

SCHEURER HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

JUNE 2019



Meeting the Needs of the Community

2019 - 2022
Report

A health system is most effective when services are linked to the needs of the community. Scheurer Hospital has a history of developing and providing services to meet community needs. The first step in meeting needs of a community is identifying those needs.

In 2018, Scheurer Hospital embarked on a Community Health Needs Assessment (CHNA) process. Written to inform the community, this report summarizes results of the CHNA. Scheurer Hospital hopes that decision makers, healthcare providers and members of the community will join them in addressing local priority health issues.

INTRODUCTION

This report summarizes results of Scheurer Hospital's 2018-2019 Community Health Needs Assessment. It was written to inform the community, decision makers and healthcare providers of the needs of the community. In addition, it also outlines issues that Scheurer Hospital has prioritized for further action.

A Community Health Needs Assessment (CHNA) is conducted to objectively identify needs within a particular community. This approach helps to ensure that priorities are based on evidence and accurate information. In addition to reviewing data, gathering input from community members is also necessary to accurately gauge the health of the community. The community's experience is critical to proper interpretation of data.

Most experts would agree that providing healthcare is becoming more challenging due to ever-changing patient needs and expectations, the advancement of technology, evolving reimbursement models, and increasing costs. These challenges occur at a time when resources for families and healthcare providers are stretched. These conditions make the CHNA process even more critical. The process helps to direct resources and efforts to the issues that have the greatest potential for improving the health of the community. Successfully addressing priority issues increases life expectancy, improves quality of life and results in a savings to the healthcare system.

The CHNA was completed using a team-based approach to coordinate activities. The process includes several steps that guide the team to select two to five 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.

Each and every day, Scheurer seeks to improve the health status of our community through its vision "Better Health. Better Life." and we know every person has a role to play. When individuals in the community have the information and resources to make healthy choices, they improve the health of the community, making it an even better place to live. As a community member, think about your role in improving the health of the community. You may play many roles including:

- 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 members in our community

We look forward to making this journey to better health with you.

CHNA PROCESSES AND METHODS

CHNA Team

The Administration at Scheurer Hospital formed an internal team to lead the CHNA process. The team met and communicated frequently from April 2018 to June 2019. The team consisted of: Kelli Braun, Community Wellness Manager; Jaylee Chandonnet, Community Health Coach, Lee Gascho, Quality Improvement Director; Andrea Messing, Social Worker; Fran Pechette, Senior Living Manager; Danielle Penfold, Community Services Director, Lori Swartzendruber, Physician Clinic Manager; Tanya Vasquez, Nutritional Services Manager, and Carli Kunding, RD.

CHNA Process

The Scheurer CHNA Team utilized the process developed by the Association for Community Health Improvement¹. The toolkit was produced for members of the Association for Community Health Improvement (ACHI), American Hospital Association (AHA), Society for Healthcare Strategy and Market Development (SHSMD), American Organization of Nurse Executives (AONE) and other AHA Personal Membership Groups. The team followed the six steps outlined in the toolkit and utilized resources included in the toolkit to complete the process.

Step 1: Establish the Assessment Infrastructure
Step 2: Define the Purpose and Scope
Step 3: Collect and Analyze Data
Step 4: Select Priorities
Step 5: Document and Communicate Results
Step 6: Plan Action and Monitor Progress

Data Resources

Five types of data sources were utilized during the CHNA. The Team obtained the most recent data available and whenever possible, data that compared the local community to county, regional, state or national statistics was used. Data sources included:

1. Public Health Statistics
2. Stakeholder Interviews
3. Employee Survey Results
4. Community Survey Results
5. Vulnerable Population Survey Results

Data was compiled into comparison charts for peer communities, county, states or national statistics. These compilations resulted in two companion charts:

Table 1: Major Data Sources for the Scheurer CHNA Process

Public Health Statistics			
Source/Participants	URL or Citation	Dates of Data	Additional Descriptors
United States Census Bureau	http://www.census.gov	2010	Includes data from the American Community Survey (5-year averages), Census Demographic profiles from the 2010 Census and subtopic data sets.
Michigan Labor Market	http://www.milmi.org	2019	Unemployment Data
Michigan Department of Community Health	http://www.michigan.gov/mdch	2000 - 2010	Date ranges varied by health statistic. Some statistics represent one year of data as others are looking at 3 or 5 year averages.
Health Resources & Services Administration (HRSA)	https://bhwh.hrsa.gov/shortage-designation	2018	Shortage designations are determined by HRSA.
County Health Rankings	www.countyhealthrankings.org	2019	Includes a wide variety of statistics. Many statistics represent a combined score and reflect multiple years of data.
Kids Count	https://mlpp.org/kids-count/michigan-2019-data-book/	2019	Includes a variety of data from Michigan Department of Community Health, Department of Human Services and Department of Education.
Survey Instruments			
Employee Survey	201 employees of Scheurer Hospital participated in an online survey.	2015	An online survey asked employees about the best things in their communities and what health issues they see in the patient population they serve.
Community Survey	145 community members responded to a survey distributed in paper and online formats.	2016	In a tri-county collaboration, a survey (online & paper) was disseminated on health local disparities.
Vulnerable Population Survey	97 community members (who consider themselves to be a part of a vulnerable population) completed a short paper survey.	2015	A paper survey was given to participants of a local food giveaway.

Information Gaps

The CHNA Team determined that data on causal relationships and root causes was beyond the scope of the CHNA. Survey responses attempted to uncover conditions and issues that may promote or interfere with addressing health priorities. In order to increase the likelihood of success in implementing strategies, the results of the survey were taken into consideration when developing response strategies.

Methods of Analysis and Prioritization Process

The CHNA Team utilized a priority-setting worksheet developed by the U.S. Department of Health and Human Services² Data to determine the Top 10 Identified Issues. This data was shared and discussed among team members. Using a variation of the Criteria Weighting Method developed by the CDC³, a prioritization matrix was developed using several criteria. The matrix was utilized by the Scheurer's Senior Leadership Team to determine priorities to be addressed in the three-year implementation plan.

Scheurer Hospital CHNA Prioritization Matrix

Scoring
 9 = High
 3 = Medium
 1 = Low
 NA = Not applicable

	Desired result	Likelihood that acting on issue would improve quality of life / reduce premature deaths	Impact on vulnerable populations	Impact on a large number of people within our community	Impact on multiple health related issues	Scheurer Hospital's capacity to act alone on the issue	Community's capacity to act on the issue (economic, social, cultural, political)	Totals per issue
DISEASES / CONDITIONS								
Obesity	↓	7.8	6.6	7.8	9	6.2	5.4	42.8
Cancer (all)	↓	3.8	5	5	5	2.2	3.8	24.8
Mental Health & Mental Disorders	↓	6.6	6.6	5.4	6.6	2.6	4.2	32
Diabetes	↓	7.8	6.6	5.4	6.6	5	3.8	35.2
Heart Disease & Stroke	↓	6.6	7.8	5.4	6.6	2.6	3.8	32.8
Substance Addiction	↓	6.2	6.2	4.2	3	2.2	4.2	26
ACCESS / QUALITY OF CARE								
Mental Health Services	↑	6.6	9	4.2	5.4	2.2	3.8	31.2
Healthy Food Availability/Accessibility	↑	6.6	3.8	3.8	7.8	2.2	3.4	27.6
Transportation to Primary Care	↑	1.8	5.4	1.4	2.2	1.4	2.6	14.8
Recreational Facilities	↑	3	3.4	1.8	3.8	2.6	3	17.6
BEHAVIORS / KNOWLEDGE								
Suicide	↓	5	7.4	2.2	1.8	1.8	4.2	22.4
Physical Activity	↑	6.6	5.4	7.8	7.8	3.8	4.2	35.6
Weight Management (over & under)	↑	6.6	5.4	6.6	7.8	5	3	34.4
Youth Vaping	↓	4.2	5.4	3.4	3.4	2.2	4.2	22.8
Excessive Drinking	↓	4.2	5.4	2.2	4.2	1.8	2.6	20.4
Drinking and Driving	↓	4.2	5	2.6	2.2	1	3.8	18.8
Bullying	↓	3.4	5.4	2.6	2.2	1.4	3.8	18.8
Child Abuse/Neglect	↓	4.2	7.8	3	2.6	1.4	3.8	22.8

COMMUNITY SERVED

Scheurer Hospital serves rural communities in the northwest portion of Huron County. Huron County is located in the tip of the area of Michigan commonly referred to as the Thumb. Hospital utilization data was utilized to identify sixteen census divisions that compose the Hospital's primary service area. According to the 2010 Census, this service area has a population of 16,936. The service area includes numerous towns and villages, including: Owendale, Elkton, Caseville, Pigeon, Port Austin, Kinde, Bay Port, Fillion and Sebewaing⁴.

