

# COMMUNITY HEALTH NEEDS ASSESSMENT



## Meeting the Needs of the Community

## 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 2021, 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 2022 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 everchanging 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. This assessment took place during the COVID 19 pandemic which had a significant impact on the hospital and community. 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 2021 to June 2022. The team consisted of: Jaylee Chandonnet, Community Wellness Manager; Alex Truance, Health and Wellness Advocate; Carli Kundinger, RD; Ethan Braun, RD; Teresa Gascho, Vice President Corporate Services; Danielle Penfold, Community Services Director; Lori Swartzendruber, Physician Clinic Manager; Tanya Vasquez, Nutritional Services Manager, Sara Henderson, Finance Manager.

### CHNA Process

The Scheurer CHNA Team utilized the process developed by the Association for Community Health Improvement. 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

Three 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:

- Public Health Statistics
- Demographic Data
- Community Surveys

Data was compiled into comparison charts for peer counties, Huron County, and Michigan.

<b>Table 1: Major Data Sources for the Scheurer CHNA Process</b>			
<b>Public Health Statistics</b>			
<b>Source/Participants</b>	<b>URL or Citation</b>	<b>Dates</b>	<b>Additional Descriptors</b>
United States Census Bureau	<a href="http://www.census.gov">http://www.census.gov</a>	2021	Includes data from the American Community Survey (5-year averages), Census Demographic profiles from the 2021 Census and subtopic data sets.
Michigan Labor Market	<a href="http://www.milmi.org">http://www.milmi.org</a>	2021	Unemployment Data
Michigan Department of Health and Human Services, Vital Statistics	<a href="https://www.mdch.state.mi.us/osr/CHI/CRI/frame.asp">https://www.mdch.state.mi.us/osr/CHI/CRI/frame.asp</a>	2018-2020	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)	<a href="https://bhwh.hrsa.gov/shortage-designation">https://bhwh.hrsa.gov/shortage-designation</a>	2019-2020	Shortage designations are determined by HRSA.
County Health Rankings	<a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a>	2021	Includes a wide variety of statistics. Many statistics represent a combined score and reflect multiple years of data.
Kids Count	<a href="https://mlpp.org/kids-count/">https://mlpp.org/kids-count/</a>	2021	Includes a variety of data from Michigan Department of Community Health, Department of Human Services and Department of Education.
<b>Local Assessments</b>			
Behavioral Health Surveys	<ul style="list-style-type: none"> <li>• Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties.</li> <li>• 68 medical providers participated</li> <li>• 98 mental health providers participated</li> </ul>	March 2021	Three surveys were distributed: Medical Provider, Mental Health Provider, and Community. 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. Vulnerable populations were asked additional questions about their experiences with local services.
Community Survey	<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- 230 participants.</li> </ul>	Oct. 2021	A public survey was distributed online and on paper. The survey had four sections: 1) community strengths and weaknesses, 2) health priorities, 3) health system strengths and weaknesses, and 4) barriers to healthcare and wellness. The purpose of the survey was to gain a deeper understanding of contributing factors and community perceptions across a wide array of health issues.

## 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. 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 exercise based on the health indicator data and community input. Scheurer’s Senior Leadership Team also took into considerations priorities identified in the 2019 CHNA and progress on the 2019-2021 implementation plan.

**Table 2: List of Strengths/Concerns/Weaknesses Generated by CHNA Committee**

(indicates number of same or similar responses)

Strengths	Moderate Concern to Consider	Weakness to be Considered
1. Primary Care Services (3)	1. Availability and Access to Services (2)	1. Mental Health-(6)
2. Personal, Caring Staff (2)	2. Prenatal Care-Infant Health (2)	2. Awareness of Mental Health Services
3. Vision Services (2)	3. Cancer (2)	3. Substance Use Disorders (2)
4. Community Safety-Lack of Violence (2)	4. Awareness of Services and Financial Assistance (2)	4. Chronic Disease (4)
5. Education and Community Outreach (2)	5. Medical Transportation	5. Obesity and Diabetes
6. Physical Activities	6. Assisted Living	6. Awareness of Services
7. Hospital Services	7. Things for Youth to do	7. Social Determinants of Health
8. Privacy and Confidentiality	8. Poverty/Food/Hunger	
	9. Environmental Health	

## COMMUNITY SERVED

Scheurer Hospital serves rural communities in the western portion of Huron County. Huron County is in the tip of the area of Michigan commonly referred to as the Thumb. Hospital utilization data was applied to ten zip codes that compose the Hospital’s primary service area. According to the 2021 American Community Survey, U.S. Census, this service area has a population of 16,936. The service area includes numerous towns and villages, including Bad Axe, Owendale, Elkton, Caseville, Pigeon, Port Austin, Kinde, Bay Port, Filion and Sebewaing. The Hospital provides services to a community in which:

- Nineteen percent of the population is under age 18 and 26% is over age 65.
- The population has limited racial diversity with 96% of the population identified as Caucasian and only 3% identified as Hispanic.
- Scheurer’s service area has a college degree rate of 16.5% compared to Michigan’s 30% and United States 28%.
- Average household income is lower at \$62,296 as compared to Michigan average income of \$80,803.
- Only 2.7% of people reported being unemployed on the census compared to 3.4% of Michigan residents.
- Six percent reported on the census having no health insurance compared to 5.4% of Michigan residents.
- Eleven percent of residents are in poverty in the service area compared to 13.7% of Michigan residents.
- 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

The Thumb Community Health Partnership (TCHP) 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. TCHP members represent the four counties of Huron, Lapeer, Sanilac, and Tuscola. Organizational members of TCHP include all the hospitals in the region, community mental health agencies, and local public health departments. Additional members include the Human Development Commission, Great Lakes Bay Health Centers, and List Psychological Services.

### Input from Individuals

Individuals provided input through the Behavioral Health Needs Assessment and Community Health Survey referenced in Table 1. Vulnerable populations were represented in both surveys.

1. 780 people participated in the community survey related to behavioral health needs. 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.
2. Vulnerable populations were widely represented in the Community Health Survey. Of the 230 individuals from the service area, 100 indicated they represented a vulnerable population. The top three represented included people with a mental health condition, senior citizens, someone with a substance use disorder or in recovery, and low income. Additional populations included veterans and victims of abuse. 2.2 % of the survey respondents were minorities.

### 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:

1. Mike Nanzer, President and CEO
2. Kendra Kretschmer, VP Patient Care Services/DON
3. Terry Lutz, Vice President of Finance
4. Teresa Gascho, Vice President of Corporate Services
5. Ross Ramsey, Vice President Quality and Medical Affairs
6. Mike Viers, Director of Facility Services
7. Danielle Penfold, Director of Community Services
8. Trevor Carriveau, Director of Clinic Operations
9. Beth Gainforth, Director of Revenue Cycle
10. Angela Lackie, Director of Pharmacy and Infusion Therapy
11. Diane Ricevuto, Human Resources Director

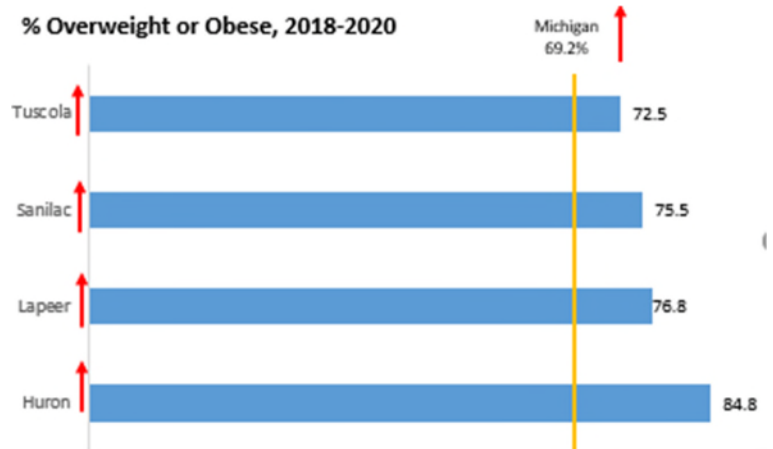
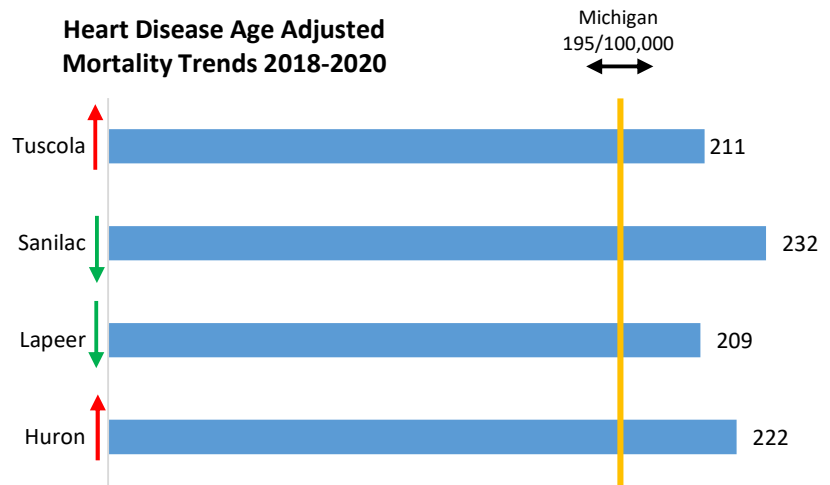
## DATA FINDINGS

### Chronic Disease

Evidence linking weight, nutrition, and physical activity to health status is strong. Chronic disease related to these factors is not only a local issue but a challenge faced across the United States. 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 unhealthy eating habits 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.

