2022 COMMUNITY HEALTH NEEDS ASSESSMENT

McLaren THUMB REGION
EXECUTIVE SUMMARY

The report summarizes the needs identified for the area service by McLaren Thumb Region (MTR). The purpose of the report is to inform the community, decision makers and healthcare providers of the needs of the community. In addition, it also outlines focus areas and priorities identified by MTR and will be used to create an implementation plan for addressing those needs. The report also identified collaborative initiatives that are addressing community needs.

A Community Health Needs Assessment (CHNA) is conducted to objectively identify needs within a particular community. This approach helps to ensure that priorities are based on evidence and accurate information. In addition to reviewing data, gathering input from community members is also necessary to accurately gauge the health of the community. The community’s experience is critical to accurate interpretation of data. This is the fourth cycle of Community Health Assessment and Planning which is completed every three years (2013, 2016, and 2019). The process aligns with Affordable Care Act requirements. The 2022 CHNA report includes a review of the 2019 implementation plan and progress toward targets.

This assessment took place during the COVID 19 pandemic which had a significant impact on the hospital and community. Most experts would agree that providing healthcare is becoming more challenging due to ever changing patient needs and expectations, the advancement of technology, evolving reimbursement models, and increasing costs. These challenges occur at a time when 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.

The CHNA was completed using a team-based approach to coordinate activities. The process includes several steps that guide the team to select priority health issues. In fall 2022, the team will use this report to select strategies and organize them into an implementation plan.

CHNA PROCESSES AND METHODS

CHNA Team

An internal team at MTR was established to lead the CHNA process. The team met and communicated frequently from May to August 2022. The team consisted of: Connie Koutouzos, President and CEO, Norman Chapin, MD, CMO, Matt Rick, VP of Operations, Yvonne Vandecar, Director of Patient Care Services, Sivan Laufer, Regional Director of Regulatory Compliance, Alayna Wesener, Director of Marketing and Business Development.
**CHNA Process**

The first step in meeting community needs is identifying the needs. Using an objective approach helps ensure that priorities are based on evidence and accurate information. The assessment process used by McLaren Thumb Region included an approach of reviewing multiple sources of data. In this approach, when there are multiple sources of data that illustrate a need, there is a greater likelihood that addressing that need will produce a powerful impact.

The Thumb Community Health Partnership (TCHP) assisted in the collection of input for the Community Health Needs Assessment. Assistance included compiling data from various sources, conducting a community health survey in fall 2021, designing the assessment process, and facilitating prioritization exercises. TCHP members represent the four counties of Huron, Lapeer, Sanilac, and Tuscola. Organizational members of TCHP include all the hospitals in the region, community mental health agencies, and local public health departments. Additional members include the Human Development Commission, Great Lakes Bay Health Centers, and List Psychological Services. The process selected utilized the process developed by the Association for Community Health Improvement. 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.

**Data Resources**

Three 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:

- Public Health Statistics
- Demographic Data
- Community Surveys

Data was compiled into comparison charts for peer counties, Huron County, and Michigan.
### Table 1: Major Data Sources

<table>
<thead>
<tr>
<th>Source/Participants</th>
<th>URL or Citation</th>
<th>Dates</th>
<th>Additional Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>MI Labor Market</td>
<td><a href="http://www.milmi.org">http://www.milmi.org</a></td>
<td>2021</td>
<td>Unemployment Data</td>
</tr>
<tr>
<td>MI Department of Health and Human Services (MDHHS), Vital Statistics</td>
<td><a href="https://www.michigan.gov/osr/CHI/CRI/frame.asp">https://www.michigan.gov/osr/CHI/CRI/frame.asp</a></td>
<td>2018-2020</td>
<td>Date ranges varied by health statistic. Some statistics represent one year of data as others are looking at 3 or 5 year averages.</td>
</tr>
<tr>
<td>Health Resources &amp; Services Admin.</td>
<td><a href="https://bhw.hrsa.gov/shortage-designation">https://bhw.hrsa.gov/shortage-designation</a></td>
<td>2019-2020</td>
<td>Shortage designations are determined by HRSA.</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td><a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a></td>
<td>2021</td>
<td>Includes a wide variety of statistics.</td>
</tr>
<tr>
<td>Kids Count</td>
<td><a href="https://mlpp.org/kids-count/">https://mlpp.org/kids-count/</a></td>
<td>2021</td>
<td>Includes a variety of data from MDHHS and Department of Education.</td>
</tr>
</tbody>
</table>

### Local Assessments

#### Behavioral Health Surveys
- 719 residents cross the region participated (Huron, Lapeer, Sanilac, and Tuscola Counties.)
- 68 medical providers participated
- 98 mental health providers participated

March 2021

Three surveys were distributed: Medical Provider, Mental Health Provider, and Community. Topics fell into four categories: 1) Prevalence of Mental Health Needs, 2) Availability of Services, 3) Barriers to Accessing Services, and 4) Impact of Stigma. Vulnerable populations were asked additional questions about their experiences with local services.

