

PROMEDICA BIXBY AND HERRICK HOSPITALS

2016 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT



Approved and Adopted on December 19, 2016

PROMEDICA BIXBY AND HERRICK HOSPITALS

2016 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

- I. Introduction – page 3
- II. Community Service Area – page 4
- III. Impact of Previous Community Health Needs Assessment Plan – 5
- IV. Community Health Needs Assessments – page 7
- V. Lenawee County Health Needs Assessment Process – page 7
- VI. Lenawee County Community Health Needs & Priorities – page 13
- VII. Hospitals’ Community Health Needs Assessment Process – page 17
- VIII. Hospitals’ Community Health Needs & Priorities – page 18
- IX. Hospital Unmet Needs, Gaps and Resource Assessment – page 19
- X. Hospital CHNA Joint Implementation Strategy Summary – page 20
- XI. Access to Hospital Community Health Needs Assessment – page 21

I. INTRODUCTION

ProMedica Bixby and Herrick Hospitals, members of ProMedica health system, are committed healthcare resources in the southeast Michigan community, providing acute care and emergency services to patients, regardless of ability to pay. ProMedica's mission is to improve the health and well-being of the communities we serve.

ProMedica Bixby and Herrick Hospitals jointly conducted and adopted the current community health needs assessment (CHNA) in 2016 that is based on data collected in the Lenawee County Health Assessment (CHA) conducted in 2014, as both hospitals are located in Lenawee County. In order to maintain complete objectivity throughout the county CHA survey process, the network engaged the expert services of the Hospital Council of Northwest Ohio to administer the survey and compile the results. One area of weakness of the county CHA was the relative age of available secondary and public health data. Following the formal county assessment survey process, the Lenawee Health Network, comprised of multiple community organizations, collaborated to develop a community health improvement plan (CHIP) for Lenawee County, with ProMedica Bixby and Herrick Hospitals represented on this CHIP committee. A gap analysis and resource assessment was conducted as part of this process.

Following the Lenawee County strategic planning process, ProMedica Bixby and Herrick Hospitals convened a CHNA committee to review this county plan and available health data, select and prioritize key indicators for their defined community and develop implementation plans to address these prioritized health issues in the community over the next three years. Implementation plans were developed with feedback from key community stakeholders, to confirm these needs from a community perspective.

ProMedica Bixby and Herrick Hospitals will specifically implement programs to address the following priority health needs, listed in order of priority order, and ranked by consensus:

ProMedica Bixby Hospital

- Cancer
- Chronic Disease Prevention

ProMedica Herrick Hospital

- Substance Abuse
- Nutrition/Hunger

ProMedica Bixby and Herrick Hospitals will also collaborate with the Lenawee Health Network to support its strategic initiatives of healthy eating and physical activity, and support emotional health and well-being. In addition, as part of the ProMedica health system, some community health programs are developed and implemented at the system level, with diabetes, hunger/obesity, infant mortality, and mental health identified as the focal points for 2016.

ProMedica Bixby and Herrick Hospitals' CHNA may be accessed at <https://www.promedica.org/Pages/about-us/default.aspx>.

II. PROMEDICA BIXBY AND HERRICK HOSPITALS COMMUNITY SERVICE AREA

The definition of the primary community served by ProMedica Bixby and Herrick Hospitals for this assessment is Lenawee County, Michigan, with 96.4% of ProMedica Bixby and Herrick Hospitals' inpatients residing in Lenawee County. ProMedica Bixby and Herrick Hospitals primarily serve Lenawee County, with a total county population estimate of 99,892. ProMedica Bixby and Herrick Hospitals are the two hospitals serving Lenawee County and two of 11 hospitals serving the six county secondary service area (see Table 1 below) - leaving the individual community efforts within the other five counties to the hospitals located in each. ProMedica Bixby and Herrick Hospitals provide acute emergency services, medical and surgical inpatient and outpatient services, as well as cancer care on the Bixby campus. The health statistics and factors for Lenawee County were reviewed and used in completing this community health needs assessment.

Demographic review of Lenawee County, Michigan, shows that it is home to 99,892 residents. (For the remainder of this document, statistics in parentheses refer to data from the previous health assessment to be used for comparison.) Approximately one-fourth, 23.2%, of residents were youth under 18 years of age, 62.2% of residents were between the ages of 18 and 64, and 14.6% were age 65 or older. The majority 92.3% (87.4%) of the population is Caucasian, 2.5% (3.5%) are African American, 7.6% (7.6%) are Hispanic, 0.5% (0.6%) Asian and 2.2% (1.8%) are two or more races. The median household income in Lenawee County in 2014 dollars was \$48,118 (\$48,595). 14.5% (14%) of all Lenawee County individual residents had an income below the poverty level. (Source: census.gov QuickFacts, 2010).

