2022

Community Health Needs Assessment

MUNSON HEALTHCARE

Table of Contents

Acknowledgements

The 2021-22 MiThrive Community Health Needs Assessment is a regional, collaborative initiative led by the Northern Michigan Community Health Innovation Region (CHIR). It is designed to bring together hospitals, local health departments, community-based organizations, coalitions, agencies, and residents across 31 counties in Northern Michigan to collect data, identify strategic issues, and develop plans for collectively addressing them. The following partners contribute funding and leadership to the 2022 MiThrive Community Health Needs Assessment. We are grateful for their support.

In addition, the Northern Michigan CHIR was awarded two national grants to enhance a health equity focus in the MiThrive assessments:

- Cross Jurisdictional Sharing Mini-Grant from the Center for Sharing Public Health Services to implement the Mobilizing for Action through Planning and Partnerships (MAPP) Process Health Equity Supplement

- Increasing Disability Inclusion in the MAPP Process Grant from the National Association of City and County Health Officials.

Thank you to all who shared their time and expertise in the MiThrive initiative, especially local residents. Thousands of residents and organizations participated in planning assessments, community events and surveys, collecting data, analyzing data and ranking strategic issues. We are especially grateful to members of the MiThrive Steering Committee and Design Team, as well as the Northwest, Northeast, and North Central Workgroups.

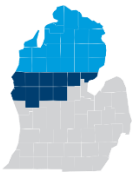
MiThrive Steering Committee
Kerry Baughman, Northwest Michigan Community Action Agency
Rachel Blizzard, McLaren Central Michigan
Arlene Brennan, Traverse Health Center
Ashley Brenner, MyMichigan Health
Denise Bryan, District Health Department #2 and
District Health Department #4
Dan Buron, Goodwill Northern Michigan
Amy Christie, North County CMH Authority
Sarah Eichberger, Michigan State University Extension
Danielle Gritters, Spectrum Health
Steve Hall, Central Michigan District Health Department
Wendy Hirshenberger, Grand Traverse County Health Department
Kevin Hughes, District Health Department #10
Beth Jabin, Spectrum Health (Chair)
Tanya Janes, McLaren Northern MIchigan
Natalie Kasiborski, PhD, Northern MIchigan Health Consortium
Michelle Klein, Benzie Leelanau District Health Department
Shannon Lijewski, Everyday Life Consulting (Vice-Chair)
Jim Moore, Disability Network of Northern Michigan
Christi Nowak, Munson Healthcare
Lisa Peacock, Benzie Leelanau District Health Department
and Health Department of Northwest Michigan
Erica Phillips, MyMichigan Health
Abby Reeg, Newaygo County Community Collaborative
Lori Schultz, MIchigan Department of Health and Human Services
Nicole Smith, Northeast Michigan Community Service Agency
Woody Smith, Northwest Michigan Community Action Agency

MiThrive partners represent many sectors of the community, including:

- Residents
- Businesses
- Collaborative bodies and coalitions
- Community-based organizations
- Community mental health agencies
- Federally qualified health centers
- Grant-making organizations
- Hospitals
- Local health departments
- Municipalities
- Michigan Dept. of Health and Human Services
- Physicians and other healthcare providers
- Schools
- Substance use prevention, treatment, and recovery services
- Tribal Nations

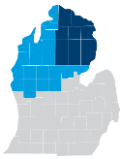
MiThrive Design Team
Ashley Brenner, MyMichigan Health
Danielle Gritters, Spectrum Health
Tanya Janes, McLaren Northern Michigan
Cassie Larrieux, Spectrum Health
Laura Marentette, AuSable Valley CMH Authority
Chrystal Miklosovic, Michigan Department of Health and Human Services
Erica Phillips, MyMichigan Health
Christy Rivette, District Health Department #10
Tara Rybicki, Munson Healthcare
Woody Smith, Northwest MIchigan Community Action Agency
Teresa Tokarczyk, AuSable Valley CMH Authority
Jessica Wimmer, Mecosta Osceola Intermediate School District
David Wingard, PhD, TrueNorth Community Services

MiThrive North Central Workgroup



Ashley Brenner, MyMichigan Health
Julie Burrell, The Right Place
Beverly Cassidy, TrueNorth Community Services
Gene Ford, Standard Process
Danielle Gritters, Spectrum Health
Steve Hall, Central Michigan District Health Department
Kevin Hughes, District Health Department #10
Naomi Hyso, Michigan State University Extension
Kelsey Killinger, MyMichigan Health
Cassandre Larrieux, Spectrum Health
Andrea Leslie, Spectrum Health
Scott Lombard, Spectrum Health
Brent Mikkola, MidMichigan Health
Kaley Petersen, Spectrum Health
Mark Petz, Fremont Area Community Foundation
Beth Pomranky-Brady, Ascension Health
Abby Reeg, Newaygo County Community Collaborative
Lynne Russell, Mason County United Way
Annie Sanders, United Way of Gratiot & Isabella
Monica Schuyler, Pennies from Heaven Foundation
Meredith Sprince, Spectrum Health
Julie Tatko, Family Health Care
Shawn Washington, Lake County Habitat for Humanity
David Wingard, PhD, TrueNorth Community Services
Jena Zeerip, Spectrum Health

MiThrive Northeast Workgroup



Jodi Balhorn, Northern Michigan Regional Entity
Angie Bruning, Alpena, Montmorency and Alcona Great Start Collaborative
Denise Bryan, District Health Department #2 and District Health Department #4
Dan Connors, Alcona Community Schools
Dawn Fenstermaker, Great Start Collaborative Cheboygan, Otsego and Presque Isle Counties
Heather Gagnon, Alpena, Montmorency and Alcona Great Start Collaborative
Steve Hall, Central Michigan District Health Department
Amy Hepburn, Thunder Bay Community Health Services
Kevin Hughes, District Health Department #10
Tanya Janes, McLaren Northern Michigan
Kathy Jacobsen, Munson Healthcare
Mary Kushion, Ascension Health
Laura Marentette, AuSable Valley CMH Authority
Lisa Peacock, Health Department of Northwest Michigan
Erica Phillips, MyMichigan Health
Beth Pomranky-Brady, Ascension Health
Tara Rybicki, Munson Healthcare
Jacquelyn Schwanz, Alpena-Montmorency-Alcona ESD
Jordan Smith, Alcona Health Centers
Alice Snyder, Crawford County Commission on Aging
Nena Sork, Northeast Michigan CMH Authority
Nancy Stevenson, Northern Lakes CMH Authority
Patty Thomas, Alcona County Resident
Teresa Tokarczyk, AuSable Valley CMH Authority
Nancy Wright, AuSable Valley CMH Authority

MiThrive Northwest Work Group

Debbie Aldridge, Benzie-Leelanau District Health Department
Heidi Britton, Northwest Michigan Health Services, Inc.
Dan Buron, Goodwill Northern Michigan
Jessica Carland, Benzie Bus
Kim Chandler, Munson Healthcare
Kayla Diets, Alcona Health Centers
Sarah Eichberger, Michgan State University Extension
Wendy Hirschenberger, Grand Traverse County Health Department
Kevin Hughes, District Health Department #10
Kathleen Jakinovich, Health Department of Northwest Michigan
Tanya Janes, McLaren Northern Michigan
Seth Johnson, United Way of Northwest Michigan
Alyson Kass, Munson Healthcare
Dana Kilinski, Northwest Michigan Health Services, Inc.
Michelle Klein, Benzie-Leelanau District Health Department
Laura Laisure, Grand Traverse County Health Department
Paula Martin, Groundwork Center for Resilient Communities
Alison Metiva, Grand Traverse Regional Community Foundation
Jim Moore, Disability Network of Northern Michigan
Gerry Morris, Project Unity 4 Life
Jenifer Murray, Northern Michigan Community Health Innovation Region
Christy Rivette, District Health Department #10
Tara Rybicki, Munson Healthcare
Lisa Peacock, Benzie Leelanau District Health Department and Health Department of Northwest MIchigan
Rachel Pomeroy, Benzie-Leelanau District Health Department
Jordan Smith, Alcona Health Centers
Lindsey Schnell, Northwest Michigan Health Services
Madison Smith, Northwest Michigan Health Services
Joshua Stoltz, GrowBenzie
Mindy Taylor, Little Traverse Bay Band of Odawa Indians
Stephanie Williams, Munson Healthcare
Lauren Wolf, Benzie-Leelanau District Health Department

The MiThrive Core Support Team

The Northern Michigan Community Health Innovation Region (CHIR) leads the MiThrive community health needs assessment every three years in partnership with hospitals, local health departments, and other community partners. The CHIR's backbone organization is the Northern Michigan Public Health Alliance, a partnership of seven local health departments that together serve a 31-county area. This area was organized into three regions – Northwest, Northeast, and North Central – for the 2021 MiThrive Community Health Needs Assessment.

Administrators, communication specialists, epidemiologists, health educators, and nurses from the Northern Michigan Public Health Alliance formed the MiThrive Core Team:

- Jane Sundmacher, MEd, MiThrive Lead, Northern Michigan Community Health Innovation Region
- Erin Barrett, MPH, MCHES, Community Themes and Strengths Assessment Team Lead and North Central Region Lead, District Health Department #10
- Emily Llore, MPH, Forces of Change Assessment Lead and Northwest Region Lead, Health Department of Northwest Michigan
- Donna Norkoli, MCHES, Community System Assessment Team Lead and Northeast Region Lead, District Health Department #10
- Scott Izzo, MPH, MA, Community Health Status Assessment Co-Lead District Health Department #2
- Jordan Powell, MPH, Community Health Status Assessment Co-Lead, District Health Department #10
- Chandra Gunjak, PhD, Community Health Status Team Member, District Health Department #10
- Amy Horstman, MPH, CHES, Community Health Status Assessment Team Member, Health Department of Northwest Michigan
- April Johnson, MPH, Community Health Status Assessment Team Member, Benzie Leelanau District Health Department
- Laura Laisure, RN, Grand Traverse County Health Department
- Sarah Oleniczak, MPH, MCHES, District Health Department #10
- Rachel Pomeroy, MPH, CHES, Benzie Leelanau District Health Department
- Anna Reetz, Central Michigan District Health Department
- Devin Spivey, MPH, District Health Department #2 and District Health Department #4

Definitions

Community Health Improvement Process

The Community Health Improvement Process is a comprehensive approach to assessing community health, including social determinants of health, and developing action plans to improve community health through substantive involvement from residents and community organizations. The Community Health Needs Assessment process yields two distinct yet connected deliverables: a Community Health Needs Assessment report and community health improvement plan/implementation strategy.

Community Health Needs Assessment

The Community Health Needs Assessment is a process that engages community members and partners to systematically collect and analyze qualitative and quantitative data from a variety of resources from a certain geographic region. The assessment includes information on health status, quality of life, social determinants of health, mortality, and morbidity. The findings of the Community Health Needs Assessment include data collected from both primary and secondary sources, identification of key issues based on analysis of data, and prioritization of key issues.

Community Health Improvement Plan

The Community Health Improvement Plan includes an Outcomes Framework that details metrics, goals and strategies and the community partners committed to implementing strategies for the top priorities identified in Community Health Needs Assessment. It is a long-term, systematic effort to collaboratively address complex community issues, set priorities, and coordinate and target resources.

Hospital Implementation Strategy

The Implementation Strategy details which priorities identified in the Community Health Needs Assessment the hospital plans to address and how it will build on previous efforts and existing initiatives while also considering new strategies to improve health. The Implementation Strategy describes actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospital and community partners.

Executive Summary

In a remarkable partnership, hospitals, health departments, and other community partners in Northern Michigan join together every three years to take a comprehensive look at the health and well-being of residents and communities. Through community engagement and participation across a 31-county region, the MiThrive Community Health Needs Assessment collects and analyzes data from a broad range of social, economic, environmental, and behavioral factors that influence health and well-being and identifies and ranks key strategic issues. In 2021, we conducted a comprehensive, community-driven assessment of health and quality of life on an unprecedented scale. MiThrive gathered data from existing statistics, listened to residents, and learned from community partners, including health care providers. Our findings show our communities face complex, interconnected issues which harm some groups more than others. On June 8, 2022, the 2022 Munson Healthcare Community Health Needs Assessment was adopted by the Boards of Directors of the 7 tax-exempt hospitals of Munson Healthcare.

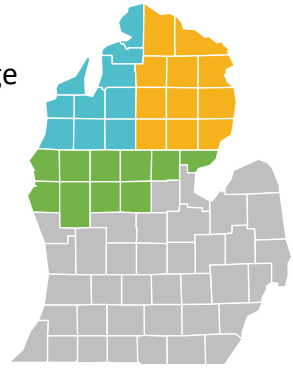
Report Goals and Objectives

The purpose of this report is to serve as a foundation for community decision-making and improvement efforts. Key objectives include:

- Describe the current state of health and well-being in Northern Michigan
- Describe the processes used to collect community perspectives
- Describe the process for prioritizing Strategic Issues within the Northwest CHIR region
- Identify community strengths, resources, and service gaps
- Provide actionable data for collaborative health improvement planning

Regional Approach

MiThrive was implemented across a 31-county region through a partnership of hospital systems, local health departments, and other community partners. Our aim is to leverage resources and reduce duplication while still addressing unique local needs for high quality, comparable, county-level data. The 2021 MiThrive Community Health Needs Assessment utilized three regions: Northwest, Northeast, and North Central. We have found there are several advantages to a regional approach, including strengthened partnerships, alignment of priorities, reduced duplication of effort, comparable data, and maximized resources. As discussed below, of the four MiThrive assessments, two were conducted at the county level and two were conducted within the MiThrive regions.



MiThrive Regions

Munson Healthcare Hospitals' Service Area by MiThrive Region

Hospital	Counties in the Northwest Region	Counties in the Northeast Region	Counties in the North Central Region
Cadillac Hospital	Missaukee Wexford		Lake Osceola
Charlevoix Hospital	Charlevoix Emmet		
Grayling Hospital		Crawford Oscoda Roscommon	
Kalkaska Memorial Health Center	Grand Traverse Kalksaska Antrim		
Manistee Hospital	Manistee		
Munson Medical Center	Antrim Benzie Grand Traverse Kalkaska Leelanau		
Otsego Memorial Hospital		Cheboygan Montmorency Otsego	

Data Collection

The findings detailed throughout this report are based on a variety of primary data collection methods and existing statistics. From the beginning, it was our goal to engage residents and many diverse community partners in primary data collection methods, with a focus on residents from medically underserved, minority, and low-income populations**.**

To accurately identify, understand, and prioritize strategic issues, MiThrive combines quantitative data, such as the number of people affected, changes and differences over time, and qualitative data, such as community input, perspectives, and experiences. **This best-practice approach provides a complete view of health and quality of life while assuring results are driven by the community.**

MiThrive utilizes the Mobilizing for Action through Planning and Partnerships community health needs assessment framework. Considered the "gold standard," it consists of four different assessments for a 360-degree view of the community. Each assessment is designed to answer key questions:

- **Community Health Status Assessment**
  The Community Health Status Assessment identifies priority community health and quality of life issues. It answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?" Its purpose is to collect quantitative secondary data about the health and well-being of residents and communities. We collected approximately 100 statistics, by county, for the 31-county region from reliable sources such as Michigan Department of Health and Human Services, and US Census Bureau.

- **Community Themes and Strengths Assessment**
  The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the following questions:

  "What is important to our community?"
  "How is quality perceived in our community?"
  "What assets do we have that can be used to improve well-being?"

  It consisted of three surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey. Results from each were analyzed by county, hospital service area, and the three MiThrive Regions.

MiThrive Data Collection in 31-County Region

100	Local, state, and national indicators collected by county for the Community Health Status Assessment
152	Participants in three Community System Assessment regional events
396	Participants in focused conversations for the Community System Assessment at 28 community collaborative meetings
3,465	Residents completed the Community Surveys for the Community Themes and Strengths Assessment
840	Residents facing barriers to social determinants of health participated in Pulse Surveys conducted by community partners for the Community Themes and Strengths Assessment
354	Physicians, nurses, and other clinicians completed Healthcare Provider Survey for the Community Themes and Strengths Assessment
199	Participants in three Forces of Change Assessment regional events

- **Community System Assessment**
  The Community System Assessment focuses on organizations that contribute to well-being. It answers the questions, "What are the components, activities, competencies, and capacities in the regional system?" and "How are services being provided to our residents?" First, community-wide virtual meetings were convened in the Northwest, Northeast, and North Central MiThrive regions where participants discussed various attributes of the community system. These were followed by related discussions at local community collaborative meetings.

- **Forces of Change Assessment**
  The Forces of Change Assessment identifies forces such as legislation, technology, and other factors that affect the community context. It answers the questions, "What is occurring or might occur that affects the

health of our community or the local system?" and "What specific threats or opportunities are generated by these occurrences?" Like the Community System Assessment, the Forces of Change Assessment was composed of community meetings convened virtually in the Northwest, Northeast, and North Central MiThrive Regions.

The assessments all provide important information, but the value of the four assessments is multiplied by considering the findings as a whole.

Health Equity

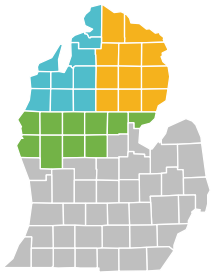
The Robert Wood Johnson Foundation says health equity is achieved when everyone can attain their full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance. Without health equity, there are endless social, health, and economic consequences that negatively impact patients/clients, communities, and organizations. Although health equity is often framed in terms of race or culture, in rural areas – like Northern Michigan – social isolation, higher rates of health risk behaviors, limited access to medical care, and few opportunities for good jobs contributes to increased mortality rates, lower life expectancies, and higher incidence of disease and disability, according to the Rural Health Information Hub.

The MiThrive Vision, *a vibrant, diverse, and caring region where collaboration affords all people equitable opportunities to achieve optimum health and well-being*, is grounded in the value of health equity. As one of the first steps of achieving health equity is to understand current health disparities, **we invited diverse community partners to join the MiThrive Steering Committee, Design Team, and Workgroups, and we gathered primary and secondary data from medically underserved, minority, and low-income populations in each of the four MiThrive assessments, by the following methods:**

- Cross-tabulating demographic indicators such as age, race, and sex for the Community Themes and Strengths Assessment
- Engaging residents experiencing barriers to social determinants of health and organizations that serve them in the Community System Assessment, Community Themes and Strengths Assessment, and Forces of Change Assessment
- Reaching out to medically underserved and low-income populations through Pulse Surveys administered by organizations that serve them
- Increasing inclusion of people with disabilities in the Community Health Needs Assessment through partnership with the Disability Network of Northern Michigan
- Surveying providers who care for patients/clients enrolled in Medicaid Health Plans
- Recruiting 1) residents experiencing barriers to safe, affordable, and accessible housing; healthy food; transportation options; and other social determinants of health and 2) representatives from the diverse organizations that serve them to MiThrive Data Walks and Priority-Setting Events

Key Findings

Following analysis of statistics and community input, significant health needs emerged in each MiThrive Region. Members of the MiThrive Steering Committee, Design Team, and workgroups from the Northwest, Northeast, and North Central Workgroups themed data from all data collection activities on November 22, 2021. As illustrated in the table below, there was considerable agreement across the region.



MiThrive Regions

Strategic Issues Identified in Data Analysis (Unranked)

Northwest Region	Northeast Region	North Central Region
Access to healthcare		
Chronic disease prevention		
Safe, affordable, and accessible housing		
Economic security		
Equity		
Mental health		
Safety and well-being		
Substance use		
Transportation		
COVID-19	COVID-19	Broadband access
Infrastructure for healthy lives	Healthy weight	Healthy weight
Healthy food		Healthy food

Using a criteria-based process, participants at three Data Walk and Priority-Setting Events ranked the Strategic Issues listed above in their region using the following criteria: severity, magnitude, impact, health equity, and sustainability. **The purpose of the ranking process was to prioritize Strategic Issues to collectively develop a shared Community Health Improvement Plan.**

Top-Ranked Strategic Issues by MiThrive Region

Northwest Region December 14, 2021 69 residents and participants	Northeast Region December 7, 2021 60 residents and participants	North Central Region December 8, 2021 77 residents and partners
1. Safe, Affordable, and Accessible Housing **2. Mental Health and Substance Use Disorders** **3. Access to Health Care** **4. Chronic Disease**	**1. Substance Use** **2. Mental Health** **3. Access to Health Care** **4. Chronic Disease**	**1. Substance Use** **2. Mental Health Services** **3. Access to Healthcare** **4. Chronic Disease**

Evaluation of Impact Since 2019 Community Health Needs Assessment

To increase efficiency and impact since the preceding Community Health Needs Assessment and implementation strategy, Munson Healthcare (MHC) has made major progress to systemize strategies and actions that serve our community. As such, the wording of some planned actions has been modified or combined. Furthermore, diversion of resources during the COVID-19 pandemic resulted in a shift away from a few of the originally planned actions from MHC hospitals' 2019 implementation strategies.

Mental Health and Substance Use Disorder

Strategy: Expand Access to Behavioral Health

Action 1: Explore and Implement Telehealth Options

The pandemic expedited full implementation of telehealth as a way to provide safe, easily accessible services while meeting the increased need for behavioral health services across our rural communities. All MHC outpatient behavioral health services are now available virtually. Presently, the majority of service delivery continues virtually, to the extent that MHC has contracted with a telepsychiatry services vendor to meet increasing demand. We anticipate a hybrid model in the future that offers patients the choice of in-person or telehealth.

Action 2: Explore opportunity to have behavioral health consultant available to the MHC system

MHC hired Pine Rest Solutions as a consultant to complete a system evaluation of behavioral health highlighting the needs of our region. This assessment is driving system strategy for behavioral health. We are in the final phase of hiring a service line executive director for behavioral health who will mobilize key stakeholders and resources to deploy a system-wide behavioral health strategy, coordinating and implementing behavioral health services in each region.

Action 3: Continue efforts to recruit behavioral health providers

MHC's Central Region successfully recruited two behavioral health providers, one of whom serves the South Region. In addition, the East Region recruited a behavioral health provider in 2021.

Action 4: Explore options for adding more behavioral health support in primary care

This was not a planned action across the MHC system.

Hospital-specific updates:

- Munson Medical Center (MMC): Successfully secured grant funding to pilot this work in 2019-20 through the MC3 Program. MC3 provides psychiatry support to primary care providers managing patients with mental health needs. This effort enabled Munson Family Practice to offer social work support to patients above 10 years of age and includes postpartum counseling; they hired a full-time LMSW in 2021. Across the general MHC service area, COVID-19 has stalled expansion of this work

- Cadillac Hospital: Secured and implemented a grant with Pine Rest Solutions to employ social workers at Mackinaw Trail Pediatric Clinic and at the Cadillac Area Public School Middle School. Cadillac Primary Care is also offering this service through a rural healthcare model and management dollars
- Charlevoix Hospital: Recruiting behavioral health providers continues to challenge health systems serving rural communities. This obstacle, coupled with the COVID-19 pandemic, has stunted progress
- Kalkaska Memorial Health Center (KMHC): Successfully opened a new behavioral health service at the Medical Pavilion in 2021, including an integrated model with Kalkaska Medical Associates. The program opened with a full-time psychologist, social worker, and medical assistant, with plans to continue team expansion. KMHC also added an adolescent, MDHHS-grant-based site (E3 Program) at Kalkaska Middle School, offering in-school counseling five days per week in addition to counseling services at both Kalkaska Teen Clinic and Forest Area Teen Clinic. KMHC contracts with Kalkaska High School as well, providing crisis counseling as time, resources, and obstacles have allowed. Finally, KMHC's emergency department continues a contract with Community Mental Health for ED support

Strategy: Initiate and Support Harm Reduction Strategies

1. Implement a protocol for those who are in an overdosed state to distribute Naloxone upon discharge

MHC developed and deployed a take-home Naloxone program at all hospital locations based on harm reduction best practices. The program aims to reduce opioid-related morbidity and mortality by increasing distribution of Naloxone – a medication that rapidly reverses an opioid overdose – along with education in the Emergency Department and hospital setting. The program is extended free of charge to all patients who may be at risk for opioid-induced respiratory depression, including patients who have had an overdose, use long-term opioid medications for chronic pain, or are at increased risk due to factors such as concomitant sedating drugs, renal dysfunction, liver disease, sleep apnea, or COPD. The initiative was piloted at MMC between May 2020 and December 2021 with over 100 kits distributed.

2. Expand and promote existing safe needle take back programs (SHARPS) regionally

This was not a planned action across the MHC system.

Hospital-specific updates:

- Cadillac Hospital: Discontinued the SHARPS program in 2019 due to associated employee injuries and other safety concerns
- Manistee Hospital: Offered three SHARPS drop-off events in March, June, and September of 2019. In addition, the hospital implemented a permanent SHARPS program, which was put on-hold due to COVID-19 visitor restrictions and other staffing challenges
- Paul Oliver Memorial Hospital (POMH): Continues to offer a SHARPS collection program, which serviced 50 individuals in fiscal year 2020 and 109 individuals in fiscal year 2021.
- Grayling Hospital: A SHARPS service is offered through the local health department
- KMHC: Launched a free community SHARPS take back program, held once per quarter. Nearly 400 pounds of needles were collected and disposed of in fiscal year 2020 and fiscal year 2021

3. Expand and promote safe medication take back programs (MedSafe) regionally and coordinate a communications campaign to increase medications collected.

MedSafe is a medication disposal bin that provides a safe disposal option for unused, unwanted, or old medication. The bin accepts pills, tablets, capsules, ointments, creams, lotions, powders, and liquid (four ounces or less). Medication drop-off is anonymous and contents are routinely collected and then incinerated. The program has been promoted extensively throughout all MHC communications channels.

MHC observed a decrease in pounds collected that correlated with the COVID-19 pandemic:

Hospital	FY20 #s Collected	FY21 #s Collected
Cadillac	300.4	200.6
Charlevoix	246.5	169.2
Grayling	93.0	48.1
KMHC	374.8	303.2
MMC	735.5	523.6
Manistee	438.9	367.3
OMH	327.2	155.2
POMH	252.6	149.2
System Total	**2,394.1**	**1,613.2**

MHC facilities collected 1,073.8lbs of medications for safe disposal in the first quarter of fiscal year 2022.

Strategy: Expand access to substance use disorder treatment and resources

Action 1. Expand Access to Treatment for Substance Use Disorders

MHC made significant investments to build capacity around expanding substance use disorder services, including the hire of an MHC Substance Use Disorder coordinator. This position is responsible for the following:

- Develop and implement prescribing standards amongst the MHC facility clinics
- Expand Traverse City-based substance use disorder treatment pilot program across MHC facilities
- Deploy evidence-based Opioid Use Disorder (OUD) screening tool at MHC facilities
- Establish protocols for patients presenting post-opioid overdose or with OUD related issues
- Assist with training as necessary to medical providers to begin appropriate medications, including medication for opioid use disorder (MOUD) post overdose or when indicated
- Support the MHC Opioid Stewardship committee as a liaison and meet with physician champions to assist team in defining direction, goals, and action plans to continue to improve interventions and outcomes
- Expand education and stigma reduction efforts related to Substance Use Disorder (SUD) across the MHC region
- Establish, track, monitor, and coordinate training for ambulatory prescribing standards

In addition, MHC built long-term recovery opportunities for individuals with OUD. A 3-year, $1.5 million Substance Abuse and Mental Health Services Administration (SAMHSA) Community Opioid Recovery Expansion (CORE) federal grant, a Michigan Opioid Partnership grant, and a Perinatal Eat Sleep Console grant supported this work. These efforts support recovery services that serve a 10-county region (Antrim, Benzie, Crawford, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Roscommon, and Wexford) with a focus on low-income, rural, and underserved individuals, including pregnant women with OUD.

As part of the Eat Sleep Console grant, MHC hired a coordinator in 2021 who is working to expand the ESC model to all regional birthing centers. ESC is an evidence-based model that focuses on the comfort and care of infants born with Neonatal Abstinence Syndrome (NAS) by maximizing nonpharmacologic methods and increasing family involvement in the treatment of their infant. The system has developed a standard policy for the care of NAS infants, purchased and implemented appropriate furniture and technology, and initiated staff education.

Processes and resources were implemented to support the initiation of OUD treatment in the Emergency Department and inpatient units, including medication to assist in managing symptoms, connections to peer recovery services, and establishment of ongoing, outpatient-based care in collaboration with each patient. In addition, MHC expanded MOUD options, which deploy a team-based approach including care coordination, behavioral health treatment, medications, peer recovery services, and access to community resources.

The first patient was linked to Outpatient OUD treatment in May of 2020. Since that time and through September of 2021, an additional 45 patients were connected with treatment, harm reduction supplies, referrals, and other resources; Peer Recovery Services were also extended to more than 200 MMC patients. Despite the COVID-19 pandemic, the team has offered a continuation of services without interruption using phone, telehealth, and limited face-to-face visits.

In 2021, the team developed system standard work based on this pilot, with plans to provide one-on-one support and education in each region and to implement an MAT program that expands treatment options to rural areas. Work was put on hold in late 2021 due to MHC's pandemic level red status and the need to re-assign clinical Community Health workers. Plans are in place to resume in 2022.

Additional hospital-specific updates:

- POMH: Empire Family Care providers continue to treat patients with opioid use disorder using Suboxone. The new system standard in development will be implemented at Empire Family Care and Frankfort Medical Group
- Charlevoix Hospital: Continues to partner with BASES Recovery Center to connect emergency department patients with recovery a coach to assist with either access treatment and/or recovery assistance programs
- MMC: Application for a grant was submitted in early 2022 seeking funding to support community-based overdose prevention programs, syringe services programs, and other harm reduction services
- KMHC: Serves as an active member in the Northern Michigan Opioid Response Consortium (NMORC), now covering 16 counties including Kalkaska. Laura Zingg, KMHC Vice-President of Marketing, Outreach, and Chronic Disease, is serving a three-year term as the NMORC Board Chair

Action 2. Continue offering tobacco cessation classes in existing locations. Assess need and implement additional tobacco cessation resources regionally and promote community resources, as appropriate.

MHC launched a virtual tobacco cessation course in 2021, which serves the entire MHC service area. As of November 2021, 22 participants completed the class, with an average 3-month quit rate of 50 percent. MHC communications and provider services continue to promote these virtual class options, as well as other resources, such as the Tobacco Quit Hotline.

Additional hospital-specific updates:

- Charlevoix Hospital: Due to COVID-19, in-person sessions of the American Lung Association's Freedom From Smoking ® sessions were not offered at the Wellness Workshop, however, promotion of online sessions (provided by MMC) is underway
- KMHC: Has not held a Freedom From Smoking ® class since the onset of COVID, however, the ED continues to offer smoking cessation products at reduced prices

Action 3. Utilize the Family Assessment & Safety Team (FAST), a mobile mental health crisis response team helping connect people to resources to get them back to their regular level of functioning.

This was not a planned action across the MHC system.

Hospital-specific update:

- Grayling Hospital: Emergency Department staff provide the FAST program brochure as needed

Strategy: Increase Screening Related to Mental Health and Substance Use Disorders

Action 1. Explore opportunities to deploy adverse childhood experiences screening tool, interventions, and education at various locations

MHC supports the work of the CHIR and Community Connections to utilize ACES framework for care and screening tools. While MHC intended to pursue ACES screening, work has transitioned to focusing on COVID-19.

Additional hospital-specific updates:

- Cadillac Hospital: Supported the work of a community coalition focused on ACES work in 2018. Work has since transitioned to COVID-19 and ACES work is on hold, though the Physician Hospital Organization (PHO) currently employs MSWs to do ACES work in Cadillac Area Public Schools

Action 2. Expand Perinatal Substance Use Disorder screening and brief intervention for pregnant women

Perinatal Substance Use Disorder (PSUD) screening and brief intervention for pregnant women is being conducted using the High Tech High Touch Screening Tool (HT-2). The brief intervention is part of the touch screening tool, conducted via an office I-pad or a mobile device. Once a woman screens for Perinatal substance use, the brief intervention is tailored based on her response and includes motivational interviewing to help encourage her toward recovery resources. Screening has expanded to 3 additional OB sites since 2019:

- Grand Traverse Women's Clinic
- Munson Family Practice
- Munson Prudenville

These 3 sites have produced the following screening metrics since their start date through September 30, 2021:

Screening Site	Start Date	2019	2020` (Pandemic Year)	2021 (thru 9/30/31) (Pandemic Year)
Grand Traverse Women's Clinic	10/1/2019	298 Screenings 101 screen + 65 brief interventions	651 Screenings 276 screen + 121 brief interventions	625 Screenings 212 screen + 92 brief interventions
Munson Family Practice	10/1/2019	3 Screenings 3 Screen Positive 3 Brief Interventions	18 Screenings 8 screen + 6 brief interventions	11 Screenings 5 screen + 2 brief interventions
Munson Prudenville	7/1/2021	NA	NA	14 Screenings 12 screen + 7 brief interventions

The COVID-19 pandemic presented many challenges related to screening. With offices conducting more virtual visits and implementing other infection prevention measures, in-office I-pad screening transitioned to phone screenings (reading questions to clients). By July 2020, HT-2 developed a text link so patients could access the screening link from their mobile device prior to or at an appointment, eliminating the need to share an I-pad with multiple clients during the pandemic.

Four additional sites will start the HT-2 screening in January 2022:

- Munson Manistee OB
- Northwoods OB
- District Health Department #10 – Wexford (Pre-conceptual screening)
- District Health Department #10 – Manistee (Pre-conceptual screening)

Action 3. Screen patients for suicide and/or depression risk and explore educational opportunities to mitigate risk and lower rate of suicide in our community

Suicide is the 10th leading cause of death in our nation and the second leading cause of death for people ages 10-34. As a response, MHC hospitals launched a general screening of all patients ages 12 and older utilizing the Columbia Suicide Severity Rating Scale. Corresponding actions are implemented for any patient who scores with some level of risk for suicide. MHC utilized this general approach to screening as a best practice way to identify potential risk and help mitigate this health crisis.

Additional hospital-specific updates:

- Cadillac Hospital: Provided support to the adolescent wellness center for kids with mental health and suicide related challenges. Support has been provided through contracting with the Wexford ISD to embed MSWs into five area schools
- KMHC: Provided every Kalkaska Teen Clinic or Forest Area Teen Clinic patient an annual comprehensive risk assessment/ review, which includes nutrition, safety, risk-taking behaviors, mental health, exercise, etc.

Strategy: Implement Educational Programs and Initiatives Related to Mental Health and Substance Abuse

Action 1. Evaluate need to create and implement a promotional campaign to create awareness and connect community members to local resources for behavioral health improvement

MHC focused efforts on building employee and community resilience during the COVID-19 pandemic, including offering presentations and resources to employees. In addition, MHC developed and continues to share resilience resources, mental health, tobacco cessation, and stress management content via our communications channels and directly with community partners. MHC is also actively contributing staff time to a regional stigma effort and developing an internal stigma reduction campaign around mental health and substance use disorders.

Action 2. Create, implement, and promote an education initiative (mindfulness, adverse childhood experiences, resiliency, prevention)

MHC developed and released a resiliency toolkit and associated resources in 2021 to support the community in developing personal resilience in general, but particularly during the COVID-19 pandemic. This content continues to be shared via system digital channels (blog, social, e-newsletter, internal communications, etc.) and directly with community partners.

Additional hospital-specific updates:

- MMC: Partnered with Northwest Education Services (formerly Traverse Bay Intermediate School District) to offer in-service for area educators, teaching resiliency and the important role physical activity and nutrition play in creating resilient kids
- POMH: Planned and hosted an ACES educational event in September of 2019. The event featured a screening of the documentary Resilience, followed by an educational session and panel discussion of ACES experts. Community organizations were present in an exhibit format to extend support and resources to attendees. Over 200 community members attended the event
- Charlevoix Hospital: The school nurse program was transitioned to the local health department starting July 1, 2020. Due to the program's transition, all programming and other initiatives listed in the 2019-2022 implementation plan were halted within the schools. Despite this, the mindfulness iPad application is still being used in provider offices. In addition, one SafeTalk event was held November 2019 for 180 community members
- KMHC: Adolescent clinics, including Kalkaska Teen Clinic, Forest Area Teen Clinic and behavioral health services at Kalkaska Middle School, provided in-school programming and educational opportunities for both staff and teachers. Clinical staff including nurses, physician assistant, nurse practitioner and behavioral health providers respond to needs in the schools and have provided education on topics such as mindfulness, stress reduction, depression, illness prevention, healthy eating, mental health, suicide tips, and trauma support. They also provide general illness, vaccination, health/wellness education, and support

Action 3. Increase education opportunities among healthcare team members related to mental health and substance use disorders

The Eat Sleep Console (ESC) initiative included learning opportunities for healthcare providers across the region to assist staff in meeting the needs of families affected by neonatal abstinence syndrome (NAS). These sessions included reinforcement of the function-based withdrawal assessment tool for infants as well as therapeutic communication recommendations for interactions with families. These sessions have also been offered for the community partners who care for these families following discharge from the hospital to align inpatient and community messaging. This educational service will be available until October of 2022, when it will be continued via a virtual recorded session format.

In addition, Community Health continues to partner with physician services to ensure ongoing Continuing Education Unit (CEU) opportunities are available to providers on this topic. MHC planned a regional opioid symposium for April of 2020, which was postponed due to COVID-19. Fortunately, the most recent Annual Provider Symposium was offered virtually, which included several learning opportunities focused on mental health and substance use disorders.

MHC has also provided stigma training and implicit bias training to all MHC medical staff as well as best practice recommendations and educational opportunities regarding SUD treatment and support harm reduction strategies, such as Take Home Narcan.

Action 4. Explore alternatives for non-emergent medical transportation for behavioral health patients

This was not a planned action across the MHC system.

- Grayling Hospital: Partnered with local police, ambulance, and the FAN (Families Against Narcotics) program to transport patients

Action 5. Continue to provide registered nurses to area schools

This was not a planned action across the MHC system.

Hospital-specific update:

- Charlevoix Hospital: During the 2019-2020 school years, over 2,800 students were served by the school nurse program, however, oversight of the program was transitioned to the local health department for the 2021-2022 school year
- KMHC: KMHC Teen Clinic staff supported both Kalkaska and Forest Area Public Schools

Action 6. Offer Employee Assistance Program

MHC continues to offer and promote the Employee Assistance Program (EAP) as a free resource to all employees, regardless of insurance coverage. EAP is promoted via print flyers, email communications, and in one-on-one conversations with managers.

Strategy: Support and promote community efforts and resources related to mental health and substance use disorder

MHC supports community efforts and resources related to mental health and substance use disorder through active participation in MiThrive and the CHIR. MHC also promotes resources on this topic through our blog posts and social media channels. Due to shifting responsibilities related to the COVID-19 pandemic, other specific planned actions across MHC hospital did not take place.

Additional hospital-specific updates:

- POMH: Committed to exploring ways to support the Advocates for Benzie County (ABC) youth tobacco cessation program. However, ABC transitioned their focus to convening community voices and advocacy, rather than implementing programming
- Manistee Hospital: Continues to support the efforts of the Substance Education and Awareness Collation in Manistee through monthly participation in meetings and by helping to promote educational events via provider networks and public channels
- MMC: Since 2019, has created – and continues growing – collaborative relationships in the community to support substance use disorder (SUD) treatment and recovery, including primary care providers, behavioral health, community coalitions, EMS, and law enforcement

Strategy: Other

Action 1. Identify and collaborate on advocacy opportunities

Since 2019, MHC has worked to address the behavioral health and substance abuse needs of the community through convening, collaborating and being the initiator of care. This includes:

- Collaborated with Northern Lakes Community Mental Health and McLaren Northern Michigan to complete a Regional Crisis System Assessment.
- Leading the Community Health Innovation Region (CHIR) Behavioral Health Summit Access to Behavioral Health Services pillar
- Active participation in the CHIR Behavioral Health Access Action Group
- Active and close work with the Michigan Hospital Association Behavioral Health Task Force, with a focus on improvements in emergency department behavioral health services
- Collaborated with the Michigan Hospital Association to advocate for legislative policies and funding that support access to behavioral health services

- Facilitated numerous roundtable conversations with elected officials at the state and federal level to advocate for additional resources and policy changes
- Advocated for state and federal funding to enhance current behavioral health crisis services and expand crisis services in the region
- Supported passage of the federal Excellence in Mental Health Act

MHC plays multiple roles in addressing these gaps on a regional scale: Convener, Collaborator, and Initiator of Care.

Convening	**Collaborating**	**Initiating**
• MHC convened a June 2021 meeting with U.S. Senator Debbie Stabenow and our regional partners to discuss federal behavioral health policy, barriers, and opportunities.	• Collaborated on TBD Solutions Regional Crisis System Assessment and public engagement • Expansion of Collaborative Care with pilots now in Traverse City, Grayling, and Cadillac. • Co-Leading Community Health Innovation Region (CHIR) Behavioral Health Access Organization grant efforts	• Focused on initiating/expanding services based on our resources and expertise • New contract with IRIS Telehealth for Telepsychiatry services for adults and vetting on-demand pediatric tele-psychiatric services for MHC hospitals. • Hiring one additional Psychiatric APP for Outpatient Behavioral Healthcare (MMC) • Reopening of Residential Substance Use Disorder services for adults (Lack of available staffing had resulted in its closure) • Expansion of Medication Assisted Treatment and Harm Reduction across the system. • Improved Emergency Department-Behavioral Health response protocols for behavioral health crisis.

Action 2. Continue to support the regional Opioid Stewardship Committee

MHC collaborated with regional facility leaders to support efforts for SUD prevention, treatment, and recovery in the communities. This group is part of the planning and approval for protocols and programs related to SUD. The Opioid Stewardship Committee is represented by leadership at all MHC hospitals. The representation from each facility consists of approximately 30 members, including physicians, nurses, educators, behavioral health, pharmacy, corporate communication, and clinical informatics in collaboration with community advocates.

Action 3. Continue utilizing best practices related to pain management and nerve blocks among post-operative patients to decrease narcotic use

This was not a planned action across the MHC system.

Additional hospital-specific updates:

- Charlevoix and Otsego Memorial Hospital (OMH): Continued use of best practices related to pain management and nerve blocks continue to be implemented by the surgical department to decrease narcotic use

Basic Needs of Living

Healthy Food Access and Nutrition Education

Strategy: Support, provide and/or expand opportunities for healthy food access.

Action 1: Partner with food pantries/banks, community gardens, farmers market, MSU-Extension, the Health Department, and other organizations to increase access to healthy foods and physical activity through programs/initiatives and/or promotion of available resources.

MHC continues to maintain Shape Up North, an initiative dedicated to helping our region maintain a healthy lifestyle. This is done through partnerships and collaborative efforts with like-minded community organizations to solve complex issues to make the healthy choices available to our communities. Shape Up North also offers resources on their website and routine posts on Facebook to help motivate and educate our communities.

Additional hospital-specific updates:

- Charlevoix Hospital: Exploration of partnerships to expand health food programs within the Charlevoix Hospital service area were thwarted by the COVID-19 pandemic
- Grayling Hospital: (1) Partnered with non-profits who have a mission around access to healthy foods, i.e.: Crawford County Christian Help Center, Oscoda County Together We Can Mobile Food Pantry, Oscoda County-St. Bartholomew, Roscommon County Food Pantry, Roscommon County Christian Partnership mobile food pantry, Crawford AuSable School's Food Pantries, St. Vincent dePaul, Michigan State University Extension (MSU-E), and the Food Bank of Eastern Michigan (GRY). (2) Found opportunities to partner with local community gardens, farmers markets, and MSU-E to promote access to healthy foods and programs/initiatives such as Double Up Food Bucks, Summer EBT. (3) Collaborated with service providers in Crawford, Roscommon, and Oscoda County to produce and distribute Food Resource pamphlets
- MMC: (1) Partnered with local physician offices (high Medicaid/free clinics) to help support nutrition education and introduction to local farmers markets. (2) Partnered with MSU-E to provide nutrition education both in provider offices and at the local farmers markets. (3) Partnered with the local YMCA, case managers, dietitians, and exercise specialists to provide mental, physical, and nutrition education at pediatrician offices for clinically diagnosed obese children and their families. (4) Partnered with Traverse City Area Public Schools (TCAPS) to review mental, physical, and nutritional data related to the development of a district-wide plan to improve overall well-being and wellness of both students and teachers. (4) Partnered with Northwest Education Services (formerly TBAISD) to develop educational in-service for educators on the topic of resiliency. (5) Attended Northwest Michigan Food Coalition meetings in support of their ongoing efforts
- OMH: Explored opportunities to partner with local community gardens, Gaylord farmers market, MSU-E, and the health department to promote access to healthy foods and programs/initiatives such as Double Up Food Bucks and Summer EBT
- POMH: (1) Partnered with local physician offices, senior centers, and food pantry (BACN) to help support nutrition education and introduction to local farmers markets. (2) Partnered with MSU-E to provide nutrition education at the local farmers markets. 3) Other community efforts include sponsorship support to the following: Grow Benzie for their food systems work, Crystal Nordic program to extend access to cross country skiing to youth, Bike Benzie to

promote and support youth physical activity, and additional races and golf events that promote and support wellness. 4) The hospital also hosted and/or participated in the following events: fiscal year 2020 Glen Lake Moveathon, fiscal year 2020 host of Frankfort's Looney Luau to promote youth movement, and the fiscal year 2019 host of Tri Up North to raise funds for community health initiatives

Action 2: Implement and evaluate the Food as Medicine Project: Several key accomplishments emerged from the Food As Medicine: Helping You Heal project despite many pandemic-related challenges. MHC helped strengthen the multidisciplinary collaboration between hospital and community health partners, collaborating to establish goals, overcome a multitude of unexpected challenges, and think creatively to maximize the use of existing resources. Despite pandemic-related challenges, hospital staff from the dietary, case management, and nursing departments met to help patients heal through better nutrition to reduce readmissions. Moreover, MHC collaborated with partner agencies, including Groundwork Center for Resilient Communities and the Northwest Food Coalition, to positively impact local food pantries; Helping You Heal included funding that helped initiate the Farm 2 Neighbor program, facilitating procurement of fresh produce from local farmers to be distributed via local food pantries.

The results from this project demonstrated feasibility and identified solutions to common barriers that are likely to be encountered in similar projects. Some key insights gained from surveying hospitalized/recently discharged seniors include:

- More than 65% had a health condition requiring a dietary change; more than 25% were eating less than two meals a day; more than 10% reported reducing their meal size in the last year due to lack of resources; nearly 20% said they can't afford to eat balanced meals.
- Overall, this project allowed for considerable progress toward demonstrating feasibility for similar programming. MHC gathered enough data to apply for a federal grant (e.g., NIH) to procure future funding for further development of this Food As Medicine concept.

Action 3: Promote Council and Commission on Aging Meals on Wheels, and congregate meal programs for local seniors.

This was not a planned action across the MHC system.

Hospital-specific updates:

Grayling Hospital: MHC-employed social workers are actively promoting and providing patients in need with information on local healthy food access programs such as Double Up Food Bucks, Meals On Wheels, and other local programs

Action 4: Support the implementation of healthy food policies in schools.

This was not a planned action across the MHC system.

Hospital-specific updates:

Cadillac Hospital: During the summer of 2020, interns implemented evidence-based, low-cost recommendations on improving presentation of food to encourage better food choice among students. Students planned to follow up six months later to evaluate changes but were unable due to the onset of the COVID-19 pandemic

MMC: Partnered with TCAPS to apply for the Traverse City Rotary Charities SEED Grant to collect data and assess the needs of teachers and students in the areas of mental health, nutrition, and physical health. Data was collected and assessed to gauge willingness to change and root cause behaviors. As a result, the TCAPS Wellness committee and administration decided to move forward and apply for the System Change Grant through Rotary Charities to implement changes

Strategy: Provide opportunities for Munson Healthcare employees to participate in local Community Supported Agriculture programs to increase consumption of fruits and vegetables.

Although employee wellness programming is not considered a qualified community benefit according to the IRS, as one of the largest employers in the region, the health of employees and their families directly impacts the overall health of the communities MHC serves. In addition, MHC's support of local farms improves the economic vitality of the community.

Additional hospital-specific updates:

- Cadillac Hospital: Cadillac Hospital offers a Community Supported Agriculture (CSA) program to employees, with participation ranging up to 20 participants annually. The hospital also implemented the Traffic Light Program in the hospital cafeteria – an initiative to improve healthy food choice through education and awareness, though stations became limited due to COVID-19. Finally, the hospital piloted a Core Four program for employees in the winter of 2019 aimed at supporting positive behavior change, including eating and physical activity behaviors.
- Charlevoix Hospital: Due to the hospital's response to the COVID-19 pandemic, participation in the CSA was postponed

Strategy: Collaborate, support, provide and/or explore implementation of the National Diabetes Prevention Program

MHC supports diabetes prevention efforts through staffing and community awareness efforts, using web-based platforms such as the nmdi.org website and Facebook page to share information and opportunities that promote diabetes prevention and management across the region. MHC also engages providers, community partners, and other stakeholders through a steering committee, which offers an opportunity for sharing best practices and diabetes-related efforts happening locally and statewide.

Northern Michigan Diabetes Initiative (NMDI) also continues to promote Diabetes Prevention Programs (DPP), including the virtual DPP option (Omada) to Munson benefitted employees. Promotional activities include:

- Launch of a new NMDI website under the MHC umbrella for a broader reach
- NMDI and MHC Facebook pages
- Mailings to patients with prediabetes
- Targeted patient portal messages to patients with prediabetes and diabetes
- Content development via the MHC blog
- MHC e-newsletter to over 100K people and internal newsletter (*Compass*) to all MHC employees.
- Coordination with physician services to increase visibility of diabetes resources, referrals to DPP and DSME, and educational opportunities related to diabetes prevention and management

Promotional efforts produced the following results:

Month/Year	NMDI Facebook Followers
July 2019	374
July 2020	432
July 2021	471

Website:

- 2020 - Visits: 7,584; Pageviews: 11,861
- 2021 - Visits: 3,019; Pageviews: 5,160

From July 2020 – June 2021, MHC saw a 200% increase in employee participation in the virtual DPP program (Omada).

In addition, NMDI is exploring the possibility of offering DPP through distance learning to reach more patients across the region. However, this work was put on hold due to COVID-19 restrictions.

Additional hospital-specific updates:

- MMC: Offered one DPP series beginning September 2019 and ending September 2020. Six months of this class was facilitated through distance learning; eleven participants completed the program. No new DPP classes have been initiated by MMC due to the pandemic. NMDI continues to promote DPPs offered by partner agencies, most of which have moved to a distance-learning format
- Charlevoix Hospital: Due to the COVID-19 pandemic, Charlevoix Hospital, in partnership with MSU-E, was only able to provide three of sixteen sessions of the National Diabetes Prevention Program to eighteen participants at the Wellness Workshop
- KMHC: Held its last DPP class in 2019 with 17 participants and a cumulative weight loss of almost 200 pounds. No new DPP classes have been held since the onset of the pandemic

Strategy: Provide nutrition education in partnership with community partners

Action 1: Expand the Fruit and Vegetable Prescription Program across the region:

The Shape Up North Fruit and Vegetable Rx Program is designed to help patients with chronic disease create new healthy habits that align with the Dietary Guidelines. A healthy eating pattern that includes fresh fruits and vegetables is an evidence-based way to improve health and reduce the risk of chronic disease.

This program partners with MSU-E, which uses the Discover Michigan Fresh curriculum that provides nutrition education and farmer's market tours to help familiarize SNAP-Ed eligible residents with their local market while shopping for nutritious and affordable food that keeps their dollars local. By creating a partnership between the Fruit and Vegetable Rx and Discover Michigan Fresh, MHC was able to enhance both programs while providing valuable linkages between farmers, health care providers, and the community.

After successful pilots in Grand Traverse and Benzie Counties, MHC secured grant funding to expand the program to all three service area regions. Programs were standardized and coordinated where appropriate to increase reach and program efficiency, while still allowing for individual communities to tailor programming and meet their community's specific needs.

Participants with chronic disease are referred through participating health clinics, community partners, or self-referral, participating in both nutrition education and cooking demonstrations. After engaging in nutrition education, participants receive coupons to redeem fresh fruits, vegetables, and seedlings at local farmer's markets and grocery stores.

Due to the COVID-19 pandemic, some programs were put on hold in 2020 with adjustments made in 2021 to ensure a safe environment for all. During this time, education was offered via a virtual platform. One-on-one technical assistance was offered to participants.

The program was offered in the following communities with the below reach:

- POMH (Benzie County)
  - 2019: 126 participants were provided education
  - 2020: Program on hold due to COVID-19
  - 2021: Summer only program – 28 participants were provided education
- MMC (Grand Traverse County)
  - 2019: 233 participants were provided education
  - 2020: Program on hold due to COVID-19
  - 2021: Summer only program – 54 participants were provided education
- Cadillac Hospital (Wexford, Missaukee Counties)
  - 2020: 83 participants
  - 2021: 192 participants
- Grayling Hospital (Crawford County):
  - 2020: 21 participants
  - 2021: 26 participants
- Manistee Hospital (Manistee County)
  - 2020: 31 participants
  - 2021: 105 participants

Additional hospital-specific updates:

- Charlevoix Hospital: Three nutrition education classes (Art of Healthy Eating and Art of Plant-based Foods) served 41 participants
- OMH: Provided Healthy Habits Made Simple to 10 participants at the Otsego County Commission on Aging in September 2019

Physical Activity

Strategy: Promote, provide, and expand physical activity opportunities for children and adolescents

Action 1: Offer sports physicals and/or athletic trainers to safe participation in school athletic programs.

This was not a planned action across the MHC system.

Hospital-specific updates:

- Charlevoix Hospital: Athletic Trainers provided services at 350 events to an estimated 500 people at Boyne City and East Jordan Public Schools
- Manistee Hospital: Provides one FTE ATC to the local school district. This clinician provides injury prevention and wellness education and support to middle and high school athletes.
- MMC: Currently employs athletic trainers who service Traverse City Central High School and have previously served Traverse City West High School
- POMH: Provides two FTEs to two local school districts. These clinicians provide injury prevention and wellness education to support middle and high school athletes. In addition, they plan activities and programs that encourage year-round physical activity for all students
- KMHC: Performed over 600 concussion baseline screenings since 2019 at Kalkaska and Forest Area Schools utilizing the “CRANIUM” program

Action 2: Offer and/or expand access to physical activity programming in partnership with community organizations.

This was not a planned action across the MHC system.

Hospital-specific updates:

- Cadillac Hospital: Partnered with the Cadillac YMCA to offer a class for six children in 2019. Future plans were put on hold due to COVID-19
- Charlevoix Hospital: Provided both financial and in-kind support for the 2019 Thanksgiving Day Turkey Trot 5K and Breast Cancer 5k Walk/Run
- MMC: Offered three Fit Kids 360 cohorts in Traverse City in 2019. MMC also collaborated with the Grand Traverse Bay YMCA, Adaptive Counseling, Traverse Area Pediatric & Adolescent Clinics, Kid's Creek Children's Clinic, Northern Michigan Medicine and Pediatrics, and Grand Traverse Children's Clinic. A partnership was also facilitated with Munson Family Practice, complete with six volunteer residents mentoring children in the most recent class. This partnership gave families exposure to young upcoming physicians as their mentors and has helped to train new doctors on ways they can help children in their future practices. In Kalkaska County completed one cohort and partnered with the Kalkaska Senior Center, Kalkaska Memorial Hospital, Health Department #10, Ironmen Health Center and Kalkaska Memorial Rural Health Clinic
- OMH: Prior to the COVID-19 pandemic offered Wellness Wednesdays. This included movement classes as well as screenings including: BMI, body muscle and fat percentages, full cholesterol panel, Glucose level, blood pressure, and heart rate. Health consultations were also provided by an RN and educational materials tailored to individual results.
- POMH: Attempted to offer classes in 2018 and 2019 but cancelled due to lack of referrals. Future plans were put on hold due to COVID-19

Strategy: Increase physical activity among adults by promoting, providing, and expanding fitness programming.

MHC continues to maintain Shape Up North, a community resource dedicated to helping community members create and maintain a healthy lifestyle. It offers tips, guidance, and support through a website and Facebook page for individuals, schools, businesses, and healthcare providers throughout the MHC services area.

Action 1: Offer and/or expand access to physical activity programming in partnership with community organizations.

This was not a planned action across the MHC system.

Hospital-specific updates:

- Cadillac Hospital: Continued to partner with the Cadillac YMCA to offer Senior Fit, a referral-based movement and wellness program, through 2021. Virtual offerings were implemented during COVID-19
- Grayling Hospital: Offered Equipped to be Fit and Fit and Stretch Exercise Classes in collaboration with the Grayling Senior Center prior to the COVID-19 pandemic
- MMC: Offered Fit Kids 360 program in partnership with the Grand Traverse YMCA. Also offered a speaker's series with partnership with the YMCA. These efforts were both discontinued due to the pandemic
- Manistee Hospital: Offer the Prescription for Exercise Program to over 315 individuals with a financial commitment of over $30,000. This program entitles patients to five free visits with an Exercise Specialist to build healthy exercise habits
- POMH: Continued to support and expand fitness programming through the Betsie Hosick Health & Fitness Center (BHHFC) and free outreach programs to over 2,610 people at 470 events for a financial investment of over $16,000. This includes fitness and health educational sessions, PT Extension, free outreach fitness classes, Active Steps,

Journey, and other classes offered offsite. The BHHFC also provided 25 discounted memberships ($2,500 investment) to the Benzie Senior Resource Center as part of an initiative to extend fitness access to vulnerable seniors

Action 3: Provide fall prevention classes and other physical activity opportunities to support aging in place.

This was not a planned action across the MHC system.

Hospital specific updates:

- Charlevoix Hospital: Provided eight sessions of Tai Chi for Arthritis and fall prevention to 20 community members
- Grayling Hospital: Physical therapists provided 63 fitness sessions (i.e. Fit and Stretch and/or Equipped to be Fit), to seniors at the Crawford County Commission on Aging Senior Center; each session had 10-15 participants. (Offered July 1, 2019 to June 30, 2020)

Transportation

Strategy: Help address basic needs of living to create resiliency and promote equity

Action 1: Offer transportation assistance to patients as needed (i.e. taxi voucher, gas cards, bus passes, Patient Needs Fund, etc.)

All MHC hospitals continue to provide transportation assistance in various forms, including bus passes, taxi cabs, and gas cards. In addition, KMHC employs a driver and passenger bus to provide transportation for dialysis patients.

Action 2: Strengthen and enhance partnerships with local transit authorities to improve access to transportation.

MHC hospitals utilize and refer patients to their local transit authorities as a source of transportation. In addition, we've provided financial support and/or sponsorship periodically to MHC service area communities.

Additional hospital-specific updates:

- MMC: Supported BATA Bayline as a source of free transportation through May 2020. The Community Health Team also helped promote BATA's OnDemand service for transportation to medical appointments
- POMH: Provided support to Benzie Bus in the form of multiple sponsorships to extend safe rides for residents.

Action 3: Facilitate/connect patients with Medicaid to transportation benefits for medical appointments

This was not a planned action across the MHC system.

Hospital specific updates:

- Grayling Hospital and OMH: Provided Medicaid transportation phone numbers for patients to arrange transportation or assisted patients with calling to set up rides for medical appointments
- KMHC: Provided coordination of this benefit through care management

Action 4: Connect patients with transportation assistance from local Senior Centers and Veterans organizations

This was not a planned action across the MHC system.

Hospital specific updates:

- Grayling Hospital and OMH: Provided patients with their local COA or VA information to request transportation assistance and to get service-connected when the organizations open again with volunteers
- KMHC: Connects patients with this service via care management. Prior to pandemic, local COA helped transport assisted living residents to non-local medical appointments

Housing

Strategy: Help address basic needs of living to create resiliency and promote equity

Action 1: Continue participation and support to area groups discussing housing-related issues

MHC participated in the CHIR Action Teams until they were dissolved. The MiThrive work groups continue to be in place with housing as a planning topic. Community Health Team members attend these meetings. An MHC employee is actively engaged in supporting the efforts of Housing North.

Additional hospital-specific updates:

- POMH: Continued support for FACLT – a developing land trust which will hold affordable housing for permanent residents
- Cadillac Hospital: Contributed leadership support for the Michigan Alliance for Economic Success efforts around housing needs; on hold due to COVID-19

Action 2: Identify and pursue advocacy opportunities related to housing

MHC collaborated with the Grand Traverse Regional Community Foundation to advocate for funding for the Northwest Michigan Community Development Coalition. Another collaboration with Housing North and the Northwest Michigan Community Development Coalition was facilitated to advocate for changes to the State of Michigan's Qualified Allocation Plan to assist in improving housing access for the region.

Health Equity

Strategy: Help address basic needs of living to create resiliency and promote equity

Action 1: Offer financial assistance to qualifying patients (financial assistance policy and unmet needs fund)

MHC continues to provide financial assistance per our financial assistance policy. MHC hospitals also provide support through our unmet needs funds for patients in need of support for basic needs of living prior to discharge.

Additional hospital-specific updates:

- Cadillac Hospital: Provided $20,000 in annual financial support to the Stehouwer Free Clinic that serves more than 220 patients each year. Additionally, PAS invests over $40,000 in staff time annually to help connect uninsured patients with a plan

Action 2: Provide medication assistance programs to those in need; Provide charity medication donations

This was not a planned action across the MHC system.

Hospital-specific updates:

- MMC: Continue the Medication Assistance Program through July 1, 2020, with a cost to the hospital of $263,375 in fiscal year 2020. MMC continues to offer medication donations to area clinics that provide care to our Medicaid population with a donation of staff time and medication totaling $99,040 in fiscal year 2019, $12,537 in fiscal year 2020 and $10,641 in fiscal year 2021
- Grayling Hospital: Provided medication samples, copay cards, free trial vouchers and assisted local patients with utilizing Patient Assistance Programs through medication manufacturers to ease the financial burden of life-saving medication treatment costs
- Cadillac Hospital: Continues to operate a Medication Assistance Program with a $36,000 annual financial investment that secures over 2.14 million dollars' worth of free medications annually to manage chronic diseases for an average of 275 patients who are unable to afford them
- Manistee Hospital: Continues to provide free medications at discharge to patients who are not able to pay
- KMHC: Continued the Medication Assistance Program, helping on average 60 patients a month. Helped access over $1.5 million of medications between 2019-2021

Action 3: Explore deployment of new Cerner PowerForm (HealtheIntent) screening tool for psychosocial needs - Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

An in-depth exploration of the deployment of new Cerner PowerForm (HealtheIntent) screening tool for psychosocial needs did not take place during this CHNA cycle due to efforts being redirected to the COVID-19 pandemic, but future exploration to deploy continues to take place.

Action 4: Create system processes to allow for increased screening and potential referrals to community partners who address social determinants of health

Community Connections is a program that supports the MHC service area and provides one-on-one navigational assistance to patients to help secure needed resources. System processes were developed and implemented within all MHC primary care offices to screen all patients at least annually and make routine referrals to Community Connections when appropriate. In addition, teams are developing similar processes to enable inpatient care managers to routinely connect patients with Community Connections at discharge as needed.

Hub (Associated Hospitals)	**FY21 Referrals from MHC**
DHD#10 Hub (Cadillac/Manistee/ Grayling)	180
Grand Traverse Hub MMC, POMH	77
Northwest Hub (OMH, Charlevoix Hospital)	6

Community Connections has been highly successful – it continues to grow, welcoming new staff members to support the high number of referrals and expansion of the service area to include Osceola County. Additionally, MHC primary care clinics have partnered closely to pilot monthly case review meetings to ensure care coordination and follow-up to support patient needs.

Action 5: Support, partner, and refer to community resources

MHC hospitals continue to support the work of the CHIR and community connections which helps those in need in our community and provides guidance to resources. MHC also offers an Ask-A-Nurse service.

Additional hospital-specific updates:

- Charlevoix Hospital: Four registered nurses established a school-based nurse health program at Charlevoix Public, St Mary's Catholic, Charlevoix Montessori (previously NW Academy), Boyne Falls Public, Boyne Concord, Boyne City High School, and East Jordan Public at an estimated expense of $163,739 and served 2,876 students. Ahead of the 2020-2021 school year, the program was transitioned to the local health department
- Grayling Hospital: Increased access to health care services through participation in two local health fairs (I.e. Health and Wellness Community Connections Fair and Neighborhood Connections) in 2019

Action 6: Create system processes to allow for increased screening and potential referrals to community partners who address social determinants of health

System processes were developed and implemented within Primary Care to routinely refer patients to Community Connections. In addition, teams are developing similar processes for inpatient care managers. Work was also underway to create short training videos to support ED providers in staff in understanding and regularly using this resource, though plans were put on hold due to COVID-19. MHC continues to partner with the Community Health Innovation Region (CHIR) to promote Community Connections.

Action 7: Increase access to health screenings to aid in prevention and management of chronic conditions

This was not a planned action across the MHC system.

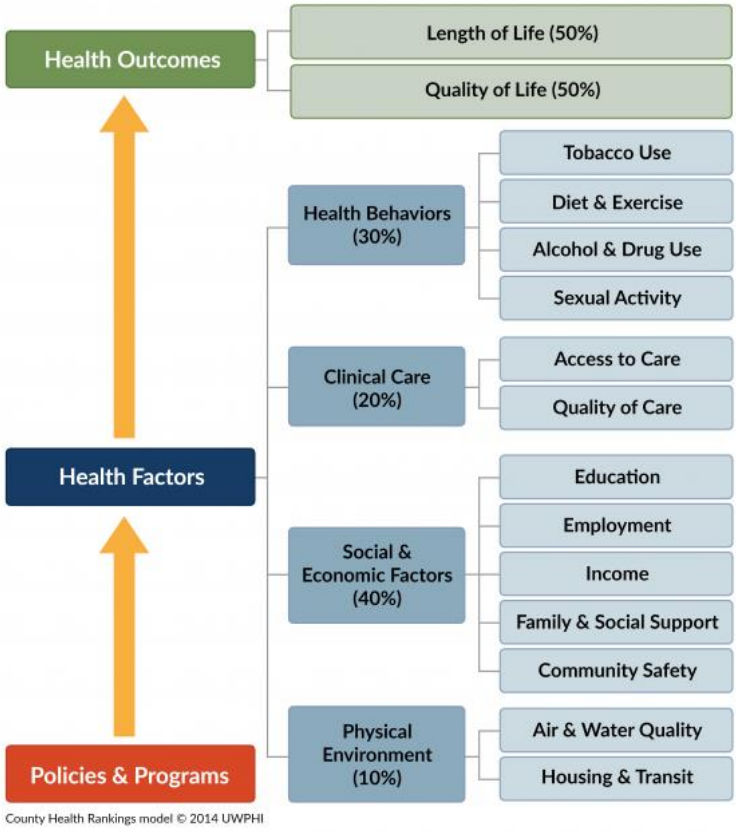
Hospital-Specific Updates:

- OMH: Provided free or low-cost cholesterol screenings in fiscal year 2020 to 203 individuals across 13 Wellness Wednesday events; These offerings were suspended due to the COVID-19 pandemic
- KMHC: Donated $6,000 in time and resources in the outreach visits in fiscal year 2020.Prior to pandemic, a KMHC nurse visited local Kalkaska senior meal sites, offering free blood pressure screenings and vaccinations

Introduction to the 2022 CHNA

We all have a role to play in our communities' health. In addition to disease, health is influenced by education level, economic status, and other issues. No one individual, community group, hospital, agency, or governmental body can be responsible for the health of our communities. No one organization can address complex community issues alone. In working together, however, we can understand the issues and create plans to address them.

A Model of How Health Happens



The County Health Rankings Model provides a broad understanding of health by describing the importance of social determinants of health. It is organized in the categories of health behaviors, clinical care, social and economic factors, and the physical environment. It illustrates how community policies and programs influence health factors, and in turn, health outcomes.

Purpose of Community Health Needs Assessment

The foundation of the MiThrive Community Health Needs Assessment is the County Health Rankings Model and its focus on social determinants. The purpose of community health needs assessment is to:

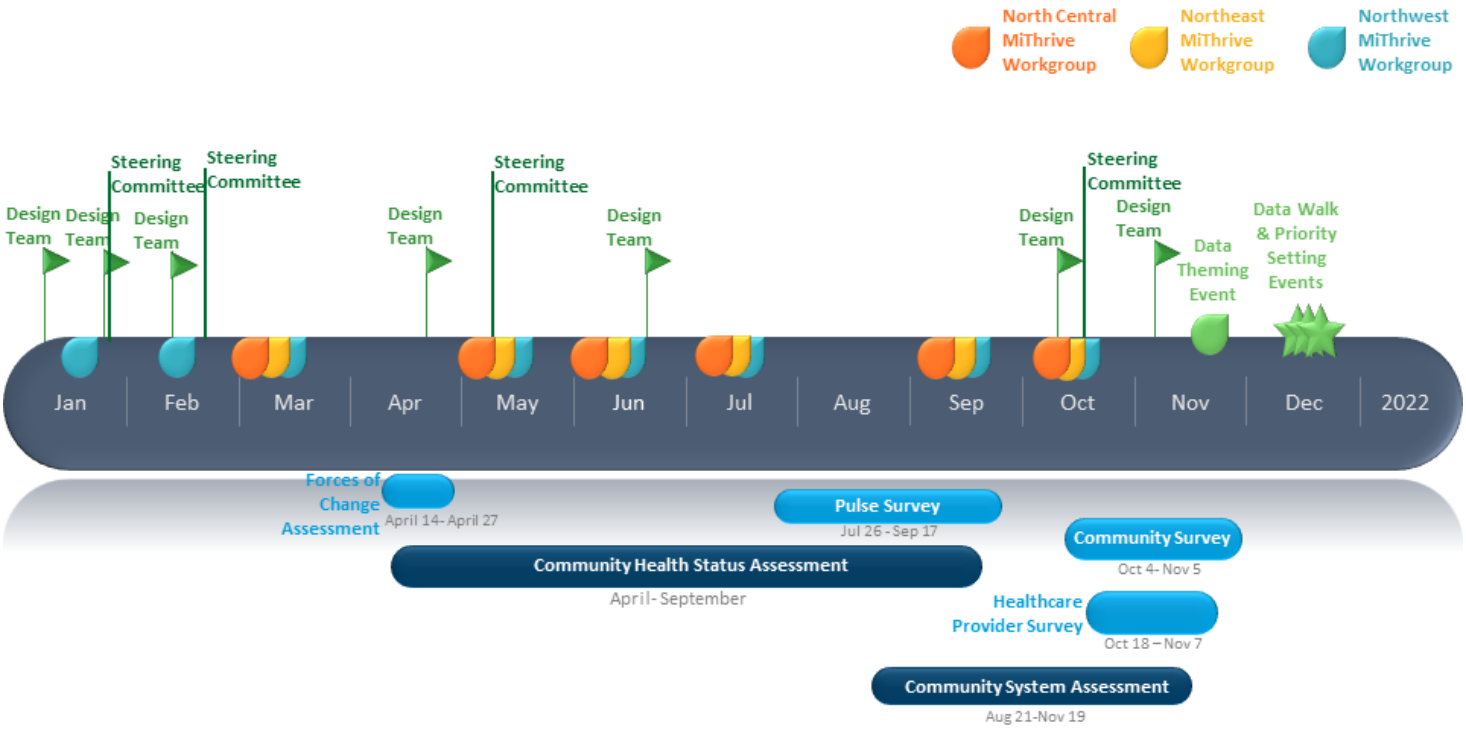
1. Engage residents and community partners to better understand the current state of health and well-being in the community

2. Identify key problems and assets to address them. Findings are used to develop collaborative community health improvement plans and implementation strategies and to inform decision-making, strategic planning, grant development, and policy-maker advocacy.

Role of MiThrive Steering Committee, Design Team, and Work Groups

The MiThrive Design Team was responsible for developing Data Collection Plans for the four assessments and making recommendations to the Steering Committee. In addition to approving the Data Collection Plans, the Steering Committee updated the MiThrive Vision and Core Values and provided oversight to the community health needs assessment. The regional Workgroups (Northwest, Northeast, and North Central) assisted in local implementation of primary data collections and participated in assessments and Data Walk and Priority-Setting Events. The Workgroups will develop a collaborative Community Health Improvement Plan for the top-ranked priorities in their regions and oversee their implementation.

MiThrive Infrastructure Meetings and Assessment Timeline



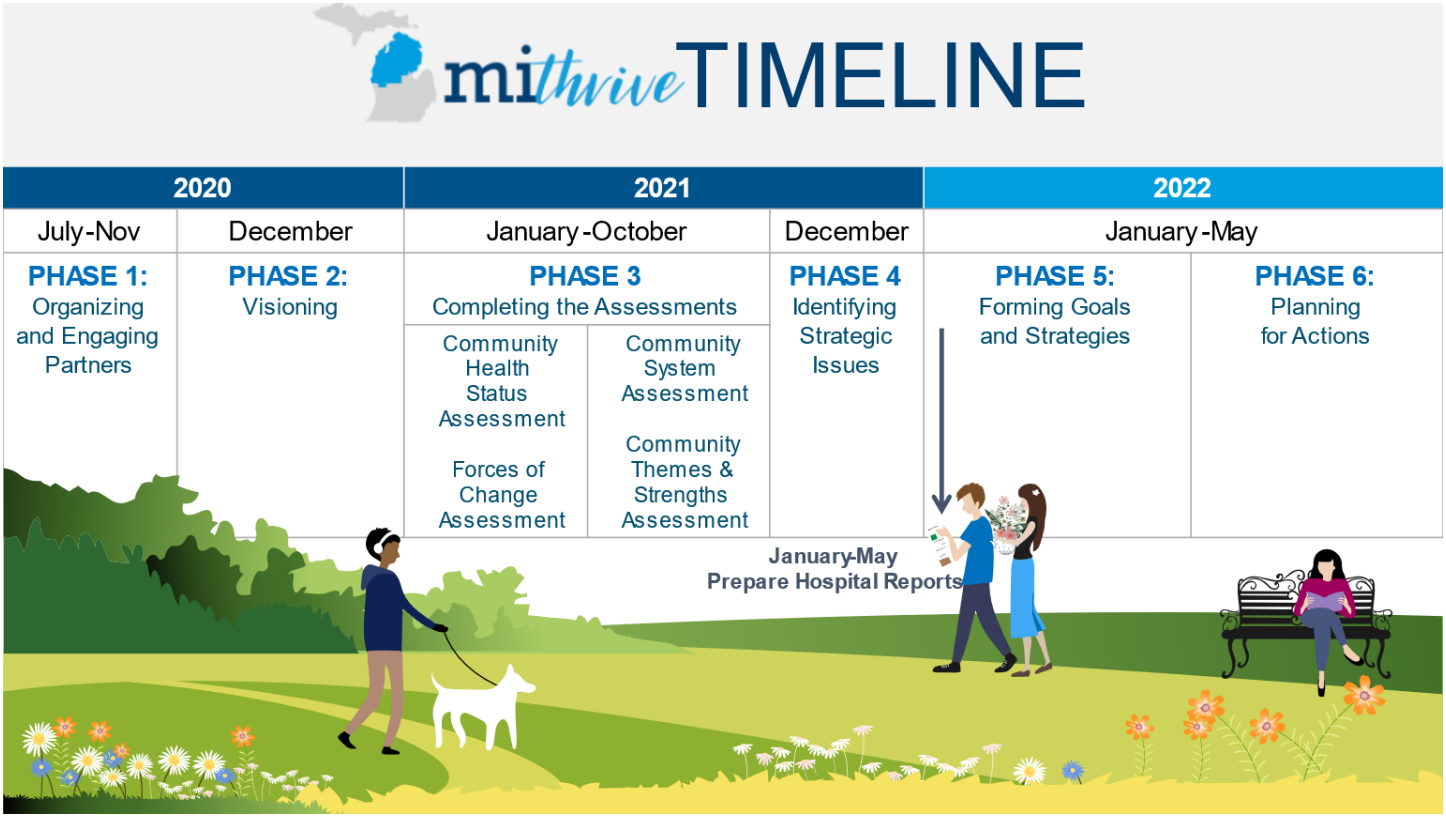
Impact of COVID-19 on MiThrive

There were challenges in conducting regional, collaborative Community Health Needs Assessment in 2021, during the peak of the COVID-19 pandemic. Despite their roles in pandemic response, leaders from hospitals, health departments, and other community partners prioritized their involvement in planning and executing the MiThrive Community Health Needs Assessment through their active participation in the Steering Committee, Design Team, and/or one or more regional Work Groups. In all, 53 individuals representing 40 organizations participated in the MiThrive organizational structure.

In previous cycles of the Community Health Needs Assessment, MiThrive convened in-person events for the Community System Assessment and Forces of Change Assessment. During the pandemic, they were convened virtually using Zoom and participatory engagement tools like breakout rooms, MURAL, and RetroBoards, among others. Because residents and partners did not have to spend time traveling, their participation at the community assessment events was increased. Overall, more than 5,500 people participated in MiThrive primary data collection activities.

Mobilizing for Action through Planning and Partnerships (MAPP)

MiThrive utilizes the Mobilizing for Action through Planning and Partnership Community Health Needs Assessment framework. It is a nationally recognized, best-practice framework that was developed by the National Association of City and County Health Officials and the U.S. Centers for Disease Control.



Phase 1: Organizing and Engaging Partners

Phase 1 involves two critical and interrelated activities: organizing the planning process and developing the planning process. The purpose of this phase is to structure a planning process that builds commitment, encourages participants as active partners, efficiently uses participants' time, and results in a Community Health Needs Assessment that identifies key issues in a region to inform collaborative decision making to improve population health and health equity, while at the same time meeting organizations' requirements for the Community Health Needs Assessment. During this phase, funding agreements with local health departments and hospitals were executed, the MiThrive Steering Committee, Design Team, and Workgroups were organized, and the Core Support Team was assembled.

Phase 2: Visioning

Vision statements provide focus, purpose, and direction to the Community Health Needs Assessment. They provide a useful mechanism for convening the community, building enthusiasm for the process, and setting the stage for planning. Following thoughtful discussion, Steering Committee members updated the MiThrive Vision in January 2021 to: *A **vibrant, diverse, caring region where collaboration affords all people equitable opportunities to achieve optimal health and well-being.***

Phase 3: Conducting the Four Assessments

The MAPP framework consists of four different assessments, each providing unique insights into the health of the community. For the 2021 community health needs assessment, MiThrive gathered more health equity data than ever before and engaged more diverse stakeholders, including many residents, in the assessments (Please see Appendix A for list of organizations that participated in MiThrive).

Health Equity

There is more to good health than health care. **A number of things affect people's health that people do not often think of as health care concerns, like where they live and work, the quality of their neighborhoods, how rich or poor they are, their level of education, or their race or ethnicity.** These social factors influence about 80% of length of life and quality of life, according to the County Health Rankings Model.

> Health equity is the realization of all people of the highest attainable level of health. Achieving health equity requires valuing all individuals and populations equally, and entails focused and ongoing societal efforts to address avoidable inequities by ensuring the conditions for optimal health for all groups.
>
> --Adewale Troutman
>
> ***Health equity, Human Rights and Social Justice: Social Determinants as the Direction for Global Health***

A key finding of the 2022 MiThrive Community Health Needs Assessment mirrors a persistent reality across the country and the world: health risks do not impact everyone the same way. We consistently find that groups who are more disadvantaged in society also bear the brunt of illness, disability, and death. This pattern is not a coincidence. Health, quality of life, and length of life are all fundamentally impacted by the conditions in which we live, learn, work, and play. Obstacles like poverty and discrimination lead to consequences like powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. All of these community conditions combine to limit the opportunities and chances for people to be healthy. The resulting differences in health outcomes (like risk of disease or early death) are known as "health inequities." The health equity data collected in the four MiThrive assessments is discussed below.

MiThrive Assessment Results

Cadillac Region

Lake, Missaukee, Osceola, and Wexford Counties

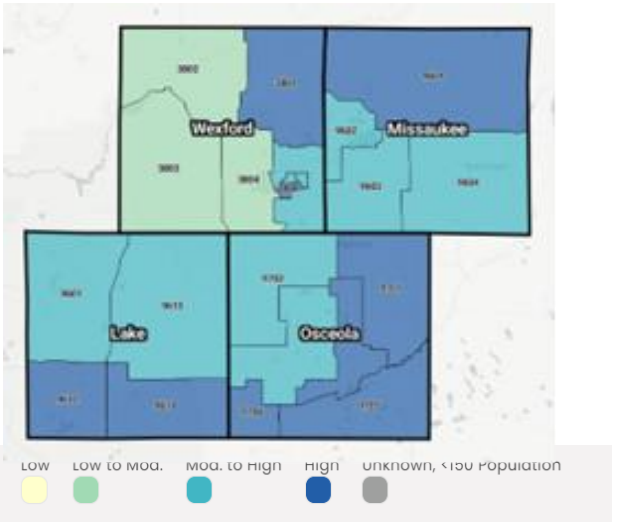
- **Community Health Status Assessment**

The Community Health Status Assessment identifies priority community health and quality of life issues. It answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?". The answers to these questions were measured by collecting 100 secondary indicators from different sources, including the Michigan Department of Health and Human Services, US Census Bureau, and US Centers for Disease Control and Prevention.

The Design Team assured secondary data included measures of social and economic inequity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35% of household income; high school graduation rate; income inequality; median household income; median value of owner-occupied homes; political participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and well-being. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single-parent households; minority status; speaks English "less than well"; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

As illustrated in the map above, Census Tracts in Lake, Missaukee, Osceola, and Wexford counties have widespread Social Vulnerability Indices at "high" or "moderate to high," with the exception of western Wexford County.



Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

Community Health Status Assessment indicators were collected and analyzed by county for MiThrive's 31-county region from the following sources:

- County Health Rankings
- Feeding America
- Kids Count
- Michigan Behavioral Risk Factor Surveillance Survey
- Michigan Cancer Surveillance Program
- Michigan Care Improvement Registry
- Michigan Health Statistics
- Michigan Profile for Healthy Youth
- Michigan School Data
- Michigan Secretary of State
- Michigan Substance Use Disorder Data Repository
- Michigan Vital Records
- Princeton Eviction Lab
- United for ALICE
- U.S. Census Bureau
- U.S. Health Resources & Services Administration
- U.S. Department of Agriculture

Each indicator was scored on a scale of zero to three by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region as well as state, national, and Healthy People 2030 targets when available. Indicators with a score above 1.5 were defined as "high secondary data," and indicators with scores below 1.5 were defined as "low secondary data." **Of about 100 secondary indicators, there were 50 statistics in Lake, Missaukee, Osceola, and Wexford counties that scored above 1.5, indicating they were worse than their MiThrive region or State rates.**

- Median household income
- ALICE households
- Households below Federal Poverty Level
- Families living below Federal Poverty Level
- Population living below Federal Poverty Level
- Children living below Federal Poverty Level
- Unemployment rate
- Students not proficient in Grade 4 English
- Children aged 0-5 in special education
- High school graduation rate
- High school graduates or higher
- Bachelor's degree or higher
- Uninsured
- Adults: No personal health check up in the last year
- Average HPSA Score—Primary Care
- Average HPSA Score—Dental Health
- Average HPSA Score—Mental Health
- Fully immunized toddlers aged 19-35 months
- Homes with broadband internet

- Median value of owner-occupied homes
- Renters (% of all occupied homes)
- Gross mortgage >=35% of household income
- Child food insecurity
- Population food insecurity
- Political participation
- All cancer incidence
- Oral cavity and pharynx cancer
- Lung and bronchus cancer
- Adults: Ever told diabetes
- Adults: Ever told COPD
- Teens: Asthma
- Adults: Poor mental 14+ days per month
- Teens: Obesity
- Adults: Obesity
- All causes of death
- All cancer mortality
- YPLL Pneumonia/flu
- Motor vehicle crash mortality
- Alzheimer's/Dementia mortality
- Chronic lower respiratory disease mortality
- Liver disease mortality

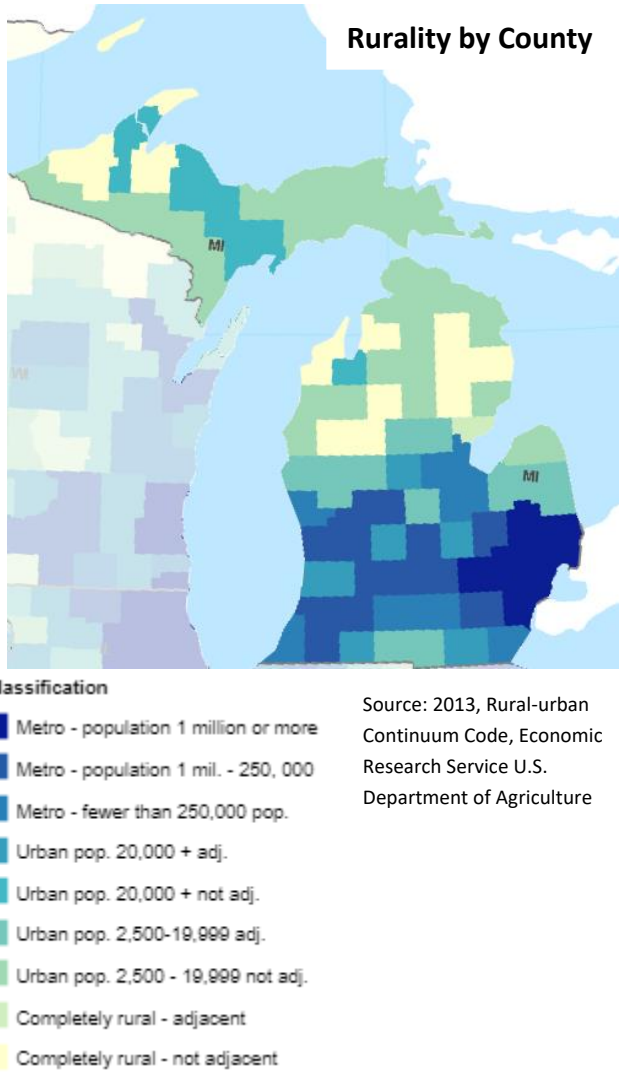
Please see Appendix B for values of indicators above 1.5.

Geography and Population

The service area for Munson's Cadillac Region – which includes Munson Healthcare Cadillac Hospital – is composed of Lake, Missaukee, Osceola, and Wexford counties. The four-county area is known for its clean environment and abundant resources for outdoor recreation. Most of the region is designated as "rural" by the U.S. Census Bureau. This is one of its most important characteristics, as rurality influences health and well-being.

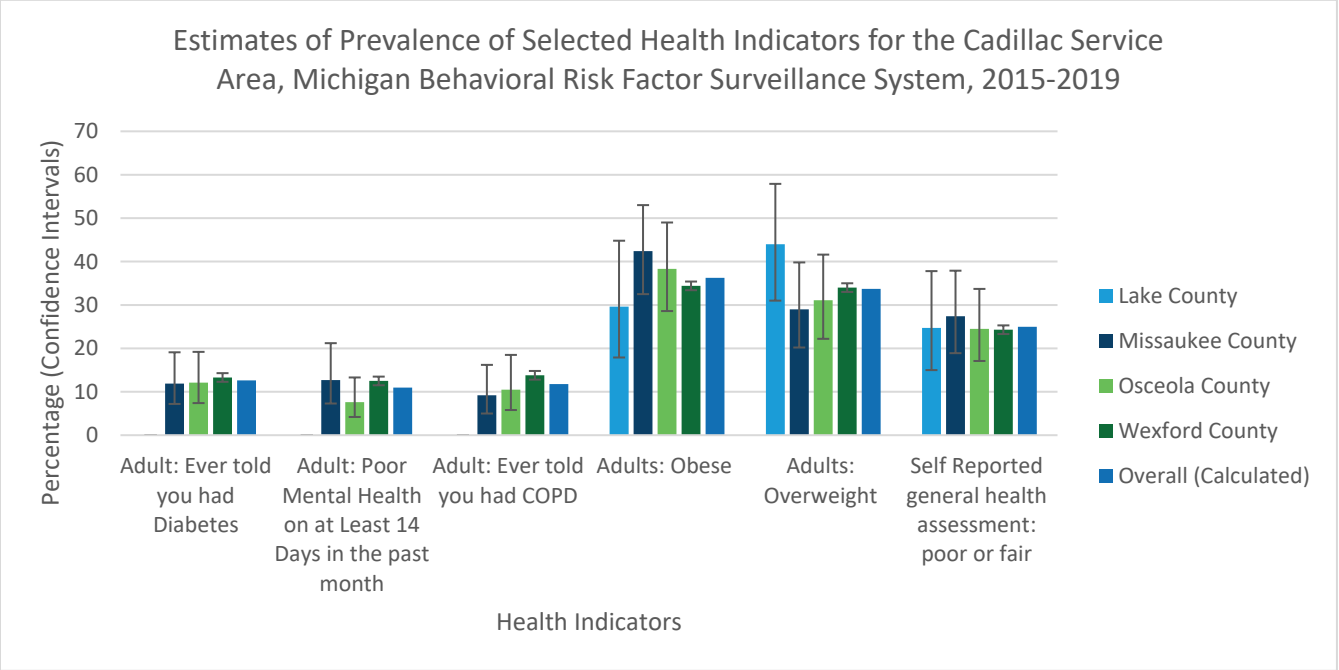
The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 112,397 people who live in the four-county region, 92.1% are white. The largest racial or ethnic minority groups are Black or African American (3.8%), Hispanic or Latino (2.3%) and American Indian and Alaska Native (2.1%). In the four-county region, Lake County has the most racial and cultural diversity.

Rurality by County

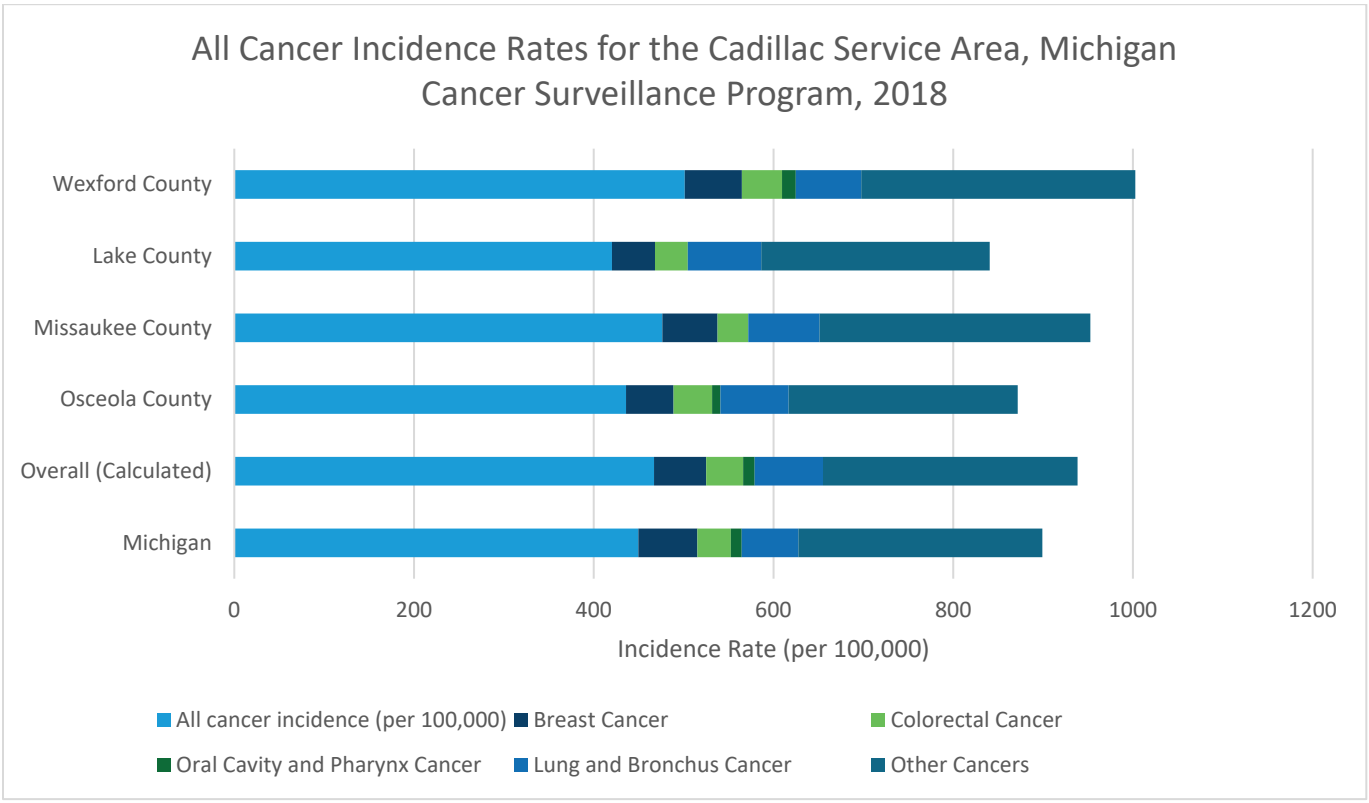


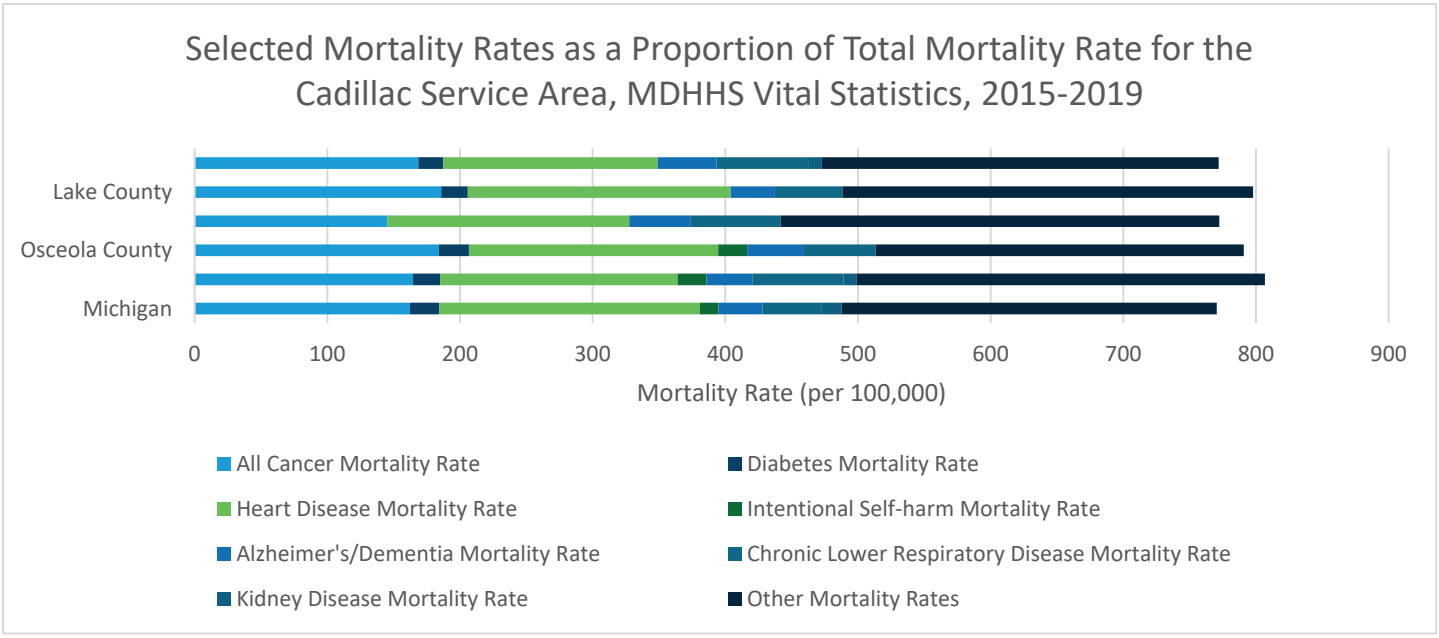
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

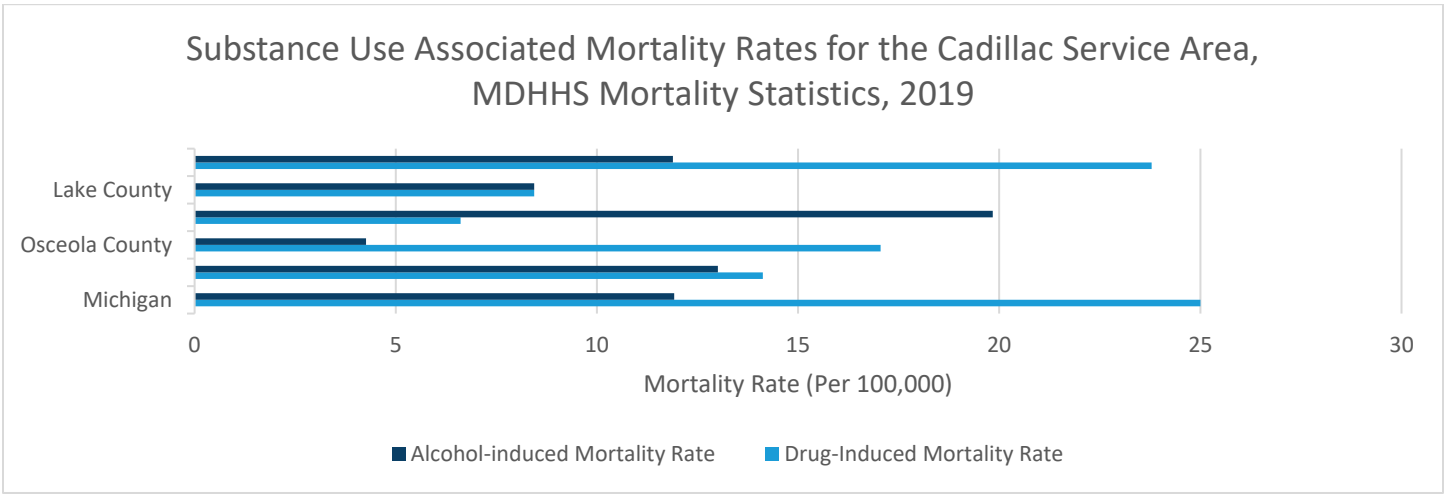
Selected Morbidity and Mortality Indicators for the Cadillac Service Area

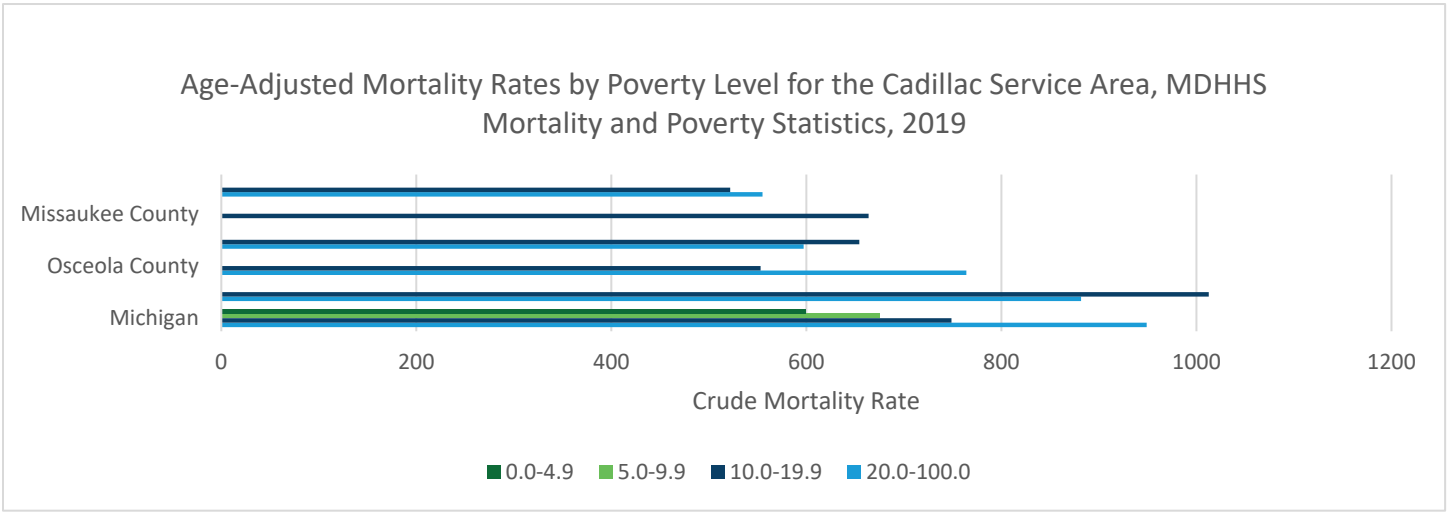


Note: Prevalence figures for Lake County in the 'Adult: Ever told you had Diabetes', 'Adult: Poor Mental Health on at Least 14 Days in the past month', and 'Adult: Ever told you had COPD' health indicator categories were suppressed due to low availability of data. In the case of those health indicators, the calculated overall prevalence figures were based on data from Missaukee County, Osceola County, and Wexford County alone.

