

2025 COMMUNITY HEALTH NEEDS ASSESSMENT



Executive Summary

The report summarizes the needs identified for the area serviced by McLaren Lapeer Region (MLR). The purpose of the report is to inform the community, decision makers and healthcare providers of the needs of the community. In addition, it also outlines focus areas and priorities identified by MLR and will be used to create an implementation plan for addressing those needs. The report also identified collaborative initiatives that address community needs.

A Community Health Needs Assessment (CHNA) is conducted to objectively identify needs within a particular community. This approach helps to ensure that priorities are based on evidence and accurate information. In addition to reviewing data, gathering input from community members is also necessary to accurately gauge the health of the community. The community's experience is critical to accurate interpretation of data. This is the fifth cycle of Community Health Assessment and Planning which is completed every three years (2013, 2016, 2019, and 2022). The process aligns with Affordable Care Act requirements. The 2025 CHNA report includes a review of the 2022 implementation plan and progress toward targets.

Most experts would agree that providing healthcare is becoming more challenging due to ever changing patient needs and expectations, the advancement of technology, evolving reimbursement models, and increasing costs. These challenges occur at a time when resources for families and healthcare providers are stretched. These conditions make the CHNA process even more critical. The process helps to direct resources and efforts to the issues that have the greatest potential for improving the health of the community. Successfully addressing priority issues increases life expectancy, improves quality of life and results in a savings to the healthcare system.

The CHNA was completed using a team-based approach to coordinate activities. The process includes several steps that guide the team to select priority health issues. In fall 2025, the team will use this report to select strategies and organize them into an implementation plan.

CHNA PROCESSES AND METHODS

CHNA Team

An internal team at MCR was established to lead the CHNA process. The team met and communicated frequently from May to August 2025. The team consisted of:

- Tim Vargas, CEO
- Dr. Joseph Zajchowski, CMO
- Mary Spanke, CNO
- Tiffany Davis, CFO
- Michelle Gordon, Manager, Marketing & Foundation

CHNA Process

The first step in meeting community needs is identifying the needs. Using an objective approach helps ensure that priorities are based on evidence and accurate information. The assessment process used by McLaren Lapeer Region included an approach of reviewing multiple sources of data. In this approach, when there are multiple sources of data that illustrate a need, there is a greater likelihood that addressing that need will produce a powerful impact. Specific steps outlined by the Internal Review 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 consider 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 an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

The Thumb Community Health Partnership (TCHP) assisted with the Community Health Needs Assessment. Assistance included compiling data from various sources, conducting a community health survey in fall 2024, designing the assessment process, and facilitating prioritization exercises. TCHP members represent the four counties of Huron, Lapeer, Sanilac, and Tuscola. Organizational members of TCHP include all the hospitals in the region, community mental health agencies, and local public health departments. Additional members include the Human Development Commission, Great Lakes Bay Health Centers, and List Psychological Services. The process was based on a model developed by the Association for Community Health Improvement. The team followed the six steps outlined in the toolkit and utilized resources included in the toolkit to complete the process.



Data Resources

Three types of data sources were utilized during the CHNA. The Team obtained the most recent data available and whenever possible, data that compared the local community to county, regional, state, or national statistics was used. Data sources included:

- Public Health Statistics
- Demographic Data
- Community Surveys

Data was compiled into comparison charts for peer counties, Lapeer County, and Michigan.

Table 1: Major Data Sources			
Public Health Statistics			
Source/Participants	URL or Citation	Dates	Additional Descriptors
United States Census Bureau	https://data.census.gov/table/	2023	American Community Survey, Census Demographic profiles, and subtopic data sets.
MI Department of Health and Human Services (MDHHS), Vital Statistics	https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp#Counties	2021-2023	Date ranges varied by health statistic. Some statistics represent one year of data as others are looking at 3 or 5 year averages.
Health Resources & Services Admin.	https://bhwh.hrsa.gov/shortage-designation	2021	Shortage designations are determined by HRSA.
County Health Rankings	www.countyhealthrankings.org	2020-2022	Includes a wide variety of statistics.
Kids Count	https://mlpp.org/kids-count/	2023/2024	Includes a variety of data from MDHHS and Department of Education.
Local Assessments			
Community Survey	<ul style="list-style-type: none"> • Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties - 690 participants • Report produced for Service area by zip codes - 100 participants. 	Oct. 2024	A public survey was distributed online and on paper. The survey had four sections: 1) community strengths and weaknesses, 2) health priorities, 3) health system strengths and weaknesses, and 4) barriers to healthcare and wellness. The purpose of the survey was to gain a deeper understanding of contributing factors and community perceptions across a wide array of health issues.

Methods of Analysis and Prioritization Process

The CHNA Team utilized a priority-setting exercise based on the health indicator data and community input. The process was facilitated by the Thumb Community Health Partnership. The Team also took into consideration priorities identified in the 2022 CHNA and progress on the 2022-2024 implementation plan.

McLaren Lapeer Region

McLaren Lapeer Region is a 222-bed acute care facility located in Lapeer, Michigan, with 215 physicians on staff and 850 employees. It is the primary provider of health care services to Lapeer County and the surrounding area. The hospital maintains a verified Level II trauma designation from the American College of Surgeons, making it the only verified trauma center in Michigan's Thumb region. McLaren Lapeer Region offers a comprehensive range of specialties and services to meet the community's wellness, medical and surgical needs, along with an exceptional team of medical professionals who provide high-quality, expert care. The hospital is the area leader in caring for patients with both acute and chronic kidney disease, with the area's only on-site dialysis facility.



McLaren Lapeer Region is a subsidiary of McLaren Health Care. This affiliation brings countless benefits to local residents that reach beyond the traditional scope of health care delivery. The hospital offers community education programs, support groups, self-help and counseling opportunities, free or low-cost health screenings and immunizations, transportation services to and from our facilities, and many other services that meet vital community needs. Beyond services and programs, the hospital provides economic benefits, such as secure, high paying jobs, other related employment, and tax revenues. Our employees and physicians are also regular volunteers for community activities such as fund-raisers, blood drives and more.

What is a Community Health Needs Assessment?

The first step in meeting community needs is identifying the needs. Using an objective approach helps ensure that priorities are based on evidence and accurate information. However, analyzing data is only one step to identifying needs. Gathering input from individuals and groups in the community is also important. Personal experiences are critical to ensuring that statistics are interpreted correctly. The CHNA process balances data analysis with community input and 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. Under the Affordable Care Act, a process and guidelines for developing the CHNA are provided. This is the fifth CHNA cycle and is intended to be completed on a three-year cycle that aligns with Affordable Care Act requirements.

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 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.

