2019

Kalkaska Memorial Health Center Community Health Needs Assessment

For Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties

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Executive Summary

We are excited to present our findings from our 2019 Community Health Needs Assessment. Munson Medical Center, Paul Oliver Memorial Hospital, and Kalkaska Memorial Health Center have been working with a regional collaboration known as MiThrive to complete a regional assessment of needs in northern Michigan communities. Our goal is 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 more than 150 organizations participated in some aspect of the Community Health Needs Assessment process. This report focuses on the needs of Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties. These counties are considered our "community" because more than 67 percent of the Munson Medical Center (MMC) inpatient population resides within this area. These counties also are part of the Paul Oliver Memorial Hospital (POMH) and Kalkaska Memorial Health Center (KMHC) service areas.

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 abuse 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 May 28, 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 abuse, education level, economic status, environmental issues, and the personal choices of all of us who live, work, and play in the community. No one individual, community group, hospital, agency, or governmental body can entirely be 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.

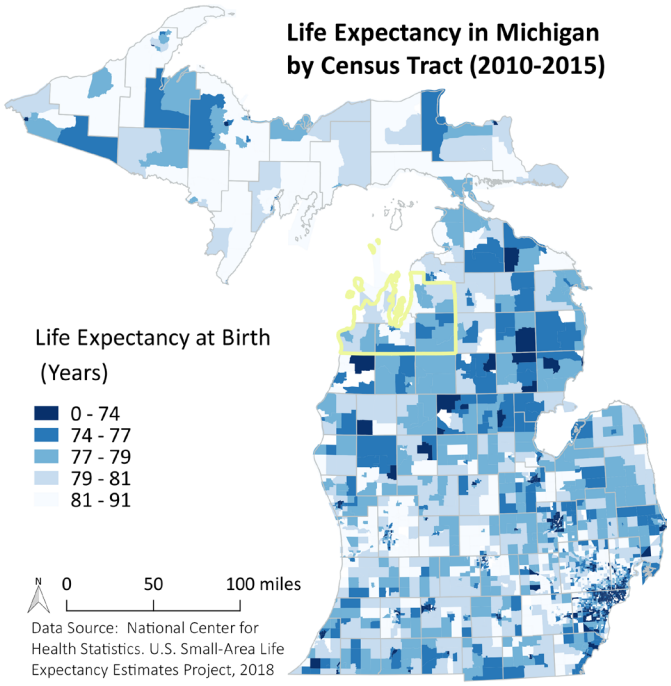
The goal is to continue to build new partnerships and gather input from more organizations and residents. Our CHNA represents a collaborative, community-based approach to identify, assess, and prioritize the most important health issues affecting our community, giving special attention to the poor and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

Significant Health Need: Overweight/Obesity and Diabetes

Written Comments

Comments regarding the 2016 CHNA and Implementation Strategy were received via email regarding the topics of health coaching and financial assistance. These comments echoed some of the data received via other data collection methods.

Actions and impact since preceding CHNA and Implementation Strategy:

- KMHC cafeteria has instituted the Sodexo stoplight program to easily identify healthy food options in the cafeteria. In addition, lower-fat options (dressings and gravy, for example) are being used. Nutritional information also is now available for staff and visitors.
- KMHC offers reimbursement to employees through employee wellness for such activities as gym memberships, bike race entry fees, and diabetes prevention program fees.
- KMHC developed a chronic disease department which now has a full-time manager, two full-time registered nurses, and a dietitian.
- KMHC developed and implemented comprehensive diabetes care, including:
    - Training the chronic disease manager in diabetes prevention/lifestyle change program and KMHC is now on its 4th cohort (first class held fall of 2018); cumulatively, the participants have lost over 400 pounds.)
    - KMHC started a dedicated diabetes clinic, which has grown significantly since inception. Patients are seen every three months (if needed) by a physician, dietitian, and diabetes educator. The clinic was opened to patients outside of KMHC/KMA.
    - A monthly diabetes support group is offered free to the community with an average of 10-15 participants.
    - KMHC became certified through AADE in diabetes self-management education, which is offered to individuals and groups. (Outcome: Group pre-class A1C average 9.1, post-group class A1C average 7.3. Out of 24 people attending group class, four had A1C lower than 7% before education, 15 had A1C lower than 7% afterward.)
- A full-time dietitian was hired and KMHC now offers medical nutrition therapy services. She is also a certified diabetes educator.

KMHC Teen Health Clinics (both KMHC and Forest Area Schools) continue to offer health and wellness programming in schools such as "Show Me Nutrition."

Significant Health Need: Substance Abuse/ Tobacco Use/Mental Health

Actions and impact since preceding CHNA and Implementation Strategy:

- Hired a full-time LPC (counselor) at the end of 2018 to provide outpatient counseling through Kalkaska Medical Associates and contracting with Kalkaska High School for crisis counseling.
- KMHC continues working with recruitment companies for a psychiatrist.
- Have agreement to work with Ortele telehealth company to provide psychiatry services.
- Counseling available to adolescents four days a week in Kalkaska and three days a week at Forest Area (full-time MSW and part-time MSW) as well as throughout the summer.
- KMHC teen health provides in-school programing such as Fourth R (9th grade) and TNT (6th grade), which educates on smoking, substance abuse, addiction and related behaviors.
- Several free in-school and community forums were held in 2018 to raise awareness on the growing vaping crisis.

Significant Health Need: Access to Health Services

Actions and impact since preceding CHNA and Implementation Strategy:

- Telehealth psychiatry service development underway with Ortele Telemedicine.
- Recipient of Munson Healthcare grant for telehealth cart/ equipment.
- KMHC added three family medicine providers in fall of 2018, bringing Kalkaska Medical Associates family medicine providers to 12.
- KMHC hired a full-time pediatrician in 2017 that previously was a visiting specialist.
- KMHC hired a full-time general surgeon to shorten wait time and expand access to surgical care.
- KMHC continues to provide medication assistance program, which helped access over $600,000 in medication in FY19.
- Chronic disease department now provides care management services to help higher need patients access additional resources and assistance.
- Kalkaska and Forest Area Teen Health continue (as a grant requirement) to see adolescents regardless of ability to pay and offer sliding fee scales. They also offer on-site Medicaid sign-up assistance.

Significant Health Need: Maternal, Fetal and Infant Health

Actions and impact since preceding CHNA and Implementation Strategy:

- KMHC registered nurse trained as freedom from smoking facilitator. First class being held spring 2019.
- KMHC now employs a full-time pediatrician, allowing for easier care access for infants and kids.
- Teen Health Clinics has continued to provide tobacco prevention and education each year in Kalkaska and Forest Area School.

Significant Health Need: Access to Healthy Foods

Actions and impact since preceding CHNA and Implementation Strategy:

- The prescription fruit and veggie program has not been implemented in Kalkaska County. A letter of support has been submitted to partner with DHD 10 on possible grant funding.
- Kalkaska Teen Clinics have provided cooking and nutrition education in local schools. Show Me Nutrition is education provided in school to 5th graders.
- A series of cooking classes are being developed for 2019 through Chronic Disease Department.
- KMHC received a grant from DHD 10 in 2017 to purchase food models (for patient education) and water filling stations for local schools.

Community Health Needs Assessment

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 & 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 answer two questions by writing their answer on a sticky note and sticking it to the question board. These are the questions we asked:

1. What in your community helps you live a healthy life?
2. What can be done in your community to improve health and quality of life?

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

How we sought input from medically 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.
- Community Input Boards were part of events serving low-income populations.
- We sought input from minority populations through inviting representatives from local tribes and other organizations serving minorities to participate in steering committee meetings, the Forces of Change Assessment, and prioritization.
- We surveyed health care providers who serve Medicaid patients.
- 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 service area. This involved gathering statistics from sources like the Michigan Department of Health and Human Services, the Center for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, County Health Rankings, the Census Bureau, and other established sources.

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

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

Phase Four: Identify and Prioritize Strategic Issues

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

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

2019 Community Needs Health Assessment Findings

Hospital and Communities Served

Kalkaska Memorial Health Center

KMHC is a Critical Access Hospital, part of the Munson Healthcare system located in Kalkaska, MI. KMHC is the last Act 47 hospital in the state of Michigan, proudly owned and supported by its taxpayers. KMHC is 30 miles east of Munson Medical Center and provides a diversified offering of health care services not often found in a small community. Services include outpatient surgery, rehabilitation services, a dialysis center, diagnostics, primary and specialty care, and 24-hour emergency care with limited acute inpatient care (eight licensed beds).

With the last successful mileage renewal in 2017, KMHC has been allowed the opportunity to construct a new medical pavilion to be completed summer of 2019. The pavilion will house physician services, expanded chronic disease services, and a new chemo-therapy and infusion program. KMHC also offers continuum of care for seniors, including a licensed home for the aged assisted living facility, long-term and skilled care, and two unique Green House Homes. KMHC also operates two adolescent health clinics supported by Michigan Department of Health and Human Services (MDHHS) grants.

Kalkaska is a small, rural community that serves as the county seat of Kalkaska County. The centralized location between major highways helps draw visitors and patients from outside the small community. The county has 561 square miles of abundant natural resources with numerous recreational opportunities. More than 80 inland lakes and 275 miles of streams and rivers, along with numerous state and county parks, allow residents and visitors to get close to the natural beauty that surrounds Kalkaska. Kalkaska is well-recognized for its hunting, trout fishing, and the starting point for the Iceman Cometh Challenge bike race. Snowmobile, moto-cross, and horseback riding enthusiasts enjoy numerous marked trails that wind their way through the county.

Regional Population Demographics

Geography and Population

Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties cover a total of 2,166 square miles of land. The region is classified as "rural" by the US Census Bureau with Traverse City defined as a micropolitan area. 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 171,828 people who live in the 5-county region, over half (92,084) live in Grand Traverse County. The population of the region is predominantly white (93%); Hispanic/Latinos, at 2.7%, and Native Americans, at 1.6%, are the largest minority groups. The proportion of adults over 65 years old is considerably larger in the region (22%) 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.

