

# Community Health Needs Assessment



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## Serving and Meeting the Needs of the Community

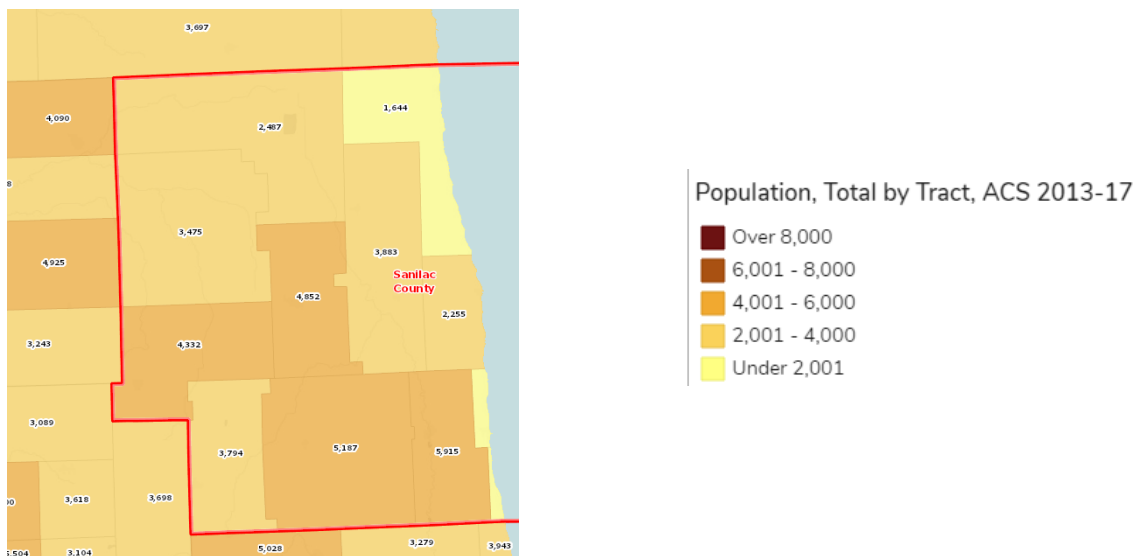
Deckerville Community Hospital has been serving the community for over 65 years. The hospital works hard to understand and respond to the needs of the community. It is the mission of Deckerville Community Hospital to provide quality, cost-effective primary care close to home, coordinate specialist care, and assist patients as they transition through various care continuums.

### Define the Community Served

Deckerville Community Hospital serves rural communities in Sanilac County and portions of Huron County. The hospital's service area includes numerous municipalities: Applegate, Carsonville, Croswell, Deckerville, Harbor Beach, Minden City, Palms, Port Sanilac, Ruth, Sandusky, and Snover. Based on census data for these municipalities, approximately 45,000 people live in the service area.

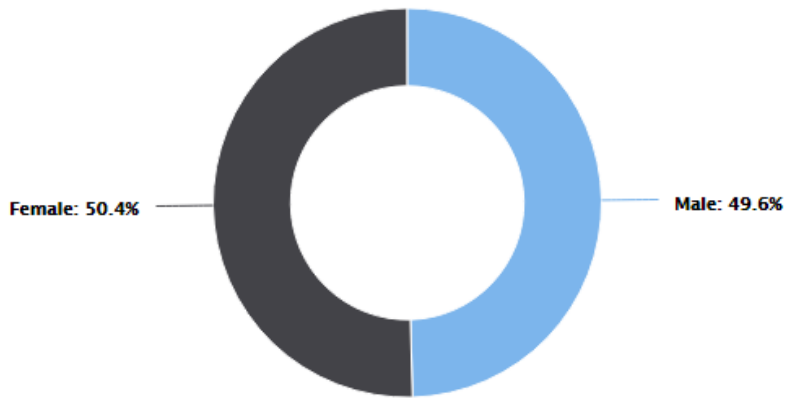
- 21.4% of the population is over age 65, 22% are under age 18, with a median age of 44.8 years
- The population has limited racial diversity of which 97% are Caucasian
- The service area has a college degree rate of 13.9%
- Median household income has increased to \$44,417, with 14.5% of the population living in poverty in 2018
- 7.5% of the population under age 65 years has no health insurance
- Females ages 25-34 are the largest demographic living in poverty (Sanilac County)
- The largest industries in Sanilac County are Manufacturing, Health Care, Social Assistance, and Retail Trade

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Sanilac County, MI	41,535	962.57	43.15
Michigan	9,925,568	56,559.36	175.49

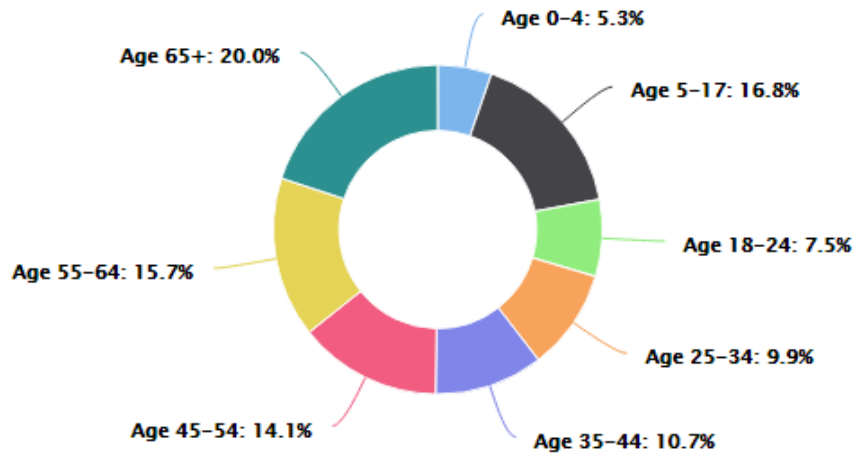


### Define the Community Served

Total Population by Gender  
Sanilac County, MI

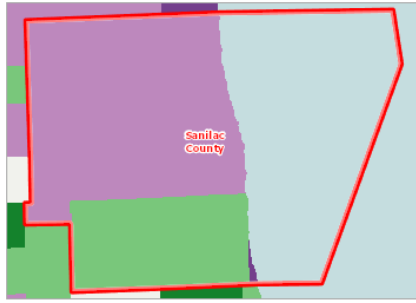


Total Population by Age Groups, Total  
Sanilac County, MI



## Define the Community Served

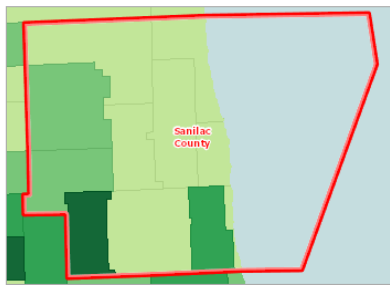
Data Source: US Census Bureau, Decennial Census, 2000 - 2010. Source geography: Tract → [Show more details](#)



Population Change, Percent by Tract, US Census 2000 - 2010

- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data
- Sanilac County, MI

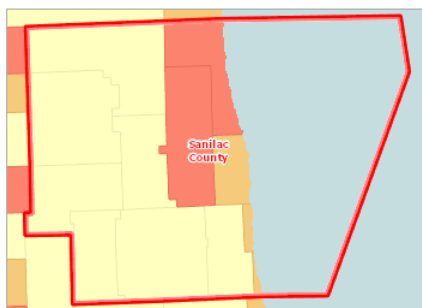
Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract → [Show more details](#)



Households with Children (Age 0-17), Percent by Tract, ACS 2013-17

- Over 35.0%
- 31.6 - 35.0%
- 28.1 - 31.5%
- Under 28.1%
- No Data or Data Suppressed
- Sanilac County, MI

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract → [Show more details](#)



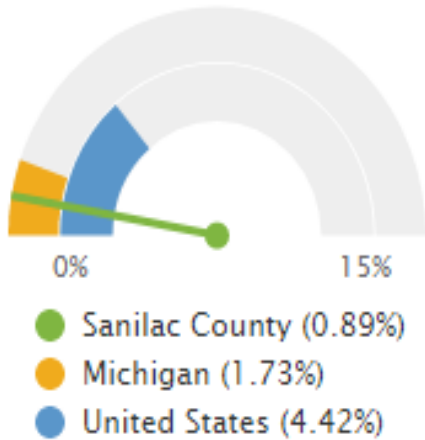
Veterans, Percent of Total Population by Tract, ACS 2013-17

- Over 13%
- 11.1 - 13.0%
- 9.1 - 11.0%
- Under 9.1%
- No Data or Data Suppressed
- Sanilac County, MI

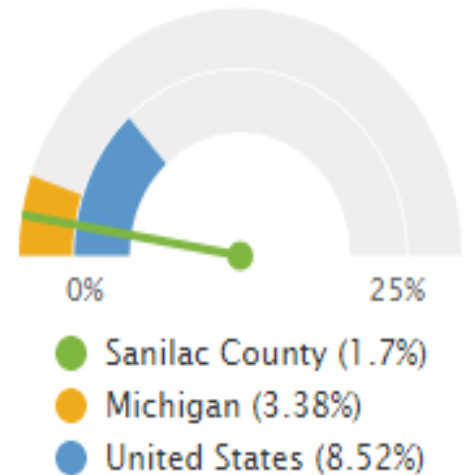


Define the Community Served

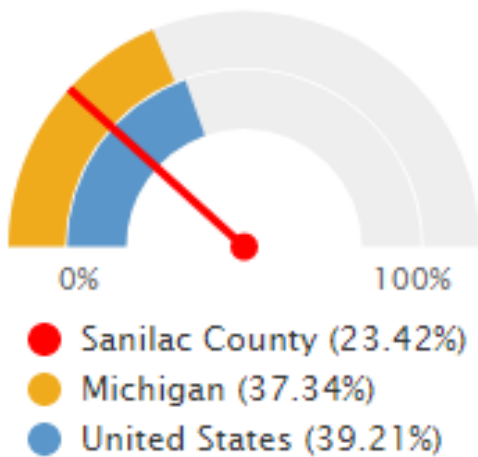
Percent Linguistically Isolated Population



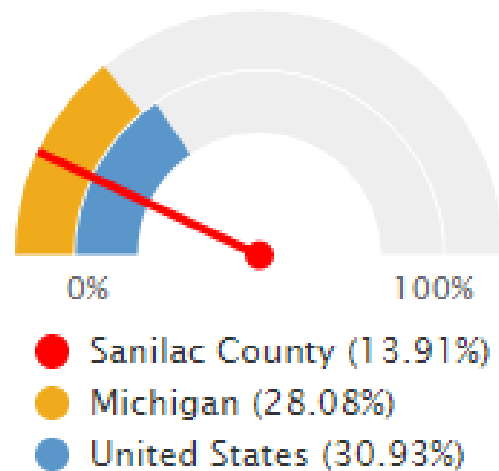
Percent Population Age 5+ with Limited English Proficiency



Percent Population Age 25+ with Associate's Degree or Higher

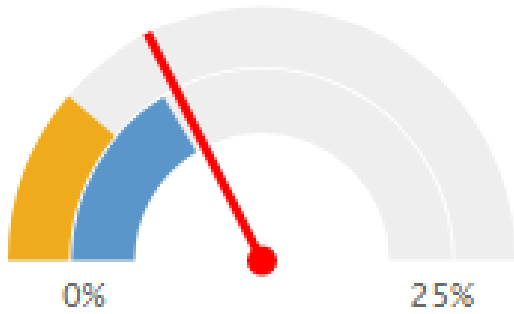


Percent Population Age 25+ with Bachelor's Degree or Higher



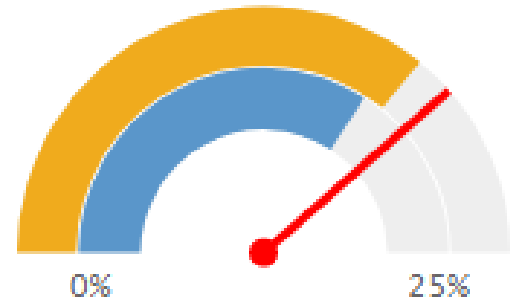
Define the Community Served

Percent Uninsured Population



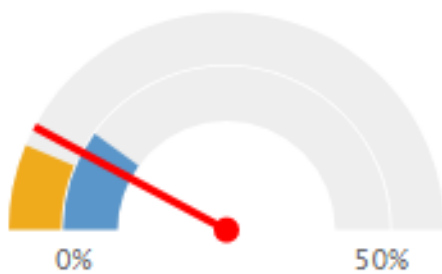
- Sanilac County (11.25%)
- Michigan (7.16%)
- United States (10.5%)

Percent of Insured Population Receiving Medicaid



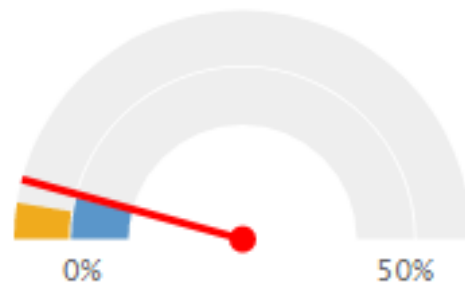
- Sanilac County (24.66%)
- Michigan (23%)
- United States (21.87%)

Percent Population Age 18-64 Without Medical Insurance



- Sanilac County (9.4%)
- Michigan (7.63%)
- United States (12.08%)

Percent Population Under Age 19 Without Medical Insurance



- Sanilac County (5.06%)
- Michigan (3.08%)
- United States (4.67%)



## What is a Community Health Needs Assessment

A Community Health Needs Assessment (CHNA) is required of tax-exempt hospitals as a result of the Patient Protection and Affordable Care Act. These assessments ensure that hospitals have the information they need to provide community benefits that meet the needs of their communities. It also provides an opportunity to improve the coordination of hospital community benefits with other efforts to improve community health.

