2025
Community Health Needs Assessment

MUNSON HEALTHCARE

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Acknowledgements

The 2024-2026 MiThrive Community Health Needs Assessment is a regional, collaborative initiative led by the Northern Michigan Community Health Innovation Region (CHIR). It is designed to bring together hospital systems, local health departments, community-based organizations, coalitions, agencies, and residents across 31 counties in northern Michigan to collect data, identify and prioritize key issues, and work collaboratively to address them.

Funding partners contributed leadership as well as funding to the 2025-2028 MiThrive Community Health Needs Assessment. Thanks to their ongoing financial commitment to Community Health Needs Assessment and Improvement, MiThrive was able to provide new region-wide, barrier-free access to all MiThrive data and mapping tools to support collaboration, moving to action, benchmarking, and storytelling.

FUNDING PARTNERS

The MiThrive Team extends its gratitude to the many organizations and residents who contributed their time, expertise, and insights to the MiThrive Community Health Needs Assessment. Dedication and collaboration were essential in making this initiative possible. Thousands of individuals and organizations played a vital role in planning assessments, engaging in community events and surveys, collecting and analyzing data, and prioritizing key issues. We are particularly grateful to the members of the MiThrive Steering Committee and the Northwest, Northeast, and North Central Workgroups and Round Tables for their leadership and commitment.

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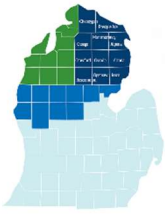

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MiThrive Core Team

The Northern Michigan Community Health Innovation Region (CHIR) leads the MiThrive Community Health Needs Assessment every three years in partnership with hospital systems, local health departments and other community partners. The CHIR's backbone network is the Northern Michigan Public Health Alliance, a partnership of seven local health departments that together serve a 31-county area. This area is organized into three regions—Northwest, Northeast, and North Central—for the 2024-2026 MiThrive community health needs assessment.

The MiThrive Core Team consists of a diverse group of public health professionals from across northern, lower Michigan. Each member is an expert in their field and brings master-level experience in areas such as epidemiology, health disparities, health policy, project management, facilitation, communications, and systems change.

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Executive Summary

Every three years, hospital systems, health departments, community partners, and residents across northern lower Michigan come together in a powerful collaboration to assess the health and wellbeing of our residents and communities. Through extensive community engagement across a 31-county region, the MiThrive Community Health Needs Assessment gathers and analyzes data on the social, economic, environmental, and behavioral factors that shape health outcomes. This process helps identify and prioritize key issues that impact the region.

In 2024, MiThrive began a comprehensive, community- driven and community-owned assessment using the National Association of City and County Health Officials' (NACCHO) framework called, Mobilizing Action Through Planning and Partnership (MAPP). MiThrive combines existing data with insights from residents, community organizations, and healthcare providers to develop a deeper understanding of local and regional health challenges and opportunities.

The findings in this report highlight the complex and interconnected nature of these issues, with some populations experiencing a greater burden of health disparities than others. Addressing these challenges requires a collaborative, data-driven approach to create lasting improvements in health and quality of life for all.

The goal of MAPP is to achieve health for communities by identifying urgent health issues and aligning community resources.

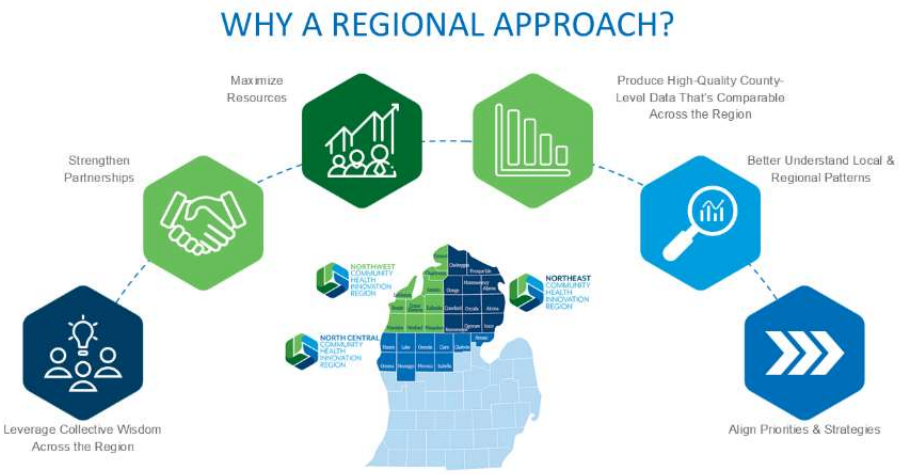
The Report Goals and Objectives:

