

2012-2013

Community Health Needs Assessment



A Report to the Community

Background and Overview

Harbor Beach Community Hospital

Serving and Meeting Needs of the Community

In 1920, the Huron Milling Company of Harbor Beach acquired the property on the corner of Broad and First Streets. On this property, a hospital was created to serve their employees and the community of Harbor Beach. As the community grew, the health care needs also grew.

In 1957, the hospital was donated to the community and renamed the Harbor Beach Community Hospital. It soon became apparent that a new building was needed. In 1963, a new facility opened its doors to residents. The next 50 years would be marked by major expansions such as the long term care wing and opening of medical clinics in Harbor Beach and Port Hope. The hospital would also be marked by constant growth and improvement in less visible but very important areas such as technology, specialty services, quality initiatives/awards, walk-in clinic services, and round the clock emergency room physicians. All of these changes resulted from the desire to meet a need in the community.

From the beginning, the leaders of Harbor Beach understood that operating a **COMMUNITY** hospital meant striving to understand and respond to the needs of the community- you, your families, and your friends. It was with this community mindset, in 2012, that Harbor Beach Community Hospital 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. However, analyzing data is only one step to identifying needs. Gathering input from individuals and groups in the community is also important. Personal experiences are critical to ensuring that statistics are interpreted correctly.

The CHNA process balances data analysis with community input. Several steps in the process guide a team to select two to five priority health issues. Once priorities are selected, strategies are developed to address the priority needs. These strategies are then organized into an implementation plan and progress is monitored. The process is intended to be cyclical. After a time period, the process begins again at step 1. The Harbor Beach CHNA cycle is planned for three year cycles.

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, 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 our economy is struggling and 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.

Needs Assessment Process

Process Overview

Steps in Process

Harbor Beach Community Hospital began the Community Health Needs Assessment (CHNA) process by hiring an objective consultant to lead the project. The consultant they selected, Balcer Consulting & Prevention Services, has experience working with the community and had a history of working with an existing Community Advisory Committee. The nine step process was developed based on review of various CHNA models¹:

- Step 1: Establish a Team
- Step 2: Review Data
- Step 3: Collect Additional Data to fill information gaps
- Step 4: Analyze Data
- Step 5: Identify Priorities
- Step 6: Assess existing resources that are addressing priorities
- Step 7: Develop Strategies to fill gaps in resources
- Step 8: Develop a written CHNA Report and Implementation Plan
- Step 9: Monitor Progress

Repeat the cycle.

Timeline



¹ Models included:

- Community Health Assessment Toolkit- <http://www.assesstoolkit.org> ;
- Template for Community Health Needs Assessment (December 2011), National Center for Rural Health Works, Oklahoma State University and Center for Rural Health and Oklahoma Office of Rural Health;
- Collaboration in Community Health Needs Assessments-A Guide for Community Hospitals, (Spring 2012) Michigan Hospital Association, Health Reform Resource Center, www.mha.org
- Report Templates available from <http://ruralhealthworks.org/community/>

Step 1: Establish a Team

Define the Community Served

Located along the shores of Lake Huron, Harbor Beach Community Hospital serves rural communities in the eastern portion of Huron County. Huron County is located in the area of Michigan commonly referred to as the Thumb. Hospital utilization data was utilized to identify twelve census divisions that compose the hospital's primary service area. According to the 2010 Census, this service area has a population of 9,100. The service area includes numerous towns and villages of Harbor Beach, Port Hope, Ruth, Parisville, Forestville, and Minden City.² The hospital provides service to a community in which...

- Fifty-three percent of the population is over the age of 45 and only 22% are under age 19.
- The population has limited racial diversity with 97.4% of the population Caucasian and less than 2% identified as Hispanic.
- The hospital service area has a college degree rate of 11% compared to Huron County's rate of 14%, Michigan's rate of 25%, and United States rate of 28%.
- Average household income is lower at \$52,800 as compared to Michigan average income of \$63,700 and the United States average income of \$70,900.
- 1064 people are in poverty-11.6% (MI-14.8%)
- 6.4% of people reported being unemployed on the 2010 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, education-health-social services, agriculture, and retail trade.
- The community has a higher rate of self-employed individuals (13.7%) compared to Michigan rate of 5.4% and the United States rate of 6.5%.

Representing the Community

- **Assembling the CHNA Project Team:** In November 2009, the Harbor Beach Hospital Board and Administration identified a need to increase input from the community. One strategy utilized to meet this need was creation of a Community Advisory Committee. The committee was composed of community members and led by a consultant. From 2009-2012 the committee through tours, observation, conversations with other community members, and personal experience brought concerns and recommendations to the Hospital Board. The committee often discussed needs of the community. When the need for a formal community health needs assessment developed, utilizing the Advisory Committee was logical. Existing members determined that in order to ensure adequate diversity, they would invite additional community members to participate in the CHNA Project. A list of 20 individuals was created and invitations were extended.
- **Team Participation:** Throughout the project, advisory committee members were involved in a variety of activities. Seven meetings were held from May 2012 to May 2013. Sixteen individuals were involved in meetings. Members were also involved in hosting presentations, distributing surveys, and providing input via email and online surveys.

² United States Census, 2010 for City of Harbor Beach, Bloomfield, Gore, Huron, Paris, Rubicon, Sand Beach, Sherman, Sigel, Delaware, Forester, Minden, and Gore Townships.

- **Surveys:** In order to obtain feedback from community members representing various demographics and vulnerable populations, the Advisory Committee developed a survey. The survey was composed of two sections: Community Needs and Healthcare Needs. Survey participants were also asked to indicate demographic information and any vulnerable populations that they represented. One hundred and ninety people participated in the survey. Representation by age was reflective of the population and participants represented the entire service area. The participants reflected all employment statuses and the uninsured/underinsured. All twelve vulnerable populations that were listed were represented by at least 2 survey participants. Among the most represented vulnerable populations were low income individuals (41), senior citizens (45), who have or have a family member with mental health or special needs (21), veterans (17), and physically disabled (16). From the survey and committee discussions, the final priorities were developed.
- **Key Stakeholder Interviews/Focus Groups:** In order to obtain more detailed input regarding community needs, four interviews and two focus groups were conducted. Interviews and focus groups utilized questions that were consistent with the community survey. Sixteen people participated in interviews and focus groups.

Healthcare/Social Service Organizations Providing Input

- Huron County Health Department, Shannon Hessling: As the family mentor, Mrs. Hessling was able to contribute information regarding the needs of low income families with young children. She works directly with families who face numerous challenges. She was able to share information about their needs, barriers to obtaining services, and gaps in services.
- Huron Behavioral Health, Kathie Harrison: Mrs. Harrison provides community outreach for the public county mental health agency. She is involved in a wide variety of community coalitions involving public safety and mental health issues. She was able to provide insight into the needs of the under-resourced and those with mental health conditions. Due to her extensive community network, she also provided input and assistance in assessing community resources. Her input was used to help identify needs and gaps in services.
- Department of Human Services (DHS), Kathryn Ross: As the children's services supervisor and an employee of the department which provides assistance to vulnerable populations, Mrs. Ross has a unique understanding of the needs and barriers of numerous vulnerable populations. The DHS serves victims of abuse, low-income populations, the disabled, the elderly, and veterans. She provided insight into major health issues facing these populations and feedback on current strategies already implemented in the community.
- Harbor Beach Ministerial Association, Dennis Cupery: Local churches work closely with families that have low income to meet their basic needs and often through spiritual guidance encounter other vulnerable populations. A focus group was held with five members of the religious community.
- Eastern Huron Ambulance Service, Warren Ramsey-Coordinator: As the primary emergency medical service in the community, information was obtained from Eastern Huron Ambulance Service regarding transports and medical calls. The Coordinator was also a member of the Advisory Committee and provided input throughout the process.

- Dow Agro sciences-Julie Meissner, Worksite Nurse: As a major employer in the community, a focus group was held with the leadership team from DOW Agro sciences. An email invitation to participate in the community survey was also sent to all DOW Employees.
- Harbor Beach Food Pantry, Debbie Brandow-Coordinator: As a provider of food to low income and vulnerable populations, the committee reached out to the food pantry coordinator. A stakeholder interview was conducted with the coordinator. Surveys were also distributed to food pantry clients.
- Harbor Beach Community Schools, Larry Kroswek-Superintendent: The schools involvement helped to ensure that the needs of youth were considered during the assessment process. The superintendent was a member of the Advisory Committee and provided input throughout the process. He also allowed distribution of surveys to school families during parent teacher conferences.
- Committee members: Individuals on the committee represented additional groups of people/demographics. Members included seasonal residents, self-employed, mental health providers, fire departments, ER physicians, the hospital board, and agri-businesses.
- Presentations: Additional organizations opened their meetings to a presentation about the project. The project consultant and a committee member presented at the meetings of the Lions Club, Book Club, Chamber of Commerce, Women's Club, and Medical Staff.

Other Community Organizations Involved

Consultant

Kay Balcer, Balcer Consulting and Prevention Services, Harbor Beach, Michigan was contracted to provide support to the project. Support included assembling and coordinating the Community Advisory Committee, developing the CHNA model, obtaining health data and community input, analysis of gaps in information and areas of need, and development of the implementation plan and written reports. Kay Balcer has been involved in numerous needs assessments, surveys, and program evaluations over her 20 year career. She has worked with the Thumb Rural Health Network to complete two tri-county Community Health Assessments. She was contracted to assist with the Huron County Community Health Assessment and Improvement (CHAI) process from 2000-2003. Her work in grant writing has resulted in numerous topic specific needs assessments. Most recently she has been involved with eleven Great Start Collaborative organizations across the state to conduct needs assessments and strategic planning activities. Questions about the CHNA project and requests for documents can be made by contacting Kay Balcer at 989-553-2927 or balcerdan.kay@echoicemi.com.

Step 2-4: Review Data; Collect Additional Data; and Analyze Data

Data Sources :

Four types of data sources were utilized during the Community Health Needs Assessment (CHNA). The Team obtained the most recent data available. Whenever possible, data that compared the local community to county, regional, state, or national statistics was used. Four companion documents were developed during the CHNA Process.³ Data sources included:

1. Public Health Statistics
2. Hospital and Emergency Medical Services Utilization Data
3. Focus Group/Stakeholder Interviews
4. Community Survey Results
- 5.

