

COMMUNITY HEALTH NEEDS ASSESSMENT

JUNE 2019

Prepared by Kay Balcer,
Balcer Consulting and
Prevention Services



Meeting the Needs of the Community

MRH Marlette
Regional Hospital

an affiliate of
UNITED HEALTHCARE PARTNERS

SERVING AND MEETING NEEDS OF THE COMMUNITY

More than 60 years of caring!

The leaders of Marlette Regional Hospital understand that operating a **COMMUNITY** hospital means striving to understand and respond to the needs of the community. It is the mission of Marlette Regional Hospital to continuously improve the quality of health in the communities we serve. The vision is to build lifelong relationships that promote healthier, more productive lives and lifestyles. Through the years, MRH has made significant progress toward this mission and vision.

- Marlette Community Hospital, now Marlette Regional Hospital, opened on June 22, 1951. The facility had 22 beds and a construction cost of \$300,000.
- MRH's long-term care unit was the first hospital-attached long-term care facility in Michigan. It is now a 39-bed, skilled nursing facility—the highest level of licensure possible for a nursing home.
- The Hannah D. Wolfe Retirement Residence opened in 1969, as the region's first hospital-owned retirement residence for independent seniors.
- The 1980s saw the hospital's innovative development of medical practices in surrounding communities—now an integrated network of primary care physicians, nurse practitioners, and physician assistants serving three counties.
- The United Hospice Service program began its mission in 1983 and served as the first hospice service in the Thumb Region.
- In 1993, the hospital constructed a new emergency department, a lab, and radiology facilities after a successful community fund drive.
- In 1995, MRH opened the region's first and only inpatient center for intensive rehabilitation, offering a spectrum of diagnostic, medical, and therapy services designed for patients with neurological, orthopedic, and degenerative conditions.
- Marlette Regional Hospital forged an innovative relationship with St. Mary's of Michigan in 2002 to bring cancer treatment expertise to the area through the Seton Cancer Institute.

Define the Community Served

Marlette Regional Hospital serves rural communities in Sanilac County and portions of Lapeer and Tuscola Counties. The hospital's service area includes numerous municipalities: Brown City, Decker, Marlette, Melvin, Peck, Sandusky, Snover, Fostoria, Kingston, Mayville, South Branch, North Branch, Clifford, and Silverwood. Based on census data for municipalities, approximately 72,874 people live in the service area. The hospital provides service to a communities in which there are a wide range of needs (2017 Census Estimates)...

- Nineteen percent of the population is over the age of 65 and only 22% are under age 18.
- The population has limited racial diversity with 97% of the population Caucasian.
- The service area has a college degree rate of 13.5% compared to Michigan's 28% and United States 31%.
- Median household income ranges in the service area from \$39,693 to \$63,580 as compared to Michigan income of \$48,700 and the United States income of \$51,425.
- Unemployment in the service area ranged from 2.1% to 9.7%.
- Of the civilian noninstitutionalized population – 9% have no health insurance coverage
- The percentage of people who had incomes below poverty in past 12 months ranged by municipality from 5.6% to 21.5%.

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?

The first step in meeting community needs is identifying the needs. Using an objective approach helps ensure that priorities are based on evidence and accurate information. The assessment process used by Marlette Regional Hospital built upon a four county assessment completed in 2018 by the Michigan Thumb Public Health Alliance. The Alliance is a partnership between local public health departments in Huron, Lapeer, Sanilac, and Tuscola Counties. The full Alliance report and plan can be accessed at <https://www.mithumbpha.org/documents>. In addition to health outcome data, the Alliance conducted stakeholder conversations and surveyed the public. A Community Health Needs Assessment as

outlined by the Internal Revenue Service is slightly different than the assessments produced by the Alliance. The Alliance assessment is designed to inform the public about the health needs of a county or region. A hospital Community Health Needs Assessment informs the public but is also used as a guide to focus efforts of the hospital on prioritized areas of a need. Once priorities are selected, there is an assessment of existing services and programs and gaps in services are identified. Strategies are developed and then organized into an implementation plan. This is the third cycle of Community Health Needs Assessment and Planning. The process is completed on a three year cycle. Therefore, the 2019 report includes a review of the 2016 implementation plan and progress toward plan targets.

WHY IS A COMMUNITY HEALTH NEEDS ASSESSMENT VALUABLE?

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

PROCESS AND METHODS

The CHNA approach frequently uses a team to coordinate activities. A consultant is often used to ensure objectivity and keep the process moving forward. The process includes several steps that guide the team to select priority health issues. Once priorities are selected, the team selects strategies designed to improve the health of the community. These strategies are then organized into an implementation plan. Specific steps outlined by the Internal Review Service include:

1. Define the community it serves
2. Assess the health needs of that community
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of the community, including those with special knowledge and expertise in public health.
4. Document the CHNA in a written report that is adopted by the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

In Partnership

Marlette Regional Hospital works in partnership with a wide variety of health and community organizations to meet the needs of the community. The CHNA process was conducted with the same principles of collaboration. Specifically, MRH utilized public health partnerships to ensure collection of adequate health indicators and input at stakeholder meetings and through a community survey. The most important partner in meeting health needs of our community is the residents we serve. As you read this report, the Marlette Regional Hospital's CHNA Team encourages you to think about your role in improving the health of our community.

- Taking care of your own health
- Nurturing your family's health
- Caring for the health of patients
- Presenting a healthy example in the community
- Making decisions which impact the health of the residents of our community

The CHNA Team

The administration at Marlette Regional Hospital formed an internal team to lead the CHNA process. A consultant provided technical assistance and objectivity. The team met and communicated frequently from January to June 2019. The team consisted of five individuals.

