2019

Charlevoix Hospital Community Health Needs Assessment

For Charlevoix and Antrim Counties

MUNSON HEALTHCARE

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Executive Summary

We are excited to present our findings from our 2019 Community Health Needs Assessment. Munson Healthcare Charlevoix Hospital has been working with a regional collaboration known as MiThrive to complete a comprehensive assessment of needs in northern Michigan communities. We wanted to pinpoint the most pressing health issues in our communities and determine what more can be done to improve the health of the people we serve. The full regional assessment encompassed 31 counties, and over 150 organizations participated in some aspect of the Community Health Needs Assessment process. This report focuses on the needs of Charlevoix and Antrim Counties.

After collecting data through gathering existing statistics, hearing from residents, learning from groups of community organizations, and surveying health care providers, we identified two major priorities for our region: Mental Health/Substance Use and Basic Needs of Living. Additionally, we identified three other Strategic Issues and two significant goals for our planning process. These additional Strategic Issues include Access to Health care, Sense of Community, and Risks for Leading Causes of Death. The goals for the planning process include Cross-Sector Collaboration and Community Representation. This 2019 Community Health Needs Assessment (CHNA), which was adopted by the Board of Trustees on June 4, 2019, incorporates requirements of the Patient Protection and Affordable Care Act of 2010.

Introduction and Mission Review
Our Commitment to Community Health
Many factors combine to determine the health of a community. In addition to disease, community health is affected by substance abuse, education level, economic status, environmental issues, and the personal choices of all of us who live, work, and play in the community. No one individual, community group, hospital, agency, or governmental body can be entirely responsible for the health of the community. No organization can address the multitude of issues alone. However, working together, we can understand the issues and create a plan to address them.

MiThrive Partnership
Our continued commitment to our mission of working together with our partners to provide superior quality care and promote community health is reflected in our Community Health Needs Assessment (CHNA), as well as in the work we do each day to better understand and address the health needs of our community. For the 2019 Community Health Needs Assessment, this commitment is evident in our participation in MiThrive, a regional, collaborative project designed to bring together dozens of organizations across 31 counties of northern Michigan to identify local needs and work together to improve our communities. Where we live, learn, work, and play powerfully influences our health. Improving community health requires a broad focus and coordination among diverse agencies and stakeholders.
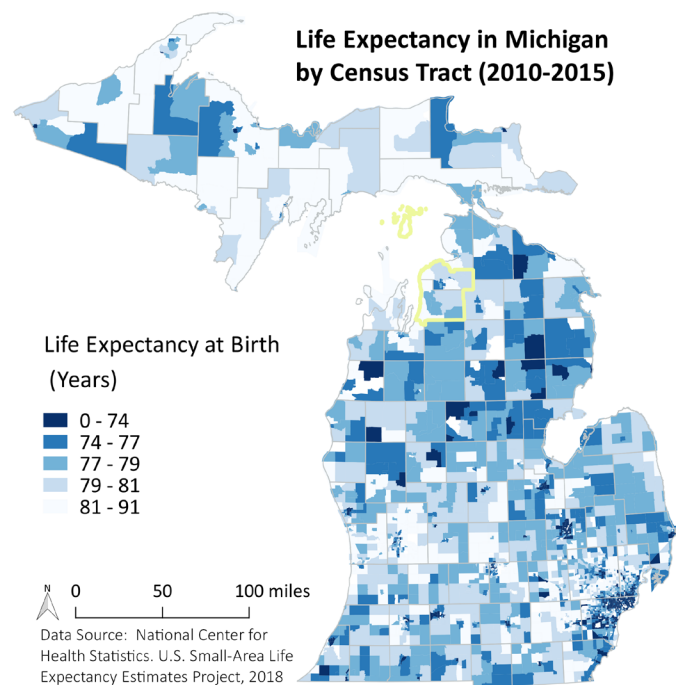
The goal is to continue to build new partnerships and gather input from more organizations and residents. Our CHNA represents a collaborative, community-based approach to identify, assess, and prioritize the most important health issues affecting our community, giving special attention to the poor and underserved in our service area. The process is also the foundation that we will use to collaboratively plan, develop, and foster programs to effectively address those needs in our community.

Understanding Health Equity
As the Robert Wood Johnson Foundation describes it, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups."

One way to examine the importance of focusing on health equity is to look at how life expectancy varies by community. Even in neighboring census tracts, the difference in life expectancy can be 10 years or more. This is a sign that further investigation is needed to understand the root causes driving the disparity - especially the differences in the conditions where people in these communities live, work, worship, and play.

In the 2019 Community Health Needs Assessment Findings, we examine the impact of these issues on health and health equity, the extent of the challenge in our counties, and opportunities to improve them. Additional data tables related to these issues can be found in Appendix B.

Life Expectancy in Michigan by Census Tract (2010-2015)

Life Expectancy at Birth (Years)
- 0 - 74
- 74 - 77
- 77 - 79
- 79 - 81
- 81 - 91

0   50   100 miles

Data Source: National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project, 2018

Evaluation of Impact Since 2016 CHNA
Significant Health Need: Access To Health Care

Provide increased and varied access to healthcare opportunities which are tailored to the needs of the community served by Munson Healthcare Charlevoix Hospital.

Actions and impact since preceding CHNA and Implementation Strategy:

Objectives:
- By the end of FY18, we will have a sufficient Primary Care base to meet the health care needs of our service area.
  - Charlevoix Hospital has added six primary care providers, one pediatrician, and one primary care/OBGYN in our service area, and we have established access to a primary care provider in East Jordan one day per week at our Jordan Valley rehab office.
- By the end of FY16, we will provide behavioral health services in both the Charlevoix and Boyne City communities.
  - We have added one psychiatrist, one PhD psychologist, and one medical social worker in our service area.
- By the end of FY17, we will design and implement a new transportation call center at the Munson Healthcare Charlevoix Hospital Wellness Workshop to facilitate healthcare-related transportation to those with the greatest need.
  - Transportation Program began in June 2018 and has provided close to 40 medically necessary rides to those without access to transportation. Program continues to grow, averaging five rides per month to a wide range of hospital departments: infusion center, physician appointments, radiology, physical therapy, and cardiac rehab primary.
- By the end of FY17, we will implement a volunteer ride program to facilitate access to primary care or specialty providers.
  - No longer designed as a volunteer ride program. The driver is an employee of the Wellness Workshop with a chauffer's license.
- By the end of FY18, we will continue to provide access to care by a registered nurse where previously there was none for area school-age children between the ages of 4-18 years under the auspices of the Munson Healthcare Charlevoix Hospital School Nurse Program.
  - School Nurse Program ongoing since 2011. Charlevoix Hospital provides registered nurses to area schools without school nurses, providing access to care to 3,200 school-age students in seven school systems annually.
- By the end of FY17, we will grow the low-cost biometric health screening program, Wellness Wednesday and increase offerings in Charlevoix from 12 times per year to 48 at the new Wellness Workshop in downtown Charlevoix, and continue expand low-cost biometric health screenings offerings in Boyne City and East Jordan.
  - We provided Wellness Wednesday low-cost health screenings every Wednesday at the Wellness Workshop in Charlevoix, and in Boyne City and East Jordan upon request.
  - Expanded Wellness Wednesday program from monthly to weekly in Charlevoix and expanded to Boyne City and East Jordan by appointment, providing 341 cholesterol screenings during this CHNA cycle.

Significant Health Need: Chronic Disease
Actions and impact since preceding CHNA and Implementation Strategy:
- To educate businesses on benefits of employee wellness and assist in identifying opportunities through MHCH Work-Right Biometric Health Screening Program.
  - We have provided just over 300 on-site business health screenings and flu clinics since the previous CHNA.
- We will provide diverse program offerings for health education and disease prevention on a weekly basis, tailored to the needs of the community.
  - Community Education Department facilitates wellness speaker from the hospital to speak with service organizations, local businesses, and area senior centers upon request; topics are tailored to individual requests and interests. Talks included but were not limited to: colorectal screening; sleep apnea; five wishes.
  - From 2016 through 2018, we have had 8,476 community contacts at our Wellness Workshop which have consisted of, but are not limited to: attending a class (exercise or nutrition); Wellness Wednesday health screening; attending a support group (weight loss, diabetes, cancer, and amputee); blood pressure check; finding a provider/learning about hospital services; attending a wellness talk; and children and adult plant-based cooking classes.
  - In the fall of 2017, our physical therapy department in Boyne City began teaching balance classes at the local senior center. They had close to 2,000 participants between October 2017 and December 2018.

- To promote prevention of heart disease, high cholesterol, obesity, and diabetes though the Wellness Wednesday Program. Since the previous CHNA, we have:
  - Expanded Wellness Wednesday program from monthly to weekly in Charlevoix, and expanded to Boyne City and East Jordan by appointment, providing 341 cholesterol screenings during this CHNA cycle
  - Created a diabetes support group
  - Created plant-based cooking classes for adults and children
  - Created a walking group
  - Created multiple low-cost exercise class options
  - Offered one free Wellness Wednesday biometric health screening to employees yearly
  - Offered blood glucose screenings at Wellness Workshop; provided 381 since previous CHNA
  - Provided cooking demonstrations and information sessions for healthy eating through the auspices of the School Nurse Program and the Wellness Workshop
  - Offered lunch-and-learns to hospital employees and expanded community offerings
- Promote healthy lifestyle education and awareness for those with prediabetes. Since the previous CHNA, we have:
  - Created monthly diabetic and weight loss support groups
  - Trained educators in Diabetes Prevention Program (DPP) through the Center for Disease Control and began pre-diabetes classes in January 2017; we offer classes weekly
- Expand our chair yoga classes and provide chair strengthening classes to area seniors at our Wellness Workshop. Since the previous CHNA, we have:
  - Provided free chair yoga/strength classes to 3,598 participants
- Expand yoga class offering from twice weekly to four times weekly. Since the previous CHNA we have:
  - Provided low-cost yoga classes to 2,336 participants
- Continue annual MHCH 5K Family Turkey Trot, to encourage family exercise. Since the previous CHNA, we have experienced:
  - 675 participants in our annual Charlevoix Hospital annual Thanksgiving Day Turkey Trot.

Significant Health Need: Maternal Smoking

Impact of the actions since preceding CHNA and Implementation Strategy:

- To have regularly scheduled smoking cessation education classes in the MHCH Wellness Workshop. Since the previous CHNA:
  - Coordinated with area schools through our School Nurse Program to promote smoking awareness campaigns to reduce likelihood of adult smoking
  - Hosted and supported community efforts for local smoking cessation programs to area business through the Charlevoix Hospital Work-Rite Program
  - Promoted the State of Michigan Tobacco Quit Line for pregnant and postpartum women in our childbirth education classes
  - Continued to emphasize smoking cessation within our Countdown to Childbirth classes
  - Educated health providers on evidence-based strategies for treating tobacco dependence
  - Smoking cessation classes are offered on a regular basis at our Wellness Workshop
  - Smoking Cessation Classes to begin at Wellness Workshop in January 2018. Wellness Workshop part of the Smoking Cessation Task Force at Charlevoix Hospital. Employees and their families are offered smoking cessation classes free of charge. All classes are tailored to meet the needs of the individual and are offered in a group class or one-on-one.
- To have a smoking cessation support group in place. Since the previous CHNA, we have:
  - Offered on an individual basis at the Wellness Workshop per community request to 16 individuals.
- To host and support efforts for local smoking cessation programs to area business through the MHCH Work-Rite Program by the end of FY18
  - Offered smoking cessation classes on-site to area businesses upon request.

Community Needs Health Assessment Methods

We used the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the Community Health Needs Assessment process. MAPP, developed by the National Association for County & City Health Officials and the U.S. Centers for Disease Control and Prevention, is considered the "gold standard" for community health assessment and improvement planning. MAPP is a community-driven planning tool that applies strategic thinking to priority issues and identifies resources to address them.

The Community Health Assessment portion of the MAPP process includes four phases.

Phase One: Organize for Success

In spring 2018, we began the process of bringing partners together to lay the foundations of the MiThrive project. We organized a steering committee with representation from local hospitals, local health departments, federally-qualified health centers, Community Mental Health, and the Area Agency on Aging. From the beginning, we laid plans for reaching out to new partners in other sectors to join MiThrive.

Phase Two: Visioning

The steering committee together set the vision of the project for the community: A vibrant, diverse, and caring community in which regional collaboration allows all people the ability to achieve optimum physical, mental, cultural, social, spiritual, and economic health and well-being.

Phase Three: The Assessments

Community Themes and Strengths Assessment
This assessment gathered input (mostly qualitative) from community members to find out how they perceive their quality of life, see assets & problems in their communities, and define what is important to them.

Community Input Boards
The purpose of the Community Input Boards was to gather feedback from the general public on how their community context impacts health. At large community events, community members answered two questions by writing their answer on a sticky note and sticking it to the question board. These are the questions we asked:
1. What in your community helps you live a healthy life?
2. What can be done in your community to improve health and quality of life?

We collected data using Community Input Boards from July-October 2018.

How we sought input from medically under-served, minority, and low-income populations?

- Through Mini Client interviews, we reached out to medically underserved and low-income populations to learn about barriers they face accessing care.
- Some Community Input Boards were part of events serving low-income populations.
- We sought input from minority populations through inviting representatives from local tribes and other organizations serving minorities to participate in steering committee meetings, the Forces of Change Assessment, and prioritization.
- Organizations representing medically underserved and low-income populations participated in the Local Community Health System Assessment, the Forces of Change Assessment, and the prioritization process.

Mini Client Interviews
The purpose of the Mini Client Interviews was to gather input from specific vulnerable populations by partnering with organizations that specialize in working with these populations.

Our questions focused on barriers to accessing health care:
1. In the past year, what challenges have you or your family had trying to get health care you needed?
2. What kind of health care did you have trouble getting?
3. What would make it easier to get care?

Written Comments
No written comments were received.

Community Health Status Assessment
The purpose of this assessment was to collect quantitative, secondary data about the health, wellness, and social determinants of health of all residents in our counties. This involved gathering statistics from sources like the Michigan Department of Health and Human Services, the Center for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, County Health Rankings, the Census Bureau, and other established sources.

Local Community Health System Assessment
The purpose of this assessment was to gather input from organizations serving the community, and get a system perspective on work being done in the community. Facilitators guided discussions at Human Services Coordinating Bodies and other groups. Discussions focused on different aspects of how all community organizations and entities work together as a unified system to serve the communities. We organized notes by looking

at "System Opportunities", "System Weaknesses", and "System Strengths."

