



*Together...
Caring for our
Community.*

Sturgis Hospital

COMMUNITY
MENTAL HEALTH
& SUBSTANCE ABUSE
SERVICES
OF ST. JOSEPH COUNTY

Three
Rivers
Health

BRANCH HILLSDALE ST. JOSEPH
COMMUNITY HEALTH AGENCY

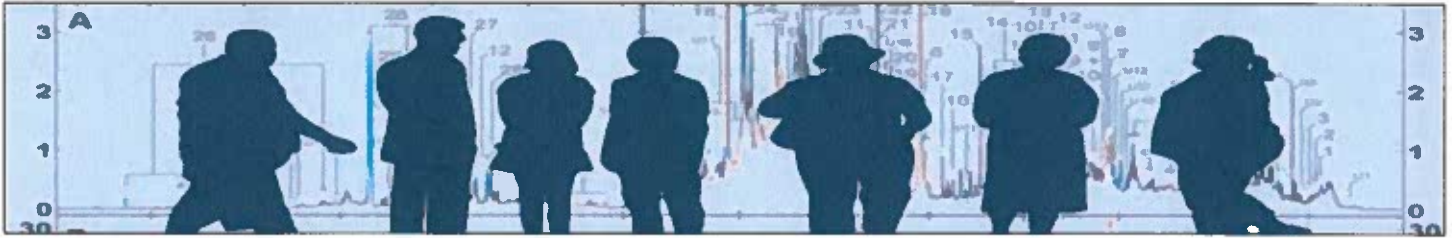
Covered
Bridge
Healthcare
of St. Joseph County



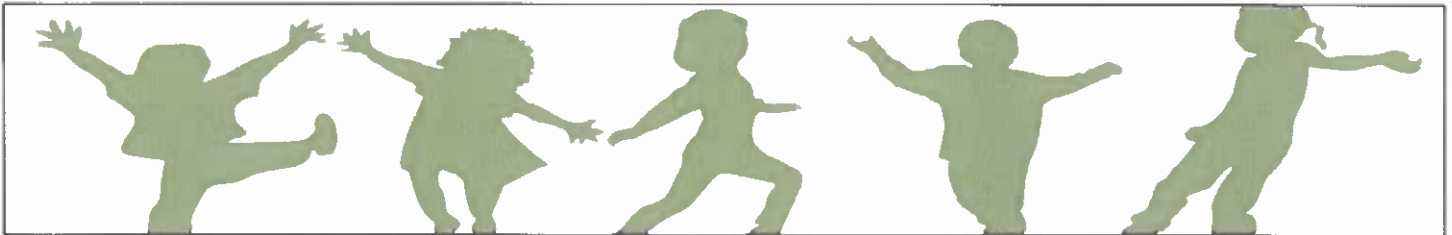
ST. JOSEPH COUNTY

Health Needs Assessment

DIABETES



EDUCATION AND PREVENTION



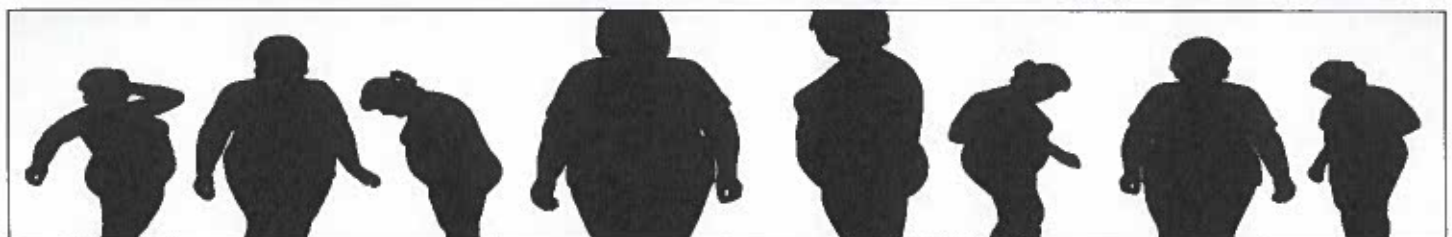
PHYSICIAN SERVICES



MENTAL HEALTH AND SUICIDE



OBESITY AND PHYSICAL INACTIVITY



- BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY •
- COMMUNITY MENTAL HEALTH & SUBSTANCE ABUSE SERVICES OF ST. JOSEPH COUNTY •
- THREE RIVERS HEALTH • STURGIS HOSPITAL •

St. Joseph County Community Health Needs Assessment

Branch-Hillsdale-St. Joseph Community Health Agency • Community Mental Health Services
Three Rivers Health • Sturgis Hospital

June 2017

Dear Resident:

We invite you to review this document to gain a better understanding of the issues and the manner in which we are addressing the health and medical needs of our community. The report is developed as part of a requirement of all nonprofit hospitals to complete a Community Health Needs Assessment every three years.

The 2017 Community Health Needs Assessment is our effort to craft a plan to meet the identified local health and medical needs. The plan also suggests areas where other local organizations and agencies might work with us to achieve the outcomes contemplated by the report. We will conduct a similar Community Health Needs Assessment at least once every three years to keep the report and strategies up to date, ensuring we continue to efficiently and effectively deliver quality medical services to St. Joseph County residents.

As you review this plan, we think you will find that we have identified the most pressing needs of our community and that our plan takes steps to address the needed improvements. In these tough economic times, resources will not allow us to solve all of the problems identified, so we will focus on problem areas for which we are best equipped to respond. Some of the issues are beyond the mission of our organizations and the required action is best suited for a response by others in the community; and some improvements will require personal actions by individuals rather than the response of a community institution. We view this plan as a guide for how we, along with other organizations and agencies, can collaborate to address the most pressing health needs of the area.

Of primary importance is the potential for this report to guide the coordinated actions of community agencies to make needed health and medical improvements for the residents of St. Joseph County. We appreciate any additional feedback you may provide about how we might improve the health and welfare of our community. If you have any questions, please feel free to contact Nana Amaniampong at the Branch-Hillsdale-St. Joseph Community Health Agency (517) 933-3042 or e-mail him at amaniampong@bhsj.org.

All of us live and work in St. Joseph County and through our combined efforts we hope to make living here more enjoyable and healthier.

Sincerely,



Rebecca A. Burns, Health Officer
Branch-Hillsdale-St. Joseph Community Health Agency



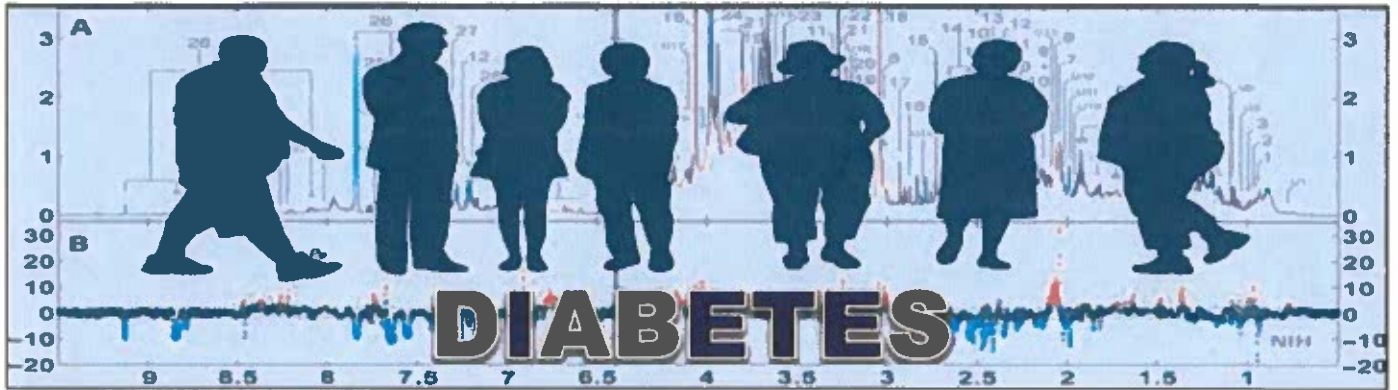
Kristine Kirsch, Interim Executive Director
Community Mental Health Services



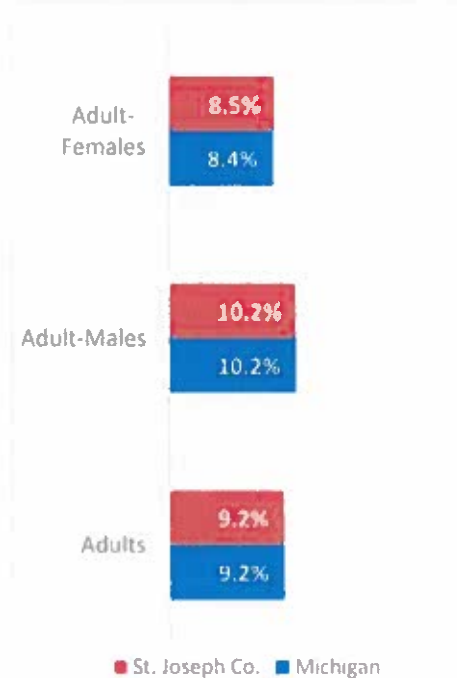
Robert J. LaBarge, FACHE, President and CEO
Sturgis Hospital



William Russell, CEO
Three Rivers Health



**Adults Diagnosed with Diabetes,
Age-adjusted Percentages,
Michigan and St. Joseph County
2013**



Source: CDC, 2013

*Without major changes,
as many as 1 in 3
US adults could have
diabetes by 2050.*

Centers for Disease Control and Prevention

What We Know...

