# PROMEDICA COLDWATER REGIONAL HOSPITAL

## 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

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I. INTRODUCTION

ProMedica Coldwater Regional Hospital (PCRH), a member of ProMedica health system, is a committed health care resource in south central Michigan, providing acute care and emergency services, as well as outpatient cancer treatment and mental health care. As a not-for-profit hospital, all patients are treated regardless of their ability to pay. ProMedica’s mission is to improve the health and well-being of the communities we serve.

ProMedica Coldwater Regional Hospital conducted and adopted this community health needs assessment (CHNA) in 2019 and will implement the associated three-year, strategic plan beginning in 2020. ProMedica Coldwater Regional Hospital participated in the Branch County Health Assessment (CHA) conducted in 2019, which was cross-sectional in nature and included a written survey of adults in Branch County. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment. In order to maintain complete objectivity throughout the county CHA survey process, the network engaged the expert services of the Hospital Council of Northwest Ohio to administer the survey and compile the results. One area of weakness was the relative age of available secondary and public health data.

ProMedica Coldwater Regional Hospital convened a CHNA committee to review the Branch County CHA and other 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, taking into account the needs of minority and underserved populations. The hospital received feedback on the CHNA implementation plan from staff from the Branch, Hillsdale, St. Joseph Community Health Agency to confirm these needs from a public health expert perspective.

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

1. Mental Health
2. Chronic Disease – Healthy Eating
3. Substance Abuse
4. Social Determinants of Health – Food Insecurity

In addition, as part of ProMedica health system, some community health programs are developed and implemented at the system level, with social determinants of health, healthy aging and infant mortality identified as system focal points. The full ProMedica Coldwater Regional Hospital CHNA may be accessed at https://www.promedica.org/Pages/about-us/default.aspx
II. PROMEDICA COLDWATER REGIONAL HOSPITAL SERVICE AREA

The definition of the primary community served by ProMedica Coldwater Regional Hospital for this assessment is Branch and near west Hillsdale County, with 82.7% of inpatients and 84.78% of Emergency patients (2018) residing in this area. The hospital resides in the city of Coldwater, with a population of 13,251. ProMedica Coldwater Regional Hospital is the only hospital located in Branch County and one of 10 acute care hospitals serving the six county area. ProMedica Coldwater Regional Hospital provides acute emergency services and medical and surgical inpatient and outpatient services. For the purpose of this plan, the health statistics and factors for the primary county of Branch County was reviewed and used in completing this community health assessment.

Demographic review of Branch County, Michigan, shows that it is home to 43,622 residents. Overall, 18.2% of residents were over 65 years of age, 23.2% were under the age of 18, and 6% were under the age of 5. The majority, 94.5% of the population were Caucasian, with 5% Hispanic or Latino, 2.3% African American, .7% Asian, and 1.9% two or more races. The median household income in Branch County is $48,192, and 12.6% of all Branch County residents had an income below the poverty level (Source: www.census.gov/quickfacts, V2018). In 2019, 11% of Branch County residents were uninsured according to the 2019 Branch County Health Assessment.

Demographics for the secondary service area counties may be found at https://www.census.gov/quickfacts/, V2018). County health assessments for the contiguous counties may be found at: www.hcno.org/community-services/community-health-assessments/

Existing health care facilities and resource within the community that are available to respond to the health needs of the community are listed on Table 1 below, as well as many outpatient facilities, rehabilitation facilities and other programs that are not listed. Due to the presence of other hospitals entities in each of the four counties, ProMedica Coldwater Regional Hospital focuses most of its community health efforts in the greater Coldwater area.

<table>
<thead>
<tr>
<th>Table 1 - Hospitals Serving the Service Area (Six County Secondary Service Area)</th>
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<tr>
<td>Ascension Borgess Hospital</td>
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<td>Bronson Methodist Hospital</td>
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<td>Bronson Battle Creek</td>
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<td>Cameron Hospital</td>
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<td>Henry Ford Allegiance Hospital</td>
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<tr>
<td>Hillsdale Community Health Center</td>
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<tr>
<td>Oaklawn Hospital</td>
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<td>Sturgis Hospital</td>
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<td>Three Rivers Health</td>
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</table>
ProMedica Coldwater Regional Hospital also collaborates with other entities to address issues in our service area. Community organizations who participated in the county health assessment are listed on page 9.

