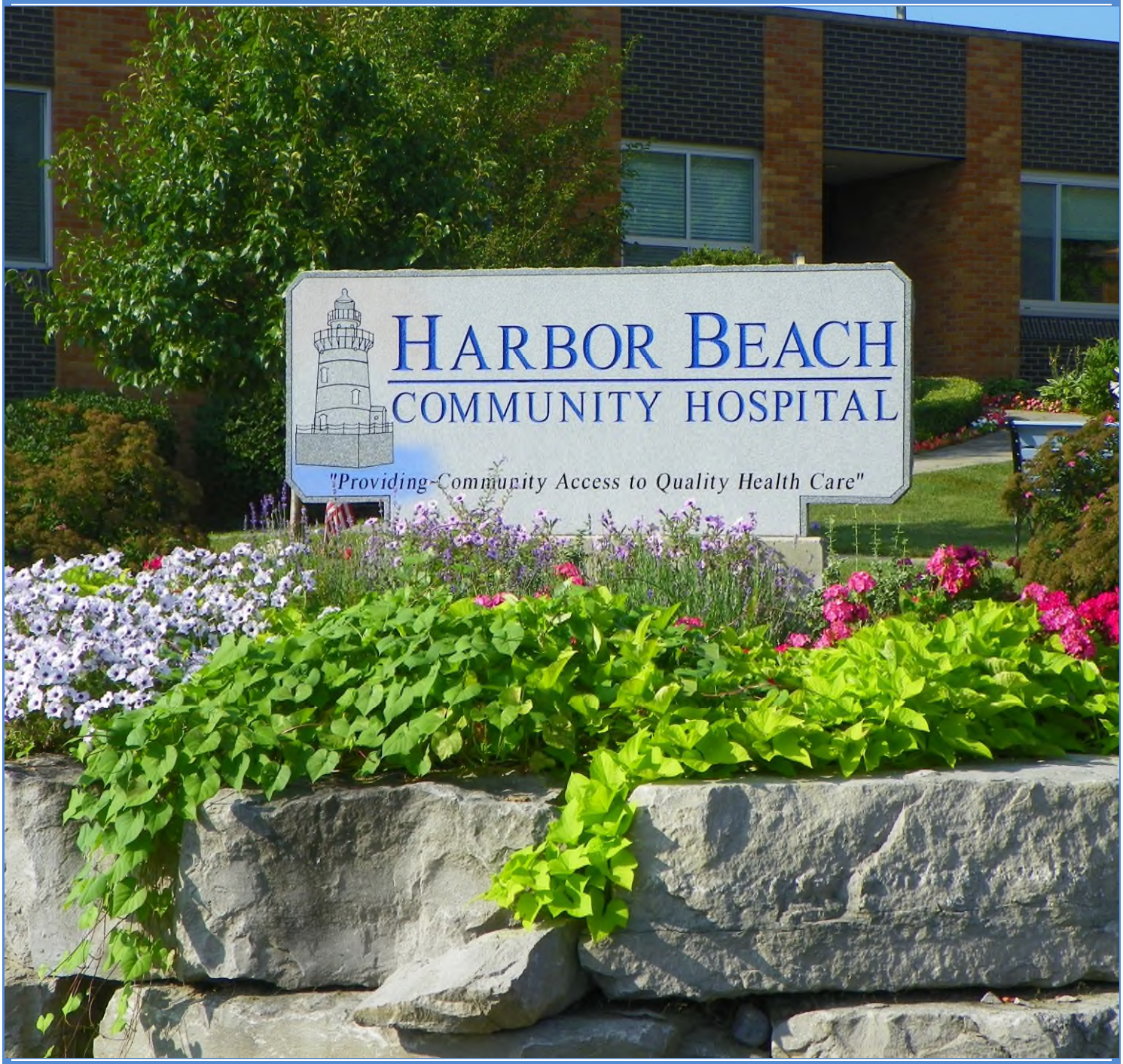
2017 Community Health Needs Assessment

A Report to the Community



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Additional documents available upon request: Survey instrument, focus group and stakeholder interview design, full survey report and appendices, implementation plan. For information contact Trish VanNorman at 989-479-3201 or tvannorman@hbch.org .

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. In 2016, the hospital partnered with other local hospitals, county public health departments, and other organizations to collect community input and to achieve both cost effectiveness and efficiency. The assessment process included a trifecta approach of reviewing three sources of primary data. In the trifecta approach, when there are three sources of data that illustrate a need, there is a greater likelihood that addressing that need will produce a powerful impact. Three methods were used to collect primary data:

- Surveys: Surveys were distributed throughout Huron, Sanilac, and Tuscola Counties. The survey was also posted online using www.surveymonkey.com. The link was emailed to the hospital patient database and promoted on the hospital website and in press releases.
- Focus Groups: The Hospital held one focus group. Two men and three women participated representing a human service agency, general community member, a local business, garden volunteer, school, and faith community. The group had both age and income diversity.
- Key Stakeholder Interviews: A county level committee selected three key organizations for stakeholder interviews. These interviews were held with individuals from Huron County Economic Development Corporation, Department of Health and Human Services, and Huron Behavioral Health.

In addition to the primary data, secondary data was reviewed for comparison to state rates and across counties located in the Thumb. This data was organized into a Thumb report card. The CHNA process was followed by a prioritization process and implementation meeting. Once priorities were selected, there was an assessment of existing services and programs. This assessment was used to identify gaps in services and develop strategies to address the priority needs. These strategies are then organized into an implementation plan and progress will be monitored. This is the second cycle of Community Health Assessment and Planning. The first cycle was completed in 2013. The process is intended to be completed on a three year cycle that aligns with Affordable Care Act requirements.

Needs Assessment Process

Process Overview

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.

Background and Acknowledgments

In August 2015, the Michigan Center for Rural, Hospital Council of East Central Michigan, and Thumb Rural Health Network convened a discussion group around the CHNA process in Huron, Sanilac, and Tuscola Counties. This region, often referred to as the Thumb of Michigan, includes eight hospitals and three public health departments. Hospitals and health departments invited representatives from the Center for Rural Health (CRH), University of North Dakota, School of Medicine & Health Sciences, to present their method for conducting CHNAs in rural areas. At the end of this training all the hospitals and health departments decided to collaborate using a common process for Community Health Needs Assessment. They agreed to develop and administer a survey of community members and use the same set of questions and processes for focus groups and key stakeholder interviews. Each hospital received results for its service area based on the ZIP code of survey respondents. Individual hospitals utilized findings from the survey, focus groups and key stakeholder interviews for their local CHNA. The use of a common survey instrument, focus group and interview schedules will permit aggregating the data by county and by the three county Thumb region. This will enable cooperative initiatives within counties and the region.

Harbor Beach Community Hospital acknowledges the individuals that assisted and led the local Analysis of the Community Health Needs Assessment and development of the Implementation Plan. Trish VanNorman, Project Manager, for the Harbor Beach hospital coordinated the process with contracted assistance from Kay Balcer, Balcer Consulting and Prevention Services. The Administrative team of the Harbor Beach Hospital was instrumental in using community input to identify top needs and priorities for the implementation plan. They participated in review of data from the county health rankings and conducted a resource assessment around top priorities selected for the implementation plan.

* In order to utilize the trifecta model, these three data collection methods were consistent in scope and question topics across the three county region.

