



COMMUNITY HEALTH NEEDS ASSESSMENT

2022

Prepared with support
from the
Thumb Community
Health Partnership

Serving and Meeting the Needs of the Community

Deckerville Community Hospital has been serving the community for over 65 years. The hospital works hard to understand and respond to the needs of the community. It is the mission of Deckerville Community Hospital to provide quality, cost-effective primary care close to home, coordinate specialist care, and assist patients as they transition through various care continuums

Define the Community Served

Deckerville Community Hospital serves rural communities in Sanilac County and portions of Huron County. The hospitals service area includes numerous municipalities: Applegate, Carsonville, Croswell, Deckerville, Harbor Beach, Minden City, Port Sanilac, Ruth, Sandusky, Snover, and Palms. Based on census data for these municipalities, approximately 27,077 people live in the service area. (Census-American Community Survey 5 year average-2020).

- Twenty-two percent of the population is over the age of 65 and only 20.6% are under age 18.
- The population has limited racial diversity with 97.7% of the population white.
- The service area has a college degree rate of 14.45% compared to Michigan's 30.5% and United States 32.9%.
- Average household income in the service area is \$65,155 as compared to Michigan's average income of \$80,803 and the United States average income of \$91,547.
- Unemployment in the service area ranged from 1 to 3.7% compared to Michigan at 6% and the U.S. at 5.4%.
- Of the civilian noninstitutionalized population – 6.3% 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 12.3% but ranged by municipality from 7.1% to 19.3%.

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is required of tax-exempt hospitals as a result of the Patient Protection and Affordable Care Act. These assessments ensure that hospitals have the information they need to provide community benefits that meet the needs of their communities. It also provides an opportunity to improve the coordination of hospital community benefits with other efforts to improve community health. Most experts agree that there are many challenges facing healthcare today. In addition to needing to respond to a global pandemic over the past CHNA cycle, the hospital also faces rapidly changing technology, increased training needs, recruitment challenges, and increasing health needs of a growing senior citizen population. These challenges occur at a time when resources for families and healthcare providers are stretched. These conditions make the Community Health Needs Assessment (CHNA) process even more critical. A CHNA helps to direct resources to issues that have the greatest potential for increasing life expectancy, improving quality of life, and producing savings to the healthcare system. The CHNA approach guides the team to choose priority health issues and create strategies to improve the health of the community. These strategies are organized into an implementation plan.

Specific steps outlined by the IRS include:

1. Define the community it serves
2. Assess the health needs of that community
3. In assessing the needs of the community, solicit and consider input received from persons who represent the broad interest of the community, including those with special knowledge and expertise in public health.
4. Document the CHNA in a written report that is adopted for the hospital by an authorized body of the hospital
5. Make the CHNA report widely available to the public.

Process and Methods

The CHNA approach frequently uses a team to coordinate activities. A consultant is often used to ensure objectivity and keep the process moving forward. The process includes several steps that guide the team to select priority health issues. Once priorities are selected, the team selects strategies designed to improve the health of the community. These strategies are then organized into an implementation plan.

Deckerville Community Hospital (DCH) works in partnership with a wide variety of health and community organizations to meet the needs of the community. The CHNA process was conducted with the same principles of collaboration. DCH utilized its membership in the Thumb Community Health Partnership to ensure collection of adequate health indicators and input of stakeholders and vulnerable populations.

Three types of data sources were utilized during the CHNA: public health statistics, stakeholder input, and community survey results. The team obtained the most recent data available. Major health indicator data sources for the 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

The CHNA Team

The administration at Deckerville Community Hospital formed an internal team to lead the CHNA process. The Director and Facilitators of the Thumb Community Health Partnership provided technical assistance and objectivity. The team met and communicated frequently from January to June 2022.

Team members include.

