



COMMUNITY HEALTH NEEDS ASSESSMENT REPORT 2022



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Table of Contents

- Background and Overview... 2
- Define the Community Served... 3
- Community Input 4
- Findings 7
- Next Steps 16
- Supporting Documents 16

McLaren Lapeer Region

McLaren Lapeer Region is a 222-bed acute care facility located in Lapeer, Mich., with 215 physicians on staff and 850 employees. It is the primary provider of health care services to Lapeer County and the surrounding area. The hospital maintains a verified Level II trauma designation from the American College of Surgeons, making it the only verified trauma center in Michigan's Thumb region. McLaren Lapeer Region offers a comprehensive range of specialties and services to meet the community's wellness, medical and surgical needs, along with an exceptional team of medical professionals who provide high-quality, expert care. The hospital is the area leader in caring for patients with both acute and chronic kidney disease, with the area's only on-site dialysis facility.



McLaren Lapeer Region is a subsidiary of McLaren Health Care. This affiliation brings countless benefits to local residents that reach beyond the traditional scope of health care delivery. The hospital offers community education programs, support groups, self-help and counseling opportunities, free or low-cost health screenings and immunizations, transportation services to and from our facilities, and many other services that meet vital community needs. Beyond services and programs, the hospital provides economic benefits, such as secure, high paying jobs, other related employment, and tax revenues. Our employees and physicians are also regular volunteers for community activities such as fund-raisers, blood drives and more.

What is a Community Health Needs Assessment?

The first step in meeting community needs is identifying the needs. Using an objective approach helps ensure that priorities are based on evidence and accurate information. However, analyzing data is only one step to identifying needs. Gathering input from individuals and groups in the community is also important. Personal experiences are critical to ensuring that statistics are interpreted correctly. The CHNA process balances data analysis with community input. A CHNA helps to direct resources to issues that have the greatest potential for increasing life expectancy, improving quality of life, and producing savings to the healthcare system. Under the Affordable Care Act, a process and guidelines for developing the CHNA are provided. This is the fourth cycle of Community Health Assessment and Planning. The process is intended to be completed on a three year cycle that aligns with Affordable Care Act requirements.

Why is a Community Health Needs Assessment valuable?

Most experts agree that there are many challenges facing healthcare today. Rapidly changing technology, increased training needs, recruiting medical professionals, and responding to health needs of a growing senior citizen population are just a few of the most pressing challenges. These challenges have been exacerbated by the COVID 19 pandemic. These conditions make the Community Health Needs Assessment (CHNA) process even more critical. A CHNA helps to direct resources to issues that have the greatest potential for increasing life expectancy, improving quality of life, and producing savings to the healthcare system.

Needs Assessment Process

Specific steps outlined by the Internal Review Service include:

1. Define the community
2. Assess the health needs of the defined community
3. In assessing the community's health needs, solicit and consider input received from persons who represent the broad interests of the community, including those with special knowledge and expertise in public health.
4. Document the CHNA in a written report that is adopted by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.



Acknowledgments

McLaren Lapeer Region acknowledges the individuals that assisted and led the Community Health Needs Assessment process. The hospital formed an internal team to lead and provide input to the CHNA process. The team met and communicated frequently from April to September 2022.

- Tim Vargus, President/CEO
- Benjamin Brow, Chief Financial Officer
- Brian Brown, Regional Vice President, Marketing & Business Development
- Joseph Zajchowski, MD, JD, FACLM, Chief Medical Officer
- Kent Allen, Regional Director Labor Relations
- Sam Roth, Marketing Manager

Consultants

The process guided by the Thumb Community Health Partnership (TCHP). Support included consultation in designing a process for the CHNA, obtaining community health data and information, analysis of gaps in information and areas of need, design of a community survey, survey analysis, and developing content for written reports. Kay Balcer, TCHP Director, has been involved in numerous needs assessments, surveys, and program evaluations over the past 25 years. She has completed multiple individual and regional health assessments in the Thumb area.

Define the Community Served

McLaren Lapeer Region serves communities that overlap three counties- Lapeer, Sanilac, and Tuscola. The hospital's service area includes numerous municipalities: Almont, Attica, Brown City, Clifford, Columbiaville, Dryden, Fostoria, Hadley, Imlay City, Lapeer, Marlette, Mayville, Metamora, North Branch, and Silverwood. Based on census data for municipalities, approximately 100,427 people live in the service area. The hospital provides service to communities in which there are a wide range of needs (Census-American Community Survey 5 year average-2020).

- Twenty-one percent of the population is under age 18 and 18.5% are over the age of 65.
- The population has limited racial diversity with 95% of the population white; 4.5% of the population with Hispanic ethnicity, 1.7% African American, 1.2% American Indian, and 1% Asian.
- The area has a college degree rate of 17.2% compared to Michigan's 30.5% and United States 32.9%.
- Average household income in the service area is \$77,830 as compared to Michigan's average income of \$80,803 and the United States average income of \$91,547.
- Unemployment in the area ranged from 2.9% to 11.6% compared to Michigan at 6%.
- Of the civilian noninstitutionalized population – 7.9% have no health insurance coverage compared to Michigan at 5.4% and the U.S. at 8.7%
- The percentage of people who had incomes below poverty in past 12 months was 11.8% but ranged greatly depending on municipality from 5.2% to 20.7%.

Demographics	Michigan	Lapeer County
Population	9,962,311	87,635
% below 18 years of age	22%	20%
% 65 and older	17%	19%
% Non-Hispanic African American	14%	1%
% American Indian and Alaskan Native	0.7%	0.5%
% Asian	3%	0.7%
% Native Hawaiian/Other Pacific Islander	0.0%	0.0%
% Hispanic	5%	5%
% Non-Hispanic white	75%	91%
% Rural	25%	77%

Community Input

In 2021, the Thumb Community Health Partnership (TCHP) conducted two survey processes in the Thumb Region.

Behavioral Health Needs Assessment (March 2021): Behavioral Health was identified by TCHP as a priority for the region in 2019. To gain a better understanding of needs related to behavioral health in the region, in 2021, three surveys were distributed: Medical Provider, Mental Health Provider, and Community. Questions were designed for each target population including multiple choice, rating scale, multiple option checklists, and open ended questions. Assessment topics fell into four main categories: 1) Prevalence of Mental Health Needs, 2) Availability of Services, 3) Barriers to Accessing Services, and 4) Impact of Stigma. As part of the community survey, participants were asked about personal experience with behavioral health. The survey was distributed across Huron, Lapeer, Sanilac, and Tuscola Counties. The community was completed by 780 people, 68 medical providers participated, and 98 mental health providers participated.

