2019

Manistee Hospital Community Health Needs Assessment

For Manistee County

MUNSON HEALTHCARE

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Executive Summary

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

Data was collected in the following ways: compiling existing statistics; hearing from residents; learning from groups of community organizations; and surveying health care providers and community members. We then identified two major priorities for our region: mental health/substance use and basic needs of living. Additionally, we identified three other strategic issues and two significant goals for our planning process. These additional strategic issues include: access to health care, sense of community, and risks for leading causes of death. The goals for the planning process include cross-sector collaboration and community representation. This 2019 Community Health Needs Assessment (CHNA), which was adopted by the Board of Trustees on Thursday, May 16, 2019, incorporates requirements of the Patient Protection and Affordable Care Act of 2010.

Introduction and Mission Review

Our Commitment to Community Health

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

MiThrive Partnership

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

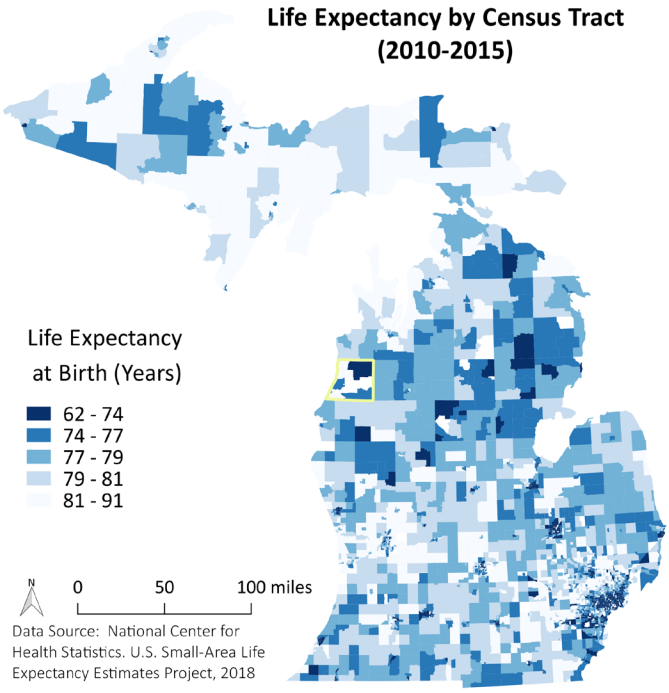
The goal is to continue to build new partnerships and gather input from more organizations and residents. Our CHNA represents a collaborative, community-based approach to identify, assess, and prioritize the most important health issues affecting our community. The process also is the foundation that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

Understanding Health Equity

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

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

In each of the identified issues described later in this document, we examine the impact of these issues on health and health equity, the extent of the challenge in our counties, and opportunities to improve them. Additional data tables related to these issues can be found in Appendix B.



Evaluation of Impact Since 2016 CHNA

Until April 1, 2017, Munson Healthcare Manistee Hospital (formerly West Shore Medical Center) was a municipal health facilities corporation authorized by Manistee County and as such was exempt from federal Affordable Care Act requirements to complete a Community Health Needs Assessment. The 2019 effort is the first official Community Health Needs Assessment for Munson Healthcare Manistee Hospital, meaning there is no previous data against which to measure impact.

Written Comments

Comments regarding the 2016 CHNA and Implementation Strategy were received via email regarding the topics of health coaching and financial assistance. These comments echoed some of the data received via other data collection methods.

Community Needs Health Assessment Methods

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

The Community Health Assessment portion of the MAPP process includes four phases. Full lists of the partner organizations who participated in each phase are provided in the Appendix E.

Phase One: Organize for Success

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

Phase Two: Visioning

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

Phase Three: The Four Assessments

Community Themes and Strengths Assessment

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

Community Input Boards

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

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

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

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

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

Mini Client Interviews

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

Our questions focused on barriers to accessing health care:

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

Community Health Status Assessment

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

Local Community Health System Assessment

The purpose of this assessment was to gather input from organizations serving the community, and get a system perspective on work being done in the community. Facilitators guided discussions at Human Services Coordinating Bodies and

other groups. Discussions focused on different aspects of how all community organizations and entities work together as a unified system to serve the communities. We organized notes by looking at "System Opportunities," "System Weaknesses," and "System Strengths."

Forces of Change Assessment

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

Phase Four: Identify and Prioritize Strategic Issues

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

Next, we prioritized these issues to decide which two strategic issues we would focus on for our collaborative Community Health Improvement Plan. We began by getting input from the community and health care providers through surveys. The surveys were designed around the identified strategic issues, and asked questions designed to inform the prioritization process. Community members were asked questions related to urgency, importance, commitment, and impact on the quality of life for their families and communities. Providers similarly were asked questions about their perspective on these issues' urgency, importance, and impact on quality of life for their patients, as well as whether they had resources available to address the issues and whether they already were working to address them. Community surveys mainly were distributed online through the hospitals and partner organizations, primarily through posting on organization websites and through social media. Paper surveys were available in some places. Health care provider surveys were distributed through all the major northern Michigan hospital systems to their affiliated providers. (The results of these surveys are included in the Appendix C.)

Next, we held a meeting to look at needs and conditions across the entire 31-county northern Michigan region. The meeting used a facilitated process, guided by an evidence-based prioritization matrix to ensure our decisions were data-driven and objective. The criteria considered through the prioritization matrix included Community Values, Severity, Magnitude, Impact of Intervention, Achievability, and Sustainability. The data we used included all the information we gathered previously, including statistics, input from community and partner organizations, and results from the surveys. Through this facilitated process, we collaboratively identified a top issue to approach collectively on a large regional scale. We then held meetings around northern Michigan to identify additional priorities for smaller groups of counties, based on local data, conditions, and experience. A standardized process was used at each meeting. This process included a prioritization matrix with the criteria of magnitude, severity, values, impact, achievability, and sustainability to rank the strategic issues. Organizations invited to participate in each meeting included those with special knowledge and expertise in public health, local public health departments, and organizations representing medically underserved, low income, and minority groups.

2019 Community Needs Health Assessment Findings

Hospital and Communities Served

Munson Healthcare Manistee Hospital is a 45-bed acute care hospital in a charming, Victorian community that hugs Lake Michigan's sandy shoreline and massive coastal dunes. This community-based hospital provides high quality medical care and advanced diagnostic services to residents of Manistee County and surrounding communities.

Manistee Hospital is located 60 miles south of Traverse City. It is one of nine community hospitals in the Munson Healthcare system, northern Michigan's leading and largest provider of health care.

Manistee Hospital stays at the forefront of medical techniques, treatments, and technology to ensure a high quality experience for its patients. Founded in 1970, the hospital is known for its early adoption of emerging diagnostic technology. It was the first hospital in northern Michigan to acquire a 160-slice low dose radiation CT scan and it is among the first to offer advanced breast cancer screenings with 3-D tomography.

Regional Population Demographics

Geography and Population

Manistee County covers a total of 542 square miles of land. The county is classified as "rural" by the US Census Bureau. In general, rural locations experience significant health disparities, such as higher incidence of disease and disability, increased mortality rates, and lower life expectancy. Rural residents are more likely to have a number of chronic conditions and are less likely to receive recommended preventive services, in part because of lack of access to physicians and health care delivery sites and/or adequate transportation options.

Of the 24,373 people who live in Manistee County, 89% are white. The largest minorities are African American (3.5%), Hispanic/Latino (3%), and Native American (2%). The proportion of adults over 65 years old is considerably larger in the county (24%) than the State (16%). In addition, the proportion of older adults is expected to continue increasing across northern Michigan at a much faster rate than the state average.

Education and Income

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

A larger percentage of the population of Michigan have a college degree (27%) than in Manistee County (20%). However, the proportion of the population with a high school diploma is higher in Manistee County (90%) than the state (87%).

Median household income in Michigan is $52,668, significantly more than in Manistee County ($44,882). In addition, within Manistee County, stark income inequality exists. In Manistee County, the average income of the top 1% of earners is 12 times the average income of all other earners in the county.

