

# SCHEURER HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

JUNE 2016



## Meeting the Needs of the Community

2016 - 2019  
Report

A health system is most effective when services are linked to the needs of the community. Scheurer Hospital has a history of developing and providing services to meet community needs. The first step in meeting needs of a community is identifying those needs.

In 2015, Scheurer Hospital embarked on a Community Health Needs Assessment (CHNA) process. Written to inform the community, this report summarizes results of the CHNA. Scheurer Hospital hopes that decision makers, healthcare providers and members of the community will join them in addressing local priority health issues.

## INTRODUCTION

This report summarizes results of Scheurer Hospital's 2015-2016 Community Health Needs Assessment. It was written to inform the community, decision makers and healthcare providers of the needs of the community. In addition, it also outlines issues that Scheurer Hospital has prioritized for further action.

Many questions come to mind in regards to a Community Health Needs Assessment, including:

1. **What is a Community Health Needs Assessment?** The first step in meeting the needs of a community is identifying those needs. Using an objective approach to identify needs helps to ensure that priorities are based on evidence and accurate information. Reviewing data, however, is only one step to identifying needs. Gathering input from community members and groups is also important. The community's experience is critical to ensuring that data is interpreted correctly. The Community Health Needs Assessment (CHNA) process balances data analysis with community input.
2. **Why is an assessment important?** Most experts would agree that providing healthcare is becoming more challenging. Rapidly changing technology, increased training needs, recruiting medical professionals and responding to the health needs of a growing senior citizen population are just a few of the most pressing challenges. These challenges occur at a time when our economy is struggling and resources for families and healthcare providers are stretched. These conditions make the CHNA process even more critical. The process helps to direct resources and efforts to the issues that have the greatest potential for improving the health of the community. Successfully addressing priority issues increases life expectancy, improves quality of life and results in a savings to the healthcare system.
3. **How is a Community Health Needs Assessment conducted?** The CHNA approach frequently uses a team to coordinate activities. A consultant is often used to ensure objectivity and keep the process moving forward. The process includes several steps that guide the team to select two to five priority health issues. Once priorities are selected, the team selects strategies designed to improve the health of the community. These strategies are then organized into an implementation plan.

When the goal is “**improving the health status of our community,**” every person has a role to play. When individuals in the community have the information and resources to make healthy choices, they improve the health of the community, making it an even better place to live. As a community member, think about your role in improving the health of the community. You may play many roles including:

- Taking care of your own health
- Nurturing your family's health
- Caring for the health of patients
- Presenting a healthy example in the community
- Making decisions which impact the health of the members in our community

## CHNA PROCESSES AND METHODS

### CHNA Team

The Administration at Scheurer Hospital formed an internal team to lead the CHNA process. The team met and communicated frequently from April 2015 to June 2016. In addition, a consultant provided technical assistance and objectivity. The team consisted of:

Greg Foy, Human Resources System Leader; Kelli Braun, Community Relations Service Leader; Lee Gascho, Quality Improvement System Leader; Mackenzie Paulson, PA-C; Jamie Harder, Clinical Analyst; Danielle Penfold, MS, RD, CDE; Abby Knoblock, Community Health Education Specialist; and Project Consultant Kay Balcer of Balcer Consulting and Prevention Services.

## Consultants

Scheurer Hospital contracted with Balcer Consulting and Prevention Services, Harbor Beach, Michigan to provide support to the project. This support included participating as a member of the Scheurer Hospital CHNA Team, providing consultation in selecting a model for the CHNA, obtaining community health data and information, analysis of gaps in information and areas of need, consultation during development of the implementation plan and developing written reports.

## CHNA Process

The Scheurer CHNA Team utilized the process developed by the Association for Community Health Improvement<sup>1</sup>. The toolkit was produced for members of the Association for Community Health Improvement (ACHI), American Hospital Association (AHA), Society for Healthcare Strategy and Market Development (SHSMD), American Organization of Nurse Executives (AONE) and other AHA Personal Membership Groups. The team followed the six steps outlined in the toolkit and utilized resources included in the toolkit to complete the process.

