



**2024**

COMMUNITY HEALTH  
NEEDS ASSESSMENT

## Serving and Meeting Needs of the Community

### More than 70 years of caring!

The leaders of Marlette Regional Hospital recognize that operating a **COMMUNITY** hospital means striving to understand and respond to the needs of the community. It is the mission of Marlette Regional Hospital to provide exceptional care close to home as the leading rural healthcare organization. The vision is to expand accessibility to quality rural healthcare as the trusted choice for patients and employees. Through the years, MRH has made significant progress toward this mission and vision.

- Marlette Community Hospital, now Marlette Regional Hospital, opened on June 22, 1951. The facility had 22 beds and a construction cost of \$300,000.
- MRH's long-term care unit was the first hospital-attached long-term care facility in Michigan. It is now a 39-bed, skilled nursing facility—the highest level of licensure possible for a nursing home.
- The Hannah D. Wolfe Retirement Residence opened in 1969, as the region's first hospital-owned retirement residence for independent seniors.
- The 1980s saw the hospital's innovative development of medical practices in surrounding communities—now an integrated network of primary care physicians, nurse practitioners, and physician assistants serving three counties.
- The United Hospice Service program began its mission in 1983 and served as the first hospice service in the Thumb Region.
- In 1993, the hospital constructed a new emergency department, a lab, and radiology facilities after a successful community fund drive.
- In 1995, MRH opened the region's first and only inpatient center for intensive rehabilitation, offering a spectrum of diagnostic, medical, and therapy services designed for patients with neurological, orthopedic, and degenerative conditions.
- Marlette Regional Hospital forged an innovative relationship with St. Mary's of Michigan in 2002 to bring cancer treatment expertise to the area through the Seton Cancer Institute. In fall 2023, the former Seton Cancer Institute was reopened from renovations under the name Covenant Cancer Care at Aspire Marlette.
- The fall of 2018 marked the official commencement of the affiliation between Marlette Regional Hospital and Deckerville Community Hospital. The affiliation has a parent corporation called United Healthcare Partners. The affiliation accomplishes three primary objectives to maintain control over how healthcare is delivered in our communities: Decreasing costs by reducing duplicated services and by leveraging market presence to gain better pricing, maintaining and expanding health care services, preserving local control of health care delivery.
- United Health Care Partners expanded in the fall of 2022 as construction began on The Heartlands Senior Living Community. Opening spring of 2023, The Heartlands features 20 spacious standalone independent living villas, 20 assisted living, and 12 memory care apartments.

In an effort to continue meeting the ever-changing needs of the community, Marlette Regional Hospital made the decision earlier this year to join two other rural healthcare providers (Deckerville Community Hospital and Hills and Dales Healthcare) to form the Aspire Rural Health System. The goals of Aspire Rural Health System include:

- Ensuring high-quality healthcare continues for all patients across the Thumb.
- Maintaining and enhancing the immediate and long-term viability of the combined health system.
- Updating and expanding existing facilities and investing to build new ones.
- Retaining an expert team of clinicians and recruiting additional providers to ensure high-quality care remains nearby.

- Preserving its charitable, not-for-profit missions to serve, and to continue offering charity care and services to all members of the community, including the underserved.
- Broadening and deepening community support and engagement across the Thumb.

In addition to the new name, the organizations have also chosen to have one unified board of trustees that includes representatives from all organizations, as well as adopting a co-CEO model that allows Andy Daniels and Angie McConnachie to jointly lead the combined system.

As a result of this change, this CHNA document will reflect the careful review and continuation of the 2022 CHNA during this one-year transitional period. In 2025, a full and coordinated effort will be placed on Aspire Rural Health System’s CHNA, which includes Marlette Regional Hospital.

### Define the Community Served

Marlette Regional Hospital serves rural communities in Sanilac County and portions of Lapeer and Tuscola Counties. The hospital’s service area includes numerous municipalities: Brown City, Decker, Deford, Marlette, Melvin, Peck, Sandusky, Snover, Fostoria, Kingston, Mayville, North Branch, Clifford, Yale, and Silverwood. Based on census data for municipalities, approximately 47,157 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)).

- Eighteen and one-half percent of the population is over the age of 65 and only 23% are under age 18.
- The population has limited racial diversity with 98.5% of the population white.
- The service area has a college degree rate of 11.2% compared to Michigan’s 30.5% and United States 32.9%.
- Average household income in the service area is \$67,887 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 3.9 to 13.4% compared to Michigan at 6% and the U.S. at 5.4%.
- Of the civilian noninstitutionalized population – 8.5% 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 the past 12 months was 14.88% but ranged by municipality from 7.8% to 28.4%.

