

**Caro Community Hospital  
Community Needs Healthcare Assessment  
Implementation Strategy**



## Executive Summary

### Hospital Background

- Caro Community Hospital meets all Critical Access Hospital criteria
- Mission: dedicated to providing compassionate care and services to enhance the health of the people served.

### Community Health Needs Assessment Overview

- Caro Community Hospital conducted assessment from June – December 2013 to comply with Affordable Care Act requirements
- Purpose to collect specific community perception data
- Data collected using surveys, town hall meeting, and local, state, and national databases.

Needs Identified: Heart Disease, Lack of Physicians, Cancer, Dental, Access and Affordability, Obesity, Diabetes, Transportation, and Mental Health

### Implementation Strategy

- Comprehensive: Implement Lunch & Learns; intentionally target male population
- Obesity Specific: Sponsor/support area run/walk events; work with city leaders to improve or renovate existing facilities, work with Caro officials to expand Farmers Market; investigate feasibility of including locally grown produce in system menu.
- Diabetes Specific: 9.1% responded that diabetes is one of top three most serious health concerns; Caro Community Hospital will seek to expand Diabetes Support Group.
- Cancer Specific: leading cause of Tuscola County deaths; Caro Community Hospital will seek to increase various cancer screenings; will investigate feasibility of tobacco-free campus; measure number of cancer diagnosed patients who cannot afford proper medications
- Heart Disease Specific: 2<sup>nd</sup> leading cause of Tuscola County deaths; Caro Community Hospital will offer low-cost health screenings; evaluate purchase of mobile stress-test unit
- Access & Affordability Specific: community respondents rated this as the number one item; Caro Community Hospital will continue to offer financial assistance and advice as appropriate; evaluate and adjust if necessary hours of operation; evaluate feasibility of adding an After Hours clinic, and evaluate feasibility of creating an additional medical office .
- Lack of physicians: Caro Community Hospital actively recruiting physician and mid-level healthcare providers; seek to work with Central Michigan University School of Medicine.

### Needs not addressed

- Not addressed based on hospital's inability to impact or other organizations meeting the need.
- Mental Health: Caro Community Hospital not able to directly impact
- Dental: Caro Community Hospital not able to directly impact
- Transportation: low ranking from community

To comply with Affordable Care Act requirements Caro Community Hospital Board of Directors reviewed and adopted CHNA Implementation Strategy

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## Hospital Background

Caro Community Hospital is a Critical Access Hospital. The Medicare Rural Hospital Flexibility Program (Flex Program), created by Congress in 1997, allows some rural hospitals to be licensed as a Critical Access Hospital and offers grants to States to help implement initiatives to strengthen the rural health care infrastructure.

### Critical Access Hospital (CAH) Designation

A Medicare participating hospital must meet the following criteria to be designated as a CAH:

- Be located in a State that has established a State rural health plan for the State Flex;
- Be located in a rural area or be treated as rural under a special provision that allows qualified hospital providers in urban areas to be treated as rural for purposes of becoming a CAH; Demonstrate compliance with the Conditions of Participation (CoP) found at 42 CFR Part 485 at the time of application for CAH status;
- Furnish 24-hour emergency care services 7 days a week, using either on-site or on-call staff;
- Provide no more than 25 inpatient beds that can be used for either inpatient or swing bed services; however, it may also operate a distinct part rehabilitation or psychiatric unit, each with up to 10 beds;
- Have an average annual length of stay of 96 hours or less per patient for acute care (excluding swing bed services and beds that are within distinct part units); and
- Be located either more than a 35-mile drive from the nearest hospital or CAH or a 15-mile drive in areas with mountainous terrain or only secondary roads OR certified as a CAH prior to January 1, 2006, based on State designation as a “necessary provider” of health care services to residents in the area.

### Mission

Caro Community Hospital, a community-minded healthcare system, is dedicated to providing compassionate care and services to enhance the health of all people we serve.