2019 Strategic Priorities and Issues

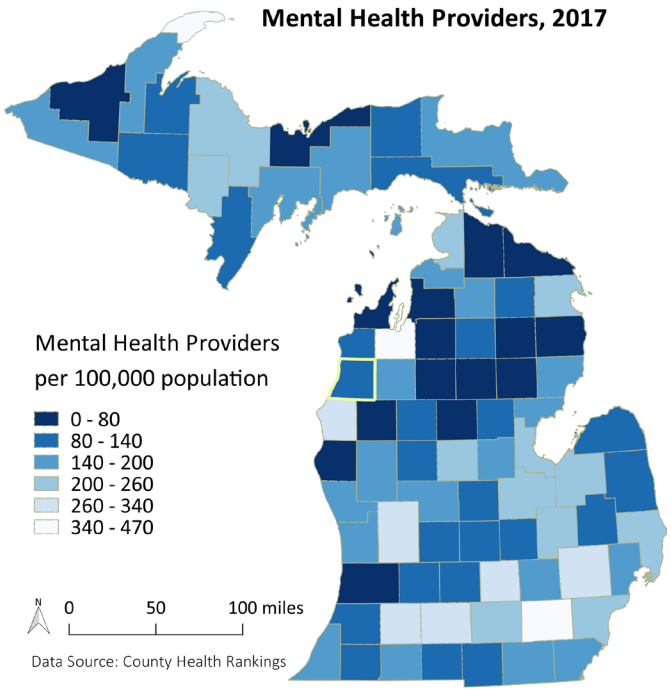
This year we identified strategic issues as part of the MiThrive collaborative. Strategic issues are broader than individual health conditions and represent underlying challenges that need to be addressed, which would lead to improvement in health conditions. Each strategic issue should impact more than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

2019 Strategic Priorities

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

Additional Issues

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



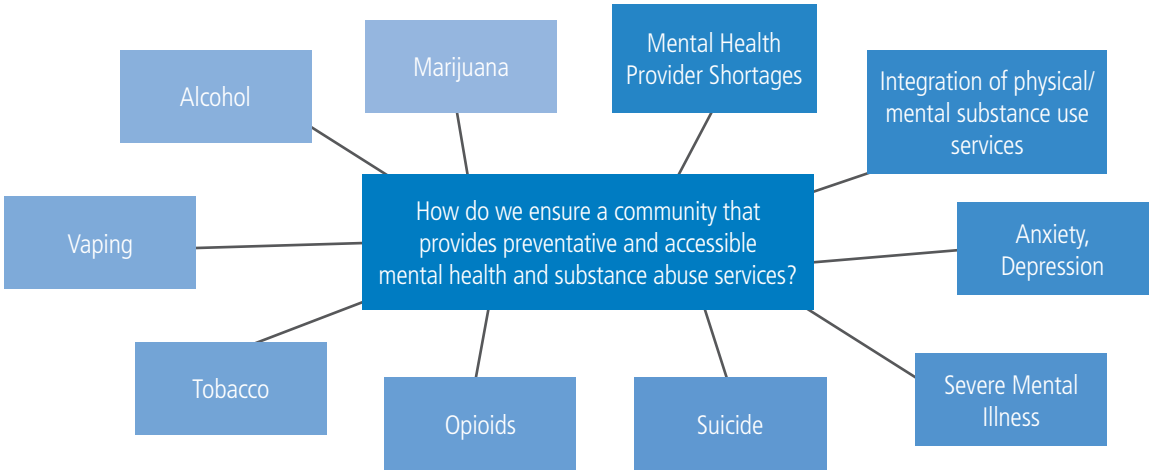
Strategic Priority: Ensure a community that provides preventive and accessible mental health and substance abuse services

Health Impact

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

Healthy Equity

Disparities in mental health and substance use treatment persist in diverse segments of the population, including: racial and ethnic groups; lesbian, gay, bisexual, transgender, and questioning populations; people with disabilities; transition-age youth; and young adults. In addition, certain segments of the population – individuals facing poverty, childhood trauma, domestic violence, and foster care – have historically had less access to services, low utilization of services, and even poorer behavioral health outcomes. Provider shortages, lack of inpatient treatment beds, and limited culturally competent services all contribute to persistent disparities in mental health and substance use



treatment, especially in rural areas. Rural areas also have been the hardest hit by growing rates of opioid abuse and overdose. In addition, as our population of older adults continues to grow, so do the distinct risks and needs for that population.

Challenges

With a suicide rate well above the national average and 16% of teens reporting symptoms of a major depressive episode in the past year, mental health is a significant concern in Manistee County. Similarly, abuse of alcohol, tobacco, and drugs need to be addressed. Rates of binge drinking among adults are 18% in Manistee County, and more than 1 in 5 adults is a current smoker. For teens, 1 in 5 has had at least one drink of alcohol, and 3 in 10 reports vaping in the past month. More than 1 in 6 teens has used marijuana in the past month. Hepatitis C rates, which are strongly associated with injection drug use, are spiking among young adults. Contributing to these problems are ongoing shortages of mental health providers and substance use treatment options.

Assets, Resources, and Opportunities

With the rising severity of these issues, more organizations and coalitions are working on Mental Health/Substance Use than ever before. Some examples of these include the Substance Education Awareness (SEA) Manistee coalition; Manistee Friendship Society; Centra Wellness Network; MDHHS; Local Health Departments; Community Connections program through the Community Health Innovation Region. With increased coordination among groups the potential for significant impact is growing.

Prioritization

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

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

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

Community Voice

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

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

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

"The youth use of vaping in our area is out of control and only going to get worse. We need to attack this issue ASAP!"
- Manistee County resident

"There is a population of people not considered seriously mentally ill and there are not enough providers to help address that population of people. Also, [substance abuse] services need to be enhanced within the community."
- Manistee County resident

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

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

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

Health Impact

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

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

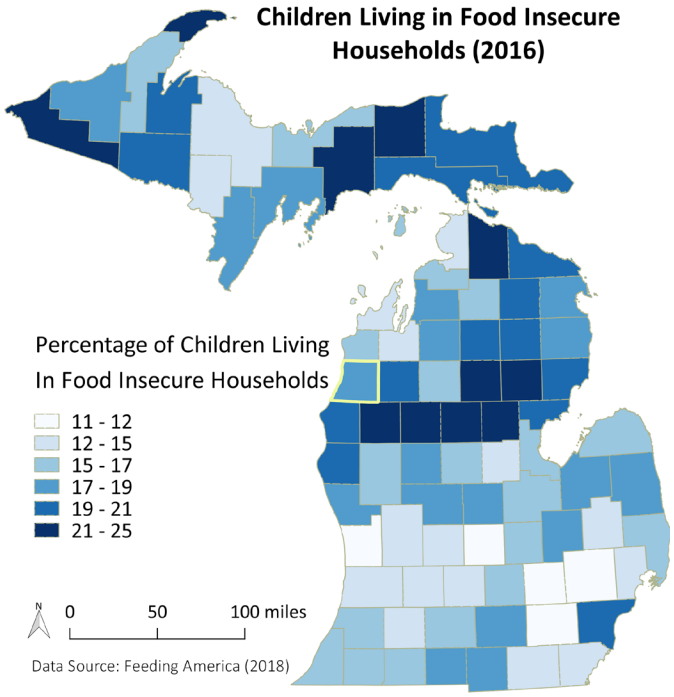
- Nutrition education can lead to improved diet and weight for families in food secure households.
- Living in housing with physical problems (e.g. need for appliance, roof, and heating updates) is associated with poor self-assessed health, increased limitations to activities for daily living, and chronic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

Healthy Equity

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

Challenges

In Manistee County, about 1 in 4 children live in a household below the poverty level. About 2 in 5 households in the county struggle to afford basic household needs. Nearly 20% of kids did not have consistent access to enough food over the past year. Home renters who spend 35% or more of their household income on rent are at higher risk of housing insecurity and homelessness – this includes 45% of renters in Manistee County. All these factors weaken the ability of families and communities to endure challenges and develop healthy, thriving lives.



Assets, Resources, and Opportunities

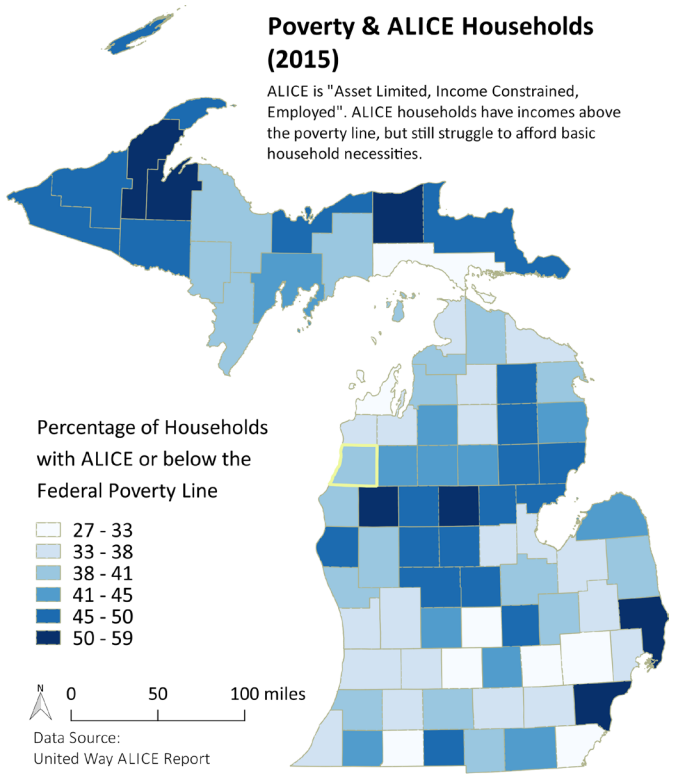
Many organizations in the area are addressing basic needs of living. These issues are complex and multi-dimensional, so as new collaborations form and expand, the possible total impact on basic needs grows. Some examples of organizations working in this area include food pantries, Michigan Department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

Prioritization

Improving basic needs of living is highly valued – 96% of residents agreed in a survey that it is important to meet the basic needs of people in our community. Large proportions of households struggle to meet at least some of these basic needs. For those who can't meet basic needs, the impact on health and quality of life can be severe. Conversely, if we are able to improve this issue, it would improve the root cause of many health inequities in our service area. Groups saw this issue as an ideal area for diverse partners to come together to share resources and strategies and collaborate toward tangible community improvement. For these reasons, basic needs of living was identified as a strategic priority in the county served by Manistee Hospital.

