



2019 Community Health Needs Assessment & Implementation Strategy

To provide feedback about this Community Health Needs Assessment, visit www.mclaren.org/phcontact

2019 Community Health Needs Assessment

TABLE OF CONTENTS

I.	EXECUTIVE SUMMARY	
	A. Community Health Needs Assessment (CHNA) purpose	3
	B. Summary of prioritized needs	3
	C. Summary of needs assessment methodology and process	4
II.	INTRODUCTION/BACKGROUND	
	A. About McLaren Port Huron	5
	B. About McLaren Port Huron community benefit	6
	C. McLaren Port Huron’s approach to CHNA	6
III.	COMMUNITY SERVED	
	A. McLaren Port Huron’s definition of community served	6
	B. Map of community served	7
	C. Geographic description of the community served	8
	D. Demographic profile of community served	8
IV.	PROCESS AND METHODS USED TO CONDUCT CHNA	
	A. Data	13
	B. Community input	13
	i. Community workgroups	13
	ii. Medically underserved	13
	iii. Focus groups	14
	iv. Participant input	15
	C. Continuous input	16
V.	IDENTIFICATION AND PRIOTITIZATION OF COMMUNITY HEALTH NEEDS	
	A. Identifying community health needs	16
	B. Prioritized health needs identified through the CHNA	16
	C. Community resources	25
VI.	2016 CHNA EVALUATION OF IMPACT	26
VII.	Community collaboration	30
VIII.	Board approval	31

I. EXECUTIVE SUMMARY

A. Community Health Needs Assessment (CHNA) Purpose

The Patient Protection and Affordable Care Act (PPACA) passed by Congress in March 2010 set forth additional requirements that hospitals must meet in order to maintain their status as a 501(c)(3) Charitable Hospital Organization. One of the main requirements states that a hospital must conduct a Community Health Needs Assessment (CHNA) and must adopt an implementation strategy to meet the community health needs identified through the assessment.

The CHNA report must document how the assessment was done, including the community served and an assessment of the health needs of the community. The facility must solicit and consider input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of or expertise in public health. A written report must document the CHNA and be adopted by an authorized body of the hospital. The written report must be made public and a means to collect input must be in place. The report also includes a description of the impact of implemented strategies identified in the previous implementation strategy report.

The CHNA process was completed in 2019 and was conducted in compliance with current federal requirements. This 2019 assessment is the fourth such assessment conducted since the ACA was enacted and builds upon the information and understanding that resulted from the three previous assessments. This assessment includes feedback from the community and experts in public health, clinical care, and others. This CHNA serves as the basis for implementation strategies that are required to be filed with the IRS as part of the hospital organization's 2019 Form 990, Schedule H.

B. Summary of Prioritized Needs

The CHNA team at McLaren Port Huron evaluated data and input sources collected to prioritize the major issues impacting the community we serve. Criteria included the number of persons affected by the various factors analyzed, the seriousness of the issues, the health needs of persons living in poverty or reflected other disparities, and availability of community resources to address the needs. Strategic goals, community input and a review of the existing community benefit activities also guided this plan.

This process identified the following priority issues for the community:

- 1. Promoting healthy behaviors while addressing:**
 - Obesity & Weight Loss
 - Smoking & Vaping
 - Opioid Misuse & Abuse
- 2. Chronic disease prevention, maintenance and treatment** including, but not limited to, heart disease & stroke, cancer, chronic respiratory lung disease, and diabetes.
- 3. Access to high quality health care and prevention services including:**
 - Trauma & Injury Prevention
 - Mental Health
 - Medical Care

C. Summary of Needs Assessment Methodology and Process

A hospital CHNA workgroup was established to develop this CHNA, including: 1) quantitative data review and analysis, 2) literature review to identify state and national benchmarks and evidence-based strategies that relate to the indicators/metrics measured through the quantitative data source, and 3) qualitative data provided through community dialogue sessions with local residents and then filtering those needs against a set of criteria.

Health indicators, such as leading causes of death, disease rates, health risk behaviors, access to health care and review of county health rankings were collected and analyzed. Combining this analysis, input from the health and human service public agencies, community-based organizations, policy makers, and the community members, provided a basis to prioritize the current health of the community and how McLaren Port Huron could best impact these needs. This allowed for data collection across a broad range of indicators relating to overall population health, social determinants of health including geographic/location difference in health outcomes, and the needs of disadvantaged populations including uninsured persons, low-income persons, and minority groups within St. Clair and Sanilac counties. This workgroup prioritized/ranked the list of health needs via a multiple-criteria scoring system.

This CHNA also includes information that was derived from a county-wide health needs assessment that began in 2016, when the St. Clair County Health Department commissioned VIP Research and Evaluation to conduct an independent CHNA and Behavioral Risk Factor Survey. The primary goal of the study was to identify key health and health service issues in St. Clair County. McLaren Port Huron participated in this region-wide effort with various health and human services agencies including: Blue Water Community Action Agency, Community First Health Centers, Lake Huron

Medical Center, St. Clair County Community Mental Health, St. Clair County Health Department, Ascension River District Hospital and the United Way of St. Clair County. This allowed non-profit organizations to take advantage of economies of scale and to avoid overburdening the community with multiple requests for information.

Data was gathered from a variety of sources and using multiple methodologies. Community input was obtained via a Behavioral Risk Factor Survey (BRFS) of the broader adult population in St. Clair County, as well as an online survey to more targeted subpopulations of underserved residents (e.g., low income). Health care professionals and other community leaders, known as key stakeholders or key informants, provided input via in-depth interviews and an online survey.

The results of the BRFS were shared in February 2017. The St. Clair County Community Health Improvement Plan (CHIP) Advisory Committee was formed in September 2017. Three community assessment workgroups were established: Forces of Change Assessment, Community Themes and Strengths Assessment, and Local Public Health System Assessment. In October 2018, the CHIP Advisory Committee reconvened to finalize the CHIP and determine how partners in St. Clair County intend to improve the health of all residents over the next five years. The CHIP was finalized and released in August 2019. Specific improvement strategies within each of the following strategic priority areas to be addressed:

1. Chronic disease prevention and management
2. Access to care
3. Substance abuse
4. Mental health
5. Well-being of children and adolescents
6. Economic opportunity
7. Environmental health

II. INTRODUCTION/BACKGROUND

A. About McLaren Port Huron

McLaren Port Huron is a 186-bed non-profit hospital located in Port Huron, Michigan. A community hospital founded in 1882, it has a strong history of providing quality, compassionate care to residents living in St. Clair and Sanilac counties and has earned repeated recognition for both clinical excellence and patient safety from nationally renowned health care rating organizations. McLaren Port Huron makes many health care specialties available to area residents, including cardiovascular care, cancer services, orthopedic care, and general, bariatric and robotic-assisted surgeries. Also available at the hospital are board-certified emergency physicians

and nurses who staff the county's busiest emergency center, family birthing services and the only accredited sleep center in the region. In addition to its main campus in Port Huron, the hospital operates community health centers in Marysville, Yale, Lexington, St. Clair and Capac. McLaren Health Care Corporation, headquartered in Grand Blanc, Michigan, is a fully integrated health network, committed to quality, evidence-based patient care and cost efficiency.

B. About McLaren Port Huron Community Benefit

For more than 137 years, McLaren Port Huron has been committed to making a difference in the health of the communities we serve. Community benefit activities take on several forms; from educational programs to free or low-cost health screenings to charity care. We realize that good health extends beyond the doctor's office and the hospital. It must be engrained within the community; fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, walkable neighborhoods, and safe playgrounds. For many years, McLaren Port Huron has worked side-by-side with its community partners to address and support serious public health issues such as substance abuse, obesity, access to care, and mental health services. And staff has conducted Community Health Needs Assessments to better understand our communities' resources and unique needs.

C. McLaren Port Huron's Approach to CHNA

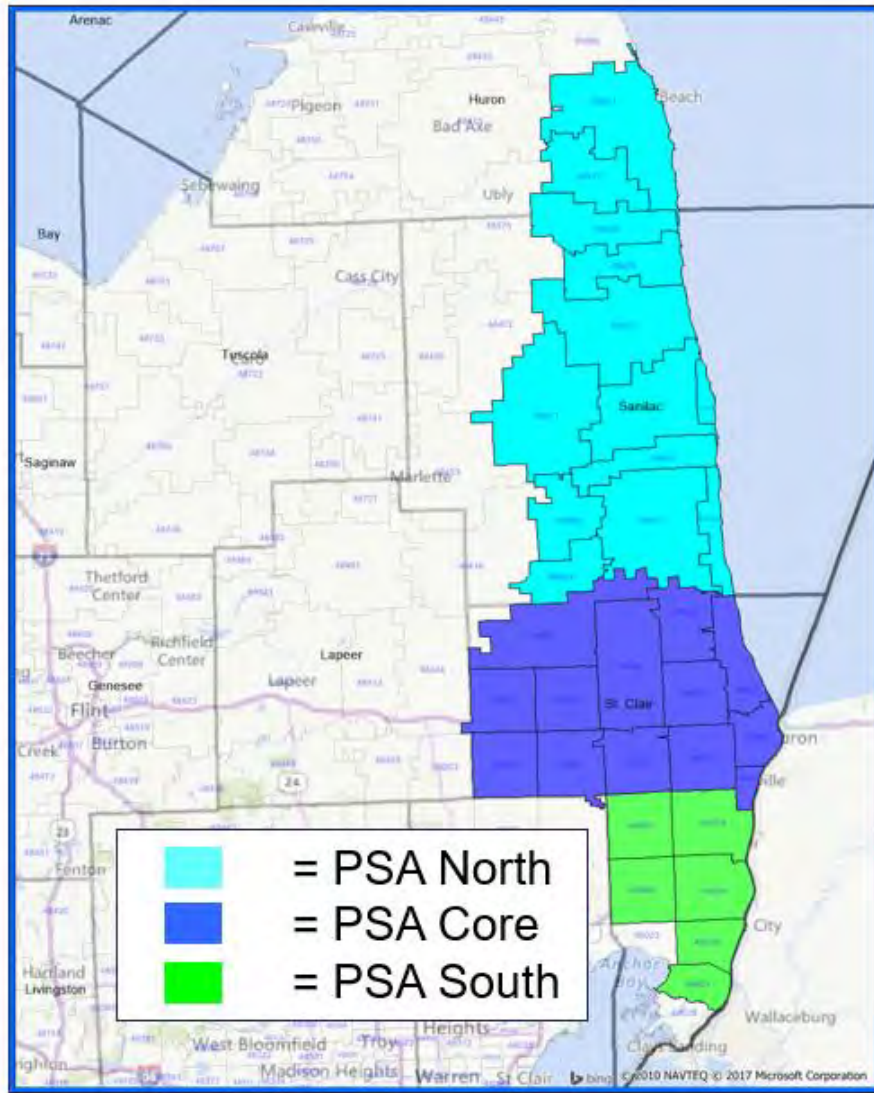
McLaren Port Huron continually works with community partners to improve the health of its residents. The CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with a focus on enhanced compliance and transparency. With this assessment and the three previous CHNAs, the intent is to develop and implement a transparent, rigorous, and collaborative approach to understanding the needs and assets in our communities. From data collection and analysis, to the identification of prioritized needs and the development of an implementation strategy, the purpose was to develop a process that would yield meaningful results.