#### Community Survey
- Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties- 1171 participants
- Report produced for Service area by zip codes- 366 participants.

Oct. 2021

A public survey was distributed online and on paper. The survey had four sections: 1) community strengths and weaknesses, 2) health priorities, 3) health system strengths and weaknesses, and 4) barriers to healthcare and wellness. The purpose of the survey was to gain a deeper understanding of contributing factors and community perceptions across a wide array of health issues.
Methods of Analysis and Prioritization Process

The CHNA Team utilized a priority-setting exercise based on the health indicator data and community input. The process was facilitated by the TCHP Director. The Team also took into consideration priorities identified in the 2019 CHNA and progress on the 2019-2022 implementation plan.

COMMUNITY SERVED

McLaren Thumb Region (MTR), located in Huron County, Michigan, is a not-for-profit provider of integrated healthcare. Founded in 1906, it is a full service acute care hospital located in Bad Axe, Michigan. McLaren Thumb Region serves the residents of Huron, Sanilac, and Tuscola Counties and is committed to helping shape the future of health care.

MISSION: McLaren Health Care, through its subsidiaries, will be the best value in health care as defined by quality outcomes and cost.

Services provided at McLaren Thumb Region include: Anti-Coagulation Clinic, Allergy Care, Cancer Care, Infusion Therapy, Cardiac Rehabilitation, Cardiology/Stress Testing, Pacemaker Insertion, Community Education, Dermatology, Digital Mammography, Family Practice, Food & Nutrition, Internal Medicine, Laboratory, Neurology, Obstetrics/Gynecology, Orthopedic Surgery, Pathology, Pediatrics, Physical, Occupational & Speech Therapy, Podiatry, Pulmonary Medicine, Pulmonary Rehab, Radiology, Rheumatology, Sleep Studies, Surgical Services, Urology, Vascular Service and Wound/ Hyperbaric Center. Additional specialties such as endocrinology, EENT, and Pain management are available through the McLaren Network.

The MTR service area is located in the area of Michigan commonly referred to as the Thumb. Hospital utilization data was applied to ten zip codes that compose the Hospital’s primary service area. According to the 2021 American Community Survey, U.S. Census, this service area has a population of 34,894. The service area includes numerous towns and villages, including Argyle, Bad Axe, Bay Port, Caseville, Cass City, Elkton, Filion, Forestville, Harbor Beach, Kinde, Minden City, Owendale, Pigeon, Port Austin, Port Hope, Ruth, Sebewaing, and Ubly.

The Hospital provides services to a community in which:

- Twenty percent of the population is under age 18 and 24% is over age 65.
- The population has limited racial diversity with 96% of the population identified as Caucasian and less than 3% identified as Hispanic.
- MTR’s service area has a college degree rate of 15.4% compared to Michigan’s 30% and United States 28%.
- Average household income is lower at $62,835 as compared to Michigan average income of $80,803.
- Only 3% of people reported being unemployed on the census compared to 3.4% of Michigan residents.
• Six percent reported on the census having no health insurance compared to 5.4% of Michigan residents.
• Twelve percent of residents are in poverty in the service area compared to 13.7% of Michigan residents.
• 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

Input from Individuals

Individual’s provided input through the Behavioral Health Needs Assessment and Community Health Survey (Table 1). Vulnerable populations were represented in both surveys.

1. 780 people participated in the community survey related to behavioral health needs. Of the 750 that answered the question, many represented a vulnerable population: 37% respondents had a mental health condition, 23% cared for someone with a mental health condition, and 61% had a close family member or friend with a condition.

2. Vulnerable populations were widely represented in the Community Health Survey. Of the 366 individuals from the service area, 47% indicated they represented a vulnerable population.

<table>
<thead>
<tr>
<th>Vulnerable Populations</th>
<th>% of Survey Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone that experiences a mental health condition or disability or special education needs</td>
<td>36%</td>
</tr>
<tr>
<td>Senior Citizen</td>
<td>33%</td>
</tr>
<tr>
<td>Low Income</td>
<td>21%</td>
</tr>
<tr>
<td>Healthcare or Human Service Provider that can speak for a wide variety of patients/people</td>
<td>19%</td>
</tr>
<tr>
<td>Someone with a Substance Use Disorder or Alcoholism or in recovery from substance use.</td>
<td>18%</td>
</tr>
<tr>
<td>Veteran</td>
<td>13%</td>
</tr>
<tr>
<td>Victim of Domestic Abuse or Child Abuse</td>
<td>10%</td>
</tr>
<tr>
<td>The Physically Disabled</td>
<td>8%</td>
</tr>
<tr>
<td>People of a minority race or ethnic background</td>
<td>5%</td>
</tr>
<tr>
<td>People who are homeless</td>
<td>3%</td>
</tr>
<tr>
<td>Seasonal or part time resident</td>
<td>3%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>5%</td>
</tr>
</tbody>
</table>
DATA FINDINGS

Workforce Development

200+

JOB OPENINGS

at 20 local health and human services agencies are included on the weekly Thumb Community Health Partnership job bulletin.

