

PROMEDICA BIXBY AND HERRICK HOSPITALS

2019 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT



Approved and Adopted by the ProMedica Bixby and Herrick Board of Trustees on

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I. INTRODUCTION

ProMedica Bixby and Herrick Hospitals, members of ProMedica Health System, are committed healthcare resources in the southeast Michigan community, providing acute emergency services, medical and surgical inpatient and outpatient services, as well as cancer care on the Bixby Hospital campus. As not-for-profit hospitals, all patients are treated regardless of their ability to pay. ProMedica's mission is to improve the health and well-being of the communities we serve. To reinforce ProMedica's commitment of being an anchor institution, the construction of the ProMedica Charles and Virginia Hickman Hospital broke ground in June of 2017. The state of the art facility will house the consolidated operations of ProMedica Bixby and Herrick Hospitals under the Bixby tax identification number, doing business as the ProMedica Charles and Virginia Hickman Hospital in September of 2020. The new facility location is less than six miles from current sites.

ProMedica Bixby and Herrick Hospitals jointly conducted and adopted the current community health needs assessment (CHNA) in 2019, and will implement the associated three year, strategic plan beginning in 2020. ProMedica Bixby and Herrick hospitals participated in the 2017 Lenawee County Health Assessment (CHA), which was cross-sectional in nature and included collection and analysis of adult and child health data. One area of weakness of the county CHA was the relative age of available secondary and public health data. 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 (HCNO) to administer the survey and compile the results. A resource assessment and gap analysis were compiled as part of this process. Following the formal county assessment survey process, ProMedica Bixby and Herrick Hospitals with the Lenawee Health Network, comprised of multiple community organizations, collaborated to develop a community health improvement plan (CHIP) for Lenawee County.

In 2019, ProMedica Bixby and Herrick Hospitals convened a CHNA committee to review the most recent Lenawee County CHA and CHIP, taking into account the gap and resource assessments. The committee then selected and prioritized key health indicators for their defined community, identified resources and gaps in these areas, and developed implementation plans to address these priority health needs in the community over the next three years. The CHNA and strategic implementation plan was developed with feedback from the Lenawee County Health Department, to confirm these needs from a community health expert perspective.

ProMedica Bixby and Herrick Hospitals will specifically implement programs to address the following health needs, prioritized by ranking methodology, and listed in priority order, by hospital:

ProMedica Bixby Hospital

- Opioids and Substance Abuse
- Chronic Disease Prevention

ProMedica Herrick Hospital

- Mental Health
- Cancer

ProMedica Bixby and Herrick Hospitals will also collaborate with the Lenawee Health Network to support its strategic initiatives reducing overweight and obesity incidence, reducing opioid addiction and abuse, and improving quality of life for older adults. In addition, as part of the ProMedica Health System, some community health programs are developed and implemented at the system level, with social determinants of health, healthy aging and infant mortality identified as focal points for the system. Business units, such as hospitals, within ProMedica develop plans and implement programs that are complimentary to each other while trying to reduce duplication, which is the driving force behind this joint CHNA. The ProMedica Bixby and Herrick Hospitals' Joint CHNA may be accessed at www.promedica.org/chna

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. Approximately 90% of ProMedica Bixby and Herrick Hospitals' inpatients reside in Lenawee County. ProMedica Bixby and Herrick Hospitals primarily serve Lenawee County, with a total county population estimate of 98,266. 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. Census, health and other health-related statistics for the primary service area of Lenawee County were reviewed and used in completing this community health needs assessment and plan.

Demographic review of Lenawee County, Michigan, shows that it is home to 98,266 residents. (For the remainder of this document, statistics in parentheses refer to data from previous health assessments in 2014 and 2011, respectively, to be used for comparison.) Approximately one-fifth, 21.1%, of residents were youth under 18 years of age, 5.5% of residents were under 5 years, and 19.0% were age 65 or older. The majority 93.7% (92.3%, 87.4%) of the population is Caucasian, 3.0% (2.5 %, 3.5%) are African American, 8.2% (7.6%, 7.6%) are Hispanic, 0.5% (0.5%, 0.6%) Asian and 2.1% (2.2%, 1.8%) are two or more races. The median household income in Lenawee County in 2017 was \$51,339 (\$48,118, \$48,595). 10.4% (14.5%, 14%) of all Lenawee County individual residents had an income below the poverty level. (Source: <https://www.census.gov/quickfacts/>, V2018). In February 2018, the unemployment rate was 5.2% (6.3%), with 8% of Lenawee County adults uninsured.

