2019

Grayling Hospital Community Health Needs Assessment

For Crawford, Oscoda, and Roscommon 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 Grayling 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 Crawford, Oscoda, and Roscommon counties. This is considered our "community" because more than 67 percent of the Munson Healthcare Grayling Hospital inpatient population resides within this area.

Data was collected in the following ways: compiling existing statistics; hearing from residents; learning from groups of community organizations; and surveying health care providers and community members. We then 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 17, 2019, incorporates requirements of the Patient Protection and Affordable Care Act of 2010.

Introduction

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 use, 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.

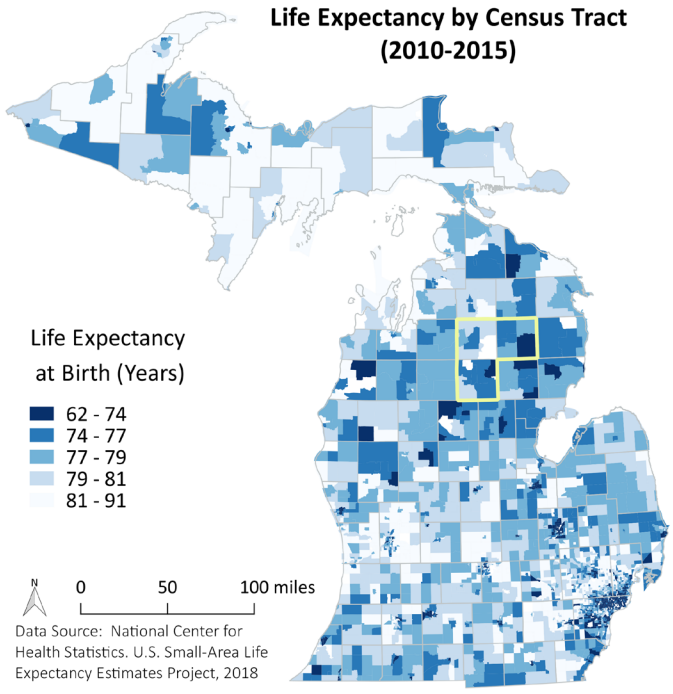
The goal is to continue to build new partnerships and gather input from more organizations and residents. Our CHNA represents a collaborative, community-based approach to identify, assess, and prioritize the most important health issues affecting our community, giving special attention to the poor and 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.



Evaluation of Impact Since 2016 CHNA

Priorities Identified in 2016

The 2016 Munson Healthcare Grayling Hospital Community Health Needs Assessment identified the following health problems and issues as the highest priority needs through a comprehensive process of data collection and analysis, as well as gathering input from community members, with a focus on high risk populations, and health care providers from Crawford, Roscommon and Oscoda counties:

1. Healthy Lifestyles
2. Chronic Disease
3. Access to Health Care
4. Maternal Infant and Child Health
5. Substance Abuse
6. Tobacco Use
7. Dental Health
8. Mental Health

Economic factors (poverty), transportation issues, and a growing population of persons aged 65 and older also represent significant challenges tour rural communities. Munson Healthcare Grayling Hospital focused on developing or supporting initiatives and strategies to address opportunities for healthy lifestyles, chronic disease, access to health care, and maternal, infant, and child health.

Written Comments

No comments were received regarding the 2016 CHNA and Implementation Strategy.

Significant Health Need: Healthy Lifestyles

Promote health and increase the awareness of the importance of personal responsibility towards health, focusing on maintaining a healthy diet, and engaging in regular physical activity where people live, work, and play.

Actions and impact since preceding CHNA and Implementation Strategy:

- Project Connect was successfully relaunched in Oscoda County in 2017 as a result of the CHOICES partnership, which MHGH coordinates. The goal of the event is connecting Oscoda County residents with community health and wellness resources. A focus of the event was on making more healthy food choices, and increasing access to and intake of fresh fruits and vegetables. Over 100 participating families were able to bring home fruits and vegetables at no cost, and through partnership with MSU extension were able to taste a recipe using foods that were offered at the event. In 2018, the event had over 175 participants.
- Neighborhood Connections in Crawford County is a yearly event held in August that connects at-risk Crawford County residents with resources that are available from community organizations. MHGH is a member of the planning committee and has provided local at-risk residents with information about our Resource Coordination Team, health insurance options, obesity prevention through promotion of daily activity and better food choices, diabetes prevention and treatment services, maternal and child health services, dental health, and access to primary and specialty care.
- MHGH has participated in the Michigan Hospital Association Harvest Gathering annually, bringing awareness to food insecurity in our service area and supplying local food pantries in Crawford, Roscommon and Oscoda counties with food and funds donated by the hospital staff.
- MHGH Resource Coordination Team connects eligible residents with food assistance programs, and promotes the Double-Up-Food bucks program. MHGH has published the Oscoda County Food Resources brochure for Oscoda County for 2018 and 2019, in partnership with Oscoda County CHOICES. A similar brochure is produce by the Council on Aging in Crawford County in partnership with the Crawford County Health Improvement Committee.
- MHGH participated in the AuSable River Festival Children's day activities in July 2018, in partnership with Huron Pines and North Bound Outfitters, to promote physical activity using local outdoor trails and pathways, and eating healthy snacks. Kids also were able to participate in a stationary biking challenge.
- MHGH Employee Wellness Committee in partnership with Sodexo offered CORE 4, a multi-faceted weight management program focusing on nutrition education, physical activity, and appetite awareness training in fall 2018.
- Crawford County Health Improvement Committee: MHGH partners with other community organizations and has been successful in having the City of Grayling as well as each of the Crawford County townships adopt Tobacco Free Playground policies. Funding was obtained and signs are posted at each of playground sites.
- MHGH and the Crawford County Health Improvement Committee have established 1-mile "Loop-It" walking paths within the City of Grayling to encourage residents to increase their physical activity. Part of this initiative was to encourage residents to "Loop It" where they live, finding their own 1-mile loop to walk close to home. Small kiosks have been installed at the beginning of each loop, one which begins just across the street from the Grayling Hospital.
- MHGH offers two weekly senior exercise programs at the

Crawford County Senior Center on Thursdays and Fridays, serving approximately 10-15 people at each session each week.

- MHGH participated in the Prescription for Health program, a two-year, grant-funded program that started in June 2016 in partnership with Michigan State University Extension and District Health Departments #2 and #10. MHG Physician Network providers referred patients to the program. The focus was on the adult population and parents of children in need. Participants who enrolled in the program attended six nutrition education classes and received a $10 voucher which was strictly redeemable for fresh fruits and vegetables.
- Munson Healthcare Grayling Hospital, in partnership with Huron Pines, participated in the Russ Mawby Signature Service Project in May 2017, teaching Grayling Elementary students about pollinators and how they are necessary if we want to grow food, and how we can improve their habitat by planting plants that attract pollinators. The children also learned about gardening as a form of physical activity. In December 2017, through the same partnership, 13 classes of middle school students were taught about how gardening was good for them and their families.
- MHGH hosted Smart Gardening with Vegetables 101, a six-week gardening webinar series in partnership with the Grayling Community Garden Friends. The event was free and open to participants of all ages.

Significant Health Need: Chronic Disease

Reduce the burden of chronic disease with a focus on diabetes, cardiovascular disease, chronic lower respiratory disease, cancer, dementia, and chronic kidney disease. This is done by supporting activities related to promotion of healthy lifestyles and reduction of chronic disease risk, and improving health management of complex patients through education, self-management support, connection to resources, and coordination of care. In addition, there's an emphasis on improving access to appropriate care for patients with chronic disease, and delivering the right care, at the right time, and in the right place.

Actions and impact since preceding CHNA and Implementation Strategy:

- Northern Michigan Diabetes Initiative (NMDI). The NMDI website is promoted as a source of credible information for people living with diabetes: www.nmdi.org/northern-michigan-diabetes-initiative/nmdi. MHGH Community Health and Munson Healthcare Diabetes Education employees are members of the NMDI Steering committee.
- Diabetes self-management education programs for those patients with newly diagnosed or poorly controlled diabetes. During 2016 – 2017, 512 referrals were made to the Diabetes Self-Management program with 339 people completing the program, and during 2017 – 2018, 450 referrals were made to the Diabetes Self-Management program with 239 people completing the program.
- Prevent T2 program, part of the National Diabetes Prevention Program (NDPP). Munson Healthcare Grayling Hospital facilitated two cohorts of the Prevent T2 program, one from September 2016 through August of 2017, which had 8 participants, and the other from February 2017 through January 2018 which had three participants. Our community partners District Health Department #10 and MSU Extension also facilitate programs in our service area.
- Transitional care coordination is now done through team meetings with the Hospitalist RN, Hospital Case Managers, and Chronic Disease Care managers, lessening risk of readmission by ensuring the patient and caregivers have adequate knowledge about disease process, and the self-management skills, support, and resources in place to meet the demands of care at home.
- Cardiac and pulmonary rehab programs. In 2017 MHGH had 97 patients who participated in Phase II Cardiac Rehab, and 28 patients participated in Pulmonary Rehab. In 2018, we had 88 patients participate in Phase II Cardiac Rehab and 23 patients participate in Pulmonary Rehab.
- Chronic disease care management expanded to all three Munson Healthcare Grayling Hospital Physician Network Community Center clinics to coordinate care of patients with complex chronic disease.
- Advance Care Planning. Chronic disease care managers as well as members of the Social Work and Resource Coordination Team were trained in having advance care planning conversations. Advance care planning is now a part of the conversation with patients who have a chronic disease care manager as well as at the Medicare Wellness visit. Advanced care planning workshops are planned at least times six times per year, and presentations are made to various groups in the community. Community members can also schedule one on one appointments to discuss and prepare advance care planning documents. The workshops and personal appointments are offered at no cost to community members.
- Resource Coordination Team. The Resource Coordination team assists with connecting patients to community resources, and to address barriers related to social determinants of health as well as disease self-management. In 2017, the Resource Coordination team had 2,849 patient contacts, and in 2018, had 3,459 patient contacts. Patients were assisted with access to medication, transportation, health monitoring equipment, and other basic needs.
- Monthly Diabetes Support groups are facilitated by the

MHGH Diabetes Education Staff in Grayling, Roscommon, and Prudenville.

- The Better Breathers series is offered for patients with COPD, free of charge, three times a year via REMEC at Munson Healthcare Grayling Hospital.
- Free breakfast presentations are provided at the Crawford County Commission on Aging and Senior Center to update local seniors on health-related topics such as safe medication storage and disposal, diabetes, cancer screening and prevention, advance care planning, diabetes prevention, skin care, and other topics based on need.

Significant Health Need: Access to Care

Improve the health of our communities by improving access to health care, as well as increase the number of residents in our service areas who are enrolled in health insurance plans.

Actions and impact since preceding CHNA and Implementation Strategy:

- All three Grayling Physician Network Community Health Centers in Grayling, Prudenville, and Roscommon now provide walk-in care on weekdays. The Grayling and Prudenville clinics also offer walk-in care on Saturdays.
- Access to Care Anywhere is being beta tested to make virtual visits available, allowing patients to be seen by a provider for a minor medical condition using a smart phone or tablet instead of coming into the clinic for an appointment. This may also be helpful in addressing some transportation issues.
- Patients who do not have a Primary Care Provider (PCP) can seek care at the walk-in clinics and are given help in establishing with a PCP within the Munson Healthcare Grayling Hospital Physician Network. Patients who are discharged from the hospital without a PCP are assisted with making a follow-up appointment with a provider at the hospital's Patient Diagnostic Center.
- Our Medicaid Coordinator and Payment Options Coordinator are in place to assist patients who are uninsured or underinsured with access to care and payment issues. MHGH collaborates with other community agencies to offer in-person assistance and education regarding enrolling for health insurance via the Health Insurance Marketplace and Healthy Michigan Plan.
- Munson Healthcare Grayling Hospital continues to recruit primary care and specialty care providers to match access demands. The MHG physician network currently employs over 35 physicians and advance practice providers, and hosts specialty clinics to bring specialty care closer to home.
- Munson Healthcare Grayling Hospital works collaboratively with community partners to address access issues in Oscoda County. Property was purchased in Fall 2018 to open a primary care clinic in Mio. The hospital also supports a "Grow Our Own" program for students who live in the area that are studying to become medical providers.
- The Resource Coordination Team has successfully been addressing issues related to social determinants of health, assisting patients and care providers by connecting patients with transportation assistance, in the form of transportation vouchers, county transportation coupons, and gas cards to patients who cannot afford transportation to or from health care appointments or hospital related care, as well as medication assistance, access to food, and connecting patients to energy assistance. The team also assists with care coordination and education regarding benefits so that patients have access to transportation assistance that is available through their health insurance plans.

