



Summary of Key Findings from the 2016 Barry County Community Health Needs Assessment

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Created by the Barry-Eaton District Health Department, in collaboration with Spectrum Health Pennock



The Barry-Eaton District Health Department (BEDHD) and Spectrum Health Pennock worked with community stakeholders to conduct the 2016 Community Health Needs Assessment (CHNA) for Barry County. The CHNA's purpose is to identify significant health indicators, contributing factors to health risks or poor health outcomes, and community resources available to improve the health of Barry County residents. Since the full CHNA report is almost 250 pages, this summary of key findings was created so that stakeholders have a quick way to reference highlights from the report. For more information, please contact Susan Peters, DVM, MPH, with the BEDHD at (269) 798-4652 or speters@bedhd.org.

Strengths:

Opportunities for Improvement:

Health Indicators:

Life expectancy (average for women, above average for men)
Lower death rates from cancer and heart disease
Youth and adult immunization rates

Adults reporting fair or poor general health
Prevalence of chronic conditions (such as arthritis, cardiovascular disease, COPD, depression, etc.)
Depression in youth and adults
Heart disease and cancer deaths (lower rates than MI and U.S. but still leading causes of death)
Diabetes-related deaths
Youth and adult obesity
Preventive dental care in adults

Health Care Access:

Health care coverage
Having a primary care provider
Prenatal care

Financial barriers to accessing health care
Local access to health care services, including primary, dental, and specialty providers
Providers who accept Medicaid/Medicare
Access to mental health and substance abuse services
Complicated navigation of the health care system

Risk Behavior Indicators:

Adult cigarette smoking
Youth rates of smoking, binge drinking, marijuana use
Teen birth rates

Youth and adult fruit and vegetable consumption
Youth and adult physical activity
Tobacco use during pregnancy

Social and Environmental Indicators:

Small, close-knit rural community
Availability of farms, fresh food, gardens, parks, recreation areas, lakes
Local outreach and education on areas such as obesity, nutrition, diabetes, exercise, tobacco use

High unemployment, poverty rates
Transportation costs/availability
Affordable housing

Based on findings from the CHNA and input from community stakeholders, the following health priorities were chosen for inclusion the Community Health Improvement Plan: chronic disease in adults, mental health, obesity, tobacco and smoking, and opportunities for physical activity.