- Dan Babcock, President/CEO
- Angie McConnachie, Chief Operating Officer
- Kim Genter, Chief Financial Officer
- Cheryl Hieber, Marketing Director

Consultants

As part of a Network Development Grant received by the Thumb Community Health Partnership, Deckerville Community Hospital received assistance with the CHNA from Kay Balcer, Director, and other Partnership staff. Support included guidance to the CHNA Team, providing consultation in designing a process for the CHNA, obtaining community health data and information, analysis of gaps in information and areas of need, design of a community survey, survey analysis for the service area, consultation during development of the implementation plan, and developing written reports. Kay Balcer has been involved in numerous needs assessments, surveys, and program evaluations over her 25 year career. She has worked with the various organizations and collaborative groups in the Thumb region to complete various needs assessments. She has also been involved in needs assessment and strategic planning for Great Start Collaborative organizations across the state.

Representing the Community & Vulnerable Populations

Stakeholder meetings and surveys intentionally sought to include vulnerable populations. 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 health care sector with free or low cost health clinics, early childhood service providers, and law enforcement. Table 1 includes details on community input activities.

Table 1: Community Needs Surveys and Input

Thumb Community Health Partnership		
Community Survey (October 2021)	<ul style="list-style-type: none"> • Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties- 1171 participants • Report produced for Service area by zip codes- 286 participants. 	<p>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. Vulnerable populations were widely represented in the DCH Service Area Report:</p> <ul style="list-style-type: none"> • Senior Citizen, 44% or 65 people • Someone that experiences a mental health condition or disability or special education needs, 35% or 52 people • Low Income, 20% or 30 people • Veterans, 14% or 21 people • The Physically Disabled, 12% or 18 people • Healthcare or Human Service Provider that can speak for a wide variety of patients/people, 11% or 17 people • Someone with a Substance Use Disorder or Alcoholism or in recovery from substance use, 9% or 14 people • Victim of Domestic Abuse or Child Abuse, 6% or 9 people • Seasonal or part time resident, 5% or 8 people • People who are homeless, 4% or 6 people • People of a minority race or ethnic background, 2% or 3 people

Behavioral Health Survey (March 2021)	<ul style="list-style-type: none"> • Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties. • 780 people participated in the community survey • 68 medical providers participated • 98 mental health providers participated 	Behavioral Health was identified as a priority for the region in 2019. To gain a better understanding of needs related to behavioral health in the region, three surveys were distributed: Medical Provider, Mental Health Provider, and Community. Questions were designed for each target population including multiple choice, rating scale, multiple option checklists, and open ended questions. Assessment topics fell into four main categories: 1) Prevalence of Mental Health Needs, 2) Availability of Services, 3) Barriers to Accessing Services, and 4) Impact of Stigma. As part of the community survey, participants were asked about personal experience with behavioral health. Of the 750 that answered the question many represented a vulnerable population: 37% respondents had a mental health condition, 23% cared for someone with a mental health condition, and 61% had a close family member or friend with a condition. These individuals were asked additional questions about their experiences with local services.
Deckerville Community Hospital		
Focus Group with the Deckerville Hospital Auxiliary (2022)	Forty participants representing the geographic service area of the hospital.	<p>The purpose of the focus group was to obtain feedback from community leaders on the draft priorities identified during the assessment and additional feedback not asked in the Community Health Survey. There was support for all six draft priorities: Veteran Services (95%), Cancer (85%), Substance Use & Mental Health (85%), Chronic Disease (85%), Prenatal & Infant Health (85%), and Tobacco Use & Vaping (85%). The group also answered a question on reasons for choosing a provider with the top three reasons being: like the doctor (80%), convenience (65%), less travel (55%). When asked about COVID 19, 17% felt that the pandemic had a major impact on their mental health and 17% a minor impact. The group perceived that COVID 19 was handled well in the local community:</p> <ul style="list-style-type: none"> • Hospital: 32% - Very Good and 68% Good • County Health Department: 28% Very Good and 68% Good

