A Note to the Community

March 2016

We are proud to present the 2015 Community Health Assessment Report, facilitated by the Health Department of Northwest Michigan with funding from the Northern Health Plan. It is a comprehensive collection and analysis of health status and needs in Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Montmorency, Otsego and Presque Isle counties. We’ve learned too many of our residents, especially low-income residents:

- Are overweight or obese and don’t spend adequate time engaged in physical activity;
- Lack access to healthy food and recreational facilities in their communities;
- Experience a variety of barriers to health care, including mental health services and substance use treatment; and
- Abuse alcohol, tobacco and other drugs.

One stark fact about the health of our communities is clear: even the strongest partnership among hospitals, health care providers, and health departments cannot impact community health alone. High school graduation rates, community planning and design, access to healthy foods and recreational activities, and air and water quality have as much—or greater—impact on health than seeing a doctor or nurse when we are sick.

Gathering a wealth of information, analyzing data, and setting priorities lays the foundation to a Community Health Improvement Plan that address the top needs in the region. On behalf of the Community Health Assessment & Improvement Initiative, we invite you to join us as we work together to improve health and quality of life for all Northern Michigan residents.

To get involved, please contact Jane Sundmacher, Community Health Planner, at 231-347-5041 or jane.sundmacher@nwhealth.org.

Yours in good health,

Linda Yaroch, Health Officer
Health Department of Northwest Michigan

Brad Rider, Health Officer
District Health Department #4

America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on Earth. Yet, for some of the most important indicators, like how long we live, we’re not even in the top 25, behind countries like Bosnia and Jordan. It’s time for America to lead again on health and that means taking three steps:

1. Ensure everyone can see a doctor when they are sick
2. Build preventive care into every health care plan and make it available to people who won’t or can’t go in for it
3. Stop thinking about health as something we get in the doctor’s office.

Health is something that starts in our families, our schools, and our workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions in which we live and work have an enormous impact on our health, long before we ever see a doctor. It’s time to expand the way we think about health to include how to keep it, not just how to get it back.

A New Way to Talk About the Social Determinants of Health
The Robert Wood Johnson Foundation
OVERVIEW

**Community Conversations**
- 7 highly structured focus groups
- Sponsored by the local multipurpose collaborative body
- 126 community residents and leaders/experts from health care, education, business, government, and funding sectors

**Surveys**
- Provider Survey---designed with McLaren and Munson; 81 physicians, nurse practitioners and physicians responded
- Community Survey---designed with District Health Department #10, McLaren and Munson; disseminated electronically and hard copy (in health department clinics) N=1,220

**Secondary Data**
- 120+ community health indicators, collected by county; categories include access to care, leading causes of death, disease rates, health risk behaviors, maternal and child health, demographics and more

**Data Review and Priority Ranking**
Following review of the data collected in the community health assessment, 40 stakeholders ranked community health issues utilizing a Decision Matrix with the following criteria: severity, magnitude, impact, available resources and potential for success

#1 **Access to health care**, including behavioral, maternal/child, and oral health care
#2 **Chronic disease prevention**
#3 **Substance use**

**Community Health Improvement Plan for 2016-2018**

<table>
<thead>
<tr>
<th>Access to Care</th>
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<td>Developed by leaders and experts from health departments, hospitals, FQHCs, Northern Michigan Regional Entity, CMH agencies and MSU School of Human Medicine</td>
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<tr>
<td>Policy Systems Environmental Change</td>
<td>Community Linkages</td>
<td>Health Systems Change</td>
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EXECUTIVE SUMMARY

How healthy is Northern Michigan? How do we prevent disease, save lives, and save dollars? How do we work together so all residents can make healthy choices? These questions drove a comprehensive 6-month exploration utilizing a collaborative process in Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Montmorency, Otsego and Presque Isle counties.

The Northern Michigan Community Health Assessment & Improvement Initiative is a remarkable collaboration of two health departments and three hospitals with funding from the Northern Health Plan. Leaders from each organization provided oversight to the project, led by the Health Department of Northwest Michigan.

Both primary data (Community Themes & Strengths Assessment) and secondary data (Community Health Status Assessment) were collected for the Community Health Assessment.

- Community Themes & Strengths Assessment
  Nearly 1,400 residents of the 8-county region participated in the Community Themes & Strengths Assessment, which consisted of Community Conversations (a type of structured focus group), and two types of surveys (What Matters to You? Community Survey and Health Care Provider Survey).

  - Community Conversations
    126 residents and stakeholders participated in seven Community Conversation sponsored by the local multipurpose collaborative body in September and October 2015. Collectively, their response to the question, “What can we do to move closer to our vision of a healthy community?” is:

    1. Assure and increase access to primary care, behavioral health, and substance use services
    2. Increase awareness, utilization and provision of community resources
    3. Provide health and wellness education across the lifespan
    4. Engage residents in the community
    5. Promote healthy lifestyles and increase access to healthy eating and physical activity
    6. Develop economic opportunities
    7. Offer community events for all age groups and abilities
    8. Protect the environment
    9. Enhance infrastructure for information technology

  - What Matters To You? Community Survey
    1,220 community residents completed the What Matters to You? Survey, which was designed by the Northern Michigan Health Network, hospitals and health departments. Questions and responses to key items from are below:

    What are the most important factors for a healthy community?
    1-Access to health care
    2-Good jobs/healthy economy
    3-Access to affordable healthy food
    4-Good schools/high value on education
    5-Affordable housing

    What are the most important community health problems in your county?
    1-Substance use
    2-Overweight/obesity
    3-Chronic disease
    4-Mental health issues
    5-Lack of affordable housing
Health Care Provider Survey

81 physicians, nurse practitioners, and physician assistants completed the 2015 Health Care Provider Survey. Questions and responses to key items from the survey are below:

*What are the most important factors for a healthy community?*
1. Access to health care
2. Good jobs/healthy economy
3. Access to affordable healthy food
4. Good schools/high value on education
5. Affordable housing

*What are the most important community health problems in your county?*
1. Obesity/overweight
2. Mental health issues
3. Lack of access to health care
4. Tobacco use
5. Substance use

Community Health Status Assessment

120+ demographic, health, and social/economic indicators were collected by county for the 8-county region. A spreadsheet, with description, source and year of data and Michigan statistics for comparison can be viewed at [www.nwhealth.org](http://www.nwhealth.org).

Overall, the Community Health Status Assessment reveals a more homogeneous, less educated and poorer population than the State as a whole. Residents engage in health risk behaviors at greater rates than their peers elsewhere in Michigan, driving higher rates of chronic disease. There are many barriers to accessing health care in the rural region, including geography, lack of transportation options, and shortages of primary care and behavioral health providers.

Priority Ranking

40 stakeholders from across the region convened on December 4, 2015 to review and discuss primary and secondary data collected during the 2015 Community Health Assessment. Utilizing a Decision Matrix, they ranked priorities for the 8-county region as follows:

#1 Access to health care, including behavioral health, maternal and child health, and oral health care
#2 Chronic disease prevention
#3 Substance use
#4 Mental health
#5 Health disparities

Community Health Improvement Plan

A regional Community Health Improvement Plan is available as a companion document to the Community Health Assessment. Developed by leaders and experts for top-ranked community health priorities, the Community Health Improvement Plan includes goals and objectives in alignment with Healthy People 2020, evidence-based strategies to implement, and identifies lead community partners for each strategy.
The Northern Michigan Community Health Assessment & Improvement Initiative adapted the Mobilizing for Action through Planning & Partnerships (MAPP) framework for conducting the 2015 Community Health Assessment. Considered the “gold standard”, MAPP was developed by the National Association for County & City Health Officials with the US Centers for Disease Control & Prevention. It is not an agency-focused assessment instrument; instead, it is a community-driven planning tool that applies strategic thinking to priority issues and identifies resources to address them.

Three of the four MAPP assessments were utilized for the 2015 Community Health Assessment:

- Community Themes and Strengths Assessment
- Community Health Status Assessment
- Forces of Change Assessment

PHASE 1: Organizing for Success

The first phase of MAPP involves organizing the processes for collecting data for the community health assessment, prioritizing issues as indicated in the assessment, and developing a community health improvement plan to address each of those issues. The purpose of this phase is to build commitment, engage partners as active participants, and use partners’ time well. It results in a plan that can be realistically implemented. No one individual or organization can improve community health by themselves. MAPP is based on the premise that just about everyone has a stake in health, safety and well-being.

The Executive Committee of the Northern Michigan Community Health Assessment & Improvement Initiative is made up of leaders from two local health departments, three hospitals, and the county health plan. Early on, they decided on a combination of primary and secondary data collection methods that would not only provide an updated picture of health and quality of life in the eight-county region, but meet hospitals’ Community Benefit requirements and health departments’ Public Health Accreditation Board requirements. With funding from the Northern Health Plan (county health plan for the eight-county region), the Health Department of Northwest Michigan agreed to facilitate the project.
PHASE 2: Visioning

Visioning, the second phase of MAPP, provides focus, purpose, and direction to the MAPP process so that participants collectively achieve a shared vision of the future. It provides an overarching goal for the community:

Healthy people in healthy communities

PHASE 3: Conduct the assessments

Three MAPP assessments were facilitated in the eight-county region. Each one yields important information for improving community health, but their value is multiplied by considering the findings as a whole. Together, the assessments provide a complete view of the community.

Community Themes & Strengths Assessment

What issues are the most important to health and quality of life in our community?

The Community Themes & Strengths Assessment is a vital part of the community health improvement process. During this phase, community members’ thoughts, opinions, concerns, and solutions are gathered. As a result, these individuals become more vested in the process, with a sense of ownership and responsibility for the outcome. A variety of methods may be used; the Initiative’s Executive Committee selected a combination of surveys and a type of focus group to quantify community input.

Community Conversations

Seven Community Conversations were facilitated using the Technology of Participation’s Consensus Workshop Method. A type of highly structured focus group, the Consensus Workshop Method utilizes a collective integrated thinking process and consists of individual brainstorming, small group discussion, and full group discussion. Sponsored by local multi-purpose collaborative bodies, Community Conversations were convened across the region in September and October 2015.
Special thanks to multipurpose collaborative body coordinators for assistance in sponsoring a Community Conversation:

Alpena County Human Services Coordinating Council
Barbara Porrett, Coordinator of Marketing
Alcona Health Centers

Antrim County Community Collaborative
Kate Kerr, Coordinator of Community Impact and Engagement
United Way of Northwest Michigan

Charlevoix-Emmet Human Services Coordinating Body
Marcia Campbell, Program Manager of Great Start Readiness Program
Charlevoix-Emmet Intermediate School District

Cheboygan Human Services Coordinating Body
Tracy Torrence, Executive Director
Cheboygan County United Way

Montmorency County Family Coordinating Council
Donna Hardies, Prevention Specialist
Catholic Human Services

Otsego Human Services Network
Laurie Andrews, RSVP Volunteer Coordinator
Otsego County United Way

Presque Isle County Human Services Coordinating Council
Mary Schalk, 4-H Youth Development Program Associate
Michigan State University Extension

126 residents and stakeholders participated in seven Community Conversations. They included representatives from health departments, hospitals, federally qualified health centers, home care and hospice agencies; community mental health and behavioral health providers; social service agencies, including those who serve older adults and disabled residents and/or provide housing, utility, or transportation assistance; colleges, MSU Extension, schools, and early childhood education programs; Chambers of Commerce and businesses; government, courts, and law enforcement, faith-based organizations; and United Way and foundations.

Collectively, their response to the question, “What can we do to move closer to our vision of a healthy community?” is:

1. Assure and increase access to primary care, behavioral health, and substance use services
2. Increase awareness, utilization and provision of community resources
3. Provide health and wellness education across the lifespan
4. Engage residents in the community
5. Promote healthy lifestyles and increase access to healthy eating and physical activity
6. Develop economic opportunities
7. Offer community events for all age groups and abilities
8. Protect the environment
9. Enhance infrastructure for information technology

For county or bi-county Community Conversation Reports, please see Attachment A.
What Matters to You? Community Survey

The What Matters to You? Community Survey was designed for wide distribution across Northern Michigan in partnership with the Northern Michigan Health Network. In the eight tip of the mitt counties, it was disseminated through a Survey Monkey link to community partners via email. In addition, hard copies with a sub-set of survey questions were distributed to clients at local health department clinics to assure input from the low-income population. In all, 1,220 community residents completed the survey (See Attachment B).

Respondents from across the tip of the mitt region identified access to health care, good jobs/healthy economy, access to affordable healthy food, good schools/high value on education and affordable housing as the most important factors that define a healthy community. They identified substance use, obesity/overweight, chronic disease, mental health issues and lack of affordable housing as the top community health problems in their county.

Q2: Please check the THREE most important community health problems in your county.

Answered: 1,215   Skipped: 5
When asked which disease or conditions they had been diagnosed with, responses were, in rank order, obesity/overweight, high blood pressure, high cholesterol, asthma, and dental problems.

Top barriers to seeking health care are high deductibles and copays (adults, older adults and children); limited health insurance coverage (adults, older adults and children); inability to afford office visits (adults and older adults); difficult to set appointments (adults and children); and Emergency Room waiting time (older adults and children). In addition, adults also indicated their insurance does not cover dental services and older adults indicated their insurance does not cover medications. Finding a behavioral health provider is a barrier for children.

**Health Care Provider Survey**

Similarly to the What Matters to You? Community Survey, the Health Care Provider Survey was developed for wide distribution in partnership with hospitals. They disseminated the survey to 81 physicians, nurse practitioners, and physician assistants from McLaren Northern Michigan, Munson Healthcare Charlevoix Hospital and Otsego Memorial Hospital. (Please see Attachment C).

They ranked the following as the most important factors for a healthy community: access to health care, good jobs/healthy economy, access to affordable, healthy food, good schools/high value on education and affordable housing. The identified obesity/overweight, mental health issues, lack of access to health care, and tobacco use and substance use as the top community health problems in the communities.

**Q2: Check the three most important community health problems in the county you live in.**

![Chart showing the three most important community health problems in the county you live in.](chart.png)
Community Health Status Assessment

Over 120 community health indicators were collected, organized and analyzed for each of the eight counties in the region, including statistics aligned with the Governor’s Health & Wellness Dashboard. In addition, the Community Health Status Assessment includes social determinants of health and other statistics reported annually in the County Health Rankings. The County Health Rankings model for population health emphasizes inter-related factors that, if improved, can help make communities healthier places to live, work and play.