### Caro Community Hospital offers the following services:

- Auxiliary
- Public Relations
- Volunteer Services
- Bone Density
- CT Scan
- Cardiopulmonary
- Dietitian
- EEGs
- EKGs
- Emergency Department
- 24-hour emergency/urgent care
- Holter Monitor
- Laboratory
- Inpatient/Outpatient Diagnostic tests
- Mammography
- Nuclear Medicine
- Nuclear Stress Testing
- Pharmacy
- Medications to Inpatients and Emergency patients
- Physical Therapy
- Ultrasonic Therapy
- Passive and Active Exercise
- Whirlpool
- Pulmonary Function
- Radiology

- Pain Injections with neurosurgeon
- Fluoroscopy Unit
- Myelograms
- Venograms
- Pulmonary Function Tests
- Sleep Clinic
- Social Service
- Discharge planning
- Assistance with medical needs at home
- Referrals to other agencies
- Speech Therapy
- Stress Testing
- Surgery Department
- Inpatient or Outpatient Surgical Procedures
- Ultra Sound
- Emergency Room
- Outpatient services
- Rehabilitation
- Lab

## Community Health Needs Assessment Overview

Caro Community Hospital participated in a comprehensive Community Health Needs Assessment (CHNA), led by the Michigan Center for Rural Health. The CHNA was conducted from June 2013 through December 2013. The assessment was conducted in a timeline to comply with requirements set forth in the Affordable Care Act (ACA), as well as to further the hospital's commitment to community health management. The findings from the assessment are utilized to guide community benefit initiatives and to engage partners to address the identified health needs. Through this process, the Caro Community Hospital will be a stronger partner in the community and the health of those in the surrounding neighborhoods will be elevated.

### Scope

The purpose of the 2013 Caro Community Hospital Community Health Needs Assessment is to collect data on specific information regarding community perception of the Use of Healthcare Services, Awareness of Services, Community Health, and Health Insurance. Additionally, data were collected regarding the demographics of survey responders.

As with many rural areas, secondary data is often a year or more out-of-date, which highlights the importance of historic trends in that data in the service area.

### Methodology

A comprehensive nine-page survey was developed by the National Center for Rural Health Works and modified for this study. Caro CEO Marc Augsburger approved the survey design and content.

A survey and cover letter was sent to 1,000 random community members in the Caro Community Hospital service areas. A company named AccuLeads provided randomized mailing addresses for the cities of Akron, Caro, Fairgrove, Kingston, Mayville, Unionville, and Vassar. The survey was sent on June 30, 2013. Additionally, an online "Survey Monkey" with the comprehensive nine-page survey was accessible to all community members. Altogether, 169 completed surveys were returned (16.9%). The data were entered into a Survey Monkey database and are presented in the Survey Results section of this report.

Additional data were gathered from various national centers of expertise such as the Centers for Disease Control and Prevention and the National Cancer Institute.

Some of the data are presented in table format while other data are presented in paragraphical context.

### Business Data

	<b>Tuscola County</b>	<b>Michigan</b>	<b>USA</b>
Private nonfarm establishments, 2011	883	217,344	7,354,043
Private nonfarm employment, 2011	9,099	3,379,035	113,425,965
Private nonfarm employment, percent change, 2010-2011	4.70%	2.80%	1.30%
Non-employer establishments, 2011	3,516	687,228	22,491,080
Total number of firms, 2007	4,377	816,972	27,092,908
Manufacturers shipments, 2007 (\$1000)	581,524	234,455,768	5,319,456,312
Merchant wholesaler sales, 2007 (\$1000)	283,100	107,109,349	4,174,286,516
Retail sales, 2007 (\$1000)	432,316	109,102,594	3,917,663,456
Retail sales per capita, 2007	\$7,624	\$10,855	\$12,990
Accommodation and food services sales, 2007 (\$1000)	24,671	14,536,648	613,795,732
Building permits, 2012	17	11,692	829,658

