District Health Department #10
Healthy People, Healthy Communities

mithrive

2021 Community Health Assessment

Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, Wexford Counties

DECEMBER 2022

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Healthy People, Healthy Communities

Report feedback and questions can be sent to data@dhd10.org.

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November 30, 2022

Message from the Health Officer:

In 2021, District Health Department #10 participated in MiThrive - a 31-county regional approach to developing a Community Health Needs Assessment to better inform partnerships across our 10-county service area and create greater impact and success in improving the health of the communities we serve. The DHD#10 Community Health Needs Assessment report is a subset of the MiThrive full report and identifies the most pressing health issues in our communities and helps us determine what more can be done to improve the health in the counties of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford.

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

- Describe the current state of health and well-being in the 10-county District Health Department #10 jurisdiction
- Describe the processes used to collect community perspectives
- Describe the process for prioritizing Strategic Issues within the 31-county region of Northern Michigan, and specifically for each of the three sub-regions of the Community Health Innovation Regions of Northern Michigan: Northwest CHIR, Northeast CHIR and the North Central CHIR.
- Identify community strengths, resources, and service gaps

District Health Department #10 appreciates funding and/or resources for completing the regional MiThrive Community Health Needs Assessment from Spectrum Health, McLaren Northern Michigan, Munson Healthcare, District Health Department #4, District Health Department #2, Central Michigan District Health Department, Health Department of Northwest Michigan, Grand Traverse County Health Department, and Benzie-Leelanau District Health Department.

Should you have any questions on our efforts in completing this assessment, please feel free to contact me at (231) 876-3839 or by email at khughes@dhd10.org.

Again, I hope you find this a beneficial tool.

Sincerely,

Kevin Hughes, MA
Health Officer
District Health Department #10

Executive Summary

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

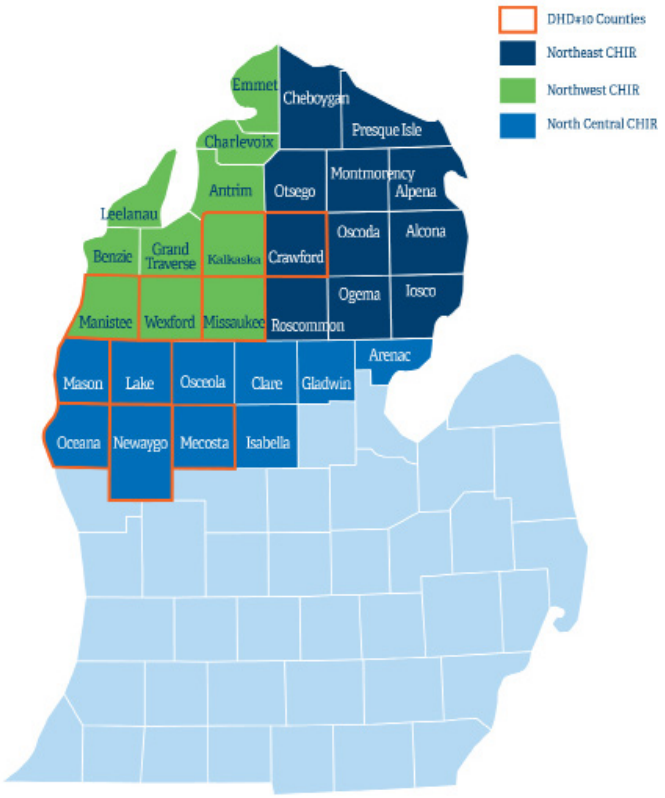
REPORT GOALS AND OBJECTIVES

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

- Describe the current state of health and well-being in the District Health Department #10 jurisdiction
- Describe the processes used to collect community perspectives
- Describe the process for prioritizing Strategic Issues within the Northwest, Northeast and North Central CHIR regions
- Identify community strengths, resources, and service gaps

REGIONAL APPROACH

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



District Health Department #10 Counties by MiThrive Region		
Northwest Region	Northeast Region	North Central Region
Kalkaska Manistee Missaukee Wexford	Crawford	Lake Mason Mecosta Oceana Newaygo

The Department #10 (DHD#10) jurisdiction includes Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties which are located in the Northwest, Northeast and North Central CHIR Regions. As discussed below, of the four MiThrive assessments, two were conducted at the county level and two were conducted within the MiThrive regions

DATA COLLECTION

The findings detailed throughout this report are based on data collected through a variety of primary data collection methods and existing statistics. From the

beginning, it was our goal to engage residents and many diverse community partners in data collection methods.

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

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

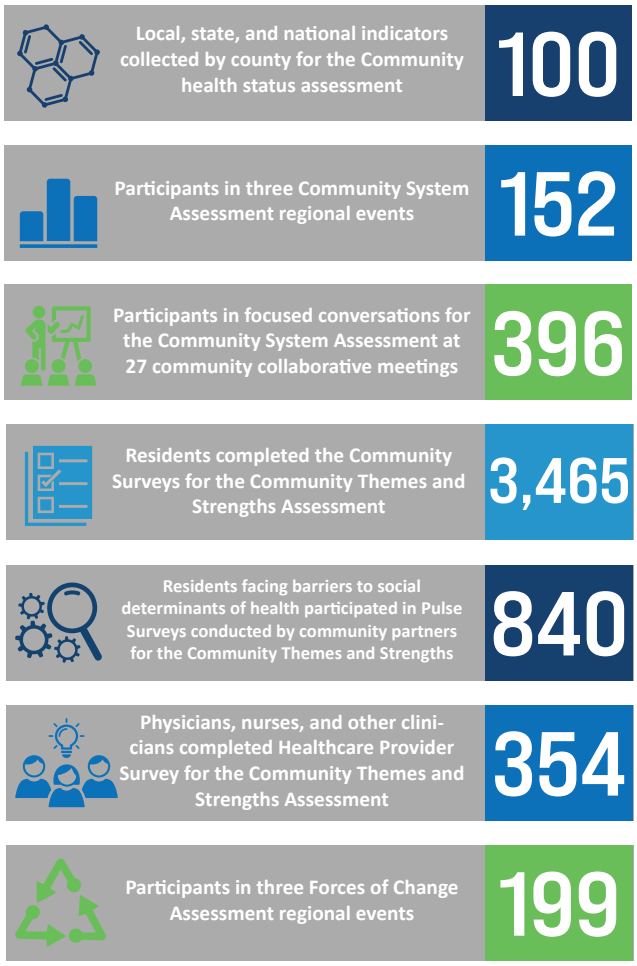
- **Community Health Status Assessment**

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

- **Community System Assessment**

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

MiThrive Data Collection in 31-County Region



- **Community Themes and Strengths Assessment**

  The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the questions, "What is important to our community?", "How is quality perceived in our community?", and "What assets do we have that can be used to improve well-being?". The Community Themes and Strengths Assessment consisted of three surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey. Results from each were analyzed by county, hospital service area, and the three MiThrive Regions

- **Forces of Change Assessment**

  The Forces of Change Assessment identifies forces such as legislation, technology and other factors that affect the community context.

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

Each assessment provides important information, but the value of the four assessments is maximized by considering the findings as a whole.

HEALTH EQUITY

The Robert Wood Johnson Foundation says health equity is achieved when everyone can attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance. Without health equity, there are endless social, health and economic consequences that negatively impact patients/clients, communities, and organizations. Health equity can be viewed using different lenses such as race, culture, geographic location, available resources, and job availability to name a few. All of which can be significant contributors to increased mortality, lower life expectancy, and higher incidence of disease and disability, according to the Rural Health Information Hub.

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

- Cross-tabulating demographic indicators such as age, race, and sex, for the Community Themes and Strengths Assessment
- Engaging residents experiencing barriers to social determinants of health and organizations that serve them in the Community System Assessment, Community Themes & Strengths Assessment, and Forces of Change Assessment
- Reaching out to medically underserved and low-income population through Pulse Surveys administered by organizations that serve them
- Increasing inclusion of people with disabilities in the community health needs assessment through partnership with the Disability Network of Northern Michigan.
- Surveying providers who care for patients/clients enrolled in Medicaid Health Plans
- Recruiting residents experiencing barriers and diverse organizations that serve them to MiThrive Data Walks and Priority-Setting Events.

KEY FINDINGS

Following analysis of primary and secondary data collected during the 2021 MiThrive Community Health Assessment, 10-11 significant health needs emerged in each of the MiThrive Regions (North Central, Northeast, and Northwest). Members of the MiThrive Steering Committee, Design Team, and three Workgroups framed these significant health needs as Strategic Issues, as recommended by the Mobilizing for Action through Planning and Partnerships Framework.

In December 2021, residents and community partners participated in one of three regional MiThrive Data Walk and Priority Setting events. Using a criteria-based process, participants ranked the Strategic Issues as listed below. Severity, magnitude, impact, health equity, and sustainability were the criteria used for this ranking process.

Significant Health Needs by Region (unranked)			
Health Needs	North Central Region	Northeast Region	Northwest Region
Access to Healthcare & Chronic Disease Prevention	✓	✓	✓
Economic Security	✓	✓	✓
Equity	✓	✓	✓
Housing Security	✓	✓	✓
Mental Health	✓	✓	✓
Safety and Well-Being	✓	✓	✓
Substance Use	✓	✓	✓
Transportation	✓	✓	✓
Broadband Access	✓		
Food Security	✓		✓
Healthy Weight	✓	✓	
COVID-19		✓	✓
Built Environment			✓

The purpose of this ranking process was to prioritize Strategic Issues to collectively address in a collaborative Community Health Improvement Plan. Following the Data Walk and Priority Setting Events, MiThrive partners and participants refined the prioritized Strategic Issues to remove any jargon, clarify language, and wordsmith.

The final top-ranked Strategic Issues in the North Central Region are as follows:

1. How do we increase access to **quality mental health services** while increasing resiliency and wellbeing for all?
2. How do we increase **access to health care**?
3. How do we reduce **chronic disease rates** in the region?
4. How do we foster a community where everyone feels **economically secure**?

The final top-ranked Strategic Issues in the Northeast Region are as follows:

1. How do we increase access to **quality substance use disorder services**?
2. How do we increase **access to quality mental health services** while increasing resiliency and wellbeing for all?
3. How do we increase **access to health care**?
4. How do we reduce **chronic disease rates** in the region?

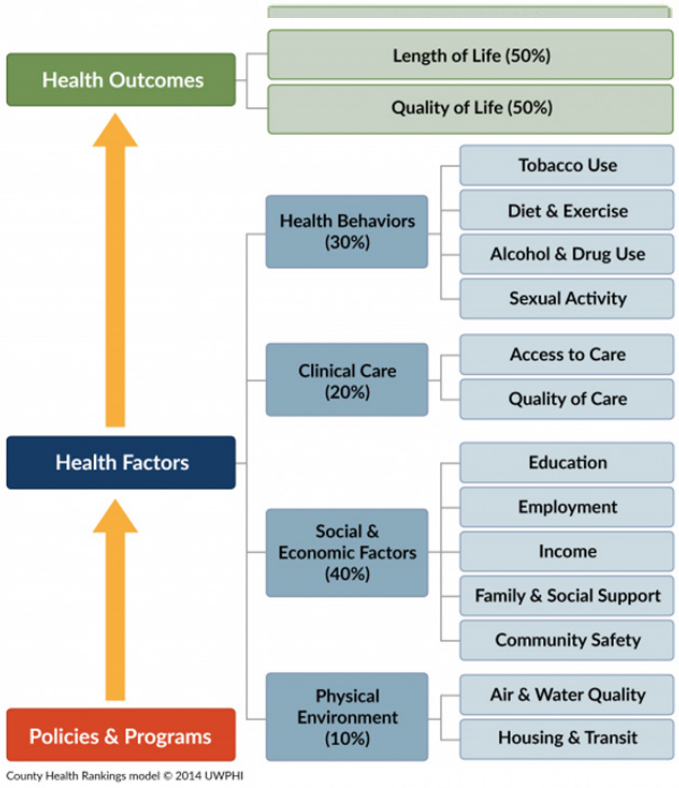
The final top-ranked Strategic Issues in the Northwest Region are as follows:

1. How do we ensure that everyone has **safe, affordable, and accessible housing?**
2. How do we increase access to **quality mental health and substance use disorder services** while increasing resiliency and wellbeing for all?
3. How do we increase **access to health care**?
4. How do we reduce **chronic disease rates** in the region?

Introduction

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

A MODEL OF HOW HEALTH HAPPENS



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

PURPOSE OF COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

ROLE OF MITHRIVE STEERING COMMITTEE, DESIGN TEAM, AND WORK GROUPS

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

IMPACT OF COVID-19 ON MITHRIVE

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

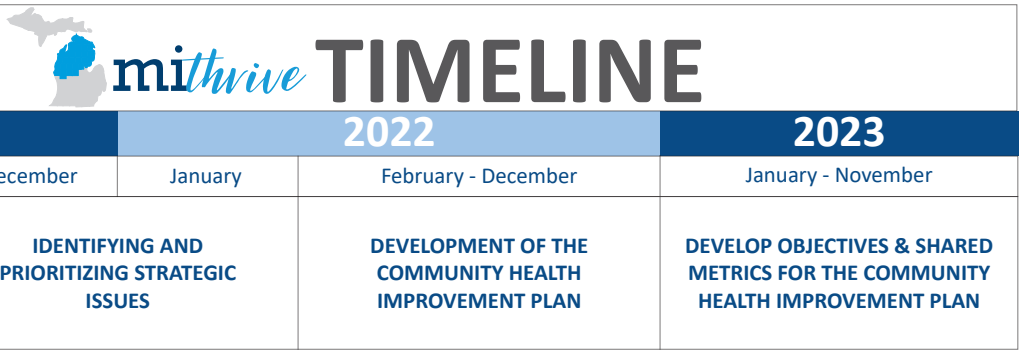
In previous cycles of community health needs assessment, MiThrive convened in-person events for the Community System Assessment and Forces of Change Assessment. During the pandemic, they were convened virtually using Zoom and participatory engagement tools like breakout rooms, MURAL and RetroBoards, among others. Because residents and partners did not have to spend time and travel, their participation at the community assessment events was increased. Overall, 5,406 people participated in MiThrive primary data collection activities.

Mobilizing for Action through Planning and Partnerships

MiThrive utilizes the Mobilizing for Action through Planning and Partnership (MAPP) community health needs assessment framework. It is a nationally recognized, best practice framework that was developed by the National Association of City and County Health Officials (NACCHO) and the U.S. Centers for Disease Control and Prevention (CDC).

