

McLaren Thumb Region 2019 Community Health Needs Assessment



THUMB REGION

—
DOING WHAT'S BEST.



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Executive Summary

Serving and Meeting Needs of the Community

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. With a mission that is: 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, Ear, Nose & Throat, Endocrinology, Family Practice, Food & Nutrition, Intensive Care, Internal Medicine, Laboratory, Neurology, Obstetrics/Gynecology, Ophthalmology, Orthopedic Surgery, Pain Management, Pathology, Pediatrics, Physical, Occupational & Speech Therapy, Podiatry, Pulmonary Medicine, Pulmonary Rehab, Radiology, Rheumatology, Sleep Studies, Surgical Services, Urology, Vascular Service and Wound/ Hyperbaric Center.

The leaders of McLaren Thumb Region understand that operating a **COMMUNITY** hospital means striving to understand and respond to the needs of the community- you, your families, and your friends. It was with this community mindset, in 2019, that McLaren Thumb Region launched a Community Health Needs Assessment (CHNA).





What is a Community Health Needs Assessment?

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 primary 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 methods were used to collect primary data:

- Surveys: Surveys were distributed to community members
- In addition to the primary data, secondary data was reviewed for comparison to state rates and across counties located in the Thumb. The CHNA process will be followed by a prioritization process and implementation meeting. Once priorities are selected, there will be an assessment of existing services and programs. This assessment will be used to identify gaps in services and develop strategies to address the priority needs. These strategies will then be organized into an implementation plan and progress will be monitored.

This is the third cycle of Community Health Assessment and Planning. The first cycle was completed in 2012-2013 and the second in 2016. The process is intended to be completed on a three-year cycle that aligns with Affordable Care Act requirements. The 2019 CHNA report includes a review of the 2016 implementation plan and progress toward targets.

Why is a Community Health Needs Assessment valuable?

Most experts agree that there are many challenges facing healthcare today. Rapidly changing technology, increased training needs, availability of resources for mental health and substance abuse, recruiting medical professionals, and responding to health needs of a growing senior citizen population are just a few of the most pressing challenges. These challenges occur at a time when resources for families and healthcare providers are stretched. These conditions make the Community Health Needs Assessment (CHNA) process even more critical. A CHNA helps to direct resources to issues that have the greatest potential for increasing life expectancy, improving quality of life, and producing savings to the healthcare system. Representing the Community and Vulnerable Populations

Define the Community Served

McLaren Thumb Region serves the residents of Huron, Sanilac, and Tuscola Counties.

	Michigan	Huron	Sanilac	Tuscola
Population	9,995,915	31,166	41,182	41,185
% below 18 years of age	21.7%	19.3%	21.4%	20.4%
% 65 and older	17.2%	25.1%	21.4%	20.3%
Non-Hispanic African American	14.1%	0.6%	0.6%	1.3%
% American Indian and Alaskan Native	0.7%	0.4%	0.60%	0.60%
% Asian	3.4%	0.6%	0.3%	0.4%
% Native Hawaiian/Other Pacific Islander	0.00%	0.00%	0.00%	0.00%
% Hispanic	5.2%	2.5%	3.7%	3.5%
No- Hispanic White (below Hispanic	79.3%	97.5%	97.2%	96.3%
% Females	50.8%	50.50%	50.1%	49.8%
% persons in poverty	14.2%	13.4%	14.5%	14.2%

- Education: 88.5% had a high school diploma or higher (compared to the Michigan percentage of 90.2%), 14.4% have a bachelor's degree or higher (compared to the Michigan percentage of 28.1%).
- Household Income: Average household income in the MTR service area is \$45,034 (compared to the Michigan average of \$52,688)
- Insured Rates: 6.8 % are uninsured (compared with the Michigan percentage of 6.1%)

Surveys

Distribution of surveys was intentionally planned to include individuals from vulnerable population groups such as senior citizens, under-resourced families and women. Hospitals invited a variety of individuals that represented multiple sectors of industry, age, and health conditions.

Table 1: Demographic highlights

Age	Respondents were asked their year of birth which was then recoded into groups. Of the valid cases, 30% were 35 or younger, 58% were between 36 and 64, and 12% were 65 or older.
Gender	70% of the respondents were female.
Marital Status	68% were married or remarried
Education	18% had a high school diploma or less, 23 % some college, 27 % a technical/jr college degree, 22% a bachelor's degree and 10 % a graduate or professional degree.
Health Sector	44% worked for hospital, clinic or public health dept.
Race	97% self-identified as White/Caucasian
Household income	About one-fifth (19.0%) reported incomes \$24,999 or less; about one-quarter (26.6%) between \$25,000 and \$49,999, and between one between \$50,000 and \$74,999 (26.1%) and a little over one quarter (28.9%) \$75,000 or more. About 15% preferred not to report their household income.
Hospitals used past 2 years	49 % used McLaren Thumb Region in Bad Axe, 5% use Harbor Beach Community Hospital, 24% use Scheurer Hospital and 5% use Hills and Dales in Cass City.
ZIP Codes	Of the 21 Zip codes, 45% of respondents lived in 48413 (Bad Axe) 7 % in 48441 (Harbor Beach), 6% 48467 (Port Austin) and 9%48475 (Ubyly).

