

2021 COMMUNITY HEALTH NEEDS ASSESMENT

Alpena, Cheboygan, Montmorency, and Presque Isle Counties August 2023

Report Prepared By

Denise Bryan, MPA, Health Officer Devin Spivey, MPH, SRAS, Epidemiologist Brianna Hartley, MPH, Health Resource Advocate



Report feedback and questions can be sent to Webmaster@dhd4.org

Table of Contents

- 4 / Message from DHD4's Health Officer
- 5 / Executive Summary
- 8 / Introduction

9 / Mobilizing for Action through Planning and Partnership Community Health Needs Assessment Framework

- 10 / MiThrive Assessment Results
 10 / Community Health Status Assessment
 16 / Community Themes and Strengths Assessment
 25 / Community System Assessment
 28 / Forces of Change Assessment
- 29 / Data Limitations
- 31 / Identifying and Prioritizing Strategic Issues
- 33 / Priority Area Narratives
- 37 / Next Steps
- 37 / Definitions
- 38 / Acknowledgements

A MESSAGE FROM DHD4'S HEALTH OFFICER

"Healthy families create healthy communities."

As a Chief Health Strategist, District Health Department No. 4 (DHD4) is a proud leader in the Northeast for the Northern Michigan Community Health Innovation Region (CHIR), a network comprised of health departments, health systems, mental health agencies, and community-based organizations across 31-counties working together for the greatest collective impact. Every three years, the CHIR convenes a diverse team of partners to conduct a regional Community Health Needs Assessment (CHNA), MiThrive.



Outlined on the following pages is the extensive, phased MiThrive assessment process as well as a breakdown of the top three (3) priority needs identified for the DHD4 jurisdiction, covering Alpena, Cheboygan, Montmorency and Presque Isle Counites. There is a tremendous amount of pride in our communities recognizing how caring and connected we are in northeast Michigan. During the 2021 assessment process, MiThrive made a concerted effort to gather more health equity data than ever before and engage a diverse range of stakeholders, including many residents, in the assessments. This inclusive approach ensures that the results are truly representative of the community's needs and priorities.

We know that simply promoting healthy choices won't close gaps in access to mental and physical healthcare or eliminate health disparities that exacerbate chronic conditions and inequities in our communities. Instead, public health organizations and their partners in sectors like healthcare, education, transportation, and housing can collectively take actions to improve environmental conditions and increase social support that allow people to thrive. Given the findings in this report, DHD4 is committed to implementing the 2023 Northeast Community Health Improvement Plan to address the priority areas identified.

We are thankful for the MiThrive Steering Committee, Design and Core Teams, as well as the Northeast Workgroup and all the partners across various sectors of the community who made the 2021 MiThrive cycle a success.

Here to serve,

Denise M. Bryan, MPA



Executive Summary

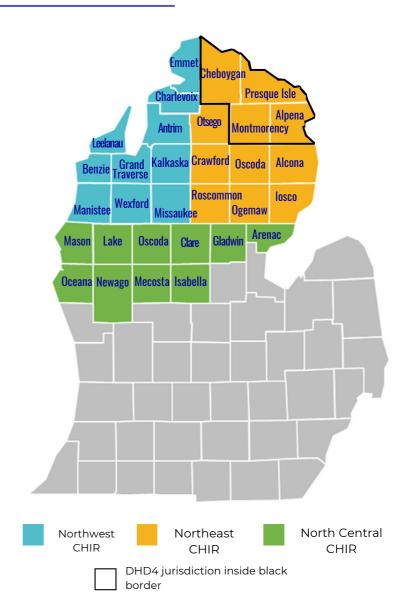
In a remarkable partnership, hospitals, health departments, and other community partners in Northern Michigan join together every three years to take a comprehensive look at the health and well-being of residents and communities. Through community engagement and participation across a 31-county region, the MiThrive Community HealthNeeds 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 healthcare providers. Our findings show our communities face complex interconnected issues, and these issues harm some groups more than others.

Report Goals and Objectives

- Describe the current state of health and well-being in the District Health Department No. 4 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 а 31-county region partnership through а of hospital systems, local health other departments, and community partners. Our aim is to leverage resources while still addressing unique local needs for high-guality, 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 No. 4 jurisdiction includes Alpena, Cheboygan, Montmorency, and Presque Isle Counties, which are located in the Northeast CHIR Region. 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 various primary data collection methods and existing statistics. From the beginning, our goal was to engage residents and many diverse community partners in data collection methods.

To accurately identify, understand, and prioritize strategic issues, MiThrive combines quantitative data, 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?". This assessment aims 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 the US Census Bureau.
- Community System Assessment: The Community System Assessment focuses on organizations contributing 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 the were convened in Northwest. Northeast, and North Central MiThrive regions, where participants discussed various attributes

of the community system. These were followed by related discussions at the county or two-county level.

Community Themes & 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 Forces of Assessment, the 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.

MiThriv	e Data Collection in 31-County Region
100	Local, state, and national indicators collected by county for the Community Health Status Assessment
152	Participants in three Community System Assessment regional events
396	Participants in focused conversations for the Community System Assessment at 27 community collaborative meetings
3,465	Residents completed the Community Surveys for the Community Themes and Strengths Assessment
840	Residents facing barriers to social determinants of health participated in Pulse Surveys conducted by community partners for the Community Themes and Strengths Assessment
354	Physicians, nurses, and other clinicians completed Healthcare Provider Survey for the Community Themes and Strengths Assessment
199	Participants in three Forces of Change Assessment regional events

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 and strengths Assessment, and Forces of Change Assessment
- Reaching out to medically underserved and low-income populations through Pulse Surveys administered by organizations that serve them
- Increasing inclusion of people with disabilities in the community health needs assessment through a 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.

Following analysis of primary and secondary data collected during the 2021 MiThrive Community Health Assessment, 10-11 significant health needs emerged in each of MiThrive Regions (North Central, the Northeast, and Northwest). Members of the MiThrive Steering Committee, Design Team, three Workgroups framed these and 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 criteriabased process, participants ranked the Strategic Issues as listed below. Severity, magnitude, impact, health equity, and sustainability were the criteria used for this ranking process.

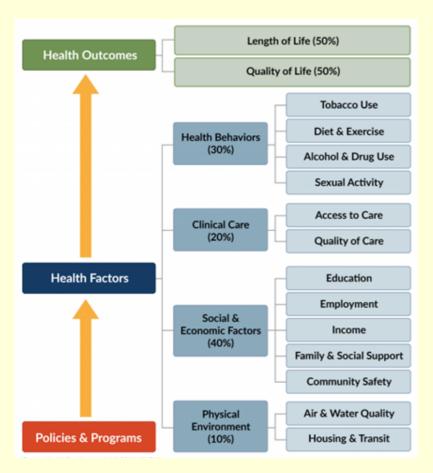
Significant Health Nee for Northeast Region	
Access to Healthcare & Chronic Disease Prevention	×
Economic Security	×
Equity	×
Housing Security	×
Mental Health	×
Safety and Well-Being	×
Substance Use	×
Transportation	×
Broadband Access	
Food Security	
Healthy Weight	×
COVID-19	×
Built Environment	

The 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?

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.



The County Health Rankings Model of How Health Happens provides a broad understanding of health, describing the importance of social health, determinants of organized in the categories of health behaviors, clinical care, social and economic factors, and the physical environment. It illustrates community how 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 Steering to the Committee. In addition to approving the Data Collection Plans, the Steering Committee updated the MiThrive Vision and Core Values and provided oversight the community health to needs assessment. The regional Workgroups (Northwest. Northeast. North and Central) assisted in the 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 planning their involvement in 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 inperson 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 framework practice 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 health needs community 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 guality 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 Social Vulnerability Index by Census Tract jobs with fair pay, quality education and housing, safe environments, and healthcare. All of these community conditions combine to limit the opportunities and chances for people to be healthy. The resulting differences in health outcomes (like risk of disease or early death) are known as "health inequities".

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

MiThrive Assessment Results

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 political homes, participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and wellbeing. 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.

Health

health

entails

address

the

equity

realization of all people of highest

level of health. Achieving

valuing all individuals and populations equally, and

ongoing societal efforts to

inequities by ensuring the

conditions for optimal health for all groups.

--Adewale Troutman

Health equity, Human

the Direction for Global

Rights and Social Justice: Social Determinants as

focused

is

equity requires

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the

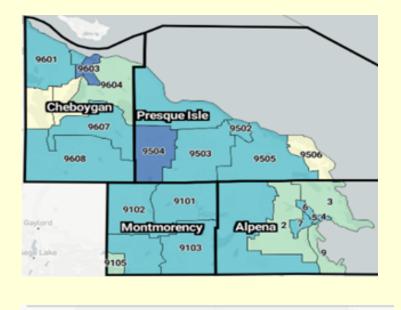
and

avoidable

Health

As illustrated in the map at right, census tracts in the DHD4 jurisdiction have Social Vulnerability Indices at "moderate to high" in majority of the district.

Social Vulnerability Index by Census Tract in the DHD4 Jurisdiction, 2022



A percentile ranking, with higher values indicating more vulnerable population Low to Mod. Mod. to High High Unknown, <150 Population Low

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

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

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

Each indicator was scored on a scale of 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 13 statistics scored above 1.5 across all counties in the DHD4 jurisdiction, indicating they were worse than the National overall or State rates:

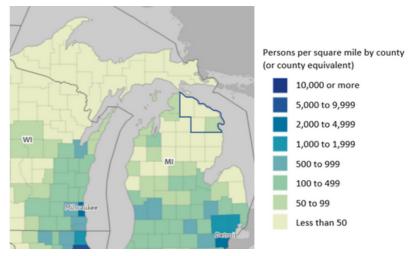
- Median household income (dollars)
- Unemployment rate
- Adults: No personal health check up in the last year
- Average HSPA Score Mental Health
- Child food insecurity
- Population food insecurity
- Children 0-4 receiving WIC
- Heart disease (adults)
- Self-reported health assessment fair or poor
- All Cancer (per 100,000)
- Drug-induced mortality
- Alcohol induced mortality
- Fatal motor vehicle crash involving alcohol

Please see Appendix B for more statistics that scored above 1.5 and values for these indicators for each county within the DHD4 jurisdiction.

Geography and Population Rurality by County

Health Jurisdiction Demographics

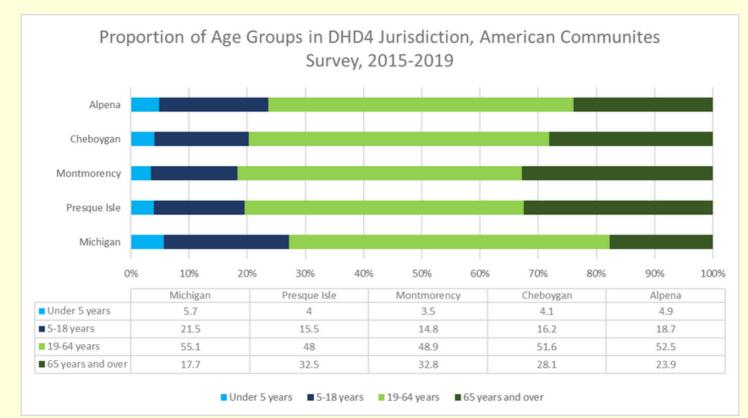
DHD4's jurisdiction is situated in a rural area of the lower peninsula of Michigan on the northeast side of the state. This is one of its most important characteristics as rurality influences health and wellbeing. Within the health jurisdiction, there are 64,351 individuals. Numerous social and economic 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.

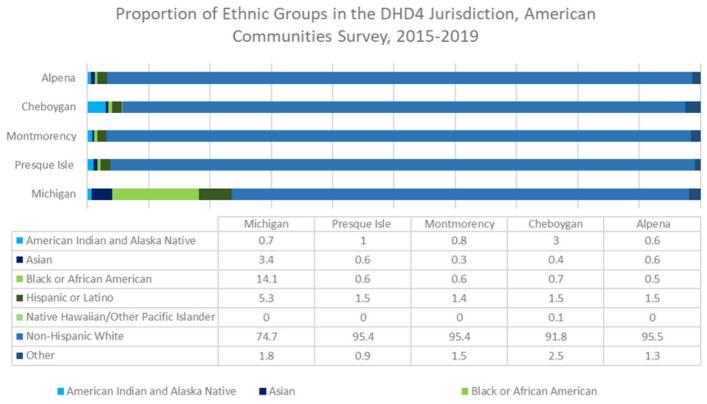


Source: U.S. Census Bureau, 2020 Census Demographic Data Map Viewer

Total population in 2019 for each county ranges from 9,328 in Montmorency County to 28,405 in Alpena County. When broken down by age group, Montmorency County has the lowest percent of people under age 5 (3.5%) and Alpena County has the highest at 4.9%. All four counties in the DHD No. 4 jurisdiction have a lower percentage of residents under age 5 than Michigan. In the under 18 age group, Montmorency County has the lowest percent at 14.8% and all four counties are under the Michigan percent. All four counties have higher percentages of individuals aged 65 and over compared to the Michigan rate of 17.7% ranging from 32.8% in Montmorency County to 23.9% in Alpena 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 four counties in the DHD No. 4 jurisdiction are predominately White, with the highest percentage in Alpena County (95.5%). The highest percentage of Blacks are reported in Cheboygan County (0.7%). The lowest percent of Hispanic Population is found in Montmorency County (1.4%). The highest percent of American Indian population is reported in Cheboygan County (3.0%).



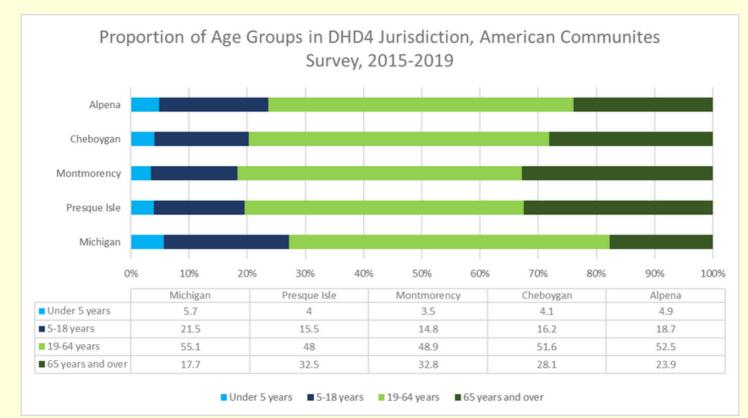


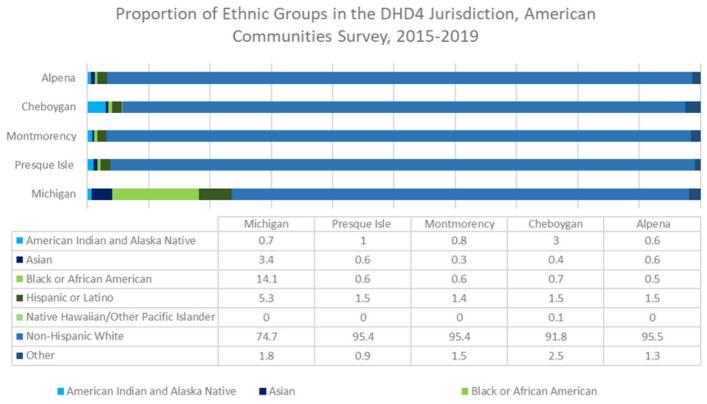
Hispanic or Latino

Native Hawaiian/Other Pacific Islander Non-Hispanic White

Other

Cheboygan County (0.7%). The lowest percent of Hispanic Population is found in Montmorency County (1.4%). The highest percent of American Indian population is reported in Cheboygan County (3.0%).



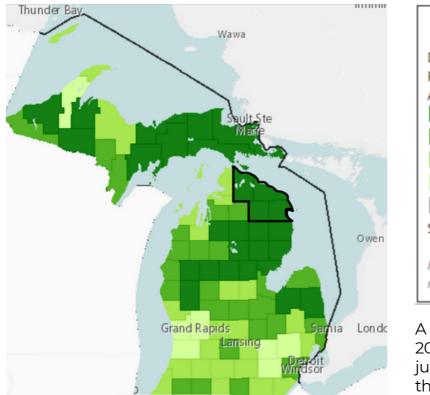


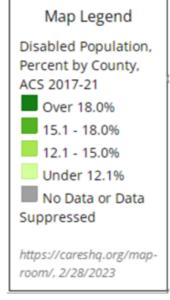
Hispanic or Latino

Native Hawaiian/Other Pacific Islander Non-Hispanic White

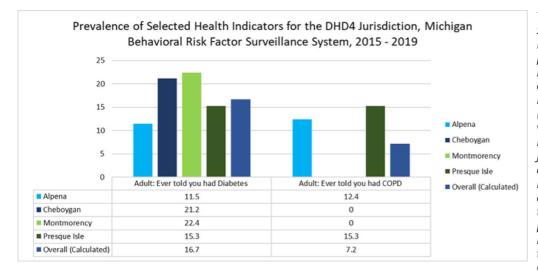
Other

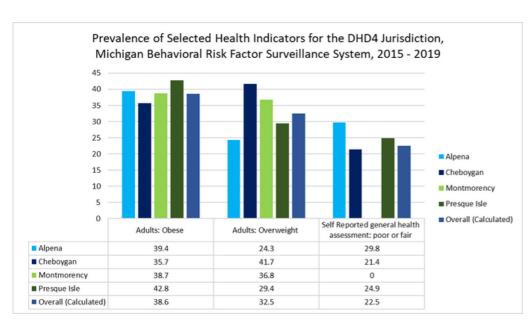
Proportion of Disabled Population in DHD4 Jurisdiction, American Communities Survey, 2015-2019





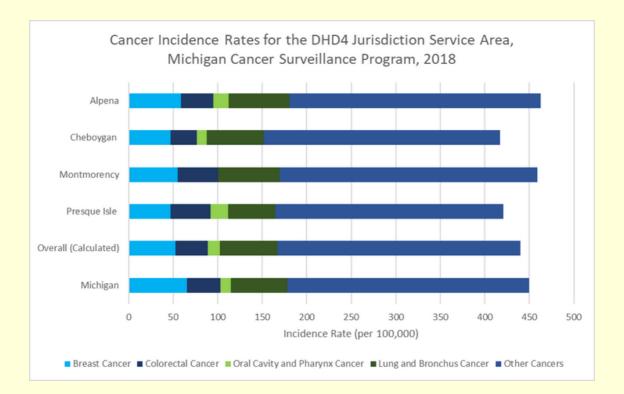
A greater proportion of people--about 20.0%-- of the people in the DHD4 jurisdiction have a disability compared to the State (14.1%).