### **WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?**

The first step in meeting community needs is identifying the needs. An objective approach helps ensure that priorities are based on evidence and accurate information. The assessment process used by Marlette Regional Hospital built upon a four-county regional assessment process developed by the Thumb Community Health Partnership in 2021. 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 data reports can be found at [www.thumbhealth.org/healthdata](http://www.thumbhealth.org/healthdata). In addition to health indicator data, the Partnership surveyed the public. A Community Health Needs Assessment as outlined by the Internal Revenue Service is slightly different than the assessments produced by the Partnership. The Partnership assessment is designed to inform the public about the health needs of the region and serve as a collaborative tool for prioritization and planning. A hospital Community Health Needs Assessment informs the public but is also used as a guide to focus efforts of the hospital on prioritized areas of 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 fifth cycle of Community Health Needs Assessment and Planning. The process is typically completed on a three-year cycle, however, this cycle will be in effect for just one year until the 2025 cycle when MRH will realign with Aspire Rural Health System’s cycle.

## WHY IS A COMMUNITY HEALTH NEEDS ASSESSMENT VALUABLE?

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 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.

## 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. Specific steps outlined by the Internal Review Service include:

1. Define the community it serves
2. Assess the health needs of that community
3. Solicit and take into account input received from people 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.

### In Partnership

Marlette Regional Hospital 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. Specifically, MRH utilized its membership in the Thumb Community Health Partnership to ensure collection of adequate health indicators and input of stakeholders and vulnerable populations through a community survey. The most important partner in meeting health needs of our community is the residents we serve. As you read this report, the Marlette Regional Hospital's CHNA Team encourages you to think about your role in improving the health of our community.

- Taking care of your own health
- Nurturing your family's health
- Caring for the health of patients
- Presenting a healthy example in the community
- Making decisions which impact the health of the residents of our community

### The CHNA Team

The administration at Marlette Regional 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 November 2024. The team consisted of the following:

- Andy Daniels, Co-CEO
- Angie McConnachie, Co-CEO
- Kim Genter, Chief Financial Officer
- Christina Rowley, Senior Director of Communication and Marketing Strategy
- Kelsey Nicol, Marketing Director
- Abigail Newland, Grant Writer
- Jenna Muxlow, Vice President of Development and Outreach

### Consultants

Marlette Regional Hospital, a member of Thumb Community Health Partnership (TCHP), received assistance with the CHNA from TCHP staff: Kay Balcer, Director, Kelli Braun, Project Consultant, and other TCHP support 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. Both Balcer and Braun have been involved in numerous needs assessments, surveys, and program evaluations over the past 25 years while working with various organizations and collaborative groups in the Thumb region.

Data Sources

Three types of data sources were utilized during the 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 reviewed for the 2024 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](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](http://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

**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**

<b>Thumb Community Health Partnership</b>		
Behavioral Health Survey (March 2021)	<ul style="list-style-type: none"> <li>• Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties.</li> <li>• 780 people participated in the community survey</li> <li>• 68 medical providers participated</li> <li>• 98 mental health providers participated</li> </ul>	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.

Community Survey (October 2021)	<ul style="list-style-type: none"> <li>• Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties- 1171 participants</li> <li>• Report produced for Service area by zip codes- 324 participants.</li> </ul>	<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 MRH Service Area Report:</p> <ul style="list-style-type: none"> <li>• Someone that experiences a mental health condition or disability or special education needs, 15% or 50 people</li> <li>• Senior Citizen, 15% or 50 people</li> <li>• Low Income, 9.5% or 31 people</li> <li>• Healthcare or Human Service Provider that can speak for a wide variety of patients/people, 6% or 19 people</li> <li>• Veterans, 4.6% or 15 people</li> <li>• The Physically Disabled, 4.3% or 14 people</li> <li>• Someone with a Substance Use Disorder or Alcoholism or in recovery from substance use, 3.4% or 11 people</li> <li>• People of a minority race or ethnic background, 3% or 10 people</li> <li>• Victim of Domestic Abuse or Child Abuse, 2.5% or 8 people</li> <li>• Seasonal or part time resident, 1.5% or 5 people</li> <li>• People who are homeless, 1% or 3 people</li> </ul>
<b>Marlette Regional Hospital</b>		
Focus Group with the Hospital Development Council (March 2022)	Ten 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: Cancer (100%), Mental Health (100%), Heart Disease (90%), MRH Service awareness (80%), Access to Health Insurance (70%), and Tobacco Use &amp; Vaping (50%). The group also answered a question on reasons for choosing a provider with the top three reasons being: convenience, trust for the organization, and like the doctor. When asked about COVID 19, 40% felt that the pandemic had a major impact on their mental health and 30% a minor impact. The group perceived that COVID 19 was handled well in the local community:</p> <ul style="list-style-type: none"> <li>• Hospital: 80%- Very Good and 20% Good</li> <li>• County Health Department: 20% Very Good and 70% Good</li> </ul>

## ASSESSMENT FINDINGS

Assessment Findings are summarized in two sections: Priorities identified for the Region and Priorities identified by the Marlette Regional Hospital Service Area.

