

“High Quality Healthcare With A Personal Touch”



**MECOSTA COUNTY
MEDICAL CENTER**

Community Health Needs Assessment

2012 - 2013

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Researchers

Amber Morton and Heather Ensing are Ferris State University students who are interning in the Community Relations Department at Mecosta County Medical Center (MCMC). While under the supervision of Tom Hogenson, RN, Director of Community Relations and Foundation, Amber and Heather were asked to complete MCMC's 2012 - 2013 Community Health Needs Assessment.

Amber obtained her Associate Degree in Diagnostic Medical Sonography in August of 2012. She is expected to graduate with her Bachelor Degree in Health Care Systems Administration in May of 2013.

Heather received her Associate Degree in Health Information Technology in December of 2011. She is expected to graduate with her Bachelor Degrees in Health Care Systems Administration and Health Information Management in May of 2013.



Collaborative Partners

Community Health Needs Assessment 2012 - 2013: Serving the Community by Improving Health

We partnered with the organizations listed below for our research. The following includes each organizations mission statement along with a brief explanation of why we chose to work with them.

Big Rapids Housing Commission – “Striving to provide safe and affordable housing.”

The Big Rapids Housing Commission offers housing at a reasonable price. We thought this group would be beneficial as they house many senior citizens from MCMC’s service area.

District Health Department #10 – “Strong communities through healthy people.”

District Health Department #10 provides services to ten counties including Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana and Wexford. District 10 monitors the community’s health status, develops healthcare programs, and links people to needed healthcare services. This led us to believe that this group would be essential for our research. See Appendix 4, as it is an example of how District Health Department #10 monitors the community’s health status.

Mecosta County Medical Center Auxiliary – “To support the healing mission of Mecosta County Medical Center.”

The Auxiliary is dedicated to helping provide resources to support the Medical Center’s mission. We decided to include this group in our research as many of the members are senior citizens.

Mecosta County Medical Center Directors – “To provide high quality healthcare with a personal touch.”

MCMC is an acute-care hospital serving the needs of Mecosta County and the surrounding area of the West-central Michigan area. We chose to work with MCMC’s directors as they are involved with different departments and deal with a diverse group of individuals.

Mecosta Osceola Human Services Collaborative Body – “Working together to improve the quality of life for all.”

The HSCB promotes strong families and the welfare of the community through joint planning, collaboration and promotion of human services with an emphasis on prevention activities. We selected this group because the members are leaders of the communities representing a wide range of clientele.

Table of Contents

I.	Introduction and Mission Statement	1
II.	Executive Summary	1
III.	Community Description.....	2
	a. Service Area.....	2
	b. Table 1: Demographics of Service Area	3
	c. Table 2: Area of Residence and Age of Respondent	4
IV.	Data Collection Approaches	5
	a. Methodology.....	5
	i. Quantitative Data	5
	ii. Qualitative Data	5
V.	Findings From the Health and Community Data.....	6
	a. Table 3: Left Area for Health Services	6
	b. Table 4: Doctor Referred Out of Town for Medical Care	7
	c. Table 5: Importance of Specific Educational Services	8
	d. Table 6: Other Educational Services.....	10
	e. Table 7: Importance of Specific Healthcare Services.....	11
	f. Table 8: Other Healthcare Services Needed	13
	g. Table 9: Money or Transportation Had Negative Affect to Obtain Care	14
	h. Table 10: Ways Local Hospital Can Assist Patient to Obtain Care.....	15
	i. Table 11: Hospital Choice for Care Tomorrow	16
	j. Table 12: Main Reason Would Not Go to Mecosta County Medical Center	17
	k. Focus and Survey Groups	19
	i. Senior Focus Group	20
	ii. Mecosta County Medical Center Auxiliary	21
	iii. Mecosta Osceola Human Services Collaborative Body (MOHSCB)	22
	iv. Directors of Mecosta County Medical Center (MCMC)	24
VI.	Recommendations.....	25
VII.	Suggestions for Future Community Health Needs Assessments (CHNAs)	27

Appendices:

Appendix 1. Community Health Needs Assessment survey

Appendix 2. Interview questions used for senior focus group/MCMC Auxiliary group

Appendix 3. Interview questions used for MOHSCB/MCMC directors survey groups

Appendix 4. Mecosta County Health Profile Summary 2011

Appendix 5. Health Outcomes and Factors from the University of Wisconsin 2012



Introduction and Mission Statement

From March 2012 through February 2013, a comprehensive Community Health Needs Assessment (CHNA) was conducted by MCMC. According to the Michigan Health and Hospital Association, a CHNA is the process of gathering information and feedback about the health needs of a community, prioritizing those needs and, finally, identifying programs and initiatives that will contribute to improved health status. Conducting the CHNA will serve as a foundation and resource for MCMC's Strategic Planning Committee. Mecosta County Medical Center's mission statement is, "To provide high quality healthcare with a personal touch." This process is essential in fulfilling this statement and meeting the healthcare needs of the entire community.



Executive Summary

The key findings of the Community Health Needs Assessment are:

- There is no statistically significant variation in opinion based on geographic area or age group.
- 30% of respondents have left the area for healthcare, primarily for orthopedic surgery, cardiology and oncology.
- Educational services for wellness, Medicare, obesity and diabetes are very important.
- Healthcare services for seniors, cancer services, cardiac/heart rehab services and urgent care are very important.
- Financial barriers to healthcare were reported by 20% of respondents and transportation barriers by 3%.
- 15% of residents would not go to MCMC for available care compared with 2% of MCMC patients.
- Access to affordable primary care, urgent care, preventative care and information regarding healthcare services for all ages are seen as favorable.