COMMUNITY SERVED

The hospital is located in the area of Michigan commonly referred to as the Thumb. Hospital utilization data was applied to 14 zip codes that compose the Hospital's primary service area. According to the 2023 American Community Survey, U.S. Census, this service area has a population of 99,784. The service area includes numerous towns and villages, including Almont, Attica, Brown City, Clifford, Columbiaville, Dryden, Fostoria, Hadley, Imlay City, Lapeer, Marlette, Mayville, Metamora, North Branch, and Silverwood. The Hospital provides services to a community in which:

- 20.2% of the population is under age 18 and 19.7% is over age 65.
- The population has limited racial diversity with 90.6% of the population identified as Caucasian, 4.8% Hispanic, 2.9% 2 or more Races, 1.0% Black, 0.3% Asian, 0.3% Some Other Race, 0.1% American Indian/Alaska Native, 0% Hawaiian/Other Pacific Islander.
- McLaren Lapeer's service area has a bachelor's or higher college degree rate of 18.7% in those individuals 25 years and over compared to Michigan's 31.8% and United States 35.0%.
- Average (Mean) household income is lower at \$91,842 as compared to Michigan average (mean) income of \$96,229.
- 3.2% percent reported being unemployed on the census compared to 3.6% of Michigan residents.
- 6.2% reported on the census having no health insurance compared to 5.0% of Michigan residents.
- The community has a higher rate of self-employed individuals than the State but lower than the United States (10.5%) compared to Michigan rate of 9.5% and the United States rate of 11.0%.
- Poverty rates vary significantly in the different cities and towns in the McLaren Lapeer service area. By comparison, the Michigan poverty rate is 8.8%:

Poverty Rate by Zip Code

Zip Code	Poverty Rate (%)
48003	4.7
48412	7.3
48416	7.4
48421	6.5
48428	3.3
48435	6.1
48444	10.7
48446	8.3
48453	12.4
48455	3.8
48461	7.4
48464	5.7
48727	7.4
48744	5.9

REPRESENTING THE COMMUNITY

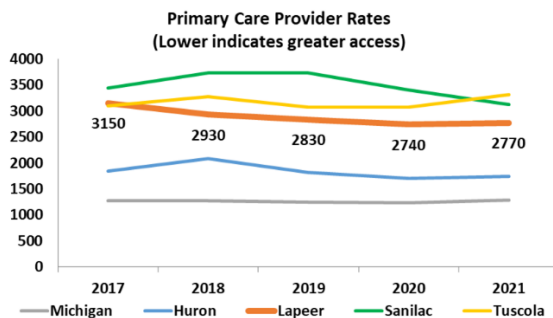
Input from Individuals

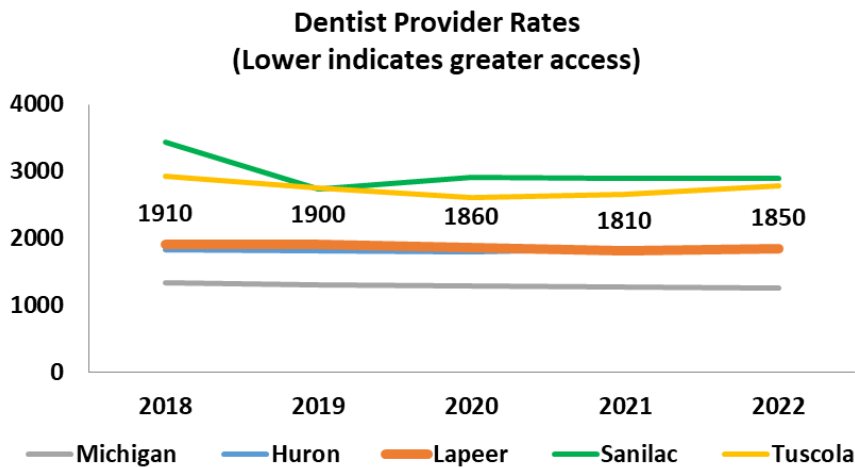
Vulnerable populations were widely represented in the Community Health Survey. Of the 100 individuals from the service area, 61.0% indicated they represented a vulnerable population. Thumb Community Health Partnership intentionally seeks the input of vulnerable populations as part of assessment activities. This is achieved by distributing surveys to individuals participating in services for low-income population and senior citizens via organizations that serve vulnerable populations. Agencies provided surveys include Human Development Commission, mental health agencies, public health, Department of Health and Human Services, intermediate school districts, healthcare providers, free or low-cost health clinics, early childhood service providers, and law enforcement.

Vulnerable Populations in McLaren Lapeer Service Area 2024		% of Survey Respondents
Someone that experiences a mental health condition or disability or special education needs		46%
Low Income		33%
Healthcare or Human Service Provider that can speak for a wide variety of patients/people		25%
Victim of Domestic Abuse or Child Abuse		25%
Someone with a Substance Use Disorder or Alcoholism or in recovery from substance use.		21%
Veteran		18%
Senior Citizen		16%
The Physically Disabled		11%
People of a minority race or ethnic background		8%
People who are homeless		8%
Seasonal or part time resident		3%
Other (please specify)		0%

DATA FINDINGS

Workforce Development





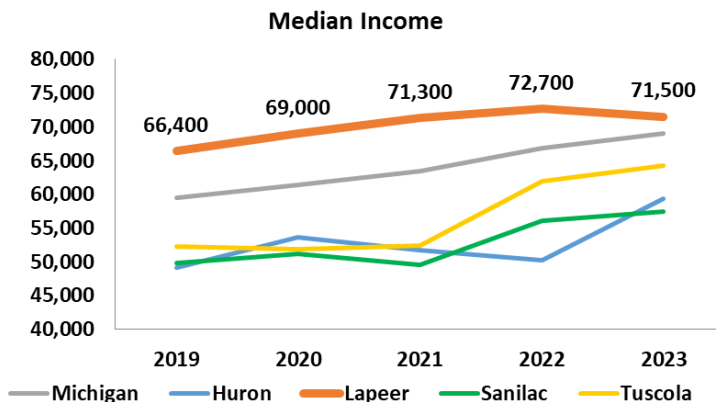
www.countyhealthrankings.org

250+ job openings

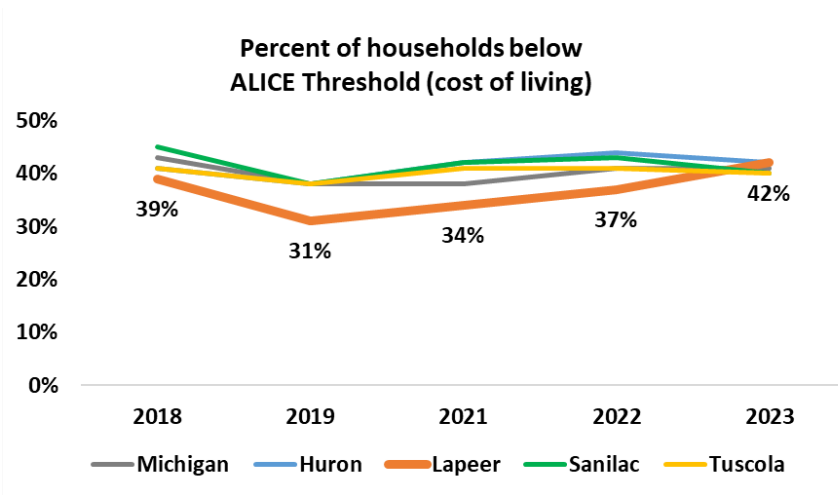
at 23 local health and human services agencies are included on the weekly Thumb Community Health Partnership job bulletin.

