Assessing Community Efforts to Address Key Health Issues in Kent County, Michigan

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The U.S. Chamber of Commerce Foundation Corporate Citizenship Center
Executive Summary

The U.S. Chamber of Commerce Foundation (USCCF) Corporate Citizenship Center has partnered with Amway to provide insight to community health stakeholders in Kent County, Michigan on how they can better address the challenges of maternal health, child health, nutrition, and food security (“key health issues”) in Kent County.

To accomplish this, USCCF first identified best practices in partnerships, community health program design, and data measurement and sharing. Models such as Collective Impact, Community-Based Participatory Research (CBPR, and Intervention Mapping (IM), as well as best practices from other health resources, serve as a strong foundation upon which community health activities in Kent County can be built to optimize their outcomes.

Next, interviews conducted with stakeholders doing programming and research in the key health issues in Kent County reveal the great dedication that area organizations have to improving health conditions for residents. However, challenges exist when it comes to connecting programs to broader outcomes in the community, data sharing between organizations, and creating agreed-upon definitions to better align community health efforts.

In October 2017, Amway hosted the Kent County Nutrition Summit to bring together community health stakeholders to discuss Kent County’s challenges in community health and how to solve them. The event, covering health programs and data, highlighted the need for collaborative work and outlined ways that the stakeholders could unite to better achieve their goals.

Based on best practices, combined with insights from the interviews and Amway’s Kent County Nutrition Summit, it is proposed that a Collective Impact-oriented coalition be created to establish a common agenda to achieve community health goals. Two sub-coalitions, one for maternal/child health and another for food security/nutrition, would address a specific sub-agenda determined by each group. The Essential Needs Task Force’s (ENTF) Food/Nutrition Committee could be folded into this coalition and serve as the food security/nutrition sub-coalition, though modifications per these best practices would need to occur to enhance its effectiveness. A separate organization (i.e., a backbone organization) would be founded to organize and coordinate the coalition’s activities.

In terms of data measurement, partners would use shared measurement, and collaborate to develop health indicators that are evidence based, limited in number, and clearly defined. Measurement and evaluation would then be overseen by the backbone organization. One or more of Kent County’s area universities would be ideally suited to lead data measurement activities for a coalition given their data measurement expertise, sustainable funding models, ongoing measurement involvement in the key health issue programs, and flexibility to be more responsive to a community collective’s needs, instead of those of a county or state. Partners with the most health data to share may be best positioned to provide an outline for data agreements and structure for data management.

Kent County has solid partnerships and initiatives to improve the key health issues in the region. By incorporating Collective Impact and community health best practices into these efforts, Kent County’s health partners can more efficiently and effectively further their movement to achieve the county’s health goals.
Overview

The U.S. Chamber of Commerce Foundation Corporate Citizenship Center (USCCF) partnered with Amway to provide insight to the company and community health stakeholders in Grand Rapids on how they can better address the challenges of maternal health, childhood health, nutrition, and food security (“key health issues”) in Kent County.

This research seeks to accomplish this task in three ways:

1. Provide an overview on common models and best practices in community health program design, partnerships, and data measurement and sharing. Case studies highlight community health exemplars in each of these sections.

2. Examine efforts to address key health issues in Kent County through the analysis of relevant health indicators for the region and interviews with critical stakeholders and insights from the Kent County Nutrition Summit, hosted by Amway on World Food Day in October 2017.

3. Compare and contrast community health activities in Kent County with the outlined best practices. Also included are recommendations for actions to strengthen community health programs and partnerships in Kent County based on these findings.

For the purposes of our research, we define community health as “a multi-sector and multi-disciplinary collaborative enterprise that uses public health science, evidence-based strategies, and other approaches to engage and work with communities, in a culturally appropriate manner, to optimize the health and quality of life of all persons who live, work, or are otherwise active in a defined community or communities.”

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Program Model

Given the array of factors that contribute to a community’s health, there is no one-size-fits-all solution to creating successful key health issues programs. Economic, cultural, and societal differences exist from community to community. Thus, even health issues that confront cities within the same state, such as Grand Rapids and Detroit, may not be addressed successfully by the same intervention. This lack of uniformity makes the task of pinpointing best practices in community health difficult.

Yet, a significant body of literature concerning broader theories in partnerships as well as community health program development provides an evidence-based approach from which best practices can be derived. One of the most prominent approaches in partnerships is Collective Impact. Among community health program models, two of the most often cited are Community-Based Participatory Research and Intervention Mapping. Each model is detailed here.

Collective Impact

Established in 2011, Collective Impact is “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.” Through this multi sectoral approach, the organizations create a single, independent entity to organize and coordinate their agenda.

There are five key elements of a Collective Impact initiative.

• **Common Agenda**: Partners develop a shared understanding of the problem and a joint approach to solving it. Often, key terms are defined collaboratively to foster common language. Memorandums of understanding (MOUs) may also be created to describe what each partner is committing to the initiative (e.g., resources, data).

• **Shared Measurement**: Established metrics and data collection are consistently measured across all the partners to ensure alignment and accountability.

• **Mutually Reinforcing Activities**: A plan of action outlines and coordinates mutually reinforcing activities for each partner. Partners share that knowledge across the initiative, moving ideas, actions, and progress toward the common goal.

• **Continuous Communication**: Internal and external communications exist across all the partners to build trust, maintain objectives, and sustain motivation. Through this openness, information is shared more readily by and between partners.

• **Backbone Organization**: Dedicated staff serve the entire initiative and coordinate the activities of the initiative and partner organizations. The backbone is trusted by the partners and community. It does not advocate for its own agenda; rather, it is dedicated to advancing the common agenda by facilitating joint activities like shared measurement and fundraising.
Using Collective Impact to Reduce Obesity in Somerville, Massachusetts

Shape Up Somerville (SUS) is a citywide Collective Impact campaign to reduce obesity by engaging schools, city government, civic organizations, community groups, businesses, and others in Somerville. Launched initially by Tufts University and the city of Somerville, SUS, 15 partner organizations joined SUS to support the effort.

Common Agenda: The partners agreed that the goal of the SUS initiative was to take a community-based, participatory, environmental approach to prevent childhood obesity.

Shared Measurement: The initiative focuses on three metrics: (1) increases in energy expenditures (EE) beyond increases in EE and energy, (2) BMI z-score, and (3) weight.

Mutually Reinforcing Activities: The initiative’s strategies seek to create an additive impact. For example, one workgroup has implemented a park and walk program for parents who have to drive children to school, while city partners have improved the pedestrian and bicycling infrastructure throughout the community.

Continuous Communication: Communication occurs within and between initiatives. Internally, in-person meetings and websites communicate progress. Externally, TV, radio, and newspaper media have been engaged.

Backbone Support: As the backbone organization for SUS, the city government funds and provides a dedicated four-person team for the initiative.

SUS has learned many lessons, including the value of engaging the wider community, through forums for parents, holding partners accountable using MOUs, and engaging the community by supporting other community issues.


Collective Impact is best utilized to tackle complex social problems that have multiple stakeholders with different perspectives and disagreement about the problem’s causes and solutions. Social problems are often beyond the capacity of any one sector to respond to effectively. With the collaborative approach of Collective Impact, partners bring varied knowledge and resources that can foster the change and innovation required to solve large-scale social problems.

Community-Based Participatory Research

Community-Based Participatory Research (CBPR) involves all partners equally in the community health program and research process, acknowledging the strengths that each brings to the collaboration. CBPR begins by establishing a research topic of importance to the community, with the goal of combining knowledge and action to improve community health and eliminate health disparities. The elements of CBPR consist of:

- Recognizing community as a unit of identity.
• Building on the strengths and resources within the community.
• Facilitating a collaborative, equitable partnership in all phases of the research, involving an empowering and power-sharing process that attends to social inequalities.
• Fostering co-learning and capacity building among all partners.
• Integrating and achieving a balance between knowledge generation and intervention for the mutual benefit of all partners.
• Focusing on the local relevance of public health problems and ecologic perspectives that recognize and attend to the multiple determinants of health.
• Involving systems development using a cyclical and iterative process.
• Disseminating results to all partners and involving them in the dissemination process.
• Involving a long-term process and commitment to programmatic sustainability.

CBPR is a fluid process of community health program design; so not all principles will be applicable to all partnerships. The model functions as a guide that partners can use to jointly agree on the core values and principles of their community health program. The science and research employed in CBPR range from clinical trials to basic community-level data collection, and the tools used range from complex technical equipment to everyday materials. The common component among such projects is how all the partners are involved and how the work is then presented and used.

**Intervention Mapping**

Intervention Mapping (IM) provides a framework for the development of health promotion programs that underscore the importance of theory and evidence in program planning.

The IM model acknowledges that programs can target behavioral and/or environmental factors and that determinants of health are both personal and environmental. The IM process involves six steps: (1) needs assessment, (2) formulation of change objectives (intervention objectives and their determinants), (3) selection of theory-based methods and practical strategies, (4) intervention development, (5) development of adoption and implementation plan, and (6) evaluation planning. Figure 1 displays the framework and tasks involved in IM.

