Caro Community Hospital Community Health Implementation Plan For 2017 – 2019

Background

Community Health Needs Assessment

Process

In December 2015, the members of the Thumb CHNA Collaboration received training from the University of North Dakota on best practices in the field of Community Health Needs Assessment. Based on this training a process was developed for the Thumb Area that would allow for consistent data collection. This consistent data collection would allow for county and regional aggregation of data. In addition to the local hospital plans and activities, this process would allow for greater impact of countywide and regional projects and initiatives. The process was developed based review of the University of North Dakota Model[1]:

- Step 1: Establish a local and regional timeline
- Step 2: Convene county teams to manage logistics of assessment activities
- Step 3: Develop and Administer Survey Instrument*
- Step 4: Design and implement Community Focus Groups in local hospital communities*
- Step 5: Design and implement Key Stakeholder Interviews or county agencies*
- Step 6: Produce localized hospital reports based on survey zip code data, local focus groups, and county interview data
- Step 7: Local hospitals hold Implementation Planning Meetings
- Step 8: Local hospitals prepare a written CHNA Report and Implementation Plan
- Step 9: Produce county and regional reports
- Step 10: Convene county and regional meetings to review reports
- Step 11: Monitor Progress

The assessment process used by Caro Community Hospital included a trifecta approach of reviewing three sources of primary data. In the trifecta approach, when there are three sources of data that illustrate a need, there is a greater likelihood that addressing that need will produce a powerful impact. Primary data was collected using surveys, focus groups, and key stakeholder interviews. In addition to the primary data, secondary data was reviewed for comparison to state rates and across counties located in the Thumb.

CHNA Priorities

The CHNA process was followed by a prioritization process and implementation meeting. Four priorities came from this meeting:

- Access to Care
- Specialty Services
- Health Insurance & Healthcare Costs
- Recruitment & Retention

Identified Needs & Current Efforts

Once priorities were selected, there was an assessment of existing services and programs.

Category	Need[2] and Related Data	Current Caro Community Hospital Efforts	Current Community Efforts

Access to Care	**Need**
	• Access to primary healthcare and providers
	• Access to dental health
	Related Data
	• Not meeting state average
	• County need based on data
	• County need based on stakeholder interviews
	• Hospital need based on focus group
	• Hospital need based on survey
		1. Specialty clinic offering various specialty medical providers:
		  a. Dermatology
		  b. Nephrology
		  c. Cardiology
		  d. Pulmonology
		  e. Orthopedics
		  f. Neurology
		  g. Gynecology
		  h. Endocrinology
		  i. Oncology
		  j. Neurosurgery
		  k. And more
		2. Primary care clinic in Caro.
		3. After Hours Clinic with evening and weekend hours opening soon
		4. Students from CMU College of Medicine
		5. Use of mid-level practitioners
		6. Ongoing advertising of physicians to increase consumer awareness
			County Programs
			1. Adult day services and Foster Care Homes
			2. Human Development Commission
			3. Subsidized Housing Assistance, Independent and Assisted Living, long term care homes
			4. Region VII Area Agency on Aging and Huron County Council on Aging
			5. Legal services for seniors- Port Huron Office
			6. A&D Home Care and BWCIL provides Nursing Home Transition services
			7. BWCIL is the Housing Assistance Resource Agency (HARA) for the Thumb Area Continuum of Care. Provides homeless prevention and rapid re-housing
			8. Homeless Coalition- Emergency Shelter, security deposits rental arrearages
			9. Lakeshore Legal Aid
			Local Programs
			1. HDC-Home delivered meals

Specialty Services	**Need** • Mental Health • Alcohol use/abuse **Related Data** • Not meeting state average • County need based on data • County need based on stakeholder interviews • Hospital need based on focus group Hospital need based on survey	1. Referrals to local Mental Health providers through hospital and primary care 2. Invite mental health providers to Health Fairs 3. Invite Mental Health providers to host community training onsite 4. Referrals for patients to substance abuse treatment and community support groups such as AA 5. Substance Abuse screening and treatment referral in primary care clinics	1. Thumb Area Unity Council: conglomeration of local Alcoholics Anonymous groups. 2. List Psychological, Thumb Area Psychological Services and Thumb Behavioral Health offer substance abuse counseling. 3. Thumb Area Psychological Services based in Cass City. 4. Thumb Behavioral Health, List Psychological and other mental health providers.

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[2] *indicates issue related to top community health priorities
  ** indicates issue related to top health system priorities

	Need	1. Financial Assistance Program	**County Programs**
Health Insurance & Healthcare Costs .	• Health insurance and healthcare costs	2. Working with new insurance companies to be in their network	10. Adult day services and Foster Care Homes
	Related Data	3. Financial Counselor	11. Human Development Commission
	• Not meeting state average	4. Payment Plans	12. Subsidized Housing Assistance, Independent and Assisted Living, long term care homes
	• County need based on data	5. Online Bill Pay	13. Region VII Area Agency on Aging and Huron County Council on Aging
	• County need based on stakeholder interviews	6. Annual Community Health Fair	14. Legal services for seniors- Port Huron Office
	• Hospital need based on focus group	7. Low-cost sports physicals for local students	15. A&D Home Care and BWCIL provides Nursing Home Transition services
		8. Program for uninsured or those with high deductibles to get cost-effective lab work	16. BWCIL is the Housing Assistance Resource Agency (HARA) for the Thumb Area Continuum of Care. Provides homeless prevention and rapid re-housing
			17. Homeless Coalition- Emergency Shelter, security deposits rental arrearages
			18. Lakeshore Legal Aid
			Local Programs
			HDC-Home delivered meals
Recruitment and Retention	**Need**	1. Ongoing, active recruiting efforts of medical staff	
	• Healthcare Workforce	2. Competitive wage/benefit packages	
	Related Data	3. Continually updating employee benefits package	
	• Not meeting state average	4. Internationals	
	• County need based on data	5. Medical Opportunities of MI (MCRH)	
	• County need based on stakeholder interviews		
	• Hospital need based on focus group		

The above assessment was used to identify gaps in services and develop strategies to address the priority needs.   These strategies are then organized into this implementation plan. Progress and strategies are monitored monthly at our Board of Trustees meetings.