Coordination of Services

39%

OF RESPONDENTS

on the Community Health Survey indicated that coordination of services is a weakness of the Health Care System.
Availability and Access to Services

The median income in Huron County is well below the Michigan average. Lower income puts individuals at risk for not having health insurance. Individuals in the service area are less likely to hold professional degrees decreasing the chance that they will have employer provided health insurance.

Many of these individuals live above the poverty level but below the cost of living or ALICE (Asset Limited, Income Constrained, Employed) threshold.

As a result, data shows that many residents under age 65 do not have health insurance. Residents confirmed this is the 2021 Community Health Survey. 37% of respondents felt that access to health insurance was a weakness of the healthcare system.
Behavioral Health

Mental Health Provider Rates
(Lower indicates greater access)

Suicide Mortality Trends
Age Adjusted Rate/100,000

Source: https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp
Prenatal and Infant Health

Percent of Live Births to Women With Less Than Adequate Prenatal Care

<table>
<thead>
<tr>
<th>Year</th>
<th>Michigan</th>
<th>Huron</th>
<th>Lapeer</th>
<th>Sanilac</th>
<th>Tuscola</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>17.9</td>
<td>19.5</td>
<td>20.1</td>
<td>19.4</td>
<td>19.8</td>
</tr>
<tr>
<td>2016</td>
<td>20.6</td>
<td>20.4</td>
<td>17.8</td>
<td>18.8</td>
<td>20.8</td>
</tr>
</tbody>
</table>

Births to Teens
Rate/1000 Females age 15-19

<table>
<thead>
<tr>
<th>Period</th>
<th>Michigan</th>
<th>Huron</th>
<th>Lapeer</th>
<th>Sanilac</th>
<th>Tuscola</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-16</td>
<td>18.0</td>
<td>17.3</td>
<td>16.3</td>
<td>13.2</td>
<td>10.2</td>
</tr>
<tr>
<td>2015-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2016-18</td>
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<td>2017-19</td>
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<td></td>
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<tr>
<td>2018-20</td>
<td></td>
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</tr>
</tbody>
</table>

Cancer

Cancer Mortality Trends Age Adjusted Rate/100,000

<table>
<thead>
<tr>
<th>Year</th>
<th>Michigan</th>
<th>Huron</th>
<th>Lapeer</th>
<th>Sanilac</th>
<th>Tuscola</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>186</td>
<td>176</td>
<td>184</td>
<td>176</td>
<td>157</td>
</tr>
<tr>
<td>2011-13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014-16</td>
<td></td>
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<td>2015-17</td>
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<tr>
<td>2016-18</td>
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</tbody>
</table>

Mortality Rates Per 100,000 by type of cancer
- Lung Cancer- 41
- Prostate Cancer (Males)-18.5
- Colorectal Cancer- 18
- Breast Cancer (Females)-14

SOURCE: https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp
COMMUNITY NEEDS AND PRIORITIES

Prioritization

The CHNA team reviewed a number of health indicators related to a wide variety of issues. The service area Community Health Survey report was also reviewed and discussed by the team. 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. Using a group process leadership identified needs in three categories: Focus Areas, Priorities, and Collaborative Priorities.
**Priority Needs**

**Focus Areas**

1. Workforce Development
   - Recruitment
   - Retention
   - Customer Service
2. Coordination of Services Between Providers

**Priorities**

1. Mental Health
2. Availability and Access to Services
3. Prenatal Care-Infant Health
4. Cancer
5. Chronic Disease

**Collaborative Needs**

1. Mental Health
2. Substance Use Disorders
3. Social Determinants of Health and Barriers to Accessing Services

The priorities selected by the CHNA Team align with the needs expressed in the Community Survey:

<table>
<thead>
<tr>
<th>Healthcare and Human Service Strengths and Weaknesses</th>
<th>Community Health Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use Treatment</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Veterans Services</td>
<td>Cancer</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Chronic Disease</td>
</tr>
<tr>
<td>Specialist Services</td>
<td>Substance Use</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>Prenatal and Infant health</td>
</tr>
</tbody>
</table>

(Weighted Average Rating - 1 major weakness to 4 major Strength)

(Weighted Average Rating - 1 major concern to 4 not a concern)
RESPONDING TO THE NEEDS

Resource Assessment
As part of developing an implementation plan, a resource assessment will be completed to assess the current activities of MTR and other community organizations. This assessment is critical to identifying gaps in services and preventing duplication of services.

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.

- Thumb Community Health Partnership Data Dashboard and County Health Indicator Recordings- [https://www.thumbhealth.org/healthdata](https://www.thumbhealth.org/healthdata)
- 2021 Behavioral Health Needs Assessment Report [https://www.thumbhealth.org/_files/ugd/dc955f_1d4d3f2b8660477886bb0e6c0f64ee71.pdf](https://www.thumbhealth.org/_files/ugd/dc955f_1d4d3f2b8660477886bb0e6c0f64ee71.pdf)
- 2021 Community Survey Instrument
- 2021 MTR Service Area Community Survey Report