CHARLES & VIRGINIA HICKMAN HOSPITAL

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Approved and Adopted by the ProMedica Charles & Virginia Hickman Board of Trustees
December 5, 2022

PROMEDICA CHARLES & VIRGINIA HICKMAN HOSPITAL

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TABLE OF CONTENTS

I. INTRODUCTION

ProMedica Charles & Virginia Hickman Hospital, a member of ProMedica Health System, is a committed healthcare resource in southeast Michigan, providing acute emergency services, medical and surgical inpatient and outpatient services, as well as medical specialty and cancer care. ProMedica's mission is to improve the health and well-being of the communities we serve. As a not-for-profit hospital, all patients are treated regardless of their ability to pay.

ProMedica Charles & Virginia Hickman Hospital conducted and adopted the current community health needs assessment (CHNA) in 2022, and will implement the associated three-year, strategic plan beginning in 2023. ProMedica Charles & Virginia Hickman Hospital participated in the 2021 Lenawee County Health Assessment (CHA), which was cross-sectional in nature and included collection and analysis of adult health data. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment. 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. Following the formal county assessment survey process ProMedica Charles & Virginia Hickman Hospital with the Lenawee Health Network, comprised of multiple community organizations, collaborated to develop a community health improvement plan (CHIP) for Lenawee County. A resource assessment and gap analysis were compiled as part of this process.

In 2022, ProMedica Charles & Virginia Hickman Hospital 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 hospital received feedback on the CHNA plan from the Lenawee County Health Department, to confirm these needs from a community health expert perspective.

ProMedica Charles & Virginia Hickman Hospital will specifically implement programs to address the following health needs, prioritized by ranking methodology, and listed in priority order:

1. Behavioral & Mental Health
2. Social Determinants of Health
3. Chronic Conditions
4. Health Equity

ProMedica Charles & Virginia Hickman Hospital will also collaborate with the Lenawee Health Network to support its strategic initiatives. ProMedica Health System community health programs and initiatives are developed and implemented with Social Determinants of Health, healthy aging, infant mortality and Diversity, Equity and Inclusion as core strategic priorities addressing health disparities and inequities across the communities ProMedica serves.

The ProMedica Charles and Virginia Hickman Hospital's CHNA may be accessed at: https://www.promedica.org/about-promedica/

II. PROMEDICA CHARLES & VIRGINIA HICKMAN HOSPITAL COMMUNITY SERVICE AREA

The definition of the primary community served by ProMedica Charles & Virginia Hickman Hospital for this assessment is Lenawee County, Michigan, located in southeast Michigan. Patient data indicates that 93.53% of the hospital's inpatients, and 91.51% of emergency department patients reside in Lenawee County, with a total county population estimate of 98,956 (V2021). ProMedica Charles & Virginia Hickman Hospital is one hospital serving Lenawee County and one of 10 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. For the purpose of this assessment, health statistics and factors for Lenawee County were reviewed and used. (Note: For the remainder of this document, statistics in parentheses refer to data from previous health assessments, when available, to be used for comparison.)

Demographic review of Lenawee County, Michigan**,** shows that it is home to 98,956 residents. Approximately one-fifth, 20.8% (21.2%), of residents were youth under 18 years of age, 5.1% (5.5%) of residents were under 5 years, and 19.7% (19.0%) were age 65 or older. The majority 93.7% (92.3%, 87.4%) of the population is Caucasian, 2.9% (3.0 %, 2.5%) are African American, 8.6% (8.2%, 7.6%) are Hispanic, 0.5% (0.5%, 0.5%) Asian and 2.3% (2.1%, 2.2%) are two or more races. The median household income in Lenawee County was $57,314 ($51,339, $48,118) with 9.5% (10.4%, 14.5%) of all Lenawee County individual residents had an income below the poverty level. (Source: https://www.census.gov/quickfacts/, V2021). In August 2020, the unemployment rate was 7.6% (5.2%), with 18% of Lenawee County adults uninsured.

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

https://www.promedica.org/about-promedica/ that are available to respond to the health needs of the community are listed in Table 1 below, as well as many outpatient facilities, rehabilitation facilities and other programs that are not listed. Due to the presence of other hospital entities in each of the contiguous five counties, ProMedica Charles & Virginia Hickman Hospital focuses most if its community health efforts in Lenawee County/Adrian area - leaving the individual county health improvement efforts to the hospitals located in each county.

