Fiscal Years 2020 – 2022

Ascension Standish Hospital Community Health Needs Assessment

Arenac County, Michigan

Conducted: FY 2019 (July 1, 2018 – June 30, 2019)

Ascension

Public Version

2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT

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Bay Arenac ISD/Great Start Collaborative*

Bay Arenac Behavioral Health

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McLaren Bay Region*

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Sterling Area Health Center

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EXECUTIVE SUMMARY

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and work in the communities served by Ascension Standish Hospital, with the goal of addressing those needs through the development of an implementation strategy.

Ascension Standish Hospital is a not-for profit, Critical Access Hospital offering 25 acute and critical care beds, 29 skilled nursing beds, and an array of outpatient services. It is located in Standish, Michigan, and has been serving residents of Arenac County since 1961. Ascension Standish Hospital has a legacy of working with community partners and giving back to the community in many ways.

The Michigan Health Improvement Alliance (MiHIA) is a 501(c)(3) not-for profit organization serving as a regional multi-stakeholder, community collaborative for 14-counties, including Arenac, in mid-central Michigan. Across MiHIA's region, there are a dozen different data-collection platforms utilized to assess community needs, health outcomes, and barriers to creating healthy communities resulting in duplication of collection efforts. At an individual level, thousands of dollars are spent when we could be collaborating more efficiently. Additionally, MiHIA commonly received requests from our health systems, health departments, and other partnering organizations seeking data that MiHIA had a substantial opportunity to orchestrate a regional CHNA, with a coordinating improvement plan, outlining the information and actions that each organization can take to positive effect our communities. As such, MiHIA developed a Regional Community Health Needs Assessment (RCHNA) and Regional Community Health Improvement Plan (RCHIP) in 2018. The RCHNA contains a consistent methodology and standardized process, which includes data collection/analysis, asset mapping, community input, prioritization of the issues, evidence-based action plan, and measurement/evaluation process, while the RCHIP contains strategies for addressing data-driven priority health issues to improve health outcomes in MiHIA's counties.

In partnership with MiHIA and in alignment with the IRS and best practice standards, Ascension Standish Hospital completed its 2019 Community Health Needs Assessment (CHNA) as an extension of MiHIA's 2019-2021 Regional Community Health Needs Assessment, thus eliminating duplication of data collection efforts, spending on assessment costs, and ensuring health system timelines were met.

The resulting CHNA is a valuable tool used to identify and prioritize Arenac County's significant health issues and to implement action plans in coordination with the broader 14-county region. The CHNA includes a significant amount of secondary data across multiple indicator categories relating to health and health factors. Primary, qualitative data was provided through a community health needs assessment survey and focus groups within the community. With the results of the data taken into consideration, the 2019 CHNA has identified two health focus areas of alignment for Arenac County but also the broader-region. These focus areas are based on the magnitude of the issues affecting the community and region, input from community members and key stakeholders, including persons with expertise in public health, as well as trending of the most current data. Priority Areas for Arenac County include:

1. **Obesity-Related Adverse Health Conditions**
2. **Adverse Childhood Experiences (ACEs)**

In addition to the priority areas for Arenac County identified in the 2019 CHNA report, Ascension Standish Hospital will continue to address national health system priorities including: Access to Healthcare and Human Trafficking

INTRODUCTION AND MISSION REVIEW

Ascension Standish Hospital is a not-for-profit, critical access medical center delivering healing-edge care to permanent and seasonal residents as well as vacationers throughout Arenac County and surrounding communities. The hospital offers 25 acute and critical care beds, 29 skilled nursing beds, and a wide variety of state-of-the-art outpatient services. Staff, medical expertise, and technology go far beyond that of most hospitals its size.

MISSION: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

VISION: We envision a strong, vibrant Catholic health ministry in the United States which will lead the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs individuals throughout the life cycle. We will expand the role of the laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

VALUES: We are called to:
- Service of the Poor – generosity of spirit, especially for persons most in need
- Reverence – respect and compassion for the dignity and diversity of life
- Integrity – inspiring trust through personal stewardship
- Creativity – courageous innovation
- Dedication – affirming the hope and joy of our ministry

Ascension Standish Hospital is part of Ascension. In Michigan, Ascension operates 15 hospitals and hundreds of related healthcare facilities that together employ over 20,000 associates. Across the state, Ascension provided over $272 million in community benefit and care of persons living in poverty in fiscal year 2018. Serving Michigan for over 140 years, Ascension (www.ascension.org) is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As one of the leading non-profit and Catholic health systems in the U.S., Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. In FY2018, Ascension provided nearly $2 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 156,000 associates and 34,000 aligned providers. The national health system operates more than 2,600 sites of care – including 151 hospitals and more than 50 senior living facilities – in 21 states and the District of Columbia, while providing a variety of services including physician practice management, venture capital investing, investment management, biomedical engineering, facilities management, clinical care management, information services, risk management, and contracting through Ascension's own group purchasing organization.

COUNTY DESCRIPTION

Arenac County is located at the bottom of Lake Huron's Saginaw Bay on Michigan's eastern coast. It is a popular resort area, dubbed the "sunrise side" of Michigan. Standish, the county seat, is the location of the county's only hospital, Ascension Standish Hospital. Over 70% of Ascension Standish Hospital's patients reside in the county, which is its primary service area.

A rural, largely undeveloped county, Arenac County attracts tourists year-round with plenty of canoeing, hunting, and fishing. In addition to tourism, the economic base of the county consists of agriculture and manufacturing. Agriculture accounts for approximately 48% of the land use. Standish is known as a supply headquarters for those traveling to Northern Michigan. Additionally, health services provide a great deal of local employment.

Arenac County's 15,045 residents face a unique combination of factors that create disparities in health care due to the rural nature of the county. According to the US Health Resources and Services Administration, Arenac County is considered a health professional shortage area. Access to primary care providers and medical specialists is limited. Travel distance required to obtain medical services can also be a barrier for the poor and vulnerable populations. Additionally, residents live in widely varying economic circumstances, with 15.60% of individuals identified as living below the poverty level and the unemployment rate is 8.2% which is higher than the state average of 4.6%.

COUNTY DEMOGRAPHICS

Population by Number and Gender

The composition of a population is used to describe and understand populations and is important for planning within and for the community, and to assess differences in the situation of men and women in the given population.

POPULATION, GENDER	Arenac County	Michigan
Total Population	15,045	9,995,915
Square Miles	363.19	56,538.9
People per square mile	43.8	174.8
Female Population	49.60%	50.8%
Male Population	50.40%	49.2%

Source: Health Statistics Update 2017, Arenac County Government, Michigan Department of Health and Human Services, 2017, Unites States Census Bureau, 2017 estimates

The gender distribution in Arenac County is comparable to the State and National averages with 49.6% Female and 50.4% Male

Population by Age

The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and child care. A population with more youth will have greater education and child care needs, while an older population may have greater health care needs.

AGE	Arenac County	Michigan
Population (Age < 18)	18.10%	21.80%
Population 18 to 44 Years	26.20%	34.10%
Population 45 to 64 Years	31.10%	27.30%
Population (Age > 65)	24.60%	16.70%

Source: Health Statistics Update 2017, Arenac County Government, Michigan Department of Health and Human Services, 2017, Unites States Census Bureau, 2017 estimates

The age distribution in Arenac County is comparable to the State and National averages.

Population by Race and Ethnicity

The race and ethnicity composition of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and child care, and often used to identify at-risk population groups and to identify health disparities.

RACE AND ETHNICITY	Arenac County	Michigan
White (Not Hispanic or Latino)	97.40%	80.60%
Black or African American	0.90%	15.00%
Native American	1.30%	0.90%
Pacific Islander	0.40%	3.50%

Source: Health Statistics Update 2017, Arenac County Government, Michigan Department of Health and Human Services, 2017, Unites States Census Bureau, 2017 estimates

The race and ethnicity distribution in Arenac County are comparable to the State and National averages.

INCOME PROFILE

Income is an important determinant of health. People with higher incomes tend to have better health behaviors than those with lower incomes which results in more favorable health outcomes. The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index Poverty thresholds which are updated every year by the Census Bureau. In 2018, in the United States, the poverty threshold for a single person under 65 was an annual income of $13,064; the threshold for a family group of four, including two children, was US$25,465. Families making under these thresholds are considered to be living in poverty.

ALICE, an acronym for *Asset Limited, Income Constrained, Employed*, are households that earn more than the U.S. poverty level, but less that the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

INCOME	Arenac County	Michigan
Total Households	6,663	3.86 Million
Median Household Income	$41,414.00	$52,668.00
Per Capita Income (2013-2017)	$24,099.00	$23,723.00
Percent of People Living in Poverty	15.60%	15.60%
Households in Poverty	16%	15.00%
ALICE Households	26%	25.00%
Households Above ALICE	58%	60.00%
Household Survival Budget (annual total for single adult)	$20,424	$18,192
Household Survival Budget (annual total for 2 adults, 1 infant, 1 preschooler)	$60,804	$56,064
Source: Unites States Census Bureau, 2017 estimates; Source: ALICE Report, 2017 Update		

Arenac County's median household dollars is $41,414, which is significantly lower than the state average ($52,668.00).

EDUCATION PROFILE

There is a strong relationship between health and education. Research has shown that better educated citizens have better health outcomes. Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime.

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures, and communities. Having a degree also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about $1 million more per lifetime than their non-graduate peers.

EDUCATION	Arenac County	Michigan
High School grad or higher	42.9%	90.2%
Bachelor's degree or higher	11.6%	28.1%
		Source: United States Census Bureau, 2013-2017 estimates

Arenac County (42.9%) has a much lower percentage of the population with a high school diploma compared to state (90.2%) percentage.

This is the same for those with bachelor's degree or higher. Only 11.6% of Arenac County residents have bachelor's degree or higher while state percentage is 28.1%

COUNTY HEALTH RANKINGS

Published online at countyhealthrankings.org, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings are unique in their ability to measure the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the Rankings to garner support for local health improvement initiatives among government agencies, health care providers, community organizations, business leaders, policymakers, and the public.

The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities.

| 2019 COUNTY HEALTH RANKINGS (of 83 total Michigan Counties)	Arenac County
Health Outcomes - *Health outcomes in the County Health Rankings represent measures of how long people live and how healthy people feel.*	68
• **Length of Life -** *Length of life is measured by premature death (years of potential life lost before age 75)*	65
• **Quality of Life -** *Quality of life is measured by self-reported health status (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight newborns.*	70*
Health Factors - *Health factors in the County Health Rankings represent the focus areas that drive how long and how well we live*	75*
• **Health Behaviors -** *Health Behaviors rankings include tobacco use, diet & exercise, alcohol & drug use, sexual activity.*	71*
• **Clinical Care -** *Clinical Care rankings include access to care and quality of care*	72*
• **Social & Economic Factors -** *Social and economic factors rankings include education, employment, income, family & social support, community safety*	69
• **Physical Environment -** *Physical environment rankings include air & water quality, housing & transit*	35
Source: County Health Rankings, 2019 ** indicates a ranking in the worst 10%*	
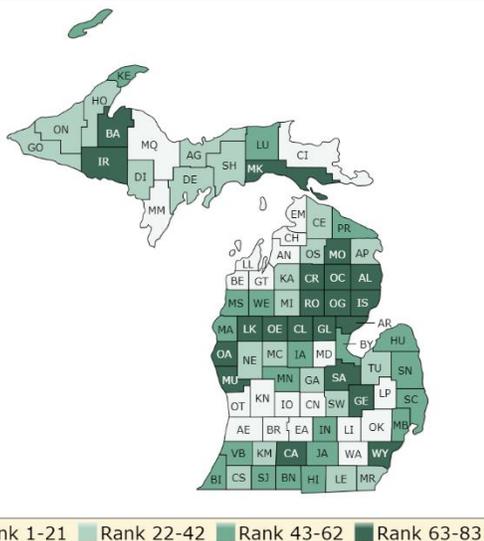
*Figure 1. 2019 Michigan Health Outcomes*
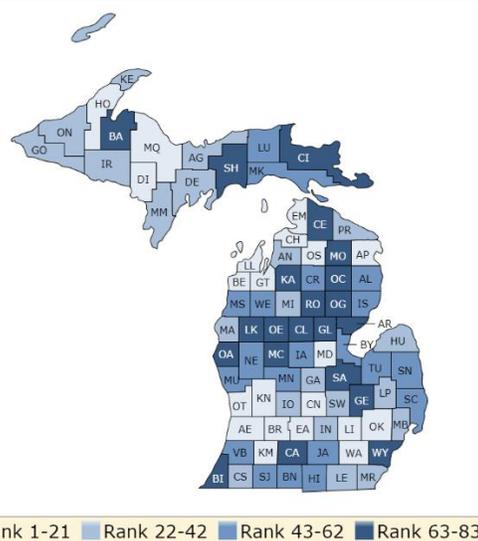
Figure 2. 2019 Michigan Health Factors

Health Behaviors

Human behavior contributes strongly to health outcomes. Most preventable deaths and illnesses in the United States are directly caused by human behaviors such as smoking, risky sexual behaviors and unhealthful diets. Behavior modification depends on many structural and environmental factors as well as individual motivation and education.

