



2022

Community Health Needs Assessment



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Background

Hills & Dales Healthcare operates 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 Det Norske Veritas (DNV). The hospital was founded in 1960 and throughout the years, there have been many changes, renovations & additions to the hospital. Hills & Dales 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 a comprehensive team of physicians and 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 two rehabilitation locations in the service area. Additionally, Hills & Dales offers a comprehensive list of outpatient services in the areas of laboratory, respiratory therapy, and radiology. Hills & Dales Healthcare is led by a Board of Trustees composed of 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 recognized as the leading healthcare organization in the communities we serve." The Volunteer Auxiliary at Hills & Dales continually provides extensive financial and volunteer support to the hospital. With over 400 employees, Hills & Dales is one of the largest employers in Tuscola County. Recent achievements for the hospital include 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. Individual community members, community leaders, and key stakeholders worked collaboratively with the hospital to identify needs that matter most to community members. This will enable Hills and Dales to 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 healthcare 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. Additionally, healthcare services encompass a variety of disciplines to meet the varied needs of individuals and families including medical care, dental care, mental healthcare, and substance abuse services.

CHNA Process

The first step in meeting community needs is identifying the needs. An objective approach helps ensure that priorities are based on data and accurate information. The assessment process used by Hills and Dales Healthcare is built upon a four county regional assessment process developed by the Thumb Community Health Partnership. The Partnership includes hospitals, local public health departments, mental health agencies, and other human service providers in Huron, Lapeer, Sanilac, and Tuscola Counties. More information about the partnership and can be found at www.thumbhealth.org/healthdata. In addition to health indicator data, the Partnership surveyed the public in October 2021.



A hospital Community Health Needs Assessment informs the public and is used as a guide to focus efforts of the hospital on prioritized areas of a need. Once priorities are selected, there is an assessment of existing services and programs and gaps in services are identified. Strategies are developed and then organized into an implementation plan. This is the fourth cycle of Community Health Needs Assessment and Implementation Plan. The process is completed on a three year cycle and includes several steps that guide selection of priority health issues. Once priorities are selected, the CHNA team selects strategies designed to improve the health of the community. These strategies are organized into an implementation plan. Specific steps outlined by the Internal Review Service include:

1. Define the community
2. Assess the health needs of the community
3. 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 CHNA Team: The administration at Hills and Dales Healthcare formed an internal team to lead the CHNA process. The Director of the Thumb Community Health Partnership provided technical assistance and objectivity. The team met and communicated frequently from March to September 2022. The team consisted of:

1. Andy Daniels - President/Chief Executive Officer
2. Kurt Sargent - CFO/Vice President of Finance
3. Megan Coyer - CNO/Vice President of Nursing
4. Dave Wohl - VP of Hospital Operations
5. Danielle Blaine - VP of Clinic Operations
6. Lindsey Skiles - Director of Quality/Process Improvement/Infection Prevention & Employee Health
7. Rebecca Stein - Community Education and Injury Prevention
8. Kathy Dropeski - Care Coordinator

Define the Community Served

Hills and Dales Healthcare serves rural communities that overlap three rural counties- Huron, Sanilac, and Tuscola. The hospital's service area includes numerous municipalities: Argyle, Caro, Cass City, Deford, Gagetown, Kingston, Mayville, Minden City, Reese, Ruth, Snover, Tuscola, and Ubyly. Based on census data for municipalities, approximately 35,646 people live in the service area. The hospital provides service to communities in which there are a wide range of needs (Census-American Community Survey 5 year average-2020).

- Twenty-one percent of the population is over the age of 65 and 21% are under age 18.
- The population has limited racial diversity with 98% of the population white.
- The area has a college degree rate of 14.6% compared to Michigan's 30.5% and United States 32.9%.
- Average household income in the service area is \$66,397 as compared to Michigan's average income of \$80,803 and the United States average income of \$91,547.
- Unemployment in the area ranged from 1.0% to 5.5% compared to Michigan at 6%.
- Of the civilian noninstitutionalized population – 6.4% have no health insurance coverage compared to Michigan at 5.4% and the U.S. at 8.7%
- The percentage of people who had incomes below poverty in past 12 months was 13.1% but ranged greatly depending on municipality from 7.1% to 18.8%.