- Dan Babcock, President/CEO
- Hilda Heberd, Director of Clinical Services

- Sara Redman, Foundation and Marketing Manager
- James Singles, Chief Financial Officer
- Kay Balcer, Project Consultant, Balcer Consulting & Prevention Services

Consultants

Marlette Regional Hospital contracted with Balcer Consulting and Prevention Services, Harbor Beach, Michigan to provide support to the project. Support included participating as a member of the CHNA Team, providing consultation in designing a process for the CHNA, obtaining community health data and information, analysis of gaps in information and areas of need, facilitation of a stakeholder meeting, design of a community survey, survey analysis, consultation during development of the implementation plan, and developing written reports. Kay Balcer, owner/operator has been involved in numerous needs assessments, surveys, and program evaluations over her 25 year career. She has worked with the Thumb Rural Health Network to complete two tri-county Community Health Assessments, assisted with a three county CHNA project in 2016, and was the lead consultant on the 2018 Michigan Thumb Public Health Alliance Assessment. Her work in grant writing has resulted in numerous topic specific needs assessments. She has also been involved in needs assessment and strategic planning for Great Start Collaborative organizations across the state.

Data Sources

Three types of data sources were utilized during the Community Health Needs Assessment (CHNA): public health statistics, focus group/stakeholder meetings, and community survey results. The Team obtained the most recent data available. Whenever possible, data that compared county, regional, state, or national statistics was used. The 2018 Community Health Assessment Report which was prepared by the Michigan Thumb Public Health Alliance was utilized as a starting point for the Marlette Regional Hospital Community Health Needs Assessment. Major health indicator data sources for the 2018 report included:

- Michigan Department of Health and Human Services- <http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>
- Michigan Behavioral Risk Factor Survey- http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html
- Michigan Profile for Healthy Youth- <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>
- County Health Rankings- www.countyhealthrankings.org
- United States Census- https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- Great Start Data Set- Great Start Collaborative and compiled by the Michigan League for Public Policy

REPRESENTING THE COMMUNITY & VULNERABLE POPULATIONS

Stakeholder meetings and surveys intentionally sought to include vulnerable populations. This was achieved by distributing surveys to individuals participating in services for low income population and senior citizens. Additionally, social service organizations that serve vulnerable populations were engaged in stakeholder meetings. Agencies included Human Development Commission, Council on Aging, mental health agencies, the public health and social services division of the Department of Health and Human Services, social workers, intermediate school districts, staff from health care sector with free or low cost health clinics, early childhood service providers, and law enforcement.

Both the Michigan Thumb Public Health Alliance and Marlette Regional Hospital conducted focus groups and surveys. The table below includes details on community input activities.

Michigan Thumb Public Health Alliance
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Stakeholder Input	<ul style="list-style-type: none"> • 168 participants related to cardiovascular disease • 154 participants related to preventable injury • Participants from Huron, Lapeer, Sanilac, and Tuscola Counties. 	June 2018	Stakeholders were identified as agency and community leaders that have a wide knowledge base regarding regional priorities, the needs of vulnerable populations, and available local resources. Stakeholders were first invited to attend one of seven Community Conversations. Participants in the Community Conversations included human service agencies, hospitals, a physician, Emergency Medical Services, behavioral health agencies, Great Start Collaboratives, education, government, law enforcement, and MSU Extension. A follow up online survey that aligned with the Community Conversation Design was later emailed to stakeholders that did not attend the meetings.
Community Survey	<ul style="list-style-type: none"> • Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties • 484 participants. • County participation ranged between 76 and 186. 	Sept 2018	A public survey was distributed online and on paper. The survey had four sections: 1) general feedback on priorities, 2) cardiovascular disease, 3) senior injuries, and 4) impaired driving. The purpose of the survey was to gain a deeper understanding of contributing factors and community perceptions for priority issues. The questions on these surveys were guided by the data from the Stakeholder Conversations.
Marlette Regional Hospital			
Focus Group	Ten participants representing the geographic service area of the hospital.	April 2019	The purpose of the focus group was to learn about the contributing factors related to the six draft priorities; understand perceptions and attitudes about the health of the community; gather suggestions for improvement; and learn more about how local health services are used by residents.
Community Survey	One hundred and sixty four people participated in the community survey representing the geographic service area of the hospital and all age groups.	May-June 2019	Eight questions were developed to access public input on draft priorities identified by MRH, understand access barriers, obtain input on potential strategies for addressing priorities, and suggestions to meet community needs.

ASSESSMENT FINDINGS

Data collected by the team was compiled and organized for analysis and prioritization. Findings have been organized into the following sections:

1. Priorities for Thumb Region- Michigan Thumb Public Health Alliance
2. Community Feedback- Michigan Thumb Public Health Alliance
3. Priorities for Marlette Regional Hospital
4. Community Feedback- Marlette Regional Hospital

Priorities for the Thumb Region

In order to more effectively address complex public health challenges, the health departments in Huron, Lapeer, Sanilac, and Tuscola Counties created the Michigan Thumb Public Health Alliance in 2015. In 2017, the Alliance embarked on an 18 month process guided by the Rural Healthy People 2020 report. The process involved compiling and analyzing data, prioritization, obtaining community input, and developing goals and objectives. Two documents resulted from the process. The sixty six page 2018 Community Health Assessment Report (CHA) includes a report on health indicators and community input and is available at www.mithumbpha.org/documents. Alliance members agreed that all 20 priorities

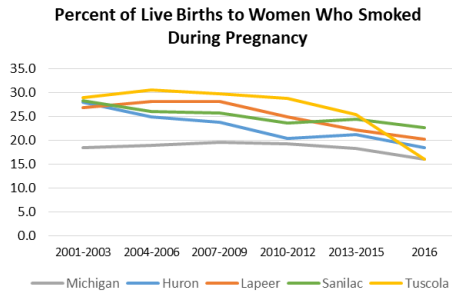
outlined in the Rural Healthy People 2020 publication were important to the health of local residents. Leaders also recognized that it would be impossible to target all twenty with focused change. In local communities some issues may have more compelling needs data than others. Goals and objectives were written for prioritized health issues. This section includes those goals and objectives and snapshots of the data used to identify those issues. As indicated below, some objectives were selected for all four counties and some were selected for only individual counties.