In 2014, the unemployment rate was 6.3%, with 12% of Lenawee County residents uninsured according to the 2014 Lenawee County Health Assessment. (Source: <http://www.hcno.org/pdf/counties/Lenawee%20FINAL%20Health%20Assessment%20Report%203-24-15.pdf>).

Demographics for the secondary service area counties may be found at the respective state department of health websites, with county health assessments for the contiguous counties of Monroe, MI, and, Fulton and Lucas, OH, found at <http://www.hcno.org/community/reports.html>.

Existing health care facilities and resources within the community that are available to respond to the health needs of the community are listed in Table 1 below. Due to the presence of other hospital entities in each of the six counties, ProMedica Bixby Hospital focuses most if its community health efforts within the Adrian, Michigan area, with ProMedica Herrick Hospital focusing efforts in the Tecumseh, Michigan area - leaving the individual community efforts within the other five counties to the hospitals located in each.

Table 1 - Hospitals Serving the Six County Secondary Service Area	
ProMedica Bixby Hospital	Adrian, MI (Lenawee)
ProMedica Herrick Hospital (Critical Access)	Tecumseh, MI (Lenawee)
ProMedica Flower Hospital	Sylvania, OH (Lucas)
ProMedica Toledo Hospital	Toledo, OH (Lucas)
ProMedica Monroe Regional Hospital	Monroe, MI (Monroe)
St. Joseph Mercy Hospital	Ann Arbor, MI (Washtenaw)
University of Michigan	Ann Arbor, MI (Washtenaw)
Chelsea Community Hospital	Chelsea, MI (Washtenaw)
St. Joseph Mercy Saline	Saline, MI (Washtenaw)
Allegiance Health	Jackson, MI (Jackson)
Hillsdale Community Health Center	Hillsdale, MI (Hillsdale)

ProMedica Bixby and Herrick Hospitals also collaborate with other entities to address issues in our service area. Community organizations who participated in the health assessment and strategic planning process include, but are not limited to: Adrian Farmer's Market, Adrian Public Schools (Head Start), American Cancer Society, Boys & Girls Club, Catholic Charities of Lenawee and Jackson, Community Action Agency, Family Counseling and Children's Services, Family Medical Center, Goodwill Industries, Hope Community Center, Interconnections Drop In Center, Lenawee Community Foundation, Lenawee Community Mental Health Authority, Lenawee County Health Department, Lenawee Department on Aging, Lenawee Great Start, Lenawee Department of Human Services, Lenawee Intermediate School District, Lenawee Substance Abuse Coalition, Lenawee Cares (program of Lenawee Community Foundation), McCullough, Vargas & Associates, MSU Extension, One Lenawee, Siena Heights University, The Centre, The Salvation Army, and YMCA of Lenawee.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

In 2013, ProMedica Bixby Hospital implemented programs in Lenawee County to address the following health needs, listed in order of priority, with the following impact demonstrated through the end of 2015:

- Cancer
 - 62 Grandparent Cards from the American Cancer Society were distributed to children, asking them to remind their grandparents to get colonoscopies.
 - Provided 67 free preventive skin cancer screenings in 2014 and 60 free screenings in 2015.
 - Held monthly Man to Man meetings, a prostate cancer education and support program, with 120 total participants in 2014 and 133 total participants in 2015.
 - Participated in various community events to educate and raise awareness and program funding for related cancers, including Relay for Life, Rally for the Cure, Project Connect, and Graze to Raise, Wellness Fair, and the Women's Health event, with a total of 1,145 participants in 2014 and 918 participants in 2015.

- Participated in the Look Good, Feel Better program, in collaboration with the American Cancer Society with 24 total participants in 2014 and 8 total participants in 2015.

Cardiovascular Health

- Monthly glucose screening and education events include 1,680 total participants in 2014 and 244 total participants in 2015.
- Semiannual blood pressure screenings/education to be held at community events included approximately 1,500 participants in 2014 and 105 total participants in 2015.
- 12 educational opportunities were held regarding cardiovascular disease with approximately 50 total participants in 2014, with four events held in 2015.
- Implemented the Veggie Mobile initially with a USDA grant, to provide fresh fruits and vegetables to many areas in the county. Sites increased to 10-14 through the intervening years. The service accepts SNAP cards and in 2016 added Senior Fresh Vouchers.
- Secured grant (1422) from MDHHS and the CDC for healthy eating and activity programs to impact chronic diseases including diabetes, cardiovascular disease and stroke. Grant started in 2015, with 4 year renewable potential.
- Marijuana and Other Drug Use
 - Two Drug Enforcement Agency Drug Take Back Days were held with 133 pounds of prescription drugs disposed of, as recommended, in 2014, and 439 pounds of drugs and 646 gallons of sharps in 2015.
 - Provided prescription drug misuse education at two community events each in 2014 and 2015, with approximately 6,400 narcotic tablets collected in 2014 and 9600 narcotic tables collected in 2015.
 - Red barrels were sponsored with the Substance Abuse Coalition at local police departments to collect pills for removal of drugs within the community.
 - Telehealth service for mental health care and treatment were added for LCMHA and ProMedica Herrick Hospital services.