The principles of CBPR can be incorporated into IM, but IM is a more structured model for creating community health programs with less focus on the partnerships and potentially collaborative interactions surrounding such programs.
### Figure 1. Intervention Mapping Framework

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<th>STEP</th>
<th>TASKS</th>
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| 1) Logic Model of the Problem | Establish and Work with a Planning Group  
Conduct a needs assessment to create a logic model of the problem  
Describe the context for the intervention including the population, setting, and community  
State program goals |
| 2) Program Outcomes and Objectives - Logic Model of Change | State expected outcomes for behavior and environment  
Specify performance objectives for behavioral and environmental outcomes  
Select determinants for behavioral and environmental outcomes  
Construct matrices of change objectives  
Create a logic model of change |
| 3) Program Design | Generate program themes, components, scope, and sequence  
Choose theory- and evidence-based change methods  
Select or design practical applications to deliver change methods |
| 4) Program Production | Refine program structure and organization  
Prepare plans for program materials  
Draft messages, materials, and protocols  
Pretest, refine, and produce materials |
| 5) Program Implementation Plan | Identify potential program users (adopters, implementers, and maintainers  
State outcomes and performance objectives for program use  
Construct matrices of change objectives for program use  
Design implementation interventions |
| 6) Evaluation Plan | Write effect and process evaluation questions  
Develop Indicators and measures for assessment  
Specify the evaluation design  
Complete the evaluation plan |

A CBRP Effort to Address Asthma and Truck Exhaust in West Oakland, California

The West Oakland Environmental Indicators Project (WO EIP) began in 2000 as a partnership between the Pacific Institute, a nonprofit research organization, and the 7th Street-McClymonds neighborhood initiative to study the health effects of diesel exhaust and traffic-related pollutants in West Oakland, a high traffic destination for diesel trucks taking goods to and from the Port of Oakland. After an initial study by the group showed that children under age 15 in West Oakland had asthma rates seven times the state’s average, the WO EIP decided to use CBPR to examine and address diesel truck traffic in West Oakland and its potential links to asthma in the area. Collecting data on the number and types of trucks on selected neighborhood streets as well as on truck idling at the port in conjunction with community partners, the research found that diesel particulate matter emissions in West Oakland were 90 times greater per square mile than in California as a whole.

The WO EIP partnership then began to build alliances with other concerned local organizations, a city councilwoman, an independent trucking company, the Port of Oakland, and statewide groups to collectively create a truck route committee to reduce truck traffic in West Oakland by outlining a truck route all could agree to and strategically planning for its adoption. In 2005, the collaboration achieved a key victory when the city council unanimously passed a truck route ordinance that adhered closely to the specific truck route the partners had recommended.


Intervention Mapping to Address Diabetes in Rural Alabama

A 2009 study of diabetes in Alabama showed racial and economic disparities in diabetes in 18 rural, predominantly African-American counties. In this region, more than 30% of African-Americans over the age of 50 had been diagnosed with diabetes. These areas also lacked primary health care providers, endocrinologists, and other resources such as diabetes education.*

To address diabetes in this rural African-American community, health researchers at the University of Alabama created an intervention mapping. In developing the intervention, the group conducted interviews with community members and held a discussion group with community members of an existing community health worker network.

The resulting intervention included a 2-day training for 60 peer advisers, who were each paired with 3 to 6 clients (424 total). After a one-on-one in-person needs assessment with clients, an intensive intervention phase was conducted via telephone for 8 to 12 weeks, followed by a maintenance phase of at least once monthly contacts for the remainder of the intervention period. A peer support network and biometric, patient-centered, and process data were collected monthly throughout the study to supplement formal data collection points at baseline, 6 months, and 12 months.


Best Practices in Community Health Programs

Few empirical studies have examined the effectiveness of community health programs and their partnerships. Of the research that exists, Prybil, et al. looked at partnerships in community health involving hospitals, public health departments, and other stakeholders and identified 12 partnerships that they deemed were the most successful. The authors then ascertained key best practices from the collective experience of the 12 collaborations.

Based on this collective assessment, 11 findings emerged:

1. To have enduring impact, partnerships focused on improving community health should include hospitals and public health departments as core partners but, over time, engage a broad range of other parties from the private and public sectors.

2. Whenever possible, partnerships should be built on a foundation of preexisting, trust-based relationships among the principal founding partners. Other partners can and should be added as the organization becomes operational, but it is essential to build and maintain trust among members.

3. In the context of their particular community’s health needs, the capabilities of existing community organizations, and resource constraints, the parties that decide to establish a new partnership devoted to improving community health should adopt a statement of mission and goals that focuses on clearly defined, high priority needs and inspires community-wide interest, engagement, and support.

4. For long-term success, partnerships need to have one or more anchor institutions with dedication to the partnership’s mission and strong commitment to provide ongoing financial support for it.

5. Partnerships focused on improving community health should have a designated body with a clearly defined charter that is empowered by the principal partners to set policy and provide strategic leadership for the partnership.

6. Partnership leaders should strive to build a clear, mutual understanding of community health concepts, definitions, and principles among the partners, participants, and, as far as possible, the community at large.

7. To enable objective, evidence-based evaluation of a partnership’s progress in achieving its mission and goals and fulfilling its accountability to key stakeholders, the partnership’s leadership must specify the community health measures it wants to address, the particular objectives and targets it intends to achieve, and the metrics and tools it will use to track and monitor progress.

8. All partnerships focused on improving community health should place a priority on developing and disseminating impact statements. These statements present an evidence-based picture of the effects that each partnership’s efforts have in relation to the direct and indirect costs incurred.

9. To enhance sustainability, all partnerships focused on community health improvement should develop a deliberate strategy for broadening and diversifying their sources of funding.

10. The governing boards of nonprofit hospitals and health systems and the boards of local health departments should establish standing committees with oversight responsibility for
their organizations’ engagement. These entities should examine community health needs, establish priorities, and develop strategies to address community health improvement.

11. **Local, state, and federal agencies with responsibilities related to population health improvement and hospital and public health associations should adopt policy positions that promote the development of collaborative partnerships involving hospitals, public health departments, and other stakeholders** focused on assessing and improving the health of the communities they serve.

### Best Practices in Community Health Data Measurement and Data Sharing

The data utilized by community health programs and partnerships is critical to inform and sustain such collaborations in order to achieve community health goals. Challenges, however, exist when it comes to determining the indicators for a program, how they are measured, and what data sharing is needed between partners. The following section highlights best practices concerning those issues.

Partners must collaborate to develop health indicators that are suitable for different purposes yet are harmonized so that they serve to maximize the success of a community health program. To accomplish this, collaborators must start by defining the purpose of the indicators, drawing from a range of factors based on the intended outcomes. The Institute for Healthcare Improvement’s “composite model” in Figure 2 represents the spectrum of health factors from which indicators may be derived.

Based on the purpose of the indicators, what to measure should then be clearly specified; this includes defining the population served and identifying which health dimensions the indicators are meant to elucidate. The health indicators should be limited in their number yet comprehensive and have the ability to be monitored over time and disaggregated to the level of the relevant unit. Finally, partners should establish the entities among them that are responsible for data collection of each indicator and how the data will be collected. Partners can select specific indicators using existing data or create new data sources taking into consideration issues of data quality.
Data Sharing

Once community health stakeholders establish data indicators for a collaborative program, broader issues of data sharing—particularly of any primary and individual data collected by a partner—and subsequent agreements may need to be considered. Accenture highlights several best practices in general data sharing and data agreements among external partners:7

- Be accountable to each other for sensitive, high-quality interpretive work that seeks to address possible bias and potential harms since datasets can reflect bias and require interpretation.
- Build common contracting procedures, but treat every contract and dataset as unique.
- Develop ethical review procedures between partners.
- Be mutually accountable for interpretive resources.
- Establish minimalist approaches to data sharing. Data holders and recipients should carefully audit the datasets for risks before sharing all or some of the data under consideration.
- Identify potential risks of sharing data within sharing agreements.
- Ensure that data-sharing partners have explicit agreements on the parameters of repurposing.
- Emphasize process and transparency when ethical principles or regulations are unclear.
- Ensure data privacy and confidentiality to protect the data-subjects from harm. Agree to any publications in advance if generalized scientific knowledge derived from datasets is to be published.

- Be sensitive to the tensions between legal compliance and trust with users, other partners, and the public when drafting terms of service agreements, privacy policies, and end-user license agreements.

In their publication specific to data sharing in community health, Rittenhouse, et al. recommend establishing parameters for data governance, obtaining or building the necessary technical infrastructure to house the data, and defining who will be responsible for data management and maintenance.

Models, such as Community-Based Participatory Research and Intervention Mapping as well as best practices from other health resources, serve as a foundation upon which community health activities in Kent County can be developed. The next section will explain the state of the key health issues in Kent County and what stakeholders are doing to improve the health conditions for residents.

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**Establishing Health Indicators in a Montgomery County, Maryland Collaboration**

In Montgomery County, Healthy Montgomery was created as an ongoing community-driven process to identify and address critical priority areas. Leading collaborators include the Department of Health and Human Services, all five not-for-profit hospitals, the Primary Care Coalition of Montgomery County (representing safety net clinics), and other health care providers, government agencies (including the school system, the land use planning agency, and the recreation department), and community organizations. Six priorities were identified: behavioral health, obesity, diabetes, cardiovascular disease, cancer, and maternal and infant health. The Healthy Montgomery Steering Committee adopted 37 core indicators that can be monitored over time and disaggregated to relevant social units. In addition, the indicators address behaviors and other health determinants as well as health outcomes, and they address the concerns of the hospitals and existing Healthy Montgomery priority areas. Examples of the indicators can be found in Appendix A.

Data Collaboration to Improve Health in Camden, New Jersey

The Camden Coalition of Healthcare Providers (CCHP) is a nonprofit in Camden composed of several health care organizations (e.g., hospitals, primary care offices, and social service agencies) using data-driven solutions to improve the city’s health. Among the group’s various activities, CCHP is building an integrated data system that will link hospital, housing, and criminal justice data to expand the organization’s data reach and bring together a broad set of stakeholders to advocate for important health policy initiatives. CCHP has also created an interactive website tool (Camden Health Explorer, screen shot below) that de-identifies hospital data and permits public users to see real-time Camden health trends.

Patient-level confidentiality and collaboration on data sharing have been essential for CCHP’s success. The organization has learned from experience that it is important to establish a process for soliciting input from data partners that also provides them with mutual benefits. CCHP has strived to position itself as a neutral data hub with links to other sectors that generates trust throughout the Camden community.