Table 1: Major Data Sources for the Harbor Beach CHNA

³ Thumb Area Health Status Data Report, Thumb Children's Data Report, Thumb County Health Rankings, Community Survey Report. Documents available upon request, contact a team member listed in the introduction of this report.

Public Health Statistics

Source/ Participants	URL or Citation	Dates of Data	Additional Descriptors
United States Census Bureau	http://quickfacts.census.gov	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	http://www.milmi.org	2011	Unemployment Data
Michigan Department of Community Health	http://www.michigan.gov/mdch	2000 to 2010	Date ranges varied by health statistic. Some statistics represent one year of data as others are looking at 3 or 5 year averages.
Michigan Behavioral Risk Factor Survey	http://www.michigan.gov/mdch/0,1607,7-132-2945_5104_5279_39424---,00.html and www.trhn.org	2003-2008	Local data available for 2003 and 2008 only. County data that is more recent was pulled from County Health Rankings
Health Resources & Services Administration (HRSA)	http://bhpr.hrsa.gov/shortage/	2012	Shortage designations are determined by HRSA.
Michigan Profile for Healthy Youth (MIPHY)	http://michigan.gov/mde/0,1607,7-140-28753_38684_29233_44681--,00.html	2012	Local data from surveys of 7 th , 9 th , and 11 th grade students is compared to county data. State and national data using the MIPHY was not available. 9 th -12 th grade Youth Behavior Risk Factor survey data was used for state and national statistics.
County Health Rankings	www.countyhealthrankings.org	2005 to 2011	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-2012	2010-2012	Includes a variety of data from Michigan Department of Community Health, Department of Human Services, and Department of Education.

Healthcare Utilization Data

Hospital Data CHNA	Local report in excel spreadsheet.	2007-2011	Data available on utilization of hospital services, payer/revenue sources, financial assistance programs, and transfers out of the community.
Eastern Huron Ambulance Service	Local run report	2011	Includes information on reason for EMS call, demographic data, and transport location.

Community Survey

Community Survey	190 community members participated in survey.	2012	Questions included rating draft priorities, open ended questions, and input on the current healthcare services provided in the community.
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Focus Group/Stakeholder Interviews

Focus Group	Five Local Ministers	2012	Meeting included discussion of questions that were also utilized in individual interviews.
Individual Interviews and Focus Groups	Huron Behavioral Health, Coalitions that serve vulnerable populations, Department of Human Services, Huron County Health Department, a local food pantry, and local churches were represented.	2012	Results from interviews & meetings were entered into the community survey analysis tool so that one report was generated consolidating all themes.

Methods of Analysis

Data was compiled into tables and charts for review and presentation. The survey report was composed of frequency tables for rating and multiple choice questions. Responses to open ended questions were analyzed by the project consultant using text analysis in a representational approach.⁴ Data driven theme categories were utilized for text analysis. All data and survey results were carefully considered by committee members during prioritization activities.

Information Gaps

Extensive community input during the CHNA process however will increase the effectiveness and likely success of strategies that are developed as a result of the CHNA. The description CHNA approach met the data requirement for determining needs and priorities. Determining causal relationships and root causes was beyond the scope of the CHNA.

Findings

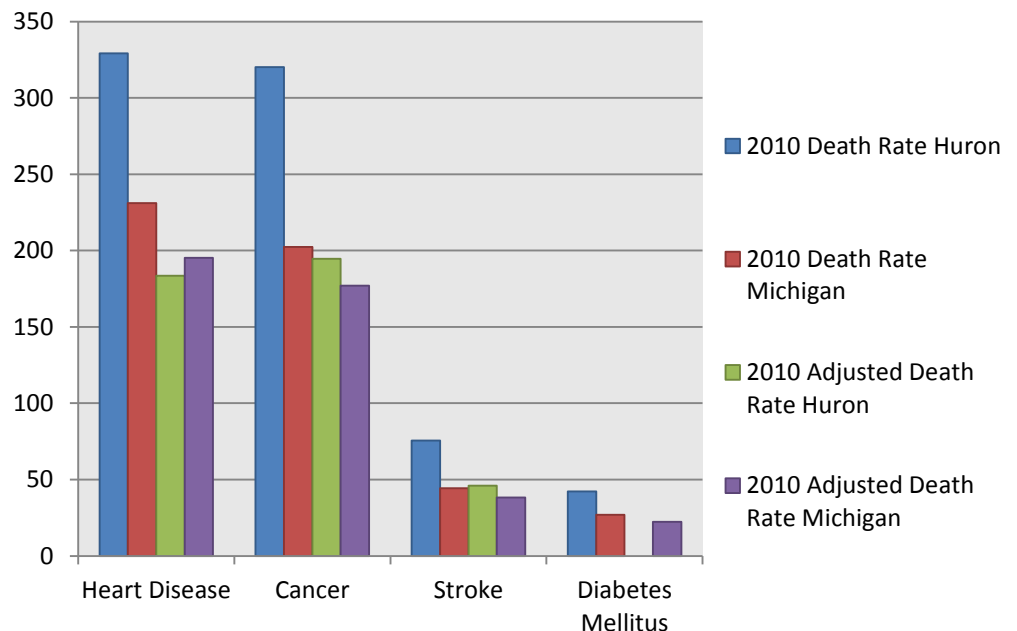
Companion documents are available for the information included in this report. The following pages summarize the key information utilized by the committee. Information has been organized into three categories; however most of the data is inter-related.

Chronic Diseases & Contributing Factors

Death rates⁵ for heart disease, cancer (breast, colon, prostate), stroke, diabetes⁶, and 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%.



⁴Analyzing open-ended questions by means of text analysis procedures
<http://www.electionstudies.org/conferences/2008Methods/Popping.pdf>

⁵ Rates are per 100,000 population. Age-adjusted death rates are based on age-specific death rates per 100,000 population in specified group.

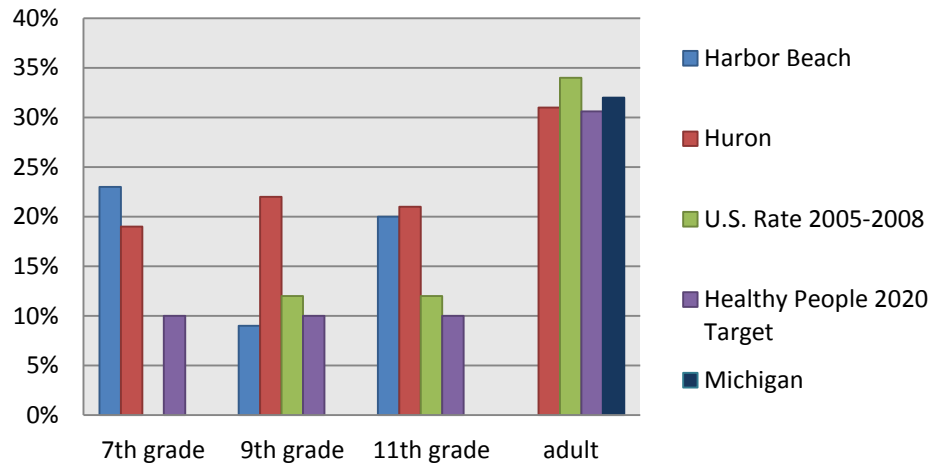
⁶ Huron County Age Adjusted Rate for Diabetes in 2010 was not calculated due to the number of incidences.

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 an challenge faced across the United States⁷

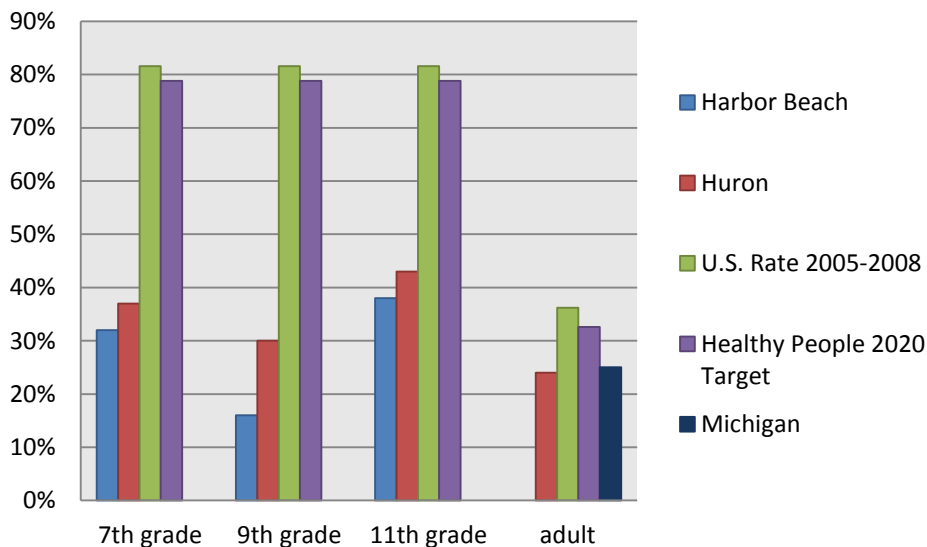
- In the United States, only 31% of persons aged 20 years and over were at a healthy weight and 34% were obese.
- 11% of U.S. children aged 2 to 5 years, 17% of children aged 6 to 11 years, and 18% of adolescents aged 12 to 19 years were considered obese.

Obesity Rates



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 9 and the Healthy People 2020 target is 16.

Inadequate Physical Activity



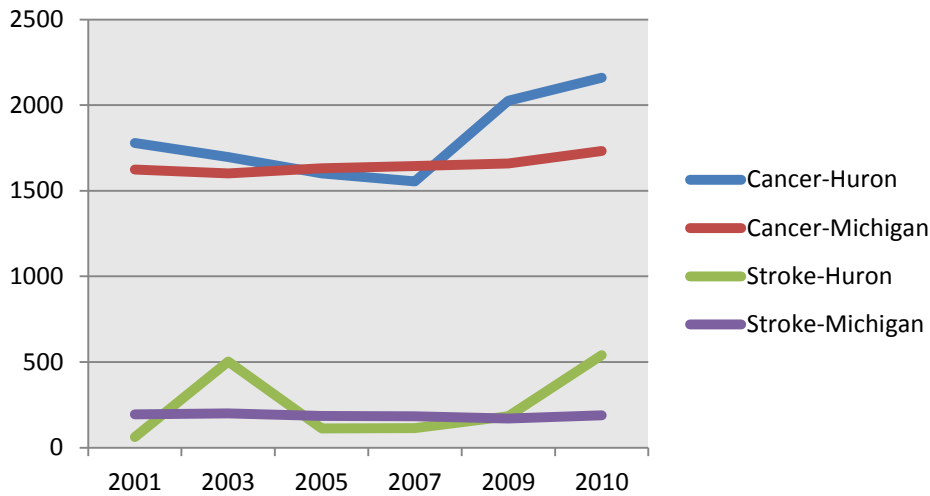
- **Inadequate activity** among adults⁸ was better than U.S. and State rates. Youth rates were better than national rates and targets.⁹ This may in part be due to the high rate of youth involved in school sports. In Harbor Beach- 70% of 7th grade; 76% of 9th grade, and 64% of 11th grade play sports.
- **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.