The Michigan Behavioral Risk Factor Survey (BRFSS) asked adults within all DHD4 counties if a medical professional has ever told them they had diabetes. DHD4 overall had 16.7% of its resident's report being told they had diabetes. Montmorency County (22.4%) had the highest prevalence while Alpena County (11.5%) had the lowest. Adult respondents in the DHD4 jurisdiction were also asked to report at least 14 days having poor mental health, this data was suppressed for all four counties. Individuals ever being told they had chronic obstructive pulmonary disease (COPD) was the highest in Presque Isle County (15.3%), this data was suppressed for both Cheboygan and Montmorency Counties.

All the counties have a high prevalence of individuals who are overweight or obese. The BRFSS shows that Presque Isle (42.8%) and Alpena (39.4%) counties have the highest prevalence of obesity. While Cheboygan (41.7%) and Montmorency (36.8%) counties have the highest prevalence of individuals who are overweight. This partially contributes to the next indicator which is self-reported general health. For this indicator, 22.5% of DHD4 reported having poor or fair general health. Alpena County had the highest prevalence of poor or fair general health at 29.8%, this data was suppressed for Montmorency County.



IIn 2018, Cheboygan County had the lowest of all cancer incidence at 417.2 while Alpena County had the highest incidence at 462.5. Michigan's incidence is 449.6 while DHD4 overall is 440.0. Within the DHD4 jurisdiction, only two counties (Alpena and Montmorency) have cancer incidence rates higher than the state. DHD4 overall has lower breast and colorectal cancer incidence rates compared to the state. For breast cancer, none of the four counties have a higher incidence rate than Michigan. For colorectal cancer, Presque Isle (44.75) and Montmorency (45.65) counties are higher than Michigan's rate at 37.3. The DHD4 jurisdiction has a higher incidence rate than the state at 64.6 to 62.9 for lung and bronchus cancer. Alpena and Montmorency counites both have the highest rate at 68.9. Overall, three of the four counties have lung and bronchus cancer incidence rates higher than the state. For oral cavity and pharynx cancer, DHD4 has a higher incidence rate than the state at 13.5 to 12.0. Presque Isle County has the highest incidence at 20.0.

DHD4 Jurisdiction Mortality Rates by Census Tract Poverty Level, MDHHS Vital Statistics, 2019

		Poverty Level in Census Tract							
		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%-100.0% of Population in Poverty				
	Michigan	647.7	710.3	780.6	987.8				
/ Rates	DHD No. 4 (Calculated)	0	203.0	396.1	375.2				
d Mortality 100,000)	Alpena	0	443.8	594.2	656.8				
usted N (per 10	Cheboygan	0	306.4	563.3	777.8				
Age-Adjusted Mortality Rates (per 100,000)	Montmorency	0	0	582.9	576.4				
	Presque Isle	0	654.6	619.1	263.9				

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 DHD4 due to the low number of individuals who fall into the more affluent category. The highest mortality rate (396.1 deaths per 100,000) within the DHD4 jurisdiction is in the category of 10.0% to 19.9%.

Approximate Mortality Rates by Race and Sex for the DHD4 Jurisdiction Service Area, MDHHS Vital Statistics, 2020

Mortality Rate (per		Black			White			Other	
100,000)	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)	•	•	•	1620.0	1730.0	1510.0	860.0	670.0	1040.0
Alpena	•	•	•	1470.0	1590.0	1350.0	•	•	•
Cheboygan	•	•	•	1600.0	1680.0	1530.0	980.0	•	1030.0
Montmorency	•	•	•	2110.0	2130.0	2080.0	•	•	•
Presque Isle	٠	•	•	1640.0	1850.0	1440.0	•	•	•

*Suppressed due to low mortality counts

Mortality Rate (per 100,000)	Male	Female	Total
Michigan	1084.3	822.9	951.5
Overall (Calculated)	972.93	741.7	858.1
Alpena	972.5	674.4	823.0
Cheboygan	921.2	745.7	834.3
Montmorency	1233.2	1093.0	1165.5
Presque Isle	886.0	642.0	764.3

In Michigan, the crude mortality rate for black individuals is higher than white; however, in DHD4, there is a higher mortality rate for white individuals than black. 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 DHD4 for white races.

Mortality Rates for Males by Age Group in DHD4 and Michigan, MDHHS Vital Statistics, 2020

Males Only Mortality Rate (per 100,000)	<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
Overall (Calculated)	56.0	240.4	234.1	439.8	1060.8	1467.0	6185.9
Alpena	0.0	169.1	120.9	361.4	1056.0	1606.3	6840.4
Cheboygan	178.0	296.0	314.5	73.8	1027.6	1446.95	5905.2
Montmorency	0.0	347.2	533.3	1860.5	886.3	1268.1	6601.0
Presque Isle	0.0	233.9	183.8	463.0	1280.6	1418.4	5365.9

Mortality Rates for Females by Age Group in DHD4 and Michigan, MDHHS Vital Statistics, 2020

Females Only Mortality Rate (per 100,000)	<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
Overall (Calculated)	99.6	77.1	109.6	203.1	530.5	754.4	5826.8
Alpena	93.4	93.7	66.1	258.6	494.1	400.6	5447.6
Cheboygan	63.9	114.2	162.1	0.0	531.9	1004.0	5988.8
Montmorency	366.3	0.0	280.1	956.9	451.8	1077.4	7572.6
Presque Isle	0.0	242.2	0.0	0.0	667.4	706.2	5069.4

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

The one county with available data, Cheboygan, had a higher male mortality rate than Michigan for the ages less than 1 to 14 years. Additionally, all four counties have a higher male mortality rate than Michigan for ages 15-29. Montmorency has the highest male mortality rate for males ages 30 to 39 and 40 to 49.

Three counties; Alpena, Cheboygan, and Montmorency have a higher female mortality rate than Michigan for ages less than 1 to 14 years. Additionally, three counties; Alpena, Cheboygan, and Presque Isle have a higher female mortality rate than Michigan for ages 15-29. Montmorency has the highest female mortality rate for females ages 30 to 39 and ages 40 to 49.

• Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant "What is by answering the questions, 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 Themes Community and Strengths Assessment, the MiThrive Design Team designed three types of surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey.

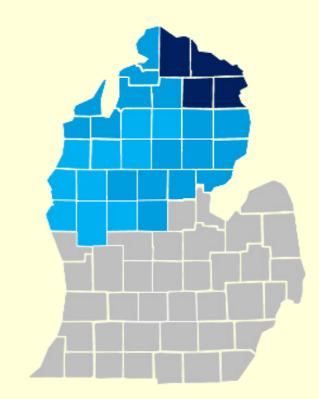
(Please see Appendix D for survey instruments).

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. Community Survey asked The also respondents to identify assets in their communities. Please see Appendix C for assets identified for the District Health Department No. 4 jurisdiction service area.

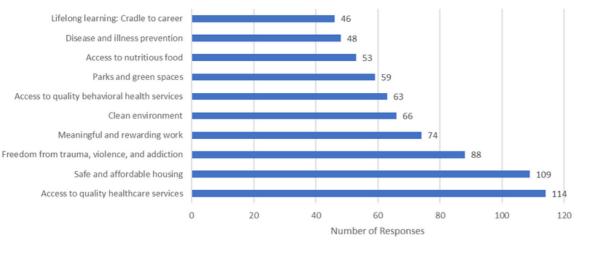
Community Surveys were administered electronically and via paper format in both English and Spanish. The electronic version of the survey was available through an electronic link and QR code. The survey was open from Monday, October 4, 2021, to Friday, November 5, 2021.



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. Three hundred and twenty six surveys were collected from Alpena, Cheboygan, Montmorency, and Presque Isle Counties.



A total of **326** community survey responses were collected in **the** DHD4 jurisdiction. Alpena County = 131 responses Cheboygan County = 120 responses Montmorency County = 33 responses Presque Isle County = 43 responses



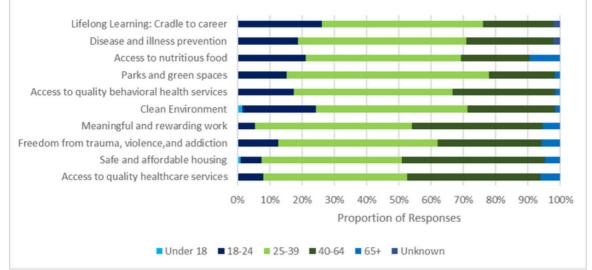
Top Ten Important Factors for a Thriving Community as Identifed by

Residents of DHD4, MiThrive Community Themes and Strengths

Assessment, 2021 (n= 326)



Top 10 Factors for a Thriving Community by Proportion of Respondent Ages in DHD4, MiThrive Community Themes and Strengths Assessment, 2021 (n=326)

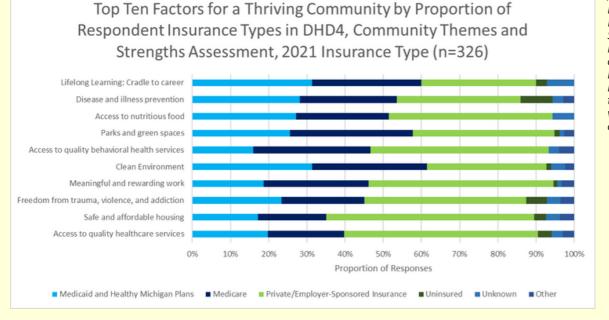


A larger proportion of individuals aged 25 to 39 responded that access to quality healthcare services was an important factor for a thriving community when compared to the other top nine factors. Safe and affordable housing, as well as freedom from trauma, violence and addiction, was also important to this age group.

Top Ten Factors for a Thriving Community by Proportion of Respondent Yearly Household Income in DHD4, MiThrive Community Themes and Strengths Assessment, 2021 (n=326)

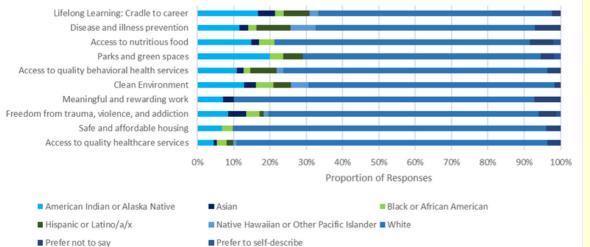


A large proportion of individuals with a yearly household income of \$20,000 to \$39,999 responded that safe and affordable housing was an important factor for a thriving community when compared to the other top nine factors.



A larger proportion of individuals 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.



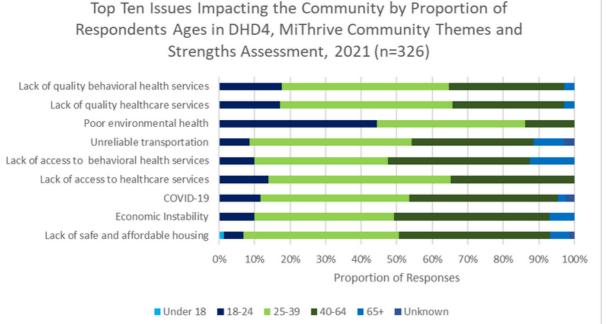


A larger proportion of American Indian or Alaskan Native individuals responded that parks and green spaces was an important factor for a thriving community when compared to the other top nine factors.



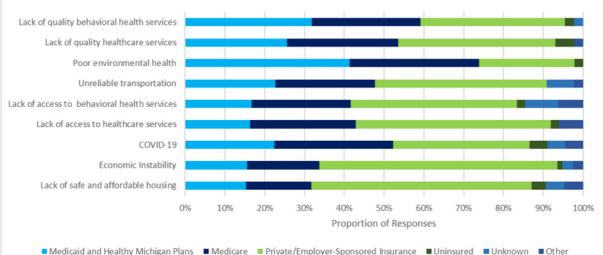
Top Ten Issues Impacting the Community as Identified by the Residents of DHD4, MiThrive Community Themes and Strengths Assessment, 2021 (n=326) Lack of quality behavioral health services Lack of quality healthcare services Poor environmental health 35 Unreliable transportantion 35 Lack of access to behavioral health services Lack of access to healthcare services 43 COVID-19 43 Economic instability Lack of safe and affortable housing 0 10 20 50 60 70 80 30 40 Number of Responses

Note: Additional factors included Access to Child Care, Lack of Community Engagement, Obesity, Aging problems (e.g. arthritis, hearing/vision loss, etc.), Lack of access to nutritious foods, Motor vehicle crash injuries, Sexually transmitted infections, Cancer, Neighborhood and built environment, Civic engagement, Dental problems, Diabetes, Disability accessibility, Domestic violence, Heart disease and stroke, High blood pressure, HIV/AIDS, Homicide, Infant death, Infectious diseases (e.g. hepatitis, tuberculosis, etc.), Racism and discrimination, Rape/sexual assault, Respiratory/lung disease, Lack of quality education, Suicide, Teenage pregnancy, Poor environmental health, Lack of access to education, Firearm-related injuries. Factors are not listed in order.

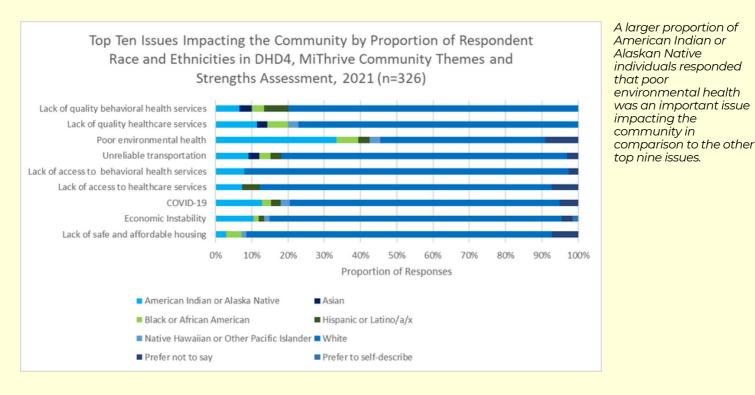


A larger proportion of individuals aged 25 to 39 responded that lack of safe affordable housing was an important issue impacting the community when compared to the other top nine issues.

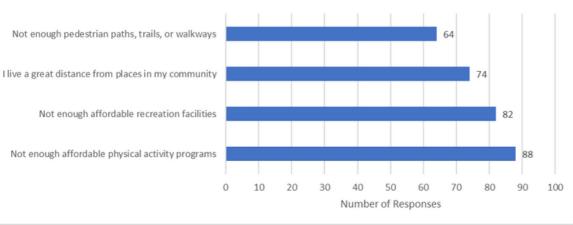
Top Ten Issues Impacting the Community by Proportion of Respondent Insurance Types in DHD4, Community Themes and Strenghts Assessment, 2021 (n=326)



A larger proportion of individuals with Private/Employer-Sponsored Insurance responded that economic instability was an important issue affecting the community when compared to the other top nine issues.



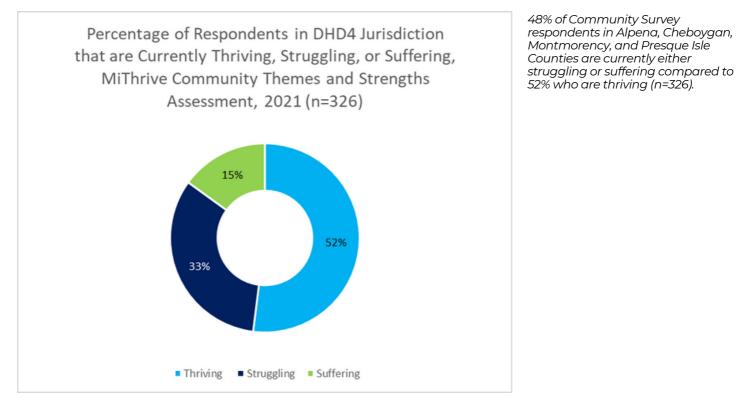
Top Four Issues Preventing Individuals from Engaging in More Physical Activity as Identified by Residents of DHD4, MiThrive Community Themes and Strenghts Assessment, 2021 (n=326)



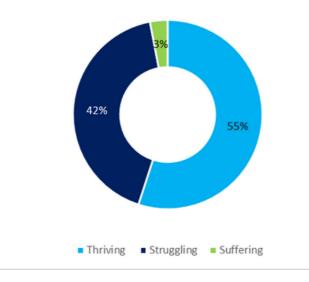
Top Four Issues Preventing Individuals from Engaging in More Physical Activity by Proportion of Respondent Yearly Household Incomes in DHD4, MiThrive Community Themes and Strengths Assessment, 2021(n=326)



Individuals with a yearly household income of \$20,000 to \$39,999 make up a larger proportion of those who said not enough affordable physical activity programs prevented them from being more physically active in their community compared to the other top issues. Survey respondents were asked to image 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 (top figure) and where they felt they would stand three years from now (bottom figure).