Significant Health Need: Maternal, Infant and Child Health

Pregnant women receive adequate prenatal care. All pregnant women and their families get connected early with community resources as appropriate. Families receive education (on nutrition, parenting, and safety) and support to make a positive impact on their choices for their health and the health of their families. Decrease rates of maternal tobacco and substance use.

Actions and impact since preceding CHNA and Implementation Strategy:

- OB/GYN Outreach clinics are scheduled on Monday, Wednesday, and Thursdays in Prudenville to increase access to care closer to home for patients in Roscommon and surrounding counties.
- Monthly childbirth education classes are now offered. In 2017 and 2018, two classes were held at His Love Family Resources in Mio to offer the education closer to home to address transportation barriers. In 2019, classes are scheduled to be offered in Prudenville in addition to Grayling and Mio, bringing the classes to a location in each of the counties we serve.
- A perinatal care coordinator has been integrated as a member of the OB Care Team. Pregnant women are assessed for social determinants of health, substance use, diet, activity level, safety, and social/emotional needs at a first OB visit. Referrals are made to appropriate community programs: Healthy Futures; Michigan Quit Line; WIC; Early On; etc., and a plan of care is established with the goal of a healthy term pregnancy.
- MHGH promotes and supports the Healthy Futures program for all families from Crawford, Oscoda, and Roscommon counties who deliver at Munson Healthcare Grayling Hospital.

A collaborative agreement with local health departments: DHD#10, #2 and #4 as well as Central Michigan District Health Department, and Health Department of Northwest Michigan by providing funding for a home visit or care coordination that is not paid by a family's health insurance.

- Safe sleep initiatives are supported through partnership with Crawford Roscommon Child Protection Council and Oscoda Montmorency Child Protection Council, and it is the goal that each newborn goes home with a sleep sack.
- Partnership with Three Lakes Communities That Care and the Crawford Partnership for Substance Use Prevention.
- In partnership the Crawford Roscommon Child Protection Council MHGH, sponsored a participant at Child passenger Safety (CPS) Technician training, to increase the number of CPS Techs in our service area. This program offers free care seats to those in need and free child safety seat checks at community outreach events.
- Munson Healthcare Grayling Hospital Physician Network continues to offer pediatric care at the Grayling Community Health Center.
- Munson Healthcare Grayling Hospital-facilitated Mom Power, a 10-week attachment-based parenting program for women with children ages 0-5, in collaboration with the Health Department of Northwest Michigan, District Health Department #10, and the University of Michigan. The program is designed to provide education to parents, connect them with resources, and support their relationship with their child.

Significant Health Need: Substance Abuse

Actions and impact since preceding CHNA and Implementation Strategy:

- Promotion of prescription drug drop-off sites in Crawford, Oscoda and Roscommon Counties
  - Participated in Michigan Open Medication Take Back Event October 2018
  - Installed MedSafe container in Munson Healthcare Grayling Hospital lobby in November 2018
- Participation and partnership in Crawford County Partnership for Substance Abuse and Up North Prevention with focus on youth substance use prevention and treatment
- Participation and partnership with Three Lakes Communities that Care and Up North Prevention with focus on breaking the cycle of substance use in Roscommon County.
- MHGH is a member of the Rural Communities Opioid Response Consortium.
- Perinatal Care coordination for pregnant patients with substance use disorders

Significant Health Need: Tobacco Use

- Crawford County Health Improvement Committee. MHGH partners with other community organizations and has been successful in having the City of Grayling as well as each of the Crawford County townships adopt Tobacco Free Playground policies. Funding was obtained and signs are posted at each of playground sites.
- Participation in District Health Department #10's Northwest Michigan Chronic Disease Prevention Coalition.
- Implementation of Lung Cancer Screening with Low Dose CT for high risk patients between the ages of 55 and 77. Since the program began in 2017, 438 at risk patients have been screened.
- Promote use of the MI Quit Line
  - Partnership with District Health Department #10 for referral to Tobacco Treatment Specialists
- Perinatal Care Coordination – focus on tobacco cessation
- Promotion of Munson Healthcare Better Breathers program
  - 3 - 8 week series were scheduled and presented via REMEC in 2018.
  - 3 - 8 week series are scheduled for 2019 to be presented at the Grayling Hospital via REMEC.

Significant Health Need: Dental Health

Actions and impact since preceding CHNA and Implementation Strategy:

- Support and promote Roscommon County My Community Dental Center dental clinic.
- Promote dental self-care and decay prevention strategies for all ages at outreach events and at MHGH Physician Network Clinics.
- Assist patients with referrals to dental clinics through care coordinators and the Resource Coordination Team.

Significant Health Need: Mental Health

Actions and impact since preceding CHNA and Implementation Strategy:

- Continued development of Behavioral Health Services within Munson Healthcare Grayling Hospital Physician Network
  - Grayling Behavioral Health Services team has expanded to 2 MSW's and 2 professional counselors
- Promotion of care coordination with Community Mental Health agencies and NMSAS Recovery Center.

Community Health Needs 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 US 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 and 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 through October 2018.

How we sought input from medically underserved, 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 conducted at 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?

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. 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.

A full listing of the partner organizations who participated in each phase is provided in Appendix A.

2019 Community Needs Health Assessment

Hospital and Communities Served

Munson Healthcare Grayling Hospital

Grayling Hospital is located on the pristine waters of the AuSable River in northern Michigan. Patients in the hospital's Cancer and Infusion Center, those recovering from surgery, and mothers resting with their infants in the Maternal and Newborn Care Center enjoy a quiet, peaceful setting.

Founded in 1911, the 71-bed Grayling Hospital serves residents and visitors to Crawford, Roscommon, and Oscoda counties. Located 50 miles east of Traverse City, Grayling Hospital is one of nine community hospitals in the Munson Healthcare system, northern Michigan's leading and largest health care provider.

Near the busy I-75 corridor, Grayling Hospital's Emergency Department triages and treats trauma patients and others with emergency needs. The hospital also serves Camp Grayling, the largest National Guard training center in the country. Military and law enforcement personnel train year-round and about 200 camp attendees are treated in the hospital's Emergency Department each year.

Specialized Emergency Care

Seniors

Recognizing that older people have unique health care needs, Grayling Hospital was the first hospital in northern Michigan to create an Emergency Department that specializes in care for seniors. Staff is specially-trained in senior-specific medicine. They respond to urgent needs and provide additional services to help older patients overcome any difficulties that could turn an injury or illness into something more serious. The Emergency Department's quiet, comfortable environment features:

- Softer lighting
- Private rooms
- Non-skid/non-glare floors
- Pressure-reducing mattresses

Expert Heart Care

- Five Munson Healthcare cardiologists and additional staff provide local access to care and expanded heart testing at the Grayling Heart Clinic in the Maxon Medical Building directly across the street from Grayling Hospital. The clinic's information systems are fully integrated with Grayling Hospital and Munson Medical Center's Webber Heart Center to provide coordinated heart care to Grayling-area patients.
- The SpaceLabs Cardiac Monitoring system has advanced the level of emergency heart care available in Grayling. The system allows cardiologists at the Webber Heart Center at Munson Medical Center in Traverse City to see heart patients in real time for faster cardiac consultations.

A Fleet of Dedicated Doctors

Grayling Hospital is supported in its mission-centered focus by a group of more than 80 dedicated doctors in multiple specialties. Physician offices in Grayling, Prudenville, and Roscommon are served by more than 35 employed providers and specialists in the Grayling Physician Network.

Local Cancer and Infusion Services

As part of Munson Healthcare's Regional Cancer Network, cancer and infusion services are provided locally at the Grayling Cancer & Infusion Center. Munson Healthcare oncologists travel to Grayling weekly to meet with patients for regular and follow-up visits. Radiation therapies and other advanced cancer treatments are delivered in Traverse City at the Cowell Family Cancer Center.

Infusion services are available in Grayling for anyone who has a medical condition that requires medication to be administered intravenously, such as hemophilia, congestive heart failure, multiple sclerosis, immune deficiencies, or Crohn's Disease.

New Patient Diagnostic Center

Grayling Hospital provides complex diagnostic testing for nearly 2,500 patients a year. Our new Patient Diagnostic Center will greatly reduce the amount of time pre-surgical patients spend at the hospital for testing. Rather than be admitted to an observation bed, most patients will relax in a comfortable diagnostic recliner, stay in their street clothes, and have access to entertainment to help pass the time. Patients will have their tests done in one place at one time, eliminating multiple trips to the hospital for testing and reducing the time from diagnosis to treatment. The Patient Diagnostic Center is located on the ground floor near the Emergency Department.

Maternal and Newborn Center

Munson Healthcare Grayling Hospital is one of nine birthing hospitals in the northern twenty-one counties of Lower Michigan. Each year, about 350 babies are born in our birthing unit. We stay current with the most up-to-date care of our moms and babies and provide family-centered care. Family members may be involved labor and delivery and the first hours of a child's life, to the extent that is safe.

Long-term Care

Crawford Continuing Care Center is a 39-bed, non-profit long-term nursing care and short-term rehabilitation community attached to Grayling Hospital. The comfortable environment provides our residents and rehab guests with services, specialists, and technology – all just seconds away. Our team of senior care and

rehabilitation experts guides families every step of the way.

Benefitting our Community

Munson Healthcare Grayling Hospital annually provides more than $3 million in donated services to the communities it serves through health care services, education, and unreimbursed health care.

Our Mission

Munson Healthcare Grayling Hospital and its partners work together to provide superior quality care and promote community health.

Our Vision

We will be the first choice for local health care because of our commitment to caring for the whole person and our expertise in providing the right care, at the right time, in the right place.

Joint Commission Notice

Munson Healthcare Grayling Hospital is fully accredited by The Joint Commission. To ensure the highest quality health care for our patients, Munson Healthcare Grayling Hospital participates in the accreditation process through The Joint Commission, which conducts periodic unannounced accreditation surveys of the hospital to determine our compliance with nationally established Joint Commission standards.

Communities Served

Crawford County

Crawford County is located in the north central Lower Peninsula of Michigan. The county is composed of six townships: Grayling Township, Frederic Township, Maple Forest Township, Lovells Township, South Branch Township, and Beaver Creek Township. Also located in Crawford County is the City of Grayling, which is the county seat. Crawford County has a land area of 556 square miles and an estimated population of 13,744 in 2016. Its population density is 25.3 people per square mile, and is designated as 73% rural by the US Census Bureau. Crawford County is designated a Health Professional Shortage Area (HPSA) and Medically Underserved Population Area (MUA).

Oscoda County

Oscoda County is located east of Crawford County. Mio is the county seat. Oscoda County has six townships. Mio, Fairview, Luzerne, and Comins are communities located within Oscoda County. Oscoda County has a land area of 566 square miles and an estimated population of 8,264 in 2016. Its population density is 15.3 people per square mile, and is designated as 100% rural by the U.S. Census Bureau. The AuSable River runs throughout the entire county. There are over 2,000,000-plus acres of state and federal land, which is more than any other county in Michigan. Oscoda County is the smallest county in Michigan. Oscoda County is designated a Health Professional Shortage Area (HPSA) and Medically Underserved Population Area (MUA).

