

# Community Health Needs Assessment

for:

Newaygo County General  
Hospital Association  
d/b/a

Spectrum Health Gerber Memorial

The “hospital facility” listed above is part of Spectrum Health. Spectrum Health is a not-for-profit health system in West Michigan offering a full continuum of care through the Spectrum Health Hospital Group, which is comprised of nine hospitals; the Spectrum Health Medical Group and West Michigan Heart, physician groups totaling more than 600 providers; and Priority Health, a health plan with 625,000 members. Spectrum Health System is West Michigan’s largest employer with more than 18,000 employees. The organization provided \$176.5 million in community benefit during its 2011 fiscal year. In 2011 and 2010, Spectrum Health System was named a Top 10 Health System by Thomson Reuters.

The focus of this Community Health Needs Assessment is to identify the community needs as they exist during the assessment period (late summer/fall 2011), understanding fully that they will be continually changing in the months and years to come. For purposes of this assessment, “community” is defined as the county in which the hospital facility is located. This definition of community based upon county lines, is similar to the market definition of Primary Service Area (PSA). The target population of the assessment reflects an overall representation of the community served by this hospital facility. The information contained in this report is current to the best of our knowledge as of December 5, 2011, with updates to the assessment anticipated every three (3) years in accordance with the Patient Protection and Affordable Care Act and Internal Revenue Code 501(r).

# Newaygo County Health and Health Care Landscape

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Research Results from the 2011 Community-  
Wide Health Needs Assessment

# A Research Project for



## **SPECTRUM HEALTH** **Gerber Memorial**

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# ***INTRODUCTION***

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# Background and Objectives

- The Carl Frost Center for Social Science Research was contracted by Spectrum Health Gerber Memorial Hospital (SHGMH) to conduct a community-wide health needs assessment in Newaygo County.
- The Patient Protection and Affordable Care Act (PPACA) passed by Congress in March of 2010 set forth additional requirements that hospitals must meet in order to maintain their status as a 501(c)(3) Charitable Hospital Organization. One of the main requirements states that a hospital must conduct a community health needs assessment (CHNA) and must adopt an implementation strategy to meet the community health needs identified through the assessment. The law further states that the assessment takes into account input from persons who represent the broad interests of the community including those with special knowledge of, or expertise in, public health.
- In response to the PPACA requirements, the CHNA team of SHGMH began meeting to discuss how the community could collectively meet the requirement of a CHNA.



# Background and Objectives (Cont'd.)

- The overall objective of this CHNA is to identify key health and health service issues in Newaygo County. The results will be used to assist in planning, implementation of programs and services, evaluating results, allocation of resources, and achieving improved health outcomes, specifically related to identified needs.
  
- More specifically, objectives include:
  - Gauge the overall health climate or landscape in Newaygo County
  - Determine positive and negative health indicators
  - Identify risk behaviors
  - Establish existing clinical preventive practices
  - Measure the prevalence of chronic conditions
  - Determine degree/level of health care access
  - Ascertain barriers and obstacles to health care
  - Uncover gaps in health care services or programs
  - Identify health disparities

# ***EXECUTIVE SUMMARY***

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# Executive Summary

In 2011, Spectrum Health Gerber Memorial Hospital (SHGMH) commissioned the Carl Frost Center for Social Science Research at Hope College to conduct an independent Community Health Needs Assessment (CHNA) in Newaygo County.

The primary goal of the study was to identify key health and health service issues in Newaygo County. The results will be used to assist in planning, implementation of programs and services, evaluating results, allocation of resources, and achieving improved health outcomes, specifically related to identified needs.

Data was gathered from a variety of sources and using multiple methodologies. Resident feedback was obtained via focus groups. Health care professionals and other community leaders, known as Key Stakeholders or Key Informants, provided input via in-depth interviews and participation in an online survey. Secondary data gathered from state and national databases was also used to supplement and support the overall findings. Local hospital utilization data was also used.

The findings from the CHNA paint a picture of a community that faces many challenges with respect to health and health care for its residents. On the one hand, Newaygo County is a safe community with low violent crime rates, has active community foundations that support health initiatives, and has good community programs and services that not only address health needs but also promote health. Residents also report good or better overall health at proportions on par with the state.

# Executive Summary (Cont'd.)

On the other hand, social indicators such as high unemployment, high rates of poverty, and the remoteness of much of the region all have a negative impact on health and health care issues for county residents.

Newaygo County residents have shorter life expectancy and higher mortality rates, for both infants and adults, than people in Michigan or the U.S. The prevalence of adult risk behaviors such as smoking, especially among pregnant women, and binge drinking are higher than the state. On the other hand, youth risk behaviors are more favorable to the state or nation. One of the most pressing risk behavior is dietary in nature, as there is a general lack of fruit and vegetable consumption among adults. This coincides with an adult population where the majority are either overweight (31.7%) or obese (28.7%).

Most adults engage in clinical preventive practices such as routine physical checkups and vaccinations for pneumonia and the flu. Newaygo County residents are less likely to visit a dentist, especially if they have no health care coverage.

The prevalence of chronic conditions that are cardiovascular (e.g., heart attack, angina, CHD) is low. However, the prevalence of diabetes and asthma are higher than across Michigan. Diabetes is considered a major problem among health care professionals because it is linked to obesity and many other health problems. Moreover, they are only moderately satisfied with the community response to diabetes (and dissatisfied with responses to obesity and depression).

# Executive Summary (Cont'd.)

Newaygo County receives high marks for having excellent orthopedics, emergency care, ambulatory/emergency transport, OB/GYN, general surgery, oncology, prenatal care, and in-home care.

Conversely, there is a lack of mental health treatment for all disorders, but especially for those that are severe/persistent. There is also a lack of dermatology, oral surgery, substance abuse treatment, and non-emergency transport.

Many health care professionals believe, and secondary data supports, there is a lack of primary care providers for children and the underserved.

Although a myriad of programs and services exist, residents often have to travel outside of Newaygo County to access care. Usually this is due to a referral for specialized care or to get second opinions on health issues.

Feedback from this assessment demonstrates there are many opportunities for improvement. For example, although health care is accessible to most residents, specific subpopulations experience barriers to health care programs and services. The populations considered underserved are low income, uninsured, underinsured, and Hispanic.

# Executive Summary (Cont'd.)

Barriers to health care exist in the form of high costs and transportation. At least residents do not have to worry about physicians refusing to accept Medicaid as in other counties. Providers in Newaygo County accept Medicaid, even for new patients, and this allows many residents to access needed treatment.

Not only is cost an issue because direct health care costs are high, but additionally, traditional health insurance often doesn't cover ancillary services such as prescription drugs, vision, or dental care. Thus, if consumers have to pay for these services, plus deductibles and co-pays, the cost burden can be great and residents will avoid seeking necessary treatment.

Community members (both residents and health care professionals) suggest strategies to improve the health care landscape. Specifically, they prioritize: increasing access to primary and oral health care, supporting and expanding agency resources to address community health needs, providing more opportunities to focus on wellness and prevention, and more educational opportunities to encourage knowledge of healthy lifestyle activities, self-care, and existing support services in the community.

Next steps may include the creation of a steering committee to work on prioritizing and then developing a coordinated response to issues deemed most important to work on, within a specific time frame, such as 1 year, 3 year, and 5 year goals. Above all, next steps involve the establishment of careful priorities for action that once implemented, will benefit the community for the long haul.

# Executive Summary (Cont'd.)

## Strengths

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>✓ Safe community with low violent crime rates</li> <li>✓ Active community foundations that support health initiatives</li> <li>✓ Good public services and programs to address health needs and promote health</li> <li>✓ More residents graduate high school compared to MI or US</li> </ul> | <ul style="list-style-type: none"> <li>✓ Most residents report good or better general health</li> <li>✓ Lower rates of youth risk behavior, such as smoking, binge drinking, or marijuana use, compared to MI or the US</li> <li>✓ High rate of child immunizations</li> </ul> | <ul style="list-style-type: none"> <li>✓ Lower prevalence of heart conditions such as heart attacks, CHD, or angina than MI</li> <li>✓ High proportion of adults vaccinated against pneumonia and flu</li> <li>✓ Fewer low birth weight babies than MI or the US</li> </ul> |
|---|--|---|

## Opportunities for Improvement

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>✓ High unemployment rate</li> <li>✓ High poverty rate, especially for single female households and children under age 18</li> <li>✓ Life expectancy for both men and women lower than MI or US</li> <li>✓ Adult mortality rate much higher than MI or US</li> <li>✓ Child and infant mortality rates higher than MI or US</li> <li>✓ Low number of primary care physicians per capita</li> <li>✓ Lack of services and programs for the underserved (e.g., low income, uninsured, underinsured, ESL)</li> </ul> | <ul style="list-style-type: none"> <li>✓ Higher prevalence of chronic conditions such as asthma and diabetes than MI/US</li> <li>✓ Funding limitations hinder support of needed programs and services</li> <li>✓ Child abuse/neglect rates higher than MI or US</li> <li>✓ Death rates for cancer, CLRD, and Alzheimer's higher than MI or US</li> <li>✓ Higher proportion of adults with poor physical and poor mental health than MI</li> <li>✓ High prevalence of cigarette smoking among pregnant women</li> <li>✓ Dissatisfaction with life higher than MI</li> <li>✓ Majority of adult population either overweight or obese and proportion of obese youth greater than MI or US</li> </ul> | <ul style="list-style-type: none"> <li>✓ Transportation a barrier to health care</li> <li>✓ One in five adults 18-64 with no health care coverage</li> <li>✓ High proportion of hospitalizations paid by public payers, including Medicaid</li> <li>✓ Complications due to childbirth top hospital discharge</li> <li>✓ Inadequate fruit/vegetable consumption among adults and youth</li> <li>✓ Prevalence of depression considered high by health care professionals but satisfaction with community response low</li> <li>✓ Lack of use of dental services, especially among underserved</li> </ul> |
|---|---|--|

# ***DETAILED FINDINGS***

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# ***Secondary Data Sources***

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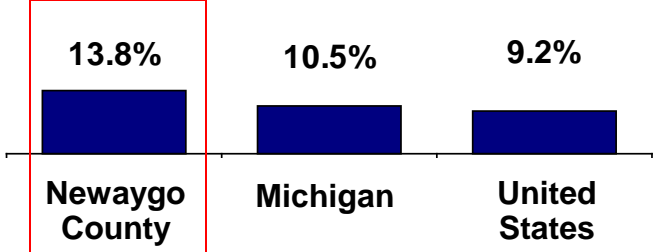
# ***Social Indicators***

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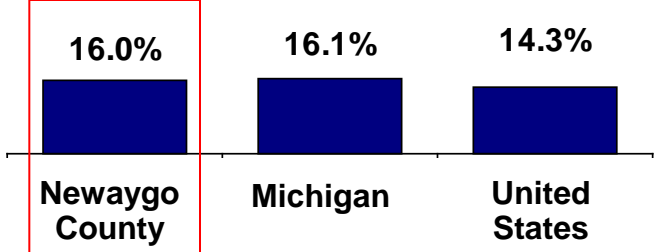
The unemployment rate is higher in Newaygo County than across Michigan or the U.S., where almost 14% of people aged 16+ are looking for work. The proportion of people living in poverty in Newaygo County is higher than the U.S., but on par with the state.

Unemployment and Poverty Rates

Population Age 16+ Unemployed and Looking for Work



Percentage of People in Poverty

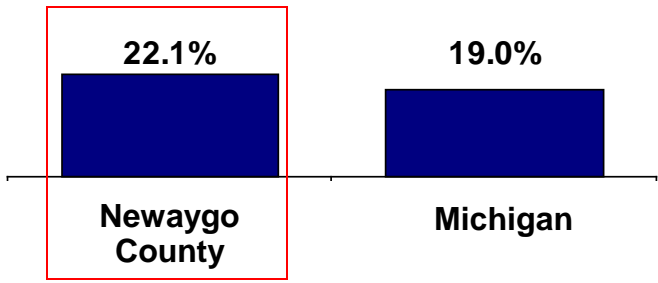


Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; U.S. Census Bureau, Small Area Income and Poverty, 2009.

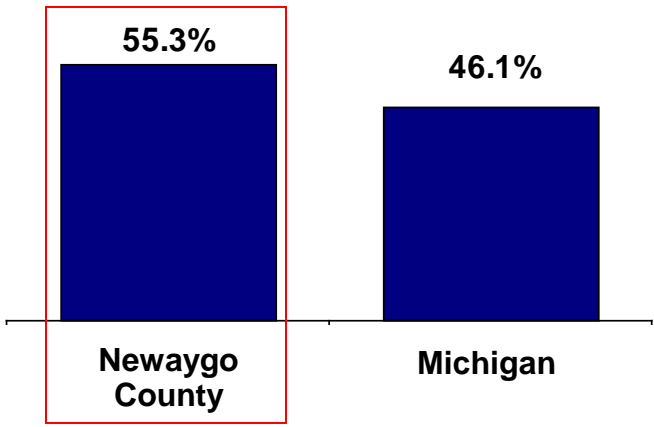
The proportion of children living in poverty is greater in Newaygo County than throughout Michigan. Moreover, the proportion of students eligible for free or reduced price school lunches is higher in Newaygo County compared to the state.

Children Living in Poverty

Percentage of Children (< Age 18) in Poverty



Percentage of Students Eligible for Free/Reduced Price School Lunches

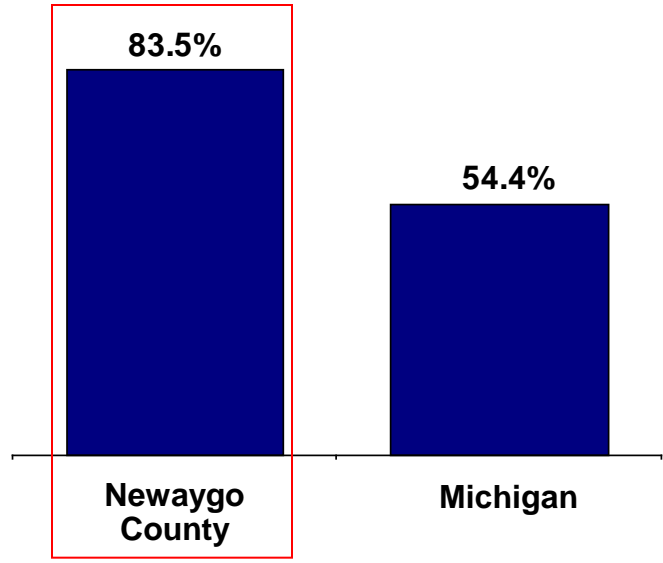


Source: County Health Rankings. Newaygo Co. and MI 2011; Note: Data compiled from various sources and dates; Fall 2010, Center for Educational Performance and Information (CEPI).

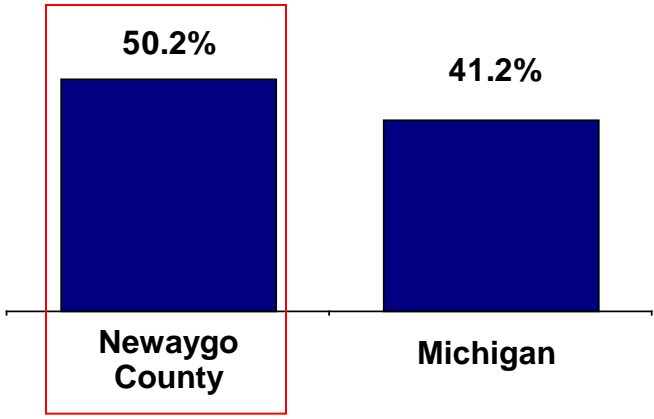
The proportion of children aged 0-4 receiving WIC and the proportion of births paid by Medicaid are both higher in Newaygo County in comparison to Michigan. In fact, more than eight of ten children aged 0-4 are currently receiving WIC assistance.

Children Born Into Poverty

Children Ages 0-4  
Receiving WIC (2009)



Medicaid Paid Births (2008)

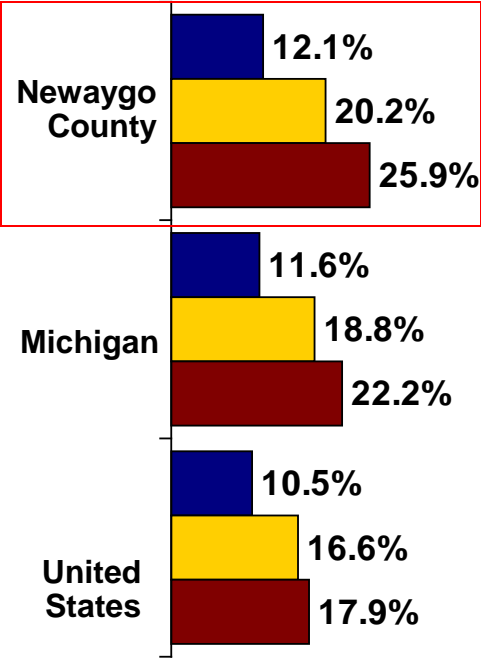


Source: Michigan League for Human Services; Newaygo County Health Profile, District Health Department #10, 2011.

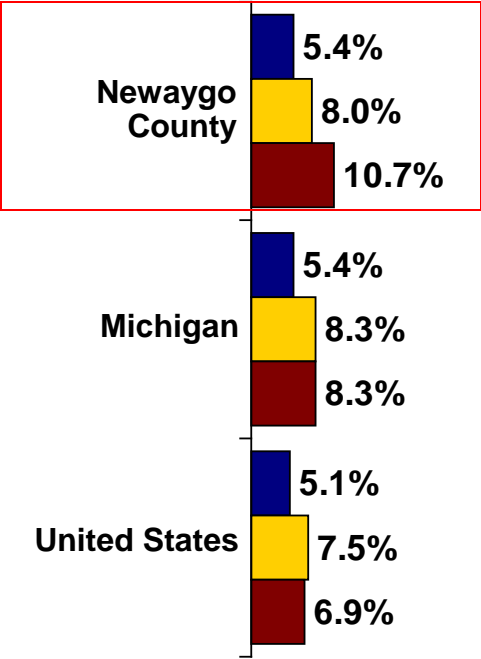
The proportion of families living in poverty in Newaygo County is slightly higher than in Michigan and the U.S. **More than one in five families with children in Newaygo County live in poverty.** This proportion rises drastically for single female families where over half (53.3%) with children under 18 years of age live in poverty. Moreover, this is noticeably higher than in Michigan or the U.S.

**Poverty Status of Families by Family Type**  
**(% Below Poverty)**

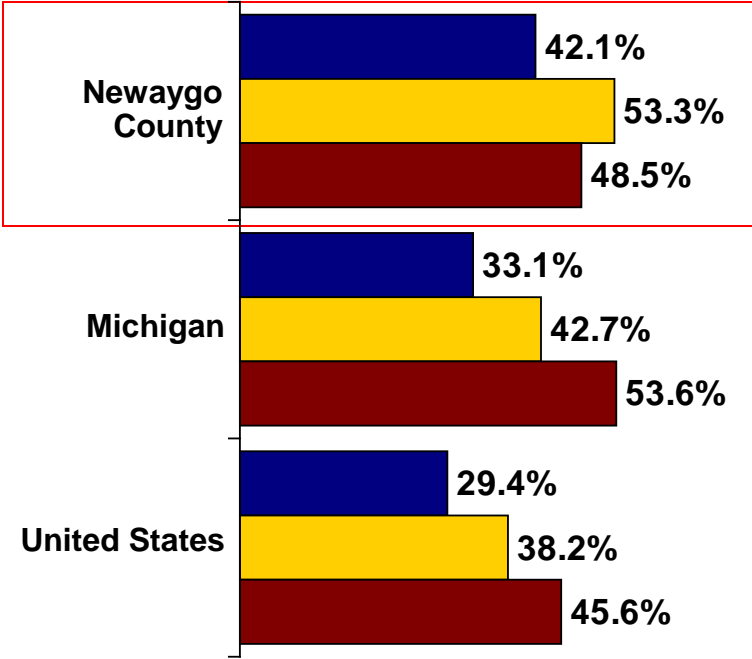
**All Families**



**Married Couple Families**



**Single Female Families**



■ Total    ■ With Children <18 Years    ■ With Children <5 Years

Source: US Census, 2009 American Community Survey, Data Profiles, Selected Economic Characteristics

For both men and women, more Newaygo County residents graduate high school compared to the state and the nation. Newaygo County men are on par with men across Michigan and the U.S. in terms of professional and doctorate degrees. On the other hand, slightly more Newaygo County women achieve these advanced degrees compared to women across the state or nation.

**Educational Level Age 25+**

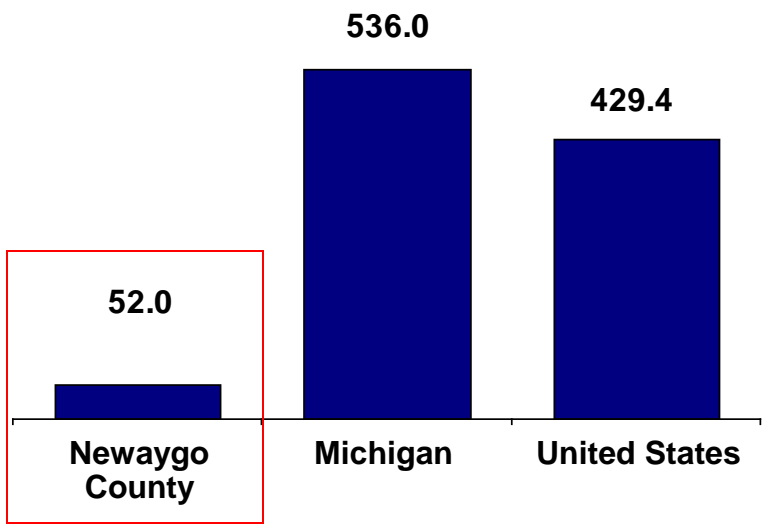
	Men			Women		
	Newaygo County	Michigan	U.S.	Newaygo County	Michigan	U.S.
No Schooling Completed	1.5%	0.8%	1.1%	0.9%	0.8%	1.1%
Did Not Graduate High School	6.6%	12.6%	15.0%	5.3%	9.5%	11.9%
High School Graduate, GED, or Alternative	29.0%	31.5%	29.2%	31.9%	32.1%	29.4%
Some College, No Degree	21.9%	23.0%	19.8%	22.0%	23.2%	20.8%
Associate’s Degree	7.4%	6.9%	6.7%	8.5%	8.9%	8.1%
Bachelor’s Degree	21.6%	15.3%	17.6%	19.9%	15.0%	17.3%
Master’s Degree	6.8%	6.6%	6.8%	6.5%	6.9%	7.3%
Professional School Degree	2.3%	2.2%	2.5%	2.2%	1.2%	1.5%
Doctorate Degree	1.1%	1.2%	1.5%	1.0%	0.6%	0.8%

Source: U.S. Census Bureau, American Community Survey, 1-year estimates

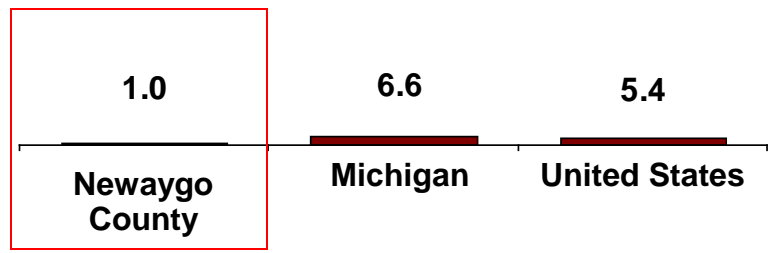
Newaygo County residents enjoy the safety of their community. For example, Newaygo County has far lower violent crime and homicide rates than Michigan or the U.S. However, **child abuse/neglect rates in Newaygo County are much higher than Michigan or the U.S.**

Crime Rates

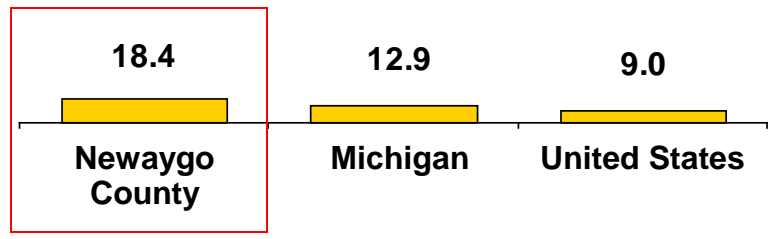
Violent Crime Rate Per 100,000 Population



Homicide Rate Per 100,000 Population



Confirmed Victims of Child Abuse/Neglect Rate Per 1,000 Children <18



Source: US FBI Website 2009; County Health Rankings/MDCH, Division of Vital Records, Newaygo and MI 2008; Kids Count Data Book. Newaygo Co., MI, and US 2009.

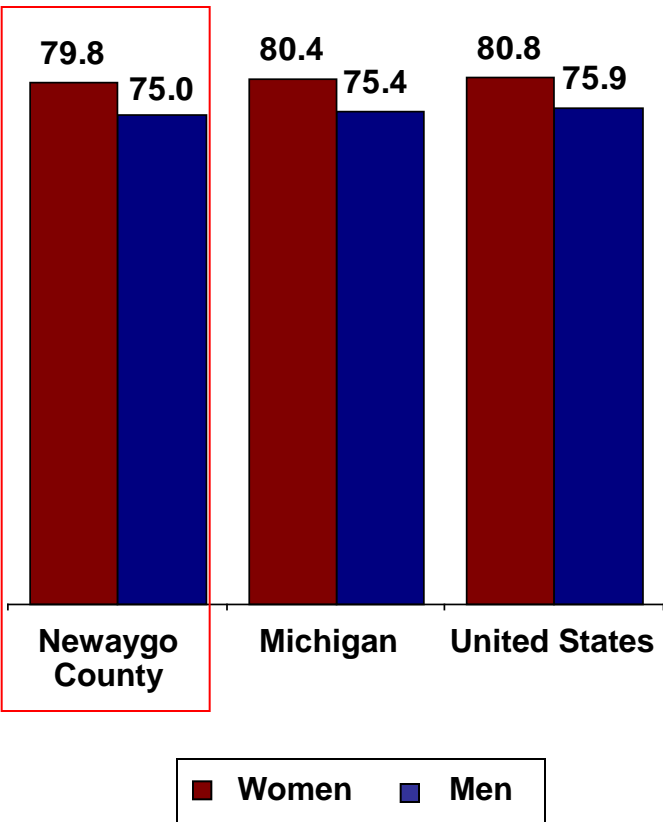


# ***Health Indicators***

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Both Newaygo County men and women have slightly shorter average life expectancy rates (when adjusted for age) compared to men and women across Michigan or the U.S.

Life Expectancy  
(Average Age)

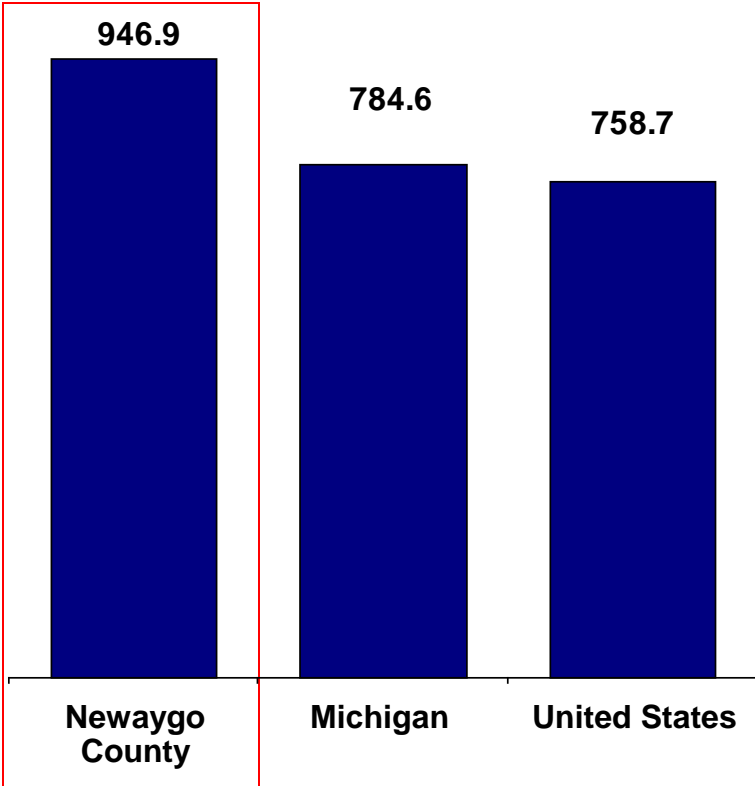


Source: Institute for Health Metrics and Evaluation at the University of Washington. Uses 2007 mortality data for Newaygo County, 2009 MI, 2008 US

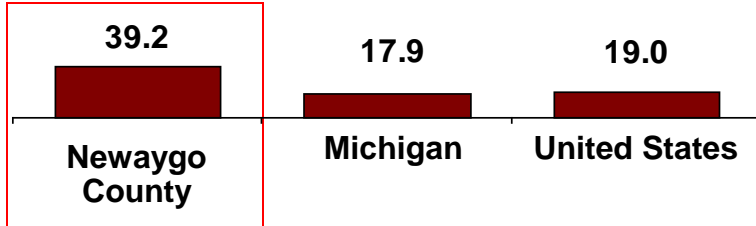
Newaygo County's age adjusted mortality rate is significantly higher than the rates for Michigan and the U.S. Moreover, the child mortality rate for children ages 1-14 is more than double the rates for Michigan and the U.S.