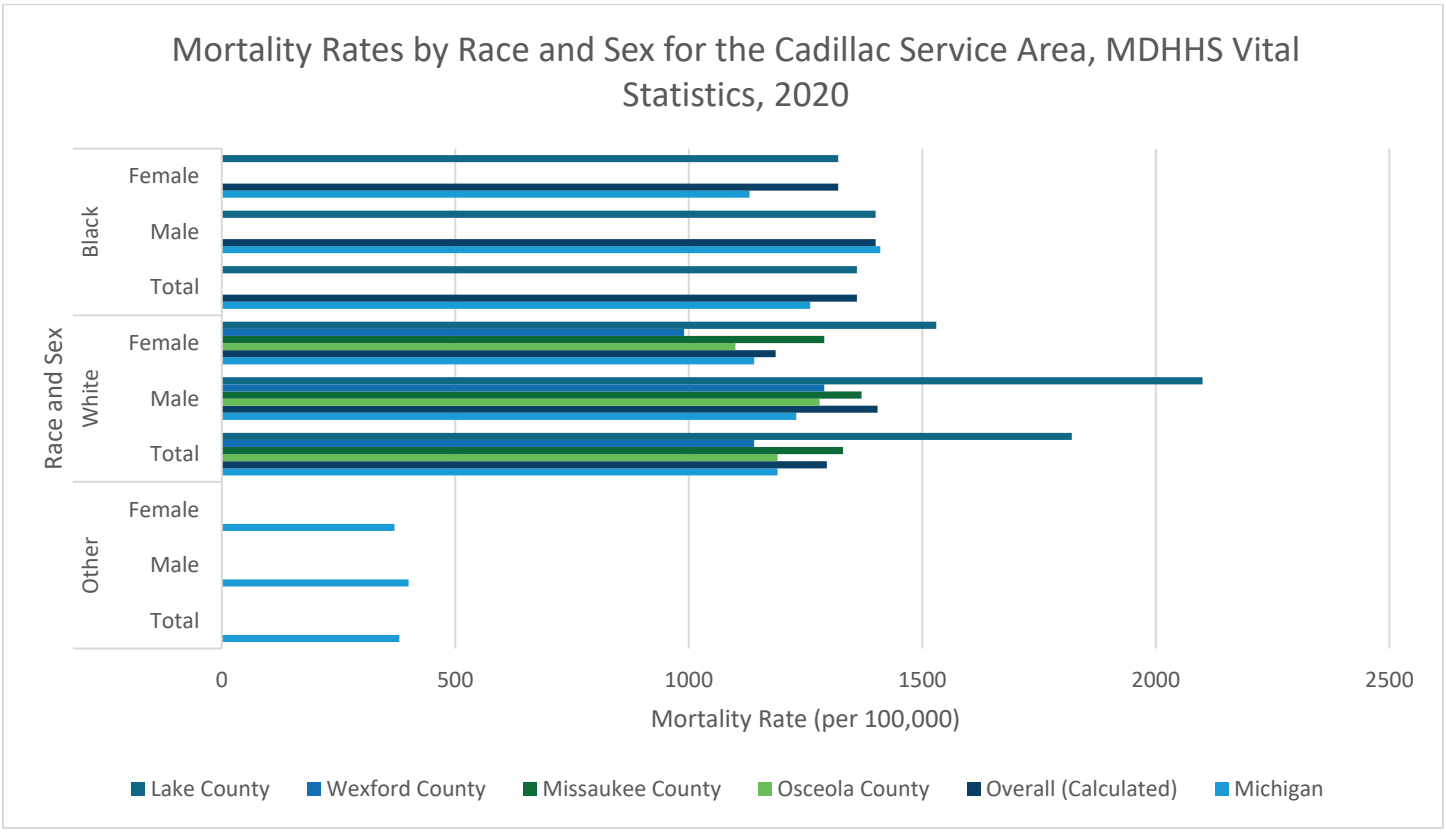

All Cancer Incidence Rates for the Cadillac Service Area, Michigan Cancer Surveillance Program, 2018
Wexford County
Lake County
Missaukee County
Osceola County
Overall (Calculated)
Michigan
0
200
400
600
800
1000
1200
Incidence Rate (per 100,000)
All cancer incidence (per 100,000)
Breast Cancer
Colorectal Cancer
Oral Cavity and Pharynx Cancer
Lung and Bronchus Cancer
Other Cancers

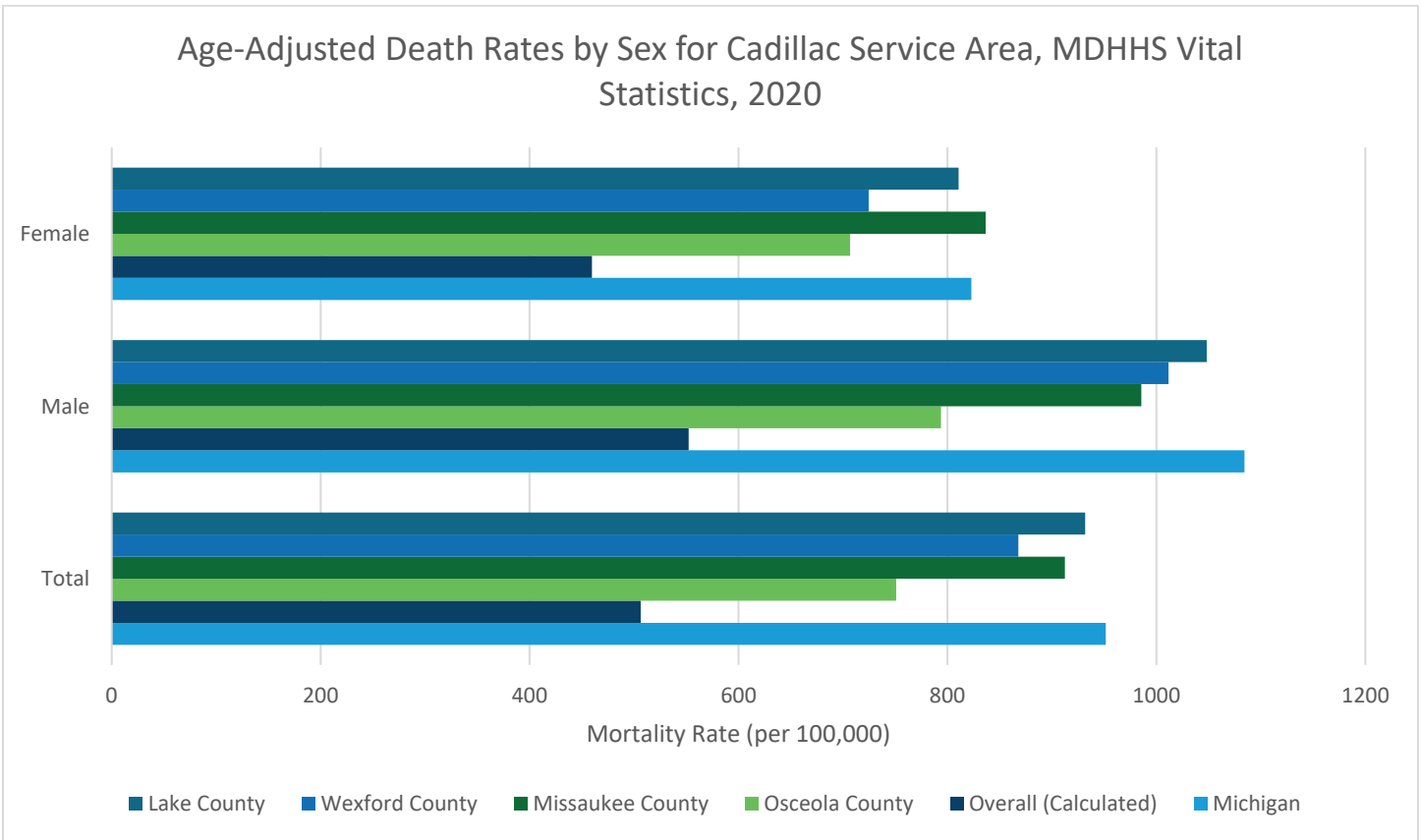

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Cadillac Service Area, MDHHS Vital Statistics, 2015-2019
Lake County
Osceola County
Michigan
0
100
200
300
400
500
600
700
800
900
Mortality Rate (per 100,000)
All Cancer Mortality Rate
Diabetes Mortality Rate
Heart Disease Mortality Rate
Intentional Self-harm Mortality Rate
Alzheimer's/Dementia Mortality Rate
Chronic Lower Respiratory Disease Mortality Rate
Kidney Disease Mortality Rate
Other Mortality Rates





Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.





Note: Age-adjustment was performed using the standardized population from the United States Census, 2000.

○ Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the following questions:

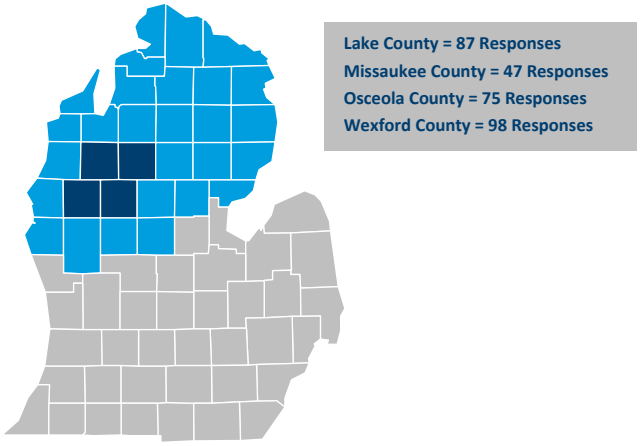
"What is important to our community?"
"How is quality perceived in our community?"
"What assets do have that can be used to improve well-being?"

For the Community Themes and Strengths Assessment, the MiThrive Design Team designed three types of surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey.
(Please see Appendix D for survey instruments).

- **Community Survey**
  The Community Survey asked 18 questions about what is important to the community and what factors are impacting the community, plus quality of life, built environment, and demographic questions. The Community Survey also asked respondents to identify assets in their communities. Please see Appendix C for assets identified for Lake, Missaukee, Osceola, and Wexford Counties.

Community Surveys were administered electronically and via paper format in both English and Spanish. The electronic version of the survey was available through an electronic link and QR code. The survey was open from Monday, October 4, 2021 to Friday, November 5, 2021.
Five $50 gift cards were used as an incentive for completing the survey. Partner organizations supported survey promotion through social media and community outreach. Promotional materials developed for Community Survey include a flyer, social media content, and press release. Three-hundred and seven surveys were collected from Lake, Missaukee, Osceola, and Wexford Counties.

A total of **307 community survey** responses were collected in **Lake, Missaukee, Osceola, and Wexford Counties**.



Survey respondents were asked to imagine a ladder with steps numbered from zero at the bottom to ten at the top. The **top of the ladder represented the best possible life (10)** and the **bottom of the ladder represented the worst possible life (0)**. Survey respondents identified where they felt they stood on the ladder at the time of completing the survey (Figure 1) and where they felt they would stand three years from now (Figure 2).

Figure 1: 35.64% of individuals in Lake, Missaukee, Osceola, and Wexford Counties are currently either struggling or suffering compared to 64.36% who are thriving (n=303).

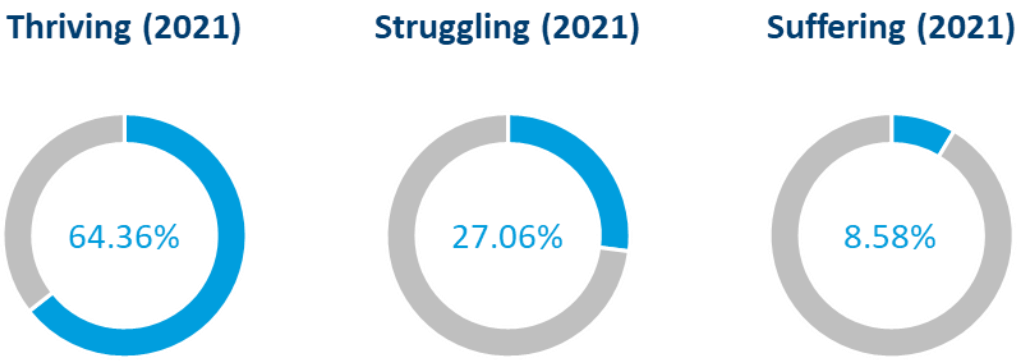
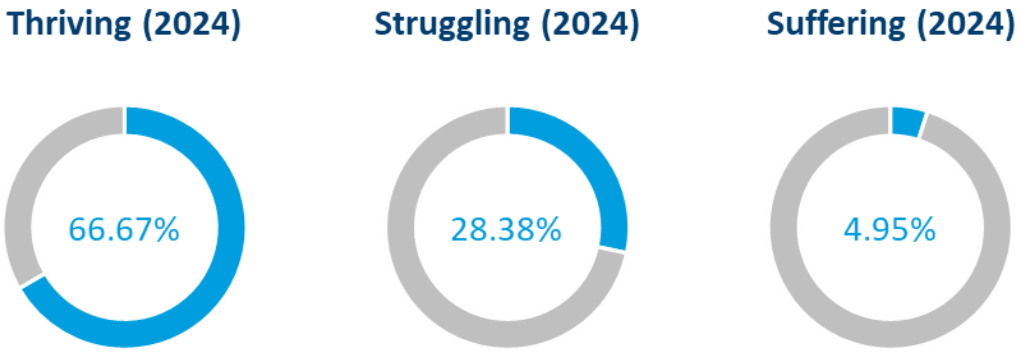


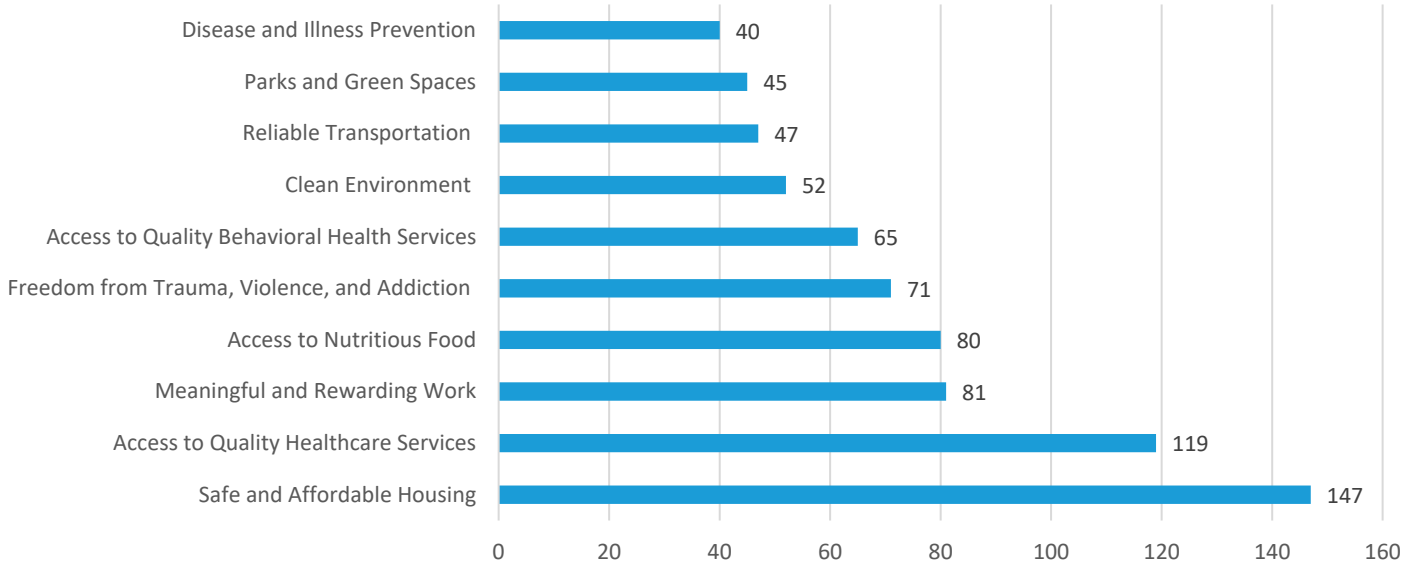
Figure 2: 33.33% of individuals in Lake, Missaukee, Osceola, and Wexford Counties predict they will either be struggling or suffering compared to 66.67% who predict they will be thriving three years from now (n=303).



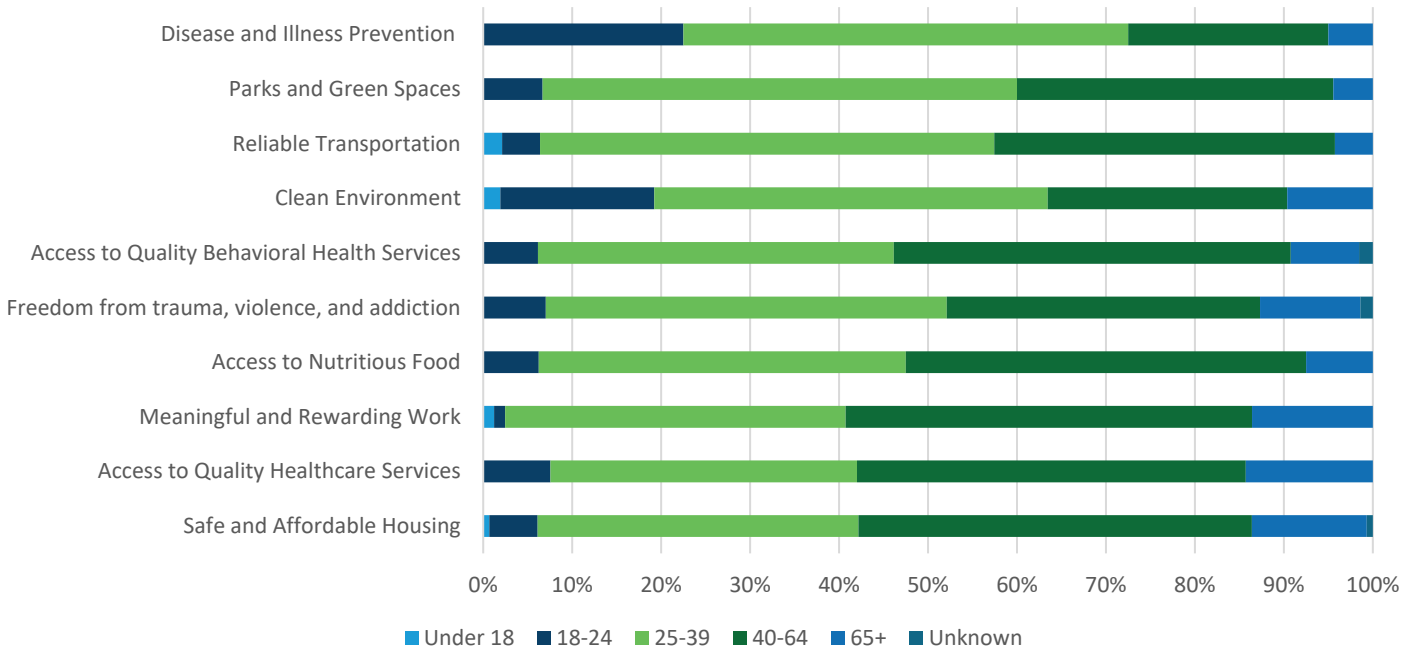
On average, individuals in Lake, Missaukee, Osceola, and Wexford Counties felt they would move **.89 of a step higher** on the ladder three years from how they scored themselves presently (n=303).

**The Cantril-Ladder self-anchoring scale is used to measure subjective wellbeing. Scores can be grouped into three categories – thriving, struggling, and suffering. Cantril's Ladder data was analyzed separately for the purpose of the 2021 MiThrive Community Health Needs Assessment.*

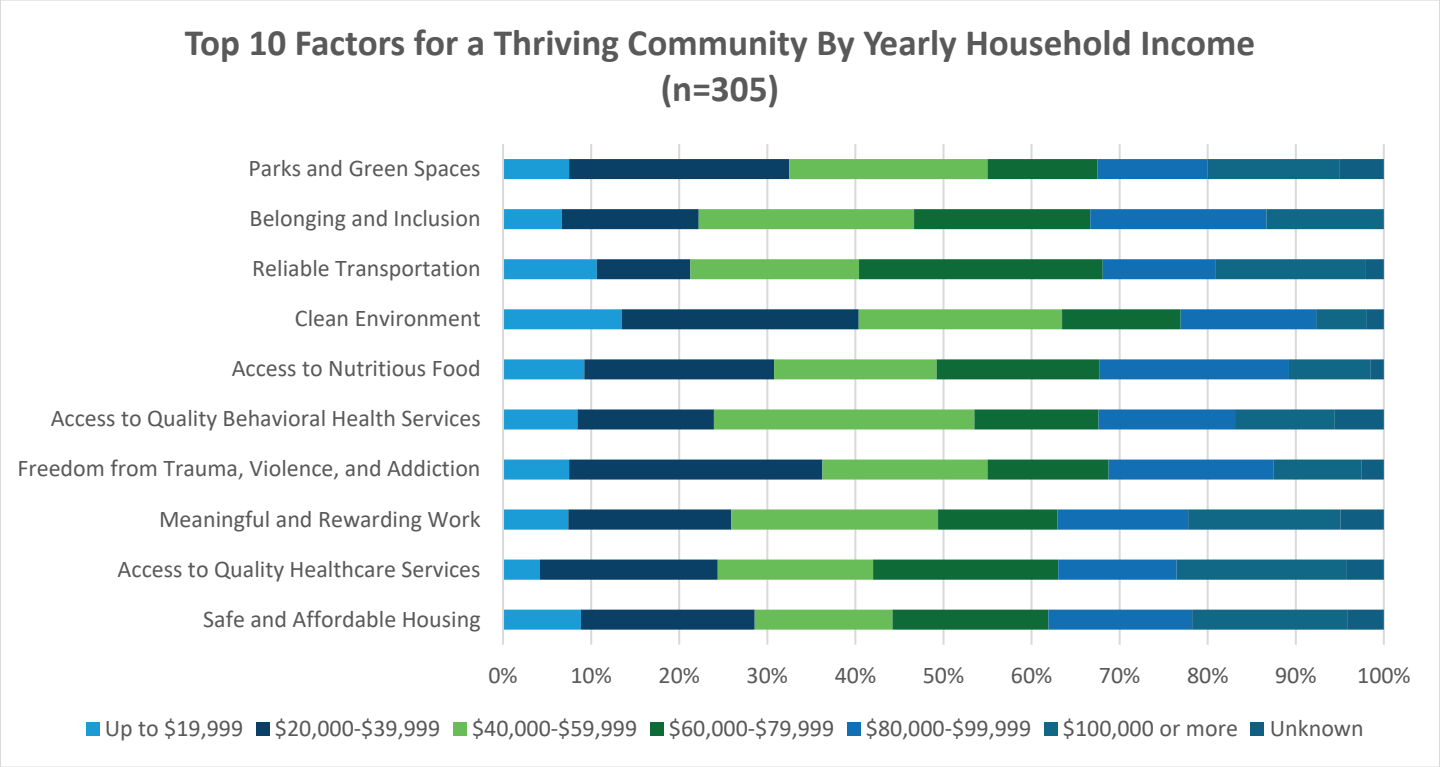
Top 10 Important Factors For a Thriving Community as Identified by Lake, Missaukee, Osceola, and Wexford County Community Survey Respondents (n=305)



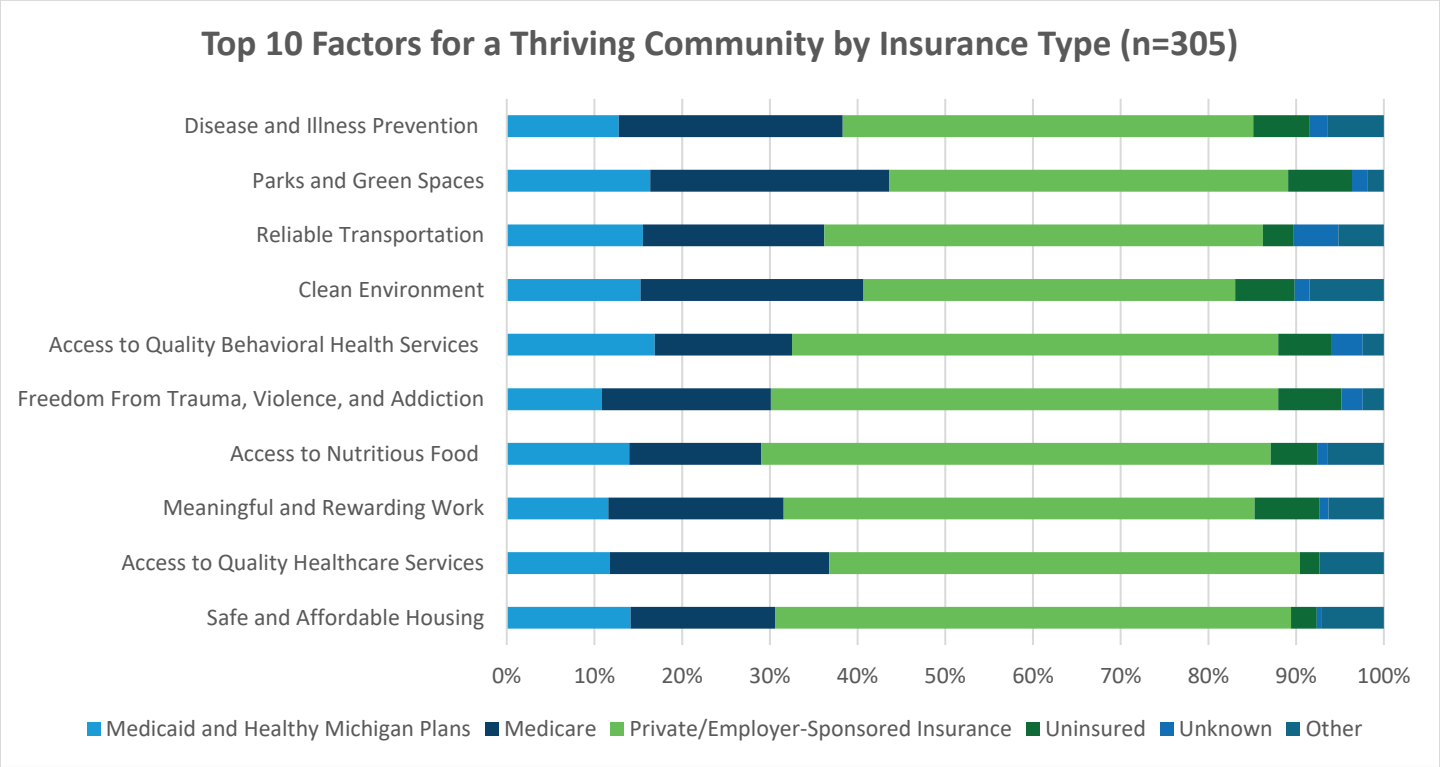
Top 10 Factors for a Thriving Community By Age (n=305)



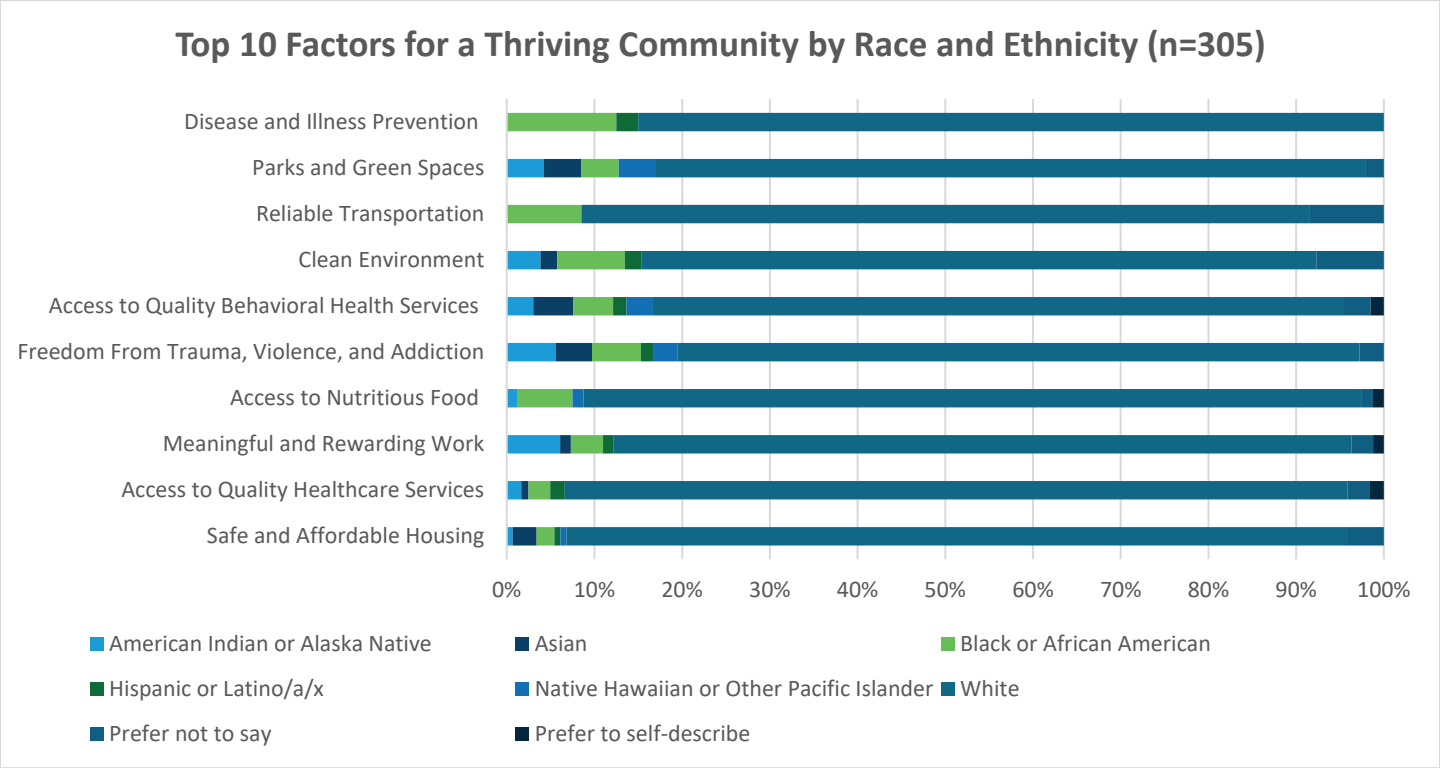
Individuals **aged 18-24** make up a larger proportion of those who thought **disease and illness prevention** was an important factor for a thriving community in comparison to the other nine top factors.



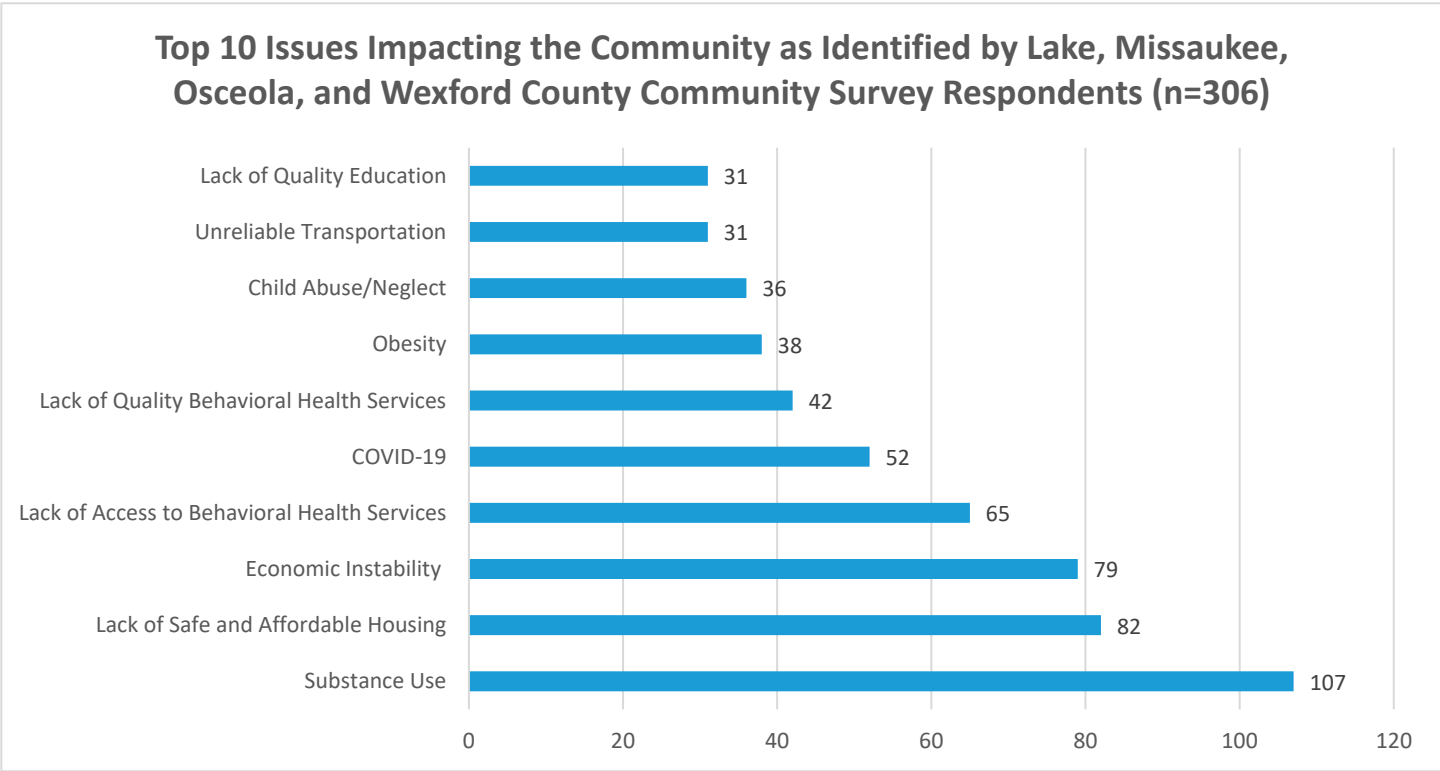
Individuals with a **yearly household income of $40,000-$59,999** make up a larger proportion of those who thought **access to quality behavioral health services** was an important factor for a thriving community in comparison to the other nine top factors.

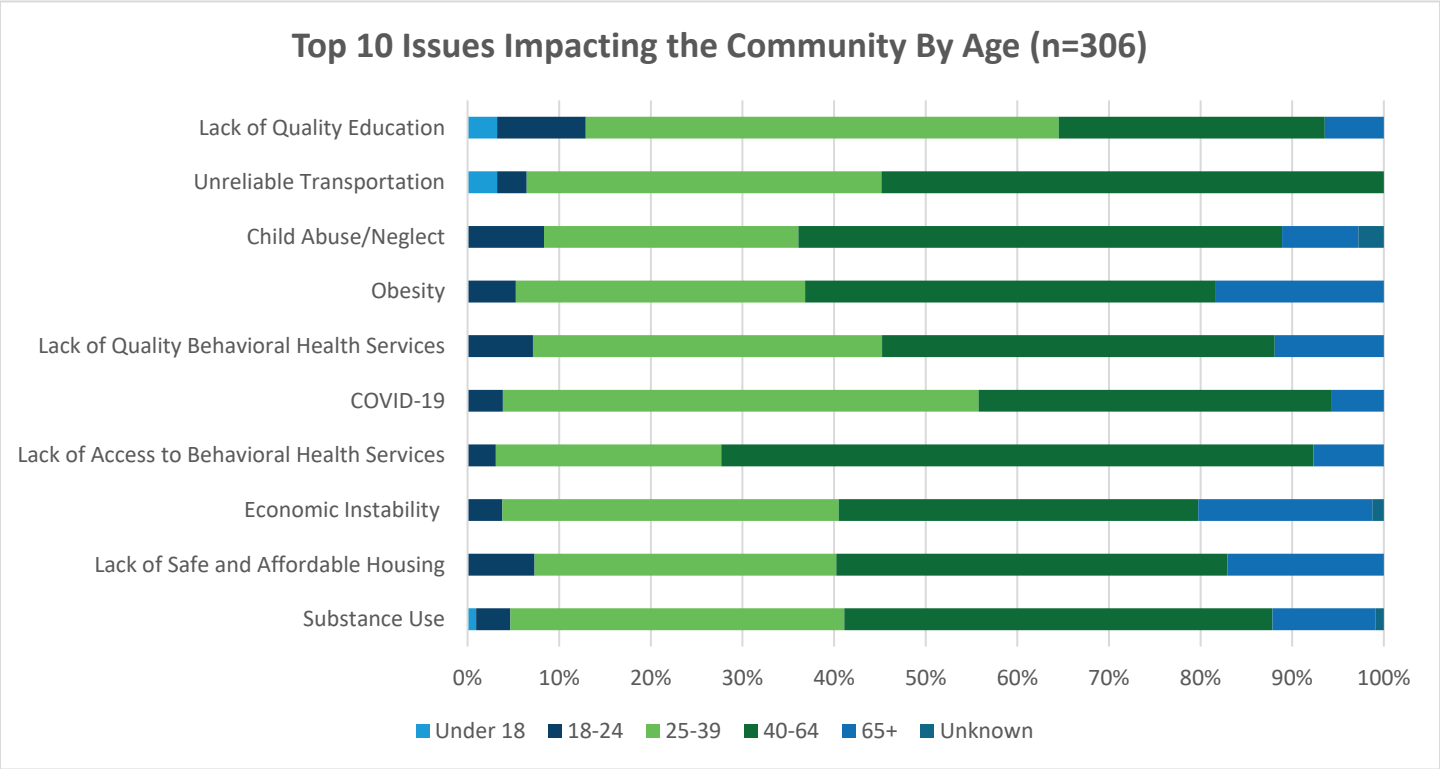


Individuals with **Medicaid and Healthy Michigan Plans** make up a larger proportion of those who thought **access to quality behavioral health services** was an important issue impacting the community in comparison to the other nine top issues.

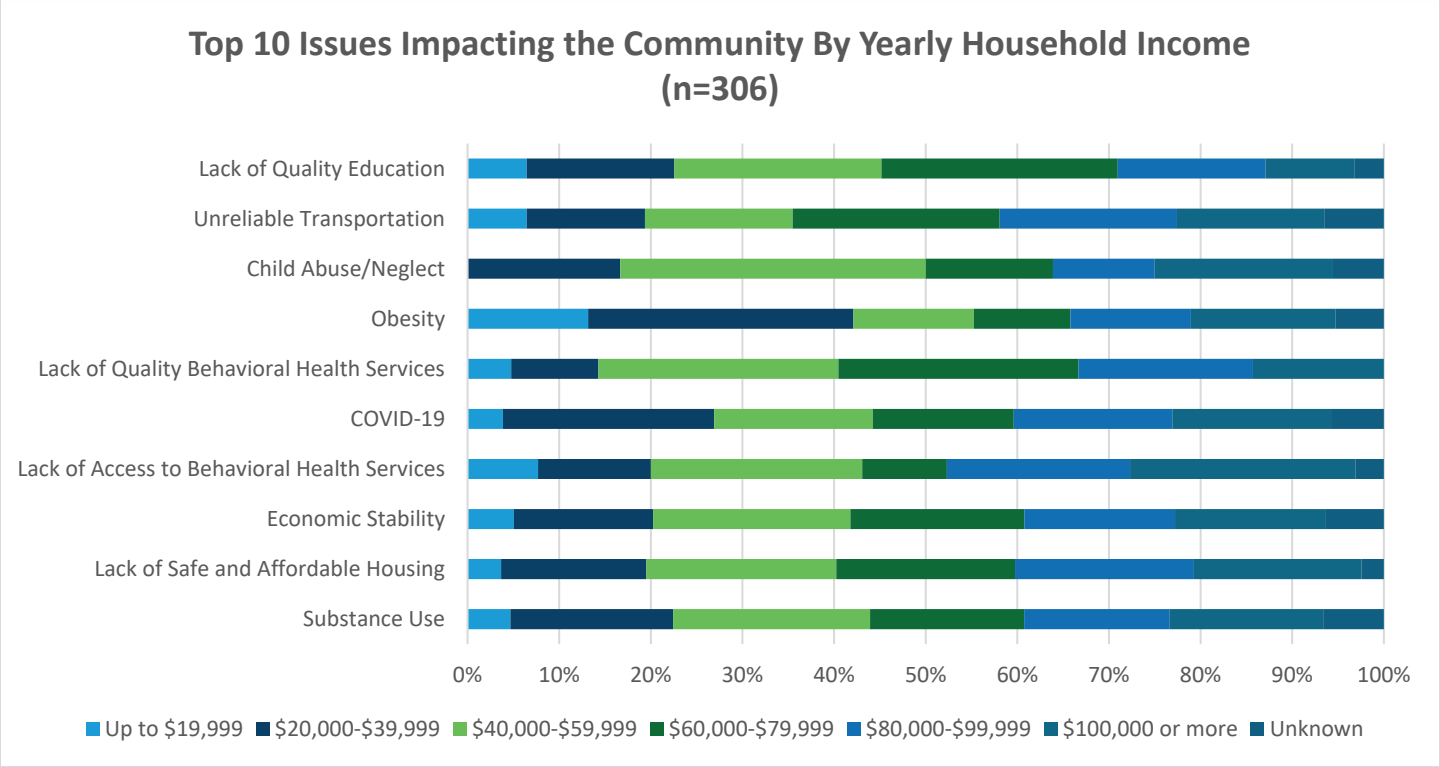


Racial and ethnic minority groups make up a larger proportion of those who thought **freedom from trauma, violence, and addiction** was an important factor for a thriving community in comparison to the other nine top factors.

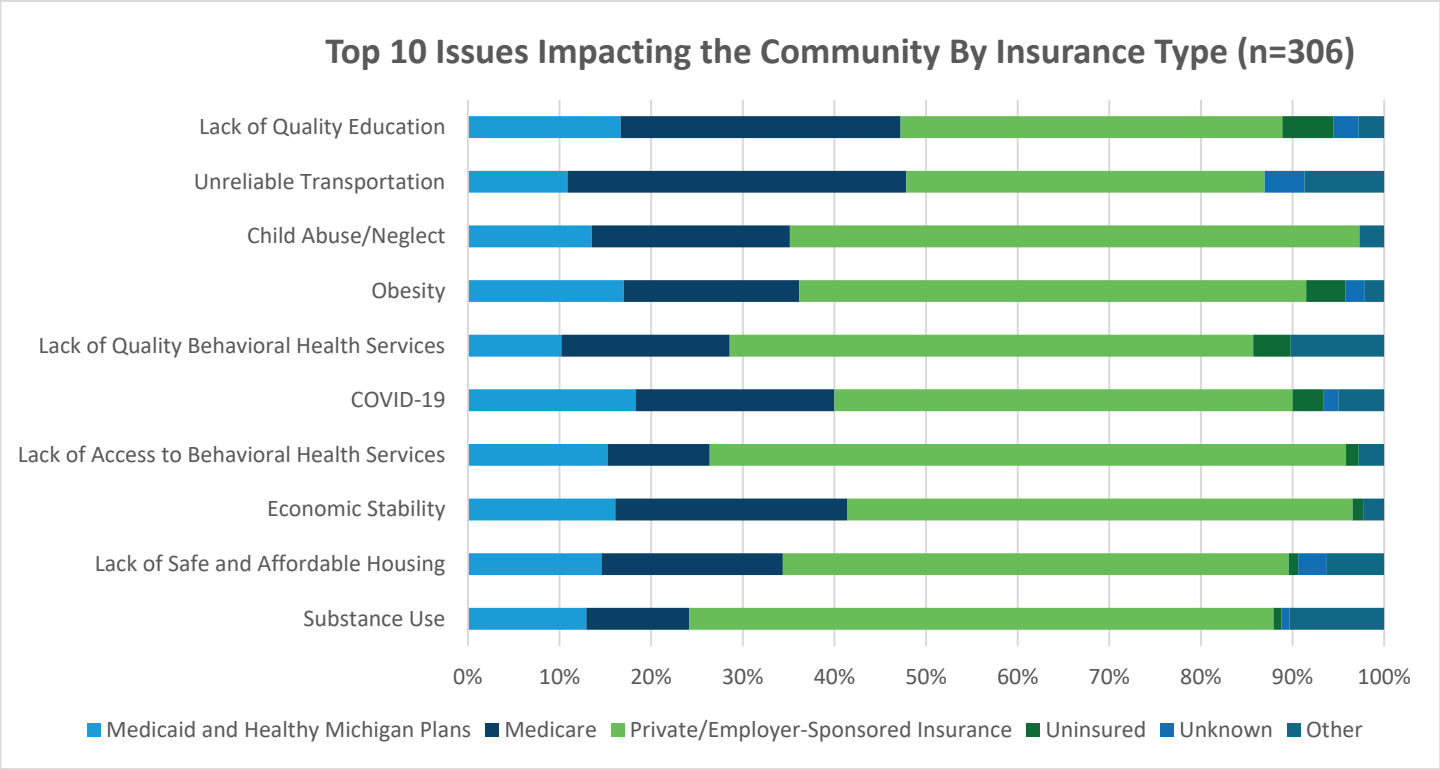




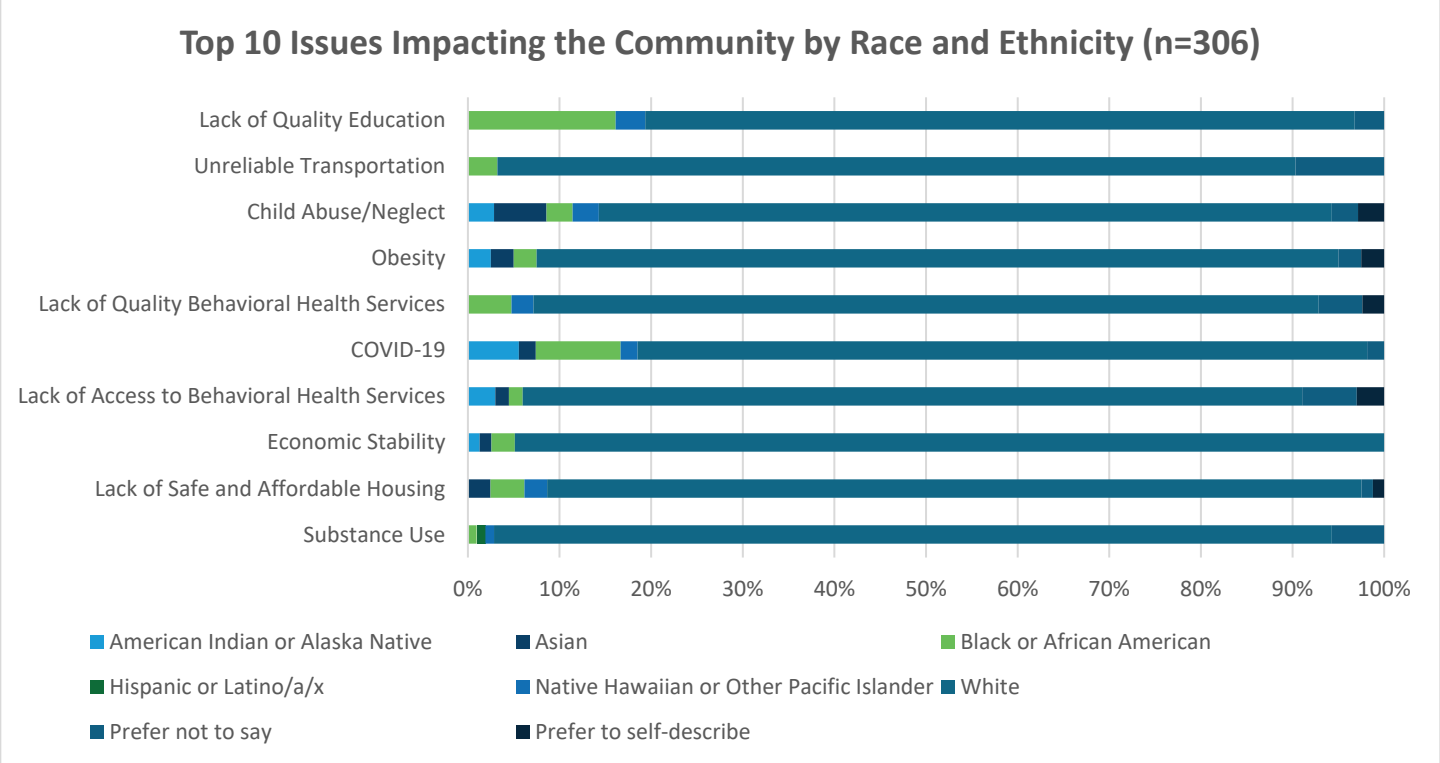
Individuals **age 65+** make up a larger proportion of those who thought **economic instability** was an important issue impacting the community in comparison to the other nine top issues.



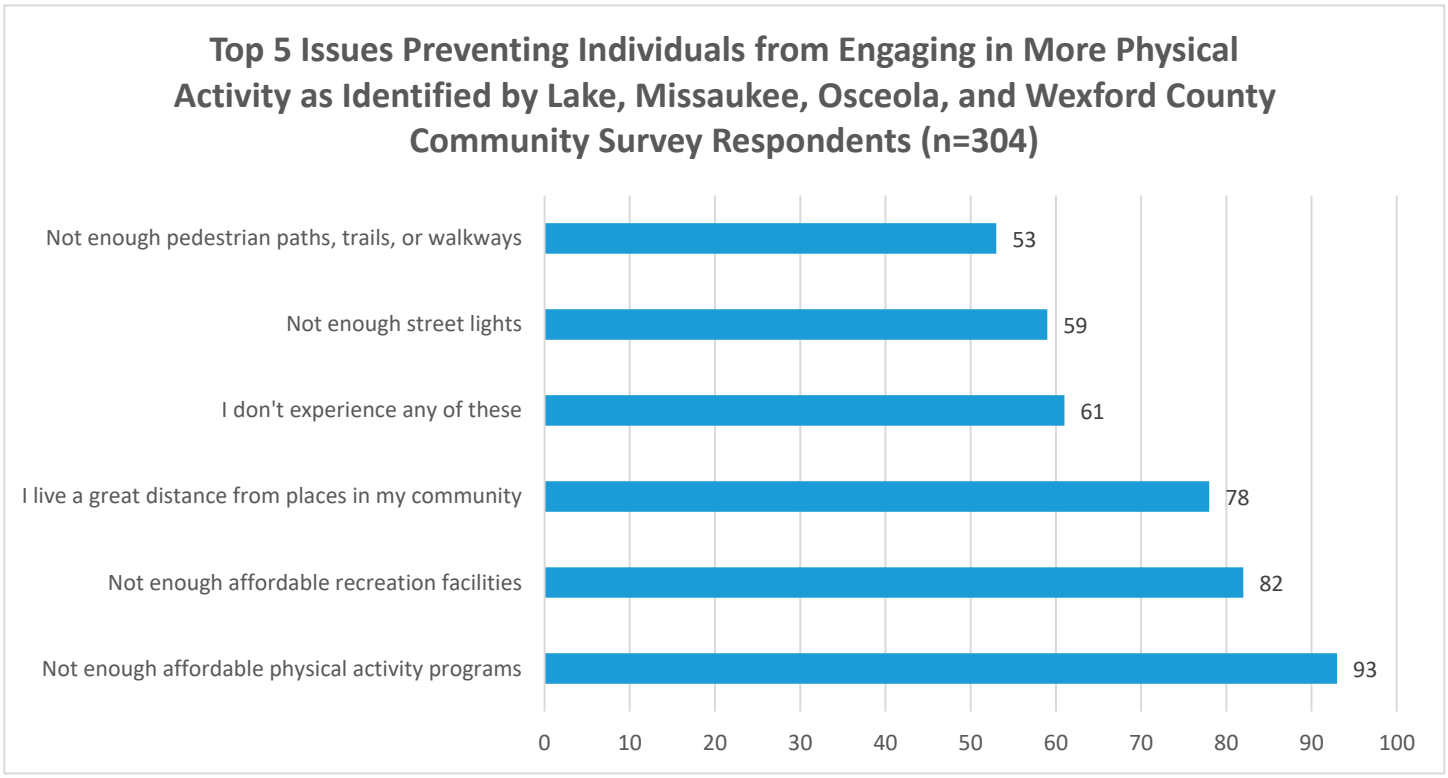
Individuals with a **yearly household income of $40,000-$59,999** make up a larger proportion of those who thought **child abuse/neglect** was an important issue impacting the community in comparison to the other nine top issues.

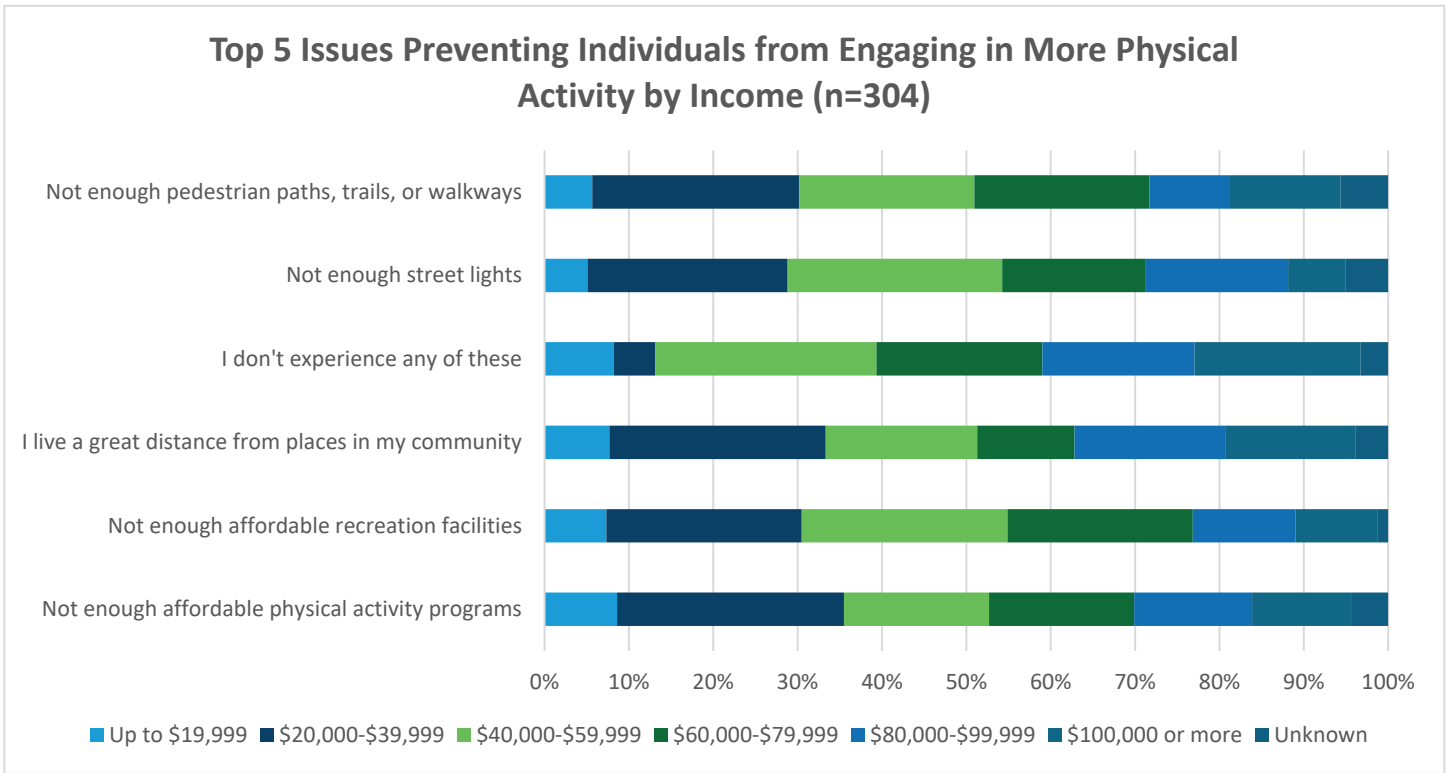


Individuals with **Medicare** make up a larger proportion of those who thought **unreliable transportation** was an important issue impacting the community in comparison to the other nine top issues.



Individuals who **identify as Black or African American** make up a larger proportion of those who thought **lack of quality education** was an important issue impacting the community in comparison to the other nine top issues.





Individuals with a **yearly household income of $60,000-$79,999** make up a larger proportion of those who said **not enough affordable recreation facilities** prevented them from being more physically active in their community compared to the other top issues.

Pulse Survey

The purpose of the Pulse Survey was to gather input from people and populations facing barriers and inequities in the 31-county MiThrive region. It was a four-part data collection series, where each topic-specific questionnaire was conducted over a two-week span resulting in an eight-week data collection period. This data collection series included four three-question surveys targeting key topic areas to be conducted with clients and patients.

The Pulse Surveys were designed to be woven into existing intake and appointment processes of participating agencies/organizations. Community partners administered the Pulse Survey series between July 26, 2021 and September 17, 2021, using a variety of delivery methods including in-person interviews, phone interviews, in-person paper surveys, and client text services. Pulse Survey questionnaires were provided in English and Spanish.

Each Pulse Survey focused on a different quality of life topic area (aging, economic security, children, and disability) using a Likert-scale question and open-ended topic-specific question. Additionally, each survey included an open-ended equity question. Within Lake, Missaukee, Osceola, and Wexford Counties, 59 aging, 15 children, 8 disability, and 41 economic responses were collected.

The target population for the Pulse Survey series included those historically excluded, economically disadvantaged, older adults, racial and ethnic minorities, those unemployed, uninsured and under-insured, Medicaid eligible, children of low-income families, LGBTQ+ and gender non-conforming, people with HIV, people with severe mental and behavioral health disorders, people experiencing homelessness, refugees, people with a disability, and many others.

Key themes that emerged from pulse survey responses that rated the following the statement low, "My community is a good place to age."

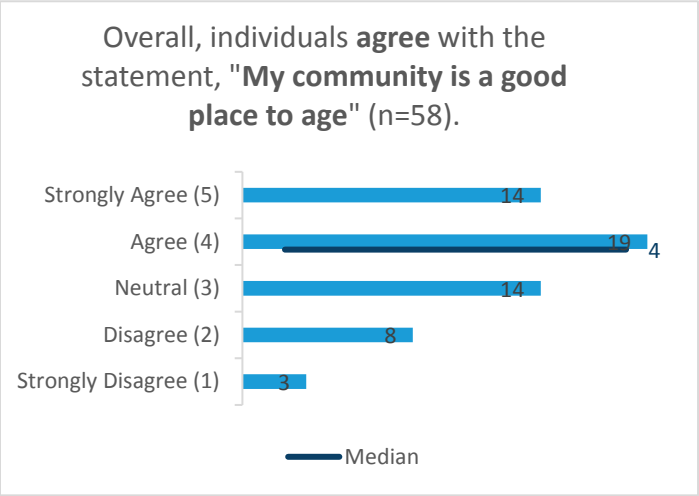
1	Lack of Resources
2	Lack of Transportation
3	Poverty
4	Geographic Location/Rurality
5	Lack of Housing
6	Safety Concerns

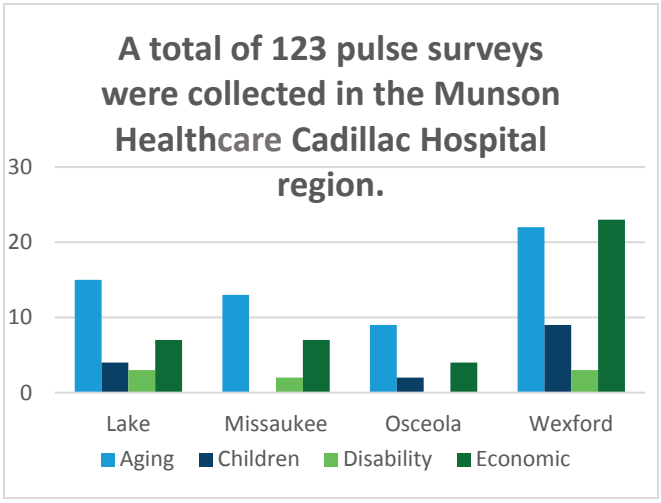
**Themes emerged from the 10-county MiThrive North Central Region data.*

Thinking more broadly, what are some ways in which your community could ensure everyone has a chance at living the healthiest life possible?

1	Combat Food Insecurity
2	Promote Community Engagement
3	Improve Outreach Efforts
4	Promote Nutrition and Physical Activity
5	Improved Transportation
6	Improve the Healthcare System
7	Increase Housing Options
8	Promote Social Justice

**Themes emerged from the 10-county MiThrive North Central Region data.*





Key themes that emerged from pulse survey responses that rated the following the statement low, "My community is a good place to age."

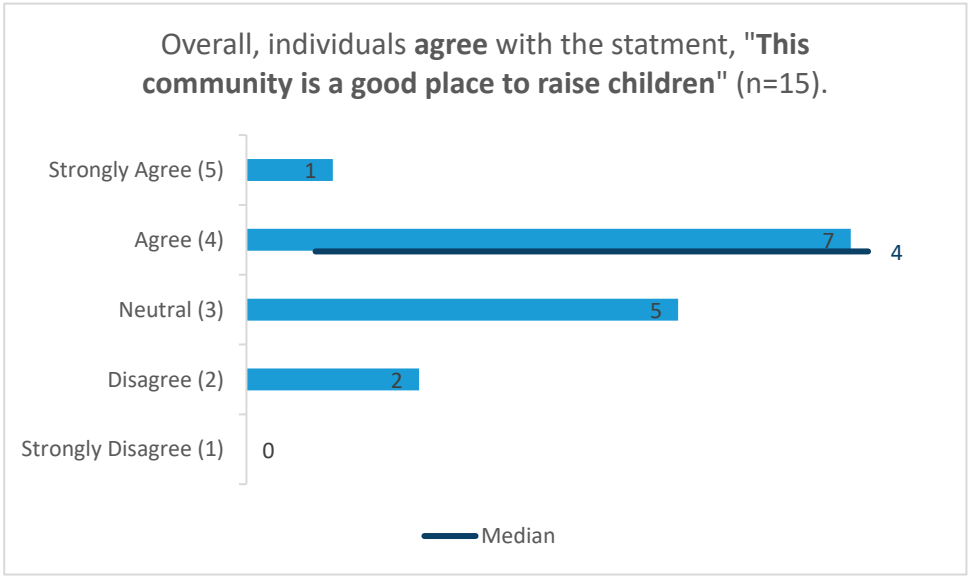
1	Lack of Resources
2	Lack of Transportation
3	Poverty
4	Geographic Location/Rurality
5	Lack of Housing
6	Social Stigma and Discrimination
7	Lack of Healthcare
8	Safety Concerns
9	Availability of Resources
10	Community Engagement

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, what are some ways in which your community could ensure everyone has a chance at living the healthiest life possible?

1	Combat Food Insecurity
2	Promote Community Engagement
3	Greater Focus on Policies
4	Promote Nutrition and Physical Activity
5	Improved Transportation
6	Improve the Healthcare System
7	Increase Housing Options

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "This community is a good place to raise children."

1	Lack of Resources
2	Poverty
3	Safety Concerns
4	Low Quality Education

**Themes emerged from the 10-county MiThrive North Central Region data.*

Thinking more broadly, how can we come together so that people promote each other's well-being and not just their own?

1	Strengthen Community Connection and Support
2	Affordable Recreation Opportunities
3	Improved Health Education and Awareness
4	Increase Mental Health Supports
5	More Resources and Services
6	Strengthen Family Support

**Themes emerged from the 10-county MiThrive North Central Region data.*

Key themes that emerged from pulse survey responses that rated the following the statement low, "This community is a good place to raise children."

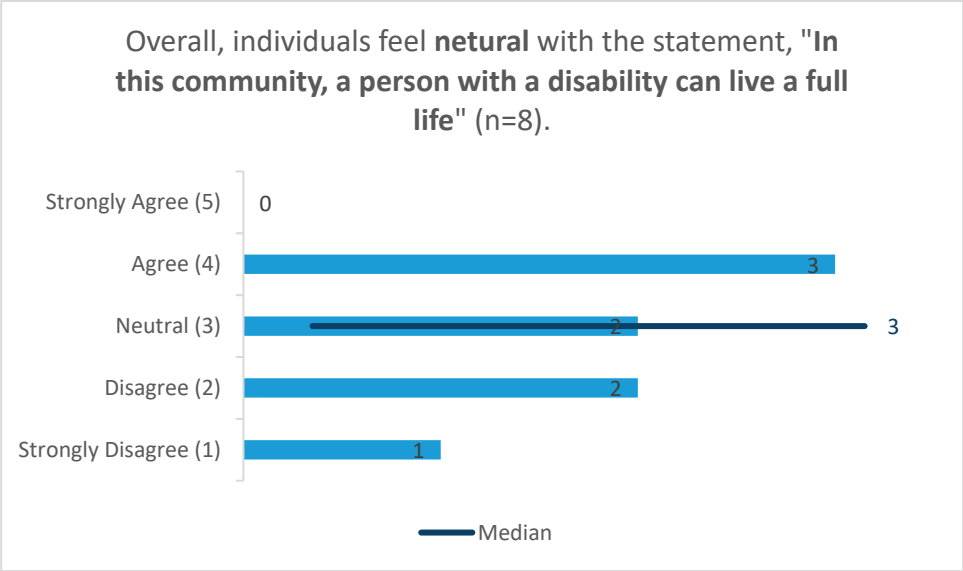
1	Lack of Resources
2	Poverty
3	Safety Concerns
4	Low Quality Education
5	Lack of Recreation Programming

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, how can we come together so that people promote each other's well-being and not just their own?

1	Strengthen Community Connection and Support
2	Affordable Recreation Opportunities
3	Address Political Division
4	Increase Mental Health Supports
5	More Resources and Services
6	Increased Health Education and Awareness
7	More COVID-19 Prevention Measures

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "In this community, a person with a disability can live a full life."

1	Lack of Resources
2	Lack of Accessible Infrastructure
3	System Issues
4	Geographic Location/Rurality
5	Need for More Community Support

**Themes emerged from the 10-county MiThrive North Central Region data.*

Thinking more broadly, think about groups that experience relatively good health and those that experience poor health. Why do you think there is a difference?

1	Change in Healthcare System
2	Increased Financial Assistance/Government Assistance
3	More Resource Navigation
4	Increased Education and Job Availability
5	Increased Community Support/Support Systems
6	Improved Transportation
7	Geographic Location/Rurality

**Themes emerged from the 10-county MiThrive North Central Region data.*

Key themes that emerged from pulse survey responses that rated the following the statement low, "In this community, a person with a disability can live a full life."

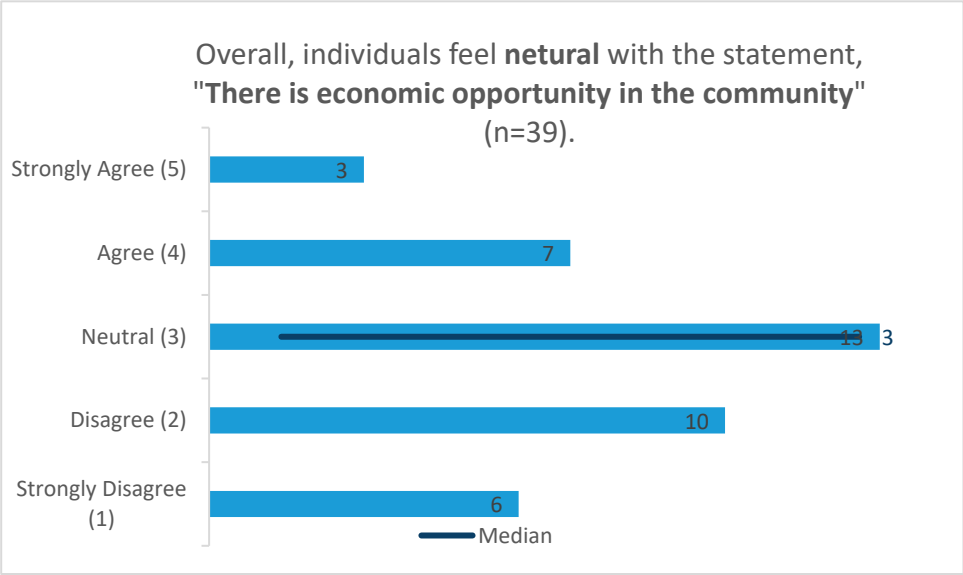
1	Lack of Resources
2	Lack of Accessible Infrastructure
3	System Issues
4	Geographic Location/Rurality
5	Poverty

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, think about groups that experience relatively good health and those that experience poor health. Why do you think there is a difference?

1	Poverty
2	System Navigation Issues
3	Lack of Education
4	Need for Increased Community Support
5	Lack of Resources
6	Lack of Insurance

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "There is economic opportunity in the community."

1	Job Availability
2	Lack Housing
3	Poor Wages
4	Lack of Resources
5	Childcare
6	Transportation/Commute
7	Rurality/Geographic Location

**Themes emerged from the 10-county MiThrive North Central Region data.*

Thinking more broadly, how would you ensure that people in tough life circumstances come to have as good a chance as others do in achieving good health and wellbeing over time?

1	Change in Healthcare System
2	Increased Financial Assistance/Government Assistance
3	More Resource Navigation
4	Increased Education and Job Availability
5	Increased Community Support/Support Systems
6	Improved Transportation

**Themes emerged from the 10-county MiThrive North Central Region data.*

Key themes that emerged from pulse survey responses that rated the following the statement low, "There is economic opportunity in the community."

1	Job Availability
2	Lack of Housing
3	Poor Wages
4	Lack of Resources
5	Transportation/Commute
6	Rurality/Geographic Location

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, how would you ensure that people in tough life circumstances come to have as good a chance as others do in achieving good health and wellbeing over time?

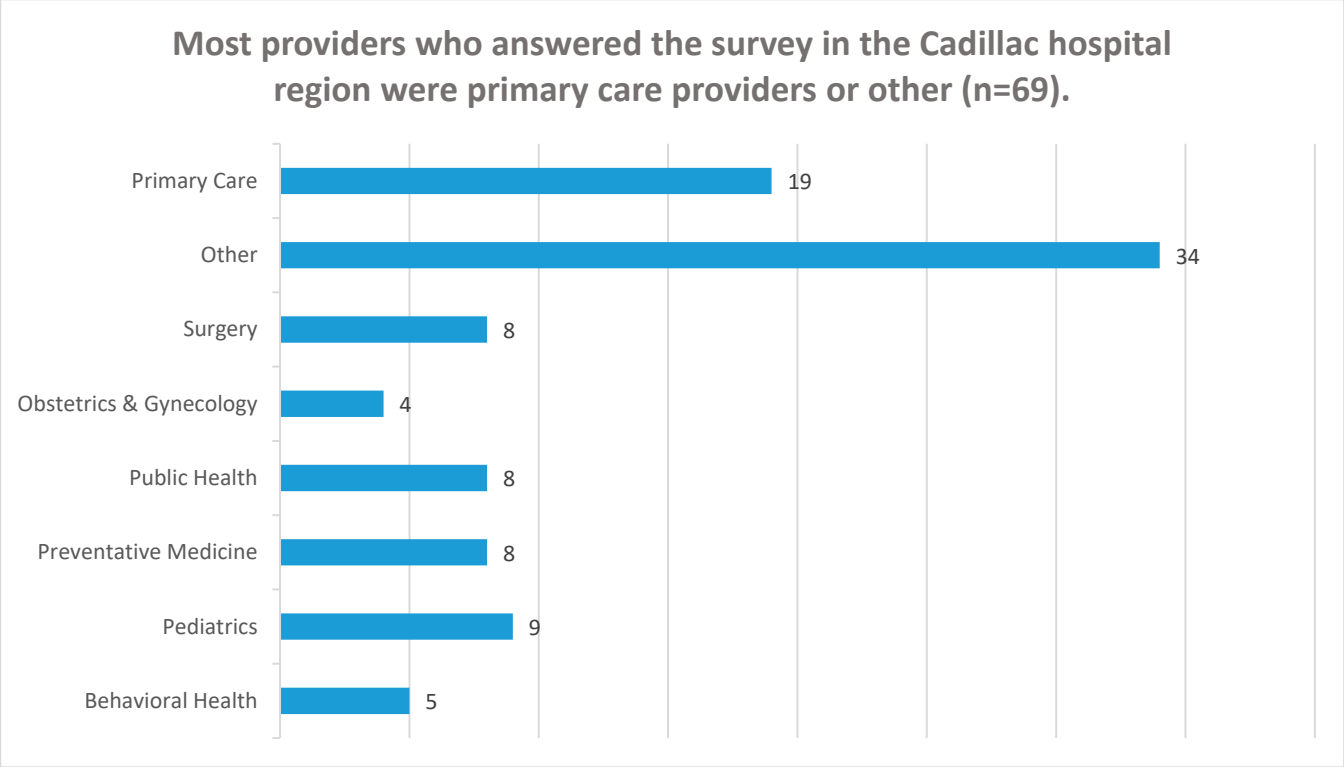
1	Change in Healthcare System
2	Increase Financial Assistance/Government Assistance
3	More Resource Navigation
4	Increased Education and Job Availability
5	Increased Community Support/Support Systems
6	More Affordable and Accessible Childcare
7	More COVID-19 Prevention Measures
8	Insurance

**Themes emerged from the 10-county MiThrive Northwest Region data.*

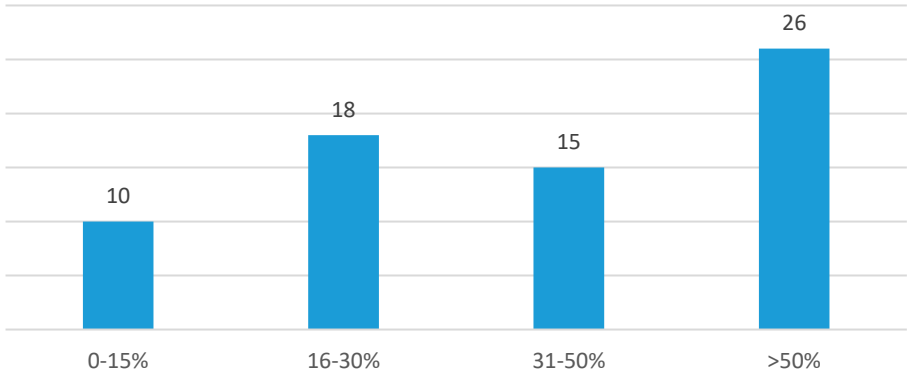
- **Healthcare Provider Survey**

Data collected for the Healthcare Provider Survey was gathered through a self-administered, electronic survey. It asked 10 questions about what is important to the community, what factors are impacting the community, plus quality of life, built environment, community assets, and demographic questions. The survey was open from October 18, 2021 to November 7, 2021.

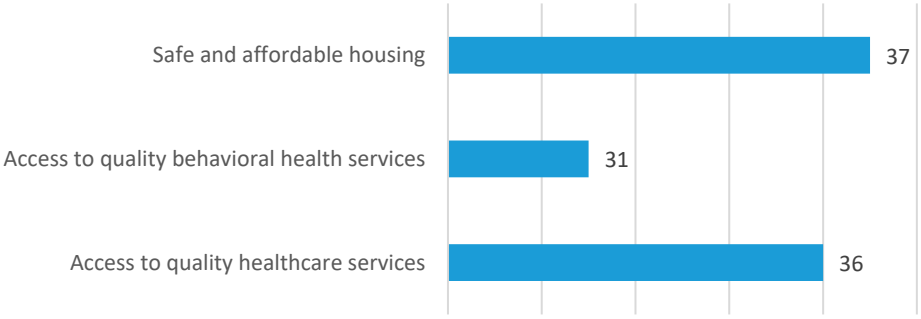
Healthcare partners such as hospitals, federally qualified health centers, and local health departments, among others, sent the Healthcare Provider Survey via an electronic link to their physicians, nurses, and other clinicians. Additionally, partner organizations supported survey promotion by sharing the survey link with external community partners. Sixty-nine providers completed the Healthcare Provider Survey in Lake, Missaukee, Osceola, and Wexford Counties.



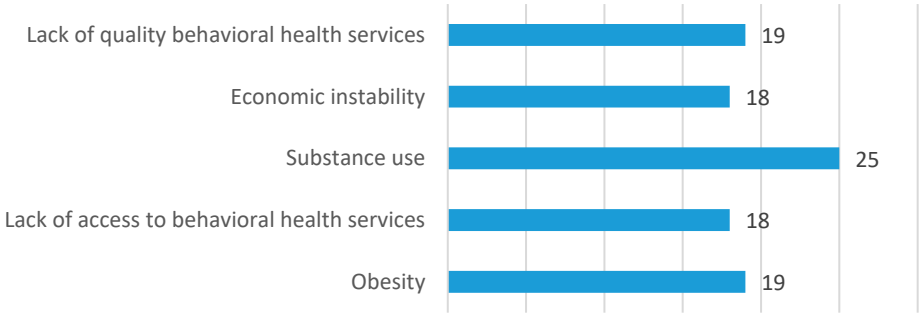
37.6% of providers in this region reported that >50% of patients/clients they serve are on Medicaid (n=69).

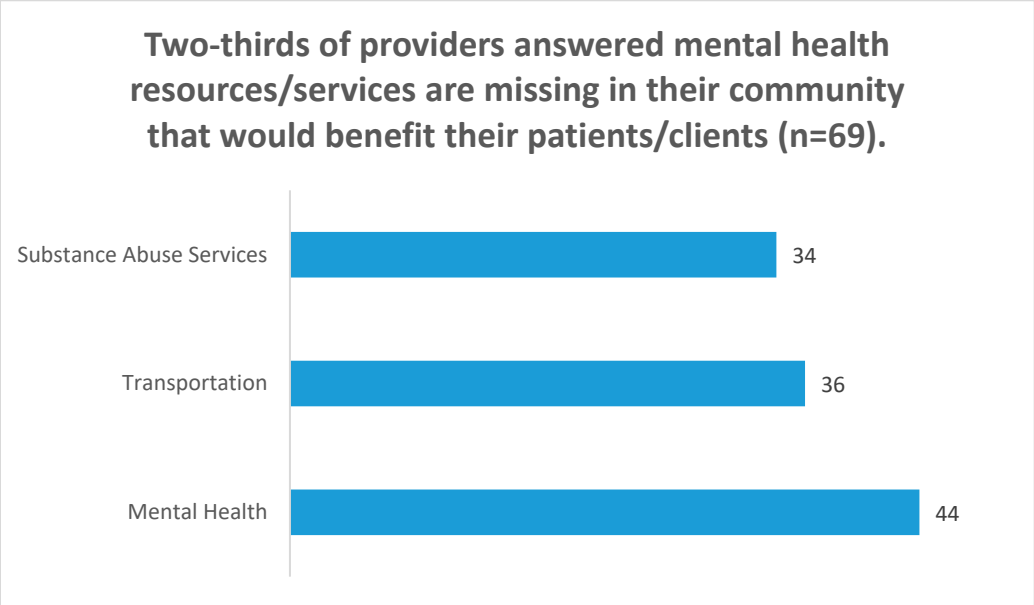


Providers think that safe, affordable, and accessible housing is the most important issue impacting patients/clients in the communities they serve (n=69).



Providers think that substance use is the most important issue impacting patients/clients in the communities they serve (n=69).




Two-thirds of providers answered mental health resources/services are missing in their community that would benefit their patients/clients (n=69).
Substance Abuse Services
34
Transportation
36
Mental Health
44

- **C**ommunity System Assessment

The Community System Assessment focuses on organizations that contribute to well-being. It answers the questions, “What are the components, activities, competencies, and capacities in the regional system?” and “How are services being provided to our residents?” It was designed to improve organizational and community communication by bringing a broad spectrum of partners to the same table; exploring interconnections in the community system; and identifying system strengths and opportunities for improvement. The Community System Assessment was comprised of two components: Community System Assessment and subsequent focused discussions at 16 county-level community coordinating bodies. A total of 371 residents and partners representing 94 organizations participated in the Community System Events and/or Focused Discussions in the Northwest and North Central Regions (Please see Appendix E for Event Agenda).

- **Community System Assessment Event**

In August, residents and community partners assessed the system’s capacity in the MiThrive Northwest, Northeast, and Northwest Regions. Through a facilitated discussion, they identified system strengths and opportunities for improvement among eight domains.

Community System Assessment—System Strengths Summary

Focus Area and Definition	System Strengths in the Northwest Region	System Strengths In the North Central Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Community connections is in place with SDOH navigation • No wrong door approach – multiple ways to access resources	• Organizations do work together to connect people to the resources they need. • More than one organization is working together and sharing several resources
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• COVID-19 has created new partnerships to develop policies • The Northern Michigan CHIR has gathered agencies to work together	
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Assessment tools are gathering more information and breaking the data down geographically	• Hospitals and health departments conduct community health assessments, gather input from the community, and identify needs to address as a community
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Hundreds of people are engaged in health improvement across the region • The Northwest Community Health Innovation Region works to empower the local communities to build capacity for health improvement	• The Community System is composed of strong collaborative groups
Workforce: The people engaged in or available for work in a particular area	• MI Works tracks trending jobs and employment rates • There is collaboration regarding training opportunities	• Individual organizations are knowledgeable about workforce issues
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• MiThrive and the Northwest Community Health Innovation Region in collaboration with hospital systems have collaborated to create a shared vision for the community	• The North Central Community Health Innovation Region is positioned to provide leadership in the region • Leadership is occurring at the county level.
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• There is significant activity creating awareness of public health issues in the region informed by the CHIR and its Learning Community. • Organizations are developing and expanding communication plans.	• There is good work happening and the system is improving in creating awareness of public health issues and engaging the community
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Organizations in the System are identifying and discussing health disparities	

Community System Assessment—System Opportunities for Improvement Summary

Focus Area and Definition	System Opportunities for Improvement in the Northwest Region	System Opportunities for Improvement In the North Central Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Better communication strategies are needed • Difficult to understand why people don't get the services they need due to lack of follow up	• Create an asset map • Need to connect to the community ("silent population") to link to resources that they need. • Increase broadband access
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• Must determine ways the System can influence policy • Be more transparent • Review policies before there is an issue with the policy	• To engage in activities that inform the policy development process, organizations in the system need to provide education to ensure informed decisions • The system is currently reactive. Needs to be more proactive
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Organizations in the System need to improve on getting information regarding data out in the community • Improve data sharing	• Need to present the data to the public in a more meaningful way • Update the Community Health Assessment and monitor progress • Improve data sharing
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Need to improve alliances within the whole system • Partnerships vary from county to county	• To improve community health the system needs to develop action steps and increase accountability • Virtual meetings are a challenge
Workforce: The people engaged in or available for work in a particular area	• Shortage of mental health providers • Most organizations are short-staffed • The pay scale is contributing to the shortfall	• Identify priority areas of need and submit plans to address workforce issues to funders • Need systemic collaboration to address workforce gaps
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• Increase emphasis on leadership/management skills • Innovation leadership acquisition/attract leaders to the region	• There is not a broad community system vision • Collaboration is difficult due to COVID-19 • There is value in collaboration. • Need to create an environment for collaboration
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• Need for more authentic voices and engagement by residents. • Need to improve feedback loops	• Increase resident voice and engagement to inform decision-making • There is need for improvement around diversity • Need direct representation of vulnerable populations on boards and in leadership
Capacity for Health Equity:	• Increase development and implementation of equity policies and procedures • Need more input from residents experiencing disparities	• Develop a common language around health disparities • Advocate for health in all policies framework so that all sectors understand how policies impact health

	• Goals to reduce disparities are in place as a system, but there is little to no action taken	

- **Follow-up facilitated conversations at county community collaborative bodies**

  Subsequently, focused conversations were held during county collaborative body meetings for all counties in the Northwest, Northeast, and North Central MiThrive Regions. In the Cadillac Region, there were three collaborative meetings in October 2021 with a total of 46 participants, and they identified the following areas for improvement:

  - Lake County Roundtable: **"Resources"** was identified as the most important area to focus on in Lake County
    Specific to Resources, what improvements would you like to see in your Community System in the next three years?
    - Regular community dinner and youth community center
    - More opportunities for counseling for families and children
    - Childcare providers trained in early childhood development
    - Collaboratively working to outreach to the hard to reach
    - Internet access
    - Additional resources for substance misuse
    - Better support for our school and youth
    - More safe, affordable, and accessible housing opportunities
    - More after school and summertime activities for youth

  - Mecosta/Osceola Human Services Coordinating Body: "**Resources"** was identified as the most important area to focus on in Mecosta and Osceola Counties
    Specific to Resources, what improvements would you like to see in your Community System in the next three years?
    - Broadband, unified access to assets, better transportation, and creation of trust so that we can approach the populations in need
    - Outreach and follow up services
    - Staffing! We are struggling at various agencies with hiring
    - Our Community Health Worker program at District Health Department #10 is growing in our capacity to serve, and we look forward to strengthened relationships. We'll be working with Central Michigan District Health Department to expand into Osceola County in future times

- Wexford-Missaukee Human Services Leadership Council: "**Workforce"** was identified as the most important area to focus on in Wexford and Missaukee Counties
  Specific to Workforce, what improvements would you like to see in your Community System in the next three years?
    - Increased wages that meet the cost-of-living increases
    - Increased safe, affordable, and accessible housing options
    - Childcare issues for working parents
    - Possibilities of job-sharing opportunities
    - Workforce issues are on the increase and should be viewed as a major issue if not addressed

- **Forces of Change Assessment**

The Forces of Change Assessment aims to answer the following questions: "What is occurring or might occur that affects the health of our community or the local system?" and "What specific threats of opportunities are generated by these occurrences?" . Like the Community System Assessment, the Forces of Change Assessment was composed of community meetings convened virtually in the Northwest, Northeast, and North Central MiThrive Regions. It focused on trends, factors, and events outside our control within several dimensions, such as government leadership, government budgets/spending priorities, healthcare workforce, access to health services, economic environment, access to social services, and social context (Please see Appendix F for Forces of Change Event Agenda).

Top Forces of Change in the Northwest and North Central MiThrive Regions

Categories of Forces	Top Forces in Northwest Region	Top Forces in North Central Region
Government Leadership And Spending/Budget Priorities	• Regional and State level approach • Government's diversity of priorities • Community awareness and involvement in decision making	• Trust in government • Inability to flex • Diversity and inclusion • Political agendas/influences • Regional demographics • COVID-19 Pandemic
Sufficient Healthcare Workforce	• Retirement and burnout • Safe, affordable, and accessible housing • Mental health and providers	• Broadband and telehealth • Attracting healthcare professionals to rural areas • Severe shortage of mental health professionals
Access to health services	• Insurance dictates access to healthcare • Workforce shortages and staffing • Funding for health services in rural areas	• Rurality • COVID-19 impact on substance use and poverty • Provider access and affordability of care
Economic environment	• Safe, affordable, and accessible housing • Livable wage	• Broadband access • Political administration changes Behavioral health issues on employment
Access to social services	• Mental health and substance misuse • Safe, affordable, and accessible housing • Broadband and skills to navigate virtual platforms	• Insufficient number of provider • Safe, affordable, and accessible housing • Technology gap
Social context	• Access to assistance (food, paying utility bills) • Broadband • Social justice, equity and inclusion	• Broadband • ALICE population
Impacts related to COVID-19	• Rurality, connectivity, transportation, technology, education • Mistrust • Mental health	• Distrust in science and public health and political rhetoric • Economic impact • Family hardships

Data Limitations

Community Health Status Assessment

- Since scores are based on comparisons, low scores can result even from very serious issues, if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some data is missing for some counties. As a result, the "regional average" may not include all counties in the region. Additionally, some counties share data points. For example, in the Michigan Profile for Healthy Youth, data from Crawford, Ogemaw, Oscoda, and Roscommon counties is aggregated; therefore, each of these counties will have the same value in the MiThrive dataset.
- Secondary data tells only part of the story. Viewing all the assessments holistically is therefore necessary.
- Some data sources have not updated data since the past MiThrive cycle; therefore, values for some indicators may not have changed and t cannot be used to show trends from last cycle to this cycle.

Community System Assessment

- Completing the Community System Assessment is a means to an end rather than an end in itself. The results of the assessment should inform and result in action to improve the Community System's infrastructure and capability to address health improvement issues.
- Each respondent self-reports with their different experiences and perspectives. Based on these perspectives, gathering responses for each question includes some subjectivity.
- When completing the assessment at the regional events or at the county level, there were time constraints for discussion, and some key stakeholders were missing from the table.
- Some participants tended to focus on how well their organization addressed the focus areas for health improvement rather than assessing the system of organizations as a whole.

Community Themes and Strengths Assessment

- A unique target number of completed Community Surveys was set for each county based on county population size. Survey responses were not weighted for counties who exceeded this target number.
- While the Community Survey was offered online and in-person, most surveys were collected digitally.
- Partial responses were removed from the Community Survey.
- Outreach and promotion for the Provider Survey was driven by existing MiThrive partners, which influenced the distribution of survey responses across provider entities.

- The Pulse Surveys were conducted across a wide variety of agencies and organizations. Additionally, survey delivery varied, including in-person interview, over-the-phone interview, text survey, and paper format.

Forces of Change Assessment

- Participants self-selected into one of eight Forces of Change Assessment topic areas during the events and discussed forces, trends, and events using a standardized Facilitation Guide – although facilitators and notetakers differed for the topic areas and events.
- These virtual events removed some barriers for participants – although internet accessibility was a requirement to participate.
- When completing the assessment, there were time constraints for discussion and some key stakeholders were missing from the table.
- MiThrive staff selected the eight topic areas using the MAPP's guidance in addition to insights from the MiThrive Core Team members.
- COVID-19 was included as a standalone topic area, and all participants were advised of the topic areas and instructed to focus on their topic area with minimal discussion on COVID-19 unless it was their specific topic area.

Charlevoix Region
Charlevoix and Emmet Counties

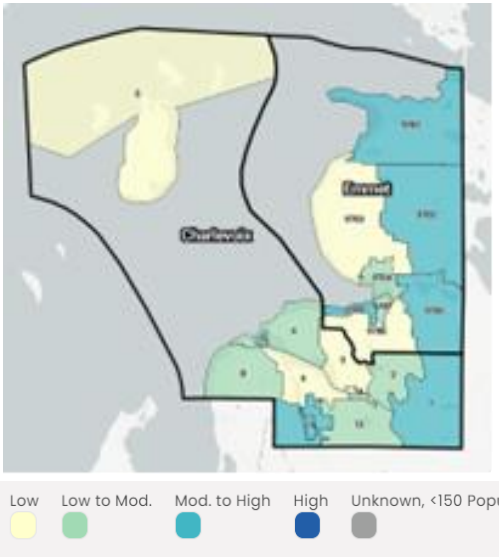
- **Community Health Status Assessment**

The Community Health Status Assessment identifies priority community health and quality of life issues. It answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?". The answers to these questions were measured by collecting 100 secondary indicators from different sources, including the Michigan Department of Health and Human Services, US Census Bureau, and US Centers for Disease Control and Prevention.