ORGANIZING AND ENGAGING PARTNERS

Phase 1 of the MAPP Framework involves two critical and interrelated activities: organizing the planning process and developing the planning process. The purpose of this phase is to structure a planning process that builds commitment, encourages participants as active partners, uses participants' time well and results in a Community Health Needs



Assessment that identifies key issues in a region to inform collaborative decision making to improve population health and health equity, while at the same time, meeting organizations' requirements for community health needs assessment. During this phase, funding agreements with local health departments and hospitals were executed, the MiThrive Steering Committee, Design Team, and Workgroups were organized, and the Core Support Team was assembled.

Conducting the Four Assessments

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

Health Equity

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

A key finding of the 2021 MiThrive community health needs assessment mirrors a persistent reality across the country and the world: health risks do not impact everyone in the same way. We consistently find that groups who are more disadvantaged in society also bear the brunt of illness, disability, and death. This pattern is not a coincidence. Health, quality of life, and length of life are all fundamentally impacted by the conditions in which we live, learn, work, and play. Obstacles like poverty and discrimination lead to consequences like powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. All of these community conditions combine to limit the opportunities and chances for people to be healthy.

The resulting differences in health outcomes (like risk of disease or early death) are known as "health inequities".

The health equity data collected in the four MiThrive assessments is discussed below.

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

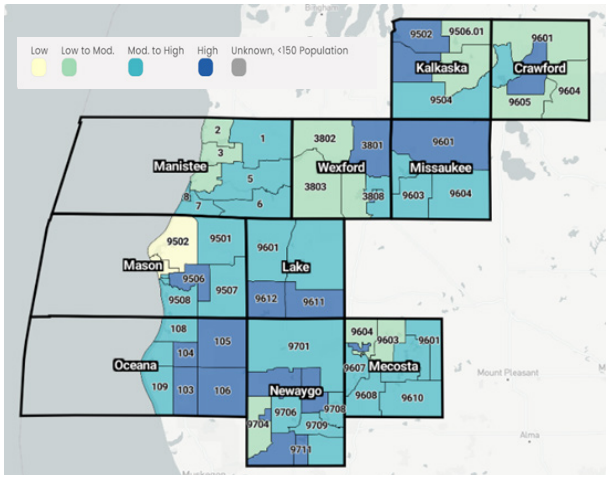
MiThrive Assessment Results

- **Community Health Status Assessment**

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

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

Social Vulnerability Index by Census Tract in the DHD#10 Jurisdiction



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

The Social Vulnerability Index illustrates how where we live influences health and well-being. It ranks 15 social factors: income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English "less than well"; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

As illustrated in the map above, census tracts in the DHD#10 jurisdiction have Social Vulnerability Indices at "high" or "moderate to high" in most of the district.

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

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

Each indicator was scored on a scale of one to four by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region, and comparing to the State, national, and Healthy People 2030 target when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data".

The following 14 statistics scored above 1.5 across all counties in the DHD#10 jurisdiction, indicating they were worse than the National overall or State rates:

- Median household income (dollars)
- Households below federal poverty level (FPL) (%)
- Families living below poverty level (%)
- High School graduation rate (%)
- Bachelor's Degree or higher (%)
- Fully immunized toddlers ages 19-35 months (%)
- Severe problems with housing (%)
- Median value of owner-occupied homes (dollars)
- Number of Evictions (rate, calculated)
- Child food insecurity (%)
- Teens with 5+ fruits/veg per day (%)

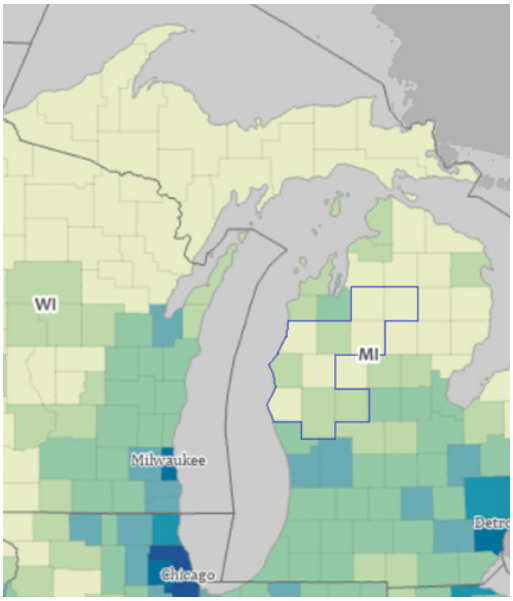
- Political Participation, (2020 voter turnout as a proportion of the population ≥ 18 years old) (%)

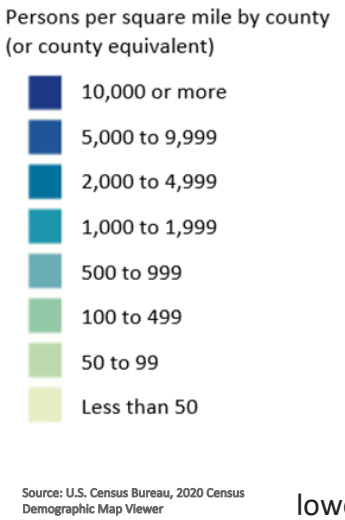
Please see Appendix B for values for these indicators for each county within the DHD10 jurisdiction.

Geography and Population Rurality by County

Health Jurisdiction Demographics

DHD#10's jurisdiction is situated in a rural area of the lower peninsula of Michigan on the northwest side of the state. This is one of its most important characteristics as rurality influences health and well-being. Within the health jurisdiction, there are 265,261 individuals. Numerous social and economic factors impact the health of the residents and their communities. High numbers of individuals living in poverty and elevated jobless rates are just two examples of some of the factors that negatively impact the communities.





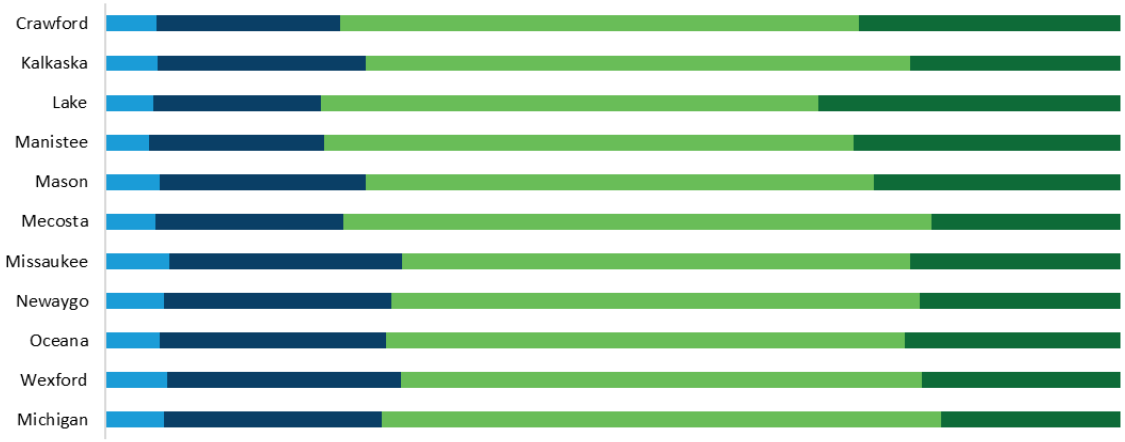
Population and age: Total population in 2019 for each county ranges from 11,853 in Lake County to 48,980 in Newaygo County. When broken down by age group, Manistee County has the lowest percent of people under age 5 (4.3%) and Missaukee has the highest at 6.3%. Seven counties have a lower percent of residents under age 5 than Michigan. In the under 18 age group, Lake County has the lowest percent at 16.5% and six counties are under the Michigan percent. All ten counties have higher percentages of individuals aged 65 and over compared to the Michigan rate of 17.7% ranging from 29.8% in Lake County to 18,6% in Mecosta County.

The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. All ten counties in the DHD#10 jurisdiction are predominately White, with the highest percentage in Wexford and Crawford Counties (94.1%). The highest percentage of Black population are reported in Lake County (8.0%). The highest percent of Hispanic population is found in Oceana County (15.1%). The highest percent of American Indian population is reported in Manistee County (2.3%). Within the DHD#10 jurisdiction, The Little River Band of Ottawa Indians, a Native Sovereign Nation is based in Manistee. (https://lrboi-nsn.gov/a-brief-history/)

Notes for age distribution graph

Source: United States Census Bureau, 2019

All counties have a higher proportion (%) of adults over the age of 65 than Michigan overall.



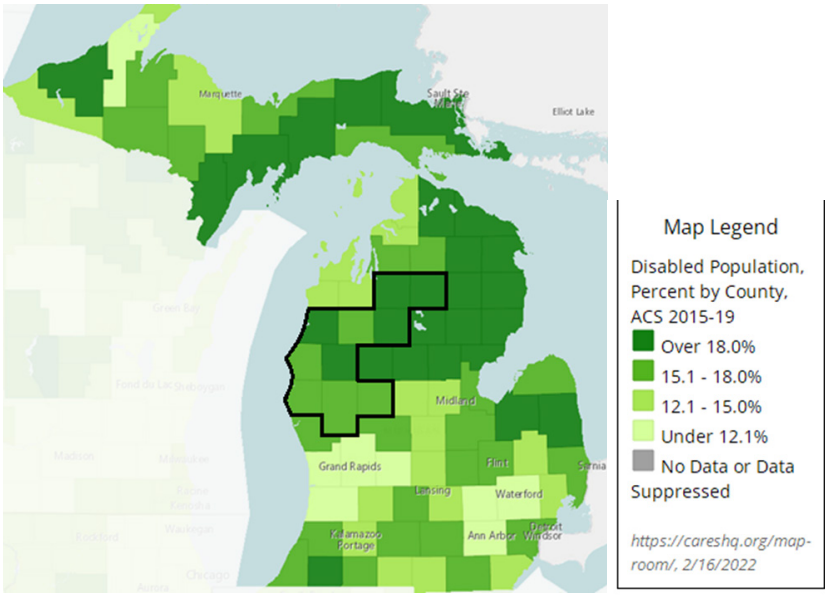
	Michigan	Wexford	Oceana	Newaygo	Missaukee	Mecosta	Mason	Manistee	Lake	Kalkaska	Crawford
Under 5	5.7	6.1	5.3	5.7	6.3	4.9	5.3	4.3	4.7	5.1	5
Under 18	21.5	23	22.3	22.4	22.9	18.5	20.3	17.2	16.5	20.5	18.1
19-64 years	55.1	51.3	51.1	52.1	50.1	58	50.1	52.2	49	53.7	51.1
65 years and over	17.7	19.6	21.3	19.8	20.7	18.6	24.3	26.3	29.8	20.7	25.8

Under 5 Under 18 19-64 years 65 years and over

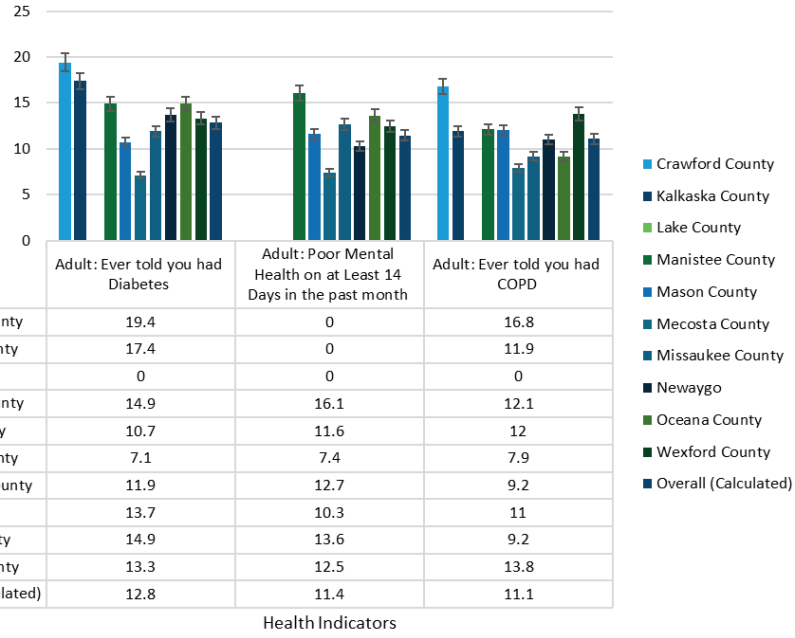
Oceana and Newaygo counties have a higher proportion (%) of Hispanic or Latino population than all other DHD#10 counties and Michigan overall.

	Michigan	Wexford	Oceana	Newaygo	Missaukee	Mecosta	Mason	Manistee	Lake	Kalkaska	Crawford
American Indian and Alaska Native	0.7	0.7	1.5	0.9	0.6	0.8	1.1	3.4	0.9	0.7	0.9
Asian	3.4	0.8	0.3	0.5	0.8	0.9	0.7	2.3	0.3	1	0.8
Black or African American	14.1	0.7	1.3	1.2	0.7	2.9	0.9	0.4	8	0.6	0.8
Hispanic or Latino	5.3	0.1	15.1	6	0	2.4	4.6	0.1	2.5	0	0
Native Hawaiian/Other Pacific Islander	0	2.1	0	0	3	0	0	3.5	0	2.2	2.2
Non-Hispanic White	74.7	94.1	81.3	90.2	93.8	91.1	91.3	88.6	86	93.7	94.1

A greater proportion of people--about 18.4%-- of the people in the DHD#10 jurisdiction have a disability compared to the State (14.2%).



Estimates of Prevalence of Selected Health Indicators for the DHD#10 Jurisdiction Service Area, Michigan Behavioral Risk Factor Surveillance System, 2015-2019



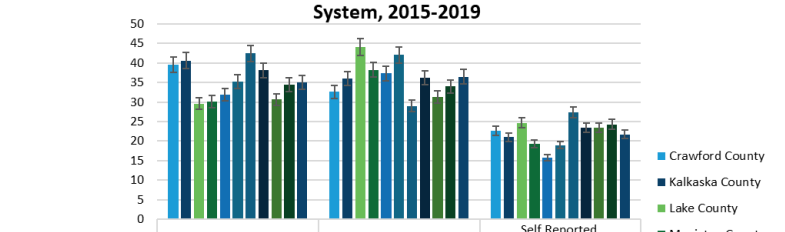
	Adult: Ever told you had Diabetes	Adult: Poor Mental Health on at Least 14 Days in the past month	Adult: Ever told you had COPD
Crawford County	19.4	0	16.8
Kalkaska County	17.4	0	11.9
Lake County	0	0	0
Manistee County	14.9	16.1	12.1
Mason County	10.7	11.6	12
Mecosta County	7.1	7.4	7.9
Missaukee County	11.9	12.7	9.2
Newaygo	13.7	10.3	11
Oceana County	14.9	13.6	9.2
Wexford County	13.3	12.5	13.8
Overall (Calculated)	12.8	11.4	11.1

Health Indicators

The Michigan Behavioral Risk Factor Survey (BRFSS) asked adults within all DHD#10 counties if a medical professional has ever told them they had diabetes. DHD#10 overall had 12.8% of its resident's report being told they had diabetes. Crawford (19.4%) and Kalkaska (17.4%) Counties have the highest prevalence while Mecosta (7.1%) had the lowest. For adults reporting at least 14 days having poor mental health, Manistee County (16.1%) had the highest prevalence. Crawford, Kalkaska, and Lake Counties were suppressed for this health indicator. Individuals ever being told they had chronic obstructive pulmonary disease (COPD) was highest in Crawford County (16.9%).