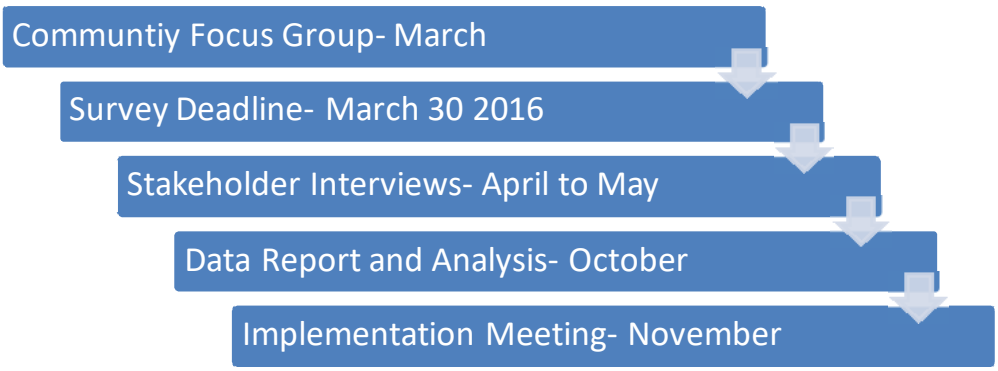
Steps in Process

The process was developed based review of the University of North Dakota Model[1]:

In December 2016, the members of the Thumb CHNA Collaboration received training from the University of North Dakota on best practices in the field of Community Health Needs Assessment. Based on this training a process was developed for the Thumb Area that would allow for consistent data collection. This consistent data collection would allow for county and regional aggregation of data. In addition to the local hospital plans and activities, this process would allow for greater impact of countywide and regional projects and initiatives. Harbor Beach Community Hospital also hired an objective consultant to lead the project. The consultant they selected, Balcer Consulting & Prevention Services, has experience working with the community and had prepared the 2013 Community Health Needs Assessment and Implementation Plan.

- Step 1: Establish a local and regional timeline
- Step 2: Convene county teams to manager logistics of assessment activities
- Step 3: Develop and Administer Survey Instrument*
- Step 4: Design and implement Community Focus Groups in local hospital communities*
- Step 5: Design and implement Key Stakeholder Interviews or county agencies*
- Step 6: Produce localized hospital reports based on survey zip code data, local focus groups, and county interview data
- Step 7: Local hospitals hold Implementation Planning Meetings
- Step 8: Local hospitals prepare a written CHNA Report and Implementation Plan
- Step 9: Produce county and regional reports
- Step 10: Convene county and regional meetings to review reports
- Step 11: Monitor Progress

Timeline



[1] Becker, K. L. (2015). Conducting Community Health Needs Assessments in Rural Communities *Health Promotion Practice*, 16:15-19 and Becker, K.L. (2013). *Emerging Health Trends in North Dakota: Community Health Needs Assessments Aggregate Data Report.* Grand Forks, ND: Center for Rural Health, University of North Dakota, School of Medicine & Health Sciences.

Representing the Community and Vulnerable Populations

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. For purpose of data collection six zip codes were utilized and included Harbor Beach, Port Hope, Ruth, Ubly, 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.
- 52% of people in the city of Harbor Beach are living with an income below the cost of living. 14% are living below poverty.
- 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%.

Surveys

Distribution of surveys was intentionally planned to include individuals from vulnerable population groups such as senior citizens, under-resourced families, veterans, and women. Data analysis included cross tabulation of results for vulnerable populations. The survey results are based on responses of 241 individuals who completed the survey by July 15, 2016 and live in six ZIP codes served by Harbor Beach Community Hospital. One-half (50.6%) lived in Harbor Beach 48441, with 15.4% in Port Hope 48468 and 14.1% in Ubly 48475. Table 1 contains the demographics for survey respondents. Four-fifths (80.7.6%) of the respondents were female. Respondents were well educated (59.7% with some college degree), and about one-quarter (27.4%) had household incomes of $75,000 or more. Almost all (92.7%) self-identified as White/Caucasian. Only two-fifths (41.7%) of households had children under 18. Three-fifths (60.9%) were employed full-time. About three-fifths (58.4%) had health insurance through their employer or union, 7.8% indicated they purchased health insurance from an insurance company or healthcare.gov, and only 1.2% reported not having any health insurance. In terms of vulnerable populations, seniors 63 or older accounted for one quarter (25.1%) of respondents; those with a high school education or less account for 22.5% of the respondents, and 17.4% of respondents reported annual household incomes $24,999 or less.

[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.

Table 1: Demographic highlights

Age	Respondents were asked their year of birth which was then recoded into quartiles. Of the valid cases, one-quarter were 40 years of age or younger (25.0%); 41 through 52 (25.5%), 53-62 (25.5%), and 63 or older (24.1%).
Gender	Of the respondents, almost three-fourths (74.2%) were female.
Marital Status	Of the respondents three-fourths (77.4%) were married or remarried and 11.1% divorced.
Children	Only three-eighths (37.4%) of households had children under 18.
Education	About one fifth (22.4%) had a high school diploma or less, another fifth had some college but no degree (20.3%), 18.6% had a technical or community college degree, and three-eighths (38.5%) had a bachelors, graduate or professional degree.
Employment Status	Over half (56.6%) worked full time, 9.9% worked part time and 2.5% held multiple jobs. Over one-fifth (22.7%) of the respondents were retired.
Health Sector	Over one-third (36.6%) worked for hospital, clinic or public health dept.
Race	92.9% self-identified as White/Caucasian
Household income	More than a few respondents (16.6%) preferred not to report their household income. Of those reporting household incomes, 17.4% had household incomes of $24,999 or less; one-quarter (24.9%) had incomes between $25,000 and $49,000; 30.3% between $50,000 and $74,000; and 27.4% had incomes $75,000 and over.
Health Insurance	Almost three-fifth (58.2%) had health insurance through an employer or union, 17.9% were on Medicare, 6.1% on Medicaid and 7.2% individually purchased a plan. Only 1.1% reported not having any health insurance.
Hospitals used past 2 years	The two most frequently used hospitals were Harbor Beach (35.7%) and Huron Medical in Bad Axe (32.0%).
ZIP Codes	Of the 6 Zip codes, half (50.6%) of respondents lived in 48441Harbor Beach, with 15.4% living in Port Hope, and 14.1% in Ubly.

Focus Groups

A focus group of 2 men and 5 women was held on March 2, 2016 at Harbor Breeze Restaurant, Harbor Beach MI 5-7pm. They represented community connections, community member, a local business, garden volunteer, school, faith community. Ages ranged from mid 30s-to retired. The group was facilitated by Kay Balcer, Balcer Consulting, and notes were taken by Sara Wright from the Michigan Center for Rural Health.

Healthcare/Social Service Organizations Providing Input

Participants in stakeholder interviews were chosen based on their expertise in serving vulnerable populations and their experience with community issues. Stakeholder interviews for Thumb CHNA Collaboration hospitals were conducted by county. The Huron county committee selected three organizations for input and suggested an individual at these organizations. The individuals interviewed agreed and the Department of Human Services in Huron County opted to have an additional person.

Stakeholders Interviewed

Name	Title	Affiliation
Carl Osentoski	Executive Director	Huron County Economic Development Corp
Kathie Harrison	Community Liaison	Huron Behavioral Health
Karen Southgate	Program Manager	Huron Dept of Health and Human Services
Julie Booms	Family Independence Manager	Huron Dept of Health and Human Services

Consultants

During the process various consultants were utilized to manage the workflow and ensure consistency including:

- → Balcer Consulting & Prevention Services, Kay Balcer: Overall project coordination and facilitation, stakeholder interviews, template development.
- → Michigan Center for Rural Health, Crystal Barter and Sara Wright: Notetaking, and coding of focus group and interview responses.
- → Institute for Public Policy and Social Research, Michigan State University: Paper survey processing, coding of survey data, and production of statistical data for analysis.
- → Independent Consultants, Harry Perlstadt, PhD, MPH and Travis Fojtasek, PHD: Data analysis and reports

Harbor Beach Community Hospital also chose to contract with Balcer Consulting & Prevention Services for focus group facilitation, facilitation of implementation meetings, and preparation of the CHNA report and implementation plan. Questions about the CHNA project and requests for documents can be made by contacting Kay Balcer at 989-553-2927 or balcerconsulting@gmail.com .