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

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



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

"There are many people in our rural areas that are dependent on community agencies because we don't have access to public transportation to get them to work."
- Manistee County resident

"Adequate housing that is affordable – my home (a rental) had many issues that affects the health of my family (mostly mold issues), but due to not many affordable homes we had no other choice."
- Manistee County resident

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

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

Strategic Issue: Improve access to comprehensive health care for all

Health Impact

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

Health Equity

One example of inequities in access to care are the significant disparities in insurance coverage among different income levels and different races/ethnicities. Low-income people and people living in rural areas also have more challenges accessing health care, including additional challenges related to transportation, cost of care, distance to providers, inflexibility of work schedules, child care, and other issues.

Challenges

Residents of Manistee County experience a variety of barriers to accessing health care, including problems with transportation, appointment availability, and certain provider shortages. In addition, 13% of non-elderly adults in the county are uninsured, and 16% of adults said high cost of care prevented them from seeing a doctor when they needed to in the past year.

Assets, Resources, and Opportunities

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

Prioritization

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

Community Voice

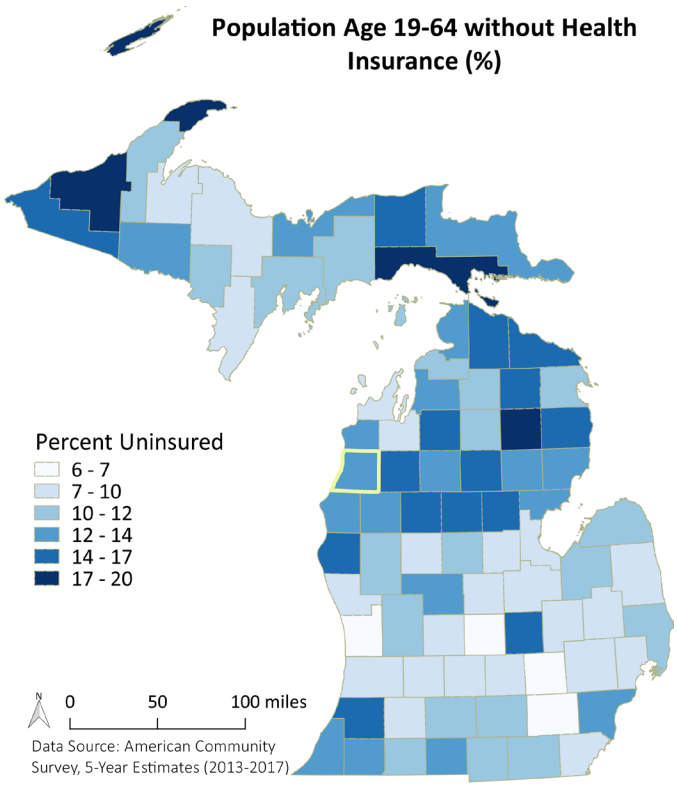
Residents said when it came to supporting their health, they want:

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

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

"We need to attract more health care providers."
- Manistee County resident

"I believe that all schools should have a provider that sees every child once per semester to check on diet, physical, and mental health."
- Manistee County resident



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

Health Impact

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

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

Health Equity

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

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

Challenges

In Manistee County, only 42% of teens say they know an adult in their neighborhood they could talk to about something important, and 2 in 5 teens have experienced at least two adverse childhood experiences (ACEs). Both are risk factors for serious health conditions later in life. In Manistee County, 18% of teen girls have been forced to do sexual things they did not want to do by someone they were dating in the past 12 months. Among Michigan householders over 65, 44% live alone.

Assets, Resources, and Opportunities

Although this area has room for improvement, significant efforts are ongoing. Senior centers and Meals on Wheels work to connect older adults. Faith-based groups and non-profits create ways to engage and volunteer. YMCA and outdoor recreation opportunities bring people together. Other programs working in this area include Flourishing Families, TRUST, Community Hope, OASIS, the Child Protection Council, and Great Start Collaborative. More organizations also are providing training in ACEs (adverse childhood experiences) and trauma-informed care.

Prioritization

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

Community Voice

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

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

"I think this is a challenge with how spread out our community is."
- Manistee County resident

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

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

Challenges

Heart disease and cancer are by far the leading causes of death in Manistee County. In addition, cancer, lung diseases, unintentional injuries, and diabetes mellitus have death rates significantly higher than the state average.

Preventing these leading causes of death will require lowering the obesity rate, decreasing tobacco use, addressing risks of car crashes and falls, and improving vaccination rates, among other interventions. The obesity rate is high: more than 1 in 4 adults is obese in Manistee County, and about 1 in 6 teens. Vaccination rates also need to improve. For example, about 44% of residents did not get a flu shot in the past year, leaving vulnerable residents like small children and the elderly at increased risk of serious illness and death.

Leading Causes of Death (with age-adjusted death rate per 100,000 population)

Rank	Cause of Death	MI	Manistee
1	Heart Disease	199	172
2	Cancer	170	181
3	Chronic Lower Respiratory Diseases	45	51
4	Unintentional Injuries	42	54
5	Stroke	37	29
6	Alzheimer's Disease	28	30
7	Diabetes Mellitus	22	32

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

Health Equity

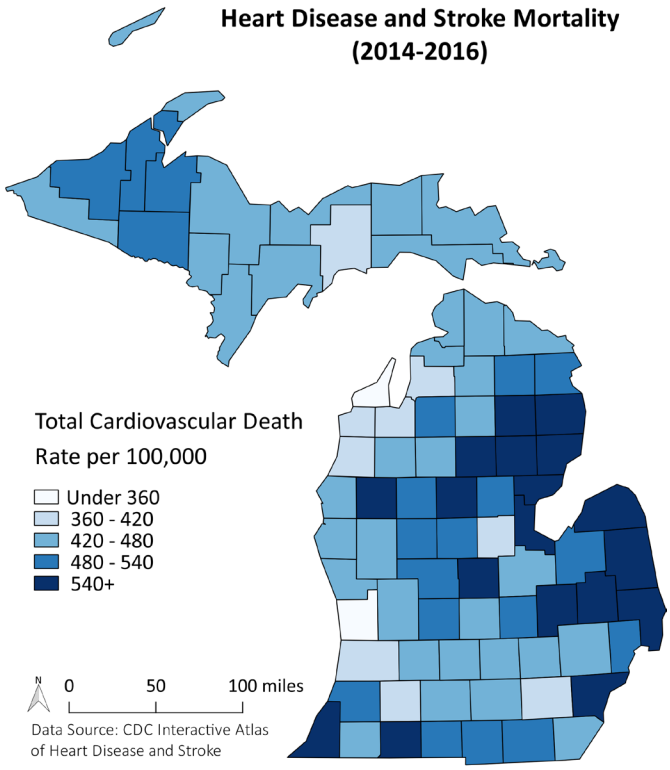
Compared to the non-Hispanic white population, American Indians in Michigan face a significantly higher death rate from every one of the seven leading causes of death except Alzheimer's disease. Among Hispanics, death rates from diabetes are higher compared to whites.

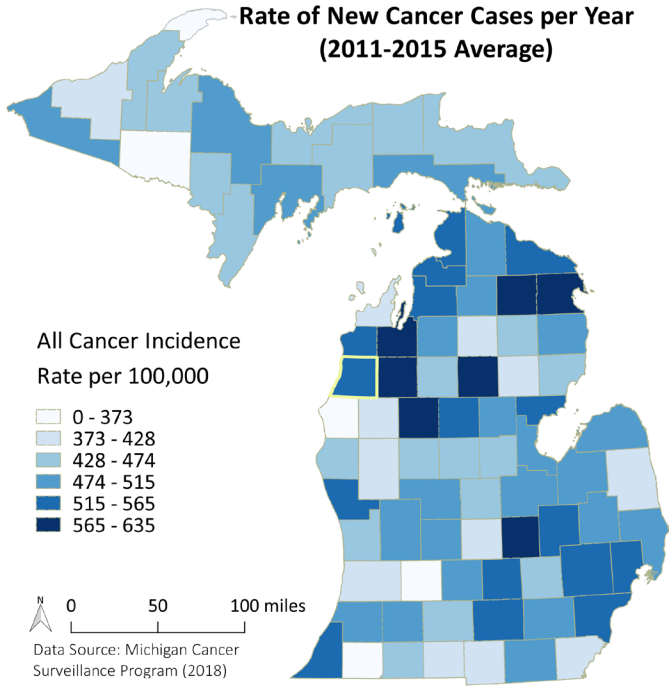
Cause of Death: Mortality Rate, per 100,000 (MI)	American Indian/Alaska Native Rate	Hispanic/ Latino Rate	White Rate
Heart Disease	224.6	138.9	191.3
Cancer	188.4	118.2	171.8
Chronic Lower Respiratory Disease	72.7	23.4	48.2
Unintentional Injury	55.9	32.9	38.5
Stroke	30	33.9	35.8
Diabetes	52.8	33.9	21.8

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

Assets, Resources, and Opportunities

Addressing risks for the leading causes of death is at the heart of the work of Munson Healthcare Manistee Hospital and affiliated providers. In addition, these issues are being addressed by groups like the Physician Hospital Organization and TRUST, Safe and Healthy Communities.