According to the **St. Joseph County 2016 Community Health Needs Assessment**, diabetes is a major concern for the county and should be addressed as a priority.

Nearly half (48%) of community respondents identified unhealthy food choices as a major issue, while more than one-third of respondents (37%) identified diabetes specifically as a major issue. In addition, diabetes ranked in the top five priorities as identified by local public health professionals.

Diabetes is a public health problem.

According to the Centers for Disease Control and Prevention (CDC), people with diabetes either don't make enough insulin (type 1 diabetes) or can't use insulin properly (type 2 diabetes). Insulin allows blood sugar (glucose) to enter cells, where it can be used for energy. When the body doesn't have enough insulin or can't use it effectively, blood sugar builds up in the blood. High blood sugar levels can lead to heart disease, stroke, blindness, kidney failure, and amputation of toes, feet, or legs.

Type 2 diabetes accounts for about 90% to 95% of all diagnosed cases of diabetes, and type 1 diabetes accounts for about 5%. The health and economic costs for both are enormous:

- Diabetes is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.
- More than 20% of health care spending is for people with diagnosed diabetes.

People who have one or more of the following risk factors should talk to their doctor about getting their blood sugar tested:

- Being overweight.
- Being 45 years or older.
- Having a family history of type 2 diabetes.
- Being physically active less than 3 times a week.
- Ever having gestational diabetes or giving birth to a baby who weighed more than 9 pounds.

What We Can Do...

Diabetes	
Clinical	Adopt a team approach between primary care providers, specialists, nurses, behavioral health specialists and pharmacists for managing diabetic patients so as to improve patient education, continuity/quality of care and outcomes. Utilize diabetes educators in clinical practices. Improve referral process to community-based diabetes educational programs.
Individuals	If you have been diagnosed with diabetes, be sure to do the following: <ul style="list-style-type: none"> • Annual provider visit, dilated eye and foot exam • Have A1C checked twice a year (at least) • Learn more about diabetes and participate by participating in educational offerings to better manage disease
Hospitals	Utilize telemedicine and telehealth solutions to increase access to care for specialists and expand diabetes educational opportunities in the community. Offer a certified diabetes education program. Establish a phone line to assist diabetic patients and family members with questions about diabetes and how to self-manage.
Health and Human Services	Expand availability of evidence-based diabetes management classes (i.e., Diabetes PATH). Develop and offer a Community Health Worker/Health Coach model to assist those with diabetes.
Schools/ Libraries/ Churches	Promote access to web-based or mobile apps that provide diabetes education and self-management resources.
Public/ Policies	Working through Step Up St. Joseph, assure diabetic friendly, healthy food options are always available at community events, health fairs and festivals.

Race and ethnicity are also factors: African Americans, Hispanics and Latinos, American Indians, Pacific Islanders, and some Asian Americans are at higher risk than Caucasians.

Prediabetes and gestational diabetes.

According to the CDC, more than a third of American adults have prediabetes, and 90% of them don't know it. With prediabetes, blood sugar levels are higher than normal, but not high enough yet to be diagnosed as diabetes. The following test results are indicative of a prediabetes diagnoses:

- Hemoglobin A1C: 5.7%-6.4%
- Fasting Blood Glucose: 100 mg/dL-125 mg/dL
- Oral Glucose Tolerance Test: 140 mg/dL-199 mg/dL (2-h PG in the 75-g)

People with prediabetes have an increased risk of type 2 diabetes, heart disease, and stroke. Yet type 2 Diabetes can be prevented. Research shows that people with prediabetes and those at high risk could significantly reduce their risk of diabetes by making modest lifestyle changes—lose 5-7% body weight and be physically active at least 150 minutes a week (at least 5 days, 30 minutes of moderate physical activity).

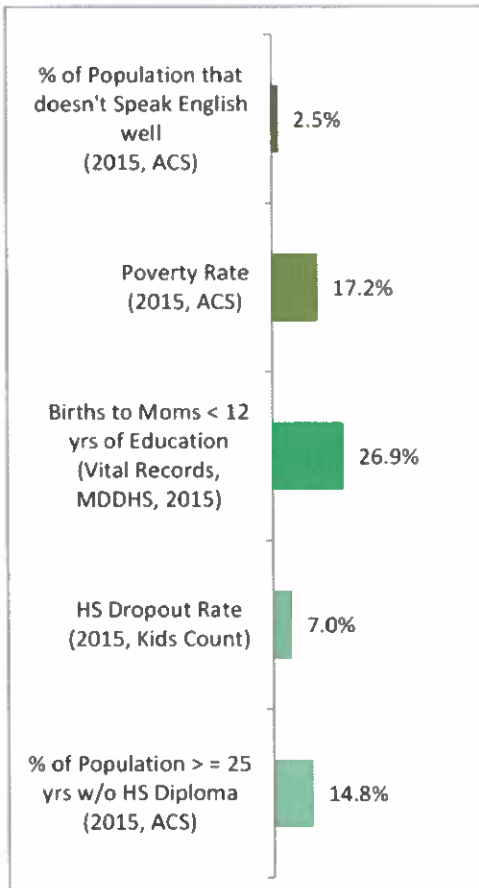
Gestational diabetes is diagnosed during pregnancy and can cause serious complications for mothers or their babies. These complications include preeclampsia (pregnancy-induced high blood pressure), birth-related trauma, and birth defects. Women with gestational diabetes also have a higher risk of developing type 2 diabetes later in life. The Michigan Department of Health and Human Services' Pregnancy Risk Assessment Monitoring System (PRAMS) reports that, among women who delivered in 2010, 4.4% to 8.4% of them were told by their health care provider they had gestational diabetes.

We know that:

- Diabetes is the 5th leading cause of death in St. Joseph County and claimed the lives of 32 people in 2014.
- More than 1 out of 11 of St. Joseph County adult residents has diabetes.
- Diabetes was the 6th leading cause of preventable hospitalizations in St. Joseph County in 2014.
- St. Joseph ranked 73rd among 83 Michigan counties for its diabetes death rate (crude rate) per 100,000 population (2014).
- St. Joseph ranked 54th among 65 peer counties nationwide for age-adjusted diabetes death rates per 100,000 population (2005-11).



**Health Literacy Related Factors,
St. Joseph County**



What We Know...

According to the **St. Joseph County 2016 Community Health Needs Assessment (CHNA)**, education and prevention are significant health issues in St. Joseph County. Low education levels (42%) and poverty (47%) were identified by two out of five survey respondents as major community issues; and more than half of the respondents (56%) identified healthy living as a problem that needs to be addressed. Among local public health experts, education and prevention ranked fourth, behind obesity/physical inactivity, mental health/suicide and physician services. Based upon the Claritas Prizm customer segmentation data, St. Joseph County scored significantly lower than the national averages for the following metrics:

- I am responsible for own health
- I follow treatment recommendations
- Tobacco use
- Routine cholesterol screening
- Cancer screening: pap and cervical testing every two years

Education and prevention programming is key to good health. Chronic diseases are responsible for 7 of 10 deaths each year. Approximately 50% of all adults have one chronic condition, and 25% of adults have two or more conditions. Yet, many chronic diseases can be prevented through early detection and by modifying four behaviors: diet, exercise, smoking and alcohol consumption.

According to the National Conference of State Legislatures' *Improving Rural Health: State Policy Option (2016)*, chronic diseases continue to drive U.S. health care spending. Chronic diseases account for 86% of all health care costs in 2010. An estimated 93% of Medicare spending and 83% of Medicaid spending are for people with chronic diseases.

We know that:

- Between 2009 and 2015, St. Joseph County ranked **58th** among 83 counties for the number of motor vehicle crash deaths per 100,000 population. (2017 County Health Rankings)
- Between 2011 and 2015, **37%** of all St. Joseph County motor vehicle deaths involved alcohol. (2017 County Health Rankings)
- In 2015, **more than one in six** St. Joseph County adults smoked. (2015 Vital Records, MDHHS)

"Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions."

Health Resources and Services Administration

What We Can Do...

