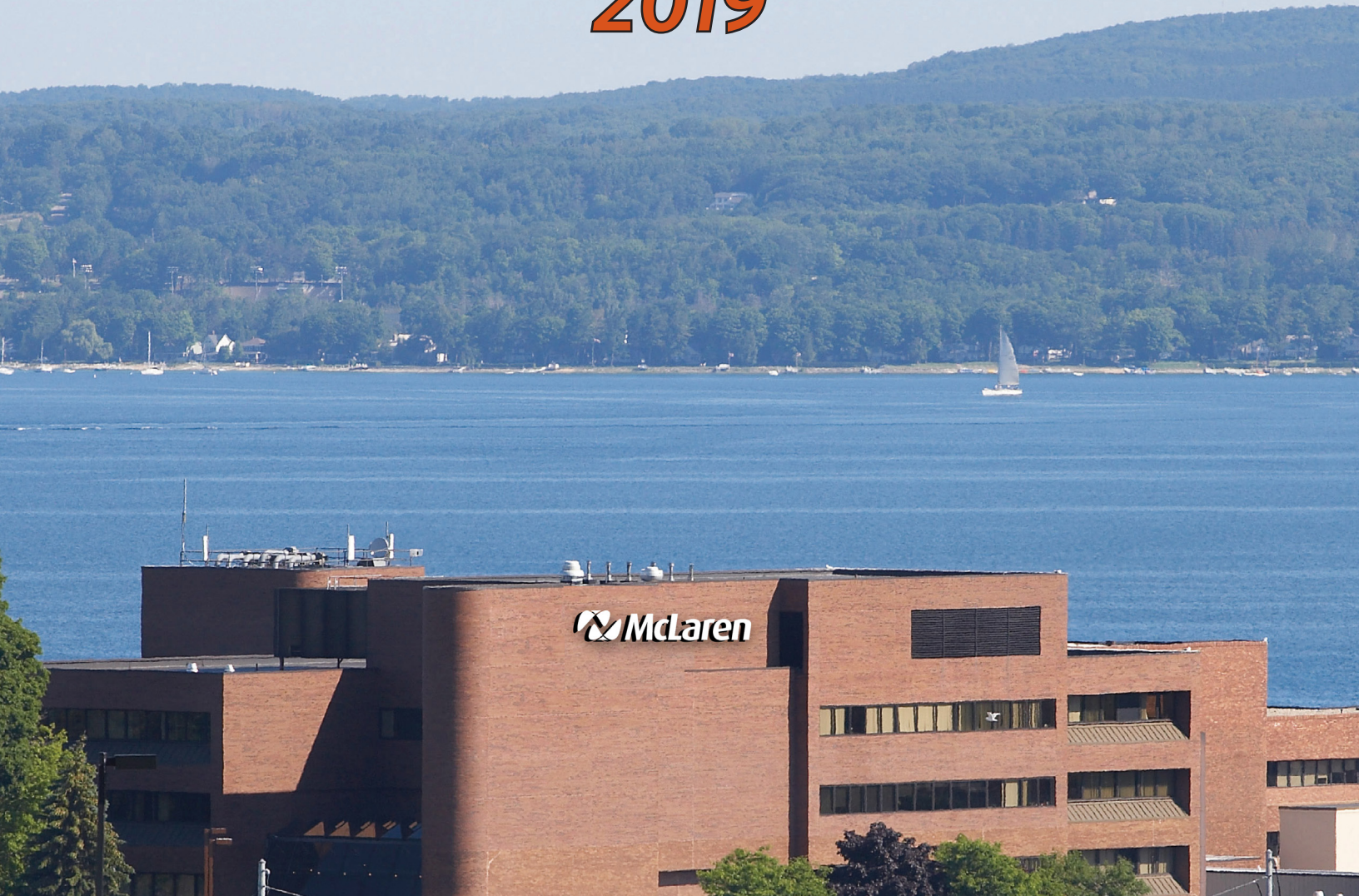


McLAREN NORTHERN MICHIGAN

Community Health Needs Assessment 2019



NORTHERN MICHIGAN

DOING WHAT'S BEST.®

TABLE OF CONTENTS

Executive Summary	1
Introduction	1
■ Our Commitment to Community Health	
Evaluation of Impact Since 2016 Community Health Needs Assessment (CHNA)	1-5
MiThrive Partnership	5
Understanding Health Equity	6
Community Health Needs Assessment Methods	6-9
■ Phase One: Organize for Success	
■ Phase Two: Visioning	
■ Phase Three: The Assessments	
■ Phase Four: Identify and Prioritize Strategic Issues	
2019 Community Needs Health Assessment Findings	9-20
■ 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 prevention and reduce health risks for leading causes of death	
● Improve access to comprehensive health care for all	
● Foster a sense of community that promotes trust and inclusiveness	
Improving the Planning Process	21-22
■ Strengthen Collaboration	
■ Empower Residents and Stakeholders	
Next Steps	22
Appendices	23-50
■ Appendix A: Organizations Represented During Assessment Process	
■ Appendix B: Map of Sub-Regions	
■ Appendix C: Assessment Data Tables	
■ Appendix D: Health Care Providers Survey Results	
■ Appendix E: Community Survey Results	
■ Appendix F: Community Assets Targeting Identified Strategic Issues	

EXECUTIVE SUMMARY

McLaren Northern Michigan is pleased to present our findings from our 2019 Community Health Needs Assessment and recap our past community improvement successes. Our hospital has been working with a regional collaboration known as MiThrive to complete a regional assessment of needs in northern Michigan communities. Our goal is to pinpoint the most pressing health issues in our communities and determine what more can be done to improve the health of the people we serve. The full regional assessment encompassed 31 counties, and more than 150 organizations participated in some aspect of the Community Health Needs Assessment process. This report focuses on the needs of Emmet, Charlevoix, Cheboygan, Antrim, Otsego, Presque Isle, Montmorency, and Alpena counties in the lower peninsula and Chippewa and Mackinac counties in the upper peninsula. (Data collected from the upper peninsula counties was limited to compiling existing statistics.) These counties define the primary and secondary service areas of McLaren Northern Michigan and are considered our “community.” This population reflects an overall representation of the communities served by McLaren Northern Michigan. 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: risks for leading causes of death, access to health care, and sense of community. The goals for the planning process include cross-sector collaboration and community representation. This 2019 Community Health Needs Assessment (CHNA), which was presented to the Board of Trustees on September 17, 2019, incorporates requirements of the Patient Protection and Affordable Care Act of 2010.

INTRODUCTION

Our Commitment to Community Health

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

EVALUATION OF IMPACT SINCE 2016 CHNA

Three years ago McLaren Northern Michigan was part of an eight-county Northern Michigan Community Health Assessment & Improvement Initiative with partners including two health departments and three hospitals. We identified three top priority health needs that we addressed across our community.

Priority Health Need: *Access to Health Care*

Goal: Improve access to comprehensive quality health care services.

Action and impact since preceding CHNA and Implementation Strategy:

Objectives:

- Develop capacity to respond to increase demand for primary and specialty care services.
 - McLaren Northern Michigan has increased the number of primary and specialty care providers in targeted communities within our service area. During 2016 - 2018, 105 providers were welcomed into the McLaren Northern Michigan region, some as employed providers and others as referring providers on our medical staff. Of these, 12 were primary care providers with the bulk in specialty care. We partnered Alcona Health Center and Thunder Bay Community Health Service, both Federally Qualified Health Centers (FQHCs), as well as rural health clinics to enhance primary care services so all could have access to health care, regardless of ability to pay.
 - Outcomes for maternal and infant health specialty care services, including breastfeeding, smoking cessation, access to care, safe sleep, and infant mental health was improved through collaboration with other hospitals, health departments, FQHCs, and other regional stakeholders.
 - Trainings, intervention, and treatment for mental health occurred through collaboration with mental health providers for access through primary care, schools, and other stakeholders.
- Increase the proportion of people with health insurance.
 - McLaren Northern Michigan continued our collaboration with health departments, FQHCs, and Michigan Department of Health & Human Services to improve health care access by encouraging those without health care coverage to enroll in Healthy Michigan Plan and/or other assistance programs.

Priority Health Need: *Chronic Disease*

Goal: Promote health and reduce chronic disease through the consumption of healthy diets and achievement and maintenance of healthy body weights. Improve health, fitness, and quality of life through daily activity.

Action and impact since preceding CHNA and Implementation Strategy:**Objectives:**

- Increase the variety and distribution of vegetables and reduce the consumption of solid fats and added sugars to the diets of the population age 2 and older.
 - Educational programs were presented to the community on proper nutrition, cooking, and related wellness programs. Programs were conducted in schools, day care/after school centers, senior centers, farmer's markets, and elsewhere in the community. In the 3 year period of the preceding CHNA, over 2,500 individuals participated in nutrition programs. These programs consisted of MyPlate education with our "How to Make MyPlate, Your Plate," "What's Hiding in your Drink?," "What's Hiding in your Snack?," the "Prescription for Produce" program, as well as others.
- Increase the proportion of adults and adolescents who met federal guidelines for aerobic activity and muscle strengthening activity.
 - In the 3 year period of the preceding CHNA, several fitness programs were offered at our Petoskey and Cheboygan facilities. Fitness programs were also presented at senior centers and within assisted living and retirement facilities. Over 23,000 individuals engaged in our fitness programs. Fitness classes included, but were not limited to, aquatic fitness programs, tai chi, yoga, strength training, better balance classes, circuit training, Parkinson's exercise program, and Jazzercise.
- In addition to the specific objectives listed above, further outreach efforts were conducted to help us meet the overall goal.
 - Chronic disease management programs including diabetes education and modifiable risk factors were offered throughout the community. Three educators received facilitation training in the Center for Disease Control and Prevention's Diabetes Prevention Program, Prevent T2. Implementation of this program began in 2019.
 - FitKids360, a 7-week healthy lifestyle program for overweight children and their families, was presented twice each year with about 3-5 families in attendance each session.
 - The hospital cafeteria expanded our healthy food initiative to offer more nutrient rich options, fresh produce, and decrease offerings with high sodium, saturated fat, and sugar.
 - Worksite Wellness programs including screenings, CPR training, nutrition education, physical activity, and stress management were presented to several businesses throughout the region.
 - Through a partnership with the Northern Michigan Chronic Disease Coordinating Network, regional partners collaborated on community campaigns and events to reduce obesity and improve physical activity in northern Michigan.

Priority Health Need: *Substance Use Prevention and Treatment*

Goal: Reduce substance use to protect the health, safety, and quality of life for the community.

Action and impact since preceding CHNA and Implementation Strategy:

Objectives:

- Reduce incidence of tobacco use in adolescents and adults.
 - Tar Wars tobacco prevention program was presented each year to over 300 elementary students from over 8 schools/14 classrooms in northern Michigan. Students learn about the dangers of tobacco and nicotine and use their knowledge to create an anti-tobacco marketing message. The best poster becomes a billboard on the highway and tobacco prevention efforts expand to reach even more in the community.
 - Tobacco cessation programs, Freedom from Smoking and FreshStart, are offered throughout each year.
- Increase the proportion of adolescents who perceive great or moderate risk associated with drinking alcohol regularly.
 - Through efforts of SAFE in NM, a coalition including McLaren Northern Michigan and additional community partners, efforts to reduce alcohol, drug, and tobacco use have spread through the community. The coalition has been successful using media as an avenue to promote community awareness of underage drinking and drug use, and to provide education to the masses. The Michigan Profile for Healthy Youth (MiPHY) data for Emmet County shows that since 2016 youth's perception of risk/harm from using alcohol has increased from 73.9% to a 2018 percentage of 75.6.
- Increase the proportion of persons who are referred for follow-up care for alcohol and/or drug problems after diagnosis or treatment.
 - Education and training continuously is provided to McLaren Northern Michigan primary care providers and emergency departments on screening, intervention, and treatment of alcohol and other drugs.
- Reduce non-medical use of prescription drugs.
 - McLaren Northern Michigan offers medication and sharp drop-off events throughout the community throughout the year. During collection events in 2016 - 2018, 1,020 pounds of medication were properly disposed through our efforts, eliminating them from potential ill use. In addition to collections, we were among other regional partners who collaborated on a campaign to reduce misuse of prescription drugs.