### Population Data

<b>Data Points</b>	<b>Tuscola County</b>	<b>Michigan</b>	<b>USA</b>
Population, 2012 estimate	54,662	9,883,360	313,914,040
Population, 2010 (April 1) estimates base	55,729	9,883,635	308,747,508
Population, percent change, April 1, 2010 to July 1, 2012	-19.0%	Z	1.70%
Population, 2010	55,729	9,883,640	308,745,538
Persons under 5 years, percent, 2012	5.3%	5.8%	6.40%
Persons under 18 years, percent, 2012	22.4%	22.9%	23.50%
Persons 65 years and over, percent, 2012	17.2%	14.6%	13.70%
Female persons, percent, 2012	49.9%	50.9%	50.80%
White alone, percent, 2012 (a)	96.8%	80.1%	77.90%
Black or African American alone, percent, 2012 (a)	1.2%	14.3%	13.10%
American Indian and Alaska Native alone, percent, 2012 (a)	0.5%	0.7%	1.20%
Asian alone, percent, 2012 (a)	0.3%	2.6%	5.10%
Two or More Races, percent, 2012	1.1%	2.2%	2.40%
Hispanic or Latino, percent, 2012 (b)	3.0%	4.6%	16.90%
White alone, not Hispanic or Latino, percent, 2012	94.0%	76.2%	63.00%
Living in same house 1 year & over, percent, 2007-2011	87.6%	85.4%	84.60%
Foreign born persons, percent, 2007-2011	0.8%	6.0%	12.80%
Language other than English spoken at home, percentage 5+, 2007-2011	2.8%	9.0%	20.30%
High school graduate or higher, percent of persons age 25+, 2007-2011	85.3%	88.4%	85.40%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	12.9%	25.3%	28.20%
Veterans, 2007-2011	4,614	711,613	22,215,303
Mean travel time to work (minutes), workers age 16+, 2007-2011	29.9	23.9	25.4
Housing units, 2011	24,409	4,525,480	132,312,404

<b>Data Points</b>	<b>Tuscola County</b>	<b>Michigan</b>	<b>USA</b>
Homeownership rate, 2007-2011	82.2%	73.5%	66.10%
Housing units in multi-unit structures, percent, 2007-2011	8.4%	18.1%	25.90%
Median value of owner-occupied housing units, 2007-2011	\$106,300	\$137,300	\$186,200
Households, 2007-2011	21,525	3,825,182	114,761,359
Persons per household, 2007-2011	2.56	2.53	2.6
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$20,503	\$25,482	\$27,915
Median household income, 2007-2011	\$43,315	\$48,669	\$52,762
Persons below poverty level, percent, 2007-2011	15.4%	15.7%	14.30%
a – Includes persons reporting only one race. b – Hispanics included in applicable race categories. Z – Value greater than zero; less than half unit of measure shown.			

### Geographical Data

	<b>Tuscola County</b>	<b>Michigan</b>	<b>USA</b>
Land area in square miles, 2010	803.13	56,538.90	3,531,905.43
Persons per square mile, 2010	69.4	174.8	87.4

### Behavioral Risk Factors

**Region 3 Counties:** Genesee, Lapeer, Sanilac, Saginaw, Tuscola, Huron, Bay, Midland, Gladwin, Arenac, Ogemaw, Iosco, Oscoda, and Alcona

County health rankings show that much of what affects health occurs outside of the doctor's office. These rankings confirm the critical role that factors such as education, jobs, income and environment play in how healthy people are and how long they live.

Caro Community Hospital primary market is Tuscola County. In 2013, Michigan Behavioral Risk Factor Survey (BRFS) data from the 2012 survey year were analyzed by Michigan Emergency Preparedness (EP) region. Tuscola County is part of Region 3 whose members also include the following counties: Midland, Bay, Saginaw, Huron, Sanilac, Genesee, Lapeer, St. Clair. The following data results from the Michigan BRFS:

<b>Michigan BRFS Data Points</b>	<b>Region 3 (%)</b>	<b>Michigan (%)</b>
Health Status: General Health, Fair to Poor	20.7	17.1
Health Status: Last 14 Days, poor physical health	16.1	13.5
Health Status: Last 14 Days, poor mental health	12.8	13
Health Status: Last 14 Days, activity limitation	10.1	9
Mean Number of Days of Poor Physical Health (last 30 days)	5	4.2
Mean Number of Days of Poor Mental Health	3.9	4.1
Mean Number of Days of Activity Limitation	3	2.8
Total Disability	27.4	24.6
Any Activity Limitation	25.1	22.3

