

McKenzie Health System

2025 Community Health Needs Assessment



2025

A REPORT TO THE COMMUNITY

TABLE OF CONTENTS

4	Executive Summary
5	CHNA Process & Methods
8	Background
10	Community Served
11	Representing the Community
12	Data Findings
24	Community Needs & Priorities
25	Responding to the Needs
25	Additional Documents
26	Implementation Plan

EXECUTIVE SUMMARY

The report summarizes the health needs identified within the area served by McKenzie Health System (MHS). Its purpose is to inform community members, healthcare providers, and decision-makers about the most pressing health issues facing the region. The report also highlights the focus areas and priorities selected by MHS, which guided the development of an implementation plan to address these needs. In addition, it documents current collaborative initiatives already underway to improve community health.

A Community Health Needs Assessment (CHNA) is designed to objectively identify and prioritize community health needs. By combining reliable data with community input, the process ensures that priorities are grounded in evidence while also reflecting lived experiences. Listening to the voices of residents is essential to accurately interpret data and develop meaningful strategies. MHS has completed five CHNA cycles since 2013, with assessments conducted in 2013, 2016, 2019, 2022, and 2025. Each cycle aligns with the requirements of the Affordable Care Act. The 2025 CHNA includes a review of the 2022 implementation plan and evaluates progress made toward previously identified goals.

Delivering healthcare is increasingly complex due to shifting patient needs, rapid advancements in technology, evolving reimbursement models, and rising costs. These pressures occur at a time when both families and healthcare providers are experiencing limited resources. These realities make the CHNA process especially valuable, as it directs limited resources toward the issues with the greatest potential impact. Addressing these priority areas effectively can increase life expectancy, improve quality of life, and reduce overall healthcare costs.

The CHNA was completed using a collaborative, team-based approach. The process followed a series of structured steps to identify and prioritize health concerns. The MHS team utilized this report to select strategies and develop a detailed implementation plan that organizes actions, partnerships, and resources to address the identified needs.

CHNA PROCESS & METHODS

CHNA Team

An internal team at McKenzie Health System was established to lead the CHNA process. The team met and communicated frequently from May to August 2025. The team consisted of:

Steve Barnett

President/CEO

Amy Ruedisueli

Chief Financial Officer

Billi Jo Hennika

Chief Operating Officer

Heather Baumeister

Director of Healthcare Practices

Rebecca Stoliker

Director of Nursing Services

Emily Holmberg

Director of Human Services

Nina Barnett

Public Relations and Foundation Coordinator

Gloria Jerome

Marketing, Communications, and
Foundation Director

CHNA PROCESS & METHODS

The first step in meeting community needs is identifying the needs. Using an objective approach helps ensure that priorities are based on evidence and accurate information. The assessment process used by McKenzie Health System included reviewing multiple sources of data. In this approach, when there are multiple sources of data that illustrate a need, there is a greater likelihood that addressing that need will produce a powerful impact.

The Thumb Community Health Partnership (TCHP) assisted with the Community Health Needs Assessment. Assistance included compiling data from various sources, conducting a community health survey in fall 2024, designing the assessment process, and facilitating prioritization exercises. TCHP members represent the four counties of Huron, Lapeer, Sanilac, and Tuscola. Organizational members of TCHP include all the hospitals in the region, community mental health agencies, and local public health departments. Additional members include the Human Development Commission, Great Lakes Bay Health Centers, Intermediate School Districts, and List Psychological Services. The process was based on a model developed by the Association for Community Health Improvement. The team followed the six steps outlined in the toolkit and utilized resources included in the toolkit to complete the process.



Data Resources

Three types of data sources were utilized during the CHNA. The team obtained the most recent data available, and whenever possible, data that compared the local community to county, regional, state, or national statistics was used. Data sources included:

- Public Health Statistics
- Demographic Data
- Community Surveys

Data was compiled into comparison charts for peer counties, Sanilac County, and Michigan.

Table 1: Major Data Sources

Public Health Statistics			
Source/Participants	URL or Citation	Dates	Additional Descriptors
United States Census Bureau	https://data.census.gov/table/	2023	American Community Survey, Census Demographic profiles, and subtopic data sets.
MI Department of Health and Human Services (MDHHS), Vital Statistics	https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp#Counties	2021-2023	Date ranges varied by health statistic. Some statistics represent one year of data while others are looking at three or five year averages.
Health Resources & Services Admin.	https://bhw.hrsa.gov/shortage-designation	2021	Shortage designations are determined by HRSA.
County Health Rankings	www.countyhealthrankings.org	2020-2022	Includes a wide variety of statistics.
Kids Count	https://mlpp.org/kids-count/	2023-2024	Includes a variety of data from MDHHS and Department of Education.
Local Assessments			
Community Survey	<ul style="list-style-type: none"> • Distributed across Huron, Lapeer, Sanilac, and Tuscola Counties- 690 participants • Report produced for service area- Sanilac County- 148 participants 	Oct. 2024	A public survey was distributed online and on paper. The survey had four sections: 1) community strengths and weaknesses, 2) health priorities, 3) health system strengths and weaknesses, and 4) barriers to healthcare and wellness. The purpose of the survey was to gain a deeper understanding of contributing factors and community perceptions across a wide array of health issues.

CHNA PROCESS & METHODS

Methods of Analysis and Prioritization Process

The CHNA team utilized a priority-setting exercise based on the health indicator data and community input. The process was facilitated by the Thumb Community Health Partnership. The team also took into consideration priorities identified in the 2022 CHNA and progress on the 2022-2024 implementation plan.

BACKGROUND

In 1959, with a bequest from Kenneth H. McKenzie, a local banker and merchant, wheels were set in motion for the planning, development, and construction of a local hospital in Sandusky. In June of 1967, McKenzie Memorial Hospital held their ribbon cutting ceremony. The hospital saw many phases of growth over the next five decades.

- In May of 1973, a new wing was added, which included semi-private rooms and an intensive care unit.
- In 1980, an out-patient clinic with four suites was built to house specialty physicians visiting Sandusky.
- In 1998, another addition was added that included a new radiology center, a dining room addition, remodeling in the inpatient area, air-conditioning, energy-efficient windows and a new medical office building housing Physical Therapy and Rehabilitation.
- In October of 2002, the hospital sought and received Critical Access Hospital (CAH) certification.
- In 2003, some of the beds were approved for short-term rehabilitation services known as Swing Beds.
- Once again there was a need for additional space to house Physical Therapy and associated rehabilitation services. This resulted in the McKenzie Health and Wellness Center being built in July of 2005.
- Following the passage of the Affordable Care Act in March of 2010, McKenzie changed its name to better reflect the broader range of services offered to the community: McKenzie Health System.
- In 2014, McKenzie Health System became a founding member of a newly formed group called the National Rural Accountable Care Organization, which is a Center for Medicare & Medicaid Services approved by the Accountable Care Organization. This program, along with our Patient Centered Medical Home certifications, provided for the change in how we deliver care. The change in delivery of care is one whereby McKenzie is transitioning away from sickness and volume to wellness and value. McKenzie was the only critical access hospital in Michigan that began pursuing this transformation in 2014 and still is considered a leader in changing how to deliver care.

What has become clear over years of healthcare service is that McKenzie Health System is progressive and embraces the changes required to manage local community health needs. We are proud of the leadership role we are playing in the healthcare community within Michigan and nationally. We hope you are equally proud of what your local hospital is accomplishing as well.

BACKGROUND

McKenzie Health System: Mission, Vision, and Values

As McKenzie Health System leads in transforming how healthcare is designed and delivered, we emphasize clinical and service excellence and promote access to affordable care. We accomplish this through the combined efforts of our healthcare team and partnerships with the community and other healthcare systems.

McKenzie Health System will improve the quality of life in our community through an integrated healthcare delivery system that is characterized by collaboration, innovation, technology and value.

The values of McKenzie Health System are:

- **Respect:** We treat each individual we serve and those with whom we work with professionalism and dignity.
- **Integrity:** We communicate openly and honestly, build trust, and conduct ourselves according to the highest ethical standards.
- **Accountability:** We take ownership for our actions and responsibility for their outcomes.
- **Compassion:** We deliver extraordinary care with empathy and kindness for those we serve and to all members of the healthcare team.
- **Excellence:** We are continuously improving the quality of our service through a commitment to education and prudent stewardship of assets and resources.
- **Teamwork:** We build system effectiveness on the collective strength of everyone through open communication and mutual respect.
- **Innovation:** We embrace change and actively pursue progress in a fiscally responsible manner.
- **Wellness:** We inspire our community to achieve a healthy lifestyle.