Commented [CH1]: Not sure if this is irrelevant, but it was also the village council and Deckerville Community Development Corporation (DCDC)

Assessment Findings

Assessment Findings are summarized in two sections: Priorities identified for the Region and Priorities identified by the Deckerville Community Hospital Service Area

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. Data collection and practices are guided by the Rural Healthy People project. TCHP Partners agree that all 20 priorities outlined in the Rural Healthy People publication are important to the health of local residents. Partners also recognize that it would be impossible to target all twenty with focused change. 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>

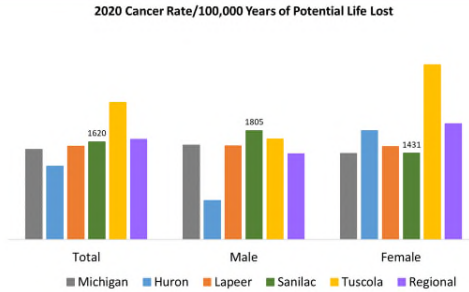
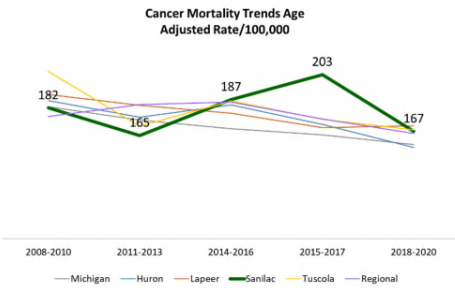
Goal 7: Increase access to safe food, water, soil, and air

Priorities for Deckerville Community Hospital-

Deckerville Community Hospital utilized the regional work completed by the Thumb Community Health Partnership to identify local priorities. As indicated in Step 4 of the Community Health Needs Assessment process, 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 be more effectively managed when the priorities are fewer in number. In review of existing efforts, the team determined that Deckerville Community Hospital would have the greatest impact on community health by targeting seven focus areas. Data that led to these priorities is included in the following section.

1. Cancer
2. Chronic Disease
3. Substance Use/Mental Health
4. Tobacco Use & Vaping
5. Prenatal and Infant Health
6. Veteran's Services
7. Access to Internet

Cancer

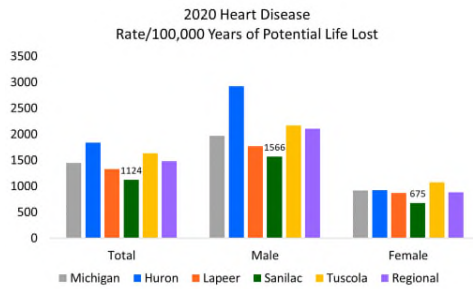
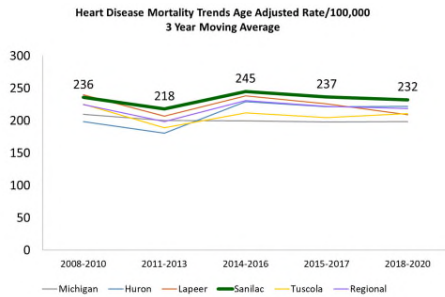


Mortality Rates Per 100,000 by type of cancer

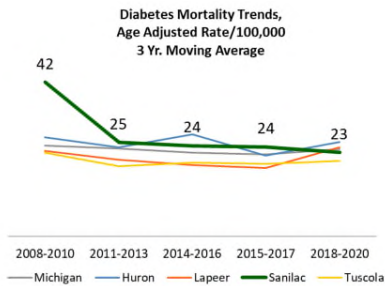
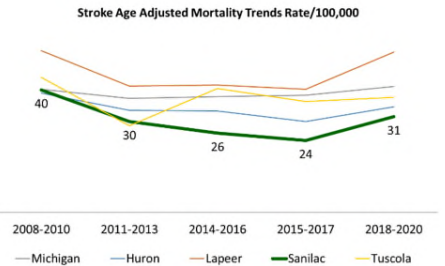
<https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp>