III. IMPACT OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PLAN

This is the first Community Health Needs Assessment for ProMedica Coldwater Regional Hospital and Branch County Michigan. Previous plans were not formally developed by the PCRH in conjunction with the community.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT

The ProMedica Coldwater Regional Hospital process for identifying and prioritizing community health needs and services included:

- Review of existing primary and second data sources available in the county health assessment (CHA);
- Discussion and selection of priority health issues for ProMedica Coldwater Regional Hospital community;
- Discussion of gaps and current community resources which address the priority health issues;
- Discussion of effective programs, policies and/or strategies to recommend for implementation plan; and
- Identification of specific implementation action steps for each of next three years
- Develop final hospital CHNA and three-year implementation plan to present to the hospital board(s) for approval prior to posting online.

The health areas that were examined by the formal county needs assessment survey include, but are not limited to: health status, health care coverage, health care access and utilization, preventive medicine, women’s health, men’s health, oral health, health status perceptions, weight status, tobacco use, alcohol consumption, drug use, sexual behavior, mental health, cardiovascular health, cancer, asthma, arthritis, diabetes, quality of life, social determinants of health, environmental health, and parenting. Youth data was obtained through the Michigan Profile for Healthy Youth (MiPHY), an online student health survey offered by the Michigan Departments of Education and Health and Human Services. Youth in grades 7, 9, and 11 in Michigan School districts were used as the sampling frame for the youth survey. The results in this report reflect student survey responses from schools that voluntarily participated in Branch County and may not be representative of all middle and high school students in the county.
BRANCH COUNTY HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Coldwater Regional Hospital utilized the data provided in the 2019 Branch County Health 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 9-10 for a list of collaborating organizations).

PRIMARY DATA COLLECTION METHODS

DESIGN
This community health assessment was cross-sectional in nature and included a written survey of adults within Branch County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT
One survey instrument was designed and pilot tested for adults in this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults. The investigators decided to derive the majority of the survey items from the Behavioral Risk Factor Surveillance System (BRFSS). This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with the planning committee from Branch County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS survey. Based on input from the Branch County planning committee, the project coordinator composed a draft of the survey containing 115 items for the survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING
The sampling frame for the adult survey consisted of adults ages 19 and older living in Branch County. There were 33,789 persons ages 19 and older living in Branch County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 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 380 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Branch County was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

PROCEDURE
Prior to mailing the survey to adults, the project team mailed an advance letter to 1,200 adults in Branch County. This advance letter was personalized, printed on Branch County Community Health Partners letterhead and signed by Randy DeGroot, President, ProMedica Coldwater Regional Hospital; and Rebecca Burns, Health Officer, Branch, Hillsdale, St. Joseph Community Health Agency. 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.

Three 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 describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a $2 incentive.

Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on white paper, and another reply envelope. To maximize survey responses, a third wave mailing was sent out to 300 additional adults in Branch County. A letter explaining the purpose of the health assessment project, a questionnaire, a self-addressed stamped return envelope, and a $2 incentive were included.

The response rate for the mailing was 26% (n=362; CI=± 5.12). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. Prior to surveys being sent, a power analysis was conducted which concluded that 380 surveys would need to be returned to have a ± 5% confidence interval which is standard. However, there were only 362 surveys returned, thus reducing the level of power and broadening the confidence level to ± 5.12%.

