



Partnering with MUNSON HEALTHCARE



# 2013 Community Health Needs Assessment

For Antrim, Benzie, Grand Traverse,  
Kalkaska, and Leelanau counties



## Kalkaska Memorial Health Center

As part of the Munson Healthcare system, Kalkaska Memorial Health Center (KMHC) offers quality, personalized care for primary and urgent medical needs, as well as access to more than 20 visiting medical specialists from **Munson Medical Center** in Traverse City who provide services not often found in a small community.

Opened in 1953, KMHC recently improved access to quality services through \$22 million in construction, including a 12-station **dialysis center**, an **assisted living complex**, and an Outpatient Services Building that provides expanded space for radiology, two surgical suites for outpatient surgery, and multiple **specialty clinics**.

**Emergency and Urgent Care** are available 24 hours a day, every day. Experienced providers and nurses have around the clock access to Munson specialists.

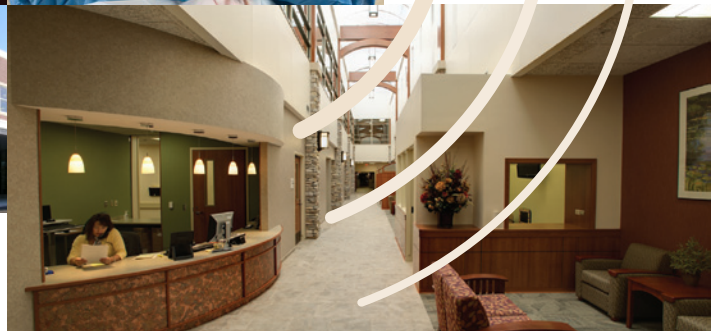
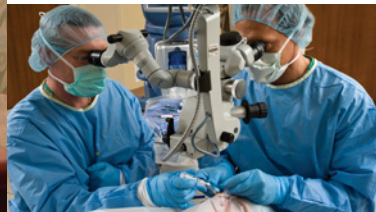
An attached 88-bed **Long-term Care Unit**, with 28 beds specially designed for dementia residents, rounds out the continuum of care.

## Award-Winning Patient Care

KMHC's medical staff, employees, and volunteers are committed to providing exceptional care in a familiar, comfortable, community-based setting. KMHC is frequently recognized for its high level of care.

Recent awards include:

- Best-In-Class Seal for HR Solutions International for ranking in the top 2 percent in their customer database of 170 organizations
- Eden Award of Excellence for Long-term Care
- Governor's Award of Excellence for Improving Patient Safety and Quality of Care in the Critical Access Setting
- Michigan Center for Rural Health Spirit of Quality Award
- Michigan Health Council Building Michigan Healthcare Workforce Award
- Michigan Rural Health Quality Improvement Awards for Customer Service in the Emergency Department, Excellence in Emergency Department Transfers, Outpatient Clinical Performance, and Patient Safety
- Navigator Award from the Michigan Quality Council



## Table of Contents

Executive Summary.....	4
Introduction.....	5
Description of the Hospitals and Communities Served .....	6
Regional Population Demographics and Challenges .....	7-8
Assessment Participants .....	9
How the Assessment was Conducted .....	9-11
Health Needs Identified .....	12-13
Hospital and Community Assets Identified .....	14
Next Steps.....	14
Appendix A - CHNA Steering Committee.....	15-17
Appendix B - Community Focus Groups .....	18-20
Appendix C - Physician Focus Group and Key Findings.....	21
Appendix D - Primary Data: Focus Group and Key Informant Interviews .....	22-27
Appendix E - Demographic and Secondary Data: Healthy Communities Institute .....	28
Appendix F - Secondary Data Sources .....	29
Appendix G - Other Community Survey Information .....	30
Appendix H - 35 Identified Community Health Needs .....	31
Appendix I - Community Assets Targeting Identified Health Needs .....	32 -35
Appendix J - CHNA Partnering Organizations.....	36-37

## Executive Summary

A Community Health Needs Assessment (CHNA), published in 2013, was conducted by Munson Healthcare during 2012 to explore the health status of everyone living within the five-county Grand Traverse region. We wanted to pinpoint the most pressing health issues in our communities and determine three things: 1) who is affected by them; 2) who is already working on these issues and what progress is being made; and 3) what more can be done to improve the health of the people we serve?

Kalkaska Memorial Health Center (KMHC) worked collaboratively with Munson Medical Center (MMC) and Paul Oliver Memorial Hospital (POMH) to complete our CHNA. KMHC defines our service area as Antrim, and Kalkaska counties since a significant percentage of encounters with our hospital and our outpatient services are from these two counties. However, data for the 2013 CHNA was often collected over a broader five-county area including Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties in order to obtain statistical significance because of our small sample size. This broader data closely mirrored data for the two counties in our service area.

### The CHNA Process

A collaborative Steering Committee was formed in June 2011 to provide ongoing guidance through the CHNA process. This Steering Committee was comprised of health care leaders and public health officials from around the region. Ten focus groups and 16 individual interviews were conducted throughout the five-county area between January 2012 and July of 2012 to gather primary data. Participants represented multiple organizations and were individuals who have a broad knowledge of the community.

Secondary data was supplied by **Healthy Communities Institute (HCI)**. HCI offers hospitals and health systems a customizable, web-based Community Health Needs Assessment (CHNA) System. HCI collected demographics and all available data for 100 specific Health and Quality of Life Indicators in each of the five counties.

The CHNA Steering Committee synthesized and analyzed primary and secondary data. A comprehensive list of 35 health issues was compiled. The Steering Committee presented its recommendations to the Munson Community Health Committee for further review and prioritization. Final prioritization was determined by the executive leadership of MMC, KMHC, and POMH and was approved by the Munson Healthcare Board of Directors and the Munson Medical Center Board of Trustees.

### Key Findings: Where We Will Focus Our Efforts

Based on CHNA findings, MMC, KMHC, and POMH will develop and execute a community-wide health improvement plan to address the following health issues listed in alphabetical order:

- Access to care for:
  - Medical, dental, and behavioral health needs
  - Perinatal and obstetrical services
  - The uninsured and those with Medicaid
  - Those who cannot afford their medications
- Diabetes
- Maternal smoking
- Obesity

## Introduction

As part of Munson Healthcare, Kalkaska Memorial Health Center (KMHC), Munson Medical Center (MMC), and Paul Oliver Memorial Hospital (POMH) have always strongly supported community health by ensuring close to home access to top quality care. Long before health care reform became a household term, and long before there were federal mandates, Munson Healthcare was focused on improving the lives of the people it serves by helping them achieve and maintain good health. As a regional health care system, Munson Healthcare approaches each decision about its care and services by first asking, “What is the best thing for patients?” That question guides everything we do, including routine assessment of our communities’ most pressing health needs.

The 2010 **Patient Protection and Affordable Care Act** requires non-profit, tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy to meet identified needs.

## Munson Healthcare Mission

Munson Healthcare and its partners work together to provide superior quality care and promote community health.

Munson Healthcare has conducted Community Health Needs Assessments since 1995. Our first CHNA was completed under the leadership of the North Central Council of the Michigan Hospital Association, local health departments, and a multi-agency committee. This group commissioned a household survey to provide a comprehensive profile of the health status of residents in the 21 counties of northern Lower Michigan. The survey was repeated in 2000 across the same counties. In 2008, a CHNA was performed by analyzing available secondary data and obtaining the input of several key informant community leaders in the 11-county Munson Healthcare service area. These previous assessments led to the development of several successful key multi-stakeholder health initiatives, such as **Healthy Futures** and Let’s Get Moving Northern Michigan.

Each of our CHNAs has explored the health status of the total population within our geographical area and has provided guidance as to where our improvement efforts should be concentrated, as well as identified where progress has been made. The 2013 CHNA was an exhaustive and comprehensive assessment that resulted in clear findings, providing solid direction for our hospitals, and others in the community involved in providing health services.

The complete CHNA is available online for review at [munsonhealthcare.org/chna](http://munsonhealthcare.org/chna). We will publish our next CHNA in 2016.

## Description of Hospitals and Communities Served

### Kalkaska Memorial Health Center

KMHC is a township-owned, Michigan Critical Access Hospital managed by Munson Healthcare and located in Kalkaska, Mich. KMHC is 30 miles east of Munson Medical Center and provides extensive outpatient services, including some surgeries, 24-hour emergency care, a dialysis center, as well as an assisted living center, an 88-bed Eden Center long-term care facility, and limited acute inpatient care (eight licensed beds). KMHC also operates two adolescent health clinics supported by Michigan Department of Community Health grants.

Kalkaska is a small, rural community that serves as the county seat of Kalkaska County. The county has 561 square miles of abundant natural resources with numerous recreational opportunities. More than 80 inland lakes and 275 miles of streams and rivers, along with numerous state and county parks, allow residents and visitors to get close to the natural beauty that surrounds Kalkaska. Other amenities include ball fields and horse barns built by active equestrian clubs. Snowmobile, motocross, and horseback riding enthusiasts enjoy numerous marked trails that wind their way through the county.

### Munson Medical Center

Located in Traverse City, Mich., MMC is the largest hospital in northern Lower Michigan with 391 licensed acute care beds. It has a national reputation for quality, and has been named a *Top 100 Hospital* 14 times. Munson is designated as a Rural Referral Center by the Centers for Medicare and Medicaid Services (CMS) and is also recognized by CMS as a Sole Community Hospital. Because of this status, it is equipped to provide critical care to patients from 24 counties in northern Lower Michigan and the eastern Upper Peninsula. More than 500,000 people served by MMC reside across 11,000 square miles. MMC's primary service area is composed of five counties: Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau. These five counties

are considered the community served by the hospital because nearly 67 percent of the MMC inpatient population lives in the primary service area.

The five-county Grand Traverse region is a four-season mecca for outdoor enthusiasts, with abundant natural beauty and recreational resources. The region is nationally known for fruit and wine production, a growing microbrew and spirits industry, and a vibrant art community. The region is often included on "top lists" for places to retire, vacation, pursue outdoor sports, etc.