Demographics for the secondary service area counties may be found at <https://www.census.gov/quickfacts/>, V2018). County health assessments for the contiguous counties may be found at: www.hcno.org/community-services/community-health-assessments/

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 contiguous six counties, ProMedica Bixby Hospital focuses most if its community health efforts within the Adrian, Michigan areas, and 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 county.

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, Boys & Girls Club, Care Pregnancy Center of Lenawee, Catholic Charities of Lenawee and Jackson, Community Action Agency, Family Medical Center, Goodwill Industries, Hope Community Center, Inter-Connections Drop In Center, Lenawee Community Foundation, Lenawee Community Mental Health Authority, Lenawee County Department of Veterans Affairs, Lenawee County Health Department, Lenawee Department on Aging, Lenawee Great Start, Lenawee Department of Human Services, Lenawee Intermediate School District, Lenawee Substance Abuse Coalition, McCullough, Vargas & Associates, MHP Salud, MSU Extension, One Lenawee, ProMedica Bixby Hospital, ProMedica Herrick Hospital, Region 2 Area Agency on Aging, Siena Heights University, The Centre, and YMCA of Lenawee.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

The 2016 Community Health Needs Assessment for the hospitals was posted online inviting feedback from the community, with no responses over the past three years. Beginning in 2017, ProMedica Bixby Hospital implemented programs in Lenawee County to address the following health needs, listed in order of priority with the following impact demonstrated in 2017 and 2018 (Note: 2019 activities were not complete at the time of this publication and will not be included in this summary):

1. Cancer

Strategies – Continue participation in referring patients that qualify to the Lenawee County Health Department for free women's health screenings. Provide health education on screening and prevention of breast and colorectal cancer in Lenawee County by training hair stylists to be breast and colorectal health advocates through the delivery of messages to their customers.

- In 2017, 113 patients were referred to the Lenawee County Health Department for free women's health screenings to increase the early detection of cancer; and in 2018 two patients were referred from Bixby Medical Center. In addition, 80 patients were referred to the health department from Herrick Hospital, Bixby's sister hospital in Lenawee County.
- In 2017, 10 stylists participated in education and training programs to provide education to their clients related to cancer screenings to increase the early detection of cancer, and 150 pieces of educational literature were distributed to customers. In 2018, eight stylists participated and 800 pieces of educational literature were distributed to customers.
- Participated in various community events to educate and raise awareness and program funding for related cancer programs, including Relay for Life, Rally for the Cure, Project Connect, and Graze to Raise, Wellness Fair, and the Women's Health event.

2. Cardiovascular Health

Strategies: Annual blood pressure screenings and education to be held at community events, for early detection and treatment of high blood pressure that would decrease the risk of death due to cardiovascular disease. Provide glucose screenings and diabetes education events to be held at community events. Host Stroke Support groups for those affected by the disease in our county.

- In 2017, blood pressure screenings/education at community events included approximately 224 participants in 2017 and 355 total participants in 2018. For participants with high readings, the individual was instructed to contact their primary care provider. If they did not have a PCP, they were linked to Family Medical Center for follow-up. There were zero readings requiring emergency calls. At the Lenawee County Fair blood pressure screening, EMT's were present in the event that an emergency reading was identified.
- In 2018, 355 community members obtained a blood pressure screening at community events. Of these blood pressure screenings, 28 were high readings. The individual was instructed to contact their primary care provider. If they did not have a PCP, they were linked to Family Medical Center for follow-up. There were zero readings requiring emergency calls. At the Lenawee County Fair blood pressure screening, EMT's were present in the event that an emergency reading was identified.
- Community glucose screenings included 165 total participants in 2017 and 119 total participants in 2018.
- There were 22 participants in the Stroke Support Group hosted by the hospital in 2017

and 2018.

