COMMUNITY HEALTH NEEDS ASSESSMENT

2025

Executive Summary

This report presents the findings of the 2025 Community Health Needs Assessment (CHNA) for Harbor Beach Community Hospital (HBCH) and the communities within its service area. The purpose of the CHNA is to inform community members, healthcare providers, hospital leadership, and other decision-makers about the most significant health needs affecting the region. The report identifies priority health issues, highlights focus areas established by Michigan Community Resources (MCR), and provides the foundation for developing a strategic implementation plan to address identified needs. In addition, the assessment acknowledges existing collaborative initiatives that are already contributing to improved community health outcomes.

A Community Health Needs Assessment is a systematic, data-driven process used to objectively identify and prioritize health needs within a defined community. This approach ensures that health priorities are grounded in credible data and informed by lived experience. In addition to reviewing quantitative health and demographic data, the CHNA incorporates qualitative input from community members and key stakeholders, recognizing that the community perspective is essential to accurately interpret data and understand real-world barriers to health and well-being.

The 2025 CHNA represents the fifth cycle of community health assessment and planning conducted by Harbor Beach Community Hospital, following prior assessments completed in 2013, 2016, 2019, and 2022. The assessment process occurs every three years and aligns with the requirements of the Affordable Care Act. As part of this cycle, the 2025 CHNA includes a review of the 2022 implementation plan and evaluates progress toward previously established goals and objectives.

Healthcare delivery continues to grow more complex due to changing patient needs and expectations, rapid technological advancement, evolving reimbursement models, and rising healthcare costs. These challenges occur at a time when families, healthcare providers, and community-based organizations face increasing resource constraints. The CHNA process helps ensure that limited resources are strategically directed toward issues with the greatest potential to improve community health. Effectively addressing priority health needs can increase life expectancy, enhance quality of life, and contribute to long-term cost savings across the healthcare system.

The 2025 CHNA was completed using a collaborative, team-based approach to coordinate data collection, community engagement, and analysis. The process followed a structured framework to identify and prioritize key health issues. In fall 2025, Harbor Beach Community Hospital and its partners will use the findings of this report to select evidence-informed strategies and develop a comprehensive implementation plan to address identified community health priorities.

CHNA PROCESSES AND METHODS

CHNA Team

An internal team at HBCH was established to lead the CHNA process. The team met and communicated frequently from May to September 2025. The team consisted of: Cindy Oparka, Michelle Siemen, Tami Nickrand, Jennifer Siemen, Elen-Abigail Ragudos, Ellyne Volmering, Gabrielle Hall, Aida Bischer, Tisha Tillery, Janeane Wilson, Jill Wehner, Tina Osantoski, Joann Hoffman, Trish VanNorman, Misty Harwood, Candice Rivera-Tenerife, Becky Bishop, Vicki Winkel, Kristi Arntz, and Chad Redburn.

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 HBCH 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 with the Community Health Needs Assessment. Assistance included compiling data from various sources, conducting a community health survey in fall 2024, 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, as well as other community partners. The process was based on a model developed by the Association for Community Health Improvement. 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			
Public Health Statistics			
Source/Participants	**URL or Citation**	**Dates**	**Additional Descriptors**
United States Census Bureau	https://data.census.gov/table/	2023	American Community Survey, Census Demographic profiles, and subtopic data sets.
MI Department of Health and Human Services (MDHHS), Vital Statistics	https://www.mdch.state.mi.us/osr/CHI/CRI/frame.asp or https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp#Counties	2021-2023	Date ranges varied by health statistic. Some statistics represent one year of data while others are looking at 3 or 5 year averages.
Health Resources & Services Admin.	https://bhw.hrsa.gov/shortage-designation	2021	Shortage designations are determined by HRSA.
County Health Rankings	www.countyhealthrankings.org	2020-2022	Includes a wide variety of statistics.
Kids Count	https://mlpp.org/kids-count/	2023/2024	Includes a variety of data from MDHHS and the Department of Education.
Local Assessments			
Community Survey	• Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties - 690 participants • Report produced for the service area by zip codes - 172 participants.	Oct. 2024	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 members. The Team also took into consideration priorities identified in the 2022 CHNA and progress on the 2022-2025 implementation plan.

COMMUNITY SERVED

Harbor Beach Community Hospital, located in Huron County, Michigan, is a Critical Access Hospital (CAH) as designated by the Medicare Rural Hospital Flexibility Program. This program, created by Congress in 1997, allows small hospitals to be licensed as a CAH and offers grants to states to help implement initiatives to strengthen the rural health care infrastructure.

MISSION: Harbor Beach Community Hospital: Providing Community Access to Quality Health Care.