The leaders of McKenzie Health System understand that operating a COMMUNITY hospital means striving to understand and respond to the needs of the community. With this community mindset, in 2013, the hospital conducted its first Community Health Needs Assessment (CHNA). This is the fourth cycle of Community Health Assessment and Planning. The process is intended to be completed on a three-year cycle. Therefore, this 2025 report includes a review of the 2022 implementation plan and progress toward plan targets.

COMMUNITY SERVED

McKenzie Health System, located in Sanilac County, Michigan, is a Critical Access Hospital located in Sanilac County, Michigan. McKenzie Health System is a Critical Access Hospital (CAH) designated by the Medicare Rural Hospital Flexibility Program, created by Congress in 1997 which allows small hospitals to be licensed as a CAH and offers grants to States to help implement initiatives to strengthen the rural health care infrastructure.

According to the 2023 American Community Survey, U.S. Census, this service area has a population of 61,185. The service area includes numerous towns and villages. The number of responses for each municipality is listed on the table below.

Municipality	# of Responses	Municipality	# of Responses
Sandusky	34	Peck	7
Carsonville	18	Applegate	5
Croswell	15	Palms	5
Brown City	11	Decker	4
Minden City	11	Lexington	4
Deckerville	10	Port Sanilac	4
Marlette	10	Argyle	2
Snover	10		

The Hospital provides services to a community in which:

- 21.6% of the population is under age 18 and 21.5% is over age 65.
- The population has limited racial diversity with 92.6% of the population identified as Caucasian, 4.1% Hispanic, 2.3% two or more Races, 0.3% Black, 0.2% Asian, 0.1% American Indian/Alaska Native, 0.5% Some Other Race, 0% Hawaiian/Other Pacific Islander.
- McKenzie Health Systems' service area has a bachelor's or higher college degree rate of 16.4% in those individuals 25 years and over compared to Michigan's 31.8% and United States' 35.0%.
- Average (Mean) household income is lower at \$79,424 as compared to the Michigan average (mean) income of \$96,229.
- 3.3% reported being unemployed on the census compared to 3.6% of Michigan residents.
- 7.1% reported on the census having no health insurance compared to 5.0% of Michigan residents.
- The community has a higher rate of self-employed individuals than the State or United States (11.7%) compared to the Michigan rate of 9.5% and the United States rate of 11.0%.
- In the 21 reported zip codes within the McKenzie Health Systems service area vary significantly from town to town: 4.7% (48003), 7.2% (48401), 7.4% (48416), 4.2% (48419), 8.7% (48422), 14.1% (48426), 11.1% (48427), 36.2% (48434), 12.4% (48450), 12.4% (48453), 7.5% (48454), 5.2% (48456), 2.6% (48465), 4.1% (48466), 12.8% (48469), 6.4% (48471), 10.6% (48472), 9.7% (48475), 7.4% (48726), 10.6% (48741), 8.5% (48759); 8.8% of Michigan families are in poverty by comparison.

REPRESENTING THE COMMUNITY

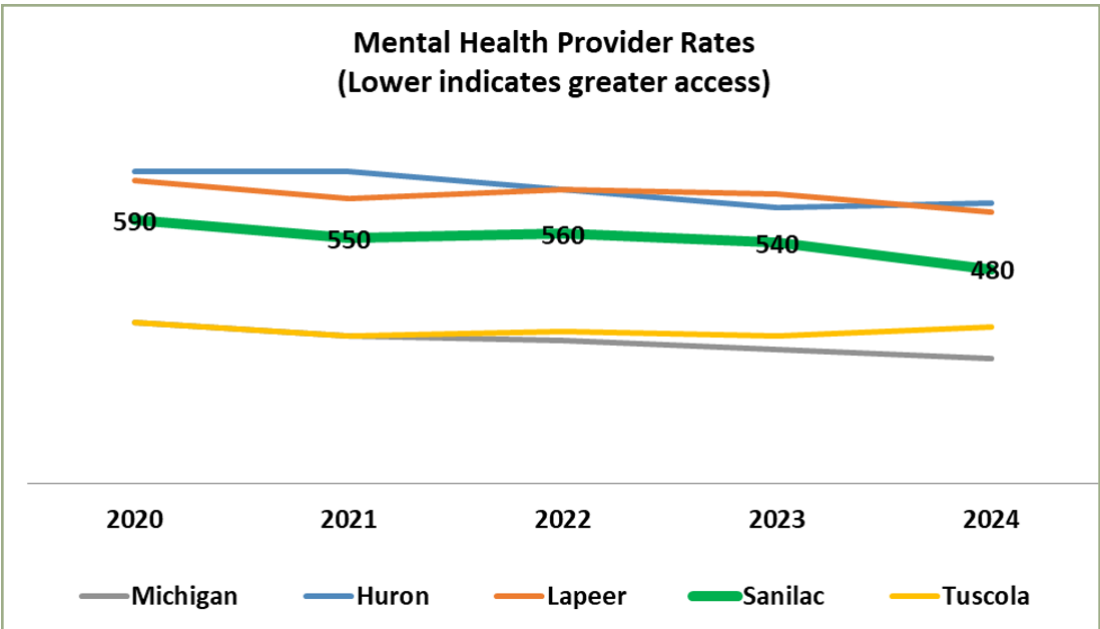
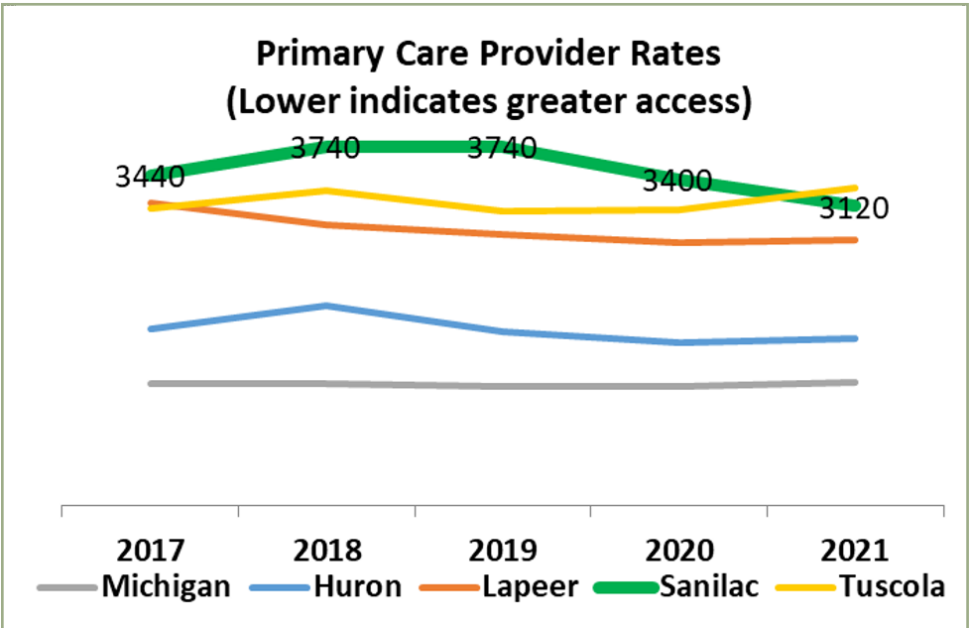
Input from Individuals

Individuals provided input through the Community Health Survey. A diverse array of vulnerable populations was represented. Of the 148 individuals from the service area, 57.4% indicated they represented a vulnerable population.

Vulnerable Populations in McKenzie Health Systems Service Area 2024	% of Survey Respondents
Someone that experiences a mental health condition or disability or special education needs	41%
Low Income	35%
Senior Citizen	24%
Physically Disabled	20%
Victim of Domestic Abuse or Child Abuse	13%
Healthcare or Human Service Provider that can speak for a wide variety of patients/people	12%
Someone with a Substance Use Disorder or Alcoholism or in recovery from substance use	12%
Veteran	7%
People of a minority race or ethnic background	7%
Other (please specify)	6%
Seasonal or part-time resident	1%
People who are homeless	1%

DATA FINDINGS

Workforce Development



www.countyhealthrankings.org

250+ Job Openings

at 23 local health and human services agencies are included in the weekly Thumb Community Health Partnership job bulletin.