KMHC Mission

To improve the health and quality of life for our communities:

- By providing high quality health care services, close to home.
- By engaging our communities to identify ongoing health care priorities.
- By passionately advocating for the patients and residents entrusted to our care.

KMHC Vision

We will be the trusted first choice in health care for our communities.

Education and Income

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

Overall, educational attainment is higher in the 5-county area (30% of the population age 25+ has earned a Bachelor's degree) than the State (27%). However, rates vary widely among the five counties, ranging from 14% in Kalkaska County to over 40% in Leelanau county.

Median household income in Michigan is $52,668. Antrim and Kalkaska counties are below the state average; Grand Traverse, Benzie, and Leelanau counties are above. However, within these counties, stark income inequality exists. Leelanau County has the most drastic income inequality in the state: the average income of the top 1% of earners is 32 times the average income of all other earners in the county.

2019 Strategic Priorities and Issues

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

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

Health Impact

Mental illness and substance use disorders can have grave impacts on length and quality of life for individuals, as well as significantly impact 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.

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

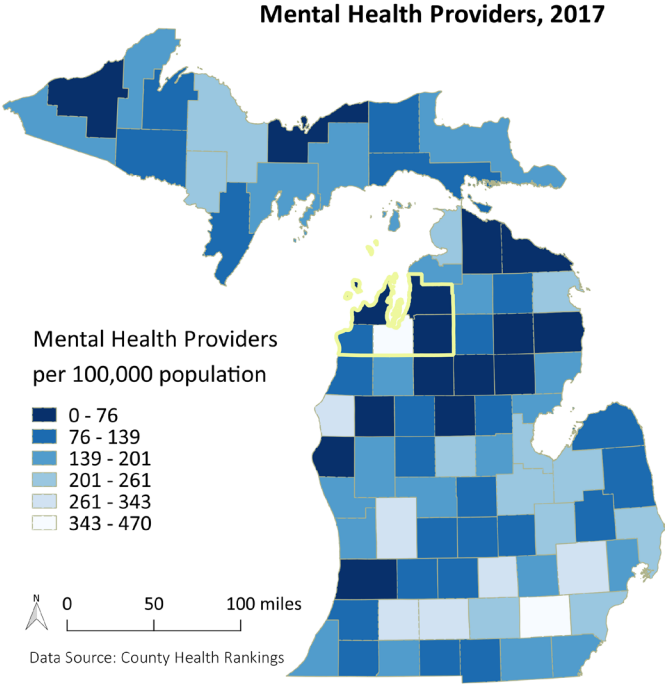
Additional Issues

- 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

Healthy Equity

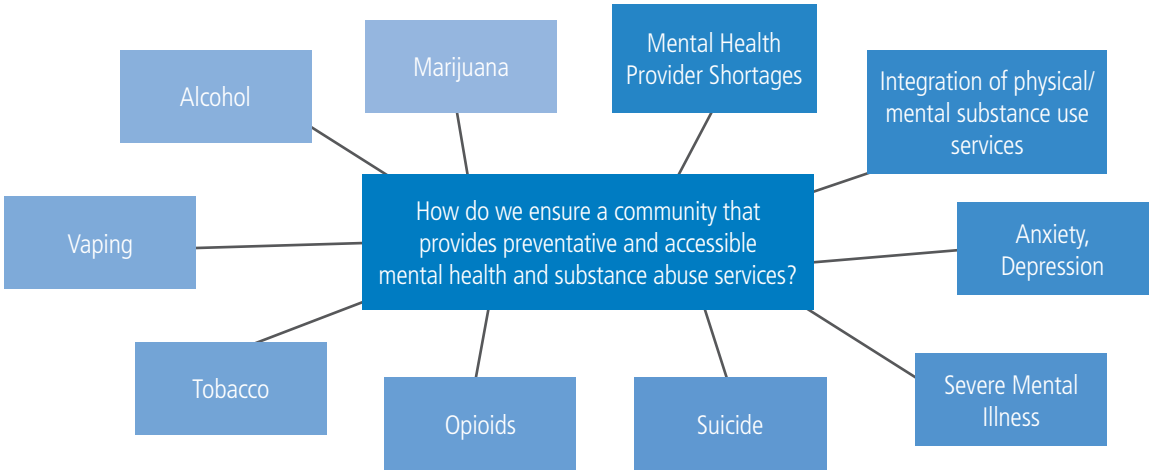
Disparities in mental health and substance use disorders treatment persist in diverse segments of the population, including: racial and ethnic groups; lesbian, gay, bisexual, transgender, and questioning populations; people with disabilities; transition-age youth; and young adults. In addition, certain segments of the population – 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 also have 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.

Mental Health Providers, 2017



Challenges

With suicide rates above the national average and 30-40% of teens reporting symptoms of a major depressive episode in the



past year, mental health is a significant concern in the Grand Traverse Region. Similarly, abuse of alcohol, tobacco, and drugs need to be addressed. Rates of binge drinking range from 16% (Leelanau) to 23% (Grand Traverse), and 1 in 5 residents of the Grand Traverse region smokes - including during pregnancy. Hepatitis C rates, which are strongly associated with injection drug use, are spiking among young adults. Among teens, 3 in 10 report vaping in the past month, and nearly 2 in 10 used marijuana in the past month. Contributing to these problems are ongoing shortages of mental health providers and substance use treatment options.

Assets, Resources, and Opportunities

With the rising severity of these issues, more organizations and coalitions are working on Mental Health/Substance Use than ever before. Some examples of these efforts include Grand Traverse County Drug-Free Coalition; Northern Michigan Opioid Response Consortium; MDHHS Adolescent Centers; Local Health Departments; Community Connections program through the Community Health Innovation Region. With increased coordination among groups, the potential for significant impact is growing.

Prioritization

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 statewide scale, and MiThrive will provide a platform for more effectively advocating for these changes. In addition, many more groups are working on these issues now than have been in the past, so this is an ideal time to begin to bridge efforts and promote collaboration.

Looking at criteria including values, severity, impact, and magnitude, mental health/substance use scores as a high priority. Mental illness and substance use issues are growing quickly, and all segments of the population are affected. The burden falls most heavily, however, on the most vulnerable populations, making these issues important to address to achieve health equity. For those facing these issues, the impact on health and quality of life can be severe. Improving prevention and access to care for mental health and substance use is highly valued by the community: 92% of residents agreed in a survey that it is important to meet the basic mental health needs of people in our community. For these reasons, mental health and substance use was identified as a top priority in the Grand Traverse region, 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 issue identified. Almost 90% of resident survey respondents agreed that many people in their community need better access to mental health and substance abuse services/prevention.

"[We need] education of judicial system/law enforcement on mental illness and how to better support families of mentally ill individuals."
- Grand Traverse County resident

"Too many in our community are suffering and dying from a lack of services. Mental health illnesses are more likely to impact people across the lifespan than any other disease. Please help."
- Grand Traverse County resident

"A member of my family needs mental health services which are difficult to access due to transportation and financial limitations, as well as a shortage of psychiatrists in our region."
- Benzie County resident

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

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

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

Health Impact

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

A few examples of how these basic needs are linked to important health outcomes:

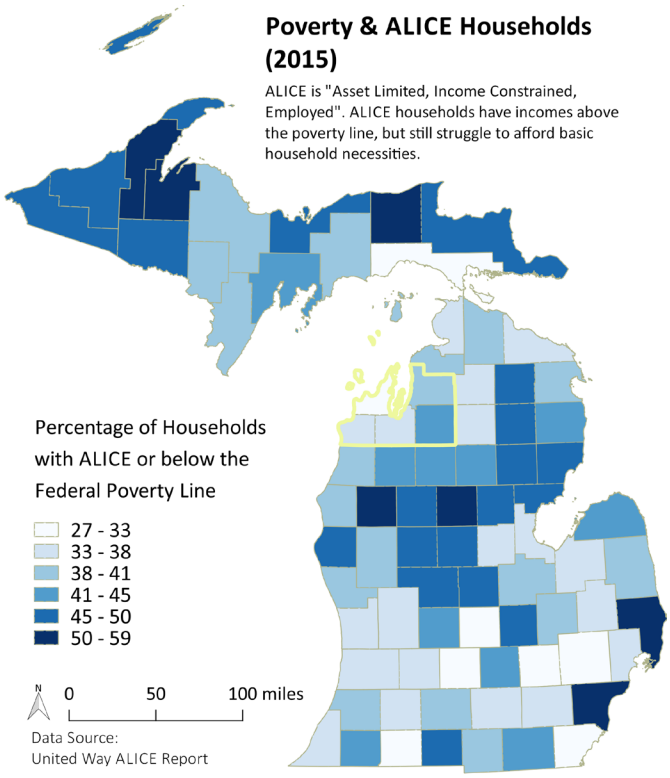
- Nutrition education can lead to improved diet and weight for families in food secure households.
- Living in housing with physical problems (e.g. need for appliance, roof, and heating updates) is associated with poor self-assessed health, increased limitations to activities for daily living, and chronic 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 many other problems.
- Physical activity levels increase in neighborhoods with safe sidewalks and streetlights, leading to safer neighborhoods with less crime, therefore reducing the risk of obesity.

Healthy Equity

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

Challenges

In Antrim and Kalkaska Counties, more than 2 in 5 households struggle to afford basic household necessities. The percentage of children living in households below the poverty level ranges from 12% in Grand Traverse County to 24% in Kalkaska County. In the 5-county region, 1 in 7 kids did not have consistent access to enough food over the past year. More than a third of all home renters in the 5-county region spend 35% or more of their household income on rent, putting them at higher risk of housing insecurity and homelessness. All these factors weaken the ability of families and communities to endure challenges and develop healthy, thriving lives.