The Hospital provides services to a community in which:

- Fifty-seven percent of the population is between the ages of 18 and 65 years.
- The population has limited racial diversity with 98% of the population identified as Caucasian and only 2% identified as Hispanic.
- Scheurer's service area has a college degree rate of 15% compared to Michigan's 25% and United States 28%.
- Median household income is lower at \$41,678 as compared to Michigan median income of \$49,765 and the United States average income of \$53,657.
- Five percent of people reported being unemployed on the census.
- The two most common occupations were *management-business-science-arts* and *production-transportation-material moving*. Industries with the most employment in the area included manufacturing, retail trade, education-health-social services and agriculture.
- The community has a higher rate of self-employed individuals (9.1%) compared to Michigan rate of 5.4% and the United States rate of 6.5%.

REPRESENTING THE COMMUNITY

Organizational Participation

Key organizations assisted in the collection of input for the Community Health Needs Assessment. Assistance included providing data, hosting data collection sites, and providing input for the implementation plan. Organizations that were involved included community agencies with expertise and health-related knowledge, as well as others who have expressed a genuine interest in the wellness of the community:

- Huron Behavioral Health: Through the Project Connect event, data was collected through surveys of vulnerable populations.
- Huron Daily Tribune & EPBP Laker Schools: At their annual health expo event, data was collected from community members through surveys.
- Michigan Thumb Public Health Alliance: Participation in two of their focus groups, as well as use of their data compilation *"2018 Community Health Assessment Report."*
- Children's Wellness Adventure: Data was collected through community surveys at the annual event for families.

Input from Individuals

An employee survey, three in-person community surveys and one online community survey were conducted as part of the CHNA process. These secondary data collection efforts were used in order to help ensure the accurate interpretation of health statistics and that vulnerable populations were represented in the needs analysis. Vulnerable populations that were represented during interviews included single parents, unemployed, divorced or blended families, physically disabled, uninsured or underinsured individuals/families, victims of abuse, individuals with a mental health condition or disability, low income populations, senior citizens, homeless, veterans, minorities or ethnic backgrounds, seasonal or part time residents, healthcare providers and low cognitive functions.

Employees of Scheurer Hospital have frequent contact with residents of the defined service areas, often hearing their needs and concerns. The CHNA Team determined that obtaining employee input was critical to ensuring that the CHNA process was accurate. In order to promote participation, the survey conducted online and included the same survey questions as the community survey. Employee results were included with all community responses and thematic analysis was conducted with the open ended responses.

Leadership Involvement

The leadership of the hospital received regular updates from the CHNA Team and showed strong support for the process. The following individuals in senior leadership positions completed the prioritization matrix and criteria analysis:

- Terry Lerash President and CEO
- Kendra Kretschmer, Vice President of Patient Care Services

- Terry Lutz, Vice President of Finance
- Teresa Gascho, Vice President of Corporate Services
- Dr. Ross Ramsey, Vice President of Quality & Medical Affairs
- Joshua Salander, Director of Information Technology
- Greg Foy, Director of Human Resources
- Mike Viers, Director of Facility Services
- Lee Gascho, Director of Quality Improvement
- Danielle Penfold, Director of Community Services
- Trevor Carriveau, Director of Clinic Operations
- Beth Gainforth, Director of Revenue Cycle
- Angela Lackie, Director of Pharmacy & Infusion Therapy

