MONROE REGIONAL HOSPITAL

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Approved and Adopted by the ProMedica Monroe Regional Hospital Board of Trustees on
November 14, 2022

PROMEDICA MONROE REGIONAL HOSPITAL

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TABLE OF CONTENTS

I. INTRODUCTION

ProMedica Monroe Regional Hospital, a member of ProMedica, is a committed healthcare resource in southeast Michigan, providing acute care and emergency services, medical and surgical inpatient and outpatient services, as well as selected specialty medical and mental health services to patients. 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 Monroe Regional Hospital (PMRH) conducted and adopted this community health needs assessment (CHNA) in 2022 and will implement the associated three-year, strategic plan beginning in 2023. ProMedica Monroe Regional Hospital participated in the Monroe County Health Assessment (CHA) conducted in 2022, 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 to administer the survey and compile the results. Following the formal county health assessment survey, PMRH staff will join multiple community organizations through the Building Healthy Communities Coalition of Monroe County to collaborate, develop and implement a prioritized, strategic community health improvement plan (CHIP) for Monroe County. A gap analysis and resource assessment are conducted as part of this process.

In 2022, ProMedica Monroe Regional Hospital convened a CHNA committee the most recent CHA and to review the most recent Building Healthy Communities Coalition of Monroe County CHIP, that included gap and resource assessments. The committee then selected and prioritized key 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, taking into account the needs of minority and underserved populations. The hospital received feedback on the CHNA plan from the Monroe County Health Department, to confirm these needs from a public health expert perspective.

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

1. Mental Health
2. Social Determinants of Health
3. Chronic Conditions

ProMedica Monroe Regional Hospital will also collaborate with the Building Healthy Communities Coalition of Monroe County to support its strategic initiatives. In addition, as part of 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 full ProMedica Monroe Regional Hospital CHNA may be accessed at https://www.promedica.org/about-promedica/

II. PROMEDICA MONROE REGIONAL HOSPITAL COMMUNITY SERVICE AREA

The definition of the primary community served by ProMedica Monroe Regional Hospital for this assessment is Monroe County, Michigan, with 92.36% of the hospital's inpatients and 92.66% of emergency department patients residing in Monroe County, with a total county population estimate of 155,274 (https://www.census.gov/quickfacts/). ProMedica Monroe Regional Hospital is the only hospital serving Monroe County with multiple hospitals serving in the contiguous counties service area (see Table 1 below). For the purpose of this plan, the health statistics and factors for Monroe County were reviewed and used in completing this community health assessment. (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 Monroe County, Michigan, shows that it is home to 155,274 (149,649) residents. Approximately one-fifth, 21.1% (21.4%), of residents were youth under 18 years of age, 5.1% (5.3%) were under 5 years of age, and 19.3% (18.1%) were age 65 or older. The majority 93.9% (94.4%) of the population is Caucasian, 2.9% (2.6%) are African American, 4.0% (3.7%) are Hispanic, 0.7% (0.7%) are Asian and 2.0% (1.9%) are two or more races. The median household income in Monroe County was $65,453 ($59,479), and 9.7% (11.7%) of all Monroe County persons had an income below the poverty level. In 2022, 1% (4%) of Monroe County residents were uninsured according to the 2022 Monroe County Health Assessment.

Demographics for the secondary service area counties may be found athttps://www.census.gov/quickfacts/. County health assessments for the contiguous counties may be found at: http://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, 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, PMRH focuses most of its community health efforts within the greater Monroe County area, leaving the individual county health improvement efforts to the hospitals located in each county.

Table 1 - Hospitals Serving the Service Area (Four County Secondary Service Area)	
ProMedica Charles & Virginia Hickman Hospital	Adrian, MI (Lenawee)
Arrowhead Behavioral Hospital	Maumee, OH (Lucas)
Mercy St. Anne's Hospital	Toledo, OH (Lucas)
Mercy St. Charles Hospital	Oregon, OH (Lucas)
Mercy St. Vincent/Mercy Children's Hospital	Toledo, OH (Lucas)
ProMedica Flower Hospital	Sylvania, OH

	(Lucas)
ProMedica Toledo Hospital	Toledo, OH (Lucas)
ProMedica Toledo Children's Hospital	Toledo, OH (Lucas)
ProMedica Wildwood Ortho & Spine Hospital	Toledo, OH (Lucas)
St. Luke's Hospital	Maumee, OH (Lucas)
University of Toledo Medical Center	Toledo, OH (Lucas)
Beaumont Trenton	Trenton MI (Wayne)
Henry Ford Wyandotte	Wyandotte MI (Washtenaw)
University of Michigan	Ann Arbor MI (Washtenaw)
St. Joseph Mercy Chelsea	Ann Arbor MI (Washtenaw)
St Joseph Mercy Ann Arbor	Ann Arbor MI (Washtenaw)

ProMedica Monroe Regional Hospital also collaborates with the Building Healthy Communities Coalition and 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 15.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

The ProMedica Monroe Regional Hospital 2019 Community Health Needs Assessment was posted online inviting feedback from the community, with no inquiries over the past three years.

The 2019 Community Health Needs Assessment identified several significant health needs. Beginning in 2020, ProMedica Monroe Regional Hospital implemented programs in Monroe County to address the following health needs, listed in order of priority with the following impact demonstrated in 2020 and 2021 (Note: 2022 actions taken were not complete at the time of this publication and will not be include in this summary):

1. Health Priority: Chronic Disease Prevention

Strategies: Hold 2 risk awareness and educational sessions each year that provide screenings, education and information that include but are not limited to stroke, cancer and other various topics and issues that are important Monroe County families.

