

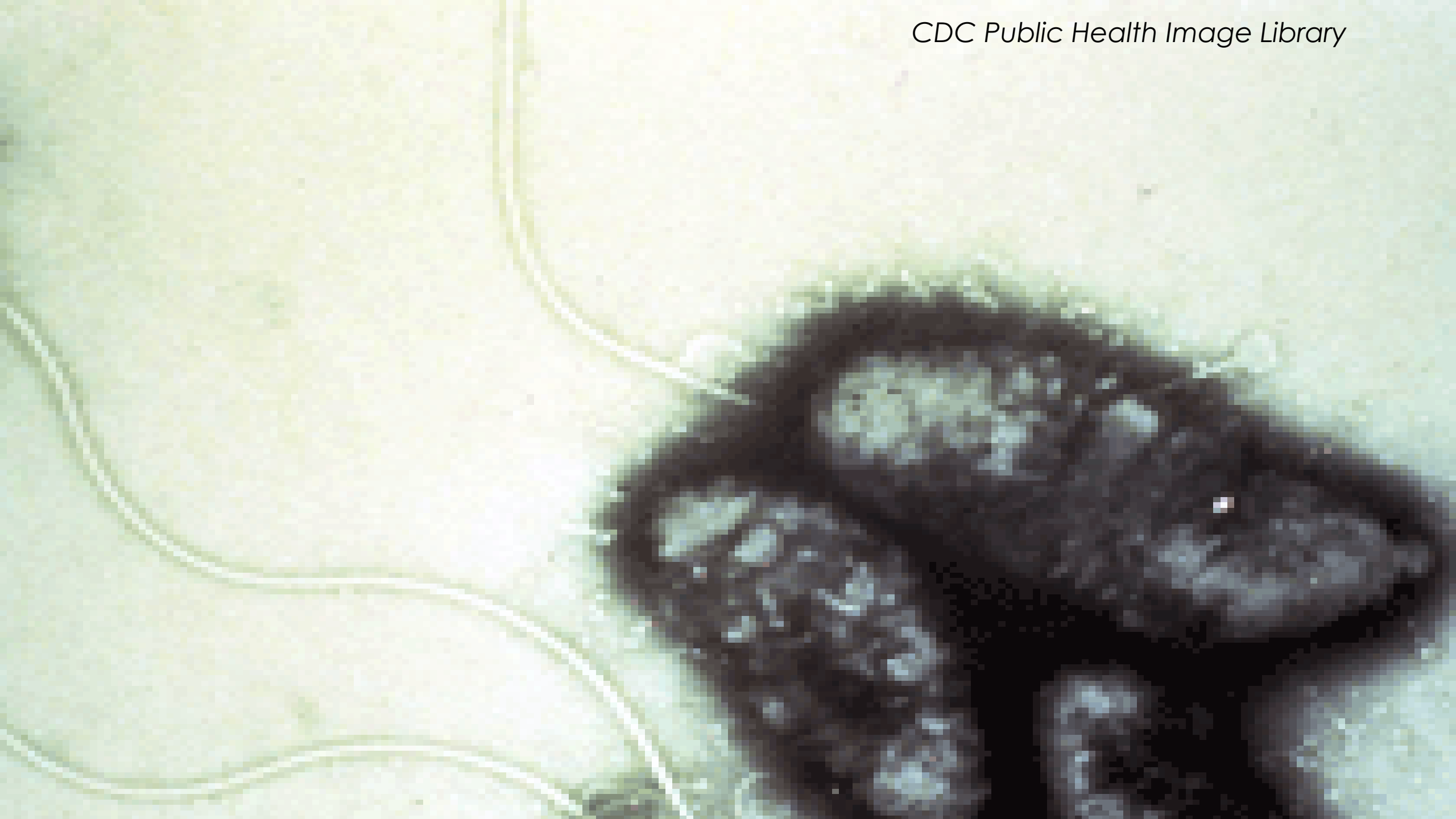
Population Health in Kent County

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KENT COUNTY HEALTH DEPARTMENT