### Paul Oliver Memorial Hospital

One of eight hospitals in the Munson Healthcare system, POMH offers quality, personalized care for primary and urgent medical needs, primarily to the people of Benzie County. Located in Frankfort, Mich., about 40 miles southwest of Traverse City, POMH became an owned subsidiary of Munson Healthcare in 1986. Because of its rural location, POMH is designated as a Michigan Critical Access Hospital; it was the first hospital in Michigan to attain that status. Emergency, laboratory, radiology, dialysis, and rehabilitation services at POMH are networked with Munson Medical Center to ensure prompt, convenient diagnosis and treatment. POMH has limited acute inpatient care (eight licensed beds), as well as a 39-bed Living and Rehabilitation Center. Because the care center is hospital-based, physicians and emergency medical care are available 24 hours a day.

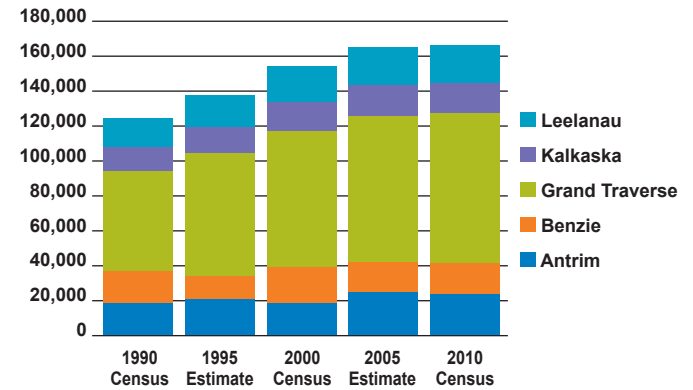
POMH enjoys strong community support that has allowed it to obtain advanced technology not often found in hospitals of its size, including an 80-slice CT scanner and digital mammography. Frankfort is a small, scenic community on the Lake Michigan shoreline, nestled between Sleeping Bear Dunes National Lakeshore and the Elberta Bluffs. Its natural harbor makes it a favorite stop of boating enthusiasts. It also is home to a thriving arts community. POMH serves all communities in Benzie County, including Benzonia, Beulah, Honor, Lake Ann, and Thompsonville. Benzie County is the smallest of Michigan's 83 counties.

## Regional Population Demographics and Challenges

Nearly 167,000 individuals resided in the five-county primary service area in 2010, or roughly 1.7 percent of Michigan's total population. By 2020, people age 60 and older are expected to comprise 25 to 33 percent of the five-county resident population, with the fastest growing demographic being those 85 years and older. Population racial makeup is about 95 percent White, 2 percent Hispanic, 1.5 percent Native American, 1 percent African American, and 0.5 percent other.

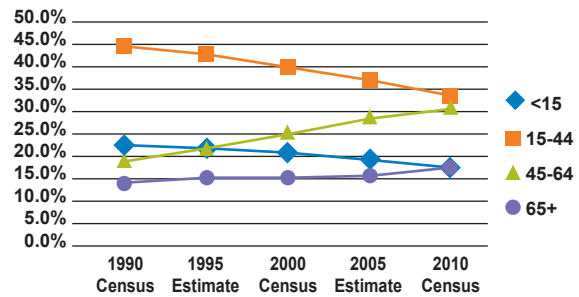
### Total Population Growth

1990 - 2010 for 5-County Area



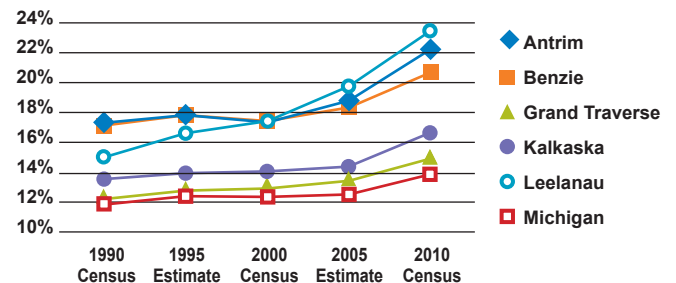
### Population Growth

By Age Group for 5-County Area



### Population Age 65 and Older

5-County Area



## Regional Challenges

Significant health concerns in the region include: chronic health conditions inherent in an aging population, increasing rates of obesity and diabetes, substance use and abuse, mental health needs, and high rates of maternal smoking. The following three factors contribute to health care access issues in the region.

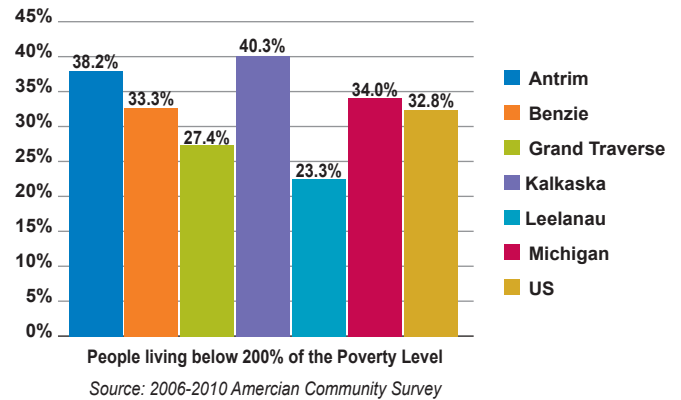
### Seasonal Employment/Low Income

The five-county region is bordered by Lake Michigan and its many scenic attractions support a thriving tourism industry. Agriculture and small business also are prevalent. However, the number of permanent residents living below the poverty line is high because many hospitality-based jobs are seasonal and continuous permanent employment is often difficult to find. Unemployment is often in double digits. Many residents lack health insurance coverage because of the temporary and part-time nature of employment. Many businesses have fewer than 50 employees, which can make health coverage expensive to purchase. In many communities, up to 60 percent of school children qualify for free and reduced price lunch, and 45 percent of all births are covered by Medicaid.

Income is one of the most consistent determinants of health status. Those living in poverty are at much higher risk of poor health. Poverty often leads to an inability to obtain health care. Conversely, poor health also can lead to poverty as health care expenditures increase and the ability to work decreases.

## Poverty in the Five-County Area

People Living Below 200 percent of the Federal Poverty Level



## Aging Population

Population growth among those age 65 years and older has significant impact on community health issues because risk for most chronic diseases increases with age and older residents tend to have more health care needs. It is estimated that between 15 - 23 percent of individuals in the five-county region are over the age of 65 years, compared to a state average of 13.8 percent. Some of this can be attributed to the aging “baby boomer” population, as well as the fact individuals are living longer. However, our region has had a larger population of seniors since the first area CHNA in 1995. Retirees continue to move to the area. The Traverse City region was named one of the 10 best places to retire in 2012 by US News and World Report.

## Geography

Access to health care is a primary challenge because of distance, a limited number of providers currently accepting Medicaid, transportation costs, and a high rate of uninsured and under-insured residents. Residents in rural areas sometimes have to travel more than an hour to receive basic health care services.



## Assessment Participants

A collaborative 12-member Steering Committee guided the CHNA process. This Steering Committee was comprised of hospital leaders and public health officials, as listed in **Appendix A**.

As the CHNA process progressed, 129 individuals from multiple area organizations were involved to ensure input from those who have a broad knowledge of the community. See **Appendix B** for a list of agencies and their representatives participating in focus groups.

A group of key physician leaders from the region also was consulted for input. See **Appendix C** for a list of physicians who participated.

## How the Assessment was Conducted

### Primary Data Collection

Individuals possessing broad knowledge of all segments of the five-county area participated in 10 focus groups to help assess health care needs. Sessions were conducted with five area county collaboratives, as well as people living in poverty, youth, those who provide services to seniors, and behavioral health providers. These groups were selected because of their knowledge of people and areas most impacted by health disparities. Behavioral health providers were an important initial focus group because there is almost no secondary mental health data available. All focus groups were asked the following four questions:

- What are the most important health issues in our community?
- Who (what population) is most affected by this issue?
- Why is this issue a priority?
- Who in the community is already working on the issue and what are they doing about it?

Focus groups serving a specific population (i.e. seniors, behavioral health) were asked about health needs specific to the group's area of expertise. Each focus group determined a comprehensive list of health needs, then prioritized its top four to six health needs (see Appendix B for details about focus group members and Appendix D for additional details on primary data collection). All focus groups were conducted between January 2012 and July 2012.

In addition, 16 key informant interviews were conducted between January 2012 to July 2012 with individuals from the courts, area foundations, free and Federally Qualified Health Center clinics, the migrant clinic, the tribal clinic, organizations who serve seniors, and adolescent health clinic providers to assess the greatest health needs they observe. Key informants were asked the same four questions as the focus groups, focusing on their specific population area of expertise. Key informants were chosen because of their knowledge of people and areas most impacted by health disparities (see **Appendix D** for more details on primary data collection and key informants).



## Secondary Data Collection

The CHNA Steering Committee took a three-pronged approach to secondary data collection:

Healthy Communities Institute (HCI) was engaged to collect demographics and all available data for 100 specific Health and Quality of Life Indicators in each of the five counties. Health and Quality of Life Indicators were then embedded on the Munson Healthcare website in a visual dashboard format for the public. Public availability on the Munson Healthcare website meets an IRS Form 990 Schedule H requirement. A description of HCI and HCI Indicator Methodology is listed in **Appendix E**. **Appendix F** lists sources of data collected by HCI. For a comprehensive review of all the secondary data collected by HCI, go to [munsonhealthcare.org/CHNA/Community-Dashboard](https://munsonhealthcare.org/CHNA/Community-Dashboard).

Ten recent community needs assessment surveys conducted by other organizations were collected, summarized, and shared with the CHNA Steering Committee. After reviewing the summary report, the Steering Committee concluded the information collected should only be considered supportive in nature. A list of the needs assessment reports and additional details are listed in **Appendix G**.

Information related to diabetes was obtained from the Northern Michigan Community Diabetes Survey for the Northern Michigan Diabetes Initiative (NMDI), conducted by Northwestern Michigan College in 2007 and repeated in 2012.

