TABLE OF CONTENTS

I. Introduction – page 3

II. Community Service Area – page 4

III. Community Health Needs Assessments – page 5

IV. Lenawee County Community Health Needs & Priorities – page 10

V. Hospital Community Health Needs Assessment Process – page 15

VI. Hospital Community Health Needs & Priorities – page 16

VII. Hospital Needs, Gaps and Resource Assessment – page 17

VIII. Hospital Implementation Strategy – page 18

IX. Access to Hospital Community Health Needs Assessment – page 19
I. INTRODUCTION

ProMedica Bixby Hospital, a member of ProMedica health system, is a committed healthcare resource in the southeast Michigan community, providing acute care and emergency services to patients, regardless of ability to pay. ProMedica’s mission is to improve the health and well-being of the communities we serve.

ProMedica Bixby Hospital conducted and adopted the current community health needs assessment (CHNA) in 2013, based on the Lenawee County Community Health Needs Assessment conducted in 2011. The last comprehensive community assessment of this kind was conducted over ten years ago. To address the need for an updated study, ProMedica Bixby Hospital applied for and was awarded an $85,000 Rural Health Network Development Planning Grant for the purpose of organizing a community network and to conduct the county assessment. Thus, the Lenawee Health Network was formed. ProMedica Herrick Hospital is a sister hospital of ProMedica Bixby Hospital and collaborated in the community assessment. In order to maintain complete objectivity throughout the survey process, the network engaged the expert services of the Hospital Council of NW Ohio to administer the survey and compile the results.

One area of weakness of the CHNA was the relative age of available secondary and public health data. Following the formal county assessment survey process, multiple community organizations collaborated to develop a prioritized strategic plan for Lenawee County, with ProMedica Bixby Hospital represented on these community strategic planning groups, as a member of ProMedica. A resource assessment was compiled as part of this process.

Following the Lenawee County strategic planning process, ProMedica Bixby Hospital convened a CHNA committee to review this county plan and available health data, select and prioritize key indicators for their defined community, identify resources and gaps in these areas, and develop implementation plans to address these health issues in the community over the next three years. Strategic plans were developed with feedback from key community stakeholders, to confirm these needs from a community perspective.

ProMedica Bixby Hospital will specifically implement programs to address the following health needs:

- Cancer
- Cardiovascular Health
- Marijuana and Other Drug Use

ProMedica Bixby Hospital will also collaborate with the Lenawee Health Network to support its three strategic initiatives of healthy eating and physical activity, supporting healthy choices and health care access.

In addition, as part of ProMedica health system, some community health programs are developed and implemented at the system level, with tobacco use, obesity/hunger and mental
health/bullying identified as the focal points for 2013. The hospital expanded the resource assessment developed at the county level to evaluate any gaps in services to address key health issues. The ProMedica Bixby Hospital CHNA may be accessed at www.promedica.org/chna.

II. PROMEDICA BIXBY HOSPITAL COMMUNITY SERVICE AREA

The definition of the primary community served by ProMedica Bixby Hospital for this assessment is Lenawee County, Michigan, with 92.4% of ProMedica Bixby Hospital’s inpatients residing in Lenawee County. ProMedica Bixby Hospital primarily serves the south/central Lenawee County and Adrian, Michigan area. The secondary service area that is served by the Hospital includes Lucas County, located in the northwestern region of Ohio, with a total population estimated at 441,815; and Washtenaw, Jackson, Hillsdale, and Monroe Counties, located in the southeastern region of Michigan, with a total population estimated at 703,748 (Source: Census 2010). ProMedica Bixby Hospital is one of two hospitals serving the Lenawee County area and one of 11 hospitals serving the six county service area (see Table 1 below) - leaving the individual community efforts within the other five counties to the hospitals located in each. ProMedica Bixby Hospital provides acute emergency services, medical and surgical inpatient and outpatient services, as well as cancer care on its campus. For purposes of this plan, the health statistics and factors for the primary county of Lenawee County were reviewed and used in completing this community health assessment.

Demographic review of Lenawee County, Michigan, shows that it is home to 99,892 residents. Three-fourths (75%) of residents were adults over the age of 19, 10% were youth ages 12-18 years, and just under 15% were adolescents under the age of 11. The majority (87.4%) of the population are Caucasian. African American (2.8%), Hispanic (7.6%), Asian (0.6%) and two or more races (1.8%) comprise the rest of the population. (Source: Census, 2010). The median household income in Lenawee County (in 2010 inflation-adjusted dollars) is $48,595. Fourteen percent of all Lenawee County residents and ten percent of Lenawee County families had an income below the poverty level in 2010. (Source: Census Survey, 2010) Twelve percent of Lenawee County residents are uninsured. (Source: Census Survey, 2011) Demographics for the secondary service area counties may be found at the respective state department of health websites.