Roscommon County

Roscommon County is located south of Crawford County. The village of Roscommon is the county seat. Roscommon County has 11 townships. The largest communities are Roscommon, Houghton Lake, Prudenville and St. Helen. Roscommon County has a land area of 520 square miles and an estimated population of 23,700 in 2016. Its population density is 47.1 people per square mile, and is designated as 66% rural by the US Census Bureau. Houghton Lake, the largest inland lake in Michigan is located in Roscommon County. Higgins Lake and Lake St. Helen are also located in Roscommon County making tourism one of the county's largest industries. Roscommon County is designated a Health Professional Shortage Area (HPSA) and Medically Underserved Population Area (MUA).

The number of persons per square mile in these counties is much less than in Michigan. Crawford, Roscommon and Oscoda Counties have long been areas of high poverty, low incomes, and unemployment. This problem is due largely to the lack of high paying, year-round employment for local residents. The counties in the Grayling Hospital's service area are known as recreation and retirement destinations. The counties' high quality of life, including an abundance of unspoiled rivers, streams, lakes and vast forest area, has helped sustain the local economy.

Regional Population Demographics

Geography and Population

Our service area covering Oscoda, Roscommon, and Crawford Counties covers a total of about 1,649 square miles of land. The region is classified as "rural" by the US 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 45,708 people who live in the three-county region, 95% are white. The largest minorities are Hispanic/Latino (1.7%) and Native American (0.8%). The proportion of adults over 65 years old is larger in the region (28%) 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.

A larger percentage of the population of Michigan have a college degree (27%) than in in the three-county region, where college attainment is between 10% (Oscoda) and 17% (Crawford). The proportion of the population with a high school diploma in Crawford and Roscommon counties (88%) is slightly higher than the state average (87%), while Oscoda counties is lower (83%).

Among these three counties, median household income is highest in Crawford County at $42,666; this is still well below median income in Michigan ($52,668). In addition, within these counties, stark income inequality exists. For example, in Roscommon County, the average income of the top 1% of earners is more than 20 times the average income of all other earners in the county.

Strategic Priorities and Issues Identified in 2019

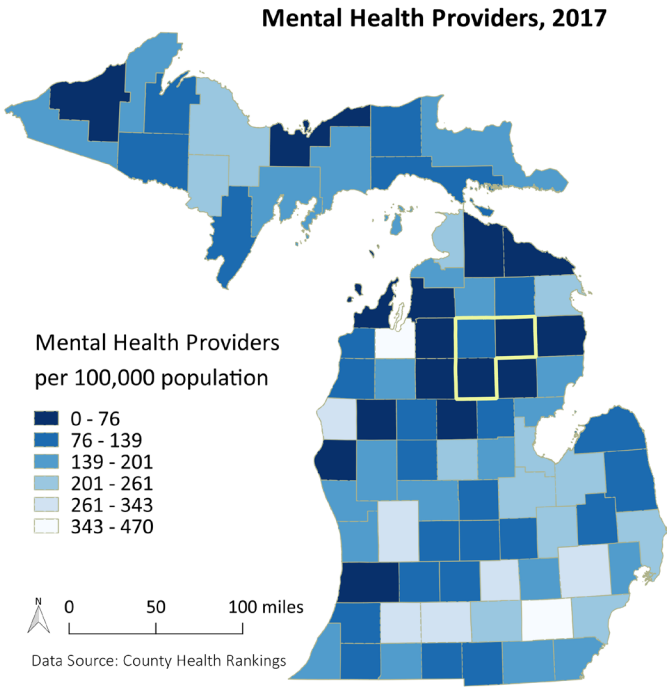
This year we identified Strategic Issues as part of the MiThrive collaborative. Strategic Issues are broader than individual health conditions, and represent underlying challenges that need to be addressed, which would lead to improvement in health conditions. Each Strategic Issue should impact more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

2019 Strategic Priorities

- Ensure a community that provides preventative and accessible mental health and substance abuse services
- Address basic needs of living to create resiliency and promote equity

Additional Issues:

- Improve access to comprehensive health care for all
- Foster a sense of community that promotes trust and inclusiveness
- Improve prevention and reduce health risks for leading causes of death



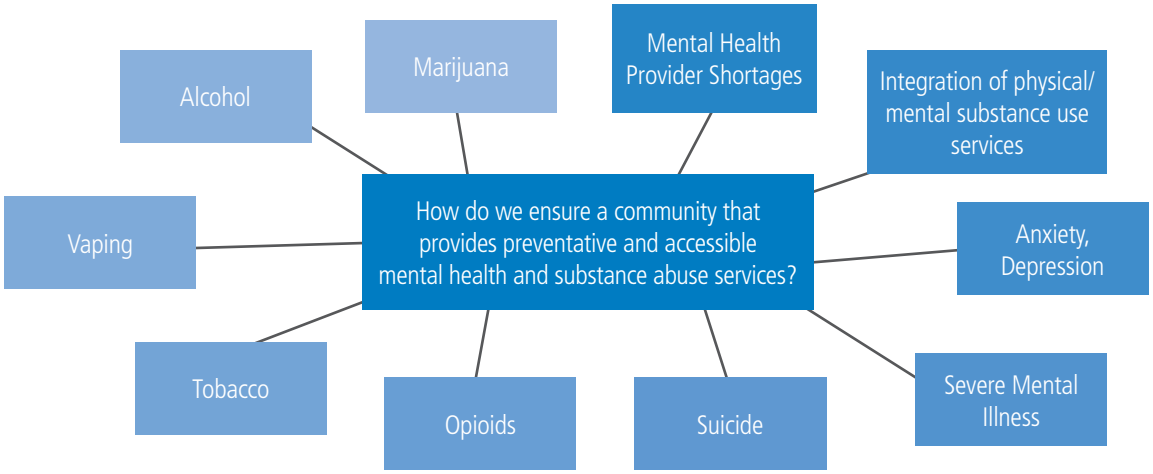
Strategic Priority: Ensure a community that provides preventive and accessible mental health and substance abuse services

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.

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 33% 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 in the region is 22%, compared to the state average of 19%. Teens reporting drinking alcohol in the past month number 1 in 10. In Crawford County, 31% of adults smokes, compared to 25% in Roscommon, 21% in Oscoda, and 19% in Michigan overall. Hepatitis C rates - which are strongly associated with injection drug use - are spiking among young adults. Among teens in these counties, about 1 in 6 report vaping in the past month, and about 1 in 8 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 and Substance Use than ever before. More integration of behavioral health and mental health screenings has helped in this area.

Prioritization

Looking at criteria including values, severity, impact, and magnitude, Mental Health/Substance Use scores as a high priority. Mental Health 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: 93% 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. 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 Grayling 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. 89% of resident survey respondents agreed that many people in their community need better access to mental health and substance abuse services/prevention.

"We have zero help here for kids who have mental health issues. Those kids have to travel out of town for help...if they can afford it. If they can't, sadly, we attend their funerals. We are not properly attending to their needs. Take a look at the suicide rates of our youth....it is alarming."
- Crawford County resident

"[We need] providers who accept more than one insurance, who take children, and psychiatrists and psychologists are desperately needed for all levels of income. Missing middle."
- Crawford County resident

"In order to help people with any substance abuse, we need more providers first."
- Roscommon County resident

"There are not enough counseling services available here in Grayling. Alcohol and substance abuse are rampant and there is little outreach and/or resources."
- Crawford 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.

Listed below are a few examples of how these basic needs are linked to important health outcomes:

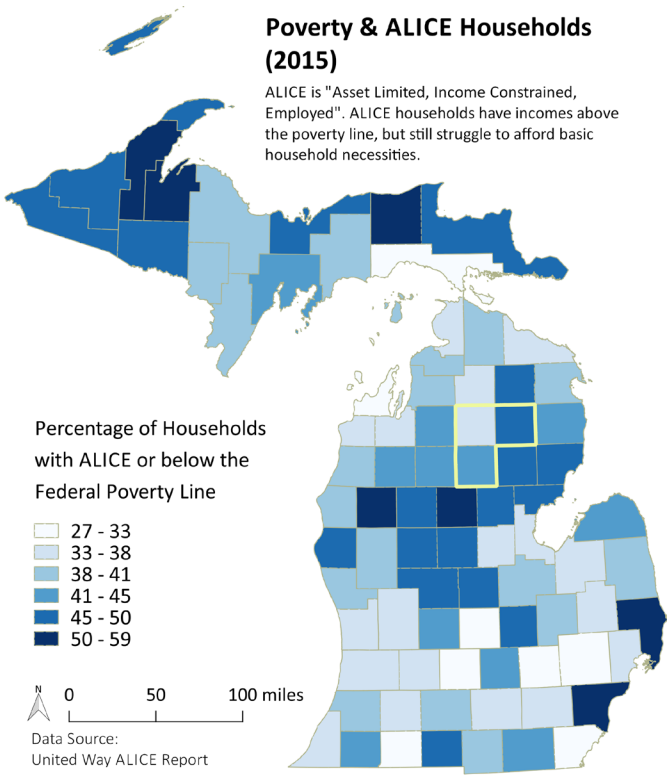
- Nutrition education only leads to improved diet and weight for families in food secure households.
- Living in housing with physical problems (e.g. need for appliance, roof, and heating updates) is associated with poor self-assessed health, increased limitations to activities for daily living, and 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 the three-county region, 2 in 5 households struggle to afford basic household necessities. The proportion of children living in households below the poverty level ranges from 1 in 4 in Crawford and Oscoda counties to 1 in 3 in Roscommon County. In these counties, 1 in 5 kids 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 50% of renters in Roscommon County, 46% in Crawford County, and 37% in Oscoda County. All these factors weaken the ability of families and communities to endure challenges and develop healthy, thriving lives.

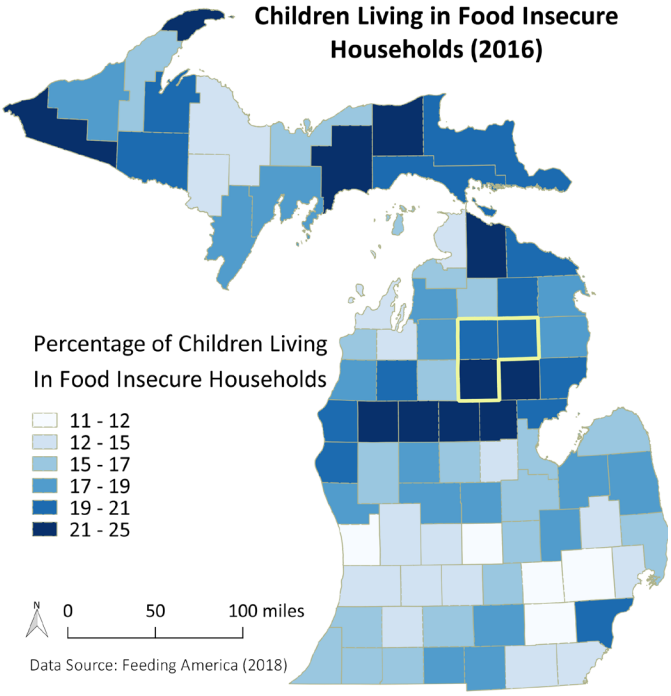


Assets, Resources, and Opportunities

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. Some examples of organizations working in this area include food pantries, Michigan Department of Health and Humans Services, Commission on Aging, Community Action Agencies and local churches. Some programs that help in this area include the Free/Reduced Lunch program; community paramedics; non-emergency medical transport through the Department of Health and Human Services; Project Fresh and Double Up Food Bucks; and utility assistance through the Salvation Army. In addition, more medical offices and mental health providers have started screening for Social Determinants of Health, which reflect basic needs that impact health. 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: 93% 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 Grayling 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. 81% of resident respondents agreed that many people in their community struggle to meet basic needs of living.