- Lung Cancer- 45
- Breast Cancer (Females)-29
- Colorectal Cancer- 17
- Prostate Cancer (Males)-17

Chronic Disease

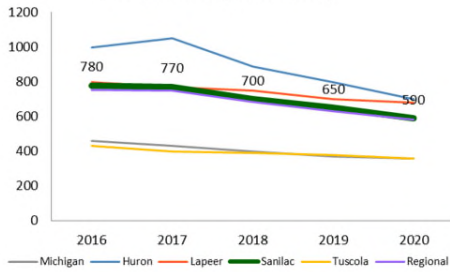


Michigan Department of Health and Human Services
<https://vitalstats.michigan.gov/osr/chi/cr/frame.html>

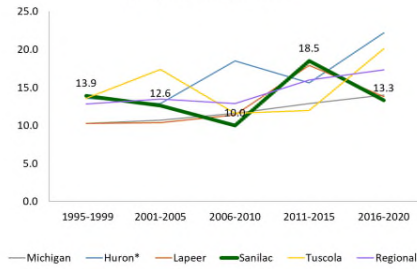


Substance Use and Mental Health

Mental Health Provider Rates
(Lower indicates greater access)



Suicide Mortality Trends
Age Adjusted Rate/100,000



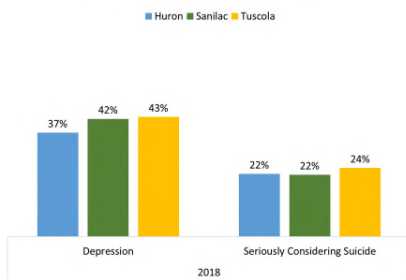
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Over the past 10 years,

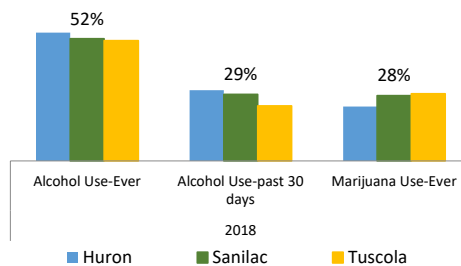
84%

of suicide deaths
in the Thumb were men.

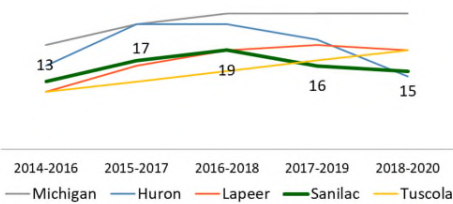
9th & 11th grade Depression and Suicidal Ideations



9th & 11th grade Alcohol & Marijuana Use

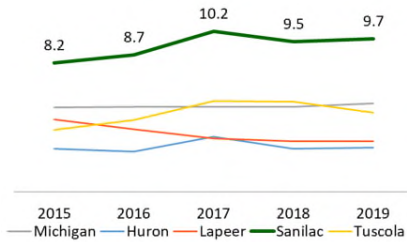


Drug Poisoning Deaths- Rate/100,000

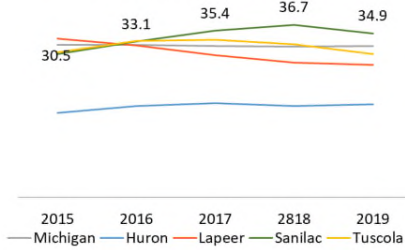


Prenatal and Infant Health

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



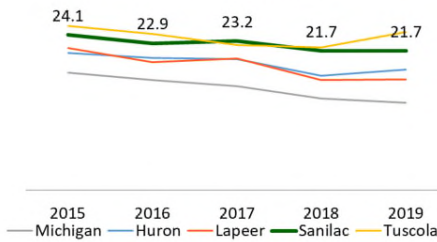
Percent of Live Births to Women With Less Than Adequate Prenatal Care



