



2019

# Community Health Needs Assessment and Implementation Plan



## **Part 1: Community Health Needs Assessment**

About Hills & Dales General Hospital:

Hills & Dales General Hospital is a 25-bed, non-profit acute care facility located in Cass City, Michigan. The hospital is certified by the U.S. Centers for Medicare and Medicaid Services as a Critical Access Hospital and is accredited by the Healthcare Facilities Accreditation Program. Hills & Dales General Hospital was founded in 1960 and throughout the years, there have been many changes, renovations & additions to the hospital. Hills & Dales recently completed an eight-million-dollar expansion and renovation project, bringing many updates to the facility including twelve private patient rooms, new clinic space, specialty clinic space and an updated lobby, gift shop and reception area. Our medical staff includes 11 active staff physicians, as well as 11 nurse practitioners, who provide care in ten primary care clinics throughout the Thumb. Specialty outpatient clinics are also offered through the hospital including orthopedics, general surgery, cardiology, nephrology, pain management, neurosurgery and psychiatry. Hills & Dales also has three Center for Rehabilitation locations throughout the tri county area. Additionally, Hills & Dales offers a comprehensive list of outpatient services in the areas of laboratory, respiratory therapy, and radiology.

Hills & Dales General Hospital is led by a Board of Trustees made up of 12 members of the community who represent various walks of life including local business owners, banking, education, law and healthcare. The Board of Trustees is tasked with ensuring that the hospital carries out the goals of its mission statement, which is, "To be the provider of choice and the employer of choice in our primary markets." The Volunteer Auxiliary at Hills & Dales was founded before the hospital opened in 1960, and last year successfully provided more than \$20,000 in financial assistance and more than 5,000 hours of service to the hospital. With some 300 employees, Hills & Dales is one of the top ten largest employers in Tuscola County. Recent achievements for the hospital include our designation as the first Level IV Trauma Facility in Michigan, and our receipt of the Governor's Award of Excellence for Outstanding Achievement in Effective Reporting and Measurement for Critical Access Hospitals from the Michigan Peer Review Organization.

Introduction:

A Community Health Needs Assessment (CHNA) is required by the Affordable Care Act to be performed every three years. It is a systematic process used to identify key community health concerns. The CHNA helps the organization to identify and prioritize efforts that will benefit the community's health and safety. Community engagement is a key component of the CHNA process whereby individual community members, community leaders and key stakeholders work collaboratively with the organization to identify needs that matter most to community members and pursue meaningful strategies to address those needs.

The health of a community is determined by many factors, most of which occur outside of the walls of health care institutions, including but not limited to: safe housing, clean water, pollution levels, access to healthy foods, public safety, social support, community norms and attitudes, quality of education and

job training opportunities, transportation options, literacy, socioeconomic conditions, availability of technology and communication services, recreational and exercise opportunities, workplace safety and environment, in addition to availability and accessibility of health care services. Additionally, health care services encompass a variety of disciplines to meet the varied needs of individuals and families including medical care, dental care, mental health care and substance abuse services.

CHNA Process:

Hills & Dales General Hospital utilized the process identified by the Association for Community Health Improvement.

1. Reflect and Strategize
2. Identify and Engage Stakeholders
3. Define the community
4. Collect and Analyze data
5. Prioritize Community Health Issues
6. Document and Communicate results
7. Plan implementation strategies
8. Implement Strategies
9. Evaluate Progress

1. Reflect and Strategize

The following chart identifies the areas prioritized in the 2016 CHNA and the status of actions taken to address those areas.

Need	New or Expansion Strategies Under Consideration	Status of Resources to Complete Strategy	Status of Action Taken to Address Need
Health Insurance and Healthcare Costs	<ol style="list-style-type: none"> <li>1. Expanding PS to include coinsurance and out of packet maximum</li> <li>2. Include more outpatient services</li> <li>3. Include other surgeries</li> <li>4. Patient accounting department maintains an effort to educate patients about their insurance; not only benefits, but also insurance-related terminology.</li> </ol>	<ol style="list-style-type: none"> <li>1. 3<sup>rd</sup> Party program/website to help staff provide accurate estimates and out of pocket expense to patient</li> <li>2. Additional training for staff</li> <li>3. Additional education out to community</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient Accounting staff has implemented Rycan software that helps staff to provide improved accuracy in estimates of out of pocket expenses for patients.</li> <li>2. Staff received training from HFMA on Point of Service collections.</li> <li>3. Patient Accounting Manager has regular column in the hospital's community newsletter to educate community about insurance matters. Fliers placed in lobbies and waiting areas to provide community education.</li> <li>4. Chargemaster has been placed on the hospital website, as required by law.</li> </ol>
Obesity	<ol style="list-style-type: none"> <li>1. Connecting dietician more with community</li> <li>2. Website where dietician could get questions</li> </ol>	<ol style="list-style-type: none"> <li>1. Pursue any available grants/ funding as opportunities arise.</li> </ol>	<ol style="list-style-type: none"> <li>1. Website for dietitian questions- not feasible due to complexity of patient needs and risk of offering medical advice via internet.</li> </ol>

