Mackinac Straits Health System
Saint Ignace, Michigan

Community Health Needs Assessment

March 31, 2013

Prepared by:

Wipfli LLP
Minneapolis, Minnesota
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Introduction

Mackinac Straits Health System, Inc. (MSHS), located in St. Ignace, Michigan, is a nonprofit, nonstock corporation that operates a 15-bed acute care facility, a 48-bed long-term care unit, and several physician clinics in Mackinac County, Michigan. The System provides comprehensive inpatient, outpatient, emergency, and physician clinic services to the residents primarily of Mackinac County and the surrounding areas. MSHS has undertaken a community health needs assessment; a process driven by recent passage of the Patient Protection and Affordable Care Act, which requires tax-exempt hospitals to conduct needs assessments every three years. The purpose of the community health needs assessment is to uncover unmet health needs that exist within the community MSHS serves. Through the assessment, input is gathered from the community and applicable needs are prioritized, with an implementation strategy created to address the prioritized needs.
Methods

Wipfli’s Role

Wipfli LLP (Wipfli) was engaged by leadership at Mackinac Straits Health System (MSHS) to facilitate the community health needs assessment (CHNA) process on behalf of the hospital. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

CHNA Advisory Committee

The CHNA Advisory committee was formed by Leadership at MSHS. The team was tasked with completing the objectives outlined by the IRS CHNA requirements. The team consisted of the following members:

- Jason Anderson, CFO – MSHS
- Marielle Calcaterra, Registered Dietitian
- Mary Kaye Ruegg, Education Coordinator

Community Served Determination

The service area for MSHS was created with input from the MSHS CHNA Advisory Committee. The definition includes Mackinac County.

CHNA Process

The CHNA process that Wipfli utilized to conduct the assessment has been adopted from several of the leading sources on the subject. These sources include:

- Association for Community Health Improvement
- Rural Health Works
- Flex Monitoring Team

The following outline explains the process for conducting the CHNA. Each process is described in more detail throughout the report.

1. Formation of a CHNA advisory committee

2. Definition of the community served by the hospital facility
   a. Demographics of the community
   b. Existing health care facilities and resources

3. Data collection and Analysis
   a. Primary data
   b. Secondary data
4. Identification and prioritization of community health needs and services to meet community health needs

5. Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners

6. Dissemination of priorities and implementation strategy to the public.

Primary Data Collection

Key informational interviews were conducted with members of the community served by MSHS. These individuals were identified by the Committee based on their qualifications to represent the broad interest of the community served. Generally, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations. Interviewees were contacted and asked to participate in the key informational interviews. A list of the interviewees can be found in Appendix 1. A summary of the key findings from the key informational interviews can be found further on in this document.

Secondary Data Collection

Secondary data was collected from a variety of local, county, and state sources to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented at the county level and wherever possible, compared to the State of Michigan and the Nation.

The secondary data collected for this analysis was collected from the following sources:

- ESRI, 2013 (Based on US Census Data)
- County Health Rankings
- Michigan Department of Health
- Michigan Vital Statistics

This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA, and MSHS Board-Approved implementation plan.

Information Gaps

Every attempt was made to collect primary, secondary and health-related data relevant to the community served by MSHS. In certain cases, MSHS' ability to assess all of the community's health needs was limited by a lack of existing health-related data collected at the county level.
Community/Demographic Profile – Primary Data Results

Population

The population in the MSHS service area is expected to decline over the next five years, by 393 people. Michigan is also expected to decline by less than 1%. Population is expected to rise nationally by over 3%.

2012 and 2017 Population

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2017</th>
<th>% Change</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mackinac County</td>
<td>11,161</td>
<td>10,768</td>
<td>-3.5%</td>
<td>-393</td>
</tr>
<tr>
<td>Michigan</td>
<td>9,887,588</td>
<td>9,826,437</td>
<td>-0.6%</td>
<td>-61,151</td>
</tr>
<tr>
<td>USA</td>
<td>313,129,017</td>
<td>323,986,227</td>
<td>3.5%</td>
<td>10,857,210</td>
</tr>
</tbody>
</table>

ESRI Business Information Solutions, 2013

Population by Age

Population was grouped into major age categories for comparison. In general, the MSHS service area has a significantly older population than Mackinac County and Michigan. The service area population is expected to continue aging over the next five years. This will likely cause a rise in health care utilization as older populations tend to utilize health care services at a higher rate. Health needs will also continue to shift toward disease categories that tend to present at an older age.
2012 and 2017 Population Age Distribution

Population by Race and Ethnicity

MSHS service area is predominantly white, equating to roughly 77% of the total population. The American Indian population makes up 17% of the population in Mackinac County, which is significantly higher than the State or Nation as a whole. It is important for MSHS to continue outreach with this subpopulation to ensure that the health needs of all population groups within the County are being met.

2012 and 2017 Population by Race
### 2012 - Population by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Mackinac County</th>
<th>Michigan</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>White Alone</td>
<td>8,542</td>
<td>77%</td>
<td>7,782,777</td>
</tr>
<tr>
<td>Black Alone</td>
<td>57</td>
<td>1%</td>
<td>1,397,422</td>
</tr>
<tr>
<td>American Indian Alone</td>
<td>1,928</td>
<td>17%</td>
<td>62,706</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>22</td>
<td>0%</td>
<td>2,848,459</td>
</tr>
<tr>
<td>Pacific Islander Alone</td>
<td>2</td>
<td>0%</td>
<td>2,764</td>
</tr>
<tr>
<td>Some Other Race Alone</td>
<td>19</td>
<td>0%</td>
<td>152,615</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>591</td>
<td>5%</td>
<td>240,459</td>
</tr>
</tbody>
</table>