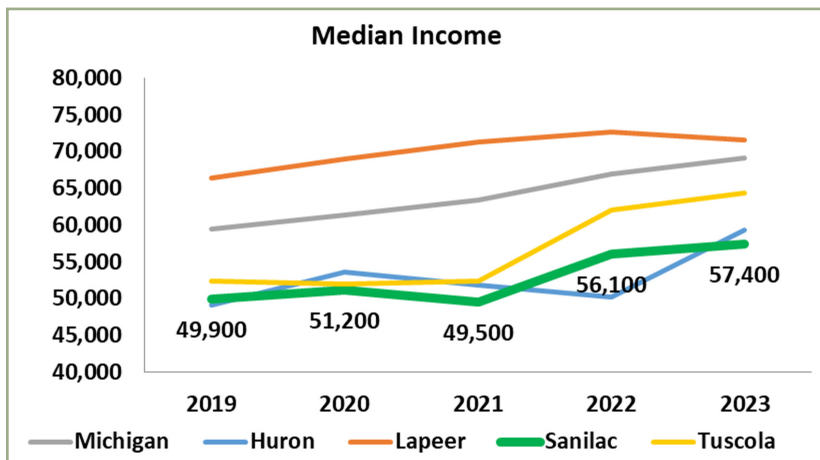
Coordination of Services

45% of Respondents

on the Community Health Survey in the McKenzie Health System Service Area indicated that coordination of services is a weakness or major weakness of the Health Care System.

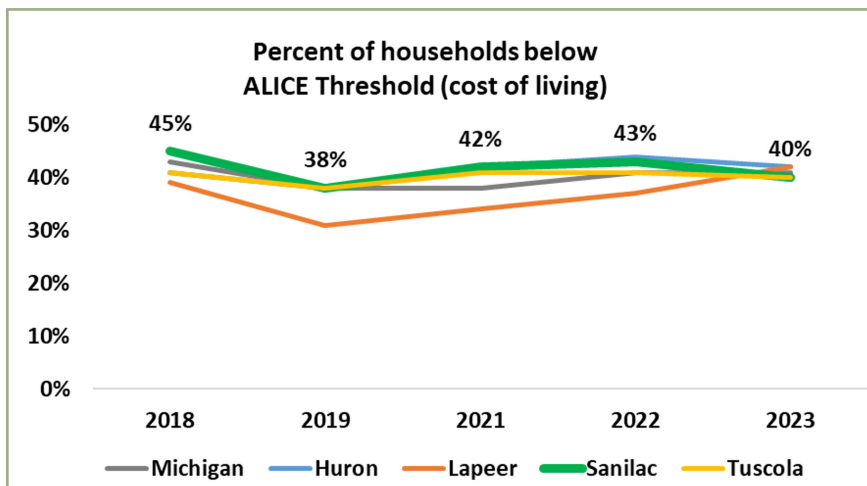
Availability and Access to Services

The median income in Sanilac County is well below the Michigan average. Lower income puts individuals at risk for not having health insurance.



SAIPE web site;
www.countyhealthrankings.org

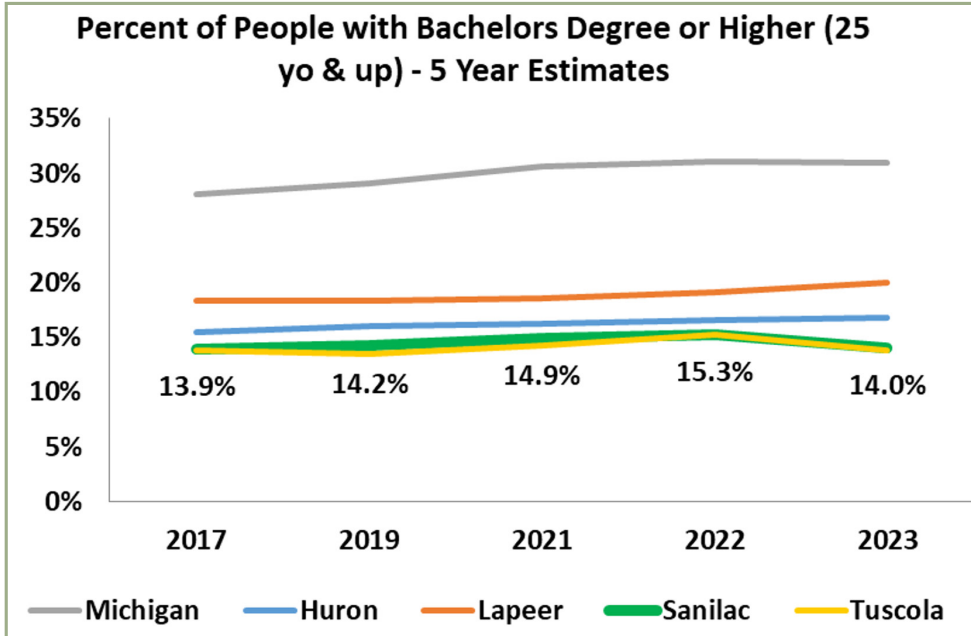
Many of these individuals live above the poverty level but below the cost of living or ALICE (Asset Limited Income Constrained Employed) threshold.



United Way's ALICE Report (Asset Limited Income Constrained Employed)

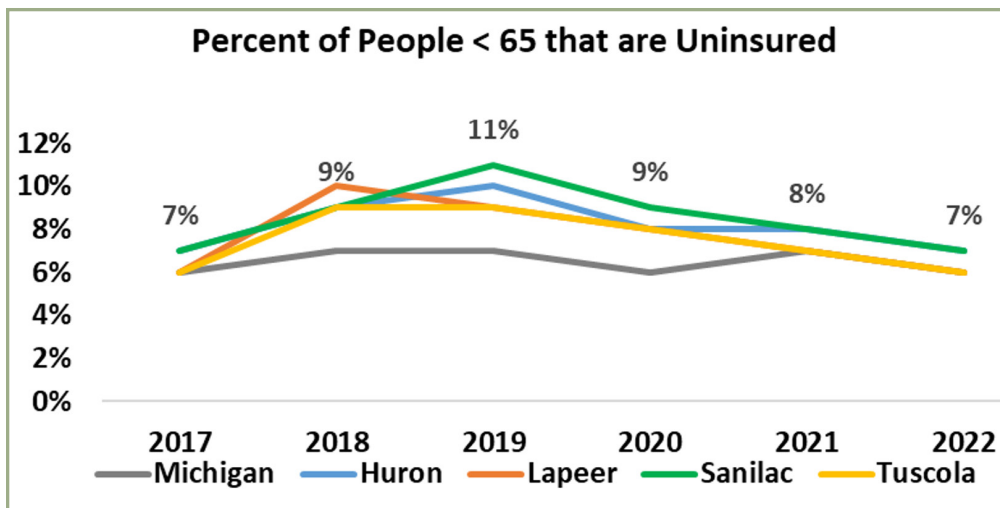
DATA FINDINGS

Individuals in the service area are less likely to hold professional degrees, decreasing the chance that they will have employer provided health insurance.



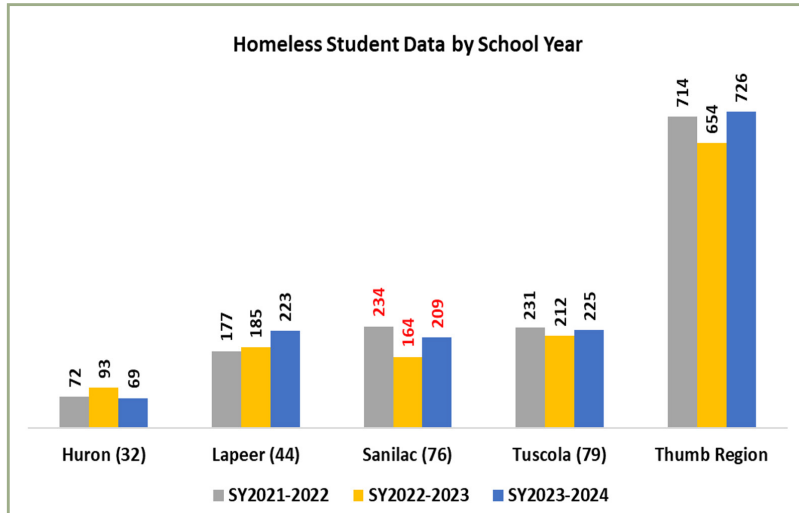
U.S. Census

As a result, data shows that many residents under age 65 do not have health insurance. Residents confirmed this in the 2024 Community Health Survey. 37% of service area respondents felt that access to health insurance was a weakness or major weakness of the healthcare system.