⁷ 2005–08 rates (age adjusted to the year 2000 standard population), Healthy People 2020 Objectives, <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

⁸ percent of adults engaged in no leisure-time physical activity

⁹ % who were NOT physically active for a total of at least 60 minutes per day on five or more of the past seven days

From 2007-2010, years of Potential Life Lost¹⁰ for Cancer and Stroke have increased and are higher than state rates.

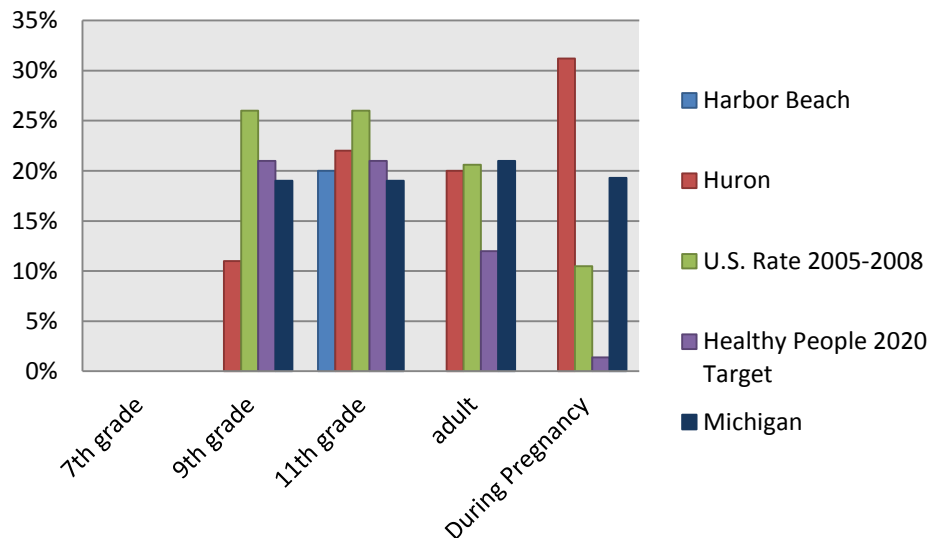


The percent of female Medicare enrollees that receive mammography screening was higher in Huron County (72%) compared to Michigan (68%) but had not yet reached the 2020 target of 74%.

Smoking and excessive drinking have both been shown to increase the incidence of cancer. Smoking doubles the risk for stroke when compared to a nonsmoker.¹¹

- Local smoking rates of youth are lower (0 students in 7th and 9th grade reporting smoking in past 30 days).¹²
- 31% of Huron County pregnant women reported smoking¹³ during their pregnancy.
- The rate of smoking during pregnancy decreased to 24% in 2010. The 2010 rate remains significantly higher than the state (17.5%) or national (19.5%) rates.

Smoking Rates



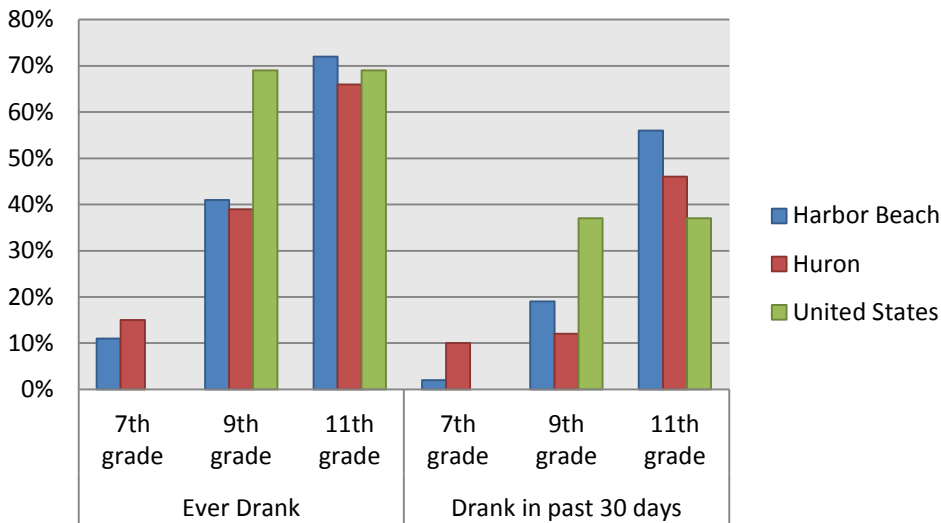
¹⁰ The years of potential life lost below age 75 is a measure of mortality designed to emphasize mortality which is prevalent among persons under age 75. The number of years of potential life lost is calculated as the number of years between the age at death and 75 years of age for persons dying before their 75th year. Rates are per 100,000 population under 75.

¹¹ National Stroke Association <http://www.stroke.org/site/PageServer?pagename=smoking> and American Cancer Society <http://www.cancer.org/cancer/cancercauses/dietandphysicalactivity/alcohol-use-and-cancer>

¹² Local statistics from the Michigan Profile for Health Youth. 7th grade reporting of ever smoking a cigarette. Local 9th and 11th grade statistics reflect smoking in past 30 days. State/national data is smoking rates of 9th-12th grade youth in the past 30 days.

¹³ 2008-2009 average. Michigan Department of Community Health

Drinking Rates



- Local 9th and 11th grade youth were more likely to use alcohol as compared to Huron County rates.
- Adult excessive drinking rate is lower for Huron County at 16% than Michigan's rate of 18%.¹⁴ The national Healthy People 2020 target for adult excessive drinking is not more than 8%.

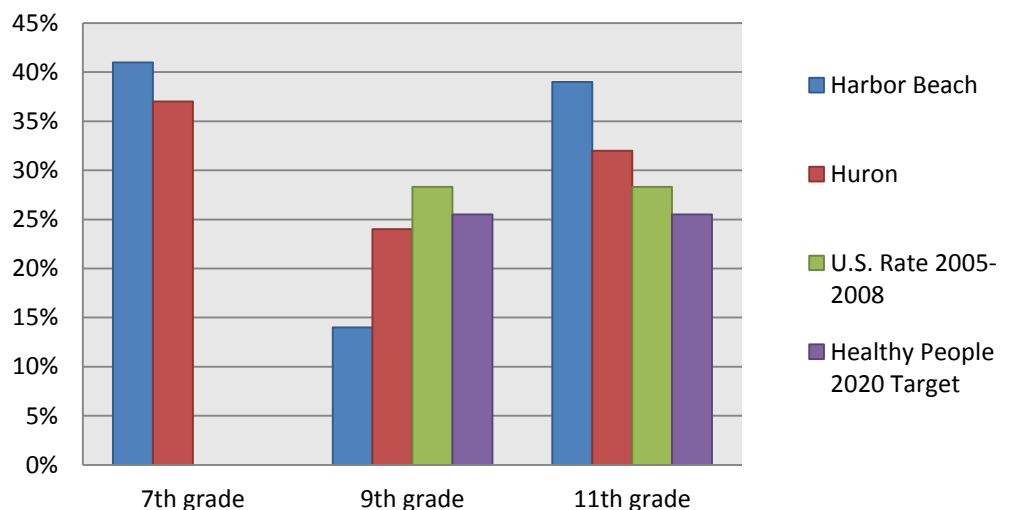
Other Conditions or Events Impacting Health Status

Injury was the second cause of hospitalization (about 7% of hospitalizations from 2005- 09).

While the Huron County motor vehicle crash death rate is lower than the state, local youth were more likely to take driving risks.¹⁵

- 14% to 41% of local youth (depending on age) reported riding in the past 30 days with a driver who had been drinking.
- 31% of Harbor Beach 11th grade youth reported driving after they had been drinking in the past 30 days (Huron rate was 22%).

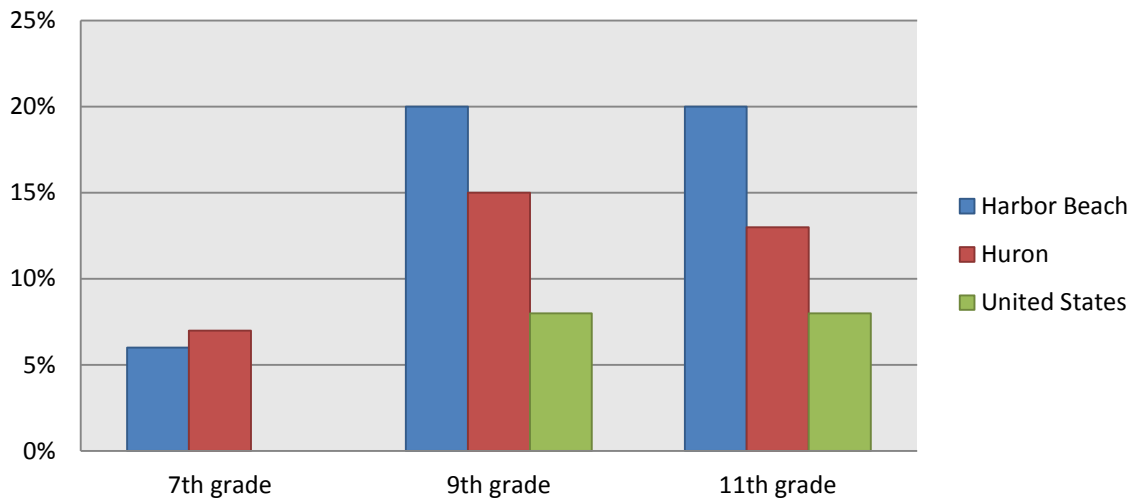
Rode with driver -been drinking



¹⁴ Excessive drinking combines frequent and heavy drinking rates for a combined score. www.countyhealthrankings.org