Percentage of Respondents in DHD4 Jurisdiction that Predict in Three Years to be Thriving, Struggling, or Suffering, MiThrive Community Themes and Strengths Assessment, 2021 (n=326)



45% of Community Survey respondents in Alpena, Cheboygan, Montmorency, and Presque Isle Counties predict they will either be struggling or suffering compared to 52% who predict they will be thriving three years from now (n=326).

On average, Community Survey respondents in Alpena, Cheboygan, Montmorency, and Presque Isle Counties felt they would move at least one step higher on the ladder three years from how they scored themselves presently.

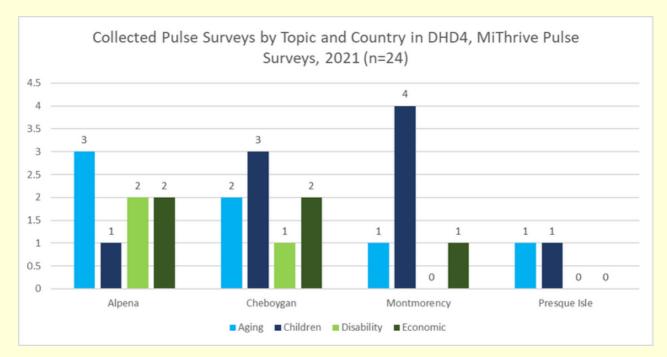
*The Cantril-Ladder self-anchoring scale is used to measure subjective wellbeing. Scores can be grouped into three categories- thriving, struggling, and suffering. Cantril's Ladder data was analyzed separately for the purpose of the 2021 MiThrive Community Health Needs Assessment.

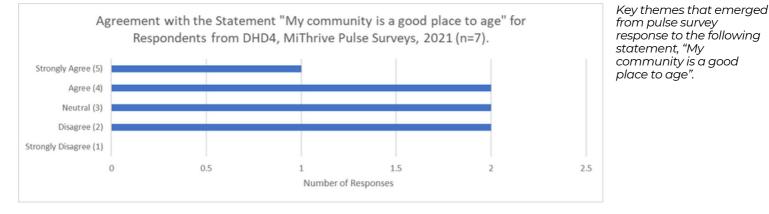


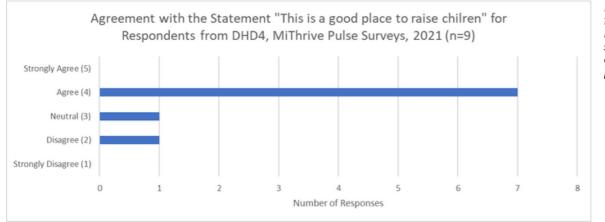
Pulse Survey: The purpose of the Pulse Survey was to gather input from people and populations facing barriers and inequities in the 31-county MiThrive region. It was a fourpart data collection series, where each topicspecific questionnaire was conducted over two weeks resulting in an eight-week data 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 inperson interviews, phone interviews, in-person paper surveys, and through client text services. Pulse Survey questionnaires were provided in English and Spanish. Each Pulse Survey focused on a different quality of life topic area (aging, economic security, children, and disability) using a Likertscale question and open-ended topic-specific question. Additionally, each survey included an open-ended equity question. Within the DHD4 jurisdiction, there were 7 aging, 9 child, 3 disability, and 5 economic surveys collected for a total of 24 responses.

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





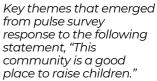


Strongly Agree (5)

Strongly Disagree (1)

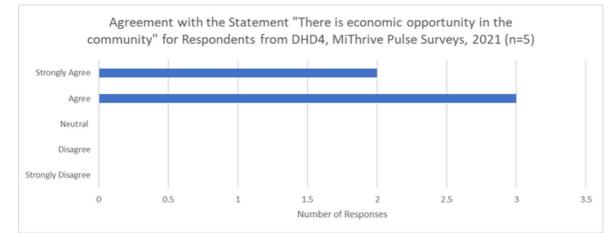
Agree (4) Neutral (3) Disagree (2)

0



Agreement with the Statement "In this community, a person with a disability can live a full life" for Respondents from DHD4, MiThrive Pulse Surveys, 2021 (n=3) life." 0.5 1.5 2.5

Key themes that emerged from pulse survey response to the following statement, "In this community, a person with a disability can live a full



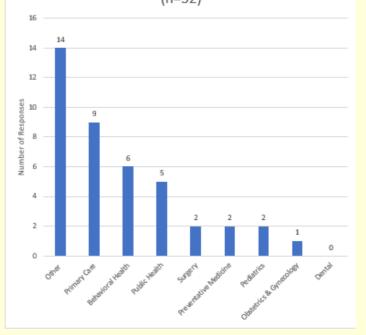
Number of Responses

Key themes that emerged from pulse survey response that rated to the following statement, *"There is economic* opportunity in the community.'

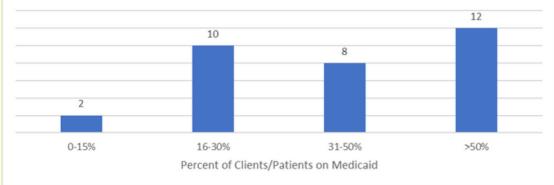
Healthcare Provider Survey:

Data collected for the Healthcare Provider Survey was gathered through a selfadministered, 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. Ninety-one providers completed the Healthcare Provider Survey in the DHD4 jurisdiction. Reported Specialties of Healthcare Professional Respondents that Work in the DHD4 Jurisdiction, MiThrive Community Themes and Strengths Assessment, 2021 (n=32)

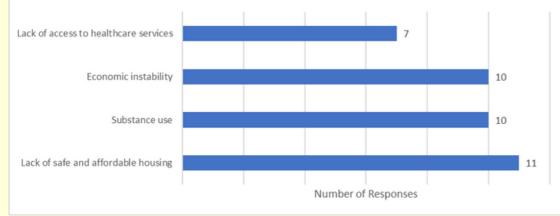


Percentage of All Provider's Clients/Patients That are on Medicaid According to Provider Respondents, MiThrive Community Themes and Strengths Assessment, 2021 (n=32)

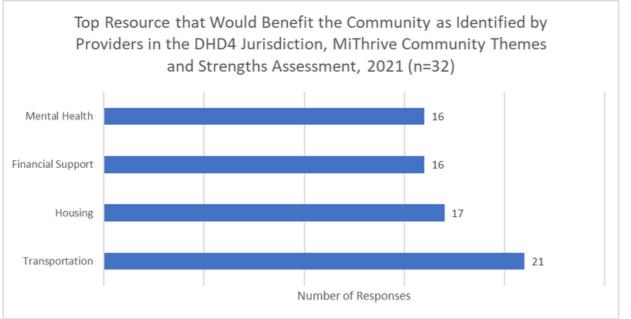


37.5% of providers in this region reported that >50% of patients/clients they serve are on Medicaid.





Providers think that safe and affordable housing is the most important factor for patients/clients in the community they serve.



53% of providers answered substance abuse services are missing in their community that would benefit their patients/clients they serve.

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 System Assessment Community 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 Survey

Focus Area and Definition	System Strengths in the Northeast Region
Resources: A community asset or resource is anything that can be used to improve the quality of life for residents in the community	 Organizations in the system know what resources are available. Organizations work together to connect people to the resources they need.
Policy: A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	 Many organizations in the system work together to alert policymakers and the community of possible public health effects from current or proposed policies
Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes	None identified
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	 The Community System is composed of many diverse partners
Workforce: The people engaged in or available for work in a particular area	 Michigan Works! Is a great asset to address workforce issues
Leadership: Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community.	 There are Individuals and organizations in the System that want to help.
Community Power/Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	 There is connection and collaboration in the Community System
Capacity for Health Equity: Assurance of the conditions for optimal health for all people	 Data is collected regarding needs of residents in the community





Community System Assessment - System Opportunities for Improvement Summary

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

Follow-up conversations at the local Community Collaboratives and other countylevel groups.

Subsequently, focused conversations were held at county-level collaboratives and other cross-sector groups in the DHD4 jurisdiction.

<u>Alpena County:</u> Alpena County Human Service Coordinating Council

The council chose "Work force" as the most important focus area to work on in Alpena County. In the discussion the following themes emerged:

- People need to be moved into jobs that can provide a living wage.
- More job training is needed, perhaps offering more job shadowing for students.
- Available jobs do not always offer a desirable wage to make a living.
- There needs to be more affordable childcare for working parents.

<u>Cheboygan County:</u> Cheboygan County Human Services Collaborative Body

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

- Reduce Stigma and educate the community regarding stigma and the effects of stigma
- There is a need for more public transportation
- There needs to be more community outreach and engagement from local agencies, local agencies could develop a community resource guide
- There is a need for more safe and affordable housing

<u>Montmorency County:</u> Montmorency County Human Service Coordinating Council

The Coordinating Council chose "Community Engagement" as the most important focus area to work on in Montmorency County.In the discussion the following themes emerged:

- There is a need for more engagement and community outreach from agencies at the county level
- COVID-19 has had an impact on community engagement
- There is a want for more in-person meetings rather than virtual
- There is a struggle with gathering local data

<u>Presque Isle County:</u> Presque Isle County Human Service Coordinating Council

The Presque Isle County Coordinating Council chose "Resources" as the most important focus area to work on in Presque Isle County. In the discussion the following themes emerged:

- There is a need for more engagement and community outreach from agencies at the county level
- COVID-19 has had an impact on community engagement
- There is a want for more in-person meetings rather than virtual
- There is a struggle with gathering local data

• 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 composed of was community meetings convened virtually in the Northwest. Northeast, and North Central MiThrive Regions. It focused on trends, factors, and events outside our control within several dimensions, such as government leadership, government budgets/ spending priorities, healthcare workforce, access to health services, economic environment, access to social services, social context, and impact of COVID-19.



(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 Changes in the Northeast MiThrive Region

Categories of Forces	Top Forces in Northeast Region
Government Leadership And Spending/Budget Priorities	 Political Agendas, Influences and Policies
Sufficient Healthcare Workforce	 Monies & Grants for Training Minimum Wage Pending Legislation Lack of Staff in Specific Industries (i.e., mental health & substance use disorders)
Access to health services	 Cost & Access of Insurance Large Poverty & ALICE* population in our region Provider shortages & Rurality
Economic environment	 Education and Income Levels Affordable Housing Broadband Internet
Access to social services	 Lack of housing (public/ affordable) Isolation Access to SUD services/ treatment facilities (alcohol, vaping, marijuana, prescription drugs)
Social context	 Environment and Climate Change Access to accurate information / discernment of information Affordable housing
Impacts related to COVID-19	 Vaccinations coming out, recent adverse events Overall decrease in mental health Closing of businesses, loss of jobs

*ALICE refers to the population in our communities that are Asset Limited, Income Constrained, Employed. This population represents those among us who are working, but due to 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 and 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 assessment results 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 inperson interview, over the phone interview, text survey, and paper format.

Forces of Change Assessment

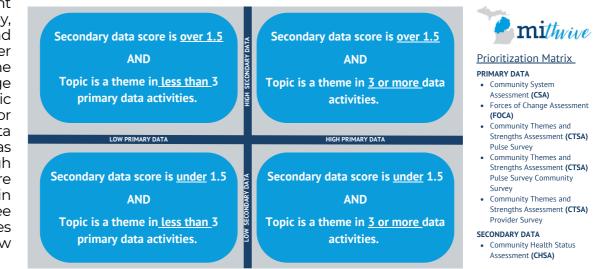
- Participants self-selected into one of eight Forces of Change Assessment topic areas during the events and discussed forces, trends and events using a standardized Facilitation Guide although facilitators and notetakers differed for the topic areas and events.
- These virtual events removed some barriers for participants although internet accessibility was a requirement to participate.
- When completing the assessment there were time constraints for discussion and some key stakeholders were missing from the table.
- MiThrive staff selected the eight topic areas using the MAPP's guidance in addition to insights from the MiThrive Core Team members.
- COVID-19 was included as a standalone topic area and all participants were advised of the topic areas and 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 Provider Healthcare Survey), and the Forces of Change Assessment. If a topic emerged in three or more primary data activities. it was "high classified as 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:

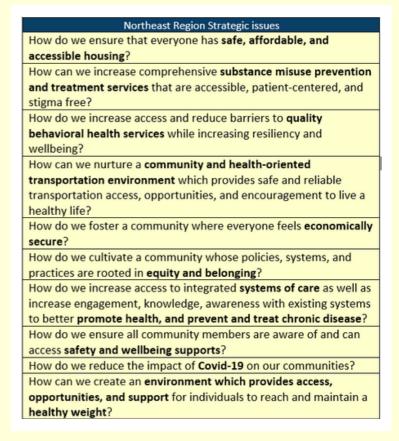
- Behavioral Health
- Substance Misuse
- Safety and Well-Being
- Housing
- Economic Security
- Transportation
- Diversity, Equity, and Inclusion
- Access to Healthcare

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

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

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.

The 11 strategic issues developed for the MiThrive Region is reflected in the table to the right (listed in alphabetical order):



In **December 2021**, 166 residents and community partners participated in the MiThrive Data Walk and Priority Setting Events in 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).

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.

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 Nosoortheast MiThrive Regions updated the term behavioral health to mental health.

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

Northeast Region: Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, and Roscommon (DHD4 counties shown in bold).

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

Priority Area Narratives

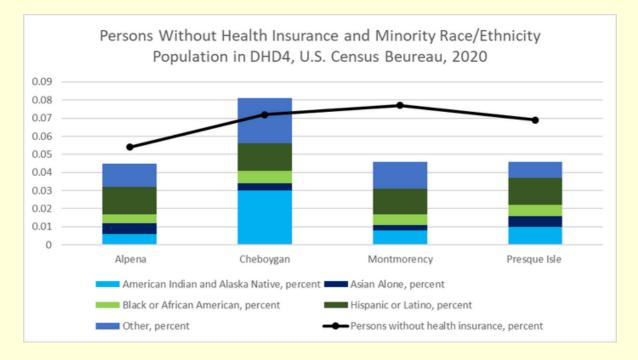
Access to Healthcare

Access to health care services affects a person's health and well-being. It can prevent disease and disability, detect and treat illness, 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, 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. The average HPSA scores for Primary Care exceed the State rate (14), in Alpena County (16), Cheboygan County (14.5), Montmorency County (16.3), and Presque Isle County (16.5). Having a "sufficient healthcare workforce" and "access to care" were also identified as powerful forces impacting health across all three regions in the Forces of Change Assessments. 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 rural areas like the DHD4 jurisdiction, 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, DHD4 has an average Hispanic population of 1.4% and an average of 6.8% of the Hispanic population does not have health insurance. In the DHD4 jurisdiction, Montmorency County has the lowest Hispanic population at 1.4% and the largest amount of people without health insurance at 7.7% (U.S. Census, 2020).



Access to Mental Health Services

Mental health is important to well-being, healthy relationships, and ability to live a fulfilling life. It also plays a major role in our ability to maintain good physical health because mental illness increases the 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% of the population 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.

There is a large disparity in access to mental health care based on level of income and location. Individuals located in rural areas and of lower-income are less likely to say that mental health services are extremely accessible to them. In the northeast region, 57.5% of providers (n=115) said mental health services for patients/clients are missing in the community they serve, this ranked #1 out of 13 resources/services. Access to mental health services was identified by providers as a top four resource missing in the DHD4 jurisdiction. Incidentally, the average HSPA scores for mental health exceeded the State rate (15.0), in Alpena County (17.3), Cheboygan County (17.5), Montmorency County (18.0), and Presque Isle County (18.5).

Across the DHD4 jurisdiction, stigma regarding mental illness was noted as a barrier to care in the Forces of Change Assessment and the Community System Assessment. This stigma further contributes to health disparities for populations experiencing mental illness. Another barrier to mental health care access is the amount of parity issues with mental/behavioral health and insurance companies. Across the board, definitions of "medical necessity" for mental health services are inconsistent and vary across insurance companies, which results in high rates of claim denials. One way to avoid this barrier would be to enforce parity laws that have an evolving definition of medical necessity across all insurers, expanding coverage of telehealth services, and integrating mental health care into the primary care setting.

Substance Use Disorder Services

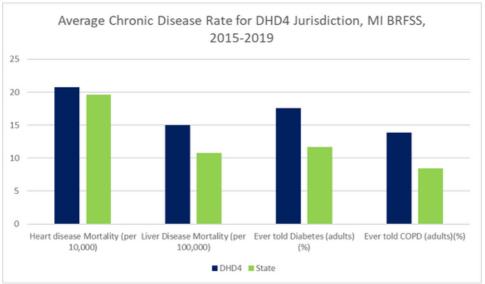
Substance misuse impacts peoples' chances of living long, healthy, and productive lives. It can decrease quality of life, academic performance, and workplace productivity; increases crime and motor vehicle crashes and fatalities; and raises health care costs for acute and chronic conditions. Substance use disorders can also contribute to the development of mental illness, and vice versa. People with depression are more likely to have low dopamine levels, and certain drugs of abuse are well known to alter dopamine levels.

