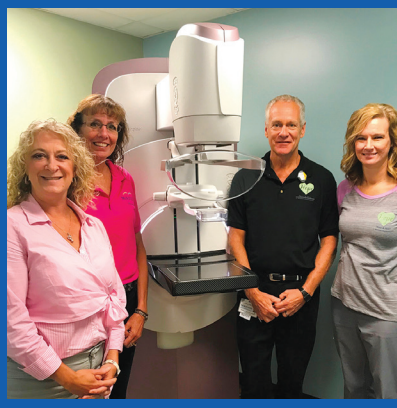
McKenzie Health System

2019 Community Health Needs Assessment



A Report to the Community

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EXECUTIVE SUMMARY

Background

McKenzie Health System is pleased to present the 2019 Community Health Needs Assessment (CHNA). The goal of this CHNA report is to pinpoint the most pressing health issues in our community and determine what more can be done to improve the health of the people we serve. By getting a better understanding of the health needs and priorities, we are better able to help guide the hospital in developing an implementation strategy to address the needs that were identified.

In 2018 the Michigan Thumb Public Health Alliance completed a comprehensive health assessment. The Alliance is a partnership between local public health departments in Huron, Lapeer, Sanilac, and Tuscola Counties. To prevent duplication of effort and to align work with public efforts, McKenzie Health System used the data provided in the four county assessment completed by the Alliance as the first step in the CHNA process. McKenzie Health System also completed a survey of community stakeholders to further verify that the correct priorities were being considered.

This report contains background information and statistics that were used to create a clearer picture of our current situation, set priorities to address needs, and determine the best plan to address those needs. Extensive information can also be found in the 2018 Thumb Community Health Assessment available at www.mithumbpha.org/documents.

Identified Priorities

McKenzie Health System determined the following priorities for the 2019-2021 CHNA: Access to Care (Awareness of Local Services, Health Insurance); Behavioral Health (Mental Health, Substance/Opioid Use Disorders); Chronic Disease (Management, Prevention); Senior Support Services; Perinatal Health; Illness and Infectious Disease; Safety; and Dental.

Making a Difference

McKenzie Health System has many programs and strategies already in place to address identified health needs. Those strategies and programs will be maintained and strengthened as opportunities arise. We will continue to create awareness of those services and programs, remove barriers to accessing services when possible, and will continue to provide support and connect patients to community resources. In addition, we will continue to expand services and outreach when possible as we become aware of needs and opportunities. The Implementation Plan included in this report provides a more extensive list of strategies specific to each priority identified.

BACKGROUND

In 1959, with a bequest from Kenneth H. McKenzie, a local banker and merchant, wheels were set in motion for the planning, development, and construction of a local hospital in Sandusky. In June of 1967 McKenzie Memorial Hospital held their ribbon cutting ceremony. The hospital saw many phases of growth over the next five decades.

- In May of 1973 a new wing was added, which included semi-private rooms and an intensive care unit.
- In 1980 an out-patient clinic with four suites was built to house specialty physicians visiting Sandusky.
- In 1998 another addition was added that included a new radiology center, a dining room addition, remodeling in the inpatient area, air-conditioning, and energy efficient windows.
- In October of 2002, the hospital sought and received Critical Access Hospital (CAH) certification.
- In 2003 some of the beds were approved for short-term rehabilitation services known as Swing Beds.
- Once again there was a need for additional space to house Physical Therapy and associated rehabilitation services. This resulted in the McKenzie Health and Wellness Center being built in July of 2005.
- Following the passage of the Affordable Care Act in March of 2010, McKenzie changed its name to better reflect the broader range of services offered to the community: McKenzie Health System.
- In 2014, McKenzie Health System became a founding member of a newly formed group called the National Rural Accountable Care Organization, which is a Center for Medicare & Medicaid Services approved by Accountable Care Organization. This program, along with our Patient Centered Medical Home certifications, provided for the change in how we deliver care. The change in delivery of care is one whereby McKenzie is transitioning away from sickness and volume to wellness and value. McKenzie was the only critical access hospital in Michigan that began pursuing this transformation in 2014, and still is considered a leader in changing how to deliver care.

What has become clear over years of healthcare service, is that McKenzie Health

System is progressive and embraces the changes required to manage local community health needs. We are proud of the leadership role we are playing in the healthcare community within Michigan and nationally. We hope you are equally proud in what your local hospital is accomplishing as well.

McKenzie Health System: Mission, Vision, and Values

As McKenzie Health System leads in transforming how healthcare is designed and delivered, we emphasize clinical and service excellence and promote access to affordable care. We accomplish this through the combined efforts of our healthcare team and partnerships with the community and other healthcare systems.

McKenzie Health System will improve the quality of life in our community through an integrated healthcare delivery system that is characterized by collaboration, innovation, technology and value.

The values of McKenzie Health System are:

- Respect: We treat each individual we serve and those with whom we work with professionalism and dignity.
- Integrity: We communicate openly and honestly, build trust, and conduct ourselves according to the highest ethical standards.
- Accountability: We take ownership for our actions and responsibility for their outcomes.
- Compassion: We deliver extraordinary care with empathy and kindness for those we serve and to all members of the healthcare team.
- Excellence: We are continuously improving the quality of our service through a commitment to education and prudent stewardship of assets and resources.
- Teamwork: We build system effectiveness on the collective strength of everyone through open communication and mutual respect.
- Innovation: We embrace change and actively pursue progress in a fiscally responsible manner.
- Wellness: We inspire our community to achieve a healthy lifestyle.

The leaders of McKenzie Health System understand that operating a COMMUNITY hospital means striving to understand and respond to the needs of the community. With this community mindset, in 2013, the hospital conducted its first Community

Health Needs Assessment (CHNA). This is the third cycle of Community Health Assessment and Planning. The process is intended to be completed on a three year cycle. Therefore, this 2019 report includes a review of the 2016 implementation plan and progress toward plan targets.