Forces of Change Assessment

The purpose of this assessment was to identify forces – trends, factors, and events – that are influencing or likely will influence the health and quality of life of the community or that impact the work of the local community health system in northern Michigan. This assessment provides critical information about the larger context influencing the potential success of the strategies we develop. This assessment was done through four cross-sector events, in Traverse City (2), West Branch, and Big Rapids. The discussion focused on seven types of forces affecting the community: economic, environmental, ethical, social/cultural, tech/science/education, political/legislative, and scientific. After identifying forces at work, we looked at threats and opportunities presented by these forces. The first three Forces of Change events focused broadly on any issues affecting the community. After "Aging Population" was identified at all three events as one of the most powerful forces in our northern Michigan communities, we added a fourth event focused specifically on how these seven types of forces intersect with issues around a growing aging population.

Phase Four: Identify and Prioritize Strategic Issues

Through a facilitated process supported by the Michigan Public Health Institute, we reviewed all the key findings from the four assessments and looked for the underlying challenges that are preventing us from achieving our shared vision. Regular attendees of MiThrive Steering Committee meetings attended, as well as additional interested MiThrive partners (a full list is provided in Appendix A). Through combining the data from the four assessments and looking at the community from a holistic perspective, we identified the seven Strategic Issues discussed previously, two of which were categorized to be used for our next step of developing the Community Health Improvement Plan, leaving five strategic issues.

Next, we needed to prioritize these issues to decide which two Strategic Issues we were going to focus on for our collaborative

Community Health Improvement Plan. First, we held a meeting to look at needs and conditions across the entire 31-county northern Michigan region, and through a facilitated process, identified a top issue to approach collectively on a large regional scale. Next, we held meetings around northern Michigan to identify additional priorities for smaller groups of counties, based on local data, conditions, and experience. A standardized process was used at each meeting. This process included a prioritization matrix with the criteria of magnitude, severity, values, impact, achievability, and sustainability to rank the strategic issues. Organizations invited to participate in each meeting included those with special knowledge and expertise in public health, local public health departments, and organizations representing medically underserved, low income, and minority groups.

2019 Community Needs Health Assessment Findings

Hospital and Communities Served

Munson Healthcare Charlevoix Hospital

Munson Healthcare Charlevoix Hospital is a treasured gem among rural community hospitals in northern Michigan. Nestled in a quiet residential neighborhood along the Lake Michigan shore, patients feel at home from the moment they step in the door. Whether having a baby, receiving chemotherapy, needing surgery, or participating in cardiac rehabilitation, patients will find a perfect blend of friendly, personal attention and sophisticated advanced technology and services.

Located in Charlevoix, Michigan, about 50 miles north of Traverse City, Charlevoix Hospital is one of nine hospitals in the Munson Healthcare system, northern Michigan's leading and largest provider of health care. Charlevoix Hospital was established in 1919. The 25-bed acute care hospital serves Charlevoix and northern Antrim County residents, as well as thousands of vacationers each year.

Its serene Lake Michigan setting infuses the entire hospital with a calm, healing environment. But what makes it so memorable is the heartfelt kindness shown to patients and their families. Known for hometown care, patients are treated as individuals and friends. More than 425 dedicated employees are supported by friendly volunteers.

Regional Population Demographics

Geography and Population

Antrim and Charlevoix counties cover a total of 1,018 square miles of land. The region is classified as "rural" by the U.S. Census Bureau. In general, rural locations experience significant health disparities, such as higher incidence of disease and disability, increased mortality rates and lower life expectancy. Rural residents are more likely to have a number of chronic conditions and are less likely to receive recommended preventive services, in part due to lack of access to physicians and health care delivery sites and/or adequate transportation options.

Of the 49,318 people who live in the five-county region, a little more than half live Charlevoix County (26,174). The population of the region is predominantly white (94%); Hispanic/Latinos, at 2%, and Native Americans, at 1.5%, are the largest minority groups. The proportion of adults over 65 years old is considerably larger in the region (24%) than the state (16%). In addition, the proportion of older adults is expected to continue increasing across northern Michigan at a much faster rate than the state average.

Education and Income

Education, employment, and health are intricately linked. Without a good education, prospects for a stable and rewarding job with good earnings decrease. Education is associated with living longer, experiencing better health, practicing health promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health checkups and screenings.

Overall, attainment of a college degree is about the same in region as the state (about 27%). However, Antrim and Charlevoix have higher rates of high school graduation - with Antrim at 91%, Charlevoix at 93% and Michigan at only 87%.

Median household income in Michigan is $52,668. Antrim and Charlevoix counties are both below the state average, at $50,988 and $51,567, respectively. Grand Traverse, Benzie, and Leelanau counties are above. However, within these counties, stark income inequality exists. Charlevoix County has the second most drastic income inequality in the state: the average income of the top 1% of earners is 32 times the average income of all other earners in the county. In Antrim County, the average income of the top 1% of earners is 20 times the average income of all other earners in the county.

Strategic Issues Identified in 2019

This year we identified Strategic Issues as part of the MiThrive collaborative. Strategic Issues are broader than individual health conditions, and represent underlying challenges that need to be addressed, which would lead to improvement in health conditions. Each Strategic Issue should impact more than one health condition.

Strategic Priority: Ensure a community that provides preventive and accessible mental health and substance abuse services

Health Impact

Mental illness and substance use disorders can have grave impacts on length and quality of life for individuals, as well as significantly impacting families and communities. For individuals, mental illness and substance use disorders can disrupt every area of life, including relationships, work, health, and other areas. Individuals facing these conditions are at higher risk for a number of physical illnesses and have an increased risk of premature death. For families, mental illness and substance use disorders can disrupt family ties and social connections, make it more difficult to meet basic needs, and create additional stress for family members. For communities, mental illness and substance use disorders can disrupt community cohesion, present extra burdens on law enforcement, and create risks for the community like drunk driving and second-hand smoke.

Mental Health Providers, 2017

Mental Health Providers
per 100,000 population

- 0 - 76
- 76 - 139
- 139 - 201
- 201 - 261
- 261 - 343
- 343 - 470

N   0   50   100 miles

Data Source: County Health Rankings

Healthy Equity

Disparities in mental health and substance use treatment persist in diverse segments of the population, including racial and ethnic groups; lesbian, gay, bisexual, transgender, and questioning populations; people with disabilities; transition-age youth; and young adults. In addition, certain segments of the population – such as individuals facing poverty, childhood trauma, domestic violence, and foster care – have historically had less access to services, low utilization of services, and even poorer behavioral health outcomes. Provider shortages, lack of inpatient treatment beds, and limited culturally competent services all contribute to persistent disparities in mental health and substance use treatment, especially in rural areas. Rural areas have also been the hardest hit by growing rates of opioid abuse and overdose. In addition, as our population of older adults continues to grow, so do the distinct risks and needs for that population.

Challenges

With suicide rates above the national average and 40% (Antrim) to 80% (Charlevoix) of teens reporting symptoms of a major depressive episode in the past year, mental health is significant concern in our counties. Similarly, abuse of alcohol, tobacco, and drugs need to be addressed. Rates of binge drinking among adults are 17% in Antrim County and 15% in Charlevoix County. In Charlevoix County, 1 in 4 teens report drinking alcohol in the previous month. In both counties, about 1 in 5 adults is a current smoker - a rate higher than the national average. Hepatitis C rates - which are strongly associated with injection drug use - are spiking among young adults. Among teens in these counties, about 3 in 10 report vaping in the past month, and 1 in 6 used marijuana in the past month. Contributing to these problems are ongoing shortages of mental health providers and substance use treatment options.

Assets, Resources, and Opportunities

With the rising severity of these issues, more organizations and coalitions are working on Mental Health/Substance Use than
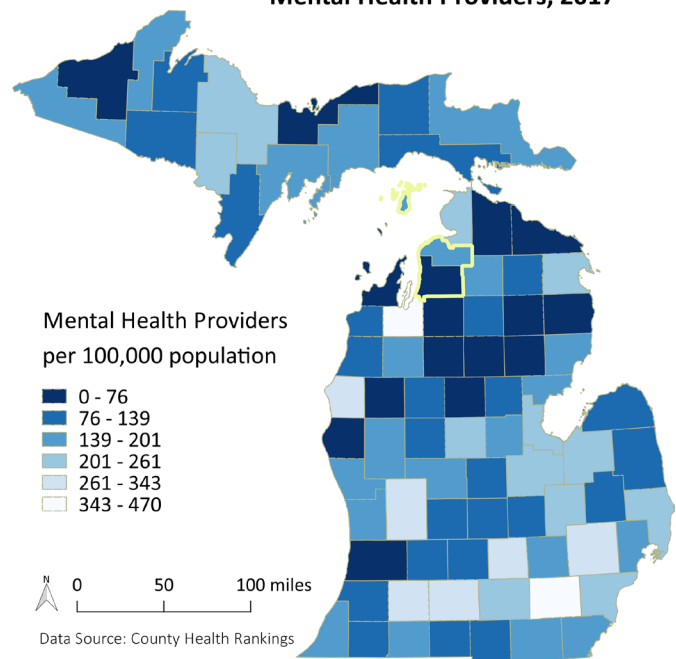
ever before. Some examples of these efforts include Project ECHO; Northern Michigan Opioid Response Consortium; Local Health Departments; Community Connections program through the Community Health Innovation Region; Catholic Human Services; Syringe Service Program; naloxone in schools; increasing tobacco cessation services and supports; therapists in schools; and Project ASSERT. With increased coordination among groups, the potential for significant impact is growing.

Prioritization

Looking at criteria including values, severity, impact, and magnitude, Mental Illness/Substance Use scores as a high priority. Mental illness and substance use issues are growing quickly, and all segments of the population are affected. The burden falls most heavily, however, on the most vulnerable populations, making these issues important to address to achieve health equity. For those facing these issues, the impact on health and quality of life can be severe. Improving prevention and access to care for Mental Health and Substance Use is highly valued by the community: 91% of residents agreed in a survey that it is important to address Mental Health and Substance Use in our community.

Organizations participating in MiThrive saw this issue as an important area to address through the project at both local and regional levels. To significantly improve access to treatment, system changes are needed on a regional and state-wide scale, and MiThrive will provide a platform for more effectively advocating for these changes. In addition, many more groups are working on these issues now than have been in the past, so this is an ideal time to begin to bridge efforts and promote

collaboration.

For these reasons, Mental Health and Substance Use was identified as the top priority in the Charlevoix Hospital service area, as well as the full 31-county MiThrive region.

Community Voice
Residents said when it came to supporting their health, they want better:
- Access to mental health providers
- Access to substance use treatment
- Response to the opioid crisis and other drugs
- Anti-tobacco policies
- Response to drunk driving

When surveyed, residents ranked this issue as the second most urgent of all the Strategic Issues identified. 86% of resident survey respondents agreed that many people in their community need better access to mental health and substance abuse services/prevention.

"Overall, our nation suffers from not having enough mental health facilities or professionals. This county in particular seems to have an abundance of need with little offerings."
- Charlevoix County resident

"Please help the schools with the mental issues of some of our students. They need some extra help with the issues happening at home and with other students. The teachers need the support."
- Charlevoix County resident

Community Organizations cited the following as significant, growing threats in northern Michigan:

- Legalization of marijuana
- Opioid crisis/drugs/vaping
- Mental illness

Strategic Priority: Address basic needs of living to create resiliency and promote equity

Health Impact
Addressing Basic Needs of Living is crucial to improving the conditions in the environments in which people are born, live, learn, work, play, worship, and age. Conditions in the physical and socioeconomic environment have a vital impact on a wide range of health, function, and quality-of-life outcomes and risks.

A few examples of how these basic needs are linked to important health outcomes:
- Nutrition education only leads to improved diet and weight for families in food secure households.
- Living in housing with physical problems (e.g. need for

appliance, roof, and heating updates) is associated with poor self-assessed health, increased limitations to activities for daily living, and chronic disease. Faulty appliances and inadequate heating may increase nitrogen dioxide. Plumbing leaks, roof leaks, and inadequate ventilation increases mold, which are associated with higher rates of asthma.
- Communities and housing not designed for senior accessibility can increase risk of falls, social isolation, loss of independence, and other problems for our quickly growing elderly population.
- Physical activity levels increase in safe, crime-free neighborhoods with safe sidewalks and streetlights. More physical activity reduces risk of obesity and chronic disease.

Healthy Equity
These kinds of basic needs are the root cause of many serious inequities in health outcomes. Needs like food insecurity and inadequate housing affect low-income and vulnerable residents the most, disproportionately putting them at high risk of many poor health outcomes. Improving these root-causes would make a much longer-term impact on health equity than program interventions like health education classes. Similarly, seniors are disproportionately harmed by these issues. Creating communities that are safe and healthy for seniors improves conditions for other populations as well.

Challenges
In Antrim and Charlevoix Counties, 2 in 5 households struggle to afford basic household necessities. The percentage of

Poverty & ALICE Households (2015)

ALICE is "Asset Limited, Income Constrained, Employed". ALICE households have incomes above the poverty line, but still struggle to afford basic household necessities.

Percentage of Households with ALICE or below the Federal Poverty Line

- 27 - 33
- 33 - 38
- 38 - 41
- 41 - 45
- 45 - 50
- 50 - 59

0   50   100 miles

Data Source:
United Way ALICE Report
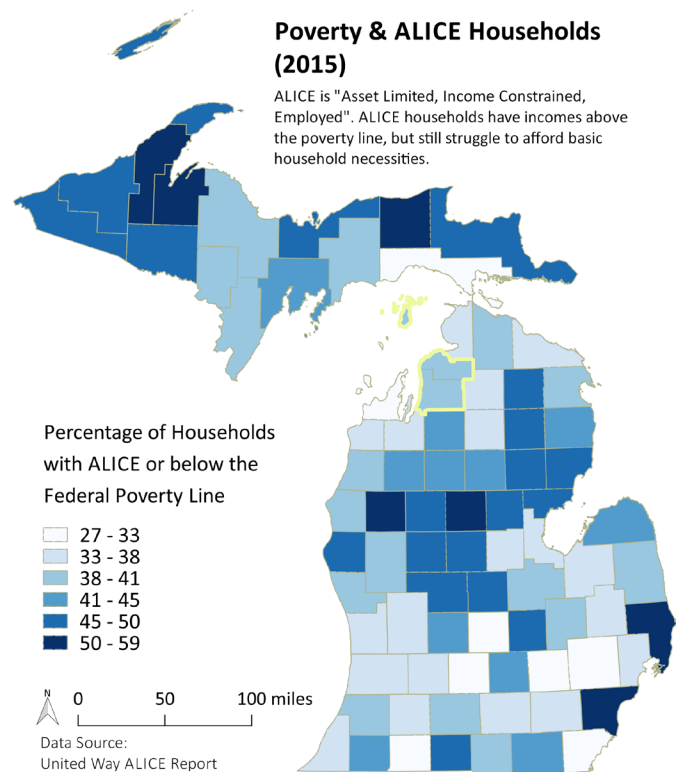
children living in households below the poverty level is 16% in Charlevoix County and 21% in Antrim County. In these counties, 1 in 6 children did not have consistent access to enough food over the past year. Home renters who spend 35% or more of their household income on rent are at higher risk of housing insecurity and homelessness - including 28% of renters in Charlevoix County and 39% in Antrim County. All these factors weaken the ability of families and communities to endure challenges and develop healthy, thriving lives.