The Design Team assured secondary data contained measures of social and economic inequity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35% of household income; high school graduation rate; income inequality; median household income; median value of owner-occupied homes; political participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and well-being. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English "less than well"; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

As illustrated in the map at right, Census Tracts in Charlevoix and Emmet counties have Social Vulnerability Indices at "moderate to high" in the inland areas.



Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

Community Health Status Assessment indicators were collected and analyzed by county for MiThrive's 31-county region from the following sources:

- County Health Rankings
- Feeding America
- Kids Count
- Michigan Behavioral Risk Factor Surveillance Survey
- Michigan Cancer Surveillance Program
- Michigan Care Improvement Registry
- Michigan Health Statistics
- Michigan Profile for Healthy Youth
- Michigan School Data
- Michigan Secretary of State
- Michigan Substance Use Disorder Data Repository
- Michigan Vital Records
- Princeton Eviction Lab
- United for ALICE
- U.S. Census Bureau
- U.S. Health Resources & Services Administration
- U.S. Department of Agriculture

Each indicator was scored on a scale of zero to three by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region as well as state, national, and Healthy People 2030 targets when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data". **Of about 100 secondary indicators, there were 13 statistics in Charlevoix and Emmet counties that scored above 1.5, indicating they were worse than their MiThrive region or State rates:**

- Income inequality
- Special Education % Child Find
- Renters (% of all occupied homes)
- Gross mortgage >=35% of household income
- Number of evictions
- Vacant housing units
- Teens: major depressive episode
- Adults: poor mental health 14+ days per month
- Adults: overweight
- Adults: binge drinking

- Motor vehicle crash involving alcohol mortality
- Alzheimer's/Dementia mortality

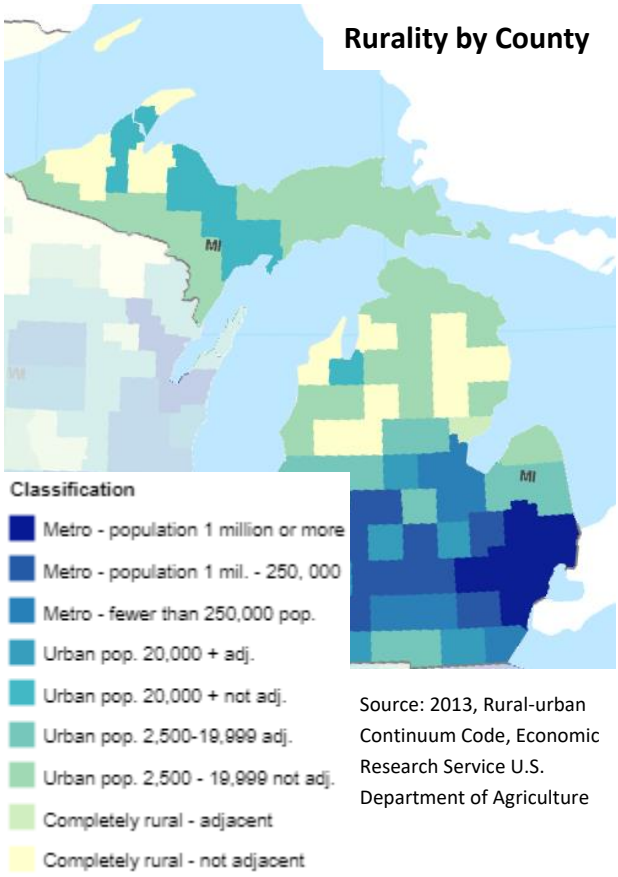
Please see Appendix B values of indicators ranked over 1.5.

Geography and Population

The service area for Munson's Charlevoix Region – which includes Munson Healthcare Charlevoix Hospital – is composed of Charlevoix and Emmet counties. The two-county area is known for its clean environment and abundant resources for outdoor recreation. Covering 2,296 square miles of land altogether, most of the region is designated as "rural" by the U.S. Census Bureau. This is one of its most important characteristics as rurality influences health and well-being.

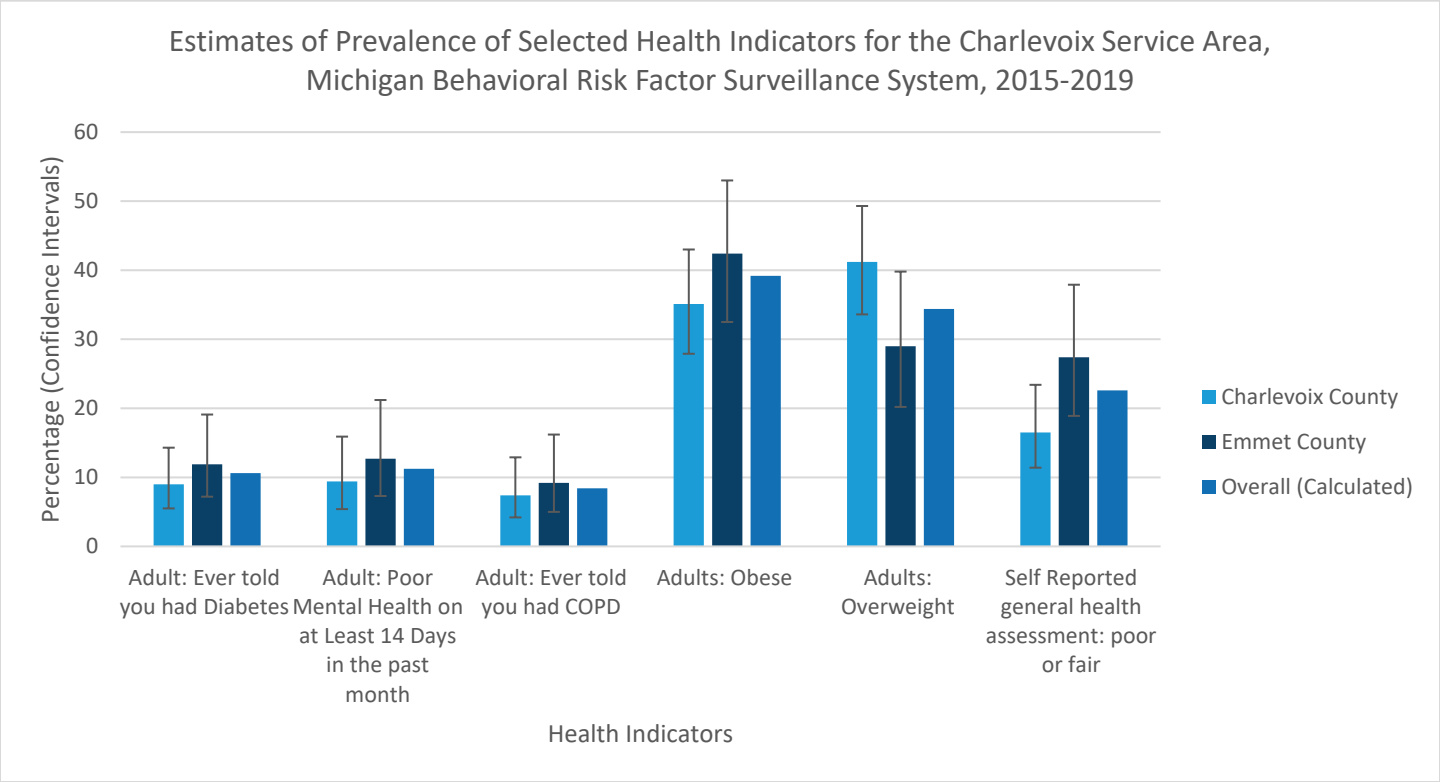
The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 59,558 people who live in the two-county region, 92.0% are white. The largest racial or ethnic minority groups are American Indian and Alaska Native (2.9 %), Hispanic or Latino (1.9%) and Black or African American (.6 %).

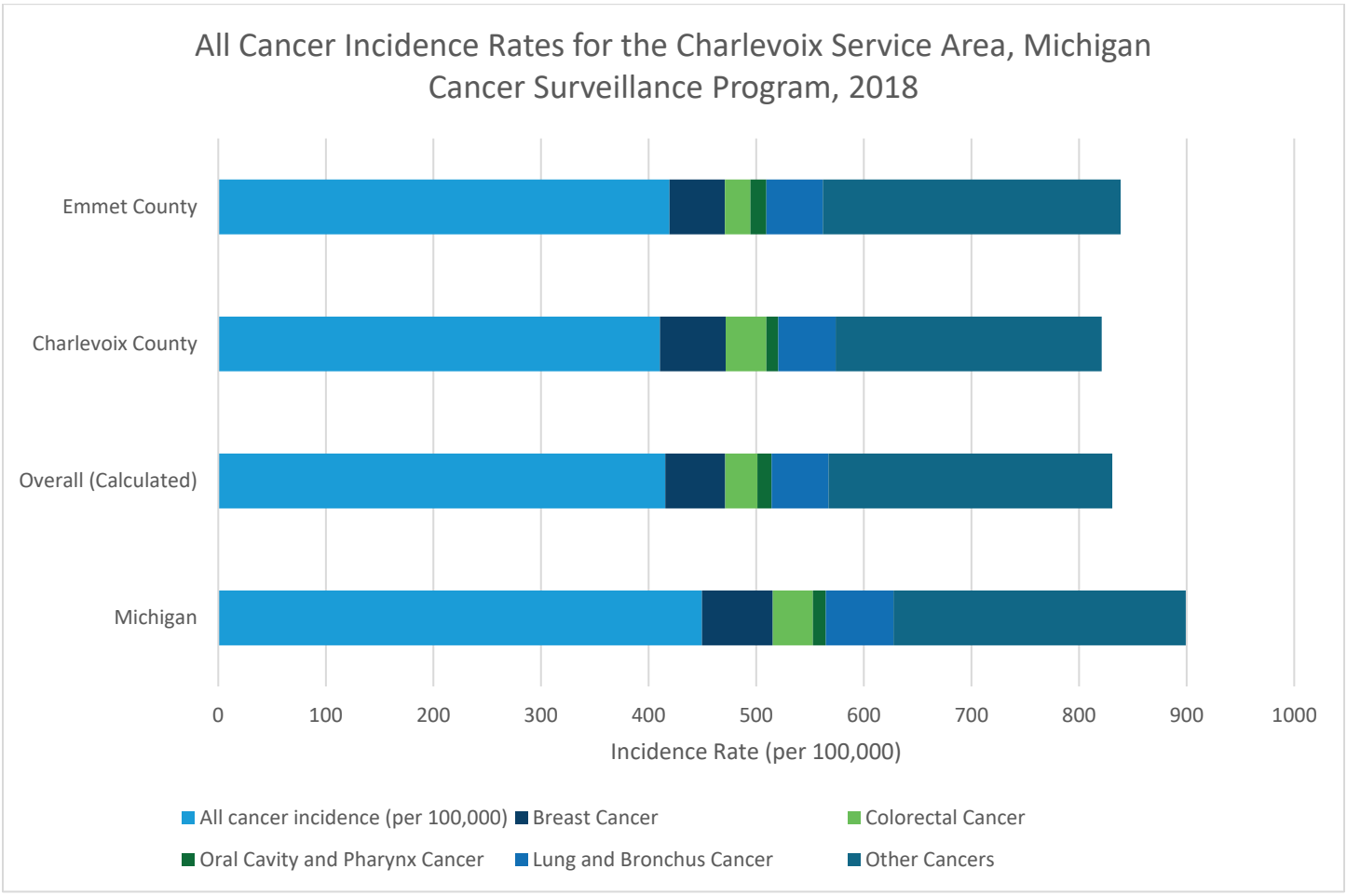
Rurality by County

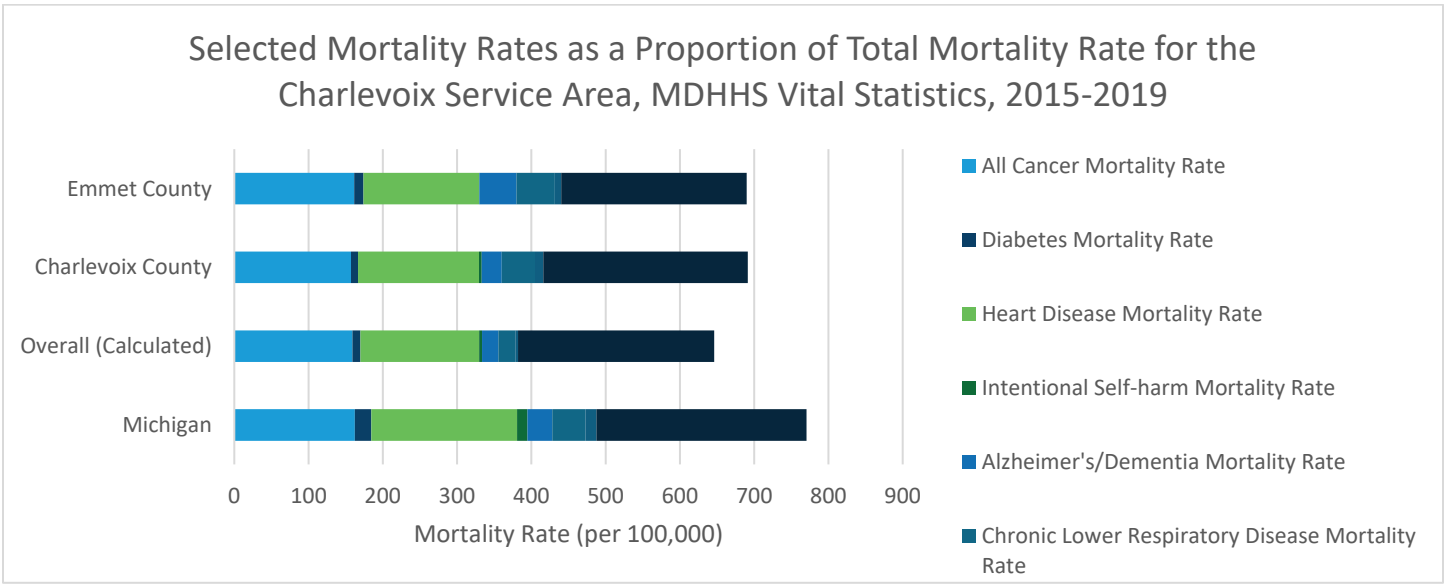


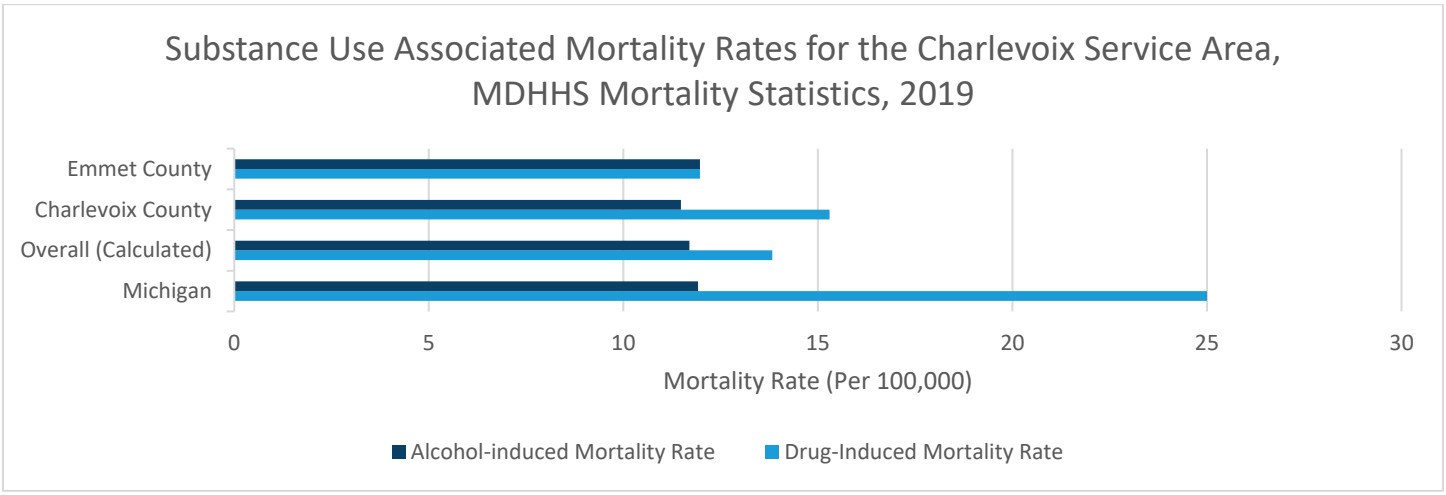
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

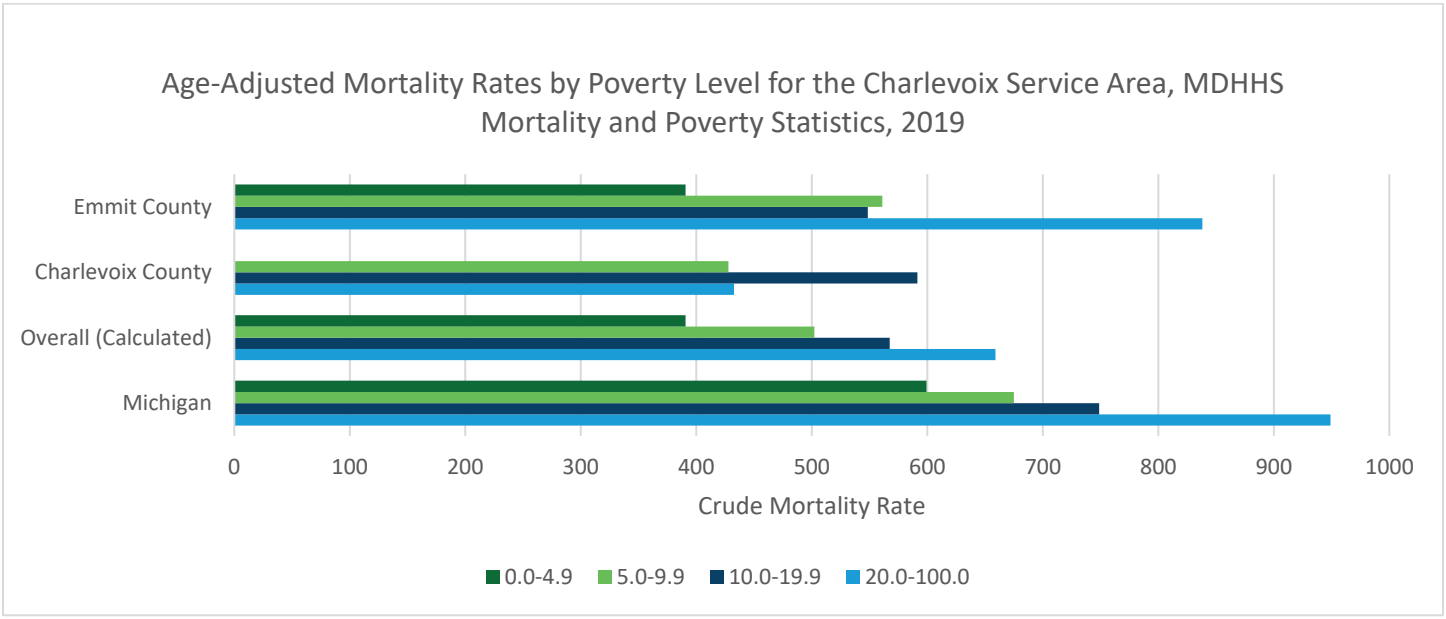
Selected Morbidity and Mortality Indicators for the Charlevoix Service Area



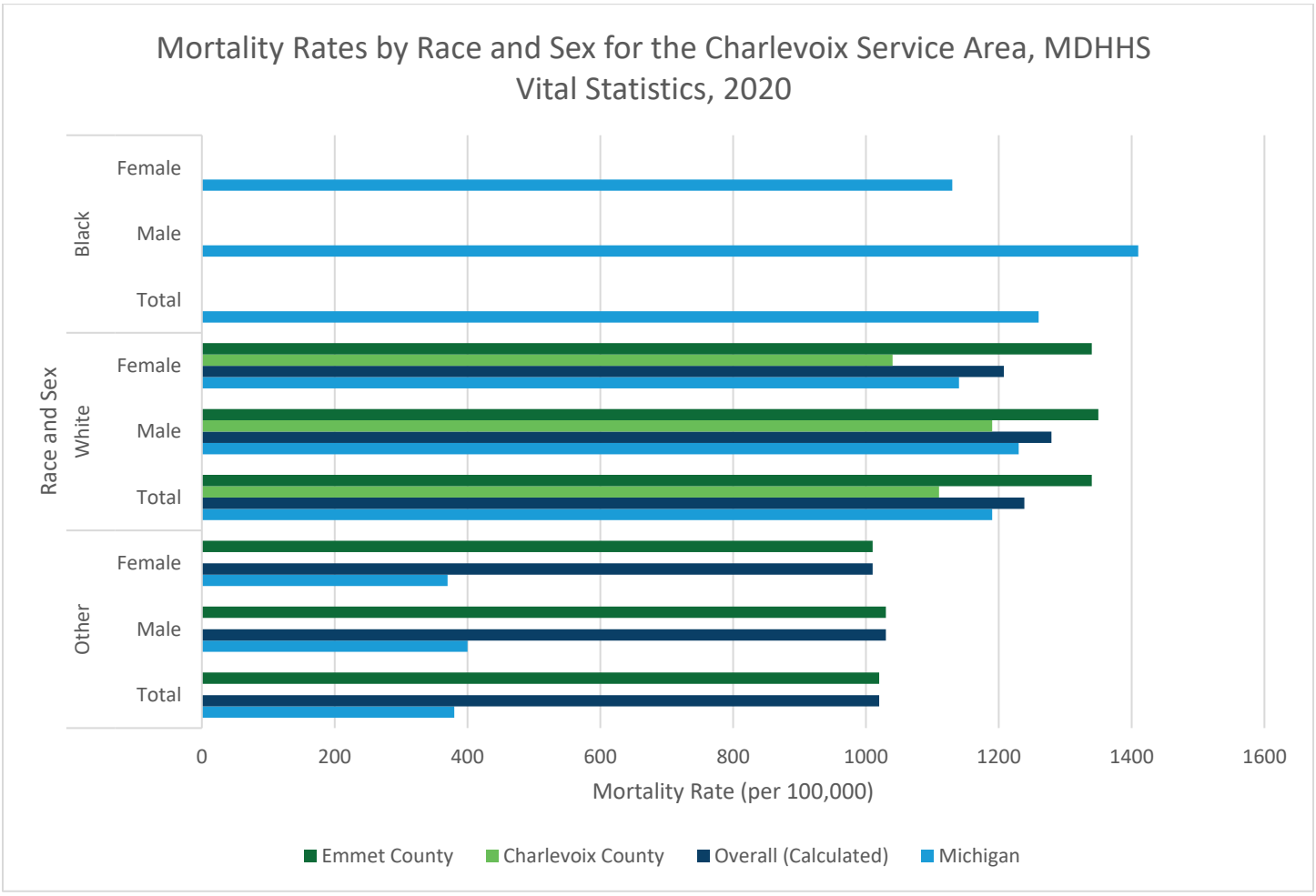

All Cancer Incidence Rates for the Charlevoix Service Area, Michigan Cancer Surveillance Program, 2018
Emmet County
Charlevoix County
Overall (Calculated)
Michigan
0
100
200
300
400
500
600
700
800
900
1000
Incidence Rate (per 100,000)
All cancer incidence (per 100,000)
Breast Cancer
Colorectal Cancer
Oral Cavity and Pharynx Cancer
Lung and Bronchus Cancer
Other Cancers

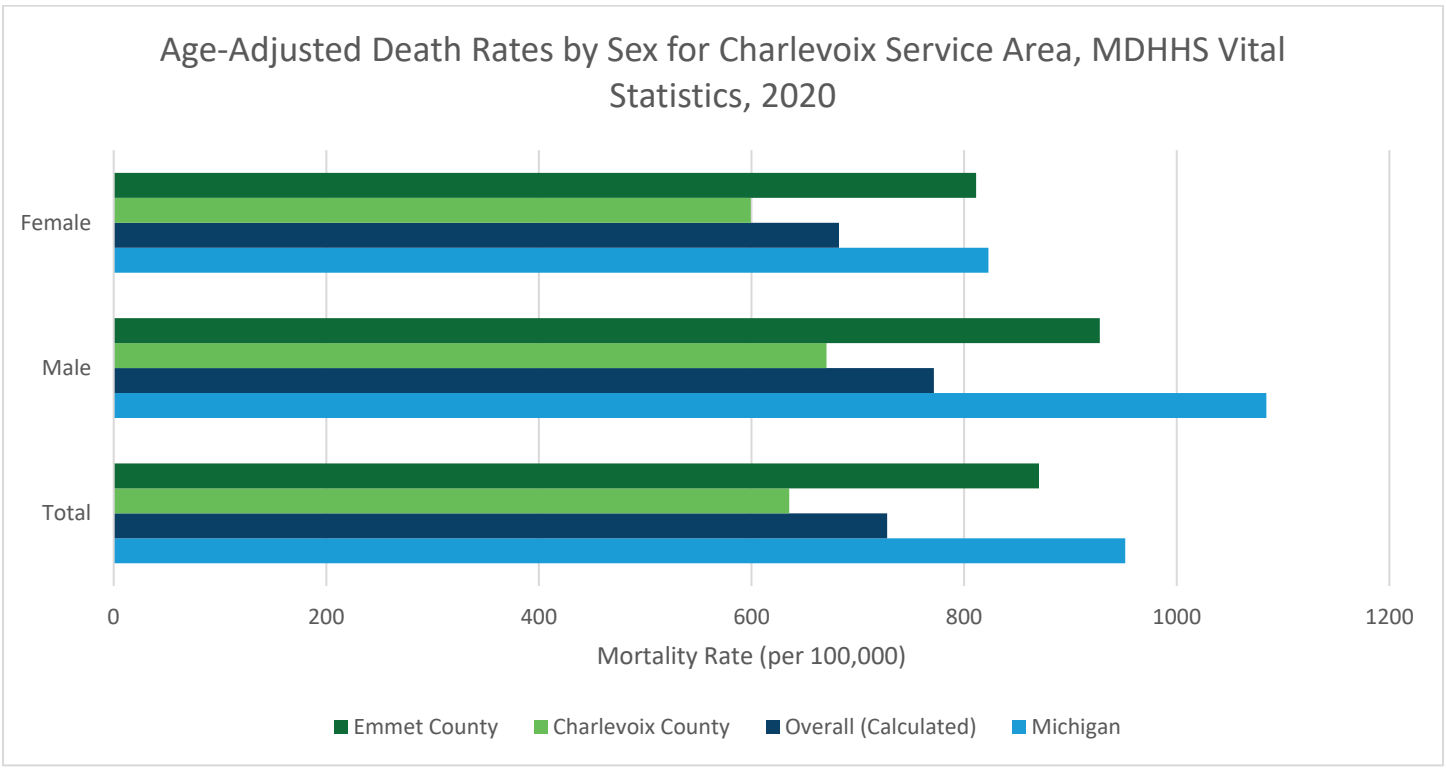

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Charlevoix Service Area, MDHHS Vital Statistics, 2015-2019
Emmet County
Charlevoix County
Overall (Calculated)
Michigan
0
100
200
300
400
500
600
700
800
900
Mortality Rate (per 100,000)
All Cancer Mortality Rate
Diabetes Mortality Rate
Heart Disease Mortality Rate
Intentional Self-harm Mortality Rate
Alzheimer's/Dementia Mortality Rate
Chronic Lower Respiratory Disease Mortality Rate





Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.


Mortality Rates by Race and Sex for the Charlevoix Service Area, MDHHS Vital Statistics, 2020
Race and Sex
Black
White
Other
Female
Male
Total
0
200
400
600
800
1000
1200
1400
1600
Mortality Rate (per 100,000)
Emmet County
Charlevoix County
Overall (Calculated)
Michigan


Age-Adjusted Death Rates by Sex for Charlevoix Service Area, MDHHS Vital Statistics, 2020
Female
Male
Total
0
200
400
600
800
1000
1200
Mortality Rate (per 100,000)
Emmet County
Charlevoix County
Overall (Calculated)
Michigan

Note: Age-adjustment was performed using the standardized population from the United States Census, 2000.

○ Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the following questions:

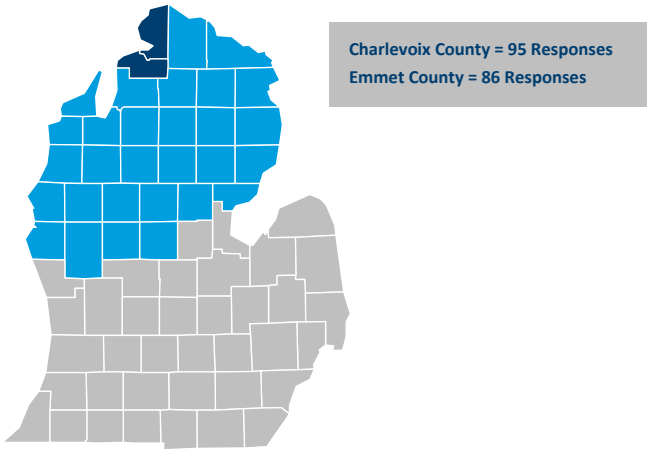
"What is important to our community?"
"How is quality perceived in our community?"
"What assets do have that can be used to improve well-being?"

For the Community Themes and Strengths Assessment, the MiThrive Design Team designed three types of surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey (Please see Appendix D for survey instruments).

- **Community Survey**
  The Community Survey asked 18 questions about what is important to the community and what factors are impacting the community, plus quality of life, built environment, and demographic questions. The Community Survey also asked respondents to identify assets in their communities. Please see Appendix C for assets identified for Charlevoix and Emmet Counties.

Community Surveys were administered electronically and via paper format in both English and Spanish. The electronic version of the survey was available through an electronic link and QR code. The survey was open from Monday, October 4, 2021 to Friday, November 5, 2021. Five $50 gift cards were used as an incentive for completing the survey. Partner organizations supported survey promotion through social media and community outreach. Promotional materials developed for Community Survey include a flyer, social media content, and press release. One-hundred and eighty-one Community Surveys were collected from Charlevoix and Emmet Counties.

A total of **181 community survey** responses were collected in **Charlevoix and Emmet Counties**.



Survey respondents were asked to imagine a ladder with steps numbered from zero at the bottom to ten at the top. The **top of the ladder represented the best possible life (10)** and the **bottom of the ladder represented the worst possible life (0)**. Survey respondents identified where they felt they stood on the ladder at the time of completing the survey (Figure 1) and where they felt they would stand three years from now (Figure 2).

Figure 1: 44.38% of individuals in Charlevoix and Emmet Counties are currently either struggling or suffering compared to 55.62% who are thriving (n=178).

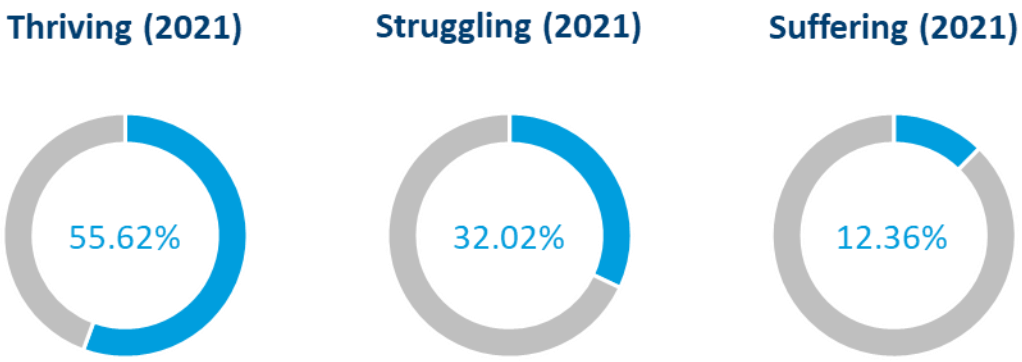
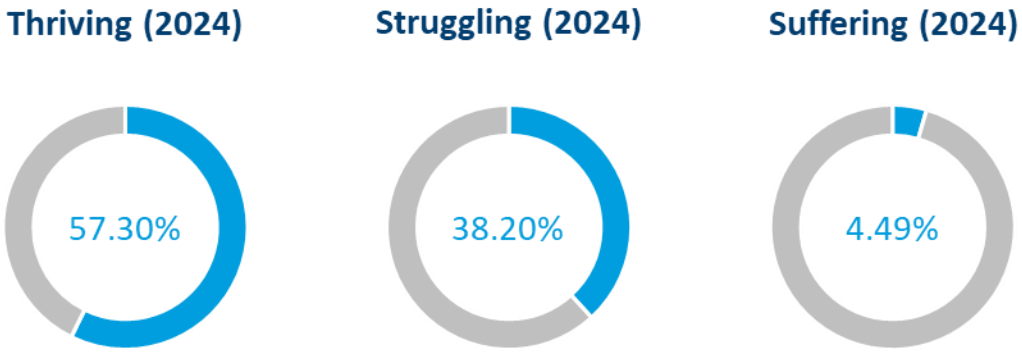
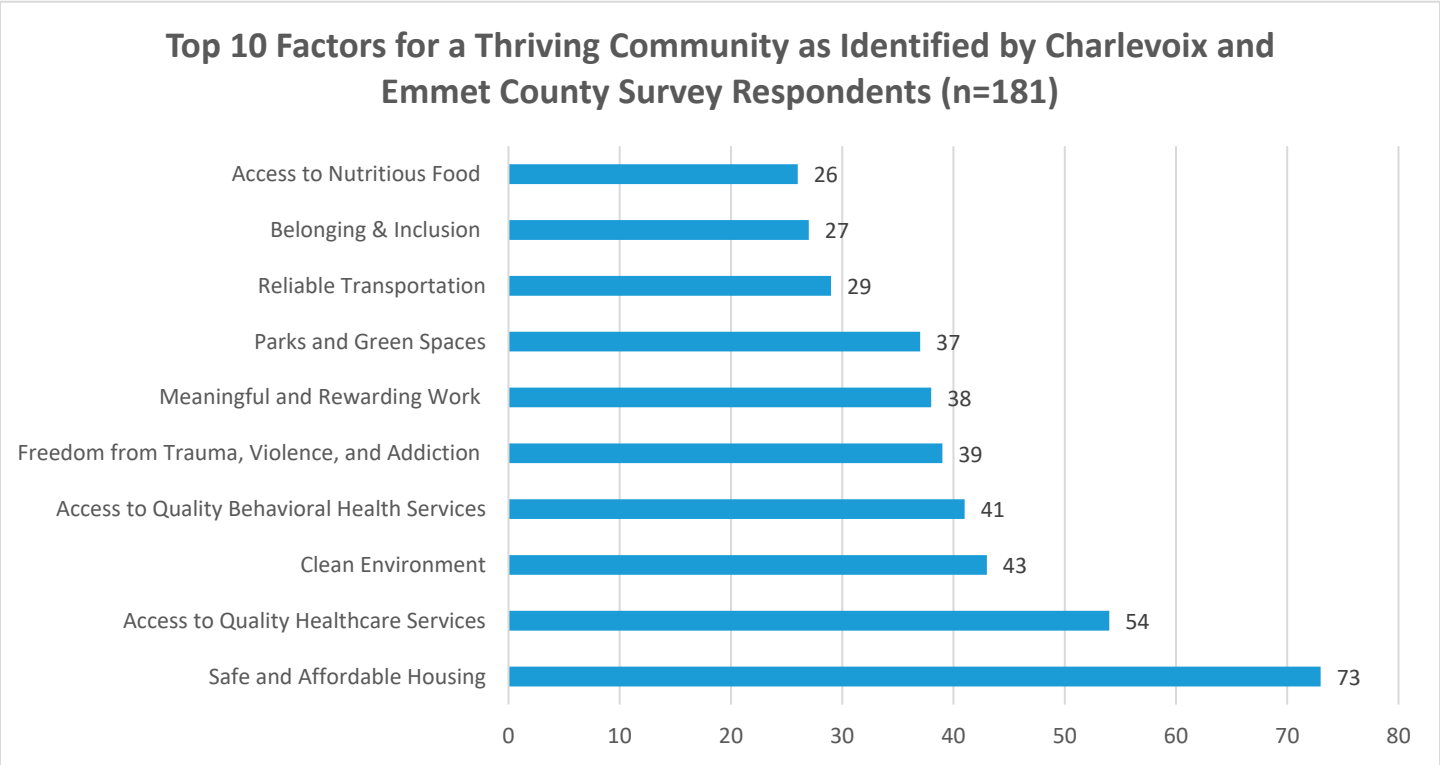


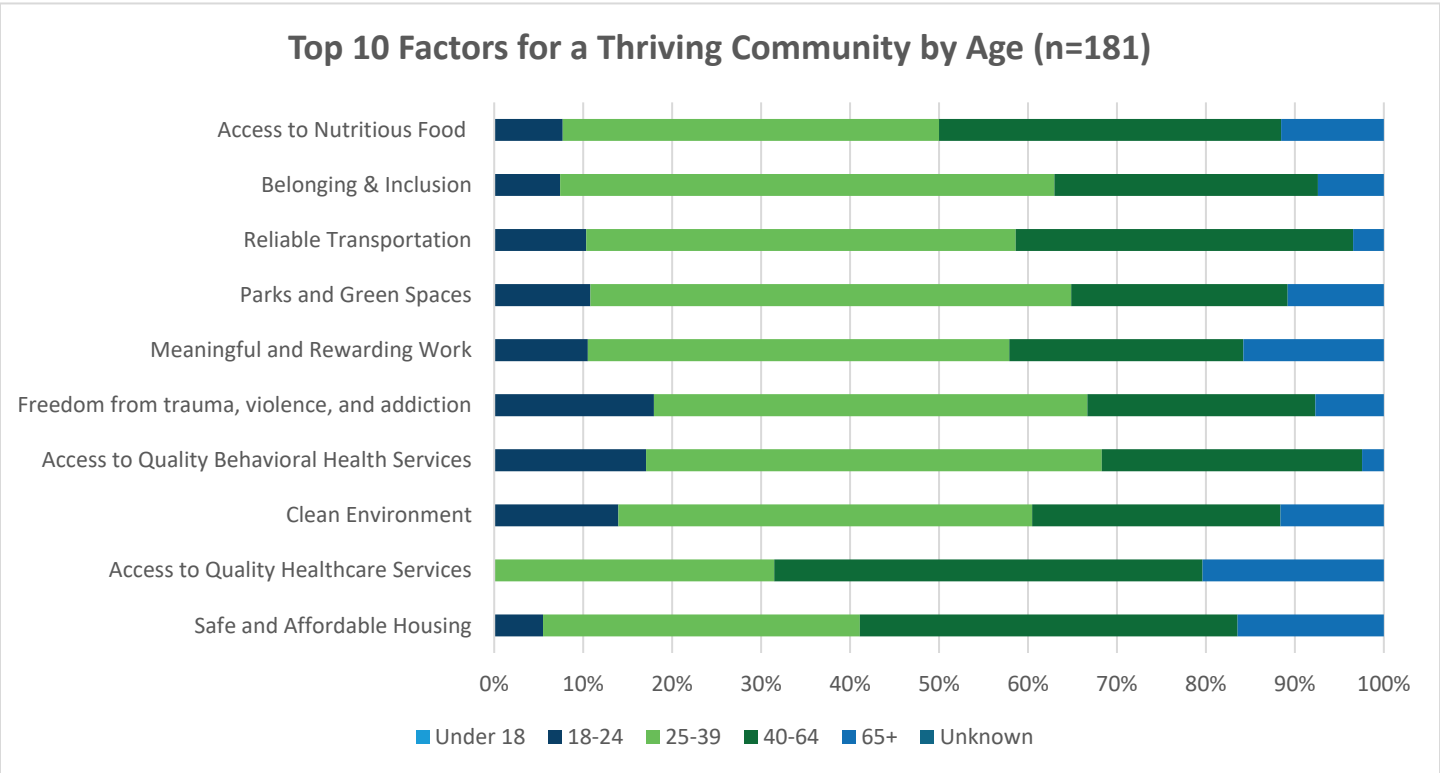
Figure 2: 42.70% of individuals in Charlevoix and Emmet Counties predict they will either be struggling or suffering compared to 57.30% who predict they will be thriving three years from now (n=178).



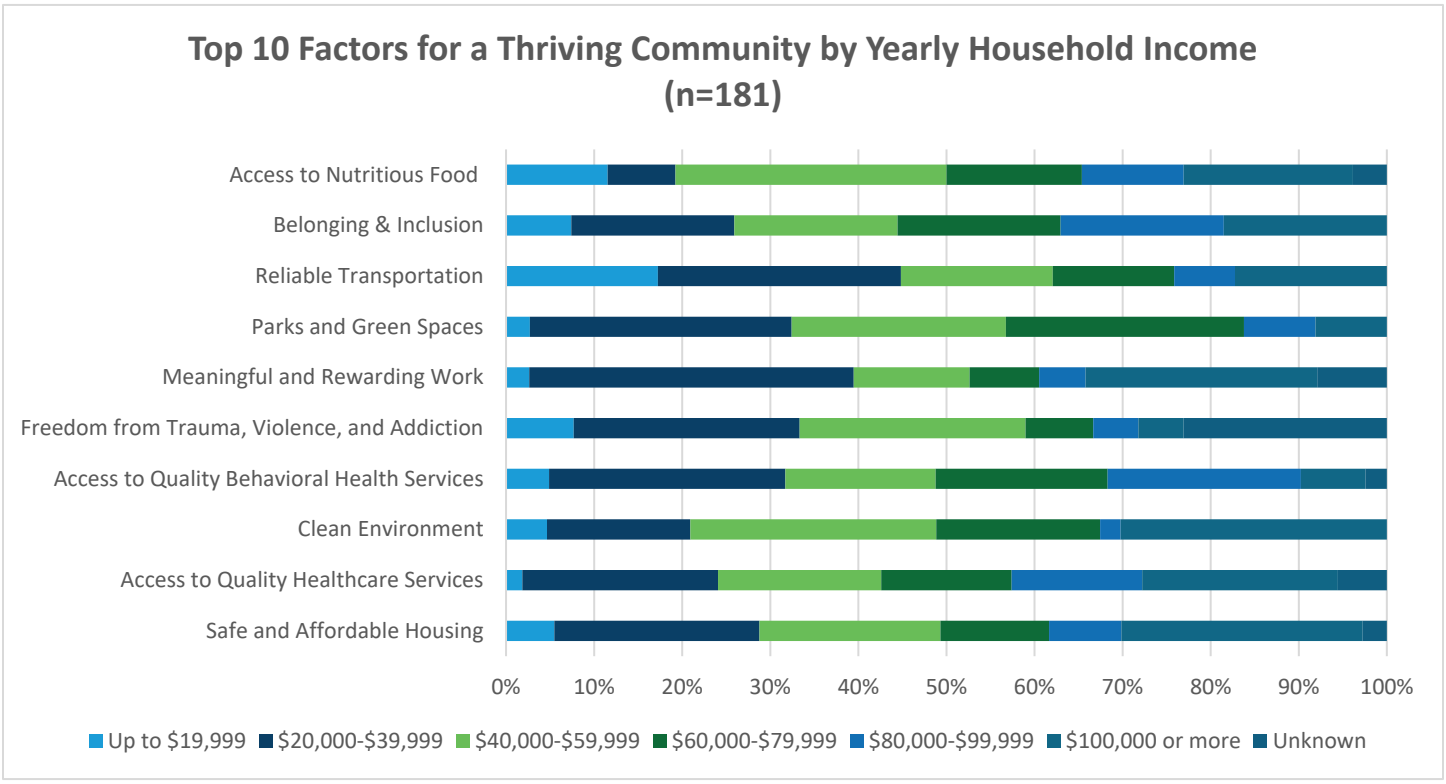
On average, individuals in Charlevoix and Emmet Counties felt they would move **.84 of a step higher** on the ladder three years from how they scored themselves presently (n=178).

**The Cantril-Ladder self-anchoring scale is used to measure subjective wellbeing. Scores can be grouped into three categories – thriving, struggling, and suffering. Cantril's Ladder data was analyzed separately for the purpose of the 2021 MiThrive Community Health Needs Assessment.*

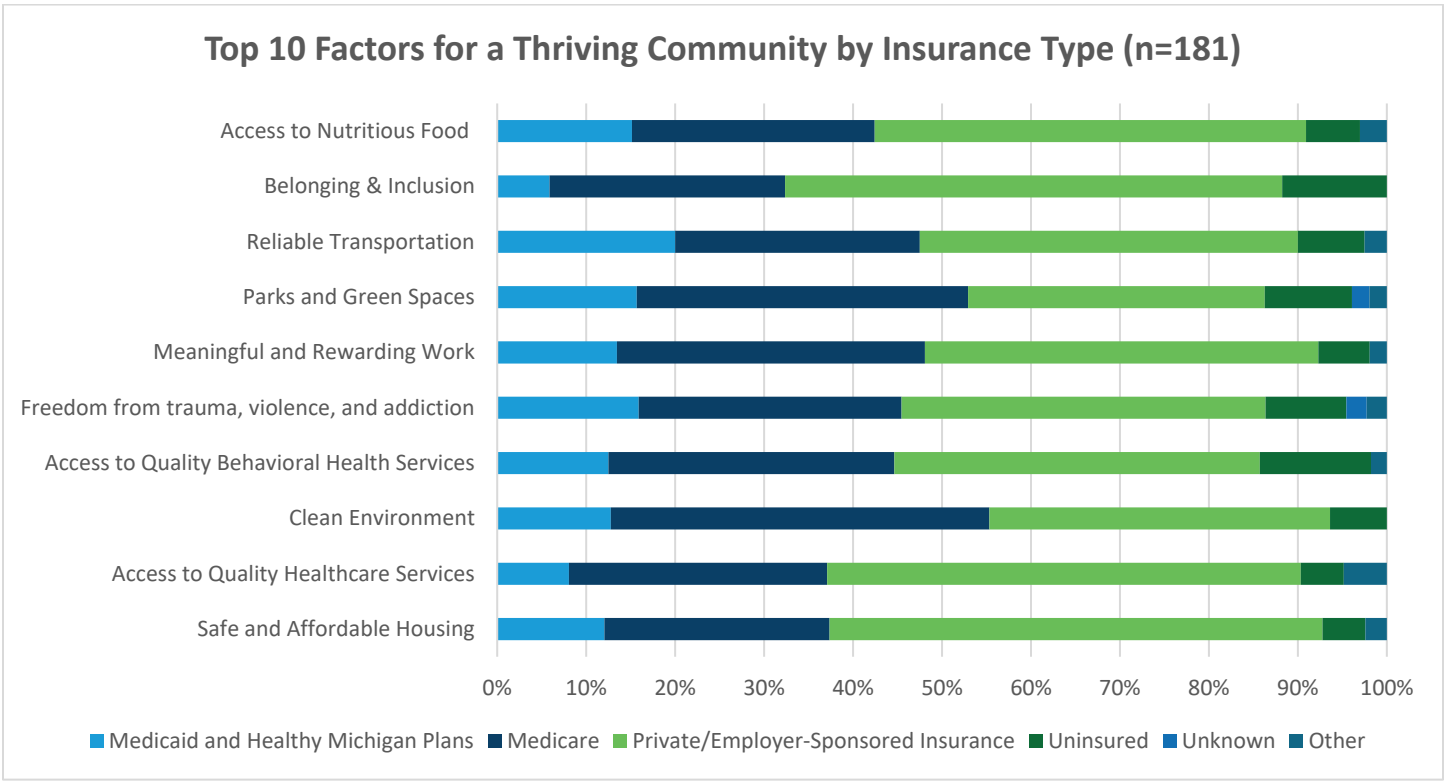




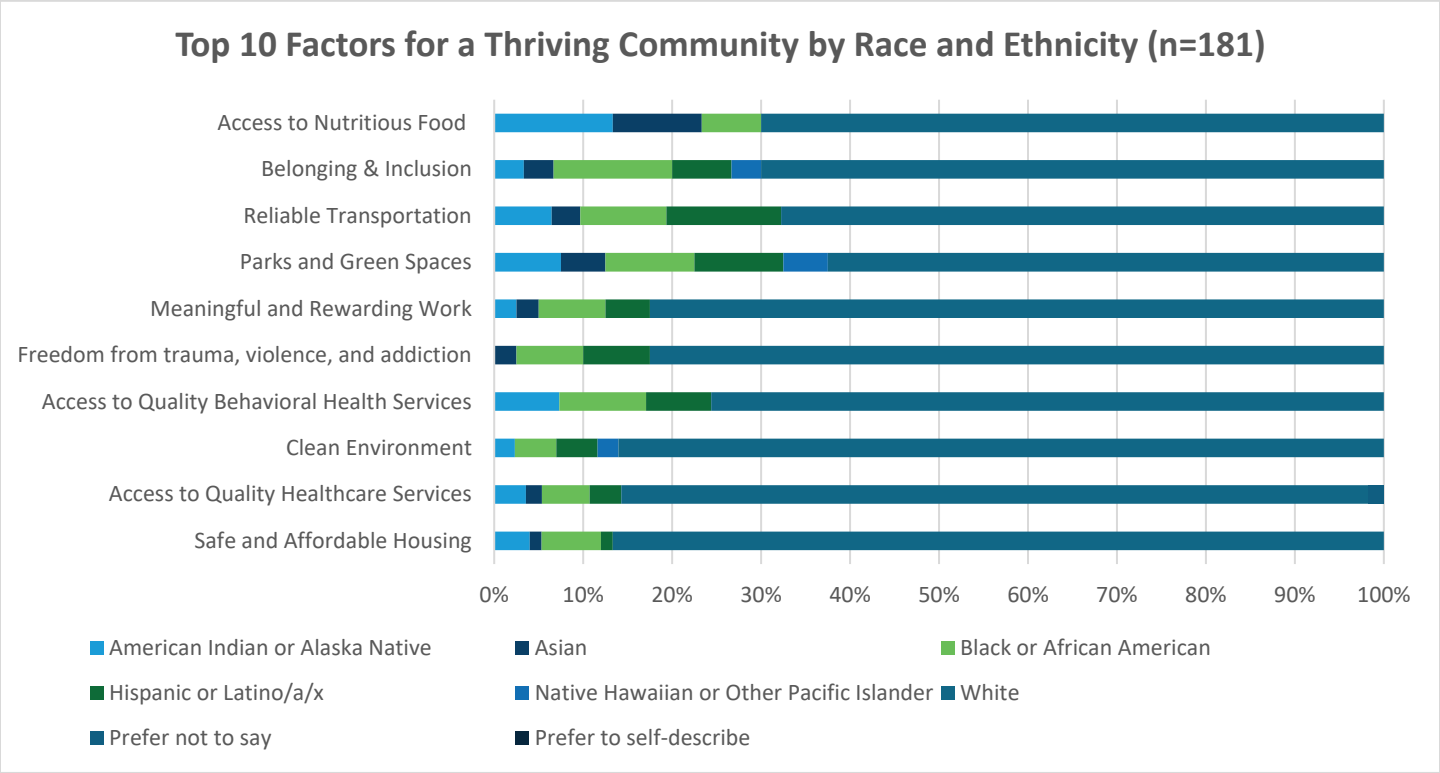
Individuals **age 40-64** make up a larger proportion of those who thought **access to quality healthcare services** was an important factor for a thriving community in comparison to the other nine top factors.



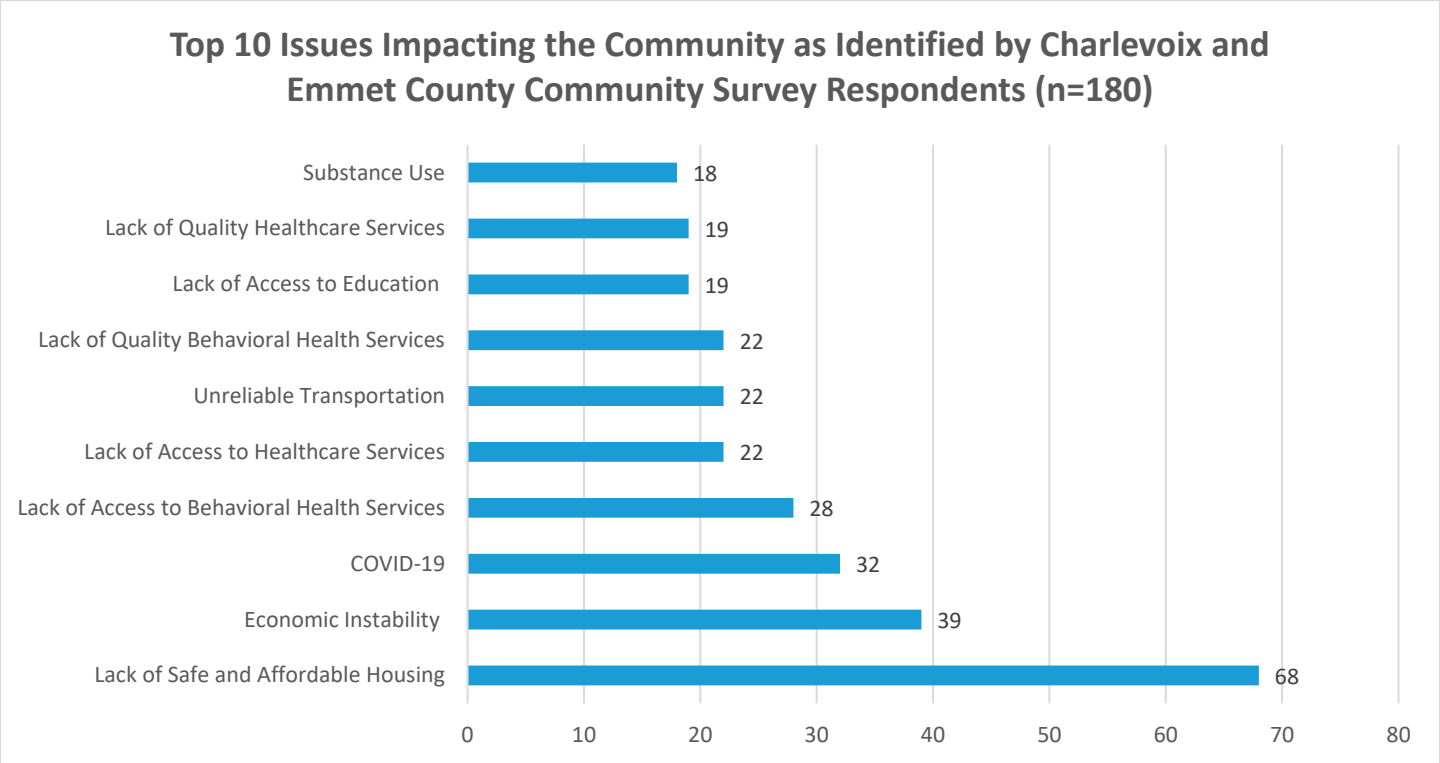
Individuals with a **yearly household income of up to $19,999** make up a larger proportion of those who thought **reliable transportation** was an important factor for a thriving community in comparison to the other nine top factors.

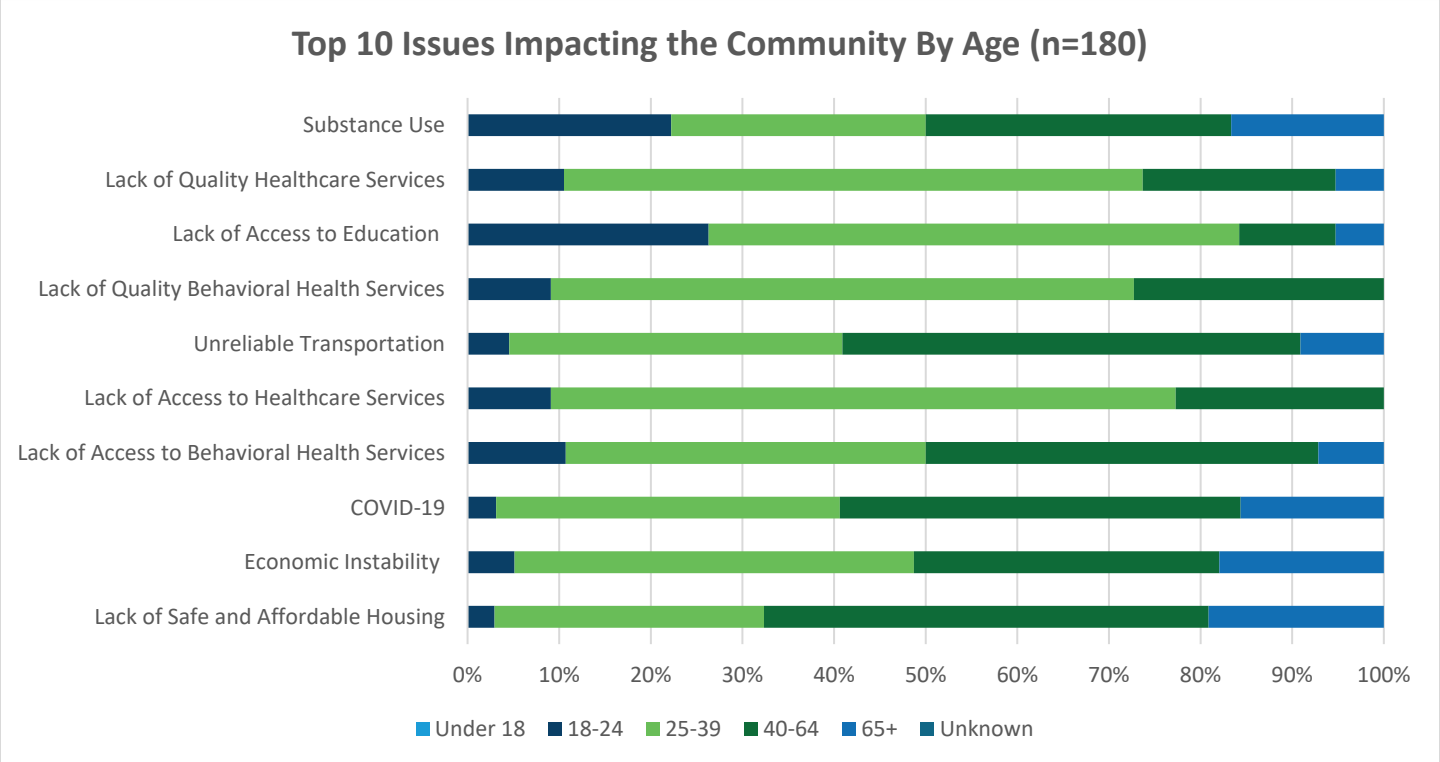


Individuals with **Medicaid and Healthy Michigan Plans** make up a larger proportion of those who thought **reliable transportation** was an important issue impacting the community in comparison to the other nine top issues.

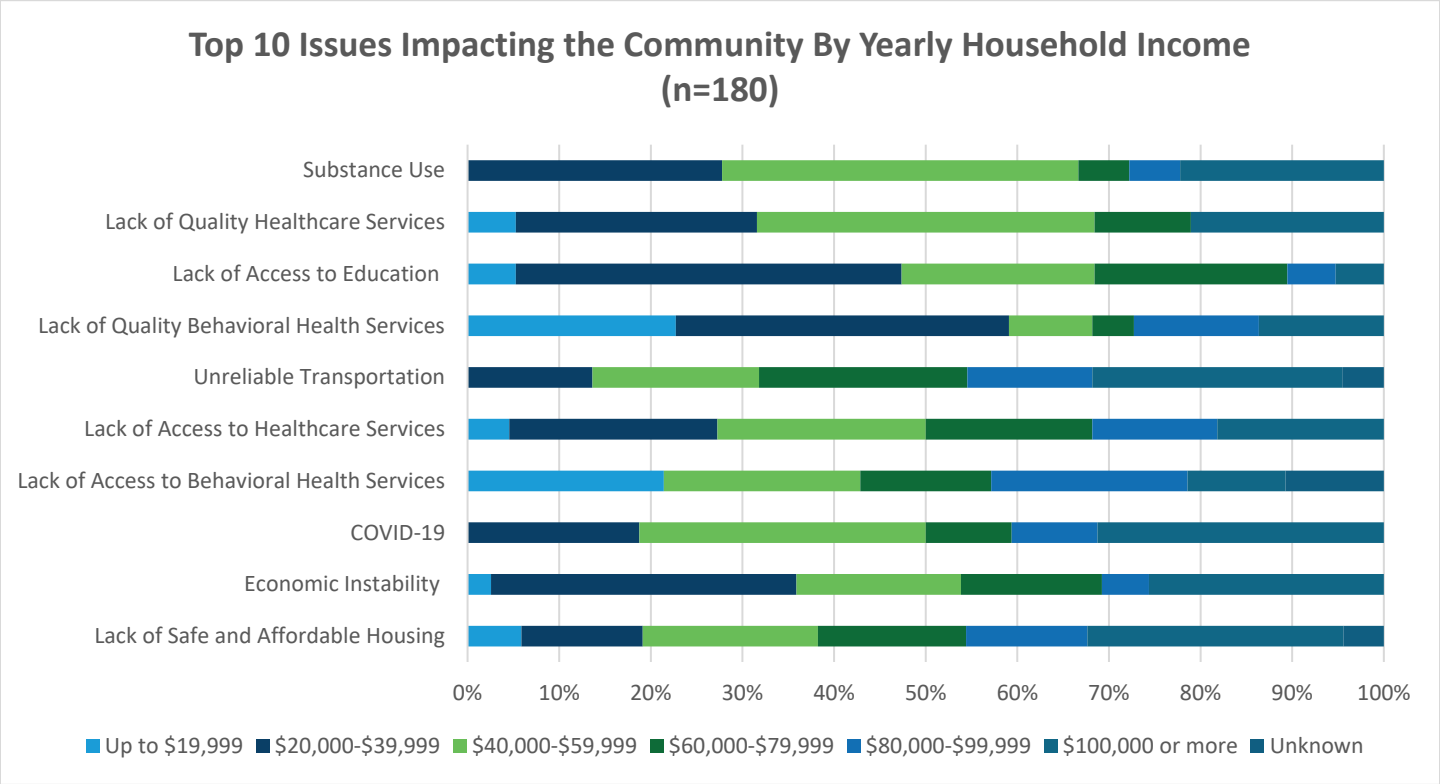


Racial and ethnic minority groups make up a larger proportion of those who thought **parks and green spaces** was an important factor for a thriving community in comparison to the other nine top factors.

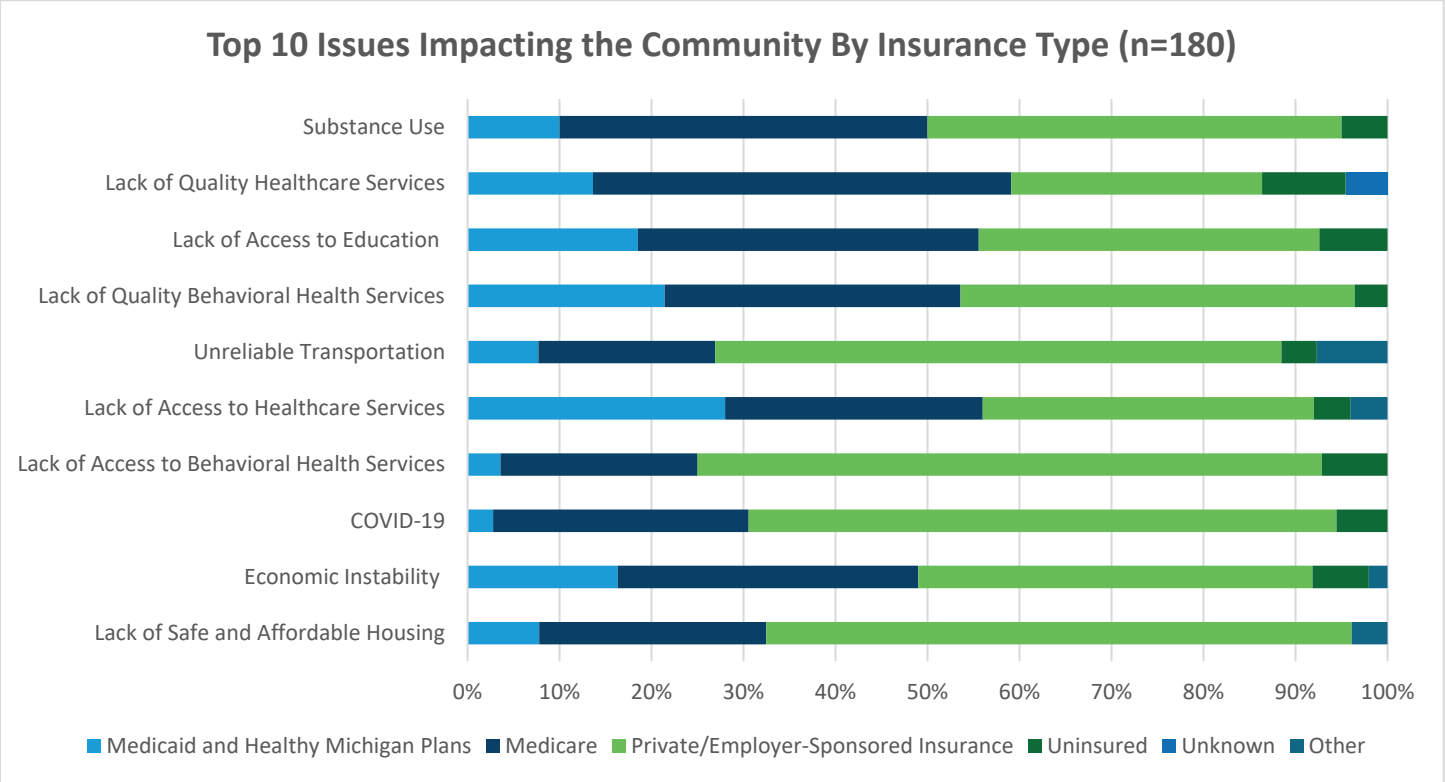




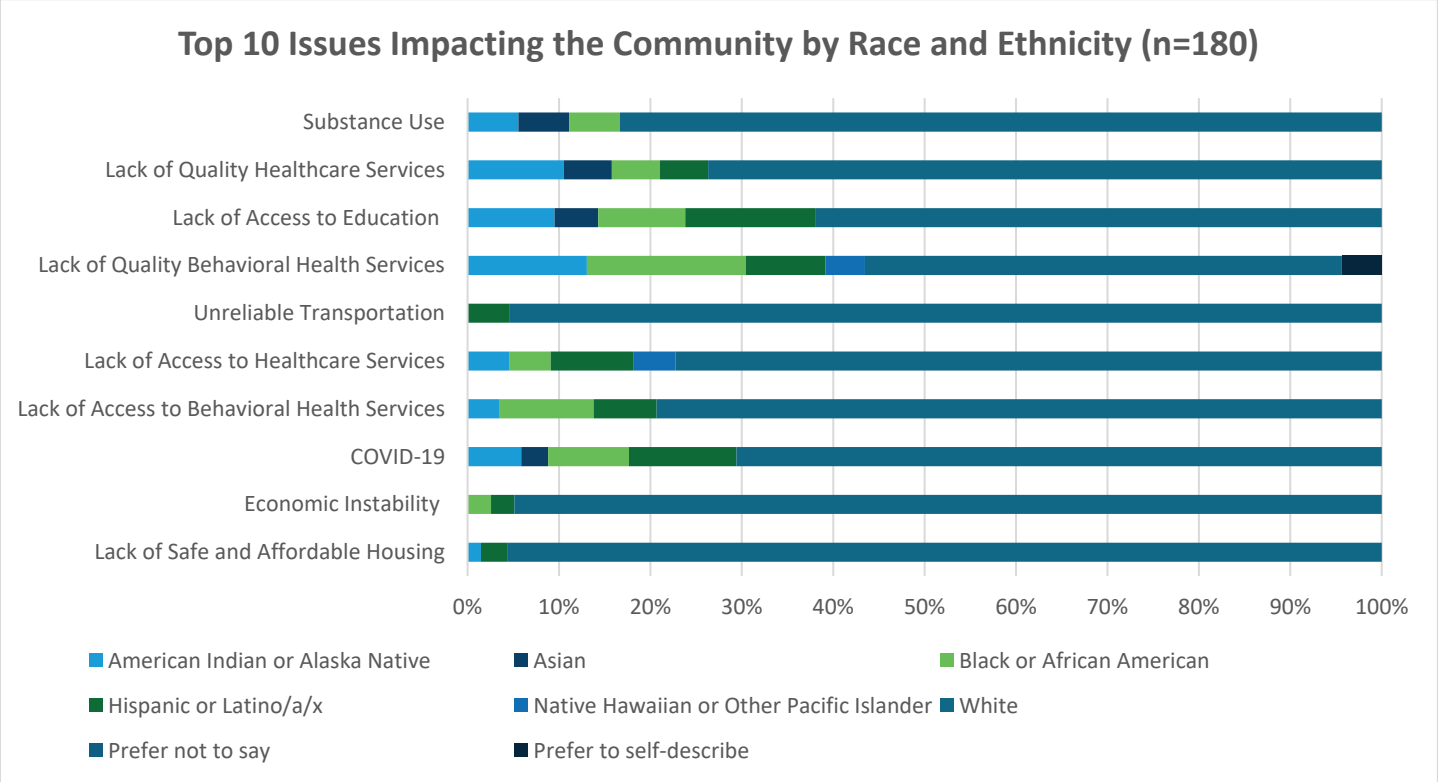
Individuals **age 65+** make up a larger proportion of those who thought **lack of safe, affordable, and accessible housing** was an important issue impacting the community in comparison to the other nine top issues.



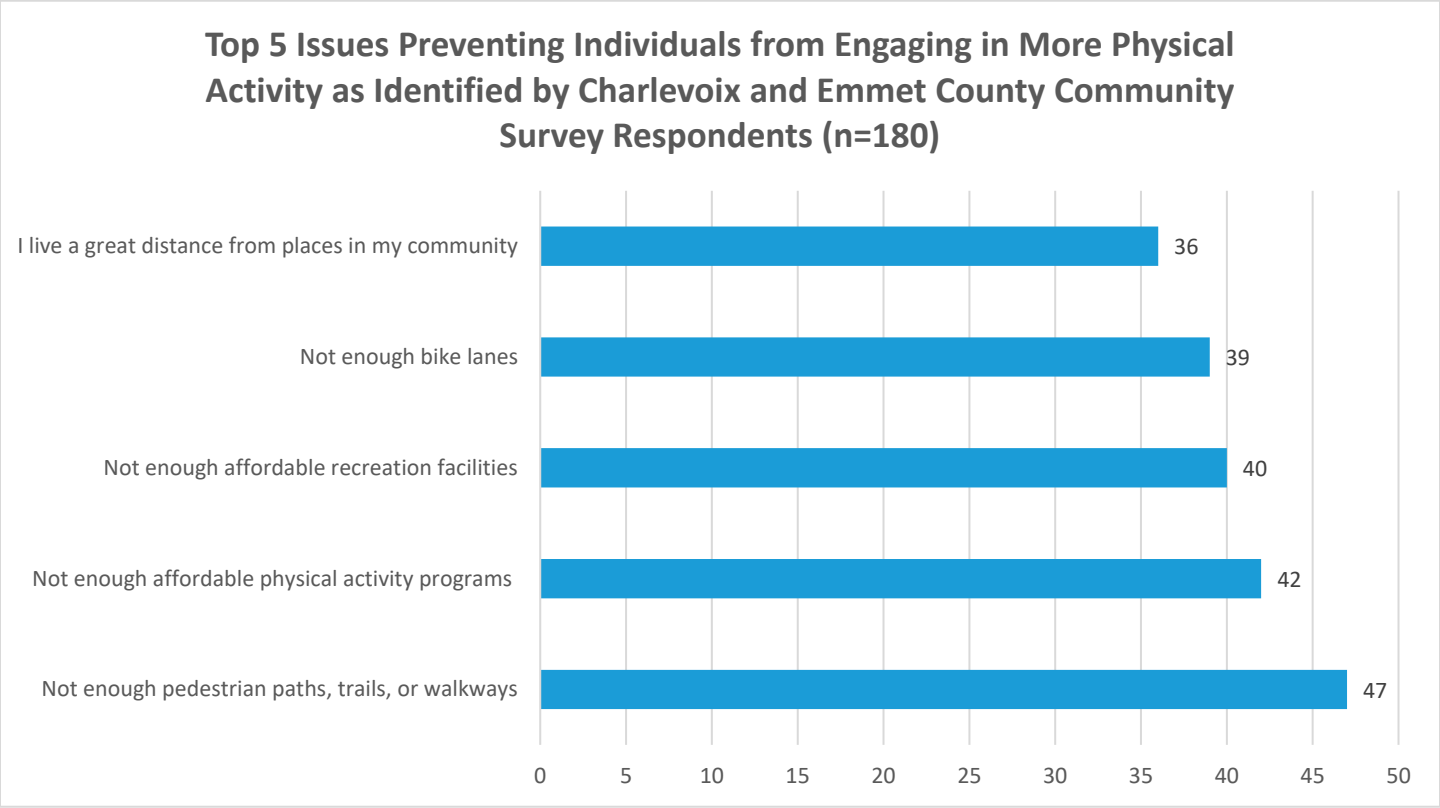
Individuals with a **yearly household income of $20,000-$39,999** make up a larger proportion of those who thought **lack of access to education** was an important issue impacting the community in comparison to the other nine top issues.

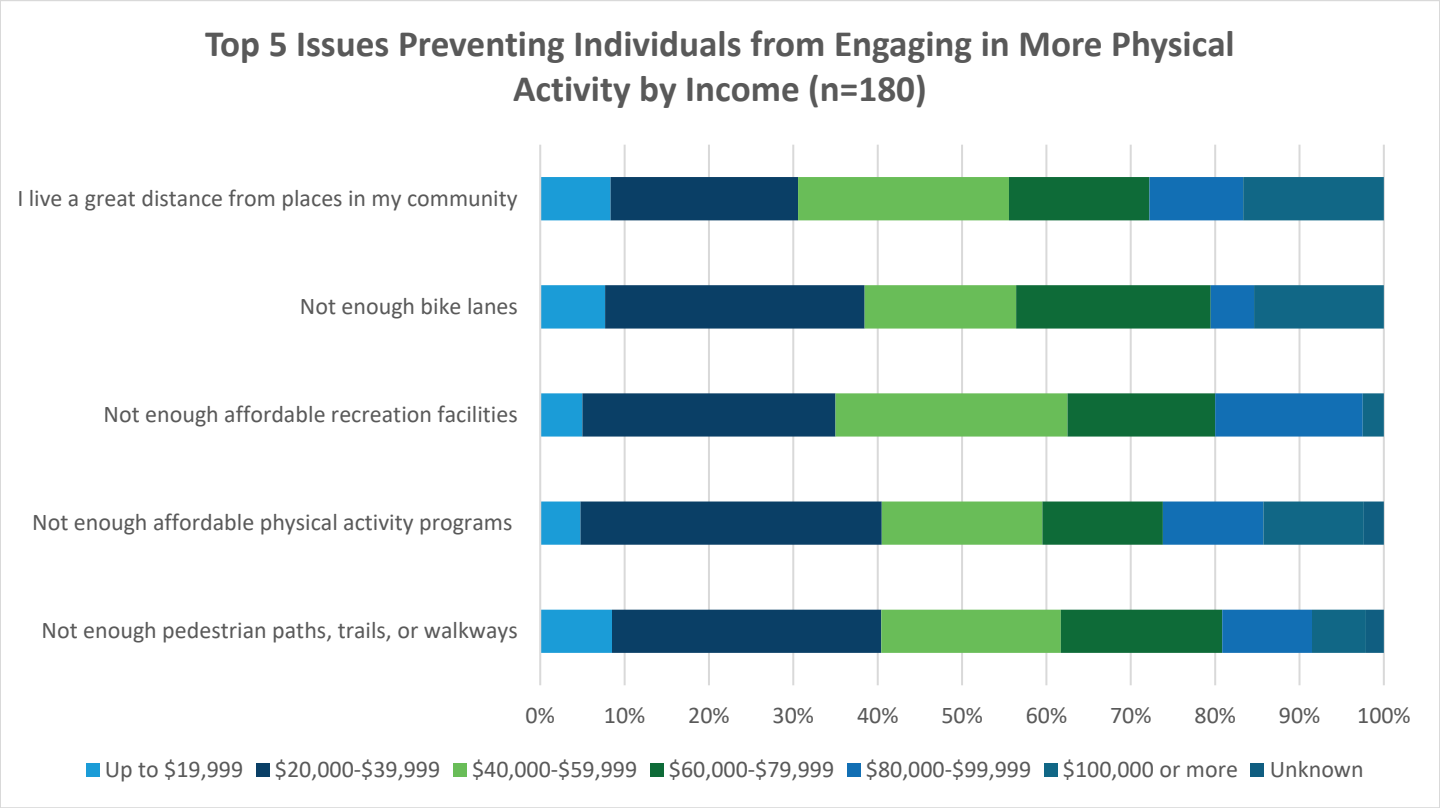


Individuals with **Medicaid and Healthy Michigan Plans** make up a larger proportion of those who thought **lack of access to healthcare services** was an important issue impacting the community in comparison to the other nine top issues.



Racial and ethnic minority groups make up a larger proportion of those who thought **lack of quality behavioral health services** was an important issue impacting the community in comparison to the other nine top issues.





Individuals with a **yearly household income of $40,000-$59,999** make up a larger proportion of those who said **not enough affordable recreation facilities** prevented them from being more physically active in their community compared to the other top issues.

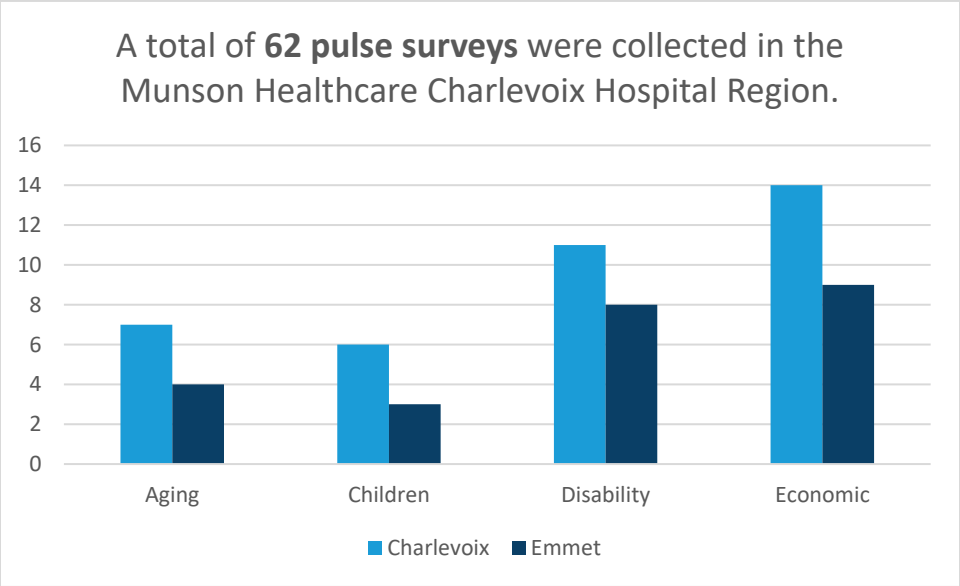
- **Pulse Survey**

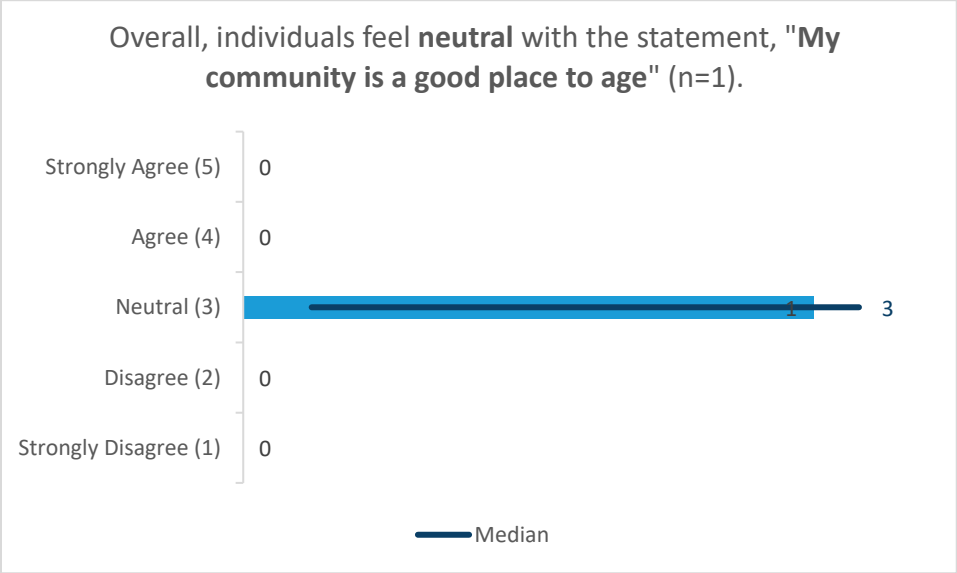
  The purpose of the Pulse Survey was to gather input from people and populations facing barriers and inequities in the 31-county MiThrive region. It was a four-part data collection series, where each topic-specific questionnaire was conducted over a two-week span resulting in an eight-week data collection period. This data collection series included four three-question surveys targeting key topic areas to be conducted with clients and patients.

  The Pulse Surveys were designed to be woven into existing intake and appointment processes of participating agencies/organizations. Community partners administered the Pulse Survey series between July 26, 2021 and September 17, 2021, using a variety of delivery methods including in-person interviews, phone interviews, in-person paper surveys, and client text services. Pulse Survey questionnaires were provided in English and Spanish.

Each Pulse Survey focused on a different quality of life topic area (aging, economic security, children, and disability) using a Likert-scale question and open-ended topic-specific question. Additionally, each survey included an open-ended equity question. Within Charlevoix and Emmet Counties, 11 aging, 9 children, 19 disability, and 23 economic responses were collected.

The target population for the Pulse Survey series included those historically excluded, economically disadvantaged, older adults, racial and ethnic minorities, those unemployed, uninsured and under-insured, Medicaid eligible, children of low-income families, LGBTQ+ and gender non-conforming, people with HIV, people with severe mental and behavioral health disorders, people experiencing homelessness, refugees, people with a disability, and many others.





Key themes that emerged from pulse survey responses that rated the following the statement low, "My community is a good place to age."

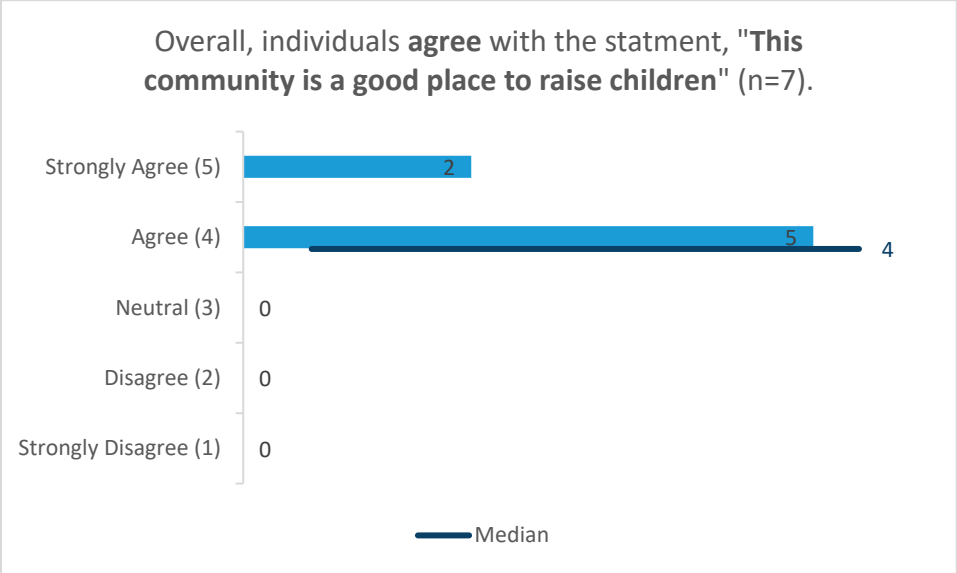
1	Lack of Resources
2	Lack of Transportation
3	Poverty
4	Geographic Location/Rurality
5	Lack of Housing
6	Social Stigma and Discrimination
7	Lack of Healthcare
8	Safety Concerns
9	Availability of Resources
10	Community Engagement

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, what are some ways in which your community could ensure everyone has a chance at living the healthiest life possible?

1	Combat Food Insecurity
2	Promote Community Engagement
3	Greater Focus on Policies
4	Promote Nutrition and Physical Activity
5	Improved Transportation
6	Improve the Healthcare System
7	Increase Housing Options

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "This community is a good place to raise children."

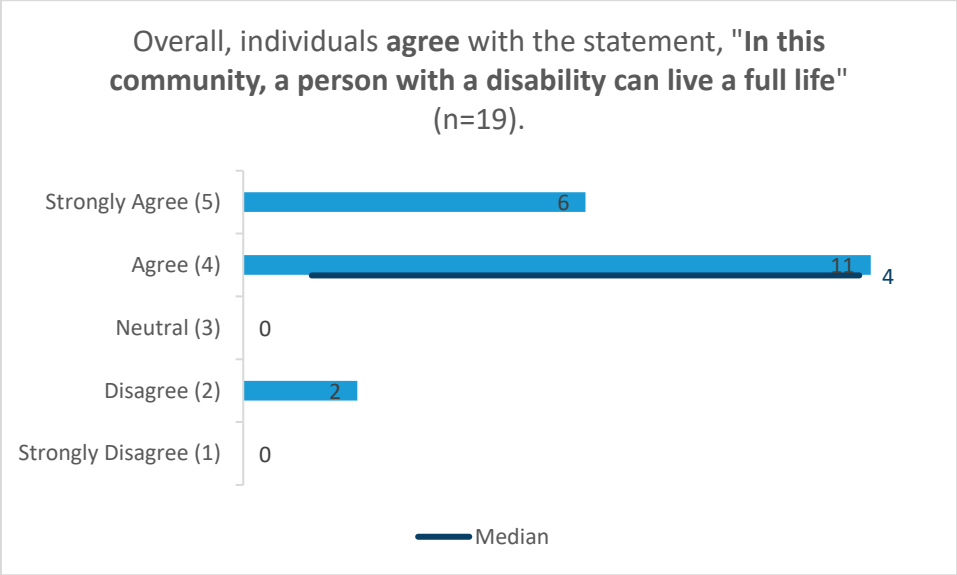
1	Lack of Resources
2	Poverty
3	Safety Concerns
4	Low Quality Education
5	Lack of Recreation Programming

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, how can we come together so that people promote each other's well-being and not just their own?

1	Strengthen Community Connection and Support
2	Affordable Recreation Opportunities
3	Address Political Division
4	Increase Mental Health Supports
5	More Resources and Services
6	Increased Health Education and Awareness
7	More COVID-19 Prevention Measures

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "In this community, a person with a disability can live a full life."

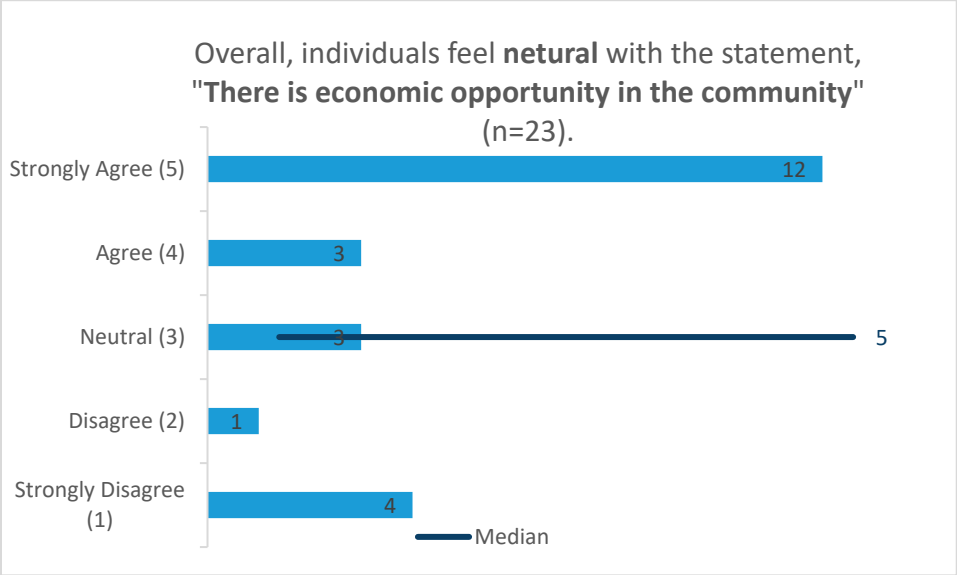
1	Lack of Resources
2	Lack of Accessible Infrastructure
3	System Issues
4	Geographic Location/Rurality
5	Poverty

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, think about groups that experience relatively good health and those that experience poor health. Why do you think there is a difference?

1	Poverty
2	System Navigation Issues
3	Lack of Education
4	Need for Increased Community Support
5	Lack of Resources
6	Lack of Insurance

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "There is economic opportunity in the community."

1	Job Availability
2	Lack of Housing
3	Poor Wages
4	Lack of Resources
5	Transportation/Commute
6	Rurality/Geographic Location

**Themes emerged from the 10-county MiThrive Northwest Region data.*

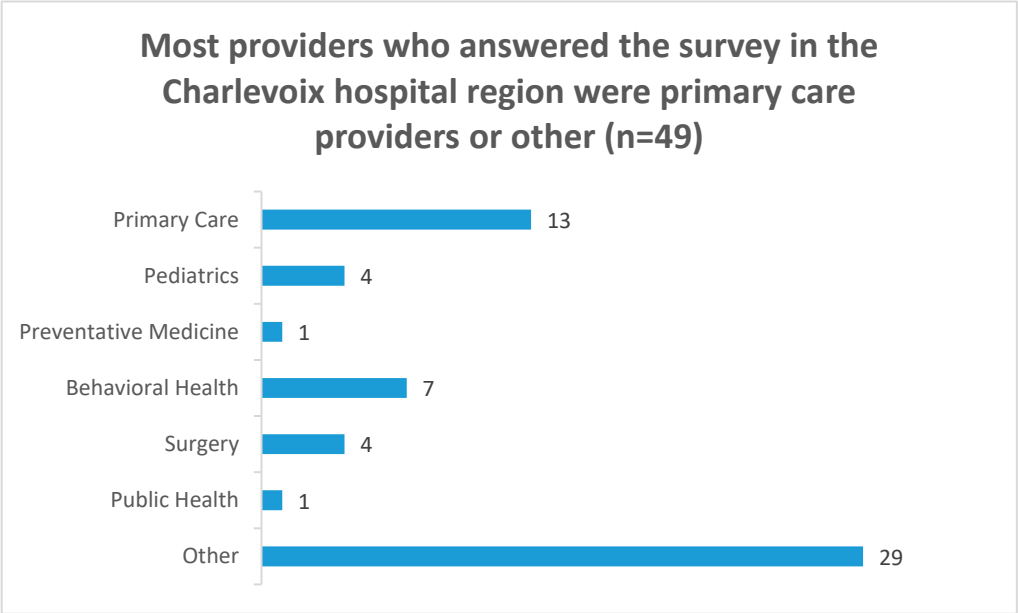
Thinking more broadly, how would you ensure that people in tough life circumstances come to have as good a chance as others do in achieving good health and wellbeing over time?