Key Health Issues and Health Initiatives in Kent County

To provide insight into the programs addressing the key health issues and organizations involved in their execution, Amway and USCCF researchers selected stakeholders in the health space to interview. In mid-September 2017, USCCF spoke with the following organizations related to the key health issues in Kent County:

**Access of West Michigan**—a faith-based nonprofit in Kent County working to increase food security, food equity, investment in the local economy, advocacy, and organizing around food systems.

**Dorothy A. Johnson Center for Philanthropy’s Community Research Institute**—located in the College of Community and Public Service at Grand Valley State University, it offers research and expertise to the nonprofit sector through professional development services, courses, trainings, and other tools.

**The Grand Rapids Chamber of Commerce**—a business membership organization in the region helping business owners expand their reach in support of a prosperous local economy.

**Grand Rapids Public Schools**—responsible for breakfast, lunch, and after-school meals for kindergarten through grade 12 in the Grand Rapids area.

**Health Net West Michigan**—working to bridge gaps in health care, primarily with vulnerable populations, by connecting individuals to basic resources to improve their health. It also partners with health care professionals, institutions, and nonprofit organizations to provide education, accessibility, and individualized attention.

**Invest Health Grand Rapids**—a Robert Wood Johnson Foundation-funded project to identify health problems in Kent County and determine where time, energy, and resources would best be invested for nutrition and food insecurity.

**Kent County Health Department (KCHD)**—responsible for assessing the health of the community and ensuring that health services are available and accessible. KCHD operates four public health clinics throughout the county.

**Kent County Essential Needs Task Force (ENTF)**—a partnership and collaboration to ensure that all residents of Kent County have access to resources to meet their basic needs. It focuses on transportation, food/nutrition, workforce/economic development, housing, and energy efficiency.

**The Right Place**—an economic development organization that offers business services to clients to help them stimulate economic growth in West Michigan.

**Spectrum Health**—a managed care health care organization with hospitals, treatment facilities, urgent care facilities, and physician practices serving the western Michigan area.

**YMCA**—focusing on youth development, healthy living, and social responsibility, the YMCA works to nurture the potential of kids and help people live healthier.

USCCF has compiled a summary of the programs and the data measurement and sharing being carried out by the interviewees for each of the key health issues in Appendix B.9
In several instances, there is overlap between the categorization of the programs, such that a maternal health program may also include components that address child health and nutrition or similar combinations. For purposes of the summaries here, programs have been designated into the predominant category based on the program’s activities.

Maternal Health

Overview of Maternal Health in Kent County

Maternal health is often measured in terms of health issues that may occur during pregnancy (e.g., preeclampsia or gestational diabetes) or by birth outcomes, which are equally important measures for child health. Among birth outcomes, infant mortality is one of the key measures of maternal health. Kent County has been concerned about racial disparities in infant mortality (deaths to children less than 1 year old) over the past several years, particularly among African-Americans, and has made great strides in reducing black versus white disparities. Black infant mortality has dropped from 18 deaths for every 1,000 births (2004) to 10 (2015). However, the black infant mortality rate still remains twice as high as the white infant mortality rate, which stands at 5 deaths for every 1,000 births (2015). Low birth weight (babies born weighing less than 5 lbs., 8 oz.) is another key indicator of maternal health and maternal exposure to health risks. In Kent County, 8% of babies born in Kent County in 2017 have a low birth weight, a slight increase over 7% in 2012.

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<th>Percent of Babies Born with Low Birth Weight (2017)</th>
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Programs Addressing Maternal Health

In terms of maternal health programs, interviewees have programs that focus on prenatal and postnatal care of mothers and babies across socioeconomic levels, but these programs are primarily centered on vulnerable populations. Both Spectrum Health and KCHD are involved in Strong Beginnings, which reaches out to African-American and Hispanic pregnant women and their partners through home visits and other forms of outreach to ensure that women begin prenatal care during the first three months of pregnancy and have regular care throughout pregnancy and after delivery. Spectrum Health is also part of the state-sponsored Maternal Infant Health Program (MiHP), which provides home visitation support and care coordination for pregnant women and infants on Medicaid. Similarly, Health Net West Michigan’s Welcome Home Baby (WHB) is a free service that connects pregnant women and families with newborns to information and community resources to support mothers and the healthy growth and development of their newborn child in vulnerable populations. Finally, The Kent County Infant Health Initiative (KCIHI) Interconception program ensures that high-risk women are in optimal health before becoming pregnant again.
Child Health

Overview of Child Health in Kent County

Beyond the infant mortality rate, other indicators of health include children’s living situations, which have slightly improved in Kent County over the past several years. Currently, 19% of children in Kent County live in poverty and 32% live in single parent households. In comparison, in 2012, 23% of children in Kent County lived in poverty and 35% lived in single parent households.

Programs Addressing Child Health

Many of the maternal programs also involve child health, so the same stakeholders and programs mentioned above in the maternal health section are also applicable to child health. Beyond these programs and players, other organizations are involved in child health and development in Kent County. The YMCA has several child development centers that serve children from 3 months to adolescence. The centers partner with local organizations like Covenant House Academy or with school districts to provide before- and after-school care. The YMCA is also part of the Great Start Readiness Program, Michigan’s state-funded preschool program for four-year-old children who may be at risk of educational failure. Targeting children and some adults with special health care needs and their families,

| Percent of Children Living in Poverty (2017) | 19% |
| Percent of Children Living in Single Parent Households (2017) | 32% |

KCHD’s Children’s Special Health Care Services, a program within the Michigan Department of Health and Human Services, assists with referrals for care and family and community based needs.
Nutrition

Overview of Nutrition in Kent County

In terms of nutrition, 14% of respondents to the 2016 VoiceGR survey\(^\text{10}\) have limited access to healthy foods.\(^\text{11}\) Similarly, 39% of Kent County residents eat less than one piece of fruit per day, and 27% eat less than one vegetable per day.\(^\text{12}\) As for the overall obesity rate (people with a BMI greater than or equal to 30), 32% of Kent County residents are obese, a rate that has increased from 28% in 2014.

Programs Addressing Nutrition

Nutrition is one of the most prominent health issues in Kent County as reflected by the number of organizations and programs working to address the issue. Programs have been subdivided into those that target vulnerable populations, access to healthy foods, and those that focus on broader nutrition coalitions and organizational capacity building.

Targeting Vulnerable Populations

In Access of West Michigan’s Nutritional Options for Wellness program, doctors and hospitals refer low-income individuals with type 2 diabetes, cardiovascular disease, or renal disease to this yearlong program to improve patients’ health and wellness where participants get a week’s supply of food that fits their needs and education on healthy shopping, cooking behaviors, wellness, and gardening.

Other nutrition programs target more specific populations. For example, the Spectrum Health Core Health Program targets adults diagnosed with diabetes or heart failure to improve their nutrition and create a healthy lifestyle. KCHD also carries out the Special Supplemental Nutrition Program for Women Infants and Children (WIC), providing nutrition education, nutrition counseling, and supplemental foods.

Specifically targeting children, the YMCA has a text messaging campaign for children urging them to eat more fruits and vegetables. The YMCA also provides nutrition education and cooking classes to children and parents. Similarly, Health Net West Michigan’s FitKids360 is a seven-week healthy lifestyle program for children and their parents that combines basic education about nutrition, behavior, and exercise to help participants develop healthy habits.

Within the schools, the Grand Rapids Public School District (GRPS) works to encourage students to make healthier food choices by involving them in school lunch planning and using consumer marketing techniques like signage and placement of goods. In addition, it utilizes food carts to offer breakfast and local produce to
students in high school hallways. Finally, GRPS attends food shows and conferences, working with consumer food producers to modify product formulations to meet the school district’s food health standards.

Access to Healthy Foods

| Percent with Limited Access to Healthy Food (2016) | 9% |

Through the REACH (Racial and Ethnic Approaches to Community Health) grant, administered by the Centers for Disease Control and Prevention (CDC) to reduce racial and ethnic health disparities, KCHD partners with the YMCA to provide access to healthy food in neighborhoods that are in food deserts. Their joint activities on the grant include a Veggie Van that brings fruits and vegetables into the community as well as a Healthy Corner Stores initiative, where corner stores carry fruits and vegetables and have coolers for produce. KCHD also works with select food pantries to establish policies on healthy food.

Access of West Michigan has also opened five pantry markets at resource centers throughout Kent County. At these markets, Michigan grown produce is purchased from small local farms and sold to low-income neighbors at half off of the wholesale cost. Participants can use SNAP benefits to purchase the food from the markets, which are open 20 hours per week year round. The markets are highly accessible, affordable, and offer reliable market access to fresh and local healthy food.

Nutrition Partnerships and Organizational Capacity Building

Efforts to improve nutrition in Kent County include organizational collaborations and capacity building. The Essential Needs Task Force’s (ENTF) Food/Nutrition Committee brings together more than 40 partner organizations to discuss Kent County’s food and nutrition challenges and works toward the goal that all Kent County residents are food secure and have access to food that is nutritionally diverse. For its part, Access of West Michigan’s Culture of Health initiative assists charitable food sites in moving toward a healthier approach to food donations and encourages them to implement policies that impact what charitable food sites purchase or take as food donations.

| Percent that Eat Less Than 1 Vegetable per Day (2017) | 27% |
Food Security

Overview of Food Security in Kent County

In the 2016 VoiceGR survey, 10% of respondents said that they were food insecure. The percentage of children eligible for free or reduced price lunch can also serve as a proxy for food insecurity among youth. In Kent County, 48% of children are currently eligible for free or reduced-price lunch, a marked increase from 35% in 2012.

Programs Addressing Food Security

There is much overlap between nutrition and food security programs in the minds of interviewees, in part because there is no established definition among them on what “food security” means. Though many partners see their nutrition programs also as food security programs, food security programs are restricted here to those that address physical and economic access to any type of food, regardless of the food’s level of healthiness. Also included here is a program that addresses food safety under the umbrella of food security.

Providing Food to Those in Need

The YMCA’s Healthy Corners Stores and Veggie Van, mentioned earlier, address food security as well as nutrition. Additionally, its Healthy Kitchen program distributes 1,000 meals a day to preschool and school-age children who are eligible for free or reduced-price meals.