Health indicators are useful tools for monitoring the health of a population and communicating opportunities to improve health. Approximately 40% of all deaths are associated with negative health behaviors such as smoking, excessive alcohol use, physical inactivity, drug use and poor nutrition.

HEALTH BEHAVIORS	Arenac County	Michigan
Adult smoking	21%*	20%
Adult obesity	33%*	32%
Physical inactivity	27%*	22%
Access to exercise opportunities	71%*	85%
Excessive drinking	19%	21%
Alcohol-impaired driving deaths	26%	29%
Sexually transmitted infections	235.9	462.9
Teen births - *Number of births per 1,000 female population ages 15-19.*	30*	22

Source: County Health Rankings, 2019
* indicates a worse rank or rate than State of Michigan

Arenac County had higher rates of smoking (21%), adult obesity (33%) physical inactivity (27%) and teen births (30) than the state of Michigan (21%, 33%, 22% and 22, respectively).

Excessive drinking (19%) and alcohol-impaired driving death (26%) rates were below the State (21% and 29%, respectively) rates.

Health Outcomes

Health outcomes in the County Health Rankings represent measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 75) and quality of life is measured by self-reported health status (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight newborns.

HEALTH OUTCOMES	Arenac County	Michigan
Premature death - *Years of potential life lost before age 75 per 100,000 population (age-adjusted).*	8,400*	7,600
Poor or fair health - *Percentage of adults reporting fair or poor health (age-adjusted).*	17%	17%
Poor physical health days - *Average number of physically unhealthy days reported in past 30 days (age-adjusted).*	4.4*	4.3
Poor mental health days - *Average number of mentally unhealthy days reported in past 30 days (age-adjusted).*	4.5*	4.4
Low birthweight - *Percentage of live births with low birthweight (< 2,500 grams).*	8%	8%

Source: County Health Rankings, 2019
* indicates a worse rank or rate than State of Michigan

Arenac County had higher rates of premature death (8,400), Poor Physical Health Days (4.4), and Poor Mental Health Days (4.5) than the state of Michigan (7,600, 4.3, and 4.4, respectively).

Poor or Fair Health (17%) and Low Birthweight (8%) rank equal to the State.

MORTALITY PROFILE

Measures of mortality are commonly used to understand the distribution of premature deaths and leading causes of death. This information enables communities to allocate resources to high-risk groups as well as to the investigation and implementation of community-level prevention strategies.

Death Rates by Age and Sex, Arenac County, 2017
A dash indicates a zero value.

	Total	Male	Female
All Ages (Crude Rate)	1,488.9	1,530.7	1,446.4
Under 1	-	-	-
1-14	-	-	-
15-24	-	-	-
25-34	409.3	-	-
35-44	-	-	-
45-54	526.6	637.6	-
55-64	1,153.2	1,252.6	1,046.3
65-74	1,878.1	2,272.7	1,477.4
75-84	5,918.2	7,181.3	4,729.7
85 & Over	16,844.9	14,569.5	18,385.7
Age-Adjusted Rate	919.0	990.4	839.5

Source: Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, 2017

Leading Causes of Death, Arenac County, 2017
A dash indicates a zero value.

	All Ages	Under 25 Years	25-54 Years	55-64 Years	65-74 Years	75-84 Years	85+ Years
All Causes of Death	224	2	18	32	41	68	63
1. **Heart Disease**	70	*	2	7	10	21	30
2. **Cancer**	41	-	2	7	14	14	4
3. **Unintentional Injuries**	13	-	6	1	2	4	-
4. **Chronic Lower Respiratory Disease**	20	-	1	4	2	8	5
5. **Stroke**	10	-	-	1	2	4	3
6. **Alzheimer's Disease**	4	-	-	1	-	1	2
7. **Diabetes Mellitus**	4	-	-	-	-	2	2
8. **Kidney Disease**	3	-	-	-	1	1	1
9. **Pneumonia/Influenza**	2	-	-	-	-	-	2
10. **Intentional Self-harm (Suicide)**	2	-	1	1	-	-	-
All Other Causes	55	2	6	10	10	13	14

Source: Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, 2017

METHODOLOGY

Assessment Process

In 2017, MiHIA was able to purchase and implement the Healthy Communities Institute's Health Dashboard (www.dashboard.mihia.org) software platform with funding provided by the Michigan Health Endowment Fund and several regional stakeholders, including Ascension St. Mary's Saginaw. With this purchase, MiHIA began the regional community health needs assessment process. The process was determined using several evidence-based assessment models such as those outlined in the National Quality Forum's Population Health Action Guide 3.0 Appendix #5, which include the Association for Community Health Improvement's Community Health Assessment Toolkit, the Community Commons Toolkit, and the National Association for County and City Health Officials MAPP Process-Mobilizing Action through Planning and Partnerships. Furthermore, the Dashboard allowed for a standardized format for individual county health assessments and improvement plans.

The regional CHNA contains a consistent methodology and standardized process, which includes data collection/analysis, asset mapping, community input, prioritization of the issues, an evidence-based action plan, and a measurement/evaluation process. This was accomplished through stakeholder engagement and a commitment to develop a core set of standardized needs assessment element and performance measures that are utilized throughout the region.

Timeline

August 2017: The Regional Community Health Needs Assessment Steering Team (RCHNA), co-facilitated by MiHIA's Population Health Team Leader, was formed and a charter developed. Team members were assigned to serve on the two teams which sought to complete data collection and analysis allowing the region to identify data-driven priorities for a Regional Community Health Improvement Plan. The Quantitative Data Team leveraged subject matter experts in community health analytics to optimize the data available through Dashboard 4.0 to identify priority needs and root causes of chronic disease in our region. The Qualitative Data Team collected feedback from community stakeholders and the general public about the health and health needs in the region by designing and administering a comprehensive qualitative assessment of the responses gathered through surveys, focus groups, and interviews this team is taking the pulse of community health. This team was responsible for taking the pulse of the health of the communities we serve.

November 2017: A Quantitative Data Team was formed and lead by Dr. Dimitrios Zikos, an assistant professor of the Healthcare Administration Program at Central Michigan University. The team utilized the data available on the MiHIA dashboard to identify the health conditions and behaviors deemed most problematic in the region.

June 2018: The Quantitative Team pulled 85 health indicators from the MiHIA Dashboard and analyzed them using statistical models to determine the problem areas within the region. These findings were presented to the Population Health Team meeting in June 2018 and ultimately informed the 56-questions online survey (survey tool and results are available upon request).

July 2018: The electronic survey was distributed via email to an estimated 1,000 stakeholders throughout the 14-county MiHIA region. Hospital systems, health departments, social service organizations, payers, employers, and local non-profit organizations that make up the MiHIA network were chosen as the pool of eligible participants. 316 responses were collected during the three-week collection period: a tremendous response rate of over 30%.

The initial quantitative analysis of the 85 health indicators also helped to inform 10 focus group questions. The following is a summary of the demographics of the focus group participants.

- The 92 focus group participants represented all of the 14 MiHIA counties
- The participant age range was between 19 and 80 years of age
- The number of survey participants that held bachelor's degrees was about the same as those that held master's degrees. Two participants had high school diplomas while eight held associates degrees.
- Nine of the 92 participants were not Caucasian

One of the elements necessary to complete the regional community health needs assessment is the process to collect qualitative data. MiHIA conducted a series of focus groups within the region to obtain the data. The counties varied in number of participants in the focus groups as follows:

- Bay - 6 participants
- Iosco – 14 participants
- Marlette – 12 participants
- Midland - 9 participants
- Saginaw - 15 participants
- Sanilac - 14 participants
- Tuscola - 11 participants

MiHIA and Hospital Consultants also conducted several key activities in Arenac County in coordination with Ascension Standish Hospital.

- Focus Group Sessions:
  - July 24, 2018 – Arenac County (11 participants)
  - April 8, 2019 – Arenac County MPCB (22 participants)
- Electronic Survey:
  - June 10 - July 15, 2018 – Initial regional CHNA survey
  - November 1 - 15, 2018 – Regional CHIP prioritization survey
  - March 12 – April 12, 2018 – Arenac County CHIP prioritization survey (see Appendix X for summarized findings)

August 2018: The combined analysis of the stakeholder survey and focus groups yielded a total of 20 health concerns for the region. At the MiHIA Population Health Team meeting, the health concerns were presented and discussed. Through a nominal group process, the team then proceeded to identify what they each believed were the top five concerns from the list of 20. Each of the concerns was used in an affinity diagram process. The following is the narrowed-down list of health concerns from the diagramming process:

1. Obesity
2. Mental Health
3. Lack of Places/Opportunities for Affordable Physical Activity
4. Teen Pregnancy
5. Chronic Pain
6. Drug Abuse
7. Diabetes
8. Chronic Disease
9. Tobacco Product Use
10. Hypertension
11. Lack of Healthcare Providers
12. Poverty
13. Lack of Transportation Services
14. High cost of Healthcare – Educating People to be Better Consumers of Healthcare

September 2018: The Population Health Strategy Team completed the assessment process through its review, analysis of findings, and determination of a vision statement and two focus areas:

2019 – 2021 RCHIP Vision Statement
To reduce chronic disease rates with an emphasis on reducing obesity and address health conditions related to Adverse Childhood Experiences (ACEs) in order to enhance and sustain improved health and well-being throughout the region.

FOCUS AREA #1: Obesity-Related Adverse Health Conditions (AHCs)
Rationale: If we can have an impact on the obesity rates, we will impact the diabetes, and heart disease rates as well as potentially have an impact on chronic pain, and physical inactivity.

FOCUS AREA #2: Adverse Childhood Experiences (ACEs)
Rationale: If we can have an impact on ACEs, we can further improve the substance use/abuse rates and suicide rates as well as to potentially have an impact on teen pregnancies and obesity.

November 2018: The Team developed goals and strategies, identified the potential partners for each strategy, and indicated the alignment with the MiHIA portfolio. The proposed Regional Community Health Improvement Plan was vetted to community groups for their feedback. The final plan was endorsed by the Team in November 2018.

December 2018: The Population Health Strategy Team submitted the Regional Community Health Needs Assessment Report and Regional Community Health Improvement Plan to the MiHIA Quadruple Aim Leadership Committee and MiHIA Board of Directors for formal review and approval. Upon receiving approval, the Team set forth to begin the development of the 2019 RCHIP Action Plan.

January 2019: Ascension Standish Hospital is located within the 14-county region represented by the Michigan Health Improvement Alliance (MiHIA), and is an active participant on the MiHIA Population Health Strategy Team. Rather than duplicate the efforts of conducting its own community health needs assessment and improvement plan, Ascension Standish Hospital's Internal Team elected to utilize the data that had already been collected for the MiHIA RCHIP for its community health assessment process and align their efforts to the regional focus areas. This CHIP will be used by Ascension Standish Hospital in collaboration with community partners to set priorities and target resources.

April 2019: The Arenac County MPCB Group met to discuss the strategies developed for the MiHIA RCHIP. During the meeting, the group came to the consensus that given the resources and assets available within the county they would focus and make a concerted effort on three of the five strategies identified in the Obesity Focus Area and to a lesser extent, all four in the ACEs Focus Area. The Team expressed the collective opinion, through their discussions and an electronic survey that all of the strategies within both Focus Areas should be implemented and other stakeholders within the community may be in a better position to lead and implement the other strategies identified in the RCHIP.

In addition to the priority areas for Arenac County identified in the 2019 CHNA report, Ascension Standish Hospital will continue to address national health system priorities including: Access to Healthcare and Human Trafficking.