"I would feel less stress in my life if I knew that others in the community were able to meet basic needs and had access to clean, pollutant-free water."
- Crawford County Resident

"Inability to meet basic needs leads to depression and increased substance abuse. I believe this is also increased by being cooped up all winter. Grayling residents need somewhere they can go to get physical activity inside during the winter. Somewhere that is free to the lower income residents. Currently the only options for inside activity in the winter are so expensive that most of our community cannot afford them."
- Crawford County resident

"AFFORDABLE housing - $900 a month rent on $9.25 an hour wage is insanity."
- Roscommon County resident

"Day care is a major issue for working families; Oscoda County is in dire need."
- Oscoda County resident

"We need jobs with living wages, not more programs."
- Crawford 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

Strategic Issue: Improve access to comprehensive health care for all

Health Impact

According to Healthy People 2020, access to health care 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 Hispanic resident of Crawford County is over 3.5 times as likely to be uninsured compared to a white resident.

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

Challenges

Residents of the three-county region experience a variety of barriers to accessing health care, including problems with transportation, appointment availability, and certain provider shortages. In addition, 15% of non-elderly adults in the region are uninsured, and 19% of adults in Roscommon County 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 efforts to improve access to care include the increased use of care coordinators and nurse practitioners; residency programs; Adolescent Health Centers; and developing telehealth options.

Prioritization

This Strategic Issue was not chosen as one of the top issues because many of the barriers to accessing health care 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

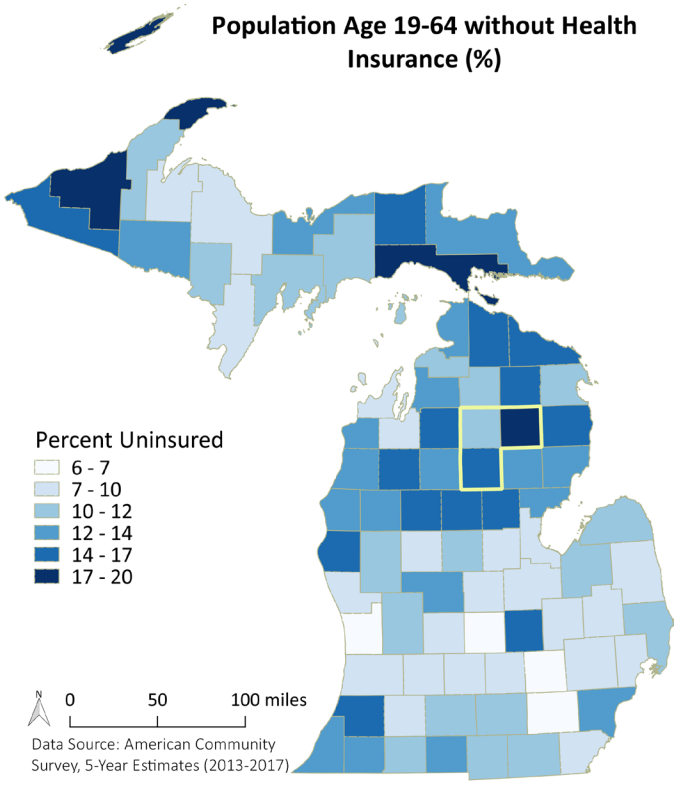
When surveyed, over 6 in 10 residents said improving access to health care would improve quality of life for their family, while nearly 9 in 10 said better access would improve quality of life for their community.

"Access to health care includes transportation across county lines - take a look at regional transportation."
- Crawford County resident

"We have a supposedly 'good' insurance plan through my employer… [But] medical bills have put my family in a position where sometimes we can barely afford groceries."
- Crawford County resident

"We need a hospital or 24-hour walk-in. The nearest hospital is at least 35 miles away."
- Oscoda County resident

"More virtual appointments where transportation is a barrier, but we need Wi-Fi/internet access to make that happen."
- Crawford County resident



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), substance 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 the 6% of teens who identify as lesbian, gay, bisexual, or transgender (LGBT) in this region. 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 the three-county region, only 54% of teens say they know an adult in their neighborhood they could talk to about something important, and more than 1 in 3 teens has experienced at least two Adverse Childhood Experiences (ACE's). These are both risk factors for serious health conditions later in life. In this region, 1 in 9 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. 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. Community and outdoor recreation opportunities bring people together. More organizations are also providing training in ACE's (Adverse Childhood Experiences) and trauma-informed care, and Community Mental Health regularly does ACE's scoring with clients.

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, 6 in 10 residents agreed that improving sense of community, support, and inclusion would improve their families' quality of life, while 8 in 10 said this would improve quality of life for their community.

"4-H is an underutilized resource for providing connection and support for our youth."
- Crawford County resident

"Our community is divided, the haves and the have nots. The wealthy have a stronger community and try to just ignore the poor side of our community by looking down at them from their pedestals. This divides our community instead of bringing it together."
- Crawford County resident

"There is too big of an ideological gap for true community inclusion. This community is closed and bigoted toward outsiders."
- Crawford County resident

"I do believe that we need to work on connecting the community, but most of the people that end up running these programs seem to look down on those looking for help. You need genuine people that want to make a difference in their community, not people that just want to make themselves feel better by helping 'the poor."
- Oscoda 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 & 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

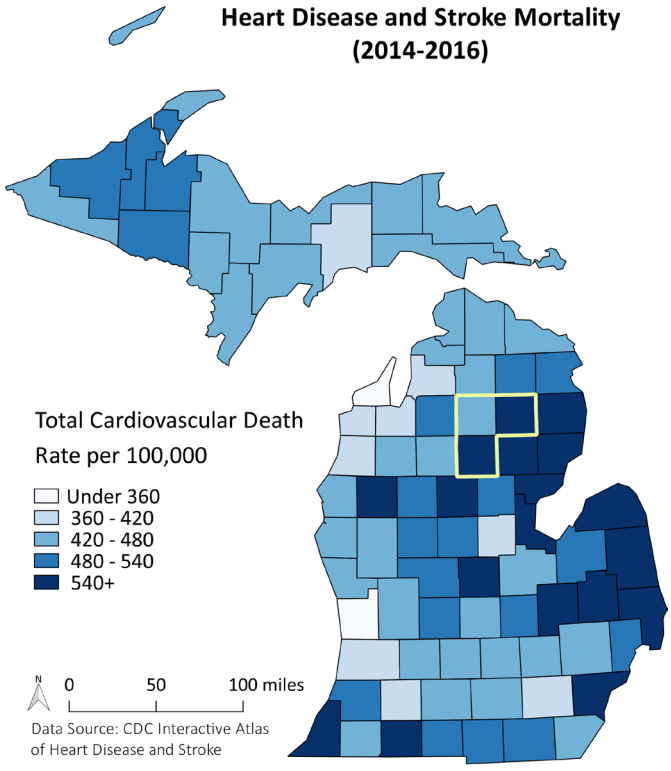
Leading Causes of Death (with age-adjusted death rate per 100,000 population)					
Rank	**Cause of Death**	**MI**	**Crawford**	**Oscoda**	**Roscommon**
1	Heart Disease	199	189	265	260
2	Cancer	170	184	195	211
3	Chronic Lower Respiratory Diseases	45	56	55	65
4	Unintentional Injuries	42	68	43	53
5	Stroke	37	42	46	32
6	Alzheimer's Disease	28	22	*	13
7	Diabetes Mellitus	22	21	35	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 the three-county region. In these three counties, nearly every one of the five leading causes has a death rate higher than the state average - the only exceptions are heart disease in Crawford County and stroke in Roscommon County. Risk of premature death is significantly higher in these three counties than in the state overall.

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 the three-county region, and about 1 in 5 teens. Vaccination rates also need to improve. For example, 1 in 3 toddlers is not fully vaccinated, and 40% 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.

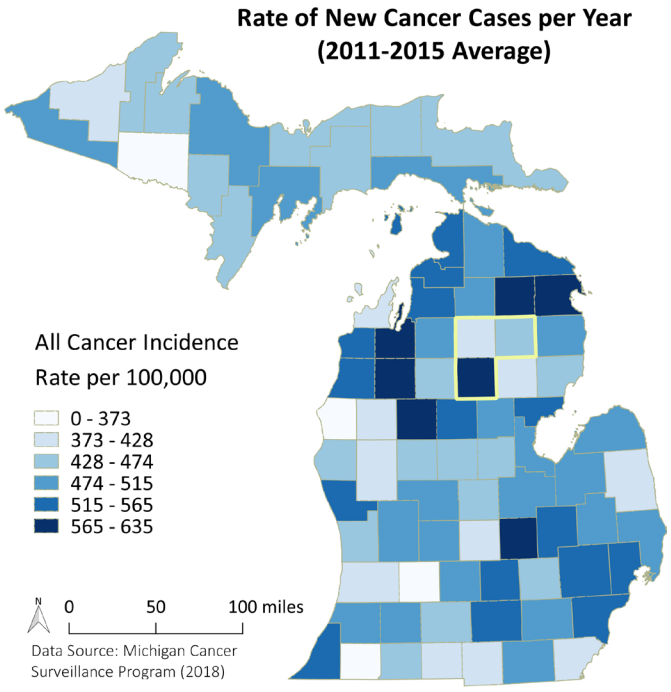


Health Equity

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 Munson Healthcare Grayling Hospital and affiliated providers. In addition, these issues are being addressed through support groups for people with diabetes, and other chronic diseases; increased use of case management and care coordinators; diabetes screenings; and improved chronic disease management.



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; 60% said it would improve their family's quality of life. 94% of survey respondents agreed that it is important to prevent & reduce leading health risks.

"We need better access to free indoor recreation during the winter."
- Oscoda County resident

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.

"Free prevention services should be a standard of care."
- Crawford County resident

"Simply banning smoking from all public places would go a long way."
- Crawford County resident

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

Improving the Planning Process

In addition to the Strategic Issues, 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.

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, nearly 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. 93% said they believe it is important for local organizations to work together better.

"Local government and organizations don't work well together because they work in silos."
- Crawford County resident

"Overall, I think organizations try to work together and use referrals to try and guide people to the help they need. However, for things to improve, ALL providers need to invest time in working together to develop the 3-5 year plan to address needs."
- Crawford County resident

"Not through bureaucracy...organize the various non- profits and charitable organizations!"
- Roscommon County resident

"Once a month, gather all of these agencies in a local high school to set up shop to serve people needing housing, food, counseling, connecting or volunteering opportunities...process paperwork on the spot...one time in one location...do this several times a year ...monthly...so people know where they can go to connect with an agency or charity ...not just once a year. Be there regularly!"
- Roscommon 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 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, 59% 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. 94% said they believe it is important to include community members in decision-making.