Prioritization

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

Community Voice

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

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

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

Improving the Planning Process

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

Improving the Planning Process: Strengthen collaboration across multiple sectors to more effectively improve our communities

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

Community Voice

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

"This is already in the works, but needs to be supported."
- Manistee County resident

"Joining groups like the planning commission, which is working on walking trails, and the health department, which is working on walking access in the city, as well as other groups CMH that do prevention and outreach. So using a macro model in our community, and tagging onto already existing initiatives, would ensure a more cohesive development approach. Also, using a multitude of funding sources ... this survey is one avenue for understanding community perspective, but a collective meeting that is inclusive of all providers in the community can start a dialogue and build a collaborative effort in meeting community goals. One important issue that has been highlighted in Rising Tide review is that unity and collaborative efforts do not consistently happen when events, projects, or governance is needed."
- Manistee County resident

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

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

Improving Planning Process: Empower more residents and community stakeholders to be involved in community decision-making

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

Community Voice

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

"Community members also have to have a positive approach and be ready to support and invest in projects and accept decisions from the majority. Too many times there is not agreement and those who do not get what they wanted will tear down others or undermine the goal. This has to stop."
- Manistee County resident

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

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

Next Steps

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

Appendix A
Organizations Represented during Assessment Process

Steering Committee

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

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

Forces of Change Assessment

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

Appendix A
Organizations Represented during Assessment Process - cont'd

Forces of Change Assessment, cont'd

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

Local Community Health System Assessment

Area Agency on Aging of Northwest Michigan
Area Agency on Aging of Southwest Michigan
Alcona Health Center
AuSable Valley Community Mental Health Authority
Baker College
Bureau for Blind Persons
Catholic Human Services
Commission on Aging - Grand Traverse
Community Hope
Court Juvenile Advocate
Dental Health
District Health Department #2
District Health Department #4
District Health Department #10
Michigan Department of Health and Human Services
Disability Network
Family Health Care
Ferris State University
Friend of the Court
Friendship Center
Grand Traverse County Health Department
Grand Traverse Regional Community Foundation
Munson Healthcare Grayling Hospital
Great Start Collaborative
Grand Traverse Court Family Division
GTC Drug Free Coalition
GTC Health
Health Department of Northwest Michigan
Human Trafficking Community Group
Indigo Hospitalists
Manna
McLaren Northern Michigan
Michigan Human Trafficking Task Force
Michigan Veterans Affairs Agency
Michigan Works
Mecosta-Osceola Intermediate School District (MOTA)
MSU Extension
Munson Family Practice
Northeast Michigan Community Service Agency
Northern Michigan Children Assessment Center
Newaygo Co Great Start Collaborative
Newaygo County Regional Education Service Agency
Newaygo Community Foundation
National Center for Policy Analysis
Ogemaw County Commissioner
Oasis
Oscoda Co. Sheriff
Physician Hospital Organization
Private practice-clinical psychologist
Project Starburst
Public Schools
Retired & Senior Volunteer Program
Riverhouse
Salvation Army
Spectrum Health
STEP Program
Traverse Bay Area Intermediate School District

Appendix A
Organizations Represented during Assessment Process - cont'd

Local Community Health System Assessment, cont'd

Tellurex (local business)
Ten16
Thunder Bay
Traverse Bay Children's Advocacy
True North Community Services
United Way
VISTA Americorps CHIR
WISE
Women's Resource Center

Identifying Strategic Issues

Alcona Health Center
Area Agency on Aging of Northwest Michigan
AuSable Valley Community Mental Health
Benzie-Leelanau District Health Department
Central Michigan District Health Department
Char-Em United Way
Crawford County Commission on Aging
District Health Dept. #10
District Health Dept. #2
District Health Dept. #4
Grand Traverse County Health Department
Groundwork Center for Resilient Communities
Health Department of Northwest Michigan
McLaren Central Michigan
McLaren Northern Michigan
MI Department of Health and Human Services
Mid-Michigan Health
Mid-Michigan/AHEC
MSU-Extension
Munson Healthcare
Munson Healthcare Cadillac Hospital
Munson Healthcare Grayling Hospital
Munson Healthcare Manistee Hospital
Munson Medical Center
Munson Healthcare Otsego Memorial Hospital
Munson Healthcare Paul Oliver Memorial Hospital
North Country Community Mental Health
Northern Michigan Community Health Innovation Region (CHIR)

Prioritizing Strategic Issues – 31-County Region

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

Appendix A
Organizations Represented during Assessment Process - cont'd

Manistee, Missaukee, Wexford Region

Baker College
Cadillac Area Community Foundation
Cadillac Area Ministerial Association
Cadillac Area Public Schools
Cadillac Area YMCA
Cadillac News
Child Protection Council
District Health Department #10
Flourishing Families MI
Lake City Area Chamber of Commerce
Manistee County Council of Aging
MDOC Probation/Parole
Missaukee County
Munson Healthcare
Munson Healthcare Cadillac Hospital
Munson Healthcare Manistee Hospital
Networks Northwest & Manistee HSCB
Northwest Michigan Works
OASIS FRC
Samaritas
United Way of Wexford Missaukee Counties
Wexford County Council on Aging
Wexford County Probate Court
Wexford-Missaukee ISD

Appendix B
Assessment Data Tables

Community Themes and Strengths Assessment

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

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

Appendix B
Assessment Data Tables - cont'd

Forces of Change Assessment

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

Appendix B
Assessment Data Tables - cont'd

Forces of Change Assessment

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

Appendix B
Assessment Data Tables - cont'd

Local Community Health System Assessment

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

Appendix B
Assessment Data Tables - cont'd

Community Health Status Assessment

Demographics							
Data Year	**Indicator**	**MI**	**Lake**	**Manistee**	**Missaukee**	**Osceola**	**Wexford**
2016	Population[1]	9,928,300	11,496	24,373	15,102	23,110	33163
2016	% Female[1]	50.8	49	48	49	49	50
2016	% < 18[1]	22.1	17	17	23	23	24
2016	% 65 and over[1]	16.2	27	24	20	20	18
2016	% American Indian/Alaskan Native[1]	0.7	1.0	2.3	0.9	0.6	0.7
2016	% Hispanic[1]	5.0	2.8	2.9	2.7	1.7	1.8
2016	% Non-Hispanic White[1]	75.4	85	89	94	95	95
2010	% Rural[1]	25	100	61	100	100	64
2018	% students who identify as gay, lesbian, or bisexual[2]	*	6	0	n/a	n/a	10

[1] County Health Rankings; [2] Michigan Profile for Healthy Youth

Appendix B
Assessment Data Tables - cont'd

Overall Health							
Data Year	**Indicator**	**MI**	**Lake**	**Manistee**	**Missaukee**	**Osceola**	**Wexford**
2014-2016	Years potential life lost per 100,000 [1]	7,293	8,921	6,888	6,879	7,134	8,655
2018	Health outcome rank (out of 83) [1]	*	81	32	23	60	67
2018	Health factors rank (out of 83) [1]	*	81	60	32	74	53
2017	% Self-reported general health assessment: poor or fair [3]	18	26	15	17	23	17
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey							

Basic Needs							
Data Year	**Indicator**	**MI**	**Lake**	**Manistee**	**Missaukee**	**Osceola**	**Wexford**
2010-2014	% Households with severe housing quality problems [1]	16	21	14	15	15	16
2010/2016	% Access to exercise opportunities [1]	86	92	88	64	61	79
2013-2017	% Work outside county of Residence [4]	29	57	24	47	45	25
2013-2017	% Unemployment rate [4]	7	12	8	7	7	7
2013-2017	% of population below the poverty level [4]	16	25	15	16	21	17
2016	% Children 0-12 eligible for subsidized care [5]	3	5	3	2	4	4
2016	% Children 0-12 receiving subsidized care [5]	2	3	1	1	2	3
2016	Food insecurity rate [6]	14	17	13	12	14	14
2015	% Population, low access to store [7]	*	16	10	4	16	10
2014	% Students eligible for free lunch [7]	*	86	46	47	53	49
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey; [4] American Community Survey; [5] Kids Count Data Center; [6] Feeding America; [7] USDA Food Environment Atlas; *Data not available							