Existing health care facilities and resources within the community that are available to respond to the health needs of the community are listed in Table 1 below. Due to the presence of other hospital entities in each of the six counties, ProMedica Bixby Hospital focuses most if its community health efforts within the Adrian, Michigan area - leaving the individual community efforts within the other five counties to the hospitals located in each.
ProMedica Bixby Hospital also collaborates with other entities to address issues in our service area. Community organizations who participated in the health assessment and strategic planning process include, but are not limited to: Adrian College, American Cancer Society, Boys & Girls Club of Lenawee, Catholic Charities, Communities in Schools of Lenawee, Community Action Agency, HOPE Community Center, Lenawee Community Mental Health, Family Counseling and Children’s Services, Family Medical Center of Michigan, Goodwill of Southeast Michigan, Lenawee Emergency and Affordable Housing Corporation (LEAHC), Lenawee County Department on Aging, Lenawee Great Start, Lenawee County Health Department, Lenawee Intermediate School District, Lenawee Substance Abuse Prevention Coalition, Lenawee United Way, and YMCA of Lenawee County.

### III. COMMUNITY HEALTH NEEDS ASSESSMENTS

The ProMedica Bixby Hospital **process for identifying and prioritizing community health needs and services included:**

- Lenawee County Health Needs Assessment
- Lenawee County Strategic Planning process and final strategic plan
- ProMedica Bixby Hospital’s CHNA process and targeted implementation plans

The health areas that were examined by the formal county needs assessment survey include, but are not limited to: health perceptions, health care coverage, health care access, cardiovascular health, cancer, diabetes, arthritis, asthma, weight control, tobacco use, alcohol consumption, marijuana and other drug use, women’s health, men’s health, preventative medicine and environmental health/disaster preparedness, sexual behavior and pregnancy outcomes, early childhood, middle childhood, quality of life, social context and safety, mental health and suicide, and oral health.
LENAWEE COUNTY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Bixby Hospital utilized the data provided in the Lenawee County Health Needs Assessment as the basis for their community health needs assessment. To begin the formal county assessment process, the Hospital Council of Northwest Ohio Data Division, in conjunction with the University of Toledo Health and Human Services Department, conducted the formal county health assessment utilizing the following methodology. (Refer to page 9 for a list of collaborating organizations.)

Adult Survey

Adults ages 19 and over living in Lenawee County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Lenawee County. There were 76,764 persons ages 18 and over living in Lenawee County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 383 adults from all races were needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lenawee County was obtained from American Clearinghouse in Louisville, KY.

Prior to mailing the survey to adults, an advance letter was mailed to 800 adults in Lenawee County. This advance letter was personalized, printed on Lenawee Health Network stationery and was signed by Timothy Jakacki, President, ProMedica Bixby Hospital and ProMedica Herrick Hospital and Patsy Bourgeois, Health Officer, Lenawee County Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey, that their confidentiality would be protected, and encouraged them to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Lenawee Health Network stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a $2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The survey was conducted October 2011 through December 2011. The response rate for the mailing was 44% (n=329; CI=5.39%). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.
Adolescent Survey

Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 93% (n=585; CI=3.93%). The survey contained 72 questions and had a multiple choice response format.

Children 0-5 and 6-11 Surveys

Children ages 0-11 residing in Lenawee County were used as the sampling frames for the surveys. Using U.S. Census Bureau data on the population of children ages 0-11, living in Lenawee County, it was determined that 6,878 children ages 0-5 and 7,714 children ages 6-11 reside in Lenawee County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, these items were combined to analyze data for children 0-11. The sample size required to generalize to children ages 0-11 was 369 and this was exceeded by having a combined 471 surveys, CI=4.44%.

The random sample of mailing addresses of parents from Lenawee County was obtained from Hugo American Clearinghouse, Louisville, KY. They select a pool of parents based off of a number of sources which includes, birth records, education records, direct response data, etc.

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 1600 parents in Lenawee County. This advance letter was personalized, printed on Lenawee Health Network stationery and was signed by Timothy Jakacki, President, ProMedica Bixby Hospital and ProMedica Herrick Hospital and Patsy Bourgeois, Health Officer, Lenawee County Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Lenawee Health Network stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a $2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the
second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

CONSULTING ORGANIZATIONS

The process for consulting with persons representing the community’s interests and public health expertise began when local community agencies were invited to participate in the county wide health assessment process, including choosing questions for the surveys, providing local data, reviewing draft reports and planning the community event, release of the data and setting priorities. The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations and over-sampled minority populations.