## Data Analysis and Methodology

The CHNA Steering Committee analyzed primary and secondary data to produce a list of 30 specific health issues in 10 key areas. Health issues were automatically included if secondary data from HCI indicated a county ranked in the lowest quartile for a specific health area. The Steering Committee combined similar issues, for example all socioeconomic issues related to poverty, or all issues related to cancer. The list was presented to a focus group of selected physician leaders who could best represent community health need concerns. They validated all 30 health issues on the list and identified additional health issues (see **Appendix C** for a list of providers consulted and further details of methodology involved). The complete list of 35 identified community health needs appears in **Appendix H**.

The Steering Committee prioritized 35 health issues by using the following criteria:

- The ability to significantly improve the health of individuals, provide benefit to a significant portion of the population, reduce waste, variation, and health care costs by addressing the issue
- Issue was included in Healthy People 2020, which indicates an opportunity for improvement in the service area
- The availability of community resources ready, willing, and able to address the problem
- The potential for measurable progress
- The likelihood of sustainability

The Steering Committee presented recommendations to the Munson Community Health Committee (CHC) for further review and prioritization.

## What is the Community Health Committee (CHC)?

The CHC is a Munson Healthcare Board committee that provides focus and oversight to the community health activities of Munson Healthcare. The CHC is made up of board members from Munson Healthcare and system hospitals, as well as area physicians, public health officials, and community members. The CHC meets at least quarterly to review existing programs and services related to current community health needs, consider the Munson Healthcare response to any emerging health trends as identified by the Community Health Needs Assessment, and review any new community health-based collaboration or program. The CHC is responsible for communicating the significance of Munson Healthcare community benefit programs and services.

As the CHC prioritized the list of 35 identified community health issues, it also considered the following:

- Does this issue align with Munson Healthcare's core principle for community health (improve access to care, especially for uninsured and underinsured, disenfranchised, youth and elderly, or focus on chronic disease prevention and management)?
- Will this issue help us promote efficient use of hospital/health care people and resources?
- Is the hospital the most appropriate organization to take a lead role in this particular issue?

CHC recommendations were presented to the executive leadership of MMC, KMHC, and POMH. Final prioritization was determined by the executive leadership of MMC, KMHC, and POMH and approved by the Munson Healthcare Board of Directors and the Munson Medical Center Board of Trustees.

## Data Gaps Identified

The CHNA process identified the following key information and data gaps:

- Secondary data was not available on high school youth health behaviors in all five counties. In both Benzie and Kalkaska counties, not enough schools participated in the Michigan Profile for Healthy Youth (MiPHY) in 2010 to allow the data to be made public. Community leaders have been informed of this gap and are working with the schools to have this data available for the 2016 CHNA.
- Secondary data is limited regarding dental needs and behavioral health needs in the general population in the five-county area. Dental health data is only collected biannually on the Behavioral Risk Factor Surveillance System (BRFSS) and sample size of the five-county area combined is limited ( $n < 200$ ). Behavioral health data also is limited in the BRFSS due to question type and small sample size. Other behavioral health data is agency specific and not easily generalizable.
- Data often is not available on an individual county level in our rural area because of population size. For example, American Community Survey offers single year estimates only for geographic areas with populations of 65,000 or more. Even after combining multiple years of data, some counties still have too small a sample size to have a reliable measurement for health outcome measurements. An example of this is smoking rates in Kalkaska County, as reported by the County Health Rankings, with data from the BRFSS.
- Much organizational data collected is regional. Because regions are often defined differently, data may not always be able to be analyzed, maintained in reasonable confidence intervals, or collected in the exact same manner. Therefore, that data is not generalizable to the five-county area.

## Health Needs Identified

Overall, the health needs of the general community and those of the uninsured, low income, and minority groups are the same. The following areas emerged as top issues.

### Access to Behavioral Health Services

This issue was cited in almost every primary data source. Reasons given for behavioral health access issues included:

- A fragmented behavioral health system
- Difficulty accessing services for those with mild to moderate behavioral health issues
- Challenging transportation issues for those living in rural areas
- Lack of providers for some specialized services, such as children and substance abuse treatment

### Access-to-Care Issues

The following access-to-care issues were cited in either primary or secondary data:

- A lack of providers accepting new Medicaid patients
- Adults and children who are without health insurance coverage
- An inability to afford medications
- Increased need for preventive care services
- Lack of access to dental care for people in poverty
- Lack of access to perinatal and obstetrical services in rural areas
- Likelihood of increasing chronic disease as population ages

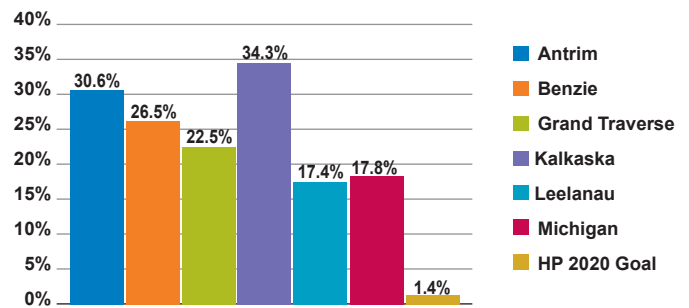
Both primary and secondary data indicated that people who live in poverty or have limited means have a particularly difficult time accessing health services.

## Maternal Smoking

High rates of tobacco use among pregnant women in the five-county region is an identified health risk for mothers and their infants. Maternal smoking rates in four of the five counties are higher than the state average, and all counties have significantly higher rates of maternal smoking than the Healthy People 2020 goal.

### Maternal Smoking

Percentage of birth mothers who smoked during pregnancy



Source: Michigan Department of Community Health, 2010

## Obesity and Diabetes Epidemic

Obesity was identified as a top health risk by youth, minority populations, people in poverty, health care providers, the CHNA Steering Committee, the CHC, and Munson Healthcare administration. Approximately one-third of residents living in the five-county area are obese (BMI greater than 30) and another one-third are overweight. Overweight and obesity rates are even higher in minority populations and those living in poverty. Obesity contributes to increased costs associated with chronic diseases, as well as the prevalence of diabetes. The 2012 Northern Michigan Diabetes Initiative Community Diabetes Survey notes the prevalence of diabetes for the five-county region is 14.2 percent, which is higher than the prevalence of diabetes at the state level.

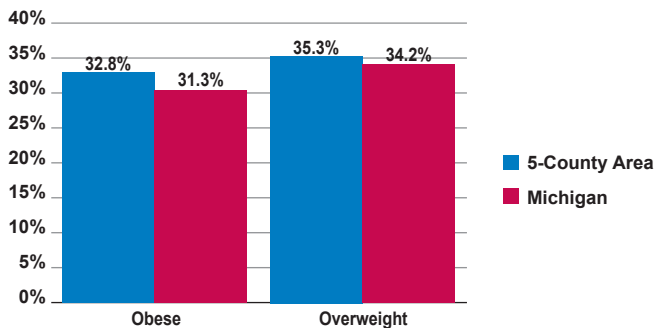
## Our Top Priorities

Based on results of an extensive prioritization process, Kalkaska Memorial Health Center will focus on the following issues listed in alphabetical order:

- Access to care for:
  - Medical, dental, and behavioral health needs
  - Perinatal and obstetrical services
  - The uninsured and those with Medicaid
  - Those who cannot afford their medications
- Diabetes
- Maternal smoking
- Obesity

### Obesity in the Five-County Area

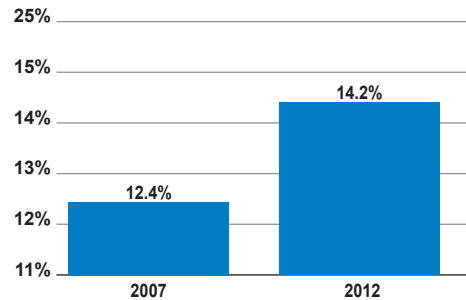
Rates of those overweight and obese in 2011



Source: 2011 Behavioral Risk Factor Surveillance System

### Diabetes in the Five-County Area

Rates of diabetes in 2007 compared to 2012



Source: 2007 & 2012 Northern Michigan Diabetes Initiative Community Diabetes Survey

NOTE: Type II diabetes follows obesity.  
14.2% is equivalent to almost 28,000 people

## Hospital and Community Assets Identified

The CHNA identified a large number of community assets. See **Appendix I** for a list of established community services that are partially or fully meeting identified health needs. These services include the three hospitals and their community benefit programs, a community clinic for the uninsured and two Federally Qualified Health Centers, county health plans, multiple foundations, non-profit organizations, county collaboratives, and government services. All of these groups have a long, strong history of working together to meet needs. See **Appendix J** for a list of CHNA partnering organizations.

These community assets were identified by our focus groups and during individual interviews. A comprehensive list was reviewed by the Steering Committee, CHC, and county collaborative coordinators. It is important to note that some agencies and non-profit organizations offer multiple services and all services may not be listed individually.

## Next Steps

1. CHNA results will be disseminated to community partners through various presentations to health care providers, county collaboratives, Poverty Reduction Initiative, behavioral health partners, and other interested parties.
2. The complete CHNA will be posted on the Munson Healthcare website. A copy also may be obtained by contacting Munson Community Health, Munson Healthcare Corporate Communications & Marketing, or any hospital administration office.
3. MMC, KMHC, and POMH will develop implementation strategies to address the prioritized health issues each hospital will focus on in coming months.
4. Each hospital will participate in the development and execution of a community-wide health improvement plan.



## Appendix A

### CHNA Steering Committee Members

#### **Sheila Atwood, Chief Operating Officer**

Kalkaska Memorial Health Center

With more than 20 years of nursing/health care administrative experience, an integral part of Sheila's job is representing the hospital in the community. She holds a Master of Science degree in Health Services Administration from Central Michigan University. Prior to an administrative role, Sheila worked extensively in all aspects of nursing practice, including public health.