Community Survey (October 2021)

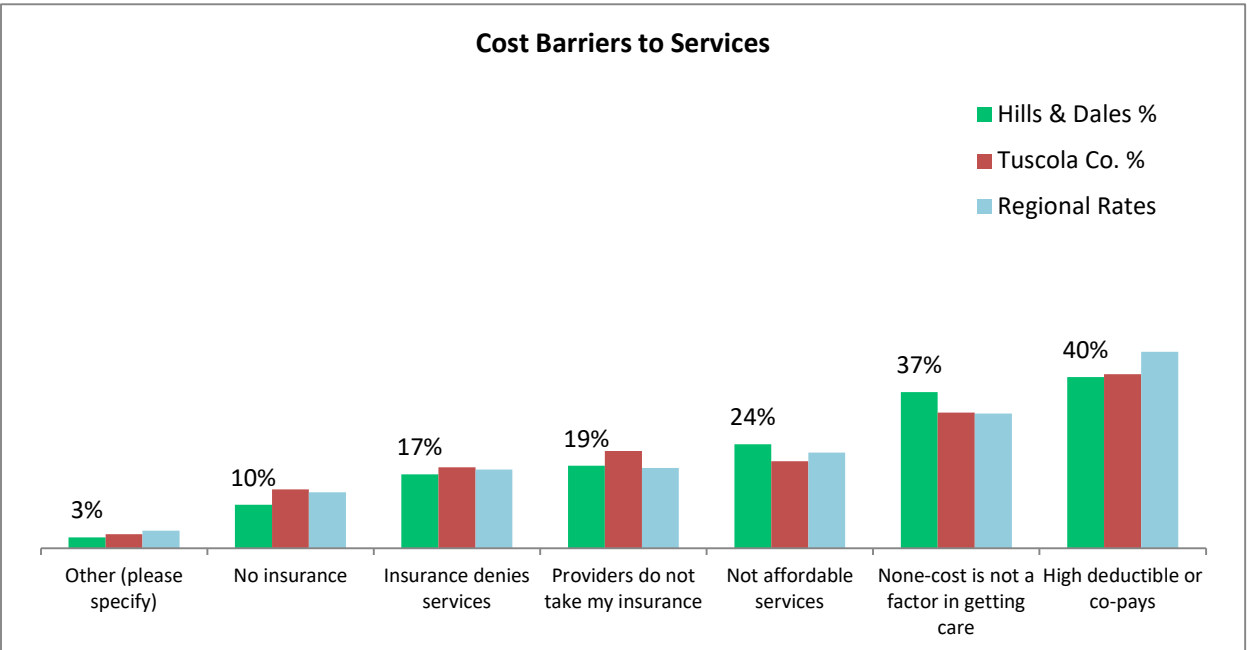
A public survey was distributed online and on paper. The survey had four sections: 1) community strengths and weaknesses, 2) health priorities, 3) health system strengths and weaknesses, and 4) barriers to healthcare and wellness. The purpose of the survey was to gain a deeper understanding of contributing factors and community perceptions across a wide array of health issues. The survey was distributed across Huron, Lapeer, Sanilac, and Tuscola Counties with 1171 participants. A report was generated for the Hills and Dales service area by zip codes- 273 participants. The following summarizes the results of the survey. Items were ranked on a four point scale-Major Weakness or Concern (1) to Major Strength or Not a Concern (4).

Top Three Community Weaknesses	Average Rank	Top Three Community Strengths	Average Rank
Access to education/training	2.19	Friendly, helpful, supportive people	3.01
Public transportation	2.28	Environment for raising children.	2.99
Job and economic opportunities	2.33	Local schools and education system	2.87

Top Three Health Concerns	Average Rank	Top Three Health Issues-Not a concern	Average Rank
Mental Health	2.05	Injuries	2.89
Tobacco Use & Vaping	2.11	Violence	2.81
Chronic Disease	2.14	Safety/Crime	2.76

Top Three Health & Human Service System Weaknesses	Average Rank	Top Three Health & Human Service System Strengths	Average Rank
Substance use Treatment	1.88	Primary Care Services/Family Doctor	2.78
Specialist Services	1.91	Other child and adult immunizations	2.76
Veterans Services	1.94	Vision Services	2.73