Community Health Survey (October 2021): A Community Health Survey was distributed online and on paper. The survey had four sections: 1) community strengths and weaknesses, 2) health priorities, 3) health system strengths and weaknesses, and 4) barriers to healthcare and wellness. The purpose of the survey was to gain a deeper understanding of contributing factors and community perceptions across a wide array of health issues. The survey was distributed across Huron, Lapeer, Sanilac, and Tuscola Counties with 1171 participants. A report was generated for the McLaren Lapeer Region service area by zip codes located in the service area with 205 participants. The following summarizes the results of the survey. Items were ranked on a four point scale-Major Weakness (1) to Major Strength (4).

Top Three Community Weaknesses	Average Rank	Top Three Community Strengths	Average Rank
Public transportation	2.06	Friendly, helpful, supportive people	2.99
Access to education/training after high school.	2.18	Environment for raising children.	2.93
Job and economic opportunities	2.42	Community involvement of people living here	2.78

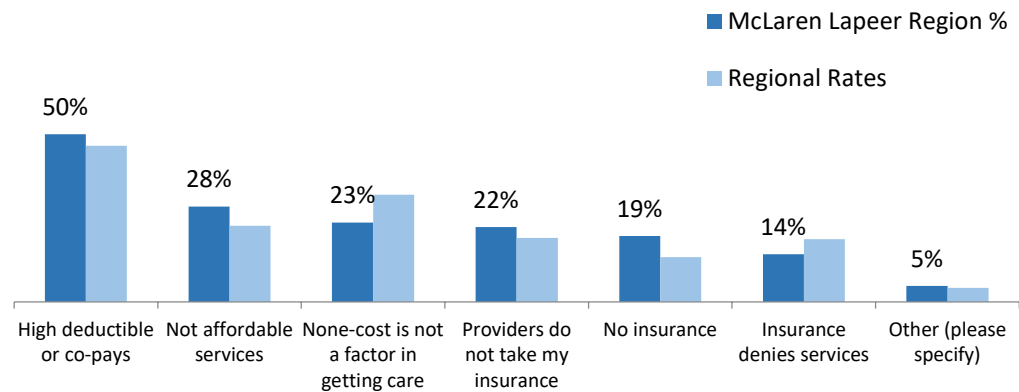
Top Three Health Concerns	Average Rank	Top Three Health Issues-Not a concern	Average Rank
COVID 19	2.23	Injuries	2.78
Cancer	2.23	Environmental issues	2.76
Chronic Disease	2.29	Violence/Safety/Crime	2.74

Top Three Health & Human Service System Weaknesses	Average Rank	Top Three Health & Human Service System Strengths	Average Rank
Specialist Services	1.98	Emergency Medical Services	2.76
Veterans Services	2.03	COVID 19 Vaccinations and Testing	2.67
Prenatal Services	2.04	Primary Care Services/Family Doctor	2.64

Top Three System Characteristics that are Weaknesses	Average Rank	Top Three System Characteristics that are Strengths	Average Rank
Financial assistance programs offered by providers	1.91	Privacy and Confidentiality	2.80
Adequate internet connectivity for tele-health	2.10	Personal and caring staff	2.80
Coordination of services between providers	2.19	Convenient times-location of services and Electronic Medical Records	2.50

Cost Barriers to Services

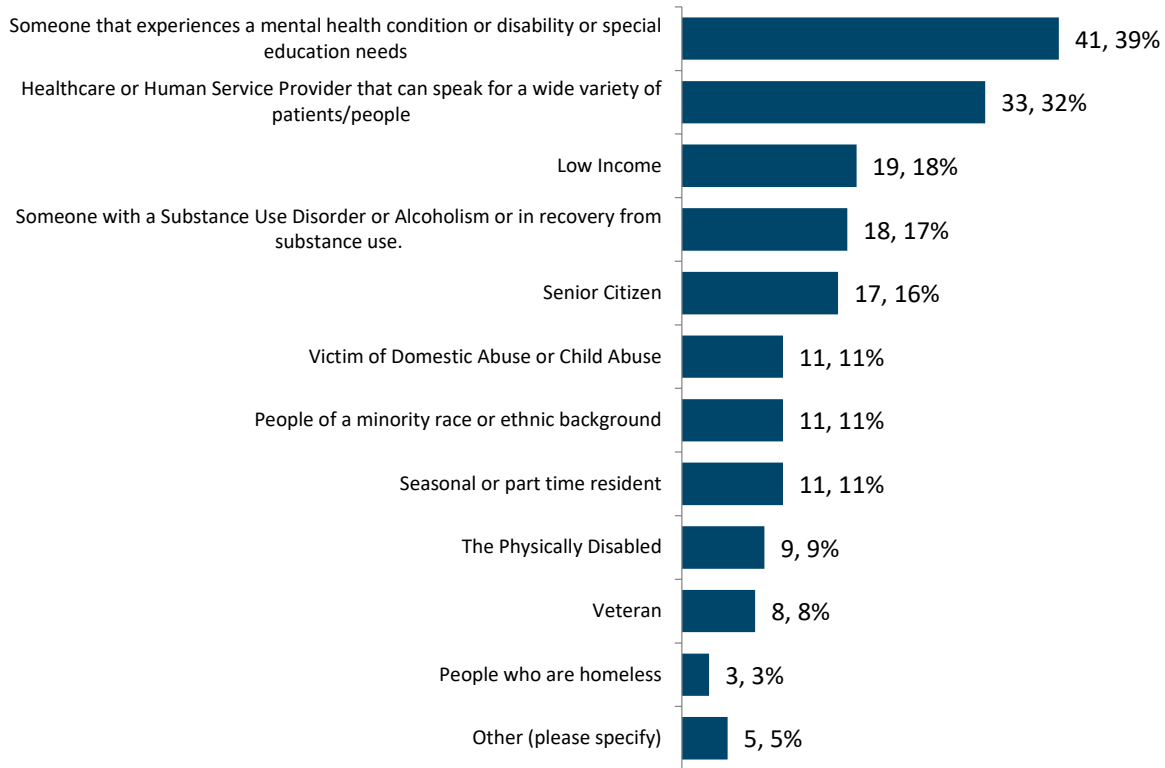
Of the 205 survey participants, 114 or 56% reported cost barriers to accessing services. When asked the types of cost barriers experienced, many respondents selected multiple barriers.