Table 1 - Hospitals Serving the Five County Secondary Service Area	
ProMedica Charles & Virginia Hickman Hospital	Adrian, 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 Charles & Virginia Hickman Hospital also leads the Lenawee Health Network and collaborates other entities to address issues in our service area. Community organizations who participated in the health assessment and strategic planning process are listed on page 13.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

The ProMedica Bixby and Herrick Hospital 2019 Joint Community Health Needs Assessment was posted online inviting feedback from the community, with no inquiries over the past three years. In September of 2020, these two hospitals merged operations in the newly constructed ProMedica Charles & Virginia Hickman Hospital. The state-of-the-art facility provides the community with the newest innovations and higher quality healthcare across rural Lenawee County.

The 2019 Community Health Needs Assessment identified several significant health needs. Beginning in 2020, ProMedica Bixby and Herrick Hospitals implemented programs in Lenawee County to address the following health needs, listed in order of priority with the following impact demonstrated in 2020 and 2021. (Note: Priorities 1 and 2 were initiated by ProMedica Bixby Hospital in 2020 and continued in 2021, and Priorities 3 and 4 were initiated by ProMedica Herrick Hospital in 2020 and continued in 2021; and all priorities were continued after ProMedica Bixby Hospital and ProMedica Herrick Hospital merged operations under ProMedica Charles & Virginia Hickman Hospital. (Note: 2022 actions taken were not complete at the time of this publication and will not be included in this summary):

1. Health Priority: Opioids and Substance Abuse

Strategies – Participate in community drug take back days annually and med safe collection and disposal. Offer peer recovery coaches for those patients seeking help with substance abuse. Continue the ALTO (alternatives to opioids) project to reduce the amount of opioids prescribed at discharge for patient pain management.

Actions taken in 2020 and 2021:

- In 2020, 311 pounds of drugs were collected and disposed of appropriately from med safe

boxes.

- In 2020, developed an outline for virtual connection to peer recovery coaches with Community Mental Health & Pathways for post discharge treatment.
- Using the ALTO program, in 2020, the average number of days opioids were prescribed at discharge: January was 3.19 days and December was decreased to 3.06 days.
- In 2021, 1,048 pounds of drugs were collected from med safe boxes and drug take back day events and disposed of appropriately.
- In 2021, fifteen (15) patients were connected to peer recovery coaches with Community Mental Health & Pathways for post discharge treatment.
- Us the ALTO program the average number of days opioids were prescribed at discharge was decreased to 3.06 days by December 2020 and decreased further to 2.836 in 2021.

2. Health Priority: Chronic Disease Prevention

Strategies: Provide annual blood pressure screenings at key community locations. Provide annual blood sugar screenings at key community locations. Provide education to the community about blood pressure and blood sugar self-monitoring via virtual support group meetings. Provide education materials related to respiratory disease (COPD) prevention and self-management to patients at discharge and at key community locations. Continue to fund ProMedica Farms and Veggie Mobile program to expand the outreach of fresh produce assess through collaborations with local producers and community agencies. Screen inpatients for food insecurity, and provide community resource listing, immediate food source, and veggie mobile voucher.

Actions taken in 2020 and 2021:

- Provided 73 community participants with blood pressure screenings in 2020.
- Hospital provided 33 no cost blood sugar screenings and education at key community locations in 2020.
- Blood sugar education was distributed to 131 community members, with virtual diabetes management support groups provided in April-December 2020.
- In 2020, developed printed COPD education materials in fourth quarter to distribute to community in future.
- In 2020, total fresh produce donated to the community was 6,484.32 pounds, including 2,349 pounds donated by Meijer.
- 18 food at discharge boxes were provided to patients who screened positive for food insecurity in 2020.
- Provided 82 community participants with blood pressure screenings and education in 2021.
- Hospital provided three (3) no cost blood sugar screenings and education at key community locations in 2021 due to COVID restrictions these screenings were only offered in 4th quarter 2021.
- 40 community members received self-monitoring education related education at blood pressure support groups and diabetes support groups.

- Second quarter 2021, distributed tobacco cessation education to five (5) community members at screening station. 4th quarter 2021, distributed COPD educational to 30 community members at resident coalition 2nd Friday event.
- In 2021, total fresh produce donated to the community was 5,022.8 pounds.
- Four (4) food at discharge boxes were provided to inpatients who screened positive for food insecurity in 2021.