As evidenced by the list of participating organizations on page 9, the hospital facility took into account input from persons who represent the community by participating with other organizations in Lenawee County who contracted with the Hospital Council of Northwest Ohio, a non-profit hospital association, located in Toledo, Ohio, to coordinate and manage the county health assessment and strategic planning process. The Hospital Council has been completing comprehensive health assessments since 1999. The Project Coordinator from the Hospital Council of NW Ohio holds a Master’s degree in Public Health and conducted a series of meetings with the planning committee from Lenawee County.

During these meetings, banks of potential survey questions from the Behavioral Risk Factor Surveillance, Youth Risk Behavior Surveillance, and National Survey of Children’s Health surveys were reviewed and discussed. Based on input from the Lenawee Health Network planning committee, the Project Coordinator composed drafts of surveys containing 116 items for the adult survey, 72 items for the adolescent survey, 78 items for the 0-5 survey, and 79 items for the 6-11 survey. The drafts were reviewed and approved by health researchers at the University of Toledo.

The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations and over-sampled minority populations. In addition, the organizations that serve these populations participated in the health assessment and community planning process, such as Lenawee County Health Department, Lenawee United Way, Community Action Agency, to name a few.

ProMedica Bixby Hospital conducted the Needs Assessment with the following hospitals:
- ProMedica Herrick Hospital

There were many key leaders from the community broadly representing public health, schools, local officials, social service agencies and other various community members in attendance at the
public release of the community health needs assessment. At the event, participants discussed the priorities that were chosen for Lenawee County to focus on.

**LENAWEE COUNTY STRATEGIC PLANNING PROCESS**

Following the community assessment data release in April of 2012, the Lenawee Health Network began a strategic planning process which was conducted by all Health Network members. The Lenawee Health Network reviewed the assessment findings for three specific population groups; adults (ages 19-75 years), youth (grades 6-12), and children (ages 0-5 and 6-11 years). They met to thoroughly review the 2011 health assessment project data and other sources of information to determine important priority health issues in Lenawee County.

The Lenawee Health Network used an assessment tool to gather information about current Lenawee County resources and services which address one or more of the priority health issues identified. They summarized and examined the data collected to determine gaps in current services by age, geographic location, and other criteria. In addition, the participants shared information about current gaps and emerging needs concerning the health of Lenawee County residents and current and future programs and services to address these needs based on their personal and agency experiences.

The Lenawee Health Network met May through June 2012 to outline a three-year strategic plan which addresses the priority areas, recommends strategies and interventions, and identifies outcome measurements to monitor progress. The Lenawee Health Network concluded this process by reviewing each of the health issues previously identified, to determine the priority challenges to work to address over the next three years based on: the number of persons affected, the resources needed to begin to have a positive impact on the problems, and the overall strategies necessary to work collaboratively. The Lenawee Health Network Strategic Planning process and groups included input from persons who represent the community. Collaborating participants included:

- ProMedica Bixby Hospital (PH)
- ProMedica Herrick Hospital (PH)
- Lenawee United Way (PH)
- Lenawee County Health Department (PH)
- Communities in Schools
- Catholic Charities
- YMCA of Lenawee County (PH)
- Goodwill Southeast Michigan
- Lenawee Emergency and Affordable Housing Corporation (LEAHC)
- Lenawee Great Start
- Lenawee County Mental Health Association (PH)
- Family Counseling and Children’s Services (PH)

*A (PH) after the organization indicates the representative worked in the Public Health field.
The Lenawee Health Network Strategic Plan was written based on the conclusions and recommendations of all participating Health Network organizations. The Lenawee Health Network Strategic Plan was approved in July of 2012. ProMedica Bixby Hospital was represented in the development of the community-wide community benefit plan for Lenawee County by ProMedica Bixby Hospital staff.