What is a Community Health Needs Assessment (CHNA)?

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. Under the Affordable Care Act, a process and guidelines for developing the CHNA are provided. 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.

Specific steps outlined by the Internal Revenue Service include:

1. Define the community.
2. Assess the health needs of the defined 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.

PROCESS OVERVIEW

In 2018 the Michigan Thumb Public Health Alliance completed a comprehensive health assessment. 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. The hospital's Community Health Needs Assessment (CHNA), 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. To prevent duplication of effort and to align work with public health efforts, McKenzie Health System used the data provided in the four county assessment completed by the Alliance as the first step in the CHNA process. After reviewing the data compiled in the existing assessment, the leaders of McKenzie Health System identified priorities and assessed existing services and programs related to those priorities. Gaps were identified and strategies developed to form an implementation plan.

CHNA Team

McKenzie Health System formed an internal team to lead the CHNA process. A consultant provided technical assistance and objectivity. The team met and communicated frequently from March to September 2019. The team consisted of a diverse set of members:

Steve Barnett, President/CEO

Billi Jo Hennika, COO

Amy Ruedisueli, CFO

Nina Barnett, Public Relations Manager

Louise Blasius, Director of Human Services

Gloria Jerome, Director of Marketing

Patty Schafsnitz, Director of Nursing

Consultant

McKenzie Health System contracted with Balcer Consulting and Prevention Services, Harbor Beach, Michigan to provide support to the project. Support included providing consultation in designing a process for the CHNA, obtaining community health data and information, analysis of gaps in information and areas of need, design of a stakeholder survey, survey analysis, consultation during development of the implementation plan, and developing content for 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.

Timeline

Review of Health Indicator Data	March 2019
Review of Progress on 2016 Priorities	April 2019
Development of 2019 Priorities	May 2019
Strategy Development	June 2019
Stakeholder Survey	July/August 2019
Written CHNA Report	August 2019
Creation of Implementation Plan	August/September 2019

REPRESENTING THE COMMUNITY AND VULNERABLE POPULATIONS

The 2018 Thumb Community Health Assessment report which was used by McKenzie Health System as part of the CHNA process, also included input from the community and vulnerable populations. This data was used to draft initial strategies. Input on these strategies was obtained by McKenzie Health System through an emailed Stakeholder Survey.

2018 Thumb Community Health Assessment Report (Michigan Thumb Public Health Alliance)

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, physicians, 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 Conversations was later emailed to stakeholders that did not attend the meetings. Community Conversations and surveys resulted in feedback from 168 stakeholders related to cardiovascular disease and 154 stakeholders related to preventable injury. The purpose of the conversations and survey were to:

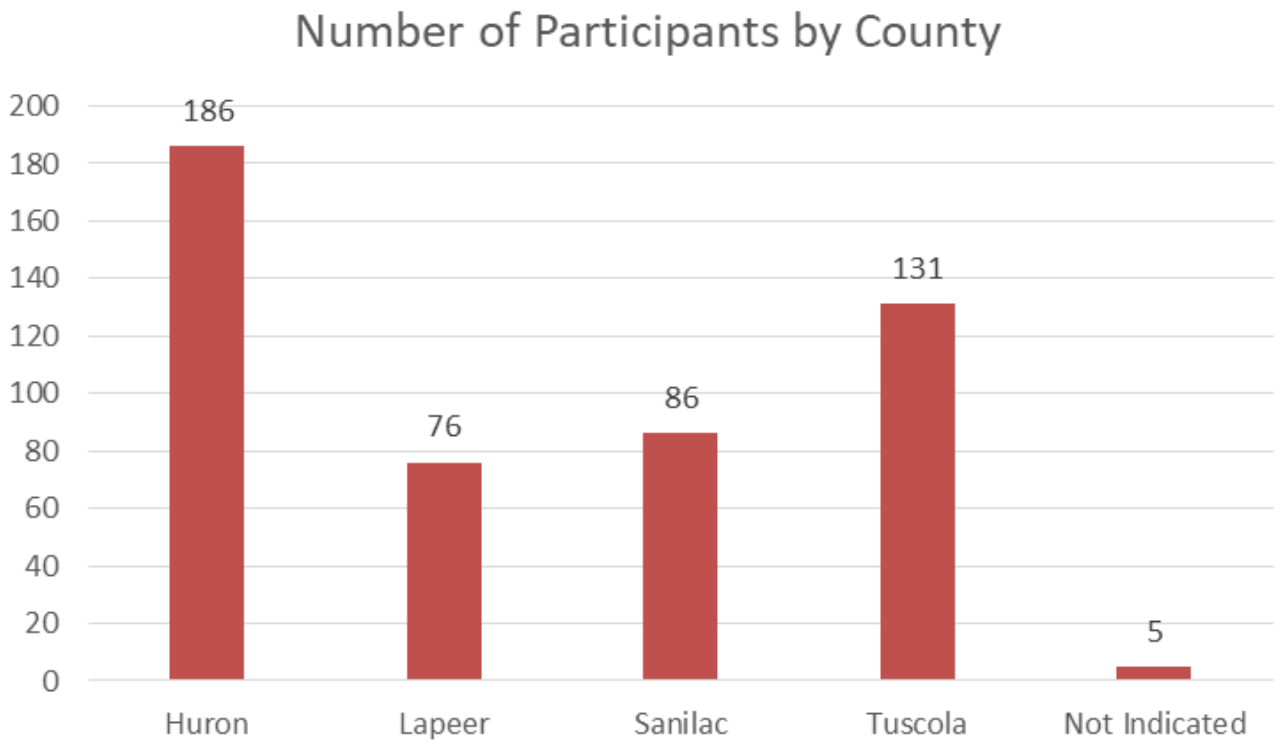
   a. Obtain input on the priorities identified during data review

   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. 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 86.



Stakeholder Survey (McKenzie Health System)

To obtain additional input on priorities and potential strategies, the CHNA team identified key stakeholders that represented key sectors of the community and vulnerable populations. A survey was distributed to 19 of these key stakeholders in August 2019.