Step 1: Establish the Assessment Infrastructure
Step 2: Define the Purpose and Scope
Step 3: Collect and Analyze Data
Step 4: Select Priorities
Step 5: Document and Communicate Results
Step 6: Plan Action and Monitor Progress

## Data Resources

Six types of data sources were utilized during the CHNA. The Team obtained the most recent data available and whenever possible, data that compared the local community to county, regional, state or national statistics was used. Data sources included:

1. Public Health Statistics
2. Focus Groups
3. Stakeholder Interviews
4. Employee Survey Results
5. Community Survey Results
6. Vulnerable Population Survey Results

Data was compiled into comparison charts for peer communities, county, states or national statistics. These compilations resulted in three companion charts<sup>2</sup>:

**Table 1: Major Data Sources for the Scheurer CHNA Process**

<b>Public Health Statistics</b>			
<b>Source/Participants</b>	<b>URL or Citation</b>	<b>Dates of Data</b>	<b>Additional Descriptors</b>
United States Census Bureau	<a href="http://quickfacts.census.gov">http://quickfacts.census.gov</a>	2010	Includes data from the American Community Survey (5-year averages), Census Demographic profiles from the 2010 Census and subtopic data sets.
Michigan Labor Market	<a href="http://www.milmi.org">http://www.milmi.org</a>	2011	Unemployment Data
Michigan Department of Community Health	<a href="http://www.michigan.gov/mdch">http://www.michigan.gov/mdch</a>	2000 - 2010	Date ranges varied by health statistic. Some statistics represent one year of data as others are looking at 3 or 5 year averages.
Health Resources & Services Administration (HRSA)	<a href="http://bhpr.hrsa.gov/shortage/">http://bhpr.hrsa.gov/shortage/</a>	2012	Shortage designations are determined by HRSA.
County Health Rankings	<a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a>	2012 - 2016	Includes a wide variety of statistics. Many statistics represent a combined score and reflect multiple years of data.
Kids Count	<a href="http://www.mlpp.org/kids-count/michigan-2/mi-data-book-2012">http://www.mlpp.org/kids-count/michigan-2/mi-data-book-2012</a>	2012 - 2015	Includes a variety of data from Michigan Department of Community Health, Department of Human Services and Department of Education.
<b>Focus Group/Stakeholder Interviews</b>			
Focus Group	Representatives from community.	2016	Meeting included discussion of questions very similar to those utilized in individual interviews.
Key Stakeholder Interviews	Individuals were interviewed representing Huron Behavioral Health, Huron County Economic Development Commission & Huron County Department of Health and Human Services.	2016	Individuals were interviewed in an effort to: <ul style="list-style-type: none"> <li>• Learn about the good things in the community as well as concerns in the community.</li> <li>• Understand perceptions and attitudes about the health of the community.</li> <li>• Gather suggestions for improvement.</li> </ul> Learn more about local health services from the perspectives of organizations interested in the community's health.
<b>Survey Instruments</b>			
Employee Survey	201 employees of Scheurer Hospital participated in an online survey.	2015	An online survey asked employees about the best things in their communities and what health issues they see in the patient population they serve.
Community Survey	145 community members responded to a survey distributed in paper and online formats.	2016	In a tri-county collaboration, a survey (online & paper) was disseminated on health local disparities.
Vulnerable Population Survey	97 community members (who consider themselves to be a part of a vulnerable population) completed a short paper survey.	2015	A paper survey was given to participants of a local food giveaway.

## Information Gaps

The Team determined that data on causal relationships and root causes was beyond the scope of the CHNA. Focus group and survey responses attempt to uncover conditions and issues that may promote or interfere with addressing health priorities. In order to increase the likelihood of success in implementing strategies, the results of the survey and interviews were taken into consideration when developing response strategies.

## Methods of Analysis and Prioritization Process

The CHNA Team utilized a priority-setting worksheet developed by the U.S. Department of Health and Human Services<sup>3</sup> Data to determine the Top 10 Identified Issues. This data was shared and discussed among team members. Using a variation of the Criteria Weighting Method developed by the CDC<sup>4</sup>, a prioritization matrix was developed using several criteria. The matrix was utilized by the Hospital's Administrative Resource Team to determine priorities to be addressed in the three-year implementation plan.