Public Health History



Grand Haven Tribune



Leading Causes of Death

► 1900 (Avg life 48y; Mort. = 1719.1)

1. Influenza/Pneumonia	202.2
2. Tuberculosis	194.4
3. GI Infections	142.7
4. Heart Disease	137.4
5. Cerebrovascular D.	106.9
6. Nephropathies	88.6
7. Accidents	72.3
8. Cancer	64.0
9. Senility	50.2
10. Diptheria	40.3

► 2010 (Avg life 78y; Mort. = 798.7)

1. Heart Disease	192.9
2. Cancer	185.9
3. Chronic Airways D.	44.6
4. Cerebrovascular D.	41.8
5. Accidents	38.2
6. Alzheimers	27.0
7. Diabetes	22.3
8. Nephropathies	16.3
9. Influenza/Pneumonia	16.2
10. Suicide	12.2

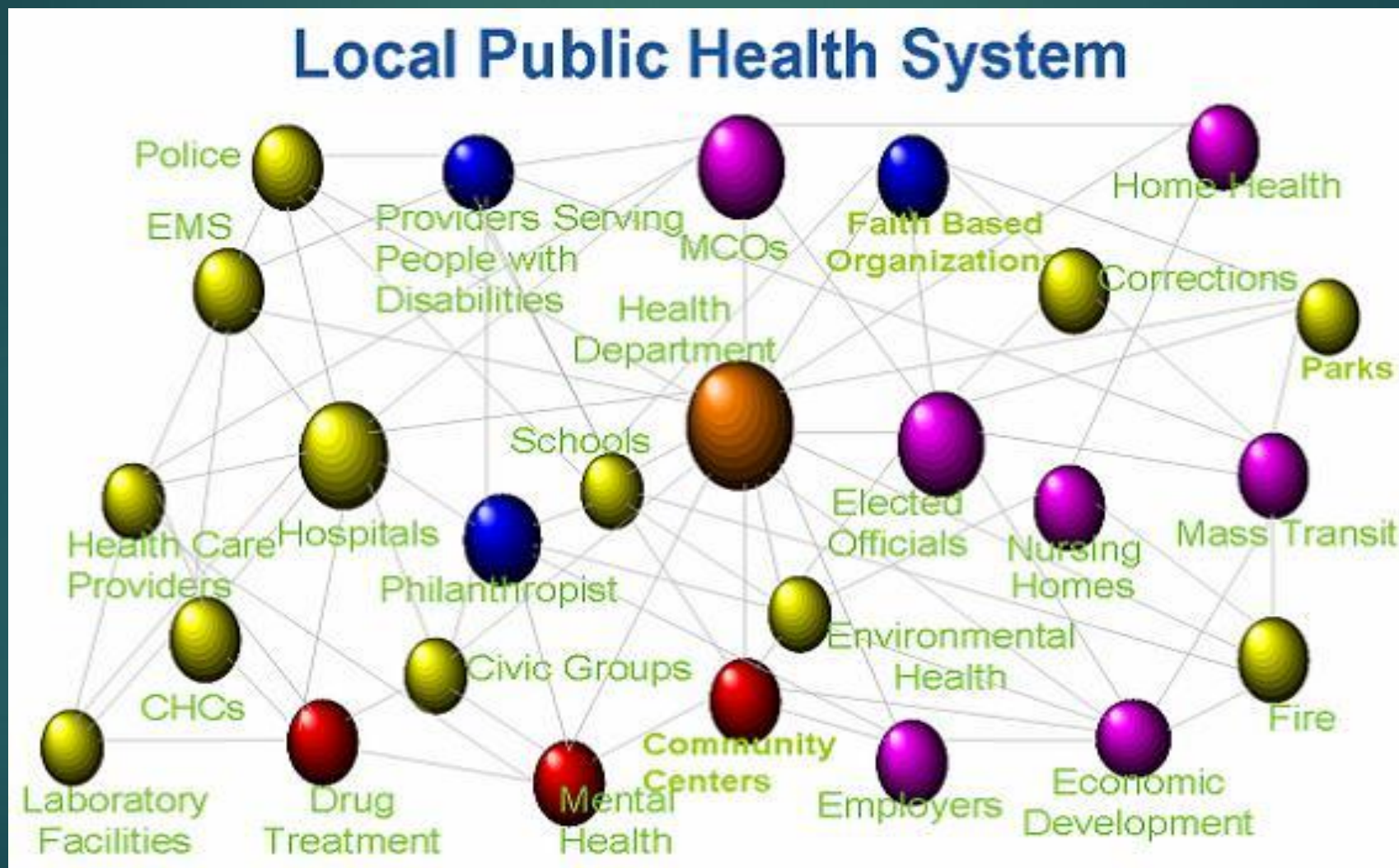


Public Health v Population Health

- ▶ Public Health - the health of the population as a whole, especially as monitored, regulated, and promoted by the state.
- ▶ Population Health - the health outcomes of a group of individuals, including the distribution of such outcomes within the group.



Public/Population Health System



Community Health Needs Assessment (CHNA)

- ▶ Community health needs assessment data *informs community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans.*



2011/12 Kent County CHNA and CHIP Priorities and Successes

1. Access to Healthcare

- ▶ Percent of people w/ < high school education visited dentist in last 12 months increased from 40.7% to 50.5% (MiBRFSS)
- ▶ South Clinic dental center constructed

2. Disparity in Adequacy of Prenatal Care

- ▶ Percent of African-American women receiving adequate prenatal care increased from 68.0% to 68.9% (MI vital records)