Hospital Services Include

General and Acute Services:
- Cardiology
- Family Practice Clinic
- Emergency Department
- Hospital (Acute Care & Hospitalist)
- Orthopedics
- Pathology
- Pharmacy
- Podiatry
- Pulmonology
- General Surgery
- Telehealth Services

Radiology Services:
- CT scan
- Digital mammography
- General x-ray
- Nuclear medicine
- MRI (Thumb MRI)
- Teleradiology (After hours)
- Lower extremity circulatory assessment Ultrasound
- Bone Density Testing

Screening/Therapy Services:
- Chronic Disease Management
- **DOT** Physicals
- Holter/24 Hour Monitoring
- Laboratory services
- Occupational Physicals
- Rehabilitation Services
- Speech Therapy
- Respiratory Care
- Case Management
- Analysis Pelvic Health
- Therapy PFTs
- EKG
- Stress Testing (Nuclear & Treadmill)

The Harbor Beach Community Hospital service area is located in the area of Michigan commonly referred to as the Thumb. Hospital utilization data was applied to six zip codes that compose the Hospital's primary service area. According to the 2023 American Community Survey, U.S. Census, this service area has a population of 9,059. The service area includes numerous towns and villages, including Harbor Beach, Ubly, Minden City, Ruth, Port Hope, and Forestville. The Hospital provides services to a community in which:

- 20.1% of the population is under age 18, and 24.3% is over age 65.
- The population has limited racial diversity with 95.9% of the population identified as Caucasian, 1.8% 2 or more Races, 1.4% Hispanic, 0.3% Asian, 0.3% Black, 0.2% Some Other Race, 0.1% American Indian/Alaska Native, 0% Hawaiian/Other Pacific Islander.
- Harbor Beach Community Hospital's service area has a Bachelor's or higher college degree rate of 14.7% in those individuals 25 years and over, compared to Michigan's 31.8% and the United States' 35.0%.
- Average (Mean) household income is lower at $71,368 as compared to the Michigan average (mean) income of $96,299.
- 3.0% percent reported being unemployed on the census compared to 3.6% of Michigan residents.
- 4.6% reported on the census having no health insurance compared to 5.0% of Michigan residents.
- In the 6 reported zip codes within the Harbor Beach Community Hospital Service area, 36.2% (48434), 7.2% (48441), 5.2% (48456), 8.8% (48468), 5.7% (48470), 9.7% (48475) percent of families are in poverty compared to 8.8% of Michigan families
- 5.8% reported on the census having no health insurance compared to 5.0% of Michigan residents.
- The community has a higher rate of self-employed individuals (15.1%) compared to the Michigan rate of 9.5% and the United States rate of 11.0%.

REPRESENTING THE COMMUNITY

Input from Individuals

Individuals provided input through the Community Health Survey (Table 1). Vulnerable populations were represented in the survey.

1. Vulnerable populations were widely represented in the Community Health Survey. Of the 62 individuals from the service area, 51.6% indicated they represented a vulnerable population.
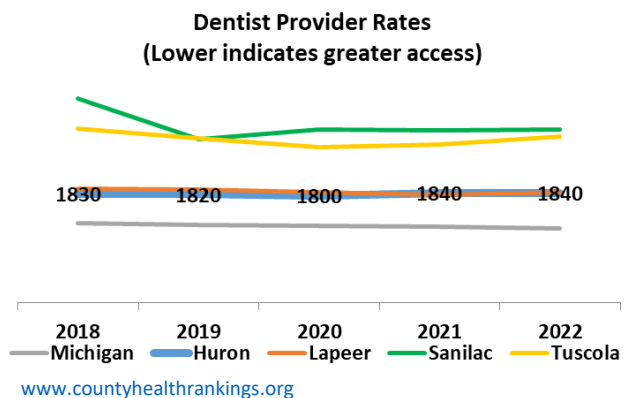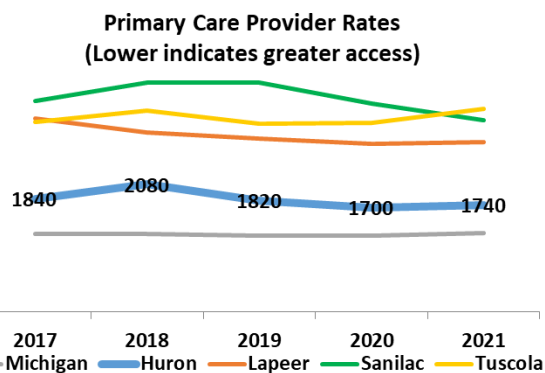
Table 1: Vulnerable Populations in Harbor Beach Community Hospital Service Area 2024	% of Survey Respondents
Senior Citizen	41%
Someone that experiences a mental health condition or disability or special education needs	34%
Low Income	31%
Veteran	16%
Healthcare or Human Service Provider that can speak for a wide variety of patients/people	28%
The Physically Disabled	9%
Someone with a Substance Use Disorder or Alcoholism or in recovery from substance use.	0%
People of a minority race or ethnic background	3%
Victim of Domestic Abuse or Child Abuse	3%
Seasonal or part time resident	0%
People who are homeless	3%
Other (please specify)	0%

DATA FINDINGS

Workforce Development

Primary Care Provider Rates
(Lower indicates greater access)

1840   2080   1820   1700   1740

| 2017 | 2018 | 2019 | 2020 | 2021 |
— Michigan — Huron — Lapeer — Sanilac — Tuscola

www.countyhealthrankings.org

Dentist Provider Rates
(Lower indicates greater access)