All the counties have a high prevalence of individuals who are overweight or obese. The BRFSS shows that Missaukee (42.3%) and Crawford (39.5%) Counties have the highest prevalence of obesity. While Lake (44.0%) and Mecosta (42.0%) Counties have the highest prevalence of individuals who are overweight. District-wide prevalence of individuals who are overweight and obese continue to increase year after year. This partially contributes to the next indicator which is self-reported general health. For this indicator, 21.7% of DHD#10 reported having poor or fair general health. Missaukee County had the highest prevalence of poor or fair general health at 27.4%.

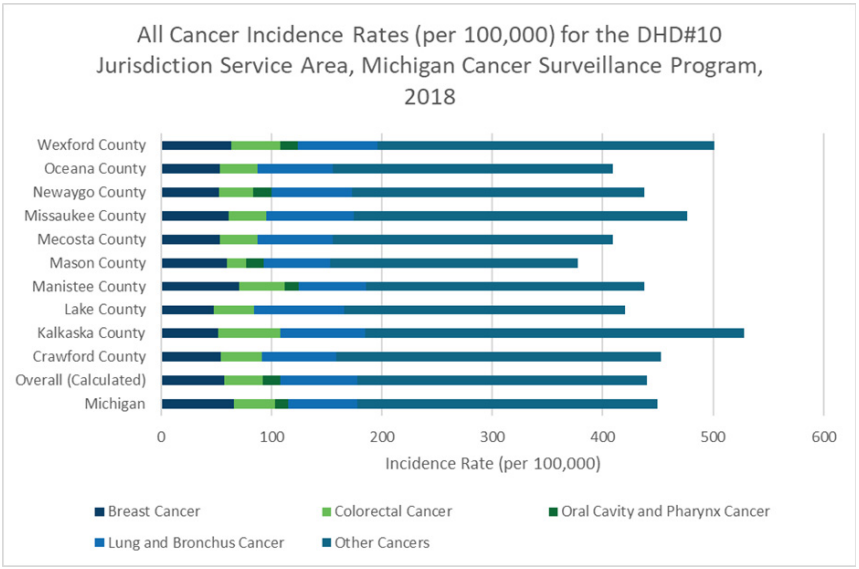
Estimates of Prevalence of Selected Health Indicators for the DHD#10 Jurisdiction Service Area, Michigan Behavioral Risk Factor Surveillance System, 2015-2019



Health Indicators	Adults: Obese	Adults: Overweight	Self Reported general health assessment: poor or fair
Crawford County	39.5	32.6	22.6
Kalkaska County	40.6	36	21
Lake County	29.6	44	24.7
Manistee County	30.1	38.2	19.3
Mason County	31.8	37.3	15.8
Mecosta County	35.2	42	19
Missaukee County	42.4	29	27.4
Newaygo	38.1	36.2	23.5
Oceana County	30.6	31.2	23.5
Wexford County	34.4	34	24.3
Overall (Calculated)	35.0	36.4	21.7

In 2018, Mason County had the lowest of all cancer incidence at 377.3 while Kalkaska County had the highest incidence at 528.0. Michigan's incidence is 449.6 while DHD#10 overall is slightly lower at 439.9. Only 4 counties in DHD#10 Within the DHD#10 jurisdiction, four counties (Crawford, Kalkaska, Missaukee, and Wexford) have cancer incidence rates higher than the state. DHD#10 has lower breast and colorectal cancer incidence rates compared to the state. For breast cancer, Manistee County's rate of 71.1 is the only county higher than Michigan's rate of 65.7. For colorectal cancer, four out of ten counties are higher than Michigan's rate of 37.3: Crawford at 37.8, Kalkaska at 56.5, Manistee 40.9, and Wexford at 44.6. The DHD#10 jurisdiction has a higher incidence rate than the state at 69.8 to 62.9 for lung and bronchus cancer. Lake County has the highest rate at 81.7 followed by Missaukee at 79.3. Overall, eight out of ten counties have lung and bronchus cancer incidence rates higher than the state. For oral cavity and pharynx cancer, DHD#10 has a higher incidence rate than the state at 15.4 to 12.04. Newaygo County has the highest incidence at 16.7.

All Cancer Incidence Rates (per 100,000) for the DHD#10 Jurisdiction Service Area, Michigan Cancer Surveillance Program, 2018



All the counties have a high prevalence of individuals who are overweight or obese. The BRFSS shows that Missaukee (42.3%) and Crawford (39.5%) Counties have the highest prevalence of obesity. While Lake (44.0%) and Mecosta (42.0%) Counties have the highest prevalence of individuals who are overweight. District-wide prevalence of individuals who are overweight and obese continue to increase year after year. This partially contributes to the next indicator which is self-reported general health. For this indicator, 21.7% of DHD#10 reported having poor or fair general health. Missaukee County had the highest prevalence of poor or fair general health at 27.4%.

In 2018, Mason County had the lowest of all cancer incidence at 377.3 while Kalkaska County had the highest incidence at 528.0. Michigan's incidence is 449.6 while DHD#10 overall is slightly lower at 439.9. Only 4 counties in DHD#10 Within the DHD#10 jurisdiction, four counties (Crawford, Kalkaska, Missaukee, and Wexford) have cancer incidence rates higher than the state. DHD#10 has lower breast and colorectal cancer incidence rates compared to the state. For breast cancer, Manistee County's rate of 71.1 is the only county higher than Michigan's rate of 65.7. For colorectal cancer, four out of ten counties are higher than Michigan's rate of 37.3: Crawford at 37.8, Kalkaska at 56.5, Manistee 40.9, and Wexford at 44.6. The DHD#10 jurisdiction has a higher incidence rate than the state at 69.8 to 62.9 for lung and bronchus cancer. Lake County has the highest rate at 81.7 followed by Missaukee at 79.3. Overall, eight out of ten counties have lung and bronchus cancer incidence rates higher than the state. For oral cavity and pharynx cancer, DHD#10 has a higher incidence rate than the state at 15.4 to 12.04. Newaygo County has the highest incidence at 16.7.

This table displays mortality rates per 100,000 population, separated by poverty level. Poverty level groups show the percentage of census tract population that falls under the poverty line. The most affluent track has the least amount of people living below the poverty line (0.0% - 4.9%) and the less affluent tracts have the highest percent of people living below the poverty line (20.0% to 100%), where at least 1/5 of the population falls under the poverty line. From this table, the mortality for the 0% to 4.9% poverty group is suppressed for DHD#10 due to the low number of individuals who fall into the more affluent category. The highest mortality rate (530.4 deaths per 100,000) within the DHD#10 jurisdiction is in the lowest poverty category of 20% to 100%, which demonstrates a higher rate of death as the amount of people living in poverty increases. Crawford, Kalkaska, Newaygo, and Oceana Counties have mortality rates over 1,000 for the 20% to 100% poverty level.

Age-Adjusted Mortality Rates by Poverty Level for the DHD#10 Jurisdiction Service Area, MDHHS Mortality and Poverty Statistics, 2019

		Poverty Level			
		0.0% - 4.9% of Population in Poverty	5.0% - 9.9% of Population in Poverty	10.0% - 19.9% of Population in Poverty	20.0% - 100% of Population in Poverty
Age-Adjusted Mortality Rates (per 100,000)	**Michigan**	647.7	710.3	780.6	987.8
	DHD#10 (calculated)	0.0	132.6	414.7	530.4
	Crawford	0.0	940.2	764.8	1,115.5
	Kalkaska	0.0	0.0	876.1	1.398.8
	Lake	0.0	0.0	564.3	735.2
	Manistee	0.0	674.0	701.9	919.0
	Mason	0.0	621.7	677.6	950.5
	Mecosta	0.0	0.0	729.5	945.9
	Missaukee	0.0	0.0	827.1	0.0
	Newaygo	0.0	0.0	729.5	1,059.0
	Oceana	0.0	0.0	618.6	1,085.4
	Wexford	0.0	0.0	735.3	883.2

Mortality Rates by Race and Sex for the DHD#10 Jurisdiction Service Area, MDHHS Vital Statistics, 2020

	Black			White			Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Michigan	1260.0	1410.0	1130.0	1190.0	1230.0	1140.0	380.0	400.0	370.0
Overall (calculated)	903.2	959.5	889.4	1128.0	1636.1	1270.2	1580.0	2110.0	440.0
Crawford	*	*	*	1330.0	1290.0	1330.0	*	*	*
Kalkaska	*	*	*	1420.0	1590.0	1240.0	*	*	*
Lake	1360.0	1400.0	1320.0	1820.0	2100.0	1530.0	*	*	*
Manistee	*	*	*	1700.0	1890.0	1510.0	1580.0	2110.0	*
Mason	1270.0	1330.0	1210.0	1630.0	1890.0	*	*	*	*
Mecosta	950.0	920.0	980.0	980.0	1670.0	*	*	*	440.0
Missaukee	*	*	*	1330.0	1370.0	129.0	*	*	*
Newaygo	1040.0	1110.0	1030.0	*	*	*	*	*	*
Oceana	990.0	1030.0	940.0	1140.0	*	*	*	*	*
Wexford	*	*	*	1140.0	1290.0	990.0	*	*	*

*Suppressed due to low morality counts

In Michigan, the crude mortality rate for black individuals is higher than white; however, in DHD#10, there is a higher mortality rate for white individuals than black. Of note, residents that fall into the other category have a higher rate than whites. Much of the data on individuals who fall into the other category is suppressed due to low numbers. Males have a higher mortality rate than females in DHD#10 for both white and black races.

Mortality by Gender in DHD#10 and Michigan, MDHHS Vital Statistics, 2020

	Male	Female	Total
Michigan	1084.3	822.9	951.6
Overall (calculated)	1025.7	771.9	900.0
Crawford	779.4	699.1	740.0
Kalkaska	985.2	804.1	895.4
Lake	1048.1	810.0	931.9
Manistee	1144.4	836.6	993.1
Mason	1207.6	885.9	1053.0
Mecosta	1031.2	762.0	895.0
Missaukee	985.6	836.6	912.0
Newaygo	1070.9	709.9	891.0
Oceana	995.6	743.2	871.0
Wexford	944.3	724.6	834.3

Out of all counties, Manistee has the highest mortality rate followed closely by Kalkaska. All counties have a higher male mortality rate than female.

Of the counties with available data, five; Crawford, Mecosta, Lake, Manistee, and Newaygo have a higher male mortality rate than Michigan for ages less than 1 to 14 years. Additionally, five counties;

Mortality Rates for Males by Age Group in DHD#10 and Michigan, MDHHS Vital Statistics, 2020

Males Only	<1-14	15-29	30-39	40-49	50-59	60-69	70=<
Michigan	55.1	134.8	285.9	435.1	890.0	1973.0	7518.1
Crawford	95.4	92.5	0.0	675.7	1.0	1577.3	5669.1
Kalkaska	0.0	67.1	87.4	700.0	1139.0	2745.7	7424.8
Lake	120.0	124.4	168.5	495.9	1149.4	2839.4	6090.0
Manistee	58.7	499.6	457.0	429.5	904.7	1944.4	7776.0
Mason	0.0	164.6	424.0	631.7	822.8	1487.6	6917.9
Mecosta	88.9	15.2	99.9	285.4	1115.2	2207.8	6721.6
Missaukee	0.0	75.5	264.6	444.0	746.3	1247.8	7474.7
Newaygo	131.4	136.9	513.0	366.8	947.5	2006.7	6832.3
Oceana	39.8	160.6	221.6	394.0	878.1	1153.6	7371.6
Wexford	30.4	139.7	295.6	320.9	1129.0	1848.0	6028.0

Mortality Rates for Females by Age Group in DHD#10 and Michigan, MDHHS Vital Statistics, 2020

Females Only	<1-14	15-29	30-39	40-49	50-59	60-69	70=<
Michigan	50.1	58.4	145.6	425.9	521.0	1831.2	5664.5
Crawford	102.4	100.3	177.0	130.9	334.7	1520.9	5011.7
Kalkaska	0.0	148.7	98.9	0.0	688.1	1401.2	6649.2
Lake	130.9	0.0	0.0	520.8	286.0	1388.9	6189.6
Manistee	59.4	60.7	199.6	540.5	1039.4	805.4	6231.9
Mason	42.5	44.5	66.5	64.0	613.2	1133.6	6220.9
Mecosta	63.0	52.3	366.9	228.1	608.2	1281.1	5736.5
Missaukee	0.0	0.0	124.5	248.1	542.0	1163.9	6890.1
Newaygo	45.5	49.3	119.4	245.4	562.1	1045.7	5382.4
Oceana	40.7	188.5	154.6	67.7	606.1	711.7	5894.7
Wexford	0.0	184.9	52.5	372.9	816.5	749.1	5177.8

Lake, Manistee, Mason, Newaygo, Oceana, and Wexford have a higher male mortality rate than Michigan for ages 15-29. Manistee has the highest mortality rate for males ages 30-39 and Crawford has the highest mortality rate for males ages 40-49.

Four counties; Crawford, Mecosta, Lake, Manistee have a higher female mortality rate than Michigan for ages less than 1 to 14 years old. Additionally, five counties; Crawford, Kalkaska, Manistee, Oceana, and Wexford have a higher female mortality rate than Michigan for ages 15-29. Mecosta has the highest mortality rate for males ages 30-39 and Manistee has the highest mortality rate for males ages 40-49.

- **Community Themes and Strengths Assessment**

  The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the questions, “What is important to our community?”, “How is quality perceived in our community?”, and “What assets does our community have that can be used to improve well-being?” For the Community Themes and Strengths Assessment, the MiThrive Design Team designed three types of surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey.

  (Please see Appendix D for survey instruments).

  - **Community Survey**

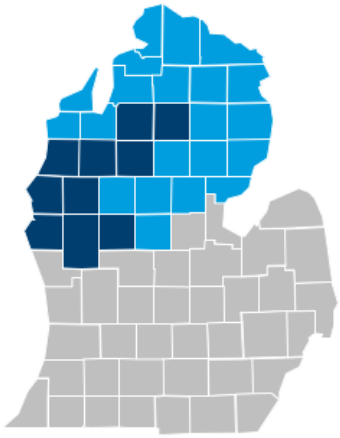
    The Community Survey asked 18 questions about what is important to the community, what factors are impacting the community, quality of life, built environment, and demographic questions. The Community Survey also asked respondents to identify assets in their communities. Please see Appendix C for assets identified for the District Health Department 10 jurisdiction service area.