Assets, Resources, and Opportunities

Many organizations in the area are addressing basic needs of living. These issues are complex and multi-dimensional, so as new collaborations form and expand, the possible total impact on basic needs grows. The northern Michigan Community Health Innovation Region is a significant example: over 90 organizations in 10 counties of Northwest Michigan (including Antrim and Charlevoix) have come together to address issues related to food access, transportation, affordable housing, and opportunities for active living. Some additional examples of other organizations working in this area include Human Services Coordinating Bodies, 211/MiBridges, Michigan Department of Health and Humans Services, and local churches. With new community-wide collaboration and innovative solutions, local improvements in basic needs are possible in the next 3-5 years.

Prioritization

Improving Basic Needs of Living is highly valued: 96% of residents agreed in a survey that it is important to meet the basic needs of people in our community. Large proportions of households struggle to meet at least some of these basic needs. For those who can't meet basic needs, the impact on health and quality of life can be severe. Conversely, if we are able to improve this issue, it would improve the root cause of many health inequities in our counties. Groups saw this issue as an ideal area for diverse partners to come together to share resources and strategies and collaborate toward tangible community improvement. For these reasons, Basic Needs of Living was identified as a top priority in the region served by Charlevoix Hospital.

Community Voice

Residents said when it came to supporting their health, they want and value:

- Services to meet basic needs
- Clean, natural environment
- Access to healthy food
- Outdoor and indoor opportunities for physical activity (especially low-cost)

- Improved transportation
- Improved community infrastructure (e.g. sidewalks, community gardens, tobacco-free policies, playgrounds, handicap accessibility, etc.)

When surveyed, residents ranked this issue as the most urgent of all the strategic issues identified. 79% of resident respondents agreed that many people in their community struggle to meet basic needs of living.

"I think there are elderly, mentally ill and disabled people who are falling through the cracks."
- Antrim County Resident

"If a family doesn't have the basic needs it not only affects the family but trickles to education and all aspects of community life."
- Charlevoix County resident

"More sidewalks so people can access their communities. This would be especially helpful with folks who do not drive and would also promote healthy lifestyle (walking, biking). Many businesses in the small towns are not ADA accessible. Limited public transportation hours and no availability of it on the weekends is also a problem."
- Antrim County resident

"HOUSING - HOMELESS SHELTERS."
- Antrim County resident

Community Organizations cited the following as significant, growing threats in Northern Michigan:

• Poor quality housing
• No regional plan to set up communities to meet the needs of the aging population
• Threats to water and air quality
• Wages don't keep up with the cost of living; generational poverty
• Lack of affordable childcare

Children Living in Food Insecure Households (2016)

Percentage of Children Living
In Food Insecure Households

☐	11 - 12
☐	12 - 15
☐	15 - 17
☐	17 - 19
☐	19 - 21
☐	21 - 25

N   0   50   100 miles

Data Source: Feeding America (2018)

Strategic Issue: Improve access to comprehensive health care for all

Health Impact

According to Healthy People 2020, access to healthcare is important for all of the following: overall physical, social, and mental health status; disease prevention; detection, diagnosis, and treatment of illness; quality of life; preventable death; and life expectancy.

Health Equity

One example of inequities in access to care are the significant disparities in insurance coverage among different races/ethnicities. In our service area, this mostly impacts Native American and Hispanic populations. For example, a Native American resident of Charlevoix County is twice as likely to be uninsured compared to a white resident. In Antrim County, a Hispanic resident is over four times as likely to be uninsured compared to white residents.

Low-income people and people living in rural areas also have more challenges accessing healthcare, including additional challenges related to transportation, cost of care, distance to providers, inflexibility of work schedules, child care, and other issues.

Challenges

Residents of Antrim and Charlevoix Counties experience a variety of barriers to accessing healthcare, including problems with transportation, appointment availability, and certain provider shortages. In addition, 12% of non-elderly adults in the region are uninsured, and between 9% (Charlevoix) and 13% (Antrim) of adults said high cost of care prevented them from seeing a doctor when they needed to in the past year.

Assets, Resources, and Opportunities

Munson Healthcare hospitals and local health departments are key actors in working to improve access to health care. For example, Munson Healthcare and local health departments offer health insurance navigation support during open enrollment periods. New recruitment of primary care providers has also been a focus of Munson Healthcare hospitals. Other programs to help link people to care include the Community Connections program through the Community Health Innovation Region; referrals through the WIC (Women, Infants, and Children) program; placing nurses in schools, and developing telehealth options.

Prioritization

This Strategic Issue was not chosen as one of the top issues because many of the barriers to accessing healthcare will be relieved in some way through addressing Basic Needs of Living and Mental Health/Substance Use. In addition, barriers to care are usually not the root cause of poor health, and a more upstream approach is needed to be most effective at improving population health in the long term.

Community Voice

Residents said when it came to supporting their health, they want:

- Better access to primary, dental, and specialist care
- More convenient doctor appointments and appointment availability
- More affordable health care and accessible insurance

When surveyed, 6 in 10 residents said improving access to healthcare would improve quality of life for their family, while nearly 9 in 10 said better access would improve quality of life for their community.

"I find that there are few physicians and they rotate through various cities which is inconvenient. The hours they keep are not conducive to people who work. There should be late hours and even Saturday hours. I would like to see a bigger surgical center where I live instead of going to Traverse City, an hour away, and other specialties like female services."
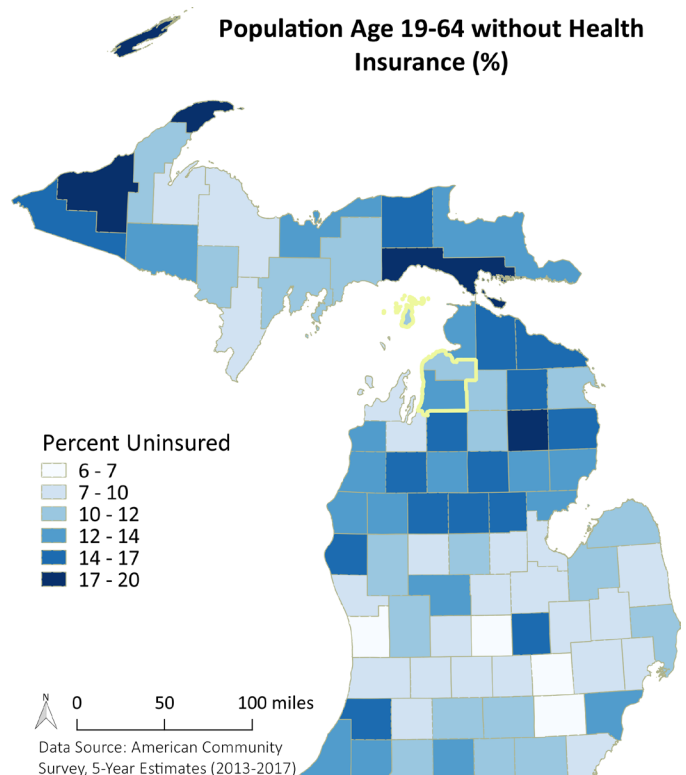- Charlevoix County Resident

"Access needs to include affordability. It does no good to add facilities that our citizens cannot afford to utilize."
- Antrim County resident

"There needs to be a system put in place to service the far-reaching people that need assistance, almost like a house call from a physician and then a plan to be put in place to help monitor their well-being."
- Antrim County resident.

Population Age 19-64 without Health Insurance (%)

Percent Uninsured
- 6 - 7
- 7 - 10
- 10 - 12
- 12 - 14
- 14 - 17
- 17 - 20

0   50   100 miles

Data Source: American Community Survey, 5-Year Estimates (2013-2017)

Strategic Issue: Foster a sense of community that promotes trust and inclusiveness

Health Impact

A growing body of research shows that social connectedness creates resilience which protects health. In contrast, community social ills like social isolation, discrimination, and sexual harassment/assault create vulnerabilities which can have a devastating impact on health.

Social isolation and social disconnectedness have a significant negative association with physical health (e.g. blood pressure and mortality), mental health (e.g. depression and suicide), drug use, and poor quality of life. In contrast, positive human relations and social interaction are predictors of good health, longevity, lower mortality, and delayed onset of cognitive impairment and dementia.

Health Equity

Certain populations are at significantly higher risk for social isolation, including racial and religious minorities; seniors who live alone; and individuals who identify as lesbian, gay, bisexual, or transgender (LGBT). In the US overall, 4 in 10 LGBT+ youth say the community in which they live is not accepting of LGBT+ people, and they are twice as likely as peers to report being physically assaulted. Girls and women are also at increased risk of violence, especially from an intimate partner. Seniors are at increased risk of social isolation because of their limited mobility, decreasing social networks due to death of their partners and peers, and changes in their social roles due to retirement and loss of income.

Social support can also be the difference between stability and instability within a family. Family instability harms children's health and contributes to health disparities. In addition, limited social networks can reduce access to resources to meet basic needs and will further exacerbate inequities.

Challenges

In Charlevoix County, 1 in 4 teen girls has been forced to do sexual things they did not want to do by someone they were dating in the past 12 months; in Antrim County this rate is 1 in 6. Among Michigan householders over 65, 44% live alone.

Assets, Resources, and Opportunities

Although this area has room for improvement, significant efforts are ongoing. Senior centers and Meals On Wheels work to connect older adults. Faith-based groups and non-profits create ways to engage and volunteer. Various clubs and 4-H provide other ways to engage in community. There is also movement within some organizations and businesses to prioritize a sense of community among their employees. More organizations are also providing training in ACE's (Adverse Childhood Experiences) and trauma-informed care.

Prioritization

Sense of Community was not chosen as a top priority, in part because it does not have as severe, immediate impact on health as some of the other issues. However, the need to bring people together can potentially help inform the way we address the other priorities we have chosen.

Community Voice

Residents said when it came to supporting their health, they highly value support from family, friends, and community. In addition, residents said they want to see more community connectedness and more opportunities for social support.

When surveyed, residents most strongly agreed that improving sense of community, support, and inclusion would improve their families' quality of life - more than any of the other Strategic Issues. 94% of survey respondents agreed that it is important to build a sense of community where they live.

"I believe that church communities can help facilitate this. They just need direction and ideas."
- Antrim County resident

"I also feel that help from local and county law enforcement to promote good things in the community is very important. Feeling safe and knowing you have law enforcement that has good resources for things helps promote basic security feel to help meet basic needs."
- Charlevoix County resident

"I moved here in the past 9 months, and I have no sense of community whatsoever. I feel like there are some good things that do happen, but I never hear about them. I feel like religious organizations could help facilitate this and should be contacted/involved in more ideas for community outreach."
- Antrim County resident

Community Organizations cited social isolation, increasing discrimination and harassment, and distrust of information and institutions as significant, growing threats in northern Michigan. These organizations said that improving community connectedness would build resilience for families, and would improve resilience and advocacy for older adults, especially against various forms of abuse or exploitation.

Strategic Issue: Improve prevention and reduce health risks for leading causes of death

Leading Causes of Death (with age-adjusted death rate per 100,000 population)				
Rank	Cause of Death	MI	Charlevoix	Antrim
1	Heart Disease	199	172	166
2	Cancer	170	166	168
3	Chronic Lower Respiratory Diseases	45	54	43
4	Unintentional Injuries	42	36	42
5	Stroke	37	36	31
6	Alzheimer's Disease	28	41	51
7	Diabetes Mellitus	22	11	18

Source: 2012-2016 Geocoded Michigan Death Certificate Registries, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services.

Challenges

Heart disease and cancer are by far the leading causes of death in Antrim and Charlevoix Counties. Among the leading causes of death, Alzheimer's disease stands out, as both counties have mortality rates higher than the state average. Chronic Lower Respiratory Diseases (lung disease) stands out in Charlevoix County, with a death rate higher than the state average.

Preventing these leading causes of death will require lowering the obesity rate, decreasing tobacco use, addressing risks of car crashes and falls, and improving vaccination rates, among other interventions. The obesity rate is high: about 1 in 3 adults is obese in Antrim, and 1 in 4 in Charlevoix. Around 1 in 6 teens are obese in these counties. Vaccination rates also need to improve. For example, about 44% of residents in these counties did not get a flu shot in the past year - leaving vulnerable residents like small children and the elderly at increased risk of serious illness and death.

Health Equity

Compared to the non-Hispanic white population, American Indians in Michigan face a significantly higher death rate from every one of the seven leading causes of death except Alzheimer's disease. Among Hispanics, death rates from diabetes are higher compared to whites.