47% of respondents

on the Community Health Survey in the McLaren Lapeer Region Service Area indicated that coordination of services is a weakness or major weakness of the Health Care System.

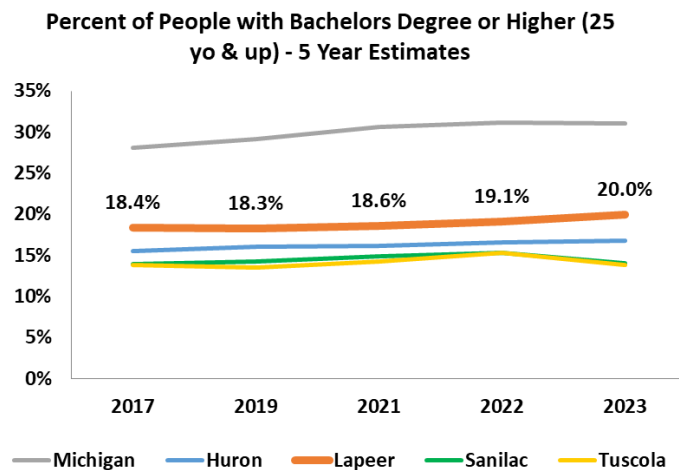


SAIPE web site; www.countyhealthrankings.org



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

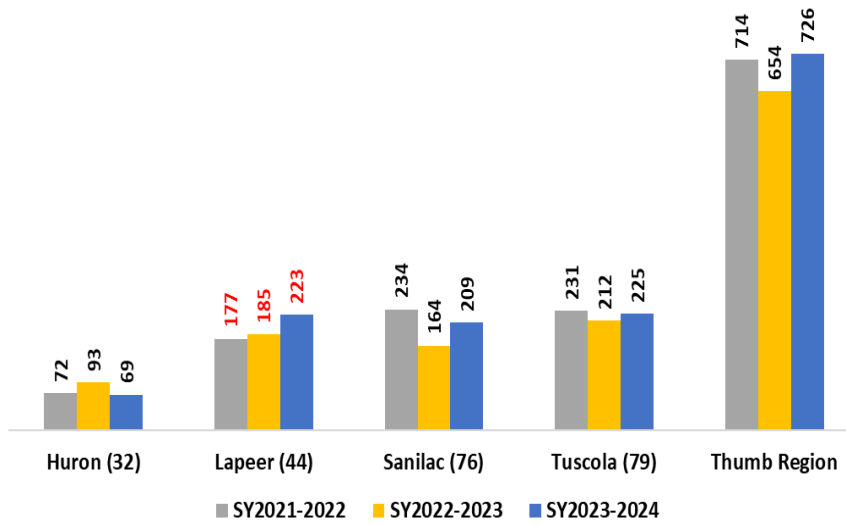
Individuals in the service area are less likely to hold professional degrees decreasing the chance that they will have employer provided health insurance. (U.S. Census) As a result, data shows that many residents under age 65 do not have health insurance. Residents confirmed this is the 2024 Community Health Survey. **34% of service area respondents felt that access to health insurance was a weakness or major weakness of the healthcare system.**



US Census Bureau's Small Area Health Insurance Estimates (SAHIE)

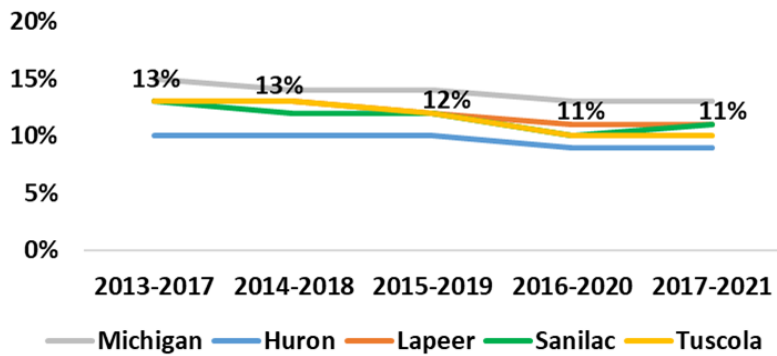
Social Determinants of Health

Homeless Student Data by School Year

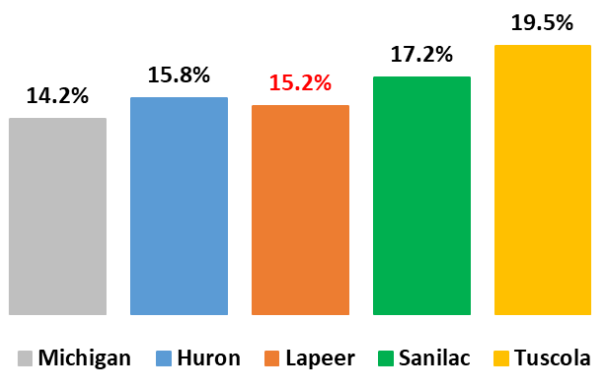


<https://www.mischooldata.org/homeless-enrollment-data-files>

Percent of Households with Severe Housing Problems

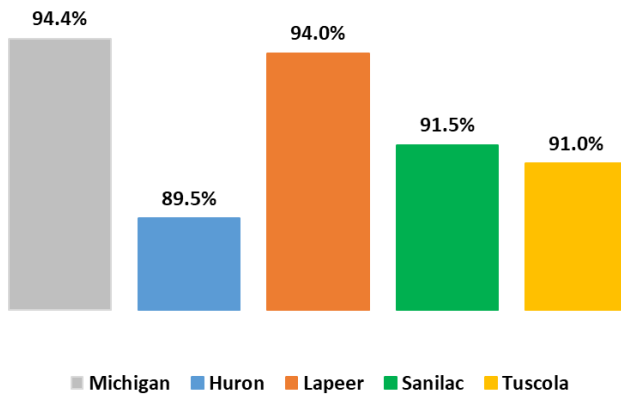


Percent of Disabled Residents 2023



https://data.census.gov/table/ACSDT5Y2022.B18101?q=Disabled&t=Disability&g=040XX00US26_050XX00US26063,26087,26151,26157&moe=false