This report aims to provide a foundation for informed community decision-making and drive improvement efforts. Key objectives include:

- Describe the current state of health and wellbeing in northern lower Michigan, specifically Munson Healthcare's service area, including Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Lake, Leelanau, Manistee, Missaukee, Montmorency, Osceola, Oscoda, Otsego, Roscommon, and Wexford counties
- Describe the processes used to collect community perspectives
- Describe the process for prioritizing key issues
- Identify community strengths, resources, and service gaps

Regional Approach

MiThrive was implemented across a 31-county region through a remarkable partnership of hospital systems, local health departments, and other community partners. The aim is to leverage resources and reduce duplication while still addressing unique local needs for high-quality, comparable county-level data. The 2025-2028 MiThrive Community Health Needs Assessment utilized three regions: Northwest, Northeast, and North Central, shown in detail in the map below. There are several advantages to a regional approach, including leveraging collective wisdom across the region, strengthening partnerships, maximizing resources, producing high-quality county-level data that is comparable across the region, better understanding local and regional patterns, and aligning of priorities, while reducing duplication of effort.



The service area for Munson Healthcare includes a wide swath of northern, lower Michigan, including seven hospitals serving 18 counties. The table below outlines how each hospital aligns with the MiThrive subregions.

	Cadillac Hospital: Lake, Missaukee, Osceola, Wexford	**Charlevoix Hospital:** Charlevoix, Emmet	**Grayling Hospital:** Crawford, Oscoda, Roscommon	**Manistee Hospital:** Manistee	**Munson Medical Center:** Antrim, Benzie, Grand Traverse, Kalkaska, Leelanau	**Otsego Memorial Hospital:** Cheboygan, Montmorency, Otsego	**Paul Oliver Memorial Hospital** Benzie, Leelanau
North Central Region	X						
Northeast Region			X			X	
Northwest Region	X	X		X	X		X

Data Collection

The findings detailed throughout this report are based on data collected through a variety of primary and secondary data collection methods. Throughout the data collection process, the focus was on engaging residents and diverse community partners. To accurately identify, understand, and prioritize issues, MiThrive combined quantitative data, such as the number of people affected and differences over time, and qualitative data, such as community input, perspectives, and experiences. This approach is best practice, providing a complete view of health and quality of life while assuring results are driven by the community.

MiThrive utilizes the MAPP Community Health Needs Assessment framework. Considered the "gold standard," it consists of three phases and includes three multi-faceted assessments for a 360-degree view of the community.

Community Status Assessment (CSA): Collects and analyzes quantitative data from trusted sources to assess the status of communities, particularly focusing on populations experiencing inequities. The MiThrive CSA consists of secondary indicators collected in addition to a community survey.

Community Context Assessment (CCA): Utilizes qualitative methods to explore community strengths, lived experiences, and external factors influencing change. It gathers non-numerical data, such as audio, photos, and text, to provide deeper insights into the unique aspects of the community. The CCA helps fill data gaps and contextualizes issues through the perspectives of those with lived experience, ensuring a more comprehensive understanding of community dynamics. The MiThrive CCA consisted of photovoice, asset maps, and quotes collected from residents.

MiThrive Data Snapshot

63 residents submitted 140 photos to Photovoice

3,496 residents completed the community survey

210 secondary indicators collected for each of the 31-counties

75 community partners participated

55 asset map revisions made

Community Partner Assessment (CPA): Provides a framework for community partners to critically examine their individual systems, processes, and capacities, as well as their collective ability to address health inequities. It helps organizations identify both current efforts and future strategies to drive systemic and structural changes. By fostering collaboration, the CPA strengthens the network of community partners working toward health for all. The MiThrive CPA consisted of a community partner survey and live virtual events for discussion. **Each assessment offers valuable insights, but their overall impact is significantly enhanced when the findings are analyzed together.**

