

# Sowing the Seeds of Community Health



HEALTHY KENT  
2000  
PROGRESS  
REPORT



# Sowing the Seeds of Community Health



## **Community**

The health of a community is the shared responsibility of all its members. Everyone has a role to play in building a healthier, more vibrant community, and no one person, organization, or sector can do it alone.

Community partnerships are a primary means of bringing people and organizations together to create the conditions that foster good health. Partnerships can identify common concerns, take concrete steps to solve problems, and sustain a long-term, community-wide vision. To create a truly healthy community, all partners must acknowledge and accept a shared responsibility for the health of the community, and for carrying out actions to address common priorities.

## **Progress**

Now that the year 2000 is here, the progress of Healthy Kent will be explored in this report to the community. A selection of health indicators from the 1996 Healthy Kent *Building a Foundation* report will be reviewed, and highlights of major events and accomplishments of Healthy Kent will be reviewed. Results of a Healthy Kent member survey will also provide a perspective from those intricately involved in the initiative. Finally, a discussion of the future of Healthy Kent will preview the decade to come.

# An Idea, A Commitment, A History

## From the Beginning

Healthy Kent 2000 began taking shape in the spring of 1993. Prior to that, in 1991 and 1992, two processes had taken place that set the stage for the Healthy Kent initiative. First, in 1991, was the Kent County Forum on Prenatal and Infant Health, a community-wide initiative to examine infant mortality in Kent County and what could be done to impact it. The Forum brought together the heads of all four of the community's acute care hospitals (at the time Butterworth Health System, Blodgett Memorial Medical Center, Metropolitan Hospital, and St. Mary's Medical Center), the Health Department, and a variety of other agencies who agreed to set aside territorial issues to look at what was best for the community as a whole. The official report of the Forum, *The Kent County Initiative to Reduce Infant Mortality*, not only outlined concrete plans for improving infant health in Kent County, but also demonstrated the effectiveness of collaborative community health planning.

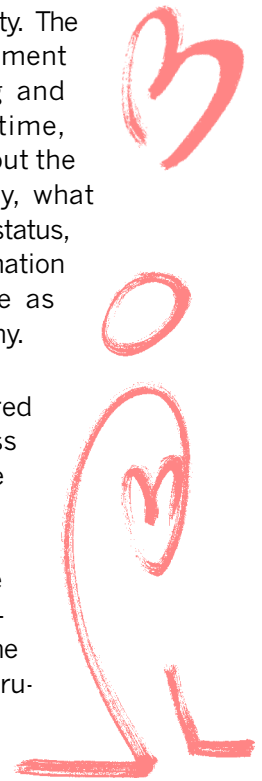
The second process to precede Healthy Kent was the *Healthy People 2000, National Health Promotion and Disease Prevention Objectives*. A publication of the U.S. Public Health Service, *Healthy People 2000* contained more than 300 specific objectives in a variety of categories – community health promotion, child health, disease prevention, clinical screening services, access to health care, occupational health, and more – that communities across the U.S. could use as a guide in developing community-specific health goals. Healthy Kent 2000 was conceived as a mechanism to identify which *Healthy People 2000* goals were priorities for Kent County, and to develop strategies to meet them. With the spirit of collaboration and cooperation fostered by the Forum still in the air, key stakeholders from that project became the core of the Healthy Kent 2000 Community Health Committee. Healthy Kent was now ready to focus on improving the health of Kent County.

## Assessing Community Health

The Healthy Kent 2000 Community Health Committee had its inaugural meeting in November 1993. Like the Forum on Prenatal and Infant Health, the Community Health Committee benefited from broad community representation. Membership included the CEO's of the then four local hospitals, representatives from business, education, the faith community, social services, communities of color, and the community at-large.

While the initial goal of the Committee was to identify health priorities and goals, one of the first tasks was to undertake a comprehensive community health assessment to gather data about Kent County's current health status, and health needs. Over the next year, the Community Health Committee oversaw a comprehensive community assessment process which included three major pieces: a *community health profile* consisting of objective demographic and health status measurements for the Kent County population; a *behavioral risk factor survey* which sampled 600 Kent County adults to gather information about health behaviors; and *community-based focus groups* to gather qualitative information about people's perceptions and experiences with health and health care in Kent County. The results of this yearlong assessment process were both compelling and unprecedented. For the first time, community leaders had data about the health status of the community, what behaviors contribute to that health status, and, from the focus groups, information about what factors people see as influencing their ability to be healthy.

Although the information gathered through the assessment process served in some respects to reinforce what many people already knew, or at least suspected, the Community Health Committee had a definitive foundation upon which to build. After pouring through the results of the assessment, the Committee in February 1995 identified six leading community health problems and priorities.



## Healthy Kent Priority Health Areas

- **Child Abuse and Neglect/Domestic Violence/ Vulnerable Adult Abuse**
- **Community Violence**
- **Infant Morbidity and Mortality**
- **Sexually Transmitted Diseases/AIDS**
- **Chronic Disease**
- **Substance Abuse**

All of these health concerns are linked to clear, risk-increasing behaviors and are substantially preventable on both individual and community levels. The assessment of the community's health is ongoing; a second behavioral risk factor survey was completed in 1997, and other community initiatives have followed Healthy Kent's lead, making community (health) assessment a priority.

### **Building a Foundation**

Throughout the summer and fall of 1995, subcommittees were formed around each identified priority health area to further explore these issues and their underlying causes. Following closer analysis of these health problems, goals and measurable objectives for the Year 2000 were compiled into a single document and released in 1996. Entitled *Building a Foundation*, this report represented what, for the first time, could be thought of as a community health plan for Kent County. The report contained a broad array of goals and objectives for each

priority area, and challenged the community to work together to meet these goals. The report also encouraged community agencies to align their goals to those of Healthy Kent in order to realize significant improvements in the indicators. All residents of Kent County are asked to play a role in improving the health of the community.

### **Implementation Teams**

In 1996, as the "Action Phase" of Healthy Kent was underway, Implementation Teams (I-Teams) were established for each priority health area to further prioritize the Healthy Kent goals and objectives, determine what is currently being done in the community to address them, and expand existing strategies or develop new ones. A further purpose of the I-Teams was to bring individuals together to form partnerships in order to make an impact on the priority health areas. The Implementation Teams represent the point where Healthy Kent and the community intersect.

#### **Healthy Kent Mission**

Healthy Kent 2010 seeks to improve the health and well being of Kent County residents through assessing community health needs and assets, activating a community health plan, and following progress of community action, change, and outcomes of the plan. With other community partners, we will develop the capacities of communities to address and affect their health concerns.

#### **Statement of Values**

Health promotion and disease prevention should be a priority throughout the life-span, with special emphasis placed on educating children about the healthy behaviors vital to promoting good health throughout their lives.

Removing barriers and increasing access to health information and services is critical to ensuring that every individual understands the importance of preventive health care and is able to make informed choices about his or her health behaviors, providers, and care.

Personal beliefs and attitudes as well as broader social and cultural issues should be recognized as key determinants of individual and community health.

Linking with national, state and local initiatives as the voice of the community is essential to achieving Healthy Kent 2010's mission.

# Turning Thought into Action

## Evaluating Implementation Team Progress

As Implementation Teams began to evaluate identified goals and objectives, it became increasingly clear that the Teams could not address all of the indicators in the *Building a Foundation* report. While many of the *Foundation* objectives could not be measured because of a lack of data, others were not clearly linked to a community or health status change. In addition, many of the indicators were morbidity and mortality data and changes would take longer than the then four years remaining until the year 2000 to affect. I-Teams began to look at more intermediate outcomes such as changes in the community or broader systems, new or modified programs, policies, or practices.

Since 1997, each of the Healthy Kent Implementation Teams have modified and reformed the existing goals and objectives, using a standard evaluation model that allowed the Teams to identify gaps in their planning efforts and develop measurable objectives. In addition, in 1997, the two Healthy Kent priority areas related to violence (one being community violence, and the other encompassing domestic violence, child abuse and neglect, and elder abuse) were combined and brought

together under the newly-formed Kent County Violence Prevention Coalition, resulting in five, rather than six, priority health areas.

Because documenting community change requires sharing valuable information and data, community evaluation often involves significant collaboration and negotiation among many different people. While Healthy Kent works to encourage and facilitate the exchange of community health data related to priority health problems, it recognizes that not all change can be quantified.