	<ol style="list-style-type: none"> <li>3. Invite weight watchers to have a group in Cass City</li> <li>4. Work with schools for healthy living education</li> <li>5. Taste testing at school</li> </ol>	<ol style="list-style-type: none"> <li>2. A grocery store (in progress to break ground in the spring)</li> </ol>	<p>2. No new progress on grocery store in town. (This is a matter outside of the hospital's control.)</p> <p>3. Hills &amp; Dales has co-sponsored 4 Cooking Matters classes, partnering with MSU extension, all have been well-attended.</p> <p>Weight Watchers has not responded to inquiry about group in Cass City. There are already 3 groups within 20 miles radius of Cass City.</p> <p>4 &amp; 5. Assessment reveals that Cass City Public Schools has been proactive in healthy eating initiatives and offers taste testing activities. Cass City Public Schools was among just a handful of schools in the state to earn a School Wellness Silver Award. Hills &amp; Dales General Hospital continues annual financial support to Cass City Public Schools to underwrite cost of maintaining a full-time school nurse.</p>
Access	<ol style="list-style-type: none"> <li>1. Revision of process if specialty doctor cannot see a specific patient that month</li> <li>2. Put calendar in local paper</li> <li>3. Expanding Facebook with live video and more shares</li> <li>4. Telemedicine</li> <li>5. Expansion of afterhours clinic hours</li> </ol>	<ol style="list-style-type: none"> <li>1. Virtual Health- Call in over the computer and talk to provider.</li> <li>2. More education for front staff to better transfer to appropriate doctor or department</li> <li>3. Expand telemedicine</li> <li>4. Expansion of home visits by physicians and providers</li> <li>5. Updated bio cards for specialty doctors</li> <li>6. TV screens with scrolling information about Hills &amp; Dales including specialty clinics</li> </ol>	<ol style="list-style-type: none"> <li>1. Process in place to ensure timely scheduling of patients for Specialty Clinic. No customer complaint issues noted.</li> <li>2. Calendar has not been in local paper. Clinics are well-utilized as most patients are referred through their primary care provider. Also, clinic information and calendar is available on the hospital website. Current processes working well.</li> <li>3. Facebook page has been active and regular updates made. Also website is kept current and has recently undergone a complete facelift.</li> <li>4. Telemedicine and Virtual Health are in the developmental stages.</li> <li>5. New front lobby has scrolling television screens with information.</li> <li>6. Have added 2 new primary care clinics (Millwood Street and Caro Family Medicine). Have expanded other practices with more providers, utilizing nurse practitioners. Have created new office space for Cass City Medical Practice and Extended Hours Clinic, located now at hospital campus and have expanded office hours.</li> <li>7. Customer service training done for front office staff, no customer complaints of inappropriate call transfers.</li> <li>8. HDGH primary care physicians round at Northwood Meadows and Medilodge.</li> </ol>
Abuse and Violence Including Bullying	<ol style="list-style-type: none"> <li>1. Bullying education on HDGH website</li> <li>2. Printed information/resources in ER, lobby, and clinics- confidentiality</li> </ol>	<ol style="list-style-type: none"> <li>1. Ensuring that ER staff has all updated information and an easy way to use.</li> <li>2. Homeless shelter in Tuscola County</li> </ol>	<ol style="list-style-type: none"> <li>1. ER discharge instruction sheets have hotline numbers for domestic violence and human trafficking hotlines as well as other resources.</li> <li>2. Homeless shelter in Tuscola County not available, need is addressed by other agencies including Bluewater Center for</li> </ol>