## Scheurer Hospital

### CHNA Prioritization Matrix

Desired Result		20%	30%	40%	10%	Compliment Current CHNA Efforts	Totals per issue	Weighted Ave	MODE of Rank (Recorded)	Rank (1 = Top)
		CLINICAL CARE - Access to Care - Quality of Care	HEALTH BEHAVIORS - Diet & Exercise - Tobacco/Alcohol/Drug - Sexual Activity	SOCIAL & ECONOMIC FACTORS - Education - Income - Family & Social Support - Community Safety	PHYSICAL ENVIRONMENT - Air & Water Quality - Housing & Transportation					
TOP 10 IDENTIFIED ISSUES										
Alcohol & Drug Abuse (incl. prescription)	↓	5.4	5.4	3.9	1.7	0.7	17.1	4.4	6	4
Cancer (all types)	↓	4.8	5.2	3.0	1.4	0.6	15.0	3.9	5	6
Diabetes	↓	8.3	7.0	5.4	2.3	2.6	25.7	6.2	4	2
Heart Disease	↓	7.0	6.3	4.1	1.9	1.2	20.6	5.1	3	3
Homelessness / Lack of Affordable Housing	↓	1.2	1.4	1.7	1.7	0.4	6.4	1.5	8	9
Lack of Employment Opportunities	↓	1.0	1.7	1.7	1.2	0.4	6.0	1.5	8	10
Lack of Resources for Aging Population	↓	4.1	3.7	4.8	2.3	0.4	15.3	4.1	7	5
Lack of Health Ins. / High Costs	↓	1.9	1.2	2.3	1.4	1.9	8.8	1.8	9	8
Mental Illness (stress, depression)	↓	5.0	4.3	3.2	2.1	1.3	16.0	3.8	7	7
Obesity (adult and youth)	↓	8.3	7.4	5.7	1.9	5.3	28.7	6.4	1	1

## COMMUNITY SERVED

Scheurer Hospital serves rural communities in the northwest portion of Huron County. Huron County is located in the tip of the area of Michigan commonly referred to as the Thumb. Hospital utilization data was utilized to identify sixteen census divisions that compose the Hospital's primary service area. According to the 2010 Census, this service area has a population of 16,936. The service area includes numerous towns and villages, including: Owendale, Elkton, Caseville, Pigeon, Port Austin, Kinde, Bay Port, Filion and Sebewaing<sup>5</sup>.

The Hospital provides services to a community in which:

- Fifty-seven percent of the population is between the ages of 18 and 65 years.
- The population has limited racial diversity with 98% of the population identified as Caucasian and only 2% identified as Hispanic.
- Scheurer's service area has a college degree rate of 15% compared to Michigan's 25% and United States 28%.
- Median household income is lower at \$41,678 as compared to Michigan median income of \$49,765 and the United States average income of \$53,657.
- Five percent of people reported being unemployed on the census.
- The two most common occupations were *management-business-science-arts* and *production-transportation-material moving*. Industries with the most employment in the area included manufacturing, retail trade, education-health-social services and agriculture.
- The community has a higher rate of self-employed individuals (9.1%) compared to Michigan rate of 5.4% and the United States rate of 6.5%.

## REPRESENTING THE COMMUNITY

### Organizational Participation

Key organizations provided input to the Community Health Needs Assessment. Input included providing data, participating in interviews, hosting and participating in focus groups and assisting with the implementation plan. Organizations that were involved included community agencies with expertise and health-related knowledge:

- Huron County Economic Corporation, Executive Director: The Executive Director was able to contribute information regarding employment opportunities, job growth and economic forecasting for Huron County based on current data and historical trending.
- Huron Behavioral Health, Community Liaison: The Community Liaison provides community outreach for the public county mental health agency and is involved in a wide variety of community coalitions involving public safety and mental health issues. This individual was able to provide insight into the needs of the under-resourced and those with mental health conditions. Due to extensive community networking, the Community Liaison also provided input and assistance in assessing community resources. This input was used to help identify gaps in services.
- Department of Health and Human Services, Family Independence Manager and Program Manager: The Family Independence Manager and Program Manager are a part of the department which provides assistance to vulnerable populations including victims of abuse, low-income populations, the disabled, the elderly and veterans. These individuals provided insight into major health issues facing these populations and feedback on current strategies already implemented in the community.