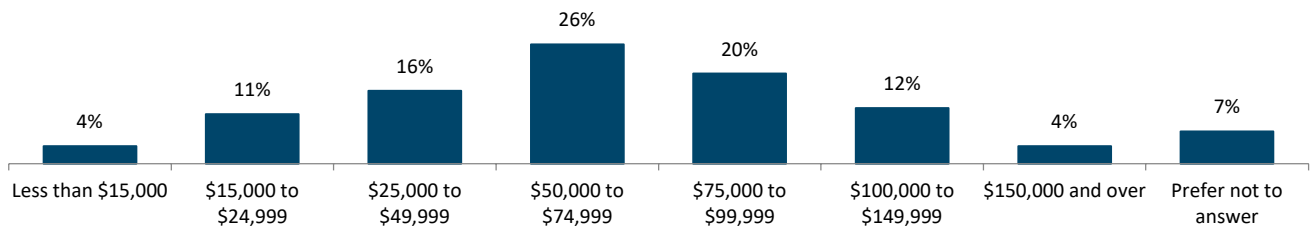
Representing the Community and Vulnerable Populations

Thumb Community Health Partnership intentionally seeks the input of vulnerable populations as part of assessment activities. This is achieved by distributing surveys to individuals participating in services for low income population and senior citizens via organizations that serve vulnerable populations. Agencies provided surveys include Human Development Commission, mental health agencies, public health, Department of Health and Human Services, intermediate school districts, healthcare providers, free or low cost health clinics, early childhood service providers, and law enforcement. For the CHNA process, marginalized populations were included two assessments. The community survey of the Behavioral Health Assessment (March 2021) asked participants about personal experience with behavioral health. Of the 750 that answered the question, many represented a vulnerable population: 37% respondents had a mental health condition, 23% cared for someone with a mental health condition, and 61% had a close family member or friend with a condition. These individuals were asked additional questions about their experiences with local services. The Community Health Survey (October 2021) also asked participants if they represented a vulnerable population. Participants also represented a variety of types of insurance and income.

Vulnerable Populations Represented by Survey Respondents



Annual Household Income-Survey Participants



- Employer Provided Insurance: 59%
- Medicare: 15%
- Individually Purchased Insurance: 11%
- Uninsured: 10%
- Healthy Michigan: 10%
- Medicare/Medicaid/ Supplemental: 8%
- Medicaid and Medicare: 8%
- Children's Special Healthcare. MIChild: 4%
- Other Government Insurance-1%
- Other: 3%

Findings

Assessment Findings are summarized in two sections: Thumb Region Priorities and McLaren Lapeer Region Priorities.

Data Sources

Three types of data sources were utilized during the Community Health Needs Assessment (CHNA): public health statistics, U.S. Census Data, and community survey results. The Team obtained the most recent data available. Whenever possible, data comparing county, regional, state, or national statistics was used. Major data sources for the 2022 report included:

- Michigan Department of Health and Human Services- <https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp>
- Michigan Behavioral Risk Factor Survey- http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html
- Michigan Profile for Healthy Youth- <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>
- County Health Rankings- www.countyhealthrankings.org
- United States Census- <https://data.census.gov/cedsci/>
- Great Start Data Set- Great Start Collaborative and compiled by the Michigan League for Public Policy

Thumb Region Priorities

In order to address complex health challenges more effectively, the Thumb Community Health Partnership facilitates a regional data workgroup. The workgroup reviews health indicator data quarterly and provides reports to partners. In 2021, the workgroup developed a regional process to support the needs assessment requirements of member organizations which include Public Health Departments, Mental Health Agencies, and hospitals. Data collection and practices are guided by the Rural Healthy People project. TCHP Partners agree that all 20 priorities outlined in the Rural Healthy People publication are important to the health of local residents. Partners also recognize that it would be impossible to target all twenty with focused change. The TCHP Data workgroup also identified regional data collection activities that provided local hospitals support for their organizational assessment. Partner assessments will be utilized for regional prioritization and planning.

The four health departments of the region, under the Michigan Thumb Public Health Alliance, developed a regional Community Health Improvement Plan. Seven regional goals were selected by the Alliance. The full document which includes county level priorities for all four counties can be found at

www.thumbhealth.org/healthdata.

Goal 1: Improve Perinatal Health

Objective 1:1- Reduce smoking during pregnancy; Objective 1:2- Increase planned and initiated breastfeeding

	% of Live Births to Women Who Smoked During Pregnancy	% of Mothers Planning to Breastfeed	% of Mothers Initiating Breastfeeding
	2017-2019	2019	2019
Michigan	13.6	34.2	49.4
Huron	18.8	32.1	51.3
Lapeer	17.2	24.1	61.5
Sanilac	21.7	36.5	43.5
Tuscola	24.6	10.6	72.7

Data Source: Michigan Dept. of Health and Human Services; <https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp>

Data Source: Michigan Department of Health and Human Services; <https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp>

Goal 2: Reduce Adolescent Health Risks

Objective 2:1- Decrease the use of tobacco and nicotine delivery devices by adolescents

	% of students grade 9 and 11 smoking cigarettes- Past 30 days in 2018	% of students grade 9 and 11 smoking vaping Past 30 days in 2018
Huron	11	31
Lapeer	NA	NA
Sanilac	12	36
Tuscola	8	32

Data Source: Michigan Profile for Healthy Youth; <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>
Due to COVID 19 and school closures some schools administered the survey in 2020 and some in 2021. Not enough schools to combine results. NA-

Goal 3: Reduce Chronic Disease Deaths

Objective 3:1- Decrease deaths from cardiovascular disease; Objective 3:2- Decrease use of tobacco and nicotine delivery devices by adults;