Health care providers across all three MiThrive regions identified substance use as a top issue impacting their patients/clients, ranking first out of 35 issues. Residents of Northeast Region also identified substance use as a top issue impacting their community. Similar to mental illness, the stigma surrounding substance use disorders was noted as a barrier to care in both the Forces of Change Assessment and the Community System Assessment.

It is known that one of the most common misused drugs are opioids, as they can be found in numerous prescription pain medications. In the DHD4 jurisdiction, three of the four counties had higher opioid related hospitalizations (per 100,000) than the State (15.17); Alpena (24.64, Cheboygan (19.78), and Presque Isle (15.88). In addition, the percent of motor vehicle crashes involving alcohol exceeded the State (29%), in Alpena County (50%), Cheboygan County (62%), Montmorency County (75%), and Presque Isle (44%).

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. The leading causes of death in DHD4 counties, are, by far, heart disease and cancer (2020, Michigan Department of Health and Human Services). All cancer incidence rates in Alpena and Montmorency counties were higher than the State average. Diabetes rates were higher than the State in all counties except Alpena County. Montmorency County had a diabetes rate of 22.4% compared to 11.7% in the State. Heart disease rates were higher than the State in all four counties with Montmorency having the highest rate of 165.1/10,000 versus 104.9/10,000 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 DHD4 jurisdiction, the proportion of obese adults in the DHD4 jurisdiction (39.2%) exceeds the State (34.7%) and the proportion of overweight adults in the jurisdiction (33.1%), does not exceed the State rate (34.5%). (Source: 2018-2020 Michigan BRFS Regional & Local Health Department Estimates). According to MiThrive data, Presque Isle County has the highest proportion of adult obesity at 42.8% and Cheboygan County has the highest proportion of overweight adults at 41.7%. According to the 2018-2020 Michigan BRFS Regional & Local Health Department Estimates, 31.4% of adults in the DHD4 jurisdiction report no leisure time activity as compared to 23.3% in the State of Michigan.

Social determinants of health, or the conditions where people live, work and play, include factors like access to care, neighborhood safety, transportation, and greenspaces for physical activity, and 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 DHD4 jurisdiction noted many barriers to physical activity in the MiThrive Community Survey, including—

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

Food insecurity also emerged as a theme across the assessments. Child food insecurity in all counties in the DHD4 jurisdiction was identified as an indicator exceeding Michigan rates, the rates ranged from 14.9% in Alpena County to 18.0% in Montmorency County as compared to 13% statewide.

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 DHD4 Community Health Improvement Plan, with DHD4 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 <u>mithrive@northernmichiganchir.org</u>.

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 No. 4 Implementation Strategy

The Implementation Strategy details which priorities identified in the Community Health Needs Assessment District Health Department No. 4 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 DHD4 intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between DHD4, the hospitals and community partners.

Acknowledgements



NORTHWEST | NORTH CENTRAL | NORTHEAST

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.

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.



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 and MiThrive Lead
- Erin Barrett, MPH, MCHES, Community Themes and Strengths Assessment Team Lead and North Central Region Lead, District Health Department #10
- Emily Llore, MPH, Forces of Change Assessment Lead and Northwest Region Lead, Health Department of Northwest Michigan
- Donna Norkoli, MCHES, Community System Assessment Team Lead and Northeast Region Lead, District Health Department #10
- Jordan Powell, MPH, Community Health Status Assessment Lead, District Health Department #10

- Scott Izzo, MPH, MA, Community Health Status Assessment Team Member, District Health Department #2
- Amy Horstman, MPH, CHES, Community Health Status Assessment Team Member, Health Department of Northwest Michigan
- Laura Laisure, RN, Grand Traverse County Health Department
- Sarah Oleniczak, MPH, MCHES, District Health Department #10
- Rachel Pomeroy, MPH, CHES, Benzie Leelanau District Health Department
- Anna Reetz, Central Michigan District Health Department
- Devin Spivey, MPH, District Health Department #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.

MiThrive Steering Committee

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

MiThrive Design Team

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



MiThrive partners represent many sectors of the community, including:

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



MiThrive Northeast Workgroup

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



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



MiThrive Northwest Workgroup

- Debbie Aldridge, Benzie-Leelanau District Health Department
- Heidi Britton, Northwest Michigan Health Services, Inc.
- Dan Buron, Goodwill Northern Michigan
- Jessica Carland, Benzie Bus
- Kim Chandler, Munson Healthcare
- Kayla Diets, Alcona Health Centers
- Sarah Eichberger, Michgan State University Extension
- Wendy Hirschenberger, Grand Traverse County Health Department
- Kevin Hughes, District Health Department #10
- Kathleen Jakinovich, Health Department of Northwest Michigan
- Tanya Janes, McLaren Northern Michigan
- Seth Johnson, United Way of Northwest Michigan
- Alyson Kass, Munson Healthcare
- Dana Kilinski, Northwest Michigan Health Services, Inc.
- Michelle Klein, Benzie-Leelanau District Health Department
- Laura Laisure, Grand Traverse County Health Department

- Paula Martin, Groundworks Center for Resilient Communities
- Alison Metiva, Grand Traverse Regional Community Foundation
- Jim Moore, Disability Network of Northern Michigan
- Gerry Morris, Project Unity 4 Life
- Jenifer Murray, Northern Michigan Community Health Innovation Region
- Donna Norkoli, District Health Department #10
- Christy Rivette, District Health Department #10
- Tara Rybicki, Munson Healthcare
- Rachel Pomeroy, Benzie-Leelanau District Health Department
- Jordan Smith, Alcona Health Centers
- Lindsey Schnell, Northwest Michigan Health Services
- Madison Smith, Northwest Michigan Health Services
- Joshua Stoltz, GrowBenzie
- Mindy Taylor, Little Traverse Bay Band of Odawa Indians
- Stephanie Williams, Munson Healthcare
- Lauren Wolf, Benzie-Leelanau District Health Department

The following partners contribute funding and leadership to the 2021 MiThrive Community Health Needs Assessment. We are grateful for their support.



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

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

END OF REPORT

Appendix A

Participating Organizations in the District Health Department No. 2 MiThrive Region (Northeast Community Health Innovation Region)

Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, and Roscommon Counties

Sector	Participating Organization	31-County MiThrive Region		MiThrive	Community Themes and Strengths Assessment		y System t	hange t	and ting
		Steering Committee	Design Team	Northeast MiThrive Workgroup	Pulse Survey	Provider Survey	Community System Assessment	Forces of Change Assessment	Data Walk and Priority Setting
	Ascension Michigan -St Joseph Hospital			Х		х			х
su	McLaren Northern Michigan			Х	Х	х	Х		Х
Hospital Systems	MyMichigan Health – Alpena Medical Center – West Branch Medical Center	X	X	X	x	X	x		
Н	Munson Healthcare - Grayling Hospital - Otsego Memorial Hospital	X	X	Х		X	x		X
nents	Central Michigan District Health Department	Х	Х	Х	x	x	x	x	х
epartn	District Health Department No. 2	Х	Х	Х	Х	х	Х		Х
alth De	District Health Department No. 4	Х	Х	Х	Х	Х	Х		Х
Local Health Departments	District Health Department No. 10	Х	Х	Х	Х	х	Х	х	х
Loc	Health Department of Northwest Michigan	Х	Х	Х	Х		Х		х
sed	Crawford County Commission on Aging	х		Х					
imunity Base rganizations	Disability Network of Northern Michigan	Х							
Community Base Organizations	INdicotics				х				
ů S	Food Bank of Eastern Michigan							х	

	Goodwill of Northern	Х							
	Michigan	^							
	Habitat for Humanity						Х		
	Hope Network						~	x	
	MDHHS County Offices		Х	X	x		X	X	
	MSU Extension Health	Х	^	^	X		X	^	
	and Nutrition Institute	^			^		^		
	Northeast Michigan	x	Х				Х	x	
	Community Action								
	Agency								
	Northern Michigan						Х	Х	
	Regional Entity								
	Roscommon County				Х				
	Commission on Aging								
	United Way of						Х		
	, Northeast Michigan								
	Michigan WORKS!						Х	x	X
	Catholic Human			Х			Х		
	Services								
	211 Northeast						Х		
	Michigan								
	Ogemaw Commission					Х			
	on Aging								
	Veterans Affairs					Х			
PHIP	Northern Michigan			Х					
	Regional Entity								
	AuSable Valley		Х	Х		Х	Х		X
	Community Mental								
	Health								
S	North Country	Х			Х	Х	Х		
cie	Community Mental								
gencies	Health Authority								
ΗĄξ	Northeast Community			Х					
CMH A	Mental Health								
0	Authority								
	Northern Lakes			Х					
	Community Mental								
	Health Authority								
	Alcona Health Center			Х				Х	
Primary Care	Sterling Area Health						Х	Х	
ح ر	Center								
nar	Thunder Bay			Х					
Prir	Community Health								
	Services								

Health Entities	Dental Clinics North		Х		
onal ons	Alcona Community Schools	X			
lucati stituti	AMA ESD Great Start Collaborative	X		Х	Х
μË	COOR ISD			Х	

APPENDIX B HIGH SCORING INDICATORS IN THE DHD NO. 4 JURISDICTION

DHD No. 4 High Scoring Indicators > 1.5	Alpena	Cheboygan	Montmorency	Presque Isle	DHD No.4 Average	DHD No. 4 Average Comparison Score
Median household income (dollars)	\$43,363	\$48,044	\$41,772	\$47,948	-	1.75
Unemployment rate (%)	3.40%	3.90%	3.30%	3.30%		1.75
Students nor proficient in Grade 4 English (%)	67.70%	66.90%	63.80%	42.90%		2
Special Education - % Child Find	100.00%	100.00%	100.00%	100.00%	100.00%	3
Bachelor's Degree or higher (%)	18.00%	20.70%	13.70%	17.90%		2
Adults: No personal health check up in the past year (%)	16.5	16.1	*	18.2		1.875
Average HSPA Score - Mental Health	17.33	17.5	18	18.5		1.75
Homes with broadband internet	82.80%	80.60%	77.30%	78.20%		2
Median value of owner-occupied homes	\$96,500	\$130,900	\$102,700	\$105,400		2
Renters (% of all occupied homes)	22.10%	17.60%	15.90%	11.20%		1.75
Child food insecurity (%)	14.90%	21.40%	24.80%	18.80%		2.0
Population food insecurity	14.90%	16.80%	18.00%	15.30%		2
Children 0-4 receiving WIC	60.30%	58.90%	64.80%	34.40%		1.75
Colorectal Cancer (per 100,000)	36.43	29.24	45.65	44.75		1.75
Oral Cavity and pharynx cancer (per 100,000)	16.96	11.46	*	20.02		1.875
Ever told diabetes (adults)	11.5	21.2	22.4	15.3		2
Heart Disease (adults)	136.5	106.6	165.1	161.7		2
Ever told COPD (adults)	12.4	*	*	15.3		2
Asthma (teens)	71.40%	*	71.40%	*		2.25
Self-reported health assessment fair or poor	29.8	21.4	*	24.9		2.125
Obesity (adults)	39.4	35.7	38.7	42.8		2
Binge drinking (adults)	25.5	16.9	*	*		1.75
Smoked cigarettes in past 30 days (teens)	3.40%	*	3.40%	*		1.75
Used chew tobacco etc. in past 30 days (teens)	3.50%	*	3.50%	*		1.75
All Cancer (per 100,000)	179	166.2	209.3	160.8		1.75
Heart Disease	230.4	171.6	232.7	197.1		2.25
Injury	83	73	106	85		1.75
Motor vehicle crash involving alcohol	50%	62%	75%	44%		2.75

Liver Disease	14.8	15.3	*	*	1.75
Drug-Induced	1403.51	1268.23	1362.4	1395.35	2.25
Alcohol-Induced	2105.26	1268.23	1816.53	1860.47	2.75

MiThrive Community Survey

Informed Consent

02

What is important to the community? What resources and strengths does the community have that can be used to improve community health?

This survey is a chance for you to tell us what is most important to you. MiThrive isworking to improve the health of communities in Northern Michigan by collecting data, identifying key issues, and bringing people together for change.

This survey will take about 10 minutes to complete. Your participation in this survey is completely voluntary. Your answers are confidential. The survey data will be managed by MiThrive staff. Your answers will not be used to identify who you are. You are free to skip any question and stop taking the survey at any time. The information you provide will not be used for a discriminatory purpose and there is minimal risk to you for taking the survey.

At the end of the survey, you can choose to be entered into a drawing for a chance to win a \$50 gift card. Five (5) winners will be chosen - must be 18 or older.

If you have any questions about this survey, please email mithrive@northernmichiganchir.org.

WALIDATION Max. answers = 3 (*if answered*)

Disease and illness prevention

D 13

1. In the following list, what do you think are the three most important factors for a thriving community?

Check only three:

Reliable transportation Safe and affordable housing Parks and green spaces Belonging & inclusion Meaningful and rewarding work Lifelong learning: cradle to career Disability Accessibility Civic engagement Access to quality behavioral health Clean environment services Access to nutritious food **Freedom from trauma, violence, and** Arts and cultural events addiction Other - Write In Access to quality healthcare services

16

2. In the following list, what do you think are the three most important issues impacting your community?

Check only three:

- Racism and Suicide discrimination Infant death Infectious diseases Unreliable Substance use (e.g., hepatitis, tuberculosis, etc.) □ HIV/AIDS Obesity Child abuse/neglect Lack of access to nutritious foods Rape/sexual assault services Lack of access to Diabetes behavioral health Sexually transmitted services stroke infections (STIs) Teenage pregnancy COVID-19 Neighborhood and built Dental problems environment loss, etc.) Domestic violence Lack of quality education Poor environmental disease health Cancer Homicide Lack of access to education Economic instability Motor vehicle crash injuries
- Lack of access to healthcare services
 - transportation
 - Lack of guality behavioral health
 - Heart disease and
 - High blood pressure
 - Aging problems (e.g., arthritis, hearing/vision
 - Respiratory/lung
 - Lack of safe and affordable housing
 - Lack of quality healthcare services
 - Firearm-related injuries
 - Other Write In

🗈 18

Imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

🗈 19

3. On which step of the ladder would you say you personally feel you stand at this time?

- 10
 9
 8
 7
 6
 5
 4
 3
 2
 1
- 0 0

4. On which step of the ladder do you think you will stand about three years from now?

- O 10
- o 9
- o 8
- o 7
- O 6
- o 5
- o 4
- O 3
- o 2
- 0 1
- 0 0

5. Think about your level of physical activity and ability to bike, walk, or roll from one place to another. Do any of the following issues prevent you from being more active in your community? (select all that apply)

- Not enough bike lanes
- Not enough affordable recreation facilities
- □ I live a great distance from places in my community
- Not enough street lights
- Not enough sidewalks
- Low accessibility
- Not enough pedestrian paths, trails, or walkways
- Not enough wayfinding signage
- Not enough affordable physical activity programs
- I feel unsafe in my community
- Not enough greenspaces
- Other Write In

I don't experience any of these

D 28

A community is defined, not only by its problems, but by its assets. Assets are resources that bring value to a community such as people, groups, and organizations. We want to know what assets make your community unique and special. Below is a list of community assets. Check the box by each asset that exists in your community. On the following page you will be asked to identify the name of the person, group, or organization and if that asset is primarily focused on a particular population.

6. Check the box next to each asset you know is in your community (feel free

to check as many or as few options as you want):

Social Service	Community College	Community or
Community Center	Before-/After-School	Philanthropic Foundation
Housing Organizations	Program	Political Organizations
Food Pantry / Kitchens	Vocational/Technical Education Programs	Infrastructure
Emergency Housing Shelters	Health Institutions	Parks
Halfway Houses	Hospital	Public Pools
Domestic Violence	Healthcare Clinic	Vacant Private Building
Shelters	Health Department	or Lot
Social/Grassroot Organizations	Behavioral Health Services	Public Lake or Coastline
Seniors' Group	Public Service	Community Gardens
Special Interest Group	Library	Farmers' Markets
Advocacy Groups/Coalitions	Police Department	Noteworthy Person/Group
	Fire Department	Local Artists/Musicians
Cultural Organizations	Emergency Medical	Community Leader
Hunting/Sportsman Leagues	Services	Celebrity or Influential
	Community-Based	Figure
Amateur Sports Leagues	Organizations	Other
Education	Religious Organizations	Other - Write In (Required)
	United Way	
Colleges or Universities		Ĵ

(untitled)

Piped From Question 6. (Check the box next to each asset you know is in your community (feel free to check as many or as few options as you want):) Can you tell us the names of the organization you selected?

[question("pi	ped value")]
---------------	--------------

🛄 30

Piped From Question 6. (Check the box next to each asset you know is in your community (feel free to check as many or as few options as you want):)
7. Some of the assets you selected may be geared to a special population. Can you tell us the target population for the assets you identified?