2016 CHNA Plan

In 2016, the Community Health Needs assessment priorities identified by Huron Medical Center (now named McLaren Thumb Region) included:

1. Access to healthy food
2. Access to exercise and fitness activities
3. Awareness of local health resources and services
4. Jobs with livable wages
5. Attracting and retaining young families
6. Adequate youth activities
7. Availability of doctors and nurses
8. Availability of mental health services
9. Ability to get appointments
10. Availability of specialists
11. Availability of substance abuse/treatment services
12. Availability of wellness and disease prevention
13. Water quality
14. Public transportation
15. Ability to retain doctors and nurses
16. Cost of Health Insurance
17. Cost of Health Care Services
18. Cost of Prescription Drugs

CHNA Methodology

Surveys:

Sample/Target Population: Surveys were distributed widely during the late summer of 2019 throughout the service area at clinics, community events, local business, hospital employees and individual requests of community members. The survey was available widely in both paper format and through email. Respondents represented 21 distinct zip codes and ranged in age from 18 to 84 years old.

Survey Instrument and Procedures: The survey instrument contained 34 questions covering Community Assets, Community Concerns, Delivery of Health Care and Demographic Information (Appendix A).

Secondary Data

Table 1: Major Data Sources for CHNA-			
Public Health Statistics			
Source/ Participants	URL or Citation	Dates of Data	Additional Descriptors
United States Census Bureau	http://census.gov	2010-2018	Includes data from the American Community Survey (5-year averages), Census Demographic profiles from the 2010 Census, and subtopic data sets.
Michigan Labor Market	http://www.milmi.org	2019	Unemployment Data
Michigan Department of Community Health	http://www.michigan.gov	2000 to 2018	Date ranges varied by health statistic. Some statistics represent one year of data as others are looking at 3 or 5 year averages.
County Health Rankings	www.countyhealthrankings.org	2019	Includes a wide variety of statistics. Many statistics represent a combined score and reflect multiple years of data.
Kids Count	http://www.mlpp.org/kids-count/michigan-2/mi-data-book-2016	2019	Includes a variety of data from Michigan Department of Community Health, Department of Human Services, and Department of Education.
Community Survey			
Community Survey	135 community members participated in survey.	2019	Questions included rating draft priorities, open ended questions, and input on the current healthcare services provided in the community.

Findings

Companion documents are available for the information included in this report. The following pages summarize the key information extracted from the community feedback.

Community Assets

- People are friendly, helpful and supportive
- Active faith community
- Family-friendly; good place to raise kids
- Local events and festivals

Community Concerns

The concerns about the community's health included

- Understanding/navigating healthcare reform
- Access to exercise and fitness activities
- Awareness of local health resources and services

Concerns about the quality of life in the community

- Jobs with livable wages
- Attracting and retaining young families
- Changes in population

Concerns about availability of health services

- Availability of doctors and nurses
- Availability of mental health services
- Availability of specialists.
- Availability of substance abuse/treatment services
-

Concerns about the community's safety and environment

- Water quality (i.e. well water, lakes, rivers)
- Public transportation (options and cost)
- Crime and safety

Concerns about the delivery of health services

- Ability to retain doctors, nurses, and other healthcare professionals
- Cost of health insurance
- Cost of health care services
- Cost of prescription drugs

Concerns related to Vulnerable Populations

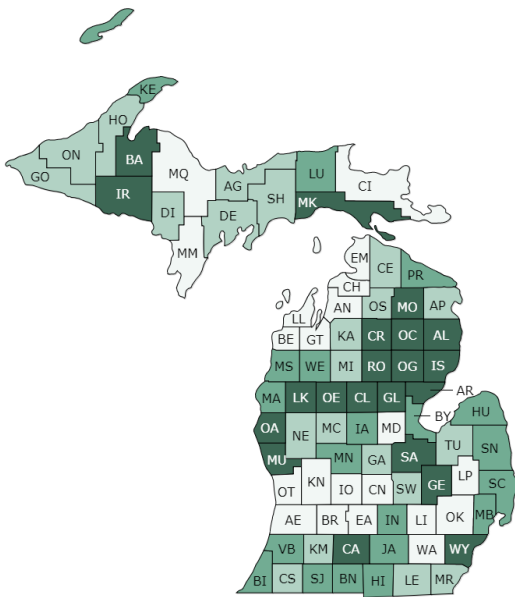
Concerns about Vulnerable Populations

One purpose of the Community Health Needs Assessment is to address perceptions and concerns of and about vulnerable populations. Vulnerable populations include youth, seniors, females, low education, low income and race/ethnicity. The survey instrument asked all respondents for their concerns about youth and seniors.