¹⁵ 2012 Michigan Profile for Healthy Youth

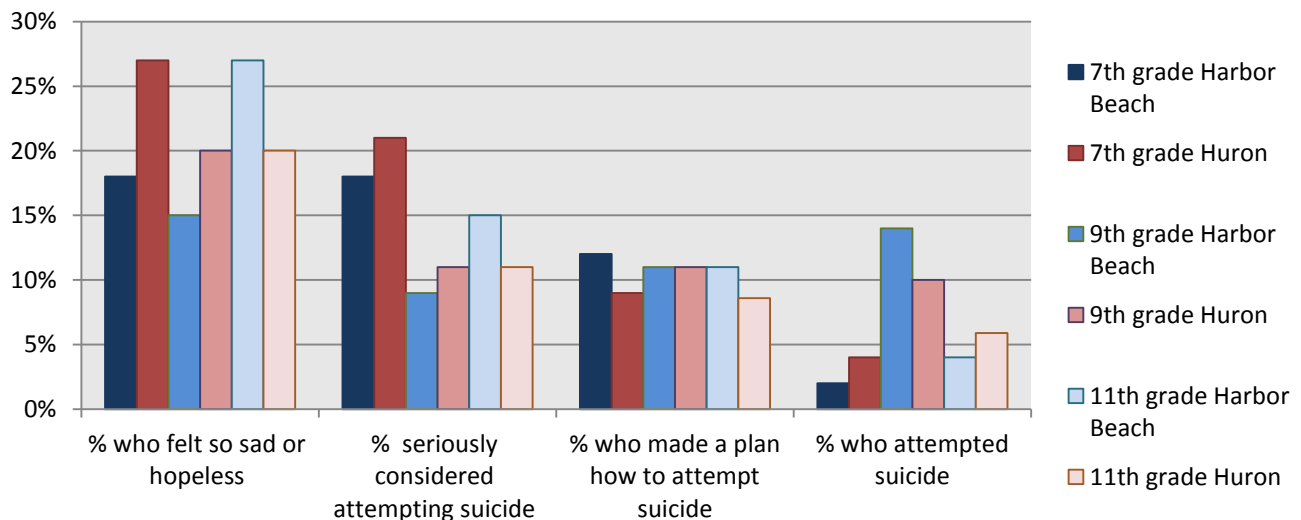
% who never or rarely wore a seat belt when riding in a car driven by someone else



➤ 9th and 11th grade youth were less likely to use seat belts than their peers in the county and high school students in the United States.

➤ 7 to 10% of youth never or rarely wore seat belts when riding in a car.

The suicide death rate for Huron County was 15.1 in 2010 and 18.6 in 2009. The Michigan rate in 2010 was 11.7



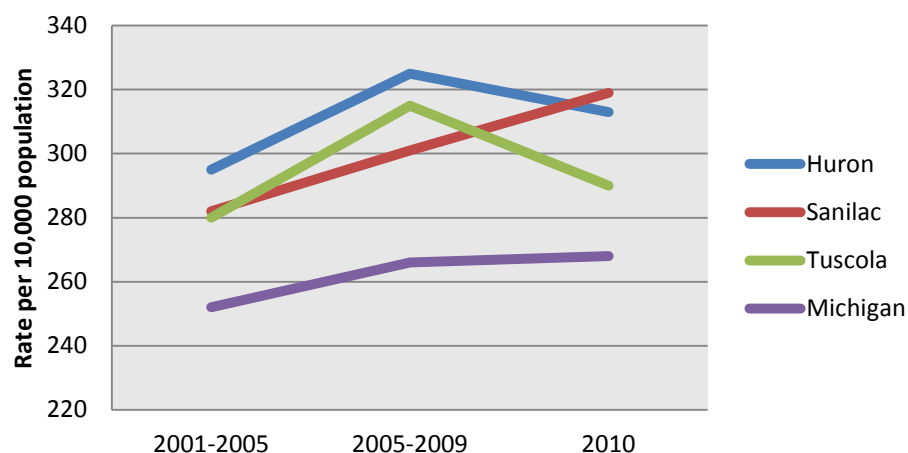
Healthcare System Data

A number of factors can impact whether a community has adequate access to quality clinical care services. Access may be related to the number of providers and shortage designations OR may be linked to barriers to access such as transportation or cost. Studying utilization of services is one step to identifying conditions that may be limiting access to care.

Preventable hospital stays may indicate limited access to preventive services. High rates may also indicate inadequate access to care management and follow up services after discharge from the hospital. In Huron County, the most common conditions¹⁶ cited for preventable hospital stays are...

- Congestive Heart Failure
- Bacterial Pneumonia
- Chronic Obstructive Pulmonary
- Cellulitis

Preventable Hospitalizations



Access to providers is a major barrier to accessing services.

- Approximately 9% of Huron County survey participants¹⁷ reported that they did not have a personal doctor.
- 41% of the Huron County survey²⁰ respondents indicated they did not have a routine check-up in the past year.

Table 2: Health Provider Shortage & Medically Underserved Designations

Primary Care	
Geographic Area	Population Type
Huron County	Rural Health Clinic-Scheurer Family Medical Center
Mental Health	
Geographic Area	Population Type
Huron County	Single County
Dental	
Geographic Area	Population Type
Huron County	Medicaid Population & Single County
Medically Underserved Populations/Areas	
Geographic Area	Population Type
Dwight township	Medically Underserved Area
Port Austin township	Medically Underserved Area
Lake township	Medically Underserved Area
Huron County	Medically Underserved Population (low income)

Unmet needs: 2-1-1 is a telephone and internet based information and referral service for Huron County. The providers of 2-1-1 track incoming calls and topics of request. An unmet need is recorded whenever the caller cannot be provided an appropriate referral or helpful information. Typical reasons a request for assistance becomes unmet is that the amount owed by the caller exceeds agency payment limits, agencies in the community are at capacity, there is no program available that meets the need, program registration dates have passed, or waiting list is too long to meet caller's timeline for assistance. In 2011, the top 5 categories of unmet need calls were transportation, medical bill payment, health insurance, community shelter, and dental assistance.

Note: Stakeholder interviews confirmed transportation as a major barrier to obtaining care. It was mentioned eight times during interviews/focus group.

¹⁶ MDCH, rates are per 10,000 population in the area for the specified year or years

¹⁷ 2008 Behavioral Risk Factor Survey conducted by Michigan State University.

Cost and Insurance Coverage are major factors that can limit access to care.

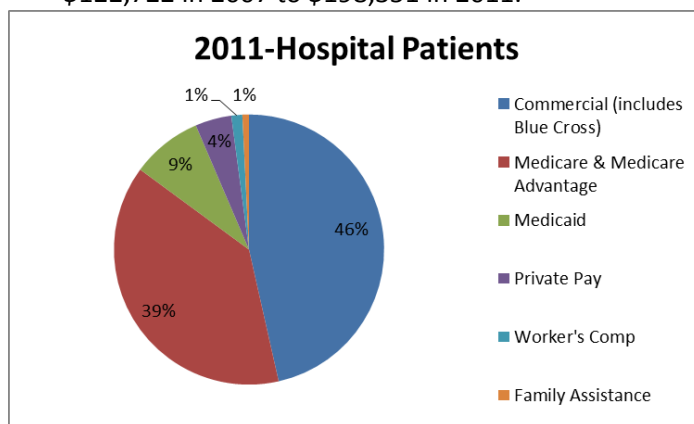
- In a 2008 survey, almost 18% of Huron County survey participants indicated that in the past year they had not sought medical care because of cost. This was an increase from 10.6% in 2003 and 14.4% in 2005.

2009 Census estimates, indicated...

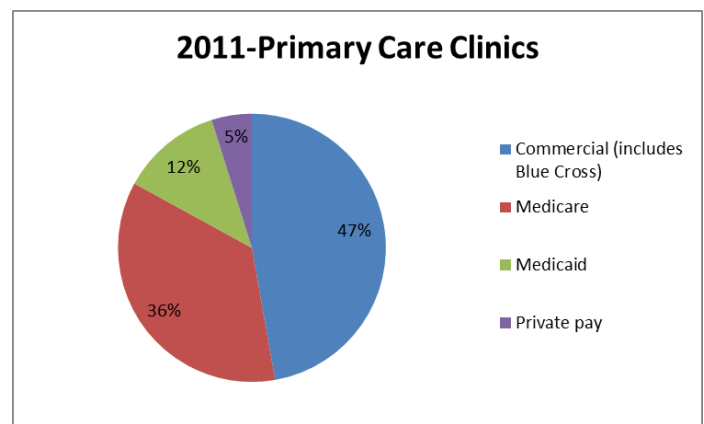
- Almost 3600 Huron County residents below age 65 were uninsured (14.2%).
- 15-19% of Huron County residents were enrolled in Medicaid.
- 94.4% of Huron County children 0-18 were insured in 2009; 44.4% by Medicaid and 2.5% by MiChild insurance program.

Hospital care of the uninsured...

- With the increase in uninsured people, the hospital has seen an increase in family assistance requests. In 2009 Family Assistance totaled \$37,285; 2010 totaled \$34,732; and 2011 totaled \$49,357.
- For those not requesting family assistance, unpaid bills are considered bad debt. Bad debt increased from \$122,722 in 2007 to \$198,351 in 2011.