### Priorities for the Thumb Region:

In order to more effectively address complex health challenges, 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. Seven regional goals were selected by the Alliance. The full document which includes county level priorities for all four counties can be found at [www.thumbhealth.org/healthdata](http://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](http://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](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](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](http://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 the 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](http://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



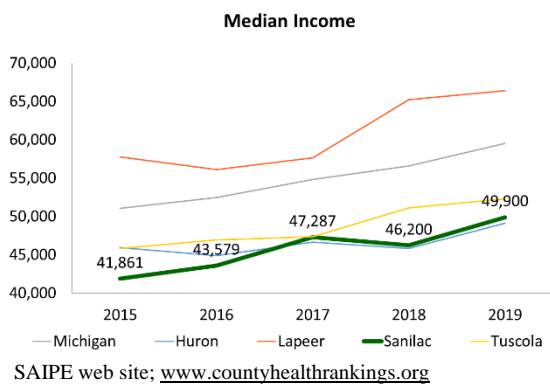
Priorities for Marlette Regional Hospital-

Marlette Regional 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 Marlette Regional Hospital would have the greatest impact on community health by targeting six focus areas. Data that led to these priorities is included in the following section.

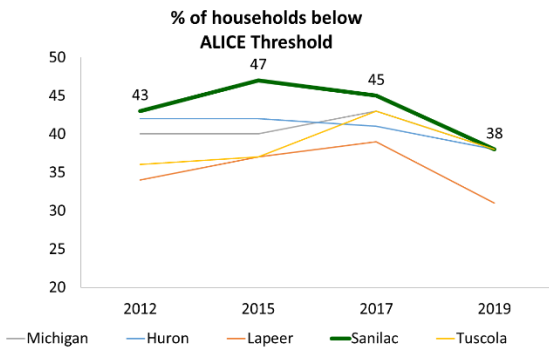
1. Access to Health Insurance
2. Service Awareness
3. Heart Disease
4. Tobacco Use and Vaping
5. Cancer
6. Behavioral Health

**Access to Health Insurance**

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

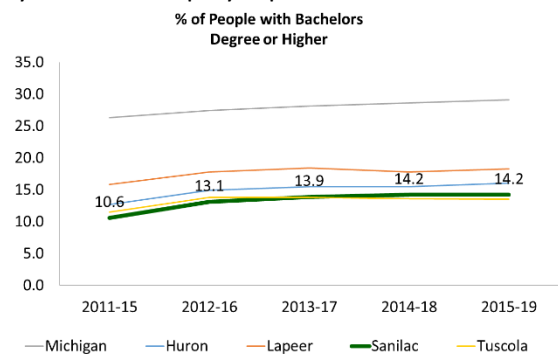


Many of these individuals live above the poverty level but below the cost of living or ALICE (Asset Limited, Income Constrained, Employed) threshold.



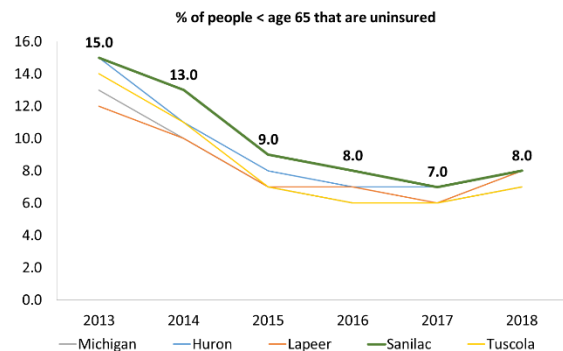
United Way- ALICE Report (Assets Limited Income Constrained Employed)

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



U.S. Census

As a result, data shows that many residents under age 65 do not have health insurance. Residents confirmed this is the 2021 Community Health Survey. **36% of respondents felt that access to health insurance was a weakness of the healthcare system.**



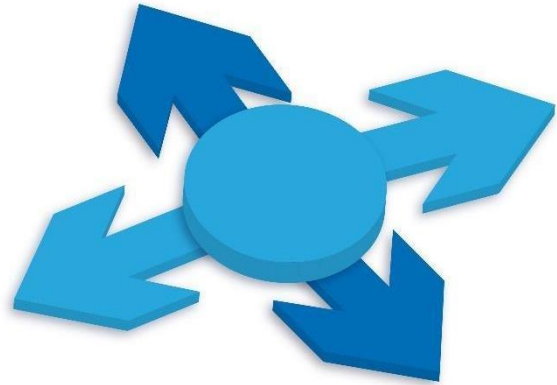
US Census Bureau's Small Area Health Insurance Estimates (SAHIE)