Connecting Kent County Residents to Food Resources

Health Net West Michigan’s Community Healthcare Access Program helps disadvantaged adults and children maintain their health and understand how to navigate the health care system. Clients who are food insecure are connected with food assistance programs, pantries, and other relevant organizations in Kent County.

Food Security Partnerships and Organizational Capacity Building

Spectrum Health and ENTF have partnered with other organizations on the Invest Health project to identify health problems in Kent County and then discern where time, energy, and resources would best be invested in the future for nutrition and food insecurity. To increase organizational capacity building among food pantries, Access of West Michigan oversees the Food Pantry Network of Kent County, a food referral system of 75 pantries designed to respond to those in need of food assistance. The program supports new pantry startup help, assistance in obtaining food supplies, volunteer recruitment, and maintenance of a network database.
Data Measurement and Data Sharing

Data Measurement

Data measurement varies by organization and program. Larger organizations, like KCHD, GRPS, and Spectrum Health, have stronger backgrounds in data collection and measurement, as well as the financial means to perform these activities using in-house teams. The area’s universities also play a role in lending their monitoring and evaluation expertise to programs in the key health issues. Michigan State University, Grand Valley State University (GVSU), and Calvin College were cited among the entities that serve as central partners in data analysis. Several organizations also mentioned the importance of VoiceKent (previously VoiceGR, carried out by the Johnson Center at GVSU) in capturing data on broader health trends in Kent County.

A number of challenges in data measurement exist for the organizations. All of the organizations interviewed see the value in data collection, but some believe that they collect a great deal of data but do not have sufficient internal capacity to mine and analyze it. One interviewee lamented that unless it is required by grant funding or a funding stream, the collected data may not be analyzed at all. In many instances, programs collect data because it is required by their funders, and the indicators are specific to the needs of the funder. Another set of challenges reported by one interviewee were the gaps between measured and self-reported outcomes. One interviewee said that there are few examples to use as paragons for data reporting and community outcomes. Finally, many organizations said that while they can provide data for basic reporting to funders, it is more difficult for them to assess the broader effectiveness of their programs and tie their efforts to regional health outcomes.

Data Sharing

Regardless of the key health issue, data sharing is seemingly challenging across all the organizations.

Most of the organizations interviewed express a willingness to share at least some of their data. However, akin to the issue of measuring regional health outcomes, there is no system or infrastructure in place to integrate the data of the various organizations to make meaningful use of them. Moreover, no culture of sharing exists in which partners feel secure—legally and reputationally—in opening their data to other organizations even though there is a willingness to do so. At least one interviewee commented that working with outside partners on data may open their organizations to risk. Furthermore, the process of obtaining data has been cumbersome and prolonged, making the data in some cases outdated by the time it is received. And there is no consensus among the stakeholders within the key health issues on the type of data that is relevant to share.

Private Sector Involvement

The private sector also plays a paramount role to help address the key health issues in Kent County. The Grand Rapids Area Chamber of Commerce encourages its members to get involved in community health and other aspects of community engagement. Local
chamber members such as Amway, Meijer, SpartanNash, Gordon Food Services, and Sysco are involved in community health. The chamber also promotes LEED certification to encourage businesses to build healthier, environmentally friendly buildings. Finally, the chamber is exploring how to take a holistic approach in the health of Grand Rapids by investigating such issues as street and park designs, public policy, and social involvement to enable people to make healthier choices.\(^\text{14}\)

### Aligning Health Activities in Kent County with Best Practices

#### Health Programs

To more efficiently assess how efforts to address the key health issues in Kent County can be improved, the most essential principles of Collective Impact, Community-Based Participatory Research (CBPR), Intervention Mapping (IM), and Best Practices in Community Health have been integrated and are summarized here:\(^\text{15}\)

1. Hospitals, the public health department, and other influential partners in the community should serve as core partners initially, with the addition of other parties from the private, nonprofit, and public sectors added over time.
2. Clearly and jointly define the agenda, measurement, and activities to engage community wide interest and support. Co-create clear and mutually agreed-upon definitions of essential terms and concepts. The goals need to be specific enough to be actionable and achievable.
3. Use the IM model to create a program plan to realize the main goals established by the partnership.
4. Establish a backbone organization with designated staff that has a clearly defined charter and is empowered by the partners to execute the vision, support activities, and mobilize funding.
5. Establish and execute a strategy to obtain funding from diverse sources. Core partners or other anchor institutions should provide financial support.
6. Ensure that the partnership provides continuous communication, both internally and externally, and fosters co-learning and capacity building among all partners.

Given these essential principles, it is recommended that a Collective Impact-oriented coalition to confront Kent County’s key health issues be created. Sub-coalitions on Maternal/Child Health and Food Security/Nutrition would address a specific agenda determined by each group that would feed into an overarching common agenda to be decided upon first by all partners involved. A separate organization (i.e., backbone organization) would organize and coordinate activities.

The following sections outline how to combine these principles with current activities in key health issues.
Maternal Health

While there are programmatic partnerships in maternal health in Kent County, a coalition that unites the key partners formally around a common maternal health goal does not exist. In accordance with recommended best practices, the formation of a sub-coalition within the broader health coalition would strengthen community efforts to support maternal health.

The presence of KCHD and Spectrum Health in several of the current maternal health programs in Kent County makes them logical core partners for a maternal health coalition. Moreover, many of the programs already address infant mortality, particularly in relation to racial disparities. Therefore, a formalization of the goal of reducing infant mortality as it relates to maternal health may be a logical next step—though the sub-coalition could confront another equally pressing issue in maternal health based on the partners’ common agenda.

Given the limited time and resources of core partners that are equally involved in maternal health and nutrition/food security initiatives, it is recommended that as a health issue, child health be integrated within the maternal health or nutrition/food security sub-coalition.

Beyond the business experience that the private sector brings, limited government funding for a coalition would make a Collective Impact-like model seem appealing for a coalition structure. Nonprofit organizations involved in the maternal health space can also contribute their expertise and knowledge of the local population. In this manner, various sectors can devote dedicated time, effort, and financial resources to such an initiative.

Child Health

Many of the child health programs from the organizations that were interviewed are either related to maternal health (for infants) or nutrition (for all age ranges). Child health programs that do not overlap with these health issues relate to poverty alleviation (an economic issue), development (an education issue when detached from nutrition/food security), or special needs.

Like maternal health, no formal partnership of organizations exists around child health in Kent County. Given the limited time and resources of core partners like KCHD or Spectrum Health, that are equally involved in maternal health and nutrition/food security initiatives, it is recommended that as a health issue, child health be integrated within the maternal health sub-coalition. Since poverty alleviation and development are not directly related to health, it is recommended that a separate sub-coalition be created only if partners wish to specifically address special needs.

Food Security and Nutrition

In accordance with recommended best practices, the formation of a sub-coalition within the broader health coalition would strengthen community efforts to support maternal health.
As mentioned in conversations with interviewees concerning food security and nutrition, the two health issues were discussed interchangeably. These two health issues are also jointly addressed by ENTF’s Food/Nutrition Committee, which already serves as a coalition in this space in Kent County. Since ENTF’s Food/Nutrition Committee has already been established as the principal food security and nutrition consortium in Kent County, it is recommended that ENTF be folded into the broader health coalition as the food security/nutrition sub-coalition.

Data Measurement and Data Sharing

In terms of data measurement, best practices state that partners must collaborate to develop health indicators that are evidence-based, limited in number, and clearly defined—both in terms of what the indicators measure as well as their purpose for inclusion in meeting programmatic goals. Shared measurement would then be organized by the backbone organization.

Regarding maternal and child health, the presence of KCHD in many of the programs provides a strong knowledge of critical indicators and monitoring and evaluation methods. While KCHD could lead data measurement for the maternal/child health sub-coalition given its importance in public health data collection in the community, its prominent role as a core partner in the coalition and potential capacity constraints may be burdensome for a single partner. Instead, one or more of Kent County’s area universities may be better suited to lead data measurement activities for a partnership given their data measurement expertise, sustainable funding models, ongoing measurement involvement in the key health issue programs, and flexibility to be more responsive to a community collective’s needs rather than those of a county or state. Operating with strong input from other expert organizations, such as KCHD or a university (or universities), the coalition can build the long-term data measurement needed to track outcomes.

For the food security/nutrition sub-coalition, ENTF may be more closely aligned with data measurement best practices. ENTF collects data on food security and nutrition through the VoiceGR/VoiceKent survey and works on a publicly available mapping tool with Calvin College to show access to healthy foods in Kent County. Thus, given their involvement in the space, the area universities are logical data measurement partners for this sub-coalition.16

Like the best practices for community health programs, data-sharing best practices emphasize accountability, common contracting and agreement procedures, risk identification, ethical review, and transparency among partners. Other factors to consider include creating an
infrastructure to house data and assigning responsibility for data maintenance.

Since a willingness among interviewees to share data already exists, any coalition’s main challenge—regardless of the key health issue—is establishing the data governance and infrastructure upon which all partners mutually agree. Those entities with the most health data to share, such as KCHD and participating universities, may be best positioned to provide an outline for data agreements and structure for data management.

To publicly share data and results from the coalition’s program, an online dashboard may be considered. For example, the Right Place’s dashboard of data presents information in a simple, straightforward manner that is accessible both to lay people as well as seasoned researchers.

**The Kent County Population Health Consortium**

The Kent County Population Health Consortium (KCPHC) is a newly formed group created by KCHD, HealthNet, and other organizations in the community health space that is modeled on Collective Impact. KCPHC has also engaged the CEOs of all five nonprofit hospital systems in the area as members of the group’s Vision Council. The mission of KCPHC is to address community health priorities through a coordinated approach to positively impact the quadruple bottom line, consisting of better health, better care, cost savings, and a stronger health workforce.