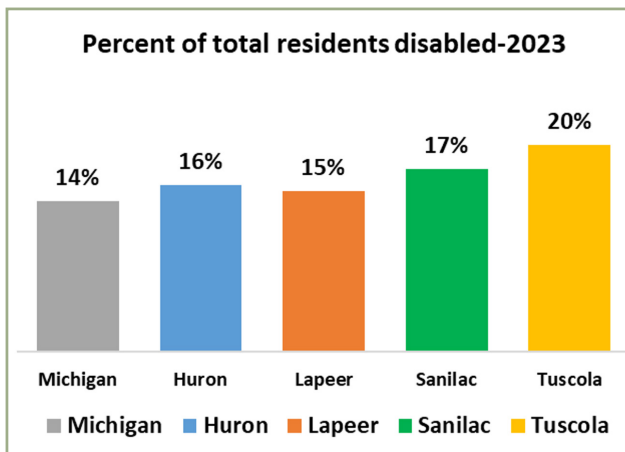
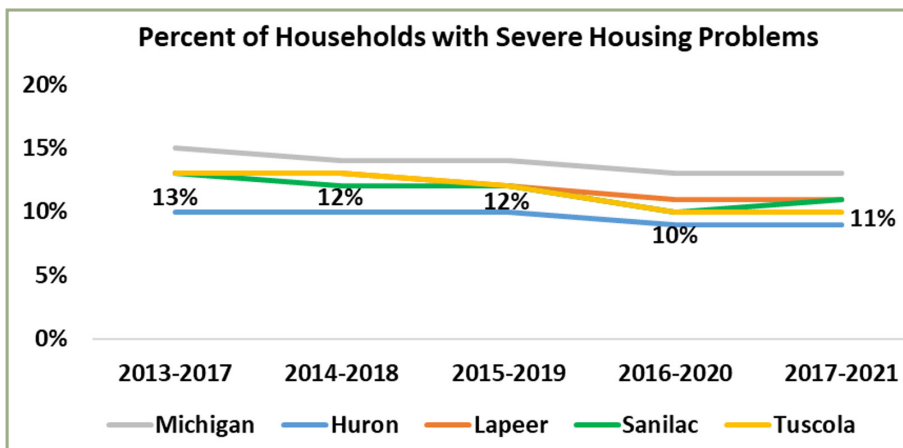


US Census Bureau's Small Area Health Insurance Estimates (SAHIE)

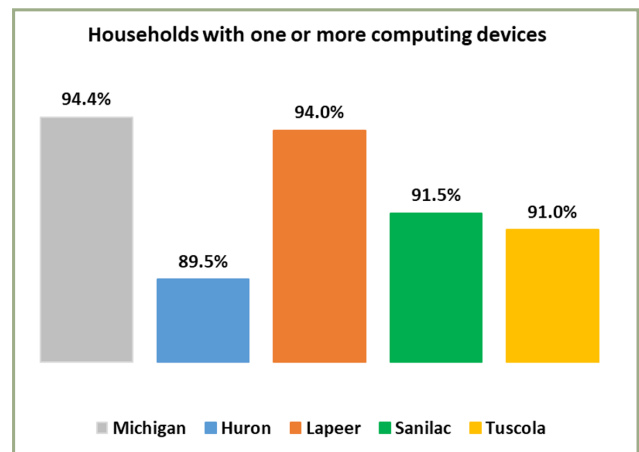
Social Determinants of Health



<https://www.mischooldata.org/homeless-enrollment-data-files>



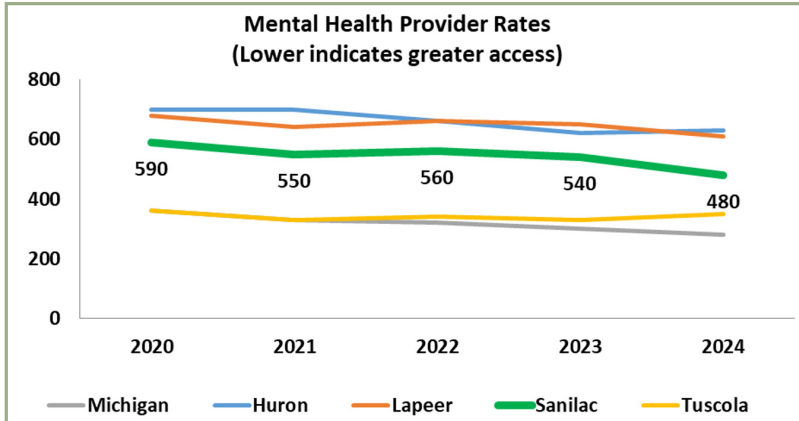
<https://data.census.gov/table/ACSDT5Y2022>



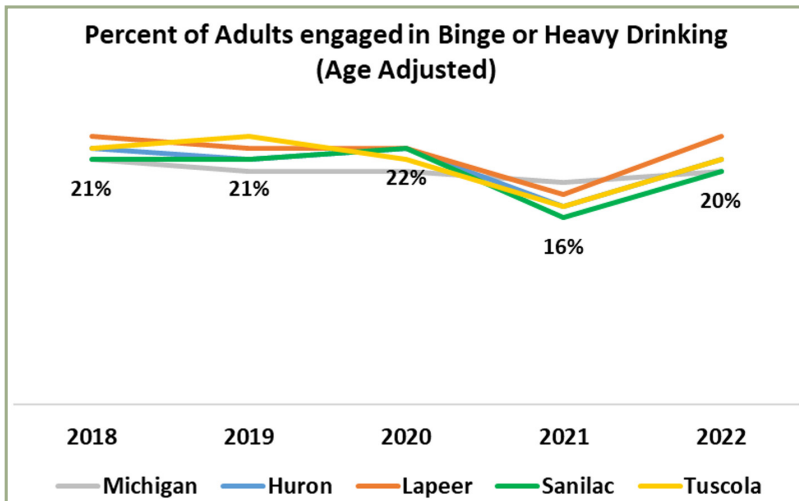
www.countyhealthrankings.org
<https://data.census.gov/table/ACSST5Y2023>