IV. LENAWEE COUNTY COMMUNITY HEALTH NEEDS & PRIORITIES

Many identified health needs are addressed by physicians at the time of related patient visits. Key findings that were identified in the Lenawee Health Network Health Needs Assessment include (*indicates ProMedica has, or participates in, community outreach programs addressing these issues):

- Health Care Access*
  - 58% of Lenawee County adults had visited a doctor for a routine checkup within the last year.
- Cardiovascular Health*
  - Heart disease (27%) and stroke (6%) accounted for 33% of all adult deaths
- Cancer*
  - Cancer was the second leading cause of death in the county in the time period of 2000-2008. Lung cancer was the leading type.
- Diabetes*
  - Diabetes has been diagnosed in 12% of adults and is the 6th leading cause of death
- Arthritis
  - 35% of adults were diagnosed with arthritis vs. 31% in Michigan and 26% in the U.S.
- Asthma
  - 13% of Lenawee County adults had been diagnosed with asthma
- Obesity*
  - 72% of adults were overweight or obese based on BMI vs. 32% in Michigan and 28% in the U.S. More than one third (37%) of Lenawee County adults were obese.
- Tobacco Use
  - 22% of adults were current smokers and 24% were considered former smokers.
- Alcohol Use
  - 17% of adults were considered frequent drinkers (3 or more days per week average, per CDC guidelines) and 39% of adults were binge drinkers.
- Marijuana and Other Drug Use*
  - 6% of adults had used marijuana during the past 6 months and 9% misused medications.
- Women’s Health*
  - Nearly two thirds (63%) of Lenawee County women over the age of 40 reported having a mammogram in the past year. 61% of Lenawee County women have had a clinical breast exam and 50% have had a Pap smear to detect cancer of the cervix in the past year.
- Men’s Health*
  - 54% of Lenawee County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. 43% of males over the age of 50 had a digital rectal exam in the past year.
• Preventive Medicine and Health Screenings*
  ➢ 39% of adults had a flu shot during the past 12 months and 57% of adults over 50 had received a colonoscopy or sigmoidoscopy in the past 5 years.

• Environmental Health/Disaster Preparedness*
  ➢ Insects and mold were the two most important perceived environmental health issues that threatened Lenawee County adults’ health in the past year.

• Adult Sexual Behavior and Pregnancy Outcomes
  ➢ Nearly three fourths (73%) of Lenawee County adults had sexual intercourse. 6% had more than one partner. Even through young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs.

• Quality of Life
  ➢ 26% of adults reported they were limited in some way because of a physical, mental, or emotional problem.

• Social Context and Safety
  ➢ 63% of adults kept a firearm in or around their home. About 1 in 14 (7%) of adults were threatened and 9% were abused in the past year.

• Mental Health and Suicide
  ➢ 4% of Lenawee County adults considered attempting suicide. 9% of adults felt so sad or hopeless early every day for two or more weeks that they stopped doing usual activities.

• Oral Health
  ➢ 78% of Lenawee County adults had visited a dentist or dental clinic in the past year. vs. 70% of U.S. adults and 73% of Michigan. (2010).

• Youth Weight Status*
  ➢ 13% of Lenawee County youth were obese, according to BMI. When asked to describe their weight, 28% reported that they were overweight.

• Youth Tobacco Use
  ➢ 11% of Lenawee County youth (ages 12-18) were smokers, increasing to 23% of those who were 17-18 years old. Overall, 6% of Lenawee County youth indicated they had used chewing tobacco in the past year.

• Youth Alcohol Consumption
  ➢ 44% of youth had drunk at least one drink of alcohol in their life, increasing to 69% of youth seventeen to eighteen years old. 36% of those who drank took their first drink by the age of 12. Over half (57%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 9% of all youth drivers had driven a care in the past month after they had been drinking alcohol.

• Youth Marijuana and other Drug Use*
  ➢ 12% of Lenawee County youth had used marijuana at least once in the past 30 days, increasing to 20% of high school youth. During the past 12 months, 10% of youth had someone offer, sell, or give them an illegal drug on school property.

• Youth Sexual Behavior & Pregnancy Outcomes
  ➢ 27% of youth have had sexual intercourse, increasing to 64% of those ages 17 and to 18. 23% of youth had participated in oral sex, 7% had participated in anal sex, and 23% of youth participated in sexting. Of those who were sexually active, 54% had multiple sexual partners.
• Youth Mental Health and Suicide
  ➢ 13% of Lenawee County youth had seriously contemplated suicide in the past year and 5% admitted actually attempting suicide in the past year.

• Youth Safety and Support
  ➢ 56% of youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 33% of youth drivers texted while driving.

• Youth Violence
  ➢ 13% of the youth had carried a weapon in the past month. 6% of youth had been threatened or injured by a weapon on school property in the past year. 49% were bullied in the past year and 29% has purposefully hurt themselves at some time in their life.