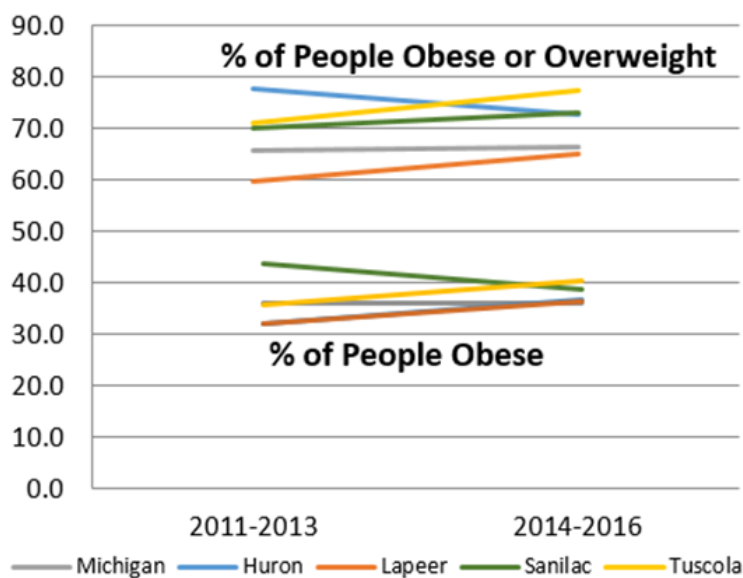
DATA FINDINGS

Obesity

Obesity is a condition that contributes significantly to the leading causes of death in Huron County. Obesity has been shown in numerous studies to decrease the quality of life and increase the cost of healthcare. Obesity is not only a local issue but a challenge faced across the United States⁵.

Evidence linking weight, nutrition, and physical activity to health status is strong. Studies document the correlation between food insecurity and obesity with chronic conditions such as type 2 diabetes, stroke, cardiovascular disease, and depression. Unhealthy eating combined with a sedentary lifestyle increases an individual's risk for hypertension, some cancers, sleep

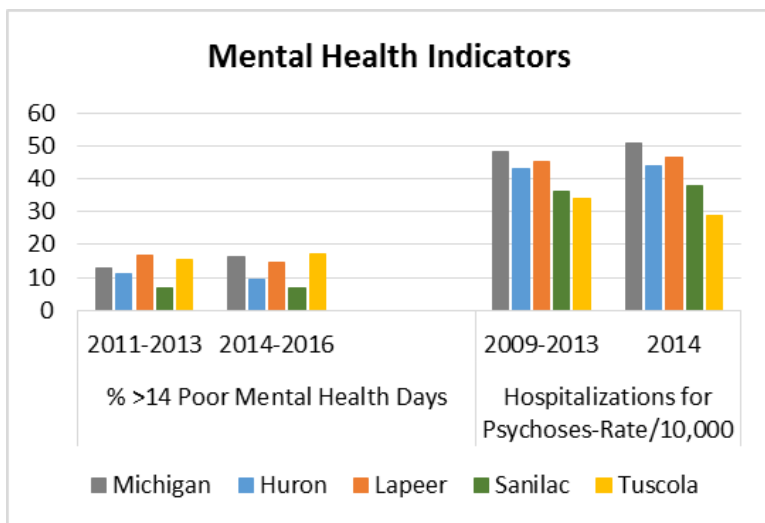
apnea, gall bladder disease, and osteoporosis. Onset of obesity in childhood increases the extent of this risk and the damage to the body. Most rural areas experience barriers to healthy eating and physical activity including fewer fitness and nutrition classes, cultural attitudes toward food and weight, less social support for healthy lifestyle choices, busy schedules, fewer preventive care messages, transportation and distance to stores that sell healthy foods, higher prices for healthy foods, and skewed perceptions of weight status.



Mental Health

Mental health disorders are often associated with significant impairment and disability and result in substantial financial costs. It is estimated that mental illness costs the U.S. at least \$300 billion annually, with disability benefit payments of about \$24 billion, health care expenditures of \$100 billion, and lost earnings and wages of approximately \$193 billion⁶. The impact of mental health conditions are exacerbated by lack of available services, limited specialty service, stigma association with mental health disorders, transportation to services, and cost of medications.

The disability caused by mental health conditions can also interfere with self-management of health leading to co-morbidities. The shortage of mental health providers may contribute to a workforce that has a lower level of certification and is susceptible to burnout. Determining the prevalence of mental health disorders is challenging. It is estimated that over 46 percent of adults in the U.S. will develop a mental illness at some point during their lifetime⁶. It is also estimated that one in four individuals has a mental health disorder, and that number becomes one in three when substance use is present.



