



2025

Community Health  
Needs Assessment



CARO REGION

## TABLE OF CONTENTS

Executive Summary .....	3	
<b>CHNA PROCESS AND METHODS</b>		
CHNA Team .....	4	
CHNA Process.....	4	
Six Steps of the CHNA Process.....	5	
Data Resources.....	6	
Methods of Analysis and Prioritization Process.....	7	
<b>COMMUNITY SERVED .....</b>		<b>7</b>
<b>REPRESENTING THE COMMUNITY</b>		
Input from Individuals .....	9	
<b>DATA FINDINGS</b>		
Workforce Development .....	10	
Availability and Access to Services .....	11	
Social Determinants of Health .....	12	
Behavioral Health.....	13	
Prenatal and Infant Health .....	14	
Cancer .....	15	
Chronic Disease.....	15	
Injuries .....	16	
<b>COMMUNITY NEEDS AND PRIORITIES</b>		
Prioritization.....	17	
<b>RESPONDING TO THE NEEDS .....</b>		<b>19</b>
<b>ADDITIONAL DOCUMENTS AND REFERENCES .....</b>		<b>19</b>



## EXECUTIVE SUMMARY

The 2025 Community Health Needs Assessment (CHNA) for McLaren Caro Region (MCR) identified and prioritized the most pressing health issues affecting the hospital's service area. This report is designed to inform residents, community leaders, health care providers, and decision-makers about the current health needs of the region, and to guide the development of MCR's plan to address those needs effectively.

The CHNA process is completed every three years in alignment with the Affordable Care Act and IRS 501(r) requirements. This marks the fifth assessment cycle (2013, 2016, 2019, 2022, and now 2025). The current report also includes an evaluation of progress made on the 2022 implementation plan.

Using a team-based, data-informed approach, the CHNA combines quantitative data with qualitative input from community members to ensure priorities reflect both statistical trends and lived experiences. Community engagement is essential for interpreting data accurately and shaping effective solutions.

The health care landscape continues to evolve with rising costs, staffing shortages, shifting reimbursement models, and rapidly changing patient needs. These realities make the CHNA process more important than ever. By identifying and focusing on the most impactful issues, the CHNA helps allocate resources where they can have the greatest impact—improving health outcomes, increasing life expectancy, enhancing quality of life, and reducing strain on the health care system.

MCR used the findings of this assessment to develop a targeted implementation plan with strategies designed to improve health across the region.

## 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 2024. The team consisted of Connie Koutouzos, President and CEO; Yvonne Vandecar, Director of Patient Care Services; Sivan Laufer, Regional Director of Regulatory Compliance; Marc'L Neumann, CNO, Vice President of patient care services; Ken Baranski, CFO, VP of Finance; and Gretchen Roestel, Director of HR.

### CHNA Process

Identifying the most pressing health needs is the essential first step in addressing community well-being. McLaren Caro Region (MCR) used a structured, evidence-based approach to ensure that priorities were grounded in objective data and supported by lived experience.

The CHNA process involved a comprehensive review of multiple data sources, including publicly available health data, regional statistics, and input gathered directly from residents. When multiple data points converge to highlight a specific need, it strengthens the case for prioritizing that issue, indicating a high potential for community-level impact when addressed.

MCR partnered with the Thumb Community Health Partnership (TCHP) to design and carry out the assessment. TCHP brings together key stakeholders from Huron, Lapeer, Sanilac, and Tuscola counties, including local hospitals, public health departments, community mental health agencies, and other agencies such as the Michigan Department of Health and Human Services, Intermediate School District, Human Development Commission, Great Lakes Bay Health Centers, and List Psychological Services.

The process followed the nationally recognized Association for Community Health Improvement (ACHI) model, a framework that provides a step-by-step methodology for identifying, prioritizing, and planning for community health improvement. TCHP used the ACHI toolkit to guide the assessment and facilitate collaboration.

## THE SIX STEPS OF THE CHNA PROCESS:

1. Gathering Community Input – through surveys, interviews, and partner discussions
2. Reviewing Health Indicator Data – analyzing trends in health outcomes and social determinants
3. Identifying Priority Issues – based on data convergence and stakeholder feedback
4. Reviewing Progress Since 2022 – evaluating implementation of prior strategies
5. Assessing Available Resources – identifying assets and gaps in services
6. Determining Actions – selecting evidence-informed strategies for the implementation plan

Through this collaborative, multi-step process, MCR ensures that community voices are heard and that strategies are aligned with both local data and regional capacity.



## 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.

## METHODS OF ANALYSIS AND PRIORITIZATION PROCESS

The CHNA Team engaged in a structured priority-setting exercise, guided by both health indicator data and community input. This process was facilitated by the director of the TCHP and supported by a project consultant from LEAP Consulting. The team informed their decision using current findings, 2022 CHNA priorities, and progress made under the 2022–2025 implementation plan.

PUBLIC HEALTH STATISTICS			
Source/participants	Url or citation	Dates	Additional descriptors
United states census bureau	<a href="https://data.census.gov/table/">https://data.census.gov/table/</a>	2023	American Community Survey, Census Demographic profiles, and subtopic data sets.
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> or <a href="https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp#Counties">https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp#Counties</a>	2021-2023	Date ranges varied by health statistic. Some statistics represent one year of data as others provide 3 or 5 year averages.
Health Resources & Services Admin.	<a href="https://bhwh.hrsa.gov/shortage-designation">https://bhwh.hrsa.gov/shortage-designation</a>	2021	Shortage designations as determined by HRSA.
County Health Rankings	<a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a>	2020-2022	Includes a wide variety of statistics.
Kids Count	<a href="https://mlpp.org/kids-count/">https://mlpp.org/kids-count/</a>	2023/2024	Includes a variety of data from MDHHS and Michigan Department of Education.
LOCAL ASSESSMENTS			
Community Survey	Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties- 690 participants  Report produced for Service area by zip codes- 65 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 health care 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.

