

2016

Community Health Needs Assessment

Lake, Osceola, Missaukee and Wexford Counties





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Executive Summary

Munson Healthcare Cadillac Hospital completed a comprehensive Community Health Needs Assessment (CHNA) from February 2015 – April 2016, which was adopted by the Cadillac Hospital Board of Trustees on June 7, 2016. This assessment process is an extension of the previous CHNA that was published in 2014. The process was inclusive and transparent, involving leadership from Munson Healthcare Community Health Committee of the Board, District Health Department #10, along with representation from multiple Wexford/Missaukee human service organizations, various key stakeholder groups, and community members.

Munson Healthcare Cadillac Hospital partnered with District Health Department #10, to conduct two community conversations designed to solicit feedback from the broad community. The Technology of Participation (ToP) Consensus Workshop approach was used to allow a highly structured yet participatory approach to collecting, organizing and reporting input. It is based on a focus question, such as “What are the barriers to achieving the goal of healthy people in healthy communities here in Wexford and Missaukee counties?”. The dates and locations of these conversations are listed below:

- Cadillac Area Health Coalition, January 12, 2016, Cadillac, Mich.
- Human Services Leadership Collaborative, January 26, 2016, Cadillac, Mich.

Additionally, two separate surveys were distributed to both community members “What Matters to You?” survey and healthcare providers “Health Care Provider” survey to collect community data.

A review of the Community Health Needs Assessment process included:

- Wexford and Missaukee counties completed the “What Matters to You?” survey. Completed surveys included a total of 322 residents.
- Physicians, nurse practitioners, and physician assistants completed a “Health Care Provider” survey for Wexford and Missaukee counties.

Completed surveys included a total of 17 health care providers.

- A combined total of 33 participants took part in the two Community Conversations held in Wexford and Missaukee counties. Access to care, chronic disease, maternal and child health, substance abuse, obesity, and healthy lifestyles, mental health, and health disparities were identified most often.
- In 2014-15, a Behavioral Risk Factor Survey was conducted for all 10 counties in the District Health Department #10 jurisdiction. It was a telephone survey using randomly selected landlines and cell phones; the household member to interview was also randomly selected. Completed surveys included 4,699 adults, representing 4.6 percent of the 101,546 households in the 10 counties.
- The Michigan Aging and Disability Needs Assessment (MADNA) survey was distributed to area seniors by the Senior Network Advocacy Group (SNAG) in 2012 and a total of 328 responses were collected. The survey was conducted by partners from Michigan aging and disability organizations through funding from a federal grant. Michigan residents over 50 years of age and adults over 18 years of age with disabilities were surveyed about topics including health care, housing, services, transportation, social support and legal services.
- Michigan Profile for Healthy Youth (MiPHY) an online, anonymous student survey developed by the Michigan Department of Education (MDE) in collaboration with the Michigan Department of Health & Human Services. The MiPHY is available to all Michigan schools to assess risk behaviors, risk factors, and protective factors associated with alcohol, tobacco, and other drug use, violence, sexual behavior, physical activity, and nutrition in grade 7, 9, and 11. The 2013-2014 data reported is from 250 seventh graders, 290 ninth and eleventh graders in Wexford County and 160 seventh graders, 248 ninth and eleventh graders in Missaukee County.

- Health Barriers Campaign, May 13 – June 1, 2014, a component of the community input process, included a campaign to identify health barriers in the community. The primary outreach method was “community boards” placed at strategic locations throughout the community. This included a poster board with the prompt “What do you think is the biggest barrier to health in your community?” It also included information to find our Community Health Perspectives Facebook page and @healthPOV Twitter account.

The Community Health Needs Assessment included collection and review of the most recent data from secondary sources such as US Census, Michigan Department of Health & Human Services, Michigan League for Public Policy and Center for Disease Control.

On April 15, 2016 the Munson Healthcare Cadillac Hospital Community Health Committee of the Board, reviewed primary and secondary data along with Health Issue Briefs and a summary of health issues for Wexford and Missaukee counties that identified 34 significant health needs.

During the prioritization process the Committee 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?

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

- The ability to improve the health of the community and provide benefit to a significant portion of the population impacted by the problem
- The availability of resources: Hospital capabilities, infrastructure, and financial resources
- The potential for measurable progress
- The likelihood of sustainability

Following review of the Health Issue Briefs, which summarized data collected related to each of the following issues, the Committee identified access to health care, chronic disease and maternal, child, infant health as its focus for community health improvement.

Retrospective of 2014 CHNA

The highest priority problems identified by the 2014 CHNA were as follows:

- Barriers to Health Care Access
- Chronic Disease Management
- Mental Health/Substance Abuse

Barriers to Health Care Access

Concerns regarding the lack of health care access included a growing number of uninsured and lack of access to providers. The lack of access to primary care providers and specialists continues to be a challenge in the community. The implementation plan included objectives to support the FQHC, Adolescent Wellness Centers, Stehouwer Free Clinic, and PHO to increase services and improve knowledge of chronic disease management in vulnerable populations.

The Stehouwer Free Clinic provides medical services with the Medication Access Program (MAP) providing prescription medications to those who are uninsured or underinsured. Both programs have continued to grow and receive financial support and in-kind donations from Munson Healthcare Cadillac Hospital, as well as individuals and professionals from health and human services organizations, businesses, schools, and churches.

Annual Utilization <i>Stehouwer Free Clinic /MAP</i>	
Free Clinic	373
MAP	498
Total Patients	871

Source: Stehouwer Free Clinic, 2014

Another effort to addressing identified poverty and access needs includes services of a community health practitioner (CHP) to improve care transitions, provide case management and reduce preventable hospital admissions, readmissions, and emergency department visits. The CHP receives referrals from the Emergency Department, along with discharge planners for patients who do not have a medical home and/or are uninsured, who have a history of mental illness and/or

drug dependency. The CHP works in coordination with local providers to act as a bridge between Community Mental Health Services and Catholic Human Services. The CHP is supported by Munson Healthcare Cadillac Hospital in collaboration with Catholic Human Services.

Chronic Disease Management

High rates of obesity, tobacco use, and cardiovascular disease contributed to the prioritization of chronic disease management. The implementation plans outlined efforts to support exercise programming such as Senior Fit and Healthy Kids/Healthy Michigan.

Senior Fit, as well as Cardiac and Pulmonary Rehabilitation, are assets to chronic disease management in the community. The Senior Fit evidence-based model is designed to improve the overall health of seniors, while providing an understanding of how to exercise in a safe and effective manner. This program has had positive clinical outcomes and continues to enjoy much success with the average class size of 70 seniors participating three times a week. The program is supported in collaboration with the Cadillac Area YMCA and Munson Healthcare Cadillac Hospital.

Cardiac Rehab services include supervised exercise and education for those clients who have had cardiac events, those at risk for cardiac events, or those who were interested in participating in a supervised exercise program.

The Pulmonary Rehabilitation program is a multi-phase, progressive exercise program for individuals who have lung disease, such as COPD, lung cancer, pulmonary fibrosis, etc. Health professionals, working closely with each participant, combine education with individualized exercise programs to minimize risk factors and promote the rehabilitation process. This programming is also supported by Munson Healthcare Cadillac Hospital.

Mental Health/Substance Abuse

Mental health is an identified need throughout the CHNA. Substance abuse is a frequent co-morbidity of mental illness and is identified as an area for improvement. Mental health has also been strongly linked to socioeconomic factors, which are relevant to the Wexford/Missaukee community. Shortages of mental health care workers as well as fragmented treatment options are limitations in addressing mental health in the community.



Community Description

Munson Healthcare Cadillac Hospital is located in Cadillac, Michigan and situated in Wexford County. The hospital serves more than 63,000 people in Wexford and Missaukee counties, as well as portions of northern Osceola and Lake counties. Wexford and Missaukee counties are considered our “community” because a majority of the Munson Healthcare Cadillac Hospital inpatient population resides within this area.

The service area of Munson Healthcare Cadillac Hospital is encompassed by District Health Department #10, in addition to the counties of Mecosta, Newaygo, Oceana, Mason, Manistee, Kalkaska, and Crawford.

Geography and Demographics

Wexford County

Wexford County is located in the northwestern Lower Peninsula and had an estimated population of 32,886 in 2014. The cities of Cadillac and Manton, as well as the villages of Buckley, Harrietta, and Mesick are contained within Wexford County. The major highways and freeways include M-55, M-115, and US 131. Wexford County has an estimated population density of 57.9 people per square mile and is designated as 64 percent rural by the U.S. Census Bureau.

Missaukee County

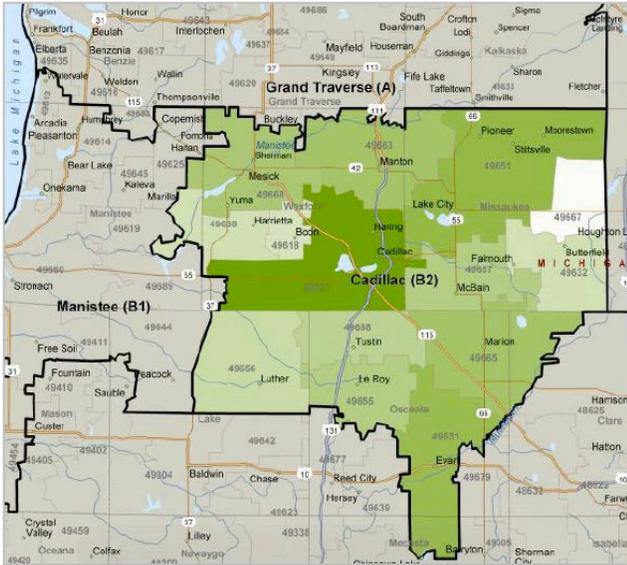
Missaukee County is located east of Wexford County and had an estimated population of 15,037 in 2014. Cities include Lake City and McBain, with Lake City as the county seat and largest city in Missaukee County. Missaukee County has a population density of 26.3 people per square mile and Missaukee County is designated as 100 percent rural by the U.S. Census Bureau.