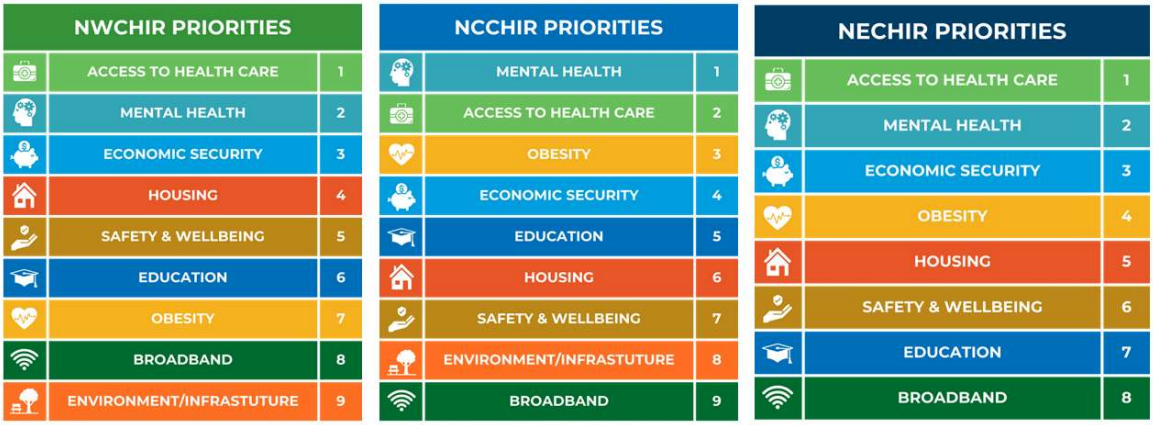
Key Findings

Analysis of primary and secondary data collected during the 2024-2026 MiThrive Community Health Needs Assessment revealed eight to nine priorities by region.

In December 2024, three MiThrive Data Walk and Priority Setting Events were held—one in each region. Each event attracted participation from approximately 40 to 60 residents and community partners.

Using a criteria-based process that included severity, magnitude, impact, sustainability, achievability and health fairness, participants ranked the priorities by region as listed below. The region decided to concentrate efforts on the top three priorities while acknowledging the importance of the others.

Prioritization Results



The final top-ranked issues for all three regions include **access to healthcare** and **mental health,** whereas **economic security** was prioritized by the Northeast and Northwest regions and **obesity** for the North Central Region.

Evaluation of Impact

Community Collaboratives – Overview

Given Munson's rural setting, partnership is essential to all community health initiatives in Northern Michigan. This collaborative approach ensures that efforts are comprehensive, inclusive, and effective in improving health outcomes for all residents. The Evaluation of Impact frequently references the following three groups:

Northern Michigan Community Health Innovation Region (NMCHIR)

Community Health Innovation Regions, or CHIRs, represent a unique, coordinated approach to improving conditions where people live, work, learn, and play. The Northern Michigan Community Health Innovation Region is one of five "CHIRs" established by Michigan Department of Health and Human Services (MDHHS) in 2016. It is a cross-sector partnership of local health departments, hospitals, community-based organizations, units of local government, insurance providers, businesses, academia, and residents who work together to align systems, address barriers to health and well-being, and transform individual lives in Northern Lower Michigan. Initially designated as a 10-county service area, the NMCHIR committed to scaling up over time and now serves roughly 829,860 residents across thirty-one counties.

Regions 2&3 Perinatal Quality Collaborative

Munson serves as the lead and fiduciary for the Region 2&3 Perinatal Quality Collaborative, which includes representation from health departments, birthing hospitals and intensive care units, Medicaid health plans, child-affiliated organizations, local tribal communities and more across a 21-county area. This collaborative aims to decrease maternal and infant morbidity and mortality through various projects. The Collaborative works to address high risk indicators of maternal morbidity, such as hypertension, hemorrhage, and infection, aligning with the Alliance for Innovation on Maternal Health (AIM) initiatives. Efforts focus on providing clinical staff and providers with Indigenous cultural awareness, assuring family participation for shared decision-making, and supporting other community organizations outside of Munson Healthcare to improve access to care and education for staff and birthing families.

Behavioral Health Initiative (BHI)

The Northwest Michigan Community Health Innovation Region's (CHIR) Behavioral Health Initiative (BHI) launched in June 2021 to address the behavioral health crisis in 10 counties. Identified as a top concern in 2019 and 2022 MiThrive Community Health Needs Assessments, the BHI received initial funding from

the Michigan Health Endowment Fund. By September 2021, the BHI shifted to a collective action initiative with two goals: 1. increasing access to behavioral health services and 2. enhancing wellbeing and resilience. A Blueprint for Action was developed, and since November 2021, over 400 stakeholders from 180+ organizations have worked on priorities like expanding crisis services, recruiting staff, stigma reduction, promoting parity, enhanced care coordination, and suicide prevention.