1830   1820   1800   1840   1840

| 2018 | 2019 | 2020 | 2021 | 2022 |
— Michigan — Huron — Lapeer — Sanilac — Tuscola

www.countyhealthrankings.org

250+

job openings

at 23 local health and human services agencies are included on the weekly Thumb Community Health Partnership job bulletin.
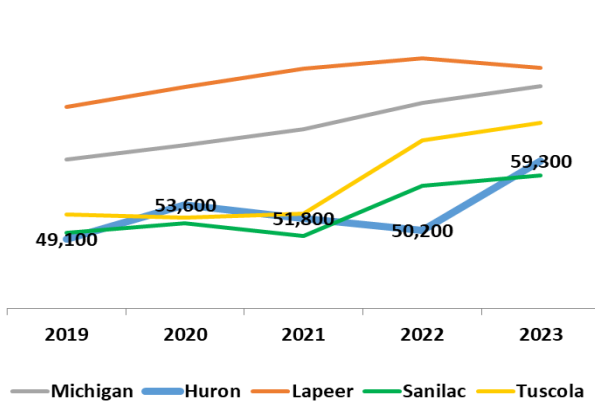
46%

of respondents

on the Community Health Survey in the Harbor Beach Community Hospital Service Area indicated that coordination of services is a weakness or major 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 of not having health insurance.
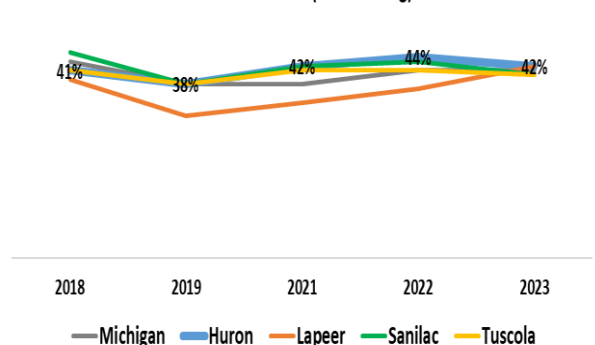
Median Income

| 2019 | 2020 | 2021 | 2022 | 2023 |

49,100   53,600   51,800   50,200   59,300

— Michigan — Huron — Lapeer — Sanilac — Tuscola

SAIPE web site; www.countyhealthrankings.org

Many of these individuals live above the poverty level but below the cost of living or ALICE (Asset Limited, Income Constrained, Employed) threshold.
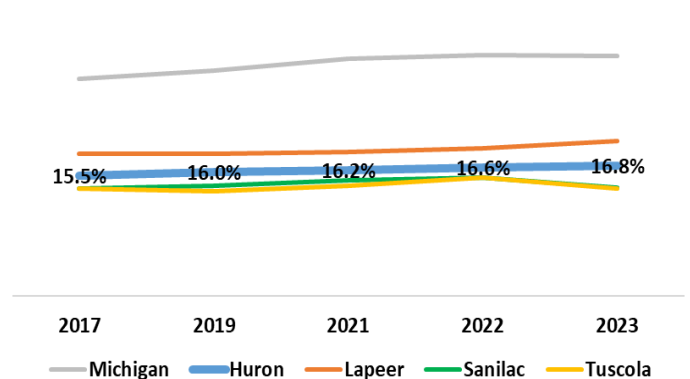
Individuals in the service area are less likely to hold professional degrees decreasing the chance that they will have employer provided health insurance.
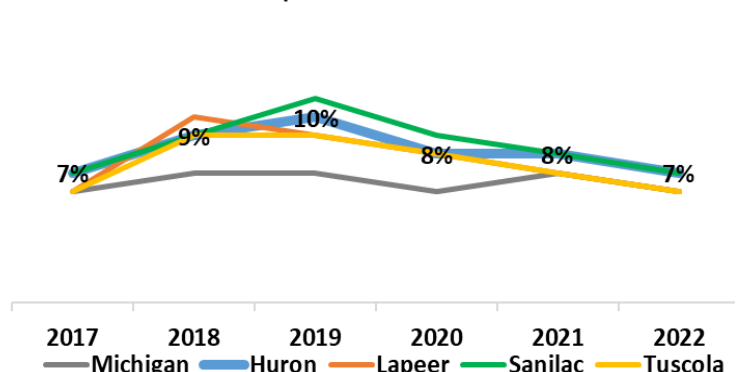
Percent of People with Bachelors Degree or Higher (25 yo & up) - 5 Year Estimates

| 2017 | 2019 | 2021 | 2022 | 2023 |

15.5%   16.0%   16.2%   16.6%   16.8%

— Michigan — Huron — Lapeer — Sanilac — Tuscola

U.S. Census

As a result, data shows that many residents under age 65 do not have health insurance. Residents confirmed this is the 2024 Community Health Survey. **31% of service area respondents felt that access to health insurance was a weakness or major weakness of the healthcare system.**

Percent of households below ALICE Threshold (cost of living)

| 2018 | 2019 | 2021 | 2022 | 2023 |

41%   38%   42%   44%   42%

— Michigan — Huron — Lapeer — Sanilac — Tuscola

United Way- ALICE Report (Assets Limited Income Constrained Employed)