## Status of Indicators

Healthy Kent monitors the progress of the priority health areas and indicators identified by the Implementation Teams and reports their status using the Community HealthWatch Report Cards. The Kent County Health Department develops the report cards and distributes them widely within the community. Not all of the indicators from the *Building a Foundation* report will be a part of this progress report; rather, two to three indicators for each priority area have been selected and will be discussed here and on the following pages.

## Chronic Disease

### Chronic Disease Implementation Team

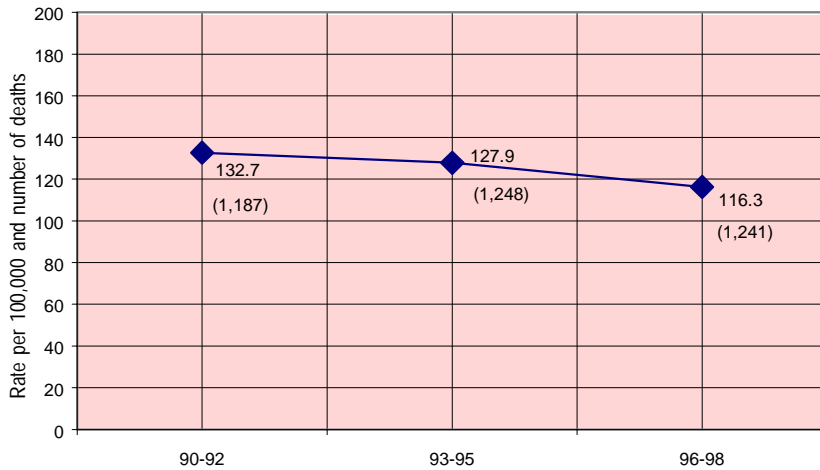
Because of both their high incidence and broad prevalence, the Healthy Kent Chronic Disease Implementation Team chose to focus on four diseases: heart disease, cancer (breast, cervical, colorectal, prostate, and skin), stroke, and diabetes. These four diseases are the top causes of death for Kent County residents.

While reducing and seeing declines in these diseases may take several years, the I-Team recognized that efforts could be made today to reduce risk factors for chronic disease. And further, because some risk factors – smoking, sedentary lifestyle, high-fat diet – increase

the risk for all four of the targeted diseases, impacting the prevalence of one risk behavior can affect the rates of all of the targeted diseases.

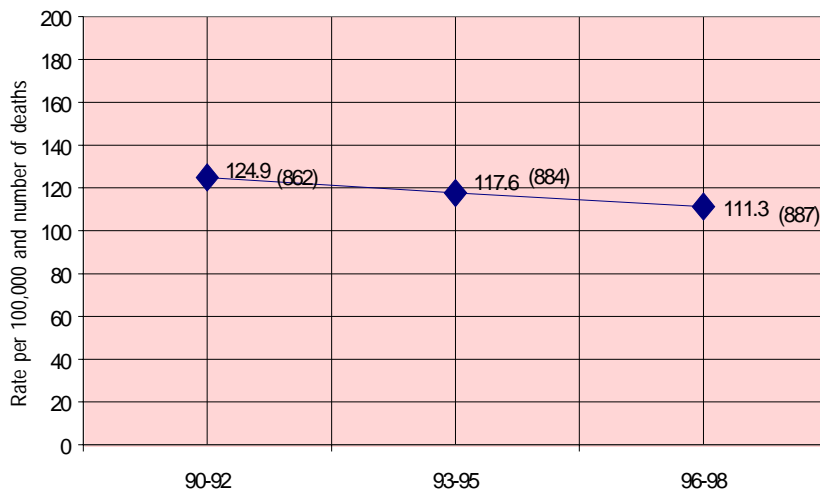
The Chronic Disease I-Team has been working to increase the number of people who undergo regular screenings — screenings for chronic disease, as well as for contributing factors, such as high blood pressure. Early disease detection, coupled with monitoring and treatment, has the best potential to result in improved health and quality of life outcomes and decreased death rates. The Chronic Disease I-Team wants to make early detection a community priority.

## Assessing Chronic Disease in the Community



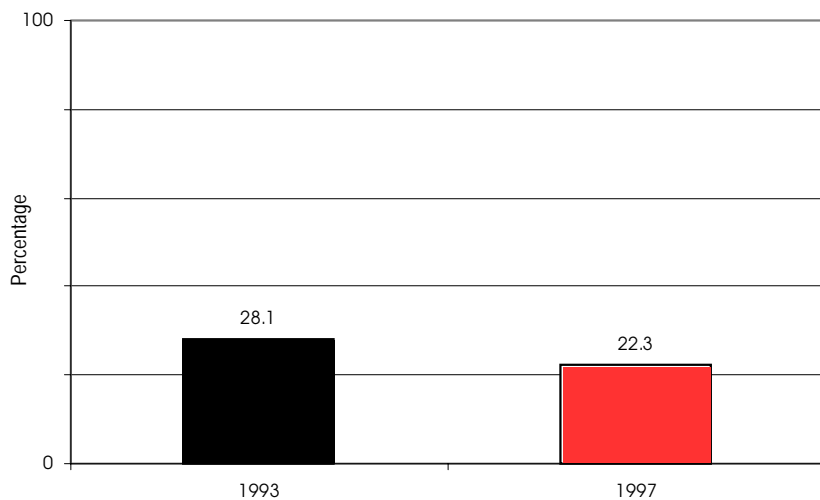
### Heart Disease Death Rate and Number of Deaths, Kent County

In Kent County, heart disease death rates have declined by 12% over the last decade. However, and in spite of this decline, heart disease continues to be the leading cause of death in our County. Heart disease accounts for 31% of all Kent County deaths. The goal for 2010 is to reduce heart disease death rates to no more than 104 per 100,000 Kent County residents.



### Cancer Death Rate and Number of Deaths, Kent County

Cancer is the second leading cause of death in Kent County. Local cancer death rates have decreased by 10% since 1990-92. Early cancer detection programs — such as those offered by the Chronic Disease I-Team — and access to “state-of-the-art” treatment may continue to spur a decline in cancer deaths.



### Tobacco Use in Kent County

Tobacco use remains the leading single preventable cause of death in the United States, causing more than 400,000 deaths per year. Each year smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires *combined*. The elimination of this one behavioral risk factor could greatly improve length of life and savings to every health care system. The 1997 Kent County Behavioral Risk Factor Survey (BRFS) showed a slight drop in current smokers in Kent County from the previous BRFS, in 1993.

# Infant Health

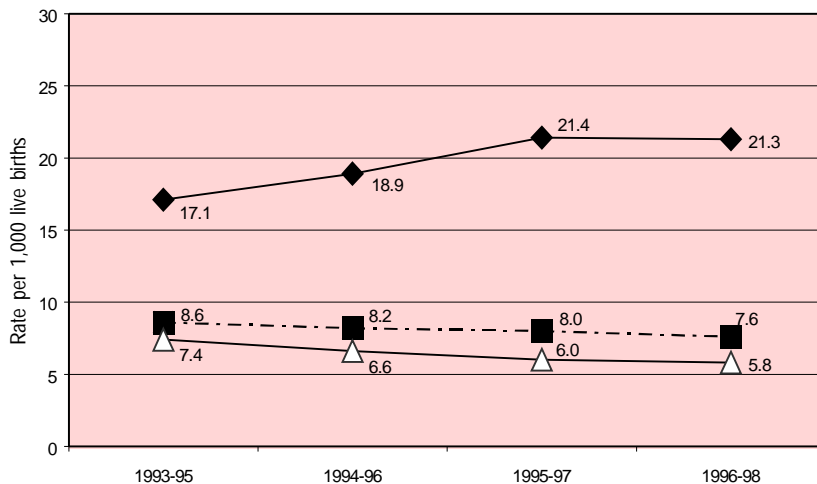
## Infant Health Implementation Team

Infant mortality is a widely accepted indicator of the overall health status of society. In 1991, the Kent County Forum on Prenatal and Infant Health was convened in response to high infant mortality rates in Kent County. At that time the infant mortality rate for African Americans was more than twice the white rate. The Forum report, released in 1992 under the name *The Kent County Initiative to Reduce Infant Mortality*, recommended a health services delivery model built around neighborhood-based clinics that provided a family-centered, coordinated continuum of care. The Healthy Kent Infant Health Implementation Team continues the work began during the Forum, focusing their efforts on increasing access to

and utilization of early prenatal care and teen pregnancy prevention in the African American and Hispanic Communities.