• Children’s Health & Functional Status
  ➢ 20% of children were classified as obese and 17% were overweight. 80% of parents had taken their child ages 0-11 to the dentist in the past year. 17% of parents reported their child had asthma and 7% of parents reported their child had ADD/ADHD. 89% of parents reported their child had been physically active for 60 minutes on three or more days in the past week.

• Children’s Health Insurance, Access, Utilization, & Medical Home
  ➢ 6% of Lenawee County parents reported that their 0-11 year old was not covered by health insurance. 13% of parents reported their child did not receive all of the medical care he or she needed in the past year. 86% of parents had taken their child to the doctor for preventive care in the past year.

• Early Childhood (Ages 0-5)
  ➢ 90% of mothers got prenatal care within the first three months during their last pregnancy. 9% of mothers smoked during their last pregnancy. 74% of parents put their child to sleep on his/her back. 28% of mothers never breastfed their child.

• Middle Childhood (Ages 6-11)
  ➢ 25% of Lenawee County parents reported their child never wore a helmet when riding a bicycle. 50% of parents reported their child was bullied at some time in the past year. 87% of parents reported their child participated in extracurricular activities. 19% of parents reported their child had an email, MySpace, Facebook, Twitter, or another social networking account.

• Family Functioning & Neighborhood Characteristics
  ➢ 24% of Lenawee County parents reported they read to their children every day. 97% of parents reported their neighborhood was always or usually safe.

• Parent Health*
  ➢ 33% of parents were overweight and 34% were obese. Parents missed work an average of 2.0 days per year due to their child being ill or injured.

The Lenawee Health Network Strategic Planning Committee, using the Lenawee County Health Needs Assessment, prioritized the following health issues, as indicated in Table 2b below, determining that if these issues are addressed by multiple agencies and organizations over the next three years, they could promote healthier lifestyles and safer neighborhoods for all ages, reduce chronic health diseases, and improve several socioeconomic determinants of health for Lenawee County residents. In some areas of identified need, ProMedica is already taking a system approach and collaborating with organizations to address these community health needs,
to most efficiently use resources and to prevent duplication of services, as reflected in Table 2a below.

**Table 2a – ProMedica Bixby Hospital Priorities**

<table>
<thead>
<tr>
<th>Priority #1: Cancer</th>
<th>Coalition or Organization Addressing Issue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase the early detection and awareness of specific cancers.</td>
<td>• ProMedica Bixby Hospital</td>
</tr>
<tr>
<td>• Increase the utilization of preventative services and screenings.</td>
<td>• Hickman Cancer Center</td>
</tr>
<tr>
<td>• Increase the utilization of preventative services and screenings.</td>
<td>• ProMedica Herrick Hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority #2: Cardiovascular Health</th>
<th>Coalition or Organization Addressing Issue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase the early detection and awareness of cardiovascular disease.</td>
<td>• ProMedica Bixby Hospital</td>
</tr>
<tr>
<td>• Increase utilization of preventive services and screenings.</td>
<td>• ProMedica Wellness</td>
</tr>
<tr>
<td>• Increase utilization of preventive services and screenings.</td>
<td>• ProMedica Continuing Care Services</td>
</tr>
<tr>
<td>• Increase utilization of preventive services and screenings.</td>
<td>• ProMedica Herrick Hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority #3: Marijuana and Other Drug Use</th>
<th>Coalition or Organization Addressing Issue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase the ability to dispose of drugs legally and responsibly for community members.</td>
<td>• ProMedica Bixby Hospital</td>
</tr>
<tr>
<td>• Decrease the number of adults and youth who misuse prescription drugs in Lenawee County.</td>
<td>• Lenawee Substance Abuse Prevention Coalition*</td>
</tr>
<tr>
<td>• Decrease the availability of prescription drugs for misuse.</td>
<td></td>
</tr>
</tbody>
</table>