The CHNA approach guides the team to choose priority health issues and create strategies to improve the health of the community. These strategies are organized into an implementation plan. Specific steps outlined by the IRS include:

1. Define the community it serves
2. Assess the health needs of that community
3. In assessing the needs of the community, solicit and take into account input received from persons who represent the broad interest of the community, including those with special knowledge and expertise in public health.
4. Document the CHNA in a written report that is adopted for the hospital by an authorized body of the hospital
5. Make the CHNA report widely available to the public.

## Process and Methods

Identifying the needs and concerns of the community is the first step in developing a needs assessment. Three types of data sources were utilized during the CHNA: public health statistics, focus group/stakeholder meetings, and community survey results. The team obtained the most recent data available. In addition to the hospitals data collection when developing the assessment, a four county assessment completed in 2018 by the Michigan Thumb Public Health Alliance was utilized. The Alliance is a partnership between local public health departments in Huron, Lapeer, Sanilac, and Tuscola counties. The full Alliance report and plan can be accessed at <https://www.mithumbpha.org/documents>. The Alliance conducted stakeholder conversations and surveyed the public, in addition to providing health outcome data. The 2018 Community Health Assessment Report which was prepared by the Michigan Thumb Public Health Alliance was utilized as a starting point for the DCH CHNA. Major health indicator data sources for the 2018 report included:

- Michigan Department of Health and Human Services: <http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>
- Michigan Behavioral Risk Factor Survey: [http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_5104\\_5279\\_39424-134707--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html)
- Michigan Profile for Healthy Youth: <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>
- County Health Rankings: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
- United States Census: [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)
- Great Start Data Set- Great Start Collaborative and compiled by the Michigan League for Public Policy

## Representing the Community and Vulnerable Populations

Surveys were distributed to patients, employees, and other community organizations representing the interest of our communities. This was achieved by distributing surveys to individuals in a variety of settings and capacities: senior citizens, teachers, village council, hospital auxiliary, etc. Between the Michigan Thumb Public Health Alliance and Deckerville Community Hospital, focus groups were conducted and surveys were collected. The table includes details on community input activities.

<b>Michigan Thumb Public Health Alliance</b>			
<b>Stakeholder Input</b>	<ul style="list-style-type: none"> <li>▪ 168 participants related to cardiovascular disease.</li> <li>▪ 154 participated related to preventable injury</li> <li>▪ Participants from Huron, Lapeer, Sanilac, and Tuscola Counties</li> </ul>	<b>June 2018</b>	Stakeholders were identified as agency and community leaders that have a wide knowledge base regarding regional priorities, the needs of vulnerable populations, and available local resources. Stakeholders were first invited to attend one of seven Community Conversations. Participants in the Community Conversations included human service agencies, hospitals, a physician, Emergency Medical Services, behavioral health agencies, Great Start Collaborative, education, government, law enforcement, and MSU Extension. A follow up online survey that aligned with the Community Conversation Design was later emailed to stakeholders that did not attend the meetings
<b>Community Survey</b>	<ul style="list-style-type: none"> <li>▪ Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties</li> <li>▪ 484 participants</li> <li>▪ County participation ranged between 76 and 186.</li> </ul>	<b>Sept 2018</b>	A public survey was distributed online and on paper. The survey had four sections: 1) general feedback on priorities, 2) cardiovascular disease, 3) senior injuries, and 4) impaired driving. The purpose of the survey was to gain a deeper understanding of contributing factors and community perceptions for priority issues. The questions on these surveys were guided by the data from the Stakeholder Conversations.
<b>Deckerville Community Hospital</b>			
<b>Community Survey</b>	158 people participated in the community survey representing the geographic service area of the hospital and all age groups.	<b>Jan-May 2019</b>	<p>A public survey was distributed on paper. The survey had eight sections:</p> <ol style="list-style-type: none"> <li>1. Community Health</li> <li>2. Quality of Life</li> <li>3. Availability of Health Services</li> <li>4. Safety/Environmental Health</li> <li>5. Delivery of Health Services</li> <li>6. Physical Health</li> <li>7. Mental Health and Substance Abuse</li> <li>8. Senior Populations</li> </ol> <p>The purpose of the survey was to better understand concerns of the community.</p>



## Assessing the Health Needs of the Community

Data collected by the team was compiled and organized for analysis and prioritization. Findings have been organized into the following sections:

1. Priorities for Thumb Region-Michigan Thumb Public Health Alliance
2. Community Feedback-Michigan Thumb Public Health Alliance
3. Priorities for Deckerville Community Hospital
4. Community Feedback-Deckerville Community Hospital

### Priorities for the Thumb Region

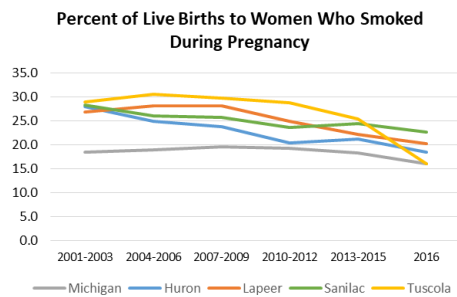
In order to more effectively address complex public health challenges, the health departments in Huron, Lapeer, Sanilac, and Tuscola Counties created the Michigan Thumb Public Health Alliance in 2015. In 2017, the Alliance embarked on an 18 month process guided by the Rural Healthy People 2020 report. The process involved compiling and analyzing data, prioritization, obtaining community input, and developing goals and objectives. Two documents resulted from the process. The sixty six page 2018 Community Health Assessment Report (CHA) includes a report on health indicators and community input and is available at [www.mithumbpha.org/documents](http://www.mithumbpha.org/documents). Alliance members agreed that all 20 priorities outlined in the Rural Healthy People 2020 publication were important to the health of local residents. Leaders also recognized that it would be impossible to target all twenty with focused change. In local communities some issues may have more compelling needs data than others. Goals and objectives were written for prioritized health issues. This section includes those goals and objectives and snapshots of the data used to identify those issues. As indicated below, some objectives were selected for all four counties and some were selected for only individual counties.

### Regional Goal 1: Improve Perinatal Health

#### Huron - Lapeer - Sanilac - Tuscola

Objective 1:1- Reduce smoking during pregnancy

Data Source: Michigan Dept. of Health and Human Services  
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>



#### Huron - Lapeer - Sanilac - Tuscola

Objective 1:2- Increase planned and initiated breastfeeding

Data Source: Michigan Dept. of Health and Human Services  
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

% of Mothers Planning to Breastfeeding					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2012	30.0	27.1	45.4	19.9	40.3
2016	28.1	21.8	37.2	20.3	35.7
% of Mothers Initiating Breastfeeding					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2012	40.3	48.4	32.0	53.9	36.1
2016	52.5	57.8	39.0	60.6	46.3

#### Lapeer - Sanilac

Objective 1:3- Increase access to prenatal care

Data Source: Michigan Dept. of Health and Human Services  
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

Percent of Live Births to Women With Less Than Adequate Prenatal Care (3 year average)					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2010-2012	18.0	29.8	30.5	24.3	29.4
2014-2016	19.5	32.3	33.1	33.3	32.5

Percent of Live Births to Women With Late or No Prenatal Care (3 year average)					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2010-2012	3.1	4.1	6.7	2.7	4.5
2014-2016	2.5	4	8.7	4.5	5.4

## Regional Goal 2: Reduce Adolescent Health Risks

### Huron - Lapeer - Sanilac - Tuscola

Objective 2:1- Decrease the use of tobacco and nicotine delivery devices by adolescents

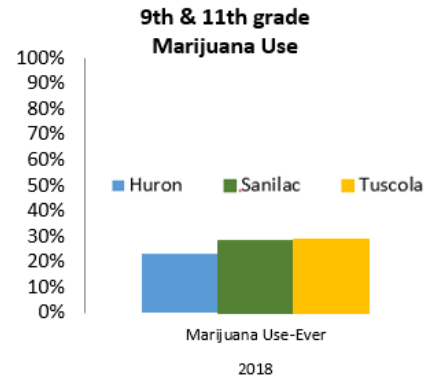
Data Source: Michigan Profile for Healthy Youth  
<https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

Michigan Profile for Healthy Youth % of students grade 9 and 11-Past 30 days					
2018	Huron	Lapeer	Sanilac	Tuscola	Michigan
Cigarette	11	NA	12	8	NA
E-Vaping	31	NA	36	32	NA

### Huron - Sanilac

Objective 2:2- Decrease marijuana use by adolescents

Data Source: Michigan Profile for Healthy Youth  
<https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>



## Regional Goal 3: Reduce Chronic Disease Deaths

### Huron - Lapeer - Sanilac - Tuscola

Objective 3:1- Decrease deaths from cardiovascular disease

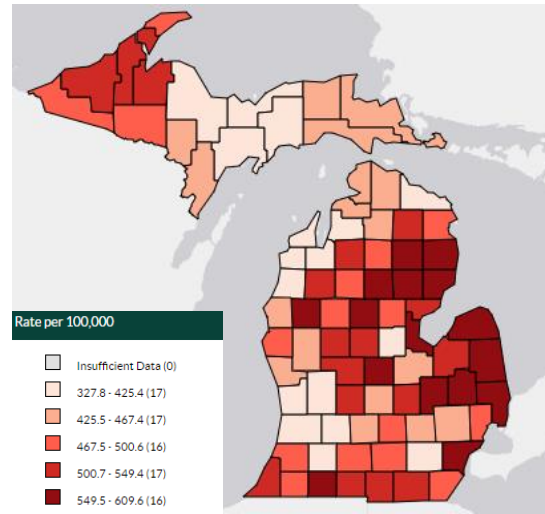
Data Source: Michigan Dept. of Health and Human Services  
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

Stroke- Age Adjusted Mortality Rate/100,000					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2002-2004	65.2	62.6	60.8	54.2	54.7
2014-2016	33.3	42.1	26.0	40.1	38.0

Objective 3:2- Decrease use of tobacco and nicotine delivery devices by adults

Percent of Adults engaged in Smoking					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2006-2012	16	17	18	17	21
2016	17	18	18	19	20

Data Source: Behavioral Risk Factor Surveillance System  
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

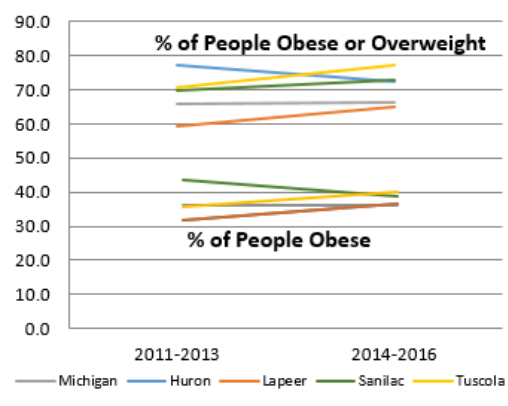


Objective 3:3- Decrease obesity

Data Source: Michigan Dept. of Health and Human Services  
[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_5104\\_5279\\_39424-134707--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html)

% of students grade 9 and 11 Obese or Overweight					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2016 SY	37.0	NA	NA	37.0	NA
2018 SY	37.0	NA	39.7	40.5	NA

Data Source: Michigan Profile for Healthy Youth  
<https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>



### Sanilac

Objective 3:6- Increase participation in physical activity

Data Source: Michigan Dept. of Health and Human Services  
[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_5104\\_5279\\_39424-134707--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html)

% of Adults who report No Leisure time Physical Activity					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2011-2013	40	21	21	31	24
2014-2016	21	26	29	35	25

**Regional Goal 4: Reduce Infectious Disease**

**Huron - Lapeer - Sanilac - Tuscola**

Objective 4:1- Increase adult immunization

Data Source: Michigan Dept. of Health and Human Services  
[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_5104\\_5279\\_39424-134707--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html)

% Had the Flu Vaccine in Past Year age >65					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2011-2013	45.8	46.9	43.6	45.5	56.7
2014-2016	*	52.0	*	60.6	57.1
% Ever Had Pneumonia Vaccine age >65					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2011-2013	61.4	65.1	66.7	53.8	67.5
2014-2016	*	59.5	*	69.1	71.3

**Regional Goal 5: Reduce the Impact of Substance Use Disorders**

**Huron - Lapeer - Sanilac - Tuscola**

Objective 5:1- Reduce substance use disorders

% of Adults Engaged in Excessive Drinking					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2006-2012	17	16	20	19	18
2016	19	22	21	22	21

