

# 2022 COMMUNITY HEALTH NEEDS ASSESSMENT



CARO REGION

# EXECUTIVE SUMMARY

The report summarizes the needs identified for the area service by McLaren Caro Region (MCR). 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 MCR and will be used to create an implementation plan for addressing those needs. The report also identified collaborative initiatives that are addressing 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 fourth cycle of Community Health Assessment and Planning which is completed every three years (2013, 2016, and 2019). The process aligns with Affordable Care Act requirements. The 2022 CHNA report includes a review of the 2019 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. This assessment took place during the COVID 19 pandemic which had a significant impact on the hospital and community. 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 2022, 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 2022. The team consisted of: The team consisted of: Connie Koutouzos, President and CEO, Norman Chapin, MD, CMO, Matt Rick, VP of Operations, Yvonne Vandecar, Director of Patient Care Services, Sivan Laufer, Regional Director of Regulatory Compliance, Alayna Wesener, Director of Marketing and Business Development.

## 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 Caro 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.

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 2021, 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, Tuscola County, and Michigan.

Table 1: Major Data Sources			
Public Health Statistics			
Source/Participants	URL or Citation	Dates	Additional Descriptors
United States Census Bureau	<a href="http://www.census.gov">http://www.census.gov</a>	2021	American Community Survey, Census Demographic profiles, and subtopic data sets.
MI Labor Market	<a href="http://www.milmi.org">http://www.milmi.org</a>	2021	Unemployment Data
MI Department of Health and Human Services (MDHHS), Vital Statistics	<a href="https://www.mdch.state.mi.us/osr/CHI/CRI/frame.asp">https://www.mdch.state.mi.us/osr/CHI/CRI/frame.asp</a>	2018-2020	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.	<a href="https://bhw.hrsa.gov/shortage-designation">https://bhw.hrsa.gov/shortage-designation</a>	2019-2020	Shortage designations are determined by HRSA.
County Health Rankings	<a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a>	2021	Includes a wide variety of statistics.
Kids Count	<a href="https://mlpp.org/kids-count/">https://mlpp.org/kids-count/</a>	2021	Includes a variety of data from MDHHS and Department of Education.
Local Assessments			
Behavioral Health Surveys	<ul style="list-style-type: none"> <li>719 residents cross the region participated (Huron, Lapeer, Sanilac, and Tuscola Counties.)</li> <li>68 medical providers participated</li> <li>98 mental health providers participated</li> </ul>	March 2021	Three surveys were distributed: Medical Provider, Mental Health Provider, and Community. Topics fell into four categories: 1) Prevalence of Mental Health Needs, 2) Availability of Services, 3) Barriers to Accessing Services, and 4) Impact of Stigma. Vulnerable populations were asked additional questions about their experiences with local services.
Community Survey	<ul style="list-style-type: none"> <li>Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties- 1171 participants</li> <li>Report produced for Service area by zip codes- 172 participants.</li> </ul>	Oct. 2021	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 TCHP Director. The Team also took into consideration priorities identified in the 2019 CHNA and progress on the 2019-2022 implementation plan.

## **COMMUNITY SERVED**

McLaren Caro Region (MCR), located in Tuscola County, Michigan, is a critical Access Hospital located in Tuscola County, Michigan. MCR is a Critical Access Hospital (CAH) as designated by the Medicare Rural Hospital Flexibility Program, created by Congress in 1997 which allows small hospitals to be licensed as a CAH and offers grants to States to help implement initiatives to strengthen the rural health care infrastructure.

**MISSION:** McLaren Health Care, through its subsidiaries, will be the best value in health care as defined by quality outcomes and cost.

### **Hospital Services Include**

#### ***General and Acute Services:***

- Cardiology
- Family Practice Clinic
- Emergency Department
- Dermatology
- Hematology
- Hospital (Acute Care & Hospitalist)
- Infectious Disease
- Nephrology
- Neurology
- Orthopedics
- Pathology
- Pharmacy
- Podiatry
- Telehealth Services

#### ***Screening/Therapy Services:***

- Chronic Disease
- Management DOT Physicals Holter/24 Hour Monitoring Laboratory services Occupational physicals Rehabilitation Services Respiratory Care
- Sleep studies
- Case Management

- Total Body Fat
- Analysis Pelvic Health
- Therapy PFTs
- EKG & EEG
- Stress Testing (Nuclear & Treadmill)

***Radiology Services:***

- CT scan
- Digital mammography
- General x-ray
- Nuclear medicine
- MRI (Thumb MRI)
- Teleradiology (After hours)
- Lower extremity circulatory
- assessment Ultrasound
- Bone Density Testing

Additional specialties such as endocrinology, EENT, and Pain management Gynecology, Neurosurgery, Ophthalmology, Rheumatology are available through the McLaren Network.

