2019

Otsego Memorial Hospital Community Health Needs Assessment

For Otsego 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 Otsego Memorial 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 pin¬point the most pressing health issues in our com¬munities 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 Otsego County. This is considered our "community" because more than 67 percent of the Munson Healthcare Otsego Memorial 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 abuse and basic needs of living. Additionally, we identified three other strategic issues and two significant goals for our planning process. These additional strategic issues include: 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 May 28, 2019 incorporates requirements of the Patient Protection and Affordable Care Act of 2010.

Introduction

Our Commitment to Community Health

Many factors combine to determine the health of a community. In addition to disease, community health is affected by substance abuse, education level, economic status, environmental issues, and the personal choices of all of us who live, work, and play in the community. No one individual, community group, hospital, agency, or governmental body can be entirely 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 continued commitment to our mission of 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 participation in MiThrive, a regional, collaborative project designed to bring together dozens of organizations across 31 counties of northern Michigan to identify local needs and work together to improve our communities. Where we live, learn, work, and play powerfully influences our health. Improving community health requires a broad focus and coordination among diverse agencies and stakeholders.

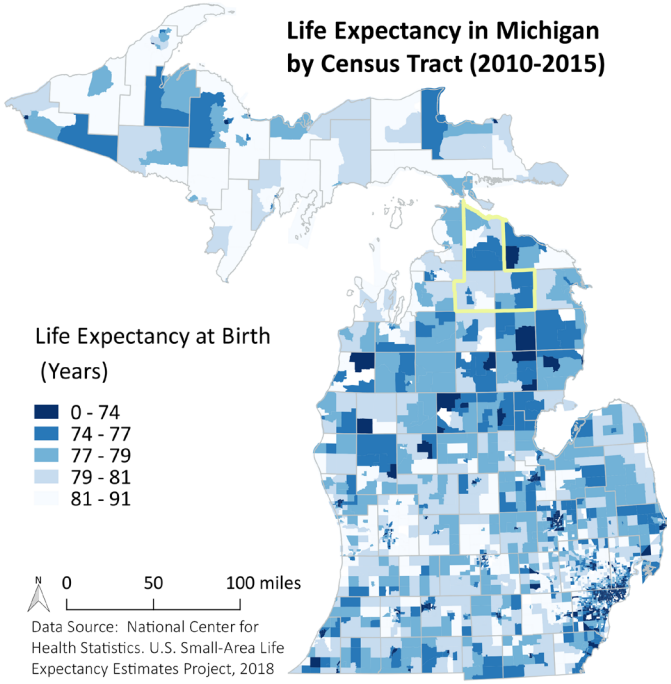
The goal is to continue to build new partnerships and gather input from more organizations and residents. Our CHNA represents a collaborative, community-based approach to identify, assess, and prioritize the most important health issues affecting our community, giving special attention to the poor and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

Understanding Health Equity

As the Robert Wood Johnson Foundation describes it, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education 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 the 2019 Community Health Needs Assessment Findings, 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

Significant Health Need: Obesity and Chronic Disease

Promote health and reduce chronic disease risk through the consumption of healthy diets and achievement and maintenance of healthy body weights in Otsego, Montmorency, Antrim and Cheboygan counties

Actions and impact since preceding CHNA and Implementation Strategy:

Monthly Wellness Screenings

- Continue performing Wellness Wednesdays on the first Wednesday of the month
  - 271 participants screened, 34 Wellness Wednesdays held. Added the Safe Needle drop-off during Wellness Wednesday for the community; needles were dropped off at every event. Will continue to offer Wellness Wednesdays; many providers refer their patients to this event.
- Continue to offer screenings at outlying clinics
  - Held screenings at Elmira Clinic with limited participation, will continue to evaluate the interest and offer on second or third Wednesdays if needed.
- Expand information provided, including Injury Prevention to meet Region 7 Trauma designation
  - Information on Injury Prevention and other Safety topics was provided at Wellness Wednesday as well as Senior Health Fairs. OMH ED obtained Trauma Level 4 Designation in 2018.

Business Wellness Screenings

- Create new, updated marketing materials and distribute through local chamber events and at OMH health events for OMH Worksite Wellness Program
  - Marketing materials have been redesigned and utilized at Health Fairs, chamber events as well as OMH; promotion of Worksite Wellness Program will continue.
- Hold meetings with various local businesses and provide proposals for services
  - Held Worksite Wellness programs with eight local businesses; 195 people served, held nine Worksite Wellness events. Breitburn Energy, Great Lakes Marina, Art Van Furniture, Cooper Standard, Edward Jones, The Sportsplex, Oscar W. Larson Co. and M&M Excavating all were involved. We will continue to promote Worksite Wellness programs.

Community 5Ks/Fun Runs

- Plan to sponsor local 5K runs and triathlons supporting and promoting exercise
  - OMH sponsored six fun runs or 5K runs from 2016-2018. Many OMH employees participated in these races, which we will continue to support. These included Alpenfest run/5K, Alpenfrost Frosty 5K, and United Way 5K Color Run.

LEAP Program

- Maintain current LEAP Program
  - The LEAP program had one participant complete the program. Resources were limited. One provider in Family Practice was designated to oversee this program. The health department and MSU Extension have similar programs to which can be referred.
- Create curriculum and develop a Healthy Lifestyles class for families, aimed at working with both parents and children who are obese
  - More resources were devoted to Healthy Lifestyles class for adults and diabetic education. The LEAP program has been promoted on our website with little interest. We will re-evaluate this program and the feasibility of continuing. Community Health Education did offer a "Healthy Kids" at the Farmers Market three times, as well as at the Family Fun Fair three times.

Cardiac Rehabilitation

- Continue to promote this program through updated marketing materials and in-home mailings, with an additional resource of a heart failure support group through the hospital free of charge
  - Marketing materials have been created and updated. This program has been successfully promoted at Health Fairs, through radio interviews, and on displays in the hospital. From 2016 – 2018, the Phase III program saw on average 3,900 patients/a year. The heart failure support group was initiated in 2016; after one year of minimal attendance and lack of interest, it was discontinued. We are considering the value of a support group toward chronic illness which would include Cardiac and Pulmonary.

Pulmonary Rehabilitation

- Continue to promote this program through up-to-date marketing materials and in-home mailings, and increase referrals to pulmonology, pulmonary function tests, and pulmonary rehab by OMH physicians
  - Marketing materials, mailings, Facebook and OMH website have been utilized to promote this program.

- Researched evidence-based practice guidelines and developed educational packets for OMH physicians with all the recommendations and resources
    - These packets are still being used along with a new transitional clinic to which physicians can refer within a patient's first 30 days. A physician can write an order for a pulmonary rehab consult.
- A COPD Readmission Reduction Team has conducted research and analyzed OMH's data and current processes to identify gaps in service and opportunities to decrease COPD readmission rates
    - The COPD Readmission Committee meets quarterly to review any readmission and referrals made to the Transition Clinic. They will continue to analyze readmissions and problem solve for best practice. This committee is being headed up by the performance improvement director, who is measuring the effectiveness of this committee.

Community Health Fairs and Wellness Events

- Plan to participate in 10 or more community health events and health fairs each year, with at least two new events each year
    - OMH participated in 33 health expos and 12 health-related events. We participated in seven new events, three of which were created by OMH. These included: Diabetes Expo, pediatric safety event, and hernia screening with daVinci demonstration.

Diabetes Education Program

- Continue promotion of free monthly diabetes support groups with the OMH diabetic educator and the OMH dietician.
    - Support groups were attempted twice, one for six months and one for four months. With very low turnout, the support groups were discontinued.
- Continue to offer a Diabetes Self-Management Program, including both group and one-on-one sessions
    - Diabetes Education Program saw 437 people through the Self-Management Program and one-on-one sessions.
- Continue to host OMH Diabetes Expo and Diabetes Awareness Day each year and expand attendance and participation
    - Diabetes Awareness Day is observed annually with a display in the hospital lobby with many resources available. Three Diabetes Expos were held, one off-site and two at the hospital. There was minimal participation; many speakers and vendors were brought in and with low participation, this event will have to be re-evaluated.
- Continue to promote Diabetes PATH classes
    - The PATH classes are held by the local health department and information is made available for patients. OMH has monthly diabetic classes taught by the diabetic educator.
- Continue to host classes and increase participation in Healthy Lifestyles (diabetes prevention program)
    - The diabetic educator and community health educator work very close in referring patients to the appropriate programs. The diabetic educator is also a healthy lifestyle coach, and still participates with classes.

Promote Healthy Eating at Otsego Memorial Hospital

- Continue the color-coding process to help those who visit the cafeteria to identify healthy food choices
    - The traffic light color-coding process was implemented and will continue to be practiced. With the integration of Munson Healthcare, the cafeteria will be under the management of food service company Sodexo. This will continue to enhance the quality and healthy offerings in the cafeteria for patients and employees.

Women's Health Event

- Include a Women's Health Event with Jay's Sporting Goods and Blue Cross Blue Shield (BCBS) of Michigan
    - After much consideration, Jay's, BCBS and OMH decided to not hold a separate health event. Instead, women were invited to the Novembeard event just before deer hunting season opened.
- OMH continues to work with the health department and women with high deductibles or no insurance to ensure that preventive testing is accessible when appropriate
    - Referrals to the health department are utilized for the Wise Women program as well as the Patient Assistance program at OMH.
- Expand health speaking events on women's health
    - Participated in Connecting Women series twice: Dr. Perinot and Julie Scheier presented, and the speakers bureau series held several topics for women's health. These included:
        - What You Should Know about Breast Density, Dr. Wendy Frye
        - Menopause and Hormone Therapy Treatments, Dr. Courtney Casper
        - Evolution of the Surgical Approach to Breast Cancer, Dr. Wendy Frye
        - Living Well with Vaginal Prolapse, Dr. Courtney Casper
- See Mammography Assistance Fund section for additional details.

Men's Health Program

- Continue to offer a Men's Health event with Blue Cross Blue Shield of Michigan and Jay's Sporting Goods prior to hunting season each year
  - This event was held annually at Jay's Sporting Goods; 184 men and women participated in a full health screening. Moving forward, the future of this event will be evaluated as BCBS is no longer participating and the DNR had limited resources.

Employee Health Program

- Continue to offer annual employee health screenings to promote the health and well-being of our employees
  - 102 employees took advantage of the OMH Employee health screenings.
- Continue to promote and participate in the "Healthy Wage" program, challenging employees to lose weight in teams
  - 42 employees participated in the Healthy Wage program; a total of 537 pounds was lost.
- Plan to work with local land conservation to create a walking trail for employees to have access to more physical activity options
  - A map of a walking path around the hospital grounds was made with distance markers on the map. An indoor map of a hospital hallway route was also made available for the winter months.
- Continue to offer smoking cessation products through the OMH Pharmacy with a valid prescription without charge to the employees and their immediate family members for a period of six months. After the six-month period, OMH employees who are covered by the hospital health insurance may purchase smoking cessation products from the OMH Pharmacy at acquisition cost. Additionally, employees who desire to participate in smoking cessation counseling are provided with a list of telephone help lines and on-line programs.
  - 130 smoking cessation prescriptions were filled for OMH employees and OMH covered the cost of products for employees and their family members.