Assets, Resources, and Opportunities

Addressing risks for the leading causes of death is at the heart of the work of Charlevoix Hospital and affiliated providers. In addition, nutrition programs are offered through several organizations, like the local health department, MSU-Extension and Community Mental Health. Efforts like the Diabetes Prevention Program and the Chronic Disease Coordinating Network aim to reduce risk of chronic diseases.
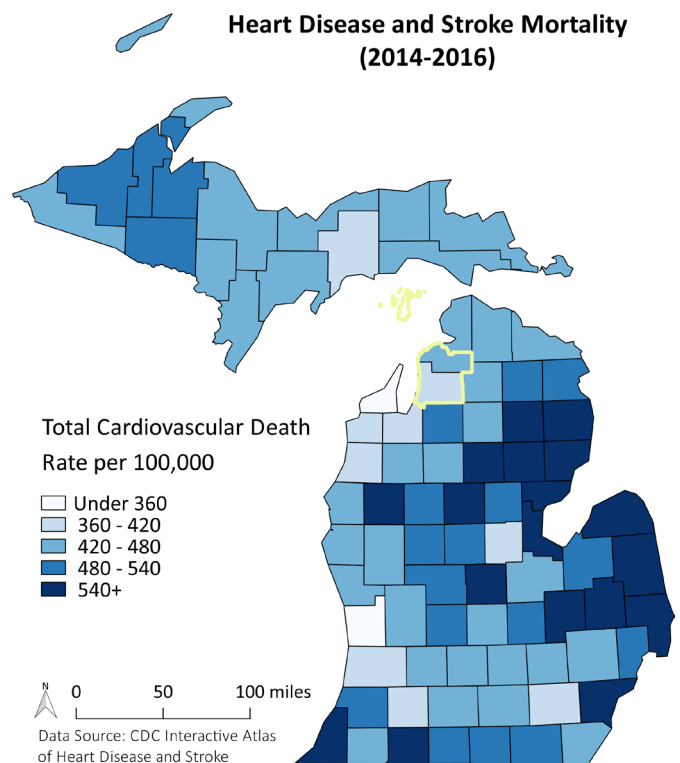
Prioritization

Reducing Risks for Leading Causes of Death was not chosen as a priority because the most significant factors in reducing risks are included in the other issue areas described. This is especially true for the chronic diseases, which are most impacted by upstream approaches through addressing issues like Basic Needs.

Community Voice

Residents said when it came to supporting their health, they value and want health knowledge, like additional education on healthy living.

When surveyed, 82% of residents agreed that improving this issue would improve quality of life for the community; 59% said it would improve their family's quality of life. 95% of survey respondents agreed that it is important to prevent and reduce leading health risks.

Heart Disease and Stroke Mortality (2014-2016)

Total Cardiovascular Death Rate per 100,000
- Under 360
- 360 - 420
- 420 - 480
- 480 - 540
- 540+

0   50   100 miles

Data Source: CDC Interactive Atlas of Heart Disease and Stroke

"My sense is that community health outreach throughout northern Michigan is not a priority for Munson. Munson could assume a leadership position in improving the health of residents in this area. Example: injury prevention, especially for our kids… My sense is that Munson remains tied to the acute care, hospital based model of care. [In my humble opinion], Munson needs to start thinking outside the box, and work to help improve the social determinants of health that are unique to rural, northern Michigan."
- Antrim County resident

"Winter up north is very limiting for physical activity. People hole up and all the exercise places charge way too much to take advantage of and they are few and far between… Everything is geared around seniors from 8-4pm and nothing is offered after work hours!"
- Charlevoix County resident

Community Organizations cited our aging population as one of the most significant trends in this area.

Cause of Death: Mortality Rate, per 100,000 (MI)	American Indian/Alaska Native Rate	Hispanic/Latino Rate	White Rate
Heart disease	224.6	138.9	191.3
Cancer	188.4	118.2	171.8
Chronic lower resp. disease	72.7	23.4	48.2
Unintentional injury	55.9	32.9	38.5
Stroke	30	33.9	35.8
Diabetes	52.8	33.9	21.8

Source: Michigan Health Equity Data Reference Tables. Lansing, MI: Michigan Department of Health and Human Services Health Disparities Reduction and Minority Health Section and Lifecourse Epidemiology and Genomics Division; 2016. Data from 2011-13.
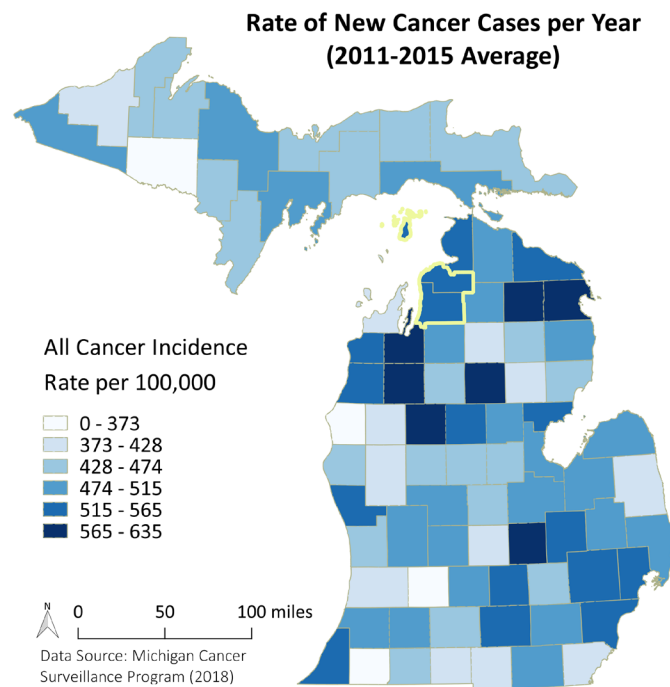
Improving the Planning Process: Strengthen collaboration

Locally and across Northern Michigan, there is growing recognition that developing partnerships across the public, private, and non-profit sectors creates unprecedented opportunities for improving life in our communities. Local organizations serving the community said significant, sustainable changes will require a more collaborative, comprehensive approach to community improvement planning. As we move forward and design plans to address the priority issues we have identified, a cross-sector approach will be crucial for success.

Community Voice
When surveyed, 3 in 5 residents said improving coordination across different kinds of organizations would improve quality of life for their family, while 4 in 5 said better coordination would improve quality of life for their community. 90% said they believe it is important for local organizations to work together better.

"While always room for improvement, I think our hospital works well in the community and with other agencies."
- Antrim County resident

"I truly believe that the health organizations need to partner industrial, commercial businesses and especially schools to create a more positive outlook for the youth of our communities. Increased mental health screening and care at school, job training and skills

Rate of New Cancer Cases per Year (2011-2015 Average)

All Cancer Incidence
Rate per 100,000

- 0 - 373
- 373 - 428
- 428 - 474
- 474 - 515
- 515 - 565
- 565 - 635

N 0   50   100 miles

Data Source: Michigan Cancer Surveillance Program (2018)

Improving the Planning Process

In addition to the strategic issue, we identified two major areas for improvement in how we go about addressing these issues and planning interventions: 1) Improve cross-sector collaboration and the community health improvement planning process; and 2) Improve community voice and participation in planning.

for those not going on to college, identifying and addressing risky behaviors early will help create a brighter future for people of all ages within our community."
- Charlevoix County resident

"Local organization can sponsor community cooking events in several venues including schools, churches, farm markets and community rooms and spaces."
- Charlevoix County resident

Community organizations said to achieve significant, sustainable community improvement, we need to:

- Use a coordinated, comprehensive approach to planning
- Improve process for community improvement planning
- Align goals, strategies, and vision
- Maximize limited resources
- Improve data sharing and communication

Improving the Planning Process: Empower Residents and Stakeholders

Local organizations reported this as an important step in making significant, sustainable changes in the community to improve quality of life. They emphasized a need to include "authentic voices" in decision making - ensuring those most affected by the issues are part of designing the solutions. Including authentic voice in decision-making is also necessary in the pursuit of health equity. As we move forward in the planning process, we will need to ensure residents and diverse community stakeholders are at the table when decisions affecting the community are being made. In addition, we need to work on improving communication among organizations, to the community, and from the community.

Community Voice
When surveyed, 66% of residents said more representation in decision-making would improve quality of life for their family, while 82% said more representation would improve quality of life for their community. Over 95% said they believe it is important to include community members in decision-making.

Community organizations said to achieve significant, sustainable community improvement, we need to:

- Include more partners at the table
- Include more residents at the table
- Create systems to better capture constituent voice
- Improve communication to community
- Improve communication with partners

Next Steps
The next step will be to create a Community Health Improvement Plan. This will mean gathering diverse partners and representation from the community to identify specific goals and objectives related to our priority issues. Because MiThrive is focused on collaborative solutions, the plan will include room for organizations from every sector to play a role contributing towards the goals we identify. Through collaboration and continued monitoring and evaluation, we will be able to address these important issues and improve health and well-being in our region.

Appendix A
Organizations Represented during Assessment Process

Steering Committee

Throughout the Community Health Needs Assessment process, MiThrive has prioritized inclusiveness and kept meetings open to any organization interested in attending. Therefore, the Steering Committee did not have an official membership list. The list below includes organizations that attended at least two Steering Committee meetings in 2018.

Benzie-Leelanau District Health Department

Central Michigan District Health Department

District Health Department #10

District Health Department #2

District Health Department #4

Grand Traverse County Health Department

Health Department of Northwest Michigan

Kalkaska Memorial Health Center

McLaren Central Michigan

McLaren Northern Michigan

Mid-Michigan - Alpena

Mid-Michigan Health - Clare Gladwin

Munson Healthcare

Munson Healthcare Cadillac Hospital

Munson Healthcare Charlevoix Hospital

Munson Healthcare Grayling Hospital

Munson Healthcare Manistee Hospital

Munson Medical Center

Munson Healthcare Otsego Memorial Hospital

Munson Healthcare Paul Oliver Memorial Hospital

Northeast Michigan Community Service Agency

North Country Community Mental Health

Northern Michigan Community Health Innovation Region

Spectrum Health

Traverse Health Clinic

Forces of Change Assessment

1North

Alcona Health Center

Alliance for Senior Housing, LLC

AmeriCorps VISTA

Area Agency on Aging of Northwest Michigan

AuSable Valley Community Mental Health

Benzie Senior Resources

Benzie-Leelanau District Health Dept.

Catholic Human Services

Central Michigan District Health Department

Char-Em United Way

Community Connections /Benzie-Leelanau DHD

Crawford County Commission on Aging

District Health Department #2

District Health Department #4

District Health Department #10

Family Health Care - White Cloud

Father Fred Foundation

Ferris State University Public Health Programs

Free Clinic

Goodwill Industries

Grand Traverse County Commission on Aging

Grand Traverse County Health Department

Grand Traverse County Probate Court

Grand Traverse County Prosecuting Attorney's Office

Grand Traverse County Senior Center

Grand Traverse Pavilions

Grow Benzie

Habitat for Humanity Grand Traverse Region

Harbor Care Associates

Health Department of Northwest Michigan

Health Project

Hope Shores Alliance

Hospice of Northwest Michigan

Housing Consulting Services LLC

Kalkaska Commission on Aging

Lake City Area Chamber of Commerce

Lake County Habitat for Humanity

Leelanau County Senior Services

McLaren Northern Michigan

Meridian Health Plan

Michigan Department of Health and Human Services

Michigan State Police Community Trooper

Michigan State University Extension

Mid-Michigan Community Action Agency

Mid-Michigan Health

Mid-Michigan Medical Center-West Branch

Monarch Home Health

MSU Extension

Appendix A
Organizations Represented during Assessment Process - cont'd

Forces of Change Assessment, cont'd

Munson Healthcare
Munson Healthcare Cadillac Hospital
Munson Healthcare Manistee Hospital
Munson Medical Center
Newaygo County Commission on Aging
North Country Community Mental Health
Northeast Michigan Community Service Agency
Northern Lakes Community Mental Health
Northern Michigan Children's Assessment Center
Northwest Michigan Community Action Agency
Northwest Michigan Health Services
Parkinson's Network North
Presbyterian Villages of Michigan

Region 9 Area Agency on Aging
Regional Community Foundation
River House, Inc.
Real Life Living Services
Senior Volunteer Programs
ShareCare of Leelanau
Spectrum Health
United Way of Northwest Michigan
United Way of Wexford Missaukee Counties
Walkerville Thrives
Wexford County Prosecutor
Wexford-Missaukee Intermediate School District
Women's Resource Center of Northern Michigan

Local Community Health System Assessment

Area Agency on Aging of Northwest Michigan
Area Agency on Aging of Southwest Michigan
Alcona Health Center
AuSable Valley Community Mental Health Authority
Baker College
Bureau for Blind Persons
Catholic Human Services
Commission on Aging - Grand Traverse
Community Hope
Court Juvenile Advocate
Dental Health
District Health Department #2
District Health Department #4
District Health Department #10
Michigan Department of Health and Human Services
Disability Network
Family Health Care
Ferris State University
Friend of the Court
Friendship Center
Grand Traverse County Health Department

Grand Traverse Regional Community Foundation
Munson Healthcare Grayling Hospital
Great Start Collaborative
Grand Traverse Court Family Division
Grand Traverse County Drug Free Coalition
Grand Traverse County Health Department
Health Department of Northwest Michigan
Human Trafficking Community Group
Indigo Hospitalists
Manna
McLaren-Cheboygan
Michigan Human Trafficking Task Force
Michigan Veterans Affairs Agency
Michigan Works
Mecosta-Osceola Intermediate School District (MOTA)
MSU Extension
Munson Family Practice
Northeast Michigan Community Service Agency
Northern Michigan Children Assessment Center
Newaygo Co Great Start Collaborative
Newaygo County Regional Education Service Agency

Identifying Strategic Issues

Alcona Health Center
Area Agency on Aging of Northwest Michigan
AuSable Valley Community Mental Health
Benzie-Leelanau District Health Department
Central Michigan District Health Department

Char-Em United Way
Crawford County Commission on Aging
District Health Dept. #2
District Health Dept. #4
District Health Dept. #10
Grand Traverse County Health Department

Appendix A
Organizations Represented during Assessment Process - cont'd

Identifying Strategic Issues, cont'd
Groundwork Center for Resilient Communities
Health Department of Northwest Michigan
McLaren Central Michigan
McLaren Northern Michigan
MI Department of Health and Human Services
Mid-Michigan Health
Mid-Michigan/AHEC
MSU-Extension

Munson Healthcare
Munson Healthcare Cadillac Hospital
Munson Healthcare Grayling Hospital
Munson Healthcare Manistee Hospital
Munson Medical Center
Munson Healthcare Otsego Memorial Hospital
Munson Healthcare Paul Oliver Memorial Hospital
North Country Community Mental Health
Northern Michigan Community Health Innovation Region

Prioritizing Strategic Issues – 31-County Region
Alcona Health Center
Area Agency on Aging of Northwest Michigan
AuSable Valley Community Mental Health
Benzie-Leelanau DHD
Catholic Human Services
Central Michigan District Health Department
District Health Dept. #10
District Health Dept. #2
District Health Dept. #4
Food Bank of Eastern Michigan
Grand Traverse County Commission on Aging
Grand Traverse County Health Department
Grand Traverse County Senior Center
Grand Traverse Pavilions
Groundwork Center for Resilient Communities

Health Department of Northwest Michigan
Kalkaska Commission on Aging
McLaren Central Michigan
McLaren Northern Michigan
Mid-Michigan Health - Alpena
Mid-Michigan Health - Clare Gladwin
MSU-Extension
Munson Healthcare
Munson Healthcare Cadillac Hospital
Munson Healthcare Manistee Hospital
Munson Healthcare Grayling Hospital
Munson Medical Center
North Country Community Mental Health
Spectrum Health
Wexford County Council on Aging

Grand Traverse Bay 5-County Region (includes Antrim County)
Community Connections/Benzie Leelanau DHD
Area Agency on Aging of Northwest Michigan
Blue Orange Consulting/Grand Traverse Regional Community Foundation
Catholic Human Services
Comfort Keepers
Grand Traverse County Commission on Aging
Grand Traverse County Health Department
Grand Traverse County Parks and Recreation
Grand Traverse County Senior Center
Grand Traverse Pavilions

Groundwork Center for Resilient Communities
Kalkaska Commission on Aging
Leelanau County Senior Services
Michigan State University - Extension
Monarch Home Health
Munson Healthcare
Munson Healthcare Cadillac Hospital
Munson Healthcare Manistee Hospital
Munson Medical Center
Munson Healthcare Paul Oliver Memorial Hospital
Norte!
Grand Traverse Regional Community Foundation
TART Trails

Appendix A
Organizations Represented during Assessment Process - cont'd

Grand Traverse Bay 5-County Region (includes Antrim County), cont'd

Traverse Bay Area Intermediate School District - Farm to School Program
Traverse City Area Public Schools
Traverse Health Clinic
United Way of Northwest Michigan

"Tip of the Mitt" 7-County region (Includes Charlevoix)

Alcona Health Center
Alpena-Montmorency-Alcona Educational Service District - Great Start Collaborative
District Health Department #4
Food Bank of Eastern Michigan
Health Department of Northwest Michigan
McLaren Hospice Alpena
McLaren Northern Michigan
Michigan Department of Health and Human Services - Alpena/ Montmorency
Michigan Works!

