

2013 Community Health Needs Assessment

The logo for DCH SYSTEM is a black square with the text "DCH" on the top line and "SYSTEM" on the bottom line, both in white, serif, all-caps font. The square is framed by a thin white border.

DCH
SYSTEM

Requirements

Effective in 2012 as part of the Patient Protection and Accountable Care Act all tax-exempt hospital are required to conduct a Community Health Needs Assessment (CHNA) at least every three years and to make the assessment results widely available to the public.

Following the CHNA, hospitals must also identify critical health needs and create and adopt an implementation strategy to address these identified health risks.

Requirements

Additional law specifies that as hospitals conduct these assessments, they must consult with people who represent the broad interests of the community, including general community members and/or groups, public health experts and federal or state department personnel.

Hospitals can base the assessment on current information collected by public health or not-for-profit agencies and can partner with groups or other hospitals to complete the assessment as long as we report independently.

Further Rulings...

On April 3, 2013, the IRS released further proposed rules on the CHNA, offering more guidelines and the ability to better track compliance – as well as how to respond to noncompliance.

It also relaxed the detailed and specific documentation regarding who was consulted or partnered with on the survey, but still requires hospitals to consider input from others for the survey and during the implementation strategy. Going forward, input from community health partners it will be required.

Partners

DCHS partnered with many local agencies to make this assessment a success. The goal was to not only assess physical health needs, a focus of our healthcare system, but also address mental and emotional healthcare as well as barriers to care, so we can collect relevant data that will serve to support many different agencies. Because of the multiple cross county agencies involved, we worked with Northstar Health System to complete our assessment. Other local community agencies included:

Partners

- Department of Human Services
- Dickinson Iron Community Service Agency
- Dickinson Iron District Health Department
- Dickinson Iron Intermediate School District
- Great Lakes Recovery Centers, Inc
- Great Start Collaborative
- Kiwanis/Rotary
- Local Area Public Schools
- Medical Care Access Coalition
- Michigan State University Extension
- Northpointe Behavioral Healthcare System
- Veterans Administrative Hospital

Survey Development

Marquette County Health Department had spearheaded the effort for all of Marquette county. In an effort to find comparable data (and not have to reinvent the wheel) we modeled our survey after the one completed in Marquette. We added and removed questions based on our area demographics, agency needs and organizational demands.

Survey Distribution

We created a distribution plan, which included both hard copy and electronic forms of the survey. We established a two month time frame for distribution, in which all members of the committee would make the survey available to the populations they served, using the appropriate survey form (email, website, handout) to distribute.

Survey Distribution

From September 1, 2012 to November 1, 2012 over 660 surveys were collected from our local area (see demographics). A \$100 cash prize, to be drawn at random, was used to encourage individuals to complete the survey (see sample survey).

Survey Results

This is what we found...

Results

1. Do you feel safe in your community?

	Response Percent	Response Count
All of the time	27.3%	179
Most of the time	69.5%	455
Sometimes	3.7%	24
Rarely	0.0%	0
Never	0.0%	0

answered question 655
skipped question 32

Community Health Needs Assessment

Results – 2. Rate the Quality of Life statements...

	Very Satisfied	Satisfied	Not Sure	Dis-satisfied	Very Dis-satisfied	Not Applicable	Rating Average
Community Activities	22.8% 154	61.0% 412	10.4% 70	4.0% 27	0.6% 4	1.2% 8	2.02
Access to Mental Health	8.3% 56	27.5% 186	28.0% 189	13.3% 90	8.1% 55	14.8% 100	3.30
Access to Srvs. Substance Abuse	7.0% 47	24.1% 163	30.8% 208	9.9% 67	6.4% 43	21.8% 147	3.50
Access to Dental Care	31.1% 211	48.8% 331	4.9% 33	10.6% 72	3.7% 25	0.9% 6	2.10
Access to Health Care	30.1% 203	53.0% 358	4.3% 29	11.0% 74	1.0% 7	0,6% 4	2.02
Availability of Daycare	7.9% 53	20.4% 137	21.2% 142	9.0% 60	3.6% 24	37.9% 254	3.94
Quality of Daycare	10.2% 68	19.6% 131	25.6% 171	4.5% 30	1.0% 7	39.0% 260	3
Access to Early Childhood Prgm	15.5% 104	26.7% 180	19.5% 131	4.9% 33	1.3% 9	32.1% 216	3.46

Community Health Needs Assessment

Results – 2. Rate the Quality of Life statements...

	Very Satisfied	Satisfied	Not Sure	Dis-satisfied	Very Dis-satisfied	Not Applicable	Rating Average
Quality of Pre-Schools	17.7% 119	30.2% 203	19.5% 131	3.3% 22	0.3% 2	29.1% 196	3.26
Quality of K-12 Schools	23.0% 155	39.0% 263	9.9% 67	8.1% 55	1.0% 7	19.0% 128	2.82
Access/Quality After Schl Prgms	8.7% 59	26.2% 177	25.9% 175	11.1% 75	2.4% 16	25.6% 173	3.49
Access to Transportation	4.2% 28	20.7% 139	22.3% 150	28.2% 190	11.6% 78	13.1% 88	3.62
Opportunities for Job Growth	4.7% 32	23.4% 158	16.9% 114	38.3% 259	13.0% 88	3.7% 25	3.43
Access to Job Training Prgms	4.4% 30	19.4% 131	29.5% 199	28.4% 192	10.4% 70	7.9% 53	3.44
Opportunities for Higher Education	10.3% 69	48.1% 322	12.1% 81	17.2% 115	7.9% 53	4.3% 29	2.77
Access to Veterans Srvs	13.0% 87	29.3% 196	22.5% 151	3.7% 25	2.1% 14	29.4% 197	3.41

Community Health Needs Assessment

Results – 2. Rate the Quality of Life statements...