#### **Margarita Brehmer, Director of Behavioral Health Services, Geriatric and HIV/AIDS Clinics**

Munson Medical Center

Marge has been the Director of Behavioral Health Services at Munson Medical Center for 18 years. She obtained her graduate degree in Health Services Administration from Central Michigan University. She has been involved in building community networks and collaboratives for mental health and substance abuse in northern Michigan. She has successfully participated in the implementation of the Mental Health Court, the Drug Court, the Behavioral Health Network, and the Substance Abuse Network in the Traverse City area.

#### **Diane Butler, Manager, Community Health**

Munson Medical Center

During the past 13 years, Diane has represented the organization and overseen collaborative CHNAs, community health improvement planning, community benefit, and developed major community health initiatives. As a registered nurse for more than 40 years, with 25 years in management, her areas of experience include: medical, surgical, geriatrics, behavioral health, pediatrics, home care, hospice, and community health. She holds a bachelor's degree in nursing from Ferris State University, graduate certification in holistic health from Western Michigan University, and certification in gerontology from the American Nurses Association Credentialing Center.

#### **Michael Collins, MD, Medical Director**

Grand Traverse/Benzie-Leelanau Health Departments

Dr. Collins has been Medical Director of the Grand Traverse and Benzie-Leelanau Health Departments for 18 years. He holds a master's degree in Epidemiology from Michigan State University and is a long-time member of the Munson Community Health Committee, which makes recommendations on discretionary spending to the Munson Healthcare Board. Prior to entering public health, Dr. Collins was a respected area OB/GYN.

**Kevin Hughes, Deputy Director**

District Health Department #10

Kevin has been with District Health Department #10 for 17 years and is currently the deputy health officer for the agency. He has a bachelor’s degree in Health Fitness and Health Promotion from Central Michigan University and a master’s degree in Organizational Management from Spring Arbor University. Kevin has been involved in the agency’s community health assessment efforts since 2003 and serves as an agency representative on four other hospital Community Health Needs Assessment steering committees.

**Ian Jones, Director of Corporate Communications and Marketing**

Munson Healthcare

Ian joined Munson Healthcare in 2006 and serves on the Community Benefit and Emergency Management Committees and the Security Review Board. He holds a bachelor’s degree from the University of North Carolina at Chapel Hill. Prior to joining Munson, Ian spent nine years in various roles in higher education.

**Laura Laisure, Community Health Coordinator**

Munson Medical Center

Laura has been in her position at Munson for three years. As a registered nurse for 26 years, her background is in public health, women’s health, and maternal/child health. She holds a master’s degree in Nursing Business and Health Systems from the University of Michigan.

**Peter Marinoff, Chief Operating Officer**

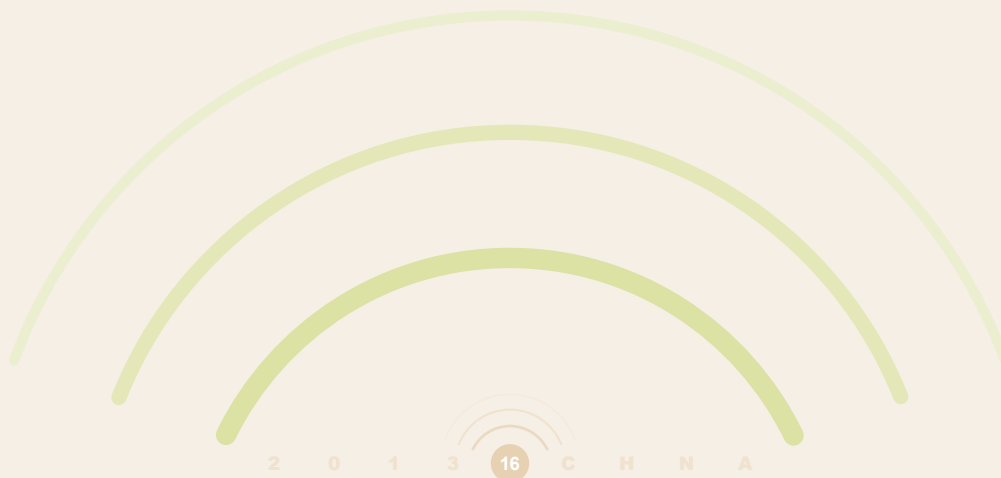
Paul Oliver Memorial Hospital

Peter has worked for Munson Healthcare for 13 years and has worked in accounting and finance, as well as his current role in administration. He is responsible for the daily operations of the hospital and representing the hospital in the community to coordinate health care in the county. He holds a bachelor’s degree in Accounting from Radford University in Radford, Virginia, and a master’s degree in Business Administration from University of Michigan.

**Jenifer Murray, Health Officer**

Benzie-Leelanau Health Department

Jenifer has worked at the health department for 15 years. She previously worked at the Genesee County Health Department and the Oakland County Health Department. She has worked in Public Health for 24 years. She holds a master’s degree in Public Health Policy and Administration from the University of Michigan and a bachelor’s degree in Nursing from Hope College. Jenifer is a member of the Munson Community Health Committee, the American Public Health Association, and the Michigan Public Health Association, in which she chaired the Public Health Nursing Section for six years.





**Jane Sundmacher, Public Information Officer**

Health Department of Northwest Michigan

Jane is responsible for community health assessment and improvement for the Health Department of Northwest Michigan and District Health Department #4. She is a member of the community health assessment National Work Group of the National Association of County and City Health Officials, and the Governor’s Healthy Kids Healthy Michigan Coalition. Before joining the health department in 1995, Jane was associate administrator for Community Health and Health Promotion at the Oakwood Healthcare System in the Detroit area, with academic appointments at Wayne State University and University of Michigan.

**Ad Hoc Members**

**Lyn Jenks, CEO**

Charlevoix Area Hospital

Lyn began her career in health care at Hutzel Hospital in the Detroit Medical Center after attending Wayne State University. She joined the staff at Lockwood MacDonald Hospital, then part of Northern Michigan Hospital, where she held positions ranging from Director, Administrative Services to Vice President of Marketing and Planning, to President of the Northern Michigan Hospital Foundation. From 1988 - 2012, Lyn was a consultant in governance, leadership, fund development, and planning. Lyn is currently Chief Executive Officer of Charlevoix Area Hospital in Charlevoix, Michigan, and the Lead Facilitator for the Michigan Hospital Association’s Excellence in Governance Fellowship.

**Mary Beth Morrison, Vice President,  
Planning and Operations Improvement**

Munson Healthcare

Mary Beth earned a bachelor’s degree, master’s degree in Industrial and Operations Engineering, and master’s degree in Health Services Administration from the University of Michigan. She joined Munson Medical Center in 1982 after working at Harper-Grace Hospitals in the Detroit Medical Center. Her responsibilities include managing several staff functions, including Strategy and Planning, Performance Services, Community Health initiatives, Knowledge Management Services, and Clinical Informatics.



## Appendix B

### Community Focus Group Participants

Antrim and Kalkaska County Collaborative

Antrim and Kalkaska County Community Collaborative -  
Ranae McCauley, Coordinator

Area Agency on Aging - Denise Plakmeyer, Executive Director

Catholic Human Services of Northern Lower Michigan -  
Mary Beth Novak, Host Homes for Homeless Youth  
Program Coordinator

Communities in Schools, Mancelona - Amy Burk,  
Executive Director

Department of Human Services, Antrim County -  
Pat Simmons, Director

Department of Human Services, Antrim County -  
Paula Sweet, Social Services Supervisor

Father Fred Foundation - Deb Haase, Client Assistance  
Administrator

Good Samaritan Family Services - William Broadwick,  
Development Director

Goodwill Industries Northern Michigan - Pam Cuthbert,  
Director of Veterans Programs

Goodwill Industries Northern Michigan - Rachel Russell,  
Representative

Grand Traverse/Kalkaska/Leelanau Department Human  
Services - Maureen Clore, Services Supervisor

Grand Traverse/Kalkaska/Leelanau Department Human  
Services - Tony Ryan, Community Resource Manager

Lutheran Child and Family Services of Michigan -  
Mary Ott, Representative

Lutheran Child and Family Services of Michigan -  
Amber Swift, Representative

Michael's Place - Nancy Elmore, Program Director

Michigan State University Extension Services - Denise Aungst,  
Family Consumer Science Educator

North Country Community Mental Health - Carole Doherty,  
Associate Director

North Country Community Mental Health - Julie Moran,  
Associate Director

Northwest Michigan Community Action Agency, Head Start -  
Shanon Phelps, Representative

Northwest Michigan Community Action Agency, Homeless  
Prevention - Larissa Galnares, Budget and Housing Counselor

Northwest Michigan Council of Governments - Lisa Anderson,  
Northwest Michigan Works Youth Program Coordinator

Northwest Michigan Council of Governments, Prisoner  
ReEntry - Rob Dickinson, Resource Assistant

SEEDS - Jana Lanning, Kalkaska Outreach Coordinator

Bay Area Senior Association Focus Group

Alliance for Senior Housing - Connie Hintsala, Owner

Comfort Keepers - Judi Maloney, Marketing Director

Grand Traverse County Commission on Aging -  
Georgia Durga, Director

Integrity Home Health Care - Tammy Tersa, Owner

Monarch Home Health - Amy Northway, Owner

Northwest Michigan Community Action Agency, Meals on  
Wheels - Lisa Robitshek, Senior Nutrition Manager

Northwest Michigan Council of Governments - Jean Peters,  
Healthcare Regional Skills Alliance Coordinator

Senior Helpers - Erin Simon, Owner

Sunshine Villages - Nathan Moore, Co-owner

Sunshine Villages - Megan Witt, Co-owner

Behavioral Health Focus Group

Catholic Human Services of Northern Lower Michigan -  
Dave Martin, President and CEO

