



# 2019

## Cadillac Hospital Community Health Needs Assessment

For Lake, Missaukee, Osceola, and  
Wexford Counties



**MUNSON HEALTHCARE**

[munsonhealthcare.org/liveamazing](https://munsonhealthcare.org/liveamazing)



## Table of Contents

Executive Summary .....	3
Introduction .....	4
• Our Commitment to Community Health	
MiThrive Partnership.....	4
Understanding Health Equity .....	4
Evaluation of Impact Since 2016 Community Health Needs Assessment (CHNA) .....	5
Community Health Needs Assessment Methods .....	8
• Phase One: Organizing for Success	
• Phase Two: Visioning	
• Phase Three: The Assessments	
• Phase Four: Identify and Prioritize Strategic Issues	
2019 Community Needs Health Assessment Findings .....	10
• Hospital & Communities Served	
• Regional Population Demographics	
• 2019 Strategic Priorities and Issues	
○ Ensure a community that provides preventative and accessible mental health and substance abuse services	
○ Address basic needs of living to create resiliency and promote equity	
○ Improve access to comprehensive health care for all	
○ Foster a sense of community that promotes trust and inclusiveness	
○ Improve prevention and reduce health risks for leading causes of death	
Improving the Planning Process .....	18
• Strengthen Collaboration	
• Empower Residents and Stakeholders	
Next Steps .....	19
Appendices .....	20
• Appendix A: Organizations Represented During Assessment Process	
• Appendix B: Assessment Data Tables	
• Appendix C: Health Care Providers Survey Results	
• Appendix D: Community Survey Results	
• Appendix E: Community Assets Targeting Identified Strategic Issues	

## Executive Summary

We are excited to present our findings from our 2019 Community Health Needs Assessment. Munson Healthcare Cadillac Hospital has been working with a regional collaboration known as MiThrive to complete a comprehensive assessment of needs in northern Michigan communities. We wanted to pinpoint the most pressing health issues in our communities and determine what more can be done to improve the health of the people we serve. The full regional assessment encompassed 31 counties, and over 150 organizations participated in some aspect of the Community Health Needs Assessment process. This report focuses on the needs of Wexford, Missaukee, Lake, and Osceola counties. This is considered our “community” because more than 67 percent of the Munson Healthcare Cadillac Hospital inpatient population resides within this area.

Data was collected in the following ways: compiling existing statistics; hearing from residents; learning from groups of community organizations; and surveying health care providers and community members. We then identified two major priorities for our region: mental health/substance abuse and basic needs of living. Additionally, we identified three other strategic issues and two significant goals for our planning process. These additional strategic issues include: access to health care, sense of community, and risks for leading causes of death. The goals for the planning process include cross-sector collaboration and community representation. This 2019 Community Health Needs Assessment (CHNA), which was adopted by the Board of Trustees on June 4, 2019 incorporates requirements of the Patient Protection and Affordable Care Act of 2010.



## Introduction and Mission Review

### Our Commitment to Community Health

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

### MiThrive Partnership

Our continued commitment to our mission of working together with our partners to provide superior quality care and promote community health is reflected in our Community Health Needs Assessment (CHNA), as well as in the work we do each day to better understand and address the health needs of our community. For the 2019 Community Health Needs Assessment, this commitment is evident in our participation in MiThrive, a regional, collaborative project designed to bring together dozens of organizations across 31 counties of northern Michigan to identify local needs and work together to improve our communities. Where we live, learn, work, and play powerfully influences our health. Improving community health requires a broad focus and coordination among diverse agencies and stakeholders.

The goal is to continue to build new partnerships and gather input from more organizations and residents. Our CHNA represents a collaborative, community-based approach to identify, assess, and prioritize the most important health issues affecting our community, giving special attention to the poor and underserved in our service area. The process is also the foundation that we will use to collaboratively plan, develop, and foster programs to effectively address those needs in our community.

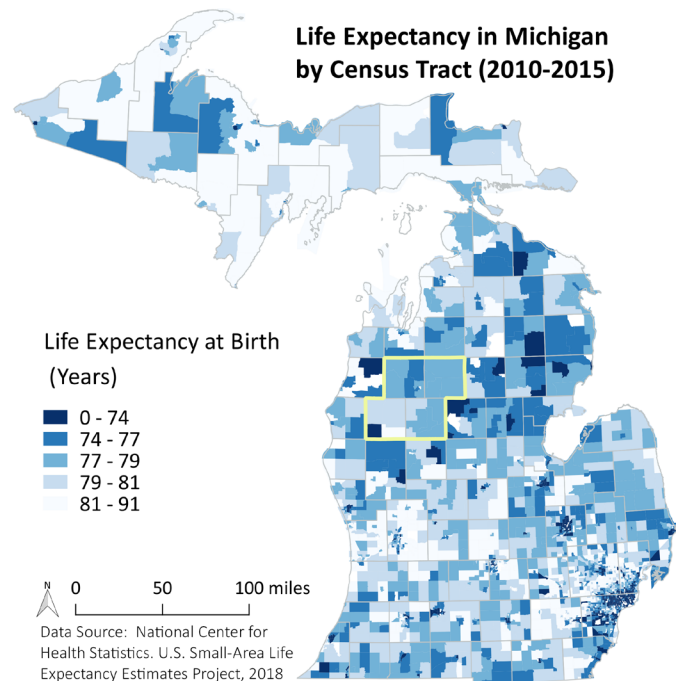
### Understanding Health Equity

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

And when it comes to expanding opportunities for health, thinking the same approach will work universally is like expecting everyone to be able to ride the same bike."

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

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



## Evaluation of Impact Since 2016 CHNA

### Significant Health Need: Access To Health Care

Increase the number of people reporting that they have a primary care provider in the service area. Improvement in the number of insured residents in our service area.

#### Written Comments

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

#### Actions and impact since preceding CHNA and Implementation Strategy:

- Physician recruitment strategies – recruit and retain providers to fill identified shortages.
  - 2 – Family Practice
  - 1 – Urologist
  - 1 – Psychiatrist - Telepsychiatry
  - 1 – Obstetrics & Gynecology
  - 1 – Internal Medicine
  - 2 – Maternal/Fetal Medicine – Telemedicine
- Expand telemedicine - July 2018, pilot telemedicine technology for the system, training in process for all providers/staff. Emergency department collaboration with regional specialists in Traverse City, Grand Rapids, iNDIGO Pediatrics providers.
- Emergency Department - emergency room expansion completed in Oct. 2018 included three additional patient rooms and five additional telemetry monitors.
- Urgent Care - Urgent Care opened July 10, 2018. Seven beds, average number of patients seen per day is 28.
- Surgical Services – the addition of a fifth operating room will decrease the wait times for patients needing surgery and reduce the long distance to travel for a procedure. With the additional operating room, we will be able to continue to perform cataract surgeries and increase the number of surgeries in areas such as urology, general surgery, orthopedics, and podiatry.
- Patient Financial Assistance Coordinators - Patient Financial Assistance Coordinators are available onsite to assist those who are uninsured or underinsured with access to care and payment issues. Coordinators provide health insurance enrollment assistance through Health Insurance Marketplace and Healthy Michigan Plan.
  - FY16 - 831 patients provided with assistance to enroll in public medical programs.
  - FY17 - 587 patients provided with assistance to enroll in public medical programs.
  - FY18 - 865 patients provided with assistance to enroll in public medical programs.
- Chronic Disease Care Coordinator - Chronic Disease Care Coordinator follows the high-risk population that has both chronic medical conditions requiring education, lifestyle changes, and coordination of care and is under or uninsured. The coordinator position was transitioned into the Wexford Physician Health Organization and Stehouwer Free Clinic.
  - FY16 – 9 patients
- Stehouwer Free Clinic – A funding source for the clinic serving those in the community that have limited or no access to care. In-kind support of the clinic includes information systems, telephone services, imaging and lab services.
  - FY16 - 310 patients served
  - FY17 - 427 patients served
  - FY18 - 395 patients served
- Medication Access Program - Provide financial support of a care coordinator in partnership with the Stehouwer Free Clinic and the Wexford Physician Health Organization.
  - FY17 – 269 clients – 1,202 prescriptions
  - FY18 – 271 clients – 1,191 prescriptions
- Medication Assistance program – Provide medication assistance for discharged patients who meet financial assistance criteria.
  - FY16 - 69 patients - 167 prescriptions
  - FY17 - 67 patients - 161 prescriptions
  - FY18 – 35 patients – 73 prescriptions
- Substance Abuse/Mental Health Community Health Practitioner - Partnership with Catholic Human Services to engage a community health practitioner to provide case management services to those presenting to the hospital having a substance abuse and/or mental health condition.
  - FY16 - 63 patients served
  - FY17 - 92 patients served
  - FY18 - 98 patients served
- Behavioral Health Services - Munson Healthcare Foundation received a Michigan Health Endowment Fund grant to focus on developing and providing integrated physical, mental health, and substance use services to address Adverse Childhood Events (ACES). This has been a community effort with many agencies coming together to understand where the gaps in behavioral health services are and how to best address them.
- For continued engagement, support, and growth across the community, Dr. Craig Derror has been working with several groups to do ACES education, including a free community showing of the film “Resilience”. Resilience film shown at Cadillac High School.

- 36 - Community moderators received training
- April 2018 – 162 participants attended viewing of film.
- Oct. 2018 – 168 participants attended viewing of film.
- Transportation Services - Provide transportation vouchers to patients who are without transportation to/from health care appointments or hospital related care.
  - FY16 - 45 patients served
  - FY17 - 91 patients served
  - FY18 - 118 patients served

## Significant Health Need: Chronic Disease

Promote the health of the community across the life span through prevention and treatment of chronic disease and contributing risk factors.

### Actions and impact since preceding CHNA and Implementation Strategy:

- Senior Fit Program - Provide financial support of the Senior Fit program established in 2008. This is a supervised exercise program for older adults with chronic disease designed to improve the health and well-being of older adults with chronic disease who may have barriers to physical activity. New in 2017 is the expansion of the Senior Fit program to Harbor View Apartments, an apartment community for those age 62 or older or disabled. Being able to offer this program to seniors who are confined to the complex and bring the program to them allow us to reach a population unable to make it to the YMCA for the onsite program. The program averages 70-80 participants per month, with four classes held twice a week. 80% of participants consistently perform in the normal or above normal range in the fitness assessments with 30% showing improvement.
- COPD Pilot Project - Contributed leadership to the COPD Pilot Project. This is a partnership with Munson Home Health and Hospice, Wexford Physician Health Organization and iNDIGO Hospitalists, to standardize care and provide education to the COPD population.
- State of Michigan QUIT Line – Continue to promote the State of Michigan QUIT line to patients. Promoted the Great American Smoke-out through business toolkit.
- Cooking Matters for Families - Hosted several free, 6-week nutrition programs where participants learn to prepare healthy meals and snacks, and to grocery shop on a limited budget. Participants receive take-home groceries to replicate the recipe taught during class. Partnerships included Munson Healthcare Cadillac Hospital, MSU Extension and Walmart.
  - FY16 1 class, 10 adults, 10 youth completed.
  - FY17 1 class, 7 adults, 11 youth completed.
  - FY18 3 classes, 19 adults, 16 youth completed.
- Dining for Diabetes – In partnership with the Wexford Physician Health Organization and MSU Extension, this program is designed for those at risk of diabetes and those with diabetes and their family members. Classes include interactive cooking and demonstrations, recipe tasting, guest speakers, and book review along with the review of the AADE core standards for diabetes management. First class took place Aug. 2018, with 18 participants completing the four sessions.
- Diabetes Education Outpatient Program – This program is a partnership with the Wexford Physician Hospital Organization and Munson Medical Center. The program began in March 2018 with one full-time RN and a part-time registered dietician. 174 patients have attended at least one session.
- Northern Michigan Diabetes Initiative 12-county region - Contribute leadership in the Northern Michigan Diabetes Initiative 12-county region. NMDI is a regional collaboration serving northern Michigan that is dedicated to the prevention, early detection, and management of diabetes. Quarterly meeting participation.
- Cardiac rehabilitation program – we continue to offer Cardiac Rehab Phase II, an outpatient heart-monitored exercise and education program in a medically supervised group setting. 30 patients enrolled in phase II. Cardiac Rehab Phase III allows patients to continue a medically supervised exercise in a group setting. Educational counseling, weight management, dietary counseling, and smoking cessation programs are offered. 66 patients enrolled in phase III.
- Pulmonary Rehabilitation program - Offer onsite pulmonary rehab that includes eight educational classes and up to 36 sessions of supervised progressive exercise. Respiratory therapists personalize the exercise program to help meet the patient goals. 41 patients enrolled between phase II and phase III.
- Blood pressure self-monitoring program - Partnership with the YMCA to provide blood pressure self-monitoring program onsite. Participants work with a trained Healthy Heart Ambassador during four months from enrollment date to develop the habit of self-monitoring their own blood pressure for better management and increased awareness of triggers that elevate blood pressure. Minimal attendance, program discontinued.
- Cadillac Area Health Coalition – Contribute leadership as a member of the Cadillac Area Health Coalition. In addition, Dr. James Whelan, M.D. Medical Director of Population Health of Munson Healthcare, is the Chair of the Cadillac Area Health Coalition. Dr. Whelan is leading the Coalition’s strategic

planning process to align with the Munson Healthcare Healthy Weight plan.