Education and Prevention	
Clinicians	Consider implementing strategies within clinic settings to address health literacy issues, such as assessing patient literacy, implementing patient-center planning, and assuring cultural competency and educational appropriateness of teaching methods and materials.
Individuals/ Families	Adopt these healthy behaviors from the Governor's 4x4 plan: <ul style="list-style-type: none"> • Maintain a healthy weight • Engage in regular physical activity • If you smoke, quit • Get an annual physical exam Know 4 key health measures: <ul style="list-style-type: none"> • BMI • Blood Pressure • Cholesterol Level • Blood Glucose Level
Health/ Human Service Providers	Continue the Step Up St. Joseph County collaboration to promote locally-based healthy living efforts. Promote website and Facebook page to create health awareness and advocate for the adoption of healthy behaviors. Work to coordinate various health fair activities to assure that free and low-cost screenings and information are available throughout the county.
Schools/ Churches	Assist students in learning and maintaining their health through the implementation of evidence-based health education curriculums and/or programs that focus on prevention, risk factor reduction and proper utilization of the health care system.
Employers/ Employees	Participate in worksite wellness programs to improve employee health and productivity.
Public/ Policies	Advocate for a "health in all policies" approach to policy making. Work to assure health improvements for all people by incorporating health considerations into decision-making across all sectors and all policy areas.

- In 2015, one in four births (25.4%) occurred to mothers who smoked and nearly one of three births (32.4%) was to households where smoking occurred. (2015 Vital Records, MDHHS)
- St. Joseph County's three year age-adjusted death rate from heart disease was 20% greater than Michigan's rate. In addition, St. Joseph County's age-adjusted death rates from Chronic Lower Respiratory Disease and Diabetes were 30% and 64% greater respectively, than Michigan's age-adjusted death rates. (2012-14, Vital Records, MDHHS)

Prevention and health literacy. According to the US Department of Health and Human Services, choosing a healthy lifestyle, knowing how to seek medical care, and taking advantage of preventive measures require that people understand and use health information. The ability to obtain, process, and understand health information needed to make informed health decisions is known as health literacy. Yet, nearly nine out of ten adults may lack the necessary health literacy skills needed to manage their health and prevent disease.

Given the complexity of the healthcare system, it is not surprising that limited health literacy is associated with poor health status. Studies have shown that persons with limited health literacy skills are more likely to skip important preventive measures such as mammograms, pap smears, and flu shots. When compared to those with adequate health literacy skills, studies have shown that patients with limited health literacy skills enter the healthcare system when they are sicker.

Low health literacy is more prevalent among older adults and minority populations; those who have low socioeconomic status; and medically underserved people. Patients with low health literacy may have difficulty:

- Locating providers and services
- Filling out complex health forms and sharing their medical history
- Seeking preventive health care
- Knowing the connection between risky behaviors and health
- Managing chronic health conditions
- Understanding directions on medicine

We know that:

- One of six (16.7%) of St. Joseph County's population is age 65 years or older. (2015 Vital Records, MDHHS)
- St. Joseph County's population is represented by the following racial/ethnic/religious groups: White - 94.7%; African/American - 3.8%; Hispanic - 7.7%; and Amish - 2.1% (estimate) (2015 Vital Records, MDHHS; 2014, ACS)
- Two of five (42%) St. Joseph County residents live below 200% of poverty; nearly three of five children (55.4%) attending its schools are economically disadvantaged (2013, ACS and 2015-16 MDE)
- 17,021 (28%) of St. Joseph County residents have Medicaid and/or Healthy Michigan (Medicaid expansion) coverage.



Population to Healthcare Provider Ratios

Provider	St. Joseph Co.	MI	US-Best
Physician	2930:1	1240:1	1040:1
Dentist	2770:1	1450:1	1340:1
Mental Health Professional	592:1	450:1	370:1
Other Primary Care Providers	2344:1	1342:1	866:1

Source: County Health Rankings, 2016

What We Know...

According to the **St. Joseph County 2016 Community Health Needs Assessment**, leading issues among 478 respondents relate to a lack of:

- Affordable health insurance coverage,
- Availability and access to primary care services and
- Access to mental health/substance abuse services.

Nearly half (47%) of community respondents identified access to mental health/substance abuse services as a major issue; while an equal amount (46%) identified lack of health insurance access as a major issue. Nearly one-third of respondents (31%) identified primary care services and access as a major issue. In addition, 55% of the respondents identified healthcare availability as a problem that needs to be addressed and 42% of respondents reported they had left the county in search of health care.

Lack of affordable health insurance coverage remains a barrier.

The Enroll America/Civis Analytics estimated that, between 2013 and 2016, the percent of uninsured, nonelderly adults living in St. Joseph County has fallen from 20% to 8%. While the percent of people who lack health insurance has decreased, issues of affordability remain for some. Under the Affordable Care Act (ACA), health insurance access has improved for many low-income, uninsured adults, while premiums increased significantly for those who were not eligible for premium tax credits. In spite of increasing tax penalties associated with having no insurance, some individuals and families continue to find being uninsured their only affordable option.

We know that:

- 1,814 St. Joseph County residents were signed up for 2016 coverage through the Health Insurance Exchange Marketplace (ASPE, HHS).
- 3,728 St. Joseph County residents (19 to 64 years) were enrolled in the Healthy Michigan Plan - Michigan's Medicaid expansion plan (MDHHS, 2017).
- 1 of 5 (21.2%) St. Joseph County residents, on average per month, are enrolled in Medicaid health insurance (2015, MDHHS).
- 1 of 5 (19.4%) St. Joseph County residents, on average per month, are enrolled in Medicare (2015. CMS).

A lack of healthcare professionals can inhibit access to services by limiting the supply of available services. This is particularly a factor in rural areas.

As of August 2014, 60% of Primary Medical Health Professional Shortage Areas were located in non-metropolitan areas.

HRSA Data Warehouse

What We Can Do...

Insurance	
Health and Human Service Agencies	Continue to provide health insurance navigation services at various community locations and health care settings.
Schools/ Churches	Work with schools to identify students receiving free and reduced lunches. Work to enroll those who are uninsured and qualify into MI Child/Healthy Kids.
Recruitment and Retention	
Clinical	Update facilities to include state of the art technology in an effort to improve recruitment/retention of health care workforce.
Schools/ Churches	Encourage job shadowing and mentoring opportunities with health professionals so as to foster a "grow your own" mentality with students.
Public/ Policies	Utilize health service opportunities (i.e., J1 Visa, Loan forgiveness, local health professional scholarships) to increase local manpower.
Accessible Health Services	
Clinical	Seek technological solutions that utilize available mid-levels, such as telehealth and expand primary care services into non-traditional locations/venues. Seek further service integration/coordination, the establishment of cross-disciplinary care teams and expansion of health networks.
Individuals/ Families	Seek to establish a medical home. Learn about when required screenings and immunizations should occur. Participate in prevention offerings when available.
Schools/ Churches	Assess school nursing availability and expand school-based/linked clinic models.
Public/ Policies	Consider various case management models. Incorporate the use of health navigators and community health workers to assist users with complex health needs to appropriately access health care resources.

- More than 1 out of 2 (50.8%) births to St. Joseph County residents were paid for by Medicaid (2015, MDHHS).
- 1 of 2 (49%) St. Joseph County children were enrolled in Healthy Kids or MI Child, and an additional 5.5% may still be eligible (2014, Kids Count).

Primary Care, Dental and Mental Health professionals are lacking.

Sufficient availability of health care professionals, including physicians, dentists and mental health specialists are essential for preventive and primary care, and when needed, referrals to appropriate specialty care. Recent results of a study published by the Association of American Medical Colleges (AAMC) projects a nationwide shortfall of physicians in both primary and non-primary care areas by 2025. Reasons for these shortfalls are complex and include: an aging healthcare workforce that is reaching retirement age; a growing senior population that is in need of more healthcare services; and additional numbers of newly insured individuals as a result of the Affordable Care Act that are seeking care.

Rural communities, like St. Joseph County, continue to struggle to attract health care providers. These problems are often related to a lack of health care education and training opportunities typically found in rural areas; insufficient compensation for services when compared to urban areas; larger proportions of seniors in need of care; greater burden of disease; and lack of employment and social opportunities for spouses and family members. As a result, even though 20% of the nation's populations live in rural areas, only 9% of physicians practice there.