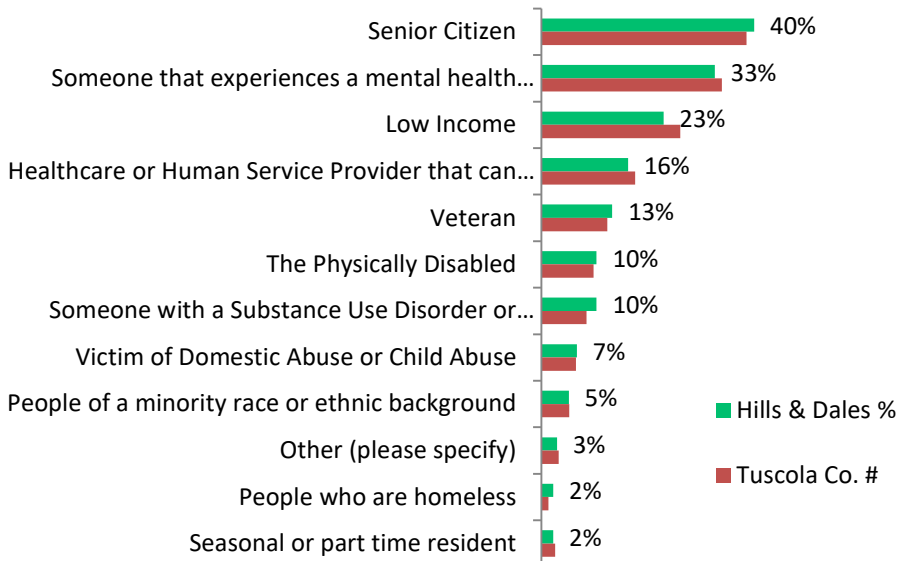
Top Three System Characteristics that are Weaknesses	Average Rank	Top Three System Characteristics that are Strengths	Average Rank
Financial assistance programs offered by providers	1.88	Personal and caring staff	2.98
Adequate internet connectivity for tele-health	2.01	Privacy and Confidentiality	2.91
Coordination of services between providers	2.01	Electronic medical records and portals	2.58



Representing the Community & Vulnerable Populations

During the surveying process, input from vulnerable populations was intentionally sought. This was achieved by distributing surveys to individuals participating in services for low income population and senior citizens. Additionally, social service organizations that serve vulnerable populations were provided surveys. Agencies included Human Development Commission, mental health agencies, the public health and social services division of the Department of Health and Human Services, social workers, intermediate school districts, staff from healthcare sector with free or low cost health clinics, early childhood service providers, and law enforcement. Vulnerable populations were widely represented in the Service Area Report.

Vulnerable Populations Represented by Survey Respondents

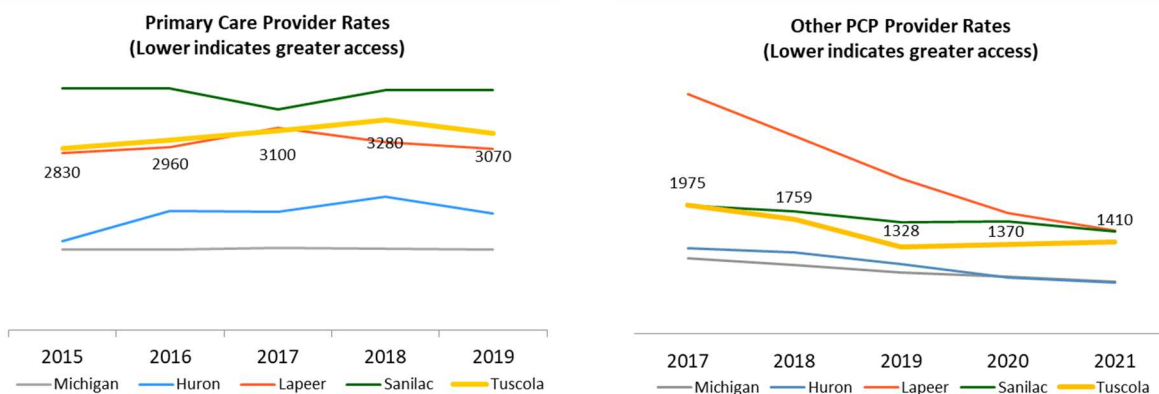


Review of Health Indicator Data

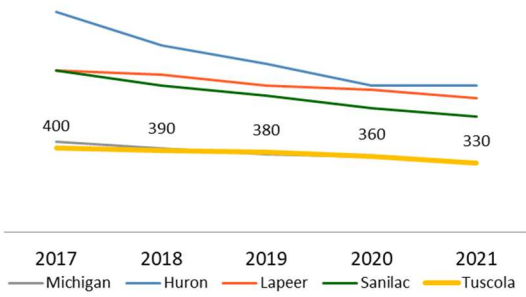
Three types of data sources were utilized during the Community Health Needs Assessment (CHNA): public health statistics, U.S. Census Data, and community survey results. The Team obtained the most recent data available. Whenever possible, data comparing county, regional, state, or national statistics was used. Major data sources for the 2022 report included:

- Michigan Department of Health and Human Services- <https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp>
- Michigan Behavioral Risk Factor Survey- http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html
- Michigan Profile for Healthy Youth- <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>
- County Health Rankings- www.countyhealthrankings.org
- United States Census- <https://data.census.gov/cedsci/>
- Great Start Data Set- Great Start Collaborative and compiled by the Michigan League for Public Policy

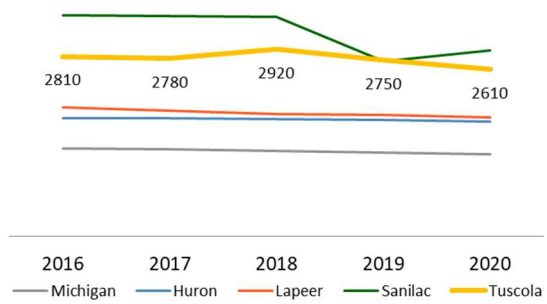
Access to Healthcare



Mental Health Provider Rates
(Lower indicates greater access)



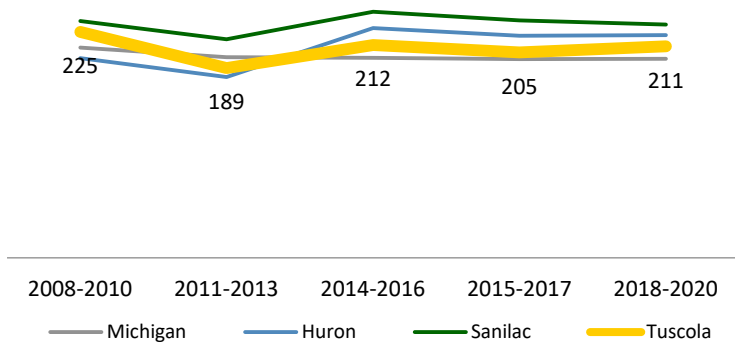
Dentist Provider Rates
(Lower indicates greater access)



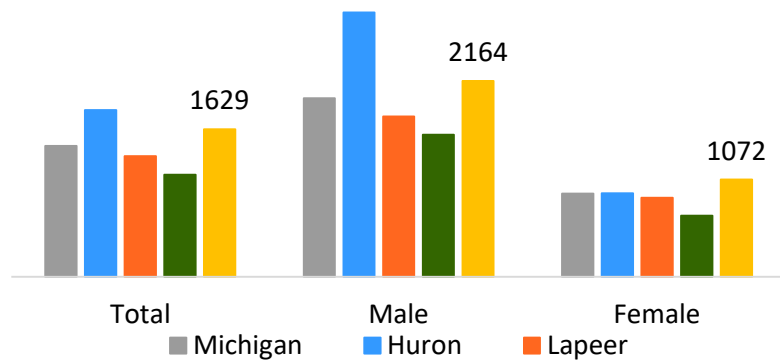
	Michigan	Huron	Lapeer	Sanilac	Tuscola
Uninsured adults	8%	10%	9%	11%	9%
Uninsured children	3%	4%	4%	6%	3%

Chronic Disease

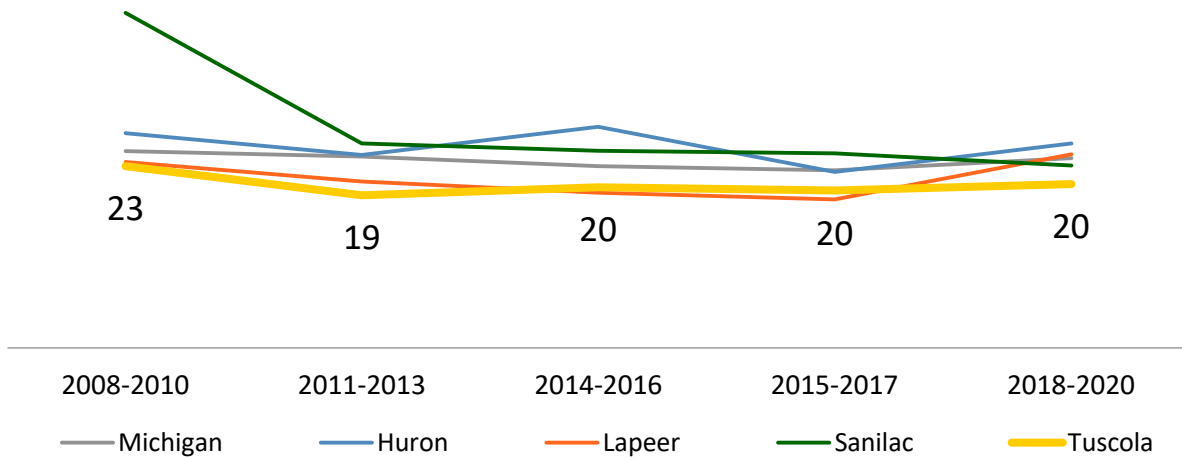
Heart Disease Mortality Trends Age Adjusted Rate/100,000