<b>Michigan BRFSS Data Points</b>	<b>Region 3 (%)</b>	<b>Michigan (%)</b>
Used Special Equipment	9.6	8.7
Weight Status: Obese	34.6	31.1
Weight Status: Overweight	35.8	34.6
Weight Status: Normal Weight	28.1	32.8
Weight Status: Underweight	1.5	1.6
Access: No Health Care Coverage	18.3	16.6
Access: No Personal Health Care Provider	14.7	15.8
Access: No Health Care Access During Past 12 Months Due to Cost	15.5	15.1
No Leisure-Time Physical Activity	26.4	23.3
Cigarette Smoking: Current Smoker	25.6	23.3
Cigarette Smoking: Former Smoking	27.5	25.8
Cigarette Smoking: Never Smoked	46.9	50.9
Current Smokers who attempted cessation	69.1	64.3
Tobacco Use	4	3.9
Alcohol Consumption: Heavy Drinking	6.2	6.1
Alcohol Consumption: Binge Drinking	18.2	19.2
Mean Number of Binge Drinking Occasions (past 30 days)	4.7	4.3
Drove Motor Vehicle After Drinking	3.2	1.9
Seat Belt Use: always use a seatbelt	87.7	88.4
Clinical Breast Exam among women aged 20 years and older: Ever Had Clinical Breast Exam	89.5	91.4
Clinical Breast Exam among women aged 20 years and older: Had appropriately timed Clinical Breast Exam	61.5	66.7
Mammography in Women Aged 40 and Older: Ever had Mammogram	96.8	94.5
Mammogram in the Past Year	60.2	59.2
Mammogram in the Past Two Years	78.5	76.6
Mammogram and Clinical Breast Exam in the Past Year	51.4	50.4
Cervical Cancer Screening: Ever Had Pap Test	91.8	92.1
Cervical Cancer Screening: Had Appropriately Timed Pap Test	75.2	79.4
Prostate Cancer Screening Among Men Aged 50 and Older: Ever Discussed with Dr.	70.8	73
Doctor recommended PSA Test	70.1	67.3
Ever had a PSA Test	75.6	72.2
Had a PSA Test in Past Year	48.6	46.9
Colorectal Cancer Screening: Ever Had Blood Stool Test	42.7	40.6
Colorectal Cancer Screening Had Blood Stool Test in Past Two Years	18.7	15.8
Colorectal Cancer Screening: Ever Had Sigmoidoscopy/Colonoscopy	71.3	72.7
Colorectal Cancer Screening: Had Sigmoidoscopy or Colonoscopy in Past 5 Years	54.5	55.4
Colorectal Cancer Screening: Had Sigmoidoscopy Past 5 years or Colonoscopy in Past 10 Years	65.9	67.3
Oral Health: No Dental Visit in Past Year	32.4	32
Oral Health: 6+ Teeth Missing	20.3	15.8



<b>Michigan BRFs Data Points</b>	<b>Region 3 (%)</b>	<b>Michigan (%)</b>
No Routine Checkup in past year	34.2	33.5
Immunizations among adults 65 years and older: Flu Vaccine in past year	51	55.4
Immunizations among adults 65 years and older: ever received pneumonia vaccine	67.3	66.8
HIV Testing (adults 18-64): Ever been tested	34.3	40.4
Asthma: Lifetime prevalence among adults	13.9	15.5
Asthma: Current prevalence among adults	8.9	10.5
Asthma: Lifetime prevalence among children	15.9	14.4
Asthmas: Current prevalence among children	12.3	9.5
COPD	9.1	7.4
Arthritis	40.3	31.8
CVD: Ever told heart attack	7.4	5.2
CVD: Diagnosis of Angina or Coronary Heart Disease	8.3	5.1
CVD: Ever told stroke	3.5	3.5
CVD: Ever told any cardiovascular disease	12.5	9.9
Cancer: Ever Told Skin Cancer	5.9	5.7
Cancer: Ever Told Any Other Types of Cancers	9.9	7.9
Cancer: Ever Told Cancer	14.6	12.3
Diabetes	11.9	10.5
Kidney Disease	4.4	
Depression	22.7	20.6
Visual Impairment	18.9	17.1
Falls Among Adults Aged 45 and Older: Fell During the Past 3 Months	17.8	17.4
Injured from a Fall During the Past Three Months	7.5	5.1

### **Community Representation**

Community engagement and feedback were an integral part of the CHNA process. Caro Community Hospital and Michigan Center for Rural Health sought community input through interviews with key community stakeholders, and inclusion of hospital representatives in the prioritization and implementation planning process.