Percent of People < 65 that are Uninsured

| 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |

7%   9%   10%   8%   8%   7%

— Michigan — Huron — Lapeer — Sanilac — Tuscola
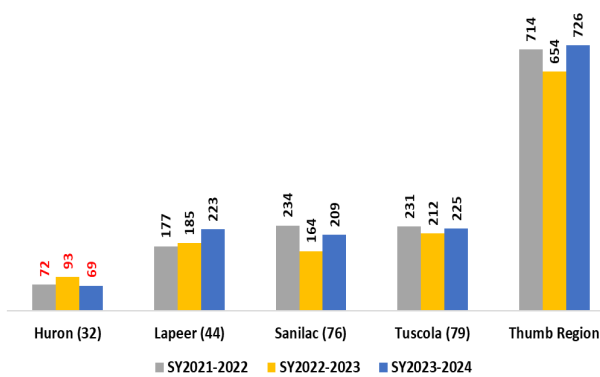
US Census Bureau's Small Area Health Insurance Estimates (SAHIE)

Social Determinants of Health

Homeless Student Data by School Year

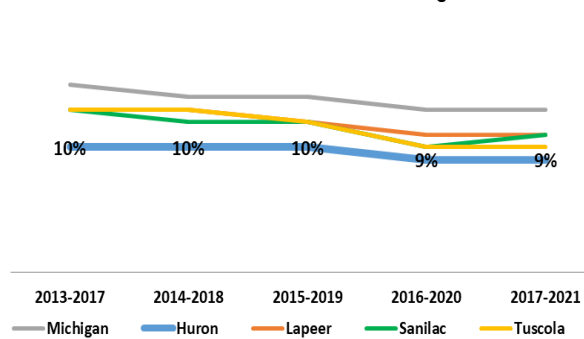Huron (32): SY2021-2022: 72, SY2022-2023: 93, SY2023-2024: 69
Lapeer (44): 177, 185, 223
Sanilac (76): 234, 164, 209
Tuscola (79): 231, 212, 225
Thumb Region: 714, 654, 726

Legend: ■ SY2021-2022 ■ SY2022-2023 ■ SY2023-2024

https://www.mischooldata.org/homeless-enrollment-data-files

Percent of Disabled Residents 2023

Michigan: 14.2%, Huron: 15.8%, Lapeer: 15.2%, Sanilac: 17.2%, Tuscola: 19.5%

Legend: ■ Michigan ■ Huron ■ Lapeer ■ Sanilac ■ Tuscola
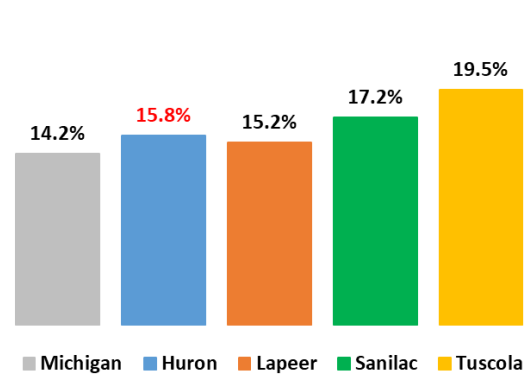
https://data.census.gov/table/ACSDT5Y2022.B18101?q=Disabled&t=Disability&g=040XX00US26_050XX00US26063,26087,26151,26157&moe=false
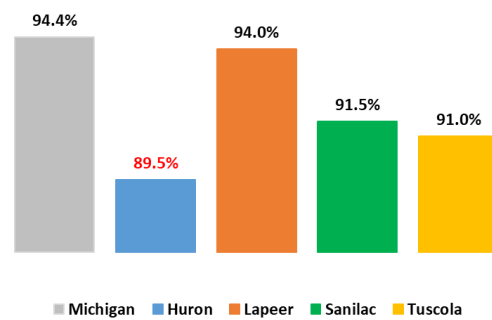
Percent of Households with Severe Housing Problems

2013-2017: 10%, 2014-2018: 10%, 2015-2019: 10%, 2016-2020: 9%, 2017-2021: 9%

Legend: ■ Michigan ■ Huron ■ Lapeer ■ Sanilac ■ Tuscola

*Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
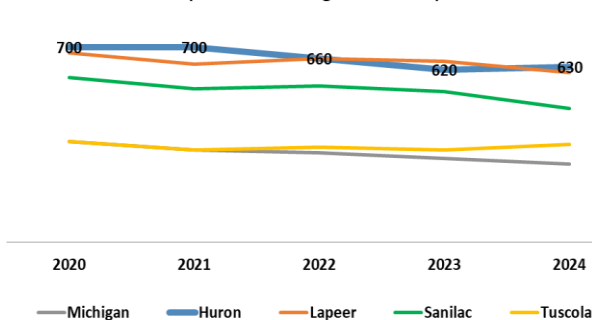www.countyhealthrankings.org

Computer Access based on Income in the past 12 months (In 2023 Inflation-adjusted dollars)

Michigan: 94.4%, Huron: 89.5%, Lapeer: 94.0%, Sanilac: 91.5%, Tuscola: 91.0%

Legend: ■ Michigan ■ Huron ■ Lapeer ■ Sanilac ■ Tuscola

https://data.census.gov/table/ACSST5Y2023.S2801?q=computer&g=040XX00US26_050XX00US26063,26087,26151,26157

Behavioral Health

Mental Health Provider Rates
(Lower indicates greater access)