    Community Surveys were administered electronically and via paper format in both English and Spanish. The electronic version of the survey was available through an electronic link and QR code. The survey was open from Monday, October 4, 2021, to Friday, November 5, 2021.

    Five $50 gift cards were used as an incentive for completing the survey. Partner organizations supported survey promotion

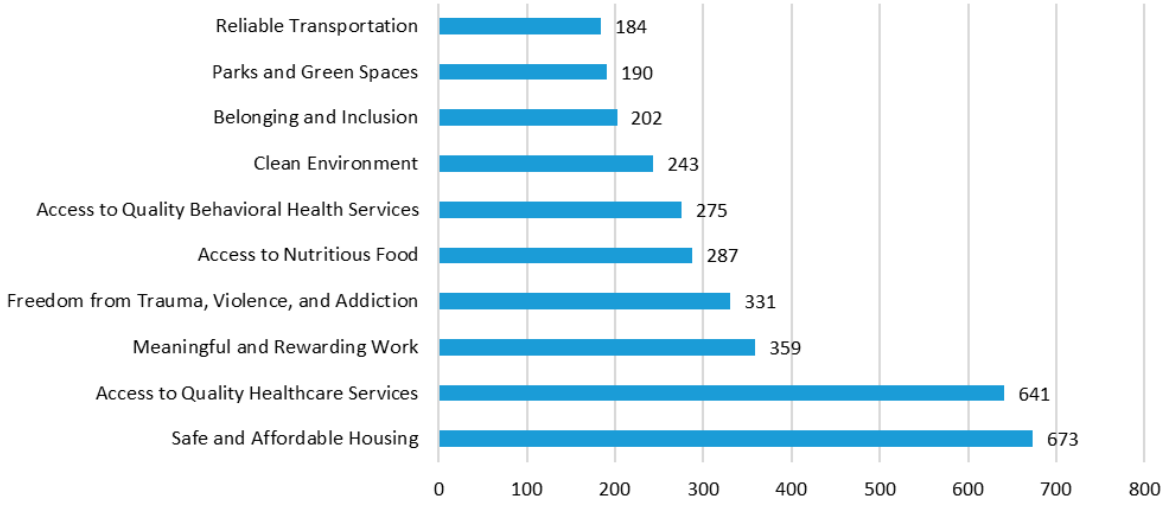
through social media and community outreach. Promotional materials developed for Community Survey include a flyer, social media content, and press release. One thousand three hundred seventy-three surveys were collected from Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford County.

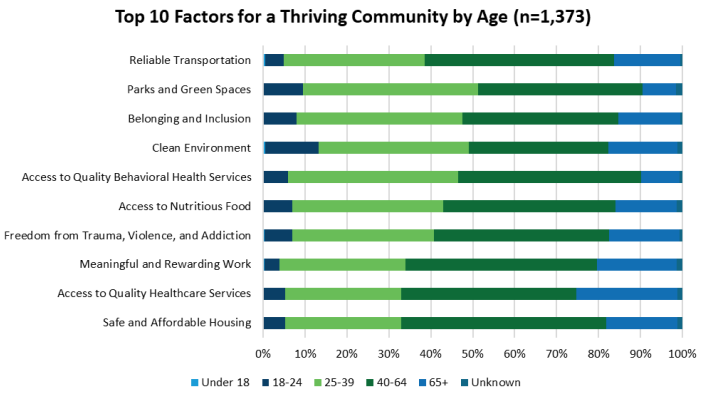
A total of **1,373 community survey** responses were collected in **the DHD#10 jurisdiction.**



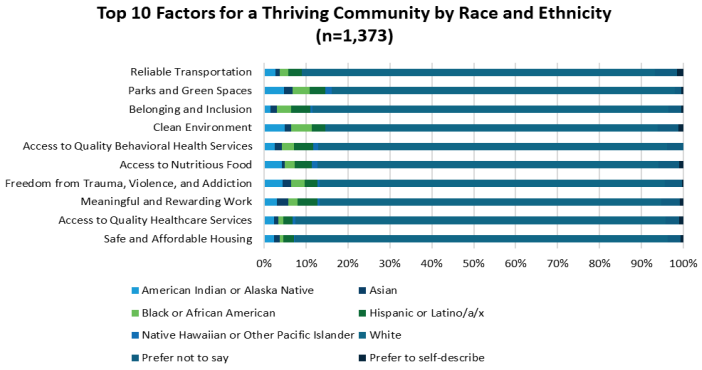
- Crawford County = 109 Responses
- Kalkaska County = 83 Responses
- Lake County = 87 Responses
- Manistee County = 47 Responses
- Mason County = 265 Responses
- Mecosta County = 131 Responses
- Missaukee County = 47 Responses
- Newaygo County = 233 Responses
- Oceana County = 204 Responses
- Wexford County = 98 Responses

Top 10 Important Factors for a Thriving Community as Identified by Community Survey Respondents in the DHD#10 Jurisdiction (n=1,373)

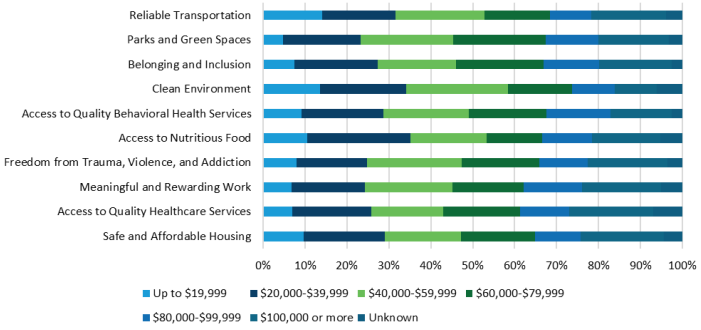




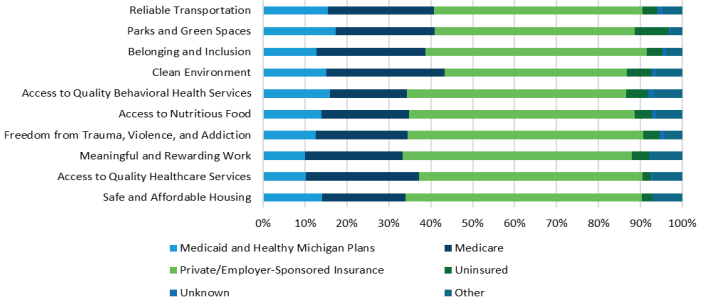
A larger proportion of individuals aged 65+ responded that access to quality healthcare services was an important factor for a thriving community when compared to the other top nine factors.



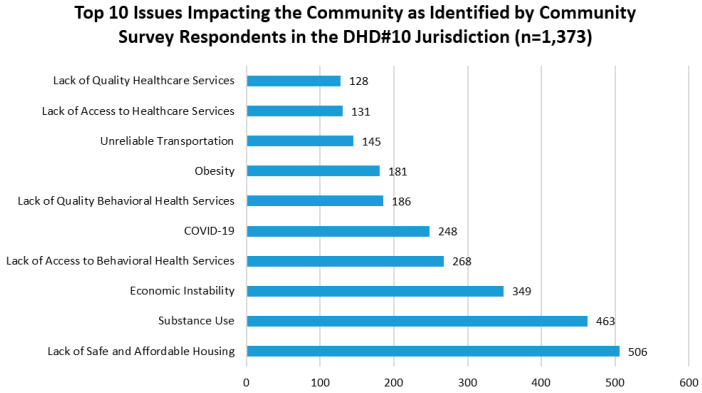
A larger proportion of Black or African American individuals responded that a clean environment was an important factor for a thriving community when compared to the other top nine factors.

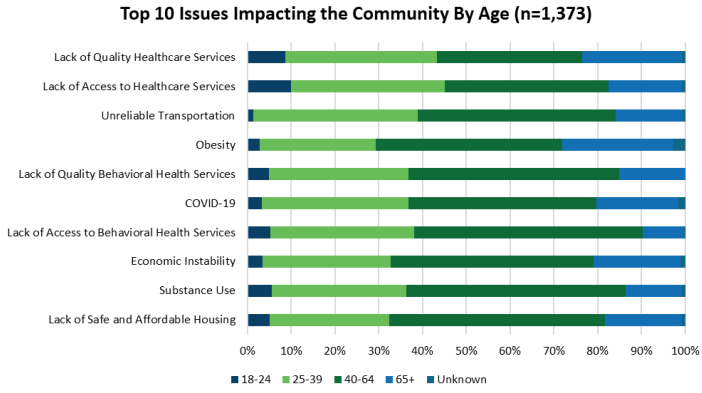


A larger proportion of individuals with a yearly household income of $20,000-39,999 responded that access to nutritious foods was an important factor for a thriving community when compared to the other top nine factors.



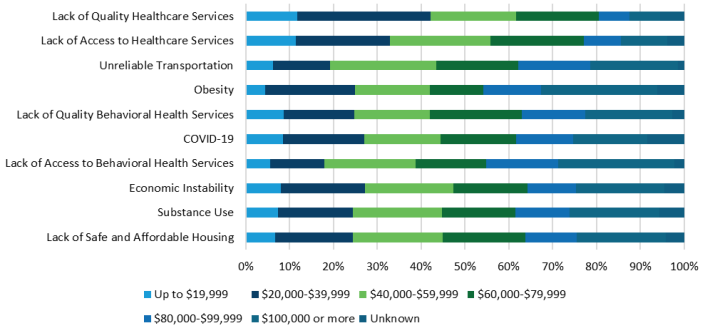
A larger proportion of individuals with Private/ Employer-Sponsored Insurance responded that safe and affordable housing was an important factor for a thriving community when compared to the other top nine factors.





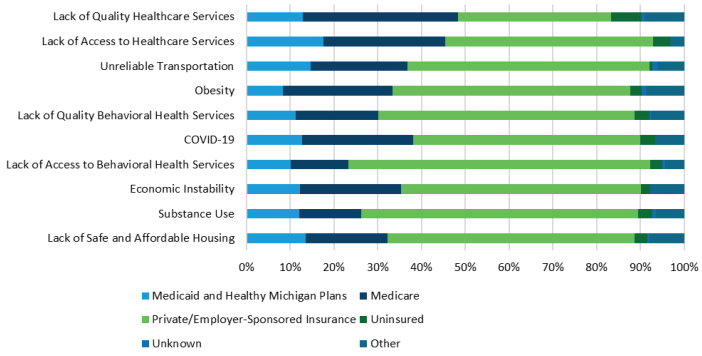
A larger proportion of individuals aged 25-39 responded that unreliable transportation was an important issue impacting the community when compared to the other top nine issues.

Top 10 Issues Impacting the Community By Yearly Household Income (n=1,373)



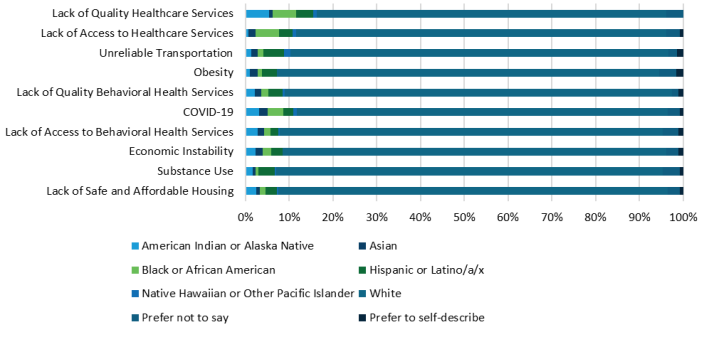
A larger proportion of individuals with a yearly household income of $20,000-$39,999 responded that lack of quality healthcare services was an important issue impacting the community when compared to the other top nine issues.

Top 10 Issues Impacting the Community By Insurance Type (n=1,373)



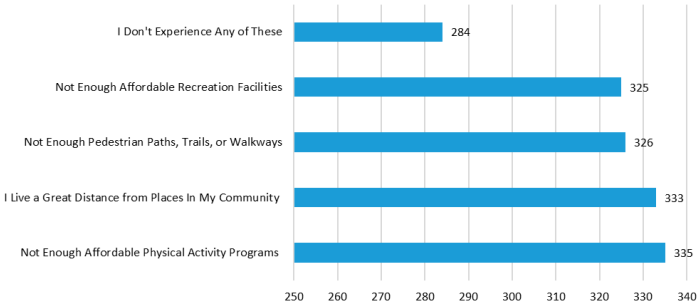
A larger proportion of individuals with Medicare responded that lack of quality healthcare services was an important issue affecting the community when compared to the other top nine issues.

Top 10 Issues Impacting the Community by Race and Ethnicity (n=1,373)

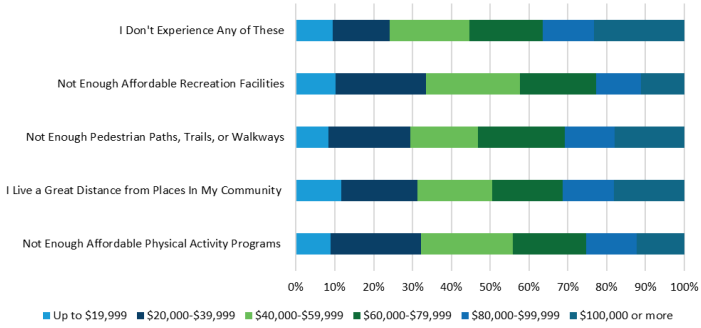


A larger proportion of Hispanic or Latino/a/x individuals responded that unreliable transportation was an important issue impacting the community in comparison to the other top nine issues.

Top 4 Issues Preventing Individuals from Engaging in More Physical Activity and Active Transportation as Identified by Community Survey Respondents in the DHD#10 Jurisdiction (n=1,348)



Top 4 Issues Preventing Individuals from Engaging in More Physical Activity and Active Transportation by Income (n=1,348)



Individuals with a yearly household income of up to $19,999 make up a larger proportion of those who said I live a great distance from places in my community prevented them from being more physically active in their community compared to the other top issues.

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

Figure 1: 32.39% of Community Survey respondents in Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties are currently either struggling or suffering compared to 67.61% who are thriving (n=1349).