Mortality Rates

Age Adjusted Mortality Rate  
Per 100,000 Population



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

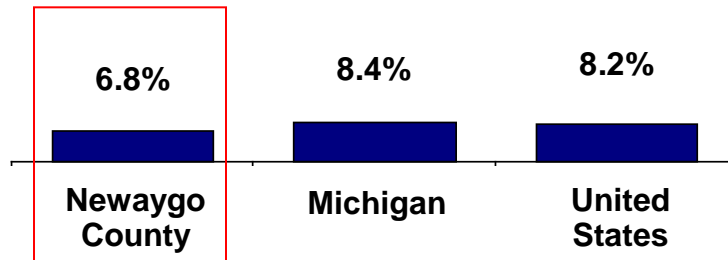


Source: Michigan Resident Death File, Vital Records & Health Statistics Section, Michigan Department of Community Health. Newaygo Co. 2009; MI 2009 and US 2008; Kids' Count Data. US 2007.

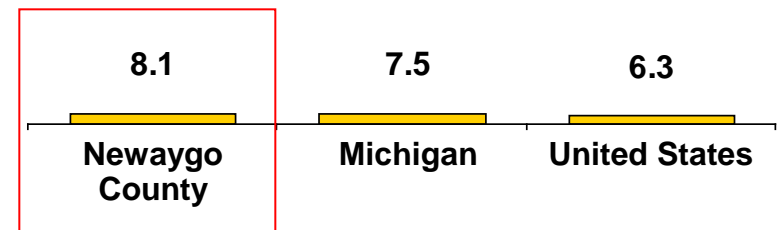
Newaygo County has fewer live births with low birth weight than the state or nation. Yet, the infant mortality rate in Newaygo County is higher than both Michigan or the U.S. In Newaygo County, roughly one in fifteen live births are classified as having low birth weight and the infant mortality rate is 8.1 for every 1,000 live births.

### Low Birth Rates and Infant Mortality Rates

#### Proportion of Live Births with Low Birth Weight



#### Infant Mortality Rate Per 1,000 Live Births



Source: MDCH Vital Records Division, Resident Birth Files. Newaygo County, MI, U.S. 2009.

**Heart Disease** is the leading cause of death in Newaygo, Michigan, and the U.S., followed by cancer. The death rate for cancer is higher in Newaygo County than in Michigan or the U.S., and the death rate for cancer is on par with the state and nation. **Chronic Lower Respiratory Disease** and **Alzheimer's Disease** are the cause of death for more people proportionately in Newaygo County than Michigan or the U.S.

**Top 10 Leading Causes of Death**  
**(Crude Rates)**

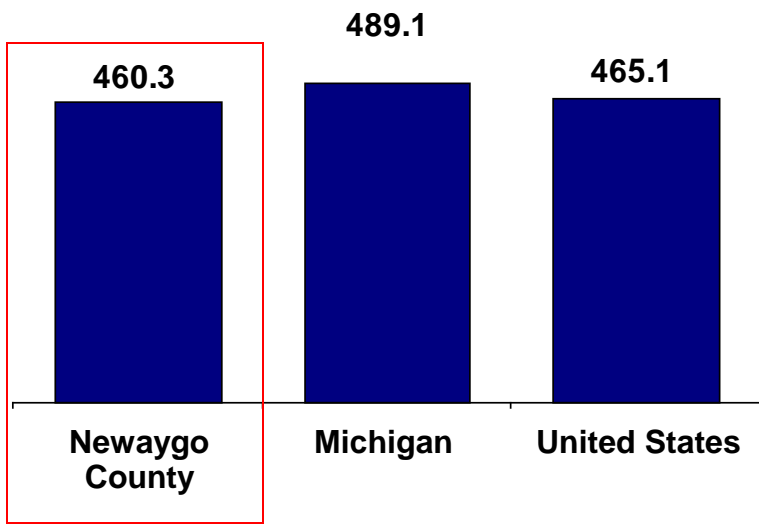
	Newaygo County		Michigan		United States	
	RANK	Rate	RANK	Rate	RANK	Rate
<b>Heart Disease</b>	1	230.0	1	231.1	1	203.1
<b>Cancer</b>	2	221.8	2	202.4	2	186.2
<b>Chronic Lower Respiratory Diseases</b>	3	80.1	3	49.6	3	46.4
<b>Unintentional Injuries</b>	4	51.3	5	36.8	5	39.9
<b>Stroke</b>	5	45.2	4	44.3	4	44.0
<b>Alzheimer's Disease</b>	6	45.2	7	25.6	6	27.1
<b>Diabetes Mellitus</b>	7	30.8	6	27.0	7	23.2
<b>Kidney Disease</b>	8	24.6	8	17.0	9	15.9
<b>Pneumonia/Influenza</b>	9	16.4	9	15.4	8	18.5
<b>Intentional Self-Harm (Suicide)</b>	10	NA	10	11.7	10	11.8
<b>All Other Causes</b>		195.1		204.8		197.1

Source: Michigan Department of Community Health, Newaygo Co. and MI 2009; U.S. Census Bureau. US 2007.

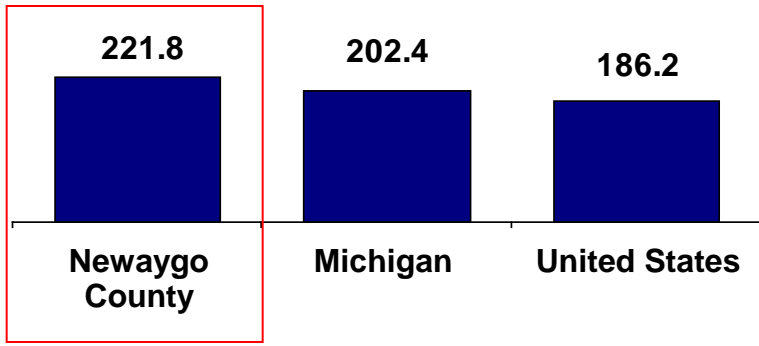
Compared to the state or the nation, cancer diagnosis rates are slightly lower for Newaygo County residents. Nonetheless, the cancer death rate is notably higher for Newaygo County residents.

Cancer Rates

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



Overall Cancer Death Rate  
Per 100,000 Population



Source: MDCH Cancer Incidence Files. Newaygo Co., MI; MDCH/ County Health Rankings.

**Bacterial pneumonia** is the leading cause of preventable hospitalization in Newaygo County, followed by **chronic obstructive pulmonary disease**. **Congestive heart failure** is the third leading cause of preventable hospitalizations in Newaygo County, but is the leading cause in Michigan. Further, as a condition that is preventable from hospitalization, **asthma** is more common across Michigan than in Newaygo County.

**Top 10 Leading Causes of Preventable Hospitalizations**

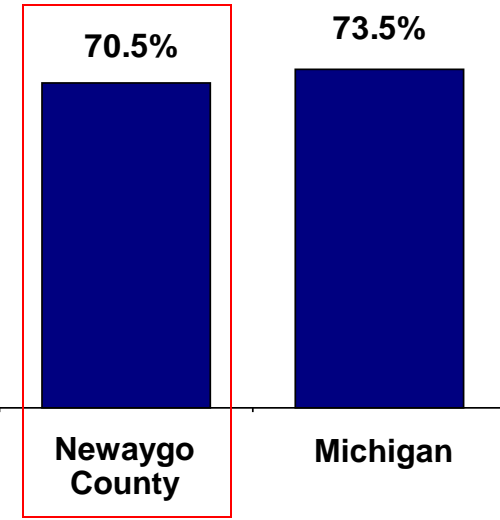
	Newaygo County		Michigan	
	RANK	% of All Preventable Hospitalizations	RANK	% of All Preventable Hospitalizations
Bacterial Pneumonia	1	20.0%	2	11.7%
Chronic Obstructive Pulmonary Disease (COPD)	2	15.9%	3	10.0%
Congestive heart failure	3	13.5%	1	14.1%
Kidney/Urinary Infections	4	6.5%	4	6.5%
Cellulitis	5	4.9%	6	5.7%
Diabetes	6	4.3%	7	4.9%
Asthma	7	3.8%	5	6.2%
Grand Mal and Other Epileptic Conditions	8	2.1%	9	2.7%
Dehydration	9	1.9%	8	3.3%
Gastroenteritis	10	NA	10	1.4%
All Other Ambulatory Care Sensitive Conditions		25.6%		33.6%
Preventable Hospitalizations as a % of All Hospitalizations		<u>18.2%</u>		<u>20.5%</u>

Source: MDCH Resident Inpatient Files, Division of Vital Records. Newaygo Co. and MI 2009.

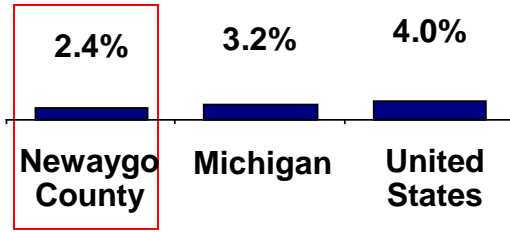
Although Newaygo County women are less likely to begin prenatal care in the first trimester than women elsewhere in Michigan, they are slightly more likely to receive prenatal care to begin with. Children aged 19-35 months are far more likely to be fully immunized in Newaygo County than children of the same age elsewhere in the state or in the nation.

Prenatal Care and Childhood Immunizations

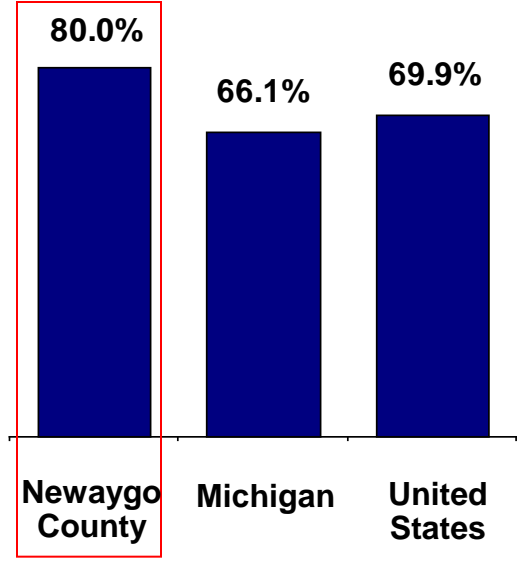
Proportion of Women Who Begin Prenatal Care in First Trimester



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



Proportion of Children Aged 19-35 Months Fully Immunized



Source: MDCH Vital Records Newaygo Co and MI 2009; Kids Count Data Book/MDCH Vital Statistics. Newaygo Co. and MI 2009; Local and MI % from MICR. National data at CDC National Immunization Survey.



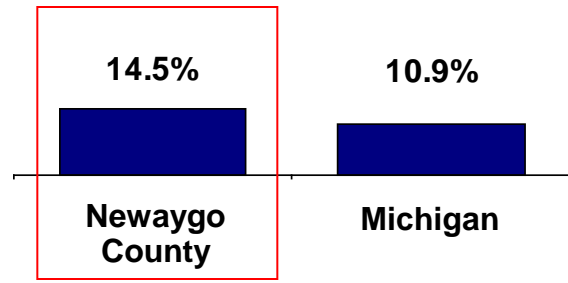
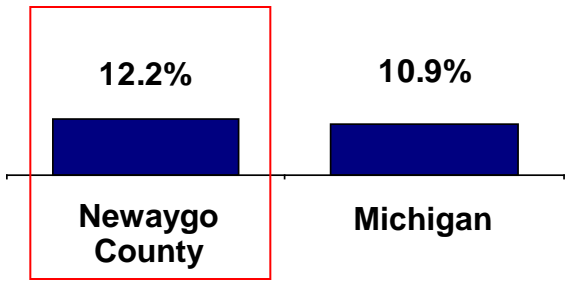
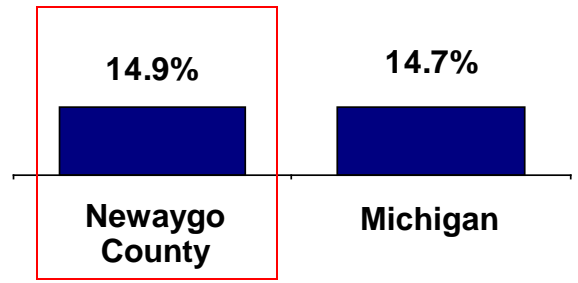
More than one in ten Newaygo County adults perceive their health as fair or poor. Also, they are more likely to experience **poor physical and mental health** than people across Michigan.

Heath Status  
(2006-2010 Prevalence Estimates)

Perception of General Health  
(Fair/Poor)

Poor Physical Health  
(On At Least 14 Days in Past Month)

Poor Mental Health  
(On At Least 14 Days in Past Month)

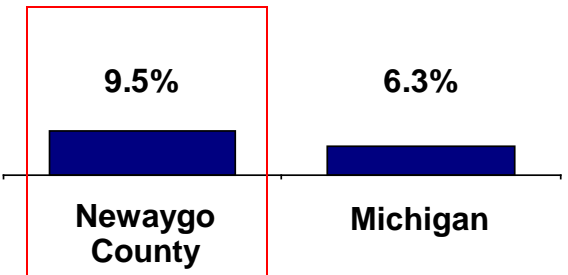


Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

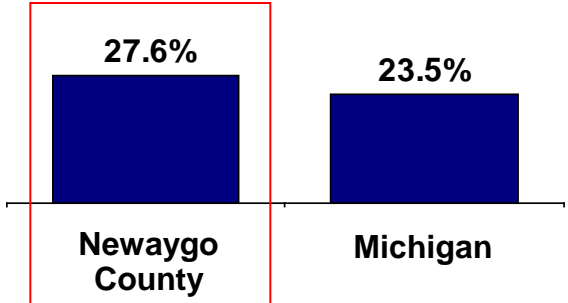
Moreover, Newaygo County adults are *less satisfied with their lives*, and are more likely to be *disabled* or experience *activity limitation* compared to adults across Michigan.

Health Status (Cont'd.)  
(2006-2010 Prevalence Estimates)

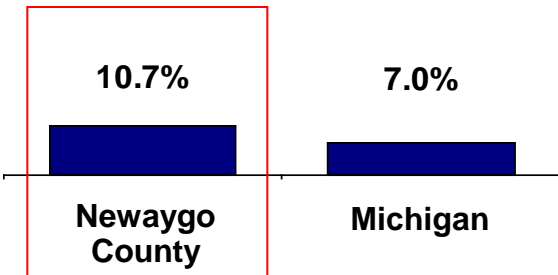
Satisfaction with Life  
(Dissatisfied/Very Dissatisfied)



Disability



Activity Limitation  
(At Least 14 Days in Past Month)

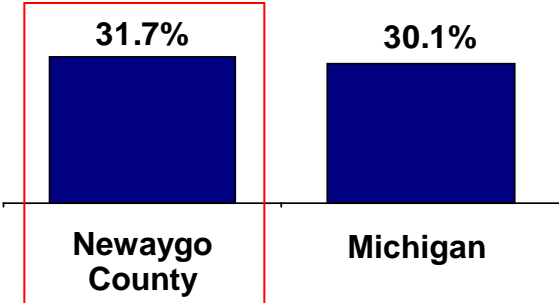


Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

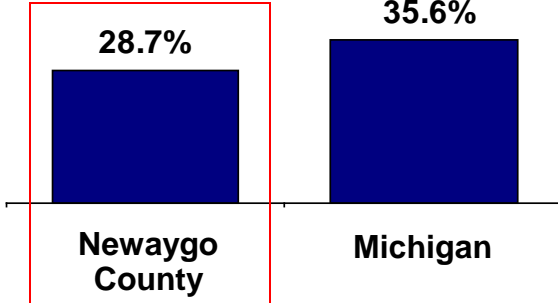
Six in ten Newaygo County adults are either overweight or obese (60.4%). Fewer adults in Newaygo County are obese than are overweight, unlike people across Michigan.

**Weight**  
**(2006-2010 Prevalence Estimates)**

**Overweight**  
**(BMI = 25.0-29.9)**



**Obese**  
**(BMI = 30.0+)**



Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

# ***Chronic Health Conditions***

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The most prevalent chronic health conditions among Newaygo County adults are **asthma** and **diabetes**, where over one in ten are afflicted. These rates are higher than for Michigan. Newaygo County adults have slightly lower rates of **heart conditions** such as heart attacks and angina than adults across the state.

**Chronic Conditions**  
**(2006-2010 Prevalence Estimates)**

	<b>Newaygo County</b>	<b>Michigan</b>
	<b>%</b>	<b>%</b>
<b>Ever told have diabetes</b>	<b>12.2%</b>	<b>9.3%</b>
<b>Ever told have asthma</b>	<b>20.1%</b>	<b>15.2%</b>
<b>Still Have asthma</b>	<b>13.8%</b>	<b>9.9%</b>
<b>Ever told have heart attack</b>	<b>3.7%</b>	<b>4.7%</b>
<b>Ever told have angina/coronary heart disease</b>	<b>3.2%</b>	<b>4.9%</b>
<b>Ever told have stroke</b>	<b>3.0%</b>	<b>2.8%</b>

Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

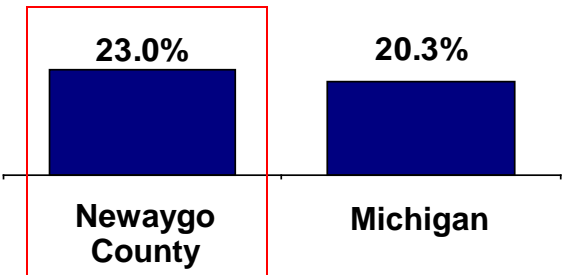
# ***Adult Risk Behaviors***

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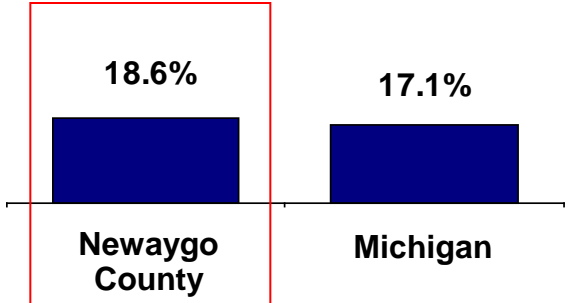
Almost one-fourth of Newaygo County adults currently smoke cigarettes and almost one in five have engaged in binge drinking within the past month. Very few adults drive after drinking alcohol.

Tobacco and Alcohol  
(2006-2010 Prevalence Estimates)

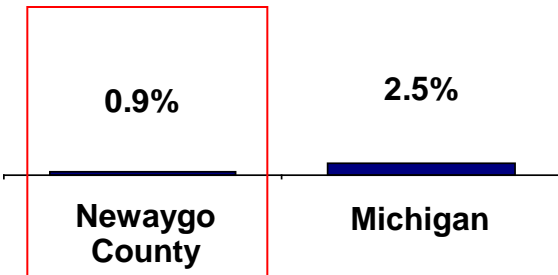
Current Smoker



Binge Drinking



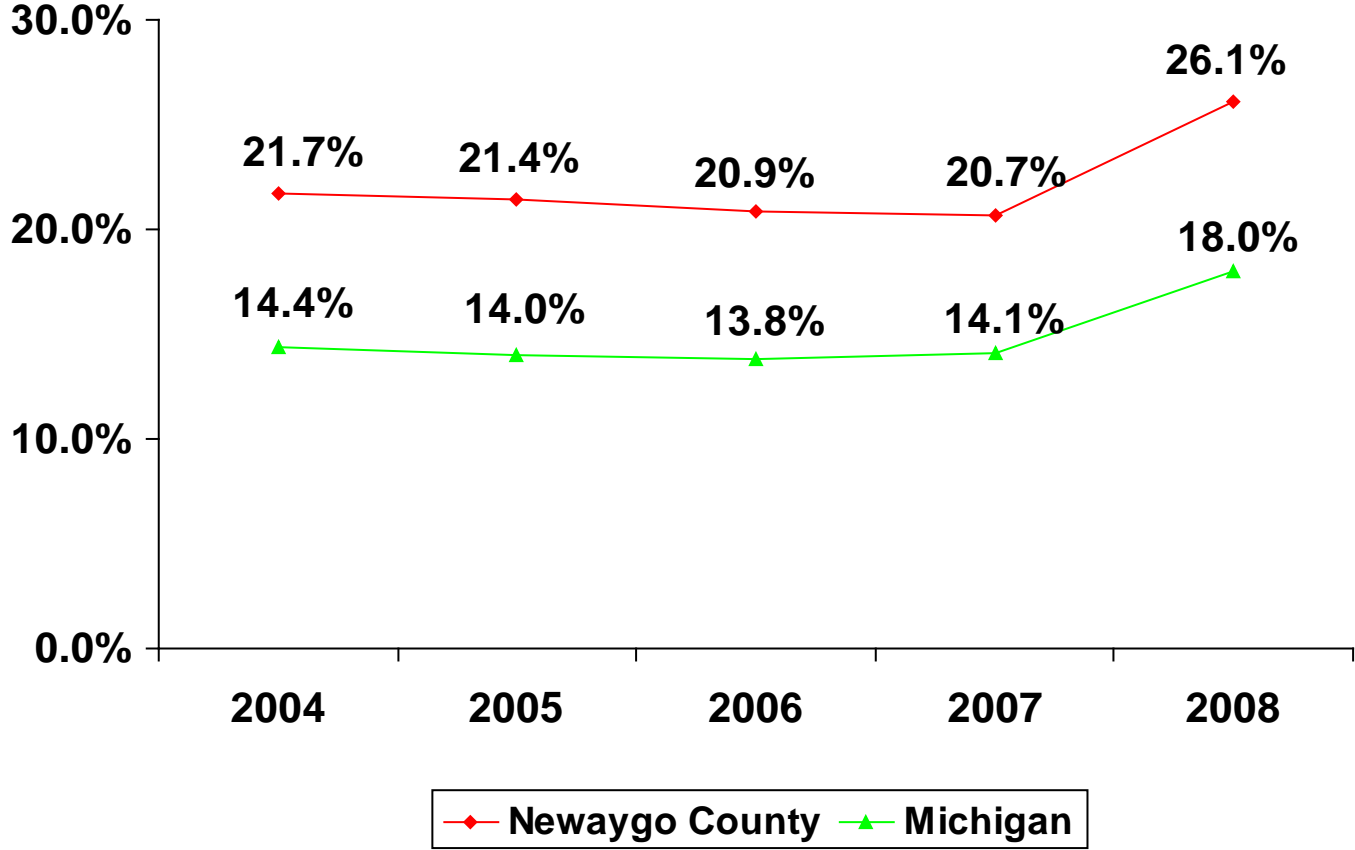
Drove Motor Vehicle After Drinking



Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

The proportion of Newaygo County mothers who smoke during pregnancy is higher than the proportion across Michigan. More alarming is that this proportion has increased from 2007 for both groups.

Proportion of Births to Mothers Who Smoked During Pregnancy



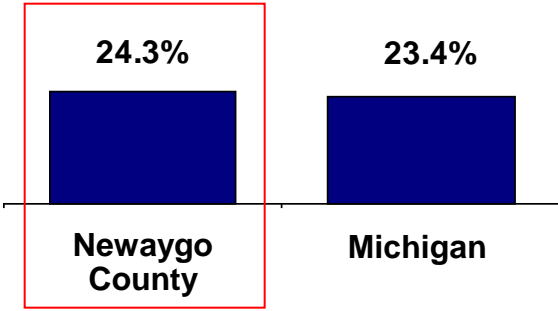
Source: Michigan League for Human Services; Newaygo County Health Profile, District Health Department #10, 2011.



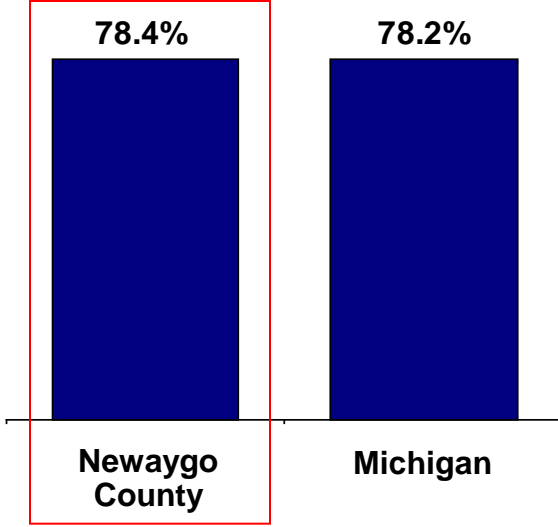
One-fourth of Newaygo County adults engage in *no leisure time physical activity* and three-fourths *do not eat enough servings of fruits and vegetables* per day. Both of these rates are on par with the state.

Exercise and Diet  
(2006-2010 Prevalence Estimates)

No Leisure Time Physical Activity



Inadequate Fruit and Vegetable Consumption



Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

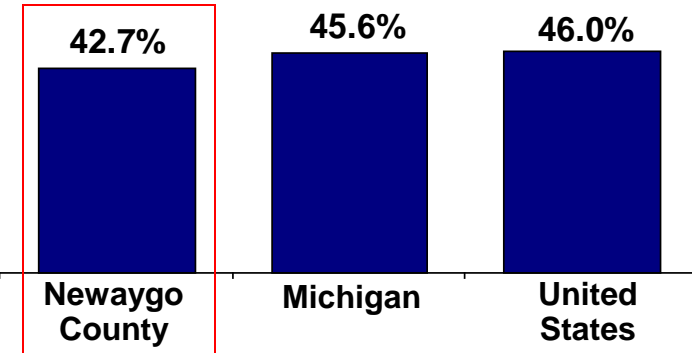
# ***Youth Risk Behaviors***

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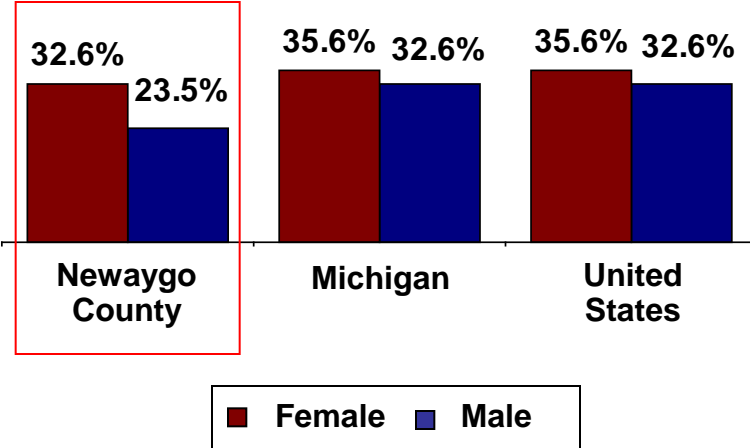
More than four in ten Newaygo County youths have had sexual intercourse, on par with Michigan and the U.S. Still, one-third (32.6%) of Newaygo County females have had sexual intercourse in the past three months.

Teenage Sexual Activity

Youth Who Have Ever Had Sexual Intercourse



Youth Who Have Had Intercourse in Past 3 Months



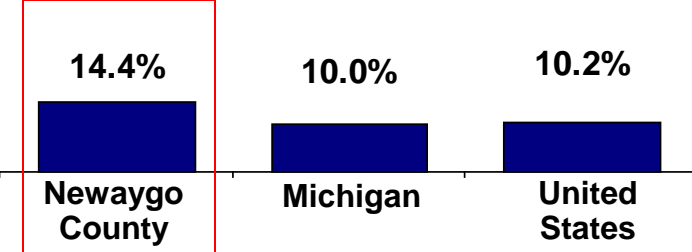
■ Female ■ Male

Source: YRBS; Newaygo Youth Assessment Survey 2009: NOTE: YAS includes grades 8, 10, and 12, while YRBS includes grades 9-12.

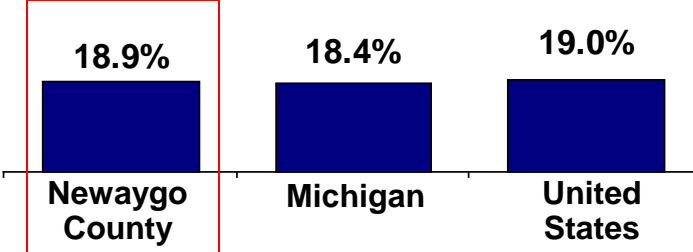
Teen births are higher in Newaygo County (14.4%) than in Michigan (10.0%) or the U.S (10.2%). Repeat teen births are more equivalent to the state or nation.

Teenage Pregnancy

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



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

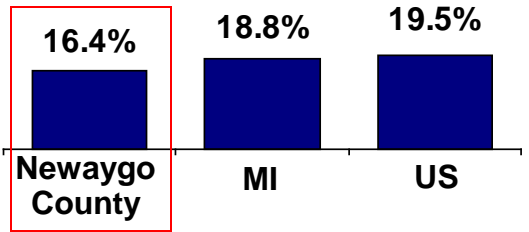


Source: MDCH Vital Records. Newaygo Co. and MI 2009; Kids Count Data Book. Newaygo Co. and MI 2009.

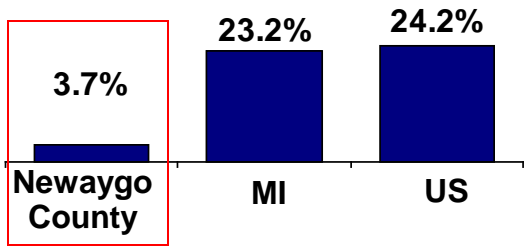
Fewer Newaygo County youths currently smoke cigarettes (16.4%) than in Michigan (18.8%) or the U.S (19.5%), and far fewer report binge drinking or marijuana use compared to Michigan or the U.S.