Households with one or more computing devices



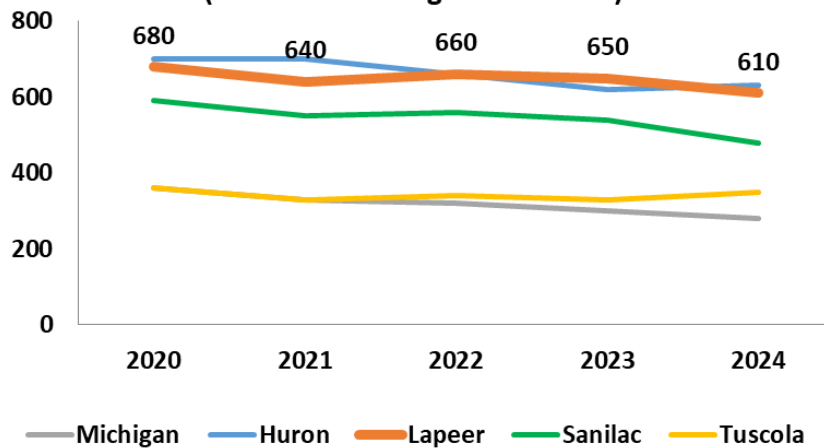
*Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities

www.countyhealthrankings.org

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

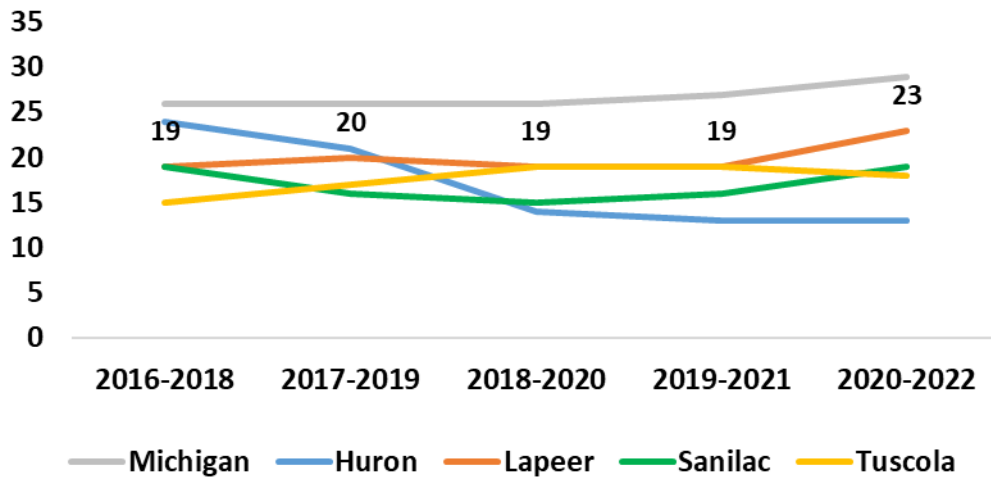
Behavioral Health

Mental Health Provider Rates (Lower indicates greater access)



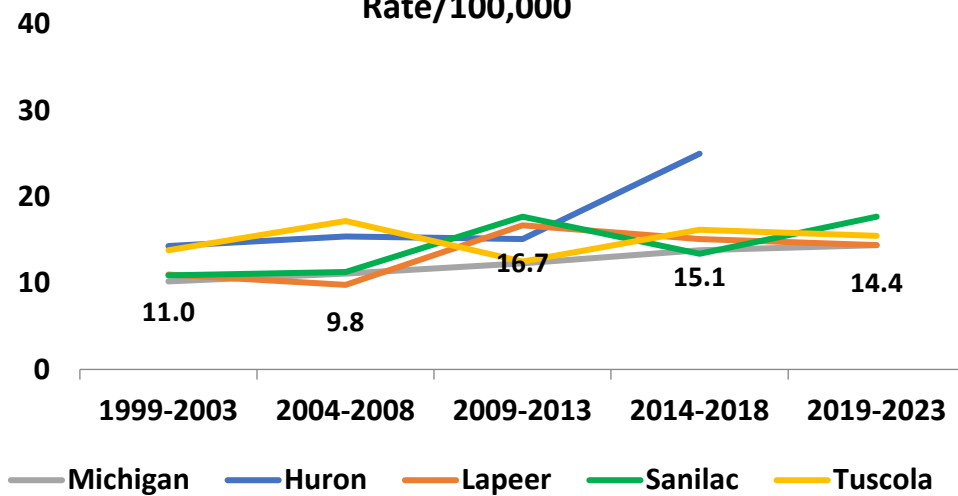
www.countyhealthrankings.org

Drug Poisoning Deaths- Rate/100,000



www.countyhealthrankings.org

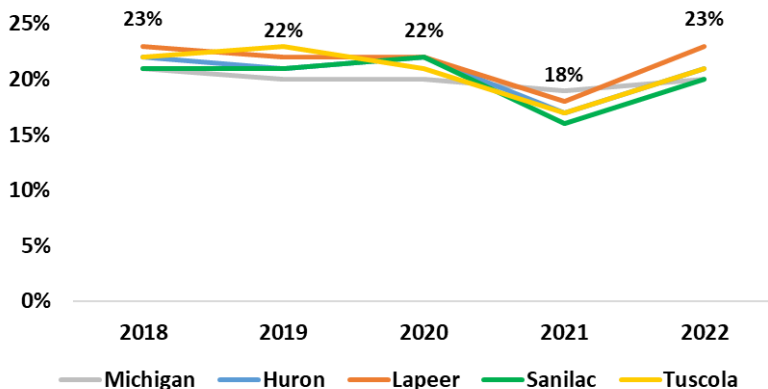
Suicide Mortality Trends, Age Adjusted Rate/100,000



Asterisk (*) indicates that data do not meet standards of reliability or precision.