Actions taken in 2020 and 2021:

- 14 total community stroke education sessions were held in 2020, with a total of 458 participants.
- 9 patients received no cost women's health screenings through breast and cervical cancer program (BCCP) in 2020.
- 28 education sessions focused on COPD, stroke, childbirth, breastfeeding, healthy eating, cancer, and other health related topics were offered in 2021.

- 598 participants attended education sessions and events, such as the recovery advocacy warrior's annual recovery event, health odyssey sessions, stroke education engagements, and childbirth and breastfeeding workshops in 2021.
- 15 patients received no cost women's health screenings through breast and cervical cancer program (BCCP) in 2021

2. Health Priority: Social Determinants of Health – Food Insecurity

Strategies: Partner with community groups to increase access to food and deployment of food prescriptions. Develop food reclamation program and assess/measure annually. Evaluate employee food insecurity need and deploy food.

Actions taken in 2020 and 2021:

- 17 food prescriptions/referrals were made to community food agencies in 2020.
- Nutrition services donated $1,617 worth of food due to menu change or close to expiration to oaks of righteousness food agency.
- One (1) hospital employee was assisted with food insecurity needs in 2020.
- 30 food prescriptions/referrals were made to community food agencies in 2021.
- Hospital nutrition services reclaimed and donated 350 pounds of food and donated $300 of cooking pans to Oaks of Righteousness food pantry.
- 3 hospital employees food assistance in 2021. One of the three employees was identified with multiple social determinants of health and was connected to a gas card, Kroger gift card for groceries, and a local church food closet for additional food resources.

3. Health Priority: Mental Health

Strategies: Hold screenings and educational sessions each year that provide information on various topics that include but are not limited to anxiety, depression, suicide awareness, suicide prevention, bullying and other issues that are important Monroe County families. Continue to update community resource guide for Monroe County and provide link to community members annually.

Actions taken in 2020 and 2021:

- Ten (10) hospital staff participated in virtual suicide vigil to raise awareness about suicide prevention. In person screenings and education were cancelled due to Covid restrictions.
- Guide was updated and link disseminated to the community through Monroe County Substance Abuse Coalition & Building Healthy Communities Coalition to assist community in finding resources for mental health and substance abuse treatment.
- 475 educational resources were distributed to community members and patients in 2021. Community mental health MyStrength application, suicide prevention, and ProMedica mental health resource guides were distributed in 2021.

- Updated resource guide in 3rd quarter 2021. Guide link continues to be available for the community online to assist community in finding resources for mental health and substance abuse treatment. 373 copies were distributed in public organizations in 4th quarter 2021.
- 25 suicide prevention and outpatient behavioral health resources were distributed at annual recovery picnic.
- In 4th quarter 2021 four education sessions were provided at Health Odyssey on depression and anxiety, memory loss and the youth summit.

4. Health Priority: Obesity – Physical Activity

Strategies: Physical training. Explore opportunities and strategy for exercise voucher program with local fitness centers. Work with local providers on screening and exercise prescription program. Nutrition education - work with ProMedica Wellness to provide nutritional wellness tips to be distributed to community.

Actions taken in 2020 and 2021:

- Met with Go Mad fitness in first quarter of 2020 and facility closed shortly after meeting. Gyms & fitness facilities opened late in third quarter of 2020 and held fourth quarter 2020 meeting with YMCA regarding collaboration.
- First quarter 2020 meeting with the Residence Center to discuss the voucher model for fitness center use. Gyms & fitness facilities closed due to Covid and opened late third quarter 2020 and discussions will resume with Residence Center in 2021.
- Began evaluating parkrx.com in fourth quarter 2020 - pivoted to RX for parks/trails exercise prescriptions, providing prescription for exercise and park trail maps.
- Collaborative initiative with Building Health Communities' Coalition (BHCC), with meetings cancelled until December 2020. One ProMedica nutritional tip shared in fourth quarter when meetings resumed. Work to continue in 2021.
- 50 Be Active Monroe maps were distributed at Covid screening stations in the hospital. (Local fitness centers were not interested in participating in voucher program so distribution of maps was put in place in 2020).
- The document was shared electronically with 15 Building Healthy Communities' Coalition members as part of the group's wellness outreach committee activities in 2021
- Electronic ProMedica wellness nutrition tips and proper fruit and vegetable storage, was shared with 10 Building Healthy Community partners with call to action to share with the community participating organizations serve to encourage healthy eating as part of the coalition's wellness outreach committee

5. Health Priority: Tobacco/Vaping

Strategies: Provide tobacco/vaping cessation education to both adults and youth populations. Collaborate with community tobacco/vaping treatment programs in an

effort to reduce community dependence. Provide tobacco cessation materials and staff education to community agencies.

Actions taken in 2020 and 2021:

- In fourth quarter 2020, developed printed educational material for future distribution to community.
- Began working with the Monroe Substance Abuse Prevention Coalition to link nicotine cessation programming to the community.
- Building Healthy Communities Coalition reviewing opportunity to collaborate in fourth quarter 2020.
- ProMedica & American Cancer Society met to outline patient programming.
- Shared education and tips to the Building Healthy Communities' coalition (BHCC) to use on Facebook site. BHCC did not post in 2020.
- In 2021, ProMedica developed a nicotine cessation online video to produce and post online in 2022.
- Three (3) collaborative programs were provided in 2021, with: formation of BHCC wellness outreach committee; distribution of access to BHCC vaping webinar; 50 education flyers distributed at Covid screening stations located at the main entrance of the hospital; and lung health education provided in 3rd quarter, 2021.
- Monroe County Substance Abuse Coalition hosted 1 vaping cessation event. Flyers were distributed at Covid screening stations located at the main entrance of the hospital.
- 203 ProMedica tobacco cessation program materials and substance abuse coalition vaping cessation session materials were distributed to community organizations.