Mid-Michigan Health
Munson Healthcare Charlevoix Hospital
Munson Healthcare Otsego Memorial Hospital
North Country Community Mental Health
Northeast Michigan Community Service Agency
Northern Care Center
Petoskey District Library
Region 9 Area Agency on Aging
The Salvation Army
Up North Prevention/Catholic Human Services
Women's Resource Center of Northern Michigan
YMCA of Northern MI

Appendix B
Assessment Data Tables

Community Themes and Strengths Assessment

In most cases, residents stated similar themes as both positives that help them be healthy, and as areas they would like to see improved in their community.

Residents want:	Examples:
Clean, natural environment	Helped by natural physical environment - beaches, lakes, woods, rivers. | Need cleaner natural environment - clean water, chemical free food, litter clean up, lead testing etc.
Access to healthy food	Helped by farmers markets, project fresh, food pantries, etc. | Need more options for healthy food, less expensive, healthy food in schools, year-round access to fresh fruits and veggies, etc.
Services to basic medical needs	Helped by non-profits, Community Connect, health department programs, MDHHS, senior services, etc. Need more help meeting basic needs like food assistance, single parent assistance, home repair, etc.
Community connectedness	Helped by family support, community events, faith-based/church support, acceptance of difference, etc. | Need more diversity & acceptance, more support, community events/community center, support groups, mentoring programs, etc.
Opportunities for physical activity	Helped by trails, parks, yoga, rec centers, YMCA, etc. | Need more free/low-cost opportunities, year-round opportunities, pools, classes, bike share program, etc.
Health knowledge	Helped by knowledge about healthy behaviors, nutrition classes, healthy eating, etc. | Need easier to understand information, health education, disease management classes, in-home education, cooking classes, sex education, focus on youth, fitness classes, drug control workshops, etc.
Better access to primary, dental and specialist care	Helped by access to clinics, doctors, other health care | Need better access to primary care, specialists, dental - including free clinics, school clinics, etc.
More affordable health care and accessible insurance	Helped by Medicaid navigation | Need better coverage, including dental & vision; lower premiums & co-pays; help to prevent falling through the cracks; insurance resources & information; affordable medications & medical equipment; free clinics
More available providers	Need providers in closer proximity; more providers (address shortage); reduce provider turnover; appointments not scheduled so far out
More convenient appointment times	Need extended hours, appointment availability, more flexibility.
Improved transportation	Need better transportation to doctor (esp. elderly or people with disabilities); gas cards; Uber; better public transit, car repair
Improved community infrastructure	Helped by sidewalks, transit, walkability, community gardens, tobacco-free ordinances | Need more community gardens, walking/biking trails, bike lanes, safe playgrounds, safe pedestrian crossings, wheelchair/handicap accessibility, health in all policies

Appendix B
Assessment Data Tables - cont'd

Forces of Change Assessment

Type of Force:	Forces of Change:	Threats and Opportunities
National Trend	Aging Population	Threats: More people living on fixed income; loss of generational support; burden on medical costs/health care; not enough caregiver support; no community plan to set up area to prepare for needs; increased institutionalization; high incidence chronic disease; risk of elder abuse/fraud; caregiver burnout Opportunities: Multi-generational home to support each other; create holistic plan to meet needs; use retiree wisdom to shape our community; improve quality of life for everyone; more business opportunity to care for older adults - bring skilled workers to region; more need for community health workers; change the model to pay for elder care; "Adopt a Grandparent" programs; elder abuse prevention activities; advanced directives
National Trend	Discrimination/ Harassment/ Hate	Threats: Harms wellbeing of women, people of color, LGBTQ, families, communities; decreased access to resources and services; increasing hate crimes, violence; risk of arrests related to profiling; lack of diversity in communities; challenges recruiting/retaining workers; lack of understanding among youth in homogenous communities; social isolation; eroding trust in institutions; residual fear of reporting harassment/abuse; growing white nationalism; survivors attacked for coming forward Opportunities: Training to bring awareness; Need new opportunities for engagement & inclusion; more thoughtfulness about who might be missing from the table; cultural shift toward believing assault survivors; opportunities to support each other; new platforms available; #MeToo creating new opportunities for dialogue; support groups; community social events
National Trend	Distrust of Information/ News/Science	Threats: People will disengage, bad self-interest will prevail; lose common ground for thoughtful discussion; distrust of vaccines; opposed to things that could protect the community Opportunities: More grassroots movements; focus on building relationships with local community
National Trend	Government Dysfunction	Threats: Quickly diminishing trust in gov't; people opt out of process; people don't access needed services; Legislation based on special interest groups; less representation from minorities Opportunities: Regulatory reform; build trust directly with community; educate and advocate
Local Factor	Insufficient Wages	Threats: Families can't afford housing; increasing homelessness; make only enough money to lose benefits; moving out of the region; businesses struggling Opportunities: Engaging retired community to leverage knowledge and expertise; opens doors to convicted felons for "second chance"; increased bartered labor programs; increasing collaborative effort from businesses - working together to fix crisis; opportunity to place workers in training programs; non-traditional employment
Local/ State Event	Legalization of Marijuana	Threats: Increasing use among kids, pregnant women; health care costs; misinformation; diminishing workforce due to drug screening; threat to workplace safety; impaired driving, higher auto-insurance costs; increase in second hand smoke; costs associated with regulation Opportunities: Research medical uses, risks; more tourism; decriminalizing related offences; use harm reduction measures; pain management, less stigma to use for medical; revenue for growers/ sellers; bring people back to Michigan; local ordinances; less alcohol-related violence

National Trend	Mass Shootings	Threats: Increased fear; new worries at school; divisiveness (gun control debate) Opportunities: Start viewing gun violence as public health threat; more comfortable speaking about gun violence; re-start funding of NIH research
National Trend	Mental Illness	Threats: Broken homes/families; suicide; homelessness; substance use; stigma; insufficient access/affordability of care Opportunities: Telemedicine/counseling; residential care facilities; increased education/awareness; mental health training for professionals; change in Medicaid policy and licensing requirements
National Trend	Opioid Crisis/ Drugs/Vaping	Threats: High mortality rate; crime; car crashes; harder to find workers who can pass drug tests; unknown health effects of vaping; increase risk of Hepatitis B and HIV; risk of self-harm/suicide; economic loss; decreased property value; homelessness; incarceration; normalization; Doctors afraid to prescribe needed pain medication - harder for chronic pain patients/hospice Opportunities: Coordinated response; increase access to treatment; drug take-back events; responsible prescribing and storage of prescriptions; education at a younger age; social activities for young adults; new MI opioid legislation should help cut back on pill abuse, less "doctor shopping"
Local/ State Factor	Rural/Urban Divide	Threats: Education varies greatly; barriers to resources; limited health care; transportation issues; feeling that "it doesn't happen here" because it's hidden (child abuse, drugs, etc.); northern Michigan ignored by state politicians; Big legislative districts means legislators can't be everywhere at once Opportunities: More space for farming & agriculture; connectivity to nature; slower pace; grant funding for rural communities; maximizing resources through collaboration; easier to have your political voice heard locally; more local control/independence from state government
National Trend	Social Isolation/ Insufficient Coping Skills & Resilience	Threats: Isolation leads to increase risk of substance use, depression, other health issues, lack of support; increase risk of elder abuse/fraud; decreased resilience to adverse events Opportunities: Growing awareness of mindfulness, ACES training; trauma-informed care trainings; mentorship, "Handle with Care"
Local/ State Trend	Threats to Water Quality	Threats: Fear in communities; health risks; threat to agriculture; economic threat; contributes to inequities; distrust of government; requires resources, surface and groundwater contamination; remediation is costly; failing septic systems, aging infrastructure; creates conflicts with tribes Opportunities: Motivation to support testing - pressure from public; increasing funding for this issue; Line 5 motivating citizens to engage politically; Do more with safe drug disposal; more aware of water quality and chemicals we're using; new laws or ordinances (e.g. point of sale ordinances); strong conservancy infrastructure & water protection groups

Appendix B
Assessment Data Tables - cont'd

Local Community Health System Assessment

System Opportunities:	Current Strengths and Weaknesses
Improve Process for Community Improvement and Planning	System Strengths: Some counties have diverse and action-oriented collaborative bodies in place; some ongoing work from past Community Health Improvement Plan and Community Health Innovation Region System Weaknesses: Collaboration barriers - no structure/process in place for system-wide planning
Improve Data Sharing and Communication	System Strengths: Some partners know how to access Community Health Assessment results System Weaknesses: Not communicating to all audiences, or meaning/context of the data
Align Goals, Strategies and Vision	System Strengths: Strong interest in improved/expanded collaboration System Weaknesses: Collaboration barriers - unaligned priorities & vision
Use Coordinated, Comprehensive Approach to Planning	System Strengths: Strong interest in expanded collaboration for community health improvement planning; experience collaborating on specific issues System Weaknesses: Working in silos; some disillusionment from past efforts without visible progress; don't know how to start
More Partners at the Table	System Strengths: Some counties have diverse and action-oriented collaborative bodies System Weaknesses: Most counties are missing key partners at planning table (e.g. private sector, tribes)
More Residents at the Table	System Strengths: Some counties have identified local champions and volunteers around specific issues System Weaknesses: Residents rarely invited to take an active role in community improvement planning process
Improve Communication to Community	System Strengths: Efforts at consistent messaging to public; desire to communicate work and successes in community System Weaknesses: Often lacking services directory; hard to reach special populations; challenges with risk communications
Create System to Better Capture Constituent Voice	System Strengths: Feel in touch with the community and committed to the community System Weaknesses: Past efforts have been resource-intensive and intermittent
Improve Communication with Partners	System Strengths: Good communication in working together to meet a client's needs System Weaknesses: Difficult staying updated
System Challenge: Limited/Strained Agency Resources	Never seems to be enough time, staff, or funding

Appendix B
Assessment Data Tables - cont'd

Community Health Status Assessment

	Demographics			
Data Year	**Indicator**	**MI**	**Antrim**	**Charlevoix**
2016	Population[1]	9,928,300	23,144	26,174
2016	% Female[1]	50.8	50.3	50.6
2016	% < 18[1]	22.1	18.3	19.8
2016	% 65 and over[1]	16.2	26.3	22.5
2016	% American Indian/Alaskan Native[1]	0.7	1.1	1.7
2016	% Hispanic[1]	5.0	2.1	1.8
2016	% Non-Hispanic White[1]	75.4	95.0	93.9
2010	% Rural[1]	25	100	70.4
2018	% students who identify as gay, lesbian, or bisexual[2]	*	13	*
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth				

Appendix B
Assessment Data Tables - cont'd

Overall Health				
Data Year	**Indicator**	**MI**	**Antrim**	**Charlevoix**
2014-2016	Years potential life lost per 100,000 [1]	7,293	6,519	6,168
2018	Health outcome rank (out of 83) [1]	n/a	17	11
2018	Health factors rank (out of 83) [1]	n/a	27	11
2017	Self-reported general health assessment: poor or fair [3]	18	17	16.1
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey				

Basic Needs				
Data Year	**Indicator**	**MI**	**Antrim**	**Charlevoix**
2010-2014	% Households with severe housing quality problems [1]	16	17	14
2010/2016	% Access to exercise opportunities [1]	86	73	91
2013-2017	% Work outside county of residence [4]	29	48	31.4
2013-2017	% Unemployment rate [4]	7	6	6
2013-2017	% of population below the poverty level [4]	16	13	12
2016	% Children 0-12 eligible for subsidized care [5]	3	2	3
2016	% Children 0-12 receiving subsidized care [5]	2	1	1
2016	% food insecurity rate [6]	14	12	11
2015	% Population, low access to store [7]	*	0	5.5
2014	% Students eligible for free lunch [7]	n/a	42	34.3
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey; [4] American Community Survey; [5] Kids Count Data Center; [6] Feeding America; [7] USDA Food Environment Atlas *Data not available				

Appendix B
Assessment Data Tables - cont'd

	Mental Health			
Data Year	Indicator	MI	Antrim	Charlevoix
2017	Mental health providers per 100,000 [1]	232	35	153
2017/2018	% Teens with symptoms of a major depressive episode [2]	*	41	80
2017	% poor mental health on at least 14 days in the past month [3]	*	10	7.8
2012-2016 (5yr avg)	Intentional self-harm (suicide) (mortality rate per 100,000 population) [8]	13	17	17
2015	% Depression: 65+ [9]	15	12	15