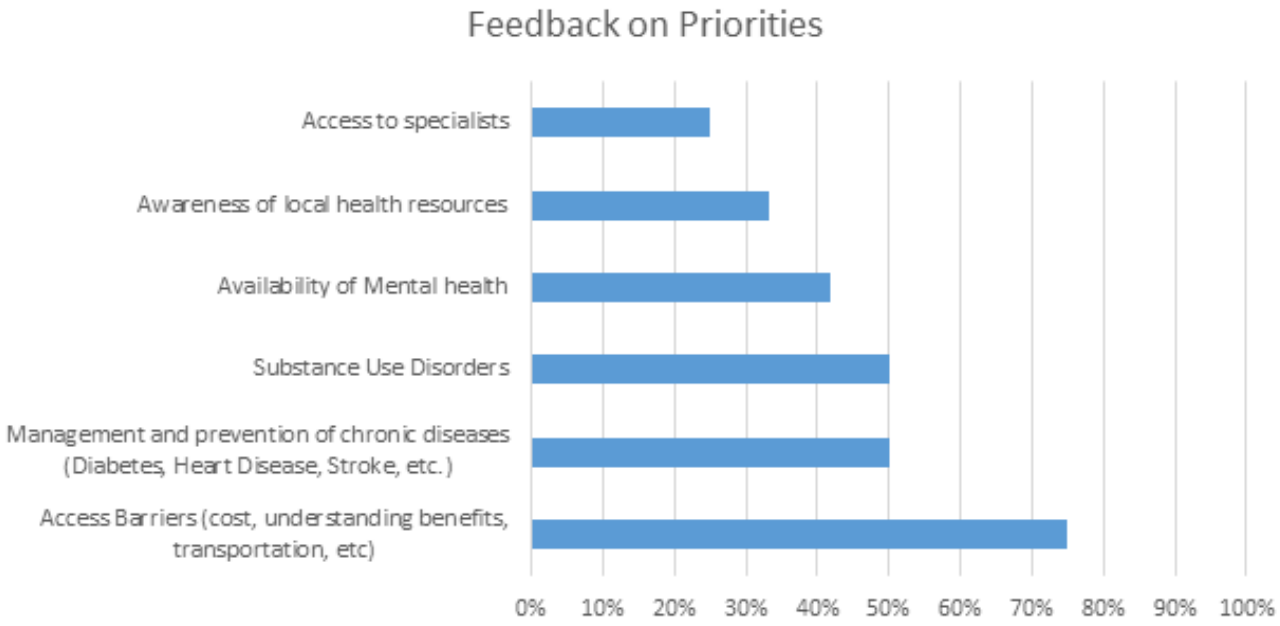
Survey Narrative

Thirteen key stakeholders participated in the feedback survey. This included eight organizations (62.5%) that work with populations vulnerable to health risks. Vulnerable populations included the incarcerated population, mental health clients, drug and alcohol dependent individuals, those that are sexually assaulted, families with behavioral health concerns, young people, teens and elderly, pregnant woman, parents and primary guardians of young children. The stakeholder reported specific challenges faced by the population that they serve including:

- Communicable diseases, including the exposure to our staff.
- Lack of resources for clients and companies unwilling to hire due to their background.

- Some of our clients are referred onto specialists due to suspected medical issues.
- Access to affordable health care.
- Difficulty of accessing transportation or access to other basic needs.
- Receiving thorough information – especially about birth control.
- Available resources, continuum of care.
- Access to prenatal care.
- Awareness of the importance of establishing a medical home for all the family members.

When asked about the draft priorities identified by the hospital, all priorities received at least three votes. Some priorities were identified by more stakeholders. The table below illustrates the percentage of stakeholders selecting each priority.



Stakeholders were asked if there were other health priorities that should be a focus. One person indicated the opioid crisis, which would be included in the substance use disorders. One person indicated reproductive health and another prenatal care.

Stakeholders also provided input on strategies. They gave suggestions on topics and format for community education programs. They also provided additional ideas for reaching people that they serve or the community in general. OB/GYN and behavioral health were the most often identified gaps in specialists.

Stakeholders represented a wide array of organizations including law enforcement, behavioral health, philanthropy, early childhood services, elected officials, child abuse services, education, and public health. Suggestions for working together included:

- Possibly your nursing staff could offer some classes to our inmates.
- I think Dr. Hamed is doing a great job, let him do his work and provide him with as much support as you can.
- We are not a direct service organization, but we can partner with potential granting and awareness efforts, nonprofit community connections, and long term sustainable funding through endowment building.
- If a person is treated for an overdose and/or a drug or alcohol related issue then refer them to Families Against Narcotics or A Chance to Change to see how to get involved with a Peer Support Specialist.
- We have already worked together to help provide education for each other, and will continue to do so! Continue working together.
- Enhance relationships to promote more integration of behavioral and physical health care. Potentially look at co-location of staff to assist the community.
- Partnership with local schools.
- We currently partner in planning and hosting Healthy Lifestyles and Great Start always extends an invitation to McKenzie to participate in outreach events.

DEFINE THE COMMUNITY SERVED

Sanilac County is a rural county located in the Thumb of Michigan. A population of 41,269 resides in Sanilac County. Nearby counties with similar demographics include Huron and Tuscola County. The following chart showcases characteristics of the population. Source: www.countyhealthrankings.org

Demographics	Michigan	Huron	Sanilac	Tuscola
Population	9,962,311	31,280	41,269	52,764
% below 18 years of age	21.80%	19.30%	21.70%	20.60%
% 65 and older	16.70%	24.60%	21.00%	19.80%
% Non-Hispanic African American	13.80%	0.50%	0.50%	1.20%
% American Indian and Alaskan Native	0.70%	0.40%	0.60%	0.60%
% Asian	3.20%	0.60%	0.40%	0.30%
% Native Hawaiian/Other Pacific Islander	0.00%	0.00%	0.00%	0.00%
% Hispanic	5.10%	2.40%	3.60%	3.40%
% Non-Hispanic white	75.20%	95.30%	94.00%	93.50%
% not proficient in English	1%	0%	0%	0%
% Females	50.80%	50.50%	50.30%	49.70%
% Rural	25.40%	89.50%	90.20%	84.20%

In Sanilac County, the following data provides insight into quality of life for residents:

- Median income in 2016, was $43,579 in Sanilac County and $52,436 in Michigan.
- 2012-2016 poverty rate for Sanilac County was 15.7% and in Michigan was 16.3%.
- % of children under age 6 living in a household with income below 200% poverty in Sanilac County was 57.3% and for Michigan was 48.8%.