III. COMMUNITY SERVED

A. McLaren Port Huron's Definition of Community Served

For the purpose of this assessment, *community* is defined as primary and secondary services areas, including St. Clair and Sanilac counties. The target population of the assessment reflects an overall representation of the communities served by McLaren Port Huron.

B. McLaren Port Huron’s Primary Service Area—Map of Community Served



The

Primary Service Area (PSA) definition reflects historical discharge activity depicting patient origin, consumer preference and utilization of available services in the defined market.

Market Share	2016	2017	2018	2019
Core	52.01%	53.33%	55.17%	56.59%
North	40.16%	45.0%	42.78%	41.30%
South	16.01%	17.55%	19.56%	20.91%

C. Geographic description of the community served

McLaren Port Huron is located in northeast St. Clair County. Market share analysis indicates the largest area surrounding Port Huron and heading west and north into Sanilac County. Data on population, age, race and poverty levels provided additional information about McLaren Port Huron’s service area and individuals served.

D. Demographic profile of community served through data:

Profile of Service Areas

	St. Clair County, Michigan	Sanilac County, Michigan	State of Michigan
Population estimates (July 1, 2018)	159,337	41,182	9,995,915
Population rank among counties	13 of 83	40 of 83	n/a
Population per square mile	220.0	42.8	175.4

Sources: www.census.gov; www.mdch.state.mi.us

Population Estimates by Selected Age Group 2017

	St. Clair County	Sanilac County
All Ages	159,350	41,269
Under 1	1,552	421
1-4	6,402	1,849
5-9	9,013	2,395
10-14	10,091	2,608
15-17	6,571	1,668
18-19	3,456	871
20-24	9,143	2,231
25-29	9,139	2,094
30-34	8,265	2,066
35-39	8,883	2,152
40-44	8,990	2,128
45-49	11,050	2,552
50-54	12,684	2,935
55-59	13,158	3,331
60-64	11,898	3,308
65-69	9,941	2,844
70-74	7,316	2,215
75-79	5,146	1,601
80-84	3,221	1,121
85 and above	3,461	969

Source: www.mdch.state.mi.us/

Population Estimates by Selected Age Group 2017

County	Under 18 Years		18-44 Years		45-64 Years		65 Years & Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
St. Clair	33,599	21.1%	47,876	30.0%	48,790	30.6%	29,085	18.3%
Sanilac	8,941	21.7%	11,542	28.0%	12,126	29.4%	8,660	21.0%

Source: www.mdch.state.mi.us/pha

Race and Hispanic Origin (July 2018) %

	St. Clair County	Sanilac County
White alone	94.1%	97.2%
Black or African American alone	2.6%	0.6%
American Indian and Alaska Native alone	0.5%	0.6%
Asian alone	0.7%	0.4%
Two or more races	2.1%	1.2%
Hispanic or Latino	3.4%	3.6%
White alone, not Hispanic or Latino	91.2%	94.0%

Source: <https://factfinder.census.gov/>

Income and Poverty (2013-2017 in 2017 Dollars)

	St. Clair County	Sanilac County
Median household income	\$53,641	\$44,417
Persons in poverty	12.4%	14.5%

Source: <https://www.factfinder.census.gov/>

Poverty Status in the Past 12 Months

2013-2017 American Community Survey 5-Year Estimates

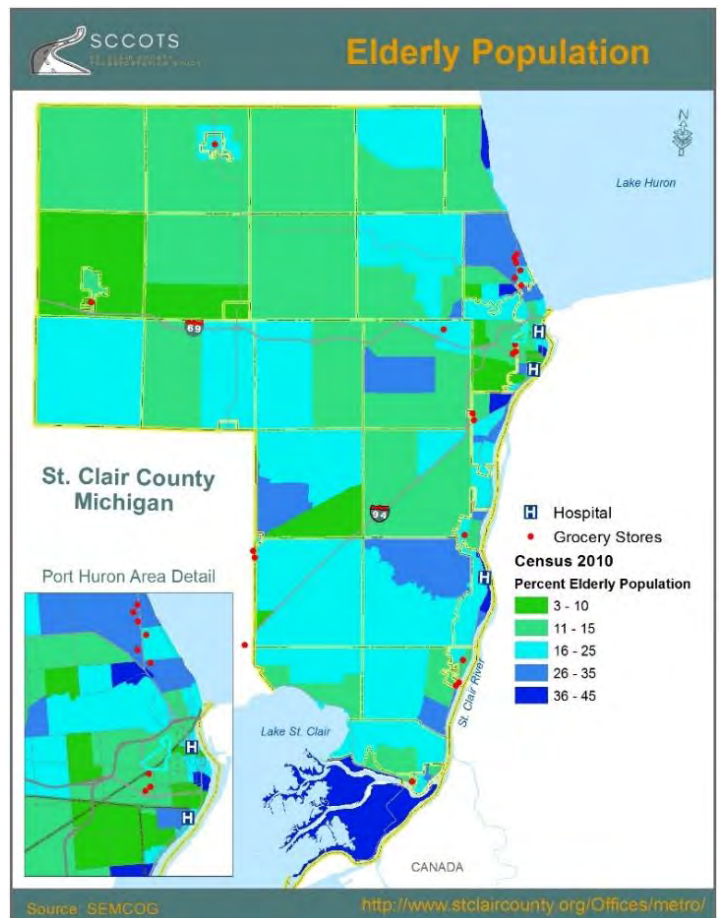
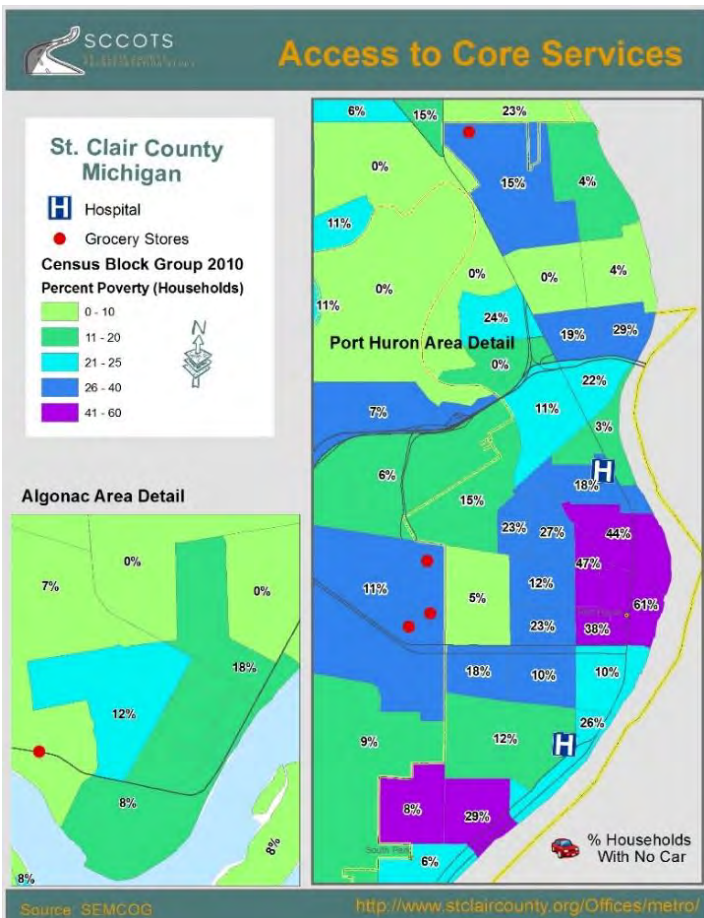
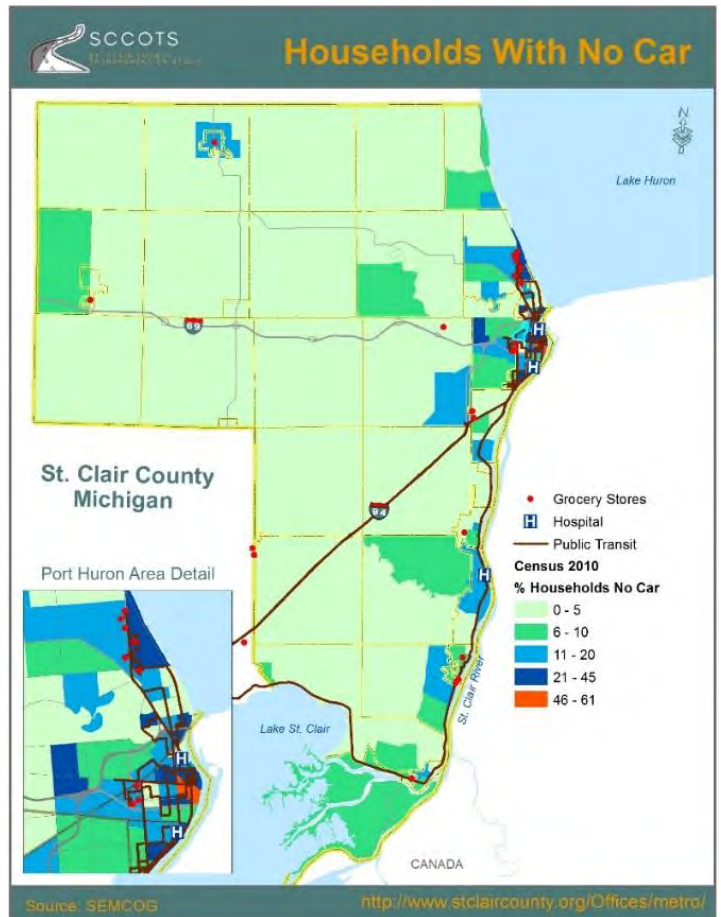
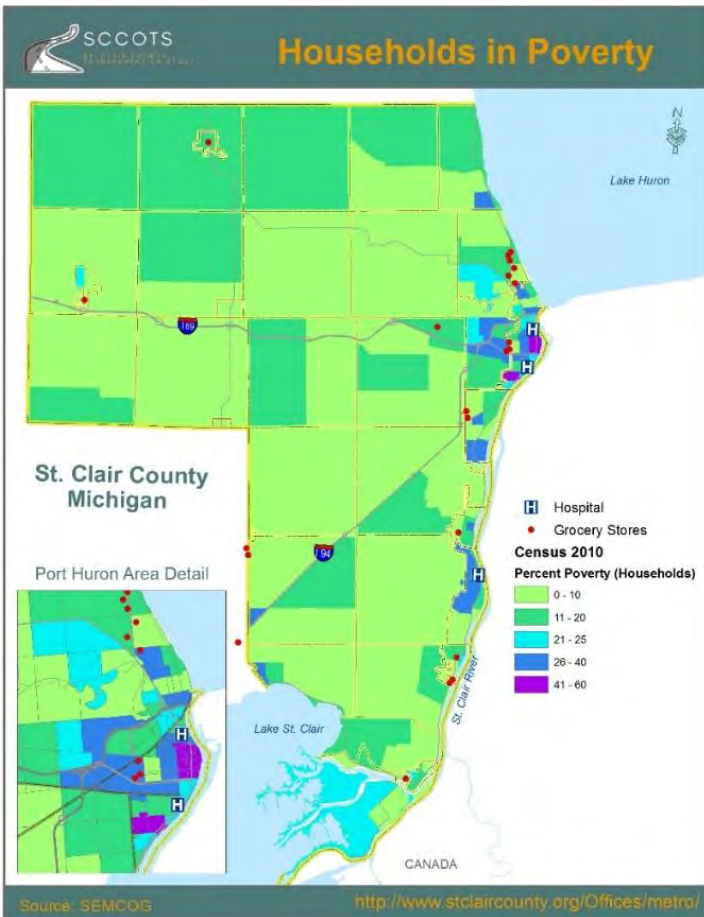
	St. Clair County			Sanilac County		
	Total Estimate	Total Below Poverty Level Estimate	% Below Poverty Level Estimate	Total Estimate	Total Below Poverty Level Estimate	% Below Poverty Level Estimate
	158,002	21,050	13.3%	41,013	6,165	15.0%
AGE						
Under 5 years	7,977	1,736	21.8%	2,154	563	26.1%
5 to 17 years	26,061	4,798	18.4%	6,804	1,385	20.4%
18 to 34 years	29,839	5,456	18.3%	7,185	1,354	18.8%
35 to 64 years	67,325	7,311	10.9%	16,730	2,086	12.5%
65 years and over	26,800	1,749	6.5%	8,140	777	9.5%
SEX						
Male	78,437	8,951	11.4%	20,252	2,617	12.9%
Female	79,565	12,099	15.2%	20,761	3,548	17.1%
RACE						
White alone	148,010	18,168	12.3%	39,732	5,888	14.8%
Black or African American alone	3,165	727	23.0%	192	76	39.6%
Hispanic or Latino origin	5,035	1,085	21.5%	1,458	275	18.9%
WORK/UNEMPLOYMENT						
Worked full-time, year-round in the past 12 months	10,189	345	3.4%	2,674	114	4.3%
Worked less than full-time, year-round in the past 12 months	7,262	2,793	38.5%	1,668	663	39.7%
Did not work	13,007	4,920	37.8%	3,631	1,522	41.9%