Healthy Lifestyles (Diabetes Prevention Program)

- This program has been very successful with five classes started and three completed since April of 2014. Over 500 pounds of weight loss among approximately 60 participants has been achieved through the five classes so far.
  - The DPP program (Healthy Lifestyles) held seven classes from 2016 - 2018. A total of 73 participants finished the program, with a total weight loss of 1,258 pounds.
- Include at least two classes each year and increase the number of participants who join and stay in each class
  - Two classes continue to run throughout the year, one in core phase and one in post-core phase. The participation has increased with the addition of adding classes two times a month instead of the CDC requirement of once a month for the last six months. The addition of introducing various activities at Otsego County Sportsplex has been a good way to retain participation.
- Train an additional lifestyle coach to facilitate the class
  - One new lifestyle coach was trained and facilitates the class; the past lifestyle coach has since left. The diabetic educator is also trained to facilitate class.
- We are currently pending recognition with the CDC and will be a fully recognized facility by 2017
  - OMH obtained full recognition with the CDC in 2018; we will continue to submit data every six months to the CDC to maintain this level.
- Plan to work with the Health Department of Northwest Michigan, Munson Home Health, Northern Michigan Diabetes Initiative, MSU Extension, and District Health Department #4 to increase awareness of this program and its successes.
  - Will continue to be part of the Northern Michigan Diabetes Prevention Program Collaborative and NM Chronic Disease Coordinating Network, which includes Health Dept. of Northwest Michigan, all of Munson Healthcare, and MSU Extension. Since being recognized by the CDC, the class information is on the CDC and CDCN website.
- Word-of-mouth, provider referrals, and in-home mailings are the three main sources of marketing for this class and we will work to expand each one
  - Letters and brochures are sent to OMH Providers so they can offer this class as a resource. The Health and Wellness publication promotes the Healthy Lifestyle class as does Facebook and the OMH website. Word-of-mouth referrals has increased with the increase of successful participants.

Speaker's Bureau

- Continue to hold monthly Physician Speaker's Bureaus, offering free presentations on important health topics from OMH providers
  - 23 presentations were held with 375 total attendees.
- Increase awareness of these events through in-home mailings
  - These events were regularly listed in the bi-monthly print newsletters mailed to 44,000 households. They are also listed in the bi-monthly email newsletters mailed to approx. 25,000 individuals. The incorporation of Facebook marketing of events in 2018 resulted in more attendees for the year than 2016 & 2017 combined.

- Increase speaking events to OCCOA-Otsego County Commission on Aging and Alpine Haus.
    - Five separate speaking events were offered at OCCOA, through Community Health Education, dieticians, and Patient Portal; one event had no participants. The Alpine Haus, affiliated with COA, is an adult daycare for individuals with dementia. This audience was not appropriate for speaking events after speaking with the director. They also did not have appropriate area for presentations. We will continue to consider offering COA presentations as requested but will request a sign-up sheet for better attendance.

Otsego Health and Wellness

- Include information on important health topics (not related to marketing of services lines) in the bi-monthly print and bi-monthly enewsletter and include video messages from OMH health care providers. Also include one edition annually that is dedicated to maternal/child health topics. These mediums are sent to more than 36,000 houses in the OMH service area.
    - The Otsego Health and Wellness Publication is sent to 44,000 household's bi-monthly. In 2017 OMH added a Facebook page to promote health topics as well. The OMH website has been updated and enhanced to promote and capture ongoing programs as well as video coverage of new providers.

Significant Health Need: Access to Care

Improve access to comprehensive quality health care services in Otsego, Montmorency, Antrim, and Cheboygan Counties

Actions and impact since preceding CHNA and Implementation Strategy:

Affordable Care Act Health Insurance Exchange

- Continue to utilize and promote the OMH Certified Application Counselor and hold marketing events to increase patient access and assistance in finding affordable health care and eligibility for expanded Medicaid
    - We currently have three staff trained as Certified Application Counselors and we staff one to provide coverage to assist with Marketplace and Medicaid during the annual Marketplace enrollment. Each year we have a CAC go on the radio as a marketing event for the program. Brochures are made available at all major points of service in the hospital and medical group clinics. Information is typically announced on the website for the open enrollment period and a mailing is sent out to those from our system identified as not having any insurance coverage. One year we sent flyers home with kids at the Gaylord schools.
- Increase the number of community members in need of health insurance with insurance coverage
    - We assisted at least 905 people between 2016-18 during the Marketplace open enrollment period, helping them toward obtaining a Marketplace plan or Medicaid coverage. We saw a significant increase in the percentage of our patients with Medicaid.

Provider Recruitment

- OMH plans to continue hiring providers to expand our access to health care for patients, including mid-levels to ensure access
- A pediatrician was hired for the new Indian River clinic in 2016
- OMH has recruited two OB/GYN physicians to begin practice in 2017 and 2018
    - Providers new to OMH 2016-2018
        - Dr. Joshua Saur- Indian River Family Practice - HD 10/5/2016
        - Dr. Courtney Casper - OB/GYN – HD 3/9/16
        - Emily Martinez, PA - Elmira Walk-in Clinic – HD 2/1/16
        - Kristy Alexander, NP - OB/GYN – HD 3/21/16
        - Hannah Russell, PA - Lewiston Walk In Clinic – HD 3/14/16
        - Dr. Kyle Randall - Ortho – HD 1/9/17
        - Dr. Lindsay Straight - Anesthesiology – HD 5/1/17
        - Dr. Mariana Perinot - Family Practice – HD 6/5/17
        - Dr. Stephanie Rutterbush - Lewiston Family Practice – HD 8/1/18
        - Dr. Logan Hanson - Ortho – HD 7/16/18
        - Jessica Oakley, PA – November 2017
        - Brittanie Hamlin, PA – October 2017
        - Robert Beyerlein, CRNA – January 2019
        - Catherine O'Neill, PA – February 2019
        - RoseMary Spellman PA - 2017

Service Area Expansion

- Continue services offered at all our Rural Health Care Clinic locations. This includes clinic locations in Elmira, Lewiston, Indian River and Gaylord
    - OMH Clinic locations continue to offer services as well as offer scheduled visits. The Lewiston Clinic experienced an addition in square footage as well as the addition of digital mammography and ultrasound. PT/OT was added and another full-time provider.
- OMH will focus on continuing to expand those services, as in Indian River by adding access to pediatrics, OB/GYN, rotating specialists and digital mammography.

- The Indian River Clinic opened a new building with added square footage along with the addition of 2 Pediatric providers and one OB/GYN provider.
- Work to address the significant transportation issues that exist in ensuring that patients can have timely access to health care close to home.
  - The transportation issues were not addressed in the Rural Health Care Clinic locations. The TACKLE van is utilized for Oncology Patients in this large rural area.

Increase Services Offered

- Continue extensive recruitment for Urology and OB/GYN.
  - Recruitment for Urology continues. Two providers were added to OB/GYN
- Increase access to Cardiology services in Gaylord and Indian River through partnerships and expanded testing opportunities.
  - See Partnership with Specialty Providers
- Explore expanded partnerships with the Casey Cowell Cancer Center in Traverse City.
  - See Partnership with Specialty Providers
- Explore ways to enhance surgical services offered in Gaylord.
  - Da Vinci Surgical System was launched in January 2017. Surgical cases significantly increased with this addition.
    - 2016: 2,388 surgical cases. 2017: 2,396 surgical cases. 2018: 2,535 surgical cases.
    - New OR room designed 200 square footage larger than previous rooms to better accommodate surgical procedures performed via robotics.
    - The Hanna Table was added for Anterior Hip Replacement Surgeries. Two providers utilize this surgical approach.

Increased Screening Events

- Included in Monthly Wellness Screenings, Community Health Fairs and Wellness Events
  - OMH has practiced a Low Dose CT lung screening program for 2017-2018, which will continue. Wellness Wednesday will continue monthly. A Hernia Screening Event was held in 2018, open to the public.

Mammography Assistance Program

- Continue to adjust the program with the Affordable Care Act by focusing on educating women on the need to obtain a mammogram and financially assist women under the age of 40 or those with extremely high deductibles who would choose no care without assistance.
  - The OMH Mammography Assistance program assisted 7 women with a total of 10 visits provided.
- Expand partnership with the Health Department of Northwest Michigan in promotion and education of assistance programs.
  - Printed information is available and distributed regarding the Health Department of Northwest Michigan programs for their assistance programs. OMH continues to have a positive working relationship with the HD and makes referrals to their assistance program.

Partnership with Specialty Providers

- Continue partnerships with Petoskey ENT, Traverse Heart and Vascular, and Neuromuscular and Rehabilitation Associates of northern Michigan.
  - We continue to have strong partnerships with ENT providers and Audiology Services.
  - Neuromuscular and Rehab Associates of Northern Michigan continue to work in partnership with OMH.
- Increase access to Cardiology services in Gaylord and Indian River through partnerships and expanded testing opportunities.
  - Our partnership with Traverse Heart and Vascular continues to grow in Gaylord and Indian River. Traverse H & V is housed in the old OMH Indian River Clinic, which makes direct referrals a simple process.
- Explore expanded partnerships with the Cowell Family Cancer Center in Traverse City.
  - OMH has worked close with the Cowell Family Cancer Center as a resource for oncology patients. The new Munson Healthcare Otsego Memorial Hospital's Cancer and Infusion Center literature includes Cowell Family Cancer Center.

Otsego Assistance Program

- The OMH Financial Assistance Program information is made available in all offices and on our website. It is designed to assist those unable to pay for services.
  - 3,183 hospital and medical group customers assisted from 2016-2018.

Trauma Network Injury Prevention

- OMH will continue to be active within this committee.
  - OMH Emergency Preparedness Director leads this committee as well as ED director and ED Medical Director attend. OMH hosted these meetings 2016-2018.
- See Monthly Wellness Screenings.

Patient Centered Medical Homes

- OMH Medical Group primary care practices are recognized by several health plans, but BCBSMI has designated our facilities as patient centered medical homes.
  - OMH continues to uphold the BCBS designation. More

capabilities are being met annually per BCBS standards. Three employees are devoted to Quality and PI. One employee added as a PI Data Specialist.

- Boyne Valley is expected to be recognized by the end of 2016.
  - Boyne Valley (now Elmira Clinic) was recognized in 2016
- OMH will continue to enroll patients in the online OMH Medical Group Patient Portal and the Otsego Memorial Hospital Patient Portal. Expanding online access to appointment and prescription refill requests, health care information, and office/provider contact.
  - OMH Medical Group continues to promote and utilize the patient portal. November of 2017 OMH Medical Group transferred to the Greenway patient portal which has functionality not available in the previous portal. Greenway's portal messages from patient are directly tied to the patient chart and staff can send the patient messages & documents directly from their chart via the portal. After each patient visit, an email with a registration link is being sent to patient with an email on file who are not enrolled in the portal. With the new portal, the process of adding minors to a parent's portal has been simplified. The prior portal had approximately 3,400 patients enrolled, many of which were not active on the portal. The new portal has approximately 5,800 patients enrolled. Continued staff and patient education on the benefits of the portal has increased portal usage. Community awareness has been heightened with the promotion of the portal at events such as the Boomers & Senior Expo, Gaylord Middle School Fun Fair, local radio interviews, and facilitating a patient portal class with the Otsego County Commission on Aging's Technology Program.