The MCR service is located in the area of Michigan commonly referred to as the Thumb. Hospital utilization data was applied to five zip codes that compose the Hospital's primary service area. According to the 2021 American Community Survey, U.S. Census, this service area has a population of 25,623. The service area includes numerous towns and villages, including Caro, Deford, Mayville, Richville, and Vassar. (Note: Census data is not available for Deford or Richville zip codes.) The Hospital provides services to a community in which:

- Twenty-one percent of the population is under age 18 and 21% is over age 65.
- The population has limited racial diversity with 95% of the population identified as Caucasian and 4.2% identified as Hispanic.
- McLaren Caro's service area has a college degree rate of 14.2% compared to Michigan's 30% and United States 28%.
- Average household income is lower at \$62,153 as compared to Michigan average income of \$80,803.
- 4% reported being unemployed on the census compared to 3.4% of Michigan residents.
- 5.5% reported on the census having no health insurance compared to 5.4% of Michigan residents.
- 16% of residents are in poverty in the service area compared to 13.7% of Michigan residents.
- The community has a higher rate of self-employed individuals (7.3%) compared to Michigan rate of 5.4% and the United States rate of 6.5%.

# REPRESENTING THE COMMUNITY

## *Input from Individuals*

Individual's provided input through the Behavioral Health Needs Assessment and Community Health Survey (Table 1). Vulnerable populations were represented in both surveys.

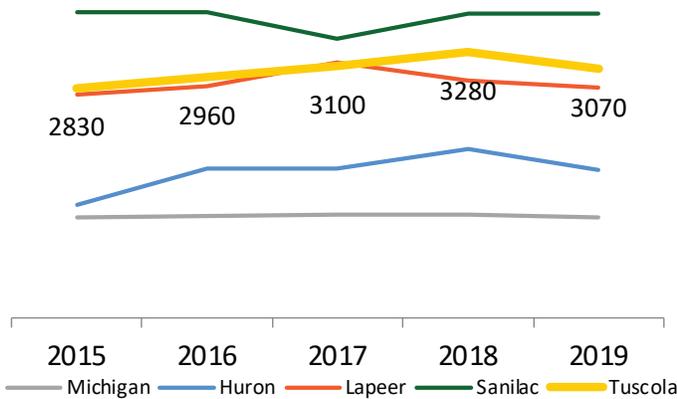
1. 780 people participated in the community survey related to behavioral health needs. Of the 750 that answered the question, many represented a vulnerable population: 37% respondents had a mental health condition, 23% cared for someone with a mental health condition, and 61% had a close family member or friend with a condition.
2. Vulnerable populations were widely represented in the Community Health Survey. Of the 172 individuals from the service area, 47% indicated they represented a vulnerable population.

Vulnerable Populations	% of Survey Respondents
Senior Citizen	42%
Someone that experiences a mental health condition or disability or special education needs	36%
Low Income	29%
Veteran	13%
Healthcare or Human Service Provider that can speak for a wide variety of patients/people	13%
The Physically Disabled	9%
Someone with a Substance Use Disorder or Alcoholism or in recovery from substance use.	8%
People of a minority race or ethnic background	8%
Victim of Domestic Abuse or Child Abuse	3%
Seasonal or part time resident	2%
People who are homeless	1%
Other (please specify)	3%

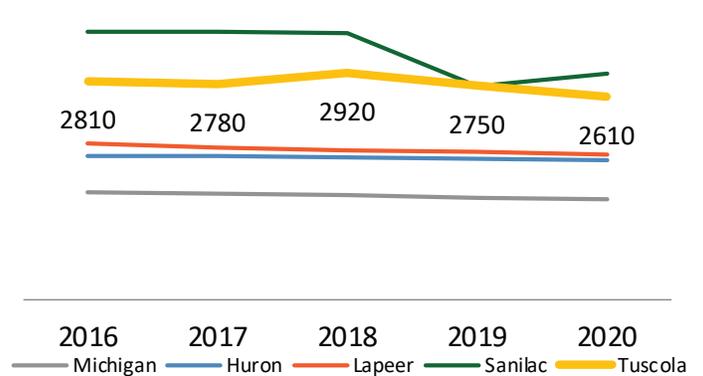
# DATA FINDINGS

## Workforce Development

**Primary Care Provider Rates**  
(Lower indicates greater access)



**Dentist Provider Rates**  
(Lower indicates greater access)



# 200+ JOB OPENINGS

at 20 local health and human services agencies are included on the weekly Thumb Community Health Partnership job bulletin.