	<ol style="list-style-type: none"> <li>3. Internally reviewing Studer processes on how to treat one another</li> <li>4. Partner with strengthening family programs</li> <li>5. Information on Financial management to families</li> </ol>	<ol style="list-style-type: none"> <li>3. Teens- help to develop interacting with others <ul style="list-style-type: none"> <li>- Use text normally</li> <li>- Information/training to develop interpersonal relationships</li> </ul> </li> </ol>	<p>Independent Living. Not specifically a need that can be addressed by Hills &amp; Dales.</p> <ol style="list-style-type: none"> <li>3. Teens and bullying- school nurse reports that Cass City Public Schools addresses bullying prevention at all grade levels.</li> <li>4. Local church (Revive Ministries) offers Financial Peace University classes and offers class scholarships.</li> </ol>
Mental Health and Substance Abuse	<ol style="list-style-type: none"> <li>1. Increase School Awareness</li> <li>2. Telemedicine</li> <li>3. Hospital/community based support groups- revitalize existing, including follow-up</li> <li>4. Inpatient/Outpatient rehab- keep in county, or work with other Thumb counties to keep local.</li> </ol>	<ol style="list-style-type: none"> <li>1. Awareness of resources in the area</li> <li>2. Distributing information about the resources</li> <li>3. Funding</li> <li>4. Central location for mental health services</li> <li>5. Rehab center- out and inpatient.</li> <li>6. Education services awareness</li> </ol>	<ol style="list-style-type: none"> <li>1. Discussion with school nurse reveals that school is aware of mental health and substance abuse resources available in the community and makes referrals as needed, and has a social worker and RN on staff.</li> <li>2. Telemedicine services are in developmental stages.</li> <li>3. Grief support group and Families Against Narcotics support groups will be using hospital meeting space for monthly meetings.</li> <li>4. Dr. Kramer has achieved certification in Medication Assisted Therapy and treats patients for opioid addiction through a local substance abuse treatment clinic.</li> <li>5. Community drug disposal site information is widely distributed throughout the organization.</li> <li>6. Primary care clinics performing mental health screening services routinely. Annual wellness exams promoted through our primary care clinics.</li> </ol>
Transportation	<ol style="list-style-type: none"> <li>1. Private partnerships with community organizations (churches, etc.)</li> <li>2. Public partnership where public funding is needed</li> <li>3. Uber/Lyft</li> <li>4. Take the need to the people- telemedicine, delivery groceries and medication</li> </ol>	<ol style="list-style-type: none"> <li>1. Organized platform for requesting need</li> <li>2. Vehicle and accessibility</li> <li>3. State funding (county)</li> <li>4. Route</li> <li>5. IT</li> <li>6. Dispatch</li> <li>7. Information about liability</li> </ol>	<ol style="list-style-type: none"> <li>1. Assessment of need requires further analysis. A one-month analysis of all clinic visits at Hills &amp; Dales found that “lack of transportation” was the reason for less than 0.01% of cancellations. While the focus group identified transportation as a need, the extent of the need warrants further investigation and will be included in the next community assessment.</li> <li>2. Participated in webinar through Rural Assistance Center and investigated programs that offer health care transportation. All are conducted through a community service provider that is separate from the hospital. Further investigation found that hospital provided transportation can be fraught with both legal and logistical issues. Given high cost and complicated nature of developing a transportation program in a rural area, further study is needed.</li> <li>3. Transportation needs exist outside of healthcare, such as needing to get around to do other errands, access social services, go shopping, and getting to work or school.</li> </ol>

Discussion: The 2016 CHNA Implementation plan was far-ranging in scope, with 26 strategies in 6 separate areas of need. An implementation team was formed of hospital personnel from: social work, nursing, dietetics, community education, public relations, registration, outpatient clinics and patient accounting. Each strategy proposed was systematically studied for feasibility and impact on the community. It was found that some of the strategies were already being implemented in the community (such as bullying education and nutrition education in the school), and other strategies were not feasible for the hospital to carry out, either because they were outside of the scope of influence of the hospital or not economically or legally feasible. In addition to the actions identified in the work plan, Hills & Dales General Hospital has increased capacity and accessibility since 2016 by accomplishing the following:

- Completion of a large-scale construction project at the hospital's main campus, which provided a complete revamping of the hospital inpatient unit, including updated private and semi-private patient rooms; expanded specialty clinic, primary care clinic and extended hours clinic space, improved lobby and meeting room space, a completely updated dining area and patient registration areas.
- Acquisition of a new building in the downtown area of Cass City, which provides space for a Regional Education Center for professional and community education. Space is also used by the village of Cass City for emergency shelter operations in the event of weather disasters and power outages.
- Addition of two new primary care clinics in Caro, as well as a lab draw station in Caro.
- Vaccinations available in the pediatrics clinic.
- Offering of evening appointments in 3 primary care clinics.
- Recruitment of a new medical providers, including family practice, urology, otolaryngology, neurosurgery and general surgery physicians.

## 2. Identify and engage stakeholders

a. A survey was distributed online and on paper in the community. The survey was open to anyone over the age of 18 who wished to complete it, and the target population was adults living in the Cass City and surrounding Hills & Dales General Hospital service area. The survey was distributed through various channels and both hospital employees and community members, and anyone wishing to do so, were invited to complete the survey.

b. Participants in the community focus group were identified by hospital leadership and includes local leaders in government, business, human service agencies, faith communities, volunteer organizations, and community members of varying ages.

c. The Community Health Needs Assessment Team includes the organizations Board of Directors, Senior Leadership Team, Public Relations Director and Community Education Manager.

### 3. Define the Community

Hills & Dales General Hospital serves a population surrounding Cass City, Michigan in an approximate 25-mile radius. The service area includes primarily northeast Tuscola County and areas of both Huron and Sanilac Counties.

### 4. Collect and Analyze Data

An online survey was distributed using [www.surveymonkey.com](http://www.surveymonkey.com). A link to the survey was posted on the Hills & Dales General Hospital website, on the organization's Facebook™ page, and the link was emailed to all employees. The survey was also distributed on paper at the Rawson Memorial Library in Cass City, at all Hills & Dales General Hospital medical clinics, and in hospital waiting areas. A total of 224 responses were received during the survey period which occurred between April 5, 2019 and May 31, 2019. Survey respondents were allowed to skip any questions (after the first qualifying question asking if the respondent was over the age of 18 years) that they did not want to answer.

Q1: Are you over 18 years of age?

All survey respondents were over the age of 18 years.