Data Source: Behavioral Risk Factor Surveillance System  
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Drug Overdose Death rates/100,000					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2004-2010	6	12	11	10	12
2014-2016	16	11	13	11	20

Data Source: Michigan Department of Health and Human Services  
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

**Regional Goal 6: Reduce Injuries among Adults**

**Huron - Lapeer - Sanilac - Tuscola**

Objective 6:1-Reduce alcohol impaired accidents

% of Motor Vehicle Accidents Involving Alcohol					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2008-2012	20	22	30	37	31
2012-2016	36	32	30	30	29

Data Source: Center for Disease Control-Compressed Mortality  
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Objective 6:2- Decrease incidence of senior injuries

Unintentional Injuries Death Rate/100,000- Age 75+					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2002-2004	160	133	124	127	146
2014-2016	154	144	205	204	189

Data Source: Michigan Department of Health and Human Services  
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

**Additional Sanilac County Goals**

**Goal 7: Reduce Childhood Illness & Injury**

Objective 7:1-Increase children receiving immunizations

Data Source: Michigan Dept. of Health and Human Services  
 Great Start Data Set

% of Toddlers Ages 19-35 Months Who Are Immunized (4:4:1:3:3:1:4)					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
Dec 2012	78.8	64.1	74.2	74.2	74.3
Dec 2016	76.7	68.0	70.4	76.4	75.0

Objective 7:2-Increase lead testing for eligible children

Data Source: Michigan Dept. of Health and Human Services  
 Great Start Data Set

% of Medicaid-eligible 1-2 Year Olds Tested for Lead					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2011	49.6	29.6	25.9	30.5	39.9
2015	52.6	48.6	36.8	63.7	48.8

**Goal 8: Improve Mental Health**

Objective 8:1- Increase access to mental health services

Data Source: Health Resources and Services Administration  
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Mental Health Provider Rates Lower Rate Indicates Greater Access					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2013	2029	1400	1006	675	661
2017	1050	770	770	400	430



## Goal 9: Increase Oral Health

Objective 9:1- Increase access to oral health services

Data Source: Health Resources and Services Administration

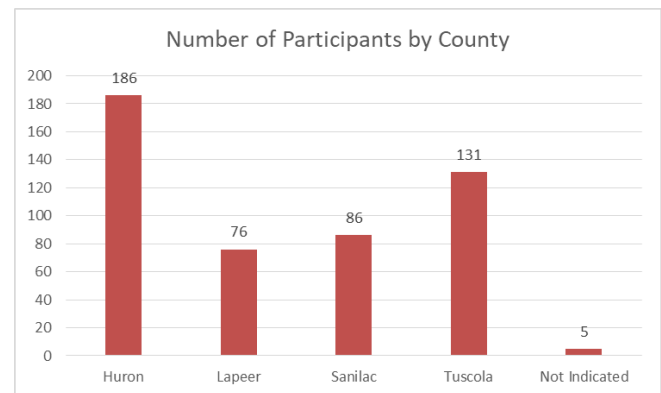
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Dental Provider Rates					
Lower Rate Indicates Great Access					
	Huron	Lapeer	Sanilac	Tuscola	Michigan
2010	2542	2450	3311	3093	1589
2015	1990	2160	3460	2830	1420

## Community Feedback- Michigan Thumb Public Health Alliance

Obtaining community input is a key step in effective Community Health Improvement Planning. It is challenging to collect sufficient data from the community and from various sub-populations. The length of a survey has an inverse relationship to the number of individuals willing to complete the survey. With this factor in mind, the Michigan Thumb Public Health Alliance choose to focus community input efforts on health issues that quantitative data indicated were a disparity for the region: Cardiovascular Disease and Preventable Injuries. Two target groups were identified for input. Full reports are available by contacting county health departments.

1. Stakeholders: Stakeholders were defined as agency and community leaders that have a wide knowledge base regarding regional priorities, vulnerable populations, and available local resources. Stakeholders were first invited to attend one of seven Community Conversations. Participants in the Community Conversations included human service agencies, hospitals, physician, Emergency Medical Services, Behavioral Health Agencies, Great Start Collaborative, Education, Government, Law Enforcement, and MSU Extension. A follow up online survey that aligned with the Stakeholder Community Conversation Design was later emailed to stakeholders that did not attend the meetings. The purpose of the conversations and survey were to:
  - a. Obtain input on the priorities identified during data review
  - b. Understand perceptions about contributing factors of cardiovascular disease and preventable injuries
  - c. Learn more about what resources already exist to address these issues and where gaps exist
  - d. Gather suggestions for ways to improve these health issues
2. Residents of the Region: A public survey was distributed online and on paper. The survey had four sections: 1) general feedback on priorities, 2) Cardiovascular disease, 3) senior injuries, and 4) impaired driving. The purpose of the survey was to gain a deeper understanding of contributing factors and community perceptions for priority issues. The questions on these surveys were guided by data from the Community Conversations. Across all four counties, 484 individuals participated in the survey. Women represented 88% of the participants. Seniors over age 65 were the smallest age group, only 10%. County participation ranged between 76 and 186.



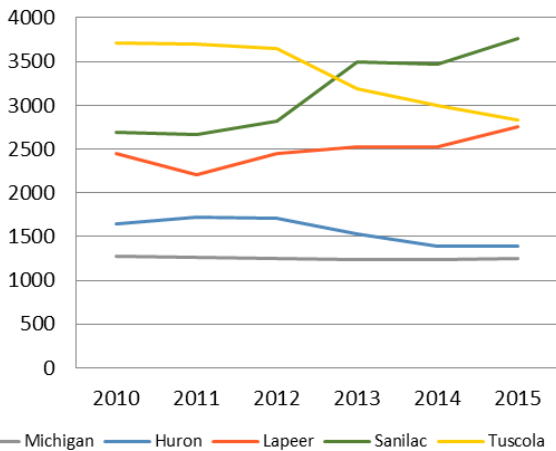
**Priorities for Deckerville Community Hospital:**

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 be more effectively managed when the priorities are fewer in number. In review of existing efforts, the team determined that Deckerville Community Hospital would have the greatest impact on community health by targeting the following disparities.

1. Access to care-Sanilac County has the lowest access to care rates of the four counties
2. Diabetes Crude Death Rate is highest in males in four counties.
3. Heart Disease Crude Death Rate is highest in females in four counties.
4. Tobacco Use of vaping products is highest in four counties among 9<sup>th</sup> and 11<sup>th</sup> graders.
5. Breast Cancer Screenings lowest in four counties.
6. Unintentional injuries in 75+ populations highest in four counties.
7. Behavioral Health- Access to Mental Health Services and Substance Use Disorders

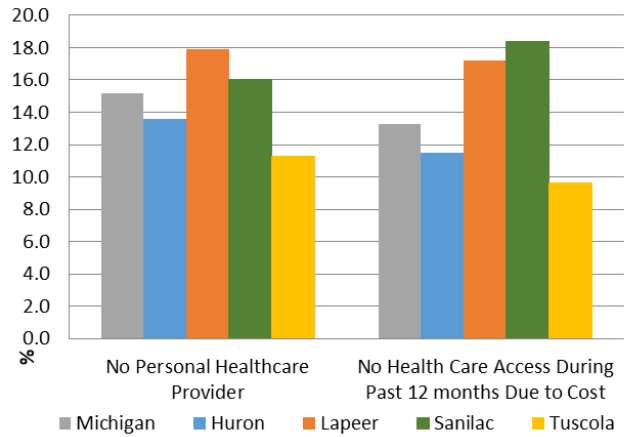
**Access to Care**

The primary care provider access rate is High (lower is better) in the Thumb

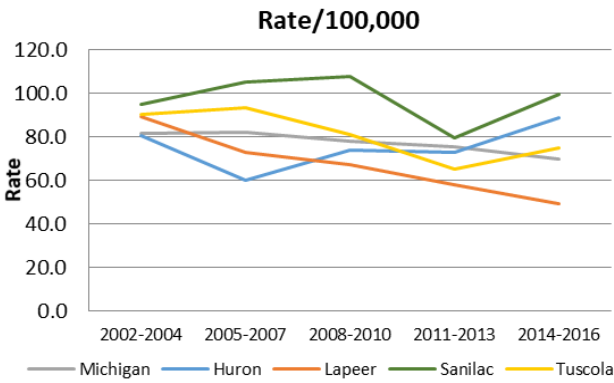


**Access to Care**

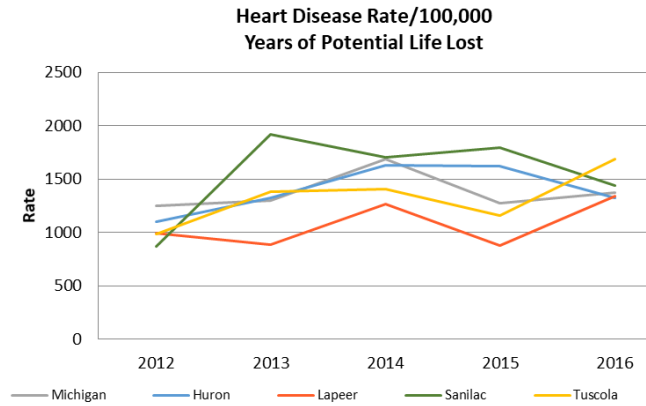
Many residents in Lapeer and Sanilac Counties do not have a medical home or have cost barriers to accessing care (2014-2016 rates)



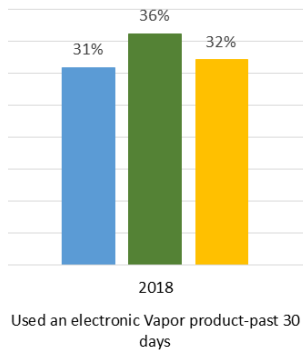
### Diabetes 7<sup>th</sup> leading cause of death



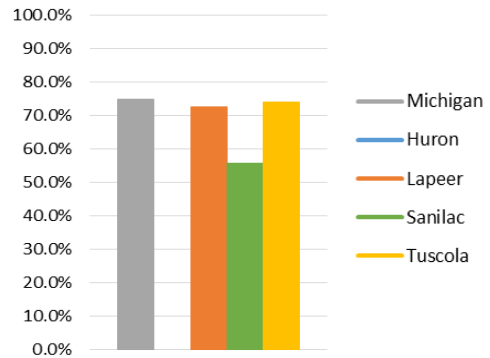
### Heart Disease Leading Cause of Death



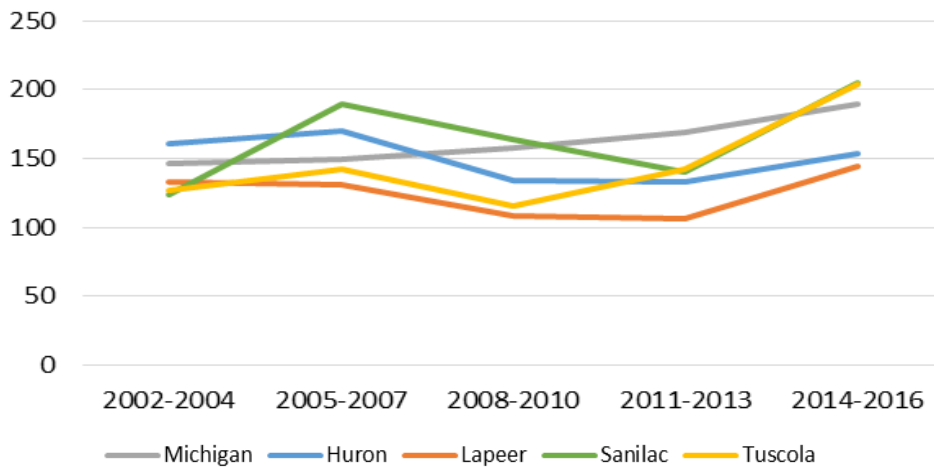
### Tobacco Use Use of vaping products is high in the Thumb among 9<sup>th</sup> and 11<sup>th</sup> graders



