

# Ascension Standish Hospital

## **2021 Community Health Needs Assessment Arenac County, Michigan**

*Conducted: July 1, 2021 – June 30, 2022*

*Hospital Tax Year: 2021*



**Ascension**



The goal of this report is to offer a meaningful understanding of the most significant needs across Arenac County, Michigan, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Ascension Standish Hospital

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<https://healthcare.ascension.org/Locations/Michigan/MISAG/Standish-Ascension-Standish-Hospital>

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EIN: 38-1671120

The 2021 Community Health Needs Assessment report was approved by the Ascension Northern Ministries Board of Trustees on May 12, 2022 (2021 tax year), and applies to the following three-year cycle: July 1, 2022 to June 30, 2025. This report, as well as the previous report, can be found at our public website.

**We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.**

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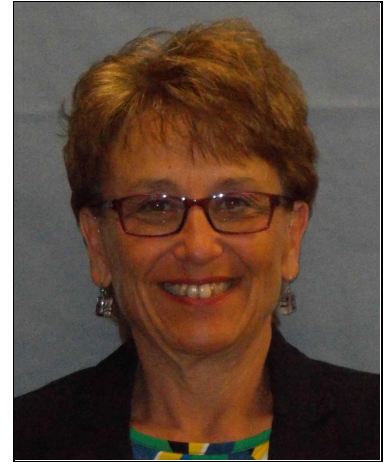
## Executive Statement

At Ascension Standish Hospital, we are called to provide compassionate, personalized care to everyone, and the information gathered in the community health needs assessment (CHNA) helps us better understand the evolving needs of those we are so privileged to serve.

The 2021 CHNA represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Arenac County, Michigan. Ascension Standish Hospital is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report.

We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of Arenac County.



Rose Goick Saddler, RN, BS, MSN  
Administrator  
Ascension Standish Hospital

## Executive Summary

The goal of the 2021 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant needs across Arenac County, Michigan. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

### Purpose of the CHNA

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/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

### Community Served

Although Ascension Standish Hospital serves Arenac County and surrounding areas, the hospital has defined its community served as Arenac County, Michigan for the 2021 CHNA. Arenac County was selected as Ascension Standish Hospital's community served because (a) most of our service area is in the county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.

### Data Analysis Methodology

The 2021 CHNA was conducted from July 2021 to March 2022, and utilized an online/virtual hybrid process which incorporated data from both primary and secondary data sources. Primary data sources included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Of special interest is the overlap with a 31-county community health needs assessment process facilitated by the Northern Michigan Community Health Innovation Region titled MiTHRIVE. Data collection at a sub-regional level was collected and included Arenac County. Unfortunately, the data collected by MiTHRIVE was not presented for individual counties, but the Ascension staff and consultant were invited to be a participant in their activities. The MiTHRIVE initiative produced a data brief for the sub-region and it was presented in December 2021. Both Ascension Standish Hospital and MiTHRIVE (North Central Sub-Region) paid special attention to the needs of individuals and communities who are more vulnerable and to unmet health needs or gaps in services. The December 2021 MiTHRIVE data presentation and community input session included Arenac County community members, Ascension Standish Hospital staff and stakeholders. The Ascension Standish Hospital community forum held in February 2022 to review the Arenac County data collected by the consultant had nearly 40 participants. In both sessions, the secondary data was compiled and reviewed to understand the health status of the

community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

## **Community Needs**

Ascension Standish Hospital, with contracted assistance from Mary Kushion Consulting, LLC., analyzed over 50 secondary data indicators and gathered community input through a large community forum to identify the needs in Arenac County. In collaboration with community partners, Ascension Standish Hospital used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- Mental and Behavioral Health, including substance use disorder and addiction
- Child Health and Development, including Adverse Childhood Experiences
- Education, including high school and post-secondary education completion, and/or disconnected youth
- Income, including poverty, inequality/ household income, and food insecurity
- Obesity & Health Behaviors, including physical activity
- Chronic Disease, including cancer, diabetes, heart disease, and hypertension

Ascension Standish Hospital understands the importance of all the needs of the community and is committed to playing an active role in improving the health of the people in Arenac County. For the purposes of the 2021 CHNA and subsequent three-year CHNA implementation strategy, Ascension Standish Hospital will prioritize its efforts on the needs below:

- Mental and Behavioral Health, including substance use disorder and addiction
- Chronic Disease, including cancer, diabetes, heart disease, and hypertension. It's important to note that 'Obesity' will also be addressed within the activities conducted through the Chronic Disease action plan.
- Healthy Behaviors



## About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

### Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

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.

For more information about Ascension, visit <https://www.ascension.org/>.

### Ascension Standish Hospital

As a Ministry of the Catholic Church, Ascension Standish Hospital is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and community stakeholders. Located in Standish, Michigan and serving Arenac County, Ascension Standish Hospital is a Critical Access Hospital (CAH) delivering 24/7 emergency care, a Level 4 Trauma Center, and walk-in clinic. Ascension Standish Hospital is a destination for specialty care - including cardiology, orthopedics, neurology, obstetrics, rehabilitation services, and mental health services. A wide range of minimally invasive procedures, imaging and lab tests, a skilled nursing facility, are offered all on one campus.

Serving Michigan since 1961, Ascension Standish Hospital is continuing the long and valued tradition of addressing the health of the people in the community. The hospital began when leaders of the Standish community saw that the community needed a local hospital that was convenient and accessible for its citizens; the Standish Community Hospital was built to serve those needs. In 2003, the hospital affiliated with Ascension St. Mary's Hospital (formerly St. Mary's of Michigan).

For more information about Ascension Standish Hospital visit <https://healthcare.ascension.org/Locations/Michigan/MISAG/Standish-Ascension-Standish-Hospital>



## About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

### Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”<sup>1</sup> The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Standish Hospital’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

### IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA> and paper versions can be requested at Ascension Standish Hospital’s administrative suite.

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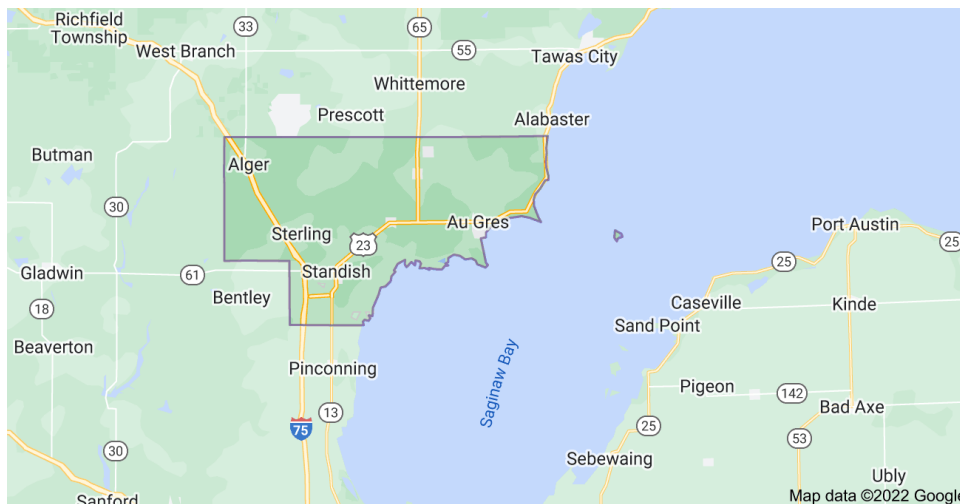
<sup>1</sup> Catholic Health Association of the United States (<https://www.chausa.org>)

## Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

### Community Served

For the purpose of the 2021 CHNA, Ascension Standish Hospital has defined its community served as Arenac County, Michigan. Although Ascension Standish Hospital serves Arenac County and surrounding areas, the “community served” was defined as such because (a) most of our service area is in each county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.



**Image 1: Map of Community Served, Arenac County, Michigan**

Arenac County is located within Lake Huron’s Saginaw Bay on Michigan’s eastern coast. It is a popular resort area, dubbed the “sunrise side” of Michigan. A rural, largely undeveloped county, agriculture accounts for approximately 48% of the land use. Arenac County is also home to members of the Saginaw Chippewa Indian Tribe and the Saganing Eagle Landing Hotel and Casino.

Arenac County attracts tourists year-round with plenty of canoeing, hunting, and fishing. Standish, the county seat, is known as a supply headquarters for those traveling to Northern Michigan. In addition to tourism, the economic base of the county consists of agriculture and manufacturing. Additionally, health services provide a great deal of local employment. Standish is the location of the county’s only hospital, Ascension Standish Hospital; over 70% of Ascension Standish Hospital’s patients reside in the county.

## Demographic Data

Located in the east-central area of Michigan, Arenac County has a population of 15,002 people living in the 363.18 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2015-2019 5-year estimates. The population density for this area, estimated at 41.49 persons per square mile, is less than the national average population density of 91.93 persons per square mile. Below are demographic data highlights for Arenac County:

- 25.8% of the residents of Arenac County are 65 or older compared to 17.7% in Michigan
- 98% of residents are non-Hispanic and 2% are Hispanic or Latino (any race)
- 96% of residents are White, 0.5% are Black or African American, and 0.3% are Asian
- The total population increased from 2010 to 2020 by 6%
- The median household income is below the state median income (\$42,290.00 for Arenac County and \$57,144.00 for Michigan)
- The percent of all ages of people in poverty was comparable to the state (12.8% for Arenac County and 12.6% for Michigan)
- The uninsured rate for Arenac County is higher than the state (9.2% for Arenac County and 6.9% for Michigan)

Demographic Highlights		
Indicator	Arenac County	Description
<b>Population</b>		
% Living in rural communities	100%	
% below 18 years of age	18.1%	
% 65 and older of age	25.8%	
% Hispanic	2.0%	
% Asian	0.3%	
% Non-Hispanic Black	0.5%	
% Non-Hispanic White	94.3%	
<b>Social and Community Context</b>		
English Proficiency	0.63%	Proportion of community members that speak English "less than well"
Median Household Income	\$42,290	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	26.04%	Percentage of people under age 18 in poverty.
Percent of Uninsured	9.2%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	88.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	7%	Percentage of population ages 16 and older unemployed but seeking work
Data source: <a href="#">U.S. Census</a> , April 2020 Estimates; <a href="#">Michigan Unemployment Rates</a> , December 2021		

To view Community Demographic Data in its entirety, see [Appendix B](#) (page 36).

## Process and Methods Used

Ascension Standish Hospital is committed to using national best practices in conducting the CHNA. Health needs and assets for Arenac County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

### Collaborators and/or Consultants

Ascension Standish Hospital completed its 2021 CHNA in collaboration with the following organizations and individuals:

- Mary Kushion Consulting, LLC.
- Northern Michigan Community Health Innovation Region's MiTHRIVE initiative, which includes representation from the Central Michigan District Health Department
- District Health Department #2 (Scott Izzo)

Ascension Standish Hospital first hired Mary Kushion Consulting, LLC. for assistance in finalizing its 2019 CHNA. Again in 2022, the hospital re-engaged Mary Kushion Consulting, LLC. for her consultative and facilitation services to guide in the development of the CHNAs in accordance with IRS Schedule H 990 requirements.