Table 1. Major Data Sources

## 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:

- General and Acute Services:
- Cardiology
  - Family Practice Clinic
  - Emergency Department
  - Dermatology
  - Hematology/Oncology
  - Hospitalist Service
  - Orthopedics
  - Pathology
  - Pharmacy
  - Podiatry
  - Telehealth Services
- 

## SCREENING/THERAPY SERVICES:

- Chronic Disease
  - Sleep studies
  - Case Management
  - Pulmonary Function Tests
  - DOT Physicals
  - Holter Monitors
  - Laboratory Services
  - Occupational Therapy
  - Physical Therapy
  - Speech/Language Therapy
  - Respiratory Care
  - EKG and EEG
  - Stress Testing (Nuclear and Treadmill)
- 

## RADIOLOGY SERVICES:

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

The CTR service area is located in the area of Michigan commonly referred to as the Thumb. Hospital utilization data was applied to four 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 25,491. The service area includes numerous towns and villages, including Caro, Deford, Mayville, Richville, and Vassar. The hospital provides services to a community in which:

- 20.4% of the population is under age 18 and 21.9% is over age 65.
- The population has limited racial diversity with 91.7% of the population identified as Caucasian, 3.7% Hispanic, 2.8% two or more Races, 1.3% Black, 0.4% Asian, 0.1% Some Other Race, 0.1% American Indian/Alaska Native, 0.0% Hawaiian/Other Pacific Islander.
- McLaren Caro's service area has a bachelor's or higher college degree rate of 17.8% 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 \$71,130 as compared to Michigan's average (mean) income of \$96,299.
- 3.4% reported being unemployed on the census compared to 3.6% of Michigan residents.
- 4.7% reported on the census having no health insurance compared to 5.0% of Michigan residents.
- In the three reported zip codes within the McLaren Caro service area, 11.5% (48723), 5.9% (48744), 10.1% (48768) percent of families are in poverty compared to 8.8% of Michigan families.
- The community has a lower rate of self-employed individuals (9.2%) compared to Michigan's rate of 9.5% and the United States rate of 11.0%.

## REPRESENTING THE COMMUNITY

### Input from Individuals

Individuals provided input through a regional Community Health Survey (Table 1). For the participants in the zip codes of the service area, multiple vulnerable populations were widely represented. Of the 65 individuals from the service area, 63% indicated they represented a vulnerable population.

VULNERABLE POPULATION IN McLAREN CARO SERVICE AREA 2024	% OF SURVEY RESPONDENTS
Someone that experiences a mental health condition or disability or special education needs	46%
Senior citizen	34%
Low income	29%
Health care or human service provider that can speak for a wide variety of patients/people	22%
The physically disabled	22%
Victim of domestic abuse or child abuse	17%
Veteran	12%
Someone with a substance use disorder or alcoholism or in recovery from substance use.	12%
People who are homeless	7%
People of a minority race or ethnic background	2%
Other (please specify)	2%

## WORKFORCE DEVELOPMENT

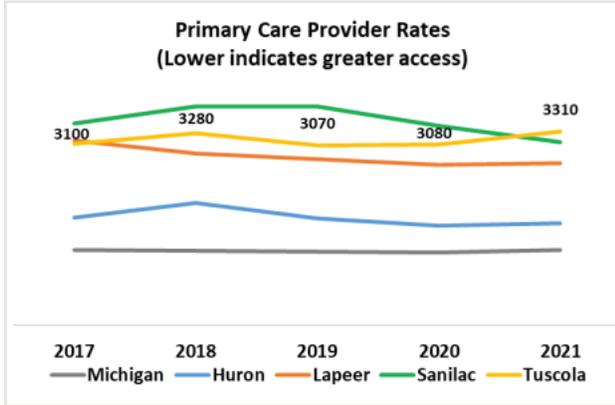


Fig. 1

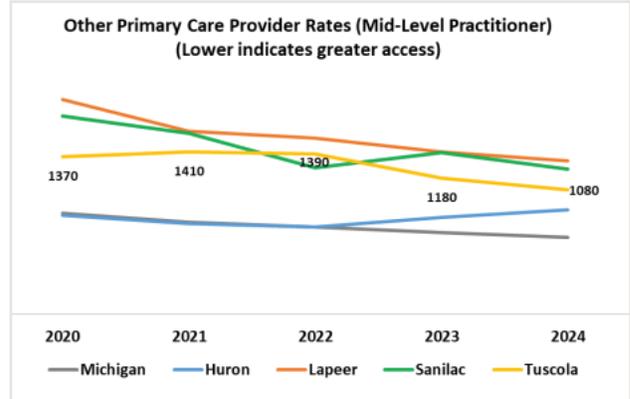


Fig. 2

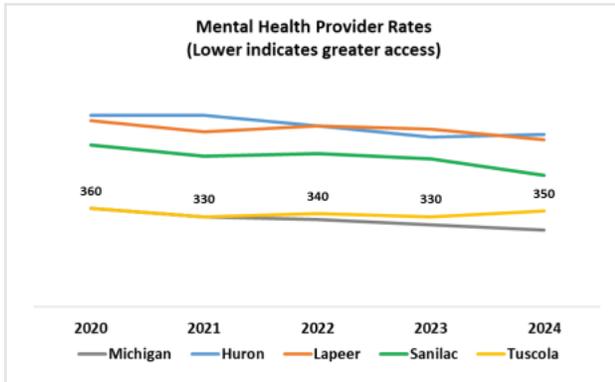


Fig. 3

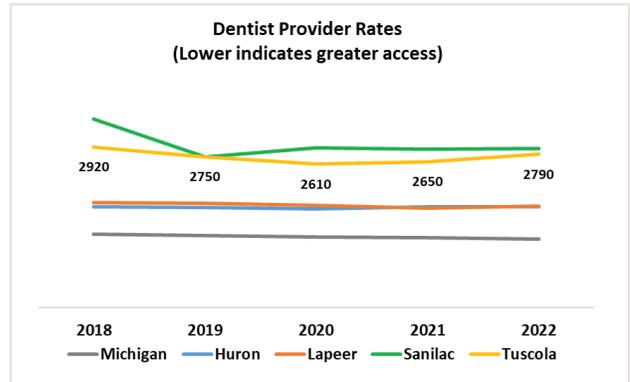


Fig. 4



**200+**  
JOB OPENINGS

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

# DATA FINDINGS

## AVAILABILITY AND ACCESS TO SERVICES

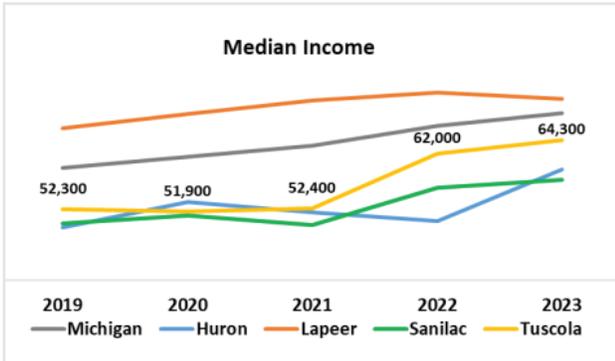


Fig. 5. The median income in Tuscola County is well below the Michigan average. Lower income puts individuals at risk for not having health insurance.<sup>(1)</sup>