### Input from Individuals

Four stakeholder interviews, one focus group, an employee survey, and two community surveys were conducted as part of the CHNA process. These secondary data collection efforts were used in order to help ensure the accurate interpretation of health statistics and that vulnerable populations were represented in the needs analysis. Vulnerable populations that were represented during interviews included single parents, unemployed, divorced or blended families, physically disabled, uninsured or underinsured individuals/families, victims of abuse, individuals with a mental health condition or disability, low income populations, senior citizens, homeless, veterans, minorities or ethnic backgrounds, seasonal or part time residents, healthcare providers and low cognitive functions. Stakeholder interviews and focus group discussion used the same questions:

1. What are the "best things" about your community?
2. What are the major challenges facing your community?

3. Do you think the community as a whole is aware of these locally available services at our hospitals?
4. What specific services, if any, do you think local Hospitals needs to add? Why?
5. I'm handing you a list of services provided by Huron County Health Department. Please review and comment on whether you think the community as a whole is aware of these locally available services.
6. What suggestions do you have for health-related organizations to work together to provide better services and improve the overall health of the area population?
7. Where do people find out what health services are available in the area?
8. Where do you think people turn for trusted health information?
9. On a scale of 1 to 5, with 1 being no collaboration and 5 being excellent collaboration, how would you rate the collaboration in the community among these various organizations?
10. You have been provided a list of potential health concerns that may affect the community as a whole. Please review and comment on whether you think these are important concerns. Which concern is the most important? Why?
11. What other community health concerns do you perceive that are not listed?
12. Even though most insurance's now cover basic preventive health services like wellness visits, many people do not use those services. Why do you think that may be?
13. What would help to remove barriers that may be affecting the use of local health services by the community as a whole?
14. What are some of the resources or assets that exist in the area to help meet these needs and concerns?
15. What are the reasons that community members use our local (Huron County) hospitals rather than other providers for health care needs?
16. What are the reasons that community members use other health care providers rather than use their local (Huron County) Hospital?
17. Are you aware of particular populations or groups in the area that are medically underserved?
18. How might low-income and/or minority populations in their community be impacted by potential needs?
19. If you were to give one piece of advice to improve the health of the community, what would it be? Is there other advice you would offer?

In addition to providing answers to the above questions, all of those interviewed indicated that they would be open to future discussions. Responses were summarized and a thematic analysis was completed.

Employees of Scheurer Hospital have frequent contact with residents of the defined service areas, often hearing their needs and concerns. The CHNA team determined that obtaining employee input was critical to ensuring that the CHNA process was accurate. In order to promote participation, the survey was brief and conducted online. 201 employees participated in the survey. A thematic analysis was conducted with the open ended responses.

### **Leadership Involvement**

The leadership of the Hospital received regular updates from the CHNA Team and showed strong support for the process. CHNA Team members and the following individuals in leadership positions completed the prioritization matrix and criteria analysis:

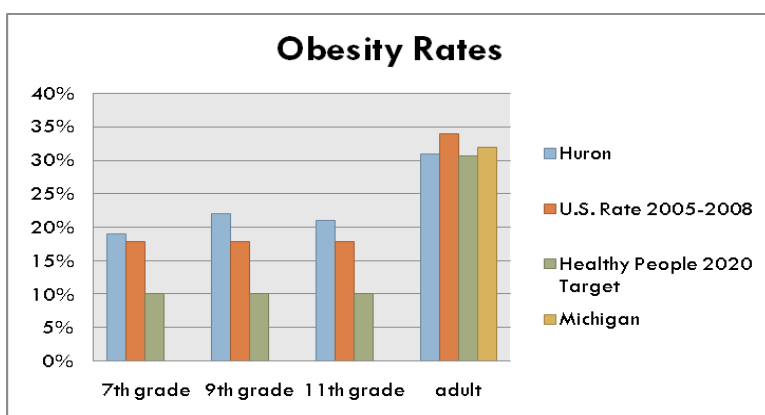
- Dwight Gascho, President and CEO
- Tom Craig, Ancillary Services System Leader
- Kendra Kretzschmer, Patient Care System Leader
- Terry Lutz, Chief Financial Officer
- Teresa Rabideau, Corporate Services System Leader
- Carleen Giddings, Information Technology System Leader
- Greg Foy, Human Resources System Leader
- Terry Lerash, Chief Operating Officer
- Mike Viers, Facilities System Leader

