

January 2018

Community Health Improvement Plan
Annual Update Report
January 2018



Questions, please contact:
Rachel Jantz, MPH
Epidemiologist
Kent County Health Department
Rachel.Jantz@kentcountymi.gov
P: (616) 632-7241

Table of Contents

Introduction	3
Objective Status Dashboard and Progress Summary	3
Objective Status Key	4
Mental Health (MH) Workgroup	5
Substance Use Disorder (SUD) Workgroup	9
Healthy Eating Active Living (HEAL) Workgroup	17
Adverse Childhood Experiences (ACEs) Workgroup	19
Health in All Policies Update	21

For more information pertaining to this report, please contact:

Rachel Jantz, MPH
Kent County Health Department
Rachel.Jantz@kentcountymi.gov
616-632-7241

Chelsey K. Saari, MPH
Kent County Health Department
Chelsey.Saari@kentcountymi.gov
616-632-7268

Introduction

Report Overview

Healthy Kent published the 2015 Community Health Improvement Plan (CHIP) in February 2016. Outlined in this plan are the goals, objectives, and strategies for addressing the four most prevalent community-identified health issues afflicting the residents in Kent County. Also included in this plan is a list of key community partner organizations and agencies that have committed to the successful implementation of the strategies included within the CHIP. The 2015 CHIP can be viewed in its entirety by visiting www.kentcountychna.org.

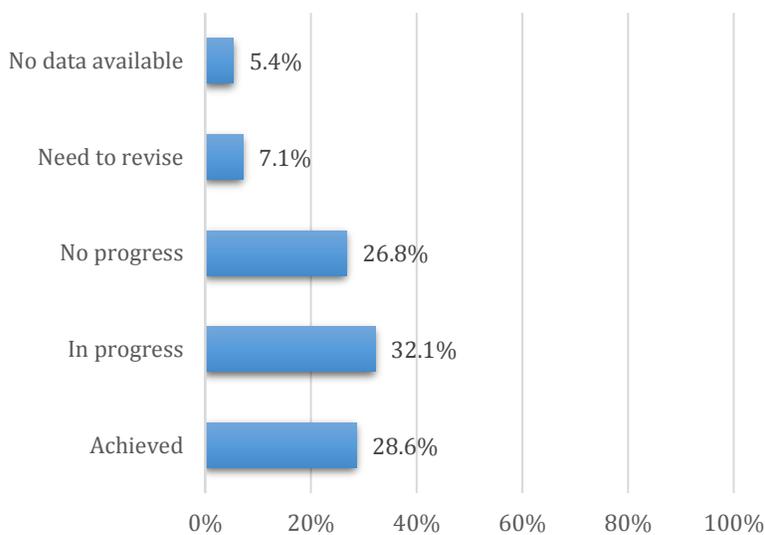
This report is intended to serve as an annual snapshot of the work being done in accordance with the Kent County CHIP. Reports of progress were compiled through solicitation of updates from each of the workgroup co-leads. Successes, challenges, and accomplishments are highlighted. This report is the final update of workgroup progress for the 2015-2017 CHIP.

Objective Status Dashboard and Progress Summary

As of January 2018, 29% of objectives in the Kent County CHIP were achieved, 32% were in progress, and 7% needed to be revised [Figure 1]. Slightly more than one-quarter of objectives had no progress.

The “no data available” category encompasses all objectives for which updated statistical information was unavailable. While the completion of the Behavioral Risk Factor Survey (May 2017) and the VoiceKent survey (December 2017) provided workgroups with updated data for certain measures, three objectives were still lacking data.

Figure 1. Kent County CHIP Implementation Status, January 2018



CHIP workgroups have made considerable progress implementing their workplan objectives over the 2015-2017 timeline [Figure 2]. Approximately 60% of all objectives were either achieved or in progress by January 2018. About one-quarter of objectives had no progress by January 2018, and 12.5% either needed to revise the objective or were lacking data to report on the objective.

Figure 3 displays implementation status by workgroup (Adverse Childhood Experiences [ACE]; Healthy Eating, Active Living [HE]; Health in All Policies [HIAP]; Mental Health [MH]; Substance Use Disorder [SUD]). The quantity of objectives per workgroup should be considered when evaluating this information.