	Very Satisfied	Satisfied	Not Sure	Dis-satisfied	Very Dis-satisfied	Not Applicable	Rating Average
Programs that Support Seniors	10.1% 68	37.7% 254	27.0% 182	7.0% 47	1.0% 7	17.1% 115	3.02
Prgms Support Sub Abuse Svcs	4.6% 31	20.3% 137	33.0% 223	13.5% 91	5.5% 37	23.1% 156	3.64
Availability of Afford Housing	8.5% 57	39.2% 264	22.7% 153	13.8% 93	3.4% 23	12.5% 84	3.02
Outdoor Air Quality	39.6% 267	47.5% 320	8.8% 59	3.3% 22	04% 3	0.4% 3	1.79
Public Indoor Air Quality	30.7% 205	57.6% 385	8.4% 56	3.0% 20	0.0% 0	0.3% 2	1.85
Public Water Supply	22.7% 153	49.8% 336	12.3% 83	7.4% 50	3.0% 20	4.9% 33	2.33
Well Water Supply	20.8% 139	34.6% 231	20.8% 139	1.5% 10	1.5% 10	20.8% 139	2.91
Quality of Environmental Public Svcs	19.4% 131	58.5% 395	6.5% 44	9.3% 63	3.4% 23	2.8% 19	2.27

Results– 3. Three Factors Which MOST IMPROVE our Communities Quality of Life.

Quality	% Responding	# Responding
#1 Low Crime/Safe Neighborhoods	49.4%	328
#2 Good Place to Raise Children	47.4%	315
#3 Good Schools	39.8%	264
Employment Opportunities	24.2%	161
Clean Environment	20.2%	134
Access to Dr. and Medical Care	20.2%	133
Economic Growth	14.9%	99
Religious or Spiritual Values	13.0%	86
Emphasis on Family Values	12.2%	81

Results– 3. Three Factors Which MOST IMPROVE our Communities Quality of Life.

12% to 8%

Affordable Housing, Outdoor Recreational Facilities, Parks and Green Space and Access to Grocery Stores with Fresh Produce and Meats.

8% to 4%

Access to Veterans Healthcare and Presence of Higher Educational Institution

4% or less

Arts and Cultural Events, Access to Public Transportation, Pro-business Environment, Organized Teen Activities, Ethnic and Racial Diversity, Long Life Expectancy, Indoor Recreational Facilities, Organized Activities for Seniors and Access to Healthy Foods.

Results – 4. Three MOST CRITICAL Health and Safety Issues we Face in our Community.

Quality	% Responding	# Responding
#1 Substance Abuse	54.1%	359
#2 Overweight/Obesity	43.1%	286
#3 Cancers	36.4%	242
Mental Health Issues	31.3%	208
Poverty	23.0%	153
Aging Issues (arthritis, hearing/vision loss)	15.2%	101
Child Abuse/Neglect	14.2%	94
Domestic Violence	14.2%	94

Results – 4. Three MOST CRITICAL Health and Safety Issues we Face in our Community.

12% to 8%

Diabetes, Heart Disease and Stroke and Teen Pregnancy.

8% to 4%

Suicide, Homelessness, Motor Vehicle Crash/Injury, High Blood Pressure and Dental Problems.

4% or less

Elder Abuse, Firearm Related Injuries, HIV/AIDS, Hunger, Infant Death, Infectious Disease, Rape/Sexual Assault, Respiratory/Lung Disease, STD's, Sub-Standard Housing and Terrorist Activities.

Results– 5. Three MOST IMPORTANT Attitudes or Behaviors that Cause Health Problems in our Community.

Quality	% Responding	# Responding
#1 Alcohol Abuse	71.1%	473
#2 Illegal Drug Use	58.0%	386
#3 Prescription Drug Abuse	34.0%	226
Poor Eating Habits	34.7%	231
Lack of Exercise	32.3%	215
Tobacco Use	24.8%	165
Apathy/Lack of Community Involvement	14.9%	99

Results– 5. Three **MOST IMPORTANT Attitudes or Behaviors that Cause Health Problems in our Community.**

12% to 8%

None

8% to 4%

Dropping Out of School, No Preventative Medical Screenings and Unsafe Sex.

4% or less

Lake of Prenatal Care, Not Getting Vaccines to Prevent Illness/Disease, Racism/Prejudice, Not Using Birth Control, Not Using Seat Belts or Child Safety Seats and Unsecured Firearms.

Results

6. Overall, how would you describe your physical health status?

	Response Percent	Response Count
Excellent	17.5%	115
Good	62.3%	409
Fair	17.7%	116
Poor	2.1%	14
Very Poor	0.5%	3

answered question 656
skipped question 31

Results

7. Overall, how would you describe your mental health status?

	Response Percent	Response Count
Excellent	34.3%	226
Good	56.5%	372
Fair	8.4%	55
Poor	0.9%	6
Very Poor	0.2%	1

answered question 658
skipped question 29

Results

8. Are you satisfied with your overall physical and mental health?

	Response Percent	Response Count
Yes	77.3%	508
No	22.8%	150

answered question 657
skipped question 30

Results

9. Where do you usually go when you are sick or need medical or dental care (check all that apply)?

	Response Percent	Response Count
Doctor's Office	92.5%	607
After Hours/Walk-In Clinic/Express Care	37.2%	244
Emergency Department	20.4%	134
Call an ambulance	2.1%	14
Dentist's Office	57.9%	380
Community Dental Clinic	1.8%	12
County Health Department	3.4%	22
Other (please specify)		11

answered question 656
skipped question 31

10. Where do you get information about health resources available in our Community?

	Response Percent	Response Count
School	11.6%	73
TV	22.8%	144
Community Newsletter	10.1%	64
Hospital Website	21.4%	135
Church	7.6%	48
Newspaper	53.0%	335
Neighbors/Friends	45.4%	287
Radio	31.6%	200
Family	34.3%	217
Internet	36.7%	232
Community Event	11.4%	72
211	2.5%	16
Other (please specify) 59		
		answered question 632
		skipped question 55

11. What do you feel are the barriers to getting health care in your community?

	Response Percent	Response Count
Cost	70.0%	451
No insurance	57.3%	369
Prescription or medication cost too high	44.7%	288
Lack of available Primary Care Providers (family doctors)	22.5%	145
Lack of Specialty Physicians (Neurology, Internal Med, Orthopedics)	27.6%	178
Providers don't accept some insurances	25.2%	162
Too much paperwork	6.5%	42