## Coordination of Services

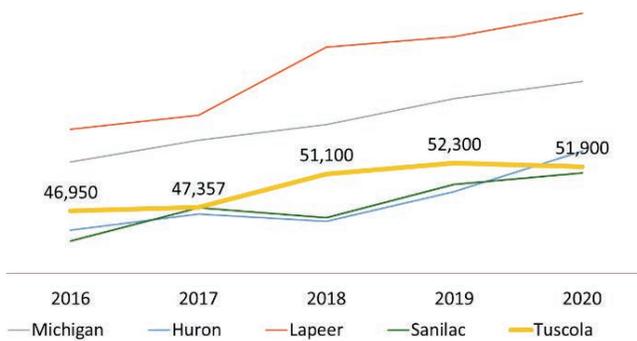
# 46% OF RESPONDENTS

on the Community Health Survey indicated that coordination of services is a weakness of the Health Care System.

## Availability and Access to Services

The median income in Tuscola County is well below the Michigan average. Lower income puts individuals at risk for not having health insurance.

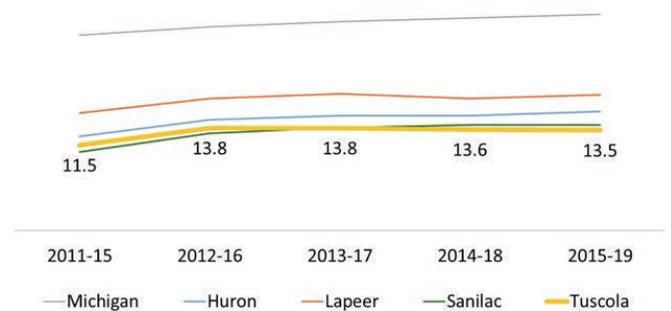
Median Income



SOURCE: SAIPE website; www.countyhealthrankings.org

Individuals in the service area are less likely to hold professional degrees decreasing the chance that they will have employer provided health insurance.

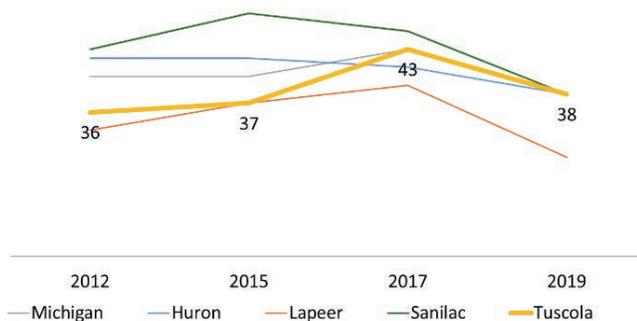
% of People with Bachelors Degree or Higher



SOURCE: U.S. Census

Many of these individuals live above the poverty level but below the cost of living or ALICE (Asset Limited, Income Constrained, Employed) threshold.

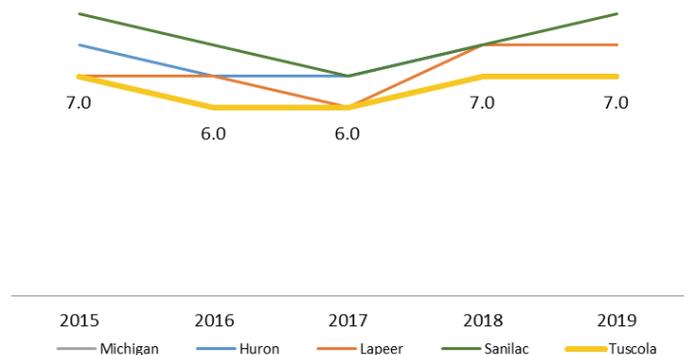
% of households below ALICE Threshold



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

As a result, data shows that many residents under age 65 do not have health insurance. Residents confirmed this is the 2021 Community Health Survey. **38% of respondents felt that access to health insurance was a weakness of the healthcare system.**