DATA FINDINGS

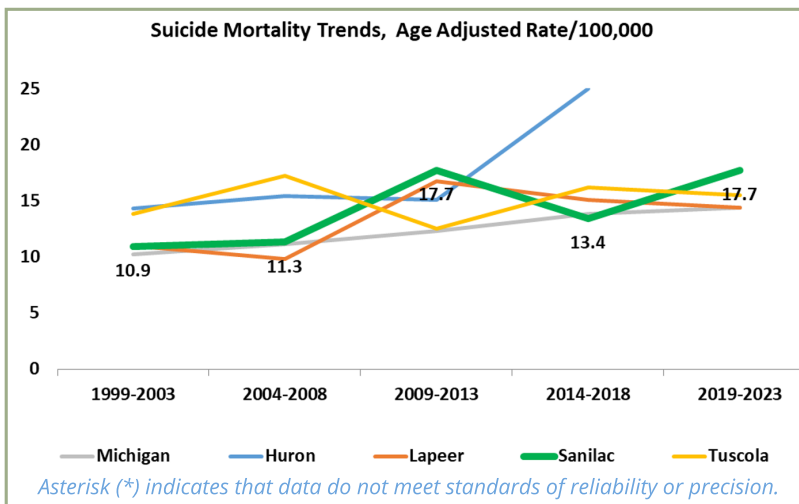
Behavioral Health



www.countyhealthrankings.org

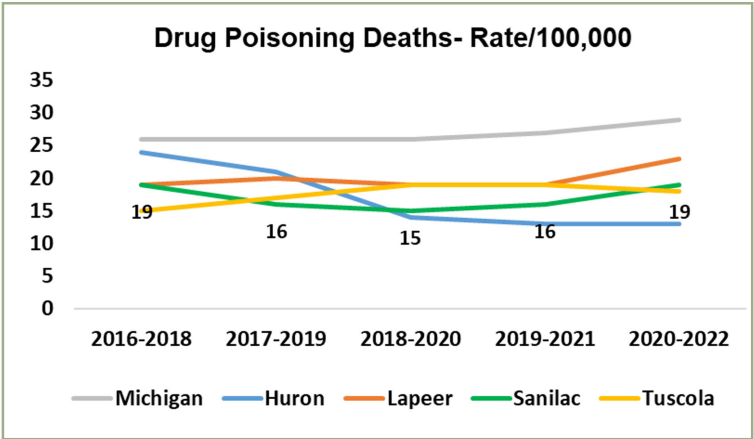


www.countyhealthrankings.org



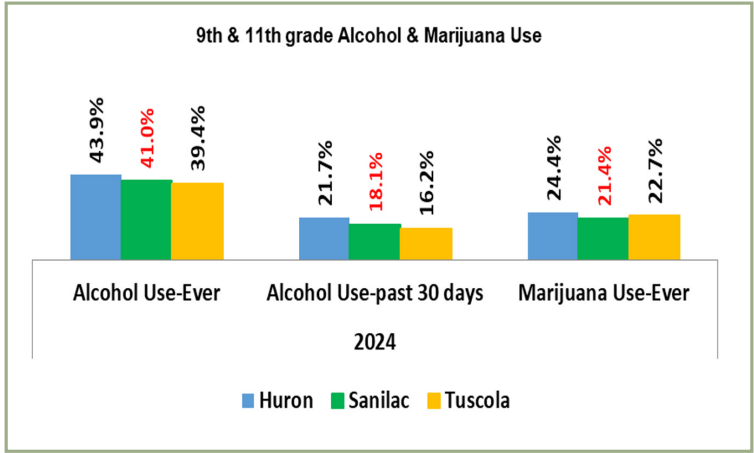
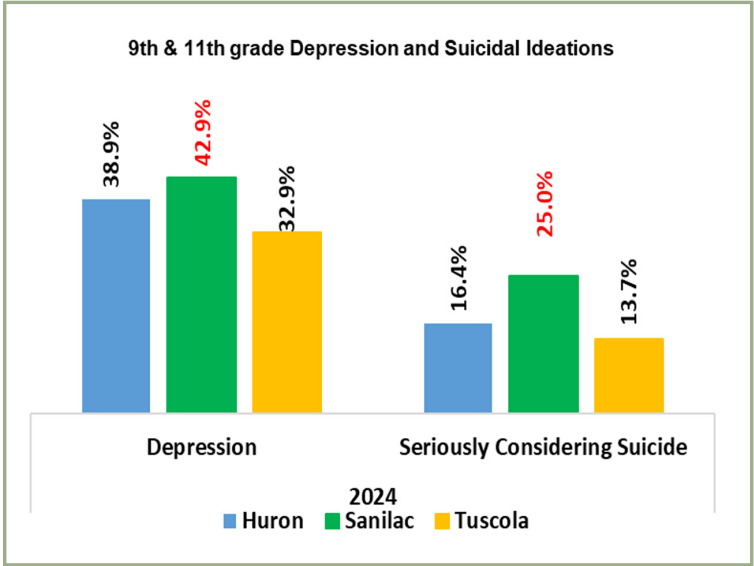
<https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp>

Over the past 10 years,
82%
of suicide deaths in the
Thumb were men.



www.countyhealthrankings.org

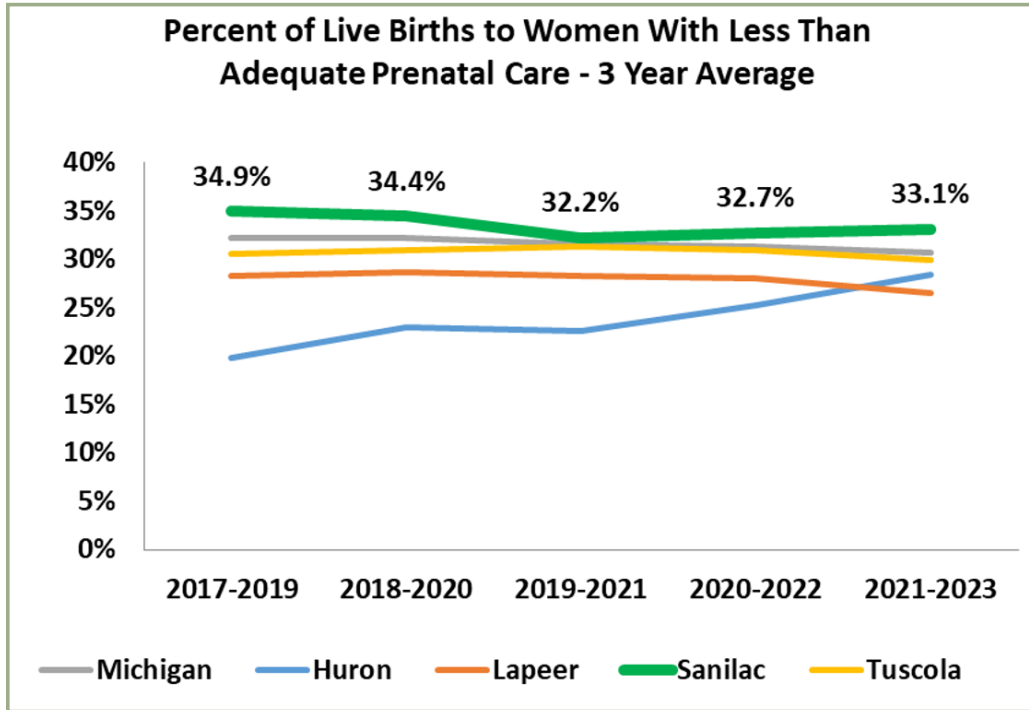
Lapeer County did not participate in the School Health Survey:



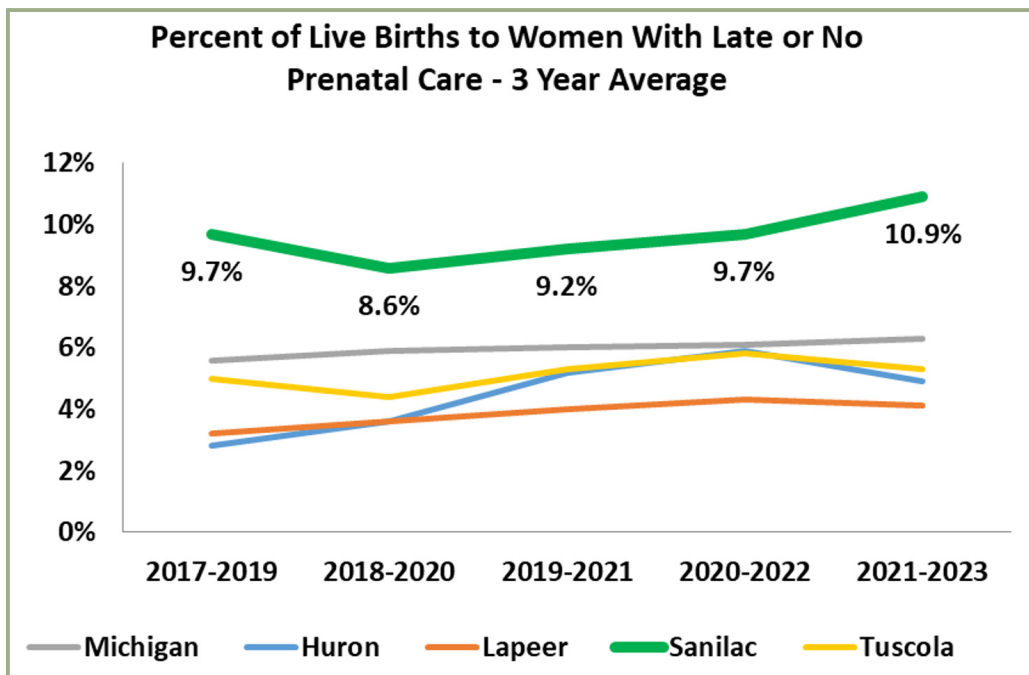
<https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