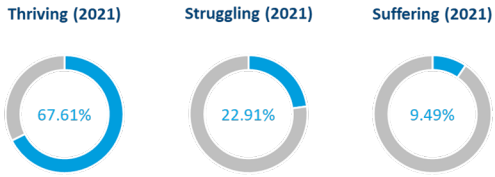
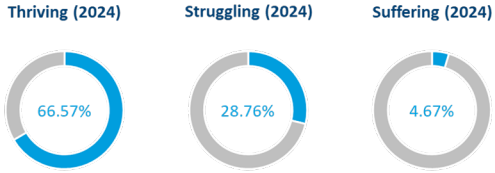


Figure 2: 33.43% of Community Survey respondents in Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties predict they will either be struggling or suffering compared to 66.57% who predict they will be thriving three years from now (n=1349).



On average, Community Survey respondents in Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties felt they would move **.75 of a step higher** on the ladder three years from how they scored themselves presently (n=1349).

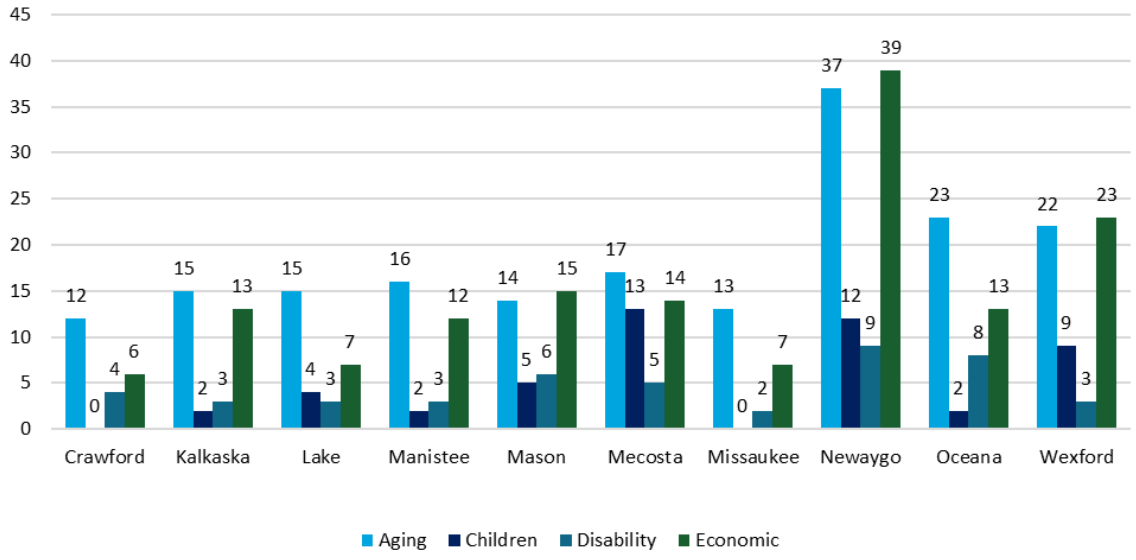
**The Cantril-Ladder self-anchoring scale is used to measure subjective wellbeing. Scores can be grouped into three categories – thriving, struggling, and suffering. Cantril's Ladder data was analyzed separately for the purpose of the 2021 MiThrive Community Health Needs Assessment.*

- **Pulse Survey**

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

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

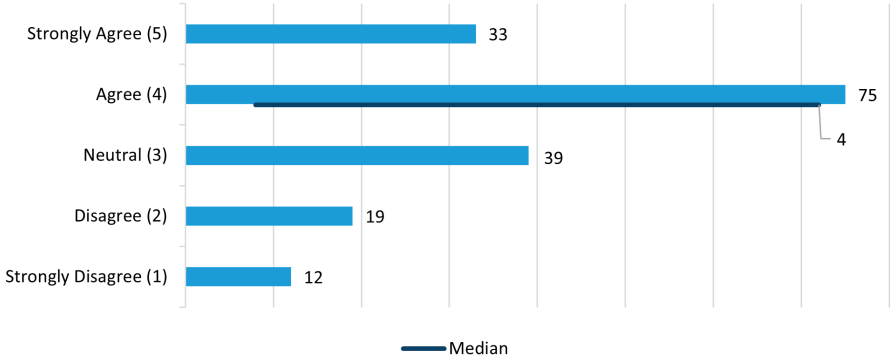
A total of 428 pulse surveys were collected in the DHD#10 jurisdiction.



Each Pulse Survey focused on a different quality of life topic area (aging, economic security, children, and disability) using a Likert-scale question and open-ended topic-specific question. Additionally, each survey included an open-ended equity question. Within the DHD#10 jurisdiction 184 aging, 49 children, 46 disability, and 149 economic responses were collected for a total of 428.

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

Overall, individuals agree with the statement, "My community is a good place to age" (n=178).



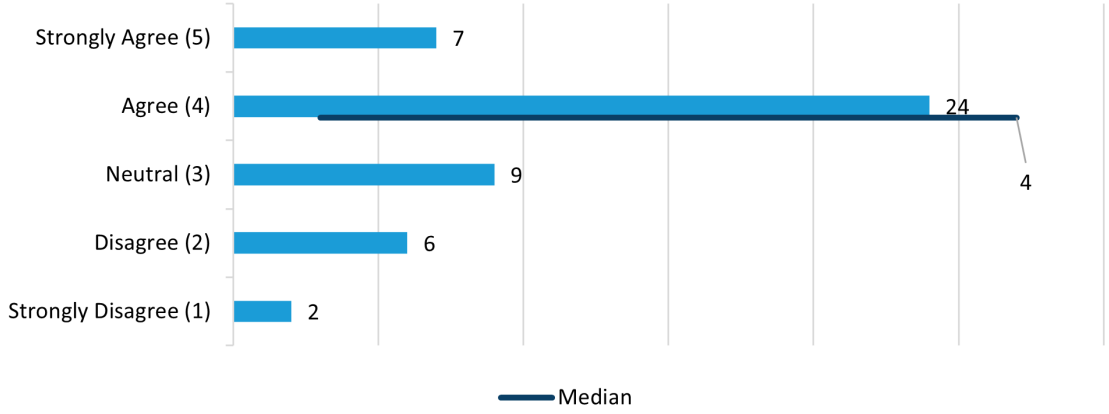
Key themes that emerged from pulse survey responses that rated the following the statement low, "My community is a good place to age."

Themes	North Central	Northeast	Northwest
Lack of Resources	●	●	●
Lack of Transportation	●	●	●
Poverty	●	●	●
Geographic Location/ Rurality	●	●	●
Lack of Housing	●	●	●
Safety Concerns	●		●
Social Stigma and Discrimination		●	●
Lack of Healthcare		●	●
Community Engagement			●

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

Themes	North Central	Northeast	Northwest
Combat Food Insecurity	●		●
Promote Community Engagement	●	●	●
Improve Outreach Efforts	●	●	
Promote Nutrition and Physical Activity	●	●	●
Improve Transportation	●	●	●
Improve the Healthcare System	●	●	●
Increase Housing Options	●	●	●
Promote Social Justice	●	●	
Improve Built Environment		●	
Greater Focus on Mental Health		●	
Greater Focus on Policies			●

Overall, individuals agree with the statment, "This community is a good place to raise children" (n=48).



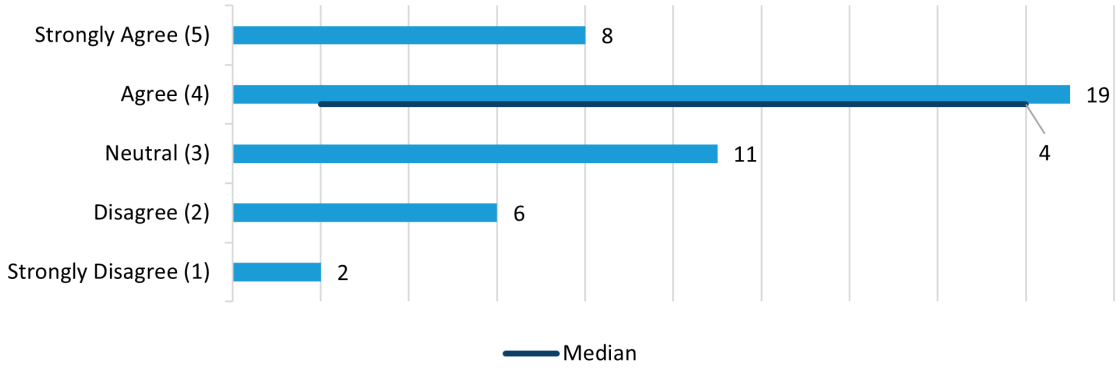
Key themes that emerged from pulse survey responses that rated the following the statement low, "This community is a good place to raise children."

Themes	North Central	Northeast	Northwest
Lack of Resources	●	●	●
Poverty	●	●	●
Safety Concerns	●	●	●
Low Quality Education	●		●
Lack of Recreation Programming			●

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

Themes	North Central	Northeast	Northwest
Strengthen Community Connection	●	●	●
Affordable Recreation Opportunities	●	●	●
Improve Health Education and Awareness	●		●
Increase Mental Health Supports	●	●	●
More Resources and Services	●	●	●
Strengthen Family Supports	●	●	
Address Political Division		●	●
More COVID-19 Prevention Measures			●

Overall, individuals agree with the statement, "In this community, a person with a disability can live a full life" (n=46).



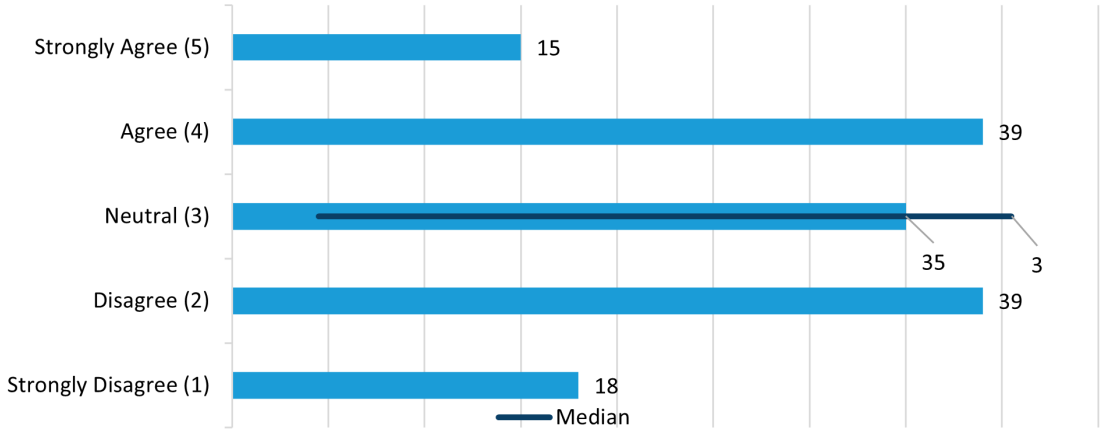
Key themes that emerged from pulse survey responses that rated the following the statement low, "In this community, a person with a disability can live a full life."

Themes	North Central	Northeast	Northwest
Lack of Resources	●	●	●
Lack of Accessible Infrastructure	●	●	●
System Issues	●	●	●
Geographic Location and Rurality	●	●	●
Need for More Community Support	●	●	
Poverty		●	●

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

Themes	North Central	Northeast	Northwest
Lack of Healthcare	●	●	
Poverty	●	●	●
System Navigation Issues	●	●	●
Lack of Education	●	●	●
Lack of Resources	●	●	●
Lack of Insurance	●	●	●
Geographic Location and Rurality	●		
Increased Community Support	●	●	●

Overall, individuals are neutral with the statement, "There is economic opportunity in the community" (n=146).



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

Themes	North Central	Northeast	Northwest
Job Availability	●	●	●
Lack of Housing	●	●	●
Poor Wages	●	●	●
Lack of Resources	●	●	●
Childcare	●	●	
Transportation and Commute	●	●	●
Rurality and Geographic Location	●	●	●

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

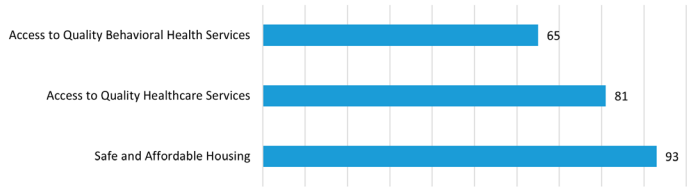
Themes	North Central	Northeast	Northwest
Change in Healthcare System	●	●	●
Financial and Government Assistance	●	●	●
More Resource Navigation	●	●	●
Increase Education and Job Availability	●	●	●
Increase Community Support	●	●	●
Affordable and Accessible Childcare		●	●
More COVID-19 Prevention Measures		●	●
Insurance		●	●
Improve Transportation	●		

Healthcare Provider Survey

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

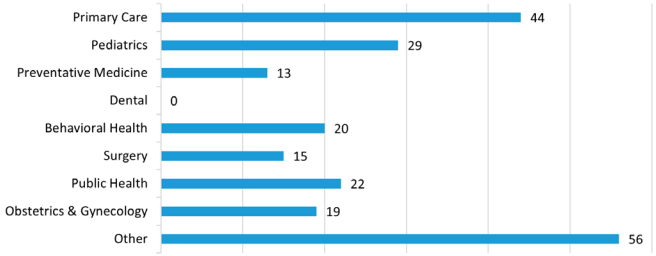
Healthcare partners such as hospitals, federally qualified health centers and local health departments, among others, sent the Healthcare Provider Survey via an electronic link to their physicians, nurses, and other clinicians. Additionally, partner organizations supported survey promotion by sharing the survey link with external community partners. One hundred sixty-six providers completed the Healthcare Provider Survey in the DHD#10 jurisdiction.

Providers think that safe and affordable housing is the most important factor for patients/clients in the communities they serve (n=166).



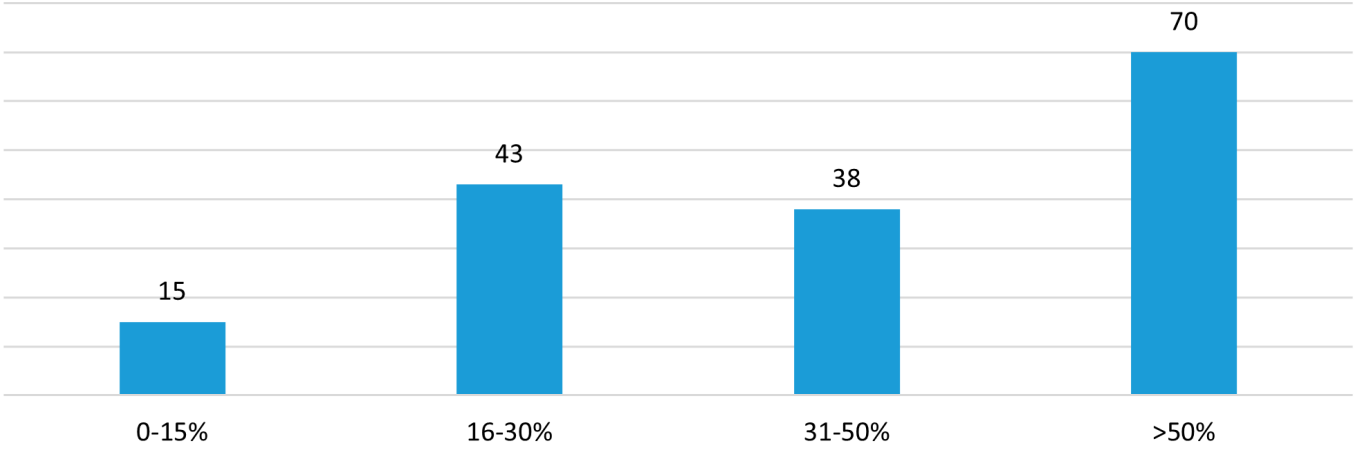
Providers think substance use is the most important issue impacting patients/clients in the communities they serve (n=166).