3. Health Priority: Mental Health

Strategies: Develop and distribute a mental health resource guide to patients and the community. Provide community members and patients with mental health self-management and prevention education materials.

Actions taken in 2020 and 2021:

- 616 mental health resource guides were distributed to patients and the community in 2020, to improve access to these resources.
- Provided 385 packets of mental health self-management and prevention education materials to community members and patients in 2020.
- 860 mental health resource guides were distributed to patients and the community in 2021, to improve access to these resources.
- Provided 682 packets of mental health self-management and prevention education materials to community members and patients in 2021.

4. Health Priority: Cancer

Strategies: Provide health education related to screening and prevention of cancer in Lenawee County by training hair stylists, food pantries, and key community organizations to be cancer health advocates through the delivery of messages and education to the community. Continue participation in Breast and Cervical Cancer Control Program (BCCP) for free women's health screenings.

Actions taken in 2020 and 2021:

- 200 educational packets about screening and prevention of cancer were distributed to community members by five (5) salons in 2020.
- 44 women were provided with no cost women's health screenings in 2020 through the Breast and Cervical Cancer Control Program (BCCP).
- In 2021, 50 educational packets about COPD and lung cancer were distributed to community members at All About Adrian resident event.
- 13 women were provided with no cost women's health screenings in 2021 through the Breast and Cervical Cancer Control Program (BCCP).

The information above reflects activities that were implemented to address 2019 CHNA hospital priority issues in 2020 and 2021 – 2022 statistics were not complete at the time of this document. Additional measure of impact should be reflected in future county health assessments. The 2019 Community Health Needs Assessment for ProMedica Charles & Virginia Hickman Hospitals was posted online inviting feedback from the community, with no inquiries over the past three years.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT

ProMedica Charles & Virginia Hickman Hospitals' process for identifying and prioritizing community health needs and services included:

- Review and discussion of the Lenawee County Health Assessment, including primary and secondary data, and the county health improvement plan (CHIP), including gaps and resources
- Discussion, selection and prioritization of priority health needs to address over the next three years, using a ranking methodology to prioritize needs
- Identification of evidence-based programs to improve these health needs, when available
- Development of final hospital CHNA and three-year implementation plan to present to the hospital board for approval prior to posting online

The health areas that were examined by the formal county health 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 Charles & Virginia Hickman Hospitals utilized the data provided in the most recent Lenawee County Health Assessment as the basis for the hospital community health needs assessment and plan. 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 page 13 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 Dr. 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 Dr. 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.

This community health assessment was cross-sectional in nature and included a written survey of adults within Lenawee County, using MiPHY data for youth. 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.

The hospital facility took into account input from persons who represent the community by participating with other organizations in Lenawee County (page 13) 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. 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 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 Charles & Virginia Hickman Hospital is the only hospital 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

Following the community assessment data release, the Lenawee Health Network, including key community leaders, participate in an organized process of community health improvement planning (CHIP) to create a three-year plan to improve the health of residents of the county. The process was facilitated by ProMedica Charles & Virginia Hickman Hospital and conducted with Lenawee Health Network (LHN) and community members. ProMedica Charles & Virginia Hickman Hospital serves as the backbone organization and appoints the chairperson to lead the LHN. LHN members and community

participants met to thoroughly review community health assessment data, trends, and other information to inform the selection and ranking of community health improvement priorities for the next three years.

The Lenawee Health Network met June through December 2021 to develop the three-year strategic plan which addresses the priority areas, recommends strategies and interventions, and identifies outcome measurements to monitor progress. The LHN concluded this process by reviewing each of the health issues previously identified, to determine the priority challenges to address over the next three years based on: the number of persons affected, health disparities in specific zip codes and or census tracts, and the ability for multiple agencies, organizations and networks to align a collaborative effort to improve the health and well-being of the community. Using the most recent Lenawee County CHIP, the priority health issues for Lenawee County included:

1. Leadership
2. Chronic Conditions
3. Behavioral Health
4. Determinants of Health

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

Catholic Charities of Jackson, Hillsdale, & Lenawee Counties
Community Action Agency of Jackson, Lenawee & Hillsdale Counties
Cradle to Career
Family Medical Center of Michigan
Goodwill Industries of SE Michigan
Head Start, Adrian Public Schools
Hospice of Lenawee
Interconnections Drop-In Center
Lenawee Community Foundation
Lenawee County Department of Veterans Affairs
Lenawee County Health Department
Lenawee Community Mental Health Authority
Lenawee Department on Aging
Lenawee Department of Health and Human Services
Lenawee Intermediate School District
Lenawee Substance Abuse Prevention Coalition
MSU-Extension
One Lenawee
ProMedica Charles & Hickman Hospital
Region 2 Area Agency on Aging
The Care Pregnancy Center of Lenawee
United Way of Monroe/Lenawee Counties
Thome PACE
YMCA of Lenawee County.