Community Description

Service Area Mecosta County

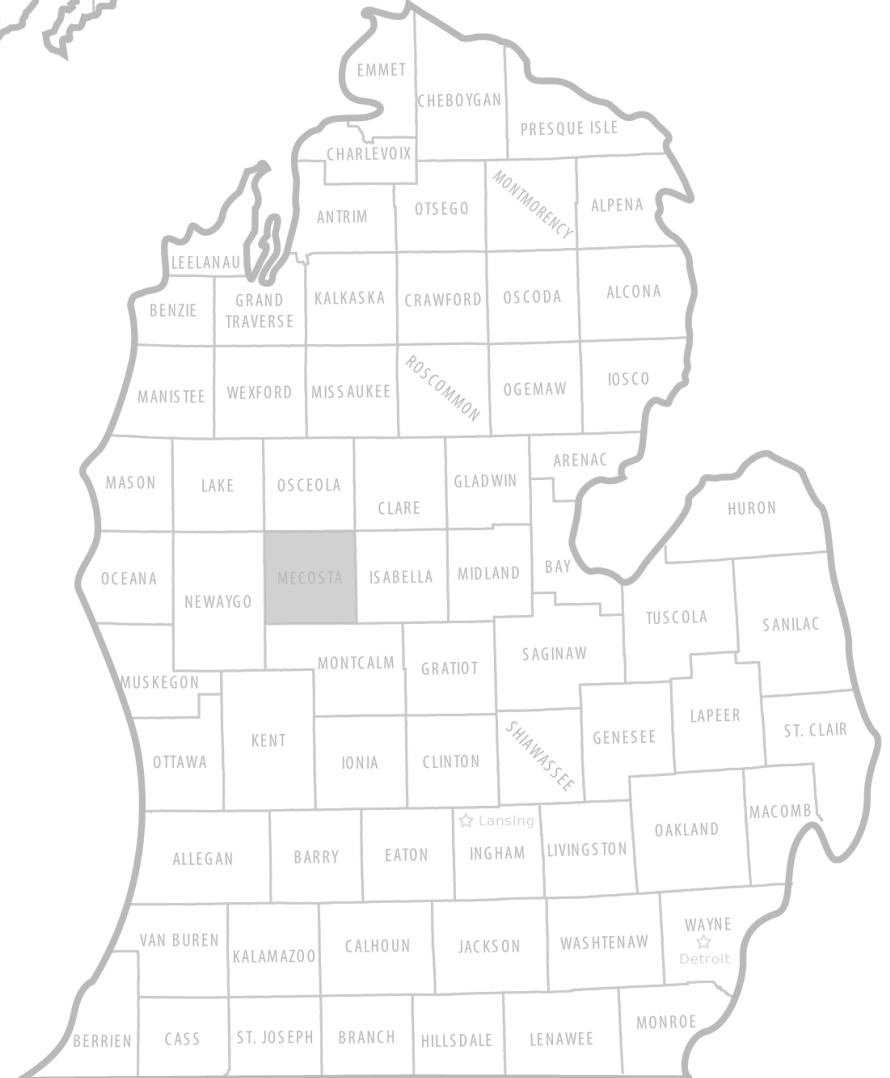
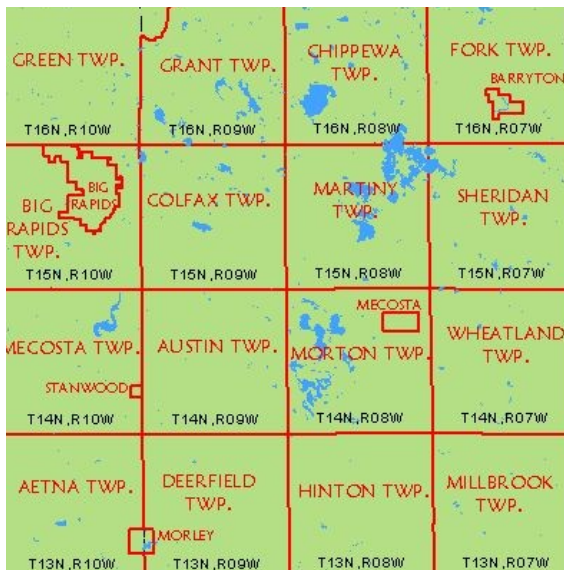
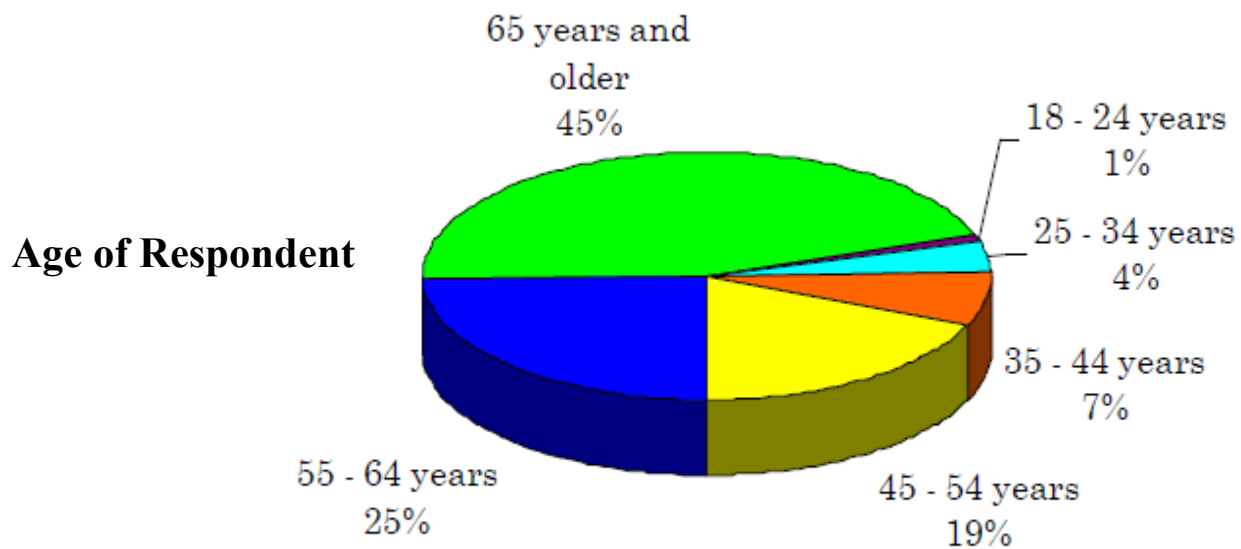
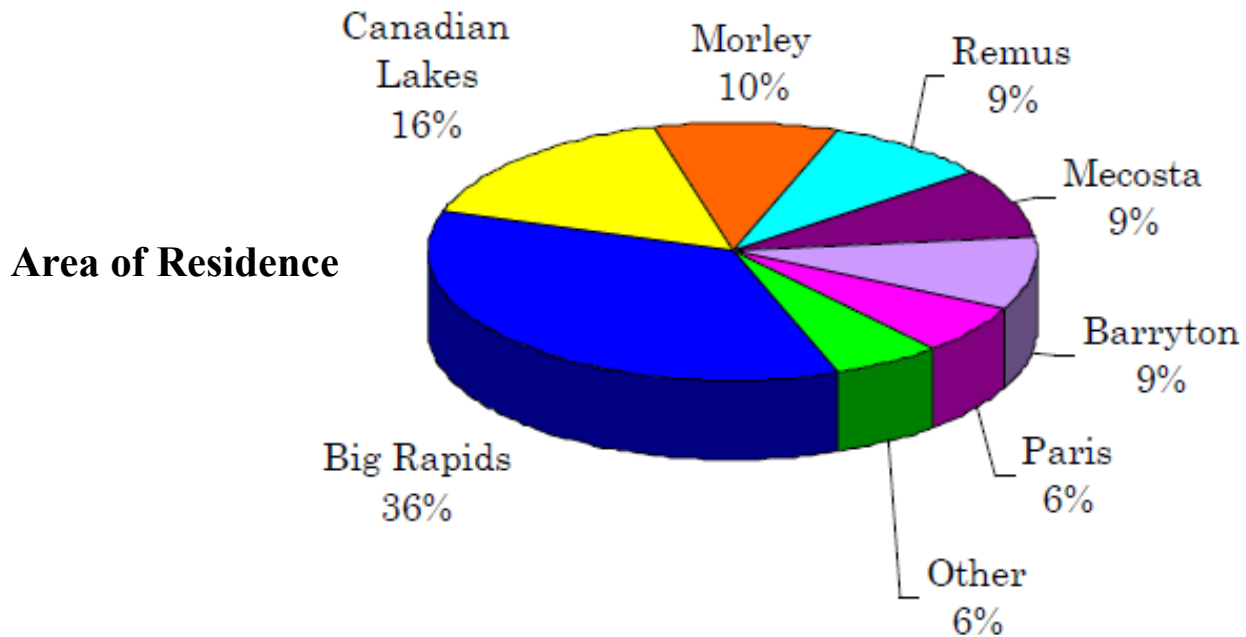


Table 1: Demographics of Service Area

	Area of Residence			Age of respondent		
	Big Rapids (n=145)	Canadian Lakes (n=62)	Other Communities (n=193)	Under 65 (n=217)	65 and Over (n=178)	Total (n=400)
Area of Residence:						
Big Rapids	100%	0%	0%	39%	33%	36%
Canadian Lakes	0%	100%	0%	13%	19%	16%
Morley	0%	0%	20%	12%	8%	10%
Remus	0%	0%	19%	8%	11%	9%
Mecosta	0%	0%	19%	10%	7%	9%
Barryton	0%	0%	18%	10%	7%	9%
Paris	0%	0%	13%	6%	7%	6%
Rodney	0%	0%	8%	2%	6%	4%
Chippewa Lake	0%	0%	3%	1%	2%	2%
Total	100%	100%	100%	100%	100%	100%
Age:						
	(n=143)	(n=62)	(n=190)	(n=217)	(n=178)	(n=395)
18 - 24 years	2%	0%	0%	1%	0%	1%
25 - 34 years	6%	5%	3%	7%	0%	4%
35 - 44 years	8%	3%	7%	12%	0%	7%
45 - 54 years	17%	13%	22%	34%	0%	19%
55 - 64 years	26%	24%	24%	45%	0%	25%
65 years and older	41%	55%	45%	0%	100%	45%
Total	100%	100%	100%	100%	100%	100%
Gender:						
	(n=145)	(n=62)	(n=193)	(n=217)	(n=178)	(n=400)
Female	73%	73%	61%	68%	66%	67%
Male	27%	27%	39%	32%	34%	33%
Total	100%	100%	100%	100%	100%	100%



Table 2:
Area of Residence and Age of Respondent





Data Collection Approaches

Methodology

Quantitative and qualitative data sets form the foundation of the Community Health Needs Assessment. Quantitative data was collected via telephone interviews, while qualitative data was collected via open ended questions, both written and verbal.

Quantitative Data

The quantitative data was obtained through a telephone survey. The survey, which was conducted by Arbor Associates, Inc. during the winter of 2011, addressed the following topics: utilization of healthcare services beyond the local area, the importance of specific educational and healthcare services and the need for other services; financial and transportation barriers to obtaining care; and the willingness to use Mecosta County Medical Center for available care. The target was to complete 400 interviews with households selected at random within Mecosta County. This target was met exactly.

All telephone interviews were conducted by Arbor employees who are trained in non-directive survey techniques. Arbor uses a computer-assisted technique in which all survey responses are entered into a computer database as the interview is being conducted. This allows for ease in cross-tabulation and analysis. In order to prevent any bias, MCMC was not revealed as the sponsor of the survey to respondents until the end of the survey.

Throughout the analysis, all respondents unable or unwilling to provide an answer to a specific question, as well as respondents for whom the question was not applicable, have been excluded from the analysis or from that specific question. In the majority of cases, the number of such exclusions was extremely small.

Qualitative Data

The qualitative data was obtained in January - February of 2013 through an interview with one focus group, one interview group and an email survey of two groups. These groups included senior citizens from the Big Rapids Housing Commission, members of the Mecosta County Medical Center Auxiliary, members from Mecosta Osceola Human Services Collaborative Body and directors from Mecosta County Medical Center. Participants were asked to respond to various open ended questions relating to the healthcare needs of the community.

Findings from the Health and Community Data

**Table 3:
Left Area for Health Services**

In the past 12 months, did you or a household member choose to leave the area for any health services?