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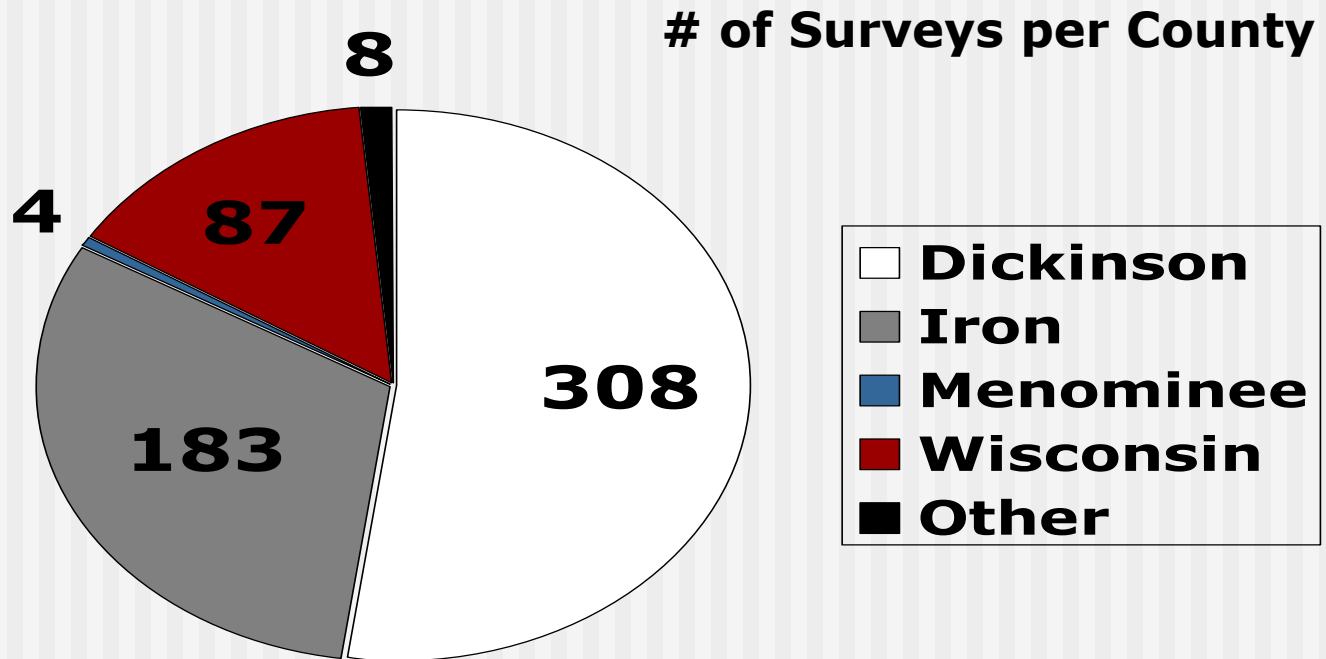
11. Where do you feel are the barriers to getting health care in your community? (CONT)

	Response Percent	Response Count
Lack of transportation	16.3%	105
Doctor/staff don't speak my language	0.9%	6
Fear or distrust of the health care system	20.0%	129
Services not available	21.1%	136
No appointments outside of work hours	27.3%	176
Other (please specify)		30