### 2017 - Population by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Mackinac County</th>
<th>Michigan</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>White Alone</td>
<td>8,212</td>
<td>76%</td>
<td>7,647,460</td>
</tr>
<tr>
<td>Black Alone</td>
<td>58</td>
<td>1%</td>
<td>1,465,276</td>
</tr>
<tr>
<td>American Indian Alone</td>
<td>1,888</td>
<td>17%</td>
<td>64,710</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>22</td>
<td>0%</td>
<td>275,824</td>
</tr>
<tr>
<td>Pacific Islander Alone</td>
<td>2</td>
<td>0%</td>
<td>3,334</td>
</tr>
<tr>
<td>Some Other Race Alone</td>
<td>19</td>
<td>0%</td>
<td>165,032</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>567</td>
<td>5%</td>
<td>264,101</td>
</tr>
</tbody>
</table>

ESRI Business Information Solutions, 2012

**Income**

Income data was analyzed for Mackinac County and compared to the state of Michigan and the Nation. 2012 census data reveals that Median and Average household income for Mackinac County is lower than the State and Nation. Over the next five years, income levels are expected to rise in Mackinac County, the State, and the Nation.
2012 and 2017 Income Levels

<table>
<thead>
<tr>
<th></th>
<th>Mackinac County</th>
<th>Michigan</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>38,365</td>
<td>44,947</td>
<td>50,157</td>
</tr>
<tr>
<td>Average Household Income</td>
<td>49,014</td>
<td>60,087</td>
<td>68,152</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>22,067</td>
<td>24,030</td>
<td>26,429</td>
</tr>
</tbody>
</table>

ESRI Business Information Solutions, 2012

Secondary Data Information Solutions

Birth Statistics

Rates of low birth rates in a community are often associated with poor health of the mothers. Low birth rates can lead to higher incidences of fetal mortality, inhibited growth and cognitive developments and chronic disease in later life, and is generally a predictor of newborn health and survival. Low birthweight percentages in Mackinac County are lower than in Michigan and the Nation, though in 2011 the percentage had a slight uptick.

Teen birth rates were also analyzed for Mackinac County and compared to Michigan and the Nation. Teen birth rates in Mackinac County are lower than Michigan and approaching national levels. That said, the percentage of children in poverty has been on the rise both in Mackinac County as well as Michigan. Rates are significantly above the National range of 11%-13%. This is an important group as poverty among children
can often be associated with many negative health consequences throughout childhood.

![Teen Birth Rate](image)

![Children in Poverty](image)

Michigan Department of Public Health

Insurance

Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The goal of the Affordable Care Act, which should start to take effect in 2014, is to lower the rate of uninsured and thereby reduce the negative health consequences stemming from lack of affordable health insurance. The uninsured rate in Mackinac County is higher than Michigan, and significantly higher than the Nation. Because the Medicare-eligible population in Mackinac County is higher than Michigan and the Nation, this means that the rate of uninsured in the 0-64 population range may be even higher than the uninsured rate numbers reflect.

![Uninsured Rate](image)

Michigan Department of Public Health
General Population Health

One measure of health among the community included in the County Health Rankings Nationwide study is reported general well-being. Reported general health of “poor or fair health” in Mackinac County was significantly lower than Michigan, and in line with the Nation. What this means is that the population in Mackinac County considers themselves in general to be healthier, and this trend is moving in a positive direction. A similar self-reported measure is “poor physical health days,” which refer to days in which an individual does not feel well enough to perform daily physical tasks. Rates in Mackinac County were above Michigan in 2010 and 2011, but declined precipitously in 2012 to near the National level of 2.6 days. This is a positive indication as people in Mackinac County are reporting feeling better physically.

![Poor or Fair Health Chart]

Michigan Department of Public Health

A third measure of general health of the population is the percentage of adult obesity. Nationally, the rate has been around 25% of the population. In Michigan, the percentage of adults who are obese has risen to 32% in 2012, up from 28% in 2010. The percentage is slightly higher in Mackinac County, at around 33% in 2012, up from 30% in 2010. The health ramifications stemming from obesity are significant. The trend in Michigan and Mackinac County is alarming, and represents a major health factor that should be explored further in the coming years.
Another indicator, "Poor mental health days", refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in Mackinac County are lower than Michigan, but higher than the Nation. They have been rising consistently over the past three years. Mental health has come into the spotlight nationally as an area where continued focus and improvements efforts are warranted.

Screening

Screening for potential health issues is a major indicator of future health issues within a community. Diabetes, which is one of the major health issues impacting our society today, was analyzed. Diabetes screening rates in Mackinac County have risen to 88% in 2012, in line with the National rate and slightly above the Michigan rate. This is a significant increase in screening rates from 2011, when Mackinac County was at 71%.
Mammography screening has risen in Mackinac County from 64% in 2011 up to 78% in 2012, which is above the National rate of 74% and significantly above the Michigan rate of 68%.
Leading Causes of Hospitalizations

Historical discharge data from 2010 was analyzed to understand the leading causes of hospitalizations per 10,000 population in Mackinac County compared to Michigan. Rates of heart disease hospitalizations are slightly higher than the Michigan rate. Injury and poisoning rates were slightly lower in Mackinac County than Michigan. OB-related rates are expectedly lower for Mackinac County, given the more elderly population. Rates of joint disorders were higher in Mackinac County, which is expected given the age and demographics compared to Michigan. This is also true of Pneumonia, though hospitalizations relating to pneumonia are being targeted for reduction nationally.

![Hospitalization Rates per 10,000 Population](image)

Michigan Department of Public Health, 2010

Ambulatory Sensitive Conditions

Hospitalization for an ambulatory care sensitive condition (ACSC) is considered to be a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care. The rate of ACSC in Mackinac County has risen from a low of 15% in 2000 up to 21% in 2010. This increase has been more significant than the rate of increase in Michigan, and may reflect problems with access to appropriate primary care in the County.
Ambulatory Care Sensitive Hospitalizations (%)
Summary of Key Findings and Prioritized Needs

A list of interview participants can be found in Appendix 1. The MSHS Advisory Committee selected individuals with a wide range of backgrounds in health-related agencies and with health-related qualifications to participate in the interviews. These individuals represent the broad interests of the community served by MSHS.