2011- 9,956 Hospital Registrations
2007- 11,462 Hospital Registrations



2011- 3187 Unique Patients in Primary Care Settings
2007- 3386 Unique Patients in Primary Care Settings

Utilization Decreased

- Acute Care Admissions
- # of Patient Observations
- Specialty Clinic Patients
- Total Outpatients
- Total Hospital Registrations

Utilization Increased

- Inpatient Surgery
- Outpatient Surgery
- Physical Therapy O/P Visits
- Bone Density
- Emergency Visits
- Walk-in Clinic Patients

Utilization Fluctuated

- Long Term Care Census/Day
- Mammography Screenings
- Outpatient CT Scans

Table 3: Hospital Utilization (2007-2011)

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
ACUTE CARE ADMISSIONS	138	116	94	101	70
LTC AVG CENSUS/DAY	37.97	36.92	37.6	36.1	37.16
INPATIENT SURGERY	9	3	10	7	12
OUTPATIENT SURGERY	330	368	337	317	341
MAMMOGRAPHY SCREENING	374	403	345	282	321
EMERGENCY	1730	1634	1591	1611	1652
CAT SCANS - OUTPATIENT	883	641	643	857	819
# of OBSERVATION PTS.	215	233	214	126	161
SPECIALTY CLINIC PATIENT COUNT	2342	1969	1739	1841	1810
PHYSICAL THERAPY O/P VISITS	2379	2877	3265	2887	2970
BONE DENSITIES	70	40	57	81	84
WALK IN CLINIC PATIENTS	1107	1210	1531	1798	1949
TOTAL OUTPATIENTS	9312	9271	9278	8431	8269
TOTAL HOSPITAL REGISTRATIONS	11462	11136	10860	10149	9956

Hospital Utilization- Primary Reason for Transfer

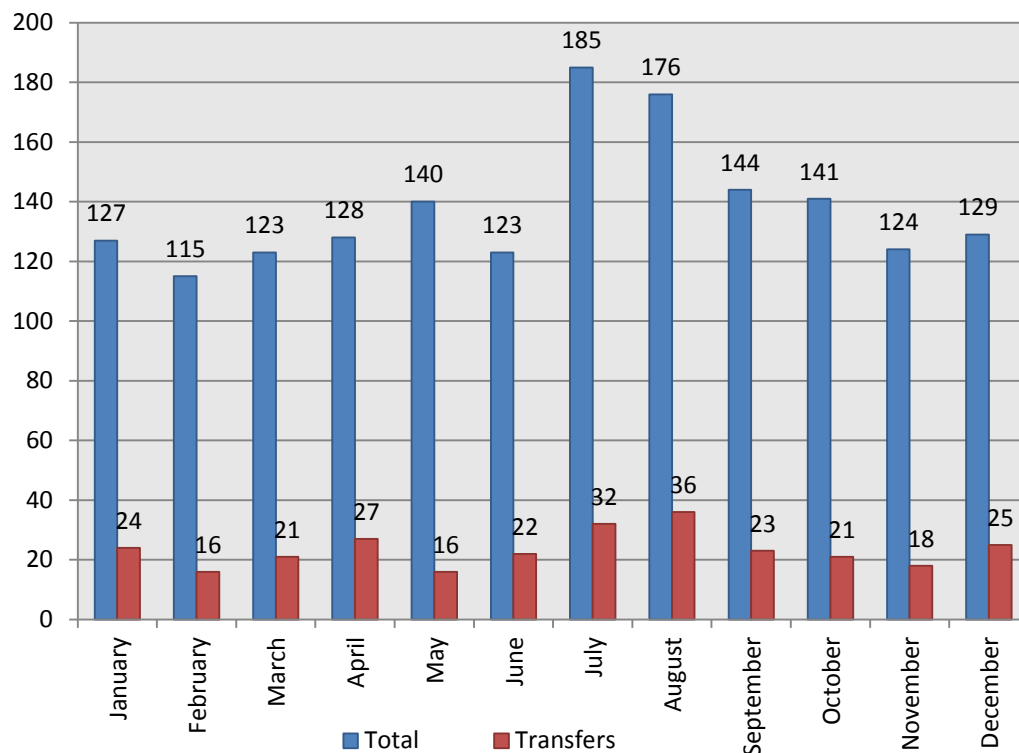
Critical Access Hospitals serve a very important role in Emergency situations. With the low volume found in rural communities, it is impossible for each rural hospital to house the equipment and medical staff necessary to provide every medical procedure for every condition. That is why the role of stabilizing, assessing, and if needed, transferring patients is critical. Many conditions have steps that if taken early can reduce injury and long term damage for the patient. Harbor Beach Hospital works closely with its 24 hour Emergency Room physicians to ensure that there is a swift and accurate transition from the Ambulance, to the Emergency Room, and when needed to a larger facility. Technology has allowed for better communication with specialists to ensure that the ER Team in Harbor Beach provides the medication and treatment to stabilize and improve patient outcomes.

2011 Diagnoses of transfers

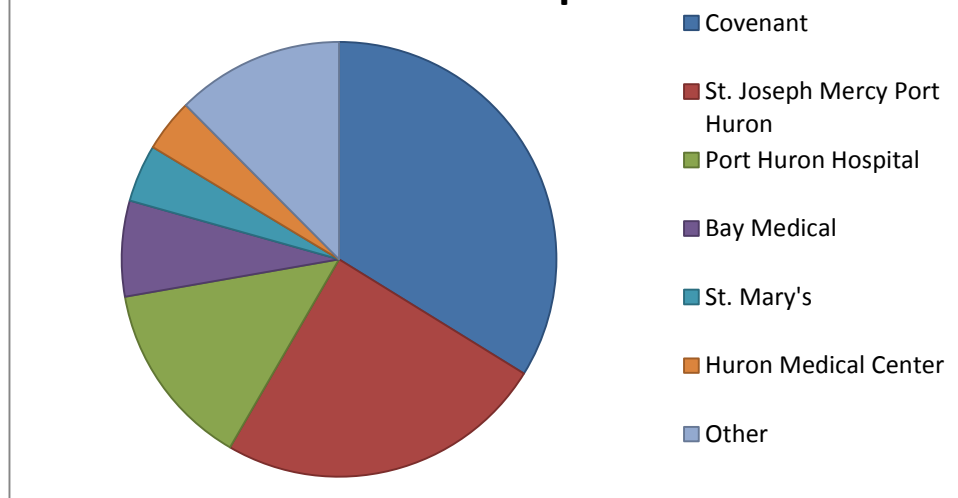
➤ Cardiac	60
➤ Neurological	44
➤ Respiratory	44
➤ Gastrointestinal	40
➤ Muskuloskeletal	22
➤ Electrolytes	11
➤ Overdose	7
➤ Other	53

Transfer Details- 2011

Total ER's and Transfers



Transfer Hospitals



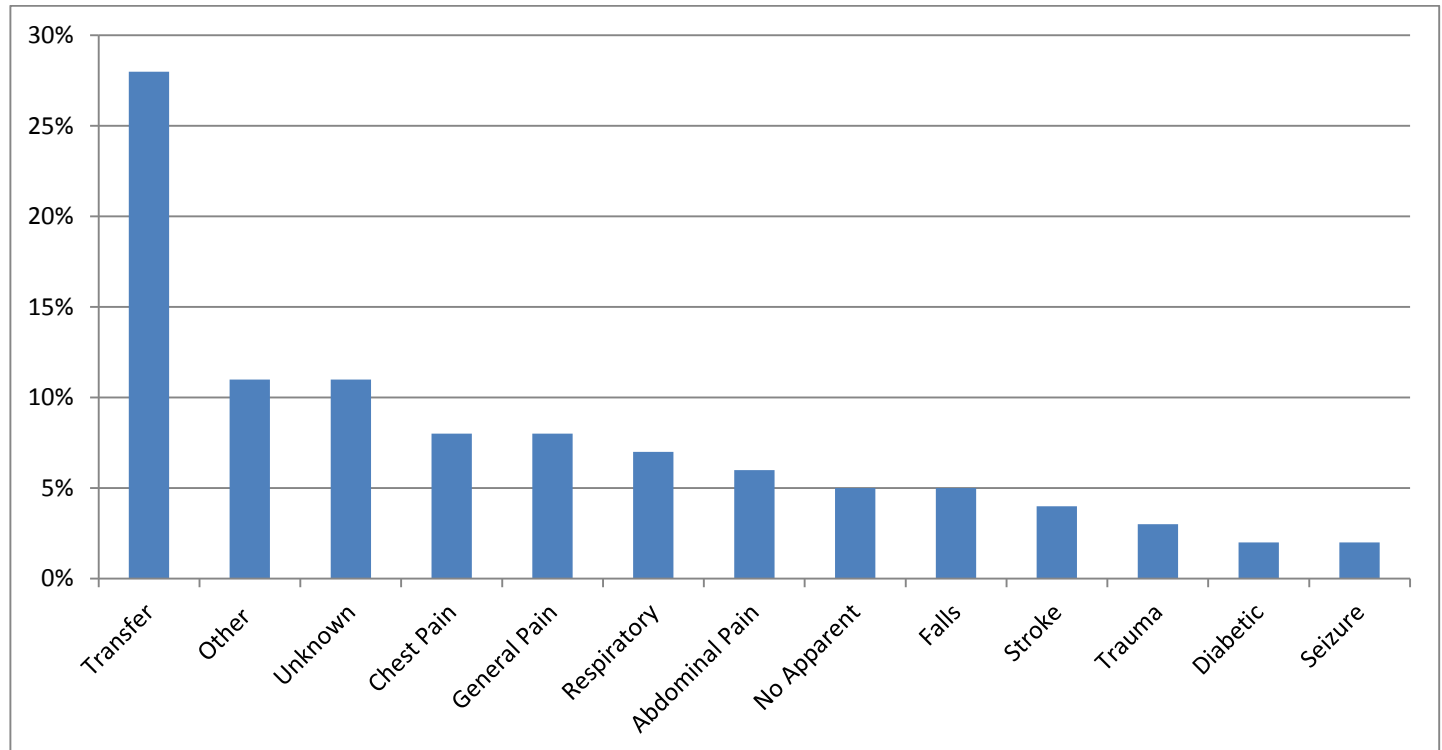
Emergency Response: Eastern Huron Ambulance Service Run Data

Geographic Distribution

- 90% of runs are in Harbor Beach Zip Code
- 6% of runs are in Port Hope Zip Code
- 2% in Forestville
- 1% in Minden City
- 1% in Ruth
- Others include Bad Axe, Rapson, Ubly

Age Distribution

- 75-84.....21%
- 65-74.....18%
- 85+.....14%
- Unknown.....14%
- 55-64.....10%
- 45-54.....8%
- Other.....15%



Monitoring Hospital Quality Data

Harbor Beach Community Hospital conducts ongoing quality studies and improvement processes.

- Medicare/Medicaid assigns certain items to monitor
- HBCH meets or exceeds expectations for markers
- This process identifies items where improvement can be made and a team develops system or operational changes to improve the indicator.

Why is ongoing quality improvement important?