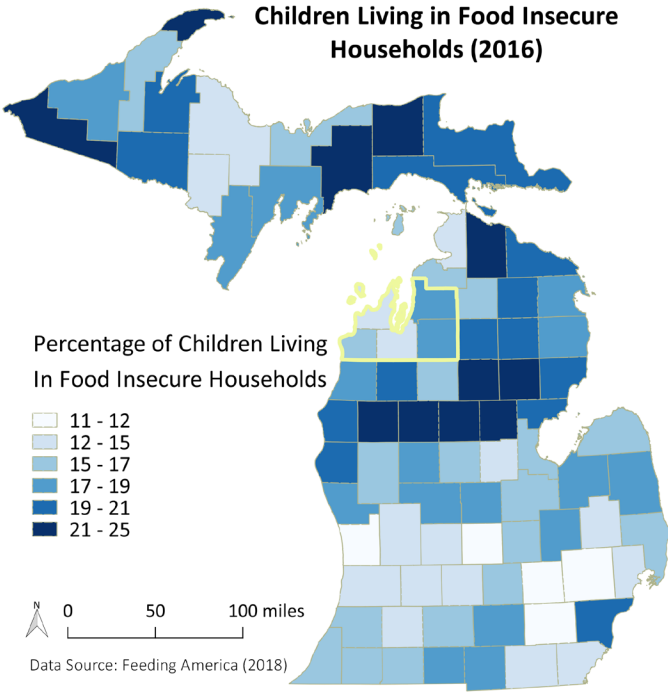


Assets, Resources, and Opportunities

Many organizations in the area are addressing basic needs of living. These issues are complex and multi-dimensional, so as new collaborations form and expand, the possible total impact on basic needs grows. The Northern Michigan Community Health Innovation Region is a significant example: over 90 organizations in 10 counties of Northwest Michigan have come together to address issues related to food access, transportation, affordable housing, and opportunities for active living. Some additional examples of current work in this area include the Youth Homelessness Demonstration Project, Northwest Coalition to End Homelessness, the local food coalition, and the Fruit and Vegetable Prescription Program through Shape Up North. With new community-wide collaboration and innovative solutions, local improvements in basic needs are possible in the next 3-5 years.

Prioritization

Improving basic needs of living is highly valued: 96% of residents agreed in a survey that it is important to meet the basic needs of people in our community. Large proportions of households struggle to meet at least some of these basic needs. For those who can't meet basic needs, the impact on health and quality of life can be severe. Conversely, if we are able to improve this issue, it would improve the root cause of



many health inequities in our counties. Groups saw this issue as an ideal area for diverse partners to come together to share resources and strategies and collaborate toward tangible community improvement. For these reasons, basic needs of living was identified as a strategic priority in the Grand Traverse region.

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

"Everyone is struggling and one or two paychecks away from being homeless."
- Grand Traverse 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: 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 the Grand Traverse region, this mostly impacts Native American and Hispanic populations. For example, a Native American resident of Leelanau County is three times more likely to be uninsured compared to a white resident. Hispanic residents throughout the region are about twice as likely to be uninsured compared to white residents.

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, inflexibility of work schedules, child care, and other issues.

Challenges

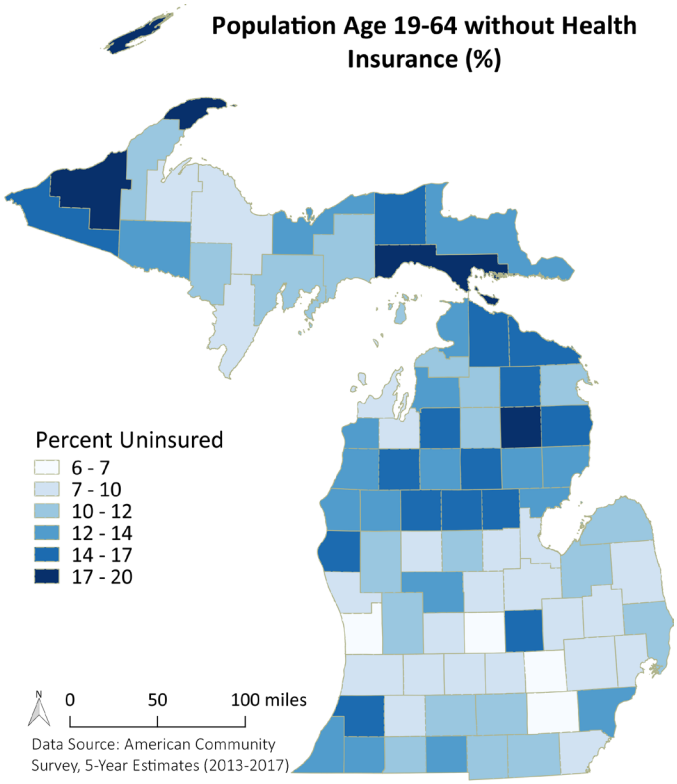
Residents of the Grand Traverse region experience a variety of barriers to accessing health care, including problems with transportation, appointment availability, and certain provider shortages. In addition, 11% of non-elderly adults in the region are uninsured, and between 8% and 15% of adults said high cost of care prevented them from seeing a doctor when they needed to in the past year.

Assets, Resources, and Opportunities

Munson Healthcare hospitals and local health departments play key roles 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 also has been a focus of Munson Healthcare hospitals. Other programs to help link people to care include: the Community Connections program through the Community Health Innovation Region; referrals through the WIC (Women, Infants, and Children) program; and 211.

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 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.



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

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

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

Health Equity

Certain populations are at significantly higher risk for social isolation, including racial and religious minorities; seniors who live alone; and the 10% of Grand Traverse region teens who identify as lesbian, gay, or bisexual. 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 partner(s) 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 further exacerbate inequities.

Challenges

In the Grand Traverse Region, about half of teens say they know an adult in their neighborhood they could talk to about something important, and 2 in 5 teens have experienced at least two Adverse Childhood Experiences (ACE's). These are both risk factors for serious health conditions later in life. In Grand Traverse County, 1 in 5 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 householders over 65, 44% live alone in Grand Traverse County.

Assets, Resources, and Opportunities

Many groups throughout the five counties are working to build community. Senior centers and meals on wheels work to connect older adults. Some schools and libraries are working toward becoming community centers. Faith-based groups and non-profits create ways to engage and volunteer. YMCA and other recreation opportunities bring people together. Up North Pride is working to provide an inclusive environment for LGBT+ residents. Various clubs and 4-H provide other ways to engage in community. There is also movement within some organizations and businesses to prioritize a sense of community among their employees. Through the activities of Trauma and Resilience Unified Support Teams and Northwest Michigan ACE's Initiative, communities are coming together to discuss collaboration in reducing adversities and improving outcomes for multiple generations.

Prioritization

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

Community Voice

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

When surveyed, residents most strongly agreed that improving sense of community, support, and inclusion would improve their families' quality of life - more than any of the other Strategic Issues. Over 90% of survey respondents agreed that it is important to build a sense of community where they live.

"People need to feel included. That's a basic need. I'm not sure what the solutions are."
- Leelanau County resident

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

"[We] have to ensure the inclusion truly is inclusive; while there ARE community building events/activities, they seem quite elitist/ exclusive toward some."
- Grand Traverse County resident

"I believe we have more stigma associated with the elderly… for this reason they are often overlooked."
- Leelanau 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.

Leading Causes of Death (with age-adjusted death rate per 100,000 population)							
Rank	**Cause of Death**	**MI**	**Benzie**	**Grand Traverse**	**Kalkaska**	**Leelanau**	**Antrim**
1	Heart Disease	199	132	135	235	103	166
2	Cancer	170	154	150	187	130	168
3	Chronic Lower Respiratory Diseases	45	43	41	60	27	43
4	Unintentional Injuries	42	59	44	58	36	42
5	Stroke	37	32	41	47	27	31
6	Alzheimer's Disease	28	32	50	35	34	51
7	Diabetes Mellitus	22	35	15	48	12	18

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

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

Challenges

Heart disease and cancer are by far the leading causes of death across the Grand Traverse region. Chronic lower respiratory diseases - most commonly caused by smoking - also stand out because the death rate is higher than the Michigan and US averages. Preventing these leading causes of death will require lowering the obesity rate, decreasing tobacco use, and improving vaccination rates. For example, 62% of residents 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

Leading causes of death include heart disease, cancer, lung diseases, stroke, injuries, Alzheimer's Disease, diabetes, and pneumonia/influenza.

Assets, Resources, and Opportunities

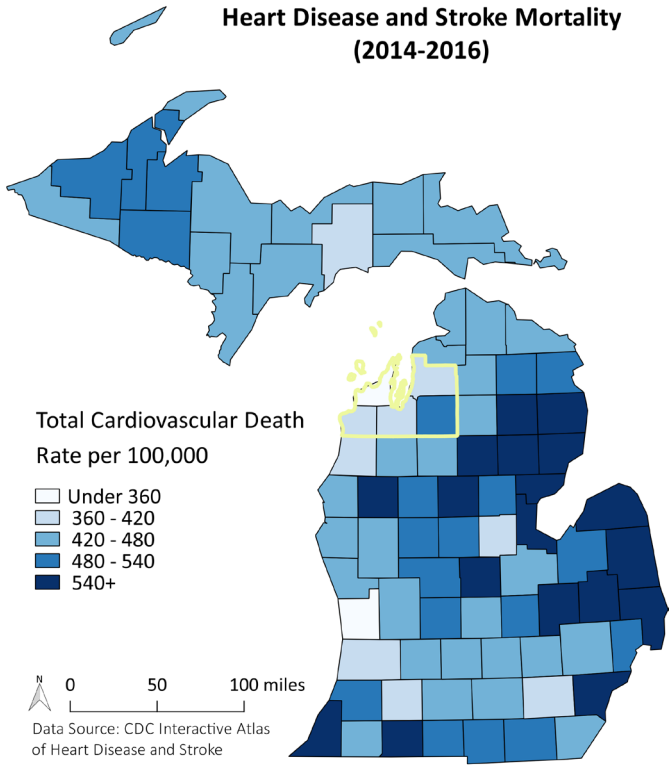
A variety of local organizations offer health education opportunities, and programs like Diabetes Prevention Programs, Northern Michigan Diabetes Initiative and Shape Up North aim to reduce risk of chronic diseases. Other program examples include FitKids360; smoking cessation; senior center "Balance" program; and Fruit and Veggie Rx Programs.