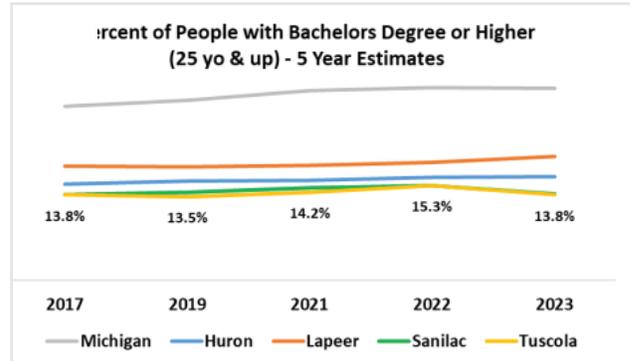


Fig. 6. Individuals in the service area are less likely to hold professional degrees decreasing the chance that they will have employer provided health insurance.<sup>(2)</sup>

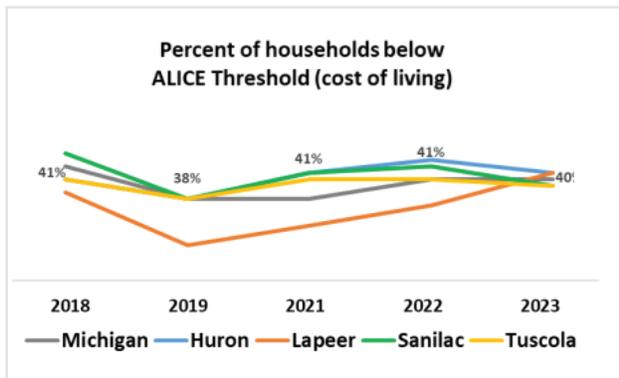


Fig. 7. Many of these individuals live above the poverty level but below the cost of living or ALICE (Asset Limited, Income Constrained, Employed) threshold.<sup>(3)</sup>

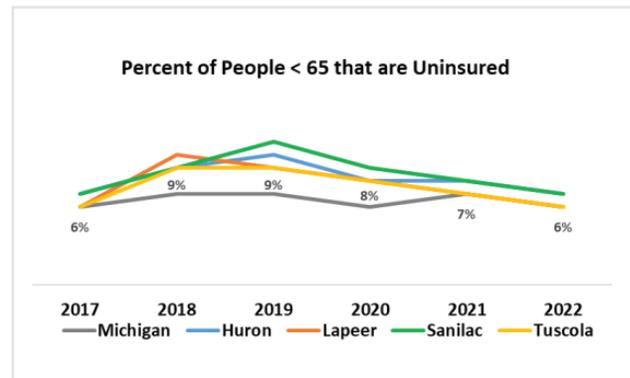


Fig. 8. As a result, data shows that many residents under age 65 do not have health insurance. Residents confirmed this is the 2024 Community Health Survey. 36% of service area respondents felt that access to health insurance was a weakness or major weakness of the health care system.<sup>(4)</sup>



**52%**  
OF RESPONDENTS

on the Community Health Survey in the McLaren Caro Service Area indicated that coordination of services is a weakness or major weakness of the health care system.

5. SAIPE web site; [www.countyhealthrankings.org](http://www.countyhealthrankings.org). 6. U.S. Census 3. United Way- ALICE Report (Assets Limited Income Constrained Employed) 7. US Census Bureau's Small Area Health Insurance Estimates (SAHIE)

## SOCIAL DETERMINANTS OF HEALTH

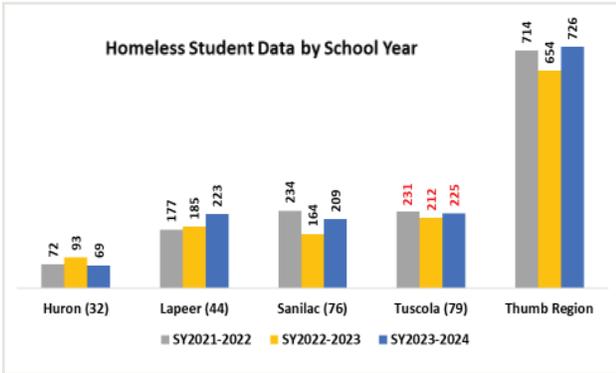


Fig. 9.

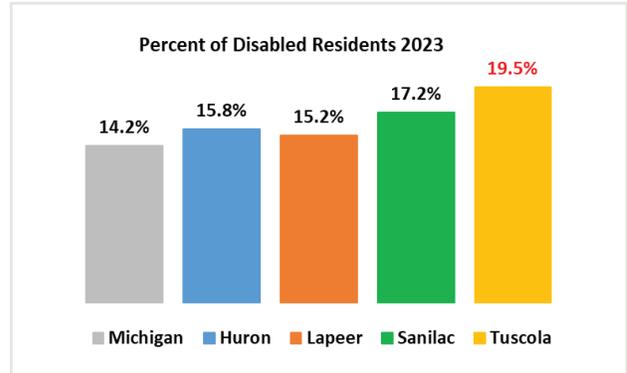


Fig. 10.