## Awareness of Services

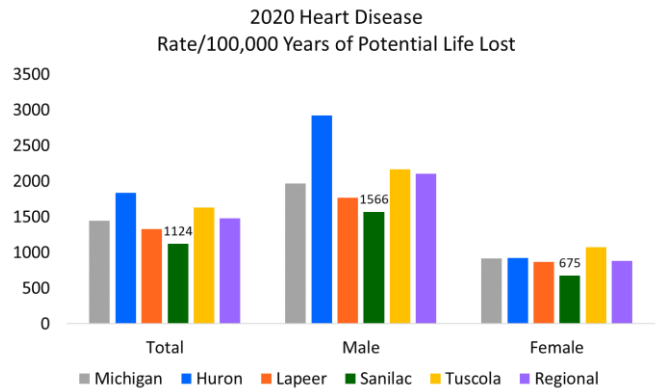
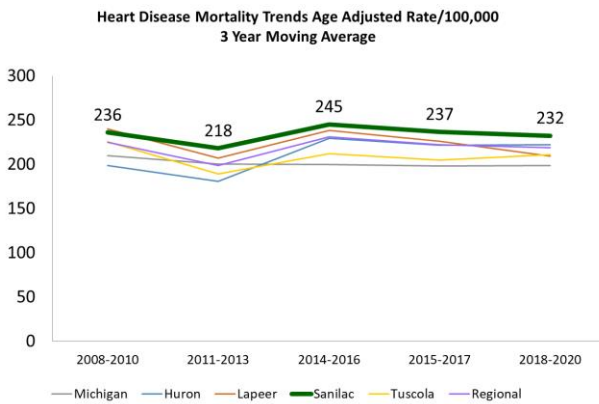
# 49%

## of respondents

on the Community Health Survey indicated that Awareness of Services was a weakness of the Health Care System.