- Northwest Michigan Chronic Disease Prevention Coalition – Contribute leadership to the Northwest Michigan Chronic Disease Prevention Coalition. The mission of the coalition is to organize and promote chronic disease-related services and prevention opportunities available in our service region.

## Significant Health Need: Maternal, Child and Infant Health

Improve the health, safety and well-being of women, infants, children and families.

### Actions and impact since preceding CHNA and Implementation Strategy:

- Regional Perinatal Initiative - Contribute leadership to the 21 County Regional Perinatal Initiative, working to address barriers and improve the health of pregnant women and children.
- Healthy Futures – A collaboration of Munson Healthcare, health departments in northern Michigan, and health care providers across the region. This program connects expectant and new parents with trust-worthy information and local resources, including public health nurses from their own community. Services provided include education and home visits from a nurse, monthly educational information by mail or by text message offering tips, encouragement, and developmental milestones up to age five.
- Post-Partum Support - Contributed a Postpartum Support Coordinator in partnership with Postpartum Support International of Northern Michigan, providing support and resources to mothers and their families. Launched “Baby Steps” via Facebook, a support group offered through the Munson Healthcare Cadillac Hospital’s Family Birth Center, Cadillac OB/GYN and local supporters. The group meets a couple times a month and offers another avenue for support, education and live group meetings through social media. 263 followers.
- Life Skills Psychological Services - Partner to provide support and private counseling for mothers experiencing perinatal mood disorders.
- Maternal Smoking Cessation Education - Partner with District Health Dept. #10 and the Northern Michigan Perinatal Smoking Workgroup to promote the Script Tobacco Cessation program to pregnant women.
- CRANIUM Program – Provide education to area physicians, side-line physicians and emergency room physicians with information on how to define a concussion, concussion management and return to play protocol.
- Youth Fit Exercise Program - Offer financial support in partnership with Cadillac Area YMCA, Cadillac Area Public Schools and Cadillac Wexford Transit Authority to fund this free after school exercise and nutritional education program for 5th and 6th grade students. This program encourages youth to make positive decisions regarding eating habits, physical activity level and self-image. The afterschool program meets twice a week at Mackinaw Trail Middle school, with transportation provided back to the student’s home at the conclusion of the program via CWTA bus.
  - FY16 – 24 unique students
  - FY17 – 31 unique students
  - FY18 – 30 unique students
- Child Abuse/Neglect – Contribute leadership to OASIS Family Resource Center and Wexford-Missaukee Child Protection Council to provide domestic violence education and child abuse prevention resources.
- Period of Purple Crying - Munson Healthcare Cadillac Hospital OB staff provides Period of Purple Crying education to new mothers.
- Child Abuse Prevention - Participated in the introduction of child abuse prevention media campaign to Wexford-Missaukee Child Protection Council, topic discussion at local council meetings, preliminary radio ads discussed, and community education and awareness presentation on ACE's (Adverse Childhood Experiences) and film "Resilience" by the Michigan ACE's Initiative through TRUST (Trauma and Resilience Unified Support Team) of Wexford and Missaukee Counties. Free community showing of the film “Resilience” at Cadillac High School.
  - 36 - Community moderators received training
  - April 2018 – 162 participants attended viewing of film.
  - Oct. 2018 – 168 participants attended viewing of film.
- Imagination Library - Munson Healthcare Cadillac Hospital provided Imagination Library resources and Safe Sleep materials through 340 packets given to new mothers per year.

## Community Health Needs Assessment Methods

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

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

### Phase One: Organize for Success

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

### Phase Two: Visioning

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

### Phase Three: The Assessments

#### Community Themes and Strengths Assessment

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

#### Community Input Boards

The purpose of the Community Input Boards was to gather feedback from the general public on how their community context impacts health. At large community events, community members answered two questions by writing their answer on a sticky note and sticking it to the question board. These are the questions we asked:

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

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

#### How we sought input from medically underserved, minority, and low-income populations?

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

#### Mini Client Interviews

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

Our questions focused on barriers to accessing health care:

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

#### Community Health Status Assessment

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

#### Local Community Health System Assessment

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



by looking at “System Opportunities”, “System Weaknesses”, and “System Strengths.”

### **Forces of Change Assessment**

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

### **Phase Four: Identify and Prioritize Strategic Issues**

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

Next, we needed to prioritize these issues to decide which two Strategic Issues we were going to focus on for our collaborative Community Health Improvement Plan. First, we held a meeting to look at needs and conditions across the entire 31-county

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

## 2019 Community Needs Health Assessment Findings

### Hospital and Communities Served

#### Munson Healthcare Cadillac Hospital

Munson Healthcare Cadillac Hospital has served the greater Wexford County region since 1908, with a long history and heritage of keeping patients at the center of all we do. Located within the City of Cadillac with a population of 10,500 people, it is the only city in the nation with two lovely lakes within its city limits – Lake Mitchell and Lake Cadillac. Shifting winds across nearby Lake Michigan keep Cadillac winters snow covered and the summers comfortable.

Located 50 miles south of Traverse City, Cadillac Hospital is one of nine community hospitals in the Munson Healthcare system, northern Michigan's leading and largest health care provider.

Munson Healthcare Cadillac Hospital has an active medical staff of 225 providers and 148 volunteers. With approximately 742 employees, Cadillac Hospital is one of the largest employers in the surrounding area. This 49-bed hospital offers a wide range of services including diagnostic, emergency, surgical, heart, cancer, maternity, sleep, physical therapy, and more.

#### Special Recognition

- Cadillac Hospital is known for high quality care based on ratings from outside agencies, including an "A" patient safety rating from the Leapfrog Group.
- Cadillac Hospital has received a 5-star CMS rating for overall hospital quality – one of just 10 hospitals in Michigan to receive the top rating based on quality measures.
- Cadillac Hospital has been named as one of the Top 100 Rural & Community Hospitals in the nation by The Chartis Center for Rural Health. Regarded as one of the industry's most significant designations of performance excellence, the annual Top 100 Rural & Community Hospitals award is based upon the results of the Hospital Strength INDEX® from iVantage Health Analytics. The Hospital Strength INDEX® is the industry's most comprehensive and objective assessment of rural hospital performance in the United States. Rural hospitals are chosen based on scores of performance in 50 rural-relevant indicators.
- Cadillac Hospital also has been designated by Blue Cross Blue Shield of Michigan as a Blue Distinction Center+ for maternity care and knee and hip replacement.

### Regional Population Demographics

#### Geography and Population

Our service area covering Lake, Missaukee, Osceola, and Wexford Counties covers a total of about 2,300 square miles of land. The region is classified as "rural" by the US Census Bureau. In general,

rural locations experience significant health disparities, such as higher incidence of disease and disability, increased mortality rates and lower life expectancy. Rural residents are more likely to have a number of chronic conditions and are less likely to receive recommended preventive services, in part due to lack of access to physicians and health care delivery sites and/or adequate transportation options.

Of the 82,870 people who live in the four-county region, 93% are white. The largest minorities are African American (2%), Hispanic/Latino (2%) and Native American (1%). The proportion of adults over 65 years old is larger in the region (20%) than the State (16%). In addition, the proportion of older adults is expected to continue increasing across northern Michigan at a much faster rate than the state average.

#### Education and Income

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

A larger percentage of the population of Michigan have a college degree (27%) than in the four-county region, where college attainment is between 13% (Osceola) and 17% (Wexford). However, the proportion of the population with a high school diploma is about the same in these four counties as it is for Michigan overall: around 87%.

Among these four counties, median household income is highest in Wexford County at \$42,790; this is still well below median income in Michigan (\$52,668). In addition, within these counties, stark income inequality exists. For example, in Missaukee and Lake Counties, the average income of the top 1% of earners is more than 15 times the average income of all other earners in the county.

## 2019 Strategic Priorities and Issues

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

In the following sections, we examine the impact of these issues on health and health equity, the extent of the challenge in our counties, and opportunities to improve them. Additional data tables related to these issues can be found in the appendices. (To get a large enough sample size, survey results reported include responses from Manistee, Wexford, Missaukee, Mason, Lake, Osceola, Oceana, Newaygo, and Mecosta counties.)

### 2019 Strategic Priorities

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

#### Additional Issues

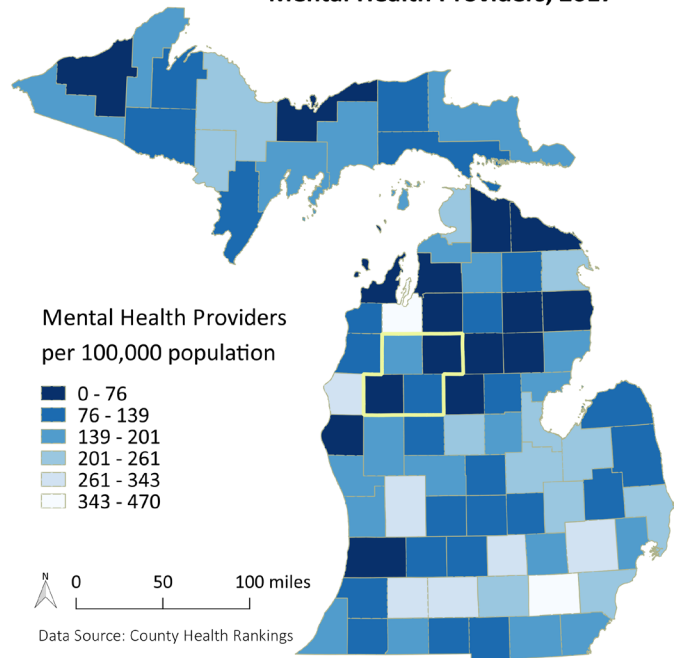
- Improve access to comprehensive health care for all
- Foster a sense of community that promotes trust and inclusiveness
- Improve prevention and reduce health risks for leading causes of death

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

### Health Impact

Mental illness and substance use disorders can have grave impacts on length and quality of life for individuals, as well as significant impacts on families and communities. For individuals,

Mental Health Providers, 2017



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

### Healthy Equity

Disparities in mental health and substance use disorders treatment persist in diverse segments of the population, including racial and ethnic groups; lesbian, gay, bisexual, transgender, and questioning populations; people with disabilities; transition-



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

### Challenges

With suicide rates above the national average and 33% (Wexford) to 41% (Lake) of teens reporting symptoms of a major depressive episode in the past year, mental health is significant concern in our counties. Similarly, abuse of alcohol, tobacco, and drugs need to be addressed. Rates of binge drinking among adults range from 12% in Wexford County to 23% in Missaukee County. Teens reporting drinking alcohol in the past month number 1 in 10 in Lake County and nearly 2 in 10 in Wexford County. In Lake, Missaukee, Osceola, and Wexford counties, about 1 in 4 adults is a current smoker - a rate higher than the national average (17%). Hepatitis C rates, which are strongly associated with injection drug use, are spiking among young adults. Among teens in these counties, about 1 in 8 report vaping in the past month, and about 1 in 8 used marijuana in the past month. Contributing to these problems are ongoing shortages of mental health providers and substance use treatment options.