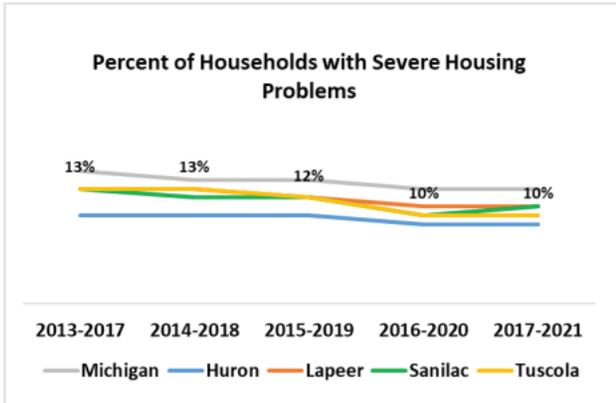


Fig. 11. \*Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities

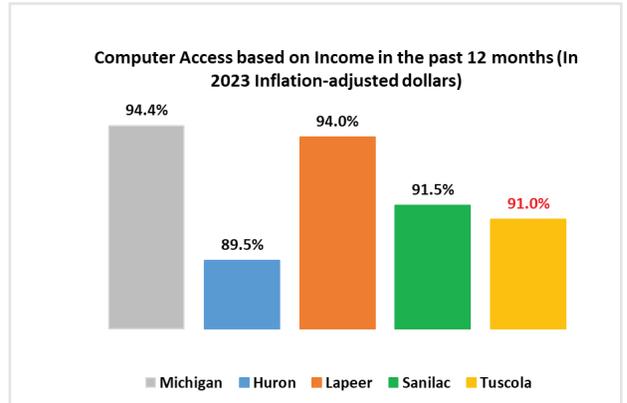


Fig. 12.

9. <https://www.mischooldata.org/homeless-enrollment-data-files> 10. [https://data.census.gov/table/ACSDT5Y2022B18101?q=Disabled&t=Disability&g=040XX00US26\\_050XX00US26063,26087,26151,26157&moe=false](https://data.census.gov/table/ACSDT5Y2022B18101?q=Disabled&t=Disability&g=040XX00US26_050XX00US26063,26087,26151,26157&moe=false)  
 11. [www.countyhealthrankings.org](http://www.countyhealthrankings.org) 12. <https://data.census.gov/table/ACSST5Y2023>.

# DATA FINDINGS

## BEHAVIORAL HEALTH

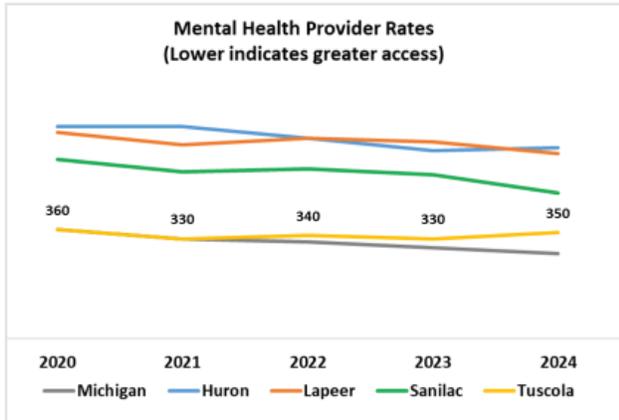


Fig. 13.

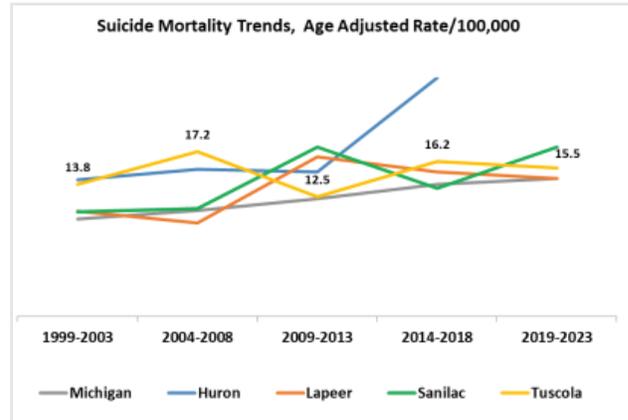


Fig. 14.

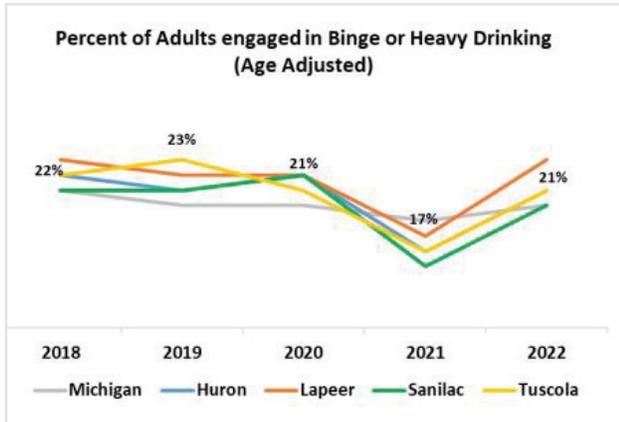


Fig. 15.

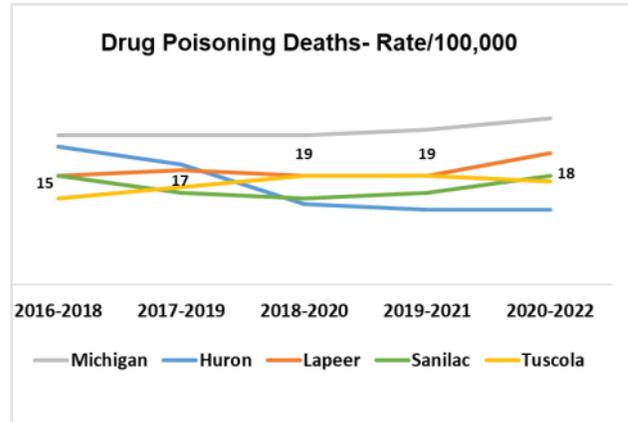


Fig. 16.

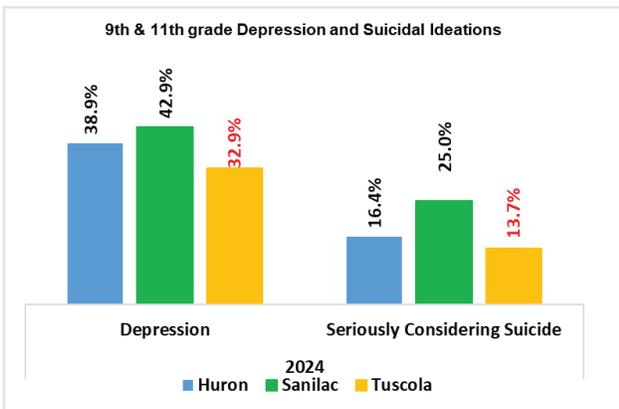


Fig. 17.