Regional Goal 1: Improve Perinatal Health

Huron - Lapeer - Sanilac - Tuscola

Objective 1:1- Reduce smoking during pregnancy

Data Source: Michigan Dept. of Health and Human Services
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>



Huron - Lapeer - Sanilac - Tuscola

Objective 1:2- Increase planned and initiated breastfeeding

Data Source: Michigan Dept. of Health and Human Services
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

% of Mothers Planning to Breastfeed					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2012	30.0	27.1	45.4	19.9	40.3
2016	28.1	21.8	37.2	20.3	35.7
% of Mothers Initiating Breastfeeding					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2012	40.3	48.4	32.0	53.9	36.1
2016	52.5	57.8	39.0	60.6	46.3

Lapeer - Sanilac

Objective 1:3- Increase access to prenatal care

Data Source: Michigan Dept. of Health and Human Services
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

Percent of Live Births to Women With Less Than Adequate Prenatal Care (3 year average)					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2010-2012	18.0	29.8	30.5	24.3	29.4
2014-2016	19.5	32.3	33.1	33.3	32.5

Percent of Live Births to Women With Late or No Prenatal Care (3 year average)					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2010-2012	3.1	4.1	6.7	2.7	4.5
2014-2016	2.5	4	8.7	4.5	5.4

Regional Goal 2: Reduce Adolescent Health Risks

Huron - Lapeer - Sanilac - Tuscola

Objective 2:1- Decrease the use of tobacco and nicotine delivery devices by adolescents

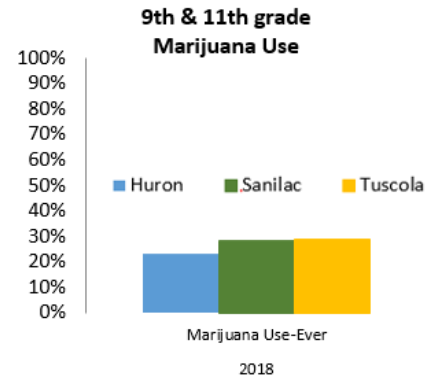
Data Source: Michigan Profile for Healthy Youth
<https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

Michigan Profile for Healthy Youth % of students grade 9 and 11-Past 30 days					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2018	11	NA	12	8	NA
Cigarette	11	NA	12	8	NA
E-Vaping	31	NA	36	32	NA

Huron - Sanilac

Objective 2:2- Decrease marijuana use by adolescents

Data Source: Michigan Profile for Healthy Youth



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

Regional Goal 3: Reduce Chronic Disease Deaths

Huron - Lapeer - Sanilac - Tuscola

Objective 3:1- Decrease deaths from cardiovascular disease

Data Source: Michigan Dept. of Health and Human Services

<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

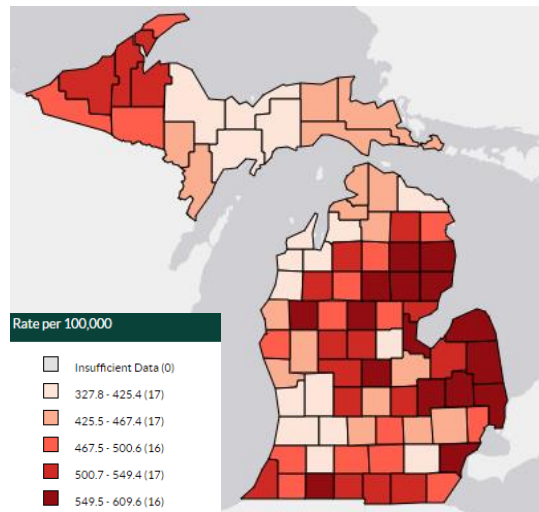
Stroke- Age Adjusted Mortality Rate/100,000					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2002-2004	65.2	62.6	60.8	54.2	54.7
2014-2016	33.3	42.1	26.0	40.1	38.0

Objective 3:2- Decrease use of tobacco and nicotine delivery devices by adults

Percent of Adults engaged in Smoking					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2006-2012	16	17	18	17	21
2016	17	18	18	19	20

Data Source: Behavioral Risk Factor Surveillance System

www.countyhealthrankings.org



Objective 3:3- Decrease obesity

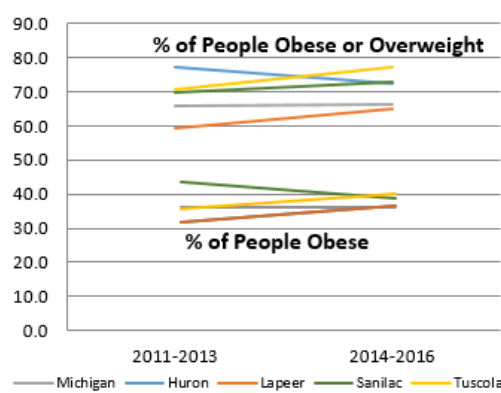
Data Source: Michigan Dept. of Health and Human Services

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html

% of students grade 9 and 11 Obese or Overweight					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2016 SY	37.0	NA	NA	37.0	NA
2018 SY	37.0	NA	39.7	40.5	NA

Data Source: Michigan Profile for Healthy Youth

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



Sanilac

Objective 3:6- Increase participation in physical activity

Data Source: Michigan Dept. of Health and Human Services

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html

% of Adults who report No Leisure time Physical Activity					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2011-2013	40	21	21	31	24
2014-2016	21	26	29	35	25