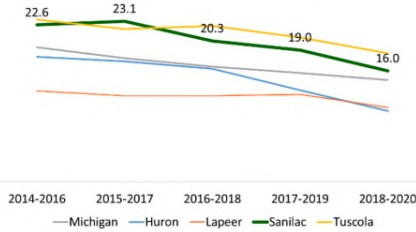
Michigan Department of Health and Human Services.
<https://vitalstats.michigan.gov/osr/CHI/births14/frameBxChar.html>

Great Start Data Set

Percent of Live Births to Women Who Smoked During Pregnancy

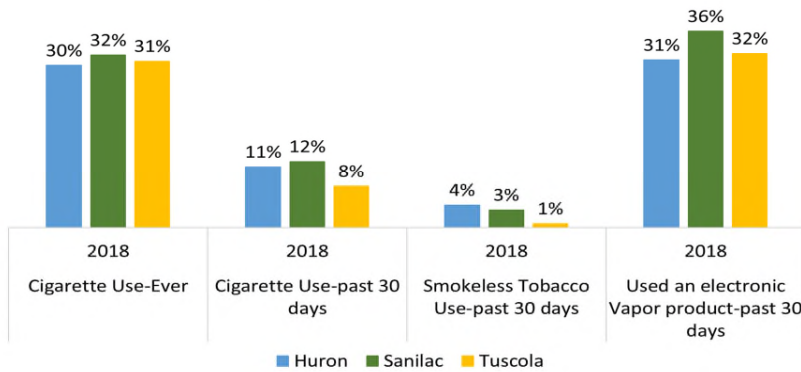


Births to Teens Rate/1000 Females age 15-19



Tobacco Use and Vaping

9th & 11th grade Tobacco Use



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

Veteran Services

Access to Internet

42%

of respondents

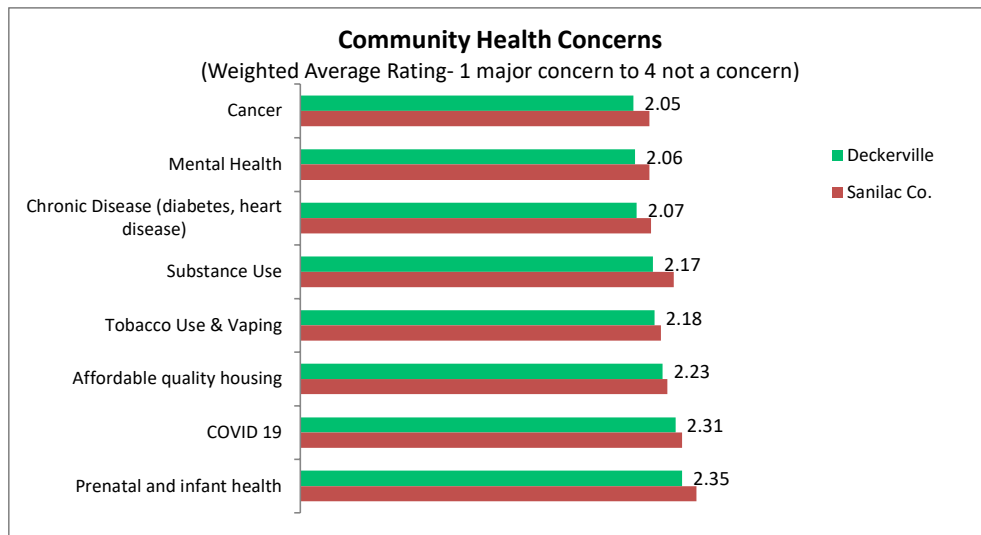
on the Community Health Survey reported that veterans services was a weakness of the Health Care System.

43%

of respondents

on the Community Health Survey indicated that internet connectivity for tele-health was a weakness of the Health Care System.

The priorities selected by the CHNA Team align with the needs expressed in the Community Survey and were confirmed at a focus group in March 2022.