In 2017, 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 2018 (complete 2019 activities were not available at the time of this publication):

1. Substance Abuse

Strategies: Participate in community drug take back days annually. Offer Peer Recovery Coaches for those patients seeking help with substance abuse.

- In 2017, the hospital held two drug take back events each year with a total of 483 pounds of prescription drugs collected and disposed of legally and responsibly; and in 2018 the hospital held two drug take back events with a total of 380 pounds collected and disposed of.
- In 2017, 19 patients were directly connected by a Peer Recovery Coach to either substance abuse treatment or a support program; and in 2018, 116 patients were connected through a Peer Recovery Coach.

2. Food Insecurity

Strategies: Continue to fund the Veggie Mobile program and expand location outreach of fresh produce through collaboration with Farmer's Market and local producers. Screen inpatients of food insecurity, and provide community resource listing to access healthy food in the community. Provide food choices meeting Sodexo Mindful Standards in hospital cafeterias, vending machines, and catering at a ratio of (50% fruits and vegetables, 25% wholesome carbohydrates, 25% lean proteins, and minimum of health fats).

- In 2017, 5995 residents accessed food from the Veggie Mobile, with 2,150 pounds of free fruits and vegetables provided to those with food insecurity. In 2018, 8226 residents accessed food from the Veggie Mobile, with 3030 pounds of free fruits and vegetables provided to those with food insecurity.
- In 2017, two inpatients were served by the Food at Discharge Program; and in 2018, one inpatient was served by this program. All inpatients are screened for food insecurity.
- 14,221 residents accessed food from The Veggie Mobile that provides access to healthy food in underserved areas.
- Community resources listings (by county) are updated by the ProMedica Community Care Hub annually as resource information for patients and the community.
- In 2017, 30% Sodexo Mindful offerings were provided in the hospital cafeteria, and in 2018, 75% Sodexo Mindful offerings were provided in the hospital cafeteria.

The information above reflects activities that were implemented to address 2016 CHNA hospital priority issues in 2017 and 2018 – 2019 statistics were not complete at the time of this document.

Additional measure of impact should be reflected in future county health assessments. The 2016 Community Health Needs Assessment for ProMedica Bixby and Herrick Hospitals was posted online inviting feedback from the community, with no responses over the past three years.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT

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

- Review of existing primary and second data sources available in the county health assessment (CHA);
- Discussion and selection of priority health issues for ProMedica Bixby and Herrick Hospitals' community;
- Discussion of gaps and current community resources which address the priority health issues;
- Discussion of effective programs, policies and/or strategies to recommend for implementation plan; and
- Identification of specific implementation action steps for each of next three years
- Develop final hospital CHNA and three-year implementation plan to present to the hospital board(s) for approval prior to posting online.

The health areas that were examined by the formal county needs assessment survey include, but are not limited to: healthcare coverage, health care access and utilization, women's health, men's health, oral health, health status perceptions, adult weight status, adult tobacco use, adult alcohol use, adult drug use, adult sexual behavior, adult mental health and suicide, cardiovascular health, cancer, asthma, diabetes, quality of life, social determinants of health, environmental health, parenting, child health and functional status, child healthcare access, early childhood health, middle childhood health, family/community characteristics, and parent health.

LENAWEE COUNTY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Bixby and Herrick Hospitals utilized the data provided in the 2017 Lenawee County Health 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 13-14 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 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

Two survey instruments were designed and pilot tested for this study: one for adults and one for parents of children ages 0-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO 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 children. The investigators decided to derive the majority of the adult survey items from the Behavioral Risk Factor Surveillance System (BRFSS) and the majority of the survey items for parents of children ages 0-11 from the National Survey of Children's Health (NSCH). This decision was based on being able to compare local data with state and national data.