## DATA FINDINGS

### Diseases/Conditions and Contributing Factors

Obesity is a condition that contributes significantly to the leading causes of death in Huron County. Obesity has been shown in numerous studies to decrease the quality of life and increase the cost of healthcare. Obesity is not only a local issue but a challenge faced across the United States<sup>6</sup>.

- In the U.S., only 31% of persons aged 20 years and over were at a healthy weight and 34% were obese.
- 11% of U.S. children aged 2 to 5 years, 17% of children aged 6 to 11 years and 18% of adolescents aged 12 to 19 years were considered obese.



Studies show that obesity and the negative health effects can be dramatically impacted through healthy eating and a physically active lifestyle. Adequate physical activity can be influenced by access to recreational facilities. Huron County has a recreational facility rate of nine (9) and the Healthy People 2020 target is sixteen.

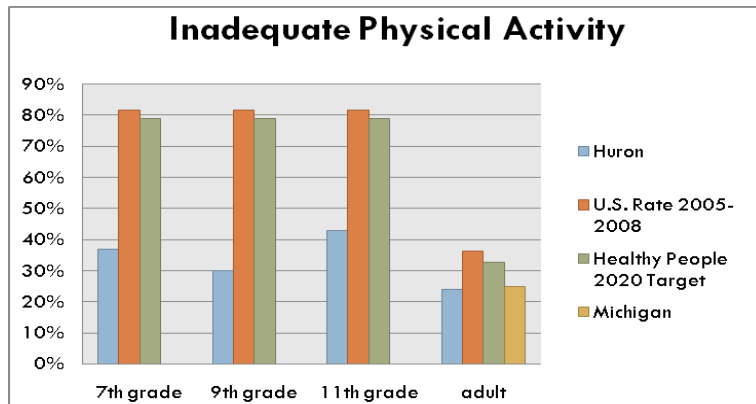
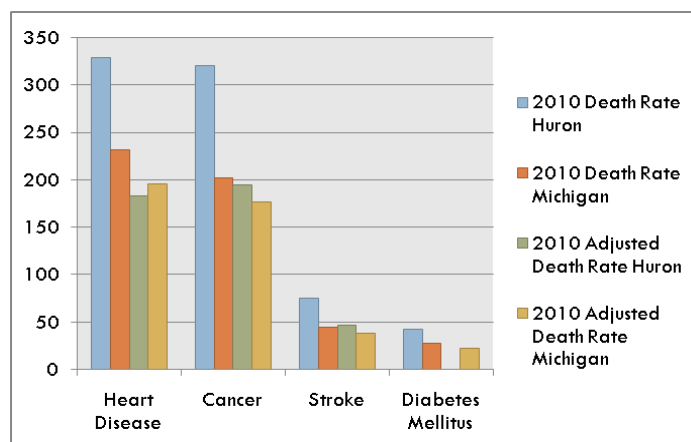
Death rates<sup>7</sup> for heart disease, cancer (breast, colon and prostate), stroke and diabetes<sup>8</sup> were higher than state of Michigan averages. Screening programs are important

to the early detection of disease and prevention of premature death.

- The percent of diabetic Medicare enrollees that receive HbA1c screening was lower for Huron County (82%) than the State (84%) and the Healthy People 2020 target of 89%.

### Behaviors/Knowledge

- Inadequate activity among adults<sup>9</sup> was better than U.S. and State rates. Youth rates were better than national rates and targets<sup>10</sup>. This may in part be due to the high rate of youth



involved in school sports in Huron County: 28% of 7th grade, 68% of 9th grade and 73% of 11th grade play sports.

- Nutrition plays an equally important role in preventing obesity. During stakeholder interviews and focus groups, concern about families' poor nutrition habits and loss of cooking skills in the current generation were themes.