Source: <https://factfinder.census.gov/>

County Demographics 2019

	St. Clair County	Sanilac County	Michigan	U.S. Top Performers
SOCIO-ECONOMIC				
Uninsured	7%	8%	6%	6%
High school graduation	82%	88%	80%	96%
Unemployment	5.0%	6.0%	4.6%	2.9%
Children in poverty	19%	22%	20%	11%
Children in single parent households	31%	29%	34%	20%
HEALTH BEHAVIORS				
Food insecurity	12%	12%	14%	9%
Limited access to healthy food	13%	2%	6%	2%
CLINICAL CARE				
Primary care physicians	2,020:1	3,760:1	1,360:1	1,260:1
Mental health providers	420:1	700:1	400:1	310:1
Preventable hospital stays	5,721	5,157	5,188	2,765

Source: www.countyhealthrankings.org



IV. PROCESS AND METHODS USED TO CONDUCT THE CHNA

A. Data

Data for the CHNA was collected from a variety of sources and processed in multiple stages before being used for analysis. The majority of these additional variables were collected from five main data sources: (1) the 2016 St. Clair County CHNA and BRFSS; (2) County Health Rankings & Roadmaps; (3) the Michigan Department of Health and Human Services (MDHHS); (4) the US Census Bureau; and (5) the Centers for Disease Control and Prevention (CDC).

B. Community Input

Community input was provided by a broad-range of community members via community groups, health providers, key informant interviews, and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from the local health department, local human and social service agencies as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted.

Qualitative data collection began with group key informant interviews with hospital service representatives and interviews of area health experts, including public health and social service representatives. The data collected from the first phase of interviews, including initial analysis of socio-demographic data, identified focus communities within the McLaren Port Huron service area.

i. Community workgroups

Employees sought feedback on the CHNA through the Women's & Children's Community Advisory Board and the Community Education & Outreach Committee at McLaren Port Huron.

Additionally, McLaren Port Huron is represented and participates in community health work groups relating to prescription and drug abuse, smoking cessation, healthy lifestyles, child abuse and neglect, senior services, the youth substance abuse prevention coalition, economic development association, suicide prevention, a global diversity council, 211 and United Way.

McLaren Port Huron is also active in other community-based organizations such as Rotary clubs, Chambers of Commerce, etc.

ii. Medically Underserved

Input addressing the medically underserved, low-income and minority populations are discussed at community programs, such as the St. Clair County Community Service Coordinating Body. Agencies including the St. Clair County Health Department, the Department of Health and Human Services, Community First Health Centers, and the Blue Water Community

Action agency provide updates on their programs that serve the minority populations as well as provide input on initiatives in which the hospital can support.

iii. Focus Groups

Two focus groups were offered at McLaren Port Huron, one in January 2018 and the other in July 2019. The focus group was advertised in the hospital's monthly publication, which is distributed to over 20,000 households, promoted at other events and programs, posted on the hospital website, and published in the local newspaper in the hospital's monthly calendar of events. Participants were primarily individuals over the age of 60 and Caucasian/White.

The groups were provided with an overview of the CHNA process and the prioritized needs from the 2016 McLaren Port Huron CHNA and Implementation Strategy. The groups were asked the following six questions and the discussion was recorded. Their responses are listed in order of importance, as ranked by participants:

1. *What is your vision of a healthy community?*

- Fewer people with diabetes
- Low drug use
- Clean air
- Walkable neighborhoods and options for outdoor activity
- Strong workforce

2. *What are the most serious HEALTH issues facing our community?*

- Diabetes
- Cancer
- Heart disease
- Drug abuse

3. *What are the most beneficial health resources or services in this community?*

- People's Clinic (serving individuals uninsured or underinsured)
- Health Department
- McLaren Port Huron's outreach programs and support groups
- Recreation (YMCA, Silver Sneaker programs, Parks and Recreation)
- Homecare agencies
- Expanded VA benefits

4. *What are some of the things that you see as lacking in our community?*

- Care management such as lack of consistent care/collaboration between specialists or difficulty navigating health care system
- Medicaid providers

- Lack of support for patients that need help (addressing social determinants of health)
- Lack of sensitivity
- Aging physicians

5. *What are other problems or concerns that significantly affect the members of our community?*

- People have health insurance, but the cost is still too high (such as high deductibles and co-pays)
- Lack of transportation
- PTSD

6. *What can the hospital do to improve health and quality of life in the community?*

- Offer more outreach and education programs
- Offer more health screenings
- Offer services such as home visits for patients with complex health issues to make sure they understand their treatment plan
- Promote wellness visits covered by insurance (and partnering with physicians)

iv. Participant Input

Participants of community outreach and education programs are surveyed and encouraged to offer suggestions for future health programs and screenings. Surveys were reviewed from twenty education programs.

Participants indicated an interest in learning more about:

- Nutrition
- Chronic disease management
- Stress management
- Healthy aging
- Partnering with physician
- Skin care
- Alternatives for pain management
- Health screenings
- Arthritis/Joint pain

C. Continuous Input

McLaren Port Huron's current and previous CHNAs are widely available to the public on the hospital website. Anyone can comment on the report and comments are forwarded to McLaren Port Huron Community Outreach and Education personnel to be addressed and included in the next CHNA.

V. IDENTIFICATION AND PRIORITIZATION OF SIGNIFICANT COMMUNITY HEALTH NEEDS

A. Identifying Community Health Needs

For the purposes of the CHNA, McLaren Port Huron defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

Social Determinants of Health (including food insecurity, employment, housing, education, access to health care, health literacy and crime/violence) were considered and discussed while evaluating health data for the community we serve. Social determinants have a major impact on health outcomes, especially for the most vulnerable populations. Factors such as a patient’s education, income level and environment must be considered when providing care and education and addressing needs throughout the community.

B. Prioritized Health Needs Identified through the CHNA

The following are summarized descriptions of the prioritized significant health needs that were identified through the CHNA process.