The project coordinator from the HCNO conducted a series of meetings with the planning committee from Lenawee County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS and NSCH surveys. Based on input from the Lenawee County planning committee, the project coordinator composed drafts of surveys containing 117 items for the adult survey and 77 items for the child survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Lenawee County. There were 75,137 persons' ages 19 and older 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 382 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lenawee County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

SAMPLING | 0-11 Survey

Children ages 0-11 residing in Lenawee County were used as the sampling frames for the surveys. Using U.S. Census Bureau data, it was determined that 14,592 children ages 0-11 resided in Lenawee County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with 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). Because many of the items were identical between the 0-5 and 6-11 surveys, the responses were combined to analyze data for children 0-11. The sample size required to generalize to children aged 0-11 was 374. The random sample of mailing addresses of parents from Lenawee County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

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 signed by Julie Yaroch, D.O., President, ProMedica Bixby Hospital and ProMedica Herrick Hospital and Martha Hall, 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 describing the purpose of the study, a questionnaire printed on white 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 the participants to reply, another copy of the questionnaire on white 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 36% (n=409; CI=± 4.83). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | Children 0-5 and 6-11

Prior to mailing the survey to parents of 0-11-year-olds, an advance letter was mailed to 2,400 parents in Lenawee County. This advance letter was personalized; printed on Lenawee Health Network stationery; and signed by Julie Yaroch, D.O., President, ProMedica Bixby Hospital and ProMedica Herrick Hospital and Martha Hall, 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 describing the purpose of the study, a questionnaire printed on white 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 the participants to reply, another copy of the questionnaire on white 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. Additionally, the three-wave mailing procedure included a QR code on the letters and postcard to give the recipient the option of taking the survey online via Survey Monkey. The response rate was 12% (n=227: CI=± 6.45).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Lenawee County, the adult data collected was weighted by age, gender, race, and income using 2015 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 full report. (<http://www.hcno.org/wp-content/uploads/2018/05/LenaweeCounty2017Health-Assessment.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. 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. This survey asked parents questions regarding their young children. Should enough parents have felt compelled to respond in a socially desirable manner which is inconsistent with reality, this would represent a threat to the internal validity of the results. Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

CONSULTING PERSONS AND 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 appropriate. This community health assessment was cross-sectional in nature and included a written survey of adults and children 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.

As evidenced by the list of participating organizations below (page 13-14), **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 One Lenawee and Michigan State University Extension to complete the county 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 meeting, banks of potential survey questions from the Behavioral Risk Factor Surveillance and Youth Risk Behavior Surveillance surveys were reviewed and discussed. The drafts were reviewed and approved by health education researchers at the University of Toledo. In addition, the Lenawee County Health Department provided feedback on this CHNA and implementation plan to confirm these needs from a community and health expert perspective.

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 and are experts in their field participated in the health assessment and community planning process including the Lenawee County Health Department, the Lenawee Community Mental health Authority, and the Lenawee Department of Aging, to name a few.

ProMedica Bixby and Herrick Hospitals are the only hospitals located in Lenawee County, and they conducted the Lenawee County Health Status Assessment and planning process 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 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 health improvement plan for the county.

LENAWEE COUNTY STRATEGIC PLANNING PROCESS

In preparation for the community assessment data release in April 2018, 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 participated in a county-wide Visioning process for Lenawee from January through March of 2017 that was facilitated by One Lenawee and Michigan State University Extension. This process 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 2018 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.

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

Adrian Farmer's Market
Care Pregnancy Center of Lenawee
Catholic Charities of Lenawee and Jackson
Community Action Agency
Family Medical Center
Goodwill Industries
Interconnections Drop In Center
Lenawee Community Foundation
Lenawee Community Mental Health Authority
Lenawee County Health Department
Lenawee Department on Aging
Lenawee Department of Human Services
Lenawee Department of Veterans Affairs
Lenawee Intermediate School District
Lenawee Substance Abuse Prevention Coalition

McCullough, Vargas & Associates
MHP Salud
Michigan Opioid Collaborative
MSU Extension
One Lenawee
ProMedica Bixby Hospital
ProMedica Herrick Hospital
Region 2 Area Agency on Aging
Siena Heights
The United Way of Monroe and Lenawee Counties
YMCA of Lenawee