### Assets, Resources, and Opportunities

With the rising severity of these issues, more organizations and coalitions are working on mental health/substance use than ever before.

### Prioritization

Looking at criteria including values, severity, impact, and magnitude, mental illness/substance use scores as a high priority. Mental illness and substance use issues are growing quickly, and all segments of the population are affected. The burden falls most heavily, however, on the most vulnerable populations, making these issues important to address to achieve health equity. For those facing these issues, the impact on health and quality of life can be severe. Improving prevention and access to care for mental health and substance use is highly valued by the community: 93% of residents agreed in a survey that it is important to address mental health and substance use in our community.

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

For these reasons, mental health and substance use was identified as the top priority in the Cadillac Hospital service area, as well as the full 31-county MiThrive region.

### Community Voice

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

- Access to mental health providers
- Access to substance use treatment
- Response to the opioid crisis and other drugs
- Anti-tobacco policies
- Response to drunk driving

When surveyed, residents ranked this issue as the second most urgent of all the strategic issues identified. 89% of resident survey respondents agreed that many people in their community need better access to mental health and substance abuse services/prevention.

*“My family has tried to get help for mental health for 6 years. Because he has not tried to commit suicide he didn't qualify for services. There is a 6 month-plus waiting list to have a teleconference with a psychiatrist to get medication changes. They say if you need help ask for it. We have asked for 6 years and have not gotten it. One day I am afraid my son will be a statistic because he couldn't get the services he needed.”*

- Wexford County resident

*“There is no alcohol treatment places in Lake County. If you need help with alcohol addiction you must leave our county!”*

- Lake County resident

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

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

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

### Health Impact

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

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

- Nutrition education can lead to improved diet and weight for families in food secure households.
- Living in housing with physical problems (e.g. need for appliance, roof, and heating updates) is associated with poor self-assessed health, increased limitations to activities for daily living, and chronic disease. Faulty appliances and inadequate heating may increase nitrogen dioxide. Plumbing leaks, roof leaks, and inadequate ventilation increases mold, which are associated with higher rates of asthma.
- Communities and housing not designed for senior accessibility can increase risk of falls, social isolation, loss of independence, and other problems for our quickly growing elderly population.
- Physical activity levels increase in neighborhoods with safe sidewalks and streetlights, leading to safer neighborhoods with less crime, therefore reducing the risk of obesity.

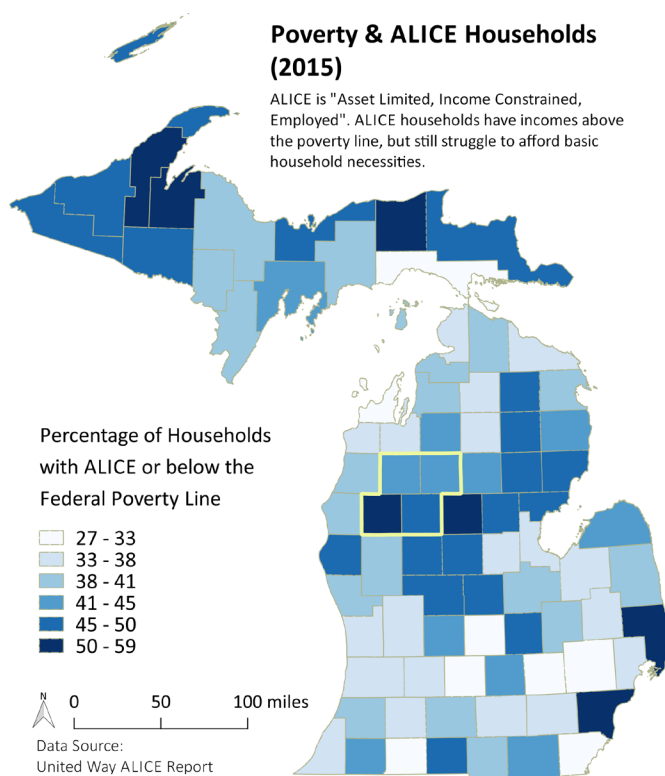
### Healthy Equity

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

### Challenges

In the four-county region, about half of households struggle to afford basic household necessities. The percentage of children living in households below the poverty level is 40% in Lake County, 22% in Missaukee County, 34% in Osceola County, and 25% in Wexford County. In Lake, Osceola, and Wexford Counties, more than 1 in 5 kids did not have consistent access to enough food over the past year. Home renters who spend 35% or more of their household income on rent are at higher

risk of housing insecurity and homelessness - including 51% of renters in Lake County, 37% in Wexford County, and 43% in in both Missaukee and Osceola Counties. All these factors weaken the ability of families and communities to endure challenges and develop healthy, thriving lives.

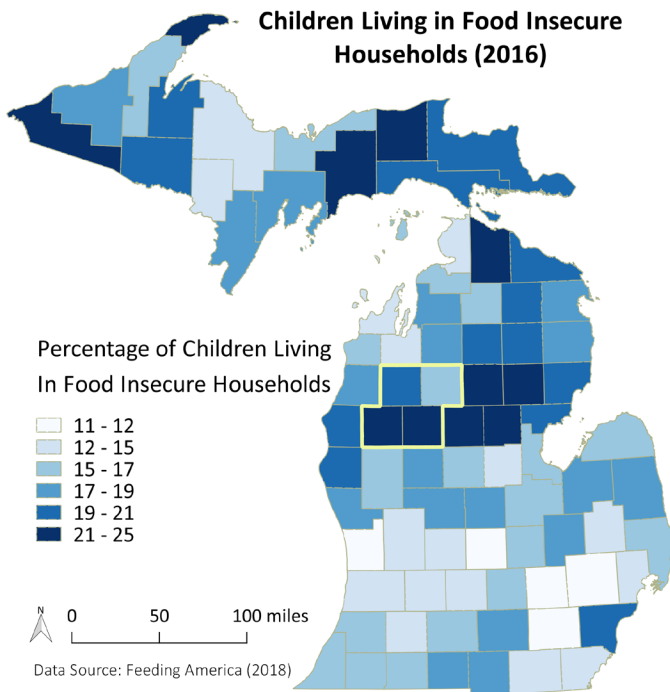


### Assets, Resources, and Opportunities

Many organizations in the area are addressing basic needs of living. These issues are complex and multi-dimensional, so as new collaborations form and expand, the possible total impact on basic needs grows. Some examples of organizations working in this area include food pantries, Michigan Department of Health and Humans Services, and local churches. Transportation in Wexford County has also been improving. With new community-wide collaboration and innovative solutions, local improvements in basic needs are possible in the next 3-5 years.

### Prioritization

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



*"Not worried about my family, but worried about neighbors around me."*

- Missaukee County resident

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

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

resources and strategies and collaborate toward tangible community improvement. For these reasons, Basic Needs of Living was identified as a top priority in the region served by Cadillac Hospital.

### Community Voice

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

- Services to meet basic needs
- Clean natural environment
- Access to healthy food
- Outdoor and indoor opportunities for physical activity (especially low-cost)
- Improved transportation
- Improved community infrastructure (e.g. sidewalks, community gardens, tobacco-free policies, playgrounds, handicap accessibility, etc.)

When surveyed, residents ranked this issue as the most urgent of all the strategic issues identified. 81% of resident respondents agreed that many people in their community struggle to meet basic needs of living.

*"I have not received help in the past, but recently things have changed and I can't get any help...it's so hard."*

- Wexford County Resident

*"We need a community activity center; space for kids to participate in activities."*

- Lake County resident



## Strategic Issue: Improve access to comprehensive health care for all

### Health Impact

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

### Health Equity

One example of inequities in access to care are the significant disparities in insurance coverage among different races/ethnicities. In our service area, this mostly impacts Native American and Hispanic populations. For example, a Hispanic resident of Missaukee County is nearly 2.5 times as likely to be uninsured compared to a white resident. In Wexford County, a Native American resident is 1.5 times as likely to be uninsured compared to white residents.

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

### Challenges

Residents of the four-county region experience a variety of barriers to accessing health care, including problems with transportation, appointment availability, and certain provider shortages. In addition, 14% of non-elderly adults in the region are uninsured, and between 12% (Missaukee) and 18% (Osceola) of adults said high cost of care prevented them from seeing a doctor when they needed to in the past year.

### Assets, Resources, and Opportunities

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

### Prioritization

This strategic issue was not chosen as one of the top issues because many of the barriers to accessing health care will be relieved in some way through addressing basic needs of living and mental health/substance use. In addition, barriers to care are usually not the root cause of poor health, and a more upstream

approach is needed to be most effective at improving population health in the long term.

### Community Voice

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

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

When surveyed, 6 in 10 residents said improving access to health care would improve quality of life for their family, while more than 8 in 10 said better access would improve quality of life for their community.

*"I can't find a dental or health care office in this town where I feel welcome and feel I fit in. They all charge too much."*

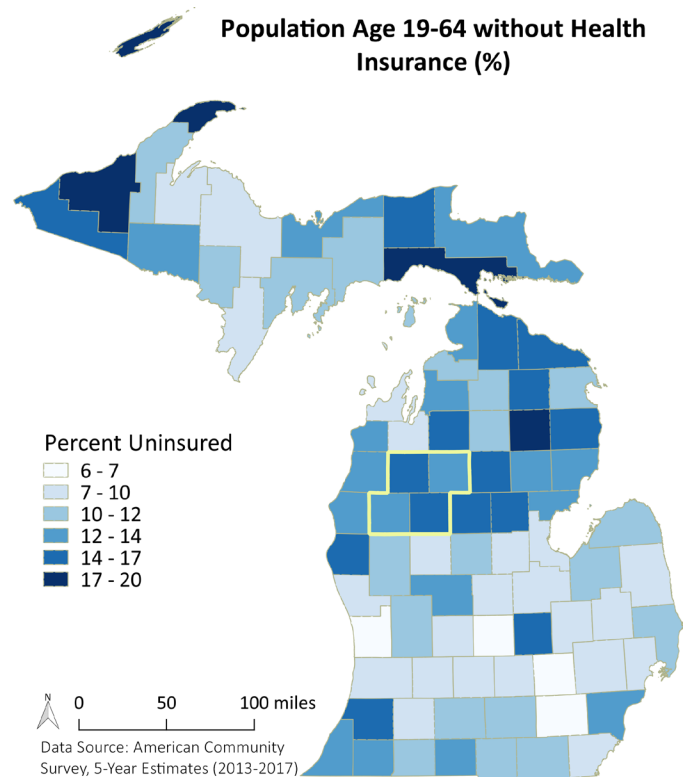
- Wexford County Resident

*"I mean costs associated with health care--insurance, fees, prescriptions. Particularly prescriptions which are life sustaining and ridiculously (and sometimes prohibitively) expensive."*

- Wexford County resident.

*"Access to affordable health care and coverage for those who need...especially extend care center coverage."*

- Osceola County resident.



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

### Health Impact

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

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

### Health Equity

Certain populations are at significantly higher risk for social isolation, including racial and religious minorities; seniors who live alone; and the 6-10% of teens who identify as lesbian, gay, bisexual, or transgender (LGBT) in this region. In the U.S., overall, 4 in 10 LGBT+ youth say the community in which they live is not accepting of LGBT+ people, and they are twice as likely as peers to report being physically assaulted. Girls and women are also at increased risk of violence, especially from an intimate partner. Seniors are at increased risk of social isolation because of their limited mobility, decreasing social networks due to death of their partners and peers, and changes in their social roles due to retirement and loss of income.

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

### Challenges

In the four-county region, about half of teens say they know an adult in their neighborhood they could talk to about something important, and about 1 in 3 teens have experienced at least two adverse childhood experiences (ACEs). These are both risk factors for serious health conditions later in life. In both Lake and Wexford Counties, 1 in 7 teen girls has been forced to do sexual things they did not want to do by someone they were dating in the past 12 months. Among Michigan householders over age 65, 44% live alone.