Demographic Questions

7. What county do you live in?*

	-
Alcona	
Alpena	
Antrim	
Arenac	
Benzie	
Charlevoix	
Cheboygan	
Clare	
Crawford	
Emmet	
Gladwin	
Grand Traverse	
losco	
Isabella	
Kalkaska	
Lake	
Leelanau	
Manistee	
Mason	
Mecosta	
Missaukee	
Montmorency	
Newaygo	
Oceana	
Ogemaw	
Osceola	
Oscoda	
Otsego	
Presque Isle	
Roscommon	
Wexford	\bigtriangledown

D 4

8. What is your zip code?

- 9. How old are you?
 - O Under 18
 - o 18-24
 - o 25-39
 - o 40-64
 - o 65 and older

6

10. What kind of health insurance do you have? (select all that apply)

- Medicaid and Healthy Michigan Plans
- Medicare
- □ Private/Employer-Sponsored Insurance
- Uninsured
- Unknown
- Other Write In

- 11. Which of the following best describes you? (select all that apply)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino/a/x
 - Native Hawaiian or Other Pacific Islander
 - White
 - Prefer not to say
 - Prefer to self-describe

8 🔍

12. What is your yearly household income?

- Less than \$10,000
- \$10,000 to \$19,999
- © \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- © \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- Over \$100,000

13. Including yourself, how many people live in your household?

- 0 1
- o 2
- 03
- o 4
- o 5
- o 6
- o >7

Show/hide trigger exists.

```
10
```

14. Do you identify as having a disability?

- Yes
- O No

Hidden unless: #14 Question "Do you identify as having a disability?" is one of the following answers ("Yes")

D 11

- 15. Select all that apply
 - Physical Disability
 - Mental Disability
 - Emotional Disability
 - Prefer not to say
 - Prefer to self-describe

16. How do you identify your gender? (select all that apply)

- Female
- Male
- Non-binary
- Transgender
- Prefer to self-describe:
- Prefer to not answer

D 34

IMPORTANT: After you submit this survey, click the link on the thank you page to be entered into the gift card drawing.

Thank You!

D 1

Thank you for your time and energy to complete this survey.

Click here for a chance to win a \$50 gift card. Your personal information will not be connected to your survey responses. The same link will also allow you to indicate if you are interested in additional opportunities to provide feedback or participate in opportunities to support health improvement in your community.



MiThrive is conducting a Community Themes & Strengths Assessment (CTSA) Pulse Survey and would like to gather feedback from you as a member of one of our communities!

Informational Purposes ONLY - Do not read to client.

What is MiThrive?

MiThrive is a collaboration of diverse community organizations, local health departments, and hospital systems with a shared goal to assess and collaboratively improve community health within the 31 counties of Northern lower Michigan.

What is the purpose of the CTSA Pulse Survey?

The purpose of the MiThrive CTSA Pulse Survey is to gather input from people and populations facing barriers and inequities in the 31-county MiThrive region. These populations can include 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 mental and behavioral health disorders, people without housing, refugees, people with a disability, and many others.

How does the CTSA Pulse Survey work?

The CTSA Pulse Survey is a four-part data collection series. Each survey will be distributed in a two-week cycle beginning July 26th and ending September 19th.

Thank you so much for your time and consideration! If you have any questions regarding this survey please feel free to reach out to us at mithrive@northernmichiganchir.org



Informed Consent

We are collecting information about client experiences to improve health within your community. This will take about four minutes. Your answers will be anonymous – we will not record your name or personal information.

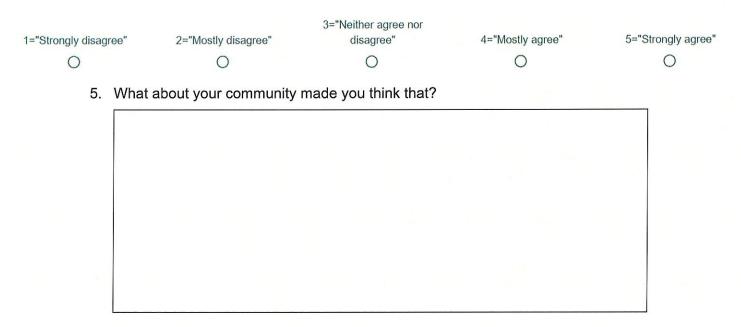
If you are willing to answer a few questions, please fill out the following:

- 1. Please write the name of the organization/agency you are filling this out at
- 2. What county do you live in? _____
- 3. What is your zip code? _____

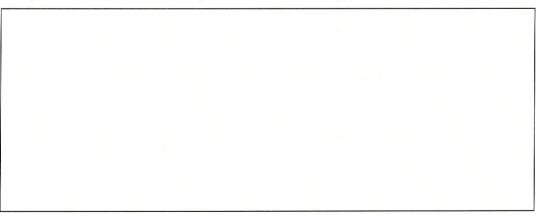


4. Thinking about resources for older adults such as housing, transportation to medical services, churches, shopping, adult day care, social support for older adults living alone, meals on wheels, rate your level of agreement on a scale from 1 to 5 where 1= "strongly disagree" and 5= "strongly agree" with the following statement:

My community is a good place to age



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





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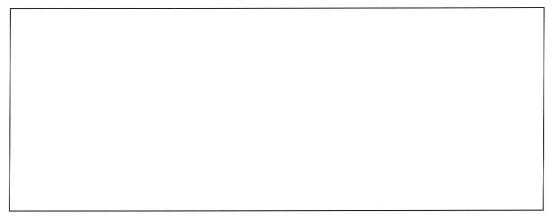


4. Thinking about school quality, day care, after school programs, recreation, rate your level of agreement on a scale from 1 to 5 where 1= "strongly disagree" and 5= "strongly agree" with the following statement:

This community is a good place to raise children

		3="Neither agree nor		
1="Strongly disagree"	2="Mostly disagree"	disagree"	4="Mostly agree"	5="Strongly agree"
0	0	0	0	0

5. What about your community made you think that?



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

Pulse Survey Series 2021



MiThrive is conducting a Community Themes & Strengths Assessment (CTSA) Pulse Survey and would like to gather feedback from you as a member of one of our communities!

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3. What is your zip code? _____

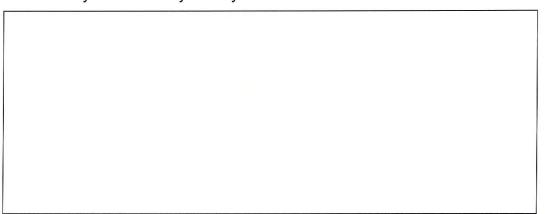


4. Thinking about individuals that have a disability (such as physical, mental, emotional), rate your level of agreement on a scale from 1 to 5 where 1 = "Strongly disagree" and 5 = "strongly agree" with the following statement:

In this community, a person with a disability can live a full life

	3="Neither agree nor		
2="Mostly disagree"	disagree"	4="Mostly agree"	5="Strongly agree"
0	0	0	0
	2="Mostly disagree"		

5. What about your community made you think that?



6. 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?



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3. What is your zip code? _____

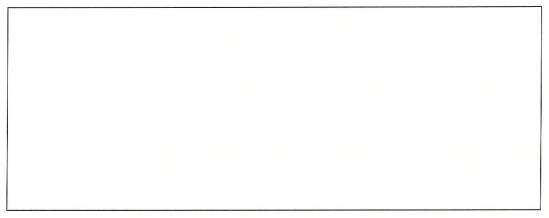


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In this community, a person with a disability can live a full life

		3="Neither agree nor		
1="Strongly disagree"	2="Mostly disagree"	disagree"	4="Mostly agree"	5="Strongly agree"
0	0	0	0	0

5. What about your community made you think that?



6. 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?



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2. What county do you live in? _____

3. What is your zip code? _____



4. Thinking about basic needs contributing to quality of life such as being able to support yourself, having a job that allows you to pay bills on time, having a safe home, a reasonable commute, being able to get what you need in the community, rate your level of agreement on a scale from 1 to 5 where 1 = "strongly disagree" and 5 = "strongly agree" with the following statement:

There is economic opportunity in the community

		3="Neither agree nor		
1="Strongly disagree"	2="Mostly disagree"	disagree"	4="Mostly agree"	5="Strongly agree"
0	0	0	0	0

5. What about your community made you think that?

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

2021 MiThrive Provider Survey

Informed Consent

02

This survey seeks providers perspectives on how various issues impact the health and wellbeing of their patients/clients within the 31 counties of Northern Lower Michigan. MiThrive is working to improve the health of communities in Northern Michigan by collecting data, identifying key issues, and bringing people together for change.

This survey will take approximately 10 minutes to complete. Your participation in this survey is completely voluntary. Your answers are confidential. The survey data will be managed and analyzed by MiThrive staff. You will not be identifiable by your answers. You are free to skip any question and stop taking the survey at any time. There is minimal risk to you for taking the survey, including an imposition of time and questions which may be sensitive in nature. If you have any questions about this survey, please email mithrive@northernmichiganchir.org.

(untitled)

Page exit logic: Skip / Disqualify Logic

IF: #1 Question "Do you provide direct care or services for clients or patients?" is one of the following answers ("No") **THEN:** Disqualify and display:

Thank you for your interest in this survey; however, you do not meet the requirement for this survey.

D 3

- 1. Do you provide direct care or services for clients or patients?*
 - o Yes
 - O No

(untitled)

🗈 18

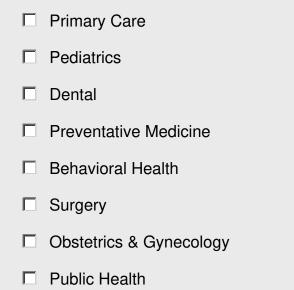
2. What health system, organization, or entity do you work for? (Please avoid using abbreviations) *

D 16

- 3. What is your primary role?*
 - o Clinical Social Worker
 - Doctor of Medicine or Osteopathy
 - Pharmacist
 - Physician's Assistant
 - Dental Hygenist
 - Public Health Educator
 - C Community Health Worker
 - Nurse Practitioner
 - Chiropractor
 - Nurse
 - Clinical Psychologist
 - Podiatrist
 - Dentist
 - Optometrist
 - Nurse-Midwife
 - Other Write In

D 7

4. Please check the boxes that define your specialty or that of your practice. (Check all that apply) *



Other - Write In

8 🔍

5. Which county(ies) do you provide direct care or services in? (Check all that apply) *

- Alcona
- Alpena
- Antrim
- Arenac
- Benzie
- Charlevoix
- Cheboygan
- Clare
- Crawford
- Emmet

- Gladwin
- Grand Traverse
- Iosco
- 🗌 Isabella
- Kalkaska
- Lake
- Leelanau
- Manistee
- Mason
- Mecosta
- Missaukee
- Montmorency
- Newaygo
- Oceana
- Ogemaw
- Osceola
- 🗖 Oscoda
- Otsego
- Presque Isle
- Roscommon
- Wexford

D 9

- 6. Approximately what percentage of the patients you serve are on Medicaid?
- *
- o 0-15%
- o 16-30%
- o 31-50%
- o >50%

WALIDATION Max. answers = 3 (if answered)

D 10

7. Thinking about the population you serve, what do you think are the three most important factors for a thriving community?

Check only three: *

Disease and illness prevention Lifelong learning: cradle to career Clean environment Access to quality behavioral health services Reliable transportation Belonging & inclusion □ Safe and affordable housing Meaningful and rewarding work Parks and green spaces Disability Accessibility Access to quality healthcare srvices Arts and cultural events Civic engagement Freedom from trauma, violence, and Access to nutritious food addiction Other - Write In

WALIDATION Max. answers = 3 (*if answered*)

D 12

8. What do you think are the three most important issues impacting patients/clients in the community(ies) you serve?

Check only three: *

Lack of quality

healthcare services

	Motor vehicle crash injuries		Lack of quality education		Dental problems
_		_			Teenage pregnancy
	Lack of access to healthcare services		Firearm-related injuries		Substance use
	nealineare services		Poor environmental	_	
	Aging problems (e.g.,		health		Suicide
	arthritis, hearing/vision loss, etc.)		Rape/sexual assault		Respiratory/lung disease
	Homicide		Economic instability		lafaatiowa diagoogo
	Cancer		Obesity		Infectious diseases (e.g., hepatitis,
	Cancer	_			tuberculosis, etc.)
	Lack of safe and		Lack of access to behavioral health		Domestic violence
	affordable housing		services		Domestic violence
	Lack of quality		Najabbarbaad and built		Child abuse/neglect
	behavioral health services		Neighborhood and built environment		Lack of access to
	Services	_			nutritious foods
	Unreliable		Lack of access to education		Diabetes
	transportation			_	
	Infant death		COVID-19		HIV/AIDS
	High blood pressure		Racism and		Other - Write In
_			discrimination		
	Heart disease and stroke		Sexually transmitted		
_			infections (STIs)		

🗈 14

9. From the list below which resources or services are missing in your community that would benefit your patients/clients? (Check all that apply) *

- Employment Navigation
- Domestic Violence Services
- Mental Health
- Housing
- □ Food
- Substance Abuse Services
- Translation
- □ Financial Support
- Transportation
- Education
- Childcare
- Dental Health
- Primary Care
- Other Write In
- I feel there are enough services and resources to refer my patients/clients to.

LOGIC Show/hide trigger exists.

D 15

10. Are you interested in additional opportunities to provide feedback or participate in opportunities to support health improvement efforts in your community?

- *
- o Yes
- O No

Hidden unless: #10 Question "Are you interested in additional opportunities to provide feedback or participate in opportunities to support health improvement efforts in your community?

" is one of the following answers ("Yes")

🛄 17

IMPORTANT: In an effort to keep your survey responses confidential, click the link on the thank you page which will take you to a separate form where you can enter your contact information if you are interested in further feedback or engagement opportunities.

Thank You!

🔍 5

Thank you for your time and energy to complete this survey.

If you selected yes to the last question, please provide your contact information by clicking this link.

Appendix D Community Assets

DHD4 Jurisdiction Assets

Identified by Community Survey Respondents from Alpena, Cheboygan, Montmorency, and Presque Isle.

Alpena County Assets

Social Service

Community Center

• Alpena Events Complex (APlex)

Housing Organizations

- Alpena Housing Commission
- Alpena County I Northeast Michigan Community Service Agency (NEMCSA)
- Habitat for Humanity Northeast Michigan
- Samaritas Affordable Living of Alpena

Food Pantry/Kitchens

- Grace Lutheran Church Food Pantry
- Hubbard Lake Bible Church Food Pantry
- St. Bernard Catholic Church, All Saints Parish Food Pantry/Kitchen
- St. Vincent de Paul Alpena Michigan Food Pantry
- The Salvation Church Food Pantry
- Trinity Episcopal Church Kitchen

Emergency Housing Shelters

- Hope Shores Alliance
- Sunrise Mission

Halfway Houses

• Sunrise Mission

Domestic Violence Shelters

• Hope Shores Alliance

• Shelter Inc of Alpena – Domestic Violence Shelter

Social/Grassroot Organizations

Senior's Group

• Alpena Senior Citizens Center

Special Interest Group

- Association of Lifelong Learners
- Rotary Club of Alpena
- Alpena Horsemen's Club
- The Martin Luther King Jr. Committee of Alpena
- Alpena Garden Club

Advocacy Groups/Coalitions

- Alpena Community College Takes Pride
- Michigan Coalition to End Domestic and Sexual Violence (MCEDSV)
- Veterans of Foreign Wars Post #2496 Alpena Michigan

Cultural Organizations

• Thunder Bay Arts Council

Hunting/Sportsman Leagues

- Alpena Hockey Association
- Alpena Huron Shore Little League
- Babe Ruth League
- Thunder Bay Basketball Association
- Thunder Bay Soccer Association

Amateur Sports Leagues

Education

Colleges or Universities

• Northwood University – Alpena Program Center

Community College

• Alpena Community College

Before/After -School Program

• Boys & Girls Club of Alpena

Vocational/Technical Education Programs

- Alpena Community College Specific Programs
- World Center for Concrete Technology

Health Institutions

Hospital

• MyMichigan Medical Center Alpena

Healthcare Clinic

- Alcona Health Center
- MyMichigan Family Medicine
- MyMichigan Pediatrics
- MyMichigan Pulmonology & Sleep Medicine
- MyMichigan Orthopedics
- MyMichigan Cardiology & Heart Failure Clinic
- Wound Treatment Center
- Thunder Bay Community Health Service, Inc.