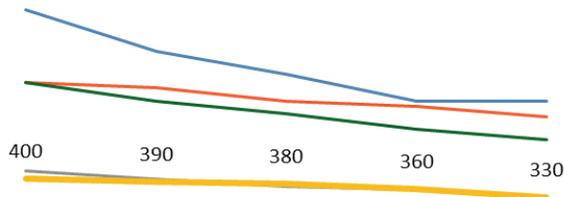
% of people < age 65 that are uninsured



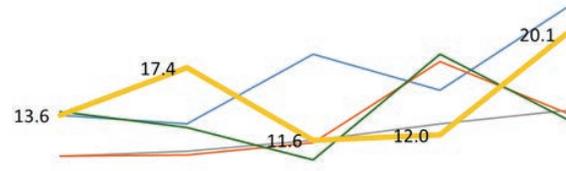
SOURCE: US Census Bureau's Small Area Health Insurance Estimates (SAHIE)

## Behavioral Health

**Mental Health Provider Rates**  
(Lower indicates greater access)



**Suicide Mortality Trends**  
Age Adjusted Rate/100,000



2017 2018 2019 2020 2021  
— Michigan — Huron — Lapeer — Sanilac — Tuscola

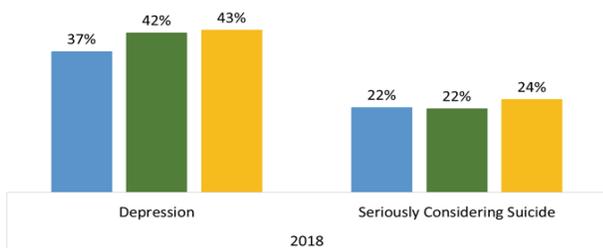
1995-1999 2001-2005 2006-2010 2011-2015 2016-2020  
— Michigan — Huron\* — Lapeer — Sanilac — Tuscola

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

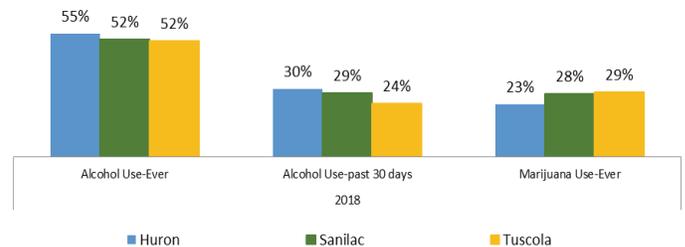
OVER THE PAST 10 YEARS,  
**84%**  
OF SUICIDE DEATHS IN THE  
THUMB WERE MEN.

9th & 11th grade Depression and Suicidal Ideations

■ Huron ■ Sanilac ■ Tuscola

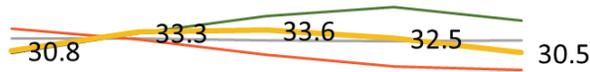


9th & 11th grade Alcohol & Marijuana Use



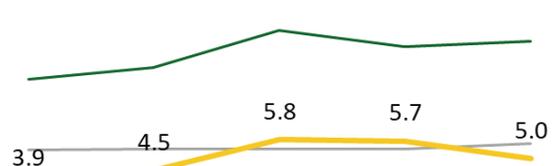
## Prenatal and Infant Health

Percent of Live Births to Women With Less Than Adequate Prenatal Care



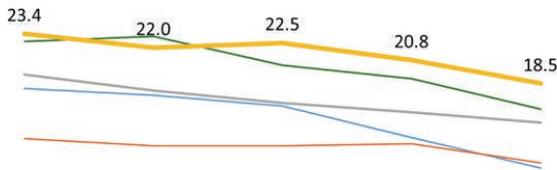
2015 2016 2017 2018 2019  
 — Michigan — Huron — Lapeer — Sanilac — Tuscola

Percent of Live Births to Women With Late or No Prenatal Care



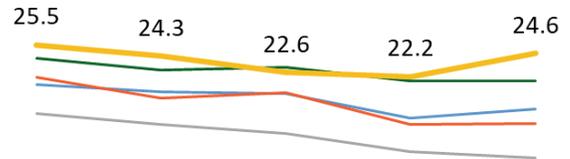
2015 2016 2017 2018 2019  
 — Michigan — Huron — Lapeer — Sanilac — Tuscola