In 2013, ProMedica Herrick Hospital implemented programs in Lenawee County to address the following health needs, listed in order of priority, with the following impact demonstrated by the end of 2014:

- Diabetes
 - Monthly support groups were held for diabetes patients with the annual number of residents participating in support groups approximately 250 in 2014 and 197 in 2015.
 - A Hispanic support group was held bimonthly for patients with diabetes. The average number of residents participating in the support group was nine in 2014.
 - Diabetes education and glucose check provided at three community events in 2014 and 14 events in 2015, with 497 participants in 2015.
 - Glucose screenings were provided at Senior Fair events held in Adrian, which were advertised in the Lenawee County newspaper and broadcast on the local news, with 143 total participants.
 - In 2014, a 5K run was held with proceeds supporting diabetes education for patients unable to afford it. The number of participants in the 2014 5K Walk/Run was 100

participants. In 2015, race resources were used to increase awareness and focus on other community diabetes events.

- In 2015, three educational talks on nutrition were given that were attended by 114 participants.
- Women's Health
 - Provided free DEXA Scan screenings and education at two community events. The number of residents participating in education events and screening was 150 in 2014 and 60 in 2015.
 - 350 people received educational literature on mammogram screenings in 2015.
- Cardiovascular Health
 - A monthly stroke support group was held and the number of participants in the support group averaged 5-10 per month in 2014, and had a total of 53 participants in 2015.
 - Educational events were provided to the community twice through community events and radio public service announcements. The number of participants in these educational sessions was approximately 400 in 2014, and approximately 20 participants in 2015.

The information above reflects activities that were implemented to address 2013 CHNA hospital priority issues in 2014 and 2015. Additional measure of impact should be reflected in future Lenawee County Health Assessments.

IV. COMMUNITY HEALTH NEEDS ASSESSMENTS

The ProMedica Bixby and Herrick Hospitals' **process for identifying and prioritizing community health needs and services included:**

- Review and discussion of Lenawee County Health Assessment and findings
- Review and discussion of Lenawee County strategic community health improvement planning (CHIP) process, workgroups and final strategic plan
- Prioritization of strategic focus areas through discussion and consensus
- Development of targeted implementation plans

The health areas that were examined by the formal county needs assessment survey include, but are not limited to: health perceptions, health care coverage, health care access and utilization, cardiovascular health, cancer, diabetes, asthma, weight status, tobacco use, alcohol consumption, drug use, women's health, men's health, preventative medicine and health screenings, sexual behavior and pregnancy outcomes, perceived quality of life, social context and safety, mental health and suicide, oral health, and parenting.

V. LENAWEЕ COUNTY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Bixby and Herrick Hospitals utilized the data provided in the 2014 Lenawee County Health Needs Assessment as the basis for the hospital community health needs assessment. To

begin the formal county assessment process, the Hospital Council of Northwest Ohio Data Division, in conjunction with the University of Toledo Health and Human Services Department, conducted the formal county health assessment utilizing the following methodology. (Refer to pages 11-12 for a list of collaborating organizations.)

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Lenawee County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

One survey instrument was designed and pilot tested for this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. This decision was based on being able to compare local data with state and national data. The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Lenawee County. During these meetings, banks of potential survey questions from the BRFSS survey were reviewed and discussed. Based on input from the Lenawee County planning committee, the Project Coordinator composed a draft survey containing 117 items. The drafts were reviewed and approved by health education researchers at the University of Toledo.

SAMPLING | Adult Survey

Adults ages 19 and over living in Lenawee County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Lenawee County. There were 76,764 persons ages 18 and over living in Lenawee County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 383 adults was needed to ensure this level of confidence. A random sample of mailing addresses of adults from Lenawee County was obtained from Allegra Print & Imaging in Louisville, KY.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 1,200 adults in Lenawee County. This advance letter was personalized, printed on Lenawee Health Network stationery and was signed by Timothy Jakacki, then President, ProMedica Bixby Hospital & ProMedica Herrick Hospital, and Patsy Bourgeois, Health Officer, Lenawee County Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Lenawee Health Network stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate for the mailing was 39% (n=443; CI=+4.64). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data are available. All data was analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Lenawee County, the adult data collected were weighted by age, gender, race, and income using 2010 census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix iii of the Lenawee County Health Needs Assessment (<http://www.hcno.org/pdf/counties/Lenawee%20FINAL%20Health%20Assessment%20Report%203-24-15.pdf>).