## COMMUNITY NEEDS AND PRIORITIES

### Prioritization Matrix

A number of the top ten issues identified as priorities were directly related to obesity and its link to chronic conditions such as diabetes and heart disease. Behaviors contributing to obesity ranked high on the matrix and included mental illness (including depression) and lack of resources for aging populations.

### Resulting Priorities

As indicated in Step 4 of the Community Health Needs Assessment process, priorities must be selected to ensure that limited resources have the greatest impact. Selection of priorities will often result in more complex and effective implementation strategies. Identifying a limited number of priorities on which to focus also allows community initiatives to be developed with collaborating organizations. Evaluation and progress can also be more effectively managed when the priorities are fewer in number. The top three priorities identified by the team included:

1. Obesity
2. Diabetes
3. Heart Disease

The Team also decided that in order to have the time and resources to effectively manage these priorities they would select one priority for a three-year focus. Due to its overwhelming ranking in the scoring and its relationship to diabetes, heart disease and other chronic conditions, the Team identified obesity prevention as its three-year focus for the implementation plan.

## RESPONDING TO THE NEEDS

### Resource Assessment

Following the prioritization activity, a resource assessment was completed and found that numerous activities were taking place around the identified health priorities. Many of these current activities are a continuation of the first CHNA needs assessment and strategy implementation from 2013. This initial round was successful in introducing the 5-2-1-0 concept to the target population of 6th - 12th graders at Elkton-Pigeon-Bay Port Lakers Schools. In our second three-year CHNA cycle, the target population will be expanded.

### Focus Area

In review of existing efforts, the Team determined that Scheurer Hospital would have the greatest impact on community health by selecting adult and youth obesity prevention as their three-year focus area.

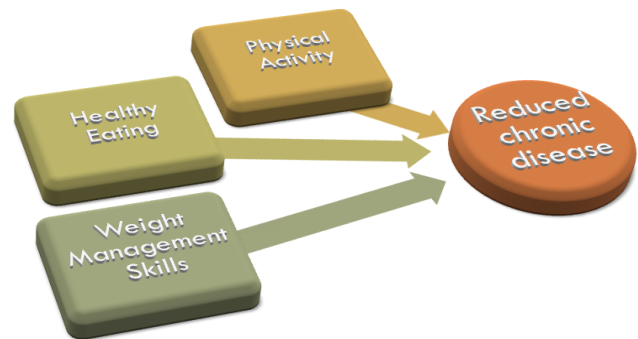
### Target Population: Total Population with Emphasis on Youth

The Team decided to focus efforts on all ages, with the understanding that the youth population is the most impressionable and easiest to help develop and maintain healthy lifestyle habits. Much of our Implementation Strategy can be applied to youth, but we also recognized that it would be unwise to exclude adults who are seeking healthy opportunities. Through the efforts, youth and adults will be provided the tools and support to make lifestyle changes that will ensure them fuller, healthier lives.

## Community-Wide Support

To support the changes that are being encouraged, Scheurer Hospital will continue to provide services that create a supportive environment for physical activity, healthy eating and weight management. Services include:

1. Diabetes Education
2. Health screenings offered free of charge during health fairs and other local events
3. Sports Medicine program
4. Community fitness classes & weight loss challenges
5. Rehabilitation/Physical Therapy Services and fitness centers in Pigeon, Sand Point and Sebewaing
6. Hosting and sponsoring community events such as 5k walks/runs
7. Summer Recreation Programs that focus on healthy lifestyle choices



## IMPLEMENTATION STRATEGY

### 5-2-1-0 Let's Go!

Let's Go! is a nationally-known initiative that helps schools, childcare programs, out-of-school programs, workplaces and healthcare settings maintain and improve upon their healthy food choices and physical activity opportunities. 5-2-1-0 is designed to be easy and efficient to weave into daily activities and builds upon current successes already in place. An effort is made to connect efforts back to the community, creating a greater impact on the families served.