[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey

	Access to Care			
Data Year	Indicator	MI	Antrim	Charlevoix
2015	Preventable hospital stays (per 1000 medicare enrollees) [1]	55	35	45
2018	Clinical care rank (out of 83 counties) [1]	n/a	35	14
2016	Dentists per 100,000 population [1]	72	26	138
2015	Primary care providers per 100,000 population [1]	80	52	88
2017/2018	% Teens with routine check-up in the past year [2]	*	70	73
2017	% Adults with no personal health care provider [3]	15.2	10.9	12
2017	% Needed to see doctor, cost prevented care [3]	11	13	9
2013-2017	% Uninsured: 19-64 [4]	10	13	11
2016	% Children 0-18 Insured by MiChild [5]	42	48	40

[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey; [4] American Community Survey; [5] Kids Count Data Center; [6] Feeding America; [7] USDA Food Environment Atlas; [8] MDHHS Vital Records; [9] Center for Medicare and Medicaid Services; *Data not available

Appendix B
Assessment Data Tables - cont'd

	Substance Abuse			
Data Year	Indicator	MI	Antrim	Charlevoix
2012-2016	% of motor vehicle deaths alcohol-impaired [1]	29	40	67
2017/2018	% Teens: used marijuana during the past 30 days [2]	n/a	16	16
2017/2018	% Teens: at least one drink of alcohol during the past 30 days [2]	*	17	25
2017/2018	% Teens: smoked cigarettes during the past 30 days [2]	*	7	8
2017/2018	% Teen: vaping past 30 days [2]	*	24	35
2017/2018	% Teens: took a prescription drug not prescribed to them, including painkillers, during the past 30 days [2]	n/a	4	5
2017	% Adult: binge drinking [3]	19	17	14.9
2017	% Adult: current smoker [3]	19	18	20
2012-2016	% Smoked while pregnant [8]	18	28	26
2014	Drug use mortality (per 100,000 population) [10]	13	11	8
2017	Heroin treatment admission rate (per 100,000 population) [11]	252	151	111

[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey; [4] American Community Survey; [5] Kids Count Data Center; [6] Feeding America; [7] USDA Food Environment Atlas; [8] MDHHS Vital Records; [9] Center for Medicare and Medicaid Services; [10] Institute for Health Metrics and Evaluation; [11] MDHHS, Vital Hepatitis Surveillance and Prevention Unit
*Data not available

Appendix B
Assessment Data Tables - cont'd

Leading Causes of Death					
Data Year	**Indicator**		**MI**	**Antrim**	**Charlevoix**
2010-2016	Motor vehicle crash death rate per 100,000 [1]		10	16	8
2012-2016	Firearm fatalities rate per 100,000 [1]		12	15	14
2017/2018	% Teens with current asthma [2]		*	56	56
2017/2018	% Obese teens [2]		*	18	15
2017/2018	% Overweight teens [2]		*	19	15
2017	% of adults who are obese [3]		32	35	25
2017	% of adults who are overweight [3]		35	37	37
2017	% Adult: ever told diabetes [3]		11	13	11
2017	% Adult: cardiovascular disease [3]		*	10	12
2011-2015	All cancer incidence rate (per 100,000 population) [12]		518	530	527
2011-2015	Prostate cancer incidence rate (per 100,000 population) [12]		118	110	95
2011-2015	Breast cancer incidence rate (per 100,000 population) [12]		83	78	79
2015	% COPD: adults 65+ [9]		14	11	11

[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey; [4] American Community Survey; [5] Kids Count Data Center; [6] Feeding America; [7] USDA Food Environment Atlas; [8] MDHHS Vital Records; [9] Center for Medicare and Medicaid Services; [10] Institute for Health Metrics and Evaluation; [11] MDHHS, Vital Hepatitis Surveillance and Prevention Unit; [12] Michigan Cancer Surveillance Program; *Data not available

|	Sense of Community			
Data Year	Indicator	MI	Lake	Missaukee
2012-2016	% Children living in single-parent households [1]	34	36	28
2018	Social & economic factors ranking (out of 83 counties) [1]	*	82	31
2017/2018	% Teens: 2 or more ACEs (Adverse Childhood Experiences) [2]	40	35	*
2017/2018	% Teens: know adults in the neighborhood they could talk to about something important [2]	*	50	*
2017/2018	% Teens: sexual intimate partner violence against females [2]	*	14	*
2013-2017	% Households with broadband internet [4]	81	64	74
2013-2017	% Householders living alone (over 65) [4]	44	36	28

[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey; [4] American Community Survey; [5] Kids Count Data Center; [6] Feeding America; [7] USDA Food Environment Atlas; [8] MDHHS Vital Records; [9] Center for Medicare and Medicaid Services; *Data not available

Secondary Data Analysis Methodology

To determine which statistics represented the worst or most concerning outcomes for the counties, we used a standardized scoring process to compare different kinds of indicators. Scoring is based on making comparisons to other counties, to state and national averages, and to previous years - depending on what comparisons are available.

Scoring Scale:

Very Good	Good	Neutral	Bad	Very Bad
0	1	1.5	2	3
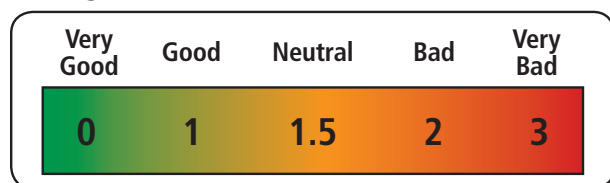
Scoring is done in 4 stages:

1. For each indicator for each county, make all available comparisons to determine the standardized score (e.g. How much better or worse is Alcona's smoking rate than the state average? How much better or worse is it than 5 years ago?). For each indicator, between one and six comparisons are made. The standardized score will be between 0 and 3 (e.g. Alcona's score for "Smoking Rate" is 3.0).
2. Summarize indicator scores by averaging all the indicator scores within each topic area (e.g. Alcona's score for Substance Use is 2.0).
3. Summarize topic area scores for the region by averaging the scores of the counties in the region for each topic area (e.g. The regional score for Substance Use is 2.0).

Additional Data Tables - Selected Indicators

Appendix B
Assessment Data Tables - cont'd

All Topic Areas - Alphabetical Order		Scores		
# Scored Indicators Within Topic Area	Topic Area	Antrim Score	Charlevoix Score	Charlevoix Hospital Service Area Score
16	Access to Care	1.7	0.9	1.3
8	Cancer	1.3	1.3	1.3
2	Crime & Violence	1.5	0.0	0.8
4	Diabetes	1.1	0.8	0.9
8	Economic Stability	0.9	0.5	0.7
5	Education	1.3	0.8	1.0
10	Food Access	0.4	0.5	0.4
4	Food Security	1.8	1.0	1.4
5	Heart Disease & Stroke	0.8	1.0	0.9
3	Housing Instability	0.7	0.3	0.5
1	Housing Quality	2.5	0.5	1.5
3	Immunization	2.3	1.8	2.0
3	Infectious Disease	1.1	1.4	1.2
6	Injury	2.5	1.0	1.8
8	Maternal/Infant Health	1.1	1.2	1.1
6	Mental Health	1.9	1.9	1.9
2	Neighborhood	1.0	1.0	1.0
3	Obesity	2.2	1.5	1.8
4	Oral Health	0.8	0.0	0.4
12	Other Chronic Diseases	1.9	1.7	1.8
8	Overall Health	0.7	0.3	0.5
4	Physical Activity	2.0	0.6	1.3
3	Sexual Health	2.1	1.5	1.8
6	Social & Community Context	2.0	1.7	1.9
14	Substance Use	1.7	1.7	1.7
3	Transportation	0.8	0.7	0.7

* "Other Chronic Diseases" includes Alzheimer's Disease, Chronic Liver Disease & Cirrhosis, Chronic Lower Respiratory Diseases, Kidney Disease, Arthritis, Asthma, and COPD

Appendix B
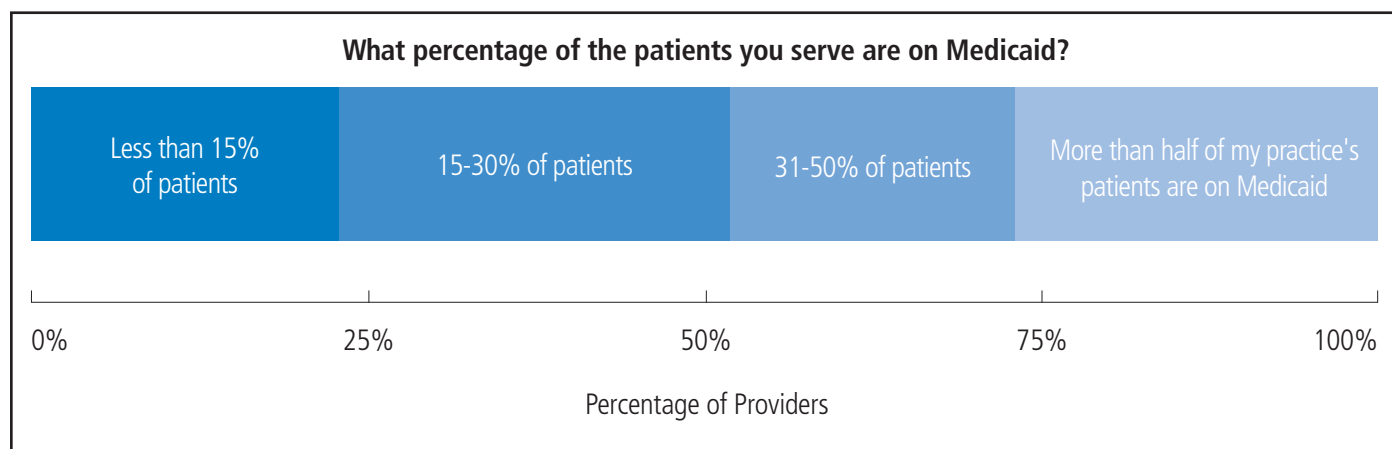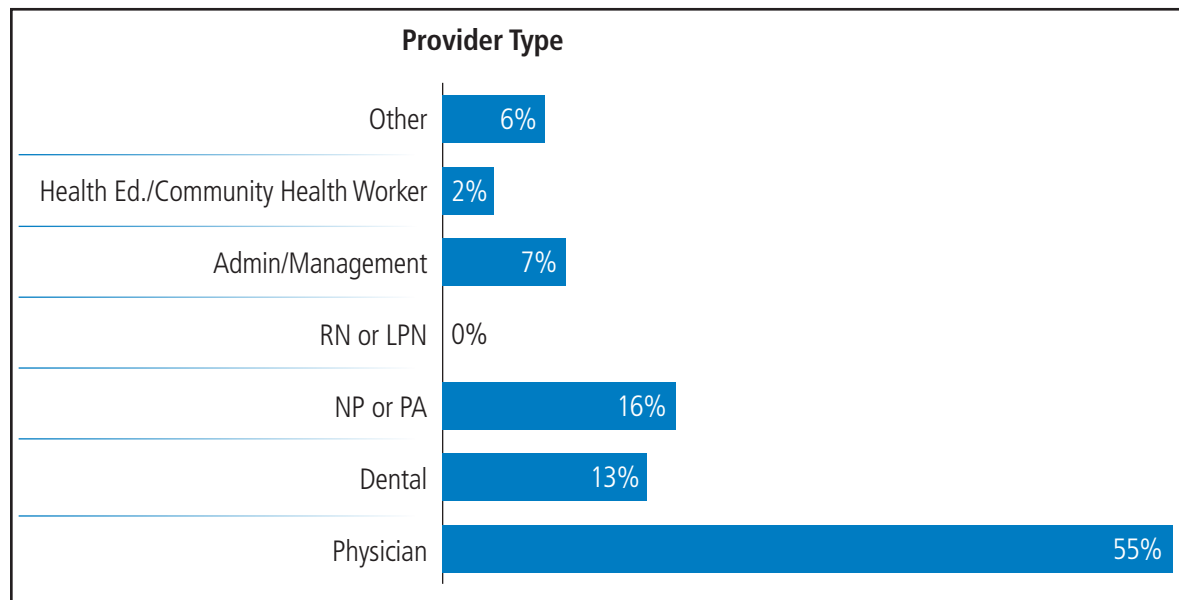## Assessment Data Tables - cont'd

Secondary Data Limitations

- Since scores are based on comparisons, low scores can result even from very serious issues, if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some is data missing for some counties - as a result, the "regional average" may not include all counties in the region.
- Some Topic Areas had only one or a few indicators included in it; access to other relevant indicators may shift the score and paint a different picture. For example, only one indicator was available for Housing Quality. Indicators representing other aspects of Housing Quality may have changed the final score for the Topic Area. In contrast, Substance Use included 18 indicators; therefore, we have more confidence that a high score in this Topic Area is meaningful.
- Secondary data tells only part of the story. If we did not have indicators related to a certain topic, it will not show up as a priority in this part. Environmental data, for example, is significantly lacking. Viewing all the assessment holistically is therefore necessary.

Appendix C
Health Care Providers Survey - Results

Total Respondents:
137 (Antrim, Charlevoix, Emmet, and Otsego only)

Provider Type

Provider Type	Percentage
Other	6%
Health Ed./Community Health Worker	2%
Admin/Management	7%
RN or LPN	0%
NP or PA	16%
Dental	13%
Physician	55%

What percentage of the patients you serve are on Medicaid?

Less than 15% of patients	15-30% of patients	31-50% of patients	More than half of my practice's patients are on Medicaid

0%   25%   50%   75%   100%

Percentage of Providers

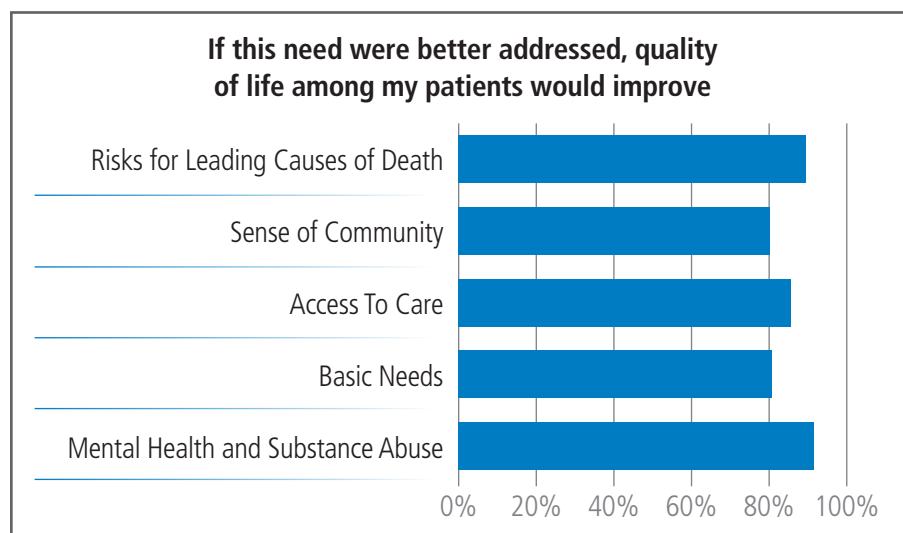## Strategic issues ranked from 1 (need to address first, most urgent) to 5 (least urgent).

1. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
2. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
3. Make it easier for people to get the health care they need (e.g. more doctors, more appointment options, insurance, etc.)
4. Work on reducing risks for the leading causes of death, including heart disease, obesity, cancer, lung diseases, injury, etc.
5. Help build a sense of community so people feel more supported, included, and connected

The following graphs show the percentage of respondents who **agreed** or **strongly agreed** with each statement.

Appendix C
Health Care Providers Survey - Results, cont'd

The following graphs show the percentage of respondents who **agreed** or **strongly agreed** with each statement.

This need is a common problem for patients at my practice.

Category	
Risks for Leading Causes of Death	~87%
Sense of Community	~61%
Access To Care	~68%
Basic Needs	~60%
Mental Health and Substance Abuse	~78%

(scale: 0% 20% 40% 60% 80% 100%)

I believe it is important to address this need.

Category	
Risks for Leading Causes of Death	~98%
Sense of Community	~89%
Access To Care	~94%
Basic Needs	~87%
Mental Health and Substance Abuse	~99%

(scale: 80% 85% 90% 95% 100%)

If this need were better addressed, quality of life among my patients would improve

Category	
Risks for Leading Causes of Death	~90%
Sense of Community	~81%
Access To Care	~86%
Basic Needs	~81%
Mental Health and Substance Abuse	~92%

(scale: 0% 20% 40% 60% 80% 100%)
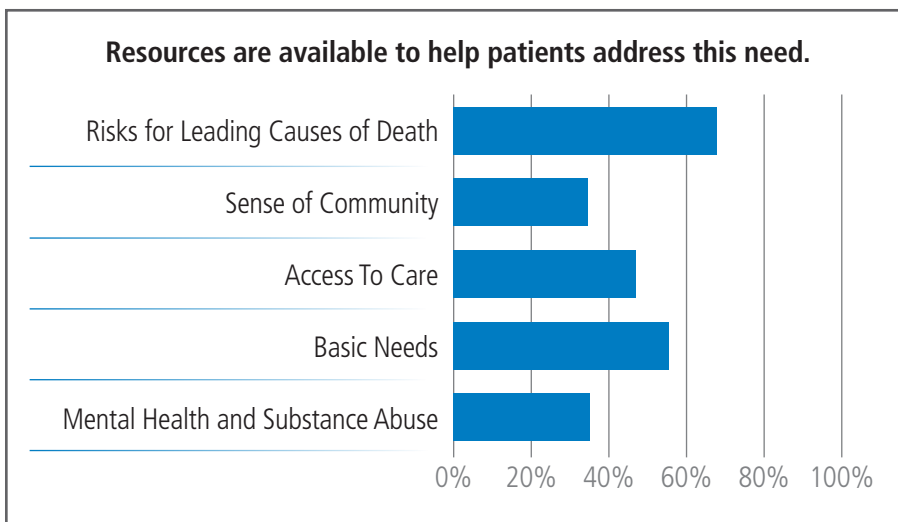
Appendix C
Health Care Providers Survey - Results, cont'd
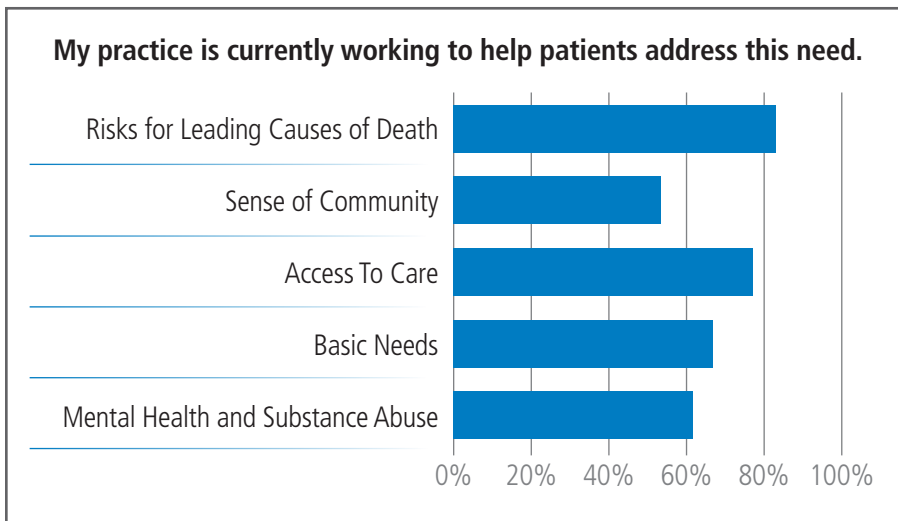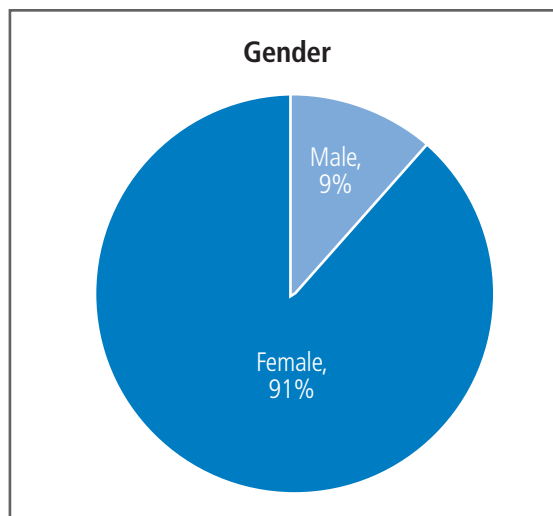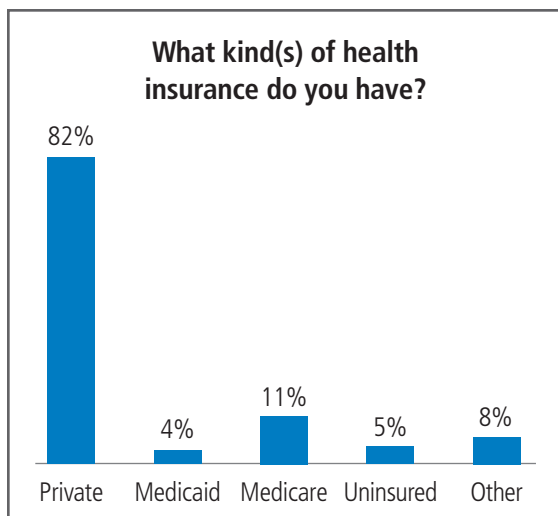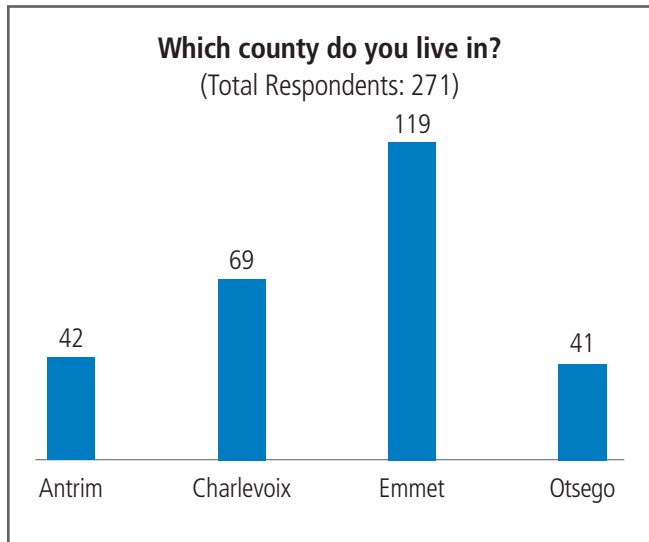
The following graphs show the percentage of respondents who **agreed or strongly agreed** with each statement.

My practice is currently working to help patients address this need.

Resources are available to help patients address this need.

Appendix D
Community Survey - Results

Which county do you live in?
(Total Respondents: 271)

| Antrim | Charlevoix | Emmet | Otsego |
| 42 | 69 | 119 | 41 |

What kind(s) of health insurance do you have?

| Private | Medicaid | Medicare | Uninsured | Other |
| 82% | 4% | 11% | 5% | 8% |

Gender

Male, 9%
Female, 91%

Strategic issues ranked from 1 (need to address first, most urgent) to 5 (least urgent).

1. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
2. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
3. Make it easier for people to get the health care they need (e.g. more doctors, more appointment options, insurance, etc.)
4. Work on reducing risks for the leading causes of death, including heart disease, obesity, cancer, lung diseases, injury, etc.
5. Help build a sense of community so people feel more supported, included, and connected.

Appendix D
Community Survey - Results, cont'd

The following graphs show the percentage of respondents who **agreed or strongly agreed** with each statement.
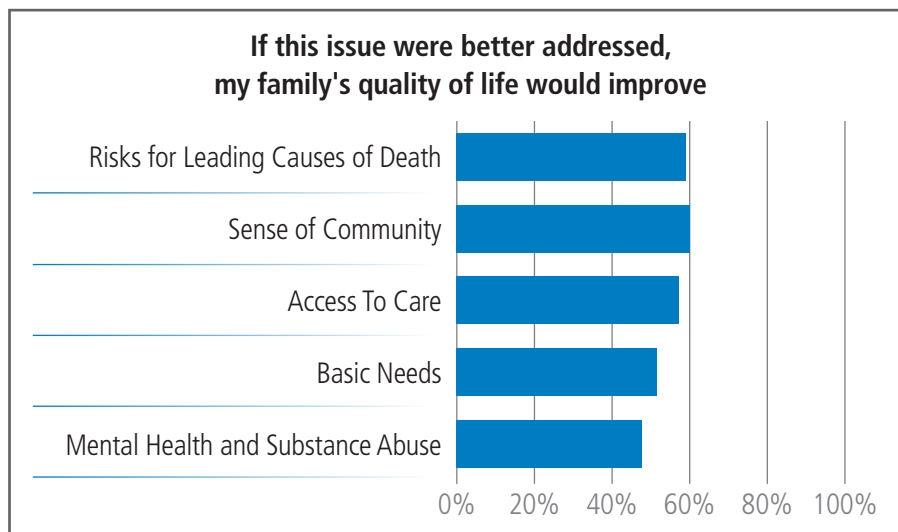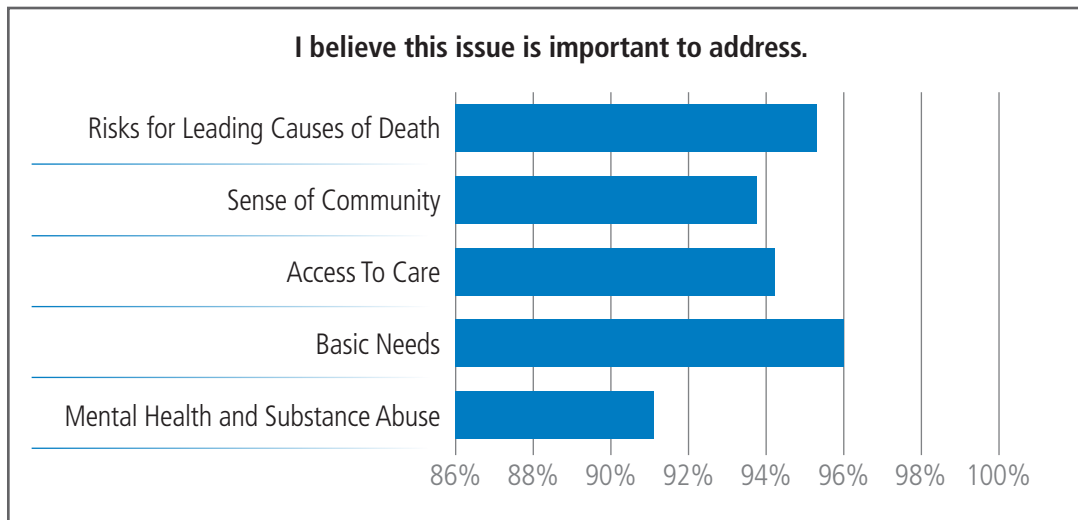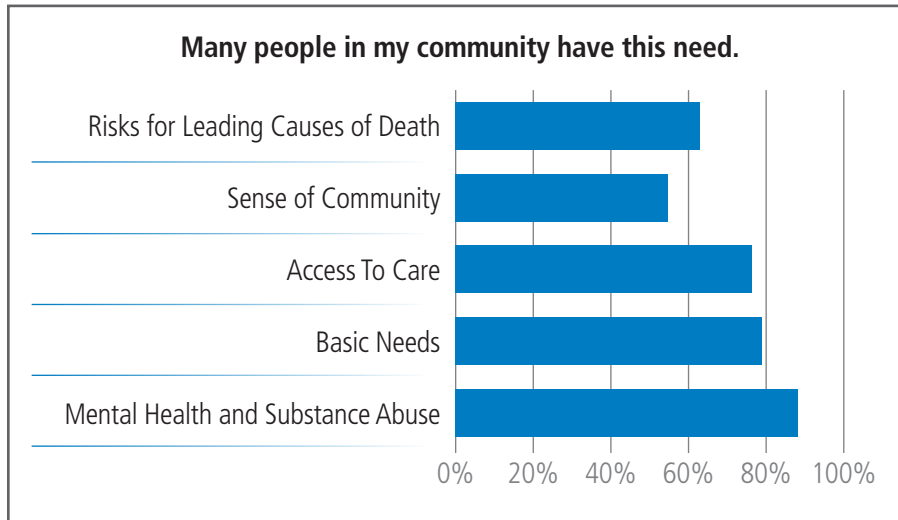
Many people in my community have this need.

Category	
Risks for Leading Causes of Death	~63%
Sense of Community	~55%
Access To Care	~76%
Basic Needs	~78%
Mental Health and Substance Abuse	~88%

(x-axis: 0%, 20%, 40%, 60%, 80%, 100%)

I believe this issue is important to address.