The largest concern about youth physical health was youth obesity followed by youth hunger and poor nutrition.

The largest concern with youth mental health and substance abuse followed by youth bullying and youth mental health.

The top concern with the senior population in their community was the cost of medications, the availability of resources to help the elderly stay in their homes and concerns about Dementia and Alzheimer's Disease



Rank 1-21 Rank 22-42 Rank 43-62 Rank 63-83

Secondary Data

The following Thumb Report Card illustrates how each county compares to data from the state.

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
CHR	Health Outcomes (county rank)			50	52	31
CHR	Length of Life (county rank)			64	56	43
CHR	Years of Potential Life Lost per 100,000	2019	7,600	8,400	8,000	7,400
CHR	Age Adjusted Mortality per 100,000	2019	370	390	380	370
MDCH	Cancer Related Deaths	2015-2017	179	176.9	177.1	176.5
MDCH	Diabetes Related Deaths	2015-2017	73.7	83.1	96.8	73.1
MDCH	Deaths due to Suicide	2015-2017	13.2	26.9	15.7	16.4
CHR	Child Mortality (under 18) per 100,000	2010-2013	50	n/a	60	50
CHR	Infant Mortality (under age 1) per 1000	2015-2017	7	NA	8.4	4.2
CHR	Quality of Life (county rank)			25	45	21
CHR	Poor Or Fair Health	2019	17%	14%	16%	16%
CHR	Average # of Poor physical health days (In past 30 days)	2019	4.3	4.1	4.1	4.1
CHR	Frequent physical distress (>14 days-past 30 when physical health was not good)	2019	13%	11%	12%	11%
CHR	Average # of Poor mental health days (In past 30 days)	2019	4.4	4.2	4.3	4.0
CHR	Low Birthweight (<2500 grams; 5lbs,8 oz)	2019	8%	7%	7%	6%
Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
CHR	Health Factors (county rank)			17	48	47
CHR	Health Behaviors (county rank)			16	32	51
CHR	Adult Obesity** (BMI >30)	2019	32%	31%	31%	34%
CHR	Limited Access To Healthy Foods: % of low income who don't live close to grocery store	2019	6%	10%	2%	1%
CHR	Food Insecurity (did not have access to reliable source of food in the past year)	2019	14%	11%	12%	12%
CHR	Physical Inactivity: no leisure-time physical activity.	2019	22%	24%	25%	28%
CHR	Adult Smoking (everyday or most days)	2019	20%	17%	18%	19%
CHR	Excessive Drinking (Binge- 5+ drinks or daily drinking)	2019	21%	19%	21%	22%
CHR	Alcohol Impaired Driving Deaths (% of all driving deaths)	2019	29%	34%	30%	37%
CHR	Drug Overdose Deaths: drug poisoning deaths per 100,000	2012-2014	24	24	17	13
CHR	Motor Vehicle Crash Deaths: traffic accidents involving a vehicle per 100,000	2019	10	18	13	17
CHR	Sexually transmitted infections: diagnosed chlamydia cases per 100,000	2013	462.9	175.6	197.7	258.5
CHR	Teen Births (# of births per 1,000 female population, ages 15-19)	2019	22	18	22	23

CHR	Insufficient Sleep: adults who report fewer than 7 hours of sleep on average	2019	34%	37%	35%	36%
CHR	Clinical Care (county rank)			38	78	46
CHR	Uninsured: <65 that has no health insurance coverage	2019	6%	7%	8%	6%
CHR	Uninsured Adults: 18 to 65 that has no health insurance coverage in a given county	2019	8%	8%	9%	7%
CHR	Uninsured Children: <19 that has no health insurance coverage	2019	3%	4%	5%	3%
CHR	Primary Care: ratio of the population to total primary care physicians. Higher= less access	2019	1,064:1	1,850:1	3,760:1	2960:1
CHR	Dentists: ratio of the population to total dentists. Higher= less access	2019	1,360:1	1840:1	3,440:1	2,278:1

Implementation Plan and Strategies to fill gaps in resources

A committee will meet during the Fall of 2019 to develop the implementation plan in response to the 2019 Community Health Needs Assessment.

Written CHNA Report and Implementation Plan

- The CHNA report was completed September 2019. The final report was reviewed and will be posted to the hospital website at www.mclaren.org/thumbregion in September 2019

Additional Documents (Available Upon Request)

- Survey Instrument
- Interview Outline