6. Health Priority: Opioid Cessation

Strategies: Develop opioid kit distribution program year one. Monitor use in following years. Education on opioids, trauma, and other high-risk behaviors.

Actions taken in 2020 and 2021:

- "Leave Behind" program is in development to distribute naloxone to appropriate patients and families in the emergency department (ED). Awaiting 2021 notification on naloxone supply allocation from Michigan Department of Health and Human Services, with paramedics provided with naloxone in 2020. PMRH pharmacy will assemble kits and stock in naloxone kits in ED. Distributed to paramedics.
- Formed Michigan ProMedica emergency department naloxone distribution team to adapt metro Toledo ProMedica hospitals' model to Michigan for 2021 implementation.
- In first quarter 2020, education was provided to 15 participants regarding "Stop the Bleed".
- ProMedica implemented the Naloxone Leave Behind program with local EMS in 2021.

- 4 naloxone kits were distributed to EMS and provided to community members or families experiencing substance or opioid use disorder.
- 106 educational materials related to injury, trauma, Stop the Bleed and harm reduction were provided at local schools, YMCA, Monroe County Fair and other key community locations in 2021.

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 Monroe Regional Hospital was posted online inviting feedback from the community, with no inquiries over the past three years.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT

The ProMedica Monroe Regional Hospital 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: health care coverage, health care access and utilization, preventive medicine, women's health, men's health, oral health, health status perceptions, adult weight status, adult tobacco use, adult alcohol consumption, adult drug use, adult sexual behavior, adult mental health, cardiovascular health, cancer, asthma, arthritis, diabetes, quality of life, social determinants of health, environmental health, Covid 19 and parenting.

MONROE COUNTY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Monroe Regional Hospital utilized the data provided in the most recent Monroe County Health Status Assessment as the basis for their 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 15 for a list of collaborating organizations.

PRIMARY DATA COLLECTION METHODS

This community health assessment was cross-sectional in nature and included a written survey of adults within Monroe 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 | Adult Survey

One survey instrument was designed and pilot tested for adults in this study. 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. The investigators decided to derive the majority of the survey items from the BRFSS. This decision was based on being able to compare local data with state and national data. The project coordinator from HCNO conducted a series of meetings with the planning committee from Monroe County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS survey. Based on input from the Monroe County planning committee, the project coordinator composed a draft of the survey containing 110 items for the survey. Institutional Review Board (IRB) approval is granted to HCNO from Advarra in Columbia, Maryland.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Monroe County. There were 117,293 persons ages 19 and older living in Monroe 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 6% (i.e., we can be 95% sure that the "true" population responses are within a 6% margin of error of the survey findings). A sample size of at least 266 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Monroe County was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California. Surveys were mailed in March 2022 and returned through June 2022.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed in January of 2022 to 2,000 adults in Monroe County. This advance letter was personalized, printed on Building Healthy Communities Coalition letterhead and signed by Kim Comerzan, Health Officer/Director, Monroe County Health Department, and Darrin Arquette, President, ProMedica Monroe Regional Hospital. 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. In March of 2022 (six weeks following the advance letter), a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized hand signed cover letter (on Building Health Communities Coalition letterhead) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a $2 incentive, which were included in a large colored envelope. Surveys returned as undeliverable were not replaced with another potential respondent. To maximize survey responses, a third wave mailing was out to additional 250 adults in Monroe County. A letter explaining the purpose of the health assessment project, a questionnaire, a self-addressed stamped return envelope, and $2 incentive were included. The response rate for the mailing was 12% (n=262: CI=± 6.05). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. Prior to surveys being sent, a power analysis was conducted which concluded that 266 surveys would need to be returned to have a ± 6% confidence interval which is standard. However, there were only 262 surveys returned, thus reducing the level of power and broadening the confidence level to ± 6.05%. Note: "n" refers to the total sample size, "CI" refers to the confidence interval.

PROCEDURE | Adolescent Survey (MiPHY)

The Michigan Profile for Healthy Youth (MiPHY) is an online student health survey offered by the Michigan Departments of Education and Health and Human Services. Youth in grades 7, 9, and 11 in Michigan School districts were used as the sampling frame for the youth survey. The results of the survey reflect student responses from the middle schools and high schools that voluntarily participated in Monroe County and may not be representative of all middle schools or high schools in Monroe County. Refer to Appendix VII to review 2021/2022 youth trend summary tables.

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 Statistical Product and Service Solutions 26.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Monroe County, the adult data collected was weighted by age, gender, race, and income using Census data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. For more information on how the adult weightings were created and applied, see Appendix III.

SPECIFIC POPULATIONS THAT EXPERIENCE DISPARITIES

Health disparities (including age, gender, and income-based disparities) can be identified throughout each section of the 2022 Monroe County Health Assessment. Income-based disparities are particularly prevalent in Monroe County. For example, the prevalence of chronic

conditions (e.g., diabetes, high blood pressure, high blood cholesterol, asthma, etc.), were higher among those with annual household incomes under $25,000 compared to the general population. As part of the community health improvement plan (CHIP) process, the Building Healthy Communities Coalition will identify specific populations that face disparities as part of the prioritization phase of the process.

RESOURCES TO ADDRESS NEEDS

Numerous resources will be identified through the MAPP planning process, resulting in a comprehensive community health improvement plan (CHIP).