Munson Healthcare Cadillac Hospital

Service Area

Munson Healthcare Cadillac Hospital provides quality health care services to more than 80,000 residents across seven counties.



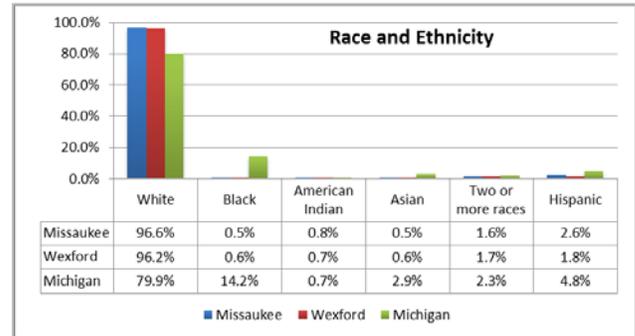
Source: Michigan Hospital Association Database

Service Area Definition	
49656	LUTHER
49632	FALMOUTH
49651	LAKE CITY
49657	MC BAIN
49667	MERRITT
49631	EVART
49655	LEROY
49665	MARION
49688	TUSTIN
49601	CADILLAC
49618	BOON
49638	HARRIETTA
49663	MANTON
49668	MESICK

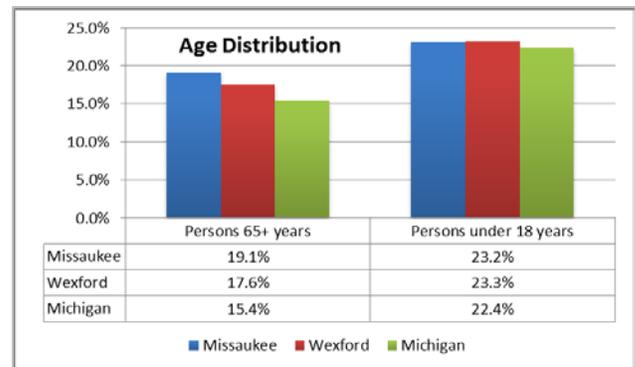
Demographics

The population profile of the Wexford-Missaukee area has not changed significantly over the past 10 years. The community is predominately Caucasian (96-97 percent) and English speaking (~97 percent). One notable demographic trend is a shift towards an older population, with an increase in people over 65 years of age.

The percentage of the population over 65 years of age in Wexford (17.6 percent) and Missaukee (19.1 percent) counties are higher than the state average (15.4 percent).



Source: U.S. Census Bureau, 2014



Source: U.S. Census Bureau, 2014

Socioeconomics

The economy of the area is driven by industry, farming, recreation, and tourism. The economy in the summer is driven by tourism to the lakes and campgrounds, as well as retirees with summer homes in the area. The winter economy is dependent on snow sports tourism.

The Wexford-Missaukee area consistently has lower average household income and higher unemployment rates compared to the state average. Despite this disparity, the poverty level of Missaukee falls below the state average, while Wexford is higher. This suggests the low-income population that falls just above the poverty line is an important demographic to the area. This population may not qualify for many government aid programs but still struggles with limited income.

	Wexford	Missaukee	Michigan
Median household income, 2013	\$40,368	\$40,983	\$49,087
Unemployment rate, 2014	8.4%	7.7%	7.3%
Poverty: Children 0-17, 2013	29.1%	25.8%	23.7%
Poverty: Children 5-17, 2013	28.6%	24.9%	21.6%
Poverty: All ages, 2013	19.8%	15.6%	17.0%

Source: U.S. Census Bureau and Small Area Income and Poverty Estimates (SAIPE) provided by Michigan League for Public Policy; Poverty data provided by Kids Count data center.

Social Indicators

Family Structure

In general, a greater proportion of families with children younger than 18 fall below the poverty level.

	Wexford	Missaukee	Michigan
Percentage of families below Federal Poverty Level	19.0%	16.1	12.0%

Source: U.S. Census Bureau, 2009-2013

Child Abuse

The child abuse rate in Wexford and Missaukee counties is 35.8 in children under 18 years of age. This is significantly higher than the state rate of 14.7 per 100,000. (Michigan League for Public Policy, 2014)

Transportation

Because of the large service area and scattered demand, the Wexford/Missaukee area has limited public transportation options. 7.3 percent of Wexford and 4.8 percent of Missaukee households reported having no vehicle available. 35 percent of Wexford and 33.6 percent of Missaukee households have access to one car, which could represent a problem with multiple people working in the household. (U.S. Census Bureau, 2014)

Educational Attainment

Education is strongly related to well-being and health status. The rates of high school graduation in the area are lower than the state averages in both Wexford and Missaukee counties. Rates of bachelor's degree attainment or higher is considerably lower than the state average in Wexford and Missaukee counties. This may be a contributing factor to the higher rate of unemployment compared to the state.

	Wexford	Missaukee	Michigan
High school graduate, 2010-2014	88.8%	86.9%	89.3%
Bachelor's degree or higher, 2010-2014	16.7%	13.3%	26.4%

Source: U.S. Census Bureau, 2014; Based on percentage of persons age 25+

Uninsured

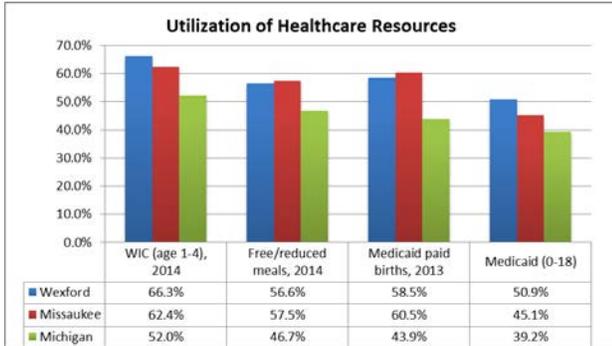
The rate of people under 65 years of age without health insurance is higher in Missaukee County than the state rate. These rates are expected to decline with the implementation of the Affordable Care Act (ACA). However, the challenges of primary care physician shortages and proper utilization of primary care are crucial components to the ACA bringing improvements to health outcomes.

	Wexford	Missaukee	Michigan
Population under 65 without health insurance	12.6%	19.7%	10%

Source: District Health Department #10 Behavioral Risk Factor Survey, 2014-15

Utilization of Health Care Resources

Resources for children and families in poverty are available and well utilized in the area. Rates of children on Medicaid, reduced/free school lunch, and WIC (Women, Infants, and Children) are considerably higher in the Wexford/Missaukee area than the state utilization.



Source: Michigan League for Public Policy, 2013



Data Collection Approaches

Secondary Data Collection

The CHNA includes collection and review of the most recent data from both primary and secondary sources. Health specific data, as well as data that outline the social determinants of health, have been included. Sources of secondary data include:

- Air Now
- ACS - American Community Survey
- Bureaus of Labor Statistics
- Centers for Disease Control & Prevention
- Centers for Medicare & Medicaid Services
- County Health Rankings
- District Health Department #10 Behavioral Risk Factor Survey
- Feeding Americas
- Michigan Department of Health & Human Services
- Michigan Department of Secretary of State
- Michigan League for Public Policy
- MCIR - Michigan Care Improvement Registry
- MiPHY - Michigan Profile for Healthy Youth
- National Cancer Institute
- National Center for Education Statistics
- U.S. Census Bureau
- U.S. Environmental Protection Agency
- USDA Food Environment Atlas

Primary Data Collection: Community Participation

Provider Surveys, Nov. 2 –11, 2015

Munson Healthcare Cadillac Hospital participated with several hospitals and health departments across northern Michigan by utilizing streamlined data collection and prioritization methods. Input was sought from health care providers across the Munson Healthcare system regarding community health. A survey link was sent via email to all health care providers in our area.

Community Survey, December 9, 2015 – February 22, 2016

An online survey was distributed to members of the Community Health Coalition, the Human Services Leadership Collaborative, Cadillac Area Senior Center, Shepherd's Table, and Stehouwer Free

Clinic. This included community leaders and representatives from health organizations across Wexford and Missaukee counties as listed below. Many representatives work for organizations that assist underserved and vulnerable populations. It included questions about their perception of needs in the community with a focus on vulnerable and underserved populations.