	Area of Residence			Age of respondent		Total (n=397)
	Big Rapids (n=143)	Canadian Lakes (n=62)	Other Communities (n=192)	Under 65 (n=215)	65 and Over (n=177)	
Yes	29%	47%	27%	29%	32%	30%
No	71%	53%	73%	71%	68%	70%
Total	100%	100%	100%	100%	100%	100%

**Chose to Leave Area for
Health Services**

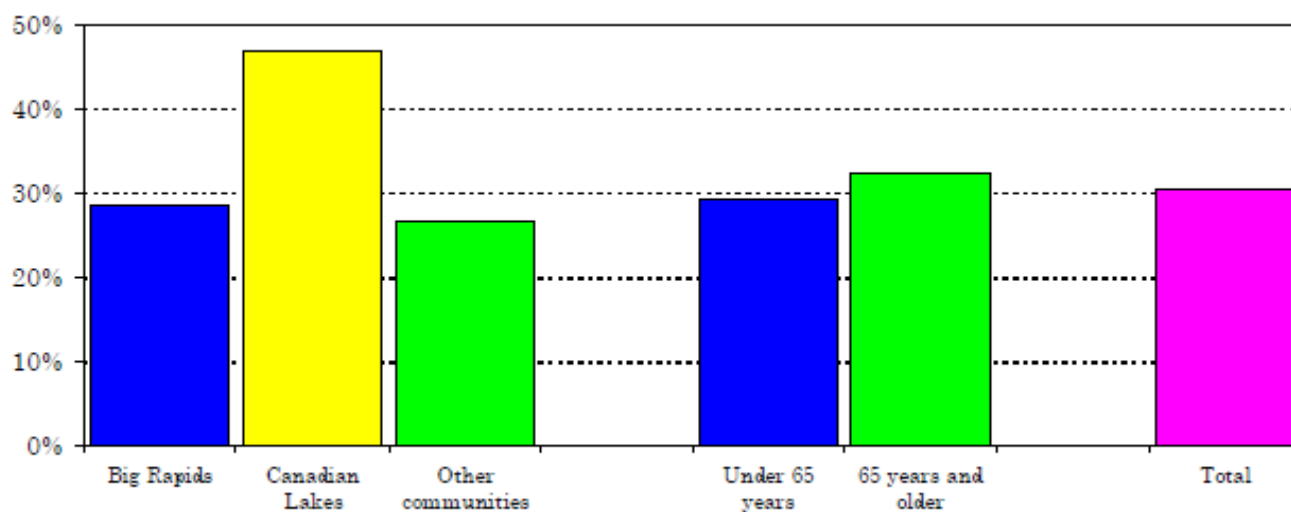


Table 4: Doctor Referred out of Town for Medical Care

In the past 12 months, has a local doctor referred you out of town for medical care?

	Area of Residence			Age of respondent		Total (n=393)
	Big Rapids (n=142)	Canadian Lakes (n=62)	Other Communities (n=189)	Under 65 (n=213)	65 and Over (n=175)	
Yes	30%	32%	30%	29%	31%	30%
No	70%	68%	70%	71%	69%	70%
Total	100%	100%	100%	100%	100%	100%

Local Doctor Referred Patient out of Town for Medical Care

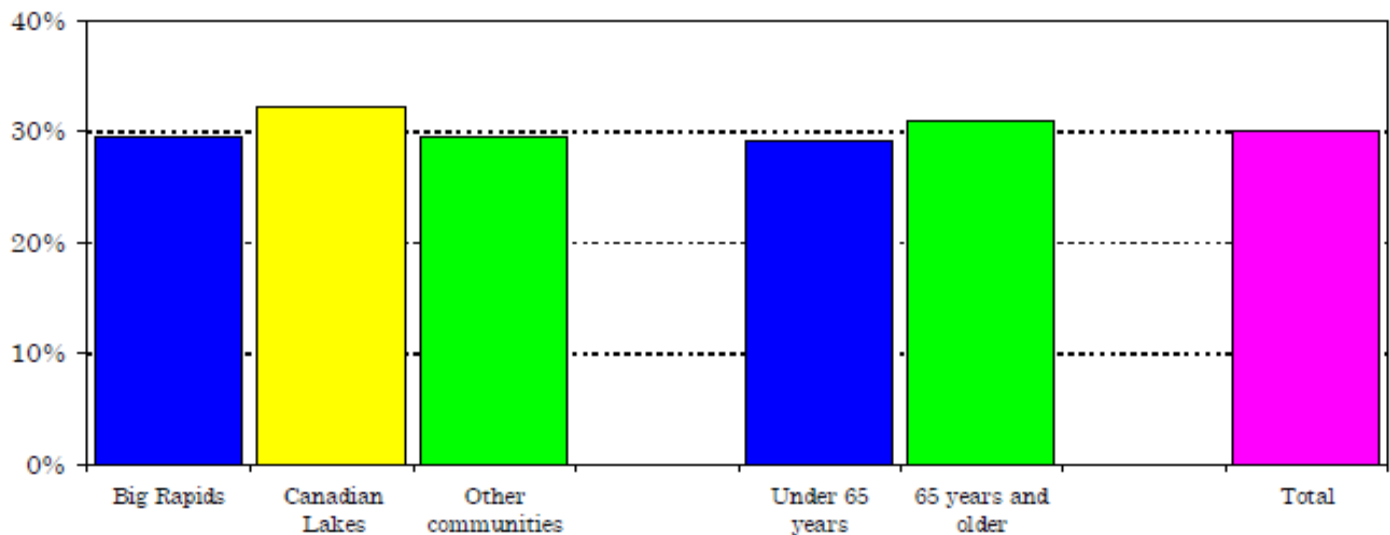
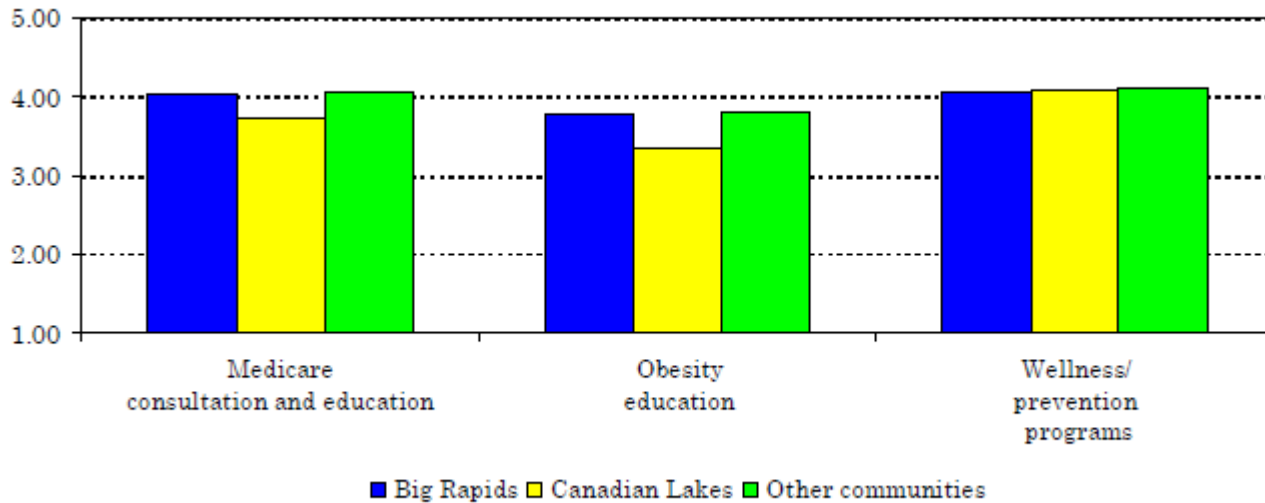


Table 5: Importance of Specific Educational Services

On a five-point scale, where one means not important at all and five means very important, how would you rate the importance of having the following educational services in your community?

	Area of Residence			Age of respondent		Total (n=382)
	Big Rapids (n=138)	Canadian Lakes (n=60)	Other Communities (n=185)	Under 65 (n=212)	65 and Over (n=169)	
Medicare consultation and education						
<i>Very important (5)</i>	52%	43%	55%	51%	53%	52%
<i>Important (4)</i>	22%	20%	16%	20%	18%	19%
<i>Neutral (3)</i>	13%	13%	18%	16%	15%	16%
<i>Not important (2)</i>	4%	13%	5%	5%	6%	6%
<i>Not important at all (1)</i>	9%	10%	5%	7%	8%	8%
<i>Average rating:</i>	4.03	3.73	4.10	4.03	4.02	4.02
Obesity education						
<i>Very important (5)</i>	47%	29%	45%	45%	43%	43%
<i>Important (4)</i>	15%	20%	20%	21%	15%	18%
<i>Neutral (3)</i>	16%	22%	15%	17%	15%	16%
<i>Not important (2)</i>	10%	14%	9%	9%	12%	10%
<i>Not important at all (1)</i>	12%	15%	11%	8%	16%	12%
<i>Average rating:</i>	3.76	3.34	3.81	3.86	3.58	3.72
Wellness and prevention programs						
<i>Very important (5)</i>	55%	43%	51%	57%	45%	51%
<i>Important (4)</i>	15%	30%	23%	19%	24%	21%
<i>Neutral (3)</i>	18%	22%	15%	17%	16%	17%
<i>Not important (2)</i>	8%	2%	5%	4%	8%	5%
<i>Not important at all (1)</i>	5%	3%	5%	3%	6%	5%
<i>Average rating:</i>	4.06	4.08	4.10	4.22	3.95	4.08

Importance of Specific Educational Services by Service Area



Importance of Specific Educational Services by Service Age



Table 6: Other Educational Services

Is there another educational service needed in your community?

