

SCHEURER HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT



Meeting the Needs of the Community

2012 - 2013
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 2012, 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 2012-2013 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.

Many questions come to mind in regards to a Community Health Needs Assessment, including:

1. **What is a Community Health Needs Assessment?** The first step in meeting the needs of a community is identifying those needs. Using an objective approach to identify needs helps to ensure that priorities are based on evidence and accurate information. Reviewing data, however, is only one step to identifying needs. Gathering input from community members and groups is also important. The community's experience is critical to ensuring that data is interpreted correctly. The Community Health Needs Assessment (CHNA) process balances data analysis with community input.
2. **Why is an assessment important?** Most experts would agree that providing healthcare is becoming more challenging. Rapidly changing technology, increased training needs, recruiting medical professionals and responding to the health needs of a growing senior citizen population are just a few of the most pressing challenges. These challenges occur at a time when our economy is struggling and 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.
3. **How is a Community Health Needs Assessment conducted?** 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 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.

When the goal is “**improving the health status of our community,**” 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

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 2012 to May 2013. In addition, a consultant provided technical assistance and objectivity. The team consisted of four individuals:

- Kelli Braun, Community Relations Service Leader, Scheurer Hospital
- Kristen Rifenbark, Quality Improvement Specialist, Scheurer Hospital
- Lee Gascho, Quality Improvement System Leader, Scheurer Hospital
- Kay Balcer, Project Consultant, Balcer Consulting and Prevention Services

Consultants

Scheurer Hospital contracted with Balcer Consulting and Prevention Services, Harbor Beach, Michigan to provide support to the project. This support included participating as a member of the Scheurer Hospital CHNA Team, providing consultation in selecting a model for the CHNA, obtaining community health data and information, analysis of gaps in information and areas of need, consultation during development of the implementation plan and developing written reports.

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

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:

1. Public Health Statistics
2. Focus Groups/Stakeholder Interviews
3. Employee Survey Results

Data was compiled into comparison charts for peer communities, county, states or national statistics. These compilations resulted in three companion charts²:

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://quickfacts.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	2011	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.
Michigan Behavioral Risk Factor Survey	http://www.michigan.gov/mdch/0,1607,7-132-2945_5104_5279_39424---,00.html and www.thrn.org	2003 - 2008	Local data available for 2003 and 2008 only. County data that is more recent was pulled from County Health Rankings.
Health Resources & Services Administration (HRSA)	http://bhpr.hrsa.gov/shortage/	2012	Shortage designations are determined by HRSA.
Michigan Profile for Healthy Youth (MIPHY)	http://michigan.gov/mde/0,1607,7-140-28753_38684_29233_44681---,00.html	2012	Local data from surveys of 7 th , 9 th and 11 th grade students was obtained from the local school and compared to county data. State and national data using the MIPHY was not available. 9 th -12 th grade Youth Behavior Risk Factor survey data was used for state and national statistics.
County Health Rankings	www.countyhealthrankings.org	2005 - 2011	Includes a wide variety of statistics. Many statistics represent a combined score and reflect multiple years of data.
Kids Count	http://www.mlpp.org/kids-count/michigan-2/mi-data-book-2012	2010 - 2012	Includes a variety of data from Michigan Department of Community Health, Department of Human Services and Department of Education.
Focus Group/Stakeholder Interviews			
Focus Group	Representatives from four local ministries.	2012	Meeting included discussion of questions that were utilized in individual interviews.
Individual Interviews	Individuals were interviewed representing Huron Behavioral Health, Coalitions that serve vulnerable populations, Department of Human Services, Huron County Health Department.	2012	Individuals were selected because they represented vulnerable populations. Participants were asked to indicate the vulnerable populations which they served. Sixteen categories of populations were identified by individuals interviewed or participating in the focus groups.
Employee Survey			
Employee Survey	Eighty-five employees of Scheurer Hospital participated in an online survey.	2012	Two questions were asked of survey participants, "What do you see as the biggest healthcare issue/problem facing our local community?" and "Why do you feel these problems exist?"