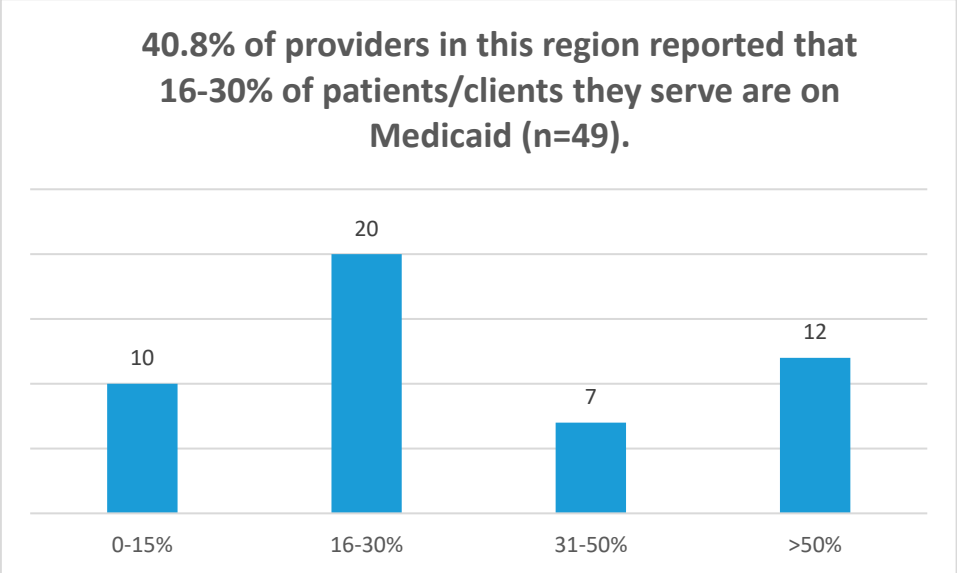
1	Change in Healthcare System
2	Increase Financial Assistance/Government Assistance
3	More Resource Navigation
4	Increased Education and Job Availability
5	Increased Community Support/Support Systems
6	More Affordable and Accessible Childcare
7	More COVID-19 Prevention Measures
8	Insurance

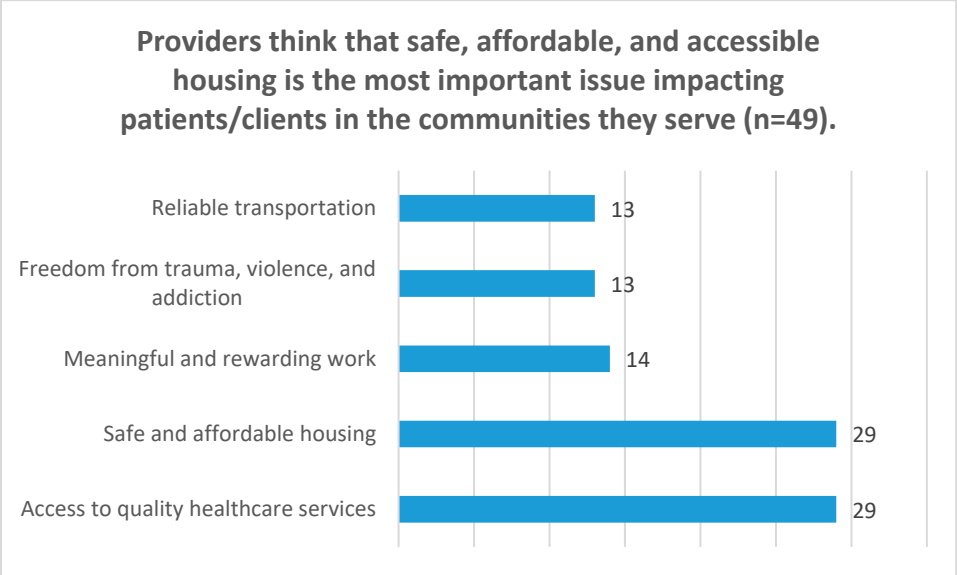
**Themes emerged from the 10-county MiThrive Northwest Region data.*

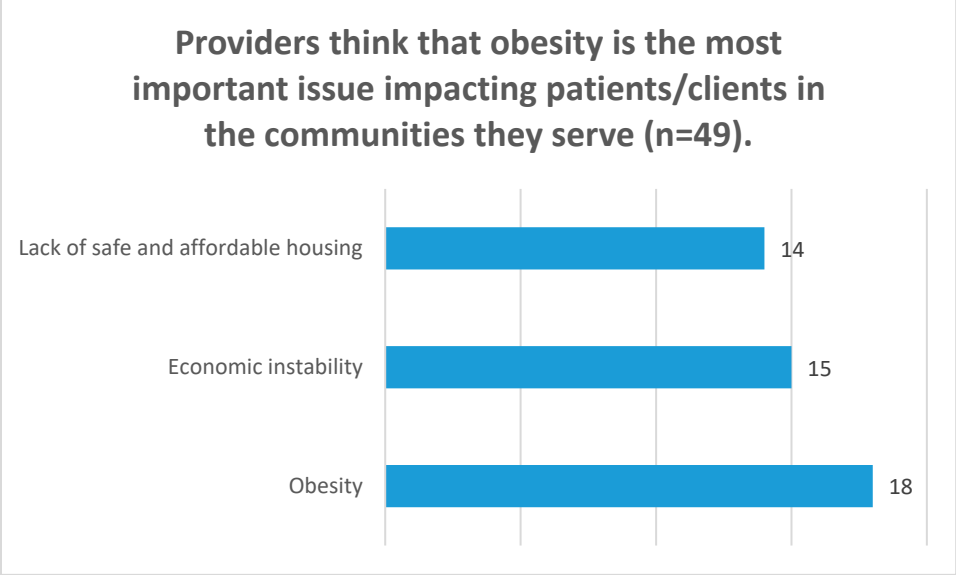
- **Healthcare Provider Survey**

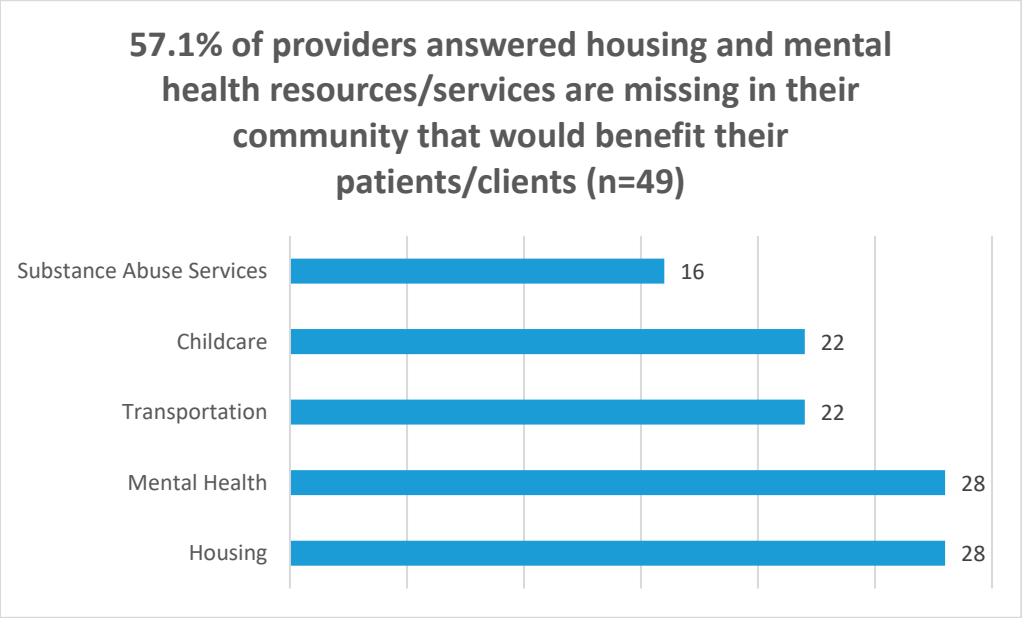
Data collected for the Healthcare Provider Survey was gathered through a self-administered, electronic survey. It asked 10 questions about what is important to the community and what factors are impacting the community, plus quality of life, built environment, community assets, and demographic questions. The survey was open from October 18, 2021 to November 7, 2021. Healthcare partners such as hospitals, federally qualified health centers, and local health departments, among others, sent the Healthcare Provider Survey via an electronic link to their physicians, nurses, and other clinicians. Additionally, partner organizations supported survey promotion by sharing the survey link with external community partners. Forty-nine providers completed the Healthcare Provider Survey in Charlevoix and Emmet Counties.






Providers think that safe, affordable, and accessible housing is the most important issue impacting patients/clients in the communities they serve (n=49).
Reliable transportation
13
Freedom from trauma, violence, and addiction
13
Meaningful and rewarding work
14
Safe and affordable housing
29
Access to quality healthcare services
29


Providers think that obesity is the most important issue impacting patients/clients in the communities they serve (n=49).
Lack of safe and affordable housing
14
Economic instability
15
Obesity
18


57.1% of providers answered housing and mental health resources/services are missing in their community that would benefit their patients/clients (n=49)
Substance Abuse Services
16
Childcare
22
Transportation
22
Mental Health
28
Housing
28

- **C**ommunity System Assessment

The Community System Assessment focuses on organizations that contribute to well-being. It answers the questions, “What are the components, activities, competencies, and capacities in the regional system?” and “How are services being provided to our residents?” It was designed to improve organizational and community communication by bringing a broad spectrum of partners to the same table; exploring interconnections in the community system; and identifying system strengths and opportunities for improvement. The Community System Assessment was comprised of two components: Community System Assessment and subsequent focused discussions at 7 county level community coordinating bodies. A total of 174 residents and partners, representing 55 organizations participated in the Community System Events and/or Focused Discussions in the Northwest Region.

- **Community System Assessment Event**

In August, residents and community partners assessed the system’s capacity in the MiThrive Northwest, Northeast, and Northwest Regions. Through a facilitated discussion, they identified system strengths and opportunities for improvement among eight domains (Please see Appendix E for Community System Assessment Agenda).

Community System Assessment—System Strengths Summary

Focus Area and Definition	System Strengths in the Northwest Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Community connections is in place with SDOH navigation • No wrong door approach – multiple ways to access resources
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• COVID-19 has created new partnerships to develop policies • The Northern Michigan CHIR has gathered agencies to work together
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Assessment tools are gathering more information and breaking the data down geographically
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Hundreds of people are engaged in health improvement across the region • The Northwest Community Health Innovation Region works to empower the local communities to build capacity for health improvement
Workforce: The people engaged in or available for work in a particular area	• MI Works tracks trending jobs and employment rates • There is collaboration regarding training opportunities
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• MiThrive and the Northwest Community Health Innovation Region in collaboration with hospital systems have collaborated to create a shared vision for the community
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• There is significant activity creating awareness of public health issues in the region informed by the CHIR and its Learning Community • Organizations are developing and expanding communication plans
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Organizations in the System are identifying and discussing health disparities

Community System Assessment—System Opportunities for Improvement Summary

Focus Area and Definition	System Opportunities for Improvement in the Northwest Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Better communication strategies are needed • Difficult to understand why people don't get the services they need due to lack of follow up
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• Must determine ways the System can influence policy • Be more transparent • Review policies before there is an issue with the policy.
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Organizations in the System need to improve on getting information regarding data out in the community • Improve data sharing
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Need to improve alliances within the whole system • Partnerships vary from county to county
Workforce: The people engaged in or available for work in a particular area	• Shortage of mental health providers • Most organizations are short-staffed • The pay scale is contributing to the shortfall
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community.	• Increase emphasis on leadership/management skills • Innovation leadership acquisition/attract leaders to the region
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• Need for more authentic voices and engagement by residents. • Need to improve feedback loops
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Increase development and implementation of equity policies and procedures • Need more input from residents experiencing disparities • Goals to reduce disparities are in place as a system, but there is little to no action taken

- **Follow-up facilitated conversations at the Char-Em Human Services Coordinating Body**

  Subsequently, focused conversations were held during county collaborative body meetings for all counties in the Northwest, Northeast, and North Central MiThrive Regions. In the

Charlevoix/Emmet County Region, there was one collaborative meeting on September 22, 2021, with a total of 25 participants and they identified the following areas for improvement:

- **Community Power/Engagement** was identified as the most important area to focus on in Charlevoix and Emmet Counties. Specific to Community Power/Engagement, what improvements would you like to see in your Community System in the next three years?
  - More intersectional approaches to residents' needs – considering all of their societal statuses and how this impacts their experience and ability to participate
  - More education on how various resources can work together to solve similar issues
  - Need to work on approach, inclusion vs. exclusion of individuals
  - Increase resident voice
  - People are working hard on transportation issues, but transportation needs improvement

- **Forces of Change Assessment**

The Forces of Change Assessment aims to answer the following questions: "What is occurring or might occur that affects the health of our community or the local system?" and "What specific threats of opportunities are generated by these occurrences?". Like the Community System Assessment, the Forces of Change Assessment was composed of community meetings convened virtually in the Northwest, Northeast, and North Central MiThrive Regions. It focused on trends, factors, and events outside our control within several dimensions, such as government leadership, government budgets/spending priorities, healthcare workforce, access to health services, economic environment, access to social services, and social context (Please see Appendix F for Forces of Change Assessment Event Agenda).

Top Forces of Change in the Northwest MiThrive Region

Categories of Forces	Top Forces in Northwest Region
Government Leadership And Spending/Budget Priorities	• Regional and State level approach • Government's diversity of priorities • Community awareness and involvement in decision-making
Sufficient Healthcare Workforce	• Retirement and burnout • Safe, affordable, and accessible housing • Mental health and providers
Access to health services	• Insurance dictates access to healthcare • Workforce shortages and staffing • Funding for health services in rural areas
Economic environment	• Safe, affordable, and accessible housing • Livable wage
Access to social services	• Mental health and substance misuse • Safe, affordable, and accessible housing • Broadband and skills to navigate virtual platforms
Social context	• Access to assistance (food, paying utility bills) • Broadband • Social justice, equity and inclusion
Impacts related to COVID-19	• Rurality, connectivity, transportation, technology, education • Mistrust • Mental health

Data Limitations

Community Health Status Assessment

- Since scores are based on comparisons, low scores can result even from very serious issues if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some data is missing for some counties – as a result, the "regional average" may not include all counties in the region. Additionally, some counties share data points. For example, in the Michigan Profile for Healthy Youth, data from Crawford, Ogemaw, Oscoda, and Roscommon counties is aggregated; therefore, each of these counties will have the same value in the MiThrive dataset.
- Secondary data tells only part of the story. Viewing all the assessments holistically is therefore necessary.
- Some data sources have not updated data since the past MiThrive cycle; therefore, values for some indicators may not have changed and cannot be used to show trends from last cycle to this cycle.

Community System Assessment

- Completing the Community System Assessment is a means to an end rather than an end in itself. The results of the assessment should inform and result in action to improve the Community System's infrastructure and capability to address health improvement issues.
- Each respondent self-reports with their different experiences and perspectives. Based on these perspectives, gathering responses for each question includes some subjectivity.
- When completing the assessment at the regional events or at the county level, there were time constraints for discussion, and some key stakeholders were missing from the table.
- Some participants tended to focus on how well their organization addressed the focus areas for health improvement rather than assessing the system of organizations as a whole.

Community Themes and Strengths Assessment (CTSA)

- A unique target number of completed CTSA Community Surveys was set for each county based on county population size. Survey responses were not weighted for counties who exceeded this target number.
- While the CTSA Community Survey was offered online and in-person, most surveys were collected digitally.
- Partial responses were removed from the CTSA Community Survey.

- Outreach and promotion for the CTSA Provider Survey was driven by existing MiThrive partners which influenced the distribution of survey responses across provider entities.
- The CTSA Pulse Surveys were conducted across a wide variety of agencies and organizations. Additionally, survey delivery varied including in-person interview, over-the-phone interview, text survey, and paper format.

Forces of Change Assessment

- Participants self-selected into one of eight Forces of Change Assessment topic areas during the events and discussed forces, trends, and events using a standardized Facilitation Guide – although facilitators and notetakers differed for the topic areas and events.
- These virtual events removed some barriers for participants – although internet accessibility was a requirement to participate.
- When completing the assessment, there were time constraints for discussion and some key stakeholders were missing from the table.
- MiThrive staff selected the eight topic areas using the MAPP's guidance in addition to insights from the MiThrive Core Team members.
- COVID-19 was included as a standalone topic area, and all participants were advised of the topic areas and instructed to focus on their topic area with minimal discussion on COVID-19 unless it was their specific topic area.

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

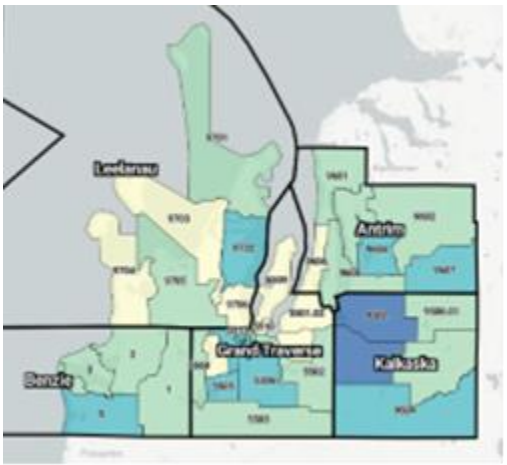
- **Community Health Status Assessment**

The Community Health Status Assessment identifies priority community health and quality of life issues. It answers the questions, “How healthy are our residents?” and “What does the health status of our community look like?”. The answers to these questions were measured by collecting 100 secondary indicators from different sources, including the Michigan Department of Health and Human Services, US Census Bureau, and US Centers for Disease Control and Prevention.

The Design Team assured secondary data included measures of social and economic inequity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35% of household income; high school graduation rate; income inequality; median household income; median value of owner-occupied homes; political participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and well-being. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English “less than well”; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

As illustrated in the map at right, Census Tracts in the five-county region run from low along the lakeshores to high in northwest Kalkaska County.



Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

Community Health Status Assessment indicators were collected and analyzed by county for MiThrive's 31-county region from the following sources:

- County Health Rankings
- Feeding America
- Kids Count
- Michigan Behavioral Risk Factor Surveillance Survey
- Michigan Cancer Surveillance Program
- Michigan Care Improvement Registry
- Michigan Health Statistics
- Michigan Profile for Healthy Youth
- Michigan School Data
- Michigan Secretary of State
- Michigan Substance Use Disorder Data Repository
- Michigan Vital Records
- Princeton Eviction Lab
- United for ALICE
- U.S. Census Bureau
- U.S. Health Resources & Services Administration
- U.S. Department of Agriculture

Each indicator was scored on a scale of zero to three by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region as well as state, national, and Healthy People 2030 targets when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data". **Of about 100 secondary indicators, there were 22 statistics in the five-county region that scored above 1.5, indicating they were worse than their MiThrive region or State rates:**

- Students not proficient in Grade 4 English
- Average HPSA Score—Dental Health
- Renters (% of all occupied homes)
- Gross mortgage is >= 35% of household income
- Vacant housing units
- Teens: 2+ ACEs
- Teens: 5 fruits/vegetables per day
- SNAP authorized stores
- All cancer incidence
- Teens: asthma
- Teens: major depressive episode
- Adults: overweight
- Teens: smoked cigarettes in past 30 days
- Motor vehicle crash mortality
- Liver disease mortality
- Alcohol induced mortality

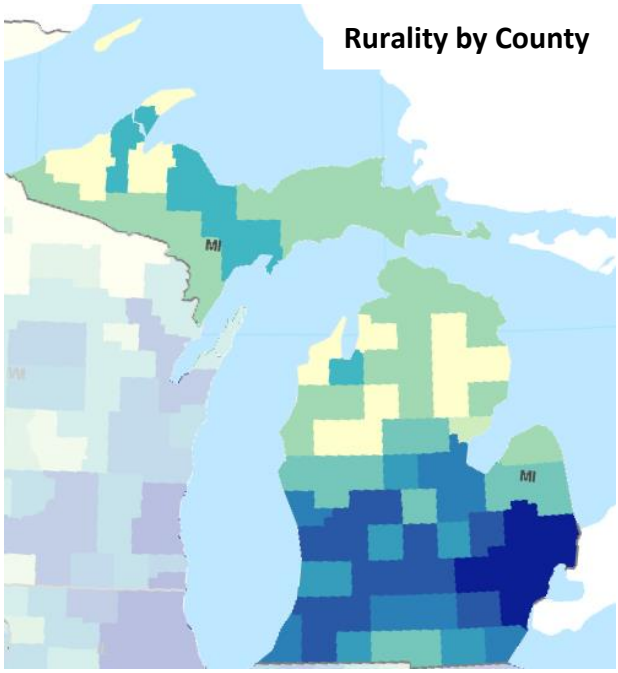
Please see Appendix B for values of indicators above 1.5.

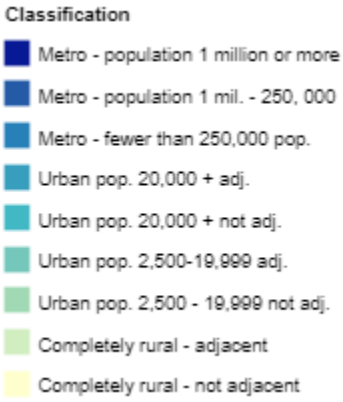
Geography and Population

The service area for Munson's Grand Traverse Region – which includes Kalkaska Memorial Health Center, Munson Medical Center, and Paul Oliver Memorial Hospital – is composed of Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties. The five-county area is known for its clean environment and abundant resources for outdoor recreation. Most of the region is designated as "rural" by the U.S. Census Bureau. This is one of its most important characteristics as rurality influences health and well-being.

The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 173,977 people who live in the five-county region, 92.7% are white. The largest racial or ethnic minority groups are Hispanic or Latino (3%), Black or African American (.7%) and American Indian and Alaska Native (2.6%).

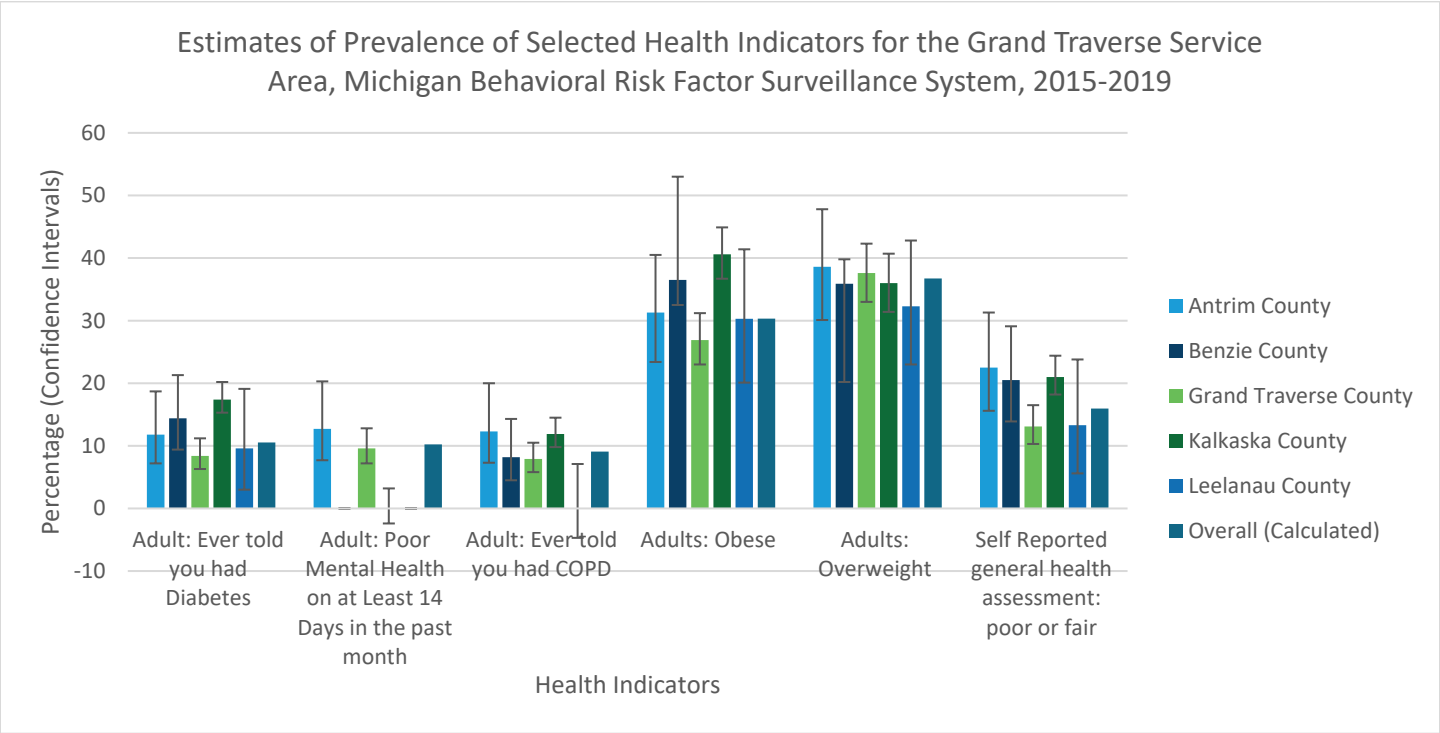
Rurality by County



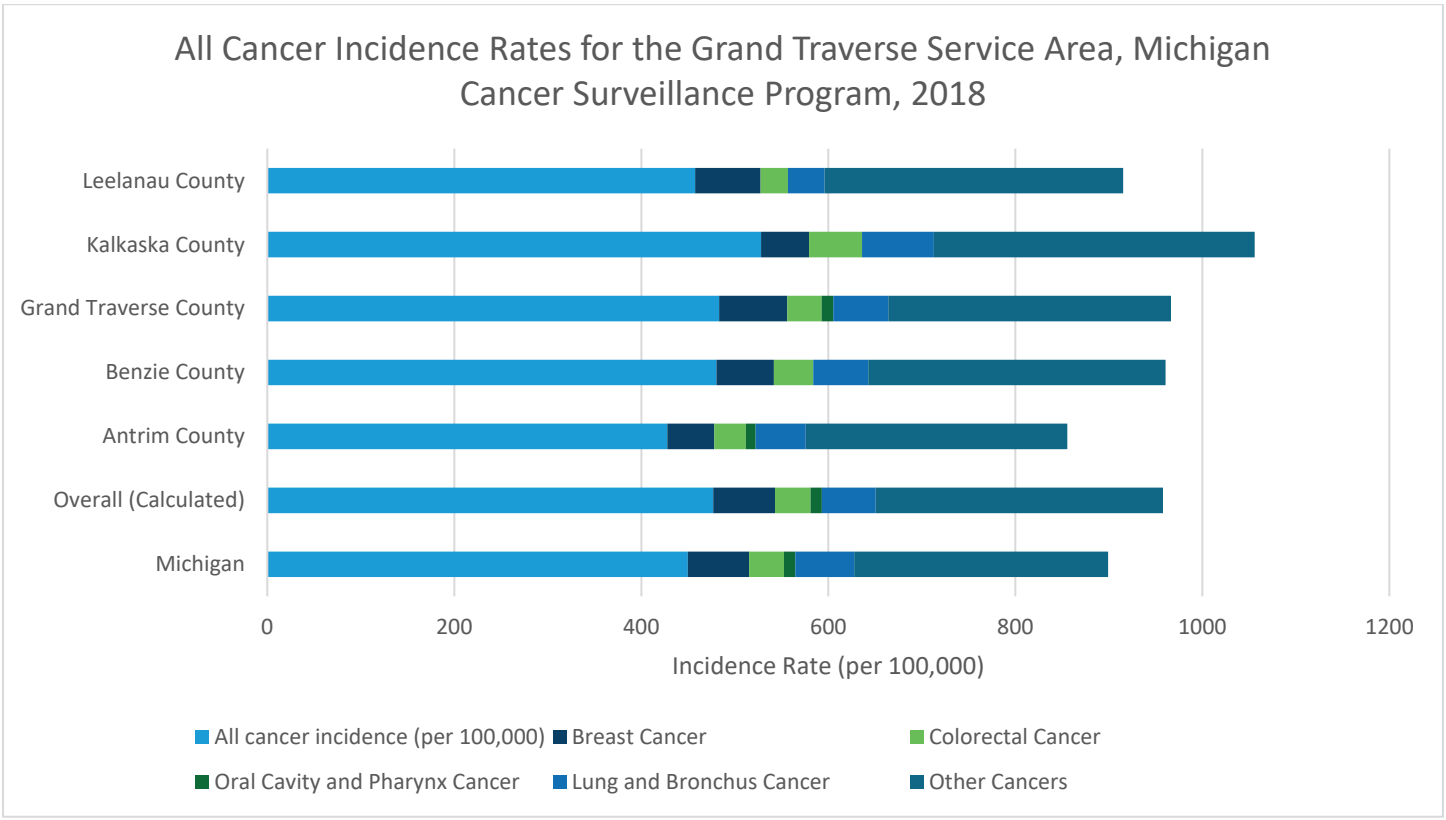


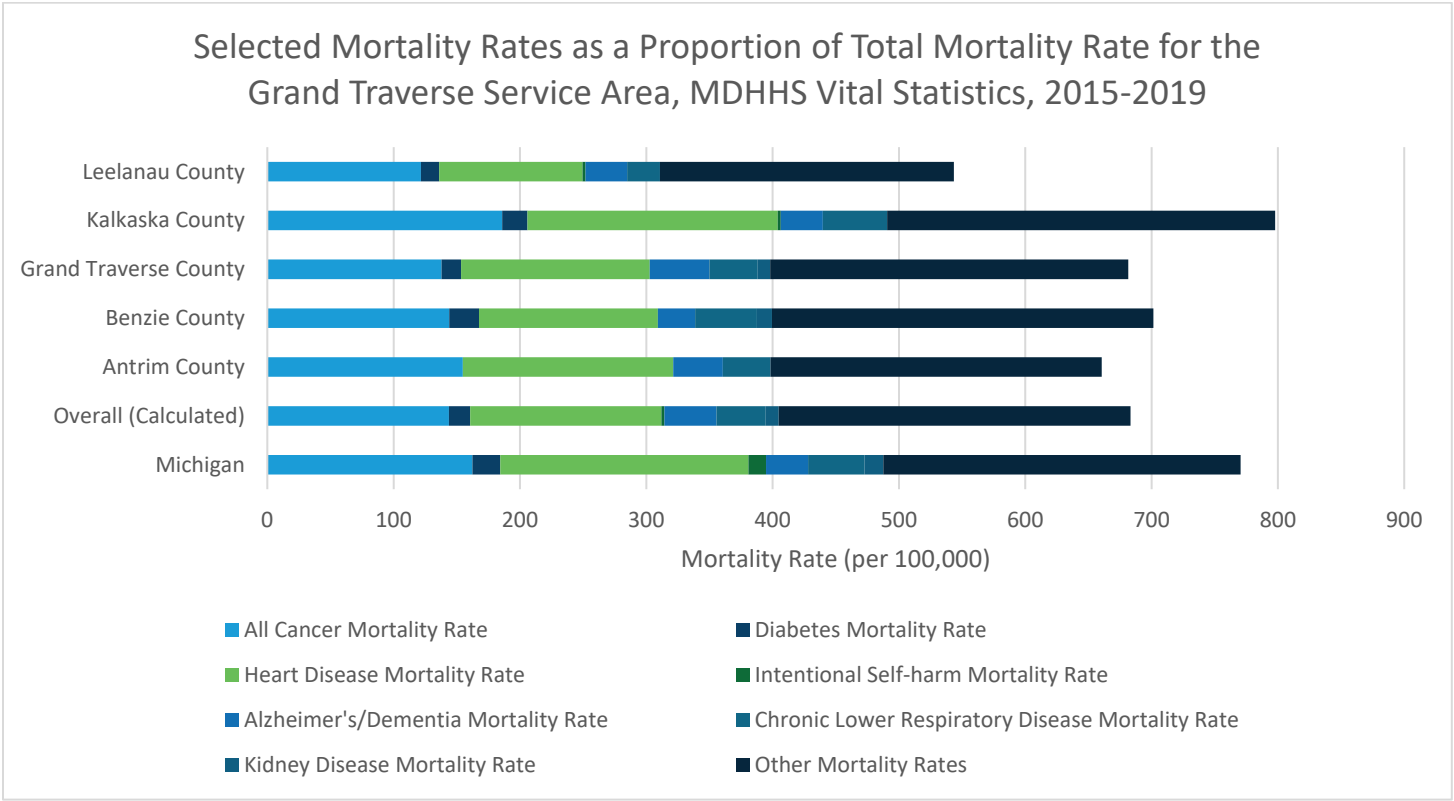
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

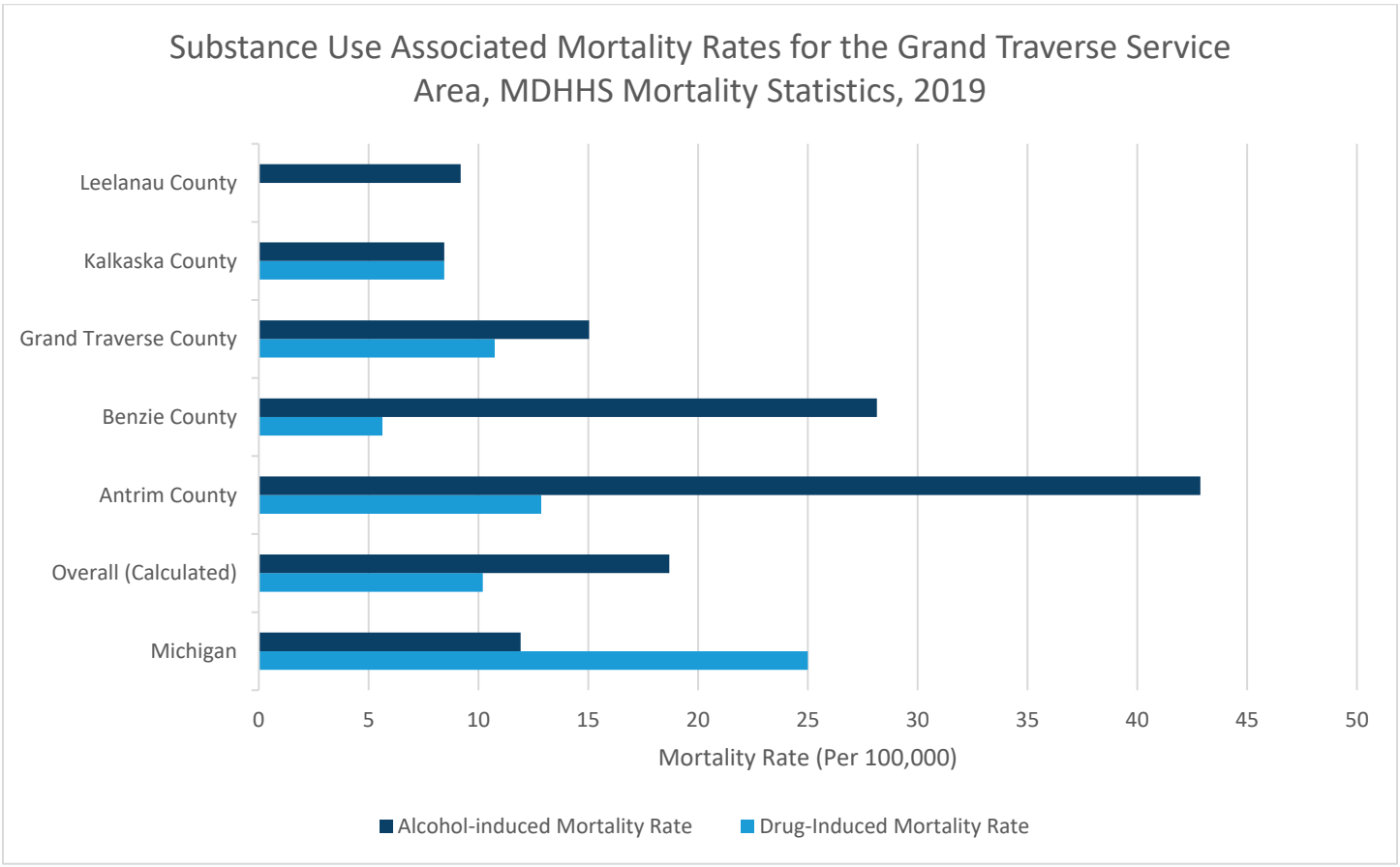
Selected Morbidity and Mortality Indicators for the Grand Traverse Region Service Area

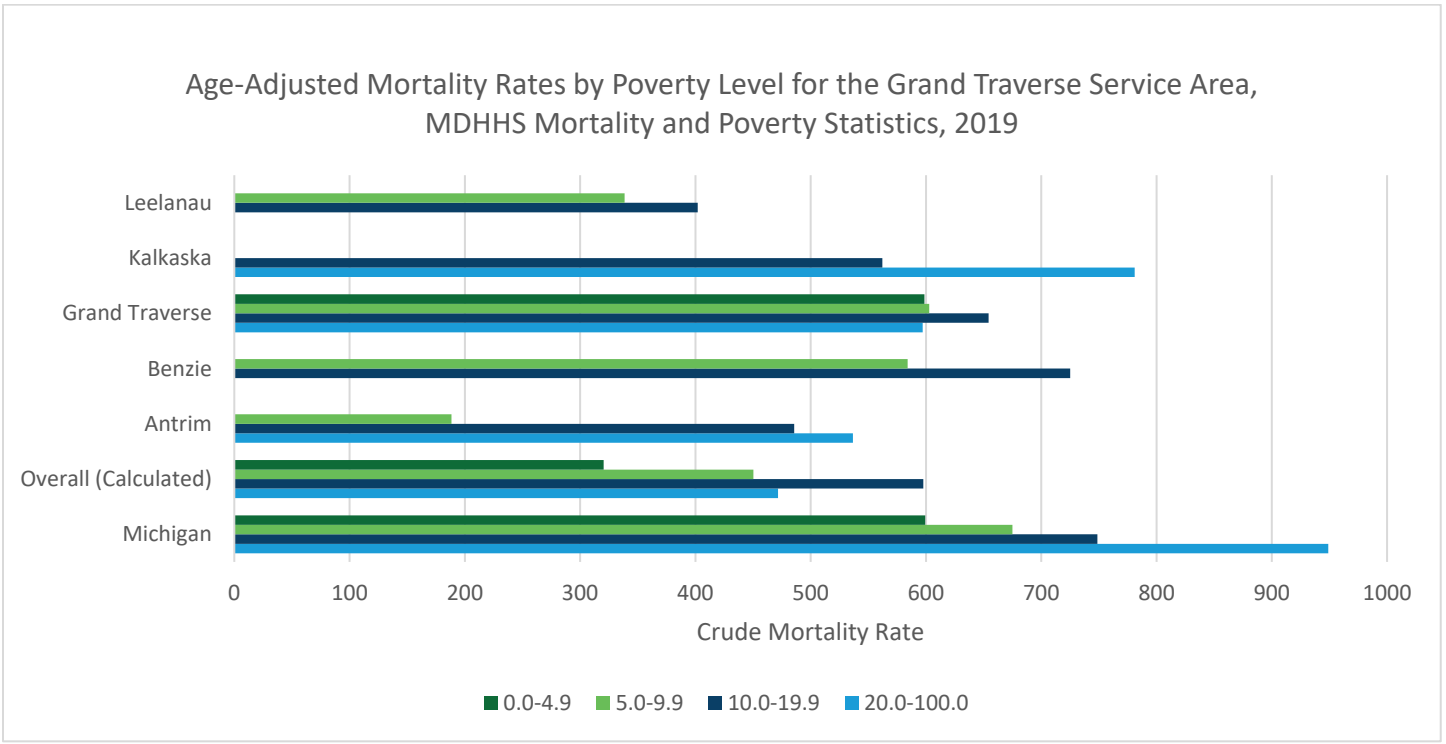


Note: Prevalence figures for Benzie County, Kalkaska County, and Leelanau County were suppressed in the 'Adult: Poor Mental Health on at Least 14 Days in the past month' health indicator category due to low availability of data. Prevalence figures for Leelanau County were suppressed in the 'Adult: Ever told you had COPD' health indicator category due to low availability of data. In the case of those health indicators, the calculated overall prevalence figures were based on data excluding the suppressed counties.

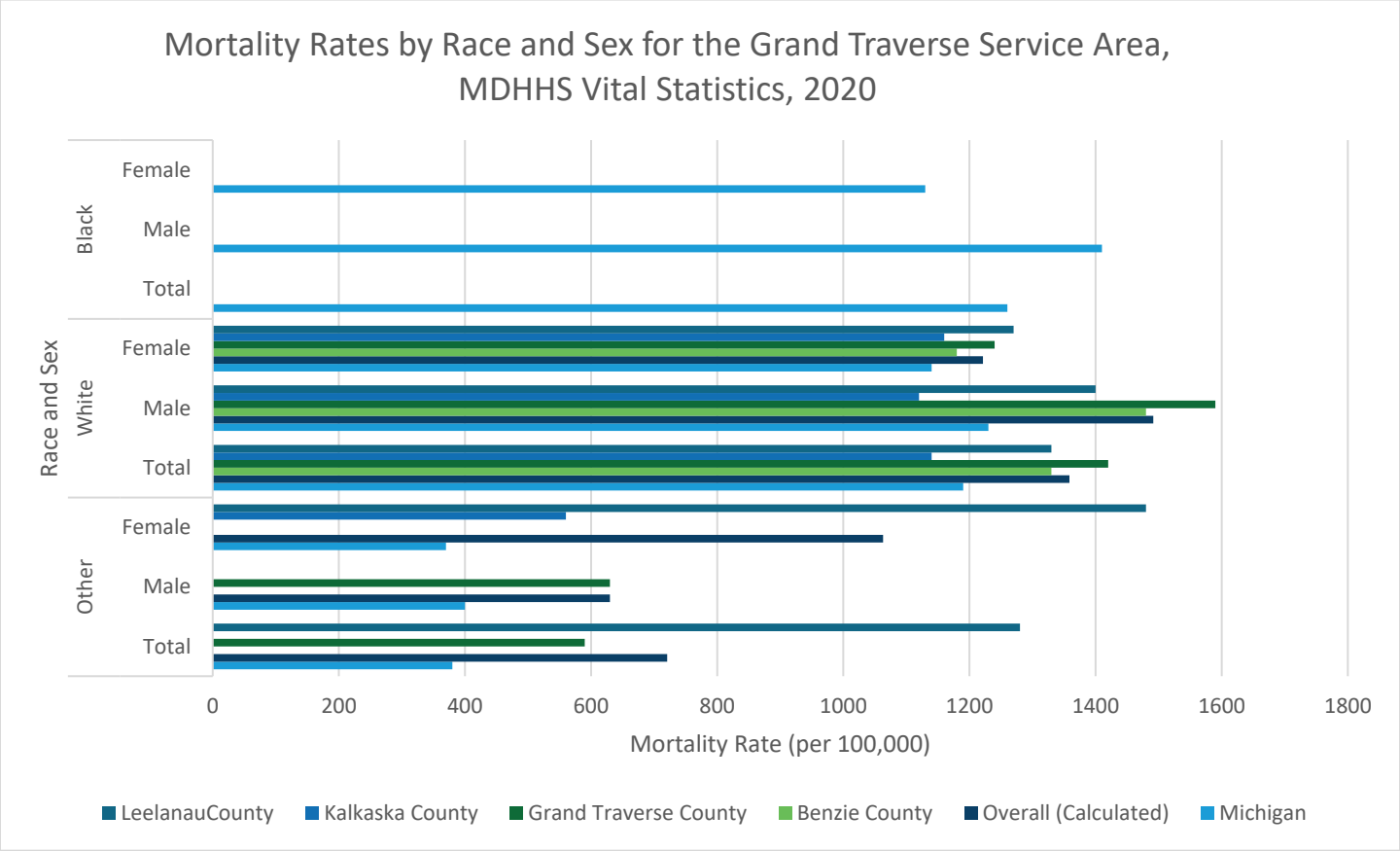

All Cancer Incidence Rates for the Grand Traverse Service Area, Michigan Cancer Surveillance Program, 2018
Leelanau County
Kalkaska County
Grand Traverse County
Benzie County
Antrim County
Overall (Calculated)
Michigan
0
200
400
600
800
1000
1200
Incidence Rate (per 100,000)
All cancer incidence (per 100,000)
Breast Cancer
Colorectal Cancer
Oral Cavity and Pharynx Cancer
Lung and Bronchus Cancer
Other Cancers

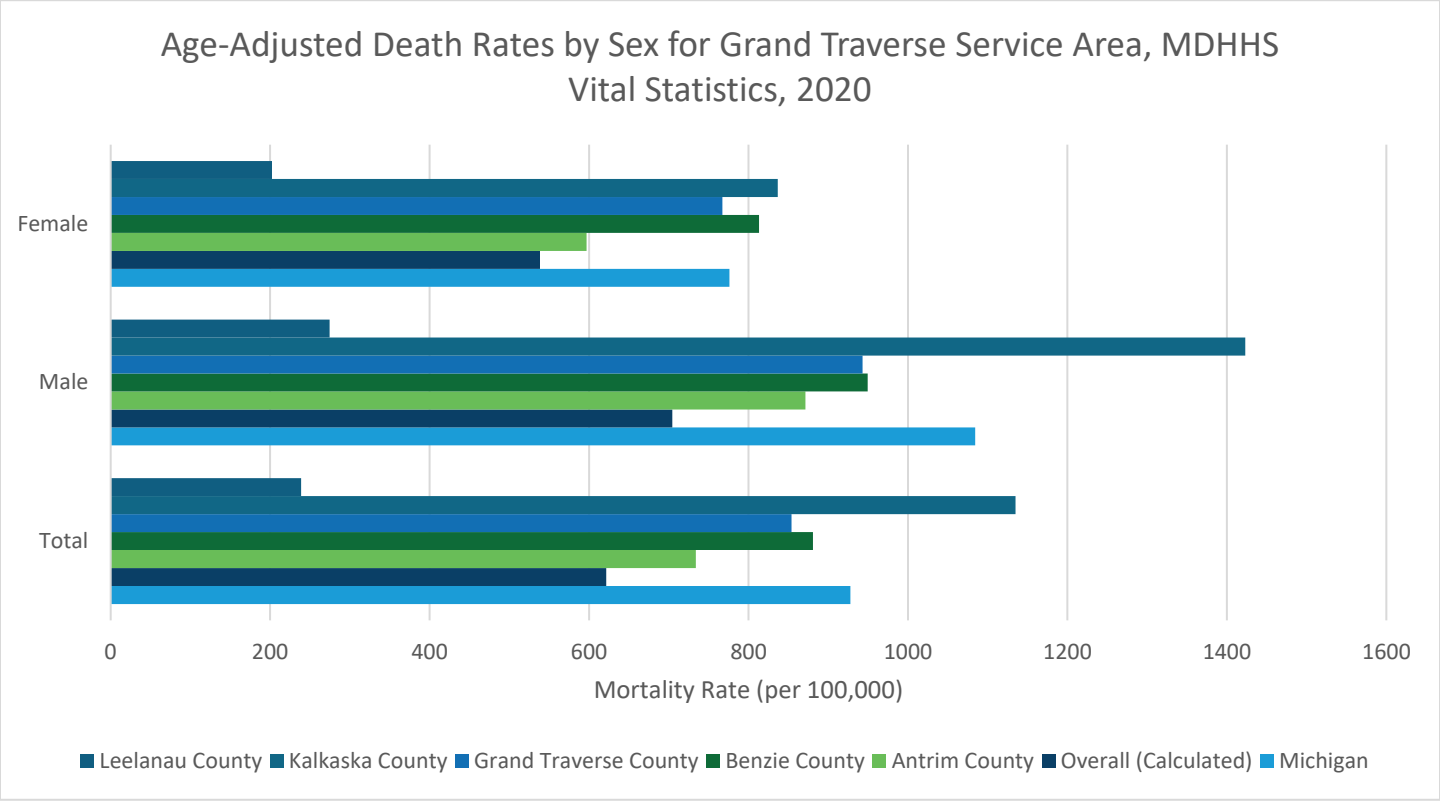

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Grand Traverse Service Area, MDHHS Vital Statistics, 2015-2019
Leelanau County
Kalkaska County
Grand Traverse County
Benzie County
Antrim County
Overall (Calculated)
Michigan
0
100
200
300
400
500
600
700
800
900
Mortality Rate (per 100,000)
All Cancer Mortality Rate
Diabetes Mortality Rate
Heart Disease Mortality Rate
Intentional Self-harm Mortality Rate
Alzheimer's/Dementia Mortality Rate
Chronic Lower Respiratory Disease Mortality Rate
Kidney Disease Mortality Rate
Other Mortality Rates


Substance Use Associated Mortality Rates for the Grand Traverse Service Area, MDHHS Mortality Statistics, 2019
Leelanau County
Kalkaska County
Grand Traverse County
Benzie County
Antrim County
Overall (Calculated)
Michigan
0
5
10
15
20
25
30
35
40
45
50
Mortality Rate (Per 100,000)
Alcohol-induced Mortality Rate
Drug-Induced Mortality Rate


Age-Adjusted Mortality Rates by Poverty Level for the Grand Traverse Service Area, MDHHS Mortality and Poverty Statistics, 2019
Leelanau
Kalkaska
Grand Traverse
Benzie
Antrim
Overall (Calculated)
Michigan
0
100
200
300
400
500
600
700
800
900
1000
Crude Mortality Rate
0.0-4.9
5.0-9.9
10.0-19.9
20.0-100.0

Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.





Note: Age-adjustment was performed using the standardized population from the United States Census, 2000.

- **Community Themes and Strengths Assessment**

The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the following questions:

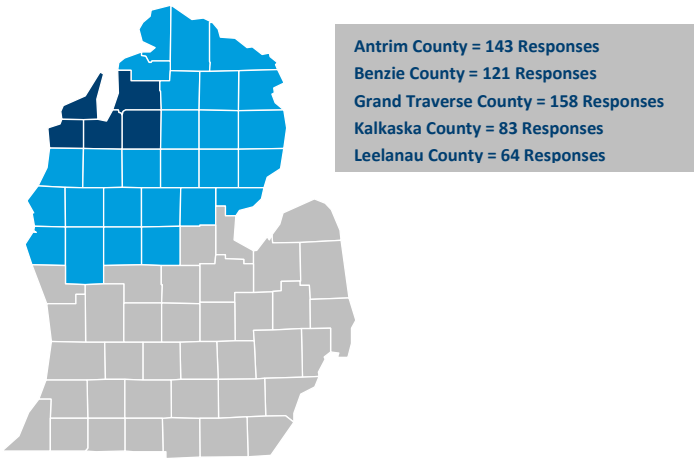
"What is important to our community?"
"How is quality perceived in our community?"
"What assets do have that can be used to improve well-being?"

For the Community Themes and Strengths Assessment, the MiThrive Design Team designed three types of surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey (Please see Appendix D for survey instruments).

- **Community Survey**
  The Community Survey asked 18 questions about what is important to the community and what factors are impacting the community, plus quality of life, built environment, and demographic questions. The Community Survey also asked respondents to identify assets in their communities (Please see Appendix C for assets identified for Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties).

Community Surveys were administered electronically and via paper format in both English and Spanish. The electronic version of the survey was available through an electronic link and QR code. The survey was open from Monday, October 4, 2021 to Friday, November 5, 2021. Five $50 gift cards were used as an incentive for completing the survey. Partner organizations supported survey promotion through social media and community outreach. Promotional materials developed for Community Survey include a flyer, social media content, and press release. Five-hundred and sixty-nine surveys were collected from Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties.

A total of **569 community survey** responses were collected in **Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties**.



Survey respondents were asked to imagine a ladder with steps numbered from zero at the bottom to ten at the top. The **top of the ladder represented the best possible life (10)** and the **bottom of the ladder represented the worst possible life (0)**. Survey respondents identified where they felt they stood on the ladder at the time of completing the survey (Figure 1) and where they felt they would stand three years from now (Figure 2).

Figure 1: 43.55% of individuals in Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties are currently either struggling or suffering compared to 56.45% who are thriving (n=558).

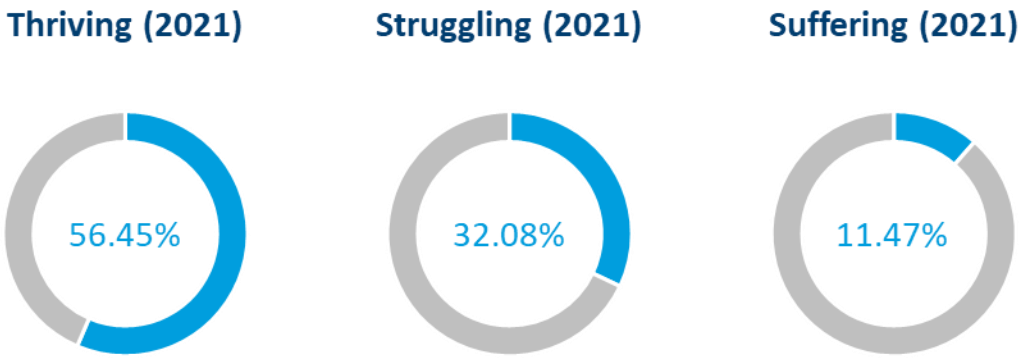
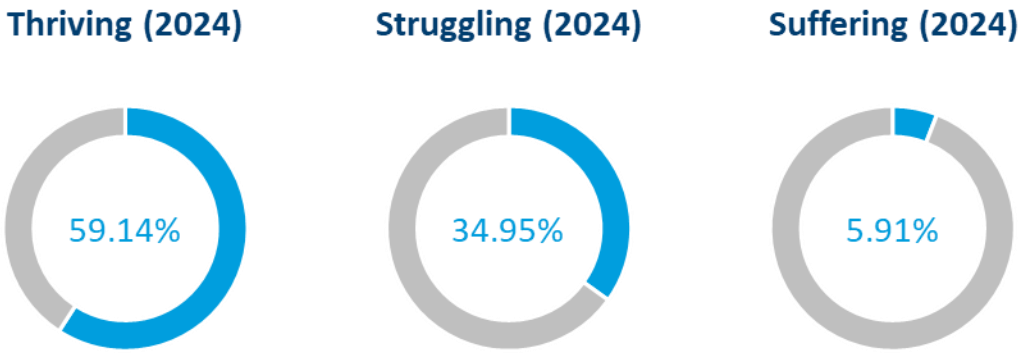
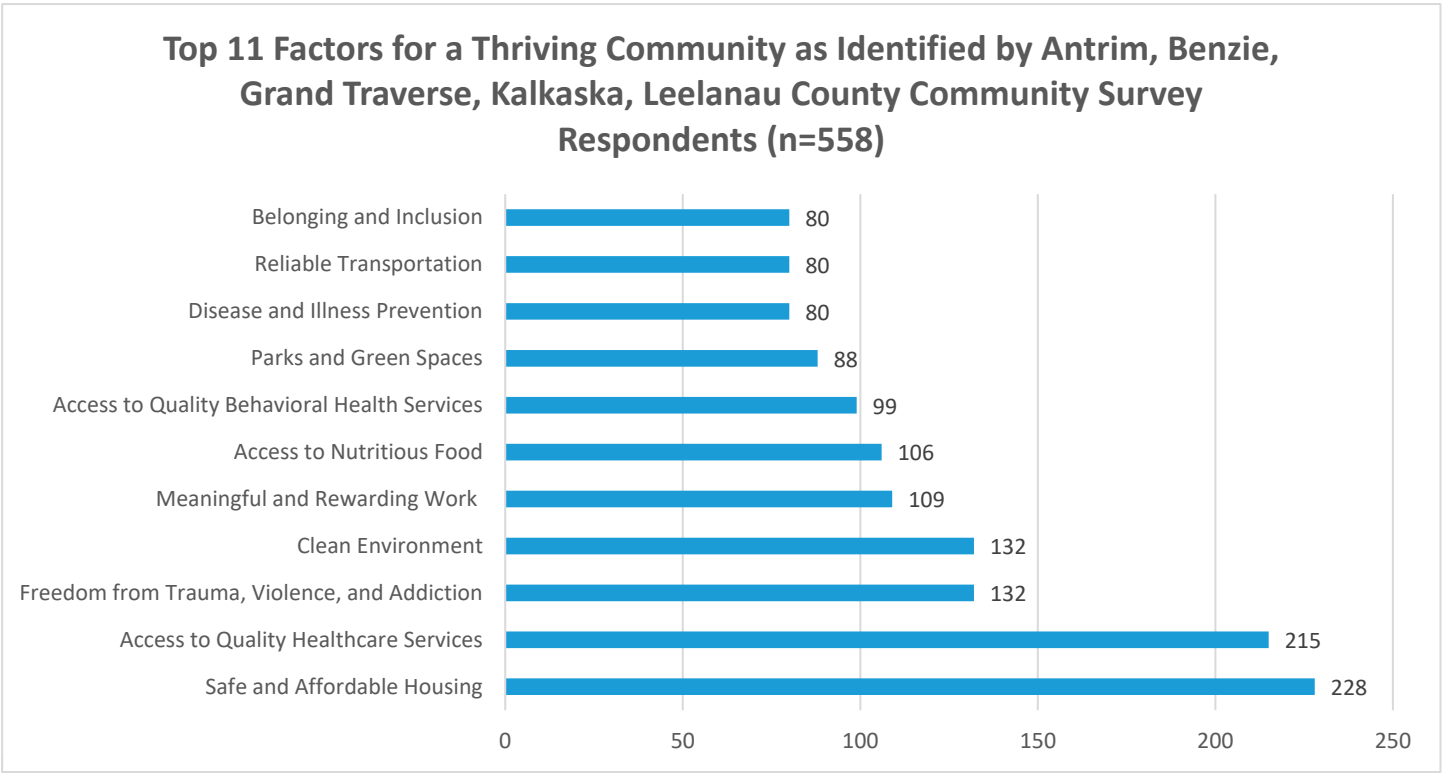


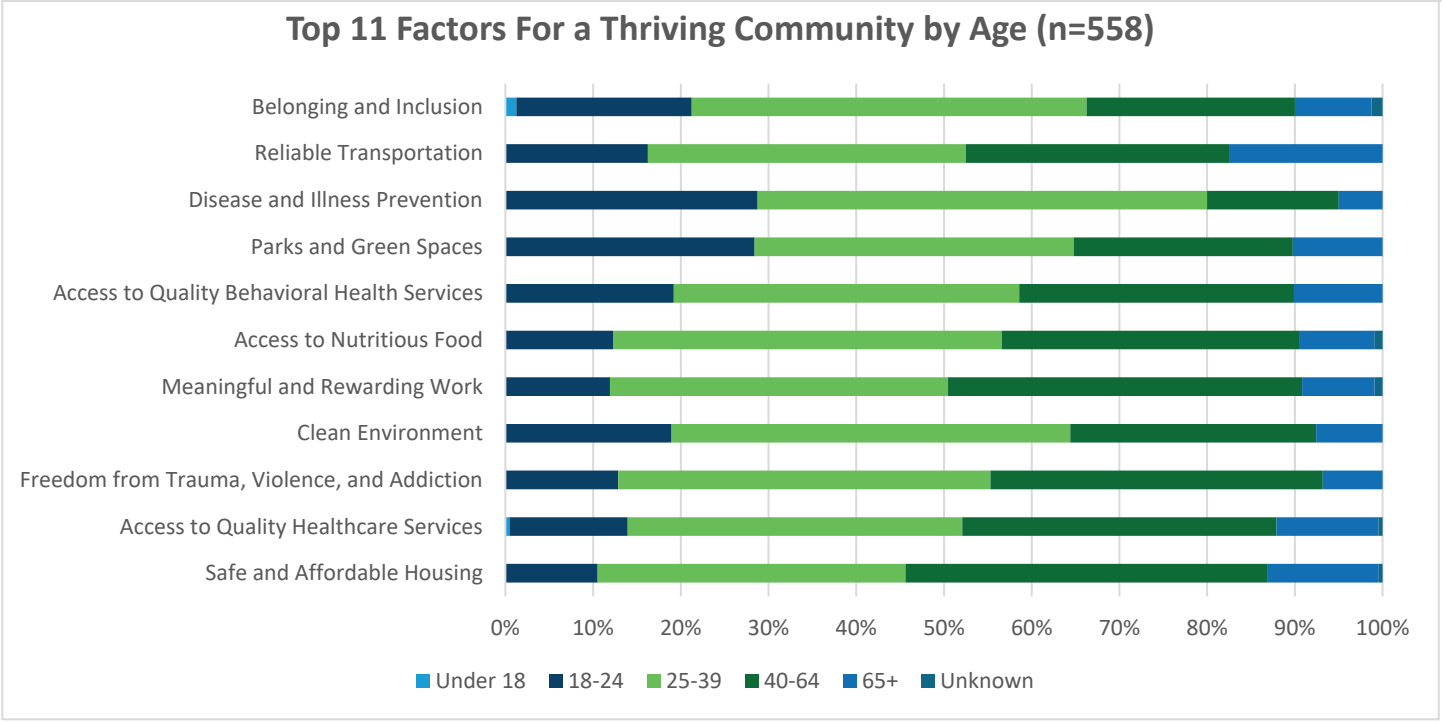
Figure 2: 40.86% of individuals in Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties predict they will either be struggling or suffering compared to 59.14% who predict they will be thriving three years from now (n=558).



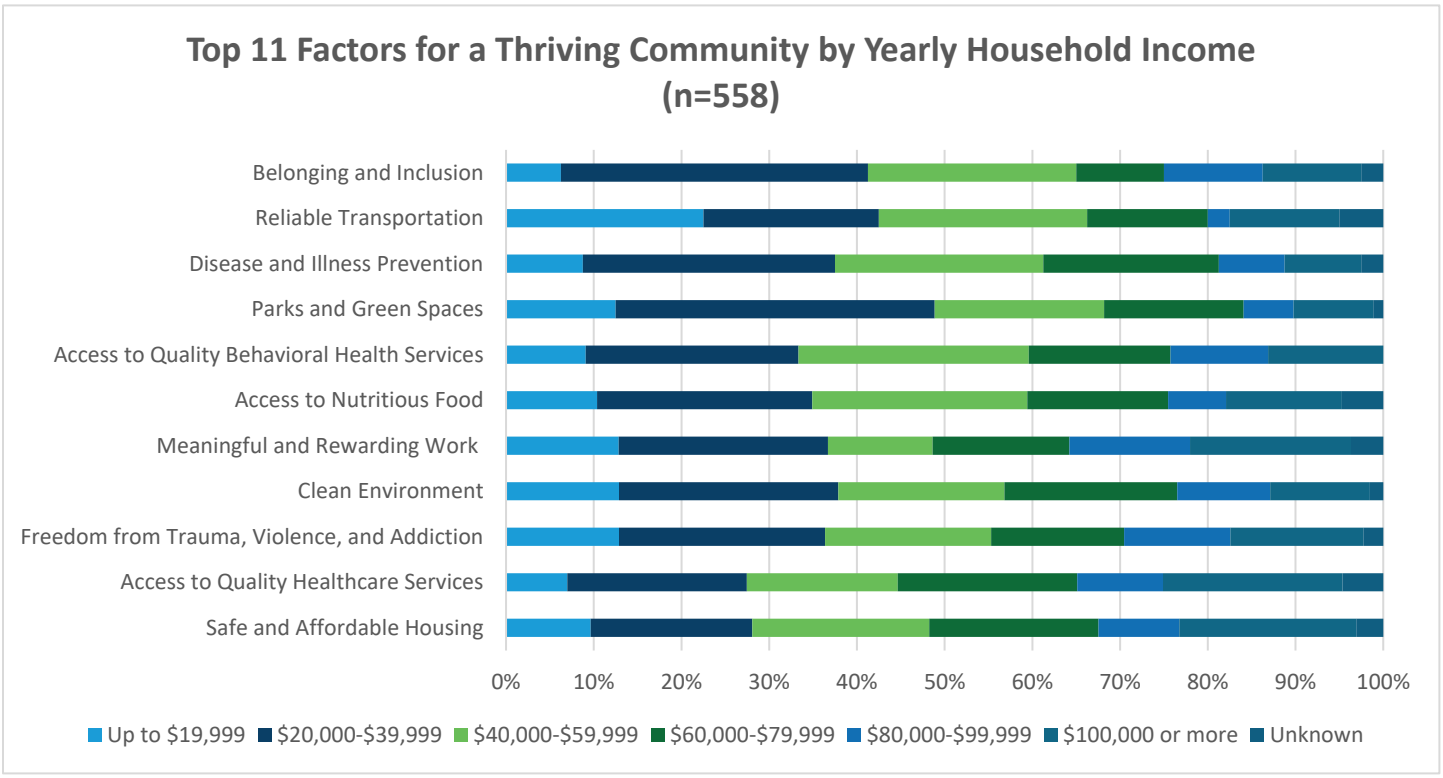
On average, individuals in Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties felt they would move **.91 of a step higher** on the ladder three years from how they scored themselves presently (n=558).

**The Cantril-Ladder self-anchoring scale is used to measure subjective wellbeing. Scores can be grouped into three categories – thriving, struggling, and suffering. Cantril's Ladder data was analyzed separately for the purpose of the 2021 MiThrive Community Health Needs Assessment.*

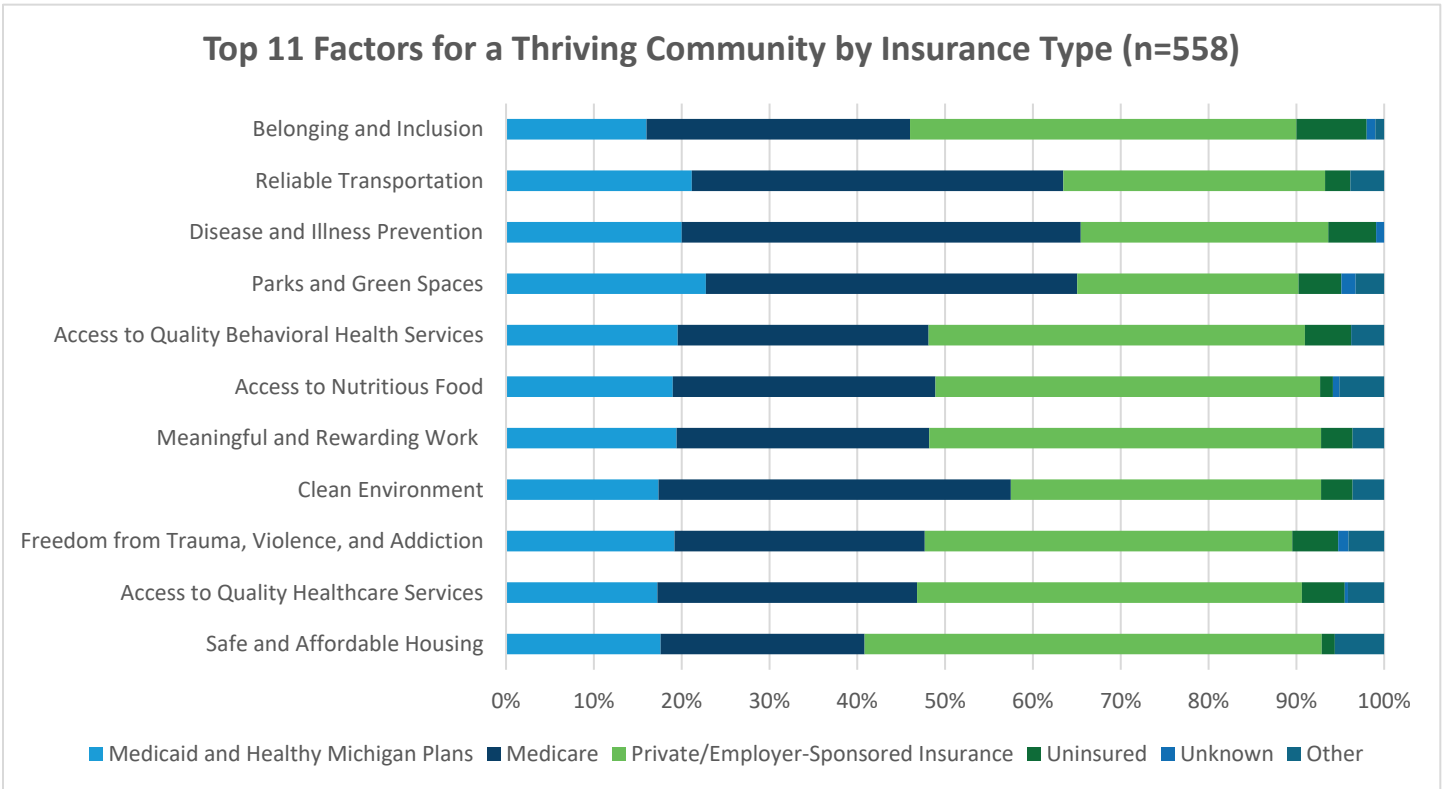




Individuals **age 65+** make up a larger proportion of those who thought **reliable transportation** was an important factor for a thriving community in comparison to the other ten top factors.

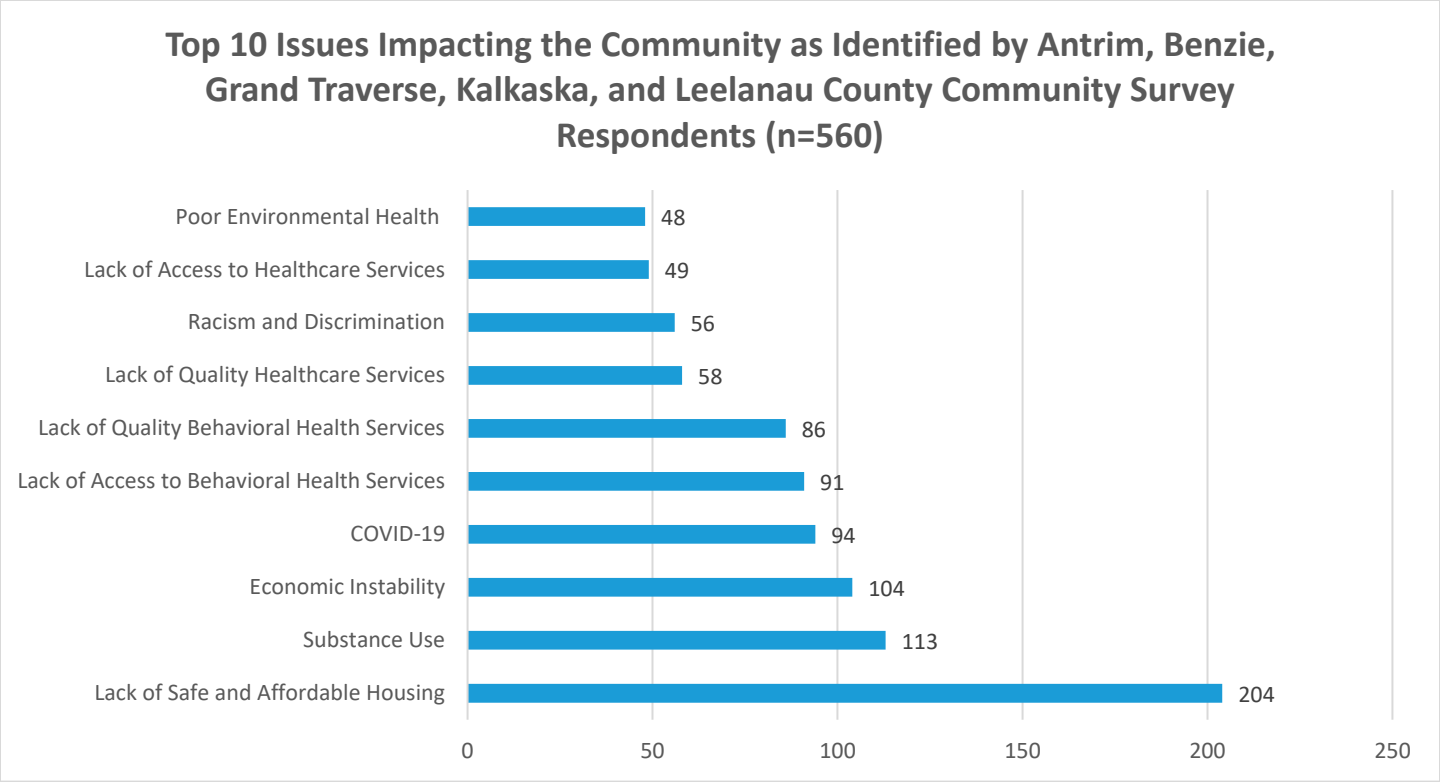


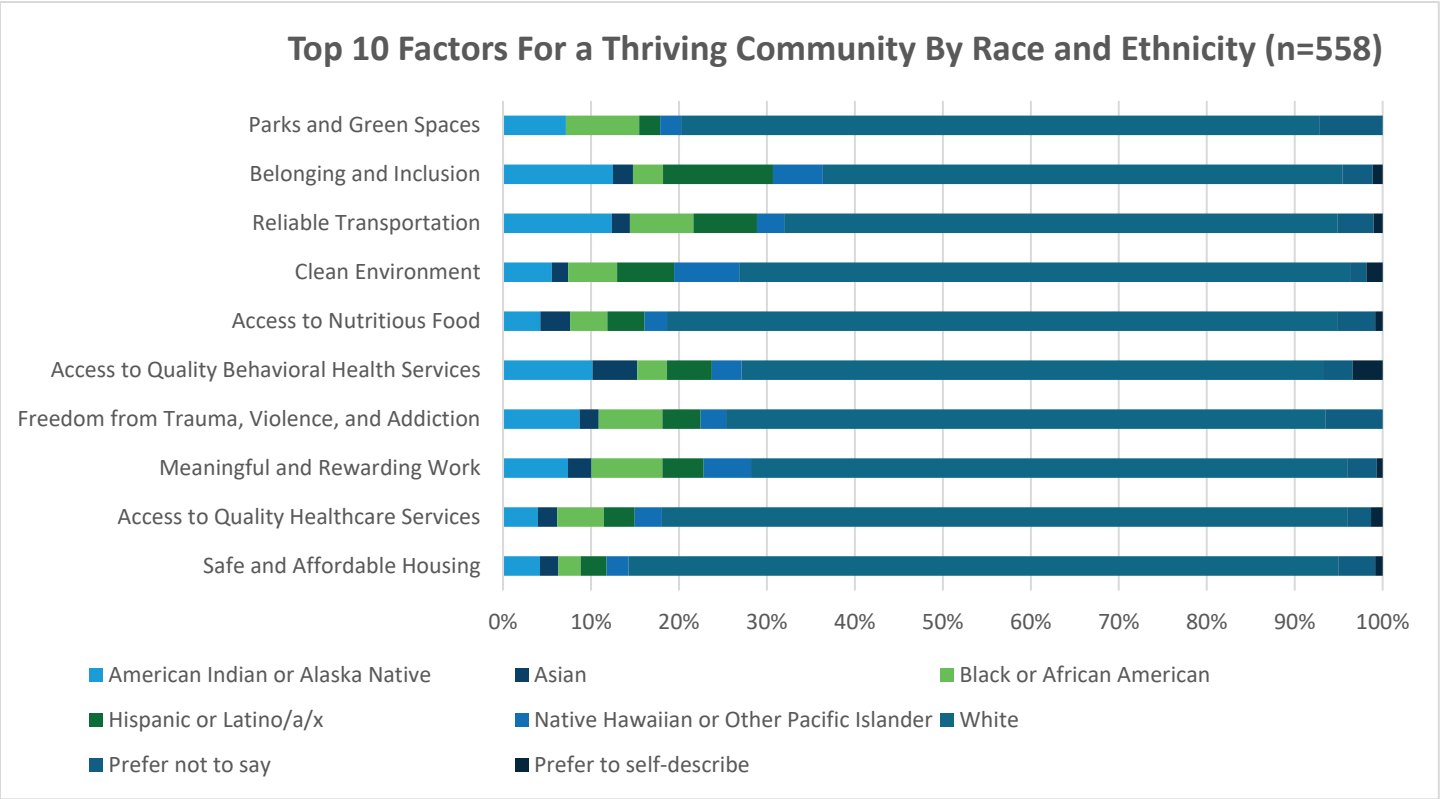
Individuals with a **yearly household income of $20,000-$39,999** make up a larger proportion of those who thought **access to parks and green spaces** was an important factor for a thriving community in comparison to the other ten top factors.



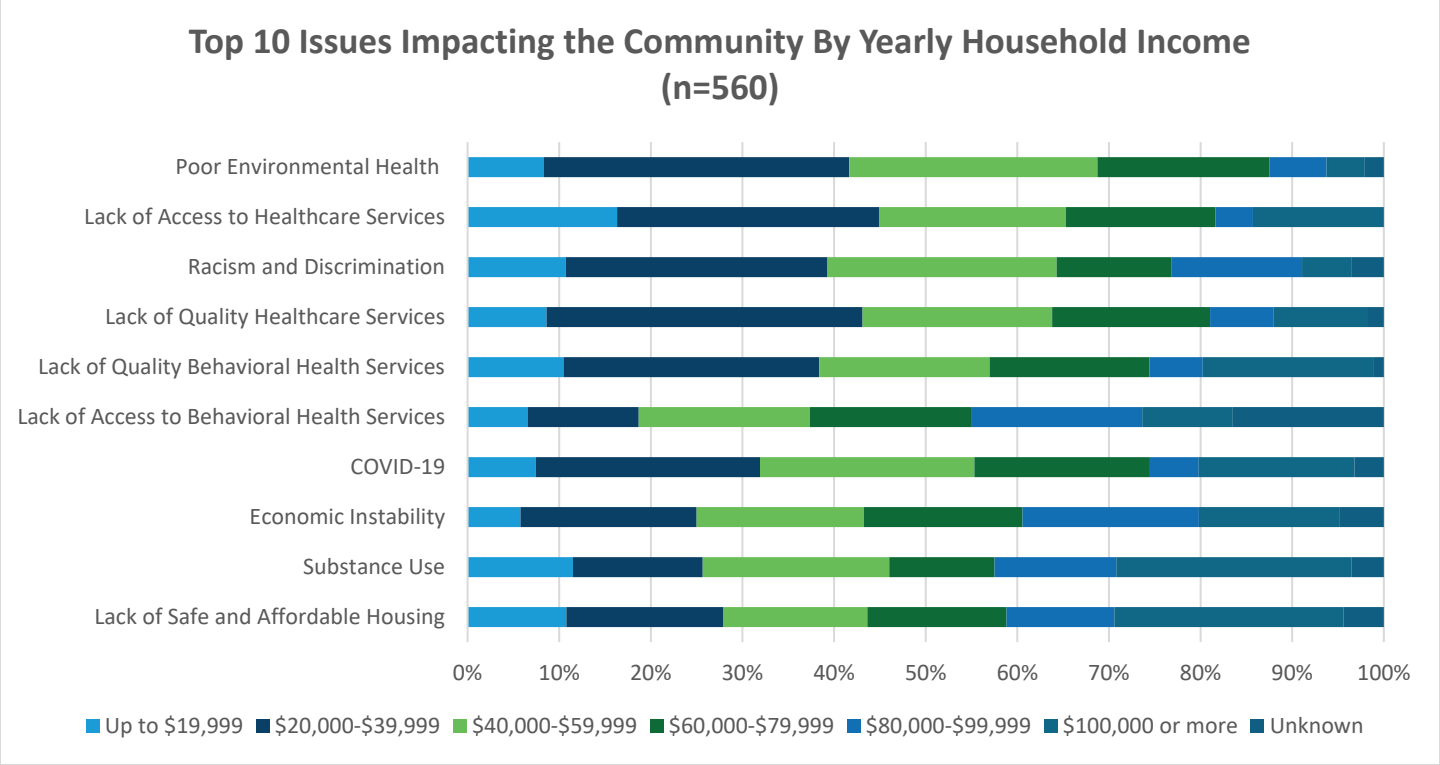
Individuals with **private/employer-sponsored insurance** make up a larger proportion of those who thought **safe, affordable, and accessible housing** was an important factor for a thriving community in comparison to the other ten top factors.

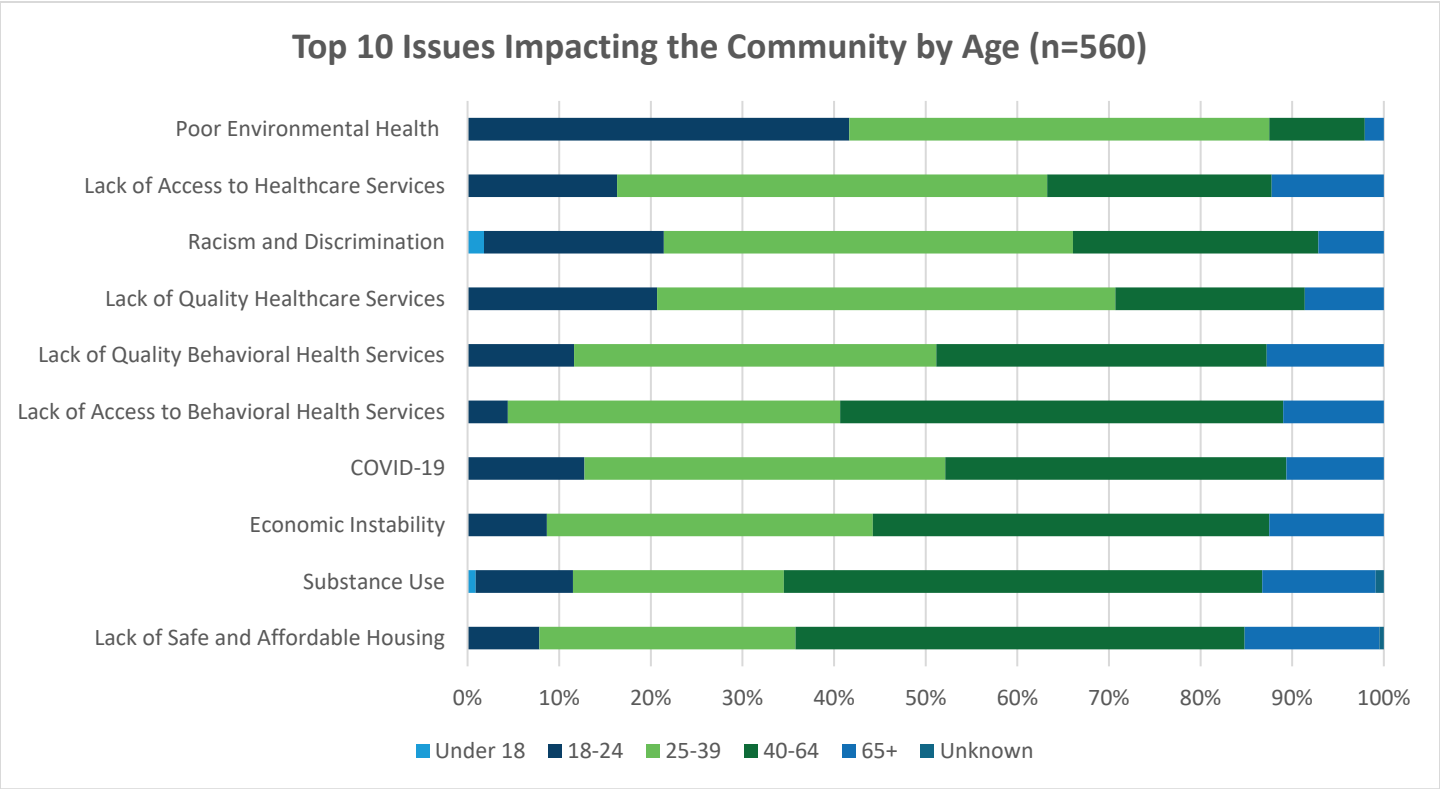
Racial and ethnic minority groups make up a larger proportion of those who thought **belonging and inclusion** was an important factor for a thriving community in comparison to the other ten top factors.



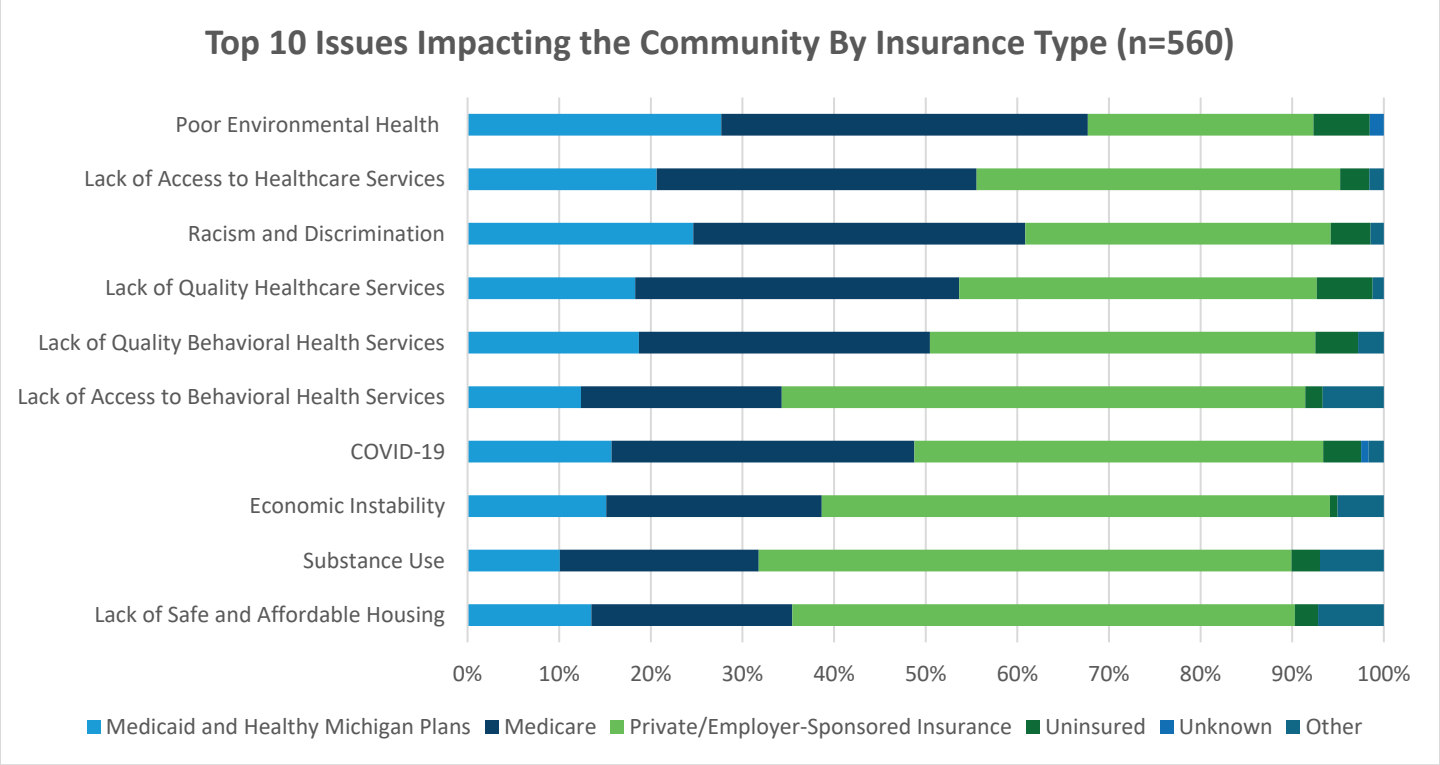


Individuals **age 18-24** make up a larger proportion of those who thought **poor environmental health** was an important issue impacting the community in comparison to the other nine top issues.

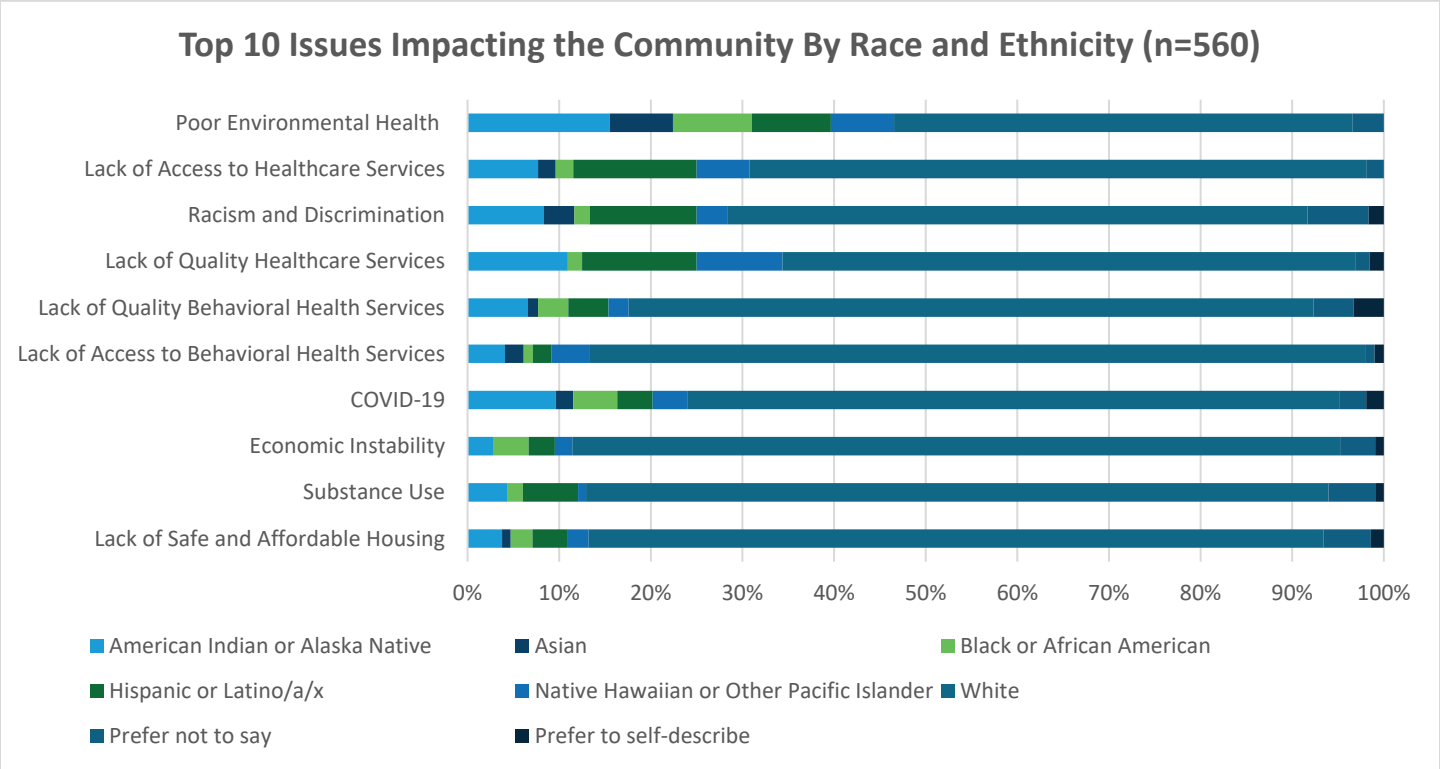




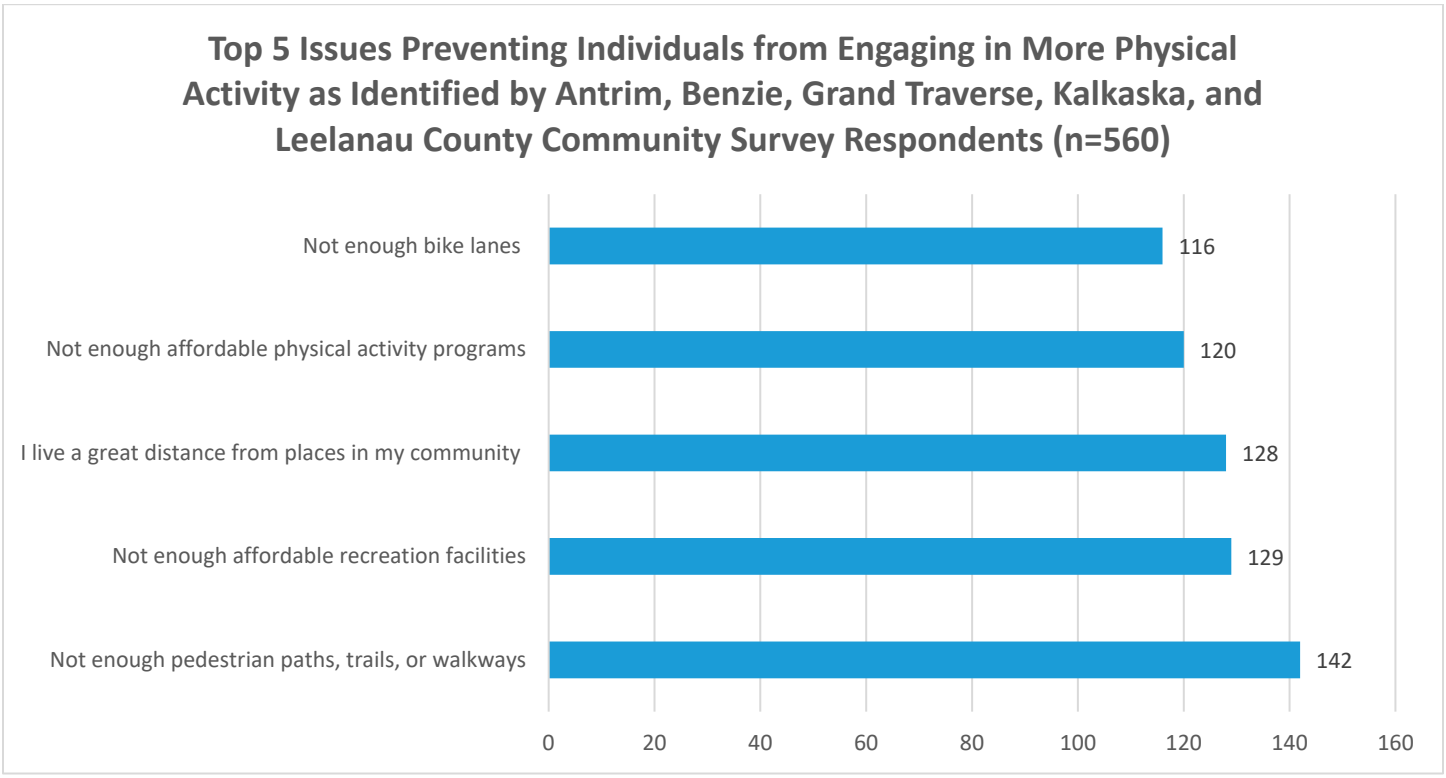
Individuals with an **unknown yearly household income** make up a larger proportion of those who thought **lack of access to behavioral health services** was an important issue impacting the community in comparison to the other nine top issues.

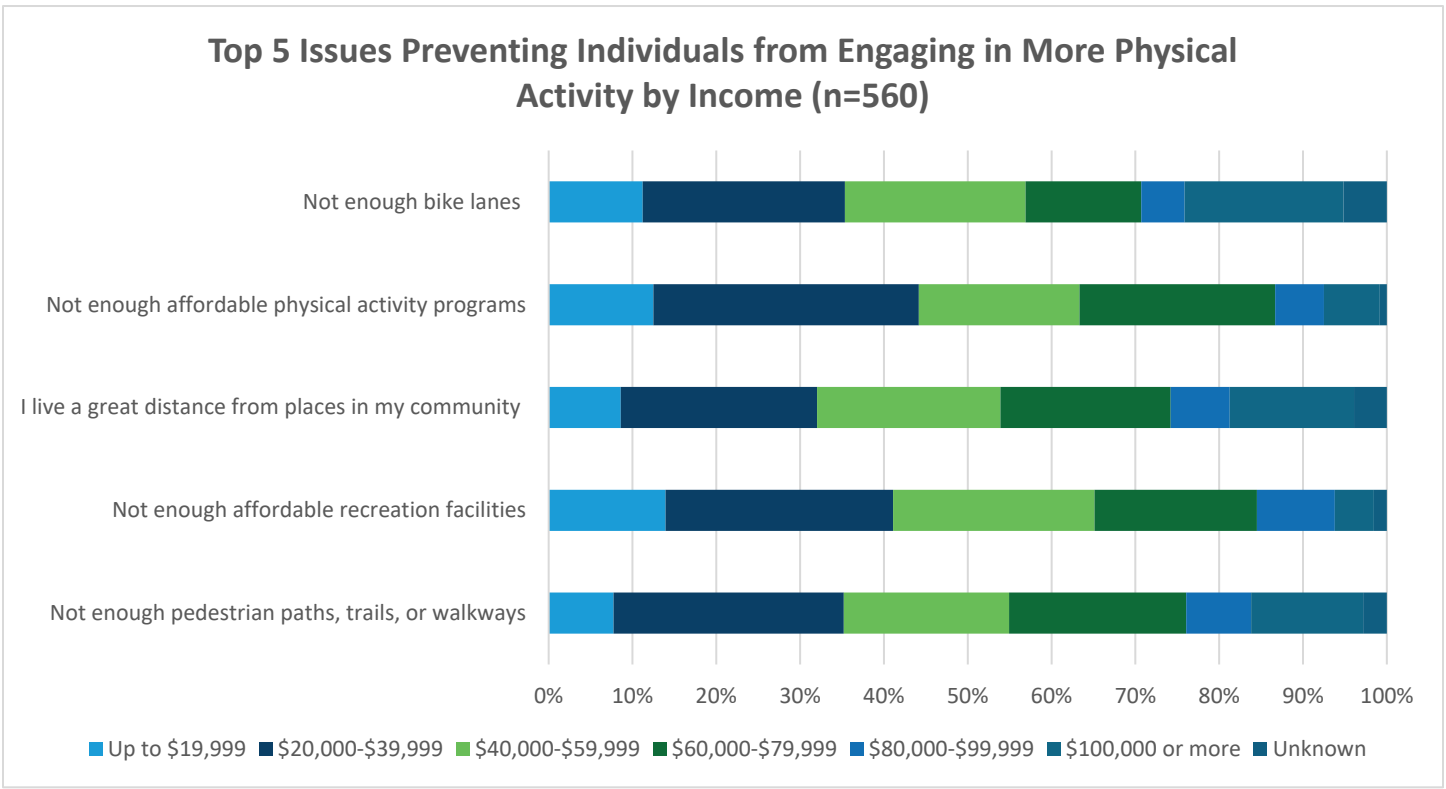


Individuals with **Medicaid and Healthy Michigan Plans** make up a larger proportion of those who thought **poor environmental health** was an important issue impacting the community in comparison to the other nine top issues.



Racial and ethnic minority groups make up a larger proportion of those who thought **poor environmental health** was an important issue impacting the community in comparison to the other nine top issues.





Individuals with **a yearly household income of $20,000-$39,999** make up a larger proportion of those who said **not enough affordable physical activity programs** prevented them from being more physically active in their community compared to the other top issues.