Many of the above organizations represent expertise in public health, including the Lenawee County Health Department. In addition, the county health assessment process was facilitated by staff from the Hospital Council of Northwest Ohio, who hold Master's Degrees in Public Health. ProMedica Bixby and Herrick Hospitals participated in the development of the county health assessment survey and health improvement plan for Lenawee County. The Lenawee County Visioning Process plan for the Lenawee Health Network was finalized in November of 2017. The Lenawee Health Network Strategic Community Health Improvement Plan was written based on the conclusions and recommendations of all participating organizations in visioning process meetings and network strategic planning meetings to align efforts within the county. The Lenawee Health Network Strategic Plan was approved in January of 2019.

V. LENAWEЕ COUNTY COMMUNITY HEALTH NEEDS & PRIORITIES

Key findings that were identified in the Lenawee Health Network Health Assessment include the following (Note: percentages in parentheses below are data from the previous 2014 and 2011 county surveys, respectively, and may be used for comparison to current data):

- Cardiovascular Health
 - 37% (33%, 28%) of adults had high blood pressure, 40% (35%, 36%) had high blood cholesterol and 4% (2%, 3%) had a stroke. Heart disease is the leading cause of death in the county and stroke is the fifth leading cause of death in the county
- Cancer
 - 13% (13%, 10%) of Lenawee County adults had been diagnosed with cancer at some time in their life
 - 13% (17%, 22%) of residents were current smokers with 57% (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 12% (8%, 12%) of adults and is the 7th leading cause of death in the county
- Asthma
 - 21% (16%, 13%) of Lenawee County adults had been diagnosed with asthma
- Obesity

- 76% (73%, 72%) of adults were overweight or obese based on BMI vs. 68% in Michigan and 65% in the U.S. More than one third, 38%, of Lenawee County adults were obese
- Tobacco Use
 - 13% (17%, 22%) of adults were current smokers and 30% (24%, 24%) were considered former smokers, with 57% (49%, 49%) of current smokers stating they had tried to quit smoking
- Alcohol Use
 - 17% (20%, 22%) 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
 - 3% (7%, 6%) of adults had used marijuana during the past 6 months and 6% (8%, 9%) misused prescription medications in the past six months
- Women's Health
 - 71% (79%, 81%) of Lenawee County women age 40 and over reported having a mammogram in the past two years, vs. 74% in Michigan and 72% in the U.S
 - 67% (79%, 78%) of Lenawee County women age 40 and over had a clinical breast exam in the past two years
 - 67% (77%, 2011 n/a) have had a Pap smear in the past three years to detect cancer of the cervix, vs. 81% in Michigan and 80% in the U.S.
- Men's Health
 - 60% of Lenawee County males age of 40 and over had a Prostate-Specific Antigen (PSA) test in the past two years, vs. 43% in Michigan and 40% in the U.S.
 - 24% (19%, 23%) of males 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
 - 76% (71%, 71%) of adults age 65 and over had a flu shot during in the past year, vs. 56% in Michigan and 58% in the U.S.
 - 65% (59%, 57%) of adults age 50 and over had received a colonoscopy or sigmoidoscopy in the past 5 years, vs. 75% in Michigan and 69% in the U.S.
- Adult Sexual Behavior and Pregnancy Outcomes
 - 3% (4%, 6%) had more than one sexual partner in the past year
 - In 2017, the Lenawee County infant mortality rate was lower than the state rate (Source: <https://www.mdch.state.mi.us/osr/InDxMain/Tab3.asp>)
- Quality of Life
 - 23% (22%, 26%) of adults reported they were limited in some way because of a physical, mental, or emotional problem.
 - 3% (6%, 4%) of Lenawee County adults considered attempting suicide in the past year
 - 28% (26%, 22%) of adults rated their mental health as not good on four or more days in the previous month
- Oral Health
 - 70% (62%, 72%) of Lenawee County adults had visited a dentist in the past year vs. 70% in Michigan and 66% in the U.S.

Note: Many identified health needs are addressed by physicians at the time of related patient visits.