Tobacco, Alcohol and Marijuana Use Among Youth

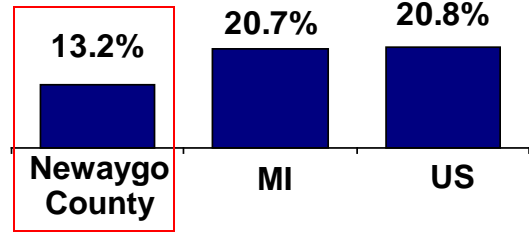
Proportion of Youth Who Report Current Smoking (Past 30 Days)



Proportion of Youth Reporting Binge Drinking (5+ Drinks, Past 30 Days)



Proportion of Youth Reporting Current Marijuana Use (Past 30 Days)

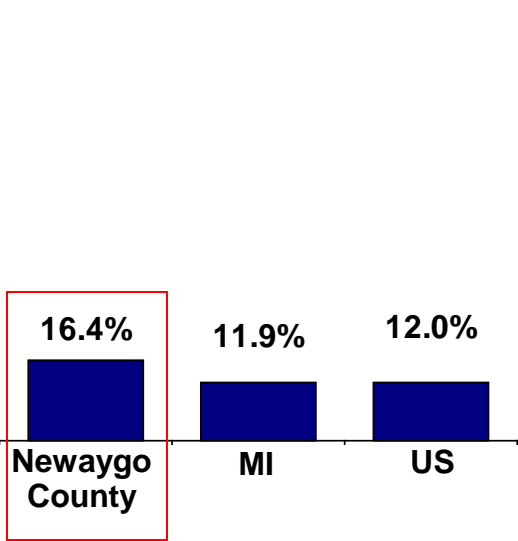


Source: YRBS; Newaygo Youth Assessment Survey 2009. NOTE: YAS includes grades 8, 10, and 12, while YRBS includes grades 9-12.

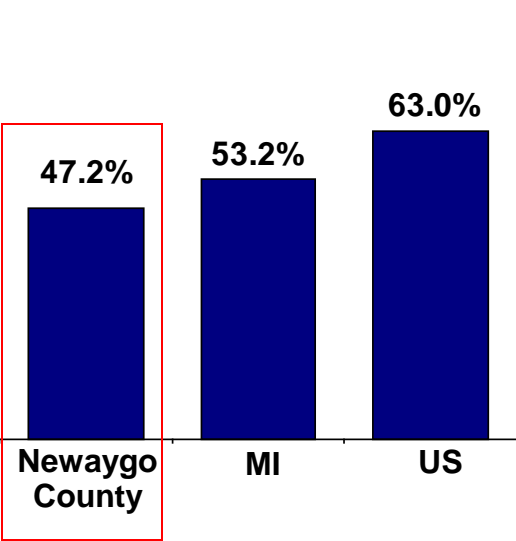
The proportion of obese youth in Newaygo County is greater than the state or the nation, and almost half of Newaygo County youth report inadequate physical activity. Furthermore, almost seven in ten do not eat enough servings of fruits or vegetables, but this proportion compares more favorably than the state or nation.

**Obesity, Physical Activity and Diet  
Among 9<sup>th</sup> and 11<sup>th</sup> Grade Students**

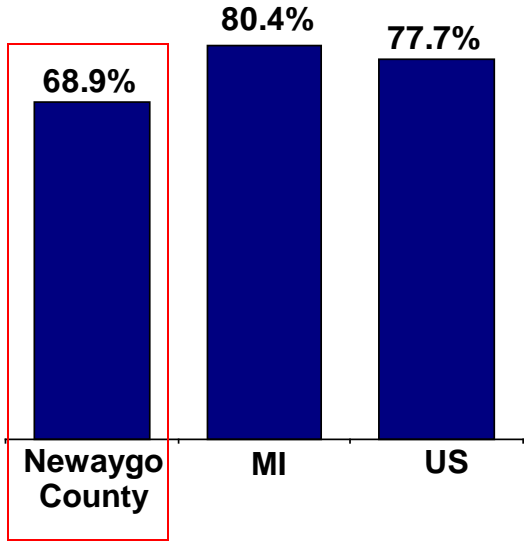
**Youth Who Are Obese (>95<sup>th</sup>  
Percentile BMI for Age and Sex)**



**Youth Reporting Inadequate  
Physical Activity (<60+  
Minutes, 5+ Days Per Week)**



**Youth Reporting Less Than 5  
Servings of Fruits/Vegetables Per  
Day (Past Week)**



Source: Newaygo County Youth Assessment Survey 2009. 3<sup>rd</sup> Grade BMI Surveillance; Michigan YRBS; NOTE: YAS includes grades 8, 10, and 12, while YRBS includes grades 9-12.

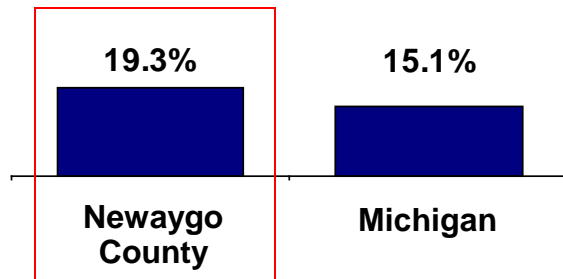
# ***Health Care Access***

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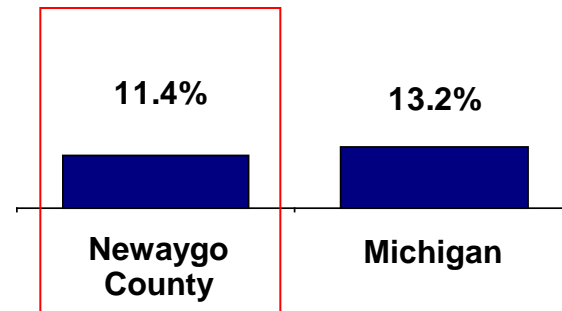
One in five (19.3%) Newaygo County adults aged 18-64 have ***no health care coverage*** and slightly more than one in ten (11.4%) have ***no personal health care provider***. Also, more than one in ten (13.9%) were denied health care access in the past year due to health care costs.

Heath Care Access  
(2006-2010 Prevalence Estimates)

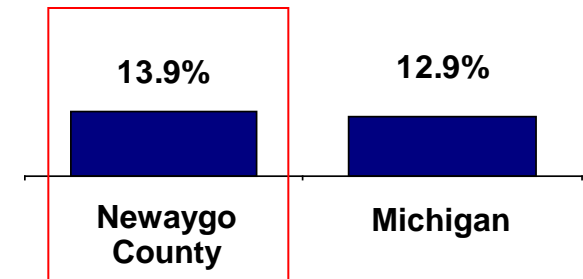
No Health Care Coverage  
Among Adults Aged 18-64



No Personal Health  
Care Provider



No Health Care Access in  
Past 12 Months Due to Cost

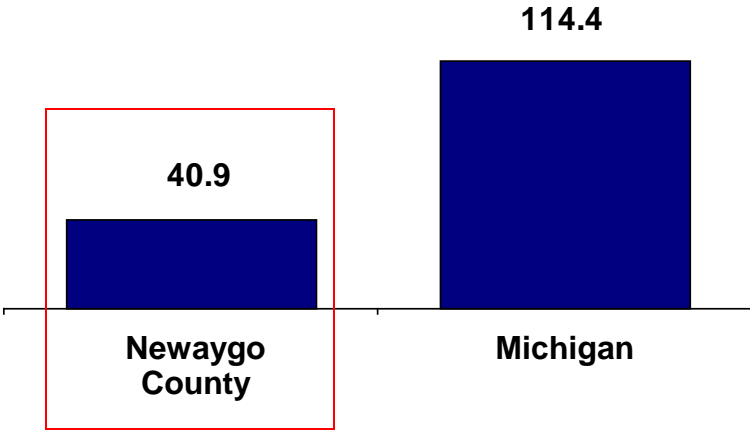




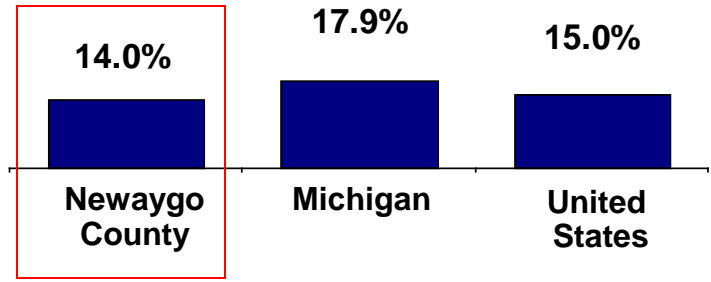
There are far fewer primary care physicians (PCPs) per capita in Newaygo County compared to the state. Among all Newaygo County residents, more than one in ten have no health care coverage, slightly lower than the state or the nation.

**Primary Care Physicians and Medicaid Patients**

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



**Proportion of Uninsured Residents in  
Newaygo County**



Source: US Department of Health & Human Services, Community Health Status Indicators; County Health Rankings.

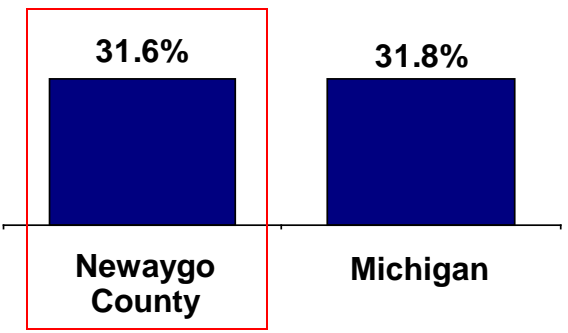
# ***Clinical Preventative Practices***

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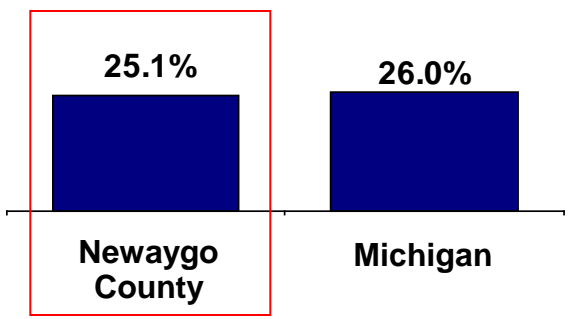
Three in ten have gone without a routine physical checkup in the past year. One-fourth have not visited a dentist in the past year, even for a teeth cleaning.

**Health Care Visits**  
**(2006-2010 Prevalence Estimates)**

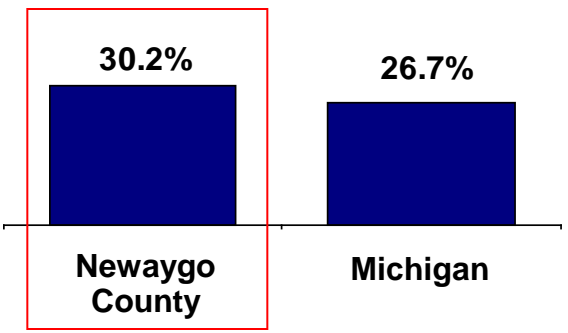
**No Routine Physical Checkup**  
**in Past Year**



**No Dental Visit in**  
**Past Year**



**No Teeth Cleaning in Past**  
**Year**

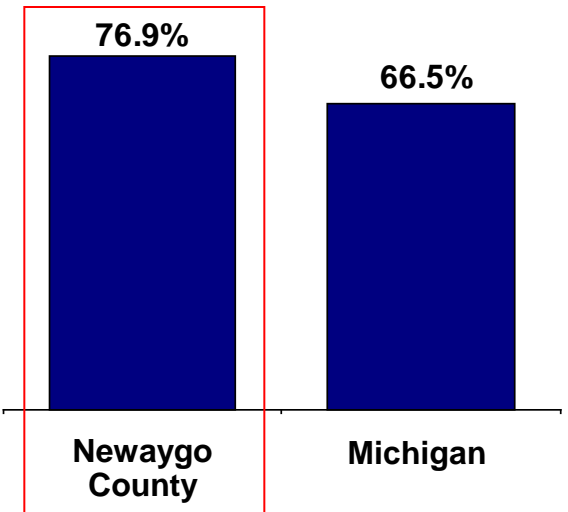


Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

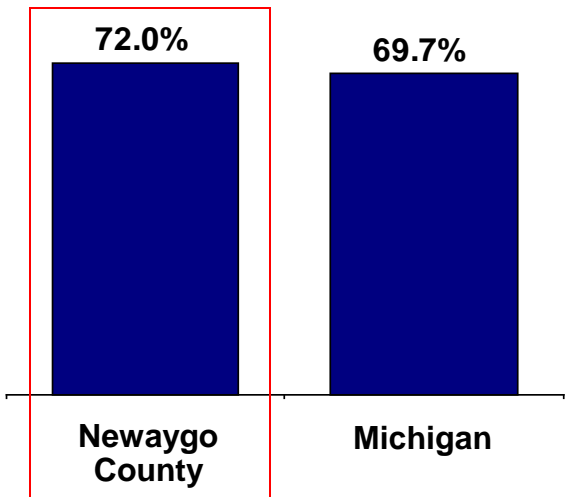
Roughly three-fourths of Newaygo County adults have been vaccinated against pneumonia and the flu. Both rates are higher than the state.

Vaccines  
(2006-2010 Prevalence Estimates)

Ever Had Pneumonia Vaccine



Ever Had Flu Vaccine in Past Year



Source: Michigan Behavioral Risk Factor Survey Prevalence Estimates, 2006-2010.

# ***Hospital Data***

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According to hospital discharge records in Newaygo County over the past two years, the top condition is ***complications due to pregnancy or childbirth***, followed by ***influenza/pneumonia***. Complications due to pregnancy are an indication of a gap in OB/GYN services.

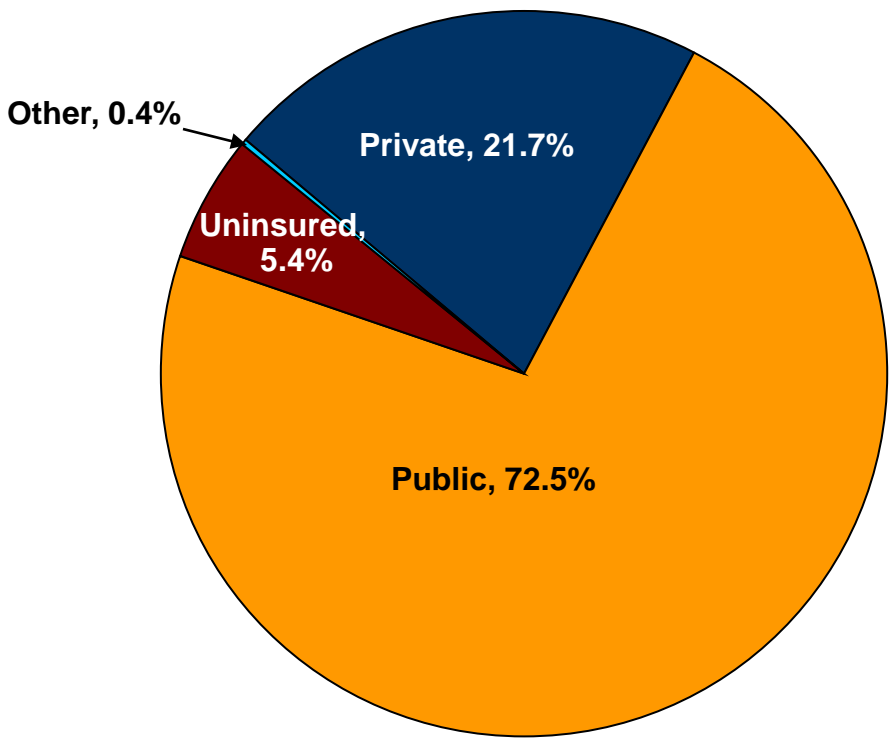
**Top 15 Hospital In-Patient Discharges in 2010 and 2011 (Q1-Q3)**

<b><u>Condition</u></b>	<b><u>% of Discharges</u></b>
<b>Complications of pregnancy, childbirth, and the puerperium</b>	<b>13.6%</b>
<b>Influenza/Pneumonia</b>	<b>6.9%</b>
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	<b>4.5%</b>
<b>Fractures, all sites</b>	<b>3.8%</b>
<b>Congestive heart failure</b>	<b>2.9%</b>
<b>Heart disease, other than CHF, hypertension, angina</b>	<b>2.8%</b>
<b>Cellulitis</b>	<b>1.7%</b>
<b>Stroke</b>	<b>1.7%</b>
<b>Complications of surgical/medical care</b>	<b>1.4%</b>
<b>Cancer (malignant neoplasm) except cervical</b>	<b>1.3%</b>
<b>Poisoning</b>	<b>1.2%</b>
<b>Diabetes Mellitus</b>	<b>1.1%</b>
<b>Normal delivery</b>	<b>0.9%</b>
<b>Asthma</b>	<b>0.9%</b>
<b>Injuries, other than fractures, poisoning, complications of care</b>	<b>0.6%</b>

Source: Spectrum Health Gerber Memorial Hospital, 2010, 2011.

For all hospital discharges over the past two years, more than seven in ten (72.5%) are public payer types, the bulk of which includes Medicare and Medicaid. The uninsured represent 5.4% of all Spectrum Health Gerber Memorial Hospital discharges over the past two years.

Payer Type Per Discharge  
(2010 and 2011, Q1-Q3)



Source: Spectrum Health Gerber Memorial Hospital, 2010, 2011.

# ***Key Stakeholder In-Depth Interviews***

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# ***Health Care Issues and Accessibility***

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**Obesity, chronic disease, teen pregnancy, poverty, and services to the poor,** particularly for low income individuals and families, are identified as the most pressing health issues in Newaygo County.

Most Pressing Health Needs or Issues

- ❖ These issues are considered to be county-wide problems, not limited to any one region in the community.
- ❖ Three of four Key Stakeholders feel these issues are being addressed in the community through:
  - Prenatal/Birthing classes
  - OBGYN clinics
  - Current Health Improvement Council
  - Nutritional programs
  - Sliding scale fees
- ❖ Key Stakeholders agree that while these issues are being addressed, the size of the problem continues to increase
- ❖ As data tracking gets better, these problems are shown to be community-wide and range across all population demographics, and certain problems (e.g., obesity) are connected to others (e.g. diabetes).

*I think this is across all the population demographics, we're dealing with people with significant health issues, where maybe if we'd had some preventative health in the obesity issue, then we may not be to the point where we're dealing with these kids with diabetes, those sorts of issues.*

*Poverty is driving health issues and educational outcomes and so Newaygo County is above the state average in the area of poverty for children and adults so I would say that's probably the major driving force that's impacting health.*

*Probably the most uncovered population would be the working class poor, where they have jobs but no insurance.*

*Based upon the Michigan League for Human Service that over 50% of the kids in Newaygo County in '09 were either receiving free or reduced lunch, so these are all things that are driving issues.*

Q1. What do you feel are the most pressing health needs or issues in Newaygo County? Q1i. Have you noticed any differences between: (a) older adults (b) low-income (c) children (d) minority groups (e) uninsured/underinsured/uninsurable? Q1ii. **Are these issues the same at the county level and at the community level?** Q1a. Is there anything currently being done to address these issues? Q1b. (If yes) How are these issues being addressed? Q1bi. **How effectively are these issues being addressed?** Q1c. (If no) In your opinion, why aren't these issues being addressed? Q1d. (If no) In what ways have these issues been addressed in the past, if any? Q1di. (If no) **And how effectively were these issues addressed?** Q2. What is the size and scope of the most pressing issue/problem? Q2i. **How many or what percentage of people are effected by this issue?** Q2ii. **What specific groups are touched by this issue?**

Stakeholders feel health care access is good. There is no lack of physicians taking Medicaid in the Newaygo community, and hospital programs and clinics address a variety of needs for both uninsured and insured residents. One individual says there needs to be more communication about where to access services. **Transportation** and a **lack of dentists accepting Medicaid** are identified as barriers to health care access. The elderly are seen as particularly affected by these issues.

### State of Health Care Access and Evaluation Outcomes

*We have a rural health clinic that's beneficial in both the north end of our county and towards the south end of our county, that provides a lot of access and also provides bi-lingual access in the southern part of our county. I don't think it encompasses everybody, but I think we're blessed for having them.*

*We have a county health plan where we're trying to get low income people in for services and we have limited problems with getting the physicians to take those enrollees in Newaygo County. So I think that's an indicator that Newaygo County access is pretty good.*

*There's no public transportation in Newaygo County, and the counties surrounding us, I think many of them do have some public transportation means but they all stop at the county lines. As far as users for hospital facilities, they don't always have access right to the hospital.*

❖ Key Stakeholders identified the following as important measures for health-related outcomes:

- Birth-related behaviors (e.g., low birth weight, smoking, teen pregnancies)
- Clinical outcomes
- Chronic diseases
- Education
- Incentive programs and their impact
- Infant mortality
- Risk behaviors
- Teenage pregnancy
- Poverty levels
- Unemployment levels

*If people don't understand it, or don't know the impact it has on their life or their child, what creates the incentive to change some of those habits?*

*I think there's plenty of data out there, I think it's really narrowing the data down and then trying to decide what you can have an impact upon.*

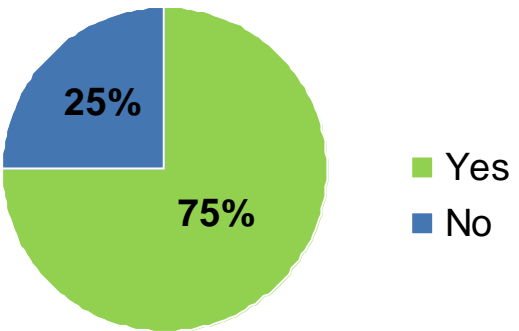
*It's going to be labs, it's going to be weight loss, it's going to be clinical indicators because those things we know work.*

Q3. **What are the outcomes** that should be evaluated? **Such as: Mortality, Morbidity, Risk Behavior...** Q4. Could you **describe** the current state of health care **access** in Newaygo County? Q4i. Are there any issues such as, (a) Transportation, (b) Health Coverage, (c) Differences in Subpopulations or groups such as: older adults, low-income, children, minority groups, uninsured/underinsured/uninsurable. Q4ii. Are these issues the same or different for the county versus your local community? Q6g. Are there **adequate disability service programs**? Q6h. (If no) **What can be done** to address this inadequacy?

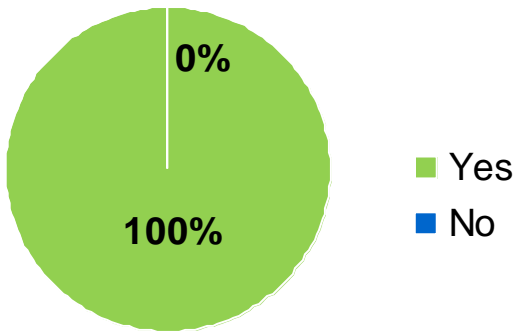
Three of four Key Stakeholders say there is a **wide variety or choice of primary care physicians**, identifying Pine Medical physicians as well as the rural health clinics as resources. Two feel there is variety for both insured and uninsured individuals, while one feels there are **no choices for specialists**. All believe there is a **lack of insurance coverage for ancillary services** and that people have **difficulty paying deductibles and out-of-pocket expenses**.

Viewpoints on Provider Choices, Lack of Coverage for Ancillary Services, and Inability to Pay

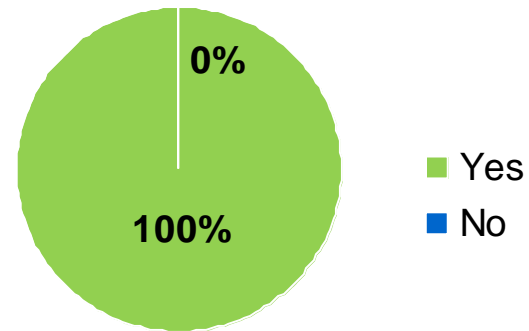
Wide Variety of Physicians



Lack of Ancillary Service Coverage



Inability to Pay Out-of-Pocket Expenses



*Access can mean a lot of things. You can get people insurance and they still don't have access to primary care if they can't go and get there.*

*I think it has to do with you have two federally qualified health care center sites in that county and I believe a couple of the physician offices may help health clinics so I think there's pretty good access.*

*Family Health provides two dental clinics, and I think the dentists I see here are similar to what I see everywhere. They can be selective with their clientele. The underinsured end up going to the clinic-type places and don't have a lot of access unless they're willing to pay for it.*

*I think it is an issue but there is some access and then with Medicaid covering adult dental now, that's also helping.*

*Seeing the number of people in our office, I would say that is an issue and there's no funds or no resource that I know of, except if the pharmacies themselves are willing to do a sliding fee scale, that's a gap that we have.*

*That's why we have the sliding fee scale. Some people come in and what may cost one person fifty dollars may cost someone else ten dollars.*

Q5a. Is there a wide variety/choice of primary health care providers? Q5b. (If yes) Is this variety/choice available to both insured and uninsured people? Q5c. (If no) In your opinion, why is there a lack of primary health care providers? 5d. Is there a lack of insurance coverage for ancillary services, such as prescriptions or dental care? Q5e. Is there an inability to afford out-of-pocket expenses, such as co-pays and deductibles?

# ***Existing Programs and Services***

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All four Key Stakeholders think existing programs and services meet the community's needs and demands very well. They believe Newaygo County has **many good support services**, an **active community foundation that supports health care initiatives**, and feel **needs are met especially if people have transportation and if the physician accepts Medicaid**. One person feels there are language barriers that limit the effectiveness of available services.

### Programs/Services Meeting Needs and Programs/Services Lacking

*I think the existing organizations work well together and I think the other strong asset that is in Newaygo County is the Fremont Area Foundation and the Gerber Foundation. Both of those Foundations do work well with human service providers and provide support and fill some of the gaps. If there's a cut in a program and it's showing good outcomes, those organizations will step in and try to continue that.*

*I think we have some good, quality physicians, some good programs, we do try to provide screenings and activities that get people involved.*

*Newaygo County has very good programs, very good services. We seem to always be able to place someone easily and with good results, so I would say very well.*

- ❖ Services identified as lacking are **specialty services**, **dental care**, and **prevention activities**.

*The basic services are there. We're short on some of the specialties where people still have to travel to Grand Rapids or to Muskegon to get.*

*I don't think it's unique to Newaygo County but I would say that really the focus of a population-based preventative effort towards trying to reduce the incidence of obesity, promoting healthy behaviors, and trying to work, making that starting at changing some of the behaviors from preschool to senior citizens and really, how do you change the culture to make it a wellness culture that is acceptable.*

**Q6. How well do existing programs and services meet the needs** and demands of people in your community? Would you say they meet them exceptionally well, very well, somewhat well, not very well, or not at all well? Q6a. **Why** do you say (INSERT RESPONSE)? Q6ai. **Are there differences among particular groups or sub-populations?** Q6b. **What programs** or services **are lacking** in the community? Q6bi. **Are there programs or services that are lacking for particular groups or sub-populations?** (e.g., primary care, chronic disease.... )

No Key Stakeholder can identify community services that are not needed or represent an unnecessary duplication of services. While noting the existence of some duplication, stakeholders feel **services are not meeting the full extent of the community's need.**

**Service Duplication and Improved Community Response to Health and Health Care Needs**

- ❖ Stakeholders feel services can work better through **increased collaboration and coordination of services, addressing mental health, and creating a central repository for information.**

*I think one of the benefits would be if you went into a health clinic and then they dealt with the behavioral health as well as the physical health. That would be an improvement. Like a No Wrong Door Access. It means that if you're coming through, and you're accessed, you could get your dental done there, and get your medical done there – they were connected.*

*I think that if there are programs that sometimes have similar missions, I think they'll work together to communicate to target maybe one area of the county and the other one targets the other or maybe they talk about how they can collaborate to work together so I really can't say that I think that there is services that aren't needed.*

*It would be nice if there was a central repository for everything. In case we're missing something. ... Perhaps a representative from each group come together and be able to talk about different services and explain it to the others. That would be hugely helpful.*

*I think the challenge is that everybody has had cuts and its hard to continue to really devote time to collaboration when your staff have been cut and so you get torn between delivering services and participating in collaborative efforts.*

- ❖ They would also like to see or are planning on...
  - Increased leadership and coordination of offices
  - Increased resources
  - More time and focus on prevention
  - Opening an urgent care clinic
  - Program targeting smoking prevention for pregnant women
  - School-based health clinics

***I don't know if they're lacking as much as a need for coordination and leadership. That was part of the challenge of the Newaygo County Healthcare Improvement Council, was to take a more active approach in providing leadership for that.***

Q6c. Are there any programs/services that currently exist that aren't needed? Q6d. (If yes) What are these programs/services? Why aren't they needed? Q6e. Is there any duplication of services? Q6f. (If yes) What services are duplicated? Q6i. In your opinion, how could any of the existing services/programs in your community be implemented better? Q7. Do you have any recommendations or plans for implementation of new programs or services that are currently lacking in the community? Q7a. (If yes) What are your recommendations or plans?

Many barriers to access **are linked directly to poverty, lack of transportation, eligibility, and Medicaid access.** While these issues have been partially addressed through incentive programs and charity care, stakeholders feel **more employment opportunities, more grants supporting access, and more agency collaboration** must exist in order for true change to take place.

**Barriers and How They Can Be Addressed**

- ❖ Additional barriers are identified as: ensuring that people receive treatment at appropriate times (e.g., before problems become severe), an increase in the Hispanic population and the health-related problems with this population, and a lack of adequate bi-lingual medical staff.