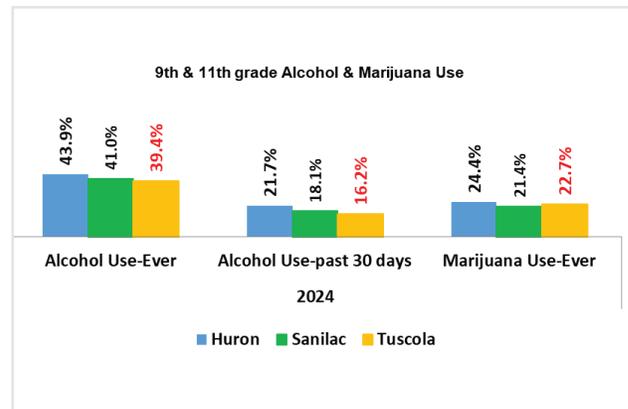


Fig. 18.

**♂ 82% OVER THE LAST 10 YEARS, 82% OF SUICIDE DEATHS IN THE THUMB WERE MEN.**

13. [www.countyhealthrankings.org](http://www.countyhealthrankings.org) 14. <https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp> 15. [www.countyhealthrankings.org](http://www.countyhealthrankings.org) 16. [www.countyhealthrankings.org](http://www.countyhealthrankings.org) 17. <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx> 18. <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

# DATA FINDINGS

## PRENATAL AND INFANT HEALTH

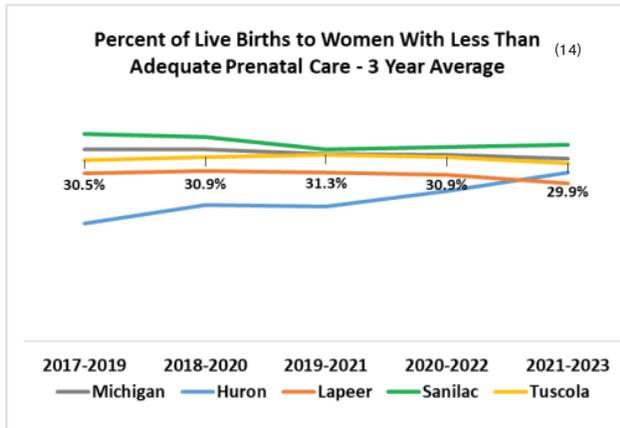


Fig. 19.

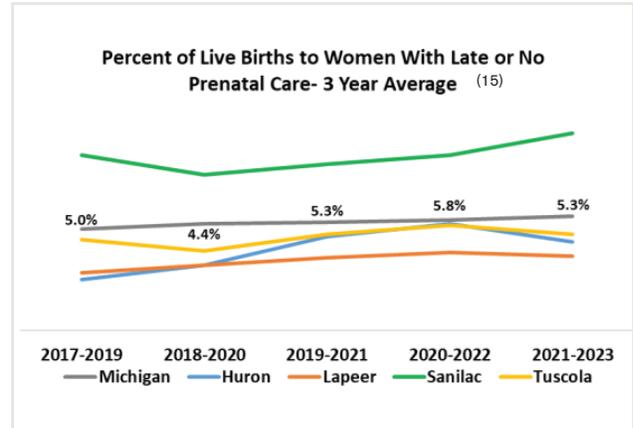


Fig. 20.

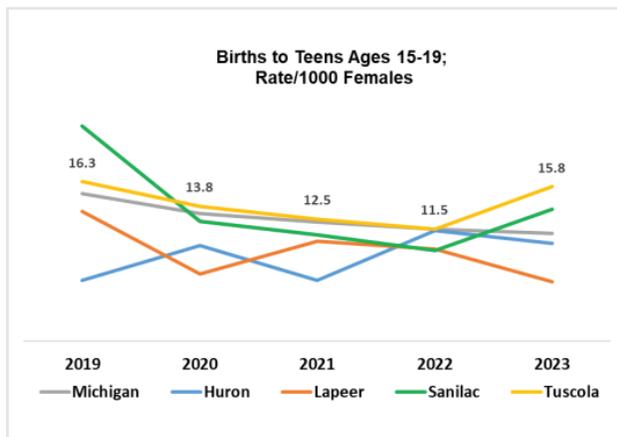


Fig. 21.

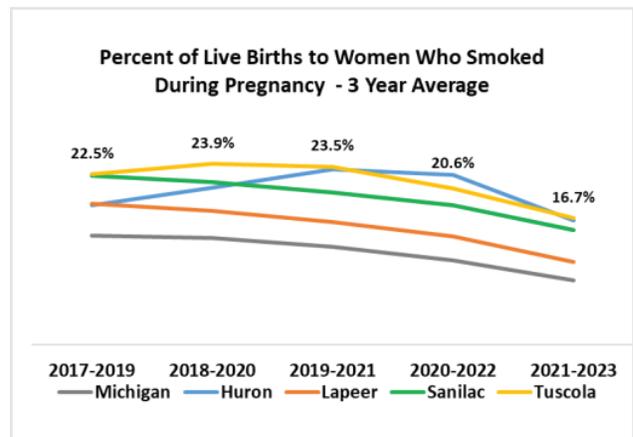


Fig. 22.

19. <https://datacenter.aecf.org/data/customreports/3775,3787,3819,3822/any> 20. <https://datacenter.aecf.org/data/customreports/3775,3787,3819,3822/any> 21. <https://vitalstats.michigan.gov/osr/chil/IndexVer2.asp#Counties> 22. <https://vitalstats.michigan.gov/osr/chil/births14/frameBxChar.html>

# DATA FINDINGS

## CANCER

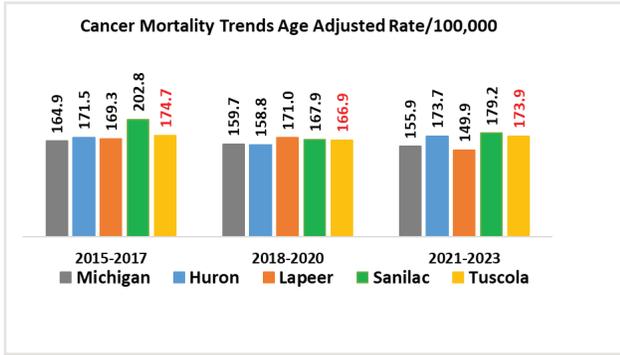


Fig. 23.