Centra Wellness - Chip Johnston, Executive Director

Grand Traverse County Probate Court - David Stowe,  
Family Court Judge

Munson Medical Center - Marge Brehmer, Director of  
Behavioral Health

Munson Medical Center - Kristi Johnson, Emergency  
Department Manager

Munson Medical Center - Dale Owen Jr., MD, Psychiatric  
Service Line Director

North Country Community Mental Health - Carole Doherty,  
Associate Director

Northern Lakes Community Mental Health -  
Greg Paffhouse, CEO

Northern Michigan Substance Abuse Services -  
Sue Winter, Director

Pine Rest Traverse City Clinic - Bill Paxton, Director

Third Level Crisis Center - Mickie Jannazzo,  
Clinical Service Director

Traverse Health Clinic - Rick Sanok, PhD,  
Psychological Services Coordinator

Benzie County Human Service Collaborative

Advent Lutheran Church - Abby Cudney, Ministry Coordinator

Benzie Area Christian Neighbors - David Abeel,  
Development Director

Benzie Area Christian Neighbors - Gerri Vanantwerp,  
Executive Director

Benzie Area Ministerial Association - Barbara Fay,  
Representative

Benzie County - Mark Roper, County Commissioner

Benzie County Human Service Collaborative -  
ason Potes, Coordinator

Benzie-Manistee Department of Human Services -  
Kris Legios, Director

Centra Wellness (Manistee/Benzie Community Mental Health)  
- Chip Johnston, Executive Director

Disability Network of Northwest Michigan - Kristina Zink,  
Volunteer Coordinator

Father Fred Foundation - Deb Haase, Client Assistance  
Administrator

Goodwill Industries Northern Michigan - Nate Taylor,  
Housing Support Services Representative

Great Start Collaborative - Cynthia Corey, Early  
Childhood Specialist

Habitat for Humanity - Helen Scott, Chairperson

Northern HealthCare Management - Pat Hess,  
Housing Coordinator

Northwest Michigan Community Action Agency -  
Billie Hedglen, Foreclosure Counselor

Northwest Michigan Community Action Agency (Early Head  
Start) - Kim Micham, Family Resource Specialist

Northwest Michigan Community Action Agency -  
Barb Stricker, Budget and Housing Counselor

The Salvation Army - Martie O'Herron, Representative

Third Level Crisis Center - Niki Dunwiddie, Youth Services  
Outreach Manager

Grand Traverse County Collaborative

Addiction Treatment Services - Christopher Hindbaugh,  
Executive Director

Catholic Human Services of Northern Lower Michigan -  
Marybeth Novak, Host Homes for Homeless Youth Program  
Coordinator

Child and Family Services of Northwestern Michigan -  
Jim Scherrer, Chief Executive Officer

Community Member - Judy Levavitt

Community Member - Mary Marois

Disabilities Network of Northern Michigan -  
Jim Moore, Executive Director

Father Fred Foundation - Martie Manty, Executive Director

Goodwill Industries Northern Michigan -  
Elizabeth Post, Manager

Grand Traverse County - Chris Maxbauer,  
County Commissioner

Grand Traverse County, Judicial System - Greg Brainard,  
Family Court Administrator

Grand Traverse County, Planning and Development -  
Virginia Coulter, Housing Coordinator

Grand Traverse County and 211 - Herb Lemcool,  
County Commissioner

Grand Traverse County Commission on Aging -  
Ralph Soffredine, Board Member

Grand Traverse County Community Collaborative -  
Barb Lemcool, Coordinator

Grand Traverse County Health Department - Sarah Shimek,  
Community Outreach Coordinator

Grand Traverse/Kalkaska/Leelanau Department of Human  
Services - Paula Lipinski, Program Manager

Grand Traverse/Kalkaska/Leelanau Department of Human  
Services - Tony Ryan, Community Resource Manager

HUB International - Michelle London, Representative

Michael's Place - Nancy Elmore, Program Director

Michigan Works! Association, Jan Warren, Program Director

Northern Lakes Community Mental Health - Greg Paffhouse,  
Chief Executive Officer

Northwest Michigan Community Action Agency -  
John Stephenson, Executive Director

Northwestern Michigan College - Lisa Thomas,  
Director of Student Life

PEACE Ranch - Laura Nagy, Volunteer Coordinator

Telamon - Mary Moore, Field Service Representative

Traverse Bay Children's Advocacy Center - Gwen Taylor, Family Advocate

Traverse Bay Poverty Reduction Initiative - Jim Rowlett, Representative

Traverse City Area Public Schools Special Education and Early Childhood - Beth Moeggenberg, Administrative Assistant

Traverse City Area Public Schools Special Education and Early Childhood - Jill Murphy, Early Childhood Director

Traverse City Area Public Schools, Student Transition Empowerment Program (STEP) - Joanie Abbott, Coordinator

Traverse Health Clinic - Arlene Brennan, Executive Director

Traverse Health Clinic - Sherri Fenton, Director of Development

Women's Resource Center - Jo Bullis, Executive Director

Leelanau County Family Coordinating Council

Benzie-Leelanau Health Department - Kristi Gawne, Public Health Nurse

Big Brothers/Big Sisters - John Rabideau, Representative

Catholic Human Services of Northern Lower Michigan - Marybeth Novak, Host Homes for Homeless Youth Program Coordinator

Child & Family Services of Northwestern Michigan - Mary Ann Behn, Child Welfare Director

Community Member - Patty DeYoung

Department of Human Services - Sara Culbertson, Representative

Department of Human Services - Sherie Bailey, Representative

Father Fred Foundation - Deb Haase, Client Assistance Administrator

Glen Lake Community Reformed Church - Andrew Bossardet, Pastor

Glen Lake Schools - Konrad Molter, Secondary Principal

Great Start Collaborative - Mary Manner, Coordinator

Leelanau Children's Center - Maggie Sprattmoran, Executive Director

Leelanau Christian Neighbors - Chuck Cady, President

Leelanau County Family Coordinating Council - Ty Wessell, Coordinator

Leelanau County Family Court - Betsy Fisher, Court Administrator

Leelanau County Family Court - Tom Mayhew, Youth Services Counselor/Volunteer Coordinator

Leelanau County Family Court - Joseph Povolo, Juvenile Probation Officer

Leelanau County Prosecutor's Office - Kathy Dawkins, Child Support Specialist

Leelanau Outdoor Center - Marc Murphy, General Manager

Leland Public School - Laura Miller, Youth Advocate

Lutheran Child & Family Services - Mary Ott, Representative

Michael's Place - Nancy Elmore, Program Director

Michigan State University Extension - Barbara Duvall, 4H Educator

Michigan State University Extension & 4H - Karin Stevens, Program Coordinator

Northwest Michigan Community Action Agency - Barb Stricker, Budget and Housing Counselor

Northwest Michigan Community Action Agency - Billie Hedglen, Foreclosure Counselor

Parenting Communities of Leelanau County (Leelanau Children's Center) - Tricia Denton, Coordinator

Parenting Communities of Leelanau County (Leelanau Children's Center) - Katie Hafner, Coordinator

Parenting Communities of Leelanau County (Leelanau Children's Center) - Patti Wurm, Coordinator

Samaritan's Closet - Sara Brubaker, Volunteer

Third Level Crisis Center - Norvilla Bennett, Youth Services Director

Traverse Bay Area Tobacco Coalition - Lisa Danto, Nationally Certified Tobacco Addiction Specialist

## Appendix C

### Physician Focus Group

In July 2012, a group of key physician leaders met at Munson Medical Center, including:

- Laura Hill, MD, Ambulatory Care Chair
- David McGreaham, MD, Vice President of Medical Affairs
- Douglas McKay, MD, OB/GYN Chair
- Kevin Omilusik, MD, Medical Director of Emergency Services
- Dale Owen, MD, Psychiatric Service Line Director
- Cynthia Smith, MD, Pediatric Chair
- Daniel Webster, MD, Residency Program Director and Family Practice Center Representative
- Richard Woodbury, MD, Hospitalist Representative
- Key informant interviews also were conducted with Jeremy Holmes, DO, Chief Medical Officer at KMHC, and Gerard Mahoney, DO, Medical Director of Quality and community physician at POMH.

### Key Findings

Key findings of primary and secondary health issues were discussed. The physicians validated the 30 key health issues already on the list, with further concerns as follows:

#### Access

- Not enough providers for people with Medicaid
- Specialists often will not take referrals for people with Medicaid
- Provider reimbursement for Medicaid
- Inappropriate ED use as a safety net
- Follow up for uninsured and Medicaid patients
- Data sharing among regional providers
- New Medicare patients may have difficulty accessing a provider

#### Behavioral Health

- Access for children and adolescents specific to mental health; they must often travel long distances (more than 150 miles for services)
- Access decreases based on insurance
- Primary care providers are managing very sick patients
- Poverty
- Transportation
- Affordable medications

#### Physician Priorities

- Obesity
- Behavioral Health
- Provider reimbursement
- Underlying socioeconomic factors
- Chronic disease management
- Preventive care
- Access to care
- Specialty services (specific to POMH)

## Appendix D

### Primary Data: Focus Groups and Key Informant Interviews

#### County Collaborative Focus Groups

Each of the five counties included in the CHNA has a county collaborative that has been in place since the 1970s. County collaboratives include representatives from: human services agencies, area non-profits, local health departments, local government, schools, hospitals, faith-based organizations, and other interested local citizens. Collaboratives meet monthly to report, brainstorm, and work together on issues important to individual communities. The CHNA Steering Committee believed collaborative members could effectively describe and prioritize the health needs of the citizens they serve. Focus groups were held during normal monthly meetings. Antrim and Kalkaska collaboratives combined their meeting because of overlapping issues. Because some collaborative member organizations serve multiple counties, some representatives may have participated in more than one focus group.

Collaborative members were given a list of generic health concerns to consider and were asked to add any they thought had been missed. Participants ranked their top three health issues from the list. From those, four to six primary issues were noted. Participants divided into four to six breakout groups. Each group was given a priority health issue and was asked to answer the following questions:

- Who (what population) is most affected by this issue?
- Why is this issue a priority?
- Who in the community is already working on this issue?
- What are they doing about this issue?

A member of each group reported back to the entire focus group.

County collaborative focus groups took place between February 2012 - April 2012. The table below shows how health issues were ranked. An X in a row means the collaborative identified it as a priority issue; the number in parenthesis reflects how the collaborative ranked the health issue in priority.