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 a master's degree in public health. ProMedica Charles & Virginia Hickman Hospitals participated in the development of the county health assessment survey and health improvement plan for Lenawee County.

The Lenawee Health Network Community Health Improvement Plan was written based on the conclusions and recommendations of all participating organizations in meetings and network strategic planning meetings to align efforts within the county. The Lenawee Health Network Strategic Plan was approved in December of 2021.

V. LENAWEE COUNTY COMMUNITY HEALTH NEEDS & PRIORITIES

Key findings that were identified in the 2020 Lenawee Health Network Health Assessment include the following:

- Health Care Coverage
  - Eighteen percent (18%) of Lenawee County adults were without health care coverage.
  - Those most likely to be uninsured were those with an income level under $25,000 (38%).
- Access and Utilization
  - Sixty-six percent (66%) of Lenawee County adults visited a doctor for a routine checkup in the past year.
  - Eighty-nine percent (89%) of adults indicated they had at least one person they thought of as their personal doctor or health care provider.
- Preventative Medicine
  - Sixty-five (65%) of Lenawee County adults had a flu vaccine during the past year.
  - Three-quarters (75%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.
- Women's Health
  - Forty-eight percent (48%) of women ages 40 and over had a mammogram in the past year.
  - Thirty-five percent (35%) of women had a clinical breast exam within the past year.
  - Seventy percent (70%) of women ages 21-65 had a Pap smear in the past three years.
  - Forty-six percent (46%) of women were obese, 35% had high blood cholesterol, 23% had high blood pressure, and 17% were identified as smokers, all known risk factors for cardiovascular diseases.
- Men's Health
  - Nearly half (48%) of Lenawee County males age 50 and over had a PSA test in that past year.

  - Nearly half (44%) of men had high blood cholesterol, 33% had been diagnosed with high blood pressure, and 14% were identified as smokers, which, along with obesity (33%), are known risk factors for cardiovascular diseases.
- Oral Health
  - Seventy percent (70%) of Lenawee County adults visited a dentist or dental clinic in the past year.
  - Twenty-six percent (26%) of adults did not see a dentist in the past year due to cost.
- Health Status Perceptions
  - Over half (52%) of Lenawee County adults rated their health status as excellent or very good.
  - Conversely, 20% of adults described their health as fair or poor, increasing to 45% of those with incomes less than $25,000.
- Adult Weight Status
  - Seventy-four percent (74%) of Lenawee County adults were overweight or obese based on body mass index (BMI).
  - Almost one-fourth (24%) of adults did not participate in any physical activity in the past week, including 2% who were unable to exercise.
- Adult Tobacco Use
  - Sixteen percent (16%) of Lenawee County adults were current smokers and 27% were considered former smokers.
  - Seven percent (7%) of adults were current electronic vapor product users.
- Adult Alcohol Consumption
  - Almost half (48%) of Lenawee County adults had at least one alcoholic drink in the past month and would be considered current drinkers.
  - Sixteen percent (16%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.
- Adult Drug Use
  - Twelve percent (12%) of Lenawee County adults had used recreational marijuana or hashish during the past 6 months.
  - Five percent (5%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- Adult Sexual Behavior
  - Seventy-one percent (71%) of Lenawee County adults had sexual intercourse in the past year.
  - One percent (1%) of adults had more than one sexual partner in the past year.
- Adult Mental Health
  - Four percent (4%) of Lenawee County adults considered attempting suicide.
  - Thirty-four percent (34%) of adult reported they or a family member were diagnosed with, or treated for, anxiety or emotional problems.
- Cardiovascular Health

- More than one-fourth (27%) of adults had high blood pressure and 39% had high blood cholesterol.
- Four percent (4%) of adults survived a heart attack and 3% survived a stroke.