Interview participants were asked a series of questions formed by the Advisory Committee. These questions were developed from a variety of nationally accepted health improvement models and tailored by the committee to uncover the health needs that may exist within the MSHS community. Questions can be found in Appendix 2. Responses were recorded and later condensed into common themes. The following top priorities were identified through the CHNA process:

1. Availability of Health Insurance and Access to Low Cost Health Care
2. Obesity/Diabetes
3. Local Access to Mental Health Services
4. Local Access to Radiation Therapy Cancer Services
5. Weekend Access to Local Pharmacy
6. Educate the Community Regarding what Programs are Available

The health needs were prioritized by the CHNA Advisory Committee. The criteria used to prioritize the health needs can be found in Appendix 3. The criteria measures were established by Wipfli and the committee, drawing from recommendations from the National Rural Health Association.

Existing Health Care and other Facilities and Resources

The following is a list of select health care and other facilities and resources are available within the community to meet the health needs identified through the CHNA. A complete list including location, contact information, and description of services can be found in Appendix 4:

- LMAS District Health Department
- Mackinac County Department of Human Services
- Mackinac Straits Health System & Rural Health Clinic
- Michigan State University (MSU) Extension
- St. Ignace Area Hope Chest Thrift Store and St. Ignace Food Pantry
- Substance Abuse Program – St. Ignace, MI
- Great Lakes Recovery
- Upper Peninsula Senior Help Line
- United Way of the Eastern Upper Peninsula
- Veterans Trust Fund and Veteran’s Counselor
- West End Pantry and Thrift Shop
• West Mackinac Health Clinic
• Naubinway Clinic
• Dr. Mark Mercer, DDS
• Dr. Scott Clement, DDS
• Dr. John Scherer
• Mackinac Straits Health System – Long Term Care Facility, Evergreen Living Center
• Cedar Ridge
• Community Health Access Coalition (CHAC)
• Little Bear East Fitness Center
• The Bridge to Wellness Yoga Center
• Pilates Invigorated
• Mlchild
• Healthy Kids
• Dr. Blake Slater, DO PC
• Alzheimer Group Take Five
• Senior Meals
• MSHS Charity Care
• Indian Outreach
• Webers and Devers Psychological Services, P.C.
• Great Start
• Early On
• Anishnabe Community and Family Services
• Community Action
• Consolidated Community School Services
• Strong Families/Safe Children
• H.O.M.E (Housing Opportunities Made Equal) of Mackinac County
• Sault Tribe Health and Human Services
• Bay Pharmacy
• Arfstrom Pharmacy
• Hiawatha Behavioral Health
• Moses Dialysis Unit
Implementation Plan

Once the health needs were prioritized by the CHNA Advisory Committee, the final step in the CHNA process involved developing an implementation strategy. The purpose of the implementation strategy is to develop a clear set of goals to respond to the priorities identified through the CHNA. The implementation strategy should include a written plan that addresses each of the community health needs identified through the CHNA, describe how the hospital plans to meet the health needs, and identify health needs the hospital does not intend to meet and why.

With the support of Wipfli, the CHNA Advisory Committee developed the implementation strategy. The committee addressed the following implementation strategy components within each priority identified:

1. Objectives/Strategy
2. Tactics (How)
3. Programs/Resources to Commit
4. Impact of Programs/Resources on Health Need
5. Accountable Parties
6. Partnerships/Collaboration

The detailed implementation strategy for each priority can be found in Appendix 5. In summary, the following priorities were addressed through the implementation strategy:

2. Obesity/Diabetes
3. Weekend Access to Local Pharmacy
4. Educate the Community Regarding what Programs are Available

The implementation strategy detail for each priority located in Appendix 5 provides supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy.

Form 990 (Schedule H) Reference Chart

A reference chart was created for the purposes of the Form 990 (Schedule H) Internal Revenue Service requirements. A chart of requirements and the corresponding page referencing the indicated task can be found in Appendix 6.
References

Association for Community Health Improvement

Rural Health Works

Flex Monitoring Team

ESRI Business Information Solutions, 2012

County Health Rankings

Michigan Department of Health

Michigan Vital Statistics
Appendix 1
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Wilk</td>
<td>Allied Emergency Services</td>
<td>906-430-1885</td>
</tr>
<tr>
<td>Sheryl Robinson</td>
<td>Community Health Access Coalition – Outreach Coordinator</td>
<td>906-643-7253</td>
</tr>
<tr>
<td>Don Wright</td>
<td>Community Action - Service Coordinator</td>
<td>906-643-8595</td>
</tr>
<tr>
<td>Ronda Engle</td>
<td>Department of Human Services – Outreach Worker</td>
<td>906-643-6115</td>
</tr>
<tr>
<td>Jessica Savoy</td>
<td>Intermediate School District – Early On Coordinator</td>
<td>906-632-3773</td>
</tr>
<tr>
<td>Deanna Kreski</td>
<td>LaSalle High School – Student Family Advocate</td>
<td>906-643-8500</td>
</tr>
<tr>
<td>Nick Derusha</td>
<td>LMAS District Health Department – Medical Officer</td>
<td>906-293-5107</td>
</tr>
<tr>
<td>Mark Halvorsen</td>
<td>Mental Health – OBRA Coordinator</td>
<td>906-643-2111</td>
</tr>
<tr>
<td>Tracie Abram</td>
<td>Michigan State University Extension Office – Health and Nutrition Educator</td>
<td>906-586-6001</td>
</tr>
<tr>
<td>Terry Allan</td>
<td>Sault Tribe Headstart</td>
<td>906-643-9733</td>
</tr>
<tr>
<td>Cheryl LaPlaunt</td>
<td>Sault Tribe of Chippewa Indians – Clinic Manager</td>
<td>906-643-8689</td>
</tr>
<tr>
<td>Rick Litzner</td>
<td>Veteran</td>
<td>906-643-9411</td>
</tr>
<tr>
<td>Donna Norkoli</td>
<td>Strategic Alliance for Health</td>
<td>906-635-8844</td>
</tr>
</tbody>
</table>
Appendix 2
Interview Questions

Health Care Issues and Accessibility
1. What do you feel are the most pressing health needs or issues in Mackinac County?
2. Is there anything currently being done to address these issues?
   (If yes) How are these issues being addressed?
   (If no) In your opinion, why aren’t these issues being addressed?
   (If no) In what ways have these issues been addressed in the past, if any?
3. What is the size and scope of the most pressing issue/problem?
4. Is there a wide variety/choice of primary health care providers?
   (If yes) Is this variety/choice available to both insured and uninsured people?
   (If no) In your opinion, why is there a lack of primary health care providers?
   Is there a lack of insurance coverage for ancillary services, such as prescriptions or dental care?
   Is there an inability to afford out-of-pocket expenses, such as co-pays and deductibles?