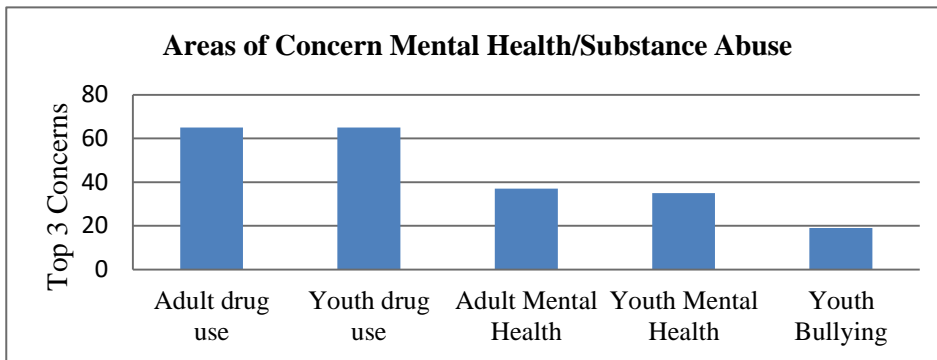
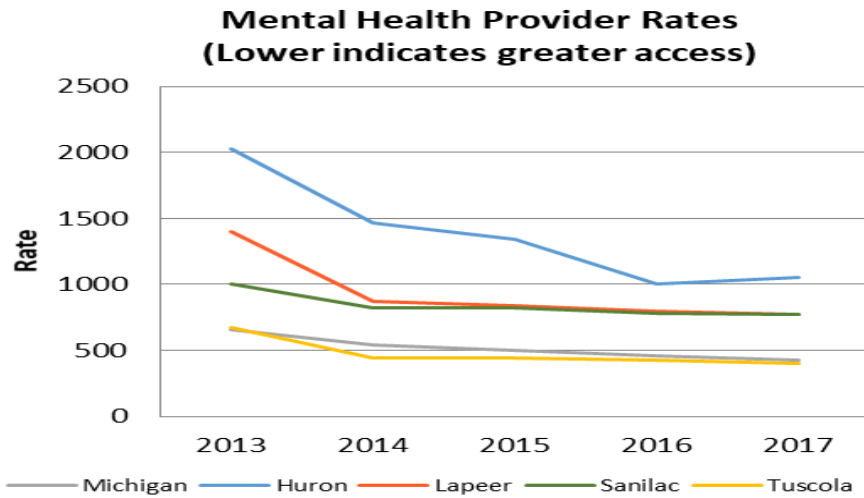
### Breast Cancer Screenings 2014-2016



### Unintentional injuries Death Rate/100,000 Ag 75+



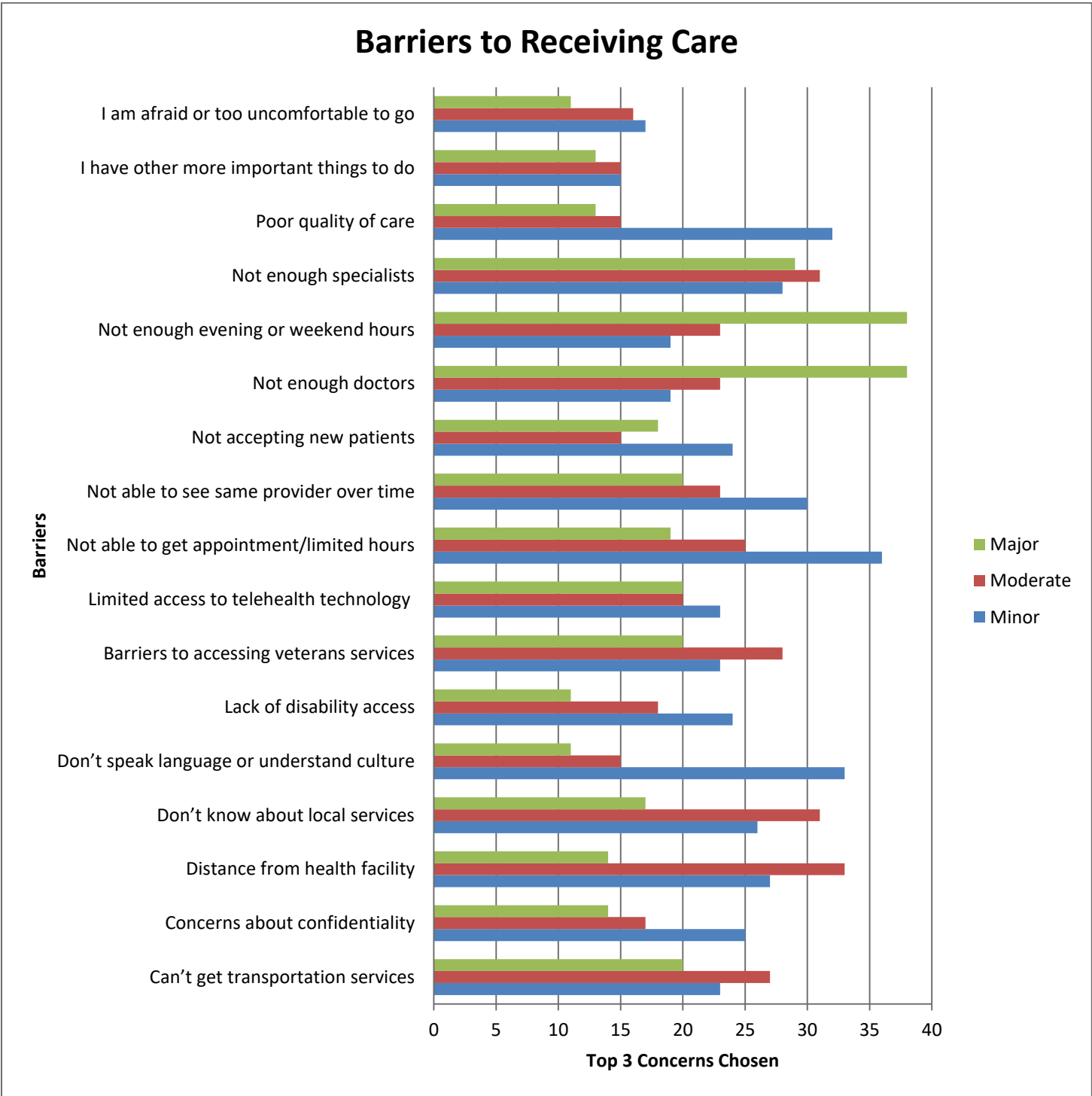
## Behavioral Health Access to Mental Health Services and Substance Use Disorders



### Community Feedback-Deckerville Community Hospital

DCH conducted a survey of area residents and stakeholders over a 5 month period in January through May of 2019. The purpose of the survey was to obtain feedback on the priorities, unmet needs, access barriers, and potential strategies for the implementation plan. Paper copies of the survey were distributed and made available in the hospital setting. One hundred fifty-eight individuals participated in the survey including residents from 3 counties of the hospital service area. Results were tallied and items were prioritized based on frequency selected by surveyed.

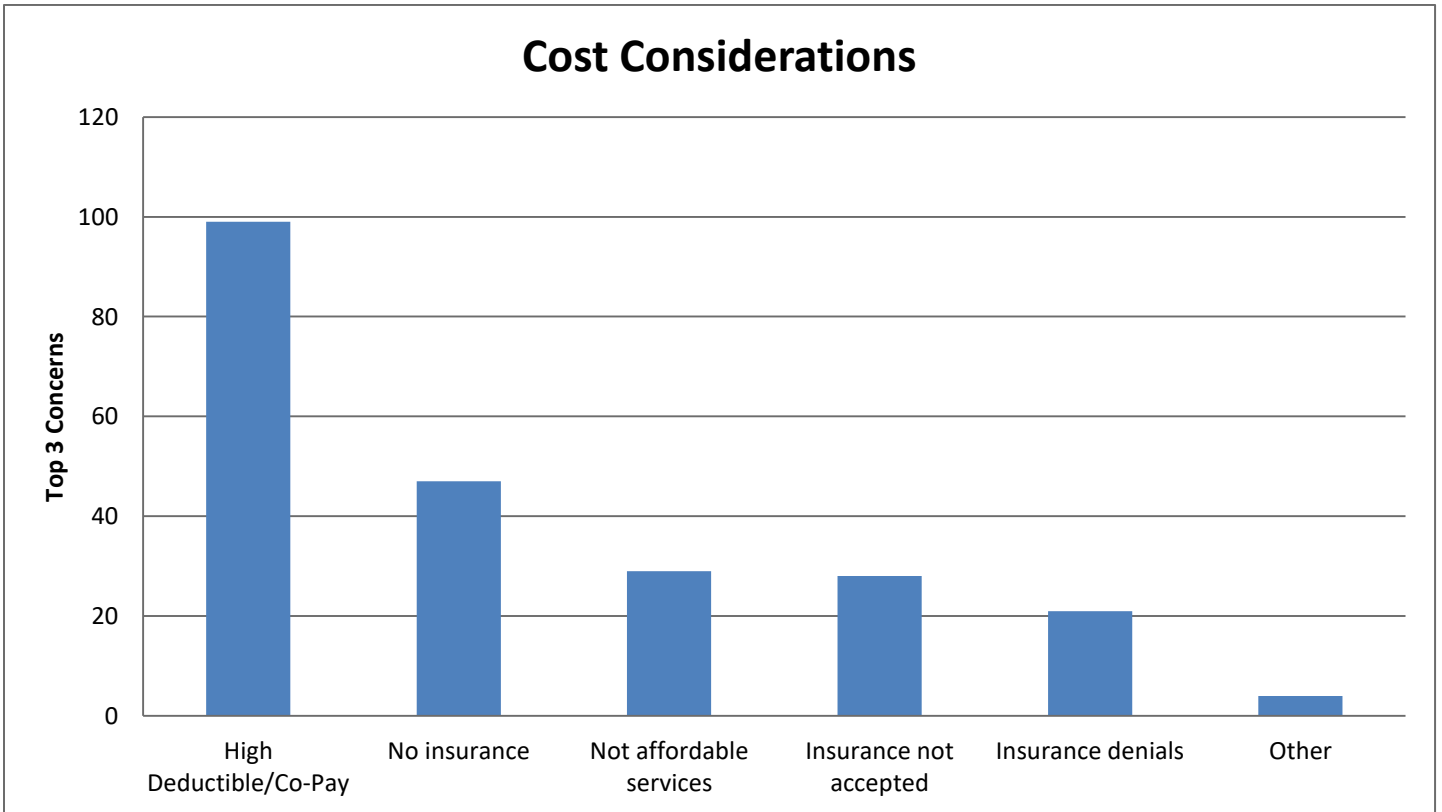
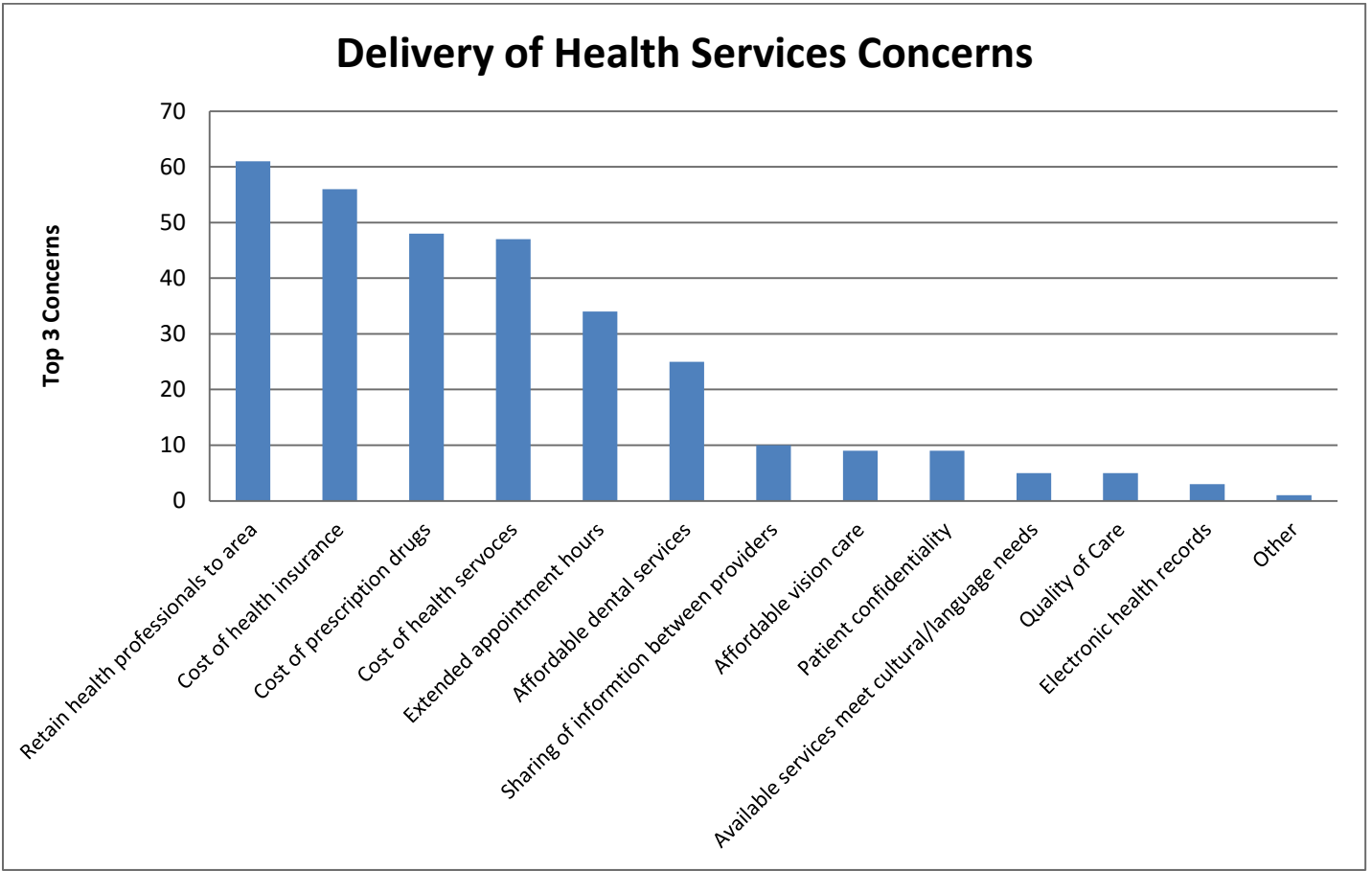




Participants were asked to select their top 3 barriers to receiving care. Lack of available physicians, specialists and not enough evening or weekend hours was cited as the top 3 major barriers. Lack of knowledge regarding local services and distance from the healthcare facility were additional moderate barriers identified.