Representation from:

- Baker College Cadillac
- Cadillac Area Chamber of Commerce
- Cadillac Area Health Coalition
- Cadillac Michigan Works!
- Cadillac OB/GYN Practice
- Cadillac Primary Care Practice
- Cadillac Area Public Schools
- Cadillac Area YMCA
- Child Protection Council
- District Health Department #10
- District Health Department #10 - Adolescent Wellness Centers
- Great Start Collaborative Wexford/Missaukee/Manistee Counties
- Hope Network
- Human Services Leadership Council
- Love in the Name of Christ Wexford/Missaukee Counties
- MSU Extension Wexford/Missaukee Counties
- New Hope Shelter
- Northern Lakes Community Mental Health
- NW Area on Aging
- NW Michigan Community Action Agency
- Stehouwer Free Clinic
- Wexford Council on Aging
- Wexford Cadillac Senior Center
- Wexford Physician Health Organization

Community Conversations, January 12–26, 2016

“What can we do in Wexford and Missaukee counties to move closer to our vision of a healthy community?” was the topic of two community conversations. Thirty-three community members and representatives from the local health department, hospital, and other health care providers, social service agencies, schools, business,

and government participated in the conversations. Issues identified are access to care issues, improve access to primary and specialty care, including recruitment for primary care, mental health, and dental health providers.

Behavioral Risk Factor Survey

In 2014 -15, a Behavioral Risk Factor Survey was conducted for all 10 counties in the District Health Department #10 jurisdiction. This telephone survey used randomly selected landlines and cell phones; the household member interviewed was also randomly selected. Completed surveys included 4,699 adults, representing 4.6% of the 101,546 households in the 10 counties.

Questions on this survey covered five general areas:

- Health status indicators: perception of general health, satisfaction with life, weight, and blood pressure
- Health care access: health care coverage, no care due to cost, ER visits
- Health risk behaviors: smoking, drinking, diet, and physical activity
- Clinical preventive measures: checkups, screenings, oral health, and immunizations
- Chronic conditions: diabetes, asthma, and cancer

Results from the survey will be utilized to:

- Prioritize health issues and develop strategic plans
- Monitor the effectiveness of intervention measures
- Examine the achievement of prevention program goals
- Support appropriate public health policy
- Educate the public about disease prevention through dissemination of information

Health Barriers Campaign, May 13 – June 1, 2014

A component of the community input process included a campaign to identify health barriers in the community. The primary outreach method was “community boards” placed at strategic locations throughout the community. This included a poster board with the prompt “What do you think is the

biggest barrier to health in your community?” It also included information to find our Community Health Perspectives Facebook page and @healthPOV Twitter account.

The boards were placed at these sites for 3 - 14 days:

- Cadillac Senior Center
- Cadillac YMCA
- District Health Department #10
- Friends Ministry (Lake City)
- Great Lakes Family Care
- Munson Healthcare Cadillac Hospital
- Northern Lakes Community Mental Health
- Shepherd’s Table
- Stehouwer Free Clinic
- Tustin Library

Michigan Aging and Disability Needs Assessment

The Michigan Aging and Disability Needs Assessment (MADNA) survey was distributed to area seniors by the Senior Network Advocacy Group (SNAG) in 2012 and a total of 328 responses were collected. The survey was conducted by partners from Michigan aging and disability organizations through funding from a federal grant. Michigan residents over 50 years of age and adults over 18 years of age with disabilities were surveyed about topics including health care, housing, services, transportation, social support and legal services.

Michigan Profile for Healthy Youth (MiPHY)

The MiPHY is an online, anonymous student survey developed by the Michigan Department of Education (MDE) in collaboration with the Michigan Department of Health & Human Services. The MiPHY is available to all Michigan schools to assess risk behaviors, risk factors, and protective factors associated with alcohol, tobacco, and other drug use, violence, sexual behavior, physical activity, and nutrition in grade 7, 9, and 11. The 2013-2014 data reported is from 250 seventh graders, 290 ninth and eleventh graders in Wexford County and 160 seventh graders, 248 ninth and eleventh graders in Missaukee County.

Findings from Health and Community Data

Access to Care

By the Numbers

- 12.6% of Wexford adults and 19.7% of Missaukee adults are uninsured¹
- 19.8% of Wexford and 15.6% of Missaukee adults fall below the poverty level²
- 15.3% of Wexford adults and 13.7% of Missaukee adults reported not seeing a doctor in the past 12 months due to cost³
- Population to physician ratio is 1020:1 in Wexford and 3760:1 in Missaukee (compared to 1240:1 MI)⁴

Significance

Access to health care includes several tiers of challenges, including adequate health insurance, health care providers, and guidance through the health care system. There are many resources available to aid in providing necessary services to people in poverty but may not cover the vulnerable population above the poverty line that still struggles with income. The numbers of uninsured adults will optimally be reduced with Medicaid Expansion through the Healthy Michigan Plan.

Current Community Resources

- District Health Department #10 Adolescent Wellness Centers
- Great Lakes Family Care
- Stehouwer Free Clinic
- WIC

Chronic Disease: Cancer

By the Numbers

- The age-adjusted death rate due to lung cancer in Wexford 65.7 and Missaukee 57.4 is lower than the state rate of 69.1 (per 100,000) in 2012⁵
- The incidence rate of lung and bronchus cancer in Wexford County is 98.5 and 81.3 in

Missaukee County, as compared to the State rate of 75.2 (per 100,000)⁵

Significance

Cancer can affect a wide range of organs with varying mortality rates. Lung cancer has especially high mortality and smoking is the most significant risk factor. Although prostate cancer is the second most prevalent type of cancer in the area and most prevalent in the state, it has high treatability results and low mortality rates. Interpreting trends in cancer statistics by type can be misleading because of the low population density of the area counties.

Current Resources

- Northwest Michigan Cancer Awareness and Prevention Coalition
- District Health Department #10, Smoking Cessation Programming
- Wise Woman Program

Chronic Disease: Diabetes and Obesity

By the Numbers

- 9.6% of Missaukee and 8.9% of Wexford have been diagnosed with diabetes⁶
- The age-adjusted rate of diabetes-related mortality in Wexford (19.1 per 100,000 population) compared to Michigan (23.7)⁷
- 38.4% of Wexford and 35.0% of adults in Missaukee County are obese (BMI 30.0 and above).⁸
- In Wexford County 34.1% of adults are overweight and in Missaukee County 36.5% are overweight (BMI 25.0-29.9)⁸

Significance

Obesity is a risk factor for many chronic diseases and contributes to the development of Type II diabetes. If diabetes is not treated or controlled, it may lead to amputation, blindness, and can complicate many health conditions. The high prevalence and high mortality rates of diabetes

¹ County Health Rankings, 2016

² US Census Bureau, 2014

³ District Health Department #10 Behavioral Risk Factor Survey, 2014-15

⁴ County Health Rankings, 2016

⁵ National Cancer Institute, 2008-12

⁶ District Health Department #10 Behavioral Risk Factor Survey, 2014-15

⁷ Michigan Department of Health & Human Services, 2011-13

⁸ District Health Department #10 Behavioral Risk Factor Survey, 2014-15

related conditions in the area are a significant public health concern.

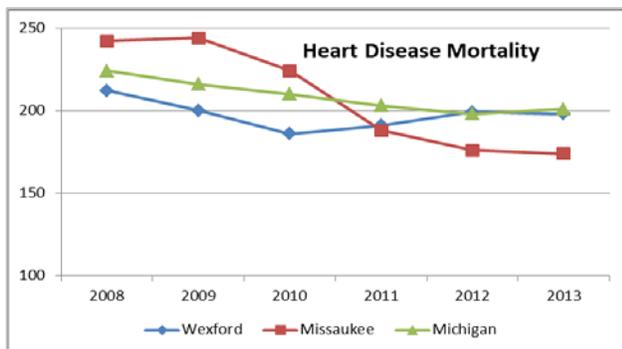
Current Resources

- District Health Department #10 - National Diabetes Prevention program
- Munson Healthcare Cadillac Hospital - Diabetes Education
- Wexford/Missaukee PHO - MiPCT Care Coordinator
- MSU Extension - PATH program
- Northern Michigan Diabetes Initiative
- Wise Woman program

Chronic Disease: Cardiovascular Disease

By the Numbers

- Heart disease mortality is lower in Missaukee (185 per 100,000 population) than Wexford county (203) and Michigan (199)⁹
- The stroke mortality rate in Missaukee (35 per 100,000 pop.) and Wexford (45) is higher than Michigan's rate (36)¹⁰



Source: Michigan Department of Health & Human Services, 2008-13

Significance

Cardiovascular disease encompasses a range of diseases affecting the heart and vessels. The most common conditions are heart attack and stroke. Improvements in mortality can be the result of better chronic disease management as well as early identification and treatment of emergent symptoms of stroke or heart attack.

⁹ Michigan Department of Health & Human Services, 2008-13

¹⁰ Michigan Department of Health & Human Services, 2011-13

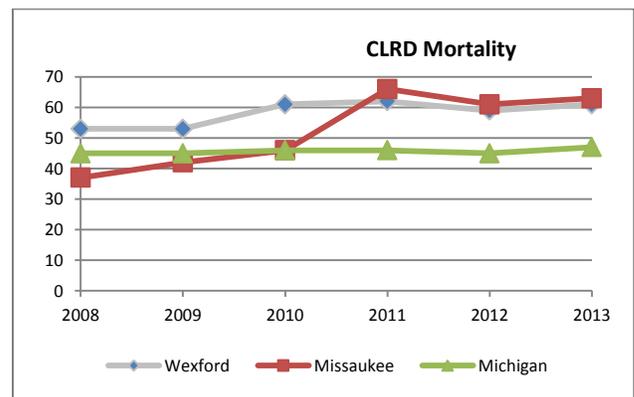
Current Resources

- Munson Healthcare Cadillac Hospital - Cardiac Rehabilitation
- Senior Fit

Chronic Disease: Chronic Lower Respiratory Disease (CLRD)

By the Numbers

- The mortality rate in Wexford County (61 per 100,000 pop.) and Missaukee (63 per 100,000 pop.) is significantly higher than the mortality rate in Michigan (47 per 100,000 pop.)¹¹



Source: Michigan Dept. of Health & Human Services 2011-13

Significance

Chronic lower respiratory disease (which encompasses asthma, emphysema, and COPD) is a significant contributory factor to the high smoking rates in the area. The mortality rates of chronic lower respiratory disease may be underestimated as CLRD is often reported as a contributory factor and not the cause of death.