Actions represent work in partnership with the BHI

Mental Health and Substance Use Disorders

Expand Access—Expand substance use disorder (SUD) best practice treatment including primary care-based treatment and expanded Peer Recovery coaching.

Munson Healthcare has implemented a no-wrong-door approach where SUD care can be initiated in a variety of settings. This includes the option to begin treatment in an Emergency Department setting with a warm handoff to ongoing treatment. Throughout this cycle, efforts were focused on expanding treatment locations, increasing the number of practicing providers, enhancing peer recovery programs, offering more virtual care options, strengthening relationships with community partners, and advancing harm reduction outreach and education.

Treatment locations use a gold-standard, SUD Home Health model where all a patient's needs may be addressed in the same primary care setting. The comprehensive approach embeds mental health support, peer recovery coaches with lived experience, medications, and other social and basic need resources. With the support of grant funding, the following advancements were made:

- Five of Munson's seven Emergency Departments implemented tools and workflows to initiate treatment and warm handoffs to ongoing care.
- Eight Primary Care offices in four of Munson's seven hospital regions have begun providing gold-standard outpatient treatment.
- Initiation and expansion of virtual peer recovery coaching in the primary care space.
- Weekly mentorship meetings for provider collaboration and case review.
- Implementation of harm reduction tools in all seven hospital service areas.
- Expanded community partnerships, including co-hosting an annual harm reduction conference in partnership with DHD#10 and sponsorship of Recovery Month with Addiction Treatment Services and 217 Recovery.

Expand Access—Continue systems change to best care for infants born in drug withdrawal.

Eat Sleep Console (ESC) is an approach to improve withdrawal symptoms in infants exposed to opioids during pregnancy through sleep, feeding, and consolation practices. This allows infants to remain in their local delivery units, rather than being transferred to a Neonatal Intensive Care Unit, which improves family bonding and minimizes transportation barriers. In 2019, Munson updated its plan of care to transition its withdrawal care protocol to the ESC evidence-based model. This work resulted in significant clinical improvement and included:

- Provision of supplies and equipment to labor and delivery units.
- Ongoing healthcare team education in lactation, infant massage, and safe sleep.
- Expansion of specialty Maternal and Child peer coaching services.
- 1:1 conversation with residents to ensure alignment and understanding of this new clinical approach

Expand Access—Work with community partners to increase the number of providers.

In partnership with the CHIR, Munson aims to implement root-cause solutions that increase the number of high-quality applicants to the region. This includes strengthening relationships with colleges and universities to reduce barriers for placement, increase visibility to opportunities, and support placements in rural Michigan. Grant funding allowed the CHIR to support a part-time team member to lead the project, and together, the first-ever website for behavioral health interns to find opportunities in Northern Michigan was launched. Additionally, Munson leads internal efforts to expand access to mental health providers and successfully recruited and hired two new psychiatrists, one of whom is a pediatric psychiatrist and is working to expand telehealth consultations across the region.

Expand Access—Collaborate with partner agencies to explore options for crisis stabilization.

In partnership with Northern Lakes Community Mental Health, Munson led work to open the Grand Traverse Mental Health Crisis and Access Center in January of 2025. The center brings wrap-around and crisis services under one roof, providing care to patients of any age, regardless of their ability to pay. This work was supported with funding from the Grand Traverse County American Rescue Plan Act (ARPA) allocation and the Michigan Hospital Association. Efforts are ongoing to expand services through a four-phase approach.

- Phase I: Crisis Center opens with crisis phone screening, mobile crisis services, peer support, and behavioral health assessments and referrals (Live as of Jan 2025)

- Phase II: Hours expand to 24/7/365 with the addition of psychiatric urgent care and a living room model of care (Planned July 2025).
- Phase III: Addition of nine adult crisis residential beds (Planned: Summer 2025).
- Phase IV: Addition of six pediatric crisis residential beds (Planned: Fall 2025).