The Northern Michigan Community Health Innovation Region has been a collaborating partner in the development of a 31-county MiTHRIVE CHNA which includes Arenac County. The Ascension Standish Hospital team was invited, and accepted the invitation, to participate in their committee processes to collect data for the region.



Epidemiologist with District Health Department #2, Scott Izzo, has provided access to the MiTHRIVE data set which has allowed Ascension Standish Hospital to develop a crosswalk between the secondary data collected for the MiTHRIVE North Central Sub-Region and Arenac County specific.

### Data Collection Methodology

In collaboration with various community partners, Ascension Standish Hospital collected and analyzed primary and secondary data for Arenac County. The following sections describe in detail the data collection efforts.

### Summary of Community Input

Recognizing the vital importance of understanding the health needs and assets of the community, Mary Kushion Consulting, LLC. consulted with a range of public health and social service providers that represent the broad interest of Arenac County. A concerted effort was made to ensure that the

individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input. To avoid duplication of effort and “survey fatigue”, Ascension Standish Hospital promoted the community pulse surveys and provider surveys developed and disseminated by the MiTHRIVE assessment process.

A large community forum was held to share the data generated at both the regional (MiTHRIVE) and county-specific level. The draft of the Arenac County CHNA was sent to the participants of the community forum and other stakeholders within the county with a feedback survey to gather the community’s input prior to finalizing the CHNA for board approval. A summary of the process and results is outlined below.

### **Community Forum**

In addition to the MiTHRIVE “data walk” to review and provide input on a regional level, Ascension Standish Hospital also hosted a large public forum in February 2022 to gather feedback from community members on the health needs and assets of Arenac County. 36 community members participated in the forum with participants representing various populations including the medically underserved and low-income. In addition, business, economic development, education, government, healthcare, mental health, public health, and substance misuse as well as the broader community were represented at the forum. (*See following pages*)

Community Forum	
Key Summary Points	
<ul style="list-style-type: none"> <li>Secondary data highlights (health indicators where Arenac county was doing better than MiTHRIVE sub-region) included: <ul style="list-style-type: none"> <li>Liver disease mortality</li> <li>Heart disease mortality</li> <li>Kidney disease mortality</li> <li>Motor vehicle crashes involving alcohol fatality</li> <li>Mental health self-reporting</li> <li>SNAP authorized stores</li> </ul> </li> <li>Secondary data lowlights (health indicators where Arenac county was doing worse than MiTHRIVE sub-region): <ul style="list-style-type: none"> <li>Diabetes Mortality</li> <li>Breast Cancer Incidence</li> <li>Colorectal Cancer Incidence</li> <li>HS students reporting two or more adverse childhood experiences (ACEs)</li> <li>HS students reporting smoking, vaping, chewing and alcohol use</li> <li>High school graduation rates</li> </ul> </li> </ul>	
Participating Organizations	Common Themes
<ul style="list-style-type: none"> <li>Arenac County EMC</li> <li>Arenac Conservation District</li> <li>Arenac County Sheriff</li> <li>Ascension Standish Hospital</li> <li>Bay-Arenac ISD</li> <li>Bay-Arenac Great Start</li> <li>Central Michigan District Health Department</li> <li>City of Standish</li> <li>Main Street Lanes</li> <li>Stage Right Performing Arts Studio</li> <li>Standish Family Medicine Clinic</li> <li>Sterling Area Health Center</li> <li>Ten 16</li> <li>The WELL Outreach</li> <li>81st District Court</li> </ul>	<ul style="list-style-type: none"> <li>Education and high school rates - how this impacts attractiveness to new businesses with recognition that economics is the stem for many of the other issues being identified.</li> <li>MiTHRIVE North Central Sub-region Data - recognition that the comparison of counties within the region may not be well-suited; better comparison may be with counties within the Northeast Region</li> <li>Average age of population - residents within the county are, on average, older than compared counties and state; this is reflected in health outcome statistics and data</li> <li>Substance use, especially, marijuana, and particularly with teens. The data show that 19.6% of teens smoked marijuana in the past 30 days according to the MiPHY survey from 2017-2018. This rate may even be higher now with the legalization and increased availability of marijuana in Michigan.</li> </ul>
Meaningful Quotes	
<ul style="list-style-type: none"> <li>"I (also) feel that we are part of a region that Arenac doesn't normally travel. We are an I-75 corridor community - North and South. The relationship to this region may not make sense."</li> <li>"I believe economics is the stem for many of the other issues being identified. Without adequate income, mental health for adults and kids are affected, also food insecurity, health screenings, housing, substance abuse etc."</li> <li>"An education plan for elderly people who think that it's easier to purchase the frozen foods or single servings for them that are higher in sodium and calories which makes their sugars go higher."</li> <li>"Anyone who has spent much time in this community has probably witnessed the generational poverty and substance abuse that is common and cyclical. To break that, you need to reach and improve the current generation going forward, so that these kids don't continue the cycle they grew up with and pass it on to their own children. How do you do that?"</li> </ul>	

## Survey

A survey was conducted between March-April 2022 by Ascension Standish Hospital to gather the perceptions, thoughts, opinions, and concerns of the community regarding the draft CHNA. The questions posed were related to the draft report's accuracy of content, the community perceptions related to its challenges, the assets and resources available, and the participant's vision for the Arenac County community. Eight community stakeholders and residents participated in the survey which provided valuable insight into the issues of importance to the community.

Survey	
Key Summary Points	
<ul style="list-style-type: none"> <li>• There is a risk with multiple organizations approaching problems from various points with some overlap or duplication of services.</li> <li>• Need to have more engaging activities where we can learn about who has what resource and how we can leverage our resources together to not recreate what we already have.</li> <li>• Arenac County is not unique in its challenges, but it has motivated individuals and organizations that are engaged, willing, and ready to mobilize.</li> <li>• Ascension is known for its care, compassion, and inclusion - let it be known for its action.</li> </ul>	
Organizations Represented	Common Themes
<ul style="list-style-type: none"> <li>• Ascension Standish Hospital</li> <li>• Ogemaw Hills Free Clinic</li> <li>• Standish Family Medicine Clinic</li> <li>• The WELL Outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Better communication and improved working relationships</li> <li>• Good resources available; better coordination needed</li> <li>• Collaboration - not competition</li> </ul>
Meaningful Quotes	
<ul style="list-style-type: none"> <li>• "Arenac County is not unique in its challenges, but it has motivated individuals and organizations that are engaged, willing, and ready to mobilize. Several opportunities for programs and initiatives that would make an impact on the community. Those that can afford it are leaving the county for many of the services leaving the most vulnerable behind."</li> <li>• "Definite challenges needing support from multiple groups across the community wide spectrum"</li> <li>• "Create a committee with individuals from all groups to promote community wide communication efforts"</li> <li>• "There may be some resources outside of the community to assist. You can't pull yourself up by your bootstraps if you don't even have any boots."</li> </ul>	

To view community input data in its entirety, see [Appendix C](#) (page 39).

## Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various reputable and reliable sources including: the County Health Rankings and Roadmaps, State of Michigan Vital Statistics, U.S. Census, Michigan Kids Count, and the Michigan Profile for Healthy Youth. It is also recognized that the County Health Rankings utilize most, if not all of the same data sources. As such, because the County Health Rankings are presented as a county-specific data set, Ascension Standish Hospital is using the CHHR as its primary secondary data source. When an indicator was not present in the County Health Rankings but important to the assessment, the specific data source is referenced.

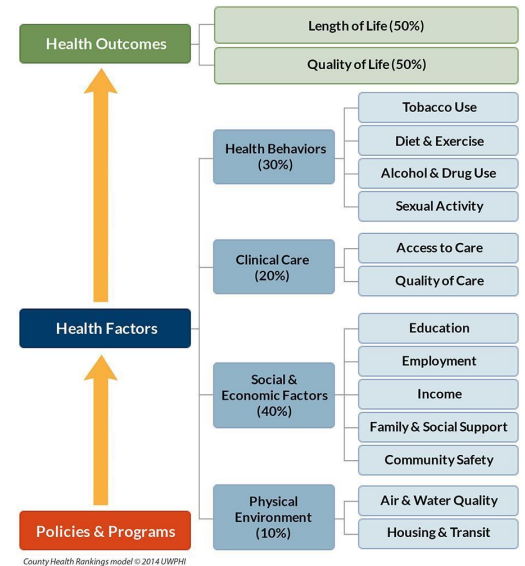


Image 2: County Health Rankings & Roadmaps Model

Ascension Standish Hospital's secondary data approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement. Health indicators in the following categories were reviewed:

- Health Behaviors
- Clinical Care
- Social and Economic Factors
- Physical Environment

Overall, Arenac County is ranked among the less healthy (25%-50%) counties in Michigan for Health Outcomes and among the least healthy (0%-25%) for Health Factors.

The secondary data collected and analyzed through this assessment is referenced and highlighted in the significant needs tables in the Community Needs Section of this report. To view secondary data and sources in its entirety, see [Appendix D](#) (page 44).

## Summary of COVID-19 Impact on Arenac County

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection and death compared to non-Hispanic White Americans.



Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions

<b>COVID-19 Impact on Arenac County, Michigan (as of March 14, 2022)</b>			
<b>Indicator</b>	<b>Arenac County</b>	<b>Michigan</b>	<b>Description</b>
Confirmed Cases	2,849	2,067,277	
Confirmed Deaths	63	32,443	
Case Fatality Percentage	2%	2%	Percent of total confirmed cases of individuals who died of COVID-19
Source: <a href="#">Michigan Department of Health and Human Services</a> , 2022			

## Community Input on Previous CHNA and Implementation Strategy

Ascension Standish Hospital's previous CHNA and implementation strategy were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>.

No comments were received.

## Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Arenac County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a hospital's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or

situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, the following acute community concerns were identified:

- COVID-19
- Inclement weather (winter ice storm) the day of the Ascension Standish Hospital community forum

Despite the data limitations, Ascension Standish Hospital is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

## Community Needs

Ascension Standish Hospital, with contracted assistance from Mary Kushion Consulting, LLC., analyzed secondary data of over 50 indicators and gathered community input through community forums and surveys to identify the needs in Arenac County. In collaboration with community partners, Ascension Standish Hospital used a phased prioritization approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** that were determined most crucial for community stakeholders to address.

Following the completion of the CHNA assessment, Ascension Standish Hospital will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. Image 2 also describes the relationship between the needs categories.