### Assets, Resources, and Opportunities

Although this area has room for improvement, significant efforts are ongoing. Senior centers and Meals on Wheels work to connect older adults. Faith-based groups and nonprofits create ways to engage and volunteer. YMCA and outdoor recreation opportunities bring people together. Other programs working in

this area include Cadillac-Wexford Public Library, Friends Ministry, Teen Impact program, TRUST, OASIS, the Child Protection Council, and Great Start Collaborative. More organizations are also providing training in ACEs (adverse childhood experiences) and trauma-informed care.

### Prioritization

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

### Community Voice

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

When surveyed, 6 in 10 residents agreed that improving sense of community, support, and inclusion would improve their families' quality of life. 95% of survey respondents agreed that it is important to build a sense of community where they live.

*"We need a community center, someplace folks can shower, play games, learn a new skill, take classes, have meetings, etc."*

- Lake County resident

*"I think the biggest thing is creating a culture where people feel loved and supported. Our society can be so individualistic that it makes individuals feel lonely or isolated. This can then create more mental health issues. If we focus on creating an environment where people truly feel supported, I believe mental health issues will decrease."*

- Wexford County resident

*"Large social and income gaps in this community, little diversity, and very unwelcoming toward diverse populations."*

- Wexford County resident

*"Rural broadband access should be a top priority. The disconnect from society alone is detrimental and nobody should be left behind anymore."*

- Missaukee County resident

*"Blatant racism and systemic racism [is a problem here]."*

- Missaukee County resident

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



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

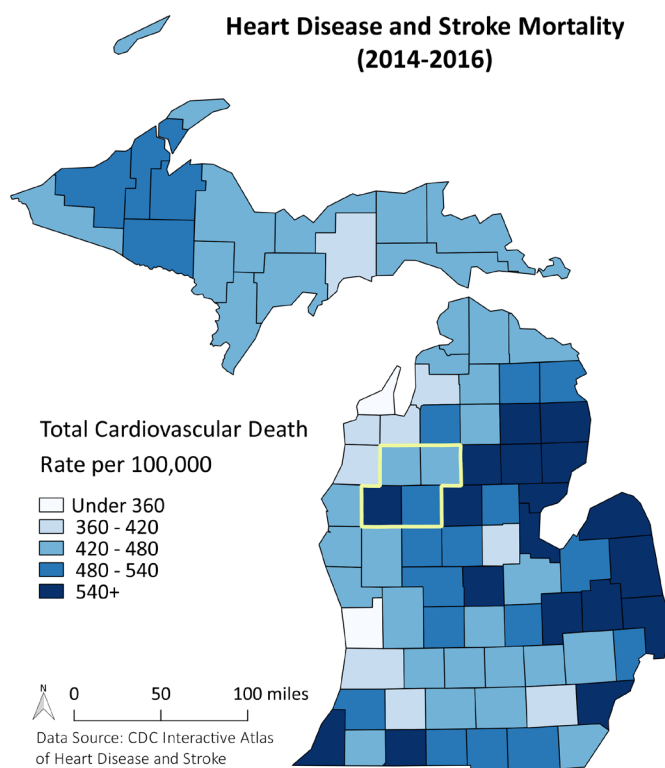
### Challenges

Heart disease and cancer are by far the leading causes of death in the four-county region. In these counties, heart disease, cancer, stroke, and Alzheimer's Disease stand out as having notably high death rates. Osceola and Wexford, in particular, have higher rates: six out of the seven death rates for leading causes are worse in Osceola County than the state, and five are worse in Wexford.

Preventing these leading causes of death will require lowering the obesity rate, decreasing tobacco use, addressing risks of car crashes and falls, and improving vaccination rates, among other interventions. The obesity rate is high: about 1 in 3 adults is obese in the four-county region, and about 1 in 5 teens. Vaccination rates also need to improve. For example, about 45% of residents in these counties did not get a flu shot in the past year, leaving vulnerable residents like small children and the elderly at increased risk of serious illness and death.

### Health Equity

Compared to the non-Hispanic white population, American Indians in Michigan face a significantly higher death rate



Leading Causes of Death (with age-adjusted death rate per 100,000 population)						
Rank	Cause of Death	MI	Lake	Missaukee	Osceola	Wexford
1	Heart Disease	199	244	190	208	194
2	Cancer	170	188	174	192	196
3	Chronic Lower Respiratory Diseases	45	45	66	48	63
4	Unintentional Injuries	42	37	46	53	54
5	Stroke	37	63	35	41	43
6	Alzheimer's Disease	28	35	43	37	40
7	Diabetes Mellitus	22	16	26	19	19

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

from every one of the seven leading causes of death except Alzheimer's disease. Among Hispanics, death rates from diabetes are higher compared to whites.

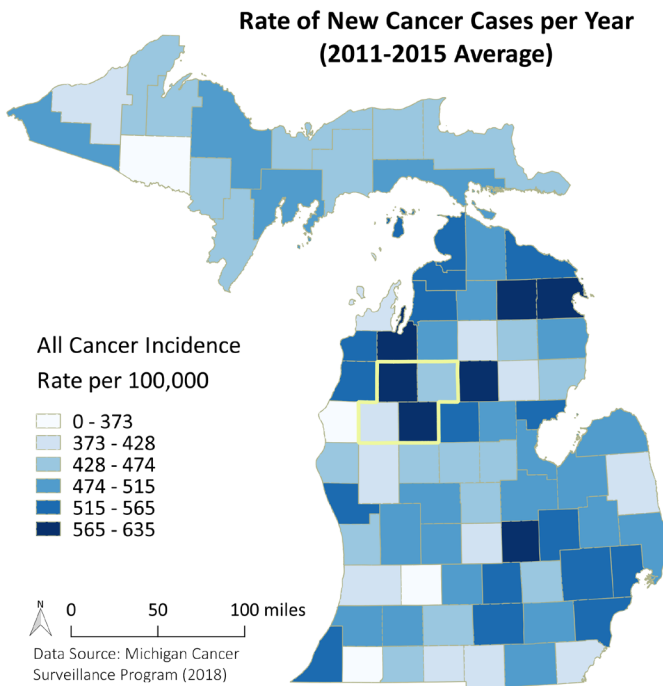
### Assets, Resources, and Opportunities

Addressing risks for the leading causes of death is at the heart of the work being done at Munson Healthcare Cadillac

Hospital and by affiliated providers. In addition, these issues are being addressed by groups like the Cadillac Community Health Coalition, Cadillac Area YMCA, Northern Michigan Diabetes Initiative, Northwest Michigan Chronic Disease Prevention Coalition, Physician Hospital Organization and Shape Up North.

## Prioritization

Reducing risks for leading causes of death was not chosen as a priority because the most significant factors in reducing risks are included in the other issue areas described. This is especially true for the chronic diseases, which are most impacted by upstream approaches through addressing issues like basic needs.



## Community Voice

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

When surveyed, 74% of residents agreed that improving this issue would improve quality of life for the community; 54% said it would improve their family's quality of life. 94% of survey respondents agreed that it is important to prevent and reduce leading health risks.

*"Opportunities for low income/no insurance to have access to programs addressing the above mentioned health risks."*

- Missaukee County resident

*"I feel that if any of these measures are focused on and incorporated into our community, they need to be services offered to all members of our community and not just low income."*

- Wexford County resident

*"Make information up to date and complete. Chronic disease is difficult to manage."*

- Wexford County resident

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

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

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

## Improving the Planning Process

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

### Improving the Planning Process: Strengthen Collaboration

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

## Community Voice

When surveyed, nearly 3 in 5 residents said improving coordination across different kinds of organizations would improve quality of life for their family, while 4 in 5 said better coordination would improve quality of life for their community. 92% said they believe it is important for local organizations to work together better.

*"Our community works well together however it appears that community leaders may get caught up in meeting requirements of efforts and not invested personally. They can present info on poverty, but some can't empathize; they're stuck in middle class values."*

- Missaukee County resident

*"Joining groups like the planning commission, which is working on walking trails, the health department which is working on walking access in the city, and other groups that do prevention and outreach. So using a macro model in our community and tagging into already existing initiatives would assure a more cohesive development approach, as would using a multitude of funding sources."*

- Missaukee County resident

*"Utilize resources already available to do this; it should not cost any more to make these groups work effectively."*

- Wexford County resident

*"I feel this happens some of the time. Mostly with schools being disconnected from community organizations and parents."*

- Wexford County resident

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

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

## Improving the Planning Process: Empower Residents and Stakeholders

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

### Community Voice

When surveyed, 52% of residents said more representation in decision-making would improve quality of life for their family, while 75% said more representation would improve quality of life for their community. More than 95% said they believe it is important to include community members in decision-making.

*"I feel the people of our community have no say in what we need here."*

- Wexford County resident

*"Better high-speed internet across the region would help promote the community involvement, improve outreach, and make more critical information available."*

- Wexford County resident

*"I have realized that until we get the individual to recognize they need to be involved in their community and be an active member to voice their opinions, nothing will change."*

- Missaukee County resident

*"It is always the same people making the same bad decisions in this community. They already have their 'agenda' and do not want to hear new ideas or opinions... [We need to] value resident and user opinions."*

- Wexford County resident

*"Be inclusive! Involve all segments of the population as identified on census information. Represent all socio-economic, racial, and income-level groups."*

- Wexford County resident

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

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

## Next Steps

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

## Appendix A

### Organizations Represented during Assessment Process

#### Steering Committee

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

Benzie-Leelanau District Health Department	Munson Healthcare Cadillac Hospital
Central Michigan District Health Department	Munson Healthcare Charlevoix Hospital
District Health Department #2	Munson Healthcare Grayling Hospital
District Health Department #4	Munson Healthcare Manistee Hospital
District Health Department #10	Munson Medical Center
Grand Traverse County Health Department	Munson Healthcare Otsego Memorial Hospital
Health Department of Northwest Michigan	Munson Healthcare Paul Oliver Memorial Hospital
Kalkaska Memorial Health Center	Northeast Michigan Community Service Agency
McLaren Central Michigan	North Country Community Mental Health
McLaren Northern Michigan	Northern Michigan Community Health Innovation Region
Mid-Michigan - Alpena	Spectrum Health
Mid-Michigan Health - Clare Gladwin	Traverse Health Clinic
Munson Healthcare	

#### Forces of Change Assessment

1North	Grand Traverse County Prosecuting Attorney's Office
Alcona Health Center	Grand Traverse County Senior Center
Alliance for Senior Housing, LLC	Grand Traverse Pavilions
AmeriCorps VISTA	Grow Benzie
Area Agency on Aging of Northwest Michigan	Habitat for Humanity Grand Traverse Region
AuSable Valley Community Mental Health	Harbor Care Associates
Benzie Senior Resources	Health Department of Northwest Michigan
Benzie-Leelanau District Health Dept.	Health Project
Catholic Human Services	Hope Shores Alliance
Central Michigan District Health Department	Hospice of Northwest Michigan
Char-Em United Way	Housing Consulting Services LLC
Community Connections /Benzie-Leelanau DHD	Kalkaska Commission on Aging
Crawford County Commission on Aging	Lake City Area Chamber of Commerce
District Health Department #2	Lake County Habitat for Humanity
District Health Department #4	Leelanau County Senior Services
District Health Department #10	McLaren Northern Michigan
Family Health Care - White Cloud	Meridian Health Plan
Father Fred Foundation	Michigan Department of Health and Human Services
Ferris State University Public Health Programs	Michigan State Police Community Trooper
Free Clinic	Michigan State University Extension
Goodwill Industries	Mid-Michigan Community Action Agency
Grand Traverse County Commission on Aging	Mid-Michigan Health
Grand Traverse County Health Department	Mid-Michigan Medical Center-West Branch
Grand Traverse County Probate Court	Monarch Home Health
	MSU Extension