This database provides a wealth of information that can be accessed easily by the entire community for strategic planning, grant writing, and other data-driven activities. Many indicators are summarized below. For full descriptions of indicators, as well as source/year of data, comparisons to State rates and Healthy People 2020 Objectives (where applicable), visit www.nwhealth.org or partner hospital websites.

County Health Rankings Model

![County Health Rankings Model Diagram](image-url)
Health Outcomes

- **Premature death**

The County Health Rankings quantifies and compares health status of county populations by measuring the burden of premature deaths, an important measure of a population. Premature deaths are deaths that occur before a person reaches the age of 75. Many of these deaths are considered to be preventable. By examining premature mortality rates across communities and investigating the underlying causes of high rates of premature death, resources can be targeted toward strategies that will extend years of life.

As a nation, more than 75% of health care spending is on people with chronic conditions, such as heart disease, cancer, stroke and diabetes. These persistent conditions—the nation’s leading causes of death and disability—leave in their wake deaths that could be prevented, lifelong disability, compromised quality of life, and burgeoning health care cost.

![Leading Causes of Death, per 100,000 Residents (Age Adjusted)](image)

*Michigan Department of Health and Human Services, 2011-13
National Cancer Institute, 2008-2013*
• **Health-Related Quality of life**

In addition to measuring how long people live, it is also important to study measures of how healthy people are while they are alive. Their reports of days when their physical health is poor or fair is a reliable estimate of health.

![Map of Days Physical Health Is Poor or Fair]

Source: *County Health Rankings, 2015*

Mental and emotional wellbeing is also essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Anxiety, mood and impulse control disorders are associated with a higher probability of risk behaviors (tobacco, alcohol and other drug use), intimate partner and family violence, many other chronic and acute conditions (obesity, diabetes, cardiovascular disease, HIV/sexually transmitted infections) and premature death.
• **Low birthweight infants**

Improving the wellbeing of mothers, infants, and children is an important goal for the U.S. Low birth weight, which is when an infant weighs less than 2,500 grams (approximately 5 lbs, 8 oz) at birth, is a critical measure because it represents both maternal and infant health factors. Smoking, drug and alcohol use, lack of weight gain during pregnancy, and another pregnancy within six months are factors that contribute to low birth weight. Infants born to teenage mothers have a higher risk of low birthweight infants and may be more at risk for many health problems. Some babies become sick in the first six days of life or develop infections. Other babies may even suffer from longer-term problems, such as delayed motor and social development or learning disabilities.

![Babies with Low Birth Weight](attachment:birthweight_babies.png)

*Michigan Department of Health and Human Services, 2013*
Health Factors

Health Behaviors

- **Tobacco use**

  Tobacco use is the leading cause of disease, disability and death in the US. Living tobacco-free reduces risks of developing heart disease, various cancers, chronic obstructive pulmonary disease, periodontal disease, asthma, and other diseases. Tobacco-free living means avoiding use of all types of tobacco, including cigarettes, cigars, smokeless tobacco, pipes, and e-cigarettes—and also living free from secondhand smoke.

Adult smoking rates in the 8-county region exceed the State rate of 20%, and there is a strong correlation between tobacco use and income. In addition, maternal smoking rates are very high, ranging from 26% in Emmet County up to 50% in Alpena County and are even higher among low-income pregnant women.
• **Obesity**

Obesity is often the end result of an overall energy imbalance due to poor diet and limited physical activity. It is common and serious, increasing the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis. The medical costs of obesity are staggering.

![Percentage of Adult Obesity (BMI >29) graphic](attachment:CountyHealthRankings2015.png)

*County Health Rankings, 2015*
• **Physical activity**

Physical activity is one of the most important factors in improving one’s health. It strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight. Even people who do not lose weight from physical activity get substantive benefits from regular physical activity, including lower incidence of high blood pressure, diabetes, and cancer. Healthy physical activity includes aerobic exercise, muscle strengthening activities and activities to increase balance and flexibility. As described by the *Physical Activity Guidelines for Americans*, adults should engage in at least 150 minutes of moderate-intensity activity each week, and children and teenagers should engage in at least one hour per day.

![Percentage of Sedentary Adults](chart)

*US Centers for Disease Control and Prevention, 2011*

• **Healthy eating**

Though research on the food environment is still in its early stages, there is strong evidence that access to fast food restaurants and residing in food desert correlate with a high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience or smaller grocery stores. Not having access to fresh fruits and vegetables is an important barrier to consumption and is related to premature mortality.

![Food Deserts](map)

*US Department of Agriculture, 2016*
Access to healthy food can help reduce people’s risk for heart disease, high blood pressure, diabetes, osteoporosis, and several types of cancer, as well as help them maintain a healthy body weight. As described in *Dietary Guidelines for Americans*, eating healthy means consuming a variety of nutritious foods and beverages, especially vegetables, fruits, low and fat-free dairy products and whole grains; limiting intake of saturated fats, added sugars and sodium; keeping transfat intake as low as possible; and balancing caloric intake with calories burned to manage body weight.

- **Drug and alcohol use**

Preventing drug abuse and excessive alcohol use improves quality of life; academic performance, workplace productivity and military preparedness; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs acute and chronic conditions. Alcohol and drug use can also impede judgment and lead to harmful risk-taking behavior.

Excessive alcohol use includes binge drinking, underage drinking, drinking while pregnant, and alcohol-impaired driving. It is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, and interpersonal violence.
• **Teen Pregnancy**

Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have a pre-term delivery and low birth weight, increasing the risk of child developmental delays, illness and death. Nearly 80% of teenage mothers will access government-supported programs. Their children are more likely to be incarcerated, drop out of high school, have more chronic health problems, and become teen parents themselves.

![Teen Pregnancy Rate](image)

**Clinical Care**

• **Access to health care**

Access to health care measures accessibility to needed primary care, health care specialists, and emergency treatment. While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. It is also necessary to have comprehensive coverage, providers that accept the individual’s health insurance, relatively close proximity of providers to patients, and primary care providers in the community.

There are additional barriers to access in some populations due to lack of transportation to doctors’ offices, lack of knowledge of about preventive care, long waits to get an appointment, low health literacy, and inability to pay the high-deductible of many insurance plans and/or co-pays for receiving treatment.

**Lack of health insurance**

Employment-based coverage is the largest source of health coverage in the US, and many unskilled, low paying and part-time jobs do not offer health coverage benefits. In general, employment status is the most important predictor of health care coverage in the US. Evidence shows that uninsured individuals experience more adverse outcomes—physically, mentally, and financially—compared to insured individuals. The uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage and, on average, receive less treatment for their condition compared to those with insurance. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.
Overall the proportion of uninsured in Northern Michigan is higher than the State as a whole. However, with the enactment of the Affordable Care Act, and an intense outreach, education and enrollment effort in the eight-county region, the proportion of uninsured among the low-income population has declined precipitously.

Health care provider supply

Having access to care requires not only financial coverage, but also access to providers. Sufficient availability of primary care physicians is essential so that people can get preventive and primary care and, when needed, referrals to specialty care.

Source: County Health Rankings, 2015
Quality of care

Quality of care can be explained as the right care for the right person at the right time. The Institute of Medicine (IOM) further defines the quality of health care as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with professional knowledge. The IOM lists six characteristics of quality health care: safe, timely, effective, efficient, equitable and patient-centered.

There are hundreds of potential quality measures with no consensus yet on the best set of measures. County Health Rankings uses three measures of quality health care: preventable hospitalizations, screening for breast cancer, and screening for diabetes. These indicators were selected because they provide the greatest benefit to patient outcomes, help to bridge gaps seen among different populations, and can be implemented in a safe, efficient and cost-effective way.
The Social Determinants of Health

The Social Determinants of Health are the circumstances in which people grow up, live, work, and age, and the systems put in place to deal with illness. These circumstances are, in turn, shaped by a wider set of forces: economic, social policies and politics.

Key Concepts in the Social Determinants of Health
World Health Organization

Social and Economic Indicators

- **Population characteristics**

  According to the US Census, 180,717 live in the 8-county region. The population is predominantly white, with Native Americans at about 2%, representing the largest minority group.

![Race/Etnicity Chart](image-url)

*US Census Bureau, 2014*
• **Education and income**

The relationship between higher education and income and improved health outcomes is well-known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles. The proportion of the population with at least a Bachelor’s degree lags behind the State in every county in the region with the exception of Emmet County.

![Percentage of Educational Attainment](image)

Higher levels of education result in higher incomes, on average. Access to health care is a particularly important resource that is often linked to jobs requiring a certain level of education attainment. Even when income and health insurance are controlled, the magnitude of education’s effect on health outcomes remains substantive and statistically significant.

• **Income**

With lower educational levels across the region, it is not surprising that incomes fall below Michigan’s median income ($49,087) as well, except in Emmet County, where it reaches $51,113. These county-level data cannot accurately describe the large disparities that exist between the lowest and highest incomes in the region, particularly in the Northwest counties. By drilling down to Census Tract, stark differences become evident.
The proportion of single-parent households—a crude predictor for low-income—falls above State rate of 17.2% in all counties in the region. Adults and children in single-parent households are at risk for adverse health outcomes such as mental health and substance use problems.

Children’s risk of poor health and premature mortality may also be increased due to poor educational attainments associated with poverty. The children in poverty measure is highly correlated with overall poverty rates.
• **Social and emotional support**

The County Health Rankings measure social isolation because the link between socially-isolated individuals and poor health has been well established in the literature. Socially-isolated individuals typically have limited access to the types of support provided by positive relationships. One study found the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking for adverse health outcomes.

Understanding the proportion of socially-isolated individuals in a community may provide a more complete perspective on a community’s collective health profile. This is because socially-isolated individuals are more likely to be concentrated in communities with poorer community networks.

Poor family support, minimal contact with others, and limited involvement in community life are associated with increase morbidity and mortality. Furthermore, social support networks are powerful predictors of health behaviors.

A large proportion of adults in Northern Michigan do not have adequate social and emotional support. As poverty and poor social connections are among risk factors for child abuse and neglect, these statistics may explain, in part, why child abuse is grotesquely over-represented in the eight-county region.

![Percentage of Child Abuse](attachment:image)

*Narrative adapted from Healthy People 2020 and National Prevention Strategy*
PHASE 4: Strategic Directions

Through review and analysis of the three MAPP assessments, six Strategic Directions in the 8-county region were identified. Data collected during the community health assessment was summarized in a series of Issue Briefs (Please see Attachment D).

On December 4, 2015, 40 stakeholders were convened to review data collected in the Community Health Assessment. The meeting was facilitated utilizing a ToP Environmental Scanning Method called Cooperative Review of Quantitative Data. In small groups, participants reviewed, discussed, and presented an Issue Brief for one Strategic Direction. As presentations to the full group were completed, participants considered the severity, magnitude, impact, resources available and potential for improvement. These data were organized in a Decision Matrix, ranking Strategic Directions as follows:

PHASE 5: Formulate Goals and Strategies

The next step of the community health assessment and improvement cycle is to develop a regional Community Health Improvement Plan.

For each of the three top-ranked priorities, Action Teams identified goals and objectives in alignment with Healthy People 2020. For baselines, evidence base, and strategies and interventions, please see the Community Health Improvement Plan for 2016-2018.

Priority #1: Access to Care, including primary care, behavioral health, maternal and child health and oral health care

Developed by leaders/experts from health departments, hospitals, federally qualified health centers, community mental health agencies and the county health plan for the region

Objective 1: Increase access to primary care, behavioral health, maternal and child health and oral health care, including use of alternate delivery models

Objective 2: Increase the proportion of persons under age 65 with medical insurance

Objective 3: Increase the proportion of eligible persons enrolled in the Healthy Michigan Plan

Objective 4: Increase the number of practicing primary care providers

Priority #2: Chronic Disease

Developed by leaders/experts from health departments, hospitals, MSU-Extension

Goal: Promote health and reduce chronic disease through the consumption of healthy foods and achievement and maintenance of healthy body weight

Objective 1: Increase variety and consumption of vegetables in the diets of the population age 2+

Objective 2: Reduce consumption of solid fats and added sugars in the diets of the population age 2+
Goal: Improve health, fitness and quality of life through daily physical activity

Objective 1: Increase the proportion of adults who meet current federal guidelines for aerobic and muscle-strengthening activities

Objective 2: Increase the proportion of adolescents who meet current federal guidelines for aerobic and muscle-strengthening activities

Objective 3: Increase legislative policies for the built environment to enhance access to or availability of physical activity opportunities

Goal: By 2016, reduce illness, disability and death-related tobacco use and secondhand smoke

Objective 1: Reduce tobacco initiation use among adolescents

Objective 2: Increase smoking cessation in pregnancy

Priority #3: Substance Use

Developed by leaders and experts from health departments, hospitals, substance use prevention agencies, substance use treatment facilities, and law enforcement

Goal: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children

Objective 1: Increase the proportion of adolescents who perceive great or moderate risk associated with drinking alcohol regularly

Objective 2: Increase the proportion of persons who are referred for follow-up care for alcohol and/or drug problems after diagnosis or treatment

Objective 3: Reduce nonmedical use of prescription drugs

Objective 4: Reduce the number of deaths attributable to alcohol and drugs
**NORTHERN MICHIGAN COMMUNITY HEALTH AND IMPROVEMENT INITIATIVE**

**COMMUNITY CONVERSATION ON OCTOBER 21, 2015**

What can we do here in Alpena County to move closer to our vision of a healthy community?