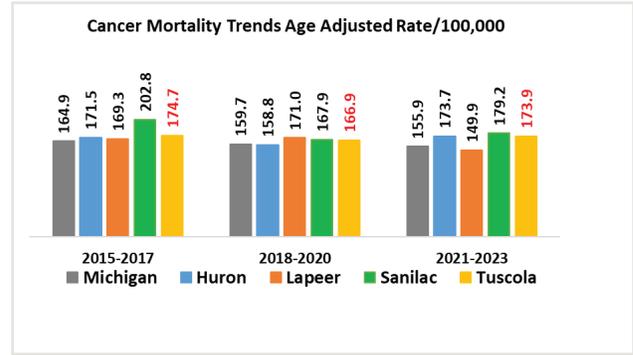


Fig. 24.

### Mortality Rates Per 100,000 by type of cancer in Tuscola County 2017-2021\*

- Lung Cancer - 42.4
- Breast Cancer (Females) - 23.0
- Colorectal Cancer - 14.9
- Prostate Cancer (Males) - 12.7

## CHRONIC DISEASE

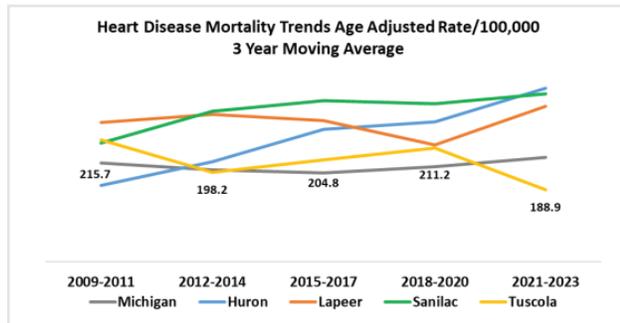


Fig. 25.

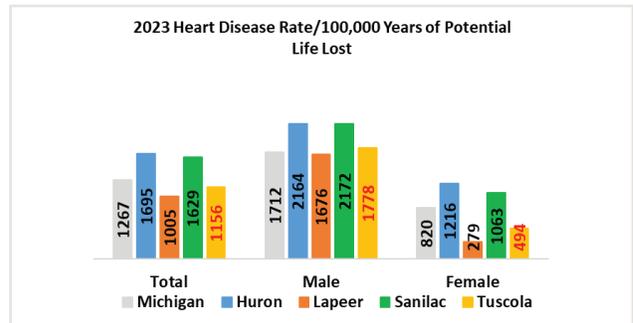


Fig. 26.

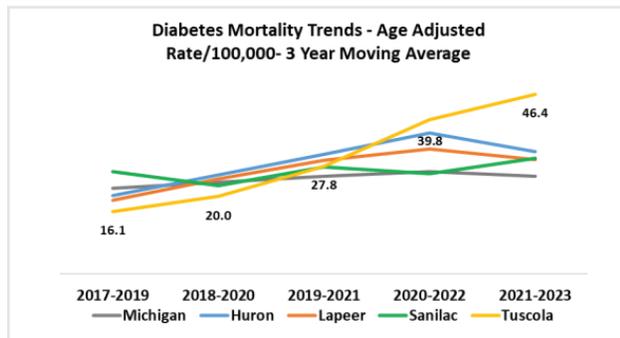


Fig. 27.

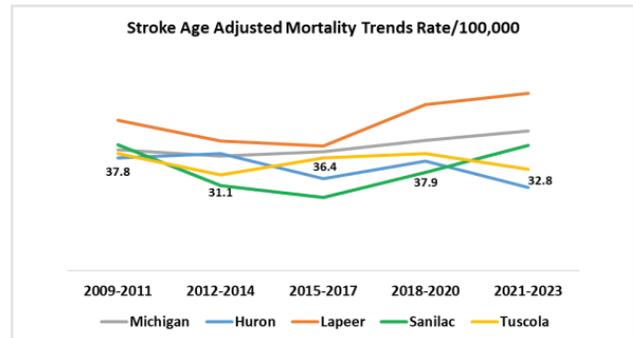


Fig. 28.

\*<https://www.mdch.state.mi.us/osr/CHII/Cancer/frame.asp> 25. <https://vitalstats.michigan.gov/osr/CHII/Deaths/frame.html> 26. <https://vitalstats.michigan.gov/osr/CHII/Deaths/frame.html> 27. <https://vitalstats.michigan.gov/osr/chi/cr/frame.html> 28. Michigan Department of Health and Human Services <https://vitalstats.michigan.gov/osr/CHII/Deaths/frame.html>

## INJURIES

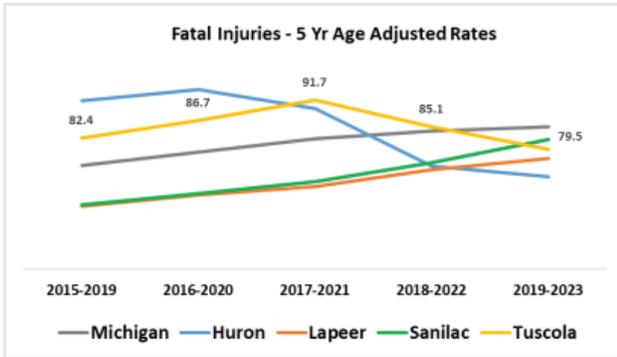


Fig. 29.

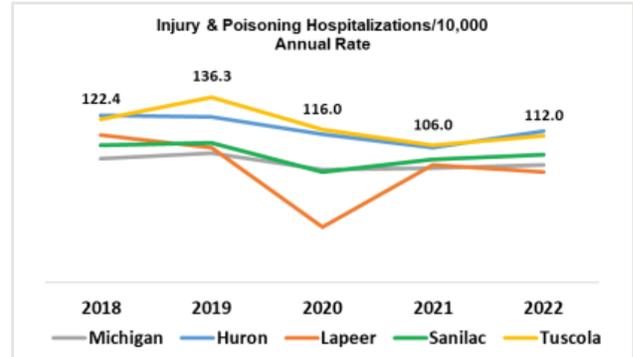


Fig. 30.