Otsego Memorial Hospital Medical Groups Accept Medicaid

- OMH and OMH Medical Group will continue to accept Medicaid.
  - Medicaid will continue to be accepted
- There is a sliding fee scale for all patients within the medical group.
  - There is a sliding scale of eligibility for our financial assistance program with discount levels from 50% to 100%. For the hospital and Medical Group combined 3,183 people were assisted from 2016-2018.

Significant Health Need: Maternal Child Health

Improve resources and services related to new mothers and young children and work to understand how to develop and maintain healthy habits for a lifetime

Actions and impact since preceding CHNA and Implementation Strategy:

Childbirth Education Classes

- Continue to offer childbirth classes through the Birthing Center
  - Classes are offered for free or reduced rates depending on need. Medicaid is accepted as full payment.
- Nominal fee charged for classes
  - Class Cost was $80
- Childbirth classes are offered online
  - Online Childbirth classes are offered for $50.00 : https://myomh.org/otsego-memorial-hospital/birthing-center/parenting-class-signup/

Lactation Consultation Services

- Continue to offer a lactation consultant through OMH for free to new parents.
  - This is offered to mothers while a patient in the birthing center. Outpatients are registered and there are charges generated.

Breastfeeding Support

- Continue to offer breastfeeding classes through OMH for free.
  - Class is now included in the full day childbirth class
- Continue to notify new parents that breast pumps are available through insurance companies with a prescription from their medical provider at little to no cost for the patient.
  - OMH has a "storage closet" of breast pumps from Munson Healthcare Home Health Supplies, to improve ease of access to those requesting them.
- Explore the possibility of an addition of an OB case manager position for high-risk or at-risk pregnant patients, who would work with both the OMH Medical Group OB/GYN office and the Birthing Center.
  - There was no OB case manager hired.

Child Passenger Safety Seats

- Educate patients on local agencies that can assist with child passenger safety seat installation and new car seats.
  - Information is given to new parents on the local agencies that do safety seat installation, currently the Michigan State Police post is the only resource. They also have free car seats to distribute to those that need of one. One OMH Pediatric nurse is completing her certification to be able to offer installation and inspections.

- Continue to provide birthing center staff availability to provide car seat safety checks for parents leaving the OMH Birthing Center.
    - 5 staff members are certified car seat technicians.
        - OMH is exploring the idea of having car seats checked at a pre-hospital visit.

Maternal Smoking Cessation

- The hospital is planning on releasing periodic tobacco awareness/smoking cessation information geared towards maternal patients via Facebook to better inform its online community.
    - This was not implemented.
- Staff will continue to ask OB patients if they smoke or are exposed to second hand smoke to provide appropriate education on the dangers of smoking while pregnant.
    - Smoking/tobacco questions are asked upon admission but not second-hand smoke.
- Staff will continue to refer smoking patients to the Michigan Tobacco Quitline. Respiratory therapy also assists in this process.
    - One Birthing Center nurse went through the SCRIPT training-Smoking Cessation in Pregnancy. This program was not implemented due to OB/GYN not having time or resources to enforce it. Currently OMH refers to NM Health Dept. for this program.

Maternal Workgroups

- Staff will continue to participate in a variety of workgroups related to maternal smoking, maternal substance abuse, and maternal and infant health focus areas.
    - Currently the Director of the Birthing Center and RN's from the BC are members of Perinatal Regional Work group and Perinatal Substance Abuse work group.

School Health Programs

- Offer health series to students in OMH's service area to increase awareness on important health topics like healthy eating and physical activity, the importance of hygiene, and smoking prevention.
    - 5 different children's programs were implemented: germ control/handwashing- 3 elementary schools, healthy eating for children/Eat the Rainbow- 3 times at the local Farmers Market, health series at 1 elementary.
- Provide educational materials on child health and parent education on these topics via in school handouts and in-home mailings.
    - Handouts were provided at these events.
- Devote an annual issue of Otsego Health and Wellness to children's health topics and mail to more than 36,000 households in the service area.
    - Every year one issue of Otsego Health and Wellness is focused on Children's health and safety and sent to 44,000 households.

Healthy Families

- This program was not implemented, more time was devoted to improving the Healthy Lifestyles program for Diabetes Prevention.

Community Health Needs Assessment

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

The Community Health Assessment portion of the MAPP process includes four phases.

Phase One: Organize for Success

In spring 2018, we began the process of bringing partners together to lay the foundations of the MiThrive project. We organized a steering committee with representation from local hospitals, local health departments, 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 Assessments

Community Themes and Strengths Assessment

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

Community Input Boards

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

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

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

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.

Mini Client Interviews

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

Our questions focused on barriers to accessing health care:

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

Written Comments

Over the past three years, written comments were received complementing our Diabetes Prevention Program and Diabetes Education services along with a few of our other health education programs.

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 discussed previously, 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 needed to prioritize these issues to decide which two Strategic Issues we were going to focus on for our collaborative Community Health Improvement Plan. First, we held a meeting to look at needs and conditions across the entire 31-county northern Michigan region, and through a facilitated process, identified a top issue to approach collectively on a large regional scale. Next, we 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 Otsego Memorial Hospital

Munson Healthcare Otsego Memorial Hospital (OMH) is located in Gaylord, MI and serves the counties of Antrim, Cheboygan, Otsego, and Montmorency. OMH is a 46-bed primary and secondary care facility located along the I-75 corridor. OMH serves patients living and working within these communities, as well as the thousands of seasonal residents that flock to this area year around for recreational sports and leisure travel. OMH is a Level 4 Trauma Center. This service area is defined by Otsego Memorial Hospital Board of Directors.

All counties served by OMH are extremely rural.

At 20.4%, older adults represent a larger proportion of the population in Otsego County than they do statewide (16.7%), 26.6% of Cheboygan County's population is age 65 and older followed by Antrim County with 26.5% and in Montmorency County, seniors represent an even larger share at 31.5%. (Source: countyhealthrankings.org)

Otsego County is known for its natural beauty, friendly people, and progressive attitude. On the crossroad of two major highways in the heart of the northern Lower Peninsula, the central location is convenient for tourism and business. Championship golf, pristine forests, beautiful lakes and rivers, and recreational activities covering four seasons make life attractive here. Many who have enjoyed Otsego County's abundance decide to make the area their home. They then discover the lifestyle includes top-notch public services, quality education, state-of-the-art health care, fine shopping and dining.

Mission Statement

To provide exceptional health care that meets the needs of our patients and the communities we serve.

Vision Statement

Otsego Memorial Hospital will be preferred and trusted as the center for patient-focused care that is comprehensive, coordinated and accessible. Through committed teamwork, we will build a sustainable and secure future of improving health for the communities of northern Michigan.

Regional Population Demographics

Geography and Population

Cheboygan, Montmorency, and Otsego counties cover a total of 1,777 square miles of land. The region 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 due to lack of access to physicians and health care delivery sites and/or adequate transportation options.

Of the 59,044 people who live in the three-county region, 94% are white. The largest minorities are Hispanic/Latino (2%) and Native American (2%). The proportion of adults over 65 years old is considerably larger in the region (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 Cheboygan (18%), Montmorency (12%, or Otsego (21%). The population with a high school diploma in Cheboygan and Montmorency is about the same as the state (87%), while Otsego is higher (92%).

Median household income in Michigan is $52,668, significantly more than the three counties we serve, with Cheboygan at $42,876, Montmorency at $39,152, and Otsego at $50,823. In addition, within these counties, stark income inequality exists. For example, in Cheboygan County, the average income of the top 1% of earners is 19 times the average income of all other earners in the county.

Strategic Issues Identified in 2019

This year we identified strategic priorities and 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

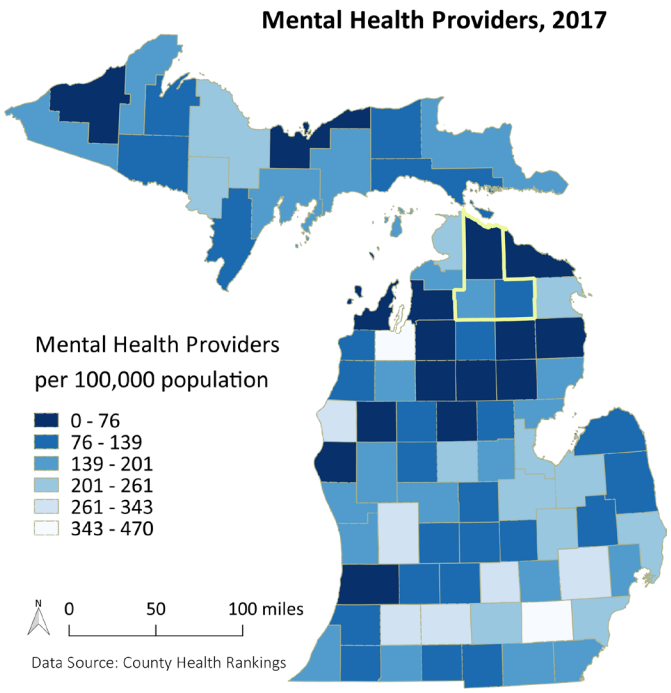
Additional Issues

- 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

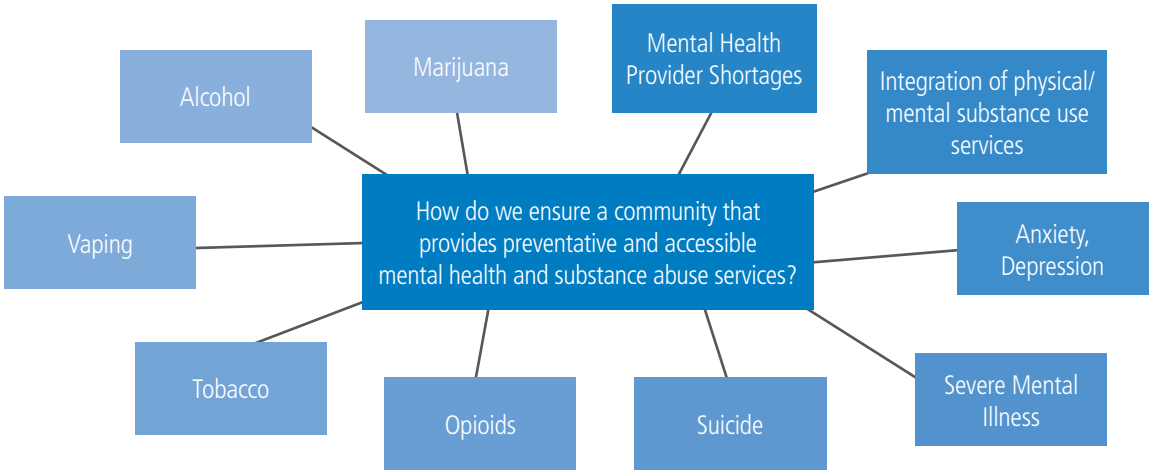
Health Impact

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



Healthy Equity

Disparities in mental health and substance use disorders 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 – such as 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



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

Challenges

With suicide rates well above the national average and 30% (Otsego) to 42% (Cheboygan) of teens reporting symptoms of a major depressive episode in the past year, mental health is significant concern in our counties. Similarly, abuse of alcohol, tobacco, and drugs need to be addressed. Rates of binge drinking among adults are 19% in Cheboygan County and 25% in Otsego County. Teens reporting drinking alcohol in the past month number 1 in 3 in Montmorency County and 1 in 4 in Otsego County. In Cheboygan, Montmorency, and Otsego counties, about 1 in 4 adults is a current smoker - a rate higher than the national average (17%). Hepatitis C rates - which are strongly associated with injection drug use - are spiking among young adults. Among teens in these counties, about 1 in 3 report vaping in the past month, and about 1 in 6 used marijuana in the past month. Contributing to these problems are ongoing shortages of mental health providers and substance use treatment options.