KCPHC has the potential to serve as the Collective Impact coalition recommended in this research. However, KCPHC is still in its early stages of development and may have an agenda more oriented toward mental health, substance abuse, or obesity. In addition, it is unclear to what extent the organization will engage in building data sharing best practices. If it is the case that the agenda of KCPHC is not focused on the key health issues discussed here, it is recommended that a sister organization to KCPHC be created to address the key health issues per the guidance put forth in this paper.17

Those entities with the most health data to share, such as KCHD and participating universities, may be best positioned to provide an outline for data agreements and structure for data management.
Moving the Needle: Amway’s Kent County Nutrition Summit

In October 2017, Amway’s Kent County Nutrition Summit explored national cross-sector partnerships and reviewed local community health challenges in Kent County. The event served as a foundation for further exploration and collaboration among key health stakeholders in Kent County to unite to improve population health.

The findings provide insight into the challenges to be confronted if Kent County’s health partners choose to better align their efforts with community health best practices, particularly a coalition for nutrition and food security. Programmatically, the main barriers attendees cited to improve nutrition among Kent County residents were education and access to healthy foods. Among the barriers to cross-sector partnerships, trust and competition among organizations were most frequently mentioned. Proposed solutions to both issues were diverse with no one solution mentioned frequently.

Given the potential to improve best practices in health programs, data management, and data sharing in the key health issues in Kent County, Amway can use its influence as a convener in future summits and other initiatives that inform others about these best practices, using the case studies cited in this report as exemplars for Kent County to model. Moreover, future impact grants to improve health in Kent County like the one Amway announced in October could foster the creation of the Collective Impact-oriented coalition.
### Appendix A: Select Health Indicators from the Healthy Montgomery Initiative

<table>
<thead>
<tr>
<th>No. for Dashboard</th>
<th>Measure</th>
<th>Priority</th>
<th>Source</th>
<th>Type</th>
<th>Data Source</th>
<th>Baseline</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>Progress Made</th>
<th>Since Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adults with Adequate Social and Emotional Support</td>
<td>1</td>
<td>Factor</td>
<td>Socio-Economic</td>
<td>MD/RRS</td>
<td>84.5</td>
<td>84.6</td>
<td>84.7</td>
<td>84.8</td>
<td>84.9</td>
<td>85.0</td>
<td>85.1</td>
<td>85.2</td>
<td>4%</td>
</tr>
<tr>
<td>2</td>
<td>Student Participation in Electives</td>
<td>3</td>
<td>Factor</td>
<td>Socio-Economic</td>
<td>MD/RRS</td>
<td>71.9</td>
<td>72.1</td>
<td>72.3</td>
<td>72.5</td>
<td>72.6</td>
<td>72.7</td>
<td>72.8</td>
<td>72.9</td>
<td>1%</td>
</tr>
<tr>
<td>3</td>
<td>Student SR who could talk to adult.</td>
<td>3</td>
<td>Factor</td>
<td>Socio-Economic</td>
<td>MD/RRS</td>
<td>74.8</td>
<td>74.9</td>
<td>75.0</td>
<td>75.1</td>
<td>75.2</td>
<td>75.3</td>
<td>75.4</td>
<td>75.5</td>
<td>0%</td>
</tr>
<tr>
<td>4</td>
<td>High School Graduation Rate</td>
<td>4</td>
<td>Factor</td>
<td>Socio-Economic</td>
<td>ACS</td>
<td>81.0</td>
<td>81.1</td>
<td>81.2</td>
<td>81.3</td>
<td>81.4</td>
<td>81.5</td>
<td>81.6</td>
<td>81.7</td>
<td>1%</td>
</tr>
<tr>
<td>5</td>
<td>Rate of Student Ever Receiving Free and Reduced-Price Meals (PAVS)</td>
<td>5</td>
<td>Factor</td>
<td>Socio-Economic</td>
<td>MCPS-Check</td>
<td>48.4</td>
<td>48.5</td>
<td>48.6</td>
<td>48.7</td>
<td>48.8</td>
<td>48.9</td>
<td>49.0</td>
<td>49.1</td>
<td>0.0%</td>
</tr>
<tr>
<td>6</td>
<td>Residency 5 year old that report</td>
<td>6</td>
<td>Factor</td>
<td>Socio-Economic</td>
<td>ACS</td>
<td>15.0</td>
<td>15.1</td>
<td>15.2</td>
<td>15.3</td>
<td>15.4</td>
<td>15.5</td>
<td>15.6</td>
<td>15.7</td>
<td>0%</td>
</tr>
</tbody>
</table>
## Appendix B: Table of Programs in Key Health Issues in Kent County