We know that, according to the 2016 County Health Rankings:

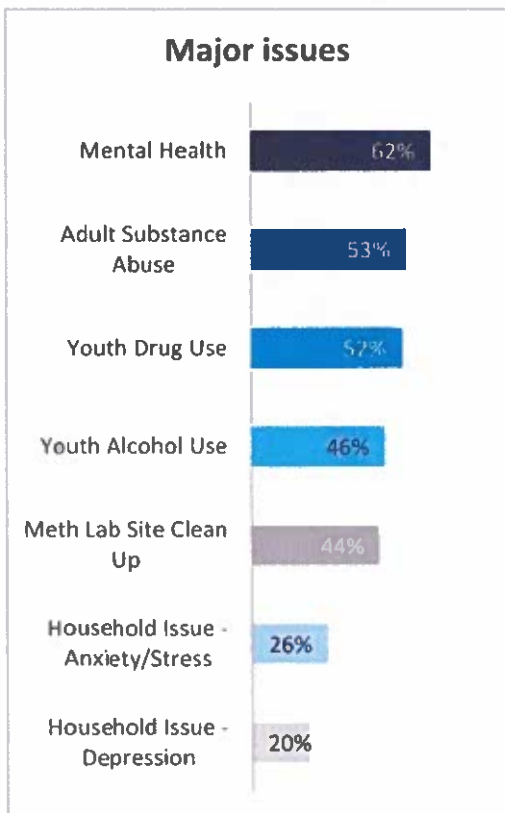
- St. Joseph County ranked 65th among 82 Michigan counties in its population to primary care physician ratio.
- St. Joseph County ranked 61st among 82 Michigan counties in its population to dentist ratio.
- St. Joseph County ranked 29th among 81 Michigan counties in its population to mental health provider ratio.
- St. Joseph County has been designated as a Health Professional Shortage Area (HPSA) for primary care and mental health and has received a partial county designation as a Medically Underserved Area (MUA).
- St. Joseph County ranked 77th out of 83 Michigan counties for its number of preventable hospital stays per 1,000 Medicare enrollees.
- 1 of 3 adults (34.7%) residing in the health jurisdiction reported not having received a routine checkup during the past year (2013-15, BRFS, MDHHS).
- 1 of 5 (20.1%) adults residing in the health jurisdiction reported not having a personal provider (2013-15, BRFS, MDHHS).

MENTAL HEALTH & SUICIDE

ST. JOSEPH COUNTY ACCESS TO CARE TASK FORCE

January, 2017

CHNA Mental Health & Substance Abuse Concerns St. Joseph County



Source: 2016 Community Health Needs Assessment (CHNA) Survey, St. Joseph County

45% of Americans seeking substance use disorder treatment have been diagnosed as having a co-occurring mental and substance use disorder.

National Survey of Substance Abuse Treatment Services

What We Know...

According to the St. Joseph County 2016 Community Health Needs Assessment (CHNA), 478 respondents ranked mental health and suicide as St. Joseph County's second leading health need, behind obesity and physical inactivity. More than three out of five (62%) of community respondents identified mental health issues, which included depression, anxiety, grief, stress and bipolar disorder, as a major concern in St. Joseph County. In addition, nearly half of respondents (47%) identified access to mental health/substance abuse services and one-third (33%) of respondents identified suicide and suicide attempts as major issues

From the list of substance abuse issues, more than half of the respondents identified adult and youth drug use/abuse as major issues of concerns. More than two out of five respondents identified youth alcohol use, youth smoking/tobacco use and prescription drug use (regardless of age) as major issues. An equal amount of respondents identified meth lab site cleanup as a major community issue

Mental Health and Suicide. Mental health is part of a broader umbrella called behavioral health which includes: social anxiety, depression, obsessive compulsive disorder, drug addiction, personality disorders and other disorders. According to the Centers for Disease Control and Prevention, the most common childhood mental disorders are: attention-deficit/hyperactivity disorder (ADHD), anxiety, and behavior disorders. Other childhood disorders and concerns that affect how children learn, behave, or handle their emotions can include learning and developmental disabilities, autism, and risk factors like substance use and self-harm.

We know that:

- Among St. Joseph County high school students, 35.4% reported they felt sad /hopeless for two or more weeks in a row during the past 12 months (MI Phy 2015-16).
- Among St. Joseph County high school students, 26.7% reported being bullied on school property (MI Phy 2015-16).
- Among St. Joseph County 7th grade students, 11.6% attempted suicide at least once (MI Phy 2015-16).

What We Can Do...

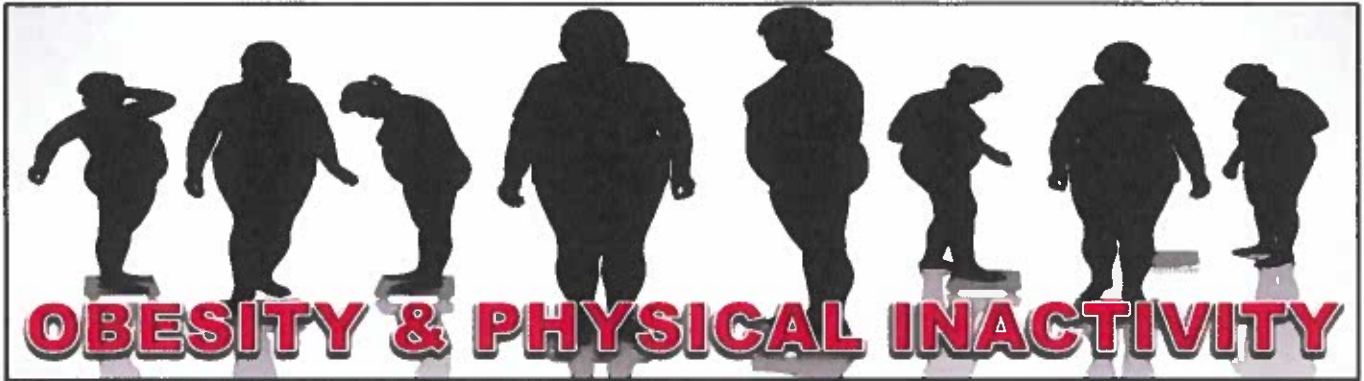
Mental Health/Substance Abuse Screening and Prevention	
Health and Human Service Agencies	Support community education and outreach programs that inform the community about behavioral health issues and resources.
Schools/ Churches	Encourage programs that provide support for caregiver of family members who have mental illness/substance abuse issues to enable people to remain in a community-or home-based setting.
Clinical	Work to further integrate substance abuse prevention and detection, along with mental health screening through primary care offices. Work to integrate primary care into behavioral health services.
Public/ Policies	Support legislation that reduces or deters prescription drug abuse, overdose and misuse, including "doctor shopping" laws (that deter people from obtaining multiple prescriptions); immunity for people seeking medical assistance; controlling sale of over-the-counter ingredients and medications; requirements for physical examination before prescribing controlled substance; and prescription drug monitoring programs
Accessible Behavioral Health Services	
Mental Health Providers	Consider the expanded use of peer support specialists, defined as "a person who uses his or her lived experience of recovery from mental illness and/or addiction," plus skills learned in formal training, to deliver services in behavioral health settings to promote recovery. Explore funding and reimbursement strategies, as well as training and certification requirements.
Technology	Consider innovative methods to support access to mental health treatment, in rural areas, including use of telehealth, online and/or hotline programs

- Among St. Joseph County students, 11.4% received special education services (2015, Kids Count).
- St. Joseph County's three year age-adjusted suicide rate of 16.6 per 100,000 was 30% higher than Michigan's rate of 12.8 per 100,000 (2012-14, Vital Records, MDHHS).
- Of CHNA respondents, 26% reported anxiety, while 20% reported experiencing depression as major issues in their households that needed prompt attention (St. Joseph CHNA, 2016).
- More than one out of seven (14.8%) health jurisdiction adults reported 14 or more days out of the previous month whereby their mental health was not good due to stress, depression and/or other emotional problems. (2013-15, BRFSS, MDHHS)

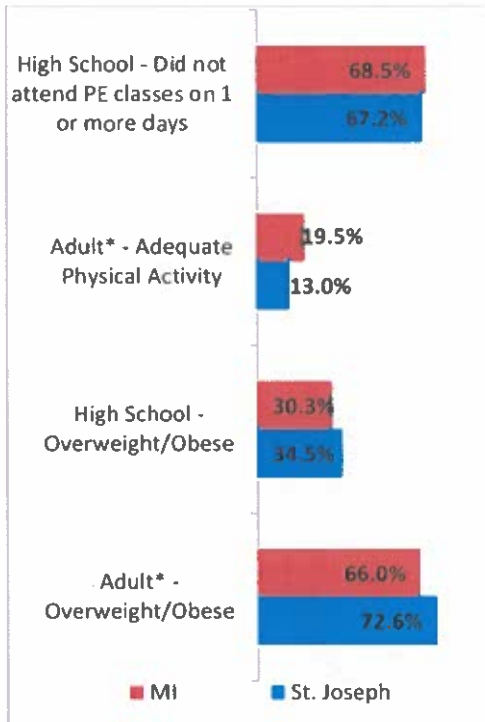
Substance Abuse remains a major problem Substance use and abuse can increase risk for injuries, violence, suicide, HIV infection and other diseases. According to the National Alliance on Mental Health, about a third of all people experiencing mental illnesses and about half of people living with severe mental illnesses also experience substance abuse. They also report that these statistics are mirrored in the substance abuse community, where about a third of all alcohol abusers and more than half of all drug abusers report experiencing a mental illness.