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 improve the health of 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
<u>Priority #1: By 2023, improve the quality of life for Lenawee County Seniors</u>	
• Provide an annual presentation on priority community physical and emotional well-being issues (The first presentation is to be in collaboration with the release of the 2017 Lenawee County Health Assessment data.) • Launch a media campaign that is focused on engaging people in championing their own health and celebrating healthy aging adults and reducing the stigma of ageism (articles, radio ads and social media.) • Launch the Aging Mastery Program that targets the “Jr. Seniors” (ages 50-62.) • Develop and distribute to employers a Lenawee County “Living Well Into Retirement” kit that promotes healthy living and prevention resources for newly retired employees.	• Frank Nagle, ProMedica Bixby and Herrick Hospitals
<u>Priority #2: By 2023, reduce overweight and obesity incidence in Lenawee County residents.</u>	
• Provide an annual presentation on priority community physical and emotional well-being issues (The first presentation is to be in collaboration with the release of the 2017 Lenawee County Health Assessment data.) • Launch a media campaign that is focused on an individual’s power and ability to champion their own health - (articles, radio ads and social media.) • Implement a social media campaign that allows residents to post in real time their celebration of healthy choices • Educate public on how to access mental/emotional health services, both routine and emergency services. • Update both 2-1-1 and the Community Foundation’s Resource Guide to reflect the most recent healthy food and physical activity resources.	• Frank Nagle, ProMedica Bixby and Herrick Hospitals
<u>Priority #3: By 2023, reduce opioid addiction and abuse in Lenawee County.</u>	

• Launch a community education media campaign on the risks of misuse and abuse of opioids. • Develop and distribute Lenawee County substance abuse treatment and recovery access informational materials through community human service agencies and businesses. • Establish an opioid focused task force with key stakeholders in law enforcement, medical, treatment and recovery and prevention.	• April Demers, Lenawee Substance Abuse Coalition • Martha Hall, Lenawee Substance Abuse Coalition
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ProMedica Bixby and Herrick Hospitals participation with organizations addressing these county health priority issues may also include financial support. ProMedica Bixby and Herrick Hospitals, along with many social agencies, schools, faith based organizations and law enforcement may also be addressing health issues that may not be specifically included in these collaborative priority actions

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 – 3.0%, Hispanic – 8.2%, Asian – .5%), and the small number of non-white population responding to the surveys (n=49), 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.

Eight percent (12%, 12%) of Lenawee County adults surveyed were uninsured in 2017, increasing to 20% of those with incomes less than \$25,000. Lenawee County adults had the following issues regarding their healthcare coverage: cost (36%), opted out of certain coverage because they could not afford it (11%), could not understand their insurance plan (6%), difficulty working with their insurance company (6%), service was no longer covered (4%), service not deemed medically necessary (3%), provider was no longer covered (3%), limited visits (3%), opted out of certain coverage because they did not need it (2%), and pre-existing conditions (2%). Nearly one-third (30%) of adults did not get prescriptions from their doctor filled in the past year.

Table 3 – Health Issue	Low Income (<\$25,000)	Lenawee County 2017
Rate health as fair/poor	36%	18%
Uninsured	20%	8%
Rated mental health as not good on four or more days	24%	28%
Current smoker	26%	13%
Used marijuana in the past 6 months	2%	3%

Overweight by BMI	40%	38%
Obese by BMI	34%	38%
Adults who binge drank in past month	N/A	17%
Diagnosed with high blood pressure	45%	37%
Diagnosed with diabetes	17%	12%
Breast exam in past year	33%	67%
Diagnosed with high blood cholesterol	36%	40%
Adults limited in some way	40%	23%
Have more than one sexual partners	4%	3%
Diagnosed with asthma	29%	21%
Adult medication misuse in past six months	12%	6%
Visited a dentist in the past year	52%	70%
Firearm in home	24%	N/A

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. ProMedica is taking a lead in our communities with programs focused on the social determinants of health, specifically focused on food access, job training, and housing.

LENAWEE COUNTY - INFORMATION GAPS

The Lenawee Health Network used the findings from the assessment to closely examine current resources available to Lenawee County residents that 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 lags (2013-2015) and therefore leaves gaps in measurement about the recent impact of community activities on key indicators.