1. **Promoting healthy behaviors** is a significant health need in the primary and secondary service areas for McLaren Port Huron while addressing obesity, smoking and opioid abuse. These issues have a direct impact on the quality of life in the community. Residents of St. Clair County and Sanilac counties have lower life expectancy rates and higher age-adjusted mortality rates than adults in Michigan, and in the nation.

- i. **Obesity & Overweight**--Almost two-thirds (64.2%) of St. Clair County adults are overweight or obese and the obesity rate (33.0%) for adults and (20%) for children in the area is greater than the state or the nation.¹ Area adults and children also consume inadequate amounts of fruits and vegetables and do not engage in physical activity as much as they should.¹ More than one-quarter (27%) of St. Clair County adults and 25% of Sanilac County adults report no leisure time physical activity, a rate higher than MI and the U.S.²

Local health professionals perceive obesity to be one of the top health issues and believe the community response to this issue has been insufficient.¹ More than half (56.0%) of St. Clair County adults report they are trying to lose weight or maintain their current weight, and most are doing this by eating better and exercising more.¹ Only 22.0% report that their health care provider has provided advice about weight control, which is concerning since roughly two-thirds of the adult population is either obese or overweight.¹ Additional

barriers to weight control are the lack of community programs, services, and resources to assist people in managing their weight; 38.2% say that existing programs do not help them manage their weight well.¹

Issues such as lack of affordable grocery stores, transportation challenges to and from grocery stores, an abundance of unhealthy food options, and lack of access to recreation and fitness facilities contribute to the obesity and overweight rates of our community.¹ Community members and service providers suggest the addition of farmers' markets, community gardens, and other healthy food outlets that are affordable and culturally relevant to the area.¹ There are several community resources to promote physical activity, such as access to lakes, rivers, parks, and walking and bike trails.¹

- ii. **Smoking & Vaping**—In terms of risk behaviors, smoking is problematic, with almost three in ten (28.1%) area adults classified as smokers, a rate higher than MI and the U.S.¹ Smoking is far more common among adults from the lowest socioeconomic groups (58.9% of those with household incomes below \$20K).¹ Further, almost three in ten pregnant women smoke during pregnancy, a rate much higher than the state of Michigan.¹ Area health professionals feel that the high incidence of smoking is not being adequately addressed in the community.¹

Additionally, the MiPHY data collected in 2018 revealed that St. Clair County has higher than state and national rates of students who currently vape (26.8%) of 9th grade students and (37.5%) of 11th grade students, which is more than double the rate in the U.S. (14.1%).³ In 2018, the United States Surgeon General officially declared e-cigarette use among youth an epidemic in the United States.

- iii. **Opioid Misuse & Abuse**— Substance abuse is considered a pressing and prevalent issue in St. Clair County. Six in ten (62.0%) adults believe there is a prescription drug abuse problem in St. Clair County.¹ Four in ten (44.0%) know someone who has taken prescription medication to get high.¹ Opiate prescriptions and opiate units per residents of St. Clair County are both at a rate higher than the state.¹

In 2017, the leading cause of unintentional injury deaths for those 25 to 64-years old in the US was from unintentional poisoning.⁴ This is reflective of the opioid crisis that our country is facing.

2. **Chronic disease prevention, maintenance and treatment** are significant health needs in the primary and secondary service areas for McLaren Port Huron, including but not limited to, heart disease, cancer, lung disease and diabetes. Residents of St. Clair and Sanilac counties have lower life expectancy rates and higher age-adjusted mortality rates than adults in Michigan or in the nation.¹
 - i. **Heart disease & stroke**—area adults have lower life expectancy rates (both men and women) and higher age-adjusted mortality rates than adults across the state or nation.¹ Heart disease is the number one cause of death and the rate of all heart disease deaths are at a higher in St. Clair County (459.1) and Sanilac County (454.9) than Michigan (388.2) and the U.S. (324.3).⁴

Slightly more than one-fourth (26.2%) of all adults have been told by a health professional they have high blood pressure.¹ Of these, 35.7% are not currently taking medication.¹ Almost three-fourths (72.5%) of adults have had their cholesterol checked, and of these, 70.0% have had it checked within the past year.¹ More than one-third (36.0%) who have had their cholesterol checked have been told by a health care professional that their cholesterol was high.¹ However, half (50.1%) of those who have been told they have high cholesterol are not currently taking medication.¹

- ii. **Cancer**— Cancer is the second leading cause of death in St. Clair and Sanilac counties.⁴ The top five sites for 2017 diagnosed and/or have their first course treatment at McLaren Port Huron in 2017 includes: breast (135), lung (111), colon (54), prostate (48), and non-hodgkin lymphoma (24).

The cancer incidence rate is lower in both counties than the state or the nation, but the rates for death from cancer are higher when compared to state or national rates.¹ Moreover, more than 40% of adults with cancer (other than skin) say cancer management services are not helpful, and 17.8% of adults with cancer (other than skin) reported that they are not getting information to manage their disease.¹

- iii. **Chronic Respiratory Lung Disease**—Among adults, the prevalence rates for respiratory diseases such as lifetime asthma (24.4%), current asthma (15.4%), and COPD (10.2%) are all higher than both state and national rates.¹ Women have higher rates on all three measures compared to men.¹ The air quality in St. Clair County is considered among the poorest in the state, as one of two locations in Michigan where the sulfur dioxide levels exceed the federal standards.¹

Additionally, the rate of adults who smoke is higher in both counties than the state and nation.¹ More than 75% of adults do not receive the recommended pneumonia vaccine and more than 80% of adults do not get the flu vaccine.¹ Further, roughly one in five adults with asthma or COPD reports they feel they are not getting enough information to manage their condition.¹

- iv. **Diabetes**—Diabetes is the seventh leading cause of death in St. Clair and Sanilac counties.⁴ The diabetes incidence rate is lower in both counties than the state or the nation, but the rates for death from cancer are almost twice as high when compared to state or national rates.⁴ Those with the highest rates of diabetes are over age 45, earn less than \$35K per year and have less than a high school education.¹

3. **Access to high quality health care and prevention services** is vital for the health of our community and is a critical aspect of health prevention to understand any potential barriers that can affect access to care.

- i. **Trauma/Injury Prevention**— Exposure to trauma and injury can have profound long-term consequences. Studies support that exposure to violence and trauma correlate with long term poor health outcomes and chronic disease.⁵

Unintentional injuries are the 4th leading cause of death in St. Clair County and the 6th in Sanilac County (tied with kidney disease).⁴ Unintentional falls is the leading injury-related cause of death for the 65 and over population, which is at a rate 3.6 times higher than the next leading injury-related cause of death.⁶ Each year, 2.8 million older people are treated in emergency departments for fall injuries.⁶

Although many types of injury can result from a trauma, traumatic brain injuries remain a prevention focus because of its magnitude and consequences. Traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability.⁶

- ii. **Mental Health**— Mental health disorders not only impact the people living with the disorder, but also their families, schools, workplaces, and communities. Mental health disorders can have harmful and long-lasting effects including high psychosocial and economic costs.⁷

Physical health and mental health have an undeniable link. Chronic diseases such as diabetes, heart disease, and cancer can intensify the symptoms of a mental health disorder. Additionally, management of a chronic disease can interfere with a person's ability to participate in treatment and recovery of the mental health disorder, creating a vicious cycle. Early diagnosis and treatment can decrease the disease burden of mental health disorders as well as chronic disease.⁸

Less than 20% of St. Clair County residents report having mild to severe psychological distress.¹ Those with the highest rate of mental distress earn less than \$20,000 per year.¹ Additionally, only 1 in 3 individuals with poor mental health receives treatment or currently takes medication for the condition.¹

Residents of St. Clair (3.8) and Sanilac (4.3) counties report having less poor mental health days when compared with the state (4.4) but higher than the top performing state (3.1) in the nation.²

The mental and substance use disorders mortality rates for women in St. Clair County (9.3) are lower than state (9.7) but higher than national (8.2) rates.⁹ However, the rate for males is higher (29.5) than the state (21.7) and nation (18.7) rate.⁹ In Sanilac County, the rates for both females (6.7) and males (14.1) are lower than state rates for females (9.7) and males (21.7) as well as the nation for females (8.2) and males (18.7).¹⁰

The self-harm and interpersonal violence mortality rates for females in St. Clair County (10.4) is higher than state (10.0) and national (9.0) rates.⁹ For men in St. Clair County, the rate (31.2) is lower than within the state (32.7), but higher than national (30.9) rates.⁹ In Sanilac County, the rate for female mortality resulting from self-harm and interpersonal violence is slightly less (9.4) than the state (10.0) and higher than the national (9.0) rate.¹⁰ Similar findings are true for males in the county (31.3), the state (32.7), and nation (30.9).¹⁰

The number of mental health providers in St. Clair County (420:1) is lower than the state (400:1), as well as the top performing state (310:1) in the nation. Access to mental health providers in Sanilac County is an issue with a rate of 700 residents to every provider.²

- iii. **Medical Care**— Healthy People 2020 states, “Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.” Access to care includes three major components: insurance coverage, health services, and timeliness of care. The high cost of care, the lack of insurance coverage or inadequate coverage (such as high deductibles and copayments), the lack of available services, or culturally competent care are common barriers to accessing health services.⁸ These barriers lead to delays in receiving health care, unmet health needs, lack of preventative care, preventable hospital admissions, and financial burdens.⁸

The rate of people who are uninsured in Michigan has decreased from 11% in 2013 to 5.2% in 2017.¹¹ In St. Clair County, 7% of population under age 65 is without health insurance.² While in Sanilac County 8% of residents under 65 are without insurance.²

As of July 22, 2019, *Healthy Michigan*, Michigan's Medicaid expansion program under the Affordable Care Act, has over 650,000 members (15.3%) of the state population enrolled; which is consistent with enrollment rates in St. Clair County (14.3%) and Sanilac County (16.2%).¹² There are an additional 1.7 million Michigan residents who are enrolled in Medicaid, increasing the total enrollment percentage of Medicaid reimbursed health programs to 24% within the State of Michigan, which is also consistent with St. Clair and Sanilac counties.¹²

There are 2,020 primary care physicians to every resident in St. Clair County and 3,760:1 in Sanilac County, which are both at a rate much lower than the state (1,260:1) and the top performing state (1,050:1) in the nation.² In St. Clair County, 80.3% of adults have a personal physician and 63.5% have visited a physician for a routine checkup within the past year.¹

High health care costs are barriers to seeking health care services for many residents, but even those with Medicaid find it hard to see a provider due to the increase of physicians who refuse to accept Medicaid.¹ Additional barriers to care include transportation, lack of awareness of existing programs and services, cultural (fear of system, public misperception of the underserved), and the inability of some residents to secure appointments or get referrals.¹ The map on page 12, which was provided by SEMCOG illustrates access to core services as well as a map indicating the households who do not have a vehicle. These maps also depict neighborhoods who are living below poverty in relationship to the two hospitals located in Port Huron.