Local data shows that chronic disease has a major impact on health and well-being of residents in the service area which is located in Huron County. The community also indicated that chronic diseases were among the top health issues in the community. Of the 230 respondents in the Community Health Survey, 27% indicated chronic disease was a major concern and 34% a concern.

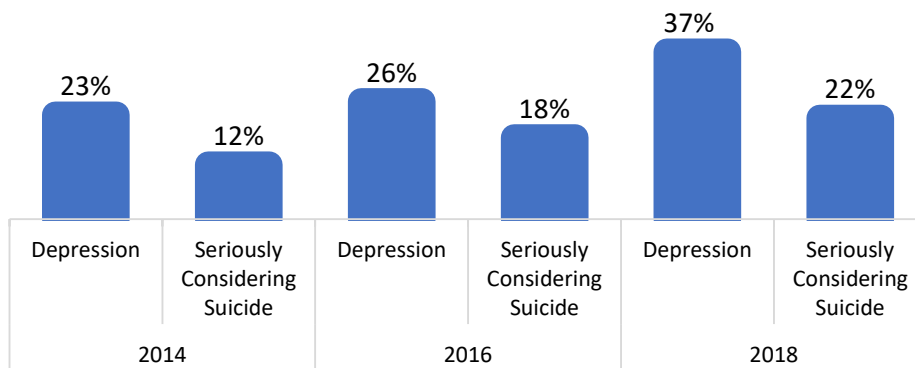


	Heart Disease Deaths Age Adjusted Rate/100,000	Stroke Deaths Age Adjusted Rate/100,000	Diabetes Death Rates	% of People Obese	% of People Obese or Overweight	% of students grade 9 and 11 Obese or Overweight
	2018-2020	2018-2020	2018-2020	2018-2020	2018-2020	2018
Michigan	198	41	24	34.7	70.0	NA
Huron	222	35	25	36.2	84.8	37
Lapeer	209	53	24	42.4	76.8	NA
Sanilac	232	31	23	42.1	75.5	39.7
Tuscola	211	38	20	38.5	72.5	40.5
Thumb Region	218	39	23	NA	NA	NA

## 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 billion<sup>1</sup>. The impact of mental health conditions is 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 comorbidities. 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 lifetime<sup>2</sup>. 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. Mental health was the number one concern of residents in the service area on the Community Health Survey. Of the 230 survey respondents, 38% indicated mental health was a major concern and 32% a concern. Substance use, which is often a co-morbidity with mental health, was the fourth highest concern. Of the 230 survey respondents, 32% felt substance use was a major concern and 36% a concern.

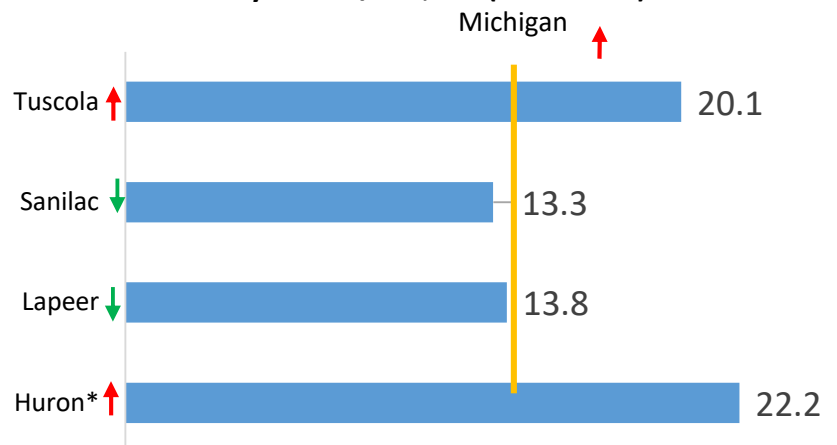
**9th & 11th grade Depression and Suicidal Ideations**