"Collaborative meetings should welcome the public on occasion. More public input is needed."
- Crawford County resident

"I think the same people are heard and nothing changes. It will take real effort to reach out to the disenfranchised to gather input. We assume we know what they want and need. Then new voices need to be included in the planning to bring new ideas and new energy."
- Crawford County resident

"Most community meetings are held during the day when people are at work."
- Oscoda County resident

"A centralized clearing house for information sharing in the community would be very helpful."
- Crawford County resident

"I think it's important to note that it should be community members from all areas of the community, across education levels and socioeconomic levels."
- Roscommon County resident

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 strategic priorities. Because MiThrive is focused on collaborative solutions, the plan will include room for organizations from every sector to play a role contributing toward the goals we identify. Munson Healthcare Grayling Hospital's role in addressing each of these health issues may vary. For some, Grayling Hospital may be the appropriate convener while for others our role may be best suited to be a participant in actively addressing a particular health issue. Through collaboration and continued monitoring and evaluation, we will be able to address these important issues and improve health and wellbeing 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 #2
District Health Department #4
District Health Department #10
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
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 (CHIR)

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. #2
District Health Dept. #4
District Health Dept. #10
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
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 Charlevoix Hospital
Munson Healthcare Grayling Hospital
Munson Healthcare Manistee Hospital
Munson Medical Center
North Country Community Mental Health
Spectrum Health
Wexford County Council on Aging

Crawford, Roscommon, Oscoda, Alcona, Ogemaw, Iosco, Arenac Region
Alcona County EMS
AuSable Valley Community Mental Health
Catholic Human Services
Central Michigan District Health Department
Crawford-Oscoda-Ogemaw-Roscommon Intermediate School District
Disability Network of Mid-Michigan
District Health Department #2
District Health Department #4
Houghton Lake High School
McLaren Medical Group
MI Department of Health and Human Services - Ogemaw/Roscommon
Michigan State Police Community Trooper
Mid-Michigan Health - Clare Gladwin
Mid-Michigan Medical Center-West Branch
Mid-Michigan/AHEC
Munson Healthcare Grayling Hospital Northeast Michigan Community Service Agency
Region 9 Area Agency on Aging
North Central Medical Control and Munson Healthcare
Northern Michigan Children's Assessment Center
Ogemaw Hills Free Clinic
Presbyterian Kirk of the Lakes (USA)
Salvation Army
Sterling Area Health Center

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

Appendix B
Assessment Data Tables - cont'd

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**	**Crawford**	**Oscoda**	**Roscommon**
2016	Total Population [1]	9,928,300	13,744	8,264	23,700
2016	% Female [1]	50.8	49	49	50
2016	% < 18 [1]	22.1	19	19	15
2016	% 65 and over [1]	16.2	25	27	31
2016	% American Indian/Alaskan Native [1]	0.7	0.7	0.8	0.8
2016	% Hispanic [1]	5.0	1.8	1.5	1.7
2016	% Non-Hispanic White [1]	75.4	95	96	95
2010	% Rural [1]	25	73	100	66
2018	% students who identify as gay, lesbian, or bisexual [2]	*	6	6	6
2017	% with a disability under age 65 [3]	10.4	16.3	17.6	21.1
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] US Census Quick Facts					

Appendix B
Assessment Data Tables - cont'd

Overall Health					
Data Year	**Indicator**	**MI**	**Crawford**	**Oscoda**	**Roscommon**
2014-2016	Years potential life lost per 100,000 [1]	7,293	8,911	9,042	8,900
2018	Health outcome rank (out of 83) [1]	*	77	79	72
2018	Health factors rank (out of 83) [1]	*	38	65	77
2017	% Self-reported general health assessment: poor or fair [1]	18	22	31	26
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey					

Basic Needs					
Data Year	**Indicator**	**MI**	**Crawford**	**Oscoda**	**Roscommon**
2010-2014	% Households with severe housing quality problems [1]	16	14	13	19
2010/2016	% Access to exercise opportunities [1]	86	99	95	99
2013-2017	% Work outside county of residence [4]	29	39	26	25
2013-2017	% Unemployment rate [4]	7	10	12	13
2013-2017	% of population below the poverty level [4]	16	16	18	20
2016	% Children 0-12 eligible for subsidized care [5]	3	2	1	3
2016	% Children 0-12 receiving subsidized care [5]	2	1	*	2
2016	Food insecurity rate [6]	14	14	14	15
2015	% Population, low access to store [7]	*	19	2	22
2014	% Students eligible for free lunch [7]	*	47	55	61
2013-2017	Median household income [8]	52,688	42,666	36,833	37,834
2013-2017	% High school graduate or higher, persons age 25 years plus [8]	90.2	88.4	82.8	88.7
2013-2017	% Bachelor's degree or higher, persons age 25 years plus [8]	28.1	17.6	10.9	14.2
[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] US Census Quick Facts; *Data not available					

Appendix B
Assessment Data Tables - cont'd

Mental Health					
Data Year	**Indicator**	**MI**	**Crawford**	**Oscoda**	**Roscommon**
2017	Mental health providers per 100,000 population [1]	232	124	48	68
2017/2018	% Teens with symptoms of a major depressive episode [2]	*	33	33	33
2017	% Poor mental health on at least 14 days in the past month [3]	*	*	*	14.5
2012-2016 (5yr avg)	Intentional self-harm (suicide) (mortality rate per 100,000 population) [8]	13	*	*	20
2015	% Depression among adults 65+ [9]	15	16	14	14
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey					

Access to Care					
Data Year	**Indicator**	**MI**	**Crawford**	**Oscoda**	**Roscommon**
2015	Preventable hospital stays (per 1000 Medicare enrollees) [1]	55	35	48	48
2018	Clinical care rank (out of 83 counties) [1]	*	10	67	49
2016	Dentists per 100,000 population [1]	72	29	24	46
2015	Primary care providers per 100,000 population [1]	80	94	24	25
2017/2018	% Teens with routine check-up in the past year [2]	*	69	69	69
2017	% Adults with no personal health care provider [3]	15.2	15	*	*
2017	% Needed to see doctor, cost prevented care [3]	11	*	*	19
2013-2017	% Uninsured: age 19-64 [4]	10	11	20	15
2016	% Children 0-18 insured by MiChild [5]	42	51	56	64
2017	% Medicaid paid births [8]	42.7	60	55	71
[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**	**Crawford**	**Oscoda**	**Roscommon**
2012-2016	% motor vehicle deaths with alcohol-impaired [1]	29	27	67	41
2017/2018	% Teens: used marijuana during the past 30 days [2]	*	12	12	12
2017/2018	% Teens: at least one drink of alcohol during the past 30 days [2]	*	11	11	11
2017/2018	% Teens: smoked cigarettes during the past 30 days [2]	*	5	5	5
2017/2018	% Teen: vaping past 30 days [2]	*	15	15	15
2017/2018	% Teens: took a prescription drug not prescribed to them, including painkillers, during the past 30 days [2]	*	1	1	1
2017	% Adult: binge drinking [3]	19	22	*	23
2017	% Adult: current smoker [3]	19	31	21	26
2012-2016	% Smoked while pregnant [8]	18	41	30	42
2014	Drug use mortality (per 100,000 population) [10]	13	17	15	20
2017	Heroin treatment admission rate (per 100,000 population) [11]	252	284	218	203

[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**	**Crawford**	**Oscoda**	**Roscommon**
2010-2016	Motor vehicle crash death rate per 100,000 population [1]	10	22	*	12
2012-2016	Firearm fatalities rate per 100,000 population [1]	12	14	24	14
2017/2018	% Teens with current asthma (%) [2]	*	55	55	55
2017/2018	% Obese teens [2]	*	20	20	20
2017/2018	% Overweight teens [2]	*	14	14	14
2017	% Adults who are obese [3]	32	32	38	35
2017	% Adults who are overweight [3]	35	49	35	36
2017	% Adult: ever told diabetes [3]	11	*	*	19
2017	% Adult: cardiovascular disease [3]	*	16	*	20
2011-2015	All cancer incidence rate (per 100,000 population) [12]	518	406	454	588
2011-2015	Prostate cancer incidence rate (per 100,000 population) [12]	118	57	78	108
2011-2015	Breast cancer incidence rate (per 100,000 population) [12]	83	48	55	70
2015	% COPD: adults 65+ [9]	14	14	16	16

[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

Appendix B
Assessment Data Tables - cont'd

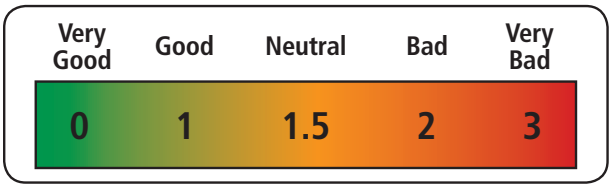
Sense of Community					
Data Year	**Indicator**	**MI**	**Crawford**	**Oscoda**	**Roscommon**
2012-2016	% Children living in single-parent households [1]	34	39	30	43
2018	Social & economic factors ranking (out of 83 counties) [1]	*	74	66	81
2017/2018	% Teens: 2 or more ACEs (Adverse Childhood Experiences) [2]	38	38	38	38
2017/2018	% Teens: know adults in the neighborhood they could talk to about something important [2]	56	56	56	56
2017/2018	% Teens: sexual intimate partner violence against females [2]	11	11	11	11
2013-2017	% Households with broadband internet [4]	78	63	76	78
2013-2017	% Householders living alone (over 65) [4]	*	*	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

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:



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	Crawford County Score	Oscoda County Score	Roscommon County Score	Grayling Hospital Service Area Score
16	Access to Care	1.2	2.3	2.1	1.9
8	Cancer	1.1	1.4	2.3	1.6
2	Crime & Violence	2.3	1.5	1.5	1.8
4	Diabetes	1.8	2.0	1.5	1.8
8	Economic Stability	2.0	2.8	2.6	2.4
5	Education	1.7	2.3	2.1	2.0
10	Food Access	1.5	1.5	2.0	1.6
4	Food Security	2.5	2.5	2.2	2.4
5	Heart Disease & Stroke	1.7	2.5	1.3	1.8
3	Housing Instability	1.3	0.1	1.2	0.9
1	Housing Quality	0.5	0.5	3.0	1.3
3	Immunization	2.3	3.0	2.2	2.5
3	Infectious Disease	1.2	2.0	1.8	1.7
6	Injury	3.0	2.2	2.7	2.6
8	Maternal/Infant Health	1.9	2.2	1.9	2.0
6	Mental Health	2.2	1.9	2.1	2.1
2	Neighborhood	0.5	0.5	1.0	0.7
3	Obesity	2.3	2.0	2.2	2.2
4	Oral Health	0.9	1.0	0.7	0.9
12	Other Chronic Diseases	1.6	1.8	2.1	1.8
8	Overall Health	2.4	2.9	2.8	2.7
4	Physical Activity	0.8	1.2	0.9	0.9
3	Sexual Health	2.2	2.0	2.0	2.1
6	Social & Community Context	2.7	2.6	2.8	2.7
14	Substance Use	1.9	2.1	2.1	2.0
3	Transportation	1.7	2.0	0.8	1.5

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

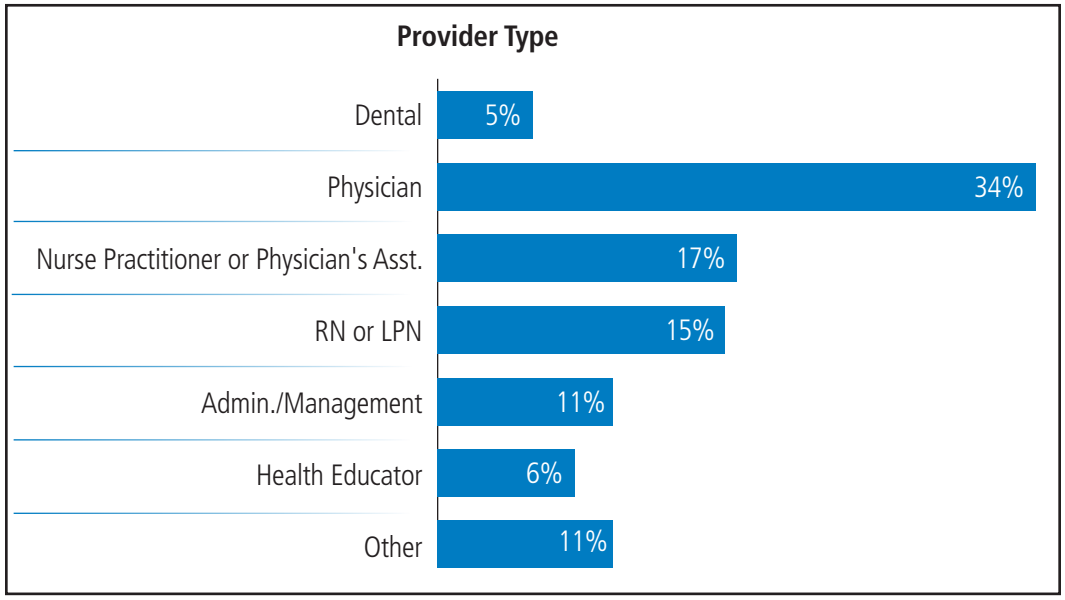
Appendix B
Assessment Data Tables - cont'd