Most providers who answered the survey in the DHD#10 jurisdiction identified as primary care providers or other (n=166).



65% of providers answered mental health resources/services are missing in their community that would benefit their patients/clients serve (n=166).

42.1% of providers in this region reported that >50% of patients/clients they serve are on Medicaid (n=166).

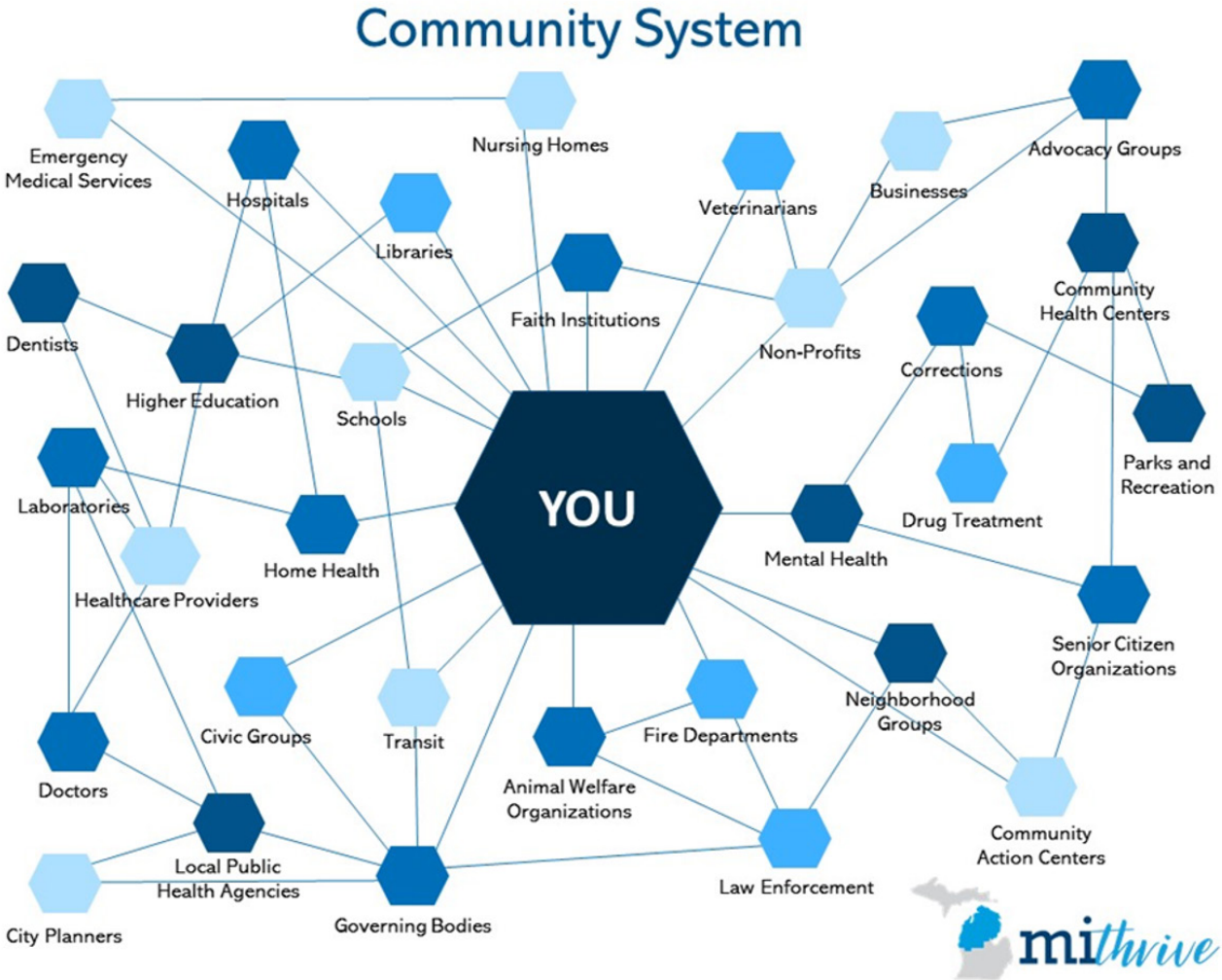


- **Community System Assessment**

The Community System Assessment focuses on organizations that contribute to wellbeing. It answers the questions, "What are the components, activities, competencies and capacities in the regional system?" and "How are services being provided to our residents?" It was designed to improve organizational and community communication by bringing a broad spectrum of partners to the same table; explore interconnections in the community system; and identify system strengths and opportunities for improvement. The Community System Assessment was composed of two components: Community System Assessment and subsequent focused discussions at 27 county level community coordinating bodies. A total of 539 residents and partners, representing 199 organizations participated in the Community System Events and/or Focused Discussions in the Northeast, Northwest and North Central Regions.

  - **Community System Assessment Event**

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



COMMUNITY SYSTEM ASSESSMENT - SYSTEM STRENGTHS SUMMARY

Focus Area and Definition	System Strengths in the Northwest Region	System Strengths in the Northeest Region	System Strengths in the North Central Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community.	• Community connections is in place with SDOH navigation • No wrong door approach – multiple ways to access resources	• Organizations in the system know what resources are available. • Organizations work together to connect people to the resources they need.	• Organizations work together to connect people to the resources they need. • More than one organization is working together and sharing several resources
Policy: A rule of plan of action, especially an official one adopted and followed by a group, organization, or government	• Covid has created new partnerships to develop policies • The Northern Michigan CHIR has gathered agencies to work together	• Many organizations in the system work together to alert policymakers and the community of possible public health effects from current or proposed policies	• None identified
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Assessment tools are gathering more information and breaking the data down geographically	• None identified	• Need to present the data to the public in a more meaningful way. • Update the Community Health Assessment and monitor progress • Improve data sharing
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Hundreds of people are engaged in health improvement across the region • The Northwest Community Health Innovation Region works to empower the local communities to build capacity for health improvement	• The Community System is composed of many diverse partners	• The Community System is composed of strong collaborative groups
Workforce: The people engaged in or available for work in a particular area	• MI Works tracks trending jobs and employment rates • There is collaboration regarding training opportunities	• Michigan Works! Is a great asset to address workforce issues	• Individual organizations are knowledgeable about workforce issues
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community.	• MiThrive and the Northwest Community Health Innovation Region in collaboration with hospital systems have collaborated to create a shared vision for the community	• There are Individuals and organizations in the System that want to help.	• The North Central Community Health Innovation Region is positioned to provide leadership in the region • Leadership is occurring at the county level.
Community Power/ Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• There is significant activity creating awareness of public health issues in the region informed by the CHIR and its Learning Community. • Organizations are developing and expanding communication plans.	• There is connection and collaboration in the Community System	• There is good work happening and the system is improving in creating awareness of public health issues and engaging the community.
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Organizations in the System are identifying and discussing health disparities	• Data is collected regarding needs of residents in the community	• No strengths were noted

COMMUNITY SYSTEM ASSESSMENT - SYSTEM OPPORTUNITIES FOR IMPROVEMENT SUMMARY

Focus Area and Definition	System Opportunities for Improvement in the Northwest Region	System Opportunities for Improvement in the Northeest Region	System Opportunities for Improvement in the North Central Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community.	• Better communication strategies are needed • Difficult to understand why people don't get the services they need due to lack of follow-up	• Organizations need to increase understanding of the reasons that people do not get the services they need. • The system needs to reduce stigma that may be a barrier to people accessing resources	• Create an asset map • Need to connect to the community ("silent population") to link to resources that they need.
Policy: A rule of plan of action, especially an official one adopted and followed by a group, organization, or government	• Must determine ways the System can influence policy • Be more transparent. • Review policies before there is an issue with the policy.	• Need to engage in activities that inform the policy development process, organizations in the system need more staff and funding. • Need to get the decision-makers to the table	• Need to engage in activities that inform the policy development process, organizations in the system. Need to provide education to ensure informed decisions • The system is currently reactive. Needs to be more proactive
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Organizations in the System need to improve on getting information regarding data out in the community • Improve data sharing	• There are limited resources and manpower • Need to present the data to the identified target population and tailor the data so it is meaningful to them. • Update the Community Health Assessment with current information continuously	• Need to present the data to the public in a more meaningful way. • Update the Community Health Assessment and monitor progress • Improve data sharing
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• Need to improve alliances within the whole system • Partnerships vary from county to county	• There is a need to get community members engaged in partnerships • The partnerships could improve upon work to improve community health	• To improve community health the system needs to develop action steps and increase accountability. • Virtual meetings are a challenge
Workforce: The people engaged in or available for work in a particular area	• There is a shortage of mental health providers • Most organizations are short-staffed • The pay scale is contributing to the shortfall	• The Community System needs to develop an unmet needs report to better understand workforce gaps. • Use the knowledge from the assessment to develop plans to address workforce gaps and shortfalls. • Increase wages to create livable wages	• Identify priority areas of need and submit plans to address workforce issues to funders. • Need systemic collaboration to address workforce gaps
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community.	• Increase emphasis on leadership/ management skills • Innovation leadership acquisition/attract leaders to the region	• More staff are needed to make significant changes. • Need to help people and organizations with strengths find opportunities for leadership • The community system needs more diversity in leadership	• There is not a broad community system vision. • Collaboration is difficult due to Covid • There is value in collaboration. • Need to create an environment for collaboration.
Community Power/ Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• There is a need for more authentic voices and engagement by residents. • Need to improve feedback loops	• Increase resident voice and engagement to inform decision-making • Access to broadband is a barrier • Work collaboratively to link communications plans between organizations.	• Increase resident voice and engagement to inform decision-making • There is need for improvement around diversity. • Need direct representation of vulnerable populations on boards and in leadership.
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	• Increase development and implementation of equity policies and procedures • There is a need for more input from residents experiencing disparities • Goals to reduce disparities are in place as a system, but there is little to no action taken	• Include resident voice to identify health disparities and plan ways to reduce inequities • Reduce stigma which leads to bias and discrimination against certain populations	• Develop a common language around health disparities • Advocate for a health in all policies framework so that all sectors understand how policies impact health.

Follow up conversations at the local Community Collaboratives and other county level groups

Subsequently, focused conversations were held at county level collaboratives and other cross-sector groups in the DHD#10 jurisdiction.

Crawford County: Crawford County Collaborative Body (CCCB)

CCCB members chose "Resources" as the most important focus area to work on in Crawford County. In the discussion the following themes emerged:

- Involve resident voice in utilizing services
- Improve accessibility of general knowledge of resources
- There is a need to expand capacity and make resources from each specialty widely accessible
- Reduce stigma and educate the community regarding stigma and the effects of stigma

Kalkaska County: Antrim/Kalkaska County Community Collaborative (ACCC) (KCCC)

Collaborative members chose "Community Alliances" as the most important focus area to work on in Antrim and Kalkaska Counties. In the discussion the following themes emerged:

- Seek funding for partnerships and ensure efforts are made for all resources/agencies to be included without duplication
- Pilot or initiate programs where the needs are greatest, not just easiest for the agency to initiate
- Provide support for county-based collaboratives like the KCCC as the central network to identify trends, concerns, assets
- Hold community engagement opportunities where genuine voices can be heard through organic connections

Lake County: Lake County Roundtable

Roundtable members chose "Resources" as the most important focus area to work on in Lake County. In the discussion the following themes emerged:

- Increase opportunities for counseling for families and children
- There is a need to collaboratively increase outreach to the hard to reach
- There is a need for increased Internet access
- There is a need for additional resources for substance use disorders

Manistee County: Manistee County Human Services Collaborative Body (HSCB)

Manistee County participants chose "Resources" as the most important focus area to work on in Manistee County. In the discussion the following themes emerged:

- There is a need for more affordable housing, Senior housing, Empty Nester housing, Starter homes
- There is a need for integrated systems that allow for seamless transitions for community members
- Increase efforts to get client voice
- Break down silos and cross-sector collaboration and amplify that

Mason County: Mason County Non-Profit Agency Meeting

Mason County participants chose "Resources" as the most important focus area to work on in Mason County. In the discussion the following themes emerged:

- Broadband and transportation access are needed
- There is a need for safe affordable housing for all incomes
- There is a need for a unified vision for the county – everyone working together toward that agreed upon vision
- There is a need to work across sectors to identify root causes of the community's most critical issues

Mecosta County: Mecosta/Osceola Human Services Collaborative Body (M/OHSCB)

M/O HSCB members chose "Resources" as the most important focus area to work on in Mecosta and Osceola Counties. In the discussion the following themes emerged:

- There is a need for increased broadband access, unified access to assets, better transportation, and the creation of trust to better approach the

populations in need

- Improve outreach and follow up services
- Staffing! Various agencies are struggling with hiring
- Partner with trusted messengers, identify more gaps, and fill them

<u>Newaygo County</u>: Newaygo County Coordinating Council (Nc3)

Nc3 members chose "Data Access and Capacity" as the most important focus area to work on in Newaygo County. In the discussion the following themes emerged:

- There is a need to increase housing resources in Newaygo County
- There is a need for assistance for small entities to collect meaningful, useful data
- There is a need for better internet options
- There is a need for improved transportation options

<u>Oceana County</u>: Oceana HealthBound Coalition

HealthBound members chose "Community Power/ Engagement" as the most important focus area to work on in Oceana County. In the discussion the following themes emerged:

- There is a need for representation on boards by more stakeholders, including youth, elderly, impoverished, etc.
- Improve connectedness of coalitions. What are the coalitions working on and can they combine resources to do it?
- Increase collaboration amongst interconnected agencies, collaborations, and organizations to support resources and common goals
- Know all agencies in Oceana and their work, then get groups together to collaborate.

