

2015 COMMUNITY HEALTH NEEDS ASSESSMENT

Description of Community

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

All three counties served by OMH are extremely rural. In Otsego, Cheboygan, Montmorency, and Antrim Counties, 95% of residents are non-Hispanic white. Hispanics represent the second largest minority group in Otsego (1.5%) and Montmorency (1.2%) Counties while Native Americans represent the second largest minority group in Cheboygan County with 3.1%. The Hispanic population represents the third largest minority group of all three counties with 1.5% in Otsego and 1.2% in Cheboygan and Montmorency Counties respectively. At 18.9%, older adults represent a larger proportion of the population in Otsego county than they do statewide (15%), 23.9% percent of Cheboygan County's population is age 65 and older followed closely by Antrim County with 24.7% and in Montmorency County, seniors represent an even larger share at 29.2%. (Source: countyhealthrankings.org)

Though high school graduation rates in Otsego and Cheboygan Counties (information not available for Montmorency County) (84%) exceed the State rate (78%), the proportion of residents who have some college education lags behind the State (65.6% vs. 55.2%). Antrim County has the highest high school graduation rate with 88.2% of the population having a high school diploma. With lower educational levels across our counties, it is not surprising that incomes generally fall below the Michigan median income (\$48,200); Otsego median income is \$47,016, Antrim with \$46,890, Cheboygan \$37,941, and Montmorency County is the lowest in the region, at \$33,742. Rates of children in poverty exceed the State rate (24%) in Antrim County at 25%, Cheboygan County with 33% and Montmorency County with 37%. Child poverty levels in Otsego County since 2012 have decreased and are now below state average at 21%. (Source: countyhealthrankings.org)

INDICATOR		HEALTHY PEOPLE 2020	STATE OF MICHIGAN	OTSEGO COUNTY	MONTMORENCY COUNTY	CHEBOYGAN COUNTY	ANTRIM COUNTY
Access to Care	Uninsured--Adults	0%	13%	16%	20%	21%	19%
	Primary Care Physicians	--	1,256:1	1,510:1	1,579:1	1,651:1	1,466:1
Leading Causes of Death (age adjusted)	Heart Disease Death Rate	--	199.7 per 100,000	179.2 per 100,000	214.0 per 100,000	158.7 per 100,000	152 per 10,000
	Cancer Death Rate	161.4 per 100,000	170.7 per 100,000	180.4 per 100,000	193.2 per 100,000	198.3 per 100,000	170 per 100,000
	CLRD Death Rate	--	46.8 per 100,000	62.9 per 100,000	77.1 per 100,000	54.8 per 100,000	46.9 per 100,000
	Unintentional Injury	36.4 per 100,000	39.7 per 100,000	34.4 per 100,000	*	42.2 per 100,000	42.3 per 100,000
	Stroke Death Rate	34.8 per 100,000	36.3 per 100,000	36.8 per 100,000	52.9 per 100,000	39.3 per 100,000	26.9 per 100,000
Health Risk Behaviors	Obesity--Adults	30.5%	32%	34%	32%	33%	32%
	Physical Inactivity--Adults	32.6%	23%	25%	24%	26%	21%
	Cigarette Smoking--Adults	12.0%	20%	24%	31%	22%	21%
	Excessive Alcohol--Adults	25.4%	18%	21%	*	25%	27%
Maternal and Child Health	Infant Mortality	6 per 1,000 live births	7 per 1,000 live births	10.5 per 1,000 live births	*	*	9.9 per 1,000 live births
	Birth Rate--Teens	--	11 per 1,000 live births to females age 15-19	30 per 1,000	26 per 1,000	32 per 1,000	34 per 1,000
	Smoking--Pregnant Women	1.4%	19.7%	29.7%	39.7%	31.3%	30.5%
	Confirmed Abuse/Neglect	8.5 per 1,000 children	14.9 per 1,000 children	23.7 per 1,000	26.6 per 1,000	12.8 per 1,000	29.9 per 1,000
Determinants of Health	Families Living Below FPL	--	12.0%	8.4%	12.1%	13.2%	11.1%
	Food Insecurity	--	16.4%	14.8%	17.4%	16%	--
	High School Graduates >age 25	--	78.8%	83.9%	79.3%	87.8%	88.2%
	Severe Housing Problems	--	17%	12%	15%	15%	17%
	Households w/No Vehicle	--	7.8%	7.0%	5.5%	5.4%	3.5%

(Sources: countyhealthrankings.org; American Community Survey; Small Area Income & Poverty Estimates; National Cancer Institute; Michigan Dept of Health & Human Services; Kidscount Data Center)

History & Evaluation:

In 2012, a collaborative partnership was formed between Northwest Michigan Health Department and three hospitals – Charlevoix Area Hospital, McLaren Northern Michigan, and Otsego Memorial Hospital, along with District Health Department #4 in providing funding for a robust community health assessment across the region we all serve. The region includes Alpena, Antrim, Charlevoix, Cheboygan, Chippewa, Emmet, Mackinac, Montmorency, Otsego, and Presque Isle counties. A comprehensive collection and analysis of health status and needs was identified and it was learned that too many of our residents, and especially low-income residents:

- Are overweight or obese and don't spend time engaged in physical activities;
- Lack access to healthy food and recreational facilities in their communities;
- Experience a variety of barriers to health care, including mental health services and substance abuse treatment
- Abuse alcohol and drugs and use tobacco.

More than 1,200 individuals participated in surveys and/or focus groups throughout Northern Michigan in 2012 for the regional community health assessment. About 900 residents completed a "Healthy Community" survey, including 201 residents from Otsego and Montmorency counties. More than 500 Otsego County residents responded to the two Otsego County Quality of Life Project's surveys and/or participated in community dialogues held in Elmira, Gaylord, Johannesburg, Vanderbilt, and Wolverine. These results were integrated into the Community Themes and Strengths Assessment. More than 250 health indicators were collected, organized, and analyzed for each of the 10 counties in the region, including social determinants of health and

other statistics reported annually in the County Health Rankings. Responses collected throughout the 10-county service area indicate the following as top priorities:

- Obesity/Chronic Disease Prevention
- Access to Care (including mental health and maternal and child health)
- Substance Abuse and Tobacco Use

Based on the above three priorities, the Otsego Memorial Board of Directors adopted a Health Improvement Plan in August 2013 to address the top three health priorities of the community. Based on resources and expertise, OMH focused mostly on Obesity/Chronic Disease Prevention and Access to Care.

Evaluation

Below is an evaluation of impact of our actions taken as result of the 2012 Community Health Needs Assessment.

PRIORITY 1 - OBESITY AND CHRONIC DISEASE

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

Business Wellness Screenings

Intervention Strategy

Local businesses can have an on-site wellness event where for an evaluation of their employees' BMI, blood pressure, pulse, muscle and fat percentages, a full lipid panel and blood glucose levels, along with a point-of-care education about results tailored to the employee.

Organizations

Otsego Memorial Hospital and Area Local Businesses

Anticipated Outcomes

- To increase the community's knowledge of cholesterol and blood glucose levels, healthy weight loss goals, and how obesity is tied to chronic disease including cardiovascular disease, hypertension, arthritis, cancer and diabetes through onsite health events. Encourage community members to know and monitor their health numbers for weight, BMI and cholesterol.

Actual Outcome

- Created marketing materials and distributed through local chamber for OMH's Worksite Wellness Program.
- Held meetings with various local businesses and provided proposals for services.
- Conducted 4 worksite wellness events with a total of 20 screenings between 2013 and 2015.

Colorectal Screening

Intervention Strategy

Otsego Memorial Hospital plans to host a colorectal screening event targeting men and women age 50 and older, with special emphasis for those with limited financial means, in the hospital service area to provide colorectal screening kits, at no cost to the patient.

Organizations

Otsego Memorial Hospital, OMH Medical Group, American Cancer Society, Health Department of Northwest Michigan, District Health Department #4, and Blue Cross Blue Shield of Michigan

Anticipated Outcomes

- To provide increase access for colorectal health care for men and women.

Actual Outcome

- This screening was not executed due to ineffective screening tools per general surgery providers. Colorectal screening information was distributed via print to bring awareness to the highly recommended procedure of colorectal screening.

Cardiac Rehabilitation

Intervention Strategy

Otsego Memorial Hospital offers a medically supervised exercise program, certified by the American Association of Cardiovascular and Pulmonary Rehabilitation, to those recovering from a cardiac event or those with cardiac disease. Also, providing education and individualized treatment plans for the patients it serves. It also offers continued medically supervised exercise for prior cardiac rehabilitation patients and the general public. This program does require a physician referral, but is open to public for a nominal fee.