Moreover, the limited capacity of acute pediatric behavioral health beds statewide has greatly affected children requiring services in northern Michigan. Unfortunately, this leads to long wait times in Emergency Rooms for children in mental health crisis. In response and with grant support, Munson has urgently implemented systems change interventions, including:

- Implementation of partnership with Michigan Clinical Consultation & Care (MC3) in all MHC Emergency Departments, which provides virtual psychiatry support to healthcare providers who are treating behavioral health in youth, training, and education, group case consultation, and telepsychiatry evaluations, allowing rural areas challenged by healthcare shortages to extend high-quality specialty services.
- Participate in a collaborative, quality-focused effort with the American Academy of Pediatrics to address outcomes such as the decrease of restraint use and safety discussions for discharging families to safeguard for future suicide risk.
- Collaboration with Northwest Michigan Education to inform our understanding of tools to improve care that are used in an educational setting for kids with disabilities
- When possible, detour children to more appropriate outpatient care.

Reduce Stigma—Collaborate with partner agencies to implement mental health stigma and substance use stigma reduction campaigns.

Stigma surrounding mental health and substance use disorders can prevent individuals from seeking treatment. Munson is engaged with community agencies and the CHIR BHI to address stigma through multiple efforts.

PSUD Stigma: As part of the Eat Sleep Console initiative, Munson launched a stigma reduction campaign to encourage parents suffering from SUD to disclose use and ask for help early in pregnancy.

This campaign includes an educational video with parent testimonial, print materials, and web resources.

SUD Stigma: In partnership with the CHIR SUD Stigma Action Team and through various assessment tools, we surveyed the community at large to understand the current attitudes of community members, healthcare workers and other emergency responders. The survey received responses from all ten CHIR-served counties with representation from approximately 0.5% of their U.S. Census population size, including from diverse ethnic populations and income backgrounds. Survey findings indicated significant stigma in communities. In response, the team produced the following anti-stigma campaign materials that were shared across community partner channels in the region:

- 60 social media posts which ran from January-May 2023.
- 5 short video clips interviewing people with lived experience (2,240 views as of 3/1/25).
- Language toolkit distributed to partner agencies.

In addition, Munson developed a video series inclusive of healthcare workers with lived experience and those who treat patients with SUD. This platform was utilized to explain the biology behind SUD and provide practical tools that can be implemented in daily practice to support individuals with SUD. Two of these videos were included in mandatory staff and leadership training that was well received by nearly all end users in evaluation. Videos include:

- Words Matter | Provider-facing | 4,489 views
- The Science of Addiction | Provider-facing | 3,814 views
- The Dopamine Effect | Public-facing | 1,074 views
- Safe and Comfortable Pain Management | Pre-surgical education tool | 142 views
- Peer Recovery Coaches | Public-facing | 694 views

Views as of March 1, 2025.

Voices for Community Health is an annual art campaign that raises awareness around a variety of important health topics. In 2025, the program highlighted *Recovery* with a focus on connecting people with resources and educating the public on appropriate word choice to reduce sigma. Over 95 artists participated, while another 112 took the pledge to end stigma. Web, public relations, and social media metrics indicate an overall reach of well over 30,000 individuals. Selected pieces will be displayed in clinics and community locations across the region.

Mental Health Stigma: As part of the CHIR Mental Health Stigma Action Team, we collected over 1,600 survey responses to assess and respond to public stigma. Campaign materials and results:

- Sept. 2022 | Video featuring people with lived, local experience | 10,095 reach | 549 link clicks
- Jan. 2023 | Social media posts for anti-stigma campaign | 16,876 reach | 742 link clicks.
- May 2024 | Launched a 21-day stigma challenge | 1,324 Participants | 4,335 views

See "Strategy 3, Action 1 Suicide Prevention" for more stigma reduction work.

Reduce Stigma—Develop and deploy staff and provider education on mental health and substance use disorder stigma.

In tandem with external stigma reduction efforts discussed above, Munson hosted 15 continuing medical educational opportunities for 2,475 providers and healthcare staff to address stigma. Additionally, over 500 providers took part in an Implicit Bias CME opportunity in which ninety-three to ninety-eight percent of participants rated the education *outstanding* or *good*.

Expand Harm Reduction

Narcan: Narcan is a lifesaving medication designed to reverse the effects of an opioid overdose within minutes. The following advancements were made:

- 2022: Munson made Narcan kits available in all system hospital Emergency Departments.
- 2023: Munson supported the Medical Control Authority in implementing an EMS Narcan Leave Behind Program in each region, including free supply of the Narcan product.
- 2024: In partnership with Harm Reduction Michigan, twenty-five Naloxone distribution bins were installed across the region.