Assets, Resources, and Opportunities

With the rising severity of these issues, more organizations and coalitions are working on Mental Health/Substance Use than ever before. Some examples of these efforts include Project ECHO; Northern Michigan Opioid Response Consortium; Local Health Departments; Community Connections program through the Community Health Innovation Region; Catholic Human Services; Syringe Service Program; naloxone in schools; increasing tobacco cessation services and supports; therapists in schools; and Project ASSERT. 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: 90% 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 state-wide 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 Otsego 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 issue identified. Almost 90% of resident survey respondents agreed that many people in their community need better access to mental health and substance abuse services/prevention.

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

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

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

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 & 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 safe, crime-free neighborhoods with safe sidewalks and streetlights. More physical activity reduces risk of obesity and chronic disease.

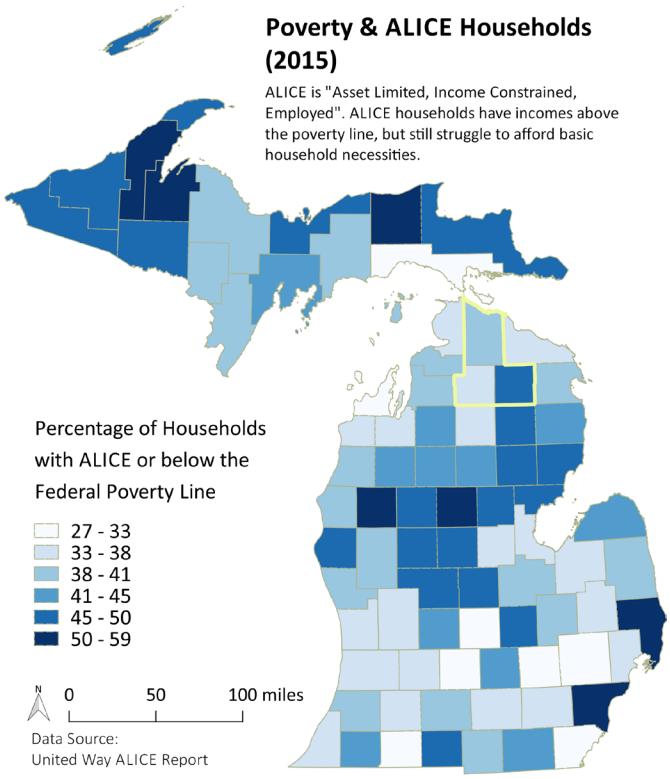
Health Equity

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 the 3-county region, about 1 in 4 children lives in a household below the poverty level. The percentage of households struggling to afford basic household necessities is 41% in Cheboygan County, 48% in Montmorency County, and 36% in Otsego County. In Cheboygan and Montmorency counties, more than 1 in 5 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 - including 36% of renters in Otsego County, 41% in Montmorency County, and 37% in Cheboygan County. All these factors weaken the ability of families and communities to endure challenges and develop healthy, thriving lives.

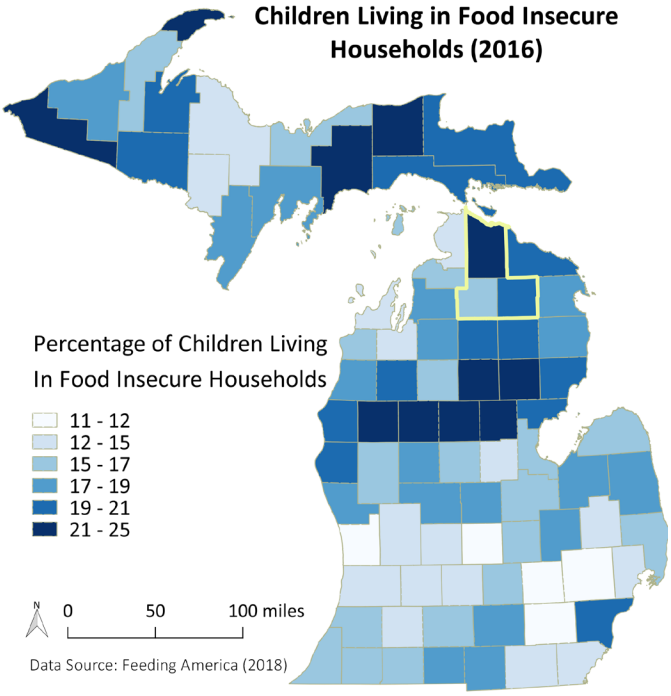
Assets, Resources, and Opportunities



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 Human Services Coordinating Bodies, 211/MiBridges, Michigan Department of Health and Humans Services, Community Action Agencies, and local churches. With new community-wide collaboration and innovative solutions, local improvements in basic needs are possible in the next 3-5 years.

Prioritization

Improving Basic Needs of Living is highly valued: 95% of residents agreed in a survey that it is important to meet the basic needs of people in our community. Large proportions of households struggle to meet at least some of these basic needs. For those who can't meet basic needs, the impact on health and quality of life can be severe. Conversely, if we are able to improve this issue, it would improve the root cause of many health inequities in our counties. Groups saw this issue as an ideal area for diverse partners to come together to share resources and strategies and collaborate toward tangible



community improvement. For these reasons, Basic Needs of Living was identified as a top priority in the region served by Otsego Memorial 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. 79% of resident respondents agreed that many people in their community struggle to meet basic needs of living.

"Need better transportation for rural area to hospitals, etc."
- Montmorency County Resident

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

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

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 races/ethnicities. In our service area, this mostly impacts Native American and Hispanic populations. For example, a Native American resident of Cheboygan County is 2.5 times as likely to be uninsured compared to a white resident. In Otsego County, a Hispanic resident is 1.7 times as likely to be uninsured compared to white residents.

Low-income people and people living in rural areas also have more challenges accessing health care, including additional challenges related to transportation, cost of care, distance to providers, inflexibility of work schedules, child care, and other issues.

Challenges

Residents of Cheboygan and Otsego Counties experience a variety of barriers to accessing health care, including problems with transportation, appointment availability, and certain provider shortages. In addition, 14% of non-elderly adults in the region are uninsured, and between 18% (Cheboygan) and 20% (Montmorency) 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 Healthcare and local health departments offer health insurance navigation support during open enrollment periods. New recruitment of primary care providers has also 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.

Prioritization

This Strategic Issue was not chosen as one of the top issues because many of the barriers to accessing health care will be relieved in some way through addressing Basic Needs of Living and Mental Health/Substance Use. In addition, barriers to care are usually not the root cause of poor health, and a more upstream approach is needed to be most effective at improving population health in the long term.

Community Voice

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

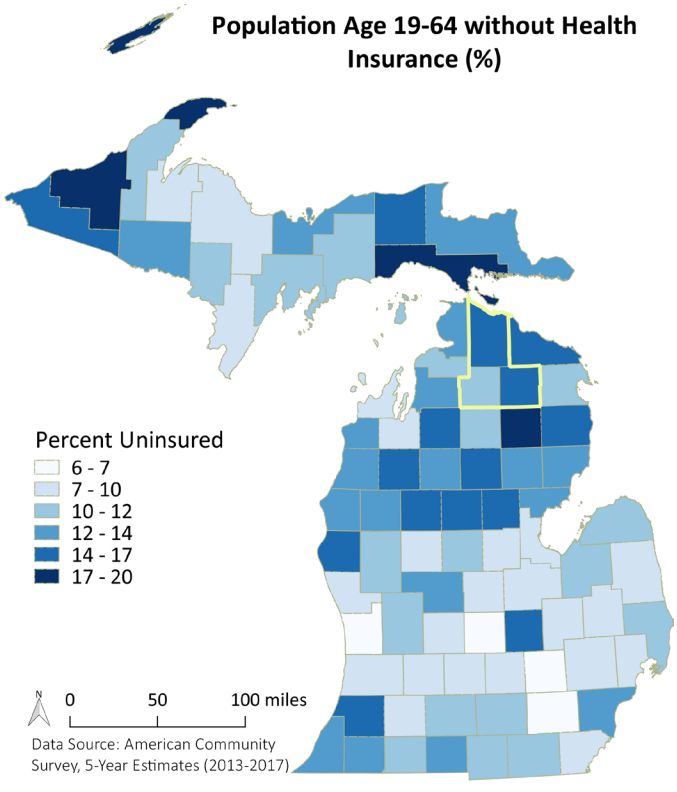
- Better access to primary, dental, and specialist care
- More convenient doctor appointments & appointment availability
- More affordable health care and accessible insurance

When surveyed, 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 more specialists in the area. We have to travel for those or wait an excessive amount of time."
- Montmorency County resident

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

"Takes 6 months to get a dental appointment. Took 9 months to get an orthodontist appointment. Primary care appointments not always readily available. Clinic closures due to weather with no backups & having to reschedule out further."
- Otsego County resident



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

Health Impact

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

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

Health Equity

Certain populations are at significantly higher risk for social isolation, including racial and religious minorities; seniors who live alone; and the 4-7% of teens who identify as lesbian, gay, bisexual, or transgender (LGBT). In the US overall, 4 in 10 LGBT+ youth say the community in which they live is not accepting of LGBT+ people, and they are twice as likely as peers to report being physically assaulted. Girls and women are also at increased risk of violence, especially from an intimate partner. Seniors are at increased risk of social isolation because of their limited mobility, decreasing social networks due to death of their partners and peers, and changes in their social roles due to retirement and loss of income.

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

Challenges

In the three-county region, a little more than half of teens say they know an adult in their neighborhood they could talk to about something important, and about 3 in 7 teens have experienced at least two Adverse Childhood Experiences (ACEs). These are both risk factors for serious health conditions later in life. In Otsego County, 1 in 6 teen girls has been forced to do sexual things they did not want to do by someone they were dating in the past 12 months; in Montmorency County this rate is 1 in 7. 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. Community gardens and outdoor recreation opportunities bring people together. In addition, Mid-Michigan Health's Loneliness Project is working on this issue. More organizations are also 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 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. 94% of survey respondents agreed that it is important to build a sense of community where they live.

"Elder abuse [needs to be a priority]."
- Cheboygan County resident

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

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

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

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 the three-county region. In Montmorency County, the death rate is worse than the state average for every one of the six leading causes of death. Five out of the six death rates for leading causes are worse in Cheboygan than the state, and three are worse in Otsego. 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: about 1 in 3 adults is obese in the three-county region, and about 1 in 5 teens. Vaccination rates also need to improve. For example, about 44% of residents in these counties 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.

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.

Assets, Resources, and Opportunities

Addressing risks for the leading causes of death is at the heart of the work of Otsego Memorial Hospital and affiliated providers. In addition, nutrition programs are offered through several organizations, like the local health department, MSU-Extension and Community Mental Health. Efforts like the Diabetes Prevention Program and the Chronic Disease Coordinating Network aim to reduce risk of chronic diseases.