- Cancer
  - Eleven percent (11%) of Lenawee County adults were diagnosed with cancer at some point in their lives, increasing to 32% of those over the age of 65.
- Asthma
  - Fifteen percent (15%) of adults had been diagnosed with asthma.
- Diabetes
  - Thirteen percent (13%) of Lenawee County adults had been diagnosed with diabetes.
  - Three percent (3%) of adults had been diagnosed with pre-diabetes or borderline diabetes.
- Quality of Life
  - In 2020, the most limiting health problems for Lenawee adults were back or neck problems (53%); stress, depression, anxiety, or emotional problems (46%); and arthritis/rheumatism, chronic pain (31%).
- Adult Social Determinants of Health
  - In the past month, 7% of Lenawee County adults reported needing help meeting general daily needs such as food, clothes, shelter, or paying for utility bills.
  - About one-in-seven (17%) adults experienced four or more adverse childhood experiences (ACEs).
- Environmental Health
  - Lenawee County adults indicated that insects (10%), mold, and bed bugs (7%) threatened their health in the past year

Youth Health

- Youth Weight Status
  - Almost one-fifth (18%) of middle school youth and 19% of high school youth were considered obese.
  - Over one-quarter (27%) of middle school and 21% of high school youth reported they ate five or more servings of fruits and vegetables per day.
- Youth Tobacco Use
  - Seven percent (7%) of middle school youth had used an electronic vapor product in the past month, and 22% of high school youth had used an electronic vapor product in the past month.
- Youth Alcohol Consumption
  - Two percent (2%) of middle school youth had at least one drink in the past 30 days, defining them as a current drinker.
  - One-in-seven (14%) high school youth were current drinkers.
- Youth Drug Use
  - Three percent (3%) of middle school youth and 2% of high school youth had taken a prescription drug such as Ritalin, Adderall, or Xanax without a doctor's prescription in the past month.
- Youth Sexual Behavior

- Four percent (4%) of middle school youth and 26% of high school youth reported they had ever had sexual intercourse.
- Six percent (6%) of high school youth had sexual intercourse with four or more people in their life.

- Youth Mental Health
  - Almost one-third (30%) of middle school youth and 42% of high school youth reported they felt so sad or hopeless for almost every day for two weeks or more in a row that they stopped doing some usual activities.
  - Nearly one-fifth (19%) of high school youth reported they had made a plan about how they would attempt suicide, and 14% had attempted suicide in the past year
- Youth Safety, Bullying, Danger, and Violence
  - Thirty-five percent (35%) of Lenawee County middle school youth had been bullied on school property in the past year.
  - Thirty-one percent (31%) of high school youth texted or e-mailed while driving a car or other vehicle in the past month.
- Youth Community Domain
  - Half (50%) of middle school youth reported they knew an adult in their neighborhood they could talk to about something important.
  - Over one-fifth (21%) of high school youth reported their neighbors notice when they are doing a good job and let them know.
- Youth Family Domain
  - Seventy-six percent (76%) of middle school youth and 58% of high school youth reported their parents noticed when they were doing a good job and let them know it.
- Youth Individual and Peer Domain
  - Sixty-five percent (65%) of middle school youth and 67% of high school youth reported that having five or more drinks of alcohol once or twice each weekend to be a moderate or great risk.
- Youth School Domain
  - Sixty-six percent (66%) of middle school youth and 54% of high school youth reported their teachers notice when they are doing a good job and let them know it.

Child Health

- Health and Functional Status
  - Ninety-eight percent (98%) of Lenawee County parents rated their child's health as excellent (67%) or very good (31%).
  - Twenty percent (20%) of children were classified as obese by body mass index (BMI) calculations.
- Health Care Access
  - Eighty-three percent (83%) of children had one or more people they thought of as their child's personal doctor or nurse.
  - Sixteen percent (16%) of parents reported their child did not get all of the prescription medications they needed in the past year.

- Ninety-five percent (95%) of children had visited their health care provider for preventive care in the past year.