Ascension Standish will not directly address the following priority health needs identified within the 2019 CHNA: Mental Health, Lack of Places/Opportunities for Affordable Physical Activity, Teen Pregnancy, Chronic Pain, Drug Abuse, Diabetes, Chronic Disease, Tobacco Product Use, Hypertension, Lack of Healthcare Providers, Poverty, Lack of Transportation Services, and High Cost of Healthcare. While critically important to overall community health, these specific priorities did not meet internally determined criteria that prioritized needs by either continuing or expanding current programs, services and initiatives to steward resources and achieve the greatest community impact. For the areas not chosen, there are other service providers in the community better resourced to address these priorities. Ascension Standish will work collaboratively with these organizations as appropriate to ensure optimal service

coordination and utilization.

NEXT STEPS

The already established Ascension external team consisting of community partners and stakeholders will continue to meet on a regular basis to review the Community Health Needs Assessment and discuss and develop an implementation strategy for each priority identified. Continued collaboration with such partners will be fundamental to the work that is required as we move forward. Coordination of resources and sharing of expertise will be necessary to steward limited resources while working together to address complex issues and improve outcomes in our rural setting.

The finalized 2019 Community Health Needs Assessment Report and Implementation Plans are downloadable and available to the community on the Ascension Standish Hospital website, www.stmarysofmichigan.org/standish.

Paper copies are available through the 'Community Relations Department' at the hospital.

DATA SOURCES

The process of completing the Community Health Needs Assessment requires gathering data from both primary and secondary sources. Health specific data, as well as data that outline the social determinants of health have been included. Secondary data sources include:

- Asset Limited, Income Constrained, Employed (ALICE) Report, 2017 Update
- County Health Rankings, 2019
- Health Statistics Update 2017, Arenac County Government, Michigan Department of Health and Human Services
- Michigan Health Improvement Alliance (MiHIA) Dashboard
- Michigan Department of Health and Human Services – Division for Vital Records & Health Statistics, 2017.
- United States Census Bureau, 2013-2017 Estimates

REVIEW OF THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

The previous 2016 - 2019 Community Health Needs Assessment identified the following health issues as those most pertinent at the time of the assessment:

- Nutrition
- Behavioral Health
- Physical Health / Access

EVALUATION OF IMPACT OF 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

Ascension Standish Hospital focused on developing and supporting activities to address these specific issues that included:

Nutrition

- Double Up Food Bucks program implemented in Arenac County.

Behavioral Health

- Senior Life Solutions program implemented on the Ascension Standish Hospital campus. This program provides intensive outpatient mental health therapy for those who are 65 and older experiencing depression, grief or anxiety.
- TeleBehavioral Health available in the Emergency Department at Ascension Standish Hospital.

Physical Health / Access

- Hospitalist Group providing physician coverage to Ascension Standish Hospital inpatients, 24 hours a day/7 days a week.
- Orthopedic and Podiatry clinics are now available on the Ascension Standish Hospital campus.
- An Walk-in Clinic was added in Arenac County but has been temporarily closed due to lack of providers.

APPENDICES

REGIONAL COMMUNITY HEALTH
NEEDS AND ASSESSMENT PLAN

COLLECTIVELY IMPACTING HEALTH

For more information visit: *www.mihia.org*

ABOUT MIHIA

The Michigan Health Improvement Alliance, Inc. (MiHIA) is a diverse group of stakeholders working together as a 501(c)(3) non-profit organization to become the healthiest thriving community with the best quality and value in health care. This formal community-collaboration is designated to build a healthcare system where consumers, providers, and payers make decisions based on the value and quality of care; this unique and collaborative approach allows stakeholders to achieve far more together to improve health than any of us can do alone.
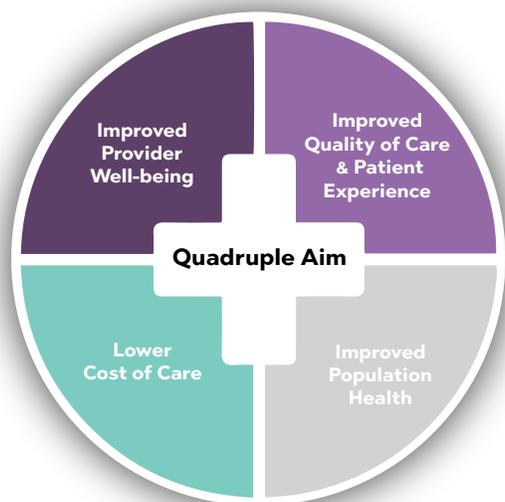
MiHIA's mission is to improve the health of people through effective use of information and collaboration to establish our region as a community of health excellence through a comprehensive focus on four facets of health and health delivery – population health, patient experience, provider well-being, and cost of care.

This falls under what is known as "The Quadruple Aim", which targets health broadly at the regional level. At the individual level, this translates to good or better health, high quality care, and good value.

MiHIA's strategy to fulfill our vision and mission is to serve as the regional hub for sharing health information and collaboration among multiple stakeholders including patients and their families. By producing a call to action across multiple programs and organizations, our region can become a national leader and a model for health that leads to a positive economic impact in our region.

ABOUT MIHIA'S POPULATION HEALTH STRATEGY TEAM

Though population health has been a part of MiHIA's strategic priorities since 2007, the formal population health Strategy Team was formed in 2014 to develop and implement strategies to improve Population Health across the MiHIA 14-county region.

The Population Health Strategy Team is a group of aspirational leaders who seek to foster relationships between medical, public health, behavioral health, health education, and social service organizations; building clinical-community linkages, team based models of care, and the regional approach to a community health needs assessment, creating/implementing health improvement plans, encourages and contributes to positive population health. Guests, subject matter experts, and community members are welcomed to attend on an as needed basis.

The 65+ multi-stakeholder team includes representation from all 14 MiHIA counties, including several community sectors. The team reports to the MiHIA Quadruple Aim Leadership Committee, which is a subcommittee of the MiHIA Board of Directors.

For more information visit: *www.mihia.org*

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MiHIA
Michigan Health Improvement Alliance

Collectively Impacting Health

MiHIA REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT
2019-2021

For more information visit: *www.mihia.org*

PURPOSE

A Community Health Assessment (sometimes called a CHA), also known as community health needs assessment (sometimes called a CHNA), refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

A Community Health Assessment gives organizations comprehensive information about the community's current health status, needs, and issues. This information can help develop a Community Health Improvement Plan (CHIP) by justifying how and where resources should be allocated to best meet community needs.

Source: https://www.cdc.gov/publichealthgateway/cha/plan.html

BACKGROUND

Across MiHIA's region, a dozen different data-collection platforms are utilized to assess community needs, health outcomes, and barriers to creating healthy communities. Estimates provided from 8 of MiHIA's 14 counties show that we're spending upwards of $216,000 to complete by each county, three-year, Community Health Needs Assessments (CHNA).

As a region, we were duplicating data collection efforts at an individual level and spending thousands of dollars more than needed when we could be collaborating more efficiently. Additionally, we commonly heard requests from the very entities currently seeking data that MiHIA needed to orchestrate a regional CHNA, with a coordinating improvement plan, outlining the information and actions that each organization can take to positive effect our communities.

As such, MiHIA's Population Health Strategy team identified it a priority to develop a regional Community Health Needs Assessment (CHNA) and improvement plan, and began development of both in 2017. This was made possible by the newly enhanced Health Dashboard 4.0. The Dashboard allows for a standardized format for individual county health assessments and improvement plans. The regional CHNA contains a consistent methodology and standardized process, which includes data collection/analysis, asset mapping, community input, prioritization of the issues, an evidence-based action plan, and a measurement/evaluation process. This was accomplished through stakeholder engagement and a commitment to develop a core set of standardized needs assessment element and performance measures that are utilized throughout the region.

DEMOGRAPHICS OF MIHIA REGION

The geographic area served by MiHIA is comprised of 14 counties in the central Michigan region. They include Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Midland, Ogemaw, Roscommon, Saginaw, Sanilac, and Tuscola counties. This region is one of nine medical trading areas defined by the State of Michigan.

The MiHIA region is home to several institutions of higher learning including Alma College, Central Michigan University, Davenport University, Delta Community College, Kirtland Community College, Mid-Michigan Community College, Northwood University, and Saginaw Valley State University.

The inclusion of an Indian Reservation and distributed members of the Saginaw Chippewa Indian Tribe throughout the counties is a unique feature of our region.

While the region includes state-of-the-art health care facilities, 2,381 hospital beds, and corporations with a global reach, its urban and rural areas also include sizeable economically-depressed and medically under served populations.

The MiHIA region geography includes a population of just over 760,000 (nearly 50/50 Male/Female) people that are approximately 22% below the age of 18 and 16% above the age of 65 (see figures 1-5).

REGION SERVED
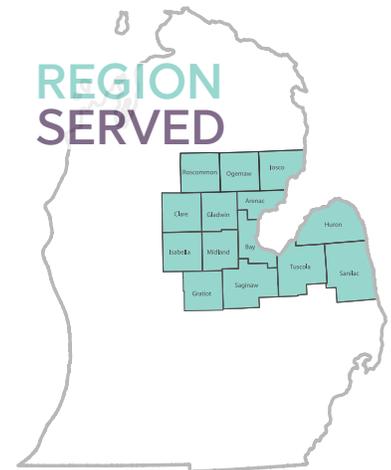
POPULATION BY NUMBER

Population sizes of the region are used to describe and understand populations and are important in planning for the futures of communities, particularly for schools, community centers, health care and child care. Total population figures allow professionals in all fields to model fluctuations of a population over time and determine stability, variation, capacity to adapt to environmental changes, affects of social determinants of health, and more that affect the well-being of that given population.

Saginaw County boasts the greatest population at 191,934, followed by Bay (104,239), Midland (83,411), and Isabella (71,063), while Arenac County has the smallest at 15,045 and Ogemaw slightly higher at 20,981. (Figure 1a and 1b)
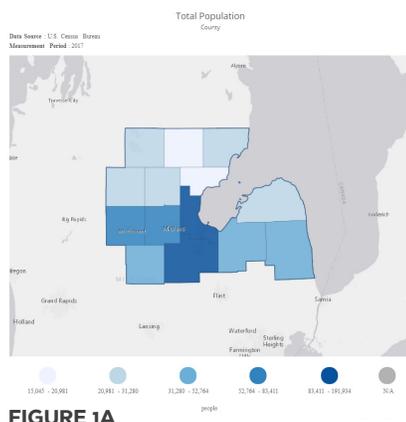

FIGURE 1A
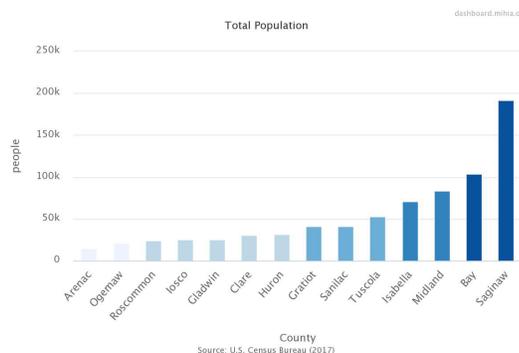
FIGURE 1B

DEMOGRAPHICS OF MIHIA REGION CONTINUED

POPULATION BY GENDER

The gender composition of a population is used to describe and understand populations and is important for planning within and for the community.

Over 50.0% of the population in Gratiot, Gladwin, Arenac, and Tuscola counties are male, while the remaining counties (Bay, Clare, Huron, Iosco, Isabella, Midland, Ogemaw, Roscommon, Saginaw, and Sanilac counties) show over 50% female.


dashboard.mihia.org

Male Population

FIGURE 2
County
Source: U.S. Census Bureau (2017)

dashboard.mihia.org

Female Population
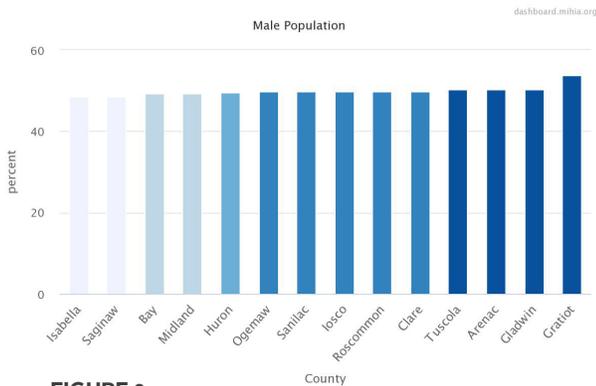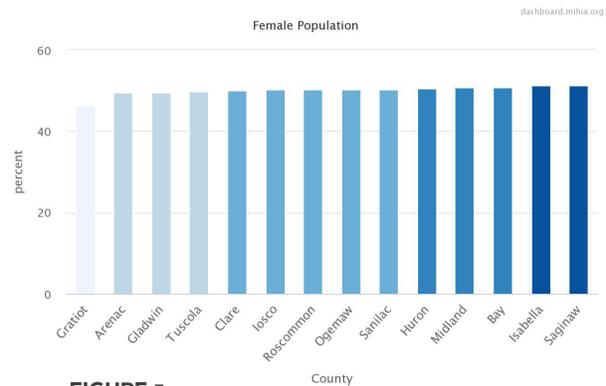
FIGURE 3
County
Source: U.S. Census Bureau (2017)

## POPULATION BY AGE

The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and child care.