	Area of Residence			Age of respondent		Total (n=355)	Average Rating
	Big Rapids (n=121)	Canadian Lakes (n=58)	Other Communities (n=176)	Under 65 (n=194)	65 and Over (n=157)		
Yes	22%	17%	18%	26%	12%	19%	
No	78%	83%	82%	74%	88%	81%	
Total	100%	100%	100%	100%	100%	100%	
<i>(If yes) What other educational service is needed?</i>	(n=27)	(n=10)	(n=32)	(n=50)	(n=19)	(n=69)	
Diabetes education, counseling, awareness, services	6	2	10	12	6	18	4.94
Parenting classes	3	0	4	6	1	7	5.00
Dietician/nutritionist education, healthy lifestyle, child obesity	3	1	3	5	2	7	4.86
Drug/substance abuse awareness, counseling, education	3	2	2	6	1	7	5.00
Pregnancy prevention, sex education, birth control	5	0	1	5	1	6	5.00
Senior/aging services, elderly care	1	0	3	2	2	4	4.75
*Other educational services	12	5	14	24	7	31	4.87
Total	33	10	37	60	20	80	

Other Educational Services Needed

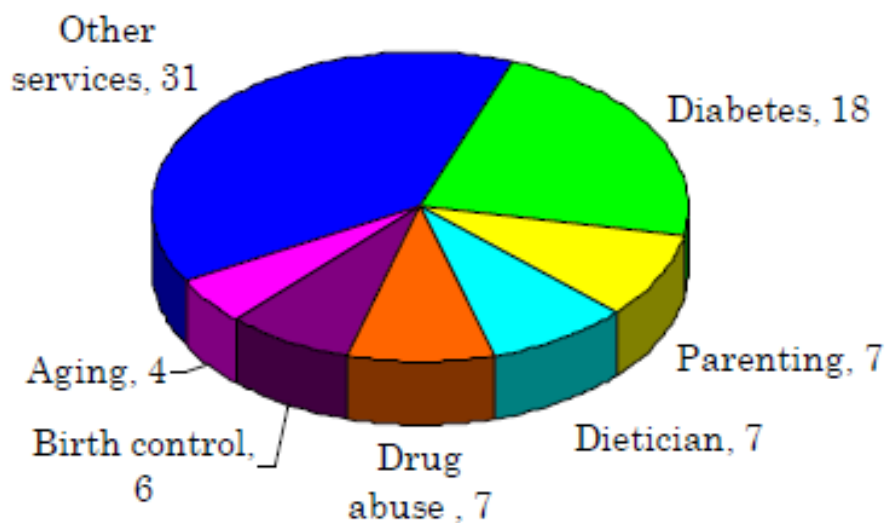


Table 7:

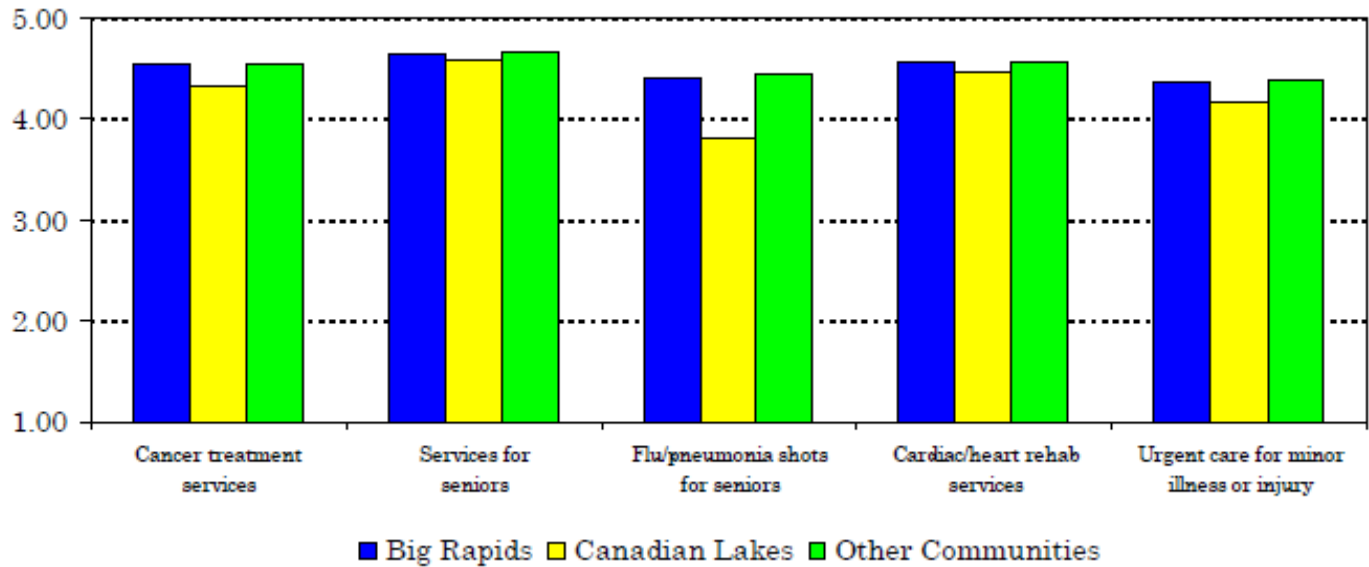
Importance of Specific Healthcare Services

On a five-point scale, where one means not important at all and five means very important, how would you rate the importance of having the following healthcare services in your community?

		Area of Residence			Age of respondent		Total (n=393)
		Big Rapids (n=143)	Canadian Lakes (n=61)	Other Communities (n=190)	Under 65 (n=216)	65 and Over (n=175)	
Cancer treatment services							
	Very important (5)	78%	71%	74%	74%	78%	75%
	Important (4)	10%	10%	15%	15%	10%	13%
	Neutral (3)	3%	7%	5%	3%	5%	5%
	Not important (2)	5%	5%	3%	4%	4%	4%
	Not important at all (1)	4%	7%	3%	4%	4%	4%
	Average rating:	4.54	4.33	4.55	4.51	4.54	4.51
Services for seniors							
	Very important (5)	77%	72%	78%	79%	75%	77%
	Important (4)	13%	15%	15%	14%	14%	14%
	Neutral (3)	8%	13%	6%	7%	8%	8%
	Not important (2)	1%	0%	1%	0%	2%	1%
	Not important at all (1)	1%	0%	1%	1%	1%	1%
	Average rating:	4.65	4.59	4.68	4.70	4.62	4.65
Flu and pneumonia shots for seniors							
	Very important (5)	68%	47%	70%	62%	72%	66%
	Important (4)	17%	20%	15%	20%	12%	16%
	Neutral (3)	7%	15%	10%	11%	6%	9%
	Not important (2)	2%	5%	2%	2%	3%	3%
	Not important at all (1)	6%	13%	4%	6%	6%	6%
	Average rating:	4.40	3.82	4.45	4.29	4.41	4.34
Cardiac or heart rehab services							
	Very important (5)	76%	72%	74%	73%	78%	75%
	Important (4)	11%	13%	15%	15%	11%	13%
	Neutral (3)	9%	10%	7%	8%	6%	8%
	Not important (2)	1%	0%	2%	1%	1%	1%
	Not important at all (1)	2%	5%	2%	2%	4%	3%
	Average rating:	4.58	4.48	4.58	4.56	4.58	4.56
Urgent care for minor illness or injury							
	Very important (5)	64%	51%	66%	63%	63%	63%
	Important (4)	19%	29%	16%	19%	19%	19%
	Neutral (3)	10%	10%	12%	9%	12%	11%
	Not important (2)	6%	5%	4%	5%	5%	5%
	Not important at all (1)	2%	5%	3%	4%	1%	3%
	Average rating:	4.36	4.15	4.38	4.31	4.38	4.34



Importance of Specific Healthcare Services by Service Area



Importance of Specific Healthcare Services by Age

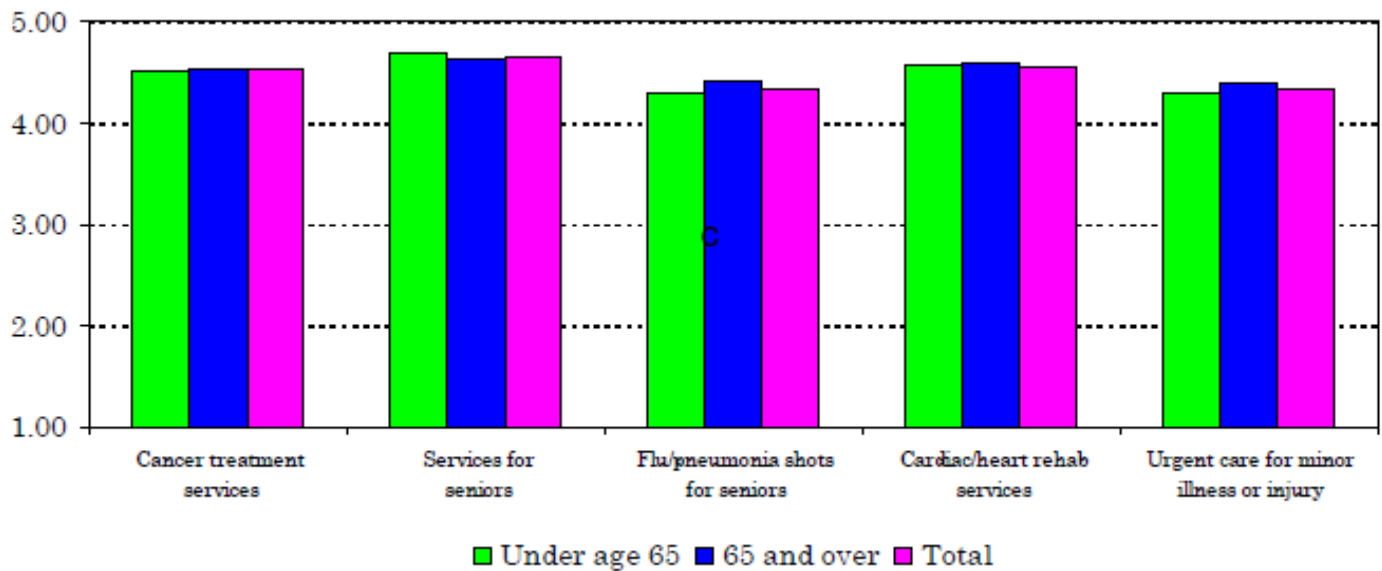


Table 8: Other Healthcare Services Needed

Is there another healthcare service needed in your community?