DATA FINDINGS

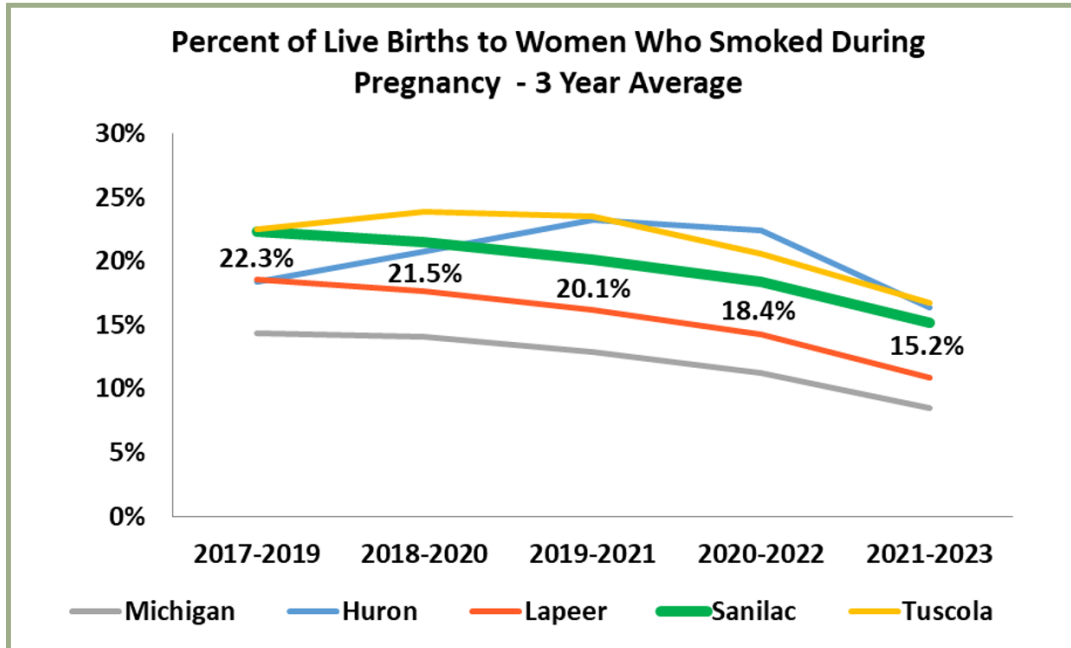
Prenatal & Infant Health



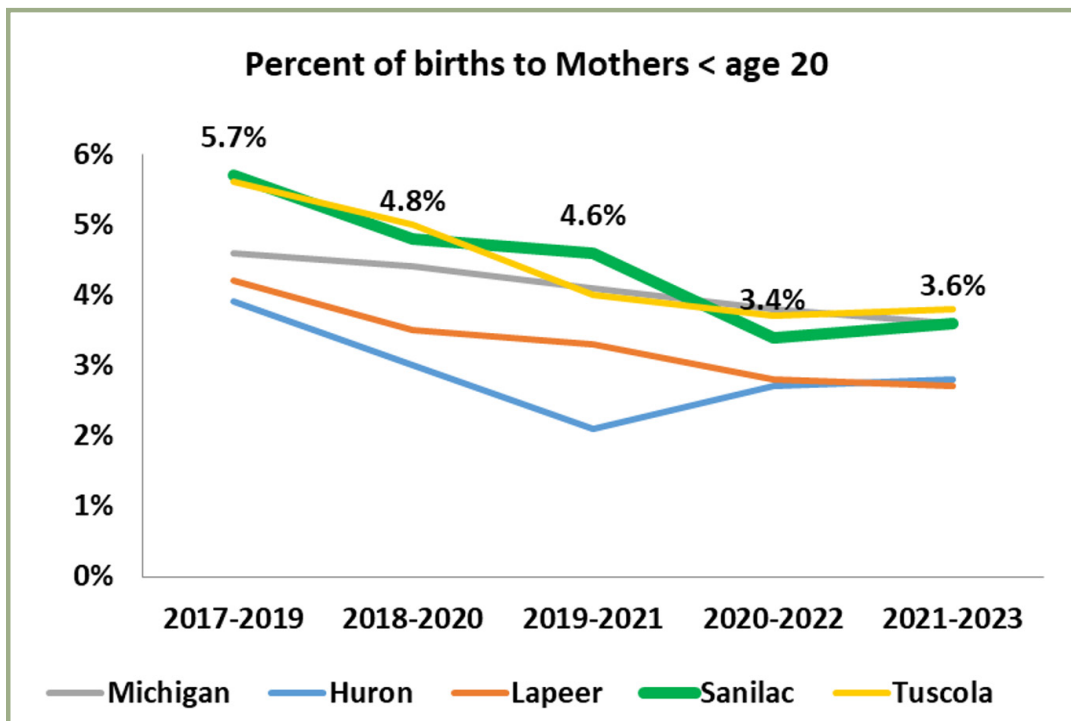
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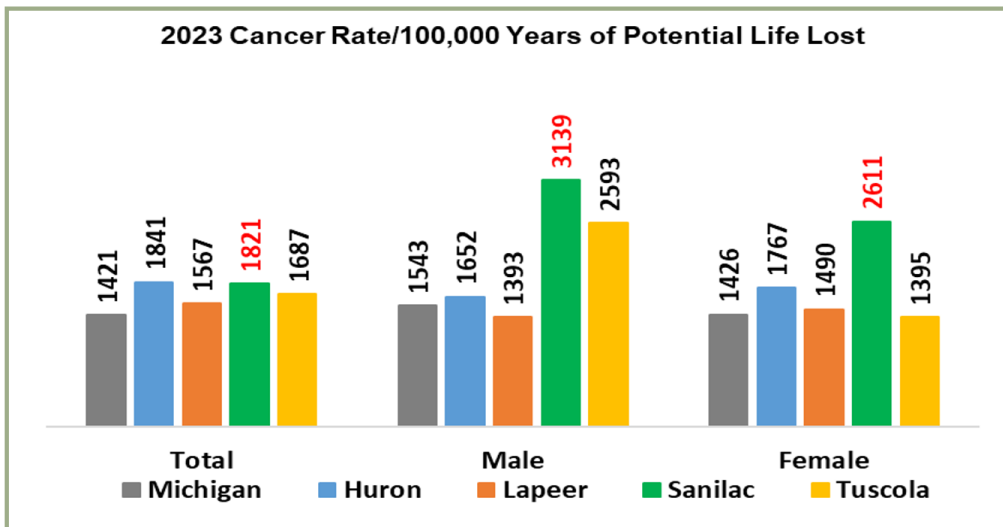
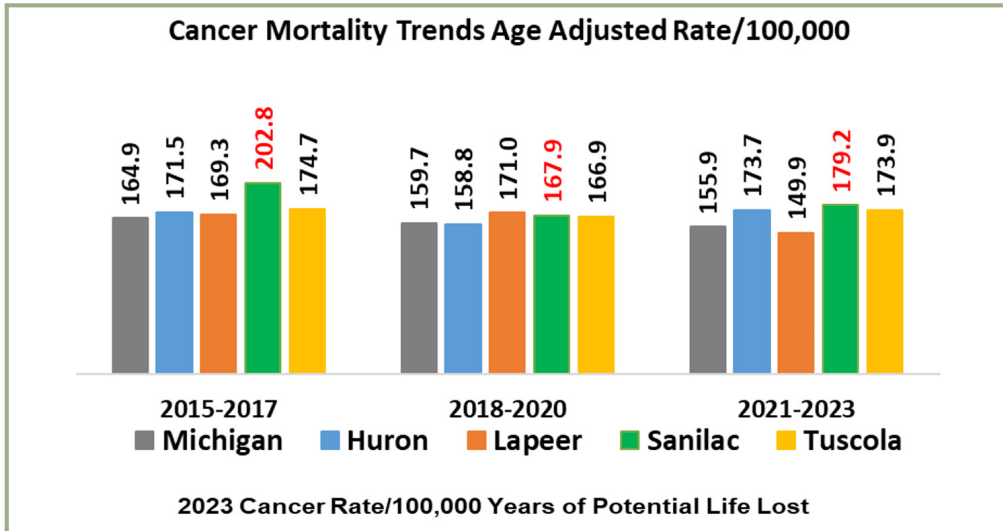
<https://vitalstats.michigan.gov/osr/chi/births14/frameBxChar.html>