Births to Teens  
 Rate/1000 Females age 15-19



2014-2016 2015-2017 2016-2018 2017-2019 2018-2020  
 — Michigan — Huron — Lapeer — Sanilac — Tuscola

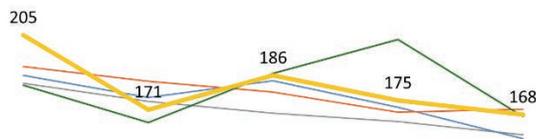
Percent of Live Births to Women Who Smoked During Pregnancy



2015 2016 2017 2018 2019  
 — Michigan — Huron — Lapeer — Sanilac — Tuscola

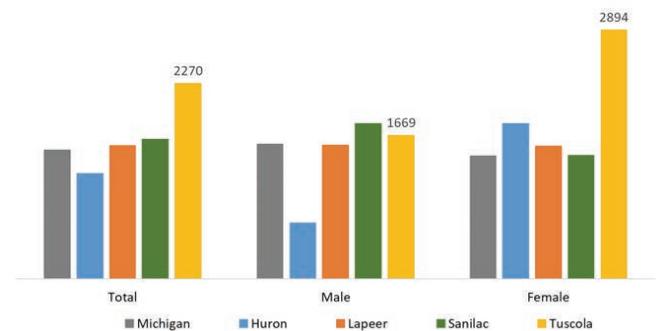
## Cancer

Cancer Mortality Trends Age Adjusted Rate/100,000



2008-2010 2011-2013 2014-2016 2015-2017 2018-2020  
 — Michigan — Huron — Lapeer — Sanilac — Tuscola

2020 Cancer Rate/100,000 Years of Potential Life Lost

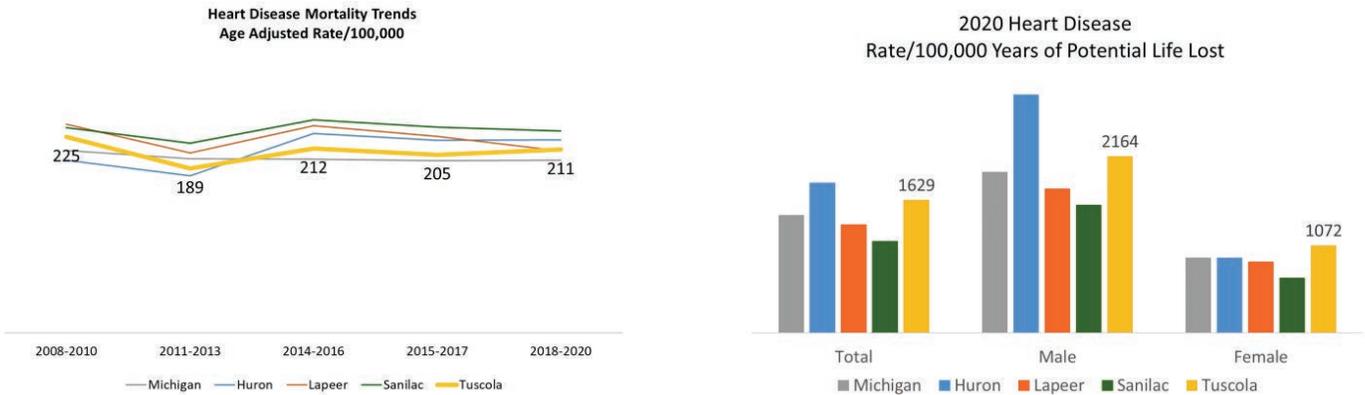


Mortality Rates Per 100,000 by type of cancer

- Lung Cancer- 43.4
- Breast Cancer (Females)-20.6
- Colorectal Cancer- 17.0
- Prostate Cancer (Males)-16.2