Other Opportunities Identified: *Health Disparities*

Although not identified as a priority health need, reducing disparities in health status and access to health care was an initiative McLaren Northern Michigan wanted to address. There was evidence in the preceding CHNA that it was a need for some in the community. To address the issues, McLaren Northern took the following action:

- Promote awareness of health care services for all community members. Provide information on hospital's charity care policy.
- Provide community outreach through health and wellness messages and events targeting special populations.
- Inform patients and community how to access health care information and resources including patient portal access and internet access.
- Continuing education for nurses and other health care providers to support the culture of respect and diversity of patients and community.
- Enhance health care transportation including Road to Recovery. Advocate for improved mass transportation.
- Explore opportunities to improve health literacy with area libraries, schools, and others.
- Promote colleague volunteerism in the community.

MiTHRIVE PARTNERSHIP

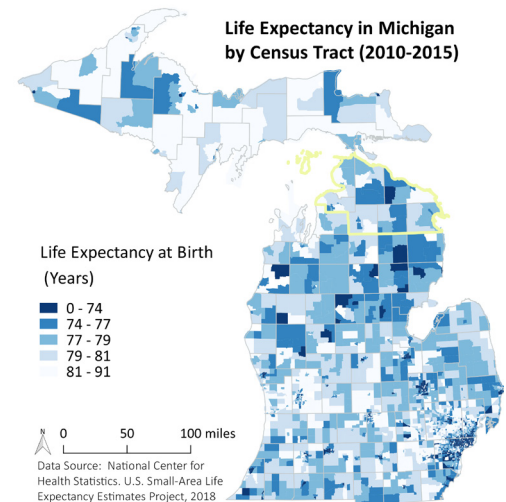
Our continued commitment to the health and wellbeing of our community is reflected in our 2019 Community Health Needs Assessment (CHNA), as well as in the work we do each day to better understand and address the health needs of our community. Working together with others in our region, we are able to pool resources and make a greater impact with our efforts. 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, housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.”

One way to examine the importance of focusing on health equity is to look at how life expectancy varies by community. Even in neighboring census tracts, the difference in life expectancy can be 10 years or more. This is a sign that further investigation is needed to understand the root causes driving the disparity - especially the differences in the conditions where people in these communities live, work, worship, and play. In the 2019 Community Health Needs Assessment findings, we examine the impact of 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 C.



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, FQHCs, 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 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 wellbeing.

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.

Mini Client Interviews

The purpose of the Mini Client Interviews was to gather input from specific vulnerable populations by partnering with organizations that specialize in working with these populations. Our questions focused on barriers to accessing health care:

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

Written Comments:

No written comments were received.

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.

Community Health Status Assessment

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

Local Community Health System Assessment

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

Forces of Change Assessment

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

Phase Four: Identify and Prioritize Strategic Issues

Through a facilitated process supported by the Michigan Public Health Institute, we reviewed all the key findings from the four assessments and looked for the underlying challenges that are preventing us from achieving our shared vision. Regular attendees of MiThrive Steering Committee meetings attended, as well as additional interested MiThrive partners (a full list is provided in Appendix A). Through combining the data from the four assessments and looking at the community from a holistic perspective, we identified the seven strategic issues described in this report, 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 prioritized these issues to decide which two strategic issues we would focus on for our collaborative Community Health Improvement Plan. We began by getting input from the community and health care providers through surveys. The surveys were designed around the identified strategic issues and asked questions designed to inform the prioritization process. Community members were asked questions related to urgency, importance, commitment, and impact on the quality of life for their families and communities. Providers similarly were asked questions about their perspective on these issues’ urgency, importance, and impact on quality of life for their patients, as well as if they had resources available to address the issues and whether they already were working to address them.

Lastly, we held a meeting to look at needs and conditions across the entire 31-county northern Michigan region. The meeting used a facilitated process, guided by an evidence-based prioritization matrix, to ensure our decisions were data-driven and objective. The criteria considered through the prioritization matrix included Community Values, Severity, Magnitude, Impact of Intervention, Achievability, and Sustainability. The data we used included all the information we gathered previously, including statistics, input from community and partner organizations, and results from the surveys. Through this facilitated process, we collaboratively identified a top issue to approach collectively on a large regional scale. We then held meetings around northern Michigan to identify additional priorities for smaller groups of counties, based on local data, conditions, and experience. There were 6 sub-regions formed based on proximity and current cross-county partnerships and collaborations already developed. The 6 sub-regions are shown on the map included in Appendix B. The bulk of the McLaren Northern Michigan community fell into 6 counties named the Tip of the Mitt Sub-Region. All sub-regions followed the same standardized process 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

McLaren Northern Michigan

McLaren Northern Michigan, a subsidiary of McLaren Health Care, is a 202-bed, regional referral center located in Petoskey, serving residents in 22 counties across northern lower Michigan and the eastern part of the Upper Peninsula. Over 230 physicians represent nearly all medical and surgical specialties, enabling full-service care with an emphasis on heart, cancer, orthopedics, and neurosciences services. Predicated on a vision to provide patient-centered care, extensive efforts in targeting regional health concerns has led to collaborative programs and services in primary care, heart, cancer, and diagnostics. This approach to high-quality, cost-effective health care delivery in this rural and remote area has been strengthened by a long standing practice of specialty physicians hosting onsite clinic visits to outlying communities. McLaren Northern Michigan is working to influence behavior through education, prevention through screening, and providing accessible treatment through physician clinics and health centers throughout the region.

McLaren Northern Michigan offers a full range of services representing nearly every medical and surgical specialty. McLaren physicians travel to communities all across the region to ensure easy access to high quality care close to home. And, its participation in clinical research means that patients have access to leading edge treatments before they are available elsewhere.

Whether providing care in the hospital, a specialty clinic, or through home care, McLaren Northern Michigan will provide health care as it expects for its own family.

Specialists care for 430,000 residents with outreach locations in Alpena, Beaver Island, Cheboygan, Gaylord, Grayling, Hillman, Houghton Lake, Indian River, Newberry, Onaway, Oscoda, Rogers City, St. Ignace, Sault Ste. Marie, and Tawas.

Regional Population Demographics

Geography and Population

The 10 counties in the community service area for McLaren Northern Michigan make up the tip of the north and eastern Upper Peninsula. These counties, Chippewa, Mackinac, Emmet, Cheboygan, Presque Isle, Charlevoix, Antrim, Otsego, Montmorency, and Alpena, cover a total of almost 6,950 square miles of land. The region is classified as “rural” by the U.S. Census Bureau. In general, rural locations experience significant health disparities, such as higher incidence of disease and disability, increased mortality rates and lower life expectancy. Rural residents are more likely to have a number of chronic conditions and are less likely to receive recommended preventive services, in part due to lack of access to physicians and health care delivery sites and/or adequate transportation options.

Of the over 230,000 people who live in the 10-county region, there is a greater concentration of people residing in Chippewa, Emmet, and Alpena counties. The population of the region is predominantly Caucasian (89%), while, Native Americans (4.6%), Hispanic/Latinos (1.7%), and African Americans (1.6%) are the largest minority groups. The proportion of adults over 65 years old is considerably larger in the region (24.9%) than in the state (16%). In addition, the proportion of older adults is expected to continue to rise across northern Michigan at a much faster rate than the state average.

Education and Income

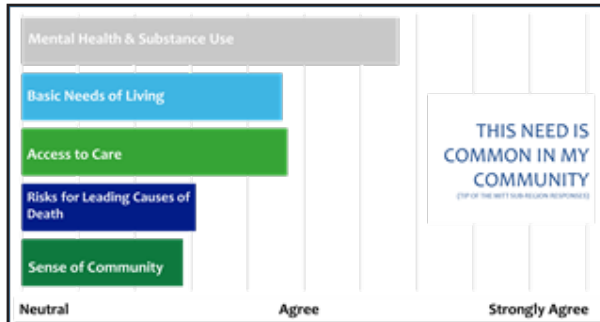
Education, employment, and health are intricately linked. Without a good education, prospects for a stable and rewarding job with good earnings decrease. Education is associated with living longer, experiencing better health, and practicing health promoting behaviors such as exercising regularly, refraining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

Overall, educational attainment is lower in the region as compared to the state average (28% of the population age 25+ has earned a Bachelor’s degree according to 2018 American Community Survey data). Only 2 counties in the region, Emmet (33%) and Charlevoix (30%), have a higher rate. However, this level varies widely across the region with Montmorency (12%), Presque Isle (16%), Alpena (17%), and Mackinaw (19%) all falling under 20%, and Chippewa (21%), Cheboygan (20%), Otsego (22%), and Antrim (27%) higher than the others but still below state average.

Median household income in Michigan is \$52,668. All counties in the community service area of McLaren Northern Michigan are below the state average ranging from a low of \$39,152 in Montmorency county to Charlevoix county having the high of \$51,567. Within each of these counties, stark income inequality exists.

2019 Strategic Priorities and Issues

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



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

Strategic Priority #1: *Ensure a community that provides preventive and accessible mental health and substance abuse services*

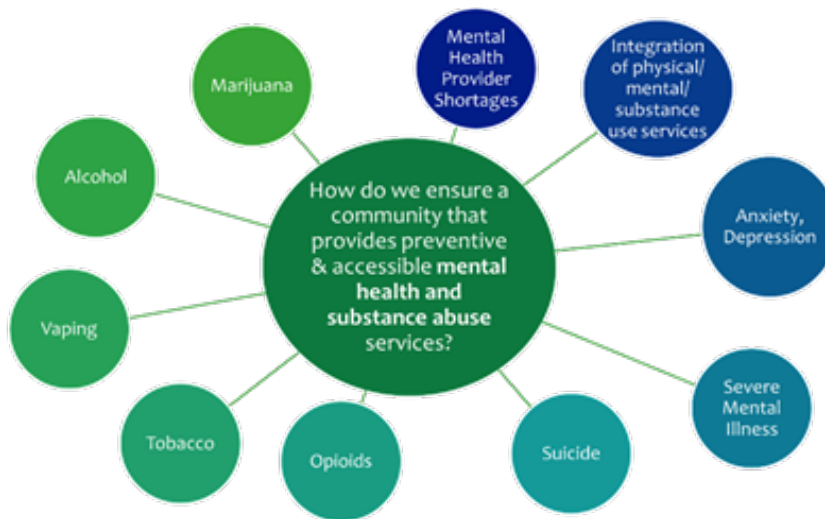
This Strategic Priority was identified as the #1 need in the MiThrive 31-county region. All sub-regions also selected it as most important on a local level as well.

Health Impact

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

Healthy Equity

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



Challenges

With suicide rates above the national average and 30-40% of teens reporting symptoms of a major depressive episode in the past year, mental health is a significant concern in the Tip of the Mitt Sub-Region. Similarly, abuse of alcohol, tobacco, and drugs need to be addressed. Rates of binge drinking range from 17% (Montmorency) to 21% (Chippewa, Emmet, and Otsego). In the Tip of the Mitt Sub-Region, 1 in 5 residents, and in some areas 1 in 4 residents, smoke - including during pregnancy. Hepatitis C rates, which are strongly associated with injection drug use, are spiking among young adults. Among teens, 3 in 10 report vaping in the past month, and nearly 2 in 10 used marijuana in the past month. Contributing to these problems are ongoing shortages of mental health providers and substance use treatment options.

