

Mackinac Straits Health System
Saint Ignace, Michigan

Community Health Needs Assessment



March 31, 2016

Table of Contents

Introduction and 2013 Summary	1
Methods	4
CHNA Advisory Committee.....	4
Community Served Determination	4
CHNA Process.....	4
Primary Data Collection	5
Secondary Data Collection.....	5
Information Gaps	5
Community/Demographic Profile – Primary Data Results	6
Population	6
Population by Age.....	6
Population by Race and Ethnicity	7
Income	8
Secondary Data Results.....	9
Birth Statistics	9
Insurance	10
General Population Health	10
Screening.....	12
Leading Causes of Hospitalizations	14
Ambulatory Sensitive Conditions	14
Summary of Key Findings and Prioritized Needs	16
Existing Health Care and other Facilities and Resources	16
Implementation Plan.....	16
Form 990 (Schedule H) Reference Chart.....	17
References.....	18
Appendix 1 - List of Interviewees for Community Input	
Appendix 2 - Interview Questions	
Appendix 3 - Criteria Used to Prioritize Health Needs	
Appendix 4 - Resource List	
Appendix 5 - Community Health Needs Assessment Implementation Plan	
Appendix 6 - Form 990 (Schedule H) Reference Chart	

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. 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.

Summary of 2013 Community Health Needs Assessment

In compliance with the IRS requirements, Mackinac Straits Health System (MSHS) completed its first Community Health Needs Assessment (CHNA) in March of 2013. During the assessment, input was gathered from the community and unmet health needs were prioritized. An implementation strategy was created to address the prioritized needs.

Availability of health insurance and access to low cost health care

The objectives that were created to address health insurance were as follows: enhanced marketing of community health access coalition program and monitor rollout of Michigan Health Insurance Exchange.

MSHS Charity Care Program details were added to the hospital's website and resources were dedicated to community event participation. The social worker became a navigator for the insurance exchange program in partnership with Community Health Access Coalition (CHAC). Over two separate 2014 community events 86 individuals were signed up for the Affordable Health Care Exchange. A referral system was created to connect uninsured patients with our social worker/exchange navigator. Appointment times were offered to assist community members with reviewing Michigan Insurance Exchange System. In 2014, over 100 individuals were contacted and made aware of the insurance opportunities. In addition to the insurance exchange, the social worker also assisted with Medicaid applications.

Obesity and Diabetes

The objectives created to address obesity and diabetes were as follows: initiate diabetes education program and support group, planning a 5 K road race, and offer nutrition and wellness events within the community.

Mackinac Straits Health System addressed diabetes and obesity in a number of ways. The 2013 CHNA implementation strategy for diabetes and obesity listed three objectives. The objectives were as follows: initiate a diabetes education program and support group, organize a road race, and provide nutrition classes and execute family wellness events.

A monthly diabetes support group was started. Over a two year period a total of 108 individuals participated in the Diabetic Education Program. Flyers were posted within the hospital as well as in the community (grocery store, library, banks, etc.). The support group discusses a wide range of topics including medications, heart health, nutrition, and physical activity.

MSHS continues to work towards an accredited diabetes program. The hospital's registered dietitian provides medical nutrition therapy for a variety of chronic diseases including diabetes and obesity.

Mackinac Straits has promoted wellness within our community in a variety of ways. The dietitian has provided nutrition education through community events including heart health day, project back pack, biggest loser, and Zumba. The Rural Health Clinic organized and led personal action towards health (PATH) classes, free of charge. The Stanford Chronic Disease Self-Management Program (PATH in Michigan) was developed and tested by Stanford University to help people learn techniques and strategies for the day-to-day management of chronic or long-term health conditions. The care manager of the rural health clinic also provides diabetes education as part of patient center medical home. A community program was organized to encourage walking. Walk for the Health of it took place at, Little Bear East Ice Arena. The program encouraged a healthy lifestyle while providing a safe environment to get physical activity. Mackinac Straits Health System has planned and executed road races in St. Ignace in 2013, 2014, and 2015 with a total of 308 participants. In addition to addressing obesity and diabetes externally, MSHS also offered options internally. In collaboration with the Sault Tribe of Chippewa Indians, a workday workout was created. This included an indoor walking route, outdoor walking route, and bicycles in an effort to encourage employee wellness.

MSHS representatives attend different meetings throughout the community including the wellness coalition and the Mackinac County Human Services and Collaborative Board. These meetings allow the hospital to share information about wellness services and events. It is also a great opportunity for possible future collaborations.

Weekend Access to local pharmacy

The objectives created to address weekend were as follows: open a retail pharmacy with that is available on the weekends and initiate the 340B program.

Mackinac Straits Health System were unable to collaborate or acquire a pharmacist for the Mackinaw City location. There was a lack of participation from the local pharmacy in optimizing the 340b Program. Mackinac Straits Health System continues to explore avenues to provide local weekend access to a pharmacy. The 340B program has been implemented. The 340B Program is a government program that allows us to purchase medications for reduced cost for certain eligible patients. The director of pharmacy estimates that MSHS has been able to provide \$19,000.00 in free medications since 2014. This program is on-going and regulations are constantly changing. The director of pharmacy continues to oversee the continually evolving program.

Educate community regarding available programs

The objectives created to address weekend were as follows: continue outreach and education of front-line registration staff.

Mackinac Straits Health System educates the community on programs in a variety ways including radio and newspaper ads. Informational packets were created for staff to provide to patients. Flyers and brochures are placed throughout the community in addition to the hospital. The rural health care manager provides information to patients on programs that are specific to their needs. Flyers are also sent to out of network physician's offices.

MSHS representatives attend different meetings throughout the community including the wellness coalition, the three C's (comprehensive community care), and the Mackinac County Human Services and Collaborative Board. These meetings allow the hospital to share information about wellness services and events with other local agencies. It is also a great opportunity for possible future collaborations.

Methods

In January 2016, Mackinac Straits Health System (MSHS) leadership engaged in the completion of the Community Health Needs Assessment (CHNA) process. 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
- Marielle Calcaterra, Registered Dietitian
- Mary Kaye Ruegg, Quality
- Dawn Stagman-Tyrer, CNO
- Koreen Troyer, Patient Advocate
- Shannon Doran, Executive Assistant

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 MSHS leadership 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 provided by Wipfli LLP
 - 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 – collected and analyzed through Wipfli, LLP

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, (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 increase over the next five years, by 278 people. Michigan is also expected to increase by less than 1%. Population is expected to rise nationally by over 3%.