Appendix B
Assessment Data Tables - cont'd

Mental Health							
Data Year	**Indicator**	**MI**	**Lake**	**Manistee**	**Missaukee**	**Osceola**	**Wexford**
2017	Mental health providers per 100,000 [1]	232	43	123	20	113	196
2017/2018	% Teens with symptoms of a major depressive episode [2]	*	41	16	*	*	33
2017	% Poor mental health on at least 14 days in the past month [3]	*	*	18	*	*	10
2012-2016 (5yr avg)	Intentional self-harm (suicide) (mortality rate per 100,000 population) [8]	13	*	21	*	17	18
2015	% Depression: 65+ [9]	15	14	14	13	15	16

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

Access to Care							
Data Year	**Indicator**	**MI**	**Lake**	**Manistee**	**Missaukee**	**Osceola**	**Wexford**
2015	Preventable hospital stays (per 1000 Medicare enrollees) [1]	55	42	59	45	61	53
2018	Clinical care rank (out of 83 counties) [1]	*	68	34	54	66	17
2016	Dentists per 100,000 population [1]	72	78	66	13	9	66
2015	Primary Care providers per 100,000 population [1]	80	8.75	65	27	30	103
2017/2018	% Teens with routine check-up in the past year [2]	*	64	74	*	*	69
2017	% Adults with no personal health care provider [3]	15.2	*	18	20	19	18
2017	% Needed to see doctor, cost prevented care [3]	11	*	16	12	18	16
2013-2017	% Uninsured: 19-64 [4]	10	13	13	14	15	15
2016	% Children 0-18 Insured by MiChild [5]	42	68	48	51	50	54

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

Appendix B
Assessment Data Tables - cont'd

Substance Abuse							
Data Year	**Indicator**	**MI**	**Lake**	**Manistee**	**Missaukee**	**Osceola**	**Wexford**
2012-2016	% of motor vehicle deaths alcohol-impaired [1]	29	40	23	13	38	26
2017/2018	% Teens: used marijuana during the past 30 days [2]	*	13	17	*	*	13
2017/2018	% Teens: at least one drink of alcohol during the past 30 days [2]	*	11	19	*	*	18
2017/2018	% Teens: smoked cigarettes during the past 30 days [2]	*	4	8	*	*	7
2017/2018	% Teen: vaping past 30 days [2]	*	13	31	*	*	12
2017/2018	% Teens: took a prescription drug not prescribed to them, including painkillers, during the past 30 days [2]	*	4	6	*	*	6
2017	% Adult: binge drinking [3]	19	*	18	23	17	12
2017	% Adult: current smoker [3]	19	29	22	23	22	28
2012-2016	% Smoked while pregnant [8]	18	40	34	23	29	30
2014	Drug use mortality (per 100,000 population) [10]	13	13	14	9	9	14
2017	Heroin treatment admission rate (per 100,000 population) [11]	252	78	78	66	65	274

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

Appendix B
Assessment Data Tables - cont'd

Leading Causes of Death							
Data Year	**Indicator**	**MI**	**Lake**	**Manistee**	**Missaukee**	**Osceola**	**Wexford**
2010-2016	Motor vehicle crash death rate per 100,000 [1]	10	*	15	18	13	21
2012-2016	Firearm fatalities rate per 100,000 [1]	12	19	11	*	14	*
2017/2018	% Teens with current asthma [2]	*	71	68	*	*	62
2017/2018	% Obese teens [2]	*	21	16	*	*	19
2017/2018	% Overweight teens [2]	*	15	20	*	*	19
2017	% of Adults who are Obese [3]	32	27	28	32	45	32
2017	% of Adults who are overweight [3]	35	55	35	31	37	31
2017	% Adult: Ever told Diabetes [3]	11	*	9	10	11	14
2017	% Adult: Cardiovascular Disease [3]	*	*	11.3	13.3	7.8	10.4
2011-2015	All Cancer Incidence Rate (per 100,000 population) [12]	518	422	525	459	596	595
2011-2015	Prostate Cancer Incidence Rate (per 100,000 population) [12]	118	74	105	103	117	113
2011-2015	Breast Cancer Incidence Rate (per 100,000 population) [12]	83	53	79	65	86	83
2015	% COPD: adults 65+ [9]	14	18	13	14	14	16

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

Appendix B
Assessment Data Tables - cont'd

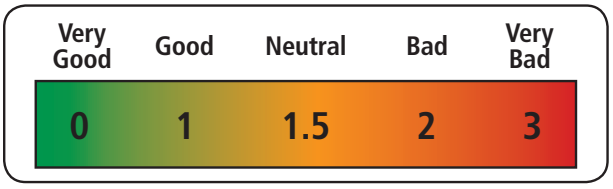
Sense of Community							
Data Year	**Indicator**	**MI**	**Lake**	**Manistee**	**Missaukee**	**Osceola**	**Wexford**
2012-2016	% Children living in single-parent households [1]	34	36	38	28	37	36
2018	Social & economic factors ranking (out of 83 counties) [1]	*	82	77	31	50	51
2017/2018	% Teens: 2 or more ACEs (Adverse Childhood Experiences) [2]	*	35	39	*	*	*
2017/2018	% Teens: know adults in the neighborhood they could talk to about something important [2]	*	50	42	*	*	56
2017/2018	% Teens: sexual intimate partner violence against Females [2]	*	14	18	*	*	14
2013-2017	% Households with broadband internet [4]	81	64	78	74	65	72
2013-2017	% Householders living alone (over 65) [4]	44	36	38	28	37	36

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

Secondary Data Analysis Methodology

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

Scoring Scale:



Scoring is done in 4 stages:

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

Additional Data Tables - Selected Indicators

Appendix B
Assessment Data Tables - cont'd

All Topic Areas - Alphabetical Order		
# Scored Indicators Within Topic Area	**Topic Area**	**Manistee County Score**
16	Access to Care	1.5
8	Cancer	2.0
2	Crime & Violence	1.3
4	Diabetes	1.2
8	Economic Stability	1.6
5	Education	2.0
10	Food Access	0.7
4	Food Security	1.9
5	Heart Disease & Stroke	0.8
3	Housing Instability	0.9
1	Housing Quality	0.5
3	Immunization	2.2
3	Infectious Disease	1.0
6	Injury	2.5
8	Maternal/Infant Health	1.8
6	Mental Health	1.8
2	Neighborhood	1.5
3	Obesity	1.3
4	Oral Health	0.6
12	Other Chronic Diseases*	1.7
8	Overall Health	1.1
4	Physical Activity	1.0
3	Sexual Health	1.7
6	Social & Community Context	2.8
14	Substance Use	1.9
3	Transportation	1.4

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

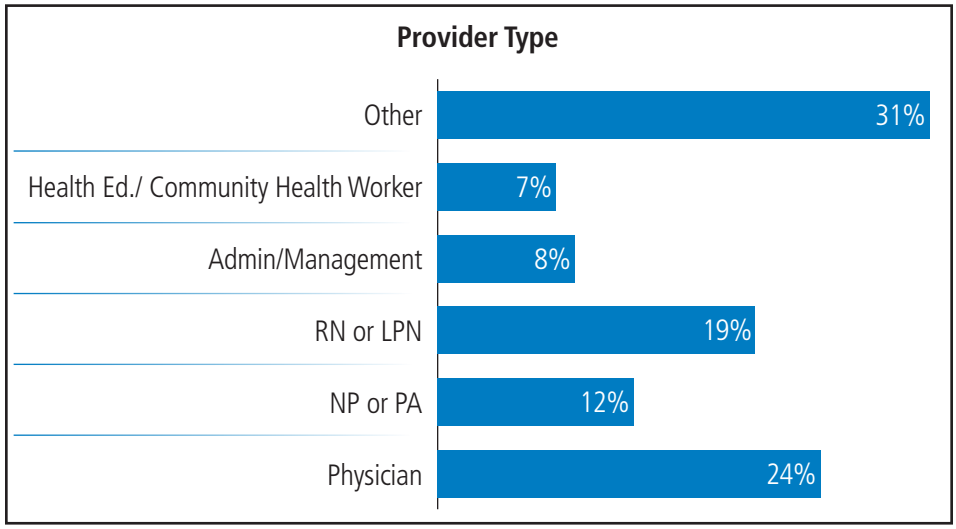
Appendix B
Assessment Data Tables - cont'd