Let's Go! follows easy steps for using evidence-based strategies to improve the habits, environments and cultural norms that influence healthy eating and active living. The 5-2-1-0 message is backed by scientific rationale for its four components:

- **5 or more fruits and vegetables:** A diet rich in fruits and vegetables provides vitamins and minerals, important for supporting growth and development, and for optimal immune function in children.
- **2 hours or less of recreational screen time:** Watching too much television (TV) and use of other screen media is associated with an increased prevalence of overweight and obesity, lower reading scores and attention problems.
- **1 hour or more of physical activity:** Regular physical activity is essential for weight maintenance and prevention of chronic diseases such as heart disease, diabetes, colon cancer and osteoporosis.
- **0 sugary drinks (more water):** Sugar-sweetened beverage consumption has increased dramatically since the 1970s; high intake among children is associated with overweight and obesity, displacement of milk consumption and dental cavities.

Using this evidence-based model, our initiatives include:

1. Summer Recreation Program
2. Scheurer4Life App for iOS and Android
3. Scheurer Fit Weight Loss Challenge
4. Let's Go 5-2-1-0 for K - 5

Please refer to chart on page 11 for more detailed information on each initiative listed above.



- 5** or more fruits & vegetables
- 2** hours or less recreational screen time\*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

	Summer Rec Program	Scheurer4Life App	Scheurer Fit Weight Loss Challenge	Let's Go 5-2-1-0
<b>Description</b>	Six-week day camp offered to area youth ages 8-12 to explore wellness through healthy eating, physical activity, education and more	iOS and Android app that will enable youth and adults to promote healthy choices, participate in challenges and stay connected	12-week team-based weight loss challenge incorporating 5-2-1-0	In-class program for Elementary students in K-5
<b>Objective</b>	Up to 50 area youth will participate in local leisure activities that promote physical activity Introduce 12 healthy food options for meals/snacks	Minimum of 500 youth will download the Scheurer4Life app by June 30, 2017 Minimum of 500 adults will download the Scheurer4Life app by June 30, 2017	60+ adults will participate in challenge each January	Educate K-5 students on 5-2-1-0
<b>Activity</b>	Provide and escort youth to local physical leisure activities Teach youth to prepare healthy meals and snacks	Promote the Scheurer4Life app within the schools, social media, health fairs, festivals, community events, civic organizations, etc.	Provide and promote Scheurer Fit Program to local adults	Provide 5-2-1-0 program for K-5 in one local school district each year
<b>Desired Outcome</b>	80% of youth will report that they enjoyed the activity and would try it again with family Youth will report that they tried at least six new healthy foods	90% of app users will rate the app 4-5 stars	80% of participants will decrease body fat percentage during program	90% of participants will show improved scores on post-test
<b>Evaluation</b>	Weekly Adventure Trip reporting form completion Youth will list new foods they've tried	App analytics reviewed monthly, based on rating of 1-5 stars	Comparison of pre- and post-program measurements	Pre- and post-test on health knowledge, behaviors and attitudes

## EVALUATION

The effectiveness of our initiatives will be evaluated through our four hospital-owned physician practices. A sampling of patients in these clinics have had their BMI documented, allowing us to create a baseline for evaluation. Our goal is to reduce the percentage of adults and youth in the Overweight and Obese categories.

### Body Mass Index (BMI) in Adults

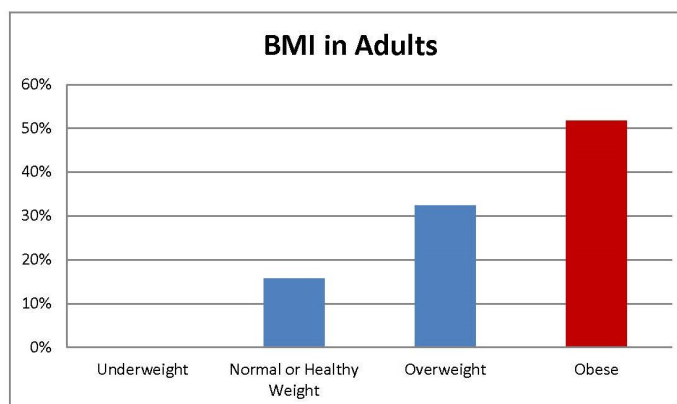
Category	BMI Range	Number of Adults 2015 (SH Practices)	Percentage per Category
<b>Underweight</b>	Less than 18.5	0	0.0%
<b>Normal or Healthy Weight</b>	18.5 to less than 25	101	15.8%
<b>Overweight</b>	25 to less than 30	207	32.4%
<b>Obese</b>	30 or higher	331	51.8%

Adults: Ages >20

Data: Patients having at least one visit to a Scheurer Hospital Primary Care Practice with BMI code assigned

Categories: Defined by CDC

In the adult population, 84.2% of adults sampled had BMIs in the Overweight or Obese categories.