## Appendix A

### Organizations Represented during Assessment Process - cont'd

#### Forces of Change Assessment, cont'd

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

#### Local Community Health System Assessment

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

#### Identifying Strategic Issues

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

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

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

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

## Appendix A

### Organizations Represented during Assessment Process - cont'd

#### Identifying Strategic Issues, cont'd

Groundwork Center for Resilient Communities  
Health Department of Northwest Michigan  
McLaren Central Michigan  
McLaren Northern Michigan  
MI Department of Health and Human Services  
Mid-Michigan Health  
Mid-Michigan/AHEC  
MSU-Extension

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

#### Prioritizing Strategic Issues – 31-County Region

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

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

#### Manistee, Missaukee, Wexford Region

Baker College  
Cadillac Area Community Foundation  
Cadillac Area Ministerial Association  
Cadillac Area Public Schools  
Cadillac Area YMCA  
Cadillac News  
Child Protection Council  
District Health Department #10  
Flourishing Families MI  
Lake City Area Chamber of Commerce  
Manistee County Council of Aging  
MDOC Probation/Parole

Missaukee County  
Munson Healthcare  
Munson Healthcare Cadillac Hospital  
Munson Healthcare Manistee Hospital  
Networks Northwest & Manistee HSCB  
Northwest Michigan Works  
OASIS FRC  
Samaritas  
United Way of Wexford Missaukee Counties  
Wexford County Council on Aging  
Wexford County Probate Court  
Wexford-Missaukee ISD

## Appendix B

### Assessment Data Tables

#### Community Themes and Strengths Assessment

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

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

## Appendix B

### Assessment Data Tables - cont'd

#### Forces of Change Assessment

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



## Appendix B

### Assessment Data Tables - cont'd

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

## Appendix B

### Assessment Data Tables - cont'd

#### Local Community Health System Assessment

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

## Appendix B

### Assessment Data Tables - cont'd

#### Community Health Status Assessment

Demographics						
Data Year	Indicator	MI	Lake	Missaukee	Osceola	Wexford
2016	Total Population <sup>1</sup>	9,928,300	11,496	15,102	23,110	33,163
2016	% Female <sup>1</sup>	50.8	49	49	49	50
2016	% < 18 <sup>1</sup>	22.1	17	23	23	24
2016	% 65 and over <sup>1</sup>	16.2	27	20	20	18
2016	% American Indian/Alaskan Native <sup>1</sup>	0.7	1.0	0.9	0.6	0.7
2016	% Hispanic <sup>1</sup>	5.0	2.8	2.7	1.7	1.8
2016	% Non-Hispanic White <sup>1</sup>	75.4	85	94	95	95
2010	% Rural <sup>1</sup>	25	100	100	100	64
2018	% students who identify as gay, lesbian, or bisexual <sup>2</sup>	*	6	n/a	n/a	10

<sup>1</sup> County Health Rankings; <sup>2</sup> Michigan Profile for Healthy Youth

## Appendix B

### Assessment Data Tables - cont'd

Overall Health						
Data Year	Indicator	MI	Lake	Missaukee	Osceola	Wexford
2014-2016	Years potential life lost per 100,000 <sup>1</sup>	7,293	8,921	6,879	7,134	8,655
2018	Health outcome rank (out of 83) <sup>1</sup>	n/a	81	23	60	67
2018	Health factors rank (out of 83) <sup>1</sup>	n/a	81	32	74	53
2017	% Self-reported general health assessment: poor or fair <sup>3</sup>	18	26	17	23	17

<sup>1</sup> County Health Rankings; <sup>2</sup> Michigan Profile for Healthy Youth; <sup>3</sup> Michigan Behavioral Risk Factor Surveillance Survey

Basic Needs						
Data Year	Indicator	MI	Lake	Missaukee	Osceola	Wexford
2010-2014	% Households with severe housing quality problems <sup>1</sup>	16	21	15	15	16
2010/2016	% Access to exercise opportunities <sup>1</sup>	86	92	64	61	79
2013-2017	% Work outside county of residence <sup>4</sup>	29	57	47	45	25
2013-2017	% Unemployment rate <sup>4</sup>	7	12	7	7	7
2013-2017	% Population below the poverty level <sup>4</sup>	16	25	16	21	17
2016	% Children 0-12 eligible for subsidized care <sup>5</sup>	3	5	2	4	4
2016	% Children 0-12 receiving subsidized care <sup>5</sup>	2	3	1	2	3
2016	% population experiencing food insecurity <sup>6</sup>	14	17	12	14	14
2015	% population with low access to grocery store <sup>7</sup>	*	16	4	16	10
2014	% Students eligible for free lunch <sup>7</sup>	n/a	86	47	53	49

<sup>1</sup> County Health Rankings; <sup>2</sup> Michigan Profile for Healthy Youth; <sup>3</sup> Michigan Behavioral Risk Factor Surveillance Survey; <sup>4</sup> American Community Survey; <sup>5</sup> Kids Count Data Center; <sup>6</sup> Feeding America; <sup>7</sup> USDA Food Environment Atlas  
\*Data not available

## Appendix B

### Assessment Data Tables - cont'd

Mental Health						
Data Year	Indicator	MI	Lake	Missaukee	Osceola	Wexford
2017	Mental health providers per 100,000 population <sup>1</sup>	232	43	20	113	196
2017/2018	% Teens with symptoms of a major depressive episode <sup>2</sup>	*	41	*	*	33
2017	% Poor mental health on at least 14 days in the past month <sup>3</sup>	*	*	*	*	10
2012-2016 (5yr avg)	Intentional self-harm (suicide) (mortality rate per 100,000 population) <sup>8</sup>	13	*	*	17	18
2015	% Depression among adults 65+ <sup>9</sup>	15	14	13	15	16

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

Access to Care						
Data Year	Indicator	MI	Lake	Missaukee	Osceola	Wexford
2015	Preventable hospital stays (per 1000 Medicare enrollees) <sup>1</sup>	55	42	45	61	53
2018	Clinical care rank (out of 83 counties) <sup>1</sup>	n/a	68	54	66	17
2016	Dentists per 100,000 population <sup>1</sup>	72	78	13	9	66
2015	Primary care providers per 100,000 population <sup>1</sup>	80	8.7535	27	30	103
2017/2018	% Teens with routine check-up in the past year <sup>2</sup>	*	64	*	*	69
2017	% Adults with no personal health care provider <sup>3</sup>	15.2	*	20	19	18
2017	% Needed to see doctor, cost prevented care <sup>3</sup>	11	*	12	18	16
2013-2017	% Uninsured: age 19-64 <sup>4</sup>	10	13	14	15	15
2016	% Children 0-18 insured by MiChild <sup>5</sup>	42	68	51	50	54

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

## Appendix B

### Assessment Data Tables - cont'd

Substance Abuse						
Data Year	Indicator	MI	Lake	Missaukee	Osceola	Wexford
2012-2016	% motor vehicle deaths with alcohol-impaired <sup>1</sup>	29	40	13	38	26
2017/2018	% Teens: used marijuana during the past 30 days <sup>2</sup>	n/a	13	*	*	13
2017/2018	% Teens: at least one drink of alcohol during the past 30 days <sup>2</sup>	*	11	*	*	18
2017/2018	% Teens: smoked cigarettes during the past 30 days <sup>2</sup>	*	4	*	*	7
2017/2018	% Teen: vaping past 30 days <sup>2</sup>	*	13	*	*	12
2017/2018	% Teens: took a prescription drug not prescribed to them, including painkillers, during the past 30 days <sup>2</sup>	n/a	4	*	*	6
2017	% Adult: binge drinking <sup>3</sup>	19	*	23	17	12
2017	% Adult: current smoker <sup>3</sup>	19	29	23	22	28
2012-2016	% Smoked while pregnant <sup>8</sup>	18	40	23	29	30
2014	Drug use mortality (per 100,000 population) <sup>10</sup>	13	13	9	9	14
2017	Heroin treatment admission rate (per 100,000 population) <sup>11</sup>	252	78	66	65	274
<sup>1</sup> County Health Rankings; <sup>2</sup> Michigan Profile for Healthy Youth; <sup>3</sup> Michigan Behavioral Risk Factor Surveillance Survey; <sup>4</sup> American Community Survey; <sup>5</sup> Kids Count Data Center; <sup>6</sup> Feeding America; <sup>7</sup> USDA Food Environment Atlas; <sup>8</sup> MDHHS Vital Records; <sup>9</sup> Center for Medicare and Medicaid Services; <sup>10</sup> Institute for Health Metrics and Evaluation; <sup>11</sup> MDHHS, Vital Hepatitis Surveillance and Prevention Unit *Data not available						

## Appendix B

### Assessment Data Tables - cont'd

Leading Causes of Death						
Data Year	Indicator	MI	Lake	Missaukee	Osceola	Wexford
2010-2016	Motor vehicle crash death rate per 100,000 population <sup>1</sup>	10	*	18	13	21
2012-2016	Firearm fatalities rate per 100,000 population <sup>1</sup>	12	19	*	14	*
2017/2018	% Teens with current asthma <sup>2</sup>	*	71	*	*	62
2017/2018	% Obese teens <sup>2</sup>	*	21	*	*	19
2017/2018	% Overweight teens <sup>2</sup>	*	15	*	*	19
2017	% Adults who are obese <sup>3</sup>	32	27	32	45	32
2017	% Adults who are overweight <sup>3</sup>	35	55	31	37	31
2017	% Adult: ever told diabetes <sup>3</sup>	11	*	10	11	14
2017	% Adult: cardiovascular disease <sup>3</sup>	*	*	13.3	7.8	10.4
2011-2015	All cancer incidence rate (per 100,000 population) <sup>12</sup>	518	422	459	596	595
2011-2015	Prostate cancer incidence rate (per 100,000 population) <sup>12</sup>	118	74	103	117	113
2011-2015	Breast cancer incidence rate (per 100,000 population) <sup>12</sup>	83	53	65	86	83
2015	% COPD: adults 65+ <sup>9</sup>	14	18	14	14	16

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

## Appendix B

### Assessment Data Tables - cont'd

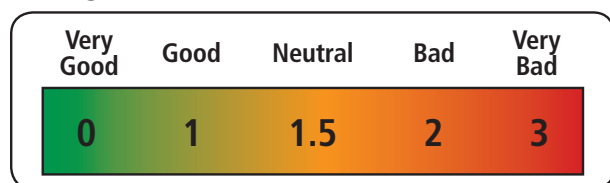
Sense of Community						
Data Year	Indicator	MI	Lake	Missaukee	Osceola	Wexford
2012-2016	% Children living in single-parent households <sup>1</sup>	34	36	28	37	36
2018	Social & Economic Factors Ranking (out of 83 counties) <sup>1</sup>	*	82	31	50	51
2017/2018	% Teens: 2 or more ACEs (Adverse Childhood Experiences) <sup>2</sup>	*	35	*	*	*
2017/2018	% Teens: know adults in the neighborhood they could talk to about something important <sup>2</sup>	*	50	*	*	56
2017/2018	% Teens: Sexual Intimate Partner Violence against Females <sup>2</sup>	*	14	*	*	14
2013-2017	% Households with broadband internet <sup>4</sup>	81	64	74	65	72
2013-2017	% Householders living alone (over 65) <sup>4</sup>	44	36	28	37	36