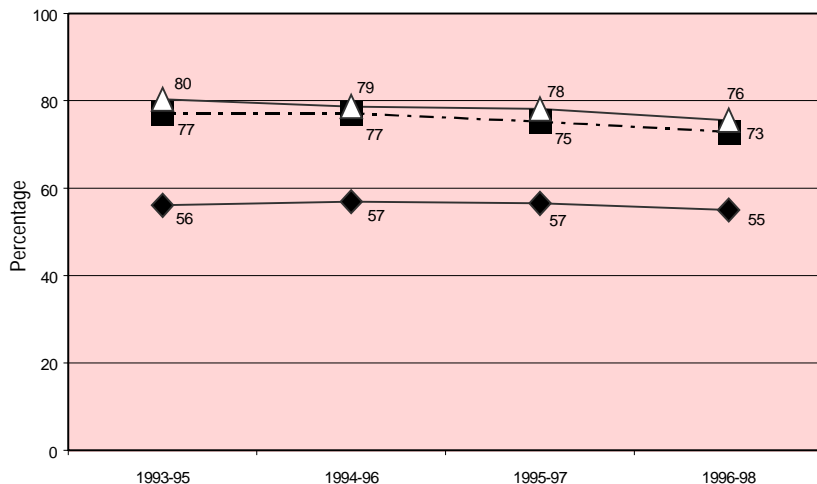
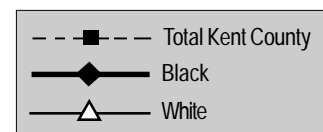
The Infant Health Implementation Team has been working to gather data from its members to develop a more comprehensive picture of infant health in Kent County. Local data has assisted the team in making decisions, identifying gaps in services, and programs needed to fill those gaps. In addition, the Infant Health I-Team has promoted a pregnancy information phone line to teens that is dedicated to pregnancy information and assistance.

## Assessing Infant Health in the Community



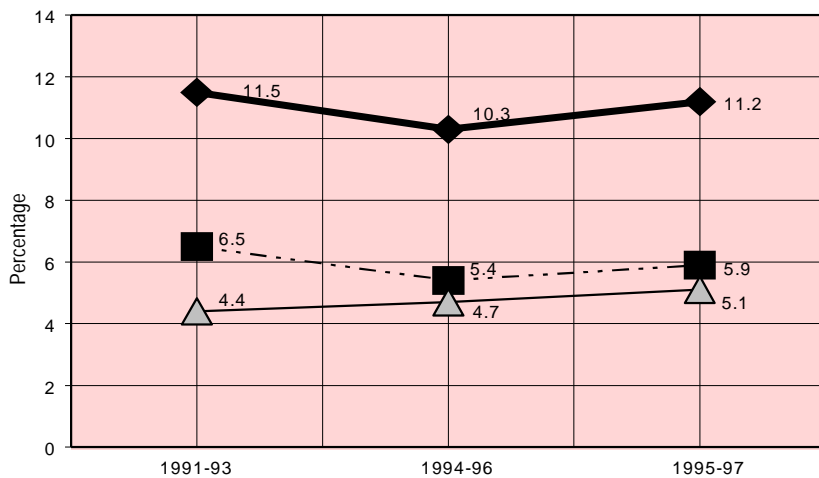
## Infant Mortality in Kent County

Despite continuing efforts, the African American infant mortality rate has not improved, and is currently more than three times as high as the white rate. (Rates of infant mortality for Hispanics and other ethnic minorities are not included due to the statistical unreliability of collected data, according to the Michigan Department of Community Health.)



## Timely Prenatal Care in Kent County

Prenatal care beginning during the first trimester of pregnancy is an indicator of access to care and is associated with healthier birth outcomes. Since 1993, the rate of timely prenatal care has declined overall in Kent County, and black women have consistently reported significantly lower rates than white women. Reducing this disparity in prenatal care would likely help improve black infant health outcomes.



### Low Birth Weight in Kent County

Infants born weighing less than 2,500 grams are considered to be of low birth weight. Although the total percentage of infants with low birth weight in Kent County has been decreasing since 1991, the percentage of black infants with low birth weight continues to be far greater than the percentage of white infants with low birth weight.

## AIDS and Sexually Transmitted Infections

### The STI/AIDS Implementation Team

One of the first activities of the Healthy Kent STI/AIDS Implementation Team was to conduct a resource inventory to determine what education services were currently available for Sexually Transmitted Infections (STI) and AIDS. A survey tool was developed to collect information from agencies providing STI/AIDS education, which identified gaps in services within target populations. To make information about AIDS services more accessible, the I-Team developed business cards listing names and telephone numbers of organizations that provide testing, medical care, and pastoral care for HIV/AIDS. (The cards were printed in both English & Spanish.) A primary goal of the I-Team is to increase the number of Kent County resident's ages 15-24 who seek screenings and testing for sexually transmitted infections in public and private clinics and physician's offices.

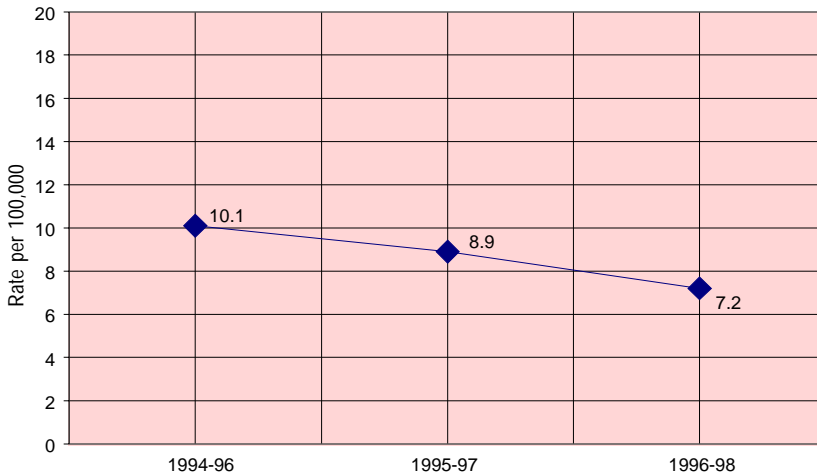
The STI/AIDS I-Team has taken on the role of coordinating local events for both World AIDS Day and National HIV/AIDS Testing Day, with the goal of becoming a vehicle for agencies to work together to bring ideas and resources to events in the community. The I-Team held a community

round table with service providers regarding barriers and solutions to providing STI/HIV/AIDS information, and based on that discussion, sponsored two information sessions for nurses on HIV and AIDS (*Impacting the Client's Risk for HIV, Sexually Transmitted Infections and Alcohol and Other Drug Abuse* and *HIV/AIDS and Other Sexually Transmitted Infections - An Informational Session for Service Providers*.) Over 50% of the providers attending reported they had never before received any type of education on STIs or AIDS.

To address the issue of substance use and its impact on people's risk of infection with Hepatitis B Virus, Hepatitis C Virus, and HIV, the STI/AIDS I-Team took a leadership role in the development of a resolution to support locally-based Harm Reduction activities. The resolution has been used to create awareness in the community about the components of harm reduction and to support the implementation of harm reduction strategies for persons and agencies in Kent County. Healthy Kent's Substance Abuse I-Team and Infant Health I-Teams also supported the resolution, as did the Healthy Kent Steering Team.