2020: 700, 2021: 700, 2022: 660, 2023: 620, 2024: 630

Legend: ■ Michigan ■ Huron ■ Lapeer ■ Sanilac ■ Tuscola

www.countyhealthrankings.org

Suicide Mortality Trends
Age Adjusted Rate/100,000

1999-2003: 14.3, 2004-2008: 15.4, 2009-2013: 15.1, 2014-2018: 25.0, 2019-2023: 0.0

Legend: ■ Michigan ■ Huron* ■ Lapeer ■ Sanilac ■ Tuscola
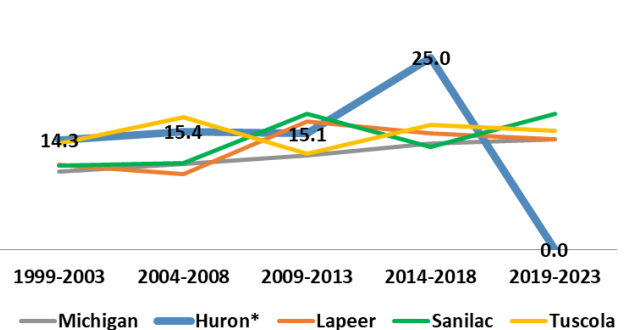
Asterisk (*) indicates that data do not meet standards of reliability or precision.
https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp

Percent of Adults engaged in Binge or Heavy Drinking (Age Adjusted)

22% 21% 22% 17% 21%

2018 2019 2020 2021 2022

—— Michigan —— Huron —— Lapeer —— Sanilac —— Tuscola

www.countyhealthrankings.org
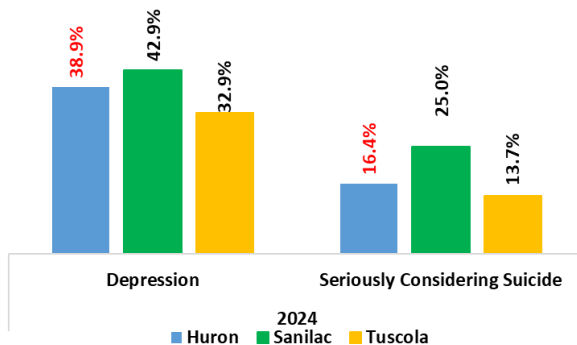
Drug Poisoning Deaths- Rate/100,000

24 21 14 13 13
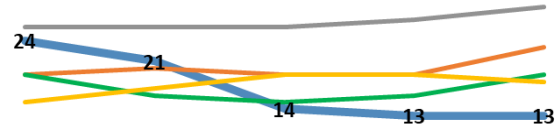
2016-2018 2017-2019 2018-2020 2019-2021 2020-2022

—— Michigan —— Huron —— Lapeer —— Sanilac —— Tuscola

www.countyhealthrankings.org

Over the past 10 years,

82%

of suicide deaths in the Thumb were men.

9th & 11th grade Depression and Suicidal Ideations

Depression: Huron 38.9%, Sanilac 42.9%, Tuscola 32.9%
Seriously Considering Suicide: Huron 16.4%, Sanilac 25.0%, Tuscola 13.7%

2024

■ Huron ■ Sanilac ■ Tuscola

https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx

9th & 11th grade Alcohol & Marijuana Use

Alcohol Use-Ever: Huron 43.9%, Sanilac 41.0%, Tuscola 39.4%
Alcohol Use-past 30 days: Huron 21.7%, Sanilac 18.1%, Tuscola 16.2%
Marijuana Use-Ever: Huron 24.4%, Sanilac 21.4%, Tuscola 22.7%

2024

■ Huron ■ Sanilac ■ Tuscola

https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx
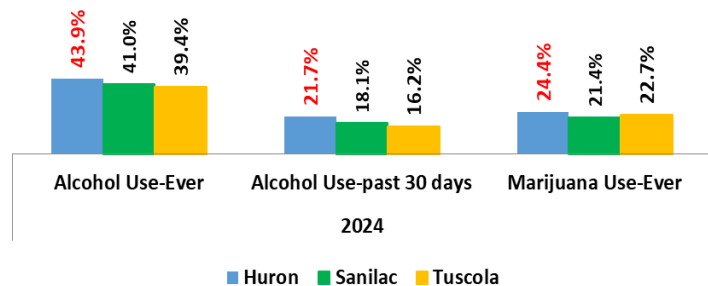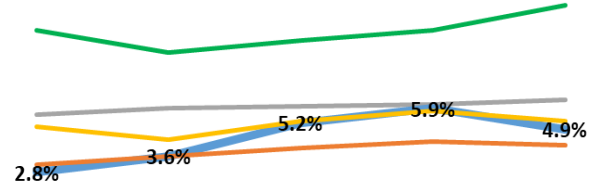
Prenatal and Infant Health

Percent of Live Births to Women With Less Than Adequate Prenatal Care - 3 Year Average
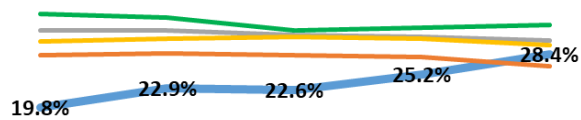
19.8% 22.9% 22.6% 25.2% 28.4%

2017-2019 2018-2020 2019-2021 2020-2022 2021-2023
Michigan — Huron — Lapeer — Sanilac — Tuscola