We know that:

- Six St. Joseph County residents died from opioids and/or heroine overdoses in 2014. (2014, DVRHS, MDHHS)
- More than one in five (20.9%) of St. Joseph County residents presenting for treatment reported opioids and/or heroine as their primary substance of abuse. (2016 TEDS, TX)
- 6.9% of St. Joseph County High School Students reported using an opioid painkiller without a prescription during the last 30 days (MI Phy 2015-16).
- 5.4% of St. Joseph County High School Students reported using a psychostimulant without a prescription during the last 30 days (MI Phy 2015-16).
- More than one in four (27.2%) of St. Joseph County residents presenting for treatment reported meth and/or other psychostimulants as their primary substance of abuse. (2016 TEDS, TX)
- Between Jan. 2012 and March 2013, about 6.5 days' worth of cold medicine per person, was sold in St. Joseph County making it #1 in the state for pseudoephedrine sales. Pseudoephedrine is a component used in the making of meth.
- In 2015, St. Joseph County reported 89 alcohol/drug-related vehicle crashes, which resulted in 1 fatality and 41 injuries.



Select Factors Related to Obesity and Physical Inactivity, St. Joseph County and Michigan



*Adult refers to adult living in BHSJ Health Jurisdiction
 Source: 2013-2015 Michigan BRFSS Regional & Local Health Department Estimates September, 2016. MDHHS. 2015-16 MI Phy Survey, St. Joseph County Report, MDE. 2015 Michigan YRBS, CDC.

"Because of the increasing rates of obesity, unhealthy eating habits and physical inactivity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents."

Surgeon General Richard Carmona

What We Know...

According to the **St. Joseph County 2016 Community Health Needs Assessment**, obesity and physical inactivity were identified as the county's number one health need. Nearly half (48%) of community respondents identified people making unhealthy food choices/obesity as a major issue. Nearly one-quarter (23%) identified access to healthy foods and one-fifth (20%) identified the availability of exercise resources/fitness opportunities as major community issues. These views were echoed by a panel of local public health experts who had unanimously concurred that obesity and lack of physical activity were important health needs confronting residents of the county.

Obesity is common, serious and costly.

Michigan now has the 16th highest adult obesity rate in the nation, according to *The State of Obesity: Better Policies for a Healthier America* released September 2016. Michigan's adult obesity rate is currently 31.2%, up from 22.1 % in 2000 and from 13.2 % in 1990.

Obesity and overweight combined are the second leading cause of preventable deaths in the nation. Poor diets and lack of physical activity are associated with many chronic diseases such as: heart disease, cancer, type-2 diabetes, osteoarthritis, and may also be a factor in Alzheimer's disease and dementia. According to the Centers for Disease Control and Prevention (CDC), the estimated annual medical costs for people who are obese are \$1,429 higher than those of normal weight (2009).

Weight that is higher than what is considered a healthy weight for a given height is categorized as 'overweight' or 'obese.' Body Mass Index, or BMI, is used as a screening tool to determine weight status in adults. An individual with a BMI of 25 or greater but less than 30 is considered overweight. An individual with a BMI that is 30 or greater is considered obese. While being active for 30 minutes a day, most days, is recommended for lowering chronic disease risks, to lose weight, people should strive to be active at least one hour per day.

We know that:

- St. Joseph ranked 64th among 83 Michigan counties for adult obesity.
- St. Joseph ranked 77th among 83 Michigan counties for adults who reported no leisure time activity.

What We Can Do...

Nutrition and Physical Activity	
Clinicians	Utilize the AH RQ Toolkit "Integrating Primary Care Practices and Community-based Resources to manage Obesity: A Bridge-building Toolkit for Rural Primary Care Practices" to help connect patients to obesity management resources.
Individuals/ Families	Adopt these healthy behaviors from the Governor's 4x4 plan: <ul style="list-style-type: none"> Maintain a healthy diet that includes fruits, vegetables, low and fat-free dairy products and whole grains, Engage in regular physical activity – at least 150 minutes each week for adults and 60 minutes per day for children/adolescents Know 4 key health measures: <ul style="list-style-type: none"> BMI Blood Pressure Cholesterol Level Blood Glucose Level
Health/ Human Service Providers	Continue the Step Up St. Joseph County collaboration to promote locally-based healthy living efforts. Assure that information about nutrition/physical fitness is incorporated into all health and community events. Offer free and/or affordable, targeted, evidence-based educational opportunities to high-risk populations.
Schools/ Churches	Establish comprehensive programs that address food service and physical and classroom education, such as the CATCH (Coordinated Approach to Child Health) Program. Open facilities after hours to the community.
Employers/ Employees	Participate in worksite wellness programs to improve employee health and productivity. Make healthy snack choices more available.
Public/ Policies	Provide more physical activity opportunities by expanding parks and recreational programs, establish trails and walking paths, and initiate walking clubs.

- Between 2001 and 2009, percentages of obesity grew for both St. Joseph County men and women.
 - Percentages have grown by 4.7 points for St. Joseph County men.
 - Percentages have grown by 11.4 points for St. Joseph County women.

Obesity, overweight and physical inactivity in children.

According to the CDC, the percentage of children with obesity in the United States has more than tripled since the 1970s. Childhood obesity has immediate and long-term impacts on physical, social, and emotional health. Children with obesity are at higher risk for having other chronic health conditions and diseases that impact physical health, such as asthma, sleep apnea, bone and joint problems, type 2 diabetes, and risk factors for heart disease. They are more likely to be bullied and teased and are more likely to suffer from social isolation, depression, and lower self-esteem. In the long term, obese adolescents are 70% more likely to be obese adults, putting them at risk for all the associated chronic conditions and diseases.

According to a recent study from the University of Michigan, socioeconomic status is a more accurate predictor of unhealthy weight status than race or ethnicity. Low-income families tend to eat cheaper, processed, lower nutritional foods that contain excess sugar and fat and are more calorie-rich than their higher-income counterparts. They also tend to have less access to organized physical activities, (i.e., parks and recreation programs, exercise facilities, intramural sports, etc.) Children living in rural areas are also at increased risk for unhealthy weight gain and 25% more likely to be obese than those living in metropolitan areas. In part, this is due to the higher rates of childhood poverty found in rural areas. Transportation, the lack of sidewalks, parks and trails and difficulties in accessing nutrition education and services are all identified barriers.

BMI percentile, instead of BMI, is used for measuring children and young adults because it takes into account that they are still growing, and growing at different rates. Children with a BMI between the 85th and the 95th percentile are considered overweight. Children at or above the 95th percentile have obesity.

We know that:

- 20.4% of St. Joseph County High School Students are obese and 14.1% are overweight.
- 60% of female students were trying to lose weight even though only 33.3% were overweight/obese.
- More than 1 in 5 (22.5%) watched 3 or more hours of TV on an average school day.
- More than 1 in 3 (34.7%) played video games or used a computer for something that is not school work, 3 or more hours per day on an average school day.

Get the Picture?



WIC



Health Education



Immunizations



Children's Special Health Care Services



Hearing & Vision Screenings



Communicable Diseases



Car Seats



Food Inspections



Water & Septic Evaluations



Area Agency on Aging



Dental Clinic



Health Insurance Assistance

**Be the
Picture
of
Good
Health!**

Good Health starts with **PREVENTION!**

Whether we are providing healthy foods to moms, children and their families through our WIC program, giving shots, assisting families in getting health insurance or conducting health inspections, the **Branch-Hillsdale-St. Joseph Community Health Agency** is working to *prevent disease, promote health and protect the environment.*

We're Your Local Health Department.

Check us out on the web:

www.bhsj.org
facebook.com/bhsjwic

Three Rivers Office: 1110 Hill St
Three Rivers, MI 49093

Sturgis Clinic Office: 1555 E. Chicago Rd,
Suite C, Sturgis, MI 49091

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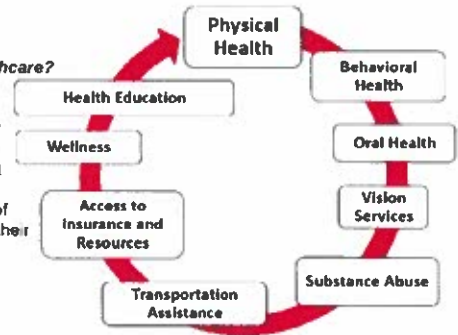


Covered Bridge Healthcare

658 E. Main St. Centreville, MI 49032
269.467.3228

What is
Covered Bridge Healthcare?

We are a Federally Qualified Health Center (FQHC) – a community based organization that provides overall healthcare to persons of all ages, regardless of their ability to pay or health insurance status



**Accepting New Patients
Call now to make your appointment!
269.467.3228**

**Open:
Mon-Wed-Fri 8am -5pm; Tues-Thurs Noon-7pm**

Patients:

At Covered Bridge Healthcare of St. Joseph County, we are here for area patients of all ages. Our staff of medical professionals has the necessary experience to offer a caring touch and healing solutions to everyone that walks through our doors.

Services:

Chronic care, nutrition, wellness and preventative, injuries, substance abuse, and behavioral health services – we focus on treating the patient as a whole and partner with you to make sure your needs are met.