<https://vitalstats.michigan.gov/osr/chi/IndexVer2.asp#Counties>

DATA FINDINGS

Cancer Chronic Disease

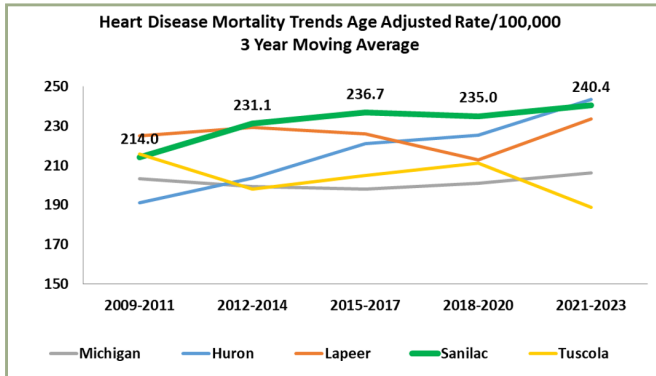


Mortality Rates Per 100,000

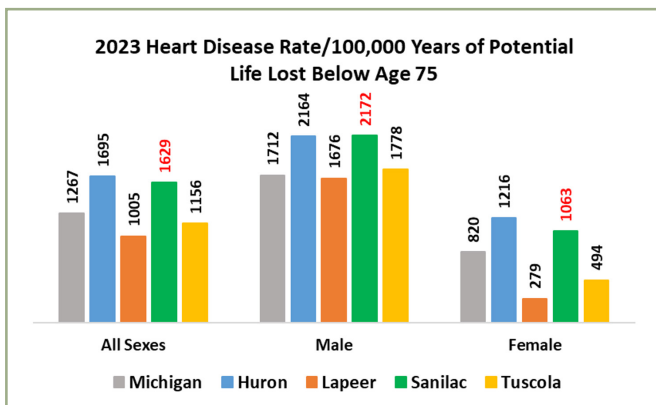
by type of cancer in Sanilac County 2017-2021

- Lung Cancer: 39.3
- Breast Cancer (Females): 19.1
- Colorectal Cancer: 19.4
- Prostate Cancer (Males): 20.6

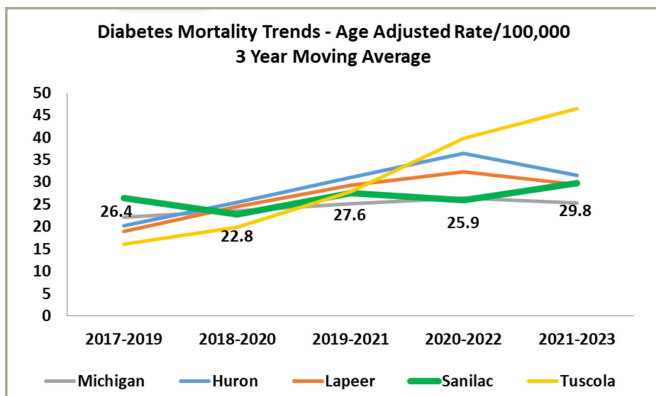
<https://www.mdch.state.mi.us/osr/CHI/Cancer/frame.asp>



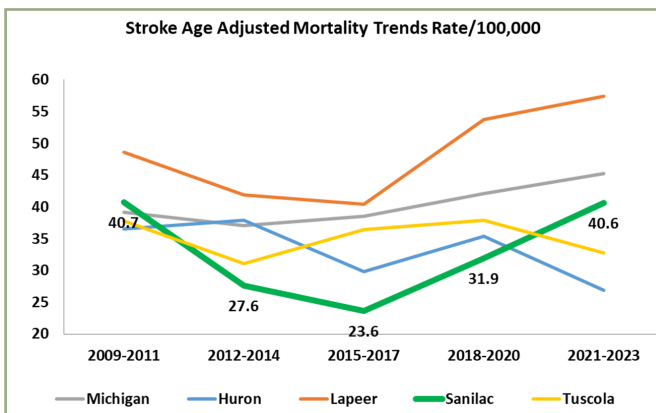
<https://vitalstats.michigan.gov/osr/CHI/Deaths/frame.html>



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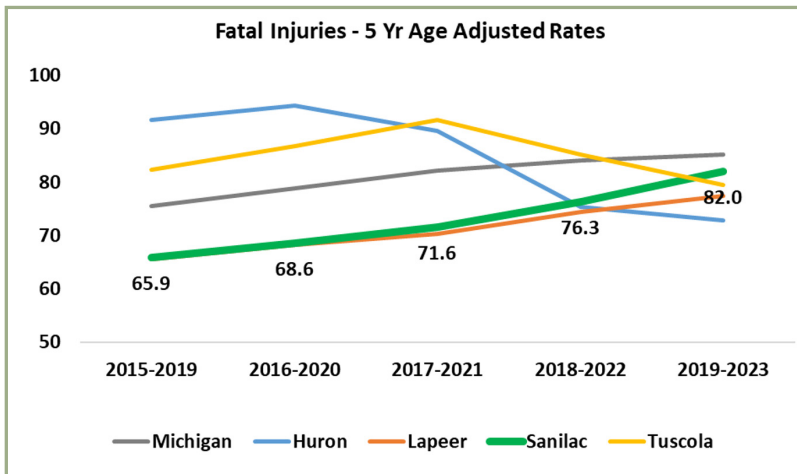
<https://vitalstats.michigan.gov/osr/chi/cr/frame.html>



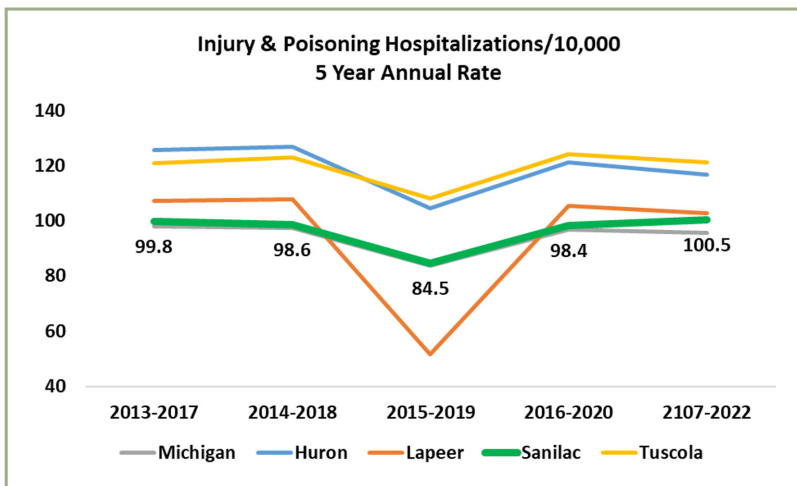
Michigan Department of Health and Human Services
<https://vitalstats.michigan.gov/osr/CHI/Deaths/frame.html>