3. Access to Healthy Food

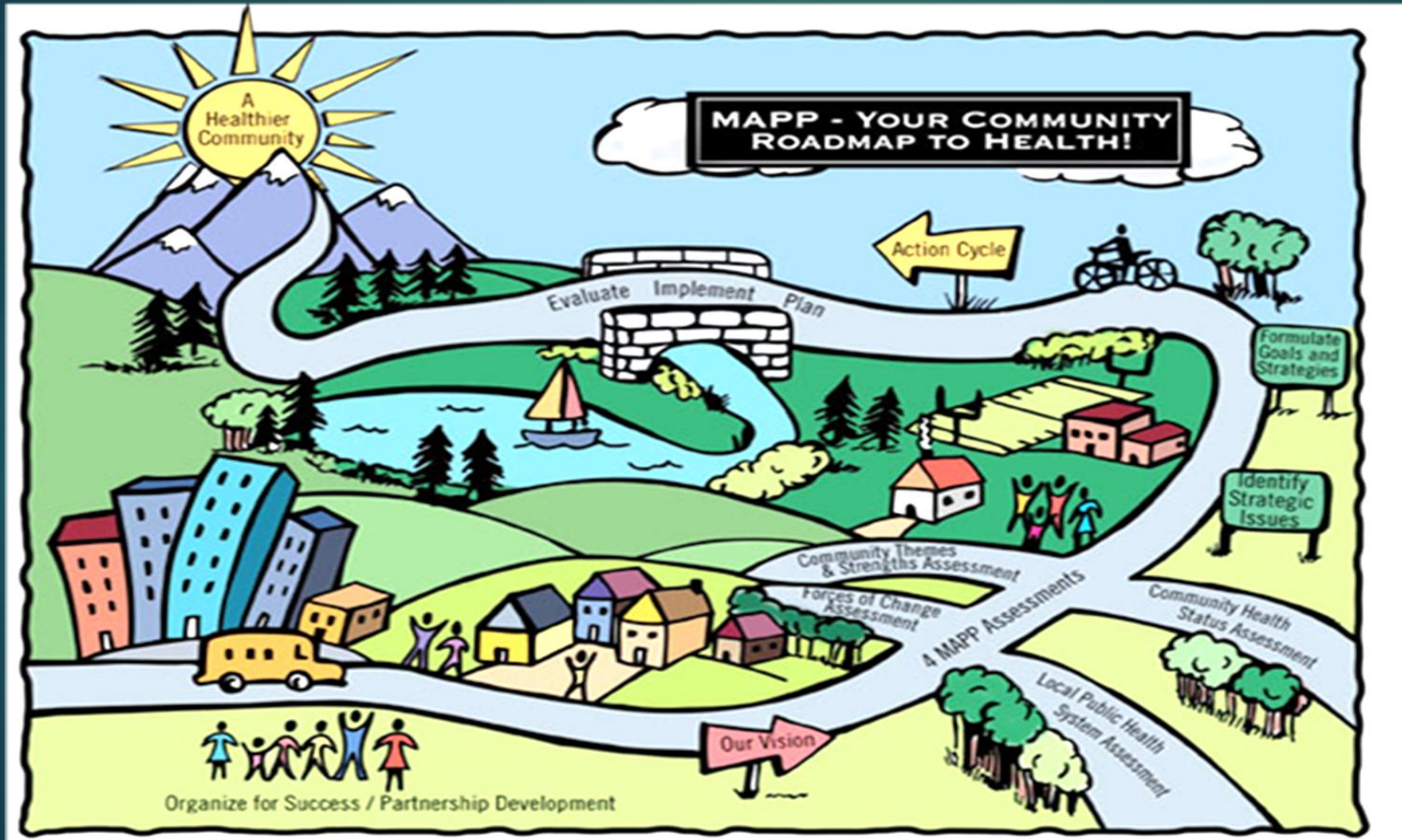
- ▶ Percent of all Kent Co residents who are food insecure decreased from 15.2% to 13.2% (Food Basket)
- ▶ Percent of Kent Co children who are food insecure decreased from 23.2% to 18.7% (Food Basket)