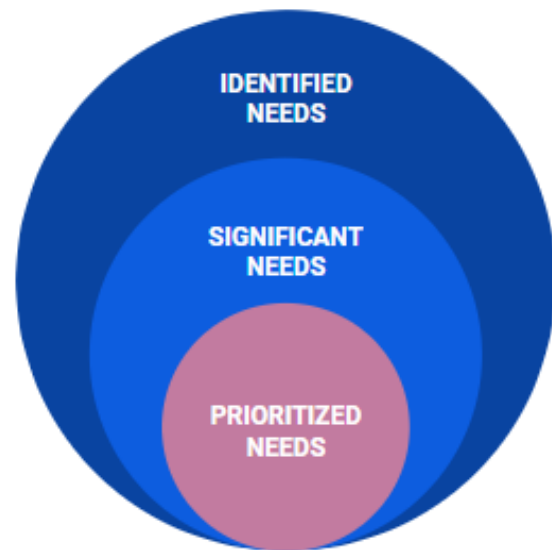


Image 3: Ascension Category of Health Needs

### Identified Needs

Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Arenac County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

### Significant Needs

In collaboration with various community partners, Ascension Standish Hospital utilized a three step approach to prioritize which of the identified needs were most significant. The Ascension community forum provided the participants the opportunity to brainstorm and present three issues that needed to be addressed in Arenac County. The Ascension staff member utilized an affinity diagramming process to group the brain-stormed issues into themes. The themes were presented to the forum participants who then, through a virtual nominal group process, ranked each of the themes to identify the significant needs. Ascension has defined “significant needs” as the identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

The criteria used to identify the significant needs were:

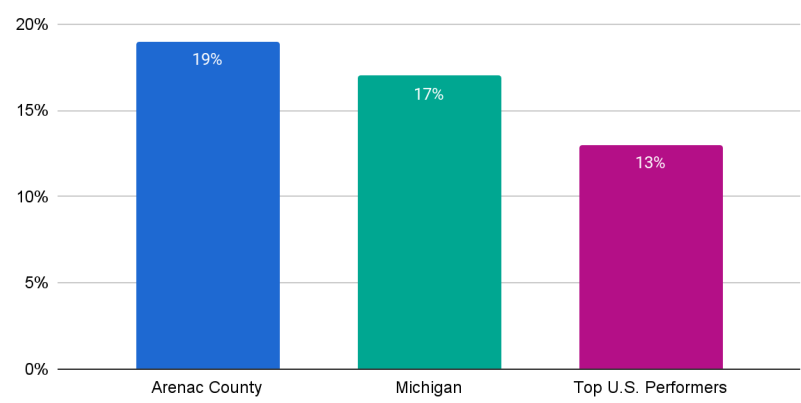
- Community identified as issue/need to be addressed
- Community impact if issue/need is addressed
- Urgency to address the issue/need

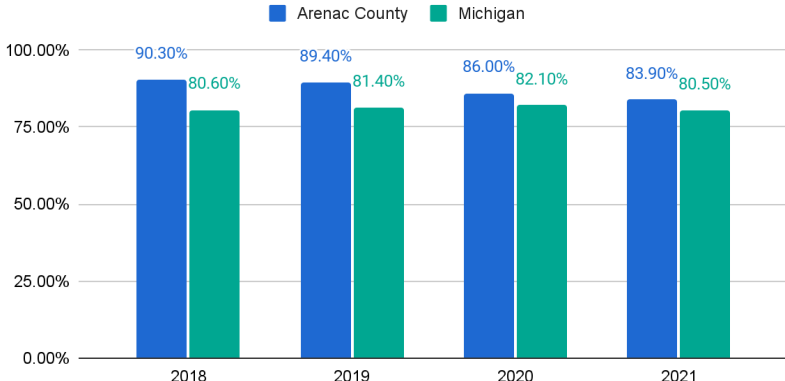
Through the prioritization process for the 2021 CHNA, the significant needs are as follows:

- Mental and Behavioral Health, including substance use disorder and addiction
- Education, including high school and post-secondary education completion, and/or disconnected youth
- Child Health and Development, including Adverse Childhood Experiences
- Income, including poverty, inequality/ household income, and food insecurity
- Chronic Disease, including cancer, diabetes, heart disease, hypertension
- Obesity & Health Behaviors, including Physical Activity

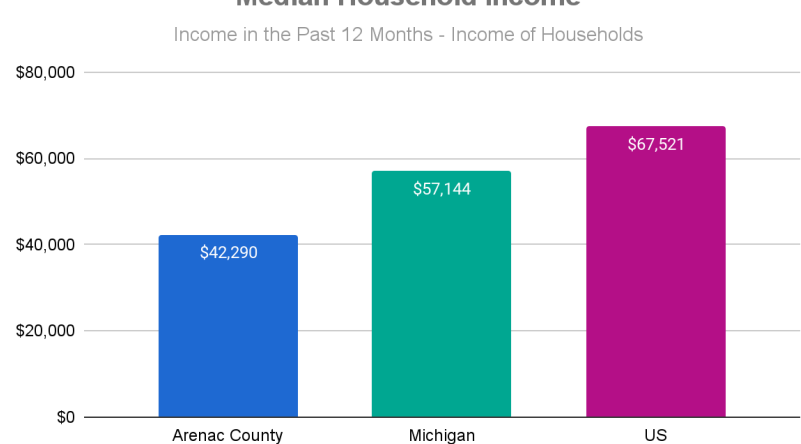
To view health care facilities and community resources available to address the significant needs, please see [Appendix E](#) (page 50).

Descriptions (including data highlights, community challenges & perceptions, and local assets & resources) of the significant needs are on the following pages:

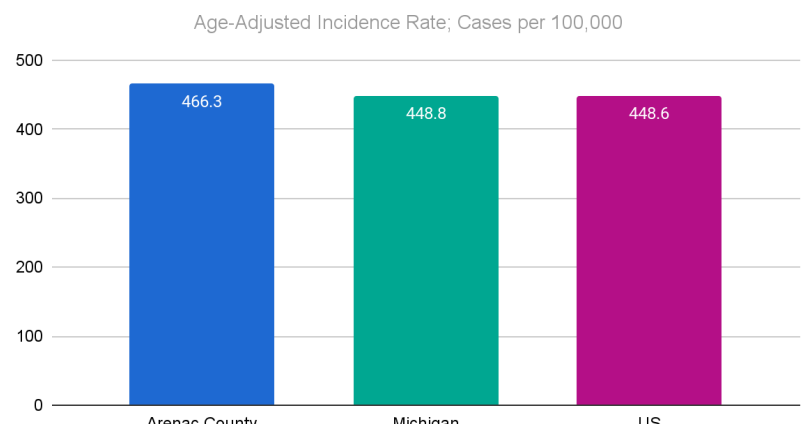
Mental and Behavioral Health, including Substance Use									
Why is it Important?	Data Highlights								
<p>Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.... Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.</p> <p>Source: World Health Organization</p>	<ul style="list-style-type: none"> <li>21% of adults engage in excessive drinking (Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps 2022</a>)</li> <li>19% of adults have frequent mental distress (Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps 2022</a>)</li> <li>480:1 is the ratio of population to mental health providers (Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps 2022</a>)</li> <li>5.7 is the average number of mentally unhealthy days reported in the past 30 days by adults (Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps 2022</a>)</li> </ul> <p style="text-align: center;"><b>Frequent Mental Distress</b></p> <p style="text-align: center;">Percentage of adults reporting 14 or more days of poor mental health per month.</p>  <table border="1"> <thead> <tr> <th>Entity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Arenac County</td> <td>19%</td> </tr> <tr> <td>Michigan</td> <td>17%</td> </tr> <tr> <td>Top U.S. Performers</td> <td>13%</td> </tr> </tbody> </table> <p>Note: The data sources utilized for this significant issue are the most recent available, but are “pre COVID-19”. While the data indicates the need to address mental and behavioral health, including substance use disorder and addiction prior to the pandemic, the perceptions expressed by community forum participants indicates the severity of the issue has increased as a result of the pandemic.</p>	Entity	Percentage	Arenac County	19%	Michigan	17%	Top U.S. Performers	13%
Entity	Percentage								
Arenac County	19%								
Michigan	17%								
Top U.S. Performers	13%								
Local Assets & Resources									
<ul style="list-style-type: none"> <li>Ascension Telehealth/Virtual Behavioral Health Program</li> <li>Senior Life Solutions</li> <li>WELL Women’s Group</li> <li>2-1-1</li> <li>ASSERT in the ER</li> <li>Ten 16 Recovery Network</li> <li>Peer 360</li> <li>Standish Sterling Area Health</li> <li>Church AA Groups</li> <li>Bay/Arenac ISD Parent Peer2Peer Group</li> <li>Bay-Arenac Behavioral Health</li> <li>Arenac Drug and Alcohol Containment Taskforce (ADACT)</li> </ul> <p>In addition to local assets &amp; resources, MiTHRIVE North Central Region has increasing access to quality mental health services as one of its priority areas which will include assets and resources for Arenac County.</p>									
Individuals Who Are More Vulnerable	Community Challenges & Perceptions								
<ul style="list-style-type: none"> <li>Children and adolescents</li> <li>Elderly</li> <li>Low-income individuals</li> </ul>	<ul style="list-style-type: none"> <li>The COVID-19 pandemic has left Arenac County residents with an increased need for mental and behavioral health services which is a challenge given the limited number of providers and services available</li> </ul>								