	Area of Residence			Age of respondent		Total (n=361)	Average Rating
	Big Rapids (n=128)	Canadian Lakes (n=58)	Other Communities (n=175)	Under 65 (n=200)	65 and Over (n=159)		
Yes	20%	9%	17%	21%	12%	17%	
No	80%	91%	83%	79%	88%	83%	
Total	100%	100%	100%	100%	100%	100%	
<i>(If yes) What other healthcare service is needed?</i>	(n=26)	(n=5)	(n=30)	(n=42)	(n=19)	(n=61)	
Dental/orthodontic care; dentist for welfare patients	2	1	5	2	6	8	4.88
Family/general practitioner/more primary care physicians	2	0	5	4	3	7	5.00
Mental Illness Services	2	0	4	5	1	6	5.00
Vision care/optometry/for people without insurance	4	0	0	2	2	4	5.00
Quick care/walk-in clinics/extended hour clinics	2	0	2	4	0	4	5.00
Financial services for healthcare/low income insurance/accessibility for uninsured	1	1	1	3	0	3	5.00
Drug/alcohol abuse services/rehab	0	0	3	3	0	3	4.67
*Other healthcare services	17	4	20	30	11	41	4.85
Total	30	6	40	53	23	76	

Other Healthcare Services Needed

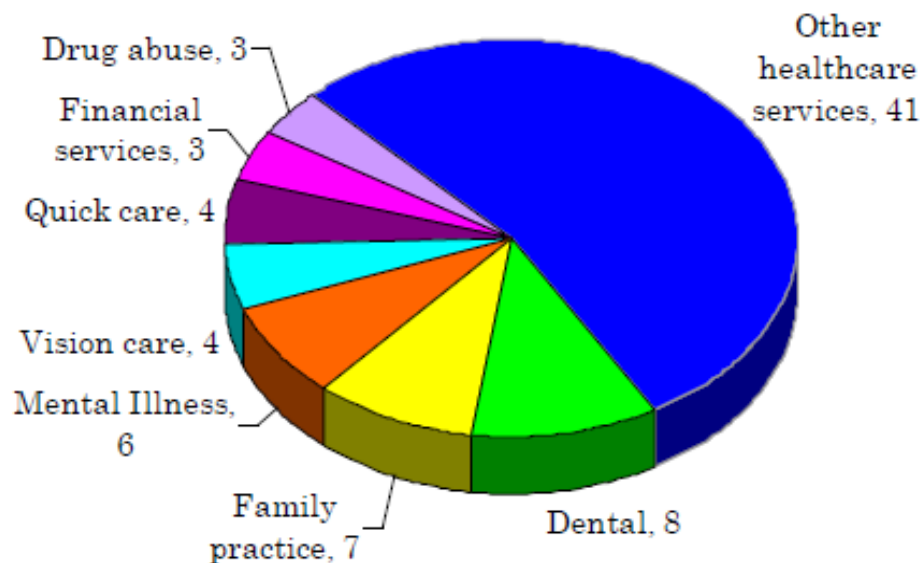


Table 9: **Money or Transportation had** **Negative Affect to Obtain Care**

Have money or transportation problems had a negative affect on your ability to seek or obtain care?

	Area of Residence			Age of respondent		Total (n=392)
	Big Rapids (n=141)	Canadian Lakes (n=62)	Other Communities (n=189)	Under 65 (n=214)	65 and Over (n=175)	
Yes	16%	24%	29%	29%	15%	23%
No	84%	76%	71%	71%	85%	77%
Total	100%	100%	100%	100%	100%	100%

Money or Transportation had **Negative Affect to Obtain Care**

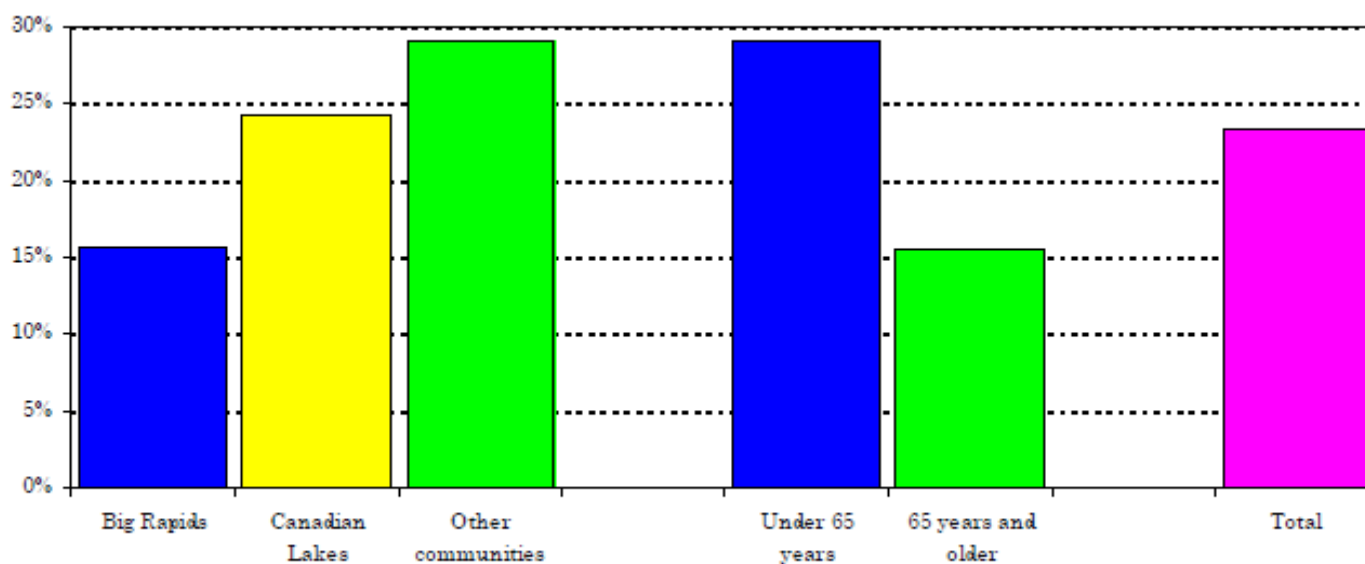


Table 10: Ways Local Hospital Can Assist Patient to Obtain Care

(If yes) What could your local hospital do to assist you?

	Area of Residence			Age of respondent		Total (n=91)
	Big Rapids (n=22)	Canadian Lakes (n=15)	Other Communities (n=54)	Under 65 (n=63)	65 and Over (n=27)	
Lower costs	2	2	9	9	4	13
Offer payment plans	4	1	7	9	3	12
Provide transportation	3	3	6	6	6	12
Offer free services	1	1	3	3	2	5
Offer financial aid	0	1	1	2	0	2
*Other	4	6	11	16	5	21
Nothing	1	0	4	3	2	5
Don't Know/Refused	8	2	14	16	7	24
Total	23	16	55	64	29	94

Ways in Which Local Hospital Can Assist Patient to Obtain Care

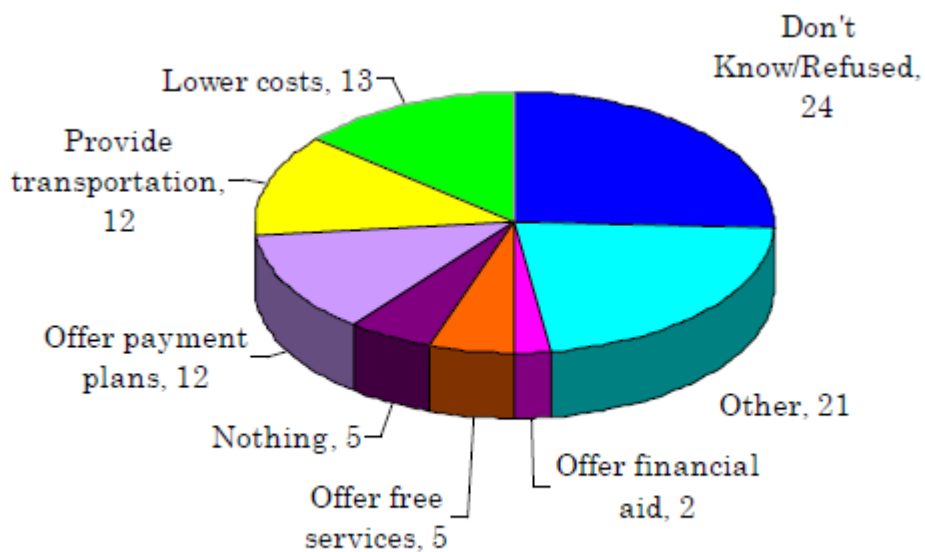


Table 11: Hospital Choice for Care Tomorrow

Would you go to Mecosta County Medical Center if you needed care tomorrow and the care you needed was available there?