Organizations

Otsego Memorial Hospital Medical Staff and Referring Medical Groups

Anticipated Outcomes

- To increase knowledge of information provided related to cardiovascular disease risk factors and management.
- To see a decreased number of occurrences of additional inpatient care for heart disease or related co-morbidities.

Actual Outcome

- In 2013, 4100 monitored cardiac/pulmonary rehab patients were seen with 4500 patients who exercised by paying \$5 per session.
- In 2014, 4380 monitored cardiac/pulmonary rehab patients were seen with 4745 patients who exercised by paying \$5 per session.
- In 2015, 4510 monitored cardiac/pulmonary rehab patients were seen with 5000 patients who exercised by paying \$5 per session.
- The number of both Cardiac and Pulmonary patients has steadily increased each year by approximately 200 patients from 2013-2015.

Employee Health Program

Intervention Strategy

Otsego Memorial Hospital plans to create an Employee Health Program for all employees of the hospital to encourage employees to participate in OMH sponsored wellness events along with community members.

Organizations

Otsego Memorial Hospital

Anticipated Outcomes

- To educate and promote health and wellness for OMH employees.

Actual Outcome

- In June 2014 and August of 2015, employee health screenings were performed and 73 employees participated.
- OMH offers participation in the "Healthy Wage" program, challenging employees to lose weight in teams. This program was offered for the first time in 2015 with 20 participants.

Community Health Fairs and Wellness Events

Intervention Strategy

Otsego Memorial Hospital provides education and screening opportunities to the general public regarding, obesity management and prevention, nutrition, exercise options, fitness, disease prevention and risk factor management and prevention free of charge at a variety of local events.

Organizations

Otsego Memorial Hospital, OMH Foundation, OMH Medical Group, Otsego County Sportsplex, and Odawa Casino

Anticipated Outcomes

- To increase the general public's knowledge of nutrition, healthy cholesterol and blood glucose levels, healthy weight loss goals, the importance of physical activity, and how obesity is tied to chronic disease.

Actual Outcome

- OMH participated in 25 community health events and health fairs in the 2013-2015. Approximately 3,500 people total were reached during these events.
- Additional health fairs we attended were:
 - Antrim County Senior Expo
 - Cheboygan Senior Expo
 - OMH Diabetes Expo
 - Jay's Novembeard Event
 - Jay's Hope for Outdoor Women Event
 - Gaylord Family Fun Fair
 - Lewiston Health Fair
- OMH Created an OMH Physician Speaker Bureau offering free presentations on important health topics from OMH providers.
- A total of 20 speaking events were held and approximately 250 community members attended from 2013-2015.

Community 5Ks/Fun Runs

Intervention Strategy

Otsego Memorial Hospital partners with local communities to assist with and promote 5Ks and Fun Runs. These 5Ks/Fun Runs will promote health by encouraging family/group exercise and to set a healthy example to the community.

Organizations

Gaylord Community Schools, Vanderbilt Community Schools, Gaylord Alpenfest, and Johannesburg Community Schools

Anticipated Outcomes

- To increase awareness of healthy eating, exercise and the benefits of both for a healthy lifestyle in a community setting.

Actual Outcome

- Sponsored 8 local 5k runs and triathlons supporting and promoting exercise.

Diabetes Education Program

Intervention Strategy

Otsego Memorial Hospital provides education and care coordination for adult and pediatric patients with diabetes.

Organizations

Otsego Memorial Hospital and MSU Extension

Anticipated Outcomes

- To identify patients who are diabetic or pre-diabetic, and to prevent, screen and assist in the management of diabetes.

Actual Outcome

- Free monthly diabetes support groups have been set up with the OMH Diabetic Educator and the OMH Dietician.
- OMH offers a Diabetes Self Management Program, including both group and one-on-one sessions, with approximately 600 patients participating from 2013-2015.
- "Dining with Diabetes" program are also available to diabetic patients in our community.
- OMH Community Health Education hosted a Diabetes Expo with 100 participants in 2015.
- In November 2015 a Diabetes Awareness Day was held.

LEAP

Intervention Strategy

Children ages 2-18 can participate in the LEAP (Learning to Eat right, get Active, and reach your Potential) program. This program is designed to provide support and education, by a physician, a dietician, and an occupational therapist, to children whose weight and activity levels places them at risk for premature diseases such as hypertension, type 2 diabetes, elevated lipids, or other chronic conditions offered through our OMH Medical Group.

Organizations

Otsego Memorial Hospital and OMH Medical Group

Anticipated Outcomes

- To increase the community's knowledge of cholesterol and blood glucose levels, healthy weight loss goals, and how obesity is tied to chronic disease including cardiovascular disease, hypertension, arthritis, cancer and diabetes through onsite health events. Encourage community members to know and monitor their health numbers for weight, BMI and cholesterol.

Actual Outcome

- Held numerous meetings throughout 2013 to redesign the program with all stake holders.
- Redesigned program and changed name to LEAP (Learning to Eat right, get Active, and reach your Potential).
- Still had difficulty obtaining referrals after name change and new marketing.
- Planning sit down with local schools in Spring 2016 to jumpstart program.

Men's Health Event

Intervention Strategy

Otsego Memorial Hospital plans to host a Men's Health Event series, targeting under/uninsured men age 50 and older of the hospital's service area to provide prostate screenings, at no cost to the patient. Also offering targeted health sessions for blood pressures, BMI and cholesterol screenings.

Organizations

Otsego Memorial Hospital, OMH Medical Group, American Cancer Society, Health Department of Northwest Michigan, District Health Department #4, and Blue Cross Blue Shield of Michigan

Anticipated Outcomes

- To provide increase access for prostate health care for men in need.

Actual Outcome

- Three men's health events were held in 2013-2015 (one each year).
- The 2013 event had 1 participant and the 2014 event had 15 participants.
- In 2015 a Men's Health event with Blue Cross Blue Shield of Michigan and Jay's Sporting Goods and was very successful with 80 screenings.

Promote Healthy Eating at Otsego Memorial Hospital

Intervention Strategy

Otsego Memorial Hospital's cafeteria has point-of-decision prompts identified on the hospital cafeteria menu. Food choices are identified as red, yellow, or green on the spectrum of healthy food options.

Organizations

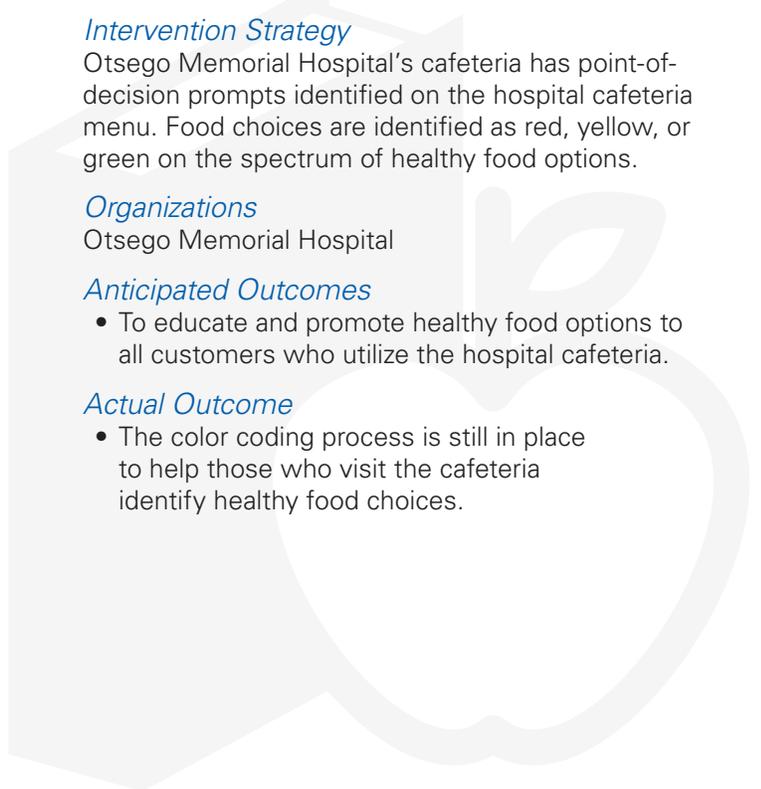
Otsego Memorial Hospital

Anticipated Outcomes

- To educate and promote healthy food options to all customers who utilize the hospital cafeteria.