Information Gaps

The Team determined that data on causal relationships and root causes was beyond the scope of the CHNA. Focus group and survey responses attempt 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 and interviews 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 Services³. Data was shared and discussed among team members. Using the Criteria Weighting Method developed by the CDC⁴, a prioritization matrix was developed using seven criteria. The matrix was utilized by the Hospital's Administrative Resource Team to identify priorities to be addressed in the three-year implementation plan.

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 17,700. The service area includes numerous towns and villages, including: Owendale, Elkton, Caseville, Pigeon, Port Austin, Kinde, Bay Port, Filion and Sebewaing⁵.

The Hospital provides services to a community in which:

- Sixty-two percent of the population is over the age of 45 and only 21% are under age 19.
- 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%.
- Average household income is lower at \$50,600 as compared to Michigan average income of \$63,700 and the United States average income of \$70,900.
- 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 provided input to the Community Health Needs Assessment. Input included providing data, participating in interviews, hosting and participating in focus groups and assisting with the implementation plan. Organizations that were involved included community agencies with expertise and health-related knowledge:

- Huron County Health Department, Family Mentor: The Family Mentor was able to contribute information regarding the needs of low income families with young children. This individual works directly with families who face numerous challenges and was able to share information about their needs, barriers to obtaining services and gaps in services.
- Huron Behavioral Health, Community Outreach Specialist: The Community Outreach Specialist provides community outreach for the public county mental health agency and is involved in a wide variety of community coalitions involving public safety and mental health issues. This individual was able to provide insight into the needs of the under-resourced and those with mental health conditions. Due to extensive community networking, the Community Outreach Specialist also provided input and assistance in assessing community resources. This input was used to help identify gaps in services.
- Department of Health Services, Children's Services Supervisor: The Children's Services Supervisor is a part of the department which provides assistance to vulnerable populations including victims of abuse,

low-income populations, the disabled, the elderly and veterans. The Children's Services Supervisor provided insight into major health issues facing these populations and feedback on current strategies already implemented in the community.

Community-based organizations were also involved in the process. They included:

- Breadbasket Food Pantry – Volunteer Coordinator
- Elkton-Pigeon-Bay Port Laker School District – School Counselor
- Huron County Pastoral Association – Representatives from Pigeon River Mennonite Church, Cross Lutheran Church and Michigan Avenue Mennonite Church

Input from Individuals

Four stakeholder interviews, one focus group and an employee 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. Stakeholder interviews and focus group discussion used the same questions:

1. What do you see in the community that is healthy?
2. What do you see in the community that is not healthy?
3. What prevents the people you work with from being healthy?
4. What types of things help the people you work with to be healthy?
5. What types of barriers to healthcare do you see in your community?
6. What resources/data do you have to show (prove) that this is an issue?
7. Who is addressing these issues in our community?
8. Can Scheurer Hospital assist in these efforts? If yes, how?
9. Do you have any general suggestions for how to better meet the needs of the vulnerable population you serve?

In addition to providing answers to the above questions, all of those interviewed indicated that they would be open to future discussions. Responses were summarized and a thematic analysis was completed.

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 was brief and conducted online. Two questions were asked: "What do you see as the biggest healthcare issue/problem facing our local community?" and "Why do you feel these problems exist?" Eighty-five employees participated in the survey. A 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. CHNA Team members and the following individuals in leadership positions completed the prioritization matrix and criteria analysis:

- Dwight Gascho, President and CEO
- Tom Craig, Ancillary Services System Leader
- Sue Lathrom, Patient Care System Leader
- Terry Lutz, CFO
- Teresa Rabideau, Corporate Services System Leader

- Carleen Giddings, Information Technology System Leader
- Greg Foy, Human Resources System Leader