#### Results of County Collaborative Focus Groups Health Issue Rankings

Issue	Antrim/Kalkaska	Benzie	Grand Traverse	Leelanau
Access to Health Care	X (3)	X (1)	X (4)	X (1)
Mental Health and Substance Abuse	X (1)	X (4)	X (1)	X (2)
Poverty	X (2)	X (2)		X (3)
Preventative Care Services		X (5)	X (2)	X (6)
Dental Care				X (4)
Increasing Senior Population (Improve Senior Support Services)				X (5)
Integrated and Continuum of Health Care (Case Management)		X (3)		
Prevention of Interpersonal Trauma/Violence			X (3)	
Transportation for Medical Needs	X (4)			

## Behavioral Health Focus Group

In February 2012, 12 mental health experts participated in a focus group to gather information about current behavioral health needs in the five-county area. They represented community mental health, the courts, crisis intervention, the hospital, and other state and local agencies. Judge Michael J. Haley, 86<sup>th</sup> District Court, participated in a key informant interview, also in February 2012.

Individuals in the focus group and key informant interviewees were asked the following questions:

- What are the three most important behavioral health issues in our community?
- Who in the community is already working on the issue?
- What are they doing about this issue?
- Are we missing anyone? Is there anyone else in the community we need to contact regarding these priorities?

Twenty-one behavioral health issues were identified. After review for concurrent themes by a smaller work group composed of key focus group attendees, a list of three overarching themes was developed. These themes were agreed upon by all as the most important behavioral health needs:

- Access to behavioral health services for mild and moderate issues
- Fragmented behavioral health system
- Increased substance use and abuse (legal and illegal prescription drugs)

## Youth Presentations

Students at Traverse Bay Intermediate School District (TBAISD) Career Tech Center Allied Health Careers Division were asked to develop presentations about the most important health needs in the community. TBAISD Career Tech students are high school juniors and seniors from the five-county area pursuing vocational training. Students in the Allied Health Careers Division have an interest in pursuing a health career.

Groups of two to four students made 19 presentations to the CHNA Steering Committee in April 2012.

Four predominant themes were found:

- Obesity/nutrition issues
- Teen tobacco, drug, and alcohol use
- Access to health care
- Teen pregnancy

## Individual Interviews: Youth Services

Key informant interviews also were held in April 2012 with staff from five area Child and Adolescent Health Centers (CAHC). These centers are financed by grants from the Michigan Department of Education and the Michigan Department of Community Health and provide comprehensive health care for adolescents ages 10-21. Interviews were conducted with the following:

- Ironmen Health Center, Tammy Hickman, CPNP, Antrim County
- K-Town Youth Care, Kimberly Michels, FNP, Grand Traverse County
- Youth Health and Wellness Center, Alicia Classens, CPNP, Grand Traverse County
- Kalkaska Teen Health Corner and Forest Area Teen Health Corner, Joanna Durfee, RN, Nurse Coordinator, Kalkaska County

### Top health issues identified were:

- Mild to moderate mental health issues, such as anxiety, depression, abuse (verbal, sexual, physical), feelings of sadness and helplessness (suicide risk), situational issues (family conflict, transition issues, employment)
- Risky sexual behavior, coercion, and teen pregnancy (intended and unintended)
- Nutrition, obesity, and physical activity issues
- Substance use and abuse, including all forms of tobacco, marijuana, alcohol, prescription drugs (narcotics to stimulants), and developing designer drugs (spice, etc.)
- Not using personal protective equipment (bike helmets, seat belts, life jackets)

## Senior Services Focus Groups

### Antrim Data

In May 2012, data specific to Antrim County seniors was collected through three key informant interviews: Mike Neubecker, Director, Antrim County Commission on Aging; Connie Roland, Director of Clinical Development, East Jordan Family Health Center; and Tina Lamont, Director of Home Care and Aging Services, Health Department of Northwest Michigan. Health issues cited were:

- Access to care, including lack of health insurance for 55-64 age group, and lack of primary care providers and specialists in Antrim County
- Obesity/nutrition/physical activity concerns
- Difficult care transitions, including hospital readmissions and incorrect care due to poor communication
- Difficulty with transportation to appointments
- Women's health
- Chronic disease management
- Costly home care
- End-of-life planning

### Benzie Data

Senior data specific to Benzie County was obtained by analyzing minutes of a special April 2012 Benzie County Board of Commissioners meeting to discuss senior service needs. Health issues noted were:

- Dental care
- Support services/respite care needs



## Kalkaska Data

Senior data specific to Kalkaska County was collected in May 2012 during key informant interviews with Gay Rowell, Director, and Laura Lathum, Counselor, from the Commission on Aging. Health issues cited were:

- Accessing quality affordable health care, need for affordable medications, lack of health insurance for 55 - 64 age group, need for care coordination
- Coordination of referrals and understanding of resources by human service providers
- Increasing elderly population; no safety net for 55 - 64 age group

## Regional Data

A focus group was conducted in May 2012 with volunteers from the Bay Area Senior Advocates (BASA). BASA is a group of more than 80 organizations serving seniors, including governmental agencies, non-profit organizations, businesses, and associations working together for the good of older adults, families, and caregivers in the region. Many of the organizations serve multiple counties in the region.

Participants ranked their top three health issues from a list of generic health issues. Their top rated issues were:

- Chronic disease and pain management
- Dementia
- Case management
- Transportation for medical needs
- Preventive care services

## People in Poverty Focus Group

A focus group was convened of volunteer members of Progress Village. Progress Village is a group of people in poverty that meets regularly to share experiences, problem solve, and provide support. Progress Village is sponsored by the local Poverty Reduction Initiative (PRI). The purpose of PRI is to reduce poverty in the five-county region. Twelve adult women participated in the focus group in May 2012. Priority issues identified were:

- Food and nutrition - barriers are time constraints, budget, and cooking knowledge
- Dental care cost (with or without insurance)
- Difficulties of living in a rural area - transportation and unemployment
- Access to health care - cost, transportation, uninsured and underinsured, postponement of care, long wait times, doctors refusing care, and bedside manner
- Mental health - cost, lack of residential treatment for detox, long waits, difficulty in getting referrals, and lack of services for children

## Individual Interview: Traverse Health Clinic

A key informant interview was done in May 2012 with Arlene Brennan, Executive Director of the Traverse Health Clinic (the Clinic). The Clinic is a community-based, non-profit clinic that offers primary health care services, including some vision, dental, and mental health services, to patients of all ages with Medicaid and without insurance in all five counties. About 1,800 low income (less than 200 percent federal poverty guidelines and uninsured) and Medicaid eligible adults receive health care services at the Clinic. While the Clinic never turns anyone away who cannot pay, a sliding scale fee for service is applicable to all income levels. The Clinic also runs the Coalition Health Access Plan (CHAP) for residents of Benzie, Grand Traverse, and Leelanau counties. CHAP is a network of health providers and volunteers who donate their health services to qualifying uninsured people. The most important health issues for the Clinic population are:

- Access to specialty care, rehabilitation services, chronic pain, back pain
- Anxiety and depression
- Dental care
- Obesity
- Other chronic diseases, such as diabetes and hypertension

Access to care also can be a problem until an individual becomes a client of the Clinic, and wait times for first appointments can be as long as two to three weeks. There is currently no mechanism for patients to have blood draws at the clinic, and client follow through (even at no cost) can be poor. It is also important to note that many people have gone without health care for five to 10 years before becoming patients, and their need has become critical. The Clinic would like preventive care services to become a norm for all in an effort to prevent and address chronic disease issues that often become multiple and acute.

## Individual Interviews: Minorities

**Racial makeup of the five-county area population is about 95 percent White, 2 percent Hispanic, 1.5 percent Native American, 1 percent African American and 0.5 percent other.**

To assess the health needs of the area's small minority populations, a key informant interview was done with the executive director of the Northwest Michigan Health Services, Inc., which primarily serves the area Hispanic population, and the medical director of the Grand Traverse Band of Ottawa and Chippewa Indians (GTB).

### Hispanic Population

Northwest Michigan Health Services, Inc. is a Federally Qualified Health Center (FQHC) that began as a clinic for migrant and seasonal farmworkers. Since 2011, Northwest Michigan Health Services, Inc. has been open to anyone, but operational hours are limited, especially in non-farming seasons. Clients continue to be primarily Hispanic and often non-English speaking. Judy Williams, Executive Director of Northwest Michigan Health Services, Inc. identified the following top health issues in May 2012:

- Preventative care needs - adults and children
- Diabetes - adults and children
- Obesity - adults and children
- Asthma - adults and children
- Cardiovascular/hypertension - adults

## Native American Population

The GTB provides primary medical, optical, and behavioral health services to tribal members. Pharmaceutical, physician, hospital, emergency transportation services, patient care equipment, alcohol/drug treatment, and transportation for these services are contracted services for all tribal members. GTB members must have been born in or be a resident of Antrim, Benzie, Grand Traverse, Leelanau, or Manistee counties, with at least one-fourth (1/4) Indian blood, of which at least one-eighth (1/8) must be Michigan Ottawa and/or Chippewa blood. Many tribal members live in Leelanau County and the Medicine Lodge, which houses clinic, Human Services, and Behavioral Health programs, is located in Leelanau County. In May 2012, Gregory Hessler, MD, Clinical Medical Director, identified these top health issues seen among tribal members:

- Diabetes
- Substance abuse (includes tobacco, alcohol, and prescription use/abuse)
- Lack of family, emotional, and social support, leading to domestic violence and abuse
- Obesity
- Dental issues (an on-site dental clinic is addressing this need)

## Foundation Interviews

Interviews were conducted in February 2012 with two local area foundations: United Way of Northwest Michigan and the Grand Traverse Regional Community Foundation. The foundations involved do not offer grants to individuals but only to tax exempt organizations. United Way Executive Director Steve Wade and Foundation Executive Phil Ellis identified the following grant requests related to health:

- Behavioral Health Needs for Children and Adults
- Dental Issues
- Teen Pregnancy Support Uncovered Medication Costs
- Women's Health Needs



## Appendix E

### Demographic and Secondary Data: Healthy Communities Institute

The Healthy Communities Institute (HCI), located in Sausalito and Berkeley, CA, offers hospitals and health systems a Community Health Needs Assessment (CHNA) System. The HCI CHNA System is a customizable, web-based information system that provides a constantly updated “living” needs assessment and offers a full range of features to help organizations plan for and extract content to help them meet current Health Care Reform and IRS 990 requirements for conducting community health needs assessment, as well as support their community health improvement planning and evaluation.