<https://vitalstats.michigan.gov/osr/CHI/CR/iframe.asp>

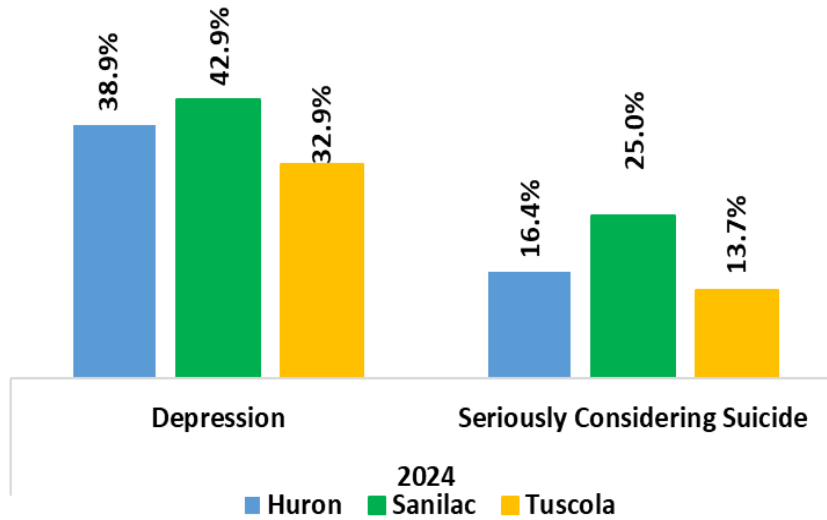
Percent of Adults engaged in Binge or Heavy Drinking (Age Adjusted)



www.countyhealthrankings.org

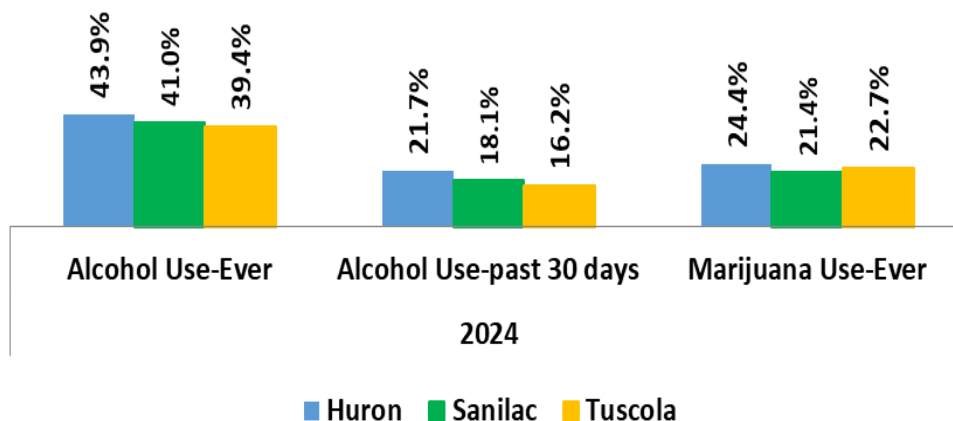
Over the past 10 years,
82% of suicide deaths in the Thumb
were men.

9th & 11th grade Depression and Suicidal Ideations



Lapeer County did not participate in the School Health Survey

9th & 11th grade Alcohol & Marijuana Use



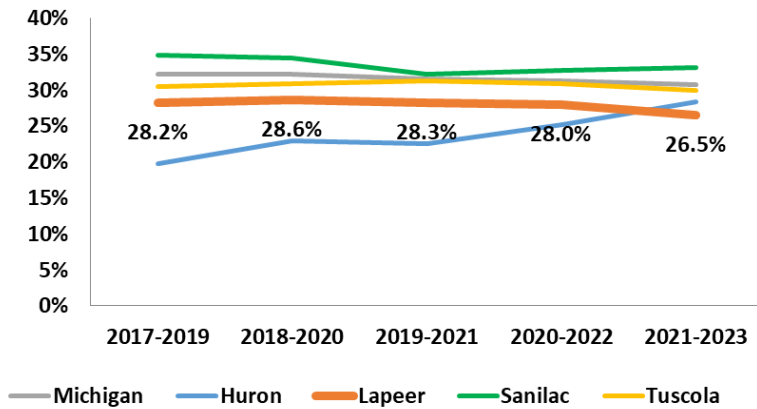
<https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

Lapeer County did not participate in the School Health Survey

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

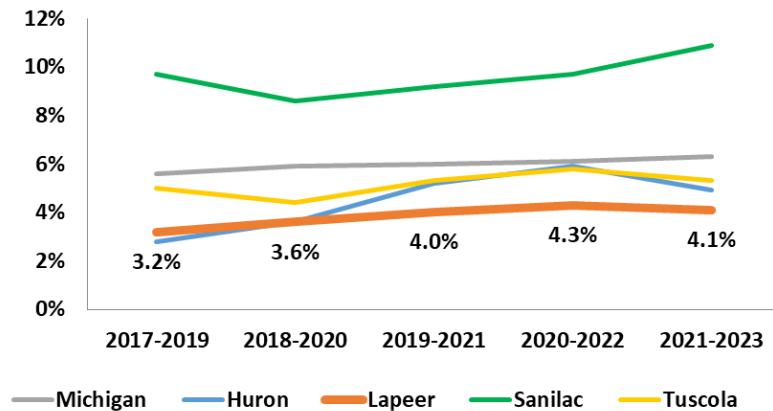
Prenatal and Infant Health

Percent of Live Births to Women With Less Than Adequate Prenatal Care - 3 Year Average



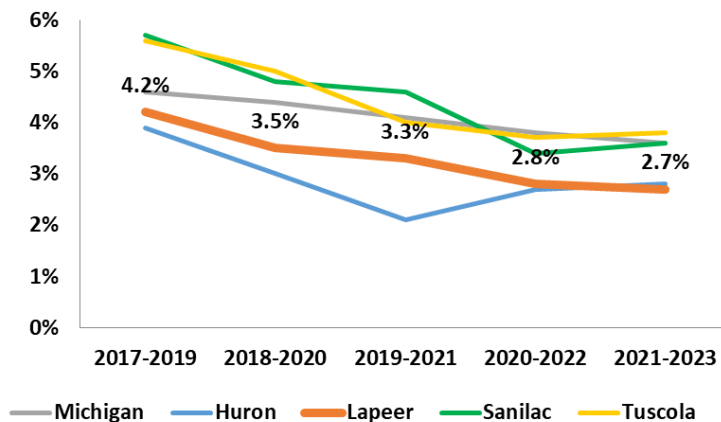
<https://datacenter.aecf.org/data/customreports/3775,3787,3819,3822/any>