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

#### Secondary Data Analysis Methodology

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

#### Scoring Scale:



#### Scoring is done in 4 stages:

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

#### Additional Data Tables - Selected Indicators



## Appendix B

### Assessment Data Tables - cont'd

All Topic Areas - Alphabetical Order		Scores				
# Scored Indicators Within Topic Area	Topic Area	Lake County Score	Missaukee County Score	Osceola County Score	Wexford County Score	Cadillac Hospital Service Area Score
16	Access to Care	2.0	1.9	2.2	1.7	2.0
8	Cancer	1.1	1.3	2.7	2.0	1.8
2	Crime & Violence	2.0	1.8	1.8	2.3	1.9
4	Diabetes	1.8	1.8	1.0	1.4	1.5
8	Economic Stability	2.9	2.1	2.7	2.1	2.4
5	Education	2.2	1.6	2.0	1.8	1.9
10	Food Access	1.7	1.0	1.0	1.5	1.3
4	Food Security	2.3	2.0	2.7	2.1	2.3
5	Heart Disease & Stroke	2.0	1.9	2.4	1.7	2.0
3	Housing Instability	1.0	1.0	0.9	0.8	0.9
1	Housing Quality	3.0	1.5	1.5	2.0	2.0
3	Immunization	2.2	2.2	1.9	1.8	2.0
3	Infectious Disease	1.7	0.4	1.4	1.7	1.3
6	Injury	1.8	1.8	2.8	2.5	2.2
8	Maternal/Infant Health	2.3	1.7	1.4	1.6	1.8
6	Mental Health	1.9	1.9	2.2	2.3	2.1
2	Neighborhood	2.5	0.5	2.0	1.5	1.6
3	Obesity	2.2	1.3	2.3	1.0	1.7
4	Oral Health	0.3	1.3	1.4	0.8	0.9
12	Other Chronic Diseases	2.8	2.6	2.1	2.1	2.4
8	Overall Health	2.9	1.2	2.3	2.5	2.2
4	Physical Activity	1.1	1.3	1.7	1.1	1.3
3	Sexual Health	1.3	1.7	1.7	2.2	1.7
6	Social & Community Context	2.8	1.7	2.6	2.2	2.3
14	Substance Use	1.9	2.1	2.3	1.9	2.1
3	Transportation	1.2	1.3	1.7	1.1	1.3

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

## Appendix B

### Assessment Data Tables - cont'd

#### *Secondary Data Limitations*

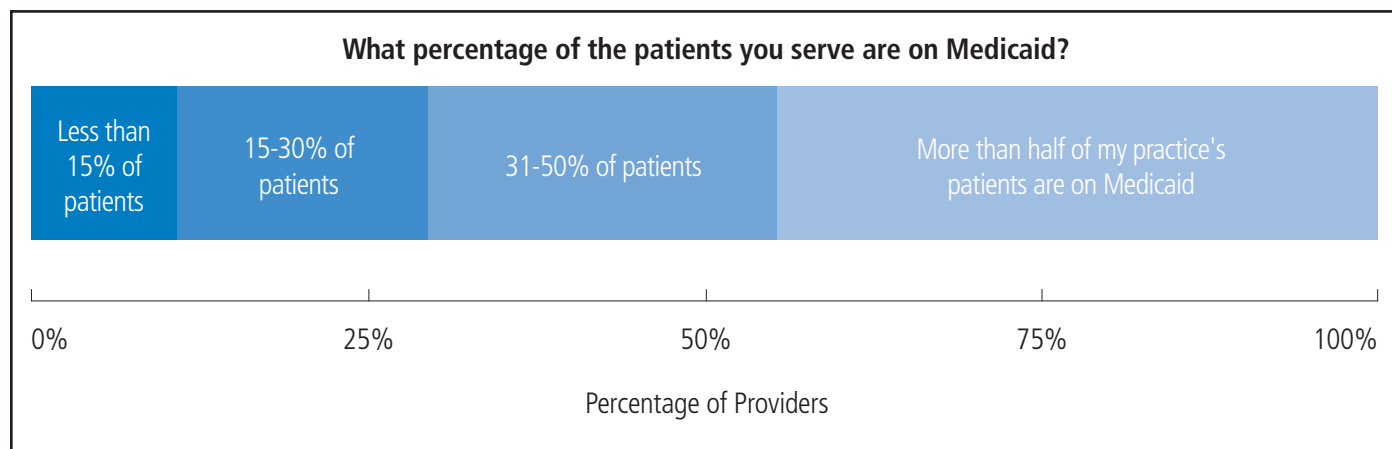
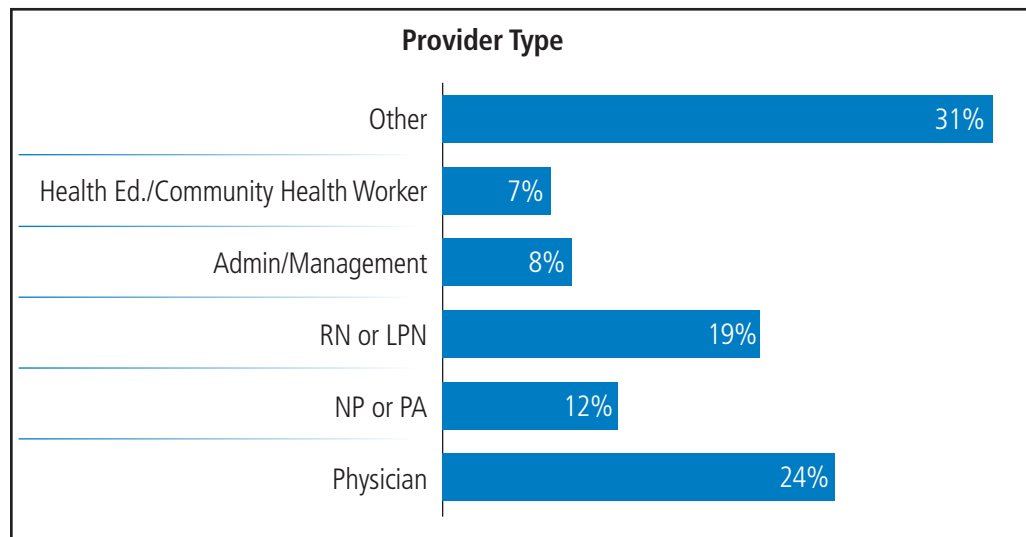
- Since scores are based on comparisons, low scores can result even from very serious issues, if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence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

## Appendix C

### Health Care Providers Survey - Results

#### Total Respondents:

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



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

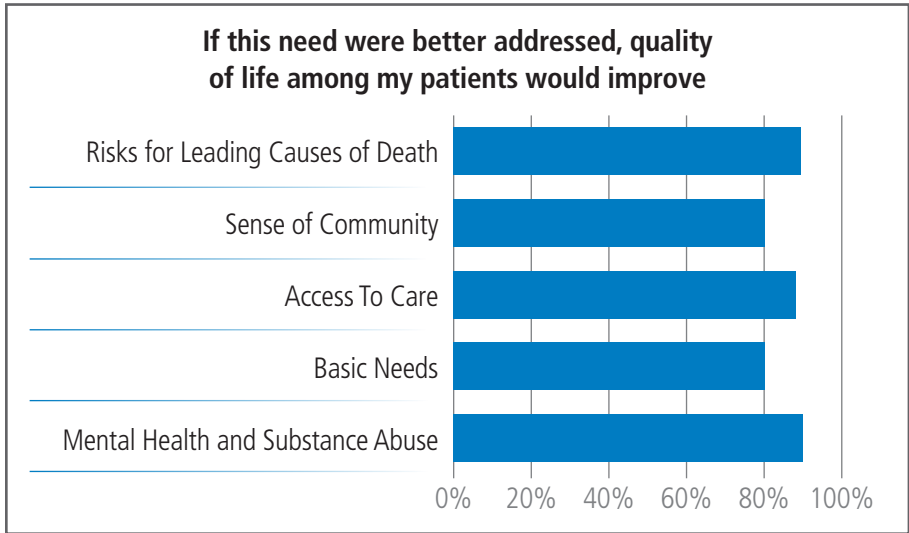
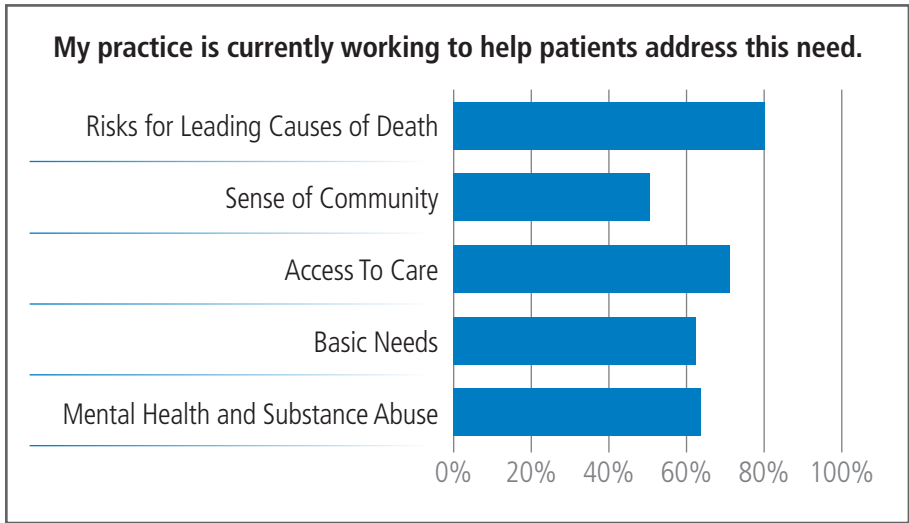
1. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
2. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
3. Make it easier for people to get the health care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

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

# Appendix C

## Health Care Providers Survey - Results, cont'd

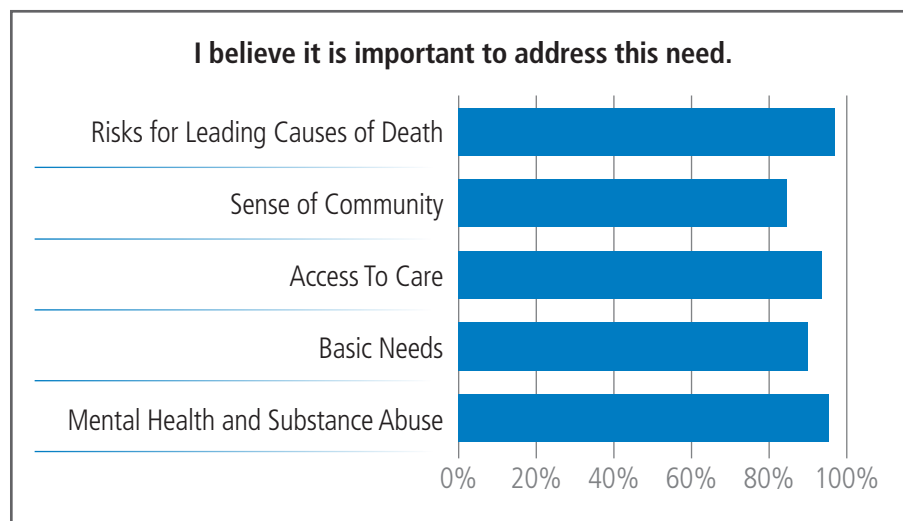
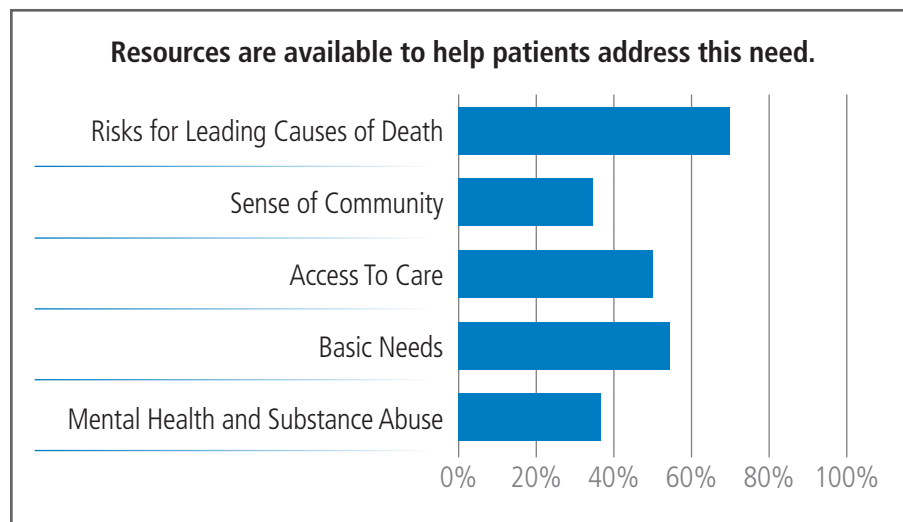
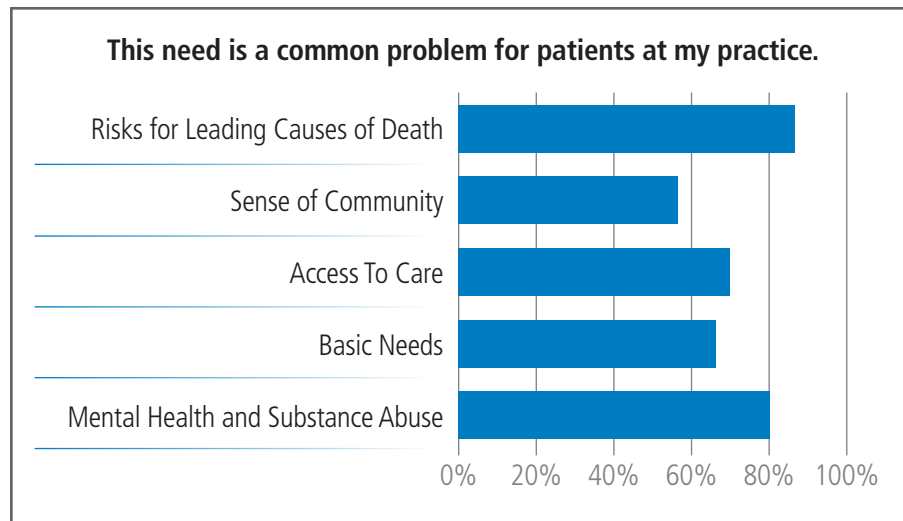
The following graphs show the percentage of respondents who agreed or strongly disagreed with each statement.