References

- ¹St. Clair County Community Health Needs Assessment & Behavior Risk Factor Survey, 2016. www.scchealth.co
- ²County Health Rankings & Roadmaps, 2019. www.countyhealthrankings.org/
- ³Michigan Profile for Healthy Youth (MiPHY), 2017-2018. St. Clair County Data. www.scchealth.co
- ⁴Centers for Disease Control and Prevention, 2014-2016. Leading causes of death. www.cdc.gov
- ⁵Centers for Disease Control and Prevention, 2017. Fatal Injury Data. www.cdc.gov
- ⁶Michigan Department of Health and Human Services, 2018. Injury & Violence in Michigan. www.michigan.gov
- ⁷National Center for Injury Prevention, 2017. 10 Leading Causes of Injury Death by Age Group, United States. www.cdc.gov
- ⁸Healthy People 2020. www.healthypeople.gov
- ⁹Institute for Health Metrics and Evaluation (IHME), US County Profile: Saint Clair County, Michigan. Seattle, WA: IHME, 2016. www.healthdata.org
- ¹⁰Institute for Health Metrics and Evaluation (IHME), US County Profile: Sanilac County, Michigan. Seattle, WA: IHME, 2016. www.healthdata.org
- ¹¹United States Census Bureau, 2018. Health Insurance in the United States. www.census.gov
- ¹²Michigan Department of Health and Human Services, 2019. Healthy Michigan Plan. www.michigan.gov

Number of Deaths for the Ten Leading Causes of Death, St. Clair & Sanilac Counties, 2017

Michigan Rank and Cause of Death	Number of Deaths			
	St. Clair	Sanilac	Michigan	United States
All Causes of Death	1,794	523	97,532	2,744,248
Heart Disease	471	145	25,162	635,260
Cancer	383	129	20,645	598,038
Unintentional Injuries	106	14	5,717	161,374
Chronic Lower Respiratory Diseases	123	36	5,685	154,596
Stroke	84	12	4,993	142,142
Alzheimer's Disease	82	28	4,424	116,103
Diabetes Mellitus	80	18	2,795	80,058
Kidney Disease	24	14	1,871	50,046
Pneumonia/Influenza	14	3	1,793	51,537
Intentional Self-harm (Suicide)	32	8	1,405	44,965

Source: www.mdch.state.mi.us

Leading Diagnoses for Hospitalizations 2016

	Number of people in St. Clair County Hospitalized	Number of people in Sanilac County Hospitalized
All Hospitalizations	22,986	5070
Heart Disease	2,264	593
Septicemia	2,039	343
Injury and Poisoning	1,788	378
Newborns/Neonates (< 7days)	1,647	425
Females with Deliveries	1,544	397
Arthropathies	1049	289
Mood(affective) Disorders	799	116
Cancer (Malignant Neoplasms)	665	155
Renal Failure	581	106
COPD & Bronchiectasis	574	131
Cerebrovascular Diseases	566	115
Pneumonia	514	163
Diabetes Mellitus	309	52

Source: www.mdch.state.mi.us

Invasive Cancer Incidence Trends St. Clair County and Sanilac County, 2011-2015

Primary Site	Average Number in St. Clair County	Average Number in Sanilac County
Prostate Gland	109	28
Lung and Bronchus	132	32
Breast	131	24
Colon and Rectum	86	23
All Other Sites	464	110
Total	921	215

Source: www.mdch.state.mi.us

Health Behaviors 2019

	St. Clair County	Change Since 2016	Sanilac County	Change Since 2016	Top U.S. Performers	Michigan
Adult smoking	20%	+3%	18%	-	14%	20%
Adult obesity	32%	-	31%	+3%	26%	32%
Physical inactivity	27%	+3%	25%	+3%	19%	22%
Access to exercise opportunities	73%	+5%	39%	+26%	91%	85%
Excessive drinking	23%	+4%	21%	+1%	13%	21%
Drug overdose death	39	+16	17	+3	10	24

Source: www.countyhealthrankings.org

10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States - 2017

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 1,106	Unintentional Drowning 424	Unintentional MV Traffic 327	Unintentional MV Traffic 428	Unintentional MV Traffic 6,697	Unintentional Poisoning 16,478	Unintentional Poisoning 15,032	Unintentional Poisoning 14,707	Unintentional Poisoning 10,541	Unintentional Fall 31,190	Unintentional Poisoning 84,795
2	Homicide Unspecified 139	Unintentional MV Traffic 362	Unintentional Drowning 125	Suicide Suffocation 280	Unintentional Poisoning 5,000	Unintentional MV Traffic 6,871	Unintentional MV Traffic 5,182	Unintentional MV Traffic 5,471	Unintentional MV Traffic 5,584	Unintentional MV Traffic 7,667	Unintentional MV Traffic 38,659
3	Unintentional MV Traffic 90	Homicide Unspecified 129	Unintentional Fire/Burn 94	Suicide Firearm 185	Homicide Firearm 4,391	Homicide Firearm 4,594	Suicide Firearm 3,098	Suicide Firearm 3,937	Suicide Firearm 4,219	Suicide Firearm 5,996	Unintentional Fall 36,338
4	Homicide Other Spec., Classifiable 76	Unintentional Suffocation 110	Homicide Firearm 78	Homicide Firearm 126	Suicide Firearm 2,959	Suicide Firearm 3,458	Suicide Suffocation 2,562	Suicide Suffocation 2,294	Unintentional Fall 2,760	Unintentional Unspecified 5,125	Suicide Firearm 23,854
5	Undetermined Suffocation 56	Unintentional Fire/Burn 95	Unintentional Suffocation 36	Unintentional Drowning 110	Suicide Suffocation 2,321	Suicide Suffocation 3,063	Homicide Firearm 2,561	Suicide Poisoning 1,604	Suicide Suffocation 1,631	Unintentional Suffocation 3,920	Homicide Firearm 14,542
6	Unintentional Drowning 43	Unintentional Pedestrian, Other 88	Unintentional Other Land Transport 25	Unintentional Other Land Transport 66	Unintentional Drowning 469	Undetermined Poisoning 887	Suicide Poisoning 1,089	Homicide Firearm 1,447	Suicide Poisoning 1,459	Adverse Effects 2,902	Suicide Suffocation 13,075
7	Undetermined Unspecified 37	Homicide Other Spec., Classifiable 49	Homicide Suffocation 15	Unintentional Fire/Burn 56	Suicide Poisoning 463	Suicide Poisoning 788	Undetermined Poisoning 792	Unintentional Fall 1,248	Homicide Firearm 824	Unintentional Poisoning 2,871	Unintentional Suffocation 6,946
8	Homicide Suffocation 26	Homicide Firearm 44	Homicide Cut/pierce 14	Suicide Poisoning 39	Undetermined Poisoning 280	Unintentional Drowning 479	Unintentional Fall 522	Undetermined Poisoning 887	Unintentional Suffocation 811	Unintentional Fire/Burn 1,278	Unintentional Unspecified 6,606
9	Unintentional Assault/Struck/Overrun 19	Unintentional Assault/Struck/Overrun 34	Unintentional Firearm 14	Unintentional Poisoning 29	Homicide Cut/pierce 266	Homicide Cut/Pierce 404	Unintentional Drowning 397	Unintentional Drowning 451	Adverse Effects 773	Suicide Poisoning 1,111	Suicide Poisoning 6,554
10	Three Tied 16	Unintentional Firearm 31	Two Tied 13	Unintentional Suffocation 35	Unintentional Fall 212	Unintentional Fall 351	Homicide Cut/Pierce 337	Unintentional Suffocation 441	Undetermined Poisoning 732	Suicide Suffocation 919	Adverse Effects 4,459

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



C. Community Resources

The following health care facilities and other resources are available to address the health needs of the community:

- Area Agency on Aging
- Ascension River District Hospital
- Blue Water Community Action Agency
- Blue Water Hospice Home
- Blue Water Recovery and Outreach Center
- Catholic Charities of Southeast Michigan
- Community First Health Centers
- The Council on Aging, serving St. Clair County
- Downriver Helping Hands
- Faith-based Community
- Farmers Markets
- IMPACT/The Center for Human Resources
- The Harbor for Youth
- Barbara Ann Karmanos Cancer Institute
- Lake Huron Medical Center
- Local Area Schools
- Marlette Regional Hospital
- Marwood Nursing & Rehab
- McKenzie Health System
- McLaren Port Huron
- McLaren Port Huron Foundation
- McLaren Port Huron *Today's Health* television programming series
- McLaren Health Care & Subsidiaries
- McLaren Health Management
- Mid-City Nutrition
- MSU Extension
- Parks & Recreation Departments
- People's Clinic for Better Health
- Primary Care and Specialist Physicians
- Region 10 Access Center
- Sacred Heart Rehabilitation Center
- Sanilac County Community Mental Health
- Sanilac County Human Development Commission
- St. Clair County Community College
- St. Clair County Community Mental Health
- St. Clair County Department of Health & Human Services
- St. Clair County Department of Veterans Affairs
- St. Clair County Health Department
- Senior Life Solutions
- Spero Pregnancy Center
- Teen Health Clinic
- United Way of St. Clair County
- Visiting Physicians
- YMCA of the Blue Water Area

VI. 2016 CHNA EVALUATION OF IMPACT

The 2016 CHNA and Implementation Strategy prioritized the major issues impacting the community we serve. Criteria included the number of persons affected by the various factors analyzed, the seriousness of the issues, whether the health needs particularly affected persons living in poverty or reflected other disparities, and the availability of community resources to address the needs. Strategic goals, community input and a review of the existing community benefit activities also guided this plan.