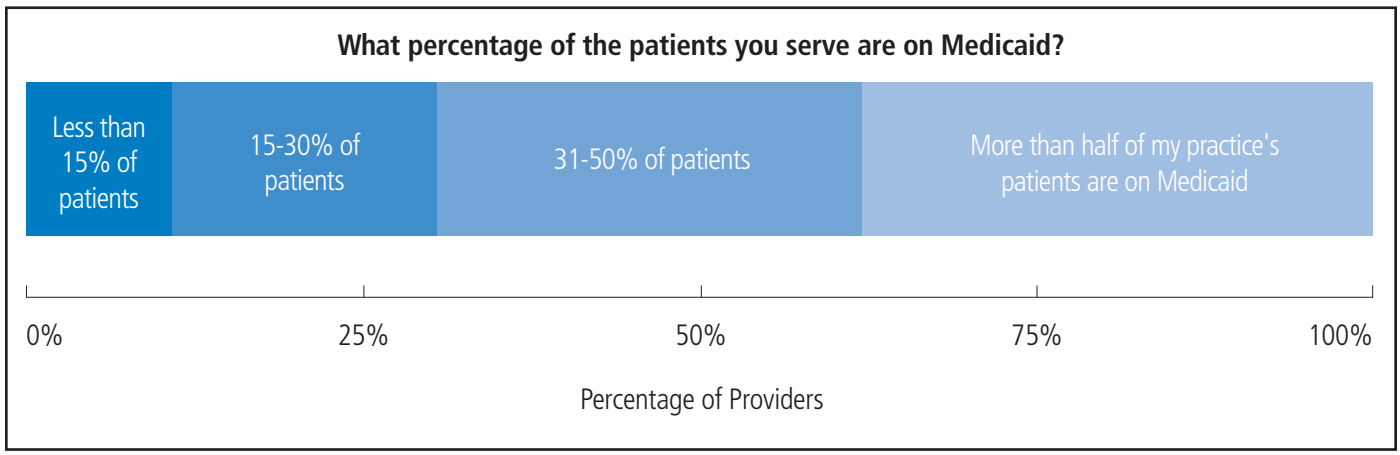
Secondary Data Limitations

- 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:
208 (Providers serving Manistee, Wexford, Missaukee, Mason, Lake, Osceola, Oceana, Newaygo, and Mecosta counties)





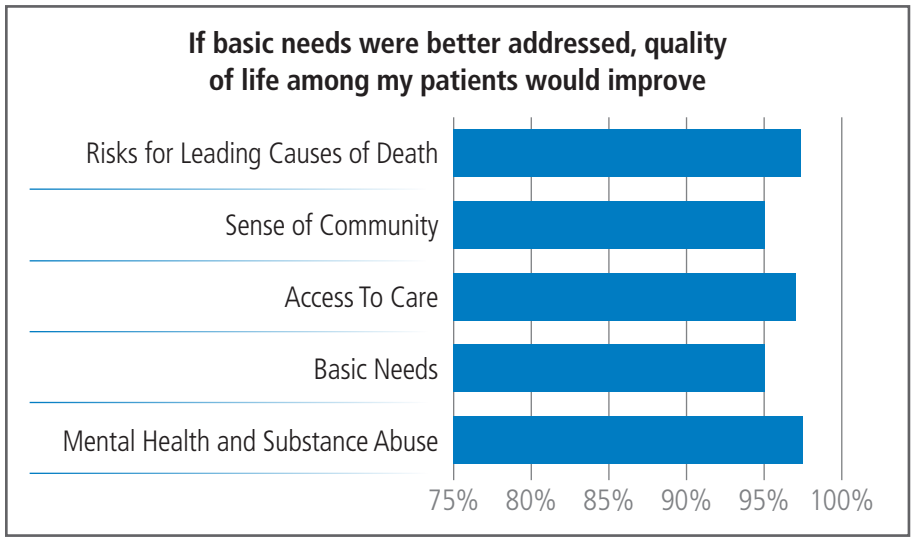
Strategic issues ranked from 1 (need to address first, most urgent) to 5 (least urgent).

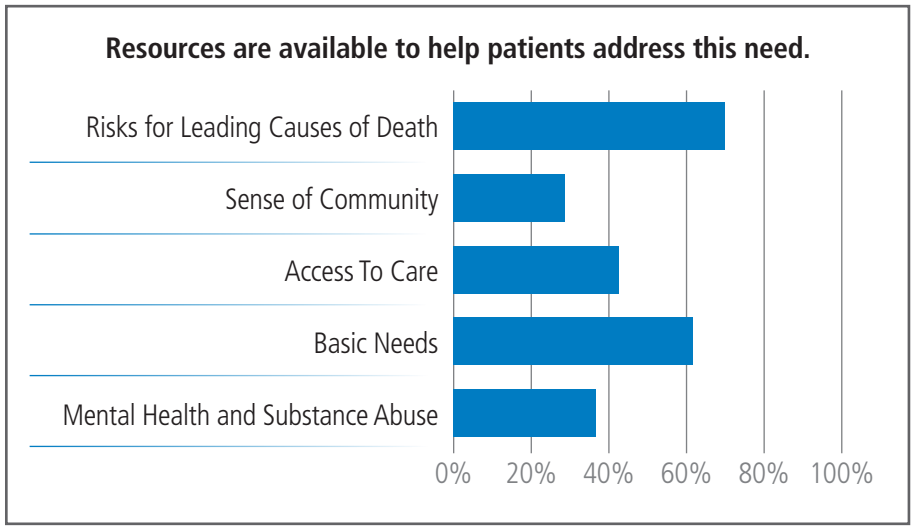
1. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
2. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
3. Make it easier for people to get the health care 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

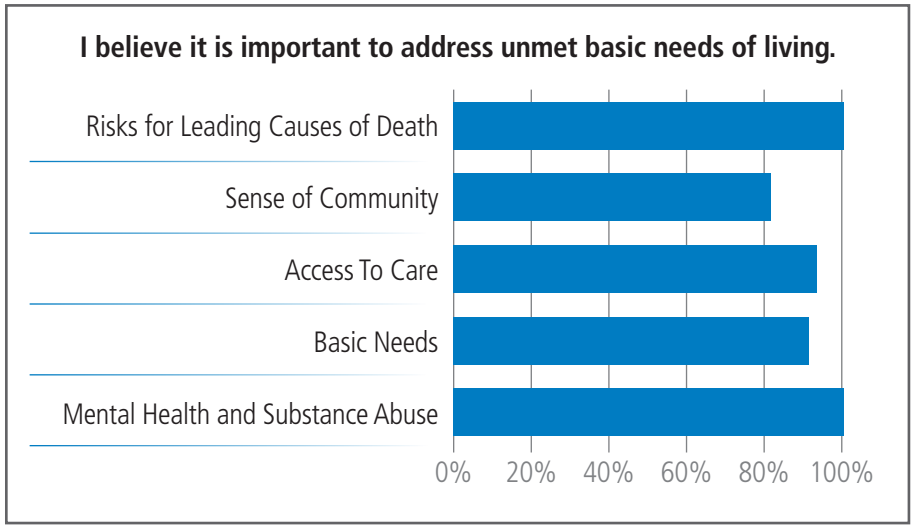
The following graphs show the percentage of respondents who **agreed** or **strongly agreed** with each statement.

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

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



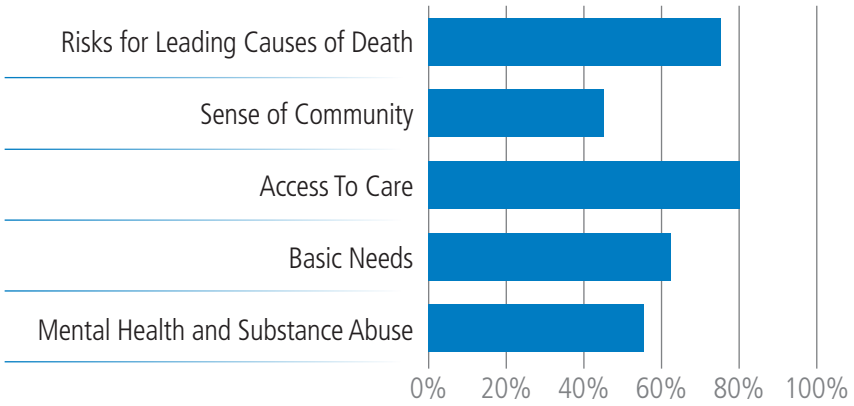




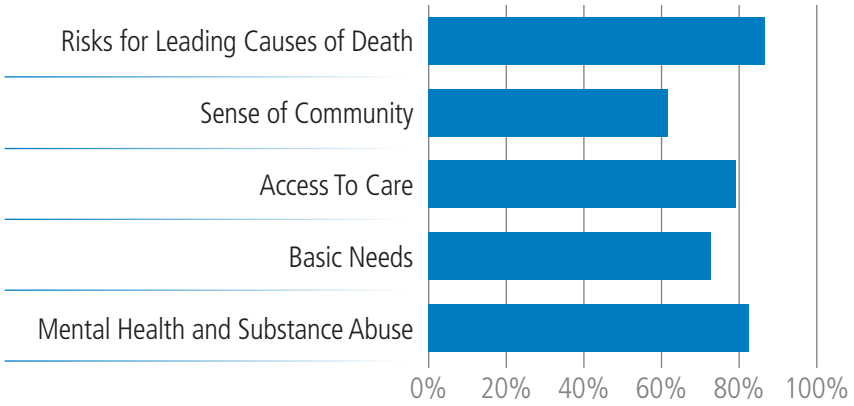
Appendix C
Health Care Providers Survey - Results, cont'd

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

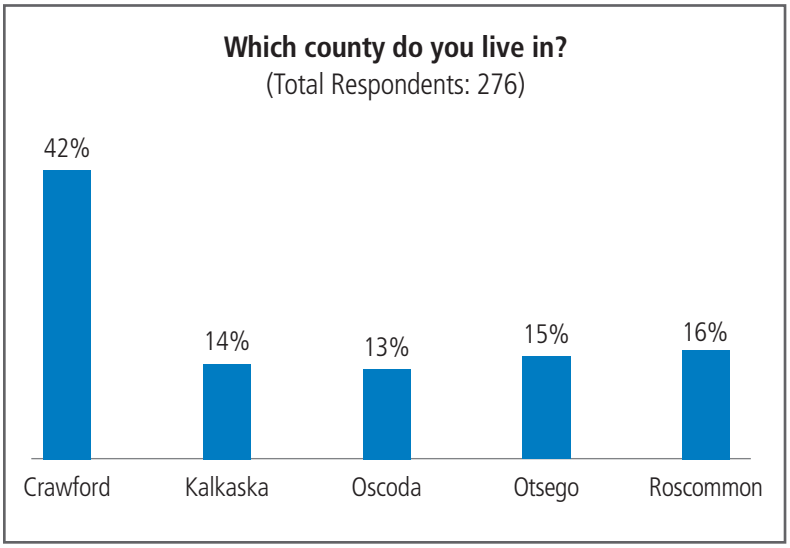
My practice is currently working to help patients address basic needs.