Assets, Resources, and Opportunities

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

Prioritization

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

Looking at criteria including values, severity, impact, and magnitude, mental health/substance use scores as a high priority. Mental illness and substance use issues are growing quickly, and all segments of the population are affected. The burden falls most heavily, however, on the most vulnerable populations, making these issues important to address to achieve health equity. For those facing these issues, the impact on health and quality of life can be severe. Improving prevention and access to care for mental health and substance use is highly valued by the community: 91% of residents agreed in a survey that it is important to meet the basic mental health needs of people in our community. For these reasons, mental health and substance use was identified as a top priority in the northern Michigan region, as well as the full 31-county MiThrive region.

Community Voice

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

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

When surveyed, residents ranked this issue as the second most urgent of all the strategic issue identified. 87% of resident survey respondents agreed or strongly agreed that many people in their community need better access to mental health and substance abuse services/prevention.

“It is difficult to find adequate mental health support in town, and is expensive to have to go to another community.” - ***Cheboygan County resident***

“Thankfully, I’m not in need of these services. But three-fourths of our population is in need. This area was highly regarded for the mental health services it once offered. Most services have been cut since that time. If my community were healthier, my quality of life would improve as well.”

- ***Otsego County resident***

“My [relative] is an alcoholic and only had access to counseling through the court after getting arrested. We needed help before it got that far.” - ***Cheboygan County resident***

“I think there are elderly, mentally ill, and disabled people who are falling through the cracks.”

- ***Antrim County resident***

“If the community was better off with mental health care, the entire area would benefit.”

- ***Emmet 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 #2: Address basic needs of living to create resiliency and promote equity

Health Impact

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

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

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

Healthy Equity

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

Challenges

In Chippewa and Montmorency Counties, almost 1 in 2 (48%) households struggle to afford basic household necessities; Antrim and Cheboygan counties it is over 2 in 5 households who struggle. The percentage of children living in households below the poverty level ranges from 13% in Emmet County to 28% in Cheboygan County, with the average of the region being 21%. In the 10-county region 19% of kids live in a food insecurity environment. Almost 1 out of 4 home renters in the 10-county region spend 35% or more of their household income on rent, putting them at higher risk of housing insecurity and homelessness. All these factors weaken the ability of families and communities to endure challenges and develop healthy, thriving lives.

Assets, Resources, and Opportunities

Many organizations in the area are addressing basic needs of living. These issues are complex and multi-dimensional, so as new collaborations form and expand, the possible total impact on basic needs grows. The Northern Michigan Community Health Innovation Region (CHIR) is a significant example: over 90 organizations in 10 counties of Northwest Michigan have come together to address issues related to food access, transportation, affordable housing, and opportunities for active living. Starting in October 2019, the Northern Michigan CHIR is expanding and will include all of northern Michigan, including the remaining 6 counties in the lower peninsula that are part of the community defined by McLaren Northern Michigan. 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: 95% of residents agreed in a survey that it is important to meet the basic needs of people in our community. Large proportions of households struggle to meet at least some of these basic needs. For those who can't meet basic needs, the impact on health and quality of life can be severe. Conversely, if we are able to improve this issue, it would improve the root cause of many health inequities in our counties. Groups saw this issue as an ideal area for diverse partners to come together to share resources and strategies and collaborate toward tangible community improvement. It was also noted that improving basic needs is the foundation for reducing risks for leading causes of death, improving access to comprehensive health care and building a sense of community- other strategic issues identified. For these reasons, basic needs of living was identified as a strategic priority in the northern Michigan region.

Community Voice

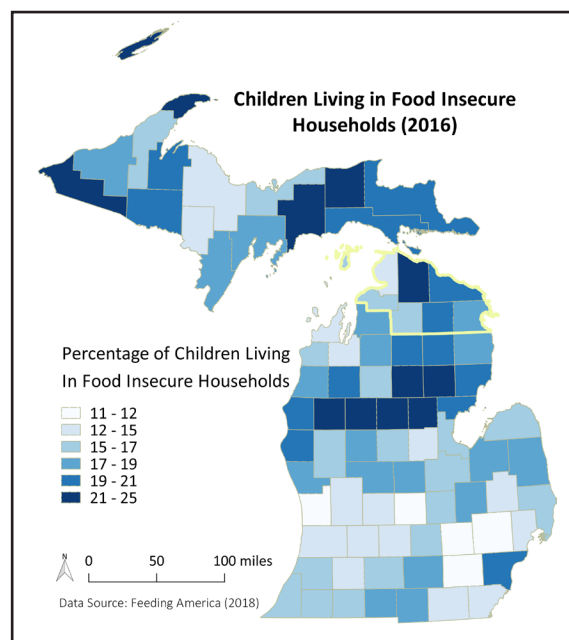
Residents said when it came to supporting their health, they want and value:

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

When surveyed, residents ranked this issue as the most urgent of all the strategic issues identified. 77% of resident respondents agreed that many people in their community struggle to meet basic needs of living.

“We have many families that do not have basic needs met, and struggle on a daily basis.” - **Emmet County resident**

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



“The basic needs of my family are already met... But if the basic needs of the rest of the members of our community were met, it would also improve the quality of our life. Everyone deserves to have their basic needs met...” - **Cheboygan County resident**

“[We need] support for families including childcare and parenting support.”
- **Cheboygan County resident**

“Public transportation has improved slightly, but we are still a long ways from truly meeting transportation needs.” - **Emmet County resident**

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

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

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

Challenges

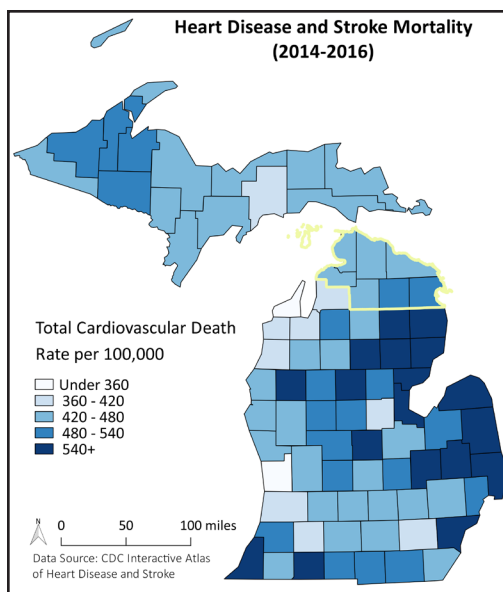
Heart disease and cancer are by far the leading causes of death across the northern Michigan region. Chronic lower respiratory diseases - most commonly caused by smoking - also stand out because the death rate is higher than the Michigan and US averages. Preventing these leading causes of death will require lowering the obesity rate, decreasing tobacco use, and improving vaccination rates. For example, 62% of Michigan residents did not get a flu shot in the past year - leaving vulnerable residents like small children and the elderly at increased risk of serious illness and death.

Health Equity

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

Assets, Resources, and Opportunities

A variety of local organizations offer health education opportunities, and programs like Prevent T2 and diabetes education aim to reduce risk of chronic diseases. Other program examples include FitKids360; smoking cessation; Matter of Balance program; PATH programs; and Prescription for Produce Programs.



Leading Causes of Death (with age-adjusted death rate per 100,000 population)												
Rank	Cause of Death	MI	Alpena	Antrim	Charlevoix	Cheboygan	Chippewa	Emmet	Mackinac	Montmorency	Otsego	Presque Isle
1	Heart Disease	199	205	166	172	166	187	163	176	221	183	163
2	Cancer	170	182	168	166	184	167	159	165	187	174	166
3	Chronic Lower Respiratory Diseases	45	46	43	54	58	53	55	36	65	60	50
4	Unintentional Injuries	42	42	42	36	45	40	36	34	60	37	40
5	Stroke	37	36	31	36	42	39	40	39	49	36	40
6	Alzheimer's Disease	28	29	51	41	37	15	54	*	29	52	37
7	Diabetes Mellitus	22	25	18	11	12	28	12	*	*	22	16

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

Prioritization

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

Community Voice

Residents said when it came to supporting their health, they value and want health knowledge, like additional education on healthy living. When surveyed, 83% of residents agreed that improving this issue would improve quality of life for the community; 61% said it would improve their family's quality of life. Over 95% of survey respondents agreed that it is important to prevent and reduce leading health risks.

"I am especially worried about rising obesity rates which account for so many chronic diseases that end up being so costly to the individual as well as the community..."

- Montmorency County resident

"It's all available. Peoples, including me are very busy and at the end of a work day are tired and just don't have the ambition to exercise. Once home we also have to pay bills, figure out budgets, fix broken household items do laundry, cook, clean... America is a hectic place and pace now."

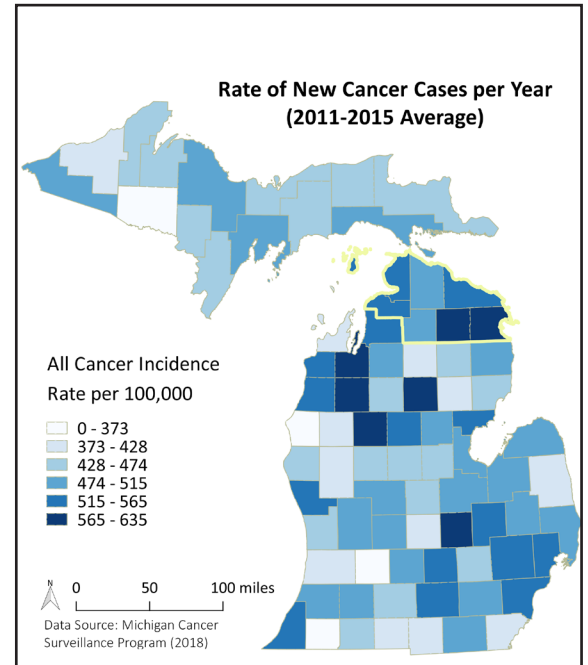
- Otsego County resident

"I believe the resources are already here, we just need to know where to look. So, maybe highlighting what we already have might be the place to start." - **Cheboygan County resident**

"I think our community offers a lot of free outreach programs but more doctors accepting Medicaid would help.

- Emmet County resident

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



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

Health Impact

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

Health Equity

One example of inequities in access to care are the significant disparities in insurance coverage among different races/ethnicities. In the Tip of the Mitt region, this mostly impacts Native American and Hispanic populations. For example, a Native American resident of Cheboygan County is 2.5 times more likely to be uninsured compared to a Caucasian resident. In Otsego county, a Hispanic resident is 1.7 times more likely to be uninsured compared to Caucasian 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

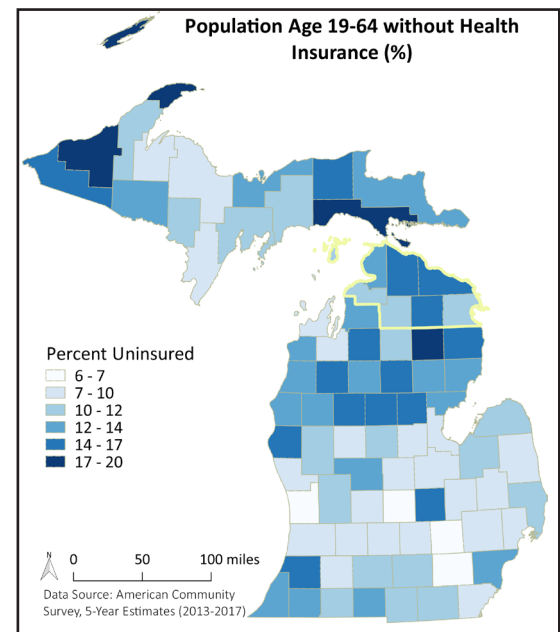
Residents of the 10-county region experience a variety of barriers to accessing health care, including problems with transportation, appointment availability, and certain provider shortages. In Mackinac County, 14.6% of households have no vehicle available for their transportation needs. In addition, 14% of non-elderly adults in the region are uninsured, and between 9% and 20% 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

McLaren Northern Michigan, federally qualified health centers (FQHCs), and local health departments play key roles in working to improve access to health care. For example, local health departments and FQHCs offer health insurance navigation support during open enrollment periods and new recruitment of primary care providers has been a focus of McLaren Northern Michigan and McLaren Medical Group. Other programs to help link people to care include: the Community Connections Hub program through the Community Health Innovation Region, referrals through the WIC (Women, Infants, and Children) program, and 211.