Current Resources

- District Health Department #10
- Munson Healthcare Cadillac Hospital - Pulmonary Rehabilitation

¹¹ Michigan Department of Health & Human Services 2011-13

Vulnerable Seniors

By the Numbers

- People over 65 years of age represent 17.6% of Wexford County and 19.1% of Missaukee County (compared to 15% MI)¹²
- Age-adjusted death rate due to Alzheimer's disease in Wexford (43 per 100,000 pop.) is significantly above Michigan's average (26 per 100,000 pop.)¹³

Significance

Generally, more aged populations have greater health needs as the risk of many chronic diseases increase with age. This includes heart disease, diabetes, cancer, Alzheimer's disease, and Parkinson's disease. The shift toward an older population likely influences the rates of chronic disease in the area. Older patients are often complex patients to manage as they are more likely to have multiple co-morbidities.

Current Resources

- Cadillac Senior Center
- Manton Senior Center
- Parkinson's support group, Alzheimer's support group
- Senior Fit
- Senior Network Advocacy Group (SNAG)
- Wexford County Council on Aging

Dental Health

By the Numbers

- 34% of adults in Wexford and 27% of Missaukee County reported no dental visits in the past year¹⁴
- The population to dentist ratio in Missaukee County is 7,520:1 and 1,640:1 in Wexford County (compared to 1,450:1 MI)¹⁵

Significance

Regular dental care is beneficial to both oral health and overall health, as good oral health may prevent certain diseases. Dental visits can also identify the

development of diseases such as diabetes. Barriers to adequate dental health in our area include lack of health care professionals and lack of adequate insurance.

Current Resources

- Dental Clinics North
- Great Lakes Family Care Dental Clinic
- Michigan Community Dental Clinics, Inc.

Mental Health/Substance Abuse/Tobacco Use

By the Numbers

- Mental health provider ratio is 580:1 in Wexford and 5,010:1 in Missaukee (compared to 450:1 MI)¹⁶
- Suicide rate is higher in Wexford (19.6 per 100,000) than Michigan (12.9 per 100,000)¹⁷

Significance

Untreated mental health problems can be detrimental to health at the individual, family, and community levels. Mental health problems are often co-morbid with substance and alcohol abuse. A significant barrier to adequate mental health care is the lack of mental health professionals and facilities in the area, as well as a struggling mental health infrastructure across the state and nation.

Current Resources

- Munson Healthcare Cadillac Hospital - Mental Health/Substance Abuse Community Outreach Practitioner
- Northern Lakes Community Mental Health
- Suicide Prevention Coalition

¹² U.S. Census Bureau 2014

¹³ Michigan Department of Health & Human Services, 2009-13

¹⁴ District Health Department #10 Behavioral Risk Factor Survey, 2014-15

¹⁵ County Health Rankings, 2015

¹⁶ County Health Rankings, 2015

¹⁷ Michigan Department of Health & Human Services, 2009-13

Smoking

By the Numbers

- Smoking rate is 23.2% in Wexford and 25.2% in Missaukee counties compared to 22% in Michigan¹⁸
- Rates of smoking while pregnant are significantly higher in Wexford (32.5%) and Missaukee (24.5%) counties than Michigan (18.3%)¹⁹
- 4.5% of surveyed Wexford County middle school students and 8.7% high school students reported smoking a cigarette in the past 30 days²⁰

Significance

Smoking is a risk factor for a multitude of health conditions, including cardiovascular disease, lung cancer, and chronic lower respiratory disease. The high smoking rates in the area are a likely factor in the high rates of lung cancer and chronic lower respiratory disease in the area.

Community Resources

- District Health Department #10
- Wexford-Missaukee Great Start Collaborative

Substance Abuse and Alcohol

By the Numbers

- 16.2% of Wexford County residents, 21.9% of Missaukee County admits to binge drinking in the past month.²¹
- Surveyed Wexford County students admitting to having at least one drink in past 30 days included 4.9% of middle school students and 21% of high school students²²
- The rate of drug poisoning deaths is higher in Wexford (16 per 100,000) than Missaukee (11 per 100,000) County and Michigan (13 per 100,000)²³
- 2.9% of surveyed Wexford County middle school students and 12.1% of high school

student reported using marijuana in past 30 days²⁴

- 14% surveyed Wexford County middle school students and 19% high school students were offered, sold, or given an illegal drug on school property by someone during the past 12 months²⁵

Significance

Excessive drinking can directly contribute to several health problems and may increase behavioral risk taking and motor vehicle crashes, especially in adolescent populations. Substance abuse can have a significant impact on individuals, families, and communities, as well as contributing to costly social, physical, mental, and public health problems.

Community Resources

- Catholic Human Services
- Munson Healthcare Cadillac Hospital - Mental Health/Substance Abuse Community Outreach Coordinator
- Northern Lakes Community Mental Health
- Northern Michigan Substance Abuse Services
- Wexford/Missaukee PHO - Prescriber Practices

Maternal Health

By the Numbers

- Low birth weight babies (under 2500g) comprised 6.9% of births in Wexford and 5.6% in Missaukee (compared to 8.4% in Michigan)²⁶
- Infant mortality is higher in Wexford (9.2 per 1,000 live births) than Michigan (6.9 per 1,000 live births)²⁷
- Rates of smoking while pregnant are significantly higher in Wexford (32.5%) and in Missaukee (24.5%) than Michigan (18.3%)²⁸

Significance

Although the low birth weight and infant mortality are positive health indicators in our community, the rates of smoking while pregnant in the

¹⁸ District Health Department #10 Behavioral Risk Factor Survey, 2014-15, Michigan BRFSS, 2012-14

¹⁹ Michigan Department of Health & Human Services, 2013

²⁰ MiPHY 2013-2014

²¹ District Health Department #10 Behavioral Risk Factor Survey, 2014-15

²² MiPHY 2013-2014

²³ Michigan League for Public Policy, 2013

²⁴ MiPHY 2013-2014

²⁵ MiPHY 2013-2014

²⁶ Michigan Department Health & Human Services, 2012-14

²⁷ Michigan Department Health & Human Services, 2012-14

²⁸ Michigan Department Health & Human Services, 2012-14

Wexford/Missaukee area are concerning. Smoking during pregnancy negatively affects the developing fetus and increases the risk of low birth weight infants, respiratory problems, and miscarriage. The high rates of mothers smoking during pregnancy in the area are troubling because of the significant long term health consequences.

Community Resources

- District Health Department #10
- Wexford/Missaukee Great Start Collaborative

Teen Pregnancy

By the Numbers

- The teen pregnancy rate in Wexford (56.0 per 1000 females 15-19 yrs.) and Missaukee (42.0/1,000) is above the state rate (38.3/1,000)²⁹
- 10% of surveyed Wexford middle school students and 39% of high school students reported ever having sex³⁰

Significance

Pregnant teens are less likely to receive early and adequate prenatal care, which can lead to low birth weight babies and risk of developmental delays, illness, and mortality. Teen pregnancy also threatens the psychological health of the teen mother and family to adapt to the stressors of caring for a possibly unplanned child.

Community Resources

- CareNet
- District Health Department #10 - Adolescent Wellness Centers
- District Health Department #10 - Family Planning

Nutrition and Food Accessibility

By the Numbers

- 56.6% of Wexford and 57.5% of Missaukee children are eligible for free or reduced lunch at school (<185% poverty)³¹

Significance

One challenge of living in poverty or on a low income is receiving nutritious meals on a regular basis. This challenge has two parts: healthy food availability and nutrition knowledge. There are many community efforts underway to fill this need with community gardens and nutrition programming.

Community Resources

- Cornerstone Community Garden
- Michigan Dept. Health & Human Services - Food Assistance
- Free or reduced school meals
- Friends Ministry Community Garden
- WIC
- Local food banks
- MSU Extension
- Shepherd's Table
- Community Gardens – YMCA, Cadillac Christian Reformed Church

Immunizations and Screenings

By the Numbers

- 51.0% of 19-35 month olds in Wexford and 42.0% in Missaukee received 4 DTaP, 3 Polio, 1MMR, 3Hib, 3 Hep B, 1 varicella, 4 PCV7/13 vaccinations (compared to 51.8% MI)³²
- 87% of Medicare enrollees in Missaukee and 89% in Wexford get diabetes screening (compared to 86% MI)³³

Significance

Immunizations and screenings are important components of preventive care. The Wexford/Missaukee area maintains high rates of immunizations and screenings compared to the state averages.