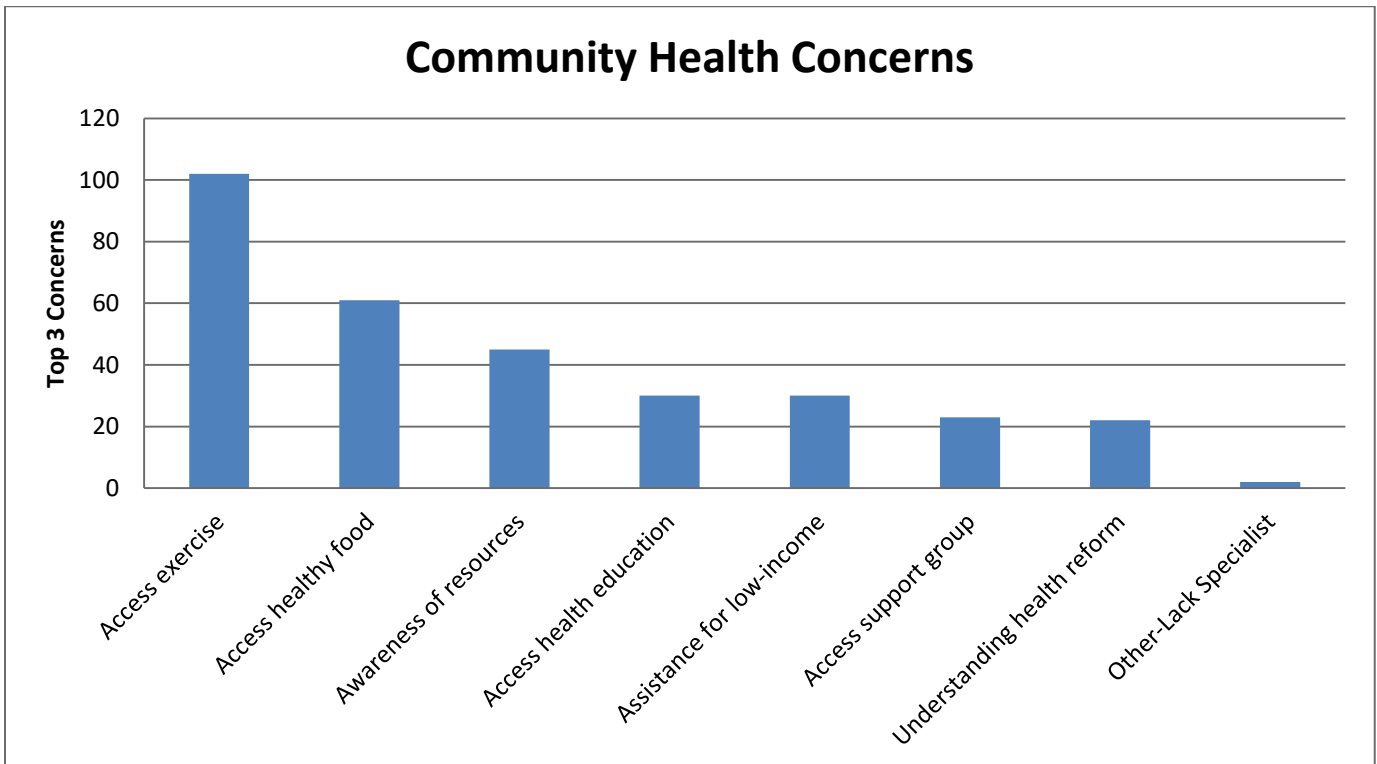




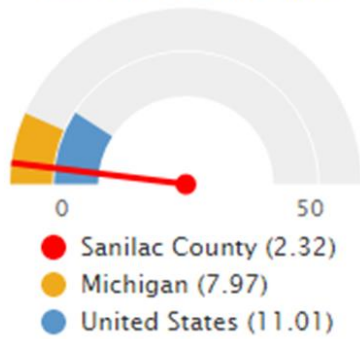
## RESOURCE ASSESSMENT

During the development of the implementation plans, a resource assessment was performed to reduce duplication of efforts, recognize gaps, leverage current efforts in the community, and develop strategies that would have the greatest impact.

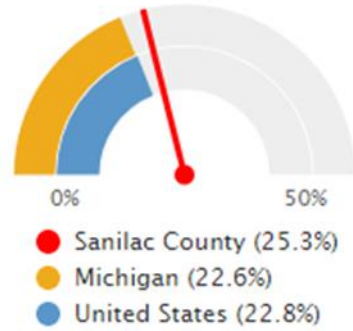
Need	Current Deckerville Community Hospital Efforts	Current Community Efforts
<b>Focus Priorities</b>		
1. Community Health <ul style="list-style-type: none"> <li>• Access to exercise &amp; fitness activities</li> <li>• Access to healthy food</li> <li>• Awareness of local health resources/services</li> </ul>	<ul style="list-style-type: none"> <li>• DCH offers public access to our physical therapy department for a low monthly fee</li> <li>• Family Fun Fair                             <ul style="list-style-type: none"> <li>• Healthy Heart Education</li> <li>• Healthy Food Education and Prep</li> <li>• Body Metrix instructions</li> </ul> </li> <li>• Cornerstone Fat Loss Program</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Dining Center-Deckerville (Mon-Thurs) @noon age 60+</li> <li>• CSFP provides free food to senior citizens (including fruit, veg, meat)</li> <li>• George Haupt Memorial Park Sandusky</li> <li>• Thumb Elite Gym-Sandusky (offers numerous fitness classes and times)</li> <li>• Food Bank Truck 10am, second Saturday of each month</li> <li>• Project Blessing-Free Food</li> </ul>



Recreation and Fitness Facilities, Rate (Per 100,000 Population)

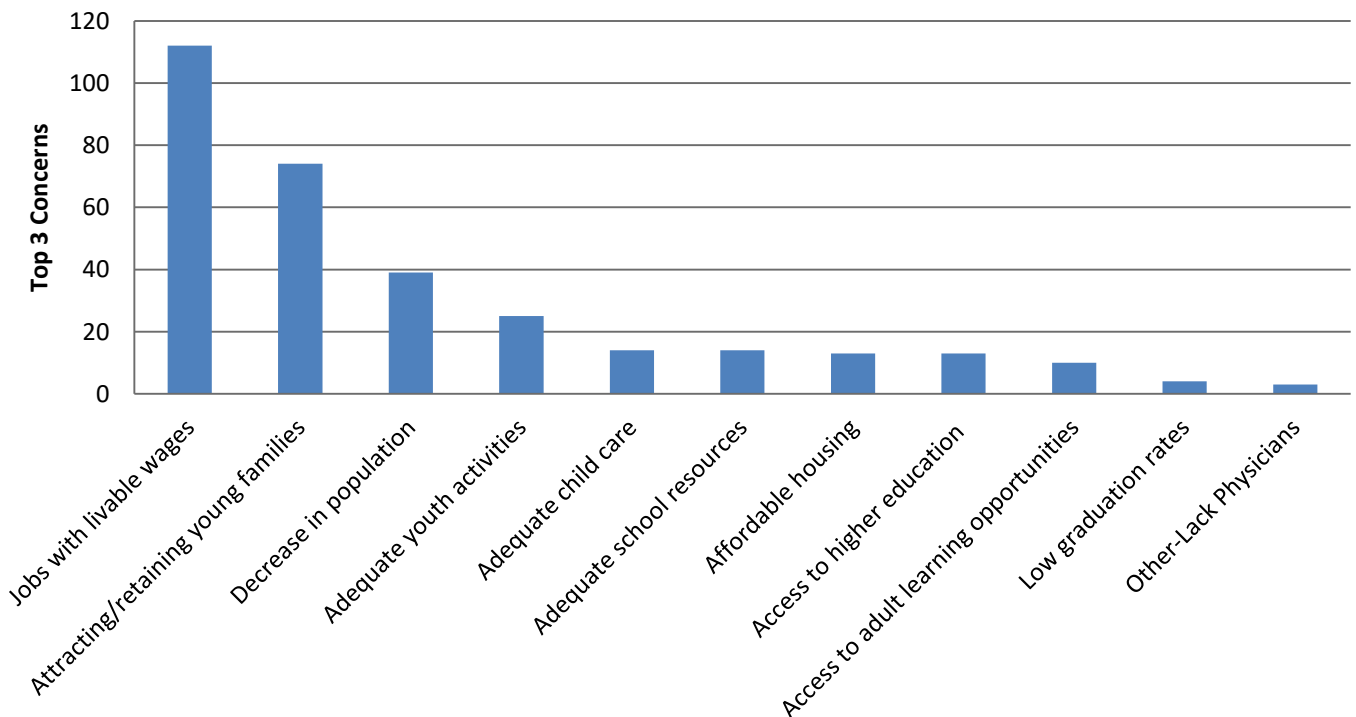


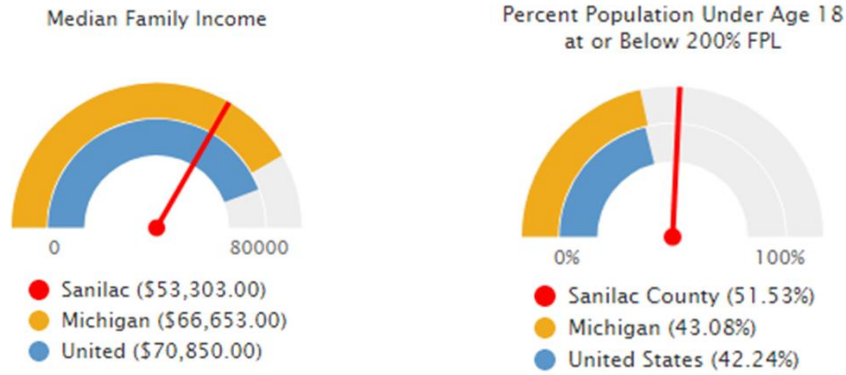
Percent Population with no Leisure Time Physical Activity



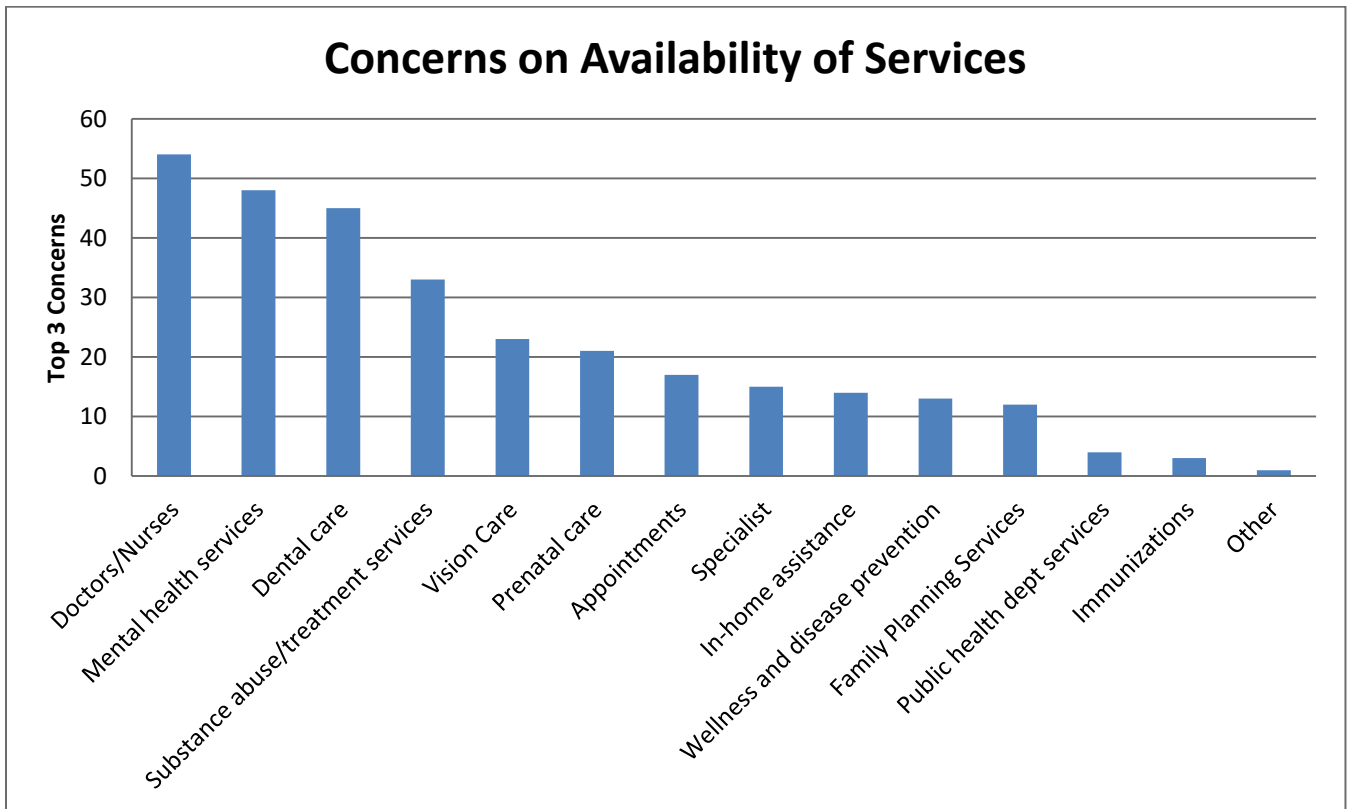
Need	Current Deckerville Community Hospital Efforts	Current Community Efforts
<b>Focus Priorities</b>		
2. Quality of Life <ul style="list-style-type: none"> <li>Jobs with livable wages</li> <li>Decreasing population/attracting and retaining young families</li> </ul>	<ul style="list-style-type: none"> <li>Participation in DCDC and Village Council to look at opportunities for Village</li> </ul>	<ul style="list-style-type: none"> <li>DCDC meets on a regular basis</li> <li>3 new potential businesses opening</li> <li>Internet Fiber being installed throughout village to allow increased ability to work from home office</li> </ul>