## Appendix C

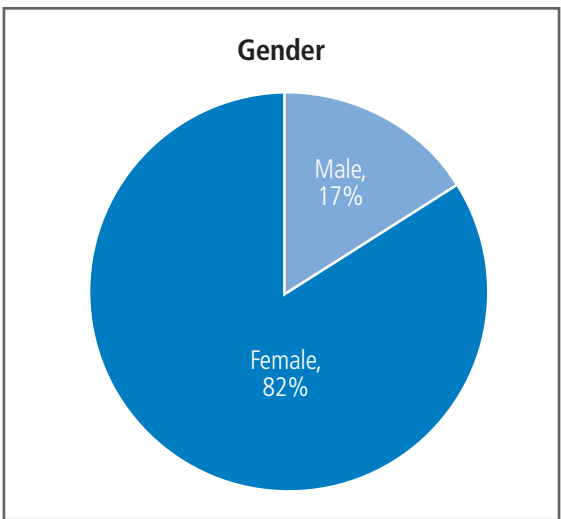
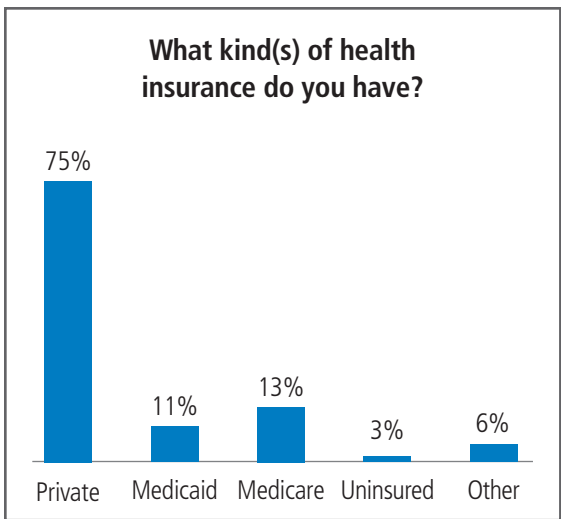
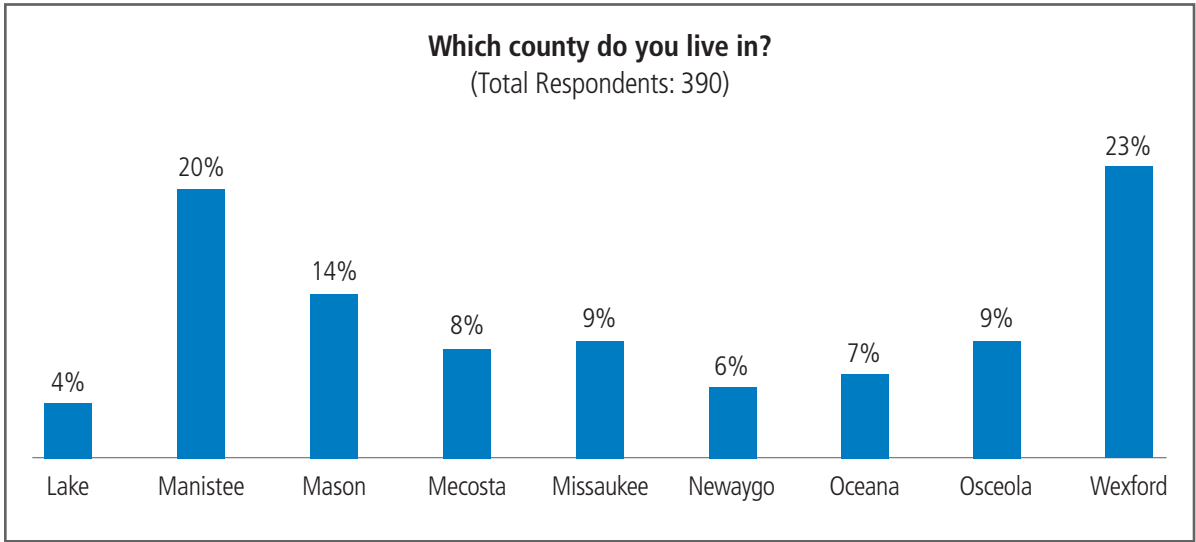
### Health Care Providers Survey - Results, cont'd

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



## Appendix D

### Community Survey - Results



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

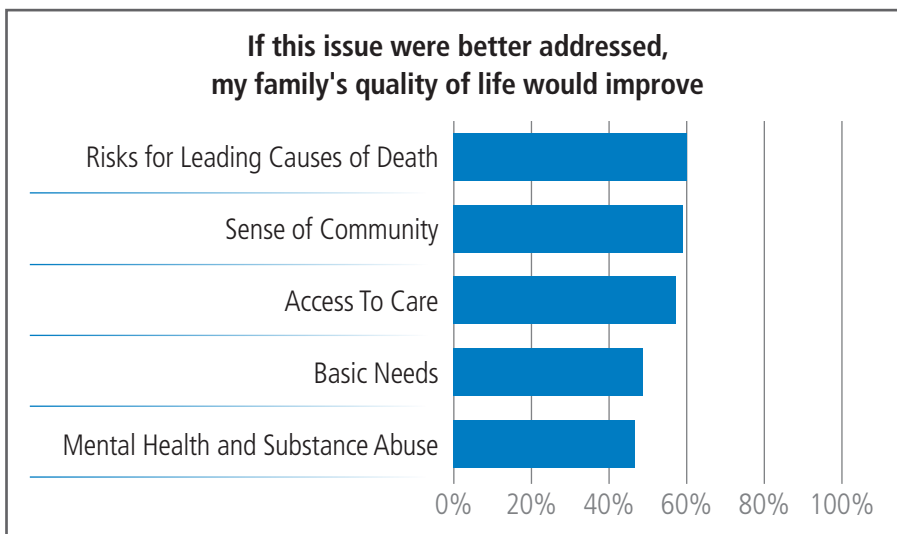
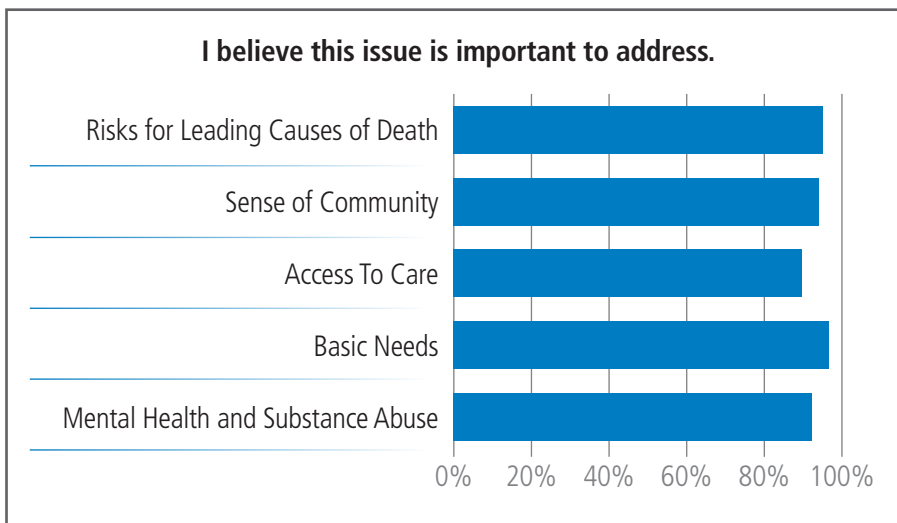
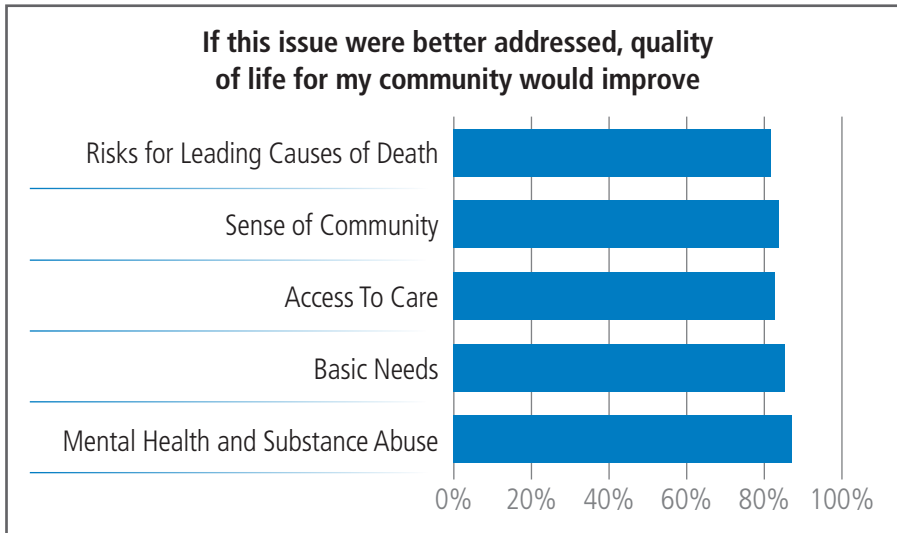
1. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
2. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
3. Make it easier for people to get the health care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