Prioritization

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



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 & appointment availability
- More affordable health care and accessible insurance

When surveyed, residents agreed that improving access to health care would improve quality of life for their family, while they strongly agreed that better access would improve quality of life for their community.

“We need more specialists in the area. We have to travel for those or wait an excessive amount of time.”
- **Montmorency County resident**

“We have to drive an hour one way for most of our medical appointments. There are very few options in my town.” - **Cheboygan County resident**

“Many people cannot afford insurance and insurance rules health care.” - **Emmet County resident**

“Takes 6 months to get a dental appointment. Took 9 months to get an orthodontist appointment. Primary care appointments not always readily available. Clinic closures due to weather with no backups & having to reschedule out further.” - **Otsego 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 roughly 8% of the sub-region’s teens who identify as lesbian, gay, or bisexual. In the US overall, 4 in 10 LGBT+ youth say the community in which they live is not accepting of LGBT+ people, and they are twice as likely as peers to report being physically assaulted. Girls and women are also at increased risk of violence, especially from an intimate partner. Seniors are at increased risk of social isolation because of their limited mobility, decreasing social networks due to death of their partner(s) and peers, and changes in their social roles due to retirement and loss of income.

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

Challenges

In the Tip of the Mitt sub-region, a little over half of teens say they know an adult in their neighborhood they could talk to about something important, and nearly 2 in 5 teens have experienced at least two Adverse Childhood Experiences (ACE's). These are both risk factors for serious health conditions later in life. In Charlevoix County, 1 in 8 teens have experienced sexual intimate partner violence. Among Michigan householders over 65 years of age, 44% live alone.

Assets, Resources, and Opportunities

Many groups throughout the ten counties are working to build community. Senior centers and meals on wheels work to connect older adults. Some schools and libraries are working toward becoming community centers. Faith-based groups and non-profits create ways to engage and volunteer. YMCA and other recreation opportunities bring people together. Up North Pride is working to provide an inclusive environment for LGBT+ residents and several area schools have programs in place to assist students with the social isolation they are feeling. Various clubs and 4-H provide other ways to engage in community. There is also movement within some organizations and businesses to prioritize a sense of community among their employees. Through the activities of Trauma Task Force Teams, communities are coming together to discuss collaboration in reducing adversities and improving outcomes for multiple generations.

Prioritization

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

Community Voice

Residents said when it came to supporting their health, they highly value support from family, friends, and community. In addition, residents said they want to see more community connectedness and more opportunities for social support. When surveyed, 6 in 10 residents agreed that improving sense of community, support, and inclusion would improve their families' quality of life. Over 90% of survey respondents agreed that it is important to build a sense of community where they live.

"I am a local [community group leader]; we are involved. Our community doesn't need a 3-5 year plan. There needs [to be] action now." - **Cheboygan County resident**

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

"Inclusion is important - starts with individuals and we all need to do better- I bet many people involved in this survey process could do better on this in their private lives- this is something I actively work towards." - **Emmet County resident**

"Isn't community built be personal investment in activities which involve investing personal gifts and talents in ways which benefit our neighbors? In other words, opportunities to encourage creativity in our neighbors?" - **Cheboygan County resident**

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

IMPROVING THE PLANNING PROCESS

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

Improving the Planning Process: *Strengthen Collaboration*

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

Community Voice

When surveyed, nearly 3 in 5 residents said improving coordination across different kinds of organizations would improve quality of life for their family, while 82% said better coordination would improve quality of life for their community. More than 90% said they believe it is important for local organizations to work together better.

“Local organizations can sponsor community cooking events in several venues including schools, churches, farm markets and community rooms and spaces.” - **Charlevoix County resident**

“It is my opinion that agencies often do not work together as efficiently as they could because everyone is concerned with who will pay for it. This always makes me so sad as we are talking about quality of life for people.” - **Cheboygan County resident**

“Include more churches in community events.” - **Otsego County resident**

“It seems like the resources for this area are already present, so maybe we just need to highlight what each group might be doing, so others might join in, if they want.” - **Cheboygan County resident**

“I truly believe that the health organizations need to partner industrial, commercial businesses and especially schools to create a more positive outlook for the youth of our communities. Increased mental health screening and care at school, job training and skills for those not going on to college, identifying and addressing risky behaviors early will help create a brighter future for people of all ages within our community.” - **Charlevoix County resident**

“For rural communities like ours there is probably benefit in having mechanisms for multi-county approaches not just county by county for these issues.” - **Cheboygan County resident**

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

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

Improving the Planning Process: *Empower Residents and Stakeholders*

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

Community Voice

When surveyed, 64% of residents said more representation in decision-making would improve quality of life for their family, while 83% said more representation would improve quality of life for their community. Over 90% said they believe it is important for local organizations to work together better.

“As most often occurs, the plans are approved with a set goal first then the plan is introduced to the public. It needs to be a more open process from inception, whatever the project is.”

- Otsego County resident

“I think it is REALLY hard to authentically include the community in decision making, and means a change of mindset... I think if you focus on action and make it possible for the community to be part of things, you will have better input on decision making. In other words, there needs to be trust and a connection before you can really get quality community involvement in decision making. Cheboygan feels like an isolated community with limited resources. But I think there are good people here that are committed to make this the best community possible. Anything you can do to empower them will make a difference.” - **Cheboygan County resident**

“Grass roots, town hall, public led discussions. No political platforms.” - **Otsego County resident**

“You can’t force people to get involved - making sure that there are plenty of opportunities to participate/cooperate is the what is needed.: - **Emmet 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 #10	Munson Healthcare Grayling Hospital
District Health Department #2	Munson Healthcare Manistee Hospital
District Health Department #4	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	Area Agency on Aging of Northwest Michigan
Alcona Health Center	AuSable Valley Community Mental Health
Alliance for Senior Housing, LLC	Benzie Senior Resources
AmeriCorps VISTA	Benzie-Leelanau District Health Dept.
	Catholic Human Services

APPENDIX A

Organizations Represented During Assessment Process (cont'd)

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

APPENDIX A

Organizations Represented During Assessment Process (cont'd)

Newaygo County Commission on Aging	Real Life Living Services
North Country Community Mental Health	Senior Volunteer Programs
Northeast Michigan Community Service Agency	ShareCare of Leelanau
Northern Lakes Community Mental Health	Spectrum Health
Northern Michigan Children's Assessment Center	United Way of Northwest Michigan
Northwest Michigan Community Action Agency	United Way of Wexford Missaukee Counties
Northwest Michigan Health Services	Walkerville Thrives
Parkinson's Network North	Wexford County Prosecutor
Presbyterian Villages of Michigan	Wexford-Missaukee Intermediate School District
Region 9 Area Agency on Aging	Women's Resource Center of Northern Michigan
Regional Community Foundation	
River House, Inc.	

Local Community Health System Assessment

Area Agency on Aging of Northwest Michigan	Catholic Human Services
Area Agency on Aging of Southwest Michigan	Commission on Aging - Grand Traverse
Alcona Health Center	Community Hope
AuSable Valley Community Mental Health Authority	Court Juvenile Advocate
Baker College	Dental Health
Bureau for Blind Persons	District Health Department #2
	District Health Department #4

APPENDIX A

Organizations Represented During Assessment Process (cont'd)

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

Identifying Strategic Issues

Alcona Health Center	Char-Em United Way
Area Agency on Aging of Northwest Michigan	Crawford County Commission on Aging
AuSable Valley Community Mental Health	District Health Dept. #2
Benzie-Leelanau District Health Department	District Health Dept. #4
Central Michigan District Health Department	

APPENDIX A

Organizations Represented During Assessment Process (cont'd)

District Health Dept. #10	Munson Healthcare
Grand Traverse County Health Department	Munson Healthcare Cadillac Hospital
Groundwork Center for Resilient Communities	Munson Healthcare Grayling Hospital
Health Department of Northwest Michigan	Munson Healthcare Manistee Hospital
McLaren Central Michigan	Munson Medical Center
McLaren Northern Michigan	Munson Healthcare Otsego Memorial Hospital
MI Department of Health and Human Services	Munson Healthcare Paul Oliver Memorial Hospital
Mid-Michigan Health	North Country Community Mental Health
Mid-Michigan/AHEC	Northern Michigan Community Health Innovation Region
MSU-Extension	

Prioritizing Strategic Issues - 31-County Region

Alcona Health Center	Kalkaska Commission on Aging
Area Agency on Aging of Northwest Michigan	McLaren Central Michigan
AuSable Valley Community Mental Health	McLaren Northern Michigan
Benzie-Leelanau DHD	Mid-Michigan Health - Alpena
Catholic Human Services	Mid-Michigan Health - Clare Gladwin
Central Michigan District Health Department	MSU-Extension
District Health Dept. #10	Munson Healthcare
District Health Dept. #2	Munson Healthcare Cadillac Hospital
District Health Dept. #4	Munson Healthcare Manistee Hospital
Food Bank of Eastern Michigan	Munson Healthcare Grayling Hospital
Grand Traverse County Commission on Aging	Munson Medical Center
Grand Traverse County Health Department	North Country Community Mental Health
Grand Traverse County Senior Center	Spectrum Health
Grand Traverse Pavilions	Wexford County Council on Aging
Groundwork Center for Resilient Communities	
Health Department of Northwest Michigan	

APPENDIX A

Organizations Represented During Assessment Process (cont'd)

"Tip of the Mitt" 7-County region (Includes McLaren Northern Michigan defined "community")

Alcona Health Center

Mid-Michigan Health

Alpena-Montmorency-Alcona Educational
Service District

Munson Healthcare Charlevoix Hospital

Munson Healthcare Otsego Memorial Hospital

Great Start Collaborative

North Country Community Mental Health

District Health Department #4

Northeast Michigan Community Service Agency

Food Bank of Eastern Michigan

Northern Care Center

Health Department of Northwest Michigan

Petoskey District Library

McLaren Home Care & Hospice - Alpena

Region 9 Area Agency on Aging

McLaren Northern Michigan

The Salvation Army

Michigan Department of Health and

Up North Prevention/Catholic Human Services

Human Services - Alpena/Montmorency

Women's Resource Center of Northern Michigan

Michigan Works!