Actual Outcome

- The color coding process is still in place to help those who visit the cafeteria identify healthy food choices.



Monthly Wellness Screenings

Intervention Strategy

Community members are able to come in once a month to have screening evaluations of their BMI, blood pressure, pulse, muscle and fat percentages, a full lipid panel and blood glucose levels, along with a point-of-care education about results tailored to the individual, all at a low cost.

Organizations

Otsego Memorial Hospital

Anticipated Outcomes

- To increase community member's knowledge of cholesterol and blood glucose levels, healthy weight loss goals, and how obesity is tied to chronic disease including cardiovascular disease, hypertension, arthritis, cancer and diabetes.
- To prevent, screen, and assist in the management of chronic disease processes, including hypertension, diabetes, high cholesterol, and obesity. Encourage community members to know and monitor their health numbers for weight, BMI and cholesterol.
- To expand to outlying locations.

Actual Outcome

- Wellness Wednesdays are performed on the first Wednesday of each month.
- Since November of 2013 OMH has held 22 events, serving almost 200 community members.
- These screenings have been expanded to outlying clinics, including OMH Medical Group-Boyne Valley and OMH Medical Group-Lewiston in 2015.
- Two Wellness Wednesdays were offered at Boyne Valley and one was offered at Lewiston.
- OMH plans to add Wellness Wednesday events at the OMH Medical Group-Indian River in 2016.

Pulmonary Rehabilitation

Intervention Strategy

Otsego Memorial Hospital offers a medically supervised exercise program, certified by the American Association of Cardiovascular and Pulmonary Rehabilitation, to those with pulmonary disease. Also, providing education and individualized treatment plans for the patients it serves. It also offers continued medically supervised exercise for prior pulmonary rehabilitation patients and the general public. This program does require a physician referral, but is open to public for a nominal fee.

Organizations

Otsego Memorial Hospital Medical Staff and Referring Medical Groups

Anticipated Outcomes

- To increase knowledge of information provided related to pulmonary disease risk factors and management.
- To see a decreased number of occurrences of inpatient care for pulmonary disease or related co-morbidities.

Actual Outcome

- Please see "Cardiac Rehabilitation" as the numbers have been combined for both cardiac and pulmonary rehabilitation patients.

Women's Health Event

Intervention Strategy

Otsego Memorial Hospital will host a Women's Health Event series, targeting under/uninsured women age 40-64 of the hospital's service area to provide breast and pelvic health screenings, at no cost to the patient.

Organizations

Otsego Memorial Hospital, OMH Medical Group, American Cancer Society, Health Department of Northwest Michigan, District Health Department #4, and Blue Cross Blue Shield of Michigan

Anticipated Outcomes

- To provide increased access for reproductive health care for women in need.

Actual Outcome

- One women's health event was held in 2013 where free pap/pelvic and breast screenings along with mammograms were performed. Twelve participants were screened at this event.
- With the passing of the Affordable Care Act coverage for women was expanded in 2014, as insurances had to offer preventive screenings. OMH partnered with the Health Department to begin extensively promoting marketing annual mammogram reminders.
- OMH continues to work with women with high deductibles or no insurance to ensure that preventive testing is accessible if appropriate.
- Expanded health speaking events for women and participated with local partners on women's health events working with more than 300 women.

PRIORITY 2 - ACCESS TO CARE

Goal: Improve access to comprehensive quality health care services in Otsego, Montmorency, Antrim, and Cheboygan countie.

Affordable Care Act Health Insurance Exchange

Intervention Strategy

Otsego Memorial Hospital will participate in assisting patients to learn about and enroll for health care coverage.

Organizations

Otsego Memorial Hospital, Northern Health Plan, Health Department of Northwest Michigan, and District Health Department #4

Anticipated Outcomes

- To have more community members enrolled in health insurance, increasing access and making it possible for previously uninsured patients to have health care coverage.

Actual Outcome

- OMH hired a Certified Application Counselor and held several marketing events to increase patient access and assistance in finding affordable healthcare and eligibility for expanded Medicaid.
- At the end of the first enrollment period in 2014, Otsego County was ranked the highest in Michigan as to percent of eligible to sign up.
- During open enrollment for 2015, 107 people obtained coverage.

Increase Services Offered

Intervention Strategy

Otsego Memorial Hospital continues to respond to the growing needs of the service area.

Organizations

Otsego Memorial Hospital

Anticipated Outcomes

- To provide more services in specialized care, so the patients within the Otsego Memorial Hospital service area can receive specialized care close to home.

Actual Outcome

- Psychiatric care, urology, oncology, and orthopedic surgeon. Pediatrics, OB/GYN, and mammography were added to Indian River clinic. Dr. Shephard introduced the anterior approach hip replacement.

Service Area Expansion

Intervention Strategy

Otsego Memorial Hospital is focused on expanding services within our service area, opening clinics where patients have little or no options for health care especially access to primary care and specialists.

Organizations

Otsego Memorial Hospital and OMH Medical Group

Anticipated Outcomes

- To provide increased access to health care services closer to the communities Otsego Memorial Hospital serves.

Actual Outcome

- In 2013 OMH Medical Group - Boyne Valley was opened in the rural community of Elmira, MI, focusing on providing primary care and walk-in services to the underserved.
- Also in 2015, Indian River clinic was expanded into a new location with walk-in services, family practice, pediatrics, mammography, OB/GYN services, and rotating specialists.

Partnership with Specialty Providers

Intervention Strategy

Otsego Memorial Hospital has partnered with Traverse Heart and Vascular and Petoskey Ear Nose & Throat Specialists to provide clinics in Gaylord, ensuring patients can get specialized care closer to home.

Organizations

Otsego Memorial Hospital, Traverse Heart and Vascular, Petoskey Ear Nose & Throat Specialists

Anticipated Outcomes

- To provide increased access to Cardiology, and Ear, Nose and Throat services.

Actual Outcome

- Currently still partnered with Petoskey ENT and Traverse Heart and Vascular.

Provider Recruitment

Intervention Strategy

Otsego Memorial Hospital continues to proactively recruit providers, in family practice, internal medicine, pediatrics, as well as specialties to provide care to our growing service area. All of our medical offices accept Medicaid, and all practices are accepting new patients. The majority of practices under the OMH Medical Group, including those located in Lewiston and Indian River, have been designated as Rural Health Clinics.

Organizations

Otsego Memorial Hospital and OMH Medical Group

Anticipated Outcomes

- To continue to provide increased access to care for a growing population of our community.

Actual Outcome

- OMH hired 8 mid-level providers and 12 new physicians in the 2013-2015 period. The physicians hired are listed below:
 - **Stephen Ward, MD** | Internal Medicine
Hired September, 2013
 - **Rachel Ward, MD** | Psychiatry
Hired April, 2014
 - **Yelena Isayenko, MD** | Family Medicine
Hired July, 2014
 - **James Shurlow, DO** | General Surgery
Hired July, 2014
 - **Matthew Mazur, DO** | Internal Medicine
Hired January, 2014
 - **Amanda Williams, MD** | Pediatrics
Hired March, 2014
 - **Jennifer Atkins, MD** | Pediatrics
Hired December, 2015
 - **Wendy Frye, MD** | General Surgery
Hired September, 2014
 - **Garrick R. Collins, DO** | Emergency Medicine
Hired October, 2014
 - **Ryan Shephard, DO** | Orthopedic Surgery
Hired July, 2015
 - **Nathan Mann, DO** | Family Medicine BV
Hired May, 2015
 - **Jennifer Lawhorn, DO** | Oncology
Hired May, 2015

Increased Screening Events

Intervention Strategy

Otsego Memorial Hospital is increasing the development and participation of screening events throughout our service area. These events include a monthly wellness screening, a business wellness screening, an employee health screening, a Men's Health Screening Event, a Women's Health Screening Event, a Colorectal Screening Event and a Diabetes Screening Event.

Organizations

Otsego Memorial Hospital, OMH Foundation, OMH Medical Group, Otsego County Sportsplex, Odawa Casino, "Ready to Succeed" Committee, Gaylord Family Fun Fair, Lewiston Health Fair, and American Cancer Society

Anticipated Outcomes

- To increase access and promote health and wellness, injury prevention, chronic disease management, and risk factor screening opportunities to the Otsego Memorial Hospital service area.