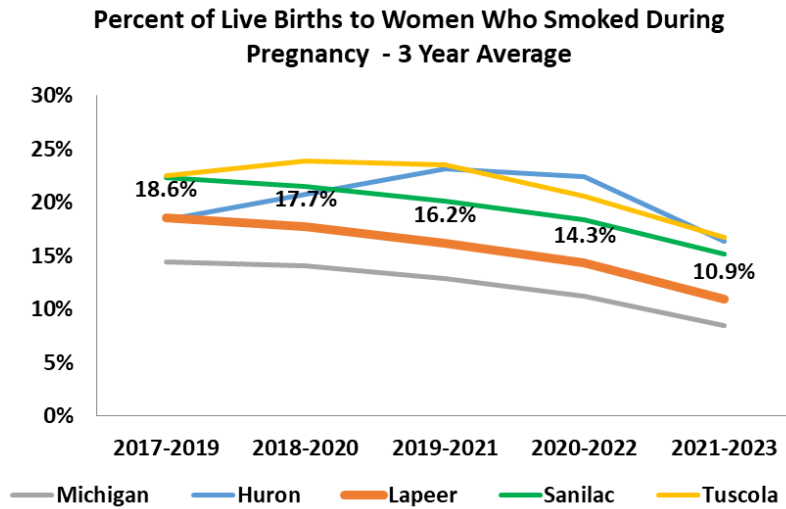
Percent of Live Births to Women With Late or No Prenatal Care - 3 Year Average



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

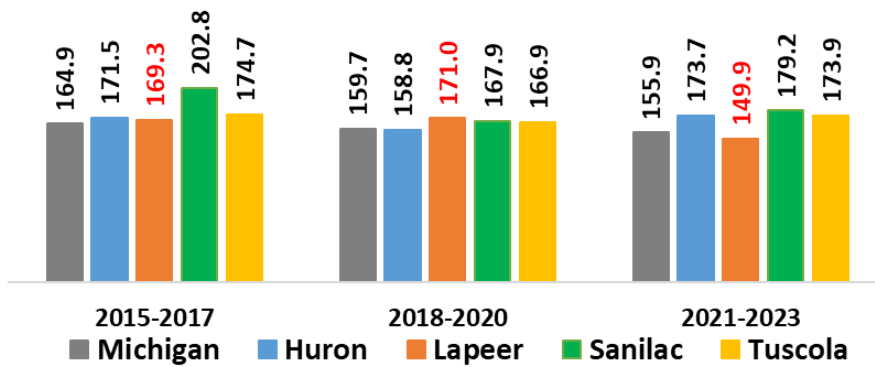
Percent of births to Mothers < age 20



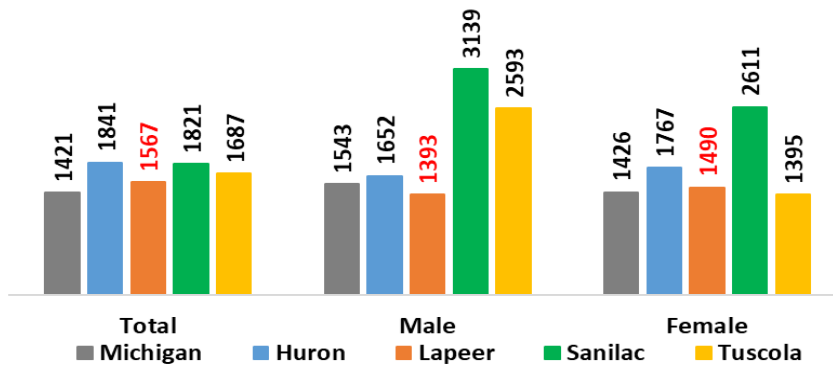


Chronic Disease

Cancer Mortality Trends Age Adjusted Rate/100,000



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

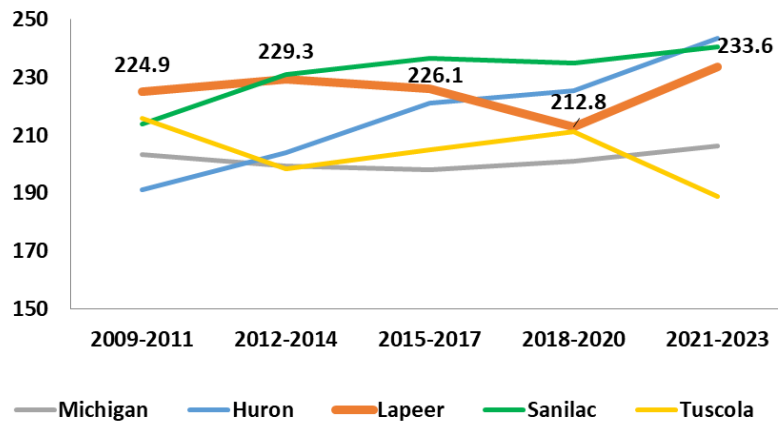


Mortality Rates Per 100,000 by type of cancer in Lapeer County 2017-2021

- Lung Cancer- 43.4
- Breast Cancer (Females)-27.6
- Colorectal Cancer- 14.1
- Prostate Cancer (Males)-19.2

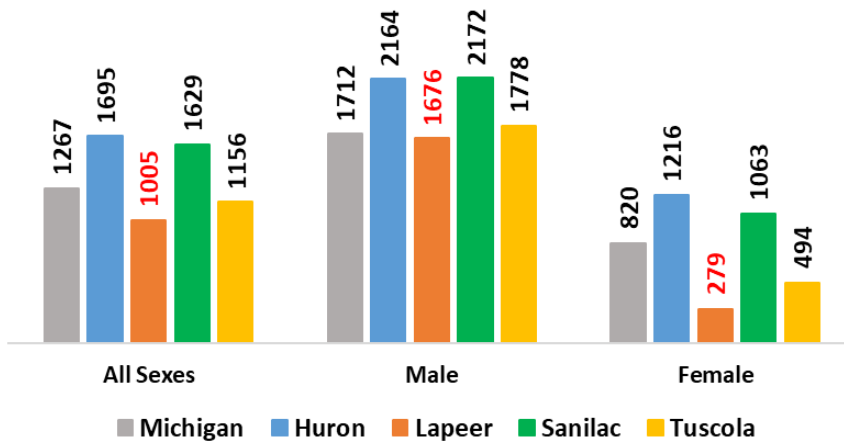
<https://www.mdch.state.mi.us/osr/CHI/Cancer/frame.asp>

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



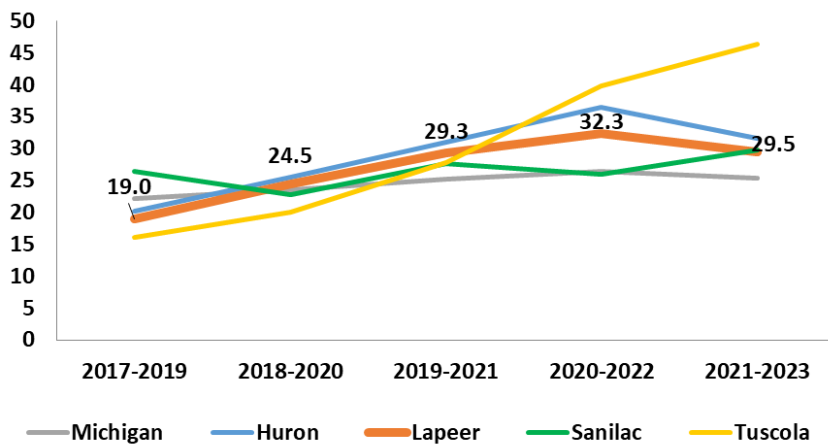
<https://vitalstats.michigan.gov/osr/CHI/Deaths/frame.html>