Community Resources

- District Health Department #10
- District Health Department #10 Adolescent Wellness Centers
- Primary Care Physicians

²⁹ Michigan Department Health & Human Services, 2012-14

³⁰ MiPHY 2013-2014

³¹ Michigan League for Public Policy, 2013

³² Michigan Department of Health & Human Services, 2015

³³ Centers for Medicare & Medicaid Services

Environment

By the Numbers

- Violent crime rate is 325 offenses (per 100,000 population) in Wexford and 63 offenses (per 100,000 population) in Missaukee (compared to 464 offenses (per 100,000 population) in Michigan³⁴
- Daily fine particulate matter and percent exposed to unsafe drinking water (0%) are below Michigan averages³⁵
- No drinking water violations reported in Wexford county³⁶

Significance

The environment plays a significant role in the health of a community through both direct effects, as well as indirectly shaping behaviors. The pollution and water safety indicators are at healthy levels in the community due in part to the rural nature of the area. Although the violent crime rate falls well below Michigan's average, this is an indicator of community health that can continue to be improved.

Community Resources

- Cadillac DEQ
- Cadillac YMCA
- District Health Department #10 Environmental Health
- Healthy Hospitals Initiative

Healthy Lifestyles

By the Numbers

- 38.4 % of Wexford and 35% of Missaukee counties are obese (BMI 30.0 and above)³⁷
- 34.1% of Wexford and 36.5% of Missaukee counties are overweight (BMI 25.0 – 29.9).³⁷
- 21% of Wexford and 27.9% of Missaukee counties report no leisure time physical activity.³⁷
- 79.7% of Wexford and 76.9% of Missaukee counties report inadequate fruit and vegetable consumption (<5 times/day)³⁷

- 14.3% of Wexford and 12.1% of Missaukee counties report that they sometimes/often do not have enough to eat³⁷

Significance

To create a healthier nation, we must promote the health and wellness of individuals, families, and communities. An unhealthy lifestyle leads to increased risk of many chronic diseases, many of which are preventable.

Community Resources

- Cadillac Area Health Coalition
- MSU Extension
- District Health Department #10
- Cadillac Area Public Schools
- Munson Healthcare Cadillac Hospital
- The City of Cadillac



³⁴ County Health Rankings, 2016

³⁵ County Health Rankings, 2016

³⁶ County Health Rankings, 2016

³⁷ District Health Department #10 Behavioral Risk Factors Survey, 2014-15

Community Input Findings

The following challenges were most commonly identified as significant health barriers in the community across the entire input process.

Socioeconomic Challenges

Many health barriers identified by respondents are driven by low socioeconomic status. The community demographic falls on the lower end of the socioeconomic spectrum as the unemployment rates are higher than the state and the median income is significantly lower. The area economy is driven by tourism contributing to a large proportion of relatively low paying jobs. Inadequate income represents a barrier to prioritizing preventive care and long term health habits.

In some situations, chronic financial strain can lead to individuals labeled as “noncompliant” to health professionals. Noncompliance suggests fault of the individual when there may be legitimate challenges to health care compliance, such as transportation, mental health, and finances. Patient noncompliance was also voiced by providers as a significant challenge, and it often creates a situation of frustration for both patient and health care provider.

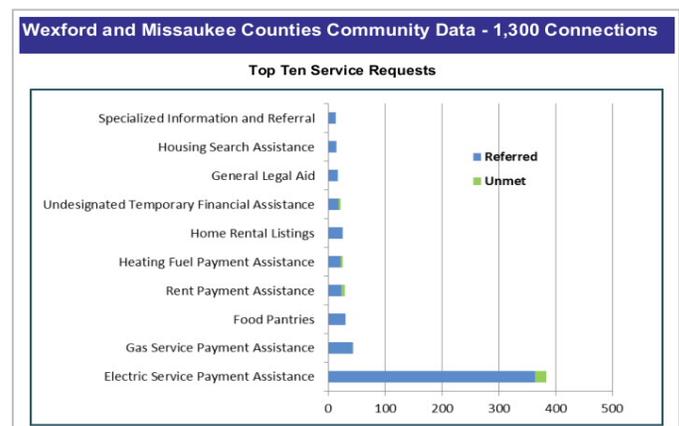
Health barriers driven by financial challenges are present in families in the community above the poverty level as well. The population that falls just above the federal poverty level is often especially vulnerable as it may struggle with limited income but not qualify for government programs. The recent expansion of Medicaid through the Healthy Michigan Plan to 138 percent poverty has allowed insurance to be accessible to a large population above the poverty line. However, affording insurance and prescriptions is a challenge for the population with chronic diseases that fall just above this cutoff. Prescription drug costs not covered by insurance were identified as a challenge by both providers and community members. Some patients are overwhelmed by monthly premiums and costly non-generic prescriptions. The Medication Access Program can help patients without prescription

coverage but people with any prescription coverage are not eligible, even if the cost is still prohibitive.

Other financial concerns included patients neglecting follow-up appointments or utilizing primary care

because of concern for cost with insurance plans with high deductibles. This is especially relevant for preventive care with high co-pays, such as colonoscopies and mammograms. Cost of gym membership or recreation opportunities were also identified as barriers to staying active, especially in the winter months. Additionally, the cost of healthy food compared to junk food often encourages poor dietary choices.

Socioeconomic challenges are also reflected in the 211 CALL center service requests. Utility assistance was the most common category of request with electric bill payment assistance the most frequent specific service request.



Source: 211 CALL Annual Report, 2014-2015

Financial concerns were also voiced by the senior population. Of the respondents to the Michigan Aging and Disability Needs Assessment (MADNA) survey, 20 percent stated they did not have enough money to meet basic needs and 15 percent claimed to have trouble paying for housing regardless of how they cut back on spending. Utilities were the most common housing cost concern. The majority were retired and depended on Social Security as a

source of income and had a monthly income less than \$2,000.

Transportation

A significant barrier identified by many groups and individuals was lack of reliable and affordable transportation. Many people in the area do not have access to personal transportation to get to their jobs and health care appointments.

Transportation was also identified as a significant concern for the senior population. Of the respondents of the MADNA survey, 23 percent have problems getting where they want to go. The most cited reasons are having nobody to drive them and public transportation not meeting their needs. Seniors also cited concerns about driving at night and during bad weather.

Transportation problems are compounded by the often long distances to see doctors and specialists. The Munson Healthcare Cadillac Hospital service area includes outlying sparsely populated areas that pose a challenge to maintaining regular public transportation.

The Wexford Transit Authority has addressed some of the transportation barriers by initiating the *RideOnTime* program to allow them to more efficiently and effectively schedule trips and provide a more convenient way to book rides, providing a more dependable and efficient delivery at an affordable price.

Access to Providers

A second theme of the community input responses was the shortage of providers in the area. This includes primary care physicians, dentists, specialists, and mental health workers. Primary care physicians optimally comprise the backbone of the health care team to help their patients manage chronic diseases and preventive care. However, a shortage of primary care physicians in the area represents a barrier for many people managing their health. Physicians from Wexford County serve many Missaukee, Osceola, and Lake County

residents due to minimal providers in these counties.

A serious challenge is the shortage of physicians in the area accepting Medicaid. The Affordable Care Act adds to this shortage as more people qualify for insurance under Medicaid expansion known as Healthy Michigan. Medicaid Expansion allows people age 19 - 65 years and below 138 percent of the federal poverty line to qualify for Medicaid. Munson Healthcare Cadillac Hospital has certified application counselors available to help individuals with enrollment. As of April 4, 2016, approximately 2,320 people in Wexford County and 948 people in Missaukee County had registered for the Healthy Michigan Plan.

Concerns about the quality of care that results from a strained primary care system were apparent from community members and providers. Community members stated that they didn't have enough time with a doctor and some were worried about the growing ratio of nurse practitioners to physicians.

An additional barrier identified to accessing primary care was conflict with work schedules. Often office hours overlap with work hours and some community members do not feel comfortable taking time off from work to see a doctor. This can lead to unnecessary ER visits for non-emergent complaints. Lengthy ER wait times were also identified as a barrier to access in the Community Survey. There was interest expressed in having expanded worksite wellness and care coordination in the workplace to combat this challenge.

In addition to the shortage of primary care physicians, the community faces a severe shortage of dentists. The population to dentist ratio is 7,520:1 in Missaukee and 1,640:1 in Wexford compared to 1,450:1 in Michigan. Concerns about accessibility of dental care and the limited dentists accepting Medicaid was reflected in feedback from the community. Dental Clinic Great Lakes Family Care (FQHC) as well as Dental Clinics North is providing services to address this gap.

Finally, the lack of specialists in the area concerns community members as they must travel to Traverse City or Grand Rapids for care. Specialties that cannot be seen in the area include neurology, neurosurgery, dermatology, cardiothoracic surgery, and hematology.

Mental Health

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder. The good news about mental illness is that recovery is possible. Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

A significant challenge to addressing mental health problems in the community is the major shortage of mental health workers, psychiatrists, and facilities in the area. The lack of a strong mental health infrastructure on a state and national level further compounds the problem. The shortage of psychiatric hospitals often forces crisis patients to spend hours in the ER waiting for inpatient placement. Additionally, limited mental health providers lead to complicated psychiatric patients being managed by primary care physicians or nurse practitioners who may be underprepared or uncomfortable managing them.

Health Literacy and Information

America benefits when everyone has the opportunity to live a long, healthy and productive

life, yet health disparities persist. A health disparity is a difference in health outcomes across subgroups of the population. Health disparities are often related to determinants of health - social, economic, or environmental disadvantages, such as less access to good jobs, unsafe neighborhoods, or lack of affordable transportation options.