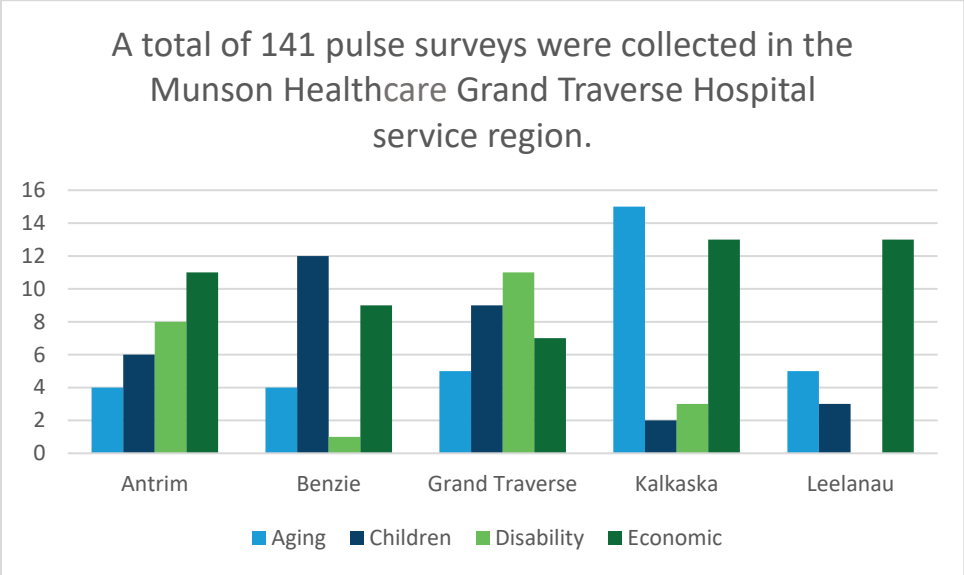
- **Pulse Survey**

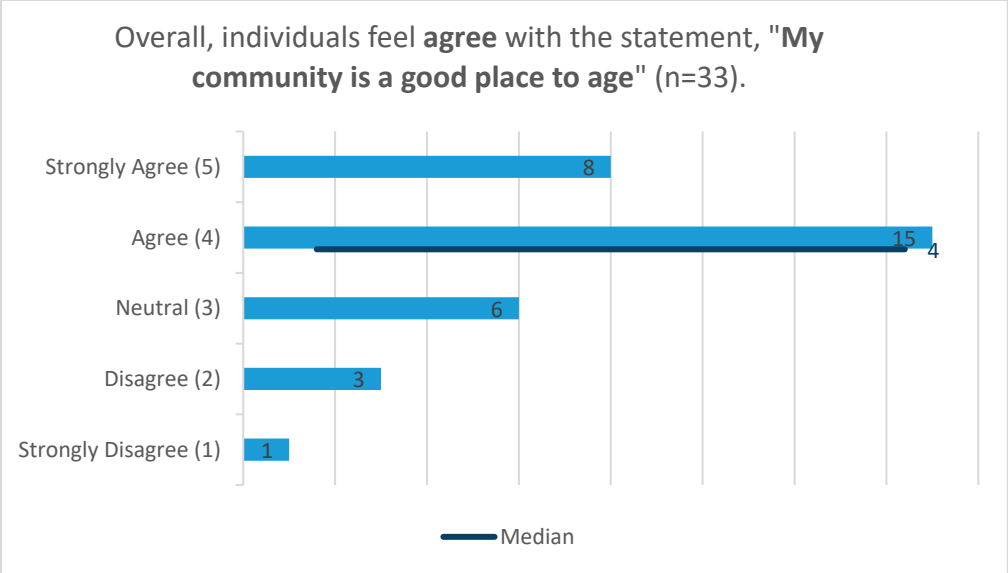
  The purpose of the Pulse Survey was to gather input from people and populations facing barriers and inequities in the 31-county MiThrive region. It was a four-part data collection series, where each topic-specific questionnaire was conducted over a two-week span resulting in an eight-week data collection period. This data collection series included four three-question surveys targeting key topic areas to be conducted with clients and patients.

  The Pulse Surveys were designed to be woven into existing intake and appointment processes of participating agencies/organizations. Community partners administered the Pulse Survey series between July 26, 2021 and September 17, 2021, using a variety of delivery methods including in-person interviews, phone interviews, in-person paper surveys, and through client text services. Pulse Survey questionnaires were provided in English and Spanish.

  Each Pulse Survey focused on a different quality of life topic area (aging, economic security, children, and disability) using a Likert-scale question and open-ended topic-specific question. Additionally, each survey included an open-ended equity question. Within Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties, 33 aging, 32 children, 23 disability, and 53 economic responses were collected.

  The target population for the Pulse Survey series included those historically excluded, economically disadvantaged, older adults, racial and ethnic minorities, those unemployed, uninsured and under-insured, Medicaid eligible, children of low-income families, LGBTQ+ and gender non-conforming, people with HIV, people with severe mental and behavioral health disorders, people experiencing homelessness, refugees, people with a disability, and many others.


A total of 141 pulse surveys were collected in the Munson Healthcare Grand Traverse Hospital service region.
16
14
12
10
8
6
4
2
0
Antrim
Benzie
Grand Traverse
Kalkaska
Leelanau
Aging
Children
Disability
Economic


Overall, individuals feel agree with the statement, "My community is a good place to age" (n=33).
Strongly Agree (5)
8
Agree (4)
15
4
Neutral (3)
6
Disagree (2)
3
Strongly Disagree (1)
1
Median

Key themes that emerged from pulse survey responses that rated the following the statement low, "My community is a good place to age."

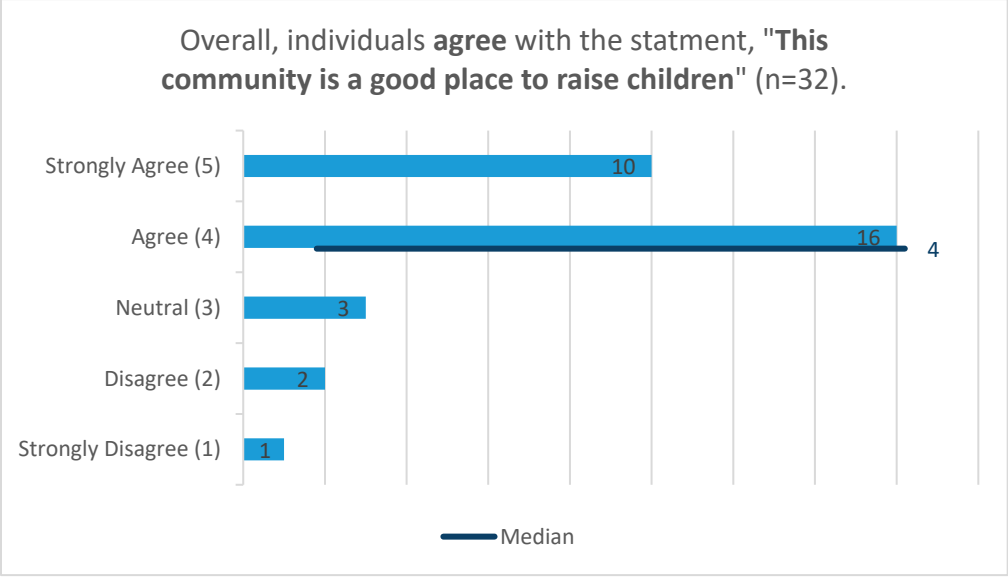
1	Lack of Resources
2	Lack of Transportation
3	Poverty
4	Geographic Location/Rurality
5	Lack of Housing
6	Social Stigma and Discrimination
7	Lack of Healthcare
8	Safety Concerns
9	Availability of Resources
10	Community Engagement

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, what are some ways in which your community could ensure everyone has a chance at living the healthiest life possible?

1	Combat Food Insecurity
2	Promote Community Engagement
3	Greater Focus on Policies
4	Promote Nutrition and Physical Activity
5	Improved Transportation
6	Improve the Healthcare System
7	Increase Housing Options

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "This community is a good place to raise children."

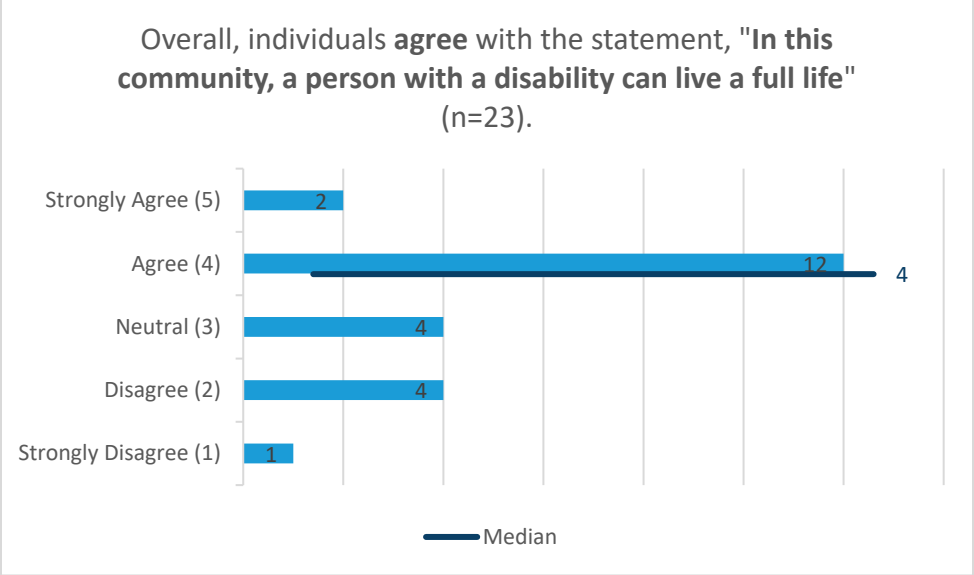
1	Lack of Resources
2	Poverty
3	Safety Concerns
4	Low Quality Education
5	Lack of Recreation Programming

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, how can we come together so that people promote each other's well-being and not just their own?

1	Strengthen Community Connection and Support
2	Affordable Recreation Opportunities
3	Address Political Division
4	Increase Mental Health Supports
5	More Resources and Services
6	Increased Health Education and Awareness
7	More COVID-19 Prevention Measures

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "In this community, a person with a disability can live a full life."

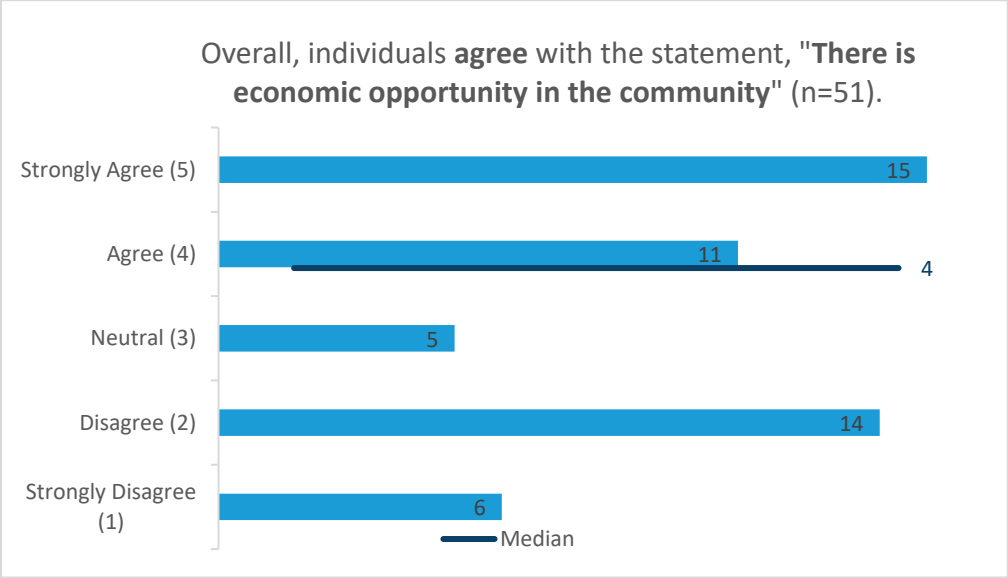
1	Lack of Resources
2	Lack of Accessible Infrastructure
3	System Issues
4	Geographic Location/Rurality
5	Poverty

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, think about groups that experience relatively good health and those that experience poor health. Why do you think there is a difference?

1	Poverty
2	System Navigation Issues
3	Lack of Education
4	Need for Increased Community Support
5	Lack of Resources
6	Lack of Insurance

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "There is economic opportunity in the community."

1	Job Availability
2	Lack of Housing
3	Poor Wages
4	Lack of Resources
5	Transportation/Commute
6	Rurality/Geographic Location

**Themes emerged from the 10-county MiThrive Northwest Region data.*

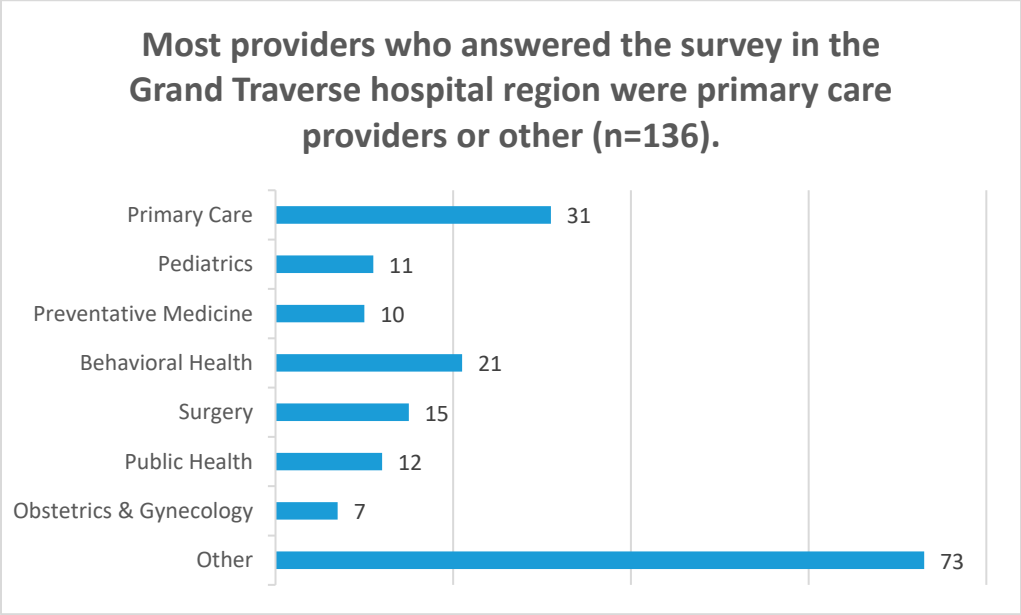
Thinking more broadly, how would you ensure that people in tough life circumstances come to have as good a chance as others do in achieving good health and wellbeing over time?

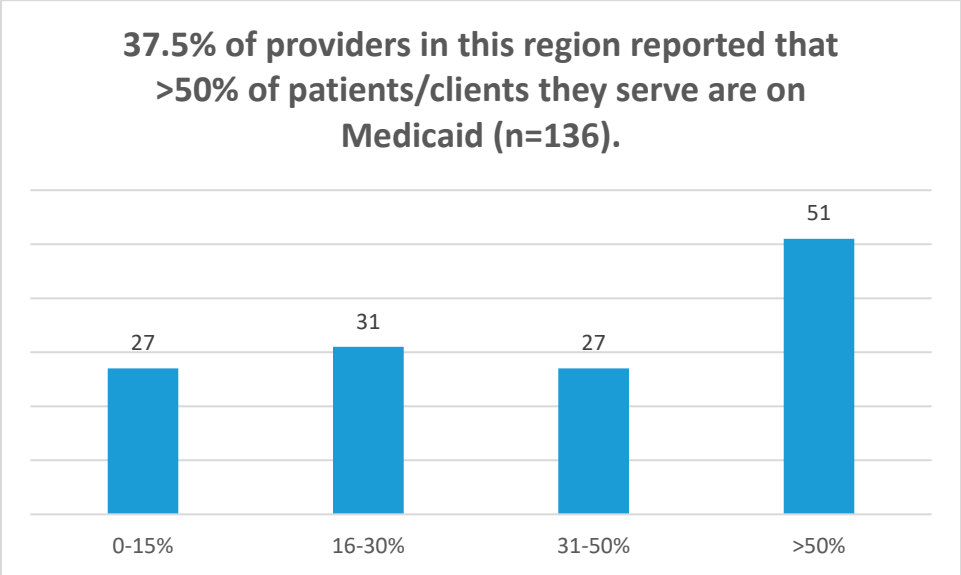
1	Change in Healthcare System
2	Increase Financial Assistance/Government Assistance
3	More Resource Navigation
4	Increased Education and Job Availability
5	Increased Community Support/Support Systems
6	More Affordable and Accessible Childcare
7	More COVID-19 Prevention Measures
8	Insurance

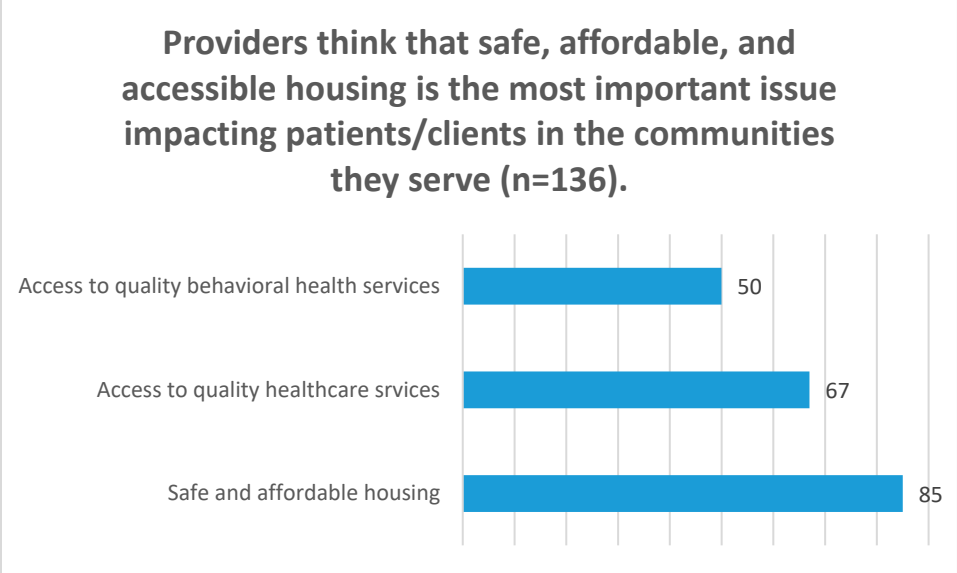
**Themes emerged from the 10-county MiThrive Northwest Region data.*

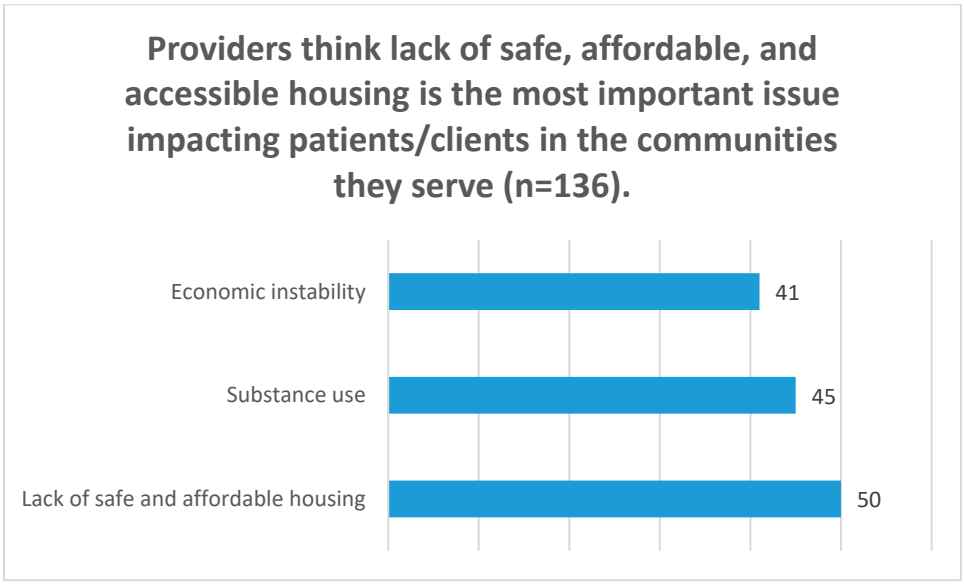
- **Healthcare Provider Survey**

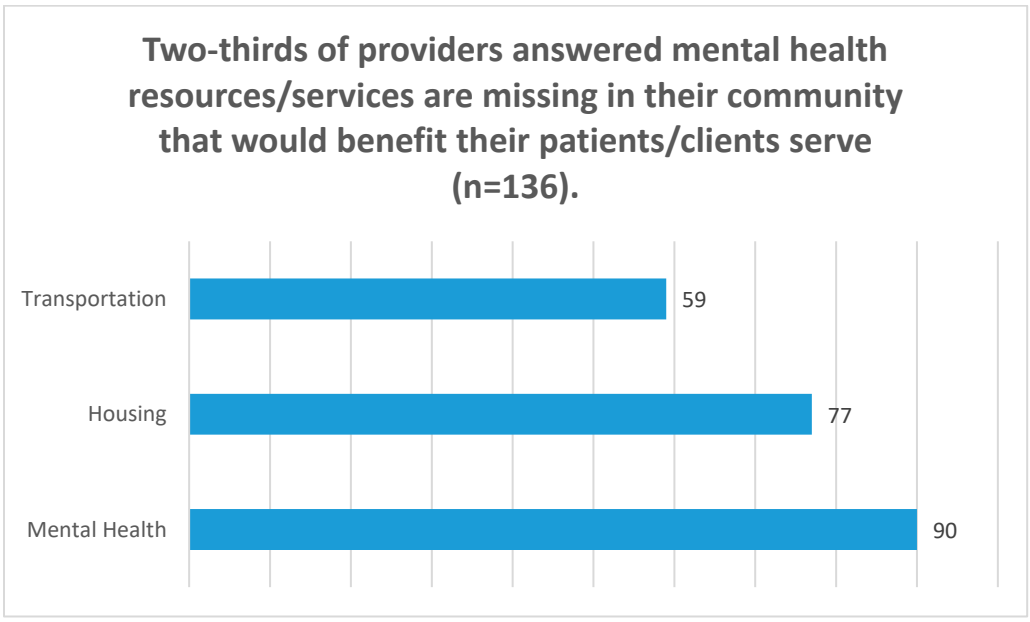
Data collected for the Healthcare Provider Survey was gathered through a self-administered, electronic survey. It asked 10 questions about what is important to the community and what factors are impacting the community, plus quality of life, built environment, community assets, and demographic questions. The survey was open from October 18, 2021 to November 7, 2021. Healthcare partners such as hospitals, federally qualified health centers, and local health departments, among others, sent the Healthcare Provider Survey via an electronic link to their physicians, nurses, and other clinicians. Additionally, partner organizations supported survey promotion by sharing the survey link with external community partners. One hundred and thirty-six providers completed the Healthcare Provider Survey in Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties.




37.5% of providers in this region reported that >50% of patients/clients they serve are on Medicaid (n=136).
27
31
27
51
0-15%
16-30%
31-50%
>50%


Providers think that safe, affordable, and accessible housing is the most important issue impacting patients/clients in the communities they serve (n=136).
Access to quality behavioral health services
50
Access to quality healthcare srvices
67
Safe and affordable housing
85


Providers think lack of safe, affordable, and accessible housing is the most important issue impacting patients/clients in the communities they serve (n=136).
Economic instability
41
Substance use
45
Lack of safe and affordable housing
50


Two-thirds of providers answered mental health resources/services are missing in their community that would benefit their patients/clients serve (n=136).
Transportation
59
Housing
77
Mental Health
90

- **C**ommunity System Assessment

The Community System Assessment focuses on organizations that contribute to well-being. It answers the questions, “What are the components, activities, competencies, and capacities in the regional system?” and “How are services being provided to our residents?”. It was designed to improve organizational and community communication by bringing a broad spectrum of partners to the same table; exploring interconnections in the community system; and identifying system strengths and opportunities for improvement. The Community System Assessment was comprised of two components: Community System Assessment and subsequent focused discussions at 7 county level community coordinating bodies. A total of 174 residents and partners, representing 55 organizations participated in the Community System Events and/or Focused Discussions in the Northwest Region. Please see Appendix E for the Event Agenda.

- **Community System Assessment Event**

In August, residents and community partners assessed the system’s capacity in the MiThrive Northwest, Northeast, and Northwest Regions. Through a facilitated discussion, they identified system strengths and opportunities for improvement among eight domains.

Community System Assessment—System Strengths Summary

Focus Area and Definition	System Strengths in the Northwest Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Community connections is in place with SDOH navigation • No wrong door approach – multiple ways to access resources
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• COVID-19 has created new partnerships to develop policies • The Northern Michigan CHIR has gathered agencies to work together
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Assessment tools are gathering more information and breaking the data down geographically
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Hundreds of people are engaged in health improvement across the region • The Northwest Community Health Innovation Region works to empower the local communities to build capacity for health improvement
Workforce: The people engaged in or available for work in a particular area	• MI Works tracks trending jobs and employment rates • There is collaboration regarding training opportunities
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• MiThrive and the Northwest Community Health Innovation Region in collaboration with hospital systems have collaborated to create a shared vision for the community
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• There is significant activity creating awareness of public health issues in the region informed by the CHIR and its Learning Community • Organizations are developing and expanding communication plans

Community System Assessment—System Opportunities for Improvement Summary

Focus Area and Definition	System Opportunities for Improvement in the Northwest Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Better communication strategies are needed • Difficult to understand why people don't get the services they need due to lack of follow up
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• Must determine ways the System can influence policy • Be more transparent • Review policies before there is an issue with the policy.
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Organizations in the System need to improve on getting information regarding data out in the community • Improve data sharing
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Need to improve alliances within the whole system • Partnerships vary from county to county
Workforce: The people engaged in or available for work in a particular area	• Shortage of mental health providers • Most organizations are short-staffed • The pay scale is contributing to the shortfall
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• Increase emphasis on leadership/management skills • Innovation leadership acquisition/attract leaders to the region
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• Need for more authentic voices and engagement by residents. • Need to improve feedback loops
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Increase development and implementation of equity policies and procedures • Need more input from residents experiencing disparities • Goals to reduce disparities are in place as a system, but there is little to no action taken

- **Follow-up facilitated conversations at county community collaborative bodies**

Subsequently, focused conversations were held during county collaborative body meetings for all counties in the Northwest, Northeast, and North Central MiThrive Regions. In the Grand Traverse

Region, there were four collaborative meetings in September and October 2021 with a total of 49 participants, and they identified the following areas for improvement:

- Antrim and Kalkaska Collaborative: **Community Alliances** was identified as the most important area to focus on in Antrim/Kalkaska Counties
  Specific to Community Alliances, what improvements would you like to see in your Community System in the next three years?
    - Partner inclusive decision making and peer evaluation of program outreach efforts
    - Seek funding for partnerships and ensure efforts are made for all resources/agencies to be included without duplication
    - Increased support for county-based collaboratives like the ACCC and KCCC as the central network to identify trends, concerns, assets

- Grand Traverse Community Collaborative: **Community Power/Engagement** was identified as the most important area to focus on in Grand Traverse County
  Specific to Community Power/Engagement, what improvements would you like to see in your Community System in the next three years?
    - Increased sharing of best practices about how to engage people with lived experience
    - Have a dedicated staff person to reach out to other community members or those outside the community to learn how they successfully gather and use resident voice
    - Increased understanding and recognition of health problems facing less privileged residents, by our local government leaders

- Benzie County Human Services Collaborative: **Community Alliances** was identified as the most important area to focus on in Benzie County
  Specific to Community Alliances, what improvements would you like to see in your Community System in the next three years?
    - Efficient communication channels between organizations and the public
    - Create a hub for resources with education and communication plan
    - Need more key stakeholders to participate in activities for stronger collaboration

- Leelanau County Family Coordinating Council: **Resources** was identified as the most important area to focus on in Leelanau County
  Specific to Resources, what improvements would you like to see in your Community System in the next three years?
    - Expanded mental health/substance use treatment opportunities, particularly inpatient/respite for youth

- Increased collaboration, better communication with all community stakeholders
- Increase Community buy-in/leader buy-in

- **Forces of Change Assessment**

The Forces of Change Assessment aims to answer the following questions: "What is occurring or might occur that affects the health of our community or the local system?" and "What specific threats of opportunities are generated by these occurrences?". Like the Community System Assessment, the Forces of Change Assessment was composed of community meetings convened virtually in the Northwest, Northeast, and North Central MiThrive Regions. It focused on trends, factors, and events outside our control within several dimensions, such as government leadership, government budgets/spending priorities, healthcare workforce, access to health services, economic environment, access to social services, and social context. Please see Appendix F for Event Agenda.

Top Forces of Change in the Northwest MiThrive Region

Categories of Forces	Top Forces in Northwest Region
Government Leadership And Spending/Budget Priorities	• Regional and State level approach • Government's diversity of priorities • Community awareness and involvement in decision-making
Sufficient Healthcare Workforce	• Retirement and burnout • Safe, affordable, and accessible housing • Mental health and providers
Access to health services	• Insurance dictates access to healthcare • Workforce shortages and staffing • Funding for health services in rural areas
Economic environment	• Safe, affordable, and accessible housing • Livable wage
Access to social services	• Mental health and substance misuse • Safe, affordable, and accessible housing • Broadband and skills to navigate virtual platforms
Social context	• Access to assistance (food, paying utility bills) • Broadband • Social justice, equity and inclusion
Impacts related to COVID-19	• Rurality, connectivity, transportation, technology, education • Mistrust • Mental health

Data Limitations

Community Health Status Assessment

- Since scores are based on comparisons, low scores can result even from very serious issues if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some data is missing for some counties. As a result, the "regional average" may not include all counties in the region. Additionally, some counties share data points. For example, in the Michigan Profile for Healthy Youth, data from Crawford, Ogemaw, Oscoda, and Roscommon counties is aggregated; therefore, each of these counties will have the same value in the MiThrive dataset.
- Secondary data tells only part of the story. Viewing all the assessments holistically is therefore necessary.
- Some data sources have not updated data since the past MiThrive cycle; therefore, values for some indicators may not have changed and cannot be used to show trends from last cycle to this cycle.

Community System Assessment

- Completing the Community System Assessment is a means to an end rather than an end in itself. The results of the assessment should inform and result in action to improve the Community System's infrastructure and capability to address health improvement issues.
- Each respondent self-reports with their different experiences and perspectives. Based on these perspectives, gathering responses for each question includes some subjectivity.
- When completing the assessment at the regional events or at the county level, there were time constraints for discussion, and some key stakeholders were missing from the table.
- Some participants tended to focus on how well their organization addressed the focus areas for health improvement rather than assessing the system of organizations as a whole.

Community Themes and Strengths Assessment (CTSA)

- A unique target number of completed CTSA Community Surveys was set for each county based on county population size. Survey responses were not weighted for counties who exceeded this target number.
- While the CTSA Community Survey was offered online and in-person, most surveys were collected digitally.
- Partial responses were removed from the CTSA Community Survey.

- Outreach and promotion for the CTSA Provider Survey was driven by existing MiThrive partners, which influenced the distribution of survey responses across provider entities.
- The CTSA Pulse Surveys were conducted across a wide variety of agencies and organizations. Additionally, survey delivery varied including in-person interview, over-the-phone interview, text survey, and paper format.

Forces of Change Assessment

- Participants self-selected into one of eight Forces of Change Assessment topic areas during the events and discussed forces, trends, and events using a standardized Facilitation Guide – although facilitators and notetakers differed for the topic areas and events.
- These virtual events removed some barriers for participants – although internet accessibility was a requirement to participate.
- When completing the assessment there were time constraints for discussion, and some key stakeholders were missing from the table.
- MiThrive staff selected the eight topic areas using the MAPP's guidance in addition to insights from the MiThrive Core Team members.
- COVID-19 was included as a standalone topic area, and all participants were advised of the topic areas and instructed to focus on their topic area with minimal discussion on COVID-19 unless it was their specific topic area.

Gaylord Region

Cheboygan, Montmorency, and Otsego Counties

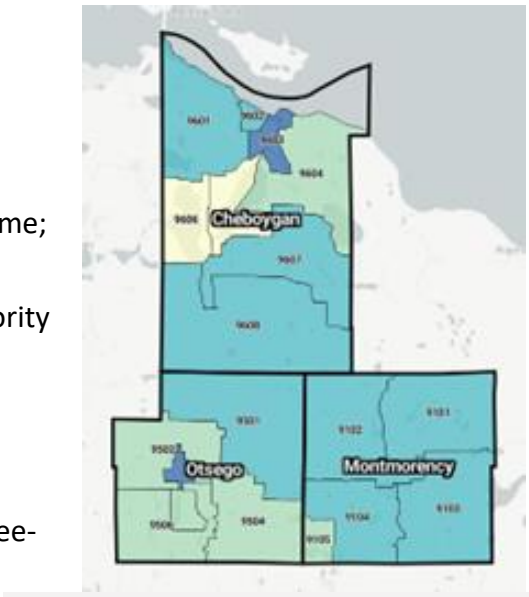
- **Community Health Status Assessment**

The Community Health Status Assessment identifies priority community health and quality of life issues. It answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?". The answers to these questions were measured by collecting 100 secondary indicators from different sources, including the Michigan Department of Health and Human Services, US Census Bureau, and US Centers for Disease Control and Prevention.

The Design Team assured secondary data included measures of social and economic inequity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35% of household income; high school graduation rate; income inequality; median household income; median value of owner-occupied homes; political participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and well-being. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English "less than well"; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

As illustrated in the map at right, most Census Tracts in the three-county area are classified as low to medium or moderate to high social vulnerability. There is only Census Tract, in eastern Cheboygan County, with low social vulnerability.



Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

Community Health Status Assessment indicators were collected and analyzed by county for MiThrive's 31-county region from the following sources:

- County Health Rankings
- Feeding America
- Kids Count
- Michigan Behavioral Risk Factor Surveillance Survey
- Michigan Cancer Surveillance Program
- Michigan Care Improvement Registry
- Michigan Health Statistics
- Michigan Profile for Healthy Youth
- Michigan School Data
- Michigan Secretary of State
- Michigan Substance Use Disorder Data Repository
- Michigan Vital Records
- Princeton Eviction Lab
- United for ALICE
- U.S. Census Bureau
- U.S. Health Resources & Services Administration
- U.S. Department of Agriculture

Each indicator was scored on a scale of zero to three by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region as well as state, national, and Healthy People 2030 targets when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data". **Of about 100 secondary indicators, there are 40 statistics in the three-county area that scored above 1.5, indicating they were worse than their MiThrive region or State rates:**

- Median household income
- Families living below Federal Poverty Level
- Population living below Federal Poverty Level
- Children living below Federal Poverty Level
- Students not proficient in Grade 4 English
- Children aged 0-5 in special education
- Special education % Child Find
- High school graduation rate
- Bachelor's degree or higher
- Average HPSA Score—Dental Health
- Average HSPA Score—Mental Health
- Fully immunized toddlers aged 19-35 months
- Median value of owner-occupied homes
- Renters (% of all occupied homes)
- Gross mortgage is >=35% of household income
- Gross rent is >=35% of household income
- Vacant housing units

- Child abuse and neglect
- Child food insecurity
- Population food insecurity
- Teens: 2+ ACEs
- Child food insecurity
- Population food insecurity
- Children aged 0-4 receiving WIC
- Colorectal cancer
- Adults: Ever told diabetes
- Adults: Heart Disease
- Teens: Asthma
- Pneumonia
- Teens: Overweight
- Adults: Overweight
- Adults: Binge drinking
- Teens: Used chew tobacco in past 30 days
- All cancer mortality
- Motor vehicle crash involving alcohol mortality
- Alzheimer's/Dementia mortality
- Chronic lower respiratory disease mortality
- Kidney disease mortality
- Alcohol induced mortality

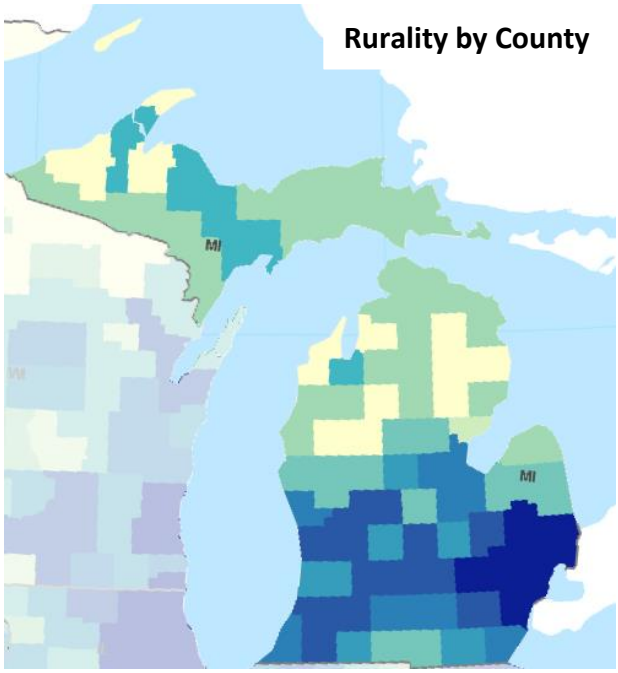
Please see Appendix B for values of indicators that scored above 1.5.

Geography and Population

The service area for Munson's Gaylord Region – which includes Munson Healthcare Otsego Memorial Hospital – is composed of Cheboygan, Montmorency, and Otsego counties. The three-county area is known for its clean environment and abundant resources for outdoor recreation. Most of the region is designated as "rural" by the U.S. Census Bureau. This is one of its most important characteristics, as rurality influences health and well-being.

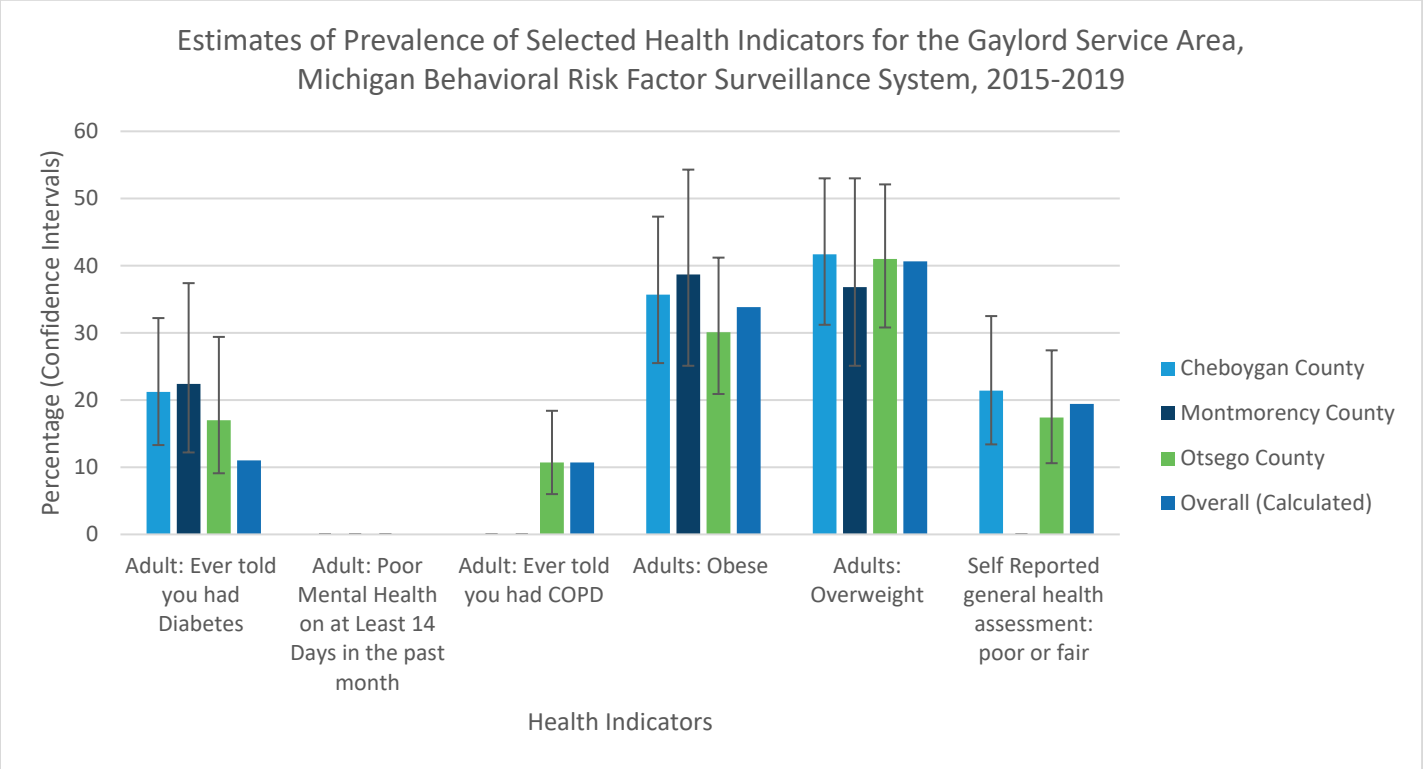
The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 59,272 people who live in the three-county region, 93.4% are white. The largest racial or ethnic minority groups are American Indian and Alaska Native (1.8%) Hispanic or Latino (1.7%) and Black or African American (.7%).

Rurality by County

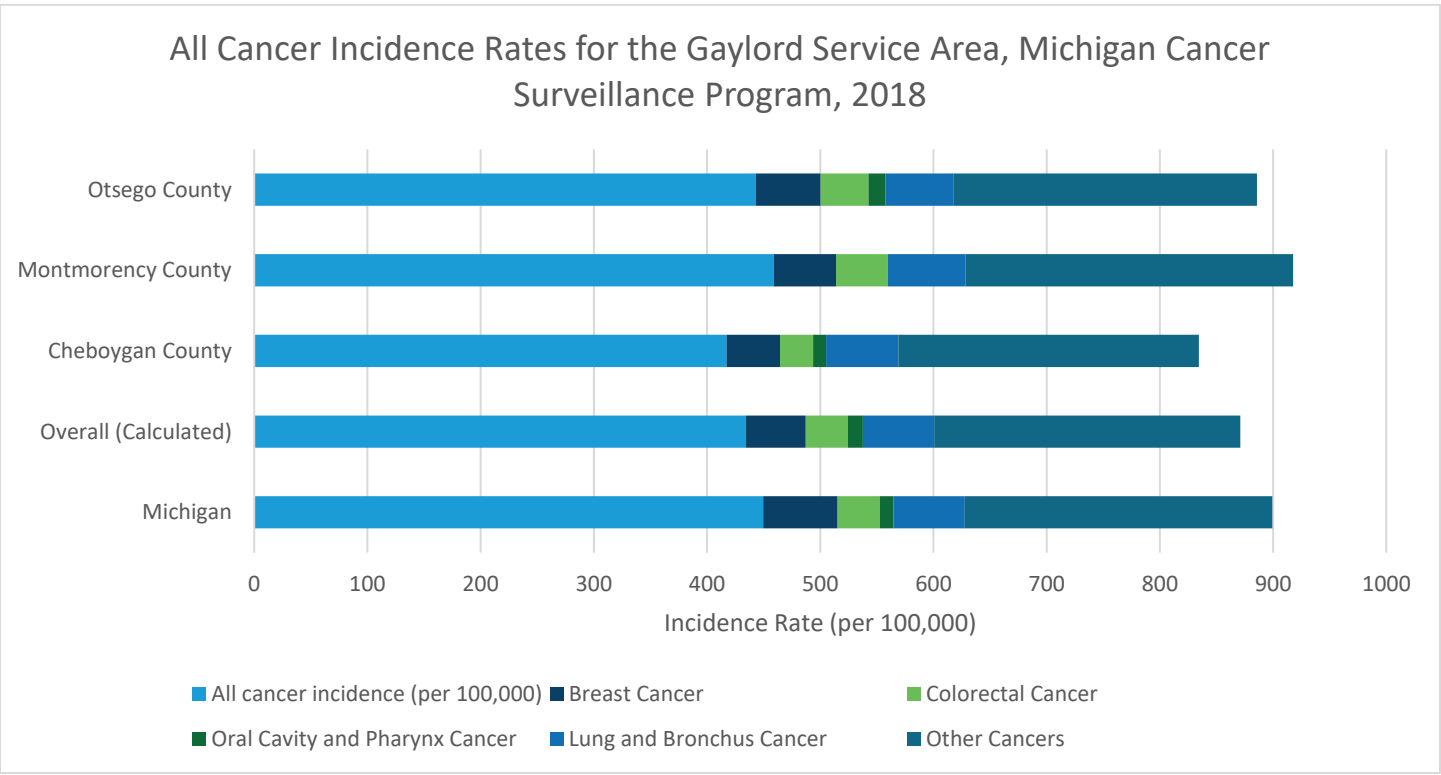


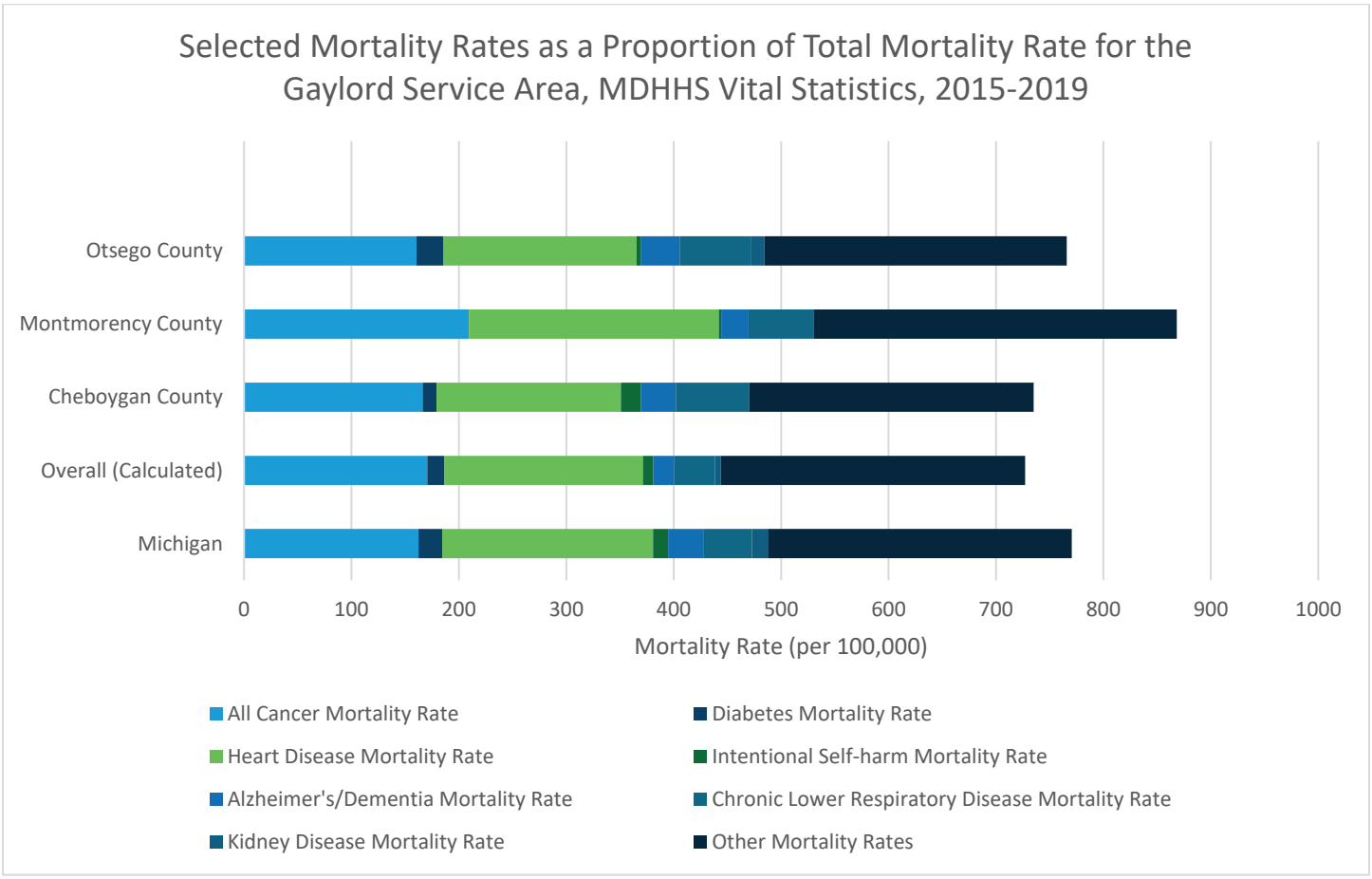
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

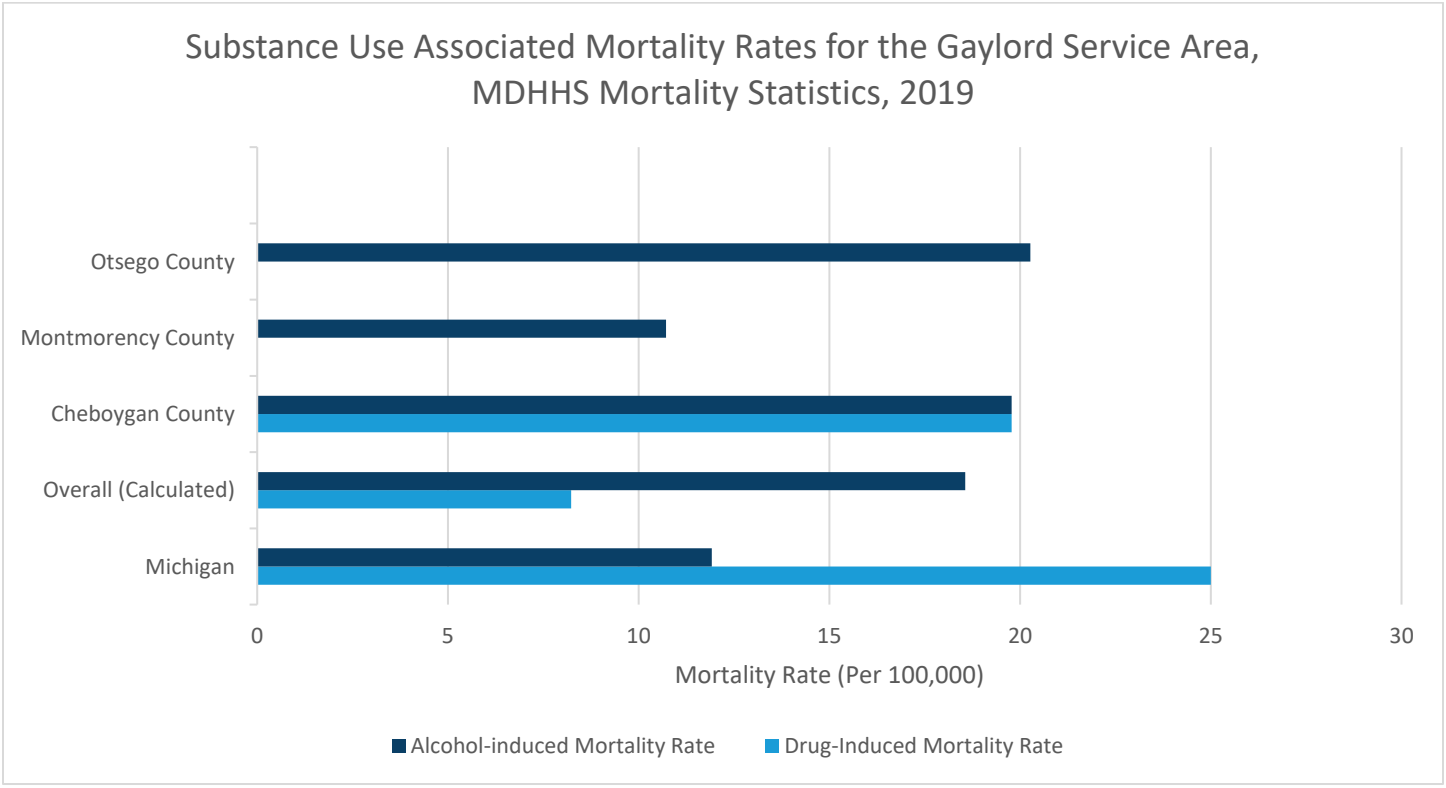
Selected Morbidity and Mortality Indicators for the Gaylord Service Area

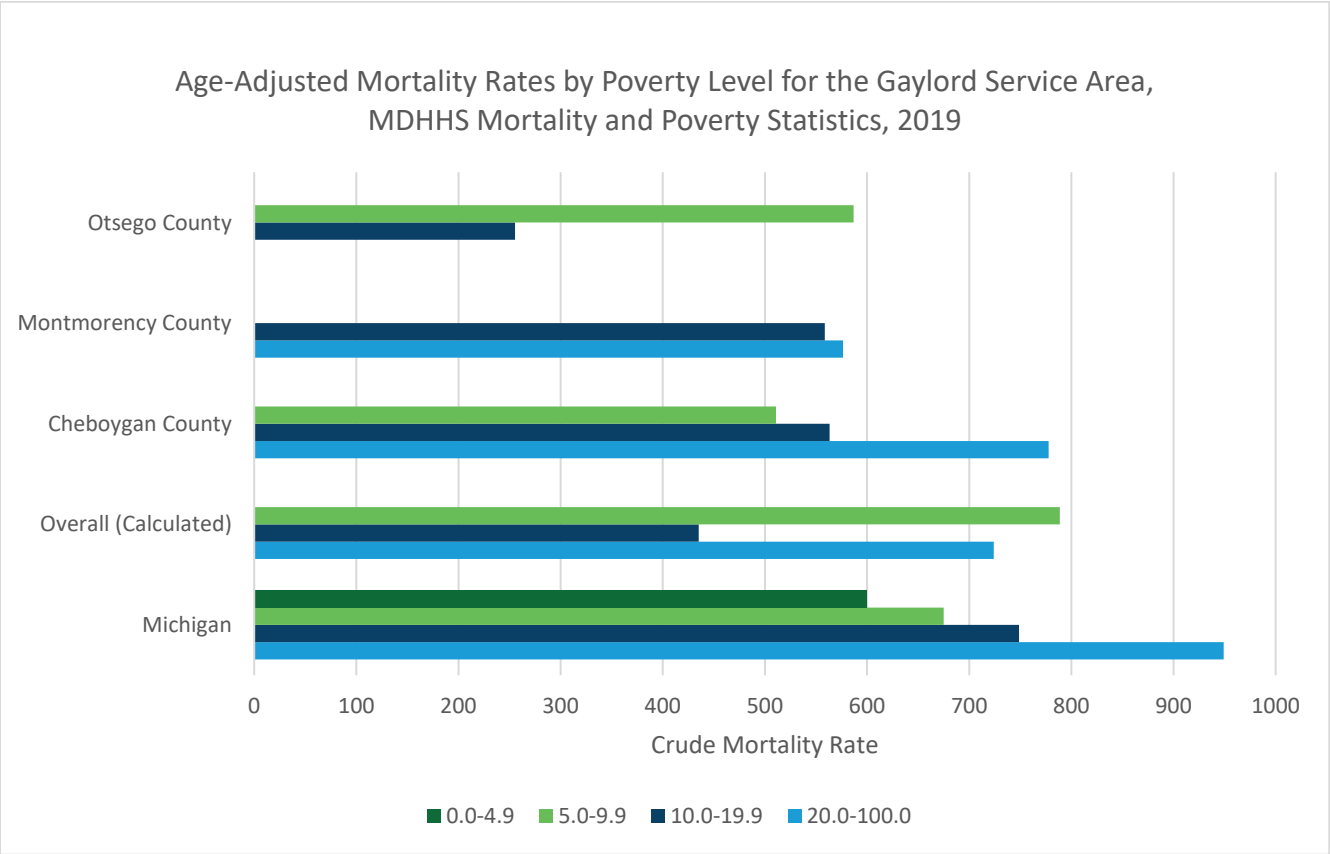


Note: Prevalence figures for all counties in the 'Adult: Poor Mental Health on at Least 14 Days in the past month 'category was suppressed due to low availability of data. Prevalence figures for Cheboygan County and Montmorency County in the 'Adult: Ever told you had COPD' category was suppressed due to low availability of data. In the case of those health indicators, counties for which data was suppressed were excluded from the calculated overall prevalence figures.

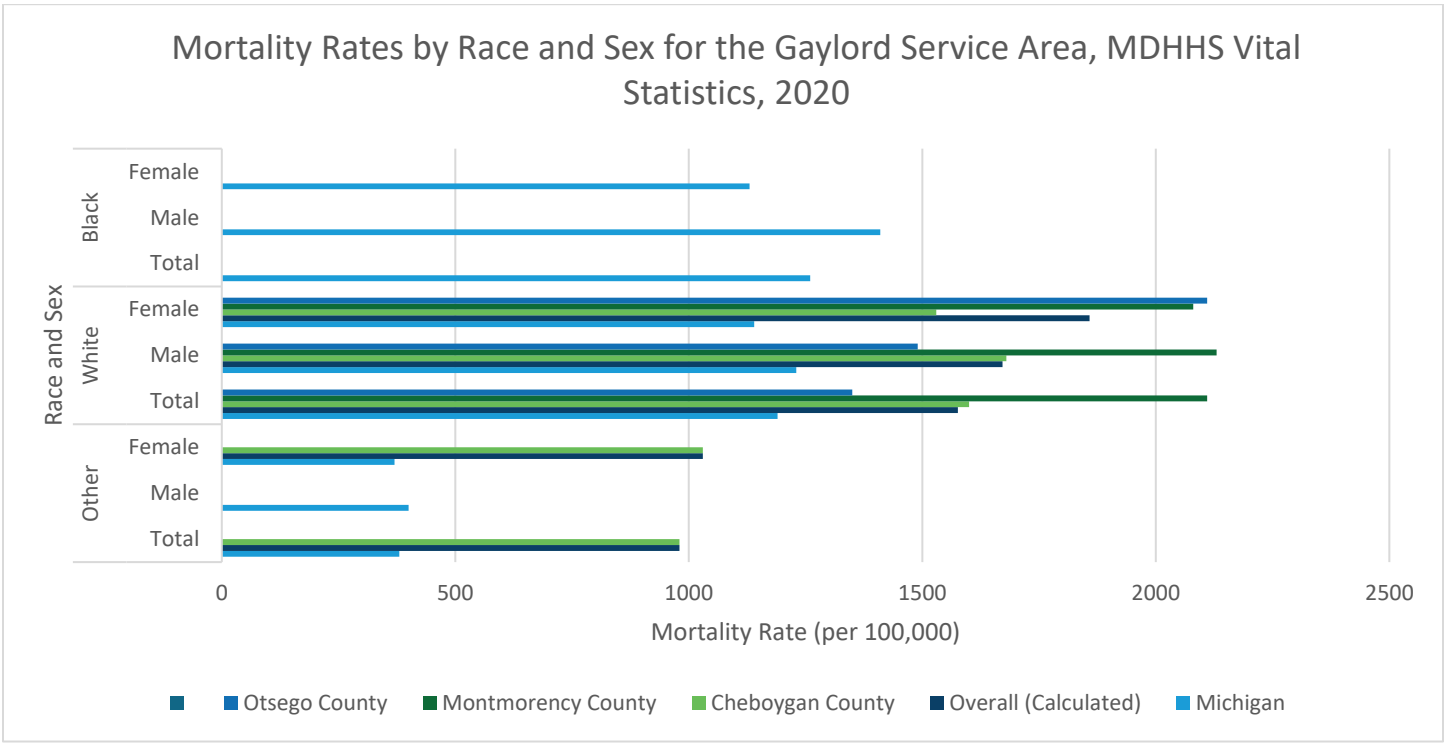


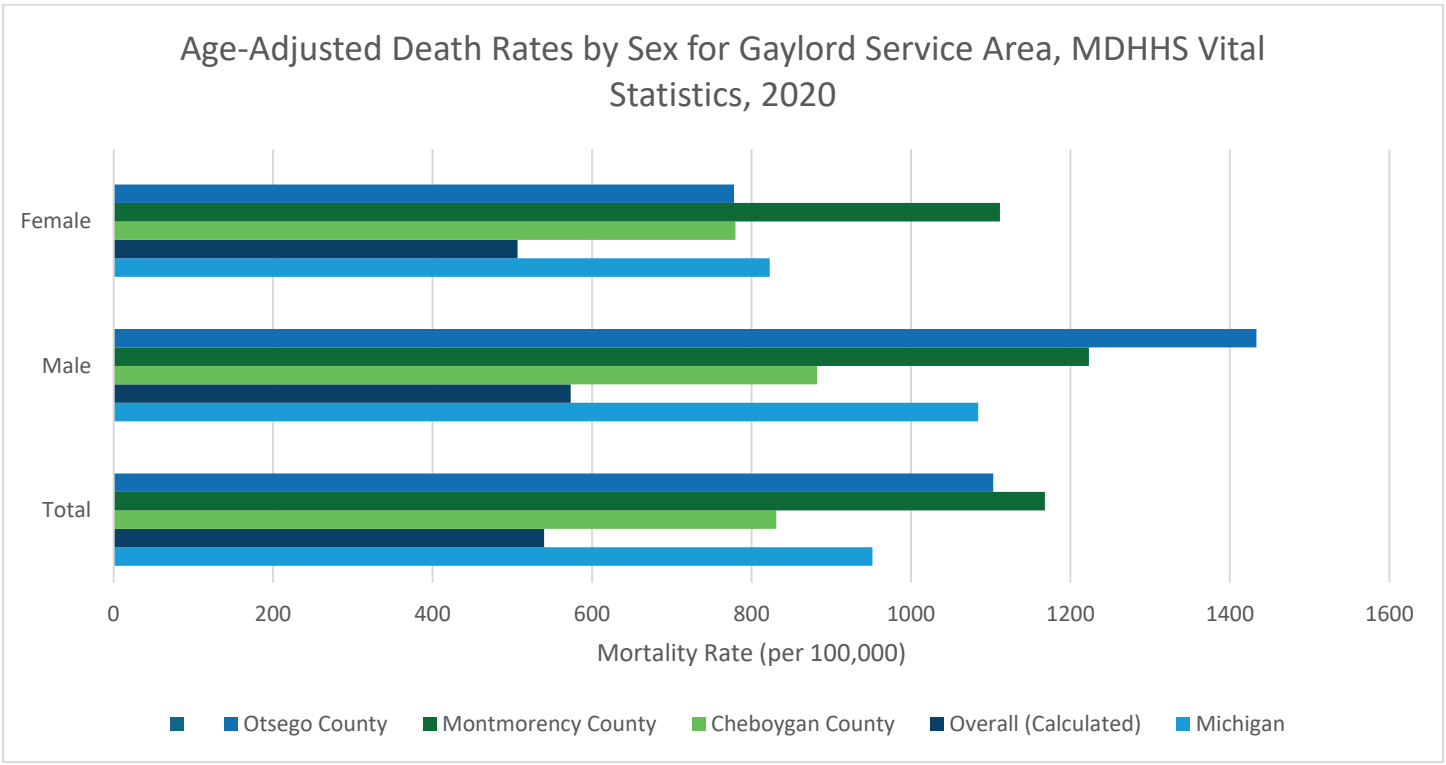

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Gaylord Service Area, MDHHS Vital Statistics, 2015-2019
Otsego County
Montmorency County
Cheboygan County
Overall (Calculated)
Michigan
0
100
200
300
400
500
600
700
800
900
1000
Mortality Rate (per 100,000)
All Cancer Mortality Rate
Diabetes Mortality Rate
Heart Disease Mortality Rate
Intentional Self-harm Mortality Rate
Alzheimer's/Dementia Mortality Rate
Chronic Lower Respiratory Disease Mortality Rate
Kidney Disease Mortality Rate
Other Mortality Rates


Substance Use Associated Mortality Rates for the Gaylord Service Area, MDHHS Mortality Statistics, 2019
Otsego County
Montmorency County
Cheboygan County
Overall (Calculated)
Michigan
0
5
10
15
20
25
30
Mortality Rate (Per 100,000)
Alcohol-induced Mortality Rate
Drug-Induced Mortality Rate



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.





Note: Age-adjustment was performed using the standardized population from the United States Census, 2000.

- **Community Themes and Strengths Assessment**

The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the following questions:

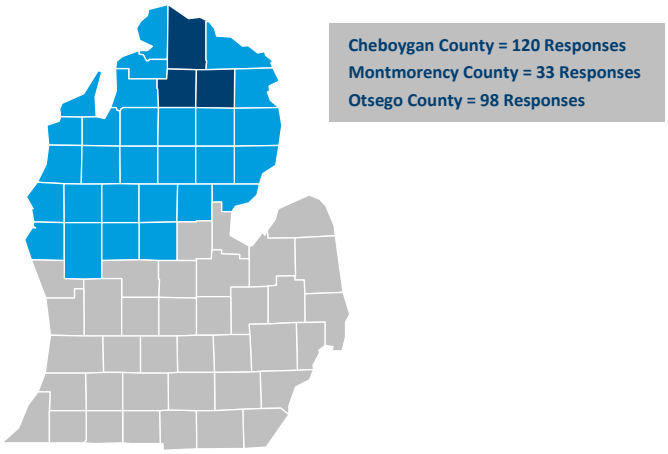
"What is important to our community?"
"How is quality perceived in our community?"
"What assets do have that can be used to improve well-being?"

For the Community Themes and Strengths Assessment, the MiThrive Design Team designed three types of surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey. (Please see Appendix D for survey instruments).

- **Community Survey**
  The Community Survey asked 18 questions about what is important to the community and what factors are impacting the community, plus quality of life, built environment, and demographic questions. The Community Survey also asked respondents to identify assets in their communities. Please see Appendix D for assets identified for Cheboygan, Montmorency, and Otsego Counties.

Community Surveys were administered electronically and via paper format in both English and Spanish. The electronic version of the survey was available through an electronic link and QR code.

A total of **251 community survey** responses were collected in **Cheboygan, Montmorency, and Otsego Counties**.



The survey was open from Monday, October 4, 2021 to Friday, November 5, 2021. Five $50 gift cards were used as an incentive for completing the survey. Partner organizations supported survey promotion through social media and community outreach. Promotional materials developed for Community Survey include a flyer, social media content, and press release. Two-hundred and fifty-one Community Surveys were collected from Cheboygan, Montmorency, and Otsego Counties.

Survey respondents were asked to imagine a ladder with steps numbered from zero at the bottom to ten at the top. The **top of the ladder represented the best possible life (10)** and the **bottom of the ladder represented the worst possible life (0)**. Survey respondents identified where they felt they stood on the ladder at the time of completing the survey (Figure 1) and where they felt they would stand three years from now (Figure 2).

Figure 1: 31.70% of individuals in Cheboygan, Montmorency, and Otsego Counties are currently either struggling or suffering compared to 62.90% who are thriving (n=248).

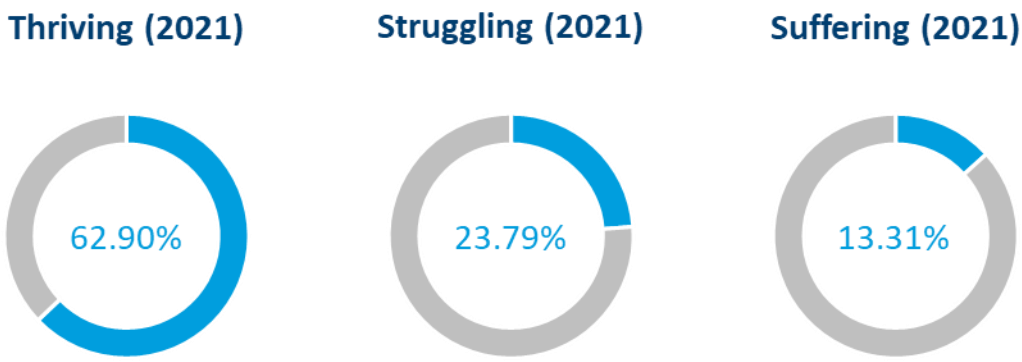
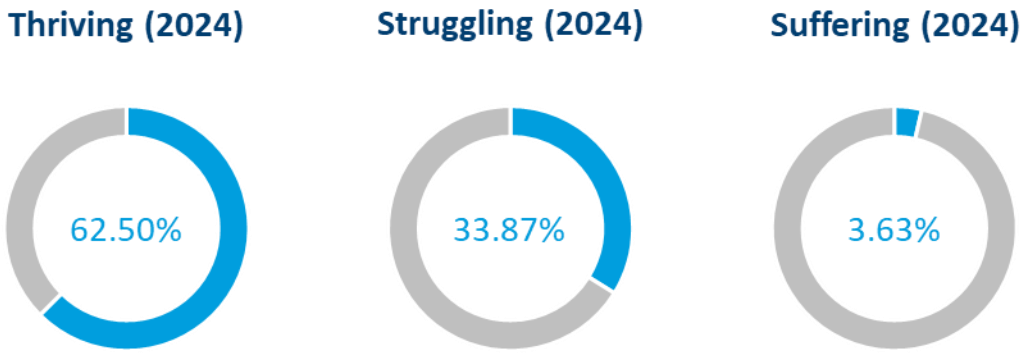
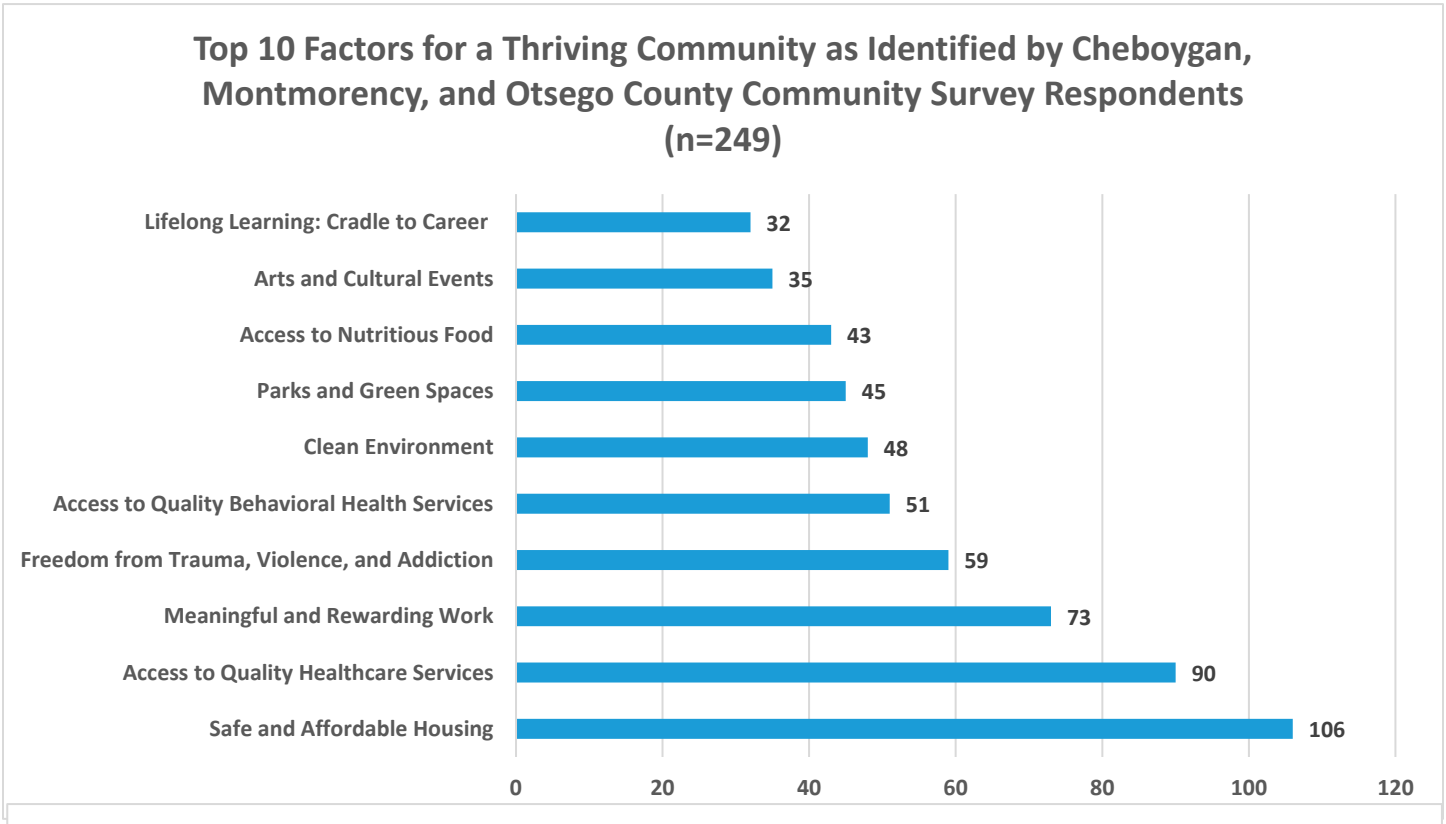


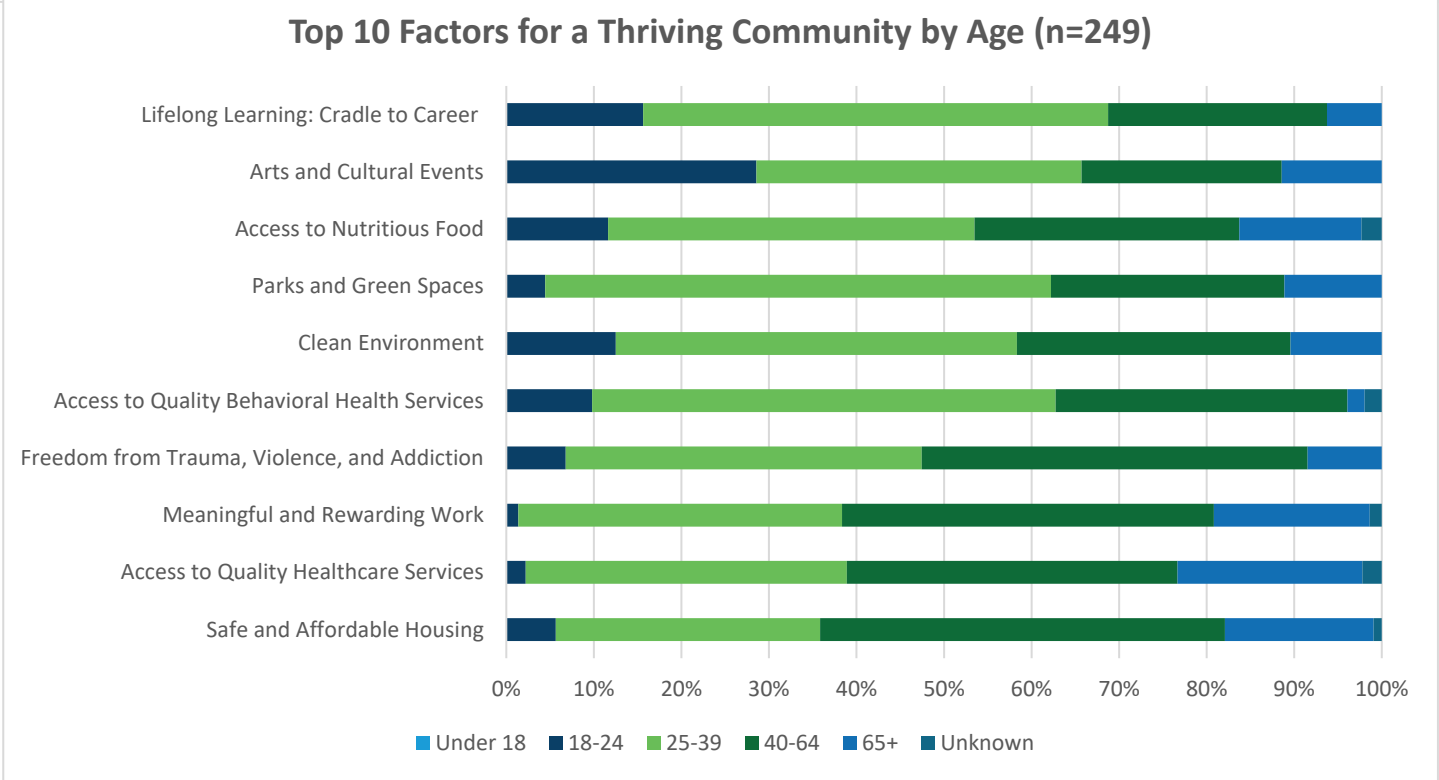
Figure 2: 37.50% of individuals in Cheboygan, Montmorency, and Otsego Counties predict they will either be struggling or suffering compared to 62.50% who predict they will be thriving three years from now (n=248).



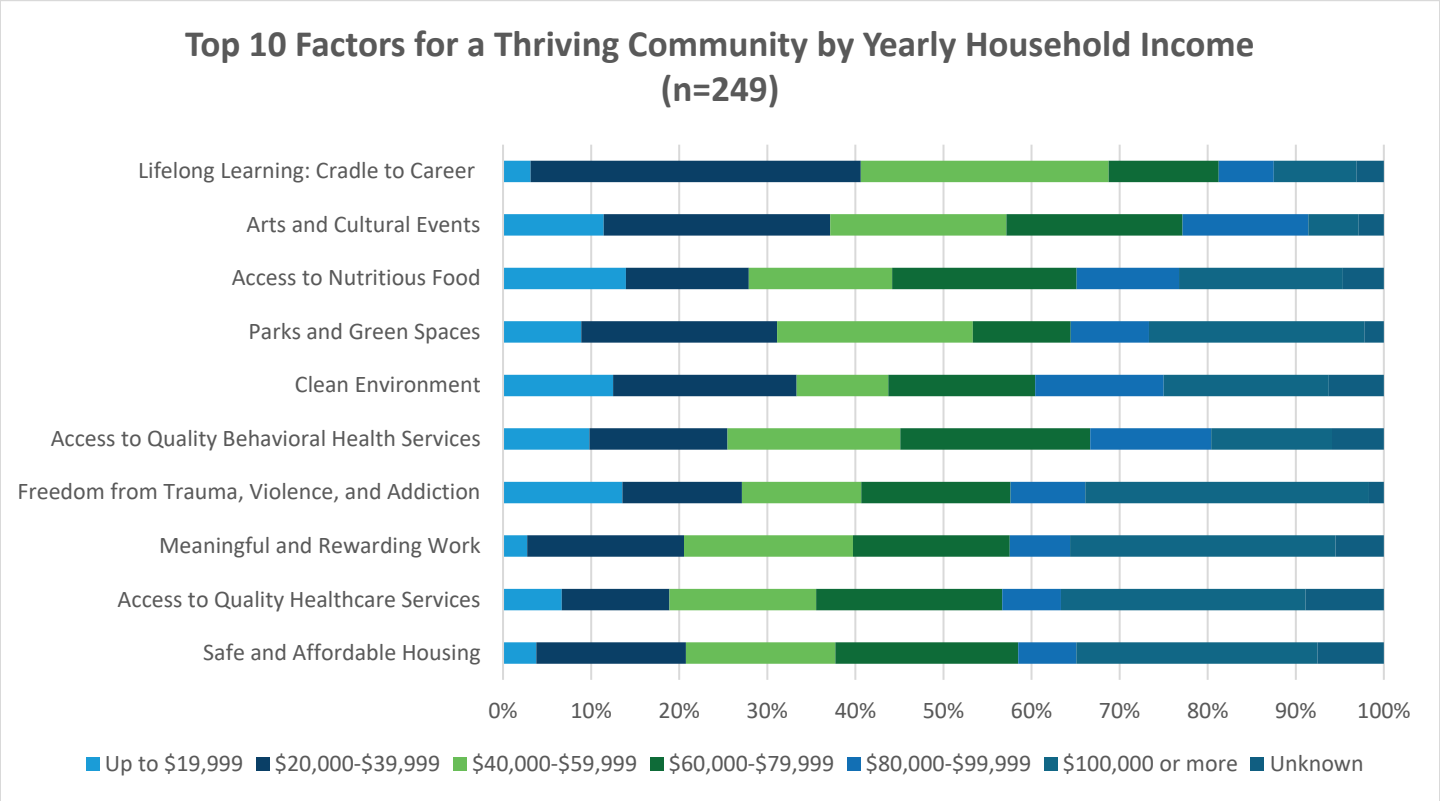
On average, individuals in Cheboygan, Montmorency, and Otsego Counties felt they would move **.78 of a step higher** on the ladder three years from how they scored themselves presently (n=248).

**The Cantril-Ladder self-anchoring scale is used to measure subjective wellbeing. Scores can be grouped into three categories – thriving, struggling, and suffering. Cantril's Ladder data was analyzed separately for the purpose of the 2021 MiThrive Community Health Needs Assessment.*

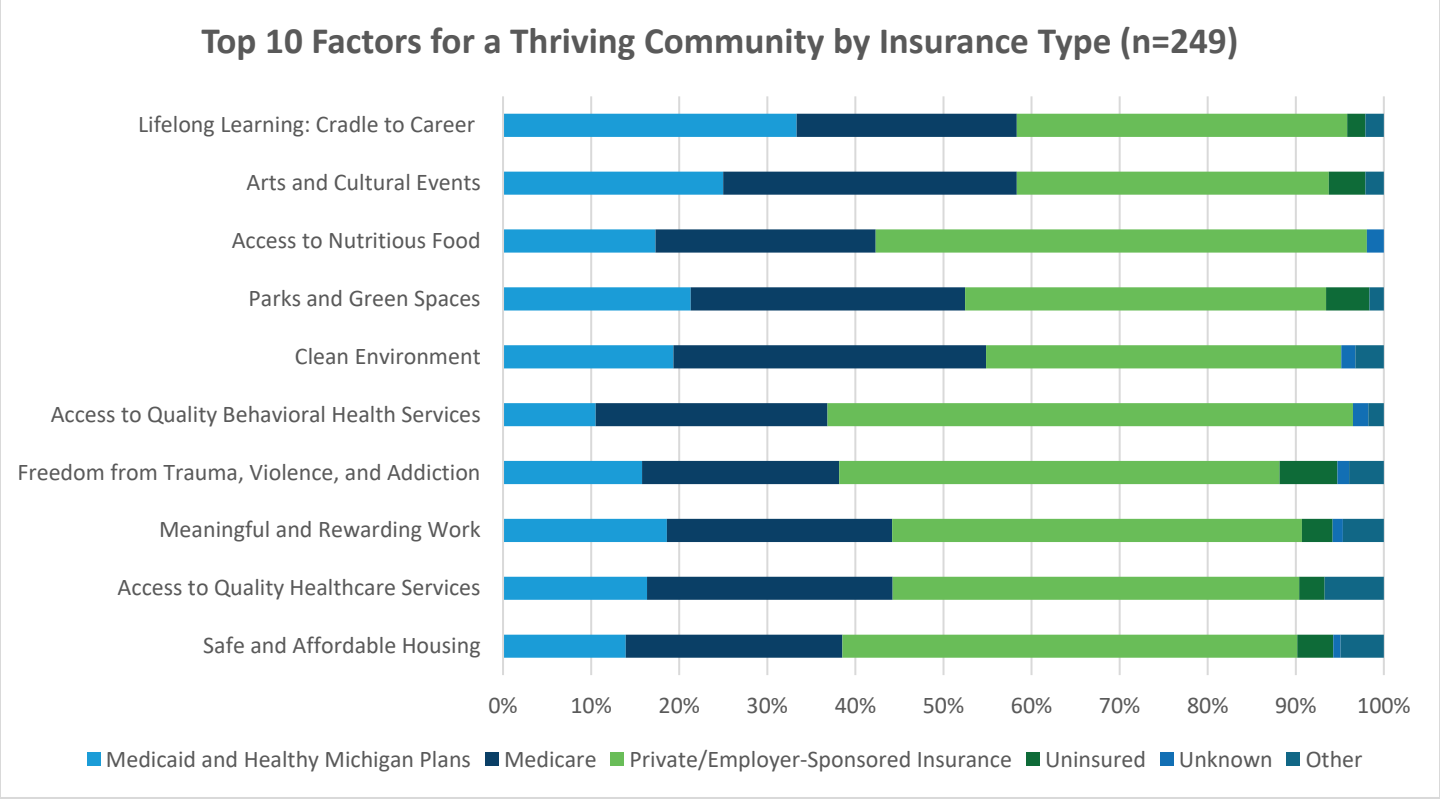




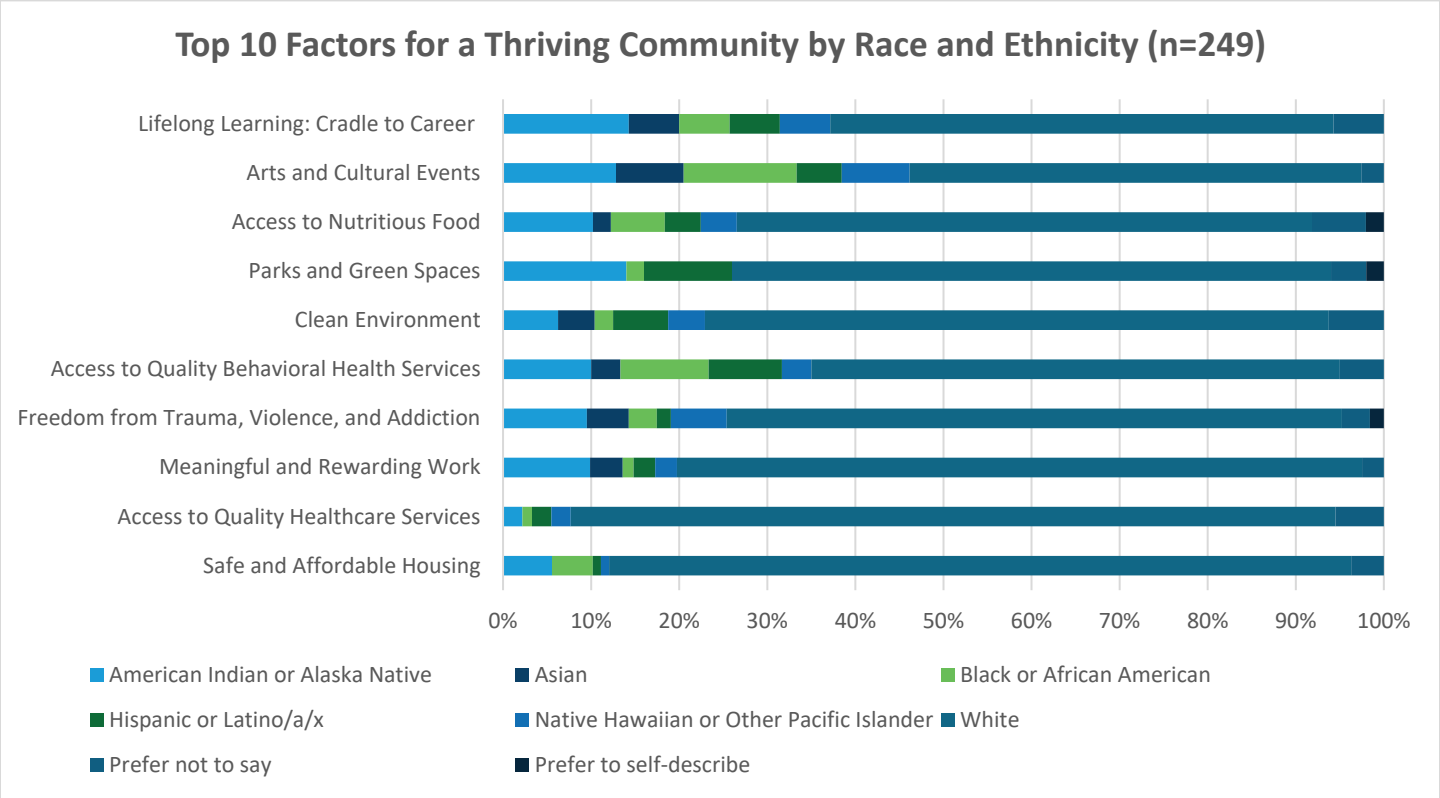
Individuals **aged 18-24** make up a larger proportion of those who thought **arts and cultural events** was an important factor for a thriving community in comparison to the other nine top factors.



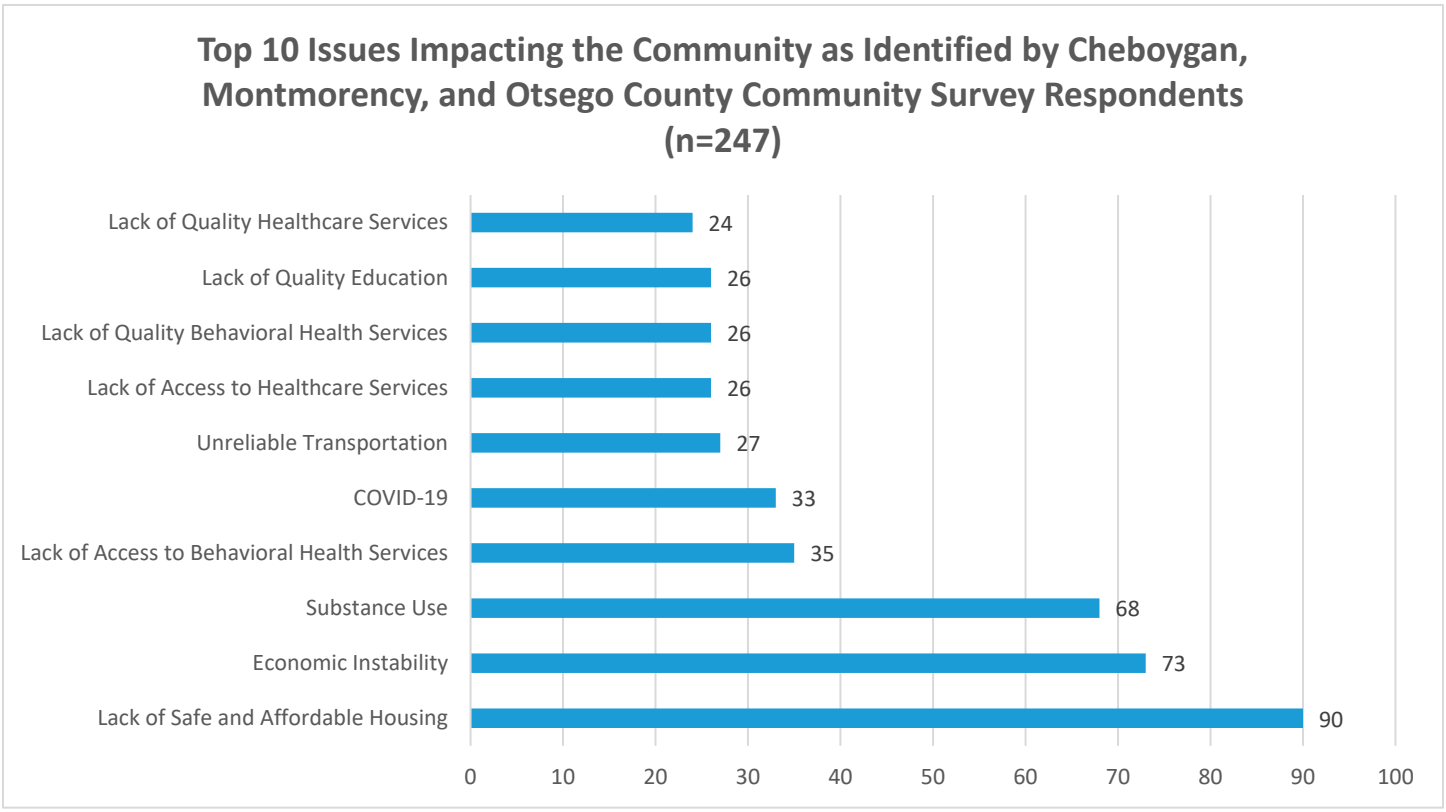
Individuals with a **yearly household income of $20,000-$39,999** make up a larger proportion of those who thought **lifelong learning: cradle to career** was an important factor for a thriving community in comparison to the other nine top factors.

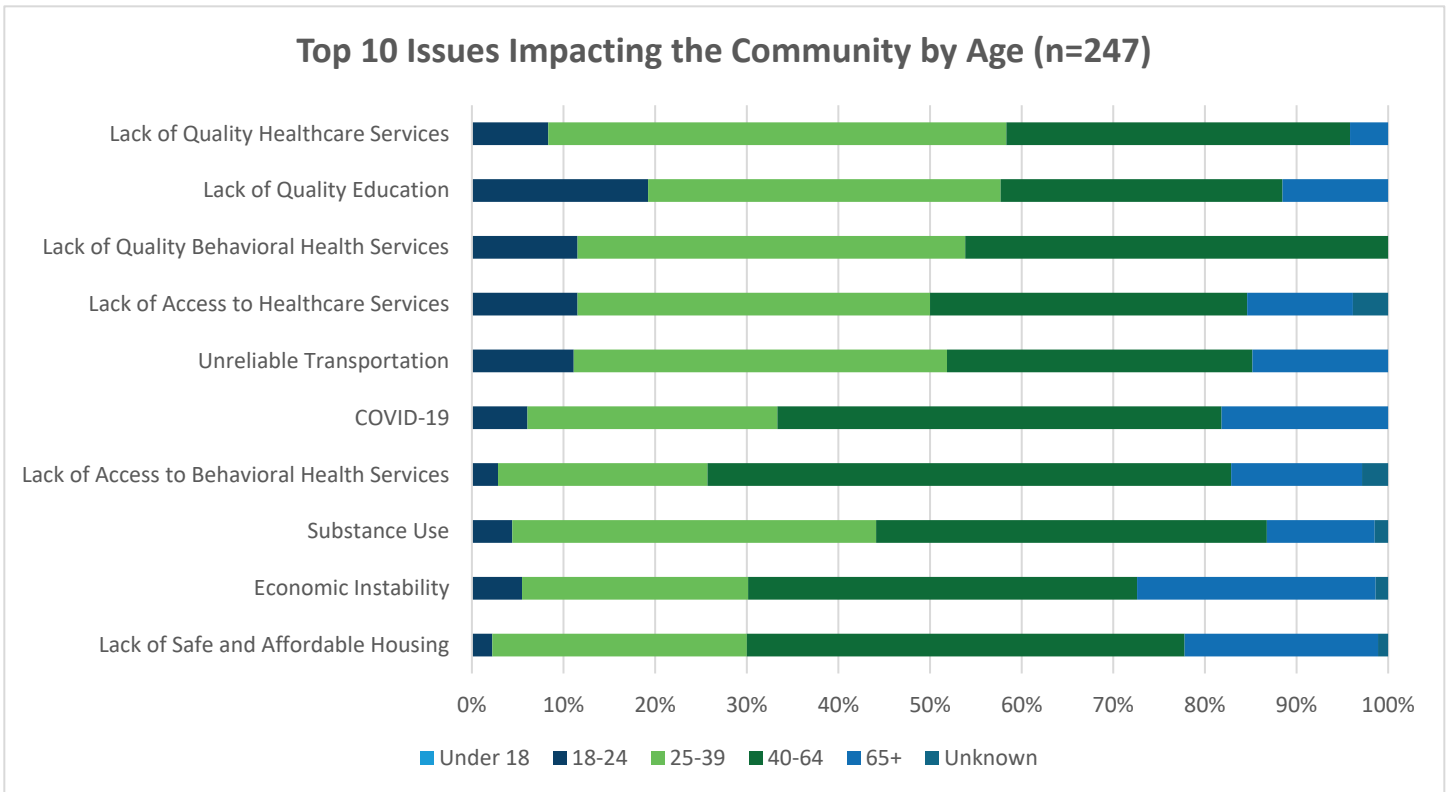


Individuals with **private/employer-sponsored insurance** make up a larger proportion of those who thought **access to quality behavioral health services** was an important issue impacting the community in comparison to the other nine top issues.