DATA ANALYSIS
Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 24.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Branch County, the adult data collected was weighted by age, gender, race, and income using 2017 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III of the full report at www.hcno.org.
LIMITATIONS
As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Branch County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Branch County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation. It is important to note that although several questions were asked using the same wording as the Centers for Disease Control and Prevention (CDC) questionnaires, the data collection method differed. The CDC adult data was collected using a set of questions from the total question bank, and participants were asked the questions over the telephone rather than through a mailed survey. Lastly, caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

SECONDARY DATA COLLECTION METHODS
HCNO collected secondary data from multiple websites, including county-level data, whenever possible. HCNO utilized sites such as the BRFSS, numerous CDC sites, U.S. Census data, and Healthy People 2020, among other national and local sources. All data is included as a citation in the section of the report with which it corresponds, and the URLs are available in the references at the end of this report. All primary data collected in this report is from the 2019 Branch County Community Health Assessment (CHA). All other data is cited accordingly.

CONSULTING PERSONS AND ORGANIZATIONS
The process for consulting with persons representing the community’s interests and public health expertise began when local community agencies, including the Branch-Hillsdale-St. Joseph Community Health Agency, 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 data release event, setting priorities, and developing a county strategic plans. The needs of the population, especially those who are medically underserved, low income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations. This community health assessment was cross-sectional in nature and included a written survey of adults and adolescents within Branch County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

As evidenced by the list of participating organizations below (page 9-10), the PCRH took into account input from persons who represent the community by participating with other organizations in Branch 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 Northwest Ohio holds a Master’s degree in Public Health and conducted a series of meetings with the planning committee from Branch County to conduct the county CHA.

During these meetings, banks of potential survey questions from the BRFSS surveys were reviewed and discussed. The drafts were reviewed and approved by health education researchers at the University of Toledo. In addition, ProMedica Coldwater Regional Hospital requested feedback on this CHNA and implementation plan from the Branch-Hillsdale-St. Joseph Community Health Agency to confirm these needs from a public health expert perspective.

The needs of the population, especially those who are medically underserved, low-income, minority populations and populations with chronic disease needs were taken into account through the sample methodology that surveyed these populations. In addition, the organizations that serve these populations participated in the health assessment and community planning process, such as Branch, Hillsdale, St. Joseph Community Health Agency.

**ProMedica Coldwater Regional Hospital did not conduct the Branch County Health Assessment with any other hospitals.**

The results of the Branch County Health Assessment were presented at a county data release event on October 2, 2019. There were key leaders from the community that represented public health, law enforcement, schools, local officials, social service agencies and other various community members in attendance at the public release of the community health needs assessment. Input on key health issues was solicited at that meeting for use in determining hospital priorities and plans.

**BRANCH COUNTY STRATEGIC PLANNING PROCESS**

Due to the required timing of this CHNA assessment, county strategic planning processes were not yet completed, but feedback to the plan was obtained from the staff of Branch, Hillsdale, St. Joseph Community Health Agency.

The Branch County CHA process included input from organizations and persons who represent the community. Collaborating organizations included:

ProMedica Coldwater Regional Hospital  
Branch, Hillsdale, St. Joseph Community Health Agency  
First Presbyterian Church Health Clinic of Branch County  
Branch County Commission on Aging  
Maple Lawn Medical Care Facility  
Pines Behavioral Health
Branch Intermediate School District (BISD)
Branch County Coalition Against Domestic Violence
Branch County Community Foundation
Branch County Economic Growth Alliance
ProMedica Patient Family Advisory Council
Coldwater Police Department
Village of Quincy
Beginnings Care for Life Center
City of Coldwater
Adapt, Inc.
The Laurels of Coldwater
ProMedica Coldwater Regional Hospital Foundation
Branch Area Food Pantry
Branch County MSU Extension
City of Coldwater
United Way of Branch
Great Start Collaborative
Branch County Public Schools
Michigan State Police
Starr Commonwealth
Village of Quincy
Coldwater Fire Department
Beginnings Care Center for Life
Branch County Sheriff’s Office

Branch, Hillsdale, St. Joseph Community Health Agency have staff with expertise in public health. In addition, the county strategic planning process was facilitated by staff employed by the Hospital Council of Northwest Ohio, who hold a Master’s Degrees in Public Health. ProMedica Coldwater Regional Hospital staff participated in the development of the county health assessment survey for Branch County.