- Early Childhood (0-5 Years Old)
  - The following information was reported by parents of 0-5 year olds.
  - Eighty-six percent (86%) of mothers got prenatal care within the first three months during their last pregnancy.
  - Nineteen percent (19%) of mothers received WIC services during their last pregnancy.
  - Eighty-five percent (85%) of parents put their child to sleep on his/her back.
  - Twelve percent (12%) of mothers never breastfed their child.
- Middle Childhood (6-11 Years Old)
  - The following information was reported by Lenawee County parents of 6-11-year old's.
  - Eighty-one percent (81%) of children participated in extracurricular activities at some point in the past year.
  - Thirty-eight percent (38%) of parents reported their child was bullied at some point in time in the past year.
- Family and Community Characteristics
  - Nearly half (49%) of parents reported that every family member who lived in their household ate a meal together every day of the week.
  - Sixty-two percent (62%) of children never attended a religious service in the past month.
  - Five percent (5%) of children experienced one or more ACEs in their lifetime, increasing to 33% of those with incomes less than $25,000.
- Parent Health
  - Sixty-five percent (65%) of parents rated their health as excellent or very good, decreasing to 60% of parents with children 0-5 years old.
  - In the past year, 34% of parents missed work due to their child's illness or injuries.

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

The Lenawee Health Network, using the 2021 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 social 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	**Organization Addressing Issue**
Priority #1: Behavioral Health	
○ Substance Use	Superior Health – Stigma Training Interconnections Tobacco Cessation weekly group (free/no insurance) ProMedica CVH – Drug Take Back Day Event LSAPC

	Lenawee Community Mental Health Authority
○ Mental Health	Lenawee Community Mental Health Authority ProMedica CVH MSU-E Veterans Affairs
○ Trauma & Resilience	Lenawee Community Mental Health Authority ProMedica CVH
Priority #2: Chronic Conditions	
• Preventative Services (self-monitoring)	United Way of Monroe & Lenawee Counties Region 2 AAA Department on Aging MSU-E ProMedica CVH/Farm Local transportation providers DHHS All About Adrian Resident Coalition Superior Health
• Overweight/Obesity Incidence	Boys and Girls Club of Lenawee YMCA of Lenawee County ProMedica CVH/Farm Department of Aging Region 2 AAA
• **Priority #3: Determinants of Health**	
• Financial Strain	ProMedica CVH/Farms Financials Stability Coalition Community Action Agency Mi-Works
• Food Insecurity	ProMedica CVH/Farms City Refuge Ministries Hunger Free Lenawee
• **Priority #4: Leadership**	
• Coalition Capacity Building	Superior Health ProMedica CVH Health Department FMC Region 2 AAA YMCA of Lenawee Lenawee Community Mental Health Authority

ProMedica Charles & Virginia Hickman Hospital's participation with organizations addressing these county health priority issues may also include financial support. ProMedica Charles & Virginia Hickman 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. ProMedica is taking a lead in our communities with programs focused on the social determinants of health, including food access, transportation, financial strain and preventive health services.

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 – 2.9%, Hispanic – 8.6%, Asian – .5%), and the small number of non-white populations responding to the

survey (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. The 2020 Lenawee County Health Assessment data identified that 18% of Lenawee County adults were without health care coverage.

In the Lenawee County, 9.5% of residents live below the poverty level (Source U.S. Census, V2021). Although the percent of minority individuals included in the survey (6.3% non-White) does not allow for valid statistical analysis for these populations, in almost every category of the Lenawee County community health needs assessment, individuals with an income less than $25,000 had poorer access than other income levels.

Primary and chronic disease needs, and other prevalent health issues, were more problematic for uninsured, those under age 30 and low-income (income < $25,000) adults in most areas surveyed. Eighteen percent of Lenawee County adults surveyed were uninsured in 2020, increasing to 38% of those with incomes less than $25,000. Health issues of low-income (<$25,000 annual income) adults include: uninsured, rated health and mental health worse than those with incomes above $25,000, current smoker, used marijuana in the past six months, and visited a dentist in past year. Table 3 below shows county health comparisons for low-income persons with an annual income less than $25,000 compared to all adults in the county.

Table 3 – Health Issue	Low Income (<$25,000)	Lenawee County 2020
Rate health as fair/poor	26%	28%
Uninsured	38%	18%
Rated mental health as not good on four or more days	33%	28%
Current smoker	36%	16%
Used marijuana in the past 6 months	23%	12%
Overweight by BMI	34%	34%
Obese by BMI	33%	40%
Adults who binge drank in past month	N/A	16%
Diagnosed with high blood pressure	19%	27%
Diagnosed with diabetes	12%	13%
Breast exam in past year	43%	35%
Diagnosed with high blood cholesterol	29%	39%
Have more than one sexual partners	0%	1%
Diagnosed with asthma	8%	15%
Adult medication misuse in past six months	5%	5%
Visited a dentist in the past year	29%	70%
Firearm in home	15%	50%

The Lenawee Health Network 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 Lenawee County, and other

communities, with programs focused on the social determinants of health, including food access, transportation, financial strain and preventive health services.