Actual Outcome

- Please see "Monthly Wellness Screenings," "Community Health Fairs and Wellness Events," "Women's Health Events," and "Men's Health Events" for reference.
- In addition to the screenings discussed above, OMH added a CDC approved Diabetes Prevention Program (DPP). OMH was one of the first organizations in northern Michigan to launch this program, and has one of the most successful to date.
- OMH's "Healthy Lifestyles" classes (DPP classes) were added in 2015 and two Registered Nurses were trained as lifestyle coaches to conduct classes. This program is designed to help prevent type 2 diabetes by teaching healthy eating and physical activity.
- Four classes were held in 2014-2015 with a total of 52 participants. Of those four classes and 52 participants, approximately a total of 450 pounds was lost during the program.

Otsego Assistance Program

Intervention Strategy

Otsego Memorial Hospital makes available a reasonable amount of uncompensated or discounted services to persons eligible under applicable guidelines. Individual eligibility for assistance is determined by measuring family income in relation to family size against the federal income poverty guidelines.

Organizations

Otsego Memorial Hospital

Anticipated Outcomes

- To assist patients with limited financial resources to obtain medical care at a reduced cost or no cost.

Actual Outcome

- The OMH Financial Assistance Program information is made available in all offices and on our website. It is designed to assist those unable to pay for services.

Patient Centered Medical Homes

Intervention Strategy

Otsego Memorial Hospital Medical Group practices of Lewiston, Indian River, Pediatrics, Family Practice and Internal Medicine have been designated as Patient Centered Medical Homes. A Patient-Centered Medical Home (PCMH) is a trusting partnership between a doctor led health care team and an informed patient. It includes an agreement between the doctor and the patient that acknowledges the role of each in a total health care program.

Organizations

OMH Medical Group

Anticipated Outcomes

- To enhance access facilitating better communication between providers and patients, allowing for improved, timely care and follow-up with each patient.

Actual Outcome

- OMH Medical Group primary care practices are recognized by several health plans, but BCBSMI has designated our facilities as patient centered medical homes.
- Boyne Valley is expected to be recognized in addition to Lewiston, Indian River, Pediatrics, Family Practice and Internal Medicine by the end of 2016.

Otsego Memorial Hospital Medical Groups Accept Medicaid

Intervention Strategy

Each Otsego Memorial Hospital Medical Group practice accepts Medicaid for reimbursement.

Organizations

Otsego Memorial Hospital and OMH Medical Group

Anticipated Outcomes

- To provide care to all patients with

Actual Outcome

- OMH accepts Medicaid.
- There is a sliding fee scale for all patients within the medical group.

Mammography Assistance Program

Intervention Strategy

Otsego Memorial Hospital offers free mammograms to women with little or no health insurance that do not meet the criteria for assistance through the BCCCP Program of the Health Department.

Organizations

Otsego Memorial Hospital, OMH Foundation, Health Department of Northwest Michigan, and District Health Department #4

Anticipated Outcomes

- To increase access and assist women who are under/uninsured to be able to obtain their yearly recommended breast health screening.

Actual Outcome

- Five patients were assisted in 2013, six patients were assisted in 2014. In 2015, 3 patients were assisted (This reduction could be attributed to changes provided by the Affordable Care Act).
- The program has been adjusted as a result of the Affordable Care Act focusing on educating women on the need to obtain a mammogram, help with women under the age of 40 or those with extremely high deductibles who would choose no care without assistance.

PRIORITY 3 - MENTAL HEALTH

Goal: Improve access to mental health care for Otsego, Montmorency, Antrim and Cheboygan counties and ensure access to appropriate, quality mental health services.

Due to the large number of local agencies, including Catholic Human Services, the Department of Human Services, and Northern Michigan Substance Abuse Services, working to address this issue, combined with limited financial resources from Otsego Memorial Hospital, it is determined that OMH can best address this health indicator with the below strategy.

Psychiatric Provider Care

Intervention Strategy

Otsego Memorial Hospital has hired a psychiatrist, to begin summer 2014, to work with all patients referred by the OMH Medical Group. This provider accepts Medicaid.

Organizations

Otsego Memorial Hospital and OMH Medical Group

Anticipated Outcomes

- To provide access to mental health care for the patients of the Otsego Memorial Hospital Medical Group.

Actual Outcome

- Dr. Rachel Ward is currently OMH's psychiatrist. She started in summer of 2014.



PRIORITY 4 - MATERNAL / CHILD HEALTH

Goal: Improve pregnancy and postpartum health, well-being and safety of mothers and children.

Breastfeeding Support

Intervention Strategy

Otsego Memorial Hospital provides education on breastfeeding, including benefits to mother and baby, physiology, techniques, proper care, troubleshooting, warning signs, and laws pertaining to breastfeeding. OMH also offers a certified lactation consultant who is available to assist new parents with breastfeeding support.

Organizations

Otsego Memorial Hospital

Anticipated Outcomes

- Promote breastfeeding as the best choice in feeding a newborn and provide support and education to parents choosing to breastfeed their child.

Actual Outcome

- Breastfeeding classes and a lactation consultant are available through OMH.
- Between 2013 and 2015, approximately 125 people received breastfeeding education.

Child Passenger Safety

Intervention Strategy

Otsego Memorial Hospital hosts Car Seat Checkup Events at various times throughout the year.

Organizations

Otsego Memorial Hospital

Anticipated Outcomes

- Provide education on the proper way to restrain children in safety seats to the community.

Actual Outcome

- Approximately 60 car seat checks were performed at 12 different events during the 2013-2014 period. OMH discontinued our car seat check program in 2015 due to other local programs offering safety checks and seats.

Childbirth Education Classes

Intervention Strategy

Otsego Memorial Hospital's Birthing Center offers a group of Childbirth Education classes to any expecting parent. Topics covered in these classes include consents, patient's rights and responsibilities, labor, monitoring, pain management, healthy lifestyles, fetal growth and development, pregnancy changes, post-delivery care, inductions, C-section, pregnancy complications, breastfeeding and infant care.

Organizations

Otsego Memorial Hospital

Anticipated Outcomes

- Healthcare providers support and educate families in caring for both mother and child in all stages (prenatal, pregnancy and postpartum) of childbirth.

Actual Outcome

- Childbirth education classes are offered at OMH.
- In 2013, 37 classes were held with a total of 300 participants.
- In 2014, 25 classes were held with a total of 100 participants.
- In 2015, 12 classes were held with a total of 52 participants.

PRIORITY 5 - SUBSTANCE ABUSE AND MATERNAL SMOKING

Goal: Reduce substance abuse to protect the health, safety, and quality of life for all in Otsego, Montmorency, Antrim and Cheboygan counties, especially children.

Due to the large number of local agencies, including Catholic Human Services, the Department of Human Services, and Northern Michigan Substance Abuse Services, working to address issues related to substance abuse, combined with limited financial resources from Otsego Memorial Hospital, it is determined that OMH can best address this health indicator by focusing on the strategy identified below.

Community Awareness

Intervention Strategy

Otsego Memorial Hospital plans on facilitating a tobacco cessation campaign to provide community members the tools they need to quit tobacco use, including a special focus group on maternal smoking cessation.

Organizations

Otsego Memorial Hospital, Munson Medical Center, American Cancer Society, and American Lung Association

Anticipated Outcomes

- Maternal smoking prevention network- To educate pregnant women about the risks of smoking and facilitate to achieve quit smoking goals by implementing evidenced-based practice techniques.

Actual Outcome

- OMH Community Health Education Staff participated in Maternal Smoking Workgroup meetings totaling approximately 20 hours during the 2013-2015 period. These meetings help Northern Michigan communities develop, market and distribute maternal smoking cessation information throughout hospitals and doctor offices.
- Pulmolife tests have been performed at 4 health events in 2014 and 2015 with approximately 25 community members participating. These tests are designed to show participants the age of their lungs to increase awareness about the dangers of smoking and the benefits of quitting smoking.
- An OMH team was created in December 2015 to refer patients to the Michigan Tobacco Quitline. This team was a result of the national core measures that are in place by the Joint Commission and soon to be adopted by CMS.

Environmental Policy Change

Intervention Strategy

Otsego Memorial Hospital and all campuses affiliated with Otsego Memorial Hospital are tobacco free.

Organizations

Otsego Memorial Hospital and OMH Medical Group

Actual Outcome

- All OMH campuses, including the main hospital are currently still tobacco free.

Clinical Supports

Intervention Strategy

Patients, including Birthing Center patients, who admit to tobacco use are provided with counseling, education materials, and strategies for smoking cessation, and are provided with a "Quit Kit" from the American Cancer Society. In addition, all patients enrolled in Cardiac or Pulmonary Rehab are also provided with counseling, education material and strategies for smoking cessation.