Existing Programs and Services
1. How well do existing programs and services meet the needs and demands of people in your community?
   Would you say they meet them exceptionally well, very well, somewhat well, not very well, or not at all well?
   Any differences in sub-populations/groups?
2. What programs or services are lacking in the community?
3. Are there any programs/services that currently exist that aren’t needed?
   (If yes) What are these programs/services?
   Why aren’t they needed?
4. Do you have any recommendations or plans for implementation of new programs or services that are currently lacking in the community?
   (If yes) What are your recommendations or plans?
5. Are there any barriers or obstacles to health care programs/services in your community?
   (If yes) What are they?
   Have any of these barriers been addressed?
   Are there any effective solutions to these issues?
   (If yes) What are they?
   Are they cost effective?
   Have any solutions been tried in the past?
   (If yes) Have they been effective?
Appendix 3
## Criteria Used to Prioritize Health Needs

<table>
<thead>
<tr>
<th>Theme / Priority</th>
<th>Decision Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Insurance / Low cost care</td>
<td>5</td>
</tr>
<tr>
<td>Obesity/Diabetes</td>
<td>5</td>
</tr>
<tr>
<td>Mental Health</td>
<td>4</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>4</td>
</tr>
<tr>
<td>Transportation</td>
<td>4</td>
</tr>
<tr>
<td>Cost of Health Care</td>
<td>5</td>
</tr>
<tr>
<td>Lack of knowledge around what programs are available</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix 4
<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Location</th>
<th>Contact Person</th>
<th>Email</th>
<th>Phone</th>
<th>Population Served, services provided</th>
<th>Hours and Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMAS District Health Department</td>
<td>749 Hombach Street, St. Ignace, MI 49781</td>
<td></td>
<td></td>
<td>906-643-1100</td>
<td>WIC (Women who are pregnant or breastfeeding, Infants, Children up to age 5 years of age.); Family Planning Program; Immunizations; Children's special Health Care Services; Breast and Cancer Control Program Must meet insurance and income requirement. Some Programs are free while others may be based on income and will have a nominal fee.</td>
<td>Monday – Thursday 8:00am to 4:00 pm</td>
</tr>
<tr>
<td>Mackinac County Department of Human Services</td>
<td>199 Ferry Lane, St. Ignace, MI 49781</td>
<td></td>
<td></td>
<td>906-643-9550</td>
<td>Food Assistance, Cash Assistance, Child Care, Medical Assistance, Emergency Relief, Foster Care, Foster youth in transition, Foster Care age 18-21 Adoption Subsidy Centralized Intake number for child abuse and neglect Transportation for medical appointments if individual meets criteria.</td>
<td>8:00 am to 5:00 pm Monday-Friday SFSC provide parenting program &amp; supportive services. Referral from DHS needed.</td>
</tr>
<tr>
<td>Mackinac Straits Health System Rural Health Clinic</td>
<td>1140 North State Street, St. Ignace, MI 49781</td>
<td>Laura Anderson</td>
<td><a href="mailto:lanrierson@mshosp.org">lanrierson@mshosp.org</a></td>
<td>906-643-0466</td>
<td>Family Practice, Women's Health, Geriatric Medicine, Pediatrics, Internal Medicine Additional Visiting Specialists – Seeing patients at 220 Burdette St.</td>
<td>8:00am to 6:00pm</td>
</tr>
<tr>
<td>Michigan State University (MSU) Extension</td>
<td>749 Hombach Street, St. Ignace, MI 49781</td>
<td>Candy Dekeyser, Tracie Abrams</td>
<td></td>
<td>906-643-7307</td>
<td>Michigan State University Extension provides high quality and affordable education to the community. Topics include caregiving, bullying, aging, chronic disease, budgeting, food preservation, nutrition, physical activity, safe food and water, weight management, early childhood development, managing relationships, finance, and violence prevention. Fee varies depending on session.</td>
<td>Monday-Friday 8:30 am to 4:30 pm</td>
</tr>
<tr>
<td>St. Ignace</td>
<td>P.O Box</td>
<td>Connie</td>
<td></td>
<td>906-643-1100</td>
<td>Provides food to those in need.</td>
<td>Hope Chest MWF 10:00 am to -</td>
</tr>
<tr>
<td>Area/Location</td>
<td>Contact Information</td>
<td>Services Provided</td>
<td>Operating Hours</td>
<td></td>
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<tr>
<td>Area Hope, Chest Thrift Store and St. Ignace Food Pantry</td>
<td>170/250 Ferry Lane, St. Ignace, MI 49781</td>
<td>Clothing and household items available to purchase for nominal charge.</td>
<td>5:00 pm Food Pantry MWF 2pm-4pm but can also call the HOTLINE if necessary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Program; Great Lakes Recovery</td>
<td>396 N. State Street, St. Ignace, MI 49781 4th floor of Municipal Building</td>
<td>Substance Abuse Counseling only, Cost will be determined at screening via the telephone.</td>
<td>Tuesday and Friday 9:00am to 5:00pm, Appointment necessary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Way of the Eastern Upper Peninsula</td>
<td>511 Ashmun St. Suite 200, Sault Ste. Marie, MI 49783</td>
<td>A non-profit organization that conducts a yearly fund drives on behalf of participating agencies.</td>
<td>Monday–Friday 9:00am to 3:00 pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Trust Fund and Veteran's Counselor</td>
<td>Court House Annex/100, Marley St. Ignace, MI 49781</td>
<td>Coordination of services for Veterans.</td>
<td>Wednesday 9:00am – 3:00 pm</td>
<td></td>
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<td></td>
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<tr>
<td>Agency Name</td>
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<td>Email</td>
<td>Phone</td>
<td>Population Served, services provided</td>
<td>Hours and Days</td>
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</tr>
<tr>
<td>West End Pantry and Thrift Shop</td>
<td>Engadine, MI 49827</td>
<td>Marcia Waters</td>
<td>906-477-1050</td>
<td>Serve west end of Mack County residents only. Provide food and clothing available free or nominal charge.</td>
<td>MWF 10a 4p Sat 12p-3p</td>
<td></td>
</tr>
<tr>
<td>West Mackinac Health Clinic</td>
<td>W 14034 Melville Street Engadine, MI 49827</td>
<td>Laurie Wise</td>
<td>906-477-6066</td>
<td>Serves west end Mackinac County. Provides all health services as an outreach clinic with Helen Newberry Joy Hospital</td>
<td>Monday and Friday 1pm-5pm Wednesday morning only Thursday 9am to 4:30 pm</td>
<td></td>
</tr>
<tr>
<td>Naubinway Clinic</td>
<td>11650 Hwy US-2 Suite B Naubinway, MI 49762</td>
<td></td>
<td>906-477-9008</td>
<td>Provides well child exams, general medical exams, annual GYN (pap) exams. CDL physicals, sports physicals, Immunizations, lab work (blood draws, urine testing) EKG. Management of acute and chronic illness. A variety of illnesses ranging from sore throats and minor injuries to diabetes and hypertension. Foot care is provided on Wednesday appointment.</td>
<td>Monday and Friday 8:00am to 12:00pm Wednesdays 1:00pm to 5:00 pm Tuesday Nursing services by appointment only Thursday, closed</td>
<td></td>
</tr>
<tr>
<td>Dr. Mark Mercer, DDS</td>
<td>W482 Portage St. Ignace, MI 49781</td>
<td></td>
<td><a href="mailto:staff@markmercerdds.com">staff@markmercerdds.com</a></td>
<td>906-643-8414</td>
<td>Does not see Medicaid patients</td>
<td>Mon-Thurs 8:30 to 4:30</td>
</tr>
<tr>
<td>Dr. Scott Clement, DDS</td>
<td>314 N. State St. Ignace, MI 49781</td>
<td></td>
<td><a href="mailto:info@scottclementdds.com">info@scottclementdds.com</a></td>
<td>906-643-9245</td>
<td>MI child with Delta Dental</td>
<td>Hours MWR 8:30-4:30 Tues 8:30-2pm</td>
</tr>
<tr>
<td>Dr. John Scherer</td>
<td>1S S. Kasper P.O Box 363 HWYm134/Kasper Cedarville, MI 49719</td>
<td></td>
<td><a href="mailto:jischerer81@gmail.com">jischerer81@gmail.com</a></td>
<td>906-484-2208</td>
<td>Will see children with Medicaid, not adults with Medicaid</td>
<td>Mon-Thurs 9-8 Friday by appointment</td>
</tr>
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</table>