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Lenawee County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Lenawee County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than as a mail survey.

CONSULTING ORGANIZATIONS

The process for consulting with persons representing the community's interests and public health expertise began when local community agencies were invited to participate in the county wide health assessment process, including choosing questions for the surveys, providing local data, reviewing draft reports and planning the community event, release of the data and setting priorities. The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations and over-sampled minority populations.

As evidenced by the list of participating organizations below, **the hospital facility took into account input from persons who represent the community** by participating with other organizations in Lenawee County who contracted with the Hospital Council of Northwest Ohio, a non-profit hospital association, located in Toledo, Ohio, to coordinate and manage the county health assessment and strategic planning process. The Hospital Council has been completing comprehensive health assessments since 1999. The Project Coordinator from the Hospital Council of NW Ohio holds a Master's degree in Public Health and conducted a series of meetings with the planning committee from Lenawee County.

During these meetings to plan the health needs survey, banks of potential survey questions from the Behavioral Risk Factor Surveillance, Youth Risk Behavior Surveillance, and National Survey of Children's Health surveys were reviewed and discussed. Based on input from the Lenawee Health Network planning committee, the Project Coordinator composed a draft survey containing 117 items for the adult survey. The drafts were reviewed and approved by health researchers at the University of Toledo.

The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations and over-sampled minority populations. In addition, the organizations that serve these populations participated in the health assessment and community planning process, such as Lenawee County Health Department, Lenawee United Way, Lenawee Community Mental Health Authority, and Community Action Agency, to name a few.

ProMedica Bixby and Herrick Hospitals are the only hospitals located in Lenawee County, and conducted the Lenawee County Needs Assessment together with other members of Lenawee Health Network.

The results of the Lenawee County Health Assessment were presented at a county data release event. There were many key leaders from the community broadly representing public health, schools, local officials, social service agencies and other various community members in attendance at the public release of the community health needs assessment. At the event, community participants were invited to join the community health improvement planning (CHIP) process to complete the strategic plan for the county.

LENAWEE COUNTY STRATEGIC PLANNING PROCESS

In preparation for the community assessment data release in April of 2015, the Lenawee Health Network began a community health improvement planning (CHIP) process which was conducted by all Lenawee Health Network members. ProMedica Bixby and Herrick Hospitals participates in the Lenawee Health Network and all aspects of the Lenawee County Community Health Assessment (CHA). The Lenawee Health Network reviewed the county assessment findings. They met to thoroughly review the 2014 health assessment project data and other sources of information to determine important priority health issues in Lenawee County.

The Lenawee Health Network used an assessment tool to gather information about current Lenawee County resources and services which address one or more of the priority health issues identified. They summarized and examined the data collected to determine gaps in current services by age, geographic location, and other criteria. In addition, the participants shared information about current gaps and emerging needs concerning the health of Lenawee County residents and current and future programs and services to address these needs based on their personal and agency experiences.

The Lenawee Health Network met January through May, 2015 to outline a three-year strategic plan which addresses the priority areas, recommends strategies and interventions, and identifies outcome measurements to monitor progress. The Lenawee Health Network concluded this process by reviewing each of the health issues previously identified, to determine the priority challenges to work to address over the next three years based on: the number of persons affected, the resources needed to begin to have a positive impact on the problems, and the overall strategies necessary to work collaboratively. ProMedica Bixby and Herrick

The Lenawee Health Network Strategic Planning process and groups included input from persons who represent the community. Collaborating participants included:

Adrian Farmer's Market

Adrian Public Schools (Head Start)

American Cancer Society (PH)

Boys & Girls Club

Catholic Charities of Lenawee and Jackson

Community Action Agency

Family Counseling and Children's Services

Family Medical Center

Goodwill Industries

Hope Community Center

Interconnections Drop In Center

Lenawee Community Foundation

Lenawee Community Mental Health Authority (PH)

Lenawee County Health Department (PH)

Lenawee Department on Aging (PH)

Lenawee Great Start

Lenawee Department of Human Services

Lenawee Intermediate School District

Lenawee Substance Abuse Coalition

Lenawee United Way

McCullough, Vargas & Associates

MSU Extension

One Lenawee

ProMedica Bixby Hospital

ProMedica Herrick Hospital

Siena Heights

The Centre

The Salvation Army

YMCA of Lenawee

Many of these organizations have representatives with expertise in Public Health. In addition, this county strategic planning process was facilitated by Britney Ward, MPH, Assistant Director of Health Planning, and Michelle Von Lehmden, Health Assessment Coordinator, both from the Hospital Council of Northwest Ohio.