Q2: Home ZIP codes and number of survey respondents:

Cass City	86	Owendale	3
Caro	34	Reese	3
Decker	7	Clifford	3
Unionville	7	Deckerville	2
Bad Axe	7	Peck	2
Silverwood	6	Vassar	2
Kingston	6	Pigeon	2
Gagetown	6	North Branch	1
Deford	5	Sebewaing	1
Ubyly	5	Akron	1
Mayville	4	Millington	1
Minden City	4	Harbor Beach	1
Marlette	4	Croswell	1
Caseville	4	Bay City	1
Elkton	4	Bay Port	1
Fairgrove	3	Ruth	1
Snover	3		

Q 3: Gender of survey respondents:

Female	86.94%
Male	12.61%
Transgender or Other	0.45%

Q 4: Do you identify as a member of a racial or ethnic minority group?

Yes	5.5%
No	94.50%

Q 5: How many people live in your household, including yourself?

3 or more people	51.80%
2 people	38.29%
1 person	9.91%

Q 6: Age of Respondents

18-24 years	4.98%
25-34 years	19%
35-44 years	22.17%
45-54 years	13.12%
55-64 years	24.89%
65+ years	15.84%

Q 7: How many children (under 18 years old) live in your household?

0	55.41%
1	13.96%
2	19.37%
3 or more	11.26%

Q 8: Including yourself, how many senior citizens (age 65 years and over) live in your household?

0	77.17%
1	14.61%
2	8.22%
3 or more	0%

Q 9: Are you a caregiver for a child or adult who has serious or complex medical needs?

Yes	11.82%
No	88.18%

Q 10: Do you or anyone in your household have a disability?

Yes	24.09%
No	75.91%

Q 11: What is the highest level of education that you have completed?

Less than high school	0.45%
High school diploma or GED	14.55%
Some college (no degree)	19.09%
Job training or technical program	10.45%
College graduate	55.45%

Q 12: In the last 12 months, have you or anyone in your household received services from Hills & Dales General Hospital? (check all that apply)

Inpatient care	6.84%	13
Emergency care	28.42%	54
Swing bed program	2.11%	4
Diagnostic services (testing such as lab, radiology, EKG, pulmonary function testing)	70.53%	134
Care at any Hills & Dales owned medical clinic (doctor's office)	70%	133
Rehabilitation (physical therapy, occupational therapy)	15.26%	29
Surgical services/operating room	7.37%	14
Health fair participant	15.79%	30
None of the above	8.42%	16
"Other" responses (1 each): outpatient care, urgent care, urgent care after hours, ultrasound		

Q 13: Did you know that Hills & Dales General Hospital has a Financial Assistance Program to help people based on their income and needs?

Yes	68.61%
No	31.39%

Q 14: In the last 12 months, have you or someone in your household delayed or gone without health care for any of the following reasons? (choose all that apply)

All Responses	Percentage of Responses
None of the above (no barriers)	53.14%
Have insurance, but still could not afford the cost	19.32%
Have insurance, but it did not cover the service	12.56%
Unable to take time off from work or school	13.04%
Office hours were not convenient	10.14%
I/we were not able to get an appointment when we needed it	10.14%
The service I/we needed was not available close to home	9.18%
Do not have health insurance	6.76%
Could not find a provider who accepted my insurance plan	4.35%
Did not have child care	4.35%
Did not have transportation	2.90%

*\*NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q15. Asked of those who say there was a time in the past few years when they needed health care, but did not get it; N=331 rural adults ages 18+. Could not afford health care=45%, Could not get an appointment during hours needed= 22%.*

Q15: Are there any new services or specialties that you wish were available through Hills & Dales General Hospital? (free text response)

Top 5 Responses	Number of Times Mentioned
Obstetrics/Gynecology/Women’s Health	16
Dermatology	9
Pulmonology	8
Psychology/Mental Health	8
Endocrinology	7

Q16: Are there any new services or resources that you wish were available in your community? (free text response)

Top 5 Responses	Number of Times Mentioned
Grocery Store	14
Public Transportation	11
Mental Health-Child/Adult	9
Fitness/Exercise Programs	7
Child Care with Expanded Hours /Affordable	5

Q17: Are any of the following a problem in the community where you live?

All Responses	Percentage of Responses
Not enough well-paying jobs/employment	51.64%
Drug and/or alcohol abuse	42.72%
Lack of access to healthy food	31.46%
Poverty	29.11%
Lack of access to transportation	28.64%
Lack of access to job training or college education	27.23%
Lack of access to affordable or reliable internet services	23.00%
Lack of places to play or exercise	20.66%
Lack of access to services for senior citizens	18.78%
Lack of access to safe and affordable childcare/day care services	18.31%
Lack of access to services for veterans	13.62%
None of the above	13.15%
Not enough safe and affordable housing	12.21%
Lack of access to services for people with disabilities	10.80%
Crime	8.45%
Lack of safe drinking water	0.47%

\* NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, *Life in Rural America*, 6/6/18 – 8/4/18. Drug addiction or abuse (including opioids) = 25%, and Economic concerns = 25%. Economic concerns include the availability of jobs, poverty, and the economy. No other issues were mentioned by more than 10% of rural Americans.