Organizations

Otsego Memorial Hospital and American Cancer Society

Anticipated Outcomes

- To increase the number of patients who stop smoking.

Actual Outcome

- Cardiac/Pulmonary rehab continually educates patients who smoke on the health dangers of smoking and ways to quit. They also give pulmonary packets to patients with pulmonary conditions.
- Quit Kits in the Birthing Center have been given to approximately 10 patients between 2013 and 2014. Since 2015, the quit kits have been provided primarily to patients through pulmonary rehab.
- A team was created in December 2015 to refer patients to the Michigan Tobacco Quitline. This team was a result of the national core measures that are in place by the Joint Commission and soon to be adopted by CMS.

Social Media

Intervention Strategy

Otsego Memorial Hospital utilizes social media, such as Facebook, to provide pertinent health care information to its subscribers. The hospital is planning on releasing periodic tobacco awareness/smoking cessation information via Facebook to better inform its online community.

Organizations

Otsego Memorial Hospital

Anticipated Outcomes

- To provide current, factual information on tobacco use and its effects, as well as tips and tools to promote tobacco cessation.

Actual Outcome

- There has been infrequent social media posts from OMH on this topic.

2015 Community Health Needs Assessment

In the beginning of 2015, Otsego Memorial Hospital embarked on conducting a community health needs assessment, and again partnered with the Health Department of Northwest Michigan along with Charlevoix Area Hospital, McLaren Northern Michigan, and District Health Department #4. The Community Health Needs Assessment covered a total of 8 counties, although for Otsego Memorial Hospital we are focused only on the counties of Cheboygan, Otsego, Antrim, and Montmorency.

The Community Health Needs Assessment included 7 Community Conversations that were open to the public and advertised in the 8 counties. The dates, times and locations of these conversations are listed below:

- September 16 at 10:00 AM-12:00 PM Otsego County
United Way, Gaylord (Otsego County)
- September 22 at 2-4 PM Presque Isle County Library, Rogers City
- September 28 at 9-11 AM, Atlanta (Montmorency County)
- October 14 at 1:30-3:30 PM, District Health Department #4, Cheboygan (Cheboygan County)
- October 16 at 10:30 AM-12:30 PM, Forest Home Township Hall, Bellaire (Antrim County)
- October 21 at 11:30 AM-1:30 PM, Northeast Michigan CMH Authority, Alpena
- October 28 at 10:30 AM-12:30 PM, North Central Michigan College, Petoskey

Additionally, two separate surveys were distributed to both community members and physicians to collect data called the “What Matters To You Community Survey” and the “Health Care Provider Survey”. On December 4th, 2015 all of the data was reviewed and prioritized by 39 regional stakeholders representing public health, social services, the underserved, and numerous other areas. Their mission was to review the community health assessment data and prioritize the top health needs in Otsego, Cheboygan, Antrim, and Montmorency Counties.

A Review of the Community Health Needs Assessment Process:

- 1,262 individuals participated in surveys and/or focus groups throughout Northern Michigan
- 1,140 residents completed the “What Matters to You?” survey; including 445 from Otsego, Antrim, Cheboygan, and Montmorency counties.
- 122 physicians, nurse practitioners, and physician assistants completed a “Health Care Provider” survey, 16 of whom are from Otsego and Montmorency counties.
- Around 150 people from across the tip of the mitt area participated in focus groups, community dialogues, and key informant interviews. There was significant agreement among the results of these community engagement strategies, with access to care, chronic disease, maternal and child health, substance abuse, mental health, and health disparities identified most often.
- A combined total of 55 participants took part in the three Community Conversations held in Cheboygan, Montmorency, Antrim and Otsego counties.

Key Surveys Results

Two separate surveys were created and distributed to both community members and physicians to collect data. 1,140 community members from all 8 counties took the What Matters To You Community Survey, 445 of which are from Otsego, Montmorency, Cheboygan, and Antrim Counties. These surveys were online. To publicize the survey a news release was sent out by the Health Department of Northwest Michigan, which was picked up by multiple media sources. As well, the survey was sent to all Human Service Collaborative Networks to share with staff and clients within the 8 county region, and distributed through the Health Departments at various low income health clinics, working with people at or significantly below the poverty level. A total of 122 physicians and mid-level providers (16 from Otsego Memorial Hospital) participated in the Health Care Provider Survey.

Of the 445 survey respondents from Cheboygan, Montmorency, Antrim and Otsego Counties:

- 92% of respondents said they had health insurance (7% did not)
- 96.5% responded as White Caucasian, 2% as American Indian, 1% as Hispanic or Latino, and 1% as two or more races
- 10% of respondents reported a household income as less than \$15,000, 57% reported a household income of between \$15,000 and \$74,999, and 28% reporting an income higher than \$75,000.

Key results from the What Matters to Your Community Survey and the Health Care Provider Survey:

QUESTION	WHAT MATTERS TO YOU? COMMUNITY SURVEY N=445 (Otsego, Montmorency, Antrim, and Cheboygan)	HEALTH CARE PROVIDER SURVEY N=16 (OMH only)
What are the three most important factors needed for a healthy community?	1-Access to health care 2-Good jobs/healthy economy 3-Access to affordable healthy food 4-Good schools/high value on educ. 5-Affordable housing	1-Access to health care 2-Good jobs/healthy economy 3-Good schools/high value on educ. 3-Healthy lifestyles 5-Access to affordable healthy food
Please Indicate how much you feel each of the following is a barrier to getting the health care that you need, or makes it more difficult?	1-Access to affordable health care 2-Availability of information on cost of health care services 3-Coordination of resources among services and providers 4-Access to holistic treatment options 5- Availability of transportation and child care 6-Availability of information on area health care resources	
What are the most important community health problems in the county you live in?	1-Substance use 2-Overweight/obesity 3-Chronic disease 4-Lack of affordable housing 5-Lack of access to primary care	1-Overweight/obesity 2-Mental health issues 3-Tobacco use 4-Substance use 5-Aging problems 5-Chronic disease 5-Chronic pain 5-Lack of access to health care

WHAT MATTERS TO YOU? COMMUNITY SURVEY
N=445 (Otsego, Montmorency, Antrim, and Cheboygan)

Question	Adults	Older Adults	Children
What are the problems adults, older adults, and children in your family have in getting health care services?	1-Health ins is limited 2-Deductibles/co-pays 3-Too busy to get to the doctor 4-Getting pregnancy care 5-Lack of health insurance	1-Transportation issues 2-Deductibles/co-pays 3-Too busy to get to a doctor 4-No behavioral health insurance 5-Finding a doctor	1-ER waiting time 2-Finding a behavioral health provider 3-No behavioral health insurance 4-Finding a doctor 5-Difficult to set appointments

WHAT MATTERS TO YOU? COMMUNITY SURVEY
N=380 (Otsego, Montmorency and Cheboygan)

Question	Self	Immediate Family
Have you or any member of your immediate family ever been told by a doctor or other health professional that you have any of the following?	1-Obesity/overweight 2-Chronic pain 3-Arthritis 4-Dental problems 5-Asthma	1-Kidney disease 2-Stroke 3-Cancer 4-Lung disease/COPD 5-Heart disease/heart attack

Key Community Conversations Results

Among seven Community Conversations that were open to the public and advertised in the 8 counties, 117 community members and representatives from local health departments, hospitals and other health care providers, social service agencies, schools, business, and government participated. These conversations created ideas on how our counties can move closer to our vision of healthy communities by identifying actions for making these counties healthier places to live, work, and play.

The results were combined with other primary and secondary data collected to rank community health priorities, develop community health improvement plans for those priorities, and secure funding to implement the plans. The participants and organizations of Otsego, Montmorency, and Cheboygan Counties are included below.