Regional Goal 4: Reduce Infectious Disease

Huron - Lapeer - Sanilac - Tuscola

Objective 4:1- Increase adult immunization

Data Source: Michigan Dept. of Health and Human Services

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html

% Had the Flu Vaccine in Past Year age >65					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2011-2013	45.8	46.9	43.6	45.5	56.7
2014-2016	*	52.0	*	60.6	57.1

% Ever Had Pneumonia Vaccine age >65					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2011-2013	61.4	65.1	66.7	53.8	67.5
2014-2016	*	59.5	*	69.1	71.3

Regional Goal 5: Reduce the Impact of Substance Use Disorders

Huron - Lapeer - Sanilac - Tuscola

Objective 5:1- Reduce substance use disorders

% of Adults Engaged in Excessive Drinking					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2006-2012	17	16	20	19	18
2016	19	22	21	22	21

Data Source: Behavioral Risk Factor Surveillance System
www.countyhealthrankings.org

Drug Overdose Death rates/100,000					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2004-2010	6	12	11	10	12
2014-2016	16	11	13	11	20

Data Source: Michigan Department of Health and Human Services
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

Regional Goal 6: Reduce Injuries among Adults

Huron - Lapeer - Sanilac - Tuscola

Objective 6:1-Reduce alcohol impaired accidents

% of Motor Vehicle Accidents Involving Alcohol					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2008-2012	20	22	30	37	31
2012-2016	36	32	30	30	29

Data Source: Center for Disease Control-Compressed Mortality
www.countyhealthrankings.org

Objective 6:2- Decrease incidence of senior injuries

Unintentional Injuries Death Rate/100,000- Age 75+					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2002-2004	160	133	124	127	146
2014-2016	154	144	205	204	189

Data Source: Michigan Department of Health and Human Services
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

Additional Sanilac County Goals

Goal 7: Reduce Childhood Illness & Injury

Objective 7:1-Increase children receiving immunizations

Data Source: Michigan Dept. of Health and Human Services
 Great Start Data Set

% of Toddlers Ages 19-35 Months Who Are Immunized (4:4:1:3:3:1:4)					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
Dec 2012	78.8	64.1	74.2	74.2	74.3
Dec 2016	76.7	68.0	70.4	76.4	75.0

Objective 7:2-Increase lead testing for eligible children

Data Source: Michigan Dept. of Health and Human Services
 Great Start Data Set

% of Medicaid-eligible 1-2 Year Olds Tested for Lead					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2011	49.6	29.6	25.9	30.5	39.9
2015	52.6	48.6	36.8	63.7	48.8

Goal 8: Improve Mental Health

Objective 8:1- Increase access to mental health services

Data Source: Health Resources and Services Administration
www.countyhealthrankings.org

Mental Health Provider Rates Lower Rate Indicates Greater Access					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2013	2029	1400	1006	675	661
2017	1050	770	770	400	430

Goal 9: Increase Oral Health

Objective 9:1- Increase access to oral health services

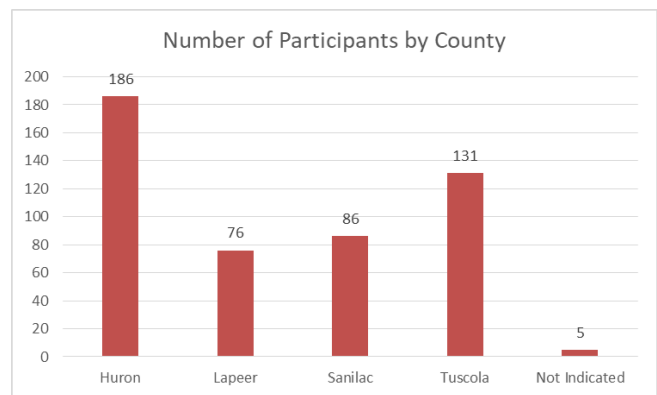
Data Source: Health Resources and Services Administration
www.countyhealthrankings.org

Dental Provider Rates Lower Rate Indicates Great Access					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2010	2542	2450	3311	3093	1589
2015	1990	2160	3460	2830	1420

Community Feedback- Michigan Thumb Public Health Alliance

Obtaining community input is a key step in effective Community Health Improvement Planning. It is challenging to collect sufficient data from the community and from various sub-populations. The length of a survey has an inverse relationship to the number of individuals willing to complete the survey. With this factor in mind, the Michigan Thumb Public Health Alliance choose to focus community input efforts on health issues that quantitative data indicated were a disparity for the region: Cardiovascular Disease and Preventable Injuries. Two target groups were identified for input. Full reports are available by contacting county health departments.

1. Stakeholders: Stakeholders were defined as agency and community leaders that have a wide knowledge base regarding regional priorities, vulnerable populations, and available local resources. Stakeholders were first invited to attend one of seven Community Conversations. Participants in the Community Conversations included human service agencies, hospitals, physician, Emergency Medical Services, Behavioral Health Agencies, Great Start Collaboratives, Education, Government, Law Enforcement, and MSU Extension. A follow up online survey that aligned with the Stakeholder Community Conversation Design was later emailed to stakeholders that did not attend the meetings. Combined participants of Community Conversations and Surveys result in 168 participants related to cardiovascular disease and 154 participants related to preventable injury. The purpose of the conversations and survey were to:
 - a. Obtain input on the priorities identified during data review
 - b. Understand perceptions about contributing factors of cardiovascular disease and preventable injuries
 - c. Learn more about what resources already exist to address these issues and where gaps exist
 - d. Gather suggestions for ways to improve these health issues
2. Residents of the Region: A public survey was distributed online and on paper. The survey had four sections: 1) general feedback on priorities, 2) cardiovascular disease, 3) senior injuries, and 4) impaired driving. The purpose of the survey was to gain a deeper understanding of contributing factors and community perceptions for priority issues. The questions on these surveys were guided by data from the Community Conversations. Across all four counties, 484 individuals participated in the survey. Women represented 88% of the participants. Seniors over age 65 were the smallest age group, only 10%. County participation ranged between 76 and 186.