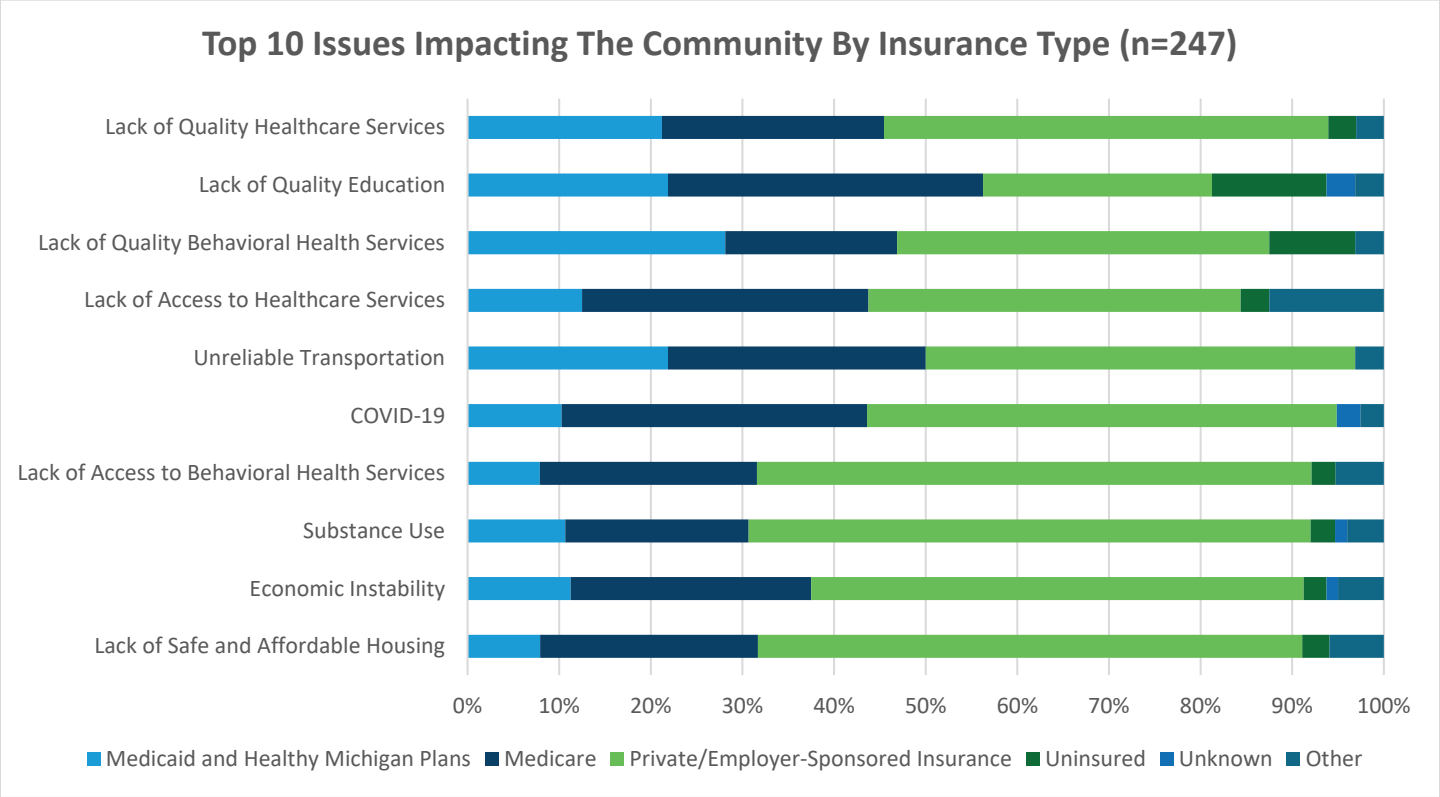
Racial and ethnic minority groups make up a larger proportion of those who thought **arts and cultural events** was an important factor for a thriving community in comparison to the other nine top factors.

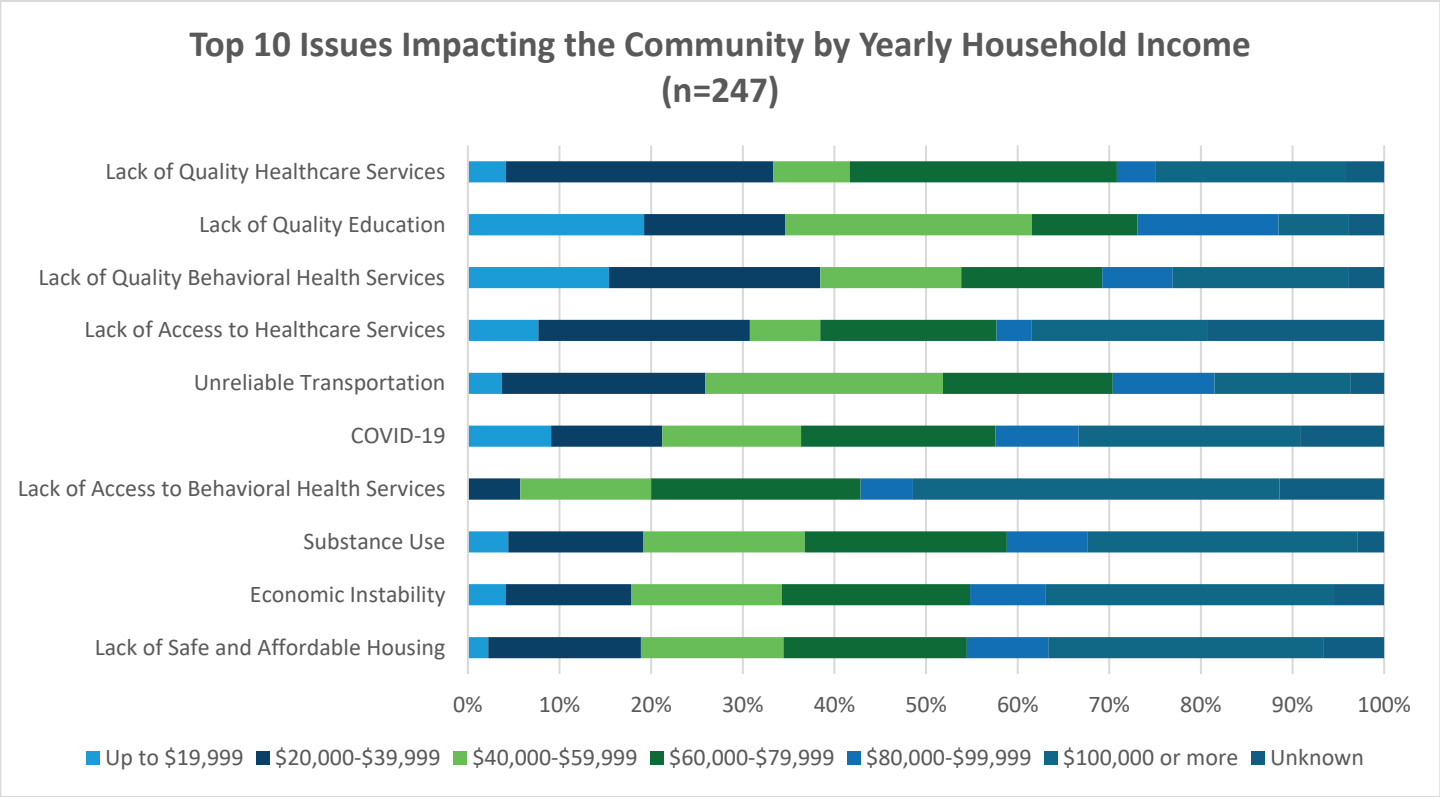




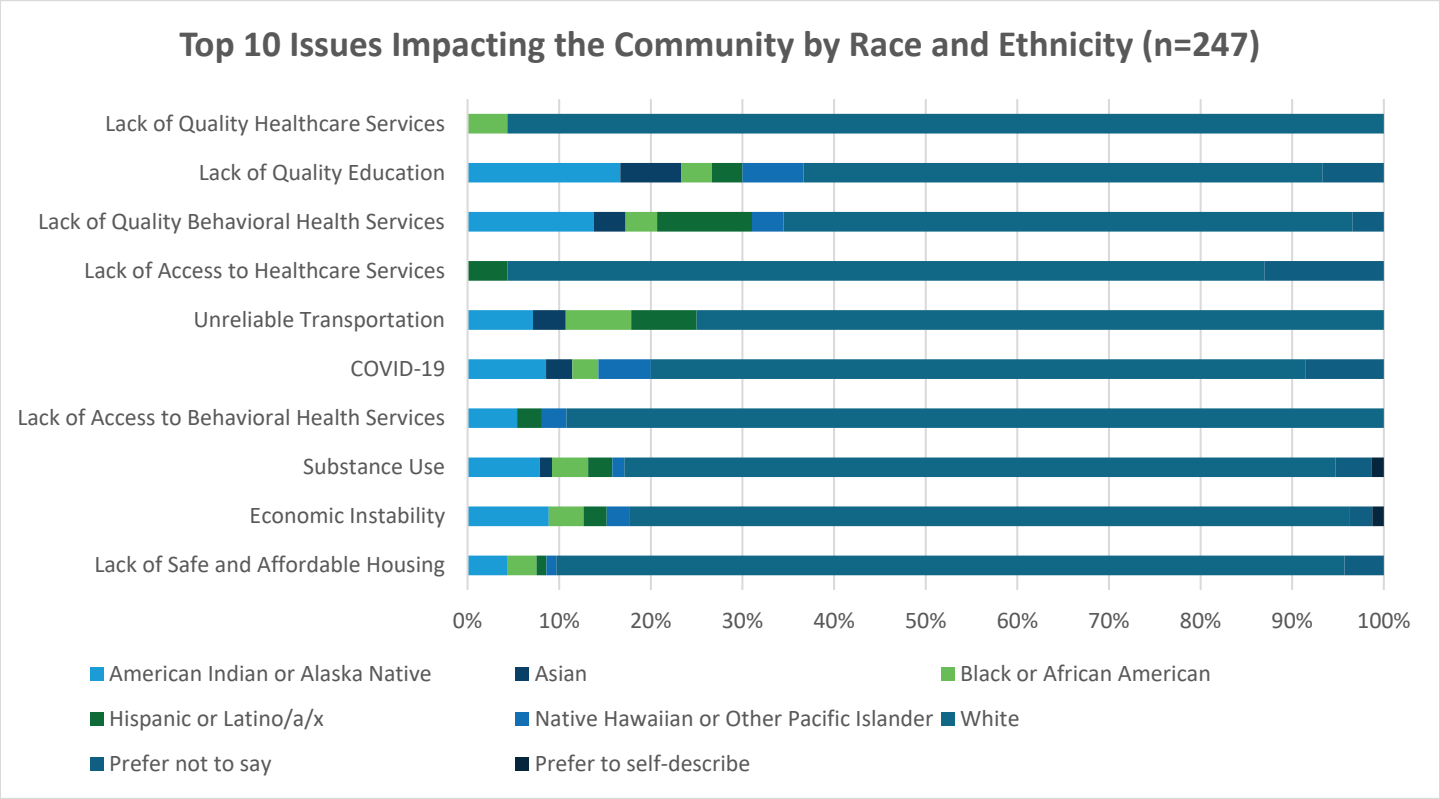
Individuals **age 65+** make up a larger proportion of those who thought **economic instability** was an important issue impacting the community in comparison to the other nine top issues.

Individuals with a **yearly household income of $60,000-$79,999** make up a larger proportion of those who thought **lack of quality healthcare services** was an important issue impacting the community in comparison to the other nine top issues.



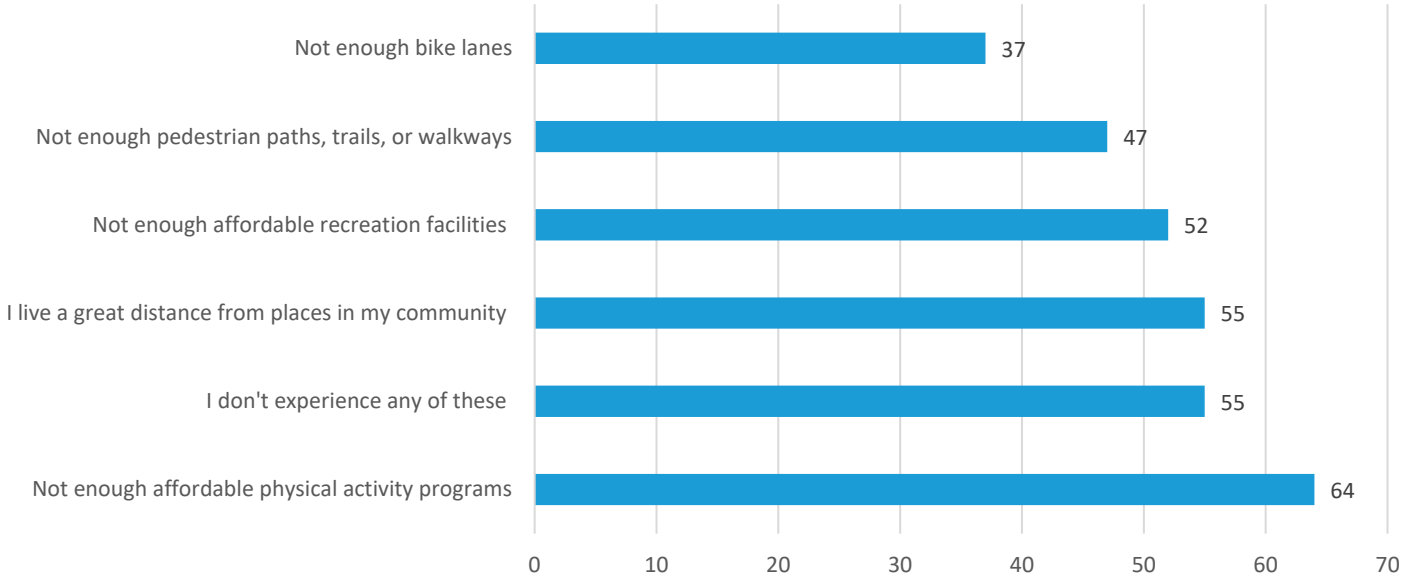


Individuals with **Medicaid and Healthy Michigan Plans** make up a larger proportion of those who thought **lack of quality behavioral health services** was an important issue impacting the community in comparison to the other nine top issues.

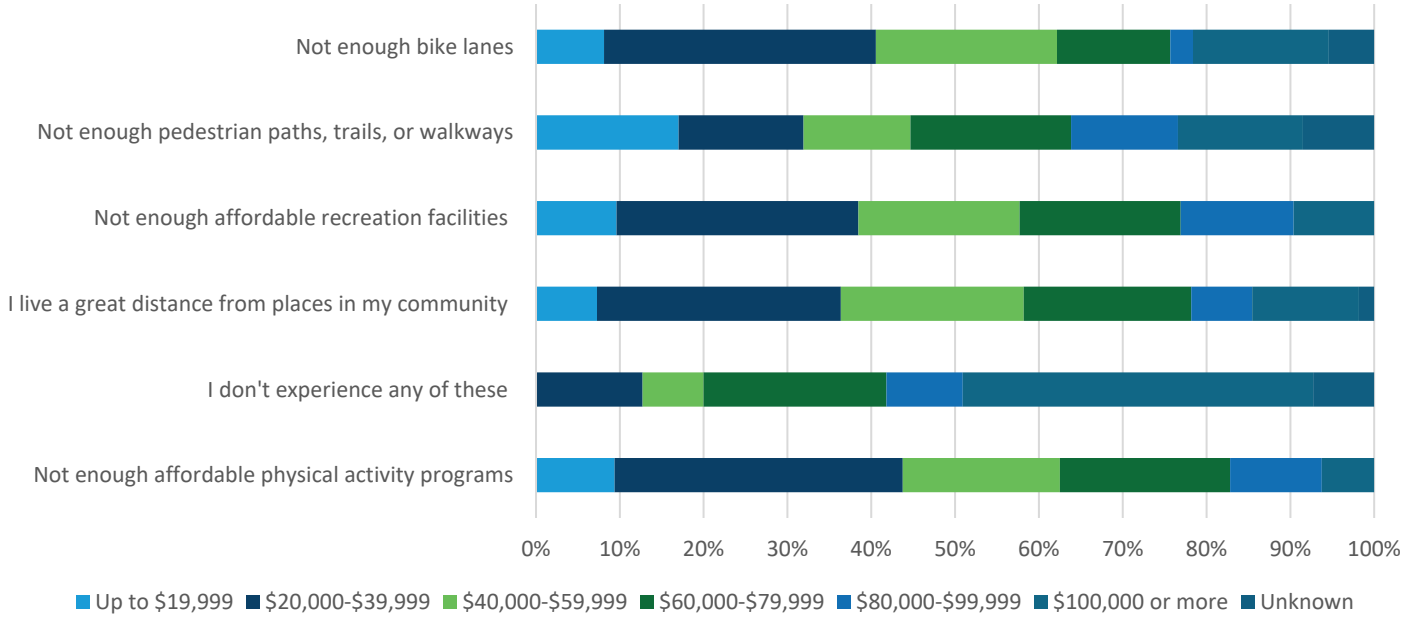


Racial and ethnic minority groups make up a larger proportion of those who thought **lack of quality education** was an important issue impacting the community in comparison to the other nine top issues.

Top 5 Issues Preventing Individuals from Engaging in More Physical Activity as Identified by Cheboygan, Montmorency, and Otsego County Community Survey Respondents (n=247)



Top 5 Issues Preventing Individuals from Engaging in More Physical Activity by Income (n=247)



Individuals with a **yearly household income up to $19,999** make up a larger proportion of those who said **not enough pedestrian paths, trails, or walkways** prevented them from being more physically active in their community compared to the other top issues.

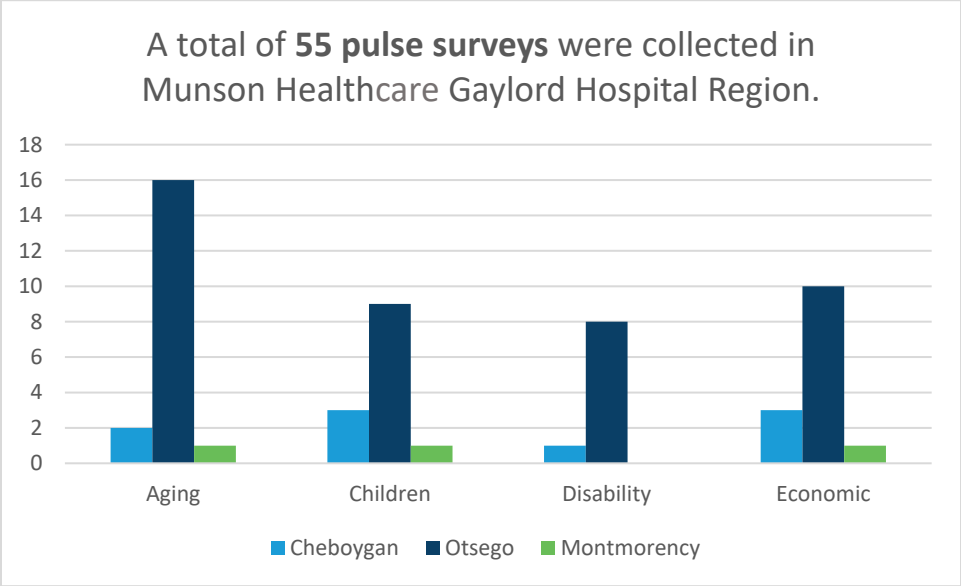
- **Pulse Survey**

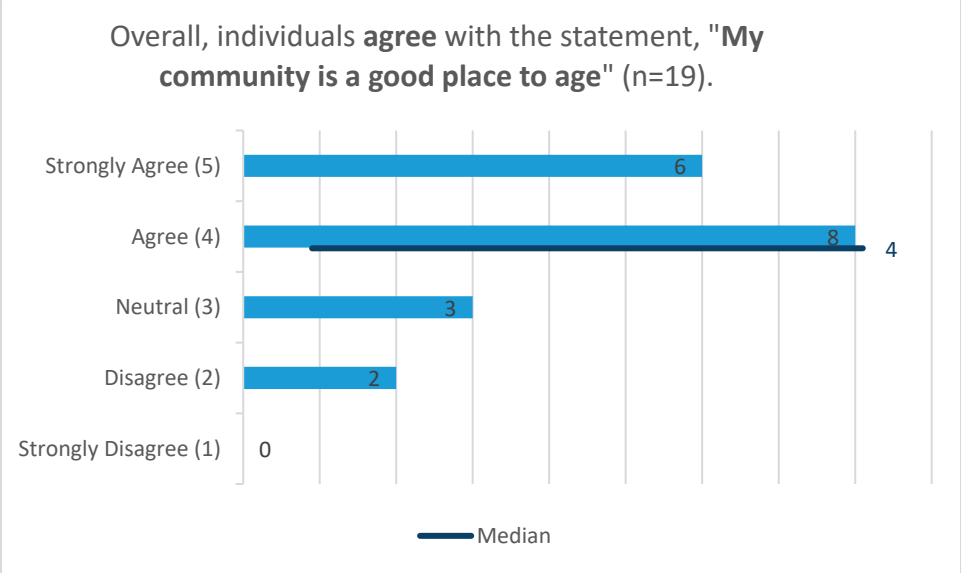
  The purpose of the Pulse Survey was to gather input from people and populations facing barriers and inequities in the 31-county MiThrive region. It was a four-part data collection series, where each topic-specific questionnaire was conducted over a two-week span resulting in an eight-week data collection period. This data collection series included four three-question surveys targeting key topic areas to be conducted with clients and patients.

  The Pulse Surveys were designed to be woven into existing intake and appointment processes of participating agencies/organizations. Community partners administered the Pulse Survey series between July 26, 2021 and September 17, 2021, using a variety of delivery methods including in-person interviews, phone interviews, in-person paper surveys, and through client text services. Pulse Survey questionnaires were provided in English and Spanish.

  Each Pulse Survey focused on a different quality of life topic area (aging, economic security, children, and disability) using a Likert-scale question and open-ended topic-specific question. Additionally, each survey included an open-ended equity question. Within Cheboygan, Montmorency, and Otsego Counties, 19 aging, 13 children, 9 disability, and 14 economic responses were collected.

  The target population for the Pulse Survey series included those historically excluded, economically disadvantaged, older adults, racial and ethnic minorities, those unemployed, uninsured and under-insured, Medicaid eligible, children of low-income families, LGBTQ+ and gender non-conforming, people with HIV, people with severe mental and behavioral health disorders, people experiencing homelessness, refugees, people with a disability, and many others.


A total of 55 pulse surveys were collected in Munson Healthcare Gaylord Hospital Region.
18
16
14
12
10
8
6
4
2
0
Aging
Children
Disability
Economic
Cheboygan
Otsego
Montmorency


Overall, individuals agree with the statement, "My community is a good place to age" (n=19).
Strongly Agree (5)
Agree (4)
Neutral (3)
Disagree (2)
Strongly Disagree (1)
6
8
4
3
2
0
Median

Key themes that emerged from pulse survey responses that rated the following the statement low, "My community is a good place to age."

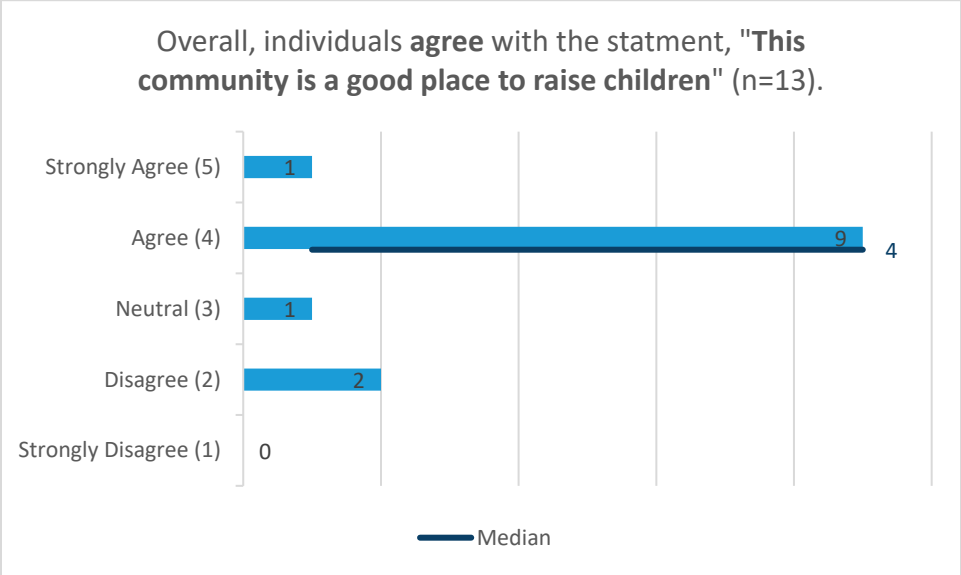
1	Lack of Resources
2	Lack of Transportation
3	Poverty
4	Geographic Location/Rurality
5	Lack of Housing
6	Social Stigma and Discrimination
7	Lack of Healthcare

**Themes emerged from the 10-county MiThrive Northeast Region data.*

Thinking more broadly, what are some ways in which your community could ensure everyone has a chance at living the healthiest life possible?

1	Improve Built Environment
2	Promote Community Engagement
3	Improve Outreach Efforts
4	Promote Nutrition and Physical Activity
5	Improved Transportation
6	Improve the Healthcare System
7	Increase Housing Options
8	Promote Social Justice
9	Greater Focus on Mental Health

**Themes emerged from the 10-county MiThrive Northeast Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "This community is a good place to raise children."

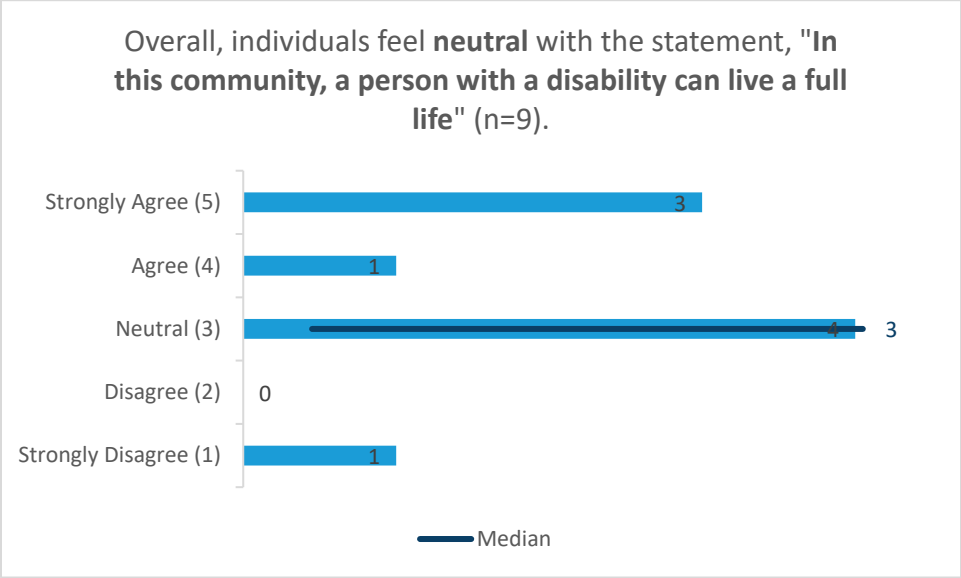
1	Lack of Resources
2	Poverty
3	Safety Concerns

**Themes emerged from the 10-county MiThrive Northeast Region data.*

Thinking more broadly, how can we come together so that people promote each other's well-being and not just their own?

1	Strengthen Community Connection and Support
2	Affordable Recreation Opportunities
3	Address Political Division
4	Increase Mental Health Supports
5	More Resources and Services
6	Strengthen Family Support

**Themes emerged from the 10-county MiThrive Northeast Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "In this community, a person with a disability can live a full life."

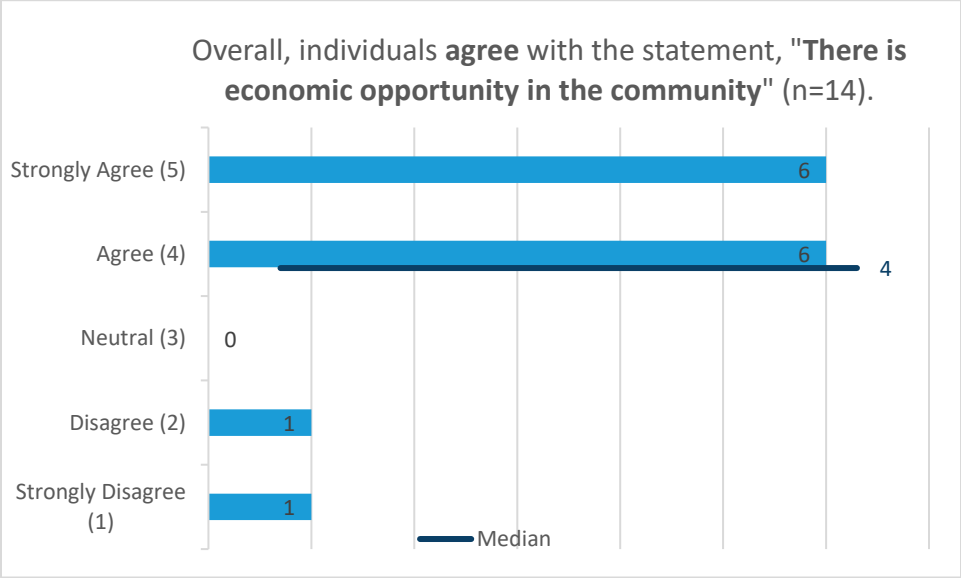
1	Lack of Resources
2	Lack of Accessible Infrastructure
3	System Issues
4	Geographic Location/Rurality
5	Need for More Community Support
6	Poverty

**Themes emerged from the 10-county MiThrive Northeast Region data.*

Thinking more broadly, think about groups that experience relatively good health and those that experience poor health. Why do you think there is a difference?

1	Lack of Healthcare
2	Poverty
3	System Navigation Issues
4	Lack of Education
5	Need for Increased Community Support
6	Lack of Resources
7	Lack of Insurance

**Themes emerged from the 10-county MiThrive Northeast Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "There is economic opportunity in the community."

1	Job Availability
2	Lack of Housing
3	Poor Wages
4	Lack of Resources
5	Childcare
6	Transportation/Commute
7	Rurality/Geographic Location

**Themes emerged from the 10-county MiThrive Northeast Region data.*

Thinking more broadly, how would you ensure that people in tough life circumstances come to have as good a chance as others do in achieving good health and wellbeing over time?

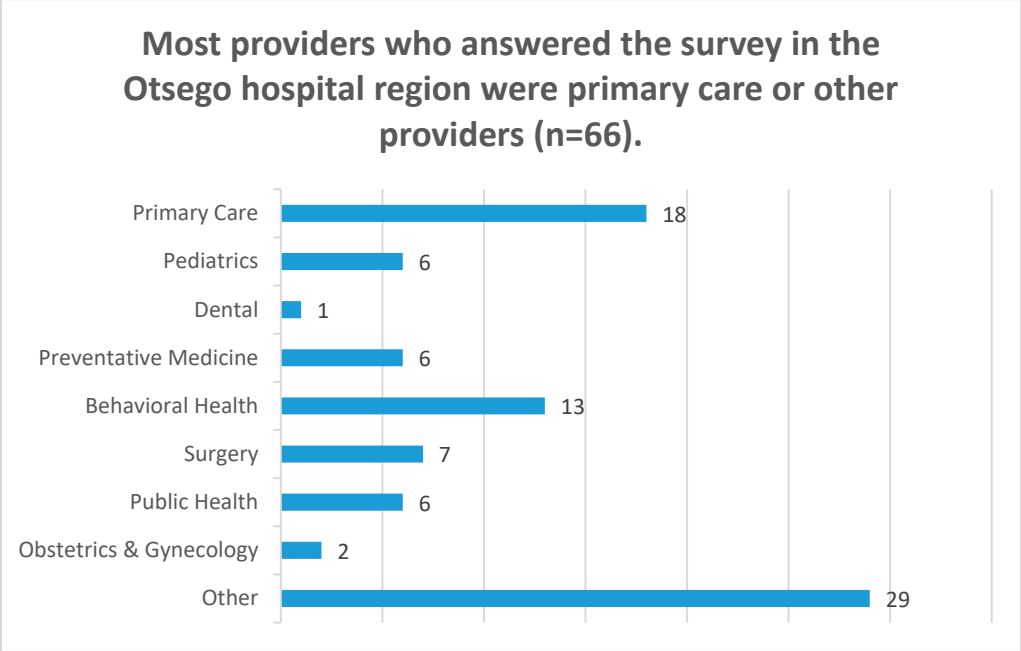
1	Change in Healthcare System
2	Increase Financial Assistance/Government Assistance
3	More Resource Navigation
4	Increased Education and Job Availability
5	Increased Community Support/Support Systems
6	More Affordable and Accessible Childcare
7	More COVID-19 Prevention Measures
8	Insurance

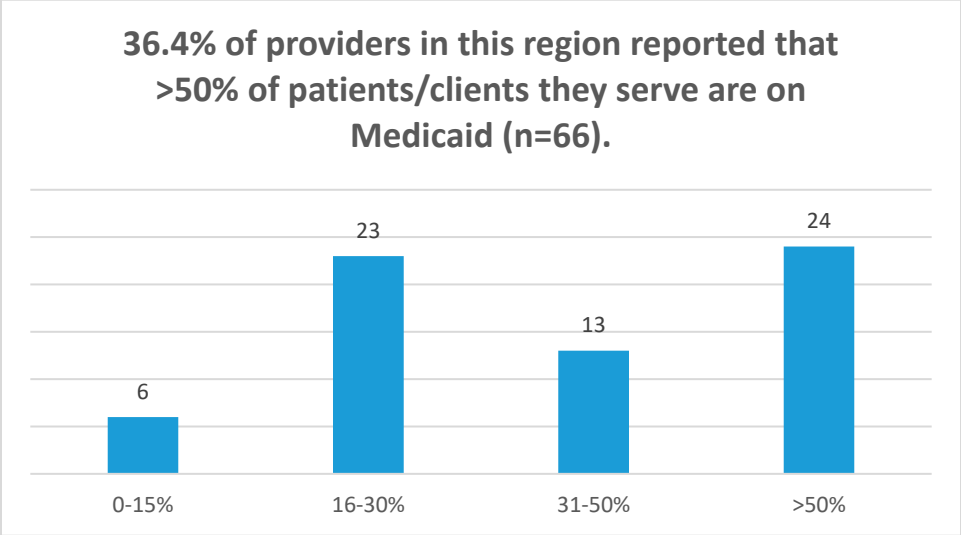
**Themes emerged from the 10-county MiThrive Northeast Region data.*

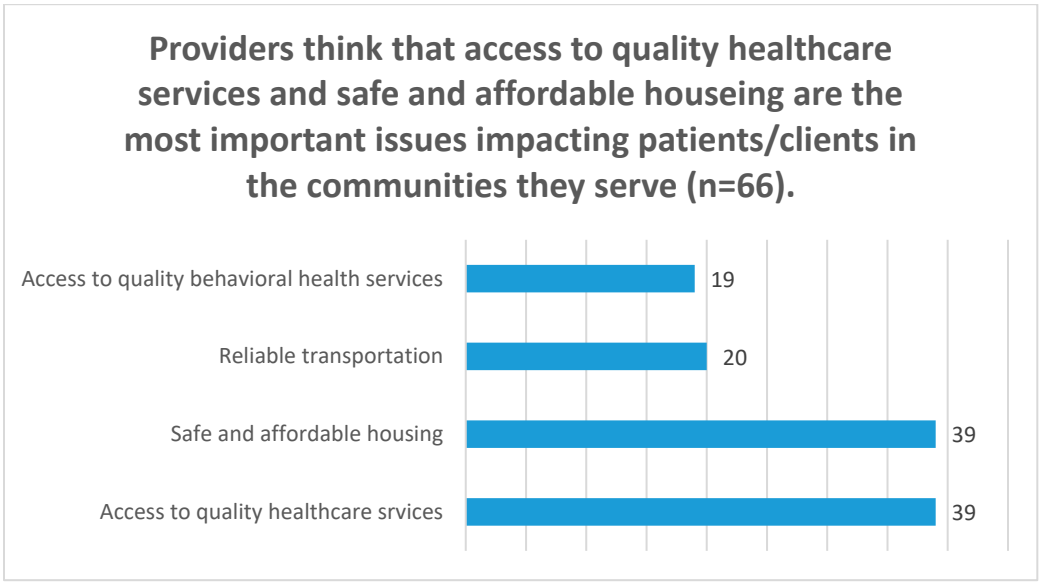
- **Healthcare Provider Survey**

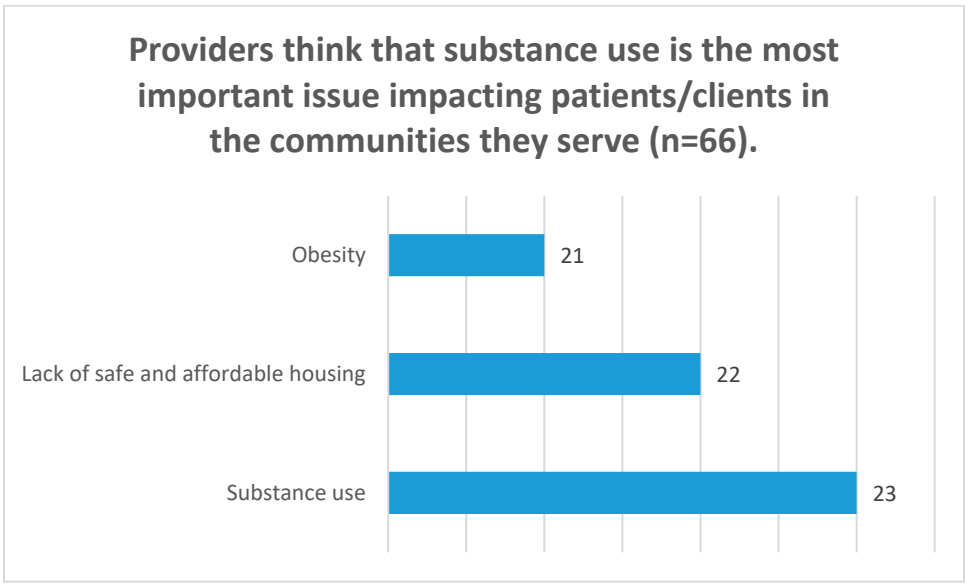
Data collected for the Healthcare Provider Survey was gathered through a self-administered, electronic survey. It asked 10 questions about what is important to the community, what factors are impacting the community, quality of life, built environment, community assets, and demographic questions. The survey was open from October 18, 2021, to November 7, 2021.

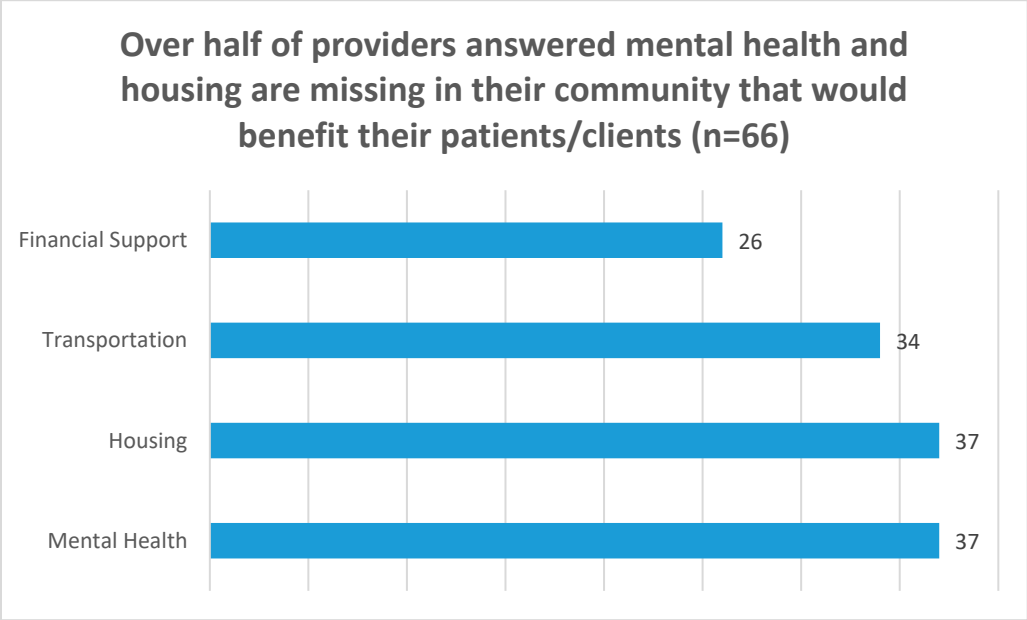
Healthcare partners such as hospitals, federally qualified health centers, and local health departments, among others, sent the Healthcare Provider Survey via an electronic link to their physicians, nurses, and other clinicians. Additionally, partner organizations supported survey promotion by sharing the survey link with external community partners. Sixty-six providers completed the Healthcare Provider Survey in Cheboygan, Montmorency, and Otsego Counties.






Providers think that access to quality healthcare services and safe and affordable houseing are the most important issues impacting patients/clients in the communities they serve (n=66).
Access to quality behavioral health services
19
Reliable transportation
20
Safe and affordable housing
39
Access to quality healthcare srvices
39


Providers think that substance use is the most important issue impacting patients/clients in the communities they serve (n=66).
Obesity
21
Lack of safe and affordable housing
22
Substance use
23


Over half of providers answered mental health and housing are missing in their community that would benefit their patients/clients (n=66)
Financial Support
26
Transportation
34
Housing
37
Mental Health
37

- **C**ommunity System Assessment

The Community System Assessment focuses on organizations that contribute to well-being. It answers the questions, “What are the components, activities, competencies, and capacities in the regional system?” and “How are services being provided to our residents?” It was designed to improve organizational and community communication by bringing a broad spectrum of partners to the same table; exploring interconnections in the community system; and identifying system strengths and opportunities for improvement. The Community System Assessment was composed of two components: Community System Assessment and subsequent focused discussions at 11 county level community coordinating bodies. A total of 172 residents and partners, representing 62 organizations participated in the Community System Events and/or Focused Discussions in the Northeast Region.

- **Community System Assessment Event**

In August, residents and community partners assessed the system’s capacity in the MiThrive Northwest, Northeast, and Northwest Regions. Through a facilitated discussion, they identified system strengths and opportunities for improvement among eight domains (Please see Appendix E for Event Agenda.)

Community System Assessment—System Strengths Summary

Focus Area and Definition	System Strengths in the Northeast Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Organizations in the system know what resources are available. • Organizations do work together to connect people to the resources they need.
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• Many organizations in the system work together to alert policymakers and the community of possible public health effects from current or proposed policies
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• No strengths were identified
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• The Community System is composed of many diverse partners
Workforce: The people engaged in or available for work in a particular area	• Michigan Works! is a great asset to address workforce issues
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• There are Individuals and organizations in the System that want to help.
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• There is connection and collaboration in the Community System
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Data is collected regarding needs of residents in the community

Community System Assessment—System Opportunities for Improvement Summary

Focus Area and Definition	System Opportunities for Improvement in the Northeast Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Organizations need to increase understanding of the reasons that people do not get the services they need • The system needs to reduce stigma that may be a barrier to people accessing resources
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• To engage in activities that inform the policy development process, organizations in the system need more staff and funding Need to get the decision-makers to the table
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• There are limited resources and manpower • Need to present the data to the identified target population and tailor the data so it is meaningful to them • Update the Community Health Needs Assessment with current information continuously
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• There is a need to get community members engaged in partnerships • The partnerships could improve upon work to improve community health
Workforce: The people engaged in or available for work in a particular area	• The Community System needs to develop an unmet needs report to better understand workforce gaps • Use the knowledge from the assessment to develop plans to address workforce gaps and shortfalls • Increase wages to create livable wages
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• More staff is needed to make significant change • Need to help people and organizations with strengths find opportunities for leadership • The community system needs more diversity in leadership
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making as well as determining who is included and excluded from these processes	• Increase resident voice and engagement to inform decision-making • Access to Broadband is a barrier • Work collaboratively to link communications plans between organizations
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Include resident voice to identify health disparities and plan ways to reduce inequities • Reduce stigma which leads to bias and discrimination against certain populations

- **Follow-up facilitated conversations at county community collaborative bodies**

  Subsequently, focused conversations were held during county collaborative body meetings for all counties in the Northwest, Northeast, and North Central MiThrive Regions. In the Gaylord Region, there were three collaborative meetings held in October and November 2021 with a total of 24 participants, and they identified the following areas for improvement:

- Cheboygan Human Service Collaborative Body: "**Resources"** was identified as the most important area to focus on in Cheboygan County
  Specific to Resources, what improvements would you like to see in your Community System in the next three years?
    - Transportation improvements are needed
    - Housing, specifically safe, affordable, accessible housing, is a major need in the area
    - There is a need for better communication to address stigma issues

- Montmorency Human Services Coordinating Council: "**Community Power/Engagement"** was identified as the most important area to focus on in Montmorency County
  Specific to Community Power/Engagement, what improvements would you like to see in your Community System in the next three years?
    - Need more engagement from local agencies, government
    - There is a struggle with getting good local data
    - Need to have more inclusive sectors represented in the Community System

- Otsego Human Service Network: "**Resources"** was identified as the most important area to focus on in Otsego County
  Specific to Resources, what improvements would you like to see in your Community System in the next three years?
    - Stakeholder involvement in all levels of policy and resource development and delivery; affordable housing, transportation, living wages, access to broadband and electronic access equipment
    - Housing, specifically safe, affordable, accessible housing, is a major need in the area
    - Increase widespread community engagement

- **Forces of Change Assessment**

The Forces of Change Assessment aims to answer the following questions: "What is occurring or might occur that affects the health of our community or the local system?" and "What specific threats of opportunities are generated by these occurrences?" . Like the Community System Assessment, the Forces of Change Assessment was composed of community meetings convened virtually in the Northwest, Northeast, and North Central MiThrive Regions. It focused on trends, factors, and events outside our control within several dimensions, such as government leadership, government budgets/spending priorities, healthcare workforce, access to health services, economic environment, access to social services, and social context (Please see Attachment F for Event Agenda).

Top Forces of Change in the Northeast Region

Categories of Forces	Forces of Change
Government Leadership And Spending/Budget Priorities	• Political agendas • Influences • Policies
Sufficient Healthcare Workforce	• Monies and grants for training • Minimum wage pending legislation • Lack of staff in specific industries (mental health and substance use treatment)
Access to Health Services	• Cost and access to care • Large poverty and ALICE population • Provider shortages and rurality
Population Demographics	• Education and income levels • Safe, affordable, and accessible housing • Broadband internet
Access to Social Services	• Lack of safe, affordable, accessible housing (public/affordable) • Isolation • Access to substance use disorder services
Social Context	• Environment and Climate Change • Access to accurate information/discernment of information • Safe, affordable, and accessible housing
Impacts related to COVID-19	• Vaccinations are coming out, recent adverse events • Overall decrease in mental health • Closing of businesses, loss of jobs

Data Limitations

Community Health Status Assessment

- Since scores are based on comparisons, low scores can result even from very serious issues, if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some data is missing for some counties – as a result, the "regional average" may not include all counties in the region. Additionally, some counties share data points. For example, in the Michigan Profile for Healthy Youth, data from Crawford, Ogemaw, Oscoda, and Roscommon counties is aggregated; therefore, each of these counties will have the same value in the MiThrive dataset.

- Secondary data tells only part of the story. Viewing all the assessments holistically is therefore necessary.
- Some data sources have not updated data since the past MiThrive cycle; therefore, values for some indicators may not have changed and cannot be used to show trends from last cycle to this cycle.

Community System Assessment

- Completing the Community System Assessment is a means to an end rather than an end in itself. The results of the assessment should inform and result in action to improve the Community System's infrastructure and capability to address health improvement issues.
- Each respondent self-reports with their different experiences and perspectives. Based on these perspectives, gathering responses for each question includes some subjectivity.
- When completing the assessment at the regional events or at the county level, there were time constraints for discussion, and some key stakeholders were missing from the table.
- Some participants tended to focus on how well their organization addressed the focus areas for health improvement rather than assessing the system of organizations as a whole.

Community Themes and Strengths Assessment (CTSA)

- A unique target number of completed CTSA Community Surveys was set for each county based on county population size. Survey responses were not weighted for counties who exceeded this target number.
- While the CTSA Community Survey was offered online and in-person, most surveys were collected digitally.
- Partial responses were removed from the CTSA Community Survey.
- Outreach and promotion for the CTSA Provider Survey was driven by existing MiThrive partners which influenced the distribution of survey responses across provider entities.
- The CTSA Pulse Surveys were conducted across a wide variety of agencies and organizations. Additionally, survey delivery varied including in-person interview, over-the phone-interview, text survey, and paper format.

Forces of Change Assessment

- Participants self-selected into one of eight Forces of Change Assessment topic areas during the events and discussed forces, trends and events using a standardized Facilitation Guide – although facilitators and notetakers differed for the topic areas and events.
- These virtual events removed some barriers for participants – although internet accessibility was a requirement to participate.
- When completing the assessment, there were time constraints for discussion, and some key stakeholders were missing from the table.

- MiThrive staff selected the eight topic areas using the MAPP's guidance in addition to insights from the MiThrive Core Team members.
- COVID-19 was included as a standalone topic area, and all participants were advised of the topic areas and instructed to focus on their topic area with minimal discussion on COVID-19 unless it was their specific topic area.

Grayling Region
Crawford, Oscoda, and Roscommon Counties

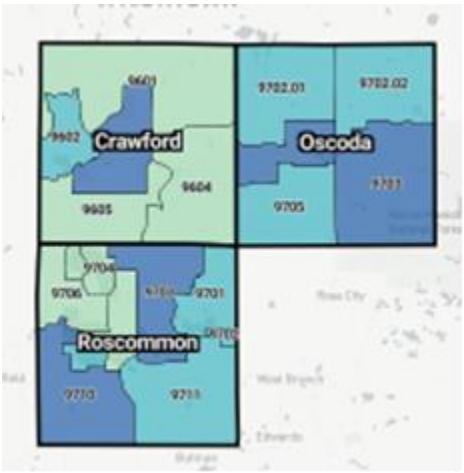
- **Community Health Status Assessment**

The Community Health Status Assessment identifies priority community health and quality of life issues. It answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?". The answers to these questions were measured by collecting 100 secondary indicators from different sources, including the Michigan Department of Health and Human Services, US Census Bureau, and US Centers for Disease Control and Prevention.

The Design Team assured secondary data included measures of social and economic inequity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35% of household income; high school graduation rate; income inequality; median household income; median value of owner-occupied homes; political participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and well-being. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English "less than well"; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

As illustrated in the map at right, there are Census Tracts in the three-county area range from low to moderate to high social vulnerability.



Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

Community Health Status Assessment indicators were collected and analyzed by county for MiThrive's 31-county region from the following sources:

- County Health Rankings
- Feeding America
- Kids Count
- Michigan Behavioral Risk Factor Surveillance Survey
- Michigan Cancer Surveillance Program
- Michigan Care Improvement Registry
- Michigan Health Statistics
- Michigan Profile for Healthy Youth
- Michigan School Data
- Michigan Secretary of State
- Michigan Substance Use Disorder Data Repository
- Michigan Vital Records
- Princeton Eviction Lab
- United for ALICE
- U.S. Census Bureau
- U.S. Health Resources & Services Administration
- U.S. Department of Agriculture

Each indicator was scored on a scale of zero to three by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region as well as state, national, and Healthy People 2030 targets when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data". **Of about 100 secondary indicators, there were 53 statistics in Crawford, Oscoda, and Roscommon that scored above 1.5, indicating they were worse than their MiThrive region or State rates:**

- Median household income
- Households below Federal Poverty Level
- Families living below Federal Poverty Level
- Children living Federal Poverty Level
- Unemployment rate
- Students not proficient in Grade 4 English
- Special Education % Child Find
- High school graduation rate
- High school graduate or higher
- Bachelor's degree or higher
- Average HPSA Score—Primary care
- Average HPSA Score—Dental health
- Average HPSA Score—Mental health
- Fully immunized toddlers aged 19-35 months
- Median value of owner-occupied homes
- Renters (% of all occupied homes)
- Gross mortgage is >=35% of household income

- Vacant housing units
- Child abuse and neglect
- Teens: 2+ ACEs
- Child food insecurity
- Population food insecurity
- Teens with 5+ fruits and vegetables per day
- No household vehicle
- All cancer incidence
- Breast cancer
- Colorectal cancer
- Oral cavity and pharynx cancer
- Lung and bronchus cancer
- Adults: Ever told diabetes
- Adults: Ever told heart disease
- Adults: Ever told COPD
- Adults: Self-reported health assessment fair or poor
- Pneumonia
- Teens: Major depressive episode
- Adults: Poor mental health for 14+ days per month
- Teens: Obesity
- Adults: Obesity
- Teens: Overweight
- Adults: Binge drinking
- All causes of death
- All cancer mortality
- Diabetes mortality
- Heart disease mortality
- YPLL Pneumonia/Flu
- Injury mortality
- Motor vehicle crash mortality
- Motor vehicle crash involving alcohol mortality
- Chronic lower respiratory disease mortality
- Kidney disease mortality
- Drug-induced mortality
- Alcohol-induced mortality

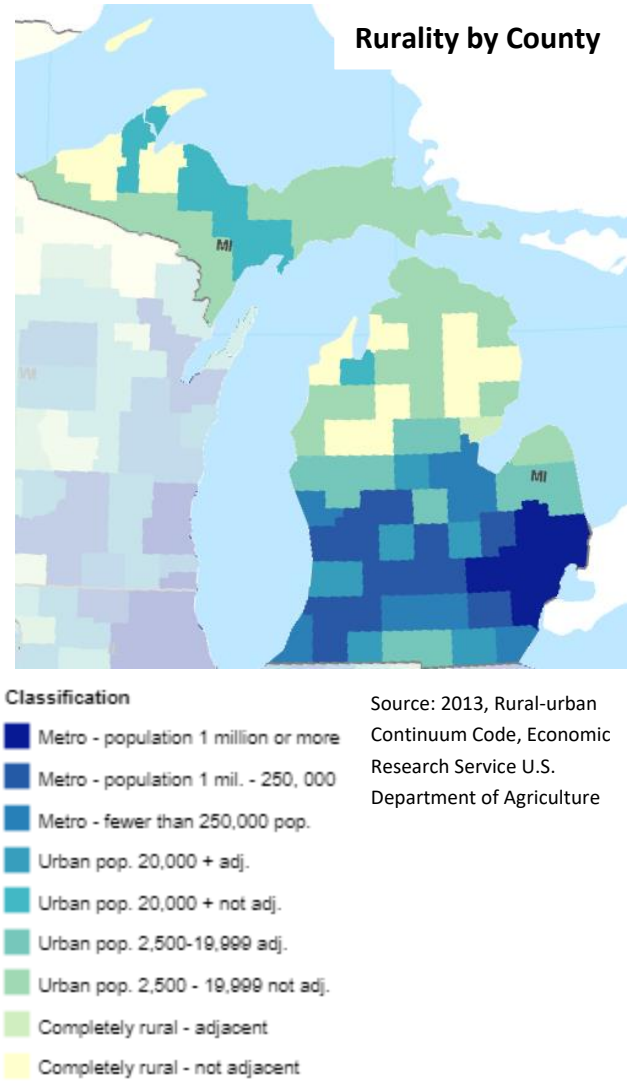
Please see Appendix B for values for indicators over 1.5.

Geography and Population

The service area for Munson's Grayling Region – which includes Munson Healthcare Grayling Hospital – is composed of Crawford, Oscoda, and Roscommon counties. The three-county area is known for its clean environment and abundant resources for outdoor recreation. Most of the region is designated as "rural" by the U.S. Census Bureau. This is one of its most important characteristics, as rurality influences health and well-being.

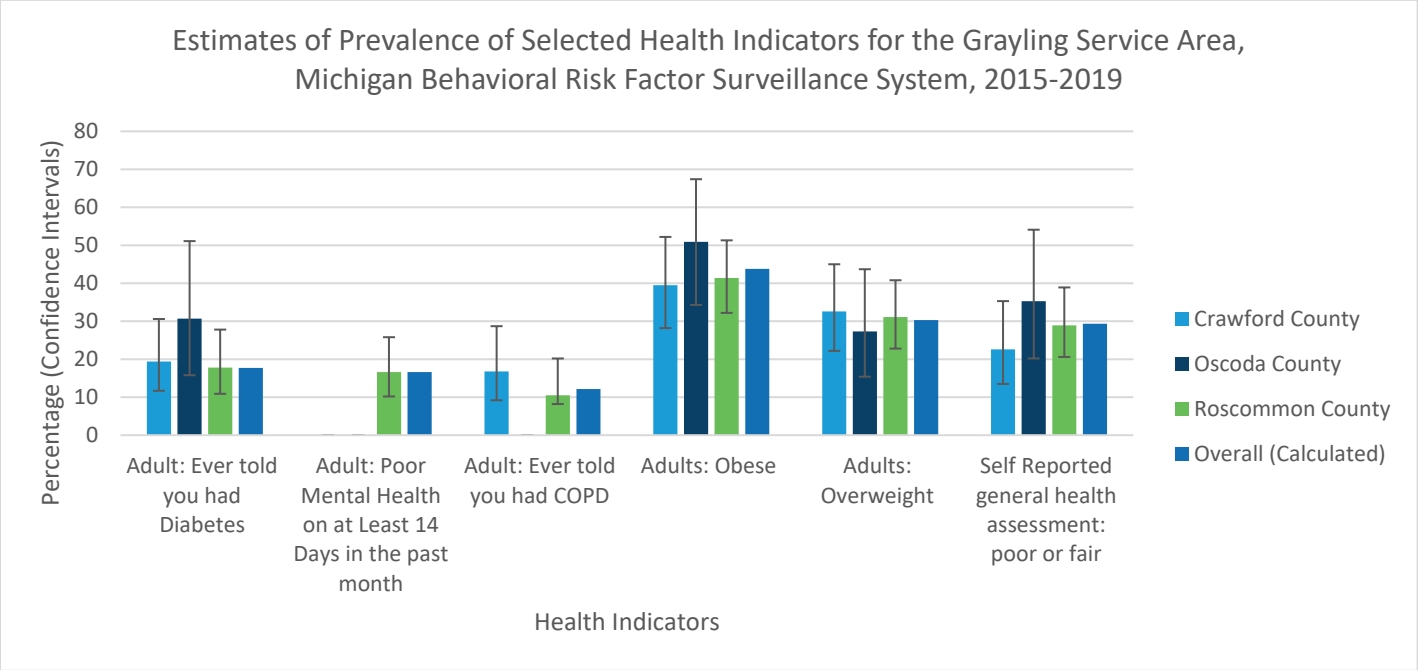
The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 61,508 people who live in the three-county region, 94.0% are white. The largest racial or ethnic minority groups are Hispanic or Latino (2.0%), American Indian and Alaska Native (1%) and Black or African American (.7%).

Rurality by County

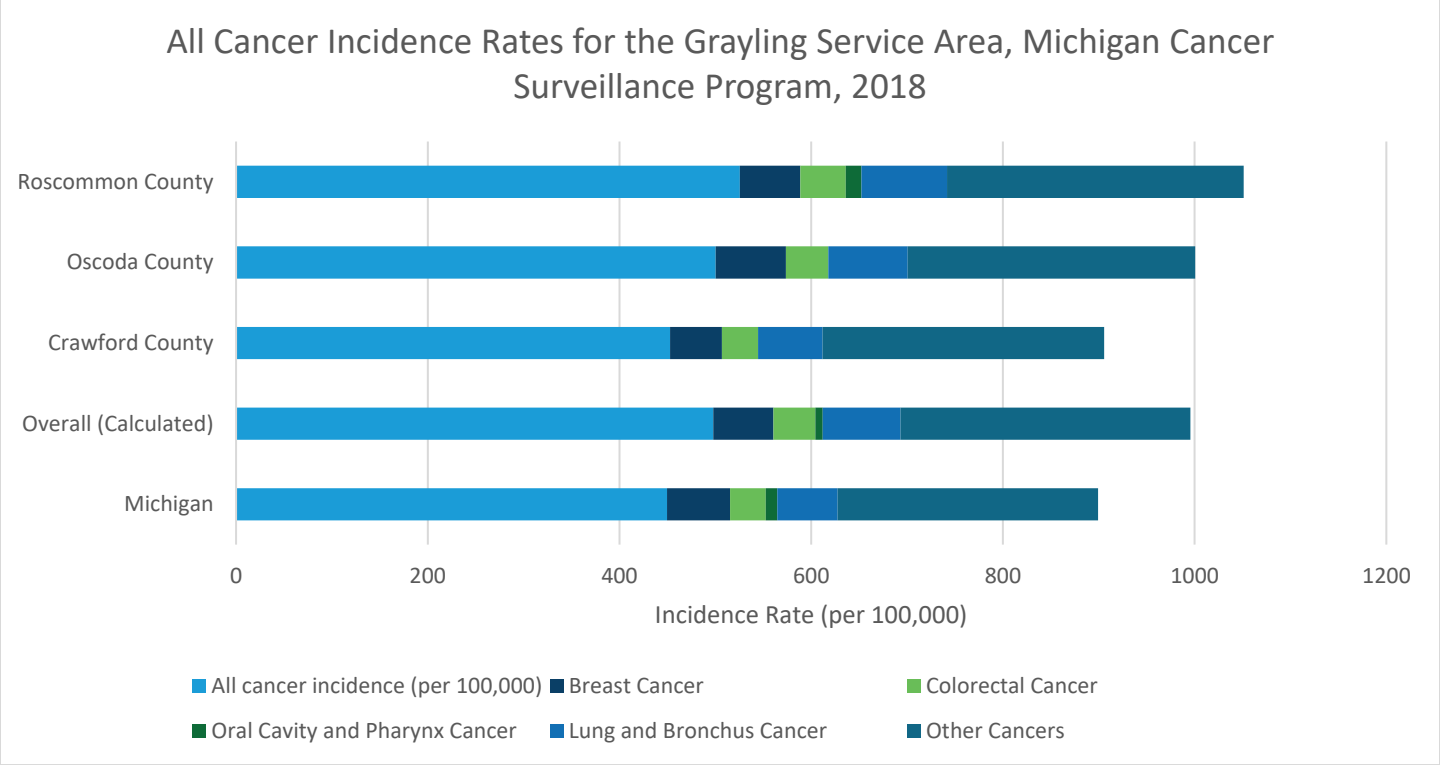


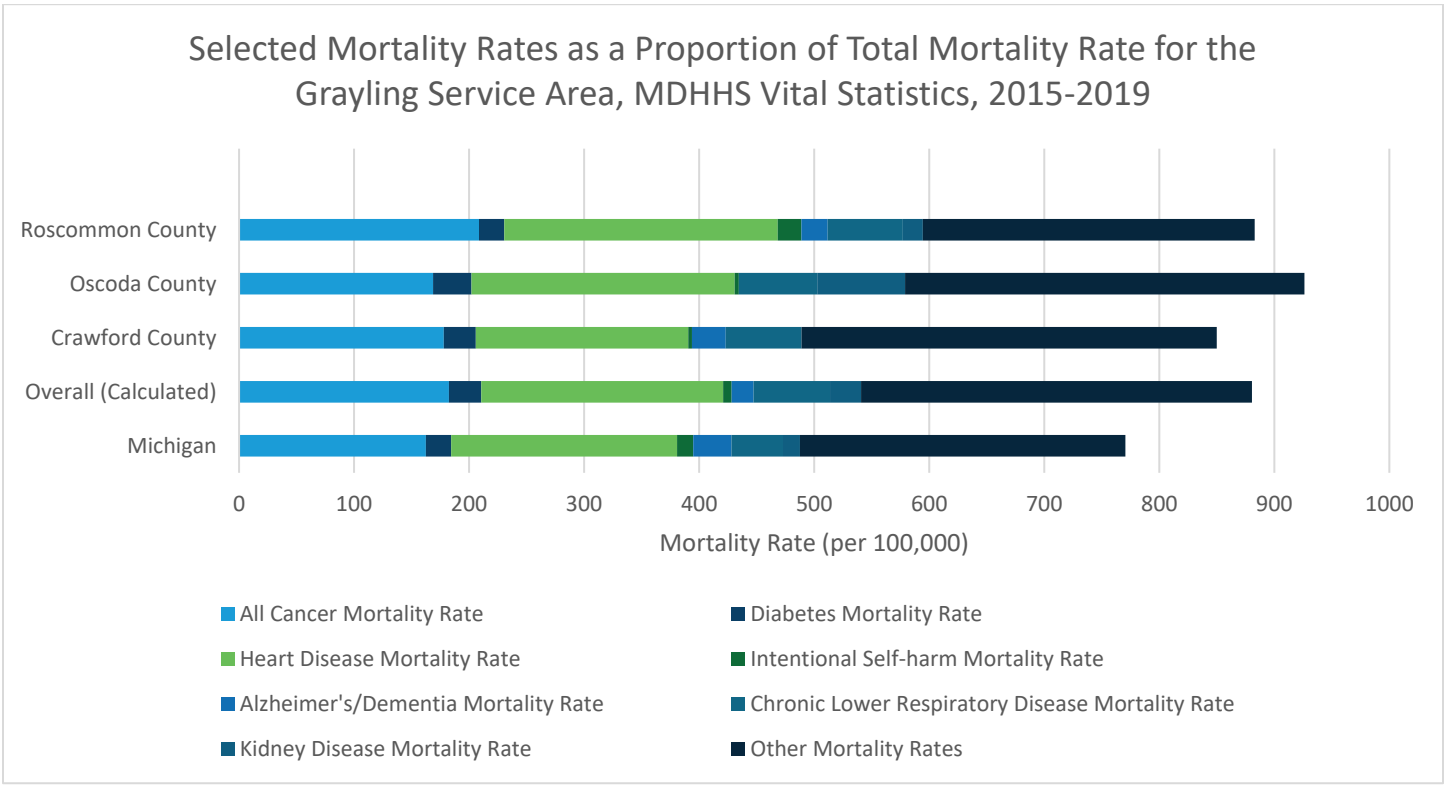
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

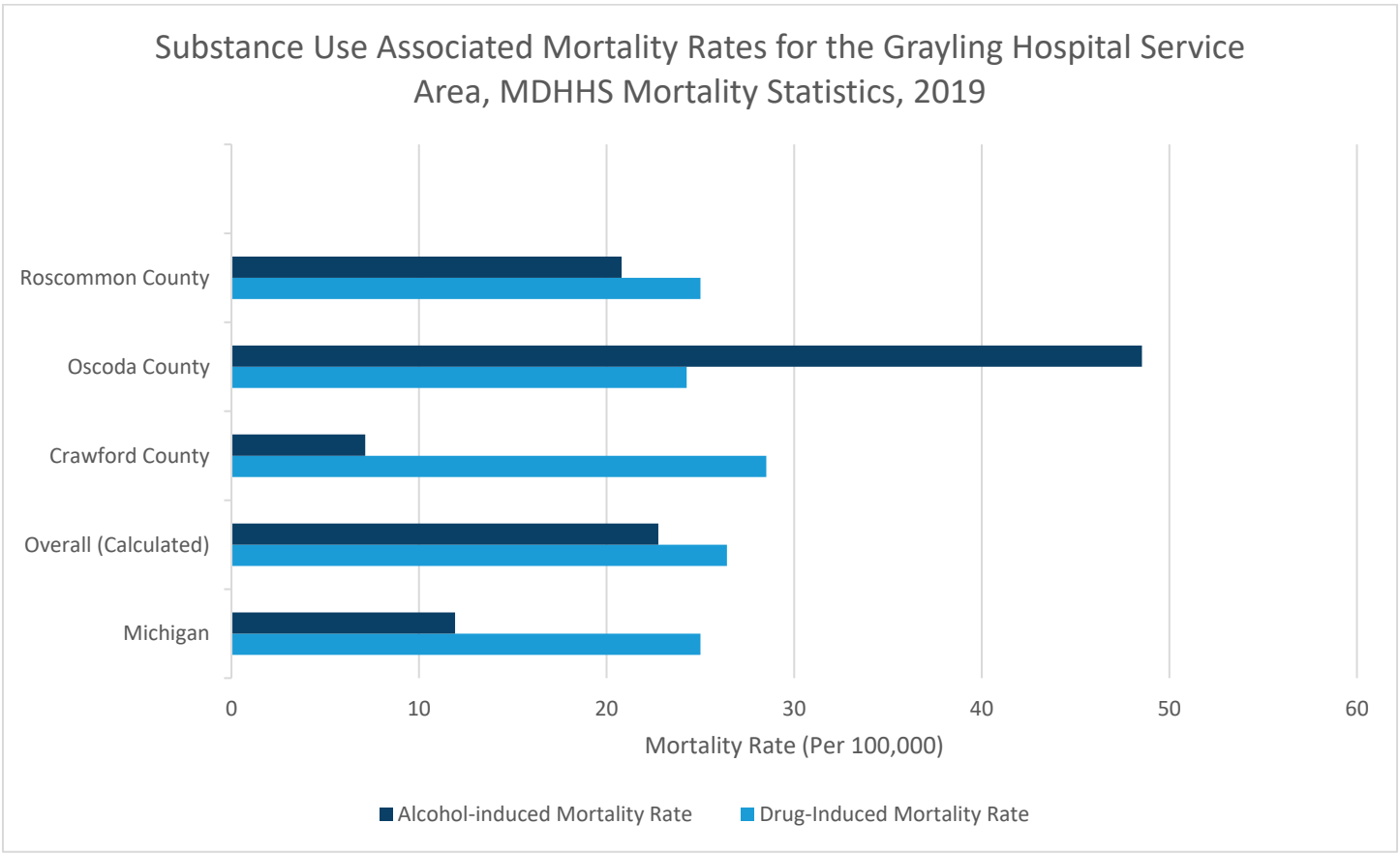
Selected Morbidity and Mortality Indicators for the Grayling Service Area

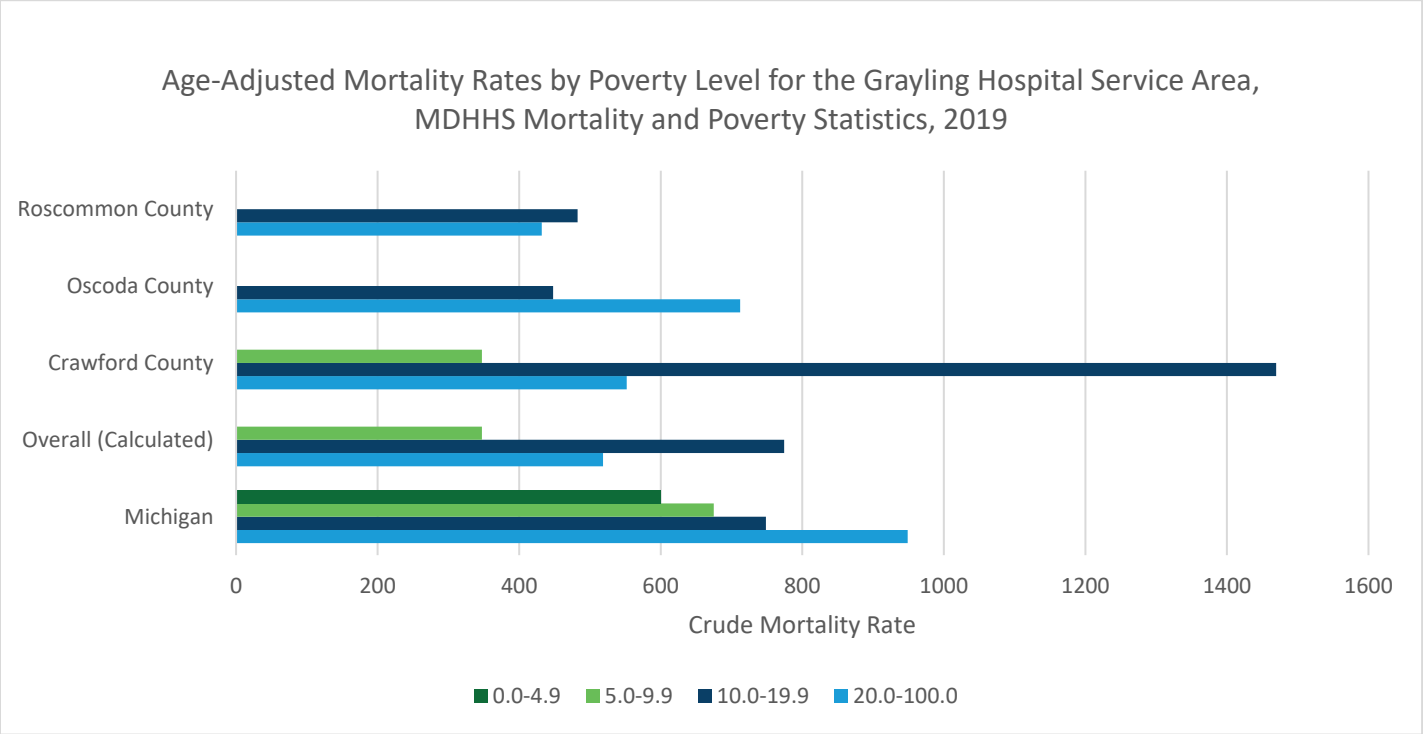


Note: Prevalence figures for Crawford County and Oscoda County were suppressed from the 'Adult: Poor Mental Health on at Least 14 Days in the past month' health indicator category due to low availability of data. Prevalence figures for Oscoda County were suppressed from the 'Adult: Ever told you had COPD' health indicator category due to low availability of data. In the case of those health indicators, the calculated overall prevalence figures were based on data excluding the suppressed counties.

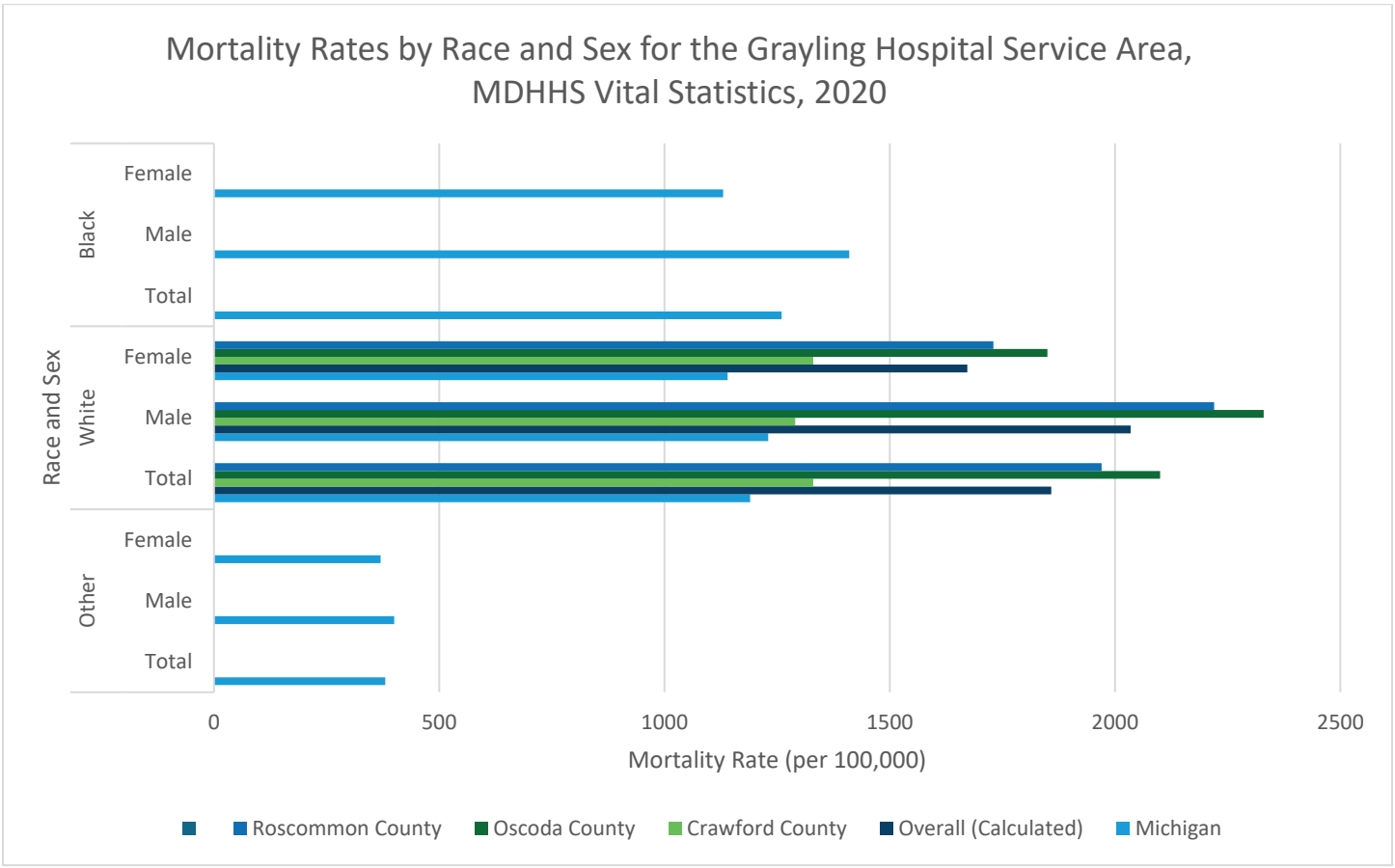


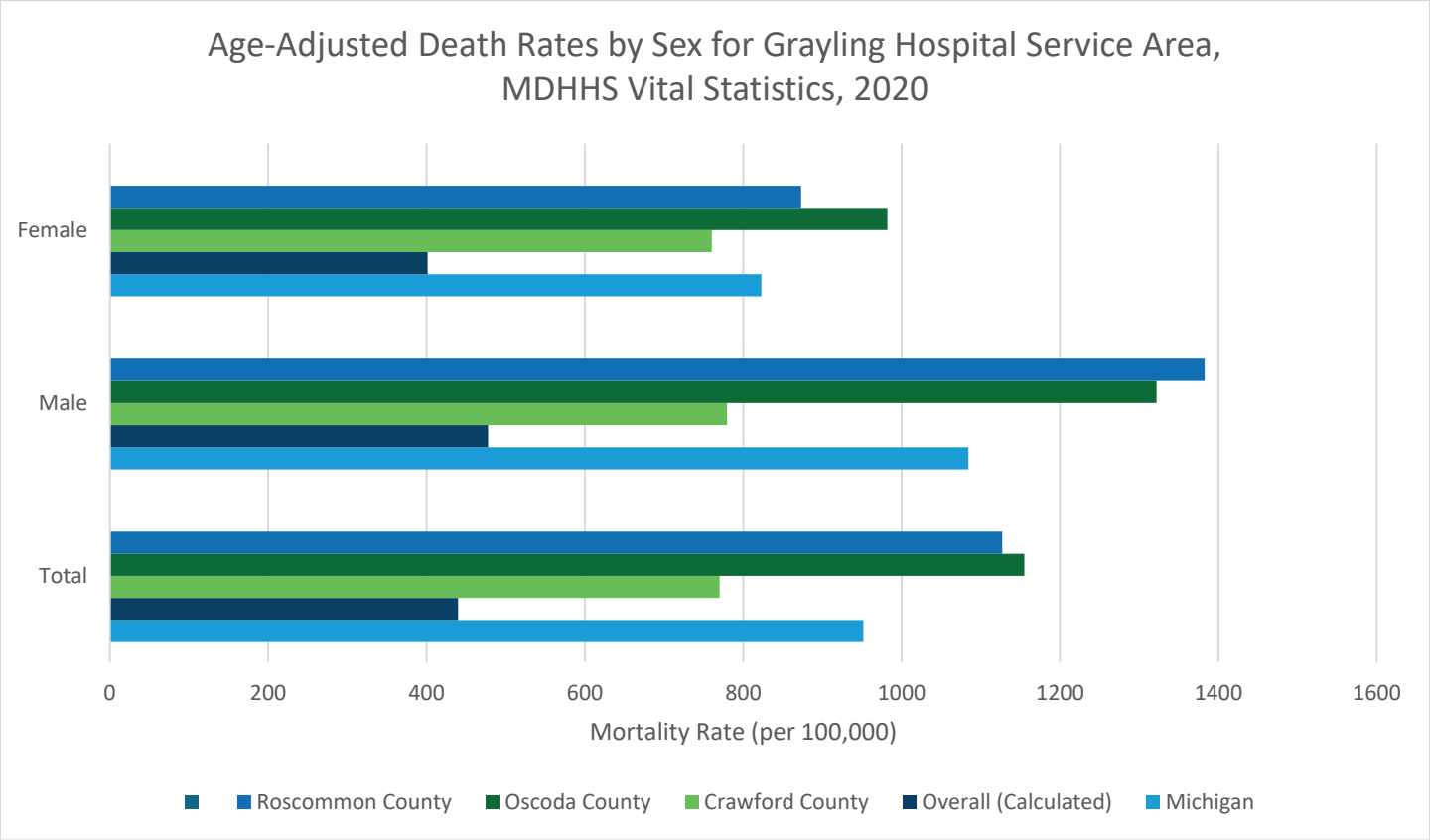

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Grayling Service Area, MDHHS Vital Statistics, 2015-2019
Roscommon County
Oscoda County
Crawford County
Overall (Calculated)
Michigan
0
100
200
300
400
500
600
700
800
900
1000
Mortality Rate (per 100,000)
All Cancer Mortality Rate
Diabetes Mortality Rate
Heart Disease Mortality Rate
Intentional Self-harm Mortality Rate
Alzheimer's/Dementia Mortality Rate
Chronic Lower Respiratory Disease Mortality Rate
Kidney Disease Mortality Rate
Other Mortality Rates


Substance Use Associated Mortality Rates for the Grayling Hospital Service Area, MDHHS Mortality Statistics, 2019
Roscommon County
Oscoda County
Crawford County
Overall (Calculated)
Michigan
0
10
20
30
40
50
60
Mortality Rate (Per 100,000)
Alcohol-induced Mortality Rate
Drug-Induced Mortality Rate



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.


Mortality Rates by Race and Sex for the Grayling Hospital Service Area, MDHHS Vital Statistics, 2020
Race and Sex
Black
Female
Male
Total
White
Female
Male
Total
Other
Female
Male
Total
0
500
1000
1500
2000
2500
Mortality Rate (per 100,000)
Roscommon County
Oscoda County
Crawford County
Overall (Calculated)
Michigan



Note: Age-adjustment was performed using the standardized population from the United States Census, 2000.

- **Community Themes and Strengths Assessment**

  The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the following questions:

  "What is important to our community?"
  "How is quality perceived in our community?"
  "What assets do have that can be used to improve well-being?"

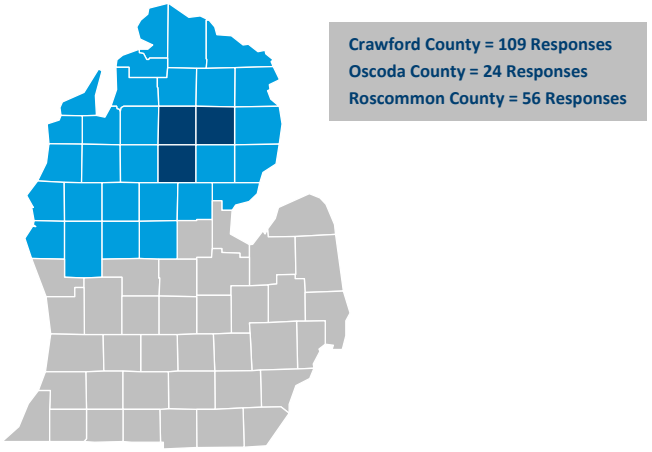
  For the Community Themes and Strengths Assessment, the MiThrive Design Team designed three types of surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey.

(Please see Appendix C for survey instruments).

- **Community Survey**
  The Community Survey asked 18 questions about what is important to the community and what factors are impacting the community, plus quality of life, built environment, and demographic questions. The Community Survey also asked respondents to identify assets in their communities. Please see Appendix C for assets identified for Crawford, Oscoda, and Roscommon Counties.

Community Surveys were administered electronically and via paper format in both English and Spanish. The electronic version of the survey was available through an electronic link and QR code. The survey was open from Monday, October 4, 2021 to Friday, November 5, 2021. Five $50 gift cards were used as an incentive for completing the survey. Partner organizations supported survey promotion through social media and community outreach. Promotional materials developed for Community Survey include a flyer, social media content, and press release. One-hundred and eight-nine Community Surveys were collected from Crawford, Oscoda, and Roscommon Counties.

A total of **189 community survey** responses were collected in **Crawford, Oscoda, and Roscommon Counties**.



Survey respondents were asked to imagine a ladder with steps numbered from zero at the bottom to ten at the top. The **top of the ladder represented the best possible life (10)** and the **bottom of the ladder represented the worst possible life (0)**. Survey respondents identified where they felt they stood on the ladder at the time of completing the survey (Figure 1) and where they felt they would stand three years from now (Figure 2).

Figure 1: 31.02% of individuals in Crawford, Oscoda, and Roscommon Counties are currently either struggling or suffering compared to 68.98% who are thriving (n=187).

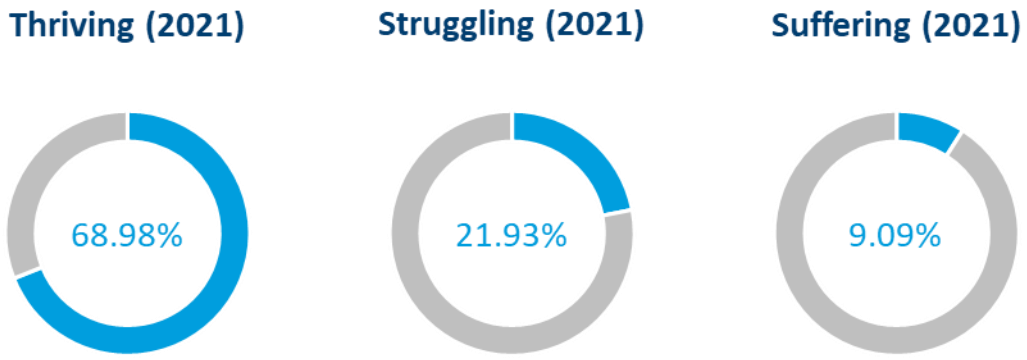
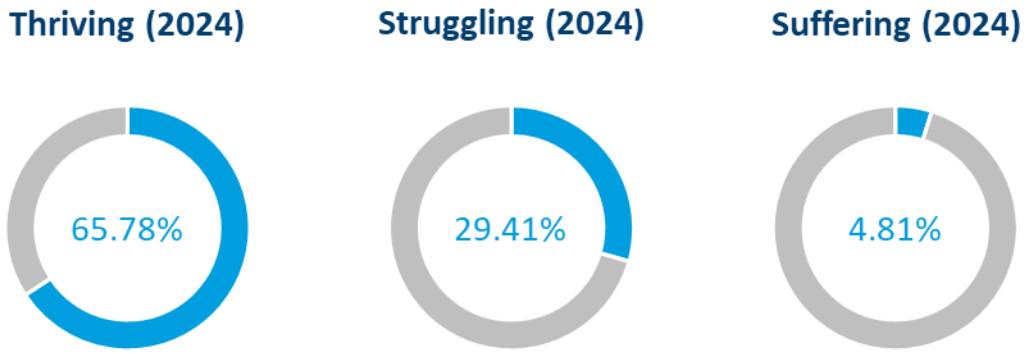
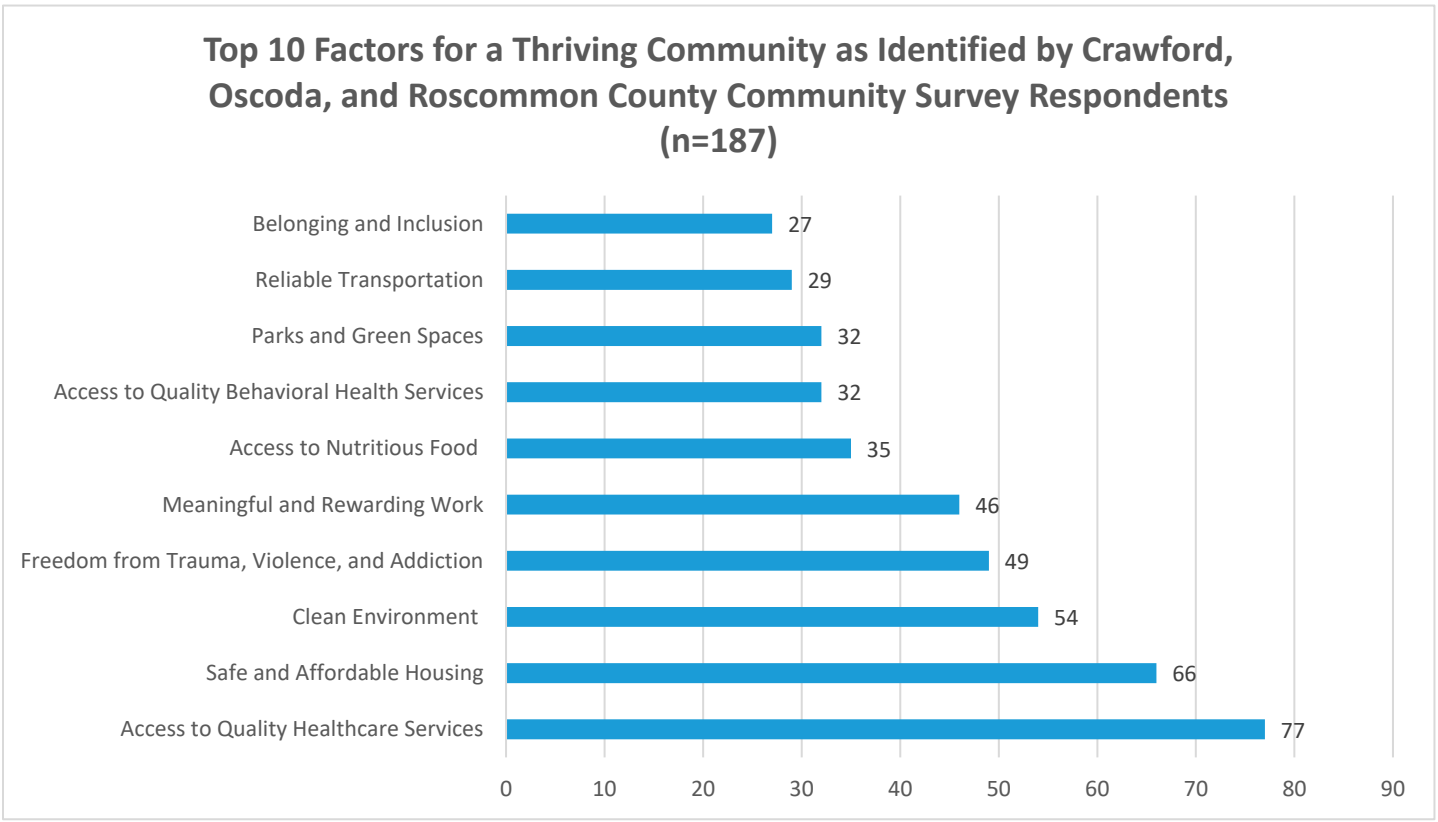


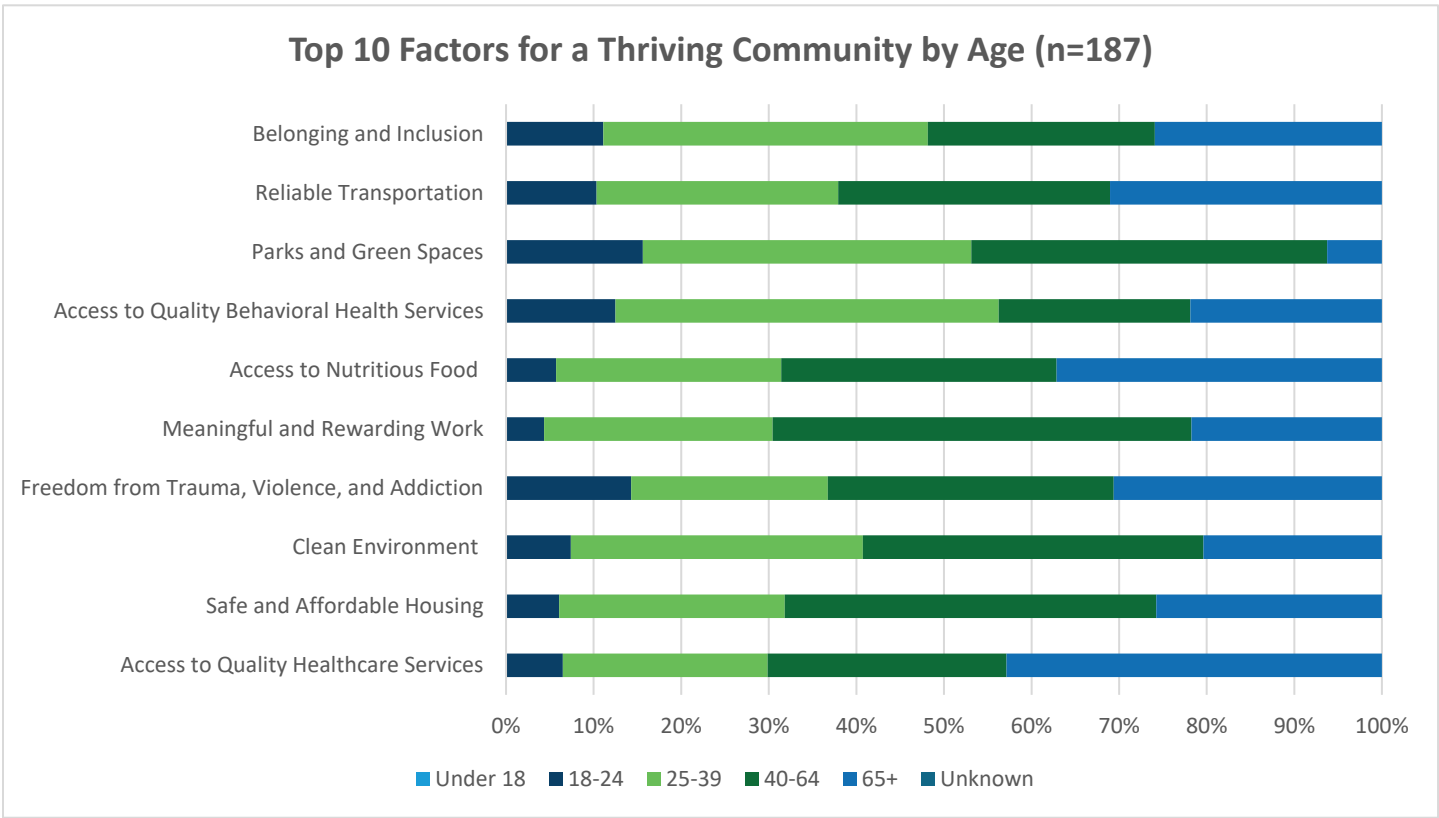
Figure 2: 34.22% of individuals in Crawford, Oscoda, and Roscommon Counties predict they will either be struggling or suffering compared to 65.78% who predict they will be thriving three years from now (n=187).