The Lenawee Health Network Strategic (CHIP) Plan was written based on the conclusions and recommendations of all participating organizations. The Lenawee Health Network Strategic Plan was approved in May of 2015. ProMedica Bixby and Herrick Hospitals participated in the development of the community-wide community benefit plan.

VI. LENAWEЕ COUNTY COMMUNITY HEALTH NEEDS & PRIORITIES

Many identified health needs are addressed by physicians at the time of related patient visits. Key findings that were identified in the Lenawee Health Network Health Assessment include the following (Note: percentages below in parentheses are data from the previous 2011 county survey to be used for comparison to current data):

- Cardiovascular Health*
 - 33% (28%) of adults had high blood pressure, 35% (36%) had high blood cholesterol and 2% (3%) had a stroke; heart disease is the leading cause of death in the county and stroke is the fourth leading cause of death in the county
- Cancer*
 - 10% of Lenawee County adults had been diagnosed with cancer at some time in their life
 - 17% (22%) of residents were current smokers with 49% (49%) stating they had tried to quit smoking - cancer was the second leading cause of death in the county; lung and bronchus cancer had the highest incidence of any cancer, followed by breast cancer
- Diabetes*
 - Diabetes has been diagnosed in 8% (12%) of adults and is the 6th leading cause of death in the county
- Asthma
 - 16% (13%) of Lenawee County adults had been diagnosed with asthma
- Obesity*
 - 73% (72%) of adults were overweight or obese based on BMI vs. 32% in Michigan and 29% in the U.S. More than one third, 38%, of Lenawee County adults were obese
- Tobacco Use
 - 17% (22%) of adults were current smokers and 24% (24%) were considered former smokers, with 49% (49%) of current smokers stating they had tried to quit smoking
- Alcohol Use
 - 43% of adults were considered were binge drinkers (five or more drinks for males and four or more drinks for females, in a couple of hours on an occasion) in the past month

- Marijuana and Other Drug Use*
 - 7% (6%) of adults had used marijuana during the past 6 months and 8% (9%) misused prescription medications in the past six months
- Women's Health*
 - 41% (53%) of Lenawee County women over 40 reported having a mammogram in the past year
 - 61% (78%) of Lenawee County women 19 and over had a clinical breast exam in the past two years
 - 45% (50%) have had a Pap smear in the past year to detect cancer of the cervix
- Men's Health*
 - 48% (54%) of Lenawee County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year
 - 19% (43%) of males over the age of 50 had a digital rectal exam in the past year (Note: national recommendations for prostate cancer screening has changed which should reduce the number of prostate screenings)
- Preventive Medicine and Health Screenings*
 - 49% (39%) of adults had a flu shot during the past 12 months
 - 59% (57%) of adults 50 and over had received a colonoscopy or sigmoidoscopy in the past 5 years.
- Adult Sexual Behavior and Pregnancy Outcomes
 - 68% (73%) of Lenawee County adults had sexual intercourse; 4% (6%) had more than one partner
 - 14% of adults were not using any method of birth control
 - Lenawee County adults have been diagnosed with the following STDs in the past 5 years: HPV (2%), genital herpes (2%), and chlamydia (1%)
 - In 2012, the Lenawee County infant mortality rate was higher than the state rate (more recent infant mortality data is not available)
- Environmental Health/Disaster Preparedness*
 - Insects and mold were the two most important perceived environmental health issues that threatened Lenawee County adults' health in the past year.
- Quality of Life
 - 22% (26%) of adults reported they were limited in some way because of a physical, mental, or emotional problem.
- Social Context and Safety
 - 49% (63%) of adults kept a firearm in or around their home
 - 2% (7%) of adults were threatened and 2% (9%) were abused in the past year
 - In the past month, 12% of adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills, increasing to 29% of those with incomes less than \$25,000.
- Mental Health and Suicide
 - 6% (4%) of Lenawee County adults considered attempting suicide in the past year
 - 26% (22%) of adults rated their mental health as not good on four or more days in the previous month
- Oral Health
 - 68% (72%) of Lenawee County adults had visited a dentist in the past year vs. 67% of U.S. adults and 68% of Michigan adults (2010)

(An * above indicates ProMedica has, or participates in, community outreach programs addressing these issues.)

The Lenawee Health Network Strategic Planning Committee, using the Lenawee County Health Assessment, prioritized the following health issues, as indicated in Table 2 below, determining that if these issues are addressed by multiple agencies and organizations over the next three years, they could promote healthier lifestyles and safer neighborhoods for all ages, reduce chronic health diseases, and improve several socioeconomic determinants of health for Lenawee County residents. In some areas of identified need, ProMedica is already taking a system approach and collaborates with organizations to address some community health needs, to most efficiently use resources and to prevent duplication of services.