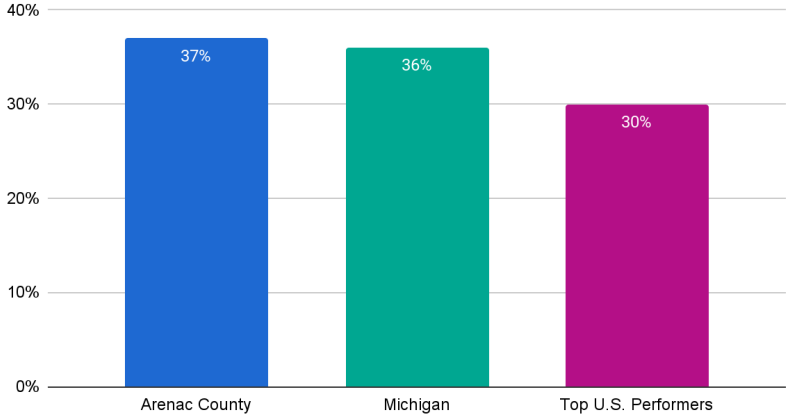
Education																
Why is it Important?	Data Highlights															
<p>More schooling is linked to higher incomes, better employment options, and increased social supports that, together, support opportunities for healthier choices. Higher levels of education can lead to a greater sense of control over one's life, which is linked to better health, healthier lifestyle decisions, and fewer chronic conditions. Education is also connected to lifespan: on average, college graduates live nine more years than high school dropouts.</p> <p>Source: <a href="#">County Health Rankings and Roadmaps</a></p>	<ul style="list-style-type: none"><li>Percentage of students graduating within four years dropped from a high of 90.3% in 2018 to 83.9% in 2021 (Source: <a href="#">Kids Count</a>, 2021)</li><li>Percentage of adults who reside in Arenac County with a high school degree is 89% (Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps 2022</a>)</li><li>Percentage of adults who reside in Arenac County with a bachelor's degree or higher is 8.7% (Source: <a href="#">U.S. Census</a>, April 2020 Estimates)</li></ul> <p><b>On-Time High School Graduation</b></p> <p>Percent based on the cohort of students entering 9th grade four years earlier.</p>  <table><tr><th>Year</th><th>Arenac County</th><th>Michigan</th></tr><tr><td>2018</td><td>90.30%</td><td>80.60%</td></tr><tr><td>2019</td><td>89.40%</td><td>81.40%</td></tr><tr><td>2020</td><td>86.00%</td><td>82.10%</td></tr><tr><td>2021</td><td>83.90%</td><td>80.50%</td></tr></table>	Year	Arenac County	Michigan	2018	90.30%	80.60%	2019	89.40%	81.40%	2020	86.00%	82.10%	2021	83.90%	80.50%
Year	Arenac County	Michigan														
2018	90.30%	80.60%														
2019	89.40%	81.40%														
2020	86.00%	82.10%														
2021	83.90%	80.50%														
Local Assets & Resources																
<ul style="list-style-type: none"><li>2-1-1 Northeast Michigan</li><li>Arenac Eastern School District</li><li>Au Gres-Sims School District</li><li>Bay-Arenac Intermediate School District</li><li>Great Lakes Bay STEM</li><li>Great Start To Quality</li><li>NEMSCA Head Start</li><li>Sterling EEC</li><li>Omer ECC</li><li>Pinconning ECC</li><li>Pinconning Academy ECC</li><li>McKinney-Vento Homeless Assistance Act</li><li>Standish-Sterling Community School District</li></ul>																
Individuals Who Are More Vulnerable	Community Challenges & Perceptions															
<ul style="list-style-type: none"><li>Adolescents who are at risk for not completing high school</li><li>Homeless children</li><li>Single parents</li><li>Blended families</li><li>Truant children</li></ul>	<ul style="list-style-type: none"><li>Based on updated information on Education, the question is: is this really a problem? We also have no feedback from the School Systems directly - Standish or AuGres Schools. I don't believe the schools were at the Data Walk or this last meeting. The ISD doesn't count, totally a different group of people.</li></ul>															



Income									
Why is it Important?	Data Highlights								
<p>People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to die from preventable diseases. Source: <a href="#">Healthy People 2030</a></p>	<ul style="list-style-type: none"> <li>The median household income is below the state median income (\$42,290 for Arenac County and \$57,144 for Michigan) (Source: <a href="#">U.S. Census, April 2020 Estimates</a>)</li> <li>29% of households are Asset-Limited Income Constrained Employed (ALICE) households. (Source: <a href="#">United for Alice, 2019</a>)</li> <li>28.49% have a mortgage payment that is more than 30% of their income; 39% of those who rent have a monthly rental cost that is 30% more than their income (Source: <a href="#">U.S. Census, April 2020 Estimates</a>)</li> <li>The percent of all ages of people in poverty was comparable to the state (12.8% for Arenac County and 12.6% for Michigan) (Source: <a href="#">U.S. Census, April 2020 Estimates</a>)</li> <li>The uninsured rate for Arenac County is higher than the state (9.2% for Arenac County and 6.9% for Michigan) (Source: <a href="#">U.S. Census, April 2020 Estimates</a>)</li> <li>5% of households do not have a vehicle (Source: <a href="#">U.S. Census, April 2020 Estimates</a>)</li> <li>21% of people under age 18 (children) are living in poverty. (Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps 2022</a>)</li> </ul>								
Local Assets & Resources									
<ul style="list-style-type: none"> <li>2-1-1 Northeast Michigan</li> <li>Arenac County Baby Pantry</li> <li>Arenac County Community Action Agency</li> <li>Arenac County Transit</li> <li>AuGres Christian Charities Food Bank</li> <li>AuGres Closet Exchange</li> <li>Bay Arenac Diaper Bank</li> <li>Beacon of Hope Food Bank</li> <li>Becka Management (Housing Vouchers)</li> <li>Findhelp.org (Neighborhood Resources)</li> <li>Michigan Department of Health and Human Services</li> <li>Michigan Works!</li> <li>NEMSCA</li> <li>Resurrection Catholic Church Food Bank</li> </ul> <p>In addition to local assets &amp; resources, MiTHRIVE North Central Region has as one of its priority areas to foster communities that are economically secure which will include assets and resources for Arenac County.</p>	<p><b>Median Household Income</b></p> <p>Income in the Past 12 Months - Income of Households</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Median Household Income</th> </tr> </thead> <tbody> <tr> <td>Arenac County</td> <td>\$42,290</td> </tr> <tr> <td>Michigan</td> <td>\$57,144</td> </tr> <tr> <td>US</td> <td>\$67,521</td> </tr> </tbody> </table>	Location	Median Household Income	Arenac County	\$42,290	Michigan	\$57,144	US	\$67,521
Location	Median Household Income								
Arenac County	\$42,290								
Michigan	\$57,144								
US	\$67,521								
Individuals Who Are More Vulnerable	Community Challenges & Perceptions								
<ul style="list-style-type: none"> <li>Low-income persons and families</li> <li>Asset-Limited Income Constrained Employed (ALICE) Households</li> <li>Unemployed</li> </ul>	<ul style="list-style-type: none"> <li>Our county poverty percentage is higher than overall Michigan poverty percentage and is a challenge</li> <li>Those with the higher incomes work in Arenac County, but do not live in the county</li> </ul>								



Chronic Disease									
Why is it Important?	Data Highlights								
<p>People who suffer from chronic diseases such as heart disease, stroke, diabetes, cancer, obesity, and arthritis experience limitations in function, health, activity, and work, affecting the quality of their lives as well as the lives of their families. Underlying these diseases and conditions are significant health risk factors such as tobacco use and exposure, physical inactivity, and poor nutrition.</p> <p>Source: Centers for Disease Control and Prevention - <a href="#">How We Prevent Chronic Diseases and Promote Health</a></p>	<ul style="list-style-type: none"> <li>Age-adjusted cancer incidence for all cancer sites is 466.3 per 100,000 persons (Source: <a href="#">National Cancer Institute, 2014-2018</a>)</li> <li>219.7 per 100,000 persons have died from heart disease (Source: <a href="#">Michigan Vital Statistics, 2018-2020</a>)</li> <li>24% of the Arenac County adults are smokers (Source: <a href="#">Arenac County, Michigan / County Health Rankings &amp; Roadmaps 2022</a>)</li> <li>10% of adults aged 20 and above have been diagnosed with diabetes. (Source: <a href="#">Arenac County, Michigan / County Health Rankings &amp; Roadmaps 2022</a>)</li> </ul> <p style="text-align: center;"><b>All Cancer Sites (All Stages)</b></p> <p style="text-align: center;">Age-Adjusted Incidence Rate; Cases per 100,000</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Age-Adjusted Incidence Rate (Cases per 100,000)</th> </tr> </thead> <tbody> <tr> <td>Arenac County</td> <td>466.3</td> </tr> <tr> <td>Michigan</td> <td>448.8</td> </tr> <tr> <td>US</td> <td>448.6</td> </tr> </tbody> </table> <p>Note: The data presented for obesity will be highlighted as its own significant issue. However, due to the factors associated with obesity, there is a duplication of some of the data presented for both issues. Also, it should be noted that Arenac County has a higher than state and national average for age (50 for Arenac; 39.7 for Michigan; and 38.1 for U.S.).</p>	Location	Age-Adjusted Incidence Rate (Cases per 100,000)	Arenac County	466.3	Michigan	448.8	US	448.6
Location	Age-Adjusted Incidence Rate (Cases per 100,000)								
Arenac County	466.3								
Michigan	448.8								
US	448.6								
Local Assets & Resources									
<ul style="list-style-type: none"> <li>Arenac Eastern Community Center</li> <li>Bay-Arenac ISD Children Play Groups</li> <li>Standish Sterling Elementary: Walking 5-8 M/F</li> <li>Standish Sterling: Open Swim</li> <li>Sterling Area Health Clinic</li> </ul> <p>In addition to local assets &amp; resources, MiTHRIVE North Central Region has as one of its priority areas to reduce chronic diseases which will include assets and resources for Arenac County</p>									
Individuals Who Are More Vulnerable	Community Challenges & Perceptions								
<ul style="list-style-type: none"> <li>Persons with sedentary lifestyles/employment</li> <li>Persons without health insurance</li> <li>Persons who do not have access to affordable fresh food</li> <li>Persons who engage in unhealthy behaviors such as smoking and binge drinking</li> <li>Persons receiving SNAP benefits</li> <li>Obese family members</li> <li>Children with high ACE scores</li> </ul>	<ul style="list-style-type: none"> <li>Education. Individuals properly educated eating habits, resources available to assist, proper ways to take care of chronic health issues and the resources to do so.</li> <li>Under insured/without insurance makes it difficult to seek care for chronic diseases</li> <li>Lack of awareness of services available to address the needs</li> <li>Transportation issues for services</li> </ul>								

Obesity & Health Behaviors									
<b>Why is it Important?</b> <p>Obesity can lead to type 2 diabetes, heart disease, and some cancers. A healthy diet and regular physical activity help people achieve and maintain a healthy weight starting at an early age and continuing throughout life.</p> <p>Source: Centers for Disease Control and Prevention - <a href="#">Healthy Communities Program - Preventing Chronic Diseases and Reducing Health Risk Factors</a></p>	<b>Data Highlights</b> <ul style="list-style-type: none"> <li>37% of adults are considered obese (Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022)</li> <li>29% are considered physically inactive (Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022)</li> <li>19.1% of teens are considered obese (Source: <a href="#">MiPHY</a>, 2017-2018)</li> <li>0% of those living in Arenac County have limited access to healthy foods (Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps</a> 2022)</li> </ul>								
<b>Local Assets &amp; Resources</b> <ul style="list-style-type: none"> <li>Standish-Sterling Community School</li> <li>Local food pantries and food drives</li> <li>Farmer's Markets</li> <li>Area churches with free food giveaways</li> <li>Community centers with programs for physical activity</li> </ul>	<b>Adult Obesity</b> <p>Percentage of the adult population that reports a BMI greater than or equal to 30 kg/m<sup>2</sup></p>  <table border="1"> <thead> <tr> <th>Entity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Arenac County</td> <td>37%</td> </tr> <tr> <td>Michigan</td> <td>36%</td> </tr> <tr> <td>Top U.S. Performers</td> <td>30%</td> </tr> </tbody> </table>	Entity	Percentage	Arenac County	37%	Michigan	36%	Top U.S. Performers	30%
Entity	Percentage								
Arenac County	37%								
Michigan	36%								
Top U.S. Performers	30%								
<b>Individuals Who Are More Vulnerable</b> <ul style="list-style-type: none"> <li>Persons who do not/can not engage in physical activity</li> <li>Persons who do not have access to affordable fresh foods</li> </ul>	<b>Community Challenges &amp; Perceptions</b> <ul style="list-style-type: none"> <li>Obesity is also a chronic disease to be addressed as a Chronic Disease significant need</li> </ul>								

## Prioritized Needs

Ascension Standish Hospital understands the importance of all the health needs of the community, and is committed to playing an active role in improving the health of the people in the communities it serves. Following the completion of the community health assessment, Ascension Standish Hospital leaders reviewed the significant needs with special consideration for the following: scope of problem (number of people impacted, severity), health disparities (by income and/or race and ethnicity), feasibility (existing resources, known interventions, capacity), momentum/commitment (existing partnerships, community readiness), and alignment (organization's strengths and priorities).