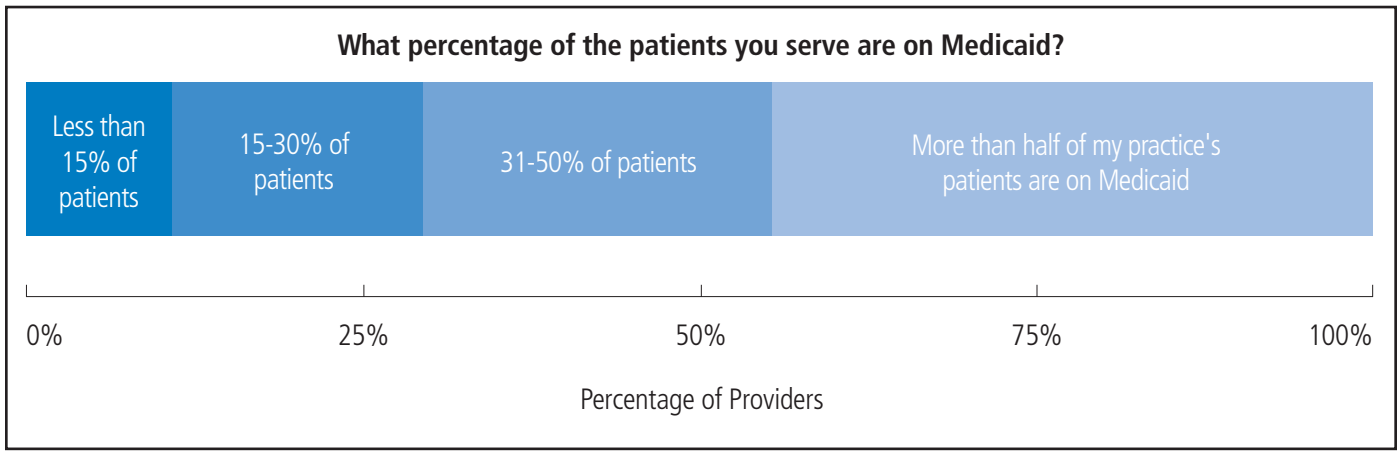
Secondary Data Limitations

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

Appendix C
Health Care Providers Survey - Results

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





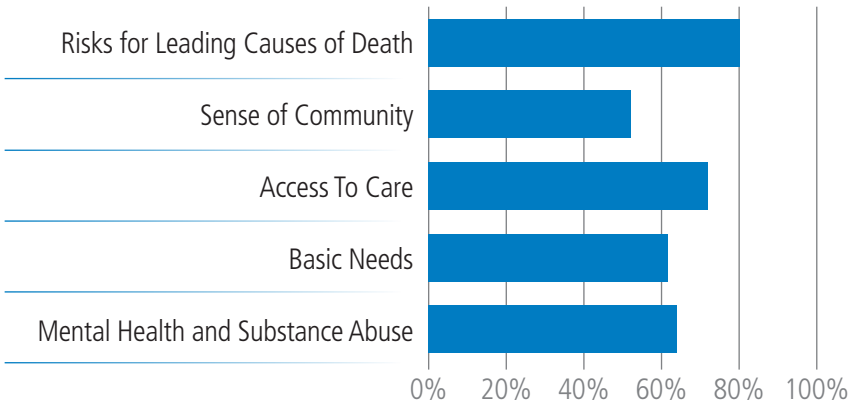
Strategic issues ranked from 1 (need to address first, most urgent) to 5 (least urgent).

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

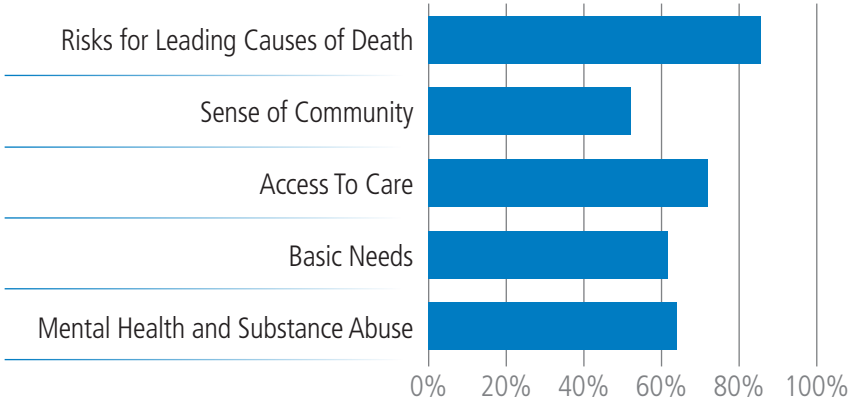
Appendix C
Health Care Providers Survey - Results, cont'd

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

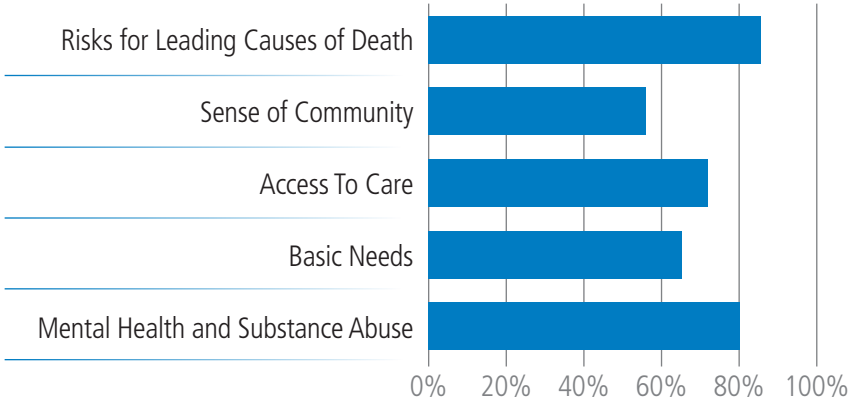
My practice is currently working to help patients address this need.



If this need were better addressed, quality of life among my patients would improve

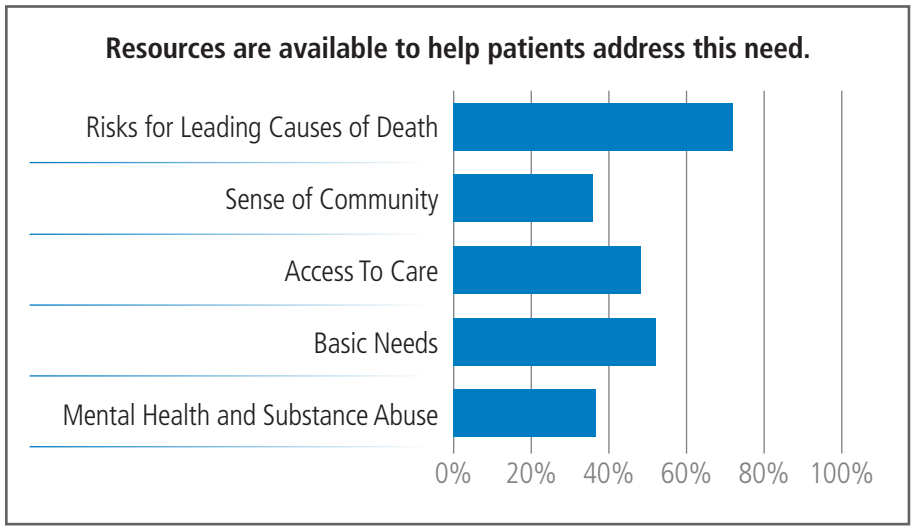


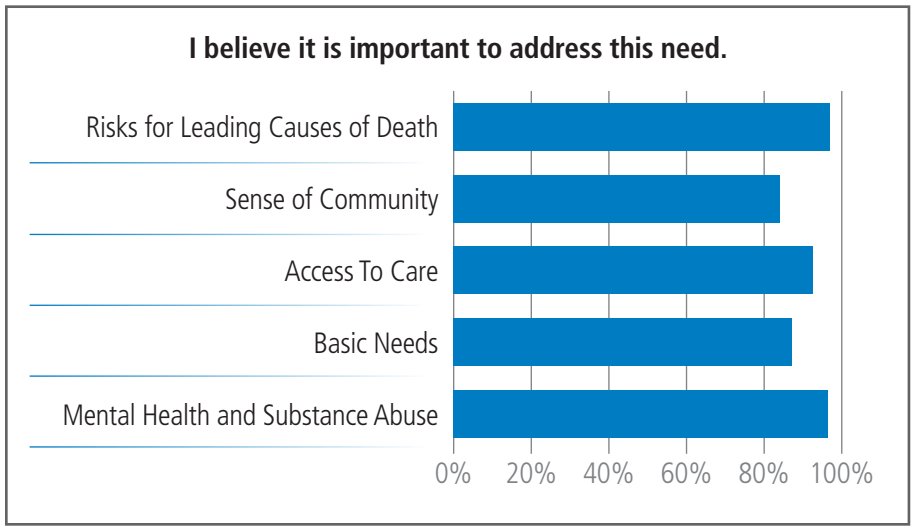
This need is a common problem for patients at my practice.