Objective 3:3- Decrease obesity

	Heart Disease Deaths Age Adjusted Rate/100,000	Stroke Deaths Age Adjusted Rate/100,000	% of Adults engaged in Smoking	% of People Obese	% of People Obese or Overweight	% of students grade 9 and 11 Obese or Overweight
	2017-2019	2017-2019	2017-2019	2017-2019	2017-2019	2018
Michigan	195	39	19.0%	33.8	69.2	NA
Huron	217	31	15.0%	40.3	78.3	37
Lapeer	207	47	20.7%	39.4	70.9	NA
Sanilac	230	28	18.6%	39.4	75.0	39.7
Tuscola	206	34	16.8%	38.2	76.0	40.5
Thumb Region	215	35	NA	NA	NA	NA

Data Source: Michigan Department of Health and Human Services; <https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp>

Data Source: Behavioral Risk Factor Surveillance System; www.countyhealthrankings.org

Data Source: Michigan Department of Health and Human Services; http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html

Data Source: Michigan Profile for Healthy Youth; <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

Goal 4: Reduce Infectious Disease

Objective 4:1- Increase adult immunization

	% Had the Flu Vaccine in Past Year age >65	% Ever Had Pneumonia Vaccine age >65
	2016-2020 Average	2016-2020 Average
Michigan	60.3	73.2
Huron	63.5	63.4
Lapeer	51.5	55.2
Sanilac	63.8	78.9
Tuscola	56.9	65.9

* Indicates not enough responses to calculate rate.

Data Source: Michigan Department of Health and Human Services; http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html

Goal 5: Reduce the Impact of Substance Use Disorders

Objective 5:1- Reduce substance use disorders

	% of Adults Engaged in Excessive Drinking	Drug Overdose Death rates/100,000
	2018	2017-2019
Michigan	21%	26
Huron	22%	21
Lapeer	23%	20
Sanilac	21%	16
Tuscola	22%	17
Thumb Region	NA	19

Data Source: Behavioral Risk Factor Surveillance System; www.countyhealthrankings.org

Data Source: Michigan Department of Health and Human Services; <http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp>

Goal 6: Reduce Injuries among Adults

Objective 6:1- Reduce alcohol impaired accidents; Objective 6:2- Decrease incidence of senior injuries

	% of Motor Vehicle Accidents-Alcohol involved	Unintentional Injury Death Rates/100,000 over age 75
	2015-2019	2017-2019
Michigan	29%	204
Huron	37%	162
Lapeer	24%	114
Sanilac	24%	133
Tuscola	30%	177
Thumb Region	NA	147

Data Source: Center for Disease Control- Compressed Mortality File; www.countyhealthrankings.org

Data Source: Michigan Department of Health and Human Services; <https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp>

Goal 7: Increase access to safe food, water, soil, and air

Priorities McLaren Lapeer Region

McLaren Lapeer Regional Hospital utilized the regional work completed by the Thumb Community Health Partnership and Michigan Thumb Public Health Alliance to identify local priorities for the hospital. As indicated in Step 4 of the Community Health Needs Assessment process, priorities must be selected to ensure that limited resources have the greatest impact. Selection of priorities will often result in more complex and effective implementation strategies. Identifying a limited number of priorities on which to focus also allows community initiatives to be developed with collaborating organizations. Evaluation and progress can be more effectively managed when the priorities are fewer in number. In review of existing efforts, regional priorities, and Community Identified needs. The team determined that the hospital would have the greatest impact on community health by targeting four focus areas.

1. Mental Health
2. Having enough healthcare staff to meet needs
3. Primary Care Services/Family Doctor
4. Specialist Services

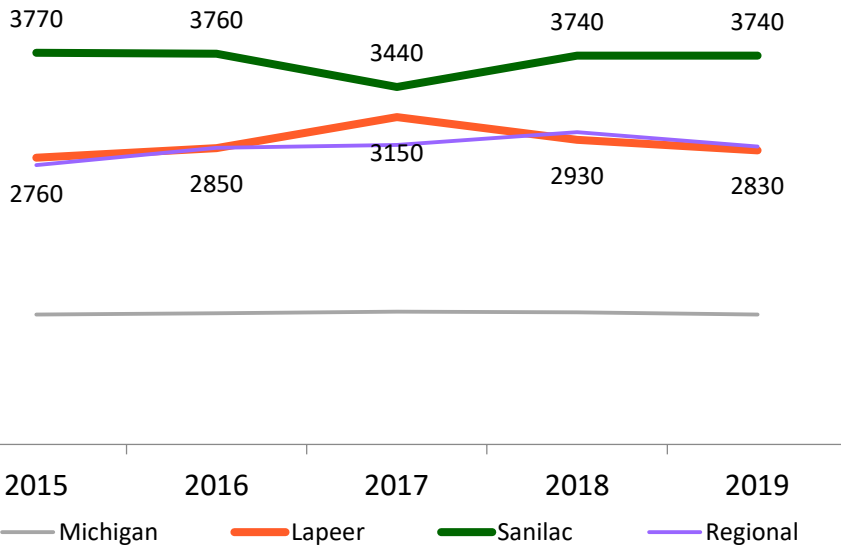
Data that led to these priorities is included in the following section. The hospital service area is composed of Lapeer county and a majority of Sanilac County. There are significant differences in between data in the two counties which are called out on many of the charts.

Community Identified Needs/Assets

All ratings from the Community Health Survey were arranged in order of needs/assets. The table below illustrates the community ratings on a scale of 1 to 4. With 1 the greatest weakness or concern and 4 the greatest strength or least concern.

Weakness/Concern		Strength/NOT a Concern	
Access to health insurance	1.91	Vision Services	2.4
Specialist Services	1.98	Assisted living facilities	2.4
Prenatal Care	2.04	Dental Care	2.47
Cost Barriers to Care	2.06	Prenatal and Infant Health	2.49
Access to childcare and preschool	2.09	Homelessness	2.49
Electronic medical records and portals	2.1	Food/Hunger	2.49
Mental Health Services	2.11	Poverty	2.49
In-home medical care or assistance	2.14	Privacy and Confidentiality	2.5
Transportation	2.19	Financial assistance programs offered by providers	2.5
Substance use Treatment	2.22	Dental Health	2.54
Coordination of services between providers	2.22	Other child and adult immunizations	2.56
Cancer	2.23	Infectious disease (Diseases that can spread)	2.57
COVID 19	2.23	Hospital services (testing, inpatient, emergency care)	2.6
Adequate internet connectivity for tele-health	2.23	Primary Care Services/Family Doctor	2.64
Use of tele-health visits	2.24	COVID 19 vaccinations and testing	2.67
Awareness of Services	2.24	Violence	2.74
Chronic disease	2.29	Safety-Crime	2.74
Mental Health	2.31	Environmental Health	2.76
Affordable Quality Housing	2.31	Emergency Medical Services (EMS-Ambulance)	2.76
Tobacco Use and Vaping	2.32	Non-Intentional Injuries	2.78
Substance Use Disorders	2.34	Personal and caring staff	2.8
Long term in patient nursing homes	2.37	Having enough healthcare staff to meet needs	2.8