2013 CHNA Plan Progress

In 2013, the Community Health Needs Assessment priorities identified by Harbor Beach Community Hospital included both community and health system priorities:

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

The following table includes an update on the progress toward activities in the 2013 Implementation Plan.

Table 2: 2012 CHNA Progress

(Category	Proposed Activities (2012)	Progress (2016)
Elder Services	Assess feasibility of alternative in home services	• Swing beds for patients to remain in our facility until a bed opens on ECU so they can be moved. • Nothing on in home services. As the discussion was pursued, it was determined that current supports in the community already existed. • Senior Life Solutions • CC Outreach Grant • CC HDC
Mental Health	• Develop Geri-Psychiatric outpatient services with Senior Life Solutions • Exploration of integrating mental health services with primary care practices • Studying potential of an Employee Assistance Program for HBCH employees	• Senior Life Solution is open • MHAAT Planning Grant to further explore integrating MH into primary care. • Nothing on EAP • Community Connections
Obesity	Partner with the food pantry to provide cooking and nutrition education to families.	• Partnered with MSUE to offer cooking classes. • Employee Events Committee does biggest loser and a walking challenge once a year.
Injury	None; Low incidence for the size of population makes many program ideas difficult to implement	None
Chronic Diseases	• 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	• Not acted on. • MU was met in hospital and clinics. • HBMC, SSMC & PHMC were PCMH designated by BCBS. At this time SSMC is still PCMH.
Perceptions of Local Care and Access	• 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.	• DVD Discontinued as provider pictured was no longer employed by the hospital • Quarterly clinic surveys are compiled by an outside consultant, reviewed, and acted on as needed. • Not Acted On
Insurance/Cost	• 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).	• Added a certified application counselor. • Enrolling patients through Community Connections • Held public meetings about open enrollment.
Quality & Access	• 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.	• Meaningful Use • Wellcentive Grant

2016 CHNA Methodology

Surveys

The Thumb CHNA survey used non probability sampling, combining convenience sampling with purposive (judgmental) sampling. In a convenience sample respondents can be anyone who happens to come into contact with the survey or has access to the survey from people on a street corner or in a mall to those who come across the survey on line. In a purposive sample respondents are recruited based on some characteristic which will be useful for the study. For example, a purposive CHNA survey would target members of clubs and religious congregations in low income neighborhoods or seniors residing in independent living and assisted living facilities. In addition, a mixed sampling design intended to gather a sufficient number of low income, low education and senior citizens to permit an analysis of their health concerns and views on health care services. The survey instrument contained 34 questions covering Community Assets, Community Concerns, Delivery of Health Care and Demographic Information (Appendix A-available upon request). The survey was printed and posted online. Each county developed a distribution list identifying public locations for envelopes and surveys. Surveys were also distributed at meetings and at the end of focus groups. Printed surveys could be left in drop boxes or mailed in to the Institute for Public Policy and Social Research (IPPSR) at Michigan State University. The on-line version of the survey was posted at www.surveymonkey.com . Harbor Beach Community Hospital also chose to email the link to the patients and hospital staff. Survey links were included in press releases and regional promotion efforts. Surveys were entered and data sets prepared by the Institute for Public Policy and Social Research at Michigan State University. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) Version 20 multiple response sets frequencies and cross-tabulations by Harry Perlstadt, PhD, MPH and Travis Fojtasek, PHD, Independent Consultants.

Focus Groups

A focus group was conducted on March 2, 2016 with five participants. The group was facilitated by Kay Balcer, Balcer Consulting, and notes were taken by Sara Wright from the Michigan Center for Rural Health. A standard list of questions and processes were utilized for all focus groups conducted in the region. Participants were told (verbally) that their responses will be treated in a way that will not reveal their name and that their responses will be combined with others in any reports. They were told that due to the closeness of the community, complete confidentiality in reporting their responses cannot be ensured. The facilitator followed a script (Appendix E-Available upon request) and engaged the group in several procedures including asking participants to review and comment on a list of potential health concerns that may affect the community as a whole; using post it notes on an easel pad or wall; and group discussion/ brainstorming. A PowerPoint projector was used to show the question in the front of the room as well as verbally. A prioritization process was not conducted since that was planned for a follow up implementation meeting. Participants were provided with a paper copy of the survey which they could fill out and mail in. Focus group notes were recorded and coded by the Michigan Center for Rural Health (MCRH) with summaries provided for analysis.

Stakeholder Interviews

Stakeholder interviews for Thumb CHNA Collaboration hospitals were conducted by county. The Huron county committee selected three organizations for input and suggested an individual at these organizations. They provided via email permission to use their name in a list of individuals participating in interviews but were assured that their responses would not be connected to their name. Kay Balcer, of Balcer Consulting and Prevention Services conducted the interviews in person, and Sara Wright of Michigan Center for Rural Health took notes via phone. The interview followed a similar script as was used for the focus groups (Appendix G-Available upon request).

Secondary Data

Table 3: Major Data Sources for CHNA			
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	2016	Unemployment Data
Michigan Department of Community Health	http://milmi.org/cgi/dataanalysis/?PAGEID=94	2000 to 2014	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	2003-2015	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/	2016	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	2014	Local data from surveys of 7th, 9th, and 11th grade students is compared to county data. State and national data using the MIPHY was not available. 9th-12th grade Youth Behavior Risk Factor survey data was used for state and national statistics.
County Health Rankings	www.countyhealthrankings.org	2005 to 2013	Includes a wide variety of statistics. Many statistics represent a combined score and reflect multiple years of data.
Kids Count	http://www.mlpp.org/kids-count/michigan-2/mi-data-book-2016	2016	Includes a variety of data from Michigan Department of Community Health, Department of Human Services, and Department of Education.
Community Survey			
Community Survey	241 community members participated in survey.	2016	Questions included rating draft priorities, open ended questions, and input on the current healthcare services provided in the community.
Focus Group/Stakeholder Interviews			
Focus Group	• Carl Osentoski, Economic Development Corp. • Kathie Harrison, Huron Behavioral Health • Karen Southgate and Julie Booms, Department of Health and Human Services	2016	Meeting included discussion of questions that were also utilized in individual interviews.
Individual Interviews and Focus Groups	2 Men and 3 Women of diverse backgrounds.	2016	Results from interviews & meetings were included in survey report.

Limitations

The survey employed a non probability sampling, combining convenience sampling with purposive (judgmental) sampling. Surveys were available on-line and paper surveys were distributed at a variety of locations. This resulted in some skewed demographics. Respondents were disproportionately female (78.8%), had some college degree (59.9%), and one-third (32.0%) had household incomes of $75,000 or more. A little over one-quarter (27.7%) worked for a hospital, clinic, or public health department. Census information on gender, education and income are grouped by census tracts which are not always congruent with ZIP codes. It is not practicable to adjust the survey responses for gender, education and income for the nine ZIP codes. However, this could be done at the county level.

Findings

Companion documents are available for the information included in this report. The following pages summarize the key information utilized by the Harbor Beach Hospital administrative team to identify top needs and priorities for the 2017-2019 Implementation Plan.

Access to HealthCare

Table 3 contains responses to Q17. Please rate how much the following issues prevent you or other community residents from receiving health care. Responses were on a four point scale from 1 = not a problem to 4 = major problem. Means and standard deviations were calculated for each.