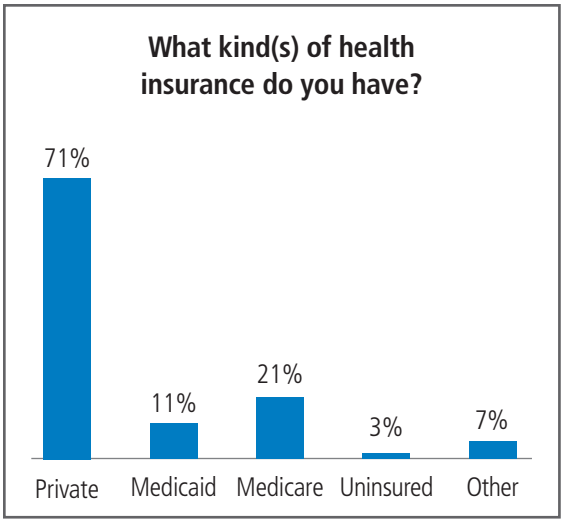


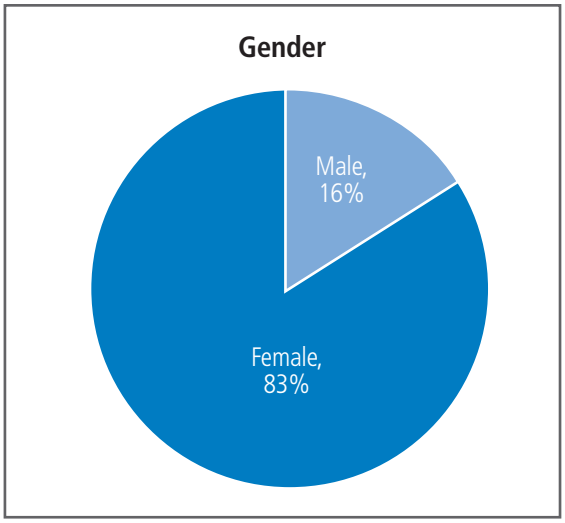
Unmet basic needs is a common problem for patients at my practice.



Appendix D
Community Survey - Results







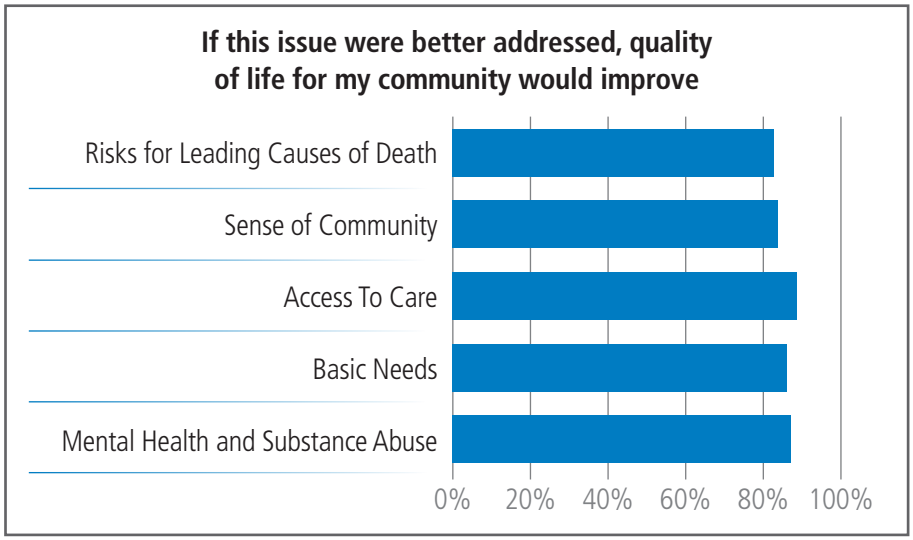
Strategic issues ranked from 1 (need to address first, most urgent) to 5 (least urgent).

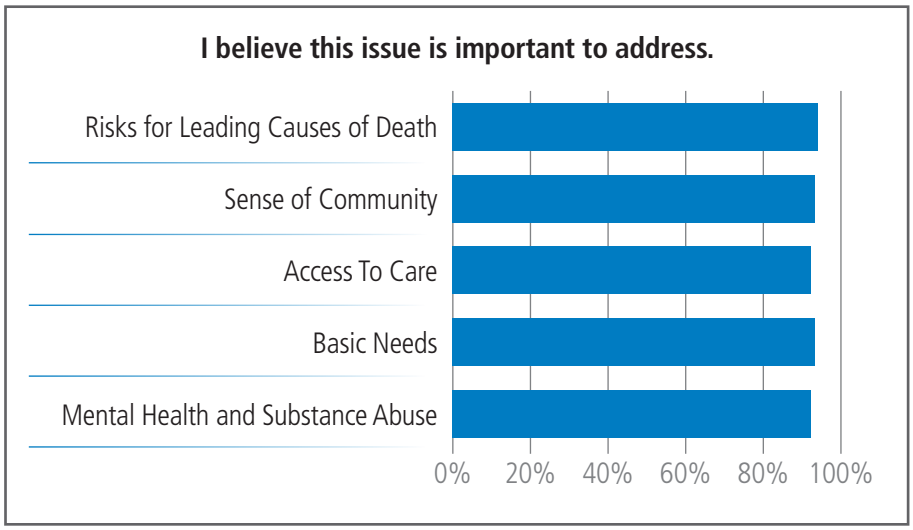
1. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
2. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
3. Make it easier for people to get the health care 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

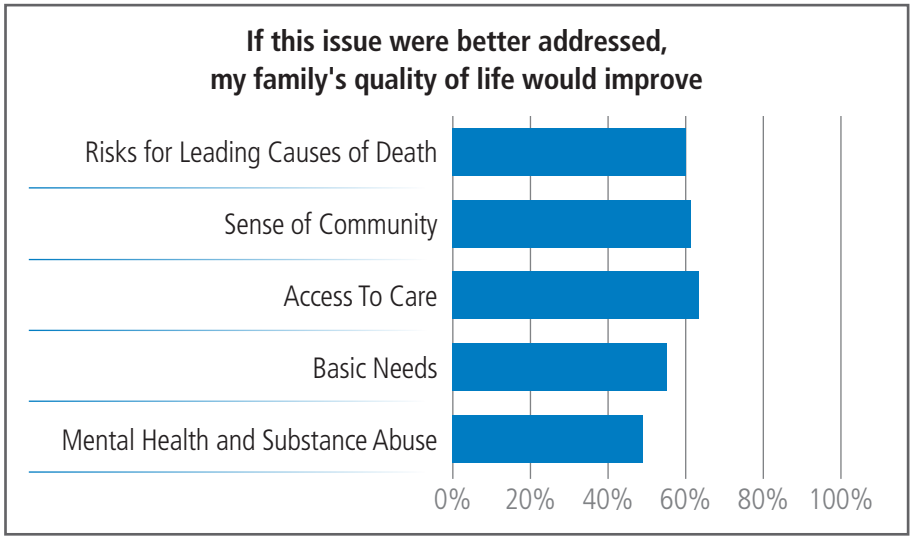
The following graphs show the percentage of respondents who **agreed** or **strongly agreed** with each statement.

Appendix D
Community Survey - Results, cont'd

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

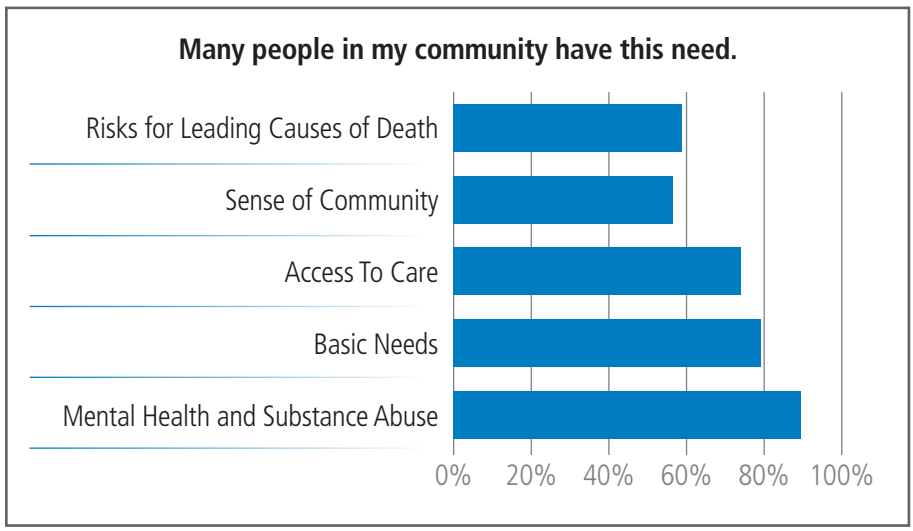


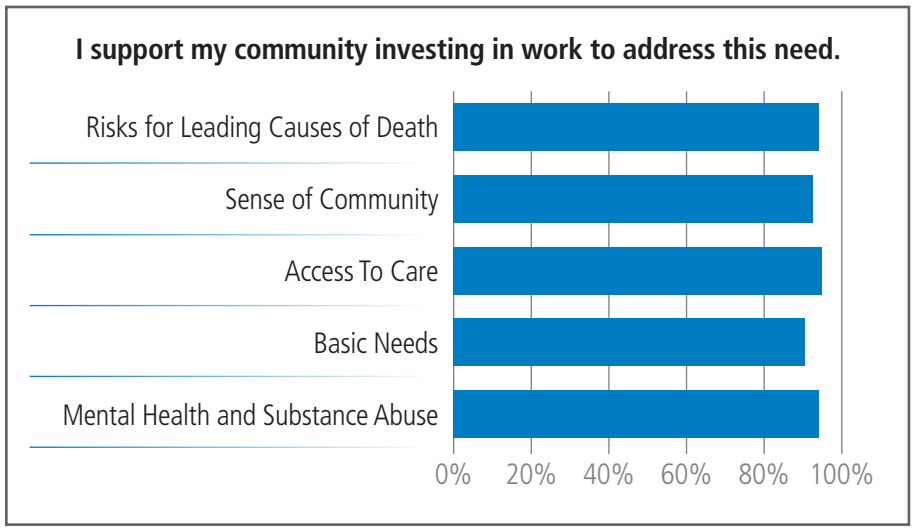


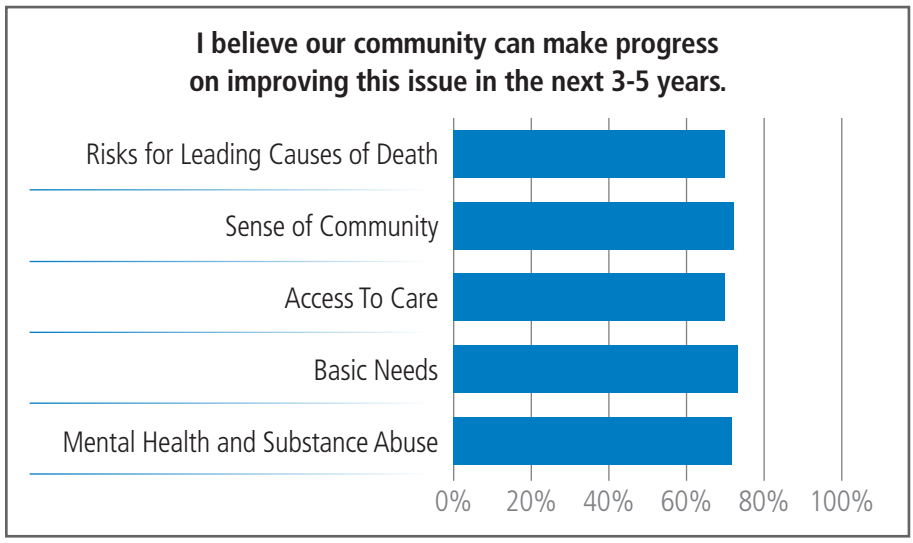


Appendix D
Community Survey - Results, cont'd

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







Appendix E
Community Assets Targeting Identified Strategic Issues

Strategic Priority: Mental Health and/or Substance Abuse

Mental Health and Mental Disorders

- Adolescent Health clinics
- Catholic Human Services
- Northern Lakes and AuSable Valley Community Mental Health
- Community Mental Health – Pediatric Telehealth
- Grace Center
- Munson Healthcare Grayling Behavioral Health
- Pine Rest Christian Mental Health Services
- Mid-Michigan Health Behavioral Health Houghton Lake
- TRUST in Crawford, Roscommon and Crawford County