<u>Wexford and Missaukee Counties</u>: Wexford/ Missaukee Human Services Leadership Council (Wexford/Missaukee HSLC)

HSLC members chose "Workforce" as the most important focus area to work on in Wexford and Missaukee Counties. In the discussion the following themes emerged:

- Increased wages that meet the cost-of-living increases
- Increased affordable housing options
- Address childcare issues for working parents
- Investigate possibilities for job-sharing opportunities

• Forces of Change Assessment

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

(Please see Appendix F for Forces of Change Assessment Event Agenda/Design)

One hundred and forty-one residents and community partners participated in the Forces of Change Assessment in the Northwest, Northeast, and North Central Region in April, 2021.

TOP FORCES OF CHANGE IN THE NORTHWEST, NORTHEAST, AND NORTH CENTRAL MITHRIVE REGIONS

Categories of Forces	Top Forces in the Northwest Region	Top Forces in the Northeast Region	Top Forces in the North Central Region
Government Leadership And Spending/Budget Priorities	• Regional and State level approach • Government's diversity of priorities • Community awareness and involvement in decision making	• Political Agendas, Influences and Policies	• Trust in government • Inability to flex • Diversity and inclusion • Political agendas/influences • Regional demographics • COVID-19 Pandemic
Sufficient Healthcare Workforce	• Retirement and burnout • Affordable housing • Mental health and providers	• Monies & Grants for Training • Minimum Wage Pending Legislation • Lack of Staff in Specific Industries (i.e., mental health & substance use disorders)	• Broadband and telehealth • Attracting healthcare professionals to rural areas • Severe shortage of mental health professionals
Access to health services	• Insurance dictates access to healthcare • Workforce shortages and staffing • Funding for health services in rural areas	• Cost & Access of Insurance • Large Poverty & ALICE* population in our region • Provider shortages & Rurality	• Rurality • COVID-19 impact on substance use and poverty • Provider access and affordability of care
Economic environment	• Affordable housing • Livable wage	• Education and Income Levels • Affordable Housing • Broadband Internet	• Broadband access • Political administration changes • Behavioral health issues on employment
Access to social services	• Mental health and substance misuse • Affordable housing • Broadband and skills to navigate virtual platforms	• Lack of housing (public/ affordable) • Isolation • Access to SUD services/ treatment facilities (alcohol, vaping, marijuana, prescription drugs)	• Insufficient number of providers • Affordable housing • Technology gap
Social context	• Access to assistance (food, paying utility bills) • Broadband • Social justice, equity and inclusion	• Environment and Climate Change • Access to accurate information / discernment of information • Affordable housing	• Broadband • ALICE population
Impacts related to COVID-19	• Rurality, connectivity, transportation, technology, education • Mistrust • Mental health	• Vaccinations coming out, recent adverse events • Overall decrease in mental health • Closing of businesses, loss of jobs	• Distrust in science and public health and political rhetoric • Economic impact • Family hardships

*ALICE refers to the population in our communities that are Asset Limited, Income Constrained, Employed. The ALICE population represents those among us who are working, but due to childcare costs, transportation challenges, high cost of living and so much more are living paycheck to paycheck.

Data Limitations

Community Health Status Assessment

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

Community System Assessment

- Completing the Community System Assessment is a means to an end rather than an end in itself. The results of the assessment should inform and result in action to improve the Community System's infrastructure and capability to address health

improvement issues.

- Each respondent self-reports with their different experiences and perspectives. Based on these perspectives, gathering responses for each question includes some subjectivity.
- When completing the assessment at the regional events or at the county level, there were time constraints for discussion and some key stakeholders were missing from the table.
- Some participants tended to focus on how well their organization adressed the focus areas for health improvement rather than assessing the system of organizations as a whole.

Community Themes and Strengths Assessment

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

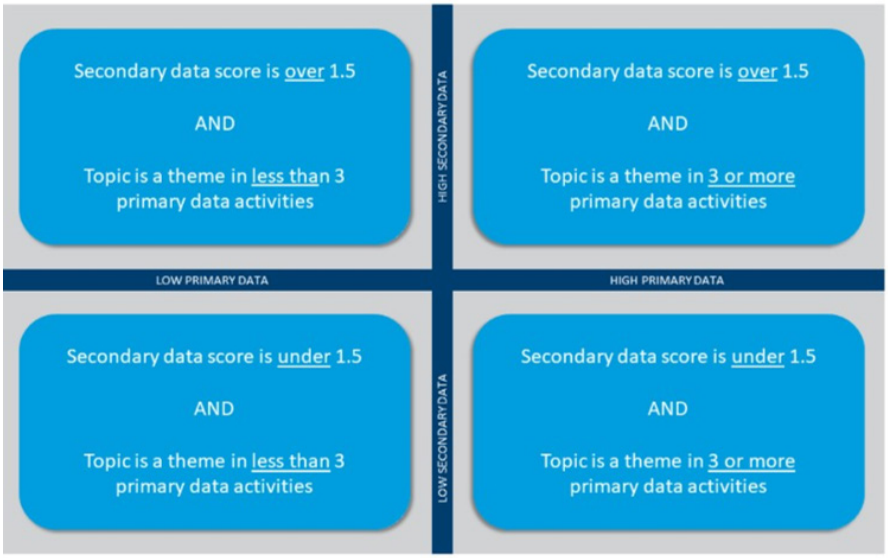
Forces of Change Assessment

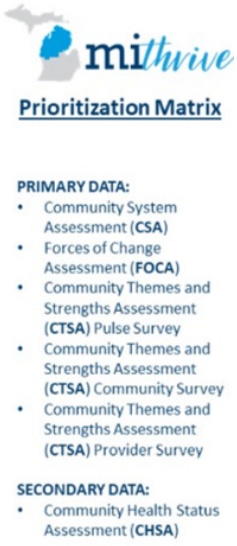
- Participants self-selected into one of eight Forces of Change Assessment topic areas during the events and discussed forces, trends and events using a standardized Facilitation Guide although facilitators and notetakers differed for the topic areas and events.
- These virtual events removed some barriers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

Identifying and Prioritizing Strategic Issues

To launch Phase 4, the MiThrive Core Support Team developed the MiThrive Prioritization Matrix (pictured below) to engage in data sensemaking. The Team sorted the data by categorizing the primary and secondary data as either high or low. Secondary data was collected in the Community Health Status Assessment (CHSA) and each indicator was scored on a scale of zero to three. This scoring was informed by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region, and comparing to the state, national, and Healthy People 2030 target when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data." Primary data was collected from the Community System Assessment, Community Themes and Strengths Assessment (Community Survey, Pulse Survey, and Healthcare Provider Survey), and the Forces of Change Assessment. If a topic emerged in three or more primary data activities, it was classified as "high primary data" where topics that emerged in less than three primary data activities were classified as "low primary data."

On November 16, 2021, MiThrive Design Team members met to sort the data for the Northwest, Northeast, and North Central Regions using the MiThrive Prioritization Matrix. The Team identified where the primary and secondary data converged by clustering data points based on topic, theme, and





interconnectedness. Given the interconnectedness of the social determinants of health and health outcomes, some data points were duplicated and represented in numerous clusters. Data clusters that fell into the High Secondary Data/High Primary Data quadrant of the MiThrive Prioritization Matrix were classified as significant health needs.

All of the assessments provide valuable information, but the health needs that occur in multiple data collection methods are the most significant.

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

- Behavioral Health
- Substance Misuse
- Safety and Well-Being
- Housing
- Economic Security
- Transportation
- Diversity, Equity, and Inclusion
- Access to Healthcare

In addition, themes emerged that were unique to each Region:

In **November 2021**, members of the MiThrive Steering Committee, Design Team, and Workgroups framed the significant health needs identified in each region as Strategic Issues, as recommended by the Mobilizing for Action through Planning and Partnerships Framework. Strategic Issues are fundamental policy choices or critical challenges that must be addressed for a community system to achieve its vision. Strategic Issues should be broad, which allows for the development of innovative, strategic activities as opposed to relying on the status quo, familiar, or easy activities. The broad strategic issues help align the overall community's strategic plan with the missions and interests of individual community system partners. This facilitated process included MiThrive Partners to review the data clusters as a whole and the individual data points that made up the significant health need.

In **December 2021**, 166 residents and community partners participated in the MiThrive Data Walk and Priority Setting Events in each of the three regions, Northeast, Northwest, and North Central. During these live events, participants engaged in a facilitated data walk and participated in a criteria-based ranking process to prioritize 2-3 Strategic Issues to collectively address in a collaborative Community Health Improvement Plan. For each Strategic Issue, a MiThrive Data Brief was prepared that summarized, by MiThrive Region, the results of the four assessments (See Appendix G).

North Central Region	Northeast Region	Northwest Region
Broadband Access	COVID-19	COVID-19
Food Secruity	Healthy Weight	Food Security
Healthy Weight		Built Environment

After engaging in the MiThrive Data Walk, participants were asked to complete a prioritization survey to individually rank the Strategic Issues. The ranking process used five criteria to assess each Strategic Issue including severity, magnitude, impact, health equity, and sustainability. Participant votes were calculated in real-time during the event revealing the top scoring Strategic Issues (example scoring grid provided below).

This transparent process elicited robust conversation around the top scoring Strategic Issues and participants identified alignment between the healthy weight Strategic Issue and chronic disease element in the access to healthcare Strategic Issue. Participants opted to combine these two Strategic Issues and wordsmith post event.

Northeast Region Strategic Issues	Northwest Region Strategic Issues	North Central Region Strategic Issues
How do we ensure that everyone has **safe, affordable, and accessible housing**?		
How can we increase comprehensive **substance misuse prevention and treatment services** that are accessible, patient-centered, and stigma free?		
How do we increase access and reduce barriers to **quality behavioral health services** while increasing resiliency and wellbeing?		
How can we nurture a **community and health-oriented transportation environment** which provides safe and reliable transportation access, opportunities, and encouragement to live a healthy life?		
How do we foster a community where everyone feels **economically secure**?		
How do we cultivate a community whose policies, systems, and practices are rooted in **equity and belonging**?		
How do we increase access to integrated systems of care as well as increase engagement, knowledge, awareness with existing systems to better **promote health, and prevent and treat chronic disease**?		
How do we ensure all community members are aware of and can access **safety and wellbeing supports**?		
How do we reduce the impact of **Covid-19** on our communities?	How do we foster infrastructure and opportunities for residents to live healthy lives?	How can we advocate for **increased broadband access and affordability**?
How can we create an **environment which provides access, opportunities, and support** for individuals to reach and maintain a **healthy weight**?	What policy, system and environmental changes do we need to ensure reliable access to healthy food?	How can we create an environment which provides access, opportunities, and support for individuals to **reach and maintain a healthy weight**?

Prioritizaiton Total Scoring Grid						
Strategic Issue	Severity	Magnitude	Impact	Health Equity	Sustainability	Total Score
How can we nurture a community and health-oriented transportation environment which provides safe and reliable transportation access, opportunities, and encouragement to live a healthy life?						
How do we ensure all community members are aware of and can access safety and well-being supports?						
How can we advocate for increased broadband access and affordability?						
How can we create an environment which provides access, opportunities, and support for individuals to reach and maintain a healthy weight?						
How do we increase access and reduce barriers to quality behavioral health services while increasing resiliency and wellbeing?						
What policy, system and environmental changes do we need to ensure reliable access to healthy food?						
How do we increase access to integrated systems of care as well as increase engagement, knowledge, awareness with existing systems to better promote health and prevent, treat chronic disease?						
systems, and practices are rooted in equity and belonging?						
How do we ensure that everyone has safe , affordable, and accessible housing?						
How can we increase comprehensive substance misuse prevention and treatment that are accessible, patient centered and stigma free?						
How do we foster a community where everyone feels economically secure?						

Following the Data Walk and Priority Setting Events, MiThrive partners and participants refined the prioritized Strategic Issues by wordsmithing the combined strategic issues, clarifying the language, and removing any jargon. This process included gathering feedback via a feedback and revision document sent out to MiThrive partners on January 5, 2022. Comments, feedback, and suggestions were collected over the course of a week and half, and the MiThrive Core Support Team updated the top-ranked Strategic Issues based on this feedback.

Key changes, based on revisions, are as follows:

- All three MiThrive Regions separated access to healthcare from chronic disease/healthy weight given the two distinct buckets of work. This change is reflected in the final top-ranked strategic issues below.
- The North Central and Northeast MiThrive Regions updated the term behavioral health to mental health.

The final top-ranked strategic issues in the MiThrive Regions are as follows:

DHD#10 counties are green.

North Central Region: Arenac, Clare, Gladwin, Isabella, **Lake**, **Mason**, **Mecosta**, **Newaygo**, **Oceana**, and Osceola.

- How do we increase access to quality mental health services while increasing resiliency and wellbeing for all?
- How do we increase access to health care?
- How do we reduce chronic disease rates in the region?
- How do we foster a community where everyone feels economically secure?

Northeast Region: Alcona, Alpena, Cheboygan, **Crawford**, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, and Roscommon.

- How do we increase access to quality substance use disorder services?
- How do we increase access to quality mental health services while increasing resiliency and wellbeing for all?
- How do we reduce chronic disease rates in the region?
- How do we increase access to health care?

Northwest Region: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, **Kalkaska**, Leelanau, **Manistee**, **Missaukee**, and **Wexford**.

- How do we ensure that everyone has safe, affordable, and accessible housing?
- How do we increase access to quality mental health and substance use disorder services while increasing resiliency and wellbeing for all?
- How do we increase access to health care?
- How do we reduce chronic disease rates in the region?

Priority Area Narratives

Key data points from the 2021 MiThrive Community Health Assessment for the 10-county DHD#10 jurisdiction are briefly discussed below.

Access to Quality Mental Health and Substance Use Disorder Services

Mental health is important to well-being, healthy relationships, and ability to live a full life. It also plays a major role in our ability to maintain good physical health because mental illness increases risk for many chronic health conditions. According to the U.S. Centers for Disease Control and Prevention, mental illness is common in the United States: more than 50% will be diagnosed with a mental illness at some point in their lifetime and one in five Americans will experience a mental illness in a given year, making access to mental health services essential.

Substance misuse impacts peoples' chances of living long, healthy, and productive lives. It can decrease quality of life, academic performance, and workplace productivity; increases crime and motor vehicle crashes and fatalities; and raises health care costs for acute and chronic conditions.

Health care providers across all three MiThrive regions identified substance use as a top issue impact-

ing their patients/clients. This ranked #1 out of 35 issues. Residents in the North Central and Northeast Regions identified substance use as a top issue impacting their community. This ranked #1 out of 35 issues. In the Northwest region substance use ranked #2.

A severe shortage of mental health and substance use disorder providers was also identified in the Community Health Status Assessment with the average Health Professional Shortage Area scores for mental health providers being higher than the State in all of the DHD#10 Counties except for Kalkaska County. Across the DHD #10 ten county region, stigma regarding mental illness and substance use disorders was noted as a barrier to care in the Forces of Change Assessment and the Community System Assessment. This stigma contributes to health disparities for populations experiencing mental illness and/or substance use disorders.