answered question 644**skipped question 43**

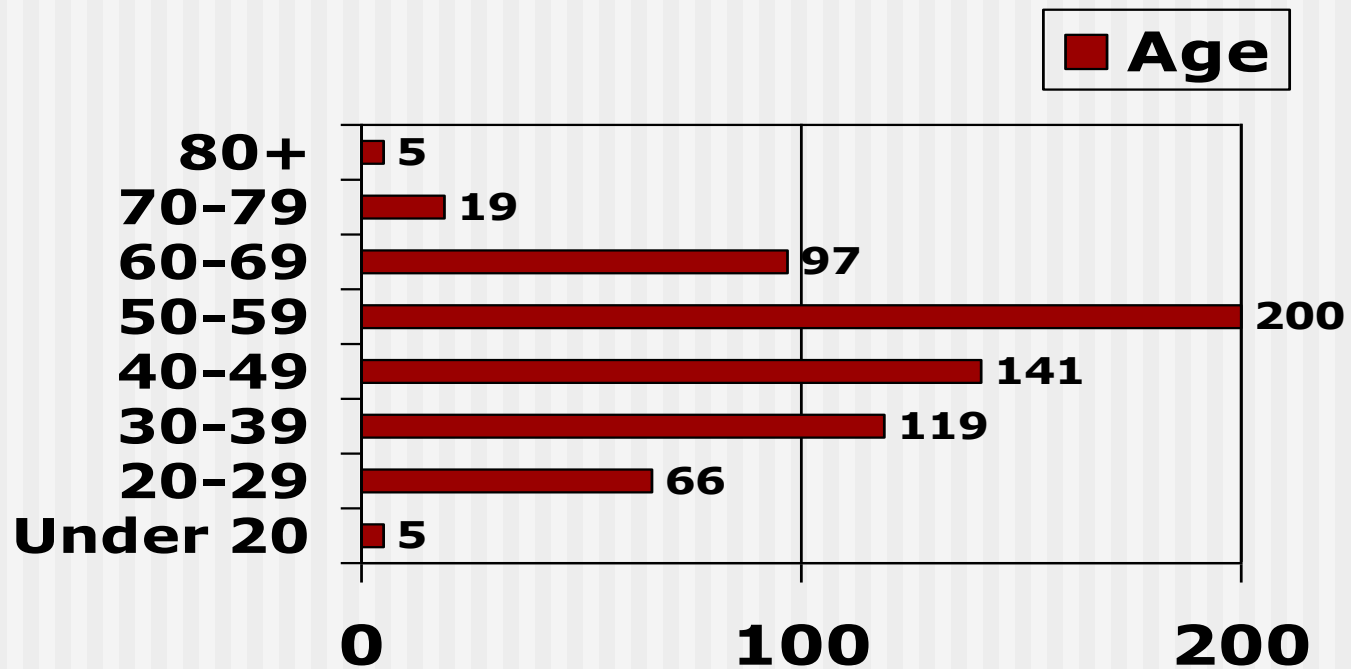
Results

12. Zip Code?



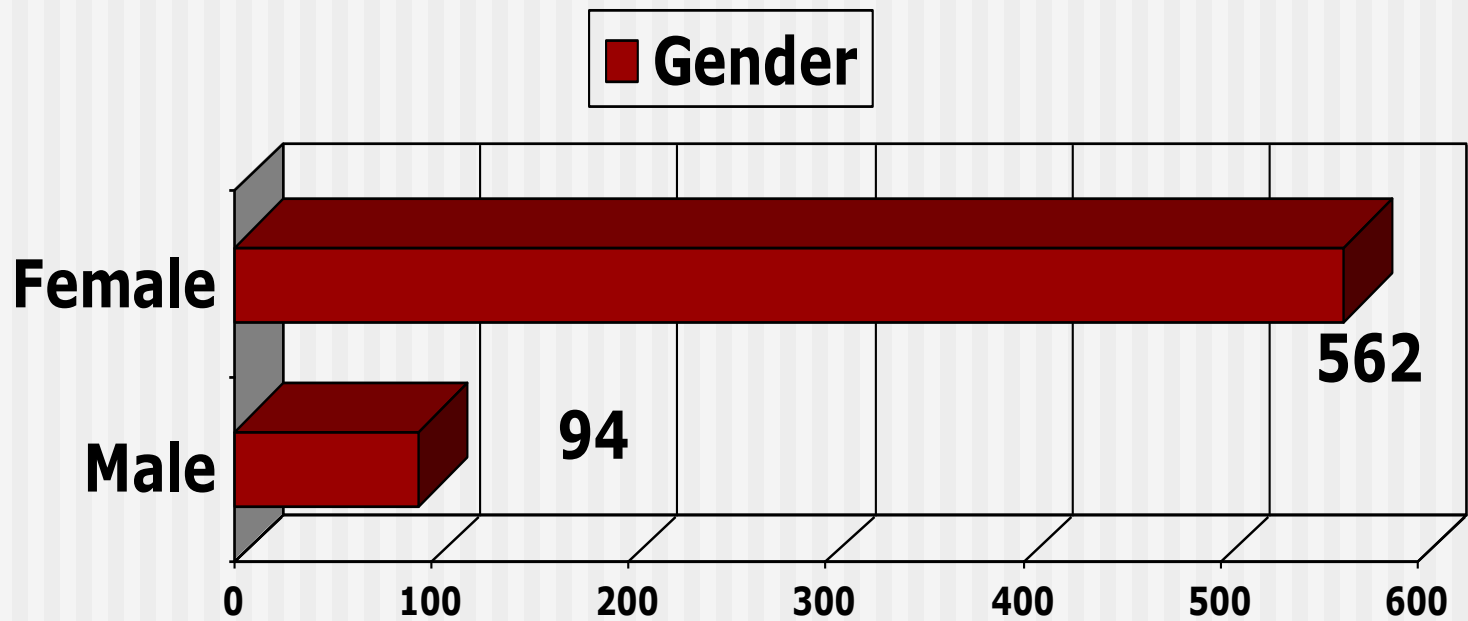
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13. Age? Average age was 47.



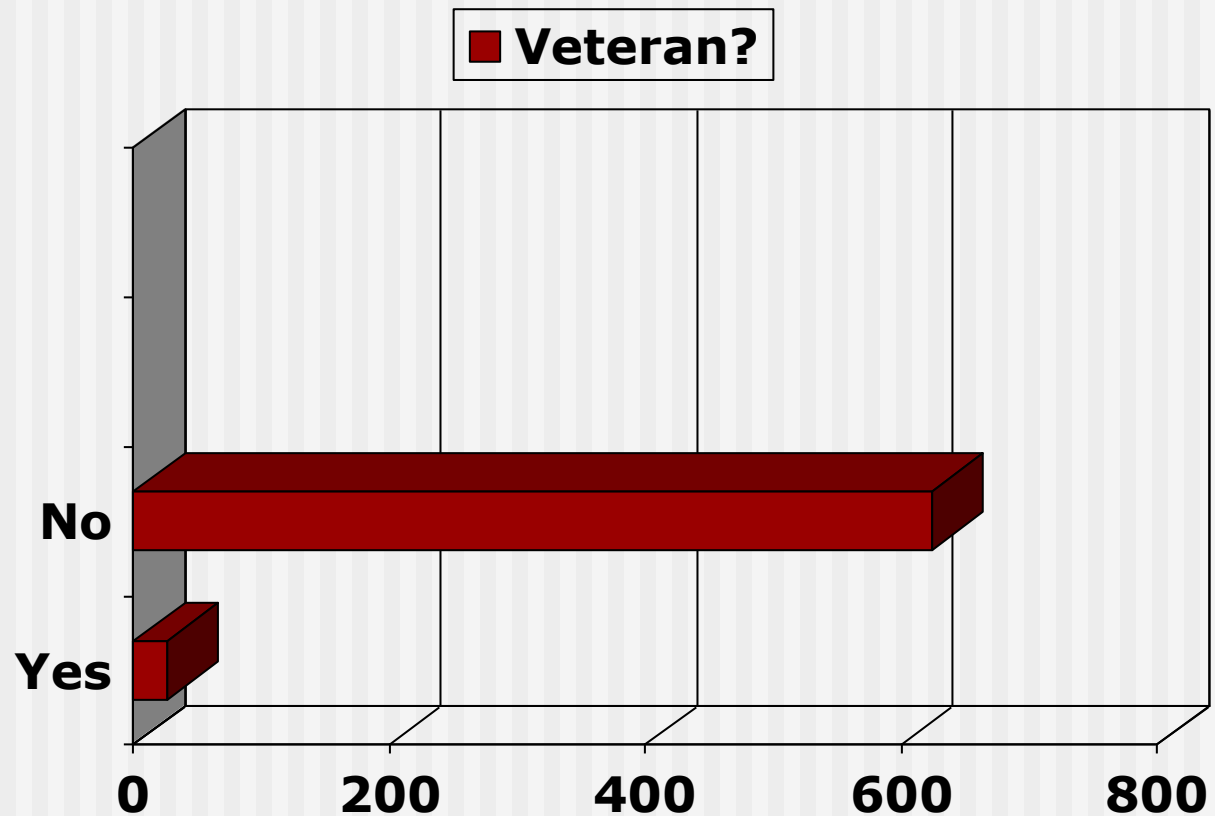
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14. Gender?