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

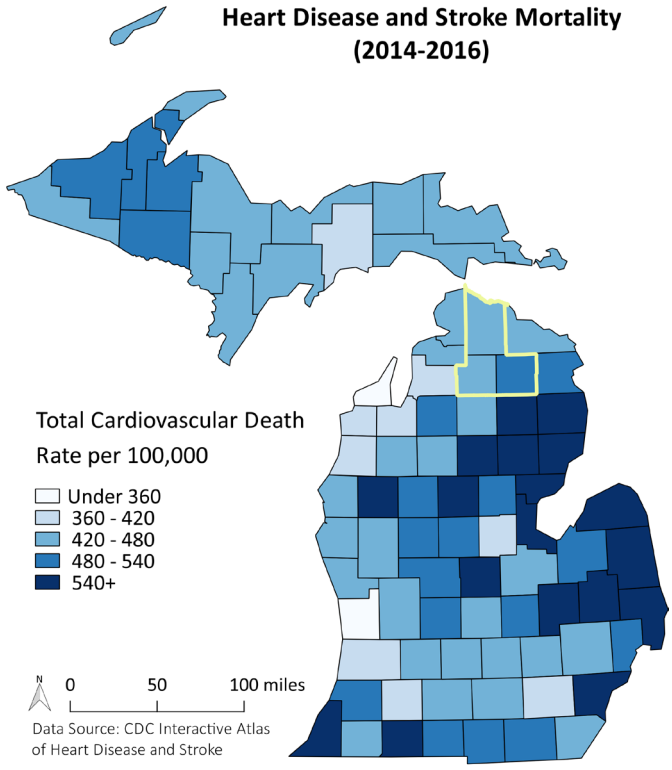
Residents said when it came to supporting their health, they value and want health knowledge, like additional education on healthy living.

When surveyed, 81% of residents agreed that improving this issue would improve quality of life for the community; 60% said it would improve their family's quality of life. 95% of survey respondents agreed that it is important to prevent & reduce leading health risks.

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

Rank	Cause of Death	MI	Cheboygan	Montmorency	Otsego
1	Heart Disease	199	166	221	183
2	Cancer	170	184	187	174
3	Chronic Lower Respiratory Diseases	45	58	65	60
4	Unintentional Injuries	42	45	60	37
5	Stroke	37	42	49	36
6	Alzheimer's Disease	28	37	29	52
7	Diabetes Mellitus	22	12	*	22

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

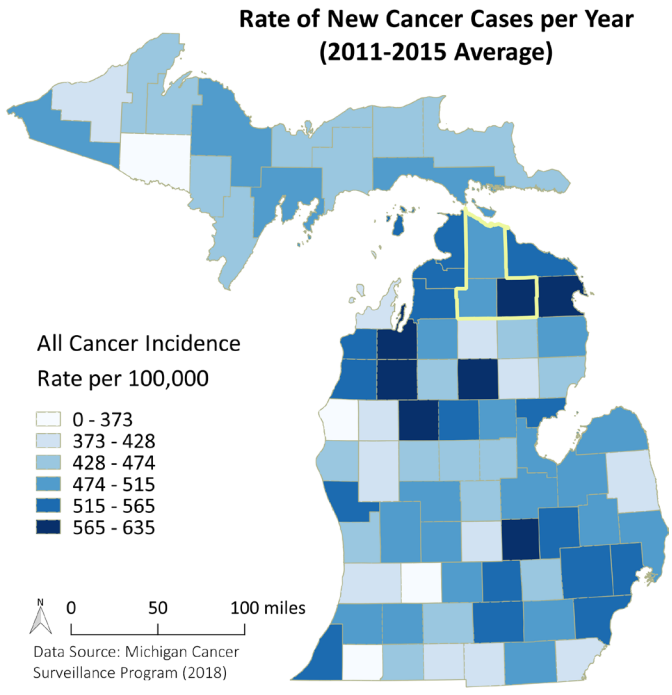


"I am especially worried about rising obesity rates which account for so many chronic diseases that end up being so costly to the individual as well as the community..."
- Montmorency County resident

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

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

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

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 resp. 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.

Improving the Planning Process: Strengthen Collaboration

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

Community Voice

When surveyed, 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. 92% said they believe it is important for local organizations to work together better.

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

"Include more churches in community events."
- Otsego County resident

"I'm not sure how this work for health care, but in my field, we have community strategic plans. Sometimes they are worthless, but a good one can change the community. Sometimes just the process of coming together to review goals and try and align efforts is enough to move the needle."
- Cheboygan County resident

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

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

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

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

Improving the Planning Process: Empower Residents and Stakeholders

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

Community Voice

When surveyed, 62% of residents said more representation in decision-making would improve quality of life for their family, while 81% said more representation would improve quality of life for their community. Over 95% said they believe it is important to include community members in decision-making.

"Listening is very important, as you are doing here [through the Community Survey], and listening even to the opinions you may think are less important."
- Cheboygan County resident

"To me, it's much better to present needs in a way a variety of folks might understand, and let them be addressed creatively at a more individual level. It's the little pockets of neighbors helping neighbors that foster real connection… This involves permission for all kinds of folks to speak up, where neighbors can hear and help - not committees who have no actual personal investment in giving to their neighbors."
- Cheboygan County resident

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

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

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

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 system to better capture constituent voice
- Improve communication to community
- Improve communication with partners

Next Steps

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

Appendix A
Organizations Represented during Assessment Process

Steering Committee

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

Benzie-Leelanau District Health Department
Central Michigan District Health Department
District Health Department #2
District Health Department #4
District Health Department #10
Grand Traverse County Health Department
Health Department of Northwest Michigan
Kalkaska Memorial Health Center
McLaren Central Michigan
McLaren Northern Michigan
Mid-Michigan - Alpena
Mid-Michigan Health - Clare Gladwin
Munson Healthcare
Munson Healthcare Cadillac Hospital
Munson Healthcare Charlevoix Hospital
Munson Healthcare Grayling Hospital
Munson Healthcare Manistee Hospital
Munson Medical Center
Munson Healthcare Otsego Memorial Hospital
Munson Healthcare Paul Oliver Memorial Hospital
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 #2
District Health Department #4
District Health Department #10
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
Great Start Collaborative
Grand Traverse Court Family Division
Grand Traverse County Drug Free Coalition
Grand Traverse County Health Department
Health Department of Northwest Michigan
Human Trafficking Community Group
Indigo Hospitalists
Manna
McLaren-Cheboygan
Michigan Human Trafficking Task Force
Michigan Veterans Affairs Agency
Michigan Works
Mecosta-Osceola Intermediate School District MOTA
MSU Extension
Munson Family Practice
Munson Healthcare Grayling Hospital
Northeast Michigan Community Service Agency
Northern Michigan Children Assessment Center
Newaygo County Great Start Collaborative
Newaygo County Regional Education Service Agency

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. #2
District Health Dept. #4
District Health Dept. #10
Grand Traverse County Health Department

Appendix A
Organizations Represented during Assessment Process - cont'd

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. #2
District Health Dept. #4
District Health Dept. #10
Food Bank of Eastern Michigan
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 Charlevoix Hospital
Munson Healthcare Grayling Hospital
Munson Healthcare Manistee Hospital
Munson Medical Center
North Country Community Mental Health
Spectrum Health
Wexford County Council on Aging

"Tip of the Mitt" 7-County region (Includes Otsego, Cheboygan, and Montmorency)
Alcona Health Center
Alpena-Montmorency-Alcona Educational Service District - Great Start Collaborative
District Health Department #4
Food Bank of Eastern Michigan
Health Department of Northwest Michigan
McLaren Hospice Alpena
McLaren Northern Michigan
Michigan Department of Health and Human Services - Alpena/ Montmorency
Michigan Works!
Mid-Michigan Health
Munson Healthcare Otsego Memorial Hospital
North Country Community Mental Health
Northeast Michigan Community Service Agency
Northern Care Center
Petoskey District Library
Region 9 Area Agency on Aging
The Salvation Army
Up North Prevention/Catholic Human Services
Women's Resource Center of Northern Michigan
YMCA of Northern MI
United Way of Northwest Michigan

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

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**	**Cheboygan**	**Montmorency**	**Otsego**
2016	Population[1]	9,928,300	25,401	9,173	24,470
2016	% Female[1]	50.8	50	49	50
2016	% < 18[1]	22.1	17	15	21
2016	% 65 and over[1]	16.2	26	30	20
2016	% American Indian/Alaskan Native[1]	0.7	2.9	0.6	0.9
2016	% Hispanic[1]	5.0	1.4	1.3	1.8
2016	% Non-Hispanic White[1]	75.4	92	96	94
2010	% Rural[1]	25	83	100	66
2018	% students who identify as gay, lesbian, or bisexual[2]	*	*	4	8

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

Appendix B
Assessment Data Tables - cont'd

Overall Health					
Data Year	**Indicator**	**MI**	**Cheboygan**	**Montmorency**	**Otsego**
2014-2016	Years potential life lost per 100,000 [1]	7,293	6,531	8,994	8,392
2018	Health outcome rank (out of 83) [1]	n/a	27	68	61
2018	Health factors rank (out of 83) [1]	n/a	69	62	19
2017	Self-reported general health assessment: poor or fair [3]	18	26	29	18
[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey					

Basic Needs					
Data Year	**Indicator**	**MI**	**Cheboygan**	**Montmorency**	**Otsego**
2010-2014	% Households with severe housing quality problems [1]	16	14	12	10
2010/2016	% Access to exercise opportunities [1]	86	90	72	88
2013-2017	% Work outside county of residence [4]	29	36	41	16
2013-2017	% Unemployment rate [4]	7	11	13	6
2013-2017	% of population below the poverty level [4]	16	17	15	15
2016	% Children 0-12 eligible for subsidized care [5]	3	4	4	6
2016	% Children 0-12 receiving subsidized care [5]	2	2	2	4
2016	% food insecurity rate [6]	14	15	14	12
2015	% Population, low access to store [7]	*	11	4	13
2014	% Students eligible for free lunch [7]	n/a	56	45	37
[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**	**Cheboygan**	**Montmorency**	**Otsego**
2017	Mental health providers per 100,000 [1]	232	71	131	188
2017/2018	% Teens with symptoms of a major depressive episode [2]	*	*	42	30
2017	% poor mental health on at least 14 days in the past month [3]	*	9.1	*	11.3
2012-2016 (5yr avg)	Intentional self-harm (suicide) (mortality rate per 100,000 population) [8]	13	18	*	22
2015	% Depression: 65+ [9]	15	16	15	19

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

Access to Care					
Data Year	**Indicator**	**MI**	**Cheboygan**	**Montmorency**	**Otsego**
2015	Preventable hospital stays (per 1000 medicare enrollees) [1]	55	61	51	61
2018	Clinical care rank (out of 83 counties) [1]	n/a	56	41	51
2016	Dentists per 100,000 population [1]	72	43	33	65
2015	Primary care providers per 100,000 population [1]	80	55	108	62
2017/2018	% Teens with routine check-up in the past year [2]	*	*	73	72
2017	% Adults with no personal health care provider [3]	15.2	19	*	*
2017	% Needed to see doctor, cost prevented care [3]	11	18	20	*
2013-2017	% Uninsured: 19-64 [4]	10	17	15	12
2016	% Children 0-18 Insured by MiChild [5]	42	59	59	51