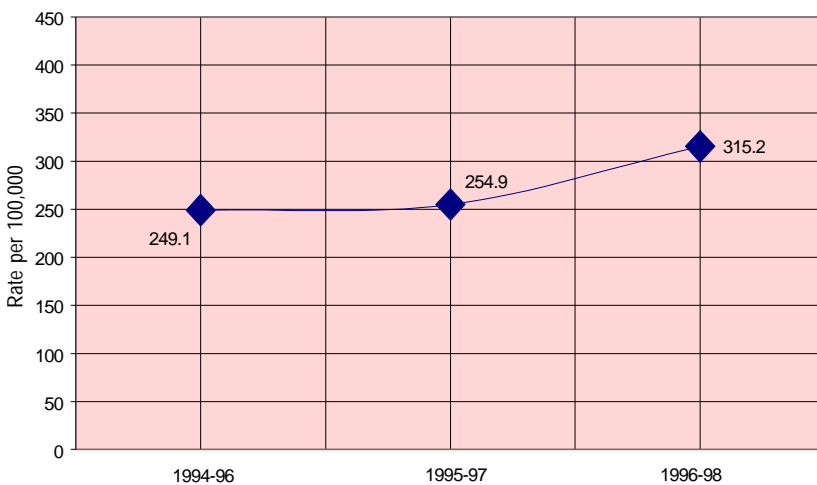


## Assessing AIDS and Sexually Transmitted Infections in the Community



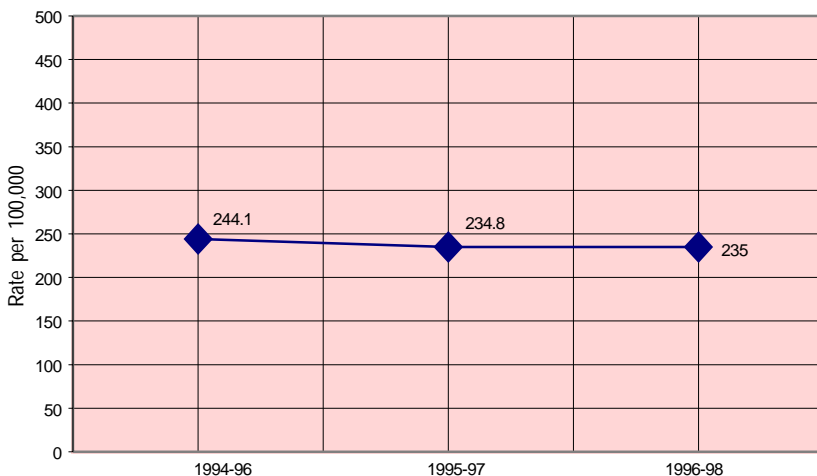
### AIDS: Rate of Cases in Kent County

The rate of new cases of AIDS has declined approximately 30% since the early 1990's, due in large part to new and effective medical treatments for HIV, the virus that causes AIDS. While there has also been a decrease in the number of HIV cases reported, prevention continues to be a priority.



### Chlamydia: Rate of New Cases

The increase in the new case rate of Chlamydia may be partially explained by better reporting of the disease by health care providers, and improved tests that are more sensitive in detecting the disease. In addition, increased awareness among providers and in the community has likely contributed to an increase in the number of people being tested.



### Gonorrhea: Rate of New Cases

Consistent with national trends, the rate of new cases of Gonorrhea has declined nearly 50% from 1990 to 1994-96. It has remained relatively stable since.

# Substance Abuse

## The Substance Abuse Implementation Team

When Healthy Kent first convened focus groups, in 1994, participants from most of the populations targeted characterized substance abuse -- the abuse of both alcohol and other drugs -- as a common and a serious health problem. Many participants recognized the interrelationships between substance abuse and other community health problems including violence, sexually transmitted infections, chronic disease, and infant health -- problems that were subsequently identified as Healthy Kent priorities. A number of focus group participants indicated that a healthy community would be one in which alcohol and other drugs were less accessible.

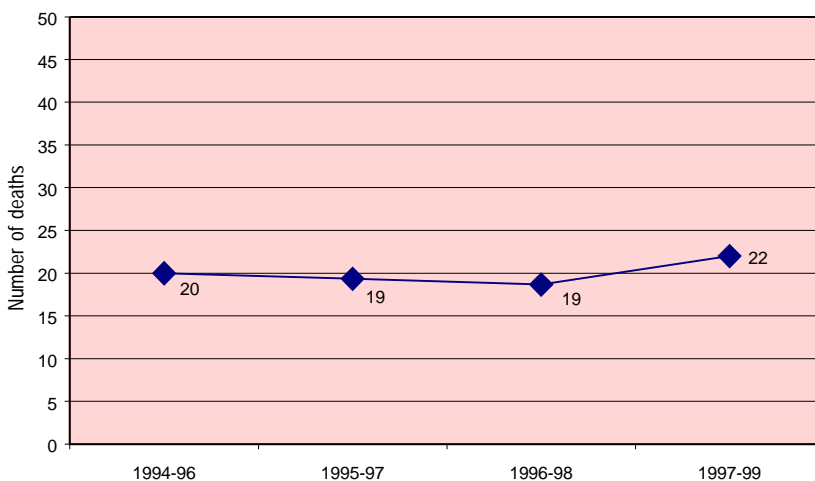
In order to gain a better understanding of the substance abuse services system, the Healthy Kent Substance Abuse Implementation Team developed a needs/asset assessment matrix of substance abuse services. Sixty-six providers were surveyed with a 92% response rate. The matrix pinpointed several key gaps in services including a low number of inpatient residential and social detox services, especially for indigent clients. In addition, the survey revealed few social support services such as

emergency shelter and transitional and permanent housing services especially for indigent clients. The assessment results were substantiated by two focus groups of inpatient and outpatient social workers from Kent County's acute care hospitals.

The I-Team has also produced a promotional packet for employers and human resource managers which included (1) statistics and a description of the impact (financial, legal and otherwise) that alcohol abuse and drinking and driving have on the workplace, (2) resources and referral lists, (3) sample policies, and (4) testimonials and statements from victims. The packet was distributed to over 3000 businesses in collaboration with the Grand Rapids Areas Chamber of Commerce and MADD.

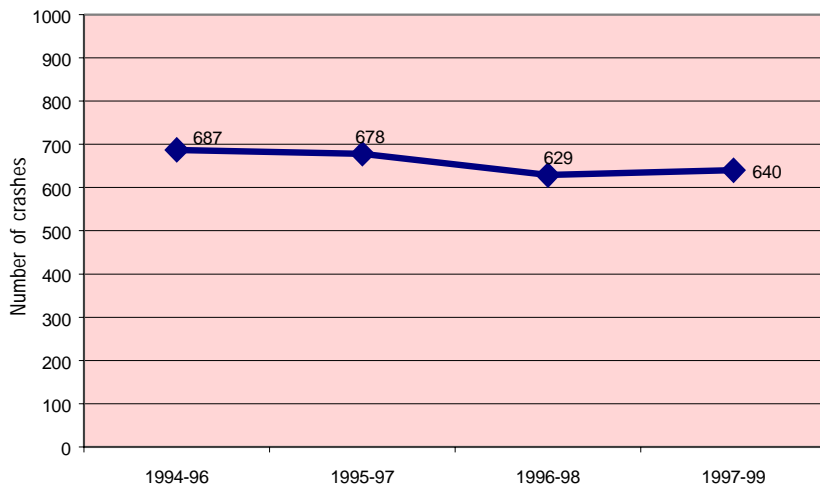
In addition, the Substance Abuse I-Team continuously promotes community awareness about the impact of substance abuse. Some events promoted by the team include: National Alcohol Screening Day, "Designate a Driver" campaign, Native American Walk for Sobriety, and an annual conference on Fetal Alcohol Syndrome.

## Assessing Substance Abuse in the Community



## Alcohol-involved Motor Vehicle Crash Deaths, Kent County

The average number of alcohol-involved motor vehicle crash deaths remained relatively stable through the mid-1990's in Kent County. Although there has been an overall decline in the number of alcohol-involved crashes and injured persons, recent data indicated there has been an increase in the number of deaths from alcohol-involved crashes.



### Alcohol-involved Motor Vehicle Crashes, Kent County

Alcohol-involved motor vehicle crashes have a tremendous impact on health, finances, and productivity and impose an enormous hardship on the injured and their families. Despite an increase in the last three years, the average number has declined overall during the last six years. However, alcohol and/or other drug involvement in non-fatal crashes is often unreported, and are believed to be greater than these data indicate.

## Violence

### The Kent County Violence Prevention Coalition

The identification of violence as a community priority originally encompassed four distinct areas: child abuse and neglect, domestic violence, vulnerable adult abuse and neglect, and community violence. Although there were originally two Healthy Kent subcommittees working on violence goals and objectives in these areas, it became increasingly apparent that violence could not continue to be viewed as separate issues. Substance abuse, stress, poverty, racism, self-esteem, among others, are all related to violence and need to be impacted simultaneously if there is to be any hope of reducing violence.