Q2. Total N=1,300 rural adults ages 18+.

Q18: Are any of the following a health care need in your community?

All Responses	Percentage of Responses
Not enough resources for mental health or counseling services	52.72%
Not enough resources for drug or alcohol addiction treatment	34.78%
None of these	28.80%
Not enough access to dental care	22.28%
Not enough access to medical care	3.80%

Q19: Are any of the following a problem for you or anyone in your household?

All Responses	Percentage of Responses
None of these	39.71%
Do not get enough exercise or physical activity	34.31%
Not able to buy healthy food	17.65%
Youth bullying	11.76%
Do not know how to prepare healthy meals	10.29%
Cannot afford my/our health care	10.29%
Cannot find or get dental care that i/we need	9.80%
Cannot find or get mental health treatment or counseling that I/we need	8.82%
Cannot afford medications	6.86%
Need help caring for a family member with disabilities or medical needs	6.37%
Do not have childcare/day care that is safe, affordable or reliable	4.90%
Cannot find or get medical care that I/we need	4.90%
Do not have health insurance	4.41%
Do not have reliable transportation	2.94%
Cannot find or get treatment for a drug or alcohol abuse problem	2.45%
Domestic violence or abuse	0.98%

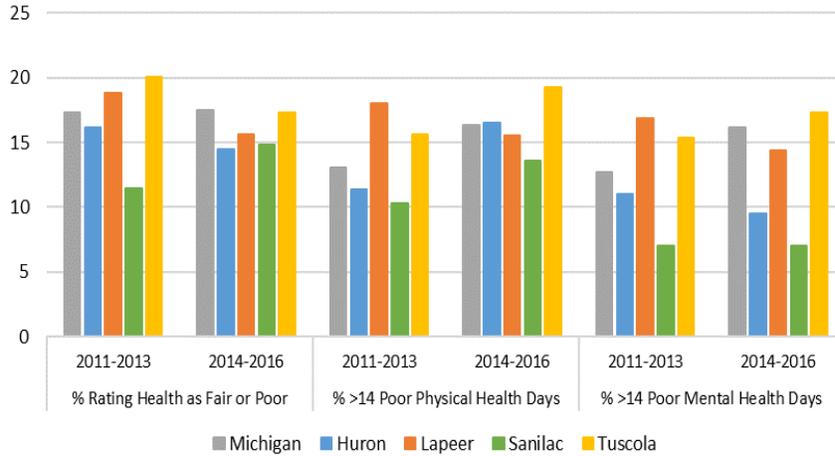
Q20: How do you usually get information about services, providers or events at Hills & Dales General Hospital?

All Responses	Percentage of Responses
Hills & Dales General Hospital Facebook© page	54.42%
Hear about it from friends, family members or at work	53.49%
Hills & Dales General Hospital newsletter	40.47%
My doctor's office	38.14%
Local newspaper	36.74%
Billboards	31.63%
Hills & Dales internet page	24.19%
Local radio station	14.88%
None of the above	5.12%

Secondary Data:

The following data was reported in the 2018 Thumb Community Health Assessment Report by the Michigan Thumb Public Health Alliance.

**General Health Status**

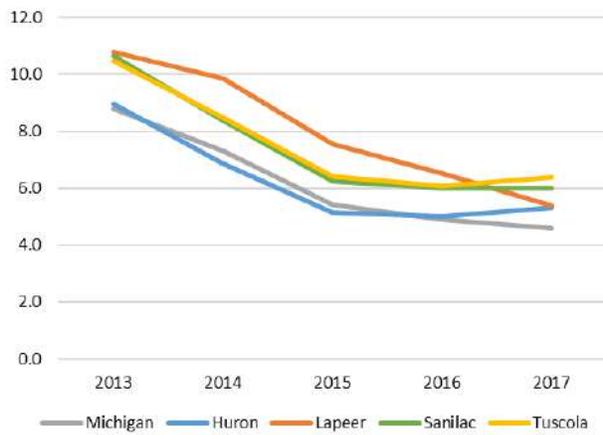


Michigan Department of Health and Human Services

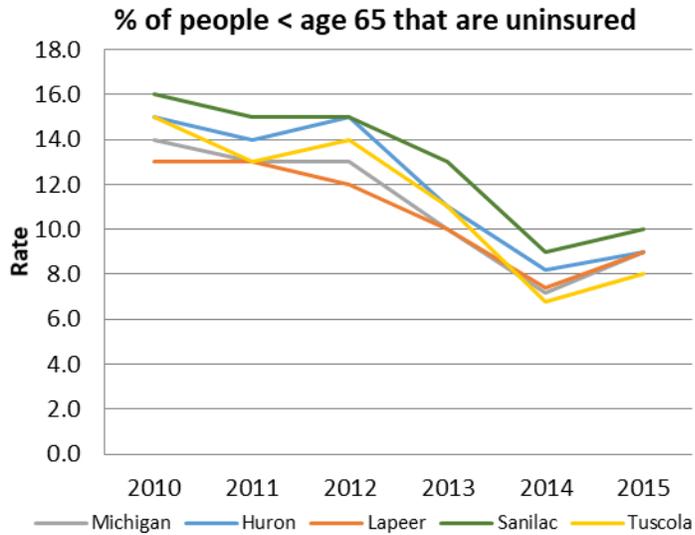
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Note: If unavailable on state report, data for Huron, Sanilac taken from TRHN oversampling in 2013 as rates were not available on the 2011-2013 state report.