Five significant health needs were identified for 2016:

1. Poor management of chronic health conditions
2. High incidence of unhealthy behaviors
3. High incidence of injury/trauma
4. Lack of access to primary and specialty providers
5. Barriers to accessing accurate, evidence-based health information

2016-2019 CHNA EVALUATION OF IMPACT	
ACTION PLAN #1: CHRONIC DISEASE MANAGEMENT	
Goal: Promote health and reduce chronic disease through education programs and screening programs to prevent, detect and manage chronic disease.	
IMPLEMENTATION STRATEGIES:	INITIATIVES: (October 1, 2016—August 30, 2019)
Provide evidence-based screenings for early identification	<ul style="list-style-type: none"> • Blood pressure screenings: 169 people screened. • Low dose CT for lung cancer: In 2017, 161 LDCT's were completed, with 2 positive lung cancers diagnosed. In 2018, 206 LDCT's were completed, with 6 positive lung cancers diagnosed. • Prostate (PSA): Annual health program for men provided health education. In 2017, 48 men were screened, 6 were high. In 2018, 58 men were screened, 11 had abnormal results. PSA screenings were discontinued in 2019. • Teen heart screening: August 2017, 126 teens were screened, 89 ECGs completed, 7 were positive. 70% of participants referred to PCP for follow up based on screening criteria. • Skin cancer screening: May 2018, 163 people screened, 17 were positive and required follow-up, of which 6 patients had basal cell cancer. • Free mammogram screenings: In 2016, 15 women were screened, 1 required further studies, all negative. In 2017, 15 women were screened, 2 required further studies, all negative. In 2018, 17 women were screened, 5 required further studies, all negative. • McLaren Port Huron Industrial Health provides occupation health services for approximately 700 area employers. Services include physicals, substance abuse testing and work-related injury treatment. During this CHNA period, 20 education programs and screenings that focus on healthy lifestyles were provided.
Offer chronic disease management programs and support groups including diabetes, cancer, stroke, bariatric, heart disease, Alzheimer's disease and Parkinson's disease	<ul style="list-style-type: none"> • Education programs are offered at the hospital and throughout the community on diabetes prevention and management. The diabetes support group was discontinued in March 2018. During this CHNA period, 16 community education programs were held, reaching 515 people. • Support groups are provided by hospital staff for cancer for women, stroke, bariatrics, heart disease, Alzheimer's disease and Parkinson's disease. The cancer care partner support group was discontinued in 2017. • Eight education programs for Alzheimer's disease were provided, reaching 191 people. • Six education programs on heart disease were provided, reaching 405 people. • Stroke education was provided at six events, reaching 400 people. • An asthma presentation was provided at a local manufacturing company, 10 people reached. • Five Community CPR courses were provided, reaching 66 people.
Expand services through the cancer center and provide access to clinical trials	<ul style="list-style-type: none"> • The Karmanos Cancer Institute at McLaren Port Huron opened in July 2016. • In March 2017, there were four clinical trials available for medical and radiation oncology. That has grown to over 24 at present with another 11 anticipated to open in 2019. • Cancer support group for women is offered monthly, reaching 309 women. • Breast cancer survivor program was offered annually, reaching 346 people. • A cancer survivor picnic was offered in June 2019, reaching 125 people.

Maintain standards and certifications for Centers of Excellence	<ul style="list-style-type: none"> McLaren Port Huron has a strong history of providing quality, compassionate care to the community and has earned repeated recognition for both clinical excellence and patient safety from nationally renowned health care rating organizations.
Decrease preventable hospital admissions through education and partnerships with local home care agencies	<ul style="list-style-type: none"> Wellop Community Connect program started to assist patients with heart failure and to reduce readmissions. A robust database of resources is available with information gathered from 2-1-1, the Senior Resource Guide, and other sources. Foundation purchased scales for CHF patients. A “passport” was created that patients can share with every provider that contains medication lists, ejection fraction and other pertinent information. McLaren Port Huron continues to work with skilled nursing facilities to improve the transition of care by standardizing education packets. This will ensure patients are hearing the same education no matter where they go post discharge. McLaren Port Huron continues to work on improving timeliness that patients are seen in the physician’s office after discharge or seen by home care agencies. All high-risk patients who receive home care are designated by case manager to be seen within 24 hours of discharge and then three times within the first week after discharge.
<p>Other Initiatives:</p> <ul style="list-style-type: none"> To meet the state requirements of including CPR instruction before graduating high school, a partnership with the Port Huron Area Schools began in the fall of 2017. To date, 1,321 students have been provided with CPR training. 	

2016-2019 CHNA EVALUATION OF IMPACT	
ACTION PLAN #2: HEALTHY BEHAVIORS	
GOAL: Improve the health of the community by addressing the unhealthy behaviors to protect the health, safety, and quality of life for the community.	
IMPLEMENTATION STRATEGIES:	INITIATIVES: (October 1, 2016—August 30, 2019)
Continue to offer smoking cessation programs	<ul style="list-style-type: none"> No Butts About It, a one session smoking cessation program was provided to 13 patients. It was discontinued at the end of 2018. In January 2019, we began to offer a quarterly four-session program, FreshStart. Five people began the program and two completed all four sessions. An additional three people began the program in August 2019. Three vaping presentations were provided at the request of local school districts in an to identify the devices as well as to share the harms associated with vaping. 164 people participated. The Great American Smokeout is promoted annually through social media and to all hospital employees. Sponsored <i>Escape the Vape</i> program with the Health Department. The sponsorship awarded prizes to students that participate in a drawing contest as well as providing funds for the Health Dept to purchase education materials. Referrals to the Michigan Tobacco Quit Line increased from 29 (SCC) and 12 (SN) in FY’17 to 93 (SCC) and 21 (SN) in FY’18 per the County Demographic Summary Report. FY’19 data was not released at the time of this CHNA report.
Continue to offer bariatric, nutrition services and physical activity programs	<ul style="list-style-type: none"> McLaren Port Huron continues to provide bariatric services including surgery, support groups and nutrition counseling.

	<ul style="list-style-type: none"> • Healthy Teen Day is held twice a year at Port Huron Northern High School. During this CHNA period, 960 students were reached at six events. Students participate in screenings: BP, BMI & peak-flow and are provided education on smoking prevention and the risk of tattoos. • Five education programs related to nutrition were provided, reaching 148 people. • Cooking Matters, a six-session class taught in partnership with the MSU Extension was offered in August 2019, 18 people participated. • The Children’s Fun & Fitness Festival was held on April 6, 2019. This program focuses on teaching healthy habits and lifestyles. 259 children attended, 589 people in total. • The Working on Wellness program at McLaren Port Huron provides an annual walk club to employees. In 2017, there were 186 participants; 2018: 132 participants; 2019: 51 participants. • The Working on Wellness program at McLaren Port Huron provides an annual program promoting weight loss. In 2017, 70 employees entered, losing 451 pounds; 2018: 98 employees, losing 775 pounds; 2019: 70 employees, losing 551 pounds.
Outpatient counseling	<ul style="list-style-type: none"> • Outpatient counseling has provided a variety of classes on chronic disease management, supporting a loved one during addiction, coping with stress and grief support. • Depression screenings are provided annually. In 2016, 202 people were screened and 64 were referred for follow-up; 2017: 103 screened, 59 referred; 2018: 112 screened, 68 referred.
Collaborate with community partners to promote community awareness and education to reduce alcohol, tobacco and non-medical prescription drug use/abuse	<ul style="list-style-type: none"> • McLaren Port Huron is an active member of community workgroups including the Smoke Free Team, the Prescription Drug Abuse Committee, the youth Substance Prevention through Early Action and Knowledge (SPEAK) Coalition, and the Community Services Coordinating Body. • PATH for Chronic Pain Personal Action Toward Health program in partnership with MSU Cooperative is scheduled to begin in September 2019.
<p>Other Initiatives:</p> <ul style="list-style-type: none"> • In 2019, Family Birthplace partnered with the State of Education to focus on neonatal abstinence syndrome (NAS) in the community, coordinating a focus on THC/marijuana education for expectant moms. • Childbirth education programs are provided in person or online. During this CHNA period, 135 people participated. 	
<p>Data Comparison 2016 to 2019—County Health Rankings for St. Clair County (SCC) and Sanilac County (SN):</p> <ul style="list-style-type: none"> • Smoking rates have increased in SCC from 17% to 20% and have stayed the same (18%) in SN. • Obesity rates have remained stable at 32% in SCC and have decreased in SN from 34% to 31%. • Physical inactivity has increased in both counties; SCC from 24% to 27% and SN from 22% to 25%. • Access to exercise has improved in both counties; SCC 68 to 73% and SN 13 to 39%. 	

2016-2019 CHNA EVALUATION OF IMPACT	
ACTION PLAN #3: HEALTH PREVENTION & MAINTENANCE	
GOAL: Continue to expand trauma program to reduce the complications and improve management of trauma patients.	
IMPLEMENTATION STRATEGIES:	INITIATIVES: (October 1, 2016—August 30, 2019)
Provide education programs on fall prevention and awareness	<ul style="list-style-type: none"> • Four Fall Risk Assessments programs were provided, reaching 43 people. • AARP smart driver courses were provided annually, reaching 58 people. • Four programs on safety and trauma prevention were provided, reaching 79 people.

Provide Matter of Balance education programs	<ul style="list-style-type: none"> The Matter of Balance series was offered twice during this CHNA period, reaching 19 people.
Continue to assist with helmet safety education and helmet distribution	<ul style="list-style-type: none"> The helmet safety program reached 4,133 people during this CHNA period. 1,109 bike helmets were provided at no cost. The program was brought into 22 schools and 24 community programs.
<p>Other Initiatives:</p> <ul style="list-style-type: none"> McLaren Port Huron is verified as a Level III Trauma Center by the American College of Surgeons (ACS) and the Michigan Department of Health and Human Services. McLaren Port Huron Trauma Department received three Stop the Bleed program training kits. Four education programs have been provided, reaching 122 people. 	