In 1996, with funding from the Michigan Department of Community Health, the Kent County Violence Prevention

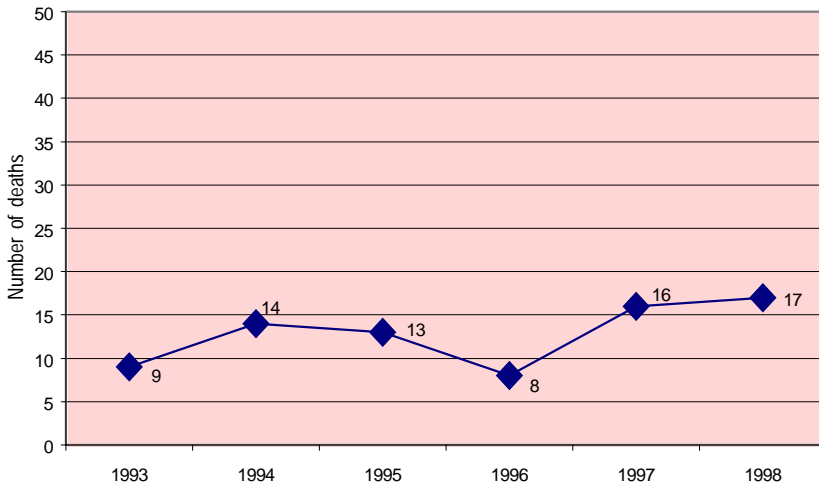
Coalition was established as an outgrowth of Healthy Kent 2000. Functioning as the Violence Implementation Team, the Coalition works to address all violence priorities identified by Healthy Kent. This “I-Team” has successfully established a presence in the community with a 13-member steering group and nine action teams focusing on different violence and coalition issues including Safe Neighborhoods, Gun Violence Prevention, Sexual Assault Prevention, Domestic Violence Prevention, and Youth. Additionally, the Coalition has sponsored a variety of conferences, workshops and trainings around violence prevention related topics. The Kent County Violence Prevention Coalition has approximately 150 members representing 85 local agencies and organizations.

### Healthy Kent Mini-Grant Program

One of the most successful ways Healthy Kent Implementations Teams have engaged the community to address priority health problems is through the creation of a mini-grant program. Begun in 1996 with the Violence Prevention Coalition, the Healthy Kent mini-grant program was expanded over the years to include Cardiovascular Disease Prevention, Infant Health, and Alcohol-Impaired Driving Prevention. The Mini-Grant program strives to (1) build capacity of

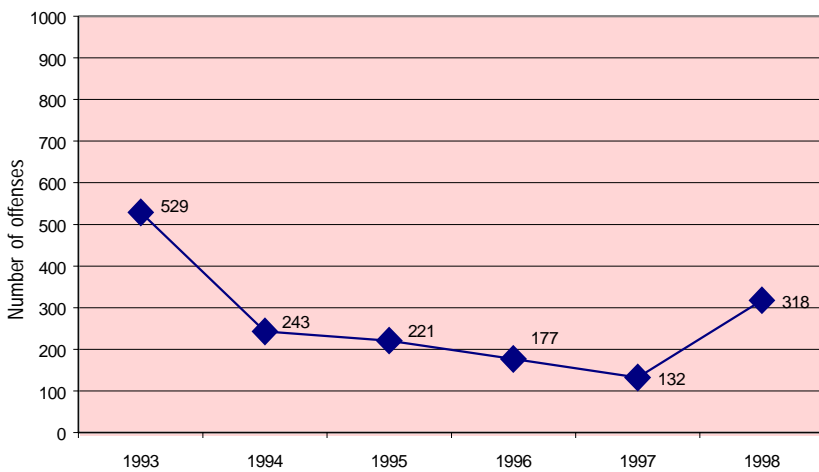
community organizations to plan, implement, and evaluate programs, (2) encourage and support community-based efforts to address priority health issues, and (3) encourage collaboration, networking, and information sharing, to improve the health of Kent County residents. The mini-grant model was also used to implement community-based minority health interventions in Kent County using a grant from the state Office of Minority Health.

## Assessing Violence in the Community



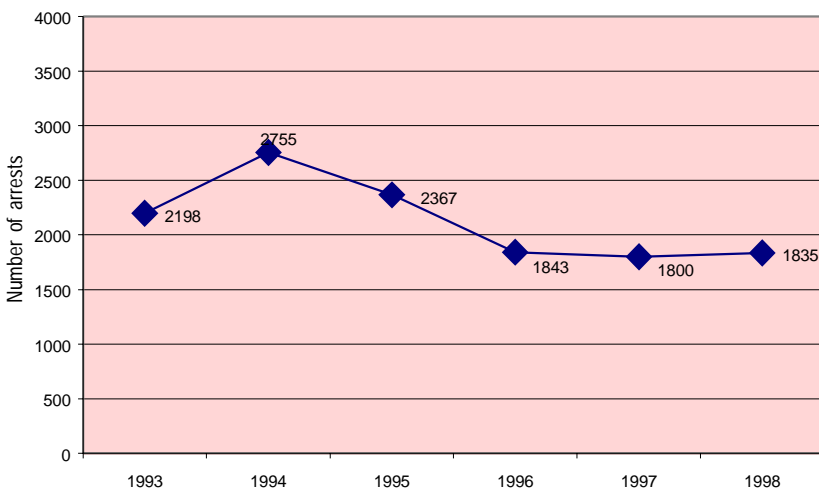
### African American Male Homicide, Kent County

African American males comprise approximately 4% of Kent County's population but in 1998 accounted for 57% of Kent County homicides. When rates are computed based on the proportion of white and African American males in Kent County, African American males experience rates of homicide 20 times greater than white males.



### Sexual Assault Offenses, Kent County

Although reports of sexual assaults have increased in the last year; there has been an overall decrease in reports in the last five years. However, as is always the case with sexual assault data, it is difficult to determine if the numbers reflect an increase in reporting or an actual increase in the number of sexual assaults.



### Juvenile Crime Index (Arrests), Kent County

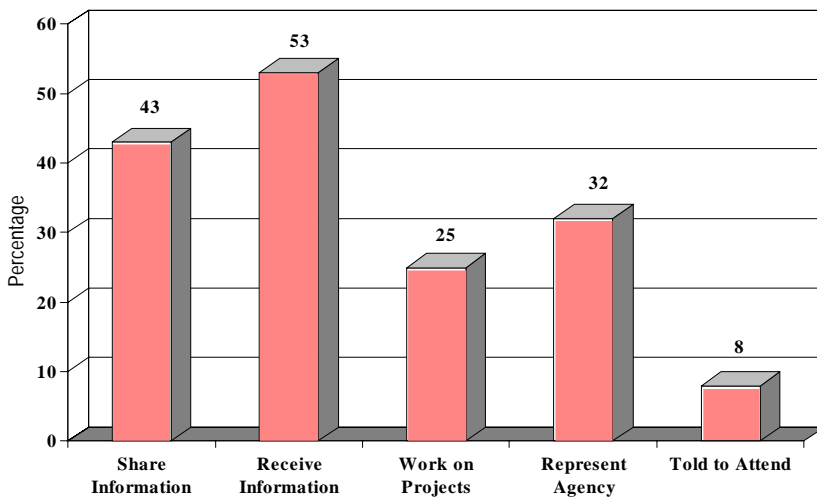
The Juvenile Crime Index reflects eight offenses (murder, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson) that are designated index crimes because of their "seriousness and frequency of occurrence." Based on their proportion of the population, juveniles' ages 0-16 in Kent County are committing violent acts at a greater rate than adults.

# The Value of the Healthy Kent Process

## Implementation Team Survey

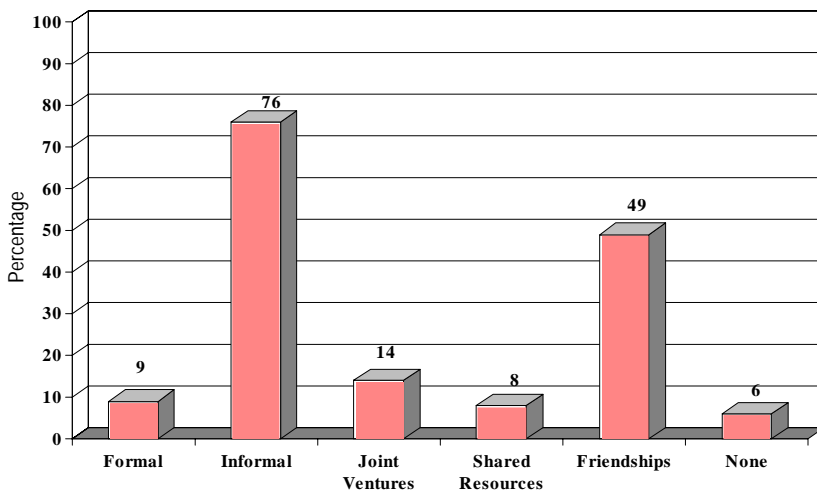
Several attempts have been made to take the pulse of Healthy Kent participants — to find out what things they think are working, and what needs to happen to be more effective. In preparation for this progress report, a survey was sent to all members of the Implementation Teams, the Kent County Violence Prevention Coalition, as well as to the members of the Healthy Kent Steering Team. Of those responding, 72% indicated they had been members of Healthy Kent between 0 and three years.