2015 and 2020 Population

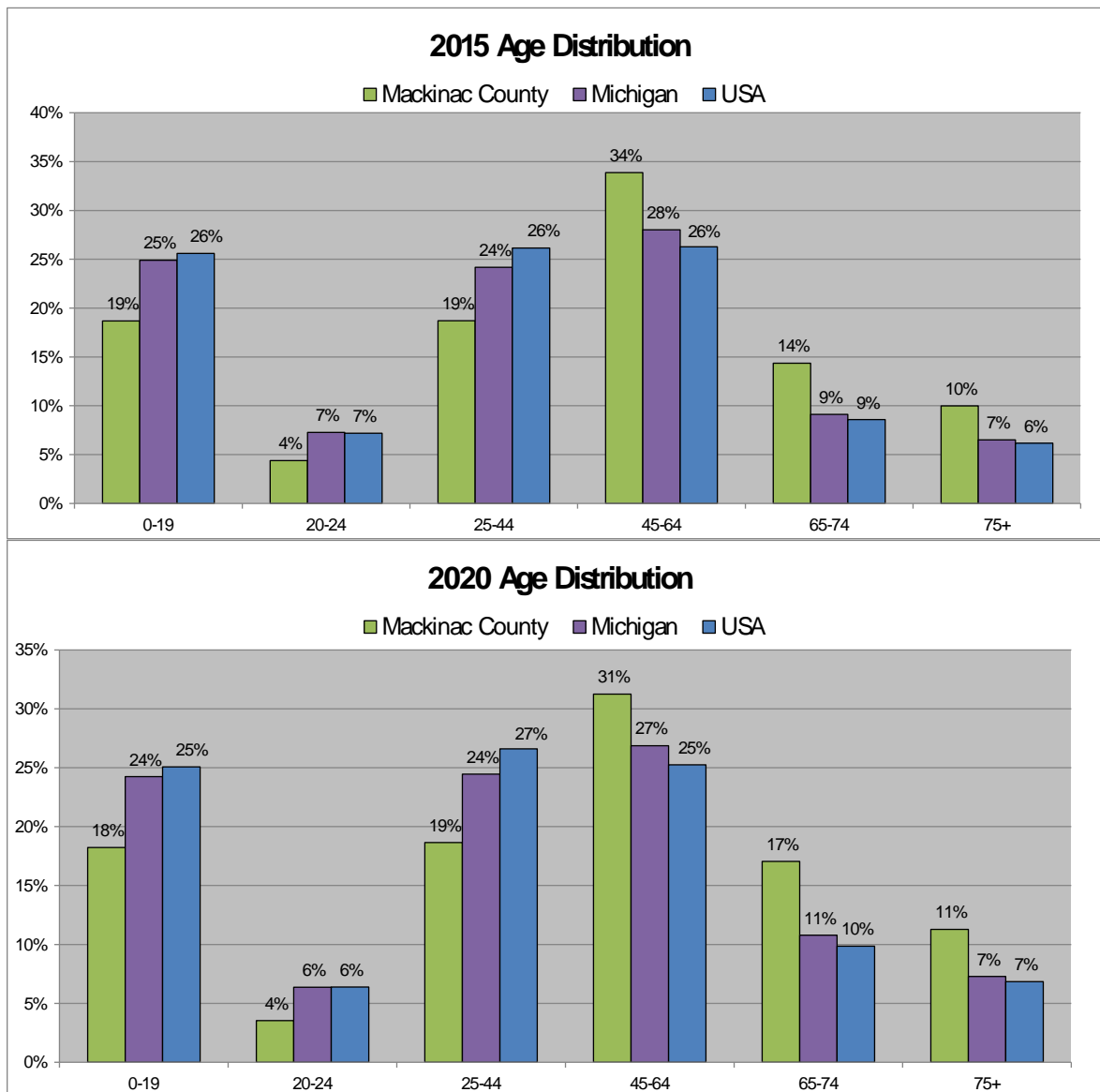
	2015	2020	% Change (2015-2020)	Change (2015-2020)
Mackinac County	11,334	11,612	2.5%	278
Michigan	9,870,786	9,944,000	0.7%	73,214
USA	318,536,439	330,622,575	3.8%	12,086,136

ESRI Business Information Solutions, 2016

Population by Age

Population was grouped into major age categories for comparison. In general, the Mackinac County has a significantly older population than Michigan and the Nation. Mackinac County 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.

2015 and 2020 Population Age Distribution



ESRI Business Information Solutions, 2016

Population by Race and Ethnicity

Mackinac County is predominantly white, equating to roughly 75% 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.

2015 and 2020 Population by Race

2015 - Population by Race	Mackinac County		Michigan		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	8,466	75%	7,716,020	78%	225,901,735	71%
Black Alone	169	1%	1,385,513	14%	40,703,996	13%
American Indian Alone	1,979	17%	64,638	1%	3,101,260	1%
Asian Alone	65	1%	278,506	3%	16,673,820	5%
Pacific Islander Alone	2	0%	3,020	0%	593,610	0%
Some Other Race Alone	24	0%	163,050	2%	21,205,679	7%
Two or More Races	629	6%	260,039	3%	10,356,339	3%

2020 - Population by Race	Mackinac County		Michigan		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	8,421	73%	7,674,105	77%	229,472,961	69%
Black Alone	303	3%	1,402,229	14%	42,837,301	13%
American Indian Alone	2,075	18%	67,522	1%	3,295,938	1%
Asian Alone	117	1%	324,594	3%	19,090,285	6%
Pacific Islander Alone	2	0%	3,454	0%	658,299	0%
Some Other Race Alone	30	0%	180,680	2%	23,435,249	7%
Two or More Races	664	6%	291,416	3%	11,832,542	4%

ESRI Business Information Solutions, 2016

Income

Income data was analyzed for Mackinac County and compared to the state of Michigan and the Nation. 2015 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.