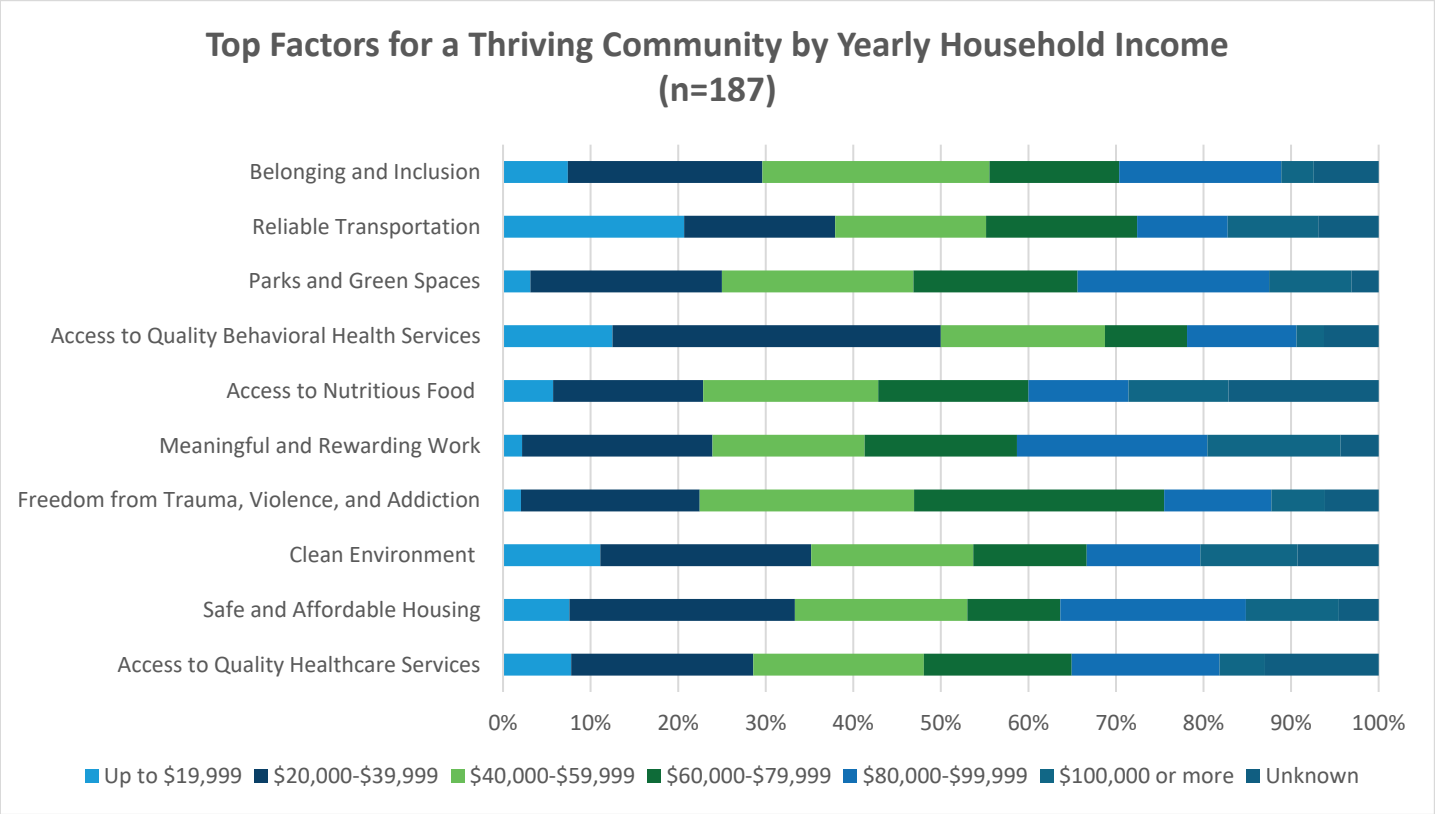
On average, individuals in Crawford, Oscoda, and Roscommon Counties felt they would move **.62 of a step higher** on the ladder three years from how they scored themselves presently (n=187).

**The Cantril-Ladder self-anchoring scale is used to measure subjective wellbeing. Scores can be grouped into three categories – thriving, struggling, and suffering. Cantril's Ladder data was analyzed separately for the purpose of the 2021 MiThrive Community Health Needs Assessment.*

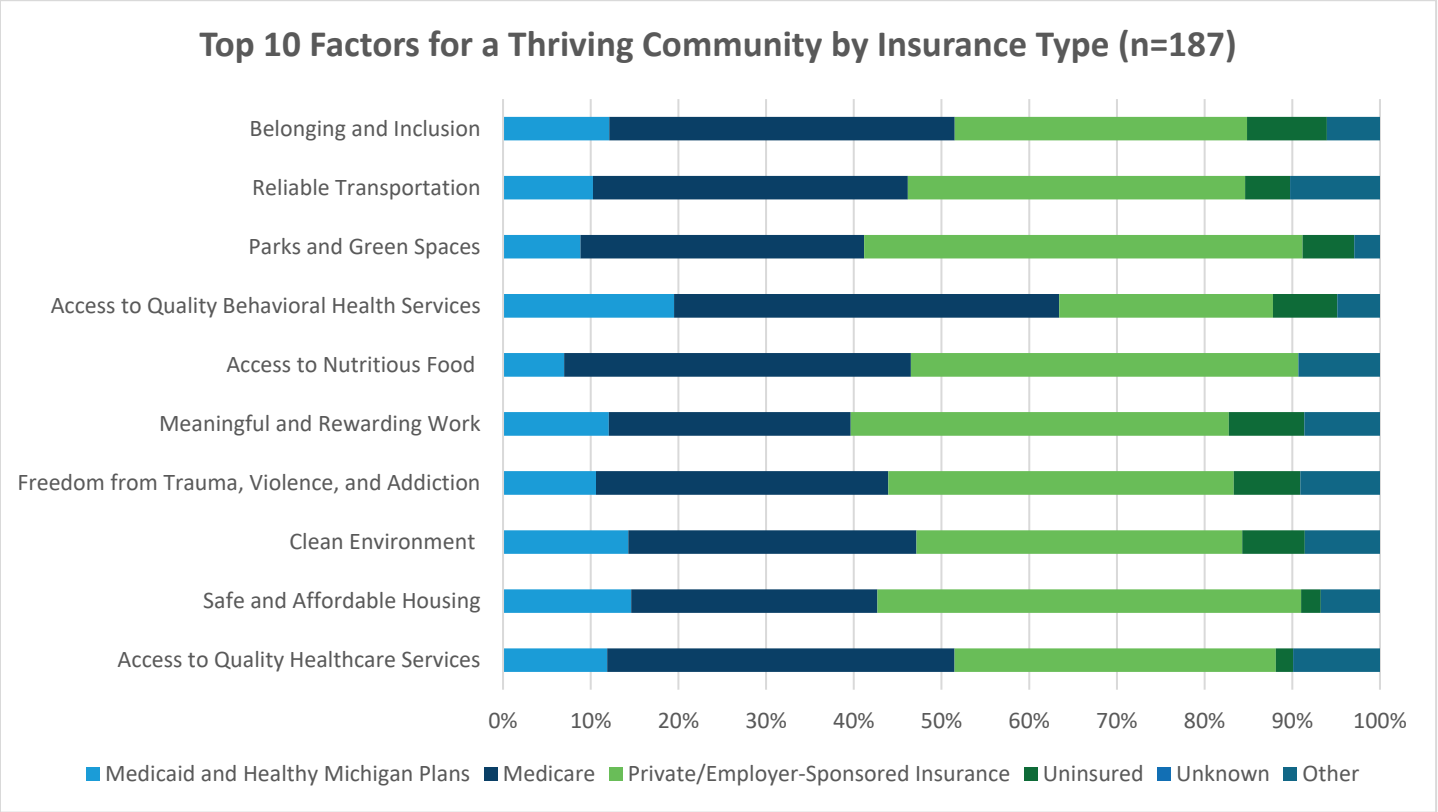




Individuals **age 65+** make up a larger proportion of those who thought **access to quality healthcare services** was an important factor for a thriving community in comparison to the other nine top factors.

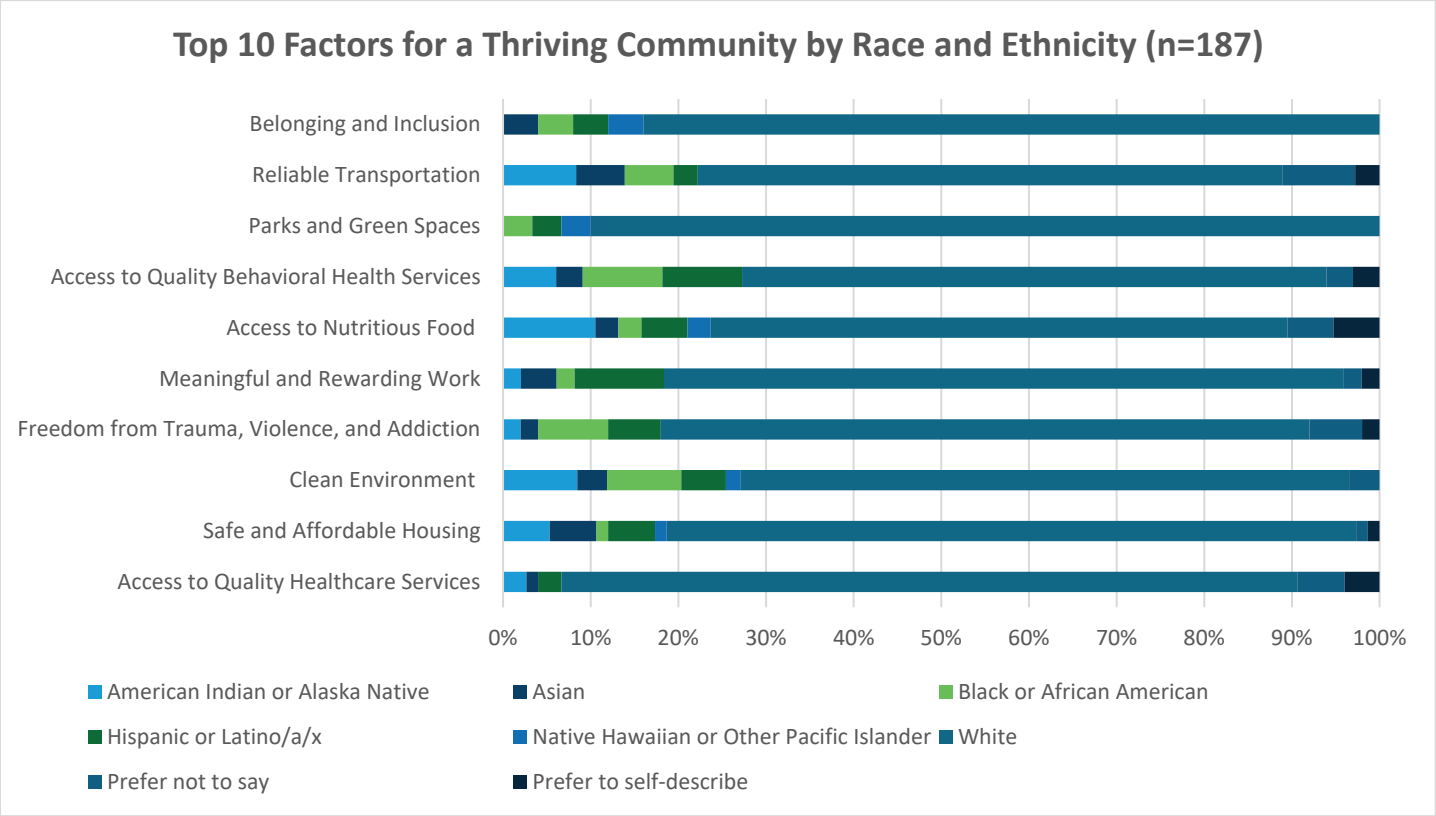


Individuals with a **yearly household income of up to $19,999** make up a larger proportion of those who thought **reliable transportation** was an important factor for a thriving community in comparison to the other nine top factors.

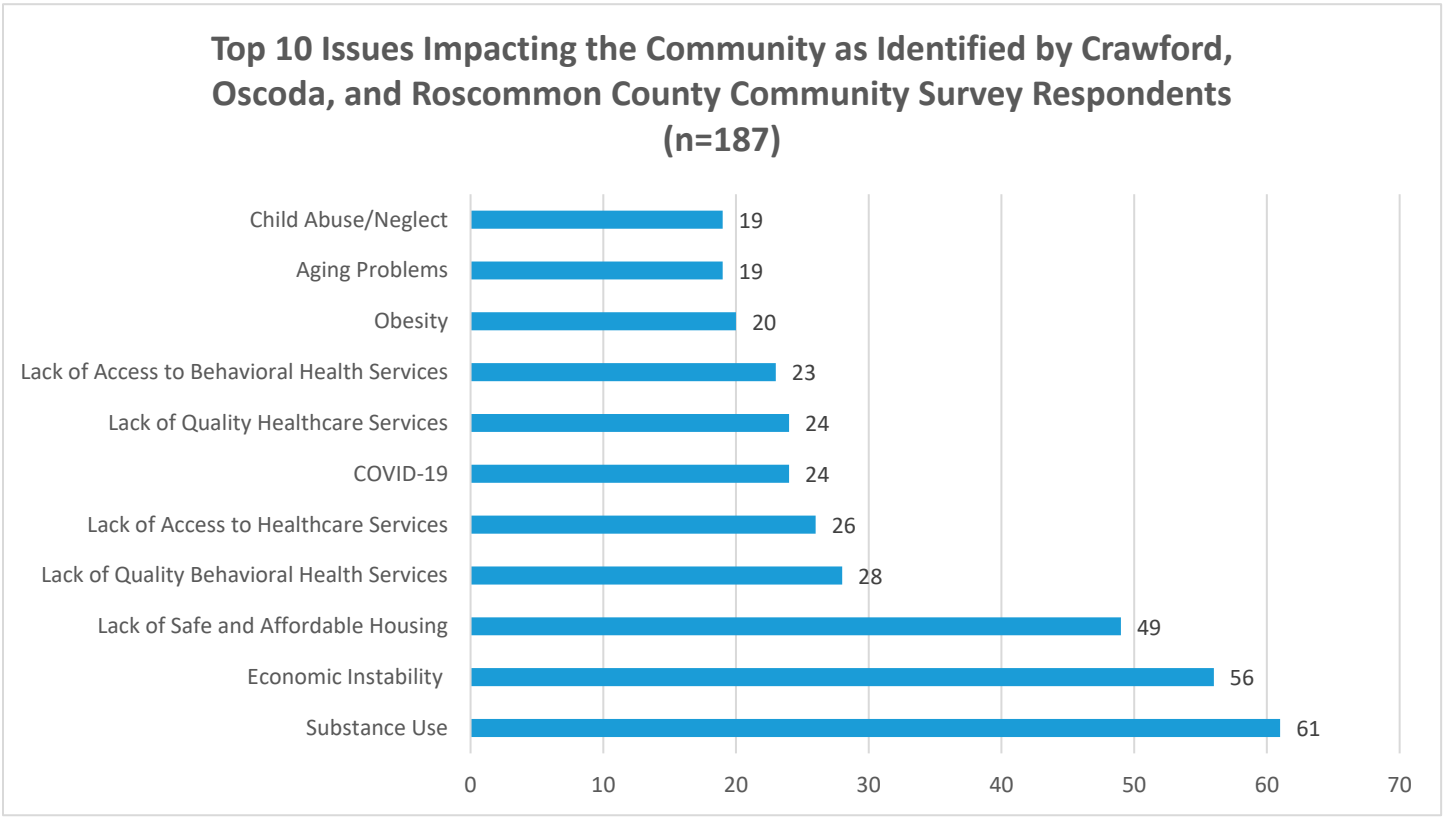


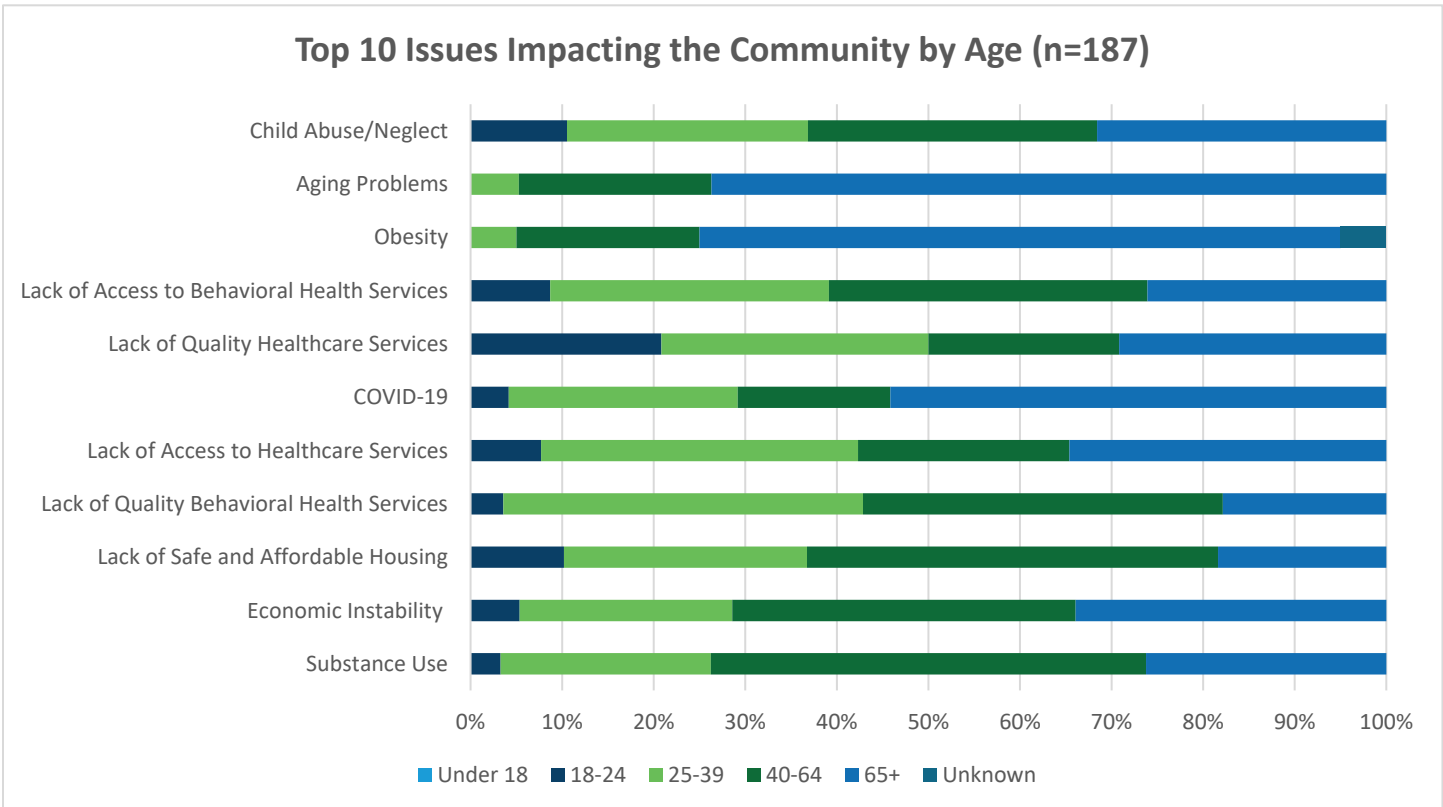
Individuals with **Medicaid and Healthy Michigan Plans** make up a larger proportion of those who thought **access to quality behavioral health services** was an important issue impacting the community in comparison to the other nine top issues.

Racial and ethnic minority groups make up a larger proportion of those who thought **access to quality behavioral health services** was an important factor for a thriving community in comparison to the other nine

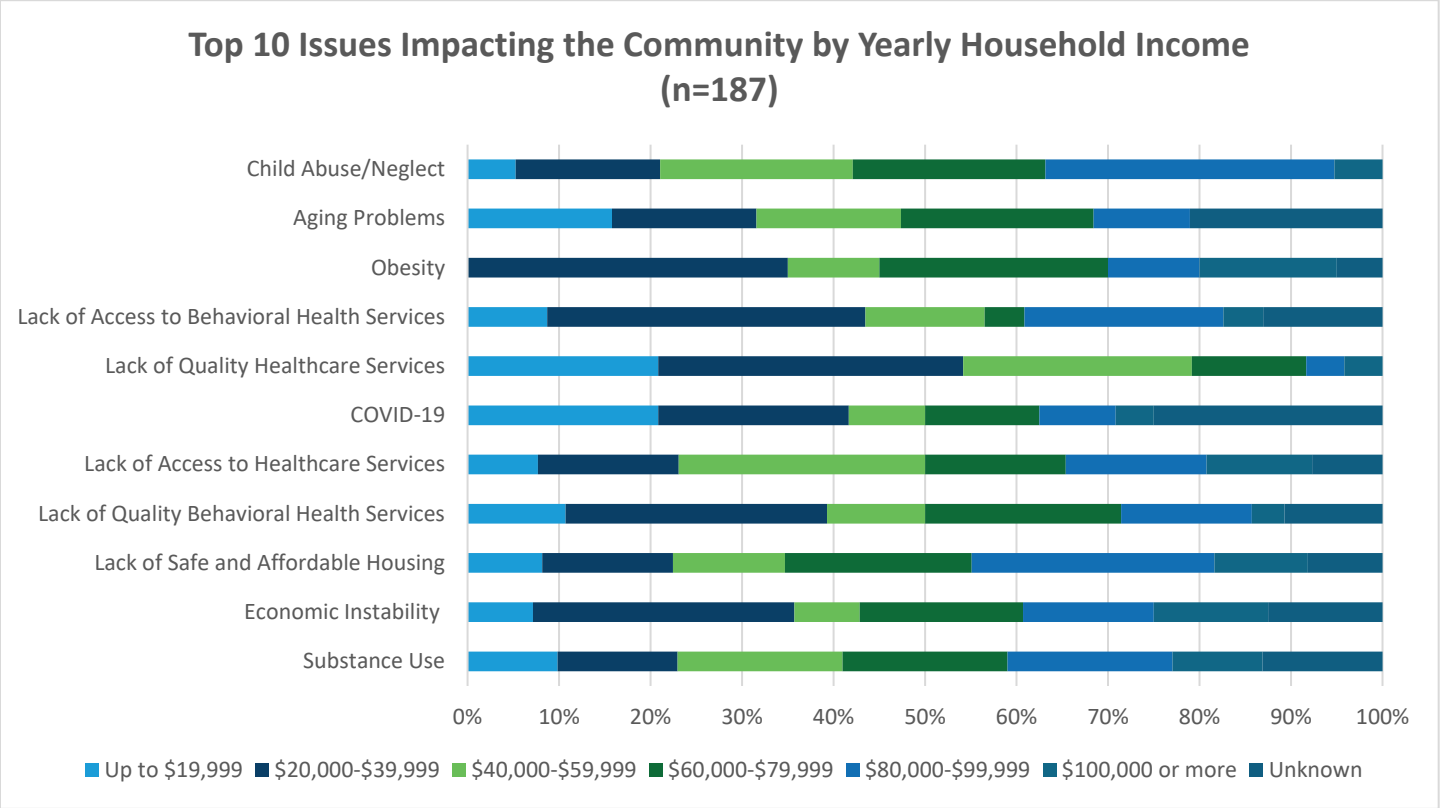


top factors.

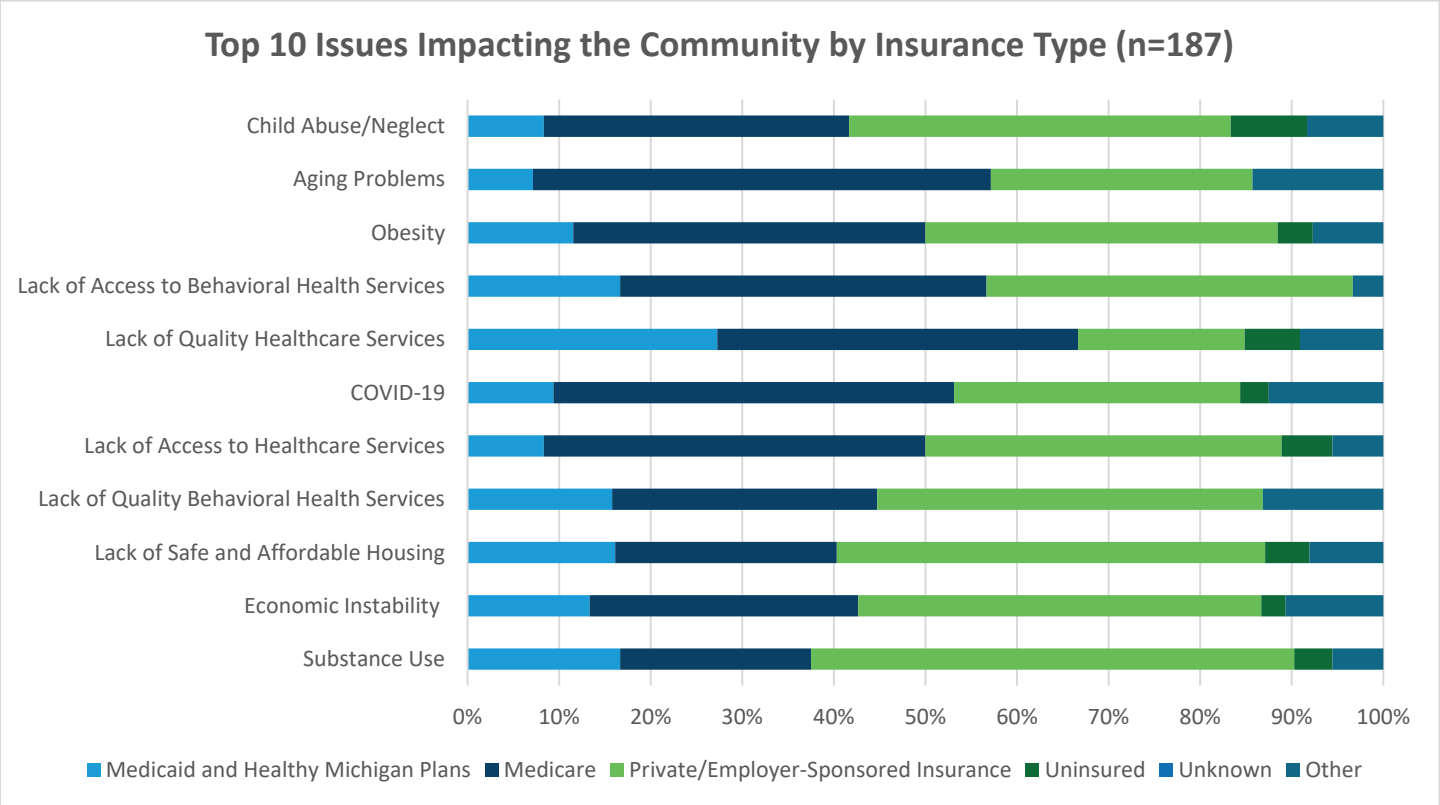




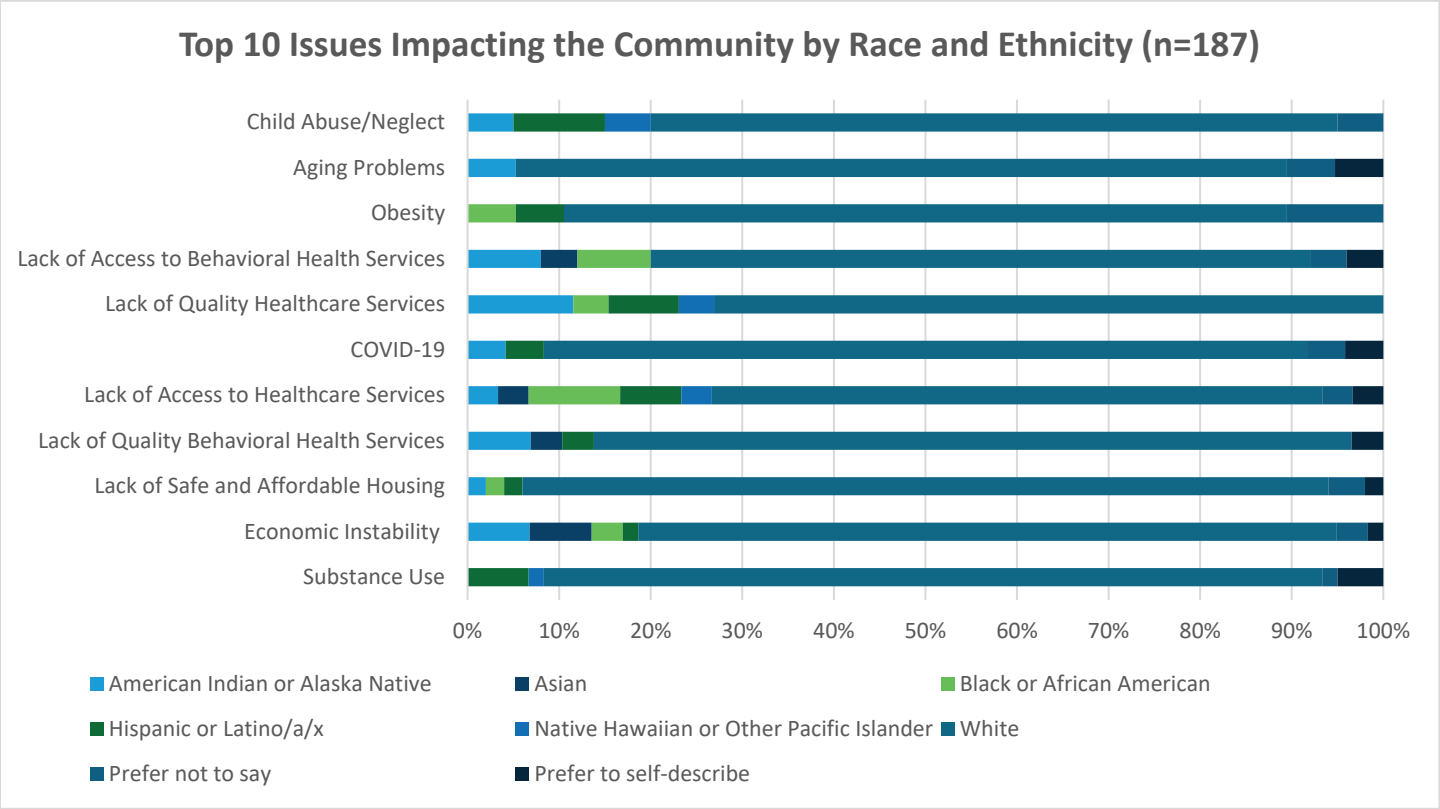
Individuals **age 65+** make up a larger proportion of those who thought **aging problems** was an important issue impacting the community in comparison to the other nine top issues.



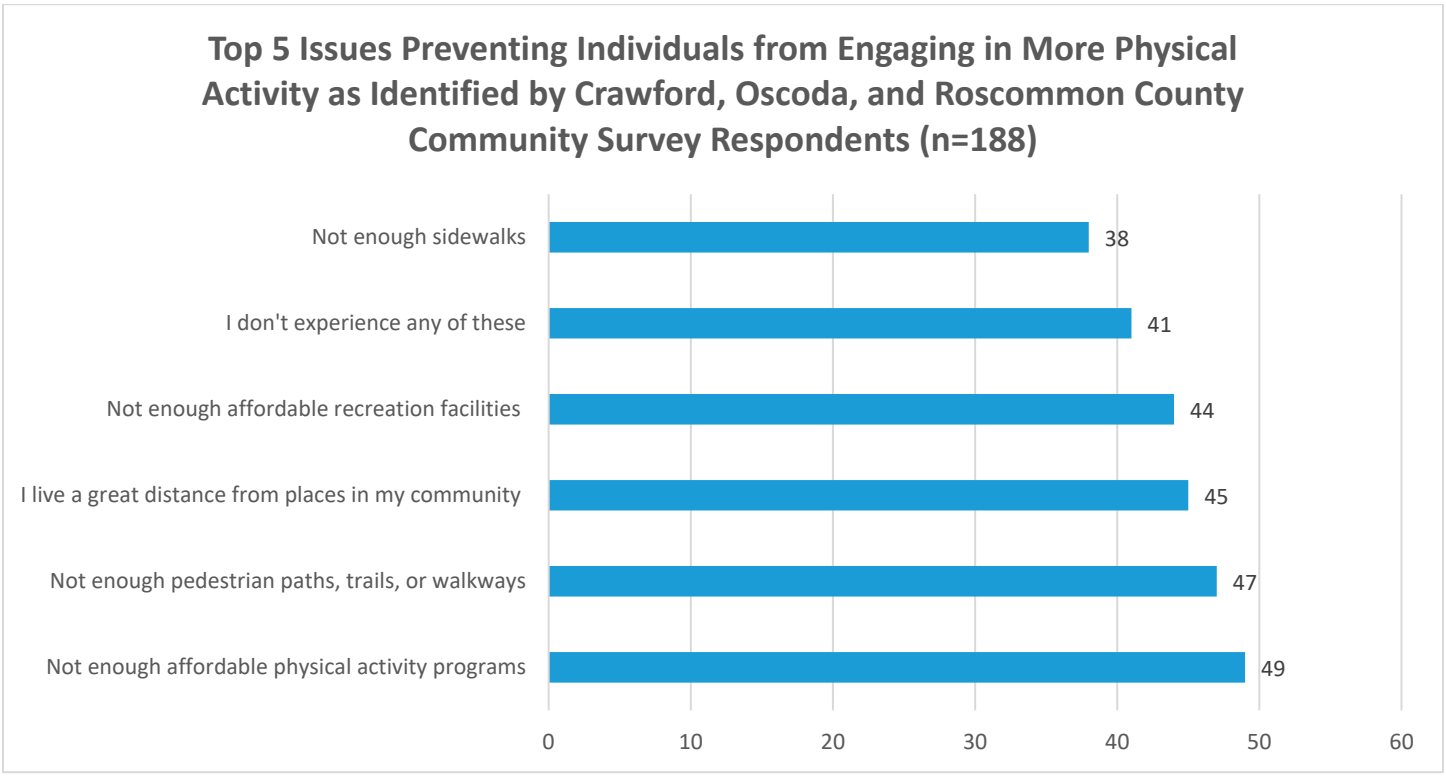
Individuals with a **yearly household income of $80,000-$99,999** make up a larger proportion of those who thought **child abuse/neglect** was an important issue impacting the community in comparison to the other nine top issues.

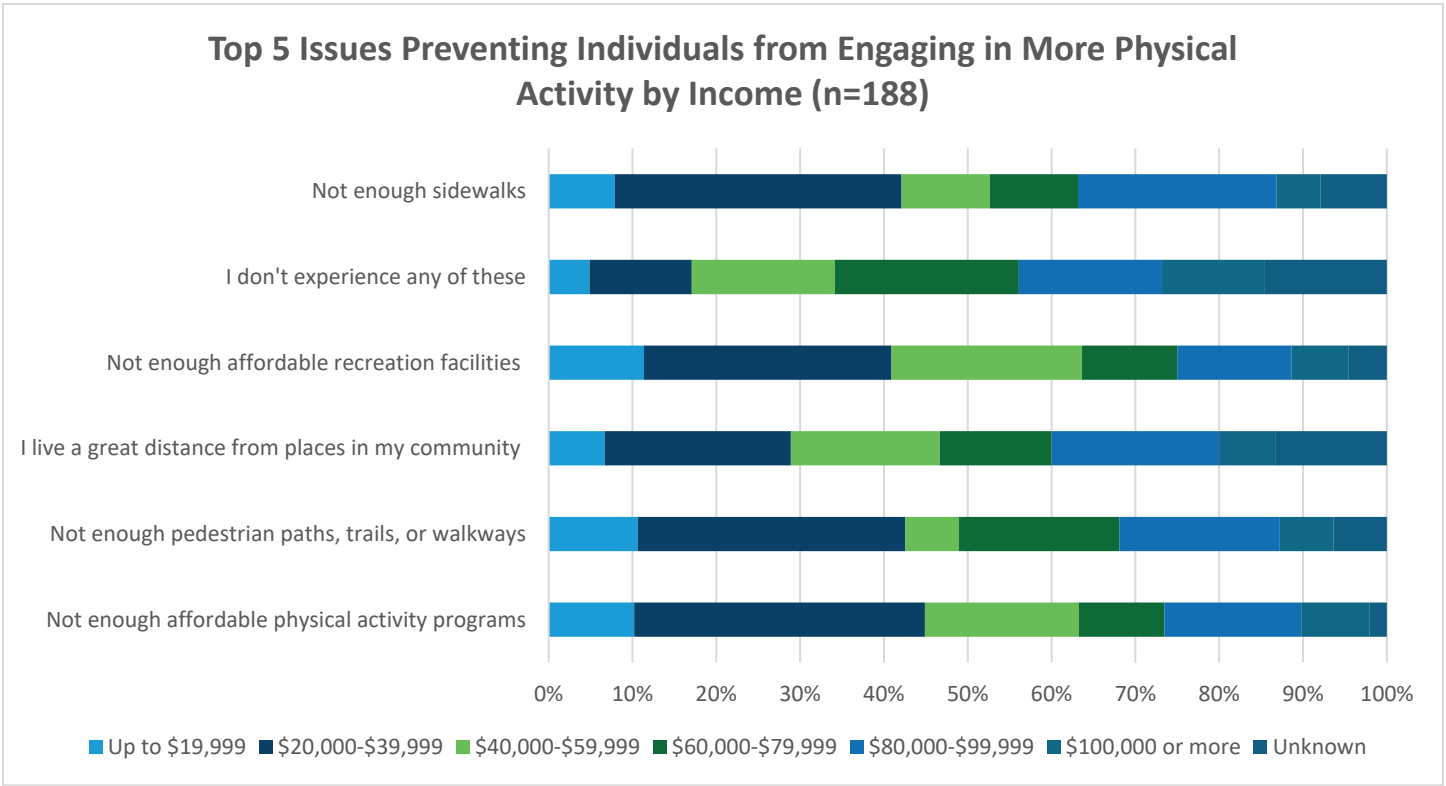


Individuals with **Medicaid and Healthy Michigan Plans** make up a larger proportion of those who thought **lack of quality healthcare services** was an important issue impacting the community in comparison to the other nine top issues.



Racial and ethnic minority groups make up a larger proportion of those who thought **lack of quality healthcare services** was an important issue impacting the community in comparison to the other nine top issues.





Individuals with a **yearly household income of $80,000-$99,999** make up a larger proportion of those who said **not enough sidewalks** prevented them from being more physically active in their community compared to the other top issues.

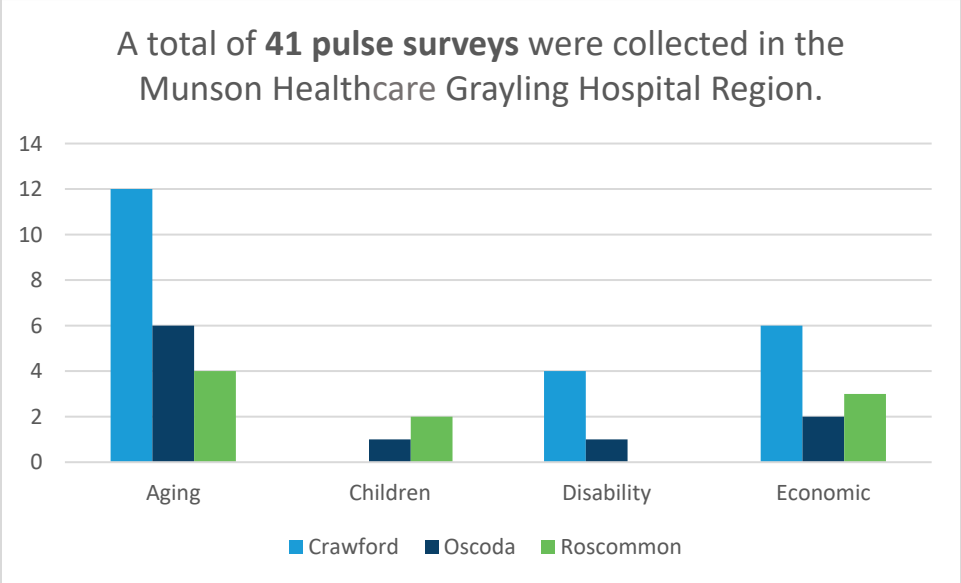
- **Pulse Survey**

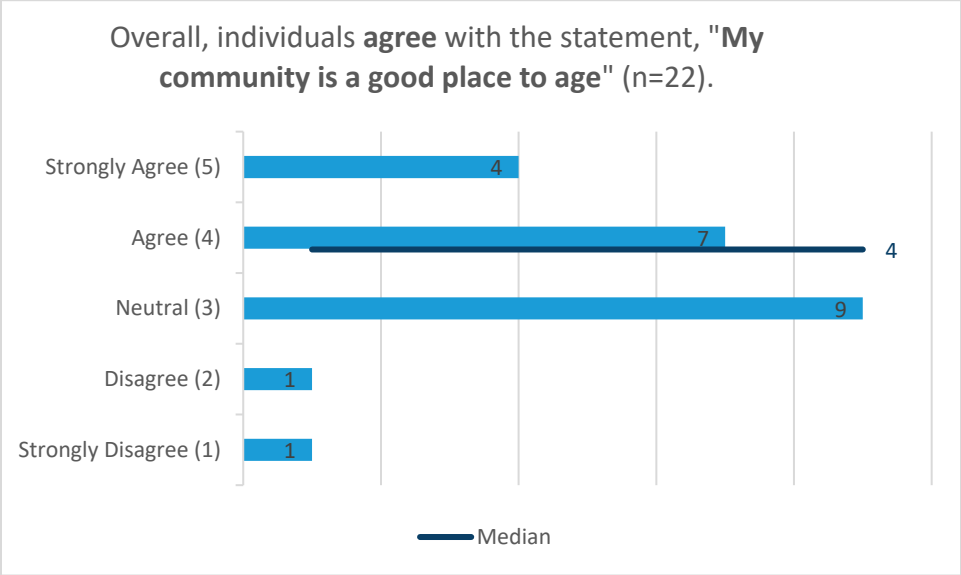
The purpose of the Pulse Survey was to gather input from people and populations facing barriers and inequities in the 31-county MiThrive region. It was a four-part data collection series, where each topic-specific questionnaire was conducted over a two-week span resulting in an eight-week data collection period. This data collection series included four three-question surveys targeting key topic areas to be conducted with clients and patients.

The Pulse Surveys were designed to be woven into existing intake and appointment processes of participating agencies/organizations. Community partners administered the Pulse Survey series between July 26, 2021 and September 17, 2021, using a variety of delivery methods including in-person interviews, phone interviews, in-person paper surveys, and through client text services. Pulse Survey questionnaires were provided in English and Spanish.

Each Pulse Survey focused on a different quality of life topic area (aging, economic security, children, and disability) using a Likert-scale question and open-ended topic-specific question. Additionally, each survey included an open-ended equity question. Within Crawford, Oscoda, and Roscommon Counties, 22 aging, 3 children, 5 disability, and 11 economic responses were collected.

The target population for the Pulse Survey series included those historically excluded, economically disadvantaged, older adults, racial and ethnic minorities, those unemployed, uninsured and under-insured, Medicaid eligible, children of low-income families, LGBTQ+ and gender non-conforming, people with HIV, people with severe mental and behavioral health disorders, people experiencing homelessness, refugees, people with a disability, and many others.





Key themes that emerged from pulse survey responses that rated the following the statement low, "My community is a good place to age."

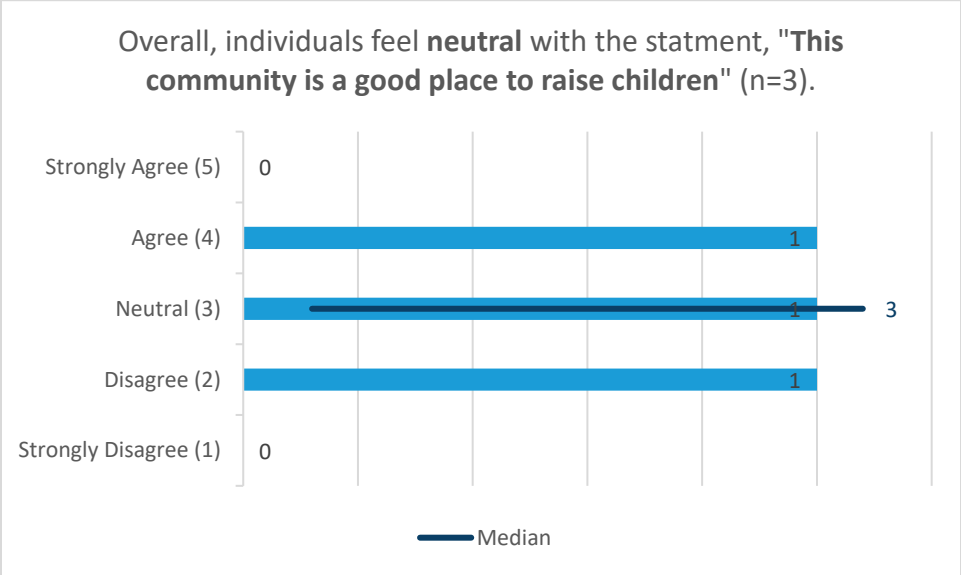
1	Lack of Resources
2	Lack of Transportation
3	Poverty
4	Geographic Location/Rurality
5	Lack of Housing
6	Social Stigma and Discrimination
7	Lack of Healthcare

**Themes emerged from the 10-county MiThrive Northeast Region data.*

Thinking more broadly, what are some ways in which your community could ensure everyone has a chance at living the healthiest life possible?

1	Improve Built Environment
2	Promote Community Engagement
3	Improve Outreach Efforts
4	Promote Nutrition and Physical Activity
5	Improved Transportation
6	Improve the Healthcare System
7	Increase Housing Options
8	Promote Social Justice
9	Greater Focus on Mental Health

**Themes emerged from the 10-county MiThrive Northeast Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "This community is a good place to raise children."

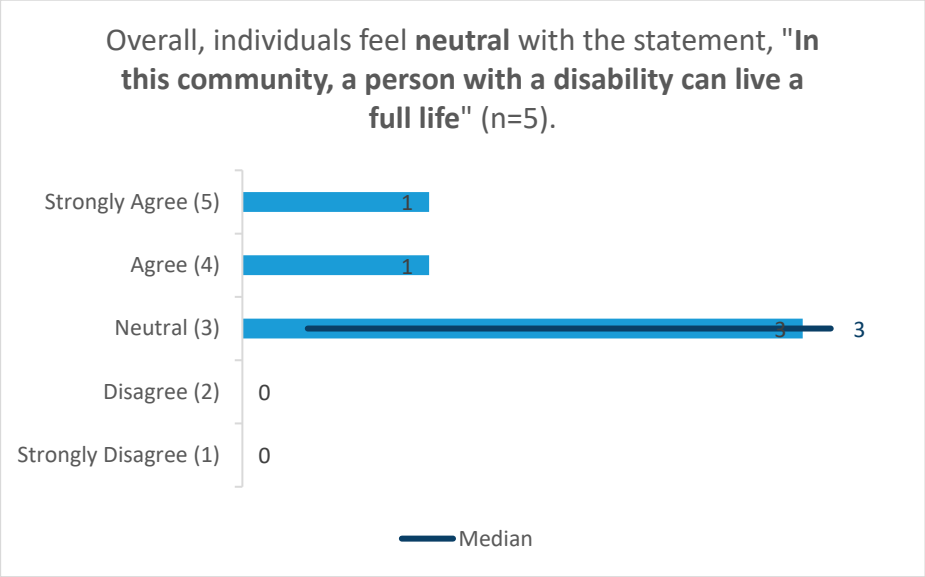
1	Lack of Resources
2	Poverty
3	Safety Concerns

**Themes emerged from the 10-county MiThrive Northeast Region data.*

Thinking more broadly, how can we come together so that people promote each other's well-being and not just their own?

1	Strengthen Community Connection and Support
2	Affordable Recreation Opportunities
3	Address Political Division
4	Increase Mental Health Supports
5	More Resources and Services
6	Strengthen Family Support

**Themes emerged from the 10-county MiThrive Northeast Region data.*


Overall, individuals feel **neutral** with the statement, "**In this community, a person with a disability can live a full life**" (n=5).
Strongly Agree (5)
1
Agree (4)
1
Neutral (3)
3
3
Disagree (2)
0
Strongly Disagree (1)
0
Median

Key themes that emerged from pulse survey responses that rated the following the statement low, "In this community, a person with a disability can live a full life."

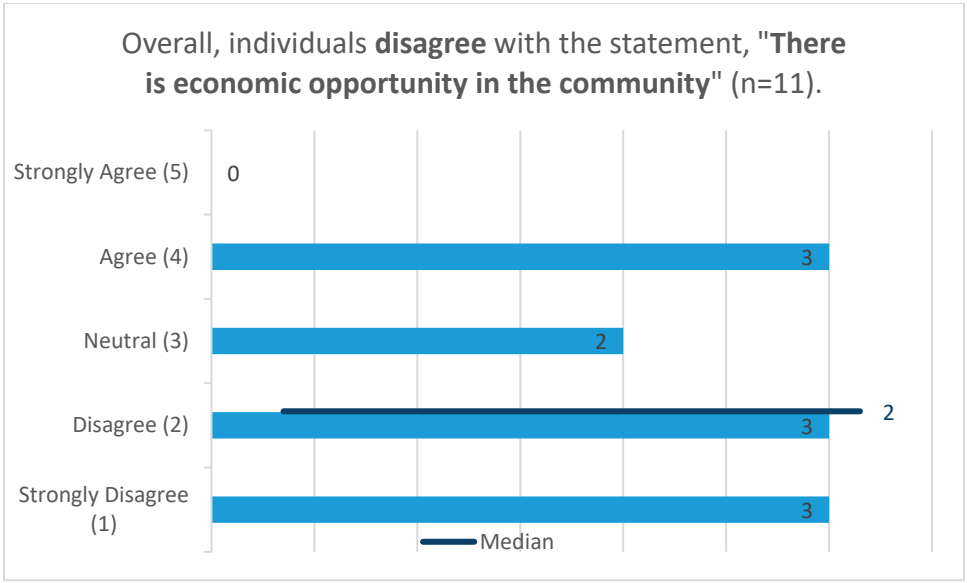
1	Lack of Resources
2	Lack of Accessible Infrastructure
3	System Issues
4	Geographic Location/Rurality
5	Need for More Community Support
6	Poverty

**Themes emerged from the 10-county MiThrive Northeast Region data.*

Thinking more broadly, think about groups that experience relatively good health and those that experience poor health. Why do you think there is a difference?

1	Lack of Healthcare
2	Poverty
3	System Navigation Issues
4	Lack of Education
5	Need for Increased Community Support
6	Lack of Resources
7	Lack of Insurance

**Themes emerged from the 10-county MiThrive Northeast Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "There is economic opportunity in the community."

1	Job Availability
2	Lack of Housing
3	Poor Wages
4	Lack of Resources
5	Childcare
6	Transportation/Commute
7	Rurality/Geographic Location

**Themes emerged from the 10-county MiThrive Northeast Region data.*

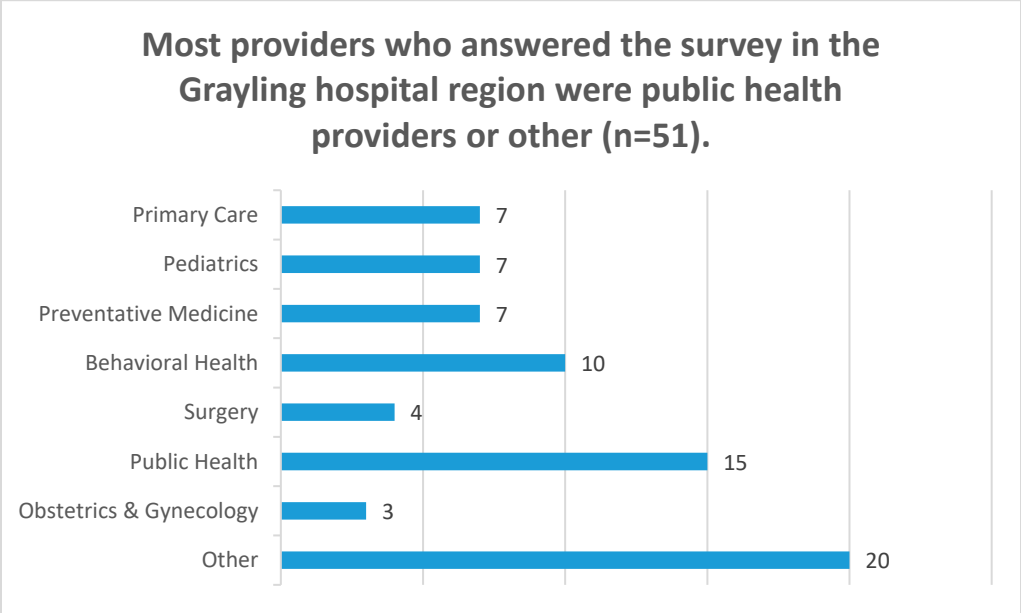
Thinking more broadly, how would you ensure that people in tough life circumstances come to have as good a chance as others do in achieving good health and wellbeing over time?

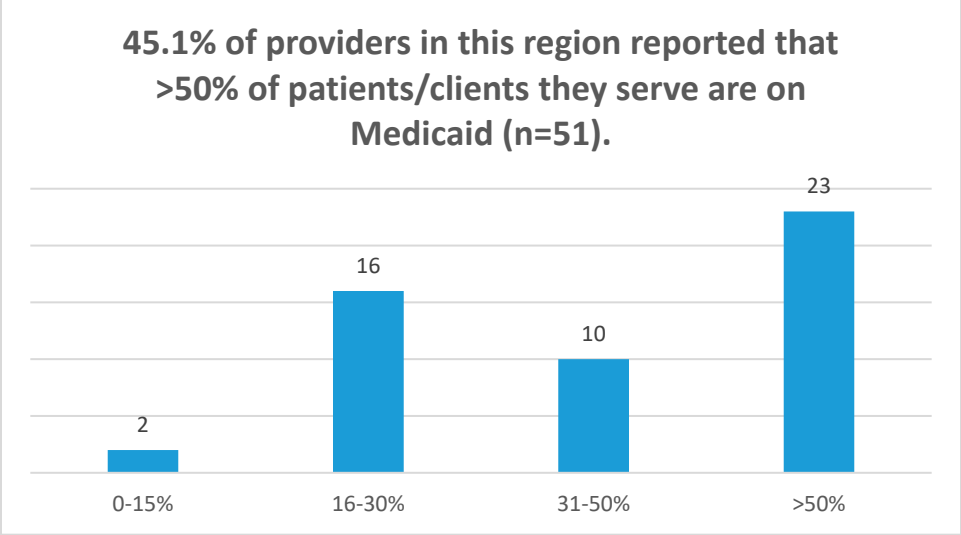
1	Change in Healthcare System
2	Increase Financial Assistance/Government Assistance
3	More Resource Navigation
4	Increased Education and Job Availability
5	Increased Community Support/Support Systems
6	More Affordable and Accessible Childcare
7	More COVID-19 Prevention Measures
8	Insurance

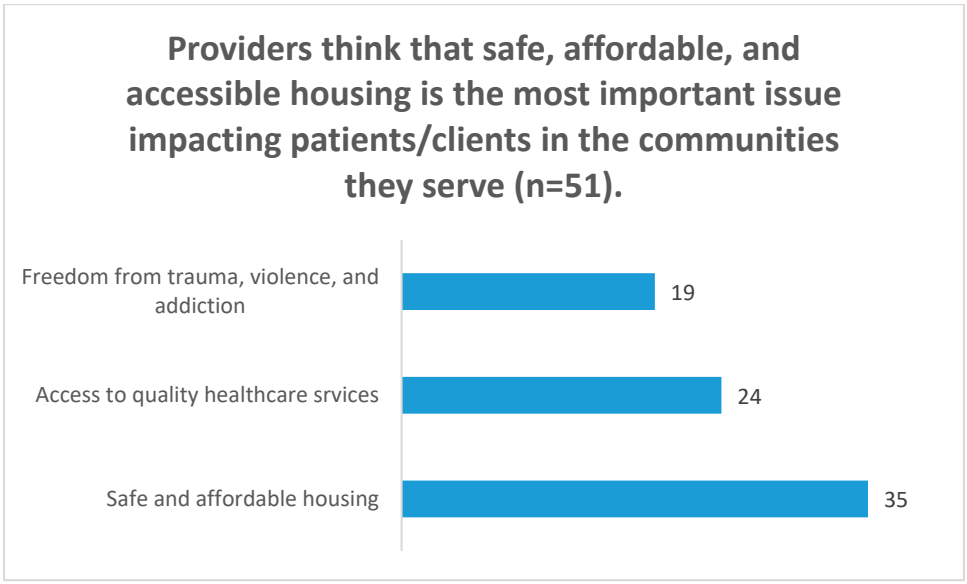
**Themes emerged from the 10-county MiThrive Northeast Region data.*

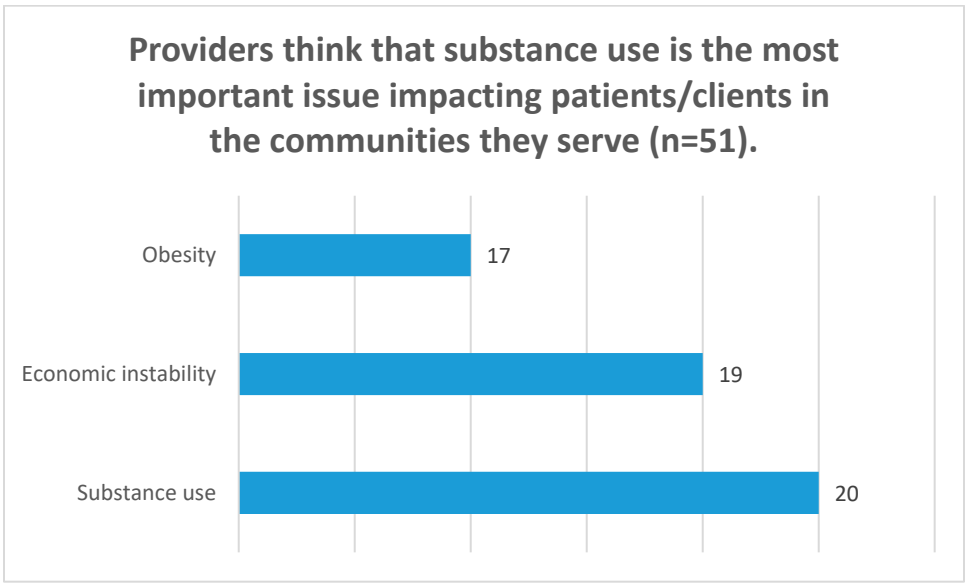
- **Healthcare Provider Survey**

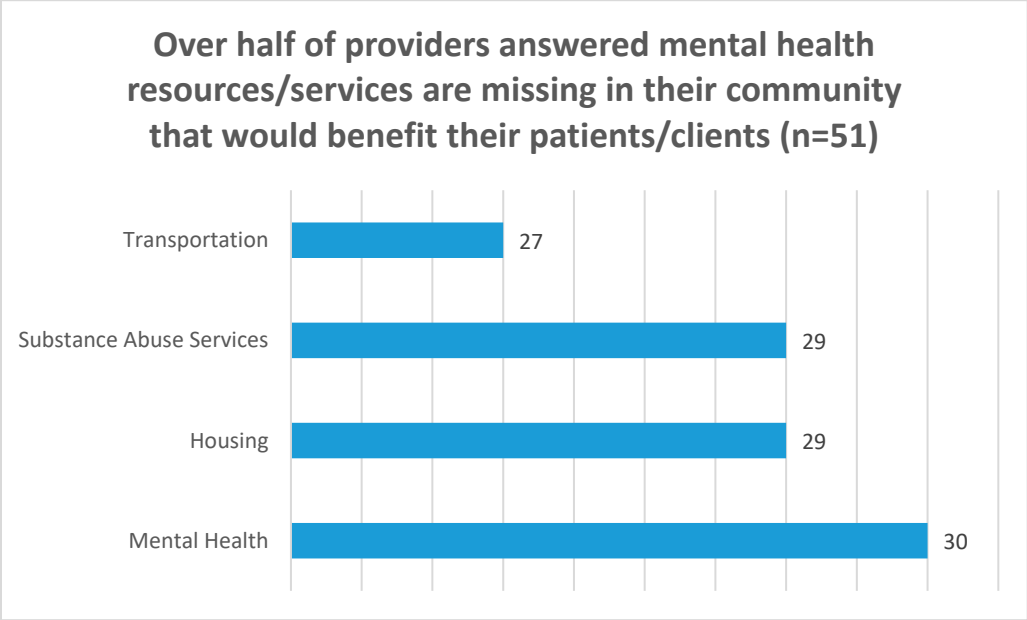
Data collected for the Healthcare Provider Survey was gathered through a self-administered, electronic survey. It asked 10 questions about what is important to the community and what factors are impacting the community, plus quality of life, built environment, community assets, and demographic questions. The survey was open from October 18, 2021 to November 7, 2021. Healthcare partners such as hospitals, federally qualified health centers, and local health departments, among others, sent the Healthcare Provider Survey via an electronic link to their physicians, nurses, and other clinicians. Additionally, partner organizations supported survey promotion by sharing the survey link with external community partners. Fifty-one providers completed the Healthcare Provider Survey in Crawford, Oscoda, and Roscommon Counties.


Most providers who answered the survey in the Grayling hospital region were public health providers or other (n=51).
Primary Care
7
Pediatrics
7
Preventative Medicine
7
Behavioral Health
10
Surgery
4
Public Health
15
Obstetrics & Gynecology
3
Other
20


45.1% of providers in this region reported that >50% of patients/clients they serve are on Medicaid (n=51).
2
16
10
23
0-15%
16-30%
31-50%
>50%


Providers think that safe, affordable, and accessible housing is the most important issue impacting patients/clients in the communities they serve (n=51).
Freedom from trauma, violence, and addiction
19
Access to quality healthcare srvices
24
Safe and affordable housing
35


Providers think that substance use is the most important issue impacting patients/clients in the communities they serve (n=51).
Obesity
17
Economic instability
19
Substance use
20


Over half of providers answered mental health resources/services are missing in their community that would benefit their patients/clients (n=51)
Transportation
27
Substance Abuse Services
29
Housing
29
Mental Health
30

- **C**ommunity System Assessment

The Community System Assessment focuses on organizations that contribute to well-being. It answers the questions, “What are the components, activities, competencies, and capacities in the regional system?” and “How are services being provided to our residents?”. It was designed to improve organizational and community communication by bringing a broad spectrum of partners to the same table; exploring interconnections in the community system; and identifying system strengths and opportunities for improvement. The Community System Assessment was composed of two components: Community System Assessment and subsequent focused discussions at 11 county level community coordinating bodies. A total of 172 residents and partners, representing 62 organizations participated in the Community System Events and/or Focused Discussions in the Northeast Region.

- **Community System Assessment Event**

In August, residents and community partners assessed the system’s capacity in the MiThrive Northwest, Northeast, and Northwest Regions. Through a facilitated discussion, they identified system strengths and opportunities for improvement among eight domains.

Community System Assessment—System Strengths Summary

Focus Area and Definition	System Strengths in the Northeast Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Organizations in the system know what resources are available. • Organizations do work together to connect people to the resources they need
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• Many organizations in the system work together to alert policymakers and the community of possible public health effects from current or proposed policies
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• No strengths were identified
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• The Community System is composed of many diverse partners
Workforce: The people engaged in or available for work in a particular area	• Michigan Works! is a great asset to address workforce issues
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• There are Individuals and organizations in the System that want to help
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• There is connection and collaboration in the Community System
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Data is collected regarding needs of residents in the community

Community System Assessment—System Opportunities for Improvement Summary

Focus Area and Definition	System Opportunities for Improvement in the Northeast Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community.	• Organizations need to increase understanding of the reasons that people do not get the services they need • The system needs to reduce stigma that may be a barrier to people accessing resources
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• To engage in activities that inform the policy development process, organizations in the system need more staff and funding. • Need to get the decision-makers to the table
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• There are limited resources and manpower • Need to present the data to the identified target population and tailor the data so it is meaningful to them. • Update the Community Health Needs Assessment with current information continuously
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• There is a need to get community members engaged in partnerships • The partnerships could improve upon work to improve community health
Workforce: The people engaged in or available for work in a particular area	• The Community System needs to develop an unmet needs report to better understand workforce gaps • Use the knowledge from the assessment to develop plans to address workforce gaps and shortfalls • Increase wages to create livable wages
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• More staff is needed to make significant change • Need to help people and organizations with strengths find opportunities for leadership • The community system needs more diversity in leadership
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• Increase resident voice and engagement to inform decision-making • Access to Broadband is a barrier • Work collaboratively to link communications plans between organizations
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Include resident voice to identify health disparities and plan ways to reduce inequities • Reduce stigma which leads to bias and discrimination against certain populations

- **Follow-up facilitated conversations at county community collaborative bodies**

  Subsequently, focused conversations were held during county collaborative body meetings for all counties in the Northwest, Northeast, and North Central MiThrive Regions. In the Grayling Region, there were three collaborative meetings in September and October 2021, with a total of 48 participants, and they identified the following areas for improvement:

  - Crawford County Collaborative Body: "**Resources"** was identified as the most important area to focus on in Crawford County
    Specific to Resources, what improvements would you like to see in your Community System in the next three years?
    - Reduce stigma and increase community awareness of health inequities
    - Increase and utilize resident voice
    - Expand virtual connections and internet accessibility

  - Oscoda County Human Service Coordinating Council: "**Community Power/Engagement"** was identified as the most important area to focus on in Oscoda County
    Specific to Community Power/Engagement, what improvements would you like to see in your Community System in the next three years?
    - Broader access to internet and technology options for job seekers and media messaging
    - Increased integration of care across disciplines
    - Increased community involvement of younger age group

  - Roscommon Human Service Coordinating Council: "**Resources"** was identified as the most important area to focus on in Roscommon County
    Specific to Resources, what improvements would you like to see in your Community System in the next three years?
    - Address the issue of stigma: "Those have been turned away are afraid to come back"
    - Increase partnerships that make resources more accessible to a shared target audience
    - Continue to strengthen collaboration

- **Forces of Change Assessment**

The Forces of Change Assessment aims to answer the following questions: "What is occurring or might occur that affects the health of our community or the local system?" and "What specific threats of opportunities are generated by these occurrences?". Like the Community System Assessment, the Forces of Change Assessment was composed of community meetings convened virtually in the Northwest, Northeast, and North Central MiThrive Regions. It focused on trends, factors, and events outside our control within several dimensions, such as government leadership, government budgets/spending priorities, healthcare workforce, access to health services, economic environment, access to social services, and social context.

Top Forces of Change in the Northeast MiThrive Regions

Categories of Forces	Top Forces in Northwest Region
Government Leadership And Spending/Budget Priorities	• Regional and State level approach • Government's diversity of priorities • Community awareness and involvement in decision-making
Sufficient Healthcare Workforce	• Retirement and burnout • Safe, affordable, and accessible housing • Mental health and providers
Access to health services	• Insurance dictates access to healthcare • Workforce shortages and staffing • Funding for health services in rural areas
Economic environment	• Safe, affordable, and accessible housing • Livable wage
Access to social services	• Mental health and substance misuse • Safe, affordable, and accessible housing • Broadband and skills to navigate virtual platforms
Social context	• Access to assistance (food, paying utility bills) • Broadband • Social justice, equity and inclusion
Impacts related to COVID-19	• Rurality, connectivity, transportation, technology, education • Mistrust • Mental health

Data Limitations

Community Health Status Assessment

- Since scores are based on comparisons, low scores can result even from very serious issues if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some data is missing for some counties – as a result, the "regional average" may not include all counties in the region. Additionally, some counties share data points; For example, in the Michigan Profile for Healthy Youth, data from Crawford, Ogemaw, Oscoda, and Roscommon counties is aggregated; therefore each of these counties will have the same value in the MiThrive dataset.
- Secondary data tells only part of the story. Viewing all the assessments holistically is therefore necessary.
- Some data sources have not updated data since the past MiThrive cycle; therefore, values for some indicators may not have changed and cannot be used to show trends from last cycle to this cycle.

Community System Assessment

- Completing the Community System Assessment is a means to an end rather than an end in itself. The results of the assessment should inform and result in action to improve the Community System's infrastructure and capability to address health improvement issues.
- Each respondent self-reports with their different experiences and perspectives. Based on these perspectives, gathering responses for each question includes some subjectivity.
- When completing the assessment at the regional events or at the county level, there were time constraints for discussion, and some key stakeholders were missing from the table.
- Some participants tended to focus on how well their organization addressed the focus areas for health improvement rather than assessing the system of organizations as a whole.

Community Themes and Strengths Assessment (CTSA)

- A unique target number of completed CTSA Community Surveys was set for each county based on county population size. Survey responses were not weighted for counties who exceeded this target number.
- While the CTSA Community Survey was offered online and in-person, most surveys were collected digitally.
- Partial responses were removed from the CTSA Community Survey.

- Outreach and promotion for the CTSA Provider Survey was driven by existing MiThrive partners, which influenced the distribution of survey responses across provider entities.
- The CTSA Pulse Surveys were conducted across a wide variety of agencies and organizations. Additionally, survey delivery varied including in-person interview, over-the-phone interview, text survey, and paper format.

Forces of Change Assessment

- Participants self-selected into one of eight Forces of Change Assessment topic areas during the events and discussed forces, trends, and events using a standardized Facilitation Guide – although facilitators and notetakers differed for the topic areas and events.
- These virtual events removed some barriers for participants – although internet accessibility was a requirement to participate.
- When completing the assessment, there were time constraints for discussion, and some key stakeholders were missing from the table.
- MiThrive staff selected the eight topic areas using the MAPP's guidance in addition to insights from the MiThrive Core Team members.
- COVID-19 was included as a standalone topic area, and all participants were advised of the topic areas and instructed to focus on their topic area with minimal discussion on COVID-19 unless it was their specific topic area.

Manistee Region

Manistee County

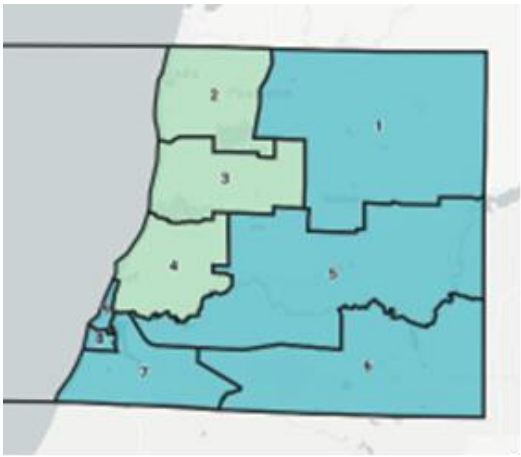
- **Community Health Status Assessment**

The Community Health Status Assessment identifies priority community health and quality of life issues. It answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?". The answers to these questions were measured by collecting 100 secondary indicators from different sources, including the Michigan Department of Health and Human Services, US Census Bureau, and US Centers for Disease Control and Prevention.

The Design Team assured secondary data included measures of social and economic inequity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35% of household income; high school graduation rate; income inequality; median household income; median value of owner-occupied homes; political participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and well-being. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English "less than well"; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

As illustrated in the map at right, Census Tracts in Manistee County are generally moderate to high inland.



Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

Community Health Status Assessment indicators were collected and analyzed by county for MiThrive's 31-county region from the following sources:

- County Health Rankings
- Feeding America
- Kids Count
- Michigan Behavioral Risk Factor Surveillance Survey
- Michigan Cancer Surveillance Program
- Michigan Care Improvement Registry
- Michigan Health Statistics
- Michigan Profile for Healthy Youth
- Michigan School Data
- Michigan Secretary of State
- Michigan Substance Use Disorder Data Repository
- Michigan Vital Records
- Princeton Eviction Lab
- United for ALICE
- U.S. Census Bureau
- U.S. Health Resources & Services Administration
- U.S. Department of Agriculture

Each indicator was scored on a scale of zero to three by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region as well as state, national, and Healthy People 2030 targets when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data". **Of about 100 secondary indicators, there were 35 statistics in Manistee County that scored above 1.5, indicating they were worse than their MiThrive region or State rates:**

- Median household income
- ALICE households
- Children enrolled in early education
- Students not proficient in Grade 4 English
- Special education % Child Find
- High School graduation rate
- Bachelor's degree or higher
- Fully immunized toddlers aged 19-35 months
- Median value of owner-occupied homes
- Renters (% of all occupied homes)
- Vacant housing units
- Child abuse and neglect
- Child food insecurity
- Population food insecurity
- Breast cancer incidence
- Colorectal cancer
- Adults: Ever told diabetes

- Adults: Heart disease
- Adults: Ever told COPD
- Teens: Asthma
- Teens: Major depressive episode
- Adults: Poor mental health 14+ days per month
- Teens: Obesity
- Teens: Overweight
- Adults: Overweight
- Teens: Smoked cigarettes in the past 30 days
- All causes of death
- All cancer mortality
- Diabetes mortality
- YPLL Pneumonia/flu
- Injury mortality
- Motor vehicle crash mortality
- Intentional self-harm mortality
- Alzheimer's/Dementia mortality
- Chronic lower respiratory disease mortality
- Alcohol-induced mortality

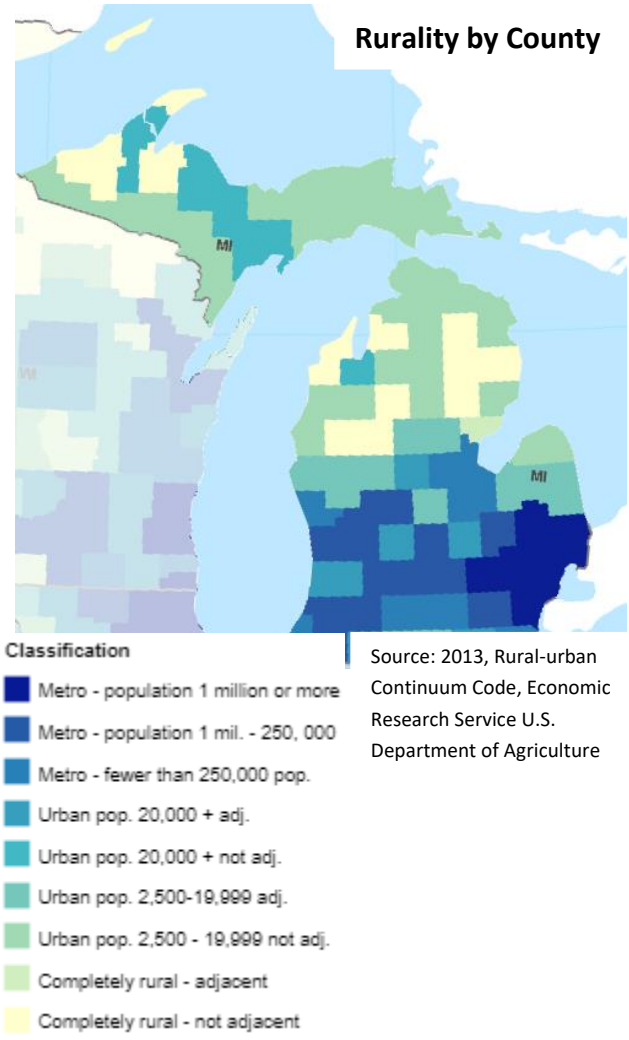
Please see Appendix B for values of indicators scored over 1.5

Geography and Population

The service area for Munson's Manistee Region – which includes Munson Healthcare Manistee Hospital – is composed of Manistee County. Manistee County is known for its clean environment and abundant resources for outdoor recreation. Most of the region is designated as "rural" by the U.S. Census Bureau. This is one of its most important characteristics, as rurality influences health and well-being.

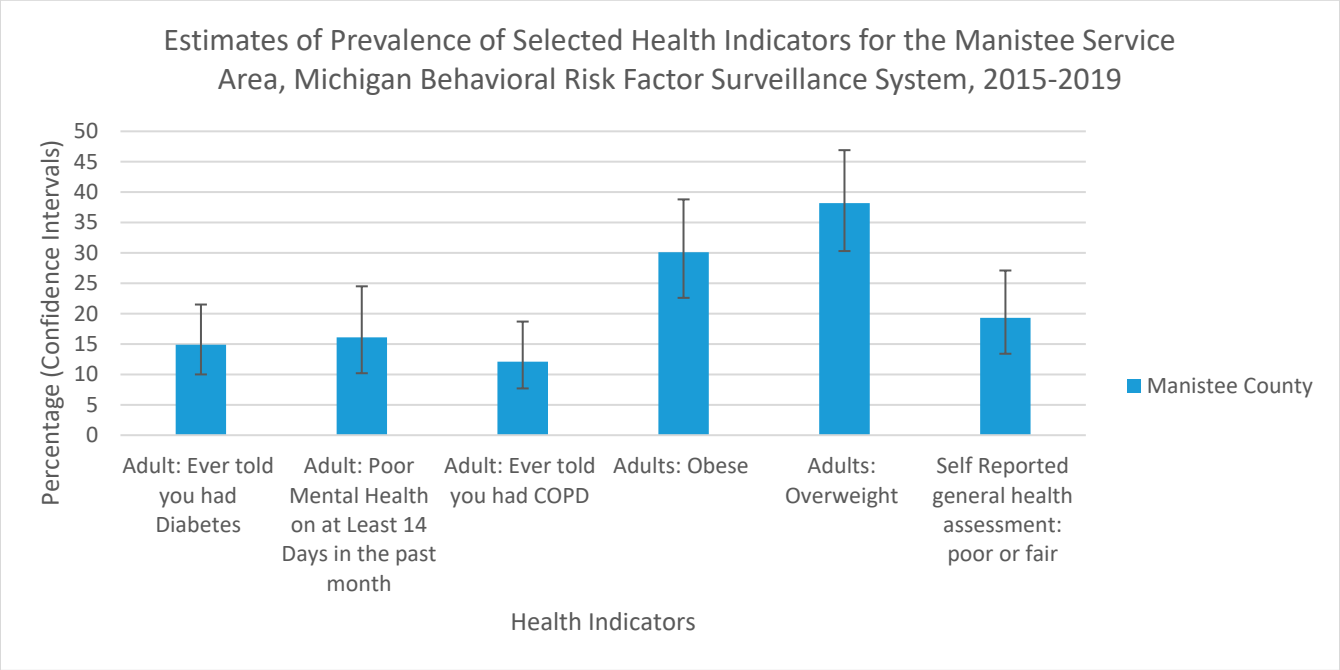
The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 24,558 people who live in Manistee County, 88.6% are white. The largest racial or ethnic minority groups are Black or African American (3.4%), Hispanic or Latino (3.5%) and American Indian and Alaska Native (2.3%).

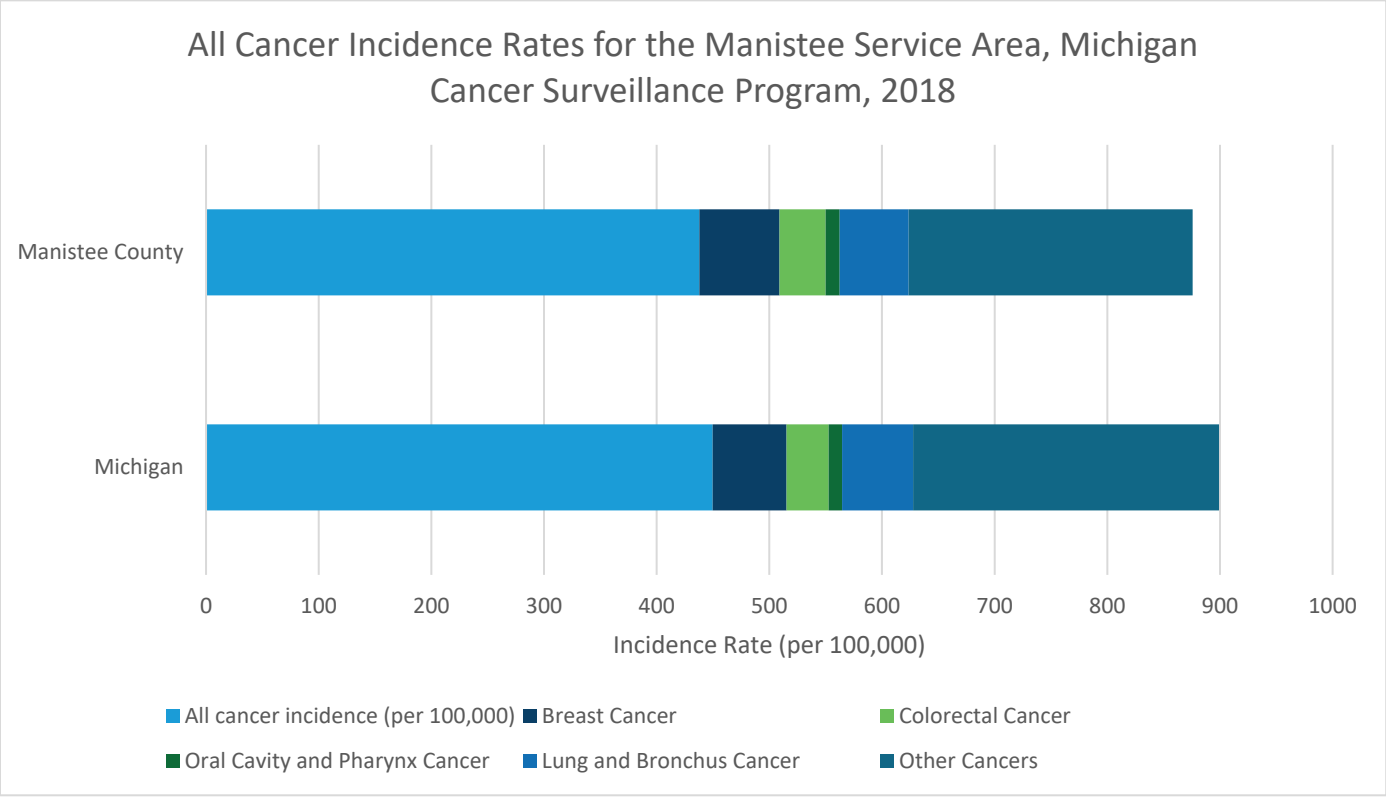
Rurality by County

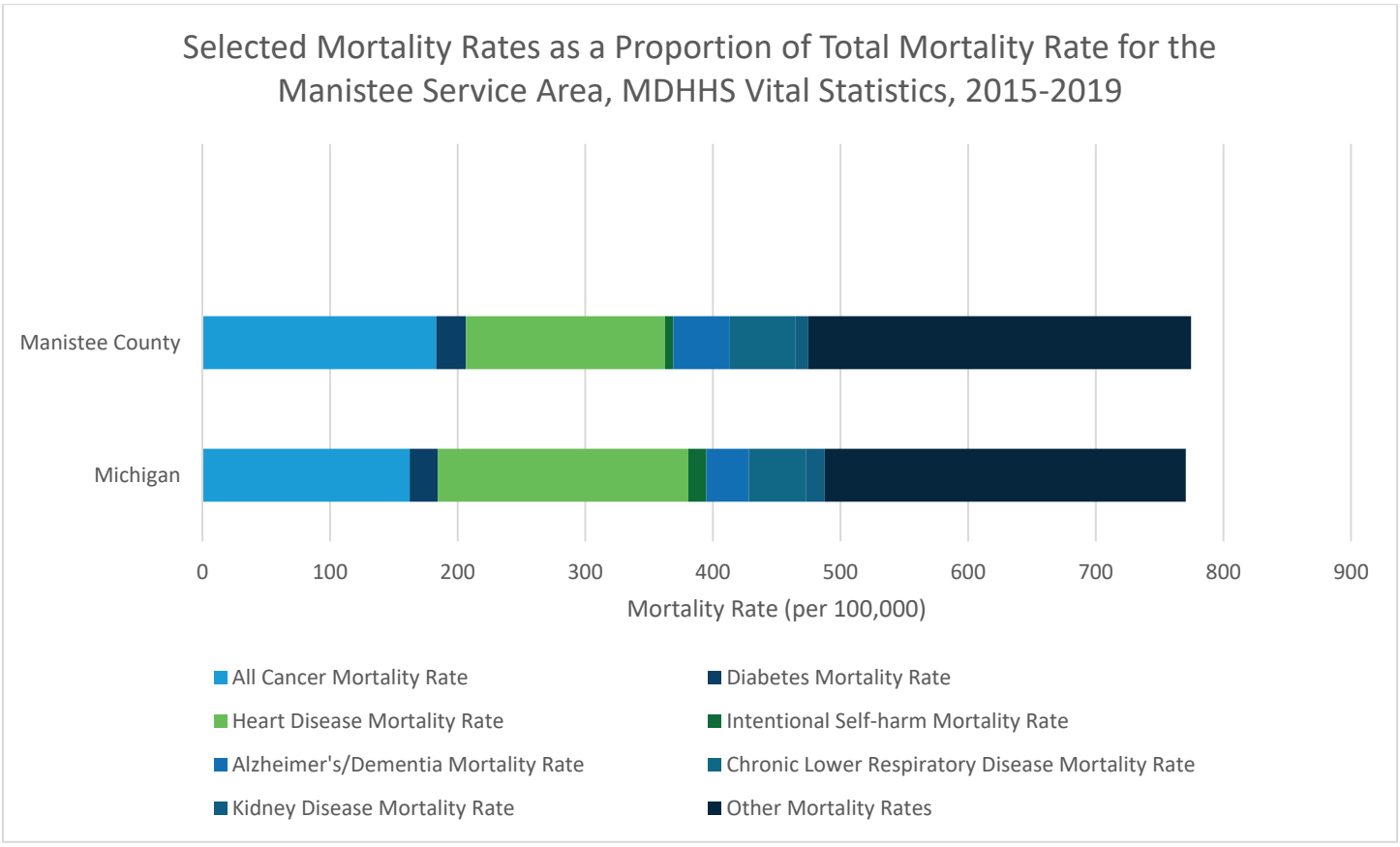


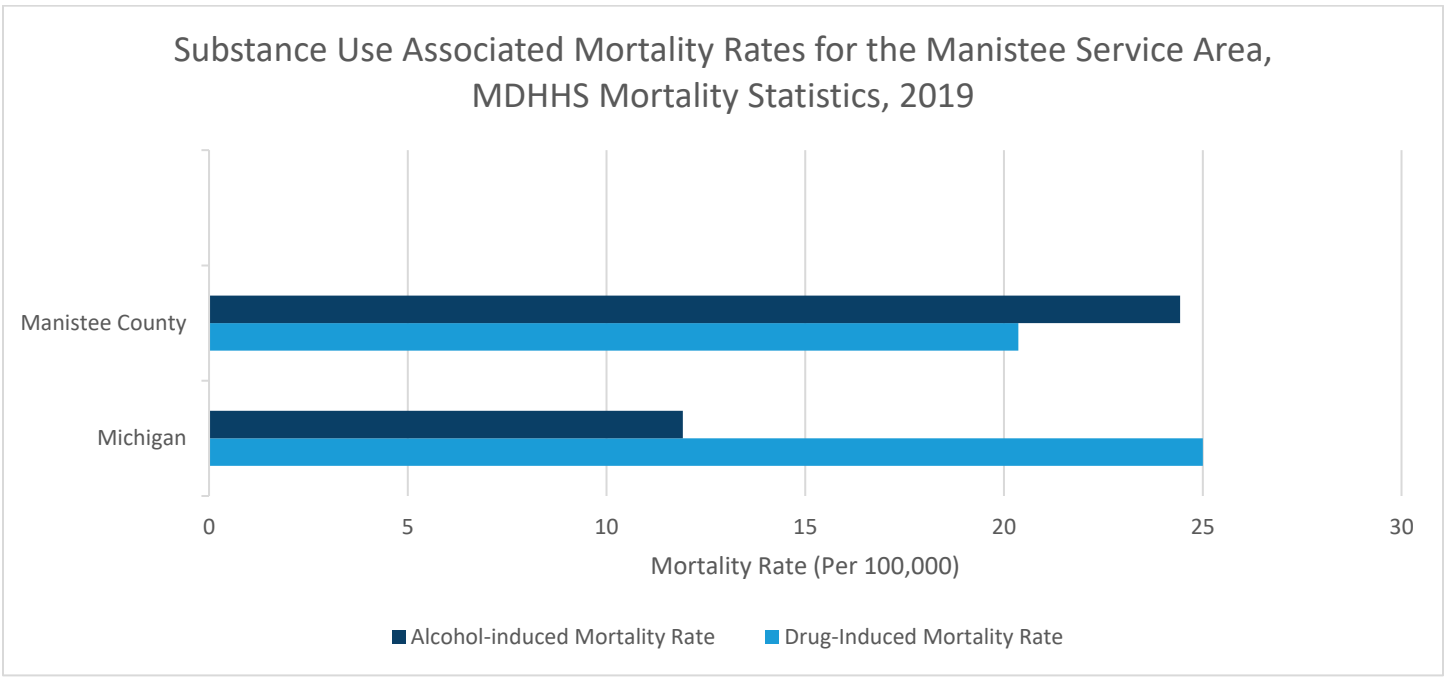
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

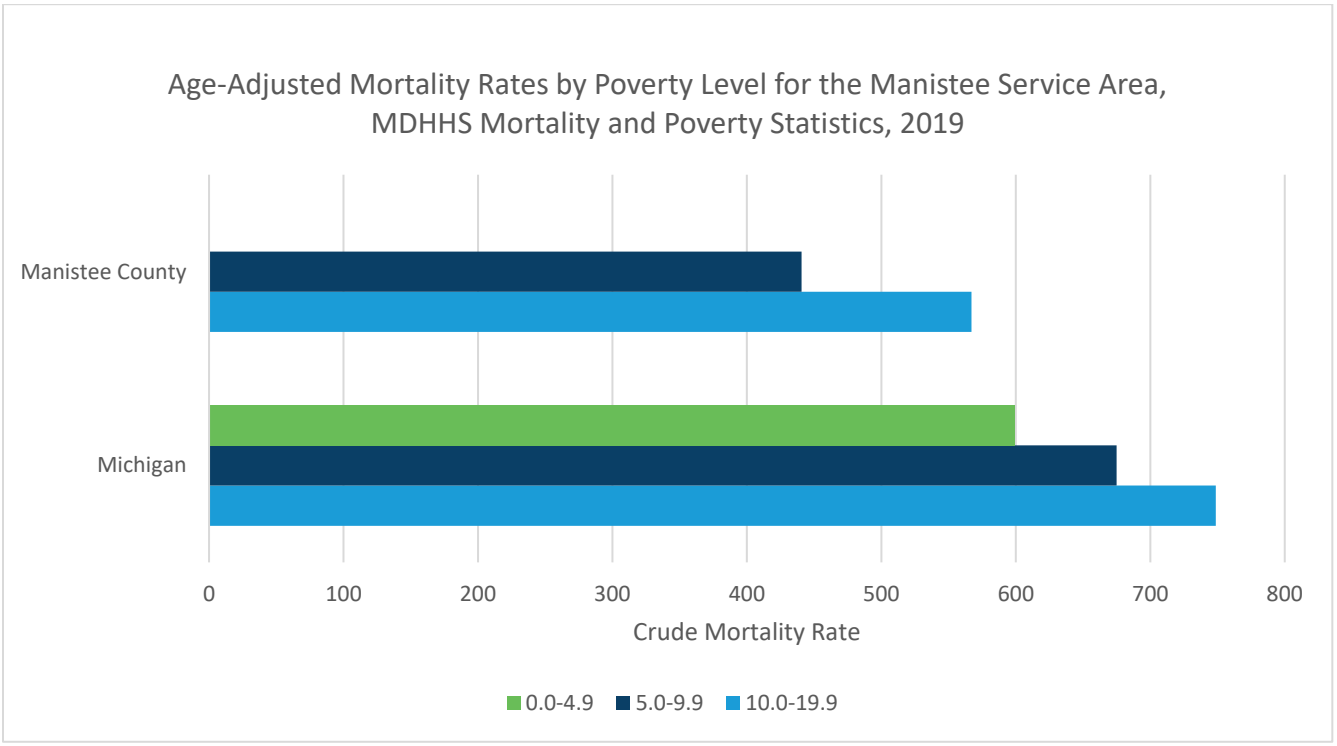
Selected Morbidity and Mortality Indicators for the Manistee Service Area



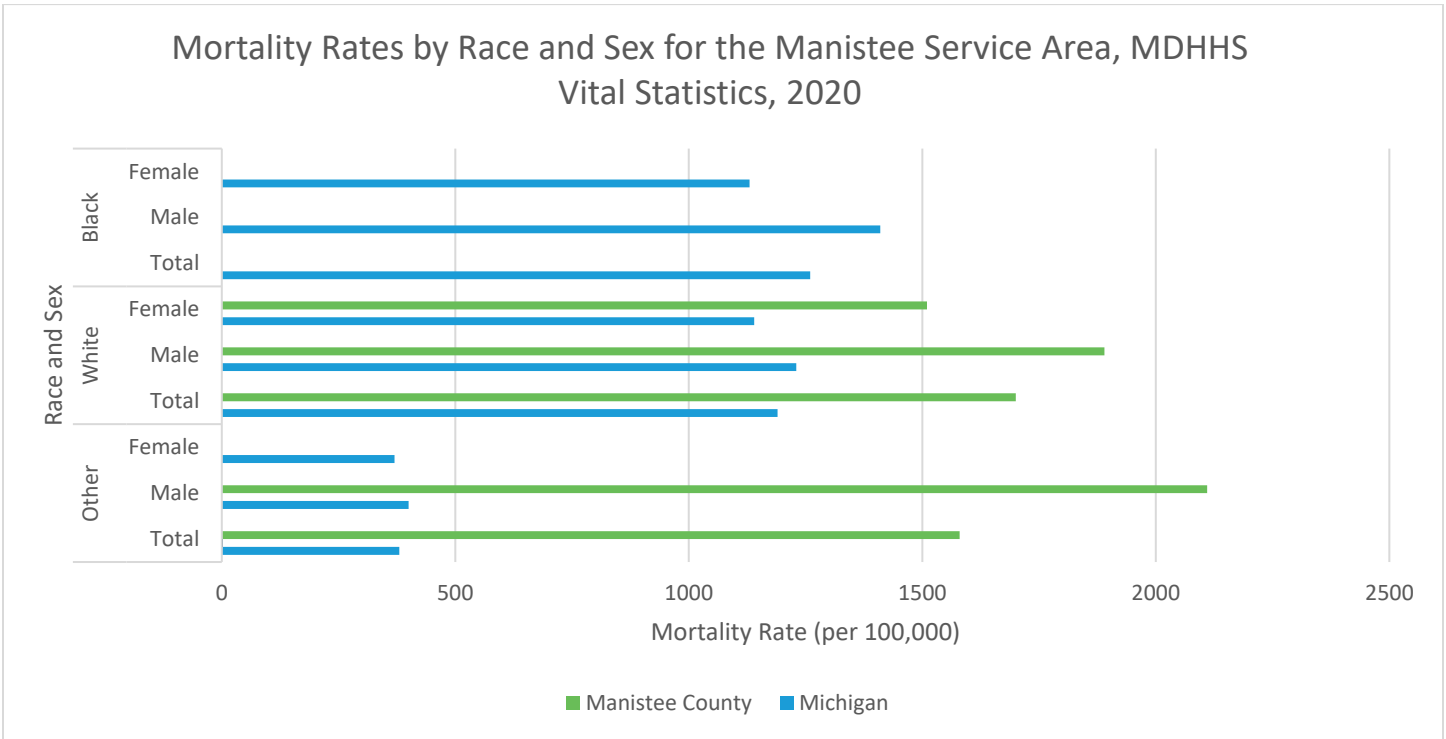


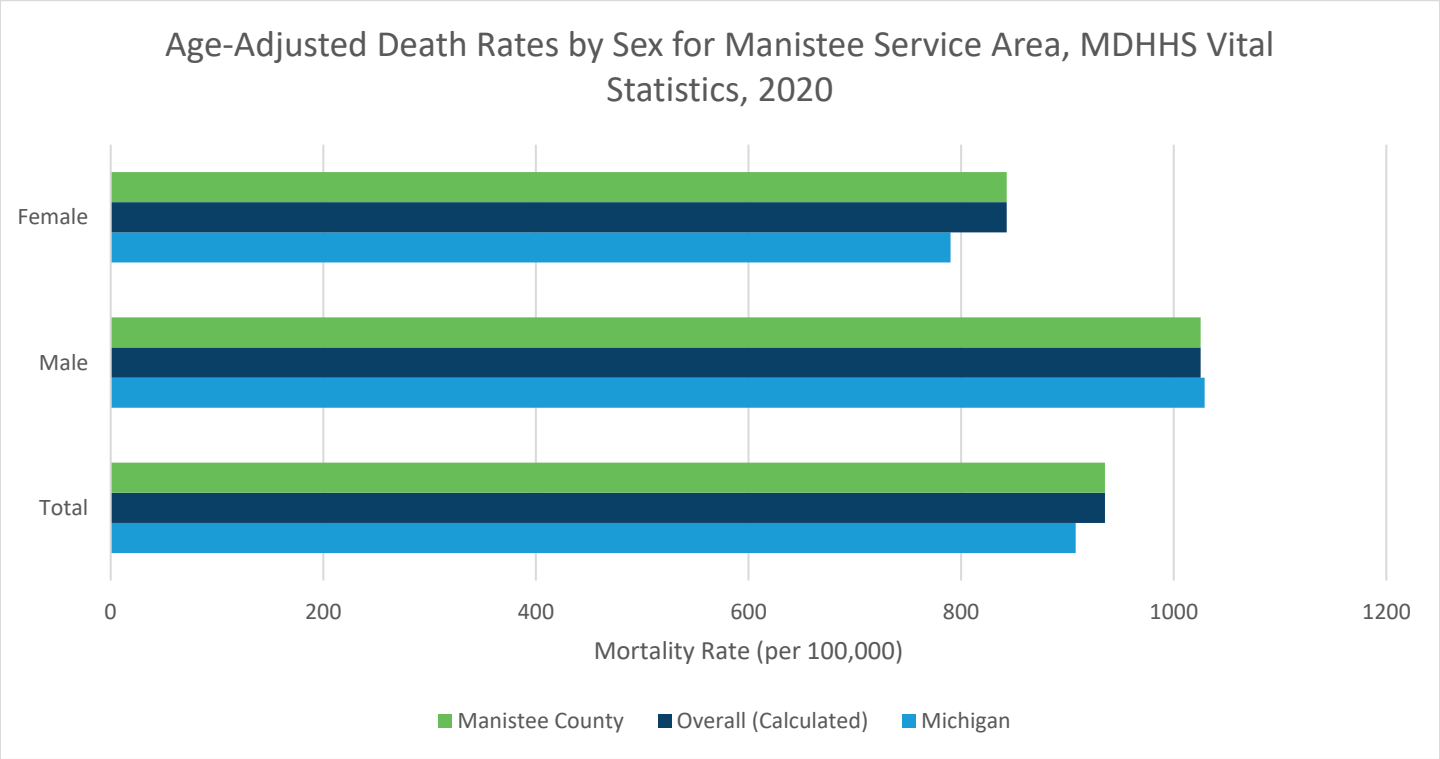

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Manistee Service Area, MDHHS Vital Statistics, 2015-2019
Manistee County
Michigan
0
100
200
300
400
500
600
700
800
900
Mortality Rate (per 100,000)
All Cancer Mortality Rate
Diabetes Mortality Rate
Heart Disease Mortality Rate
Intentional Self-harm Mortality Rate
Alzheimer's/Dementia Mortality Rate
Chronic Lower Respiratory Disease Mortality Rate
Kidney Disease Mortality Rate
Other Mortality Rates


Substance Use Associated Mortality Rates for the Manistee Service Area, MDHHS Mortality Statistics, 2019
Manistee County
Michigan
0
5
10
15
20
25
30
Mortality Rate (Per 100,000)
Alcohol-induced Mortality Rate
Drug-Induced Mortality Rate



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.