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<thead>
<tr>
<th>Agency Name</th>
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<th>Population Served, services provided</th>
<th>Hours and Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mackinac Straits Health</td>
<td>1140 North State Street,</td>
<td>Kevin McElroy</td>
<td></td>
<td>906-477-6230</td>
<td>Forty eight bed skilled nursing facility. Services provided for long term care as well</td>
<td></td>
</tr>
</tbody>
</table>
# Mackinac Straits Health System

**Community Health Needs Assessment**  
**March 31, 2013**

<table>
<thead>
<tr>
<th>Agency Name</th>
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<th>Population Served, services provided</th>
<th>Hours and Days</th>
</tr>
</thead>
</table>
| The Bridge to Wellness Yoga Center | 330 N. State Street, St. Ignace, MI 49781 | Kathy Junglas | *(906) 543-0934* | | Monday 5:30 -5:45 pm Beginner and Continuing Beginner  
Tuesday 5:00-6:00 pm Yin  
Wednesday 4:00-5:00pm Gentle  
Thursday 5:30 -7:00 pm Mixed  
Friday 10:00-11:30am Gentle  
Prices 1 ½ Hour Class $8/$75, | |
| Community Health Access Coalition (CHAC) | 220 Burdette Street, St. Ignace, MI 49781 | Sherry Robinson | *(906)643-6081* | | The Community Health Access Coalition (CHAC) is a non-profit, volunteer organization coordinating access to health care for uninsured residents of Chippewa, Luce, and Mackinac Counties in the Eastern Upper Peninsula of Michigan (EUP). CHAC coordinates discounts at area hospitals and with primary care providers. We also assist with paperwork to receive free and discounted medications through pharmaceutical companies | M-F 5am to 8pm and  
Sat -Sun 8am to 4pm  
COST FOR Little Bear East see below  
Aerobics; M, T and Thursday 5:15pm to 6:30pm |
| Cedar Ridge | 255 S. Airport St, St. Ignace, MI 49781 | Rhonda Piazza | *(906)984-2323* | | 38 Beds, NOT SKILLED nursing, all care, meals, activity aids,  
End of life care,  
Charges all private pay  
$2000/month for efficiency  
$3000/month for apartment  
Extra costs depending on care  
Level. Not furnished  
VA benefits for those who qualify | M-W  
9:30am to 3:30pm or by appointment |
<table>
<thead>
<tr>
<th>Agency Name</th>
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<th>Phone</th>
<th>Population Served, services provided</th>
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<tbody>
<tr>
<td>System, Long Term Care Facility; Evergreen Living Center</td>
<td>St. Ignace, MI 49781</td>
<td></td>
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<td></td>
<td>as short term rehab care. Accommodates residents requiring Hospice Care, nursing care, restorative care, activities and social services.</td>
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</tr>
<tr>
<td>Agency</td>
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<td>Email</td>
<td>Phone</td>
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</tr>
<tr>
<td>Auto Owners</td>
<td>470 N. State St.</td>
<td>49781</td>
<td>Gregory S. Cheeseman</td>
<td><a href="mailto:solutions@cheesemanagement.com">solutions@cheesemanagement.com</a></td>
<td>906-643-7944</td>
<td>Health Insurance BCBS Only</td>
</tr>
<tr>
<td>Farmer's Insurance</td>
<td>6 Spring St Suite 101</td>
<td>St. Ignace, MI 49781</td>
<td>Robert Holmes</td>
<td><a href="mailto:Rholmes1@farmersagent.com">Rholmes1@farmersagent.com</a></td>
<td>906-643-8630</td>
<td>Dental and Vision thru Norvax</td>
</tr>
<tr>
<td>State Farm Insurance</td>
<td>8 North State St.</td>
<td>St. Ignace, MI 49781</td>
<td>Mark Elmblad</td>
<td></td>
<td>906-643-9866</td>
<td>Assurant Health</td>
</tr>
<tr>
<td>Pilates Invigorated</td>
<td>440 N. State Street St. Ignace, MI 49781</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>ZUMBA</td>
<td>St. Ignace Area Schools W 429 Portage St. St. Ignace, MI 49781</td>
<td>Rosemary Brown</td>
<td>rosemarybrown.zumba.com</td>
<td>906-430-1025</td>
<td>Fitness dancing</td>
<td>Monday and Wednesday at 6:00pm, Tues and Thursday 5:00pm Sat 8:00am</td>
</tr>
</tbody>
</table>