**Unemployment**

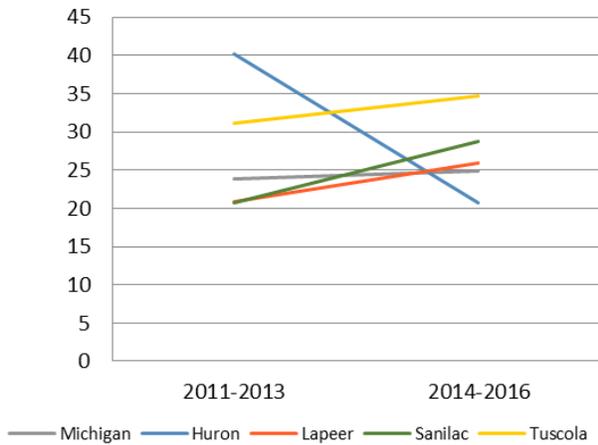


Bureau of Labor Statistics



US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program  
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### % with No Leisure Time Physical Activity

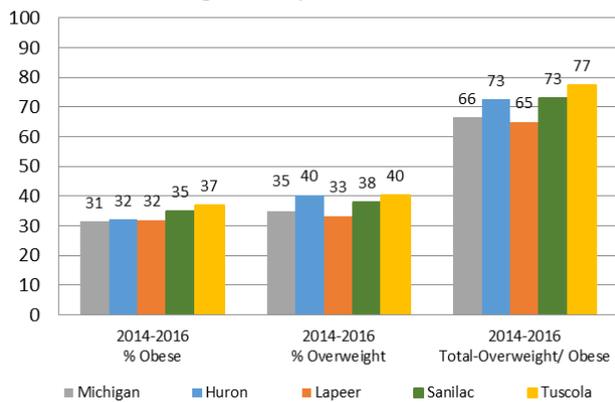


Michigan Department of Health and Human Services

[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_5104\\_5279\\_39424-134707--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html)

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

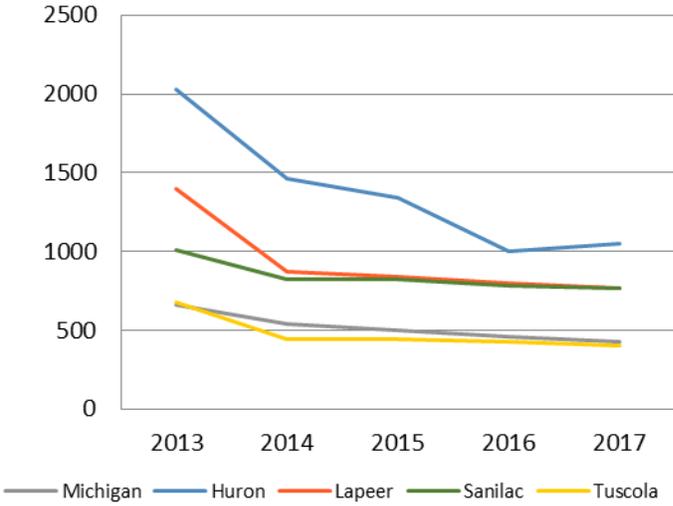
### Michigan BRFSS, 2014-2016 Combined



Michigan Department of Health and Human Services

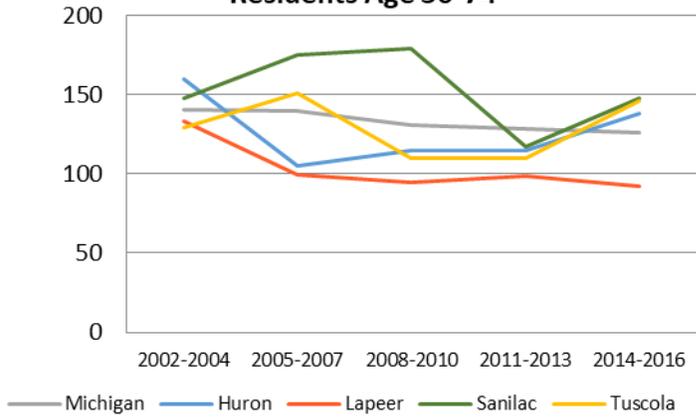
[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_5104\\_5279\\_39424-134707--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html)