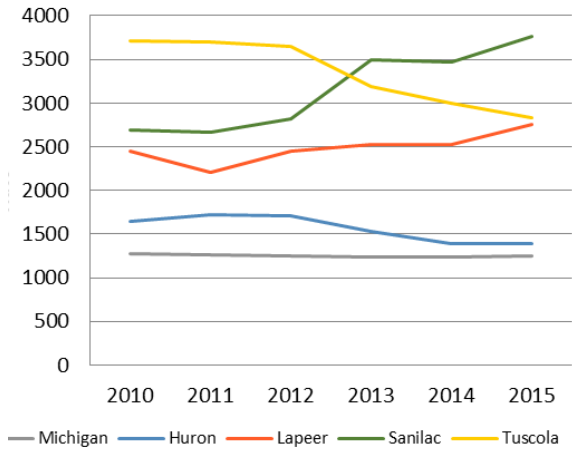
Priorities for Marlette Regional Hospital-

As indicated in Step 4 of the Community Health Needs Assessment process, priorities must be selected to ensure that limited resources have the greatest impact. Selection of priorities will often result in more complex and effective implementation strategies. Identifying a limited number of priorities on which to focus also allows community initiatives to be developed with collaborating organizations. Evaluation and progress can be more effectively managed when the priorities are fewer in number. In review of existing efforts, the team determined that Marlette Regional Hospital would have the greatest impact on community health by targeting the following focus areas.

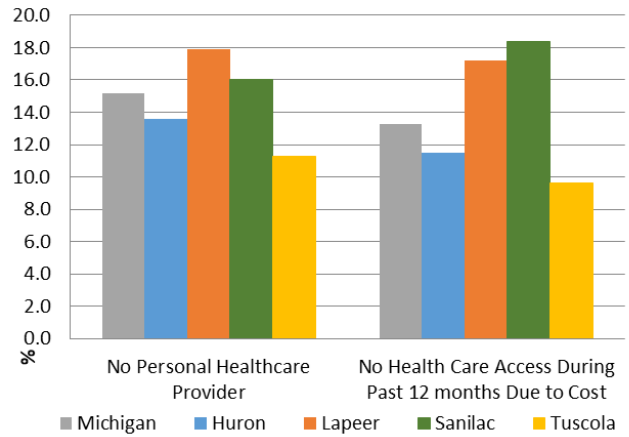
1. Primary care provider access rate is lowest in the four counties.
2. Diabetes Crude Death Rate is highest in males in four counties.
3. Heart Disease Crude Death Rate is highest in females in four counties.
4. Tobacco Use – use of vaping products highest in four counties among 9th and 11th graders.
5. Breast Cancer Screenings lowest in four counties.
6. Unintentional injuries in 75+ population highest in four counties.
7. Behavioral Health- Access to Mental Health Services and Substance Use Disorders

Access to Care

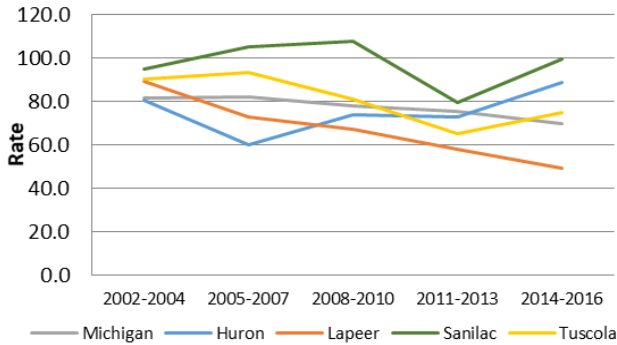
The primary care provider access rate is high (lower is better) in the Thumb.



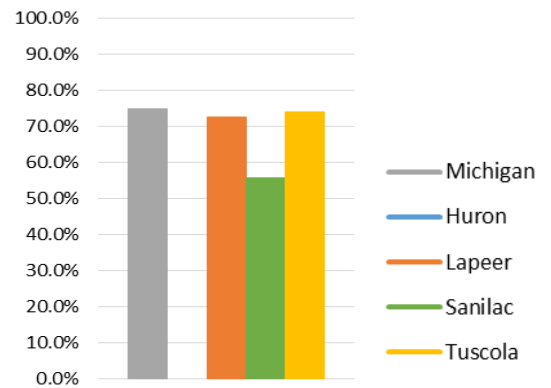
Many residents in Lapeer and Sanilac Counties do not have a medical home or have cost barriers to accessing care. (2014-2016 rates)