Category	
Risks for Leading Causes of Death	~95%
Sense of Community	~94%
Access To Care	~94%
Basic Needs	~96%
Mental Health and Substance Abuse	~91%

(x-axis: 86%, 88%, 90%, 92%, 94%, 96%, 98%, 100%)

If this issue were better addressed, my family's quality of life would improve

Category	
Risks for Leading Causes of Death	~60%
Sense of Community	~61%
Access To Care	~58%
Basic Needs	~52%
Mental Health and Substance Abuse	~48%

(x-axis: 0%, 20%, 40%, 60%, 80%, 100%)

Appendix D
Community Survey - Results, cont'd
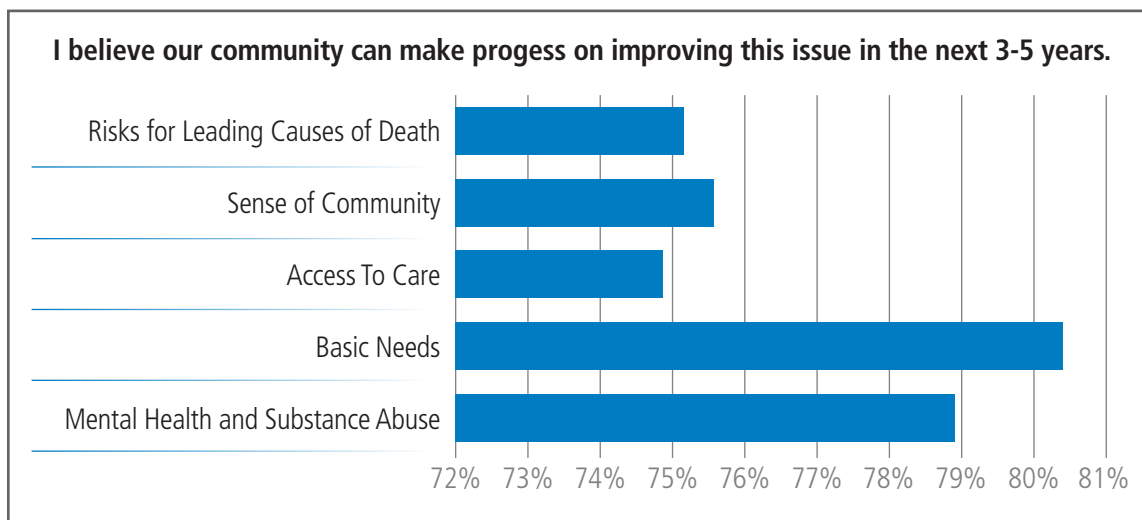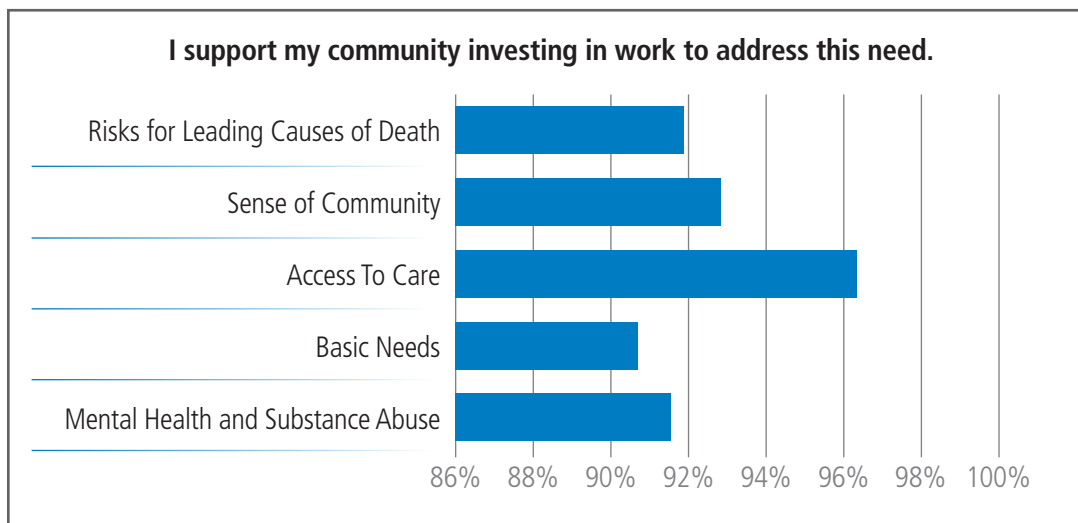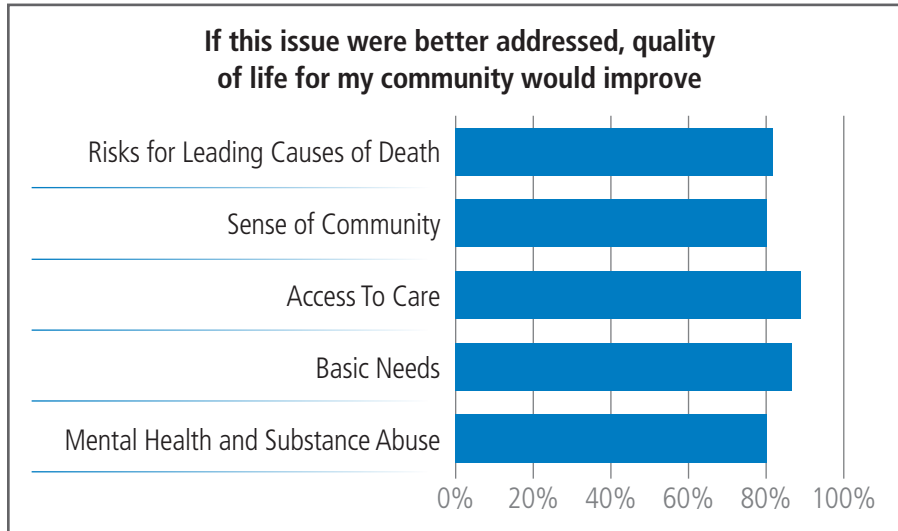
The following graphs show the percentage of respondents who **agreed or strongly agreed** with each statement.

If this issue were better addressed, quality of life for my community would improve

Category	Percentage
Risks for Leading Causes of Death	~82%
Sense of Community	~81%
Access To Care	~89%
Basic Needs	~86%
Mental Health and Substance Abuse	~80%

I support my community investing in work to address this need.

Category	Percentage
Risks for Leading Causes of Death	~92%
Sense of Community	~93%
Access To Care	~96%
Basic Needs	~91%
Mental Health and Substance Abuse	~91.5%

I believe our community can make progess on improving this issue in the next 3-5 years.

Category	Percentage
Risks for Leading Causes of Death	~75%
Sense of Community	~75.5%
Access To Care	~74.5%
Basic Needs	~80.5%
Mental Health and Substance Abuse	~79%

Appendix E
Community Assets Targeting Identied Strategic Issues

Strategic Priority:
Mental Health and/or Substance Abuse

Mental Health and Mental Disorders
- Adolescent health clinics
- BASES
- Bear River Health
- Catholic Human Services
- Community Mental Health
- Munson Healthcare Behavioral Health
- Community Mental Health – Pediatric Telehealth
- Psychiatry
- Local School District Behavior Health Programs
- Northwest MI Health Services, Inc

Substance Abuse: Drugs and Alcohol
- BASES
- Catholic Human Services
- Munson Healthcare Alcohol and Drug Treatment
- Northern Michigan Regional Entity

Substance Abuse: Tobacco
- Adolescent health clinics
- Freedom from Smoking
- Michigan Tobacco Quit Line

Strategic Priority:
Access to Basic Needs of Living

Basic Needs of Living: Access to Healthy Food
- Commodity Supplemental Food Program
- Community Meals
- Congregate Meals
- Double Up Food Bucks
- Farmers Markets
- Food Pantries
- Groundwork Center for Resilient Communities
- Goodwill Industries Northern Michigan
- Meals on Wheels
- Michigan State University Extension
- Munson Healthcare Charlevoix School Nurse Program
- Northwest Michigan Food Coalition
- Project Fresh
- School Lunch Programs
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC)
- 10 Cents a Meal for School Kids and Farms

Basic Needs of Living: Affordable Child Care
- Early Start
- Great Start
- Head Start

Basic Needs of Living: Affordable Housing
- Goodwill Industries Northern Michigan
- Habitat for Humanity
- Joppa House Woman's Transitional Home
- Housing Solutions Network
- Northern MI Community Action Agency
- Northern Homes Community Development Corporation
- Northwest Michigan Habitat for Humanity
- True North Community Services
- Safe Families Bethany Christian Services

Basic Needs of Living: Aging
- Adult Foster Care Homes
- Aging and Disability Resource Collaborative of NW Michigan
- Area Agency on Aging of Northwest Michigan Commission on Aging
- Northwest Michigan Community Action Agency
- Nursing Homes
- Senior Centers
- The Area Agency on Aging of NW Michigan

Basic Needs of Living: Awareness of Community Resources
- 211
- Community collaboratives
- Community Connections
- Health departments
- HELPLINK
- Third Level

Basic Needs of Living: Economy
- Child and Family Services
- County collaboratives
- Goodwill Industries Northern Michigan
- Great Start Collaborative
- HELPLINK
- Michigan Department of Health and Human Services
- Northwest Michigan Community Action Agency
- Safe Harbor
- Students in Transition Empowerment Program (STEP)
- Charlevoix Emmet County Intermediate School District (Char-Em)

Basic Needs of Living: Education

Appendix E
Community Assets Targeting Identified Strategic Issues, Cont.

- Early childhood education
- Local School Districts
  Munson Charlevoix School Nurse Program
- Charlevoix Emmet County Intermediate School District (Char-Em)

Basic Needs of Living: Environment
- Groundwork Center for Resilient Communities
- Health departments
- Michigan Department of Environmental Quality
- Michigan Department of Natural Resources
- Michigan State University Extension
- Northwest Michigan Water Safety Network

Basic Needs of Living: Opportunities for Physical Activity
- Charlevoix and Antrim County Trails
- City of Charlevoix Recreation Programs
- Girls on the Run
- Local Fitness / Sports Clubs
- Local Recreational Trails
- Michigan State Parks
- Munson Healthcare Charlevoix School Nurse Program
- Munson Healthcare Charlevoix Wellness Workshop
- Northwest Michigan Parks and Recreation Network
- Top of Michigan Trails Council

Basic Needs of Living: Transportation
- Antrim County Transportation (ACT)
- Cab Services
- Charlevoix County Transit
- Local Recreational Trails
- Munson Charlevoix Transportation Program

Strategic Issue:
Access to Health Care

Access to Health Care: Medical and Dental
- 211
- Adolescent health clinics
- Community Connections
- Delta Dental's Healthy Kids
- Delta Participating dentists
- Dental Clinics North
- East Jordan Family Health Center
- Federally Qualified Health Centers
- Health departments
- Healthy Michigan Plan
- Ironmen Health Center in Mancelona

- Munson Family Practice
- Munson Healthcare
- Munson Charlevoix School Nurse Program
- Munson Charlevoix Wellness Workshop
- Northern Health Plan
- Northwest Michigan Health Services, Inc.
- Safe Families Bethany Christian Services
- University of Michigan Dental Students

Access to Health Care: Maternal, Fetal & Infant Health
- 211
- Community Connections
- Community Mental Health Infant Mental Health Services
- Great Start
- Health departments
- Healthy Futures
- Maternal Infant Health Program (MIHP)
- Munson Charlevoix Women's Health
- Munson Pediatricians and Family Practice
- Northern Lower Michigan Perinatal Planning Initiative
- Northern Michigan Maternal Child Outreach
- Women, Infants, and Children (WIC)

Strategic Issue:
Sense of Community

Sense of Community: Connection to Community Resources
- Community Centers
- Community Connections
- County collaboratives
- HELPLINK
- Libraries
- Local Places of Worship
- Munson Charlevoix School Nurse Program
- Munson Charlevoix Wellness Workshop

Sense of Community: Public Safety
- Children's Advocacy Center
- Child and Family Services
- Department of Health and Human Services
- Emergency Preparedness Taskforce
- Local Law Enforcement
- Northwest Michigan Water Safety Network
- Opioid Taskforce
- Safe Families Bethany Christian Services
- Vulnerable Adult Taskforce

- Women's Resource Center

Strategic Issue:
Risks for Leading Causes of Death

Risks for Leading Causes of Death: Cancer
- American Cancer Society
- Antrim County High Tea for Breast Cancer
- Prevention
- Cancer Navigator Program
- Chronic Disease Coordinating Network
- Health departments Breast and Cervical Cancer Control Navigation Program
- Munson Charlevoix Oncology and Infusion Center
- Northwest MI Chronic Disease Prevention Coalition
- Sue DeYoung and Judy Edger Memorial Breast Cancer Walk/ Run for Breast Cancer Prevention
- Women's Cancer Fund

Risks for Leading Causes of Death: Cardiovascular Disease
- Chronic Disease Coordinating Network
- Northwest MI Chronic Disease Prevention Coalition
- Munson Charlevoix Cardiology

Risks for Leading Causes of Death: Diabetes
- Area Agency on Aging Diabetes PATH
- Chronic Disease Coordinating Network
- Diabetes Prevention Program
- Hospital-based diabetes education programs
- Michigan State University Extension
- Munson Charlevoix School Nurse Program
- Munson Charlevoix Wellness Workshop
- Northern Michigan Diabetes Initiative (NMDI)
- Northwest Michigan Chronic Disease Prevention
- Diabetes Coalition
- Primary care providers

Risks for Leading Causes of Death: Overweight and Obesity
- Chronic Disease Coordinating Network
- FitKids360
- Grand Traverse Bay YMCA
- Munson Charlevoix School Nurse Program
- Munson Charlevoix Wellness Workshop
- Northwest MI Chronic Disease Prevention Coalition
- Shape Up North

Risks for Leading Causes of Death: Wellness and Lifestyle
- Adolescent health clinics
- Charlevoix and Antrim County Trails
- City of Charlevoix Recreation Programs
- Groundwork Center for Resilient Communities
- Health departments
- Live Well - District Health Department #10
- Local Fitness / Sports Clubs
- Local Recreational Trails
- Michigan State Parks
- Munson Healthcare Charlevoix School Nurse Program
- Munson Healthcare Charlevoix Wellness Workshop
- Northern Michigan Diabetes Initiative (NMDI)
- Northwest Michigan Parks and Recreation Network
- Top of Michigan Trails Council

Note: Some agencies and nonprofit organizations offer multiple services and all services may not be listed individually. Also, due to an ever-evolving network of resources, not all may have been identified.