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. 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 Monroe County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation. Furthermore, while the survey was mailed to random households in Monroe County, those responding to the survey were more likely to be older. While weightings are applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these individuals are substantively different than the majority of Monroe County adult residents younger than 30). Therefore, the age ranges are broken down by 19 to 64 years old and 65 years and older. Also, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data was 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. 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.

SECONDARY DATA COLLECTION METHODS

HCNO collected secondary data, including county-level data, from multiple sources whenever possible. HCNO utilized sources such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, Healthy People 2030, and other national and local sources. All primary data in this report is from the 2022 Monroe County Health Assessment (CHA). All other data is cited accordingly.

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 by the Building Healthy Communities Coalition 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 Monroe 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 through the Building Healthy Communities Coalition of Monroe (pages 14-15) who contracted with the Hospital Council of Northwest Ohio, a non-profit hospital association located in Toledo, Ohio, was engaged to coordinate and manage the county health assessment and strategic planning process. The Hospital Council has been completing comprehensive health assessments since 1999. The Project Coordinator from the Hospital Council of NW Ohio holds a master's degree in public health and conducted a series of meetings with the planning committee from Monroe County to conduct the county CHA and CHIP plan.

During these meetings, banks of potential 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 Monroe County Health Department provided feedback on this CHNA and implementation plan, to confirm these needs from a public 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. 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 United Way of Monroe County, Family Counseling & Shelter Services of Monroe County, the federally qualified Family Medical Center of Michigan, the Community Foundation of Monroe County, Salvation Army Harbor Light, the Monroe County Opportunity Program, and Catholic Charities of Southeast Michigan, to name a few.

ProMedica Monroe Regional Hospital, as the sole acute care facility in Monroe County was the only hospital participating in the Monroe County Community Health Status Assessment and planning process.

The results of the Monroe County Health Assessment were presented at a county data release event. There were key leaders from the community that represented public health, law enforcement, education, the elderly, social service agencies and other organizations in attendance

at the public release of the community health needs assessment. At the CHA data release event, those attending community participants were invited to join future workgroup sessions designed to select and rank priorities, inventory the availability and gaps in resources to address them, and create a community implementation plan for the next three years.

MONROE COUNTY STRATEGIC PLANNING PROCESS

Following the community assessment data release, the Building Healthy Communities Coalition of Monroe County, including key community leaders, participate in an organized process of community health improvement planning (CHIP) to create a 3-year plan to improve the health of residents of the county. The National Association of County and City Health Officials (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP) was used throughout this process.

The MAPP Framework includes six phases which are listed below

- Organizing for success and partnership development
- Visioning
- Conducting the MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action: planning, implementing, and evaluation

The MAPP process includes four assessments, Community Themes & Strengths, Forces of Change, the Local Public Health System Assessment and the Community Health Status Assessment. These four assessments are used by the Monroe County CHIP Committees to prioritize specific health issues and population groups which are the foundation of this plan.

Due to the timing of the 2022 Monroe County CHA, The Building Healthy Communities Coalition had not convened the county CHIP committee prior to the hospital conducting this CHNA and plan. Using the most recent 2018 Monroe County CHIP, the priority health issues for Monroe County included:

- Chronic Disease Prevention
- Substance Use
- Mental Health
- Social Conditions

The Building Healthy Communities Coalition of Monroe County CHIP process included input from organizations and persons who represent the community. Collaborating organizations included:

Airport Community Schools
American Heart Association
American Cancer Society of SE MI
American Red Cross

Bedford Public Schools
Catholic Charities of Southeast MI
Child Advocacy Network (CAN) Council
City of Monroe
Community Mental Health Partnership of SE MI
Community Foundation
Department of Human Services
Dundee Public Schools
Family Counseling & Shelter Services
Family Medical Center of Michigan
Great Start Collaborative
Human Services Collaborative Network
Ida Public Schools
Jefferson Public Schools
Mason Consolidated Public Schools
Michigan State Police
Monroe Center for Healthy Aging
Monroe County Board of Commissioners
Monroe County Commission on Aging
Monroe County Community College
Monroe County Family YMCA
Monroe County Head Start/Early Head Start
Monroe County Health Department
Monroe County Intermediate School District
Monroe County Mental Health Authority
Monroe County MSU Extension
Monroe County Opportunity Center
Monroe County Planning Commission
Monroe County Substance Abuse Coalition
Monroe Public Schools
ProMedica Monroe Regional Hospital
Salvation Army
Senator Zorn's Office
Summerfield Public Schools
United Way of Monroe
Whiteford Public Schools

Many of the above organizations have staff with expertise in public health. The county strategic planning process was facilitated by staff employed by the Hospital Council of Northwest Ohio, who hold a master's degree in public health. ProMedica Monroe Regional Hospital staff participated in the development of the community health assessment survey and CHIP plan for Monroe County. The most recent Monroe County CHIP was written based on the conclusions and recommendations of all participating organizations.

V. MONROE COUNTY COMMUNITY HEALTH NEEDS & PRIORITIES

Key findings that were identified in the 2022 Monroe County Health Needs Assessment include

- Health Care Coverage
  - In 2022, 1% of Monroe County adults were without health care coverage.
  - Those most likely to be uninsured were adults with an income level under $25,000 (4%).
  - The main reason adults gave for being without health care coverage was because they lost their job or changed employers (25%).
- Access and Utilization
  - Seventy-five percent (75%) of Monroe County adults had visited a doctor for a routine checkup in the past year.
  - Seventy percent (70%) of adults went outside of Monroe County for health care services in the past year.