Resource Assessment

During the development of the implementation plans, a resource assessment was conducted to reduce duplication of efforts, identify gaps, leverage existing efforts in the community, and develop strategies that would have the greatest impact.

Category of Need	Current Deckerville Community Hospital Efforts	Current Community Efforts
Cancer	<ul style="list-style-type: none"> • DCH partners with P.C.U.P.S. Foundation to raise funds and create a higher awareness in the fight against prostate cancer. P.C.U.P.S. stands for Prostate Cancer Understanding, Prevention and Screenings. • DCH participates in the ACS “Go Red” Campaign. • Partnered with the Health Department for under insured patients for screening exams. 	<ul style="list-style-type: none"> • Other hospitals have or are starting women’s health funds to help with screening costs. • American Cancer Society hosts annual awareness and funding raising events- Relay for Life and other support services for Cancer patients. • Sanilac County Health Department offers screening services for under insured patients through their Family Planning Program.
Chronic Diseases	<ul style="list-style-type: none"> • Specialist options either on-site or through Tele-health, utilizing CRTN network. • Increase Tele-health utilization • Awareness of services-utilize social media to increase awareness of service lines • Utilizing the ACO Population Management Dashboard, Prevention and Screening Measurements, and monthly health month awareness campaigns to identify those individuals who need those screenings and notify them, “It’s Time for your Yearly Screening.” 	<ul style="list-style-type: none"> • TCHP offers Women to Women. • Participation in ACO to promote wellness and screenings.
Substance Abuse/Mental Health	<ul style="list-style-type: none"> • Physician offices and emergency department continue to abide by strict guidelines in the prescribing and administration of opioids and narcotics. • Member of Thumb Opioid Response Consortium (TORC) to reduce the harm of substance use disorders by working together as a region (Huron, Sanilac, Tuscola, and the rural tracks of Lapeer County) to ensure that prevention, treatment, and recovery services are aligned with the needs of the community. • Previously completed SBIRT training through the TORC. • Member of Thumb Community Health Partnership to provide Man Therapy. 	<ul style="list-style-type: none"> • TORC provides a platform for collaboration regarding substance use. • MAT services are provided at Deckerville Healthcare Services. • Community Mental Health offers resources to the community including training such as mental health first aid and QPR. • Sanilac Health Department offers Alcohol and Drug programs. • Numerous mental health providers in the county.
Prenatal and Infant Health	<ul style="list-style-type: none"> • Offer community education on prenatal and infant health issues • Refer patients to the SCHD for these services. 	<ul style="list-style-type: none"> • Sanilac County Health Department’s offers Family Planning and WIC Programs.

Category of Need	Current Deckerville Community Hospital Efforts	Current Community Efforts
Tobacco Use & Vaping	<ul style="list-style-type: none"> DCH participates in “Identifying Every Day Dangers in the Lives of Youth” event targeting Tobacco Use and Vaping Member of the Thumb Opioid Response Consortium (TORC) to reduce the harm of substance use disorders by working together as a region (Huron, Sanilac, Tuscola, and the rural tracks of Lapeer County) to ensure that prevention, treatment, and recovery services are aligned with the needs of the community. 	<ul style="list-style-type: none"> The local schools offer alcohol, tobacco, and drug classroom education and student assemblies. Regional Comprehensive School Health Coordinator. Prevention educators at Sanilac County Health Department. TORC offers vaping test Kits to parents.
Veterans’ Services	<ul style="list-style-type: none"> Identifying what services can be performed and partners. 	<ul style="list-style-type: none"> Warriors Hope, a Sanilac County local veterans organization program geared toward helping veterans and their families bridge the gap between and the effects of combat after deployment.
Access to Internet	<ul style="list-style-type: none"> Locating a potential location for our referred patients to utilize telehealth services if they do not have adequate internet at home. 	<ul style="list-style-type: none"> Deckerville Library offers access to internet.