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

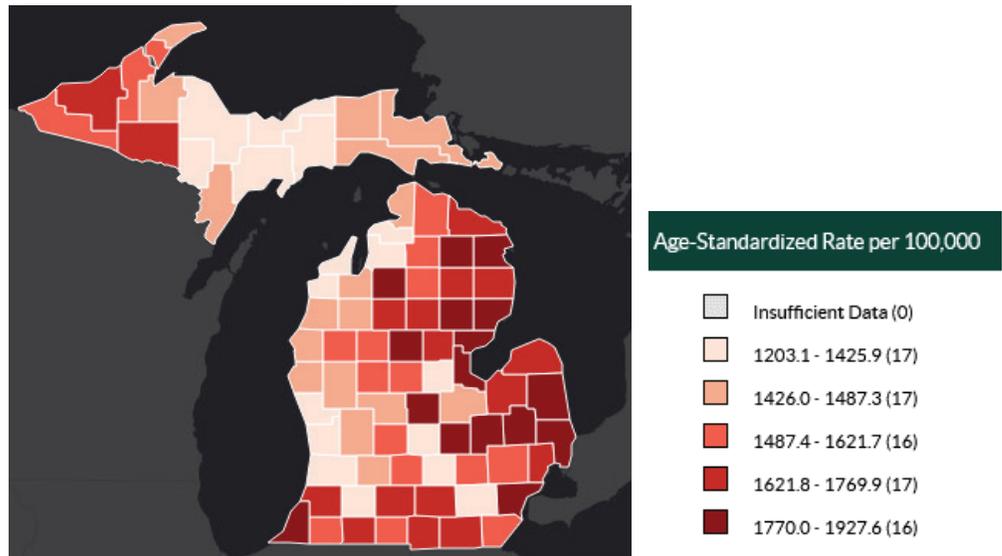
## Chronic Disease



SOURCE: Michigan Department of Health and Human Services, <https://vitalstats.michigan.gov/osr/chi/crifframe.html>

### Total Cardiovascular Disease Death Rate

Age 65+  
All Races/Ethnicities  
Both Genders  
2017-2019



SOURCE: Center for Disease Control; Interactive Atlas, <https://nccd.cdc.gov/DHDSAtlas/Default.aspx>

# 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

### Focus Areas

1. Workforce Development
  - Recruitment
  - Retention
2. Coordination of Services Between Providers

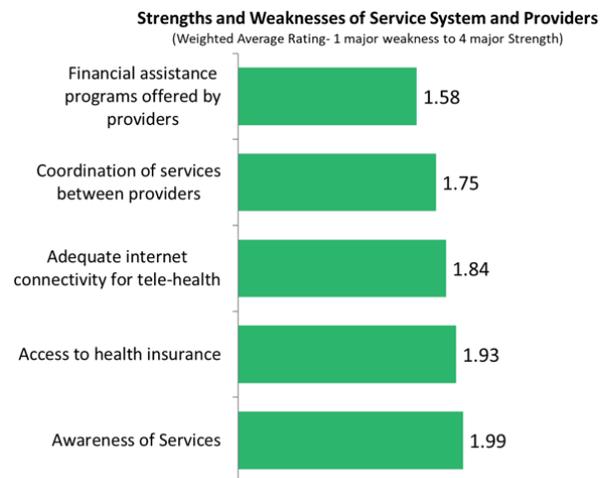
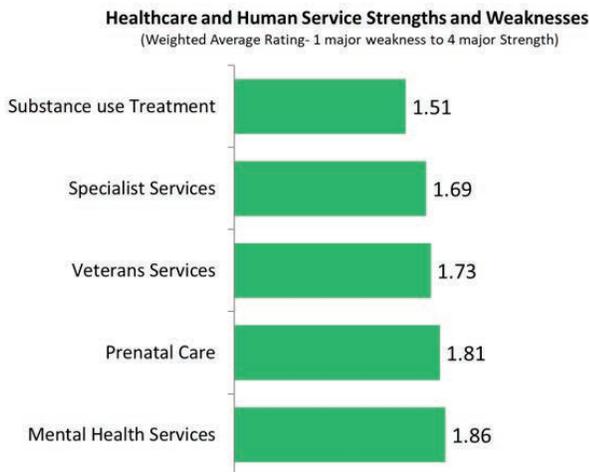
### Priorities

1. Mental Health
2. Availability and Access to Services
3. Senior Falls
4. Cancer
5. Chronic Disease

### Collaborative Needs

1. Mental Health
2. Substance Use Disorders
3. Social Determinants of Health and Barriers to Accessing Services
4. Poverty & Homelessness

*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>
- 2021 Behavioral Health Needs Assessment Report [https://www.thumbhealth.org/files/ugd/dc955f\\_1d4d3f2b8660477886bb0e6c0f64ee71.pdf](https://www.thumbhealth.org/files/ugd/dc955f_1d4d3f2b8660477886bb0e6c0f64ee71.pdf)
- 2021 Community Survey Instrument
- 2021 MCR Service Area Community Survey Report