**Mackinac Straits Health System**
**Community Health Needs Assessment**
**March 31, 2013**

1 ½ Hour Session $8/$67 1/$10
1 Hour Class: $8/$60, 1/$10

Drop in mat class $18.00
One mat class per week (9 classes in 9 weeks) $110.00
Two mat classes per week (18 classes in 9 weeks) $180
Three mat classes per week (27 classes in 9 weeks) $229

Private Training (50 minutes)
One for $45
Prepaid package of 5 training sessions $200
Pre paid package of 10 training sessions $350
<table>
<thead>
<tr>
<th>Agency Name</th>
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<th>Hours and Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mackinac Straits Health System</td>
<td>1140 North State Street</td>
<td></td>
<td><a href="http://www.mshosp.org">www.mshosp.org</a></td>
<td>906-643-8585</td>
<td>24 hour Emergency Room, Bone Density Testing, Cardiac Rehabilitation, Cardiac Testing, Inpatient Care, Oncology, Diabetic Education, Employee Wellness Program, Physical, Speech Occupational and Aqua Therapy, Renal Dialysis, Laboratory Services, Radiology Services; Including ultrasound, mammography and MRI</td>
<td>Monday - Thursday 9:00 am 5:00 pm</td>
</tr>
<tr>
<td>Dr. Blake Slater, DO PC</td>
<td>391 E M-134, Cedarville</td>
<td>Office Staff</td>
<td></td>
<td>906-484-2295</td>
<td>Family Practice, Laboratory and Radiology Service</td>
<td>Monday - Thursday 9:00 am 5:00 pm</td>
</tr>
<tr>
<td>Michild</td>
<td>Mackinac County Department of Human Resources 199 Ferry Lane St. Ignace, MI 49781</td>
<td></td>
<td><a href="http://www.michigan.gov/dhs">www.michigan.gov/dhs</a></td>
<td>906-643-9550</td>
<td>A health care program for the uninsured children of Michigan’s working families. It is income based but accepts a higher income than Healthy Kids. It is for children under 19. There is a $10.00 monthly premium.</td>
<td>8:00 am to 5:00 pm Monday-Friday</td>
</tr>
<tr>
<td>Healthy Kids</td>
<td>Mackinac County Department of Human Resources 199 Ferry Lane St. Ignace, MI 49781</td>
<td></td>
<td><a href="http://www.michigan.gov/dhs">www.michigan.gov/dhs</a></td>
<td>906-643-9550</td>
<td>A Medicaid health care program for low income children under 19 and pregnant women of any age. It is income based and no monthly premium. It includes dental, vision and mental health services.</td>
<td>8:00 am to 5:00 pm Monday-Friday</td>
</tr>
<tr>
<td>Group</td>
<td>Take FIVE</td>
<td>Litzner, Angela</td>
<td>Community Action</td>
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<tr>
<td>Senior Meals</td>
<td></td>
<td></td>
<td>Community meals on wheels</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MSHS Charity Care</td>
<td>1140 North State Street, St. Ignace, MI 49781</td>
<td>Sara Horn</td>
<td><a href="mailto:shorn@mshosp.org">shorn@mshosp.org</a></td>
<td>906-643-0422</td>
<td>Mackinac Straits Health System partner with patients to meet their needs by offering affordable medical care to those with limited resources. Cost for medical services will be based on financial need.</td>
<td></td>
</tr>
<tr>
<td>Indian Outreach</td>
<td>199 Ferry Lane, St. Ignace, MI 49781</td>
<td>Ronda Engle</td>
<td><a href="mailto:engler@michigan.gov">engler@michigan.gov</a></td>
<td>906-643-6115</td>
<td>Works with individuals and families to overcome barriers by connecting services with the needs of the family. They provide prevention services and works as an advocate to families by being a liaison between agencies to give the families the support they need to become self-sufficient.</td>
<td></td>
</tr>
<tr>
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<td>Email</td>
<td>Phone</td>
<td>Population Served, services provided</td>
<td>Hours and Days</td>
</tr>
<tr>
<td>Webers and Devers Psychological Services, P.C</td>
<td>Community Action Building 368 Reagon Street, St. Ignace MI 49781</td>
<td>Dr. Devers</td>
<td>webersanddevers.com</td>
<td>906-635-7270</td>
<td>Serves all ages and offers all psychological services including therapeutic, assessment, and consulting, and substance abuse services. Cost varies by service 40% cash discount and will bill insurances Hours by appointment</td>
<td>Provide services to Mackinac County in St. Ignace once a week to all ages. Take Upper Peninsula Health Plans as well as private insurance.</td>
</tr>
<tr>
<td>Diane Peppler</td>
<td>246 Ferry Lane St. Ignace, MI 49781</td>
<td>Melissa Borboa</td>
<td></td>
<td>906-643-0498</td>
<td>800-882-1515</td>
<td>Diane Peppler Center was established to offer fellowship, beds, warmth, transportation, food, clothing and time to think in a secure atmosphere. A 24-hour hot line, crisis support counseling is available as well as an emergency medical service, legal and financial referrals and advocacy for victims of family violence and their children.</td>
</tr>
</tbody>
</table>
| Great Start       | St. Ignace Area Schools  
|                  | St. Ignace, MI 49781     |
| Heather Bird     | hbird@eup.k12.mi.us      |
|                  | 906-632-3373 Extension 123 |
|                  | A home based educational program for children birth to four years old. This program emphasizes the importance for parents as teachers for their child. No cost. |
|                  | Call for appointment     |
| Early On         | St. Ignace Area Schools  
|                  | W 429 Portage St.  
|                  | St. Ignace, MI 49781     |
| Sandy Feleppa    | sfleppa@eup.k12.mi.us    |
|                  | 906-322-6816             |
|                  | 0-3 years of age  