Evaluation of 2019 CHNA Implementation Plan

Deckerville Community Hospital’s mission is to continuously improve the health in the communities we serve. We feel we have made noteworthy progress in addressing the health needs identified in our 2019 CHNA. For those areas still needing improvement we will fold them into our 2022 CHNA implementation plan. The table below outlines the areas of need identified in 2019 and the progress we have made to address these needs.

Category of Need	Current Deckerville Community Hospital Efforts
Wellness	<ul style="list-style-type: none"> Increase physical therapy utilization opportunities for public – due to COVID hitting and the restrictions put in place we were not able to accomplish this item this past year. Discuss potential of discounts for patients utilizing local gym - due to COVID hitting and the restrictions put in place we were not able to accomplish this item this past year. Promote weight loss clinic for overweight/obese patients – due to COVID our nurse who headed this program returned to the floor to help out in our Acute/ER/SB volumes. Promote diabetic clinic, education for patients on benefits – we lost our PA who was really hands on with this clinic. Along w/our specialist pulled out during COVID from coming to our facility. Explore the start of a community paramedic program – At time, the community paramedic program due to pandemic needs being prioritized at this time. Increase home visits to homebound patients – We did implement this program and are doing home visits based on patient needs. Promote CCM program and Care Coordination – Our clinic manager has taken this task on and has been working on implementing this program more this past year. With turnover we had to revamp our current process. BCCCP Program promotion – We did implement and continue to participate with this program and advertise the availability of the program. It is an income based eligibility program and a patient can receive no out of pocket costs for breast exams, mammograms, and pap smears. MCRCEP Program promotion – We currently do not have any patients yet in this program.

Access/Availability of Physicians/Specialists	<ul style="list-style-type: none"> ▪ Recruit and hire an MD or DO – accomplished Dr. McVittie hired 10/2020 ▪ Increase specialist clinics available at DCH through partnership with CRTN network or other opportunities as available – CRTN network established and beginning operations, including physician needs analysis; specialists and services are in the network strategic planning
Substance Abuse/Mental Health	<ul style="list-style-type: none"> ▪ Promote MAT services offered by DHCS - Increased promotion of the MAT services through the TORC presence by the hospital. This program is currently functioning at the max level of patients that we can accept with our licensure. ▪ Increase utilization of outpatient tele-psychiatry program through Ascension partnership - This program has been scheduling regular patients twice per month, increased from the once per month initial setup due to increased patient demand and volumes. ▪ Increase utilization of Pine Rest Psychiatry in the ER and inpatient units for evaluation of need for inpatient psychiatric care - This program has been implemented and utilized when appropriate for psych evals when CMH is unavailable. ▪ Participation in the Thumb Opioid Response Consortium (TORC) to increase collaboration of community and hospital efforts in response to the opioid epidemic – ongoing participation with TORC continues/Drug Endangered Children (an opioid and substance use disorder task force) participant ▪ Continue participation with the Sanilac County Suicide Prevention Council -ongoing; new participation with Transforming Youth Suicide Prevention program which seeks to expand suicide prevention in the state and more strongly emphasize prevention and early intervention ▪ Add social worker to clinic staff for outpatient services – not able to accomplish but partnered with Thumb Community Health Partnership to bring Man Therapy and Woman to Woman to communities to help address behavioral health and obesity related chronic disease

FEEDBACK:

Feedback and questions about this report can be directed to Cheryl Hieber at 810-376-7015 or hieberc@deckervillehosp.org .

Supporting documents

The Community Health Needs Assessment can be found at <https://www.deckervillehosp.org/resources.htm>. The following documents support the findings and the work completed during the Community Needs Assessment Process. They are available upon request by contacting Cheryl Hieber at 810-376-7015 or hieberc@deckervillehosp.org .

- Planning Timeline
- 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 DCH Service Area Community Survey Report
- 2022 Implementation Plan