	Area of Residence			Age of respondent		Total (n=393)
	Big Rapids (n=141)	Canadian Lakes (n=62)	Other Communities (n=190)	Under 65 (n=213)	65 and Over (n=177)	
No	11%	15%	17%	14%	15%	15%
Yes	89%	85%	83%	86%	85%	85%
Total	100%	100%	100%	100%	100%	100%

Would Not Choose MCMC if Care Needed Was Available There

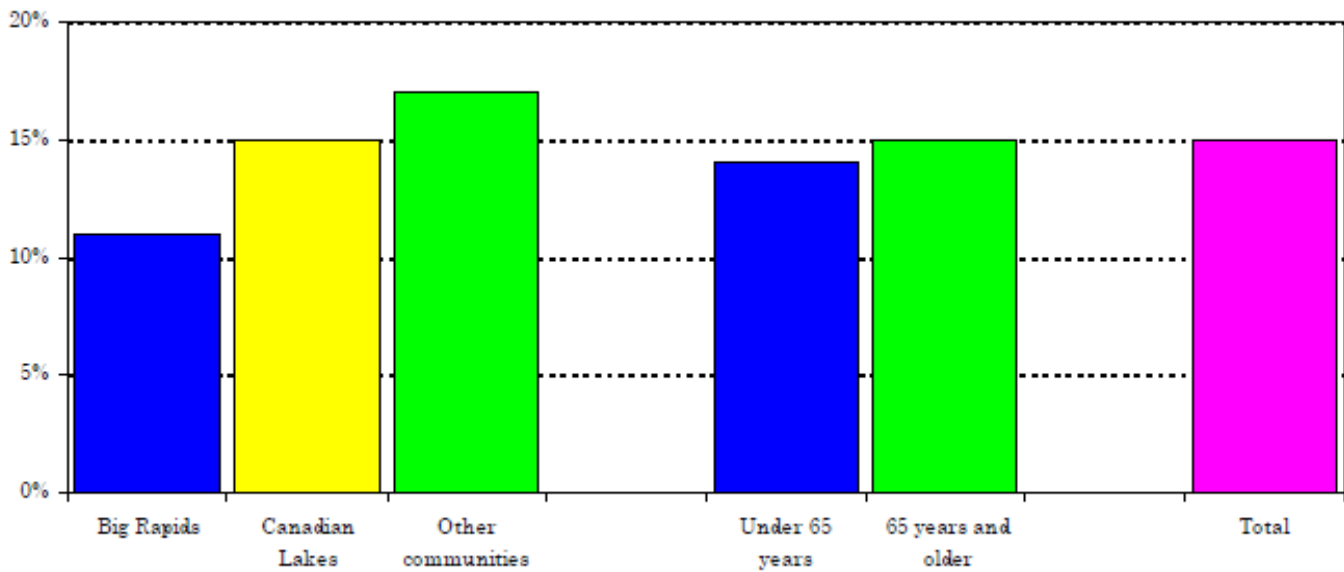


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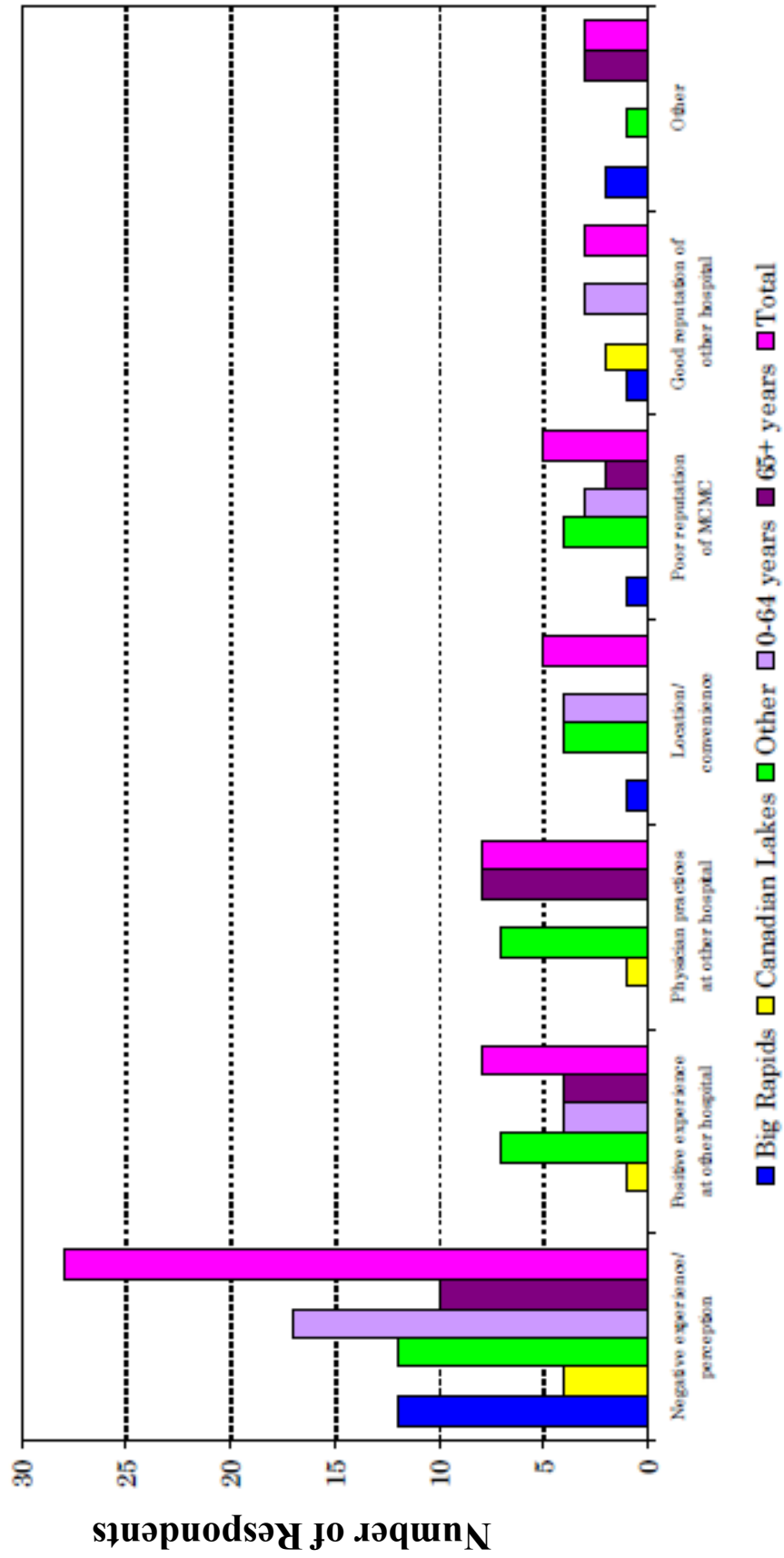
Main Reason Would Not Go To Mecosta County Medical Center

What is the one main reason you would not go to Mecosta County Medical Center if you needed care tomorrow and the care you needed was available there?

	Area of Residence			Age of respondent		Total (n=60)
	Big Rapids (n=17)	Canadian Lakes (n=8)	Other Communities (n=35)	Under 65 (n=31)	65 and Over (n=27)	
Negative experience at/perception of MCMC	12	4	12	17	10	28
Has been to other hospital before/previous positive experience/personal preference	0	1	7	4	4	8
Physician practices at other hospital	0	1	7	0	8	8
Location/convenience (closer to work, etc.)	1	0	4	4	0	5
Poor reputation of MCMC (poor care, lacking advanced technology)	1	0	4	3	2	5
Good reputation of other hospital (good care, advanced technology)	1	2	0	3	0	3
Other	2	0	1	0	3	3
Total	17	8	35	31	27	60



Main Reason Would Not Go to MCMC For Care



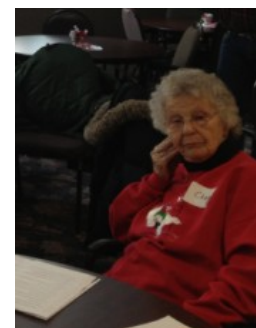
Focus and Survey Groups

Information was collected from four sources to obtain a comprehensive understanding of the community's healthcare needs. The goal of this process was to gather ideas and share observations.

A focus group is a form of qualitative research in which a group of people are asked about their perception, opinions, beliefs and attitudes towards a product, service, concept or idea. Questions are asked in an interactive group setting where participants are free to talk with group members. A group of seniors was formed in cooperation with the Big Rapids Housing Commission.

Surveys are used to gather specific information from a large population. For our research, we asked two groups, the Mecosta Osceola Human Services Collaborative Body (MOHSCB) and the directors from Mecosta County Medical Center to respond to the same questions via email.

Interviews are used as a form of qualitative research. This technique is used to obtain a comprehensive understanding of an individual's view on a certain idea, program or situation. We interviewed members from the Mecosta County Medical Center Auxiliary group for our research.



Senior Focus Group

This focus group was made up of seven senior residents all over the age of 55 from the Big Rapids Housing Commission. The participants were residents of Nisbett-Fairman and Parkview Village. The following diagram represents the questions that were asked and the participants' responses.

QUESTIONS	RESPONSES
Where do you currently get your information about healthcare?	<ul style="list-style-type: none"> • Friends • Insurance companies • Mail • Television • Information provided with monthly prescriptions
How did you learn about the healthcare resources that you currently use?	<ul style="list-style-type: none"> • Blue Cross/Blue Shield • Friends • Google • Medicare/Medicaid • Newspapers • Doctor • Medical Arts Building • Reminders from the pharmacy of when to get prescriptions refilled
How did you learn about the county assistance programs that you currently use?	<ul style="list-style-type: none"> • Social worker • Called the agency • Health Department • Keyhole (monthly newsletter for seniors)
How could our healthcare system be improved?	<ul style="list-style-type: none"> • More advertisement • Increased variety of services • Better communication • Improved transfer of medical records • Skype with doctor rather than on-site visit
Do you know of any resources that you would like to use but can't access?	<ul style="list-style-type: none"> • Senior Center • Place to go for exercise
Why are resources not accessible to you?	<ul style="list-style-type: none"> • Unreasonable costs • Lack of transportation (Dial-A-Ride only runs from 6:30 a.m. to 6:30 p.m. Monday through Friday, 9:00 a.m. to 2:00 p.m. on Saturdays, and is closed on Sundays. MOTA has specific times that they go to and from areas. This can result in seniors having to stay in areas longer than preferred) • Lack of knowledge
Where do you currently get your information about healthcare insurance?	<ul style="list-style-type: none"> • Medicare and You • Family • Sales solicitations
Have you ever experienced any confusion about your healthcare insurance? If so, explain.	<ul style="list-style-type: none"> • Unable to understand vocabulary • Reimbursement rates • Physicians not acknowledging patients coverage when determining the course of treatment • Patients are sometimes unaware of the definition of "covered"
Ideally, where should information about insurance and healthcare be located? What if it were located at the hospital?	<ul style="list-style-type: none"> • In senior complexes, put in an area where easily recognizable • Doctors offices • Tri-County Shopper • Medicare advising by appointment seen as favorable • Calendar of events coordination between service agencies • Hospital
How satisfied were you with the quality and quantity of information you received?	<ul style="list-style-type: none"> • Somewhat satisfied • Some difficulty with organizing arthritis and BP screening, but it is available

Mecosta County Medical Center Auxiliary

This group was made up of eight members of the Mecosta County Medical Center Auxiliary. The following diagram represents the questions that were asked and the participants' responses.