Figure 2. Kent County CHIP Implementation Status, June 2016-January 2018

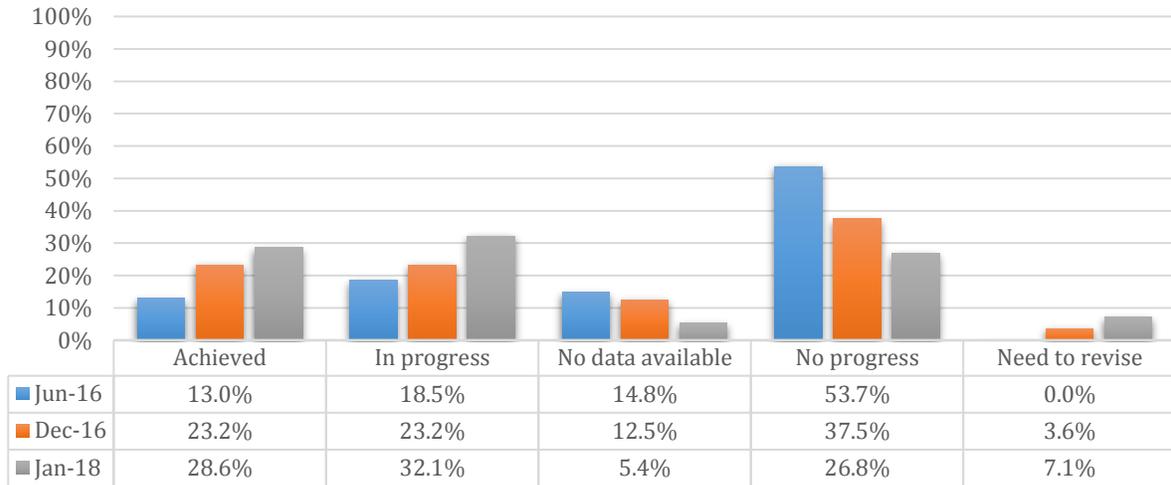
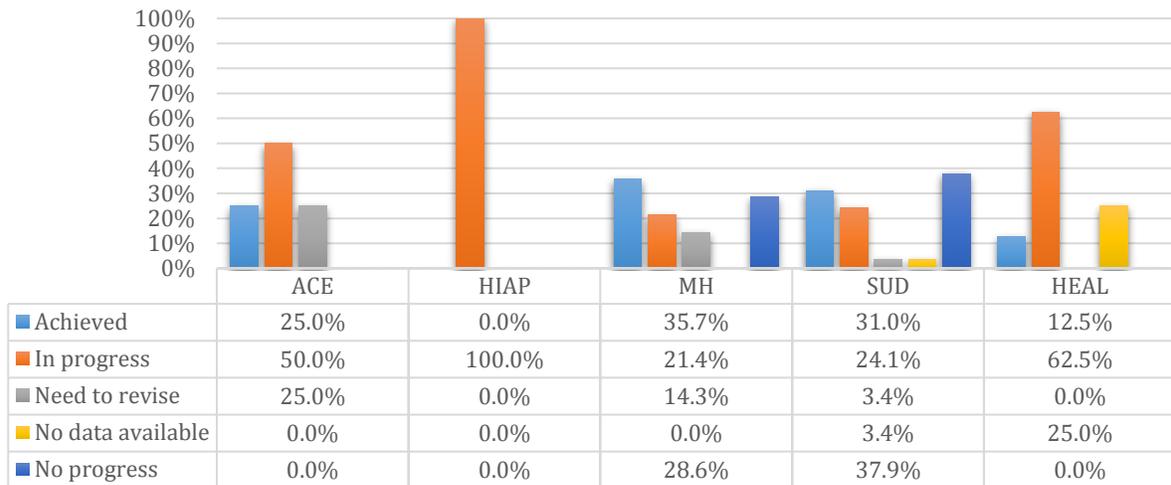


Figure 3. Kent County CHIP Implementation Status, by Workgroup, January 2018



Objective Status Key

No Progress	In Progress	Achieved	Exceeded
☹️	😐	😊	😊 ✓

Mental Health (MH) Workgroup

Goal 1

Decrease stigma associated with mental health issues and increase community awareness of risk factors for mental health conditions.

Objective	Target	Status
Provide Mental Health First Aid training to at least 200 adults who work with youth annually for three years (beginning in January 2016)	200 adults who work with youth per year	 ✓ 946 participants

[Data Source: MHFWM; Network180]

In 2016, there were 591 adults trained in Youth Mental Health First Aid. In 2017, there were 13 sessions held with a total of 355 participants. The sessions in 2017 were delivered by KISD Project AWARE, The Mental Health Foundation, and network180. The workgroup stated that due to the success of this objective, the target could have been increased.

Objective	Target	Status
Provide Mental Health First Aid training to at least 90 adults in the community at-large annually for three years (beginning in January 2016)	90 adults trained	 ✓ 604 adults trained between 2016-2017

[Data Source: MHFWM; Network180]

Mental Health First Aid training reached 341 adults in 2016 and 263 adults in 2017, which meets and exceeds the objective.

Objective	Target	Status
Provide Mental Health First Aid training to at least 90 healthcare providers in Kent County annually for three years (beginning in January 2016)	90 healthcare providers trained	 No progress*

[Data Source: MHFWM; Network180]

There has been no progress on providing Mental Health First Aid training to healthcare providers, as there is a shortage in the number of Mental Health First Aid trained instructors. The 8-hour training is hard to fit into the healthcare provider's schedules. There is a lack of healthcare providers represented on the MH workgroup, which makes it difficult to get a class going. Spectrum Health Medical Group is planning to implement QPR (Question, Persuade, Refer), which is a 1.5-hour evidence-based training to recognize the signs of a possible suicide, but is not holistically about mental health.

*The workgroup has identified this objective as needing revision.

Objective	Target	Status
Provide Mental Health First Aid training to at least 90 community residents who speak Spanish annually for three years (beginning in January 2016)	90 Spanish-speaking adults trained	☺ In progress

[Data Source: MHFWM]

The 1.5-hour mental health first aid training in Spanish was piloted via Health Net of West Michigan. There were six participants in attendance. Four Spanish Mental Health First Aid classes have been scheduled in 2018 at Roosevelt Park Ministries. Roosevelt Park Ministries received funding to offer mental health counseling through their Emotional Support Group, which is offered in Spanish.