- Giving aspirin in the Emergency Department and performing an EKG within 10 minutes for chest pain have both been proven to limit the damage to your heart that may be caused if the chest pain is caused by a heart attack.
- Research has shown that patients with pneumonia that receive the first dose of the antibiotic in six hours or less have fewer complications and recover faster from their illness.
- The chances of a recurrence of pneumonia decrease significantly when the patient is immunized for pneumonia and influenza during the hospital stay.

Quality Study Examples at Harbor Beach Community Hospital

<p>Condition: Cardiac Event</p> <p>Standard EKG performed within 10 minutes of patient's arrival</p> <p>HBCH Performance</p> <ul style="list-style-type: none"> • 2010 – 12 minutes • 2011 – 6.75 minutes • 2012 – 4.5 minutes 	<p>Condition: Pneumonia</p> <p>Standard First dose of the antibiotic for pneumonia patients within 6 hours or less</p> <p>HBCH Performance</p> <ol style="list-style-type: none"> 1. First antibiotic dose given within 6 hours of arrival <ul style="list-style-type: none"> • 2010 – 100% • 2011 – 100% • 2012 – 100% 2. Average time to antibiotic <ul style="list-style-type: none"> • 2010 – 3 hours • 2011 – 4 hours 20 minutes¹⁸ • 2012 – 50 minutes
<p>Standard Aspirin given in ED if not contraindicated</p> <p>HBCH Performance</p> <ul style="list-style-type: none"> • 2010 - 96% • 2011 – 100% • 2012 – 100% 	<p>Standard Pneumonia vaccine and Influenza vaccine given during hospital stay</p> <p>HBCH Performance</p> <ul style="list-style-type: none"> • 2010 – 100% • 2011 – 100% • 2012 – 100%

Community Survey-2011

- When asked to select the 5 most important healthcare characteristics, members of the community chose six items most frequently.
- The research that shows quality and rapid assessment and treatment is critical to a patient's recovery. The community recognized this fact in a 2011 survey of community perceptions.
 1. High Quality Medical Care
 2. Competent Medical Staff
 3. ER with Accurate & Speedy Assessments
 4. Up to Date Medical Care
 5. Two items tied
 - Clean and Sanitary Facility
 - Access to Specialists

¹⁸ Implementation of Electronic Medical Records in 2011 resulted in system changes which created a slower response than in 2010. System issues were identified and hospital staff responded to correct problems bringing the 2012 rates down to their lowest levels.

Identified Needs & Priorities

Step 5: Identify Priorities

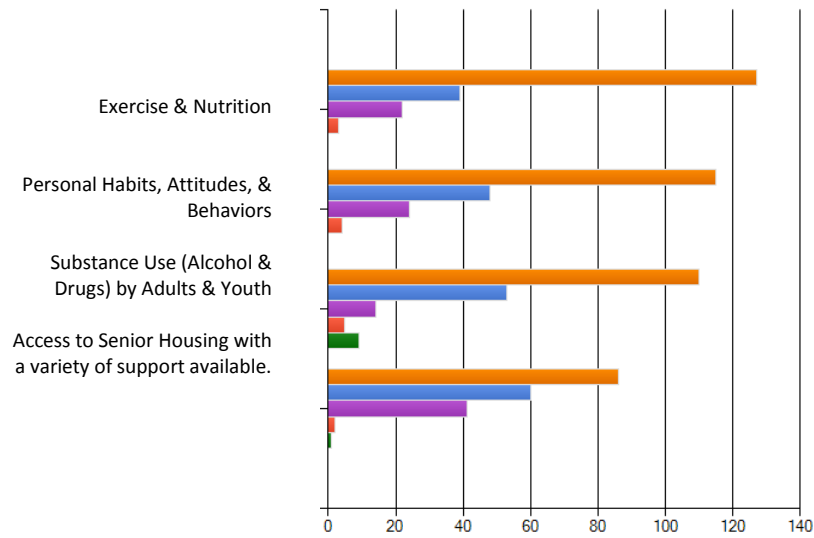
Community Input - Priorities

The Community Advisory Committee after reviewing public health and hospital data prepared a list of draft priorities for consideration. The initial list included 15 topics. Members of the committee were asked to rate each of the initial 15 topics on a 5 point scale. Based on ratings, the committee chose 10 topics to present to the community for rating. One hundred-ninety people completed the survey.

Priority Results of Community Survey

Community Health Needs

A panel of community members has been meeting over the past 6 months. They reviewed data related to the health of our County and Harbor Beach. After careful discussion, they chose four issues as important community health needs. Please rate how important you think the issues are to the health of people in our community.



People in our community...

...know what services are available from our local doctors, hospital, and healthcare providers.

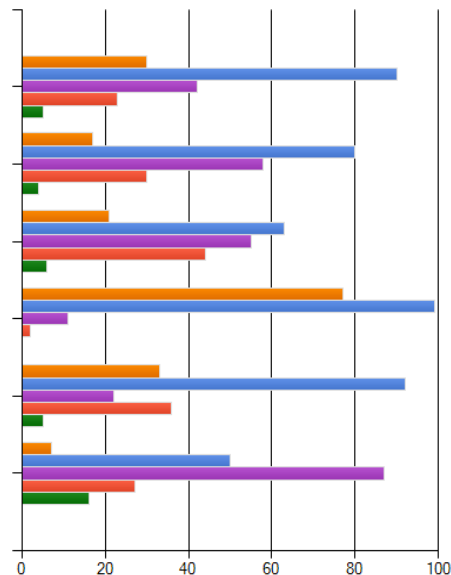
...do not get health services because it is difficult to understand Insurance Benefits/Coverage.

...think- "to get high quality medical care you need to go to a bigger hospital or doctor".

... like the personal care they receive and are confident that health information is confidential.

Positive physician relationships would increase utilization of local healthcare services.

... who need mental health counseling or psychiatric care have access to services.



Healthcare System and Services

Healthcare services available in a community can help people live healthier or be a barrier to living healthy. Please indicate your opinion on the following statements about issues that affect health care access & quality.

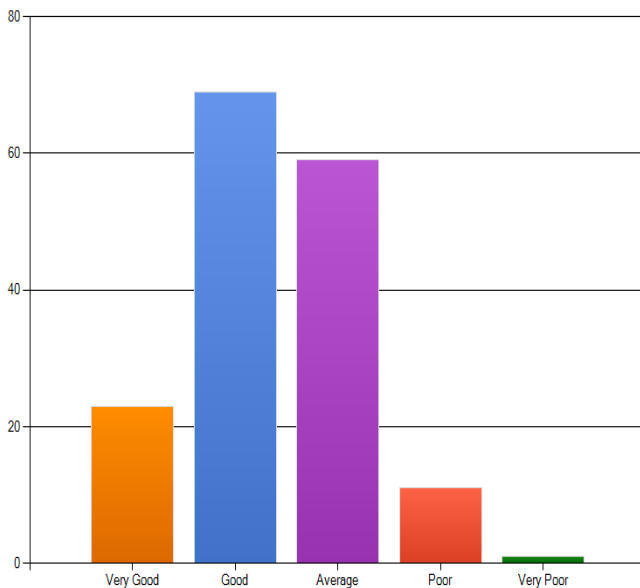
Committee members reviewed survey results including answers to open ended questions. Open ended questions included questions about community health status and the healthcare system.

- 1) What do you see in the community that is Healthy or Safe?
- 2) What do you see in the community that is NOT Healthy or NOT Safe?
- 3) What prevents the people you know from being healthy?
- 4) What types of things help the people you work with to be healthy?
- 5) What types of barriers to healthcare do you see in your community?
- 6) List up to three words that you would use to describe the Harbor Beach Community Hospital overall and specific programs and services?
- 7) Based on your experiences at Harbor Beach Community Hospital, are there specific changes that would have made your experience more positive?
- 8) Has anything ever happened to ENCOURAGE you to use Harbor Beach Community Hospital?
- 9) Has anything ever happened to DISCOURAGE you to use Harbor Beach Community Hospital?
- 10) What is the number one reason people you know DO use Harbor Beach Community Hospital services and programs to meet their healthcare needs?
- 11) What is the number one reason people you know DO NOT use Harbor Beach Community Hospital services and programs to meet their healthcare needs?

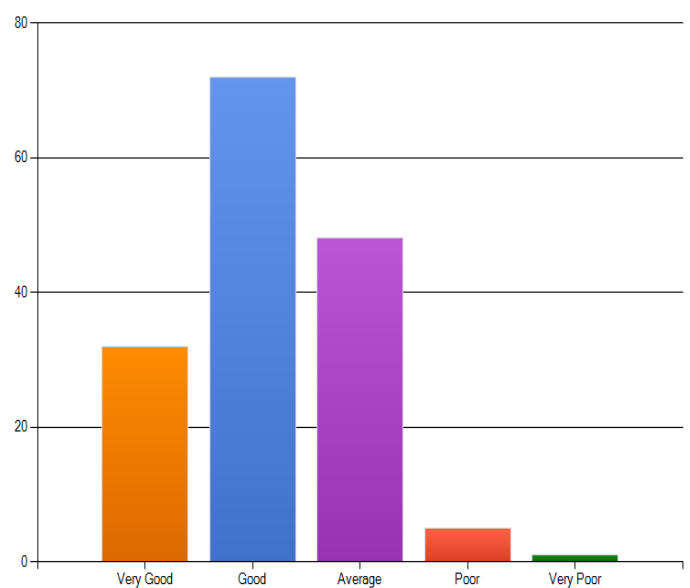
Community Survey- Healthcare System Ratings

Additional questions asked the survey respondent to rate the overall healthcare services in the community and the local hospital. They were also provided opportunities for comment.

How well does the healthcare system work in our community?



How well does Harbor Beach Community Hospital meet the needs of our community?



CHNA Priorities

A CHNA helps to direct resources 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. Using group consensus, committee members identified two community health priorities and two health system priorities for the focus of the CHNA implementation plan.