- Preventative Medicine
  - Eighty-five percent (85%) of adults ages 65 and over had a pneumonia vaccination at some time in their life.
  - Fifty-seven percent (57%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.
  - Eighty percent (80%) of adults had the COVID-19 vaccine.
- Women's Health
  - Half (50%) of Monroe County women ages 40 and older reported having a mammogram in the past year.
  - Forty-eight percent (48%) of Monroe County women had a clinical breast exam in the past year, and 27% had a Pap smear to detect cancer of the cervix in the past year.
  - Four percent (4%) of women survived a heart attack and 4% survived a stroke at some time in their life. Most re
  - Over one third (35%) of women has high blood pressure, 34% had high blood cholesterol, 25% were obese, and 8% were current smokers, known risk factors for cardiovascular diseases.
- Men's Health
  - In 2022, 51% of Monroe County males over the age of 50 had a prostate-specific antigen (PSA) test in the past year.
  - More than two-fifths (44%) had been diagnosed with high blood cholesterol, 34% had high blood pressure, and 6% were identified as current smokers, which, along with obesity (35%), all known risk factors for cardiovascular diseases.
- Oral Health
  - Seventy-seven percent (77%) of Monroe County adults had visited a dentist or dental clinic in the past year.
  - The top three reasons adults gave for not visiting a dentist in the past year were fear, apprehension, nervousness, pain, and dislike going (37%); cost (30%); and COVID-19 (20%).
- Health Status Perceptions
  - In 2022, almost half (45%) of Monroe County adults rated their health status as excellent or very good.
  - Conversely, 16% of adults, increasing to 46% of those with incomes less than $25,000, described their health as fair or poor.
- Adult Weight Status
  - Seventy-nine percent (79%) Monroe County adults were overweight or obese based on Body Mass Index (BMI).
  - Over one-fifth (21%) of adults did not participate in any physical activity in the past week, including 2% who were unable to exercise.
- Adult Tobacco Use
  - In 2022, 7% of Monroe County adults were current smokers, and 27% were considered former smokers.

- Twenty percent (20%) of adults used e-cigarettes or vape pens in the past month and 2% in the past year.

- Adult Alcohol Use
  - Three-fourths (75%) of Monroe County adults had at least one alcoholic drink in the past month and would be considered current drinkers.
  - (%) 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
  - In 2022, 8% of Monroe County adults had used recreational marijuana during the past 6 months.
  - Three percent (3%) 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
  - In 2022, 76% of Monroe County adults had sexual intercourse.
  - Four percent (4%) percent of adults had more than one partner in the past year.
  - Seven percent (7%) of adults had been forced or coerced into some type of sexual activity when they did not want to.
- Adult Mental Health
  - In 2022, 5% of Monroe County adults considered attempting suicide.
  - Over one-fourth (27%) of adults reported they or family member were diagnosed with or treated for anxiety or emotional problems.
- Cardiovascular Health
  - In 2022, 6% of adults had survived a heart attack and 3% had survived a stroke at some time in their life.
  - Almost two fifths (39%) of Monroe County adults had high blood cholesterol, 35% had high blood pressure, 30% were obese, and 7% were current smokers, four known risk factors for heart disease and stroke.
- Cancer
  - In 2022, 8% of Monroe County adults had been diagnosed with cancer at some time in their life.
- Asthma
  - Fourteen percent (14%) Monroe County adults had been diagnosed with asthma.
- Diabetes
  - In 2022, 14% of Monroe County adults had been diagnosed with diabetes.
  - Five percent (5%) had been diagnosed with pre-diabetes.
- Quality of Life
  - In 2022, 47% of Monroe County adults reported they were limited by an impairment or health problem.

- The most limiting health problems were back or neck problems (40%); arthritis/rheumatism (35%); chronic illness (24%); stress, depression, anxiety or emotional problems (23%); and weight (23%).

- Social Determinants of Health
  - In 2022, 9% of Monroe County adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse).
  - Sixteen percent (16%) of Monroe County adults had four or more Adverse Childhood Experiences (ACEs) in their lifetime.
  - Six percent (6%) of adults had experienced at least one issue related to hunger/food insecurity in the past year
- Environmental Health
  - The top four environmental health issues for Monroe County adults that threatened their health in the past year were insects (22%), rodents (12%), air quality (10%), and mold (8%).
  - Eighty-seven percent (87%) of adults had a cell phone and a cell phone with texting.
- COVID-19
  - The top four COVID-19 pandemic issues for Monroe County adults and their families that negatively affected their health in the past year were change in mental health (19%), change in physical health (17%), not seeking health care (12%), and death or serious illness of loved ones(s) (11%).
- Parenting
  - In 2022, 31% of Monroe County parents talked to their 6-to-17 year old about bullying.
  - Seventeen percent (17%) parents reported their daughter(s) had been vaccinated against the human papillomavirus (HPV), and 8% of parents reported their son(s) had been vaccinated against HPV.

Youth (Youth for this report refers to grades 7, 9 and 11, and Michigan and U.S. stats are for grades 9-12 – statistics in parentheses are from the 2015 Monroe County report are for grades 6-12)

- Youth Weight
  - 21% (18%) of youth were obese according to BMI, vs. 15% in Michigan and 16% in the U.S.
  - 20% (17%) of youth grade 7 were overweight according to BMI and 15% of youth grade 9 and 11, vs. 16% in Michigan and 16% in the U.S.
- Youth Tobacco Use
  - 1% (4%) of youth in grades 9 and 11 were current smokers, vs. 5% in Michigan and 6% in the U.S.
- Youth Alcohol Consumption
  - 2% (18%) of youth grade 7 had at least one drink of alcohol in the past 30 days and 11% of youth grade 9 and 11, vs. 25% in Michigan and 29% in the U.S.