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

## Appendix D

### Community Survey - Results, cont'd

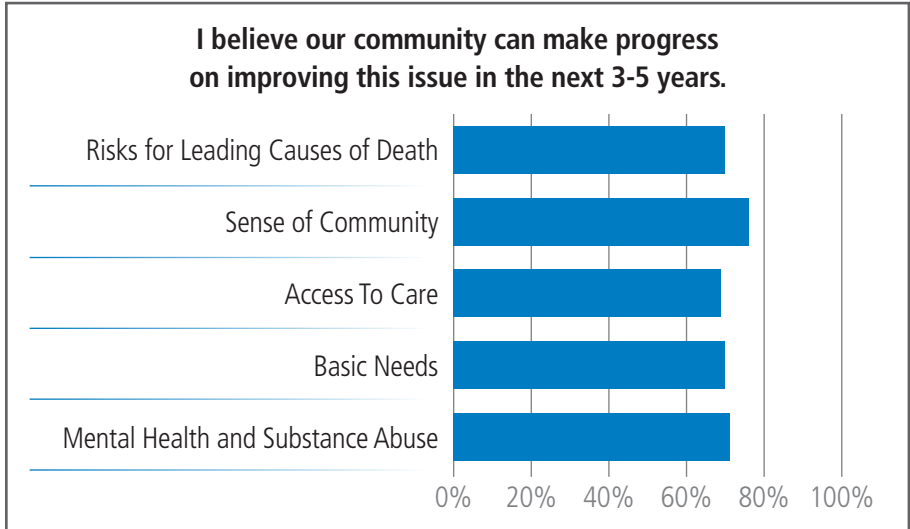
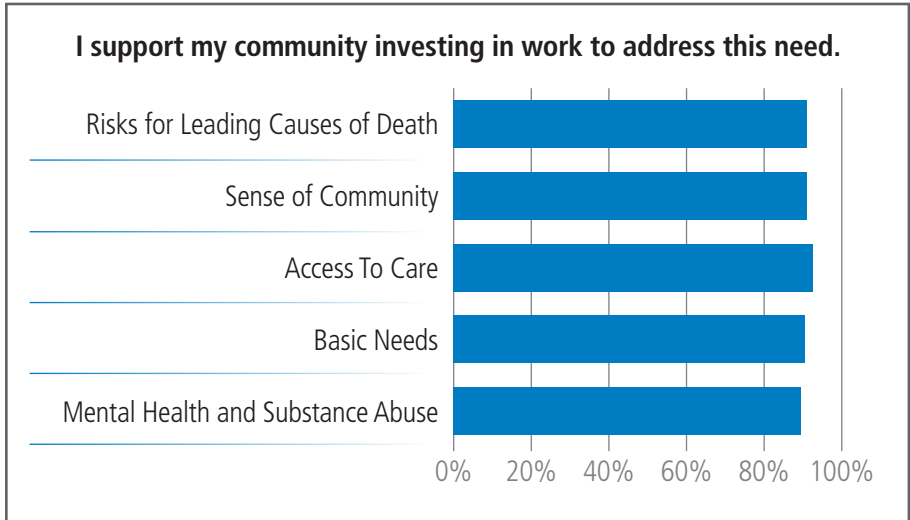
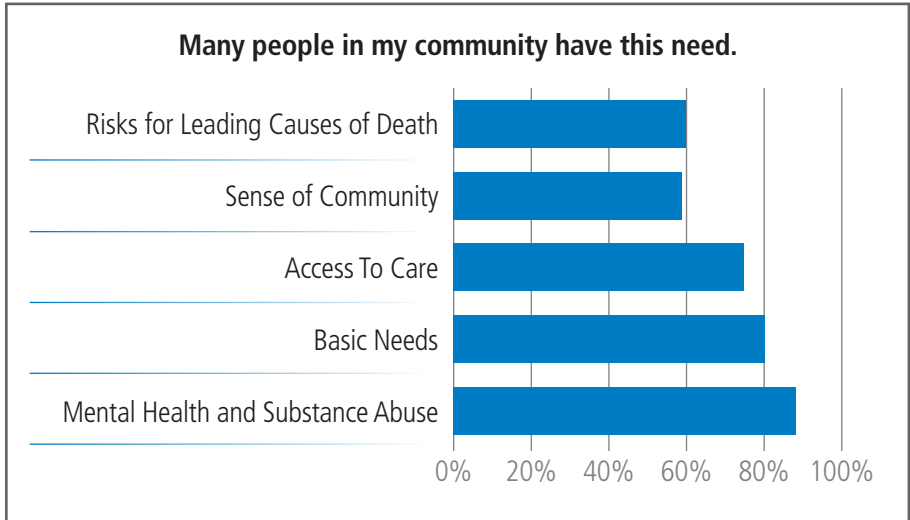
The following graphs show the percentage of respondents who **agreed or strongly agreed** with each statement.



# Appendix D

## Community Survey - Results, cont'd

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





## Appendix E

### Community Assets Targeting Identified Strategic Issues

#### Strategic Priority:

#### Mental Health and/or Substance Abuse

##### Mental Health and Mental Disorders

- Adolescent health clinics
- Care Net of Cadillac
- Catholic Human Services
- Community Mental Health – Pediatric Telehealth Psychiatry
- Life Skills Psychological Services, PC
- Munson Healthcare Behavioral Health
- Northern Lakes Community Mental Health
- Oasis Family Resource Center
- Pine Rest Christian Mental Health Services
- Staircase Youth Services
- Third Level Crisis Intervention Center
- Wexford Physician Hospital Organization

##### Substance Abuse: Drugs and Alcohol

- Alcoholics Anonymous
- Catholic Human Services
- Munson Healthcare Alcohol and Drug Treatment
- Narcotics Anonymous
- Northern Michigan Regional Entity
- Northwest Michigan Area of Narcotics Anonymous

##### Substance Abuse: Tobacco

- Adolescent health clinics
- District Health Department #10 Smoking
- Michigan Tobacco Quit Line
- Smoking Cessation and Reduction in Pregnancy Treatment Program (SCRIPT)

#### Strategic Priority:

#### Access to Basic Needs of Living

##### Basic Needs of Living: Access to Healthy Food

- Cadillac Area Back Pack Program
- Commodity Supplemental Food Program
- Community Gardens
- Community Meals
- Congregate Meals
- Double Up Food Bucks
- Emergency Food Assistance Program
- Farmers Markets
- Feeding America West Michigan
- Food Pantries
- Friends Ministry
- Meals on Wheels

- Michigan 211
- Michigan State University Extension
- Northwest Michigan Community Action Agency
- Northwest Michigan Food Coalition
- Project Fresh
- Salvation Army
- School Lunch Programs
- Women, Infants, and Children (WIC)

##### Basic Needs of Living: Affordable Child Care

- Cadillac Area YMCA Community Center
- CAPS Clubhouse
- McAuley Children’s Center and Preschool
- NMCAA Head Start/Great Start Readiness Program

##### Basic Needs of Living: Affordable Housing

- Cadillac Housing Commission
- Habitat for Humanity
- Networks Northwest
- Northwest Coalition to End Homelessness
- Northwest Michigan Community Action Agency
- True North Community Services

##### Basic Needs of Living: Aging

- Aging and Disability Resource Collaborative of Northwest Michigan
- Area Agency on Aging of Northwest Michigan
- Cadillac Area Senior Center
- Community Connections
- DayBreak
- Footprints in Time
- Lake City Senior Center
- Lion’s Club Cadillac
- Manton Senior Center
- Merritt Golden Agers
- Mesick Young of Heart
- Missaukee Commission on Aging
- Networks Northwest
- Northwest Michigan Community Action Agency
- Senior Guidance
- Senior Network Agency (SNAG)
- United Way of Wexford-Missaukee Counties
- Wexford County Council on Aging
- Wexford County Veterans Services

## Appendix E

### Community Assets Targeting Identified Strategic Issues, Cont.

#### Basic Needs of Living: Awareness of Community

##### Resources

- Community Connections
- County collaboratives
- Help Link
- Michigan 211

#### Basic Needs of Living: Economy

- Alliance for Economic Success
- Cadillac Area Chamber of Commerce
- County collaboratives
- Great Start Collaborative
- Lake City Chamber of Commerce
- LOVE, Inc.
- Michigan Department of Health and Human Services
- Michigan Economic Development Corporation
- Michigan WORKS
- Michigan State University Extension
- Networks Northwest
- Northwest Michigan Community Action Agency
- Salvation Army
- Venture North

#### Basic Needs of Living: Education

- Baker College of Cadillac
- Cadillac Area Public Schools – Adult Education
- Early childhood education
- Local School Districts
- Michigan WORKS – GED Preparation
- Wexford-Missaukee Intermediate School District

#### Basic Needs of Living: Environment

- Cadillac Area Land Conservancy
- District Health Department #10
- Michigan Agriculture Environmental Assurance Program
- Michigan Department of Environmental Quality
- Michigan State University Extension
- Missaukee Conservation District
- Networks Northwest
- Wexford Conservation District

#### Basic Needs of Living: Opportunities for Physical Activity

- Big “M” Recreation Area
- Cadillac Area Dog Park
- Cadillac Area YMCA
- Cadillac Cycling Club
- Cadillac Pathway Winter Sports Trail
- Carol T. Johnson Hunting & Fishing Center

- Disc Golf Courses
- Evergreen Trail
- Heritage Trail
- Live Well - District Health Department #10
- Local Golf Clubs / Courses
- Local Fitness / Sports Clubs
- Manistee River Trail Loop
- Michigan State Parks
- Networks Northwest
- North Country Trail System
- Northern Michigan Hiking, Backpacking and Kayaking
- Northwest Michigan Parks and Recreation Network
- Senior Fit
- Shape Up North (SUN)
- SUP’n Cadillac / Stand Up Paddle Boarding
- White Pine Rail Trail

#### Basic Needs of Living: Transportation

- Cadillac Wexford Transit Authority
- Disabled American Veterans
- Indian Trails Bus Service
- Lake to Lake Transportation
- New Freedom Volunteer Driver Program
- Networks Northwest
- Paratransit program – DHS clients

#### Strategic Issue:

##### Access to Health Care

#### Access to Health Care: Medical and Dental

- Adolescent Health Clinics
- Cadillac VA Community Based Outpatient Clinic
- Community Connections Program
- Dental Clinics North
- District Health Dept. #10
- Federally Qualified Health Centers
- Great Lakes Family Dental Clinic
- Healthy Michigan Plan
- Munson Healthcare Physician Recruitment
- My Community Dental Centers – Cadillac
- Northern Michigan Public Health Alliance
- Northwest Michigan Health Services, Inc.
- Stehouwer Free Clinic
- Stehouwer Free Clinic – Medication Access Program
- Wexford County Council on Aging
- Wexford Physician Hospital Organization

## Appendix E

### Community Assets Targeting Identified Strategic Issues, Cont.

#### Access to Health Care: Maternal, Fetal & Infant Health

- Cadillac Area Oasis/Family Resource Center
- Care Net of Cadillac
- Great Start Collaborative
- District Health Department #10
- Healthy Futures
- Life Resources of Northern Michigan, Inc.
- Maternal Infant Health Program (MIHP)
- Michigan WIC program
- Michigan Perinatal Mood Disorder Coalition
- Munson Medical Center Neonatal Intensive Care Unit
- Northern Lower Michigan Perinatal Planning Initiative
- Pregnancy Resource Center

#### Strategic Issue:

#### Sense of Community

#### Sense of Community: Connection to Community Resources

- 211
- Cadillac Area YMCA
- Cadillac- Wexford Public Library
- Community Connections
- Friends Ministry
- Northwest Michigan Community Action Agency
- United Way of Wexford – Missaukee Counties
- Wexford Missaukee Community Collaborative

#### Sense of Community: Public Safety

- Child Protection Council
- Emergency Preparedness Taskforce
- Local Law Enforcement
- Oasis Family Resource Center
- Opioid Taskforce
- Safe & Healthy Communities

#### Strategic Issue:

#### Risks for Leading Causes of Death

#### Risks for Leading Causes of Death: Cancer

- American Cancer Society
- Cadillac Cancer & Infusion Center
- District Health Dept. #10 Breast/Cervical Cancer Screening
- Mammography Patient Assistance Fund
- Munson Healthcare Regional Cancer Network
- Northwest MI Chronic Disease Prevention Coalition

#### Risks for Leading Causes of Death: Cardiovascular Disease

- Northwest MI Chronic Disease Prevention Coalition
- Traverse Heart and Vascular
- Wise Woman Program

#### Risks for Leading Causes of Death: Diabetes

- Diabetes Prevention Program
- Hospital-based diabetes education programs
- Michigan State University Extension
- Primary care providers
- Northern Michigan Diabetes Initiative (NMDI)
- Northwest Michigan Chronic Disease Prevention Coalition

#### Risks for Leading Causes of Death: Overweight and Obesity

- Cadillac Area YMCA
- Live Well – District Health Department #10
- Northwest MI Chronic Disease Prevention Coalition
- Shape Up North

#### Risks for Leading Causes of Death: Wellness and Lifestyle

- Adolescent health clinics
- Cadillac Area YMCA
- Cadillac Community Health Coalition
- District Health Department #10
- Healthy Futures Program
- Live Well - District Health Department #10
- Local Fitness / Sports Clubs
- Michigan State Parks
- Networks Northwest
- North Country Trail System
- Northern Michigan Diabetes Initiative (NMDI)
- Shape Up North (SUN)

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