YMCA of Northern MI

APPENDIX B
Sub-Region Map

Yellow = Tip of the Mitt Sub-Region (McLaren Northern Michigan)

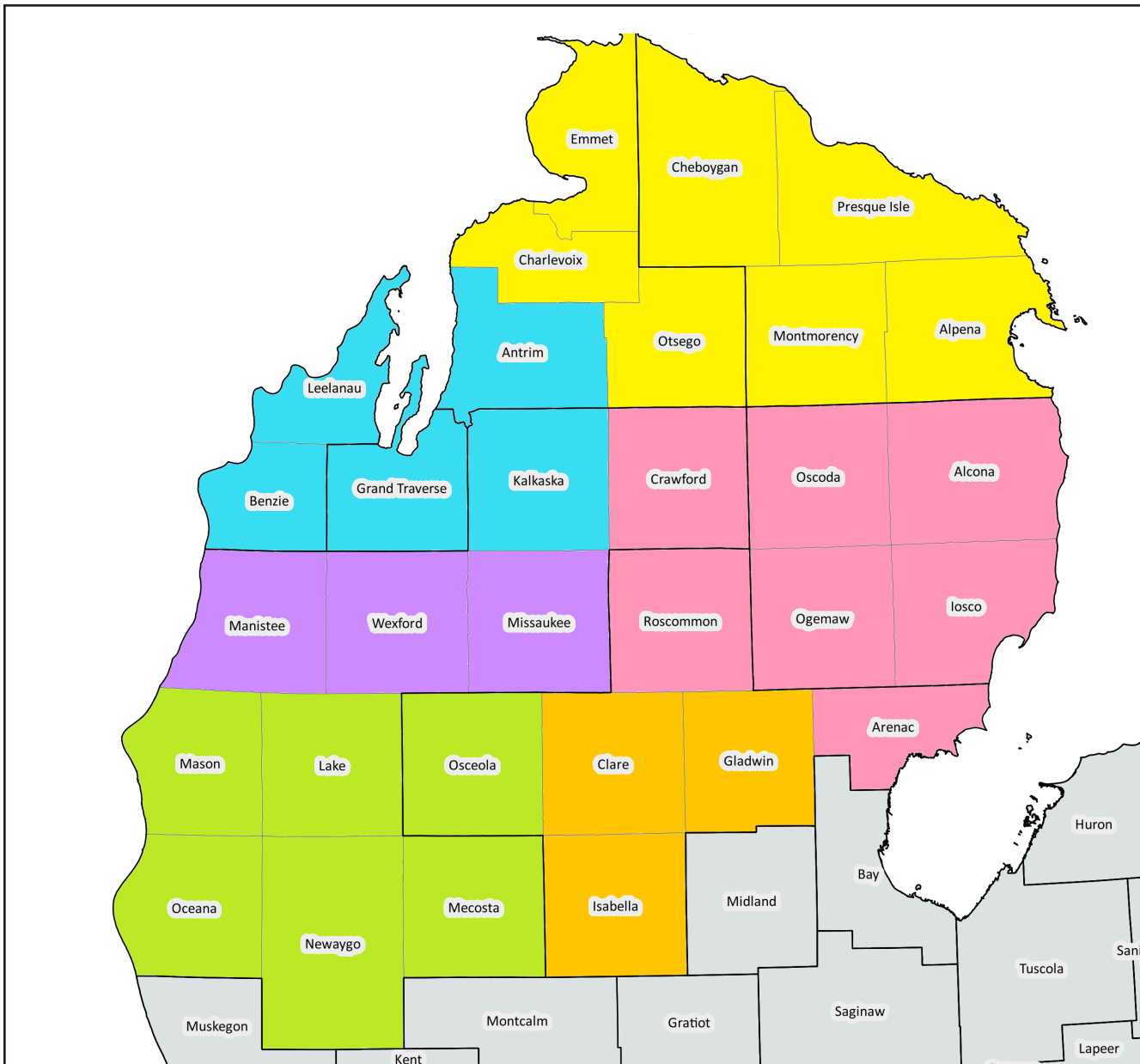
Light Blue = Grand Traverse Sub-Region

Pink = Eastern Sub-Region

Purple = Wexford Area Sub-Region

Green = Southwest Sub-Region

Gold = Mid-Michigan Sub-Region



APPENDIX C

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.

Demographics												
Data Year	Indicator	MI	Alpena	Antrim	Charlevoix	Cheboygan	Chippewa	Emmet	Mackinac	Montmorency	Otsego	Presque Isle
2016	Population ¹	9928300	28704	23144	26174	25401	37724	33182	10820	9173	24470	12762
2016	% Female ¹	50.8	50.8	50.3	50.6	50.0	44.8	50.5	48.9	49.3	50.4	50.2
2016	% < 18 ¹	22.1	19.1	18.3	19.8	17.1	18.6	19.8	16.1	14.8	21.4	16.1
2016	% 65 and over ¹	16.2	22.3	26.3	22.5	26	17	21.4	27.5	30.4	20.3	30.4
2016	% American Indian/Alaskan Native ¹	0.7	0.6	1.1	1.7	2.9	15.9	3.8	16.7	0.6	0.9	0.9
2016	% Hispanic ¹	5.0	1.4	2.1	1.8	1.4	1.7	1.6	1.6	1.3	1.8	1.2
2016	%Non-Hispanic White ¹	75.4	95.9	95	93.9	92.1	70	91.4	73.7	96	94.4	96
2010	% Rural ¹	25.4	51.8	100	70.4	82.7	48.9	74.9	77.2	100	65.7	80.9
2018	% students who identify as gay, lesbian, or bisexual ²	*	4	13	*	*	11	8	11	4	8	8

Overall Health												
Data Year	Indicator	MI	Alpena	Antrim	Charlevoix	Cheboygan	Chippewa	Emmet	Mackinac	Montmorency	Otsego	Presque Isle
2014-2016	Years potential life lost per 100,000 ¹	7293	7615	6519	6168	6531	6395	5161	7467	8994	8392	6850
2018	Health outcome rank (out of 83) ¹	*	56	17	11	27	28	6	69	68	61	34
2018	Health factors rank (out of 83) ¹	*	20	27	11	69	75	9	58	62	19	36
2017	Self-reported general health assessment; poor or fair ³	17.65	29.9	17	16.1	25.5	*	16	*	29	18.4	31.1

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

⁴ American Community Survey; ⁵ Kids Count Data Center; ⁶ Feeding America; ⁷ USDA Food Environments Atlas;

⁸ MDHHS Vital Records; ⁹ Center for Medicare and Medicaid Services; ¹⁰ Institute for Health Metrics and Evaluation;

¹¹ MDHHS, Vital Hepatitis Surveillance and Prevention Unit; ¹² Michigan Cancer Surveillance Program; * Data not available

APPENDIX C

Assessment Data Tables (cont'd)

Basic Needs												
Data Year	Indicator	MI	Alpena	Antrim	Charlevoix	Cheboygan	Chippewa	Emmet	Mackinac	Montmorency	Otsego	Presque Isle
2010-2014	% Households with severe housing quality problems ¹	16	12	17	14	14	15	15	14	12	10	11
2010-2016	% Access to exercise opportunities ¹	86	76	73	91	90	85	88	88	72	88	72
2013-2017	% Work outside county of residence ⁴	28.7	9.7	47.5	31.4	35.8	5.1	11.6	20.8	41.2	16.2	35.5
2013-2017	% Unemployment rate ⁴	7.4	6.4	6.1	6.2	10.7	9	6.1	10.5	12.7	6.4	11.4
2013-2017	% of population below the poverty level ⁴	15.6	15	12.6	11.6	16.8	17.1	10.7	15.4	15.1	14.9	14.9
2016	% children 0 - 12 eligible for subsidized care ⁵	3.4	4.3	1.8	2.5	3.6	3.2	2.4	1.7	3.6	5.8	2.5
2016	% children 0 - 12 receiving subsidized care ⁵	2	2.5	0.9	1.4	2.1	1.9	1.7	1.2	2	3.6	1.7
2016	% food insecurity rate ⁶	14.2	12.8	11.6	11.1	14.7	15.5	11.6	15	14.2	11.7	12.9
2015	% population, low access to store ⁷	*	6.18	0.14	5.47	10.8	20.27	11.62	30.24	8.86	13.4	27.43
2014	% students eligible for free lunch ⁷	*	45.04	42.12	34.3	55.72	41.02	29.56	*	45.42	37.45	43.7

Mental Health												
Data Year	Indicator	MI	Alpena	Antrim	Charlevoix	Cheboygan	Chippewa	Emmet	Mackinac	Montmorency	Otsego	Presque Isle
2017	Mental health providers per 100,000 ¹	232	261	35	153	71	191	253	120	131	188	16
2017-2018	% teens with symptoms of a major depressive episode ²	*	42	41	80	*	44	36	44	42	30	41
2017	% poor mental health on at least 14 days in past month ³	*	*	9.5	7.8	9.1	*	10.4	*	*	11.3	*
2012-2016 (5 year avg)	Intentional self-harm (suicide) (mortality rate per 100,000 population) ⁸	13	17.3	16.8	16.8	18.2	14	14.6	*	*	22.4	*
2015	% depression: 65+ ⁹	15.15	14.12	12.41	14.9	16.02	14.11	15.65	12.14	14.58	18.96	14.56

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

⁴ American Community Survey; ⁵ Kids Count Data Center; ⁶ Feeding America; ⁷ USDA Food Environments Atlas;

⁸ MDHHS Vital Records; ⁹ Center for Medicare and Medicaid Services; ¹⁰ Institute for Health Metrics and Evaluation;

¹¹ MDHHS, Vital Hepatitis Surveillance and Prevention Unit; ¹² Michigan Cancer Surveillance Program; * Data not available

APPENDIX C

Assessment Data Tables (cont'd)

Access to Care												
Data Year	Indicator	MI	Alpena	Antrim	Charlevoix	Cheboygan	Chippewa	Emmet	Mackinac	Montmorency	Otsego	Presque Isle
2015	Preventable hospital stays (per 1000 medicare enrollees) ¹	55	47	35	45	61	60	41	61	51	61	47
2018	Clinical care rank (out of 83) ¹	*	23	35	14	53	64	5	75	41	51	57
2016	Dentists per 100,000 population ¹	72	87	26	138	43	64	96	74	33	65	31
2015	Primary care providers per 100,000 population ¹	80	76	52	88	55	68	127	101	108	62	8
2017-2018	% teens with routine check-up in the past year ²	*	72.8	69.6	72.9	*	70.8	75.3	70.8	72.8	72	77.2
2017	% adults with no personal health care provider ³	15.21	17.6	10.9	12	19.4	*	15.1	*	*	*	18
2017	% needed to see doctor, cost prevented care ³	11.39	20.4	13.4	9.4	17.6	*	18.4	*	19.8	*	20
2013-2017	% uninsured: 19 - 64 ⁴	10.4	11.5	12.8	11.2	16.8	13	13	18.4	14.8	11.5	15.3
2016	% children 0 - 18 insured by MiChild ⁵	41.5	49.1	47.8	39.8	59.3	42.2	36.8	39.6	58.7	50.9	48.5

Substance Abuse												
Data Year	Indicator	MI	Alpena	Antrim	Charlevoix	Cheboygan	Chippewa	Emmet	Mackinac	Montmorency	Otsego	Presque Isle
2012-2016	% of motor vehicle deaths alcohol-impaired ¹	29	29	40	67	60	48	35	29	63	25	33
2017-2018	% teens: used marijuana during the past 30 days ²	*	19	16	16	*	20	11	20	19	13	11
2017-2018	% teens: at least one drink of alcohol during the past 30 days ²	*	32	17	25	*	26	12	26	32	23	24
2017-2018	% teens: smoked cigarettes during the past 30 days ²	*	16	7	8	*	11	7	11	16	8	9
2017-2018	% teen: vaping past 30 days ²	*	36	24	35	*	21	25	21	36	33	25
2017-2018	% teens: took a prescription drug not prescribed to them, including pain killers, during the past 30 days ²	*	4	4	5	*	9	3	9	4	7	4
2017	% adult: binge drinking ³	19	20.6	16.7	14.9	18.6	*	17.4	*	*	25.2	14.3
2017	% adult: current smoker ³	19.3	28	18.2	20	26.7	*	19.8	*	21.8	26.9	19.7
2012-2016	% smoked while pregnant ⁸	18	39	28	26	33	36	24	31	36	31	33
2014	Drug use mortality (per 100,000 population) ¹⁰	12.78	9.9	11.49	7.66	12.77	10.26	7.17	8.81	14.32	12.92	12.05
2017	Heroin treatment admission rate (per 100,000 population) ¹¹	251.76	149.8	151.23	110.8	106.3	21.21	120.55	36.97	87.21	208.42	39.18

