning process, goals, objectives, and strategies included within the 2012 plan will be revisited and reincorporated, where necessary and possible.