**Table 2b – Lenawee County Strategic Plan Priorities**

<table>
<thead>
<tr>
<th>Priority #1: Obesity - Healthy Eating &amp; Physical Activity</th>
<th>Coalition or Organization Addressing Issue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase the percent of Lenawee residents who meet federal recommendations of eating 5 or more servings of fruits and vegetables per day.</td>
<td>• MSU Extension</td>
</tr>
<tr>
<td></td>
<td>• Adrian Public Schools Head Start</td>
</tr>
<tr>
<td></td>
<td>• Lenawee United Way*</td>
</tr>
<tr>
<td></td>
<td>• YMCA of Lenawee County*</td>
</tr>
<tr>
<td></td>
<td>• Communities in School of Lenawee County*</td>
</tr>
<tr>
<td></td>
<td>• Adrian Farmer’s Market*</td>
</tr>
<tr>
<td></td>
<td>• Lenawee Department on Aging*</td>
</tr>
<tr>
<td></td>
<td>• The Centre*</td>
</tr>
<tr>
<td></td>
<td>• Goodwill Industries of SE Michigan</td>
</tr>
<tr>
<td></td>
<td>• American Cancer Society*</td>
</tr>
<tr>
<td></td>
<td>• Siena Heights University*</td>
</tr>
<tr>
<td></td>
<td>• HOPE Community Center*</td>
</tr>
<tr>
<td></td>
<td>• Lenawee Great Start*</td>
</tr>
<tr>
<td></td>
<td>• The Salvation Army</td>
</tr>
<tr>
<td></td>
<td>• Boys &amp; Girls Club*</td>
</tr>
<tr>
<td></td>
<td>• ProMedica Bixby Hospital</td>
</tr>
<tr>
<td></td>
<td>• ProMedica Herrick Hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority #2: Tobacco Use, Alcohol Consumption, &amp; Mental Health and Suicide - Supporting Healthy Choices</th>
<th>Coalition or Organization Addressing Issue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Decrease the rate of bullying and suicidal ideation, as reported via the health assessment survey.</td>
<td>• Lenawee Community Foundation*</td>
</tr>
<tr>
<td></td>
<td>• Lenawee United Way*</td>
</tr>
<tr>
<td></td>
<td>• Boys &amp; Girls Club of Lenawee*</td>
</tr>
<tr>
<td></td>
<td>• Lenawee County Health Department*</td>
</tr>
<tr>
<td></td>
<td>• One Lenawee*</td>
</tr>
</tbody>
</table>
Priority #3: Health Care Access

- Increase access to health coverage and services particularly for the economically disadvantaged who are at or below the State average (household income below $25,000).
- Increase utilization of preventive services.

An asterisk (*) above indicates ProMedica participation with organizations addressing these health issues, that may include financial support, although may not be specific to ProMedica Bixby Hospital.

LENAWEE COUNTY - HEALTH ISSUES FOR UNINSURED, LOW INCOME, AND MINORITIES

Primary and chronic disease needs and other health issues of uninsured, low-income, and minority persons include: lack of health care coverage, tobacco use, drug use, multiple sexual partners, binge drinking, lack of male and female health screenings, depression and lack of routine dental care were all prevalent issues among those Lenawee County adults with incomes less than $25,000.

Twelve percent of Lenawee County adults were uninsured at the time of the survey. Lenawee County adults who were uninsured reported that the two main reasons they were without health care coverage were that they lost their job or changed employers and that they could not afford to pay the insurance premiums.

LENAWEE COUNTY - INFORMATION GAPS

The Lenawee Health Network used the findings from the assessment to closely examine current resources available to Lenawee County residents which address one or more of the adult, youth, and/or child priority health issues. Using an assessment tool, over 20 agencies and organizations reported the program types and services offered, the populations served, and the communities served. The information was examined by the Health Network to determine possible gaps by specific population groups and/or geographic locations.

Although the formal county assessment provided sufficient primary data, some secondary and public health data is outdated (<2010) and therefore leaves gaps in measurement about key
indicators during that time. Although zip code level data was available, it was limited, and an analysis of zip code data in 2011 revealed that the zip code data was not statistically significantly different than county data therefore county level data was used for this assessment. Additional resources were added by ProMedica Bixby Hospital for use in the review, but some resources in the listing may still be limited.

V. PROMEDICA BIXBY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Following the Lenawee Health Network strategic planning process, ProMedica Bixby Hospital leadership convened a CHNA committee to thoroughly review the county assessment data, prioritize key health indicators specific to their demographic, identify available resources and gaps in resources, and develop implementation plans to address the specific needs of the population. This process included a review of leading causes of death for Lenawee County.

<table>
<thead>
<tr>
<th>Table 3 - Lenawee County Leading Types of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 – Total Number of Deaths: 898</td>
</tr>
<tr>
<td>1. Heart Disease (27% of all deaths)</td>
</tr>
<tr>
<td>2. Cancers (23%)</td>
</tr>
<tr>
<td>3. Stroke (6%)</td>
</tr>
<tr>
<td>4. Chronic Lower Respiratory Diseases (5%)</td>
</tr>
<tr>
<td>5. Alzheimer’s Disease (5%)</td>
</tr>
<tr>
<td>6. Diabetes (4%)</td>
</tr>
<tr>
<td>7. Accidents and Unintentional Injuries (3%)</td>
</tr>
<tr>
<td>(Source: Lenawee County Health Department 2009)</td>
</tr>
</tbody>
</table>

Prioritization of health needs in its community was accomplished by the ProMedica Bixby Hospital CHNA committee that included: administrative director of finance, manager of employee wellness and Occuhealth, director of radiology services, director of cardiovascular and pulmonary services, and manager of oncology services. The ProMedica Bixby Hospital CHNA committee developed the hospital CHNA, following the Lenawee Health Network Strategic Planning process, through the following steps.