Community Health Priorities

1. Taking Personal Responsibility for One's Own Health (two subtopics)
 - a. Exercising & Eating for Health
 - b. Substance Use/Abuse and Mental Health
2. Economic Barriers to Obtaining Health Services

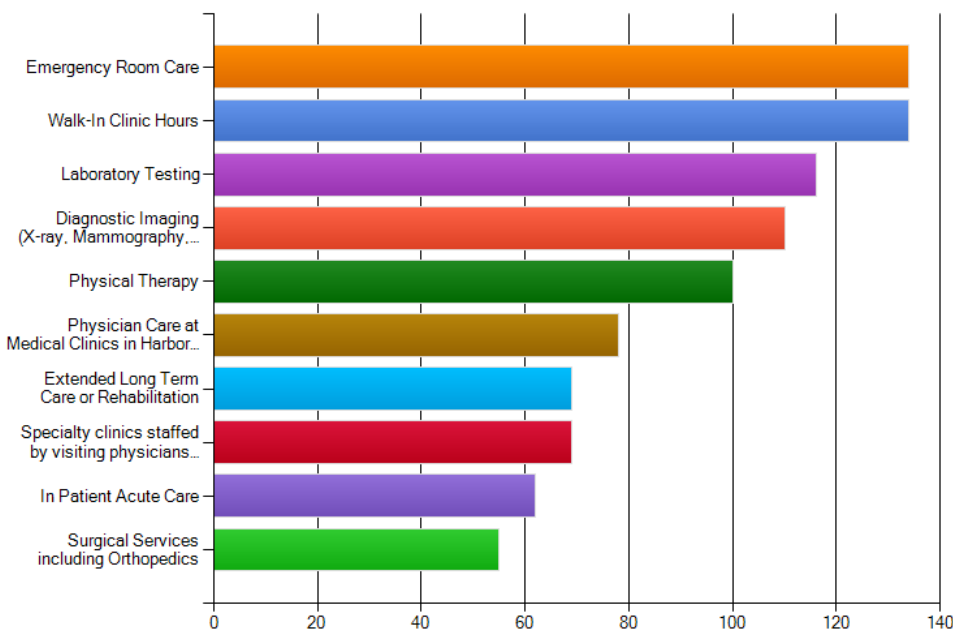
Health System Priorities

1. Communication/Marketing to Update Community Perceptions of the Hospital
2. Medical Staff (two subtopics)
 - a. Local Physician Relationships
 - b. Long Term Retention of Recruited Medical Staff

Step 6: Assess existing resources that are addressing priorities

Use of Hospital Services

The committee was interested in community input regarding use of hospital services. Survey participants were asked to indicate their interest in using current services offered by the hospital. Question results were utilized during the resource assessment.



Of the 190 people surveyed, 63.2% (108) responded yes and 26.3% (45) responded maybe to the question:

➤ "If you or a close family member needed a service the Harbor Beach Hospital provides, would you come to HBCH?"

A follow up question regarding type of services was asked:

➤ "If you answered yes or maybe, please place an X by the services which you or a close family member would consider using if needed. These services

are all offered by Harbor Beach Hospital."

Identified Needs & Available Resources¹⁹

The next step in the resource assessment was to group needs into categories. The categories are listed on Table 4 along with the resources that are provided by the hospital and the community.

Table 4: Community Health Needs & Resources

Category	Need ²⁰ and Related Data	Current HBCH Efforts	Current Community Efforts
Elder Services	<p>Need</p> <ul style="list-style-type: none"> Access to Senior Housing (with a variety of levels of support) <p>Related Data</p> <ul style="list-style-type: none"> Advisory Committee Perceptions Stakeholder Interviews 	<ul style="list-style-type: none"> Long-term care Care & Share Program (respite services) 	<p>County Programs</p> <ol style="list-style-type: none"> Adult day services and Foster Care Homes Human Development Commission Subsidized Housing Assistance, Independent and Assisted Living, long term care homes Region VII Area Agency on Aging and Huron County Council on Aging Legal services for seniors- Port Huron Office A&D Home Care and BWCIL provides Nursing Home Transition services BWCIL is the Housing Assistance Resource Agency (HARA) for the Thumb Area Continuum of Care. Provides homeless prevention and rapid re-housing Homeless Coalition- Emergency Shelter, security deposits rental arrearages <p>Local Programs</p> <ol style="list-style-type: none"> HDC-Home delivered meals
Mental Health	<p>Needs</p> <ul style="list-style-type: none"> Substance Use by Adults and Youth (Includes alcohol and other drugs)* Access to Psychiatric Care** Affordable Mental health Counseling* <p>Related Data</p> <ul style="list-style-type: none"> Alcohol Consumption (esp. Binge Drinking) Drinking & Driving Years of Potential Life Lost esp. for suicide) Community Survey Responses Stakeholder Interviews 	<ol style="list-style-type: none"> Adolescent Health Center-Counseling, Classroom Education, Assemblies, and Professional Development for School Staff Social work services for long term care patients Tele-psychiatry services for long term care patients Partnership with Thumb Rural Health Network to develop protocols for reducing drug seeking behaviors Involvement in the Recovery Oriented Systems of Care (ROSC) effort 	<p>County Programs</p> <ol style="list-style-type: none"> Huron Behavioral Health Services for the under-resourced Blue Water Center for Independent Living County organized ROSC (Recovery Oriented Systems of Care). Substance Abuse and Mental Health Counselors available in Bad Axe and other areas of the county. Support groups available in other areas of the county. Alcoholics Anonymous and related support groups throughout the county. Post-Partum Depression Support Group Crisis Line: 1-800-356-5568 or 911 Inpatient Treatment Programs Geriatric Outreach for HCHD and HBH does provide this support Suicide Prevention Coalition and Survivor Support <p>Local Programs</p> <ol style="list-style-type: none"> Special Education Services for youth provided by local schools and intermediate school district. Health Education provided by teachers at local schools. Clergy at local churches available for support/counseling One large employer has an employee assistance program. Alcoholics Anonymous meetings in Harbor Beach.

¹⁹ Huron County participates in the 2-1-1 service referral system. Trained 2-1-1 staff is available 24 hours a day. They have access to a list of services that include: housing/shelter, food, utilities, material goods, transportation, income support/assistance, legal/consumer/public safety, health, mental health/addictions, and information services.

²⁰ *indicates issue related to top community health priorities

** indicates issue related to top health system priorities

Category	Need ²¹ and Related Data	Current HBCH Efforts	Current Community Efforts
Obesity	Needs <ul style="list-style-type: none"> • Access to Physical Activities in the Winter Months • Access to a variety of foods (for example: including medically needed foods for allergies or health conditions) • Personal Accountability: <ul style="list-style-type: none"> > Cultural Attitudes and Behaviors (for example: large portion size or only going to doctor when sick)* > Time to develop Positive Health Habits (for example: exercising)* 	<ol style="list-style-type: none"> 1. Supports weight watchers program held at HBCH 2. Adolescent Health Center-provides classroom education, information to parents, and promotes activity through activities such as walking programs. 3. AHC nursing services provides BMI assessments through wellness screenings and sports physicals. Will provide follow up nurse education to youth and families if families are interested. 4. 5K race held each summer with Maritime festival 5. Physicians make referrals to procedures such as banding not offered at HBCH. 6. Employee wellness programs promote healthy eating and exercise to HBCH employees. 7. Currently revamping vending machine offerings to be healthier. 8. Diabetic education programs. 	County Programs <ol style="list-style-type: none"> 1. Programs offered by other medical providers in the county. 2. Great Start Collaborative offers free “Shape up with Baby” classes for women with young children and other activities to promote healthy eating and fitness with young children. 3. MSU Extension offers resources and information about healthy eating and fitness. 4. Fitness and physical therapy services located throughout the county. 5. Some employers in the county support employee fitness programs. 6. Numerous technology based applications and state/national internet resources are available i.e. www.michigan.gov/healthymichigan. 7. Private insurance companies provide discounts to their members. 8. Home Delivery services by grocers. 9. Nature Center/bike trail along M-25 10. Senior Center has exercise equipment available
	Related Data <ul style="list-style-type: none"> • Obesity • No Leisure Time Physical Activity • Heart Disease • Years of Potential Life Lost (esp. for heart disease/stroke, diabetes) • Community Survey Responses • Stakeholder Interviews 		Local Programs <ol style="list-style-type: none"> 11. B-Fit Fitness Center 12. Exercise programs offered at the Community House 13. Biking/Walking Trail 14. Food Pantry provides healthy foods to those in need
Injury	Needs <ul style="list-style-type: none"> • Motor Vehicles • Child Abuse 	<ol style="list-style-type: none"> 1. Violence reporting policies and protocols for exams 2. Adolescent Health Center: Participates in Anti-Bullying programs at schools as well as providing counseling to youth and anger/conflict management. Provides classroom education on relationships and violence prevention and professional development for school staff. 3. All hospital staff is trained on reporting child abuse. 4. Provides Babysitter Classes to young caretakers that will someday be parents themselves. 5. HBCH staff are members of the Child Abuse and Neglect Council. 	County Programs <ol style="list-style-type: none"> 1. Safe Communities Coalition and Car Seat Safety checks 2. Senior Citizen Driving Programs 3. Child Abuse and Neglect Council Education Programs & Mini Grant programs 4. Great Start Collaborative Parent Education programs and playgroups 5. Graduated License Requirements 6. Department of Human Services 7. Huron County SafePlace Shelter
	Related Data <ul style="list-style-type: none"> • Drinking & Driving • Seat Belt Use • Motor Vehicle Crash Deaths • Years of Potential Life Lost (esp. for accidents) • Increase in substantiated cases of child abuse/neglect 		Local Programs <ol style="list-style-type: none"> 1. Mandatory Reporting Training for School staff 2. Michigan Model Health Education Programs 3. Driver Training Programs

²¹ *indicated related to top community health priorities and

** indicates related to top health system priorities

Category	Need ²² and Related Data	Current HBCH Efforts	Current Community Efforts
Chronic Conditions	Needs	Current	County Programs
	<ul style="list-style-type: none"> • Diabetes* • Heart Disease* • Cancer* Related Data <ul style="list-style-type: none"> • Years of Potential Life Lost (esp. for cancer, heart disease/stroke, diabetes) • Cancer- Prostate Cancer; Breast, Colon 	<ol style="list-style-type: none"> 1. Federal Quality Grant focusing on Chronic Care for Diabetes and Cardiovascular Disease 2. Specialty clinics for cardiology, and cancer care 3. Referring and consultation relationships between primary care physicians and specialists 4. Electronic Medical Records 5. Screenings offered through hospital fairs and discounted screenings such as mammograms. 6. CPR and Heart Saver Classes 7. Diabetic Education program 	<ol style="list-style-type: none"> 1. Programs sponsored by the American Heart Association, American Diabetes Association, and American Cancer Society. 2. Support Groups (varies throughout county) Local Programs

Table 5: Healthcare System Resources

Category	Need ²³ and Related Data	Current HBCH Efforts	Current Community Efforts
Perceptions of Local Care and Access	Needs	<ol style="list-style-type: none"> 1. DVD Project conducted by the Advisory Committee 2. Inpatient satisfaction survey has positive results and all suggestions/complaints receive follow up. 3. Formation of an advisory committee to improve communication between HBCH and community members. 4. Community survey conducted by the Advisory Committee 5. Partnerships with larger facilities, specialists, and universities in order to increase access to services. 6. Provision of services in the Emergency Department and Walk In clinic- monitoring of wait times and responding to systematic problems that occur. 7. Quarterly Community Newsletter 	County Programs
	<ul style="list-style-type: none"> • People do not know about changes at the Harbor Beach Community Hospital and are acting on old perceptions** • Need Outreach and Marketing: People are not Aware of Services that are offered in Harbor Beach** • Positive Physician Relationships would increase utilization of local healthcare system** • There is a problem with confidentiality in a small community** Related Data <ul style="list-style-type: none"> • No Personal Health Care Provider • Routine Checkup • Community Survey Responses • Stakeholder Interviews 		<ol style="list-style-type: none"> 1. Messages from other medical providers 2. Information about rural health from the Michigan Center for Rural Health Local Programs <ol style="list-style-type: none"> 1. Pharmacy works with HBCH to ensure access to medications during non-pharmacy hours.