MedSafe: Free, safe medication disposal is available in all Munson hospitals. The simple and anonymous drop-off process collects over **2,500** pounds of expired or unused

medications annually. An external-facing communication campaign—including information stapled to medications dispensed at Munson pharmacies—supports educational messaging to encourage the return of unused medication.

HIV Testing: The Thomas Judd Care Center at Munson provides care to people living with and at risk for HIV/AIDS. The Center dedicates significant time and resources to prevention, including a full-time community outreach specialist to oversee work. That work includes:

- Sponsorship, tabling, and educational presentations at numerous events and clinics annually to connect with at-risk people.
- Host for the Northern Lights Fun Run, an annual event to raise money for and awareness of HIV/AIDS.
- Over 40 MOUs in place while actively seeking additional opportunities for referral.
- Ongoing consultations with clinics to ensure appropriate testing and preventative medications are available.
- Advertising and awareness campaigns to promote free, at-home rapid HIV tests.

In addition, collaboration with District Health Department #10's mobile unit will expand HIV testing, safe use kits, Hep C testing and referral for treatment to additional counties in FY26. Finally, Munson financially contributes to and sits on the planning committee of an annual Harm Reduction Conference, which attracts healthcare professionals and community members from the Northern Michigan area.

Suicide Prevention: In 2024, Voices for Community Health highlighted Youth Mental Health to address stigma by giving people an opportunity to share their experiences via artwork. Following the contest, pieces were displayed to give hope, inspire change, and share local and national mental health resources. In addition, 216 pledges were collected from youth and adults, committing to ask for help and to be a safe space for others. Artwork from the campaign was framed and displayed in clinics across the region, including the new Grand Traverse Mental Health Crisis and Access Center in Traverse City.

In addition to this campaign work, Munson regularly shares **988** – suicide lifeline information—with followers through social media and e-newsletter channels. Finally, Munson team members contribute to the CHIR BHI Suicide Prevention Action Team, which developed and distributed a community assessment to evaluate knowledge of and access to suicide prevention services in the region. Resulting recommendations included expansion of mental health services in Missaukee, Kalkaska, Emmet, and Manistee Counties—areas reporting the most significant access challenges.

Reduce the Impact of Trauma—Collaborate with partner agencies to provide education and resources on Adverse Childhood Experiences (ACEs) and resiliency.

Through collaboration with the CHIR BHI ACES Action Team, a shared vision and plan was developed to understand the infrastructure needed to engage diverse stakeholders and how to systematically build community resilience. This plan was informed by:

- Local ACES data, which identified Kalkaska as the highest and Leelanau as the lowest risk county for children affected by ACES.
- A literature review of randomized controlled trials, which suggested best practices for prevention, including social support and improvements in the child-parent relationship.
- Focus groups led by a trusted community member in Leelanau and Kalkaska Counties with older adults, faith leaders, and LGBTQIA+ individuals to understand how their perspectives could inform lessons learned and gaps in the community.

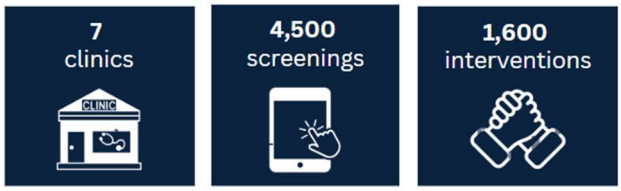
In addition to this collaborative work with the CHIR, Munson also offers support to a local school district implementing “Safer Kids, Safer Schools.” This approach systematically identifies problems presented that inhibit youth mental wellness and develops appropriate solutions. Their plans include environmental changes in schools such as quiet rooms, solutions for de-escalation, addressing stigma, establishing a common language, and participation in the individual education program (IEP) awareness.

Reduce the Impact of Trauma—Offer trauma informed care education to Munson staff and providers.

In partnership with the Regional Perinatal Quality Collaborative, the "Eat Sleep Console" program provided trauma-informed communication education to staff. More information under section titled "Expand Access—Continue systems change to best care for infants born in drug withdrawal."

Improve Opportunities for Screening—Expand universal evidence-based maternal substance use self-disclosure screening and brief intervention using High Tech High Touch (HTH2) technology.

High Tech High Touch (HTH2) is a screening-based prevention tool to support self-disclosure of substances used during pregnancy and connect them with early treatment. It offers an easy-to-use mobile application available to any clinic providing care to pregnant mothers in Michigan. Prior to a new intake appointment, the application screens patients for behavioral health risks; those who screen positive are offered a brief motivational intervention provided directly by the app and are then connected to services.