Other statistics show that among the 25% of the population with a mental disorder currently, 40% experienced mild disorders, 37% experienced moderate disorders, and 22% experienced serious mental disorders⁷.

Under-utilization of mental health services for rural residents translates into the increased likelihood that they will enter treatment with more severe disorders⁸. Research also shows that children and senior citizens are at risk for having an untreated mental health disorder⁹.

COMMUNITY NEEDS AND PRIORITIES

Prioritization Matrix

A number of the top issues identified as priorities were directly related to obesity and its link to chronic conditions such as diabetes and heart disease. Behaviors contributing to obesity ranked high on the matrix and included mental illness (including depression) and lack of resources for aging populations.

Resulting 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 also be more effectively managed when the priorities are fewer in number. The top priorities identified by the team included:

1. Obesity (to encompass physical activity, weight management, heart disease/stroke, and diabetes)
2. Mental Health & Mental Health Disorders

Due to its overwhelming ranking in the scoring and its relationship to diabetes, heart disease and other chronic conditions, the Team identified obesity prevention as its three-year focus for the implementation plan. In addition, the Team chose Mental Health & Mental Health Disorders due to the known accessibility to mental health resources in our area and other mental health indicators .

RESPONDING TO THE NEEDS

Resource Assessment

Following the prioritization activity, a resource assessment was completed and found that numerous activities were taking place around the identified health priorities. Many of these current activities are a continuation of the first two CHNAs and strategy implementation from 2016. The initial round (2013) was successful in introducing the 5-2-1-0 concept to the target population of 6th - 12th graders at Elkton-Pigeon-Bay Port Lakers Schools. In the second three-year CHNA cycle (2016), the target population was expanded to include adults. This third CHNA cycle will continue efforts for obesity prevention in both children and adults. Additionally, mental health resources (education and awareness activities) will be introduced in this round.

Focus Area

In review of existing efforts, the Team determined that Scheurer Hospital would have the greatest impact on community health by selecting obesity prevention and mental health awareness/education for youth and adults as their three-year focus area.

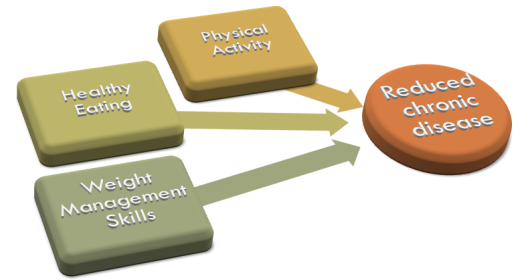
Target Population: Total Population with Emphasis on Youth

The Team decided to focus efforts on all ages, with the understanding that the youth population is the most impressionable and easiest to help develop and maintain healthy lifestyle habits. Much of our Implementation Strategy can be applied to youth, but we also recognized that it would be unwise to exclude adults who are seeking healthy opportunities. Through the efforts, youth and adults will be provided the tools and support to make lifestyle changes that will ensure them fuller, healthier lives.

Community-Wide Support

To support the changes that are being encouraged, Scheurer Hospital will continue to provide services that create a supportive environment for physical activity, healthy eating and weight management. Services include:

1. Diabetes Education
2. Free health screenings at health fairs and festivals
3. Sports Medicine program
4. Community fitness classes & weight loss challenges
5. Rehabilitation/Physical Therapy Services and fitness centers in Pigeon, Sand Point and Sebewaing
6. Hosting and sponsoring community events such as 5k walks/runs
7. Summer Recreation Programs that focus on healthy lifestyle choices
8. Scheurer Path to Fitness 1k walking path.



IMPLEMENTATION STRATEGY

5-2-1-0 Let's Go!

Let's Go! is a nationally-known initiative that helps schools, childcare programs, out-of-school programs, workplaces and healthcare settings maintain and improve upon their healthy food choices and physical activity opportunities. 5-2-1-0 is designed to be easy and efficient to weave into daily activities and builds upon current successes already in place. An effort is made to connect efforts back to the community, creating a greater impact on the families served.