FQHC:

As a Federally Qualified Health Center (FQHC), Covered Bridge Healthcare of St. Joseph County has access to a diverse group of medical experts. Our facilities use federal funding - provided under Section 330 of the Public Health Service Act (PHS) - to provide patients access to the highest levels of care. In doing so, we fulfill our mission to bring top-rated medical treatments to underserved areas.

Check out our website, or follow us on social media:

www.coveredbridgehealth.org



Community Mental Health & Substance Abuse Services of Saint Joseph County

- Assertive Community Treatment (ACT)
- Case Management & Supports Coordination
- Substance Abuse Prevention & Treatment
- Early Childhood Services
- Adult, Children's, and Family Counseling
- Group Counseling & Therapy
- Psychiatric/Medical Clinic
- Community Living Supports (CLS)
- Adult & Children's Clubhouse Programs
- Wellness & Recovery (Peer Support Services)

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Every day people recover from mental illness.



Serving Our Community for Over 100 Years.



MISSION

Three Rivers Health is committed to the sustained well-being of our patients, families and communities through high quality, low cost, dynamic health care.

Three Rivers Health

701 S. Health Parkway, Three Rivers, MI

269.278.1145

www.trhealth.org

Sturgis Hospital

ADMINISTRATION

916 MYRTLE AVENUE • STURGIS, MI 49091 • (269) 659-4400

DATE: August 18, 2016
TO: Board of Directors
FROM: Robert J. LaBarge, President and Chief Executive Officer *Rob*
RE: Community Health Needs Assessment

Attached to this memo please find an executive summary of the findings from the Community Health Needs Assessment as well as the action plan we have developed to address the identified needs. As in previous years, this Community Health Needs was conducted on a collaborative basis with St. Joseph County partners including Three Rivers Health, Community Mental Health and the Branch-Hillsdale-St. Joseph County Health Department. Although these players were the major contributors, we had many other members of the Access to Healthcare Task Force that participated in the process and contributed to the final product. I am a firm believer that this collaborative approach provides the best opportunity for us to address the identified needs from the survey.

A review of the document will show that the five major health needs identified by the survey were:

- (1) Obesity/Physical Inactivity
- (2) Mental Health/Suicide
- (3) Physician Services
- (4) Education/Prevention
- (5) Diabetes

Although we were not surprised by any of the issues identified, it is always important to make sure that our understanding of the problems is consistent with others in leadership roles throughout St. Joseph County. You will note in the review of the action plan that we have strategies in place to address many of these issues, but they remain pressing issues for our community. We plan to continue the strategies already in place and look for additional ways to impact these significant health needs which impact the health and wellness of our community. The materials with this board packet are summary materials that I believe present a synopsis of what is included in the full Community Health Needs Assessment which in total is about 150 pages. The complete Community Health Needs Assessment will be available on the Hospital web-site and the board portal should you wish to review additional details.

We will need to approve this document at the board meeting as the completion of this survey is a requirement for the Hospital every three years. I will be available at the board meeting to answer any questions you might have.

EXECUTIVE SUMMARY
ST. JOSEPH COMMUNITY HEALTH NEEDS ASSESSMENT

Sturgis Hospital has performed a Community Health Needs Assessment to determine the health needs of the local community, develop an implementation plan to outline and organize how to meet those needs, and fulfill federal requirements. Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. A second survey was distributed to the same group that reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community. The Significant Health Needs for St. Joseph County are:

- 1. Obesity/Physical Inactivity**
- 2. Mental Health/Suicide**
- 3. Physician Services**
- 4. Education/Prevention**
- 5. Diabetes**

The Hospital has developed implementation strategies for all of the five needs including activities to continue/pursue, community partners to work alongside, and leading and lagging indicators to track.

PROCESS:

Three surveys were issued and an informational analysis performed which looked to review secondary data sources:

- Round 1 Survey was sent to local experts to gain input on local health needs and the needs of priority populations based upon the outcomes of the 2012 Survey. 43 Local Experts participated that represented: Public Health, Departments/Agencies, Priority Populations, Chronic Disease Groups and Broad Interest of the Community participated in an electronic survey.
- Review of secondary data sources and comparative analyses against peer counties were conducted.
- Round 2 Survey was sent to local experts to vet the information and summary conclusions from the secondary data source review. 18 Local Experts participated in the electronic survey.
- An electronic Community Health Needs Assessment Survey was made available to the community. 480 people participated.

CONCLUSIONS

Various conclusions from the different surveys and data analyses follow:

Summary Conclusions from Public Input (Round 1 Survey)

SH received the following responses to the question: "Should the Hospital continue to consider each need identified as most important in the 2012 CHNA report as the most important set of health needs currently confronting residents in the county? Please add any additional information you would like us to understand."

- Continued health and wellness education.
- Infants being born addicted is more of a concern than infant death.
- Substance abuse
- Reduced cost screenings for health management/maintenance

- Chronic illness and related behavioral risk factors (i.e., obesity and physical inactivity) and education for prevention
- Parenting programs

Summary of Observations: Comparisons of Other Counties
Health Outcomes

In a health status classification termed "Health Outcomes", St. Joseph ranks 49 among the 82 ranked Michigan counties (best being #1).

- Premature Death (deaths prior to age 75) presents worse values (shorter survivability) than on average for the US and Michigan.

Health Factors

In another health status classification "Health Factors", St. Joseph ranks number 49 among the 82 ranked Michigan counties. The following indicators compared to MI average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Adult Smoking – St. Joseph 22% of residents compared to MI 20% and US best of 14%
- Adult Obesity – St. Joseph 34% compared to MI 32% and US best of 25%
- Physical Inactivity – St. Joseph 27% which is higher than the MI avg. of 23% and US best of 20%
- Access to Exercise Opportunities – St. Joseph 62% which is lower than the MI avg. of 83% and US best of 92%
- Alcohol-Impaired Driving Deaths – St. Joseph 48% compared to MI 31% and US best of 14%
- Teen Births – St. Joseph 45 births/1,000 females age 15 to 19 compared to MI 31 and US best of 31 births

Clinical Care

In the "Clinical Care" classification, St. Joseph County ranks number 64 among the 82 ranked Michigan counties. The following indicators compared to MI average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Uninsured – St. Joseph 15% of residents compared to MI 13% and US best of 11%
- Population to Primary Care Physician – St. Joseph 2,643:1 which is more than twice the MI 1,246:1 and US best of 1,045:1
- Population to Dentist – St. Joseph 2,903:1 compared to MI 1,485:1 and US best of 1,377:1
- Population to Mental Health Provider – St. Joseph 616:1 compared to MI 487:1 and US best of 386:1
- Diabetic Monitoring – St. Joseph 84% which is lower than the MI avg. of 86% and US best of 90%
- Mammography Screening – St. Joseph 63.2% of Medicare women age 67 to 69 compared to MI 65.6% and US best of 70.7% Sturgis Hospital, Sturgis, Michigan

Social and Economic Factors

In the "Social and Economic Factors" classification, St. Joseph County ranks number 28 among the 82 ranked Michigan counties. The following indicators compared to MI average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Some College – St. Joseph 48.8% which is considerably below MI avg. of 65.6% and US best of 71.0%
- Children in Poverty – St. Joseph 26% which is above the MI avg. of 24% and double the US best of 13%
- Injury Deaths – St. Joseph 61 per 100,000 residents compared to MI 60 and US best of 50

Summary of Observations: Peer Comparisons

The Federal Government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when St. Joseph County is compared to its national set of Peer Counties and compared to national rates result in the following:

Mortality

- Better
 - Alzheimer's Disease Deaths;
 - Chronic Lower Respiratory Disease (CLRD) Deaths
- Worse
 - Coronary Heart Disease Deaths – 182.8 deaths per 100,000; 5th worst among 65 peer counties; US avg. 126.7
 - Diabetes Deaths – 34.9 deaths per 100,000; 12th worst among peers; US avg. 24.7
 - Motor Vehicle Deaths – 23.0 deaths per 100,000; 12th worst among peers; US avg. 19.2

Morbidity

- Better
 - Adult Diabetes;
 - Alzheimer's Diseases/Dementia;
 - Cancer;
 - HIV;
 - Older Adult Asthma;
 - Syphilis
- Worse - Nothing

Healthcare Access and Quality

- Better/Worse - Nothing

Health Behaviors

- Better - Nothing
- Worse
 - Adult Female Routine Pap Tests – 63.6% of adult women; 2nd worst among peers; US avg. 77.3

Social Factors

- Better
 - Children in Single-Parent Households;
 - Inadequate Social Support;
 - Unemployment
- Worse - Nothing

Physical Environment

- Better
 - Access to Parks
- Worse - Nothing

Conclusions from Demographic Analysis Compared to National Averages

The 2016 population for St. Joseph County is estimated to be 61,526 and is expected to increase at a rate of 0.0% through 2021. This is lower than the 3.7% national rate of growth and Michigan rate of 0.6%. In 2021, St. Joseph County anticipates a population of 61,549.