Primary Care Provider Rates
(Lower indicates greater access)



14%
of Lapeer
County
Residents
report No
Personal
Healthcare
Provider
(2018-2020)

8.7%

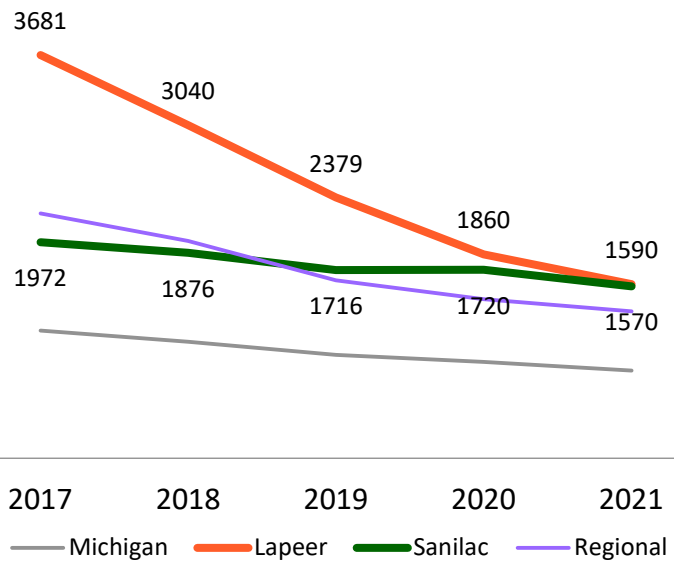
of Sanilac and

14.7%

of Lapeer residents
report No Health Care
Access During Past 12
months Due to Cost

(2018-2020)

Other Primary Care Provider Rates
(Lower indicates greater access)



	Michigan	Huron	Lapeer	Sanilac	Tuscola
Uninsured adults	8%	10%	9%	11%	9%
Uninsured children	3%	4%	4%	6%	3%