<table>
<thead>
<tr>
<th>Enthusiastically support children and youth</th>
<th>Actively protect our environment</th>
<th>Broadly increase age-appropriate community activities</th>
<th>Greatly increase access to comprehensive health care services</th>
<th>Efficiently develop economic opportunities</th>
<th>Enthusiastically educate the community</th>
<th>Officially develop evidence-based treatment and recovery services</th>
<th>Intentionally evaluate availability affordability and accessibility of info systems</th>
<th>Intentionally address ways poverty affects the community</th>
<th>Proactively increase trauma-informed communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move from problem focus to environment focus for children</td>
<td>Education on sustainability to protect nature resources</td>
<td>Increase understanding of generation gaps</td>
<td>Access to more health care providers (physical and behavioral)</td>
<td>Employment opportunities</td>
<td>Openness to growth and change in the community</td>
<td>Changes in culture that accepts substance abuse</td>
<td>211 texting for community resources</td>
<td>Affordable &quot;gap&quot; services</td>
<td>Trauma informed communities</td>
</tr>
<tr>
<td>More day care providers with more availability</td>
<td>$0.10 deposit on water bottles</td>
<td>Free community education for all citizens</td>
<td>Access to behavioral/medical health care</td>
<td>Enhanced community offerings for increased tourism</td>
<td>Create common vision of a healthy community</td>
<td>Addiction recovery services</td>
<td>Dependable and affordable internet, utilities</td>
<td>Increase understanding of poverty</td>
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<tr>
<td>Schooling assistance—GED and one-on-one</td>
<td>Increase ground water regulation and enforcement</td>
<td>Making healthy accessible food and increasing knowledge</td>
<td>Physician recruitment and retention</td>
<td>Higher education and training opportunities</td>
<td>Publish statistics: good and bad</td>
<td>Access to substance abuse treatment</td>
<td>Connect community to good information</td>
<td>Aid people to get off State assistance</td>
<td></td>
</tr>
<tr>
<td>Increase structured physical activities at school</td>
<td>Encourage recycling efforts in the community</td>
<td>More activities geared for seniors and teens</td>
<td>Increased availability to med equipment and support services</td>
<td>Program where kids can reach their high potential</td>
<td>Expand/grow current working efforts</td>
<td>Healthy and safe water activities</td>
<td>Texting emergency services for teens and young adults</td>
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<tr>
<td>Increase programs for support and mentoring</td>
<td>Mandatory recycling</td>
<td>Increase affordable community activities</td>
<td>Increase home care provider services</td>
<td>Diversity in job offerings</td>
<td>Community involvement</td>
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<tr>
<td>Parent coaching</td>
<td>Self-sufficient support systems—food planting and growing</td>
<td>Community access to affordable recreational equipment</td>
<td>More centralized resource programs</td>
<td>Increasing funding</td>
<td>Increase volunteerism</td>
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<tr>
<td>Good schools</td>
<td>Continue to highlight natural resources—clean water and air</td>
<td>Consistency in our message “healthy living”</td>
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<tr>
<td>School books for each child</td>
<td>No fracking</td>
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<tr>
<td>YMCA</td>
<td>Clean up our beaches</td>
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</tbody>
</table>
What can we do here in Antrim County to move closer to our vision of a healthy community?

| Enthusiastically provide training and education opportunities across lifespan | Intentionally increase access to affordable childcare | Strategically plan affordable housing | Thoughtfully promote youth activities | Continually provide community transportation options | Clearly increase awareness of community resources | Consistently promote healthy eating and nutrition | Continually offer events to strengthen families | Intentionally increase access to behavioral health services | Actively promote health insurance to increase access to care | Thoughtfully consider challenges of mobility impairments | Strategically increase enforcement coverage in high crime areas |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Access to finance and budget counseling in schools | Access to affordable childcare | Access to affordable housing | Engage youth in active life-styles | Increase access to non-emergency transport | Broaden conversation authentic voices | Access to affordable healthy food | Building stronger family values | Substance abuse support and prevention | Increase in residents with health insurance | Improve physical access for mobility impaired | Increase law enforcement in high crime areas |
| More education on life skills in schools | Preschool access and support (cost) | Increase in safe, affordable housing | Developing safe rec activities for youth | Cross county transportatio n including weekends | Information about community resources | Maintain access to fresh, healthy food affordable | Ongoing healthy living educ free for families | Address depression | |
| Access to vocational education opportunity | Affordable child care (all hours/night s and weekends) | Retirement housing for seniors | Appropriate teen activities | Access to auto insurance and drivers education | Easier access to outlying services | Support for agriculture DUFB farmer markets | Offerings for faith based parenting skills programs | |
| Better career planning at a young age | | | | | | | | |
| Utilize retired to teach youth life skills (ie, cooking) | | | | | | | | |
| Better educational opportunities within county | | | | | | | | |
| Support for small businesses | | | | | | | | |
**What can we do here in Charlevoix and Emmet counties to move closer to our vision of a healthy community?**

<table>
<thead>
<tr>
<th>Intentionally integrate behavioral and physical health</th>
<th>Effectively promote and coordinate community services</th>
<th>Energetically promote healthy living</th>
<th>Strategically develop Economic Plan</th>
<th>Regularly provide health and wellness education</th>
<th>Mindfully transform into inclusive community</th>
<th>Deliberately plan for public transportation</th>
<th>Continuously create affordable housing options</th>
<th>Purposefully prepare for aging population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health info exchange (not necessarily electronic)</td>
<td>Collaboration among public and private providers</td>
<td>Food systems coordinator for good food</td>
<td>Required education for assistance programs</td>
<td>Health and sex education across the ages</td>
<td>Decrease stigma—engage at-risk populations</td>
<td>Access to transportation</td>
<td>Affordable housing</td>
<td>Elder care and healthy living options</td>
</tr>
<tr>
<td>Behavioral health in schools Pre-K to high school</td>
<td>Involving local government as part of the solution</td>
<td>Decrease obesity, increase exercise, healthy foods</td>
<td>Tax breaks for diversified business (new)</td>
<td>Constructive space for youth</td>
<td>Violence-free communities</td>
<td>Public transportation—non emergency medical</td>
<td>Affordable integrated housing</td>
<td>Preparedness for aging boomer population</td>
</tr>
<tr>
<td>Prevention and treatment of tobacco and substance use</td>
<td>Educate community on available programs</td>
<td>Accessibility to farmers markets and healthy food</td>
<td>Access to quality stable child care esp infants</td>
<td>Education valued</td>
<td>Ending violence against women</td>
<td>Improved transportation between counties</td>
<td>Safe and affordable housing</td>
<td></td>
</tr>
<tr>
<td>Affordable accessible mental health across ages</td>
<td>Effective community outreach of svcs/resources</td>
<td>Promote free recreational opportunities</td>
<td>Developing careers</td>
<td>Promote reading free multiple libraries</td>
<td>Supportive network for LGBT population</td>
<td>Public transportation</td>
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<tr>
<td>Recognize current programs for human service needs</td>
<td>Increase awareness of services</td>
<td>Free and accessible physical activity opportunities</td>
<td>Access to affordable quality child care</td>
<td>Education on good health habits</td>
<td>Compassion and understanding for all</td>
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<tr>
<td>Expand access to SUD services, especially integrated</td>
<td>Media campaigns—shared messaging</td>
<td>Reducing screen time for kids and all</td>
<td>Living wage jobs year-round</td>
<td>School attendance</td>
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<tr>
<td>Incentives for preventive health</td>
<td>Social media sharing network</td>
<td>Easy access to healthy foods</td>
<td>Access to technology</td>
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<tr>
<td>Accessibility and availability of health care</td>
<td>Diverse stakeholder groups</td>
<td>Safe routes for walking and bicycling</td>
<td>Clean industry jobs</td>
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<tr>
<td>Expand and promote CHWs and Navigators</td>
<td>Coordinated outreach</td>
<td>Clean healthy environment</td>
<td>Career and job fairs</td>
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<tr>
<td>Access to behavioral health</td>
<td>Anti-stigma campaign</td>
<td>Access to affordable and healthy foods</td>
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<tr>
<td>Address diabetes and pre diabetes</td>
<td>Bring back active community centers</td>
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<td>Increase immunization rates</td>
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<tr>
<td>Increase mental health services</td>
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<tr>
<td>Affordable accessible dental care</td>
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<td>Free clinic or health accessing insurance</td>
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</table>
NORTHERN MICHIGAN COMMUNITY HEALTH AND IMPROVEMENT INITIATIVE
COMMUNITY CONVERSATION ON SEPTEMBER 28, 2015 IN MONTMORENCY COUNTY

What can we do here in Montmorency County to move closer to our vision of a healthy community?

<table>
<thead>
<tr>
<th>Consistently educate the community</th>
<th>Strategically promote economics</th>
<th>Strategically increase to physical activities</th>
<th>Thoroughly involve community</th>
<th>Strategically provide preventive education</th>
<th>Boldly increase awareness on substance abuse</th>
<th>Carefully plan transportation options</th>
<th>Intentionally recruit healthcare professionals</th>
<th>Expertly develop infrastructure technology</th>
<th>Intentionally monitor air for pollutants</th>
<th>Zealously increase awareness of abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education for chronic issues</td>
<td>Healthy salaried employees: better jobs, insurance</td>
<td>Local access to exercise</td>
<td>Collaboration</td>
<td>Prenatal in community</td>
<td>Rehab access on Medicare</td>
<td>Access to non-bus based transportation</td>
<td>Recruitment of healthcare professionals</td>
<td>Better internet structure: cell and internet</td>
<td>Clean air</td>
<td>Decline in child, spouse and elder abuse</td>
</tr>
<tr>
<td>Substance abuse education in the schools</td>
<td>More competitive pay jobs</td>
<td>Improved walking, hiking biking paths</td>
<td>Reach out to businesses with specific ways to provide help</td>
<td>Free preventive medical services for all youth</td>
<td>Narcon kits</td>
<td>Transportation focus group</td>
<td>Mental health support and follow up</td>
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<tr>
<td>Education training</td>
<td>Affordable housing</td>
<td>Walkable community</td>
<td>Incentive program to reach everyone in the community</td>
<td>Pre-diabetes education</td>
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<tr>
<td>Healthy living access for adults</td>
<td>No income or insurance restrictions on services</td>
<td>Physical activity for seniors</td>
<td>Community gardens</td>
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<tr>
<td>Kids eating and growing own salads</td>
<td>High accountability for prescription rates</td>
<td>Youth activities to stay healthy</td>
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<td>School involvement: Friday Folders with tips</td>
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<td>Newspaper/radio ads—healthy reminders</td>
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<tr>
<td>Educate entire community, kids included</td>
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<td>More information education events</td>
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<tr>
<td>Diabetes education</td>
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</table>
**NORTHERN MICHIGAN COMMUNITY HEALTH AND IMPROVEMENT INITIATIVE**  
**COMMUNITY CONVERSATION ON SEPTEMBER 16, 2015 IN OTSEGO COUNTY**

*What can we do here in Otsego County to move closer to our vision of a healthy community?*

<table>
<thead>
<tr>
<th>Strategically Promote self sufficiency</th>
<th>Aggressively promote school health programs</th>
<th>Consistently promote healthy lifestyle</th>
<th>Economically create housing</th>
<th>Clearly interpret health care</th>
<th>Regularly access behavioral health</th>
<th>Intentionally advocate community</th>
<th>Respectfully support young mothers</th>
<th>Continually provide transportation</th>
<th>Strategically attract econ growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promo/access to all community resources</td>
<td>Include more sub use programs to youth in schools</td>
<td>Engaging community in physical activity</td>
<td>Support for homeless</td>
<td>Better insurance outreach and understanding</td>
<td>Increase mental health access</td>
<td>One voice: public, private, charitable</td>
<td>Educational opportunities for pregnant mothers</td>
<td>Affordable, reliable transportation</td>
<td>Opportunities for financial growth</td>
</tr>
<tr>
<td>Mentoring/support systems for individuals and families</td>
<td>Opportunities for mentor programs</td>
<td>Promote local farmers market and encourage EBT access</td>
<td>Affordable housing</td>
<td>Navigating the health care system</td>
<td>Increase behavioral health providers and specialists</td>
<td>Support United Way</td>
<td>Update guidelines for day care assistance</td>
<td>Access to transportation, awareness of options</td>
<td>Good jobs with living wage</td>
</tr>
<tr>
<td>Connect services to those in need</td>
<td>Tutoring for K-12-community involvement with schools and mentoring</td>
<td>More comm activities that promote healthier lifestyle</td>
<td>Homeless shelter</td>
<td>Help with prescription and health costs (over insurance)</td>
<td>Increase behavioral health specialist coverage</td>
<td>Advocacy and awareness of benefits</td>
<td>Life skills: grocery shop, checking account, rent apartment, etc</td>
<td>24-hour access to community transportation</td>
<td>Financing adult gap programs, ie, GED, drivers license, gas cards</td>
</tr>
<tr>
<td>Create positive interactions with law enforcement</td>
<td>Healthier lifestyle promo in schools</td>
<td>Free handicap access to all beaches (Moby Mats)</td>
<td>Transitional housing</td>
<td>Encourage and bring more doctors to the community</td>
<td>Access to domestic violence counseling</td>
<td>Unifying human service programs</td>
<td>Affordable good day care with access to local resources</td>
<td>Regional transportation</td>
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</tr>
<tr>
<td>Responsible citizenry</td>
<td>After school activities for children</td>
<td>Recycle of food and other products</td>
<td>Community involvement with affordable housing</td>
<td>Encourage local doctors to make house calls to shut ins</td>
<td>Coordinate between sub use provider and legal system</td>
<td>Senior home care advocacy</td>
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<tr>
<td>Life skills development</td>
<td>Free recreation activities for all children</td>
<td>Access to healthy recipes</td>
<td>Public awareness of homeless</td>
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<tr>
<td>Opportunities for spiritual growth</td>
<td>Make immunization mandatory</td>
<td>Offer free healthy lifestyle classes</td>
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<tr>
<td>Support versus enabling</td>
<td>Bring local foods into schools</td>
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<tr>
<td>Encourage community volunteering</td>
<td>Offer healthy lifestyles in schools to youth</td>
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<tr>
<td>Access to budgeting programs</td>
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</tbody>
</table>
What can we do here in Presque Isle to move closer to our vision of a healthy community?