For the purposes of the 2021 CHNA, Ascension Standish Hospital has chosen to focus its efforts on the prioritized needs, defined by Ascension as the significant needs which have been prioritized by the hospital to address through the three-year CHNA implementation strategy, outlined below:

- **Mental and Behavioral Health**, including substance use disorder and addiction - This need was selected because “mental health is essential to a person’s well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide. Mental health disorders also have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today’s most pressing chronic diseases.”<sup>2</sup>
- **Chronic Disease** - This need was selected because individuals who suffer from chronic diseases such as heart disease, stroke, diabetes, cancer, obesity, and arthritis experience limitations in function, health, activity, and work, affecting the quality of their lives as well as the lives of their families. It’s important to note that ‘Obesity’ will also be addressed within the activities conducted through the Chronic Disease action plan.
- **Healthy Behaviors** - This need was selected because health behaviors include actions that lead to improved health, such as eating well and being physically active, and actions that increase one’s risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.<sup>3</sup> It’s important to note that ‘Obesity’, while originally aligned with Healthy Behaviors in title, have been realigned to Chronic Disease and will be addressed within the activities conducted through the Chronic Disease action plan.

Child Health and Development, Education, and Income were not selected by Ascension Standish Hospital as prioritized needs in this CHNA cycle. While critically important to overall community health, these specific needs 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 Hospital will work

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<sup>2</sup> <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health>

<sup>3</sup> <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors>



collaboratively with these organizations as appropriate to ensure optimal service coordination and utilization.

## Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the prioritized needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from the Ascension Standish Hospital's previous implementation strategy include:

- **Healthcare Access** - Ascension Standish Hospital's goal to increase access to healthcare services in Arenac County through the implementation of a tele-behavioral health clinic was achieved in November 2020. The clinic was marketed to surrounding physicians, Ascension Standish Family Medicine, Bay Arenac Behavioral Health, and Northern Michigan Opioid Response Consortium (NMORC) as a resource for substance use disorder (SUD) and opioid use disorder (OUD). Additionally, Administrator Rose Goick-Saddler participated in a legislative panel on March 25, 2021, to introduce a bipartisan bill sponsored by U.S. Representatives Dan Kildee (D-MI) and Brad Wenstrup (R-OH) - The Rural Behavioral Health Access Act of 2021 - that would ensure that Critical Access Hospitals (CAHs) retain important flexibility to provide behavioral health services through telehealth technology.
- **Adverse Childhood Experiences (ACES)** - Ascension Standish Hospital achieved its goal to increase awareness of Adverse Childhood Experiences (ACEs) in Arenac County by both educating staff and screening Ascension Medical Group (AMG) outpatient clinic patients. Through a collaboration with the Ascension Clinical Professional Development department, a standardized ACEs module for internal education was developed; over 97% of staff have completed the annual module following its launch in 2020. Additionally, by July 2020, 100% of new patients seen at Ascension Standish Family Medicine completed the ACEs Universal Screening, an age-specific questionnaire that provides a score that can be an indicator to the care team that further mental health services may be needed based on current or past experience, and referrals made to the tele-behavioral clinic as appropriate.
- **Obesity Related Adverse Health Conditions** - Ascension Standish Hospital set forth to address obesity related adverse health conditions by focusing on reducing A1C levels for individuals in Arenac County at risk of developing Type 2 diabetes. Eight (8) patients participated in Canary Health's Diabetes Prevention Program (DPP), an evidence-based lifestyle change program that helps prevent type 2 diabetes, through a partnership with the Michigan Health Improvement Alliance, Inc. (MiHIA). Through March 2020, Ascension Standish Family Medicine providers referred patients to virtual DPP during in-person clinical visits; however, referral and awareness efforts were halted per transition from predominantly in-person clinical visits to virtual due to an operational shift caused by the COVID-19 pandemic. In Spring 2021, the Ascension Standish Hospital team re-launched virtual DPP focusing on associates and in-patient population.

Unfortunately, notification was received by Canary Health that it was closing its DPP arm of the company; no new registrations were accepted after October 8, 2021 and current participants would be supported through January 31, 2022.

- **Human Trafficking** - Due to delays caused by the COVID-19 pandemic, Ascension Standish Hospital and Ascension St. Joseph Hospital are collaborating to host a human trafficking awareness event for Arenac and Iosco Counties residents in spring 2022. The event will aim to increase awareness and encourage action with special focus on parents, school staff, as well as the general community. Ascension Standish Hospital continues to utilize an established protocol to identify, assess, treat and refer victims of Human Trafficking (HT) to supportive community services who present for care in the Emergency Department or who are identified while receiving inpatient services. Additionally, Ascension Standish Hospital has combined efforts with Ascension Southwest Michigan Community Health and other Ascension hospitals throughout Michigan to offer hospital-wide associate education with an Ascension internal MyLearning education module to increase awareness and recognition of the signs and symptoms of Human Trafficking via the lens of Trauma Informed Care, and community resources to support victims.

Note: At the time of the report publication (e.g., May 2022), the third year of the cycle will not be complete.

A full evaluation of our efforts to address the prioritized needs identified in the 2019 CHNA implementation strategy can be found in [Appendix F](#) (page 56).

## **Approval by Ascension Northern Ministries Board of Trustees**

To ensure the Ascension Standish Hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to the Ascension Northern Ministries Board of Trustees for approval and adoption on May 12, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the CHNA and endorses the priorities selected.

## Conclusion

The purpose of the CHNA process is to develop and document key information on the health and well-being of the communities Ascension Standish Hospital serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Standish Hospital to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Standish Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Arenac County. As a Catholic health ministry, Ascension Standish Hospital is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Standish Hospital is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch.

The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) to submit your comments.



## Appendices

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Appendix B: Community Demographic Data and Sources

Appendix C: Community Input Data and Sources

Appendix D: Secondary Data and Sources

Appendix E: Health Care Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

## **Appendix A: Definitions and Terms**

### **Acute Community Concern**

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern.

*Source: Ascension Acute Community Concern Assessment Framework*

### **Collaborators**

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

### **Community Forums**

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

*Source: CHA Assessing and Addressing Community Need, 2015 Edition II*

### **Community Served**

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

### **Consultants**

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

### **Demographics**

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

*Source: CHA Assessing and Addressing Community Need, 2015 Edition II*

### **Identified Need**

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

### **Medically Underserved Populations**

Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

*Source:*

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3>

### **Prioritized Need**

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

**Significant Need**

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods

**Surveys**

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

*Source: CHA Assessing and Addressing Community Need, 2015 Edition II*

## Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data are largely drawn from the US Census.

### Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Arenac County	Michigan	U.S.
Total	15,002	10,077,331	331,893,745
Male	50.4%	49.3%	49.2%
Female	49.6%	50.7%	50.8%
Data source: <a href="#">U.S. Census</a> , April 2020 estimates			

### Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Arenac County	Michigan	U.S.
Asian	0.3%	3.4%	5.9%
Black / African American	0.5%	14.1%	13.4%
Hispanic / Latino	2.0%	2.0%	18.5%
Native American	1.4%	0.7%	1.3%
White	96%	79.2%	76.3%
Data source: <a href="#">U.S. Census</a> , April 2020 estimates			

### Population by Age

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

Age	Arenac County	Michigan	U.S.
Median Age	50	39.7	38.1
Age 0-17	22.7%	27.2%	28.3%
Age 18-64	51.5%	55.1%	55.2%
Age 65+	25.8%	17.7%	16.5%

Data source: [U.S. Census](#), April 2020 estimates

### Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than 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	U.S.
Median Household Income	\$42,290.00	\$57,144.00	\$62,843.00
Per Capita Income	\$24,328.00	\$31,713.00	\$34,103.00
People with incomes below the federal poverty guideline	12.8%	12.6%	11.4%
ALICE Households	31%	25%	29%

Data source: [U.S. Census](#), April 2020 estimates ; [www.unitedforalice.org](http://www.unitedforalice.org)

## Education

Why is it important: There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Education	Arenac County	Michigan	U.S.
High School grad or higher	88.5%	90.8%	88%
Bachelor's degree or higher	12.6%	29.1%	32.1%
Data source: <a href="#">U.S. Census</a> , April 2020 estimates			

## Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Arenac County	Michigan	U.S.
Uninsured	9.2%	6.9%	10.2%
Medicaid Eligible	22%	19%	*See note below
Data source: <a href="#">U.S. Census</a> , April 2020 estimates ; <a href="#">2021 Annual Report Total Eligible Recipients by Program (michigan.gov)</a>			

**\*Due to the varying eligibility requirements and levels(Expanded versus Non-Expanded) at the state level, the U.S. does not calculate the percentage of Medicaid Eligible persons.**

## Appendix C: Community Input Data and Sources

### Community Forum

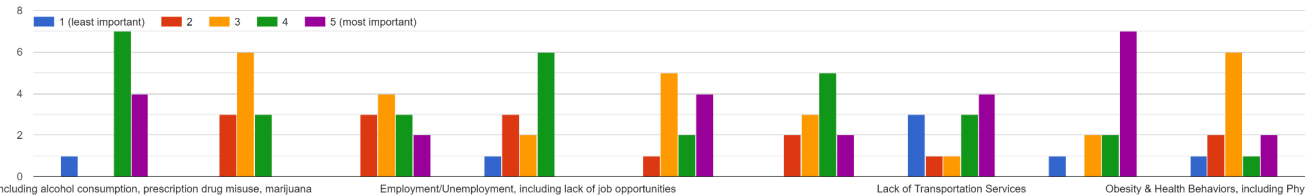
Ascension Standish held the “Community Input Session: 2022 Arenac County Community Health Needs Assessment” community forum on February 22, 2022. 36 community members participated and provided feedback on the health needs and assets of Arenac County. The following questions and responses were given:

**What does the data tell you about the current issues in Arenac County? Tell us the Top 3 current issues you believe need to be addressed in Arenac County**

Teen substance use	HS graduation rate (if the data is correct)
Diabetes	cancer screening
Mental health	heart health screening
Poor access to affordable/quality food.	mental health for our youth
Lack of access to mental health services	Substance abuse
Smoking cessation- access to affordable treatment options	affordable housing
Diabetes	mental health treatment/access
Teen Asthma	Education
ACEs	Food Insecurity
ACES	Health education for elderly
Behavioral Health	Internet
Obesity	Substance abuse
Substance use	behavioral health access
Heart disease	food insecurity
COPD	broadband access
diabetes	mental health
Housing Crisis	cancer screenings
Access to healthcare for uninsured	substance abuse
food insecurities	Obesity
substance misuse	substance use
Mental Health	mental health
teen substance abuse	Obesity
H.S. substance abuse	human trafficking
Housing	HS graduation rate.
Food insecurities.	tobacco use
mental health	mental health services and availability
alcohol use	health screening
drug use	Diabetes
Cancer screening/prevention	generational poverty
Access to affordable healthcare for uninsured people	substance abuse

**Which Identified Needs are most important to address in Arenac County over the next 3-years? Rank each of the Identified Needs in order of most important (5) to least important (1) to address**

Rank each of the Identified Needs in order of most important to least important to address



**As a member of the Arenac County community, what can you do to address the issues? Tell us what are the assets and resources available.**

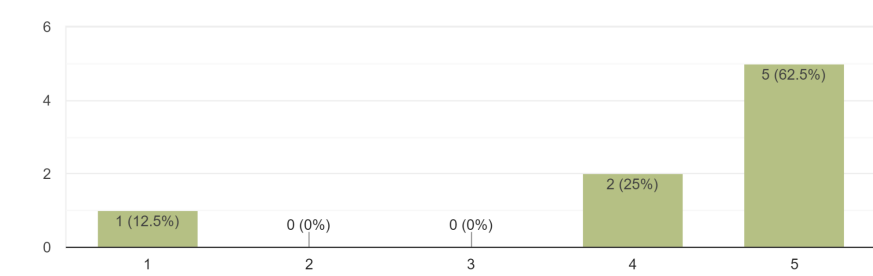
- The SSC Elementary is open from 5-8 Mon-Friday for walking
- There is open swimming at the SSC pool.
- Substance use disorder/behavioral health, I just learned that a mobile unit is in Standish every Wednesday and we do have a telebehavioral clinic, we just now have Project ASSERT in our hospital and clinic
- Ascension Standish Virtual Behavioral Health Program for mental and behavioral health services. This is a virtual program that offers psychiatry as well as nursing and social work services.
- ADACT, Great Start Collaborative and Arenac MPCB are community collaborative groups. These assets help convene around many of these issues.
- mental health- we have virtual behavioral health and Senior life solutions, lacking therapy services though.
- Education- We have a regarded school system. Obesity- we do have food pantries and food drives, lacking food store options and food affordability.
- findhelp.org (Aunt Bertha)
- During the summer, we would like to see the availability of area farmers participating in providing more healthy fruits and veggies at the Farmer's market.
- Food Insecurity: There are several area churches that provide free food giveaways very regularly.
- ADACT (Arenac Drug and Alcohol Containment Taskforce)
- has been working in the community especially for adolescents.
- Mental Health group therapy for Senior Adults at Ascension Standish-Senior Life Solutions.
- The 2 community centers in Arenac County are offering a multitude of programs and activities for physical activity.
- Resurrection of the Lord, Diving Shepherd Christian Community, Bethlehem Lutheran Church all have food giveaways
- Fun In the Sun at the Standish Depot on Saturdays would also Welcome Farmer Market vendors at the event. Which I am spearheading again this year
- NEMCSA resources, McKinney-Vento for homeless, Arenac Child Protection Center and Baby Pantry, MSU Extension, The WELL, etc.
- As a volunteer at Ogemaw Hills Free Clinic, although we are located in Ogemaw County; we serve any uninsured in Arenac County over 18 with no insurance at 250% over the poverty level. One of our goals this year is to assist our patients with food insecurities. We have access to a food pantry.
- We will have a Women's Group starting over at the WELL focusing on HOPE - dealing with grief and loss.
- School Summer Recreation is available to occupy students
- Arenac County Transit offers transportation throughout the county. Many times it is FREE or at low cost.
- More recovery groups will be starting soon in the community. Ten16
- peer 360 now has a recovery coach back on site at Bay Arenac Behavioral Health for individual recovery coaching on Tuesdays
- I think we need to use our townships as an asset, provide leaders to get information out to our whole county.



## Survey

Utilizing the quantitative and qualitative data received during the CHNA process, Ascension Standish Hospital staff and consultant Mary Kushion created the first draft of the CHNA report. The draft report was distributed via email to the invited participants of the community forum which included the key stakeholders representing various populations within Arenac County and those that are considered the most vulnerable. Included with the draft report was a link to a feedback survey to collect the community's input into the initial draft and to assure the information captured during the large community forum was accurately documented in the report. Eight surveys were returned from four community organizations.

The survey questions and responses are included in the table provided below.

Organization/Initiative																		
<ul style="list-style-type: none"><li>• Ascension Standish Hospital</li><li>• Ogemaw Hills Free Clinic</li><li>• Standish Family Medicine Clinic</li><li>• The WELL Outreach</li></ul>																		
Based on your review of Ascension Standish's 2022 CHNA Report, please rate it for completeness and accuracy using a 1-5 scale.																		
<p>Based on your review of Ascension Standish's 2022 CHNA Report, please rate it for completeness and accuracy using a 1-5 scale.</p> <p>8 responses</p>  <table><thead><tr><th>Rating</th><th>Count</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>1</td><td>12.5%</td></tr><tr><td>2</td><td>0</td><td>0%</td></tr><tr><td>3</td><td>0</td><td>0%</td></tr><tr><td>4</td><td>2</td><td>25%</td></tr><tr><td>5</td><td>5</td><td>62.5%</td></tr></tbody></table> <p><i>Note: A ranking of 1 indicates there are several elements missing and a ranking of 5 indicates it is a comprehensive report that accurately depicts the health status of Arenac County</i></p>	Rating	Count	Percentage	1	1	12.5%	2	0	0%	3	0	0%	4	2	25%	5	5	62.5%
Rating	Count	Percentage																
1	1	12.5%																
2	0	0%																
3	0	0%																
4	2	25%																
5	5	62.5%																
Based on your review of the 2022 CHNA Report and the Significant Issues within Arenac County, what are your perceptions of the challenges facing the community?																		
<ul style="list-style-type: none"><li>• Education. Individuals properly educated eating habits, resources available to assist, proper ways to take care of chronic health issues and the resources to do so.</li><li>• Arenac County is not unique in its challenges, but it has motivated individuals and organizations that are engaged, willing, and ready to mobilize. Several opportunities for programs and initiatives that would make an impact to the community. Those that can afford it are leaving the County for many of the services leaving the most vulnerable behind.</li><li>• Based on updated information on Education, the question is... is this really a problem. We also have no feedback from the School Systems directly - Standish or AuGres Schools. I don't believe the schools were at the Data Walk or this last meeting. The ISD doesn't count, totally a different group of people. Chronic Disease and Obesity seem like they should be under one heading.</li></ul>																		

- The data highlights for Mental and Behavioral should not have the Adverse Childhood experiences.... wrong area. Should be with Child Health.
- income, transportation, education
- poverty % is higher than overall Michigan poverty %
- under insured/without insurance, lack of awareness of services, transportation issues for services
- Definite challenges needing support from multiple groups across the community wide spectrum.

### Are there any additional community assets and resources that should be included within the 2022 CHNA Report?

- No
- Not that I am aware of at this time in Arenac County.
- Not sure.
- Yes:
  - Mental and Behavioral Health - ASSERT in the ER, Ten16, Peer360, Standish Sterling Area Health has mental health providers, Recovery Network has the bus in the community 2 days a week, Recovery Groups, Church AA groups, Bay/Arenac ISD Parent Peer2Peer group, Bay Arenac Behavioral Health, Ascension Tele-Health
  - Education - Great Lakes Bay STEM, Great Start To Quality, NEMSCA Head Start, Sterling EEC, Omer ECC, Pinconning ECC and Pinconning Academy ECC, McKinney-Vento Homeless Assistance Act, Education Who are Vulnerable - Homeless Children, Single Parents, Blended Families, Truant Children, Children Missing Wellness Visits, Children in Poverty.
  - Child Health and Development, not sure why that graph on English Language Arts is there... I'm sure something else can prove the Child Health Development issues plus it is supposed to include ACE and it isn't in the heading. Add in Assets: "Arenac Child Protection Council and Baby Pantry", CAN Council, DHHS Child Protection Services, Foster Care, Ogemaw Hills Free Clinic, Helen Nickless Free Clinic, Arenac Multi-Purpose Collaborative
  - vulnerable: Homeless Children, Not getting Wellness Visits, Below average ASQ's
  - Income - Missing: 2-1-1-, Take out Ogemaw Free Clinic, add MIHIA Case Workers, MichiganWorks!, DHHS, NEMSCA - Arenac County's Community Action Service, Mid-Michigan Community Action Agency - Our HARA, Becka Management for Housing Vouchers, AuGres Christian Charities Food Bank, Resurrection Catholic Church Food Bank, Beacon of Hope Food Bank, Bay Arenac Diaper Bank, Arenac County Baby Pantry, Au Gres Closet Exchange,
  - Chronic Disease - we have Nature Trails and Parks, REMOVE Arenac MultiPurpose Collaborative Body, Arenac Community Center, Arenac Eastern Community Center, Sterling Area Health Clinic for underinsured and uninsured, BAISD Play Groups for Children, Iron Belle Trail Initiative, Local Gym, Local Dance Studio, Local Workout Groups, Local Golf Courses , City Sidewalks and Parks, Recovery Groups to help change behaviors, Community Events: Standish Strong, Run 4 The WELL of It, Vintage Car Show, Depot Summer Community Concerts, More vulnerable - People receiving food stamps, Children with ACE's, Lack of Mental Health Services, obese family members,
  - Obesity & Health Behaviors - pretty much the same as Chronic Disease, could be lumped together.
- Looks like you covered the resources fairly well
- No additional recommendations.

### What needs to be in place for individuals and organizations to work (better) together to effectively achieve a healthy, thriving community?