Table 4: Survey Q17 Issues prevent receiving health care

In this table, a higher mean score indicates a higher perceived problem.	N	Mean μ	Std. Deviation
Q17. Not enough specialists	229	2.68	1.17
Q17. Not enough doctors	225	2.53	1.22
Q17. Not enough evening or weekend hours	226	2.34	1.14
Q17. Not able to get appointment/limited hours	226	2.18	1.08
Q17. Not able to see same provider over time	227	2.09	1.21
Q17. Don't know about local services	224	2.04	1.15
Q17. Distance from health facility	227	1.97	1.04
Q17. Not accepting new patients	225	1.86	1.08
Q17. Can't get transportation services	228	1.76	1.08
Q17. Poor quality of care	221	1.63	0.95
Q17. Concerns about confidentiality	229	1.49	0.87
Q17. Limited access to telehealth technology	216	1.39	1.23
Q17. Barriers to accessing veterans services	219	1.37	1.19
Q17. Lack of disability access	223	1.31	0.91
Q17. I am afraid or too uncomfortable to go	218	1.31	0.98
Q17. I have other more important things to do	220	1.14	0.87
Q17. Don't speak language or understand culture	224	1.13	0.72

TABLE 5: Survey Q16. Cost considerations prevent receiving health services		Times chosen	Percent times chosen	Percent of Respondents choosing
Q16[a]	Q16. High deductible or co-pays	149	36.7%	76.0%
	Q16. No insurance	76	18.7%	38.8%
	Q16. Not affordable Services	68	16.7%	34.7%
	Q16. Providers do not take my insurance	63	15.5%	32.1%
	Q16. Insurance denies services	50	12.3%	25.5%
	Total	406	100.0%	207.1%

Although only 1.1% of respondents answered that they had no health insurance, 38.8% of survey respondents thought that not having insurance prevent themselves or community residents from receiving health services. This is more than double the Census Bureau's 2014 estimate[3] of 10% to 15% uninsured in Huron County.

Question #11: Even though most insurance now cover basic preventative services like wellness visits, many people do not use these services. Why do you think that may be?

Focus Groups	Interview
perception it's not needed (4)	No motivation/incentives (2)
insurance education and management	Lack of value in prevention
lack of knowledge	Don't know that it is now covered by insurance
scared of results	Fear
transportation	General Lack of Knowledge of Prevention Services

What barriers are affecting the use of local health by the community as a whole?

Focus Group	Interview
Transportation (2)	Transportation (4)
free services (2)	Don't Understand Health system (3)
hard to get initial appointments	Getting appointments
hard to get specialty clinic appts.	
central location all services	

Top Concerns

Survey (order of most frequent)	Focus Groups (order of most frequent)	Interviews (no specific order)
Community's health • Access to exercise and fitness activities • Access to healthy food • Awareness of local health resources/services • Understanding/Navigating Healthcare Reform	**Community's health** • Not enough places for exercise and wellness activities (3) (*-1) • Awareness of local health resources/services • Understanding/Navigating Healthcar Reform	**Community's health** • Insurance coverage • Failure to attract and keep young families • Grown children leaving and not returning to the area. • Lack of good jobs • Demise of the family farm • Affordable, appropriate housing.
Physical Health • Cancer • Obesity/Overweight • Poor nutrition, poor eating habits • Diabetes • Heart disease	**Physical Health** • Obesity/Overweight • Smoking and tobacco use/ exposure to second-hand smoke • Diabetes • Poor nutrition/ poor eating habits • Not getting enough exercise • Cancer • Heart disease	**Physical Health** • Cancer • Heart Disease • Diabetes • Parkinsons

[3] US Census Bureau 2014 Small Area Health Insurance Estimates (SAHIE) Insurance Coverage Estimates: Percent Uninsured: 2014 http://www.census.gov/did/www/sahie/data/files/F4_Map.jpg

Mental Health • Adult drug use and abuse (including prescription drugs) • Depression • Adult alcohol use and abuse • Adult mental health • Stress	**Mental Health** • Alcohol use and abuse • Depression • Drug use and abuse (including prescription drug abuse) • Stress • Suicide	**Mental Health** • Drug Problems • Mental Health in General • Anger Management • Stress
Quality of life in the community • Jobs with livable wages • Attracting and retaining young families • Ability to get appointments • Availability of wellness and disease prevention services	**Quality of life in the community** • Attracting and retaining young families • Bullying • Not enough affordable housing • Not enough jobs with livable wages, not enough to live on • Not enough public transportation options, cost of public transportation • Poverty	**Quality of life in the community** • Transportation
Community's safety and environment • Water quality (i.e. well water, lakes, rivers) • Crime and safety • Public transportation (options and cost) • Air quality	**Community's safety and environment** • Traffic Safety, including speeding, road safety, and drunk/distracted driving • Air Quality	**Community's safety and environment** • Child and domestic abuse • Water and air quality • Workplace bullying

Concerns for Vulnerable Populations[4]

Concerns for Youth

Survey	Focus Groups	Interviews
• Youth drug use and abuse (including prescription drug abuse) (46%) • Youth obesity (40%) • Youth bullying (37%) • Youth alcohol use and abuse (including binge drinking) (34%) • Wellness and disease prevention, including vaccine-preventable (31%) • Youth suicide (27%)	• Youth alcohol use and abuse • Not enough activities for children/youth • Youth obesity • Youth suicide • Youth drug use and abuse (including prescription drug abuse) • Child abuse • Having enough child daycare services	• Child abuse • Bullying

[4] In addition to the elderly, the focus group identified homeless, abused groups, children and immigrants as medically underserved. Interviews identified in additional to seniors, those with mental health conditions.

Concerns for Seniors

Survey	Focus Group	Interviews
• Cost of medications (50%) • Availability of resources to help the elderly stay in their homes (41%) • Assisted living options (37%) • Dementia/Alzheimer's disease (30%) • Availability of activities for seniors (29%) • Availability of resources for family and friends caring for (25%) • Transportation (24%)	• Availability of resources for family and friends caring for elderly • Availability/cost of activities for seniors • Being able to meet the needs of older population • Availability of resources to help elderly stay in their homes • Dementia/ Alzheimer's disease	**Identified as a group; no specific needs listed.**

Table 6: Top 3 concerns about senior population in your community	Times chosen	Percent times chosen	Percent of Respondents choosing
Q14. Cost of medications (50%)	118	18.1%	50.4%
Q14. Availability of resources to help the elderly stay in their homes (41%)	96	14.7%	41.0%
Q14. Assisted living options (37%)	87	13.4%	37.2%
Q14. Dementia/Alzheimer's disease (30%)	71	10.9%	30.3%
Q14. Availability of activities for seniors (29%)	68	10.4%	29.1%
Q14. Availability of resources for family and friends caring for (25%)	58	8.9%	24.8%
Q14. Transportation (24%)	55	8.4%	23.5%
Q14. Long-term/nursing home care options	39	6.0%	16.7%
Q14. Hunger and poor nutrition	28	4.3%	12.0%
Total	651	100.0%	278.2%

Needs as Perceived by Vulnerable Populations

Income: Respondents with household incomes under $25,000 were…

More likely than higher income respondents to be concerned about:

- Assistance for low income families
- Affordable housing.
- Public transportation options and costs.
- Adult tobacco use.
- Youth tobacco use

Less likely than higher income respondents to be concerned about

- Attracting and retaining young families.
- Adult mental health.
- Assisted living options for seniors

Education

Respondents with a high school education or less were **more likely** than respondents with more education to be concerned about

- Support groups.
- Availability of dental.
- Youth tobacco use

Seniors: Respondents 63 years of age or older were…

More likely than younger respondents to be concerned about

- Vaccination preventing flu and shingles
- Youth tobacco use

Less likely than younger respondents to be concerned about

- Extra hours for appointments.
- Youth hunger and poor nutrition
- Adult depression
- Youth suicide.

Gender

Females were more likely than males to be concerned about

- Traffic safety.
- Cancer.
- Youth sexual health
- Wellness and disease prevention.
- Youth bullying
- Availability of resources for family and friends caring for elderly.