[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**	**Cheboygan**	**Montmorency**	**Otsego**
2012-2016	% of motor vehicle deaths alcohol-impaired [1]	29	60	63	25
2017/2018	% Teens: used marijuana during the past 30 days [2]	n/a	*	19	13
2017/2018	% Teens: at least one drink of alcohol during the past 30 days [2]	*	*	32	23
2017/2018	% Teens: smoked cigarettes during the past 30 days [2]	*	*	16	8
2017/2018	% Teen: vaping past 30 days [2]	*	*	36	33
2017/2018	% Teens: took a prescription drug not prescribed to them, including painkillers, during the past 30 days [2]	n/a	*	4	7
2017	% Adult: binge drinking [3]	19	19	*	25
2017	% Adult: current smoker [3]	19	27	22	27
2012-2016	% Smoked while pregnant [8]	18	33	36	31
2014	Drug use mortality (per 100,000 population) [10]	13	13	14	13
2017	Heroin treatment admission rate (per 100,000 population) [11]	252	106	87	208

[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**	**Cheboygan**	**Montmorency**	**Otsego**
2010-2016	Motor vehicle crash death rate per 100,000 [1]	10	8	17	9
2012-2016	Firearm fatalities rate per 100,000 [1]	12	9	26	16
2017/2018	% Teens with current asthma [2]	*	*	41	59
2017/2018	% Obese teens [2]	*	*	18	23
2017/2018	% Overweight teens [2]	*	*	19	18
2017	% of adults who are obese [3]	32	34	29	32
2017	% of adults who are overweight [3]	35	37	43	33
2017	% Adult: ever told diabetes [3]	11	15	28	13
2017	% Adult: cardiovascular disease [3]	*	9.6	16.5	*
2011-2015	All cancer incidence rate (per 100,000 population) [12]	518	480	573	493
2011-2015	Prostate cancer incidence rate (per 100,000 population) [12]	118	101	104	125
2011-2015	Breast cancer incidence rate (per 100,000 population) [12]	83	69	76	70
2015	% COPD: adults 65+ [9]	14	16	15	13

[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

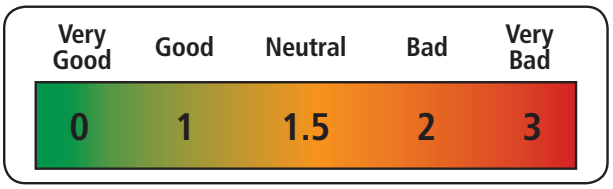
Sense of Community					
Data Year	**Indicator**	**MI**	**Cheboygan**	**Montmorency**	**Otsego**
2012-2016	% Children living in single-parent households [1]	34	38	37	30
2018	Social & economic factors ranking (out of 83 counties) [1]	*	70	80	27
2017/2018	% Teens: 2 or more ACEs (Adverse Childhood Experiences) [2]	40	*	37	45
2017/2018	% Teens: know adults in the neighborhood they could talk to about something important [2]	*	*	64	51
2017/2018	% Teens: sexual intimate partner violence against Females [2]	*	*	14	16
2013-2017	% Households with broadband internet [4]	81	74	72	80
2013-2017	% Householders living alone (over 65) [4]	44	*	*	*

[1] County Health Rankings; [2] Michigan Profile for Healthy Youth; [3] Michigan Behavioral Risk Factor Surveillance Survey; [4] American Community Survey; [5] Kids Count Data Center; [6] Feeding America; [7] USDA Food 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		Scores			
# Scored Indicators Within Topic Area	Topic Area	Cheboygan Score	Montmorency Score	Otsego Score	Otsego Hospital Service Area Score
16	Access to Care	2.0	1.8	1.8	1.9
8	Cancer	1.7	2.1	1.5	1.8
2	Crime & Violence	1.5	1.3	1.5	1.4
4	Diabetes	1.0	2.3	1.9	1.8
8	Economic Stability	2.3	2.0	1.3	1.9
5	Education	1.3	2.2	1.2	1.6
10	Food Access	1.2	1.1	1.3	1.2
4	Food Security	2.9	2.7	1.2	2.3
5	Heart Disease & Stroke	1.5	1.9	1.2	1.5
3	Housing Instability	0.3	0.4	0.9	0.6
1	Housing Quality	0.5	0.0	0.0	0.2
3	Immunization	1.8	1.5	2.7	2.0
3	Infectious Disease	1.9	0.7	1.3	1.3
6	Injury	1.6	2.9	1.8	2.1
8	Maternal/Infant Health	1.1	1.6	1.1	1.3
6	Mental Health	2.3	2.0	2.2	2.2
2	Neighborhood	1.3	1.0	0.5	0.9
3	Obesity	2.2	2.2	1.3	1.9
4	Oral Health	0.8	0.8	0.4	0.7
12	Other Chronic Diseases	2.2	2.0	2.0	2.0
8	Overall Health	1.6	2.4	1.6	1.9
4	Physical Activity	1.7	2.3	1.1	1.7
3	Sexual Health	1.7	2.0	1.7	1.8
6	Social & Community Context	2.8	2.8	1.8	2.4
14	Substance Use	2.7	2.3	1.9	2.3
3	Transportation	0.7	0.9	1.2	0.9

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

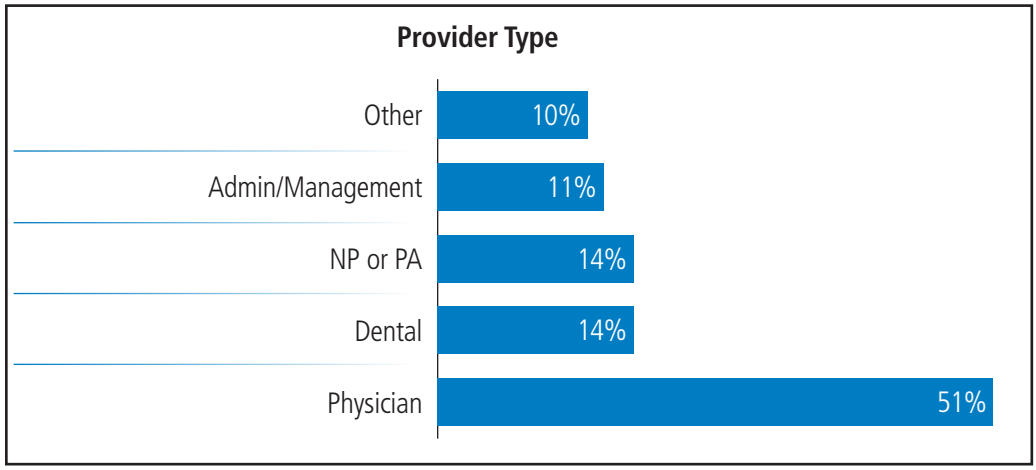
Appendix B
Assessment Data Tables - cont'd

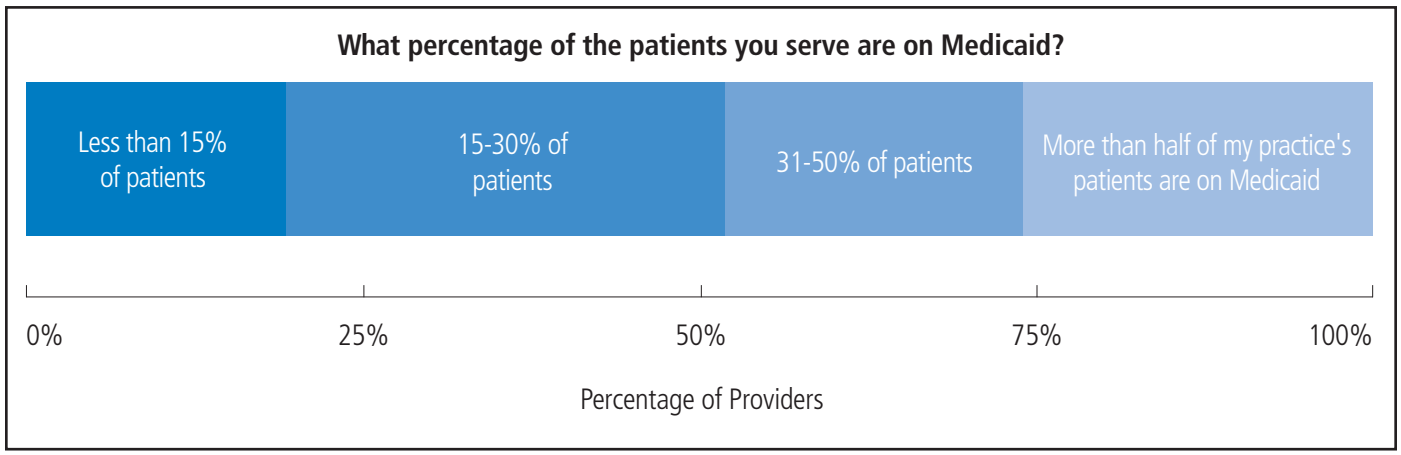
Secondary Data Limitations

- 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 US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some is data missing for some counties - as a result, the "regional average" may not include all counties in the region.
- Some Topic Areas had only one or a few indicators included in it; access to other relevant indicators may shift the score and paint a different picture. 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:
91 (Providers serving Cheboygan, Montmorency, and Otsego Counties)



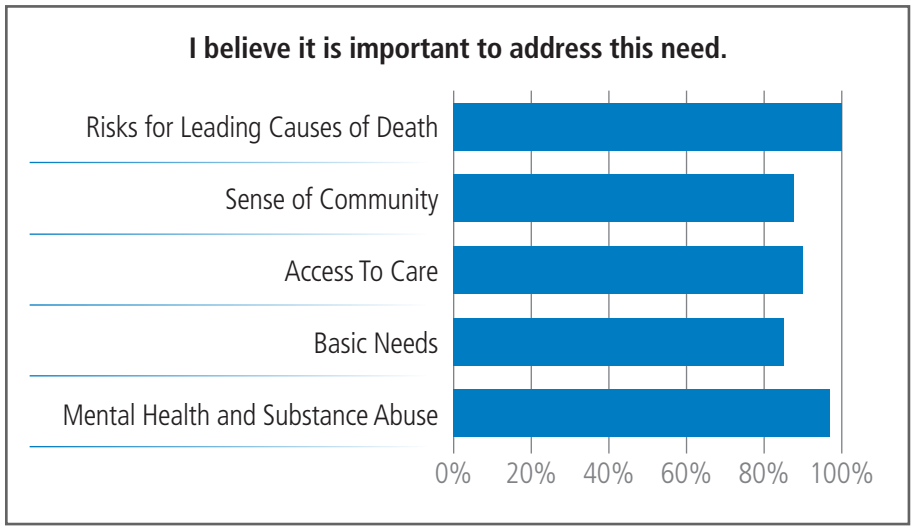


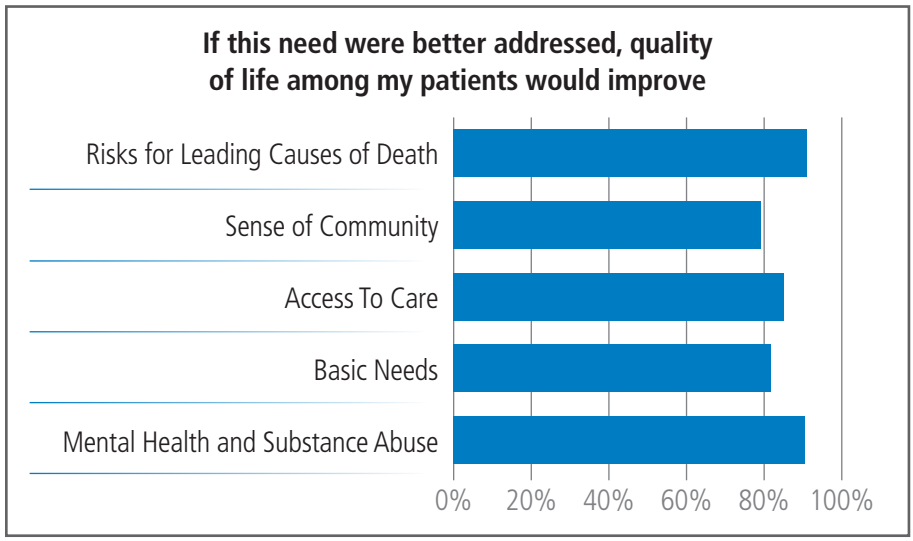
Strategic issues ranked from 1 (need to address first, most urgent) to 5 (least urgent).