QUESTIONS	RESPONSES
Where do you currently get your information about healthcare?	<ul style="list-style-type: none"> • Doctors • Insurance companies • Retired Teacher's Group • Newspapers • Hospital • Magazines • Chiropractor • Infusion center • Television • Family • Friends • Internet
How did you learn about the healthcare resources that you currently use?	<ul style="list-style-type: none"> • Hospital • Retirement plan • Word of mouth • Newspaper • Posters • Friends • Doctor • Family • Magazines • Internet • Television
How did you learn about the county assistance programs that you currently use?	<ul style="list-style-type: none"> • Friends
How could our healthcare system be improved?	<ul style="list-style-type: none"> • More Classes • Physicians spend more time with patient when requested • 1-800 help line • Skepticism of electronic medical records
Do you know of any resources that you would like to use but can't access?	<ul style="list-style-type: none"> • Senior Center
Why are resources not accessible to you?	<ul style="list-style-type: none"> • Too far away • Weather
Where do you currently get your information about healthcare insurance?	<ul style="list-style-type: none"> • Insurance companies • Retired Teacher's Group • Significant other • Family • Research • Employer
Have you ever experienced any confusion about your healthcare insurance? If so, explain.	<ul style="list-style-type: none"> • Miscommunication between physician and insurance company regarding reimbursement • What is/is not covered • Switching insurance companies
Ideally, where should information about insurance and healthcare be located? What if it were located at the hospital?	<ul style="list-style-type: none"> • Hospital • Doctors Offices • Individuals work place • 1-800 help line • Healthcare providers • Employer • Internet

MOHSCB

We surveyed a group of thirteen members from the Mecosta Osceola Human Services Collaborative Body. MOHSCB is a two county group of human service professionals working together to improve the quality of life for all residents of our region. The following diagram represents the questions that were asked and the participants' responses.

QUESTIONS	RESPONSES
What is the most serious unmet healthcare need in our community?	<ul style="list-style-type: none"> • Mental health • Primary care physicians in the inner/outer county • Substance abuse • Physicians accepting Medicaid • Uninsured/underinsured • Preventative care • Dental care • Finding a provider • Policy for performing body cavity searches pursuant to a search warrant • Regulation for walk-in clinics • Child obesity
Which available healthcare services are most valued by your particular clientele?	<ul style="list-style-type: none"> • Prescription payments • Vision care • Pediatric • Obstetrics • Primary care • Low income based services • Dialysis • Cancer treatment • Lab work • Diabetic services • Emergency Department • Specialized services • Assistance in locating free or low cost prescriptions • Pediatric care • Dental care
What important services are not currently available?	<ul style="list-style-type: none"> • Affordable and accessible healthcare • Mobile services • Extended hours of care (urgent care/mental health) • Obstetrics and gynecology in Osceola County • Healthcare services within schools (physical/mental) • Resources for preventive healthcare • Healthcare education • Vision care • Paperless prescriptions • Mental health • Transportation • Primary healthcare • Medications • Lab work • Dental care • Diabetic services

QUESTIONS	RESPONSES
<p>How could MCMC be a more effective partner in solving community health problems?</p>	<ul style="list-style-type: none"> • Low income based services • Extended hours • Increased communication and collaborative efforts to meet the healthcare needs of the community • Outlying clinics • Education relating to mental health and substance abuse • Expand services offered by Hope House Free Medical Clinic • Volunteer program to assist those with prescription needs • Reliable referrals • Head lice education • Nutritional education
<p>What is the most difficult healthcare situation being faced by your clients?</p>	<ul style="list-style-type: none"> • Access to primary healthcare • Unaware of services provided to low-income households • Scheduling healthcare services • Low income based cancer treatment • Prenatal care for all residents of Osceola • Affordable healthcare • Transportation • Food assistance • Housing assistance • Substance and alcohol abuse treatment and education • Uninsured/underinsured • Disrespectful providers • Preventative healthcare • Behavior healthcare • Dental providers • Head lice assistance

Directors of MCMC

We surveyed a group of seven directors from Mecosta County Medical Center. The following diagram details the questions that were asked and the participants' responses.

QUESTIONS	RESPONSES
What is the most serious unmet healthcare need in our community?	<ul style="list-style-type: none"> • Dental care at a lower cost • Substance abuse and alcoholism services • Psychiatry • Urgent Care • Availability of timely appointments • Uninsured/Underinsured • Psychiatry and Medicaid pain management • Access to primary care physicians • Access to information regarding services
Which available healthcare services are most valued by your particular clientele?	<ul style="list-style-type: none"> • Preventative medicine coverage • Specialty services • Physical therapy • Emergency Department • Primary care physicians • Financial assistance • Charity care • Rehab within patient's home
What important services are not currently available?	<ul style="list-style-type: none"> • Urgent care with extended hours • Dental care • Coverage from all insurances • Otolaryngology (ears, nose and throat) • Dermatology • Psychiatry • Urology • Cardiology • Same day appointments • Stroke support group
How could MCMC be a more effective partner in solving community health problems?	<ul style="list-style-type: none"> • Opening an urgent care • Allotting more full time equivalents to services that are not reimbursed: employee education coordinator; community educators – that don't try and "fit it in" to their other job duties; customer service representatives; regular presence in schools • Continue to bring in additional specialty services as needed. • Promote all of the different specialties • Physician recruitment • Affordable services • Market a larger geographic area
What is the most difficult healthcare situation being faced by your clients?	<ul style="list-style-type: none"> • Education about the importance of preventative care • Uninsured/underinsured • Mental health placements • Lack of money/high cost of care • Out of pocket expenses for healthcare and prescriptions • Access to care • Lack of support groups following discharge from acute rehab



Recommendations

Senior Insurance Advising:

Through comprehensive research and analysis, we have determined that a Medicare and Medicaid advising service for seniors would be a valued asset to the community. The goal of this service would be to provide new and existing beneficiaries with information about Medicare and Medicaid, enabling them to make an informed decision. This service would allow advisors to assist seniors free of charge by providing them with basic insurance vocabulary education, helping them understand their healthcare needs and providing them with information regarding Medicare and Medicaid. Seventy-seven percent (75%) of phone respondents stated that services for seniors are very important. We recommend the following steps in order to successfully implement this program:

- Contact the Commission on Aging management
- Make a formal offer to participate with the Commission on Aging Michigan Medicare and Medicaid Program (MMAAP) insurance counselors for seniors to offer office space to support advising seniors at MCMC
- Measure the progress of this program six months from the implementation date. This can be done by comparing the number of seniors who are utilizing the program on a month to month basis. We will also consider anecdotal comments from volunteers.

Outcomes: Improved understanding of insurance products and accessibility among seniors

Metrics: Six month data collection

Cancer Treatment Services:

The availability of cancer treatment services is important to the needs of the community. Seventy-seven percent (75%) of phone respondents noted that cancer treatment services are very important. The Crossroads Radiation Therapy Center will be known as the Susan P. Wheatlake Regional Cancer Center, expanding chemotherapy infusion and radiation treatment on a regional basis. MCMC will support and enhance referrals to this center as well as make an effort to increase cancer treatment in our service area.

Outcomes: Increased utilization of cancer resources, implementation of a comprehensive screening program in collaboration with Spectrum Health Reed City Hospital

Metrics: Increased patient census, patient satisfaction data, medical staff commentary

Cardiac Rehabilitation:

The availability of cardiac rehabilitation services would benefit a significant number of area residents. Seventy-seven percent (75%) of phone respondents stated that cardiac/heart rehab services are very important. As cardiac services are available, MCMC offers a fairly robust and long standing program that has assisted many individuals. In the interest of community health and well being, MCMC has the opportunity to expand Phase III of cardiac rehabilitation to medically indigent persons.

- The Hospital Board of Trustees could extend charity care to include Phase III
- MCMC Foundation grant process could be used to support services to those in need

Outcomes: Retention of Phase III patients will exceed previous figures

Metrics: Patient census for Phase III, patient and staff anecdotal data

Access to Primary Care:

Recruitment of primary care physicians would fulfill a currently unmet need. The groups that we surveyed via email cited the lack of primary care as the most serious unmet healthcare need. They also believe that their clientele see their primary care physicians as their most valued service. MCMC has recently recruited two family care physicians as well as one obstetrician/gynecologist. The Board of Trustees and Administrative team will continue to work on an aggressive recruitment program to meet the needs of our community. Other recruitment opportunities include: Urology, Gastroenterology, and additional Primary Care.