*We are one of the poorer counties overall. There is an economic and cost consideration there.*

*I think the biggest one is transportation. The county does not have a transportation system. I think the access is there but transportation may be more of a barrier.*

*You have a growing Hispanic population in the southern part of the county, so that does create a need to assure bilingual services. I know we have a WIC clinic in that area and our staff, not all the staff are bilingual, but we have at least one person that is bilingual.*

*I think transportation as well as accessibility but also it's nice to look at the collaborative piece. I think we need to talk more about okay, we're all in this together and although I don't always do the medical piece, how can we work together?*

*Probably the best thing would be if an employer moved into the county that was going to create 300 \$15/hour paying jobs and that covered health insurance would have the greatest impact. I mean I think the issue is we grow jobs in rural counties but quite often they're minimum wage to \$10/hour jobs and lack health insurance.*

*I think hospitals are to be applauded. Over the years, any time there are cuts in Medicare and Medicaid, we've taken care of that and continue to find ways to take care of the communities we serve. But it gets more and more difficult. We can't be like the government, and just cut the hospital – when does it end? The hospitals have been very innovative, the healthcare industry, but it's really getting tough.*

Q8. Are there any barriers or obstacles to health care programs/services in your community? Q8a. (If yes) What are they? Q8b. Have any of these barriers been addressed? Q8bi. (IF YES) How effectively have these barriers been addressed? 8c. Are there any effective solutions to these issues? 8d. (If yes) What are they? Are they cost effective? 8e. Have any solutions been tried in the past? 8ei. Yes (IF YES) How effective were these solutions?



# ***Community Resources and the Future of Health Care***

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Stakeholders say it is the **richness of community resources** like the *community foundations* and *care facilities*, in a county with high poverty that makes their response to access stand out. Resource limitations are seen as stemming from **lack of funding or funding limits, the rural environment, and a lack of service care coordination**. All but one feel relevant stakeholders are involved in the planning and decision-making for community health needs, while **also acknowledging that more community members should be involved**.

### Community Resources & Resource Limitations

- ❖ Specifically, Key Stakeholders feel the community houses the following resources:
  - Charitable missions
  - Community Mental Health
  - Dentists
  - Department of Health
  - Fremont Area Community Foundation
  - Good collaboration between programs
  - Home health organizations
  - Long-term care facility
  - Medical support group to increase access
  - Nestle/Gerber Foundation
  - Parks/River walk
  - Psychological services
  - Senior Council on Aging
  - Strong community work ethic
  - TrueNorth Community Services
  - United Way
  - Volunteerism in community
- ❖ Resource limitations are identified as:
  - A lack of physicians/number of providers
  - Funding limitations
    - Lack of a coordinated approach to the community's health
    - Access to care in a rural community

**Resources**  
*They [Community Foundation] service a lot of social type organizations and the surrounding community and they go through a funding mechanism and needs assessment as well with all those agencies. They become sort of the community chest so to speak, making decisions on who they're going to fund and how they're going to fund it. So I think they have an opportunity to be a big player in community wellness as well.*

**Limitations**  
*I think sometimes rural communities struggle with some of the funding formulas put out by the state, and that creates some challenges of how do you address things, as the state looks at things. In public health there's sort of a trend of moving resources to the more population-based centers. The incidence in your county may not be as high as in some of the urban counties so you lose some of those resources but yet there are problems. I think that's a challenge to all rural communities.*

Q9. **What resources currently exist** in your community beyond programs/services just discussed? (PROBE FOR FINANCIAL, SOCIAL CAPITAL, PEOPLE) Q9a. **What are any resource limitations**, if any? (PROBE FOR FINANCIAL, SOCIAL CAPITAL) Q10. With regard to health and health care issues, **are relevant stakeholders or community residents involved** in planning and decision making? Q10a. (If yes) **Who** is involved? Q10b. (If no) **Should** relevant stakeholders or community members be involved?

Stakeholders say health care reform will **provide more coverage for adults, increase health care access overall, and eliminate fraud and waste**. They are hopeful it will help populations become healthier by **promoting prevention, promoting increased coordination of care, and addressing chronic disease**. However, they are also concerned about how cost will be covered for providing such care and that quality of care will be negatively impacted.

## Verbatim Comments on the Future of Health Care

*I kind of like the idea of everybody having insurance, but like I said before, it doesn't address the issue of access. And cost. How do you pay for it? I think there are some very positive aspects of reform that I like. I think addressing the fact that healthcare costs are rising, we have to find ways of curbing that cost. Some of the things they're looking at is making hospitals and physicians align and work closer together. You look at payment reform as probably the key. Not so much just cutting, but how you pay for things. If the incentive is a physician fee for service, what would be your incentive to do more of those cases, right? But if you're responsible for managing the health of a certain population and now your incentive is to keep people healthy and you can make a very close amount of money that would have been paid otherwise, then there's some greater incentives there. People do what they're incentivized to do. I think the pain reform is a good start. Focus on fraud and abuse is a good start.*

*I think it will be wonderful because people will be insured. And I think it will help doctors maintain their practices because a lot of times we're writing off bills and there's a lot of bad debt because people can't afford their healthcare.*

*Hopefully it's going to increase access – that there will be more people with coverage, more adults with coverage.*

*It may create a problem – will they have enough primary care docs to assure that everybody has a medical home? But if people have access, they should be healthier, so hopefully it will have a positive impact on healthcare in Newaygo County.*

*I hope so because that is one of the emphases. There is a national prevention strategy, there're specific outcomes for patient-centered medical homes in terms of tracking clients, following up with diabetics, people who are hypertensive, and as people move to electronic medical records, hopefully that process will be managed easier and that tracking will also be eased. So I think it should be good.*

*I don't think it's going to happen overnight because it's a tremendous switch for our country. We are a country that still, we focus on sick care, not what I consider to be healthcare. We treat people when they get sick.*

Q11. What, if any, **impact** do you think **Federal Health Care Reform** will have on health care in your community? Q11a. What do you think the **future of health care** might be? Q11b. **What impact** will Federal Health Care Reform have **on health outcomes**, if any? Q12. In concluding, do you have **any additional comments** on any issues regarding health or health care in your community or Newaygo County that we haven't discussed so far?

# ***Key Informant Online Survey***

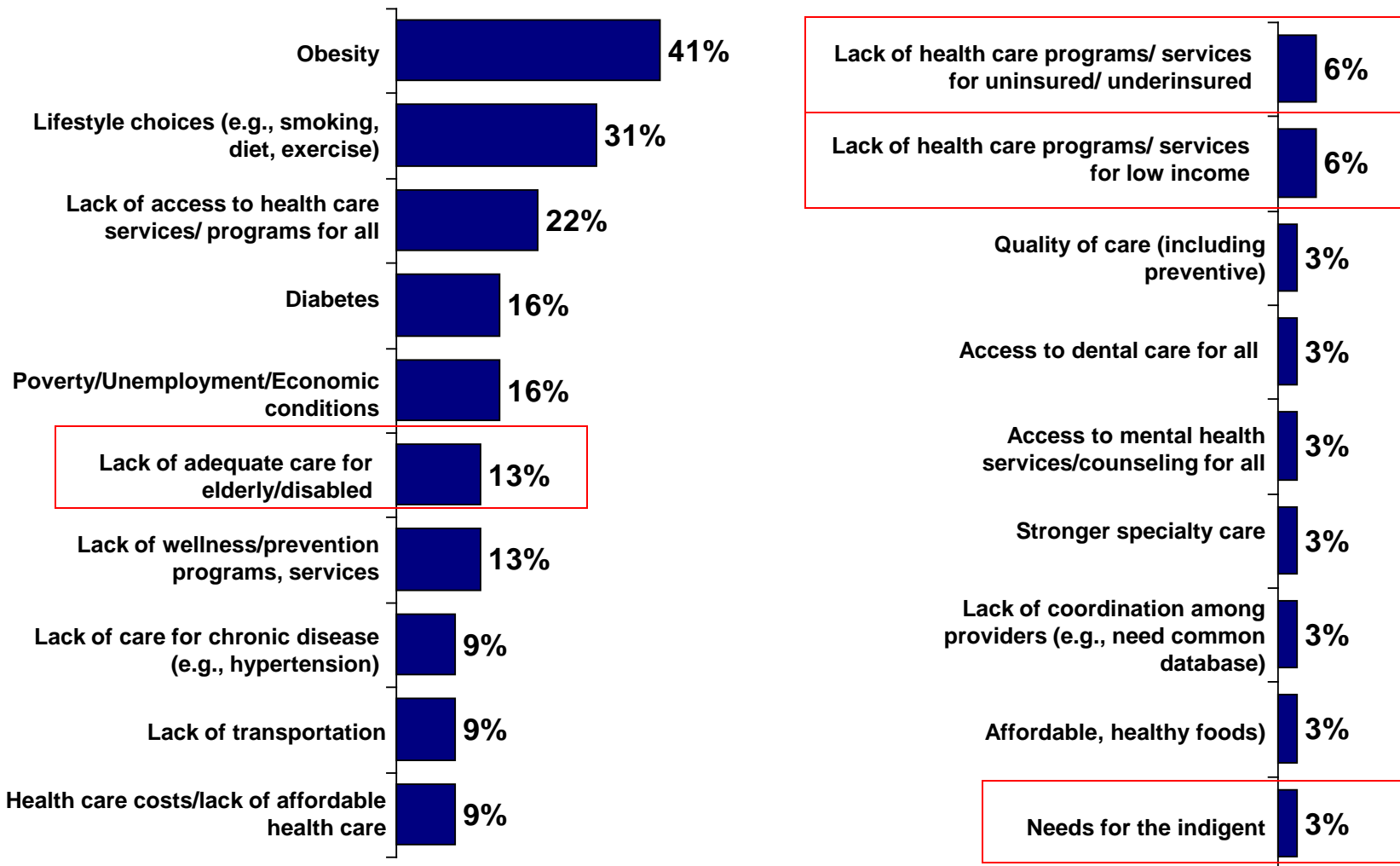
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# ***Health Conditions***

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When asked to volunteer the most pressing health needs or issues in Newaygo County, **obesity** tops the list. Several other pressing health issues or needs revolve around **lack of health care programs or services for specific populations** (e.g. low income, un/under-insured, older adults). Other issues include **lifestyle choices**, **lack of health care access**, **diabetes**, **economic conditions**, and **lack of wellness and prevention services**.

**Most Pressing Health Needs or Issues in Newaygo County (Volunteered)**



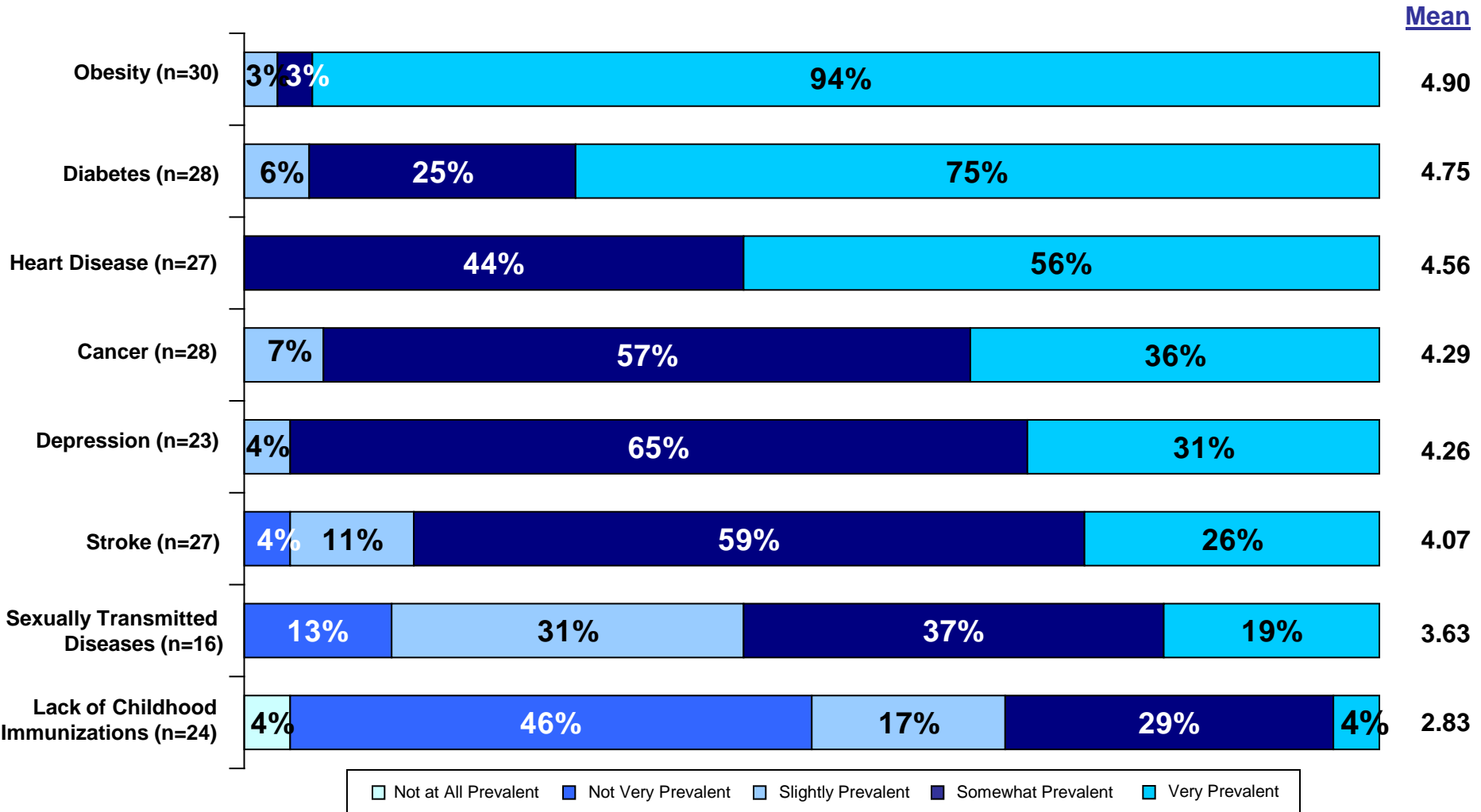
(n=32)

Q1. To begin, what do you feel are the **most pressing health needs or issues in Newaygo County?** Please be as detailed as possible.

= specific subpopulations

Further, Newaygo County Key Informants rate the prevalence of **obesity** highest (4.9 out of 5.0), by far, among several health issues. **Diabetes** and **heart disease** are also highly prevalent. **Childhood immunizations** appear to occur fairly regularly and thus, are not an issue.

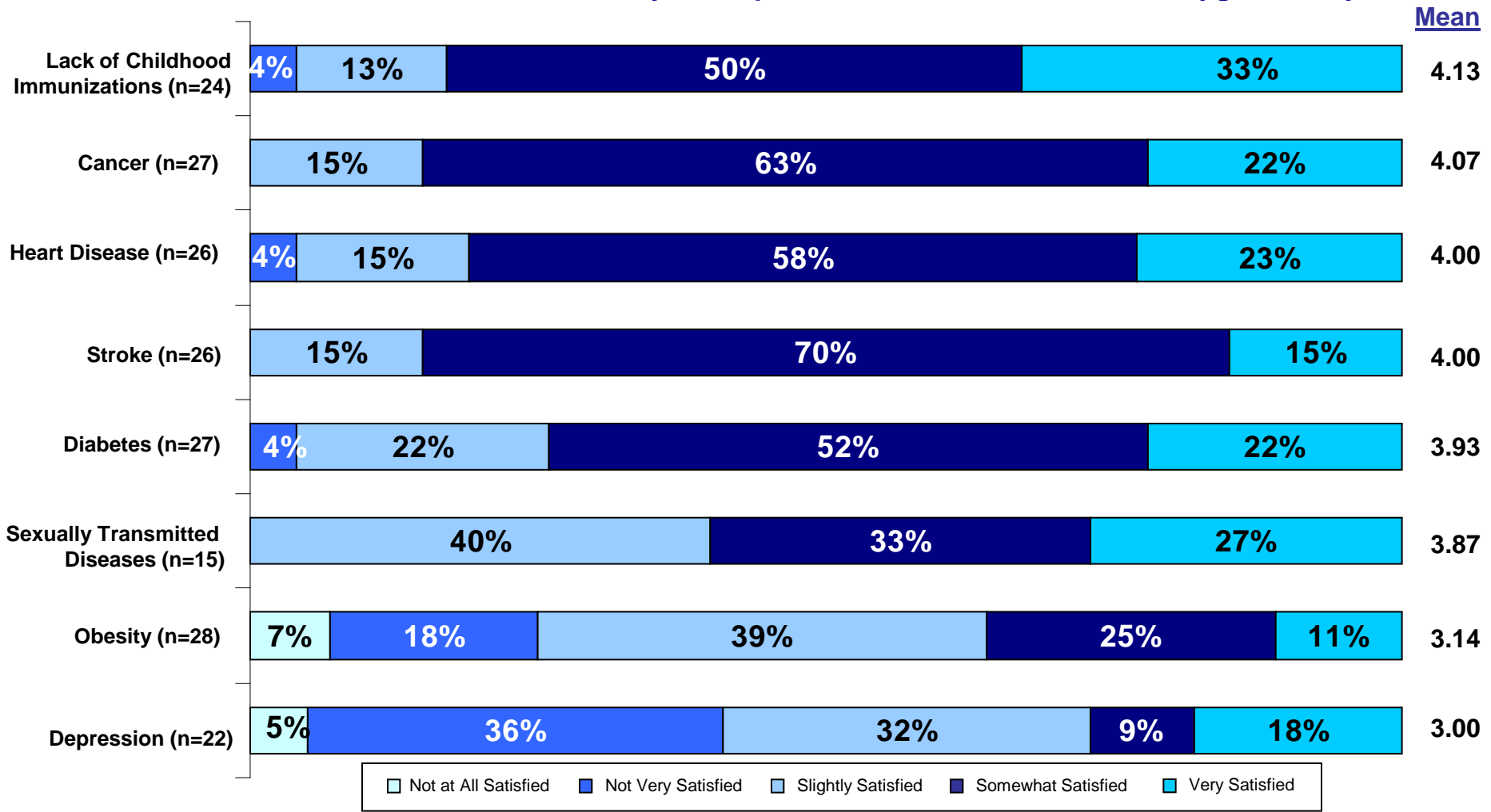
Prevalence of Health Issues in Newaygo County



Q2. Please tell us how prevalent the following **health issues** are in Newaygo County.

Key Informants are most satisfied with the community's response to **childhood immunizations**, followed by **cancer, heart disease, and stroke**. Conversely, they are least satisfied with the response to **depression** and **obesity**.

**Satisfaction with Community's Response to Health Issues in Newaygo County**

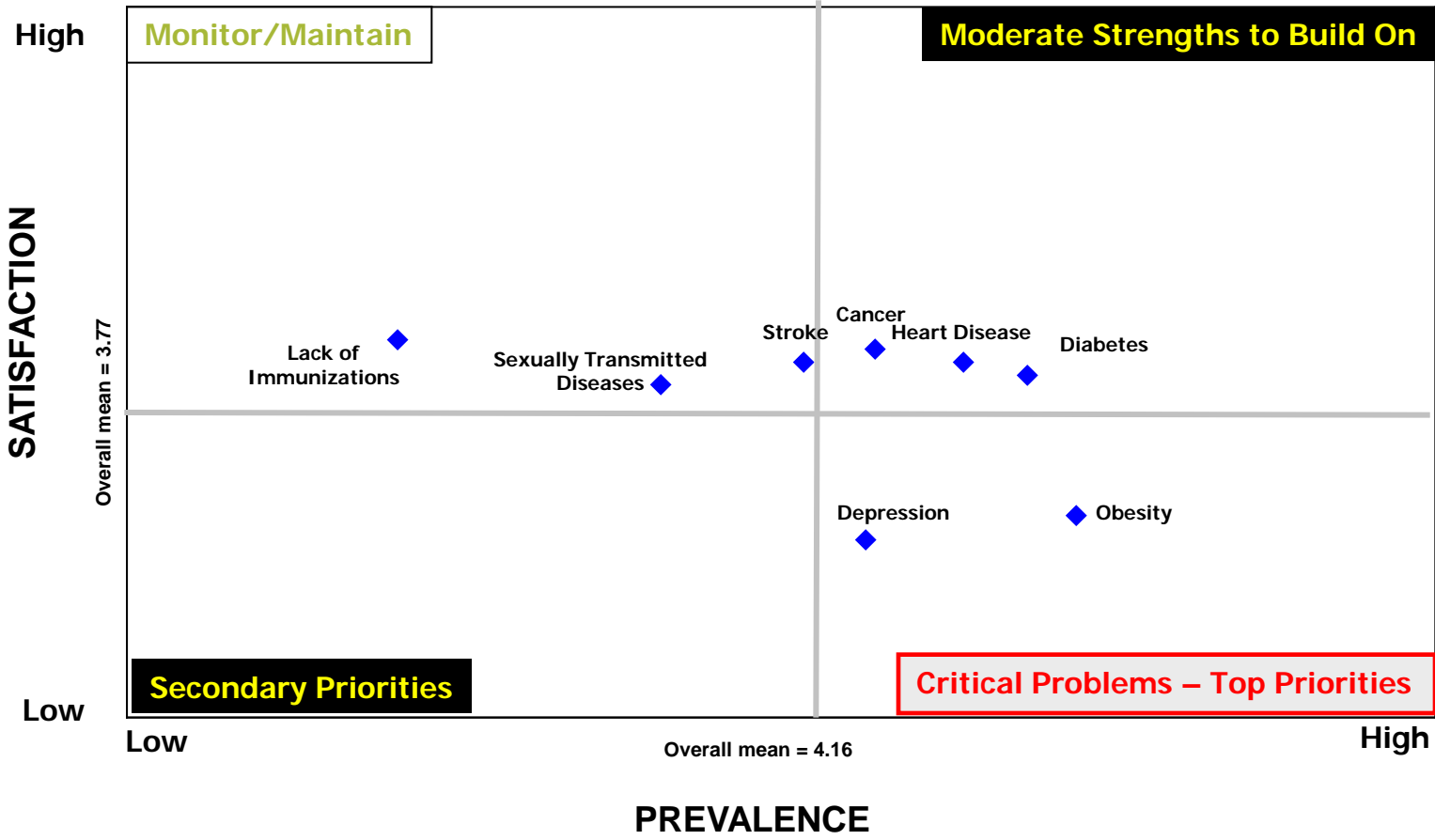


Q2a. How satisfied are you with the community's response to these **health issues**?



The quadrant chart below depicts both **problem areas and opportunities**. The community's response to **diabetes, heart disease, and cancer** is fairly strong because they are all prevalent and Key Informants are satisfied with the community response. Conversely, **depression and obesity** are **critical problem areas** because they are not only prevalent, but the community response has been less than satisfactory.

**Performance of Community in Response to Health Issues in Newaygo County**



(n=32)

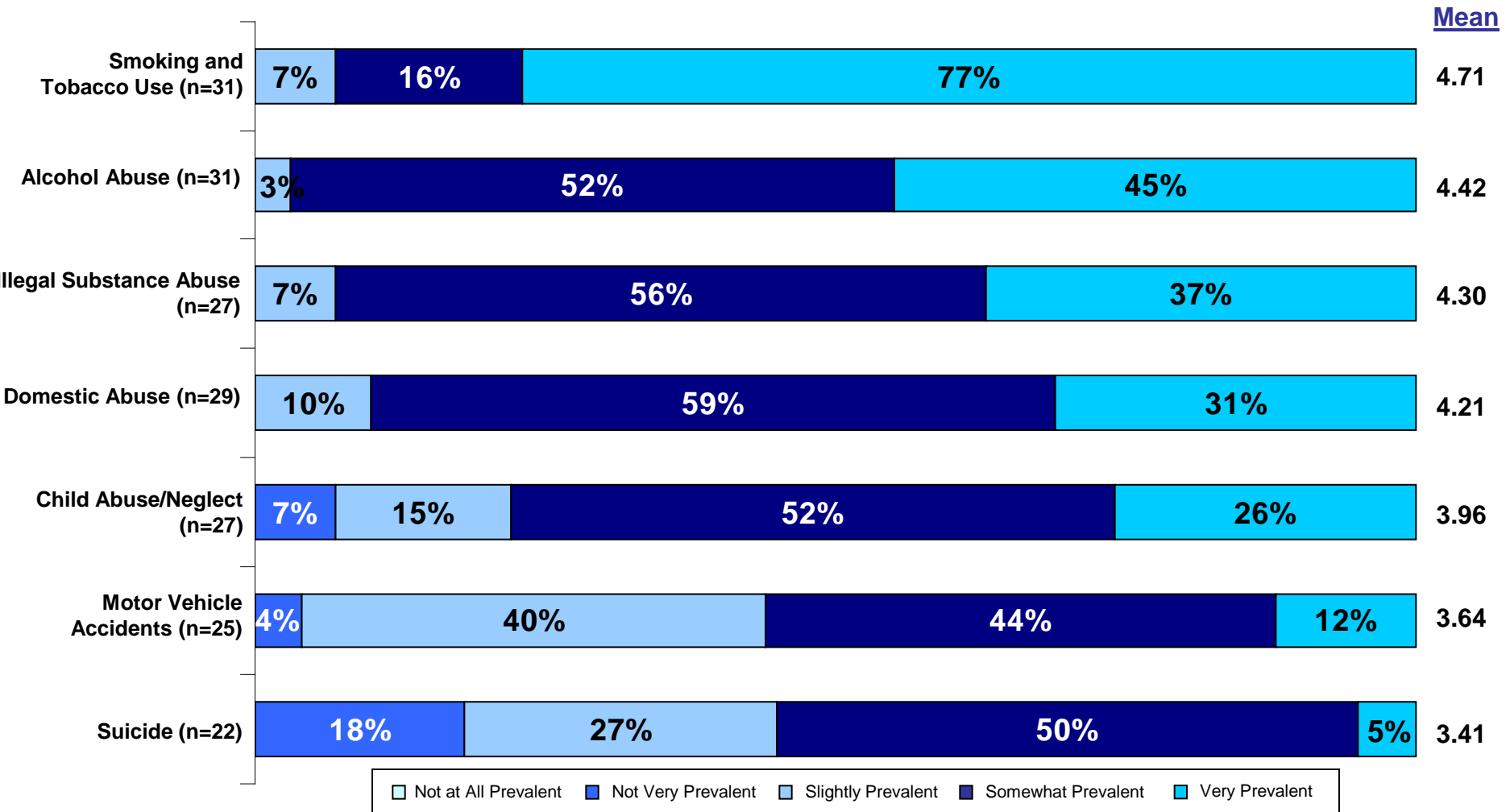
Q2. Please tell us how prevalent the following **health issues** are in Newaygo County?  
 Q2a. How satisfied are you with the community's response to these **health issues**?

# ***Health Behaviors***

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According to Key Informants, **smoking and tobacco use** is the most prevalent negative health behavior in Newaygo County, followed by **alcohol abuse**, **illegal substance use**, and **domestic abuse**. Suicide, although it exists, is not considered to be as prevalent as other health behaviors.

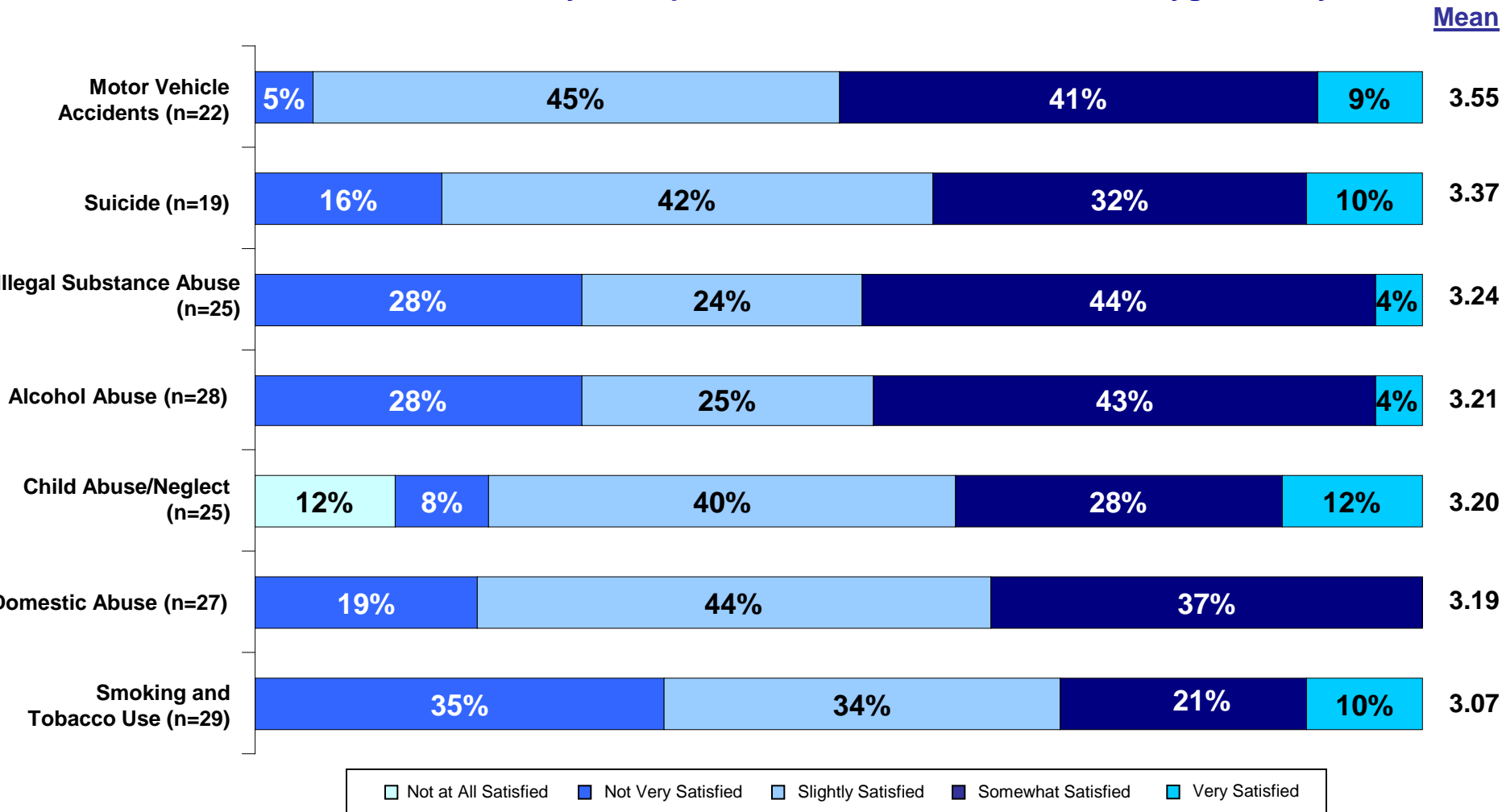
Prevalence of Health Behaviors in Newaygo County



Q3. Please tell us how prevalent the following **health behaviors** are in Newaygo County.