DATA FINDINGS

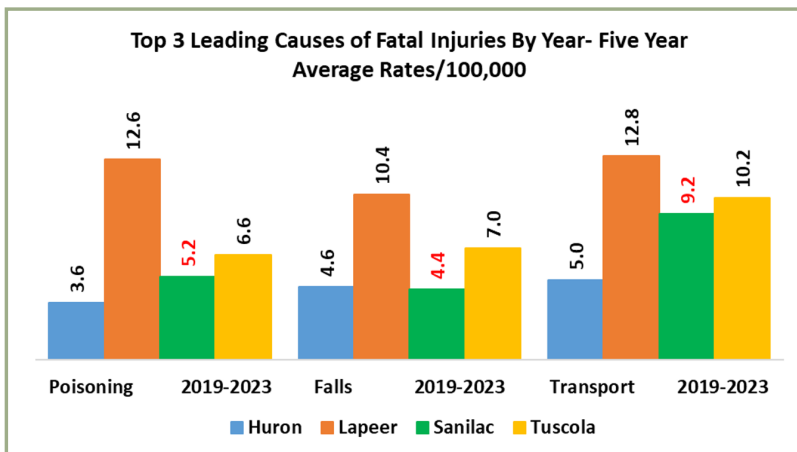
Injuries



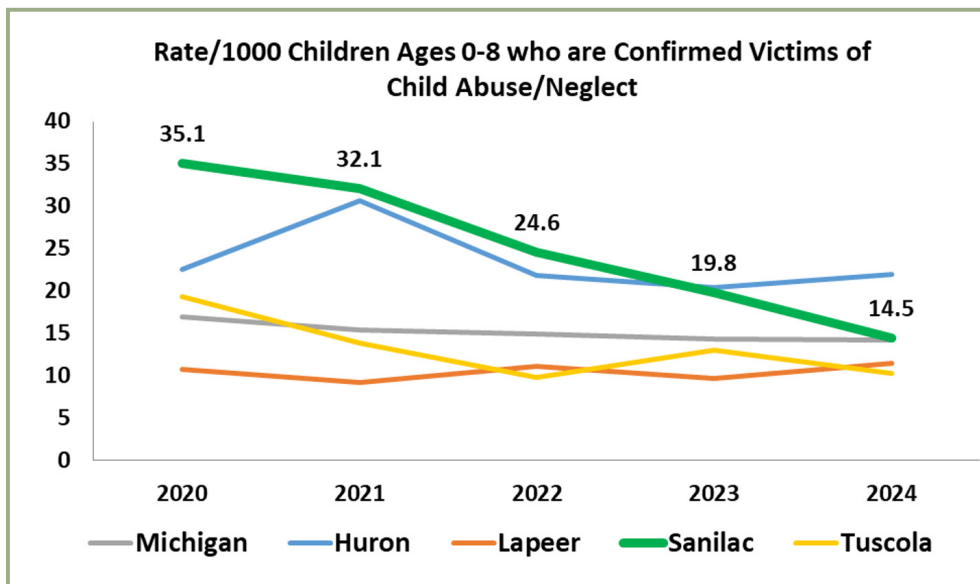
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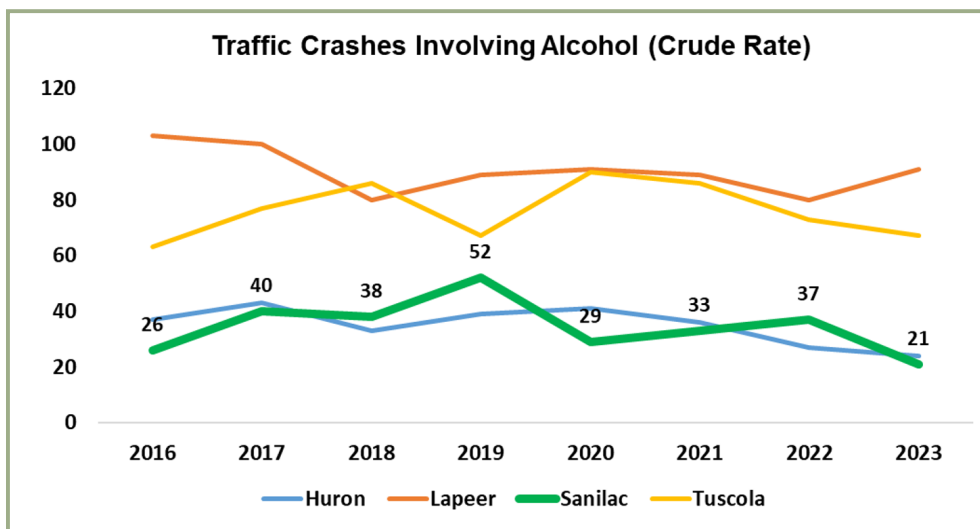
<https://vitalstats.michigan.gov/osr/CHI/CRI/frame.asp>



<https://vitalstats.michigan.gov/osr/CHI/hospdx/frame.html>



<https://datacenter.aecf.org/data/customreports/3775,3787,3819,3822/any>



<https://vitalstats.michigan.gov/osr/CHI/hospdx/frame.html>

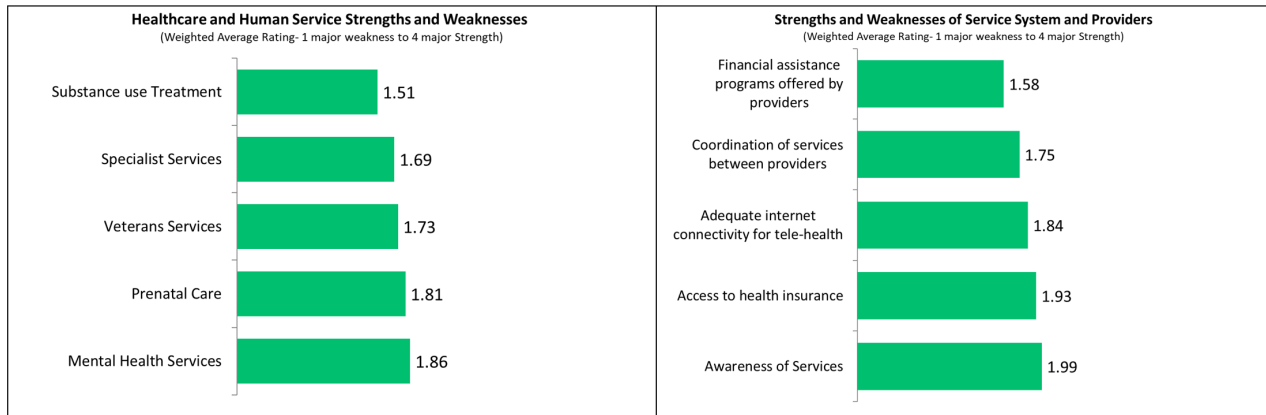
COMMUNITY NEEDS & PRIORITIES

The CHNA team reviewed a number of health indicators related to a wide variety of issues. The service area of the Community Health Survey report was also reviewed and discussed by the team. Priorities must be selected to ensure that limited resources have the greatest impact. Selection of priorities will often result in more complex and effective implementation strategies. Identifying a limited number of priorities on which to focus also allows community initiatives to be developed with collaborating organizations. Evaluation and progress can also be more effectively managed when the priorities are fewer in number. Using a group process, leadership identified needs in three categories: Focus Areas, Priorities, and Collaborative Priorities.

Priority Needs - McKenzie Health

Focus Areas	Priorities	Collaborative Needs
1.Cancer 2. Barriers & Access to Care (including Prenatal) 3. Chronic Disease 4. Mental Health	1.Mental Health 2.Availability and Access to Services 3.Senior Falls 4.Cancer 5.Chronic Disease	1.Mental Health 2.Substance Use Disorders 3.Prenatal Care 4.Poverty & Homelessness

The priorities selected by the CHNA Team align with the needs expressed in the Community Survey





RESPONDING TO THE NEEDS

Resource Assessment

As part of developing an implementation plan, a resource assessment will be completed to assess the current activities of MHS and other community organizations. This assessment is critical to identifying gaps in services and preventing duplication of services.

ADDITIONAL DOCUMENTS & REFERENCES

The following documents support the findings and the work completed during the Community Health Needs Assessment process. They are available upon request.

- Thumb Community Health Partnership Data Dashboard and County Health Indicator Recordings; <https://www.thumbhealth.org/healthdata>
- 2024 Community Survey Instrument
- 2024 McKenzie Health System Service Area Community Survey Report

IMPLEMENTATION PLAN

Response to the Community Health Needs Assessment

This document outlines McKenzie Health System's (MHS) response to the priority health needs identified in the hospital's 2025 Community Health Needs Assessment (CHNA). The assessment process used by McKenzie Health System expanded on a regional assessment process led by the Thumb Community Health Partnership. Once MHS priorities were selected, the CHNA Team discussed work already completed as part of the 2022 CHNA Implementation Plan and existing services and programs. Gaps in services were identified and strategies were developed. This plan will be used to guide activities over the next three years.

McKenzie Health System has many programs and strategies in place to address identified health needs. Existing strategies and programs will be maintained and strengthened as opportunities arise.

Priority	Strategy	Lead person
1. Behavioral Health / Mental Health / SUD	a. Continue to monitor and expand behavioral health integration with primary care and referral to appropriate resource	Emily Holmberg
	b. Emergency department consultations with social work and tele psychiatry	
	c. Connect patients with local resources; POM, MAT program, etc.	
	d. Change MAT focus to identify mental health and SUD DX, identify risk factors and provide intervention at PCP.	
	e. Collaborate with various community partners to address emerging substance use.	
2. Chronic Disease	a. Identify most prevalent diagnosis in service area.	Heather Baumiester
	b. Evaluate program(s) in place to address most prevalent diagnosis. Evaluate additional programming needs to address chronic disease=	Billi Jo Hennika and Heather Baumeister

Priority	Strategy	Lead person
3. Access to Services	a. Awareness of Services: Continue to work with community partners to educate the public and raise awareness about health needs and services.	Nina Barnett and Gloria Jerome
	b. Specialists: Continue to monitor needs and opportunities for additional specialist services (i.e. pulmonology, neurology)	Billi Jo Hennika
	c. Tele-health: Continue to explore and educate people on tele-health (i.e. community education and health services)	Billi Jo Hennika
4. Senior Falls	a. Provide education to the community through the trauma certification programming	Lacey Shea
	b. Offer Matter of Balance classes to the Senior Population	Emily Holmberg
	c. Fall prevention committee at MHS	Rebecca Stoliker
	d. PT to evaluate patients in the ED who are found to be high risk for falls	Jen Long
5. Cancer	a. Risk Factors: Research data for county to understand higher risk levels due to environmental factors.	Billi Jo Hennika
	b. Early Detection: Offer cancer screening through primary care practices and health fairs.	Heather Baumiester and Nina Barnett
	c. Education: Educate community on risk factors, prevention strategies and treatment.	Gloria Jerome and Nina Barnett



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