### **Limitations of Study**

It should be noted that limitations of the research may have prevented the participation of some community members. The time lag of secondary data, the hospital service area sample, language and cultural barriers, the project timeline, and other factors may present some research limitations. To mitigate limitations of the research, Caro Community Hospital and its CHNA partners sought to include representatives of diverse and underserved populations, public and community health experts, and other community representatives to present the most comprehensive assessment of community health needs given the research constraints.

## Identified Community Needs

### Process for Selecting Needs

Caro Community Hospital and Michigan Center for Rural Health reviewed survey data, results of the key stakeholder interviews, and wellness coalitions' needs assessments. Needs were then identified based on the following criteria: size, severity, and long-term impact. Needs were then selected based on these criteria, as well as whether data were available, and Caro Community Hospital ability to impact the need.

### Identified Needs

The following needs were identified as those to be addressed in the Implementation Strategy:

- Heart Disease
- Lack of Physicians
- Cancer
- Dental
- Access and Affordability
- Obesity
- Diabetes
- Transportation
- Mental Health

## Implementation Strategy

The following sections outline the problems, strategies, activities, and desired outcomes for each of the health needs identified above. Caro Community Hospital understands this Implementation Plan to be a “living document” and subject to ongoing revision and enhancement. This is to ensure an effective and long term response to the community’s health needs.

Caro Community Hospital also anticipates some overlap. Many of the strategies and activities detailed below address risk factors associated with multiple identified needs. For example, strategies to promote healthy eating and physical activity will affect obesity as well as heart disease. These strategies also might have a positive impact on mental health, as will strategies to reduce substance abuse.

### Comprehensive

Caro Community Hospital offers a continuum of health services to meet the specific needs of patients and their families. These services include inpatient, outpatient, day treatment, and educational programs. Coordination among these services allows patients to move from one level of care to another as their needs change. Caro Community Hospital also provides or participates in a number of community outreach events consisting primarily of health and wellness fairs – both within and outside of the organizational walls. Caro Community Hospital will continue to offer these services and its participation with the intent of improving the health of the community.

Additionally to further support existing services and participation in those services, Caro Community Hospital will establish quarterly Lunch & Learn Educational Series. These Lunch & Learn events will be open to the community, will address community health needs, and will promote wellness and prevention. Topics may include: Alcoholism, Breast, Cancer, Diabetes, Heart Health, Immunization, Influenza, Men’s Health, Colon Cancer, Skin Cancer, Smoking Cessation, CPR, etc.

Finally, the National Institutes of Health confirm that men are less likely to get medical care than women, and that they are more likely to maintain unhealthy behaviors, like smoking and

excessive drinking. In the U.S., life expectancy among men is consistently lower than among women. Men, for the most part, are not charged with the role of family-health maintenance, and therefore don't develop a connection to the health-maintenance system. They typically get involved only when they have to, after sustaining an injury or suffering an illness. Health maintenance is not part of their routine. The state of the economy also complicates this situation. Men often avoid going to the doctor, or taking medicine prescribed to them, due to the cost.

Many of the major health risks that men face—such as colon cancer and heart disease—can actually be prevented and treated with earlier diagnosis. Screening tests can often find these diseases early, when they are easier to treat. Therefore, Caro Community Hospital will intentionally target Tuscola County's male population by seeking to attract them to male oriented event(s). An example would be facilitating a fishing tackle auction which would be preceded by a male health education talk/discussion. Perhaps male-oriented medical exams would be offered during the event.

### **Obesity Specific**

Health experts recognize obesity as a risk factor for a number of chronic diseases including heart disease and cancer, which together comprise the leading causes of death in Tuscola County. Obesity and overweight are also associated with Type 2 diabetes, a disease that is on the rise both locally and nationally and can lead to serious complications and premature death.

Obesity was noted as a leading health concern, forming a trickle-down effect in the development of chronic diseases. Community survey respondents described a lack of support for healthy living, a lack of motivation, living in a pleasure-driven society, and lack of areas to be physically active as barriers to reducing obesity.