Data is not available on all areas of health to evaluate the health needs of some minority and non-English speaking residents. While local experts and experience supplement statistical data, underlying health beliefs that are at the core of individual health outcomes are thinly identified.

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

ProMedica Bixby and Herrick Hospitals' leadership convened a CHNA committee to thoroughly review the county assessment data, select and prioritize key health indicators specific to their demographic, review available resources and gaps in resources, and develop implementation plans to address the specific needs of the population.

Prioritization of health needs in its community was accomplished by the ProMedica Bixby and Herrick Hospitals' CHNA committee that included: President of Bixby and Herrick Hospitals, Associated Vice President of Operations, Director of Pharmacy, ProMedica Cancer Institute Liaison, RN ProMedica 360, Diabetes Self-Management Program Coordinator, Manager of Nutrition Services, Manager Quality, Utilization Management, and Stroke, Director Emergency Services and Manager of Population Health. The ProMedica Bixby and Herrick Hospitals' CHNA committee developed the hospital CHNA and implementation plan, following the Lenawee Health Network CHIP Strategic Planning process, through the following steps.

- Review of existing Lenawee County primary and secondary data sources;
- Review of Lenawee County strategic plan;
- Discussion and ranking of priority health issues for each hospital, separately;
- Identification of current community resources which address the priority health issues;
- Discussion of gaps in county-level services and programming;
- Discussion of effective programs, policies, and strategies to recommend for implementation;
- Identification of specific implementation action steps for each of the next three years (2020-2022); and
- Board of Trustee review and approval of the CHNA and three year plan

Along with state and U.S. data comparisons, key secondary health data considered for the hospital CHNA include the leading causes of death

Table 4 Lenawee County Leading Causes of Death 2013	Age Adjusted Mortality Rate		
	Total	MI	U.S.
1. Heart Disease	194.7	195.9	165.5
2. Cancer	160.3	161.1	155.8
3. Unintentional Injuries	50.0	53.9	47.4
4. Chronic Lower Respiratory Diseases	70.4	44.3	40.6
5. Stroke	30.1	39.2	37.3
6. Alzheimer's Disease*	53.2	34.5	30.3
7. Diabetes Mellitus	26.2	22.1	21.0
8. Kidney Disease	*	14.7	13.1
9. Pneumonia/Influenza	17.1	14.1	13.5
10. Intentional Self-harm (Suicide)	*	13.5	13.5

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 health of need, as discussed below.

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

Following a review and discussion of health data and community needs, as well as organizational and community programs to address the county health priorities, ProMedica Bixby Hospital identified the following priority health needs, listed in order of priority:

1. Opioids and Substance Abuse

- Adults who used other recreational drugs in the past 6 months increased from <1% in 2014 to 5% in 2017.
- 6% of adults had used medication not prescribed to them or they took more than was prescribed to feel good or high and/or more activity or alert during the past 6 months, increasing to 12% of those with incomes less than \$25,000.

2. Chronic Disease Prevention

- 76% of Lenawee County adults were overweight (38%) or obese (38%) based on Body Mass Index (BMI).
- 37% of adults had been diagnosed with high blood pressure, which has increased from 33% in 2014.
- 9% of adults experienced at least one food insecurity in the past year.
- Lenawee County adults diagnosed with diabetes also had one or more of the following characteristics or conditions – 93% were obese or overweight, 78% had been diagnosed with high blood pressure, 71% had been diagnosed with high blood cholesterol.
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ProMedica Herrick Hospital will specifically implement programs to address the following health needs, listed in order of priority:

1. Mental Health

- 28% of Lenawee County adults rated their mental health as not good on four or more days in the previous month.
- The average days that mental health was not good in the past month increased from 3.7 in 2014 to 4.7 in 2017.
- 12% of adults reported they had looked for programs for themselves for depression, anxiety, or mental health.

2. Cancer

- Cancer was the second leading cause of death in the county in the time period of 2013 – 2015. Lung and bronchus cancer was the leading type of cancer.