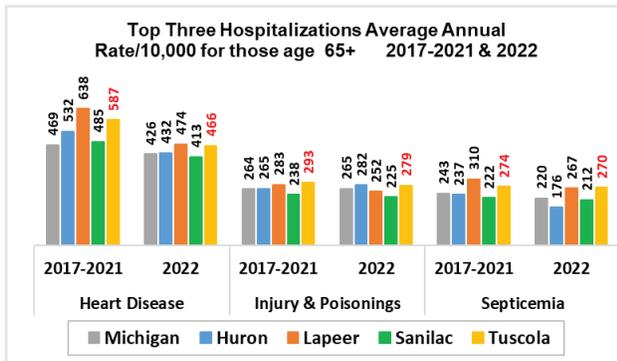


Fig. 31.

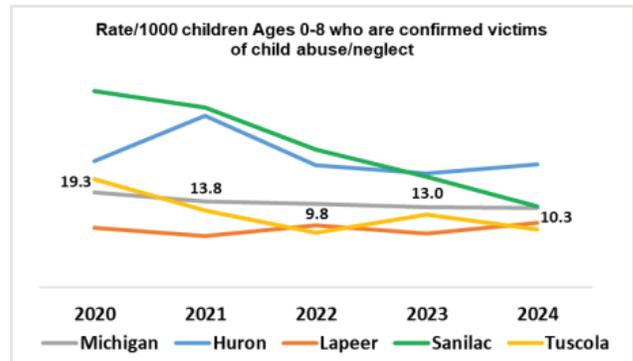


Fig. 32.

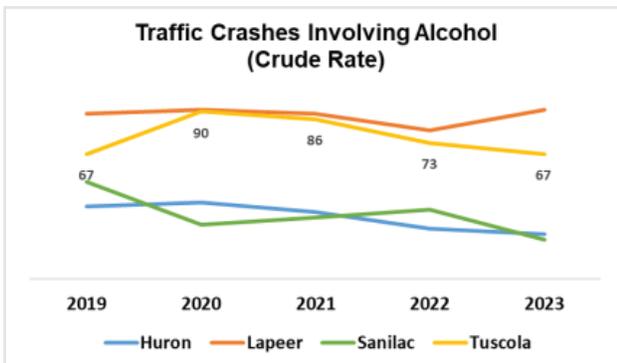


Fig. 33.

29. <https://vitalstats.michigan.gov/osr/chi/FATAL2/frame.asp> 30. <https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp> 31. <https://vitalstats.michigan.gov/osr/CHI/hospdx/frame.html> 32. <https://datacenter.aecf.org/data/customreports/3775,3787,3819,3822/any> 33. <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 - CARO

### FOCUS AREAS

1. Chronic disease
2. Access to services
3. Mental health

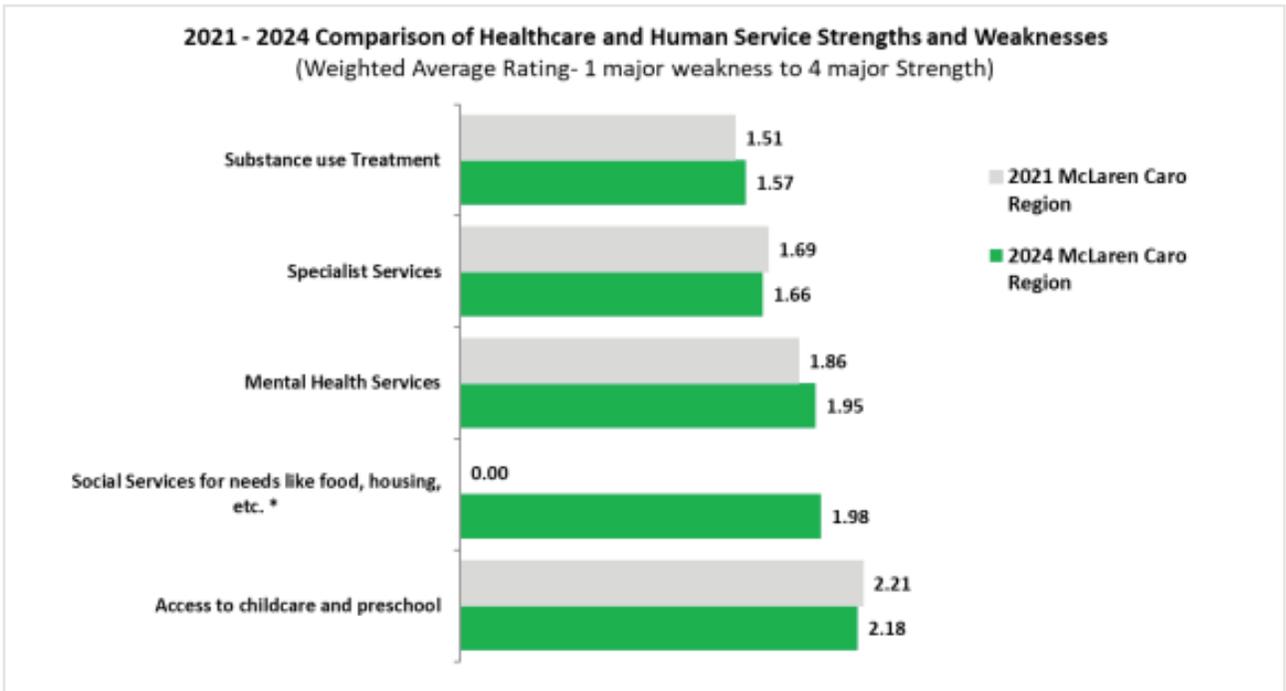
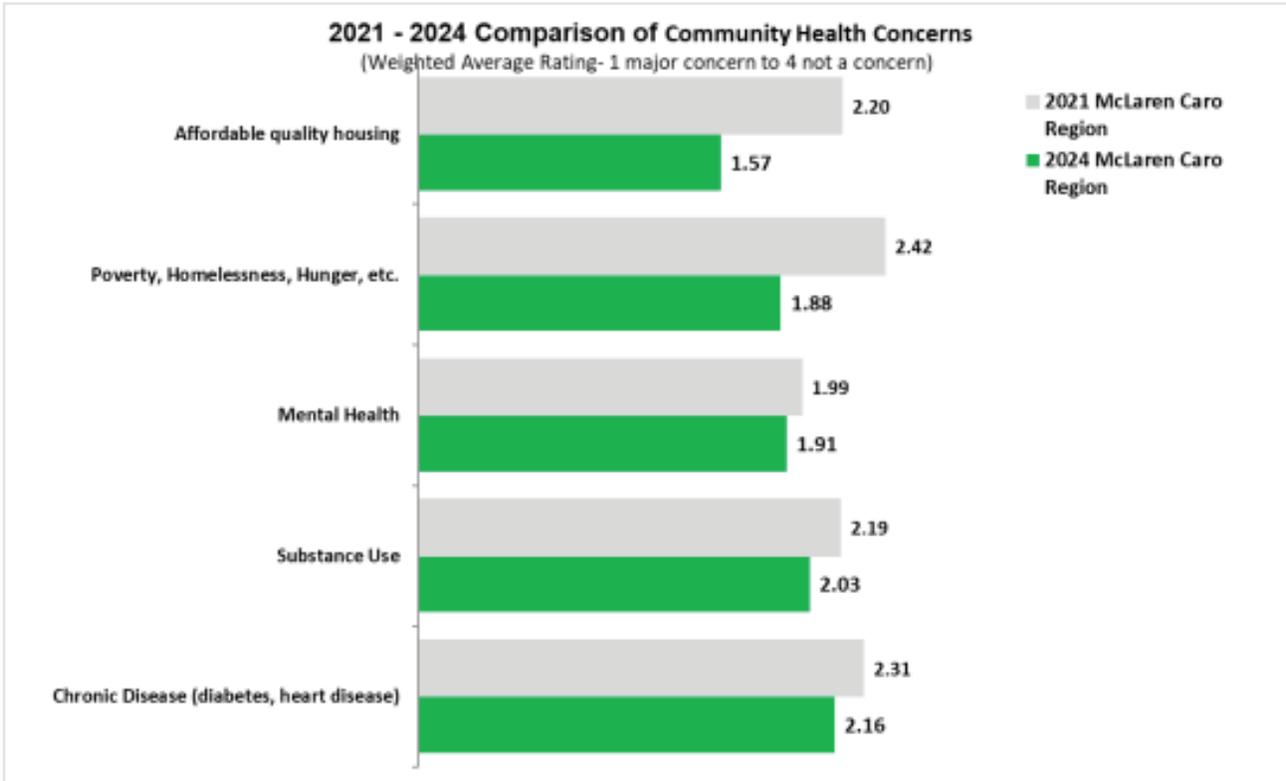
### PRIORITIES