Let's Go! follows easy steps for using evidence-based strategies to improve the habits, environments and cultural norms that influence healthy eating and active living. The 5-2-1-0 message is backed by scientific rationale for its four components¹⁰:

- 5 or more fruits and vegetables: A diet rich in fruits and vegetables provides vitamins and minerals, important for supporting growth and development, and for optimal immune function in children.
- 2 hours or less of recreational screen time: Watching too much television (TV) and use of other screen media is associated with an increased prevalence of overweight and obesity, lower reading scores and attention problems.
- 1 hour or more of physical activity: Regular physical activity is essential for weight maintenance and prevention of chronic diseases such as heart disease, diabetes, colon cancer and osteoporosis.
- 0 sugary drinks (more water): Sugar-sweetened beverage consumption has increased dramatically since the 1970s; high intake among children is associated with overweight and obesity, displacement of milk consumption and dental cavities.



Using this evidence-based model, our obesity prevention initiatives include:

1. Summer Recreation Program
2. Scheurer Fit Weight Loss Challenge
3. Let's Go 5-2-1-0 for K - 5

Mental Health and Parenting Education

Childhood mental health problems can have lasting effects on children's life chances. Behavior problems are the most common mental health problem in early childhood, affecting 5-10% of young children¹¹. These can present as problems such as school failure, delinquent behavior, relationship difficulties, mental illness, and physical illness. The life-long cost of these issues to children, families, and society is substantial and far-reaching.

It is becoming increasingly clear that the origins of many mental health problems lie in childhood. Family factors, including the quality of care that parents provide for their children, can make a huge difference to children's early life pathways, for better or for worse. Parenting is considered a key risk factor in the development of early mental health issues. Low levels of sensitive parenting and a greater use of harsh discipline have been casually linked to the development of behavior problems. Understanding how best to intervene to support parents is a key challenge. Parenting programs offer a means to intercept behavior problems in early childhood before they become established.

Our mental health initiatives include:

1. Informational/Educational Booths
2. Parenting Classes

Please see Implementation Strategy Work Plan on page 12 for more detailed information.

EVALUATION

The effectiveness of our initiatives will be evaluated through quarterly measures documented for each initiative in the work plan found on page 12.

Annually, the CHNA Team will evaluate the effectiveness of the strategy. If deemed necessary, the strategy may be altered to include more successful activities to promote obesity prevention and/or mental health education and awareness.

IMPLEMENTATION STRATEGY WORK PLAN

Community Health Needs Assessment Work Plan

	Summer Rec Program	Scheurer Fit Weight Loss Challenge	Let's Go 5-2-1-0	Mental Health Awareness Booth	Parenting Classes
Description	Six-week day camp offered to area youth ages 8-12 to explore wellness through healthy eating, physical activity, education and more	12-week team-based weight loss challenge incorporating 5-2-1-0	In-class program for Elementary students in K-5	Informational and educational mental health booth at community events annually	Parenting Education Program for the community
Objective	Up to 60 youth will participate in local leisure activities that promote physical activity. Introduce 5 healthy snack options	60+ adults will participate in challenge each January	Educate K-5 students on 5-2-1-0	Promote and educate the local community about mental health.	Educate parents on effective parenting techniques.
Activity	Provide and escort youth to local physical leisure activities Teach youth to prepare healthy snacks	Provide and promote Scheurer Fit Program to local adults	Provide 5-2-1-0 program for K-5 in one local school district each year	Provide interactive activity and educational material at community events.	Provide two sessions of parenting classes per year to local parents
Desired Outcome	80% of youth will report that they enjoyed the activity and would try it again with family. 80% of youth will report that they would make snack at home.	80% of participants will decrease body fat percentage during program	90% of participants will show improved scores on post-test	20 one-on-one interactions with community per event.	75% of participants will state the program strongly increased their parenting knowledge and confidence.
Evaluation	Weekly Adventure Trip reporting form completion. Post-snack survey completion.	Comparison of pre- and post-program measurements	Pre- and post-test on health knowledge, behaviors and attitudes	Completion of tracking form for number of one-on-one interactions.	Comparison of pre- and post-program measurements

ADDITIONAL DOCUMENTS AND REFERENCES

Additional Documents

The following documents support the findings and the work completed during the Community Health Needs Assessment process. They are available upon request.

- Community Resource Assessment
- Prioritization Matrix Planning Tool and Scoring Results
- Thumb Area Health Status Data Report
- Thumb Children's Data Report
- Thumb County Health Rankings

References

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