## Heart Disease Leading Cause of Death



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

### Total Cardiovascular Disease Death Rate

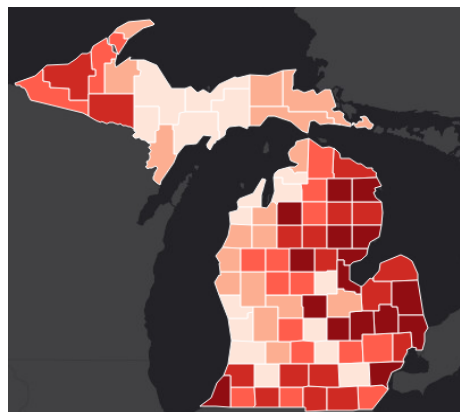
Age 65+

All Races/Ethnicities

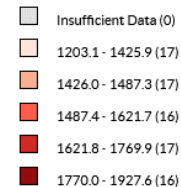
Both Genders

2017-2019

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

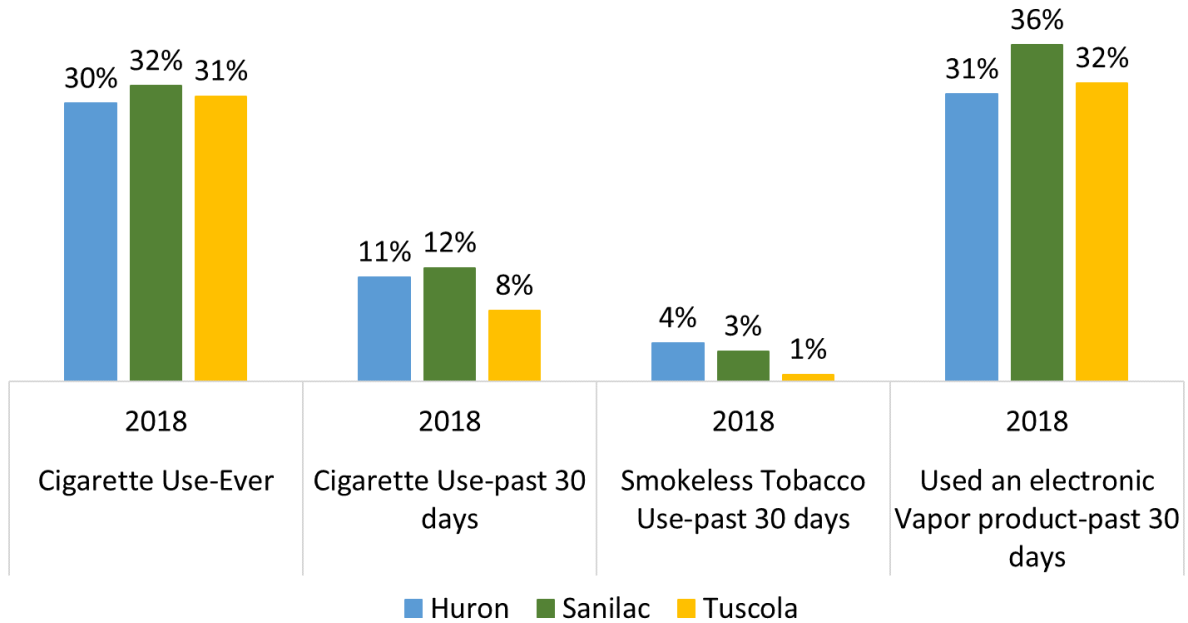


Age-Standardized Rate per 100,000



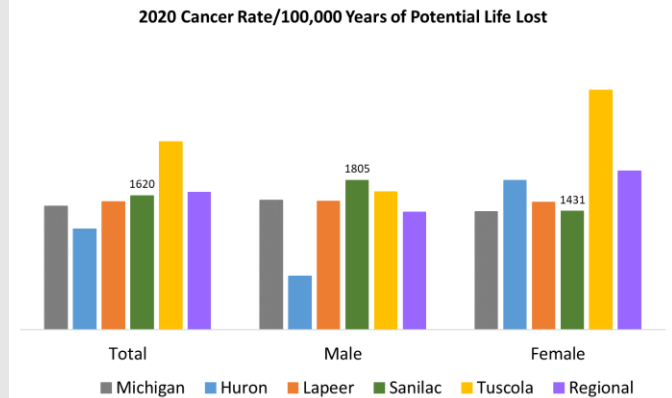
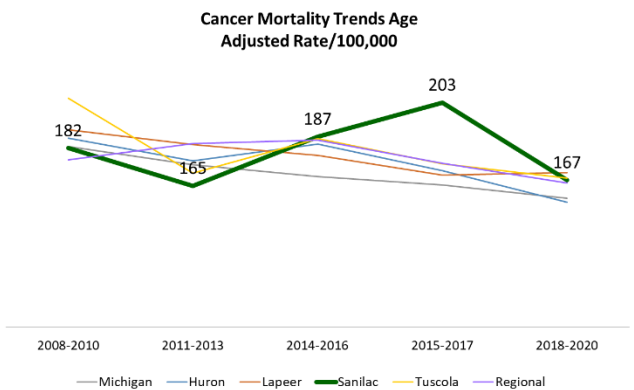
## Tobacco Use and Vaping

### 9th & 11th grade Tobacco Use



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

## Cancer



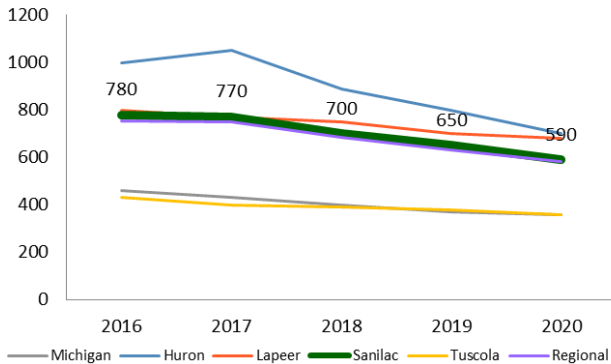
### Mortality Rates Per 100,000 by type of cancer

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

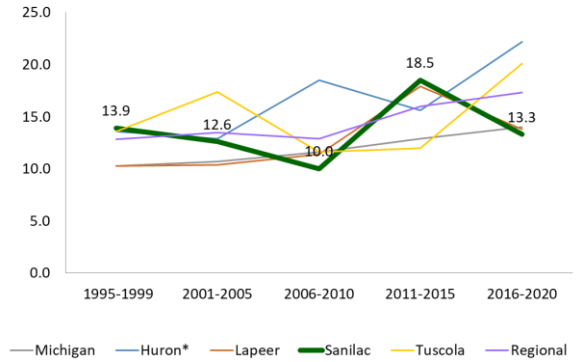
<https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp>