Males were more likely than females to be concerned about

- Understanding/navigating healthcare reform.
- Water quality.
- Heart disease.
- Teen pregnancy.
- Adult alcohol use and abuse
- Stress.
- Youth drug use and abuse

Hospital Services- Top Concerns

Survey	Focus Group	Interview
Availability of health services • Availability of doctors and nurses • Availability of mental health services • Availability of specialists. • Availability of substance abuse/treatment services	**Availability of health services** • Availability of dental care • Availability of doctors and nurses • Extra hours for appointments, such as evenings and weekends • Availability of substance abuse/ treatment services • Availability of mental health services	**Availability of health services** • Dental Care for low income adults • Depression screening
Delivery of health services • Ability to retain doctors, nurses, and other healthcare professionals • Cost of health insurance • Cost of health care services • Cost of prescription drugs	• Ability to retain doctors and nurses in the community • Cost of prescription drugs • Adequacy of health insurance (concerns about out of pocket costs) • Cost of health care services • Cost of health insurance	

Knowledge of Hospital Services: Focus group members did not know about many services offered by Harbor Beach, specifically Care Share Services which provides support that families may need to keep their loved one with a disability or chronic illness at home and Swing Bed Services which allows Medicare patients access to post acute skilled nursing care.

#3 please review the list of services provided by Harbor Beach. Highlight the services you did **not** know about.

General and Acute Services
Care Share – 5
Swing Bed Services – 4
Hearing (Specialty Clinic) – 2
Student Health Center - 2
Hospice – 1
Ophthalmology Surgery Services – 1
Pulmonology (Specialty Clinic) - 1
Cardiology (Specialty Clinic) - 1
Wound Care - 1

Screening/Therapy Services
Speech Therapy – 2
Holter Heart Monitoring – 1
IV Therapy - 1
Pulmonary Rehab – 1
Respiratory Care - 1
Student Health Center - 1

Radiology Services
Digital Mammography – 2
Bone Density – 1
Nuclear Medicine – 1

Question #4: What specific services do you think the hospital needs to add?

Focus Group	Interviews
Immunizations	Health and wellness
Occupational therapy	Cooking classes
Hearing/ audiology	Healthy fast food
Transportation	Health and behavioral health integration
Echo cardio services	
Pediatrics	
OB/GYN	
Home care	
24/7 nurse calls	
Allergy services	

Question #7: Where do people find out what health services are available in the area?

Focus Group	Interviews
Advertise stores, before movies (2)	Physicians (3)
Friends family (2)	Internet (2)
Provider or hospital (2)	Radio or newspaper
Community Connections	Community members
Internet	Businesses
Library	Hospitals
Newspaper	Employers
	Health Department
	Mass Marketing

Question #8: Where do people turn for trusted health information?

These responses are in addition to the responses above.

Focus Group	Interviews
Pharmacy	Internet (4)
Public educational meetings talks	Local Hospital (3)
Health fair	Community Members (2)
	Specialists

Question #13: What are the reasons that community members use Harbor Beach rather than other providers for their healthcare needs?

Focus Group	Interview (Huron-local hospitals)
Trust (2)	Location (2)
Location	Services Available
Quality	Specialists
	Quality/Comfort
	Wellness Programs

Question #14: What are the reasons that community members use other providers for their healthcare needs?

Focus Group	Interview
Services not offered	Lack of specialists (4)
Confidentiality/trust	Location
Quality lack of follow through	Mental Health confidentiality/stigma
Bad experiences	Mindset- Bigger is Better
Language barrier	
Don't want to be transferred	

Question #6: What suggestions do you have for health-related organizations to work together to provide better services and improve the overall health of the population?

Focus Group	Interview
Collaboration (3)	General Collaboration
Advertising marketing (2)	Community Perceptions
Community education	Reduce Stigmas
Senior health fair	Education on services for low income (FQHC)
Healthy lifestyle/ preventive medicine	Physician Involvement

Question #16: If you were to give one piece of advice to improve the health of the community, what would it be? Is there other advice you would offer?

Focus Group	Interview
People need more education about use, abuse, and side effects of prescriptions, over the counter/herbal medications	Find more ways to get the word out about services/programs
Retain doctors	Prevention- easier to prevent than to fix
Having activities/fun things for people to do	Doctors being more in-tune to substance abuse and mental illness issues
More lending a helping hand to those who need it.	More community engagement from healthcare community at all levels
	Look at how to reach out into schools
	Engage doctors, nurses, and PAs and make them feel part of community as they are recruited in.

Secondary Data

Table 7: Thumb Report Card (illustrates how each county compares to data from the state.)

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
CHR	**Health Outcomes (county rank)**			**41**	**33**	**28**
CHR	**Length of Life (county rank)**			**41**	**51**	**36**
CHR	Years of Potential Life Lost per 100,000	2011-2013	7,200	7,100	7,300	6,900
CHR	Age Adjusted Mortality per 100,000	2011-2013	360	350	360	350
MDCH	Heart Disease Deaths	2012-2014	199.3	203.3	233.2	196.9
MDCH	Cancer Related Deaths	2012-2014	173	176.9	164.5	176.4
MDCH	Diabetes Related Deaths	2012-2014	73.7	86.1	84.4	65.9
MDCH	Deaths due to Suicide	2010-2014	13.2	14.6	18.5	13.1
CHR	Child Mortality (under 18) per 100,000	2010-2013	50	50	40	50
CHR	Infant Mortality (under age 1) per 1000	2006-2012	7	NA	NA	NA
CHR	**Quality of Life (county rank)**			**40**	**19**	**23**
CHR	Poor Or Fair Health	2014	16%	14%	13%	13%
CHR	Average # of Poor physical health days (In past 30 days)	2014	3.9	3.5	3.4	3.5
CHR	Frequent physical distress (>14 days-past 30 when physical health was not good)	2014	12%	11%	10%	11%
CHR	Average # of Poor mental health days (In past 30 days)	2014	4.2	3.6	3.6	3.7
CHR	Frequent Mental Health distress (>14 days-past 30 when mental health was not good)	2014	13%	11%	11%	11%
PHY	7th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities-past 12 months	2014 H-T 2010 SC	NA	20.6%	NA	35.7%
PHY	9th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities-past 12 months	2014 H-T 2010 SC	NA	23.9%	45.0%	34.3%
PHY	11th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities-past 12 months	2014 H-T 2010 SC	NA	19.3%	34.0%	30.3%
CHR	Low Birthweight (<2500 grams; 5lbs,8 oz)	2007-2013	8%	8%	7%	7%
MDCH	Cancer Incidence (Age Adjusted Rate)	2010-2012	471.8	441.0	356.5	436.9
MDCH	Cardiovascular Discharges Incidence (Age Adjusted-Acute Myocardial Infarction)	2011-2013	200.3	225.2	275.8	251.6
MDCH	Cardiovascular Discharges Incidence (Age Adjusted Rate-Congestive Heart Failure)	2011-2013	284.8	245.2	260.2	288.1
MDCH	Cardiovascular Discharges (Stroke)	2011-2013	226.4	218.7	207.0	225.2
MDCH	Diabetes Discharges Incidence	2011-2013	183.0	122.7	176.2	138.8
CHR	Diabetes Prevalence** (age 20+ diagnosed with diabetes, 2012)	2012	10%	11%	11%	10%
CHR	HIV Prevalence 2012) per 100,000	2012	178	18	42	26