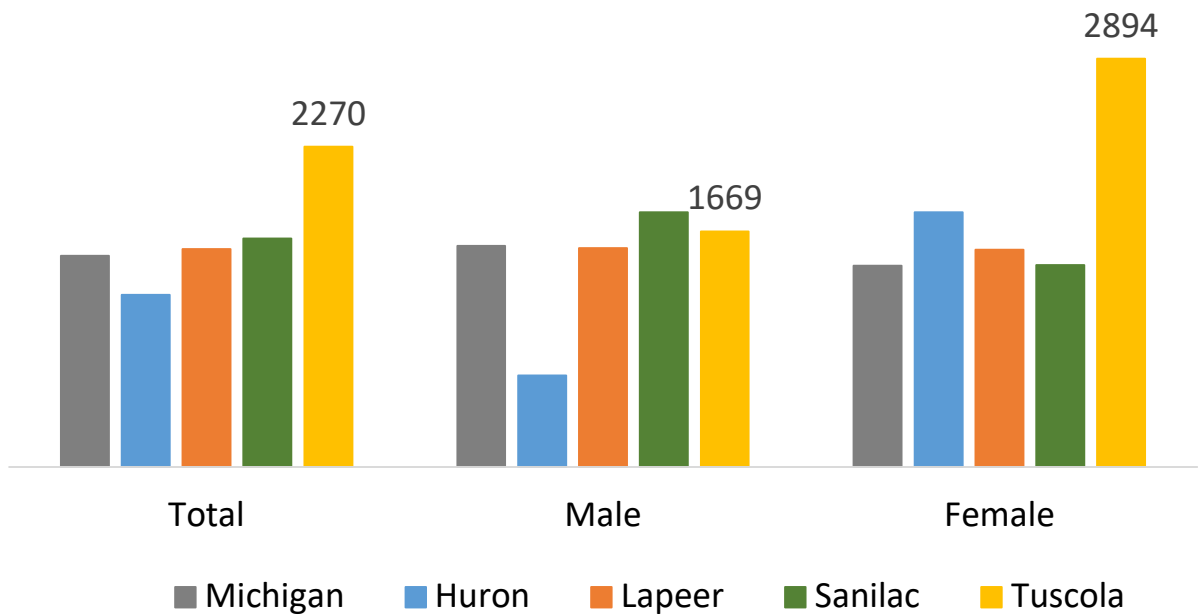
2020 Heart Disease Rate/100,000 Years of Potential Life Lost



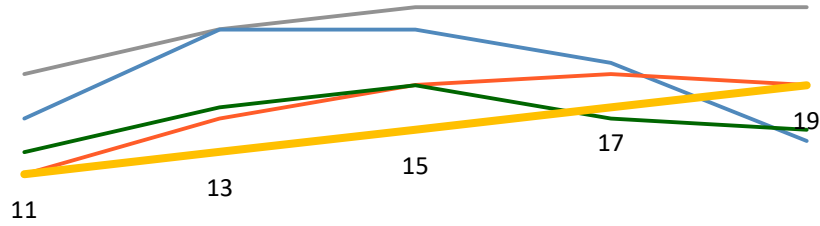
**Diabetes Mortality Trends,
Age Adjusted Rate/100,000**