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.

The formal county assessment provided sufficient primary data, some secondary and public health data is relatively outdated (2018-2020) and therefore leaves gaps in measurement about the recent impact of community activities on key indicators.

The community needs assessment, historical referral data, and statewide databases provide a rich amount of information to determine the general state of the community. However, the data has limitations, including the age of public health data. Data is not available for all areas of health to evaluate the health needs of minority and non-English speaking residents.

It should be noted that one gap includes statistical generalizations for minority populations due, in part, to the relatively low number of minorities in the county and the low number of minority responses to the survey (non-white = 6.3%). Each action plan will consider the impact on low income and underserved populations. 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 CHARLES & VIRGINIA HICKMAN HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Charles & Virginia Hickman Hospital leadership convened a CHNA committee to conduct their community health needs assessment and develop implementation plans to address the specific needs of the population. Prioritization of health needs in its community was accomplished by the ProMedica Charles & Virginia Hickman Hospital CHNA committee that included staff from administration and various areas involved in patient care. The hospital CHNA committee developed the CHNA and implementation plan, using the most recent Lenawee County CHA data and CHIP plan, through the following steps:

- Review of existing Lenawee County primary and secondary data sources
- Review of Lenawee Health Network Community Health Improvement Plan (CHIP), including gaps and resources

- Discussion, selection and ranking of priority health issues, prioritized through ranking methodology
- Discussion of effective programs, policies, and strategies to recommend for implementation
- Identification of specific implementation actions steps, and outcome measures, for the next three years (2023-2025)
- Board of Trustee review and approval of the hospital Community Health Needs Assessment (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 2018-2020	
	Rate
1. Heart Disease	278
2. Cancer	230.6
3. Chronic Lower Respiratory Disease	72
4. Accidents, Unintentional Injuries	61.6
5. Alzheimer's Disease	59.1
(Source: CDC Wonder, 2018-2020	

Although some specific areas of the Lenawee County CHIP were not identified as part of the ProMedica Charles & Virginia Hickman Hospital CHNA plan, ProMedica collaborates in many areas of the county plan through various community health coalitions and initiatives, and the hospital will focus on the priority areas of need discussed below.

VII. PROMEDICA CHARLES & VIRGINIA HICKMAN HOSPITAL COMMUNITY HEALTH NEEDS & PRIORITIES

Following a review and discussion of health data and community health priorities, as well as organizational and community programs to address these health priorities, ProMedica Charles & Virginia Hickman Hospital identified the following priority health needs, listed in order of priority, and prioritized through ranking methodology, with supporting statistics from the county CHA, as follows:

1. Health Priority: Behavioral Health – Mental Health, Suicide Prevention, and Overdose Prevention

- Rated mental health not good on four or more days – increasing from 22% to 28%
- In 2020, 4% of Lenawee County adults considered attempting suicide.
- Thirty-four percent (34%) of adults reported they or a family member were diagnosed with, or treated for, anxiety or emotional problems.

- Used recreational marijuana or hashish in the past six months – increase from 5% to 12% over the last four survey periods (no state or U.S. comparisons were available)
- Lenawee County opioid-related overdose deaths increased from 1 death in 2013 to 11 deaths in 2017 (most recent data).

2. Health Priority: Social Determinants of Health – Social Isolation, Transportation and Financial Strain

- SDOH screening of hospital inpatients showed the percent of patients with:
  - Social isolation went from 9% in 2020 to 25% in 2022 (partial data)
  - Financial strain went from 8% in 2020 to 31% in 2022 (partial data)
  - Transportation needs went from 3% in 2021 to 6% in 2022 (partial data)

3. Health Priority: Chronic Conditions

- Told by a doctor they have diabetes – increasing from 8% to 13% over the last three survey periods, with 11% for state and U.S.
- Had been told their blood cholesterol was high – increasing from 35% to 39% over the last three survey periods, compared to 35% for state and 39% for the U.S.
- Had their blood cholesterol checked with the last five years - increasing from 80% to 84% over the last three survey periods, vs. 91% for the state and 87% for the U.S.
- Current smoker - increased from 13% to 16% since the last period

4. Health Equity

- In most areas that were measured in the Lenawee County Health Assessment, those with Income less than $25,000 of annual income measured worse compared to overall county statistics. See Table 3 for comparisons.
- SDOH screening of older adult hospital inpatients showed the percent of patients with social isolation went from 9% in 2020 to 25% in 2022, to date.