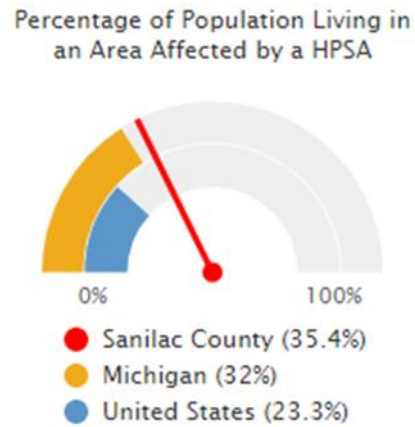
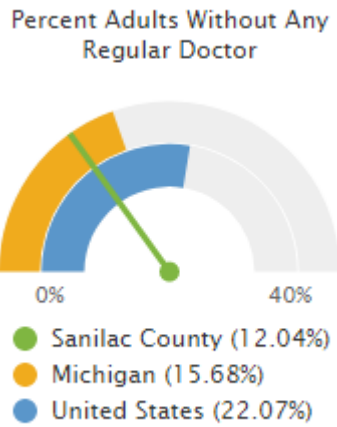
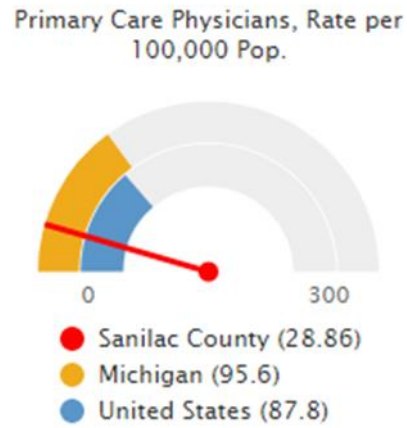
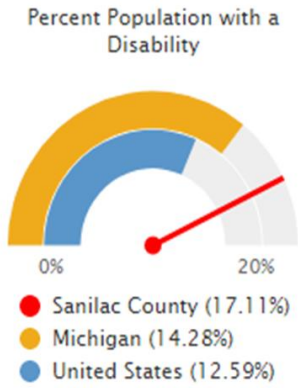
### Quality of Life Concerns





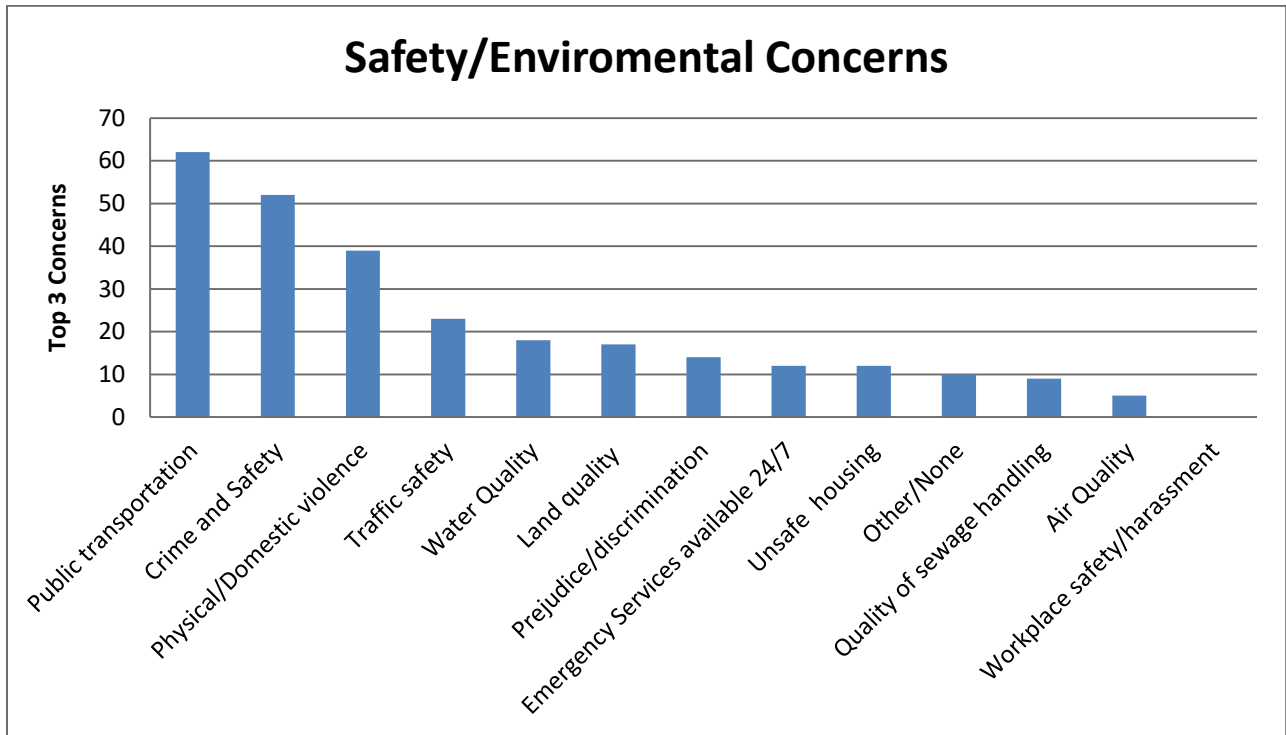
Need	Current Deckerville Community Hospital Efforts	Current Community Efforts
<b>Focus Priorities</b>		
<p>3. Availability of Health Services</p> <ul style="list-style-type: none"> <li>Recruiting and retaining doctors and nurses</li> <li>Mental Health Services</li> <li>Dental Care</li> </ul>	<ul style="list-style-type: none"> <li>DCH currently has 4 full time mid-levels. We contract with numerous ER physicians</li> <li>DCH is site eligible for student loan repayment</li> <li>Ascension Telehealth outpatient psychiatry</li> <li>Pine Rest Christian Mental Health Services</li> </ul>	<ul style="list-style-type: none"> <li>Loan Repayment Services</li> <li>Recruiting for social worker for outpatient services</li> <li>8 Dental Clinics in Sanilac County</li> <li>MCDC-provides dental services to Medicaid, low-income, and uninsured</li> </ul>



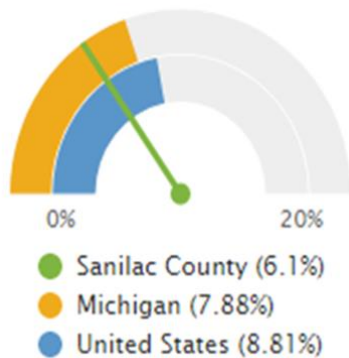


Need	Current Deckerville Community Hospital Efforts	Current Community Efforts
<b>Focus Priorities</b>		
4. Safety/Environmental Health <ul style="list-style-type: none"> <li>• Public Transportation</li> <li>• Crime/Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Staff will assist in transportation arrangements as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Sanilac Transportation Services</li> <li>• Sandusky Taxi</li> <li>• Eva’s Place-Shelter women and children</li> <li>• Sanilac Rescue Mission (Men’s Homeless Shelter)</li> </ul>

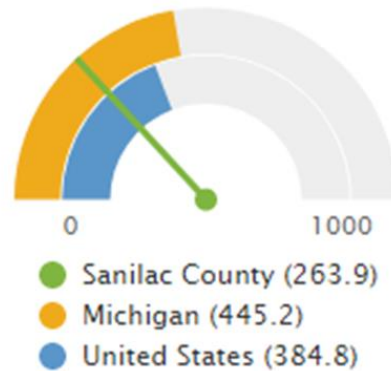




Percentage of Households with No Motor Vehicle

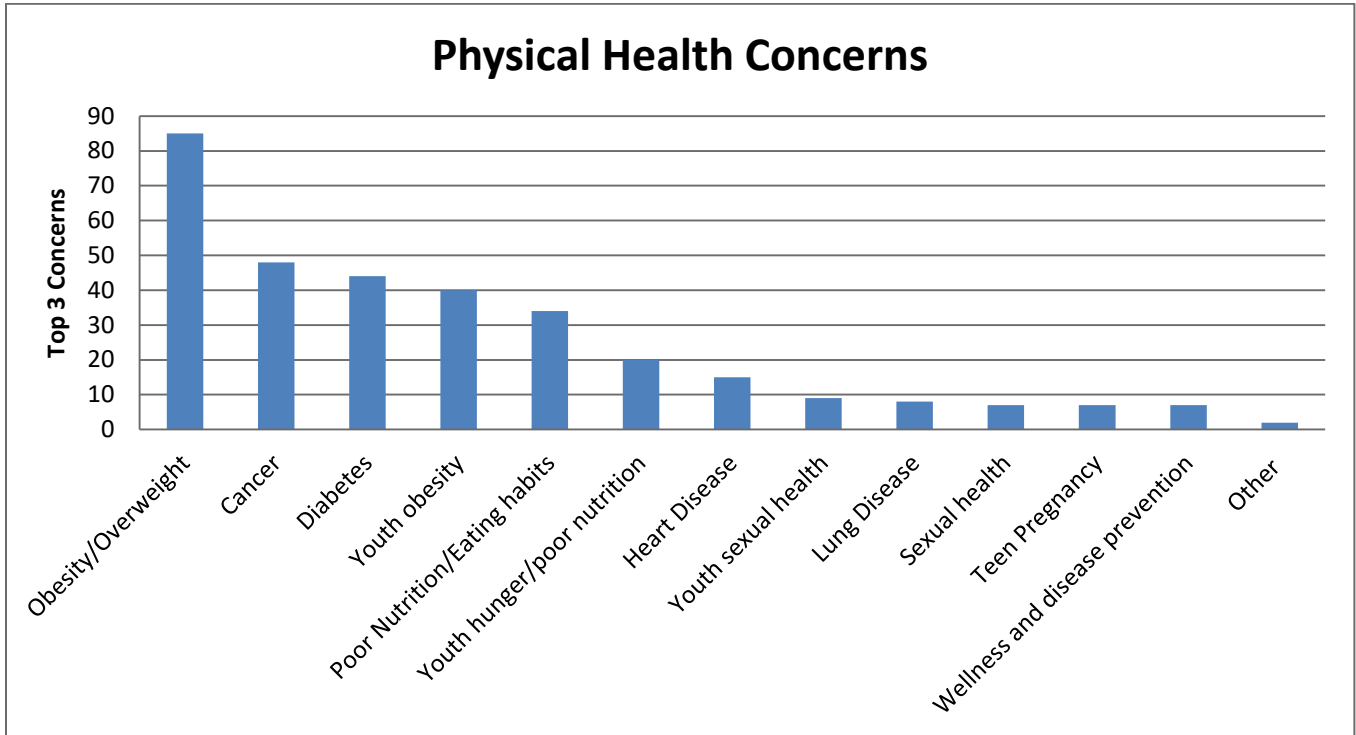


Violent Crime Rate (Per 100,000 Pop.)