V. BRANCH COUNTY COMMUNITY HEALTH NEED PRIORITIES

Key findings were identified in the 2019 Branch County Health Needs Assessment include the following:

- Health Care Access
  - 11% of adults were uninsured vs. 8% in Michigan and 11% in the U.S.

- Cardiovascular Health
  - 5% of adults had a stroke vs. 4% in Michigan and 3% in the U.S.
  - 37% of adults had high blood pressure vs. 35% in Michigan and 32% in the U.S.
  - 40% of adults had high blood cholesterol vs. 35% in Michigan and 33% in the U.S.

- Cancer
In 2015-17 (most recent data) Cancer was the second leading cause of death in the county (22% of all deaths)
Lung and bronchus cancer had the most cancer deaths (27%) followed by colorectal cancer deaths (9%) – 23% of adults had a colorectal cancer screening in the past five years

• Diabetes
  11% of adults were diagnosed with diabetes increasing to 22% for adults over the age of 65 and those with incomes less than $25,000
  9% of adults were diagnosed with pre-diabetes or borderline diabetes vs. 2% in Michigan and 2% in the U.S.

• Arthritis
  35% of adults were diagnosed with some type of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia vs. 31% in Michigan and 25% in the U.S.

• Asthma
  18% of adults have been diagnosed with asthma vs. 11% in Michigan and 14% in the U.S.

• Adult Weight Status
  30% of adults were overweight based on BMI vs.35% in Michigan and 35% in the U.S.
  49% of adults were obese based on BMI vs.32% in Michigan and 32% in the U.S.

• Tobacco Use
  16% of adults were current smokers vs. 19% in Michigan and 17% in the U.S.

• Alcohol and Drug Use
  23% of adults were binge drinkers in the past month vs. 18% in Michigan and 17% in the U.S.
  6% of adults used prescription drugs not prescribed for them, or more than prescribed for them to feel good, high, and/or more active and alert in the past 6 months (no state or U.S. comparisons were available).

• Women’s Health
  63% of Branch County women over the age of 40 reported having a mammogram in the past two years vs. 79% in Michigan and 72% in the U.S.
  61% of Branch County women ages 40 and over had a clinical breast exam
  61% had a Pap Smear to detect cancer of the cervix in the past three years vs. 81% in Michigan and 80% in the U.S.

• Men’s Health
  57% of men age 40 and over reported having a PSA in the past two years vs. 43% in Michigan and 40% in the U.S.

• Preventive Medicine
  67% of adults ages 65 and older had a pneumonia vaccination some time in their life, vs.76% in Michigan and 75% in the U.S.
• **Quality of Life**
  - 24% of adults had poor physical or mental health that kept them from doing usual activities, such as self-care, work, or recreation, vs. 22% in Michigan and 22% in the U.S.; this increased to 44% for those with incomes less than $25,000.

• **Mental Health**
  - 4% of adults considered attempting suicide in the past year (no state or U.S. comparisons were available).
  - 16% of adults felt sad or hopeless for two weeks or more in a row.

• **Oral Health**
  - 67% of Branch County adults had visited a dentist or dental clinic in the past year vs. 70% of Michigan adults and 66% of U.S. adults.

• **Adult Sexual Behavior**
  - 5% of adults reported they had intercourse with more than one partner in the past year, increasing to 10% of those with incomes under $25,000.

• **Social Issues**
  - 8% of adults were abused in the past year.
  - 8% of adults reported having experienced more than one issue related to hunger/food insecurity in the past year.
  - 11% of adults had to choose between paying bills and buying food in the past year.

• **Parenting**
  - 57% of Branch County parents missed work at least once in the past year due to their child’s illness or injury.
  - Seventeen percent (17%) of parents reported their children did not receive all of their recommended vaccinations.
  - Branch County parents missed work at least once in the past year due to the following: a child’s illness or injury (57%), medical appointments (49%), unreliable/lack of child care (20%), and behavioral/emotional problems (9%).