- Of those over age 65, 10% of Sanilac County residents were in poverty and for Michigan 8.1%.
- In 2017, Sanilac County had a 6% unemployment rate and in Michigan the rate was 4.6%.
- The % of people with bachelor's degree or higher in Sanilac County was 13.1% and in Michigan it was 27.4%.
- In Sanilac County, 9% of adults are uninsured and 5% of children are uninsured. In Michigan, 8% of adults are uninsured and 3% of children are uninsured.

Common Occupations and Industries include:

- Healthcare and social assistance (22%)
- Retail trade (16%)
- Manufacturing (12%)
- Educational services (7%)
- Accommodation and food services (6%)
- Other services, except public administration (4%)
- Public administration (4%)

ASSESSMENT FINDINGS

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

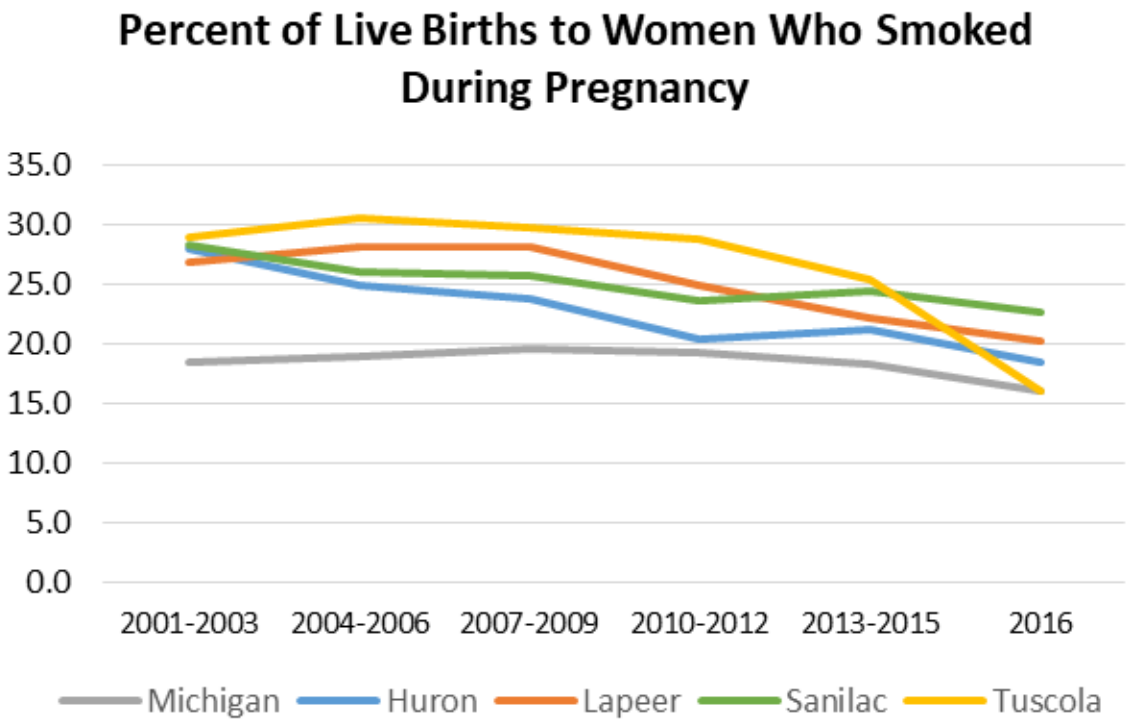
Priorities for the Thumb Region

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 needs assessment 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 and are available at www.mithumbpha.org/documents. The sixty six page 2018 Community Health Assessment Report (CHA) includes a report on health indicators and community input. Goals and objectives were written for prioritized health issues. This section includes a summary of the goals, objectives, and related data. As indicated by the counties listed for each objective, 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 Breastfeeding					
	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

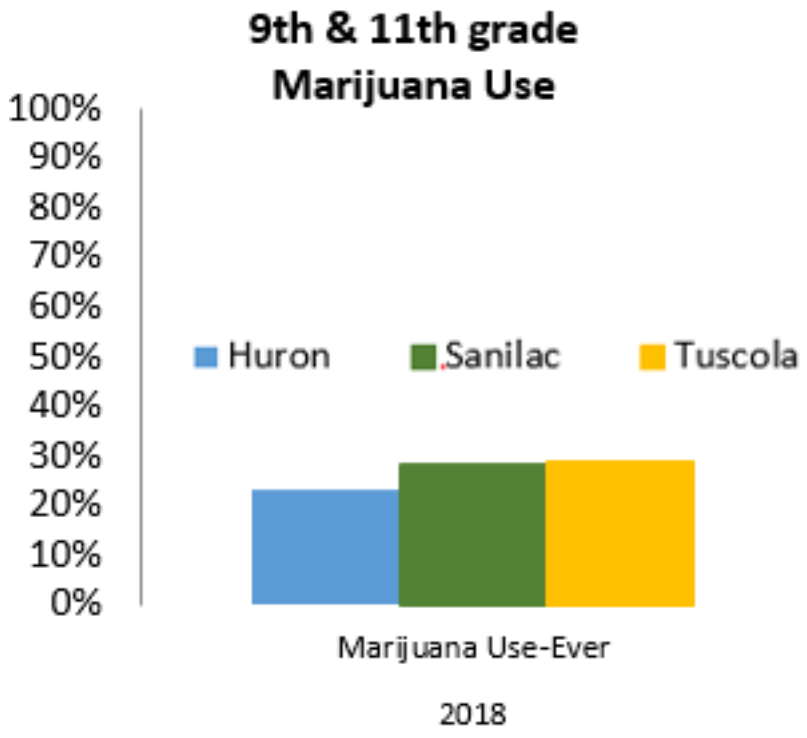
Objective 2:1- Decrease the use of tobacco and nicotine delivery devices by adolescents