2023 Heart Disease Rate/100,000 Years of Potential Life Lost Below Age 75



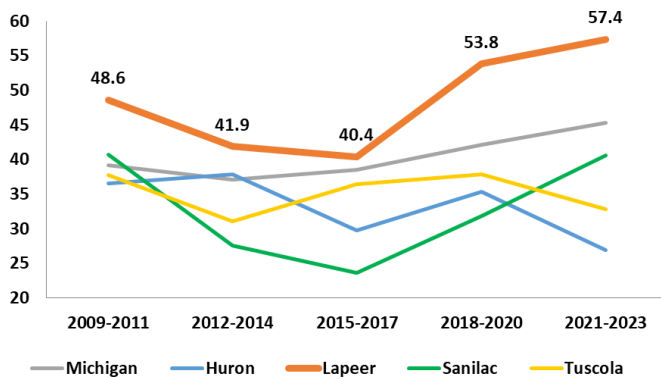
<https://vitalstats.michigan.gov/osr/CHI/Deaths/frame.html>

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



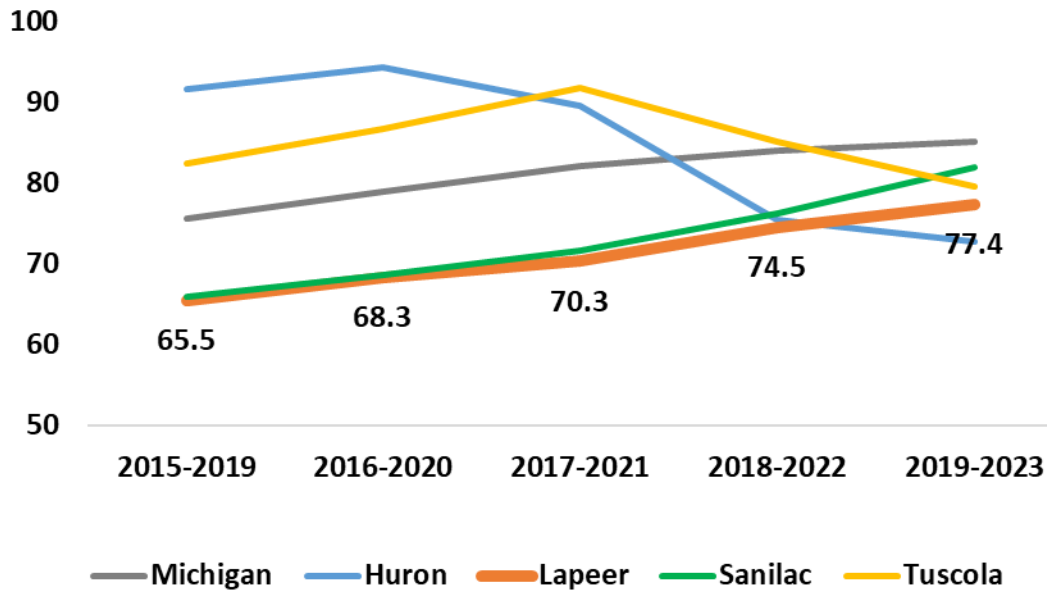
<https://vitalstats.michigan.gov/osr/chi/cr/frame.html>

Stroke Age Adjusted Mortality Trends Rate/100,000



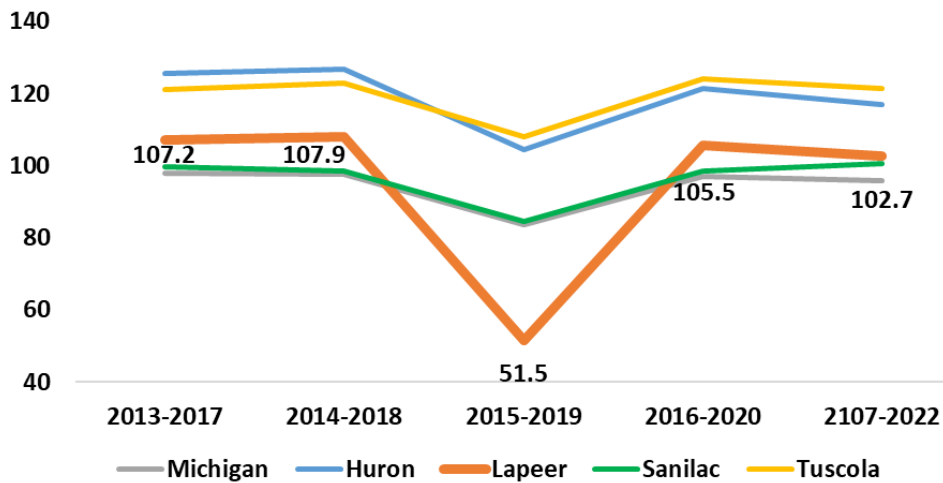
Injuries

Fatal Injuries - 5 Yr Age Adjusted Rates



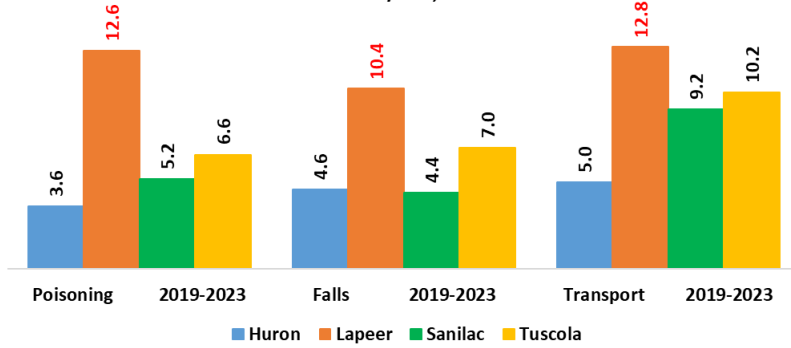
<https://vitalstats.michigan.gov/osr/chi/FATAL2/frame.asp>