The workgroup identified a need to work with agencies who have a trusted relationship with the Latino population, as there is a cultural barrier that often keeps them from addressing their mental health conditions.

Objective	Target	Status
Provide Mental Health First Aid training to at least 90 law enforcement and First Responders in Kent County annually for three years (beginning in January 2016).	90 law enforcement and/or first responders trained	☹ No progress

[Data Source: MHFWM; Network180]

No training was implemented for first responders and law enforcement.

Objective	Target	Status
Expand availability of Live. Laugh. Love. curriculum into at least two (2) Kent County public and private school districts annually for three years (beginning in January 2016)	At least 6 school districts offering curriculum	☹ 5 school districts offering curriculum

[Data Source: MHFWM]

Five school districts in Kent County implemented the Live. Laugh. Love. curriculum, reaching 1,497 middle school students. The health department partnered with The Mental Health Foundation to offer Live. Laugh. Love. to schools where KCHD offers Life Skills Training; however, the health department indicated they are unable to provide Live. Laugh. Love. without reimbursement from The Mental Health Foundation. Therefore, the partnership will be unable to provide training for students in rural communities.

Objective	Target	Status
Expand the number of public and private school districts in Kent County that implement the “be.nice.” program to at least 8 school districts annually for three years (beginning in January 2016)	At least 16 school districts offering program	😊 ✓ 12 school districts offering program

[Data Source: MHFWM]

The *be nice.* program is being offered in 12 school districts, which means a reach of more than 25,000 students of all ages. This program is a positive anti-bullying initiative designed to spread awareness surrounding the issues of bullying and the importance of treating people with civility community-wide.

Objective	Target	Status
Expand the “be.nice.” program into at least 2 workplace settings in Kent County annually for three years (beginning in January 2016)	At least 4 workplaces offering program	😊 ✓ 69 workplaces offering program

[Data Source: MHFWM]

The *be nice.* program was provided in 69 worksites and community settings. This program is a positive anti-bullying initiative designed to spread awareness surrounding the issues of bullying and the importance of treating people with civility community-wide. The workgroup would like to offer the *be nice.* program at the health department.

Objective	Target	Status
Coordinate social marketing messages among Kent County organizations to increase awareness and knowledge of mental health issues by at least 5% among Kent County residents by December 2017	At least 5% increase in awareness and knowledge	😐 In progress

[Data Source: Kent County Health Department]

Be nice. has been partnering with WOOD TV8 for three years highlighting the *be nice.* action plan. Actual progress on collecting pre- and post-data pertaining to message recognition, awareness, and knowledge on mental health issues has not yet been recorded.

Goal 2	Improve patient navigation and referral services for persons with mental health needs in Kent County.
---------------	---

Objective	Target	Status
Establish a primary data source for capturing information about client barriers and concerns	Data source established.	😊 Achieved

associated with mental health service navigation and referrals in Kent County by March 2016		
---	--	--

[Data Source: Kent County Health Department]

The workgroup added a question on barriers to accessing mental health services to the VoiceKent survey, which was administered over the summer months of 2017. The workgroup will use the data captured on VoiceKent to establish strategies for the new mental health workplan.

Objective	Target	Status
Clients and mental health service agencies will have access to a tool to assist with client navigation of the mental healthcare system in Kent County by December 2016	Navigation tool in use.	 No progress*

[Data Source: HK Mental Health Workgroup]

The partnership with the GVSU computer science class to help in the creation of an electronic navigation tool did not occur, therefore a tool was not created. However, the Healthy Kent Infant Health Decision Tree on mental health navigation is being used as a possible model for developing a navigation tool.

*The workgroup identified this objective as needing revision.

Objective	Target	Status
Clients and mental health service agencies will have access to a web-based tool or "app" that assists with mental healthcare system navigation by December 2017	"App" developed and in use.	 No progress

[Data Source: HK Mental Health Workgroup]

Objective	Target	Status
At least 50% of healthcare service providers in Kent County will report having used the navigation tool at least "sometimes" within practice by December 2018	Navigation tool in use	 No progress

[Data Source: Kent County Health Department]

Objective	Target	Status
At least 75% of people surveyed will be aware that a mental health service navigation tool exists by December 2018	Navigation tool in use	 No progress

[Data Source: Kent County Health Department]

Substance Use Disorder (SUD) Workgroup

Goal 1 Prevent, delay, and reduce harmful substance use behaviors in Kent County.

Objective 1.1	Target	Status
Reduce use of tobacco products in past 30 days by high school youth from 12% to 11% by September 2018	11% (MiPHY, 2013-2014)	☺ ✓ 5.8% (MiPHY, 2015-2016)

[Data Source: HK SUD Workgroup, MiPHY]

Based on updated MiPHY data, this objective for reducing youth tobacco use has been met and exceeded. With the exception of Tobacco 21, the strategies listed to address this objective are ongoing programs delivered by Kent County prevention providers. Efforts toward the Tobacco 21 initiative have stalled due to legal challenges in other Michigan cities and counties. Kent County has decided to pause with this initiative until the legal challenges have been solved.