Sanilac, Saginaw, Midland, Tuscola, Bay, and Gratiot report over 20% of the population under the age of 18. Counties reporting over 20% of the population over the age of 65 include Roscommon, Iosco, Gladwin, Ogemaw, Huron, Arenac, Clare, and Sanilac.
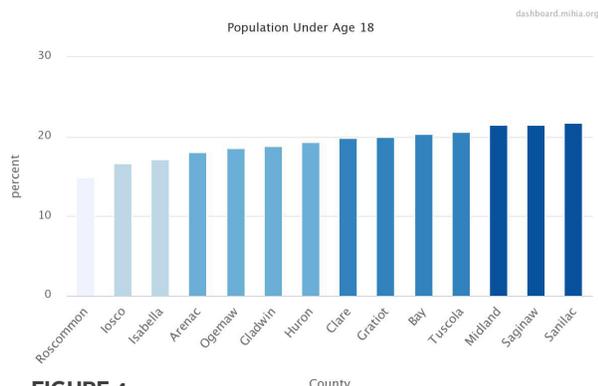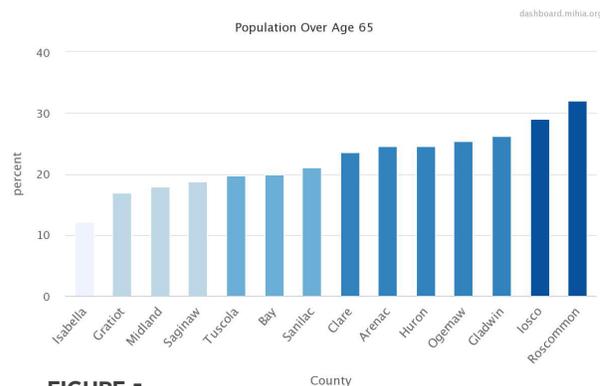

dashboard.mihia.org

Population Under Age 18

FIGURE 4
County
Source: U.S. Census Bureau (2017)

dashboard.mihia.org

Population Over Age 65

FIGURE 5
County
Source: U.S. Census Bureau (2017)

For more information visit: *www.mihia.org*

DEMOGRAPHICS OF MIHIA REGION CONTINUED

POPULATION BY RACE AND ETHNICITY
The race and ethnicity composition of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and child care.

The MiHIA region is predominately White (not Hispanic or Latino) with 11 of 14 counties (Arenac, Bay, Clare, Gladwin, Huron, Iosco, Midland, Ogemaw, Roscommon, Sanilac, and Tuscola) reporting over 90%.

Saginaw County reports the greatest Black or African American population at 19.3% and Hispanic or Latino population at 8.4%. Isabella county boasts the greatest American Indian and Alaska Native population at 3.9%.

Population White (Not Hispanic or Latino)

dashboard.mihia.org
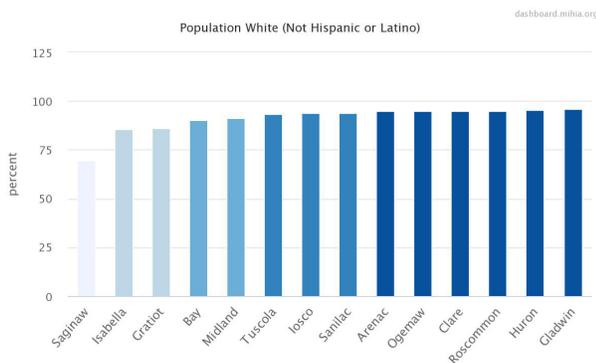
FIGURE 6
Source: U.S. Census Bureau (2017)

Population Black or African American

dashboard.mihia.org
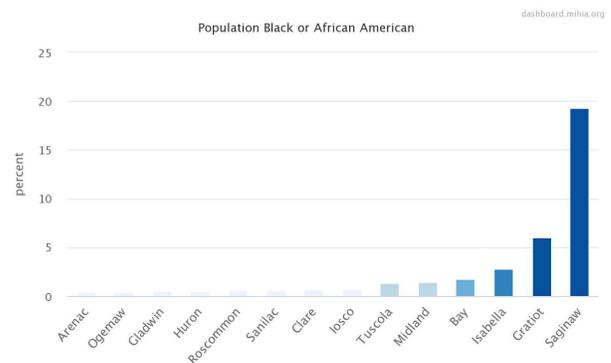
FIGURE 7
Source: U.S. Census Bureau (2017)

Population Hispanic or Latino

dashboard.mihia.org
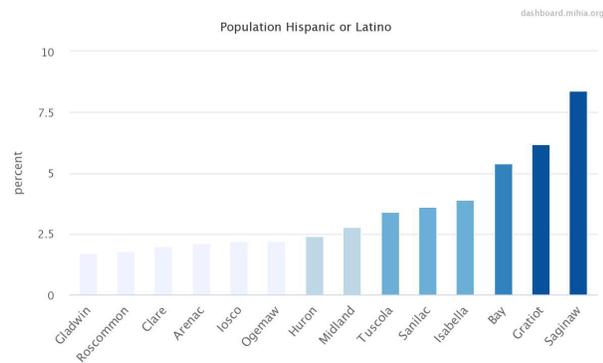
FIGURE 8
Source: U.S. Census Bureau (2017)

Population American Indian and Alaska Native

dashboard.mihia.org
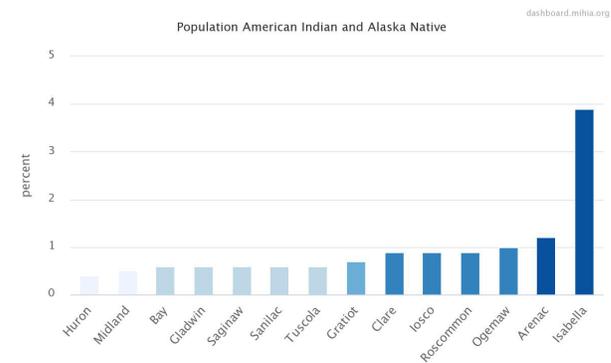
FIGURE 9
Source: U.S. Census Bureau (2017)

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INCOME AND EMPLOYMENT PROFILE

The economy is primarily agricultural, with the vast majority of its area consisting of the fertile Saginaw Valley. The largest company headquartered in the region is the Dow Chemical Company in Midland. Covenant Healthcare is the largest employer in Saginaw, the region's most populous city. Additionally, General Motors operates two large Powertrain plants in Saginaw and Bay City. The largest financial institution in the region is Midland-headquartered Chemical Financial Corporation (also Michigan's second-largest bank).

The median household income for the MiHIA region (Figure 10) ranged from $37,000 to $57,000/year with Clare County reporting the lowest and Midland County the highest. According to the 2016 US Census ACS 1-year survey, the median household income for the state of Michigan was $52,492. All but two counties (Saginaw and Bay) in the MiHIA region reported having a median household income equal to or higher than the state average.

The percentage of people living below the federal poverty level for the MiHIA region (Figure 11) ranged from 12.3% to 28.8%, with Isabella reporting the highest and Midland County the lowest. At least half of the MiHIA counties reported values between 15.8% and 20% with a middle (median) value at 18.45%. Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions.


FIGURE 10

FIGURE 11

For more information visit: **www.mihia.org**
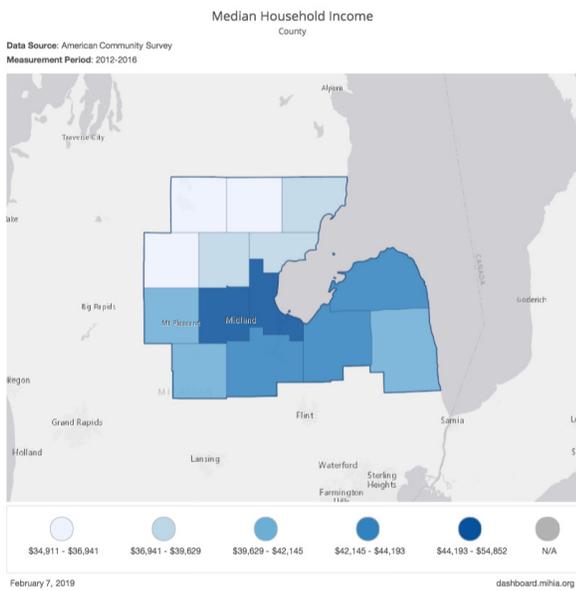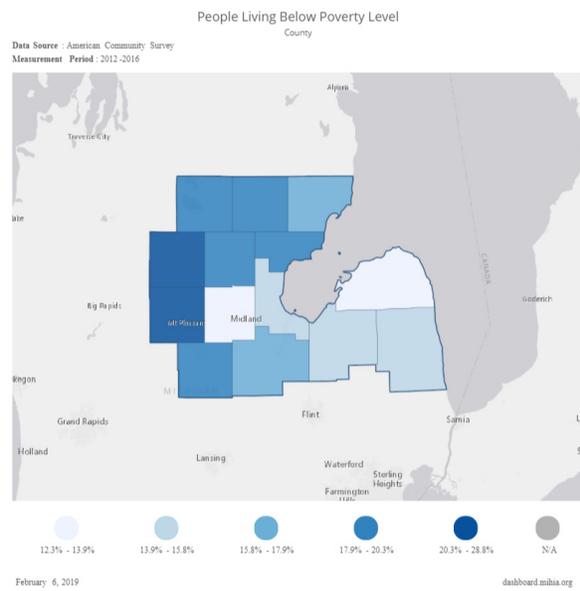
INCOME AND EMPLOYMENT PROFILE CONTINUED

Unemployment rates are key indicators of local economies. The unemployed civilian workforce percentage (Figure 13) for the region ranged from 3.1% to 6.1% with the most rural counties (Roscommon, Ogemaw, Iosco, Arenac) faring much worse than the more densely populated urban areas like Isabella, Midland, and Huron.
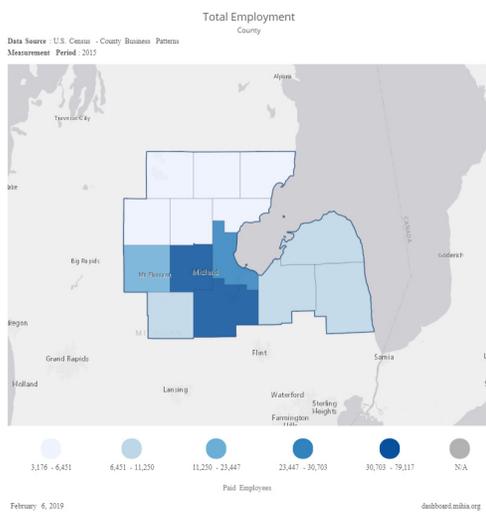
FIGURE 12
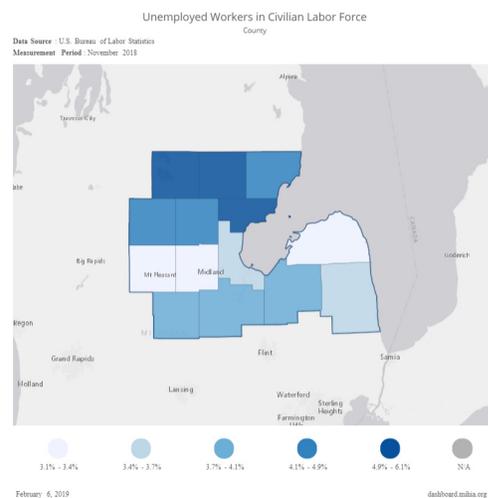
FIGURE 13

Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education. The percentage of children eligible for free school lunch (Figure 15) ranged from 20-60% with the same rural communities at the higher end of the range and the urban communities reporting the lower numbers.
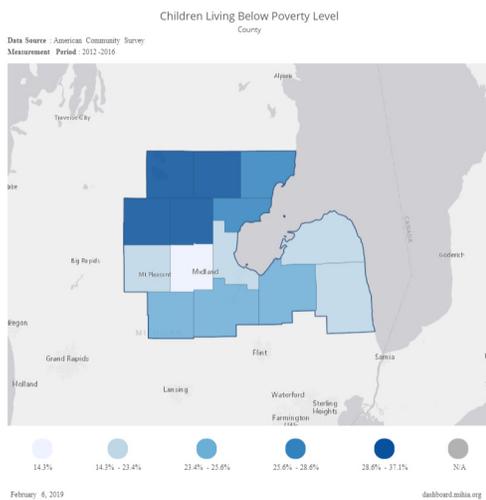
FIGURE 14
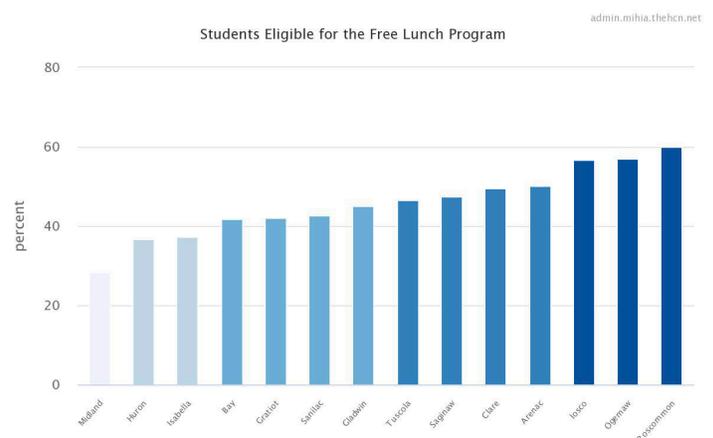
FIGURE 15   Source: National Center for Education Statistics (2015-2016)

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HEALTH BEHAVIORS

Human behavior contributes strongly to health outcomes. A majority of preventable deaths and illnesses in the United States are directly caused by human behaviors such as smoking, risky sexual behaviors, and unhealthful diets.

The 2018 County Health Rankings are based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.

As Tables 16a and 16b depict, each of the 14 counties that MiHIA serves is ranked from 1–83, with 1 representing the best (healthiest) county and 83 of the worst (unhealthiest). The MiHIA region ranks ranged from 8 (Midland) to 78 (Clare) with the worst ranked counties also being the most rural and under-served.

2018 County Health Rankings: Health Behaviors	
Location	Indicator Value
Midland	8
Huron	20
Sanilac	28
Iosco	40
Tuscola	47
Gladwin	48
Ogemaw	49
Gratiot	52
Roscommon	56
Isabella	58
Arenac	69
Bay	74
Saginaw	77
Clare	78

FIGURE 16a

Health Behaviors Ranking
County

FIGURE 16b

Mothers who Smoked During Pregnancy
County
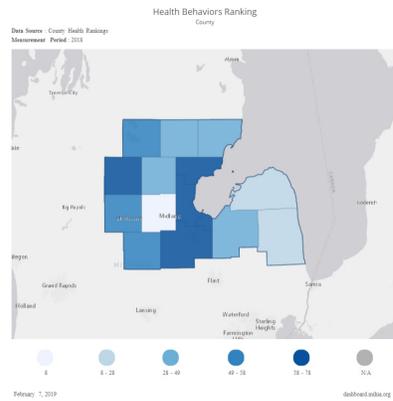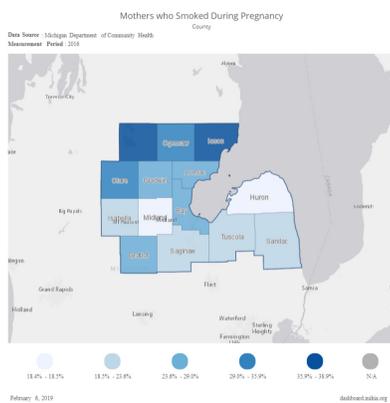
## 24.3%

Average regional percentage of births that were to mothers who smoked and/or used tobacco during pregnancy

FIGURE 17

Teen Pregnancy Rate
County
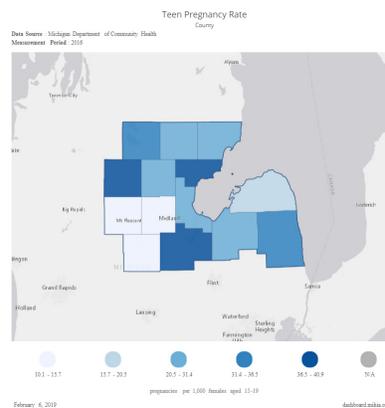
27.0

Average regional number of pregnancies per 1,000 females aged 15–19 years

FIGURE 18

For more information visit: *www.mihia.org*

MORTALITY

Measures of mortality are commonly used to understand the distribution of premature deaths and leading causes of death. This information enables communities to allocate resources to high-risk groups as well as to the investigation and implementation of community-level prevention strategies.

The region's length of life rankings (mortality) can be seen in Figures 19a and 19b. The best (lowest rate) county was again Midland, ranked 7th out of the 83 total counties in Michigan. The worst county in the region, Iosco, was also the worst (lowest rate) in the state, ranked 83rd. It should be noted that Arenac County was not far behind with a ranking of 81st. Again, the more rural communities had much higher mortality rankings than those with closer proximity to more adequate health care services.

2018 County Health Rankings: Mortality	
Location	Indicator Value
Midland	7
Isabella	16
Gratiot	36
Tuscola	41
Bay	51
Huron	52
Sanilac	61
Gladwin	64
Saginaw	66
Roscommon	73
Clare	78
Ogemaw	79
Arenac	81
Iosco	83

FIGURE 19a
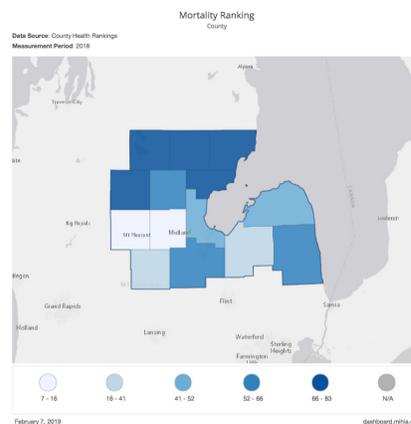
FIGURE 19b
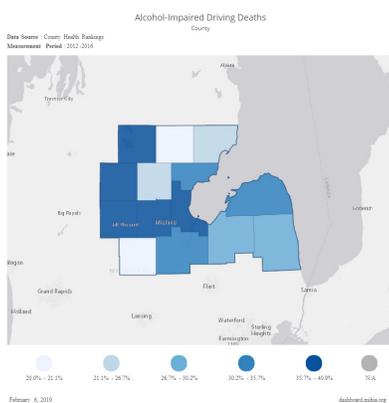
33.5%

Regional average percentage of motor vehicle crash deaths with alcohol involvement

FIGURE 20
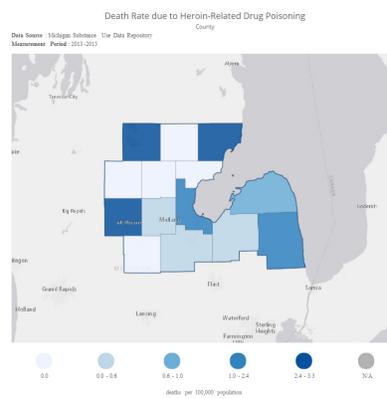
1.2

Regional death rate per 100,000 population due to heroin-related drug poisoning.

FIGURE 21

For more information visit: *www.mihia.org*

HEALTH IMPROVEMENT IN THE MIHIA REGION

ASSESSMENT PROCESS

With funding provided by the Michigan Health Endowment Fund and several regional stakeholders in 2017, MiHIA was able to purchase and implement the Healthy Communities Institute's Health Dashboard software platform and thus began the regional community health needs assessment process. The process was determined using several evidence-based assessment models such as those outlined in the National Quality Forum's Population Health Action Guide 3.0 Appendix #5, which include the Association for Community Health Improvement's Community Health Assessment Toolkit, the Community Commons Toolkit, and the National Association for County and City Health Officials MAPP Process-Mobilizing Action through Planning and Partnerships.

TIMELINE

August 2017: The Regional Community Health Needs Assessment Steering Team (RCHNA), co-facilitated by MiHIA's Population Health Team Leader, was formed and a charter developed. Team members were assigned to serve on the two teams which sought to complete data collection and analysis allowing the region to identify data-driven priorities for a Regional Community Health Improvement Plan. The Quantitative Data Team leveraged subject matter experts in community health analytics to optimize the data available through Dashboard 4.0 to identify priority needs and root causes of chronic disease in our region. The Qualitative Data Team collected feedback from community stakeholders and the general public about the health and health needs in the region by designing and administering a comprehensive qualitative assessment of the responses gathered through surveys, focus groups, and interviews this team is taking the pulse of community health. This team was responsible for taking the pulse of the health of the communities we serve.

November 2017: A Quantitative Data Team was formed and lead by Dr. Dimitrios Zikos, an assistant professor of the Healthcare Administration Program at Central Michigan University. The team utilized the data available on the MiHIA dashboard to identify the health conditions and behaviors deemed most problematic in the region. (The qualitative thematic analysis is just above "August 2018" on next page.)

June 2018: The Quantitative Team pulled 85 health indicators from the MiHIA Dashboard and analyzed them using statistical models to determine the problem areas within the region. These findings were presented to the Population Health Team meeting in June 2018 and ultimately informed the 56-questions online survey (survey tool and results are available upon request). The questions were a mix of open-ended and Likert-scale design and included subject matter related to four of the worst health issues within the region:

- Alcohol Related Motor Vehicle Deaths (see Figure 20)
- Teen Pregnancy (see Figure 18)
- Heroin Related Deaths (see Figure 21)
- Mothers Who Smoke While Pregnant (see Figure 17)

For more information visit: **www.mihia.org**

ASSESSMENT PROCESS CONTINUED

July 2018: The electronic survey was distributed via email to an estimated 1,000 stakeholders throughout the 14-county MiHIA region. Hospital systems, health departments, social service organizations, payers, employers, and local non-profit organizations that make up the MiHIA network were chosen as the pool of eligible participants. 316 responses were collected during the three-week collection period: a tremendous response rate of over 30%.

The initial quantitative analysis of the 85 health indicators also helped to inform 10 focus group questions. The following is a summary of the demographics of the focus group participants.
- o   The 92 focus group participants represented all of the 14 MiHIA counties
- o   The participant age range was between 19 and 80 years of age
- o   The number of survey participants that held bachelor's degrees was about the same as those that held master's degrees. Two participants had high school diplomas while eight held associates degrees.
- o   Nine of the 92 participants were not Caucasian

One of the elements necessary to complete the regional community health needs assessment is the process to collect qualitative data. MiHIA conducted a series of focus groups within the region to obtain the data. The counties varied in number of participants in the focus groups as follows:
- ·   Arenac - 11 participants
- ·   Bay - 6 participants
- ·   Iosco – 14 participants
- ·   Marlette – 12 participants
- ·   Midland - 9 participants
- ·   Saginaw - 15 participants
- ·   Sanilac - 14 participants
- ·   Tuscola - 11 participants

August 2018: The combined analysis of the stakeholder survey and focus groups yielded a total of 20 health concerns for the region. At the MiHIA Population Health Team meeting, the health concerns were presented and discussed. Through a nominal group process, the team then proceeded to identify what they each believed were the top five concerns from the list of 20. Each of the concerns was used in an affinity diagram process. The following is the narrowed-down list of health concerns from the diagramming process:
1. Obesity
2. Mental Health
3. Lack of Places/Opportunities for Affordable Physical Activity
4. Teen Pregnancy
5. Chronic Pain
6. Drug Abuse
7. Diabetes
8. Chronic Disease
9. Tobacco Product Use
10. Hypertension
11. Lack of Healthcare Providers
12. Poverty
13. Lack of Transportation Services
14. High cost of Healthcare – Educating People to be Better Consumers of Healthcare

For more information visit: *www.mihia.org*

ASSESSMENT PROCESS CONTINUED

September 2018: The Population Health Strategy Team completed the assessment process through its review, analysis of findings, and determination of two focus areas:

FOCUS AREA #1: Obesity-Related Adverse Health Conditions (AHCS)
If we can have an impact on the obesity rates, we will impact the diabetes, and heart disease rates as well as potentially have an impact on chronic pain, and physical inactivity.