Key Informants are moderately satisfied with the community’s response to the health behaviors rated. Most telling is that the behavior considered most prevalent – **smoking** – is also the behavior with the lowest satisfaction rate in terms of community response.

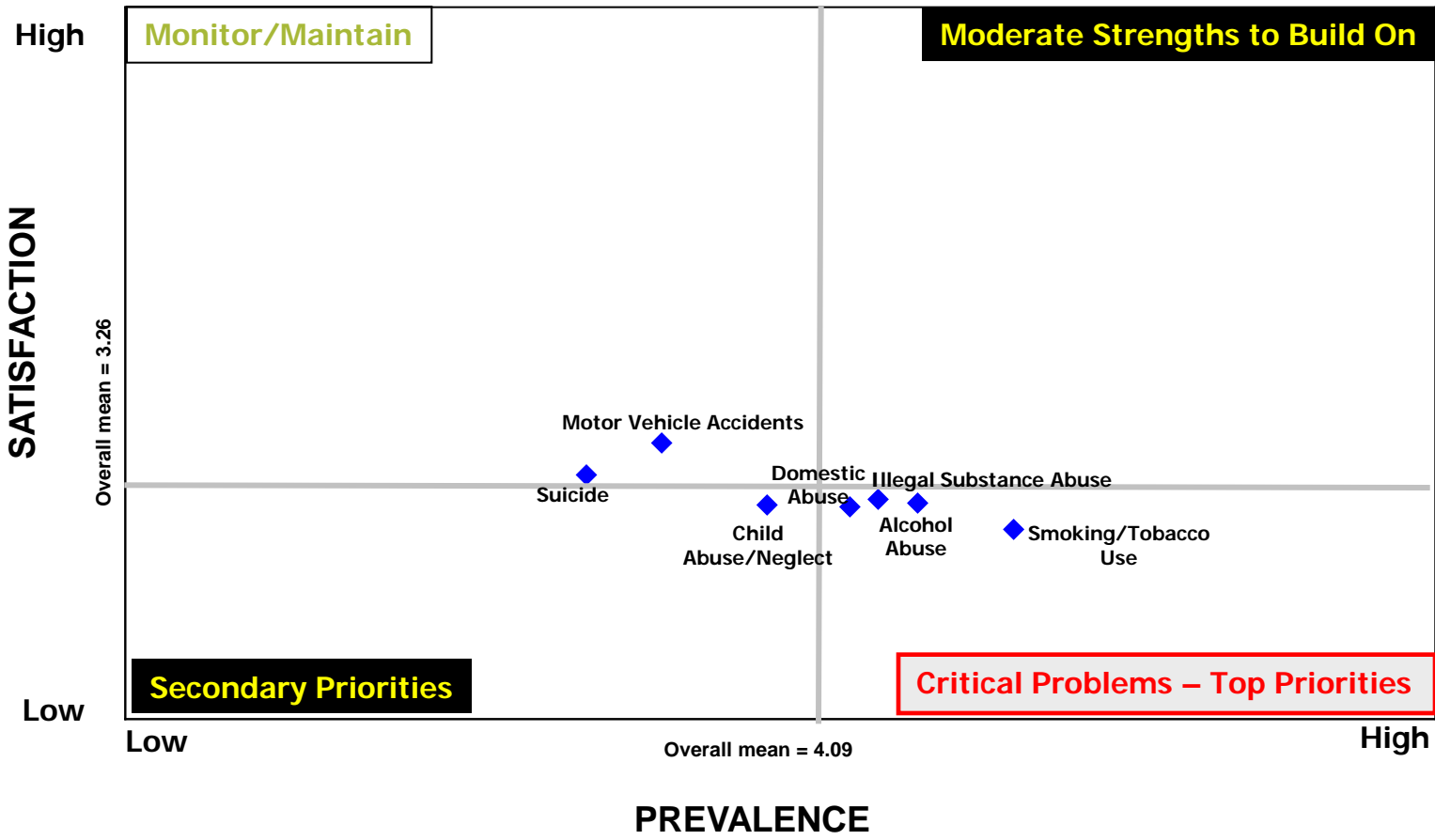
**Satisfaction with Community’s Response to Health Behaviors in Newaygo County**



Q3a. How satisfied are you with the community’s response to these **health behaviors**?

The quadrant chart illustrates the low to moderate satisfaction just discussed. Unlike with health issues, there are no response strengths to build on with respect to health behaviors. Most importantly, critical areas that should be immediately addressed involve **smoking, alcohol abuse, illegal substance abuse, and domestic abuse.**

Performance of Community in Response to Health Behaviors in Newaygo County



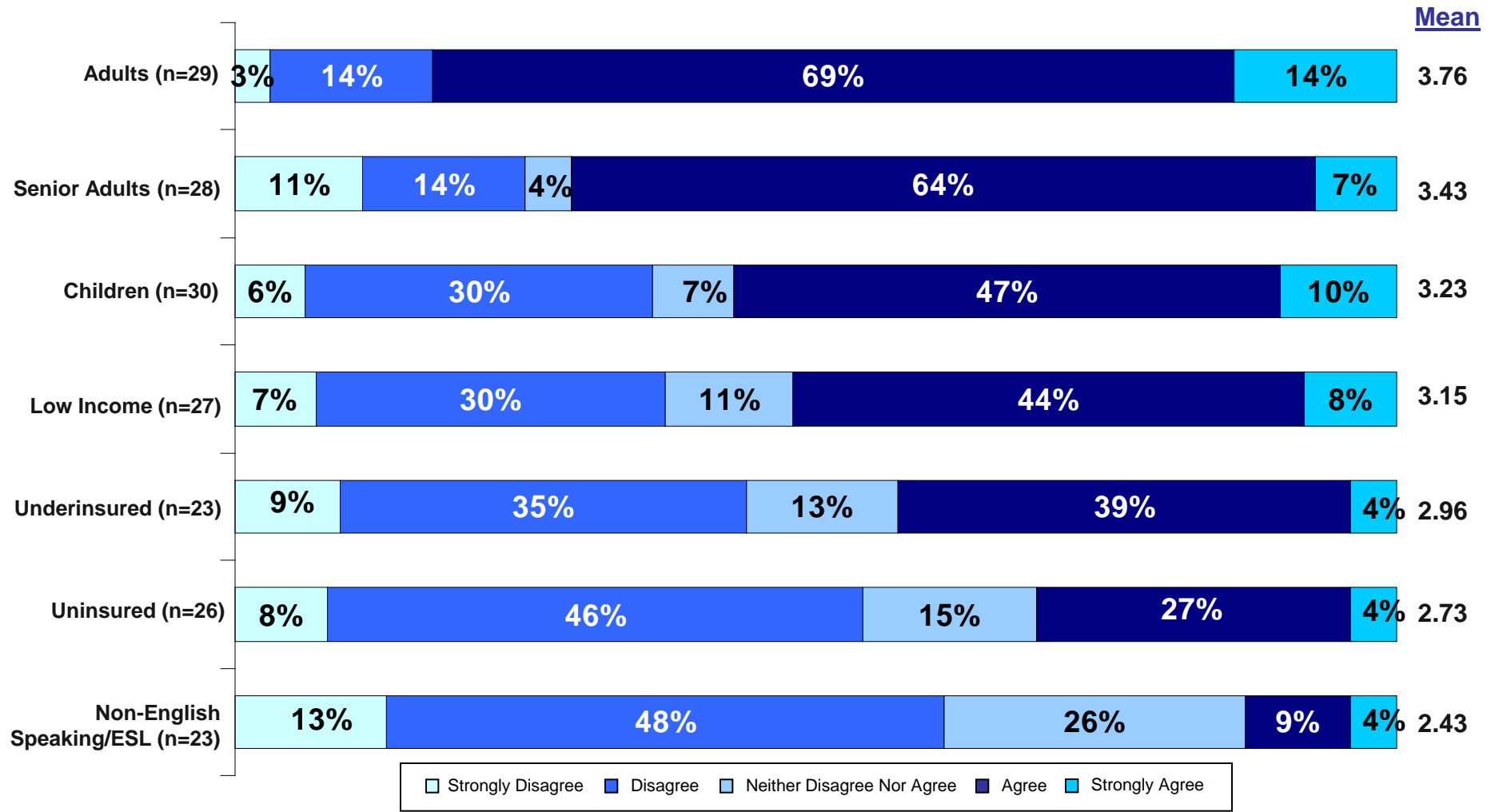
(n=32)  
 Q3. Please tell us how prevalent the following **health behaviors** are in Newaygo County.  
 Q3a. How satisfied are you with the community's response to these **health behaviors**?

# ***Access to Health Care***

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**Adults** and **senior adults** have the greatest variety and choice of primary medical care options, although there is room for improvement as roughly one in five disagree with this view. Residents who **lack insurance**, are **low income**, and/or are **ESL** find their options far more limited when it comes to primary medical care.

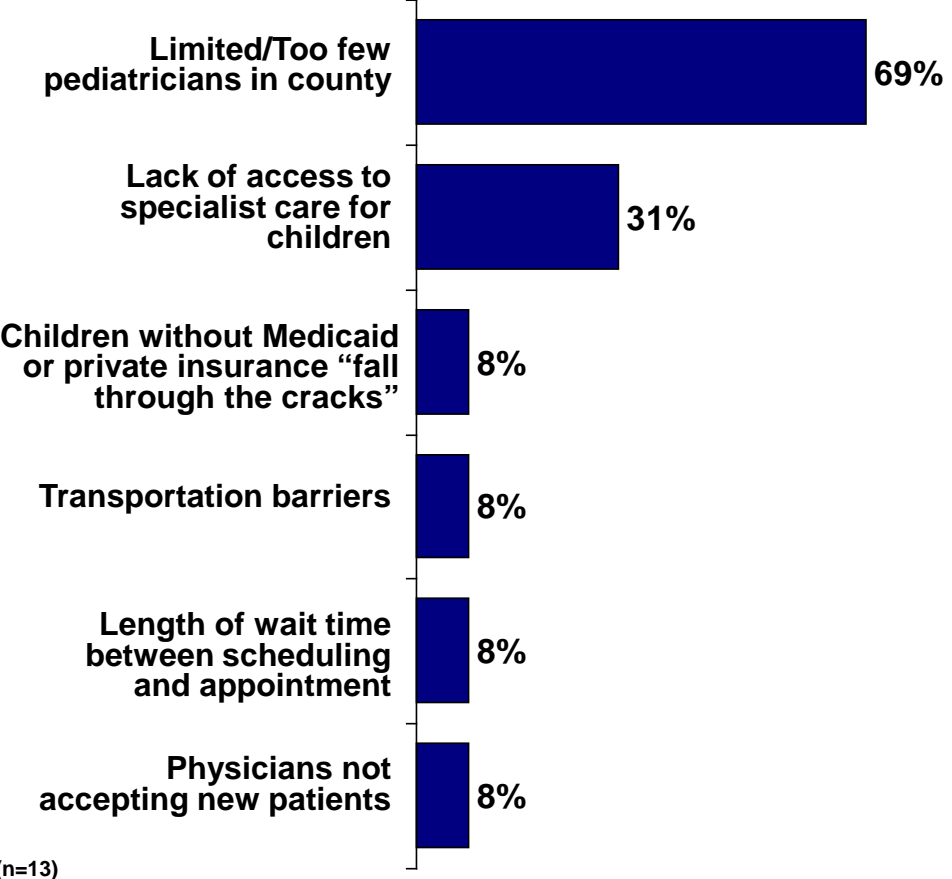
Perceptions of Variety and Choice of Primary Medical Care Options



Q4. Please tell us your level of agreement with the following statements about the variety and choices of primary medical care in Newaygo County.

Reasons cited for lack of primary care options for children center around the **limited number of pediatricians, lack of pediatric specialists, transportation and appointment barriers, and children without any type of health care coverage.**

Reasons for Perceiving a Lack of Primary Medical Care Options for Children



(n=13)

*There is a lack of access to care particularly among specialties like Child Psychiatry.*

*Five pediatricians are centered in Fremont, while this is a significant increase in the number, access means traveling to Fremont for care.*

*I am only aware of a small group of providers for children. It is difficult to get into see anyone without having to wait weeks.*

*Limited access to pediatricians and many family practitioners have "full" practices and aren't accepting new patients.*

Q4a. (If Strongly Disagree/Disagree/Neutral) Why do you [INSERT RATING] that there is a wide variety and choice of primary care for children?



Key Informants who feel there is a lack of primary medical care options for adults find adults experiencing the same barriers as children; the **limited number of physicians accepting Medicaid** and **issues of transportation** in a rural community. In addition to the Medicaid hurdle, doctors are difficult to find that are accepting new patients generally, and then specifically for adults without insurance.

### Reasons for Perceiving a Lack of Primary Medical Care Options for Adults

***Rural areas of the county are isolated for health care services. This is made more significant by poverty and lack of transportation particularly in the winter.***

***Because most of our adults lack insurance, there are few options.***

***Family Health Care and Grant Medical Center have a discontinuity of providers.***

***Many physicians are not accepting new patients due to “full” practices.***

***Lack of transportation reduces the choice for many.***

Key Informants see seniors facing **transportation barriers** made more difficult by the rural nature of the Newaygo community. They also face poverty **and an inability to pay for co-pays, a discontinuity of providers, and providers not accepting new patients.** The **limited geriatric care** that exists in the county forces many older adults to go elsewhere for care and this becomes more complicated when transportation is already a barrier.

### Reasons for Perceiving a Lack of Primary Medical Care Options for Senior Adults

***Only services are in Fremont.***

***Primary care physicians attempting to treat a large geriatric population; no geriatric specialists or geriatric focused internists.***

***Limited access to any gerontology programs. PCP providers often have "full" practices and it's difficult to find a physician.***

***Transportation reduces choice.***

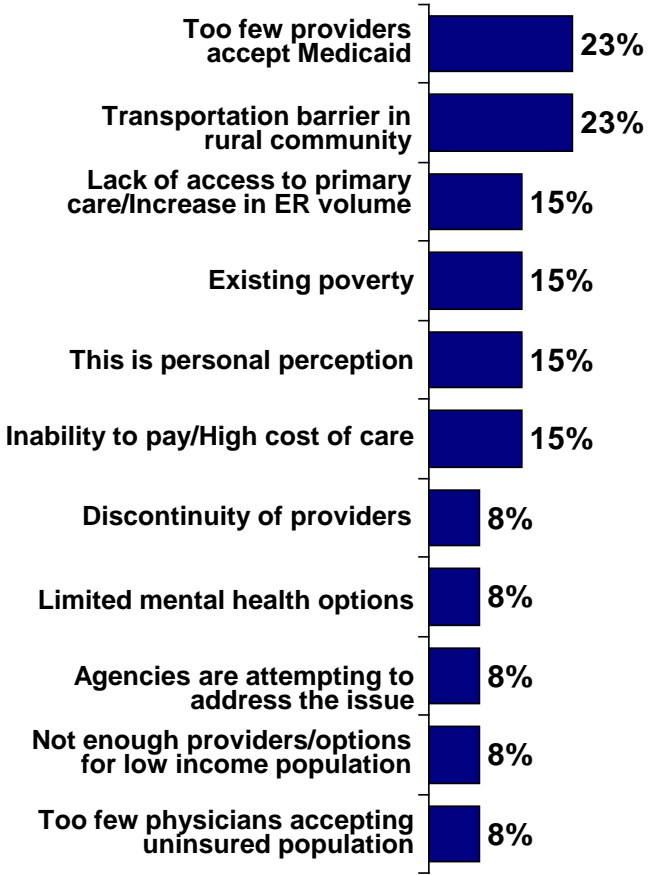
***Because there are a lack of options for those who have private insurance that are affordable.***

***It doesn't feel like anybody markets to this area. Not sure if it is true or not.***

There are a number of reasons low income and ESL populations face PCP access challenges. In addition to **lack of providers accepting Medicaid** and **transportation barriers**, existing poverty forces many to seek care in the *Emergency Room*. For ESL patients, **cultural and language barriers** are the greatest hurdle, compounded by limited community resources existing to address this issue.

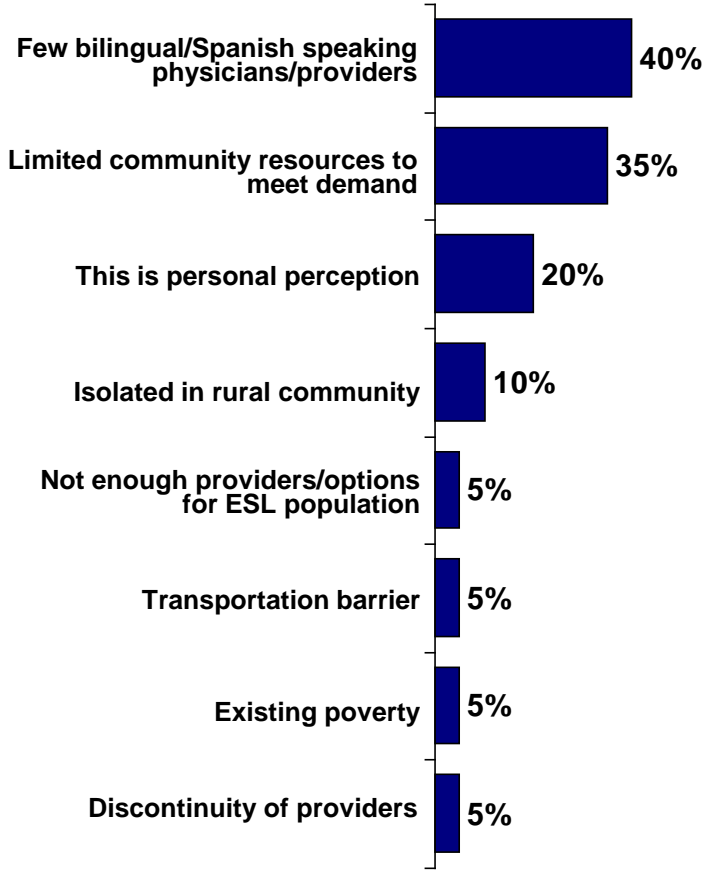
**Reasons for Perceiving a Lack of Primary Medical Care Options for Underserved Population**

**Low Income Population**



(n=13)

**ESL Population**



(n=20)

Q4a. (If Strongly Disagree/Disagree/Neutral) Why do you [INSERT RATING] that there is a wide variety and choice of primary care for low income/ESL?

## Verbatim Comments on Reasons for Perceiving a Lack of Primary Medical Care Options Low Income and ESL Residents

### Low Income

*Large volume of patients utilize ER services - indicates lack of primary care.*

*I continuously find that lower income people who are on Medicaid, Medicare or uninsured, are extremely limited in mental health options in this county. Not only is Newaygo County CMH the only option for these people, they are so overbooked that if a patient is not at immediate risk of suicide, they are generally denied services.*

*Few providers take Medicaid.*

*The need is there which the community agencies recognize and are attempting to address these and other related issues such as through the FQHC's. And there is a strong history of collaboration between the community agencies which continues through the present in addressing common issues in health care.*

### ESL

*We do have a significant population of migrant Hispanic workers in this county. I believe we have a shortage of interpreters available.*

*I am not aware that any of our medical facilities/doctor offices actively employ individuals who are bi-lingual. There is a large Hispanic population that would be better served.*

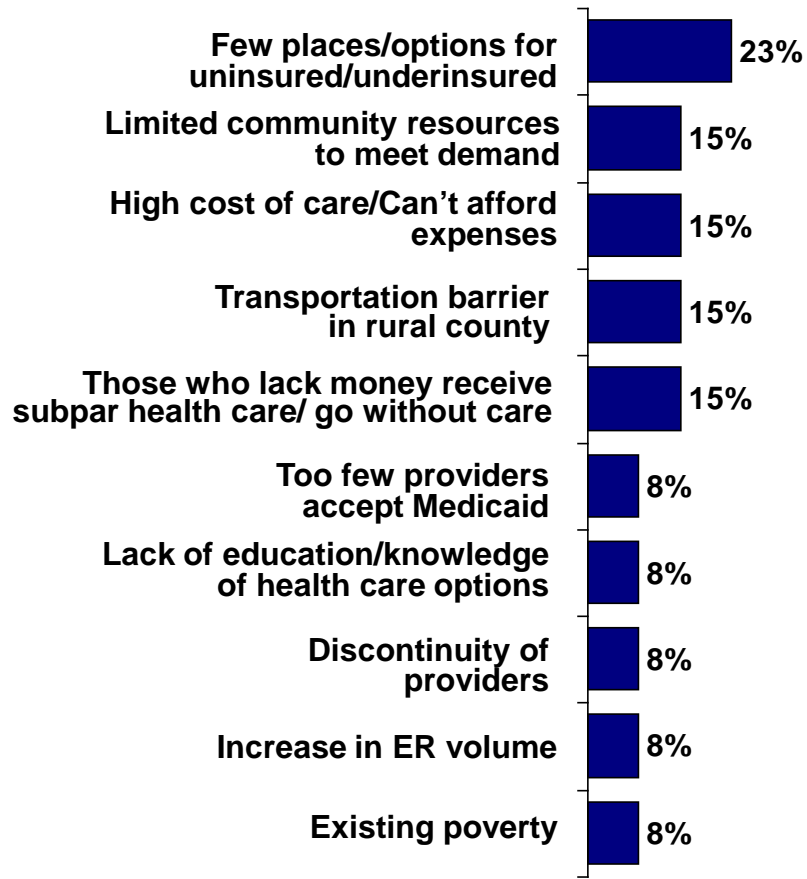
*We unfortunately have limited bilingual clinicians and in what I am hearing from our community partners, they too have limited access to the same despite having a large number of Latino speaking consumers in the county.*

*Do not know of any support for multicultural needs other than some translation support for Hispanics.*

To reiterate, the underserved, which includes the uninsured and underinsured, have limited PCP options for many reasons but primarily due to **transportation barriers** and a **dearth of physicians accepting Medicaid or uninsured/limited coverage patients**.

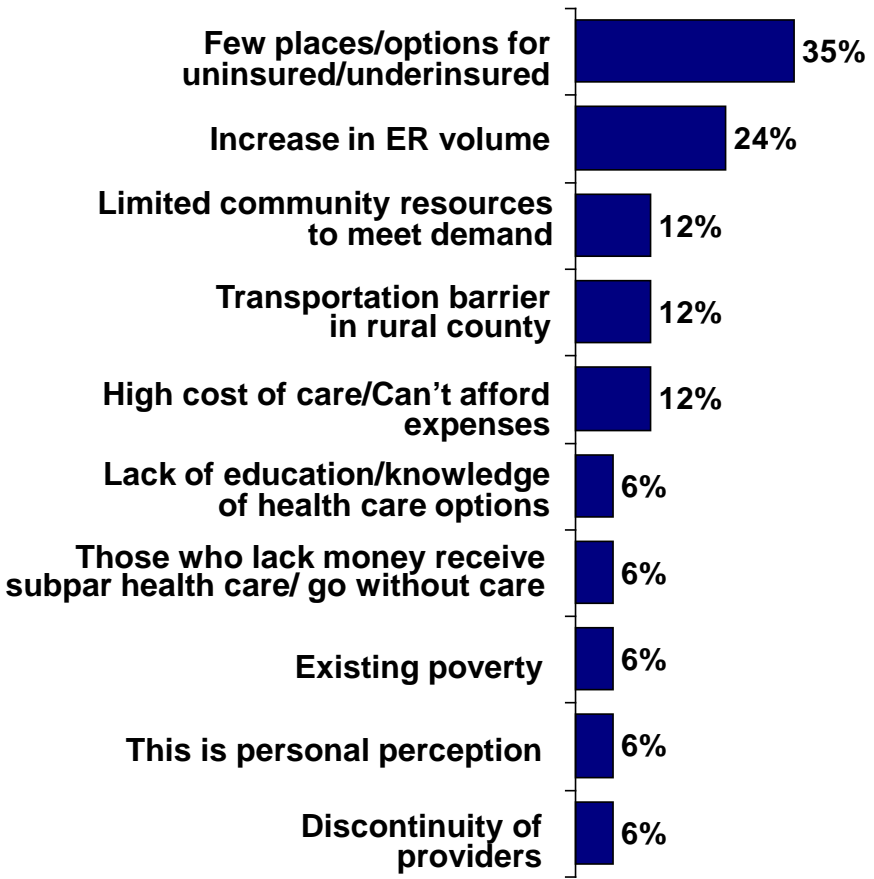
Reasons for Perceiving a Lack of Primary Medical Care Options for Uninsured/Underinsured

Underinsured Population



(n=13)

Uninsured Population



(n=17)

Q4a. (If Strongly Disagree/Disagree/Neutral) Why do you [INSERT RATING] that there is a wide variety and choice of primary care for **uninsured/underinsured**?

## Verbatim Comments on Reasons for Perceiving a Lack of Primary Medical Care Options Underinsured and Uninsured

### Underinsured

*Many primary care providers work in for-profit practices. They are not required to treat underinsured patients.*

*Gerber Hospital emergency is only option I'm aware of.*

*From a mental health perspective, options are severely limited. Counseling may only be available through CMH, and then only in very severe circumstances.*

*There really is not any notification offered to individuals who are underinsured where they may seek medical treatment.*

*This population generally will put off medical care for lack of resources or coverage and only access when the problem/issue become severe.*

*Primary care offices can only accommodate so many. Some are no longer accepting patients; some reluctant to accept Medicare and Medicaid due to long waits for payment as well as reduced payment.*

### Uninsured

*The only choice for care if you don't have insurance or money is to not get treatment or to go to the ER which is not a good use of the ER.*

*Any facility can only take on so much.*

*We have seen an increase in the amount of uninsured patients through the hospital's ER.*

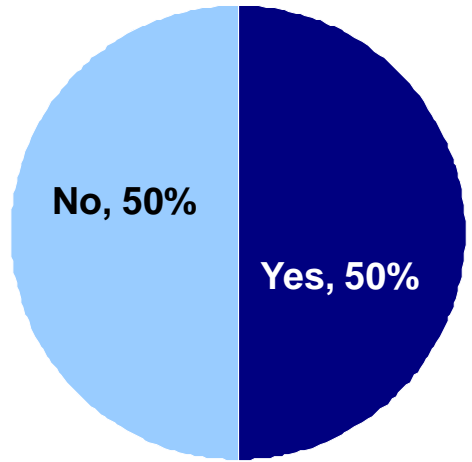
*There are many uninsured people in our community. With requirements for payment at each medical visit or added charges if the visit has to be billed to the patient, medical costs may be prohibitive for many.*

Q4a. (If Strongly Disagree/Disagree/Neutral) Why do you [INSERT RATING] that there is a wide variety and choice of primary care for uninsured/underinsured?

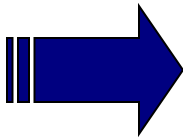
Half (50%) of Key Informants recognize that certain subpopulations or groups in Newaygo County are underserved with respect to health care. **Those most at risk lack insurance, either completely or partially.** The ESL population is also underserved.

Subpopulations Underserved with Regard to Health Care

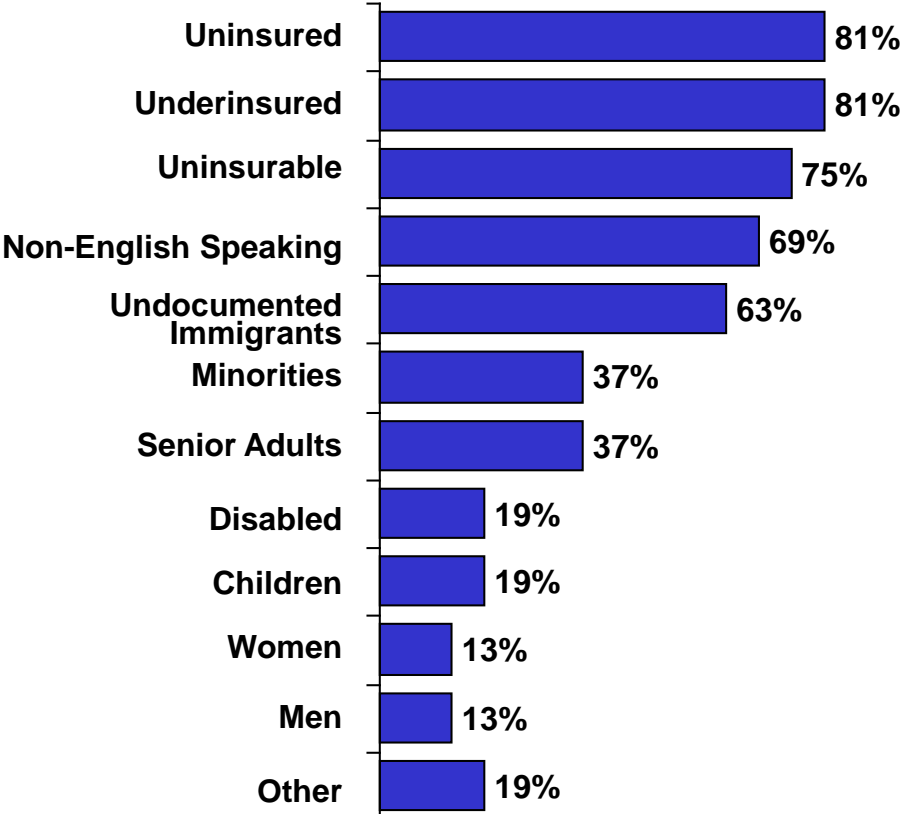
Are Specific Subpopulations or Groups Underserved?