2015 and 2020 Income Levels

2015	Mackinac County Number	Michigan Number	USA Number
Median Household Income	37,893	49,402	53,217
Average Household Income	50,528	66,492	74,699
Per Capita Income	23,085	26,523	28,597

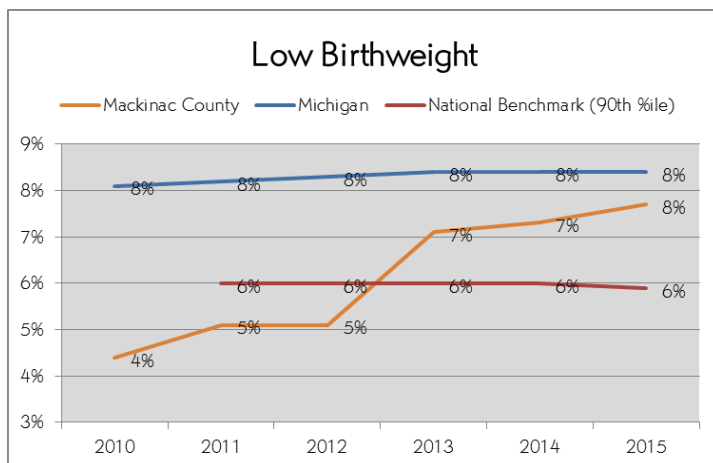
2020	Mackinac County Number	Michigan Number	USA Number
Median Household Income	43,983	56,701	60,683
Average Household Income	57,403	76,300	84,910
Per Capita Income	26,448	30,493	32,501

ESRI Business Information Solutions, 2016

Secondary Data Results

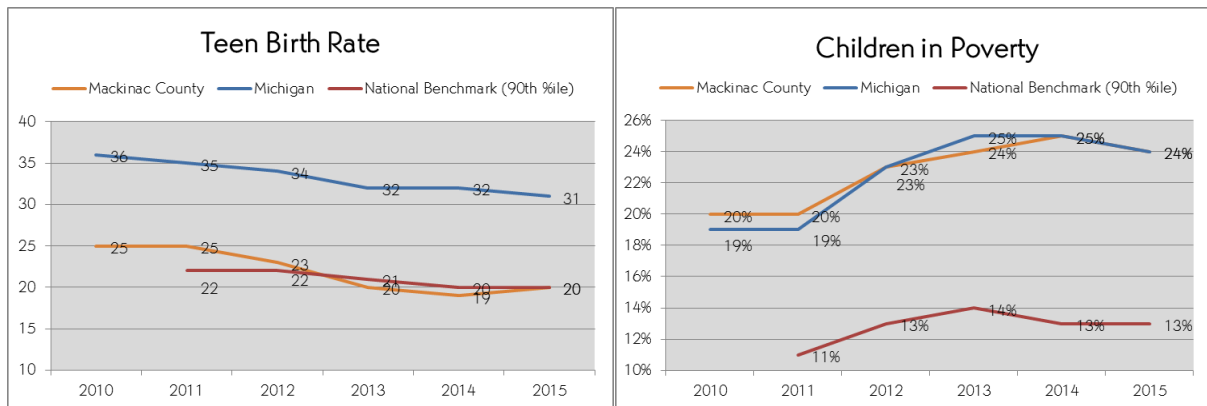
Birth Statistics

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. However, both are higher than the National benchmark. Rates in Mackinac County have risen steadily since 2010, which reflects an area where there should be increased focus from a public health perspective.



County Health Rankings

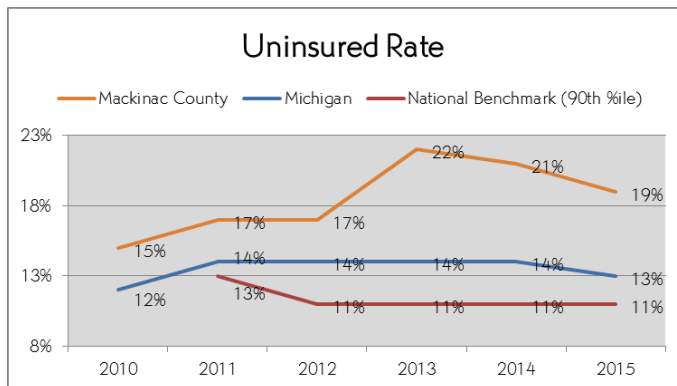
Teen birth rates were also analyzed for Mackinac County and compared to Michigan and the Nation. Teen birth rates in Mackinac County are significantly lower than Michigan and in line with national benchmarks. That said, the percentage of children in poverty has been on the rise both in Mackinac County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



County Health Rankings

Insurance

Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The Affordable Care Act has been associated with a downward trend in the rate of uninsured across the Nation. While the rate of uninsured in Mackinac County has declined by 3% over the past three years, it remains significantly higher than Michigan, and the Nation.

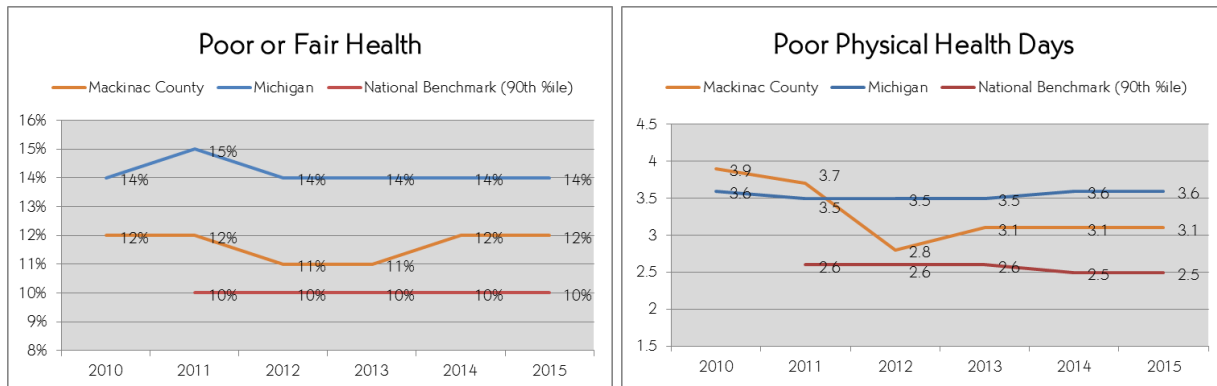


County Health Rankings

General Population Health

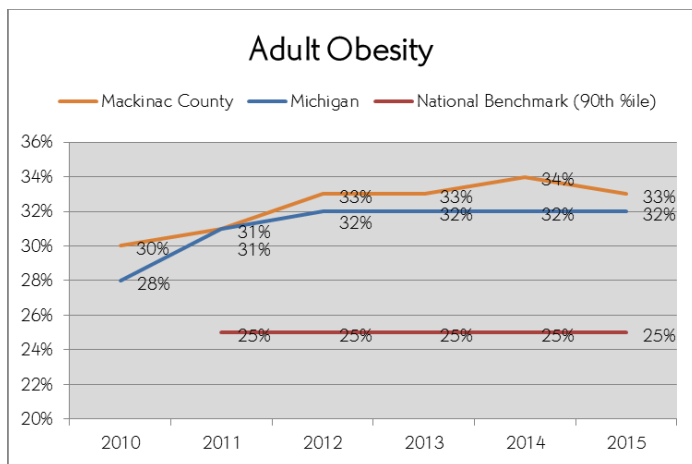
One measure of health among the community included in the County Health Rankings Nationwide study is reported general well-being. Reported general health of “poor or fair health” in Mackinac County was significantly lower than Michigan, but higher than the Nation. What this means is that the population in Mackinac County considers themselves in general to be healthier, and this trend has been relatively stable. 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 have been stable at 3.1 over the last three years, which is lower than Michigan but above the national benchmark rate of 2.5.