Substance Abuse: Drugs and Alcohol

- Michigan Center for Rural Health
- HRSA – Health Resources and Services Administration
- Catholic Human Services
- Live Well – District Health Department #10
- Munson Healthcare Alcohol and Drug Treatment
- Northern Michigan Regional Entity
- NMSAS Recovery Center
- Peer Recovery Coaches
- Local AA
- Local Law Enforcement and Public Safety
- Munson Healthcare MedSafe Containers
- Partner organization Medication Disposal Containers
- Syringe Service Programs
- Sharps take back programs
- Three Lakes Communities that Care
- Crawford Partnership for Substance Use Prevention

Substance Abuse: Tobacco

- Adolescent Health Clinics
- District Health Department #10 Tobacco Treatment Specialists
- Freedom from Smoking
- Michigan Tobacco Quit Line
- Tobacco Free Families
- Northwest MI Chronic Disease Prevention Coalition
- Three Lakes Communities that Care
- Crawford Partnership for Substance Use Prevention

Strategic Priority: Access to Basic Needs of Living

Basic Needs of Living: Access to Healthy Food

- Commodity Supplemental Food Program – NEMSCA and NMCAA
- Crawford AuSable Schools: Grayling Elementary, Middle School and High School Food Pantries
- Emergency Food Assistance Program
- Community Meals
- Senior Center Congregate Meals- Crawford, Roscommon, and Oscoda County
- Double Up Food Bucks – Fair Food Network
- Farmers Markets
- Healthy Foods Coalition Roscommon County
- Together We Can-Mobile Food Pantry Oscoda County
- Crawford County Christian Help Center – Grayling
- Roscommon Food Pantry
- St. Vincent dePaul – Roscommon
- St. Vincent dePaul –Prudenville
- St. Helen Helping Hands
- School Backpack Program – Roscommon and Crawford County Elementary Schools
- Groundwork Center for Resilient Communities
- Meals on Wheels – Crawford, Roscommon and Oscoda County
- Food Bank of Eastern Michigan
- Michigan State University Extension
- Project Fresh
- School Lunch Programs
- Women, Infants, and Children (WIC)

Basic Needs of Living: Affordable Child Care

- Great Start to Readiness
- Michigan Department of Health and Human Services
- Crawford AuSable Schools
- COOR ISD
- Crawford AuSable Daycare
- Good Shepherd Child Development Center
- Licensed Family Homes/Preschool
- Licensed Group Homes/Preschool
- AuSable Valley Community Mental Health
- Northern Lakes Community Mental Health
- Crawford, Roscommon, and Oscoda county Libraries

Appendix E
Community Assets Targeting Identified Strategic Issues, Cont.

Basic Needs of Living: Affordable Housing
- Grayling Housing Commission
- Habitat for Humanity
- Northwest Michigan Community Action Agency
- Northeast Michigan Community Action Agency
- True North Community Services
- AuSable Valley Community Mental Health
- Northern Lakes Community Mental Health
- Riverhouse
- Lydia's Gate

Basic Needs of Living: Aging
- Region 9 Area Agency on Aging
- Crawford County Commission on Aging
- Oscoda County Council on Aging
- Roscommon County Commission on Aging
- Munson Healthcare Grayling Hospital Chronic Disease Care Coordination
- Long Term Care Facilities
- Assisted Living Facilities
- Northeast Michigan Community Action Agency
- Northwest Michigan Community Action Agency
- Centers for Medicare and Medicaid Services
- Alzheimer's Association
- Michigan State University Extension

Basic Needs of Living: Awareness of Community Resources
- Crawford, Roscommon, and Oscoda County Commission or Council on Aging
- MHGH Resource Coordination Team
- MHGH Care Coordinators and Case Managers
- 2-1-1
- Crawford, Roscommon, and Oscoda County MDHHS
- DHD#10, Central Michigan District Health Department, DHD#2
- Catholic Human Services
- Adolescent Health Centers
- Crawford Roscommon Child Protection Council
- COOR Intermediate School District
- Northern Michigan Children's Assessment Center
- AuSable Valley and Northern Lakes Community Mental Health
- Michigan Works
- Local Churches
- Great Start to Readiness
- Early Headstart and Headstart
- Chambers of Commerce
- Northern Michigan Regional Entity and NMSAS
- Local Libraries
- NEMSCA and NEMCAA

Basic Needs of Living: Economy
- County collaboratives
- Crawford County Economic Development Council
- Roscommon County Economic Development Corporation
- Oscoda County Economic Development Corporation
- Northeast Michigan Council of Governments (Crawford and Oscoda)
- East Michigan Council of Governments (Roscommon)
- Great Start Collaborative
- LOVE, Inc.
- Michigan Department of Health and Human Services
- Michigan Economic Development Corporation
- Michigan Mainstreet - Grayling
- Michigan WORKS
- Northeast Michigan Community Service Agency (Crawford and Oscoda County)
- Northwest Michigan Community Action Agency (Roscommon County)
- Salvation Army

Basic Needs of Living: Education
- Early childhood education
  - Crawford AuSable Preschool
  - Good Shepherd child Development Center
  - Crawford, Roscommon and Oscoda County Head Start Program
- Crawford AuSable Schools
- Mio AuSable Schools
- Fairview Area Schools
- Charlton Heston Academy
- Houghton Lake Community Schools
- Roscommon Area Public Schools
- Kirtland Community College
- Our Lady of the Lake Catholic School
- COOR Intermediate School District
- Crawford, Roscommon, and Oscoda County Libraries

Basic Needs of Living: Environment
- Crawford Roscommon Conservation District
- Oscoda County Conservation District
- Huron Pines
- Health Departments District #2, #4, and #10
- Central Michigan District Health Department
- Michigan Department of Environmental Quality
- Michigan State University Extension

Appendix E
Community Assets Targeting Identified Strategic Issues, Cont.

Basic Needs of Living: Opportunities for Physical Activity

- Crawford, Roscommon and Oscoda County Trails
- Live Well - District Health Department #10
- Local Fitness / Sports Clubs
- Michigan State Parks and Campgrounds in Crawford, Roscommon and Crawford County
  - Hartwick Pines
  - Lake Margrethe
  - Bright and Glory Lakes
  - North Higgins Lake
  - South Higgins Lake
  - Mio Pond State Forest Campground
  - Parmalee Bridge State Forest Camp Ground
  - Rainbow Bend State Forest Campground
  - Canoe Harbor State Forest Campground and Canoe Camp
  - Keystone Landing State Forest Campground
  - Burton's Landing State Forest Campground
  - AuSable River State Forest Campground
  - 4 Mile Trail Camp
  - Manistee Bridge State Forest Campground
  - Goose Creek Trail Camp
  - Upper Manistee River State Forest Campground
- Manistee River
- AuSable River
- Hanson Hills
- Wakeley Lake
- Local Bike Trails
- Local Senior Center Exercise Programs

Basic Needs of Living: Transportation

- Crawford County Transit Authority- Dial-A-Ride
- Roscommon County Transit Authority
- Oscoda County Area Transit Specialists - OCATS
- Michigan Department of Health and Human Services
- Medicaid Health Plans
- Munson Healthcare Grayling Hospital Resource Team and patient Needs Fund
- Michigan Department of Transportation
- Veterans
- Councils/Commission on Aging

Strategic Issue:
Access to Health Care

Access to Health Care: Medical and Dental

- Adolescent Health Clinics
  - Viking Wellness Center – Grayling
  - Mid-Michigan Health Roscommon School Based Health Center
  - Mid-Michigan Health Houghton Lake School Based Health Center
- AuSable Urgent Care
- Alcona Health Center – Federally Qualified Health Clinics
- Cheryl Henry, NP Fairview MI
- Delta Dental's Healthy Kids Program
- Delta Dental participating dentists
- Dental Clinics North – Gaylord and West Branch
- My Community Dental Center Roscommon
- Mid-Michigan Health Park Houghton Lake - Federally Qualified Health Centers
- Alcona Health Center - Federally Qualified Health Center
- Mid-Michigan Health Roscommon
- Health departments #2, #4, and #10
- Central Michigan District Health Department
- Munson Healthcare HealthLink
- Healthy Michigan Plan
- McLaren Bay Region – Primary Care- Mio
- Munson Healthcare Grayling Community Health Center
- Munson Healthcare Roscommon Community Health Center
- Munson Healthcare Prudenville Community Health Center
- Munson Healthcare Grayling Walk-in Clinics in Grayling, Roscommon and Prudenville
- Munson Healthcare Grayling Resource Coordination Department
- Occupational Health Clinics

Access to Health Care: Maternal, Fetal & Infant Health

- Munson Healthcare Grayling Hospital OB Care Coordinator
- Great Start
- COOR ISD Early On
- Health Departments #2, #4, #10
- Central Michigan District Health Department
- Healthy Futures
- Maternal Infant Health Program (MIHP)
- Munson Medical Center Neonatal Intensive Care Unit Northern Lower Michigan Perinatal Planning Initiative
- Planned Parenthood Traverse City
- Crawford Roscommon Child Protection Council
- Oscoda Montmorency Child Protection Council
- Crawford County Baby to Toddler Closet
- His Love Family Resources
- Home Visiting Programs
- Riverhouse

Strategic Issue: Sense of Community

Sense of Community: Connection to Community Resources

- Munson Healthcare Resource Coordination Team
- Community Connections District Health Department #10
- County Collaboratives Neighborhood and Project Connect Events
- 211
- Crawford Roscommon Child Protection Council
- Love INC
- RSVP Program
- Local Faith Based organizations
- Veterans Services

Sense of Community: Public Safety

- Northern Michigan Children's Assessment Center
- Emergency Preparedness Taskforce
- Local Law Enforcement
- Michigan Department of Environmental Quality
- Northern MI Opioid Response Consortium
- Michigan National Guard

Strategic Issue: Risks for Leading Causes of Death

Risks for Leading Causes of Death: Cancer

- American Cancer Society
- Cancer Navigator Program
- Cowell Family Cancer Center
- Munson Healthcare Grayling Hospital Cancer and Infusion Center
- District Health Department #2, 4, and 10
- Central Michigan District Health Department
- Patient Needs Fund
- Northwest MI Chronic Disease Prevention Coalition

Risks for Leading Causes of Death: Cardiovascular Disease

- Northwest MI Chronic Disease Prevention Coalition
- Munson Healthcare Grayling Hospital Chronic Disease Care Management
- Munson Healthcare Grayling Hospital Cardiac Rehab
- Munson Healthcare Cafeteria Traffic Light Program
- Traverse Heart and Vascular
- Crawford County Tobacco Free Playgrounds

Risks for Leading Causes of Death: Diabetes

- Munson Healthcare Grayling Hospital Chronic Disease Care Management
- Hospital-based diabetes education programs
- Michigan State University Extension
- Northern Michigan Diabetes Initiative (NMDI)
- National Diabetes Prevention Program
- Northwest Michigan Chronic Disease Prevention Coalition
- Local Primary Care providers
- Local diabetes support groups

Risks for Leading Causes of Death: Overweight and Obesity

- Live Well – District Health Department #10
- Northwest MI Chronic Disease Prevention Coalition
- Shape Up North
- CORE 4
- Michigan State University Extension
- Local Farmer's Markets
- Double Up Food Bucks
- Weight Watchers® Freestyle at Work
- Grayling Loop-It
- Munson Healthcare Cafeteria Traffic Light Program
- Overeaters Anonymous
- See: Opportunities for Physical Activity and Wellbeing Related Activities

Risks for Leading Causes of Death: Wellness and Lifestyle

- Adolescent Health Clinics
- Groundwork Center for Resilient Communities
- Health departments
- Live Well - District Health Department #10
- Local Fitness / Sports Clubs /Dance Studios /Yoga Centers
- Munson Healthcare Healthy Weight Center
- Northern Michigan Diabetes Initiative (NMDI)
- Shape Up North (SUN)
- Community Gardens
- County Senior Centers
- Michigan State University Extension
- See: Opportunities for Physical Activity and Wellbeing Related Activities

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.