Health Department

• District Health Department No. 4

Behavioral Health Services

- Catholic Human Services Alpena
- Northeast Michigan Community Mental Health Authority
- The Bay View Center
- Thunder Bay Community Health Service, Inc

Public Service

Library

• Alpena County George N. Fletcher Public Library

Police Department

- Alpena Police Department
- Michigan State Police
- Alpena County Sheriff's Office

Fire Department

- Alpena Township Fire Department Stations 1 & 2
- Alpena Fire Department
- Wilson Township Fire Department
- Sanborn Township Fire Station and Hall

Emergency Medical Services

• Alpena County EMS

Community-Based Organizations

Religious Organizations

- Catholic Community of Alpena, All Saints Parish
- First Congregational United Church of Christ
- First United Methodist Church
- Free Methodist Church
- Grace Lutheran Church
- Hope Lutheran Church
- Immanuel Lutheran Church
- New Life Christian Fellowship
- St. Anne Catholic Church, All Saints Parish
- Trinity Episcopal Church

United Way

• United Way of Northeast Michigan

Community or Philanthropic Foundation

- Alpena Community College Foundation
- Besser Foundation
- Community Foundation of Northeast Michigan

Political Organizations

- Alpena County Democratic Party
- Alpena County Republican Party
- League of Women Voters of Northeast Michigan

Infrastructure

Parks

- Bay View Park
- Camper's Cove RV Park & Canoe Livery

- County Park
- Duck Park
- Island Park
- LaMarre Park
- Lions Park
- Long Lake Park
- Mich-e-ke-wis Park
- Negwegon State Park
- Rotary Island Mill Park
- Sytek Park
- Thompson's State Park

Public Pools

• Alpena County Plaza Pool

Vacant Private Building or Lot

Public Lake or Coastline

- Beaver Lake
- Devils Lake
- Grand Lake
- Grass Lake
- Hubbard Lake
- Lake Huron
- Long Lake
- Starlite Beach

Community Gardens

Farmer's Market

• Alpena Farmer's Market

Noteworthy Person/Group

Local Artists/Musicians

- Alpena City Band
- Alpena Symphony Orchestra Inc
- Besser Chorus

Community Leader

• Adam Poll – Planning & Development Director

- Matt Waligora Mayor
- Michael Mahler Economic Director
- Rachel Smolinski City Manager

Celebrity or Influential Figure

• Tait Fletcher

Other

- Alpena Civic Theatre
- Besser Museum for Northeast Michigan
- Michigan Works! Northeast Consortium
- Northern Lights Arena
- Thunder Bay Theatre

Cheboygan County Assets

Social Service

Community Center

- Cheboygan Recreation Center
- Cheboygan Youth Center

Housing Organizations

- Cheboygan Housing Commission
- Cheboygan County Habitat for Humanity
- Northeast Michigan Community Service Agency (NEMCSA)

Food Pantry/Kitchens

- Awaken Church Courtesy Club Food Pantry
- Black River Full Gospel Community Food Pantry
- Cheboygan Compassionate Ministries, Inc and The Lord's Kitchen
- Church of the Straits Food Pantry
- St. Thomas Food Pantry Food Distribution Center

Emergency Housing Shelters

Halfway Houses

Domestic Violence Shelters

• Women's Resource Center of Northern Michigan, Inc. – Cheboygan Office

Social/Grassroot Organizations

Senior's Group

- Cheboygan Council on Aging
- Wawatam Area Senior Center

Special Interest Group

- Alcona County Chamber of Commerce
- Mackinaw Women's Club

Advocacy Groups/Coalitions

- Cheboygan County Habitat for Humanity
- Human Services Coordinating Body Cheboygan

Cultural Organizations

- Mackinaw Area Historical Society Heritage Village
- Mackinaw City Area Arts Council

Hunting/Sportsman Leagues

- Black Lake Sportsman's Club
- Cheboygan Sportsman's Club
- Ducks Unlimited Cheboygan County
- Indian River Sportsman's Club

Amateur Sports Leagues

Education

Colleges or Universities

Community College

• North Central Michigan College – Cheboygan Center

Before/After -School Program

Vocational/Technical Education Programs

Health Institutions

Hospital

• McLaren Northern Michigan – Cheboygan Campus

Healthcare Clinic

• Alcona Health Center

- Rivertown Medical Clinic
- Thunder Bay Community Health Service, Inc

Health Department

• District Health Department No. 4

Behavioral Health Services

- Alcona Health Center, Cheboygan Campus
- Catholic Human Services Inc.
- Forward Path Counseling PLLC
- North Country Community Mental Health
- Thunder Bay Community Health Service, Inc

Public Service

Library

- Cheboygan Public Library
- Indian River Area Library
- Mackinaw Area Public Library
- Topinabee Pubic Library

Police Department

- Cheboygan County Sheriff's Office
- Cheboygan Police Department
- Mackinaw City Police Department
- Michigan State Police District 7
- Tuscarora Township Police Department

Fire Department

- Alverno Fire Department Stations 1 and 4 Benton Township
- Alverno Fire Department Station 2 Aloha Township
- Alverno Fire Department Stations 3 and 5 Grant Township
- Mackinaw City Fire Department Stations 1 and 2
- Mullet Topinabee Fire Department
- Onaway Area Fire Department
- Tuscarora Township Fire Department

Emergency Medical Services

• Cheboygan Life Support Systems

Community-Based Organizations

Religious Organizations

- Church of the Straits
- Mackinaw City Bible Church
- Saint Mary/Saint Charles Catholic Church Cheboygan
- St. John Lutheran Church
- St. Paul Methodist Church

United Way

• Cheboygan County United Way

Community or Philanthropic Foundation

- Straits Area Youth Advisory Council (YAC) Grants
- Strait Area Community Foundation

Political Organizations

- Cheboygan County Democratic Party
- Cheboygan County Republican Party

Infrastructure

Parks

- Aloha State Park
- Burt Lake State Park
- Chandler Park
- Cheboygan State Park
- Gordon Turner Park
- Mackinaw City Veteran Memorial Park
- Tuscarora Township Parks
- Washington Park

Public Pools

Vacant Private Building or Lot

Public Lake or Coastline

- Burt Lake
- Black Lake
- Douglas Lake
- Duncan Bay

- Lake Huron
- Mullet Lake
- Straits of Mackinac

Community Gardens

• The Eastside Community Garden

Farmer's Market

• Cheboygan Farmers Market

Noteworthy Person/Group

Local Artists/Musicians

- Billy Jewell Band
- Dale Rieger
- Evan Archambo
- Nate King

Community Leader

- Catherin Schulz Director of Cheboygan Housing Commission
- Leigh Ann Theunick 4-H Program Coordinator
- Leslie A. Tebo Mayor
- Mandy Martin Executive Director of Cheboygan County Habitat for Humanity
- Polly Schneider Executive Director for Cheboygan Area Chamber of Commerce
- Robert John Butts Cheboygan County Probate and Family Court Judge

Celebrity or Influential Figure

- Marcella Costin & John Costin Public Figure
- Susan Melton Program Director & Air Personality for 102.9 Big Country

Other

Montmorency County Assets

Social Service

Community Center

• Hillman Community Center

Housing Organizations

Food Pantry/Kitchens

• New Beginnings Church – Food Pantry

Emergency Housing Shelters

Halfway Houses

Domestic Violence Shelters

Social/Grassroot Organizations

Senior's Group

- Atlanta Senior Center
- Hillman Senior Center
- Montmorency Commission on Aging

Special Interest Group

Advocacy Groups/Coalitions

Cultural Organizations

Hunting/Sportsman Leagues

- Canada Creek Ranch
- Hillman Sportsman Club
- Montmorency County Conservation Club

Amateur Sports Leagues

Education

Colleges or Universities

Community College

Before/After -School Program

Vocational/Technical Education Programs

Health Institutions

Hospital

Healthcare Clinic

- OMH Montmorency Medical Center
- Thunder Bay Community Health Services

Health Department

• District Health Department No. 4

Behavioral Health Services

- Northeast Michigan Mental Health Center
- Thunder Bay Community Health Services

Public Service

Library

- Atlanta Public Library
- Hillman Wright Library
- Lewiston Public Library
- Montmorency County Public Libraries

Police Department

• Montmorency County Sheriff's Office

Fire Department

- Hillman Fire Department
- Lewiston Fire Department
- Tri-Township Fire Department

Emergency Medical Services

• Tri-Township Ambulance Services

Community-Based Organizations

Religious Organizations

- New Beginnings Ministry
- St. Augustine Catholic Church
- St. Jon's Lutheran Church

United Way

Community or Philanthropic Foundation

Political Organizations

- Democratic Party
- Republican Party

Infrastructure

Parks

- Avery Township Park
- Briley Township Park
- Emerick Park
- Tiger Paw Park

Public Pools

Vacant Private Building or Lot

Public Lake or Coastline

- Avalon Lake
- Clear Lake State Park

Community Gardens

Farmer's Market

• Atlanta Farmers Market

Noteworthy Person/Group

Local Artists/Musicians

Community Leader

• Ken Werner

Celebrity or Influential Figure

Other

Presque Isle County Assets

Social Service

Community Center

• Rogers City Area Senior and Community Center

Housing Organizations

- Northeast Michigan Community Service Agency
- Rogers City Housing Commission

Food Pantry/Kitchens

• Grand Lake Community Chapel

- Northeast Michigan Community Service Agency
- Rogers City Area Senior and Community Center
- Westminister Presbyterian Church

Emergency Housing Shelters

Halfway Houses

Domestic Violence Shelters

Social/Grassroot Organizations

Senior's Group

• Rogers City Area Senior and Community Center

Special Interest Group

• Presque Isle Area Z Club

Advocacy Groups/Coalitions

Cultural Organizations

• Domaci Gallery

Hunting/Sportsman Leagues

• Presque Isle County Sportsman's Club

Amateur Sports Leagues

Education

Colleges or Universities

Community College

Before/After -School Program

- Boys and Girls Club of Presque Isle
- Presque Isle County 4-H

Vocational/Technical Education Programs

Health Institutions

Hospital

• Alpena Regional Medical Center

Healthcare Clinic

- McLaren Northern Michigan Rogers City Family Medicine
- Thunder Bay Community Health Service, Inc

Health Department

• District Health Department No. 4

Behavioral Health Services

- Northeast Michigan Community Mental Health Authority
- Thunder Bay Community Health

Public Service

Library

• Presque Isle District Library

Police Department

- Presque Isle County Sheriff
- Rogers City Police Department

Fire Department

- East Grand Lake Fire Department
- Presque Isle Township Fire
- Rogers City Fire Department

Emergency Medical Services

- Allied EMS Systems Ambulance of Rogers City
- Onaway Area Ambulance

Community-Based Organizations

Religious Organizations

- Awaken Church
- Community of Christ and Joy Community Church
- First Baptist Church
- Grand Lake Community Chapel
- Holy Cross Lutheran Church
- Onaway Seventh-day Adventist Church
- Onaway United Methodist Church
- Saint Paul's Catholic Church
- St. Ignatius Catholic Church
- St. John Lutheran Church

United Way

• United Way of Northeast Michigan

Community or Philanthropic Foundation

- Community Foundation for Northeast Michigan
- The Optimist Club of Rogers City

Political Organizations

- Democratic Party
- Republican Party

Infrastructure

Parks

- Chandler Park
- Herman Vogler Conservation Area
- Lakeside Park
- South Shore Park
- Sports Park
- Westminister Park

Public Pools

Vacant Private Building or Lot

Public Lake or Coastline

- Grand Lake
- Lake Huron
- Long Lake

Community Gardens

Farmer's Market

• Rogers City Farm Market

Noteworthy Person/Group

Local Artists/Musicians

Community Leader

- Mayor Matt Waligora
- Mayor Scott McLennan

Celebrity or Influential Figure

<u>Other</u>







Northeast Community System Assessment Agenda

1:15 pm	Virtual Event Opens
1:30 pm	Welcome & Introductions
1:40 pm	Community System Assessment Unpacked
1:50 am	Team Discussion #1
2:40 pm	Large Group Check In (Break)
2:45 pm	Team Discussion #2
3:25 pm	Large Group Celebration (Wrap Up)
3:30 pm	(optional) Happy Half Hour – Questions & Networking





Introduction to the Community System Assessment

Activity Purpose:

- Improve organizational and community communication and collaboration by bringing a broad spectrum of partners to the same table.
- Learn about community health and how activities are interconnected.
- Identify system strengths and weaknesses which may then be used to improve and better coordinate activities at the community level

What is a Community System?

All of us are part of the Community System. Community Systems are networks of diverse agencies and groups with differing roles, relationships, and interactions whose activities combined contribute to the health and well-being of the community.

What topic areas will we be talking about today?

- **Resources:** A community asset (or community resource) is anything that can be used to improve the quality of community life.
- Policy: Policies are the written or unwritten guidelines that governments, organizations and institutions, communities, or individuals use when responding to issues and situations.
- Data Access/Capacity: A community with data capacity is one where people can access and use data to understand and improve health outcomes where they live.
- Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement activities and are beneficial to all partners involved.

- Workforce: The people engaged in or available for work in a particular area, company, or industry.
- Leadership: Leadership within the community is demonstrated by organizations and individuals that are committed to improving the health of the community.
- **Community Power/Engagement:** Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as to determine who is included and excluded from these processes.
- Health Equity Capacity: Health Equity is the assurance of the conditions for optimal health for all people.



Northeast Community System Event | Monday, August 16, 2021 | 1:30 -3:30 pm

Team Discussion #1: Community System Assessment

Detailed Instructions:

Team Introductions: [10 minutes]

- Designate your Note Taker. This person will take notes on the CSA Notes Form.
- Get to know your team! Introduce yourself.
- Review your Focus Area

Introduction Inclusion Tips:

• Learn how to pronounce people's names: It is helpful to phonetically spell names in the
chat box [Why is this important?]
• Share pronouns: One best practice is to include preferred pronouns with one's name
Why is this important?
• Put Names with Faces : Show your face with your preferred name if you can, also realize
that not everyone can see you. Introductions that include descriptors of what people
would see are helpful to those who can't see you.

Overview of Discussion and Performance Measure Scoring: [5 minutes]

- Review as a group the questions to think about in the regarding your Focus Area (See Participant Packet)
- Introduce the Performance Measure questions and scoring grid

Discussion: [15 minutes]

Using discussion questions in your Participant Packet for your Focus Are discuss how the community organizations participate in these focus area activities, and how the system as a whole performs.

Scoring of Performance Measures (8 Minutes)

Vote on the specific measures for your Focus Area using the scoring grid.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25% but no more than 50% of the activity described in the question is met.
Minimal Activity (1-25%)	Greater than 0% but no more than 25% of the activity described in the question is met.
No Activity (0%)	0% or absolutely no activity relating to the activity described in the question.





Discussion to determine strengths and opportunities to improve Performance Meaasures (12 Miniutes)

Choose one of the measures with the most disagreement for more discussion to dig deeper into strengths, weaknesses, and opportunities

Team Discussion #2 Community System Assessment

Repeat Steps for Team Discussion #1

Omit grounding question

TEAM FACILITATORS: PLEASE SEND US YOUR NOTES IMMEDIATELY FOLLOWING THE EVENT

THANK YOU!

MiThrive@northernmichiganCHIR.org



Forces of Change Assessment Event



AGENDA

9:45 am	Virtual Event Opens
10:00 am	Welcome & Introductions
10:10 am	Introduction to MiThrive and the Forces of Change Assessment
10:30 am	Forces of Change Small Group Brainstorming Session
10:45 am	Small Group Spotlight
11:05 am	Forces of Change Small Group Threats and Opportunities Session
11:25 am	Small Group Spotlight
11:45 am	Wrap Up & Next Steps
12:00 pm	Adjourn

EVENT ACCESS LINK

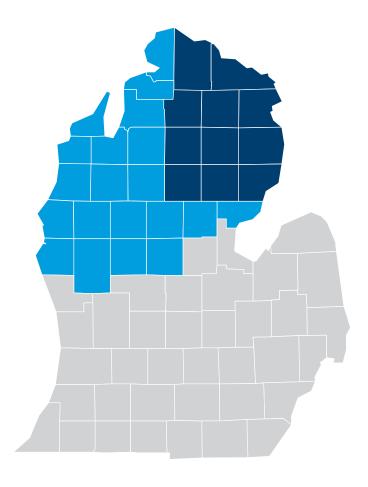
https://zoom.us/j/96917348003?pwd=ZHhiTCtUM0Q5L3BOL3dwb0JzbHk1UT09

Meeting ID: 969 1734 8003 Passcode: 484284 One tap mobile +13126266799,,96917348003#,,,,*484284# US (Chicago) +19292056099,,96917348003#,,,,*484284# US (New York)

Forces of Change Assessment Event

Dial by your location +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York) +1 301 715 8592 US (Washington DC) +1 346 248 7799 US (Houston) +1 669 900 6833 US (San Jose) +1 253 215 8782 US (Tacoma) Meeting ID: 969 1734 8003 Passcode: 484284 Find your local number: https://zoom.us/u/aeCTgzoACI





2021 Northeast MiThrive Data Briefs

Published: January 2022

Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, and Roscommon

Assessment Snapshot

 The Forces of Change Assessment (FOCA) aims to answer the following questions: What is occurring or might occur that affects the health and wellbeing of our community? What specific threats or opportunities are generated by these occurrences? Forces of change are trends, factors, and events outside of our control that may influence the health of our community or the system of organizations supporting the community, both in the recent past and the foreseeable future. The FOCA Topic Areas: Government Leadership & Budgets, Spending Priorities Sufficient Health Care Workforce Access to Health Services Population Demographics Economic Environment Access to Social Services Social Context COVID-19 Pandemic 	 The Community Health Status Assessment (CHSA) aims to answer the following questions: How healthy are our residents? What does the health status of our community look like? The answers to these questions were measured by collecting 100 secondary indicators from 20 different sources including the US Census Bureau, Centers for Disease Control, and Michigan Department of Health and Human Services. The table in green shows select indicators relevant to the strategic issue. For each strategic issue, a map related to one of the indicators in the table is visualized at either the census-tract or county level. A brief statement highlighting the geographical disparities is located near the map.
 The Community System Assessment (CSA) aims to answer the following question: What are the components, activities, competencies, and capacities in our local systems? The CSA assessed performance measures for 8 topic areas: Resources Policies Data Access & Capacity Community Alliances Workforce Leadership Community Power/Engagement Capacity for Health Equity The CSA was conducted at the regional level. Additional data was then collected at the county-level through facilitated conversations at community collaboratives. 	 The Community Themes and Strengths Assessment (CTSA) aims to answer the following questions: What is important to the community? How is quality of life perceived in the community? What assets does the community have that can be used to improve community have that can be used to improve community health? The CTSA collected data using 3 different methods: Pulse Survey Series: Four, three question mini client interviews conducted by community partners with clients and patients. Topics included education, aging, disability, and economic security. Community Survey: This survey was conducted through an online and paper format and asked questions about what makes a thriving community, current issues impacting the health of the community, and quality of life questions. Provider Survey: This survey was conducted through an online format and targeted

individuals providing direct care and services.