One of the streamlining efforts associated with this strategy includes a formalized data sharing program that would include information from all existing strategies. To date, the Prevention Subcommittee of the SUD Workgroup has verbally agreed to develop a data reporting system, but no work toward establishing the system has been initiated.

Objective 1.2	Target	Status
Reduce adult e-cigarette use from 10.1% to 9.5% by September 2017	9.5% (BRFSS, 2014)	☺ ✓ 5.5% (BRFSS, 2017)

[Data Source: HK SUD Workgroup, BRFSS]

According to the 2017 Kent County BRFSS, the percentage of respondents 18 years and older who currently use e-cigarettes is 5.5%, achieving the target. Many of the strategies proposed for addressing e-cigarette use among adults in Kent County are ongoing efforts by numerous organizations. Although a social norming campaign had been proposed, challenges have arisen identifying a funder who could assist with the expenses involved in creating, testing, and promoting the campaign materials. In addition, research has not yielded an e-cigarette campaign that could be replicated.

Objective 1.3	Target	Status
Increase the percentage of high school youth who report that smoking marijuana once or twice per week is a moderate or great risk from 51.2% to 53% by September 2018	53% (MiPHY, 2013-2014)	☹ 47.8% (MiPHY, 2015-2016)

[Data Source: HK SUD Workgroup, MiPHY]

Per the 2015-2016 MiPHY data, this objective is moving in the wrong direction. Fewer students (47.8%) report that smoking marijuana once or twice a week is a moderate or great risk. This trend

will be difficult to reverse as marijuana use is normalized through television and pop culture and more states legalize recreational use. Many of the strategies being implemented to address this issue are ongoing efforts by Kent County prevention providers.

Objective 1.4	Target	Status
Reduce past-year non-medical use of pain relievers by 18-25 year olds from 11.9% to 11% by September 2017	11% (BRFSS, 2014)	No updated data available

[Data Source: HK SUD Workgroup, BRFSS]

The DEA Drug Take Back Day event held in October 2017 at Metro Hospital had limited publicity through Kent County and Kent County Health Department Facebook pages. One of the objectives of the Kent County Opioid Overdose Task Force is to ensure health care provider awareness of, education on, and use of evidence-based guidelines for prescribing opioids for chronic pain, but work has not started on that yet. Sharon Schmidt attends the Task Force meetings and will be able to act as a liaison between the SUD CHIP and Task Force to ensure redundancy doesn't occur.

Objective 1.5	Target	Status
Reduce the proportion of persons aged 18-24 years engaging in binge drinking during the past 30 days from 28.8% to 25.8% by September 2017	25.8% (BRFSS, 2014)	☺ ✓ 20.0% (BRFSS, 2017)

[Data Source: HK SUD Workgroup, BRFSS]

According to the 2017 Kent County BRFSS, the percentage of 18-24-year-olds reporting binge drinking in the past 30 days was 20.0%, a decrease from 28.8% in 2014, and meeting the target. The education programs being employed as strategies for this objective are ongoing projects implemented by prevention providers in Kent County. Kent County Health Department received another year of grant funding from the Lakeshore Regional Entity (LRE) to continue the Rethink Drinks public awareness campaign through September 30, 2018. Two focus groups planned for FY 17 were canceled due to lack of participation, and it is unclear whether additional focus groups will be attempted in FY 18. The Health Department attempted partnerships with Pathways in Ottawa County, the Ottawa County Health Department, and with the Kent County Prevention Coalition, but those groups were focusing on different target audiences.

Objective 1.6	Target	Status
Reduce the proportion of persons aged 25-34 years engaging in binge drinking during the past 30 days from 29.3% to 26.3% by September 2017	26.3% (BRFSS, 2014)	☹ 28.4% (BRFSS, 2017)

[Data Source: HK SUD Workgroup, BRFSS]

According to the 2017 Kent County BRFSS, the percentage of 25-34 year olds reporting binge drinking in the past 30 days was 28.4%, a decrease from 29.3% in 2014, but not meeting the target. Kent County Health Department received grant funding from the Lakeshore Regional Entity (LRE) to continue the Rethink Drinks public awareness campaign through September 30, 2018.

Objective 1.7	Target	Status
Reduce use of alcohol in the past 30 days by high school youth from 21.1% to 19% by September 2018	19% (MiPHY, 2013-2014)	☺ ✓ 17% (MiPHY, 2015-2016)

[Data Source: HK SUD Workgroup, MiPHY]

Based on updated MiPHY data, the past 30-day use of alcohol among youth in Kent County has declined from 21.1% to 17%, which exceeds the target set by the SUD Workgroup. The strategies being implemented for this objective are ongoing programs delivered by Kent County prevention providers.

Goal 2 Decrease barriers to accessing treatment services provided in Kent County.

Objective 2.1	Target	Status
Assess how easily a Medicaid client can access substance use disorder services in Kent County	Assessment completed	☹ In progress

[Data Source: HK SUD Workgroup]

This objective was changed in 2017 to assess the Medicaid population specifically. The workgroup put in a request to get the data from Network 180, but it has not yet been received due to personnel issues within the IT department at Network 180. It is unclear when these reports will be available.