HCI’s mission is to improve the health and environmental sustainability of cities, counties, and communities worldwide. The company is rooted in work started in 2002 with the Healthy Cities Movement at the University of California at Berkeley. HCI’s management team has expertise in informatics, public health, urban sustainability, community planning, and high volume Internet sites. More information is available at [healthycommunitiesinstitute.com](http://healthycommunitiesinstitute.com).

HCI provides demographic and secondary data on health, health determinants, and quality of life topics. Data typically is presented in comparison to the distribution of counties, state average, national average, or Healthy People 2020 targets. Data is primarily from state and national public health sources. The source is identified for each indicator.

All HCI content is presented in a [public web platform](#) that also serves as a publishing tool for components of the CHNA. The HCI CHNA System is designed to give stakeholders in a community access to high-quality community health assessment data, improved health indicator tracking, best practice sharing, and community development tools that help improve the health and environmental sustainability of the community.

HCI also provides a database of promising practices from a variety of sources, including the Centers for Disease Control and Prevention. HCI has won the Developers Challenge award from the United States Department of Health and Human Services (HHS).

### Indicator Selection

Healthy Communities Institute provided a list of specific indicators for this assessment. These indicators are based on several criteria, including:

- Publicly available/accessible data (at the county level)
- Validity of data source (appropriate methodology)
- Likelihood that the indicator will be replaced again in the future
- Corresponding to Healthy People 2020 goals
- Consistency with other HCI websites

NOTE: Data may change over time for various reasons, including data availability, improvements to data sources, changes to methodology, etc.

### Indicator Methodology

The framework for indicator selection within the health category is based on Health and Human Services Healthy People Initiative. The initiative establishes science-based national objectives for improving the health of the nation. The initiative also establishes benchmarks every 10 years and tracks progress toward these achievable goals. This framework encourages collaboration across sectors and allows communities to track important health and quality of life indicators focusing on general health status, health-related quality of life and well-being, determinants of health, and disparities.

The health subcategories are based on the Healthy People Initiative framework, and multiple indicators across the health sub-topics that correspond with Healthy People targets have been chosen (based on availability, reliability, and validity from the source).

## Appendix F

### Secondary Data Sources

#### American Community Survey

(US Census Data)

Annie E. Casey Foundation

County Health Rankings

#### Michigan Department of Community Health

#### Michigan Department of State

#### Michigan Profile for Healthy Youth

National Cancer Institute

#### National Center for Educational Statistics

#### Northern Michigan Diabetes Initiative - Community Diabetes Survey

#### U.S. Bureau of Labor Statistics

#### U.S. Department of Housing and Urban Development

#### USDA Food Atlas

## Appendix G

### Other Community Research

Organizations throughout the Grand Traverse region collaborate to provide services for the neediest among us, ranging from the young to the elderly, to the economically disadvantaged and the homeless. Many of these organizations conduct research to assess needs or better understand the population they serve.

We assessed the most recent research available from a wide array of area organizations and some statewide studies, including:

- **Michigan League for Human Services**  
“Ties That Bind: Poverty and Michigan’s Economic Recovery” December 2011
- **Leelanau System of Care Project**  
October 2010 Survey
- **Grand Traverse County Budget Survey**  
July 2011
- **Northwest Michigan Mental Health Network**  
2008 Community Needs Assessment
- **HelpLink**  
Navigator Survey August 2011
- **Kingsley Area School District**  
2009 Youth Health Center  
Community Needs Assessment
- **Michigan Department of Community Health**  
State Community Health Assessment Summary and Findings, October 2011 (Michigan and Region 7)
- **Poverty Reduction Initiative**  
2006 Poverty Insight Project
- **Northern Lakes Community Health**  
2010 Community Research Study
- **Disability Network Community Health Needs Survey**  
June 2011

Some surveys are specific and targeted to single or small market segments, others focus on larger areas (10, 11, 21 counties or state wide), which may or may not include all five counties. Other reports offer data that is older than three years at the time this CHNA is published. Therefore, the CHNA Steering Committee decided this information was more supportive in nature and information collected during the current five-county CHNA process would not be duplicative.



## Appendix H

### 35 Identified Community Health Issues

(HP) indicates a health issue associated with a measurable 2020 goal.

- Access for children and adolescent mental health needs
- Access to Mental Health Services (mild to moderate)
- Access to obstetrical care
- Access to treatment for substance abuse (drugs and alcohol)
- Adult and teen smoking (HP)
- Adults without health insurance (HP)
- Case management/integrated care
- Children without health insurance (HP)
- Chronic respiratory disease (asthma and emphysema)
- Deaths from cancer - All (HP)
- Deaths related to stroke (HP)
- Dental care for people in poverty and seniors
- Diabetes
- Domestic violence and child abuse
- Food and nutrition for those in poverty
- Fragmented mental health services
- Health data sharing
- Housing issues - affordable/foreclosure/vacancies
- Improve senior support services
- Inability to afford medications
- Increased substance abuse (drugs and alcohol)
- Lack of Medicaid providers due to inadequate Medicaid reimbursement
- Lack of primary care providers
- Maternal smoking during pregnancy (HP)
- Mothers who received early prenatal care (HP)
- Obesity (all ages) (HP)
- Preventive care
- Poverty - children/families/adults
- Senior case management/integrated care (especially dementia)
- Suicide (HP)
- Teen pregnancy
- Transportation for medical needs
- Unemployment
- Unintentional injuries - death from accidents, poisoning, motor vehicle accidents, and falls; lack of personal protective equipment use for children (HP)
- Violent crime



## Appendix I

### Community Assets Targeting Identified Health Needs

Identified health needs are presented in alphabetical order.

#### Access for Children and Adolescent Mental Health Needs

- Catholic Human Services
- Northern Family Intervention Services as contracted by Community Mental Health
- Pine Rest
- Third Level Crisis Intervention Center

#### Access to Mental Health Services

(mild to moderate)

- Behavioral Health Network
- Munson Behavioral Health
- Pine Rest
- Third Level

#### Access to Obstetrical Care

- Healthy Futures
- KMHC Midwife Rural Health Clinic
- Northern Michigan Perinatal Integration Planning Program

#### Access to Treatment for Substance Abuse

(drugs and alcohol)

- Addiction Treatment Services
- Catholic Human Services
- Munson Alcohol and Drug Treatment
- Northern Michigan Substance Abuse Services

#### Adult and Teen Smoking

- Adolescent health clinics
- District Health Department #10 Smoking Cessation Program
- Michigan Tobacco Quit Line
- Priority Health by Choice
- Traverse Bay Area Tobacco Coalition

#### Adults without Health Insurance

- CHAP
- East Jordan Family Health Center (Bellaire)
- KMHC Rural Health Clinic
- Munson Family Practice
- Munson Healthcare
- Northern Health Plan
- Northwest Michigan Health Services Inc.
- TENCON
- Traverse Health Clinic

#### Case Management/Integrated Care

- Munson Developmental Assessment Clinic
- Munson Geriatric Assessment Clinic
- Northern Michigan Regional Bleeding Disorder Center
- Thomas Judd Care Center (HIV/AIDS case management)

#### Children without Health Insurance

- Adolescent health clinics
- Health departments
- KMHC Rural Health Clinic
- Munson Healthcare
- Munson Family Practice
- Northwest Michigan Health Services, Inc.
- Traverse Health Clinic

#### Chronic Respiratory Disease

(asthma and emphysema)

- Northwest Michigan Asthma Coalition

#### Early Prenatal Care

- Health departments
- Healthy Futures



### **Deaths from Cancer (all types)**

- American Cancer Society
- Antrim High Tea
- Health departments
- Mammography Assistance Fund
- Munson Cancer Support Services
- Munson Medical Center, Kalkaska Memorial Health Center, and Paul Oliver Memorial Hospital
- Navigator Program
- Northwest Michigan Cancer Awareness and Prevention Coalition (Kalkaska, part of DHD #10)
- Women's Cancer Fund

### **Deaths Related to Stroke**

- Munson Medical Center recognized as a Primary Stroke Center by the Joint Commission

### **Dental Care for People in Poverty and Seniors**

- Children's Medicaid
- Dental Clinics North
- Northwest Michigan Health Services Inc.
- Traverse Health Clinic

### **Diabetes**

- Hospital-based diabetes education programs
- Northern Michigan Diabetes Initiative (NMDI)
- Primary care providers
- Ryan Dobry Charity

### **Domestic Violence and Child Abuse**

- Traverse Bay Children's Advocacy Center
- Third Level Crisis Center
- Women's Resource Center
- Zero Tolerance

### **Food and Nutrition for those in Poverty**

- Benzie Area Christian Neighbors
- Community meals
- Father Fred Foundation
- Food pantries (Love Inc. maintains a list)
- Fresh Food Partnership
- Good Samaritan Family Services - Antrim
- Goodwill Inn
- HelpLink
- Kalkaska Area Interfaith Resources
- Leelanau Christian Neighbors
- Michigan Land Use Institute
- MSU Extension
- Salvation Army
- Women Infants Children

### **Fragmented Mental Health Services (filling a gap)**

- Behavioral Health Network, a collaboration of Munson Behavioral Health, Catholic Human Services, Child and Family Services, Third Level, and Community Mental Health that provides behavioral health assessment and referral at the Traverse Health Clinic

### **Health Data Sharing**

- Munson Healthcare planned implementation of Health Information Exchange
- Planned acquisition of data registry software with physician organizations

### **Housing Issues**

- Grand Vision
- Michigan State Housing Development Authority
- Northwest MI Community Action Agency