- Review of existing Lenawee County primary and secondary data sources;
- Discussion and consensus of priority health issues for ProMedica Bixby Hospital;
- Identification of current community resources which address the priority health issues;
- Definition of gaps in county-level services and programming;
- Researching effective programs, policies, and strategies to recommend for future implementations; and
- Identification of specific implementation actions steps for each of the next three years.
VI. PROMEDICA BIXBY HOSPITAL COMMUNITY HEALTH NEEDS & PRIORITIES

As indicated in Table 2a and Table 2b, ProMedica Bixby Hospital is actively involved in many priority health areas identified through the community process. Following a review and discussion of health data and the community priorities, as well as organizational and community programs to address these community priority areas, ProMedica Bixby Hospital will specifically implement programs to address the following health needs:

1. Cancer
   - Cancer was the second leading cause of death in the county in the time period of 2000-2008. Lung cancer was the leading type of cancer.

2. Cardiovascular Health
   - Heart disease (27%) and stroke (6%) accounted for 33% of all adult deaths.
   - 6% of Lenawee County adults reported they had a heart attack or myocardial infarction in 2011, increasing to 16% of those over the age of 65.

3. Marijuana and Other Drug Use
   - 10% of 6-12 graders and 15% of 9-12 graders used prescription medication in order to get high or feel good.

In addition to the above hospital specific strategies, ProMedica Bixby Hospital will collaborate with the Lenawee Health Network to support its three strategic initiatives of healthy eating and physical activity, supporting healthy choices and health care access.

1. Obesity - Healthy Eating & Physical Activity
   - Obesity is prevalent in 37% of adults, 15% of youth grades 9-12, and 20% of children ages 0-11 years.
   - Only 5% of adults are meeting the recommended guidelines of 5 or more servings of fruits and vegetables recommended by the American Cancer Society, along with 15% of the youth and 9% of children.
   - 44% of Lenawee County adult residents do not engage in physical activity for at least 30 minutes 3 or more days per week.
   - Less than one third of Lenawee County youth participate in at least 60 minutes of physical activity every day, and 3% of children 6-11 had not participated in at least 30 minutes of physical activity in the past week.

2. Tobacco Use, Alcohol Consumption, & Mental Health and Suicide - Supporting Healthy Choices
   - 22% of adults in Lenawee County and 17% of youth are current smokers.
11% of adults have used marijuana within the past 6 months, while 20% of youth have used it within the past 30 days.

Currently 60% of adults and 36% of youth are alcohol drinkers. 22% of adults and 21% of youth participate in binge drinking, which entails five or more drinks on one occasion.

39% of youth reported being bullied verbally, 24% indirectly, 13% physically, and 10% cyber bullied. 10% of youth reported not going to school on one or more days because they did not feel safe at school or on their way to or from school.

5% of adults seriously considered suicide, with less than 1% attempting suicide. 17% of youth seriously considered suicide, with 7% attempting suicide.

Of those youth who reported being victims of bullying, 35% were depressed and felt sad or hopeless almost every day for two weeks or more in a row and stopped doing their usual activities. This compares to 11% of non-bullied youth feeling depressed.

Of those youth who reported being victims of bullying, 19% contemplated suicide in the last 12 months, with 8% attempting suicide in that time period.

Of those youth who reported being victims of bullying, 21% have had at least one drink of alcohol in the past 30 days and 13% have smoked in the past 30 days.

3. Health Care Access

In 2011, only 63% of women had a mammogram within the past year.

Within the past year, 94% of children ages 0-5 and 81% of children ages 6-11 saw a physician for preventive care. Only 58% of adults had been to the doctor within the past year for preventative care.

Within the past year, 59% of children ages 0-5 and 93% of children ages 6-11 participated in a dental care visit. 72% of adults saw a dentist within the past year.

Due to the strong health impact nutrition and physical activity play in the leading causes death – heart disease, cancer, stroke and diabetes – it was determined that the community would collectively focus on these issues collaboratively.