Prioritization

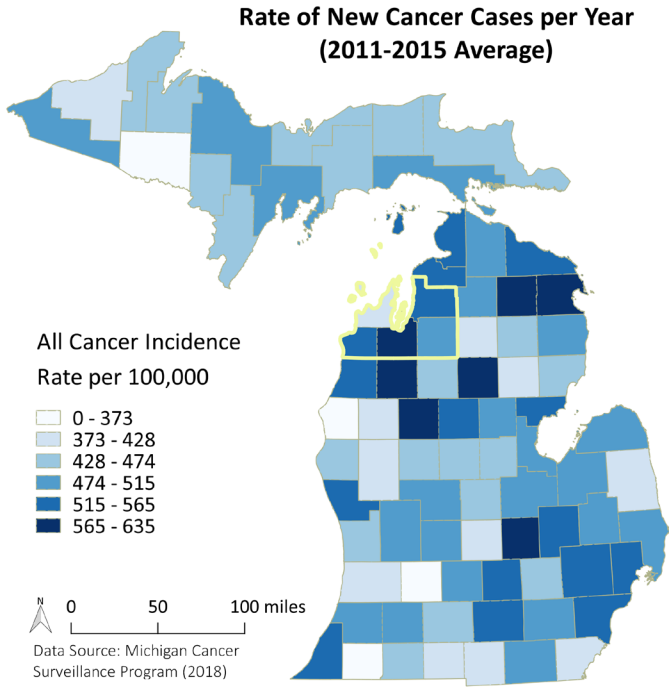
Reducing risks for leading causes of death was not chosen as a priority because the most significant factors in reducing risks are included in the other issue areas described. This is especially true for the chronic diseases, which are most impacted by upstream approaches through addressing issues like 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, 83% of residents agreed that improving this issue would improve quality of life for the community; 61% said it would improve their family's quality of life. Over 95% of survey respondents agreed that it is important to prevent and reduce leading health risks.



"I think part of this has to do with informing the community about what is currently available and how to access it."
- Grand Traverse 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 issue, we identified two major areas for improvement in how we go about addressing these issues and planning interventions: 1) Improve cross-sector collaboration and the community health improvement planning process; and 2) Improve community voice and participation in planning.

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 84% said better coordination would improve quality of life for their community. More than 90% said they believe it is important for local organizations to work together better.

"We have several organizations in Benzie County that partner with multiple other groups to try to reach as many people as possible."
- Benzie County resident

"Many organizations have the same goals and, without communication, compete for the same funds..."
- Grand Traverse 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 is 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, more than half of residents said more representation in decision-making would improve quality of life for their family, while 77% said more representation would improve quality of life for their community. Over 90% said they believe it is important for local organizations to work together better.

"[We need to] involve community members in decision making by way of community meetings, public announcements, social media, mailings etc."
- Benzie 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. Through collaboration and continued monitoring and evaluation, we will be able to address these important issue 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
Munson Healthcare
Munson Healthcare Cadillac Hospital

Appendix A
Organizations Represented during Assessment Process - cont'd

Forces of Change Assessment, cont'd

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

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

Grand Traverse Bay 5-County Region

Community Connections/Benzie Leelanau DHD
Area Agency on Aging of Northwest Michigan
Blue Orange Consulting/Grand Traverse Regional Community Foundation
Catholic Human Services
Comfort Keepers
Grand Traverse County Commission on Aging
Grand Traverse County Health Department
Grand Traverse County Parks and Recreation
Grand Traverse County Senior Center
Grand Traverse Pavilions
Groundwork Center for Resilient Communities
Kalkaska Commission on Aging
Leelanau County Senior Services
Michigan State University - Extension
Monarch Home Health
Munson Healthcare
Munson Healthcare Cadillac Hospital
Munson Healthcare Manistee Hospital
Munson Medical Center
Munson Healthcare Paul Oliver Memorial Hospital
Norte!
Grand Traverse Regional Community Foundation
TART Trails
Traverse Bay Area Intermediate School District - Farm to School Program
Traverse City Area Public Schools
Traverse Health Clinic
United Way of Northwest Michigan

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**	**Antrim**	**Benzie**	**Grand Traverse**	**Kalkaska**	**Leelanau**
2016	Population[1]	9,928,300	23,144	17,572	92,084	17,263	21,765
2016	% Female[1]	50.8	50.3	50.6	50.6	48.8	50.9
2016	% < 18[1]	22.1	18.3	18.5	20.5	21.4	16.3
2016	% 65 and over[1]	16.2	26.3	25.2	18.3	19.4	29.9
2016	% American Indian/Alaskan Native[1]	0.7	1.1	1.7	1.3	0.9	3.7
2016	% Hispanic [1]	5.0	2.1	2.5	2.8	1.9	4.0
2016	% Non-Hispanic White [1]	75.4	95.0	93.8	92.5	94.5	90.5
2010	% Rural [1]	25	100	100	48	84	91
2018	% students who identify as gay, lesbian, or bisexual [2]	*	13	-	11	13	4

[1] County Health Rankings; [2] Michigan Profile for Healthy Youth

Appendix B
Assessment Data Tables - cont'd

Overall Health							
Data Year	**Indicator**	**MI**	**Antrim**	**Benzie**	**Grand Traverse**	**Kalkaska**	**Leelanau**
2014-2016	Years potential life lost per 100,000 [1]	7,293	6,519	7,635	4,861	8,457	5,904
2018	Health outcome rank (out of 83) [1]	n/a	17	38	2	62	7
2018	Health factors rank (out of 83) [1]	n/a	27	22	5	72	7
2017	Self-reported general health assessment: poor or fair [3]	18	17	11	11	25	15
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey							

Basic Needs							
Data Year	**Indicator**	**MI**	**Antrim**	**Benzie**	**Grand Traverse**	**Kalkaska**	**Leelanau**
2010-2014	% Households with severe housing quality problems [1]	16	17	14	15	17	16
2010/2016	% Access to exercise opportunities [1]	86	73	82	87	72	64
2013-2017	% Work outside county of residence [4]	29	48	49	10	52	42
2013-2017	% Unemployment rate [4]	7	6	7	5	9	6
2013-2017	% of population below the poverty level [4]	16	13	10	10	19	8
2016	% Children 0-12 eligible for subsidized care [5]	3	2	2	3	4	2
2016	% Children 0-12 receiving subsidized care [5]	2	1	1	1	2	1
2016	% Food insecurity rate [6]	14	12	11	10	13	9
2015	% Population, low access to store [7]	*	0	*	19	6	2
2014	% Students eligible for free lunch [7]	n/a	42	45	27	50	32
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey; [4] American Community Survey; [5] Kids Count Data Center; [6] Feeding America; [7] USDA Food Environment Atlas *Data not available							

Appendix B
Assessment Data Tables - cont'd

Mental Health							
Data Year	**Indicator**	**MI**	**Antrim**	**Benzie**	**Grand Traverse**	**Kalkaska**	**Leelanau**
2017	Mental health providers per 100,000 [1]	232	35	102	384	41	41
2017/2018	% Teens with symptoms of a major depressive episode [2]	*	41	*	43	34	30
2017	% Poor mental health on at least 14 days in the past month [3]	*	10	*	9	*	*
2012-2016 (5yr avg)	Intentional self-harm (Suicide) (Mortality Rate) [8]	13	17	*	14	*	*
2015	% Depression: 65+ [9]	15	12	13	18	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**	**Antrim**	**Benzie**	**Grand Traverse**	**Kalkaska**	**Leelanau**
2015	Preventable hospital stays (per 1000 Medicare enrollees) [1]	55	35	32	45	52	28
2018	Clinical care rank (out of 83 counties) [1]	n/a	35	33	3	55	28
2016	Dentists per 100,000 population [1]	72	26	40	93	29	41
2015	Primary Care providers per 100,000 population [1]	80	52	40	139	41	32
2017/2018	% Teens with routine check-up in the past year [2]	*	70	70	69	61	81
2017	% Adults with no personal health care provider [3]	15.2	10.9	*	14.7	*	12.1
2017	% Needed to see doctor, cost prevented care [3]	11	13	15	11	*	8
2013-2017	% Uninsured: 19-64 [4]	10	13	13	10	16	9
2016	% Children 0-18 insured by MiChild [5]	42	48	46	34	56	28

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

Appendix B
Assessment Data Tables - cont'd

Substance Abuse							
Data Year	**Indicator**	**MI**	**Antrim**	**Benzie**	**Grand Traverse**	**Kalkaska**	**Leelanau**
2012-2016	% of motor vehicle deaths alcohol-impaired [1]	29	40	33	15	24	25
2017/2018	% Teens: used marijuana during the past 30 days [2]	n/a	16	23	22	15	7
2017/2018	% Teens: at least one drink of alcohol during the past 30 days [2]	*	17	24	26	16	12
2017/2018	% Teens: smoked cigarettes during the past 30 days [2]	*	7	12	8	13	1
2017/2018	% Teen: vaping past 30 days [2]	*	24	24	39	24	16
2017/2018	% Teens: took a prescription drug not prescribed to them, including painkillers, during the past 30 days [2]	n/a	4	9	7	7	4
2017	% Adult: binge drinking [3]	19	17	18	23	*	16
2017	% Adult: current smoker [3]	19	18	19	17	31	11
2012-2016	% Smoked while pregnant [8]	18	28	29	20	35	14
2014	Drug use mortality (per 100,000) [10]	13	11	11	9	12	7
2017	Heroin treatment admission rate [11]	252	151	131	177	301	46