Note: Age-adjustment was performed using the standardized population from the United States Census, 2000.

- **Community Themes and Strengths Assessment**

The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the following questions:

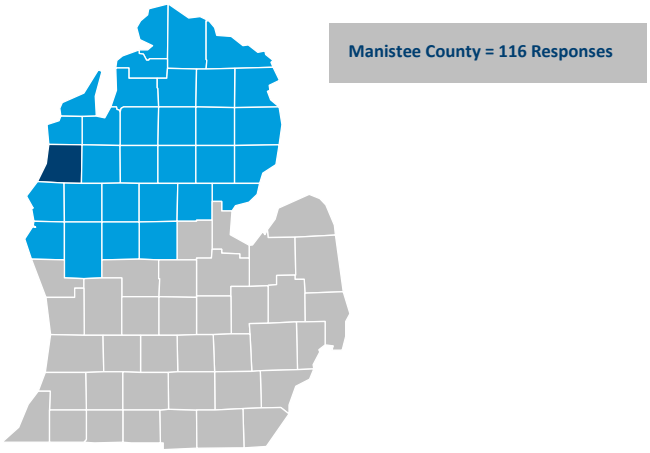
"What is important to our community?"
"How is quality perceived in our community?"
"What assets do have that can be used to improve well-being?"

For the Community Themes and Strengths Assessment, the MiThrive Design Team designed three types of surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey (Please see Appendix B for survey instruments).

- **Community Survey**
  The Community Survey asked 18 questions about what is important to the community and what factors are impacting the community, plus quality of life, built environment, and demographic questions. The Community Survey also asked respondents to identify assets in their communities. Please see Appendix C for assets identified for Manistee County.

Community Surveys were administered electronically and via paper format in both English and Spanish. The electronic version of the survey was available through an electronic link and QR code.

A total of **116 community survey** responses were collected in **Manistee County**.



The survey was open from Monday, October 4, 2021 to Friday, November 5, 2021. Five $50 gift cards were used as an incentive for completing the survey. Partner organizations supported survey promotion through social media and community outreach. Promotional materials developed for Community Survey include a flyer, social media content, and press release. One-hundred and sixteen Community Surveys were collected from Manistee County.

Survey respondents were asked to imagine a ladder with steps numbered from zero at the bottom to ten at the top. The **top of the ladder represented the best possible life (10)** and the **bottom of the ladder represented the worst possible life (0)**. Survey respondents identified where they felt they stood on the ladder at the time of completing the survey (Figure 1) and where they felt they would stand three years from now (Figure 2).

Figure 1: 31.30% of individuals in Manistee County are currently either struggling or suffering compared to 68.70% who are thriving (n=115).

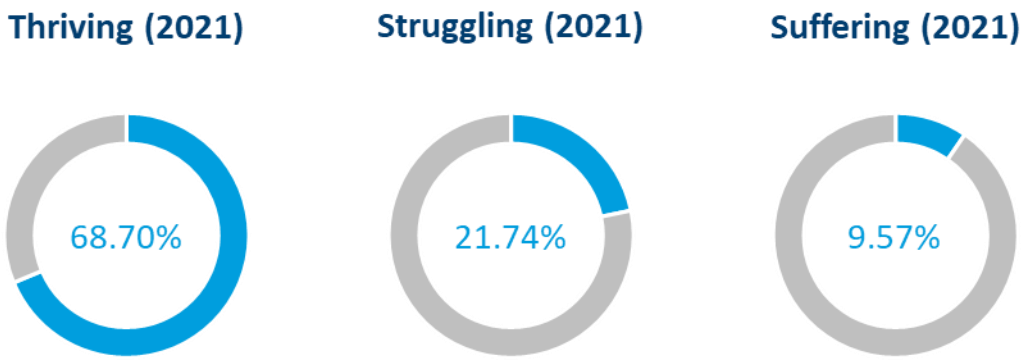
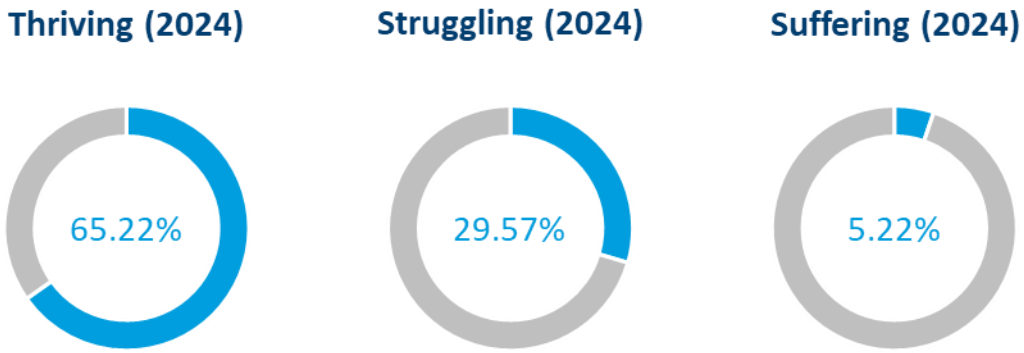
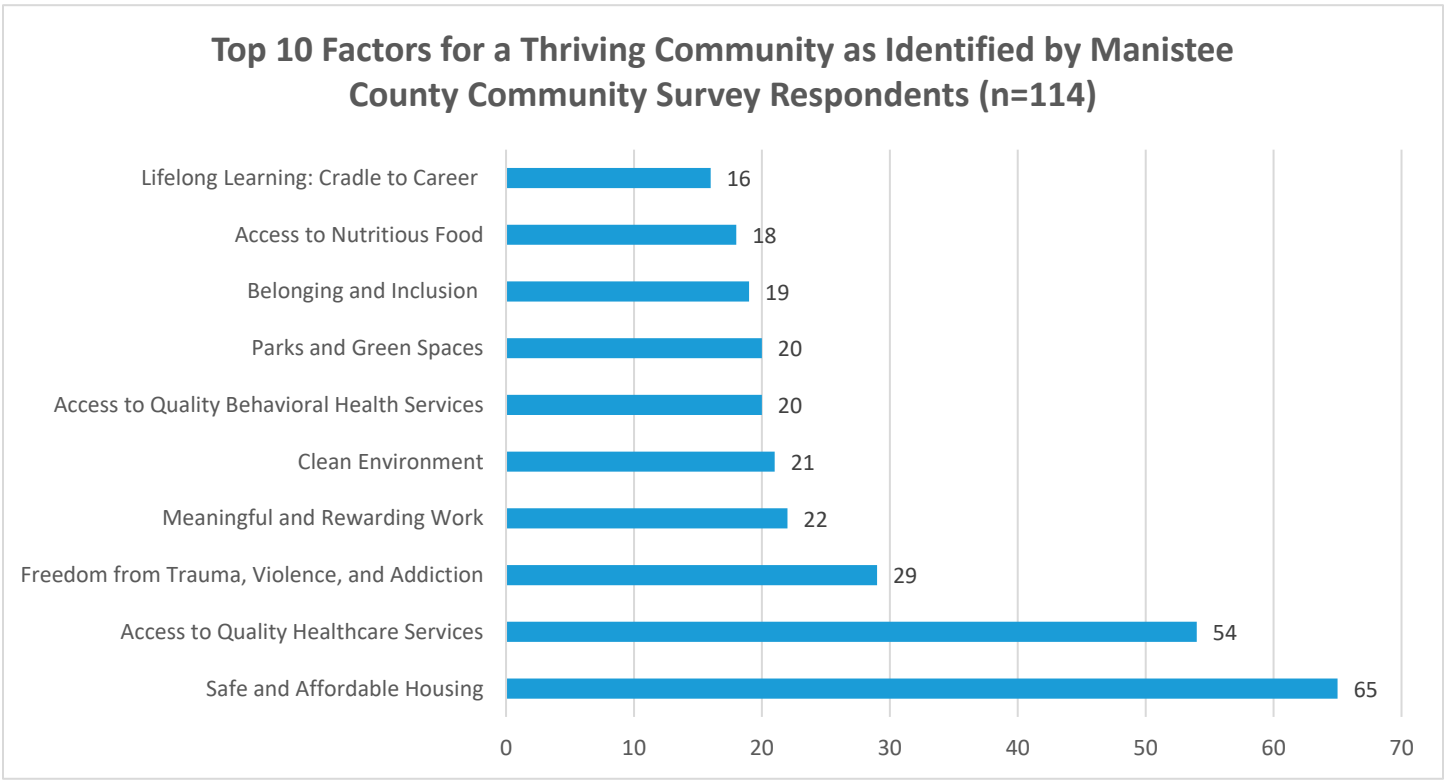


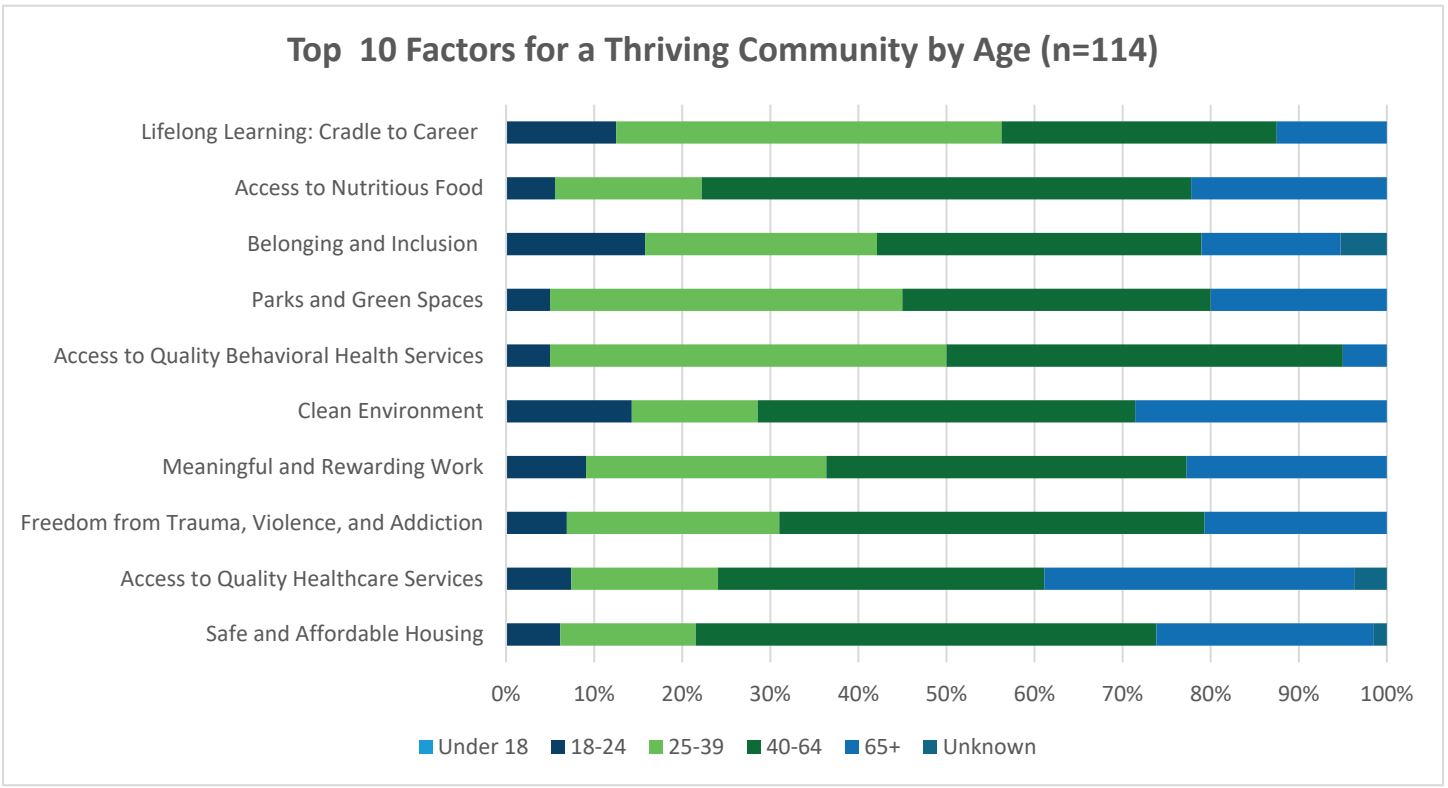
Figure 2: 34.78% of individuals in Manistee County predict they will either be struggling or suffering compared to 65.22% who predict they will be thriving three years from now (n=115).



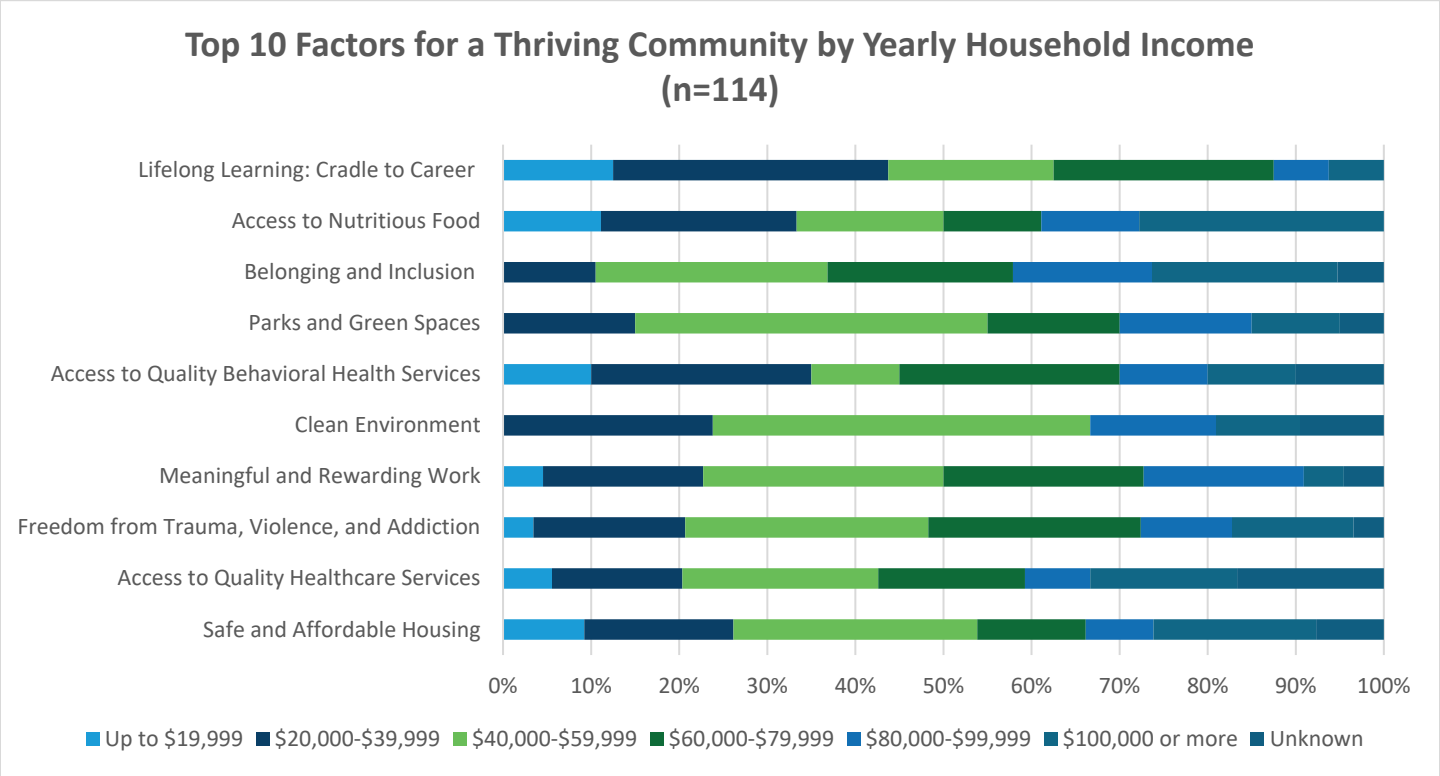
On average, individuals in Manistee County felt they would move **.87 of a step higher** on the ladder three years from how they scored themselves presently (n=115).

**The Cantril-Ladder self-anchoring scale is used to measure subjective wellbeing. Scores can be grouped into three categories – thriving, struggling, and suffering. Cantril's Ladder data was analyzed separately for the purpose of the 2021 MiThrive Community Health Needs Assessment.*

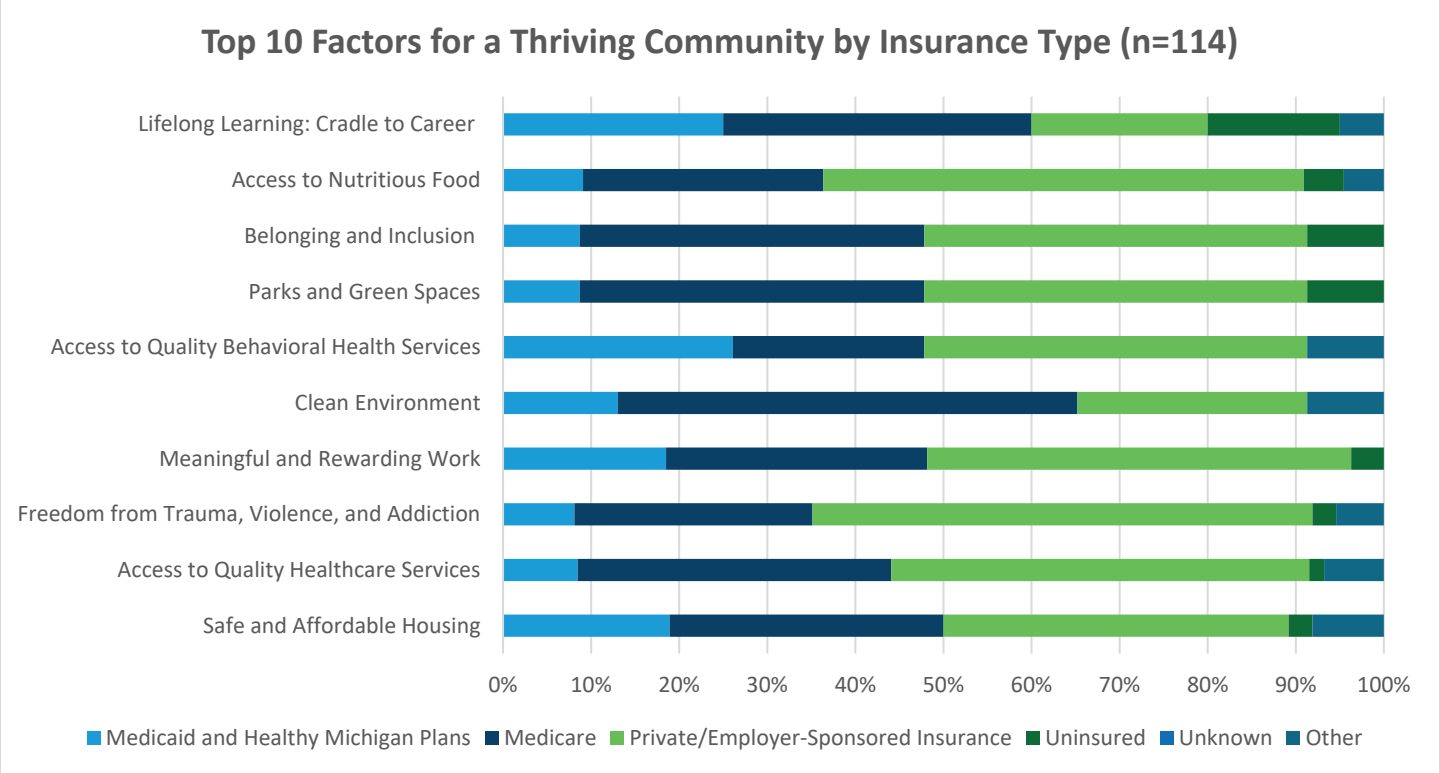




Individuals **age 65+** make up a larger proportion of those who thought **access to quality healthcare services** was an important factor for a thriving community in comparison to the other eight top factors.

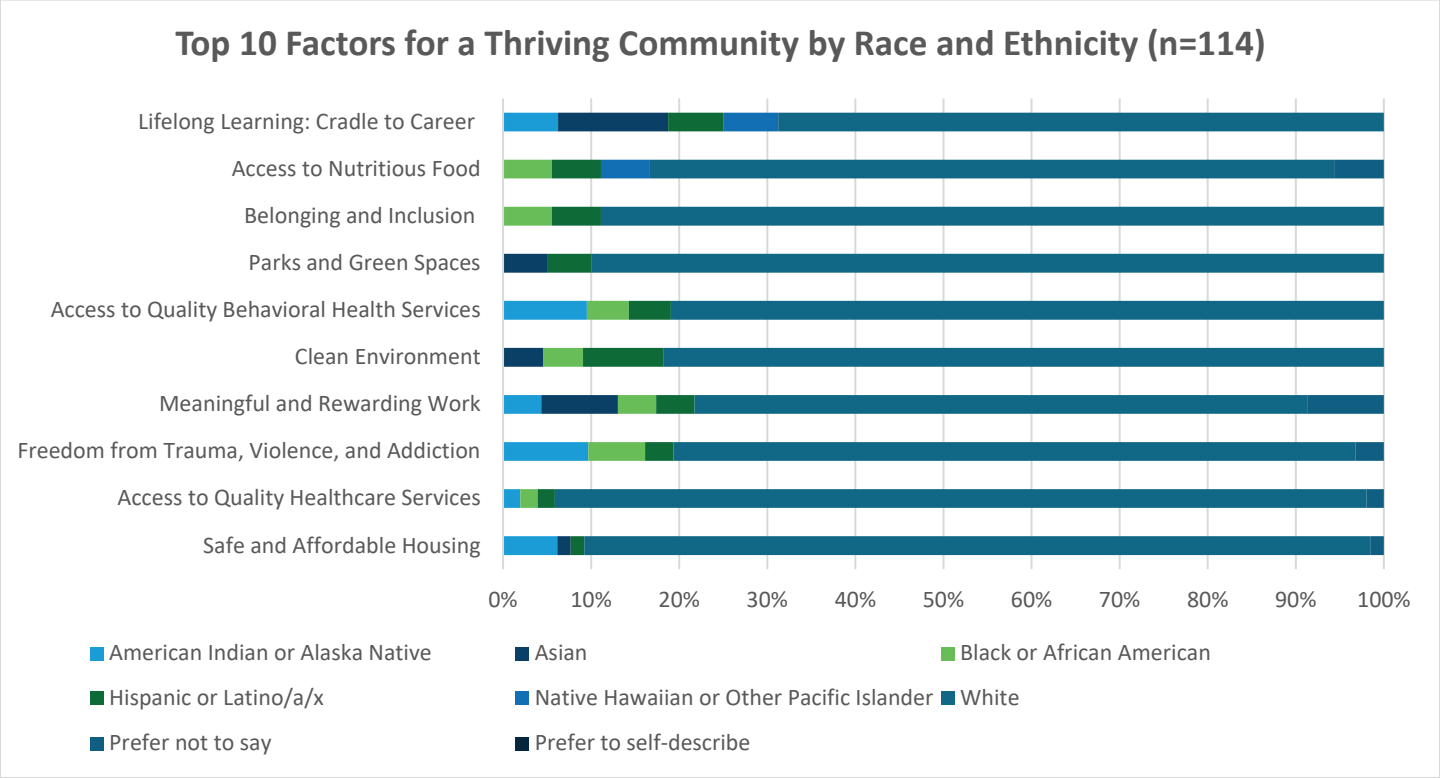


Individuals with a **yearly household income of $20,000-$39,999** make up a larger proportion of those who thought **lifelong learning: cradle to career** was an important factor for a thriving community in comparison to the other eight top factors.

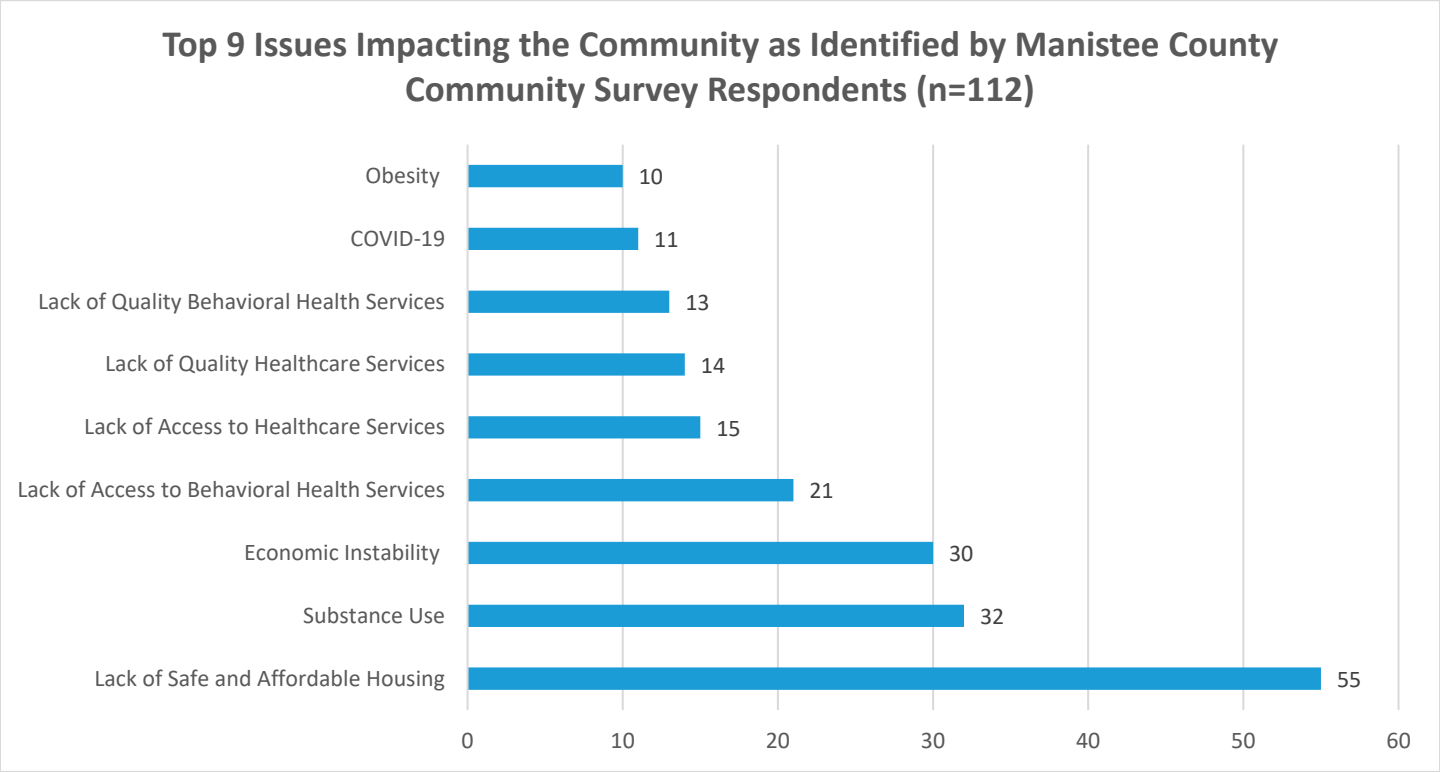


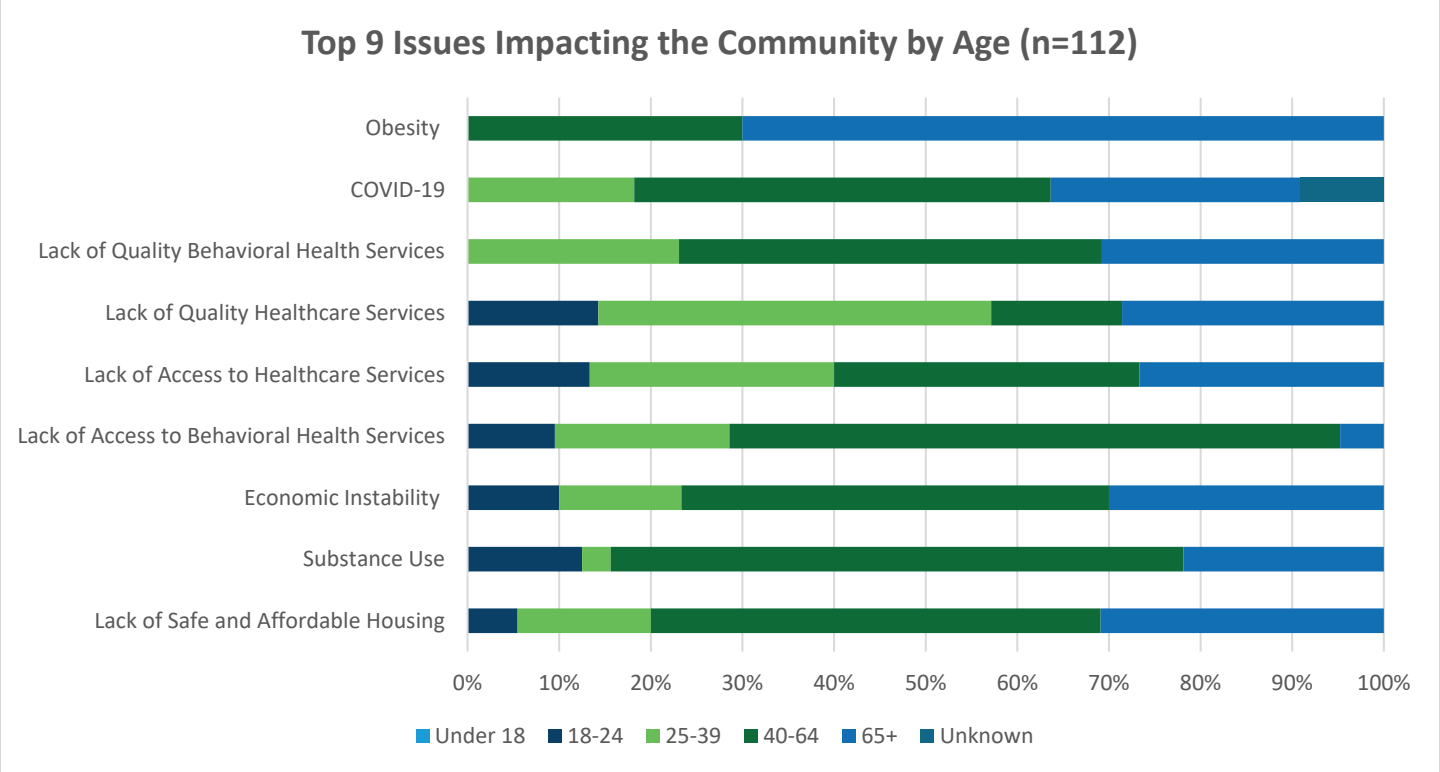
Individuals with **Medicaid and Healthy Michigan Plans** make up a larger proportion of those who thought

access to quality behavioral health services was an important issue impacting the community in comparison to the other eight top issues.

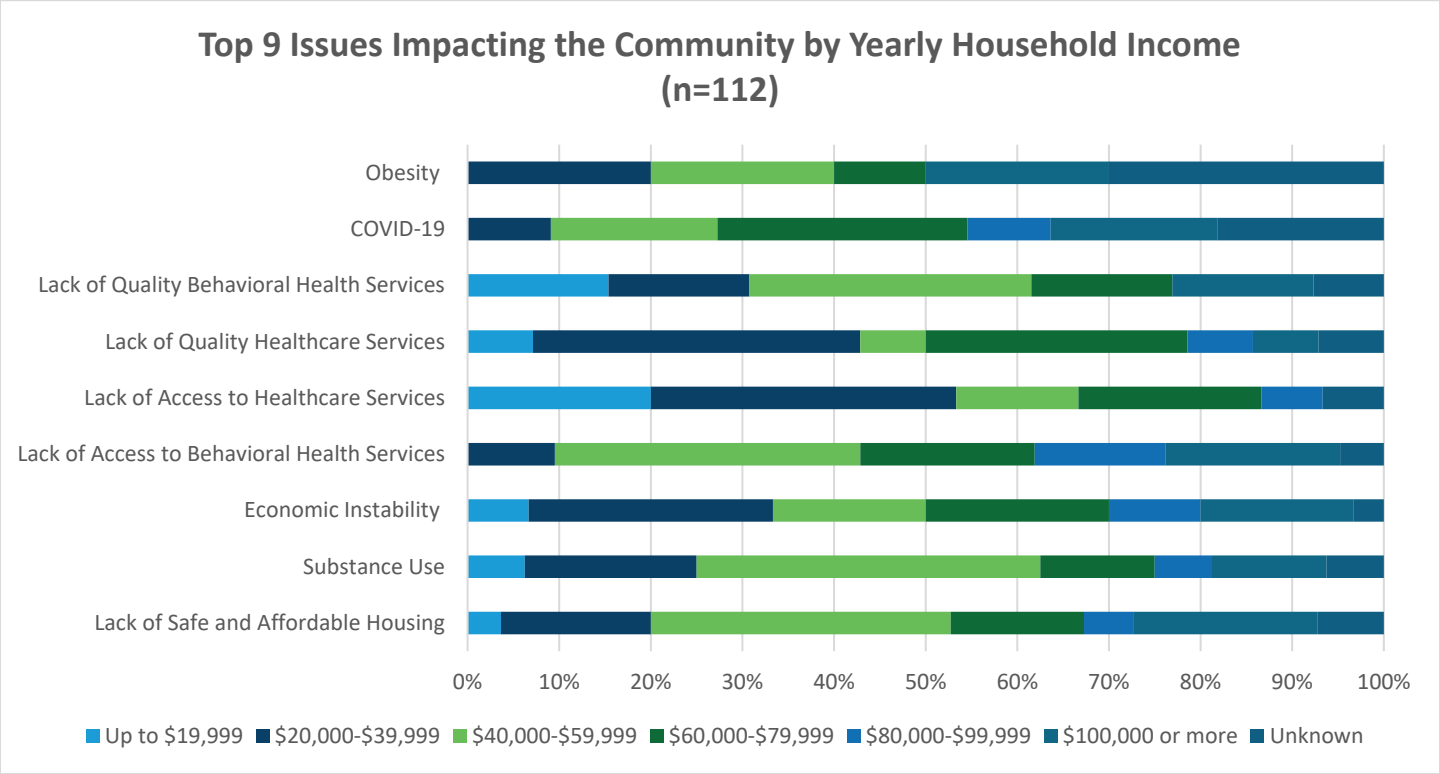


Racial and ethnic minority groups make up a larger proportion of those who thought **lifelong learning: cradle to career** was an important factor for a thriving community in comparison to the other eight top factors.

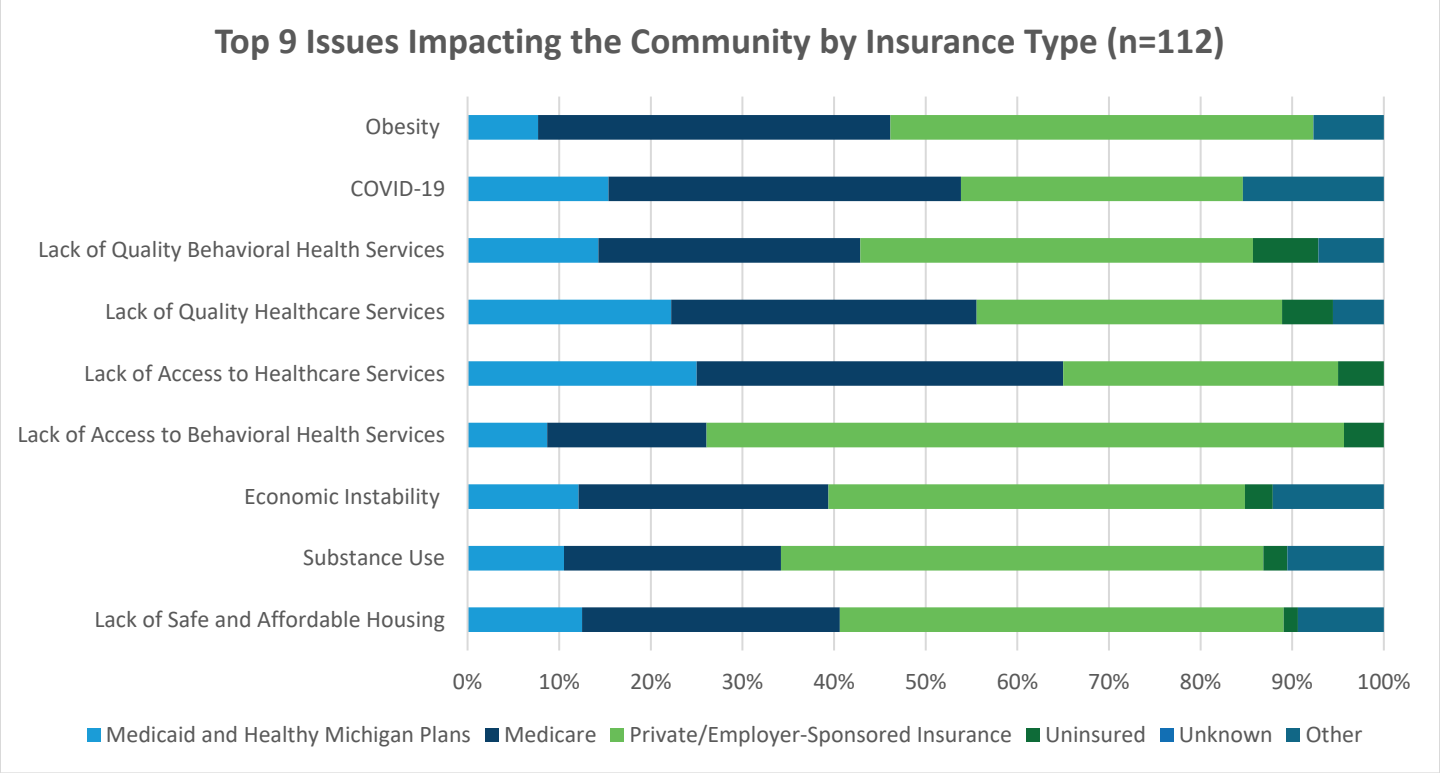




Individuals **age 65+** make up a larger proportion of those who thought **obesity** was an important issue impacting the community in comparison to the other eight top issues.

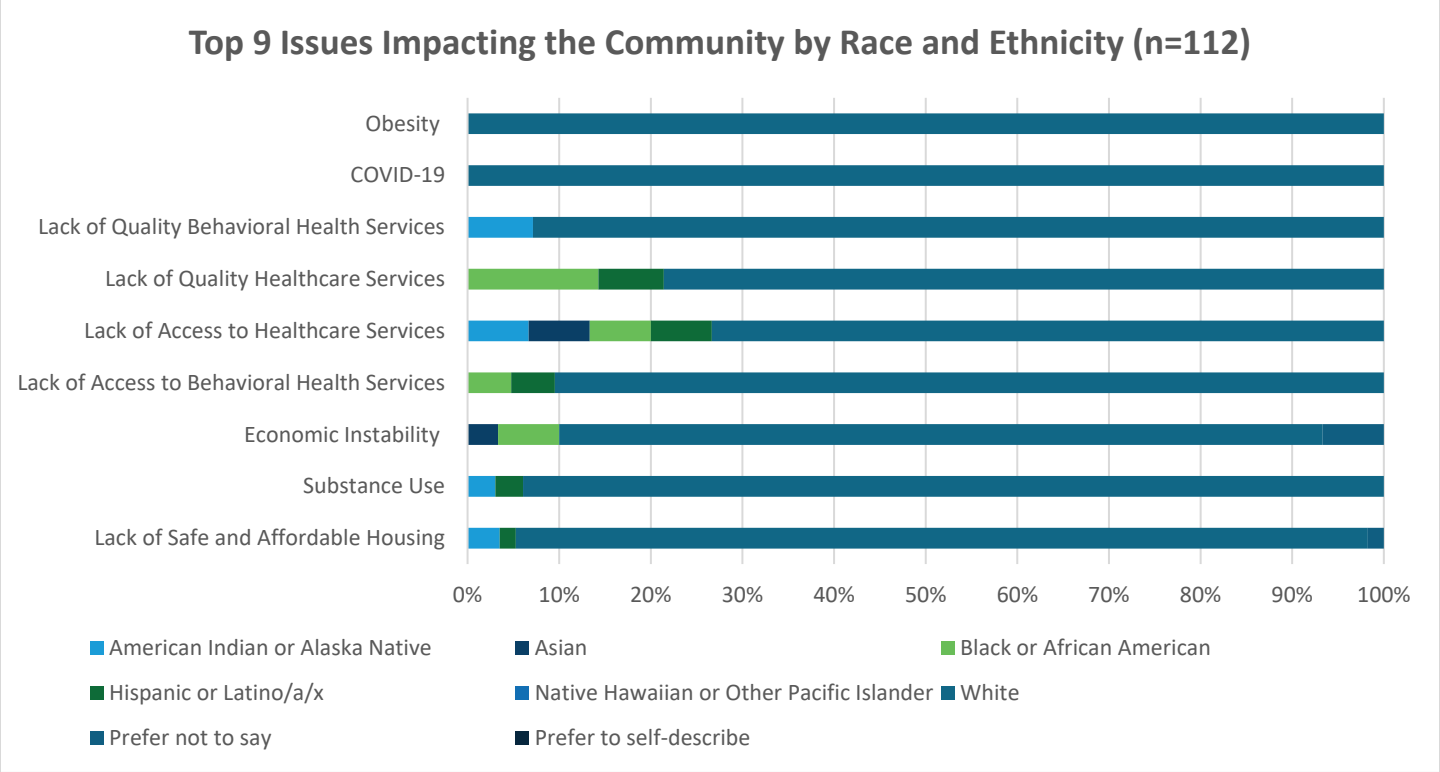


Individuals with a **yearly household income of $20,000-$39,999** make up a larger proportion of those who thought **lack of quality healthcare services** was an important issue impacting the community in comparison to the other eight top issues.

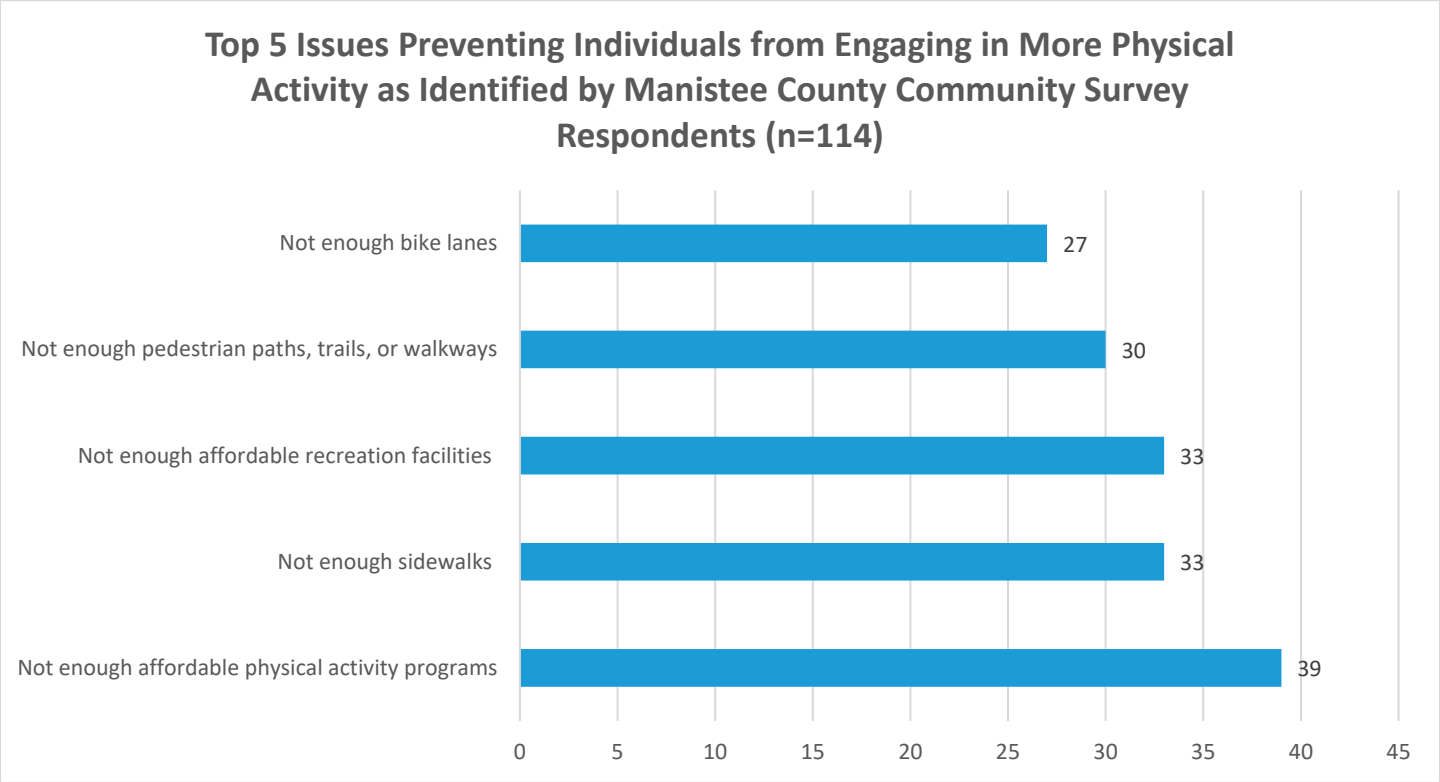


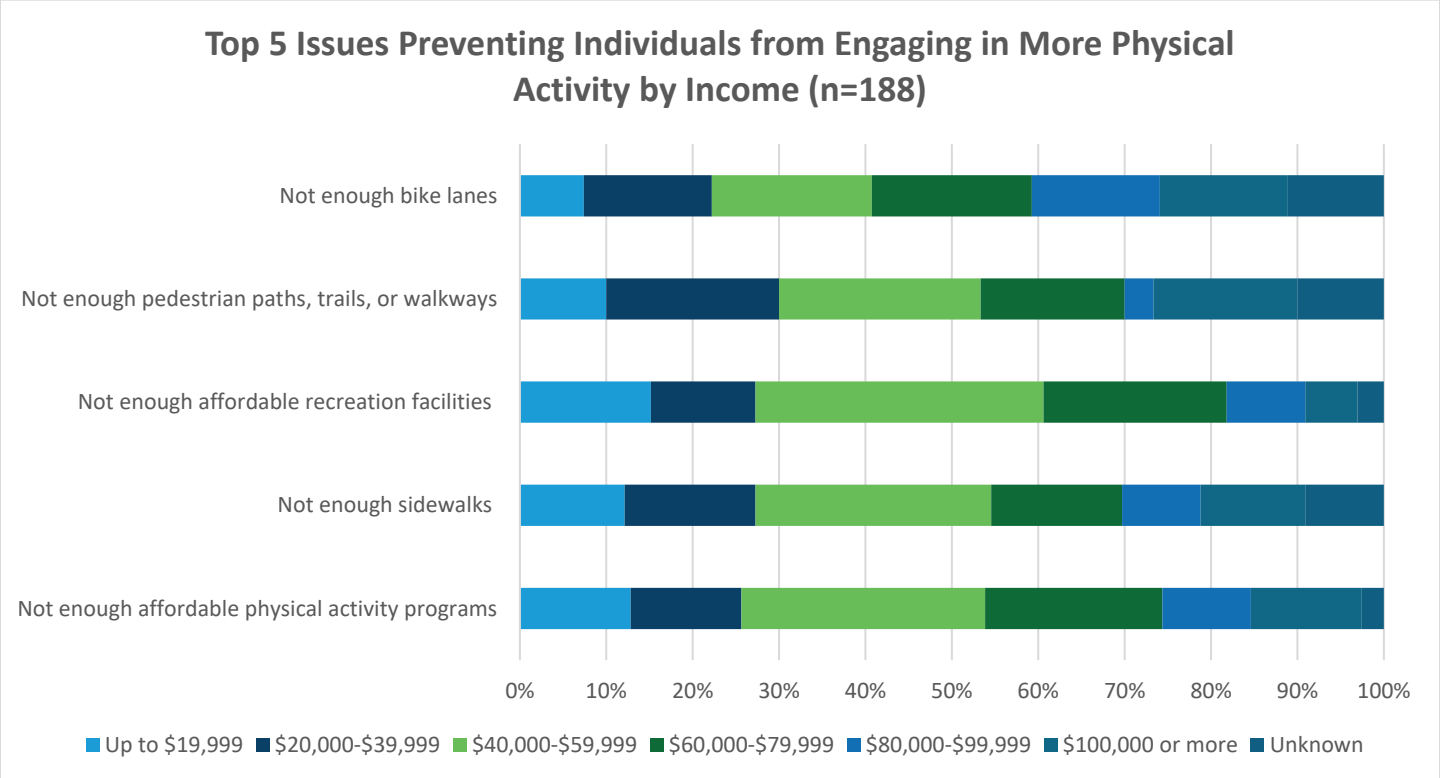
Individuals with **Private/Employer-Sponsored Insurance** make up a larger proportion of those who thought

lack of access to behavioral health services was an important issue impacting the community in comparison to the other eight top issues.



Racial and ethnic minority groups make up a larger proportion of those who thought **lack of access to healthcare services** was an important issue impacting the community in comparison to the other eight top issues.





Individuals with a **yearly household income up to $19,999** make up a larger proportion of those who said not **enough affordable recreation facilities** prevented them from being more physically active in their community compared to the other top issues.

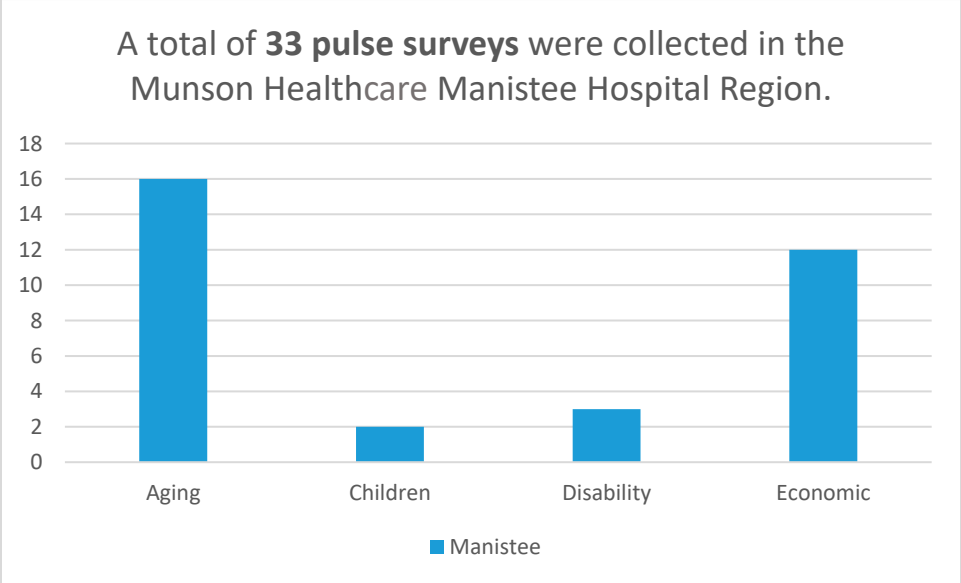
- **Pulse Survey**

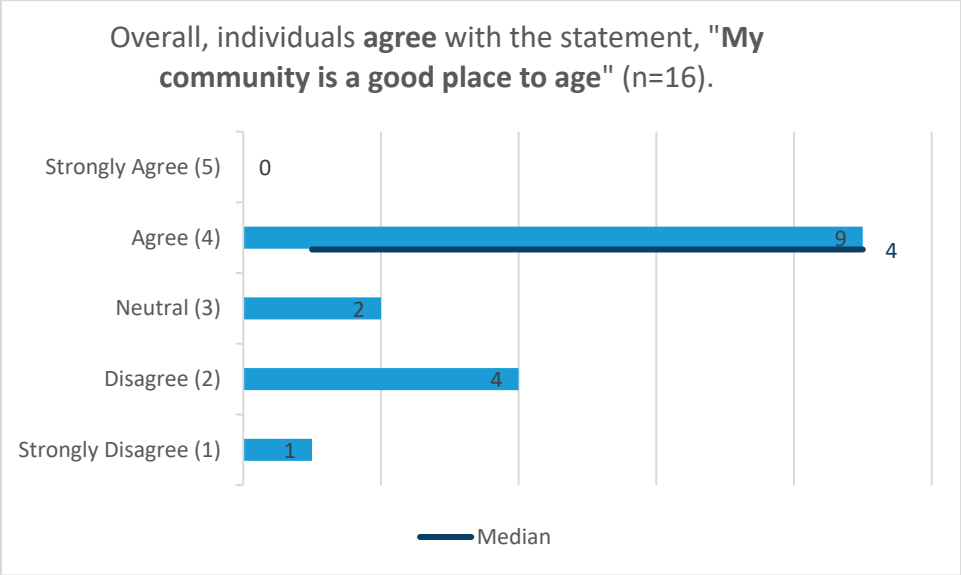
The purpose of the Pulse Survey was to gather input from people and populations facing barriers and inequities in the 31-county MiThrive region. It was a four-part data collection series, where each topic-specific questionnaire was conducted over a two-week span resulting in an eight-week data collection period. This data collection series included four three-question surveys targeting key topic areas to be conducted with clients and patients.

The Pulse Surveys were designed to be woven into existing intake and appointment processes of participating agencies/organizations. Community partners administered the Pulse Survey series between July 26, 2021 and September 17, 2021, using a variety of delivery methods including in-person interviews, phone interviews, in-person paper surveys, and through client text services. Pulse Survey questionnaires were provided in English and Spanish.

Each Pulse Survey focused on a different quality of life topic area (aging, economic security, children, and disability) using a Likert-scale question and open-ended topic-specific question. Additionally, each survey included an open-ended equity question. Within Manistee County, 16 aging, 2 children, 3 disability, and 12 economic responses were collected.

The target population for the Pulse Survey series included those historically excluded, economically disadvantaged, older adults, racial and ethnic minorities, those unemployed, uninsured and under-insured, Medicaid eligible, children of low-income families, LGBTQ+ and gender non-conforming, people with HIV, people with severe mental and behavioral health disorders, people experiencing homelessness, refugees, people with a disability, and many others.





Key themes that emerged from pulse survey responses that rated the following the statement low, "My community is a good place to age."

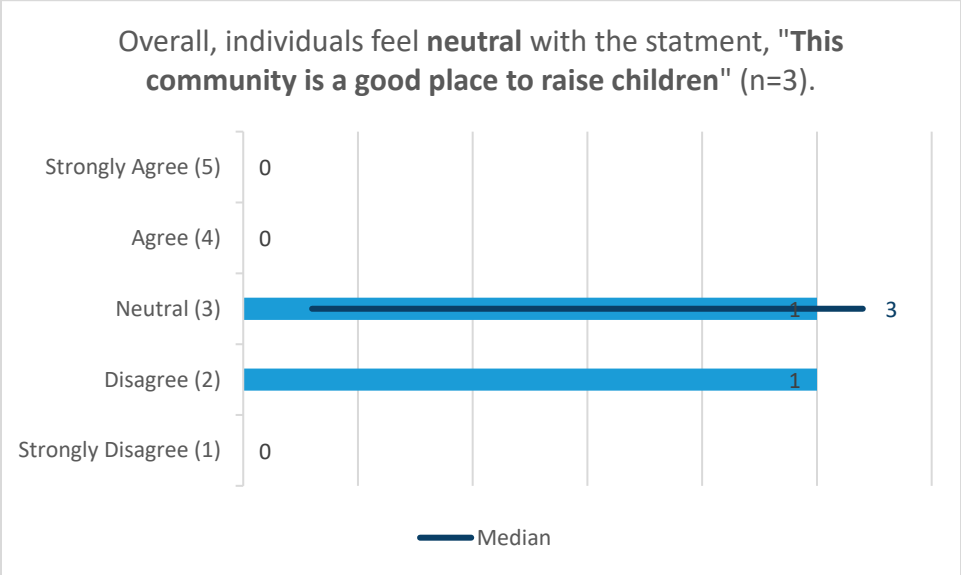
1	Lack of Resources
2	Lack of Transportation
3	Poverty
4	Geographic Location/Rurality
5	Lack of Housing
6	Social Stigma and Discrimination
7	Lack of Healthcare
8	Safety Concerns
9	Availability of Resources
10	Community Engagement

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, what are some ways in which your community could ensure everyone has a chance at living the healthiest life possible?

1	Combat Food Insecurity
2	Promote Community Engagement
3	Greater Focus on Policies
4	Promote Nutrition and Physical Activity
5	Improved Transportation
6	Improve the Healthcare System
7	Increase Housing Options

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "This community is a good place to raise children."

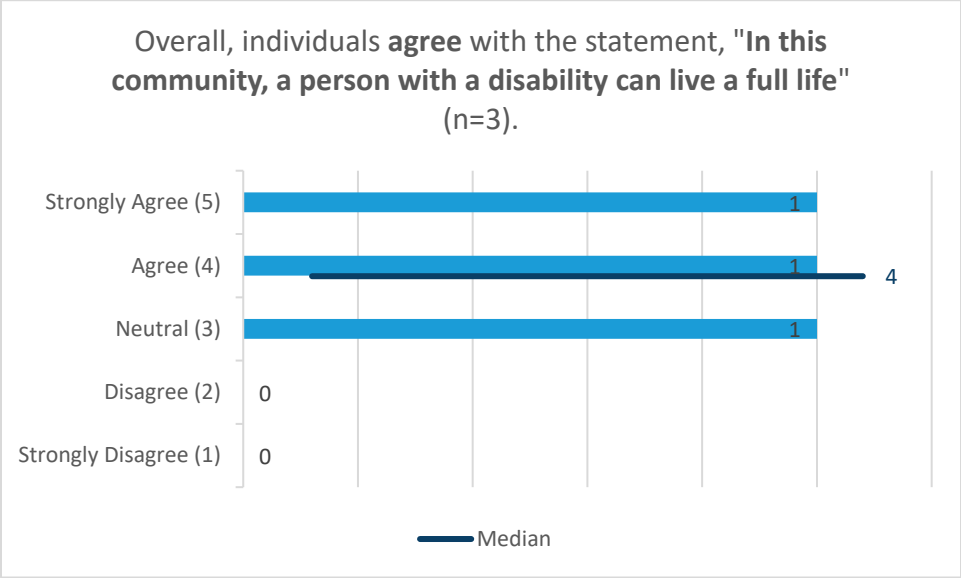
1	Lack of Resources
2	Poverty
3	Safety Concerns
4	Low Quality Education
5	Lack of Recreation Programming

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, how can we come together so that people promote each other's well-being and not just their own?

1	Strengthen Community Connection and Support
2	Affordable Recreation Opportunities
3	Address Political Division
4	Increase Mental Health Supports
5	More Resources and Services
6	Increased Health Education and Awareness
7	More COVID-19 Prevention Measures

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "In this community, a person with a disability can live a full life."

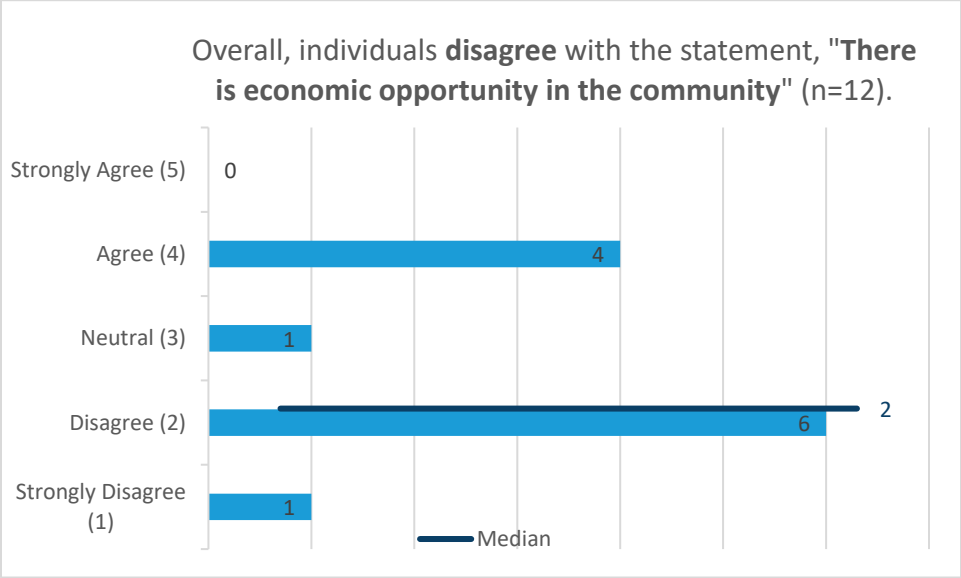
1	Lack of Resources
2	Lack of Accessible Infrastructure
3	System Issues
4	Geographic Location/Rurality
5	Poverty

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, think about groups that experience relatively good health and those that experience poor health. Why do you think there is a difference?

1	Poverty
2	System Navigation Issues
3	Lack of Education
4	Need for Increased Community Support
5	Lack of Resources
6	Lack of Insurance

**Themes emerged from the 10-county MiThrive Northwest Region data.*



Key themes that emerged from pulse survey responses that rated the following the statement low, "There is economic opportunity in the community."

1	Job Availability
2	Lack of Housing
3	Poor Wages
4	Lack of Resources
5	Transportation/Commute
6	Rurality/Geographic Location

**Themes emerged from the 10-county MiThrive Northwest Region data.*

Thinking more broadly, how would you ensure that people in tough life circumstances come to have as good a chance as others do in achieving good health and wellbeing over time?

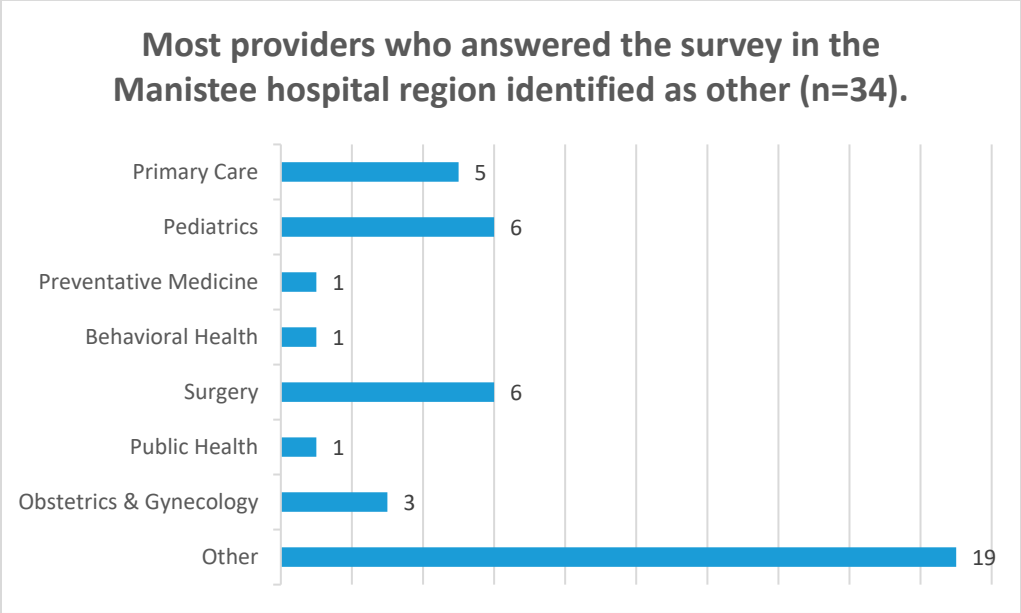
1	Change in Healthcare System
2	Increase Financial Assistance/Government Assistance
3	More Resource Navigation
4	Increased Education and Job Availability
5	Increased Community Support/Support Systems
6	More Affordable and Accessible Childcare
7	More COVID-19 Prevention Measures
8	Insurance

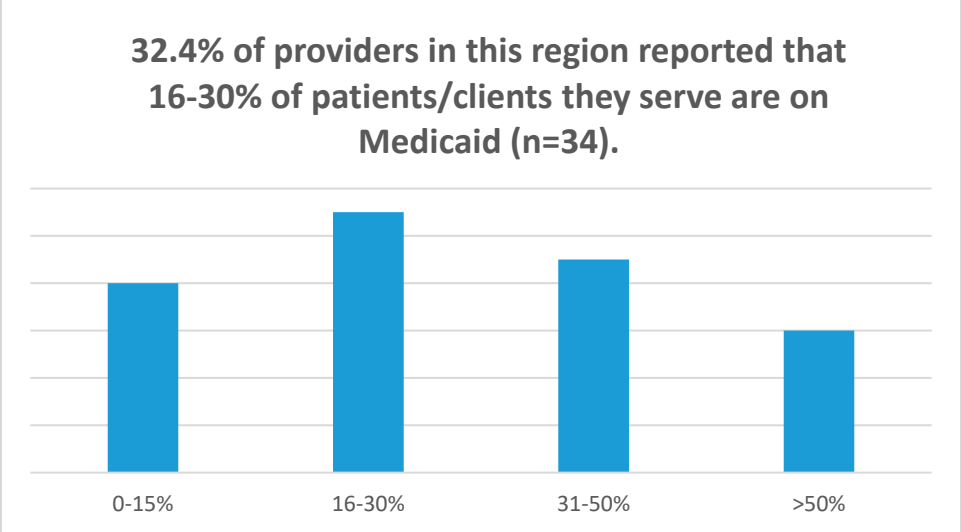
**Themes emerged from the 10-county MiThrive Northwest Region data.*

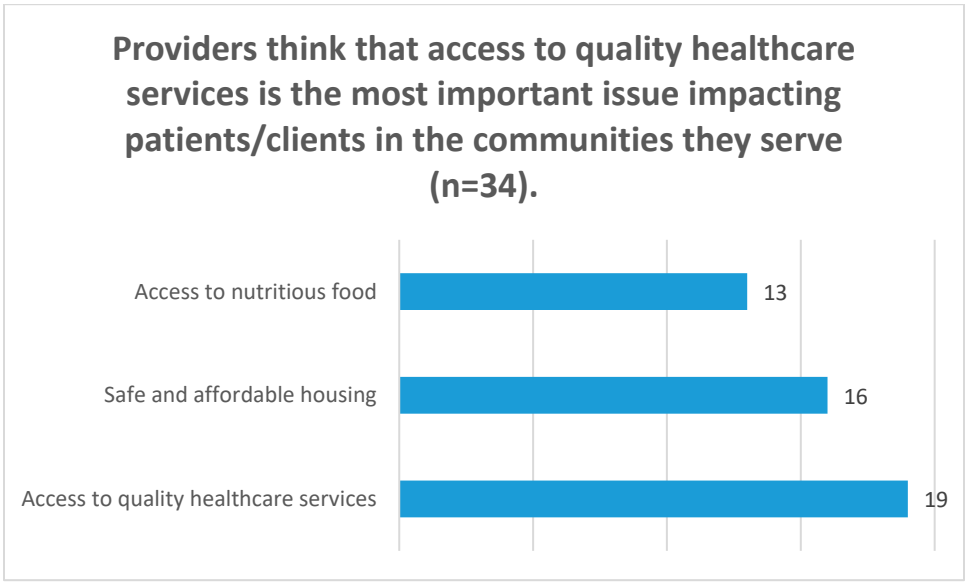
- **Healthcare Provider Survey**

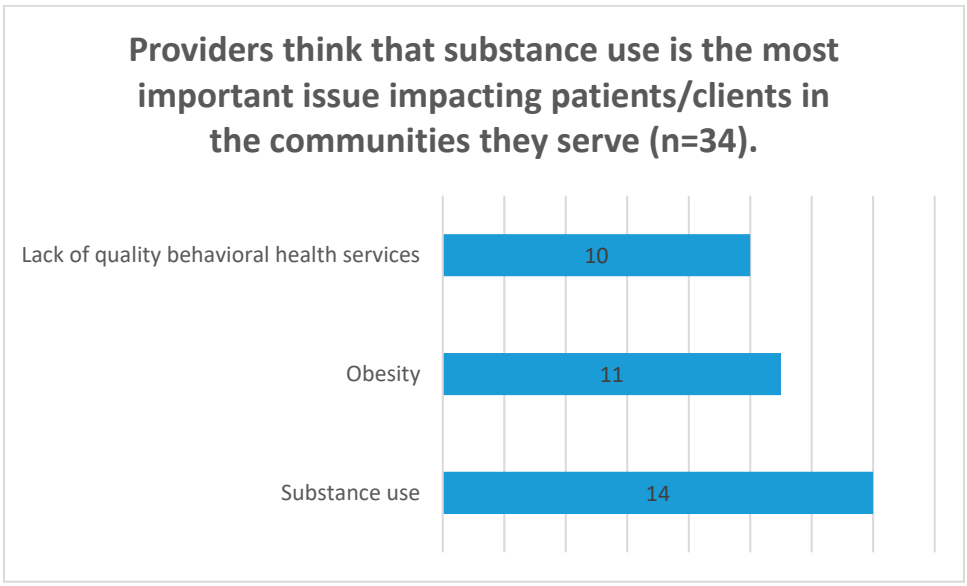
Data collected for the Healthcare Provider Survey was gathered through a self-administered, electronic survey. It asked 10 questions about what is important to the community and what

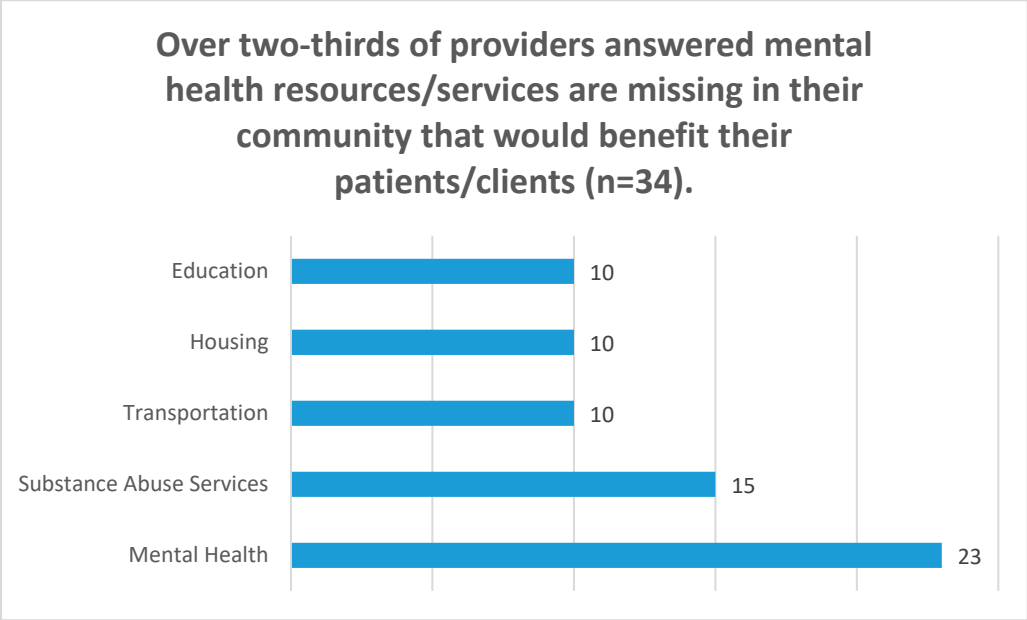
factors are impacting the community, plus quality of life, built environment, community assets, and demographic questions. The survey was open from October 18, 2021 to November 7, 2021. Healthcare partners such as hospitals, federally qualified health centers, and local health departments, among others, sent the Healthcare Provider Survey via an electronic link to their physicians, nurses, and other clinicians. Additionally, partner organizations supported survey promotion by sharing the survey link with external community partners. Thirty-four providers completed the Healthcare Provider Survey in Manistee County.






Providers think that access to quality healthcare services is the most important issue impacting patients/clients in the communities they serve (n=34).
Access to nutritious food
13
Safe and affordable housing
16
Access to quality healthcare services
19


Providers think that substance use is the most important issue impacting patients/clients in the communities they serve (n=34).
Lack of quality behavioral health services
10
Obesity
11
Substance use
14


Over two-thirds of providers answered mental health resources/services are missing in their community that would benefit their patients/clients (n=34).
Education
10
Housing
10
Transportation
10
Substance Abuse Services
15
Mental Health
23

- **C**ommunity System Assessment

The Community System Assessment focuses on organizations that contribute to well-being. It answers the questions, “What are the components, activities, competencies, and capacities in the regional system?” and “How are services being provided to our residents?” It was designed to improve organizational and community communication by bringing a broad spectrum of partners to the same table; exploring interconnections in the community system; and identifying system strengths and opportunities for improvement. The Community System Assessment was comprised of two components: Community System Assessment and subsequent focused discussions at 7 county level community coordinating bodies. A total of 174 residents and partners, representing 55 organizations participated in the Community System Events and/or Focused Discussions in the Northwest Region.

- **Community System Assessment Event**

In August, residents and community partners assessed the system’s capacity in the MiThrive Northwest, Northeast, and Northwest Regions. Through a facilitated discussion, they identified system strengths and opportunities for improvement among eight domains (Please see Appendix E for Event Agenda)

Community System Assessment—System Strengths Summary

Focus Area and Definition	System Strengths in the Northwest Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Community connections is in place with SDOH navigation • No wrong door approach – multiple ways to access resources
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• COVID-19 has created new partnerships to develop policies • The Northern Michigan CHIR has gathered agencies to work together
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Assessment tools are gathering more information and breaking the data down geographically
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Hundreds of people are engaged in health improvement across the region • The Northwest Community Health Innovation Region works to empower the local communities to build capacity for health improvement
Workforce: The people engaged in or available for work in a particular area	• MI Works tracks trending jobs and employment rates • There is collaboration regarding training opportunities
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• MiThrive and the Northwest Community Health Innovation Region in collaboration with hospital systems have collaborated to create a shared vision for the community
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• There is significant activity creating awareness of public health issues in the region informed by the CHIR and its Learning Community • Organizations are developing and expanding communication plans
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Organizations in the System are identifying and discussing health disparities

Community System Assessment—System Opportunities for Improvement Summary

Focus Area and Definition	System Opportunities for Improvement in the Northwest Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Better communication strategies are needed • Difficult to understand why people don't get the services they need due to lack of follow up
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	• Must determine ways the System can influence policy • Be more transparent • Review policies before there is an issue with the policy.
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Organizations in the System need to improve on getting information regarding data out in the community • Improve data sharing
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Need to improve alliances within the whole system • Partnerships vary from county to county
Workforce: The people engaged in or available for work in a particular area	• Shortage of mental health providers • Most organizations are short-staffed • The pay scale is contributing to the shortfall
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community	• Increase emphasis on leadership/management skills • Innovation leadership acquisition/attract leaders to the region
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• Need for more authentic voices and engagement by residents. • Need to improve feedback loops
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Increase development and implementation of equity policies and procedures • Need more input from residents experiencing disparities • Goals to reduce disparities are in place as a system, but there is little to no action taken

- **Follow-up facilitated conversations at the Manistee County Human Services Collaborative Body**

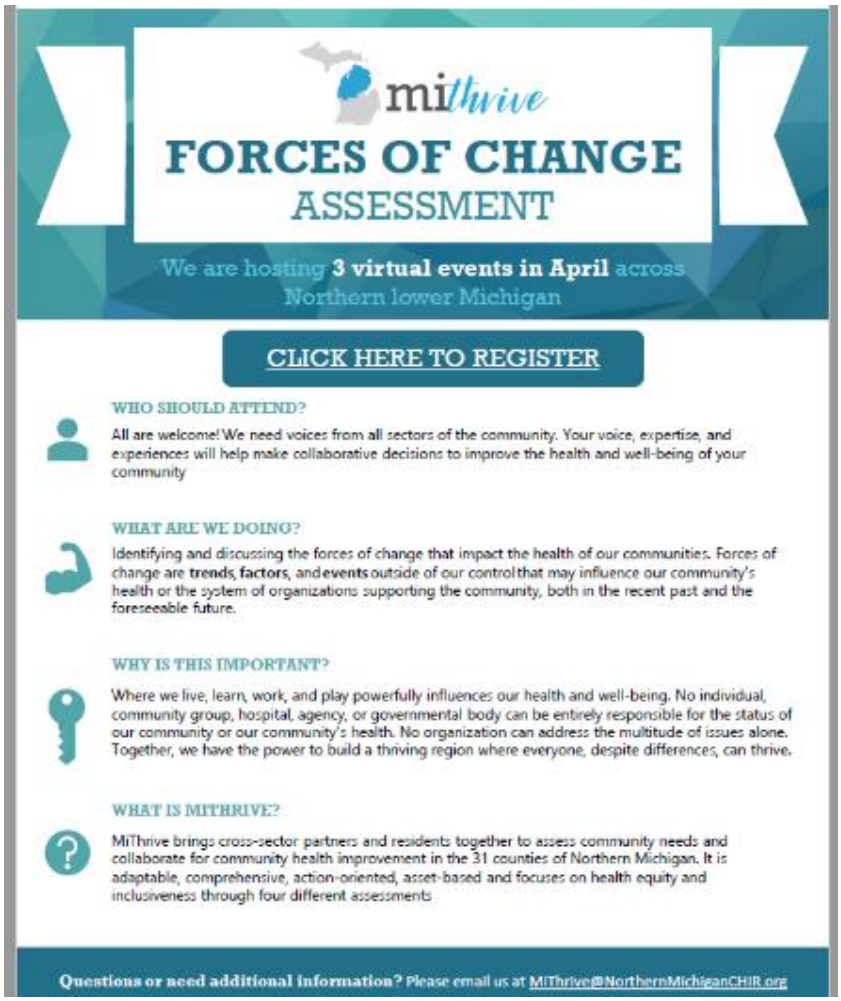
  Subsequently, focused conversations were held during county collaborative body meetings for all counties in the Northwest, Northeast, and North Central MiThrive Regions. In the Manistee County

Region, there was one collaborative meeting on October 5, 2021 with a total of 28 participants, and they identified the following areas for improvement:

- **Resources** was identified as the most important area to focus on in Manistee County. Specific to Resources, what improvements would you like to see in your Community System in the next three years?
    - Integrated systems that allow for seamless transitions for community members
    - Increased efforts to collect resident voice
    - Breaking down silos and amplifying cross-sector collaboration
    - Making housing of all types a priority
    - Support a feasibility study for broadband infrastructure
    - Work on shared metrics

- **Forces of Change Assessment**

The Forces of Change Assessment aims to answer the following questions: "What is occurring or might occur that affects the health of our community or the local system?" and "What specific threats of opportunities are generated by these occurrences?". Like the Community System Assessment, the Forces of Change Assessment was composed of community meetings convened virtually in the Northwest, Northeast, and North Central MiThrive Regions. It focused on trends, factors, and events outside our control within several dimensions, such as government leadership, government budgets/spending priorities, healthcare workforce, access to health services, economic environment, access to social services, and social context (Please see Appendix F for Event Agenda).



Top Forces of Change in the Northwest MiThrive Region

Categories of Forces	Top Forces in Northwest Region
Government Leadership And Spending/Budget Priorities	• Regional and State level approach • Government's diversity of priorities • Community awareness and involvement in decision-making
Sufficient Healthcare Workforce	• Retirement and burnout • Safe, affordable, and accessible housing • Mental health and providers
Access to health services	• Insurance dictates access to healthcare • Workforce shortages and staffing • Funding for health services in rural areas
Economic environment	• Safe, affordable, and accessible housing • Livable wage
Access to social services	• Mental health and substance misuse • Safe, affordable, and accessible housing • Broadband and skills to navigate virtual platforms
Social context	• Access to assistance (food, paying utility bills) • Broadband • Social justice, equity and inclusion
Impacts related to COVID-19	• Rurality, connectivity, transportation, technology, education • Mistrust • Mental health

Data Limitations

Community Health Status Assessment

- Since scores are based on comparisons, low scores can result even from very serious issues if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some data is missing for some counties - as a result, the "regional average" may not include all counties in the region. Additionally, some counties share data points; For example, in the Michigan Profile for Healthy Youth, data from Crawford, Ogemaw, Oscoda, and Roscommon counties is aggregated; therefore, each of these counties will have the same value in the MiThrive dataset.
- Secondary data tells only part of the story. Viewing all the assessments holistically is therefore necessary.
- Some data sources have not updated data since the past MiThrive cycle; therefore values for some indicators may not have changed and cannot be used to show trends from last cycle to this cycle.

Community System Assessment

- Completing the Community System Assessment is a means to an end rather than an end in itself. The results of the assessment should inform and result in action to improve the Community System's infrastructure and capability to address health improvement issues.
- Each respondent self-reports with their different experiences and perspectives. Based on these perspectives, gathering responses for each question includes some subjectivity.
- When completing the assessment at the regional events or at the county level, there were time constraints for discussion, and some key stakeholders were missing from the table.
- Some participants tended to focus on how well their organization addressed the focus areas for health improvement rather than assessing the system of organizations as a whole.

Community Themes and Strengths Assessment (CTSA)

- A unique target number of completed CTSA Community Surveys was set for each county based on county population size. Survey responses were not weighted for counties who exceeded this target number.
- While the CTSA Community Survey was offered online and in-person, most surveys were collected digitally.
- Partial responses were removed from the CTSA Community Survey.

- Outreach and promotion for the CTSA Provider Survey was driven by existing MiThrive partners, which influenced the distribution of survey responses across provider entities.
- The CTSA Pulse Surveys were conducted across a wide variety of agencies and organizations. Additionally, survey delivery varied including in-person interview, over-the-phone interview, text survey, and paper format.

Forces of Change Assessment

- Participants self-selected into one of eight Forces of Change Assessment topic areas during the events and discussed forces, trends, and events using a standardized Facilitation Guide – although facilitators and notetakers differed for the topic areas and events.
- These virtual events removed some barriers for participants – although internet accessibility was a requirement to participate.
- When completing the assessment, there were time constraints for discussion, and some key stakeholders were missing from the table.
- MiThrive staff selected the eight topic areas using the MAPP's guidance in addition to insights from the MiThrive Core Team members.
- COVID-19 was included as a standalone topic area, and all participants were advised of the topic areas and instructed to focus on their topic area with minimal discussion on COVID-19 unless it was their specific topic area.

Phase 4: Identifying and Prioritizing Strategic Issues

To launch Phase 4, the MiThrive Core Support Team scored each indicator on a scale of zero to three by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region, as well as state, national, and Healthy People 2030 targets when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data". Next, themes that emerged from the Community System Assessment, Community Themes and Strengths Assessment (Community Survey, Pulse Survey, and Healthcare Provider Survey), and Forces of Change Assessment were identified. **All of the assessments provide valuable information, but the themes that occur in multiple data collection methods are the most significant.** On November 16, 2021, MiThrive Design Team members met to sort the data for the Northwest, Northeast, and North Central Regions using the Prioritization Matrix:

There was considerable agreement across the 31-county region, with the following cross-cutting themes sorted into the High Secondary Data/High Primary Data (upper right quadrant) in all three MiThrive Region:

- Mental Health
- Substance Misuse
- Safety and Well-Being
- Safe, affordable, and accessible housing
- Transportation
- Diversity, Equity, and Inclusion
- Healthcare

In addition, three themes emerged that were unique to the Northwest Region:

- COVID-19
- Infrastructure for Healthy Living
- Healthy Food Access

The MiThrive Steering Committee, Design Team, and Work Groups met on November 22, 2021 to identify Strategic Issues. They drafted questions for each Strategic Issue (and continued to refine them over the next few weeks), as recommended by the Mobilizing for Action through Planning and Partnerships Community Health Needs Assessment framework.

For each Strategic Issue, a Data Brief was prepared that summarized, by MiThrive Region, the results of the four assessments (Please see Appendix). There were 11 Strategic Issues identified in the Northwest Region:

> At the MiThrive Northwest Region's Data Walk and Priority Setting Event on December 7, 2021, seventy-seven people participated in a live, facilitated process using the criteria of magnitude, severity, impact, health equity, and sustainability. **They prioritized the interconnected issues of mental health and substance use disorders, access to care, chronic disease, and safe, affordable, accessible housing.**

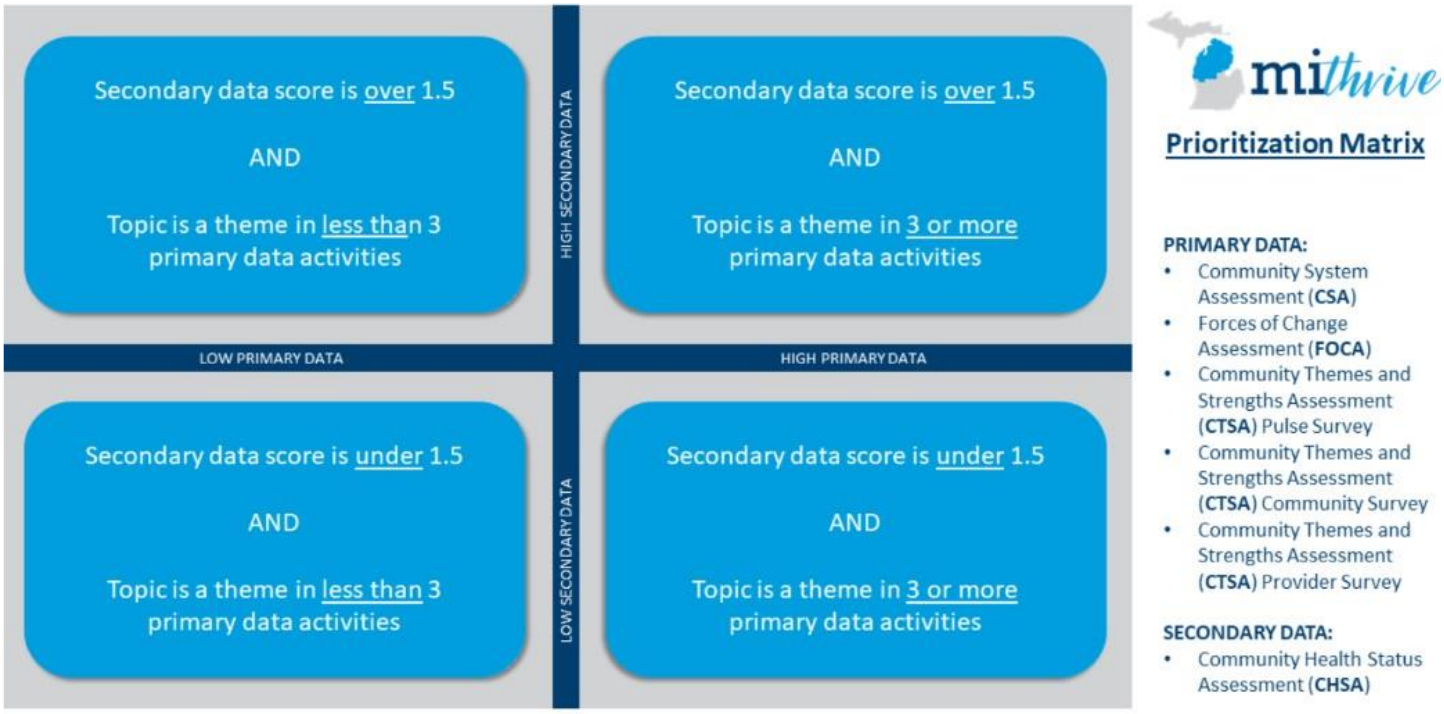
Now that the MiThrive Community Health Needs Assessment is complete, MiThrive Workgroups will be developing Community Health Improvement Plans for the top-ranked priorities in their region and overseeing their implementation. If you are interested in joining the Northwest MiThrive Workgroup, please email mithrive@northernmichiganchir.org

Phase 4: Identifying and Prioritizing Strategic Issues in the Northwest and North Central Regions

To launch Phase 4, the MiThrive Core Support Team adapted a Prioritization Matrix (pictured below) to engage the community in sense making. They sorted the data by categorizing the primary and secondary as either "high" or "low". Each statistic collected (by county) for the Community Health Status Assessment was scored on a scale of zero to three. This scoring was informed by sorting the data into quartiles based on the 31-county, comparing the mean value of the MiThrive regions as well as the state, national and Healthy People 2030 targets, when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data".

Primary data was analyzed from the Community System Assessment, Community Themes and Strengths Assessment (Community Survey, Pulse Survey, and Healthcare Provider Survey), and Forces of Change Assessment. If a topic emerged in three or more primary data activities, it was classified as "high primary data" and where topics that emerged in less than three primary data activities were classified as "low primary data".

On November 16, 2021, MiThrive Design Team members met to sort the data for Northwest, Northeast, and North Central regions using the MiThrive Prioritization Matrix, below.



They identified where the primary and secondary data converged by clustering data points based on topic, theme, and interconnectedness. Given the interconnectedness of social determinants of health and health outcomes, some data points were duplicated and represented in numerous clusters. Data clusters that fell into the High Secondary Data/High Primary Data quadrant of the Prioritization Matrix were selected for the ranking process. **All of the assessments provide valuable information, but the themes that occur in multiple data collection methods are the most significant.** On November 16, 2021, MiThrive Design Team members met to sort the data for the Northwest, Northeast, and North Central Regions using the Prioritization Matrix:

There was considerable agreement across the 31-county region, with the following cross-cutting themes sorted into the High Secondary Data/High Primary Data (upper right quadrant) in the Northwest and North Central MiThrive Regions, with the following cross-cutting significant health needs sorted into High Secondary Data/High Primary Data quadrant (upper right) for all three MiThrive Regions

- Mental health
- Substance use
- Safety and Well-being
- Safe, affordable, accessible housing
- Economic Security
- Transportation

- Diversity, Equity, and Inclusion

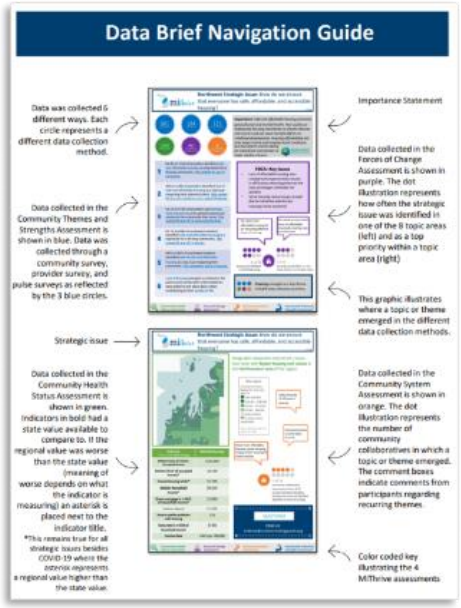
In addition, there were significant health needs that emerged that were unique to each region. In the Northwest Region, these were COVID-19, healthy food, and infrastructure for healthy lives. In the North Central Region, the unique health needs were broadband access, obesity, and healthy food.

Strategic Issues Identified in Data Analysis (Unranked)

Northwest Region	Northeast Region	North Central Region
Access to healthcare		
Chronic disease prevention		
Safe, affordable, accessible housing		
Economic security		
Equity		
Mental health		
Safety and well-being		
Substance use		
Transportation		
COVID-19	COVID-19	Broadband access
Infrastructure for healthy lives	Healthy weight	Healthy weight
Healthy food		Healthy food

In preparation for the Data Walk and Priority-Setting Events, the MiThrive Team created Data Briefs that summarized, by region, the results of the four assessments. Please see Appendix G.

MiThrive Data Briefs



- ✓ Assessment Snapshot
- ✓ Navigation Guide
- ✓ Acronym Key

Available for Download:
https://drive.google.com/drive/folders/1TDvab_IJWR2FkUFS5090iUlTAXSlZVRE

In December, Data Walk and Priority-Setting Events were convened for the three MiThrive Regions. During these live events, data was reviewed and the priorities were ranked using common processes. The ranking process used five criteria to assess each Strategic Issue, including severity, magnitude, impact, health equity, and sustainability. Participant votes were calculated in real time during the event. This transparency proves elicited robust conversation and participants opted to combine some issued given the interconnected nature of topics.

Strategic Issue Ranking in the Northwest Region December 14, 2021 69 participants	**Strategic Issue Ranking in the North Central Region December 7, 2021 50 participants**
1. Safe, Affordable, and Accessible Housing	1.Substance Use
2. Mental Health	2.Mental Health
3. Access to Health Care	3.Access to Health Care
4. Chronic Disease	4.Chronic Disease

Next Steps

Now that the MiThrive Community Health Needs Assessment is complete, MiThrive Workgroups will be developing Community Health Improvement Plans for the top-ranked priorities in their region and overseeing their implementation. If you are interested in joining the Northwest MiThrive Workgroup, please email mithrive@northernmichiganchir.org

To provide comment on this report or to request a paper copy,

please email mmc-community-health-staff@mhc.net.