**OTSEGO COUNTY COMMUNITY CONVERSATION PARTICIPANTS
REPRESENTED THE FOLLOWING ORGANIZATIONS:**

September 16, 2015 | Otsego County United Way, Gaylord

Otsego Human Services Network
 Otsego County Community Foundation
 Northeast Michigan WORKS!
 Otsego Memorial Hospital
 87-A District Court
 Mission Center
 Wellspring Lutheran Services
 Disability Network
 New Life Pregnancy Resource Center
 True North Utility Assistance
 North Country CMH Services
 Northeast Michigan Community Service Agency
 Northern Family Intervention Services
 Mission Center

Otsego County United Way
 87-A District Court
 Community Corrections
 Otsego County Community Foundation
 Michigan Department of Health and Human Services
 Comfort Care—Northern Michigan
 Catholic Human Services
 McLaren Northern Michigan
 Michigan Department of Health and Human Services
 Health Department of Northwest Michigan
 Michigan Department of Corrections
 Michigan Department of Health and Human Services
 Northern Homes

**MONTMORENCY COUNTY COMMUNITY CONVERSATION PARTICIPANTS
REPRESENTED THE FOLLOWING ORGANIZATIONS:**

September 28, 2015 | District Health Department #4, Atlanta

Michigan Department of Health and Human Services
Thunder Bay Community Health Service
Sunrise Shores Hospice
District Health Department #4
Northern Michigan Disability Network
Catholic Human Services
211 Northeast Michigan

Northeast Michigan CMH Authority
Salvation Army
Otsego Memorial Hospital
Board of Health/Montmorency County
MSU Extension
Thunder Bay Community Health Service

**CHEBOYGAN COUNTY COMMUNITY CONVERSATION PARTICIPANTS
REPRESENTED THE FOLLOWING ORGANIZATIONS:**

October 14, 2015 | District Health Department #4, Cheboygan

Northern Care Center Free Clinic
Cheboygan County Board of Commissioners
District Health Department #4
McLaren Northern Michigan
True North Community Services
Thunder Bay Community Health Service
North Country CMH Services
VitalCare

Alcona Health Centers
Health Department of Northwest Michigan
Catholic Human Services
McLaren Northern Michigan
Cheboygan County United Way
VitalCare
McLaren Northern Michigan

ANTRIM COUNTY COMMUNITY CONVERSATION PARTICIPANTS

October 16, 2015 | Forest Home Township Hall, Bellaire

Antrim County Sheriff’s Department
Health Department of Northwest Michigan
Antrim County Veterans Administration
Michigan Department of Health and Human Services—Antrim County
Bellaire Family Health Center
Health Department of Northwest Michigan
Northwest Michigan Community Action Agency
Communities in Schools Mancelona
United Way of Northwest Michigan/Antrim County Community Collaborative

Bellaire Family Health Center/East Jordan Family Health Center
North Country Community Mental Health Services
Munson Medical Center
Good Samaritan Family Services
MSU-Extension
Munson Medical Center
Antrim County Board of Commissioners
Community member
Area Seniors Inc.
Bellaire Family Health Center

The Community Conversations worked to address one main question:

Focus Question	Otsego County	Montmorency County	Cheboygan County	Antrim County
What can we do here to move closer to our vision of a healthy community?	1-Promote self-sufficiency 2-Promote school health programs 3-Promote healthy lifestyles 4-Create affordable housing 5-Interpret health care clearly 6-Access behavioral health 7-Advocate community 8-Support young families 9-Provide transportation 10-Attract economic growth	1-Educate the community 2-Promote economics 3-Increase physical activities 4-Involve community 5-Provide preventive education 6-Increase awareness of sub abuse 7-Plan transportation options 8-Recruit health care professionals 9-Develop tech infrastructure 10-Monitor air for pollutants 11-Increase awareness of abuse	1-Expand commerce 2-Motivate citizens to participate 3-Increase access to community services 4-Develop health care options 5-Promote healthy eating 6-Promote/sustain recreational activities 7-Provide basic necessities 8-Protect the environment	1- provide training and education opportunities across lifespan 2- increase access to affordable childcare 3- plan affordable housing 4- promote youth activities 5- provide community transportation options 6- increase awareness of community resources 7- promote healthy eating and nutrition 8- offer events to strengthen families 9- increase access to behavioral health services 10- promote health insurance to increase access to care 11- consider challenges of mobility impairments 12- increase enforcement coverage in high crime areas

Key Priority Ranking Meeting Results

On Friday, December 4, 2015 from 10 AM to 1 PM at the Otsego Club in Gaylord a priority ranking meeting was held to review all of the data collected from the 8 county community conversations and surveys and to set priorities for the tip of the mitt region for the next three years. The priorities selected guide health departments, hospitals, and other community partners in making resource decisions. 39 regional stakeholders participated in review of community health assessment data (31 serve Otsego, Cheboygan, Antrim, and/or Montmorency counties), focused discussion and issue ranking. The following participants and community groups were represented at this meeting:

Title	Organization
Educator—Health & Nutrition	MSU Extension
Executive Director	Alcona Health Center
Coordinator—Community Health	Health Dept. of Northwest Michigan
Coordinator—Community Health Ed	Otsego Memorial Hospital
Chief Financial Officer	Otsego Memorial Hospital
Parent Liaison—Great Start	COP Education Service District
Coordinator—Communications	Charlevoix Area Hospital
Director—Family Health	Health Dept. of Northwest Michigan
Chief Operating Officer	North County CMH Services
Director—Wellness and Comm Relations	McLaren Northern Michigan
Nurse Practitioner	Health Dept. of Northwest Michigan
Coordinator—Great Start Collaborative	COP Education Service District
Director—Reimbursement	Thunder Bay Community Health Service
Director—Social Work	Charlevoix Area Hospital
Supervisor—Community Health	Health Dept. of Northwest Michigan
Director—Environmental Health	Health Dept. of Northwest Michigan
Executive Director	Women’s Resource Center
Supervisor—Outpatient Services	Harbor Hall
Director—Sexual Assault Prev Program	Women’s Resource Center
Executive Director	Northeast Michigan CMH Authority
Executive Director	Char-Em United Way
Director—Clinical Services	Harbor Hall
Executive Director	East Jordan Family Health Center
Medical Director/Interim Health Officer	District Health Department #4
Executive Director	Northern Health Plan
Mental Health Provider	Health Dept. of Northwest Michigan
Manager—Community Health	Munson Medical Center
Director—Marketing and Foundation	Otsego Memorial Hospital
Coordinator—Community Health	Health Dept. of Northwest Michigan
Executive Director	Northern Michigan Regional Entity
Manager--	McLaren Northern Michigan
Director—Environmental Health	District Health Department #4
Director—Clinic	Alcona Health Center
Educator—Health & Nutrition	MSU Extension
Coordinator—Community Health	Alpena Regional Medical Center
Director—Community Health	Health Dept. of Northwest Michigan
Director—Rural Health Curriculum	MSU College of Human Medicine
Executive Director	Northern Mich Substance Abuse Services
Health Officer	Health Dept. of Northwest Michigan

Priority Ranking Results

Based on data review, Issue Brief discussion and professional judgment, each participant involved in the priority ranking meeting completed a Decision Matrix, evaluating each criterion on a scale of 1 to 5. (With 39 participants, maximum score for each cell is 195 and maximum total score is 975)

Following analysis of Issue Briefs, which summarized data collected related to each of the following issues, the following items were ranked as the top health priorities for Cheboygan, Montmorency and Otsego counties for 2016-2018:

Rank	Priority	Severity	Magnitude	Impact	Resources	Potential	Total
1	Access to Care	174	129	143	137	129	712
2	Chronic Disease	163	138	152	122	128	703
3	Maternal child health	143	141	153	139	83	659
4	Substance Use	144	147	147	98	107	643
5	Mental Health	124	134	97	144	115	614
6	Health Disparities	128	111	130	109	109	587



#1: ACCESS TO HEALTH CARE

A significant proportion of residents within OMH's service area experience barriers to accessing and receiving healthcare.

It is important to know that:

Geography: Many residents have to travel long distances for appointments with health care providers, who are concentrated primarily in population centers where hospitals operate, such as Otsego Memorial Hospital in Gaylord.

Health Care Provider supply: Otsego, Cheboygan, and Montmorency Counties are all designated as "Health Professions Shortage Areas" for primary care, behavioral health, and/or dental care. The ratio for primary care provider to county population is considerably below state rate (80 per 100,000) in Otsego (67), Cheboygan (62), Antrim (34), and Montmorency (63).

Rates of uninsured: The proportion of uninsured ranges from 16% in Otsego County to 17% in Cheboygan and Montmorency Counties respectively to 19% in Antrim County, and exceeds the state at 13%. Due to the implementation of the Affordable Care Act, this number is expected to decrease significantly by 2017.