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



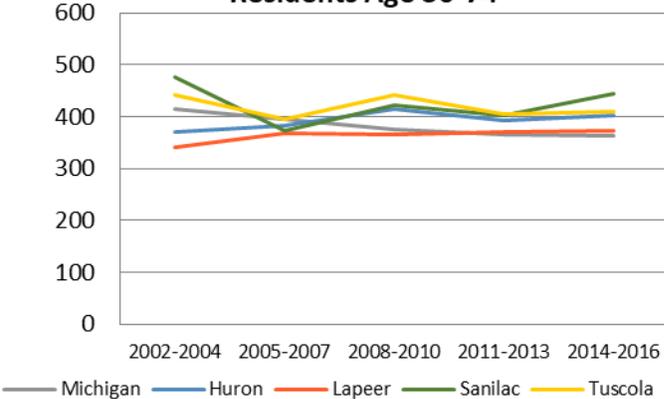
"Health Resources and Services Administration; US Health and Human Services  
  
www.countyhealthrankings.org

**Diabetes Death Rates/100,000  
Residents Age 50-74**

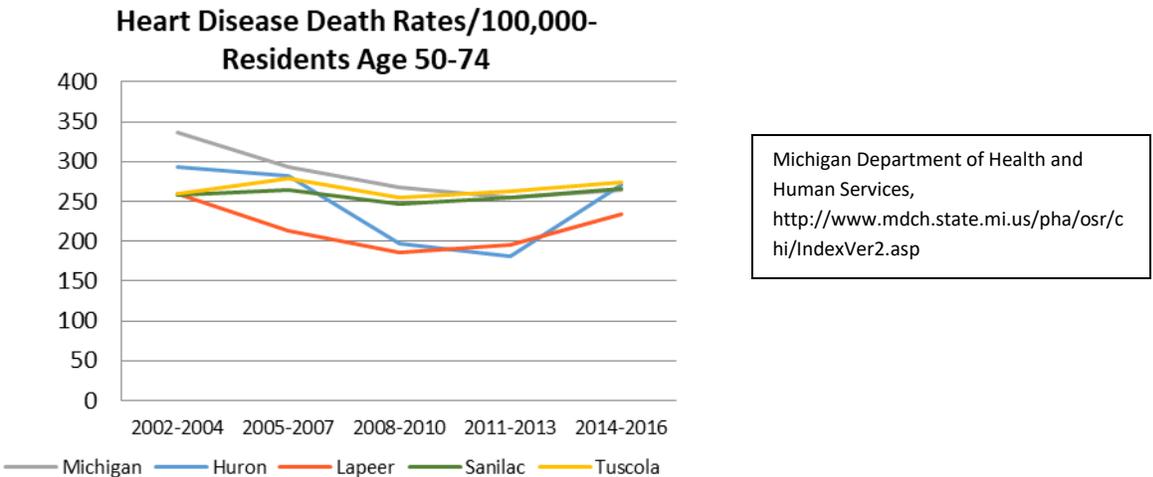


Michigan Department of Health and Human Services,  
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

**Cancer Death Rates/100,000  
Residents Age 50-74**



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



Graphs and Data: Michigan Thumb Public Health Alliance, *2018 Thumb Community Health Assessment Data Chartbook*.

## 5. Prioritize Community Health Issues

A focus group of community stakeholders was held on July 23, 2019 at Hills & Dales General Hospital. Participants were members of the community representing various age groups, village government, businesses, community service agencies, faith-based organizations, retired hospital employees, auxiliary volunteers and hospital leadership. Ages ranged from mid-30s to retirement.

The group was engaged in a pre-prepared set of discussion questions and engaged in a priority-setting exercise.:

**1. Here is a list of services provided at Hills & Dales General Hospital. Do you think that the community is aware of these services?**

- Specialists (might not know there are specialists until they need to use them)
- Knowing which service is for them or what they qualify for (do they need a referral, how do they make an appointment, who do they call, etc).

**2. What, if any, services would you like to add, and why?**

- healthy eating class (adults and kids) → a class we used to have
- OB/GYN services
- Cancer Care services
- Dialysis services
- Caregiver resources (some way to allow care givers to get a break)
- Senior Center in Cass City (somewhere for a meal and activities)
- Mental Health Resources (outpatient care)
- Senior Life Solutions (Harbor Beach Community Hospital offers this)

**3. What if any, services or support would you like to see become available in our communities?**

- Senior services/get togethers (helps form a support network for the elderly)
- Revive has “Crafty Ladies” on Tuesday afternoons
- A way to share what is happening in the community between agencies, groups, local events, etc. – community based calendar, **how do we do this and who keeps it up?**
- Communication that patients could read while sitting in the waiting rooms (specific to the community and business of Cass City)
- Groups for fitness (running, kids, lifting, etc.)

**4. In the populations that you work with, are you aware of any barriers that prevent people from seeking health care services through Hills & Dales General Hospital?**

- Lack of specialties (dermatology)
- Extended Hours Clinic closing earlier than the posted close time
- Hospital Drive Pharmacy matching hours with Extended Hours Clinic
- Health clinic for underinsured or uninsured, or those with costly copays (Caring Hearts in Marlette, ran by volunteer health care providers, used like a pre-screen for people who aren’t sure if they need to go to the doctor)
- Communication about financial assistance
- Dental costs

**5. What are some things about our community that help people to be healthy?**

- Revive (pantry and vaccination clinic)
- Famers Market
- Parks & Rec (trails)
- Ag program (FFA)
- 211
- Library
- Volunteer programs and service clubs
- 24 Hour Police (low crime)
- Hills & Dales