(n=32)



Subpopulations or Groups Underserved



(n=16)

Q5. Are there specific subpopulations or groups of people in Newaygo County that are underserved with regard to health care?  
 Q5a. (If yes) Which of the following subpopulations are underserved? (Multiple responses allowed)

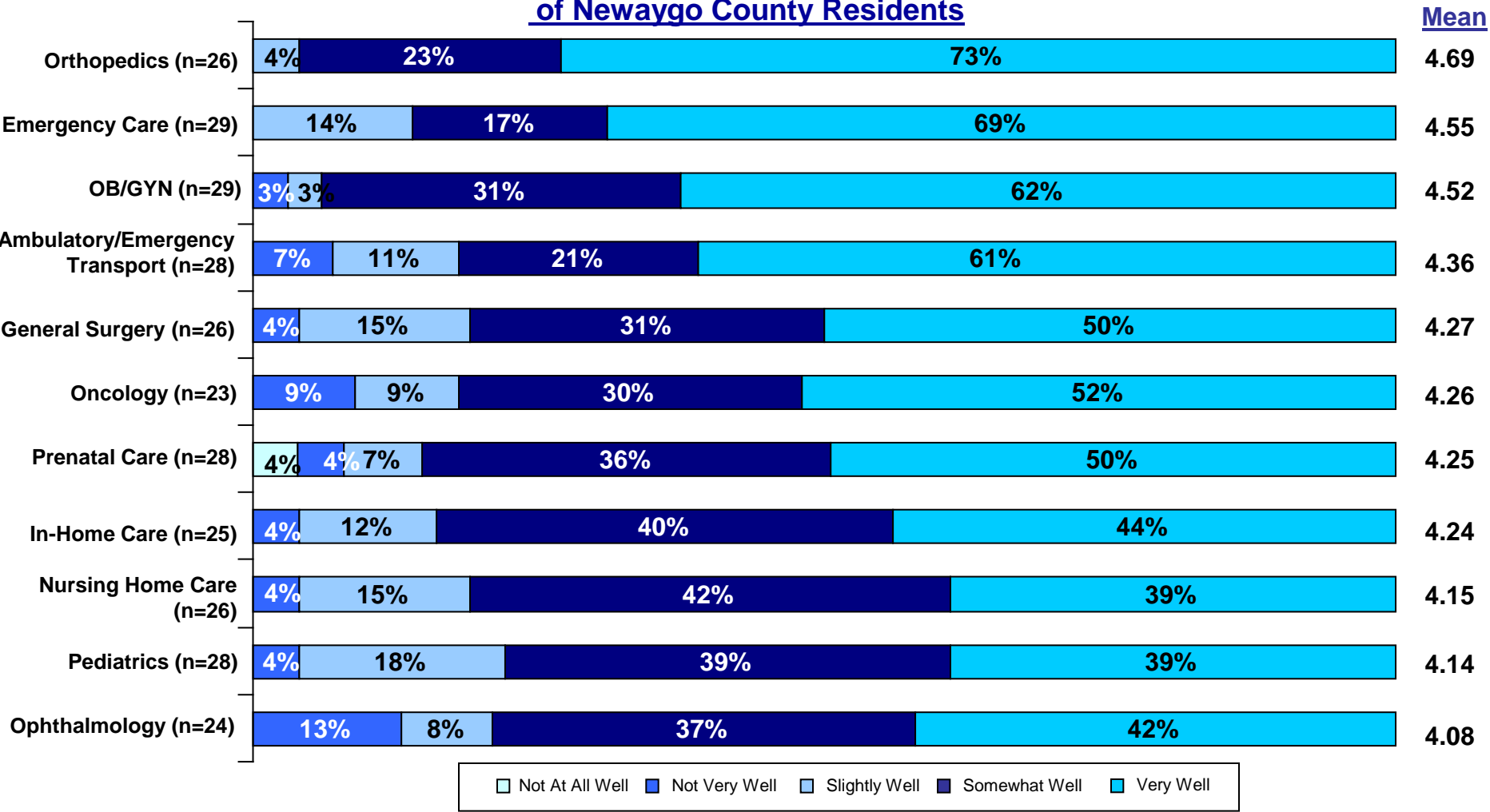
# ***Gaps in Health Care***

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Newaygo County programs or services receiving the highest marks involve **orthopedics, emergency care or OB/GYN**. A number of other programs, such as **emergency transport, general surgery, oncology, prenatal care, and in-home as well as nursing home care** are also highly respected.

Degree to Which Programs/Services Meet the Needs/Demands of Newaygo County Residents

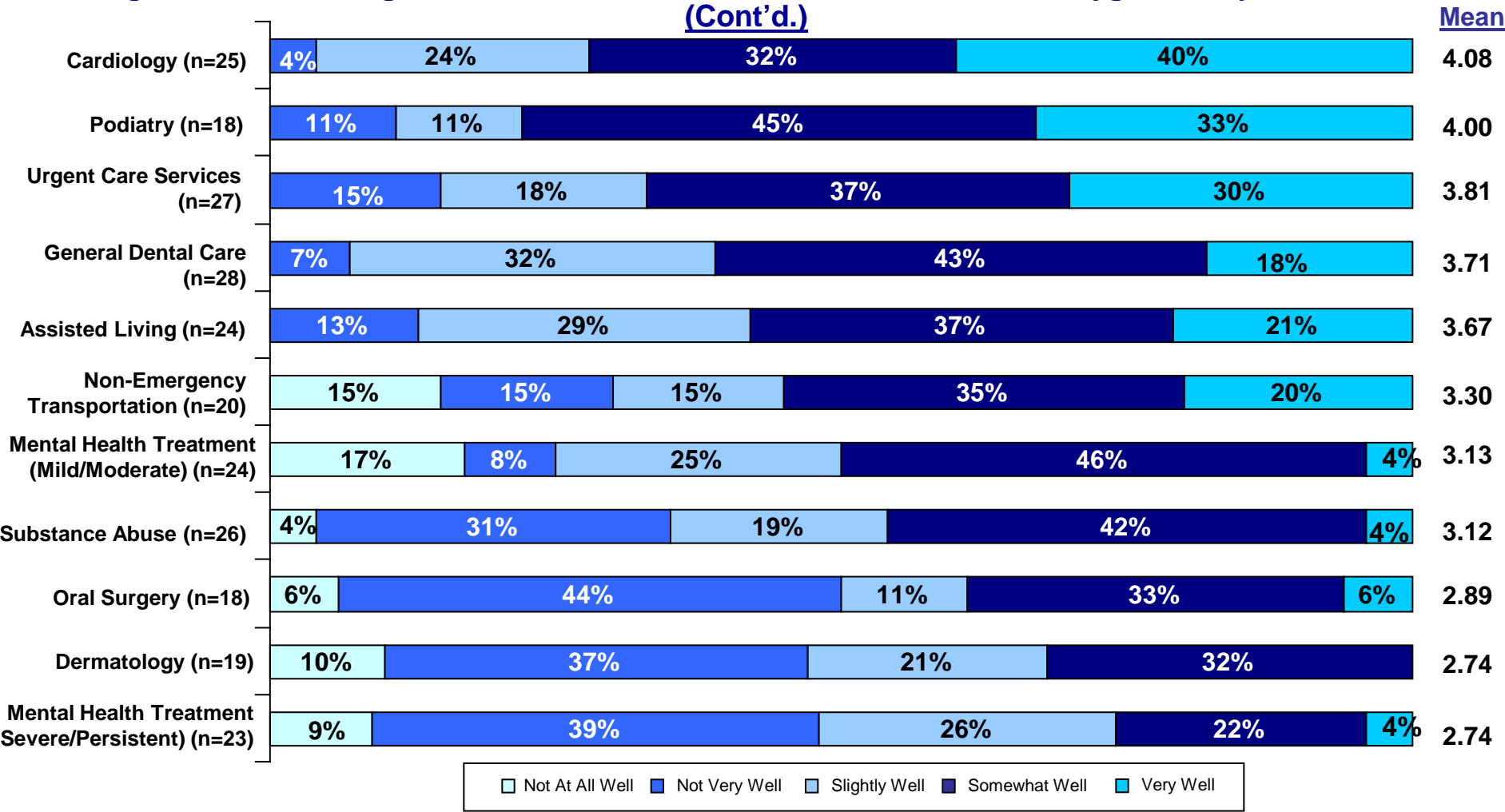


Q6. How well do the following programs and services meet the needs and demands of Newaygo County residents?

Programs or services less likely to meet demands and needs of Newaygo County residents involve **specialist services** (cardiology, podiatry, dermatology) and **dental care**. However, the widest gaps exist in the areas of the **treatment of severe and persistent mental illness** and **dermatology**.

**Degree to Which Programs/Services Meet the Needs/Demands of Newaygo County Residents**

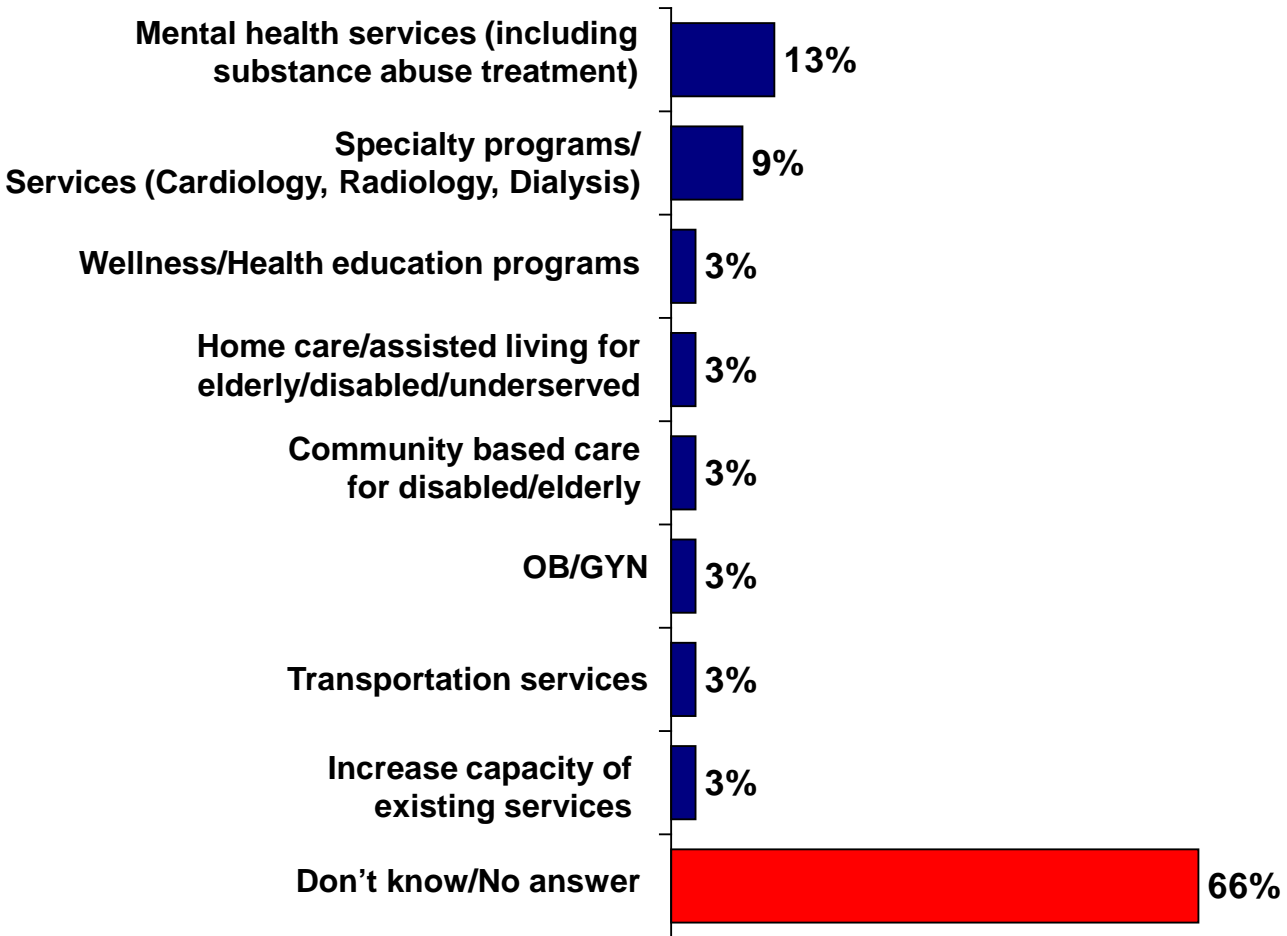
(Cont'd.)



Q6. How well do the following programs and services meet the needs and demands of Newaygo County residents?

Interestingly, two-thirds of Key Informants cannot think of any programs or services that are lacking in Newaygo County. Those who readily think of service gaps mention **mental health services, including substance abuse treatment**, and **specialty programs/services** as most lacking in the community.

Programs/Services Lacking in Newaygo County



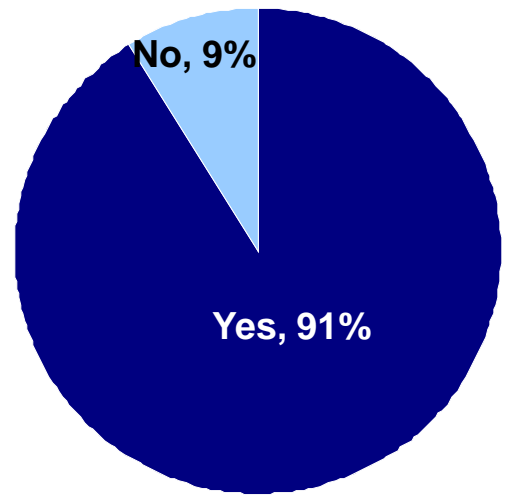
(n=32)

Q7. What programs or services are **lacking** in the community, if any? Please be as detailed as possible.

The vast majority (91%) of Key Informants have had, or someone they know has had, to travel outside of Newaygo County for health care for a variety of conditions. Most commonly, residents travel to other counties for **specialized care** or for **treatment for a heart condition**.

Traveling Outside of Newaygo County for Health Care

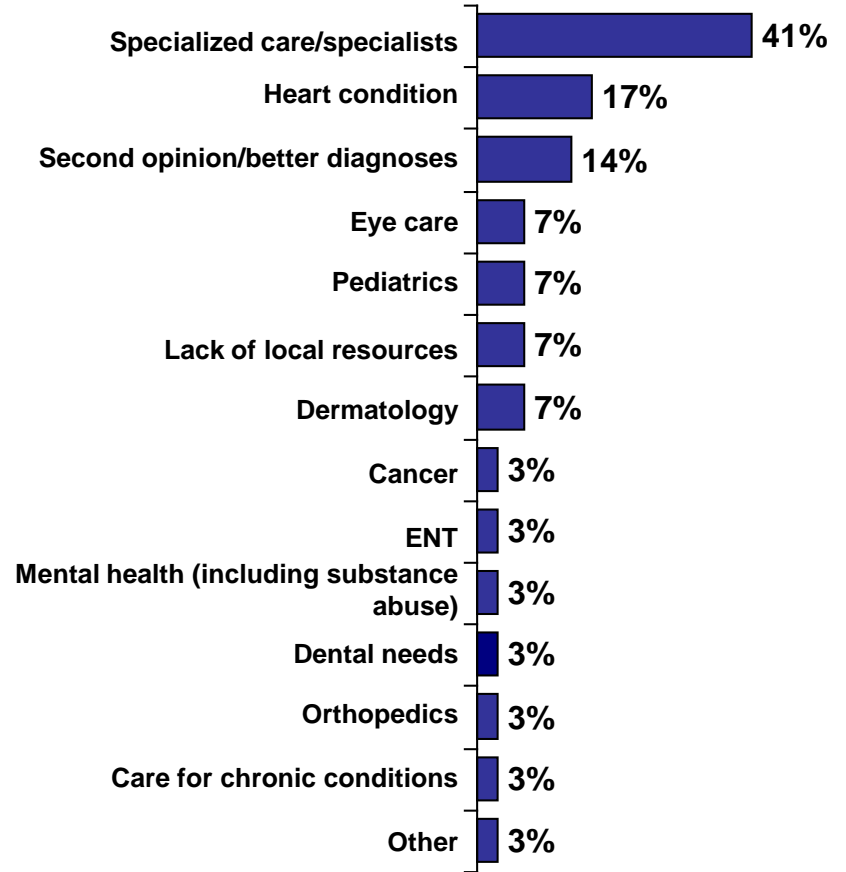
Had Health Issue/Need Requiring Travel Outside Newaygo County



(n=32)



Reasons for Traveling Outside Newaygo County



(n=29)

Q8. Have you, or someone you know, ever had a health issue or need that necessitated travel outside of Newaygo County for health care?  
 Q8a. (If yes) What necessitated travel outside of Newaygo County for health care, and why? Please be as detailed as possible.

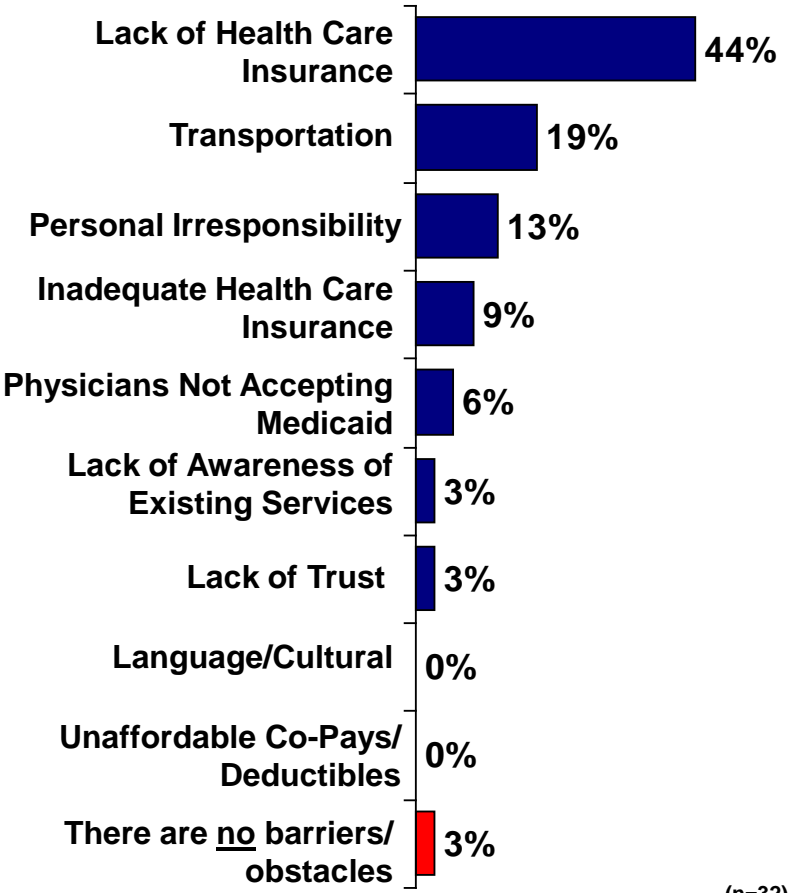
# ***Barriers to Health Care***

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According to Key Informants, **lack of health care insurance** is the top barrier or obstacle to health care programs and services. **Transportation, personal irresponsibility, lack of awareness of existing services,** and **inadequate health insurance** are also viewed as barriers. Conversely, **trust** is not considered to be an obstacle and **language or cultural difference** is considered an obstacle by a few.

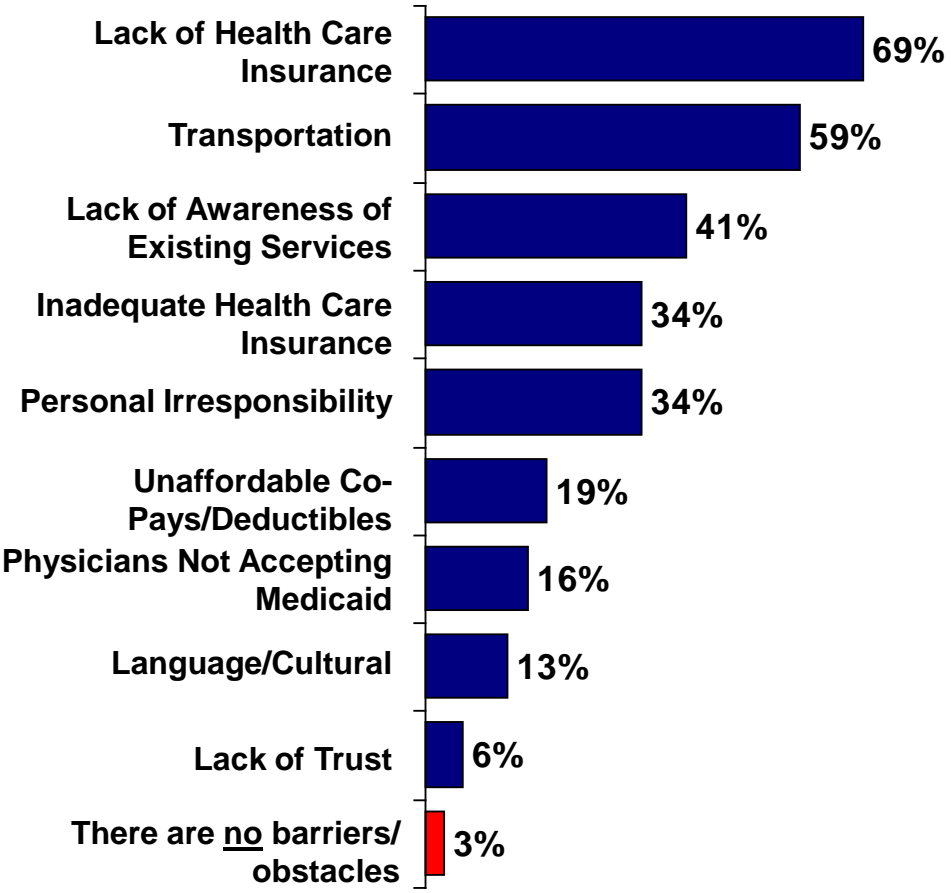
Barriers and Obstacles to Health Care

Single Greatest Barrier/Obstacle



(n=32)

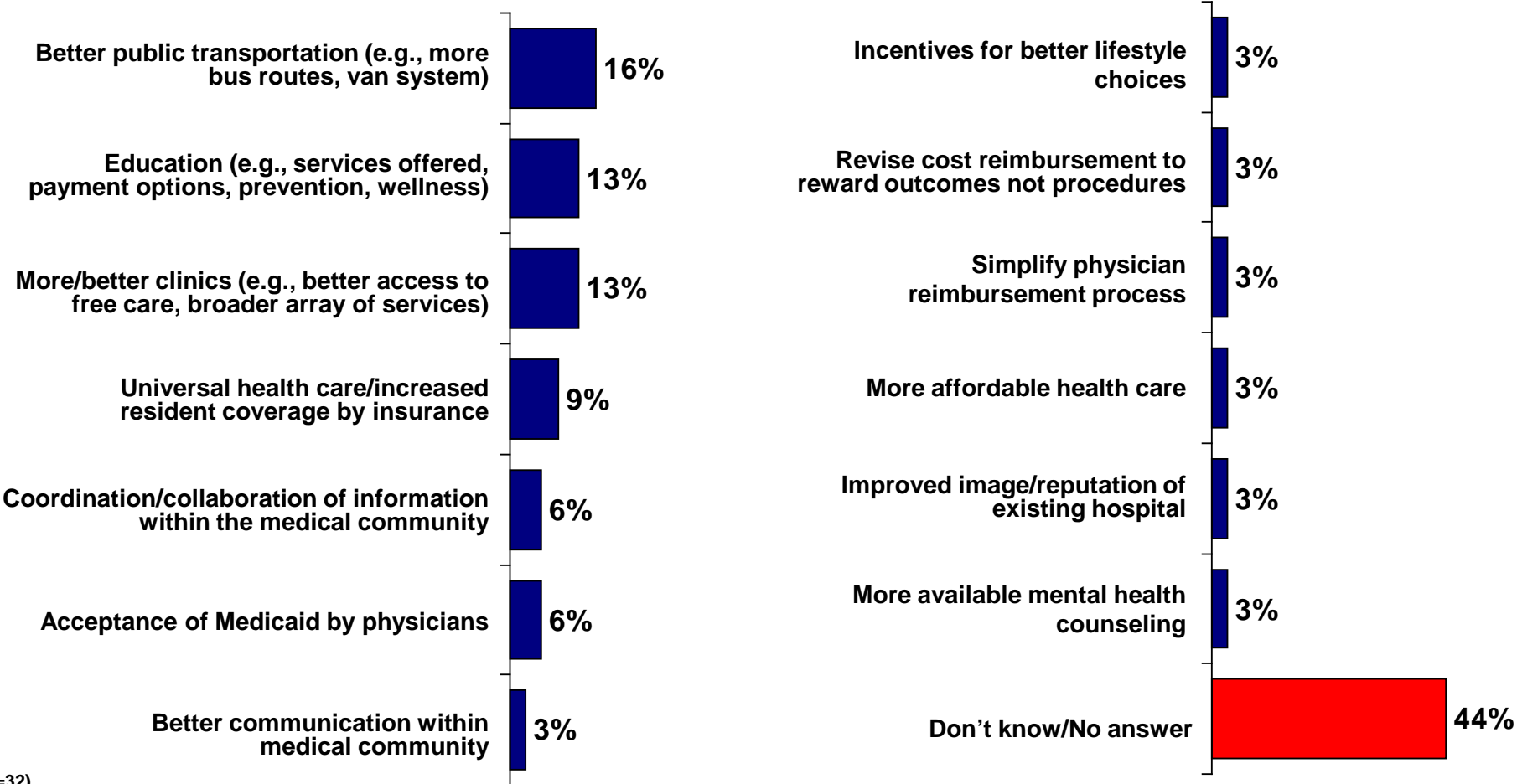
Top 3 Barriers/Obstacles



Q9. What are the **top three barriers** or obstacles to health care programs and services? Please rank from 1 to 3, where 1 is the greatest barrier, 2 is the second greatest barrier, and 3 is the third greatest barrier.

The most often cited solution to barriers and obstacles to health care is **better public transportation**, however it is mentioned by less than one-fifth of the Key Informants. Suggestions are varied and are targeted toward solving the problem of barriers, including **education**, **more and improved clinics**, and a **universal health care system** or **such a system that will increase the overall number of people covered by insurance in the community**. The challenge and complexity of the issues is manifested by four in ten offering no solutions.

**Effective Solutions to Barriers and Obstacles to Health Care**



(n=32)

Q9a. What, if any, are the **effective solutions** to these barriers? Please be as detailed as possible and identify which problems you are referring to when discussing solutions.

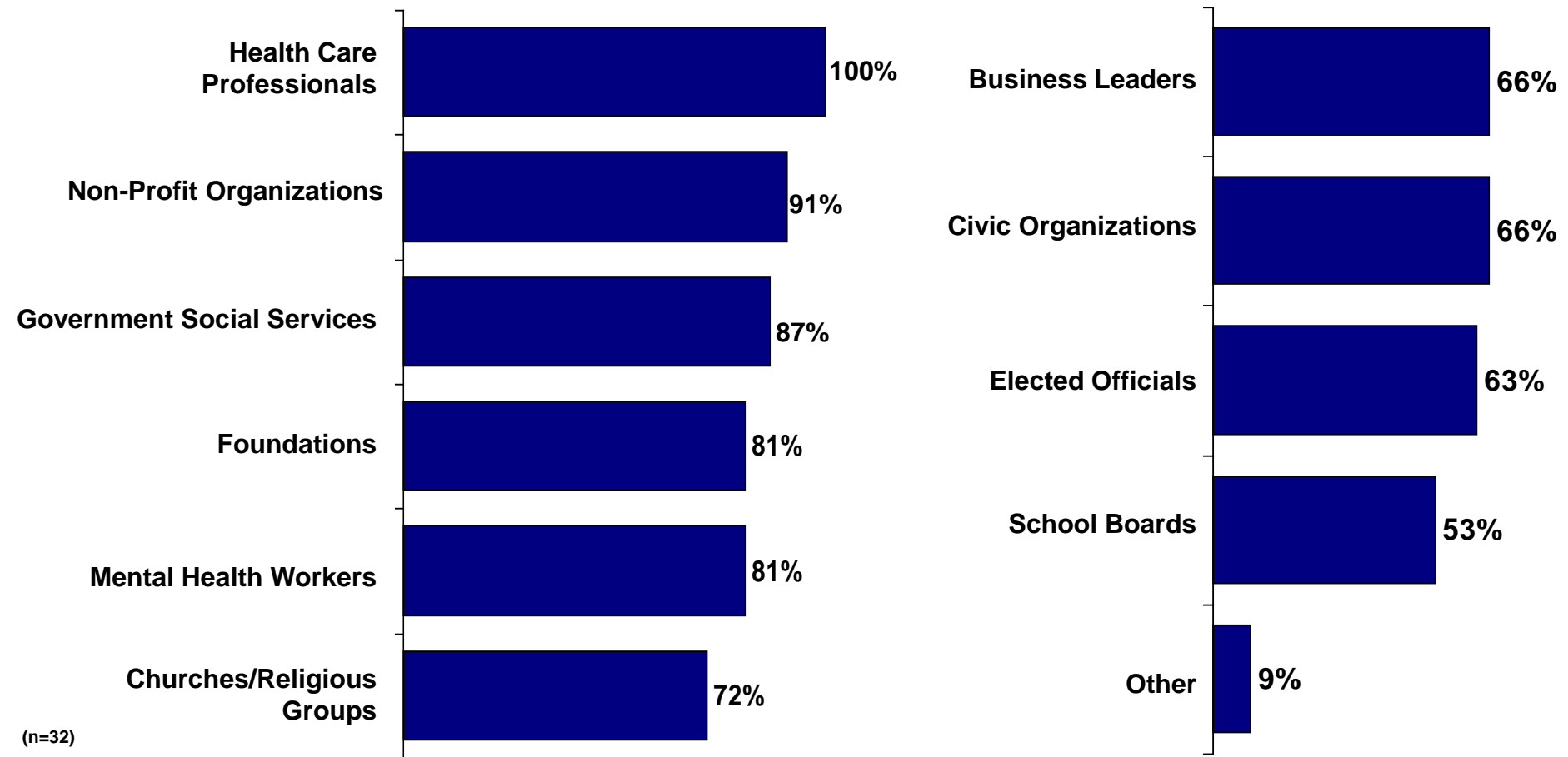
# ***Identifying and Addressing Needs***

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Key Informants believe input about addressing health care needs should be spread across a variety of groups or individuals, the most important being **health care professionals, non-profit organizations, government social services, foundations, and mental health workers**. Less important are **school boards** and **elected officials**.