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

⁴ American Community Survey; ⁵ Kids Count Data Center; ⁶ Feeding America; ⁷ USDA Food Environments Atlas;

⁸ MDHHS Vital Records; ⁹ Center for Medicare and Medicaid Services; ¹⁰ Institute for Health Metrics and Evaluation;

¹¹ MDHHS, Vital Hepatitis Surveillance and Prevention Unit; ¹² Michigan Cancer Surveillance Program; * Data not available

APPENDIX C

Assessment Data Tables (cont'd)

Leading Causes of Death												
Data Year	Indicator	MI	Alpena	Antrim	Charlevoix	Cheboygan	Chippewa	Emmet	Mackinac	Montmorency	Otsego	Presque Isle
2010-2016	Motor vehicle crash death rate per 100,000 ¹	10	6	16	8	8	11	13		17	9	13
2012-2016	Firearm fatalities per 100,000 ¹	12	10	15	14	9	8	11	14	16	16	15
2017-2018	% teens with current asthma ²	*	41	56	56	*	56	49	56	41	59	51
2017-2018	% obese teens ²	*	18	18	15	*	18	15	18	18	23	14
2017-2018	% overweight teens ²	*	19	19	15	*	16	14	16	19	18	20
2017	% of adults who are obese ³	32.27	37.9	34.8	25.4	34.2	*	27	*	29.4	32.2	37.4
2017	% of adults who are overweight ³	34.91	27.6	36.7	36.6	39.6	*	35.9	*	43.3	33.1	37.2
2017	% Adult: ever told diabetes ³	11.04	15.2	13.3	11.1	14.9	*	7.5	*	28	13.1	15.5
2017	% Adult: cardiovascular disease ³	*	12.9	9.5	11.6	9.6	*	10.6	*	16.5	*	17.8
211-2015	All cancer incidence rate (per 100,000 population) ¹²	517.51	594.48	529.91	526.61	479.6	446.59	547.12	478.32	573.01	493.4	529.14
2011-2015	Prostate cancer incidence rate (per 100,000 population) ¹²	117.96	73.72	110.49	94.66	100.74	79.88	116.83	71.43	103.51	125.24	95.77
2011-2015	Breast cancer incidence rate (per 100,000 population) ¹²	83.26	79.26	78.39	79.29	68.72	59.3	80.73	73.91	75.79	70.19	57.18
2015	% COPD: adults 65+ ⁹	13.6655	12.15	10.88	10.57	15.57	14.68	9.95	12.83	14.66	12.86	12.4

Sense of Community												
Data Year	Indicator	MI	Alpena	Antrim	Charlevoix	Cheboygan	Chippewa	Emmet	Mackinac	Montmorency	Otsego	Presque Isle
2012-2016	% children living in single-parent households ¹	34	33	31	31	38	32	28	33	37	30	26
2018	Social & economic factors ranking (out of 83) ¹	*	43	39	19	70	52	10	67	80	27	60
2017-2018	% teens: 2 or more ACEs (Adverse Childhood Experiences) ²	*	37	40	40	*	39	38	39	37	45	40
2017-2018	% teens: know adults in the neighborhood they could talk to about something important ²	*	64	56	52	*	52	49	52	64	51	62
2017-2018	% teens: sexual intimate partner violence against females ²	*	14	16	24	*	16	11	16	14	16	16
2013-2017	% households with broadband internet ⁴	81.1	77.8	75.8	80.2	73.9	77	81	71.8	72.2	79.6	70
2013-2017	% householders living alone (over 65) ⁴	44	*	*	*	*	*	*	*	*	*	*

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

⁴ American Community Survey; ⁵ Kids Count Data Center; ⁶ Feeding America; ⁷ USDA Food Environments Atlas;

⁸ MDHHS Vital Records; ⁹ Center for Medicare and Medicaid Services; ¹⁰ Institute for Health Metrics and Evaluation;

¹¹ MDHHS, Vital Hepatitis Surveillance and Prevention Unit; ¹² Michigan Cancer Surveillance Program; * Data not available

APPENDIX C

Assessment Data Tables (cont'd)

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 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 is done in 4 stages:

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

Secondary Data Limitations

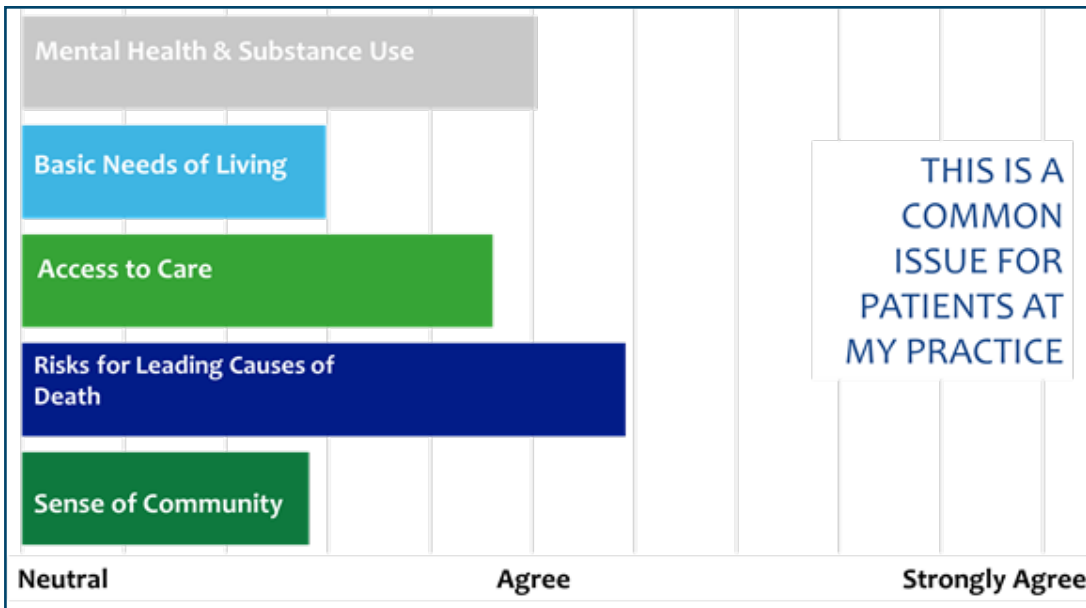
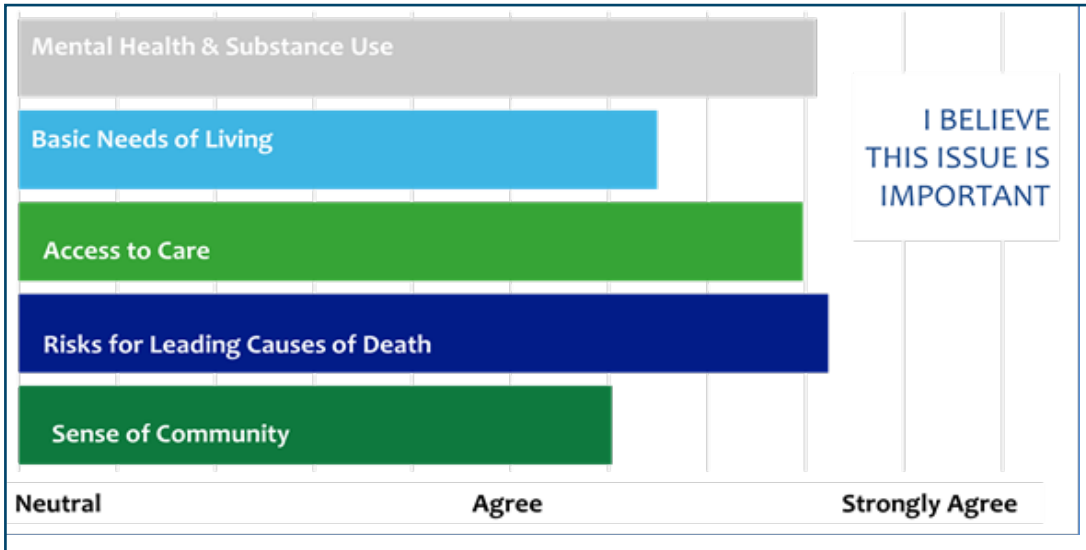
- Since scores are based on comparisons, low scores can result even from very serious issues, if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some data is 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.
- 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 of the analysis. Environmental data, for example, is significantly lacking. Viewing all the assessment holistically is therefore necessary.

APPENDIX D

Health Care Provider Survey Results

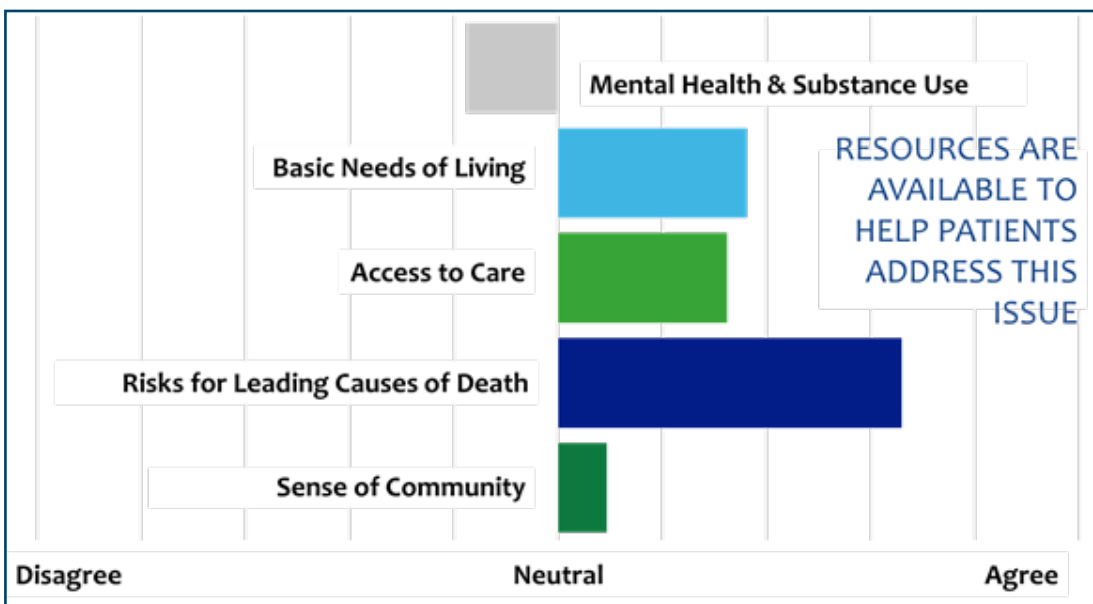
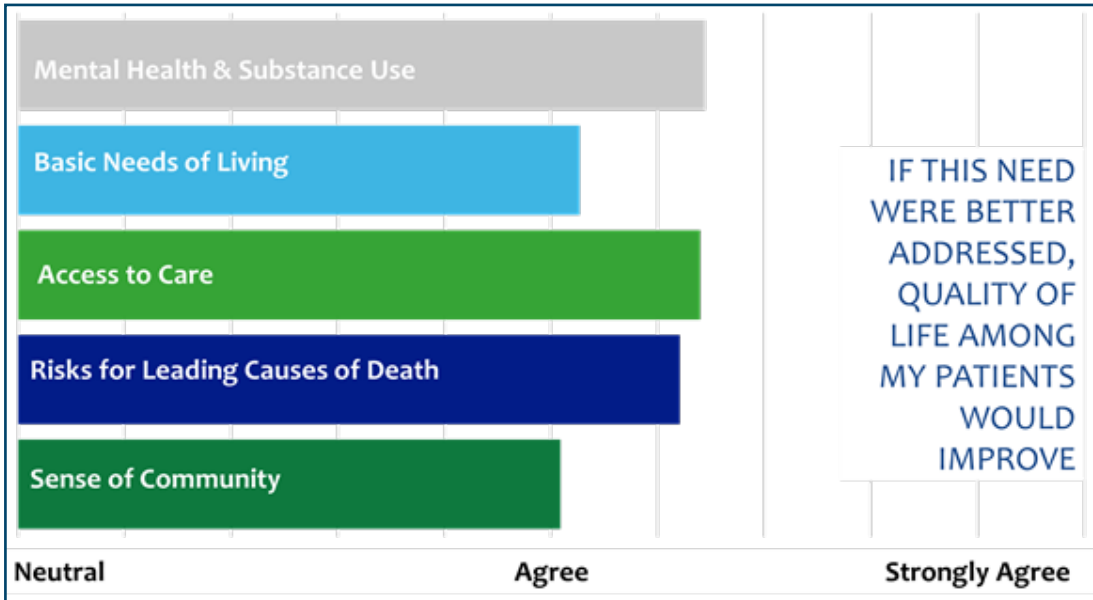
Total Respondents: 468 Providers (31-County Region); 60% were physicians, mid-level providers, or nurses; 40% included administrators, health educators, medical social workers, dental staff, and others.