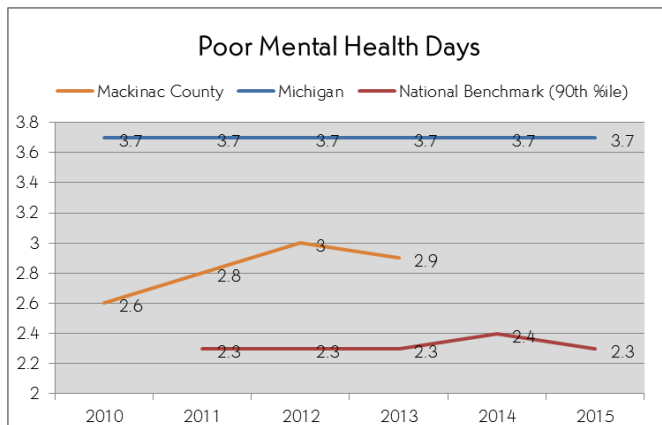
County Health Rankings

A third measure of general health of the population is the percentage of adult obesity. Nationally, the benchmark has been steady at 25% of the population. In Michigan, the percentage of adults who are obese has risen to a peak of 34% in 2014, but declined slightly in 2015 to 33%. The obesity rate is cause for further investigation from a public health perspective.



County Health Rankings

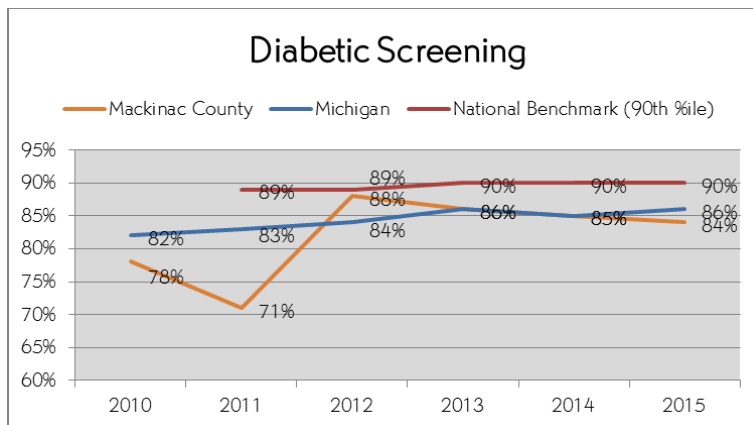
Another indicator, “Poor mental health days”, refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. Mackinac County did not report data for 2014 and 2015, however the last reported rate of 2.9 days is lower than Michigan but above the national benchmark of 2.3 days.



County Health Rankings

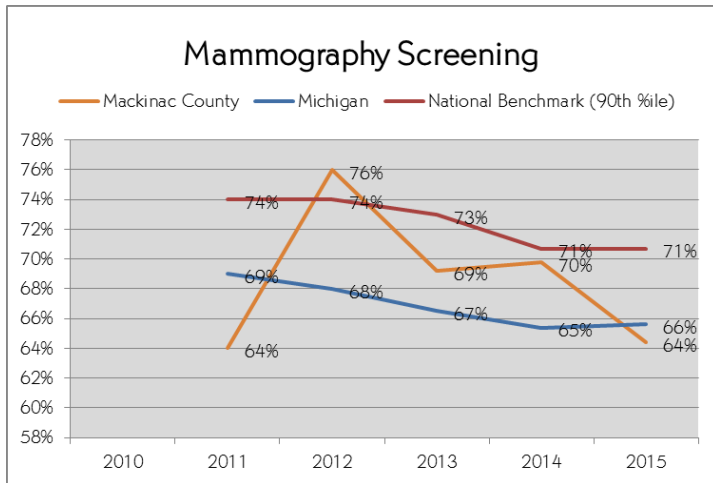
Screening

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 declined to 84% in 2015. This decline places Mackinac County 6% below the national benchmark rate. Coupled with the high obesity rate in Mackinac County, this trend reflects a significant healthcare issue in the County.



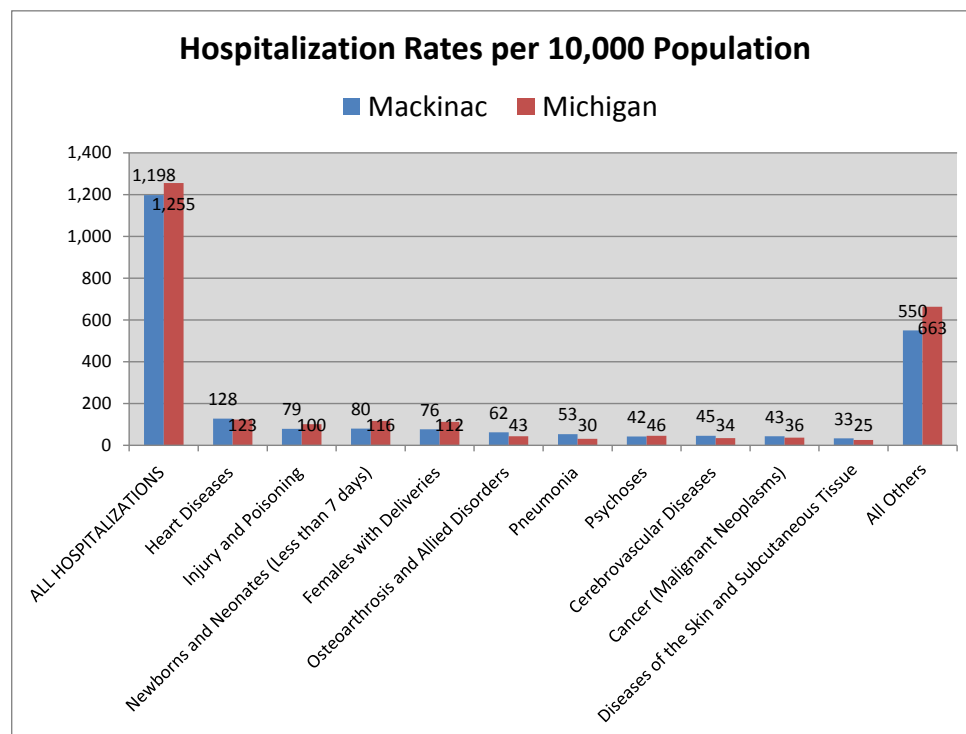
County Health Rankings

Mammography screening has also declined in Mackinac County since 2012, from 76% down to 64%. This decline places Mackinac County significantly below the national benchmark rate of 71%