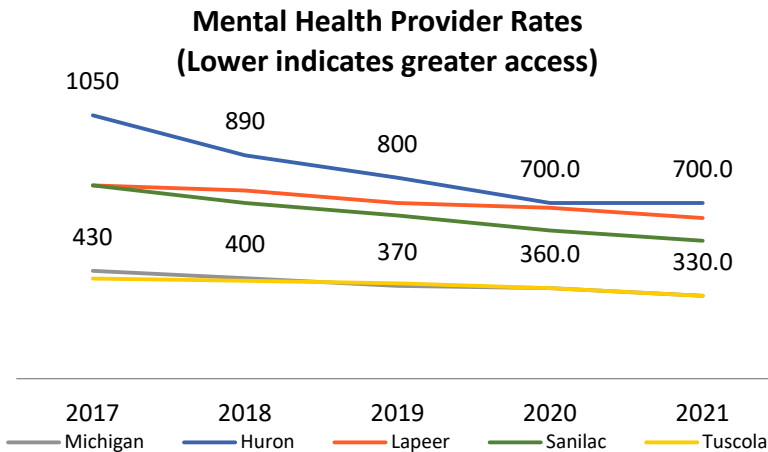
Mental health for youth has been drastically impacted by the COVID 19 pandemic. Even before the pandemic mental health indicators for youth in the service area were concerning

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 disorders<sup>3</sup>. Under-utilization of mental health services for rural residents translates into the increased likelihood that they will enter treatment with more severe disorders<sup>4</sup>.

**Suicide Mortality Trends/100,000 (2016-2020)**







As shown in the chart to the left, while the ratio has improved, Huron County still has the worst provider ratio in the region which is more than twice the state ratio. Research also shows that children and senior citizens are at risk for having an untreated mental health disorder<sup>5</sup>.

## COMMUNITY NEEDS AND PRIORITIES

### Prioritization

The CHNA team reviewed a number of health indicators related to a wide variety of issues. The service area Community Health Survey report was also reviewed and discussed by the team. Using a group process of identifying and grouping strengths and concerns, the team arrived at two main priorities. 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 and included mental illness (including depression). 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 chronic disease 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. Priorities were also confirmed during a virtual focus group.

## RESPONDING TO THE NEEDS

### Resource Assessment

As part of developing an implementation plan, a resource assessment was completed and found that numerous activities were taking place around identified health priorities. Many current activities are a continuation of previous CHNAs and strategy implementation. Over the past nine years, the hospital has successfully implemented the 5-2-1-0 concept to the youth and adults. Additionally, mental health resources (education and awareness activities) have been introduced in past CHNA cycles.

## 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 recognize 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 diabetes education, free health screenings at health fairs and festivals, sports medicine program, community fitness classes & weight loss challenges, rehabilitation/physical therapy services and fitness centers, hosting and sponsoring community events such as 5k walks/runs, summer recreation programs that focus on healthy lifestyle choices, Scheurer Path to Fitness- 1k Walking Path.

## IMPLEMENTATION STRATEGY

Obesity prevention initiatives include:

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

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 components<sup>5</sup>:



**5** or more fruits & vegetables  
**2** hours or less recreational screen time\*  
**1** hour or more of physical activity  
**0** sugary drinks, more water & low fat milk  
\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

1. 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. 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.
3. Regular physical activity is essential for weight maintenance and prevention of chronic diseases such as heart disease, diabetes, colon cancer and osteoporosis.
4. 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.

## Mental Health Awareness and Programs

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 children<sup>11</sup>. 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. Our mental health initiative will be Informational/Educational Booths.

## 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.

## 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.

- 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/dc955f1d4d3f2b8660477886bb0e6c0f64ee71.pdf>
- 2021 Community Survey Instrument
- 2021 Scheurer Service Area Community Survey Report
- 2022 Implementation Plan

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5. Ryan, R., O'Farrelly, C., & Ramchandani, P. (2017). Parenting and child mental health. *London journal of primary care*, 9(6), 86-94. doi:10.1080/17571472.2017.1361630
6. Let's Go 5-2-1-0. <https://mainehealth.org/lets-go>

## 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	Girls on The Run	Mental Health Awareness Booth
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	8-week after school program to help build confidence and other important life skills through dynamic, interactive lessons and physical activity, Grade 3-5	Informational and educational mental health booth at community events annually
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	20 girls Twice a year will participate in the program each September and April	Promote and educate the local community about mental health
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 lessons that will help build confidence and physical activity	Provide interactive activity and educational material at community event.
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.	80% of participants will improve scores on post test	20 one-on-one interactions with community per event
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	Pre and post- test on how fast participants can complete a lap around the gym mental health questionnaire	Completion of tracking form for number of one-on-one interactions