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				
2018	Huron	Lapeer	Sanilac	Tuscola	Michigan
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



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 & 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

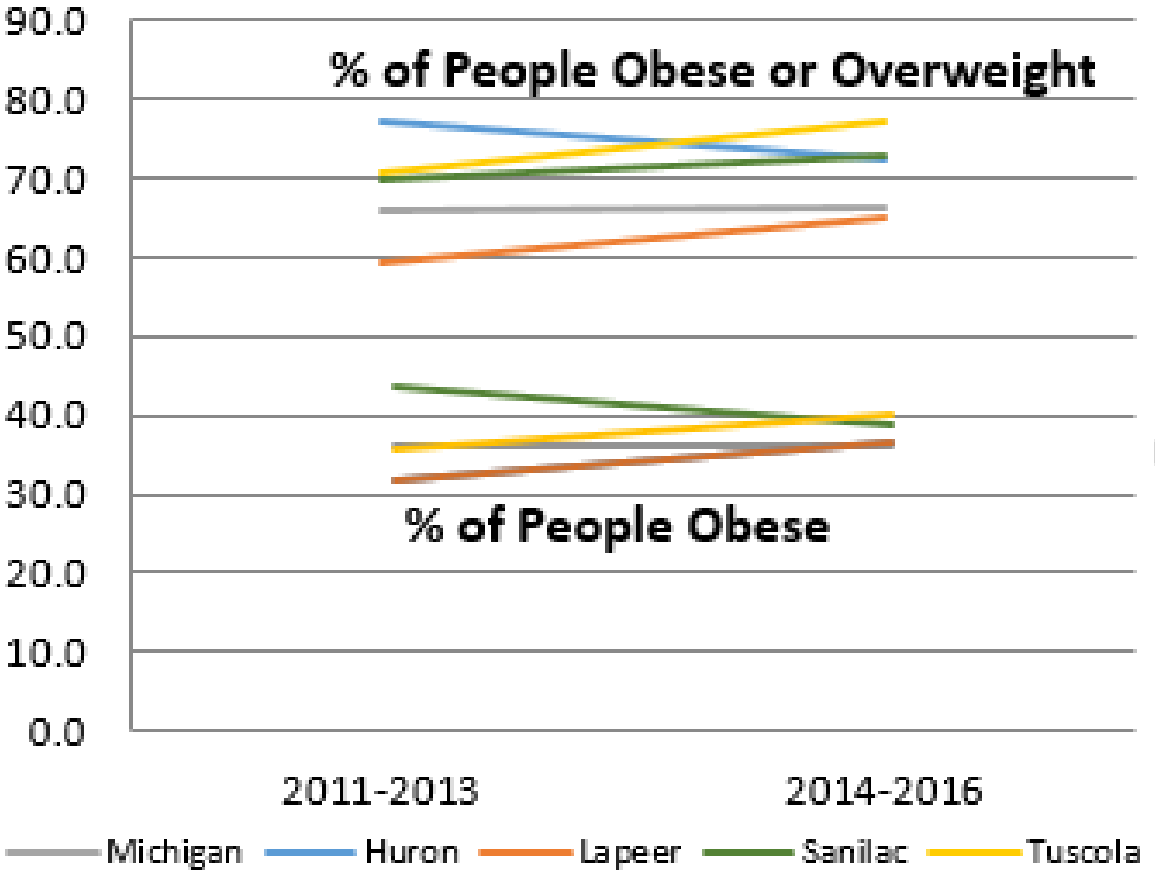
Data Source: Behavioral Risk Factor Surveillance System
www.countyhealthrankings.org

Regional Goal 3: Reduce Chronic Disease Deaths

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



Regional Goal 4: Reduce Infectious Disease

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

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 and 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

MCKENZIE HEALTH SYSTEM'S PRIORITIES

The McKenzie Health System CHNA Team analyzed the Thumb Assessment completed by the Michigan Thumb Public Health Alliance and compared it to priorities from 2016. Based on this analysis priorities were identified in two categories: Focus Areas and Collaborative Priorities. The following table was created to reflect this analysis.

Focus Area Priorities

	Summary of 2019 Data Indictors		
Priority Area	**Indicator**	**Peer**	**Trend**
Access to Care • Awareness of local services • Health Insurance • Transportation • Specialists	Routine Check Up	-	+
	Health Status Rating	+	-
	Personal Provider	-	NA
	Did not access due to cost	-	NA
	Uninsured	-	+
	Provider ratios- MD/DO	-	-
	Provider ratios- Mid level	Mid	+
Behavioral Health • Mental Health • Substance Use Disorders	Suicide	-	-
	Provider Ratio	Mid	+
	Youth Depression	Mid	NA
	Poor Mental Health Days Tobacco	+	Same
	use-Youth	-	NA
	Vaping-Youth	-	NA
	Alcohol-Youth	Mid	NA
	Alcohol-Adult	Mid	-
	Marijuana –Youth	Mid	NA
	Opioid RX	+	+
	Drug Overdose	Mid	Mixed
Chronic Disease • Management • Prevention	Heart Disease	-	Mixed
	Cancer Deaths	+	+
	Stroke	-	Mixed
	Diabetes	-	-
	A1C monitoring	+	-
	Diabetes Ambulatory Hosp.	Mid	-
	Adult Smoking	Mid	Same
	Adult Obesity or Overweight	-	-
	Physical Activity	-	-