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

Appendix B
Assessment Data Tables - cont'd

Leading Causes of Death							
Data Year	**Indicator**	**MI**	**Antrim**	**Benzie**	**Grand Traverse**	**Kalkaska**	**Leelanau**
2010-2016	Motor vehicle crash death rate per 100,0001	10	16	19	10	23	10
2012-2016	Firearm fatalities rate per 100,000 [1]	12	15	*	7	14	*
2017/2018	% Teens with current asthma [2]	*	56	56	50	50	54
2017/2018	% Obese teens [2]	*	18	17	13	19	13
2017/2018	% Overweight teens [2]	*	19	16	16	18	13
2017	% of adults who are obese [3]	32	35	33	25	36	28
2017	% of adults who are overweight [3]	35	37	41	40	35	40
2017	% Adult: ever told diabetes [3]	11	13	12	8	*	12
2017	% Adult: cardiovascular disease [3]	*	10	11	8	10	14
2011-2015	All cancer incidence rate [12]	518	530	540	635	503	392
2011-2015	Prostate cancer incidence rate [12]	118	110	114	155	84	87
2011-2015	Breast cancer incidence rate [12]	83	78	77	110	55	83
2015	% COPD: 65+ [9]	14	11	9	11	14	8

[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

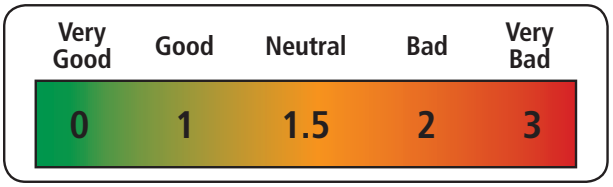
Sense of Community							
Data Year	**Indicator**	**MI**	**Antrim**	**Benzie**	**Grand Traverse**	**Kalkaska**	**Leelanau**
2012-2016	% Children living in single-parent households [1]	34	31	33	27	31	24
2018	Social & economic factors ranking (out of 83 counties) [1]	*	39	38	9	72	13
2017/2018	% Teens: 2 or more ACEs (Adverse Childhood Experiences) [2]	40	*	40	43	30	40
2017/2018	% Teens: know adults in the neighborhood they could talk to about something important [2]	*	56	55	49	52	54
2017/2018	% Teens: sexual intimate partner violence against females [2]	*	16	15	22	9	*
2013-2017	% Households with broadband internet [4]	81	76	83	86	72	86
2013-2017	% Householders living alone (over 65) [4]	44	*	*	44	*	*

[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 a particular county's smoking rate than the state average? How much better or worse is it compared to 5 years ago?). For each indicator, between one and six comparisons are made. The standardized score will be between 0 and 3 (e.g. Grand Traverse County's score for "Smoking Rate" is 0.5).
2. Summarize indicator scores by averaging all the indicator scores within each topic area (e.g. Grand Traverse County's score for Substance Use is 1.6).
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 1.7).

Additional Data Tables - Selected Indicators

Appendix B
Assessment Data Tables - cont'd

All Topic Areas - Alphabetical Order		Scores					
# Scored Indicators Within Topic Area	Topic Area	Antrim	Benzie	Grand Traverse	Kalkaska	Leelanau	5-County Region
16	Access to Care	1.7	1.9	1.0	2.3	1.3	1.6
8	Cancer	1.3	1.6	1.9	1.7	0.8	1.4
2	Crime & Violence	1.5	1.0	1.5	2.0	0.0	1.2
4	Diabetes	1.1	1.6	0.4	2.5	0.9	1.3
8	Economic Stability	0.9	0.6	0.1	2.5	0.1	0.8
5	Education	1.3	1.7	0.9	2.2	1.1	1.5
10	Food Access	0.4	1.3	1.8	0.9	0.8	1.0
4	Food Security	1.8	1.3	0.5	2.1	0.3	1.2
5	Heart Disease & Stroke	0.8	1.2	1.3	2.6	1.2	1.4
3	Housing Instability	0.7	0.6	1.1	0.2	0.8	0.7
1	Housing Quality	2.5	0.5	1.5	2.5	2.0	1.8
3	Immunization	2.3	1.8	1.5	2.1	2.3	2.0
3	Infectious Disease	1.1	1.6	0.6	1.8	0.8	1.2
6	Injury	2.5	2.3	1.6	2.8	0.8	2.0
8	Maternal/Infant Health	1.1	1.3	1.0	2.1	1.2	1.3
6	Mental Health	1.9	1.2	2.1	2.1	2.1	1.9
2	Neighborhood	1.0	1.0	1.5	1.0	0.5	1.0
3	Obesity	2.2	2.2	1.2	2.2	1.2	1.8
4	Oral Health	0.8	0.8	0.3	0.8	0.9	0.7
12	Other Chronic Diseases	1.9	1.9	1.2	2.4	1.6	1.8
8	Overall Health	0.7	1.0	0.1	2.5	0.0	0.9
4	Physical Activity	2.0	1.5	0.8	2.0	1.0	1.5
3	Sexual Health	2.1	1.8	2.2	2.1	2.0	2.1
6	Social & Community Context	2.0	2.0	1.3	2.4	1.6	1.9
14	Substance Use	1.7	2.2	1.6	2.1	0.7	1.7
3	Transportation	0.8	1.4	0.7	0.7	0.7	0.8

* "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

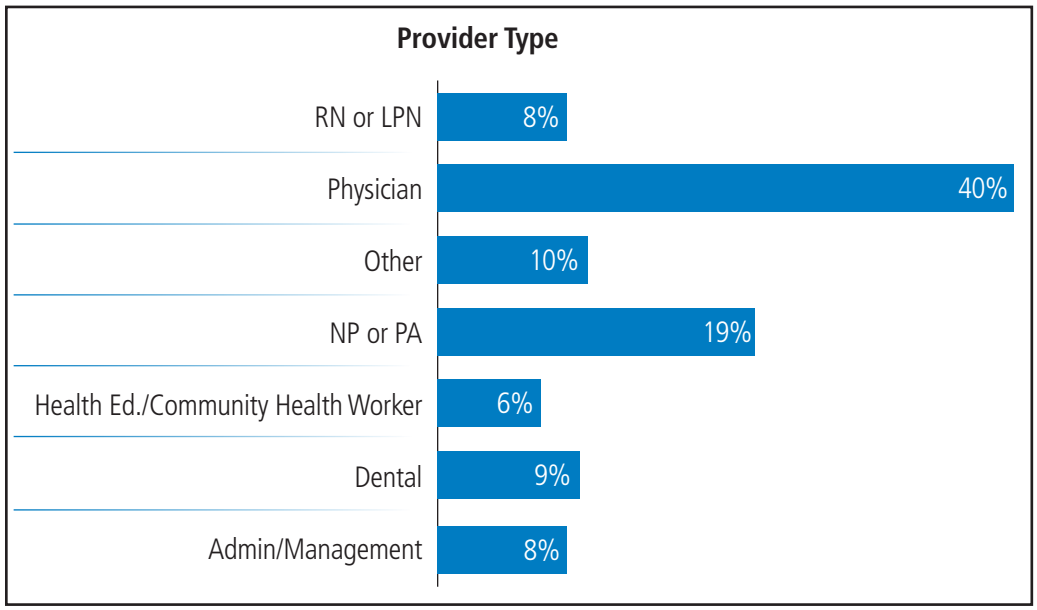
- Since scores are based on comparisons, low scores can result even from very serious issues, if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact. For example, the Smoking Rate for Kalkaska County is recorded as 31% of adults. In reality, we can only say with confidence that the actual smoking rate is somewhere between 20% and 47%. While this leaves a great deal of uncertainty regarding the true smoking rate in Kalkaska County, it is enough to know smoking is an issue, since even the best-case scenario is worse than Michigan's average (19%).
- 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.

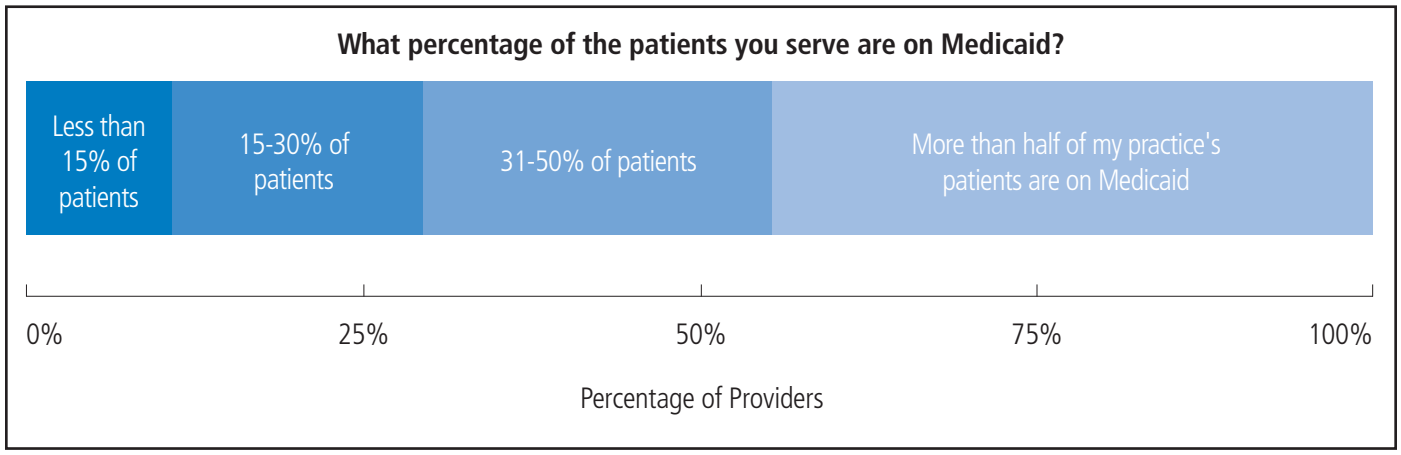
Appendix C
Health Care Providers Survey - Results