The types of organizations that Healthy Kent members represent include human service providers (23%); hospitals and clinics (17%); neighborhood organizations (5%); faith-based organizations (4%) and “other” (35%). The majority of the surveys returned were from the Violence Prevention Coalition (39%), followed by Substance Abuse (19%), Infant Health and STI/AIDS (both at 11.4%), Chronic Disease (10%), and the Steering Committee (9%).



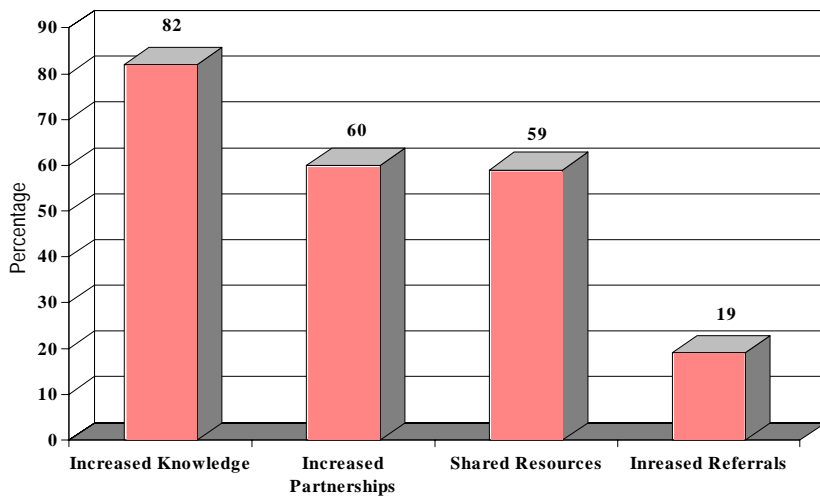
### Why do you attend Healthy Kent meetings?

The top two reasons people attend Healthy Kent meetings are to receive information and to share information. Healthy Kent is seen as a vehicle to learn about what is happening in the community, information critical in developing new projects or reaching new populations.



### Have you (or your agency) formed new partnerships as a result of your participation in Healthy Kent?

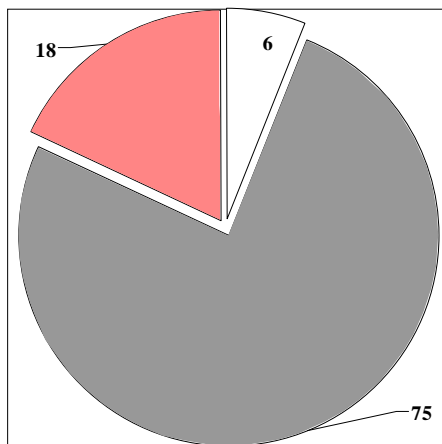
Organizations working in different areas need to work together to address health priorities at multiple levels, including developing strategies designed to: 1) change community attitudes and norms; 2) encourage the adoption of healthy behaviors in individuals; and 3) facilitate the adoption of laws and policies. The Healthy Kent process has facilitated partnerships among members that have been for the most part informal (76%). However 23% of those responding have formed joint ventures and are formal. Nearly half (49%) of Healthy Kent participants reported forming new friendships, another positive result of community collaboration.



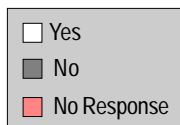
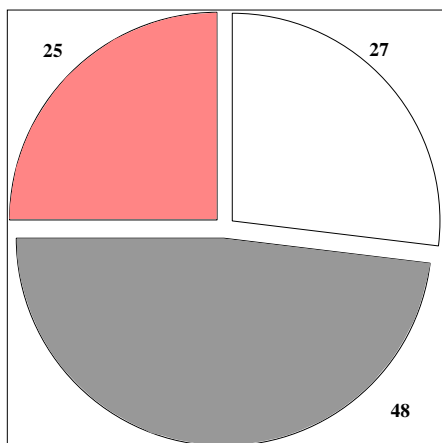
### How does being a member of Healthy Kent add value to your work?

The primary value that Healthy Kent brings to members' work is increased knowledge. Members found nearly equal value in increased partnerships and shared resources as a result of Healthy Kent, and, it should be noted, nearly 20% of respondents have seen an increase in referrals resulting from their involvement in Healthy Kent. Clearly, as ideas are shared and knowledge about what others are doing increases, collaboration is both more likely and easier.

### Has your agency changed policies/procedures as a result of information received through Healthy Kent?



### Has your agency incorporated Healthy Kent goals into your strategic plan?



### Incorporating Healthy Kent priorities into organizational activities

When Healthy Kent released the *Building a Foundation* report, there were several assumptions as to how the goals and objectives would be utilized in the community. The first assumption was that sustained action requires community and neighborhood ownership and participation. Secondly, that community and neighborhood commitment leads to relevant activities. The third assumption was that major decision-makers (elected officials, funders, community leaders, community organizers) who understand the rationale for community and neighborhood ownership will support these community health activities. The two charts at left suggest that owning the goals and objectives of Healthy Kent has not been fully achieved and, further, that our community has not totally embraced the priorities identified.

# Evaluating the Healthy Kent Initiative

## The Healthy Kent Process

An unresolved question about the use of coalitions in health promotion is the extent to which they represent effective and efficient means of addressing community health problems. Little information on community changes resulting from coalition activities is available, and methods for evaluating community changes resulting from coalition activities are also not fully developed. Consequently, accurately assessing the accomplishments, let alone measuring the impact, of Healthy Kent has been challenging.

Initially, Healthy Kent 2000 identified morbidity and mortality indicators to track progress on addressing the five priority health areas. However, aside from the occasional statistical “blip,” morbidity and mortality rates modulate slowly, often taking years or generations to reveal a changing trend. Recognizing the need to be able to demonstrate short-term changes, a program planning and evaluation model was incorporated into the Implementation Team’s strategic plans. Using this planning model, I-Teams developed two goals, outcome objectives, and strategies. While the first level of goals are the long-range goals outlining changes in morbidity and mortality, the second level of goals address more immediate results: changes in knowledge, attitudes, and behaviors of groups to which interventions are targeted, as well as changes in community policies and norms. Outcome objectives address changes in types and levels

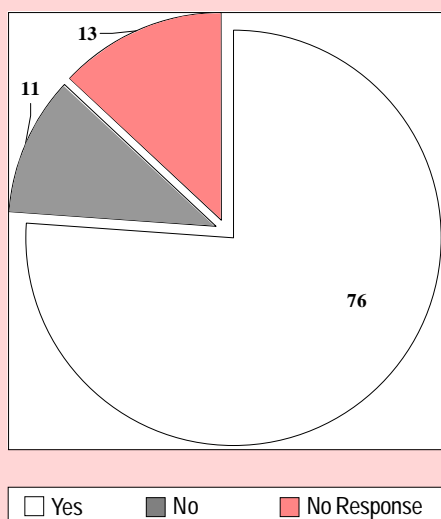
of services offered in the community, while specific strategies outline what the I-Team will do to achieve the goals and outcome objectives.

## Strengths and Accomplishments

The Healthy Kent process has accomplished several things, not the least of which is establishing a forum for, and ongoing dialogue among, some 300 individuals and community organizations who are actively working to improve the health of Kent County. Through this process, and because of it, Healthy Kent has been able to gather community input, foster collaboration, and be a catalyst for change.

Healthy Kent has raised the level of awareness in our community, educating citizens, leaders, and policy makers about critical health priorities: health disparities in our community such as the infant mortality rate among the African American and Hispanic populations, the homicide rates of African American males, and most recently, health disparities in the older adult population. By creating awareness, Healthy Kent has motivated and mobilized the community to take action.

But Healthy Kent’s accomplishments have also been seen in tangible activities designed to inform, educate, and advocate: annual conferences on violence and substance abuse, trainings and community discussion sessions, and



## Developing Local Health Data

Throughout the initial meetings, most evident was the lack of comprehensive data available in many of the topic areas. This was due in part to the lack of coordination among agencies that collect data. Similarly, there was little consistency among the categories of data collected by various agencies. Healthy Kent has recognized that enhancing data collection, tracking indicators, assessing effectiveness of services and focusing interventions could be achieved if data were shared. Seventy-six percent of the Implementation Team survey respondents indicated that they would be willing to share their agency data with other Healthy Kent members. This is good news and now requires that the systems be in place to solicit the data and report back the findings. Shared community data will assist the I-Teams in making decisions that are based on data.

targeted health interventions to reach out to vulnerable populations; things achieved through collaboration that might otherwise have not been done.