## Behavioral Health

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

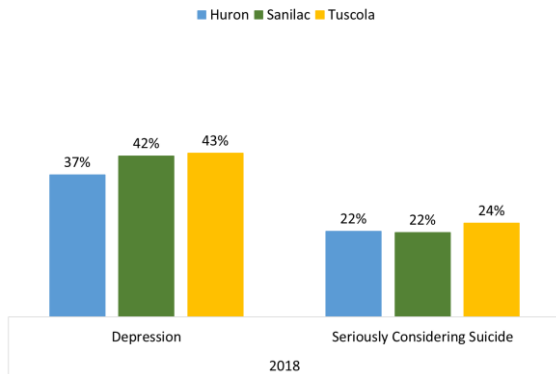


**Suicide Mortality Trends**  
Age Adjusted Rate/100,000



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

9th & 11th grade Depression and Suicidal Ideations



Over the past 10 years,

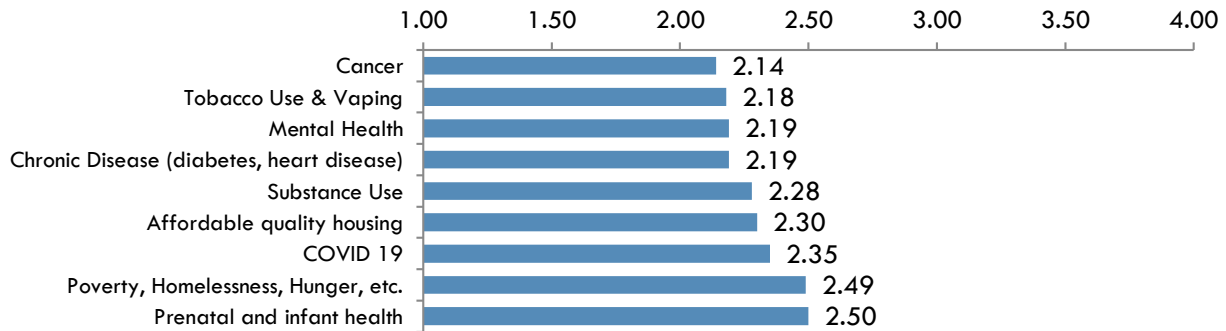
**84%**

of suicide deaths  
in the Thumb were men.

### Community Feedback- Marlette Regional Hospital

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.

**Community Health Concerns**  
(Average Rating- 1 major concern to 4 not a concern)



## 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.

Need	Current Marlette Regional Hospital Efforts	Current Community Efforts
<b>Focus Priorities</b>		
<p>1. Access to Health Insurance</p>	<ul style="list-style-type: none"> <li>● Care coordinators promote wellness screenings and assist with removing barriers to access care such as cost, navigating insurance, and transportation. Removing barriers to health insurance include know your numbers, low cost screenings, BCUPS, and \$10 sports physicals.</li> <li>● Offer a point of contact for patients to call with questions, concerns and feedback in regards to health insurance.</li> <li>● Expanding access by increasing telehealth services including inpatient care coverage and specialty consultations.</li> <li>● Offer Help Us Help Our Own fund at Aspire Foundation, which provides financial assistance to Aspire employees in the wake of a change in health or other emergent need.</li> <li>● Expanded resources including insurance education, and Human Resources support teams to provide guidance in the insurance process.</li> <li>● Regularly update accepted insurances on Aspire website.</li> </ul>	<ul style="list-style-type: none"> <li>● Caring Heart Health Clinic</li> <li>● Thumb Community Health Partnership Health Insurance Navigator Program</li> <li>● Region 7 Area Agency on Aging Medicare and Medicaid Assistance Program.</li> <li>● Covenant Rural Thumb Network (CRTN) is working to expand various physician services through both physical presence and telemedicine.</li> </ul>
<p>2. Awareness of Services</p>	<ul style="list-style-type: none"> <li>● Provider Directory and services offered are posted on the Marlette Regional Hospital website and all Marlette Regional Hospital Family Health Care offices.</li> <li>● Service areas are highlighted on social media</li> <li>● MRH has sent out a Every Door Direct Mailing.</li> <li>● MRH creates an annual report that includes services offered.</li> <li>● With patient consent, MRH provides patient testimonials.</li> <li>● Work in partnership with the CRTN. This network enhances and Strengthens high-quality healthcare provided by your community hospital with improved access to more resources when additional specialized support is needed.</li> <li>● Provides more board-certified specialist coverage and specialty clinics right in your community.</li> <li>● Enhances hospital alignment with processes in place to expedite patient transfers when needed</li> <li>● Increases local access to care, while improving the affordability of quality healthcare in the region</li> <li>● Preserves complete independence of local community hospitals in the Network</li> <li>● Streamlining communication, ensuring that all updates, news, and resources are shared in one place. By focusing on a single account, we can</li> </ul>	<ul style="list-style-type: none"> <li>● 2-1-1 is an online statewide resource for telephone and online resources</li> <li>● Resource directories are available for county senior services</li> <li>● The Great Start Collaborative has an online resource and referral service.</li> <li>● Enhanced relationship with local schools</li> </ul>