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

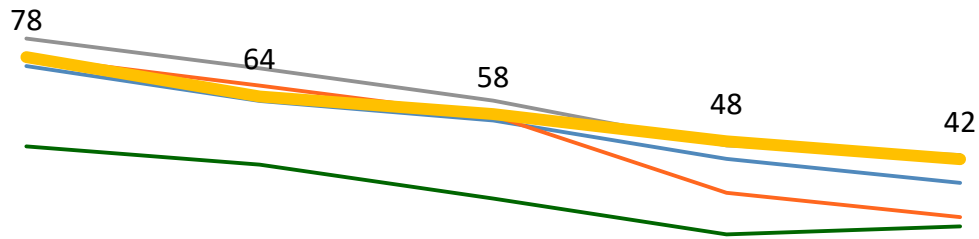


Drug Poisoning Deaths- Rate/100,000



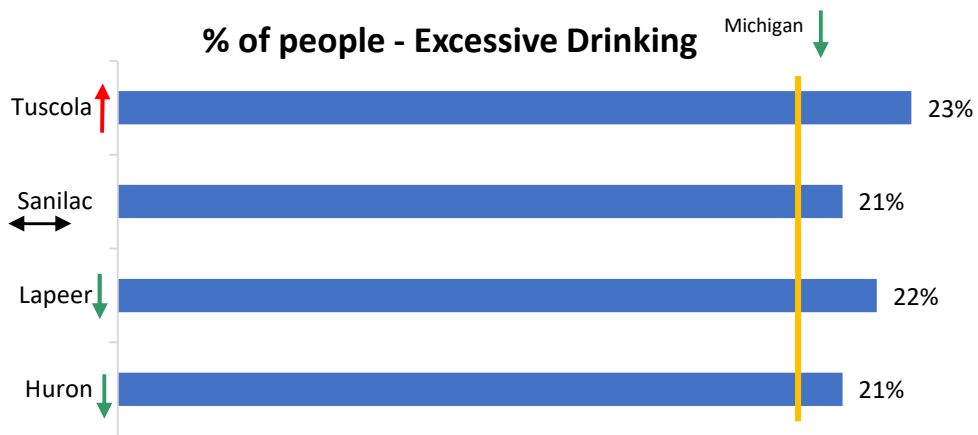
2014-2016 2015-2017 2016-2018 2017-2019 2018-2020
 — Michigan — Huron — Lapeer — Sanilac — Tuscola

Opioid Prescribing- Rate/100 People

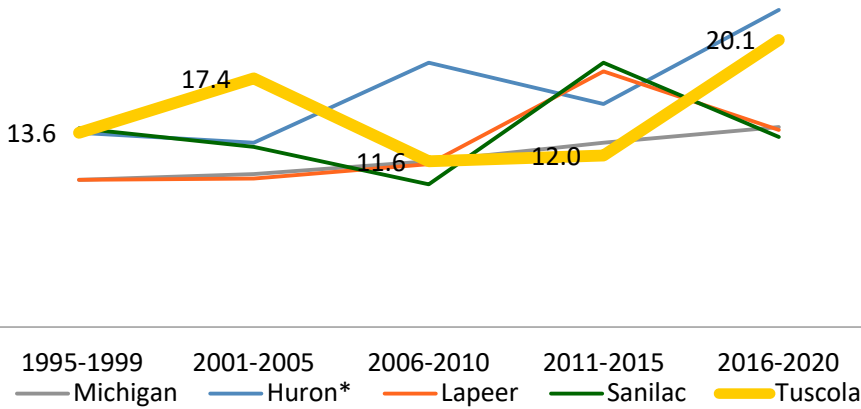


2016 2017 2018 2019 2020
 — Michigan — Huron — Lapeer — Sanilac — Tuscola

% of people - Excessive Drinking



Suicide Mortality Trends
Age Adjusted Rate/100,000



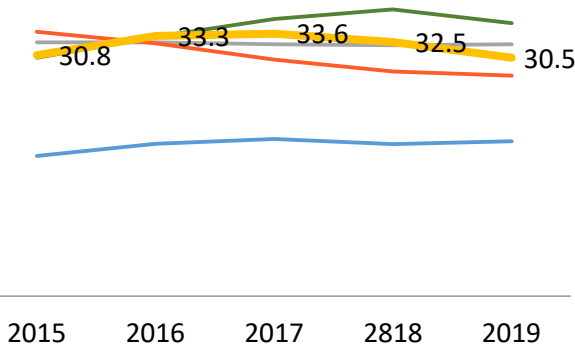
Over the past 10 years, **84%** of suicide deaths in the Thumb were men.