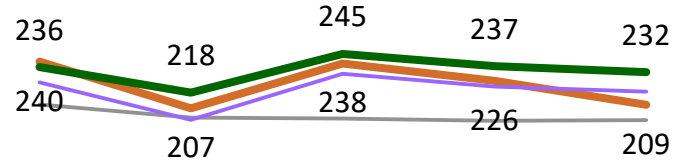
2020 Leading Cause of Death

Rate/100,000

Lapeer 279.7

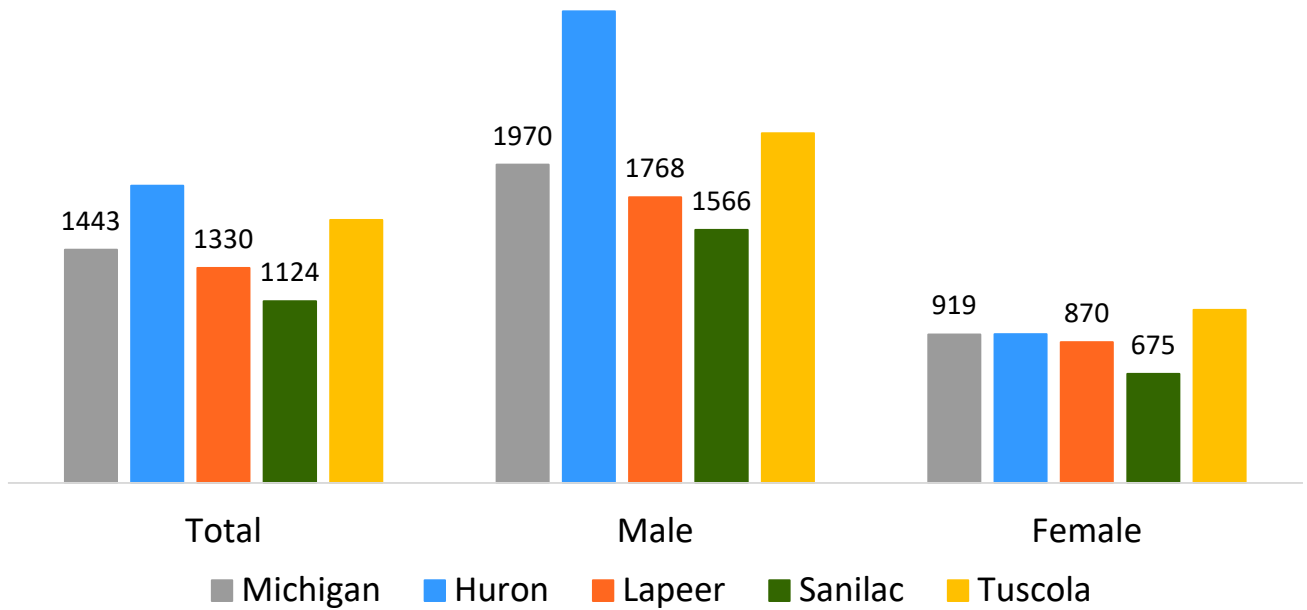
Sanilac 374.1

Heart Disease Mortality Trends
Age Adjusted Rate/100,000



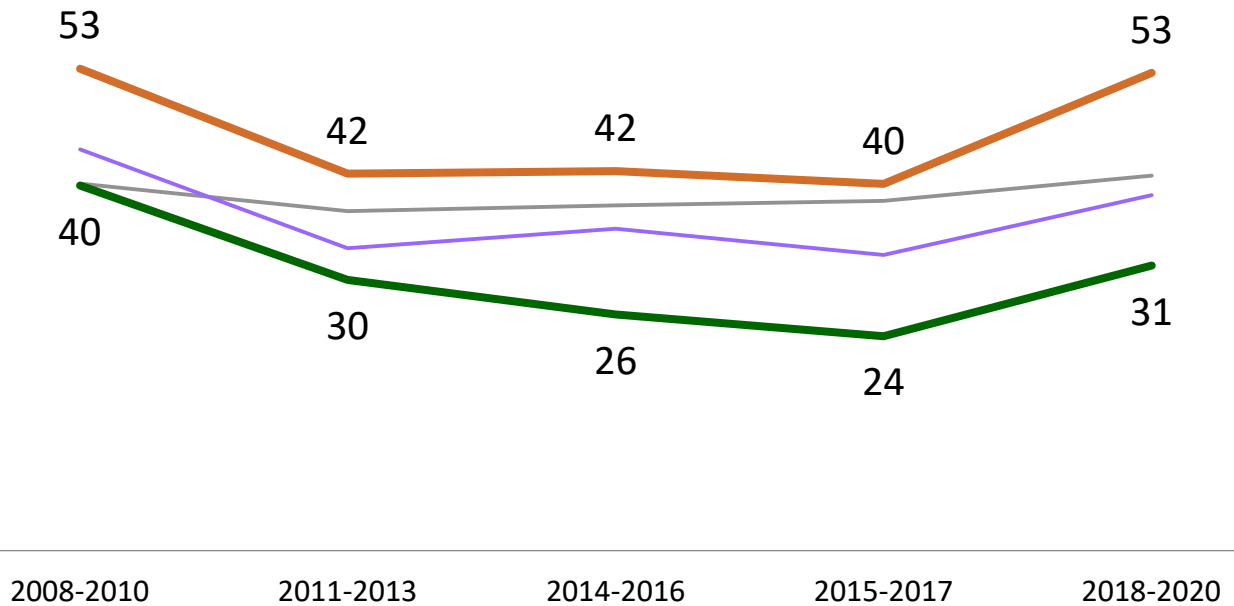
2008-2010 2011-2013 2014-2016 2015-2017 2018-2020
 — Michigan — Lapeer — Sanilac — Regional

2020 Heart Disease
Rate/100,000 Years of Potential Life Lost

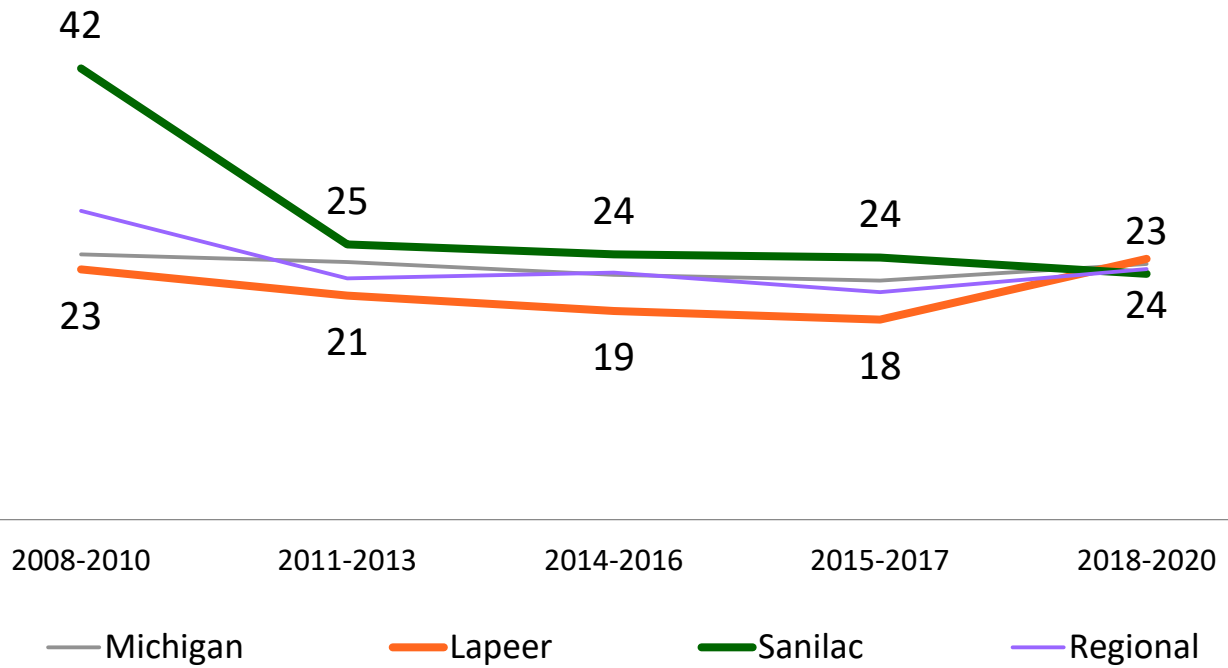


Note: Calculated on deaths below 75 years of age.

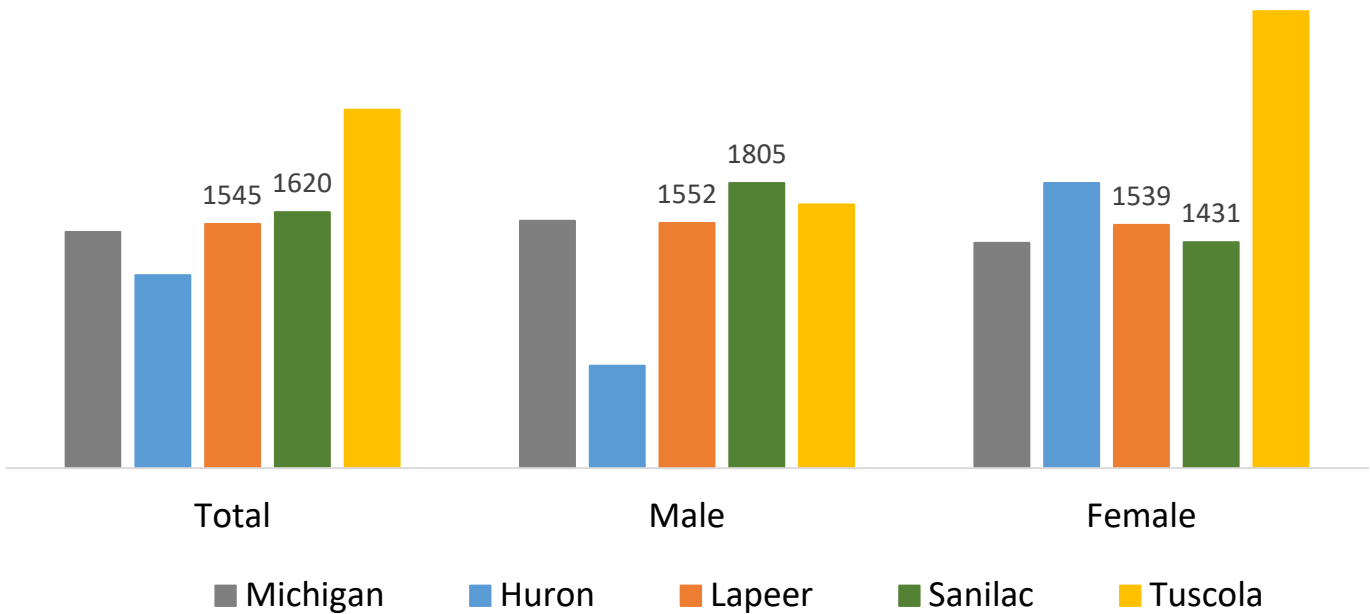
Stroke Age Adjusted Mortality Trends Rate/100,000