58 Providers were affiliated with McLaren Northern Michigan



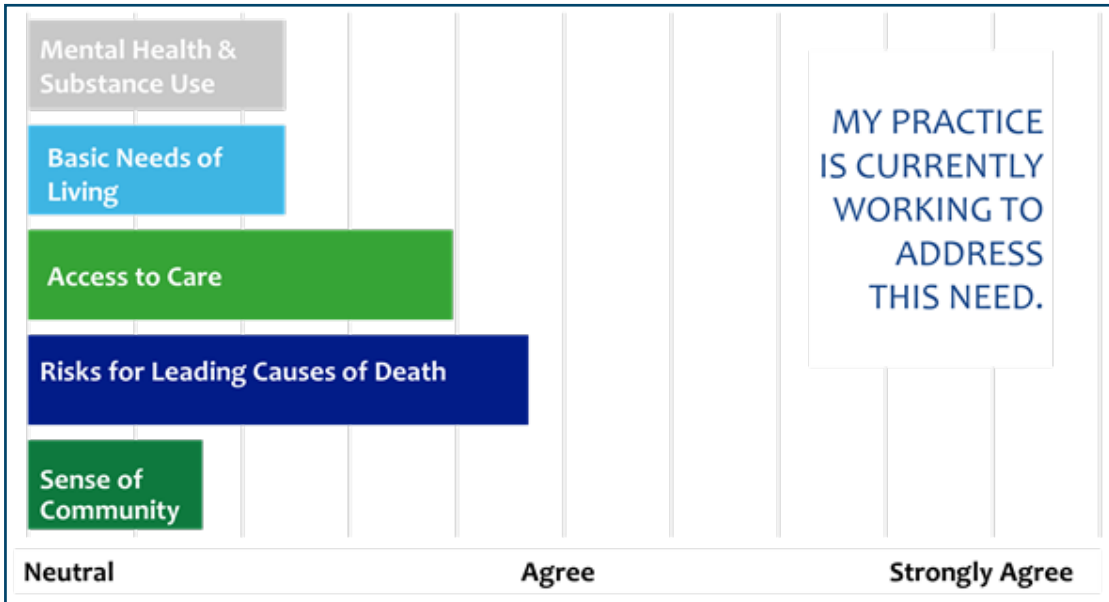
APPENDIX D

Health Care Provider Survey Results (cont'd)



APPENDIX D

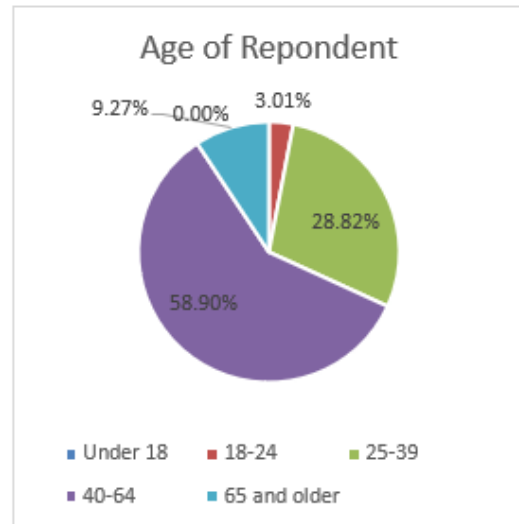
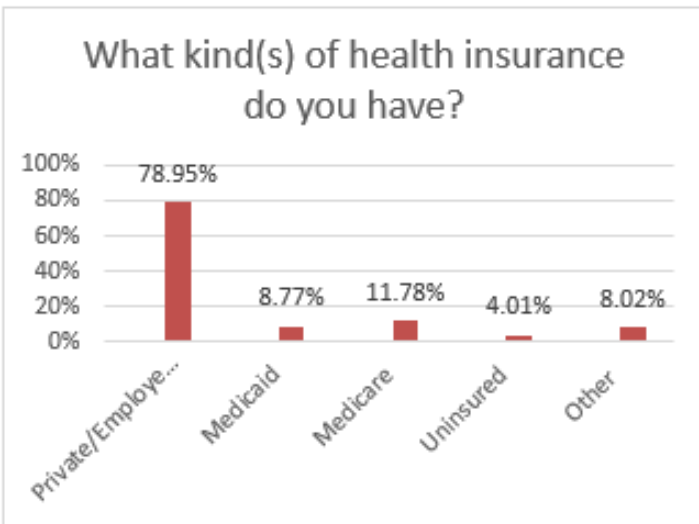
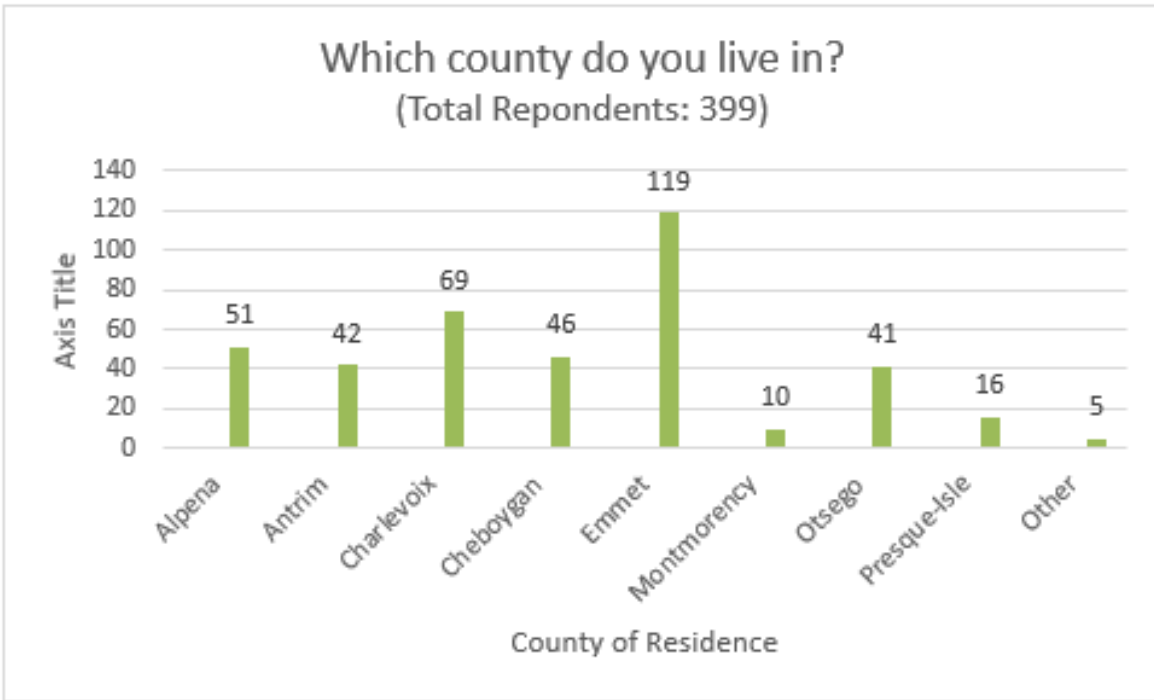
Health Care Provider Survey Results (cont'd)



STRATEGIC ISSUE RANK BY PERCEIVED URGENCY- PROVIDERS	
1	Mental Health/Substance Use
2	Access to Healthcare
3	Risks for Leading Causes of Death
4	Basic Needs of Living
5	Sense of Community

APPENDIX E
Community Survey Results

Total Respondents: 1,882 (31-County Region); 399 in the Tip of the Mitt sub-region; 91% female; 9% male; 1% other



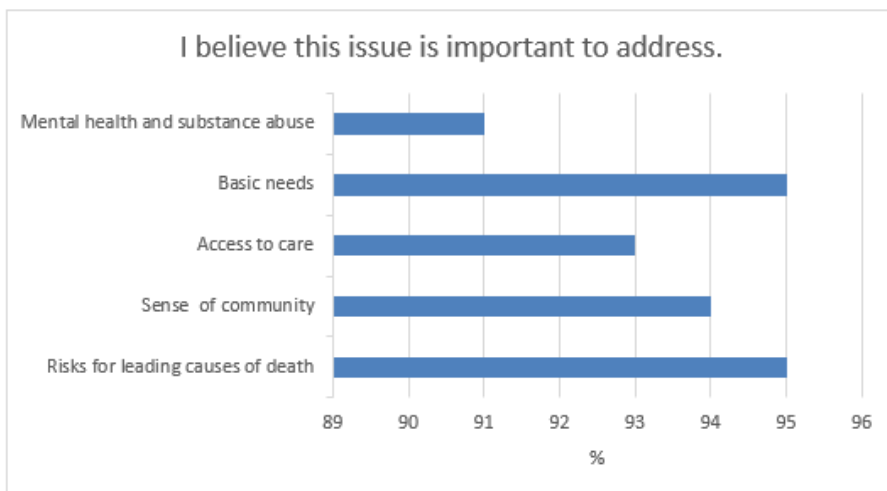
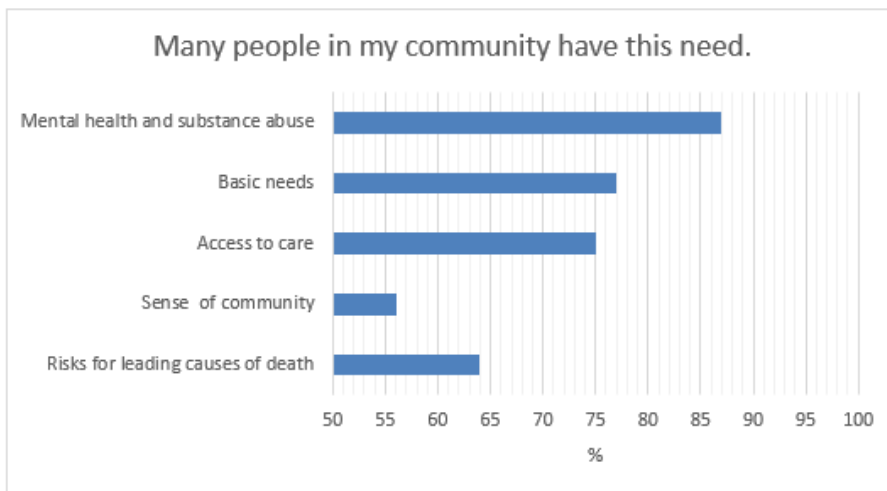
APPENDIX E