Themes Identified in a 2021 Behavioral Health Assessment

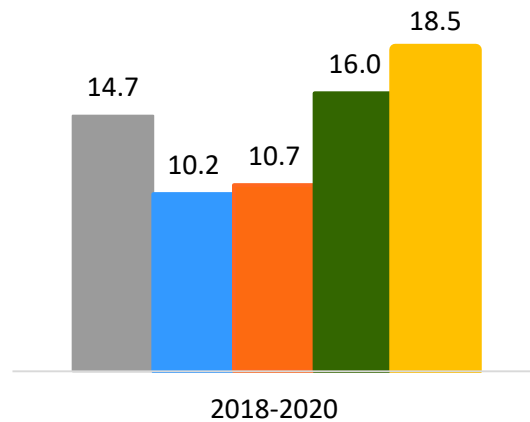
1. **Inpatient services** for behavioral health are difficult to access
2. Schools and the community need more resources and services to meet the level of need and degree of severity related to **behavioral health of children**.
3. There are issues in the insurance and public mental health system that create **insurance gaps** in availability and affordability of care.
4. Many community members are not **aware of services** that are available or how to navigate them.
5. There are **not enough mental health professionals** to fill job openings or expand services.
6. **Stigma** continues to be a major issue that impacts addressing mental health issues
7. Although **transportation** did not rank in the top ten regional barriers as rated by the community, mental health employees rated transportation as a major barrier.
8. Professionals with the expertise to prescribe **behavioral health medications** are limited.

Maternal and Child Health

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



Births to Teens Rate/1000 Females age 15-19



— Michigan — Huron — Lapeer — Sanilac — Tuscola

Identification of Priorities

Priorities for the Thumb Region: In order to address complex health challenges more effectively, the Thumb Community Health Partnership facilitates a regional data workgroup. The workgroup reviews health indicator data quarterly and provides reports to partners. In 2021, the workgroup developed a regional process to support the needs assessment requirements of member organizations which include Public Health Departments, Mental Health Agencies, and hospitals. The TCHP Data workgroup also identified regional data collection activities that provided local hospitals support for their organizational assessment. Partner assessments will be utilized for regional prioritization and planning.

The four health departments of the region, under the Michigan Thumb Public Health Alliance, developed a regional Community Health Improvement Plan. The Alliance selected seven regional goals. The full document which includes county level priorities for all four counties can be found at www.thumbhealth.org/healthdata.

Goal 1: Improve Perinatal Health

Objective 1:1- Reduce smoking during pregnancy; Objective 1:2- Increase planned and initiated breastfeeding

	% of Live Births to Women Who Smoked During Pregnancy	% of Mothers Planning to Breastfeed	% of Mothers Initiating Breastfeeding
	2017-2019	2019	2019
Michigan	13.6	34.2	49.4
Huron	18.8	32.1	51.3
Lapeer	17.2	24.1	61.5
Sanilac	21.7	36.5	43.5
Tuscola	24.6	10.6	72.7

Data Source: Michigan Dept. of Health and Human Services; <https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp>

Data Source: Michigan Department of Health and Human Services; <https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp>

Goal 2: Reduce Adolescent Health Risks

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

	% of students grade 9 and 11 smoking cigarettes- Past 30 days in 2018	% of students grade 9 and 11 smoking vaping Past 30 days in 2018
Huron	11	31
Lapeer	NA	NA
Sanilac	12	36
Tuscola	8	32

Data Source: Michigan Profile for Healthy Youth; <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

Due to COVID 19 and school closures some schools administered the survey in 2020 and some in 2021. Not enough schools to combine results. NA-

Goal 3: Reduce Chronic Disease Deaths

Objective 3:1- Decrease deaths from cardiovascular disease; Objective 3:2- Decrease use of tobacco and nicotine delivery devices by adults; Objective 3:3- Decrease obesity

	Heart Disease Deaths Age Adjusted Rate/100,000	Stroke Deaths Age Adjusted Rate/100,000	% of Adults engaged in Smoking	% of People Obese	% of People Obese or Overweight	% of students grade 9 and 11 Obese or Overweight
	2017-2019	2017-2019	2017-2019	2017-2019	2017-2019	2018
Michigan	195	39	19.0%	33.8	69.2	NA
Huron	217	31	15.0%	40.3	78.3	37
Lapeer	207	47	20.7%	39.4	70.9	NA
Sanilac	230	28	18.6%	39.4	75.0	39.7
Tuscola	206	34	16.8%	38.2	76.0	40.5
Thumb Region	215	35	NA	NA	NA	NA

Data Source: Michigan Department of Health and Human Services; <https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp>

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

Data Source: Michigan Department of Health and Human Services; http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--00.html

Data Source: Michigan Profile for Healthy Youth; <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

Goal 4: Reduce Infectious Disease

Objective 4:1- Increase adult immunization

	% Had the Flu Vaccine in Past Year age >65	% Ever Had Pneumonia Vaccine age >65
	2016-2020 Average	2016-2020 Average
Michigan	60.3	73.2
Huron	63.5	63.4
Lapeer	51.5	55.2
Sanilac	63.8	78.9
Tuscola	56.9	65.9

* Indicates not enough responses to calculate rate.