2016-2019 CHNA EVALUATION OF IMPACT	
ACTION PLAN #4: ACCESS TO CARE	
GOAL: Improve access to comprehensive quality health care services.	
IMPLEMENTATION STRATEGIES:	INITIATIVES: (October 2016-September 2019)
Increase the number of primary and specialty care providers in targeted communities.	<ul style="list-style-type: none"> McLaren Port Huron added 124 medical providers during this CHNA period, which includes nine NPs and 11 Pas, as well as physicians in family medicine (3), internal medicine (2), psychiatry (4) and neurology (4).
Continue to collaborate with hospitals, health department, and other regional stakeholders to improve health outcomes	<ul style="list-style-type: none"> McLaren Port Huron works collaboratively with various agencies and organizations that share a common vision – to improve the health status of individuals residing in St. Clair and Sanilac counties. McLaren Port Huron actively participates in a variety of community workgroups and contributed to the St. Clair County Community Health Needs Assessment and Community Health Improvement Plan.
Collaborate with mental health, primary care, and other community stakeholders to address behavioral health including training, intervention and treatment	<ul style="list-style-type: none"> McLaren Port Huron provides a full spectrum of psychiatric and mental health services including Emergency, Inpatient, and Outpatient Behavioral Counseling. McLaren Port Huron works collaboratively with various agencies, organizations and community workgroups that focus on behavioral health.
<p>Data Comparison 2016 to 2019—County Health Rankings for St. Clair County (SCC) and Sanilac County (SN):</p> <ul style="list-style-type: none"> The number of primary care physician to resident has worsened in both counties. SCC 1,980:1 to 2,020:1 and SN 3,490:1 to 3,760:1 The number of mental health providers to resident has improved in both counties. SCC 460:1 to 420:1 and SN 880:1 to 700:1. 	

2016-2019 CHNA EVALUATION OF IMPACT	
ACTION PLAN #5: HEALTH INFORMATION	
GOAL: Improve access to health information.	
IMPLEMENTATION STRATEGIES:	INITIATIVES: (October 1, 2016—August 30, 2019)
Increase access to health information through the patient health record	<ul style="list-style-type: none"> In quarter three of FY2016, a total of 3,361 people had access to the EMR. There were an additional 11,812 new enrollments from 10/1/16 – 6/30/19.
Offer counseling to obtain health insurance through the exchange	<ul style="list-style-type: none"> Insurance counseling that was available through the exchange was offered in the Lang Library until it closed on 9/30/2016. ADVOMAS, Michigan’s first health care eligibility advocacy company began working with Port Huron Hospital (now McLaren Port Huron) in 1995. The Eligibility Specialist works on-site in the Emergency Department and with inpatient accounts, assisting patients with their

	<p>medical bills if they don't have insurance or if there is a possible other source to pursue. During this CHNA period 2,791 patients were helped with their medical bills.</p> <ul style="list-style-type: none"> • The Michigan Medicare and Medicaid Assistance program has provided 141 one-on-one counseling sessions, assisting people navigating Medicare coverage and in selecting supplemental insurance. An additional 43 people attended Medicare & Medicaid education programs.
Today's Health television programming series	<ul style="list-style-type: none"> • Today's Health airs weekly on Comcast channel 12 six times per week, on Port Huron Schools TV - The Wave eight times per week and throughout the weekend, Marysville Public School Comcast channel 6 various times throughout the week, Lexington - Croswell/Lexington Cable System channel 6 six times per week, Brown City, Capac, Peck, Yale, Marlette - Cable system channel three times daily, and Armada, Richmond, Casco and Lennox Comcast channel 6, at various times throughout the week.
In Good Health community newsletter publication	<ul style="list-style-type: none"> • In Good Health is printed quarterly and is mailed to over 20,000 households. Additional copies are distributed throughout the hospital, at community health centers, and other key locations.
Continue to evaluate current trends and topics relevant to our community and provide educational programs to address these issues	<ul style="list-style-type: none"> • Members of the community are encouraged to offer suggestions for future health programs and screenings by sending comments via the website and through surveys available at community events.
<p>Other Initiatives:</p> <ul style="list-style-type: none"> • A Palliative Care program was offered in the community. 68 individuals watched the Being Mortal documentary and participated in the discussion that followed. 35 individuals attended a presentation by an expert in Palliative Care, as well as 55 health care professionals. 	
<p>Data Comparison 2016 to 2019—County Health Rankings for St. Clair County (SCC) and Sanilac County (SN):</p> <ul style="list-style-type: none"> • The percentage of uninsured has improved in both counties. SCC from 12% to 7% and SN from 15% to 8%. 	

VII. Community Collaboration

Beyond organizing hospital workgroups and community focus groups to help prioritize needs for the Implementation Strategy, McLaren Port Huron also works collaboratively with various agencies and organizations that share a common vision – to improve the health status of individuals residing in St. Clair and Sanilac counties.

The goal of these partnerships is to sponsor events and/or fund causes that provide education, enrichment and access to care. In return, the funding of more than \$80,000 between 2016-2019, supports the mission of these organizations and helps provide resources to the community that McLaren Port Huron does not specifically offer. These causes align with McLaren Port Huron's Implementation Plan strategies related to access to care, chronic disease management, healthy behaviors and health prevention and maintenance.

Strategy	Cause	2016	2017	2018	TOTAL
Chronic Disease Management	American Cancer Society's Relay For Life	\$2,500	\$2,500	\$2,500	\$7,500
	Leukemia & Lymphoma Society Leukemia Cup Regatta	\$500		\$500	\$1,000
Healthy Behaviors / Health Prevention and Maintenance	A Beautiful Me Avante Garde Hair Show		\$3,000		\$3,000
	American Heart Association Jump Rope for Heart		\$5,000	\$5,000	\$10,000
	City of Port Huron Recreation Walk Michigan Program	\$1,500	\$1,500	\$1,500	\$4,500
	March of Dimes Signature Chefs Event		\$5,000		\$5,000
	Mid City Nutrition Empty Bowls Fundraiser	\$500	\$500	\$500	\$1,500
	Preeclampsia Foundation Promise Walk		\$250	\$250	\$500
	St. Clair County Council on Aging Walk for Meals	\$250	\$250		\$500
	St. Clair County Medical Society Foundation Walk for Summer Reading	\$2,000	\$2,000	\$2,000	\$6,000
	YMCA of the Blue Water Area Healthy Kids Day			\$1,000	\$1,000
	YMCA of the Blue Water Area Night of Champions		\$1,000		\$1,000
	YMCA of the Blue Water Area Open Arms Campaign			\$750	\$750
Access To Care	Betty Kearns Little Black Dress	\$500	\$500	\$2,000	\$3,000
	Blue Water Hospice/VNA River Run & Walk	\$250	\$250	\$250	\$750
	Blue Water Recovery & Outreach Center Softball Tournament			\$500	\$500
	Dementia & Alzheimer's Resource Committee Alzheimer's Walk & Expo (2018)	\$1,500	\$1,500	\$2,500	\$5,500
	Downriver Community Services Health Fair	\$500			\$500
	Hunter Hospitality House 5K Run		\$500	\$500	\$1,000
	Hunter Hospitality House Hope Blooms		\$1,200	\$2,580	\$3,780
	Levi's Link Fun Run			\$1,000	\$1,000
	Physician Health Care Network Dyslexia Casino Night			\$1,500	\$1,500
	Sanborn Gratiot Memorial Home Fundraiser Luncheon			\$250	\$250
	St. Clair County Child Abuse & Neglect Council Dinner for Kids Sake	\$500	\$500	\$1,200	\$2,200
	St. Clair County Child Abuse & Neglect Council Roof Sit	\$1,000	\$1,000	\$1,000	\$3,000
	St. Clair County Child Abuse & Neglect Council Tee Off Fore Kids			\$900	\$900
	St. Clair County Community Mental Health Run for Recovery		\$250	\$250	\$500
	St. Clair County Community Services Coordinating Body Housing Symposium		\$250		\$250
	St. Clair County Council on Aging Senior Power Day	\$300	\$400	\$400	\$1,100
	Taking a Shot at Breast Cancer 5K Run & 2 Mile Walk	\$1,000	\$1,000	\$1,000	\$3,000
	Tee It Up to Beat Cancer Golf Outing		\$900	\$1,000	\$1,900
	United Way Campaign Sponser	\$2,000	\$3,000	\$3,000	\$8,000
		TOTAL FUNDING:	\$14,800	\$32,250	\$33,830

VIII. Approval

The McLaren Port Huron Board of Trustees reviewed and approved the 2019 Community Health Needs Assessment and the Implementation Strategy at the September 18, 2019 Board of Trustees Meeting.

McLaren Port Huron Board of Trustees Approval:



Jennifer Montgomery, President & CEO

9/18/2019

Date

The 2019 Community Health Needs Assessment and the Implementation Strategy was posted to the McLaren Port Huron website on October 1, 2019.



PORT HURON

Implementation Strategy

(To be executed Oct. 1, 2019-Sept. 30, 2022)

TABLE OF CONTENTS

I. Organization Mission..... 33

II. Community Served 33

III. Implementation Strategy Process..... 34

IV. Prioritized Health Needs..... 34

V. Significant Health Needs to be Addressed..... 35

- Promoting healthy behaviors
- Chronic disease prevention, maintenance and treatment
- Access to high quality health care and prevention services

VI. Unaddressed Health Needs & Rationale 37

VII. Next Steps for Action Items..... 38

VIII. Adoption..... 38

This Implementation Strategy report summarizes how McLaren Port Huron will develop, conduct, and sustain community benefit programs that 1) address prioritized health needs and 2) respond to other identified community health needs. Execution will begin Oct. 1, 2019-Sept. 30, 2022.