<table>
<thead>
<tr>
<th>Continuously involve community</th>
<th>Intentionally initiate collaboration</th>
<th>Continuously provide support to local citizens</th>
<th>Boldly assure access to health care</th>
<th>Enthusiastically market opportunities</th>
<th>Officially seek political voice</th>
<th>Strategically offer training</th>
<th>Strategically increase access to local food</th>
<th>Thoroughly offer health and wellness options at schools</th>
<th>Considerably enhance transportation options</th>
<th>Enthusiastically create healthy activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating free/affordable activities for families</td>
<td>Collaboration of community to achieve more with less</td>
<td>Informal support—people to people</td>
<td>Physician recruitment</td>
<td>Job fairs and health fairs</td>
<td>Economic Development Committee, partnerships for business</td>
<td>Childhood educational programs and sessions</td>
<td>Utilize local produce/farmers for local eateries</td>
<td>Tip of the Week in Friday Folders</td>
<td>Better availability of public transportation</td>
<td>After school activities for young people not involved in sports</td>
</tr>
<tr>
<td>Schools more than education institution—community center</td>
<td>Need/identify community champion</td>
<td>Support for family caregivers—training, respite and support</td>
<td>Urgent care</td>
<td>Lifting stigma for utilizing resources (re-marketing)</td>
<td>More citizens involved in decision-making groups</td>
<td>Trauma-informed training</td>
<td>More technical help for local farmers to accept Bridge Cards</td>
<td>Healthy eating programs in schools</td>
<td>Affordable transportation outside city limits</td>
<td>Activities that involve parents and multi-generations</td>
</tr>
<tr>
<td>Affordable exercise and wellness programs</td>
<td>Make resources readily available</td>
<td>Affordable assisted living</td>
<td>Better access to mental health services in schools</td>
<td>Health care facilities meet and greet</td>
<td>Support from local officials and legislators</td>
<td>Youth mental health first aid training</td>
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<tr>
<td>Family friendly events</td>
<td>Collaborate with other agencies</td>
<td>Educational navigators (volunteers) for community resources</td>
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<tr>
<td>Promote community activities</td>
<td>More cooperation between school systems; share resources</td>
<td>Affordable housing for low income</td>
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<tr>
<td>Be active in the community</td>
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</table>
Q1 Please check the THREE most important factors needed for a healthy community.
Answered: 1,217 Skipped: 3

<table>
<thead>
<tr>
<th>Factor</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to affordable healthy foods</td>
<td>33.61%</td>
</tr>
<tr>
<td>Access to health care, including primary care, specialty care, behavioral health services and dental care</td>
<td>68.28%</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>27.03%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>10.93%</td>
</tr>
<tr>
<td>Community involvement</td>
<td>5.01%</td>
</tr>
<tr>
<td>Good jobs and healthy economy</td>
<td>49.79%</td>
</tr>
<tr>
<td>Good schools/high value on education</td>
<td>28.18%</td>
</tr>
<tr>
<td>Healthy lifestyles</td>
<td>17.83%</td>
</tr>
<tr>
<td>Low levels of child abuse</td>
<td>6.98%</td>
</tr>
<tr>
<td>Opportunities for social/emotional support</td>
<td>8.55%</td>
</tr>
<tr>
<td>Parks and recreation/access to physical activity</td>
<td>10.27%</td>
</tr>
<tr>
<td>Safe neighborhoods</td>
<td>14.71%</td>
</tr>
<tr>
<td>Strong family life</td>
<td>21.04%</td>
</tr>
</tbody>
</table>

Total Respondents: 1,217
Q2 Please check the THREE most important community health problems in your county.
Answered: 1,215 Skipped: 5

- Aging problems
- Chronic diseases
- Chronic pain
- Homelessness
- Infectious disease
- Injury/trauma
- Lack of access to affordable healthy food
- Lack of access to primary care
- Lack of affordable housing
- Lack of physical activity
- Mental health issues
- Overweight and obesity
- Rape/sexual assault
- Sexually transmitted diseases
- Substance abuse
- Suicide
- Teenage pregnancy
- Tobacco and e-cigarette use
- Unsafe home environment
<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging problems (arthritis, hearing loss/vision loss)</td>
<td>14.57%</td>
</tr>
<tr>
<td>Chronic diseases (heart disease, cancer, diabetes, COPD, stroke)</td>
<td>33.09%</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>4.77%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>9.05%</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>1.07%</td>
</tr>
<tr>
<td>Injury/trauma</td>
<td>1.56%</td>
</tr>
<tr>
<td>Lack of access to affordable, healthy food</td>
<td>15.97%</td>
</tr>
<tr>
<td>Lack of access to primary care, specialty care, behavioral health services or dental care</td>
<td>23.37%</td>
</tr>
<tr>
<td>Lack of affordable housing</td>
<td>24.44%</td>
</tr>
<tr>
<td>Lack of physical activity</td>
<td>15.06%</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>26.42%</td>
</tr>
<tr>
<td>Overweight and obesity</td>
<td>41.07%</td>
</tr>
<tr>
<td>Rape/sexual assault</td>
<td>1.32%</td>
</tr>
<tr>
<td>Sexually transmitted diseases</td>
<td>1.15%</td>
</tr>
<tr>
<td>Substance abuse (alcohol, illegal drugs, prescription drugs)</td>
<td>48.15%</td>
</tr>
<tr>
<td>Suicide</td>
<td>2.72%</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>7.08%</td>
</tr>
<tr>
<td>Tobacco and e-cigarette use</td>
<td>13.17%</td>
</tr>
<tr>
<td>Unsafe home environment (child abuse and neglect and domestic violence)</td>
<td>11.85%</td>
</tr>
</tbody>
</table>

Total Respondents: 1,215
Q3 Please check all the problems adults, older adults, and children in your family are having in getting health care services.
Answered: 1,002    Skipped: 218

- Cannot afford visits to doctor or hospital
- Cannot find doctor to take me as a patient
- Difficult to set appointments.
- Do not know where to go
- ER waiting time
- Finding a behavioral health provider
Finding a dentist
Finding a doctor
Getting pregnancy care
Getting specialist care
Health insurance coverage is limited
Health insurance does not cover behavioral health
Health insurance does not cover dental
Health insurance does not cover medications

Health insurance has high deductibles

Lack of health insurance

Physician dropped me as a patient for missed appointments

Too busy to get to doctor

Transportation issues

Adults  Older adults  Children
<table>
<thead>
<tr>
<th>Issue</th>
<th>Adults</th>
<th>Older adults</th>
<th>Children</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot afford visits to doctor, clinic, and/or hospital</td>
<td>81.84%</td>
<td>38.29%</td>
<td>26.04%</td>
<td>457</td>
</tr>
<tr>
<td>Cannot find doctor to take me as a patient</td>
<td>73.15%</td>
<td>44.36%</td>
<td>32.68%</td>
<td>257</td>
</tr>
<tr>
<td>Difficult to set appointments</td>
<td>83.14%</td>
<td>32.57%</td>
<td>37.71%</td>
<td>350</td>
</tr>
<tr>
<td>Do not know where to go for health care</td>
<td>71.76%</td>
<td>47.65%</td>
<td>27.65%</td>
<td>170</td>
</tr>
<tr>
<td>ER waiting time</td>
<td>86.74%</td>
<td>56.27%</td>
<td>60.93%</td>
<td>279</td>
</tr>
<tr>
<td>Finding a behavioral health provider</td>
<td>79.34%</td>
<td>42.07%</td>
<td>53.87%</td>
<td>271</td>
</tr>
<tr>
<td>Finding a dentist</td>
<td>73.08%</td>
<td>39.10%</td>
<td>37.18%</td>
<td>156</td>
</tr>
<tr>
<td>Finding a doctor</td>
<td>80.60%</td>
<td>42.29%</td>
<td>36.82%</td>
<td>201</td>
</tr>
<tr>
<td>Getting pregnancy care</td>
<td>89.04%</td>
<td>16.44%</td>
<td>15.07%</td>
<td>73</td>
</tr>
<tr>
<td>Getting specialist care</td>
<td>80.81%</td>
<td>46.86%</td>
<td>43.17%</td>
<td>271</td>
</tr>
<tr>
<td>Health insurance coverage is limited</td>
<td>85.12%</td>
<td>43.72%</td>
<td>38.14%</td>
<td>430</td>
</tr>
<tr>
<td>Health insurance does not cover behavioral health services</td>
<td>86.89%</td>
<td>53.88%</td>
<td>52.91%</td>
<td>206</td>
</tr>
<tr>
<td>Health insurance does not cover dental services</td>
<td>81.82%</td>
<td>45.78%</td>
<td>36.36%</td>
<td>308</td>
</tr>
<tr>
<td>Health insurance does not cover medications</td>
<td>77.73%</td>
<td>61.33%</td>
<td>34.77%</td>
<td>256</td>
</tr>
<tr>
<td>Health insurance has high deductibles and/or copays</td>
<td>91.31%</td>
<td>42.02%</td>
<td>36.17%</td>
<td>564</td>
</tr>
<tr>
<td>Lack of health insurance</td>
<td>81.60%</td>
<td>39.20%</td>
<td>33.60%</td>
<td>250</td>
</tr>
<tr>
<td>Physician dropped me as a patient for missing appointments</td>
<td>83.75%</td>
<td>41.25%</td>
<td>27.50%</td>
<td>80</td>
</tr>
<tr>
<td>Too busy to get to doctor</td>
<td>91.74%</td>
<td>23.91%</td>
<td>22.17%</td>
<td>230</td>
</tr>
<tr>
<td>Transportation issues</td>
<td>63.79%</td>
<td>75.86%</td>
<td>39.08%</td>
<td>174</td>
</tr>
</tbody>
</table>
Q4 Have you or any member of your immediate family ever been told by a doctor or other health professional that you have any of the following? Check all that apply.
Answered: 1,064    Skipped: 156

- Alcoholism or other addiction
- Arthritis
- Asthma
- Cancer
- Chronic pain
- Dental health problems
- Diabetes/prediabetes
- Hearing problems
- Heart disease/heart...
<table>
<thead>
<tr>
<th>Condition</th>
<th>You</th>
<th>Member of your immediate family</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism or other addiction</td>
<td>9.47%</td>
<td>94.21%</td>
<td>190</td>
</tr>
<tr>
<td>Arthritis</td>
<td>56.52%</td>
<td>63.56%</td>
<td>483</td>
</tr>
<tr>
<td>Asthma</td>
<td>47.02%</td>
<td>63.10%</td>
<td>336</td>
</tr>
<tr>
<td>Cancer</td>
<td>20.83%</td>
<td>83.04%</td>
<td>336</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>44.65%</td>
<td>71.56%</td>
<td>327</td>
</tr>
<tr>
<td>Dental health problems</td>
<td>45.96%</td>
<td>77.02%</td>
<td>322</td>
</tr>
<tr>
<td>Diabetes/prediabetes</td>
<td>28.80%</td>
<td>79.58%</td>
<td>382</td>
</tr>
<tr>
<td>Hearing problems</td>
<td>22.67%</td>
<td>82.67%</td>
<td>300</td>
</tr>
<tr>
<td>Heart disease/heart attack</td>
<td>11.88%</td>
<td>90.43%</td>
<td>303</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>42.37%</td>
<td>76.73%</td>
<td>649</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>44.26%</td>
<td>71.56%</td>
<td>531</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>11.27%</td>
<td>88.73%</td>
<td>71</td>
</tr>
<tr>
<td>Lung disease/COPD</td>
<td>17.36%</td>
<td>88.19%</td>
<td>144</td>
</tr>
<tr>
<td>Overweight/Obese</td>
<td>69.75%</td>
<td>65.30%</td>
<td>562</td>
</tr>
<tr>
<td>Stroke</td>
<td>12.32%</td>
<td>88.41%</td>
<td>138</td>
</tr>
</tbody>
</table>
How long has it been since your most recent visit/care experience?

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 month</td>
<td>27.72%</td>
</tr>
<tr>
<td>At least 1 month but less than 3 months</td>
<td>25.71%</td>
</tr>
<tr>
<td>At least 3 months but less than 6 months</td>
<td>15.56%</td>
</tr>
<tr>
<td>At least 6 months but less than 12 months</td>
<td>21.06%</td>
</tr>
<tr>
<td>12 months or more</td>
<td>9.95%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>945</strong></td>
</tr>
</tbody>
</table>
Q6 Where was your most recent visit/care experience?
Answered: 903  Skipped: 317

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/Family Physician</td>
<td>78.07% 705</td>
</tr>
<tr>
<td>Specialist</td>
<td>23.81% 215</td>
</tr>
<tr>
<td>Health Department</td>
<td>1.11% 10</td>
</tr>
</tbody>
</table>

Total Respondents: 903
Q7  How many visits have you had with this provider?
Answered: 941   Skipped: 279

This was the first visit 12.54%  118
2-4 visits 31.35%  295
5 or more visits 56.11%  528
Total 941
Q8 Do you have a primary care/family physician?
Answered: 945  Skipped: 275

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>91.75%</td>
</tr>
<tr>
<td>No</td>
<td>6.67%</td>
</tr>
<tr>
<td>Uncertain</td>
<td>1.59%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
Q9 Following is a series of characteristics which may describe your health care visit. Please indicate how important the characteristic is to you.
Answered: 944    Skipped: 276

<table>
<thead>
<tr>
<th>Health Care Provider expresses understanding of my values</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Neither Important nor Unimportant</th>
<th>Somewhat Unimportant</th>
<th>Very Unimportant</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>77.81% Health Care Provider/Physician expresses understanding of my personal values when considering my care decisions</td>
<td>773</td>
<td>18.68%</td>
<td>2.65%</td>
<td>0.21%</td>
<td>0.64%</td>
<td>942</td>
<td>1.27</td>
</tr>
<tr>
<td>86.53% Health Care Provider/Physician shows respect for my opinions</td>
<td>816</td>
<td>11.66%</td>
<td>1.17%</td>
<td>0.32%</td>
<td>0.32%</td>
<td>943</td>
<td>1.16</td>
</tr>
<tr>
<td>92.77% Health Care Provider/Physician helps me to understand options available for treatment</td>
<td>873</td>
<td>6.27%</td>
<td>0.43%</td>
<td>0.21%</td>
<td>0.32%</td>
<td>941</td>
<td>1.09</td>
</tr>
<tr>
<td>91.19% Health Care Provider/Physician involves me in decision-making about my care</td>
<td>859</td>
<td>7.64%</td>
<td>0.64%</td>
<td>0.21%</td>
<td>0.32%</td>
<td>942</td>
<td>1.11</td>
</tr>
<tr>
<td>91.63% Health Care Provider/Physician spends enough time with me to discuss options and questions</td>
<td>865</td>
<td>7.52%</td>
<td>0.21%</td>
<td>0.21%</td>
<td>0.42%</td>
<td>944</td>
<td>1.10</td>
</tr>
</tbody>
</table>
Q10 How would you rate your most recent visit/care experience with regard to each characteristic?