Leading Causes of Hospitalizations

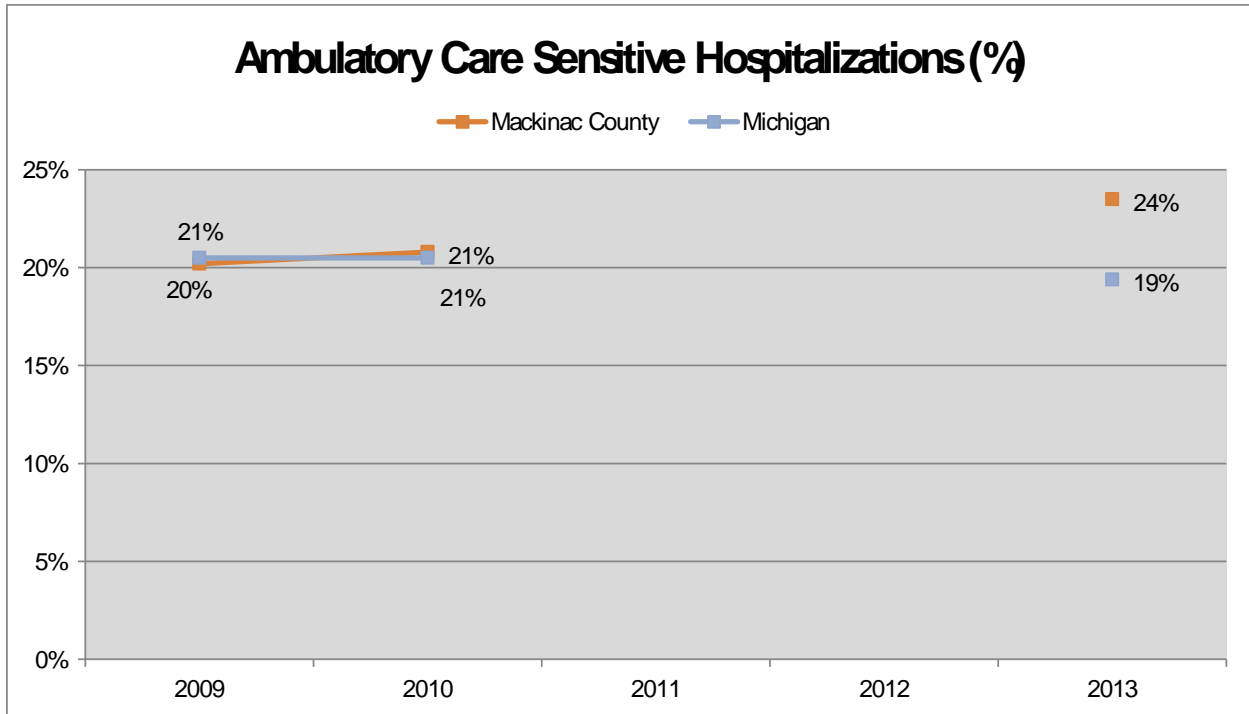
Historical discharge data from 2013 was analyzed to understand the leading causes of hospitalizations per 10,000 population in Mackinac County compared to Michigan. Rates of heart disease hospitalizations are slightly higher than the Michigan rate. Injury and poisoning rates were lower in Mackinac County than Michigan. OB-related rates are expectedly lower for Mackinac County, given the more elderly population, similar to the results from 2010. Overall, rates of hospitalizations per 10,000 continue to be lower in Mackinac County than Michigan at large.



Michigan Department of Public Health, 2013

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 21% in 2010 to 24% in 2013. At the same time, Michigan rates have declined by 2% to 19% over the same period.



Michigan Department of Public Health, 2013 (Note: Data for 2011 and 2012 not available)

Summary of Key Findings and Prioritized Needs

The list of participants selected was duplicated with the previous CHNA to assure consistency and assess progress. The 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 the same series of questions formed by the Advisory Committee in January 2016. 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 2016 priorities were identified through the CHNA process:

1. Mental Health/Substance Abuse
2. Pharmacy
3. Lack of Insurance/cost of care/co-pays
4. Obesity/Diabetes

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 the committee, drawing from recommendations from the National Rural Health Association.

The implementation strategy detail for each priority located in Appendix 4 provides supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy.

Existing Health Care and other Facilities and Resources

An updated list of select health care and other facilities and resources which are available within the community to meet the health needs was identified through the CHNA. The complete list including location, contact information, and description of services can be found in Appendix 5.

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.

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

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, 2016

County Health Rankings

Michigan Department of Health 2013

Michigan Vital Statistics

Appendix 1

List of Interviewees for Community Input

Name	Organization	Contact Information
Mark Wilk	Allied Emergency Services	906-430-1885
Don Wright	Community Action - Service Coordinator	906-643-8595
Ronda Engle	Department of Human Services – Outreach Worker	906-643-6115
Cara LaFever	Intermediate School District – Early On Coordinator	906-632-3773 906-440-2410
Deanna Kreski	LaSalle High School – Student Family Advocate	906-643-8500
Nick Derusha	LMAS District Health Department – Medical Officer	906-293-5107
Deb Dotts	Mental Health – OBRA Coordinator	906-643-2111
Tracie Abram	Michigan State University Extension Office – Health and Nutrition Educator	906-586-6001
Terry Allan	Sault Tribe Headstart	906-643-9733
Cheryl LaPlaunt	Sault Tribe of Chippewa Indians – Clinic Manager	906-643-8689
Rick Litzner	Veteran	906-643-9411