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health on the basis of their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. These health disparities also impact health literacy which is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Many health concerns, such as heart disease, asthma, obesity, diabetes, HIV/AIDS, viral hepatitis B and C, infant mortality, and violence disproportionately affect certain populations. Reducing disparities in health will give everyone a chance to live a healthy life and improve the quality of life for all Americans.

The Michigan Aging and Disability Needs Assessment (MADNA) suggested the most frequent information needs included services to help keep their home clean, management of health problems, public assistance to help pay bills, and help finding ways to take care of themselves better. In the past, most surveyed seniors had relied on information from Area Agency on Aging, friends, family and the internet. The most common response of where they would go if they had questions about resources was Council on Aging.

CALL 211 is a free community service to assist people with resources and services in the area. This resource is available all hours of every day through phone or email.

A component of 211 includes maintaining a current and comprehensive database of resources and identifying gaps in resources. Between October 2014 and September 2015, there were 1,300 connections in Wexford and Missaukee counties. The most requests fell into the categories of utility assistance, information services, and housing. The top service requests included electric service payment assistance, heating fuel payment assistance, and home rental listings.

CALL 211 Service Requests by Category <i>Wexford & Missaukee Counties, FY2015</i>	
Utility Assistance	431
Information Services	164
Housing	114
Income Support/Assistance	48
Clothing/Personal/Household Needs	39
Food/Meals	36
Legal, Consumer & Public Safety Services	30
Health Care	26
Individual, Family and Community Support	20
Transportation	14
Mental Health/Addictions	13
Education	5
Employment	4
Other Government/Economic Services	2
Volunteers/Donations	2
Disaster Services	1

Strengths of Community

Several initiatives and programs were identified as successful assets to promoting health in the community. This included a strong primary care base as well as community programming and resources.

Primary Care

Many community leaders and physicians cited the primary care base of dedicated physicians as an asset to the community. The support of the Physician Hospital Organization (PHO) is important to maintaining this strength.

MiPCT

The Michigan Primary Care Transformation Project (MiPCT) is a pilot program to demonstrate the value of a Patient Centered Medical Home model of care. Michigan was chosen as one of eight states to receive funding from the Centers of Medicare and Medicaid Services from January 2011 - December 2014. The funding allows local doctors to utilize care coordinators to help manage complex patients. This has been successful in reducing unnecessary ER visits and hospitalizations by helping patients manage their care. It has been received well by patients and physicians. This grant has been extended through 2016. We are in the process of looking at a return on investment for keeping care managers in the community once the grant is exhausted.

Prescriber Practices and Prescription Drug Diversion

On July 16, 2009, the first Prescriber Practices and Prescription Drug Diversion Community Round Table were held in response to the growing problem of prescription drug abuse and diversion in our community. Information was provided on educational opportunities and information to increase awareness and implement steps to decrease this problem. This roundtable is held on a yearly basis with good attendance from area physicians, dentists, pharmacists, mid-level providers, law enforcement, and representatives from the Department of Human Services.

This program has evolved into supporting our community by developing an addiction treatment program. All primary care provider practices have pain contract policies on management of patients with chronic pain but we recognize that addiction goes deeper than this and it will take a community effort to address addiction. The Physician Health Organization is following Dr. Corey Waller's program for addiction, pain and emergency medicine.

Community Programming and Resources

Several resources and programs were identified as important strengths of the community:

- YMCA - Since opening in 2002, the Y has expanded its programming and community outreach. The YMCA in partnership with Munson Healthcare Cadillac Hospital offers Senior Fit and Youth Fit programming.
- District Health Department #10 - Adolescent wellness centers open in Cadillac, Mesick, and Manton schools.
- Cadillac Senior Center - Offering a congregate meal site, exercise programs, and educational speakers, the Cadillac Senior Center is an important resource for area seniors.
- Live Well Campaign
- Stehouwer Free Clinic
- Medication Access Program



Prioritization and Description of Needs Identified

On April 15, 2016 the Munson Healthcare Cadillac Hospital Community Health Committee of the Board, reviewed primary and secondary data along with Issue Briefs and a summary of health issues for Wexford and Missaukee counties that identified 34 significant health needs.

During the prioritization process the Committee 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?

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

- The ability to improve the health of the community and provide benefit to a significant portion of the population impacted by the problem
- The availability of resources: Hospital capabilities, infrastructure and financial resources
- The potential for measurable progress
- The likelihood of sustainability

Following review of the Issue Briefs, which summarized data collected related to each of the following issues, the Committee prioritized the top three:

Access to Health Care

Access to health services is important at every age. Having both a primary care provider and medical insurance can prevent illness by improving access to a range of recommended preventive services across the lifespan, from childhood vaccinations to

screening tests for cancer and chronic diseases, such as diabetes and heart disease. Having a primary care provider and medical insurance also plays a vital role in finding health problems in their earliest, most treatable stages, and managing a person through the course of the disease.

Lacking access to health services - even for just a short period - can lead to poor health outcomes over time.

The findings of the 2016 CHNA reflect the influence of social factors on health indicators and outcomes. The idea that the physical and socioeconomic environment is inextricably linked to individual and community health is well supported and requires that health indicators be assessed in the context of the holistic community.

Barriers to health care access at the level of the individual patient, as well as the community, were identified consistently across the CHNA process. For individuals this included deficits in income, employment, education, health insurance, and transportation. The community faces challenges to health care accessibility including economic factors and provider shortages.

Chronic Disease

Chronic disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. Heart disease, stroke, cancer, diabetes, obesity, and arthritis, are among the most common and preventable of all health problems. Seven of the top 10 causes of death in the U.S. are chronic disease related. Heart disease and cancer together account for nearly 48 percent of all deaths. The risk of Americans developing and dying from chronic disease would be substantially reduced if major improvements were made in diet and physical activity, control of high blood pressure and cholesterol, and smoking cessation.

Maternal, Infant and Child Health

The well-being of mothers, infants, and children determines the health of the next generation and helps predict future public health challenges for families, communities, and the medical care system. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Despite major advances in medical care, critical threats to maternal, infant, and child health still exist. Among the nation's most pressing challenges are reducing the rate of preterm births and the infant death rate.

Next Steps

The CHNA results will be disseminated to community partners through various presentations to health care providers, county collaborative, behavioral health partners and other interested parties.

The complete CHNA will be posted on the Munson Healthcare website. A copy also may be obtained by contacting Munson Healthcare Cadillac Hospital Communications & Marketing, Community Benefits department or any hospital administration office.

Munson Healthcare Cadillac Hospital will develop implementation strategies to address the prioritized health issues that the hospital will focus on in coming months.

Each hospital will participate in the development and execution of a community-wide health improvement plan.

Comments and Questions

It takes all of us to make our community healthy. To share your feedback on our 2016 Community Health Needs Assessment, please email your questions and comments to cadillahospital@mhc.net.



Appendix A: Acknowledgements

Community Participants

This report would not have been possible without the input of community members, hospital executives, and staff on the front lines of our health care system, and the public health officers who share their perspectives. Their voices and endorsement of a greater coordination are important, as the community reflects upon, reforms, and renews the commitment to meeting our health care needs.

28th Circuit Court

Baker College of Cadillac, Program Director

Cadillac Area YMCA, Executive Director

Cadillac Area Public Schools, Superintendent

Cadillac Area Public Schools, Teacher

Cadillac Area Senior Center, Director

Cadillac-Wexford Transit Authority, Project Coordinator

District Health Department #10, Deputy Health Officer

District Health Department #10, Health Educator

District Health Department #10, Health Planner/QI Coordinator

Life Resources of Northern Michigan, Executive Director

Love INC of Wexford & Osceola Counties, Administrator

Medication Access Program, Program Coordinator

Missaukee County, County Commissioner

MSU Extension, Nutrition Program Instructor

MSU Extension, Health and Nutrition Educator

Munson Healthcare Cadillac Hospital, Community Health Committee of the Board Members

Munson Healthcare Cadillac Hospital, Manager, Community Benefit

Munson Healthcare Cadillac Hospital, Manager, Marketing & Communications

Munson Healthcare, Medical Director of Population Health

New Hope Shelters, Executive Director

Northern Lakes Community Mental Health, Prevention & Community Coordinator

Northwest MI Community Action Agency, President

Northwest Michigan Works, Manager

Prosecuting Attorney Office, Wexford County

Shepherd's Table, Program Director

Stehouwer Free Clinic, Executive Director

Stehouwer Free Clinic, Registered Nurse

United Way of Wexford/Missaukee Counties, Executive Director

Wexford Adolescent Wellness Centers, Health Coordinator

Wexford Missaukee Department of Human Services, Director

Wexford-Missaukee Child Protection Council, Prevention Coordinator

Wexford-Missaukee Intermediate School District, Director of Special Education

Wexford-Missaukee Intermediate School District, Accounting Assistant

Wexford-Missaukee Physician Health Organization, Medical Director

Wexford-Missaukee Physician Health Organization, Project Coordinator

Wexford-Missaukee Physician Health Organization, Process Improvement Facilitator

Appendix A: Acknowledgements

Community Participants – cont'd

Community Health Committee of the Board

Chris Huckle, Publisher, Cadillac News

Dan Wolf, President, Dewar Sloan Consultants

Dave Cox, Director, Wexford-Missaukee Career Tech Center

Dave McCurdy, Estate Planning Attorney

Dianna Haines, Munson Healthcare Cadillac Hospital Board of Trustees

Elizabeth Rzepka-Alto, MD, Mackinaw Trails Pediatrics

James Whelan, MD, Medical Director, Wexford Physician Health Organization, Population Health, Munson Healthcare

Joe Santangelo, MD, Chief Medical Officer, Munson Healthcare Cadillac Hospital

Kathryn Bandfield-Keough, VP Patient Care, Munson Healthcare Cadillac Hospital

Kevin Hughes, MA, Health Officer, District Health Dept. #10

Kim Benz, Manager, Community Benefits, Munson Healthcare Cadillac Hospital

Mike Hamner, Vice President, Avon Protection Systems, Inc.