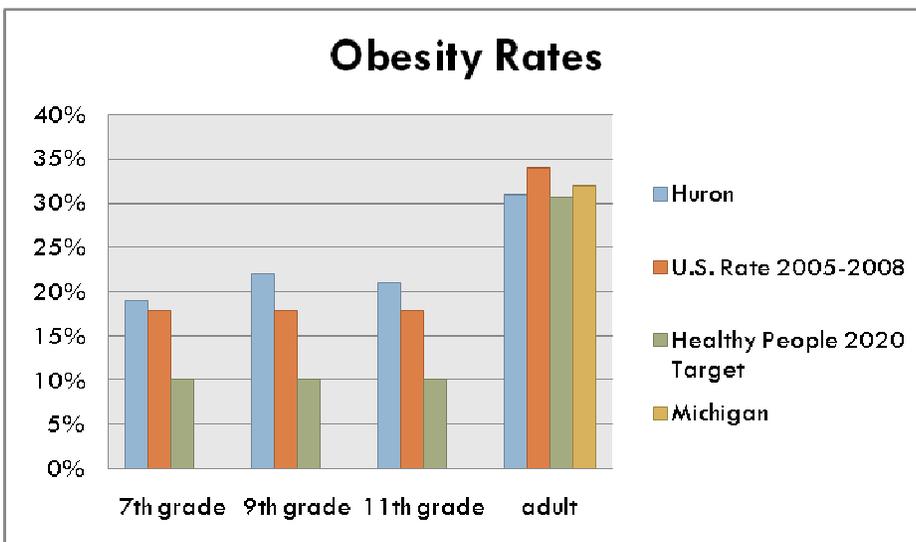
DATA FINDINGS

Data collected by the team was compiled and organized for analysis and prioritization. Review of data resulted in the findings in two categories: Disease/Conditions and Behaviors/Knowledge. Key data was used to develop strategies for current and future endeavors.

Diseases/Conditions and Contributing Factors

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 States⁶.

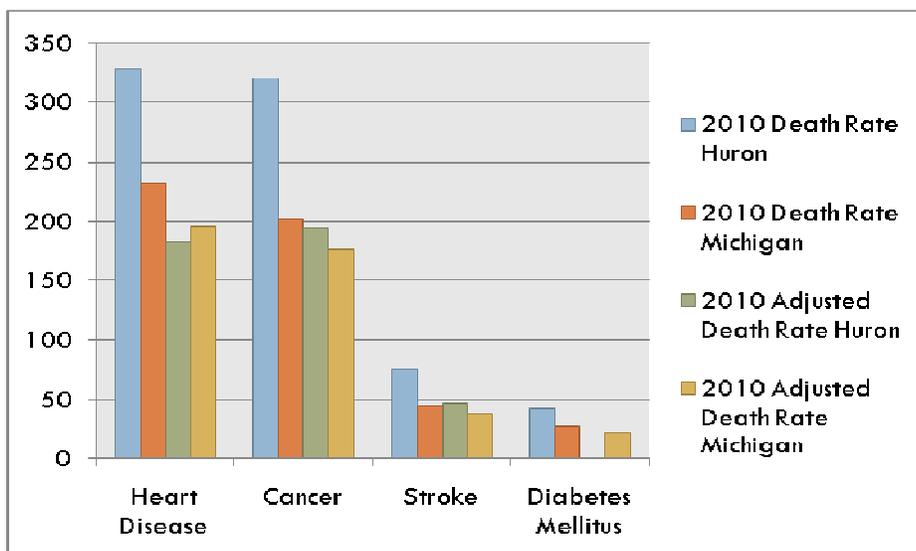
- In the U.S., only 31% of persons aged 20 years and over were at a healthy weight and 34% were obese.
- 11% of U.S. children aged 2 to 5 years, 17% of children aged 6 to 11 years and 18% of adolescents aged 12 to 19 years were considered obese.



Studies show that obesity and the negative health effects can be dramatically impacted through healthy eating and a physically active lifestyle. Adequate physical activity can be influenced by access to recreational facilities. Huron County has a recreational facility rate of nine(9) and the Health People 2020 target is sixteen.