The above priorities not only address some leading causes of death in the county, but also align with initiatives prioritized in Healthy People 2030. It was determined to focus on health equity strategies that increase equitable access to resources and services in underserved census tracts within Lenawee County. Collaborations through the Lenawee Health Network and a local resident coalition will result in the development of the community driven project leading toward implementation of developed models.

ProMedica Charles & Virginia Hickman Hospital is represented and are participating in the execution of the community-wide community benefit plan 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 County Health Department provided feedback for the hospital CHNA plan, to confirm these plans from a public health expert perspective.

VIII. COMMUNITY UNMET NEEDS, GAPS AND RESOURCE ASSESSMENT

ProMedica Charles & Virginia Hickman Hospitals did not address all 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 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 County most recent CHIP process included a resource assessment and gap analysis of the priority health needs. Table 2 indicates many of the community wide organizations and coalitions addressing the prioritized county strategic plan issues. ProMedica Charles and Virginia Hickman Hospital 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 of the CHNA do not have specific programs identified to address some issues, but these health issues are often addressed at physician visits, or by schools, law enforcement and other agencies in the 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 community, it is difficult to inventory all resources and gaps, even with the input of multiple organization and individuals.

ProMedica Charles & Virginia Hickman Hospital maintains 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 taking lead in addressing the prioritized Lenawee County strategic plan health needs. ProMedica is taking a lead in our communities with programs focused on the social determinants of health, specifically the social determinants of health, including food access, financial strain, and transportation.

IX. PROMEDICA CHARLES & VIRGINIA HICKMAN HOSPITAL – IMPLEMENTATION STRATEGY SUMMARY

In 2022, ProMedica Charles & Virginia Hickman Hospitals commenced with the CHNA strategic planning process, whereby they analyzed and discussed data, reviewed the Lenawee County CHIP including resources and gaps in resources, selected and prioritized community health needs for the hospital-based CHNA implementation plan, and developed hospital-based strategic action plans. They took into consideration the Lenawee County strategic plan priorities, as well as Healthy People 2030.

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 Charles & Virginia Hickman Hospital identified the following health priorities, listed in order of importance, and ranked by ranking methodology:

1. Behavioral & Mental Health
2. Social Determinants of Health
3. Chronic Conditions
4. Health Equity

As part of the related three-year implementation plan, specific actions and measures will be implemented to evaluate impact of these plans. In addition to the above hospital specific strategies, ProMedica Charles & Virginia Hickman Hospital will continue to collaborate with the Lenawee County Health Network to support strategic initiatives surrounding those identified needs. Feedback to these priorities was provided by Lenawee County Health Department,

To maximize impact, ProMedica Charles & Virginia Hickman Hospital will continue to collaborate with community organizations that share commitment to a healthier region. Collaborations include participation, 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.

Following adoption and approval of ProMedica Charles & Virginia Hickman Hospital 2022 Community Health Needs Assessment (CHNA) and three-year implementation plan by the board of trustees, the execution of the CHNA plan will be initiated in 2023, with updates of these plans provided to hospital leadership, as well as the board of trustees.

Annual inclusion of a community benefit section in operational plans is reflected in the ProMedica strategic plan that is approved by the board of trustees and monitored by hospital leadership. Top hospital administrators are part of each hospital's CHNA planning and reporting cycles, and assure the plans are operationalized and reported to the board annually.

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 2022 ProMedica Charles & Virginia Hickman Hospital Community Health Needs Assessment and 2023-2025 Implementation Plan were adopted and approved by the ProMedica Charles & Virginia Hickman Hospital Board of Trustees on December 5, 2022.

X. ACCESS TO COMMUNITY HEALTH NEEDS ASSESSMENT AND OTHER RESOURCES

ProMedica Charles & Virginia Hickman Hospital's 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 regional 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 Charles & Virginia Hickman Hospital 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.