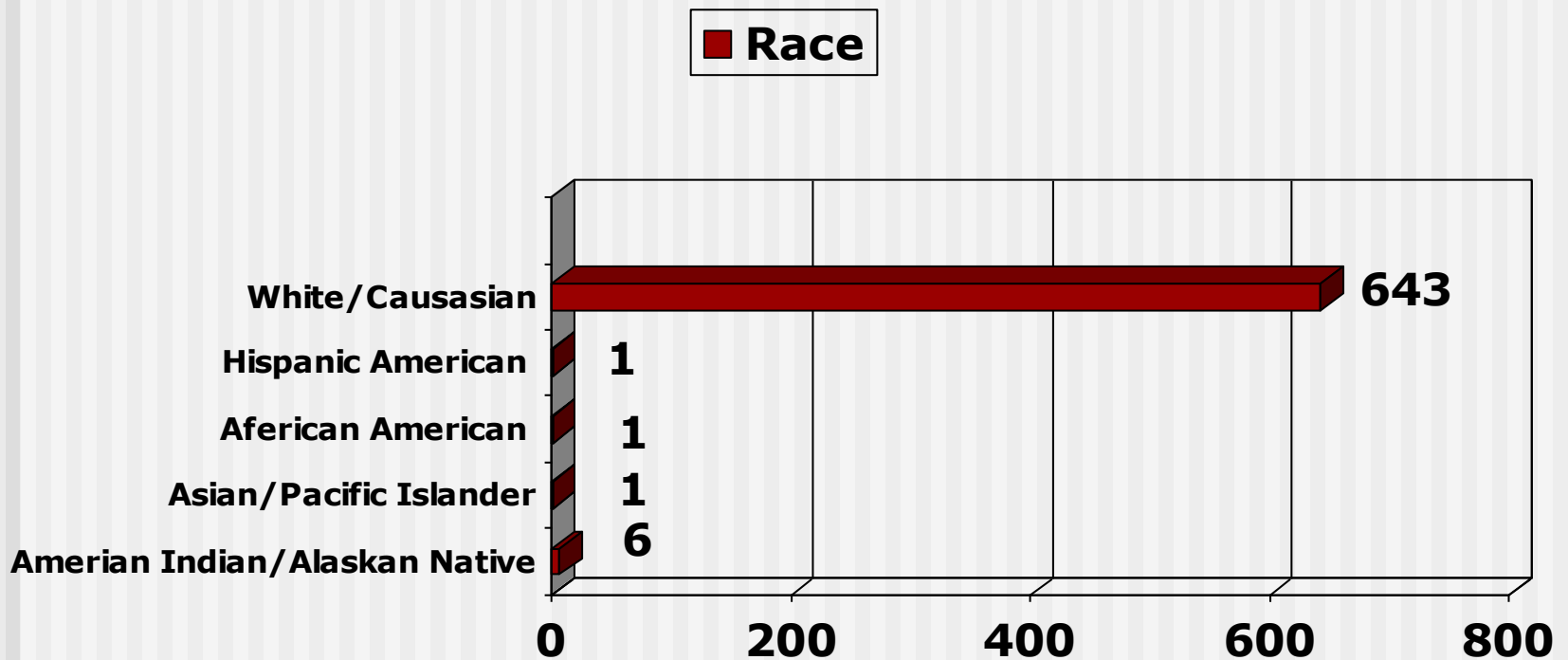
Results

15. Are you a veteran?



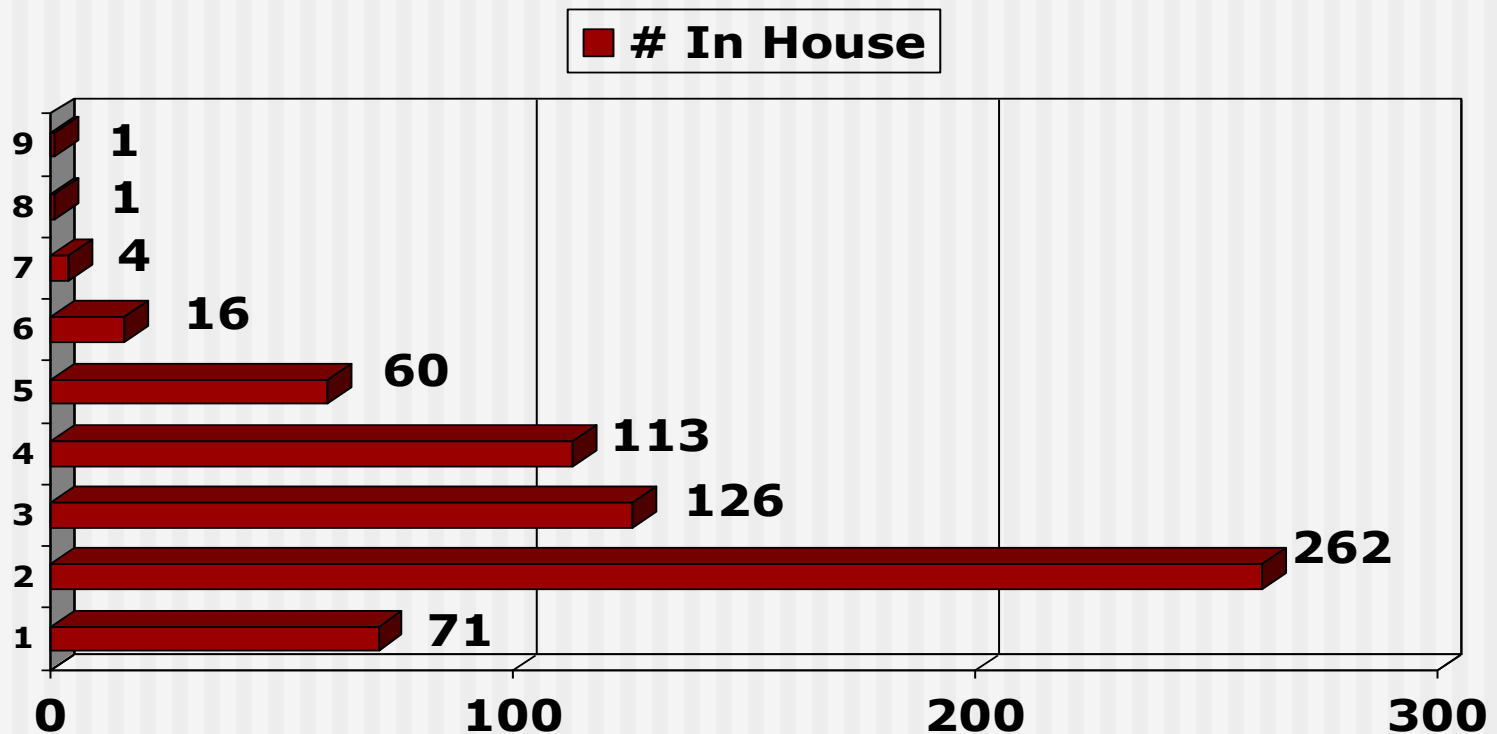
Results

16. Which race/ethnicity best describes you?



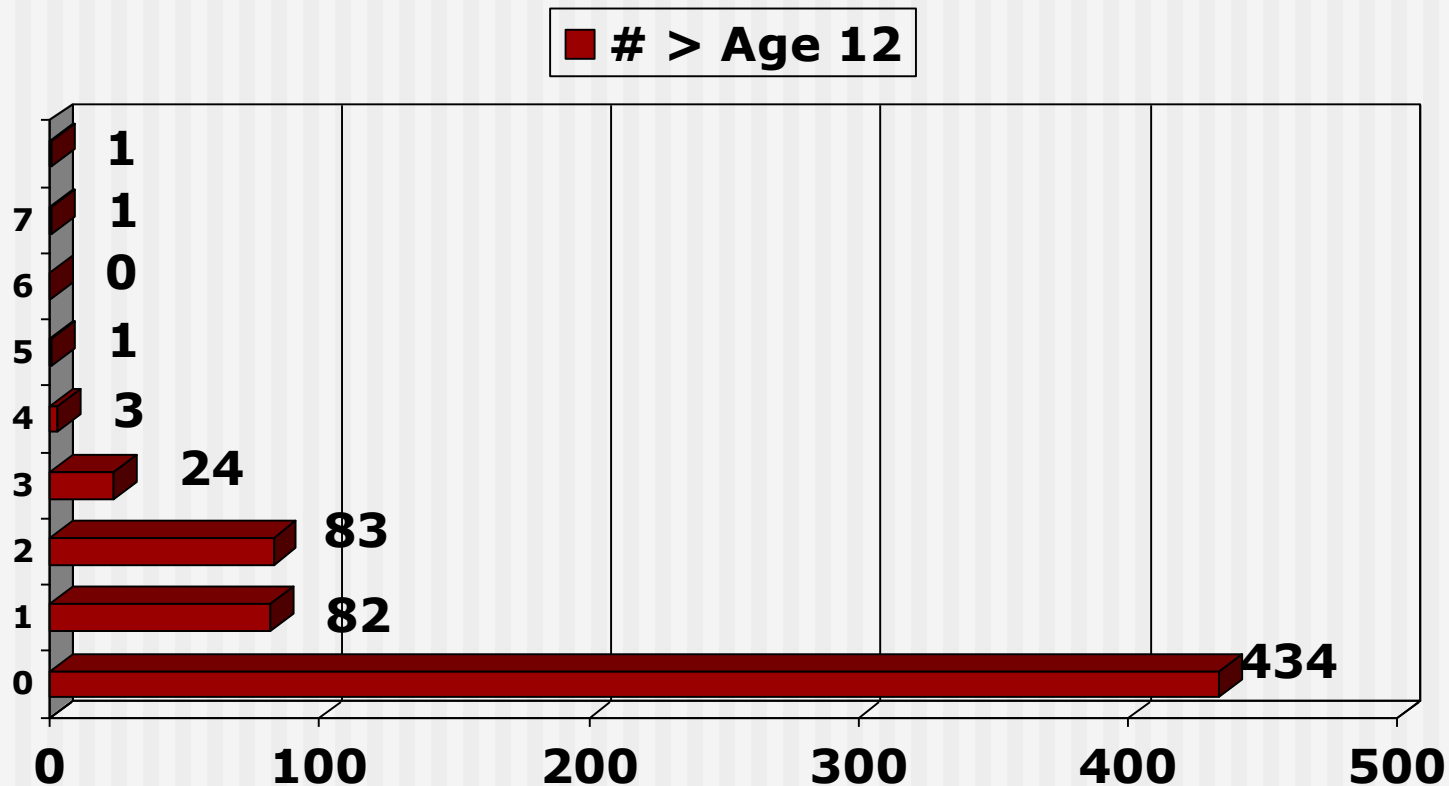
Results

17. Number of people currently in household?



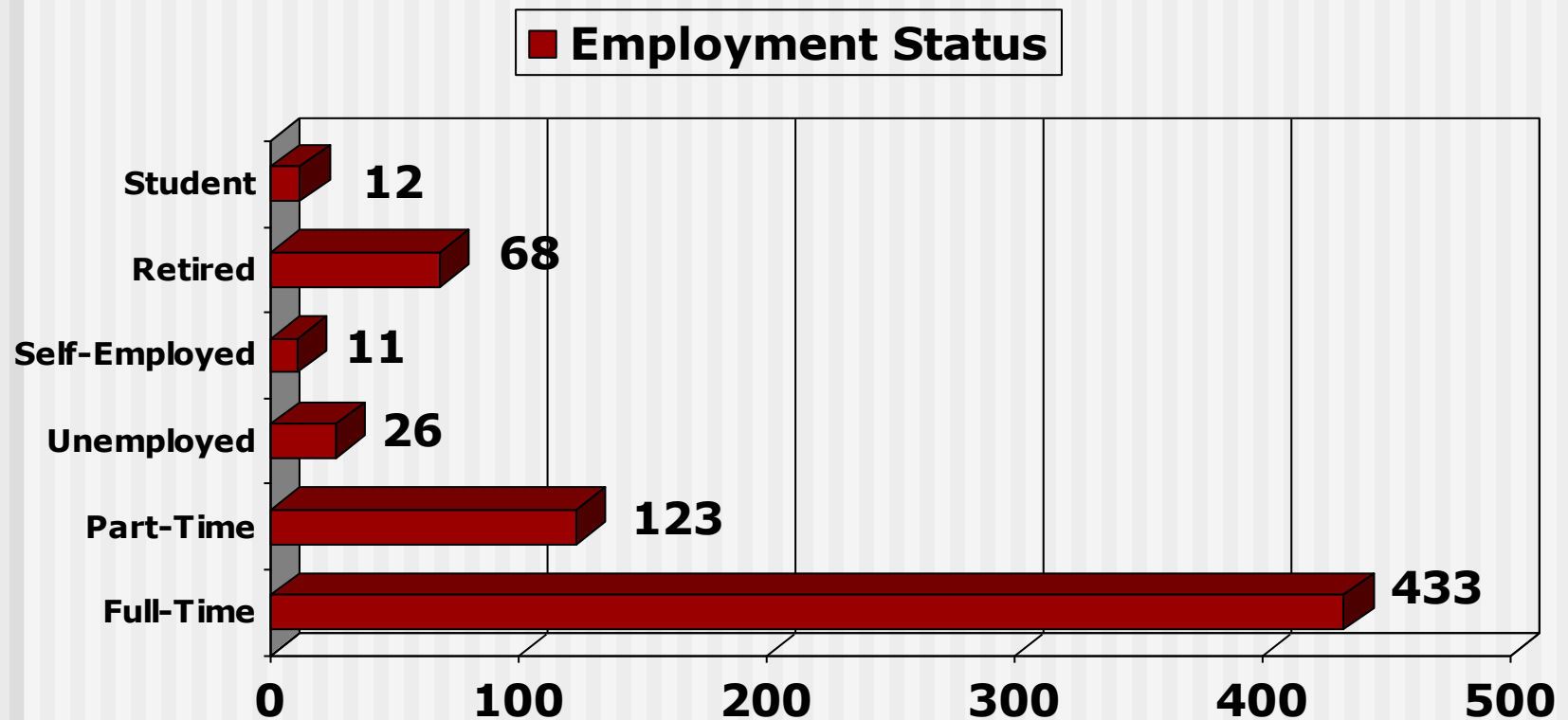
Results

18. Number of children >age 12 in household?



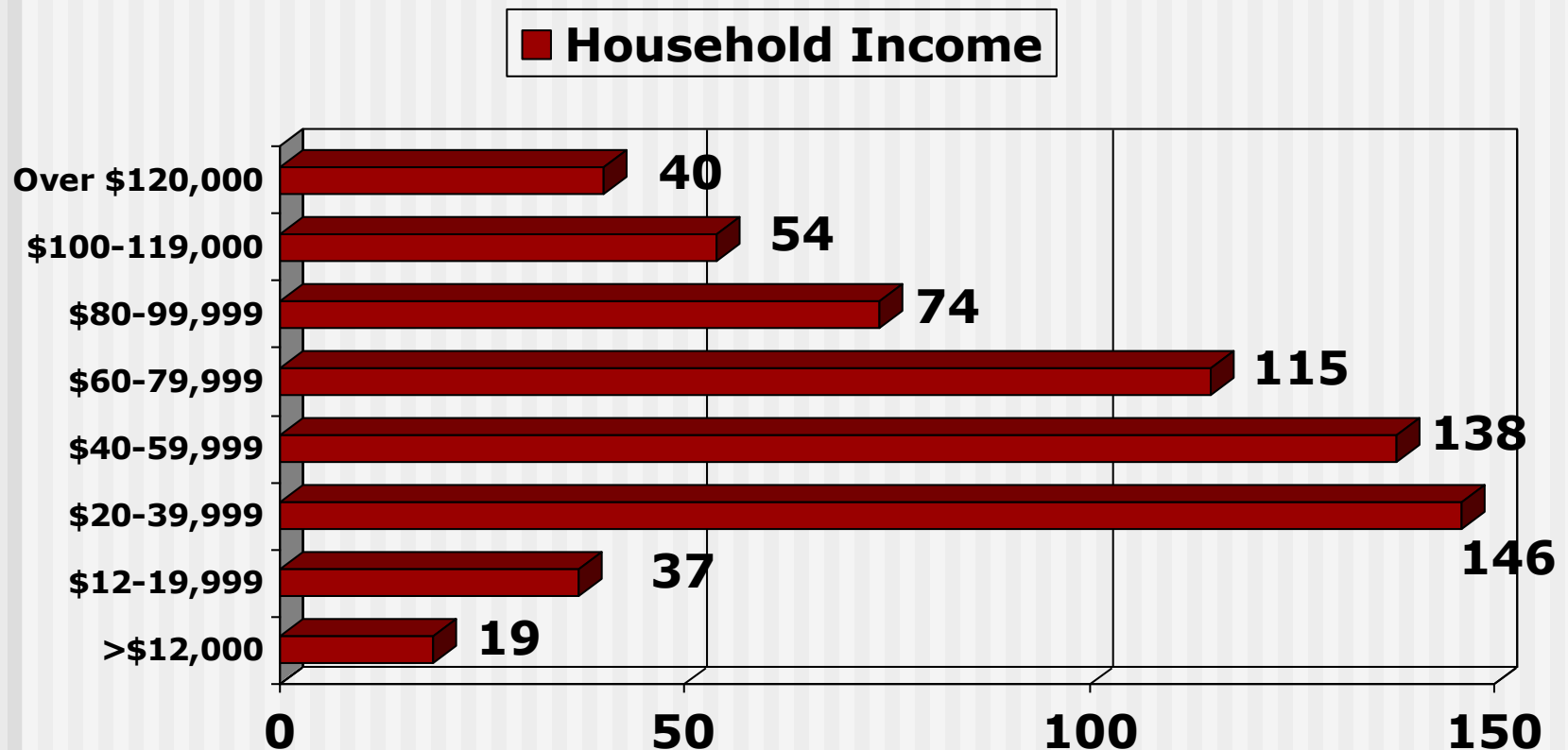
Results

19. Current Employment Status



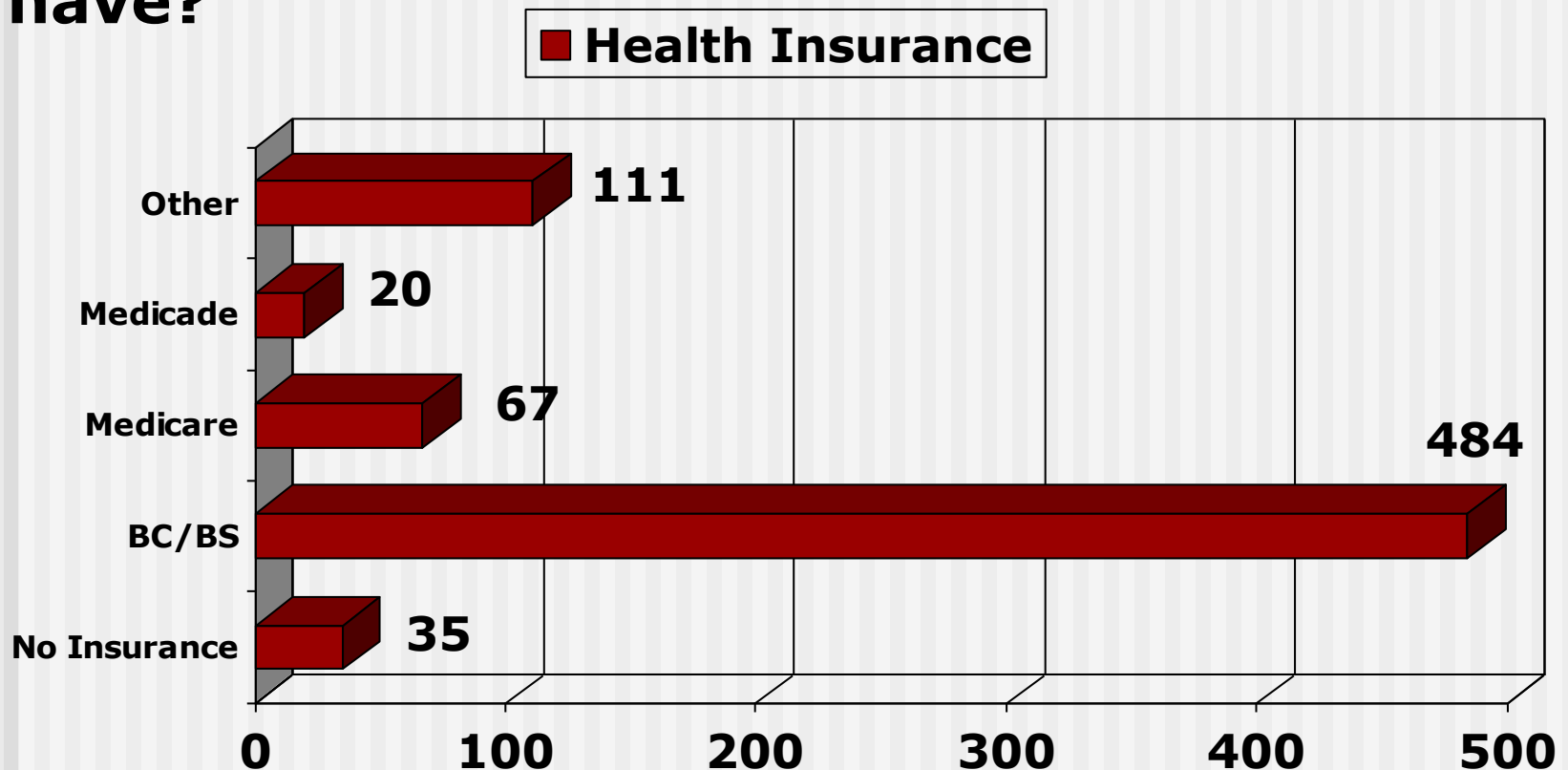
Results

20. Household Income



Results

21. What type of health insurance do you have?



Observations...

After review of the data and comments, the CHNA committee determined several areas of concern, most prominent were those associated with behavioral lifestyle habits – like weight, activity and healthy eating – in addition to mental health and substance abuse.

Other areas of concern were job and career growth and transportation.

Continued Work

The CHNA Committee, through local collaborative boards, continues to monitor the five critical needs which were identified.

1. Substance Abuse
2. Mental Health Services