FOCUS AREA #2: Adverse Childhood Experiences (ACEs).
If we can have an impact on ACEs, we can further improve the substance use/abuse rates and suicide rates as well as to potentially have an impact on teen pregnancies and obesity.

The team also developed a vision statement: To reduce chronic disease rates with an emphasis on reducing obesity and address health conditions related to Adverse Childhood Experiences (ACEs) in order to enhance and sustain improved health and well-being throughout the region.

November 2018: The Team developed goals and strategies, identified the potential partners for each strategy, and indicated the alignment with the MiHIA portfolio. The proposed Regional Community Health Improvement Plan was vetted to community groups for their feedback. The final plan was endorsed by the Team in November 2018.

December 2018: The Population Health Strategy Team submitted the Regional Community Health Needs Assessment Report and Regional Community Health Improvement Plan to the MiHIA Quadruple Aim Leadership Committee and MiHIA Board of Directors for formal review and approval. Upon receiving approval, the Team set forth to begin the development of the 2019 RCHIP Action Plan.

Upon receiving approval, the Team set forth to begin the development of the 2019 RCHIP Action Plan.

![MiHIA - Michigan Health Improvement Alliance - Collectively Impacting Health]

MiHIA REGIONAL COMMUNITY HEALTH IMPROVEMENT PLAN
2019-2021

PURPOSE

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

A Community Health Improvement Plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.

Source: https://www.cdc.gov/publichealthgateway/cha/plan.html

BACKGROUND

MiHIA's Population Health Strategy Team developed its three-year Regional Community Health Improvement Plan (RCHIP) to provide guidance and strategies for addressing data-driven priority health issues. The team relied on the HCI resources within the platform to identify both the evidence-based, and the promising practices that have been successful in improving health outcomes in other communities as we developed our CHIP.

Throughout the duration of the 3-year plan, MiHIA will partner with stakeholders and sectors to share the responsibility for improving the health status within the region. The RCHIP sets forth a plan of action for collective impact with MiHIA serving as the vital backbone organization. Our implementation and joint efforts will be a powerful enabler to advance in population health management focused care delivery.

RCHIP VISION STATEMENT:

Reduce chronic disease rates with an emphasis on reducing obesity and addressing health conditions related to Adverse Childhood Experiences (ACEs) in order to enhance and sustain improved health and well-being throughout the region.

FOCUS AREA #1:
OBESITY-RELATED ADVERSE HEALTH CONDITIONS (AHCS)

GOAL:
Reduce the adult (20 years and older) obesity rates (BMI>=30) in the MiHIA region to 33% by December 31, 2021.

BASELINE DATA

- MiHIA Region Adult Obesity Rate: 33.9%
  Source: County Health Rankings
- Michigan Adult Obesity Rate: 31%
  Source: County Health Rankings
- Healthy People 2020 Target 30.5%
  Source: Healthy People 2020

STRATEGIES

- Deliver educational, behavioral, environmental and other obesity prevention efforts in schools for both students and adults.

- Support the modification of local environments and worksites to promote physical activity such as advocating for safe bike and pedestrian master plans and increasing access to new or existing facilities for physical activity.

- Promote and support social networks that provide positive behavior change through walking groups, multi-generational activity and wellness programs, and other community-based interventions.

- Promote and support community gardens and farmers' markets to encourage both healthy eating and physical activity through gardening.

- Promote and support opportunities that increase breastfeeding initiation and continuation.

ADVERSE HEALTH CONDITIONS

CHRONIC PAIN
HYPERTENSION
ASTHMA / COPD
HEART DISEASE
CANCER
TYPE II DIABETES
BEHAVIORAL HEALTH ISSUES

ADVERSE COMMUNITY ENVIRONMENT

HIGH FAT & HIGH SUGAR DIETS
LACK OF ACCESS TO HEALTHY FOODS
LACK OF SAFE SPACES
LACK OF PORTION CONTROL
LACK OF BREASTFEEDING
SEDENTARY LIFESTYLE
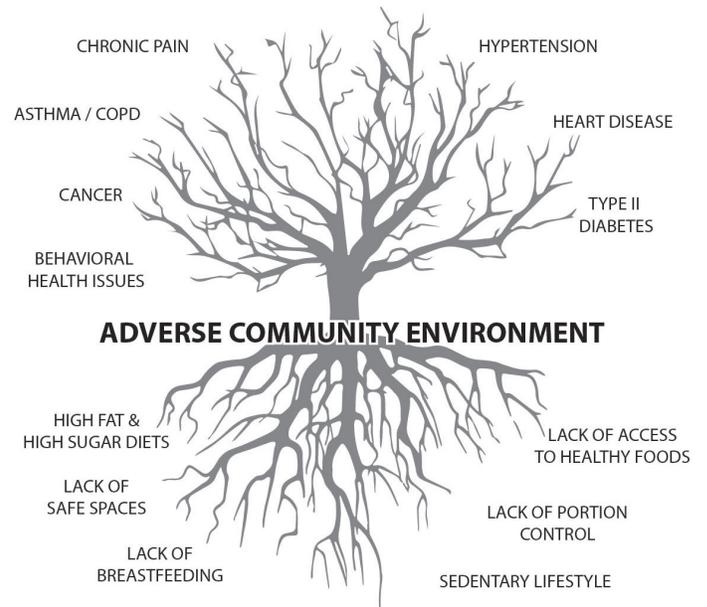
Based on the ACEs work of Ellis W., Dietz W. (2017) George Washington University

FIGURE 22

For more information visit: *www.mihia.org*

FOCUS AREA #1:
OBESITY-RELATED ADVERSE HEALTH CONDITIONS (AHCS)

COMMUNITY PARTNERS

- Ascension Mid-Michigan, including Ascension St. Mary's of Michigan – Saginaw, Ascension St. Mary's of Michigan – Standish, and Ascension St. Joseph's Hospital
- Bay County, including Bay County Health Department, Bay County Worksite Wellness Program, Wise Woman Program, and Bay Health Plan
- Boys & Girls Clubs of the Great Lakes Bay Region
- Central Michigan University
- Dow Chemical Company
- Faith-based Community
- Frankenmuth Credit Union
- Gratiot Psychological Services
- Great Lakes Bay Health Center, including MiCare Team Walking Club
- Greater Midland, including Greater Midland Community Center
- Health Legacies, Inc.
- Health Systems and provider community
- Highland 365 (Isabella and Gratiot Counties)
- Lettuce Live Well
- Michigan Department of Health and Human Services (MDHHS)
- Midland County, including Midland County Department of Public Health, Midland County CHIP, Midland County Wellbeing Taskforce, Midland County Breastfeeding Coalition, and WIC
- MiHIA DPP Network, including Lifestyle Coach Network, American Medical Society (AMA), Good Measures, and Solera Health

- Saginaw County, including Saginaw County Health Department, Saginaw County CHIP, WIC Program with Project Fresh, Wise Woman Program, Saginaw Health Plan
- Saginaw Valley State University
- YMCAs, including Dow Bay Family and Saginaw

REGIONAL PROGRAMS

- MiHIA "Call to Action for Population Health" Speakers Circuit
- Centering Pregnancy
- MiHIA Community Health Excellence Awards
- MiHIA Dig It Community Gardens
- MiHIA Healthier and Happier Families (KURBO)
- MiHIA Regional Diabetes Prevention Program (DPP)
- Region 5 Perinatal Quality Collaborative
- THRIVE, including Blue Zones, Playworks, Parks and Recreation, Parenting Networks,

RESOURCES

- APHA Billion Steps Challenge
- Breastfeeding Coalitions
- Community Foundations
- CDC's Physical Activity Guidelines for Americans and the Move Your Way Campaign
- County, City, and Township Governments
- Healthcare Systems
- Local health Departments
- Master Gardeners
- RESDs
- U.S. Department of Education and Agriculture, including U.S. Farm Bill

For more information visit: *www.mihia.org*

FOCUS AREA #2:
ADVERSE CHILDHOOD EXPERIENCES (ACEs)

GOAL:
Build the capacity within the MiHIA region to create a trauma-sensitive region by December 31, 2021.

STRATEGIES

- Provide Trauma Informed Care Awareness, Education & Training Opportunities to a variety of regional organizations: Providers, Businesses, Faith-based Communities, etc.

- Identify, support, and replicate emergent and trauma-informed initiatives within the region.

- Provide the school districts (staff and parents) with opportunities to increase awareness of ACEs.

- Through the MiHIA Speaker Circuit, provide the Michigan ACEs Community Champion Training.
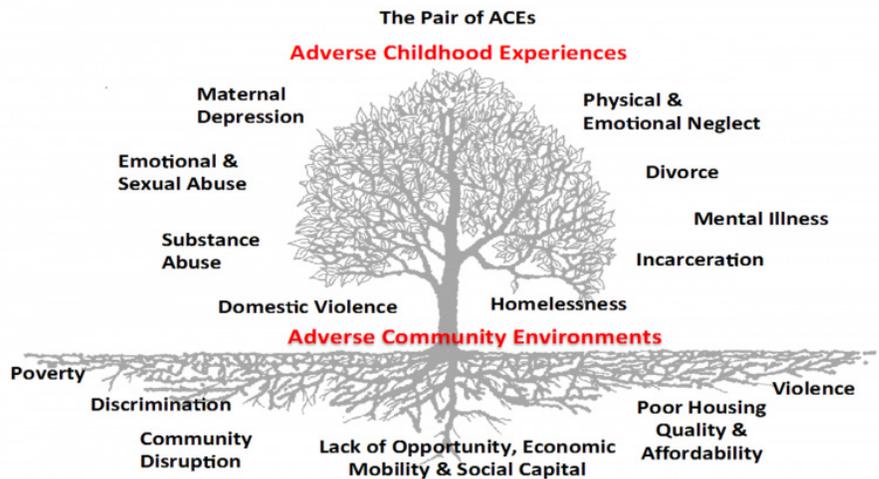
Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

FIGURE 23

COMMUNITY PARTNERS

- Bay County, including Bay County Health Department, Bay ISD & Neighborhood Resource Center, Friend of the Court, Bay County Trauma-Informed Committee

- Childcare Provider Community

- CMU Interdisciplinary Center for Community Health & Wellness

- Covenant HealthCare

- Current Trained Champions within the Region

- Faith-based Community

- Great Lakes Bay Health Centers

- Great Start Collaborative

- Handle with Care

- Local Health departments

- Midland County, including Midland County Department of Public Health

- Power of Dad

- Wellspring Lutheran School

REGIONAL PROGRAMS

- MiHIA "Call to Action for Population Health" Speakers Circuit

- MiHIA Community Health Excellence Awards

- Centering Pregnancy / Centering Parenting

- MiHIA Healthier and Happier Families (KURBO)

- MiHIA Opioid Priority Strategy, including Improving Protective Factors for Youth Subgroup

- Region 5 Perinatal Quality Collaborative

- THRIVE, including Playworks

RESOURCES

- ACE / Resilience, Prevention Institute

- Boston Children's Hospital

- Brazelton Touchpoints Center

- Building Communities of Resilience, George Washington University Milken School of Public Health

- Harvard University

For more information visit: *www.mihia.org*

APPENDICES

1. 2018 Regional Focus Groups Thematic Analysis

2. MiHIA Portfolio of Initiatives

3. Data Sources

APPENDIX 1

2018 Regional Focus Groups Thematic Analysis
Focus Group Questions / Key Themes

1. What are the elements you believe make a community a healthy place to live and work?

- Access to affordable housing
- Access to affordable recreational activities
- Good employment opportunities for all levels of skill
- Access to Healthcare providers
- Access to healthy food options
- Good public transportation

2. What do you see as the link between improved health and a growing regional economy?

- Investments into mental health services offerings
- Lowering absenteeism at work
- Increasing regional attractiveness to make recruitment of quality physicians more feasible
- Increasing opportunities for individuals and families to have access to places where they can be physically active

3. What can you do to improve the health of your family or your neighbors?

- Be intentional about dedicating time to physical activity
- Establish/re-establish connectedness and trust within the community
- Make sure all routine doctor's appointments are kept by all in my family
- Limit the screen time of my children

4. What are the top three health-related concerns in your community?

- Access to care
- Obesity
- Tobacco use
- Transportation
- Behavioral/Mental Health
- Substance Abuse

5. What do you believe are barriers to getting health care in your community or our larger region?

- Transportation services (especially after-hours and cross-county)
- Lack of service providers (especially specialists)
- Cost (insurance policy deductibles, out-of-pocket, transportation)
- Internet connectivity availability
- Lack of trust in technology

6. Over 27% of pregnant mothers in our surrounding 14 counties smoke during pregnancy. What do you believe should be done to reduce the percent of moms who smoke while pregnant?