As the fiduciary and the lead agency for the Region 2 & 3 Perinatal Collaborative, Munson is responsible for working with all birthing hospitals in a twenty-one county area. All area offices have been offered implementation support and Munson actively engages those that are ready to move forward. Some are delayed by staffing and other challenges, but plans call for eventual implementation across the region.

Sixty percent of users report a high likability of the app while 88 percent report positively related to ease of use. Thirty two percent indicate they are likely or very likely to contact resources, while 33 percent remain very unlikely or unlikely to do so—an identified area of opportunity. Most users indicate the time to screen is reasonable.

Metric	FY22	FY23	FY24
Percent of infants with NAS treated by non-pharmacological management	34% (8/12)	**17.3% (48/58)**	18% (41/50)
Number of offices and Eds practicing MOUD standard	2	7	**7**
Number of interactions with stigma campaign resources	259	1,786	**5,978**

% of providers who indicate that the education provided will influence the way they practice*	81%	65%	**45%**
Number of employees who engage in (HealthStream) education*	N/A	63	**7,232**
Number of pounds of medication collected	2,666	2,725	**3,713**
Number of patients tested for HIV*	50	50	**634**
Number of Narcan kits distributed	62	**144**	122
Number of high-tech high touch screenings and brief interventions	1,357 461	**1,488** 508	1,116 **642**

*All new employees will take this training moving forward.

**Decrease is expected over time, as providers who take stigma education will be more likely to report "reinforced my practice" vs. a change in how they practice in subsequent trainings as they make changes learned in the first.

Access to Healthcare

Build Trust—Collaborate with Michigan Health and Hospital Association (MHA) to advance best practice priorities to assure promotion and support of access to healthcare for all.

Executive Sponsors and other MHC leaders from Michigan's healthcare systems help to provide strategic guidance to the Michigan Hospital Association Keystone Health Equity Council. Munson is proud to serve as Vice Chair and represent rural northern Michigan in this collaborative effort to identify priorities that improve quality and safety through the elimination of health disparities. Based on statewide data, the identified priority of this group is addressing morbidity and mortality of birthing people. Since July of 2022, the Task Force reports the following accomplishments:

- Continued review of quality data related to maternal mortality and morbidity statistics.
- A deep dive case study presented by Munson discussing regional programs to address birth inequities for Northern Michigan's Indigenous people.
- Full analysis of key organization programs that are dedicated to safe care for pregnant women (e.g., Michigan Alliance for Innovation on Maternal Health).
- A multi-step recommendation presented to the MHA Board to inform the future of quality equitable care in Michigan.

- A streamlined approach to more efficiently and accurately collect healthcare system data.

Build Trust—Apply quality improvement initiatives and policy changes that assure healthcare for all of our rural population that is inclusive of racial/ethnic minority groups, people with disabilities, members of the 2SLGBTQIA+ community, individuals with limited English proficiency, rural populations, religious minorities, and people facing socioeconomic challenges.

A MHC Task Force was developed in 2022 and initially set out to align and meet CMS requirements around data collection, including 1. identify committed leadership, 2. employ health-related needs assessments, and 3. screen and connect patients to community resources. Rapid achievement of these requirements led to reprioritization and additional goal setting based on emerging data. These include the following:

1. **Build organizational structure to strengthen team capacity**
   The Task Force quickly established values, goals, and a common purpose for building a psychologically safe and inclusive healthcare organization. Additional subgroups of experts and stakeholders across the system were established to carry out the work. These early accomplishments allowed the team to establish key partnerships to support capacity:
   - A collaboration with the Health Department of Northwest Michigan and District Health Department #10 to carry out a 2-year Rotary Charities Systems Capacity Grant. This work supported internal culture readiness assessments and explored the engagement of a variety of community organizations. Moving forward, it will focus on community listening sessions.
   - Partnership with University of Michigan to conduct research in partnership with other hospital systems to advance safe, sensitive, quality care for best health outcomes in children (See *Implement standard evaluation for continuous improvement* for details).