Percent of Live Births to Women With Late or No Prenatal Care 3 Year Average

2.8% 3.6% 5.2% 5.9% 4.9%

2017-2019 2018-2020 2019-2021 2020-2022 2021-2023
Michigan — Huron — Lapeer — Sanilac — Tuscola

Births to Teens Ages 15-19; Rate/1000 Females

6.2 9.8 6.2 11.3 10.0
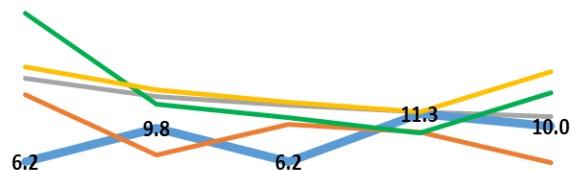
2019 2020 2021 2022 2023
Michigan — Huron — Lapeer — Sanilac — Tuscola

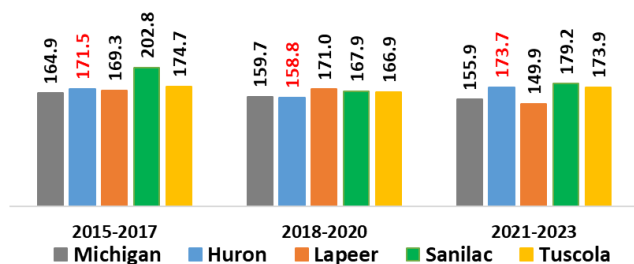## Percent of Live Births to Women Who Smoked During Pregnancy - 3 Year Average

18.4% 20.8% 23.2% 22.4% 16.4%
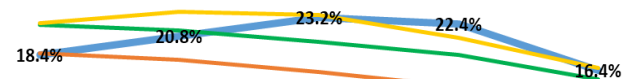
2017-2019 2018-2020 2019-2021 2020-2022 2021-202
Michigan — Huron — Lapeer — Sanilac — Tuscola

Cancer

Cancer Mortality Trends Age Adjusted Rate/100,000

	2015-2017	2018-2020	2021-2023
Michigan	164.9	159.7	155.9
Huron	171.5	158.8	173.7
Lapeer	169.3	171.0	149.9
Sanilac	202.8	167.9	179.2
Tuscola	174.7	166.9	173.9

2023 Cancer Rate/100,000 Years of Potential Life Lost

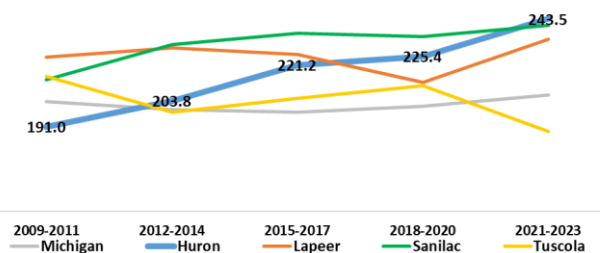|	Total	Male	Female
Michigan	1421	1543	1426
Huron	1841	1652	1767
Lapeer	1567	1393	1490
Sanilac	1821	3139	2611
Tuscola	1687	2593	1395
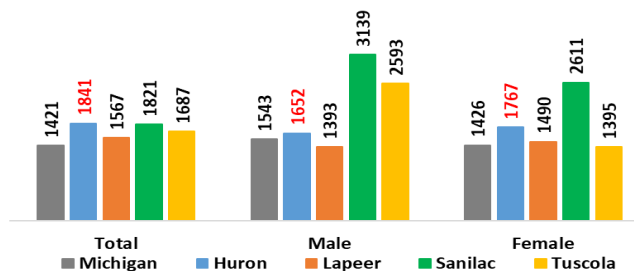
Mortality Rates Per 100,000
by type of cancer in Huron County 2017-2021

- Lung Cancer- 38.3
- Breast Cancer (Females)-14.2
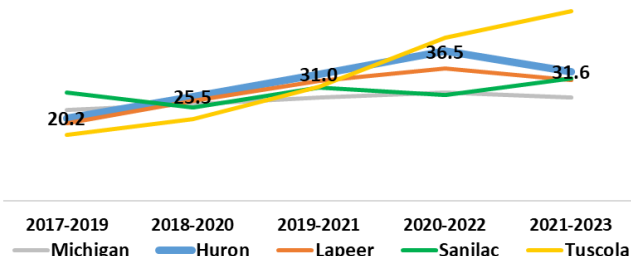- Colorectal Cancer- 16.1
- Prostate Cancer (Males)-22.9

https://www.mdch.state.mi.us/osr/CHI/Cancer/frame.asp

Chronic Disease

Heart Disease Mortality Trends Age Adjusted Rate/100,000
3 Year Moving Average

Huron values: 191.0, 203.8, 221.2, 225.4, 243.5

	2009-2011	2012-2014	2015-2017	2018-2020	2021-2023
Michigan					
Huron					
Lapeer					
Sanilac					
Tuscola					

https://vitalstats.michigan.gov/osr/CHI/Deaths/frame.html

Diabetes Mortality Trends - Age Adjusted Rate/100,000
3 Year Moving Average

Huron values: 20.2, 25.5, 31.0, 36.5, 31.6

	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Michigan					
Huron					
Lapeer					
Sanilac					
Tuscola					