|                  | 20% Developmental delay to qualify for services.  
|                  | Free of charge  
|                  | Home visits to do an assessment provide OT, PT, ST  
|                  | Number of home visits dependent on need and plan for child  
|                  | Referral from anyone    |
|                  | Call for appointment     |
| Anishnabek Community & Family Services | 1140 North State Street  
|                  | St. Ignace, MI 49781     |
| Melissa Matson   | mmatson@saulttribe.net   |
|                  | 906-643-8389             |
|                  | Populations served: Native Americans, any non Native pregnant with a Native child, a child of Sault Tribal heritage, anyone residing in a Sault Tribe household, and anyone in need of emergency care  
|                  | - Intake and Assessment  
|                  | -Individual couples, families, and group therapy  
|                  | -Psychological Evaluations  
|                  | -Crisis Intervention/Urgent Care  
|                  | -Recovery Support  
|                  | -Case Management Services  
|                  | -Play Therapy  
|                  | -Gambling Treatment Services  
|                  | -Drivers License Reviews  
|                  | -Prevention, Education, and Counseling  
|                  | -Client Advocacy  
|                  | -Aftercare  
|                  | -Cultural & Spiritual Information  
|                  | -Alcohol/Drug Education for first time offenders  
|                  | -Employee Assistance Program  
<p>|                  | Monday - Friday 8 am - 5 pm |</p>
<table>
<thead>
<tr>
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<th>Hours and Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cedar Post Thrift Shop</td>
<td>362 E. M-134 Cedarville, MI 49719</td>
<td>George Boulgaris</td>
<td></td>
<td>906-484-3212</td>
<td>Food Pantry, clothes, dishes by donations</td>
<td>Monday - Saturday 12-4 pm</td>
</tr>
<tr>
<td>Community Action</td>
<td>368 Regan Street St. Ignace, MI 49781</td>
<td>Don Wright</td>
<td></td>
<td>(906) 484-2256 extension 5</td>
<td>Home Injury Control, Homemaker Services, Loan Closet, Meals on Wheels, Nutrition Program, Personal Care, Private Duty Services, Respite Care, Service Coordination, Take Five Adult Day Care, Senior Events, MMAP (Michigan Medicare/Medicaid Assistance Program), Creating Confident Caregiver Training, Home Buyer Education, Home Buyer Purchase Rehabilitation, Neighborhood Preservation, Property Management / Rentals, CDBG Home Rehabilitation Program, Home Weatherization Program, Early Head Start, Head Start, Community Development Block Grant (CDBG), Commodity Surplus Food Program, Targeted Emergency Food Assistance Program (TEFAP), Emergency Services, Free Tax Preparation Assistance, Outreach Services</td>
<td>Times vary for classes</td>
</tr>
<tr>
<td>Consolidated Community School Services</td>
<td>CCSS Les Cheneaux Area P.O. Box 366 Cedarville, MI 49719</td>
<td>Kate Ter Haar</td>
<td><a href="mailto:kterharr@eup.k12.mi.us">kterharr@eup.k12.mi.us</a></td>
<td>(906) 484-2256 extension 5</td>
<td>Adult and community education classes (GED classes, alternative high school, and preschool)</td>
<td>Times vary for classes</td>
</tr>
</tbody>
</table>
Appendix 5
Mackinac Straits Health System
St. Ignace, Michigan

Community Health Needs Assessment
Implementation Plan

March 14, 2013

Table of Contents

Priority: Availability of Health Insurance and Access to Low Cost Health Care .................................................. 1

Priority: Obesity/Diabetes ........................................................................................................................................... 2

Priority: Local Access to Mental Health Services .................................................................................................. 3

Priority: Local Access to Radiation Therapy Cancer Services .................................................................................. 4

Priority: Weekend Access to Local Pharmacy .......................................................................................................... 5

Priority: Educate the Community Regarding Programs Available ............................................................................. 6
Priority: Availability of Health Insurance and Access to Low Cost Health Care

Objective/Strategy

- Enhanced marketing of Community Health Access Coalition (CHAC) Program.
- Monitor rollout of Michigan Health Insurance Exchange which should allow for provision of health insurance options for the population group who do not qualify for Medicaid but cannot afford insurance.

Tactics (How)

- Upgrade website to include marketing of CHAC and Mackinac Straits Health System and Rural Health Clinic reduced cost services.
- Better promotion of services through front-line MSHS registration staff.
- Communicate services offered at MSHS through existing and new community outreach initiatives.

Programs/Resources to Commit

- Purchase website updates through IT vendor.
- Additional education to front-line registration staff.
- Existing outreach activities as well as new Dietitian position for this purpose.

Impact of Programs/Resources on Health Need

- Increased enrollment in CHAC, and additional free care/services provided through this program. Through health care reform and insurance exchanges, expectation of a rise in the percentage of insured in Mackinac County.