Outcomes: Successful recruitment of family care physicians and obstetrician/gynecologist, continue to develop active physician recruitment plan

Metrics: Number of physicians by specialty

Urgent Care:

Respondents demonstrated a strong belief that urgent care services are necessary in our community. The groups that we surveyed via email also reported urgent care as an important service that is not available, as well as a solution to solving the community's healthcare problems. Sixty-three percent (63%) of phone respondents noted that urgent care for minor illness or injury is very important. Based on these opinions, there is an opportunity to explore and develop this service.

Outcomes: Continue to thoughtfully consider internal and external requests for urgent care services

Metrics: Annual review of necessity for urgent care



Suggestions for Future CHNAs

When conducting future Community Health Needs Assessments, the researchers recommend consideration of the following:

- Seek advice from other non-profit organizations conducting a CHNA for suggestions on how to conduct and report CHNA findings
- Include findings from previous CHNAs and describe how identified issues were addressed
- Involve all human service groups such as local health departments and other non-profit organizations serving the community's healthcare needs
- When using methods such as surveys and focus groups, include a wide range of participants that are served by the hospital to identify the needs of various populations within the community



Appendices

Appendix 1. Community Health Needs Assessment survey

Appendix 2. Interview questions used for senior focus group/MCMC Auxiliary group

Appendix 3. Interview questions used for MOHSCB/MCMC directors survey groups

Appendix 4. Mecosta County Health Profile Summary 2011

Appendix 5. Health Outcomes and Factors from the University of Wisconsin 2012

Appendix 1

1. May I verify that your zip code is _____? (study area is Mecosta County Zip codes only?)
2. In the past 12 months, did you or a household member choose to leave the area for any health services?
____ (Enter Yes, No, Z=DK/R*)
(If yes) May I ask what health services and why you left the area? _____
3. In the past 12 months, has a local doctor referred you out of town for medical care?
____ (Enter Yes, No, Z=DK/R*)
(If yes) What type of medical care were you referred to? _____
4. On a five-point scale, where one means not important at all and five means very important, how would you rate the importance of having the following educational services in your community?
Enter 1-5, 0=DK/R*
____ A. Medicare consultation and education
____ B. Obesity education
____ C. Wellness and prevention programs
5. Is there another educational service needed in your community? (repeat series of questions, up to 4 times, until no other responses)
____ (Enter Yes, No, Z=DK/R*)
(If yes) What other educational service is needed? _____
(If yes) On a five-point scale, where one means not important at all and five means very important, how would you rate the importance of (response above)?
____ (Enter 1-5, 0=DK/R*)
6. On a five-point scale, where one means not important at all and five means very important, how would you rate the importance of having the following healthcare services in your community?
Enter 1 - 5, 0 = DK/R*
____ A. Cancer treatment services
____ B. Services for seniors
____ C. Flu and pneumonia shots for seniors
____ D. Cardiac or heart rehab services
____ E. Urgent care for minor illness or injury
7. Is there another healthcare service needed in your community? (repeat series of questions, up to 4 times, until no other responses)
____ (Enter Yes, No, Z = DK/R*)
(If yes) What other healthcare service is needed? _____ (record only one)
(If yes) On a five-point scale, where one means not important at all and five means very important, how would you rate the importance of (response above)?
____ (Enter 1 - 5, 0 = DK/R*)
8. Have money or transportation problems had a negative affect on your ability to seek or obtain care?
____ (Enter Yes, No, Z = DK/R*)
(If yes) What could your local hospital do to assist you?
9. Would you go to Mecosta County Medical Center if you needed care tomorrow and the care you needed was available there?
____ [Enter Yes (skip to #11), No, Z = DK/R*]

DK/R* = Don't Know/Refused to Answer



10. What is the one main reason you would not go to Mecosta County Medical Center if you needed care tomorrow and the care you needed was available there? (do not read)

___ (Enter A - H, Other, Z = DK/R*)

A. Family/friend recommendation of other hospital (word of mouth)

B. Good reputation of other hospital (good care, advanced technology)

C. Has been to other hospital before/previous positive experience/personal preference

D. Insurance requirements

E. Location/convenience (closer to work, etc.)

F. Negative experience at/perception of MCMC

G. Physician practices at other hospital

H. Poor reputation of MCMC (poor care, lacking advanced technology)

O. Other (specify): _____

Demographics

You've been very helpful so far. Just to be sure we're talking with a wide range of people:

11. Would you please tell me your age (do not read)

(Enter A-F, Z = DK/R*)

A. 18-24 years

B. 25-34 years

C. 35-44 years

D. 45-54 years

E. 55-64 years

F. 65 years or more

Thank you very much for your time and input. Have a pleasant day/evening.

12. Gender (do not ask)

___ (Enter Female, Male)





Appendix 2

Interview Questions Used for Senior Focus Group/Auxiliary Group

1. Where do you get your information about healthcare?
2. How did you learn about the healthcare resources that you use?
3. How did you learn about the county assistant programs that you use?
4. How could our healthcare system be improved?
5. Do you know of any resources that you would like to use but can't access? If so, why are they not accessible to you?
6. Where do you get your information about healthcare insurance?
7. Have you ever experienced any confusion about your healthcare insurance? If so, explain.
8. Ideally, where should information about insurance and healthcare be located? What if it were located at the hospital?



Appendix 3

Interview Questions used for MOHSCB/MCMC Directors Survey Groups

1. What is the most serious unmet healthcare need in our community?
2. Which available healthcare services are most valued by your particular clientele?
3. What important healthcare services should be made available?
4. How could MCMC be a more effective partner in solving community health problems?
5. What is the most difficult healthcare situation being faced by your clients?

Appendix 4

Mecosta County Health Profile Summary 2011

Demographics			
	Michigan	Mecosta	Compare
HS Education	87.4%	87.0%	
College degree	24.5%	19.5%	
Jobless rate	12.5	12.1	
Persons below poverty	16.1%	20.9%	
Free and reduced price lunch	45.8%	57.5%	
Medicaid paid births	42.8%	50.8%	

Access to Health Care			
	Michigan	Mecosta	Compare
People per primary care physician	874	1,194	
No health care provider	13.2%	11.1%	
No access to care in past year due to cost	12.9%	16.9%	
No health insurance	15.1%	23.3%	
No dental visit in past year	26.0%	28.1%	

Health Indicators			
	Michigan	Mecosta	Compare
Cancer mortality rate per 100,000 (HP2020: 160.0)	184.8	157.3	
Cancer incidence rate per 100,000	494.3	498.0	
Cardiovascular disease mortality per 100,000	276.2	255.2	
Diabetes related mortality rate per 100,000 (HP2020: 65.8)	80.6	16.0	
Infant mortality rate per 1,000 births (HP2020: 6.0)	7.6	8.2	
Low birth weight (HP2020: 7.8%)	8.5%	6.9%	

Health Behaviors and Indicators			
	Michigan	Mecosta	Compare
Overweight	30.1%	32.3%	
Obese (HP2020: 30.6%)	35.6%	28.7%	
Inadequate fruit and vegetable consumption	78.2%	81.0%	
No leisure time physical activity	23.4%	25.7%	
Binge drinking in past month (HP2020: 24.3%)	17.1%	17.2%	
Smoking (HP2020: 12.0%)	20.3%	25.4%	
Smoking during pregnancy (HP2020: 1.4%)	18.2%	32.4%	
Teen pregnancy rate per 1,000	53.6	32.4	
Childhood immunizations	66.0%	78.0%	
Chlamydia rate per 100,000	504.4	282.0	
Diabetes	9.3%	9.5%	

HP2020=Healthy People 2020 targets

Sources: Michigan Department of Community Health; US Census Bureau; County Health Rankings; MI Department of Technology, Management and Budget; Michigan League for Human Services; Michigan Care Improvement Registry.

Appendix 5

	Mecosta County	Error Margin	National Benchmark*	Michigan	Trend	Rank (of 82)
Health Outcomes						31
Mortality						41
Premature death	7,133	6,134-8,132	5,466	7,273		
Morbidity						24
Poor or fair health	11%	8-16%	10%	14%		
Poor physical health days	4	2.7-5.3	2.6	3.5		
Poor mental health days	3.3	2.3-4.2	2.3	3.7		
Low birthweight	6.50%	5.6-7.3%	6.00%	8.30%		
Health Factors						42
Health Behaviors						55
Adult smoking	24%	18-32%	14%	21%		
Adult obesity	32%	26-39%	25%	32%		
Physical inactivity	26%	21-32%	21%	25%		
Excessive drinking	22%	16-30%	8%	18%		
Motor vehicle crash death rate	18	13-23	12	13		
Sexually transmitted infections	214		84	457		
Teen birth rate	26	23-29	22	34		
Clinical Care						34
Uninsured	15%	14-17%	11%	14%		
Primary care physicians	1,608:1		631:01:00	1,119:1		
Preventable hospital stays	70	61-78	49	74		
Diabetic screening	89%	81-98%	89%	84%		
Mammography screening	72%	62-80%	74%	68%		
Social & Economic Factors						49
High school graduation	78%			76%		
Some college	55%	51-59%	68%	63%		
Unemployment	12.10%		5.40%	12.50%		
Children in poverty	29%	22-36%	13%	23%		
Inadequate social support	17%	12-24%	14%	20%		
Children in single-parent households	31%	26-36%	20%	32%		
Violent crime rate	294		73	518		
Physical Environment						37
Air pollution-particulate matter days	2		0	5		
Air pollution-ozone days	2		0	3		
Access to recreational facilities	7		16	9		
Limited access to healthy foods	2%		0%	6%		
Fast food restaurants	43%		25%	48%		

* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data



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