Objective 2.2	Target	Status
Clients and substance use disorder service agencies will have a tool to assist with client navigation of the substance use disorder treatment system in Kent County	Navigation tool established	☺ Achieved

[Data Source: HK SUD Workgroup]

The Lakeshore Regional Entity awarded the Kent County Health Department with a second year of funding in Spring 2017. This money will be used throughout 2018 to enhance the current mirecovery.info website and expand the services listed to include six other counties in the region.

Objective 2.3	Target	Status
Clients will have access to information about existing substance use disorder treatment options in Kent County	Database or directory established	Need to revise

[Data Source: HK SUD Workgroup]

The SUD workgroup voted to remove this objective as it is similar to objective 2.2, to develop a navigation tool.

Objective 2.4	Target	Status
At least 30% of people surveyed will be aware of substance use disorder treatment options in Kent County	30% or more	 No progress

[Data Source: HK SUD Workgroup]

Currently the group has no indication whether Kent County residents are aware of what substance use disorder treatment options are available for those in need. When determining which questions to include on the 2017 CHNA community health survey, the workgroup did not select this question. The workgroup is unaware of other data sources where this information might be collected.

Objective 2.5	Target	Status
Assess racial demographic information of people on Medicaid using substance use disorder treatment facilities in Kent County	Method for collecting and assessing demographic data implemented	 In progress

[Data Source: HK SUD Workgroup]

The workgroup revised this objective in 2017 and narrowed the population to Medicaid clients. The workgroup put in a request to get the data from Network 180, but it has not yet been received due to personnel issues within the IT department at Network 180. It is unclear when these reports will be available.

Objective 2.6	Target	Status
Assess racial disparities among clients across substance use disorder treatment facilities in Kent County	Method for collecting and assessing racial disparities implemented	 In progress

[Data Source: HK SUD Workgroup]

The workgroup revised this objective in 2017 and narrowed the population to Medicaid clients. The workgroup put in a request to get the data from Network 180, but it has not yet been received due to personnel issues within the IT department at Network 180. It is unclear when these reports will be available.

Objective 2.7	Target	Status
Collect racial/demographic information of people charged with substance use related offenses occurring in Kent County	Method for collecting and assessing data for substance use related offenses implemented	 No progress

[Data Source: HK SUD Workgroup]

The workgroup has not developed a plan for how to use this information once collected, which is important to have in place prior to developing a relationship with the jail system for data sharing.

Objective 2.8	Target	Status
Assess racial disparities among people charged with substance use offenses occurring in Kent County	Method for collecting and assessing racial disparities in criminal charges for substance use	 No progress

[Data Source: HK SUD Workgroup]

The workgroup has not developed a plan for how this information would be used once collected, which is important to have in place prior to developing a relationship with the jail system for data sharing.

Objective 2.9	Target	Status
Discover the procedures used in the Kent County judicial system related to screening, monitoring, and referral for substance use disorder treatment services	Procedures identified and understood	 No progress

[Data Source: HK SUD Workgroup]

The workgroup was unable to identify someone within the judicial system to explain the procedures related to screening, monitoring, and referral for substance use disorder treatment services. The workgroup has not developed a plan for how this information would be used to further current efforts in Kent County.

Objective 2.10	Target	Status
Discover the procedures used by physicians and medical practitioners related to substance use disorder screening, monitoring, and referrals in Kent County	Procedures identified and understood	 No progress

[Data Source: HK SUD Workgroup]

The workgroup has not developed a plan for how this information would be used to further current efforts in Kent County. Thus, it was difficult to try to develop relationships with physicians and medical practitioners without having a reason for needing the information.

Goal 3	Expand treatment methods for trauma to more providers of substance use disorder treatment in Kent County.
---------------	---

Objective 3.1	Target	Status
Screen at-risk individuals for both substance use disorders and trauma in an effort of appropriately treat each condition and prevent them from perpetuating each other	ACE and UNCOPE implemented at 3 clinics	 Achieved

[Data Source: HK SUD Workgroup]

Service providers at Exalta Health (formerly Health Intervention Services), Oasis of Hope, and Catherine’s Care Center saw the value of using the ACE and UNCOPE screening tools at their facilities and include them in their appointment processes. The workgroup originally included implementation at 3 colleges as well (objective 3.2), but dropped this as a target after multiple attempts at engagement were unsuccessful.

Objective 3.3	Target	Status
Establish a data source to offer information on who treats trauma in conjunction with substance use disorders in Kent County	Method for collecting data established	☹ No progress

[Data Source: HK SUD Workgroup]

Although the Kent County Health Department did receive additional funding through the Lakeshore Regional Entity (LRE), this money will be used to enhance the current MIrecovery.info website and include substance use treatment services in the six other LRE counties. It is unlikely the funds will cover the addition of information regarding which agencies treat trauma in conjunction with substance use disorders.

Objective 3.4	Target	Status
Establish a data source to track the usage of the ACEs tool by substance use disorder treatment facilities in Kent County	Method for collecting data established	☹ No progress

[Data Source: HK SUD Workgroup]

Goal 4	Empower the people of Kent County to make healthier choices in their stage of recovery.
---------------	---

Objective 4.1	Target	Status
Provide at least 2 naloxone overdose prevention rescue trainings to family, friends, and community members in Kent County annually	At least 2 naloxone overdose prevention trainings offered per year	☺ Achieved

[Data Source: Grand Rapids Red Project]

The Grand Rapids Red Project is present in five different neighborhoods, six days per week, training individuals, family members, and friends on how to recognize an overdose and providing them with a naloxone overdose prevention kit.