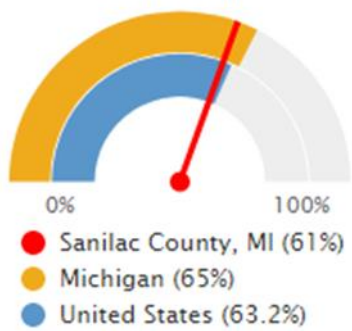


Need	Current Deckerville Community Hospital Efforts	Current Community Efforts
<b>Focus Priorities</b>		
5. Physical Health <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Cancer</li> <li>• Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Cornerstone Wellness</li> <li>• Fat Loss Program</li> <li>• Endocrinologist onsite twice monthly</li> <li>• PA specializes in Diabetes</li> <li>• RN Certified in Diabetes Prevention</li> <li>• Public access to Physical Therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Youth cooking classes</li> <li>• Gym with trainers in Sandusky</li> <li>• Farmers Markets with fresh produce available at many locations throughout the county</li> </ul>

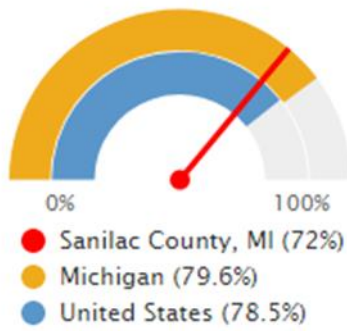




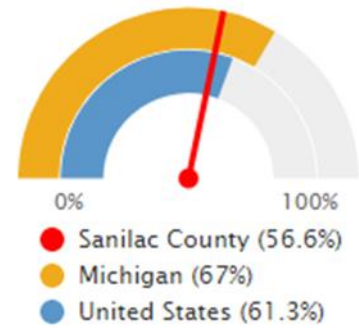
Percent Female Medicare Enrollees with Mammogram in Past 2 Year



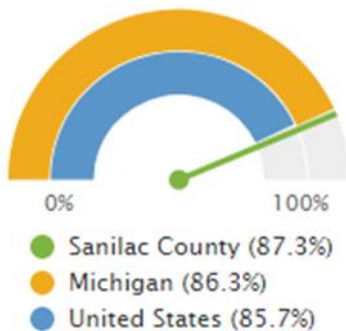
Percent Adults Females Age 18+ with Regular Pap Test (Age-Adjusted)



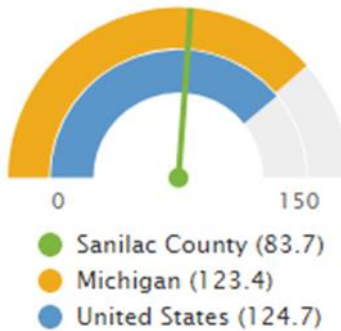
Percent Adults Screened for Colon Cancer (Age-Adjusted)



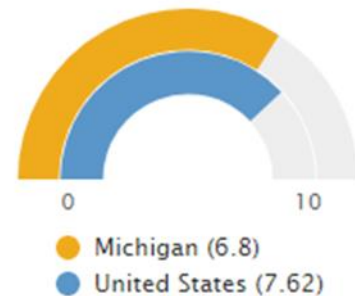
Percent Medicare Enrollees with Diabetes with Annual Exam



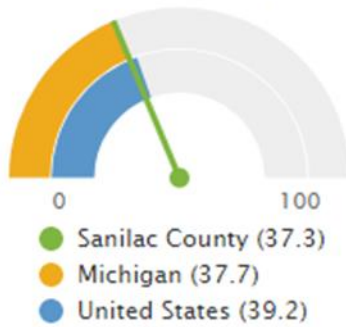
Breast Cancer Incidence Rate (Per 100,000 Pop.)



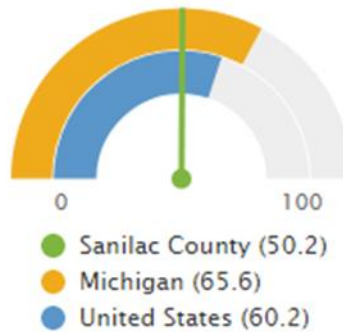
Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)



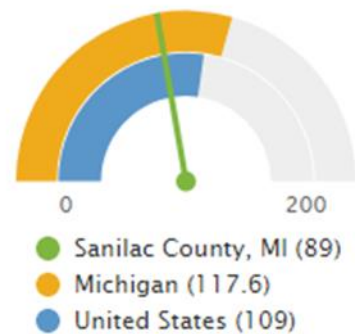
Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)



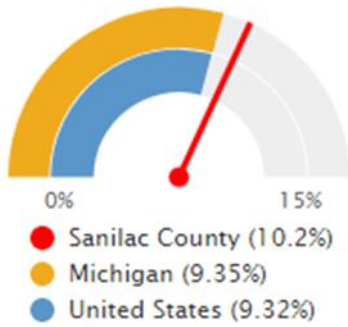
Lung Cancer Incidence Rate (Per 100,000 Pop.)



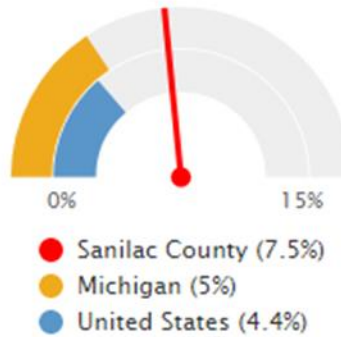
Prostate Cancer Incidence Rate (Per 100,000 Pop.)



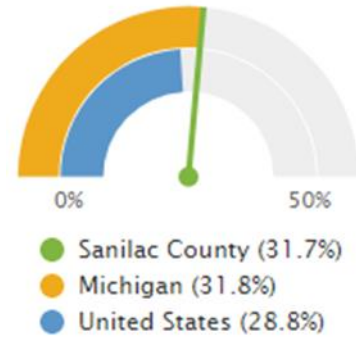
Percent Adults with Diagnosed Diabetes (Age-Adjusted)



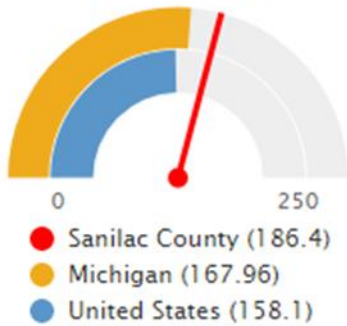
Percent Adults with Heart Disease



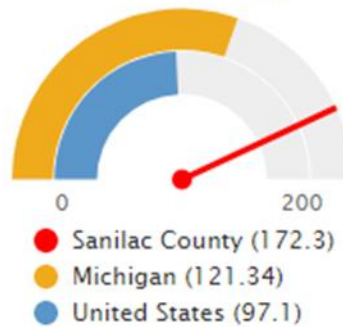
Percentage of Adults Obese



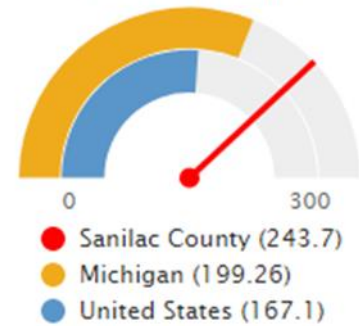
Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Coronary Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

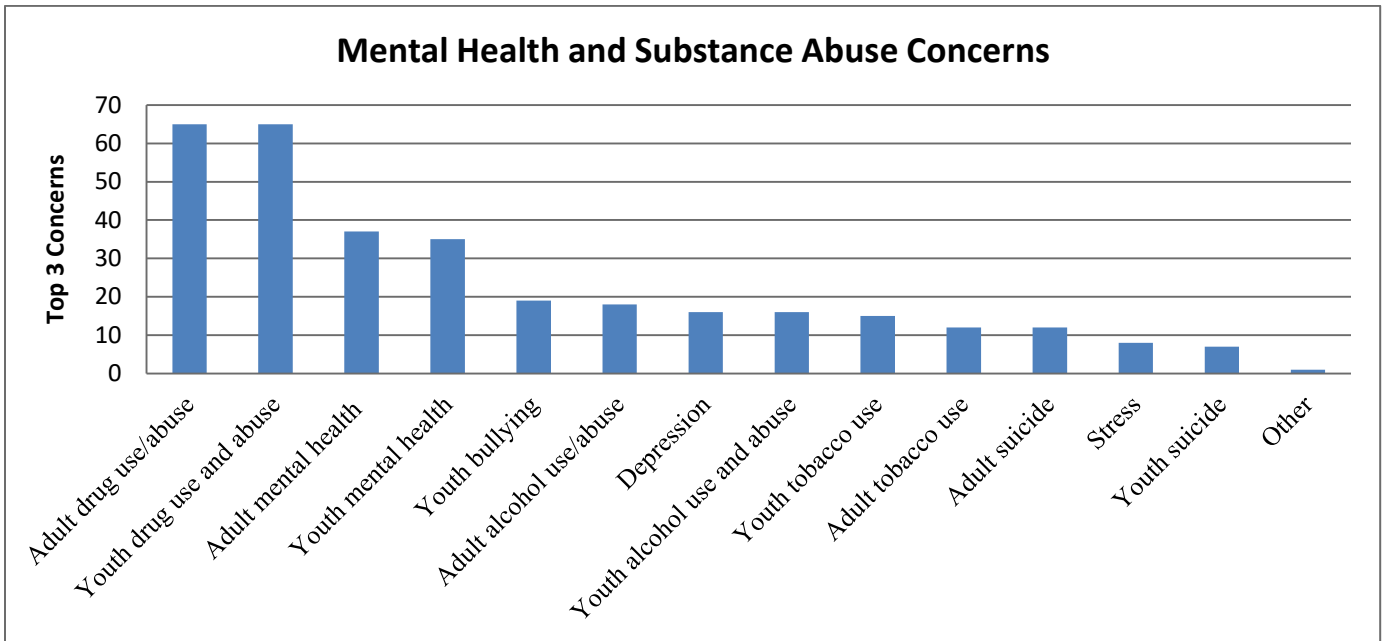


Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

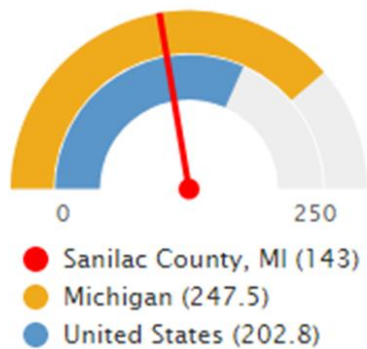




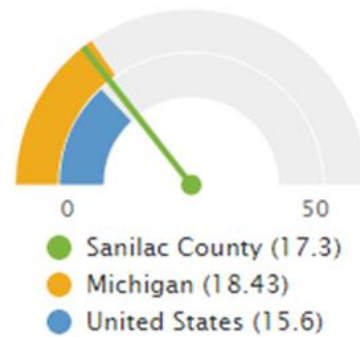
Need	Current Deckerville Community Hospital Efforts	Current Community Efforts
<b>Focus Priorities</b>		
6. Mental Health/Substance Abuse <ul style="list-style-type: none"> <li>Adult and youth drug use and abuse</li> </ul>	<ul style="list-style-type: none"> <li>MAT treatment program</li> <li>Brighton Clinic Partnership</li> <li>TORC participation</li> <li>Drug Disposal Box</li> <li>Participate on Families Against Narcotics Council</li> </ul>	<ul style="list-style-type: none"> <li>Sanilac County Community Mental Health</li> <li>Crisis Line</li> <li>DARE Program</li> <li>FAN Meetings in Marlette</li> </ul>



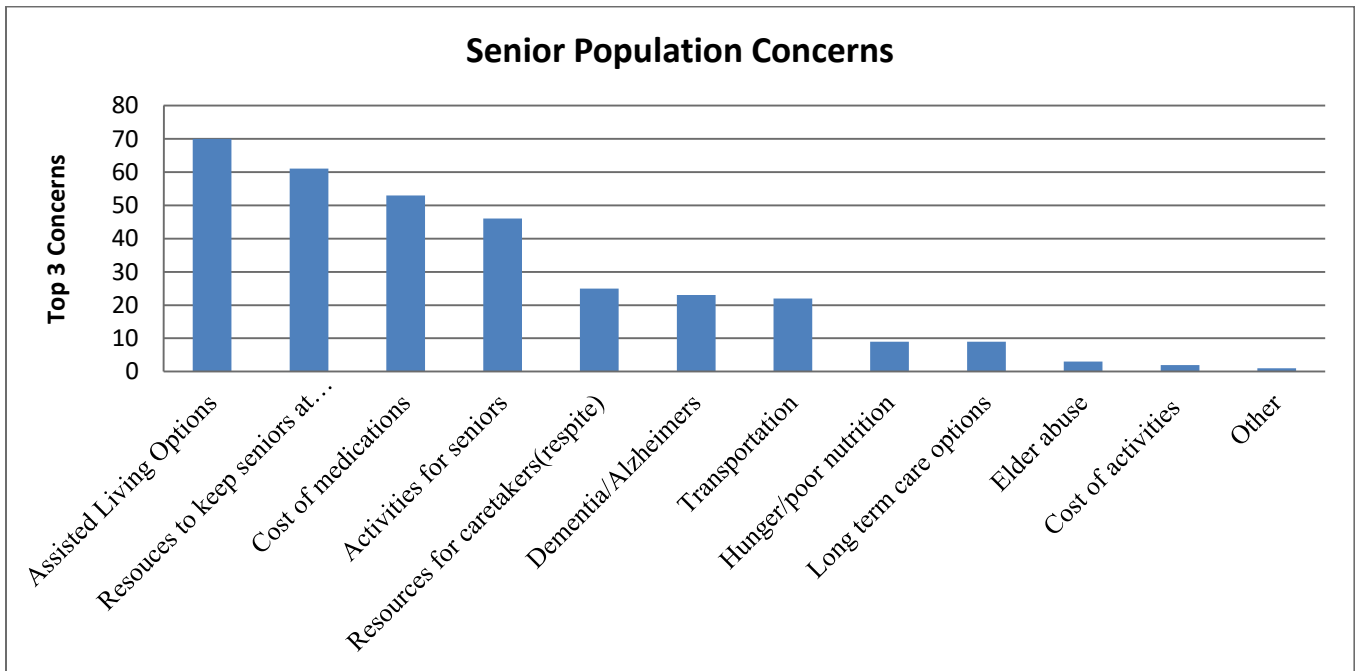
Mental Health Care Provider Rate (Per 100,000 Population)



Drug Overdose Deaths, Age-Adjusted Death Rate (Per 100,000 Pop.)