Patient screening: Medicare populations are screened for breast cancer through mammography at or above the standard (65.6%), except in Montmorency County with 64.6%. The proportion of regional diabetic patients on Medicare who were screened regularly for A1c exceeded the state rate (86%) in Otsego, Cheboygan, Antrim, and Montmorency counties. (Source: Countyhealthrankings.org)

Available resources: OMH will deploy the efforts of the OMH Certified Application Counselor to assist in helping residents both understand and sign up for insurance. As well, OMH has resources available to educate the community on insurance enrollment periods and timelines. OMH has resources available to continue to offer screening activities, expanding health care to community members, despite their ability to pay or their insurance status. OMH has resources to continue recruitment activities to expand services, and to offer a broad range of specialty services close to home. OMH will continue to work with their local partners to expand access to care for all individuals within our service area.

#2: CHRONIC DISEASE

A significant concern of residents within OMH's service area was the management and prevention of chronic disease, including heart disease, cancer, and diabetes.

It is important to know that:

Heart disease is the leading cause of death in Michigan with 199.7 per 100,000 people. Otsego county follows close behind this number with 179.2 per 100,000. Montmorency County exceeds the state rate of heart disease deaths 214 per 100,000 and of our three counties Cheboygan and Antrim Counties have the lowest numbers with 158.7 and 152 per 100,000.

Cancer deaths in the state follow heart disease with 170.7 per 100,000. Antrim County is the only county of the four that is below this slightly number at 170 per 100,000. All three other counties exceed this state number with 108.4 in Otsego, 193.2 in Montmorency, and Cheboygan County with the highest cancer rates of 198.3.

Diabetes is a high concern nationwide with Michigan being ranked as 13th highest rate in the nation for diabetes prevalence among adults according to Michigan.gov. The prevalence of diabetes among Michigan adults increased by 40% between 2001 and 2010. In Michigan, 10% of the state has been diagnosed with diabetes in 2015; 12% of the population in Otsego County has been diagnosed, with Montmorency exceeding that with 14% and Cheboygan and Antrim the lowest of the four counties with 11%. In 2013, the state percent of people with diabetes was 10% and both Montmorency and Otsego Counties were 2% less than the current number with 10% on Otsego and 12% in Montmorency.

Health risk behaviors:

Obesity of adults in Michigan affects 32% of the population, 34% of Otsego county, 32% of Montmorency and Antrim Counties, and 33% of Cheboygan county.

Physical inactivity of adults in the state is present in 23% of the state, 25% of Otsego, 24% of Montmorency, and 26% of Cheboygan Counties along with the lowest rate of 21% on Antrim County.

20% of Michigan adults smoke cigarettes with all three counties exceeding this number by 25% in Otsego, 24% in Montmorency, and 26% in Cheboygan. The Healthy People 2020 goal is for only 12% of the state or less to be cigarette smokers. (Source: Countyhealthrankings.org)

Available resources: OMH has resources dedicated to regular health screening events. As well, OMH has dedicated resources to expanding the Healthy Lifestyles (DPP) classes, offered for a nominal fee to anyone diagnosed as pre-diabetic or overweight.

#3: MATERNAL AND CHILD HEALTH

A significant portion of those participating in the survey felt that the youth population is at risk for obesity, diabetes, and other serious lifelong health issues. Agencies have an opportunity to work with new mothers and young children to understand how to develop and maintain healthy habits for a lifetime.

It is important to know that:

Teens who are obese: The percentage of 9th and 11th grade students who are obese (greater than 95th percentile for Body Mass Index) is 13% for the state of Michigan. For the counties of Cheboygan and Montmorency this is significantly higher with 18.9%, 17.9%, respectively. Otsego county is 12% for obese teens (Michigan Profile for Healthy Youth).

Infant mortality is currently at 7 per 1,000 live births. 10.5 per 1,000 in Otsego county and 9.9 for Antrim County (this data is not available for Montmorency and Cheboygan counties).

Teen birth rates for Michigan are at 11 per 1,000 live births to females age 15-19 with all three counties exceeding this number by 30 per 1,000 in Otsego, 26 per 1,000 in Montmorency, and 32 per 1,000 in Cheboygan. Antrim County has the highest incidence of teen births at 34%.

Smoking in pregnant women is a great concern with 19.7% of pregnant women in the state actively smoking while pregnant. Otsego county exceeds this rate by 10% at 29.7%, Antrim and Cheboygan closely follow with 30.5% and 31.3%, and Montmorency county exceeds state rate by 20% with 39.7% of the counties pregnant population smoking cigarettes. (Source: Countyhealthrankings.org)

Available resources: OMH has resources to continue participation in the Northern Michigan Maternity Non Smoking workgroup, and to continue to educate expecting moms on the dangers of smoking. OMH has resources to dedicate to educating children and parents on the importance of exercise and healthy eating.

OMH continues to partner with the Health Department of Northwest Michigan in the creation of a final health improvement plan for the eight county region that will identify how other agencies are working to address the issues above.

As a result of the 2015 Community Health Needs Assessment in 2016-2018 OMH will focus on the following community health activities:

- **Chronic disease education and management**
- **Expanding access to care**
- **Maternal and child health and wellness activities.**

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 and two—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 the US population in diet and physical activity, control of high blood pressure and cholesterol, and smoking cessation.

Healthy Eating

Healthy eating can help reduce people's risk for heart disease, high blood pressure, diabetes, osteoporosis and several types of cancer, as well as help maintain a healthy body weight. As described in the Dietary Guidelines for Americans, eating healthy means consuming a variety of nutritious foods and beverages, especially vegetables, fruits, fat-free dairy products and whole grains; limiting intake of saturated fats, added sugars, and sodium; keeping trans fat intake as low as possible and balancing caloric intake with calories burned to manage body weight. Safe eating means ensuring that food is free from harmful contaminants, such as bacteria and viruses.

Physical Activity

Engaging in regular physical activity is one of the most important things people of all ages can do to improve their health. Physical activity strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight or reduce weight if overweight or obese. Even people who do not lose weight gain substantial benefits from regular physical activity, including lower rates of high blood pressure, diabetes, and cancer. Healthy physical activity includes aerobic activity, muscle-strengthening activities and activities to increase balance and flexibility. As described by the Physical Activity Guidelines for Americans, adults should engage in at least 150 minutes of moderate-intensity activity each week, and children and teenagers should engage in at least one hour of activity per day.

Social Determinants of Health

The burden of chronic disease is disproportionately distributed across the population. There are significant disparities based on gender, age, race/ethnicity, geographic area and socioeconomic status. Disease does not occur in isolation, and chronic disease in no exception. Chronic disease is significantly influenced by the physical, social and political environment, including maternal and child health, access to educational opportunities, availability of healthy foods, physical education and extracurricular activities in schools, access to healthy foods, quality of working conditions and worksite health, available of community support and resources and access to affordable, quality health care.

Key Facts

- About ½ of adults in the US—117 million people—have 1+ chronic conditions. 1 in 4 adults have 2+ 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 1 in 3 adults and more than ½ 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.
- Obesity is a serious concern. More than 1/3 of adults are obese (BMI ≥ 30 kg/m²). Nearly 1 in 5 youth age 2-19 are obese (BMI ≥ 95 th percentile)
- Fewer than 15% of adults and 10% of adolescents eat recommended amounts of fruits and vegetables each day
- Most Americans consume more than 2x the recommended average daily sodium level. Nearly 80% of sodium is consumed from packaged, processed, and restaurant food.
- At least 40% of adults and 80% of adolescents do not meet the Physical Activity Guidelines for Americans
- Only 13% of children walk or bike to school, compared to 44% a generation ago
- The average 8- to 18-year-old is exposed to nearly 7.5 hours of passive screen time (TVs, smart phones, computers, video games, etc) every day

HIGHLIGHTS FROM THE 2015 COMMUNITY HEALTH ASSESSMENT

Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Montmorency, Otsego, and Presque Isle counties

Tip of the Mitt Data

Lack of physical activity—Adults

Statewide, 23% of adults do not engage in any physical activity other than their regular job. In the 8-county region, the proportion ranges from 18% in Emmet County to 26% in Presque Isle. Montmorency (24%), Otsego (25%) and Presque Isle (26%) counties exceed State rate.

Lack of physical activity—Teens

The proportion of high school students who did not engage in 60 minutes of physical activity in 5 of the last 7 days ranges from 31% in Presque Isle County to 53% in Otsego County. For comparison, State rate is 50%.

Children’s Food Insecurity Rate

The proportion of children who experienced food insecurity at least once in the last year ranges from 16% in Presque Isle County to 28% in Otsego County. With the exception of Presque Isle County, all counties in the region exceed State rate of 21%.

Obesity – Adults

Adult obesity rates range from 27% in Charlevoix County to 35% in Alpena County in the 8-county region. Only Charlevoix (27%) and Emmet (28%) are below State rate of 32%.