Data Brief Navigation Guide

Data was collected 6 different ways. Each circle represents a different data collection method.

Data collected in the Community Themes and Strengths Assessment is shown in blue. Data was collected through a community survey, provider survey, and pulse surveys as reflected by the 3 blue circles.

Strategic issue

Data collected in the **Community Health** Status Assessment is shown in green. Indicators in bold had a state value available to compare to. If the regional value was worse than the state value (meaning of worse depends on what the indicator is measuring) an asterisk is placed next to the indicator title. *This remains true for all strategic issues besides COVID-19 where the asterisk represents a regional value higher than the state value.



Importance Statement

Data collected in the Forces of Change Assessment is shown in purple. The dot illustration represents how often the strategic issue was identified in one of the 8 topic areas (left) and as a top priority within a topic area (right)

This graphic illustrates where a topic or theme emerged in the different data collection methods.

Data collected in the Community System Assessment is shown in orange. The dot illustration represents the number of community collaboratives in which a topic or theme emerged.

The comment boxes indicate comments from participants regarding recurring themes.

Color coded key illustrating the 4 MiThrive assessments

Data Brief Acronyms

Acronym	What does it stand for?	What does it mean?
YPLL	Years Potential Life Lost	The difference between a predetermined end point (usually age 75 and the age at death for death(s) that occurred prior to that end point age
ALICE	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.
FPL	Federal Poverty Level	A measure of income issued every year by the Department of Health and Human Services used to determine eligibility for certain programs and benefits.
ACE(s)	Adverse Childhood Experience(s)	Potentially traumatic events that occur in childhood (0-17 years)
HPSA	Health Professional Shortage Area	Geographic areas, populations, or facilities with a shortage of primary, dental or mental health care providers.
WIC	Women Infants Children	Aims to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to care
COPD	Chronic Obstructive Pulmonary Disorder	Chronic inflammatory lung disease that causes obstructed airflow from the lungs.
Description of per 100,000		Rates take into account the number of cases/deaths/etc. and the population size. Rate per 100,000 is calculated by taking the total number of cases divided by the total population and multiplied by 100,000.
Description of G	ini index	measure of income inequality.; It ranges from 0, indicating perfect equality (everyone receives an equal share), to 1, perfect inequality (only one recipient or group of recipients receives all the income)

Northeast Strategic Issue: How do we ensure that everyone has safe, affordable, and accessible housing?



58.3% (n=115) of providers identified safe and affordable housing as a top factor for a thriving community. <u>This ranked #1 out of 15</u> <u>factors.</u>

31.3% (n=115) of providers identified lack of safe and affordable housing as a top issue impacting their patients/clients. <u>This ranked #2 out of 35</u> <u>issues.</u>

53% (n=115) of providers said housing resources/services for patients/clients are missing in the community they serve. This ranked #2 out of 13 resources/services.

36.4% (n=892) of northeast residents identified safe and affordable housing as a top factor for a thriving community. <u>This ranked #2 out of 15</u> factors.

25.4% (n=892) of northeast residents identified lack of safe and affordable housing as a top issue impacting their community. This ranked #2 out of 35 issues.

Lack of housing emerged as a theme in the pulse survey series for clients/patients that scored the following statement low, "There is economic opportunity in the community."

Lack of housing emerged as a theme in the pulse survey series for clients/patients that scored the following statement low, "My community is a good place to age."

Increase housing options emerged as a theme in the pulse survey series when clients/patients were asked to think of ways in which the community could ensure everyone has a chance at living the healthiest life possible. **Importance:** 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 overall ability of families to make healthy choices.

FOCA: Key Issues

- Overall lack of affordable housing
- Poor public perceptions of affordable housing
- Vacation home purchases and rentals have increase home prices in area
- Low housing supply impacts recruitment of new employees & families

4 of 8 Housing was identified in 4 of 8 topic areas.

3 in 8 Housing was identified as a top three priority in 3 of 8 topic areas.

Housing emerged as a top theme in **6 of 6** data collection activities.



Community System Assessment



Community Themes & Strengths Assessment



1

2

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6

7

8



Forces of Change Assessment



Indicator *=worse than state average	NECHIR Average
Median Value of Owner- Occupied Homes*	\$107,409
Renters (% of all occupied homes)*	17.2%
Vacant Housing Units*	44.7%
Median Household Income*	\$44,760
Gross mortgage is >=35% of household income*	21.9%
Asthma (teens)	58.7%
Severe quality problems with housing	13%
Gross rent is >=35% of household income	38.8%
Eviction Rate	103.4 per 100,000

disparities exist at the census tract level with the highest housing unit value on the lakeshore in Presque Isle County.

Increase affordable housing for elderly and disabled

Develop a County housing committee that meets to address county wide housing issues and factor in the social services side of things

\$120,001 - \$180,000 \$90,001 - \$120,000

\$70,001 - \$90,000

Under \$70,001 No Data or Data

https://sparkmap.org/maproom/, 12/6/2021

Suppressed

Sometimes resources aren't available. Example: There is financial help for housing, but clients have a hard time locating rentals

QUESTIONS?

Email us: mithrive@northernmichiganchir.org





Forces of Change Assessment







Northeast Strategic Issue: How can we increase comprehensive substance misuse prevention and treatment services that are accessible, patient-centered and stigma free? v.12.21



mithrive

Importance: Substance misuse impact people's 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.

Need for more options/education with substance use disorders, stigma and access to healthcare for low income

> Stigma prevents some from asking for help or advocating for themselves. It is becoming a serious issue.

Reduce the stigma around substance use disorders!

4 of 11 **Community Collaborative** assessments in 4 out of 11 counties identified stigma around substance use disorders as an issue in their communities.

28.7% (n=115) of providers identified freedom from trauma, violence, and addiction as a top factor for a thriving community. This ranked **#5 out of 15 factors.**

34.8% (n=115) of providers identified substance use as a top issue impacting their patients/clients. This ranked #1 out of 35 issues.

44.3% (n=115) of providers said substance abuse services resources/services for patients/clients are missing in the community they serve. This ranked #4 out of 13 resources/services.

26.1% (n=892) of northeast residents identified freedom from trauma, violence, and addiction as a top factor for a thriving community. This ranked #3 out of 15 factors.

25.6% (n=892) of northeast residents identified substance use as a top issue impacting their community. This ranked #1 out of 35 issues.

1

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А

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Substance misuse emerged as a top theme in 5 of 6 data collection activities.







Forces of Change Assessment

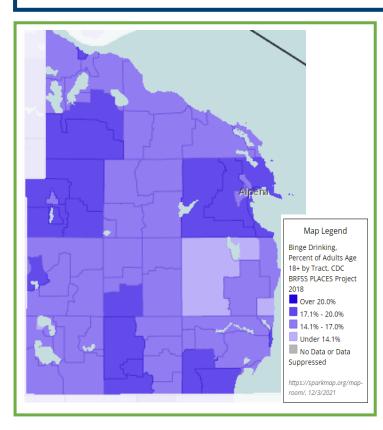


Community System Assessment

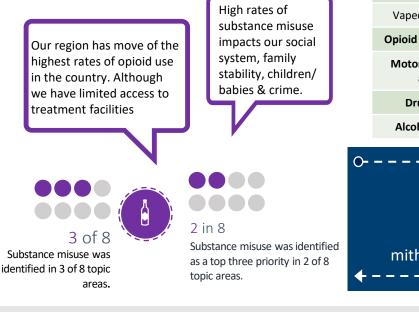




Northeast Strategic Issue: How can we increase comprehensive substance misuse prevention and treatment services that are accessible, patient-centered and stigma free?



Geographic disparities exist at the census tract level with the higher percentages of binge drinking in Alpena, Cheboygan, Crawford, Iosco, Ogemaw, Oscoda, and Otsego



Indicator *=worse than state average	NECHIR Average
Liver Disease Mortality*	15.1 per 100,000
Heart Disease Mortality*	218.2 per 100,000
Heart Disease Incidence*	153.2 per 100,000
Smoked cigarettes in past 30 days (teens)	2.6%
Teens with 2+ ACES	37.1%
Oral Cavity and Pharynx Cancer*	16.0 per 100,000
Lung and Bronchus Cancer*	70.8 per 100,000
Asthma (teens)	58.7%
Ever told COPD (adults)*	15.3 per 100,000
Binge drinking (adults)	20.1%
Used prescription drugs w/o prescription (teens)	4.9%
Used marijuana in past 30 days (teens)	8.5%
Had a drink of alcohol in past 30 days (teens)	10.6%
Smoked cigarettes in past 30 days (teens)	2.6%
Used chew tobacco in past 30 days (teens)	2.4%
Vaped in past 30 days (teens)	13.8%
Opioid related hospitalizations*	21.6 per 100,000
Motor vehicle crash involving alcohol mortality*	42%
Drug-Induced Mortality	18.0 per 100,000
Alcohol-Induced Mortality*	18.9 per 100,000

QUESTIONS?

Email us: mithrive@northernmichiganchir.org



Community Health Status Assessment



Forces of Change Assessment



Community System Assessment



Community Themes & Strengths Assessment

-0

Northeast Strategic Issue: How do we increase access and reduce barriers to quality behavioral health services while increasing resiliency and wellbeing?

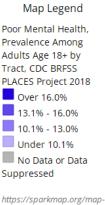


mithrive

Importance: Mental health is essential to a person's well-being, healthy relationships, and ability to live a full life. It also plays a major role in people's ability to maintain good physical health because mental illness increases risk for many chronic health conditions.

v.12.21

Geographic disparities exist at the census tract level with pockets of high percentages of poor mental health in all counties besides Crawford and Montmorency

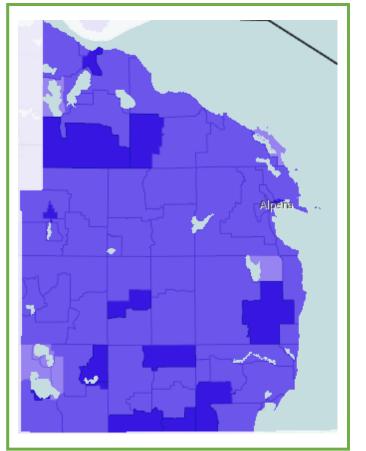


https://sparkmap.org/maproom/, 12/3/2021

Forces of Change

Assessment

Indicator *=worse than state average	NECHIR Average
Teens with 2+ ACES	37.1%
Alzheimer's/Dementia Mortality	25.7 per 100,000
Poor mental health 14+ days (adult)	14.7%
Major depressive episode (teen)	38.7%
Average HPSA Score Mental Health*	17.8
Intentional Self-Harm*	21.5 per 100,000



Mental health emerged as a top theme in 5 of 6 data collection activities.







Northeast Strategic Issue: How do we increase access and reduce barriers to quality behavioral health services while increasing resiliency and wellbeing?

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1	33% (n=115) of providers identified access to quality behavioral health services as a top factor for a thriving community. <u>This ranked #3</u> out of 15 factors.	Include mental health in our process for identifying key constituents or stakeholders for improving community wellness
2	28.7% (n=115) of providers identified freedom from trauma, violence, and addiction as a top factor for a thriving community. <u>This ranked #5</u> out of 15 factors.	Stigma prevents some from asking for help or advocating for
3	20% (n=115) of providers identified lack of access to behavioral health services as a top issue impacting their patients/clients. This ranked #6 out of 35 issues.	themselves and is becoming a serious issue
4	57.4% (n=115) of providers said mental health resources/services for patients/clients are missing in the community they serve. <u>This</u> ranked #1 out of 13 resources/services.	Stigma, 7 of 11 Community Collaborative assessments in 7 out of 11 counties identified access to
5	26.1% (n=892) of northeast residents identified freedom from trauma, violence, and addiction as a top factor for a thriving community. <u>This</u> ranked #3 out of 15 factors.	stigma, stigma Education requirements are so high that general
6	19.4% (n=892) of northeast residents identified access to quality behavioral health services as a top factor for a thriving community. <u>This ranked</u> <u>#6 out of 15 factors.</u>	Mental health services were strained before
7	13% (n=892) of northeast residents identified lack of access to behavioral health services as a top issue impacting their community. <u>This</u> ranked #5 out of 35 issues.	COVID-19 brought an influx of new clients to the system Telehealth services have helped some
8	11.9% (n=892) of northeast residents identified lack of quality behavioral health services as a top issue impacting their community. <u>This</u> <u>ranked #6 out of 35 issues.</u>	3 of 8 Behavioral health
9	A greater focus on mental health emerged as a theme in the pulse survey series when clients/patients were asked to identify ways in which the community could ensure everyone has a chance at living the healthiest life possible.	services was identified in 3 of 8 topic areas. identified as a top three priority in 2 of 8 topic areas.
10	Increased mental health support emerged as a theme in the pulse survey series when clients/patients were asked how we can come together so that people promote each others wellbeing and not just their own.	QUESTIONS? Email us: mithrive@northernmichiganchir.org
) Co	mmunity Health	Community System Community Themes &

Assessment

Strengths Assessment



Status Assessment

Assessment



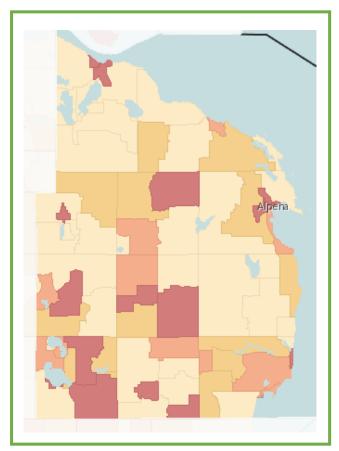
Northeast Strategic Issue: How can we nurture a community and healthoriented transportation environment which provides safe and reliable transportation access, opportunities, and encouragement to live a healthy life?



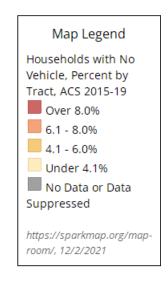
Importance: Transportation is a critical factor that influences people's health and the health of a community. Barriers to transportation options may result in missed or delayed health care visits, increased health expenditures and overall poorer health outcomes.

12 2

Geographic disparities exist at the census tract level with a pockets of the high percentages of households with no vehicle in all counties besides Alcona and Presque Isle



Indicator *=worse than state average	NECHIR Average
Motor vehicle crash mortality	14.0 per 100,000
No household vehicle	5.9%



Transportation emerged as a top theme in 4 of 6 data collection activities.



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Forces of Change Assessment



Community System Assessment





Northeast Strategic Issue: How can we nurture a community and healthoriented transportation environment which provides safe and reliable transportation access, opportunities, and encouragement to live a healthy life?

	1 of 8 sportation was d in 1 of 8 topic areas. 0 in 8 Transportation was identified top three priority in 0 of 8 topi areas.	
1	30.4% (n=115) of providers identified reliable transportation as a top factor for a thriving community. <u>This ranked #4 out of 15 factors.</u>	increased the distance people have to travel to receive care
2	20% (n=115) of providers identified unreliable transportation as a top issue impacting their patients/clients. <u>This ranked #7 out of 35</u> <u>issues.</u>	
3	52.2% (n=115) of providers said transportation resources/services for patients/clients are missing in the community they serve. This ranked #3 out of 13 resources/services.	Transportation is needed so people can physically access Significant transportation
4	Transportation and long commute emerged as themes in the pulse survey series for clients/patients that scored the following statement low, "There is economic opportunity in the community."	resources improvement.
5	Increasing transportation options emerged as a theme in the pulse survey series when clients/patients were asked to identify ways in which to ensure people in tough life circumstances come to have as good a chance as others do in achieving good health and wellbeing over time.	Would like to see county transportation systems cross county borders 4 of 11 Community Collaborative assessments in 4 out of 11 counties identified transportation
6	Lack of transportation emerged as a theme in the pulse survey series for clients/patients that scored the following statement low, "My community is a good place to age."	O
7	Improve transportation options emerged as a theme in the pulse survey series when clients/patients were asked to think of ways in which the community can ensure everyone has a chance at living the healthiest life possible.	QUESTIONS? Email us: mithrive@northernmichiganchir.org







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Community Themes & Strengths Assessment

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Northeast Strategic Issue: How do we foster a community where everyone feels economically secure?



28.7% (n=115) of providers identified economic instability as a top issue impacting their patients/clients. <u>This ranked #4 out of 35</u> issues.

24.9% (n=892) of northeast residents identified **meaningful and rewarding work** as a top factor for a thriving community. <u>This</u> <u>ranked #4 out of 15 factors.</u>

24% (n=892) of northeast residents identified economic instability as a top issue impacting their community. <u>This ranked #3 out of 35</u> <u>issues.</u>

Lack of job availability and wages emerged as themes in the pulse survey series for clients/patients that scored the following statement low, "There is economic opportunity in the community."

Poverty emerged as a theme in the pulse survey series when clients/patients were asked to think about groups that experience relatively good health and those that experience poor health and identify why there might be a difference.

Poverty emerged as a theme in the pulse survey series for clients/patients that scored the following statement low, "My community is a good place to age." **Importance:** 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.