- 13% of adults in Lenawee County are current smokers. 9% of high school students reported they smoked cigarettes during the past month for the time period of 2015-2016.

The above priorities not only address some leading causes of death in the county, but also align with initiatives prioritized in Healthy People 2020. Due to the growing health impact opioid and substance abuse plays in health and well-being – it was determined that the community would collectively focus on these issues collaboratively. ProMedica Bixby Hospital was awarded HRSA funding to support the development of a countywide strategic plan to reduce opioid addiction, abuse, and associated mortality. Collaborations through the Lenawee Health Network and Lenawee Substance Abuse Prevention Coalition will result in the development of the community driven project leading toward implementation of developed models.

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 prioritized health issues, as well implementing hospital plans to support these initiatives (Table 2). The Lenawee Health Department provided feedback for the hospitals’ joint CHNA and implementation plans, to confirm these plans from a public health expert perspective.

VIII. PROMEDICA BIXBY AND HERRICK HOSPITALS – COMMUNITY 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. Table 2 indicates many of the community wide organizations and coalitions addressing the prioritized county strategic plan issues. ProMedica participates with many of these organizations and coalitions through representation and/or funding.

Although community organizations, schools and faith based organizations may have internal programs that are not known widely, the following areas were identified as not having specific programs to address these issues in the larger community: underage drinking, binge drinking, youth carrying weapons, youth who purposefully hurt themselves, youth violence at school, youth violence in neighborhoods, youth marijuana use, and delaying first sexual intercourse. Due to the size of the greater Toledo community, it is difficult to inventory all resources and gaps, even with the input of multiple organization and individuals.

The Lenawee Health Network gap analysis documented the community organization and coalitions with programs meeting identified focus areas. Table 2 indicates the community wide organizations and coalitions addressing the prioritized Lenawee County strategic plan, and Bixby and Herrick Hospitals participate in this plan, and with many of these organizations and coalitions through representation and/or funding, also indicated in Table 2.

With that being said, ProMedica Bixby and Herrick Hospitals maintain awareness of the primary health issues identified for the county, and demonstrate 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 health needs.

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

In 2019, using the Lenawee Health Network CHIP strategic plan, ProMedica Bixby and Herrick Hospitals commenced with the CHNA strategic planning process, whereby they analyzed and discussed data, selected and prioritized focus areas for each hospital-based CHNA implementation plan, reviewed resources and gaps in resources, and developed hospital-based implementation plans, taking into consideration the county strategic plan, as well as Healthy People 2020. No community feedback was received on the previous CHNA posted on the ProMedica website. Following this process, the hospitals identified the following health priorities, listed in order of priority:

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

1. Opioids and Substance Abuse
2. Chronic Disease Prevention

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

1. Mental Health
2. Cancer

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. As part of the related three-year implementation plan, specific actions and measures will be implemented to maximize impact of these plans.

To achieve maximum impact, ProMedica Bixby and Herrick Hospitals will continue to collaborate with community organizations that share commitments to a healthier region. Collaborations include participation, gifts, in kind support, and coordinated interventions. The hospitals also provide charitable funding for various community programs and help organize volunteers and fund raising for community charities.

The implementation plans for these priorities include specific programs and measurements that will occur annually and progress will be reported at least annually to hospital 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. Many health issues are addressed by physicians at a related patient visit.

Following approval of ProMedica Bixby and Herrick CHNA and implementation plan by the ProMedica hospitals' board of trustees, the execution of the implementation action plans will be initiated in 2020, with some programs already in place.

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 by 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 this needs assessment is inherent in the hospital budget. The 2019 Joint Community Health Needs Assessment and 2020-2022 Implementation Plan was adopted and approved by the ProMedica Bixby and Herrick Hospitals' Board of Trustees on November 14, 2019.

X. 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, may be found on the Hospital Council of Northwest Ohio website: <https://www.hcno.org/community-services/community-health-assessments/>

To provide feedback or for any questions related to the ProMedica Bixby and Herrick Hospitals' community health needs assessment and implementation plans, or to request a free, printed copy of the assessment, please email: gaye.martin@promedica.org or call hospital administration at 517-265-0390.