Community Survey Results (cont'd)

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

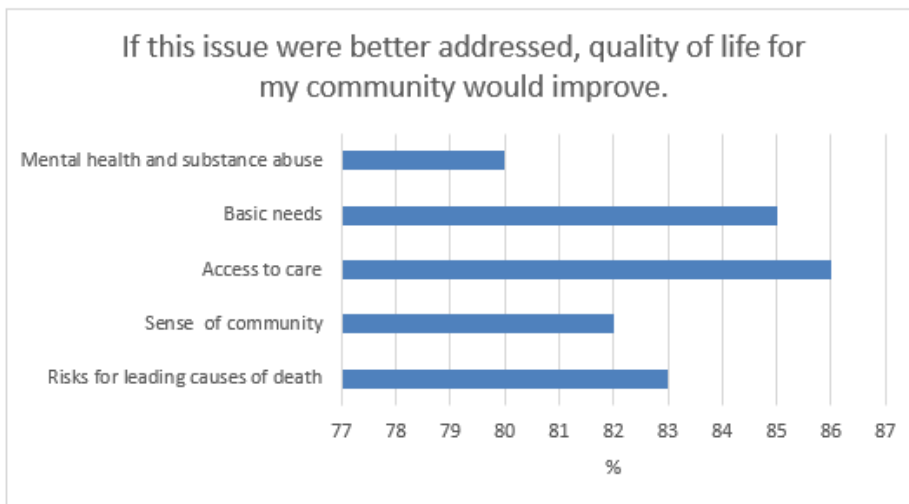
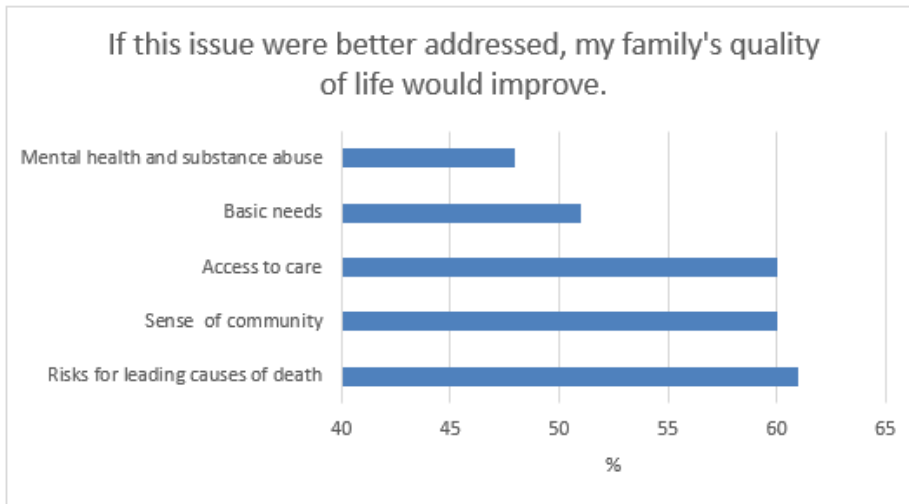
1. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
2. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
3. Make it easier for people to get the health care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



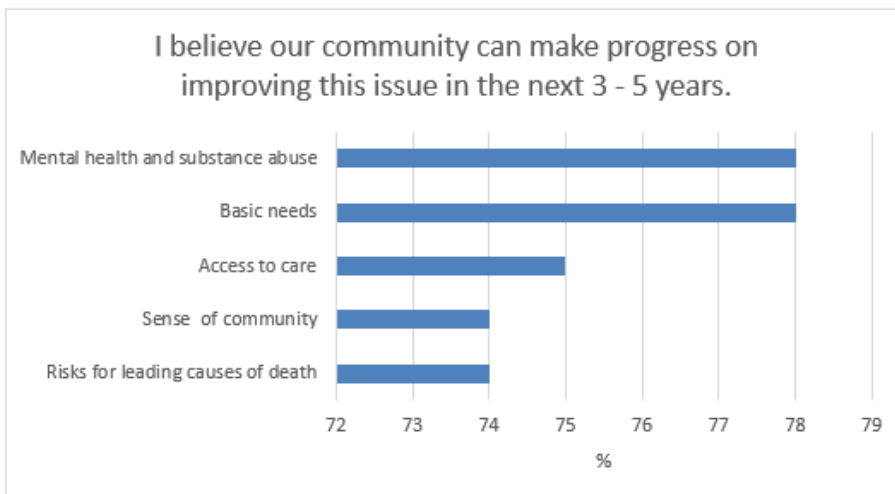
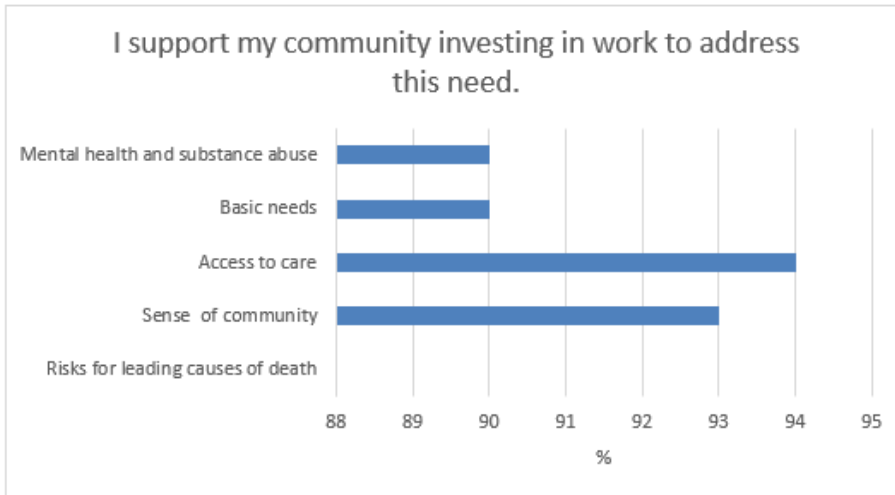
APPENDIX E

Community Survey Results (cont'd)



APPENDIX E

Community Survey Results (cont'd)



APPENDIX F

Community Assets Targeting Identified Strategic Issues

Strategic Priority #1: *Mental Health and/or Substance Abuse*

Mental Health and Mental Disorders

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

Substance Abuse: *Drugs and Alcohol*

- BASES
- Catholic Human Services
- Munson Healthcare Alcohol and Drug Treatment
- Northern Michigan Regional Entity

Substance Abuse: *Tobacco*

- Adolescent health clinics
- Freedom from Smoking
- Fresh Start
- Michigan Tobacco Quit Line

APPENDIX F

Community Assets Targeting Identified Strategic Issues (cont'd)

Strategic Priority #2: *Access to Basic Needs of Living*

Basic Needs of Living: *Access to Healthy Food*

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

Basic Needs of Living: *Affordable Child Care*

- Early Start
- Great Start
- Head Start

APPENDIX F

Community Assets Targeting Identified Strategic Issues (cont'd)

Basic Needs of Living: Affordable Housing

- Goodwill Industries Northern Michigan
- Habitat for Humanity
- Housing Solutions Network
- Northern MI Community Action Agency
- Northern Homes Community Development Corporation
- Northwest Michigan Habitat for Humanity
- True North Community Services
- Safe Families Bethany Christian Services

Basic Needs of Living: Aging

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

Basic Needs of Living: Awareness of Community Resources

- 211
- Community collaboratives
- Community Connections
- Health departments
- HELPLINK
- Third Level

APPENDIX F

Community Assets Targeting Identified Strategic Issues (cont'd)

Basic Needs of Living: *Economy*

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

Basic Needs of Living: *Education*

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

Basic Needs of Living: *Environment*

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

APPENDIX F

Community Assets Targeting Identified Strategic Issues (cont'd)

Basic Needs of Living: Opportunities for Physical Activity

- County Trails
- City Recreation Programs
- Girls on the Run
- Local Fitness / Sports Clubs
- Local Recreational Trails
- Michigan State Parks
- McLaren Northern Michigan Demmer Wellness Pavilion
- Northwest Michigan Parks and Recreation Network
- Top of Michigan Trails Council

Basic Needs of Living: Transportation

- Cab Services
- Charlevoix County Transit
- EMGO
- Local Recreational Trails
- Straits Regional Ride

Strategic Issue: Risks for Leading Causes of Death

Risks for Leading Causes of Death: Cancer

- American Cancer Society
- Antrim County High Tea for Breast Cancer Prevention
- Cancer Navigator Program
- Chronic Disease Coordinating Network
- Health Departments' Breast and Cervical Cancer Control Navigation Program
- McLaren Northern Michigan Karmanos Cancer Institute
- Northwest MI Chronic Disease Prevention Coalition

APPENDIX F

Community Assets Targeting Identified Strategic Issues (cont'd)

Risks for Leading Causes of Death: *Cardiovascular Disease*

- Chronic Disease Coordinating Network
- Northwest MI Chronic Disease Prevention Coalition
- McLaren Northern Michigan, Michigan Heart & Vascular Services

Risks for Leading Causes of Death: *Diabetes*

- Area Agency on Aging Diabetes PATH
- Chronic Disease Coordinating Network
- Diabetes Prevention Program
- Hospital-based diabetes education programs
- Michigan State University Extension
- Northern Michigan Diabetes Initiative (NMDI)
- Northwest Michigan Chronic Disease Prevention
- Diabetes Coalition
- Primary care providers

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

- Chronic Disease Coordinating Network
- FitKids360
- McLaren Northern Michigan Demmer Wellness Pavilion
- Northwest MI Chronic Disease Prevention Coalition
- Shape Up North
- YMCA of Northern MI

APPENDIX F

Community Assets Targeting Identified Strategic Issues (cont'd)

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

- Adolescent health clinics
- County Trails
- City Recreation Programs
- Groundwork Center for Resilient Communities
- Health departments
- Local Fitness / Sports Clubs
- Local Recreational Trails
- Michigan State Parks
- McLaren Northern Michigan Demmer Wellness Pavilion
- Northern Michigan Diabetes Initiative (NMDI)
- Northwest Michigan Parks and Recreation Network
- Top of Michigan Trails Council

Strategic Issue: *Access to Health Care*

Access to Health Care: *Medical and Dental*

- 211
- Adolescent health clinics
- Community Connections
- Delta Dental's Healthy Kids
- Delta participating dentists
- Dental Clinics North
- East Jordan Family Health Center
- Federally Qualified Health Centers
- Health departments
- Healthy Michigan Plan
- McLaren Medical Group
- McLaren Northern Michigan Family Practice
- McLaren Northern Michigan Specialty Practices

APPENDIX F

Community Assets Targeting Identified Strategic Issues (cont'd)

Access to Health Care: Medical and Dental - cont'd

- Northern Health Plan
- Northwest Michigan Health Services, Inc.
- Safe Families Bethany Christian Services
- University of Michigan Dental Students

Access to Health Care: Maternal, Fetal & Infant Health

- 211
- Community Connections
- Community Mental Health Infant Mental Health Services
- Great Start
- Health departments
- Healthy Futures
- Maternal Infant Health Program (MIHP)
- McLaren Northern Michigan Women's & Children's Department
- McLaren Northern Michigan Family Practice
- Northern Lower Michigan Perinatal Planning Initiative
- Northern Michigan Maternal Child Outreach
- Women, Infants, and Children (WIC)

APPENDIX F

Community Assets Targeting Identified Strategic Issues (cont'd)

Strategic Issue: *Sense of Community*

Sense of Community: Connection to Community Resources

- Community Centers
- Community Connections
- County collaboratives
- HELPLINK
- Libraries
- Local Places of Worship

Sense of Community: Public Safety

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

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.*