- Better communication between all organizations as to what they offer and elimination of duplicated efforts. Staffing of organizations with monies available to help this happen.
- There is a risk with multiple organizations approaching problems from various points with some overlap or duplication of services. The community has finite resources and coordination may assist with efficiency. Not to add a level of bureaucracy, better coordination; collaboration not competition. There may be some resources outside of the community to assist. You can't pull yourself up by your bootstraps if you don't even have any boots.
- Need to have more engaging activities where we can learn about who has what resource and how we can leverage our resources together to not recreate what we already have. We really do have a wealth of resources at our disposal, we just don't utilize them correctly and/or people don't fit the "criteria" to get the funds and fall through the gaps because the case workers are not creative enough to "figure it out".

- improved communication, improved working relationships, quarterly meetings to report on what are new offerings/assets for the community
- providing opportunities to come together in fun events
- Improved communication between facilities to know what each other is offering - possibly quarterly or bi-annual meetings
- Create a committee with individuals from all groups to promote community wide communication efforts.

## Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in the spring of each year. The data below is from the April 2022 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

### How To Read These Charts

**Why they are important:** Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

**County vs. State:** Describes how the county's most recent data for the health issue compares to state.

**Trending:** CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share or the measure has remained the same.

**Top US Counties:** The best 10 percent of counties in the country. It is important to compare not just with Michigan but important to know how the best counties are doing and how our county compares.

**Description:** Explains what the indicator measures, how it is measured, and who is included in the measure.

**n/a:** Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

## Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Trend	Arenac County	Michigan	Top US Counties	Description
<b>Length of Life</b>					
Premature Death		7,900	7,900	5,600	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		77.4	77.5	80.6	How long the average person should live.
Infant Mortality		n/a	50	40	Number of all infant deaths (within 1 year) per 1,000 live births.
<b>Physical Health</b>					
Poor or Fair Health		21%	18%	15%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		4.9	4.2	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		15%	13%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight		8%	9%	6%	Percent of babies born too small (less than 2,500 grams).
<b>Mental Health</b>					
Poor Mental Health Days		5.7	5.2	4.0	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		19%	17%	13%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		15	14	11	Number of deaths due to suicide per 100,000.
<b>Morbidity</b>					
Diabetes prevalence		10%	10%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
<b>Communicable Disease</b>					
HIV Prevalence		38	196	38	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		188.1	501.7	161.8	Number of newly diagnosed chlamydia cases per 100,000.
Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps</a>					

<b>Healthcare Access</b>					
Uninsured		9%	7%	6%	Percentage of population under age 65 without health insurance.

Uninsured Adults		11%	8%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		5%	3%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		2980:1	1,250:1	1,010:1	Ratio of population to primary care physicians.
Other Primary Care Providers		750:1	800:1	580:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		480:1	330:1	250:1	Ratio of the population to mental health providers.
<b>Hospital Utilization</b>					
Preventable Hospital Stays		4,178	4,357	2,233	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
<b>Preventative Healthcare</b>					
Flu Vaccinations		41%	47%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		50%	45%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps</a>					

## Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Trend	Arenac County	Michigan	Top US Counties	Description
<b>Economic Stability</b>					
Median Household Income		\$50,300	\$61,400	\$75,100	Income where half of households in a county earn more and half of households earn less.
Unemployment		11.4%	9.9%	4.0%	Percentage of population ages 16 and older unemployed but seeking work.
Childhood Poverty		21%	17%	9%	Percentage of people under age 18 in poverty.
<b>Educational Attainment</b>					
High School Completion		89%	91%	94%	Percentage of ninth grade cohort that graduates in four years.
Some College		55%	69%	74%	Percentage of adults ages 25-44 with some post-secondary education.
<b>Social/Community</b>					
Children in single-parent homes		24%	26%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations		7.4	9.7	18.1	Number of membership associations per 10,000 population.

Disconnected Youth		8%	7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests		33	n/a	24	Rate of delinquency cases per 1,000 juveniles.
Violent Crime		256	443	63	Number of reported violent crime offenses per 100,000 population.
<b>Access to Healthy Foods</b>					
Food Environment Index		7.6	7.1	8.8	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		17%	13%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods		0%	6%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps</a>					

## Physical Environment

Why it is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school . Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Trend	Arenac County	Michigan	Top US Counties	Description
<b>Physical Environment</b>					
Severe housing cost burden		8%	12%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		11%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter		7.4	7.4	5.9	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		85%	72%	81%	Percentage of occupied housing units that are owned.
Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps</a>					

## Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Trend	Arenac County	Michigan	Top US Counties	Description
<b>Healthcare Access</b>					

Uninsured		9%	7%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		11%	8%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		5%	3%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		2,980:1	1,250:1	1,010:1	Ratio of population to primary care physicians.
Other Primary Care Providers		750:1	800:1	580:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		480:1	330:1	250:1	Ratio of the population to mental health providers.
<b>Hospital Utilization</b>					
Preventable Hospital Stays		4,178	4,357	2,233	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
<b>Preventative Healthcare</b>					
Flu Vaccinations		41%	47%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		50%	45%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
<i>Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps</a></i>					

## Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Trend	Arenac County	Michigan	Top US Counties	Description
<b>Healthy Life</b>					
Adult Obesity		37%	36%	30%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity		29%	25%	23%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		43%	77%	86%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		39%	40%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		15	10	9	Number of motor vehicle crash deaths per 100,000 population.
<b>Substance Use and Misuse</b>					
Adult Smoking		24%	20%	15%	Percentage of adults who are current smokers.



Excessive Drinking		21%	20%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		29%	29%	10%	Percent of Alcohol-impaired driving deaths.
<b>Sexual Health</b>					
Teen Births		23	17	11	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		188.1	501.7	161.8	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: <a href="#">Arenac County, Michigan   County Health Rankings &amp; Roadmaps</a>					

### MiTHRIVE Data Brief

As described above, the Northern Michigan Community Health Innovation Region's initiative titled MiTHRIVE collected data at a sub-regional level. The North Central Region MiThrive Data Brief, which includes Arenac County, can be accessed [here](#).

## Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Standish has cataloged resources available in Arenac County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading is not intended to be exhaustive.

### Mental and Behavioral Health, including substance use disorder and addiction

Organization Name	Phone	Website
<b>2-1-1 Northeast Michigan</b> - a free, easy-to-remember telephone number that connects people in need with people who can help - 24 hours a day, 7 days a week	211	<a href="https://www.211nemichigan.org/">https://www.211nemichigan.org/</a>
<b>Arenac Drug and Alcohol Containment Taskforce (ADACT)</b> - mission is to help reduce the consumption of prescription drugs and alcohol abuse in Arenac County	(989) 654-3501	<a href="https://www.arenacountytaskforce.org/">https://www.arenacountytaskforce.org/</a>
<b>Bay-Arenac Behavioral Health Authority (BABH)</b> - manages behavioral health (mental health & substance use disorder) services in Arenac & Bay Counties.	(989) 895-2300	<a href="https://babha.org/">https://babha.org/</a>
<b>District 26, Area 32 of Alcoholics Anonymous</b>	(866) 227-0015	<a href="https://www.dist26aa.org/about.html">https://www.dist26aa.org/about.html</a>
<b>Neighborhood Resource</b> - a free and easy-to-use online platform that connects individuals to social services and resources in the community		<a href="https://healthcare.ascension.org/neighborhood-resource">https://healthcare.ascension.org/neighborhood-resource</a>
<b>Peer 360 Recovery Alliance</b> - offers support, care and resources for those in need to achieve long-term recovery	(989) 698-6917	<a href="https://www.peer360recovery.org/">https://www.peer360recovery.org/</a>
<b>Project ASSERT at Ascension Standish Hospital</b> - a program that helps Emergency Department patients who demonstrate risky alcohol and	(989) 846-4521	<a href="https://healthcare.ascension.org/Locations/Michigan/MISAG/Standish-Ascension-Standish-Hospital">https://healthcare.ascension.org/Locations/Michigan/MISAG/Standish-Ascension-Standish-Hospital</a>

drug use behavior with access to treatment and the appropriate level of care		
<b>Senior Life Solutions at Ascension Standish Hospital</b> - program is designed to meet the unique needs of adults over the age of 65 struggling with depression and anxiety often related to aging	(989) 846-4521	<a href="https://healthcare.ascension.org/Locations/Michigan/MISAG/Standish-Ascension-Standish-Hospital">https://healthcare.ascension.org/Locations/Michigan/MISAG/Standish-Ascension-Standish-Hospital</a>
<b>Sterling Area Health Center</b> - Behavioral Health Department offers a wide range of recovery focused service for patients that have mental health and/or substance use needs	(989) 654-2491	<a href="https://sterlinghealth.net/behavioral-health-and-substance-use/">https://sterlinghealth.net/behavioral-health-and-substance-use/</a>
<b>Tele-Behavioral Health Clinic at Ascension Standish Hospital</b> - provides direct, behavioral health care via televideo to patients	(989) 846-4521	<a href="https://healthcare.ascension.org/Locations/Michigan/MISAG/Standish-Ascension-Standish-Hospital">https://healthcare.ascension.org/Locations/Michigan/MISAG/Standish-Ascension-Standish-Hospital</a>

### Education, including high school and post-secondary education completion, and/or disconnected youth

Organization Name	Phone	Website
<b>2-1-1 Northeast Michigan</b> - a free, easy-to-remember telephone number that connects people in need with people who can help - 24 hours a day, 7 days a week	211	<a href="https://www.211nemichigan.org/">https://www.211nemichigan.org/</a>
<b>Arenac County Child Care Centers</b> - includes Omer ECC and Sterling ECC		<a href="https://childcarecenter.us/county/arenac_mi">https://childcarecenter.us/county/arenac_mi</a>
<b>Au Gres-Sims School District</b> - includes GSRP	(989) 876-7157	<a href="https://www.ags-schools.org/">https://www.ags-schools.org/</a>
<b>Bay-Arenac ISD</b>	(989) 686-4410	<a href="https://www.baisd.net/">https://www.baisd.net/</a>
<b>Great Lakes Bay Regional Stem Initiative</b> - includes out-of-school time network, employer talent pipeline initiative, and college and career readiness programs	(989) 280-2829	<a href="https://stemecosystems.org/ecosystem/great-lakes-bay-regional-stem-initiative/">https://stemecosystems.org/ecosystem/great-lakes-bay-regional-stem-initiative/</a>
<b>Neighborhood Resource</b> - a free and easy-to-use online platform that		<a href="https://healthcare.ascension.org/neighorhood-resource">https://healthcare.ascension.org/neighorhood-resource</a>

<i>connects individuals to social services and resources in the community</i>		
<b>Northeast Michigan Community Service Agency</b> - Early Head Start and Head Start / Great Start Readiness Programs (GSRP)		<a href="https://www.nemcsa.org/counties/arenac">https://www.nemcsa.org/counties/arenac</a>
<b>Standish-Sterling Community School District</b>	(989) 846-3670	<a href="http://www.standish-sterling.org/">http://www.standish-sterling.org/</a>