**ProMedica Bixby Hospital is represented and is participating in the execution of the community-wide community benefit plans** by working with the Lenawee Health Network, and organizations and coalitions in the community who are addressing these issues, as well implementing hospital plans to support these initiatives.

**VII. PROMEDICA BIXBY HOSPITAL – NEEDS, GAPS AND RESOURCE ASSESSMENT**

ProMedica Bixby Hospital did not **address all of the needs identified in the most recently conducted Lenawee County Health Needs Assessment** as these areas either go beyond the
scope of the hospital or are being addressed by, or with, other organizations in the community. To some extent, resource restrictions do not allow the hospital to address all of the needs identified through the health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as many of these issues are addressed by other community organizations and coalitions. The Lenawee Health Network gap analysis documented the community organization and coalitions with programs meeting identified focus areas.

Through the Lenawee Health Network, the following areas were identified as not having adequate programs identified in the community to meet Lenawee County residents needs: youth access to healthy nutrition, youth mentoring by adults, free fitness opportunities for adults and children in the community, Communities in Schools Site Coordinators in additional schools, teen substance abuse services, after school programs and activities for youth and teens, low cost and confidential family planning and STDs services, case management for children with elevated lead levels, funding/services for homeless students, mentoring system for youth, pediatric dental services, and expansion of primary care, dental, mental health, and preventative services for uninsured/underinsured patients. Note: although this survey was sent to multiple community members, responses may not represent all related programs in the community, and some programs may have limited reach.

Table 2 lists the community wide organizations and coalitions addressing the prioritized Lenawee County strategic plan issues. ProMedica Bixby Hospital participates with many of these organizations and coalitions through representation and/or funding, as indicated by an asterisk.

VIII. PROMEDICA BIXBY HOSPITAL - IMPLEMENTATION STRATEGY SUMMARY

Following the finalization of the Lenawee Health Network strategic plan, ProMedica Bixby Hospital commenced with its CHNA strategic planning process, whereby it analyzed and discussed data, developed hospital-based implementation and action plans, including annual goals - taking into consideration the county strategic plan, as well as areas not addressed by the community plan or other community groups.

ProMedica Bixby Hospital will specifically implement programs to address the following health needs:

1. Cancer
2. Cardiovascular Health
3. Marijuana and Other Drug Use

In addition to the above hospital specific strategies, ProMedica Bixby Hospital will collaborate with the Lenawee Health Network to support its three strategic initiatives of healthy eating and physical activity, supporting healthy choices and health care access.
The implementation plans for these priorities include specific programs and measurements that will occur annually and progress will be reported semiannually to leadership and the Board of Directors. ProMedica Bixby Hospital will not address all of the needs identified in the most recently conducted Lenawee County Health Needs Assessment as these areas either go beyond the scope of the hospital or may be addressed by, or with, other organizations in the community. To some extent limited resources do not allow hospitals to address all of the needs identified through the health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as many of these issues are addressed with, or by, other community agencies and coalitions across Lenawee County. Many health issues are addressed by physicians at a related patient visit.

Following approval of the ProMedica Bixby Hospital community health needs assessment and implementation plan by the ProMedica Bixby Hospital Board of Trustees, the execution of the ProMedica Bixby Hospital implementation action plans will be initiated, with semiannual updates of these plans provided to ProMedica Bixby Hospital leadership, as well as the ProMedica Bixby Hospital Board of Trustees.

**Annual inclusion of a community benefit section in operational plans** is reflected in the Community Benefit chapter of the ProMedica strategic plan – this is one of five chapters that all ProMedica hospitals address in their strategic plans for implementation, and they are approved by the Board of Trustees, and monitored and reported semiannually to hospital leadership.

As part of the annual strategic planning and budgeting process, the adoption of a budget for provision of services that address the needs identified in the needs assessment is included in the hospital budget and approved by the ProMedica Bixby Hospital Board.

**IX. ACCESS TO PROMEDICA BIXBY HOSPITAL CHNA AND OTHER RESOURCES**

ProMedica Bixby Hospital community health needs assessment is widely available in printable (pdf) form to the public on the hospital website at: [http://www.promedica.org/chna](http://www.promedica.org/chna)

The Lenawee County assessment, as well as other county assessments, is available on the following Hospital Council of Northwest Ohio website: [http://hcno.org/community/reports.html](http://hcno.org/community/reports.html)

For any questions related to the ProMedica Bixby Hospital community assessment process and strategic plan, or to request a hard copy of the assessment, please email: cometothetable@promedica.org or call hospital administration at 517-265-0390.