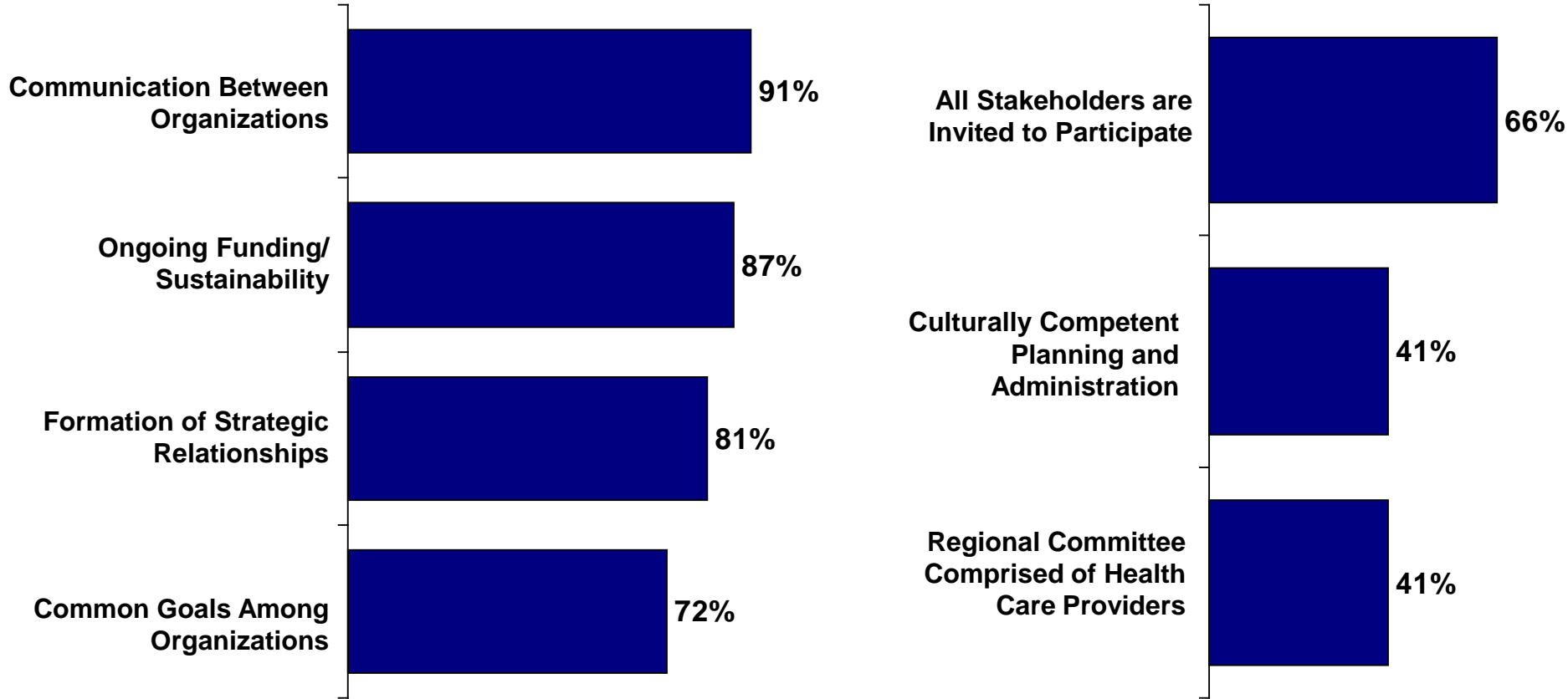
Individuals and Organizations that Should be Involved in Addressing Identified Health and Health Care Needs



Q10. What individuals or organizations should be involved in addressing identified health and health care needs in the county? (Multiple responses allowed)

The most important elements to the success of health care programs or services is **communication between organizations** or **ongoing funding/sustainability**. Also important are the **formation of strategic relationships** and **common goals** among organizations.

Elements Necessary for Success of Programs that Address Identified Needs



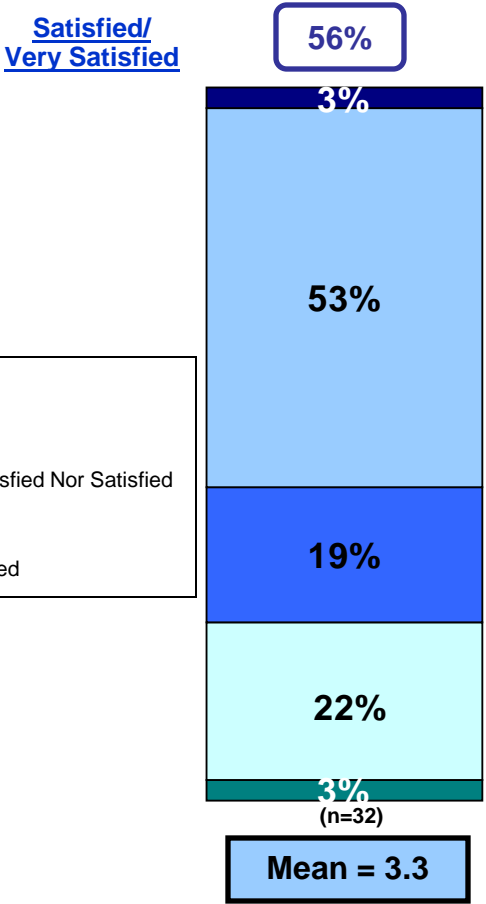
(n=32)

Q11. What elements are necessary to the success of programs to address identified needs? (Multiple responses allowed)

The overall satisfaction with the health climate in Newaygo County is moderate (only 3% very satisfied) among Key Informants. Those who are satisfied cite **excellent resources, programs, and services**, and that organizations and services **collaborate well** to address health care issues. Those dissatisfied see **lack of health care access for many people** and a **general lack of awareness of existing services**.

Overall Satisfaction with Health Climate in Newaygo County

Level of Satisfaction



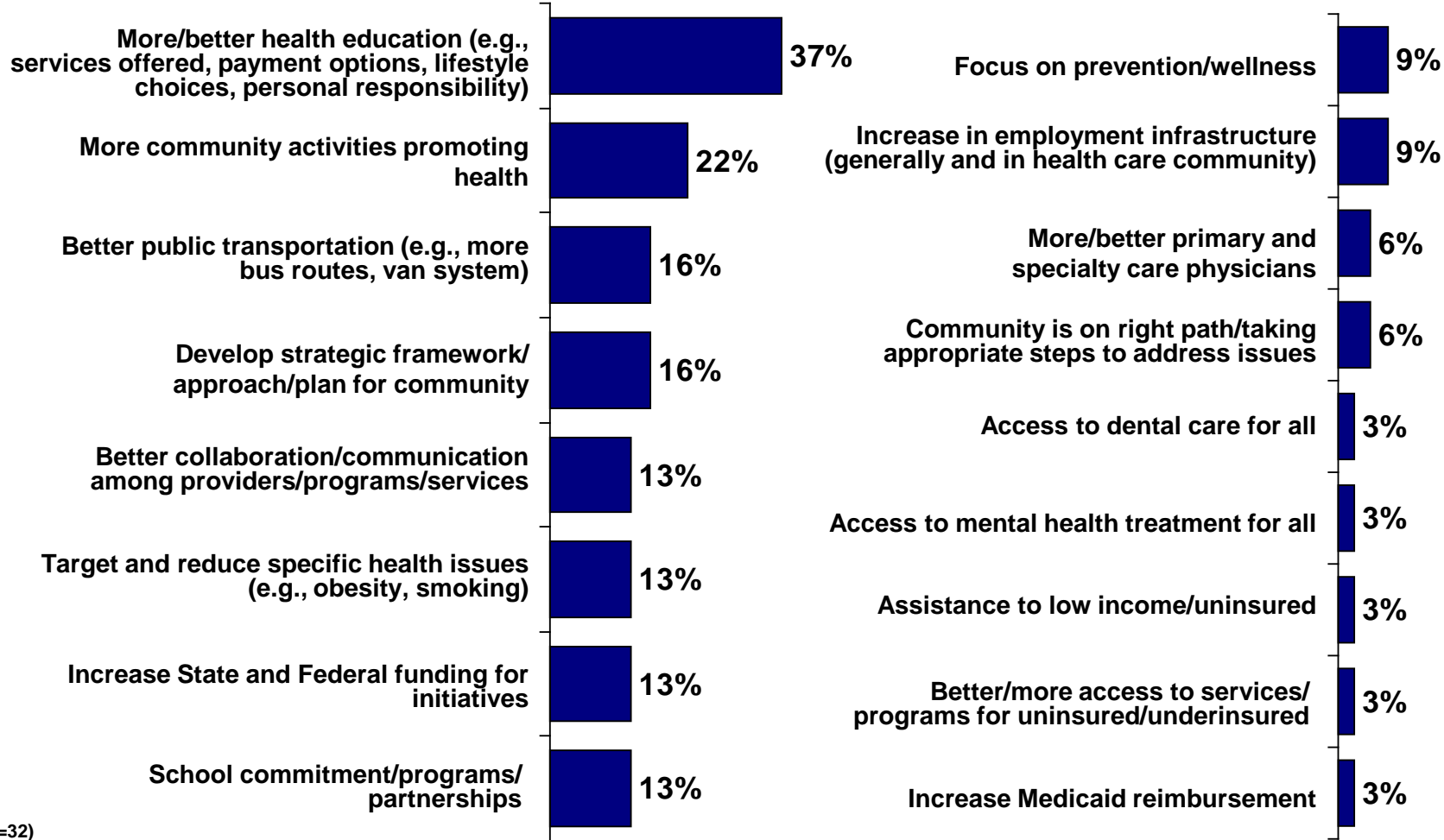
Reasons for Rating

<ul style="list-style-type: none"> <li>✓ Excellent resources, programs, services</li> <li>✓ Residents need to take more personal responsibility for health</li> <li>✓ Community ability to adapt and make positive change</li> </ul>	<ul style="list-style-type: none"> <li>✓ Partnerships are collaboratively and cooperatively addressing the issue</li> <li>✓ Personal and family health needs have always been addressed</li> <li>✓ Good hospital and physicians</li> </ul>
<ul style="list-style-type: none"> <li>✓ Making progress with long way to go</li> <li>✓ More providers need to make progress in this area</li> </ul>	<ul style="list-style-type: none"> <li>✓ Satisfied for self, not for those less fortunate/others with barriers</li> </ul>
<ul style="list-style-type: none"> <li>✓ Lack of health care access for many</li> <li>✓ Inaccessible programs for many (insured, minorities)</li> <li>✓ Some services are "revolving door"</li> </ul>	<ul style="list-style-type: none"> <li>✓ People have limited knowledge of existing resources</li> <li>✓ Always room for improvement</li> <li>✓ Discontinuity of physicians for some patients</li> </ul>

Q12. Taking everything into account, including health conditions, health behaviors, health care availability, and health care access, how satisfied are you overall with the health climate in Newaygo County? Q12a: Why do you say that? Please be as detailed as possible.

Key Informants offer a multitude of strategies for improving the overall health climate in Newaygo County. At the top of the list are **increased health education** that address issues from lifestyle choices to treatment options, **more community activities promoting health**, and **better public transportation**. They also support **creating a strategic plan to address community health**.

**Suggested Strategies to Improve the Overall Health Climate in Newaygo County**



(n=32)

Q13. What one or two things could be done in Newaygo County that would improve the overall health climate in Newaygo County? Please be as detailed as possible.

# ***Focus Group Results***

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# ***Current Health Situation***

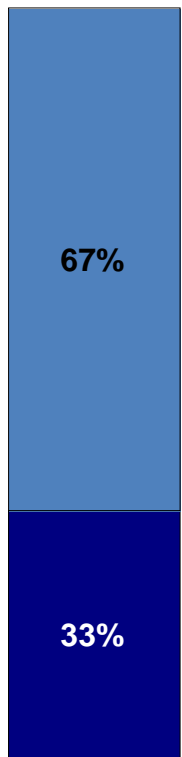
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All focus group participants indicated they have some type of medical home, most commonly a family doctor. The vast majority (67%) are very satisfied with their most recent visit, primarily because their health care professional **listened to them** and **took time to interact with them**. Low income residents are more likely to be simply “satisfied” (as opposed to very satisfied) with their most recent visit.

### Satisfaction with Last Visit

#### Health Care Visits

- Family Doctor (6)
- Physician Assistant (2)
- Specialist (1)



■ Very Dissatisfied ■ Dissatisfied  
■ Satisfied ■ Very Satisfied

(n=9)

#### Verbatim Comment on Last Visit

*To me, that all goes together, not only that they'll take time for you, but they'll tell you what they're doing, why they're doing it ... if you disagree, they'll listen. I think it basically boils down to the time that they're able to spend. (Senior)*

Do you and your family members have a primary care physician you can visit for questions/concerns about your health (e.g., medical home)? What type of provider is used (private practice, doctor, clinic, ER)? How satisfied were you with your last visit for health care? Why do you say that?

All residents look for a health care provider that ***understands their problems***, is ***courteous***, ***responsive***, and ***takes adequate time to see them***. When asked to rate their quality of life on a scale of 1 to 5 with 5 being high quality, all rated their life at either a 4 or 5, indicating a life of *relatively high quality*.

Verbatim Comments on Most Important Quality of a Health Care Provider

*Somebody that looks at you more as a patient, not a dollar sign. (Low Income)*

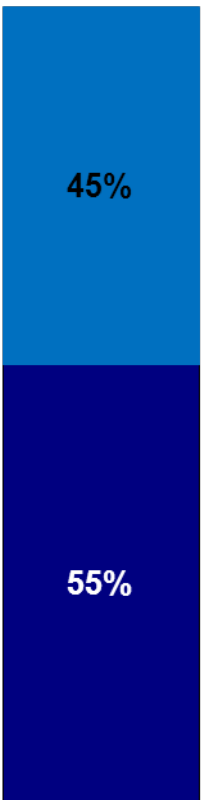
*They pay attention to what you ask them. (Senior)*

*I think that the requirements put on them by the insurance companies for the time allotted per patient or how many patients they need to see in an hour to be productive, is unrealistic. Eight minutes per patient. They want two patients scheduled every 15 minutes. That's just unrealistic for a routine visit. (Senior)*

*Someone who acts like they care. (Low Income)*

*One thing you don't get very much anymore is their time. (Senior)*

Quality of Life



■ 4 ■ 5

(n=9)

What is the most important quality you look for in a health care provider? How would you rate your quality of life?



All individuals in the low income group have a health care advocate. Advocates are primarily spouses or adult children. While most of the low income residents use the Internet at least somewhat for health information, only one senior adult uses the Internet for this purpose. The vast majority, across both groups, rely the most on family and friends as sources for health information.

## Verbatim Comments on Health Information Sources and Use of the Internet

### Health Information Sources

- Doctor's office
- **Friends**
- Friend/relative in medical field
- **Internet (e.g., WebMD)**
- **Relatives**
- Senior Center Nurse

*When conditions arise and I don't have a clue about it. When something comes up and I think, how is this related or what should I be looking at, I'll look on the Internet to get some information. (Senior)*

*I usually call my mother-in-law. (Low Income)*

*I had a friend and his son's in the medical field, so we find out things from him. (Senior)*

*My husband has numerous medical issues, and sometimes something will flare up and be causing a problem, and I'll think gosh that's not related to anything he's taking, where is this coming from? And I look to see if there's a side effect or if there's something, in the medication, that I didn't realize. (Senior)*

*It's [Internet] cheaper than the doctor. (Low Income)*

*If they [Senior Center staff] don't know, they will find someone who does. (Senior)*

Other than yourself, do you have a health care advocate? What sources do you go to for health information? How heavily do you utilize websites and online services for health information? \*This question was not asked in the Senior Focus Group.

Residents feel a **lack of specialists** and **transportation barriers** are issues that negatively impact quality of life for residents in Newaygo County. They are especially concerned about the community health problems of **obesity, and lack of good nutrition/poor diet**, followed by the issues of cancer, dementia, hunger, and diabetes. They feel these issues affect everyone, but especially children and middle-aged residents.

### Verbatim Comments on Current Community Health Problems

*Hungry kids. (Low Income)*

*Nobody can afford the stuff [food] they really need. (Senior)*

*I think going back and forth between here and Grand Rapids. (Senior)*

*It just seems like the range of specialties that come over to the clinic at Gerber is not wide range enough that we can get needs met. (Senior)*

- ❖ Seniors note that the Council on Aging and county officials are investigating transportation barriers in the community.

Are there any issues in Newaygo County that negatively impact quality of life for its residents? When you think about the community you live in, what are the common/serious health problems that come to mind?

Residents mention ***unhealthy lifestyle choices*** as the behavior that most significantly contributes to these identified health problems. Yet they also mention ***lack of affordable, healthy, and fresh food*** as leading to poor diet choices by community residents.

### Behaviors Contributing to Health Problems

- Drinking alcohol
- Illness
- Lack of available fresh, affordable food
- Lack of exercise
- Poor eating habits
- Smoking tobacco



### Verbatim Comments on Affordable, Healthy Food

***Sometimes it's not necessarily a habit, I think it's necessity that you have poor eating because things are expensive. Good food is expensive. And fresh food. The Health Department and some of the other agencies through Project Fresh - a lot of people get those and are able to get fresh fruit and vegetables and you would think that the abundance of fresh fruit and vegetables would bring the crisis down, but they're very expensive. (Senior)***

What are the behaviors that contribute to the most serious/important health problems?

Residents feel the community has many good organizations that promote health to specific groups (e.g., mothers, seniors, children). However, they see a general lack of **affordable exercise programs** and other activities available to adult community residents, **lack of free daycare, lack of transportation, and lack of health care specialists** as deterrents to good health in the community.

**Primary Characteristics that Promote or Deter Health & Services Lacking in the Community**

**Community Characteristics that Promote Health**

- Afterschool programs for children
- Fruit and vegetable truck through Catholic charity
- Home health care agency
- Hospital
- Project Fresh
- Rehabilitation center
- Senior Center classes
- WIC

*WIC for women. (Low Income)*  
*Project Fresh, that would promote good health because it would give people an opportunity to buy produce. (Senior)*

**Community Characteristics that Deter Health**

- Lack of adult physical education fitness centers/gyms/YMCA
- Lack of affordable activities
- Lack of convenient location and times open for exercise gyms

*If you go to the gyms, that's pretty expensive. And it depends on where they're located at. (Low Income)*

**Services Lacking in the Community**

- Free/low cost gyms for families (e.g., YMCA)
- Free daycare
- Lack of transportation
- Lack of health care specialists

*And my son can't afford one [babysitter], so I'm babysitting. (Low Income)*  
*This outfit [Senior Center] does as best they can and they're pretty conscientious about it. (Senior)*

What are the primary characteristics of this community that promote health? What are the primary characteristics of this community that deter health? What health care related programs/services are lacking in Newaygo County? In other words, what programs/services do you want that are currently unavailable? What health services, programs or classes would you like to see more of in the community?

Residents say that **personal concern for health crisis** motivates most people to change from an unhealthy behavior to a healthy one. Additionally, **peer support**, **knowledge of family history**, and **being held accountable for healthy activities by others** play into this decision. They cite these as **personal examples** as well.

Verbatim Comments

Motivation to Change from Unhealthy to Healthy Behavior

- Being held accountable by others
- Close friends
- Family (e.g., parents, children)
- Personal health concerns



*This generation [Baby Boomers] talks more about their sickness, their illness, than we ever thought of. They know more about life than we ever thought of. (Senior)*

*I had a friend, I was like 240 pounds and I lost like 90 pounds. It just seemed so easy the way she was doing it and I had my third child and I was like, I had to do something. And I was always around her so that helped and she was still dieting. (Low Income)*

*My second son, he watching his dad get that way [obese] he watches what he eats and exercises more. But my older boy is just like his dad. (Low Income)*

*If you see somebody that is constantly drunk all the time and you saw how they end up, you sure as heck don't want to end up that way. Or if you see someone smoking and how they end up. (Senior)*

What motivates people to change a behavior from an unhealthy one to a healthy one? (For example, eating more fruits & vegetables, drink more water, exercise more, drink less alcohol). What things have caused you personally to make this change?

While the majority think the community needs to **be more encouraging of healthy behaviors and activities**, they also see a need to **increase the number of family-based, free activities promoting health** in the community, and to **provide more education and awareness about existing programs and services** in order to **increase their use**. Barriers to improved health are **age** and an **inability to afford** to participate in community activities.

**Ways Community Can Assist in Changing Behavior**

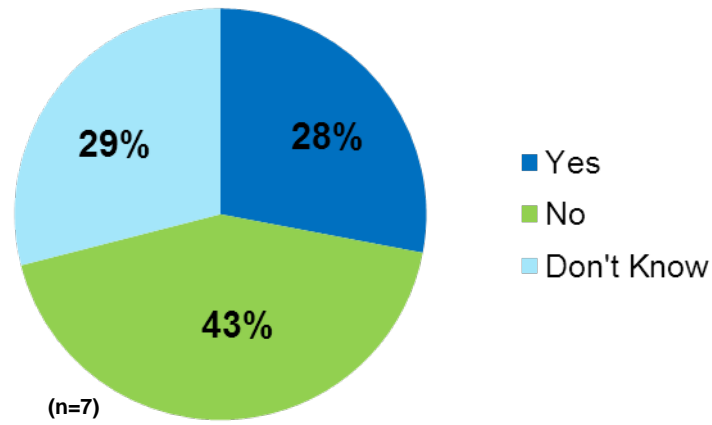
- Encouragement/moral support
- Have more community-based, free activities for families
- Increase availability and use of existing support programs

**Barriers to Improved Health**

- Age
- Cost of activities/services and lack of income

❖ While all residents have transportation, most do not believe there are enough resources in the community for affordable health care or that people are aware of the resources that exist.

**Enough Resources for Affordable Health Care**



**Verbatim Comments**

***There are people that just don't know that this is available through the community. (Senior)***  
***I don't know. We have a strong DHS and through that program, they have the programs for the children, you know the MI child and the WIC. And that's 10-county wide, so they're really strong in Newaygo County. They offer flu shots for us, offer hepatitis, and people with no income or low income, they have access to the doctors.***

What can your community do to assist people in changing behaviors? What can be done to support people in making healthy choices? What barriers do you have to improved health? Are there enough resources for affordable health care? Do you know how to access them? Do you think if you had to find a support for healthcare would you know where to go and how to get it? Do you have reliable transportation to health care providers?

Most individuals agree that **dental and prescription medication** would be the type of care dropped if financially necessary. People would prioritize **primary care**, and low income parents say they would keep primary care for their children first, and then for themselves if they could.

### Health Care Services Dropped or Prioritized & Overall Barriers to Health Care Access

#### Health Care that Would Be Dropped

- **Dental**
- **Prescriptions/Medications**  
(cholesterol, high blood pressure)
- Eye doctor

#### Health Care that Would Be Kept as Priority

- Family Physician/Primary care
- **Pediatrician**
- Prescriptions

### Verbatim Comments on Services

*You've got to have your eyes, you've got to have your heart. I mean those are the essential things you've got to take care of and go for. (Senior)*

*A lot of people give up medication, especially the over the counter medicines. (Senior)*

*A lot of them are cutting them [medication] in half. (Senior)*

*Keep the doctor's office especially for the kids. (Low Income)*

- ❖ Residents say the biggest barriers they face in getting health care is access to dental care and overall cost of care.

If the household's finances are tight, which health care service will you most likely go without? Which would be a priority? What are the biggest barriers you face in getting health care?

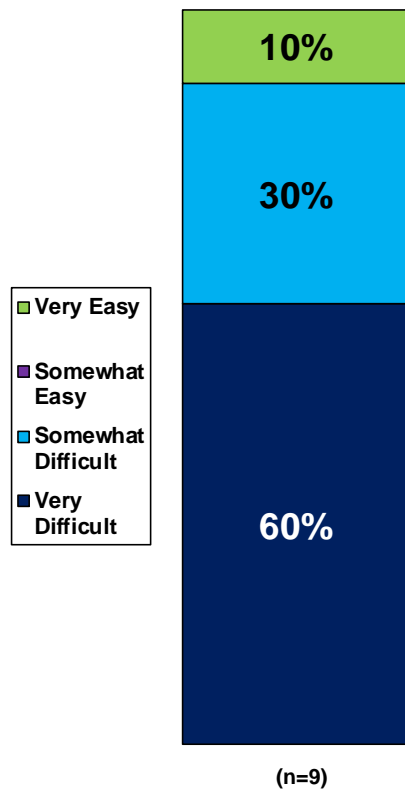
# ***Views on the Health Care System***

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All individuals except for one senior adult feel it is **at least somewhat difficult to navigate through the health care system** and say that it depends on whether one is using Medicaid, as understanding benefits and coverage under the plan is confusing and they are offered little support or help in understanding their coverage.

### Ease of Navigating Health Care System



*I'm a recent retiree, and I had some problems with the coordination of benefits between Medicare and BCBS that as very frustrating, because I would call BC and they would say well you have to call Medicare, so then I call Medicare and they say well you have to talk to the coordination benefit person. Okay, can you transfer me, no but I can give you the phone number. There is some runaround process that you get. (Senior)*

*With Medicaid, sometimes I'll get it and sometimes they'll be able to afford it and sometimes they'll deny it. But then if I get it, there's so much limitation now, like with dental, I don't think Medicaid pays for dental. So you can't even save your teeth if you can't afford to pay for it and I have called the dentist and it was like a 6 month waiting list just to get the kids in for their cleaning. (Low Income)*

*A lot of places don't even take new patients anymore. It has to be an emergency and then they'll take you. For anybody as far as Newaygo County. (Low Income)*

*I do look at my Medicare bills very carefully and make sure that what's being billed is reflective of the services I've received and I've had issues where my husband was in the hospital and the same doctor would bill twice in the same day. (Senior)*

How difficult or easy is it to navigate the health care system?

The majority of residents feel the paperwork needed to get health care ***is at least somewhat burdensome***, especially for those who need to wait for approval from Medicaid. Those with private health insurance don't feel it is at all burdensome. Overall, paperwork to pay for services is seen as less burdensome than paperwork required to obtain services.

### Verbatim Comments on Burdensome Paperwork to Get Health Care

*Easy with regular insurance. (Low Income)*

*I don't have no problems. I have AARP as my supplement and when I go in I give them both my cards and have no problems at all. (Senior)*

*[Medicaid] paperwork is not too hard, it's just the waiting. (Low Income)*

*Even to get records you have to sign 14 forms. (Senior)*

### Verbatim Comments on Burdensome Paperwork to Pay for Health Care

*It's mostly like the same questions. (Seniors)*

*[You] have to fill it out each time. (Low Income)*

*On my statement that I get once a month it will tell what Medicare paid and what AARP paid. You may be billed, but I never get a bill. (Senior)*

Residents would like health care changes that lead to **simplified processes for Medicaid, more providers accepting Medicaid, providers paying more attention to patient concerns, and the elimination of fraudulent billing.** Additionally, low income residents note the **lack of preventive services for adults** in the community.

Important Changes in the Health Care System to Improve Service Delivery and Health Outcomes

Verbatim Comments

- Eliminating fraud
- More providers need to accept Medicaid
- Physicians paying more attention to patient concerns
- Simplifying types/processes of government insurance



*Not being so limited, especially as to where you have to go. Newaygo County is so small and there are so many people on Medicaid that it makes it harder for me to get in. (Low Income)*

*I think that even the doctor's offices that are reputable are fraudulent. All. It's because of the billing system. Because of the insurance stuff. They have five billing procedure codes for an office visit. And I think that they bill according to what maybe is scheduled and not necessarily what happens in there. Sometimes I see a comprehensive office visit code used for my billing when it was a quick follow-up for something. And I just think that's fraudulent. (Senior)*

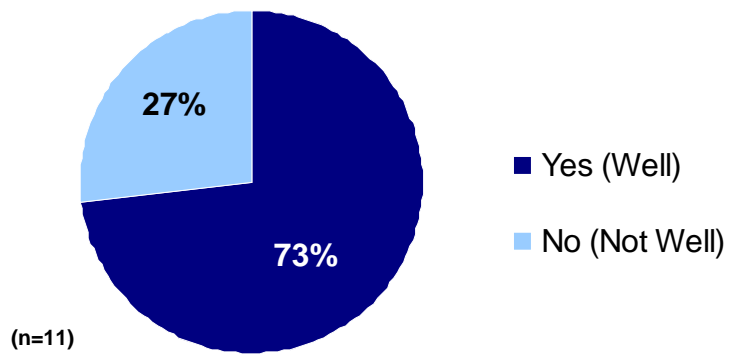
*Have one type of insurance that they accept instead of five or six so it's easier for people. (Low Income)*

❖ Low income residents added they feel there are adequate preventive services accessible to children in the community, but there is a great need for more of these services available to adults in Newaygo County.