Recommendations from Caro Community Hospital for improving the health status of area residents cannot address motivation nor can it address a "pleasure-driven society." However, Caro Community Hospital can and will continue to sponsor and support area run/walk events that encourages families to participate in physical activities together. Additionally too promote physical activities, Caro Community Hospital will work with city and organizational leaders to improve the Chippewa Walking Trail and to increase access to Caro High School facilities. Caro Community Hospital will also work with city leaders to investigate the feasibility of renovating Tuscola County Fairgrounds. Renovation could include swimming pool(s), walking/exercise trail, tennis court(s), and playground equipment.

To promote healthy eating Caro Community Hospital will work with Caro officials to expand the Caro Farmers' Market giving the community increased access to fresh, nutritious locally grown produce.

Along those lines Caro Community Hospital will study the feasibility of increasing the amount of locally and regionally grown foods served within the health system and maximize availability of nutritious food options on the menu, including whole grains, fruits, and vegetables to encourage patients, employees, and visitors to make healthy dietary choices.

### **Diabetes Specific**

As noted previously, diabetes is a disease that is on the rise at the local and national levels and can lead to serious complications and premature death. Also noted previously obesity is closely linked to diabetes.

The prevalence of diabetes is increasing in both Michigan and the U.S. at an alarming rate: in the last 15 years, the number of people in the U.S. with diagnosed diabetes has more than doubled. According to the Centers for Disease Control and Prevention (CDC)'s National Diabetes Surveillance System data, Tuscola County has an adult diabetes rate of 10.9—exceeding the national benchmark (8.0). (<http://www.cdc.gov/diabetes/atlas/countydata/atlas.html>)

The CDC reports that Tuscola County averages 400 new diabetes incidence cases each year. ([http://www.cdc.gov/diabetes/atlas/countydata/dmincid/data\\_Michigan.pdf](http://www.cdc.gov/diabetes/atlas/countydata/dmincid/data_Michigan.pdf)).

The Michigan Department of Community Health data shows that Tuscola County averages 53 diabetes-related deaths each year.

(<http://www.mdch.state.mi.us/CHI/CRI/CriticalInd/Crico.asp?TableType=Diabetes-related&CoName=Tuscola&CoCode=79>)

9.1% of Caro Community Hospital community respondents reported that diabetes is one of the top three most serious health concerns in the area.

According to a 2012 CDC National Diabetes Fact Sheet, diabetes contributes to one out of every five health care dollars spent in the U.S., with 50 percent of medical expenditures attributed to diabetes being inpatient care. As the costs associated with diabetes skyrocket, Caro Community Hospital realizes that it is critical to invest in prevention and management initiatives that can address the diabetic needs.

In addition to the previously mentioned strategies Caro Community Hospital will seek to expand its Diabetes Support Group. This support group provides an opportunity for diabetic patients and their families to gather and share their experiences in managing this chronic disease. Facilitated by a Certified Diabetes Educator and Registered Dietician at Caro Community Hospital the program would be free or low-cost, will meet regularly, and be open to area residents and their families.

### **Cancer Specific**

According to latest data from the Michigan Department of Community Health, cancer is the leading cause of death in Tuscola County accounting for 26 percent of all deaths in the county.

(<http://www.mdch.state.mi.us/pha/osr/chi/Deaths/leadUS/COUS.asp?DxId=1&CoName=Alcona&CoCode=79>).

The State Cancer Profiles compiled by the National Cancer Institute list Tuscola County at Priority Index 4 for all cancers. This priority index means Tuscola County's overall cancer rate shows a stable trend over the past year but still above the U.S. rate.

(<http://statecancerprofiles.cancer.gov/cgi-bin/quickprofiles/profile.pl?26&001>)

Community survey respondents think cancer is the most serious health concern in the area – 17.3%.

Nearly two-thirds of cancer deaths can be linked to modifiable risk factors such as tobacco use, diet, obesity and lack of physical activity. A National Cancer Institute report released in January 2012 estimated that in 2007 in the U.S., about 34,000 new cases of cancer in men (4 percent) and 50,500 in women (7 percent) were due to obesity. This analysis also found that if every adult reduced their BMI by 1 percent, which would be equivalent to a weight loss of roughly 2.2 lbs for an adult of average weight, this would prevent the increase in the number of cancer cases and actually result in the avoidance of about 100,000 new cases of cancer.

Recognizing that early detection is the key to successfully battling cancer Caro Community Hospital will seek to increase the number of breast, lung, prostate, and colorectal cancer screenings.