But what is perhaps the most significant accomplishment of the Healthy Kent process encompasses all of the other accomplishments, and at the same time gives rise to more. The understanding of what must be done to realize real and lasting improvement in the health of our community has never been higher. Healthy Kent has raised our community's awareness of critical indicators of community health, of the value of community health assessment, and of the *need* to collaborate and cooperate. In short, Healthy Kent, by its very nature, has lead the way to community health.

## Challenges

**Sustainability.** As mentioned previously, the extent to which organizations have taken hold of Healthy Kent in their own agency has been limited. In order for Healthy Kent to impact the priority health areas, the community must take a part. Too often, Healthy Kent is viewed as a program of the Kent County Health Department. Although

the Health Department administers the initiative and provides staff support and in-kind expenses, Healthy Kent is working to become a truly community-based organization. In order to move successfully in that direction, Healthy Kent needs more individuals and/or agencies to step forward with a commitment of support — whether that is funding or the simple use of meeting space. Healthy Kent has benefited from the participation of over 300 agencies and individuals, each of whom has made a unique contribution. However, in order to sustain the effort, our community must see Healthy Kent as a valuable process and commit resources to sustain it.

**Financial.** Over the past seven years, Healthy Kent has been privileged to receive funding grants from the Steelcase Foundation, Spectrum Health (formerly Butterworth Hospital), the Family Independence Agency, and the Michigan Department of Community Health. However, recent attempts to raise additional local dollars have been unsuccessful. The Kent County Health Department administers Healthy Kent bringing to the table staff, materials, supplies and other internal resources, an estimated contribution of \$250,000 a year.

## Reassessing the Vision

In 1998, the Steering Committee undertook a re-visioning process for the initiative. There was a feeling among members that Healthy Kent needed to look at what had been accomplished as well as what needed to be done; there was a need to reexamine both vision and direction.

A consultant was enlisted to facilitate strategic planning sessions to explore Healthy Kent's current reality and attempt to reach consensus on how to best move Healthy Kent 2000 toward its vision. Over 60 Healthy Kent members attended the strategic planning workshops. When asked to rate on a scale of 1 to 10 (1=not at all healthier, 10= a lot healthier) how much impact Healthy Kent 2000 has had on improving health in Kent County, members gave a rating of 1.5 to 2. It was clear that Healthy Kent was not having the impact that was hoped for when people joined the effort. With input from members of the I-Teams and Steering Team, four new Resource

Teams were formed to support infrastructure and address issues that affected the whole of the Healthy Kent organization: Advocacy, Communications, Finance, and Program Planning and Evaluation. In addition, membership of the Steering Team was expanded to incorporate the Chairpersons of each Implementation team as full voting members, strengthening the linkage between the Steering Committee and the I-Teams.

Healthy Kent has now set out to broaden its focus, hoping to move from the initial "health care" approach to embracing a "healthy communities" approach. From this perspective, health outcomes are seen as the product of complex interaction of factors rather than of individual factors operating in isolation. More important, a "healthy communities" orientation seeks to build partnerships with people from fields beyond those traditionally encompassed by a medical or health care model.



# The Year 2010 and Beyond

## **The Future of Healthy Kent**

There has been resurgence in the work of Healthy Kent that resulted from the restructuring of the organization. Attendance has been increasing among the Implementation Teams and their plans have taken shape with more measurable outcomes and appropriate budgets. The Steering Committee meetings are having exceptional participation and members are engaging in discussions that are meaningful in relationship to policy and practice. Healthy Kent is moving toward our mission of improving the health of Kent County residents.

## **Communication**

Healthy Kent recognizes the value of communicating with the community and so is pursuing the development of a Healthy Kent web site. The creation of a web page requires specific expertise, which was found in working with the Community Media Center. A site domain has been registered, [healthykent.org](http://healthykent.org), and the site is expected to be on-line early in 2001. The potential for the web site is nearly endless, and it could evolve into a community hub for discussion, opinion survey, information and data sharing, and community dialogue. The development and maintenance of the web site will be a shared responsibility between the I-Teams and the Kent County Health Department.

## **Advocacy**

Healthy Kent's role as a community health advocate has been a frequent topic of discussion. In 1998, the Steering Committee agreed that advocacy is one of the primary purposes of Healthy Kent. Healthy Kent has agreed that the organization should take a stand on issues related to the five priority areas, if appropriate, if the issue is supported by science (i.e., harm reduction), or if the issue is related to a primary goal of Healthy Kent (i.e., access to care). In all cases, Healthy Kent may advocate on issues that would focus on creating an environment that supports Healthy Kent's priorities and goals. Continued advocacy on issues can assure that Kent County residents have access to needed services, and at the same time, bring about change in community health norms, health care policies, or even attitudes and values.

As always Healthy Kent is a leading advocate on access to care issues. Removing barriers and increasing access to health information and services is a statement of value that was identified during Healthy Kent's inception. Access is critical to ensuring that every individual understand the importance of preventive health care and being able to make informed choices about health behaviors, providers, and care. Medicaid managed care has posed significant challenges to the health care system locally, and across Michigan, and access to care issues are in the forefront.

In addition, Healthy Kent has continued to be an advocate in the area of health disparities by drawing attention to the health disparities that exist within our community. Highlighting data in special Health Reports, the HealthWatch Report Cards, town meetings, and the media, Healthy Kent has brought increased attention to the many health disparities related to infant mortality, violence and homicide, and chronic disease in older adults.

## **Community Participation**

For Healthy Kent to truly impact and improve the health of Kent County, the citizens of Kent County must be represented in all that Healthy Kent does. We need the grandmother in the neighborhood talking about putting babies to sleep on their back. We need teens telling other teens about the dangers of smoking. We need pastors talking from the pulpit about early detection for cancers and other diseases. Change won't happen unless we reach the place where people live. And further, change must be citizen driven; from the community up, not the top down. The change process needs to be inclusive, not exclusive, with opportunities for involvement in all levels of activity — creating a vision, planning, prioritizing, deciding, and evaluating. Healthy Kent will be successful only to the degree our community is a part of Healthy Kent. Healthy Kent is a community health initiative. It belongs to everyone, and anyone can be a part of it. But Healthy Kent will only make a difference when our community is committed to change.

# Healthy Kent Community

## Leadership in Healthy Kent

Healthy Kent wishes to acknowledge the commitment of the following individuals who have served as Chairs of Healthy Kent:

The following individuals have given generously of their time and energy to serve as Chairpersons of Healthy Kent Implementation Teams:

### Dr. Douglas Mack

Kent County Health Department

### Substance Abuse Implementation Team

Gary Seech

### STI/AIDS Implementation Team

Diane Kimoto  
Walter McVeigh

### Reverend Robert Dean

Grand Rapids Public Schools

### Chronic Disease Implementation Team

Julie Lundvick  
Linda Heine  
Lori Pearl-Kraus

### Virginia Moralez

Clinica Santa Maria

### Kent County Violence Prevention Coalition

Deb Zondervan  
John Gussenbauer

### Shirley Perkins-Daniels

Grand Valley State University

### Infant Health Implementation Team

Peggy Lawrence Burns  
Michelle Scott  
Joyce Durr  
Julie Bonewell

### Dr. Thomas Peterson

Michigan Medical, P.C.

## Community Participation

The names below reflect the numerous organizations and individuals that are or have been part of Healthy Kent during the past seven years. This is Healthy Kent's greatest strength, if not its greatest accomplishment. Healthy Kent extends a special thank you to each of you for your commitment and participation.

61<sup>st</sup> District Court

Advantage Health

Arbor Circle

Alliance for Health

African American AIDS Coalition

American Association of Retired  
Persons

Area Agency on Aging of Western  
Michigan

American Cancer Society

American Lung Association

American Heart Association

AIDS Resource Center

American Red Cross

Asian Center of West Michigan

Alternative Rehabilitation Services

Baxter Neighborhood Association

Blue Cross/Blue Shield of Michigan

Blue Care Network

Black Perspective Communications

Booth Clinic

Burger King

Brown's Funeral Home

Browning Claytor Health Center

Catholic Schools Multi-Cultural  
Task Force

Camp Fire Boys & Girls

Calvin College

Clinica Santa Maria

City of Grand Rapids

Cedar Springs Public Schools

Cedar Springs Health Action Team

Catholic Social Services

Cherry Street Health Services

Creston Neighborhood Association

Catherine's Care Center

Child and Family Resource Council

Cook Research Institute

Community Media Center

Coalition on Sexual Exploitation

by Helping Professionals

Cuneo & Company LLC

Creative Communications Centre

Children's Assessment Center

Children's Law Center

Denise Logan, D.O.