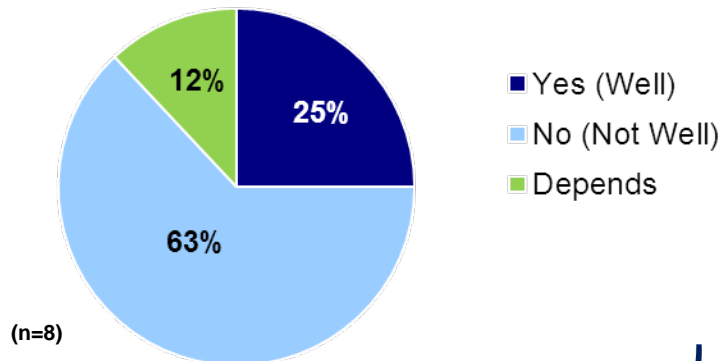
In your opinion, what important changes in the health care system could improve service delivery and health outcomes (insurance, laboratory, records, etc.) Are preventative services readily available in the community?

While the majority feel **their providers communicate well with them**, many feel it depends on who one works with. Those who think providers don't communicate well with each other are primarily concerned about information lost between a physician and a specialist as well as the length of time it takes to get test results.

**Providers Communicate Well with You**



**Providers Communicate Well with Each Other**



*You get referred to a doctor, you go, it's three weeks or more down the road, you get there, and they say, well why are you here? Because I was referred to you by Dr. so-and-so for such-and-such. Oh, I don't have any information. So that's a wasted trip. (Senior)*

*Sometimes you have to wait a long time to get results. (Senior)*

*They do now because I switched. The ones before I thought were horrible. (Low Income)*

Do you feel your health care providers communicate well with you about your health care? Do you feel your health care providers communicate well with each other about your health care?

Seniors see the future of health care as in ***need of improvement***, as ***scary*** and ***unpredictable***, and are concerned about ***fraud*** and ***lost treatment opportunities*** as insurance companies, rather than physicians, provide guidelines for care.

### Verbatim Comments

#### The Future of Health Care

- Fraud by the public as well as by doctors is a concern
- Insurance must adjust to reflect life expectancy
- Needs improvement
- Scary
- Unpredictable

*It's scary. We don't know from day to day if we're going to have Medicare to rely on.*

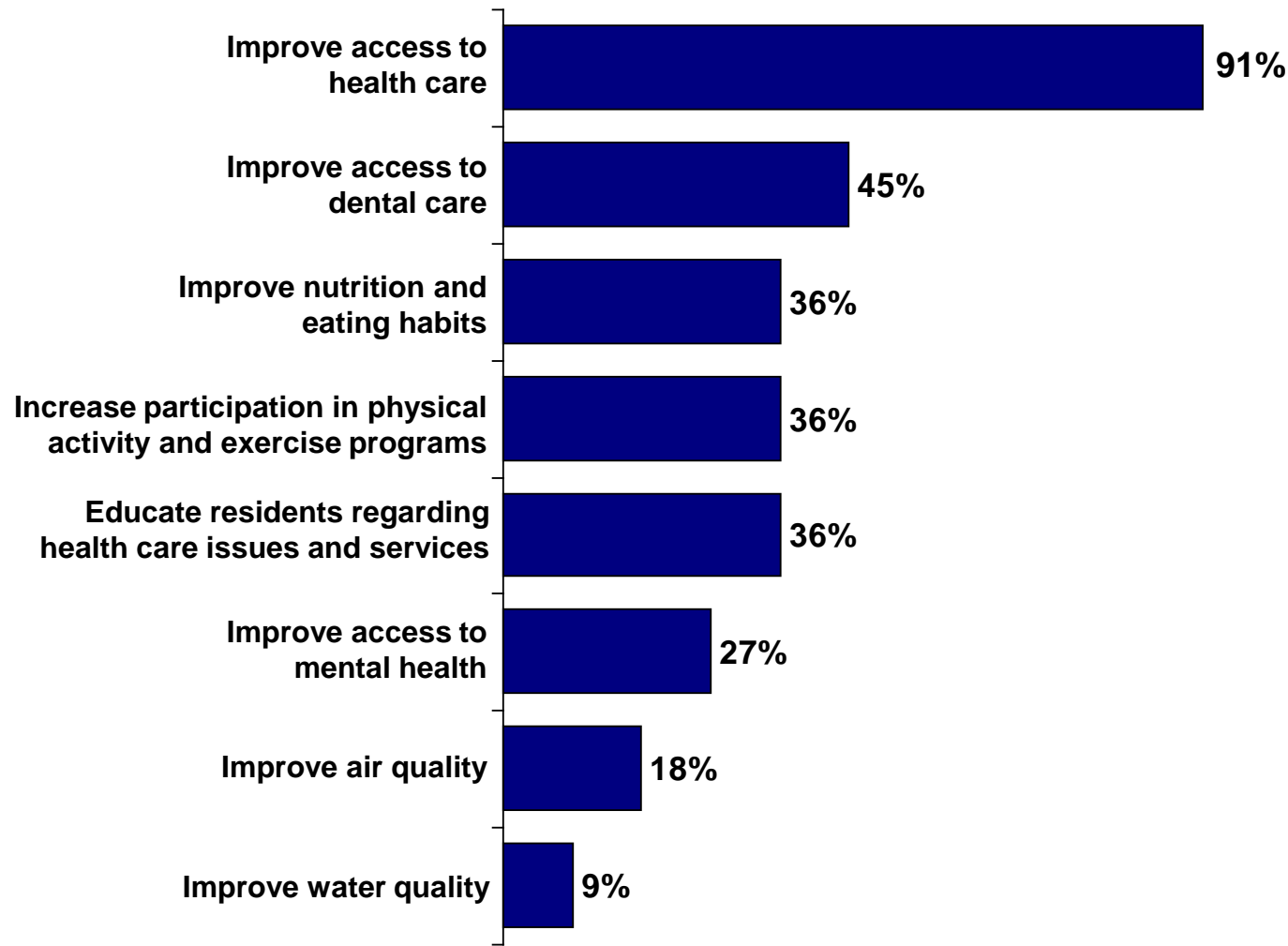
*Already they want to cut things out. Pretty soon we'll be lucky if we get a few pennies.*

*There's been a great improvement from the time of our parents.*

*When all of this was established, life expectancy was less. We're living longer. In order for health care improvement, we need insurance revamping. The companies should not be setting the standards for health care. The offices should not – overhead needs are in cost – but it can't keep escalating the way it is when the cost of living is going up. More and more people are dying because of not being able to access health care – is that the plan?*

Residents identify the need to **improve access to health care** as the most important area that would create healthier Newaygo County residents. Also critical are **improved access to dental care**, **improved nutrition and eating habits**, and **increased participation in physical activity and exercise programs**.

Top Areas Most Important to Creating Healthier Residents



(n=11)

What are the top three areas that are most important to make the residents of this community healthier?

# ***CONCLUSION***

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# Summary of Findings

## Social Indicators

- Newaygo County is a community that has a number of social factors that negatively impact health and quality of life. For example:
  - The unemployment rate and rate of confirmed victims of child abuse or neglect, are higher in Newaygo County than in the state of Michigan or the U.S.
  - More students are eligible for free or reduced lunches, compared to students around the state
  - Greater proportions of children receive WIC assistance and more births are Medicaid paid when compared to rates across Michigan
  
- Additionally, Newaygo County has more people in poverty than across the nation and more families in poverty (generally and married couples) including those with children under age 18, compared to the state and the nation.
  
- The overall proportion of single female families living in poverty in Newaygo County is much higher than in Michigan or the U.S. The highest proportions of families living in poverty are for those headed by single females with children under age 18.



# Summary of Findings (Cont'd.)

## Social Indicators (Cont'd.)

- Alternatively, certain community factors promote health, such as:
  - Newaygo County is a safe community – with far lower violent crime and homicide rates than the state or nation
  - More residents graduate high school compared to the state and nation
  - Slightly more women achieve advanced degrees compared to women across the state and nation

# Summary of Findings (Cont'd.)

## Overall Health Climate

- Key Stakeholders report that Newaygo County has active community foundations that support health initiatives as well as many good public services to address health needs.
- Key Informants are moderately satisfied overall with the health climate in Newaygo County, citing the resources, programs, and services available to residents and the community's ability to collaborate as well as adapt to make positive changes.
  - They also feel residents need to be more accountable for their personal health, that more providers need to be recruited to the area, and that there are still programs inaccessible to many residents due to lack of awareness or cost
- Resources, or programs, identified in the community that promote health include:
  - Community foundations (Fremont Area & Nestle/Gerber) that promote community health initiatives
  - Existing afterschool programs
  - Good collaboration between programs
  - Project Fresh
  - Senior Council on Aging
  - TrueNorth
  - United Way

# Summary of Findings (Cont'd.)

## Overall Health Climate (Cont'd.)

- Resource limitations are identified as:
  - Access to care for the underserved populations, but especially in a rural community
  - Funding limitations
  - Lack of adult fitness centers
  - Lack of affordable recreation activities
  - Lack of a coordinated approach to community health
  - Lack of physicians/number of providers
  
- Top suggested strategies to improve the health climate in Newaygo County include more/better health education, more community activities promoting health, better public transportation, and the development of a strategic approach or plan for community health.
  
- Although most Key Stakeholders are unsure of the impact of Health Care Reform, they are optimistic that it will improve health care access and provide more coverage for adults. On the other hand, there is some concern about how cost for care will be covered and the possibilities that care may be negatively impacted.

# Summary of Findings (Cont'd.)

## Health Indicators

- Compared to the state of Michigan or the U.S., Newaygo residents experience far higher adult mortality rates, and higher infant mortality rates. Conversely, the proportion of live births with low birth weight are much lower than the state or nation. Newaygo County residents have slightly lower life expectancy rates for both men and women compared to the state or nation.
  
- Although the top two leading causes of death, *heart disease* and *cancer*, are the same for Newaygo County, the state and the nation, the rates for Newaygo County are much higher for cancer. Two additional differences worth noting are:
  - The cancer diagnosis rate is much lower in Newaygo County than the state or nation
  - The death rates from Chronic Lower Respiratory Diseases, Alzheimer's Disease, and Unintentional Injuries are much higher in Newaygo County than the state or the nation
  
- Most pregnant women begin prenatal care in the first trimester but this proportion is lower than for Michigan as a whole.
  - However, hospital discharge records indicate the top condition over the past two years has been due to complications of pregnancy, childbirth, and the puerperium.
  - Additionally, the proportion of Newaygo County mothers who smoked during pregnancy (26%) is higher than the proportion across Michigan.

# Summary of Findings (Cont'd.)

## Health Indicators (Cont'd.)

- Childhood immunizations are a strength in Newaygo County. The proportion of fully immunized children aged 19-35 months is much greater than the state or nation.
  - Key Informant feedback supports this as a major plus in Newaygo County
  
- More than one in ten Newaygo County adults report fair or poor general health status and dissatisfaction with their life.
  - Additionally, more than one in ten report poor physical health and poor mental health, and this rate is higher than across the state
  - Depression is a critical area to address in the community due to its high prevalence and lack of satisfaction with current community response to this issue
  
- More than one-fourth of the adult population is disabled to the extent that their daily activities are limited due to physical, mental, or emotional problems, or they require the use of special equipment.
  
- Six in ten adults are considered to be at an unhealthy weight, with 32% overweight and 29% obese.
  - Obesity is the most pressing health issue in Newaygo County according to Key Informants and they are less than satisfied with the community response
  - Over one in ten (16%) youth in Newaygo County are considered obese and this proportion is higher in Newaygo County than across the state or nation

# Summary of Findings (Cont'd.)

## Risk Behavior Indicators

- Most adults (76%) participate in leisure time physical activity, however most adults (78%) also lack an adequate diet of fruits and vegetables. Both proportions are on par with state figures.
- Almost one-fourth (23%) of adults smoke cigarettes, a rate slightly higher than the state.
- The proportion of adults who engage in binge drinking (19%) is slightly higher than across the state. On a more positive note, fewer Newaygo County residents are likely to drive a motor vehicle after drinking compared to adults across Michigan.
- Key Informants consider smoking and tobacco use to be the most pressing health behavior issue in Newaygo County, followed by alcohol abuse and illegal substance abuse.

# Summary of Findings (Cont'd.)

## Youth Behavioral Risk Factors

- The teen (aged 15-19) birth rate is higher in Newaygo County than in Michigan or the U.S., while the repeat teen birth rate in Newaygo County is on par with the state and the nation.
  - Further, more than four in ten teens have ever had sexual intercourse and 33% of females and 23% of males have had it within the past three months. Both of these proportions are lower than state and national figures
- With respect to substance use, Newaygo County youth have lower levels of binge drinking and marijuana use than youth across the state or the nation. The proportion who currently smoke cigarettes is also lower, although not nearly as disparate.
- Roughly half (47%) of Newaygo County youth report inadequate amounts of physical activity.
- While the proportion of youth not eating enough fruits and vegetables in their diet is high (69%), this proportion is much lower than across the state or nation.

# Summary of Findings (Cont'd.)

## Clinical Preventive Practices

- The majority of Newaygo County adults have had a routine physical checkup in the past year. Still, more than three in ten have not.
- Further, the majority of residents have been immunized for the flu (72%) within the last year and for pneumonia (77%) at least once in their lifetime.
- Oral health is an area the health care community may want to address for several reasons:
  - One in four have not visited a dentist, even for a teeth cleaning, in the past year
  - Health care professionals (Key Stakeholders and Key Informants) mention the lack of dental care available for the uninsured, those with Medicaid, and low income groups



# Summary of Findings (Cont'd.)

## Chronic Conditions

- The prevalence of the following chronic conditions is very low (5% or less of adults), and is on par to or lower than state proportions:
  - Angina/Coronary heart disease
  - Heart attack
  - Stroke
  
- The proportion of residents ever told they had diabetes (12%) or asthma (20%) and those that still have asthma (14%) is higher in Newaygo County than across Michigan.
  - Key Stakeholders believe chronic disease is one of the most pressing health needs or issues in Newaygo County and feel problems associated with chronic disease are on the rise
  - Key Informants believe diabetes is an important health issue in the county. In fact, they are only moderately satisfied with the community response to diabetes compared to other health issues

# Summary of Findings (Cont'd.)

## Health Care Access

- Most adults have *health care coverage* and have a *personal health care provider*. However, two in ten adults have no health care coverage, over one in ten have no personal health care provider, and within the last twelve months, more than one in ten did not seek needed health care due to costs.
- Additionally, the proportion of primary care physicians per capital in Newaygo County is drastically lower when compared to state proportions.
- Key Stakeholders feel that health care access is good and that there is no lack of physicians taking Medicaid in Newaygo County, although:
  - Lack of dental care access for low income and uninsured residents is a concern
  - Senior adults often have to travel out of county for gerontological services
  - Focus group participants mention lack of specialists as an issue
- Local hospital data shows that for all discharges over the past two years, more than seven in ten are public payer types, which includes Medicaid and Medicare.
- There is also a lack of mental health care, especially for those with moderate mental health needs, including substance abuse treatment.
  - Key Informants report some dissatisfaction with community response to depression

# Summary of Findings (Cont'd.)

## Barriers or Obstacles to Health Care

- Stakeholders, Informants, and residents participating in the focus groups agree that some of the most pressing health needs or issues in Newaygo County are related to poverty and access.
- Key Stakeholders and Key Informants differ slightly in identifying most important barriers to health care access. While Key Stakeholders identify transportation, poverty, and a lack of dentists accepting Medicaid as barriers, Key Informants mention lack of health care insurance as the top barrier or obstacle to health care programs and services. Other barriers include transportation, personal irresponsibility, lack of awareness of existing services, and inadequate health insurance.
- Cost is also viewed as a general barrier by both Key Stakeholders and Key Informants, who mention the inability of many to pay for services, and note there is a lack of coverage for ancillary services and an inability to pay for out-of-pocket expenses such as co-pays and deductibles.

# Summary of Findings (Cont'd.)

## Barriers or Obstacles to Health Care (Cont'd.)

- Key Informants feel that health care is most accessible for adults and seniors, moderately so for children, and least accessible for low income, under/uninsured, and non-English/ESL populations.
  - Informants say a limited number of physicians accepting Medicaid, transportation barriers, and the inability to pay for care limits access for all groups but particularly for the under/uninsured
- Access for children is also limited due to a lack of available pediatric care, while seniors face a lack of available geriatric care, and ESL residents face language and cultural hurdles compounded by limited community resources.
- Key Informants and Stakeholders also point to a lack of wellness and prevention programs or services that could offset health costs as well as lack of patient motivation to engage in services.
- Key Informants offer the following suggestions for effective solutions to health care barriers:
  - Better transportation
  - Education on services offered, payment options, prevention, wellness
  - More free/no cost clinics
  - Universal health care/increased resident coverage by insurance

# Summary of Findings (Cont'd.)

## Gaps in Health Care or Services/Programs Offered

- Health care professionals agree that Newaygo County has a wealth of health care services and programs that meet the demands of the population, including:
  - Orthopedics
  - Emergency care
  - OB/GYN
  - Ambulatory/emergency transport
  - General surgery
  
- Conversely, there is a lack of programs and services to meet the demands of the population for:
  - Mental health treatment, whether for mild, moderate, severe, or persistent conditions
  - Substance abuse
  - Specialists (Radiology, Dialysis, Dermatology)
  - Assisted living for the elderly and disabled
  - Non-emergency transport
  
- The inability to meet the demand partly stems from a lack of coordination among providers and a general lack of resources to support existing programs. Better coordination and communication across services will result in a more effective referral system and increase access through the sharing of resources.

# Summary of Findings (Cont'd.)

## Gaps in Health Care or Services/Programs Offered (Cont'd.)

- While Key Stakeholders believe there is a wide variety and choice of primary care physicians for both adults and children, Key Informants believe this is not so for the low income and under/uninsured populations.
  - Again, the lack of primary care options hits the underserved the hardest
  
- The majority of Key Informants have to travel outside of Newaygo County, or know someone who does, for certain services, in order to receive specialized care, treatment for a heart condition, or to seek a second opinion/better diagnosis.

***SUGGESTED PRIORITIES/  
NEXT STEPS***

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# Suggested Priorities/Next Steps

Overall, this research identifies the pressing and prevalent health needs and concerns in Newaygo County as the following: health care access for the uninsured or low income, chronic disease rates, mental health care services, levels of obesity, adult risk behaviors, health literacy and health education needs, needs involving subpopulations such as youth, low income, and Hispanic residents, and lack of a coordinated community approach to tackling these issues in the community. These issues are organized by each identified need.

## **Health Care Access**

Clearly, access to quality and affordable health care is a challenge for Newaygo County's low income and uninsured residents. Not only does this lead to unhealthy individuals and families, it results in an overuse of other services, such as the emergency room, to address needs that grow more severe with neglect. Therefore, the following are suggested to address the issue of access:

- Encourage physicians in Newaygo County to accept more Medicaid patients through incentives (e.g., increased Medicaid reimbursement rates, local government or community foundation-subsidized reimbursement).
- Recruit more primary care physicians and pediatricians to the community, perhaps through exploring government programs that will support doctors working in underserved areas (e.g., foreign exchange visitor programs, federal loan repayment programs for health professionals).



# Suggested Priorities/Next Steps (Cont'd.)

- To reiterate, more pediatric care must be made available in Newaygo County. Either more physicians who work with children must be recruited to the area or current pediatricians must be encouraged to develop strategies for taking on new patients.
- Expand insurance coverage opportunities in the county, especially for those suffering from chronic conditions. This could occur through government decisions to subsidize the cost of health care for individuals or families or by encouraging currently uninsured residents to use different models of health care coverage (e.g., Access Health), and promoting coverage for preventive services.
- Develop more systems offering free or low-cost dental and primary care (such as free clinics) to enable them to better address the existing community need.
- Implement a transportation system that enables residents (especially seniors and low income) to attend medical appointments.

# Suggested Priorities/Next Steps (Cont'd.)

## **Chronic Disease Care**

Chronic disease care, especially in the case of diabetes and asthma is linked directly to future health outcomes and care for residents. It is important that residents receive consistent care, be knowledgeable about their disease, and take steps toward active self care, or conditions will worsen, creating greater health problems and more strain on health care delivery.

- Increase the coordination of care for residents managing chronic disease (particularly diabetes and asthma) to ensure they are able to make their routine check-ups and follow through on treatment recommendations, as well as ensure they have access to affordable medication to treat their illness.
- Make changes to policy and practice that improve patient self-management such as providing more education and support.
- Since cancer is a leading cause of death in the county yet the cancer diagnosis rate for the county is lower than the state and nation, more effort needs to be made to increase early diagnosis of this illness.
- Determine what types of specialist providers are needed in the community to improve the management of chronic conditions or implement telecommunication systems that allow for specialist care via computer system and video monitoring.

# Suggested Priorities/Next Steps (Cont'd.)

## **Mental Health Support**

Currently, there is a lack of mental health care in Newaygo County, for both moderate and sever/persistent mental illness. Further, residents are unsatisfied with how the community is addressing mental health needs and substance abuse issues. Much of this is related to the availability of practitioners and the cost of such care, more so if one is only experiencing mild or moderate mental illness. Therefore...

- Mental health diagnosis and care should be enhanced based upon the specific needs and resources available in the community.
- Provide more resources for services to residents with mild and moderate mental illness or substance abuse problems.
- The county's high rate of persons with disabilities, high rate of residents' physical inactivity, and number of residents with lower life satisfaction all play a role in poor mental health and depression, representing real and prevalent health concerns for the community. Since depression can have great impact on both mental health and physical behavior, any effort to address the above issues will improve community mental health, as well as benefiting physical health.

# Suggested Priorities/Next Steps (Cont'd.)

## Obesity

Obesity is clearly recognized as a pressing health problem existing in the community, and is linked to many undesirable health outcomes. Additionally, this is an area where many health care professionals are less than satisfied with the community's response to the problem. The following recommendations are made to address this community issue, some of which come from recommendations identified by the Centers for Disease Control and Prevention.

- Encourage healthy eating, diets, and exercise through a public awareness campaign in the community.
- Increase access to high quality, fresh, and affordable foods.
- Provide insurance-based incentives to address self management education needs and provide support that motivates residents to address issues concerning weight.
- Investigate whether or not local fitness centers, personal trainers, and dieticians would be willing to provide discounted services if reimbursed some way.
- Develop community partnerships that look to reduce obesity rates through evidence-based approaches.

# Suggested Priorities/Next Steps (Cont'd.)

## **Adult Risk Behaviors**

Tobacco and alcohol use as well as illegal substance use are seen as concerning health behaviors both in the secondary data (BRFS) and Key Informant surveys. These behaviors can greatly impact the overall health of the community. Therefore...

- Encourage healthy consumption of alcohol (moderation) and develop strategies to remind adults about the social consequences of excessive drinking.
- Catalogue and promote social services that exist to support residents in addressing unhealthy risk behaviors such as smoking, illegal substance use, and excessive drinking.
- Provide insurance-based incentives to address self management of risk behaviors such as smoking.
- Develop community partnerships that look to reduce risk behavior rates through evidence-based approaches.

# Suggested Priorities/Next Steps (Cont'd.)

## *Health Literacy & Preventative Education*

Overall, there is a need to promote health literacy and increase prevention education and activities in the community. Therefore, the following recommendations are made to address this need:

- More community education opportunities that teach and promote healthy lifestyle choices promoted by local health organizations can benefit the community (e.g., health fairs).
- More community activities (e.g., family walks/races or outdoor events sponsored by the community) that promote good health.
- Free or subsidized gym memberships should be offered to increase access to exercise opportunities.

# Suggested Priorities/Next Steps (Cont'd.)

## **Developing a Coordinated Community Approach**

A coordinated approach to community health and health care can enable the community to focus on its most important targets for improvement, have a complete understanding of the services available and the extent of need, and allow for sharing of patient information across medical providers to ultimately increase access and make the process of accessing services easier for county residents. Therefore, the following ideas are recommended:

- Make technology improvements that allow for a regional system permitting local data exchange concerning patient care.
- Create a community health care action plan that creates a plan to support efforts to improve community health. Community members want a coordinated community plan that allows people to strategize.
- Focus these coordinated efforts on increasing ease of use in order to encourage more engagement in the health care delivery system by community residents.
- The community must develop and agree upon population health outcomes and targets for intervention.

# Suggested Priorities/Next Steps (Cont'd.)

## **Sub-population Focus**

There are groups within the general population that deserve specific focus in implementing any improvements to the health care service delivery and overall health outcomes in Newaygo County.

- Hispanic residents – Hispanic residents face language barriers in accessing services. Consideration of this population's health access needs is important to improving community health.
- Low income residents – The majority of health care access and health outcomes identified in this needs assessment are directly or indirectly related to income. Addressing the particular barriers faced by low income residents should improve the overall effectiveness of these efforts.
- Teen pregnancies – are higher in the county than in the state and the nation. Prevention efforts should increase within the community to stabilize and then attempt to reduce this rate. Additional health care services can also target this population (both mother and infant) to ensure good health outcomes for mother and for child.



# Suggested Priorities/Next Steps (Cont'd.)

- Infants and children – Infant mortality and child abuse/neglect rates are higher in Newaygo County than in the state or nation. Health care efforts must investigate reasons these rates are so high for the county and a systematic effort must be launched to reduce such rates, which includes investigation of indirect influence (e.g., hospital discharge involving complications with pregnancy or birth, poverty and how it can relate to child neglect) in order to develop an effective response to help the county's children.

***Next steps may include the creation of a plan to develop a coordinated response to issues deemed most important to work on, within a specific time frame, such as 1 year, 3 year, and 5 year goals. Additionally, the information provided in this needs assessment can support discussions with different Newaygo County community stakeholders as well as community leaders located in nearby counties on how to best address the needs identified here, for pursuit of funding for new efforts, in support of cross-county collaborative initiatives, and as a baseline to provide the community with its health profile. Above all, next steps involve the establishment of careful priorities for action that once implemented, will benefit the community for the long haul.***

# ***METHODOLOGY***

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# Methodology

- This research involved the collection of primary and secondary data. The table below shows the breakdown of primary data collected with the target audience, method of data collection, and number of completes:

	Data Collection Methodology	Target Audience	Number Completed
Key Stakeholders	In-Depth Telephone Interviews	Hospital Directors, Clinic Directors	4
Key Informants	Online Survey	Directors, Clinicians, Health Care Professionals	32
Community Residents	Focus Groups (2 groups, 11 participants)	Low Income Senior Adults	5 6

- Secondary data was derived from local hospital utilization data and various government and health sources such as the US Census, Michigan Department of Community Health, and County Health Rankings.

# Methodology (Cont'd.)

- Of the 6 Key Stakeholders invited to participate, 4 completed an in-depth interview (67% response rate). Key Stakeholders were defined as executive-level community leaders who:
  - Have extensive knowledge and expertise on public health issues
  - Can provide a “50,000 foot perspective”
  - Are often involved in policy decision making
  - Examples include hospital administrators and clinic directors
  
- Of the 49 Key Informants invited to take the online survey, 32 completed it for a 65% response rate. Key Informants are also community leaders who:
  - Have extensive knowledge and expertise on public health issues, or
  - Have experience with subpopulations impacted most by issues in health/health care
  - Examples include health care professionals or directors of non-profit organizations
  
- There were 2 focus groups conducted, with a total of 11 participants. The breakdown of participants per group is as follows:
  - Senior adults, n=6
  - Low income residents, n=5

# ***APPENDIX***

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# ***Respondent Profiles***

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# Key Stakeholder Interviews

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**Executive Director, Pine Medical Group**

**Health Officer, Department of Health District #10**

**President, Spectrum Health Gerber Memorial Hospital**

**Program Manager, Department of Human Services**

# Key Informant Surveys

**Human Resources Director, Spectrum Health Gerber Memorial Hospital**

**Executive Director Patient Safety and Quality, Spectrum Health Gerber Memorial Hospital**

**Vice President of Finance, Spectrum Health Gerber Memorial Hospital**

**Controller, Spectrum Health Gerber Memorial Hospital**

**Director of Outpatient Services, Spectrum Health Gerber Memorial Hospital**

**Practice Director, Spectrum Health Gerber Memorial Hospital**

**Administrator, Continu-Care, Spectrum Health Gerber Memorial Hospital**

***NEED TO GET TITLES/ORGANIZATION FROM SHGMH TEAM FOR THE REMAINDER OF THOSE WHO COMPLETED***



# Key Informant Surveys (Cont'd.)

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# ***Definitions of Commonly Used Terms***

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# Definitions of Commonly Used Words/Acronyms

- ESL – means “English as a second language.” For this population/group, English is not their primary language. For purposes of this report, it most often refers to the Hispanic population that has Spanish as their primary language.
- PCP – refers to “primary care provider” or “primary care physician,” but the key terms are “primary care.” Examples of this are family physicians, internists, and pediatricians.
- Binge drinkers – those who consume five or more drinks per occasion (for men) or four or more drinks per occasion (for women) at least once in the previous month.
- Heavy drinkers – those who consume an average of more than two alcoholic drinks per day for men and one per day for women in the previous month.
- CDH – Coronary Heart Disease
- CLRD – Chronic Lower Respiratory Disease
- YRBS – Youth Risk Behavioral Surveillance