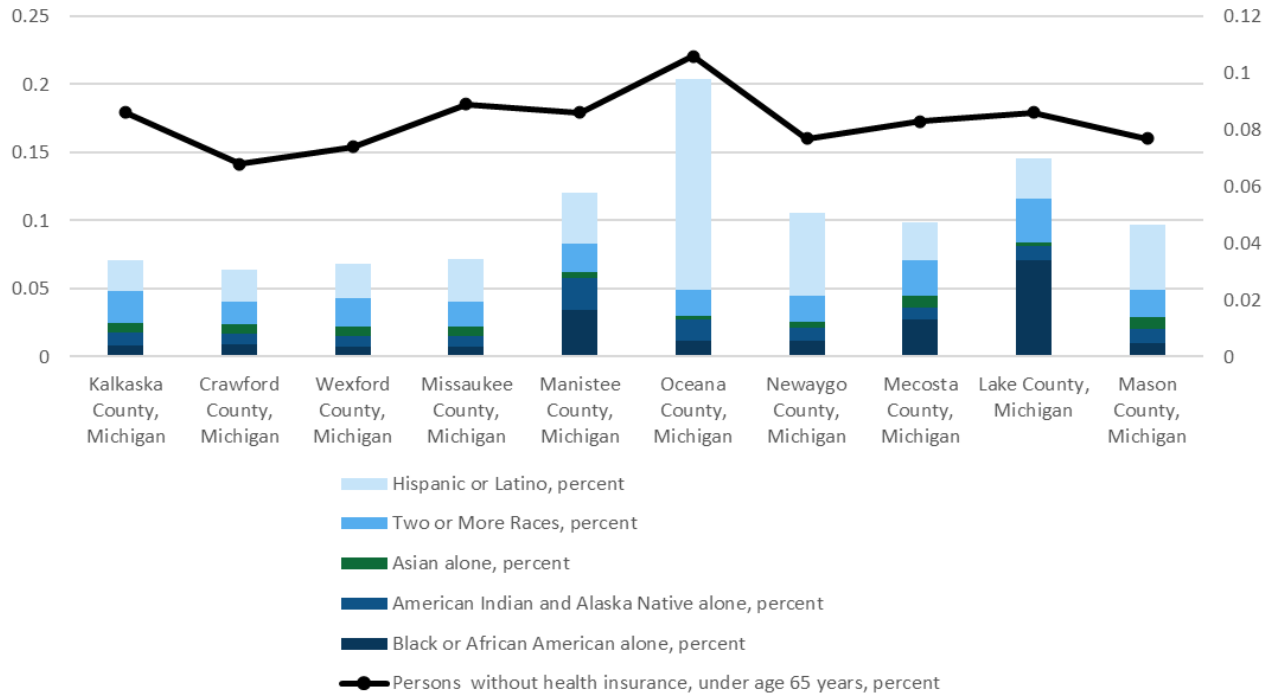
Access to Health Care

Access to health care services affects a person's health and well-being. It can prevent disease and disability, detect and treat illness and reduce the likelihood of an early death and increase life expectancy. Access to both physical and mental health services is important for all individuals, regardless of age, and includes factors like insurance status and the ability to cover the cost of care and time and transportation to travel to and from office visits.

Access to care was identified as a top theme in five of six data collection activities in the MiThrive North Central and Northeast Region and in six of six data collection activities in the Northwest Region. Access to quality health care services ranked number one among health care providers in the Northwest and North Central regions and ranked number two among residents in the Northwest and North Central regions as a top factor for a thriving community. The average HPSA Scores for Primary Care exceed the State rate (14), in Kalkaska County (15), Lake County (17), Mason County (15.3), Mecosta County (17.2), Missaukee County (15.5), Newaygo County (16.2), and Oceana County (17). The "sufficient healthcare workforce" and "access to care" were also identified as powerful forces impacting health across all three regions in the Forces of Change Assessment with participants citing rurality, provider access, and affordability of care as negative forces and the increasing use of telehealth as a positive force.

Some individuals and groups face more challenges getting healthcare than others. In the rural areas like DHD#10 counties, doctors and specialists may only be found in larger towns, so many residents must travel long distances to get healthcare. Low-income people and those living in rural areas face more challenges related to transportation, cost of care, difficulty navigating health insurance bureaucracy, inflexibility of work schedules, child-care, and other issues. Lack of cultural competency among healthcare providers can also become a barrier to care. If community residents who are ethnic minorities or identify as LGBTQ+ visit the doctor and perceive discrimination or inadequate understanding of issues that affect them, they may receive inadequate care or delay seeking needed healthcare in the future. Furthermore, people experiencing mental illness or substance use disorders are wary of seeking help as a result of the stigma around mental illness and substance use disorders.

Another example of inequities in access to care are the significant differences in insurance coverage among people of different races/ethnicities. In our



service area, this mostly impacts the Hispanic population. According to the 2020 U.S. Census, DHD#10 has an average Hispanic population of 4.6% and an average of 8.9% of the population does not have health insurance. Oceana County has the largest Hispanic population at 15.5% and the largest amount of people without health insurance at 10.6% (U.S.

Census, 2020). This correlation between lack of health insurance and Hispanic population size is statistically significant for DHD#10 ($r=0.7208$, $p<0.05$).

Chronic Disease

According to the US Centers for Disease Control and Prevention, chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the US. Leading causes of death in DHD#10 counties, are, by far, heart disease and cancer (2020, Michigan Department of Health and Human Services). All cancer incidence rates in Crawford, Kalkaska, Missaukee, and Wexford counties are higher than the State. Diabetes rates are higher than the State in all counties except Mason and Mecosta counties. Crawford County has a diabetes rate of 19.4% compared to 11.7% in the State. Heart disease rates are higher than the State in Crawford, Lake, Manistee and Wexford counties with Lake County having the highest rate of 149.8/100,000 versus 104.9/100,000 in the State.

Many chronic diseases are caused by a short list of risk behaviors, such as tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use. In the DHD#10 jurisdiction, the proportion of obese adults in the DHD#10 jurisdiction (36.7%) exceeds the State (34.7%) and the proportion of overweight adults in the jurisdiction (38.4%), exceeds the State rate (34.5%). (Source: 2018-2020 Michigan BRFS Regional & Local Health Department Estimates). According to MiThrive data, Missaukee County has the highest proportion of adult obesity at 42.4% and Lake County has the highest proportion of overweight adults at 44%. According to the 2018-2020 Michigan BRFS Regional & Local Health Department Estimates, 27.7% of adults in the DHD#10 jurisdiction report no leisure time activity as compared to 23.3% in the State of Michigan. Adults reporting current cigarette smoking is also higher in the DHD#10 jurisdiction (24.0%) versus the State (18.6%). Adults reporting heavy drinking in the DHd#10 jurisdiction is 6.9% compared to the State (6.4%).

Social determinants of health, or the conditions where people live, work and play and include factors like access to care, neighborhood safety, transportation, and greenspaces for physical activity. Social determinants of health are contributing factors to health inequities. For example, people without access to a safe place for physical activity may be more likely

to be obese, which raises the risk of other chronic diseases like heart disease and diabetes. Residents in the DHD#10 jurisdiction noted many barriers to physical activity in the MiThrive Community Survey, including—

- Not enough affordable physical activity programs.
- Living a great distance from places in the community to engage in physical activity or active transportation.
- Not enough pedestrian paths, trails, or walkways.
- Not enough affordable recreation facilities.

Also, pulse survey respondents ranked "promote nutrition and physical activity" as one of the top ways everyone has a chance to live the healthiest life possible.

Food insecurity also emerged as a theme across the assessments. Child food insecurity in all counties in the DHD#10 jurisdiction was identified as an indicator exceeding Michigan rates. DHD #10 counties ranged from 13.4% in Manistee County to 18.1% in Lake County as compared to 13% statewide.

Economic Security

Economic Security was identified as a priority strategic issue in the North Central Region which includes Lake, Mason, Mecosta, Oceana and Newaygo Counties.

Health and wealth are closely linked. Economic disadvantage affects health by limiting choice and access to proper nutrition, safe neighborhoods, transportation, and other elements that define standard of living. People who live in socially vulnerable areas live shorter lives and experience reduced quality of life. In the DHD#10 jurisdiction, many rural counties have populations experiencing economic disparities such as, low income, low levels of education, unaffordable housing, and food insecurity. The median household income in all counties in the DHD#10 jurisdiction is below the median household income in the State of Michigan ($57,144). Median household income ranges from $37,320 in Lake County to $51,725 in Mason County. There is a greater percentage of ALICE households in Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Oceana and Wexford Counties than in the State (25%). Crawford, Kalkaska, Lake, Mason, Mecosta, Newaygo, and Oceana counties have higher percentages of population living below the poverty level than the State (14.40%). All DHD#10 counties have a lower percentage of adults with a bachelor's degree or higher than the State (29.10%). The percentage of uninsured is higher than the State (5.50%) ranging from 9.7% in Kalkaska County to 5.60% in Crawford County. The percentage of population whose gross rent is equal to or more than 35% of household income is higher than the State (40.0%) in Crawford (41.9%), Lake (42.4%) and Mecosta (45.6%) Counties.

According to the Community Themes and Strengths Assessment, healthcare providers in Crawford, Kalkaska, Mecosta, and Oceana Counties identified economic instability as one of the top 3 issues impacting their patients.

In Crawford, Manistee, Mason, Mecosta, Newaygo, Oceana, and Wexford Counties economic instability was identified by residents as one of the top three issues impacting the community.
Health, education, and wealth are intrinsically linked. People with lower education levels typically work at low-wage jobs, limiting their choices in health care, proper nutrition, safe neighborhoods, transportation and other social determinants of health.

People who live in socially vulnerable areas live shorter lives and experience reduced quality of life. Census tracts in the DHD#10 jurisdiction have Social Vulnerability Indices at "high" or "moderate to high" in most of the district.

Data from the MiThrive Community Health Needs Assessment illustrates the theme of economic insecurity in the DHD #10 jurisdiction. Healthcare providers noted that economic instability as a top issue impacting patients and clients in the communities they serve.

ECONOMIC INDICATORS FOR COUNTIES IN DHD#10 JURISDICTION

	ALICE Households	Households below the poverty level	Children below the poverty level	Median Household Income
Michigan	25.0%	13%	20.0%	$57,144
Crawford	24.4%	17.1%	23.0%	$47,977
Kalkaska	26.5%	15.5%	20.5%	$46,898
Lake	36.3%	20.3%	31.5%	$37,320
Manistee	31.4%	11.3%	16.7%	$50,055
Mason	26.4%	13.9%	25.0%	$51,725
Mecosta	27.9%	20.1%	23.9%	$45,018
Missaukee	27.2%	12.8%	20.0%	$47,194
Newaygo	24.1%	15.0%	25.4%	$50,326
Oceana	30.7%	12.9%	20.3%	$50,104
Wexford	27.3%	14.8%	20.0%	$47,193

On average, pulse survey respondents were neutral when asked if there is economic opportunity in their community. Those who ranked economic opportunity low cited concerns regarding barriers to job availability, lack of housing, poor wages, lack of resources, childcare, transportation, and rurality.

Safe and Affordable Housing

Safe and affordable housing promotes good physical and mental health. Poor quality or inadequate housing contributes to chronic disease and injuries and can have harmful effects on childhood development. Housing affordability not only shapes home and neighborhood conditions but also affects the overall ability of families to make healthy choices.

Four counties in the DHD#10 jurisdiction have percentages of people with severe quality problems with housing that are the same or higher than the state (15%). These percentages range from 15% in Newaygo and Oceana Counties to 17% in Lake County. In Crawford (41.9%), Lake (42.4%) and Mecosta (45.6%) Counties, the percent of adults whose gross rent is >=35% of household income is higher than the State (40%). All of the counties in the DHD#10 jurisdiction have higher percentages of adults whose gross mortgage is >=35% of household income than the State (17.2%). These percentages range from 29.8% in Lake County to 18.9% in Wexford County.

According to the Community Survey of residents in the Community Themes and Strengths Assessment, lack of safe and affordable housing was identified as one of the top three issues impacting the community in Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties.

Next Steps

Now that the MiThrive Community Health Needs Assessment is complete, MiThrive Workgroups will be developing Community Health Improvement Plans for the top-ranked priorities in their region and overseeing the implementation. The MiThrive Community Health Improvement Plan will serve as the foundation for the DHD#10 Community Health Improvement Plan, with DHD#10 incorporating strategies specific to essential local public health services.

It is important to note that the strategies identified by MiThrive represent only one component of the complete plan. No one individual, community group, hospital, agency, or governmental body can be responsible for the health of the community. No one organization can address complex community issues alone. However, working together, we can understand the issues, and create plans to address them. It will be through this combined approach that we will achieve the greatest impact in improving and maintaining the health of our communities and residents.

If you are interested in joining a MiThrive Workgroup, please email mithrive@northernmichiganchir.org.

Definitions

Community Health Improvement Process

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

Community Health Needs Assessment

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

Community Health Improvement Plan

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

District Health Department#10 Implementation Strategy

The Implementation Strategy details which priorities identified in the Community Health Needs Assessment District Health Department #10 plans to address and how it will build on previous efforts and existing initiatives while also considering new strategies to improve health. The Implementation Strategy describes actions DHD#10 intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between DHD #10, the hospitals and community partners.

Acknowledgements

The 2021 MiThrive Community Health Needs Assessment is a regional, collaborative initiative led by the Northern Michigan Community Health Innovation Region (CHIR). It is designed to bring together hospitals, local health departments, community-based organizations, coalitions, agencies, and residents across 31 counties in Northern Michigan to collect data, identify strategic issues, and develop plans for collaboratively addressing them.

The MiThrive Core Team

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

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

- Jane Sundmacher, MEd, Northern Michigan Community Health Innovation Region Executive Director and MiThrive Lead
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- Rachel Pomeroy, MPH, CHES, Benzie Leelanau District Health Department
- Anna Reetz, Central Michigan District Health Department
- Devin Spivey, MPH, District Health Department #4

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

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MiThrive partners represent many sectors of the community, including:

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

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Shawn Washington, Lake County Habitat for Humanity
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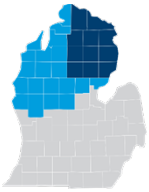

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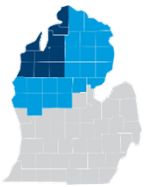

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- Cross Jurisdictional Sharing Mini-Grant from the Center for Sharing Public Health Services to implement the Mobilizing for Action through Planning and Partnerships (MAPP) Process' Health Equity Supplement
- Increasing Disability Inclusion in the MAPP Process Grant from the National Association of City and County Health Officials