- Targeted initiatives for parents that are smokers
- Offer incentives (tax credit, more WIC $$)
- Stiffer legal penalties
- Education/Better awareness prior to pregnancy years

7. The teen pregnancy/birth rate in our surrounding 14 counties is higher than the state average. What do you believe can be done to reduce the teen pregnancy rate in the region?

- Changing the social acceptability (girl's desiring/thinking it's okay to get pregnant young)
- Comprehensive sexual education from an early age
- Increasing availability of birth control/family planning services

8. Alcohol impaired driving deaths in our area occurs more frequently than the State of Michigan average. What do you believe should be done to reduce alcohol impaired driving deaths in the MiHIA region?

- Begin educating kids at younger age
- Improve the ride-sharing / after-hours transportation offerings regionally
- Stiffer penalties
- Greater police presence in areas with high concentration of bars
- Utilize technological advancements (portable breathalyzers, applications for phone)

9. Deaths from heroin use/abuse are on the rise. What do you believe should be done to reduce the death rate? Do you believe there is a substance abuse problem in your community?

What resources currently exist to deal with this?

- Hope not Handcuffs (no criminal charges for seeking treatment)
- Narcan available in more locations than just Police/EMS – Make it a policy
- Increased offerings of MAT regionally (only Saginaw, Bay City, and Mt Pleasant right now)
- More realistic education at an earlier age
- Harsher penalties for those caught dealing
- Drug courts in some counties

Current Resources:

- Pathways Outpatient Treatment
- Ten Sixteen
- Saginaw Homeless Shelter has a 6-month residential program (faith-based)
- Teen Challenge in Saginaw has a 12-month residential program (faith-based)
- DOT for Medicated Assisted Treatment

10. Rates of children with health insurance in the MiHIA region are lower than the state average. What do you believe can be done to increase the rate of children being covered by health insurance in your community?

- Educating broken families (many parents only cover themselves because of cost)
- Educating/encouraging ER nurses/docs to provide resources to parents of children showing up with no insurance
- Improving job prospects regionally so that more are people are employed full-time

APPENDIX 2
MiHIA Portfolio of Initiatives

THRIVE

Mission: To deliver improved health and sustained economic growth in our communities

About: MiHIA and The Great Lakes Bay Regional Alliance (GLBRA) are collaborating to lead this initiative. MiHIA's nationally-recognized, longstanding, and thoughtful commitments to regional health plus its established network and relationships with national leaders throughout the health industry integrate with GLBRA's established mission of regional economic growth and vitality. Both organizations share many of the same board members, stakeholders, and goals.

Regional Diabetes Prevention Program

Since January 2015, MiHIA's Regional Diabetes Prevention Program (DPP), funded graciously by the Charles J. Strosacker Foundation, has fostered collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders to prevent or delay the onset of Type 2 diabetes among people with prediabetes in central Michigan. During the year-long program, which consists of 16-weekly core sessions followed by 6 to 8-monthly post-core sessions, participants are taught strategies for incorporating physical activity into daily life and eating healthy.

With increased focus on sustainability and regional expansion in its fourth year (2018), MiHIA has provided consultation to various stakeholders, including employer organizations in – as well as outside of – the 14-county region. The program has already resulted in over a million dollars in health care savings (estimate based on Medicare pilot data), and as program participants remain free of a diabetes diagnosis, estimates predict $3,286,400 in health plan savings annually.

Dig It! Community Gardens

Dig It! Creating Community Gardens is an ongoing annual project which creates opportunity and community enrichment across MiHIA's 14-counties. Community gardens allow families and individuals without land of their own, the opportunity to produce food.

Community gardens are created to provide opportunities for physical activity, social interaction, therapy, and access to fresh vegetables for residents in the MiHIA region. This project supports MiHIA's population health improvement strategy, which has identified community gardens as one of the critical areas needed to improve our regional health status.

Community gardens also create volunteer opportunities for individuals to serve and support health priorities for their city. Volunteers will enhance the environment by creating green spaces that add beauty and produce locally-grown food, aiding in the reduction of greenhouse gas emissions by reducing food transportation from farm to fork.

Regional Opioid Priority Strategy

While there were significant efforts across the region to address the opioid epidemic, MiHIA recognized a distinct opportunity to have a coordinated approach. In order to best facilitate this approach the MiHIA Opioid Priority Strategy Workgroup will complete a strategy map of services, interventions, initiatives and actions from multiple sectors and regional community partners, and coalitions producing a complete catalog of current activities and approaches across the region. This strategy map will be leveraged to guide information sharing, alignment of resources, identification of scalable models, and opportunities to invest resources to address critical gaps and breakthrough opportunities.

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CenteringPregnancy is group prenatal care that brings women with similar due dates out of exam rooms and into a comfortable setting. It combines interactive learning with health assessments, and provides additional time and attention from health care providers. CenteringPregnancy helps to support positive health behaviors and drive better outcomes.

This program improves prenatal care by leading groups of 8-12 expectant mothers through a structured process resulting in fewer spontaneous preterm births and fewer low weight babies, increases breastfeeding rates, and leads to healthier family planning. Participants will meet with their healthcare providers and other expectant mothers for 10 two-hour sessions during pregnancy, giving women more time with their providers and creating lasting friendships and connections in ways that are not possible in traditional care.

Bridging for Health

Bridging for Health: Improving Community Health Through Innovations in Financing, sponsored by the Robert Wood Johnson Foundation, focuses on the linkages between innovations in financing, collaboration, and health equity. The goal of MiHIA's partnership with Bridging for Health is to foster connections among diverse stakeholders to align investments that target upstream initiatives of health to ultimately improve population health and outcomes.

Healthier and Happier Families

The "Healthier & Happier Families: Preventing and Fighting Childhood Obesity" program seeks to improve long-term health outcomes and reduce the impact of obesity and diabetes in children (ages 5-19 years) and their families in central Michigan through one of the most effective and well-researched programs for children, the "Traffic Light Diet." A mobile engagement platform, KURBO app, and personalized coaching services teach children healthy eating and exercise habits to achieve weight loss and BMI reduction.

Perinatal Quality Collaborative

Infant mortality rates provide insight into the health of the child and the mother, and are associated with a variety of factors, including maternal health, access to medical care, psychosocial conditions, and public health practices.

Michigan Health Improvement Alliance, Inc. (MiHIA) through a contract with Saginaw County Community Mental Health Authority (SCCMHA) and Michigan Department of Health and Human Services (MDHHS) is leading the development and implementation of the Region 5 Perinatal Care System Quality Improvement Initiative. The Region 5 Perinatal Quality Collaborative will bring together multi-sector stakeholders to establish goals and strategies based on evidence-based practices to improve mother and infant health in Prosperity Region 5.

Pharmacists & Barriers to Patient Care

The Michigan Health Improvement Alliance, Inc. (MiHIA) conducted focus groups to gain a better understanding of the role community pharmacist can play in increasing patient engagement associated with medication self-management and adherence for adults in the central Michigan area.

The purpose of the focus groups were to provide an opportunity for physicians and pharmacists to come together in a planned yet casual setting to develop recommendations for systems design that will increase positive patient outcomes.

APPENDIX 3

Data Sources

Regional Health Needs Assessment

1.   American Community Survey
2.   Annie E. Casey Foundation
3.   Centers for Medicare & Medicaid Services
4.   County Health Rankings
5.   The Dartmouth Atlas of Health Care
6.   Feeding America
7.   Kids Count in Michigan
8.   Michigan Department of Community Health
9.   Michigan Department of State
10.   Michigan Substance Use Data Repository
11.   National Center for Education Statistics
12.   U.S. Census – County Business Patterns
13.   U.S. Department of Agriculture – Food Environment Atlas
14.   U.S. Environmental Protection Agency

Community Health Improvement Plan

1.   Data Resource Center for Child and Adolescent Health
2.   County Health Rankings
3.   Kids Count in Michigan
4.   Milken Institute School of Public Health – George Washington University
5.   U.S. Bureau of Labor Statistics
6.   U.S. Department of Agriculture - Food Environment Atlas
7.   Prevention Institute
8.   Summer M. Redstone Global Center for Prevention & Wellness

For more information visit: *www.mihia.org*

Q1 Below are proposed strategies to reduce the adult OBESITY rate in Arenac County. The strategies will be implemented over a three-year time period. Please rank the proposed strategies you believe Ascension Standish Hospital and our partners should initiate over the three years to reduce the adult obesity rate in the region with a ranking of 1 being the most important and 5 being the least important.

Answered: 14   Skipped: 0
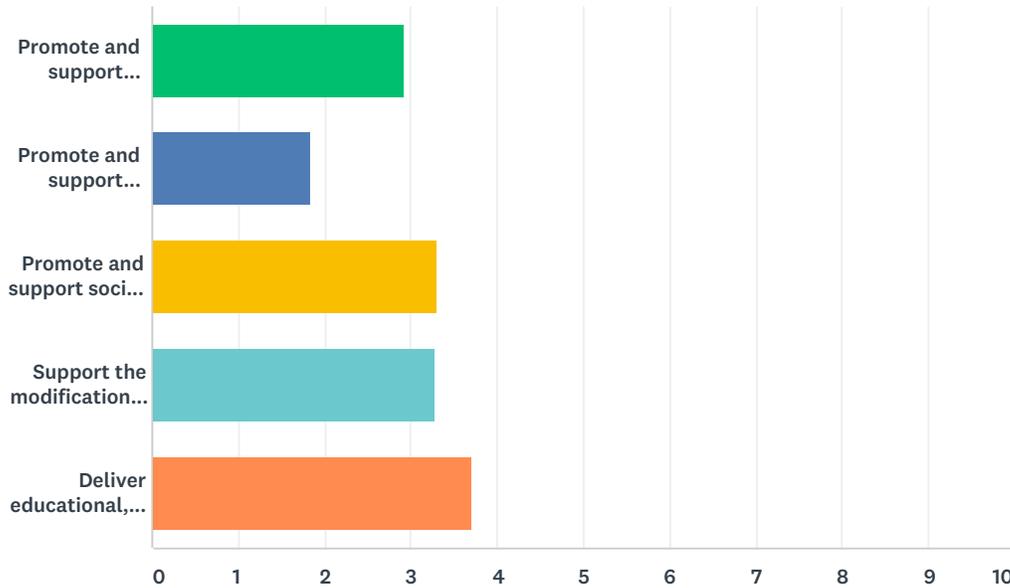
	1	2	3	4	5	TOTAL	SCORE
Promote and support Community Gardens and Farmers' Markets	15.38% 2	30.77% 4	7.69% 1	23.08% 3	23.08% 3	13	2.92
Promote and support opportunities that increase breastfeeding initiation and continuation	7.69% 1	0.00% 0	7.69% 1	38.46% 5	46.15% 6	13	1.85
Promote and support social networks that provide supportive behavior change through walking groups, multigenerational activity and wellness programs and other community-based interventions	15.38% 2	30.77% 4	30.77% 4	15.38% 2	7.69% 1	13	3.31
Support the modification of local environments to promote physical activity, increase access to new or existing facilities for physical activity	21.43% 3	21.43% 3	28.57% 4	21.43% 3	7.14% 1	14	3.29
Deliver educational, behavioral, environmental, and other obesity prevention efforts in schools for both students and adults	42.86% 6	14.29% 2	28.57% 4	0.00% 0	14.29% 2	14	3.71

Q2 Of the five (5) identified OBESITY strategies listed above, are there any you believe SHOULD NOT be implemented? Please check all those you believe SHOULD NOT be implemented.