Opportunity to work with Intermediate School Districts to increase trade school options

* 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, living paycheck to paycheck. Lack of income can lead to poor outcomes in many different areas of life

Region has a large population living in poverty or within ALICE*

5 of 8 Economic security was identified in 5 of 8 topic areas.

\$ 4 in 8

Economic security was identified as a top three priority in 4 of 8 topic areas.

Economic security emerged as a top theme in **5 of 6** data collection activities.



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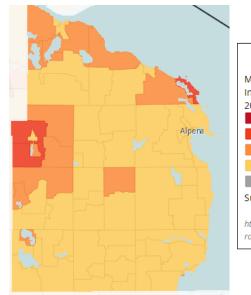
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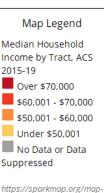


Forces of Change Assessment Community System Assessment



Northeast Strategic Issue: How do we foster a community where everyone feels economically secure?





https://sparkmap.org/maproom/, 12/2/2021 Geographic disparities exist at the census tract level with **highest household incomes in Otsego** and **Presque Isle**

There is opportunity overall to educate agencies within the community system if we want to have a healthy economy.

Jobs that are available are not always paying at a level that is a reasonable living wage

Identify and address barriers to resources, especially for marginalized persons. Need stakeholder involvement in all levels of policy and resource development and delivery; affordable housing, transportation, living wages, and access to broadband and electronic access equipment



5 of 11

Community Collaborative assessments in 5 out of 11 counties identified economic instability as an issue.

QUESTIONS?

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Indicator *=worse than state average	NECHIR Average
Median Household Income*	\$44,760
Gross mortgage is >=35% of household income*	21.9%
High school graduation rate	84.8%
High school graduate or higher*	88.9%
Bachelor degree or higher*	16.8%
Children 0-5 in Special Education*	3.2%
Special Education % Child Find	99.7%
Students not proficient in Grade 4 English*	56.8%
ALICE Households*	27.4%
Households below federal poverty level (FPL)*	15.0%
Families living below the poverty level (%)*	10.7%
Population below poverty level*	17.3%
Children below poverty level*	23.1%
Unemployment	3.6%
Income inequality (Gini index)	0.43

Community Health Status Assessment



Forces of Change Assessment





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Northeast Strategic Issue: How do we cultivate a community whose policies, systems, and practices are rooted in equity and belonging?



Strengthening community engagement and promoting social justice emerged as themes in the pulse survey series when clients/patients were asked to identify ways in which their community could ensure everyone has a chance at living the healthiest life possible.

Strengthen community connection and support emerged as theme in the pulse survey series when clients/patients were asked to identify ways in which we can come together so that people promote each other's

wellbeing and not just their own.

A lack of community support/connectedness and system navigation issues emerged as themes in the pulse survey series when clients/patients were asked to think about groups that experience relatively good health and those that experience poor health and to identify why that difference may exist.

Social stigma and discrimination emerged as themes in the pulse survey series for clients/patients that scored the following statement low, " My community is a good place to age."

13.3% (n=892) of northeast residents identified **belonging and inclusion** as a top factor a thriving community.

7.8% (n=892) of northeast residents identified racism and discrimination as a top issue impacting their community.

Importance: Health inequities are systematic and unjust differences in opportunities to achieve optimum health and wellbeing. These inequities lead to preventable differences in health status or outcome (health disparities). The dimensions in which health disparities exist can include geographic location, race, ethnicity, disability, age, sexual identity, and socioeconomic status.

FOCA: Key Issues

- Improving social connectedness could improve self-confidence and empowerment
- There is a lot of stigma related to substance use disorder treatment
- Broadband resources have increased availability to many services but only for those who have broadband availability, who can afford it and who know how to use it. The region's large population of old adults are not comfortable using the internet

3 of 8 Diversity, equity, and inclusion was identified in 3 of 8 topic areas.

) 0 in 8

Diversity, equity, and inclusion was identified as a top three priority in 0 of 8 topic areas.



Diversity, equity, and inclusion emerged as a top theme in **4 of 6** data collection activities.



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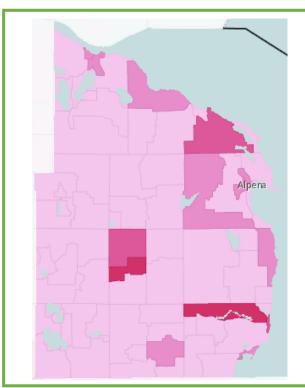


Forces of Change Assessment Community System Assessment



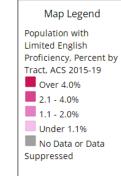


Northeast Strategic Issue: How do we cultivate a community whose policies, systems, and practices are rooted in equity and belonging?



Indicator *=worse than state average	NECHIR Average
Children 0-5 in Special Education*	3.2%
Special Education % Child Find	99.7%
Children enrolled in early education	31.2%
Students not proficient in Grade 4 English*	56.8%
High school graduation	84.8%
High school graduate or higher*	88.9%
Bachelor's degree or higher*	16.8%
Families living below federal poverty level (FPL)*	10.7%
ALICE Households*	27.4%

Geographic disparities exist at the census tract level with the **highest percentages of limited English proficiency** in **losco** and **Oscoda**



https://sparkmap.org/maproom/, 12/2/2021

Community participation – recognizing how helping vulnerable populations helps the community as a whole Stigma is a barrier to resources: "Those have been turned away are afraid to come back"

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People believe that they don't have a voice or that their voice is not going to be heard

<mark>8</mark> of 11

Community Collaborative assessments in 8 out of 11 counties identified a need for increased diversity and inclusion.

QUESTIONS?

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Northeast Strategic Issue: 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?



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Improve the healthcare system emerged as a theme in the pulse survey series when clients/patients were asked to identify ways we can ensure people in tough life circumstance come to have as good a chance as others do in achieving good health and wellbeing over time.

Healthcare and insurance emerged as themes in the pulse survey series when clients/patients were asked to identify why some groups of people experience relatively good health as compared to those that experience poor health.

Lack of healthcare emerged as a theme in the pulse survey series for patients/client that scored the following statement low, "My community is a good place to age." *Importance:* Access to health services affects a person's health and well-being. It can prevent disease and disability, detect and treat illness and conditions; and reduce the likelihood of early death and increase life expectancy.

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FOCA: Key Issues

- The healthcare workforce isn't sufficient.
- COVID-19 and healthcare access issues have led to less preventative care and poor health outcomes.
- Accessing healthcare through telehealth has been helpful to some but broadband access is limited for others.
- Some are unsure how to access insurance navigators or receive ineffective insurance referrals.
- Health insurance can be too
 expensive

3 of 8 Healthcare was identified in 3 of 8 topic areas. 3 in 8

Healthcare was identified as a top three priority in 3 of 8 topic areas.

Healthcare emerged as a top theme in 5 of 6 data collection activities.



Community System Assessment



Community Themes & Strengths Assessment



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Community Health

Status Assessment



Northeast Strategic Issue: 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?

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Indicator *=worse than state average	NECHIR Average				Geo dispa
Self-reported health fair or poor*	24.9%	El a			at th level high
All Cancer Incidence*	459.6 per 100,000				prev
Average HPSA Score- Dental Health*	19.1		Alpena		hosp rate
Liver disease mortality*	15.1 per 100,000	1 P			Cour
Chronic lower respiratory disease mortality	64.1 per 100,000				M Preven
Uninsured*	7.0%				Hospit Medic
lo personal health checkup in the past year	17.1%	2			Benefic County Ove 310
Preventable hospital stays (Medicare enrollees)	3,692.1 per 100,000				250 Und
Average HPSA Score – Primary Care*	16.0	We live in a 600 Sq	Mile		Suppre
Fully immunized toddlers (aged 19-35 months)*	67.8%	county with only tw health clinics. Media	0		room/, 12
Colorectal cancer incidence*	40.1 per 100,000	access is a challenge		J	
All cancer mortality*	179.5 per 100,000			Increase	edu
Diabetes mortality	21.9 per 100,000			health ca	
Heart disease mortality*	218.2 per 100,000	There is a lack of		regardin	-
Heart disease incidence (adults)*	153.2 per 100,000	healthcare resource and barriers to acce There is a need to		health e	quity
YPLL Pneumonia/Flu	94.5 per 100,000	improve access to			
Pneumonia incidence*	38.9 per 100,000	care for low-incor			
Chronic lower respiratory disease mortality*	64.1 per 100,000	individuals			
Kidney disease mortality*	15.1 per 100,000				
Oral cavity and pharynx cancer incidence*	16.0 per 100,000	0			
Lung and bronchus cancer incidence*	70.8 per 100,000		QUESTIC		
ver told diabetes (adults)*	18.2%		Email u		- 1- 1-
Ever told COPD (adults)*	15.3%	mithrive@no	orthernn	nichigan	chir.
All causes of death*	846.3 per 100,000				
Community Health Status Assessment	Forces of ChatAssessment	nge Community Syst	em		munit ngths

Northeast Strategic Issue: How do we ensure all community members are aware of and can access safety and well-being supports?



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Importance: Witnessing or being a victim of child maltreatment, youth violence, intimate partner, violence, bullying, or elder abuse are linked to lifelong physical, emotional, and social consequences.

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28.7% (n=115) of providers identified freedom from trauma, violence, and addiction as a top factor for a thriving community. <u>This ranked</u> <u>#5 out of 15 factors</u>.

26.1% (n=892) of northeast residents
 identified freedom from trauma, violence,
 and addiction as a top factor for a thriving
 community. This ranked #3 out of 15 factors.

Social stigma and discrimination emerged as themes in the pulse survey series for clients/patients that scored the following statement low, " My community is a good place to age."

Safety concerns emerged as a theme in the pulse survey series for clients/patients that scored the following statement low, "My community is a good place to raise children."

13.3% (n=892) of northeast residents identified **belonging and inclusion** as a top factor a thriving community.

7.8% (n=892) of northeast residents identified racism and discrimination as a top issue impacting their community.





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Forces of Change Assessment

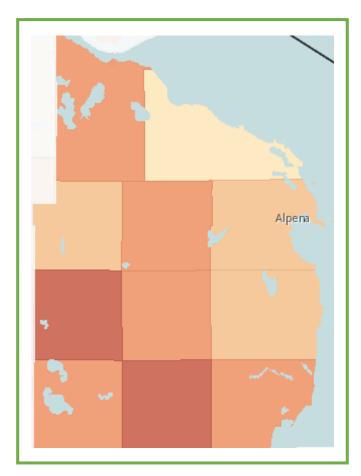


Community System Assessment





Northeast Strategic Issue: How do we ensure all community members are aware of and can access safety and well-being supports?



Indicator *=worse than state average	NECHIR Average	
Teens with 2+ ACES	37.1%	
Child abuse/neglect rate*	154.3 per 1,000	
Injury mortality*	96.5 per 100,000	
Unintentional injury mortality*	54.8 per 100,000	
Motor vehicle crash mortality	14.0 per 100,000	
There has been an increase in funding & awareness of early childhood supports		
3 of 8 Safety & well-being was identified in 3 of 8 topic areas. 0 in 8 Safety & well-being was identified as a top three priority in 0 of 8 topic areas.		
↔		
QUESTIONS?		
Email us:		

Email us: mithrive@northernmichiganchir.org

Map Legend

Unintentional Injury (Accident) Mortality, Age Adj. Rate (Per 100,000 Pop.) by		
1.4.4		
County, CDC NVSS		
2015-19		
Over 70.0		
50.1 - 70.0		
40.1 - 50.0		
Under 40.1		
Data Suppressed		
(<20 Deaths)		

https://sparkmap.org/maproom/, 12/3/2021 Geographic disparities exist at the county level with higher age-adjusted rates of unintentional injury in Crawford and Ogemaw







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Community System Assessment



Community Themes & Strengths Assessment

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v.12.21

Northeast Strategic Issue: How do we reduce the impact of COVID-19 on our community?



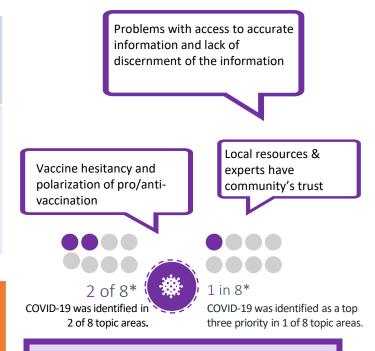
mithive

Importance: In addition to causing disease and death, the COVID-19 pandemic has had a negative impact on healthy and active lifestyles as well as mental health and quality of life.

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15% (n=892) of northeast residents identified COVID-19 as a top issue impacting their community. <u>This ranked #4 out of 35</u> <u>issues.</u>

COVID-19 prevention measures and affordable/accessible childcare emerged as themes in the pulse survey series when clients/patients were asked to think of ways to ensure people in tough life circumstances come to have as good a chance as others do in achieving good health and wellbeing over time.



*COVID-19 was a stand-alone Topic Area; participants were instructed to focus on their Topic Area rather than on COVID-19



COVID-19 emerged as a top theme in **5 of 6** data collection activities.

CSA Key Issues

- Covid-19 has impacted the ability to update community assessments with current information continuously. Assessment is a lengthy endeavor and has been hard to update. The focus of health improvement issues has shifted to Covid.
- Covid has had a huge impact on the ability of the Community System to collaborate on health improvement initiatives.
- Not being able to meet face to ace and having to be online is a huge barrier to community engagement

Community Health Status Assessment

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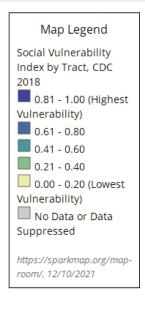
Community System Assessment

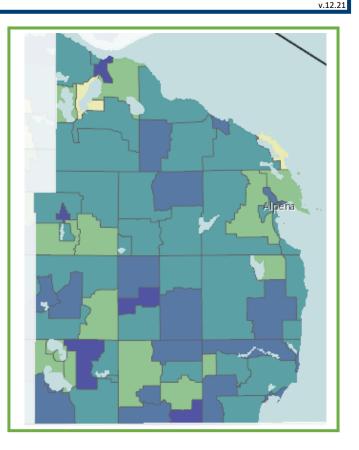




Northeast Strategic Issue: How do we reduce the impact of COVID-19 on our community?

Indicator *=higher than state average	NECHIR Average
Median household income	\$44,760
Population living below poverty*	17.3%
Unemployed	3.6%
High school graduate	88.9%
Population under the age of 18	16.9%
Non-Hispanic white population*	94.4%
Population aged 65+*	28.9%
Population living with a disability*	21.5%
Not proficient in English	0.2%
No household vehicle	5.9%
Child food insecurity*	19.9%
Population food insecurity*	16.4%





Geographic disparities exist at the census tract level with **higher social vulnerability** in areas of Cheboygan, Ogemaw, Oscoda, Otsego, and Roscommon

QUESTIONS?

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Community System Assessment





Northeast Strategic Issue: How can we create an environment which provides access, opportunities, and support for individuals to reach and maintain a healthy weight?



Importance: Obesity is a complex health issue resulting from a combination of causes and factors such as genetics, individual behavior, environment, access to food, education and skills, and income. Consequences of obesity include poorer mental health outcomes, reduced quality of life, and comorbidities.

	Map Legend
	Obese (BMI >= 30),
	Adults Age 20+, Percent by County,
	CDC NCCDPHP 2019
	Over 34.0%
	30.1 - 34.0%
	26.1 - 30.0%
	Under 26.1%
	No Data or Data
	Suppressed
	Suppressed
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	room/, 12/6/2021
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Indicator *=higher than state average	NECHIR Average
Teens with 5+ fruits/vegetables per day	24.5%
Obesity (teens)	17.3%
Obesity (adults)	39.3%
Overweight (teens)	19.1%
Overweight (adults)	32.5%
Population food insecurity*	16.4%
Child food insecurity*	19.9%

Geographic disparities exist at the county level with **lower percentages** of **adult obesity** in **Alcona**, **Crawford**, **Roscommon**, and **Ogemaw**

• **Obesity** emerged as a top theme in **4 of 6** data collection activities.





Forces of Change Assessment



Community System Assessment





Northeast Strategic Issue: How can we create an environment which provides access, opportunities, and support for individuals to reach and maintain a healthy weight?

v.12.21

1	27.8% (n=115) of providers identified nutritious food as a top factor for a thriving community. <u>This ranked #6 out of 15</u> <u>factors.</u>	What improvements would you like to see in your Community System in the
2	24.3% (n=115) of providers identified disease and illness prevention as a top factor for a thriving community. <u>This ranked #7 out of 15</u> <u>factors.</u>	next three years? When it comes to the people we reach about their health, help people set their own health goals and empower them with ongoing information to help them work towards their goals.
3	29.6% (n=115) of providers identified obesity as a top issue impacting their patients/clients. <u>This ranked #3 out of 35 issues.</u>	
4	17.9% (n=892) of northeast residents identified access to nutritious food as a top factor for a thriving community. <u>This ranked</u> <u>#7 out of 15 factors.</u>	
5	Promote nutrition and physical activity emerged as a theme in the pulse survey series when clients/patients were asked to identify ways in which the community could ensure everyone has a chance at living the healthiest life possible.	
6	More affordable recreation emerged as a theme in the pulse survey series when clients/patients were asked to identify ways in which the community can come together so that people promote each other's wellbeing and not just their own.	

QUESTIONS?

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Community Health Status Assessment

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Forces of Change Assessment



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Community System Assessment



Community Themes & Strengths Assessment

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