Additionally Caro Community Hospital will investigate the feasibility of instituting a tobacco-free policy on all campuses, offer smoking cessation educational opportunities periodically throughout the year, and host courses or provide material that encourages parents to refrain from smoking around their children.

Finally Caro Community Hospital will seek to measure the number of its patients diagnosed with cancer who cannot afford cancer medications.

### **Heart Disease Specific**

The Michigan Department of Community Health data also shows that heart disease is the 2<sup>nd</sup> leading cause of death in Tuscola County, accounting for 25 percent of all deaths in the county. Heart disease related deaths in Tuscola County outpace those in both Michigan and the national level. Heart disease includes all diseases of the heart and blood vessels, including ischemic heart disease, stroke, congestive heart failure, hypertension and atherosclerosis.

Because heart disease accounts for substantial morbidity and mortality, reduction of the risk factors is of particular importance in improving the health of the community. The major risk factors are associated with lifestyle; they include elevated blood pressure, high blood cholesterol levels, obesity, smoking, diabetes and a sedentary lifestyle.

In addition to the previously mentioned strategies Caro Community Hospital will offer low-cost health screenings throughout the year that can detect a wide range of conditions, including heart disease and vascular concerns.

Additionally Caro Community Hospital will evaluate the feasibility of purchasing a mobile stress-test unit, which improves wellness by making it more convenient for people to obtain prevention and detection services.

### **Access and Affordability Specific**

Community survey data showed that Access to Health Care ranked number one as the most important item for a healthy community (19.6%). We define this category by including responses dealing with financials, hours of operation, and wait times. Examples are as follows:

- It cost too much..... 18.9%
- Office wasn't open when I could go ..... 10%
- No insurance ..... 13.3%
- Too long to wait for an appointment..... 12.2%

Caro Community Hospital will continue to provide financial assistance information to persons who have healthcare needs and are uninsured or underinsured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to enhance the health of all people it serves, Caro Community Hospital will continue to strive to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

Caro Community Hospital has a large enough footprint to serve the current patient needs. However, Caro Community Hospital will evaluate and adjust as necessary practice office hours. Additionally, Caro Community Hospital will evaluate the feasibility of adding an After Hours clinic to its existing practice and creating an additional medical office practice.

### **Lack of physicians**

Caro Community Hospital is actively in the process of recruiting healthcare providers, both physician and mid-level (ARNP and PA) providers. Medical Opportunities in Michigan (MOM) is a Michigan physician recruiting firm that the hospital contracts with to work on physician recruitment. Numerous locum companies are utilized and contacted directly when a potentially appropriate resume' has been forwarded for review. Additionally, Caro Community Hospital is seeking to work with Central Michigan University's new School of Medicine college in Saginaw, MI in order to get medical students in Caro for practical experience.

### **Needs not addressed**

There were needs identified that Caro Community Hospital did not choose to address. These needs while important to the health system and the community were not chosen based on either a) Caro Community Hospital' inability to impact or b) the extent to which Caro Community Hospital and/or other organizations were meeting the need.

#### **Mental Health**

Caro Community Hospital is not in a position at this time to directly impact access to mental health care, but will support Tuscola County governance in its effort(s) to expand access. Additionally Caro Community Hospital's CEO, Marc Augsburger, will intentionally seek to attend meetings of and participate with the Human Services Collaborative Council which directly deals with local mental health issues.

#### **Dental**

Caro Community Hospital is not in a position at this time to directly impact access to dental care, but will support Tuscola County governance in its effort(s) to expand access.

#### **Transportation**

Transportation affects access to care, particularly among the low-income and medically underserved. However, transportation ranked low among other risk factors due to the low number of people that are affected. In addition, other local organizations like senior centers and the Thumbody bus are already working to address transportation needs in the area. Therefore Caro Community Hospital will not directly address this issue with any new initiatives.

### **Governing Body Approval**

On January 6, 2014, Caro Community Hospital Board of Directors reviewed and adopted the findings of the CHNA Implementation Strategy. The document will be attached to Caro Community Hospital's 990 form to comply with Affordable Care Act requirements.

To comply with Affordable Care Act requirements, .the Community Health Needs Assessment is accessible to the public on Caro Community Hospital's website and by request to Caro Community Hospital's administration.