Answered: 14   Skipped: 0
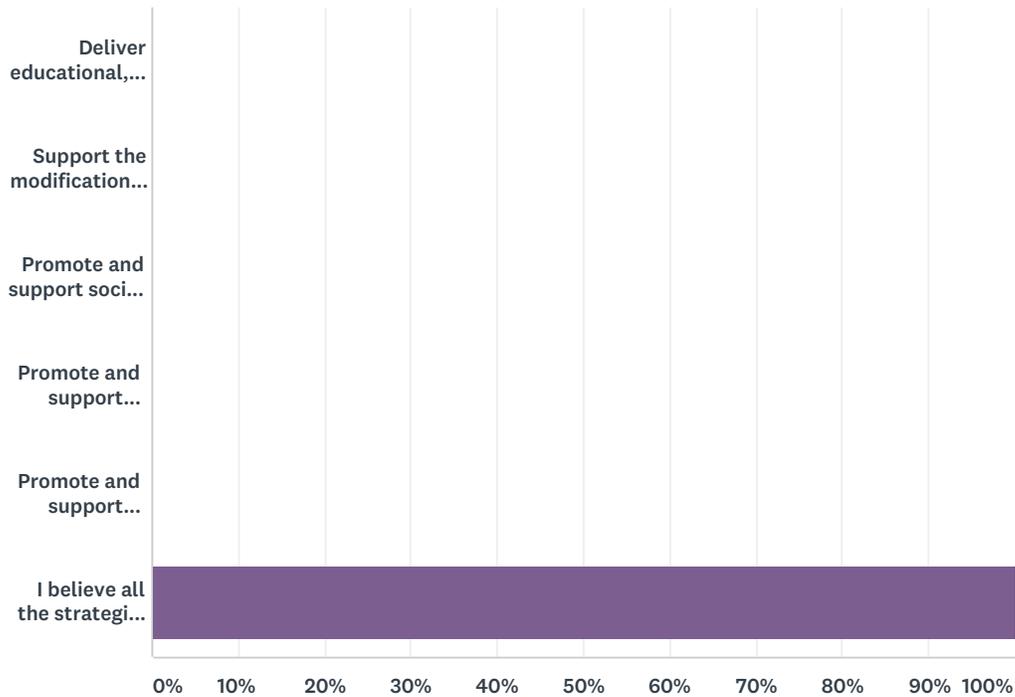
ANSWER CHOICES	RESPONSES	
Deliver educational, behavioral, environmental and other obesity prevention efforts for both students and adults	0.00%	0
Support the modification of local environments and worksites to promote physical activity such as advocating for safe bike and pedestrian master plans and increasing access to new or existing facilities for physical activity	0.00%	0
Promote and support social networks that provide supportive behavior change through walking groups, multigenerational activity and wellness programs and other community-based interventions	0.00%	0
Promote and support community gardens and farmers' markets to encourage both healthy eating and physical activity through gardening	0.00%	0
Promote and support opportunities that increase breastfeeding initiation and continuation	0.00%	0
I believe all the strategies should be implemented	100.00%	14
TOTAL		14

#	IF YOU CHECKED ANY OF THE STRATEGIES, PLEASE PROVIDE THE REASON(S) WHY YOU BELIEVE THE STRATEGY(IES) SHOULD NOT BE IMPLEMENTED.	DATE
	There are no responses.	

Q3 In the space provided below, please provide additional evidence-based or innovative programs and interventions related to OBESITY you believe should be considered by Ascension Standish Hospital for inclusion and implementation.

Answered: 6   Skipped: 8

#	RESPONSES	DATE
1	specifically education in the schools starting at grade k	4/1/2019 12:05 PM
2	EDUCATION, EDUCATION, EDUCATION for all ages!	3/31/2019 9:48 PM
3	xx	3/30/2019 7:26 AM
4	.	3/29/2019 12:07 PM
5	None	3/29/2019 11:01 AM
6	I love the Bee Run which promotes obesity.	3/29/2019 10:37 AM

Q4 Below are the proposed strategies to reduce ADVERSE CHILDHOOD EXPERIENCES (ACEs). Please rank the proposed strategies you believe Ascension Standish Hospital and our partners should implement over the next three years to address the ACEs priority area with a ranking of 1 being most important and 4 being least important.

Answered: 14   Skipped: 0
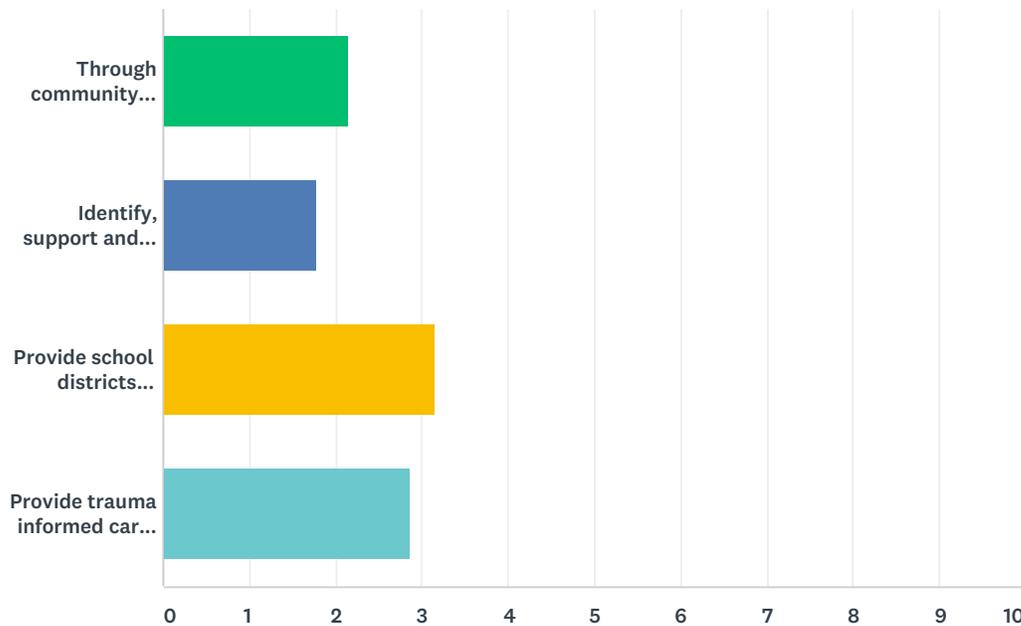
|	1	2	3	4	TOTAL	SCORE
Through community partners, provide the Michigan ACEs Community Champion Training	23.08% 3	0.00% 0	46.15% 6	30.77% 4	13	2.15
Identify, support and replicate emergent and trauma-informed initiatives within Arenac County for children, youth and adults	0.00% 0	15.38% 2	46.15% 6	38.46% 5	13	1.77
Provide school districts (staff and parents) with opportunities to increase the awareness of ACEs	53.85% 7	23.08% 3	7.69% 1	15.38% 2	13	3.15
Provide trauma informed care awareness opportunities to a variety of community sectors such as healthcare providers, business, faith-based groups, the court system, law enforcement, Big Brothers/Big Sisters, etc.	21.43% 3	57.14% 8	7.14% 1	14.29% 2	14	2.86

Q5 Of the four (4) identified ACEs strategies listed above in Question 4, are there any you believe SHOULD NOT be implemented? Please check all those you believe should not be implemented.

Answered: 13   Skipped: 1
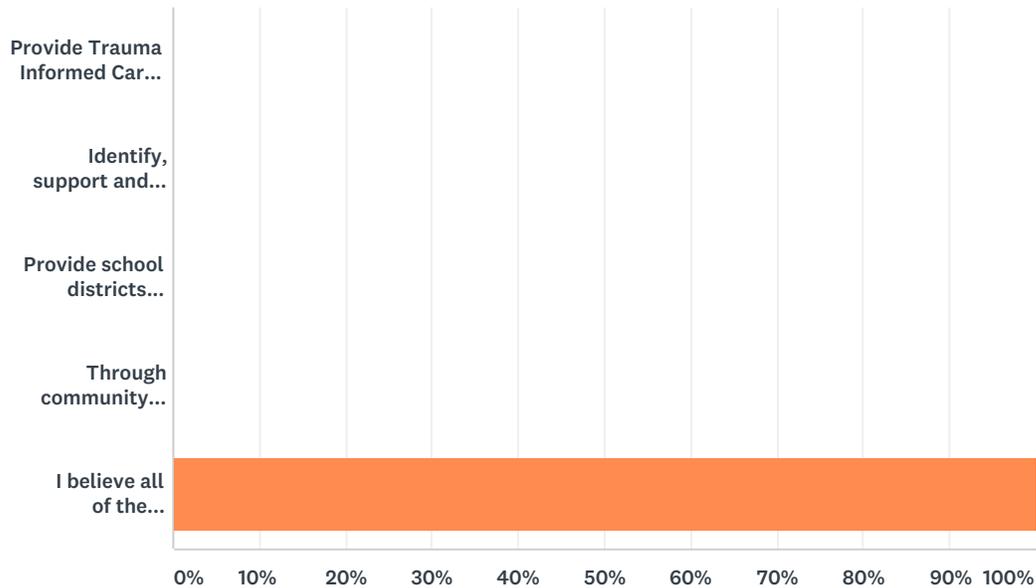
ANSWER CHOICES	RESPONSES	
Provide Trauma Informed Care Awareness, Education and Training opportunities to a variety of sectors including providers, business, faith-based, etc.	0.00%	0
Identify, support and replicate emergent and trauma-informed initiatives within Arenac County.	0.00%	0
Provide school districts (staff and parents) with opportunities to increase their awareness of ACEs	0.00%	0
Through community partners, provide the Michigan ACEs Community Champion Training	0.00%	0
I believe all of the strategies should be implemented	100.00%	13
Total Respondents: 13		

#	IF YOU CHECKED ANY OF THE STRATEGIES, PLEASE PROVIDE THE REASON(S) WHY YOU BELIEVE THE STRATEGY(IES) SHOULD NOT BE IMPLEMENTED.	DATE
	There are no responses.	

Q6 In the space provided below, please provide additional evidence-based or innovative programs and interventions related to ACEs you believe should be considered by Ascension Standish Hospital for inclusion and implementation.

Answered: 4   Skipped: 10

#	RESPONSES	DATE
1	I believe that Ascension Standish should provide increased support within the school for a nurse educator.	3/31/2019 9:48 PM
2	xx	3/30/2019 7:26 AM
3	.	3/29/2019 12:07 PM
4	None	3/29/2019 11:01 AM

Q7 In the space provided below, please provide any additional suggestions you believe Ascension Standish Hospital should consider in its community health improvment plan.

Answered: 6   Skipped: 8

#	RESPONSES	DATE
1	Bring back Nursing Education within the schools system. Children are OUR FUTURE!	3/31/2019 9:48 PM
2	xx	3/30/2019 7:26 AM
3	We need a community center such as the YMCA for exercise and health. Bay City has one. If we have it in our community AND it is affordable then children and their families would use it.	3/29/2019 7:52 PM
4	.	3/29/2019 12:07 PM
5	None	3/29/2019 11:01 AM
6	A doctor that can provide medication to mental health patient in Arenac	3/29/2019 10:37 AM

STRATEGIES TO ADDRESS THE FOCUS AREAS

In April 2019, Ascension Standish Hospital representatives met with the Arenac County Human Services Collaborative Body to discuss the strategies developed for the MiHIA RCHIP. During the meeting, the group came to the consensus that given the resources and assets available within the county they would focus and make a concerted effort on three of the five strategies identified in the Obesity Focus Area and to a lesser extent, all four in the ACEs Focus Area. The Team expressed the collective opinion, through their discussions and an electronic survey that all of the strategies within both Focus Areas should be implemented and other stakeholders within the community may be in a better position to lead and implement the other strategies identified in the RCHIP.

FOCUS AREA #1: OBESITY-RELATED ADVERSE HEALTH CONDITIONS

Selected Strategies in Order of Importance:
1. Promote and support social networks that provide positive behavior change through walking groups, multigenerational activity and wellness programs, and other community-based interventions.
2. Deliver educational, behavioral, environmental and other obesity prevention efforts in schools for both students and adults.
3. Support the modification of local environments and worksites to promote physical activity such as advocating for safe bike and pedestrian master plans and increasing access to new or existing facilities for physical activity.

Additional Strategies:
- Promote and support opportunities that increase breastfeeding initiation and continuation.
- Promote and support community gardens and farmers' markets to encourage both healthy eating and physical activity through gardening.

FOCUS AREA #2: ADVERSE CHILDHOOD EXPERIENCES

Selected Strategies in Order of Importance:
1. Provide school districts (staff and parents) with opportunities to increase the awareness of ACEs
2. Provide trauma informed care awareness, education and training opportunities to a variety of regional organizations: Providers, Businesses, Faith-Based Communities, etc.
3. Through the MiHIA Speaker Circuit, provide the Michigan ACEs Community Champion Training
4. Identify, support, and replicate emergent and trauma-informed initiatives within the region.

MiHIA Portfolio of Initiatives

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