### Body Mass Index (BMI) in Children and Teens

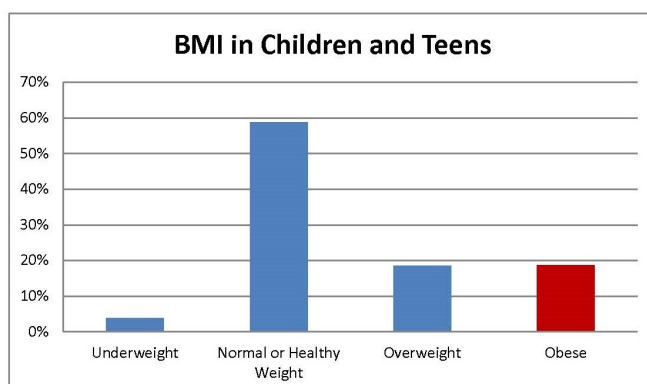
Category	Percentile Range	Number of Children and Teens - 2015 (SH Practices)	Percentage per Category
<b>Underweight</b>	Less than the 5th	22	3.9%
<b>Normal or Healthy Weight</b>	5th to less than 85th	330	58.8%
<b>Overweight</b>	85th to less than 95th	104	18.5%
<b>Obese</b>	95th or greater	105	18.7%

Children and Teens: Ages <21

Data: Patients having at least one visit to a Scheurer Hospital Primary Care Practice with BMI code assigned

Categories: Defined by CDC

For the pediatric population (specifically ages 6-11 years), 39.1% of the patients from the sample size had BMIs in the Overweight or Obese categories.



Annually, the CHNA Team will evaluate the effectiveness of the strategy. If deemed necessary, the strategy may be altered to include more successful activities to promote obesity prevention.

## ADDITIONAL DOCUMENTS AND REFERENCES

### Additional Documents

The following documents support the findings and the work completed during the Community Health Needs Assessment process. They are available upon request.

- Community Resource Assessment
- Employee Survey Report
- Interview/Meeting Outline
- Prioritization Matrix Planning Tool and Scoring Results
- Scheurer Hospital *Guide to Services*
- Stakeholder/Focus Group Summary Report
- Thumb Area Health Status Data Report
- Thumb Children's Data Report
- Thumb County Health Rankings

### References

- 1 Community Health Assessment Toolkit <http://www.assesstoolkit.org/>.
- 2 *Healthy people 2010 toolkit: A field guide to health planning*. Available online at [http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/priority\\_setting\\_part2\\_appendices.pdf](http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/priority_setting_part2_appendices.pdf).
- 3 <http://www.cdc.gov/od/ocphp/nphpsp/documents/Priority%20Setting%20Exercise2-Criteria.pdf>.
- 4 United States Census, 2010 for Brookfield, Lincoln, Caseville, McKinley, Chandler, Meade, Dwight, Oliver, Fairhaven, Point Aux Barques, Grant, Hume, Sebewaing, Lake and Winsor Townships.
- 5 2005-08 rates (age adjusted to the year 2000 standard population), Health People 2020 Objectives, <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>.
- 6 Rates are per 100,000 population. Age-adjusted death rates are based on age-specific death rates per 100,000 population in specified group.
- 7 Huron County Age Adjusted Rate for Diabetes in 2010 was not calculated due to the number of incidences.
- 8 Percent of adults engaged in no leisure-time physical activity.
- 9 Percent who were NOT physically active for a total of at least 60 minutes per day on five or more of the past seven days.
- 10 5-2-1-0 Let's Go <http://www.letsgo.org/>