The **Michigan Profile for Healthy Youth** (MiPHY) is an online student health survey offered by the Michigan Departments of Education and Health and Human Services. Youth in grades 7, 9, and 11 in Michigan School districts were used as the sampling frame for the youth survey. The results in this report reflect student survey responses from schools that voluntarily participated in Branch County and may not be representative of all middle and high school students in the county. (Michigan and U.S. youth data below are for 9th-12th graders)

• **Youth Weight Status**
  - 19% of 7th grade and 21% of 9th and 11th youth were obese according to BMI vs. 17% in Michigan grades 9-12 and 15% in the U.S.
  - 14% of 7th grade and 16% of 9th and 11th youth were obese according to BMI vs. 16% in Michigan grades 9-12 and 16% in the U.S.
• Youth Tobacco Use
  ➢ 2% of youth of 7th grade and 7% of 9th and 11th youth were current smokers, vs. 11% in Michigan and 9% in the U.S.

• Youth Alcohol and Drug Use
  ➢ 6% of 7th graders who drank had their first drink before age 11 (no comparison data)
  ➢ 13% of 9th and 11th grade youth who drank had their first drink before age 13 with 16% of in Michigan and 16% in the U.S.
  ➢ 1% of 7th grade youth and 12% of 9th and 11th grade youth who drink had four (females) or five (males) or more alcoholic drinks within a couple hours in the past 30 days, and would be considered binge drinkers by definition, vs. 13% in Michigan and 14% in the U.S.
  ➢ 4% of youth in 7th grade had used marijuana at least once in the past 30 days increasing to 18% of youth grades 9 and 11, vs. 24% in Michigan and 20% in the U.S.

• Youth Sexual Behavior
  ➢ 8% of youth in 7th grade ever had sexual intercourse increasing to 34% of youth grades 9 and 11, vs. 38% in Michigan and 40% in the U.S.
  ➢ 7% of youth grades 9 and 11 had four or more sexual partners (of all youth), vs. 9% in Michigan and 10% in the U.S.

• Youth Mental Health (Note: Youth suicide statistics were not included in the 2019 CHA)
  ➢ 36% of youth grade 7 and 47% of youth grades 9-12 felt sad or hopeless almost every day for 2 or more weeks in a row, vs. 37% in Michigan and 32% in the U.S.
  ➢ 26% of youth grade 7 and 27% of youth grades 9 and 11 seriously considered suicide in the past year, vs. 21% in Michigan and 17% in the U.S.
  ➢ 12% of youth grade 7 and 13% of youth grades 9 and 11 attempted suicide in the past year, vs. 9% in Michigan and 7% in the U.S.

• Youth Safety
  ➢ 14% of youth rode with someone who had been drinking alcohol compared to 10% of youth grades 9-12, vs. 10% in Ohio and 17% in the U.S.

• Youth Violence
  ➢ 9% of youth grades 9 and 11 had been threatened or injured with a weapon on school property in the past year, vs. 7% in Michigan and 6% in the U.S.
  ➢ 40% of youth grade 7 and 31% in grades 9 and 11 had been bullied on school property vs. 23% in Michigan and 19% in the U.S.

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

In 2015, Branch-Hillsdale-St. Joseph Community Health Agency adopted a 4-year plan (2015-2019), with the top nine issues for all three counties indicated in Table 2 below. In some areas of identified need, ProMedica Coldwater Regional Hospital (indicated by CHC below) is involved.
in this plan, as well as initiatives not listing ProMedica Coldwater Regional Hospital below –
school clinics, WIC, and telehealth, for example.