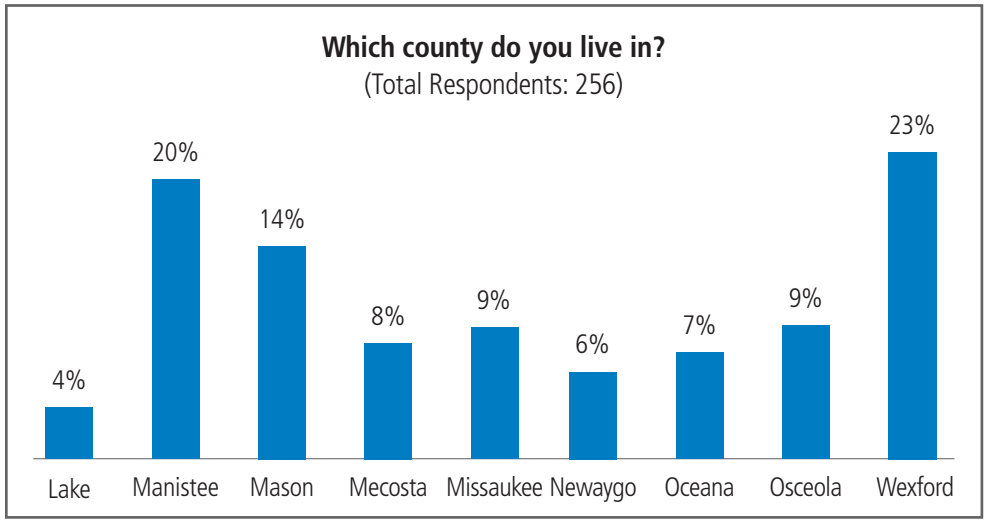
Appendix C
Health Care Providers Survey - Results, cont'd

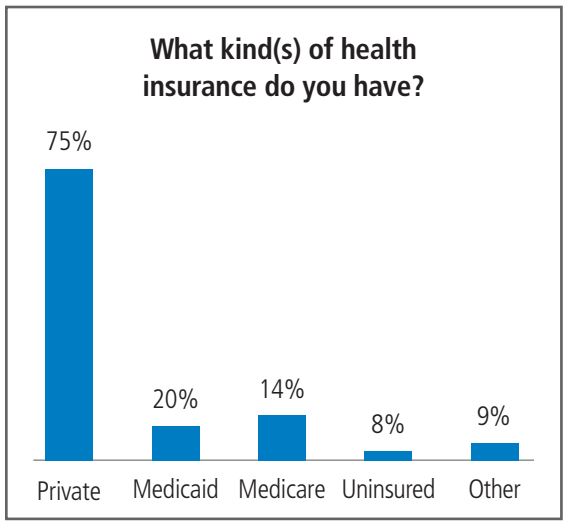
The following graphs show the percentage of respondents who **agreed or strongly agreed** with each statement.

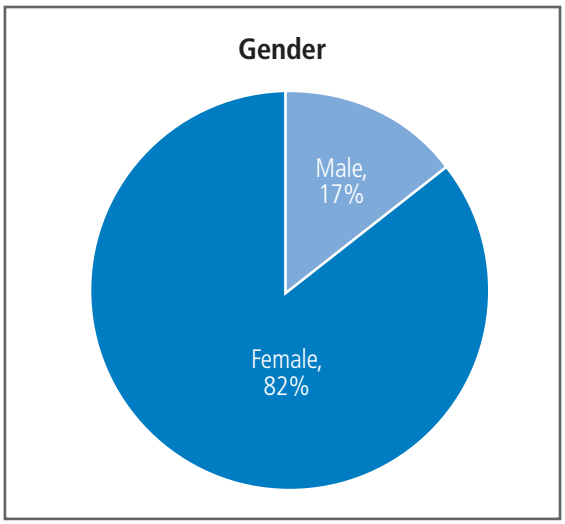




Appendix D
Community Survey - Results







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

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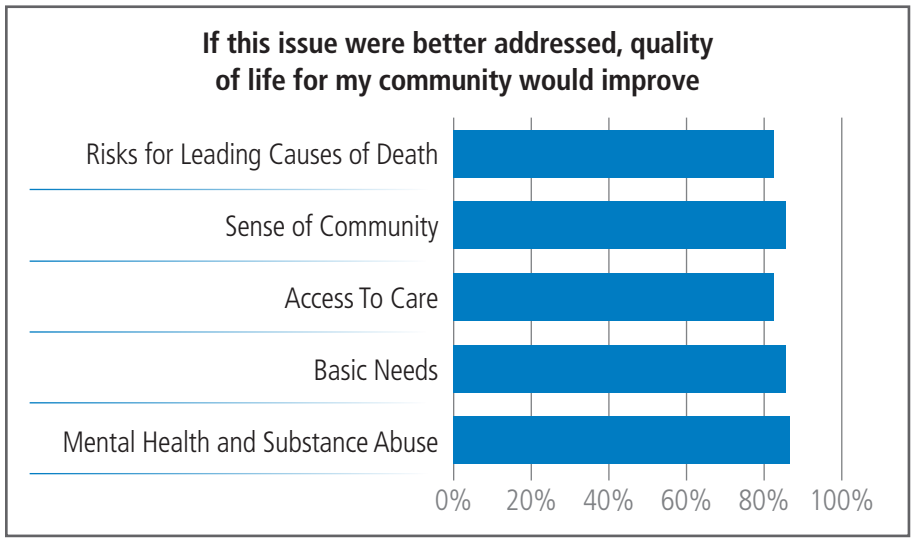
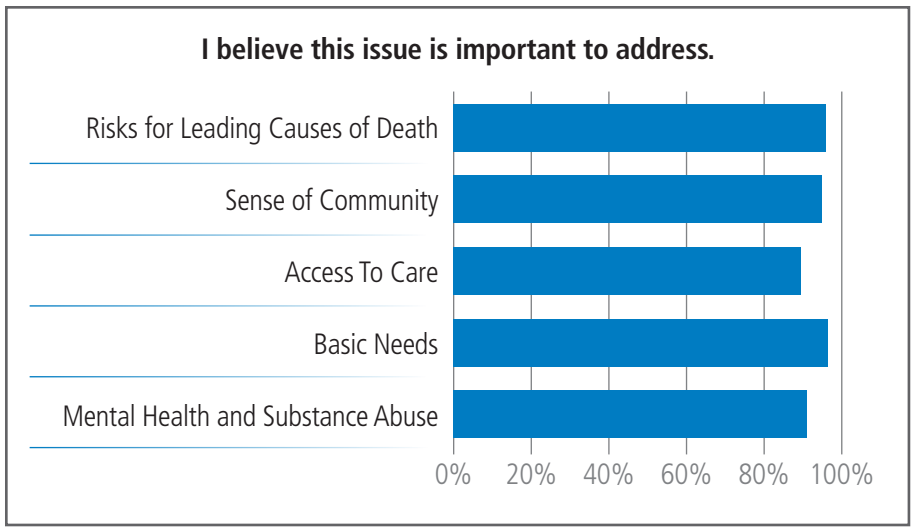
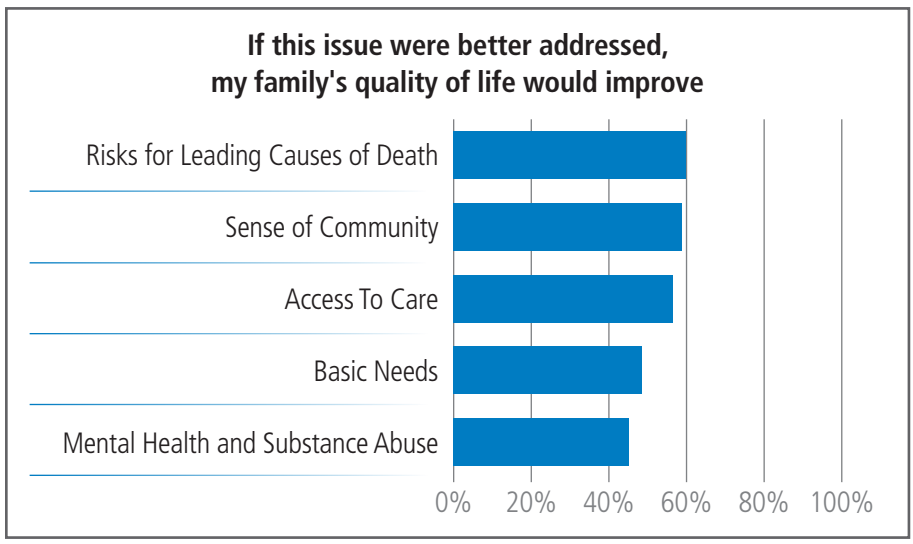
3. Make it easier for people to get the health care they need (e.g. more doctors, more appointment options, insurance, etc.)
4. Work on reducing risks for the leading causes of death, including heart disease, obesity, cancer, lung diseases, injury, etc.
5. Help build a sense of community so people feel more supported, included, and connected