Population estimates indicate the 2016 median age for the county is 39.4 years, slightly younger than the Michigan median age (39.8 years) but older than the national median age of 38.0 years. The 2016 Median Household Income for the area is \$43,960, lower than the Michigan median income of \$50,415 and the national median income of \$55,072. Median Household Wealth value is lower than the Michigan value, but higher than the national median. Median Home Value for St. Joseph (\$112,236) is lower than both the Michigan median of \$129,984 and the national median of \$192,364. St. Joseph's unemployment rate as of September 2015 was 3.7%, which is lower than the 4.7% statewide and the 5.1% national civilian unemployment rate.

The portion of the population in the county over 65 is 17.1%, compared to Michigan (16.1%) and the national average (15.1%). The portion of the population of women of childbearing age is 17.6%, lower than the Michigan average of 19.0% and the national rate of 19.6%. 86.9% of the population is White non-Hispanic. The largest minority is the Hispanic population which comprises 7.4% of the total.

The following areas were identified from a comparison of the county to national averages. Metrics impacting more than 30% of the population and statistically significantly different from the national average include the following. All are considered adverse:

- BMI: Morbid/Obese is 8.5% above average impacting 33.2% of the population
- I Am Responsible for My Health is 6.4% below average impacting 61.2% of the population
- I Follow Treatment Recommendations is 6.5% below average impacting 48.5% of the population
- Routine Cholesterol Screening is 7.4% below average impacting 47.0% of the population
- Cervical Cancer Screening in last two years is 9.2% below average impacting 54.4% of the population
- OB/GYN Visit is 14.5% below average impacting 39.5% of the population

Metrics impacting more than 30% of the population and statistically significantly different from the national average include the following. All are considered beneficial:

- Consumed Alcohol in the Past 30 Days is 17.2% below average impacting 44.8% of the population

Conclusions from Other Statistical Data

Among the Top 15 Causes of Death in the U.S., 11 of the 15 occurred at expected rates in St. Joseph County. However, Alzheimer's and Homicide occurred at lower rates than expected, and Heart Disease and Diabetes occurred at higher rates. The Top 10 Causes of Death in St. Joseph County are:

1. Heart Disease – St. Joseph County ranks 12 of 83 MI counties (being ranked as #1 means you are the worst county in the state) with a death rate of 257.23/100,000
2. Cancer – St. Joseph County ranks 21 of 83 MI counties with a death rate of 195.98/100,000
3. Lung Disease – St. Joseph County ranks 37 of 83 MI counties with a death rate of 50.36/100,000
4. Stroke – St. Joseph County ranks 50 of 83 MI counties with a death rate of 48.15/100,000
5. Accidents – St. Joseph County ranks 25 of 83 MI counties with a death rate of 46.75/100,000
6. Alzheimer's – St. Joseph County ranks 66 of 83 MI counties with a death rate of 37.1/100,000
7. Diabetes – St. Joseph County ranks 5 of 83 MI counties with a death rate of 17.15/100,000
8. Flu/Pneumonia – St. Joseph County ranks 43 of 83 MI counties with a death rate of 16.78/100,000
9. Kidney – St. Joseph County ranks 31 of 83 MI counties with a death rate of 13.73/100,000

10. Suicide – St. Joseph County ranks 46 of 83 MI counties with a death rate of 13.31/100,000

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 US counties or equivalents applying small area estimation techniques to the most recent county information.

Unfavorable St. Joseph County measures which are worse than the US avg. and had an unfavorable change:

- Male Obesity – As of 2009, 34.6% of males are obese; value increased 4.7 pct points since 2001
- Female Obesity – As of 2009, 41.8% of females are obese; value increased 11.4 pct points since 2001

Unfavorable St. Joseph County measures which are worse than the US avg. but had a favorable change•

- Male Life Expectancy -As of 2010, male life expectancy is at 74 years; value increased 1.9 years since 1985
- Female Life Expectancy – As of 2010, female life expectancy is at 79 years; value increased 1.1 years since 1985 • Male Smoking – As of 2012, male smoking is at 26.8%; value decreased 4.0 pct points since 1996
- Female Smoking – As of 2012, female smoking is at 24.9%; value decreased 1.0 pct points since 1996
- Male Physical Activity – As of 2009, the prevalence of recommended physical activity for males is at 55.3%; value increased 0.3 pct points since 2001 • Female Physical Activity – As of 2009, the prevalence of recommended physical activity for females is at 48.4%; value increased 4.1 pct points since 2001
- Desirable St. Joseph County measures better than the US avg. but had an unfavorable change: None
- Desirable St. Joseph County measures better than the US avg. and had a favorable change: None

Summary of Findings from Community Survey

- The top three health issues ranked as “Major Issues” in the area are Mental Health Issues (62%), People Making Unhealthy Food Choices/Obesity (48%), and Access to Mental Health/Substance Abuse Services (47%).
- The top three drug and substance abuse issues ranked as “Major Issues” in the area are Adult Substance Abuse (53%), Youth Drug Use (52%), and Youth Alcohol Abuse (46%).
- The top three community issues ranked as “Major Issues” in the area are Poverty (47%), Bullying (47%), and Meth Lab Site Clean Up (44%).
- The top three issues that respondents believe are problems in the community are Individual and Family Concerns (58%), Healthy Living (56%), and Healthcare Availability (55%).
- The community health need ranked highest on a scale of 1 to 8 is Individual and Family Concern, which received an average score of 5.8; the next highest is Healthcare Availability at 5.3, and the third highest is Safety at 4.8.
- The top health issues in each household ranked as “Major Issues” are Having a lot of Anxiety or Stress (26%), Experiencing Depression (20%), and Adults Being Overweight or Obese in Your Household (20%).
- The majority of respondents (around 73%) ranked the housing issues provided as “Not an Issue.”
- More than half of respondents (around 60%) ranked accessing the listed support services as “Not an Issue.”
- One-third (36%) of respondents live in a household where someone uses tobacco products.
- 87% of respondents have a primary care doctor, 78% have a primary care dentist, 76% have an eye care provider, and 17% have a mental health counselor.

- 42% of respondents have left the county in the last two years in search of healthcare; 12% have left the county in search of mental healthcare services.
- 72% of respondents ranked their health on a scale of 1 to 10 as 7 or greater.
- In the past year, 26% of respondents had three or more problems accessing healthcare due to cost.
- At least 60% of the various healthcare services listed were either not needed or service was received. The primary reason for not receiving a service was Could Not Afford to Pay (around 10%).
- Around 50% have seen no change compared to a year ago in Physical Health, Physical Fitness or Health Behaviors, Financial Situation, Employment/Income, Local Economy, or Local Health Problems; however, around 30% believe all the issues except Local Health Problems have gotten better.
- 80% of respondents have had 5 or fewer days in poor physical health in the last 30 days
- 84% of respondents have had 5 or fewer days when mental health or emotional problems kept them from usual activities in the last 30 days
- In the last year, 33% of respondents had issues with medical bills or medical debt.
- 76% of respondents live in a household with two or fewer adults; 19% have at least one adult age 65 or older in the household; and 39% have a child/children ages 0 to 4 and 85% have a child/children ages 5 to 17 in the household.
- 83% of respondents are age 25 to 64.
- Respondents are 84% female and 16% male.
- 93% identified their primary racial group as White.
- 86% of respondents identified as Non-Hispanic/Non-Arabic.
- The distribution of educational levels is fairly evenly divided among each option.
- 60% of respondents are married, while 21% are single.
- 65% of respondents are Employed Full Time.
- 59% of respondents have Employer-based Health Insurance, 17% have Medicaid, and 13% have Private Insurance.