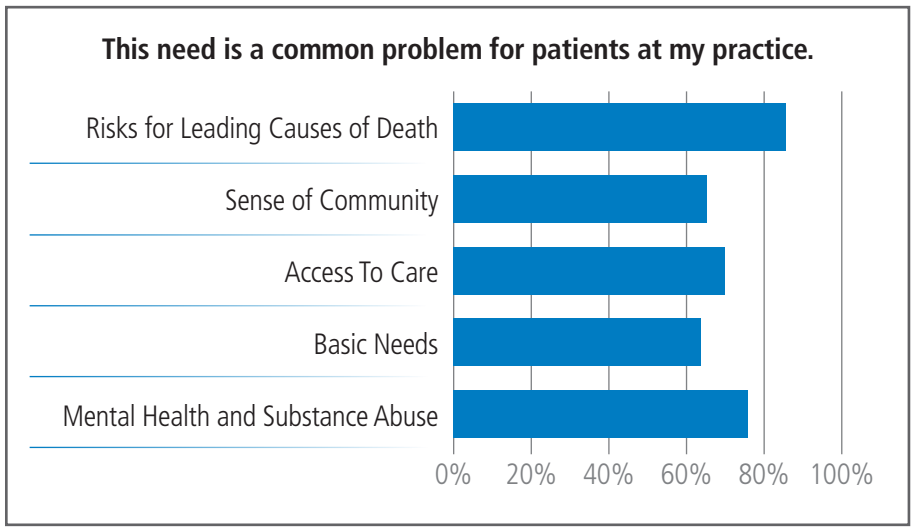
1. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
2. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
3. Make it easier for people to get the health care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



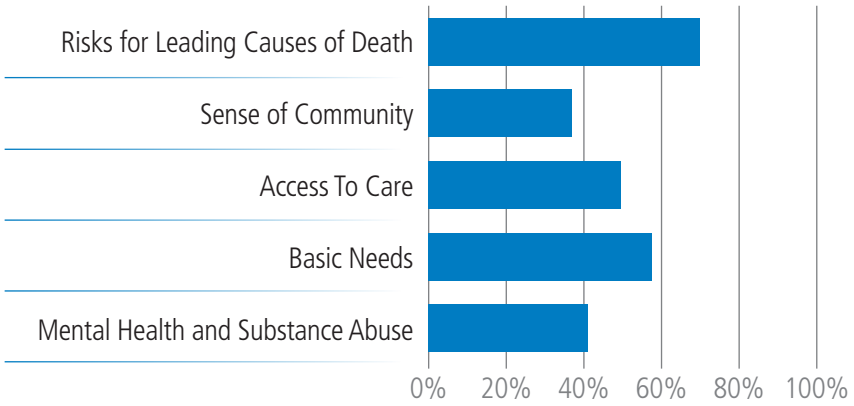




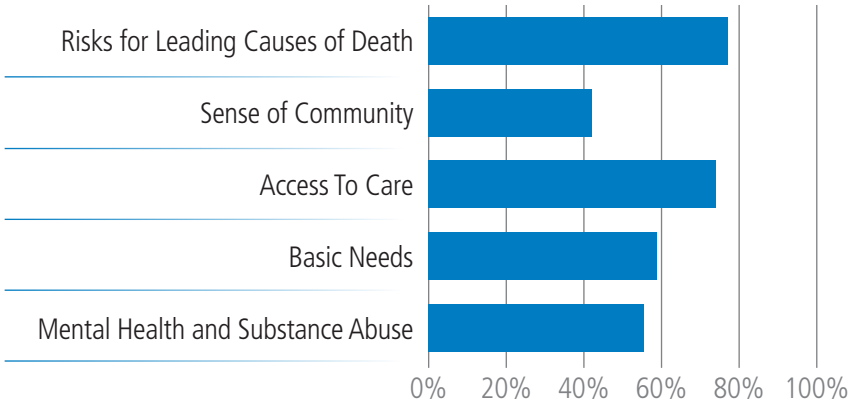
Appendix C
Health Care Providers Survey - Results, cont'd

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

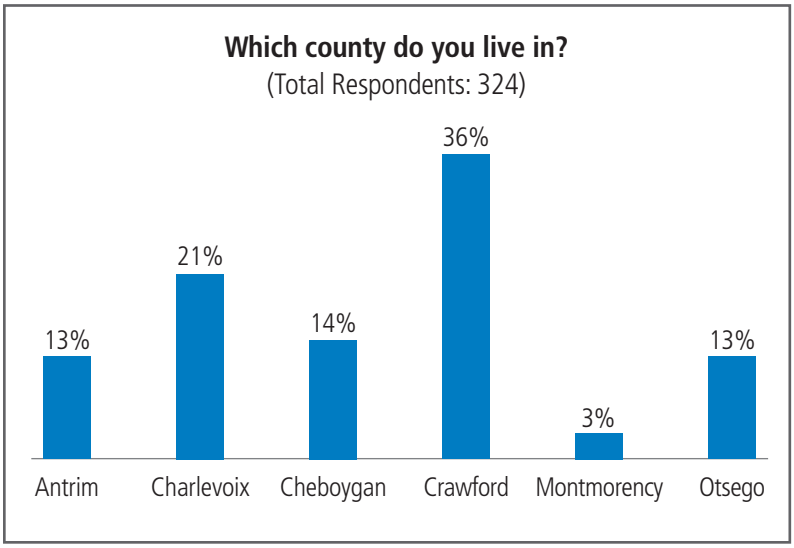
Resources are available to help patients address this need.

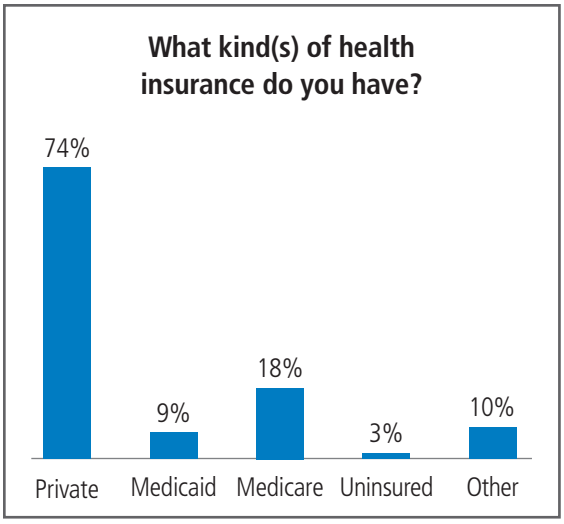


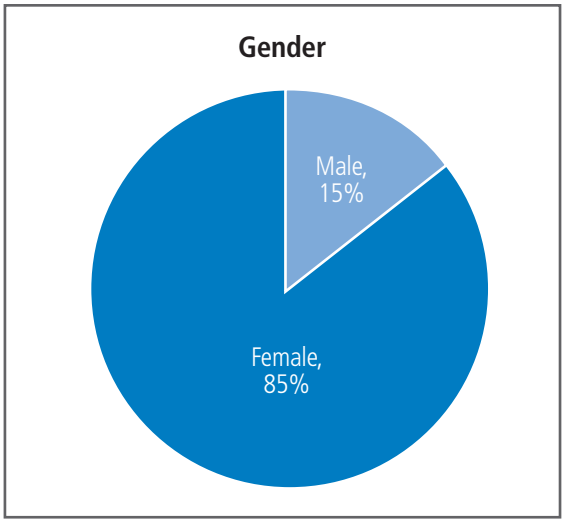
My practice is currently working to help patients address this need.



Appendix D
Community Survey - Results





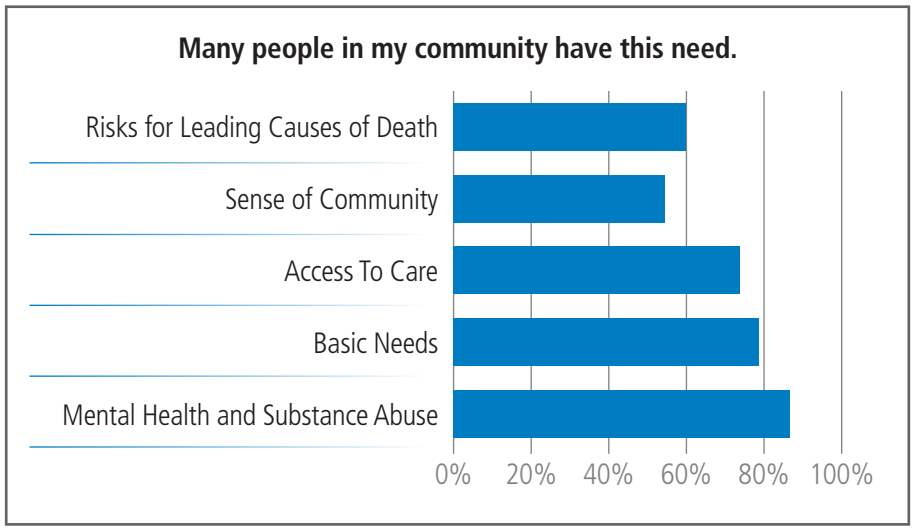


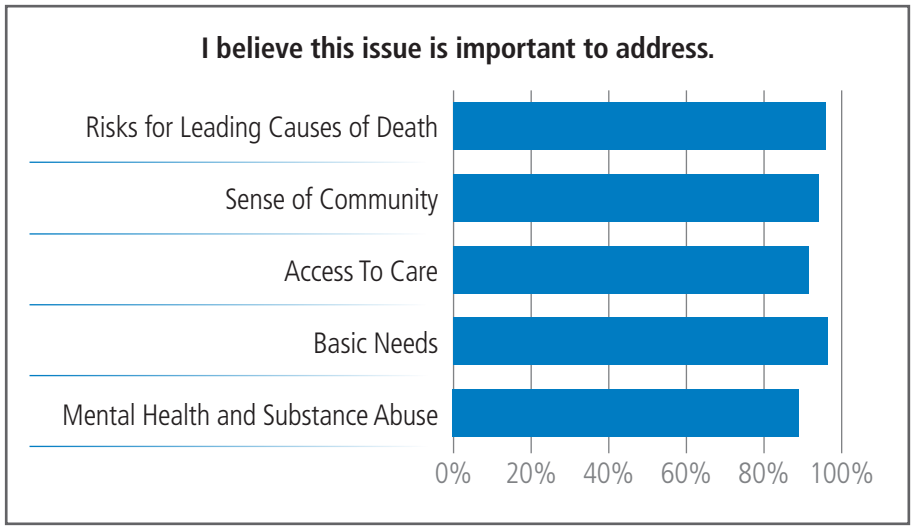
Strategic issues ranked from 1 (need to address first, most urgent) to 5 (least urgent).