Total Respondents:
157 (5-County Grand Traverse Region only)

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

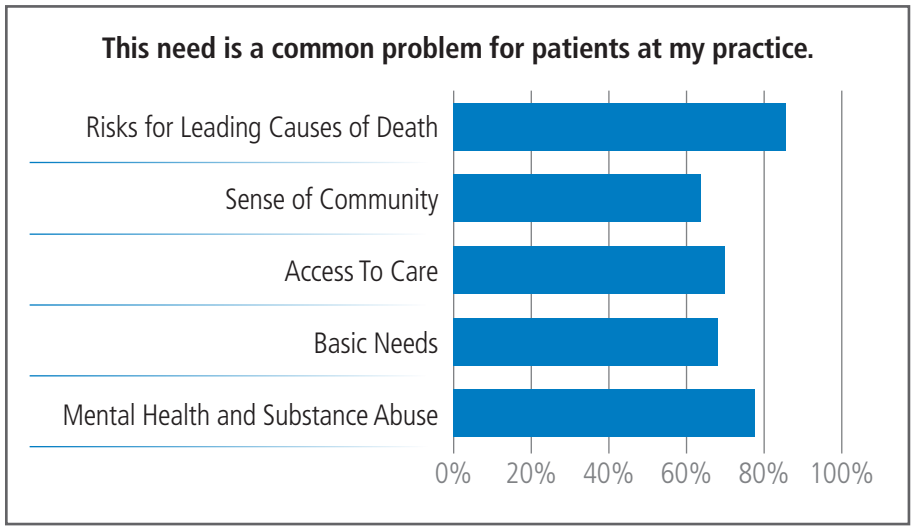
1. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
2. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
3. Make it easier for people to get the health care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

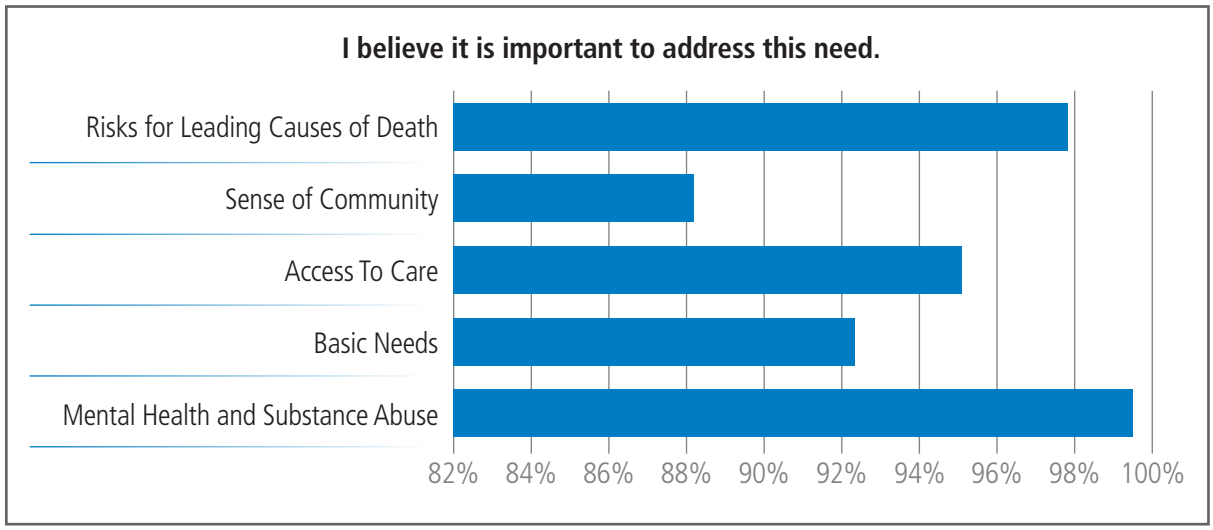




Appendix C
Health Care Providers Survey - Results, cont'd

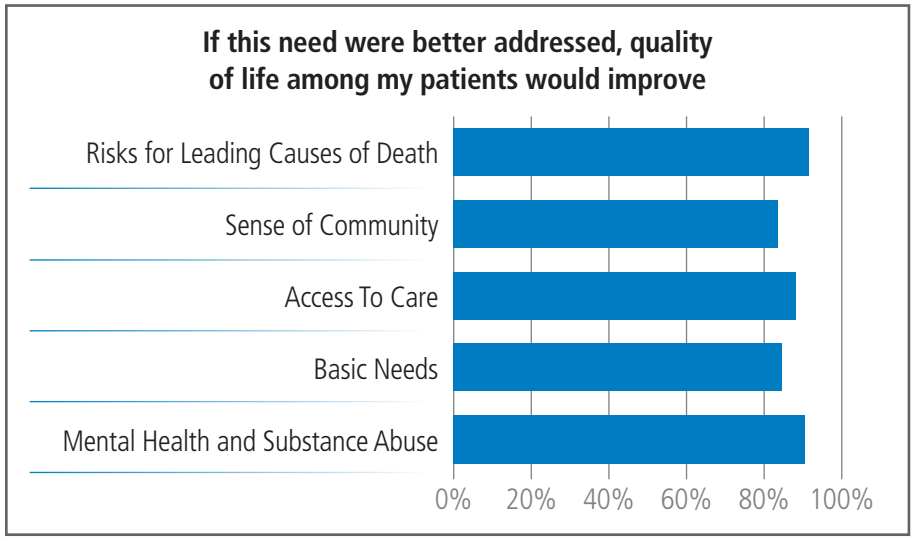
The following graphs show the percentage of respondents who agreed or strongly disagreed with each statement.

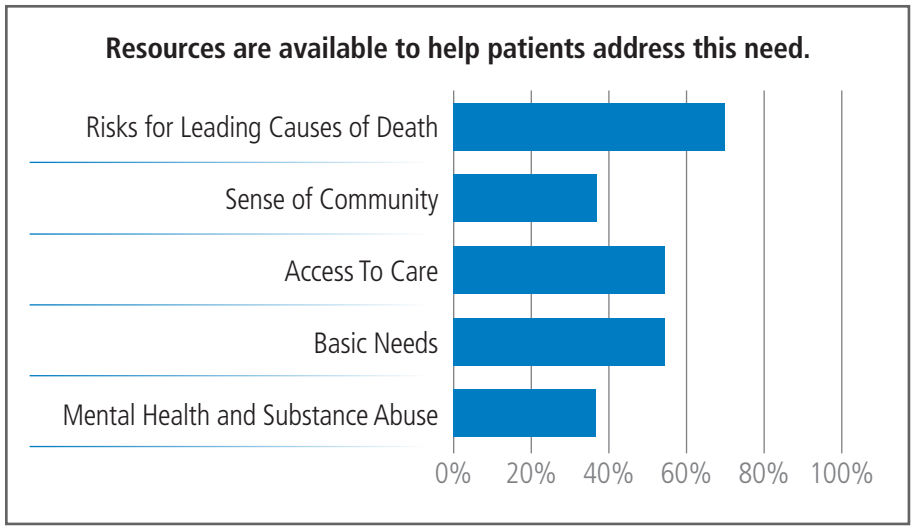


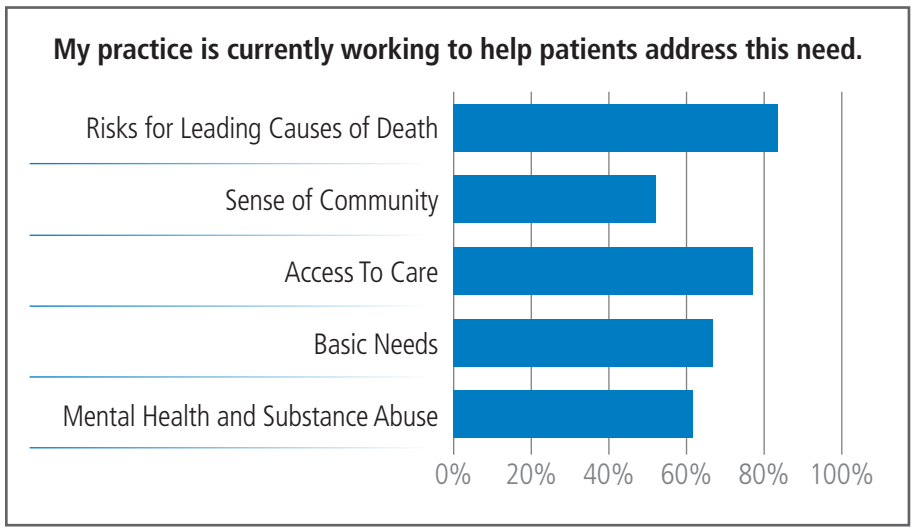


Appendix C
Health Care Providers Survey - Results, cont'd

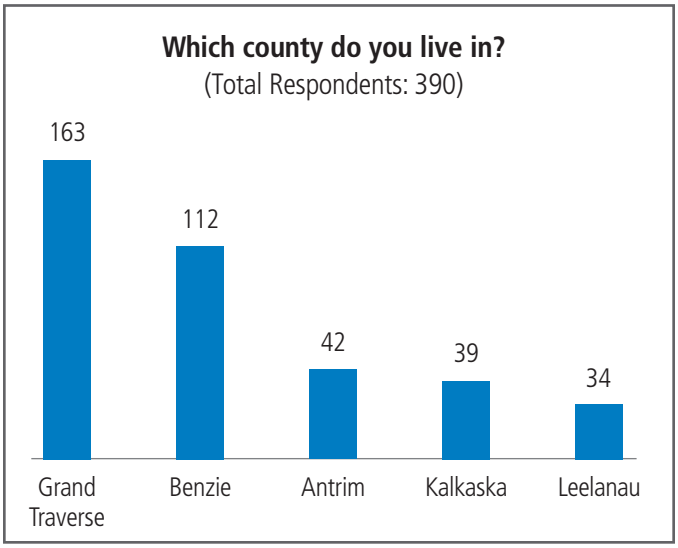
The following graphs show the percentage of respondents who **agreed or strongly agreed** with each statement.