Answered: 939    Skipped: 281

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Provider expresses understanding of my values</td>
<td>60.66%</td>
<td>24.41%</td>
<td>12.69%</td>
<td>1.60%</td>
<td>0.64%</td>
<td>938</td>
<td>1.57</td>
</tr>
<tr>
<td>Health Care Provider shows respect for my opinions</td>
<td>63.79%</td>
<td>23.22%</td>
<td>9.69%</td>
<td>2.56%</td>
<td>0.75%</td>
<td>939</td>
<td>1.53</td>
</tr>
<tr>
<td>Health Care Provider helps me understand option</td>
<td>62.47%</td>
<td>24.73%</td>
<td>10.13%</td>
<td>1.92%</td>
<td>0.75%</td>
<td>938</td>
<td>1.54</td>
</tr>
<tr>
<td>Health Care Provider involves me in decision-making</td>
<td>64.74%</td>
<td>22.76%</td>
<td>9.83%</td>
<td>1.92%</td>
<td>0.75%</td>
<td>936</td>
<td>1.51</td>
</tr>
<tr>
<td>Health Care Provider spends enough time with me to discuss options and questions</td>
<td>63.82%</td>
<td>20.38%</td>
<td>11.95%</td>
<td>2.24%</td>
<td>1.60%</td>
<td>937</td>
<td>1.57</td>
</tr>
</tbody>
</table>
Please consider your most recent health care visit/experience. Then, for each of the following statements, rate your level of agreement with how each statement reflects that most recent experience with the Health Care Provider/Physician.

Answered: 936    Skipped: 284

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Provider demonstrated knowledge of my medical history</td>
<td>63.14%</td>
<td>25.53%</td>
<td>6.84%</td>
<td>2.56%</td>
<td>1.50%</td>
<td>0.43%</td>
<td>936</td>
<td>1.53</td>
</tr>
<tr>
<td>Health Care Provider expressed understanding of my personal situation when considering my care decisions</td>
<td>65.92%</td>
<td>22.22%</td>
<td>7.91%</td>
<td>2.14%</td>
<td>1.18%</td>
<td>0.64%</td>
<td>936</td>
<td>1.49</td>
</tr>
<tr>
<td>Health Care Provider asked questions of me regarding my preferences</td>
<td>65.67%</td>
<td>21.28%</td>
<td>7.70%</td>
<td>3.64%</td>
<td>1.50%</td>
<td>0.21%</td>
<td>935</td>
<td>1.54</td>
</tr>
<tr>
<td>Health Care Provider listened to me carefully</td>
<td>69.55%</td>
<td>20.62%</td>
<td>6.30%</td>
<td>1.60%</td>
<td>1.71%</td>
<td>0.21%</td>
<td>936</td>
<td>1.45</td>
</tr>
<tr>
<td>Health Care Provider explained things in a way that was easy to understand</td>
<td>76.55%</td>
<td>18.31%</td>
<td>3.64%</td>
<td>1.18%</td>
<td>0.32%</td>
<td>0.00%</td>
<td>934</td>
<td>1.30</td>
</tr>
</tbody>
</table>
Q12 Again, please consider your most recent health care visit/experience. Then, for each of the following statements, rate your level of agreement with how each statement reflects that most recent experience with the Staff/Care Team.

Answered: 936    Skipped: 284

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff at the provider's office treated me with courtesy and respect</td>
<td>71.90%</td>
<td>19.87%</td>
<td>4.38%</td>
<td>2.46%</td>
<td>1.18%</td>
<td>0.21%</td>
<td>936</td>
<td>1.41</td>
</tr>
<tr>
<td>Staff explained things in a way easy to understand</td>
<td>69.12%</td>
<td>20.99%</td>
<td>6.41%</td>
<td>1.28%</td>
<td>0.96%</td>
<td>2.14%</td>
<td>936</td>
<td>1.41</td>
</tr>
<tr>
<td>Staff kept me informed of delays</td>
<td>45.55%</td>
<td>16.61%</td>
<td>14.04%</td>
<td>6.22%</td>
<td>3.75%</td>
<td>13.83%</td>
<td>933</td>
<td>1.91</td>
</tr>
<tr>
<td>Staff followed up with me in a timely manner when I contacted the provider's office with questions and/or concerns</td>
<td>46.36%</td>
<td>18.95%</td>
<td>9.21%</td>
<td>6.75%</td>
<td>3.53%</td>
<td>15.20%</td>
<td>934</td>
<td>1.85</td>
</tr>
<tr>
<td>Staff are accessible during the standard lunch hour (12pm-1pm)</td>
<td>27.07%</td>
<td>15.04%</td>
<td>20.62%</td>
<td>6.55%</td>
<td>10.63%</td>
<td>20.09%</td>
<td>931</td>
<td>2.48</td>
</tr>
<tr>
<td>The care team (Physician, Nurse, Physician's Assistant) demonstrated that my health information was shared among members of the team</td>
<td>38.84%</td>
<td>20.49%</td>
<td>23.61%</td>
<td>3.97%</td>
<td>2.79%</td>
<td>10.30%</td>
<td>932</td>
<td>2.01</td>
</tr>
</tbody>
</table>
Q13 Please indicate how much you feel each of the following is a barrier to getting the health care that you need, or makes it more difficult. 
Answered: 1,165  Skipped: 55

<table>
<thead>
<tr>
<th></th>
<th>Major Barrier</th>
<th>Minor Barrier</th>
<th>Not a Barrier</th>
<th>NA</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of information on area health care resources</td>
<td>8.65%</td>
<td>30.51%</td>
<td>53.97%</td>
<td>6.87%</td>
<td>1,121</td>
<td>2.59</td>
</tr>
<tr>
<td>Availability of information on cost of health care services</td>
<td>25.49%</td>
<td>38.10%</td>
<td>30.73%</td>
<td>5.68%</td>
<td>1,126</td>
<td>2.17</td>
</tr>
<tr>
<td>Coordination of resources among services and providers</td>
<td>17.08%</td>
<td>37.21%</td>
<td>38.55%</td>
<td>7.16%</td>
<td>1,118</td>
<td>2.36</td>
</tr>
<tr>
<td>Access to affordable health care</td>
<td>26.95%</td>
<td>30.23%</td>
<td>37.23%</td>
<td>5.59%</td>
<td>1,128</td>
<td>2.21</td>
</tr>
<tr>
<td>Access to holistic treatment options</td>
<td>19.64%</td>
<td>23.14%</td>
<td>34.35%</td>
<td>22.87%</td>
<td>1,115</td>
<td>2.60</td>
</tr>
<tr>
<td>Availability of transportation</td>
<td>8.36%</td>
<td>9.98%</td>
<td>62.86%</td>
<td>18.79%</td>
<td>1,112</td>
<td>2.92</td>
</tr>
<tr>
<td>Availability of child care</td>
<td>9.07%</td>
<td>10.23%</td>
<td>40.31%</td>
<td>40.39%</td>
<td>1,114</td>
<td>3.12</td>
</tr>
<tr>
<td>Ability to contact (no telephone)</td>
<td>2.71%</td>
<td>7.85%</td>
<td>61.73%</td>
<td>27.71%</td>
<td>1,108</td>
<td>3.14</td>
</tr>
<tr>
<td>Ability to take time off work for appointment/care</td>
<td>18.80%</td>
<td>31.60%</td>
<td>39.36%</td>
<td>10.24%</td>
<td>1,133</td>
<td>2.41</td>
</tr>
</tbody>
</table>
Q14 Where do you get health information?
Answered: 1,208   Skipped: 12

- Doctor or health clinic
- Family or friends
- Health Department
- Internet
- Newspapers or magazines
- Radio
- Television

[Graph showing the percentage of respondents who get health information from different sources.]

0%  10%  20%  30%  40%  50%  60%  70%  80%  90%  100%
Yes  Sometimes  No
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor or health clinic</td>
<td>79.15%</td>
<td>19.77%</td>
<td>1.09%</td>
<td>1,194</td>
</tr>
<tr>
<td></td>
<td>945</td>
<td>236</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Family or friends</td>
<td>29.14%</td>
<td>51.73%</td>
<td>19.13%</td>
<td>1,129</td>
</tr>
<tr>
<td></td>
<td>329</td>
<td>584</td>
<td>216</td>
<td></td>
</tr>
<tr>
<td>Health Department</td>
<td>20.64%</td>
<td>28.60%</td>
<td>50.76%</td>
<td>1,119</td>
</tr>
<tr>
<td></td>
<td>231</td>
<td>320</td>
<td>568</td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td>45.37%</td>
<td>45.71%</td>
<td>8.92%</td>
<td>1,155</td>
</tr>
<tr>
<td></td>
<td>524</td>
<td>528</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>Newspapers or magazines</td>
<td>14.68%</td>
<td>42.11%</td>
<td>43.21%</td>
<td>1,097</td>
</tr>
<tr>
<td></td>
<td>161</td>
<td>462</td>
<td>474</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td>8.99%</td>
<td>28.07%</td>
<td>62.94%</td>
<td>1,090</td>
</tr>
<tr>
<td></td>
<td>98</td>
<td>306</td>
<td>686</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>11.11%</td>
<td>36.43%</td>
<td>52.46%</td>
<td>1,098</td>
</tr>
<tr>
<td></td>
<td>122</td>
<td>400</td>
<td>576</td>
<td></td>
</tr>
</tbody>
</table>
Q15 Please tell us about yourself. This anonymous personal health information helps us to plan programs and services where they are needed. In which of the following counties do you live?

Answered: 1,220    Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcona</td>
<td>0.00%</td>
</tr>
<tr>
<td>Alpena</td>
<td>10.98%</td>
</tr>
<tr>
<td>Antrim</td>
<td>5.41%</td>
</tr>
<tr>
<td>Benzie</td>
<td>0.00%</td>
</tr>
<tr>
<td>Charlevoix</td>
<td>17.62%</td>
</tr>
<tr>
<td>Cheboygan</td>
<td>14.67%</td>
</tr>
<tr>
<td>Crawford</td>
<td>0.00%</td>
</tr>
<tr>
<td>Emmet</td>
<td>28.20%</td>
</tr>
<tr>
<td>Montmorency</td>
<td>1.80%</td>
</tr>
<tr>
<td>Newaygo</td>
<td>0.00%</td>
</tr>
<tr>
<td>Oceana</td>
<td>0.00%</td>
</tr>
<tr>
<td>Ogemaw</td>
<td>0.00%</td>
</tr>
<tr>
<td>Oscoda</td>
<td>0.00%</td>
</tr>
<tr>
<td>Otsego</td>
<td>17.79%</td>
</tr>
<tr>
<td>Presque Isle</td>
<td>3.52%</td>
</tr>
</tbody>
</table>
Q16 What is your age?
Answered: 1,199   Skipped: 21

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>7.59%</td>
</tr>
<tr>
<td>25-29</td>
<td>9.01%</td>
</tr>
<tr>
<td>30-34</td>
<td>9.84%</td>
</tr>
<tr>
<td>35-39</td>
<td>9.42%</td>
</tr>
<tr>
<td>40-44</td>
<td>9.76%</td>
</tr>
<tr>
<td>45-49</td>
<td>10.26%</td>
</tr>
<tr>
<td>50-54</td>
<td>15.18%</td>
</tr>
<tr>
<td>55-59</td>
<td>14.76%</td>
</tr>
<tr>
<td>60-64</td>
<td>10.26%</td>
</tr>
<tr>
<td>65-69</td>
<td>2.67%</td>
</tr>
<tr>
<td>70-74</td>
<td>0.83%</td>
</tr>
<tr>
<td>75+</td>
<td>0.42%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
Q17  What is your highest level of education?
Answered: 1,216   Skipped: 4

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th grade or less</td>
<td>0.16%</td>
</tr>
<tr>
<td>Some high school</td>
<td>2.47%</td>
</tr>
<tr>
<td>High school graduate/vocational</td>
<td>13.90%</td>
</tr>
<tr>
<td>Some college</td>
<td>24.34%</td>
</tr>
<tr>
<td>College graduate</td>
<td>42.11%</td>
</tr>
<tr>
<td>Post college/secondary school</td>
<td>17.02%</td>
</tr>
<tr>
<td>Refused (VOLUNTEERED)</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Total 1,216
Q18 What is your annual household income?
Answered: 1,166    Skipped: 54

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>8.32%</td>
</tr>
<tr>
<td>$15,000 - $34,999</td>
<td>21.27%</td>
</tr>
<tr>
<td>$35,000 - $74,999</td>
<td>37.31%</td>
</tr>
<tr>
<td>$75,000 - $99,999</td>
<td>16.64%</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>16.47%</td>
</tr>
<tr>
<td>Total</td>
<td>1,166</td>
</tr>
</tbody>
</table>
Q19 Do you have health insurance?
Answered: 1,208    Skipped: 12

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>95.20%</td>
</tr>
<tr>
<td>No</td>
<td>4.80%</td>
</tr>
<tr>
<td>Total</td>
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</tr>
</tbody>
</table>
### Answer Choices

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>97.35%</td>
<td>1,176</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0.17%</td>
<td>2</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>1.74%</td>
<td>21</td>
</tr>
<tr>
<td>Asian</td>
<td>0.17%</td>
<td>2</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0.08%</td>
<td>1</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>0.66%</td>
<td>8</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1.49%</td>
<td>18</td>
</tr>
</tbody>
</table>

**Total Respondents: 1,208**
Q21 Gender
Answered: 1,213  Skipped: 7

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>12.94%</td>
</tr>
<tr>
<td>Female</td>
<td>87.06%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
Q1 Check the three most important factors needed for a "healthy community."