Table 2 – Lenawee Health Network Priorities	Lead Coalition or Organization Addressing Issue
Priority #1: Healthy Nutrition and Physical Activity • Implement evidenced based engagement strategies to build support for lifestyle change (ie. Diabetes Prevention Program, Lifestyle coaches, and referral systems) • Increase engagement of non-physician team members in hypertension management in community healthcare systems (ie. peer support program). • Facilitate a system to identify at risk individuals for pre-diabetes and hypertension	• ProMedica Bixby and Herrick Hospitals • Boys and Girls Club of Lenawee • The Centre • Community Action Agency • County Market Pharmacy • Goodwill Industries of SE Michigan • Inter-Connections, Inc. • Lenawee County Health Department • Lenawee Department on Aging • Lenawee Cares • MSU Extension • One Lenawee • Region 2 Area on Aging • Siena Heights University • YMCA of Lenawee County
Priority #2: Emotional Health and Well-being • Improve Access to mental health services via telemental health with psychiatrist access for adult and pediatrics. • Improve the capacity of Lenawee County residents to recognize and address emotional health issues. • Educate public on how to access mental/emotional health services, both routine and emergency services.	• ProMedica Bixby Hospital • ProMedica Herrick Hospital • Lenawee Great Start • Catholic Charities • Community Action Agency • Family Counseling and Children’s Services • Family Medical Center • Lenawee Community Mental Health Authority • Lenawee Human Services Collaborative • Lenawee Substance Abuse Prevention Coalition • Lenawee I.S.D. • McCullough, Vargas, and Associates, Inc.

ProMedica Bixby and Herrick Hospitals participates with many of the above organizations addressing these health issues, which might include financial support.

LENAWEE COUNTY - HEALTH ISSUES FOR UNINSURED, LOW INCOME, AND MINORITIES

Due to the relatively small percentage of non-white population in Lenawee County (African American – 3.5%, Hispanic – 7.6%, Asian – .3%), and the small number of non-white population responding to the surveys (n=34), this did not allow for specific generalizations for minority populations. Continued focus will be placed on low income, uninsured and underinsured populations for planning purposes, to include the highest at risk populations. Primary and chronic disease needs and other health issues were more problematic for uninsured, those under age 30 and low-income (income < \$25,000) adults in most areas surveyed.

Nine percent of Lenawee County adults surveyed were uninsured in 2013. Lenawee County adults had the following issues regarding their healthcare coverage: deductibles were too high (33%), premiums were too high (29%), co-pays were too high (29%), opted out of certain coverage because they could not afford it (9%), high HSA account deductible (6%), could not understand their insurance plan (5%), service not deemed medically necessary (3%), working with their insurance company (3%), provider is no longer covered (3%), service is no longer covered (3%), opted out of certain coverage because they did not need it (2%), limited visits (2%), and pre-existing conditions (1%).

Table 3 – Health Issue	Low Income (<\$25,000)	Lenawee County 2014
Rate health as fair/poor	33%	15%
Uninsured	33%	12%
Rated mental health as not good on four or more days	24%	26%
Current smoker	25%	17%
Used marijuana in the past 6 months	9%	7%
Overweight by BMI	25%	35%
Obese by BMI	44%	38%
Adults who binge drank in past month	62%	43%
Diagnosed with high blood pressure	40%	33%
Diagnosed with diabetes	15%	8%
Breast exam in past year	43%	61%
Diagnosed with high blood cholesterol	37%	35%
Adults limited in some way	33%	25%
Have more than one sexual partners	7%	4%
Diagnosed with asthma	22%	16%
Adult medication misuse in past six months	14%	8%
Visited a dentist in the past year	37%	62%
Firearm in home	37%	49%

The Lenawee Health Network CHIP committee concluded that key leadership in Lenawee County should be made aware of the links between economic stability and health status and that progress toward decreasing the rates of the leading chronic health conditions and persistent health disparities can be made by addressing the economic status of Lenawee County residents.

LENAWEE COUNTY - INFORMATION GAPS

The Lenawee Health Network used the findings from the assessment to closely examine current resources available to Lenawee County residents which address one or more of the adult, youth, and/or child priority health issues. Using an assessment tool, over 20 agencies and organizations reported the program types and services offered, the populations served, and the communities served. The information was examined by the Lenawee Health Network to determine possible gaps by specific population groups and/or geographic locations.

Although the formal county assessment provided sufficient primary data, some secondary and public health data is outdated (2010-2013) and therefore leaves gaps in measurement about the recent impact of community activities on key indicators.