	<p>better engage with our community, provide more consistent and timely information, and strengthen our online presence.</p> <ul style="list-style-type: none"> <li>● Began Aspire-wide email newsletter to improve awareness of services.</li> <li>● Through our Thumb MRI partnership, MRH has expanded the awareness of radiology services at MRH and within Aspire.</li> <li>● Updated MRH’s profile on 2-1-1, online state resource for telephone and online resources.</li> <li>● Start radio campaign on local radio station to highlight MRH and other Aspire services.</li> </ul>	
3. Heart Disease	<ul style="list-style-type: none"> <li>● Diabetic Education classes extended hours.</li> <li>● Diabetic Education appointments and classes expanded into telehealth options.</li> <li>● Offer Community Garden plots and plants free of charge at MRH.</li> <li>● Development of The Heartlands Senior Living includes exercise classes, a fitness center, and a walking trail nearby.</li> <li>● Walking trail supporter.</li> <li>● Offer free or low-cost exercise classes @ MRH</li> <li>● MRH helps coordinate a 5K in Brown City.</li> <li>● Emergency telehealth services for possible stroke patients began in 2016.</li> <li>● Specialty services added include outpatient clinic services including tele-psychiatry, cardiology, ENT, orthopedics, nephrology, and vascular medicine.</li> <li>● Campaigning for American Heart Month in February.</li> </ul>	<ul style="list-style-type: none"> <li>● The Marlette DDA facilitates a weekly Farmers Market with fresh produce options. As does the Marlette Stockyards.</li> <li>● Several community groups sponsor 5K races throughout the year. All communities have free community walking trails.</li> <li>● MSU Extension nutrition and cooking classes and online PATH programs.</li> <li>● Thumb Community Health Partnership offers an online Women to Women program to support women with Chronic Disease</li> </ul>
4. Tobacco Use – use of vaping products	<ul style="list-style-type: none"> <li>● MRH distributes lung screening cards at community events and Health Care offices.</li> <li>● Share resources tobacco use of vaping products with the community from Michigan Department of Health and Human Services.</li> <li>● Lung Cancer Screening campaign in June highlights tobacco use of vaping products.</li> <li>● Expand partnership(s) with schools to spread awareness of negative effects of tobacco and vaping products.</li> </ul>	<ul style="list-style-type: none"> <li>● The local schools offer alcohol, tobacco, and drug classroom education and student assemblies.</li> <li>● Michigan Quit Line services.</li> <li>● Regional Comprehensive School Health Coordinator</li> <li>● Prevention educators at Sanilac County Health Department</li> </ul>
5. Cancer	<ul style="list-style-type: none"> <li>● MRH provides financial assistance for mammograms and diagnostic testing services through the B.C.U.P.S. program, housed within the Aspire Rural Health System Foundation.</li> <li>● Aspire Rural Health System Foundation is home to the 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.</li> <li>● Marlette Regional Hospital reopened the Covenant Cancer Care at Aspire Marlette in Fall 2023 with Covenant.</li> <li>● Campaign for Breast Cancer Awareness month in October.</li> </ul>	<ul style="list-style-type: none"> <li>● The health department has a breast cancer and cervical cancer screening program.</li> <li>● Other hospitals have or are starting women’s health funds to help with screening costs.</li> <li>● American Cancer Society hosts annual awareness and funding raising events- Relay for Life and other support services for Cancer patients.</li> </ul>

Need	Current Marlette Regional Hospital Efforts	Current Community Efforts
6. Behavioral Health (includes mental health and substance use disorders)	<ul style="list-style-type: none"> <li>● Physician offices and emergency department continue to abide by strict guidelines in the prescribing and administration of opioids and narcotics.</li> <li>● 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.</li> <li>● Previously completed SBIRT training through the TORC.</li> <li>● Member of Thumb Community Health Partnership to provide Man Therapy.</li> </ul>	<ul style="list-style-type: none"> <li>● TORC provides a platform for collaboration regarding substance use.</li> <li>● MAT services are provided in numerous locations throughout the region.</li> <li>● Community Mental Health offers resources to the community including training such as mental health first aid and QPR.</li> <li>● Sanilac Health Department offers Alcohol and Drug programs.</li> <li>● Numerous mental health providers in the county.</li> <li>● Self-help groups mostly for alcohol addiction.</li> <li>● Thumb Community Health Partnership provides awareness and has outreach programs for men- <a href="http://www.mantherapy.org">www.mantherapy.org</a></li> <li>● Suicide Prevention Coalition</li> </ul>
<b>Secondary Priorities</b>		
1. Diabetes	<ul style="list-style-type: none"> <li>● Post diabetes education awareness videos on social media.</li> <li>● Offering evening classes to accommodate more patients and their schedules.</li> <li>● With patients consent capture testimonials to encourage others in need of the service to contact MRH.</li> <li>● Member of Thumb Community Health Partnership which provides Women to Women Chronic Disease health program.</li> <li>● Initiated a “Healthy Tips” campaign on social media to share helpful tips in managing and living with diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>● Lion’s Chapters in the area work on Diabetes Prevention</li> <li>● MSUE provides cooking classes and PATH programs.</li> </ul>