On December 14, 2016, the Kent County Health Department and The Grand Rapids Red Project collaborated to hold the first naloxone training at the Health Department. Ten people participated. A second training was held in March 2017 and was well attended by community members. Comments from participants at the trainings have been overwhelmingly positive.

Objective 4.2	Target	Status
Provide at least one naloxone overdose prevention rescue training to law enforcement officers in Kent County	At least one training provided	 Achieved

[Data Source: Grand Rapids Red Project]

The Grand Rapids Red Project conducted naloxone overdose prevention rescue trainings for the Grand Rapids Police Department in 2016. Several local law enforcement agencies have reported “saves” in the second half of 2016 because of the naloxone kit officers have in their patrol vehicles. The Red Project is discussing the possibility of conducting a train the trainer session for law enforcement officers so there would be an agency trainer available.

Objective 4.3	Target	Status
Expand the Good Samaritan Law to protect anyone requesting medical aid for a person overdosing on opioids from criminal prosecution	# of policy makers educated on law	 Achieved

[Data Source: HK SUD Workgroup]

Michigan’s Good Samaritan exemption has been extended to all ages when seeking medical attention for a drug overdose. House Bills 5649 and 5650 are now Public Acts 307-308 of 2016. This expands a 2015 law signed by Governor Rick Snyder exempting individuals under age 21 from prosecution from drug-related charges when seeking medical aid for themselves or someone else.

Objective 4.4	Target	Status
Increase the number of physicians who are co-prescribing take-home naloxone rescue kits along with prescriptions for opioids	Baseline assessment of providers completed; at least one in-service provided	 In progress

[Data Source: Kent County Health Department]

The Kent County Opioid Overdose Task Force Intervention Subcommittee included an objective to “increase access to naloxone rescue kits through engagement of health care providers, including those working in primary care and pain management settings” in their plan. The Grand Rapids Red Project was awarded a grant from the Steelcase Foundation to educate medical providers in Kent County on the benefits of co-prescribing naloxone rescue kits and provide technical assistance on integration. As part of this grant, the Red Project hired a consultant to do outreach and offer training and technical assistance to individual primary care and pain management practices. A letter was sent to primary care and pain management practices identified as priority through the Medicare Part D data and was sent under a dual signature of the Kent County Health Department and Grand Rapids Red Project. Response to the letter has been low.

Objective 4.5	Target	Status
Establish a data source for collecting information about Kent County residents' awareness of the harms related to substance use disorder	Method for collecting data established	 In progress

[Data Source: Kent County Health Department]

When determining which questions to include on the 2017 CHNA community health survey, the workgroup did not select this question. As the community health survey is lengthy and it is difficult to add the desired number of questions, a SUD-specific survey would be helpful to gather accurate information from the community about perception of harm, treatment services and stigma. However, that would take funding and time that currently is not available.

Objective 4.6	Target	Status
Measure awareness and knowledge of the stigma associated with substance use disorders among Kent County residents	Method for collecting data established	 In progress

[Data Source: Kent County Health Department]

A stigma reduction campaign was created through the support of the OROSC grant awarded to the workgroup earlier this year. The campaign launched concurrently with the navigation website, which received media coverage from WOOD TV 8. The campaign had a dual purpose – to promote availability of a navigation website and to reduce stigma and barriers associated with substance use disorders. Marketing for the campaign was limited until additional funding was awarded by the Lakeshore Regional Entity in spring 2017. The campaign coordinator left his position in December 2017 to pursue other interests, and it is unclear how this will impact the future of the campaign.

Objective 4.7	Target	Status
Establish a data source to track locations where IV drug users can access clean syringes in Kent County	Method for collecting data established	 No progress

[Data Source: Kent County Health Department]

Objective 4.8	Target	Status
Establish a primary data source for overdose occurrences from opioids in Kent County	Method for collecting data established	 No progress

[Data Source: Kent County Health Department]

Healthy Eating & Active Living (HEAL) Workgroup

Goal 1

Increase the proportion of Kent County residents who are at a healthy weight (as defined by having a BMI between 18.5 and 24.9).

Objective	Target	Status		
Increase the proportion of Kent County residents who meet federal physical activity guidelines by at least 5% by December 2018	Adults: 84.4% (BRFSS, 2014)	Adults	HS	MS
	High Schoolers: 57.9% Middle Schoolers: 66.2% (MiPHY, 2015-2016)	No updated data available	☹️ 52.0%	☹️ 58.6%

[Data Sources: HS & MS Physical Activity data, 2015-2016 MiPHY]

The HEAL Workgroup has made consistent strides in data collection, BMI research protocol and process, and positive health messaging.