Diabetes
7th leading cause of death.
Rate/100,000

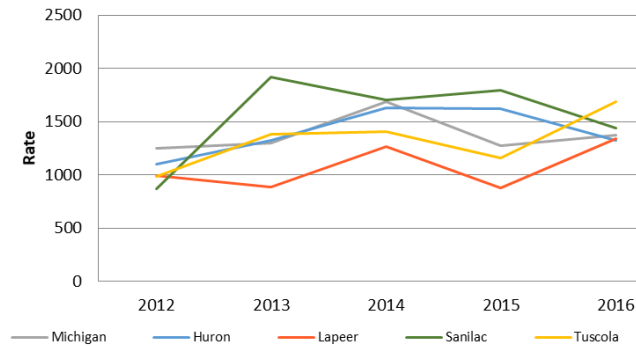


Breast Cancer Screenings
2014-2016



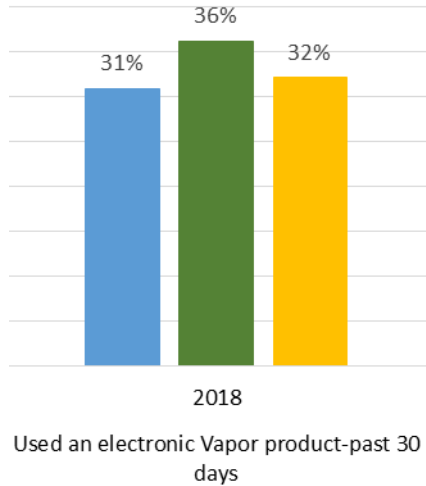
Heart Disease
Leading Cause of Death

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



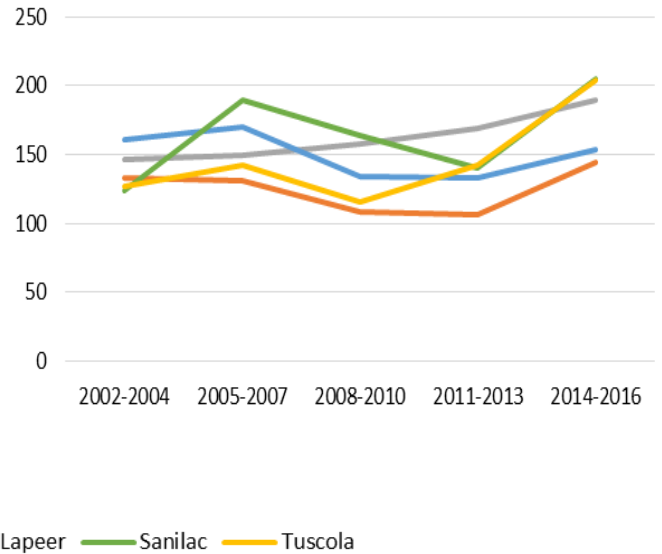
Tobacco Use

Use of vaping products is high in the Thumb among 9th and 11th graders.



Unintentional injuries

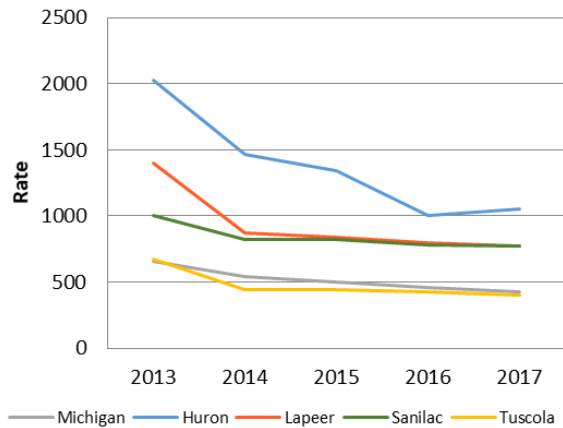
Death Rate/100,000 Ag 75+



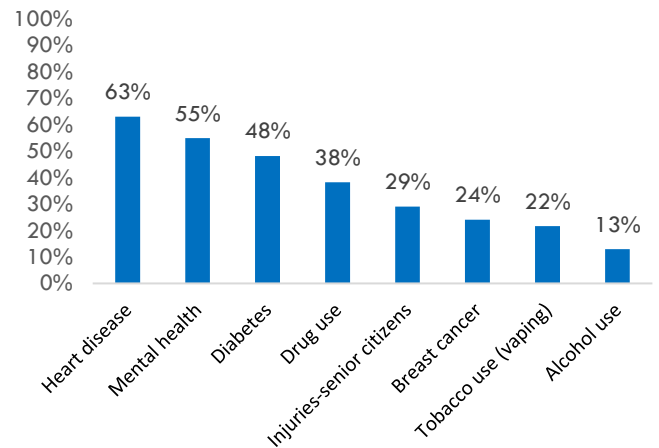
Behavioral Health

Access to Mental Health Services and Substance Use Disorders

Mental Health Provider Rates
(Lower indicates greater access)



Select the three health issues on which Marlette Regional Hospital should focus.



Community Feedback- Marlette Regional Hospital

In April 2019, the project consultant conducted a focus group with ten participants. Participants included one male and nine females and represented the service area of Marlette Regional Hospital (MRH). Participants had a diverse background including retired individuals, education, social work, medical, and community decision makers. Ahead of the meeting, participants were sent a fact sheet with data that led to the six priorities identified by the MRH CHNA Team. Purposes of the meeting was described as wanting to learn more about:

1. the contributing factors related to the six priorities,
2. perceptions and attitudes about the health of the community,
3. suggestions for improvement, and
4. how local health services are used by participants and other residents.

Over a two week period in May/June 2019, MRH also conducted a survey of residents in the service area. The purpose of the survey was to obtain feedback on the priorities, unmet needs, access barriers, and potential strategies for the implementation plan. The survey was distributed electronically with an online collection link and paper copies were made available in health care settings. One hundred sixty-four individuals participated in the survey including residents from all three counties of the hospital service area. The sample included 28% people age 19-40, 53% age 41-64, and 19% over age 65.

The CHNA team reviewed input from the community and adjusted their priorities to include behavioral health with subtopics of access to mental health services and substance use disorders. Suggestions and input on strategies were also incorporated into the 2019 CHNA Implementation Plan.

RESOURCE ASSESSMENT

During the development of the implementation plans, a resource assessment was conducted to reduce duplication of efforts, identify gaps, leverage existing efforts in the community, and develop strategies that would have the greatest impact.