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

Theme / Priority	Decision Criteria					
	Severity of Problem?	Potential Impact on Health of Population?	Feasibility of Change?	Resources Available to Address Problem?	Alignment with Mission, Strength, Priorities?	Overall Priority Score
	1-5	1-5	1-5	Y/N (N=5)	Y/N (Y=5)	
Lack of Insurance/low cost care	5	5	3	4	5	22
Obesity/Diabetes	5	5	2	3	3	18
Mental Health/Substance Abuse	5	5	4	5	5	23
Pharmacy	5	5	3	5	5	23
Transportation	4	4	2	5	3	18
Cost or financial burdens	5	5	1	4	3	18
Lack of knowledge around what programs are available	4	4	4	2	3	17
SCALE:						
1= Very Low 2 = Low 3= Moderate 4= Moderate High 5= High						

The Decision Criteria was determined by the Advisory Committee consisting of the follow members:

- Jason Anderson, CFO
- Marielle Calcaterra, Registered Dietitian
- Mary Kaye Ruegg, Quality
- Dawn Stagman-Tyrer, CNO
- Koreen Troyer, Patient Advocate
- Shannon Doran, Executive Assistant

Appendix 4

Mackinac Straits Health System
 Community Health Needs Assessment
 March 31, 2016

Agency Name	Location	Contact Person	Email	Phone	Population Served, services provided	Hours and Days
LMAS District Health Department	749 Hombach Street, St. Ignace, MI 49781			906-643-1100	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.	Monday – Thursday 8:00am to 4:00 pm
Mackinac County Department of Health and Human Services (DHHS)	199 Ferry Lane, St. Ignace, MI 49781	Rhonda Legault, General Program Services Manager	legault@michigan.gov	906-643-9550 1-855-444-3911 Centralized Intake number for child abuse and neglect	Food Assistance, Cash Assistance, Child Care, Medical Assistance, Emergency Relief, Foster Care, Adoption, Transportation for medical appointments if individual meets criteria.	8:00 am to 5:00 pm Monday-Friday Closed for State Holidays
MIchild	Mackinac County Department of Human Resources 199 Ferry Lane St. Ignace, MI 49781		www.michigan.gov/mdhhs	906-643-9550	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.	8:00 am to 5:00 pm Monday-Friday
Healthy Kids	Mackinac County Department of Human Resources 199 Ferry Lane St. Ignace, MI 49781		www.michigan.gov/mdhhs	906-643-9550	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.	8:00 am to 5:00 pm Monday-Friday

Mackinac Straits Health System
 Community Health Needs Assessment
 March 31, 2016

Agency Name	Location	Contact Person	Email	Phone	Population Served, services provided	Hours and Days
Mackinac Straits Health System Rural Health Clinic	1140 N. State St., St. Ignace, MI 49781	Laura Anderson	landerson@mshosp.org	906-643-0466	Family Practice, Women's Health, Geriatric Medicine, Pediatrics and a variety of visiting specialist.	8:00 a.m. – 5:00 p.m.
Michigan State University (MSU) Extension	749 Hombach Street, St. Ignace, MI 49781	Candy Dekeyser Tracie Abrams		906-643-7307 (906) 586-6001	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.	Monday-Friday 8:30 am to Noon
St. Ignace Area Hope Chest Thrift Store and St. Ignace Food Pantry	P.O Box 170 250 Ferry Lane, St. Ignace, MI 49781	Catherine Tielbar		906-643-6780 Assistant Hotline 906-643-7360 Hope Chest and Food Pantry	Provides food to those in need. Clothing and household items available for a donation.	Hope Chest MWF 10:00 am - 5:00 pm Food Pantry MWF 2pm-4pm but can also call the HOTLINE if necessary Hours subject to change
Substance Abuse Program; Great Lakes Recovery	396 N. State Street, St. Ignace, MI 49781 4 th floor of Municipal Building	Mark Boshaw		(906) 632-0944	Substance Abuse Counseling only Cost will be determined at screening via the telephone. Blue Cross and Blue Shield patients can be seen in St. Ignace. Individuals with Commercial Insurance will be scheduled to be seen in the Sault Ste. Marie, MI location and not at Mackinac County location	Monday - Friday 9:00am to 5:00pm Appointment necessary Hours subject to change

Mackinac Straits Health System
 Community Health Needs Assessment
 March 31, 2016

Agency Name	Location	Contact Person	Email	Phone	Population Served, services provided	Hours and Days
United Way of the Eastern Upper Peninsula	511 Ashmun St. Suite 200 Sault Ste. Marie, MI 49783 Will travel to location if needed	Ravianiesa Aranda	volunteer@unitedwayeup.org Facebook page UnitedWayEUP	906-632-3700 extension 3	A point of service for all human resources. Providers' assistance with utilities, housing, transportation, health, medical, food needs, etc. Also provides free tax preparation online DHHS services, a kiosk for online application. Service Chippewa, Luce and Mackinac Counties.	Monday –Friday 9:00am to 3:00 pm
Veterans Trust Fund and Veteran's Counselor	Court House Annex/100 Marley St. Ignace, MI 49781	Richard Litzner	mackcovet@lighthouse.net	906-643-9411	Coordination of services for Veterans. VFW consultant for filing claims →	Wednesday 9:00am – 3:00 pm Thursday's 9 a.m. – 4 p.m. subject to change
Hiawatha Behavioral Health	114 W. Elliot St. St. Ignace, MI 49781			906-643-8616 24 hour crisis line 800-839-9443 TTY (collect) 906-632-5539	Mental health facility. Serves all ages. Programs for youth with serious emotional disturbance, mental illness, mental health and substance abuse disorder, Post-Traumatic Stress Disorders and Veterans Crisis Intervention Team Psychiatric Emergency Walk-in Services	Monday – Friday 8:00 a.m. – 5:00 p.m.
Love in the Name of Christ	W 14015 Melville Engadine, MI 49827	DeWayne Evans		906-477-1050	Medical Equipment loaned if returned. (i.e., crutches shower chair, etc.) Serve west end of Mack County residents only. Provide food and clothing available free or nominal charge.	Thrift Store: Tues.- Friday 10a.m. – 4 p.m. Saturday 10 a.m. – 1 p.m. Food Pantry: Tues. – Thurs. 10 a.m. – 3 p.m.
West Mackinac Health Clinic	W 14034 Melville Street Engadine, MI 49827	April Masters		906-477-6066	Serves west end Mackinac County. Provides all health services as an outreach clinic with Helen Newberry Joy Hospital	Monday thru Friday 8:30 a.m. - 4pm Closed for lunch noon – 1 p.m.