Pat Goggin, Executive Director, United Way Wexford-Missaukee Counties

Susan Rogers, CPA, Bowman & Rogers, PC

Tonya Smith, President, Munson Healthcare Cadillac Hospital

Virginia Mackey, Munson Healthcare Cadillac Hospital Board of Trustees

ISSUE BRIEF: Access to Health Care

Access to health services is important at every age. Having both a primary care provider and medical insurance can prevent illness by improving access to a range of recommended preventive services across the lifespan, from childhood vaccinations to screening tests for cancer and chronic diseases, such as diabetes and heart disease. Having a primary care provider and medical insurance also plays a vital role in finding health problems in their earliest, most treatable stages, and managing a person through the course of the disease. Lacking access to health services—even for just a short period—can lead to poor health outcomes over time.

Key Facts:

- Almost one in four Americans does not have a regular primary care provider or health center where they can receive routine medical services.
- Less than half of older adults are up-to-date on a core set of clinical preventive services, including cancer screenings and immunizations.
- Less than half of Americans with hypertension have adequately controlled blood pressure and only one-third with high cholesterol have it adequately controlled. Improving control is one of the most effective ways to prevent heart disease and stroke.
- Colorectal cancer is the second leading cause of death in the US. Some estimates suggest that if screenings were implemented at recommended levels, more than 18,000 lives could be saved each year.
- Each year, asthma costs the US about \$3.30 per person in medical expenses, missed school/work days and early deaths.
- Community programs that teach people how to manage their diabetes can help prevent short- and long-term health conditions, enhance quality of life, and contain health care costs.
- More than 80 million people in the US do not have fluoridated water, which reduces tooth decay by 25% in children and adults. Every dollar spent on fluoridation saves more than \$40 in dental treatment costs.
- Nationally, only 44.5% (age-adjusted) of people age 2 and older had a dental visit in the past 12 months, a rate that has remained unchanged for the past decade.

Health Insurance

People without medical insurance are more likely to lack a usual source of medical care, and are more likely to skip routine medical care due to cost, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses.

Regular Source of Medical Care

Access to health services affects a person's health and well-being. Regular and reliable access to health services can prevent disease and disability, detect and treat illnesses or other health conditions, increase quality of life, reduce the likelihood of premature death and increase life expectancy. Primary care providers play an important role in protecting the health and safety of the communities they serve. They can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual primary care provider is associated with greater patient trust in the provider, good patient-provider communication and increased likelihood that patients will receive appropriate care.

Clinical/Community Preventive Services

Clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing death and disability and improving the Nation's health. These services both prevent and detect illnesses and diseases—from flu to cancer—in their earliest, more

treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs. They can be supported and reinforced by community-based prevention, policies, and programs. Community programs can also play a role in promoting the use of clinical preventive services and assisting clients in overcoming barriers to transportation, child care and navigating resources.

Social Determinants of Health

One of the primary barriers to accessing health care is the high cost of medical insurance, and/or deductibles and co-pays. A lack of medical services in some communities, coupled with a shortage of primary care providers, also negatively affects people's ability to access health services. Living in a rural area, geographic isolation, fewer transportation options and limited community resources affect access.

*Narrative adapted from **Healthy People 2020** and the **National Prevention Strategy***

2016 Community Health Needs Assessment Highlights	
Wexford and Missaukee counties	
Health Professions Shortage Areas	
Wexford and Missaukee counties have a shortage in primary care, behavioral health, and dental health providers.	
Primary Care Provider Ratio	
The ratio of primary care physicians is 1,020:1 in Wexford County and 3,760:1 in Missaukee County. In Wexford County, the ratio of dentists is 1,640:1 and 7,520:1 in Missaukee County. The ratio of mental health providers is 580:1 in Wexford County and 5,010:1 in Missaukee County. Source: County Health Rankings, 2016)	
Health Insurance	
In Wexford County 12.6% of the population under age 65 is uninsured and 19.7% of the population under age 65 in Missaukee is uninsured compared to the State (10%). Source: District Health Department #10 Behavioral Risk Factor Survey, 2015	
Primary Care Provider	
In Wexford County, 23.5% of the adult population and Missaukee County, 25.8% of the adult population report not having a primary care provider. Source: District Health Department #10 Behavioral Risk Factor Survey, 2015	
Dental Health Care	
34.0% of adults in Wexford County and 27.0% of adults in Missaukee County reported no dental visit in past year. Source: District Health Department #10 Behavioral Risk Factor Survey, 2015	
Community Conversations	Major Forces of Change
<p>Community Conversation participants included thirty-three community members and representatives from the local health department, hospital and other healthcare providers, social service agencies, schools, business, and government.</p> <p>Answers to the question “<i>What can we do in Wexford and Missaukee Counties to move closer to our vision of a healthy community?</i>”, identified the following issues:</p> <ul style="list-style-type: none"> • Access to care • Access to primary and specialty care including recruitment for primary care, mental health, and dental health providers. • A community care plan for aging and chronic diseases. Increase awareness of and access to addiction treatment. 	<p>Affordable Care Act (ACA) Signed into law in 2010, the ACA represents the largest overhaul of the U.S. healthcare system since the enactment of Medicare and Medicaid in 1965. The ACA introduced mechanisms like mandates, subsidies and insurance exchanges. The law requires insurance companies to cover all applicants within new minimum standards and offer the same rates regardless of pre-existing conditions or sex.</p> <p>Enroll Northern Michigan Enroll Northern Michigan is a very successful collaboration between health departments, hospitals, federally-qualified health centers, community mental health agencies and other community partners. Led by DHD#10 with funding from the Tencon Health Plan, this initiative seeks to enroll eligible adults in the ACA, Healthy Michigan Plan or the Health Insurance Marketplace.</p>
“What Matters to You” Survey: Access to Healthcare Responses	
Community Member Results (n=322)	Health Care Provider Results (n=17)
<p>Seventy percent of community members identified the most important <i>factors</i> needed for a healthy community as access to health care, primary care, specialty care, behavioral health services, and dental care.</p> <p>When asked about the most important <i>problems</i> in your community, access to care was identified by thirty-three percent of those surveyed.</p>	<p>Seventy-one percent of healthcare providers identified access to health care, primary care, specialty care, behavioral health services, and dental care as the most important <i>factors</i> needed for a healthy community.</p> <p>Fifty-three percent identified access to health care as the second most important <i>problem</i> in your community.</p>

ISSUE BRIEF: Chronic Disease

Chronic disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. Heart disease, stroke, cancer, diabetes, obesity and arthritis, are among the most common and preventable of all health problems. Seven of the top 10 causes of death in the US are chronic disease related. Heart disease and cancer—together account for nearly 48% of all deaths. The risk of Americans developing and dying from chronic disease would be substantially reduced if major improvements were made in diet and physical activity, control of high blood pressure and cholesterol, and smoking cessation.

Key Facts

- About half of adults in the US—117 million people—have one or more chronic conditions. One in four adults has two or more chronic conditions.
- Leading causes of death in the US are heart disease, cancer and stroke.
- Controlling blood pressure, a risk factor for heart disease and stroke, is a major challenge. High blood pressure affects one in three adults and more than half of Americans with high blood pressure do not have it under control.
- Arthritis is the most common cause of disability. Of the 53 million adults with a diagnosis of arthritis, 22 million say they have trouble with their usual activities because of the disease.
- Diabetes is the leading cause of kidney failure, lower-limb amputations other than those caused by injury, and new cases of blindness in adults.
- In addition to the prevention of cancer through healthy lifestyle, screening and early treatment of cancer; we can reduce the incidence and deaths from cervical, colorectal, and breast cancer.
- Tobacco use is the single most preventable cause of disease, disability, and death in the United States.

Heart Disease

Heart disease is the leading cause of death for both men and women. In the United States, someone suffers a heart attack every 43 seconds and each minute, someone dies from a heart disease-related event.

High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease; about half of Americans have at least one of the three risk factors.

Stroke

Stroke kills almost 130,000 Americans each year, with over 795,000 people in the US having a stroke. Stroke is the leading cause of serious long-term disability.

Knowing the warning signs and symptoms of stroke and acting quickly greatly increase the chances of survival.

Cancer

Cancer is the second leading cause of death in the United States, exceeded only by heart disease. In 2011, more than 575,000 people died of cancer, and more than 1.5 million people had a diagnosis of cancer. Cancer risk can be reduced by avoiding tobacco, limiting alcohol use, limiting exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables,

maintaining a healthy weight, being physically active, and seeking regular medical care. Prevention is the best way to fight cancer.

Diabetes

In the United States, about 29.1 million people have diabetes. Approximately 86 million people have pre-diabetes or a blood sugar level higher than normal but not high enough for a diagnosis of diabetes. Nine out of ten people with pre-diabetes are unaware they have an increased risk of developing diabetes.