Need	Current Marlette Regional Hospital Efforts	Current Community Efforts
Focus Priorities		
1. Primary care provider access	<ul style="list-style-type: none"> • Hired a family practice physician for Marlette’s clinic which will increase access by two days per week. • Expanded hours of operations at many clinics • Care coordinators promote wellness screenings and assist with removing barriers to access care such as cost, navigating insurance, and transportation. 	Caring Heart Health Clinic

<p>2. Chronic Disease</p> <ul style="list-style-type: none"> a. Diabetes b. Heart Disease c. Obesity d. Physical Activity 	<ul style="list-style-type: none"> • Diabetic Education classes expanded to Deckerville. • Offer periodic low-cost heart disease screenings. • Offer Community Garden plots and plants free of charge @ MRH. • Offered an Instapot class to the community. • Walking trail supporter. • Offer free or low cost exercise classes @ MRH several times per week. • MRH coordinates a 5K in Brown City. • Emergency telehealth services for possible stroke patients began in 2016. • Specialty services added include outpatient clinic services including tele-psychiatry, cardiology, ENT, orthopedics, nephrology, and vascular medicine. 	<ul style="list-style-type: none"> • The Marlette DDA facilitates a weekly Farmers Market with fresh produce options. As does the Marlette Stockyards. • Several community groups sponsor 5K races throughout the year. All communities have free community walking trails. • MSU Extension nutrition and cooking classes.
<p>3. Tobacco Use – use of vaping products</p>	<ul style="list-style-type: none"> • MRH hosted the Sanilac County Drug task force and an additional speaker on this topic across several speaking engagements for the community. • Community Lunch & Learns. • Sports Summit. 	<ul style="list-style-type: none"> • The local schools offer alcohol, tobacco, and drug classroom education and student assemblies. • Michigan Quit Line services.
<p>4. Breast Cancer Screening</p>	<p>MRH provides financial assistance for mammograms and diagnostic testing services through the B.C.U.P.S. program.</p>	<ul style="list-style-type: none"> • The health department has a breast cancer and cervical cancer screening program. • Other hospitals have or are starting women’s health funds to help with screening costs.
<p>5. Unintentional injuries in 75+ population</p>	<ul style="list-style-type: none"> • MRH offers free Matter of Balance classes and Senior Stretch classes to improve flexibility and balance. • The hospital is also planning development of an assisted living community. • Fall risk assessments are conducted in primary care wellness visits for seniors. • We reduce fall risks by assisting patients with accessing medications that could reduce weakness and vulnerability to falling (340B and pharmacy assistance). • Swing bed services. 	<ul style="list-style-type: none"> • Other hospitals offer Matter of Balance classes for seniors. • Human Development Commission offers home assessments for fall risks, has some funding to help with supports such as handrails, and other senior support services that reduce injuries. • Council on Aging funds programs to support seniors and healthy living. • Increasing transportation services can help reduce senior auto accidents. Non-Emergency Medical transportation Organizer (NEMO) and Rising Tide Program.

<p>6. Behavioral Health (includes mental health and substance use disorders)</p>	<ul style="list-style-type: none"> • MRH hosts the monthly FAN Forum and is a participating member. • MRH is a participant in the TRHN opioid grant. • MRH had previously offered Telepsychiatry through St. John’s Hospital. • Physician offices and our emergency department continue to abide by strict guidelines in the prescribing and administration of opioids and narcotics. • Exploring psychological and counseling help by expanding our social worker services and working with Warriors Hope veterans services. 	<ul style="list-style-type: none"> • FAN- Families Against Narcotics for Sanilac County. Meets monthly and offers community education. • St. John’s Hospital will be operating out of Sandusky to offer telepsychiatry. • Community Mental Health offers resources and help to the community. • Sanilac County Health Department offers Alcohol and Drug counseling programs. • Numerous mental health providers in the county. • Self-help groups mostly for alcohol addiction.
<p>Secondary Priorities</p>		
<p>1. Stroke</p>	<p>We offer Telestroke services through St. John’s Hospital.</p>	<p>Other hospitals also offer telestroke services.</p>
<p>2. Adult Immunization</p>	<p>Provided in healthcare offices</p>	<p>Provided by County health departments</p>
<p>3. Childhood Immunizations</p>	<p>Provided in healthcare offices</p>	<p>Provided by County health departments</p>
<p>Collaborative Priorities</p>		
<p>1. Smoking During Pregnancy</p>	<p>Primary/OB-GYN clinic consultations and education</p>	<ul style="list-style-type: none"> • Health Departments provide education to women about quitting smoking. • Michigan Department of Health and Human Services has a quit line specifically for pregnant women and offers incentives for women on Medicaid.
<p>2. Breastfeeding</p>	<p>OB-GYN clinic consultations</p>	<p>Health departments offer peer coaching and consultation from certified lactation consultants.</p>
<p>3. Prenatal Care</p>	<ul style="list-style-type: none"> • OB-GYN clinic consultations • Our health care providers continue to deliver various sex education and teen pregnancy classes to local community school systems to educate our youth. 	<ul style="list-style-type: none"> • Support services provided by health departments. • Regional Perinatal Collaborative working to improve perinatal health outcomes.
<p>4. Alcohol Impaired Accidents</p>		<p>Sherriff’s office does education in schools and in community media outlets.</p>
<p>5. Childhood Lead Testing</p>	<p>Primary care makes referrals for testing when risks are identified.</p>	<p>Health Departments provide awareness and testing for lead exposure.</p>
<p>6. Oral Health</p>	<p>MRH ER and primary care provide pain management/referrals</p>	<p>My Community Dental Care Clinic - Sandusky</p>

EVALUATION OF 2016 CHNA IMPLEMENTATION PLAN

Marlette Regional Hospital’s mission is to continuously improve the health in the communities we serve. We feel we have made significant progress in addressing the health needs identified in our 2016 CHNA. For those areas still needing improvement we will fold them into our 2019 CHNA implementation plan. The table below outlines the areas of need identified in 2016 and the progress we have made to address these needs.