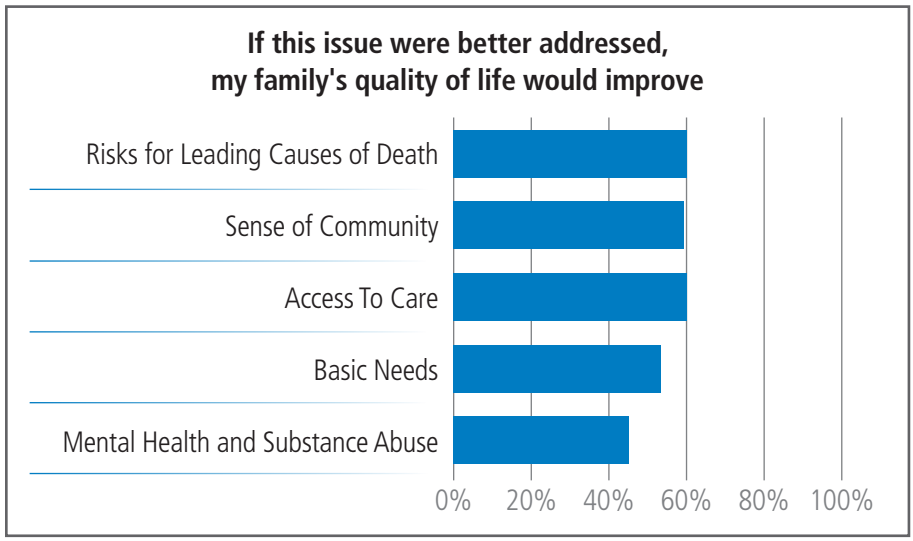
1. Make sure everyone can meet basic needs, like food, housing, safe water, transportation, etc.
2. Make it easier to get help for mental health and substance use, including better prevention (e.g. mental illness, alcohol, tobacco, drugs, vaping, etc.)
3. Make it easier for people to get the health care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

Appendix D
Community Survey - Results, cont'd

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

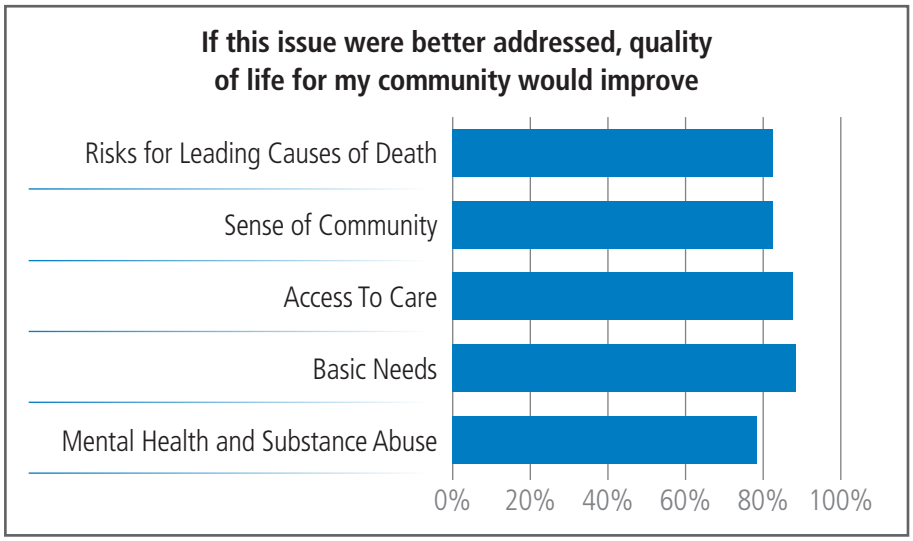


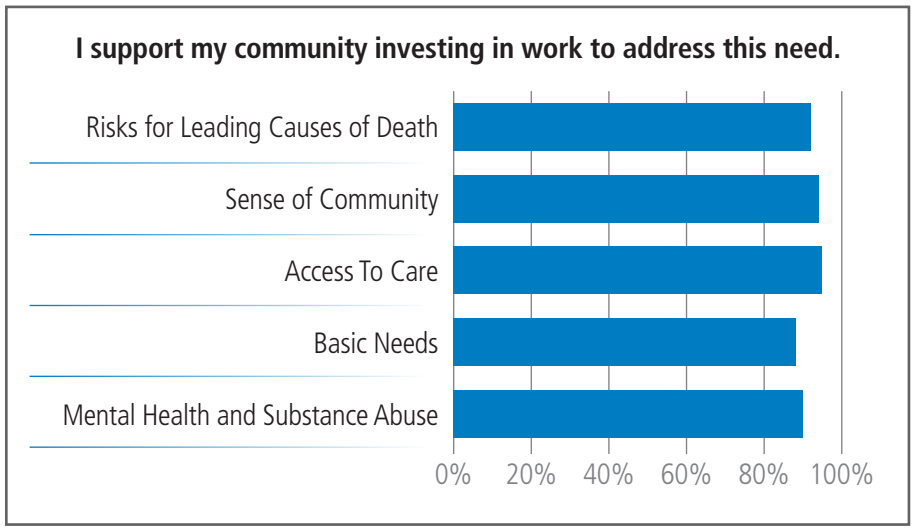


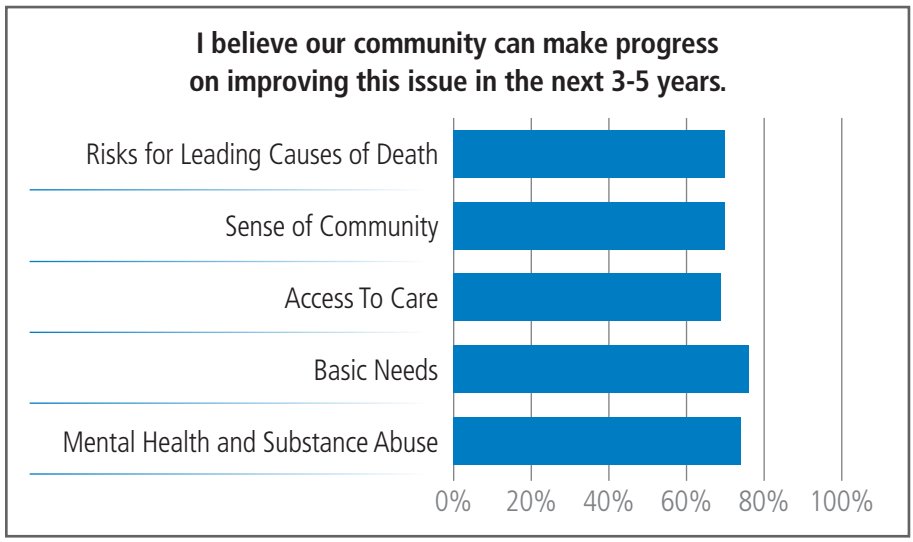


Appendix D
Community Survey - Results, cont'd

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

- Catholic Human Services
- Community Mental Health
- Harbor Hall
- Sunrise
- Munson Medical Center Treatment Center
- Addiction Treatment Services
- Bear River Health
- Kairos Healthcare
- New Hope House for Men
- New Hope House for Women
- Northern Michigan Regional Entity
- RISE
- NEMSAS Recovery Center
- Michigan Therapeutic Consultants
- North Country Community Mental Health
- Northern Family Intervention
- Old Town Psychological Services
- District Health Department-Smoking Cessation
- Michigan Tobacco Quit Line
- MI Open
- Northern Michigan Crisis Hotline

Strategic Priority: Access to Basic Needs of Living

- Dental Clinics North
- Health Departments
- Delta Participation Dentists
- Healthy Michigan Plan
- Munson Healthcare
- Munson Healthcare Otsego Memorial Hospital Family Practices
- MIHP
- Planned Parenthood
- Child and Family Services of Northeast MI, Inc.
- Catholic Human Services
- MSHDA
- MSU Extension
- Mary Margaret House
- Michigan Dept. of Health and Human Services
- Michigan Works
- New Life Pregnancy Center
- Northeast Michigan Community Service Agency, Inc.
- Northwest Michigan Community Health Agency
- Otsego County Commission on Aging
- Otsego County Housing Committee
- Otsego Haus Adult Day Services
- Patriot Place
- Rural Development USDA
- The Salvation Army
- United Way
- Women's Resource Center of Northern Michigan
- American Red Cross
- Ausable Free Clinic
- Atlanta Helping Hands
- Community Closets
- Community Food Pantries
- Habitat for Humanity
- Helping Hands
- Montmorency County Home Improvement Program
- Northern Care Center
- School Lunch Programs
- Snap Ed
- Farmers Market
- Community Lunches
- Double up Food Bucks
- Meals on Wheels
- Kiwanis Food Baskets
- Otsego NEMCSA
- COPESD
- Otsego County Family Services
- Dial a Ride
- RSVP
- Northern Michigan Integration Services
- McLaren Health Plan
- Molina Health Care
- Munson Healthcare Private Duty Transportation

Strategic Issue: Access to Health Care

- Munson Healthcare Otsego Memorial Med Care Clinic
- Munson Healthcare Otsego Memorial- Rural Health Clinics
- Munson Medical Center Rehab
- McLaren NW Acute Rehab
- Munson Healthcare Home Medical Equipment/Home Oxygen
- Home Health and Hospice Agencies
- Ambulatory Infusion Care North
- Apria Infusion Services
- Home Oxygen Providers
- Dental Clinics North
- Health Departments
- Outpatient Rehabilitation Services
- Munson Healthcare Private Duty

Appendix E
Community Assets Targeting Identified Strategic Issues, Cont.

Strategic Issue: Sense of Community
- Otsego Health and Wellness
- County Collaborative groups
- Transitional Care-Community Partners
- American Red Cross
- University Center
- Women's Resource Center
- RISK
- Local Law Enforcement agencies
- Emergency Preparedness Taskforce
- Grief Support Groups
- Compassionate Friends
- Resolve Through Sharing
- Northern Michigan Support Groups

Strategic Issue: Risks for Leading Causes of Death
- American Cancer Society
- Chronic Disease Coordinating Network
- Health Departments
- Cowell Family Cancer Center
- Mammography Assistance fund
- Chronic Disease Coordinating Network
- Traverse Heart and Vascular
- Diabetes Prevention Program
- Otsego Memorial Hospital Healthy Lifestyles Program
- MSUE
- Primary Care Providers
- Shape Up North
- Otsego County Sportsplex
- Silver Sneakers
- Commission on Aging
- Local Fitness and Sports Clubs
- Gaylord Community Center
- Northwest Michigan Chronic Disease Prevention Coalition
- Primary care providers
- Ryan Dobry Diabetes Charity

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.