Mackinac Straits Health System
 Community Health Needs Assessment
 March 31, 2016

Agency Name	Location	Contact Person	Email	Phone	Population Served, services provided	Hours and Days
Dr. Mark Mercer, DDS	W492 Portage St. Ignace, MI 49781	OFFICE STAFF	staff@markmercerrdds.com	906-643-8414	Does not see Medicaid patients	Mon-Thurs 8:30 to 4:30
Dr. Scott Clement, DDS	314 N. State St. Ignace, MI 49781	OFFICE STAFF	info@scottclementdds.com	906-643-9245	MI child with Delta Dental Does not see Medicaid patients	Hours M,W, TH 8:30-4:30 Tues 8:30 -2pm
Mackinac Straits Health System, Long Term Care Facility; Evergreen Living Center	1140 North State Street, St. Ignace, MI 49781	Kevin McElroy			Forty eight bed skilled nursing facility. Services provided for long term care as well as short term rehab care. Accommodates residents requiring Hospice Care, nursing care, restorative care, activities and social services.	
Cedar Ridge	255 S. Airport St. Ignace, MI 49781	Jordan Grogan		(906) 984-2323	40 private rooms NOT SKILLED nursing, all care, meals, activity aids, End of life care, State Licensed Private Pay, starting at \$1,995/month to \$3,295/month Extra costs depending on care level. Not furnished VA benefits for those who qualify	
Community Health Access Coalition (CHAC)	Chippewa County Luce County DHHS Office in St. Ignace (Schedules varies)		info@upchac.org	(906) 635-7483	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. Help individuals with Marketplace Plan and Medicare.	M-W 9:00 am to 3:30 pm or by appointment

Mackinac Straits Health System
 Community Health Needs Assessment
 March 31, 2016

Agency Name	Location	Contact Person	Email	Phone	Population Served, services provided	Hours and Days
Little Bear East	275 Marquette Street, St. Ignace, MI 49781	Scott Marshall		(906) 643-6081	Fitness Center with fully equipped weight room. Aerobics class offered September through June. Skating and indoor winter walking (call for times)	M-F 5am to 8pm and Sat –Sun 8am to 4pm Costs: Fitness Center daily\$5 Fitness Center weekly \$20 Resident* Monthly \$35 Non-resident Monthly \$40 Resident * 6 months \$175 (1 free month) Non-Resident 6 months \$200 (1 free month) Resident * 1 Year Membership \$315 (3 free months) Non-Resident 1 Year Membership (3 free months) *Resident: Reside in City of St. Ignace, Moran Township or St. Ignace Township and all Tribal Members Business/Group discounts membership must be paid directly at the Little Bear East Office. Aerobics; M, T and Thursday 5:15pm to 6:30pm Aerobic Classes Daily \$3 Aerobic Classes Monthly \$20
The Bridge to Wellness Yoga Center	330 N. State Street St. Ignace, MI 49781	Kathy Junglas	kathyjunglass@yahoo.com	(906) 298-1292	Public welcome Beginner, mixed, gentle and chair yoga offerings. Small wellness storefront attached to private and peaceful studio. Kripalu certified instructor	Hours vary – schedule is subject to change. Contact Kathy by e-mail or phone for information.
ZUMBA	10 State St. St. Ignace, MI 49781	Rosemary Brown	rosemarybrown.zumba.com	906-430-1025	Cardio & Toning Fitness \$7.00 a session or \$57.00 monthly unlimited Prices subject to change	Monday thru Thursday at 5:15pm Sat 8:00am Hours subject to change

Mackinac Straits Health System
 Community Health Needs Assessment
 March 31, 2016

Agency Name	Location	Contact Person	Email	Phone	Population Served, services provided	Hours and Days
State Farm Insurance	8 North State St., St. Ignace, MI 49781	Mark Elmblad	me@markelmblad.com	906-643-9866	Health Insurance Blue Cross/Blue Shield	M - F 9 am - 4:30 pm
Auto Owners	470 N. State St., St. Ignace, MI 49781	Gregory S. Cheeseman	solutions@cheesemanagency.com	906-643-7944	Health Insurance BCBS Only	Monday-Friday 8:00am—4:30pm
Holme's Agency	40 N. State St., St. Ignace, MI 49781	Robert Holmes	Holmesrah14@gmail.com	906-643-0480	Medicare Supplement, life, dental, vision, prescription plans thru various carriers	Monday-Friday 9:00am-5:00pm
Mackinac Straits Health System	1140 North State Street St. Ignace, MI 49781		www.mshosp.org	906-643-8585	24 hour Emergency Room Bone Density Testing Cardiac Rehabilitation Cardiac Testing Diabetic Education Employee Wellness Program Inpatient Care Laboratory Services, Radiology Services; including ultrasound, mammography and MRI Oncology Outpatient Surgery Physical, Speech Occupational and Aqua Therapy Renal Dialysis	
Dr. Blake Slater, DO	391 E M-134, Cedarville, MI 49719	Office Staff		906-484-2295	Family Practice – War Memorial Family Clinic Laboratory and Radiology Service Susan Daniels, Physician Assistant →	Monday - Thursday 9:00 am 5:00 pm Weds. & Thurs. 9 a.m. – 5 p.m. Friday 9 a.m. – 3 p.m. by appt.

Mackinac Straits Health System
 Community Health Needs Assessment
 March 31, 2016

Agency Name	Location	Contact Person	Email	Phone	Population Served, services provided	Hours and Days
MSSH Charity Care	1140 North State Street, St. Ignace, MI 49781	Amanda Guthrie	aguthrie@mshosp.org	906-643-1189		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.
Indian Outreach	199 Ferry Lane, St. Ignace, MI 49781	Ronda Engle	engler@michigan.gov	906-250-9178	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.	M – F 8 a.m. – 4 p.m.
Webers and Devers Psychological Services, P.C	605 E. 7 th St. Sault Ste. Marie, MI 49783	Jeannie Neal	weberanddevers.com	906-635-7270	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	Accepts Upper Peninsula Health Plans as well as private insurance. M – F 8 a.m. – 5 p.m. Possible evenings by appt.
Diane Peppler Resource Center	246 Ferry Lane, St. Ignace, MI 49781	Mallory Schley		906-643-0498 800-882-1515 24 hour hotline	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.	Victims of Domestic Violence and sexual assault are eligible. Monday only 8 a.m. – 4 p.m.
Great Parents Great Start	EUP Intermediate School District 315 Armory Place Sault Ste. Marie, MI 49783	Joan Killips	joank@eupschools.org	906-632-3373 Extension 123	A home based educational program for children from birth until age 5 if not in any other early childhood program. This program emphasizes the importance for parents as teachers for their child. No cost. In home services	Call for appointment

Mackinac Straits Health System
 Community Health Needs Assessment
 March 31, 2016