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<tr>
<th>Priority #1: Smoking Prevention</th>
<th>Initiatives</th>
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<tr>
<td>• Smoke-free schools and quitline promotion</td>
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<tr>
<th>Priority #2: Unwed/Teen Mothers</th>
<th>Initiatives</th>
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<tr>
<td>• WIC program – supplemental nutrition program</td>
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<td>• School-linked clinics</td>
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<tr>
<th>Priority #3: Suicide Prevention</th>
<th>Initiatives</th>
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<tr>
<td>• Member of Suicide Prevention Coalition</td>
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<th>Priority #4: Parenting Skills</th>
<th>Initiatives</th>
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<tr>
<td>• School-linked clinics – youth advisory council &amp; school health education; WIC program</td>
<td></td>
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<tr>
<td>• Member of Pediatric Subcommittee of Great Start working to address obesity and inactivity in families with small children</td>
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<tr>
<th>Priority #5: Obesity</th>
<th>Initiatives</th>
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<tr>
<td>• Assist with Medicaid Enrollment, provide STI/HIV/AIDS testing and counseling, maintain list of referrals for family planning needs</td>
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<tr>
<td>• Training to become certified reproductive health educators for local schools</td>
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<tr>
<th>Priority #6: Family Planning Services for Low Income Population</th>
<th>Initiatives</th>
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<td>• School-linked clinics – Working with CHC and Pines to develop a Mental Tele-health program</td>
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<th>Priority #7: Senior Adult Citizen Day Care</th>
<th>Initiatives</th>
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<td>• Member of Substance Abuse Task Force and work with Sheriff on Meth clean-ups as requested.</td>
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<tr>
<th>Priority #8: Childhood Mental Health</th>
<th>Initiatives</th>
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<tbody>
<tr>
<td>• School-linked clinics</td>
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<tr>
<th>Priority #9: Drug Abuse</th>
<th>Initiatives</th>
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<tr>
<td>• Member of Substance Abuse Task Force and work with Sheriff on Meth clean-ups as requested.</td>
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PCRH’s participation with organizations addressing county health priority issues may also include financial support. PCRH, along with many social agencies, schools, faith based organizations and law enforcement may also be addressing some of these issues that may not be specifically included in these collaborative priority actions.

**BRANCH COUNTY - HEALTH ISSUES FOR THE UNINSURED, LOW INCOME AND MINORITY GROUPS**

Branch County has a relatively low percentage of minorities (4.5% non-Caucasian - see Section I for a breakdown of race/ethnicity in the county) and due to the small number of minorities responding to the surveys this did not allow for specific generalizations for minority populations. Continued focus will be placed on low income, uninsured and underinsured populations for
planning purposes, to include the highest at risk populations. Eleven percent of Branch County adults were uninsured. Primary and chronic disease needs and other prevalent health issues of persons with income less than $25,000 per year include: uninsured, rated health as excellent or very good, reported feeling sad or hopeless for 2 or more weeks in a row, current smoker, used marijuana in the past month, more than one sexual partner in the past year, limited in some way because of a physical, mental or emotional problem, diagnosed with diabetes, diagnosed with asthma, and visited dentist in past year.

<table>
<thead>
<tr>
<th>Table 3 – Health Issue</th>
<th>Low Income (&lt;$25,000)</th>
<th>Branch County 2019</th>
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<tbody>
<tr>
<td>Rate health as excellent or very good</td>
<td>25%</td>
<td>46%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Reported feeling sad or hopeless for 2 or more weeks in a row</td>
<td>31%</td>
<td>16%</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>31%</td>
<td>16%</td>
</tr>
<tr>
<td>Used marijuana in past six months</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Obese by BMI</td>
<td>48%</td>
<td>49%</td>
</tr>
<tr>
<td>More than one sexual partner in past year</td>
<td>10%</td>
<td>55%</td>
</tr>
<tr>
<td>Limited in some way because of a physical, mental or emotional problem</td>
<td>44%</td>
<td>23%</td>
</tr>
<tr>
<td>Diagnosed with Diabetes</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>Diagnosed with Asthma</td>
<td>23%</td>
<td>18%</td>
</tr>
<tr>
<td>Visited a dentist or dental clinic in past year</td>
<td>37%</td>
<td>67%</td>
</tr>
</tbody>
</table>

It was determined that if organizations in the County collectively are made aware of these links between economic stability and health status and that progress toward decreasing the rates of the leading chronic health conditions and persistent health disparities can be made by addressing the economic status of Branch County residents. ProMedica is taking a lead in our communities with programs focused on the social determinants of health, specifically focusing on food access.