²² *indicated related to top community health priorities and ** indicates related to top health system priorities

²³ *indicated related to top community health priorities and ** indicates related to top health system priorities

Category	Need ²⁴ and Related Data	Current HBCH Efforts	Current Community Efforts
Insurance/Cost	Need <ul style="list-style-type: none"> • Difficulty Understanding What is Covered by Health Insurance* 	<ol style="list-style-type: none"> 1. Charity Care Payment Program to avoid patients from incurring bad debt (must be applied for by patient after public programs are denied) 2. Participation in the Thumb Rural Health Network's access to care program for the uninsured. 3. Payment options including a preventive/office bundled product. 4. Working with local employers to meet the needs and stipulations of their insurance programs. 5. Health fairs and discount specials for screenings offered during health fairs and awareness months. 	County Programs <ol style="list-style-type: none"> 1. Dental program being developed by local dentists 2. Rural Health Clinic in Pigeon 3. Pharmacy Assistance Programs 4. Screenings and education offered at Senior Fair and Project Connect 5. Human Development Commission and MSU Extension- Financial Education Services
	Related Data <ul style="list-style-type: none"> • Increase in Single Parents • Increase of children and families in poverty • Increased dependence on public health insurance & support programs (Medicaid/MiChild) • Community Survey Responses 		Local Programs <ol style="list-style-type: none"> 1. Local physician offices accept public insurance, private pay patients
Quality & Access	Need <ul style="list-style-type: none"> • Small hospitals can't provide as high a quality care as larger hospitals.** 	<ol style="list-style-type: none"> 1. Participation in quality reporting 2. Participation in the Michigan Critical Access Hospital Quality Network 3. Member of the Michigan Health Information Alliance that is working on the Triple Aims of the Agency for Health Research and Quality. 4. Quality Awards and Projects 5. On-going quality improvement studies and projects 	County Programs <ol style="list-style-type: none"> 1. Thumb Rural Health Network 2. State organizations and support 3. Other Medical Providers
	Related Data <ul style="list-style-type: none"> • No Personal Health Care Provider and Routine Checkup • Increase in less than adequate prenatal care Community Survey Responses 		Local Programs <ol style="list-style-type: none"> 1. Pharmacy hours and home delivery services 2. Home Care agencies located in the community 3. Two dentist offices in the community 4. Chiropractic care 5. Massage Therapy available in the community

Use of 2-1-1: Huron County participates in the 2-1-1 service referral system

- When someone in the community needs non-emergency services they can call 2-1-1.
- If you need help with any of the following, 2-1-1 is there to provide information 24 hours a day, 7 days a week:
 - Food - food pantries, hot meal locations, commodities, meals on wheels
 - Utilities Shut Offs - gas, water, electric
 - Deliverable Fuels - propane, oil, wood, wood pellets, corn
 - Rent Assistance - must have received eviction or 7-day notice
 - Tax Assistance - free to eligible families and individuals
 - Children's Health Insurance - Call for eligibility criteria
 - Compulsive Gambling - contact Michigan Department of Community Health for self-assessment and list of treatment resources
 - Clothing - School, work and career clothing
 - Temporary and Transitional Housing - Federal Rapid Rehousing program
 - Community Shelters - homeless, at-risk homeless, domestic violence
 - Substance Abuse - alcoholism and drug addictions
 - Other home and family needs
- Services can also be search for online at <http://www.211nemichigan.org/> or live chat assistance is available from 7:30 AM to 4:30 PM.

²⁴ *indicated related to top community health priorities and ** indicates related to top health system priorities

Step 7: Develop Strategies to fill gaps in resources

A resource assessment and potential strategies was distributed to department directors for input and to ensure accuracy. It was then distributed to other hospital staff, medical providers, and members of the community. The strategies under consideration were also posted to the hospital website for public comment and feedback.

Table 6: Hospital Response to Needs

Category	Current HBCH Strategies	New or Expansion Strategies Under Consideration
Elder Services	<ul style="list-style-type: none"> Long-term care Care & Share Program (respite services) 	<ul style="list-style-type: none"> Assess feasibility of alternative in home services
Mental Health	<ul style="list-style-type: none"> Adolescent Health Center-Counseling, Classroom Education Programs, Assemblies, and Professional Development for School Staff Social work services for long term care patients Tele-psychiatry services for long term care patients Partnership with Thumb Rural Health Network to develop protocols for reducing drug seeking behaviors Involvement in the Recovery Oriented Systems of Care (ROSC) effort 	<ul style="list-style-type: none"> In the process of developing Geri-Psychiatric services outpatient program with Senior Life Solutions Exploration of integrating mental health services with primary care practices Studying potential of an Employee Assistance Program for HBCH employees
Obesity	<ul style="list-style-type: none"> Supports weight watchers program held at HBCH Adolescent Health Center- provides classroom education, information to parents, and promotes activity through activities such as walking programs. AHC nursing services provides BMI assessments through wellness screenings and sports physicals. Will provide follow up nurse education to youth and families if families are interested. 5K race held each summer with Maritime festival Physicians make referrals to procedures such as banding not offered at HBCH. Employee wellness programs promote healthy eating and exercise to HBCH employees. Currently revamping vending machine offerings to be healthier. Diabetic education programs. 	<ul style="list-style-type: none"> Partner with the food pantry to provide cooking and nutrition education to families.
Injury	<ul style="list-style-type: none"> Violence reporting policies and protocols for exams Adolescent Health Center: Participates in Anti-Bullying programs at schools as well as providing counseling to youth and anger/conflict management. Provides classroom education on relationships and violence prevention. All hospital staff is trained regarding child abuse reporting. Provides Babysitter Classes to young caretakers that will someday be parents themselves. HBCH staff are members of the Child Abuse and Neglect Council. 	<ul style="list-style-type: none"> Low incidence for the size of population makes many program ideas difficult to implement

Category	Current HBCH Strategies	New or Expansion Strategies Under Consideration
Chronic Conditions	<ul style="list-style-type: none"> Federal Quality Grant focusing on Chronic Care for Diabetes and Cardiovascular Disease Specialty clinics for cardiology, and cancer care Referring and consultation relationships between primary care physicians and specialists Electronic Medical Records Screenings offered through hospital fairs and discounted screenings such as mammograms. CPR and Heart Saver Classes Diabetic Education program 	<ul style="list-style-type: none"> Strengthen referring relationships Improve communication and use of medical guidelines using electronic medical records and meaningful use Adoption of the Patient Center Medical Home Model
Perceptions of Local Care and Access	<ul style="list-style-type: none"> DVD Project conducted by the Advisory Committee Inpatient satisfaction survey has positive results and all suggestions/complaints received follow up. Formation of an advisory committee to improve communication between HBCH and community members. Community survey conducted by the Advisory Committee Partnerships with larger facilities, specialists, and universities in order to increase access to services. Provision of services in the Emergency Department and Walk In clinic-monitoring of wait times and responding to systematic problems. 	<ul style="list-style-type: none"> Increase use of the DVD created through the Advisory Committee Physician practice satisfaction survey to be implemented in 2013 Need to develop a statement on HBCH that includes information about care provided, quality in rural hospitals, and define the realistic role of any rural hospital.
Insurance/Cost	<ul style="list-style-type: none"> Charity Care Payment Program to avoid patients from incurring bad debt (must be applied for by patient after public programs are denied) Participation in the Thumb Rural Health Network's access to care program for the uninsured. Payment options including a preventive/office bundled product. Working with local employers to meet the needs and stipulations of insurance programs. Health fairs and discount specials for screenings offered during health fairs and awareness months. 	<ul style="list-style-type: none"> Provide assistance to the public in determining eligibility for public programs Distribute information about the Health Care Reform insurance exchanges Facilitate use of existing insurance benefits (i.e. prevention services that are now covered by insurance).
Quality & Access	<ul style="list-style-type: none"> Participation in quality reporting Participation in the Michigan Critical Access Hospital Quality Network Member of the Michigan Health Information Alliance that is working on the Triple Aims of the Agency for Health Research and Quality. Quality Awards and Projects On-going quality improvement studies and projects 	<ul style="list-style-type: none"> Increase use of Electronic Medical Records for monitoring quality, communication between care facilities, and improving chronic disease care. Increase communication on quality of rural hospitals & HBCH data to public.

Step 8: Develop a written CHNA Report and Implementation Plan

- The CHNA report was completed in draft form in February 2013. The final report was reviewed and posted to the hospital website at www.hbch.org in March 2013.
- The Implementation Plan is currently in development and will also be posted to the www.hbch.org website with final approval by the Hospital Board of Directors in September 2013.

Additional Documents (Available Upon Request)

- Advisory Committee Membership List
- Community Resource Assessment
- Community Input Survey
- Implementation Plan
- Interview/Meeting Outline
- Planning Timeline & Progress Report
- Stakeholder/Focus Group Summary Report
- Thumb Area Health Status Data Report
- Thumb Children's Data Report
- Thumb County Health Ranking