Obesity – Teens

Teen obesity rates range from 10% in Presque Isle County to 19% in Cheboygan County; 2 counties are below State rate (13%): Presque Isle (10%), Antrim (11%).

Community Conversations

117 community members and representatives from local health departments, hospitals and other health care providers, social service agencies, schools, business, and government participated in a Community Conversation to answer the question, “What can we do here in this county to move closer to our vision of a healthy community?”, issues related to reducing chronic disease and/or obesity was identified as an action in the following counties: Alpena, Antrim, Charlevoix-Emmet, Cheboygan, Montmorency, Otsego, and Presque Isle.

Major Forces of Change

Chronic Disease Coordinating Network

The Northern Health Plan is funding Health Department of Northwest (Northwest) Michigan to implement a comprehensive approach to chronic disease prevention and treatment guided by a cross-sector coalition with representatives from across the 8-county tip of the mitt region

Healthy Food Service Guidelines

6 local health departments , including District Health Department #4 and Northwest, have received funding from MDHHS to increase the number of worksites complying with Healthy Food Service Guidelines.

What Matters to You? Survey N=1,140

32% of community residents identified access to affordable healthy food as an important factor needed for a healthy community, ranking it 3rd after access to health care and good jobs/healthy economy. They identified the following as top community health problems in their county: substance use, obesity/overweight, and chronic disease. Respondents most often noted they had been diagnosed with overweight/obesity (70%), arthritis (57%), asthma (48%), high cholesterol (46%), dental health problems (45%), high blood pressure (44%) and chronic pain (43%)

Health Care Provider Survey N=122

Physicians, nurse practitioners and physician assistants ranked “healthy lifestyles” as the 3rd most important factor for a healthy community, following access to health care and good jobs/healthy economy. They identified obesity and overweight as the top community health problem, followed by mental health issues, lack of access to health care, substance use and tobacco use.

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.

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 earlier, 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 assessing clients in overcoming barriers to transportation, child care and navigating resources.

Social Determinants of Health

One of the primary barriers to accessing to 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 itself is a determinant health. Geographic isolation, fewer transportation options and limited community resources compounds access barriers.

Key Facts

- Almost 1 in 4 Americans do 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 U.S. Some estimates suggest that if screening implemented at recommended levels, more than 18,000 lives could be saved each year
- Each year, asthma costs the U.S. 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

HIGHLIGHTS FROM THE 2015 COMMUNITY HEALTH ASSESSMENT

Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Montmorency, Otsego, and Presque Isle counties

Tip of the Mitt Data

Health Professions Shortage Area

There are Health Professions Shortage Areas designated in Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Montmorency, Otsego and Presque Isle counties for primary care, behavioral health, and/or dental care

Primary Care Provider Rate

Five counties have provider to population ratios considerably below State rate (80 per 100,000): Presque Isle (15); Antrim (34); Cheboygan (62) Montmorency (63); and Otsego (67). Unsurprisingly, counties where hospitals are located, and medical practices are concentrated, have higher rates: 86 per 100,000 in Alpena County, 96 per 100,000 in Charlevoix County, and 134 per 100,000 in Emmet County.

Health Insurance

Most recent data (2013) for rates of insured for the overall adult population range from 80% in Montmorency County to 84% in Otsego County. However, with the implementation of the Affordable Care Act, the federal Health Insurance Marketplace opened late in 2012 and was soon followed by the State's Healthy Michigan Plan. As of April 2015, virtually 100% of eligible adults from the 8-county region were enrolled in one of these programs. The proportion of children covered by any insurance ranges hovers at 94-95% in all eight counties, slightly below State rate of 96%.

Community Conversations

117 community members and representatives from local health departments, hospitals and other health care providers, social service agencies, schools, business, and government participated in a Community Conversation to answer the question, "What can we do here in this county to move closer to our vision of a healthy community?" Improving access to health care—including primary care, behavioral health, and/or oral health care, was identified as an action in the following counties: Alpena, Antrim, Charlevoix-Emmet, Cheboygan, Montmorency, Otsego, and Presque Isle.

Major Forces of Change

Affordable Care Act (ACA)

Implemented in 2013, the ACA represents the largest overhaul of the U.S. healthcare system since the enactment of Medicare and Medicaid in 1965. It 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.

Mi-Connect

Mi-Connect is led by Alcona Health Centers, a system of federally-qualified health centers. The initiative is designed to increase integration of primary care and behavioral health and increase access to oral health care across an 11-county region.

What Matters to You? Survey N=1,140

Access to health care was the #1 factor needed for a healthy community in the Community Survey, with 69% identifying access to primary care, specialty care, behavioral health and dental care as a top factor. They ranked access to care 6th as a need in their county, after substance use, overweight and obesity, chronic disease mental health issues, and affordable housing.

Health Care Provider Survey N=122

Similarly, 69% of physicians, nurse practitioners and physician assistants identified access to health care as a top factor, ranking it #1 in the Health Care Provider Survey. Regarding local community health problems, they ranked access to health care third, following overweight/obesity and mental health issues.

Enroll Northern Michigan

Enroll Northern Michigan is a very successful collaborative initiative of health departments, hospitals, federally-qualified health centers, community mental health agencies and other community partners from across the tip of the mitt region. Led by the Health Department of Northwest Michigan with funding from the Northern Health Plan to enroll eligible adults in the ACA: Healthy Michigan Plan or the Health Insurance Marketplace.

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.

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 and 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 undervaccinated 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. For example, 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.

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

HIGHLIGHTS FROM THE 2015 COMMUNITY HEALTH ASSESSMENT

Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Montmorency, Otsego, and Presque Isle counties

Regional Statistics

Infant Mortality Rate

Five-year infant mortality rates (2009-13) range from 4.8 per 1,000 live births in Charlevoix County to 15.2 per 1,000 live births in Presque Isle County; for comparison, Michigan infant mortality rate for the same period was 6.0.

Low Birthweight

The proportion of infants who were born weighing less than 2,500 grams ranges from 4.2% in Charlevoix County to 9.6% in Antrim County. Low birthweight rates were higher than State (7.8%) in just 2 counties: Antrim and Otsego.

Child Abuse and Neglect

Rates for confirmed child abuse and neglect are higher in all of the tip of the mitt counties than the State as a whole (14.9 per 1,000 children < 19). They range from 16.3 per 1,000 in Emmet to 29.9 per 1,000 in Antrim County.

Early Prenatal Care

The percentage of births to women who received prenatal care within the first three months of their pregnancy ranges from 59.9% in Charlevoix County to 86.3% in Alpena County. Only Alpena County exceeds the State rate of 77.9%.

Childhood Immunization

The proportion of children age 19-35 months who have received recommended immunizations (4 Dtap, 3 Polio, 1 MMR, 3 Hib, 1 Varicella, 4 PCV, and 2 HepA) ranges from 65.4% in Presque Isle County to 79.4 in Emmet County. Only Charlevoix and Emmet counties exceed State rate.

Maternal Smoking

Maternal smoking rates are high across the tip of the mitt, exceeding State rate (19.7%) in every county. Rates range from 26.3% in Emmet County to 49.8% in Alpena County.

Community Conversations

117 community members and representatives from local health departments, hospitals and other health care providers, social service agencies, schools, business, and government participated in a Community Conversation to answer the question, "What can we do here in this county to move closer to our vision of a healthy community?" Actions related to maternal, infant and/or child health were identified in the following counties: Alpena, Antrim, Charlevoix-Emmet, Cheboygan, Montmorency, Otsego, and Presque Isle.

Major Forces of Change

Perinatal Initiative of Northern Lower Michigan

The Perinatal Initiative was organized in 2012 by the North Central Council of the Michigan Health and Hospital Association. Its members include the 12 hospitals and 7 local health departments that serve a 21-county region as well as many state and local partners.

Sustaining Community-Based Immunization Project

District Health Department #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 in a 2 ½ time period (2015-2018)

Michigan Home Visiting Initiative

Health Department of Northwest Michigan is implementing Healthy Families America in the counties with highest need in a 21-county region. With \$1.6M in annual funding, it provides voluntary, family support services in the homes of at-risk pregnant women and families with children aged 0-5.

Health Systems Change for Tobacco Dependence Treatment

Health Department of Northwest Michigan was awarded this \$125,000, 1-year grant on behalf of the NMPHA. The purpose of the project is to implement the CDC's Tobacco Dependence Treatment Guidelines consistently in health departments' Family Planning Clinics in a 25-county region.