VII. PROMEDICA BIXBY AND HERRICK HOSPITALS JOINT COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Following the Lenawee County strategic planning (CHIP) process, ProMedica Bixby and Herrick Hospitals' leadership convened a CHNA committee to thoroughly review the county assessment data, prioritize key health indicators specific to their demographic, identify available resources and gaps in resources, and develop implementation plans to address the specific needs of the population. This process included a review of leading causes of death for Lenawee County.

Table 3

Age-adjusted Mortality Rates for Ten Leading Causes by Sex Lenawee County, Michigan 2013

Cause of Death	Gender		
	Total	Male	Female
All Causes of Death	807.0	886.4	730.1
1.Heart Disease	219.2	260.4	181.2
2.Cancer	174.4	191.8	164.8
3.Chronic Lower Respiratory Diseases	59.0	76.7	47.6
4.Stroke	30.1	*	26.0
5.Unintentional Injuries	31.7	41.5	*
6.Alzheimer's Disease	26.4	*	31.3
7.Diabetes Mellitus	27.1	*	*
8.Pneumonia/Influenza	21.3	*	*
9.Kidney Disease	22.9	*	*
10.Intentional Self-harm (Suicide)	*	*	*

Prioritization of health needs in its community was accomplished by the ProMedica Bixby and Herrick Hospitals' CHNA committee that included: Administrative Director of Finance, Manager of Employee Wellness and OccuHealth, Manager of Pharmacy, Manager of Nutrition Services, Director of Cardiovascular and Pulmonary Services, Manager of Oncology Services, and Director of Population Health. The ProMedica Bixby and Herrick Hospitals' CHNA committee developed the hospital CHNA implementation plan, following the Lenawee Health Network CHIP Strategic Planning process, through the following steps.

- Review of existing Lenawee County Health Needs Assessment and CHIP plan, that also addressed related resources, gaps and related effective programs, policies and strategies;
- Discussion and consensus of priority health issues for ProMedica Bixby and Herrick Hospitals with the Senior Leadership Team;
- Development of hospital CHNA and implementation plan; and
- Board discussion and approval of hospital CHNA and implementation plan for the next three years.

Although some areas of the Lenawee County Strategic Plan were not identified as part of the ProMedica Bixby and Herrick Hospitals' plan, ProMedica participates in many areas of the county plan, as indicated in Table 2, through various community health coalitions and initiatives. ProMedica Bixby and Herrick Hospitals focused on other areas of need, indicative to health, as discussed below.

VIII. PROMEDICA BIXBY AND HERRICK HOSPITALS' COMMUNITY HEALTH NEEDS & PRIORITIES

As indicated in Table 2, ProMedica Bixby and Herrick Hospitals are actively involved in many priority health areas identified through the community plan. Following a review and discussion of health data and the community priorities, as well as organizational and community programs to address these community priority areas.

ProMedica Bixby Hospital will specifically implement programs to address the following health needs, listed in priority order:

1. Cancer

- Cancer was the second leading cause of death in the county in the time period of 2000-2008. Lung cancer was the leading type of cancer.
- 22% of adults in Lenawee County and 17% of youth are current smokers.

2. Chronic Disease Prevention

- Heart disease (27%) and stroke (6%) accounted for 33% of all adult deaths.
- 6% of Lenawee County adults reported they had a heart attack or myocardial infarction in 2011, increasing to 16% of those over the age of 65.

ProMedica Herrick Hospital will specifically implement programs to address the following health needs, listed in priority order:

1. Substance Abuse

- 10% of 6-12 graders and 15% of 9-12 graders used prescription medication in order to get high or feel good.
- 4% - 8% (middle school & high school respectively) took painkillers such as OxyContin, Codeine, Vicodin or Percocet without a doctor's prescription during the month prior to the MiPHY survey (Michigan Profile for Healthy Youth).
- Lenawee County adults took the following over-the-counter drugs in a way not intended in the past six months: cough and cold medicine (14%), sleeping pills (4%), weight loss or diet pills (2%), motion sickness pills (1%), and energy boosters (1%).

2. Nutrition/Hunger

- Obesity is prevalent in 37% of adults, 15 % of youth grades 9-12, and 20% of children ages 0-11 years.
- Only 5% of adults are meeting the recommended guidelines of 5 or more servings of fruits and vegetables recommended by the American Cancer Society, along with 15% of the youth and 9% of children.
- 44% of Lenawee County adult residents do not engage in physical activity for at least 30 minutes 3 or more days per week.
- Less than one third of Lenawee County youth participate in at least 60 minutes of physical activity every day, and 3% of children 6-11 had not participated in at least 30 minutes of physical activity in the past week.

Due to the strong health impact nutrition and physical activity play in the leading causes of death – heart disease, cancer, stroke and diabetes – it was determined that the community would collectively focus on these issues collaboratively. A grant has been received from MDHHS (Michigan Department of Health and Human Services) and CDC (Center for Disease Control and Prevention) to support nutrition and activity to prevent chronic disease with the Lenawee Health Network, and ProMedica Bixby Hospital is the fiduciary.