https://vitalstats.michigan.gov/osr/chi/cri/frame.html

2023 Heart Disease Rate/100,000 Years of Potential Life Lost

	Total	Male	Female
Michigan	1267	1712	820
Huron	1695	2164	1216
Lapeer	1005	1676	279
Sanilac	1629	2172	1063
Tuscola	1156	1778	494

https://vitalstats.michigan.gov/osr/CHI/Deaths/frame.html
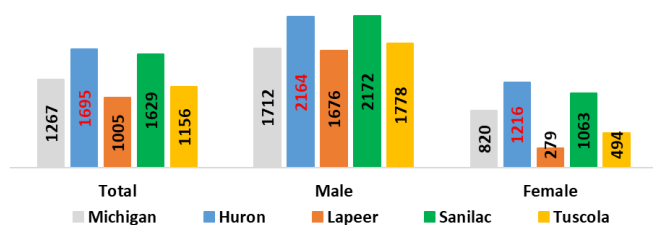
Stroke Age Adjusted Mortality Trends Rate/100,000

Huron values: 36.5, 37.9, 29.8, 35.4, 26.9

	2009-2011	2012-2014	2015-2017	2018-2020	2021-2023
Michigan					
Huron					
Lapeer					
Sanilac					
Tuscola					
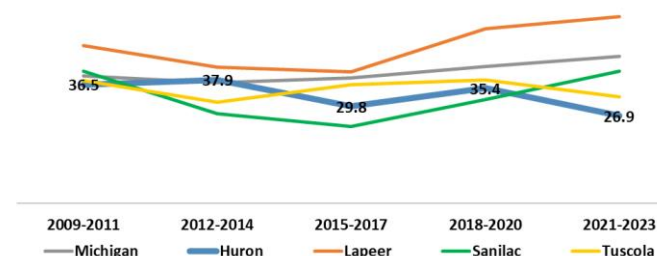
Michigan Department of Health and Human Services
https://vitalstats.michigan.gov/osr/CHI/Deaths/frame.html

Total Cardiovascular Disease Death Rate

Age 65+

All Races/Ethnicities

Both Genders

2019-2021

Center for Disease Control; Interactive Atlas
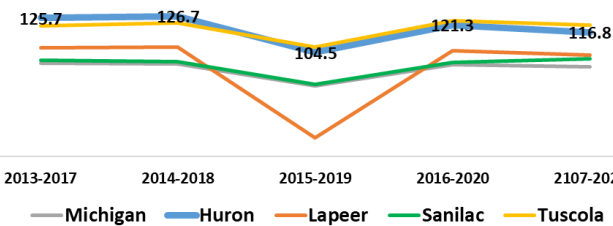https://nccd.cdc.gov/DHDSPAtlas/Default.aspx

Age-Standardized Rate per 100,000

- Insufficient Data (0)
- 1,286 - 1,486 (17)
- 1,486 - 1,577 (17)
- 1,577 - 1,678 (16)
- 1,678 - 1,841 (17)
- 1,841 - 2,189 (16)
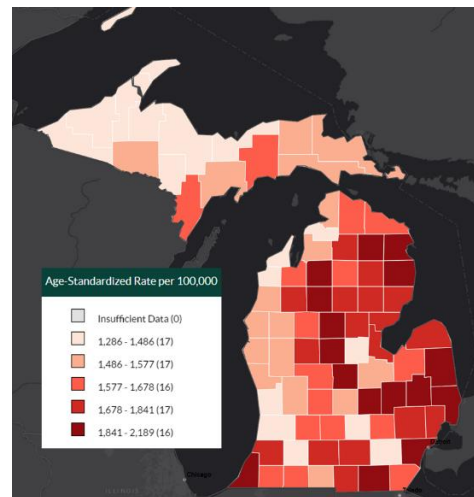
Injuries

Fatal Injuries - 5 Yr Age Adjusted Rates

91.6   94.3   89.6   75.4   72.8

| 2015-2019 | 2016-2020 | 2017-2021 | 2018-2022 | 2019-2023 |

— Michigan — Huron — Lapeer — Sanilac — Tuscola

https://vitalstats.michigan.gov/osr/chi/FATAL2/frame.asp
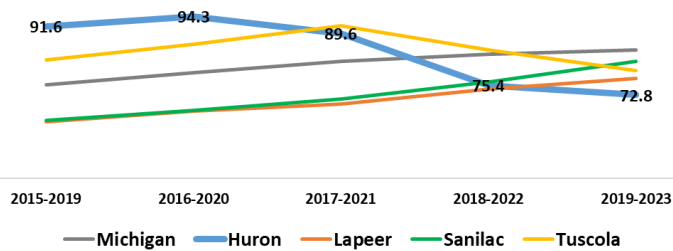
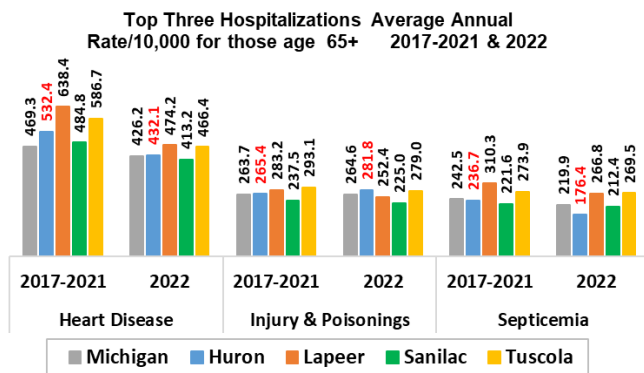### Injury & Poisoning Hospitalizations/10,000
5 Year Annual Rate