3. Lifestyle (obesity, inactivity, poor nutrition)
4. Transportation
5. Job Opportunity/Career Growth

The group developed a matrix listing services currently available to support, advocate or treat these needs.

Substance Abuse...

- K-12 Substance Abuse Prevention for youth provided by Great Lakes Recovery Center. No Fee
- 6th – 8th Grade Reality Tour Education Project Toward No Drug Abuse provided by Great Lakes Recovery Center. No Fee
- Direct Treatment provided by Great Lakes Recovery Center, 2nd Chance Services, Eighth Day and Community Substance Abuse. Medicaid, Insurance, Self Pay
- Tobacco Reduction /Cessation support for all ages through the Dickinson Iron District Health Department. No Fee
- Advocacy, education and planning by the Substance Abuse Work Group of the Dickinson County Collaborative Committee – comprised of members from across the Upper Peninsula. No Fee

Mental Health...

- Direct treatment for individuals of all ages through Northpointe Behavioral Healthcare System or private community based providers. Insurance, Self Pay, Employee Assistance Programs, Medicare, Medicaid
- Community prevention through NAMI of Wishigan. No Fee

Poor Lifestyle Choices...

- Organ Wise Guys/Play 360 youth education programs through local schools. DCHS and Grant Funded
- Community Programming for all ages including Women's Wellness Day, Walks/Runs/Bikes, Wellness Education, etc. No Fee, Self Pay or Agency/Group funded.
- SNAP Ed, Project Fresh, Farmer's Market for all ages sponsored by the Dickinson Iron District Health Department. No Fee
- Self Sustained and Funded Community Gardens
- TOPS, Weight Watchers, Exercise Classes offered to a variety ages. No Fee, Self Pay
- Fitness Centers. Self Pay, Scholarship
- Education/Support through Great Start Parent Socials. No Fee

Transportation...

- Transportation Assistance to qualified individuals through the Department of Human Services. No Fee
 - Cabs, Taxis and Private Transportation Providers. Self Pay
 - Veterans Transport Services through the Veterans Hospital. No Fee
 - Dickinson Iron Community Service Agency Senior Bus. No Fee
 - Transportation to Medical Appointments to qualified individuals through the Medical Care Access Coalitions. No Fee
- * A significant lack of walkability/bikability in most area cities impacts people's access to convenient walking/biking.

Job Opportunity and Career Growth...

- Job/Career Access and Training from MI Works and MI Rehab. No Fee, Self Pay
- Continuing Education through Bay de Noc West Community College. Self Pay, Scholarship
- Adult Education and Literacy Programs through Iron Mountain Kingsford Community Schools . No Fee, Self Pay, Grant/Foundation Funded
- Economic Development Committee
- Education and Business Support from the Dickinson Area Partnership. No Fee, Self Pay, Donated Services
- Young Professionals Networking Group provides support and connection for adults. No Fee, Self Pay

In Summary...

Dickinson County Healthcare System is proud to have partnered with our surrounding healthcare community to complete a Community Health Needs Assessment which all of us can use to better focus our services and programs to meet the critical needs of the people in our communities. We appreciate the time, effort and support of these partnership and look forward to continuing to work together to provide quality services across the entire spectrum of needs.