The HEAL workgroup continues to promote healthy messaging targeted to increase walking & biking. “Walk this Way” messages are currently running through the end of summer on Rapid Bus Boards and highlight the various routes developed. The message, “Get out. Get active,” was utilized through several media means such as walking routes, bus ads, and TV-8 advertising. This was promoted through REACH, 4x4, and 1422 activities. “Get out. Get active” resources were also provided to neighborhood associations and community groups. The workgroup has furthered promotion of WalkBikeGR.info, and GRWalks, including media marketing, fliers at resource tables at events, community agencies, and other avenues.

The workgroup has identified funds to embark on a media awareness campaign through Year 3 REACH underspending. The workgroup met with the REACH team to identify messaging that could be mutually beneficial to the community at large and to the REACH/CHIP teams. The workgroup will be issuing an RFP for a media consultant to help develop the campaign utilizing the Health Count that was previously discussed. The campaign will begin as soon as possible in 2018 and will run through Sept 30, 2018.

The workgroup attained BMI data through Head Start and Spectrum Health Clinics, and has secured funds to develop a database. The BMI Data Initiative has sparked collaboration among City planning staff, transportation, parks and recreation, City Commissioner Kelly, GRPS administrative staff, and Kent County Health Department staff. The goal is to provide evidence of the need to collect BMI data in grades 1, 3, and 5 to identify trends of overweight and obesity.

Objective	Target	Status		
Increase the proportion of Kent County residents who consume the recommended number of servings of fruits and vegetables by at least 5% by December 2018	Adults: 27.0% (BRFSS, 2008)	Adults	HS	MS
	High Schoolers: 26.9% Middle Schoolers: 33.6% (MiPHY, 2013-2014)	No updated data available	☹️ 26.0%	☺️ ✓ 34.6%

[Data Sources: HS & MS Fruit and Vegetable Consumption data, 2015-2016 MiPHY]

Measuring the direct impact of strategies on the CHIP objectives associated with healthy eating and active living (HEAL) is a bit challenging because they are longer-term and the data to measure

actual progress lag by a couple of years. However, significant progress toward achieving process goals associated with the key strategy – a healthy living campaign – have been recorded.

Goal 2	Reduce the proportion of Kent County residents experiencing food insecurity.
---------------	--

Objective	Target	Status
Decrease the proportion of Kent County residents who live in a food insecure household by at least 5% by December 2018	12.6% (76,547 adults)	☹️ In progress

Objective	Target	Status
Decrease the proportion of Kent County children who live in a food insecure household by at least 5% by December 2018	17.3% (27,280 children)	☹️ In progress

At this time, updated data for the two objectives associated with this goal are unavailable. As a result, partners have developed a standardized strategy for measuring food insecurity in Kent County. This strategy involved the development, vetting, and adoption of a set of five core food insecurity questions that will be used universally across all groups in Kent County that are working to assess and address food insecurity. The workgroup secured funding for this project through the Essential Needs Task Force Food and Nutrition Coalition and worked with Calvin College’s Center for Social Research to get the project underway.

Shortly after the five questions were added to the surveys, the American Academy of Pediatrics came out with their recommendations for a two-question food security survey. As this is not mandate, some agencies were mixed on implementation. Around the same time, Health Net was awarded the CMS grant that requires agencies partnering with them to survey for basic needs through a social determinants lens, of which food security is included. This will delay implementation of the questions at some agencies but in the long-term will increase the sample size.

Further, the 2017 VoiceKent survey included food security questions.

Adverse Childhood Experiences (ACEs) Workgroup

Goal 1

Increase community awareness about the long-term impacts of adverse childhood events on health and wellbeing later in life.

Objective	Target	Status
Train at least 100 individuals in ACE concepts by October 1, 2017	100 individuals (by 10/2017)	 ✓ 151 individuals

ACE workgroup members trained 151 people in 2017. This included 2 three-hour trainings at the Kent ISD where 62 teachers, KSSN coordinators, and school administrators working within Kent ISD were trained, as well as 1 three-hour training involving 39 Strong Beginnings home visiting staff from KCHD, Arbor Circle, and Spectrum Health. The workgroup held a Resilience film screening for Kent County court system staff, where 50 judges, attorneys, and parole officers were informed about ACEs and the effects of trauma.

Workgroup member Head Start adopted a policy to provide ACE training to all current staff and new hires.

ACE workgroup co-lead Dr. Nirali Bora, MD implemented an ACE educational session with the MSU family medicine and pediatric residents in October 2016. Dr. Bora also implemented ACE educational sessions with Mercy Health and Helen DeVos Children’s Hospital residents and support staff. The pediatric ACEs screening pilot is ongoing at Mercy Health.

ACE workgroup members will be training additional community members in 2018 and already have 3 presentations scheduled.

Workgroup members have formed many partnerships in the community with those who are passionate about working with ACEs. Family Futures has completed revisions of the ACE training and has also received two grants surrounding ACE work to be implemented starting in 2018.

Objective	Target	Status
Engage YLAV to develop campaigns and educational activities that increase community awareness and knowledge of the harmful effects of violence on youth	500 posters and resource materials distributed; 400 newsletters, infographics, editorials, and articles published; 20 social media messages, blogs, videos, and photos monthly (by 12/2017)	 300 posters and bracelets and 40 social media posts have been made. Five youth events were held between February and April

YLAV is a local youth-led coalition focused on increasing awareness and preventing relationship and sexual violence. YLAV provides high school and college age teens and young adults with the opportunity to be a leader and energize their community to take a stand against violence. YLAV accepts students from freshman in high school to freshman in college.