+ indicates better than peer counties or improvement
– indicates worse than peer counties or worsening trend
NA indicates data not available
Mid indicates rates in the middle of peer counties
Mixed indicates no clear up or downward trend
Same indicates minimal change in rates over time

Collaborative Priorities

Summary of 2019 Data Indictors			
Priority Area	**Indicator**	**Peer**	**Trend**
Senior Support Services			
Perinatal Health	Smoking during Pregnancy	-	+
	Prenatal Care	-	-
	Breastfeeding	-	-
	Teen Births	-	-
	Youth Sexual Activity	-	NA
Illness and Infectious Disease	Adult Immunizations	-	NA
	Child Immunizations	-	-
	Lead Testing	-	-
	STD Rates	-	Mixed
	Youth Condom use	-	NA
Safety	Injury hospitalizations & deaths	-	-
	Alcohol Impaired Driving	+	+
	Senior Injury Death Rate	-	-
	Violent Crime Rates	-	-
	Child Abuse	-	-
	Youth Texting and Driving	-	NA
Dental	Provider Ratio	-	Same
	Preventive Visit-Adult	-	NA
	Missing teeth	-	NA
	Youth dental check up	-	NA

+ indicates better than peer counties or improvement
– indicates worse than peer counties or worsening trend
NA indicates data not available
Mid indicates rates in the middle of peer counties
Mixed indicates no clear up or downward trend
Same indicates minimal change in rates over time

IDENTIFIED NEEDS & AVAILABLE RESOURCES

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

Focus Area: Improve Chronic Disease		
Subtopic	**Current McKenzie Health System Efforts**	**Current Community Efforts**
Management	• Healthy Lifestyles Workshops • Lunch & Learn • MHS Foundation Community Relations Committee Programs • During patient exams providers record BMI and provide education on weight management • Chronic Care Management which includes personalized care with a registered nurse • Access to a 24/7 RN Advice Hotline • Follow-up after each ER visit and coordinated care between specialists • Transitional Care Management follow-up is completed after each inpatient stay	**County Programs** • MSU Extension Diabetes Program
Prevention	• Healthy Lifestyles Workshops • Lunch & Learn • MHS Foundation Community Relations Committee Programs • Community Fitness Classes • 5K Run • Worksite Wellness Program • Change 4 Life support group created in June 2018 is designed to help fit the pieces together for a healthy life. • LiveSmart Webpage & Campaign • Free Walking Track Monday-Friday 5-7PM • Healthy Hearts Program- Sandusky 7, 8, 9th grades • Employee Discount for Fitness membership • Exercise stations for Diamond Trail Park • Vascular Screening • Go Red- Cardiac Scoring	**County Programs** • Community Mental Health–Fitness Program (Partnership with MHS to use fitness center) • School Lunch Programs **Local Programs** • Weight Watchers – Croswell & Deckerville • TOPS Group • 4K Fitness • Body Metrix • Lakeview Hills Gym • Get Serious Fitness • School Walking Tracks- Cros-Lex, CPS • Career Center Exercise Classes • VFW-Peck Exercise Classes • Diamond Trail Park • Open Gyms • Local Splash Pads • Parks

Focus Area: Access to Care		
Subtopic	**Additional Strategies/Activities**	**Additional Strategies/Activities**
Awareness of local health resources and services	• Brochures • Radio Advertising • Discharge Planners • Social Worker • Health Fairs • Lunch & Learn • Healthy Lifestyle • Community Events • Social Media • Ongoing work with local media to publicize resources via bill boards, social media, newspapers, and radio • Family Resource Guide distributed • First Aid Tent at County Fair • Community Roundtable discussions • Reach Out and Read • Sports physicals • School visits and presentations • McKenzie is a member of the Sanilac County Community Collaborative	**County Programs** • Senior Directory • Sanilac Great Start Collaborative Directory • 211 • Project Connect • Services Expo • Community Baby Shower • Senior Fair • MSU Extension Local Programs • Child Abuse Prevention Council • Baby Pantry • Food Panty-Sandusky & Croswell • Great Start Collaborative • MSU Extension • Sanilac County Great Start Collaborative

2016 CHNA PLAN PROGRESS

2016 Priority	Status/Progress of Strategies Under Consideration
Not enough provider evening or weekend office hours	McKenzie After Hours Clinic Opened in October 2018. M-T 4:30 pm-9:00 pm Friday 1:00 pm-9:00 pm Sat & Sun 9:00 am-2:00 pm
Not enough specialists	Sanilac County Health Department in partnership with My Community Dental Center expanded access to dental care through the opening of a new dental clinic. My Community Dental Center opened in August 2018. The Center welcomes children and adults enrolled in Medicaid as well as other insurances. McKenzie Health System staff make referrals to the clinic. All McKenzie primary care providers perform oral assessments and fluoride for Medicaid patients. Infusion Clinic was researched-but found not financially feasible. Telehealth Neurology was attempted but there was not enough volume. Telehealth Psychiatry Clinic including social work and therapy is available 3 days a week for both adults and children. Ear, Nose, & Throat services are available 2 days a month. A Vascular Surgeon is available 2 days per month.
No Health Insurance	Social Worker maintains certification as a Medicare/Medicaid Counselor. Medicare/Medicaid Insurance assistance is listed in Financial Brochure, Senior Citizens Directory of Services, McKenzie Website, and Lunch & Learn Sessions. Financial Assistance and Sliding Fee Scale Program information is available in the Financial Brochure (available throughout the hospital and physician offices), McKenzie Website, Patient Statements, and Lunch & Learn Sessions.