*Narrative adapted from **Healthy People 2020**, **Centers for Disease Control and Prevention**, and the **National Prevention Strategy***

2016 Community Health Needs Assessment Highlights Wexford and Missaukee Counties			
Behavioral Risk Factor Survey Results - 2015	Missaukee	Wexford	DHD#10 Jurisdiction
High Cholesterol	39.4%	31.9%	32.2%
High Blood Pressure	31.9%	30.0%	33.4%
Arthritis	30.7%	33.5%	31.3%
Lifetime Asthma	16.5%	10.6%	16.0%
Any Cardiovascular Disease	11.4%	10.7%	10.2%
COPD	10.4%	8.7%	9.0%
Current Asthma	9.8%	5.5%	11.0%
Diabetes	9.6%	8.9%	10.2%
Angina	8.1%	4.7%	5.2%
Cancer, Non-Skin	4.9%	7.7%	6.9%
Heart Attack	4.7%	5.0%	5.2%
Skin Cancer	4.5%	4.6%	4.9%
Stroke	1.2%	3.0%	3.0%
Community Conversations			
<p>Community Conversation participants included thirty-three community members and representatives from the local health department, hospital and other healthcare providers, social service agencies, schools, business, and government. Answers to the question “<i>What can we do in Wexford and Missaukee Counties to move closer to our vision of a healthy community?</i>” identified issues related to lifestyle changes, health education, physical activity opportunities, and access to health care to impact and reduce the underlying causes of chronic disease.</p>			
Major Forces of Change			
Northern Michigan Diabetes Initiative			
<p>The Northern Michigan Diabetes Initiative is a regional collaboration dedicated to prevention, early detection, and management of diabetes. The goal is a reduction in the prevalence of diabetes and improvement in the care of people with diabetes. This will be accomplished by engaging and providing local, regional, and national resources to develop and implement an improvement plan for the prevention and management of diabetes.</p>			
MiPCT			
<p>The Michigan Primary Care Transformation Project (MiPCT) is a pilot program to demonstrate the value of a Patient Centered Medical Home model of care. Michigan was chosen as one of eight states to receive funding from the Center of Medicare and Medicaid services from Jan 2011-Dec 2014. The funding allows local doctors to utilize care coordinators to help manage complex patients. This project has been successful in reducing unnecessary ER visits and hospitalizations by helping patients to manage their care.</p>			
Northwest Michigan Chronic Disease Prevention Coalition			
<p>The Tencon Health plan is funding District Health Department #10 to implement a comprehensive approach to chronic disease prevention and treatment guided by a cross-sector coalition with representatives from across 21 counties of Northwest Michigan.</p>			
“What Matters to You” Survey: Chronic Disease Responses			
Community Member Results (n=322)		Health Care Provider Results (n=17)	
<p>When asked about the most important health <i>problems</i> in your community, the following were identified:</p> <ul style="list-style-type: none"> • Overweight and obesity 39% • Chronic diseases (heart disease, cancer, diabetes, COPD, stroke) 33% • Lack of access to primary care, specialty care, behavioral health services and dental care 33% 		<p>When asked about the most important health <i>problems</i> in your community, the following were identified by health care providers:</p> <ul style="list-style-type: none"> • Overweight and obesity 65% • Lack of access to primary care, specialty care, behavioral health services and dental care 53% • Chronic diseases (heart disease, cancer, diabetes, COPD, stroke) 35% 	

ISSUE BRIEF: Maternal, Infant and Child Health

The well-being of mothers, infants, and children determines the health of the next generation and helps predict future public health challenges for families, communities, and the medical care system. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Despite major advances in medical care, critical threats to maternal, infant, and child health still exist. Among the Nation's most pressing challenges are reducing the rate of preterm births and the infant death rate.

Key Facts

- Nearly half of all pregnancies are unintended. Associated risks include low birth weight, postpartum depression, and family stress.
- 31% of women who deliver an infant suffer pregnancy complications, ranging from depression to the need for a cesarean delivery.
- Although rare, the risk of death during pregnancy has declined little over the last 20 years.
- Infant mortality rates are higher among women of color, adolescents, unmarried mothers, people who smoke, those with lower education levels, and those who did not obtain adequate prenatal care.
- The preterm birth rate has risen more than 20% in the past 20 years. Preterm infants are more likely to suffer complications at birth, die within the first year of life, and have lifelong health challenges such as cerebral palsy or learning disabilities.
- On average, 42,000 deaths per year are prevented among children who receive recommended vaccines.
- There are approximately 19 million new cases of sexually transmitted infections each year—almost half of these are in young people age 15 to 24.
- Binge drinking and illicit drug use are associated with intimate partner violence and risky sexual behaviors, including unprotected sex and multiple sex partners. These activities increase the risk of unintended pregnancies and increase the risk of acquiring HIV and other sexually transmitted infections.

Reproductive and Sexual Health

Healthy reproductive and sexual practices can play a critical role in enabling people to remain healthy and actively contribute to their community. Planning and having a healthy pregnancy is vital to the health of women, infants, and families. This is especially important in preventing teen pregnancy and childbearing, which will help raise educational attainment, increase employment opportunities, and enhance financial stability. Access to quality health services and support for safe practices can improve physical and emotional well-being and reduce teen and unintended pregnancies, HIV/AIDS, viral hepatitis, and other sexually transmitted infections.

Childhood Immunizations

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule (this includes DTaP, Td, Hib, Polio, MMR, Hep B, and varicella vaccines), society saves 33,000 lives; prevents 14 million cases of disease; reduces direct health care costs by \$9.9 billion; and saves \$33.4 billion in indirect costs. Despite progress, about 300 children in the U.S. die each year from vaccine-preventable diseases. Communities with pockets of unvaccinated and under-vaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases.

Child Abuse and Neglect

Adverse experiences in childhood, including violence and maltreatment, are associated with health risk behaviors such as smoking, alcohol and drug use, and risky sexual behavior, as well as health problems such as obesity, diabetes, ischemic heart disease, sexually transmitted infection, and attempted suicide.

Social Determinants of Health

A range of biological, social, environmental, and physical factors have been linked to maternal, infant, and child health outcomes. These include race and ethnicity, age, and socioeconomic factors, such as income level, educational attainment, medical insurance coverage, access to medical care, prepregnancy health, and general health status. Children reared in safe and nurturing families and neighborhoods, free from maltreatment and other social problems, are more likely to have better outcomes as adults.

*Narrative adapted from **Healthy People 2020** and the **National Prevention Strategy***

2016 Community Health Needs Assessment Highlights Wexford and Missaukee Counties			
	Wexford	Missaukee	Michigan
Infant mortality: Five year rates (2010-14) per 1,000 live births, Source: Michigan Dept. of Health & Human Services, 2010-14	9.2	Too small to calculate	6.9
Inadequate prenatal care: The percentage of births to women who received less than adequate prenatal care. Source: Michigan League for Public Policy, 2013	40.4%	36.6%	29.9%
Preterm births: Infants born prior to 37 completed weeks of gestation. Source: Michigan Dept. of Health & Human Services, 2014	13.1%	7.7%	12.3%
Maternal smoking: Women who smoked while pregnant. Source: Michigan Dept. of Health & Human Services 2012-14	32.5%	25.2%	18.3%
Teen Pregnancy: Rate per 1,000. Source: Michigan Dept. of Health & Human Services 2012-14	56.0	42.0	38.3
Childhood immunization: Percent of children age 19-35 months who have received recommended immunizations (4 DtaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV, and 2 HepA). Source: Michigan Dept. of Health & Human Services 2015	51.0%	42.0%	51.8%
Child abuse and neglect: Rates for confirmed child abuse and neglect, per 1,000 children under age 18. Source: Michigan League for Public Policy, 2014	35.8	35.8	14.7
Community Conversations	Major Forces of Change		
<p>Community Conversations were held with broad community representation from the Cadillac Area Health Coalition and Human Service Leaders Collaborative, focusing on the question “<i>What can we do in Wexford and Missaukee Counties to move closer to our vision of a healthy community?</i>”</p> <p>Human Services Leadership Collaborative identified an increase in awareness and access to educational opportunities, strategies on parenting awareness, education, and engagement; home visits for new parents; prevention of child abuse, and childhood trauma.</p> <p>Cadillac Area Health Coalition identified strengthening families and support of disadvantaged youth.</p>	<p>Sustaining Community-Based Immunization Project DHD#10 was awarded \$492,000 on behalf of the 6 local health department partners in the Northern Michigan Public Health Alliance (NMPHA). It is designed to increase immunization rates among children and older adults in MCIR Region 5 from 2015-18.</p> <p>Wex/Miss. Great Start Collaborative: The strategic plan includes: Working with DHD#10 to reduce maternal smoking; along with improving nutrition for mothers and young children.</p> <p>DHD#10 Tobacco Prevention and Control Project: DHD #10 was awarded funding from MDHHS to increase number of calls from pregnant women to the Michigan Tobacco Quitline. Staff is working to distribute Quitline materials and provide trainings on the 5 A’s of tobacco cessation to healthcare providers.</p>		
“What Matters to You Survey: Maternal, Infant, Child Health Responses			
Community Member Results (n=322)			
Most important factors for a healthy community			
<ul style="list-style-type: none"> Lower child abuse 7% 			
Most important health problems in your community			
<ul style="list-style-type: none"> Unsafe home environment (child abuse/neglect, domestic violence) 19.81% 			