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Program Category</th>
<th>Interviewed Organization</th>
<th>Program Description</th>
<th>Data Measurement &amp; Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Special Health Care Services</td>
<td>Child Health</td>
<td>Kent County Health Department</td>
<td>Through KCHD, residents can access the Children’s Special Health Care Services (CSHCS), a program within the Michigan Department of Health and Human Services for children and some adults with special health care needs and their families. CSHCS helps persons with chronic health problems by providing coverage and referral for specialty services based on the person’s health problems, family-centered services to support primary caretakers, and community-based services to help care for the child at home and maintain normal routines.</td>
<td>The children in the YMCA’s Child Development Centers do pre-, post- and mid-year assessments, and the data are used to support readiness evaluations for children.</td>
</tr>
<tr>
<td>Child Development Centers - YMCA</td>
<td>Child Health</td>
<td>YMCA</td>
<td>The YMCA has several child development centers the serve children from 3 months to adolescence. They partner with local organizations like Covenant House, Generations at a Retirement Community, or with school districts to provide before/after school care. For the programs, there is age differentiation based on child development. Once a child reaches a developmental mile marker, the child is moved to a new developmental group.</td>
<td></td>
</tr>
<tr>
<td>Great Start Readiness Program</td>
<td>Child Health</td>
<td>YMCA</td>
<td>The YMCA is part of the Great Start Readiness Program (GSRP). GSRP is Michigan’s state-funded preschool program for four-year-old children with factors that may place them at risk of educational failure. The program is administered by the Michigan Department of Education, Office of Great Start. Funding is allocated to each intermediate school district to administer the program locally.</td>
<td>The network shares a database into which all pantries submit demographic data and generate reports.</td>
</tr>
<tr>
<td>Food Pantry Network</td>
<td>Food Security</td>
<td>Access of West Michigan</td>
<td>Access West Michigan oversees the Food Pantry Network of Kent County, a food referral system of 75 pantries designed to respond to those in need of food assistance. The program supports new pantry start-up help, assistance in obtaining needed food supplies, volunteer recruitment, and maintenance of the network database.</td>
<td></td>
</tr>
<tr>
<td>Public School Food Safety - Grand Rapids Public School District</td>
<td>Food Security</td>
<td>Grand Rapids Public School District</td>
<td>At the Grand Rapids Public School District (GRPS), cooks must go through a mandatory food safety class. The course includes food preparation, food heating, food serving, hand washing, etc. GRPS also relies on Gordon Food Service, their food vendor, to make certain that the food they are receiving is safe.</td>
<td></td>
</tr>
<tr>
<td>Community Health Access Program</td>
<td>Food Security</td>
<td>Health Net West Michigan</td>
<td>The Community Healthcare Access Program assists disadvantaged adults and children to maintain their health and understand how to navigate the healthcare system. The program provides connections to community resources. In the case of clients who are food insecure, they are connected with food assistance programs, pantries, and other relevant organizations in Kent County.</td>
<td></td>
</tr>
<tr>
<td>Healthy Kitchen</td>
<td>Food Security, Nutrition</td>
<td>YMCA</td>
<td>Healthy Kitchen distributes 1,000 meals a day to pre-school and school-aged kids who receive free or reduced meals before, during, and after school.</td>
<td>The YMCA surveys children on their food preferences and asks their staff to observe what kids are eating in order to better tailor their menus seasonally.</td>
</tr>
<tr>
<td>Program</td>
<td>Organization</td>
<td>Description</td>
<td>Source/Methodology</td>
<td></td>
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<td>----------------------------------------------</td>
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<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Kent County Infant Health Initiative Interconception Care Program</td>
<td>Kent County Health Department</td>
<td>The Kent County Infant Health Initiative Interconception Care program is a program through the Kent County Health Department to ensure that high-risk women are in optimal health before becoming pregnant again. Eligible women are recruited into the program by the Kent County Health Department and Maternal Infant Health Program. Women are seen by a nurse or other health professional and receive enhanced case management for up to 18 months post-partum.</td>
<td>KCHD uses both national and local data sources like VoiceGR/VoiceKent to inform KCIIH, and they also collect outcomes data for monitoring and evaluation purposes.</td>
<td></td>
</tr>
<tr>
<td>Welcome Home Baby</td>
<td>Health Net West Michigan</td>
<td>Welcome Home Baby (WHB) is a free service that connects pregnant women and families with newborns to information and community resources to support mothers and the healthy growth and development of their newborn child. Resources include home visiting programs, playgroups, or child development information and screening. A representative from WHB works with mothers to suggest programs that are the best fit. After 30 days, the WHB representative follows up to answer questions and connect mothers with further resources as needed. Kent County residents who are first-time mothers (regardless of health coverage), pregnant woman or mother of a newborn receiving Medicaid benefits, or newborns eligible for Medicaid can apply.</td>
<td>An early childhood gap analysis, which included data from CHNA in 2011 and KidsCount, was used to establish the program. Now, WHB collects screening and needs data on their clients as well as where clients are referred. For data sharing, WHB has some of the population level data is freely available to other organizations. Additionally, they have data agreements with other agencies.</td>
<td></td>
</tr>
<tr>
<td>Maternal Infant Health Program</td>
<td>Spectrum Health</td>
<td>Spectrum Health is part of the state-sponsored Maternal Infant Health Program (MiHP). It provides home visitation support and care coordination for pregnant women and infants on Medicaid. Services are intended to supplement regular prenatal/infant care and to assist healthcare providers in managing the client’s health and wellbeing.</td>
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<tr>
<td>Strong Beginnings</td>
<td>Spectrum Health, Kent County Health Department</td>
<td>Strong Beginnings works with pregnant women and their partners through home visits and other outreach to ensure that women begin prenatal care during the first three months of pregnancy and have regular care throughout pregnancy and after delivery. The services are offered to families living in Kent County that are either pregnant or the mother or father of a child 0-24 months old. The initiative has also partnered with the Harvard Kennedy School to implement a pay-for-success funding model (e.g. social impact bonds) for Strong Beginnings in which private investors put up money for the program contingent on a specific goal.</td>
<td>Michigan State University is charged with data collection and measurement.</td>
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</tr>
<tr>
<td>Invest Health Grand Rapids</td>
<td>Spectrum Health</td>
<td>The focus of Invest Health Grand Rapids is increasing equitable outcomes by improving infant mortality, healthy housing availability and increasing food security in historically low income targeted census tract areas. The Invest Health Grand Rapids team will achieve this through increasing wealth and affordable housing supply with aligned maternal infant health, healthy housing and food programming in the targeted census tracts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td>Area of Focus</td>
<td>Organization</td>
<td>Description</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Culture of Health</td>
<td>Nutrition</td>
<td>Access of West Michigan</td>
<td>Access of West Michigan’s Culture of Health initiative assists charitable food sites in moving toward a healthier approach to food donations. The program also encourages charitable food sites to implement a healthy food policy that impacts what they purchase or take as food donations.</td>
<td>Culture of Health sites perform a Nutrition Environment Assessment as well as survey participants to determine the outcomes of implementation of Policy, Systems, and Environmental changes at each site.</td>
</tr>
<tr>
<td>Nutritional Options for Wellness</td>
<td>Nutrition</td>
<td>Access of West Michigan</td>
<td>In Access of West Michigan’s Nutritional Options for Wellness program, doctors and hospital refer low-income individuals with type 2 diabetes, cardiovascular disease or renal disease to this year-long program to improve patients’ health and wellness. The program has 7 urban/suburban sites that give participants a week’s supply of food that fits their needs and also includes education on healthy shopping and cooking behaviors, wellness, and gardening.</td>
<td>The program takes lipid panel data from all participants to demonstrate clinical health outcomes related to the targeted interventions of the program. Participants are also surveyed for qualitative outcomes related to increased cooking skills, decreased social isolation, and disease self-management.</td>
</tr>
<tr>
<td>Pantry Markets</td>
<td>Nutrition</td>
<td>Access of West Michigan</td>
<td>Access of West Michigan has also opened five pantry markets at resource centers throughout Kent County. Here, Michigan grown produce is purchased from small local farms and sold to low-income neighbors at half off of the wholesale cost. Participants can use SNAP benefits to purchase the food from the markets, which are open 20 hours per week year round. The markets are highly accessible, affordable, and offer reliable market access to fresh and local healthy food.</td>
<td>The Pantry Markets perform regular shopper surveys to assess increase in shoppers food security, increase in accessibility to healthy food, and satisfaction with the market. Access is also conducting neighborhood perception surveys to determine increased perception of health and nutrition in the market neighborhoods, as well as determining the change in Food Balance score of each neighborhood.</td>
</tr>
<tr>
<td>School Food Nutrition - Grand Rapids Public School District</td>
<td>Nutrition</td>
<td>Grand Rapids Public School District</td>
<td>The Grand Rapids Public School District (GRPS) is involving students in school lunch planning and using consumer marketing techniques like signage, brightness, and placement of goods to improve the school lunchroom environment to encourage students to make healthier food choices. In addition, they are putting food carts in the high schools, offering breakfast and local produce in the hallways for students. Finally, GRPS attends food shows conferences, working with consumer food producers to modify the product formulation of grocery-sold products to meet the school’s food health standards.</td>
<td>GRPS does taste testing at the schools to obtain student input on foods. They get monthly data reports on breakfast and lunch usage per school. Equally, they analyze nutritional content and calories of meals on weekly averages. They also evaluate how many meals are actually served versus how many are prepared.</td>
</tr>
<tr>
<td>Initiative</td>
<td>Nutrition</td>
<td>Organization</td>
<td>Description</td>
<td></td>
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<tr>
<td>------------------------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------</td>
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<td></td>
</tr>
<tr>
<td><strong>Food Pantry Work - Kent County Health Department</strong></td>
<td>Nutrition</td>
<td>Kent County Health Department</td>
<td>KCHD works with select food pantries to establish policies on healthy food.</td>
<td></td>
</tr>
<tr>
<td><strong>Core Health</strong></td>
<td>Nutrition</td>
<td>Spectrum Health</td>
<td>The Spectrum Health Core Health Program is a free, year-long program for adults diagnosed with diabetes or heart failure. Care teams visit patients each month to implement ways to improve a patient’s health and quality of life such as nutrition. These methods include creating a patient health plan, monitoring patient health and wellness, and identify community resources to assist with cultivating a healthy lifestyle.</td>
<td></td>
</tr>
<tr>
<td><strong>Text Message Campaign - YMCA</strong></td>
<td>Nutrition</td>
<td>YMCA</td>
<td>The YMCA implements a text messaging campaign for children to encourage them to eat more fruits and vegetables.</td>
<td></td>
</tr>
<tr>
<td><strong>Cooking Matters</strong></td>
<td>Nutrition</td>
<td>YMCA</td>
<td>Through SNAP (USDA) funding, the YMCA does Cooking Matters classes with parents that are Food Stamp eligible. Participants attend a 6-part, hands-on cooking series. After each session, participants are sent home with the ingredients from that session to cook the recipe they just learned at home.</td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition Education for Kids - YMCA</strong></td>
<td>Nutrition</td>
<td>YMCA</td>
<td>Through SNAP (USDA) funding, the YMCA provides nutrition education at more than 60 schools where more than half of the student population receives free or reduced-price school meals. Educators offer six 2-hour cooking classes with a USDA-focused curriculum.</td>
<td></td>
</tr>
<tr>
<td><strong>Food/Nutrition Committee - Essential Needs Task Force</strong></td>
<td>Nutrition, Food Security</td>
<td>Essential Needs Task Force, Kent County Health Department, Spectrum Health</td>
<td>The Essential Needs Task Force’s food/nutrition committee brings together more than 40 partner organizations to discuss Kent County’s food and nutrition challenges and work toward the goal that all Kent County residents are food secure and have access to food that is nutritionally diverse.</td>
<td></td>
</tr>
<tr>
<td><strong>Veggie Vans</strong></td>
<td>Nutrition, Food Security</td>
<td>YMCA</td>
<td>The YMCA’s Veggie Van makes 20 stops a week in urban core neighborhoods, delivering healthy foods that can be purchased with food bucks or SNAP. The vans also do cooking demonstrations using seasonal produce each month.</td>
<td></td>
</tr>
<tr>
<td><strong>Healthy Corner Stores</strong></td>
<td>Nutrition, Food Security</td>
<td>YMCA</td>
<td>The Healthy Corner Stores initiative currently includes 9 corner stores that now carry fruits and vegetables and have coolers for produce. Point of sale systems have also been installed to track sales. The YMCA’s Veggie Van is a distributor for the produce to these stores.</td>
<td></td>
</tr>
<tr>
<td><strong>ENTF</strong></td>
<td>Nutrition</td>
<td>Essential Needs Task Force, Kent County Health Department, Spectrum Health</td>
<td>ENTF collects data on food security and nutrition through the VoiceGR/VoiceKent survey executed through the Johnson Center to build an understanding of people’s nutritional situations demographically and geographically. The Committee is also working on a publicly-available mapping tool with Calvin College to show at the census track level access to healthy foods in Kent County and the time it takes to get to fresh produce centers.</td>
<td></td>
</tr>
<tr>
<td><strong>KCHD</strong></td>
<td>Nutrition</td>
<td>Kent County Health Department</td>
<td>KCHD collects data applicable to the Veggie Vans, including fruit and vegetable consumption data from BRFS, Feeding America’s Mapping the Meal Gap, and the VoiceGR/VoiceKent Survey.</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>Sector</td>
<td>Organization</td>
<td>Description</td>
<td>Data Collection</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------</td>
<td>---------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>FitKids360</td>
<td>Nutrition, Food Security, Child Health</td>
<td>Health Net West Michigan</td>
<td>Health Net West Michigan’s FitKids360 is a seven-week healthy lifestyle program for children ages 5 to 17 and their parents. This program combines education about nutrition, behavior, and exercise to help participants develop healthy habits. The program includes cooking classes, food preparation, and healthy eating and links to food pantry networks, double up food bucks, WIC, and other assistance programs.</td>
<td>FitKids360 collects qualitative and quantitative survey data, logging client activity, as well as BMI and survey data from parents. Data are typically used to write grants to get continued funding. Data are updated as often as the funding sources require.</td>
</tr>
<tr>
<td>Nutrition Program for Women Infants and Children (WIC)</td>
<td>Nutrition, Maternal Health, Child Health</td>
<td>Kent County Health Department</td>
<td>The Special Supplemental Nutrition Program for Women Infants and Children (WIC) is a program federally funded by the United States Department of Agriculture (USDA). WIC provides nutrition education, breastfeeding promotion, education and support, referrals to other health care providers, high risk nutrition counseling, immunizations and supplemental foods. The supplemental foods that participants receive while on the WIC program meet daily nutrient needs. WIC participants receive WIC benefits through the Michigan WIC bridge card which can then be used to purchase the supplemental foods at participating grocery stores and pharmacies.</td>
<td>WIC collects process outcome measures in accordance with grant requirements.</td>
</tr>
</tbody>
</table>
Appendix C: List of Other Stakeholders in Kent County Health Areas of Focus

**Maternal Health**
- Arbor Circle
- Family Futures
- The Grand Rapids African American Health Institute
- Michigan State University