YLAV delivered training sessions to community leaders and professionals to increase proficiency in primary prevention of violence. YLAV provided two trainings on the impact of relationship and sexual violence on teens to the Kent County Commissioners and to professionals attending the Domestic Violence Community Coordinated Response Team Noontime Educational Forum.

YWCA of West Central Michigan and Family Futures are withdrawing support from YLAV in 2018 due to a change in strategy and loss of funding, which has created a challenge in implementing activities related to this goal.

Goal 2	Support the network of coalitions in Kent County working toward universal awareness and prevention of the crisis of children exposed to violence.
---------------	---

Objective	Target	Status
Complete environmental scan and gap analysis of coalitions in Kent County working on ACE initiatives by October 2017	Completed environmental scan (by 10/2017)	☹ An assessment/scan has been developed and is in the process of implementation

The CHIP ACE Workgroup developed two separate surveys that capture awareness of ACE research among professionals and their use of ACE-related strategies in their work. The ACE Primary Care Community Education Survey was distributed to more than 300 medical professionals. To date, there have been 99 completed surveys. The ACE Needs Assessment Survey for General Professionals was distributed to 918 recipients in February 2017.

Dr. Bora is working with her clinic to pilot an ACE screening tool for parents regarding their child’s exposure to ACE risk factors at their well child checks. Parents will be asked if they are interested in a referral for counseling or other community resource when indicated by screening.

The long-term goal of the workgroup is to work to align CHIP efforts with those of the greater community by coordinating efforts with the numerous agencies working on ACEs prevention, crisis intervention and treatment. A new trauma-related work group has developed from discussions on this issue among Department of Health Human Services social services/child welfare staff. CHIP members will participate in one or more of the committees.

Goal 3	Establish a resource and referral system for ACE prevention, intervention, and crisis management.
---------------	---

Objective	Target	Status
Develop and disseminate an ACE resource and referral guide to local organizations serving children and families by October 2017	1,000 ACE resource and referral guides distributed (by 10/2017)	Need to revise

In 2016, the ACE workgroup updated an existing resource guide in Kent County, the Family Resource Guide, which hadn’t been updated since 2009. There was poor response to the request of local agencies (from the Family Resource Guide) for information to the Trauma Resource Guide. This project has been put on hold until there is time to compile a list of agencies from the Family Resource Guide that also provide trauma-informed/ACE-related services. There were more requests for education first about ACEs; this need for awareness may be greater than the need for trauma resource guide.

This objective may need to be eliminated or revised, as the response showed a need for education and priorities other than a resource guide.

Health in All Policies Update

Goal 1

Increase community awareness of Health in All Policies among community partners in Kent County.

Objective 1.1	Target	Status
By December 31, 2017 increase the number of community partners that participate in a HiAP learning opportunity from zero to 10	At least 10 partners by 2017	 In progress

Strategies for this objective include: 1) Develop a Health in All Policies (HiAP) campaign which includes educational learning opportunities (HiAP 101), evaluation plan, HiAP marketing and promotion materials, continuing education credits and a plan for organizational or institutional adoption; 2) Develop a framework for incorporating HiAP into work plans, programs and services; and 3) Establish a toolkit of HiAP resources (i.e. Health Impact Assessment, Health Lens Analysis, Racial Equity Impact Assessment and Legislative Framework).

To kick off the HiAP campaign, KCHD planned a large community convening as well as developed a HiAP Toolkit that was both printed and available online. The convening took place at the Eberhard Center at Grand Valley State University on August 15, 2017 and included a keynote by a national speaker, Julia Caplan, from Public Health Institute. The printed toolkits were shared with the 150 participants. Since posting the toolkit online, four individuals have responded with their completed HiAP Pledge committing to becoming part of the campaign <https://www.accesskent.com/HiAP/>. The toolkit was translated into Spanish.

KCHD has formed an internal team to work on finalizing plans for a HiAP Learning Lab and messaging campaign. Five dates have been selected for Learning Lab presentations in 2018. Teresa Branson presented on HiAP to 26 Township Supervisors and staff on January 18, 2017 and to 30 food pantry staff, volunteers and directors on March 2, 2017.

The KCHD HiAP team is brainstorming ways to utilize and possibly institutionalize the Health Lens Checklist questions from the HiAP toolkit to ensure a HiAP lens is being applied to new and existing programs and policies.

KCHD has developed a strong partnership with the Greater Grand Rapids Racial Equity Network and with Grand Rapids Homes for All. Both entities advocate and help support the Kent County Power to Thrive Network in addressing issues related to health equity and social determinants of health. As a close partner with our Health Equity and Social Justice Action Plan, KCHD invited Strong Beginnings to join the HiAP meetings and work towards HiAP goals.

Health Equity Social Justice staff reached out to Michigan Power to Thrive (MPTT) to learn more about the Health Impact Assessments they are working on. This could be one useful tool to help better understand a HiAP approach. MPTT was a key partner with the Health Impact Assessment regarding Civil Citations and Raising the Age campaigns. Another potential opportunity for partnership is working on a Health Impact Assessment with the South Division Development Plan Group. This will be further explored in 2018.