Diabetes Mortality Trends, Age Adjusted Rate/100,000



2020 Cancer Rate/100,000 Years of Potential Life Lost



Note: Calculated on deaths below 75 years of age

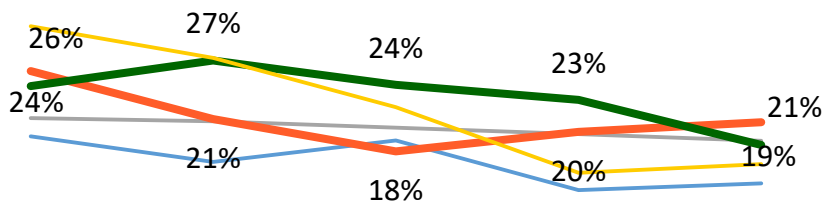
Lung Cancer Mortality Rate: 44.5/100,000

Breast Cancer Mortality-Females: 27.5/100,000

Colorectal Cancer Mortality Rate: 16.25/100,000

Prostate Cancer Mortality-Males: 16.5/100,000

Percent of Adults engaged in Smoking



Thumb Youth Behaviors

In past 30 days...

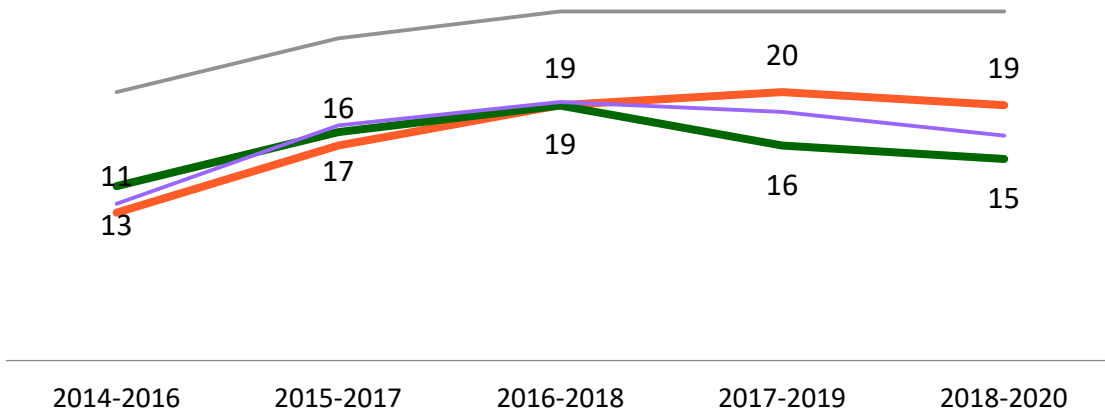
Smoking <15%.
Vaping 25-30%.

(2018 Michigan Profile for Healthy Youth)

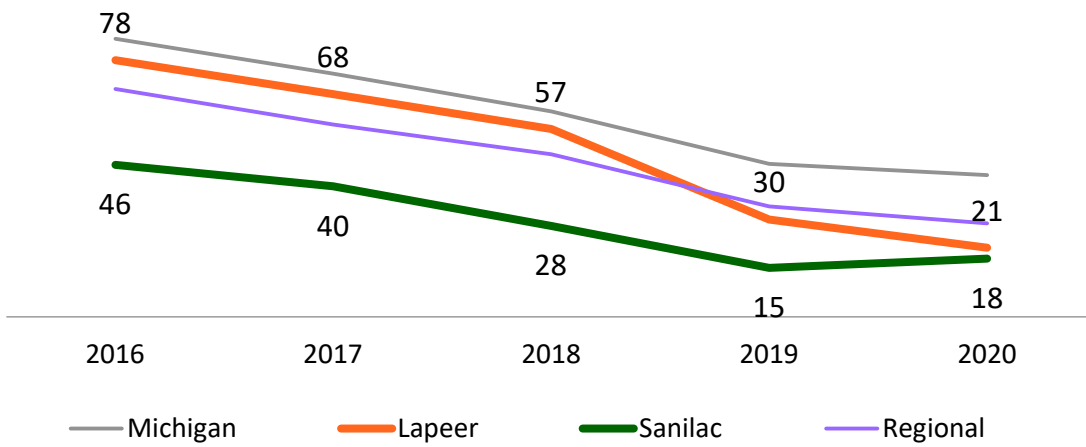
2013-2015 2014-2016 2015-2017 2016-2018 2017-2019