**Child Health**
- KConnect
- Covenant House Academy

**Nutrition**
- Kids Food Basket
- Michigan State University
- School Nutrition Association
- United Way

**Food Security**
- Catholic Charities
- Feeding America
- Kids Food Basket
### Health Outcomes (Rank in State)

<table>
<thead>
<tr>
<th></th>
<th>Michigan</th>
<th>Barry</th>
<th>Kent</th>
<th>Montcalm</th>
<th>Ottawa</th>
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</thead>
<tbody>
<tr>
<td>Length of Life</td>
<td>21</td>
<td>15</td>
<td>34</td>
<td>2</td>
<td></td>
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<tr>
<td>Premature death</td>
<td>7,273</td>
<td>6,282</td>
<td>5,901</td>
<td>7,402</td>
<td>4,678</td>
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<tr>
<td>Quality of Life (County Rank in State)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>14%</td>
<td>15%</td>
<td>11%</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.5</td>
<td>3.2</td>
<td>3.3</td>
<td>2.8</td>
<td>2.5</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.7</td>
<td>3.4</td>
<td>3.4</td>
<td>3.0</td>
<td>2.6</td>
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<tr>
<td>Low birthweight</td>
<td>8%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
<td>10%</td>
<td>9%</td>
</tr>
</tbody>
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### Health Factors (Rank in State)

<table>
<thead>
<tr>
<th></th>
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<th>Barry</th>
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<th>Montcalm</th>
<th>Ottawa</th>
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</thead>
<tbody>
<tr>
<td>Adult obesity</td>
<td>32%</td>
<td>36%</td>
<td>30%</td>
<td>34%</td>
<td>25%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>25%</td>
<td>27%</td>
<td>21%</td>
<td>23%</td>
<td>21%</td>
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<tr>
<td>Teen births</td>
<td>34</td>
<td>31</td>
<td>41</td>
<td>45</td>
<td>22</td>
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<tr>
<td>Limited access to healthy foods</td>
<td>6%</td>
<td>15%</td>
<td>7%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Clinical Care (Rank in State)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Uninsured</td>
<td>14%</td>
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<td>14%</td>
<td>16%</td>
<td>12%</td>
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<td>Primary care physicians</td>
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<td>985:1</td>
<td>5,237:1</td>
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<td>Preventable hospital stays</td>
<td>74</td>
<td>80</td>
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<td>Diabetes monitoring</td>
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<td>86%</td>
<td>86%</td>
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<td>Uninsured adults</td>
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<td>Health care costs</td>
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### Social & Economic Factors (Rank in State)

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<tr>
<td>High school graduation</td>
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<td>75%</td>
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<td>Some college</td>
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<td>55%</td>
<td>67%</td>
<td>49%</td>
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<tr>
<td>Unemployment</td>
<td>13%</td>
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<td>11%</td>
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<tr>
<td>Children in poverty</td>
<td>23%</td>
<td>16%</td>
<td>23%</td>
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<td>13%</td>
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<tr>
<td>Children in single-parent households</td>
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<td>32%</td>
<td>18%</td>
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<td>Violent crime</td>
<td>518</td>
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<td>473</td>
<td>255</td>
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<td>Children eligible for free/reduced lunch</td>
<td>38%</td>
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### Air pollution-particulate matter (days)

<table>
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<th>Montcalm</th>
<th>Ottawa</th>
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<tr>
<td>5.0</td>
<td>2.0</td>
<td>7.0</td>
<td>2.0</td>
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**ASSESSING COMMUNITY EFFORTS TO ADDRESS KEY HEALTH ISSUES IN KENT COUNTY, MICHIGAN**
<table>
<thead>
<tr>
<th>Health Outcomes (Rank in State)</th>
<th>Michigan</th>
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<th>Kent</th>
<th>Montcalm</th>
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<th>US Average</th>
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<td>Premature death</td>
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<td>5,600</td>
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<td>Premature age-adjusted mortality</td>
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<td>290</td>
<td>290</td>
<td>370</td>
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<td>30</td>
<td>50</td>
<td>50</td>
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<td>Infant mortality</td>
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<td>6</td>
<td>6</td>
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<td>Quality of Life (County Rank in State)</td>
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<td>3</td>
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<td>Poor or fair health</td>
<td>17%</td>
<td>13%</td>
<td>13%</td>
<td>15%</td>
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<td>Poor physical health days</td>
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<td>3.7</td>
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<td>3.7</td>
<td>3.7</td>
<td>3.4</td>
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<td>Low birthweight</td>
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<td>8%</td>
<td>7%</td>
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<tr>
<td>Diabetes prevalence</td>
<td>11%</td>
<td>10%</td>
<td>9%</td>
<td>11%</td>
<td>8%</td>
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<table>
<thead>
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<th>US Average</th>
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<td>Health Behaviors</td>
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<td>Adult obesity</td>
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<td>Food environment index</td>
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<td>7.7</td>
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<td>7.3</td>
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<td>21%</td>
<td>20%</td>
<td>26%</td>
<td>19%</td>
<td>22%</td>
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<td>Access to exercise opportunities</td>
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<td>68%</td>
<td>92%</td>
<td>60%</td>
<td>83%</td>
<td>84%</td>
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<tr>
<td>Teen births</td>
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<td>32</td>
<td>38</td>
<td>36</td>
<td>32</td>
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<td>Food insecurity</td>
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<td>13%</td>
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<tr>
<td>Limited access to healthy foods</td>
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<td>1%</td>
<td>5%</td>
<td>3%</td>
<td>9%</td>
<td></td>
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<tr>
<td>Clinical Care (Rank in State)</td>
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<td>60</td>
<td>9</td>
<td></td>
<td></td>
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<tr>
<td>Uninsured</td>
<td>10%</td>
<td>9%</td>
<td>11%</td>
<td>11%</td>
<td>8%</td>
<td>14%</td>
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<td>Primary care physicians</td>
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<td>2,690:1</td>
<td>1,100:1</td>
<td>2,330:1</td>
<td>1,610:1</td>
<td>1,320:1</td>
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<tr>
<td>Preventable hospital stays</td>
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<td>53</td>
<td>37</td>
<td>63</td>
<td>34</td>
<td>50</td>
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<td>85%</td>
<td>83%</td>
<td>87%</td>
<td>87%</td>
<td>85%</td>
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<td>Uninsured adults</td>
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<td>11%</td>
<td>13%</td>
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<td>78%</td>
<td>92%</td>
<td>88%</td>
<td>83%</td>
</tr>
<tr>
<td>Some college</td>
<td>67%</td>
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<td>69%</td>
<td>53%</td>
<td>69%</td>
<td>64%</td>
</tr>
<tr>
<td>Unemployment</td>
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<td>4%</td>
<td>5%</td>
<td>4%</td>
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<tr>
<td>Children in poverty</td>
<td>22%</td>
<td>14%</td>
<td>19%</td>
<td>27%</td>
<td>9%</td>
<td>21%</td>
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<tr>
<td>Children in single-parent households</td>
<td>34%</td>
<td>22%</td>
<td>32%</td>
<td>35%</td>
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<td>34%</td>
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<td>Social associations</td>
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<td>12.2</td>
<td>13.7</td>
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<td>152</td>
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<td>273</td>
<td>203</td>
<td>380</td>
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<td>Children eligible for free/reduced price lunch</td>
<td>47%</td>
<td>42%</td>
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<td>53%</td>
<td>34%</td>
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<td>Physical Environment (Rank in State)</td>
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<td>73</td>
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<td></td>
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<td>10.7</td>
<td>9.7</td>
<td>10.2</td>
<td>8.7</td>
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<td>Severe housing problems</td>
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<td>12%</td>
<td>15%</td>
<td>17%</td>
<td>14%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Orange Highlighted datapoints are factors where the county is in the top 10% of all U.S. Counties
Appendix E: Amway Nutrition Summit Summary

Oct. 16, 2017

In partnership with the U.S. Chamber of Commerce Foundation Corporate Citizenship Center, the summit explored national cross-sector partnerships and reviewed local community health challenges in Kent County. The event served as a first step to further develop local collaborative partnerships in the areas of nutrition, food security, and child and maternal health. Highlights of the day are outlined here.

Local Government Commitment to Health in Grand Rapids

Grand Rapids Mayor Rosalynn Bliss began the day emphasizing the city government’s commitment to improving the health of its citizens. Its involvement in Invest Health GR, a nationwide effort funded by the Robert Wood Johnson Foundation to improve health, is a testament to that commitment. In particular, Invest Health GR will focus on infant mortality, lead exposure in children, food, and physical activity.

Siloed Collaboration: a Barrier to Improving Nutrition in Kent County

Facilitator Richard Crespin took an initial pulse among attendees to assess what the No. 1 barrier was preventing them from taking action to improve nutrition in Kent County. The most commonly cited barrier was siloed collaboration. Other issues included a lack of alignment and integrated vision, determining where impact could be maximized, and community involvement and trust.

Campbell Soup Company Collaborates to Address Nutrition and Health Locally

Kim Fortunato of the Campbell Soup Foundation, John Weidman of The Food Trust, and Valeria Galarza of the Cooper’s Ferry Partnership took the stage to discuss the Healthy Camden partnership among their organizations. The goal of the partnership is to improve the health of young people in Campbell’s hometown communities through food access, nutrition education, physical activity/access, and public will. After researching ways to accomplish this aspiration in Camden, the group chose to work with corner stores, encouraging them to carry healthier foods and serve as a location for promoting general health and nutrition, and with local schools through school gardens and nutrition education in the classrooms. Community input was also essential to the success of the initiative. Neighborhood summits held in the first year to understand what health means to citizens, as well as food security questions asked of patients at hospital triage centers provided valuable data to inform the current state of food insecurity in the area.

Some lessons that the Healthy Camden partners have learned follow:
• Have a strategic planning process with all stakeholders.
• Nonprofits should connect with the local business community.
• Be honest with yourself about whether you want to work collectively.
• Public and private sectors speak different languages so they need to hear and respect one another.