2016 Health Need	2016-2019 Response
Access to Primary Care	<ul style="list-style-type: none"> • We continue to offer expanded hours of operations at many of our outpatient clinics. Many clinics have regular hours of operation until 6:30 PM. Many others begin seeing patients as early as 7 AM. • We explored telemedicine opportunities to bring limited urgent care type services to our area. We discovered that insurance companies, like BCBS of Michigan who provides most of our employees’ insurance, already provide this service as a subscriber benefit. BCBS of Michigan advertises this service to the general public and through mailings to its covered members. • New urgent care and after hour clinics were established in Sandusky and Imlay City. The Imlay City urgent care is owned and operated by one of our employed family practice physicians. This allows for optimal communication of patient reports between the urgent care center and our primary care providers who normally see the patients during clinic hours. • We have recently recruited another family practice physician to our group who is available to see patients 40 hours per week. • Our four rural health clinics are required to hold open a certain number of appointment slots per day for urgent/acute patient needs
Access to Specialists	<ul style="list-style-type: none"> • Emergency telehealth services for possible stroke patients began in 2016. • Other specialty services added include outpatient clinic services including tele-psychiatry, cardiology, ENT, orthopedics, nephrology, and vascular medicine.
Cost Barriers Health Care	<ul style="list-style-type: none"> • We continued participation in an accountable care organization (ACO) which helps us learn how to lower the costs of providing care to our Medicare patients while maintaining and often times improving their health outcomes. This is accomplished through active care management for our patients with a focus on wellness and preventative health services. The number of wellness visits performed in 2018 were higher than any previous year. • We instituted a Financial Assistance Plan (FAP) policy effective July 2016 that states, “Marlette Regional Hospital (MRH) is committed to providing Financial Assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergent and/or medically necessary care based on their individual financial situation. Consistent with MRH’s mission to deliver compassionate, high quality, affordable healthcare services and to advocate for reasonable access to quality healthcare for all residents of the MRH service area, MRH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. MRH will provide, without discrimination, care to individuals regardless of their eligibility for Financial Assistance, government assistance or ability to pay.” • We continue to participate in the 340(b) Drug program. The 340B Drug Discount Program is a US federal government program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices. This program is highly regulated. We have recently added personnel to assist in the effective and efficient operations of this program. • A local retail pharmacy continues to work with us to administer a fund to help those who cannot afford their prescriptions. The local pharmacy raises funds through various events, and the hospital helps to administer the program to qualified individuals.
Access to Health Care- Navigation of Services	<ul style="list-style-type: none"> • We added an Outreach Specialist who proactively calls patients to inform them of wellness and preventative services that are available to them, we have recently hired referral specialists who help patients and staff jump through the regulatory hoops to get tests approved. These individuals are knowledgeable about insurance plans and what screenings

	<p>and services are covered 100% by the plans and which ones will have deductibles and copays applied to them.</p> <ul style="list-style-type: none"> • We also continue to utilize Care Coordinators who travel from physician office to physician office to meet with patients at their convenience to talk about how to better manage their chronic health condition.
Obesity for youth and adults.	<ul style="list-style-type: none"> • To combat obesity issues we will continue to support and participate in community walking programs and to provide healthy cooking classes to the public. • Our dietitians and diabetes education professionals continue to offer classes to help manage this disease. • We continue to offer to the general public free garden plots in our Community Garden. This allows for community members to grow fruits and vegetables in a local garden, eat fresh vegetables and fruits as an alternative to processed or junk foods, and to can and save excess produce for consuming over the winter months.
Teen pregnancy	<ul style="list-style-type: none"> • Healthcare providers continue to deliver various sex education and teen pregnancy classes to local community school systems to educate our youth.
Mental Health and Substance Abuse	<ul style="list-style-type: none"> • We participate in Families Against Narcotics meetings and host the monthly meetings. • We are a member of Thumb Rural Health Network (TRHN), which has recently been awarded a federal HRSA grant to establish with County health departments a Thumb Opioid Response Consortium. This Consortium will establish an implementation plan for the reduction of abuse of opioid and other substances. • Our physician offices and our emergency department continue to abide by strict guidelines in the prescribing and administration of opioids and narcotics. These guidelines are in place to restrict and replace narcotic and opioid usage and replace them with safer yet effective alternatives. • We previously offered psychiatric services though telehealth technology and are currently seeking an alternate service. • We are exploring psychological and counseling help by expanding our social worker services and working with Warriors Hope veterans services.
Resources to help the elderly stay in their homes, and assisted living options	<ul style="list-style-type: none"> • We have recently signed a purchase agreement for land where we will build an assisted living/memory care unit. We are also exploring building senior living apartments on this land. The planning and design phases are well under way. We anticipated opening the service in late 2020. • We also continue to offer swing beds to patients who have been discharged from a hospital but aren't quite ready to be home. Swing bed services are designed to rehabilitate the patient so he can return to his own home.
Transportation	<ul style="list-style-type: none"> • Despite partnering with many other health care organizations in a sixteen county region to develop Non-Emergency Medical transportation Organizer (NEMO) transportation issues still remain. • We are involved with the Rising Tide program offered by the State of Michigan that seeks to help communities develop plans for economic growth. Transportation has been an identified issue with this work group as well and will be folded into its final plans. • We are also utilized whenever feasible tele-medicine options and specialty clinics to reduce transportation barriers to specialist services.

FEEDBACK:

Feedback and questions about this report can be directed to Sara Redman at 989-635-4012 or sredman@mrhcares.org.

SUPPORTING DOCUMENTS

The following documents support the findings and the work completed during the Community Needs Assessment Process. They are available upon request by contacting Sara Redman at 989-635-4012 or sredman@mrhcares.org.

- Planning Timeline
- 2018 Thumb Community Health Assessment Report (<https://www.mithumbpha.org/documents>)
- 2019-2021 Thumb Community Health Improvement Plan (<https://www.mithumbpha.org/documents>)
- Focus Group Outline
- Focus Group Summary Report
- MRH Community Survey Instrument
- 2019 MRH Community Survey Report
- 2019 Implementation Plan