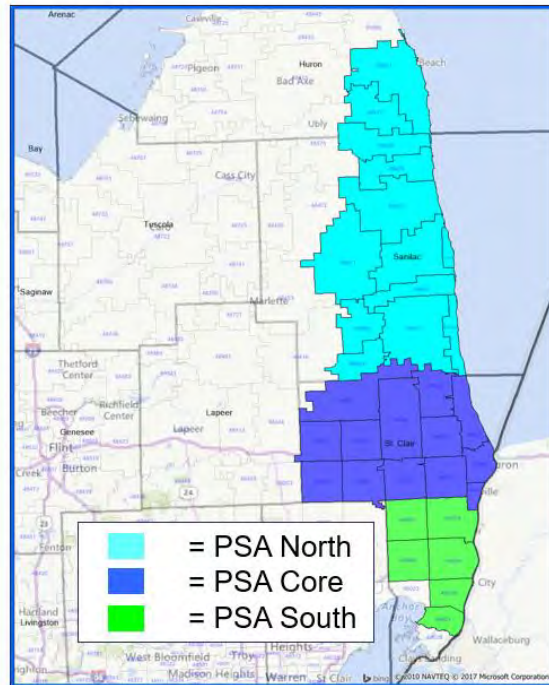
I. Organization Mission

McLaren Health Care, through its subsidiaries will be the best value in health care as defined by quality outcomes and cost.

McLaren Port Huron is committed to caring for its patients and community members by providing free health screenings, community education classes, programs and outreach events to thousands of underserved individuals annually in St. Clair and Sanilac counties.

II. Community Served

McLaren Port Huron is located in northeast St. Clair County. Market share analysis indicates the largest area surrounding Port Huron and heading west, south and north into Sanilac County.



Market Share	2016	2017	2018	2019
Core	52.01%	53.33%	55.17%	56.59%
North	40.16%	45.0%	42.78%	41.30%
South	16.01%	17.55%	19.56%	20.91%

For the purpose of this Implementation Strategy, community is defined as PSA core, PSA north and PSA south services areas, including St. Clair and Sanilac counties. The target population of the assessment reflects an overall representation of the communities served by McLaren Port Huron.

III. Implementation Strategy Process

A hospital CHNA workgroup was employed to develop this CHNA, including: 1) quantitative data review and analysis, 2) literature review to identify state and national benchmarks and evidence-based strategies that relate to the indicators/metrics measured through the quantitative data source, and 3) qualitative data provided through community dialogue sessions with local residents and then filtering those needs against a set of criteria.

Health indicators, such as leading causes of death, disease rates, health risk behaviors, access to health care and review of county health rankings were collected and analyzed. Combining this analysis, input from the health and human service public agencies, community-based organizations, policy makers, and local residents, provided a basis to prioritize the current health of the community and how McLaren Port Huron could best impact these needs. This allowed for data collection across a broad range of indicators relating to overall population health, social determinants of health including geographic/location difference in health outcomes, and the needs of disadvantaged populations including uninsured persons, low-income persons, and minority groups within St. Clair and Sanilac counties. This workgroup prioritized/ranked the list of health needs via a multiple-criteria scoring system.

The McLaren Port Huron community benefit team also reviewed its existing community benefit activities to assess whether these services were providing value consistent with the needs of the community and its residents. Specifically, these activities considered key health factors and outcomes resultant from associated demographic, social, and economic impacts, the physical environment, health care access and resource coordination, and health behavior trends.

The McLaren Port Huron Board of Trustees reviewed and approved the Implementation Strategy at its September Board of Trustees Meeting on September 18, 2019.

IV. Prioritized Health Needs

McLaren Port Huron utilized key findings in the Community Health Needs Assessment to identify and prioritize an implementation strategy.

The CHNA team at McLaren Port Huron evaluated data and input sources collected to prioritize the major issues impacting the community we serve. Criteria included the number of persons affected by the various factors analyzed, the seriousness of the issues, whether the health needs particularly affected persons living in poverty or reflected other disparities, and availability of community resources to address the needs. This process identified the following priority issues for the community. Strategic goals, community input and a review of the existing community benefit activities also guided this plan.

Three significant health needs were identified:

1. Promoting healthy behaviors
2. Chronic disease prevention, maintenance and treatment
3. Access to high quality health care and prevention services

McLaren Port Huron’s review of current community benefit programs found that the hospital is meeting existing community needs through provision of charity care; financial and in-kind contributions; community building activities; and a multitude of community education programs. These activities were determined to be additional priorities for our hospital’s community benefit plan.

V. Significant Health Needs to be Addressed

McLaren Port Huron will work in partnership with public and community resources to address these needs. The overall goal of the following action plan is to improve the overall health factors and behaviors of St. Clair and Sanilac counties, leading to improvements in health behaviors and outcomes.

1. Promoting healthy behaviors while addressing:	
Obesity & Overweight	
Long term goal: Reduce obesity rates among at-risk populations.	
Intermediate goals	Increase physical activity among at-risk populations.
	Increase healthy nutrition among at-risk populations.
Strategies	Provide education on the importance of obesity prevention; including programs that address healthy eating and physical activity.
	Promote referrals for obesity prevention and treatment.
	Promote the Working on Wellness <i>Biggest Loser</i> program for weight loss.
	Participate in community coalitions and partnerships that promote community-wide campaigns on the benefits of healthy eating and physical activity as part of a broad multicomponent approach.
	Continue to provide and monitor the Bariatric program; including nutrition counseling, support programs, and evaluating emerging trends in weight management.
	Provide healthy foods and beverage options and promote healthy hospital environments, including water refill stations.
Community Resources	YMCA SCC Health Department
	Weight Watchers SCC Medical Society
	Council on Aging SCC Parks & Recreation
	Healthy Lifestyles Workgroup MSU Cooperative Extension
	Community Gardens Farmers Market
	Food Pantry & Soup Kitchens American Heart Association

Smoking & Vaping	
Long term goal: Reduce tobacco and vaping rates among at risk populations.	
Strategies	Promote referrals to tobacco cessation programs; such as tobacco quit line, self-help pamphlets or behavioral support programs.
	Support state and community-level cessation and prevention interventions such as Tobacco 21 initiatives.
	Collaborate with community partners to promote community awareness and education to reduce tobacco & vaping use.
Community Resources	American Cancer Society MDHHS
	SCC Smoke Free Team SCC Health Department
Opioid Misuse & Abuse	
Long term goal: Reduce opioid misuse and abuse among at risk populations.	
Strategies	Participate in community coalitions and partnerships to address behavioral health including training, intervention and treatment as part of a broad multicomponent approach.
	Collaborate with community partners to promote community awareness and education to reduce non-medical prescription drug use/abuse.
Community Resources	SCC Rx Drug Abuse Committee
	SCC Prescription Drug Collection program
	SPEAK—Youth Substance Prevention through Early Action & Knowledge

2. Chronic disease prevention, maintenance and treatment	
Long term goal: Increase opportunities for residents to improve and manage health issues and prevent disease. This includes but is not limited to heart disease and stroke, cancer, chronic respiratory lung disease and diabetes.	
Strategies	Provide evidence-based screenings for early identification.
	Provide programs to teach patients about chronic disease, healthy behavior changes, medication adherence, skills for self-management and support.
	Promote tobacco cessation strategies.
	Collaborate with other regional stakeholders to improve health outcomes related to chronic disease.
Community Resources	American Cancer Society American Diabetes Association
	American Heart Association American Lung Association
	Karmanos Cancer Institute Public Health

3. Access to high quality health care and prevention services	
Long term goal: Increase opportunities for all residents to attain highest level of health, including injury prevention and equal access to health care and mental health services.	
Trauma & Injury Prevention	
Strategies	Provide fall prevention education programs and screenings.
	Provide helmet safety education and helmet distribution through schools and community programs.
Mental Health	
Strategies	Provide evidence-based screenings for early identification.
	Provide a full spectrum of psychiatric and mental health services including emergency, inpatient, and outpatient behavioral counseling.
	Collaborate with mental health, primary care, and other community stakeholders to address behavioral health intervention and treatment.
Medical Care	
Strategies	Monitor trends in primary and specialty care providers and continue to recruit, especially in targeted communities.
	Monitor insurance coverage rates and access to the entire care continuum (from clinical preventive services to long-term and palliative care).
	Monitor and address disparities that affect access to health care (e.g., race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location).
	Explore and monitor the use of telehealth as an emerging method of delivering health care.
	Continue to solicit and consider input from the community through surveys and/or focus groups.
Community Resources	MDHHS Regional Trauma Network
	St. Clair County Community Mental Health
	St. Clair County Medical Society

VI. Unaddressed Health Needs and Rationale

The 2016 St. Clair County CHNA and 2019 CHIP included health needs that will not be addressed by the McLaren Port Huron CHNA and Implementation Strategy report. These include:

- *Immunizations*
- *Lack of dentists accepting Medicaid*
- *Quality of neighborhoods*

The St. Clair County Health Department continues to monitor immunization rates and the number of immunization wavers. Immunizations are offered throughout the community. McLaren Port Huron will share information and provide education on immunizations as appropriate.

Proper dental care is vital to health. McLaren Port Huron will continue to monitor the need for dentists and support initiatives to improve access to dental care in our community.

While the quality of neighborhoods is a very important part of our community profile, improvement is beyond the scope of the hospital services.

Through review and analysis of noted partners engaged throughout the Community Health Needs Assessment process, it is agreed that all other health needs identified are being addressed through collaborative community efforts and all hospital facilities in St. Clair and Sanilac counties.

VII. Next Steps for Action Items

For each of the action area listed above, McLaren Port Huron will work with its area partners to:

- Identify any additional related activities being conducted by others in the community that could be built upon to increase strategic alignment.
- Develop and monitor measurable goals and objectives so that the effectiveness of these collaborative efforts can be measured.
- Build support and participate in community engagement effort for the noted initiatives within the community.

This 2019 implementation plan will be monitored to track successful outcomes and areas for additional improvement. McLaren Port Huron staff will work with regional partners, when appropriate, to secure funding for initiatives that improve health status. The plan and program methodology will be monitored and updated annually with a progress report.

VIII. Adoption

The Implementation Strategy was adopted by the McLaren Port Huron Board of Trustees on September 18, 2019.

McLaren Port Huron Board of Trustees Approval:



Jennifer Montgomery, President & CEO

9/18/2019
Date