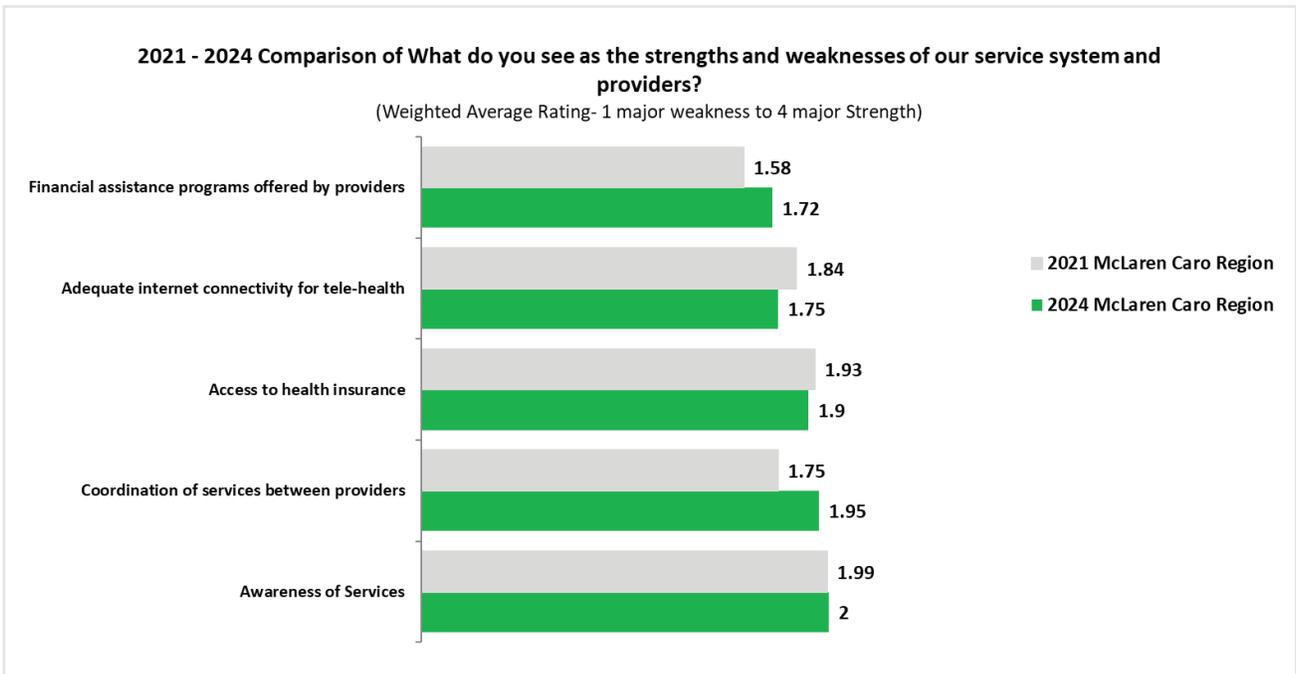
- 1a. Community screenings
- 1b. Case coordinator utilization
- 2a. Expand specialty provider access
- 2b. Improve patient engagement
- 3a. Expand pediatric mental health access
- 3b. Staff training

### COLLABORATIVE NEEDS

1. Mental health
2. Substance use disorders
3. Social determinants of health and barriers to accessing services

## 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 MCR Service Area Community Survey Report