### **Improve Senior Support Services**

- Area Action Agency on Aging
- Bay Area Senior Advocates
- Commission on Aging
- Local communities
- Home Health and private duty agencies
- Hospice
- Munson Geriatric Assessment Clinic
- NW Community Action Agency
- Senior Center

### **Inability to Afford Medications**

- KMHC Medication Assistance Program
- Munson MEDS program
- Munson Healthcare support for Traverse Health Clinic
- Northern Prescription Discount Plan

### **Increased Substance Abuse** (drugs and alcohol)

- Northern Michigan Substance Abuse Services
- Perinatal Substance Use Workgroup
- Prescription Drug Abuse Task Force

### **Lack of Medicaid Providers** (filling a gap)

- Adolescent health clinics
- East Jordan Family Health Center (Bellaire)
- KMHC Rural Health Clinic
- Munson Family Practice
- Northwest Michigan Health Services, Inc.
- Traverse Health Clinic

### **Lack of Personal Protective Equipment Use for Children**

- Safe Kids North Shore and Kohl's - 4 Season Safety

### **Lack of Primary Care Providers**

- Federally Qualified Health Centers and other clinic models
- Hospital and practice physician recruitment
- Medical student training
- Munson Family Practice Residency Program

### **Maternal Smoking During Pregnancy**

- Health departments
- Healthy Futures
- Maternal Infant Health Program
- Traverse Bay Area Tobacco Coalition
- Women Infants Children

### **Obesity (all ages)**

- Benzie County Trails
- Betsie Hosick Health & Fitness Center (POMH)
- Health departments
- Jump into Food & Fitness
- KMHC and Forest Area Teen Health Clinics
- Michigan Land Use Institute
- Munson Healthy Weight Center
- Northern Michigan Diabetes Initiative (NMDI)
- Parks and Recreation Network
- Priority Health By Choice for hospital employees
- ShapeMichigan™ with Priority Health and Munson Healthcare hospitals
- Traverse Area Recreational Trails (TART)
- YMCA
- Youth WOW

## **Poverty**

- Benzie Area Christian Neighbors
- Child and Family Services
- County collaboratives
- Department of Human Services
- Grand Traverse and Leelanau Laundry Projects
- Grand Traverse Band of Ottawa and Chippewa Indians
- Great Start Collaborative
- Kalkaska Area Interfaith Resources
- Leelanau Christian Neighbors
- LOVE, Inc.
- Northwest MI Community Action Agency
- Poverty Reduction Initiative
- Progress Village
- Safe Harbor
- Salvation Army
- Students in Transition Empowerment Program (STEP)
- Traverse Bay Area Intermediate School District (TBAISD)

## **Preventive Care**

- Adolescent health clinics
- Community Health Library
- Caregiver libraries (POMH and KMHC)
- Health departments
- KMHC outreach nurse
- MSU Extension
- Munson Immunization Clinic
- Munson Healthcare health education programs
- Primary care providers
- POMH Wellness Day

## **Senior Case Management/Integrated Care**

(especially dementia)

- Area Agency on Aging
- Bay Area Senior Advocates
- Commission on Aging
- Munson Geriatric Assessment Clinic
- Northern Physician Organization

## **Suicide**

- Suicide Taskforces  
(multiple behavioral health provider coalition)
- Third Level

## **Teen Pregnancy**

- Adolescent health clinics
- Health departments
- Planned Parenthood
- Pregnancy Care Center

## **Transportation for Medical Needs**

- Bay Area Transportation Authority discount for certified disabled persons
- Grand Vision (overarching transportation services workgroup)
- Munson and Kalkaska Dialysis
- Munson Medical Center Cancer and discharged patients without other means

## **Unemployment**

- Grand Vision
- Junior Achievement
- NW Michigan Council of Governments
- Traverse City Area Chamber of Commerce

**Unintentional injuries - death (HP)** (accidents, poisoning, motor vehicle accidents, and falls)

- Governmental agencies
- Hospital emergency departments
- Poison control
- Safe Kids North Shore and Kohl's - 4 Season Safety

## **Violent Crime**

- Traverse Bay Children's Advocacy Center
- Probate Courts

NOTE: Many other organizations support poverty prevention, education, those with special needs, grief, prevention of violent crime, abuse, and other social determinates of health that are part of the asset list, but were difficult to categorize. It is also important to mention Munson Healthcare cancer and cardiovascular research, professional student education, Munson Manor Hospitality House, and many outreach clinics for people with specific health needs (cardiology, rheumatology, etc.) which offer closer, easier access for people in the region who would otherwise have to travel long distances for care.

## Appendix J

### CHNA Partnering Organizations

211  
19th Circuit Court Family Division  
Addiction Treatment Services  
Advent Lutheran Church  
Alliance for Senior Housing  
American Red Cross of Northwest Michigan  
Antrim County COA  
Antrim County BOC  
Antrim County Habitat for Humanity  
Antrim County High Tea for Breast Cancer Prevention  
Antrim County Sherriff's Office  
Antrim Housing Commission  
Area Agency on Aging of Northwest Michigan  
Association for Children's Mental Health  
Autism Resource Network  
Bay Area Transportation Authority (BATA)  
Benzie County Baby Pantry  
Benzie Area Christian Neighbors  
Benzie Bus  
Benzie County Community Chest  
Benzie County Council on Aging  
Benzie County Central Schools  
Benzie County Commissioner  
Benzie County Probate Court  
Benzie County Prosecutor's Office  
Benzie County Sheriff's Office  
Benzie/Leelanau District Health Department  
Big Brothers/Big Sisters of Northwest Michigan  
Boys & Girls Club  
BrickWays  
Catholic Human Services of Northern Lower Michigan  
Cedar Area Community Foundation  
Centra Wellness Network  
Central United Methodist Church - Traverse City  
CharEm Intermediate School District  
Child and Family Services of Northwestern Michigan  
Child Care Connections of Northwest Michigan  
Church in the Hills  
Comfort Keepers  
Community Living Management Corporation  
Department of Human Services (all counties)  
Disabilities Network of Northern Michigan  
District Health Department #10  
East Jordan Family Health Center  
Empire Community Center  
Faith Reformed Church  
Family Partnership Grand Traverse  
Father Fred Foundation  
Forest Area Teen Health Corner - Forest Area Adolescent Clinic  
Friendship Community Center  
Glen Arbor Art Association  
Glen Lake Community Reformed Church  
Glen Lake Schools  
Good Samaritan Family Services  
Goodwill Industries Northern Michigan  
Grand Traverse Area Literacy Council  
Grand Traverse Band of Ottawa and Chippewa Indians  
Grand Traverse Bay YMCA  
Grand Traverse County Commission of Aging  
Grand Traverse County Commissioners  
Grand Traverse County Health Department  
Grand Traverse County Judicial System  
Grand Traverse County Planning and Development  
Grand Traverse County Sheriff's Office  
Grand Traverse Pavilions  
Grand Traverse Regional Community Foundation  
Great Start Collaborative  
Greater Grand Traverse Area Continuum of Care  
Greater Michigan Chapter Alzheimer's Association  
Habitat for Humanity - Kalkaska  
Habitat for Humanity - Benzie  
Habitat for Humanity - Grand Traverse Region  
NMCAA Head Start  
Health Department of Northwest Michigan  
Holy Cross Children's Services  
HomeStretch Nonprofit Housing Corporation  
Immanuel Lutheran Church - Suttons Bay

Integrity Home Health Care  
Ironmen Health Center  
Kalkaska County Sheriff's Office  
Kalkaska County Commission On Aging  
Kalkaska Memorial Health Center  
Kalkaska Public Schools  
Kalkaska Teen Health Corner - Kalkaska  
    Adolescent Center  
Keswick United Methodist Church  
K-Town Youth Care (Kingsley Adolescent Clinic)  
Lake Leelanau St Mary's School  
Land Information Access Association (LIAA)  
Leelanau Children's Center  
Leelanau Christian Neighbors  
Leelanau County Family Coordinating Council  
Leelanau County Administration Office  
Leelanau County Commission on Aging  
Leelanau County Commissioners  
Leelanau County Family Court  
Leelanau County Prosecutor's Office  
Leelanau County Sheriff's Office  
Leelanau Community Cultural Center  
Leelanau Montessori Suttons Bay  
Leelanau Township Community Foundation  
Leland Community United Methodist Church  
Leland Public School  
Love INC of Grand Traverse  
Lutheran Child and Family Services of Michigan  
Michael's Place  
Michigan Department of Human Services  
Michigan Land Use Institute  
Michigan State Police  
Michigan State University Extension Services  
    (all counties)  
Michigan Youth Opportunities Initiative  
Monarch Home Health  
Michigan State University Extension & 4H  
Munson Healthcare - Community Health  
Munson Healthy Futures  
Munson Hospice  
Munson Medical Center  
Northern Michigan Substance Abuse Services

North Country Community Mental Health  
Northern Lakes Community Mental Health  
Northwest Michigan Health Services  
Northport Lions  
Northport Public School  
NorthSky  
Northwest Michigan Community Action Agency  
Northwest Michigan Council of Governments  
Northwest Michigan Prisoner Reentry Initiative  
Northwestern Michigan College  
Paul Oliver Memorial Hospital  
PEACE Ranch  
Pine Rest Christian Mental Health Services  
Planned Parenthood of Northern Michigan  
Presbyterian Church of Traverse City  
Read Aloud  
Rotary Charities of Traverse City  
Salvation Army  
Samaritan's Closet  
SEEDS  
Senior Helpers - Traverse City  
Sunshine Village Adult Foster Care  
Suttons Bay 4-H Kids Club  
Suttons Bay Congregational Church  
Suttons Bay Public Schools  
Telamon  
The Grand Vision  
Third Level Crisis Intervention Center  
Traverse Bay Area Intermediate School District  
    (TBAISD)  
Traverse Bay Area Tobacco Coalition  
Traverse Bay Children's Advocacy Center  
Traverse Bay Poverty Reduction Initiative  
Traverse City Area Public Schools - STEP Program  
Traverse City Area Public Schools - Traverse City  
    Adolescent Clinic  
United Way of Northwest Michigan  
Youth Health and Wellness Center