— Michigan — Huron — Lapeer — Sanilac — Tuscola

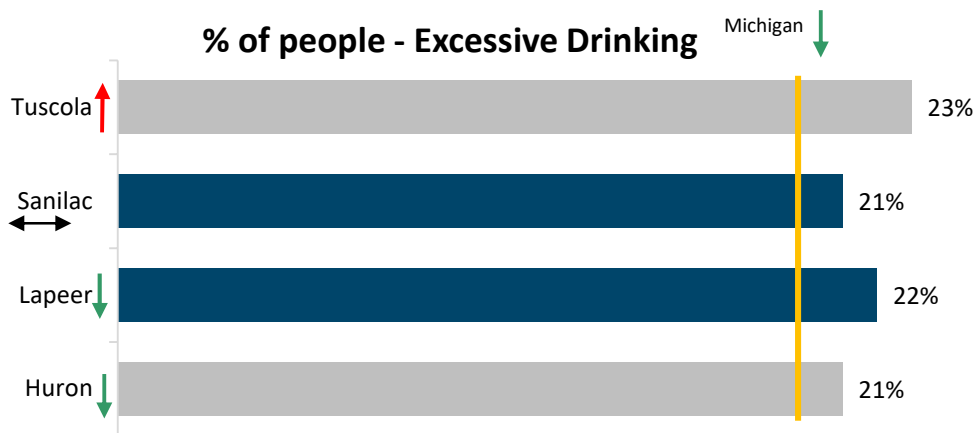
Drug Poisoning Deaths- Rate/100,000



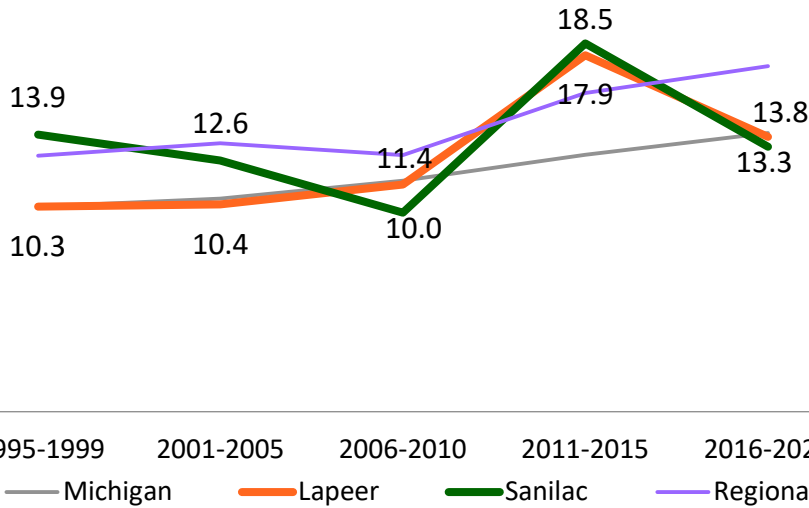
Opioid Prescribing- Rate/100 People



% of people - Excessive Drinking



Suicide Mortality Trends Age Adjusted Rate/100,000



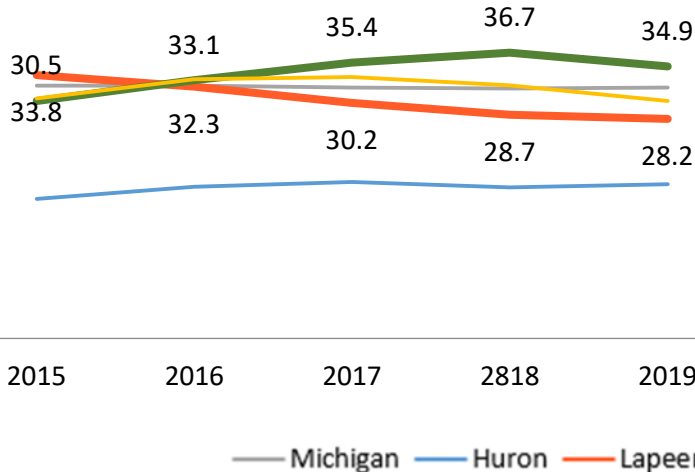
Over the past 10 years,
84%
of suicide deaths in the Thumb were men.

Themes Identified in a 2021 Behavioral Health Assessment

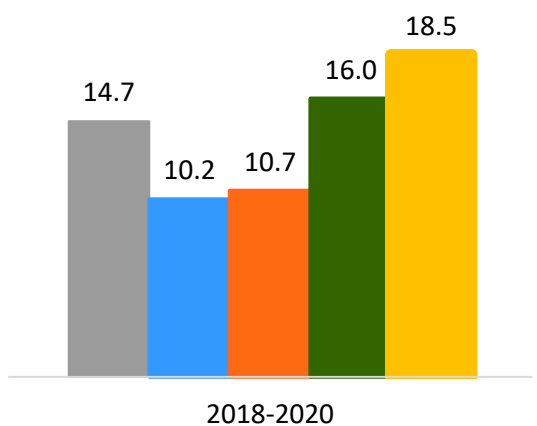
1. **Inpatient services** for behavioral health are difficult to access
2. Schools and the community need more resources and services to meet the level of need and degree of severity related to **behavioral health of children**.
3. There are issues in the insurance and public mental health system that creates **insurance gaps** in availability and affordability of care.
4. Many community members are not **aware of services** that are available or how to navigate them.
5. There are **not enough mental health professionals** to fill job openings or expand services.
6. **Stigma** continues to be a major issue that impacts addressing mental health issues
7. Although **transportation** did not rank in the top ten regional barriers as rated by the community, mental health employees rated transportation as a major barrier.
8. Professionals with the expertise to prescribe **behavioral health medications** are limited.

Maternal and Child Health

Percent of Live Births to Women With Less Than Adequate Prenatal Care



Births to Teens Rate/1000 Females age 15-19



Next Steps

In order to better understanding the gaps in services and identify strategies for addressing priorities, the next steps for the CHNA Team include:

- 1) Review progress toward the 2019 CHNA plan
- 2) Conduct a Resources Assessment which includes hospital and community efforts.
- 3) Identify hospital strategies to address gaps
- 4) Develop a 2022-2025 Implementation Plan

Supporting Documents

The following documents support the findings and the work completed during the Community Needs Assessment Process. They are available upon request by contacting Krysta Ivey at krysta.ivey@mclaren.org.

- Thumb Community Health Partnership Data Dashboard and County Health Indicator Recordings-
<https://www.thumbhealth.org/healthdata>
- 2021 Behavioral Health Needs Assessment Report
https://www.thumbhealth.org/files/ugd/dc955f_1d4d3f2b8660477886bb0e6c0f64ee71.pdf
- 2022-2026 Thumb Community Health Improvement Plan
https://www.thumbhealth.org/files/ugd/dc955f_dc87a73fdacc4bbd8bdabf9afb45130e.pdf
- 2021 Community Survey Instrument
- 2021 Service Area Community Survey Report
- 2022 Implementation Plan