<p>SIGNIFICANT NEEDS OBESEITY/PHYSICAL INACTIVITY ~ 2012 Significant Need; adult obesity and physical inactivity above MI and US average; access to exercise opportunities below MI and US average; BMI: Morbid/Obese 8.5% above average; male and female obesity worse than US average; male and female physical activity worse than US average</p>
<p>EXISTING SERVICES</p> <ul style="list-style-type: none"> • Nutrition Education program with registered dietician (diabetes education, nutrition counseling, food shopping education, education/speaking sessions, health fairs including food demonstrations) • School-linked program (evidence-based) to educate teens on health lifestyles, nutrition, and exercise • Hospital wellness committee that develops employee wellness initiatives including health assessments, promotes Step Up activities, and sets up challenges like drinking water, etc. • Occupational Health and Wellness program that works with local industries to establish wellness programs/challenges/activities in workplaces; coordinates access to local providers; includes health education and materials • Free or reduced-cost community health screenings for health eating habits, activity, risk assessments, BMI, cholesterol, blood glucose • Co-sponsor "biggest loser" contests open to community as well annual internal "biggest loser" contest • "Create your Weight" weight-loss program run by registered dietician that is open and advertised to the community and subsidized by the Hospital; scholarships also available to help cover costs • Collaborate with local WIC program to provide space and technology to provide services to community • Annual "Healthy Minds, Healthy Bodies" health fair, co-sponsored with Sturgis Public Schools • Sponsor of Relay for Life • Basement of Hospital facility open to community as indoor walking track
<p>ADDITIONAL STEPS</p> <ul style="list-style-type: none"> • Partnering with Senior Enrichment Center for free health assessments, lunch 'n' learns with registered dietician • Partnering with Meijer to offer health assessments and working with produce department to promote healthy eating • As part of ACO, starting Senior Wellness Program to encourage annual visits and health screenings • Partnering with Step Up St. Joseph to promote and organize walking program/activities (Walking Club Program) • Investigating Hispanic obesity programs and seeking grant funding • Upcoming lunch 'n' learns in schools including "Rethink your Drink," healthy eating, etc.
<p>INDICATORS OF CHANGE</p> <ul style="list-style-type: none"> • Number of Senior Wellness Visits completed = start tracking in 2016 • Number of participants in the Occupational Health & Wellness program, health assessment in 2015 = 1,705 • Percentage of students who are overweight or obese (at or above 85th percentile for BMI): 34.5% Michigan Profile for Healthy Youth 2015-16, Michigan Department of Education

- Adult obesity rate = 34% (2016)

PARTNERS

Doyle Community Center
 Health Department
 Sturgis Public Schools
 Step Up St. Joseph
 Relay for Life
 Chamber of Commerce
 Sturgis Journal
 WBET/WTHD
 MSU Extension
 Glenn Oaks
 Fit Zone

MENTAL HEALTH/SUICIDE/SUBSTANCE ABUSE – 2012 Significant Need; Local Expert concern; suicide #10 leading cause of death; population to mental health provider ratio worse than MI and US average

EXISTING SERVICES

- Pain Management Clinic available and physician does local education sessions on drug cessation
- Psychologist and licensed professional counselors available (Financial Assistance Policy available); refer to CMH for Medicaid patients
- Collaborate with CMH to assess patients presenting at ER with mental health issues
- Work with CMH to link women with substance abuse issues to primary care providers, and CMH provides training to emergency room employees on mental health first aid
- Through school-linked program, mental health counseling provided to children at no charge
- Collaborating with CMH and other partners to provide trauma-informed services
- Added PHQ9 (depression screening) to electronic health records system
- Promotes local "Drug Take-back Day"

ADDITIONAL STEPS

- Collaborating to develop FQHC, which includes behavioral health services
- Look at providing education sessions to local schools about substance abuse/mental health
- Counselor with school-linked clinic will be providing education to teachers to help identify and address mental health issues in students
- Partnering with CMH to place Recovery Coaches in the facility to provide outreach

<ul style="list-style-type: none"> • Participating in training provided by CMH to help primary care providers identify substance abuse • Research ways to expand mental health services through primary care practices • Working geriatric-psych inpatient unit
<p>INDICATORS OF CHANGE</p> <ul style="list-style-type: none"> • Number of patients presenting in ER with mental health crisis in 2015 = 404 • Average number of poor mental health days = 3.8 (2016) • Suicide deaths = 13.3 per 100,000 (St. Joseph County ranks #46 of 83 MI counties)
<p>PARTNERS</p> <p>CMH Sturgis Public Schools Substance Abuse Task Force HSC Covered Bridge Healthcare Local AA chapters Riverside Church – Celebrate Recovery Firm Foundations Ministries St. Joseph County Sheriff's Dept.</p>
<p>PHYSICIAN SERVICES – 2012 Significant Need; Local Expert concern; population to primary care physician ratio worse than MI and US average</p> <p>EXISTING SERVICES</p> <ul style="list-style-type: none"> • Two urgent care centers available; one open six days a week, the other open 7 days a week, including evenings and holidays • Part-time physician recruiter to bring in additional providers • Partnering with Covered Bridge Healthcare to bring in providers • Occupational Health & Wellness program improved access between local industry employees and providers • Specialty clinics in cardiology, oncology, neurology, neurosurgery, urology, vascular surgery, allergy and immunology, pulmonology • Telestroke program • Qualified Veterans' Choice Site so veterans who live greater than 40 miles from a VA facility can receive locally • Employed specialties including orthopedics, urology, general surgery, obstetrics, pediatrics, internal medicine, wound clinic, sleep medicine • Certified Application Counselors to help people enroll in Medicaid and/or Healthcare Exchange • Care Coordinator added through ACO <p>ADDITIONAL STEPS</p>

<ul style="list-style-type: none"> • Adding new FastCare clinic to address minor/non-emergent needs • Actively recruiting a cardiologist • Working geriatric-psych inpatient unit
<p>INDICATORS OF CHANGE</p> <p>Number of patients seen at FastCare = start tracking in 2016 Population to Primary Care Physician -2,643:1 (MI 1,246:1, US best 1,045:1) (2016)</p> <p>PARTNERS</p> <p>Covered Bridge Healthcare Meijer (FastCare) Henry Ford Hospital (telestroke) Local Independent physicians Three Rivers Health CMH</p>
<p>EDUCATION/PREVENTION</p> <p>EXISTING SERVICES</p> <ul style="list-style-type: none"> • Nutrition Education program with registered dietician (diabetes education, nutrition counseling, food shopping education, education/speaking sessions, health fairs including food demonstrations) • School-linked program (evidence-based) to educate teens on health lifestyles, nutrition, and exercise • Hospital wellness committee that develops employee wellness initiatives including health assessments, promotes Step Up activities, and sets up challenges like drinking water, etc. • Occupational Health and Wellness program that works with local industries to establish wellness programs/challenges/activities in workplaces; coordinates access to local providers; includes health education and materials • Free or reduced-cost community health screenings for health eating habits, activity, risk assessments, BMI, cholesterol, blood glucose, skin cancer, PSA, glaucoma, breast cancer, breast exams, stroke assessments, lead screenings, pap exams, bone density • Co-sponsor "biggest loser" contests open to community as well annual internal "biggest loser" contest • "Create your Weight" weight-loss program run by registered dietician that is open and advertised to the community and subsidized by the Hospital; scholarships also available to help cover costs • Collaborate with local WIC program to provide space and technology to provide services to community • Annual "Healthy Minds, Healthy Bodies" health fair, co-sponsored with Sturgis Public Schools • Distribute electronic and mailed newsletter (34K) and other health information through social media (Facebook, Google+, Twitter) • Materials translated into Spanish as need arises <p>ADDITIONAL STEPS</p>

<ul style="list-style-type: none"> Expand health and wellness online marketing initiatives
INDICATORS OF CHANGE <ul style="list-style-type: none"> Response to "No routine checkup in the last year" (BFSS regional statistic) = 40.6%
PARTNERS CAA Project Connect BCCCP Doyle Community Center Health Department Sturgis Public Schools Step Up St. Joseph HSC Chamber of Commerce Sturgis Journal WBET/WTHD MSU Ext. Covered Bridge Healthcare

DIABETES – 2012 Significant Need; #7 leading cause of death; diabetic monitoring below MI and US average; 12th worst among peer counties
EXISTING SERVICES <ul style="list-style-type: none"> Full-time Registered Dietician who manages a nutrition education program (diabetes education, nutrition counseling, food shopping education, education/speaking sessions, health fairs including food demonstrations) Hospital wellness committee that develops employee wellness initiatives including health assessments, promotes Step Up activities, and sets up challenges like drinking water, etc. Occupational Health and Wellness program that works with local industries to establish wellness programs/challenges/activities in workplaces; coordinates access to local providers; includes health education and materials Free or reduced-cost community health screenings for health eating habits, activity, risk assessments, BMI, cholesterol, blood glucose Co-sponsor "biggest loser" contests open to community as well annual internal "biggest loser" contest "Create your Weight" weight-loss program run by registered dietician that is open and advertised to the community and subsidized by the Hospital; scholarships also available to help cover costs Annual "Healthy Minds, Healthy Bodies" health fair, co-sponsored with Sturgis Public Schools Distribute electronic and mailed newsletter (34K) and other health information through social media (Facebook, Google+, Twitter)

<ul style="list-style-type: none"> • Hospital has certified Diabetes Education Program with a Certified Diabetes Educator available to inpatients and outpatients; includes scholarship program • Keys to Managing Diabetes – annual public event with speakers, food demonstrations, screenings, educational materials
<p>ADDITIONAL STEPS</p> <ul style="list-style-type: none"> • Initiated Diabetic Care Teams to work with providers to help patients manage their diabetes • Collaboration with Step Up St. Joseph promoting local resources and opportunities for physical activity reaching the community through Facebook with healthcare challenges, website with listing of local events, and monthly radio and newspaper topics (includes representatives from local gyms, chamber of commerce, parks and recreation, etc.)
<p>INDICATORS OF CHANGE</p> <ul style="list-style-type: none"> • Number of patients seen by Diabetic Care Teams since August 2015 = 180 in the program; 348 seen in screenings • Adult diabetes rate = 7.3% (2016)
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