**BRANCH COUNTY INFORMATION GAPS**

Although the formal county assessment provided sufficient primary data, some secondary and public health data is relatively outdated (2013-2015) and therefore leaves gaps in measurement about key indicators during the time period. The community needs assessment, historical referral
data, and statewide databases provide a rich amount of information to determine the general state of the community. However, the data has limitations, including the age of public health data. Data is not available for all areas of health to evaluate the health needs of some minority and non-English speaking residents.

It should be noted that one gap includes statistical generalizations for minority populations due, in part, to the relatively low number of minorities in the county and the low number of minority responses to the survey (n=32). Each action plan will consider the impact on low income and underserved populations. While local experts and experience supplement statistical data, underlying health beliefs that are at the core of individual health outcomes are thinly identified.

VI. PROMEDICA COLDWATER REGIONAL HOSPITAL HEALTH NEEDS ASSESSMENT PROCESS

ProMedica Coldwater Regional Hospital leadership convened a CHNA committee to thoroughly review the county assessment data, select and prioritize key health indicators specific to the demographic, review available resources and gaps in resources and, develop implementation plans to address the specific needs of the population.

Prioritization of health needs in its community was accomplished by the ProMedica Coldwater Regional Hospital CHNA committee that included staff from administration and various areas related to patient care. The ProMedica Coldwater Regional Hospital CHNA committee developed the hospital CHNA, using the most recent Branch County CHA data through the following steps:

- Review of existing Branch County primary and secondary data sources;
- Discussion and ranking of priority health issues, prioritized through ranking methodology;
- Identification of current community resources that address the priority health issues;
- Discussion of gaps in county-level services and programming;
- Discussion of effective programs, policies, and strategies to recommend for implementation;
- Identification of specific implementation action steps for each of the next three years (2020-2022);
- Board of Trustee review and approval of the CHNA and three year plan

Along with state and U.S. Data comparisons, key secondary health data considered for the hospital CHNA included a review of leading causes of death:
### Table 4
**Branch County Leading Causes of Death 2015-2017**

<table>
<thead>
<tr>
<th></th>
<th>Branch County Leading Causes of Death 2015-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>2.</td>
<td>Cancers</td>
</tr>
<tr>
<td>3.</td>
<td>Chronic Lower Respiratory Diseases</td>
</tr>
<tr>
<td>4.</td>
<td>Stroke</td>
</tr>
<tr>
<td>5.</td>
<td>Alzheimer’s Disease</td>
</tr>
</tbody>
</table>

(Source: CDC Wonder 2015-2017)

Although some specific areas of the Branch-Hillsdale-St. Joseph Community Health Agency plan were not identified as part of the ProMedica Coldwater Regional Hospital plan, the hospital participates in many areas of the county plan through various health coalitions and initiatives, and ProMedica Coldwater Regional Hospital focused on other areas of need discussed below.

**VII. PROMEDICA COLDWATER REGIONAL HOSPITAL HEALTH NEEDS & PRIORITIES**

As indicated in Table 2, Coldwater Regional Hospital is actively involved in many priority health areas identified through the community process. Following a review and discussion of health data and the county health priorities, as well as organizational and community programs to address these health priorities, Coldwater Regional Hospital identified the following priority health needs, listed in order of priority, and prioritized through ranking methodology:

1. Mental Health
2. Chronic Disease – Healthy Eating
3. Substance Abuse
4. Social Determinants of Health – Food Insecurity

The above priorities not only address some leading causes of death in the county, but also align with initiatives prioritized in Healthy People 2020.

ProMedica Coldwater Regional Hospital is participating in the execution of the community-wide community benefit plans by working with organizations and coalitions in our community who are addressing prioritized health-related issues, as well as implementing hospital plans to support these initiatives. Branch, Hillsdale, St. Joseph Community Health Agency staff provided
feedback about the hospital’s CHNA and implementation plan, to confirm these needs from a public health expert perspective.

VIII. **PROMEDICA COLDWATER REGIONAL HOSPITAL – COMMUNITY UNMET NEEDS, GAPS AND RESOURCE ASSESSMENT**

ProMedica Coldwater Regional Hospital did not address all of the need identified in the most recently conducted Branch County Health Needs Assessment as these areas either go beyond the scope of the hospital or are being addressed by, or with, other organization 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 in collaboration with other community organizations and coalitions. Table 2 indicates the prioritized areas that the hospital has participated in, to date. ProMedica participates with many organizations and coalitions through representation and/or funding.