125.7   126.7   104.5   121.3   116.8

| 2013-2017 | 2014-2018 | 2015-2019 | 2016-2020 | 2107-2022 |

— Michigan — Huron — Lapeer — Sanilac — Tuscola

https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp

Top Three Hospitalizations Average Annual Rate/10,000 for those age 65+ 2017-2021 & 2022

https://vitalstats.michigan.gov/osr/CHI/hospdx/frame.html

Rate/1000 children Ages 0-8 who are confirmed victims of child abuse/neglect

https://datacenter.aecf.org/data/customreports/3775,3787,3819,3822/any

Traffic Crashes Involving Alcohol (Crude Rate)

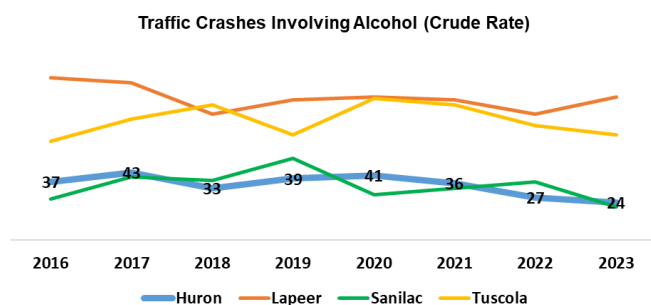https://vitalstats.michigan.gov/osr/CHI/hospdx/frame.html
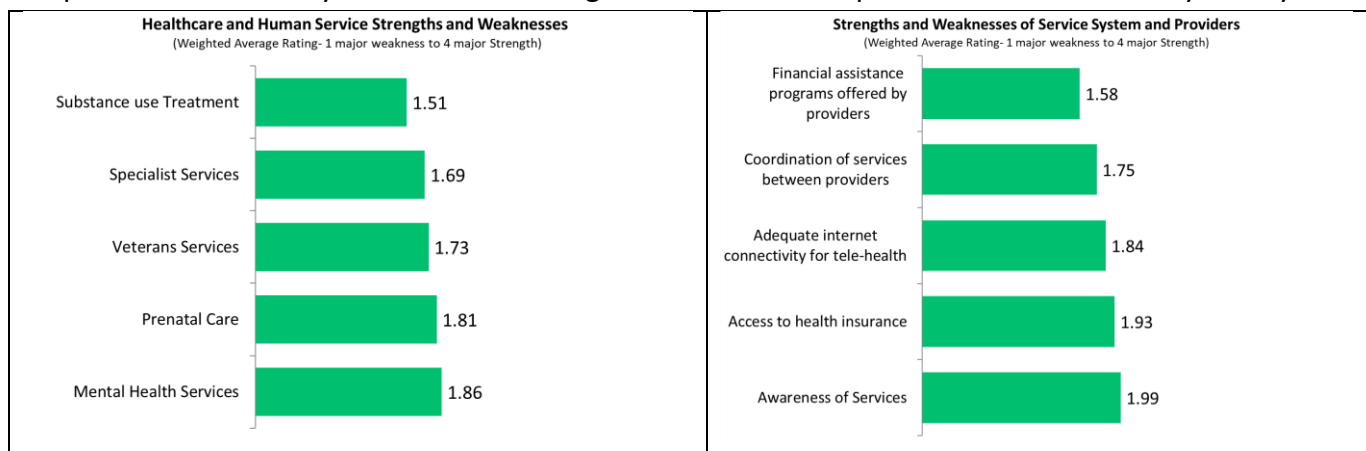
COMMUNITY NEEDS AND PRIORITIES

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 - HBCH

Focus Areas	Priorities	Collaborative Needs

1.Barriers to Financial Access
  •Continue
  •Expand
2. Chronic Disease
	1.Mental Health
	2.Tobacco & Vaping
	3.Cancer
		1.Mental Health
		2.Substance Use Disorders
		3.Social Determinants of Health
		4.Prenatal
		5.Environmental Health
		6.Non-intentional Injuries
		7.Violence
		8.Dental Health
		9.Infectious Disease

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

Healthcare and Human Service Strengths and Weaknesses
(Weighted Average Rating- 1 major weakness to 4 major Strength)

Substance use Treatment	1.51
Specialist Services	1.69
Veterans Services	1.73
Prenatal Care	1.81
Mental Health Services	1.86

Strengths and Weaknesses of Service System and Providers
(Weighted Average Rating- 1 major weakness to 4 major Strength)

Financial assistance programs offered by providers	1.58
Coordination of services between providers	1.75
Adequate internet connectivity for tele-health	1.84
Access to health insurance	1.93
Awareness of Services	1.99

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 HBCH 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
- 2021 Behavioral Health Needs Assessment Report https://www.thumbhealth.org/_files/ugd/dc955f_1d4d3f2b8660477886bb0e6c0f64ee71.pdf
- 2024 Community Survey Instrument
- 2024 HBCH Service Area Community Survey Report