DeVos Children's Hospital

Diabetes Outreach Network

Dispute Resolution Center of W MI

Dwelling Place of Grand Rapids

East Hills Athletic Club

Eastown Community Association

FAS Advisory Committee

Forest View Mental Health

Forest Hills Public Schools

Family Outreach Center

Ferguson Hospital

Family Talk

Family Independence Agency

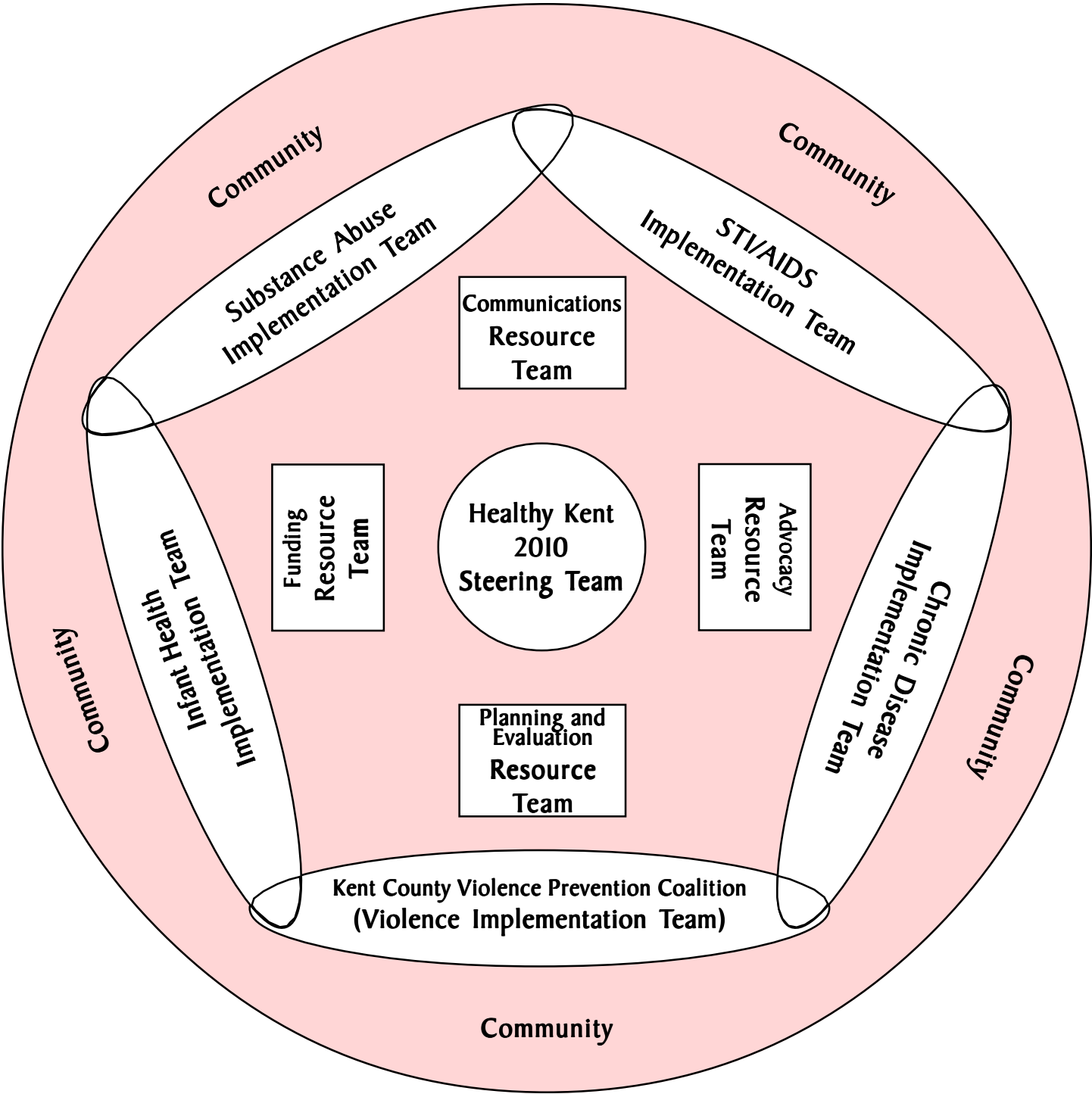
Fountain Street Church

Grand Rapids Area Chamber of  
Commerce

Grand Rapids Police Department

Grand Rapids Community Clinical Oncology	Kent County Health Department	Pathfinder Resources
Grand Rapids Public Schools	Kent County Medical Society	Psychology Associates
Greater Michigan March of Dimes	Kent County Probate Court	Public Inebriants and Dual Diagnosis Task Force
Grand Rapids Medical Education & Research Center for Health Professionals (MERC)	Kent County Circuit Court Family Division	Ramoth House
Grand Rapids Community College	Kent County Juvenile Court	Real Health
Grand Rapids Dominican Sisters	Kent County Victim Witness	Reflections Unlimited
Grand Community	Kent County Prosecutors Office	Recuperation Center
Grand Rapids Community Foundation	Latin American Services	South East End Neighborhood Association
Grand Rapids REACH, Inc.	Legal Aid of Western Michigan	South West Area Neighborhood Association
Grand Valley State University	Life Guidance Services	Second Harvest Gleaners
Grand Valley Health Plan	Lesbian & Gay Network	Steelcase Foundation
GRACE	Lori Pearl-Kraus	Steepletown Neighborhood Services
Grand Rapids Urban League	Longford Care Unit of Kent County	St. Mary's Mercy Health Center
Gerontology Network	Mamerlund Lutheran	Spectrum Health
GM Local 1231	Marne United Methodist Church	Silent Observer
Gerald R. Ford Council	Mass Mutual	TIME Youth Ministry
Hall's Gospel Production	McAuley Health Center	Touchstone Innovare
Head Start	Metropolitan Hospital	The Salvation Army
Heartside Ministry	Michigan AIDS Fund	The Wellness Center
Heartside Clinic	Michigan Medical PC	The Delta Strategy
Heart of West Michigan United Way	Midtown Neighborhood Association	Turning Point
Hope Network	MOMS Program	United Methodist Community House
Home Health Services	Mel Trotter Ministries	United Methodist Metro Ministry
Hospice Of Greater Grand Rapids	MSU Center for Urban Affairs	Visiting Nurse Extra Care
HIV/AIDS Services	Native American Prevention Services	Voices For Health, Inc.
Health & Safety Associates	National Kidney Foundation	Mr. Walter McVeigh
HumanCo Resources Inc.	Neighbors of Belknap Lookout	West Michigan Ronald McDonald House
Interdenominational Ministerial Alliance	New Life Fellowship Church	Wedgwood Christian Youth & Family Services
Institute for Global Education	North Kent Parenting Project	Wyoming Public Schools
Job Corps	North Kent Service Center	Wyoming Police Department
Kentwood Police Department	Norbill Associates	West Grand Neighborhood Association
Kelloggsville Public Schools	Office of Children, Youth, and Families	West Michigan Environmental Action Council
Kent Intermediate School District	Office of Catholic Schools	West Side Health Center
Kent County Board of Commissioners	Office of Hispanic Ministry	West Side Beer Distributing
Kent County Community Mental Health	Pregnancy Resource Center	YWCA Counseling Center
Kent County Medical Society Alliance	Priority Health	YMCA
Kent County MSU Extension	Prison Fellowship – Network for Life	Healthy Kent apologizes for any accidental omissions from this list.
	Pulse Plus	
	Pine Rest Mental Health Services	
	Project Rehab	
	Planned Parenthood Centers of West Michigan, Inc.	

# Healthy Kent Organization



# Notes

## Publication Information

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## Produced by Healthy Kent 2010

Barbara Hawkins Palmer, Coordinator

With assistance from the Kent County Health  
Department, Assessment and Assurance Section.

Data and Graphing: Julie Payne

Design and layout: Michael Mullet



Healthy Kent 2010  
700 Fuller N.E.  
Grand Rapids, Michigan 49503  
(616) 336-2221