Uniting the Sectors to Address Health Issues in Kent County

Jeff Terry of Amway, Emma Garcia of Access of West Michigan, and Maureen Kirkwood of Health Net of West Michigan discussed the local landscape of health and partnerships in Kent County. There was consensus that partnerships that unite the public, private, and nonprofit sectors are vital to tackling health problems in Kent County. Other points of agreement included the need to define and agree upon key terms that are commonly used, establish which health problems are most important to address, and assess the activities currently undertaken in the community to tackle those health problems to avoid duplicity of efforts.

The Power of Data to Inform Community Health

Lawrence Bowdish of the U.S. Chamber of Commerce Foundation Corporate Citizenship Center and Rachel Jantz of the Kent County Health Department spoke about the importance of data and data partners in achieving Kent County health goals. At the national level, data sources like the Behavioral Risk Factor Surveillance System (BRFSS) and census data can provide insight around some health issues, but not all of them. For example, data on breastfeeding and childhood obesity in Kent County are lacking. Therefore, local surveys like VoiceKent play a pivotal role in helping fill these data gaps.

Breakout Groups Identify Barriers to Nutrition and Cross-Sector Partnerships

Facilitator Richard Crespin then broke the attendees into groups to discuss in more detail the barriers to better nutrition and cross-sector partnerships that exist in Kent County. For nutritional barriers, the predominant factors cited were education and access to health foods. Among the barriers to cross-sector partnerships, trust and competition among organizations were most frequently mentioned.

Advice on Cross-Sector Partnerships From Oklahoma and Indiana

Gary Cox of the Oklahoma City County Health Department and Chuck Gillespie of the Wellness Council of Indiana keynoted lunch, offering ideas from their own experiences in developing local partnerships to improve health in their communities. In Oklahoma, the county health department has dedicated staff for eight working groups addressing key health issues in the area. In Indiana, the Wellness Council encourages business involvement in community health programs. Based on their personal learnings, the speakers advised attendees to develop sound practices to engage the community to focus on health and
make an economic case to businesses on how business involvement in community health initiatives can improve their ROI as well as the health of the community overall.

_Solutions to Better Nutrition and Cross-Sector Partnerships_

At the final breakout session, Facilitator Richard Crespin challenged attendees to develop solutions to the barriers that they had established during the morning breakout session. Proposed solutions to both topics were diverse, with no one solution mentioned frequently. Among the proposed solutions to better nutrition in Kent County, addressing policy change and the root causes of nutrition issues, like social and economic inequality, were suggested. Attendees posited that solutions to cross-sector partnerships might include secure funding sources and organizational transparency about the purpose for involvement in health partnerships.

_Amway Establishes Impact Grants to Improve Health in Kent County_

In closing, Jeff Terry noted the need to find trust and common goals in potential partnerships and Amway’s willingness to play a role in the development of such collaborations. To facilitate this process, Amway announced a request for proposals to improve health in Kent County looking for long-term sustainable outcomes. Over $300,000 in impact grants will be awarded. More information can be found at [kentcountynutritionsummit.com](http://kentcountynutritionsummit.com).
Appendix F: GSK/Livewell Colorado Collective Impact Case Study

Health disparities in obesity among Denver’s youth are as broad, if not broader, than other cities. It was this need to focus on children in Denver, especially children in poorer neighborhoods, that led pharmaceutical company GlaxoSmithKline (GSK) to look at Denver as a possible location to institute a Collective Impact model that would enable local organizations already working in the obesity and health space to work together to accomplish more.

In 2013, GSK put out a request-for-application (RFA) for a grant that would fund a Collective Impact partnership to improve the health of children, primarily teenagers, in the community. GSK’s goal was to gather already existing programming into a single initiative.

The eventual recipient of that grant had LiveWell Colorado as a backbone organization. LiveWell Colorado had been concentrating its efforts on promoting healthy eating and active living. For the GSK grant, LiveWell brought together a collective that includes two neighborhood-level LiveWell programs, as well as Share Our Strength’s Cooking Matters Colorado, the Boys and Girls Club, Earth Force, and the Denver Metro Chamber Leadership Foundation.

Because of the structure of the Collective Impact model, LiveWell and The Collective work directly with GSK. GSK representatives are in constant conversation with the members of the collective, not only to steward the grant, but to help with thought leadership on ideas, brainstorm programming, and being kept up to date on what the initiative is doing. The Denver Metro Chamber Leadership Foundation is one of the collective partners and serves as the collective’s main conduit for working closely with the business community.

The positive working relationship between the collective and the city of Denver has also proven to be essential to its success. While the city does not receive any funding from the collective’s grant, it sees the programming and efforts of the collective as critical to pursuing its own agenda to improve the health and wellness of children in Denver. The city has responded by offering significant assistance and resources through its recreational centers and by serving on the collective’s steering committee.

LiveWell understood the need to secure community buy-in for its programming. Many community members, especially working in areas hit hard by the recent recession, were hesitant to engage with a broad coalition. To resolve that issue, LiveWell did what other programs did—they found community and neighborhood leaders and showed them possible benefits of participating in the program.

By working with these community leaders and pursuing the goals of their collective, members of the LiveWell Collective brought together the nonprofit community, the business community, and the local government to help solve the problem of obesity in Denver. The nonprofits work directly within the collective to execute their healthy living programming. The Metro Chamber Leadership Foundation is
leading the business community of Denver, supporting the collective, and advocating for the economic impact of community health. And the city is working with LiveWell by offering amazing outreach possibilities and infrastructure to ensure the program’s success.
Author Bio and Endnotes

Sara Zellner is the founder and principal of Lynz Consulting LLC, advising companies and nonprofit organizations in social responsibility. She works with the U.S. Chamber of Commerce Foundation Corporate Citizenship Center to augment their thought leadership through the creation of white papers, research reports, and online tools. Sara brings a unique skill set to her work with a background in management consulting, public-private partnerships, nonprofits, marketing, and data analytics.


This commentary reviews definition frameworks for community health and examines factors having core relevance to shaping the meaning of this term and growing field. We conclude by suggesting a potential framework for conceptualizing and advancing this field of public health practice through improved understanding of the meaning, scope, and science of community health.

2. The research went through a 5-step process to ascertain successful best practices: 1) Identifying core characteristics of durable, successful partnerships, 2) Locating and inviting participation in this study by partnerships involving hospitals and health departments that meet several baseline criteria, 3) Assessing these partnerships against core characteristics of successful partnerships and identifying those that, based on available information, appear to be successful and diverse, 4) Conducting site visits to a selected set of these partnerships to generate comparable information from partnership representatives and official documents, and 5) Analyzing this information to determine key findings, conclusions, and insights.


The overall purpose of the study is to identify and examine successful partnerships involving hospitals, public health departments, and other stakeholders who share commitment to improving the health of communities they jointly serve and ascertain key lessons learned from their collective experience. Refer to Note 5 above for further details.


Whether the focus of population-health improvement efforts, the measurement of health outcomes, risk factors, and interventions to improve them are central to achieving collective impact in the population health perspective. And because of the importance of a shared measurement system, appropriate measures can help to ensure the accountability of and ultimately integrate the efforts of public health, the health care delivery sector, and other public and private entities in the community to improve population health. This report serves to collect best practices to guide collaborative measurement development and provide a framework for population health measurement.


This white paper provides a menu of suggested measures for the three dimensions of the Triple Aim of simultaneously improving population health, improving the patient experience of care, and reducing per capita cost. The menu is based on a combination of the analytic frameworks presented in the paper and the practical experience of the organizations participating in the IHI Triple Aim prototyping initiative. The suggested measures
are accompanied by data sources and examples. The paper also describes how the measures might be used along with increasingly specific, cascading process and outcome measures for particular projects to create a learning system to achieve the Triple Aim.


With the growth of the digital economy, data sharing has become an essential business practice—whether between different groups within the same organization, between partners in larger platform endeavors, or even as in growing open data movements, with the public. Sharing enables new insights from existing data, and lets organizations make full use of this core resource. But it also introduces new ethical risks. This paper presents a best-practice approach for data sharing, to ensure that ethics are properly considered throughout the process, and that risks are appropriately identified and mitigated.


This toolkit is designed to assist communities working to share data across sectors to improve health. We begin by introducing the Accountable Communities for Health concept, and then provide seven parameters for framing your community’s current data-sharing maturity along a continuum from beginner to advanced.

9. Other organizations that address the key health issues may be undertaking their own programs related to these health issues. However, these summaries focus solely on the programs of the interviewees with whom USCCF spoke for this research. A list of other local organization in the key health issues that was compiled by the interviewees can be found in Appendix C. In addition, the information included in the summaries is limited to the insights provided during interviews; the accuracy of the information is based on the interviewees’ responses.

10. VoiceGR 2016, carried out by the Johnson Center at GVSU, is a community survey to gauge the opinions, attitudes, and perceptions of greater Grand Rapids residents in Kent County on topics such as ability to meet basic needs, access to healthcare, neighborhood safety, employment, education, and racism and discrimination.

11. No data from previous years are available. Also, the term “access” is not defined in the survey.

12. No data from previous years are available.

13. No data from previous years are available.

14. For more information about Blue Zones, see https://bluezones.com/

15. The full details of the models and best practices should be reviewed and considered as the coalition develops.

16. One issue in particular that would need to be addressed is the lack of a common definition for food security, which was exhibited among study interviewees, many of whom are members of ENFT.

17. Since KCPHC is in its early formation as this report is being finalized, more extensive, detailed recommendations cannot be made.

18. Refer to the notes from the Kent County Nutrition Summit in Appendix E for more information about the day.

19. Refer to the GlaxoSmithKline case study in Appendix F for a more detailed example of how a company’s grant activities lead to the creation of a Collective Impact initiative to address obesity.

ASSessing community efforts to address key health issues in Kent County, Michigan