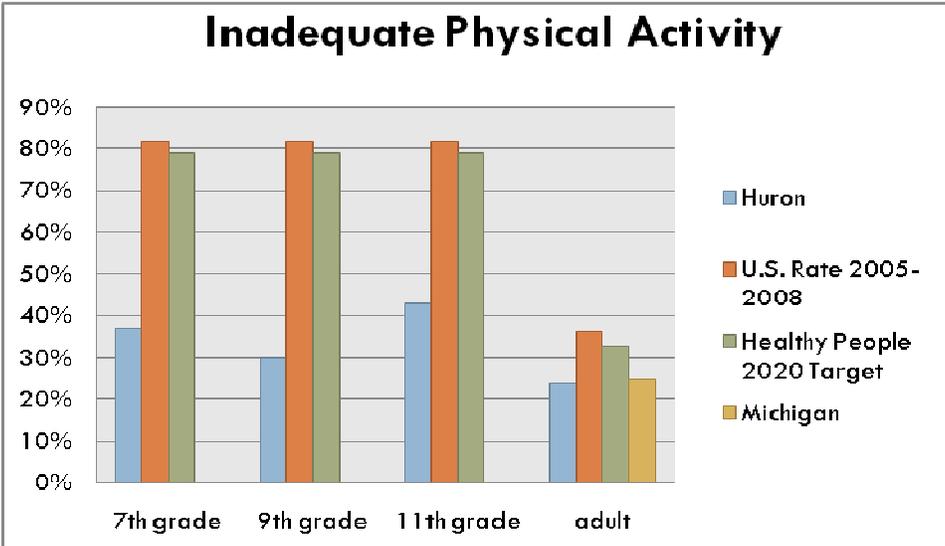
Death rates⁷ for heart disease, cancer (breast, colon and prostate), stroke and diabetes⁸ were higher than state of Michigan averages. Screening programs are important to the early detection of disease and prevention of premature death.

- The percent of diabetic Medicare enrollees that receive HbA1c screening was lower for Huron County (82%) than the State (84%) and the Healthy People 2020 target of 89%.
- The percent of female Medicare enrollees that receive mammography



screening was higher in Huron County (72%) compared to Michigan (68%), but had not yet reached the 2020 target of 74%.

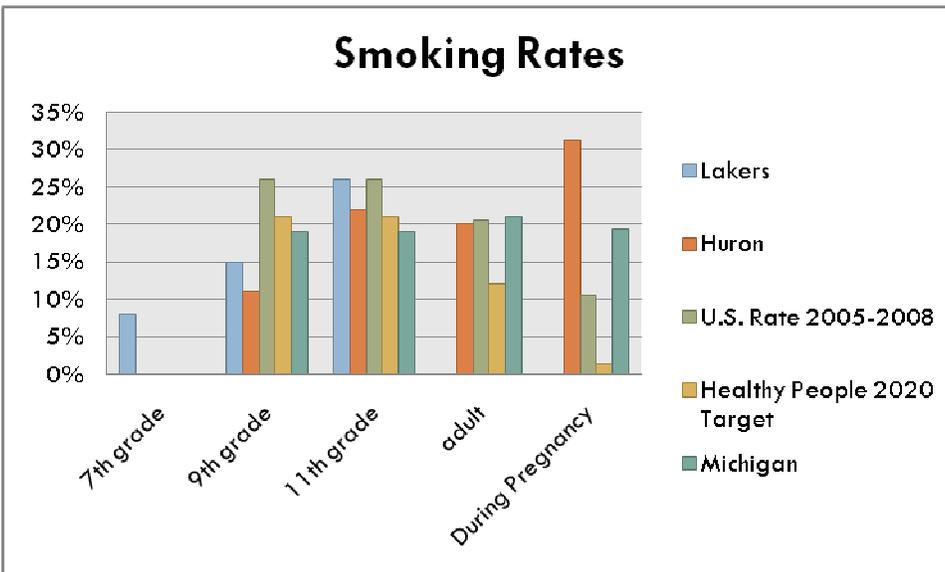
Behaviors/Knowledge



- Inadequate activity among adults⁹ was better than U.S. and State rates. Youth rates were better than national rates and targets¹⁰. This may in part be due to the high rate of youth involved in school sports in Huron County: 28% of 7th grade, 68% of 9th grade and 73% of 11th grade play sports.
- Nutrition plays an equally important role in preventing obesity. During stakeholder interviews and focus groups, concern about families' poor nutrition habits and loss of

cooking skills in the current generation were themes.