Data Source: Michigan Department of Health and Human Services; http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html

Goal 5: Reduce the Impact of Substance Use Disorders

Objective 5:1- Reduce substance use disorders

	% of Adults Engaged in Excessive Drinking	Drug Overdose Death rates/100,000
	2018	2017-2019
Michigan	21%	26
Huron	22%	21
Lapeer	23%	20
Sanilac	21%	16
Tuscola	22%	17
Thumb Region	NA	19

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

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

Goal 6: Reduce Injuries among Adults

Objective 6:1-Reduce alcohol impaired accidents; Objective 6:2- Decrease incidence of senior injuries

	% of Motor Vehicle Accidents-Alcohol involved	Unintentional Injury Death Rates/100,000 over age 75
	2015-2019	2017-2019
Michigan	29%	204
Huron	37%	162
Lapeer	24%	114
Sanilac	24%	133
Tuscola	30%	177
Thumb Region	NA	147

Data Source: Center for Disease Control- Compressed Mortality File; www.countyhealthrankings.org

Data Source: Michigan Department of Health and Human Services; <https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp>

Goal 7: Increase access to safe food, water, soil, and air

Hills and Dales Healthcare Priorities: The CHNA Team utilized assessments completed by the Thumb Community Health Partnership and Michigan Thumb Public Health Alliance to identify local priorities. As indicated in Step 4 of the Community Health Needs Assessment process, selecting priorities will ensure that limited resources have the greatest impact. Selection of priorities 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 be more effectively managed when the priorities are fewer in number. The hospital and other community organizations have numerous strategies already in place to address many of the health needs identified in the CHNA. In review of existing efforts, the team identified three focus areas. Data that led to these priorities is included in the previous section.

1. Access to Services
2. Cancer
3. Behavioral Health

2019 CHNA Status Report

Part of the planning process is to review and reflect on the previous Implementation Plan. Three goals were prioritized in the 2019 CHNA. Below is a summary of planned goals and activities and a report on the progress toward those goals. Unfortunately, COVID 19 created many barriers and delays in implementing the planned goals and strategies.

Goal 1: Decrease the rate of obesity with the implementation of a bariatric surgical program, diabetes self-management courses, and cooking matters classes.

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. 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.

Progress: All activities were temporarily halted due to executive orders in Michigan which prevented elective surgical cases and non-essential medical services. As of August 2022, the bariatric surgical program is no longer in process. MSU Extension held a successful and fully attended Cooking Matters 6-week series in April, 2022. There was a 10% increase in diabetes self-management services referrals.

Goal 2: Improving mental health access by developing tele-psychiatry and expanding providers who could provide Medication Assisted Therapy for opioid use disorder.

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 healthcare and substance abuse treatment. 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.

Progress: These activities progressed with the addition of a tele-medicine cart, an operating agreement with Covenant Healthcare to provide tele-psychiatry, and 2 additional providers certified in MAT. Tele-psychiatry program is no longer in process. The organization is investigating other sources of support for psychiatry consultations. Hills and Dales Healthcare is a participating partner in the Thumb Opioid Response Consortium, which is a multiagency partnership that addresses opioid and substance use in the rural areas of the thumb region of Michigan.

Goal 3: Decrease incidence of senior injuries with balance classes, driver safety, and age friendly health system quality improvement.

Hills & Dales Healthcare 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. 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.

Progress: These activities continued, albeit with lesser activity, considering the pandemic and increased risk for seniors. More efforts were focused on tele-medicine office visits, COVID 19 testing, and vaccination preparedness. The Matter of Balance class and driver safety have not resumed, as there are no instructors currently available. The organization is actively pursuing recognition as an Age-Friendly Health System through the Institute for Healthcare Improvement.

Supporting Documents

The following documents support the findings and the work completed during the Community Needs Assessment Process. They are available upon request by contacting Rebecca Stein at 989.912.6365 or rstein@hillsanddales.com.

- 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
- 2022-2026 Thumb Community Health Improvement Plan
https://www.thumbhealth.org/files/ugd/dc955f_dc87a73fdacc4bbd8bdabf9afb45130e.pdf
- 2021 Community Survey Instrument
- 2021 Service Area Community Survey Report
- 2022 Implementation Plan

Hills & Dales Healthcare 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 Implementation Plan report.