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
CHR	**Health Factors (county rank)**			**17**	**49**	**43**
CHR	**Health Behaviors (county rank)**			**16**	**53**	**41**
CHR	Adult Obesity** (BMI >30)	2012	31%	31%	34%	31%
PHY	7th Grade Obesity (>95th and 85th percentile)	2014 H-T 2010 SC	NA	12.9%/13.4%	16.3%/14.3%	13%/16.8%
PHY	9th Grade Obesity (>95th and 85th percentile)	2014 H-T 2010 SC	NA	13.6%/18.4%	18%/16.9%	20.3%/18.7%
PHY	11th Grade Obesity (>95th and 85th percentile)	2014 H-T 2010 SC	NA	15.3%/24.1%	17.1%/19%	19.3%/15.8%
0-8	Obesity among low income children	2014	13%	12%	11%	11%
CHR	Limited Access To Healthy Foods: % of low income who don't live close to grocery store	2010	6%	11%	2%	3%
CHR	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best).	2013	7.1	6.9	7.7	7.6
CHR	Food Insecurity (did not have access to reliable source of food in the past year)	2013	16%	14%	15%	15%
CHR	Physical Inactivity: no leisure-time physical activity.	2012	23%	28%	22%	30%
PHY	7th Grade- 60 minutes of physical activity for at least 5 of 7 past days.	2014 H-T 2010 SC	NA	24.6%	58.0%	59.5%
PHY	9th Grade- 60 minutes of physical activity for at least 5 of 7 past days.	2014 H-T 2010 SC	NA	38.4%	62.7%	66.5%
PHY	11th Grade- 60 minutes of physical activity for at least 5 of 7 past days.	2014 H-T 2010 SC	NA	26.7%	36.4%	47.6%
CHR	% of individuals in a county who live reasonably close to a location for physical activity such as parks.	2010 & 2014	84%	53%	13%	43%
CHR	Adult Smoking (everyday or most days)	2014	21%	16%	18%	17%
PHY	7th Grade youth who smoked cigarettes during the past 30 days	2014 H-T 2010 SC	NA	0.9%	5.1%	2.4%
PHY	9th Grade youth who smoked cigarettes during the past 30 days	2014 H-T 2010 SC	NA	8.1%	15.7%	11.0%
PHY	11th Grade youth who smoked cigarettes during the past 30 days	2014 H-T 2010 SC	NA	21.5%	19.6%	18.7%
0-8	Live Births to Women Who Smoked During Pregnancy	2011-2013	21.6%	24.7%	26.3%	32.9%
CHR	Excessive Drinking (Binge- 5+ drinks or daily drinking)	2014	20%	19%	20%	21%
CHR	Alcohol Impaired Driving Deaths (% of all driving deaths)	2010-2014	30%	27%	36%	39%
PHY	7th grade students who had at least one drink of alcohol during the past 30 days	2014 H-T 2010 SC	NA	4.8%	6.1%	9.3%
PHY	9th grade students who had at least one drink of alcohol during the past 30 days	2014 H-T 2010 SC	NA	24.4%	32.2%	21.2%
PHY	11th grade students who had at least one drink of alcohol during the past 30 days	2014 H-T 2010 SC	NA	48.2%	46.2%	38.6%

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
PHY	7th grade students who used marijuana during the past 30 days	2014 H-T 2010 SC	NA	1.4%	1.0%	3.5%
PHY	9th grade students who used marijuana during the past 30 days	2014 H-T 2010 SC	NA	6.2%	5.1%	11.3%
PHY	11th grade students who used marijuana during the past 30 days	2014 H-T 2010 SC	NA	17.8%	13.9%	21.0%
CHR	Drug Overdose Deaths: drug poisoning deaths per 100,000	2012-2014	16	NA	14	12
CHR	Drug Overdose Deaths Modeled: estimate of the number of deaths due to drug poisoning per 100,000	2014	18	6.1-8.0	12.0-14.0	12.0-14.0
CHR	Motor Vehicle Crash Deaths: traffic accidents involving a vehicle per 100,000	2007-2013	10	11	16	17
CHR	Sexually transmitted infections: diagnosed chlamydia cases per 100,000	2013	453.6	141.7	158.5	217.7
PHY	7th grade students who ever had sexual intercourse	2014 H-T 2010 SC	NA	4.5%	4.0%	9.7%
PHY	9th grade students who ever had sexual intercourse	2014 H-T 2010 SC	NA	14.4%	29.0%	17.5%
PHY	11th grade students who ever had sexual intercourse	2014 H-T 2010 SC	NA	41.3%	51.1%	43.9%
CHR	Teen Births (# of births per 1,000 female population, ages 15-19)	2007-2013	29	21	25	26
MDCH	Percent of Total Births to Mothers Age < 20	2011-2013	7.8	6.3	7.3	7.5
CHR	Insufficient Sleep: adults who report fewer than 7 hours of sleep on average	2014	38%	32%	30%	32%
CHR	**Clinical Care (county rank)**			**48**	**75**	**71**
CHR	Uninsured: <65 that has no health insurance coverage	2013	13%	15%	15%	14%
CHR	Uninsured Adults: 18 to 65 that has no health insurance coverage in a given county	2013	16%	18%	19%	18%
CHR	Uninsured Children: <19 that has no health insurance coverage	2013	4%	6%	6%	4%
CHR	Health care costs: price-adjusted Medicare reimbursements (Parts A and B) per enrollee	2013	$10,153	$10,391	$10,117	$10,808
CHR	Primary Care: ratio of the population to total primary care physicians. Higher= less access	2013	1,240:1	1,530:1	3,490:1	3,190:1
CHR	Ratio of other Primary Care Providers: nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists	2015	1,342:1	1,458:1	2,079:1	2,348:1
CHR	Dentists: ratio of the population to total dentists. Higher= less access	2014	1,450:1	2,290:1	3,470:1	2,840:1

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
CHR	Mental Health: ratio of the population to total mental health providers. Higher= less access	2015	450:01:00	1,280:1	670:01:00	430:01:00
HPSA	Provider Shortage Designations	Varies	NA	Primary Care Dental Mental Health	Primary Care Dental Mental Health	Primary Care Dental Mental Health
0-8	Live Births to Women With Less Than Adequate Prenatal Care	2011-2013	29.9%	16.0%	29.7%	24.3%
0-8	Toddlers Ages 19-35 Months Who Are Immunized 4:4:1:3:3:1:4	2014	73.8%	73.3%	75.0%	73.9%
CHR	Preventable Hospital Stays: discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	2013	59	52	72	72
CHR	Diabetic Monitoring: Medicare enrollees ages 65-75 that receive HbA1c monitoring	2013	86%	85%	87%	83%
CHR	Mammography Screening: female Medicare enrollees ages 67-69 that receive mammography screening	2013	65%	66%	64%	64%
CHR	**Social & Economic Factors (county rank)**			**12**	**35**	**32**
CHR	High School Graduation: % of students graduate high school in four years.	2012-2013	78%	90%	87%	80%
CHR	Some College: adults ages 25-44 with some post-secondary education; no degree	2010-2014	66%	54%	52%	57%
0-8	Births to Mothers Without a High School Diploma/GED	2011-2013	13.8%	10.3%	17.0%	10.9%
KC	Children age 3-4 enrolled in preschool.	2009-2013	47.5%	57.9%	48.0%	45.5%
0-8	Change in licensed childcare providers	From 2011-2015	NA	-2	-3	-13
CHR	Unemployment: ages 16+ but seeking work	2014	7.30%	6.80%	8.40%	8.50%
CHR	Median Household Income: half the households earn more and half the households earn less than this income.	2014	$49,800	$41,700	$42,100	$43,200
CHR	Income inequality: Higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum	2010-2014	4.7	4.1	3.9	3.7
CHR	Children In Single Parent Households	2010-2014	34%	33%	26%	27%
CHR	Children Eligible For Free Lunch: % enrolled in public schools eligible for free lunch	2012-2013	42%	39%	44%	49%
CHR	Children in Poverty: under age 18 living in poverty	2014	23%	21%	23%	24%
Alice	ALICE level: households above poverty level, but less than the basic cost of living for county.	2014	NA	27%	27%	22%
census	Poverty rate- US Census	2014	16.9%	15.5%	15.6%	15.3%