- 11% (12%) of youth who drank, took their first drink (other than a few sips) before the age of 13, vs. 14% in Michigan and 15% in the U.S.
- 1% (10%) of youth grade 7 binge drank within a couple of hours in the past 30 days and 6% of youth grade 9 and 11, vs. 11% in Michigan and 14% in the U.S.

- Youth Marijuana and Drug Use
  - 2% of youth grade 7 had used marijuana at least one or more times in the past 30 days and 10% of youth grade 9 and 11, vs. 22% in Michigan and 22% in the U.S.
- Youth Sexual Behavior*
  - 3% of youth grade 7 have had sexual intercourse and 22% of youth grade 9 and 11, vs. 35% in Michigan and 38% in the U.S.
  - 2% (2%) of youth had sexual intercourse for the first time before the age of 13, vs. 3% in Michigan and 3% in the U.S.
  - 3% (4%) of youth have had four or more sexual persons in their life, vs. 7% in Michigan and 9% in the U.S.
- Youth Mental Health*
  - 22% of youth grade 7 had seriously considered attempting suicide in the past year and 24% of youth grade 9 and 11, vs. 19% in Michigan and 19% in the U.S.
  - 10% of youth grade 7 attempted suicide in the past year and 11% of youth grade 9 and 11, vs. 8% in Michigan and 9% in the U.S.
- Youth Safety and Violence*
  - 11% (13%) of youth had ridden in a car or other vehicle driven by someone who had been drinking alcohol in the past month, vs. 15% in Michigan and 17% in the U.S.
  - 33% of youth grade 7 had been bullied on school property in the past 12 months and 24% of grade 9 and 11, vs. 21% in Michigan and 20% in the U.S.

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

The Building Healthy Communities Coalition of Monroe County Community Health Improvement Workgroup, using the 2018 Monroe County Health Status Assessment, prioritized the county health issues, indicated in Table 2 below, determining that if these issues are addressed by multiple agencies and organizations over the next three years, they could promote healthier lifestyles and safer neighborhoods for all ages, reduce chronic health diseases, and improve several socioeconomic determinants of health for Monroe County residents. In some areas of identified need, ProMedica is taking a system approach to address these community health needs to most efficiently use resources, and to prevent duplication of services.

Table 2 - Monroe County Community Health Improvement Plan (CHIP) Priorities and Strategies	Lead Agencies
Priority 1: Chronic Disease Prevention	
1. Wellness outreach campaign.	• ProMedica Monroe Regional Hospital • Monroe County Planner • City of Monroe

	• Monroe County for Health Aging • Great Start • American Cancer Society
2. Nutrition prescriptions	• ProMedica Monroe Regional Hospital
3. Prescriptions for physical activity	• ProMedica Monroe Regional Hospital
4. Healthy food initiatives	• Monroe County Opportunity Program
5. Nutrition education programs and physical activity interventions	• Monroe County Health Department • Monroe Family YMCA • Michigan State University Extension
6. Promote breastfeeding	• Monroe County Health Department • ProMedica Monroe Regional Hospital
7. Physically active classrooms	• Monroe County Health Department • Monroe County Intermediate School District (ISD)
8. Health school recognition program	• Monroe County Health Department
Priority 2: Substance Abuse	
1. Community awareness and education of risky behaviors and substance use issues and trends	• Monroe County Substance Abuse Coalition (MCSAC)
2. Smoke and vape free policies	• Monroe County Substance Abuse Coalition (MCSAC) • American Cancer Society
3. Links to tobacco cessation	• American Cancer Society
4. School-based alcohol/other drug prevention programs	• Monroe County Health Department • Catholic Charities of Southeast Michigan
Priority 3: Mental Health	
1. Mental Health First Aid	• Monroe Community Mental Health Authority • ISD Mental Health Coordinators
2. School-based mental health services	• ISD Mental Health Coordinators
3. Community-wide campaign to promote positive mental health and online-based support programs	• Monroe Community Mental Health Authority • ISD Mental Health Coordinators
4. Implement school-based social and emotional instruction	• Monroe County Health Department • Monroe County Intermediate School District (ISD) • ISD Mental Health Coordinators
5. Trauma-informed care	• Great Start Collaborative • Monroe County Health Department
6. Awareness of available mental health services	• Monroe Community Mental Health Authority • ProMedica Monroe Regional Hospital • ISD Mental Health Coordinators
7. Screen for clinical depression for all patient using standardized tool	*ProMedica Monroe Regional Hospital
Priority 4: Social Conditions	
1. Food insecurity screening and referral	• Monroe County Opportunity Program • ProMedica Monroe Regional Hospital
2. Awareness of poverty	• Monroe County Opportunity Program
3. Safe Sleep program	• CAN Council • Great Start Collaborative • Monroe County Health Department • ProMedica Monroe Regional Hospital

Monroe Regional Hospital's collaboration with organizations addressing these county health priority issues may also include financial support. PMRH, along with many social agencies, schools, fait- based organizations and law enforcement may also be addressing some of these issues that may not be specifically included in these collaborative priority actions. ProMedica is taking a lead in some of our communities with programs focused on the social determinants of health, including a focus on food access and financial strain.

MONROE COUNTY - HEALTH ISSUES FOR UNINSURED, LOW INCOME AND MINORITY GROUPS

93.9% (94.4%) of the population is Caucasian, 2.9% (2.6%) are African American, 4.0% (3.7%) are Hispanic, 0.7% (0.7%) are Asian and 2.0% (1.9%) are two or more races.