Accountable Parties

- Marielle Celcaterra, RD (Dietitian)
- Brendan Currie, BS NSCA-CPT (Wellness Representative)
- State of Michigan (For insurance exchange enforcement and monitoring)

Partnerships/Collaboration

- Community Health Access Coalition
- Michigan Health Insurance Exchange
Mackinac Straits Health System
Community Health Needs Assessment
March 31, 2013

Priority: Obesity/Diabetes

Objective/Strategy

- Initiate Diabetes Education Program and Diabetes Support Group.
- Planning a 5K race including a Fun Run/Walk, and Tot Run organized by MSHS.
- Nutrition classes and family wellness events.

Tactics (How)

- Initiatives will be developed and promoted to the community through MSHS Dietitian and Wellness Representative.

Programs/Resources to Commit

- Dietitian and Wellness Representative time and expenses relating to conducting these activities both inside the hospital as well as out in the community.

Impact of Programs/Resources on Health Need

- Review enrollment/participation in these programs
- Monitor obesity and diabetes rates in the county going forward.

Accountable Parties

- MSHS Leadership
- MSHS Dietitian and Wellness Representative

Partnerships/Collaboration

- Michigan State University Extension Agency
- LMAS District Health Department
- Sault Tribe of Chippewa Indians
- Great Start
- Mackinac County Human Services Collaborative Body (HSCB)
Priority: Local Access to Mental Health Services

Objective/Strategy

- Due to the national shortage in Mental Health Providers, MSHS has not been successful in recruiting for Mental Health Services in Mackinac County, and will therefore not be able to respond to this priority.
Priority: Local Access to Radiation Therapy Cancer Services

Objective/Strategy

- Currently patients must travel outside of Mackinac County to receive radiation therapy services. It is not economically feasible for MSHS to offer these services and therefore MSHS will not be able to respond to this priority.
### Priority: Weekend Access to Local Pharmacy

#### Objective/Strategy
- Planning to open a pharmacy in Mackinaw City that will have weekend hours.
- 340b Pharmacy Program collaboration with local pharmacy could lead to additional collaboration.

#### Tactics (How)
- Continue plan to open pharmacy in Mackinaw City, schedule for a summer 2013 opening.
- 340b Pharmacy Program should be setup by summer 2013; continued collaboration with local pharmacy.

#### Programs/Resources to Commit
- Capital investment from MSHS to open Mackinaw City Pharmacy.
- MSHS pharmacist time in enrolling MSHS and local Pharmacy in contract for 340b program.

#### Impact of Programs/Resources on Health Need
- Better access to pharmacy during weekends.
- Increase in revenue for local pharmacy, which may lead to future collaboration.

#### Accountable Parties
- MSHS Chief Nursing Officer
- MSHS Pharmacist
- Local Bay Pharmacy

#### Partnerships/Collaboration
- Bay Pharmacy through 340b Program.
**Priority: Educate the Community Regarding Available Programs**

**Objective/Strategy**
- Continue outreach and education of front-line registration staff (see Availability of Health Insurance and Access to Low Cost Health Care Priority).

**Tactics (How)**
- Overall marketing of existing services and programs.
- TV commercials and other marketing avenues.

**Programs/Resources to Commit**
- Capital and marketing investment from MSHS.

**Impact of Programs/Resources on Health Need**
- Broader outreach and communication of services and programs offered.

**Accountable Parties**
- MSHS leadership and designees.

**Partnerhips/Collaboration**
- See ‘Availability of Health Insurance and Access to Low Cost Health Care’ Priority.
- Great Start Program
## Form 990 (Schedule H) Reference Chart

<table>
<thead>
<tr>
<th>Form 990 Question Number</th>
<th>Description</th>
<th>Reference Page in CHNA Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Year End</td>
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<tr>
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<td>Question</td>
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<tr>
<td>1</td>
<td>During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If &quot;No,&quot; skip to line 8. If &quot;Yes,&quot; indicate what the Needs Assessment describes (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>A definition of the community served by the hospital facility</td>
<td>2</td>
</tr>
<tr>
<td>B</td>
<td>Demographics of the community</td>
<td>5-8</td>
</tr>
<tr>
<td>C</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>15-16, Appx. 4</td>
</tr>
<tr>
<td>D</td>
<td>How data was obtained</td>
<td>3-4, 15</td>
</tr>
<tr>
<td>E</td>
<td>The health needs of the community</td>
<td>8-15, Appx. 3</td>
</tr>
<tr>
<td>F</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>8-15, Appx. 3</td>
</tr>
<tr>
<td>G</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>15, Appx. 3</td>
</tr>
<tr>
<td>H</td>
<td>The process for consulting with persons representing the community's interests</td>
<td>15, Appx. 2</td>
</tr>
<tr>
<td>I</td>
<td>Information gaps that limit the hospital facility's ability to assess all of the community's health needs</td>
<td>4</td>
</tr>
<tr>
<td>J</td>
<td>Other (describe in Part VI)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Indicate the tax year the hospital facility last conducted a Needs Assessment: 20</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If &quot;Yes,&quot; describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted</td>
<td>3, 15, Appx. 1</td>
</tr>
<tr>
<td>4</td>
<td>Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Part VI</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the hospital facility make its Needs Assessment widely available to the public? If &quot;Yes,&quot; indicate how the Needs Assessment was made widely available (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Hospital facility's website</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Available upon request from the hospital facility</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Other (describe in Part VI)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Adoption of an implementation strategy to address the health needs of the hospital facility's community</td>
<td>17, Appx. 5</td>
</tr>
<tr>
<td>B</td>
<td>Execution of the implementation strategy</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Participation in the development of a community-wide community benefit plan</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Participation in the execution of a community-wide community benefit plan</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Inclusion of a community benefit section in operational plans</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Adoption of a budget for provision of services that address the needs identified in the Needs Assessment</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Prioritization of health needs in its community 17, Appx. 3</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Prioritization of services that the hospital facility will undertake to meet health needs in its community Appx. 5</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Other (describe in Part VI)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If “No,” explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs</td>
<td></td>
</tr>
</tbody>
</table>