Answered: 81   Skipped: 0

Access to affordable healthy foods
Access to health care
Affordable housing
Clean environment
Community involvement
Good jobs and healthy economy
Good schools/high value on education
Healthy lifestyles
Low levels of child abuse
Opportunities for social/emotional support
Parks and recreation
Safe neighborhoods
Strong family life

Answer Choices

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to affordable healthy foods</td>
<td>20.99%</td>
</tr>
<tr>
<td>Access to health care, including primary care, specialty care, behavioral health services and dental care</td>
<td>67.90%</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>12.35%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>11.11%</td>
</tr>
<tr>
<td>Community involvement</td>
<td>7.41%</td>
</tr>
<tr>
<td>Good jobs and healthy economy</td>
<td>48.15%</td>
</tr>
<tr>
<td>Good schools/high value on education</td>
<td>40.74%</td>
</tr>
<tr>
<td>Healthy lifestyles</td>
<td>39.51%</td>
</tr>
<tr>
<td>Low levels of child abuse</td>
<td>2.47%</td>
</tr>
<tr>
<td>Opportunities for social and/or emotional support</td>
<td>11.11%</td>
</tr>
<tr>
<td>Parks and recreation/access to physical activity</td>
<td>8.64%</td>
</tr>
<tr>
<td>Safe neighborhoods</td>
<td>9.88%</td>
</tr>
<tr>
<td>Strong family life</td>
<td>17.28%</td>
</tr>
</tbody>
</table>

Total Respondents: 81
Q2 Check the three most important community health problems in the county you live in.

Answered: 81  Skipped: 0

Aging problems
Chronic disease
Chronic pain
Homelessness
Infectious Disease
Injury/trauma
Lack of access to affordable healthy food
Lack of access to primary care
Lack of affordable housing
Lack of physical activity
Mental health issues
Overweight and obesity
Rape/sexual assault
Sexually transmitted disease
Substance abuse
Suicide
Teenage pregnancy
Tobacco use
Unsafe home environments
<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging problems</td>
<td>13.58%</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>24.69%</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>8.64%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>0.00%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>0.00%</td>
</tr>
<tr>
<td>Injury/trauma</td>
<td>2.47%</td>
</tr>
<tr>
<td>Lack of access to affordable healthy food</td>
<td>7.41%</td>
</tr>
<tr>
<td>Lack of access to primary care, specialty care, behavioral health services or dental care</td>
<td>40.74%</td>
</tr>
<tr>
<td>Lack of affordable housing</td>
<td>8.64%</td>
</tr>
<tr>
<td>Lack of physical activity</td>
<td>18.52%</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>45.68%</td>
</tr>
<tr>
<td>Overweight and obesity</td>
<td>56.79%</td>
</tr>
<tr>
<td>Rape/sexual assault</td>
<td>0.00%</td>
</tr>
<tr>
<td>Sexually transmitted diseases</td>
<td>0.00%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>27.16%</td>
</tr>
<tr>
<td>Suicide</td>
<td>1.23%</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>0.00%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>39.51%</td>
</tr>
<tr>
<td>Unsafe home environments (child abuse and neglect/domestic violence)</td>
<td>2.47%</td>
</tr>
</tbody>
</table>

**Total Respondents: 81**
Q3 Which hospital are you primarily affiliated with?

Answered: 81    Skipped: 0

Alpena Regional Hospital
Charlevoix Area Hospital
Gerber Memorial Health
Kalkaska Memorial Health
McLaren Northern Michigan
Mecosta County Medical Center
Memorial Medical Center
Mercy Health Partners
Munson Healthcare Cadillac
Munson Healthcare Grayling
Munson Medical Center
Otsego Memorial Hospital
Paul Oliver Memorial Hospital
St. Joseph Health System
West Branch Regional Medical
West Shore Medical Center
<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpena Regional Medical Center</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Charlevoix Area Hospital</td>
<td>19.75%</td>
<td>16</td>
</tr>
<tr>
<td>Gerber Memorial Health Services</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Kalkaska Memorial Health Center</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>McLaren Northern Michigan</td>
<td>60.49%</td>
<td>49</td>
</tr>
<tr>
<td>Mecosta County Medical Center</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Memorial Medical Center of West Michigan</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Mercy Health Partners, Lakeshore Campus</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Munson Healthcare Cadillac Hospital</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Munson Healthcare Grayling Hospital</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Munson Medical Center</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Otsego Memorial Hospital</td>
<td>19.75%</td>
<td>16</td>
</tr>
<tr>
<td>Paul Oliver Memorial Hospital</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>St. Joseph Health System</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>West Branch Regional Medical Center</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>West Shore Medical Center</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>81</strong></td>
</tr>
</tbody>
</table>
Q4 Where do you live?
Answered: 80    Skipped: 0

- Alcona County
- Alpena County
- Antrim County
- Benzie County
- Charlevoix County
- Cheboygan County
- Crawford County
- Emmet County
- Grand Traverse County
- Iosco County
- Kalkaska County
- Lake County
- Leelanau County
- Manistee County
- Mason County
- Mecosta County
- Missaukee County
- Montmorency County
- Newaygo County
<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcona County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Alpena County</td>
<td>1.25%</td>
</tr>
<tr>
<td>Antrim County</td>
<td>2.50%</td>
</tr>
<tr>
<td>Benzie County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Charlevoix County</td>
<td>26.25%</td>
</tr>
<tr>
<td>Cheboygan County</td>
<td>6.25%</td>
</tr>
<tr>
<td>Crawford County</td>
<td>1.25%</td>
</tr>
<tr>
<td>Emmet County</td>
<td>52.50%</td>
</tr>
<tr>
<td>Grand Traverse County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Iosco County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Kalkaska County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Lake County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Leelanau County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Manistee County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mason County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Missaukee County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Montmorenc County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Newavoo County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Oceana County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Ogemaw County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Oscoda County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Otsego County</td>
<td>10.00%</td>
</tr>
<tr>
<td>Presque Isle County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Roscommon County</td>
<td>0.00%</td>
</tr>
<tr>
<td>Wexford County</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
Q5 Do you practice primary or specialty care?
Answered: 79    Skipped: 2

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>39.24%</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>60.76%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
HEALTH DISPARITIES AND DETERMINANTS OF HEALTH

America benefits when everyone has the opportunity to live a long, healthy and productive life, yet health disparities persist. A health disparity is a difference in health outcomes across subgroups of the population. Health disparities are often to determinants of health—social, economic, or environmental disadvantages, such as less access to good jobs, unsafe neighborhoods, or lack of affordable transportation options. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health on the basis of their racial or ethnic group; religion; socioeconomic status; gender; age, mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location, or other characteristics historically linked to discrimination or exclusion. Many health concerns, such as heart disease, asthma, obesity, diabetes, HIV/AIDS, viral hepatitis B and C, infant mortality, and violence, disproportionately affect certain population. Reducing disparities in health will give everyone a chance to live a healthy life and improve the quality of life for all Americans.

**Key Facts:**

- A variety of health-related hazards are disproportionately found in low-income housing, including mold, allergens, poor indoor air quality, structural deficiencies and lead contamination.
- Work-related factors, including occupational exposures to chemicals, physical overexertion, excessive heat or cold, noise and stress or job strain can create or worsen a variety of health problems, including cancer, COPD, asthma, and heart disease.
- A person’s decisions are influenced by how choices are presented. For example, presenting fruit in a more attractive way to school children can more than double the amount of fruit they purchase.
- On average, adults with serious mental illness die 25 earlier than their peers, largely due to preventable health conditions.
- More than 80 million in the US do not have access to fluoridated water. Fluoridated water reduces tooth decay by 25% in children and adults. For every $1 spent on fluoridation saves more than $40 in dental treatment costs.
- Lesbian, gay, bisexual and transgender individuals may be at increased risk for health risk behaviors. However, only a limited number of reports include information on sexual orientation.

**Rurality**

Rural Americans are a population group that experiences significant health disparities, such as higher incidence of disease and disability, increased mortality rates and lower life expectancy, and higher rates of pain and suffering. Social determinants of health in rural areas include geographic isolation, lower socio-economic status, higher rates of health risk behaviors, and limited job opportunities. 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.

**Education and Income**

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

**Home, School and the Workplace**

The burden of chronic disease is disproportionately distributed across the population. There are significant disparities based on gender, age, race/ethnicity, geographic area and socioeconomic status. Disease does not occur in isolation, and chronic disease in no exception. Chronic disease is significantly influenced by the physical, social and political environment, including maternal and child health, access to educational opportunities, availability of healthy foods, physical education and extracurricular activities in schools, access to healthy foods, quality of working conditions and worksite health, available of community support and resources and access to affordable, quality health care.

Narrative adapted from Healthy People 2020 and the National Prevention Strategy
HIGHLIGHTS FROM THE 2015 COMMUNITY HEALTH ASSESSMENT
Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Montmorency, Otsego, and Presque Isle counties

Tip of the Mitt Data

Rurality: The US Census Bureau designates all 8 tip of the mitt counties as “rural”. Overall, there are 23.6 persons per square mile living in the region; statewide, there are 174.8 persons per square mile.

Ethnicity/Race: Population (183,997) is predominantly white; largest minority groups are Native Americans and Hispanic/Latino.

Age: 36,314 residents of the 8-county region are age 0-17 (20%) and 147,683 are 18+. With 20% of the population age 65+ in Northwest counties and 24% in Northeast counties, age skews older, when compared to the State (15%) and the segment is growing faster.

Education: Graduation rates in the 8 counties exceed State (79%) except in Alpena (73%) and range up to 92% in Presque Isle County. The proportion of the population who has earned at least a Bachelor degree ranges from 10% in Montmorency County to 32% in Emmet County. Montmorency (10%), Alpena (16%), Cheboygan (16%), Presque Isle (16%), Otsego (20%) and Antrim (24%) are below State (26%).

Housing: The proportion of renters who spend 30% or more of household income on rent ranges from 40% in Presque Isle County to 69% in Montmorency County. Rates for Antrim (58%) and Montmorency (69%) are above State rate (55%).

Income: Median household income ranges from $42,632 in Montmorency County to $61,664 in Emmet County, hovering at or exceeding State ($48,411) in all but Montmorency ($42,632) and Cheboygan ($46,010) and Presque Isle ($46,601).

Poverty: The proportion of families who live below the Federal Poverty Level ranges from 7% in Emmet County to 13% in Alpena and Cheboygan counties, which slightly exceed State rate (12%).

Community Conversations

117 community members and representatives from local health departments, hospitals and other health care providers, social service agencies, schools, business, and government participated in a Community Conversation. Their answers to the question “What can we do here in this county to move closer to our vision of a healthy community?” included many issues related to determinants of health, such as attracting economic growth and increasing options for affordable housing, transportation, and childcare, increasing law enforcement in high crime areas.

<table>
<thead>
<tr>
<th>Alpena</th>
<th>Antrim</th>
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What Matters to You? Survey N=1,220

The most important factors needed for a healthy community according to community survey respondents are, in rank order: 1) access to health care; 2) good jobs and healthy economy; 3) access to affordable healthy foods; 4) good schools/high value on education; and 5) affordable housing. The most important community health problems in their county were: 1) substance use; 2) overweight and obesity; 3) chronic disease; 4) mental health issues; 5) lack of affordable housing. Many survey respondents noted they cannot afford health care services (81%) and transportation is a barrier to getting to appointments (63%).

Health Care Provider Survey N=126

Physicians, nurse practitioners and physician assistants ranked access to health care, good jobs/healthy economy, healthy lifestyles, good schools/high value on education, and access to affordable healthy foods as the top factors needed for a healthy community. The top community health problems in their counties were: obesity and overweight, mental health issues, lack of access to care, and tobacco use.
ISSUE BRIEF: ACCESS TO HEALTH CARE

Access to health services is important at every age. Having both a primary care provider and medical insurance can prevent illness by improving access to a range of recommended preventive services across the lifespan, from childhood vaccinations to screening tests for cancer and chronic diseases, such as diabetes and heart disease. Having a primary care provider and medical insurance also plays a vital role in finding health problems in their earliest, most treatable stages, and managing a person through the course of the disease. Lacking access to health services—even for just a short period—can lead to poor health outcomes over time.

Key Facts:

- Almost 1 in 4 Americans do not have a regular primary care provider or health center where they can receive routine medical services
- Less than half of older adults are up-to-date on a core set of clinical preventive services, including cancer screenings and immunizations
- Less than half of Americans with hypertension have adequately controlled blood pressure and only one-third with high cholesterol have it adequately controlled. Improving control is one of the most effective ways to prevent heart disease and stroke
- Colorectal cancer is the second leading cause of death in the U.S. Some estimates suggest that if screening implemented at recommended levels, more than 18,000 lives could be saved each year
- Each year, asthma costs the U.S about $3.30 per person in medical expenses, missed school/work days and early deaths
- Community programs that teach people how to manage their diabetes can help prevent short- and long-term health conditions, enhance quality of life, and contain healthcare costs
- More than 80 million people in the US do not have fluoridated water, which reduces tooth decay by 25% in children and adults. Every dollar spent on fluoridation saves more than $40 in dental treatment costs
- Nationally, only 44.5% (age-adjusted) of people age 2 and older had a dental visit in the past 12 months, a rate that has remained unchanged for the past decade

Health Insurance

People without medical insurance are more likely to lack a usual source of medical care, and are more likely to skip routine medical care due to cost, increasing their risk for serious and disabling health conditions. When the do access health services, they are often burdened with large medical bills and out-of-pocket expenses.

Regular Source of Medical Care

Access to health services affects a person’s health and well-being. Regular and reliable access to health services can prevent disease and disability, detect and treat illnesses or other health conditions, increase quality of life, reduce the likelihood of premature death and increase life expectancy. Primary care providers play an important role in protecting the health and safety of the communities they serve. They can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual primary care provider is associated with greater patient trust in the provider, good patient-provider communication and increased likelihood that patients will receive appropriate care.

Clinical/Community Preventive Services

Clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing death and disability and improving the Nation’s health. These services both prevent and detect illnesses and diseases—from flu to cancer—in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs. They can be supported and reinforced by community-based prevention, policies, and programs. Community programs can also play a role in promoting the use of clinical preventive services and assessing clients in overcoming barriers to transportation, child care and navigating resources.

Social Determinants of Health

One of the barriers to accessing to health care is the high cost of medical insurance, deductibles and co-pays. A lack of medical services in some communities, coupled with a shortage of primary care providers, also negatively affects people’s ability to access health services. Living in a rural area itself is a determinant health. Geographic isolation, fewer transportation options and limited resources compound access barriers.