2016 Priority	Status/Progress of Strategies Under Consideration
Increase awareness of local health resources & services	Directory of Services for Seniors Citizens is updated annually and available throughout the County. Ongoing work is carried out with local media to publicize resources via bill boards, social media, new papers and radio. Family Resource Guide is on MHS website and distributed.
Jobs with livable wages	Sandusky is one of ten communities selected for the Rising Tide program that has provided money and expertise for economic development. Rising Tides prioritized areas of focus identified by the community during the planning sessions included: community marketing and branding, home ownership and talent attraction, and downtown placemaking and asset-building for talent attraction. Although "creating jobs with livable wages" was not one of the specific areas identified, each of the priorities that were included work towards growth, which will in turn affect this category.
Availability of Mental Health Services	Telehealth Psychiatry Clinic including social work and therapy is available 3 days a week for both adults and children. Local Counseling Services are listed in the Directory of Services for Senior Citizens which is available throughout the County. McKenzie is a member of the Sanilac County Prevention Network. We have increased awareness through workshops and seminars. Topics including Addiction & Substance Use Disorder, What Everyone Should Know About Anxiety & Depression, Suicide Prevention, Stress & Seasonal Affective Disorder and Identifying Dangers in the Lives of Youth.
Concerns about crime & safety	We continue to partner with local law enforcement to address crime and safety issues.
Cost of Health Insurance	Lunch & Learn Sessions were held including – Understanding Your Insurance and The Ins and Outs of Medicare Plans. Financial Assistance and Sliding Fee Scale Program information is available in the Financial Brochure (available throughout the hospital and physician offices), McKenzie Website, Patient Statements and Lunch & Learn Sessions. All uninsured patients are referred to the Director of Human Services for assistance in applying for Medicare or Medicaid.

2016 Priority	Status/Progress of Strategies Under Consideration
Youth Obesity	McKenzie in partnership with Sandusky High School received a $15,000 grant for a Healthy Hearts program intended to equip 7th, 8th & 9th graders with the knowledge needed to choose a healthy lifestyle. Community Fitness: A Kid Fit Grant was received to increase activities for children, our dietician worked with the local gym fitness trainer. McKenzie donated funds to the Sandusky High School Key Club to purchase exercise stations for the Diamond Trail Park. McKenzie in partnership the Thumb Elite Fitness offers McKenzie employees & their families a discounted membership to the fitness club. McKenzie Health & Wellness offers a free indoor walking track. Workshops provided by McKenzie include topics such as Kids Can Cook Too, Kid Fitness, Portion Control, and Diet & Exercise. Playsmart program was initiated, but lack of program funding has prohibited the program from expanding. Work continues with the Great Start Collaborative, Dr. Gormley continues to participate with the collaborative. Investigation into a healthy lifestyle program with local school has begun. Although a program has not been established to date.
Youth Drug Abuse	McKenzie is the only Critical Access Hospital in MI that has an Oxycodone free Emergency Dept. McKenzie has presented its Oxy Free ED at the national (Washington, DC) and the State Level. McKenzie also provides education to other hospitals regarding our Oxy Free program. McKenzie's Emergency Room Medical Director is a board member on the newly created Sanilac County Chapter of Families Against Narcotics. Workshops provided by McKenzie include Local Drug Abuse-What We All Need to Know, Vaping and The Latest on our Drug Scene. The workshop on Vaping was recorded and provided to all the local school districts as well as social media.

2016 Priority	Status/Progress of Strategies Under Consideration
Availability of Resources for Friends and Family Caring for the Elderly	Directory of Services for Senior Citizens is updated annually and available throughout the County. Workshops provided by McKenzie include Move 'Em in? Move 'Em Out? Navigating Elder Parent Care, Family Emergency Preparedness, and The Importance of Care Coordination. McKenzie also hosts a monthly Alzheimer's Support Group.
Availability of Resources to Keep Elderly in their Home	Directory of Services for Senior Citizens is updated annually and available throughout the County. Workshops provided by McKenzie include Move 'Em in? Move 'Em Out? Navigating Elder Parent Care, Family Emergency Preparedness, and The Importance of Care Coordination. The annual Community Senior Fair includes a Wellness Classroom hosted by McKenzie as well as many free screenings for Seniors. McKenzie is the first Critical Access Hospital in MI to Earn Level 3 Geriatric Emergency Department Accreditation. McKenzie offers Chronic Care Management which includes personalized care with a registered nurse, access to a 24/7 RN Advice Hotline, follow-up after each ER visit, and coordinated care between specialists. Transitional Care Management follow-up is completed after each inpatient stay. McKenzie also offers free home visits through our Geriatrics program and offers Matter of Balance, Tai Chi, and Senior Exercise classes.
Not Enough Public Transportation	Sanilac Transportation in partnership with Personal Growth Center provided a new bus shelter in 2017 to shelter passengers from inclement weather as they wait for the local bus. Sanilac County Transportation provides bus service for Sanilac County. In addition, we have a local taxi service.
Adult Obesity	Workshops provided by McKenzie include Tips for Healthy Eating and Fitness, Eating Clean, Healthy Cook Off, Healthy Holiday Treats, Container Gardening, 5K Run, Portion Control and Diet & Exercise. Change 4 Life support group created in June 2018 is designed to help fit the pieces together for a healthy life.

Additional Documents (Available Upon Request): The following documents support the findings and the work completed during the Community Needs Assessment Process. They are available upon request by contacting Amy Ruedisueli, Chief Financial Officer at aruedisueli@mckenziehealth.org or 810-648-6162.

- Survey Questions (conducted online)
- Stakeholder Survey Report
- 2018 Thumb Community Health Assessment available at www.mithumbpha.org/documents

RESPONSE TO THE COMMUNITY HEALTH NEEDS ASSESSMENT

This document outlines McKenzie Health System's (MHS) response to the priority health needs identified in the hospital's 2019 Community Health Needs Assessment (CHNA). The assessment process used by McKenzie Health System expanded on a four county assessment completed in 2018 by the Michigan Thumb Public Health Alliance. Once MHS priorities were selected, the CHNA Team completed an assessment of existing services and programs. Gaps in services were identified and strategies were developed. To ensure that strategies were able to meet the needs of vulnerable populations and aligned with other community efforts, the CHNA Team conducted a stakeholder survey. Feedback from the survey was considered when finalizing strategies. Strategies for each priority were created and a lead person was identified related to each strategy/activity. This plan will be used to guide activities over the next three years. An annual report will be prepared and provided to meet CHNA requirements.