Due to the relatively small percentage of non-white population in Monroe County 2.9% (2.6%) are African American, 4.0% (3.7%) are Hispanic, 0.7% (.7%) re Asian and 2.0% (1.9%) are two or more races), and due to the small number of non-white populations responding to the 2022 survey this did not allow for specific generalizations for minority populations (94.7% of responses were by Whites). Continued focus will be placed on low income, uninsured and underinsured populations for planning purposes, to include the highest at-risk populations. The 2022 Monroe County Health Assessment data identified that 1% of Monroe County adults were without health care coverage.

In Monroe County, 11.6% of residents live below the poverty level (Source U.S. Census, V2021). Although the percent of minority individuals included in the survey (6.1% non-White) does not allow for valid statistical analysis for these populations, in almost every category of the Monroe 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 health issues, were more problematic for uninsured, those under age 30 and low-income (income < $25,000) adults in most areas surveyed. One percent of Monroe County adults surveyed were uninsured in 2022, increasing to 4% of those with incomes less than $25,000. Those most likely to be uninsured were adults with an income level under $25,000 (4%). Monroe County adults who were uninsured reported that the reasons they were without health care coverage were that they lost their job or changed employers (25%).

Some of the key health issues of low-income (<$25,000 income) adults, compared to the county, include: lack of health care coverage (4%), some women's screenings – mammograms, some men's health screenings – PSA (40%), dental visit in past year (54%), poor health perceptions (46%), current smoker (12%), and feeling sad or hopeless for two or more weeks in a row (19%). Table 3 below shows these and other county health comparisons for low-income persons with an annual income less than $25,000, compared to persons with an annual income greater than $25,000.

Table 3 – Health Issue	Income < $25,000	Income > $25,000
Rate health as fair/poor	46%	13%
Uninsured	4%	1%
Overweight/Obese by BMI	75%	79%
Current Smoker	12%	9%
3 or More Days Drinking in Past Month	22%	57%
Medication Misuse	0%	3%
Marijuana Use in Past 6 Months	21%	8%
Diagnosed with High Blood Pressure	56%	33%
Diagnosed with High Cholesterol	68%	35%
Diagnosed with Diabetes	39%	12%
Feeling Sad or Hopeless for 2+ Weeks	19%	12%
Visited a Dentist in Past Year	54%	78%

The Building Health Communities Coalition of Monroe County concluded that key leadership in Monroe County should be made aware of these 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 Monroe County residents. 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 and financial strain.

MONROE COUNTY - INFORMATION GAPS

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

Although the formal county assessment provided sufficient primary data, some secondary and public health data is relatively outdated (2018-2020) and therefore leaves gaps in measurement about key indicators during the time period.

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 some 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 (94.7% of respondents were White). 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. Identification of potential gaps by specific population groups and/or geographic locations will be included.

Quantitative measures (secondary data) of both health outcomes and health factors are useful in assessing community needs but monitoring community residents' thoughts (primary data) about their health status and opportunities for improvement can reveal other areas of concern. Data gathered through surveys and interviews describes what is important to those who provide the information and is useful in prioritizing which health needs should be addressed. It also is more contemporary than quantitative public health data due to delays, sometimes in excess of several years, in reporting.

It was possible to identify disparities in mortality and morbidity, including health behaviors, by income level but not by race. With a relatively low percentage of respondents for each race there was insufficient statistically significant data to demonstrate differences in health outcomes or factors among races. Also, 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. HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Monroe Regional 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 Monroe Hospital CHNA committee that included staff from administration and various areas related to patient care. The hospital CHNA committee developed the hospital CHNA and implementation plan, using the most recent Monroe County CHA data, following the Healthy Communities Coalition of Monroe County CHIP planning process, through the following steps:

- Review of existing Monroe County primary and secondary data sources
- Review of Building Health Communities Coalition of Monroe 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 Monroe County Leading Causes of Death 2018-2020	
1. Heart Disease	26% of all deaths
2. Cancer	21%
3. Chronic Lower Respiratory Disease	7%
4. Accidents, Unintentional Injuries	6%
5. Alzheimer's Disease	5%
(Source: CDC Wonder, 2018-2020)	

Although some areas of the Monroe County CHIP were not identified as part ProMedica Monroe Regional Hospital CHNA plan, the hospital participates 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. HOSPITAL COMMUNITY HEALTH NEEDS & PRIORITIES

Following a review and discussion of health data and the county health priorities, as well as organizational and community programs to address these health priorities, ProMedica Monroe Regional Hospital identified the following priority health needs, listed in order of priority, and prioritized through ranking methodology:

1. **Health Priority – Mental Health**

   - Adults rated mental health not good on four or more days – increasing rate and above state and national rates
   - In 2022, 5% of Monroe County adults considered attempting suicide.
   - Over one-fourth (27%) of adults reported they or family member were diagnosed with or treated for anxiety or emotional problems.

   Youth:

   - 22% of youth grade 7 had seriously considered attempting suicide in the past year and 24% of youth grade 9 and 11, vs. 19% in Michigan and 19% in the U.S.
   - 10% of youth grade 7 attempted suicide in the past year and 11% of youth grade 9 and 11, vs. 8% in Michigan and 9% in the U.S.