Adapted from Healthy People 2020 and the National Prevention Strategy
HIGHLIGHTS FROM THE 2015 COMMUNITY HEALTH ASSESSMENT
Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Montmorency, Otsego, and Presque Isle counties

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<tr>
<th>Tip of the Mitt Data</th>
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<tr>
<td><strong>Health Professions Shortage Areas:</strong> There are Health Professions Shortage Areas designated in Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Montmorency, Otsego and Presque Isle counties for primary care, behavioral health, and/or dental care.</td>
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<tr>
<td><strong>Primary Care Provider Rate:</strong> Five counties have provider to population ratios considerably below State rate (80 per 100,000): Presque Isle (15); Antrim (34); Cheboygan (62) Montmorency (63); and Otsego (67). Unsurprisingly, counties where hospitals are located, and medical practices are concentrated, have higher rates: 86 per 100,000 in Alpena County, 96 per 100,000 in Charlevoix County, and 134 per 100,000 in Emmet County.</td>
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<td><strong>Health Insurance:</strong> Most recent data (2013) for rates of insured for the overall adult population range from 80% in Montmorency County to 84% in Otsego County. However, with the implementation of the Affordable Care Act, the federal Health Insurance Marketplace opened late in 2012 and was soon followed by the State’s Healthy Michigan Plan. As of April 2015, virtually 100% of eligible adults from the 8-county region were enrolled in one of these programs. The proportion of children covered by any insurance ranges hovers at 94-95% in all eight counties, slightly below State rate of 96%.</td>
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<tr>
<th>Community Conversations</th>
<th>Major Forces of Change</th>
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<tr>
<td>117 community members and representatives from local health departments, hospitals and other health care providers, social service agencies, schools, business, and government participated in a Community Conversation to answer the question, “What can we do here in this county to move closer to our vision of a healthy community?” Improving access to health care—including primary care, behavioral health, and/or oral health care, was identified as an action in the following counties:</td>
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<td><strong>Affordable Care Act (ACA)</strong></td>
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<td>Implemented in 2013, the ACA represents the largest overhaul of the U.S. healthcare system since the enactment of Medicare and Medicaid in 1965. It introduced mechanisms like mandates, subsidies and insurance exchanges. The law requires insurance companies to cover all applicants within new minimum standards and offer the same rates regardless of pre-existing conditions or sex.</td>
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<td><strong>Enroll Northern Michigan</strong></td>
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<td>Enroll Northern Michigan is a very successful collaborative initiative of health departments, hospitals, federally-qualified health centers, community mental health agencies and other community partners from across the tip of the mitt region. Led by the Health Department of Northwest Michigan with funding from the Northern Health Plan to enroll eligible adults in the ACA: Healthy Michigan Plan or the Health Insurance Marketplace.</td>
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<tr>
<td><strong>Mi-Connect</strong></td>
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<td>Mi-Connect is led by Alcona Health Centers, a system of federally-qualified health centers. The initiative is designed to increase integration of primary care and behavioral health and increase access to oral health care across an 11-county region.</td>
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<th>What Matters to You? Survey N=1,220</th>
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<tr>
<td>Access to health care was the #1 factor needed for a healthy community in the Community Survey, with 69% identifying access to primary care, specialty care, behavioral health and dental care as a top factor. They ranked access to care 6th as a need in their county, after substance use, overweight and obesity, chronic disease mental health issues, and affordable housing.</td>
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<tr>
<th>Health Care Provider Survey N=126</th>
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<tr>
<td>Similarly, 69% of physicians, nurse practitioners and physician assistants identified access to health care as a top factor, ranking it #1 in the Health Care Provider Survey. Regarding local community health problems, they ranked access to health care third, following overweight/obesity and mental health issues.</td>
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ISSUE BRIEF: CHRONIC DISEASE

Chronic disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. Heart disease, stroke, cancer, diabetes, obesity and arthritis, are among the most common and preventable of all health problems. Seven of the top 10 causes of death in the US are chronic disease and two—heart disease and cancer—together account for nearly 48% of all deaths. The risk of Americans developing and dying from chronic disease would be substantially reduced if major improvements were made in the US population in diet and physical activity, control of high blood pressure and cholesterol, and smoking cessation.

Key Facts:
- About ⅛ of adults in the US—117 million people—have 1+ chronic conditions. 1 in 4 adults have 2+ chronic conditions
- Leading causes of death in the US are heart disease, cancer and stroke
- High blood pressure affects 1 in 3 adults and more than ⅛ of Americans with high blood pressure do not have it under control.
- Arthritis is the most common cause of disability. Of the 53 million adults with a diagnosis of arthritis, 22 million say they have trouble with their usual activities because of the disease
- Diabetes is the leading cause of kidney failure, lower-limb amputations other than those caused by injury, and new cases of blindness in adults.
- Obesity is a serious concern. More than 1/3 of adults are obese (BMI ≥30 kg/m²). Nearly 1 in 5 youth age 2-19 are obese (BMI ≥95th percentile)
- Fewer than 15% of adults and 10% of adolescents eat recommended amounts of fruits and vegetables each day
- Most Americans consume more than 2x the recommended average daily sodium level. Nearly 80% of sodium is consumed from packaged, processed, and restaurant food.
- At least 40% of adults and 80% of adolescents do not meet the Physical Activity Guidelines for Americans
- Only 13% of children walk or bike to school, compared to 44% a generation ago
- The average 8- to 18-year-old is exposed to nearly 7.5 hours of passive screen time (TVs, smart phones, computers, video games, etc) every day

Healthy Eating

Healthy eating can help reduce people’s risk for heart disease, high blood pressure, diabetes, osteoporosis and several types of cancer, as well as help maintain a healthy body weight. As described in the Dietary Guidelines for Americans, eating healthy means consuming a variety of nutritious foods and beverages, especially vegetables, fruits, fat-free dairy products and whole grains; limiting intake of saturated fats, added sugars, and sodium; keeping trans fat intake as low as possible and balancing caloric intake with calories burned to manage body weight. Safe eating means ensuring that food is free from harmful contaminants, such as bacteria and viruses.

Physical Activity

Engaging in regular physical activity is one of the most important things people of all ages can do to improve their health. Physical activity strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight or reduce weight if overweight or obese. Even people who do not lose weight gain substantial benefits from regular physical activity, including lower rates of high blood pressure, diabetes, and cancer. Healthy physical activity includes aerobic activity, muscle-strengthening activities and activities to increase balance and flexibility. As described by the Physical Activity Guidelines for Americans, adults should engage in at least 150 minutes of moderate-intensity activity each week, and children and teenagers should engage in at least one hour of activity per day.

Social Determinants of Health

The burden of chronic disease is disproportionately distributed across the population. There are significant disparities based on gender, age, race/ethnicity, geographic area and socioeconomic status. Disease does not occur in isolation, and chronic disease in no exception. Chronic disease is significantly influenced by the physical, social and political environment, including maternal and child health, access to educational opportunities, availability of healthy foods, physical education and extracurricular activities in schools, access to healthy foods, quality of working conditions and worksite health, available of community support and resources and access to affordable, quality health care.

Narrative adapted from Healthy People 2020 and the National Prevention Strategy
### Tip of the Mitt Data

**Obesity—adults:** Adult obesity rates range from 27% in Charlevoix County to 35% in Alpena County in the 8-county region. Only Charlevoix (27%) and Emmet (28%) are below State rate of 32%.

**Obesity—teens:** Teen obesity rates range from 10% in Presque Isle County to 19% in Cheboygan County; 2 counties are below State rate (13%): Presque Isle (10%), Antrim (11%).

**Lack of physical activity—adults:** Statewide, 23% of adults do not engage in any physical activity other than their regular job. In the 8-county region, the proportion ranges from 18% in Emmet County to 26% in Presque Isle. Montmorency (24%), Otsego (25%) and Presque Isle (26%) counties exceed State rate.

**Lack of physical activity—teens:** The proportion of high school students who did not engage in 60 minutes of physical activity in 5 of the last 7 days ranges from 31% in Presque Isle County to 53% in Otsego County. For comparison, State rate is 50%.

### Community Conversations

117 community members and representatives from local health departments, hospitals and other health care providers, social service agencies, schools, business, and government participated in a Community Conversation to answer the question, “What can we do here in this county to move closer to our vision of a healthy community?” issues related to reducing chronic disease and/or obesity were identified as an action in the following counties:

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### Major Forces of Change

**Chronic Disease Coordinating Network:** The Northern Health Plan is funding Health Department of Northwest (Northwest) Michigan to implement a comprehensive approach to chronic disease prevention and treatment guided by a cross-sector coalition with representatives from across the 8-county tip of the mitt region.

**Healthy Food Service Guidelines:** 6 local health departments, including District Health Department #4 and Northwest, have received funding from MDHHS to increase the number of work sites complying with Healthy Food Service Guidelines.

### What Matters to You? Survey N=1,220

32% of community residents identified access to affordable healthy food as an important factor needed for a healthy community, ranking it 3rd after access to health care and good jobs/healthy economy. They identified the following as top community health problems in their county: substance use, obesity/overweight, and chronic disease. Respondents most often noted they had been diagnosed with overweight/obesity (70%), arthritis (57%), asthma (48%), high cholesterol (46%), dental health problems (45%), high blood pressure (44%) and chronic pain (43%).

### Health Care Provider Survey N=126

Physicians, nurse practitioners and physician assistants ranked “healthy lifestyles” as the 3rd most important factor for a healthy community, following access to health care and good jobs/healthy economy. They identified obesity and overweight as the top community health problem, followed by mental health issues, lack of access to health care, substance use and tobacco use.
ISSUE BRIEF: MATERNAL, INFANT AND CHILD HEALTH

The well-being of mothers, infants, and children determines the health of the next generation and helps predict future public health challenges for families, communities, and the medical care system. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Despite major advances in medical care, critical threats to maternal, infant, and child health still exist. Among the Nation’s most pressing challenges are reducing the rate of preterm births and the infant death rate.

Key Facts:
- Nearly half of all pregnancies are unintended. Associated risks include low birth weight, postpartum depression, and family stress
- 31% of women who deliver an infant suffer pregnancy complications, ranging from depression to the need for a cesarean delivery
- Although rare, the risk of death during pregnancy has declined little over the last 20 years
- Infant mortality rates are higher among women of color, adolescents, unmarried mothers, people who smoke, those with lower education levels, and those who did not obtain adequate prenatal care
- The preterm birth rate has risen more than 20% in the past 20 years. Preterm infants are more likely to suffer complications at birth, die within the first year of life, and have lifelong health challenges such as cerebral palsy or learning disabilities
- On average, 42,000 deaths per year are prevented among children who receive recommended vaccines
- There are approximately 19 million new cases of sexually transmitted infections each year—almost half of these are in young people age 15 to 24.
- Binge drinking and illicit drug use are associated with intimate partner violence and risky sexual behaviors, including unprotected sex and multiple sex partners. These activities increase the risk of unintended pregnancies and increase the risk of acquiring HIV and other sexually transmitted infections

Reproductive and Sexual Health

Healthy reproductive and sexual practices can play a critical role in enabling people to remain healthy and actively contribute to their community. Planning and having a healthy pregnancy is vital to the health of women, infants, and families and is especially important in preventing teen pregnancy and childbearing, which will help raise educational attainment, increase employment opportunities, and enhance financial stability. Access to quality health services and support for safe practices can improve physical and emotional well-being and reduce teen and unintended pregnancies, HIV/AIDS, viral hepatitis, and other sexually transmitted infections.

Childhood Immunizations

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule (this includes DTap, Td, Hib, Polio, MMR, Hep B, and varicella vaccines), society saves 33,000 lives; prevents 14 million cases of disease; reduces direct health care costs by $9.9 billion and saves $33.4 billion in indirect costs. Despite progress, about 300 children in the U.S. die each year from vaccine-preventable diseases. Communities with pockets of unvaccinated and undervaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases.

Child Abuse and Neglect

Adverse experiences in childhood, including violence and maltreatment, are associated with health risk behaviors such as smoking, alcohol and drug use, and risky sexual behavior, as well as health problems such as obesity, diabetes, ischemic heart disease, sexually transmitted infection, and attempted suicide.

Social Determinants of Health

A range of biological, social, environmental, and physical factors have been linked to maternal, infant, and child health outcomes. These include race and ethnicity, age, and socioeconomic factors, such as income level, educational attainment, medical insurance coverage, access to medical care, prepregnancy health, and general health status. For example, children reared in safe and nurturing families and neighborhoods, free from maltreatment and other social problems, are more likely to have better outcomes as adults.

Adapted from Healthy People 2020 and the National Prevention Strategy
Regional Statistics

- **Infant mortality rate:** Five-year infant mortality rates (2009-13) range from 4.8 per 1,000 live births in Charlevoix County to 15.2 per 1,000 live births in Presque Isle County; for comparison, Michigan infant mortality rate for the same period was 6.0.

- **Early prenatal care:** The percentage of births to women who received prenatal care within the first three months of their pregnancy ranges from 59.9% in Charlevoix County to 86.3% in Alpena County. Only Alpena County exceeds the State rate of 77.9%.

- **Low birthweight:** The proportion of infants who were born weighing less than 2,500 grams ranges from 4.2% in Charlevoix County to 9.6% in Antrim County. Low birthweight rates were higher than State (7.8%) in just 2 counties: Antrim and Otsego.

- **Maternal smoking:** Maternal smoking rates are high across the tip of the mitt, exceeding State rate (19.7%) in every county. Rates range from 26.3% in Emmet County to 49.8% in Alpena County.

- **Childhood immunization:** The proportion of children age 19-35 months who have received recommended immunizations (4 Dtap, 3 Polio, 1 MMR, 3 Hib, 1 Varicella, 4 PCV, and 2 HepA) ranges from 65.4% in Presque Isle County to 79.4 in Emmet County. Only Charlevoix and Emmet counties exceed State rate.

- **Child abuse and neglect:** Rates for confirmed child abuse and neglect are higher in all of the tip of the mitt counties than the State as a whole (14.9 per 1,000 children < 19). They range from 16.3 per 1,000 in Emmet to 29.9 per 1,000 in Antrim County.