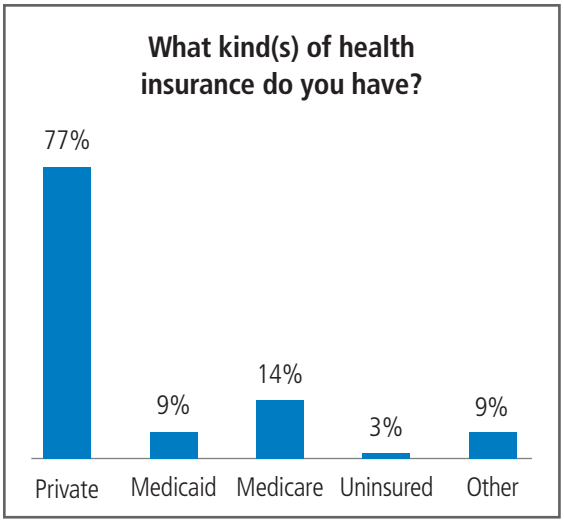


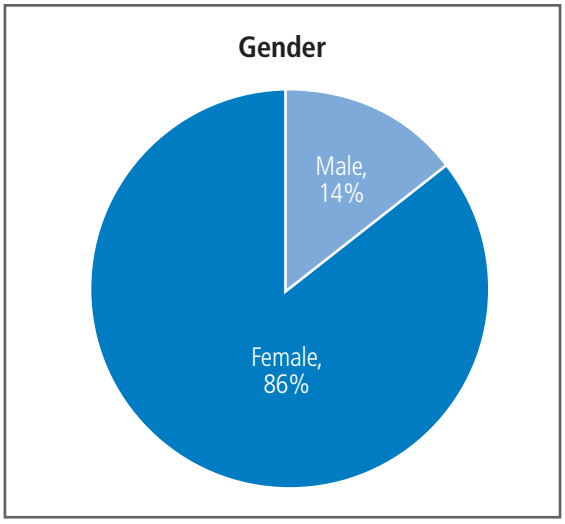




Appendix D
Community Survey - Results





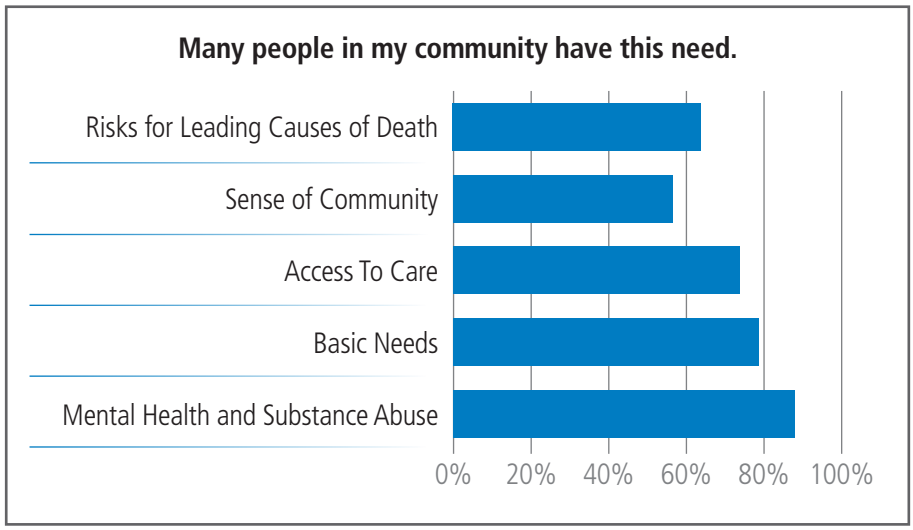


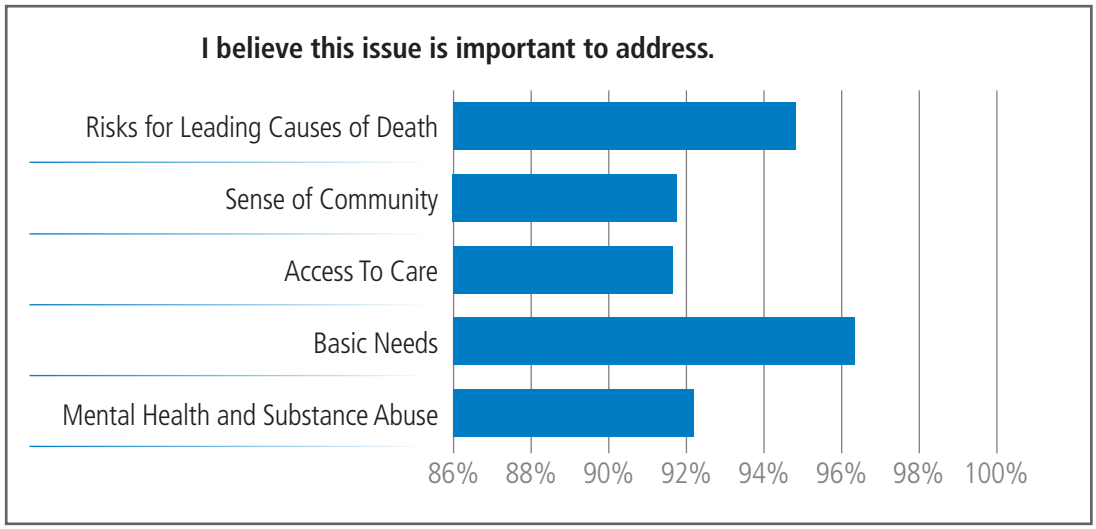
Strategic issues ranked from 1 (need to address first, most urgent) to 5 (least urgent).

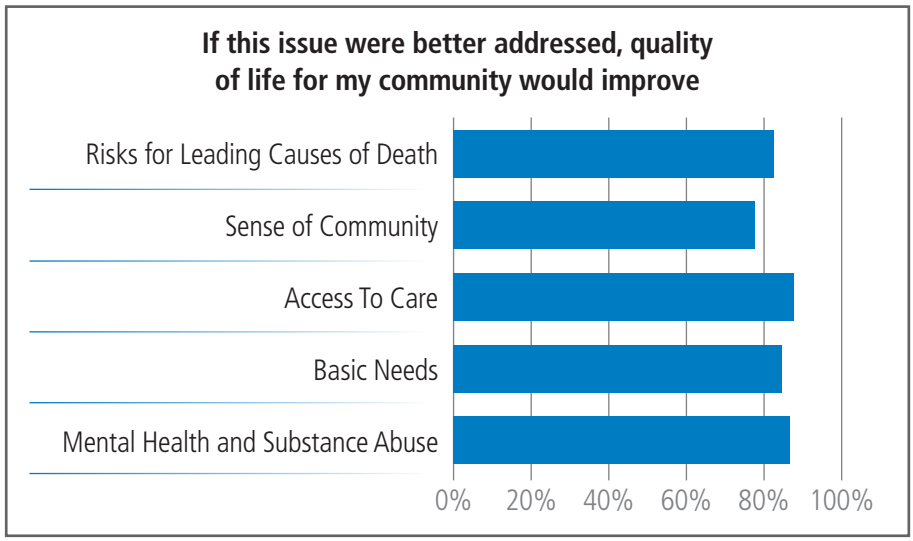
1. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
2. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
3. Make it easier for people to get the health care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