4. Disparity in Youth Risk and Protective Factors

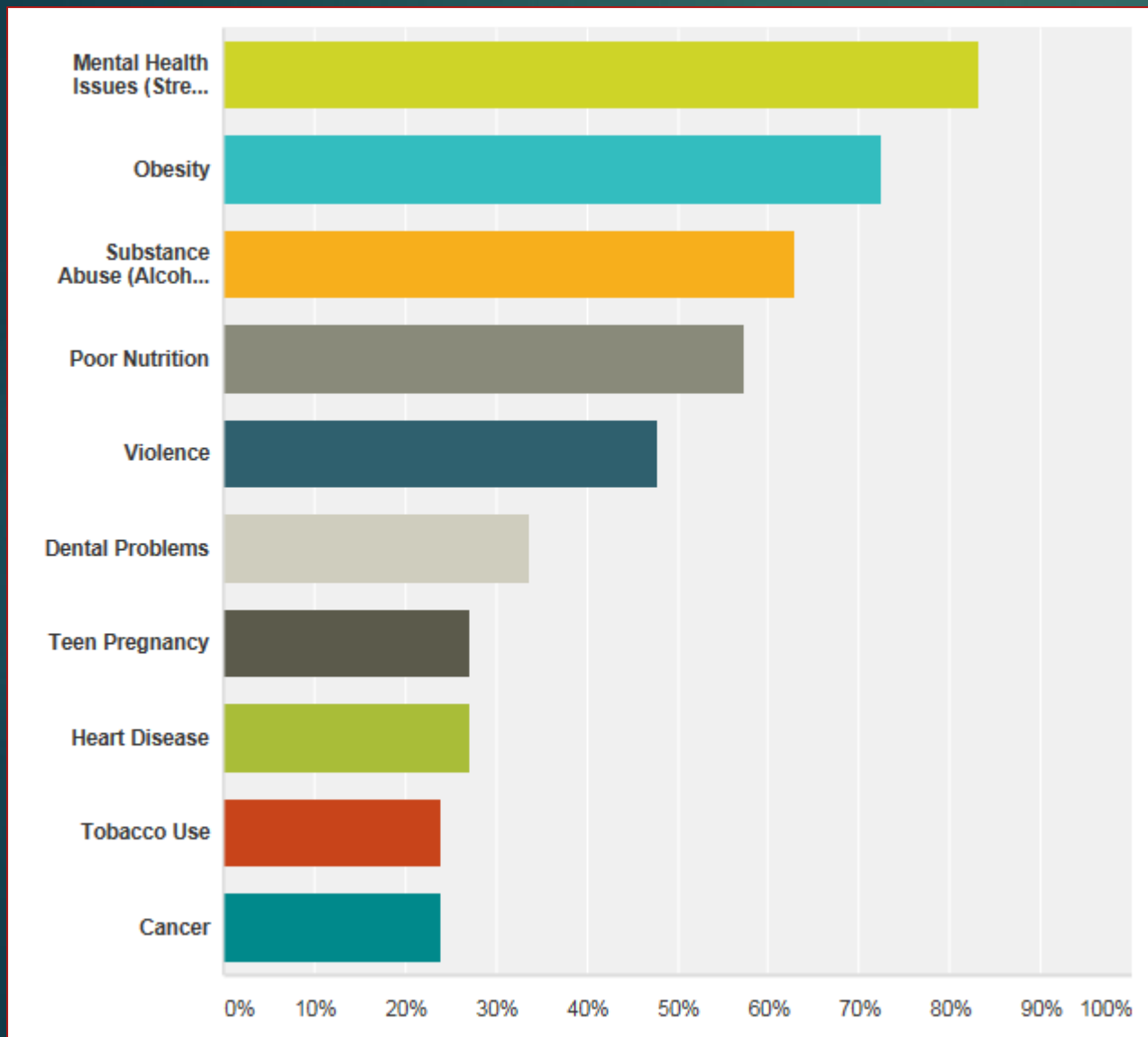
- ▶ Percent of male students who are obese decreased from 14.7% to 13.1% (MiPHY)
- ▶ Percent of African-American students who are obese decreased from 14.1% to 12.8% (MiPHY)



2015 CHNA Process – MAPP Model



What did the community say?



► Weaknesses

- Violence and Safety
- Lack of Access to Affordable Healthy Foods
- Lack of Access to Public Transportation
- Lack of Education on Available Community Resources
- Lack of Access to Healthcare
- Poor Housing Quality
- Lack of Access to Mental Healthcare
- Poor Street Quality
- Street Repair Needed
- Lack of Health Education



Community Health Improvement Plan

- ▶ Each Workgroup has a Health Department lead and a community partner lead.
 - ▶ Health Department Leads
 - ▶ Mental Health – Barb Hawkins Palmer barb.Hawkins-palmer@kentcountymi.gov
 - ▶ Obesity and Poor Nutrition – Jill Myer jill.myer@kentcountymi.gov
 - ▶ Substance Abuse – Sharon Schmidt sharon.schmidt@kentcountymi.gov
 - ▶ Violence and Safety – Amy Endres Bercher amy.bercher@kentcountymi.gov
 - ▶ Workgroup Responsibilities
 - ▶ Evaluate available data.
 - ▶ Identify key populations and narrow the scope of the planned work.
 - ▶ Develop goals, measurable objectives, and identify evidence-based strategies to address the priorities.
 - ▶ Create action plans for implementing the selected strategies.
 - ▶ Report biannually to the Kent County Community Health Advisory Committee on progress.
 - ▶ Provide data and progress notes for a Healthy Kent CHNA/CHIP annual report.



Thank You!

www.kentcountychna.org

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