Agency Name	Location	Contact Person	Email	Phone	Population Served, services provided	Hours and Days
Early On	EUP Intermediate School District 315 Armory Place Sault Ste. Marie, MI 49783	Jessica Savoie	jessicas@eupschools.org	906-632-3373	0-3 years of age 20% Developmental delay or established medical condition 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
Tribal Health Facility Health and Human Services located in St. Ignace, MI	1140 North State Street St. Ignace, MI 49781			906-643-8389	Many services including: <ul style="list-style-type: none"> • Medical • Dental • Optical • Pharmacy • Nursing services • Traditional Medicine • Behavioral Health Services • Community Health Services • ACFA (Anishnaabek Community and Family Services) 	Monday – Friday 8 am – 5 pm
Cedar Post Thrift Shop	362 E. M-134 Cedarville, MI 49719	George Boulgaris		906-484-9512	Food Pantry, clothes, dishes by donations	Monday –Saturday 12-4 pm
Consolidated Community School Services	CCSS Les Cheneaux Area P.O. Box 366 Cedarville, MI 49719	Kate Ter Haar	kterharr@eupschools.org	(906) 484-2256 extension 5	Adult and community education classes(GED classes, alternative high school, and preschool)	Times vary for classes

Mackinac Straits Health System
 Community Health Needs Assessment
 March 31, 2016

Agency Name	Location	Contact Person	Email	Phone	Population Served, services provided	Hours and Days
Community Action	368 Regan Street St. Ignace, MI 49781	Don Wright	dwright@clmcaa.com	906-643-8595	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 and Transportation	M – F 8 a.m. – 5 p.m.

Appendix 5

IMPLEMENTATION PLAN

Priority One: Mental Health and Substance Abuse

Objective/Strategy

- Enhanced collaboration with newly identified addiction and mental health service business entities
- Enriched community awareness and participation

Tactics (How)

- Continue Community Task Force work and focus
- Collaborate with new residential treatment facility for substance abuse and mental health issues
- Utilize marketing services for community awareness and education

Programs/Resources to Commit

- Employment resources directed towards participation in Community Task Force
- Assess IT capabilities for referral process
- Assess need for development of screening tool
- Dedicate resources for staff awareness and education

Impact of Programs/Resources on Health Need

- Provide accessibility to enhanced mental health and treatment services within the community

Accountable Parties

- Community Task Force
- MSHS leadership
- Newly identified addiction and mental health service business entities

Partnerships/Collaboration

- Law Enforcement
- Community members
- Business members
- Hiawatha Behavioral Health

Priority Two: Access to Pharmacy

Objective/Strategy

- Enhanced access to Pharmacy services

Tactics (How)

- Work with the community to identify and support for planning and development of pharmaceutical services within the community
- Continue further development of 340b Pharmacy Program

Programs/Resources to Commit

- MSHS leadership and MSHS Board to support and provide direction for improve Pharmacy access
- MSHS pharmacist time in supporting 340b program

Impact of Programs/Resources on Health Need

- Better access to Pharmacy

Accountable Parties

- MSHS Leadership
- MSHS Pharmacist

Partnerships/Collaboration

- Interested pharmaceutical organizations

Priority Three: Lack of Insurance/cost of care/co-pays

Objective/Strategy

- Enhanced collaboration with agencies who may assist community members with available resources including the Community Health Access Coalition (CHAC) Program.
- Continue to refer to the 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)

- Maintain website information regarding Charity Care and resources
- Improve promotion of services through front-line MSHS registration staff
- Communicate services offered at MSHS through existing and new community outreach initiatives
- Continue collaboration with local Native American community groups

Programs/Resources to Commit

- Additional education to front-line registration staff
- Dedicate resources to enhance community outreach

Impact of Programs/Resources on Health Need

- Improved access to services and funding through community resources

Accountable Parties

- MSHS Leadership
- MSHS Case Management, Social Services and Patient Advocate

Partnerships/Collaboration

- Sault Tribe of Chippewa Indians
- Michigan Health Insurance Exchange
- Project Hope
- Department of Human Services

Priority Four: Obesity/Diabetes

Objective/Strategy

- Have a positive impact on the Management of Diabetes and Obesity in the community

Tactics (How)

- Continue development of the Diabetes Education Program
- Continue community efforts on focused on physical activity and healthy eating

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

- A decrease in county obesity rates
- Improved screening of diabetes

Accountable Parties

- MSHS Leadership
- MSHS Dietitian
- MSHS Diabetic Educator if available

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)

Transportation

Identified Need

In lieu of limited organizational resources and ability to impact at a broader level, this identified need will not be addressed.

Cost or Financial Burden

Identified Need

This need will be partially addressed within Priority Three Focus: Lack of Insurance/cost of care/co-pays.

Lack of Knowledge regarding programs available

Identified Need

This need will be partially addressed through the other Priorities however due to limited organizational resources this need will not be a specific priority.

Appendix 6

Form 990 (Schedule H) Reference Chart

Form 990 Question Number	Description	Reference Page in CHNA Document
	Fiscal Year End	
	State	
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8. If "Yes," indicate what the Needs Assessment describes (check all that apply):	
A	A definition of the community served by the hospital facility	4
B	Demographics of the community	5-8
C	Existing health care facilities and resources within the community that are available to respond to the health needs of the community	16, Appx. 4
D	How data was obtained	4-5, 16
E	The health needs of the community	9-15, Appx. 3
F	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	9-15, Appx. 3
G	The process for identifying and prioritizing community health needs and services to meet the community health needs	16, Appx. 3
H	The process for consulting with persons representing the community's interests	16-17, Appx. 2
I	Information gaps that limit the hospital facility's ability to assess all of the community's health needs	5
J	Other (describe in Part VI)	
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20	2013
3	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 "Yes," 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	3, 16, Appx. 1
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	No
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	Yes
A	Hospital facility's website	√

Mackinac Straits Health System
 Community Health Needs Assessment
 March 31, 2016

B	Available upon request from the hospital facility	√
C	Other (describe in Part VI)	
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):	
A	Adoption of an implementation strategy to address the health needs of the hospital facility's community	√
B	Execution of the implementation strategy	√
C	Participation in the development of a community-wide community benefit plan	
D	Participation in the execution of a community-wide community benefit plan	
E	Inclusion of a community benefit section in operational plans	
F	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment	
G	Prioritization of health needs in its community	√
H	Prioritization of services that the hospital facility will undertake to meet health needs in its community	
I	Other (describe in Part VI)	
7	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	2