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
0-8	Rate per 1,000 Children Ages 0-8 Who Are Substantiated Victims of Abuse or Neglect	2014	20.6	13.0	24.1	25.2
0-8	Change in rate per 1,000 Children Ages 0-8 Substantiated Victims of Abuse or Neglect	From 2010 to 2014	2.6	-6.6	4.6	6.9
0-8	Rate per 1,000 of Children Ages 0- 8 in Foster Care	2014	5.9	5.7	10.3	5.8
PHY	7th grade students who have seen students get pushed, hit, or punched one or more times during the past 12 months	2014 H-T 2010 SC	NA	62.1%	89.2%	71.6%
PHY	9th grade students who have seen students get pushed, hit, or punched one or more times during the past 12 months	2014 H-T 2010 SC	NA	57.7%	82.0%	60.9%
PHY	11th grade students who have seen students get pushed, hit, or punched one or more times during the past 12 months	2014 H-T 2010 SC	NA	51.9%	75.7%	52.0%
CHR	Violent Crime: offenses that involve face-to-face confrontation per 100,000.	2010-2012	464	123	196	177
CHR	Homicides: deaths per 100,000	2007-2013	7	NA	NA	NA
CHR	Injury Deaths: intentional and unintentional injuries per 100,000	2009-2013	61	60	70	56
CHR	Inadequate Social Support- adults	2005-2010	20%	14%	20%	16%
CHR	Social associations: number of associations per 10,000 population	2013	10.2	23.3	13.2	14.6
CHR	Residential Segregation Black White: degree to which live separately in a geographic area (0 integration to 100 segregation)	2010-2014	74	NA	57	62
CHR	Residential Segregation nonwhite-white: degree to which live separately (0 integration to 100 segregation)	2010-2014	61	32	24	21
CHR	**Physical Environment (county rank)**			**24**	**29**	**47**
CHR	Air Pollution Particulate Matter: average daily density	2011	11.5	12	12.3	12
CHR	Drinking water violations: Yes=presence	FY2013-14		No	No	No
CHR	Severe Housing Problems: at least 1 of 4 problems- overcrowding, high housing costs, or lack of kitchen or plumbing	2008-2012	17%	13%	14%	14%
CHR	Driving Alone To Work: percentage of the workforce that usually drives alone to work.	2010-2014	83%	81%	77%	83%
CHR	Long Commute Driving Alone: Greater than 30 minutes	2010-2014	32%	22%	37%	42%

NOTE: The Thumb Rural Health Network Report may be beneficial in Regional conversations about need and also can shed some light as a region as to trends. This report is did not include county or Michigan comparisons and therefore did not lend well to inclusion in the report card table.

Source Key

CHR- County Health Ranking
PHY- Michigan Profile for Healthy Youth
MDCH- Michigan Department of Community Health
ALICE- Asset Limited Income Constrained Employed
0-8- Birth to 8 Indicators
HPSA- Health Provider Shortage Area
AR- Alice Report
KC- Kids Count

Identified Needs & Priorities

Prioritization Process

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. Harbor Beach Community Hospital began the prioritization process by reviewing the data described in the findings section of this report. The meeting was held on October 20, 2016 and included Department Directors. The meeting was facilitated by Kay Balcer, Balcer Consulting and Prevention Services and included prioritization exercises and small group discussion. A ballot of needs was used at the end of the meeting to narrow down priorities. The results of the ballot were presented at the beginning of the Implementation Plan meeting and discussed. Two focus areas and related sub topics were selected as priorities for the Implementation Plan.

Focus Areas

Focus Area 1: Behavioral Health

1. Access to Mental Health
    a. Lack of Mental Health Providers(2)
    b. Mental Health-Depression-Suicide
        i. Depression (3)
        ii. Mental Health in General (2)
        iii. Adult Suicide (2)
        iv. Stress
        v. Youth Suicide (2)
        vi. Dementia/Alzheimers
        vii. Stress as a concern of men (3)
    c. Alcohol Use/Abuse
        i. Youth Alcohol (2)
        ii. Adult Alcohol Use & Abuse
        iii. Adult Alcohol Use and Abuse as a concern of men.
    d. Substance Abuse
        i. Lack of Substance Abuse Treatment & Services
        ii. Youth Drug Use (2)
        iii. Adult Drug Use & Abuse (3)

Focus Area 2: Access to Medical Services

Subtopics:

1. Access to Primary Healthcare and Providers
    a. Not Enough Doctors (3)
    b. Not Enough Specialists (2)
2. Health Insurance and Healthcare Costs
    a. Insurance Denies, Copays & Deductibles (2)
    b. Cost of Meds for Seniors
    c. Understanding Navigating Healthcare as a concern of men (2)
3. Health Education and Awareness of Services
    a. Don't Know About Local Services
    b. Wellness & Disease Prevention (3)

Additional Health Needs

Additional priorities needs were also identified. The hospital is already addressing many of the priorities needs which is reflected in the resource assessment.

Table 8: Additional Health Needs

Category	Topic	Subtopics
Community conditions	Abuse and Violence including bullying	• Child & Domestic Abuse (4) • Child Abuse (2)
	Transportation	• Transportation (4) • Transportation for Seniors Specifically (2) • Transportation for Low Income (4)
	Senior Support Services	• Availability of resources for friends and family caring for the elderly. (2) • Availability of resources to help the elderly stay in their homes. (4) • Assisted Living Options • Being able to meet the needs of the senior population. • Availability of Resources for Family & Friends Caring for the Elderly as a concern of women (3)
	Local Economic Conditions & Poverty	• Attracting & Retaining Young Families (3) • Not Enough Jobs with Livable Wages (3) • Grown Children Leaving and not Returning to the Area (2) • Lack of Good Jobs • Affordable Housing (3) • Assistance for Low Income Families
Chronic Diseases	Diabetes	• Diabetes (2)
	Nutrition	• Nutrition (2)
	Tobacco Use	• Youth Tobacco Use (4) • Adult Smoking/Tobacco (3)
	Cancer	• Cancer (2) • Cancer as a Women's Health Need (3)
	Obesity	• Obesity/Overweight (2) • Youth Obesity (2)
	Physical Activity	• Exercise (2)
Health System	Quality of Healthcare	

Items not receiving any votes of the Department Directors, but identified through the Community Needs Assessment survey as being somewhat of a concern for community members.

- Heart Disease
- Heart Disease as a concern of men (3)
- Traffic Safety (Car & Ag Safety) (4)
- Traffic Safety as a concern of women
- Having enough affordable child daycare services.
- Not Enough Activities for youth
- Youth Sexual Health
- Water Quality as a concern of men

Resource Assessment for Focus Areas and Identified Health Needs

Focus Area 1: Behavioral Health

Current HBCH Efforts	Current Community Efforts
1. Student Health Center-Counseling, Classroom Education, Assemblies, and Professional Development for School Staff 2. Social work services for long term care patients 3. Tele-psychiatry services for long term care patients 4. Partnership with Thumb Rural Health Network to develop protocols for reducing drug seeking behaviors 5. Senior Life Solution 6. Mental Health Adult Access Team Planning Grant 7. Community Connections	**County Programs** 1. Huron Behavioral Health Services for the under-resourced 2. Blue Water Center for Independent Living 3. County organized ROSC (Recovery Oriented Systems of Care). 4. Substance Abuse and Mental Health Counselors available in other areas of county. 5. Support groups available in other areas of the county. 6. Alcoholics Anonymous and related support groups throughout the county. 7. Post-Partum Depression Support Group 8. Crisis Line: 1-800-356-5568 or 911 9. Inpatient Treatment Programs 10. Geriatric Outreach -Huron Co. Health Department and Huron Behavioral Health 11. Suicide Prevention Coalition and Survivor Support **Local Programs** 1. Special Education Services for youth provided by schools and ISD. 2. Health Education provided by teachers at local schools. 3. Clergy at local churches available for support/counseling 4. One large employer has an employee assistance program. 5. Alcoholics' Anonymous meetings in Harbor Beach.