- Felt sad or hopeless (almost every day for two36% for 2 weeks) – 48% for 9 and 11th graders, compared to 36% for the state.
- Seriously considered attempting suicide (during past 12 months) – 22% for 7th graders and 24% for 9th and 11th graders, compared to 19% for the state
- Attempted suicide (one or more times in past 12 months) – 22% for 7th graders and 24% for 9th and 11th graders, compared to 8% for the state.
- Made a plan on how they would attempt suicide (during past 12 months) – 19% for 9th and 11th graders, compared to 15% for the state.
- Bullied on school property (in past 12 months) – 33% for 7th graders and 24% for 9th and 11th graders, compared to 21% for the state.
- Electronically bullied (in past 12 months) - 22% for 7th graders and 18% for 9th and 11th graders, compared to 16% for the state.
- Experienced physical dating violence (during past 12 months) – 10% for 9th and 11th graders, compared to 7% for the state and 8% for the U.S.
- Experience sexual dating violence (during past 12 months) – 15% for 9th and 11th graders, compared to 6% for the state and 8% for the U.S.
- Sixteen percent (16%) of Monroe County adults had four or more Adverse Childhood Experiences (ACEs) in their lifetime, including 24% of females those with incomes less than $25,000.

2. Health Priority: Social Determinants of Health

- Six percent (6%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.
- More than ten percent (10.8%) of all Monroe County residents were living in poverty, and 17.3% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, 2019 American Community Survey 1-year Estimates).
- Five percent (4%) of adults reported they had more than one transportation issue.
- Seventy-eight percent (78%) of occupied housing units in Monroe County were owner-occupied, and 22% were renter-occupied (Source: U.S. Census Bureau, 2019 American Community Survey 1-year Estimates).

3. Health Priority: Chronic Conditions

- Adult Obesity – increase from 31% to 48% in past three surveys – above state and U.S. rates
- Had been diagnosed with diabetes – increasing from 8% to 14% over the last two survey periods, and above state and U.S. rates
- Had been diagnosed with high blood pressure – increasing since the past period, and above U.S. rate
- Had been diagnosed with high blood cholesterol– increasing from 35% to 39% over the last three survey periods, with 35% for state and 33% for the U.S.

Youth:

- Youth Obesity – increased from 17% to 21% in three survey periods, compared to 15% for state and 16% for U.S. rates

The above priorities not only address some leading causes of death in the county, but also align with initiatives prioritized in Healthy People 2030. The Monroe County Health Department provided feedback about the hospital's CHNA implementation plan, to confirm these needs from a public health expert perspective.

ProMedica Monroe Regional Hospital is participating in the execution of the community wide benefit plan by working with the Building Healthy Communities Coalition of Monroe County, and organizations and coalitions in the community who are addressing prioritized health issues, as well as implementing hospital plans to support these initiatives (Table 2). The Monroe 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 Monroe Regional Hospital did not address all the needs identified in the most recently conducted Monroe 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 in collaboration with other community organizations and coalitions.

The Monroe County most recent CHIP process included a resource assessment and gap analysis of the priority health needs. Table 2 indicates the community wide organizations and coalitions addressing the prioritized Monroe County CHIP Strategic Plan health priorities. ProMedica Monroe Regional Hospital collaborates 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 community 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, including: health status perceptions, health care coverage, arthritis, asthma,, adult sexual behavior and pregnancy, quality of life, social issues, oral health, early childhood health, middle childhood health, family functioning/neighborhoods or parent health. 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 Monroe Regional Hospital maintains awareness of the primary health issues identified for the county and demonstrates a willingness to partner as needed on these endeavors. While many of these issues are best handled by organizations specifically targeted to the problem area, the hospital participates with many of these coalitions through representation, funding, or a combination of both. Table 2 lists the community wide organizations and coalitions taking lead in addressing the prioritized Monroe 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 and financial strain.

IX. HOSPITAL IMPLEMENTATION STRATEGY SUMMARY

In 2022, ProMedica Monroe Regional Hospital commenced with the CHNA strategic planning process, whereby they analyzed and discussed data, selected and prioritized community health needs for the hospital-based CHNA implementation plan, reviewed resources and gaps in resources, and developed hospital-based strategic action plans. They took into consideration the Monroe County CHIP strategic plan priorities, as well as alignment with Healthy People 2030. No community feedback was received on the previous CHNA posted on the ProMedica website. Following this process, ProMedica Monroe Regional Hospital identified the following health priorities, listed in order of priority:

1. Mental Health
2. Social Determinants of Health
3. Chronic Conditions

As part of the related three-year implementation plan, specific actions and measures will be implemented to maximize impact of these plans. In addition to the above hospital specific strategies, ProMedica Monroe Regional Hospital will continue to collaborate with the Monroe County Building Healthy Communities Coalition to support its strategic initiatives surrounding those needs. Feedback to these hospital priorities was provided by the Monroe County Health Department.

To maximize impact, ProMedica Monroe Regional Hospital will continue to collaborate with community organizations that share commitments to a healthier region. Collaborations include participation, in kind support, and coordinated interventions. The hospital provides charitable funding for various community programs and help organize volunteers and fund raising for community charities.

Following adoption and approval of ProMedica Monroe Regional 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 respective hospital leadership, as well as the hospital's 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 Monroe Regional Hospital Community Health Needs Assessment and 2023-2025 Implementation Plan were adopted and approved by the ProMedica Monroe Regional Hospital Board of Trustees on November 14, 2022.

X. ACCESS TO COMMUNITY HEALTH NEEDS ASSESSMENT AND OTHER RESOURCES

ProMedica Monroe Regional Hospital 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 Monroe County health assessment, as well as other regional county health needs 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 Monroe Regional Hospital community assessment and implementation plan, or to request a free, printed copy of the assessment, please email: gaye.martin@promedica.org.