As illustrated on the resource assessment included in the 2019 CHNA Report, McKenzie Health Systems has many programs and strategies in place to address identified health needs. The following strategies and programs will be maintained and strengthened as opportunities arise.

- Healthy Lifestyles Workshops
- Lunch & Learn Sessions
- MHS Foundation Community Relations Committee Programs
- Primary care programs that focus on prevention including but not limited to use of BMI, patient education, and routine depression screenings
- Chronic Care Management which includes personalized care with a registered nurse
- Access to a 24/7 RN Advice Hotline
- Follow-up after each ER visit and coordinated care between specialists
- Transitional Care Management follow-up is completed after each inpatient stay
- Community Fitness Classes
- 5K Run
- Worksite Wellness Program
- Change 4 Life support group, created in June 2018, is designed to help fit the pieces together for a healthy life
- In addition, to the monthly Change 4 Life meetings, we will be facilitating a closed Facebook group where individuals can share and encourage other members.

- LiveSmart Webpage & Campaign
- Free Walking Track
- Healthy Hearts Program- Sandusky 7, 8, 9th grades
- Employee Discount for Fitness membership
- Exercise stations for Diamond Trail Park
- Vascular Screening
- Go Red- Cardiac Scoring
- MHS offers a wide variety of specialists both in person and through a tele-health application. A list of current specialists are included on the hospital website.
- Telehealth Services for adults and children
- McKenzie is a member of the Sanilac County Prevention Network.
- Oxy-Free Emergency Room (State and national model/consultant)
- ER Medical Director is a member of Sanilac FAN Chapter
- The workshop on vaping was recorded and provided to all the local school districts and posted on social media.
- Community Care Coordinator
- Preventative Care Coordinator
- McKenzie hosts a monthly Alzheimer's Support Group.
- Senior Fair includes a Wellness Classroom hosted by McKenzie as well as many free screenings for seniors.
- McKenzie is the first Critical Access Hospital in MI to Earn Level 3 Geriatric Emergency Department Accreditation.
- Home visits through our Geriatrics program
- Matter of Balance, Tai Chi and Senior Exercise classes
- Swing bed program
- Antibiotic infusions
- Flu and Pneumonia vaccinations in primary care and hospital
- Childhood immunizations in primary care
- Infectious control stewardship
- Collaboration with local law enforcement regarding public safety issues
- Human Trafficking presentations
- All McKenzie primary care providers perform oral assessments and fluoride for Medicaid patients
- Dental referrals from primary care

For all of our programs we will continue to create awareness of services and programs offered at McKenzie Health Systems and in the community. This outreach includes:

- Brochures
- Radio advertising
- Discharge planners
- Social worker
- Health fairs
- Community events
- Social media
- Ongoing work with local media to publicize resources via bill boards, social media, newspapers and radio
- Family Resource Guide on MHS website and distributed
- First Aid Tent at County Fair
- Community Roundtable discussions
- Reach Out and Read
- Sports physicals
- School visits and presentations
- School and community partnerships

The hospital is committed to removing barriers to accessing services and will continue to provide support and connect patients to community resources through the following services:

- Certified Medicaid and Medicare Counselor
- Low or no cost health events
- Financial Assistance, Medicaid, and Sliding Fee Scale Program information is available in a variety of locations, electronically, and at events
- All uninsured patients are referred to the MHS Director of Human Services for assistance in applying for Medicare or Medicaid
- Family in Need assistance program
- Care coordinator assists with accessing transportation through insurance and other services

In addition to the activities that are already fully integrated into existing services, the following table outlines strategies identified for expansion along with a lead staff person.

2019 Implementation Plan	
Chronic Diseases: Strategies/Activities	**Lead Person**
1. Continue to grow Chronic Care Management (CCM) and transitional care programs	1. Billi Jo Hennika
2. Integrated dietician visits at primary care offices	2. Billi Jo Hennika
3. Explore community paramedicine to address chronic diseases	3. Billi Jo Hennika
4. Acute Heart Attack Ready	4. Billi Jo Hennika
5. Cardiac outpatient rehab	5. Billi Jo Hennika
6. Continue to focus on and promote annual wellness visits and screenings	6. Deb Ruggles
7. Continue to monitor and promote community and hospital programs	7. Gloria Jerome
Access to Care: Strategies/Activities	**Lead Person**
1. Continue community presentations	1. MHS Foundation Community Relations Committee
2. Continue partnerships with schools and other organizations	2. Nina Barnett
3. Continue to use a variety of methods to reach audiences of all ages and vulnerable populations	3. Gloria Jerome
4. Continue to assist individuals in reducing cost barriers to accessing care	4. Louise Blassius
5. Explore use of community paramedicine to increase access to care	5. Billi Jo Hennika
6. Partnering with new PACE programs will reduce transportation and other access barriers	6. Billi Jo Hennika
7. Continue to monitor needs and opportunities for additional specialist services (i.e. pulmonology, neurology)	7. Billi Jo Hennika
Behavioral Health: Strategies/Activities	**Lead Person**
1. Partner In Intercept Program	1. Patty Schafsnitz
2. Emergency department consultations with social work and tele-psychiatry	2. Patty Schafsnitz
3. Explore behavioral health integration with primary care	3. Billi Jo Hennika
4. Partner on a Rural Communities Opioid Response Program planning grant	4. Erin Freiburger
5. Explore Medication Assisted Treatment (MAT) in primary care clinics- Implement MAT expansion grant received from the US Department of Health and Human Services, Health Resources and Services Administration (HRSA).	5. Billi Jo Hennika

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