Focus Area 2: Access to Medical Services

Current HBCH Efforts	Current Community Efforts
1. Inpatient satisfaction survey has positive results and all suggestions/complaints receive follow up. 2. Partnerships with larger facilities, specialists, and universities in order to increase access to services. 3. Provision of services in the Emergency Department and Walk In clinic-monitoring of wait times and responding to systematic problems that occur. 4. Quarterly Community Newsletter 5. Quarterly clinic surveys are compiled by an outside consultant, reviewed, and acted on as needed. 6. Charity Care Payment Program to avoid patients from incurring bad debt (must be applied for by patient after public programs are denied) 7. Participation in the Thumb Rural Health Network's access to care initiatives. 8. Payment options including a preventive/office bundled product. 9. Working with local employers to meet the needs and stipulations of their insurance programs. 10. Health fairs and discount specials for screenings offered during health fairs and awareness months. 11. Added an insurance marketplace certified application counselor. 12. Enrolling patients through Community Connections 13. Held public meetings about insurance open enrollment. 14. Participation in quality reporting 15. Participation in the Michigan Critical Access Hospital Quality Network 16. Member of the Michigan Health Information Alliance that is working on the Triple Aims of the Agency for Health Research and Quality. 17. Quality Awards and Projects 18. On-going quality improvement studies and projects 19. Meaningful Use 20. Wellcentive Grant	**County Programs** 1. Thumb Rural Health Network 2. State organizations and support 3. Other Medical Providers 4. Dental program being developed by local dentists 5. Rural Health Clinic in Pigeon 6. Pharmacy Assistance Programs 7. Screenings and education offered at Senior Fair and Project Connect 8. Human Development Commission and MSU Extension-Financial Education Services 9. Messages from other medical providers 10. Information about rural health from the Michigan Center for Rural Health 11. Federally Qualified Health Center located in Bad Axe **Local Programs** 1. Pharmacy works with HBCH to ensure access to medications during non-pharmacy hours. 2. Pharmacy hours and home delivery services 3. Home Care agencies located in the community 4. Two dentist offices in the community 5. Chiropractic care 6. Massage Therapy available in the community 7. Local physician offices accept public insurance, private pay patients

Other Needs- Already addressed and not selected for expansion

Category	Current HBCH Efforts	Current Community Efforts
Abuse and Violence; Including Bullying	• Social Emotional Health Education programs at the Student Health Center • Individual and Group therapy for K-12 students through the Student Health Center • Primary care referrals to shelter or counseling services • Representative and participates in the Child Abuse and Neglect Counsel • Community Connections works with Department of Human Service and makes referrals.	**County Programs** 1. Safe Place domestic violence shelter 2. Prevention 4 Everyone Committee 3. County and State Law Enforcement Programs **Local Programs** 1. School education and anti-bullying programs 2. Local Law Enforcement 3. Faith Community programs and outreach
Transportation	• Refers to Thumb Area Transit • Lakeview Transport Van for residents of long term care • Attempts to bring services to Harbor Beach such as specialty clinics, immunizations, senior citizens commodities partnership, and mental health services. • Community Connections recognizes the need and attempts to help clients on an individual basis.	**County Programs** 1. Thumb Area Transit **Local Programs** 1. None
Senior Support Services	• Long-term care • Care & Share Program (respite services) • Swing Beds • Senior Life Solutions • Community Connections Outreach Grant • Community Connections and Human Development Commission Commodities partnership	**County Programs** 12. Adult day services and Foster Care Homes 13. Human Development Commission 14. Subsidized Housing Assistance, Independent and Assisted Living, long term care homes 15. Region VII Area Agency on Aging and Huron County Council on Aging 16. Legal services for seniors- Port Huron Office 17. A&D Home Care and BWCIL provides Nursing Home Transition services 18. BWCIL is the Housing Assistance Resource Agency (HARA) for the Thumb Area Continuum of Care. Provides homeless prevention and rapid re-housing 19. Homeless Coalition- Emergency Shelter, security deposits rental arrearages **Local Programs** 1. HDC-Home delivered meals
Local Economic Conditions and Poverty	• Community Connections Outreach Grant • Community Connections and Human Development Commission Commodities partnership • Partnership with local food programs (pantries and backpacks for kids) • Insurance Enrollment Assistance • Participation in Local College Access Network • Bridges out of Poverty trainers and programs throughout the community, school, and for healthcare providers.	**County Programs** 1. Thumb Area Michigan Works 2. Huron County Economic Development Corporation 3. Huron County Community Foundation 4. Department of Health and Human Services 5. Local College Access Network **Local Programs** 1. HDC-Home delivered meals 2. School College Connection 3. City Parks and Recreation 4. Local Chamber of Commerce 5. Food Pantry and Back Pack Food Program 6. Locally placed Department of Health and Human Services Staff

Category	Current HBCH Efforts	Current Community Efforts
Chronic Diseases (Includes Diabetes, Nutrition, Tobacco Use, Cancer, Obesity, Physical Activity)	• Supports weight watchers program held at HBCH • Student Health Center- provides classroom education, information to parents, and promotes activity through activities such as walking programs. • SHC 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 Events Committee conducts biggest loser and a walking challenge once a year. • Specialty clinics for cardiology and respiratory • 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	**County Programs** 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 11. Programs sponsored by the American Heart Association, American Diabetes Association, and American Cancer Society. 12. Support Groups (varies throughout county) **Local Programs** 1. Exercise programs offered at the Community House 2. Biking/Walking Trail and Parks and Recreation Programs 3. Walking track and fitness center available at local school 4. Food Pantry provides healthy foods to those in need

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.

Implementation Strategy Summary

Implementation Meeting

Following finalization of priorities and assessment of resources. Directors self-selected into the two focus area to begin discussion potential strategies to address each focus area: Behavioral Health and Access to Healthcare. Discussion included reviewing and, if needed, editing the resource assessment. Strategies under consideration include:

Focus Area 1: Behavioral Health	
Continue Current Efforts	***Potential New Strategies***
• Senior Life Solution (SLS) • Student Health Center • Social Worker at HBCH • Tele-psychiatry Extended Care Unit • Mental Health Adult Access Team Grant • Community Connections • Huron Behavioral Health Case Management for Extended Care Unit • MAPS used in the Clinics • Abuse Risk Assessment in the ER for those being given opioids	1. Behavioral health screenings in primary care and emergency department 2. Integrating behavioral health into primary care 3. Reducing stigma related to behavioral health 4. Inpatient behavioral health treatment for youth and adults 5. Tele-psychiatry for general public 6. Transportation to behavioral health services 7. Toolkit for opioid use in the primary care clinics

Focus Area 2: Access to Healthcare (includes access to medical services, health insurance, health education and awareness of services, and access to primary care)	
Continue Current Efforts	***Potential New Strategies***
• Harbor Beach, Port Hope, State Street Medical Clinics, Specialty Clinics, Walk-in Clinic, Orthopedics • Marketing efforts • Attending local health fairs • Admission packet with promotional information • Family Assistance Program • 340B RX (pharmacy assistance program) • Insurance application assistance- Medicaid & healthcare.gov • Hospital Health Fair	1. Participate in programs that involve medical students 2. Explore the rural health clinic model 3. Complete the hospital remodel to be more patient friendly 4. Continue physician and mid-level practitioner recruitment 5. Promote college tuition reimbursement 6. Update the hospital website so that individuals can find the services that are already accessible more easily 7. Utilize Facebook to promote access to services and provide health information 8. Review the feasibility of accepting additional insurance providers

Feedback on strategies will be obtained from the Hospital Board, Medical Staff, other hospital staff, and the community. The final implementation will be presented in a workplan format and include a list of programs and services that are currently in place, potential partners, the strategies and subtasks for expanding, improving, or creating new initiatives, and who would take the lead on these actions.