Appendix D
Community Survey - Results, cont'd

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

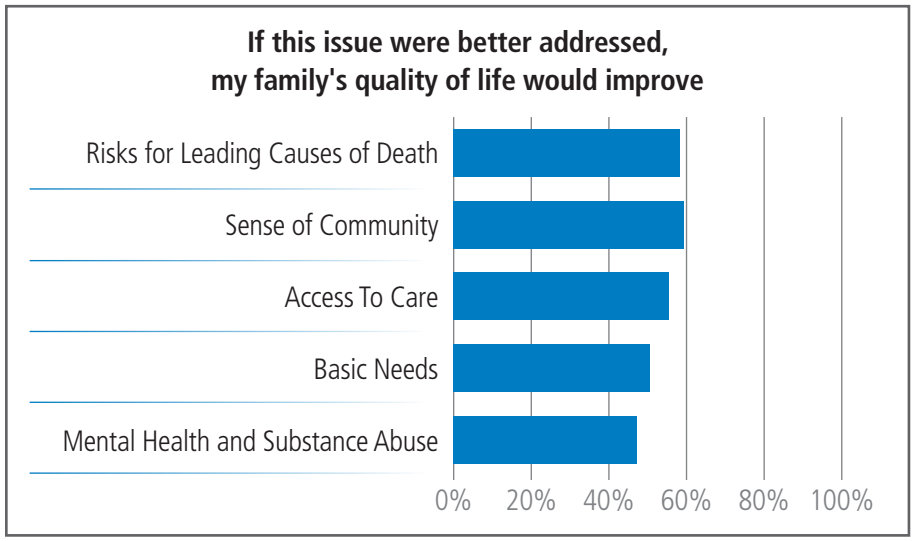


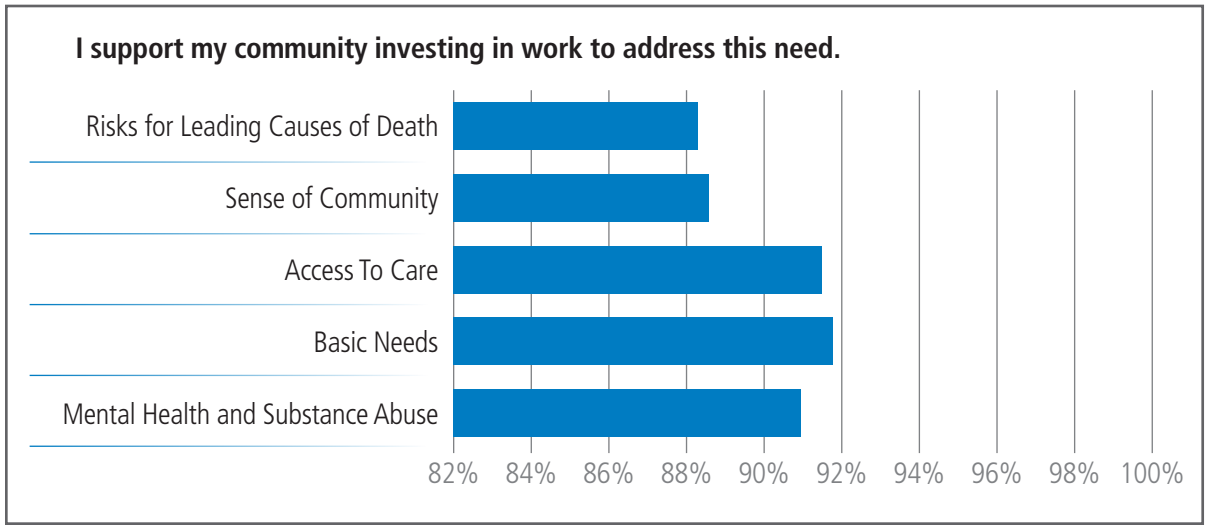


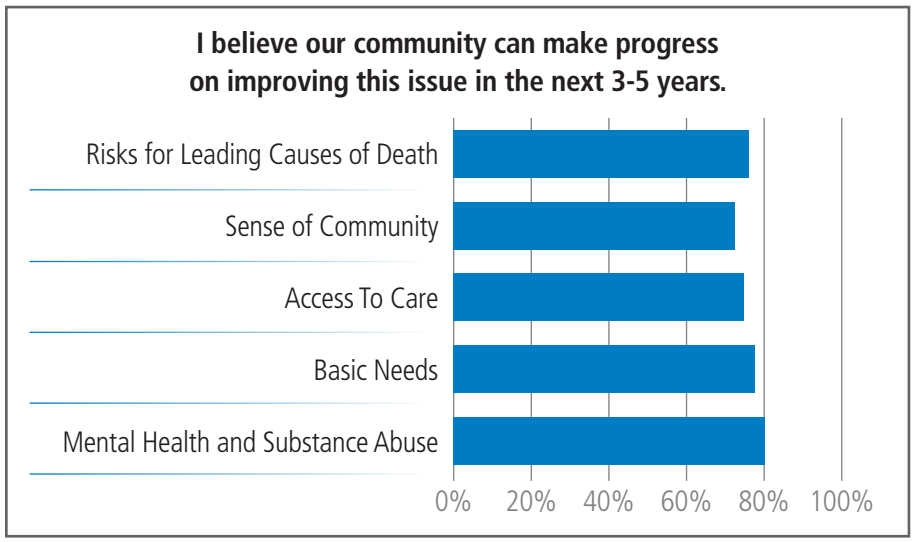


Appendix D
Community Survey - Results, cont'd

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
- Community Mental Health
- Community Mental Health – Pediatric Telehealth
- Psychiatry
- Hoarding Taskforce
- Munson Healthcare Behavioral Health
- Northwest MI Health Services, Inc.
- Pine Rest Christian Mental Health Services
- Third Level
- Traverse Health Clinic

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

Substance Abuse: Tobacco
- Adolescent health clinics
- Cowell Family Cancer Center
- Freedom from Smoking
- Live Well – District Health Department #10
- Michigan Tobacco Quit Line
- Traverse Bay Area Tobacco Coalition

Strategic Priority: Access to Basic Needs of Living

Basic Needs of Living: Access to Healthy Food
- Commodity Supplemental Food Program
- Community Meals
- Congregate Meals
- Double Up Food Bucks
- Farmers Markets
- Food Pantries
- Groundwork Center for Resilient Communities
- Goodwill Industries Northern Michigan
- Grow Benzie
- Meals on Wheels
- Michigan State University Extension
- Northwest Michigan Food Coalition
- Project Fresh
- School Lunch Programs
- SEEDS
- Shape Up North Fruit and Vegetable Prescription Program
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC)

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

Basic Needs of Living: Affordable Housing
- Freedom Builders
- Goodwill Industries Northern Michigan
- Habitat for Humanity
- Home Stretch
- Networks Northwest
- Northern Michigan Community Action Agency
- Northwest Coalition to End Homelessness
- True North Community Services
- Youth Homelessness Demonstration Project

Basic Needs of Living: Aging
- Area Agency on Aging of Northwest Michigan
- Commission on Aging
- Northwest Michigan Community Action Agency

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

Basic Needs of Living: Economy
- Agape Financial of Northwest Michigan
- Benzie Area Christian Neighbors
- Child and Family Services
- County collaboratives
- Goodwill Industries Northern Michigan
- Grand Traverse and Leelanau Laundry Projects
- Grand Traverse Band of Ottawa and Chippewa Indians
- Great Start Collaborative
- HELPLINK
- Kalkaska Area Interfaith Resources
- Leelanau Christian Neighbors

Appendix E
Community Assets Targeting Identified Strategic Issues, Cont.

- LOVE, Inc.
- Michigan Department of Health and Human Services
- Michigan WORKS
- Northwest Michigan Community Action Agency
- Poverty Reduction Initiative
- Progress Village
- Safe Harbor
- Salvation Army
- Students in Transition Empowerment Program (STEP)
- Traverse Bay Area Intermediate School District (TBAISD)
- Venture North

Basic Needs of Living: Education
- Early childhood education
- Local School Districts
- Northwestern Michigan College (NMC)
- NMC University Center
- Traverse Bay Area Intermediate School District

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

Basic Needs of Living: Opportunities for Physical Activity
- Benzie County Trails
- Betsie Hosick Health & Fitness Center (POMH)
- FitKids360
- Grand Traverse Bay YMCA
- Kaliseum
- Live Well - District Health Department #10
- Local Fitness / Sports Clubs
- Local Recreational Trails
- Michigan State Parks
- Munson Healthcare Healthy Weight Center
- Norte!
- Northwest Michigan Parks and Recreation Network
- Shape Up North (SUN)
- TC Track Club
- Top of Michigan Trails Council

Basic Needs of Living: Transportation
- Antrim County Transportation (ACT)
- Bay Area Transportation Authority (BATA)
- Benzie Bus
- Cab Services
- Local Recreational Trails
- Networks Northwest
- Kalkaska Public Transit Authority (KPTA)
- Uber

Strategic Issue:
Access to Health Care

Access to Health Care: Medical and Dental
- 211
- Adolescent health clinics
- Community Connections
- Delta Dental's Healthy Kids
- Delta Participating dentists
- Dental Clinics North
- East Jordan Family Health Center
- Federally Qualified Health Centers
- Grand Traverse Band of Ottawa and Chippewa Indians
- Grand Traverse Regional Oral Health Coalition
- Health departments
- Healthy Michigan Plan
- Ironmen Health Center in Mancelona
- Kalkaska Memorial Health Center Rural Health Clinic
- Munson Family Practice
- Munson Healthcare
- Northern Health Plan
- Northwest Michigan Health Services, Inc.
- Traverse Health Clinic
- University of Michigan Dental Students

Access to Health Care: Maternal, Fetal & Infant Health
- 211
- Community Connections
- Great Start
- Health departments
- Healthy Futures
- Kalkaska Memorial Health Center Teen Health Clinics
- Maternal Infant Health Program (MIHP)
- Munson Medical Center Neonatal Intensive Care Unit
- Northern Lower Michigan Perinatal Planning Initiative
- Northern Michigan Maternal Child Outreach
- Planned Parenthood
- Women, Infants, and Children (WIC)

Appendix E
Community Assets Targeting Identified Strategic Issues, Cont.

Strategic Issue:
Sense of Community

Sense of Community: Connection to Community Resources
- Community Centers
- Community Connections
- County collaboratives
- Grow Benzie
- HELPLINK
- Libraries

Sense of Community: Public Safety
- Children's Advocacy Center
- Child and Family Services
- Emergency Preparedness Taskforce
- Local Law Enforcement
- Northwest Michigan Water Safety Network
- Opioid Taskforce
- Vulnerable Adult Taskforce
- Women's Resource Center
- Zero Tolerance

Strategic Issue:
Risks for Leading Causes of Death

Risks for Leading Causes of Death: Cancer
- American Cancer Society
- Antrim County High Tea for Breast Cancer Prevention
- Cancer Navigator Program
- Cowell Family Cancer Center
- Health departments Breast and Cervical Cancer Control Navigation Program
- Mammography Assistance Fund
- Munson Healthcare Cancer Research
- Northwest MI Chronic Disease Prevention Coalition
- Women's Cancer Fund

Risks for Leading Causes of Death: Cardiovascular Disease
- Chronic Disease Coordinating Network
- Northwest MI Chronic Disease Prevention Coalition
- Traverse Heart and Vascular

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

Risks for Leading Causes of Death: Overweight and Obesity
- Chronic Disease Coordinating Network
- FitKids360
- Grand Traverse Bay YMCA
- Live Well – District Health Department #10
- Northwest MI Chronic Disease Prevention Coalition
- Shape Up North

Risks for Leading Causes of Death: Wellness and Lifestyle
- Adolescent health clinics
- Benzie County Trails
- Betsie Hosick Health & Fitness Center (POMH)
- Diabetes Prevention Programs
- FitKids360
- Grand Traverse Bay YMCA
- Groundwork Center for Resilient Communities
- Health departments
- Live Well - District Health Department #10
- Local Fitness / Sports Clubs
- Local Recreational Trails
- Michigan State Parks
- Munson Healthcare Healthy Weight Center
- Norte!
- Northern Michigan Diabetes Initiative (NMDI)
- Northwest Michigan Parks and Recreation Network
- Shape Up North (SUN)
- Top of Michigan Trails Council

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