ProMedica Bixby and Herrick Hospitals are represented and are participating in the execution of the community-wide community benefit plans by working with the Lenawee Health Network, and organizations and coalitions in the community who are addressing these issues, as well implementing hospital plans to support these initiatives.

IX. PROMEDICA BIXBY AND HERRICK HOSPITALS – UNMET NEEDS, GAPS AND RESOURCE ASSESSMENT

ProMedica Bixby and Herrick Hospitals did not **address all of the needs identified in the most recently conducted Lenawee County Health Needs Assessment** as these areas either go beyond the scope of the hospital or are being addressed by, or with, other organizations in the community. To some extent, resource restrictions do not allow the hospital to address all of the needs identified through the health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as many of these issues are addressed by other community organizations and coalitions. The Lenawee Health Network gap analysis documented the community organization and coalitions with programs meeting identified focus areas.

With that being said, ProMedica Bixby and Herrick Hospitals maintain awareness of the primary health an issue identified for the county, and demonstrates a willingness to partner as needed on these endeavors. While many of these issues are best handled by organizations specifically targeted to the problem area, the hospital participates with many of these coalitions through representation, funding, or a combination of both. Table 2 lists the community wide organizations and coalitions addressing the prioritized Lenawee County strategic plan issues.

X. PROMEDICA BIXBY AND HERRICK HOSPITALS – JOINT IMPLEMENTATION STRATEGY SUMMARY

Following the finalization of the Lenawee Health Network CHIP strategic plan, ProMedica Bixby and Herrick Hospitals commenced with the CHNA strategic planning process, whereby it analyzed and discussed data, prioritized community health needs, developed hospital-based implementation and action plans, including annual goals - taking into consideration the county strategic plan, as well as areas not addressed by the community plan or other community groups.

ProMedica Bixby Hospital identified the following health priorities (in order of importance, ranked by consensus):

1. Cancer
2. Chronic Disease Prevention

ProMedica Herrick Hospital identified the following health priorities (in order of importance, ranked by consensus):

1. Substance Abuse
2. Nutrition/Hunger

In addition to the above hospital specific strategies, ProMedica Bixby and Herrick Hospitals will collaborate with the Lenawee Health Network to support its strategic initiatives of encouraging healthy nutrition and physical activity, supporting emotional health and well-being.

The implementation plans for these priorities include specific programs and measurements that will occur annually and progress will be reported at least annually to leadership and the Board of Trustees. ProMedica Bixby and Herrick Hospitals will not address all of the needs identified in

the most recently conducted Lenawee County Health Assessment as these areas either go beyond the scope of the hospitals or may be addressed by, or with, other organizations in the community. To some extent limited resources do not allow hospitals to address all of the needs identified through the health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as many of these issues are addressed with, or by, other community agencies and coalitions across Lenawee County, that are listed in table 2. The Lenawee Health Network has determined a focused approach is best to make the most significant impact on health for the community. Many health issues are addressed by physicians at a related patient visit.

Following approval of the ProMedica Bixby and Herrick Hospitals' joint community health needs assessment and joint implementation plan by the ProMedica Bixby and Herrick Hospitals' Board of Trustees, the execution of the ProMedica Bixby and Herrick Hospitals' implementation plan will be initiated, with at least an annual update of these plans provided to ProMedica Bixby and Herrick Hospitals' leadership, as well as the ProMedica Bixby and Herrick Hospitals' Board of Trustees.

Annual inclusion of a community benefit section in operational plans is reflected in the ProMedica strategic that is approved by the Board of Trustees, and monitored and reported to hospital leadership.

As part of the annual strategic planning and budgeting process, the adoption of a budget for provision of services that address the needs identified in the needs assessment is inherently included in the hospital budget and approved by the ProMedica Bixby and Herrick Hospitals' Board of Trustees.

XI. ACCESS TO PROMEDICA BIXBY AND HERRICK HOSPITALS' JOINT COMMUNITY HEALTH NEEDS ASSESSMENTS AND OTHER RESOURCES

ProMedica Bixby and Herrick Hospitals' joint community health needs assessment is widely available in printable (pdf) form to the public on the hospital website at:

<https://www.promedica.org/Pages/about-us/default.aspx>

The Lenawee County health assessment, as well as other county assessments, is available on the following Hospital Council of Northwest Ohio website: <http://hcno.org/community/reports.html>

For any questions related to the ProMedica Bixby and Herrick Hospitals' community health needs assessment, or to request a hard copy of the assessment, please email:

cometothetable@promedica.org or call hospital administration at 517-265-0390.