### Child Health and Development, including Adverse Childhood Experiences

Organization Name	Phone	Website
<b>2-1-1 Northeast Michigan</b> - a free, easy-to-remember telephone number that connects people in need with people who can help - 24 hours a day, 7 days a week	211	<a href="https://www.211nemichigan.org/">https://www.211nemichigan.org/</a>
<b>Arenac County Baby Pantry</b> - offers clothing, diapers, toys, books, and various other baby and child items	(989) 751-7279	<a href="https://www.facebook.com/Arenac-County-Baby-Pantry">https://www.facebook.com/Arenac-County-Baby-Pantry</a>
<b>Arenac County Child Protection Council</b> - provides education and supportive services for Arenac County residence to help in the prevention of child abuse and neglect		<a href="https://www.facebook.com/Arenac-County-Child-Protection-Council">https://www.facebook.com/Arenac-County-Child-Protection-Council</a>
<b>Bay-Arenac Diaper Bank Pantry</b> - provides emergency supply of diapers		<a href="https://www.baycounty-mi.gov/Health/Bay-Arenac-Diaper-Bank.aspx">https://www.baycounty-mi.gov/Health/Bay-Arenac-Diaper-Bank.aspx</a>
<b>Bay-Arenac Great Start Parent Coalition/ Collaborative</b> - mission is to create a coordinated system of community resources and support where all Bay County and Arenac County families know about and have access to the services they need to ensure that their children begin kindergarten ready and eager to learn	(989) 667-3280	<a href="http://www.bayarenacgreatstart.org/">http://www.bayarenacgreatstart.org/</a>
<b>CAN Council</b> - addresses children's and families' needs and create a better community for our children.	(989) 671-1345	<a href="https://cancouncil.org/">https://cancouncil.org/</a>

<b>Michigan Department of Health and Human Services, Arenac County Office</b>	(989) 846-5500	<a href="https://www.dcoffices.org/office/arenac-county-mdhhs-office">https://www.dcoffices.org/office/arenac-county-mdhhs-office</a>
<b>Neighborhood Resource</b> - a free and easy-to-use online platform that connects individuals to social services and resources in the community		<a href="https://healthcare.ascension.org/neighborhood-resource">https://healthcare.ascension.org/neighborhood-resource</a>
<b>Northeast Michigan Community Service Agency</b> - Early Head Start and Head Start / Great Start Readiness Programs (GSRP)		<a href="https://www.nemcsa.org/counties/arenac">https://www.nemcsa.org/counties/arenac</a>

### Income, including poverty, inequality/ household income, and food insecurity

Organization Name	Phone	Website
<b>2-1-1 Northeast Michigan</b> - a free, easy-to-remember telephone number that connects people in need with people who can help - 24 hours a day, 7 days a week	211	<a href="https://www.211nemichigan.org/">https://www.211nemichigan.org/</a>
<b>Arenac Transit Authority</b> - offers transportation services to all Arenac County residents	(989) 846-7500	<a href="https://arenactransit.com/">https://arenactransit.com/</a>
<b>Au Gres Christian Charities, Food Pantry</b> - also provide information on food closets, food banks, soup kitchens, congregate meal locations, food boxes, vouchers, etc.	(989) 876-7925	<a href="https://www.foodpantries.org/ci/mi-au_gres">https://www.foodpantries.org/ci/mi-au_gres</a>
<b>The Closet Exchange</b> - provides children's clothing, shoes, etc. with the goal of meeting the basic needs of ALL children		<a href="https://www.facebook.com/TheClosetExchangeArenac">https://www.facebook.com/TheClosetExchangeArenac</a>
<b>Food Bank of Eastern Michigan</b>	(810) 239-4441	<a href="https://www.fbem.org/where-to-get-food/find-a-food-pantry/">https://www.fbem.org/where-to-get-food/find-a-food-pantry/</a>
<b>Neighborhood Resource</b> - a free and easy-to-use online platform that connects individuals to social services and resources in the community		<a href="https://healthcare.ascension.org/neighborhood-resource">https://healthcare.ascension.org/neighborhood-resource</a>
<b>Northeast Michigan Community Service Agency</b> - Emergency Food	(989) 356-3474	<a href="https://www.nemcsa.org/counties/arenac">https://www.nemcsa.org/counties/arenac</a>

Assistance Program and Commodity Supplemental Food Program		
<b>Resurrection of the Lord Parish</b> - offers food pantry	(989) 846-9565	<a href="http://www.arenaccatholic.com/">http://www.arenaccatholic.com/</a>

### Chronic Disease, including cancer, diabetes, heart disease, hypertension

Organization Name	Phone	Website
<b>2-1-1 Northeast Michigan</b> - a free, easy-to-remember telephone number that connects people in need with people who can help - 24 hours a day, 7 days a week	211	<a href="https://www.211nemichigan.org/">https://www.211nemichigan.org/</a>
<b>Ascension Standish Hospital</b>	(989) 846-4521	<a href="https://healthcare.ascension.org/Locations/Michigan/MISAG/Standish-Ascension-Standish-Hospital">https://healthcare.ascension.org/Locations/Michigan/MISAG/Standish-Ascension-Standish-Hospital</a>
<b>Neighborhood Resource</b> - a free and easy-to-use online platform that connects individuals to social services and resources in the community		<a href="https://healthcare.ascension.org/neighborhood-resource">https://healthcare.ascension.org/neighborhood-resource</a>

### Obesity & Health Behaviors, including Physical Activity

Organization Name	Phone	Website
<b>2-1-1 Northeast Michigan</b> - a free, easy-to-remember telephone number that connects people in need with people who can help - 24 hours a day, 7 days a week	211	<a href="https://www.211nemichigan.org/">https://www.211nemichigan.org/</a>
<b>Arenac Community Center</b>	(989) 529-6513	<a href="https://arenaccommunitycenter.org/">https://arenaccommunitycenter.org/</a>
<b>Arenac Conservation District Farmers Market</b> - farmers market accepting Credit cards, WIC2 Farmers Market Nutrition Program (FMNP), and Senior Farmers Markets Nutrition Program (SFMNP)		<a href="https://arenacconservationdistrict.com/">https://arenacconservationdistrict.com/</a>
<b>Neighborhood Resource</b> - a free and easy-to-use online platform that connects individuals to social services and resources in the community	(989) 846-4565 ext 5	<a href="https://healthcare.ascension.org/neighborhood-resource">https://healthcare.ascension.org/neighborhood-resource</a>

<b>Standish-Sterling Community Elementary School</b> - Open to public for walking; Monday-Friday (5 pm - 8 pm)	(989) 846-4526	<a href="http://www.standish-sterling.org/">http://www.standish-sterling.org/</a>
<b>Standish-Sterling Community Pool</b> - Open for public swimming throughout week	(989) 846-3644	<a href="http://www.standish-sterling.org/">http://www.standish-sterling.org/</a>
<b>The WELL Outreach</b> - provides individuals with authentic skills and resources needed to discover renewed hope and motivation to successfully set goals, build self-esteem, make healthy decisions, become positive role models and respected community leaders		<a href="https://www.facebook.com/TheWELLStandish/">https://www.facebook.com/TheWELLStandish/</a>

## Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension Standish's previous CHNA implementation strategy will be completed in June 2022, and has addressed the following priority health needs: Healthcare Access, Obesity Related Adverse Health Conditions, Adverse Childhood Experiences (ACEs), and Human Trafficking.

The table below describes the actions taken during the 2019 CHNA implementation strategy to address each priority need and indicators of improvement. Note: At the time of the 2021 report publication (e.g., May 2022), the third year of the cycle will not be complete.

PRIORITY NEED	Healthcare Access	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Implement a Tele-Behavioral Health Clinic	Complete	<ul style="list-style-type: none"> <li>Secured Small Rural Hospital Improvement Program (SHIP) grant from Michigan Center for Rural Health (RCRH) for implementation</li> <li>Launched clinic in November 2020</li> </ul>
Partner with community organizations to increase mental health awareness by expanding mental health education, training capacity and support for community-driven initiatives	Complete	<ul style="list-style-type: none"> <li>Hosted one (1) Mental Health First Aid training in partnership with the Northern Michigan Opioid Response Consortium</li> <li>Established partnership with Ascension Brighton Center for Recovery to provide acute Emergency Department (ED) visits for SUD and OUD patients</li> <li>Partnered with Catholic Human Services to provide Project ASSERT, a program that helps Emergency Department patients who demonstrate risky alcohol and drug use behavior with access to treatment and the appropriate level of care</li> </ul>

PRIORITY NEED	Adverse Childhood Experiences (ACEs)	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Provide trauma informed care / ACEs educational module to internal staff	Complete	<ul style="list-style-type: none"> <li>Developed standardized ACEs module for internal education</li> <li>97% of staff completed the annual module following launch in 2020</li> </ul>
Implement ACEs Universal Screening protocol at Ascension Standish Family Medicine	Complete	<ul style="list-style-type: none"> <li>Developed protocol for ACEs screening and referral process for new patients at Ascension Standish Family Medicine</li> <li>100% of new patients seen at Ascension Standish Family Medicine completed the ACEs Universal Screening and referrals made as appropriate</li> </ul>



<b>PRIORITY NEED</b>			<b>Obesity Related Adverse Health Conditions</b>
<b>ACTIONS TAKEN</b>	<b>STATUS OF ACTIONS</b>	<b>RESULTS</b>	
Provide education to clinical team Ascension Standish Family Medicine on virtual Diabetes Prevention Program	Complete	<ul style="list-style-type: none"> <li>One (1) training session held in October 2019 to teach about the program and how to refer patients</li> </ul>	
Implement virtual Diabetes Prevention Program referral protocol	Complete	<ul style="list-style-type: none"> <li>Referral protocol implemented at Ascension Standish Family Medicine, however, referral and awareness efforts were halted per transition from predominantly in-person clinical visits to virtual due to an operational shift caused by the COVID-19 pandemic</li> <li>Eight (8) patients participated in Canary Health's Diabetes Prevention Program (DPP)</li> </ul>	

<b>PRIORITY NEED</b>			<b>Human Trafficking</b>
<b>ACTIONS TAKEN</b>	<b>STATUS OF ACTIONS</b>	<b>RESULTS</b>	
Host one (1) human trafficking community awareness event	In-Progress	<ul style="list-style-type: none"> <li>Event planned for spring 2022; planning efforts and event were delayed due to community safety and operational shifts caused by the COVID-19 pandemic</li> </ul>	
Provide human trafficking awareness education to staff	Complete	<ul style="list-style-type: none"> <li>Internal MyLearning education module available focused on the signs and symptoms of Human Trafficking via the lens of Trauma Informed Care; 92% of Standish associates and 100% of providers have completed module</li> </ul>	