Need	Current Deckerville Community Hospital Efforts	Current Community Efforts
<b>Focus Priorities</b>		
7. Senior Population <ul style="list-style-type: none"> <li>Assisted living options</li> <li>Resources to keep seniors in their homes</li> </ul>	<ul style="list-style-type: none"> <li>Respite Program</li> <li>Swing Bed Program</li> </ul>	<ul style="list-style-type: none"> <li>Assisted Living Locations throughout the county</li> <li>Potential for new facility being built in coming year</li> <li>Meals on Wheels</li> <li>A&amp;D Waiver Program</li> </ul>

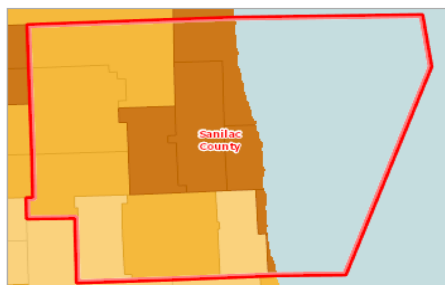


**Population Age 65+**

An estimated 19.96% of the population in the report area is age 65 or older according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. An estimated total of 8,292 older adults resided in the area during this time period. The number of persons age 65 or older is relevant because this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 65+	Percent Population Age 65+
Sanilac County, MI	41,535	8,292	19.96%
Michigan	9,925,568	1,575,233	15.87%
United States	321,004,407	47,732,389	14.87%

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract → [Show more details](#)



Population Age 65+, Percent by Tract, ACS 2013-17

- Over 20.0%
- 16.1 - 20.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed
- Sanilac County, MI



## EVALUATION OF 2016 CHNA IMPLEMENTATION PLAN

The table below outlines the areas of need identified in 2016 and the progress we have made to address these needs.

Category of Need	Current Deckerville Community Hospital Efforts
Copay & Deductible/Cost Barriers	<ul style="list-style-type: none"> <li>▪ Availability to pay your bill online</li> <li>▪ Insurance Specialist, Scott Salowitz, came to the hospital during open enrollment times to counsel and help community purchase health insurance policies.</li> <li>▪ Four Certified Health Insurance Advisors employed by the hospital to counsel patients on claims</li> <li>▪ We instituted a Financial Assistance Plan policy effective July 2016 that explains our commitment to providing health care services to patients who are unable to pay for such care.</li> <li>▪ We continue to participate in the 340B Drug Program. This is a US federal government program that requires drug manufacturers to provide outpatient drugs to eligible healthcare organizations and covered entities at significantly reduced cost. The savings seen from this program allow us to continue to provide care to uninsured/underinsured individuals in the community.</li> <li>▪ Participated in a Rural Accountable Care Organization (ACO) from 2016-2018 this helped us learn ways to lower the costs of providing healthcare to our Medicare patients while maintaining/improving outcomes. We increased our wellness, transitional, and chronic care management services to the community.</li> <li>▪ Updated the upfront collections policy, working on programs to help patients understand what they will owe prior to an outpatient service.</li> </ul>
Access to Care	<ul style="list-style-type: none"> <li>▪ Walk-In-Clinic hours available on weekends and holidays.</li> <li>▪ Same day sick appointments are available at the RHC</li> <li>▪ Appointments begin at 7:30am a couple days a week, office closes at 6pm to offer appointments outside of normal business hours.</li> <li>▪ A couple of the NPs provide home visits for patients as needed.</li> <li>▪ Transportation available via Sanilac Transportation Buses or Sandusky Taxi Service.</li> <li>▪ Tele-Medicine contract available with Ascension for Stroke Care and working to expand neurology service availability.</li> <li>▪ Employed orthopedic surgeon from June 2017-June 2018.</li> <li>▪ Electronic Health Record tracks patient eligibility on wellness visits and will perform phone campaigns to get patients scheduled when necessary.</li> <li>▪ Partnered with Marlette Regional Hospital to offer Diabetic Education on-site</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>▪ Screenings including mammograms, pap smears, and prostate checks available.</li> <li>▪ Offer discounted mammography screenings in October</li> <li>▪ Smoking cessation treatment and counseling available at the Clinics.</li> <li>▪ Exercise Equipment available to the public at Physical Therapy for \$25/month charge.</li> <li>▪ Low Dose Lung CA screening available</li> <li>▪ Boo Run 5K run/walk to raise money for Breast Cancer research in October of 2016 and 2017.</li> </ul>
Heart Disease	<ul style="list-style-type: none"> <li>▪ Blood Pressure screening at Funtastic Family Fun Fair.</li> <li>▪ Weight Watchers classes available weekly on Thursday evenings.</li> <li>▪ Exercise Equipment available to the public at Physical Therapy for \$25/month charge.</li> <li>▪ Weightloss clinic available for patients which is ran by our care coordinator and monitored by our physician assistant.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Cardiologist onsite for specialty clinic weekly</li> <li>▪ Holter monitor outpatient services</li> </ul>
Care Coordination	<ul style="list-style-type: none"> <li>▪ Care Coordinator hired to develop health promotion programs and develop education for the public.</li> <li>▪ Care Coordinator performs Medicare Wellness exams, follows up with patients enrolled in chronic care management programs, works with the providers to identify and reach out to at risk patients.</li> <li>▪ Joined Deckerville Community Development Corporation</li> <li>▪ Joined Sanilac County Collaborative</li> </ul>
Drug Use and Abuse	<ul style="list-style-type: none"> <li>▪ We are part of a group that was recently awarded a federal HRSA grant to establish with County Health Departments, a Thumb Opioid Response Consortium. This Consortium will establish an implementation plan for the reduction of opioid and substance abuse.</li> <li>▪ We provide Medication Assisted Therapy to patients with opioid addictions.</li> <li>▪ We have partnered with Brighton Center for addiction to provide a resource for our providers treating these patients, and to provide outpatient psychiatry via telehealth services at our specialty clinic.</li> <li>▪ Partner with Deckerville Community Schools in the DARE and SADD programs.</li> <li>▪ Drug Disposal Box installed at the RHC in 2019, open to the public during business hours.</li> <li>▪ Joined Sanilac Families Against Narcotic Council</li> <li>▪ Joined Sanilac County Suicide Prevention Council</li> </ul>
Senior Services	<ul style="list-style-type: none"> <li>▪ Respite Care program available.</li> <li>▪ The hospital was approved to provide swing bed services to patients who have been discharged from a hospital but are not ready to be home.</li> <li>▪ Coordination of Services with all local Home Health and Hospice Agencies</li> <li>▪ Roberta Weiss NP and Keith Davison NP available to see patients at Autumnwood of Deckerville</li> <li>▪ Keith Davison NP-C is certified in Geriatrics.</li> <li>▪ The hospital participates in a bi-monthly event offered for senior citizens at the community center which provides light refreshments, education on a variety of topics, and activities.</li> <li>▪ Participate on a committee for the Region 7 Area on Aging.</li> </ul>
Youth Services	<ul style="list-style-type: none"> <li>▪ Influenza vaccination offered to Deckerville Community School Staff.</li> <li>▪ BLS CPR/ First Aid training offered to the staff of Deckerville Community Schools.</li> <li>▪ Class tours of the hospital facility provided to preschool and second grade classes during the school year.</li> <li>▪ Sports Physicals offered at the Black River Street for \$5 (changed to \$10 in 2019 with half going back to the schools) to Deckerville Community School Students.</li> <li>▪ Offer our medical facilities as needed to the Bialowieza Polish Camp.</li> <li>▪ Joined Sanilac County Great Start Collaborative</li> <li>▪ Funtastic Fun Fair held annually</li> <li>▪ Child ID Program offered in collaboration with Michigan Masons</li> <li>▪ Bike Helmets distributed at no cost</li> <li>▪ Car Seat Checks completed and new Car Seats handed out as needed</li> <li>▪ Participation in youth Career Day STEM Program</li> </ul>

## Documenting and Communicating Results

This CHNA Report will be available to the community on the hospital's public website: [www.deckervillehosp.org](http://www.deckervillehosp.org). A hard copy may be reviewed at the hospital upon request.

The Community Health Needs Assessment of Deckerville Community Hospital was approved by the United Healthcare Partners Board of Directors on the 8<sup>th</sup> day of October, 2019.

## References

- <http://www.communitycommons.org/>
- <https://datausa.io/profile/geo/sanilac-county-mi#about>
- [https://www.cdc.gov/brfss/data\\_tools.htm](https://www.cdc.gov/brfss/data_tools.htm)
- <https://engagementnetwork.org/>

## 2019 CHNA Implementation Plan

The implementation plan was developed through a meeting involving key staff at Deckerville Community Hospital, including:

Angela McConnachie, CEO/CNO  
 Kay Cutcher, DON/Clinic Director  
 Kim Gentner, CFO/HR  
 Tiffany Messing, Quality/Compliance  
 Bonnie Hoff, RN Care Coordination

This group reviewed the needs assessment process and considered significant needs and supporting documents. Steps taken to address previous needs assessment were discussed. Community resources were also considered to address current prioritized needs. Each of the prioritized needs was reviewed. Actions the hospital intends to take were identified and external collaborations were included.

Needs to be addressed:

- Wellness
  - The group identified significant needs related to wellness, including:
    - The need to address obesity at all ages
    - The need to address diabetes
    - Better access to groceries (fruits, vegetables, and healthy foods)
    - Increased access to recreation and exercise
    - Increasing care for homebound patients
    - Education regarding local resources
  - Actions DCH intends to take:
    - Increase physical therapy utilization opportunities for public
    - Discuss potential of discounts for patients utilizing local gym
    - Promote weightloss clinic for overweight/obese patients
    - Promote diabetic clinic, education for patients on benefits
    - Explore the start of a community paramedic program
    - Increase home visits to homebound patients
    - Promote CCM program and Care Coordination
    - BCCCP Program promotion
    - MRCEDP Program promotion
  - Impact of actions:
    - Increase utilization of programs aimed at preventing chronic illness
    - Increased opportunity for recreation and exercise
    - Increased care for homebound patients
  - Planned Collaboration between hospital and other facilities or organizations:
    - Physical Therapy Staff
    - Patient Care Coordinator
    - Social Worker
    - Thumb Elite Gym
    - Cornerstone Wellness
    - United Healthcare Partners

- Access/Availability of Physicians/Specialists

- Input from community showed concerns in regard physicians and specialist:
  - Need to recruit a full time physician
  - Need to increase specialty clinics or available specialist
  - Increase awareness of area specialist clinics
- Actions DCH intends to take:
  - Recruit and hire an MD or DO
  - Increase specialist clinics available at DCH through partnership with CRTN network or other opportunities as available
- Impact of actions:
  - Increased compliance with referrals due to less drive time
  - More convenient, as patients do not have to take time of work or use a whole day for an appointment
  - Physician availability for complicated patients to support mid-levels
  - Physician onsite for mid-level support
- Planned Collaboration between hospital and other facilities and organizations:
  - United Healthcare Partners
  - CRTN Network (Covenant Healthcare)
  - Ascension Tele-neurology Program

- Substance Abuse/Mental Health

This was identified as a priority need by the group and supported by the survey and demographic data for the service area. There is need for increased access to services, mental health providers, and knowledge or available resources.

- Actions DCH intends to take:
  - Promote MAT services offered by DHCS
  - Increase utilization of outpatient tele-psychiatry program through Ascension partnership.
  - Increase utilization of Pine Rest Psychiatry in the ER and inpatient units for evaluation of need for inpatient psychiatric care.
  - Participation in the Thumb Opioid Response Consortium to increase collaboration of community and hospital efforts in response to the opioid epidemic
  - Continue participation with the Sanilac County Suicide Prevention Council
  - Add social worker to clinic staff for outpatient services
- Impact of actions:
  - Increased access to acute mental health needs
  - Decrease in unnecessary transport and early evaluation by trained psychiatrist
  - Increase treatment rates for opioid addicted patients
- Planned Collaboration between hospital and other facilities or organizations:
  - Ascension Tele-psychiatry Services
  - Brighton Center for Addiction
  - Pine Rest Christian Mental Health Services
  - Thumb Opioid Response Consortium
  - Families Against Narcotics
  - Sanilac County Suicide Prevention Council
  - United Healthcare Partners
  - Deckerville Community Schools