## EVALUATION OF 2022 CHNA IMPLEMENTATION PLAN

Marlette Regional Hospital’s mission is to continuously improve the health in the communities we serve. We feel we have made significant progress in addressing the health needs identified in our 2022 CHNA. For those areas still needing improvement we will fold them into our 2024 CHNA implementation plan. The table below outlines the areas of need identified in 2012 and the progress we have made to address these needs.

2022 Health Need	2024 Response
1. Primary care provider access	<ul style="list-style-type: none"> <li>● Recruited a new pediatric nurse practitioner, Brittany Selleke, and new family practice physician, Dr. Nguyen. Primary care providers at MRH continue to increase</li> <li>● Walk-in clinic appointments accepted at some family practice clinics</li> <li>● Added participation with more insurance plans</li> <li>● Recruited general surgeon, Dr. Syed</li> <li>● Developed and conducted physician satisfaction surveys to increase retention of physicians</li> </ul>
2. Chronic Disease	<ul style="list-style-type: none"> <li>● Diabetic Educator went onsite to each clinic to meet with our primary care providers and discussed the diabetic education program. She also attended the provider forums to share Diabetic Education information.</li> <li>● The MRH Wellness Team offered employee and community wellness and fitness challenges throughout the year</li> <li>● Hospital departments created Facebook pages to inform and instruct the community in various wellness initiatives</li> <li>● Healthy eating classes were offered to the community</li> <li>● An online 6-week class was shared on MRH Facebook page for a chronic disease path hosted by Michigan State University</li> <li>● Initiated a “Healthy Tips” campaign on social media to share helpful tips for managing and living with diabetes.</li> </ul>
3. Tobacco Use – use of vaping products	<ul style="list-style-type: none"> <li>● Sanilac County FAN disbanded during COVID; area support groups were shared on social media</li> <li>● Tobacco facts have been posted on the MRH Facebook page</li> <li>● National burn awareness week Do’s and Don’ts focused on vaping</li> <li>● FAN forum presentation in Cancer Center lobby on the topic of “What Do We Know About Vaping?”</li> <li>● Enhanced relationships with local schools to increase awareness of dangers of tobacco and vaping usage.</li> </ul>
4. Breast Cancer Screening	<ul style="list-style-type: none"> <li>● The Breast Cancer Understanding Prevention and Screening (BCUPS) program is regularly advertised through social media, the MRH website, and other media releases.</li> <li>● In the month of October, Breast Cancer Awareness month, we advertise BCUPS on the radio</li> <li>● Financial assistance through BCUPS is offered for those who qualify</li> <li>● We are a significant participant, with other community organizations, in organizing a variety of breast cancer awareness and fundraising.</li> </ul>
5. Unintentional injuries in 75+ population	<ul style="list-style-type: none"> <li>● A rotation of public service announcements was on the radio from the Physical Therapy (PT) team</li> <li>● Patient testimonials are posted on the MRH PT services Facebook page</li> <li>● Did You Know campaign advertised all PT services</li> <li>● Currently developing home care services to help patients where they live</li> </ul>
6. Behavioral Health (includes mental health and substance use disorders)	<ul style="list-style-type: none"> <li>● Drug Take-back events and FAN meetings shared on social media outlets</li> <li>● Discharge planning process updated to include quality and 5-star ratings for post-acute facilities, home health agencies and hospice to aide in the selection of post-hospital care</li> <li>● Participated in the Thumb Community Health Partnership organization to bring Man Therapy and Woman to Women programs to our communities to address behavioral health and obesity-related chronic disease. This is a coordinated regional effort to identify, plan for, and provide interventions that will lead to healthier communities.</li> </ul>



## FEEDBACK:

Feedback and questions about this report can be directed to Christina Rowley at 989-635-4337 or [crowley@aspirerhs.org](mailto:crowley@aspirerhs.org).

## 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 Christina Rowley at 989-635-4337 or [crowley@aspirerhs.org](mailto:crowley@aspirerhs.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](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](https://www.thumbhealth.org/files/ugd/dc955f_dc87a73fdacc4bbd8bdabf9afb45130e.pdf)
- 2021 Community Survey Instrument
- 2021 MRH Service Area Community Survey Report
- 2022 Implementation Plan