**6. Based on your experience and knowledge, are there any groups of people in our communities who do not have access to health care services or are not being reached?**

- Ages 20-26 – just don’t know the importance of checkups or are in the transitional period between college, insurance changes, etc.
- Ages 65+ - dental care and also hearing aides

**7. Pick top 3 from Healthy People 2020 Rural Health Priorities. Participants pick from top 10 highest need areas identified on Thumb Public Health Alliance 2018 Data Chartbook.**

- Nutrition and weight status
- Diabetes
- Mental health and mental disorders

- Substance abuse
- Heart disease and stroke
- Older adults
- Tobacco use
- Cancer
- Physical activity
- Access to quality health services

## Results

Top 3 priorities identified by the focus group members were:

- 1) mental health and mental disorders    2) diabetes    3) cancer

### **8. Are there any community partners with whom Hills & Dales General Hospital could engage to accomplish the areas of need that we discussed today?**

- owner of local fitness center
- representative from Great Start Collaborative
- representative from local mental health provider
- school social worker
- representative from Region 7 Area Agency on Aging
- representative from Human Development Commission

## 6. Document and Communicate Results

The results of the community survey were shared with the community focus group and the hospital's Senior Team and Board of Directors. A summary of the focus group discussion was shared with the Senior Team and Board of Directors. The information collected was used to prioritize needs and create an implementation plan in order to ensure that limited resources have the greatest impact. While there are many social and economic conditions within the community that affect health and health care accessibility, the hospital is not able to control outside economic forces and social conditions. Rather, it is the responsibility of the healthcare organization to manage resources efficiently in order to provide excellent, safe, accessible and quality healthcare within a system that serves the needs of the community effectively.

## Part 2: Implementation Plan

Goal 1: Decrease rate of obesity.

Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m <sup>2</sup> .	% Obese
Michigan	32%
Tuscola	34%
Huron	33%
Sanilac	31%

Date source: Robert Wood Johnson Foundation, *County Health Rankings and Roadmaps*, <https://www.countyhealthrankings.org/app/michigan/2019/measure/factors/11/data>

Obesity is a leading risk factor for a variety of chronic diseases, including cancer, cardiovascular disease, diabetes, and osteoarthritis. The Community Focus Group identified diabetes and cancer as high priority areas. The obesity rate of the state and all counties in our service area are above the Healthy People 2020 goal to reduce the proportion of adult who are obese to 30.5%. Proposed measures to address this goal:

- Implementation of a bariatric surgical program
- Continue support of Cooking Matters classes
- Grocery store shopping tours with Registered Dietitian
- Continued support of diabetes self-management education program.

Desired outcome: Provide resources and services to address and prevent obesity in our service population. Our organization will work with community partners to strengthen supports for health eating and physical activity habits.

Goal 2: Improve mental health access.

Average number of mentally unhealthy days reported in past 30 days (age-adjusted.)	Mentally unhealthy days
Michigan	4.4
Tuscola	4.0
Huron	4.2
Sanilac	4.3

Date source: Robert Wood Johnson Foundation, *County Health Rankings and Roadmaps*, <https://www.countyhealthrankings.org/app/michigan/2019/measure/outcomes/42/data>

Mental health and substance abuse services were rated as a high-needs areas in the community survey. Mental health was also identified as a top priority with the Community Focus Group. Measures under consideration to address this goal include:

- The development of a tele-psychiatry program.

- Expanding the number of providers who are certified to provide Medication Assisted Therapy for opioid use disorder.

Desired outcome: Persons in need of mental health and substance abuse services in our area will have access to the care they need. Our organization will seek out opportunities to work with community partners to improve access to mental health care and substance abuse treatment.

Goal 3: Decrease incidence of senior injuries and create a senior-friendly environment of care.

Percentage of population 65 years and older	% 65 and older
Michigan	16.7%
Tuscola	19.8%
Huron	24.6%
Sanilac	21%

Date source: Robert Wood Johnson Foundation, *County Health Rankings and Roadmaps*, <https://www.countyhealthrankings.org/app/michigan/2019/measure/factors/53/data>

The organization’s service area includes a higher than average senior citizen population and the rate of senior citizens in the population is expected to grow. Advancing age is an important risk factor for falls and injuries, however many of these can be prevented. Measures under consideration to address this goal include:

- Implement Age-Friendly Health System quality improvement project
- Implement CarFit senior driver safety program
- Continue to support Matter of Balance senior fall prevention classes.

Desired outcome: Hills & Dales General Hospital will create an environment of care that promotes safety and prevents injury. The organization will seek out opportunities to work with community partners to address risk factors for injury in the senior citizen population and create opportunities for seniors to improve their level of safety.

Hills & Dales General Hospital will appoint a CHNA multidisciplinary workgroup to review the goals for implementation and evaluate progress, as well as identify opportunities for interventions that will help the organization to achieve our desired outcomes. Senior administration and the Board of Trustees will receive an annual update of the identified goals and progress towards the desired outcomes. A summary of actions taken, and outcomes will be included in the 2022 Community Health Needs Assessment.