Smoking has been shown to increase the incidence of cancer. Smoking doubles the risk for stroke when compared to a nonsmoker¹¹.



- Local smoking rates of youth are higher than county rates¹².
- 31% of Huron County pregnant women reported smoking¹³ during their pregnancy.
- The rate of smoking during pregnancy decreased to 24% in 2010. The 2010 rate remains significantly higher than the state (17.5%) or national (19.5%) rates¹⁴.

COMMUNITY NEEDS AND PRIORITIES

Seven criteria were organized into a prioritization matrix and used to rate 21 health issues that were identified through the data findings. In addition to comparing local data to county, regional, state or national statistics, Health People 2020 targets were considered during the prioritization activities.

Scheurer Hospital CHNA Prioritization Matrix

Scoring

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

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)	Impact we could have on an issue already being addressed in our community
---	----------------------------------	---	--	--	--	---

Seven of the top ten 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 weight management, physical inactivity and understanding nutrition.

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 three priorities identified by the team included:

1. Obesity
2. Diabetes
3. Heart disease and mental illness (both ranked #3)

The Team also decided that in order to have the time and resources to effectively manage these priorities they would select one priority for a three-year focus. 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. Although high-ranking, mental illness was not chosen to work on due to other community resources and agencies that already address this issue. Scheurer Hospital will continue to collaborate with these agencies to offer support as needed. The Team felt that the impact on mental illness would not be as significant as the impact that could be made on other chronic conditions related to obesity.

RESPONDING TO THE NEEDS

Resource Assessment

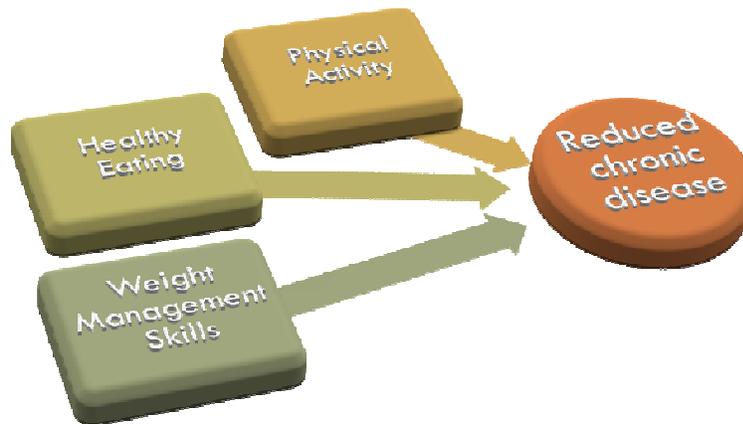
Following the prioritization activity, a resource assessment was completed and found that numerous activities were taking place around the identified health priorities. Refer to Addendum A.

Focus Area

In review of existing efforts, the Team determined that Scheurer Hospital would have the greatest impact on community health by selecting obesity as their three-year focus area.

Target Population: Youth

The Team decided to focus efforts on changing patterns of behavior in children and will target youth attending Elkton-Pigeon-Bay Port Laker School District. The target population within that school district is students in grades 6 through 12.



Community-Wide Support

To support the changes that are being encouraged for the youth, 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. Health screenings offered free of charge during health fairs and other local events
3. Sports Medicine program
4. Community fitness classes
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. Participating in the Huron County Great Start Collaborative to implement programs for pre-K children

IMPLEMENTATION STRATEGY

The Michigan Health and Wellness 4 x 4 Plan

After review of many health promotions and plans available, the team selected The Michigan Health and Wellness 4 x 4 Plan as a guide for the implementation of their activities. The Plan identifies four key healthy behaviors; objectives and activities were formulated around the 4 x 4's four healthy behaviors:

1. Maintain a healthy diet
 - Display one poster within each of the three school buildings. These posters will be updated every two weeks. These posters will feature nutrition tips, healthy eating information, etc.
 - Provide a healthy “food of the week” at the Scheurer Wellness Clinic free of charge to students.
 - Provide education within the school’s health classes to answer questions and focus on the Michigan 4 x 4 plan.
2. Engage in regular exercise
 - Promote and encourage existing fitness opportunities within Scheurer Hospital, such as the Scheurer Train, 5k races, community fitness classes and the fitness centers.
 - Coordinate opportunities for physical activity during the school day.
 - Display one poster within each of the three school buildings. These posters will be updated every two weeks. These posters will feature exercise tips and fitness education.
3. Get an annual physical examination
 - Educate and remind students and parents of the importance of getting an annual physical examination.
 - Educate students and parents on the importance of annual physical examinations.

- Educate students and parents on the four key health measures (Body Mass Index, blood pressure, cholesterol level and blood glucose level) and provide free health screenings on these measures.
4. Avoid all tobacco use and exposure
- Provide in-class programming for all sixth grade students on health effects of tobacco use and exposure through Pumpin' for Life.
 - Provide literature for parents regarding tobacco use.
 - Provide private smoking cessation counseling, upon request, through the Scheurer Wellness Clinic.

Annually, the Team will evaluate the effectiveness of the strategy. If deemed necessary, the strategy may be altered to include more successful activities to promote reducing obesity in students.

EVALUATION

Additional Documents

The following documents support the findings and the work completed during the Community Health Needs

ADDITIONAL DOCUMENTS AND REFERENCES

Assessment process. They are available upon request.

- Community Resource Assessment
- Employee Survey Report
- Interview/Meeting Outline
- Planning Timeline and Progress Report
- Prioritization Matrix Planning Tool and Scoring Results
- Scheurer Hospital *Guide to Services*
- Stakeholder/Focus Group Summary Report
- Thumb Area Health Status Data Report
- Thumb Children's Data Report
- Thumb County Health Rankings

Addendum A - Scheurer Resource Assessment

References

- 1 Community Health Assessment Toolkit <http://www.assesstoolkit.org/>.
- 2 Thumb Area Health Status Data Report, Thumb Children's Data Report and Thumb County Health Rankings. Documents available upon request. Please contact a member listed in the *CHNA Processes and Methods* section of this report.
- 3 *Healthy people 2010 toolkit: A field guide to health planning*. Available online at http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/priority_setting_part2_appendices.pdf.
- 4 <http://www.cdc.gov/od/ocphp/nphpsp/documents/Priority%20Setting%20Exercise2-Criteria.pdf>.
- 5 United States Census, 2010 for Brookfield, Lincoln, Caseville, McKinley, Chandler, Meade, Dwight, Oliver, Fairhaven, Point Aux Barques, Grant, Hume, Sebawaing, Lake and Winsor Townships.
- 6 2005-08 rates (age adjusted to the year 2000 standard population), Health People 2020 Objectives, <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>.
- 7 Rates are per 100,000 population. Age-adjusted death rates are based on age-specific death rates per 100,000 population in specified group.
- 8 Huron County Age Adjusted Rate for Diabetes in 2010 was not calculated due to the number of incidences.
- 9 Percent of adults engaged in no leisure-time physical activity.

- 10 Percent who were NOT physically active for a total of at least 60 minutes per day on five or more of the past seven days.
- 11 National Stroke Association <http://www.stroke.org/site/PageServer?pagename=smoking> and American Cancer Society <http://www.cancer.org/cancer/cancercauses/dietandphysicalactivity/alcohol-use-and-cancer>.
- 12 Local statistics from the Michigan Profile for Health Youth. 7th grade reporting of ever smoking a cigarette. Local 9th and 11th grade statistics reflect smoking in past 30 days. State and national data reflects smoking rates of 9th - 12th grade youth in the past 30 days.
- 13 2008-2009 average. In 2010 rate decreased to 24%.
- 14 Michigan Department of Community Health.