Community Conversations

117 community members and representatives from local health departments, hospitals and other health care providers, social service agencies, schools, business, and government participated in a Community Conversation to answer the question, “What can we do here in this county to move closer to our vision of a healthy community?” Actions related to maternal, infant and/or child health were identified in the following counties:

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<tr>
<th>ALPENA</th>
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<th>CHARLEVOIX-EMMET</th>
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Major Forces of Change

- **Perinatal Initiative of Northern Lower Michigan:** The Perinatal Initiative was organized in 2012 by the North Central Council of the Michigan Health and Hospital Association. Its members include the 12 hospitals and 7 local health departments that serve a 21-county region as well as many state and local partners.

- **Michigan Home Visiting Initiative:** Health Department of Northwest Michigan is implementing Healthy Families America in the counties with highest need in a 21-county region. With $1.6M in annual funding, it provides voluntary, family support services in the homes of at-risk pregnant women and families with children aged 0-5.

- **Sustaining Community-Based Immunization Project:** District Health Department #10 was awarded $492,000 on behalf of the 6 local health department partners in the Northern Michigan Public Health Alliance (NMPHA). It is designed to increase immunization rates among children and older adults in MCIR Region 5 in a 2 ½ time period (2015-2018).

- **Health Systems Change for Tobacco Dependence Treatment:** Health Department of Northwest Michigan was awarded this $125,000, 1-year grant on behalf of the NMPHA. The purpose of the project is to implement the CDC’s Tobacco Dependence Treatment Guidelines consistently in health departments’ Family Planning Clinics in a 25-county region.
ISSUE BRIEF: MENTAL HEALTH

Mental health is essential to a person’s well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. People with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including substance use, violent or self-destructive behavior, and suicide. Mental health disorders can have harmful and long-lasting effects—including high psychosocial and economic costs—not only for people living with the disorder, but also for their families, schools, workplaces, and communities. Fortunately, a number of mental health disorders can be treated effectively, and prevention of mental health disorders is a growing area of research and practice. Early diagnosis and treatment can decrease the disease burden of mental health disorders as well as associated chronic diseases. Assessing and addressing mental health remains important to ensure that all Americans lead longer, healthier lives.

Key Facts:

- Many mental health disorders are preventable and treatable. Early identification and treatment can prevent the onset of disease, decrease rates of chronic disease, and help people live longer, healthier lives.
- Approximately 1 in 4 adults in the US have had a mental health disorder in the past year—most commonly anxiety or depression—and 1 in 17 had a serious mental illness.
- 1 in 5 children in the United States have had a mental health disorder, most commonly AD/HD.
- A child experiencing mental health issues is more likely to have problems at school and is at greater risk of entering the criminal justice system.
- In a given year, less than half of the people diagnosed with a mental illness receive treatment. The unmet need is greatest among underserved groups, such as older adults, minorities, those without health insurance, and residents of rural areas.
- More than 34,000 Americans die as a result of suicide every year—approximately 1 suicide every 15 minutes. Suicide rates are highest among American Indian/Alaska Native youth.
- Risk factors for suicide include substance use, isolation, extreme emotional stress, a history of child maltreatment and mental health conditions such as depression.
- Racial discrimination is associated with chronic stress and can lead to negative health outcomes such as hypertension.

Impact on Physical Health

Mental health and physical health are inextricably linked. Evidence has shown that mental health disorders—most often depression—are strongly associated with the risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease, and cancer. This association appears to be caused by mental health disorders that precede chronic disease; chronic disease can intensify the symptoms of mental health disorders, in effect creating a cycle of poor health. This cycle decreases a person’s ability to participate in the treatment of and recovery from mental health disorders and chronic disease. Therefore, while efforts are underway to reduce the burden of death and disability caused by chronic disease in the US, simultaneously improving mental health nationwide is critical to improving the health of all Americans.

Emerging Issues in Mental Health

New mental health issues have emerged among some special populations, such as veterans who have experienced physical and mental trauma; people in communities with large-scale psychological trauma caused by natural disasters; older adults, as the understanding and treatment of dementia and mood disorders continues to improve. As the Federal Government implements health reform legislation, it will give attention to providing services for individuals with mental illness and substance use disorders, including new opportunities for access to and coverage for treatment and prevention services.

Social Determinants of Health

Several factors have been linked to mental health, including race and ethnicity, gender, age, income level, education level, sexual orientation, and geographic location. Other social conditions—such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions—can also influence mental health risk and outcomes, both positively and negatively. For example, safe shared places for people to interact, such as parks and churches, can support mental health.

Adapted from Healthy People 2020 and the National Prevention Strategy
HIGHLIGHTS FROM THE 2015 COMMUNITY HEALTH ASSESSMENT
Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Montmorency, Otsego, and Presque Isle counties

Tip of the Mitt Data

Suicide: Age-adjusted suicide rates are higher than State (10.2 per 100,000) for the 6 counties reported (unable to calculate for Montmorency and Presque). Rates range from 12.5 per 100,000 in Emmet County to 20.5 in Antrim County.

Depression among older adults: The proportion of adults enrolled in Medicare ranges from 13% in Charlevoix County to 18% in Otsego County. Rates are higher than State (17%) in Alpena and Otsego (18%) only.

Inadequate social support: Of the 7 counties reporting (unable to calculate Presque Isle), the proportion of adults who report they have inadequate social support ranges from 12% in Charlevoix County to 20% in Alpena, Cheboygan, and Otsego counties. For comparison, State rate is 20%.

Poor mental health days: Of the 7 counties reporting (unable to calculate Montmorency), the average number of days per month adults experience a poor mental health day ranges from 2.5 in Cheboygan County to 5.4 in Antrim County. Emmet (3.9 days), Otsego (4.1 days), and Antrim (5.4 days) exceed State rate of 3.7 days per month.

Community Conversations
117 community members and representatives from local health departments, hospitals and other health care providers, social service agencies, schools, business, and government participated in a Community Conversation to answer the question, “What can we do here in this county to move closer to our vision of a healthy community?” Addressing prevention, treatment and/or access to mental health services was identified as an action in the following counties:

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It is noteworthy that the #1 action identified in the Charlevoix-Emmet Conversation was to intentionally integrate accessible behavioral and physical health services.

What Matters to You? Survey N= 1,220

When asked what are the 3 most important factors for a healthy community, top responses were: access to health care (69%); good jobs/healthy economy (50%); access to affordable healthy food (33%); affordable housing (27%); and good schools/high value on education (28%). Community members identified these problems most often: substance abuse (48%); overweight/obesity (42%); chronic disease (33%), mental health issues (27%) and lack of affordable housing (26%). When asked what barriers to care they experience, 87% said their health insurance policy does not cover behavioral health; 80% indicated they have problems finding a behavioral health provider and 78% said their health insurance policy does not cover medications. 63% of respondents indicated transportation issues present a problem in getting health care services.

Major Forces of Change

Mi-Connect: Mi-Connect is led by Alcona Health Centers, a system of federally-qualified health centers with federal funding. A key goal is to increase integration of primary care and behavioral health across an 11-county region.

Child and Adolescent Health Centers (CAHC): There are 6 school linked or school based health centers in the 8-county region. Each one offers mental health services to students and families at no charge. Primary care and mental health services are fully integrated at CAHCs in Antrim and Emmet counties.

Northeast Michigan Children’s Behavioral Health Initiative: The WK Kellogg Foundation funded the Initiative to provide families and children age 0-12 with education and services in collaboration with several community partners.

Primary care-behavioral health integration at FQHCs: Several federally qualified health centers across the region now co-locate primary care and mental health services, often in partnership with the regional community mental health agency.

Health Care Provider Survey N=126

When asked what are the 3 most important factors for a healthy community, top responses were: access to health care (69%); good jobs/healthy economy (51%); healthy lifestyles (39%); good schools/high value on education (32%); and access to healthy foods (23%). Physicians, nurse practitioners and physicians assistant identified these community health problems most often: overweight obesity (58%) mental health issues (43%), lack of access to health care (38%), substance/tobacco use (35%).
ISSUE BRIEF: SUBSTANCE USE

Preventing drug abuse and excessive alcohol use increases people's chances of living long, healthy and productive lives. Excessive alcohol use includes binge drinking, underage drinking, drinking while pregnant, and alcohol-impaired driving. Drug abuse includes any inappropriate use of pharmaceuticals (both prescription and over-the-counter drugs) and any use of illicit drugs. Alcohol and other drug use can impede judgment and lead to harmful risk-taking behavior. Preventing drug use and alcohol abuse improves quality of life, academic performance, workplace productivity and military preparedness; reduces crime and criminal justice expenses; reduces vehicle crashes and fatalities; and lowers health care costs for acute/chronic conditions.

<table>
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<th>KEY FACTS</th>
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<td>• Excessive alcohol use is a leading cause of preventable death in the U.S. among all age groups.</td>
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<td>• Over half of the alcohol consumed by adults and 90% of the alcohol consumed by youth occurs while binge drinking.</td>
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<td>• Prescription drug use is the nation's fastest growing drug problem. ER visits involving the misuse or abuse of pharmaceutical drugs have doubled over the past 5 years.</td>
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<td>• Chronic drug use, crime, and incarceration are inextricably connected. At least half of state and Federal inmates in the U.S. were active drug users at the time of arrest.</td>
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<td>• 9% of children live with at least 1 parent who abuses alcohol or other drugs. They are more likely to experience physical, sexual or emotional abuse or neglect and more likely to be placed in foster care.</td>
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<td>• Rates of marijuana use by youth and young adults are on the rise and fewer youth perceive great risk from smoking it</td>
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<td>• After 40 years of steadily declining smoking rates, the decline in adults smoking rates in the U.S. has stalled</td>
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<td>• Smoking during pregnancy poses risks to the mother and fetus. A baby born to a mother who smoked during pregnancy is more likely to have less developed lungs and low birthweight, and is more likely to be born prematurely.</td>
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<td>• More than ¼ of the U.S. population (88 million people) and more than half of all children in the U.S. are exposed to secondhand smoke on a regular basis.</td>
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Alcohol and Drug Use

Substance abuse—involving drugs, alcohol, or both—is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime. In addition, substance abuse contributes to a number of negative health outcomes and public health problems, including cardiovascular conditions, pregnancy complications, HIV/AIDS, sexually transmitted infections, domestic violence, child abuse and neglect, motor vehicle crashes, homicide and suicide. Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings. Estimates of the total overall costs of substance abuse in the United States, including lost productivity and health- and crime-related costs, exceed $600 billion annually.

Tobacco Use

Tobacco use is the single most preventable cause of disease, disability, and death in the US, yet more deaths are caused each year by tobacco use than by all deaths from HIV, illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined. As a result of widespread tobacco use, approximately 443,000 Americans die from tobacco-related illnesses, such as cancer and heart disease, each year. An estimated 49,000 of these deaths are the result of secondhand smoke exposure. Tobacco use poses a heavy burden on the U.S. economy and medical care system. Each year, cigarette smoking costs more than $193 billion in medical care costs, while secondhand smoke costs an additional $10 million.

Social Determinants of Health

Several biological, social, environmental, psychological, and genetic factors are associated with alcohol, tobacco and other drug use. These factors can include gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. Substance abuse is also strongly influenced by interpersonal, household, and community dynamics. Family, social networks, and peer pressure are key influencers of substance abuse among adolescents.

Adapted from Healthy People 2020 and National Prevention Strategy
**Tip of the Mitt Data**

**Heavy and binge drinking—adults**: More adults in the region drink heavily and/or binge drink in the past 30 days than in the State as a whole (18%). Rates range from 19% in Emmet County to 27% in Antrim County (unable to calculate rates in Montmorency and Presque Isle counties). Similarly,

**Binge drinking—teens**: More youth binge drank compared to the State (6%). The proportion of 9th and 11th grade students reporting they had 5+ drinks within a short period of time in the past 30 days ranges from 10% in Charlevoix County to 22% in Presque Isle County

**Marijuana use—teens**: The proportion of high school students who report using marijuana 1 or more times in the past 30 days ranges from 9% in Presque Isle County to 22% in Otsego County. Otsego (22%), Antrim (21%), Emmet (15%) and Cheboygan (13%) counties exceed State rate (9%).

**Deaths due to drug poisoning**: Deaths due to drug poisoning exceed State rate (13 per 100,000 population) in Presque Isle (19), Otsego (17), Antrim (16), Antrim (15) and Cheboygan (15) counties.

**Tobacco use—adults**: A much higher proportion of adults smoke cigarettes in Northern Michigan than the State as a whole (12%). Smoking rates in the region range from 16% in Presque Isle County to 31% in Montmorency County.

**Tobacco use—teens**: The proportion of 9th and 11th grade students reporting they smoked at least once in the past 30 days hovers at or exceeds State (10%), ranging from 11% in Emmet County to 23% in Otsego County.

### Community Conversations

117 community members and representatives from local health departments, hospitals and other health care providers, social service agencies, schools, business, and government participated in a Community Conversation to answer the question, “What can we do here in this county to move closer to our vision of a healthy community?” During the Community Conversations, addressing prevention and treatment for alcohol, tobacco and other drug use was identified as an action in the following

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### Major Forces of Change

- **Affordable Care Act (ACA)**: The ACA includes substance use treatment as an essential service to be offered with all health insurance policies, substantially increasing access
- **Michigan Medical Marijuana Program (MMMP)**: The MMMP gives many youth—and some parents the impression that marijuana is not a dangerous drug.
- **Prescription Drug Use Task Force**: NMRE leads this coalition with representatives from physicians and health care organizations, substance use prevention and treatment agencies, law enforcement, and other community partners

### Health Care Provider Survey N=122

When asked what the 3 top community health problems are in their county, physicians, nurse practitioners, and physicians assistants indicated overweight/obesity (58%), mental health issues (43%), lack of access to health care (38%), substance use (35%), tobacco use (35%), chronic disease (28%), lack of physical activity (19%), aging problems (11%).

### What Matters to You Community Survey N=1,140

The top ranked factors needed for a healthy community were: access to healthcare (69%), good jobs/healthy economy (50%), access to affordable healthy foods (33%), good schools (28%), and affordable housing (27%). Substance use was ranked the #1 need in their counties (48%), followed by overweight/obesity (42%), chronic disease (33%), mental health issues (28%), and affordable housing (26%). 11% of respondents noted they had been diagnosed with alcoholism or other addiction and 93% had a family member who had been diagnosed with alcoholism or other addiction.