Injury & Poisoning Hospitalizations/10,000 5 Year Annual Rate



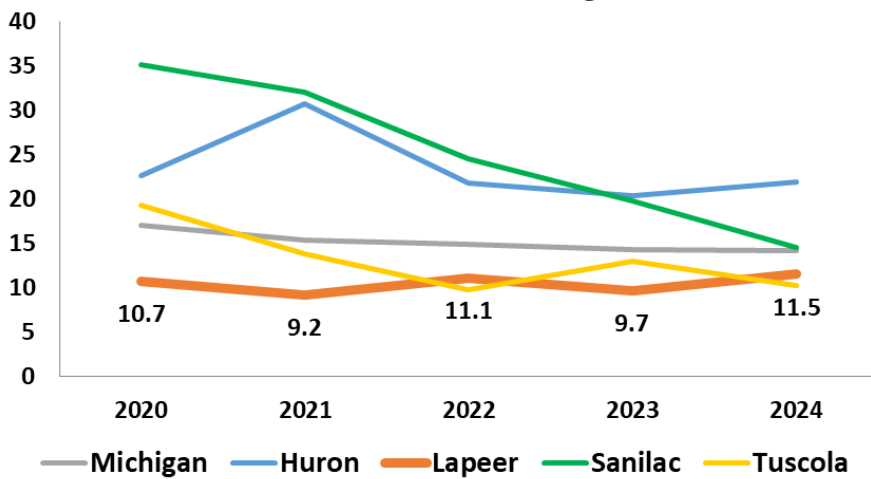
<https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp>

**Top 3 Leading Causes of Fatal Injuries By Year- Five Year Average
Rates/100,000**



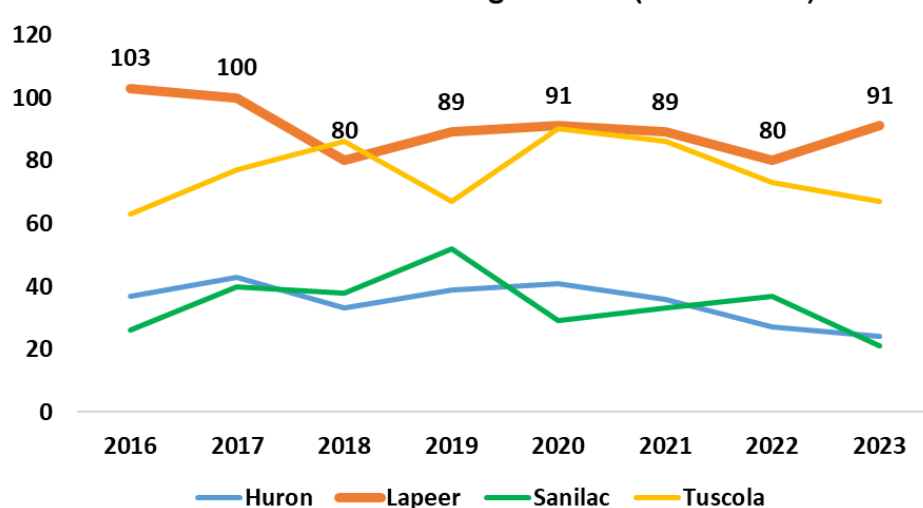
<https://vitalstats.michigan.gov/osr/CHI/hospdx/frame.html>

**Rate/1000 Children Ages 0-8 who are Confirmed
Victims of Child Abuse/Neglect**



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

Traffic Crashes Involving Alcohol (Crude Rate)



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

COMMUNITY NEEDS AND PRIORITIES

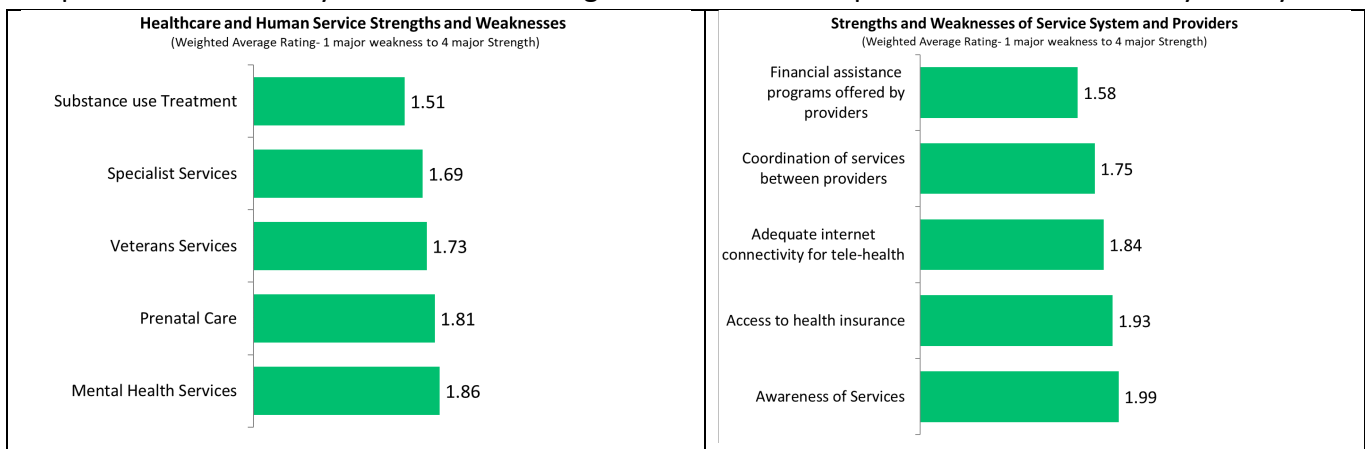
Prioritization

The CHNA team reviewed a number of health indicators related to a wide variety of issues. The service area Community Health Survey report was also reviewed and discussed by the team. Priorities must be selected to ensure that limited resources have the greatest impact. Selection of priorities will often result in more complex and effective implementation strategies. Identifying a limited number of priorities on which to focus also allows community initiatives to be developed with collaborating organizations. Evaluation and progress can also be more effectively managed when the priorities are fewer in number. Using a group process leadership identified needs in three categories: Focus Areas, Priorities, and Collaborative Priorities.

Priority Needs - Lapeer

Focus Areas	Priorities	Collaborative Needs
1.Cancer 2.Chronic Disease 3.Access to Care	1.Nutrition 2.Social Deteminants of Health 3.Mental Health	1.Prenatal Care 2.Substance Use Disorders 3.Poverty & Homelessness 4.Transporation

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



RESPONDING TO THE NEEDS

Resource Assessment

As part of developing an implementation plan, a resource assessment will be completed to assess the current activities of MCR and other community organizations. This assessment is critical to identifying gaps in services and preventing duplication of services.

ADDITIONAL DOCUMENTS AND REFERENCES

Additional Documents

The following documents support the findings and the work completed during the Community Health Needs Assessment process. They are available upon request.

- Thumb Community Health Partnership Data Dashboard and County Health Indicator Recordings-
<https://www.thumbhealth.org/healthdata>
- 2024 Community Survey Instrument
- 2024 McLaren Lapeer Service Area Community Survey Report