Although community organizations, schools and faith based organizations may have internal programs that are not known widely, the following areas were identified as not having specific programs to address these issues in the larger community: underage drinking, binge drinking, youth carrying weapons, youth who purposefully hurt themselves, youth violence at school, youth violence in neighborhoods, youth marijuana use, and delaying first sexual intercourse. Due to the size of the community, it is difficult to inventory all resources and gaps, even with the input of multiple organization and individuals.

With that being said, ProMedica Coldwater Regional Hospital maintains awareness of the primary health issues identified for the County, and demonstrate a willingness to partner as needed on these endeavors. While many of these issues are best handled by organizations specifically targeted to the problem area, the hospital participates with many of these coalitions through representation, funding, or a combination of both. Table 2 lists the community wide initiatives prioritized by Branch, Hillsdale, St. Joseph Community Health Agency strategic plan (2015-2019).

IX. **PROMEDICA COLDWATER REGIONAL HOSPITAL - IMPLEMENTATION STRATEGY SUMMARY**

In 2019, using the 2019 Branch County CHA, Coldwater Regional Hospital commenced with their CHNA strategic planning process, whereby they analyzed and discussed data, selected and prioritized community health needs for the hospital-based CHNA implementation plan, reviewed resources and gaps in resources, and developed hospital-based strategic action plans. They took into consideration the Branch-Hillsdale-St. Joseph Community Health Agency strategic plan, as well as Healthy People 2020. During this process, ProMedica Coldwater Regional Hospital identified the following health priorities, listed in order of priority:
1. Mental Health

2. Chronic Disease – Healthy Eating

3. Substance Abuse

4. Social Determinants of Health – Food Insecurity

In addition to the above hospital specific strategies, ProMedica Coldwater Regional Hospital will continue to collaborate with the Branch County community to support its strategic initiatives surrounding those needs. As part of the related three-year plan, specific actions and measures will be implemented to maximize impact of these plans.

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

The implementation plans for these priorities include specific programs and measurements that will occur annually and progress will be reported regularly to leadership and the Board of Trustees. Following approval of the ProMedica Coldwater Regional Hospital implementation strategy and plan by the ProMedica Coldwater Regional Hospital board of trustees, the execution of the ProMedica Coldwater Regional Hospital implementation action plan will be initiated, with quarterly updates of these plans provided to the ProMedica Coldwater Regional Hospital leadership, as well as the ProMedica Coldwater Regional Hospital Board of Trustees.

Following approval of ProMedica Coldwater Regional Hospital’s 2019 CHNA and implementation plan by the board of trustees, the execution of the implementation action plans will be initiated in 2020, with some programs already in place.

**Annual inclusion of a community benefit section in operational plans** is reflected in the ProMedica strategic that is approved by the board of trustees, and monitored by 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 this needs assessment is inherent in the hospital budget. The 2019 Community Health Needs Assessment and 2020-2022 Implementation Plan was adopted and approved by the ProMedica Coldwater Regional Hospital Board of Trustees on Tuesday, November 12, 2019.
X. **ACCESS TO PROMEDICA COLDWATER REGIONAL HOSPITAL CHNA AND OTHER RESOURCES**

ProMedica Coldwater Regional Hospital community health needs assessment is widely available in printable (pdf) form to the public on the hospital website: [https://www.promedica.org/Pages/about-us/default.aspx](https://www.promedica.org/Pages/about-us/default.aspx)

The Branch County Health Assessment and other county health needs assessment are available on the following website: [http://hcno.org/community/reports.html](http://hcno.org/community/reports.html)

To provide feedback or for any questions related to the ProMedica Coldwater Regional Hospital community assessment process and strategic plan, or to request a free, printed copy of the assessment, please email: [gaye.martin@promedica.org](mailto:gaye.martin@promedica.org).