Appendix D
Community Survey - Results, cont'd

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

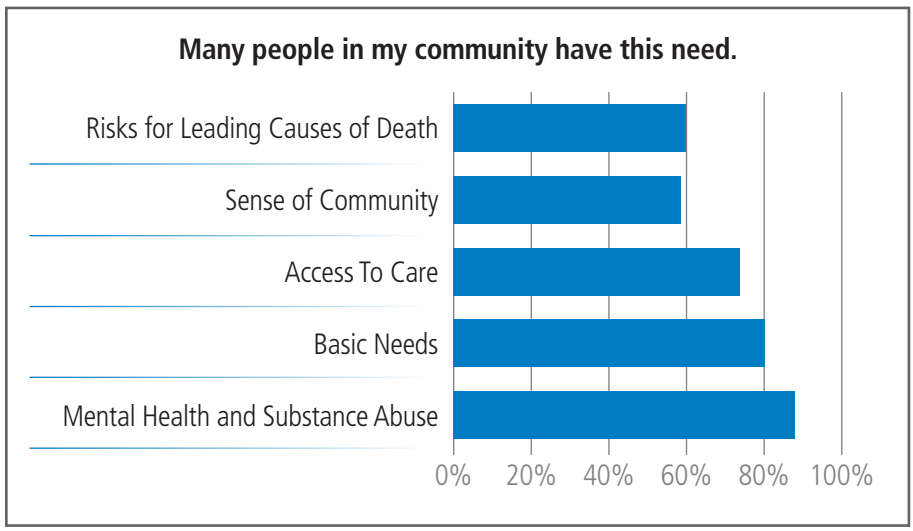


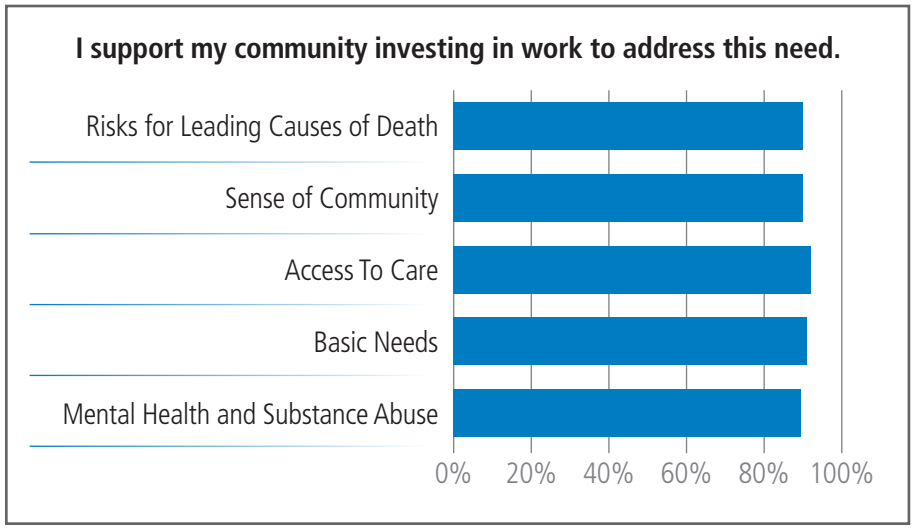


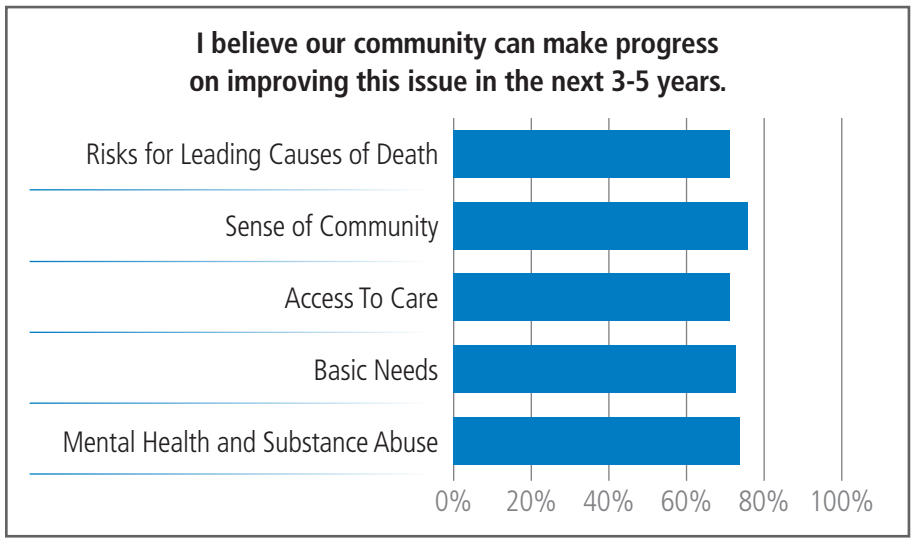


Appendix D
Community Survey - Results, cont'd

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







Appendix E
Community Assets Targeting Identified Strategic Issues

Strategic Priority: Mental Health and/or Substance Abuse

Mental Health and Mental Disorders
- Real Life Living Services
- Manistee Friendship Society
- Centra Wellness Network
- Catholic Human Services
- Northwest Michigan Health Services, Inc.

Substance Abuse: Drugs and Alcohol
- SEA (Substance, Education, and Awareness) Manistee Coalition
- Northern Michigan Regional Entity

Substance Abuse: Tobacco
- SEA Manistee Coalition
- Live Well Manistee
- District Health Department #10 – Smoking Cessation Programs
- Michigan Tobacco Quit Line

Strategic Priority: Access to Basic Needs of Living

Basic Needs of Living: Access to Healthy Food
- ECHO HIS LOVE
- Community Meals
- Meals on Wheels
- Farmers Markets
- Food Pantries
- Live Well Manistee
- Michigan State University Extension
- School Lunch Programs
- SEEDS
- Woman, Infants, and Children (WIC)

Basic Needs of Living: Affordable Child Care
- Great Start Collaborative
- Head Start
- 5 Cap
- Next Generation Learning Center

Basic Needs of Living: Affordable Housing
- Manistee Housing Commission
- Networks Northwest
- Goodwill Industries
- Habitat for Humanity

Basic Needs of Living: Aging
- Area Agency on Aging of Northwest Michigan
- Commission on Aging
- Northwest Michigan Community Action Agency

Basic Needs of Living: Economy
- Michigan Department of Health and Human Services
- ECHO HIS LOVE
- Little River Band of Ottawa Indians
- Networks Northwest
- Safe Harbor

Basic Needs of Living: Education
- Local School Districts
- Manistee Area Public Schools
- Manistee Intermediate School District
- West Shore Community College

Basic Needs of Living: Environment
- District Health Department #10
- Michigan State University Extension

Basic Needs of Living: Opportunities for Physical Activity
- Manistee Recreation Association
- Munson Healthcare Manistee Hospital - Health and Fitness Center
- Live Well Manistee
- Shape Up North
- North Country Trail

Basic Needs of Living: Transportation
- Manistee County Blacker Airport
- Manistee County Transportation / Dial-A-Ride

Appendix E
Community Assets Targeting Identified Strategic Issues

Strategic Issue:
Access to Health Care

Access to Health Care: Medical and Dental
- Northwest Michigan Health Services
- Munson Healthcare Manistee Hospital
- Little River Band of Ottawa Indians
- District Health Department #10
- Crystal Lake Clinic

Access to Health Care: Maternal, Fetal & Infant Health
- District Health Department #10
- Great Start Collaborative
- Lighthouse Pregnancy Center

Strategic Issue:
Sense of Community

Sense of Community: Connection to Community Resources
- Manistee County Library
- Community Connections
- Armory Youth Project
- County collaboratives
- Human Services Collaborative Body

Sense of Community: Public Safety
- Manistee County Sheriff's Office
- Children's Advocacy Center
- COVE

Strategic Issue:
Risks for Leading Causes of Death

Risks for Leading Causes of Death: Cancer
- Northwest Michigan Chronic Disease Prevention Coalition
- American Cancer Society
- District Health Department #10

Risks for Leading Causes of Death: Cardiovascular Disease
- Northwest Michigan Chronic Disease Prevention Coalition

Risks for Leading Causes of Death: Diabetes
- Primary Care Providers
- Northwest Michigan Chronic Disease Prevention Coalition
- Live Well Manistee
- Michigan State University – Extension
- Northern Michigan Diabetes Initiative

Risks for Leading Causes of Death: Overweight and Obesity
- Live Well Manistee
- Shape Up North
- Northwest Michigan Chronic Disease Prevention Coalition
- Munson Healthcare Manistee Health and Fitness Center

Risks for Leading Causes of Death: Wellness and Lifestyle
- Manistee County Veterans Affairs
- District Health Department #10
- Live Well Manistee
- Northern Michigan Diabetes Initiative
- Munson Healthcare Manistee Health and Fitness Center
- Shape Up North
- Teen Center

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