2. **Develop a system to prioritize requests vs. reacting to challenges**
   An interdisciplinary triage team meets biweekly to review and respond to requests that directly impact staff and patients. These include challenges around culturally sensitive care, interpretation, behavior, medical-record use and management, ethics and communications. Notable advancements include:
   - Updates to electronic medical record system to better capture preferred name.
   - Modification of policy and staff training to assure best care for all regarding patient throughput and room assignments.
   - Problem solving to improve translation services.
   - Implementation and expansion of sensitivity training for teams.
   - Review of forms to eliminate stigmatizing terms.

3. **Education at all levels and locations of the organization**
   The 2024 Strategic Plan focused on widespread education. This work prepared leaders, staff, and patients for transformational changes to care practices, policies, and processes for all Northern Michigan populations. More information under the section titled "Build Trust—Educate healthcare providers and staff to provide culturally competent care."

4. **Implement standard evaluation for continuous improvement**
   Achieving optimal health outcomes relies on accurate demographic data in electronic medical records. However, the accuracy of this data, especially for pediatric patients, remains uncertain, limiting its effectiveness for data analysis. Munson leaders met monthly to shape future interventions, prioritizing the collection of demographic data to better understand our patient population. In 2023, race and ethnicity field descriptions were updated, and by 2024, all medical records began collecting this data. In 2025, the focus is on refining data collection processes and formalizing data analysis methods.

Build Trust—Educate healthcare providers and staff to provide culturally competent care.

The 2024 Strategic Plan focused solely on widespread education to build cultural understanding of key fair care principles. The measured outcome is for leaders, staff, patients and the community to understand Munson's support of improving health conditions for all populations served within the hospital system. The following educational opportunities were introduced:

- Development of a comprehensive education plan for leaders, including presenting at an annual Frontline Leadership Program for all new Munson leaders.
- Standardized education for all staff via an internal platform called HealthStream.
- Ongoing educational efforts aim to provide valuable community commitment training to leaders at all levels.

Additionally, based on findings from the Munson Task Force assessments, educational efforts have been directed towards enhancing understanding of Native traditional birth practices and ensuring all birthing individuals feel fully supported at the bedside. Munson representatives were invited into Indigenous talking circles to learn more, and a co-created educational video was developed. This video was incorporated into all staff education at Munson Healthcare. A state-wide webinar—Insights into Indigenous Birthing Experiences—featured the

work, attracting over **134** providers, community members, and healthcare professionals. The webinar continues to be available and promoted in a sustainable, on-demand format for additional reach.

Leverage Technology—Enhance telehealth to support chronic disease prevention and management programs.

Enhancement of virtual care is a key tenet of Munson's system strategy—the Regional Care Transformation Plan—aimed to increase access to care in our most rural areas. This includes extensive community-based education on where to go for care to ensure healthcare resources are optimized for quality, experience and outcomes. Notable service expansions include:

- The award-winning Ask-A-Nurse line—which launched in 2020 as a COVID-19 nurse hotline—has evolved to provide 24/7 free, convenient and anonymous access to a Registered Nurse. The service has helped over 200,500 callers make informed decisions about their health, prevent self-diagnosing, ease uncertainty, and direct people who need expert care to the right place at the right time. Both access to care and health literacy drive the work today.
- Munson serves a geographic region the size of Vermont and Delaware combined. Virtual Urgent Care launched in 2022 to extend access to care needs that can't wait for a doctor's visit but may not require a costly Emergency Department Visit. Additionally, it provides a convenient service for those with barriers such as transportation or childcare, and to those who prefer to be seen from the comfort of their own home. The service grows each year, serving more than 3,000 patients annually.

In addition to these clinical advancements, Munson realized the following programmatic expansions:

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- Expansion of the Fruit and Vegetable Prescription and Prescription for Health Programs to the entire service area. The program extended self-paced, nutrition and wellness education with an opportunity to receive up to $100 in vouchers to purchase fruits and vegetables to nearly 1,000 people during this cycle. In-person classes at farmers' markets were also available to those who preferred it.
- Pregnancy and birthing classes transitioned to a virtual platform to support over 4,100 parents in preparing for a positive, safe, and high-quality birth experience.

- Expanded partnership with District Health Department #10 to offer 1:1 virtual, in-person and phone support for tobacco cessation; improved referral process to connect Munson's most vulnerable populations with free services.
- Launch of Healthy Futures patient portal to improve care coordination and expand services to new parents, supporting childhood safety, sleep, immunizations, and breastfeeding.
- Expansion of the use of text messaging to promote healthy behaviors and share resources directly with patients who can benefit.

Fruit + Veggie Prescription Program included over **1,000** participants

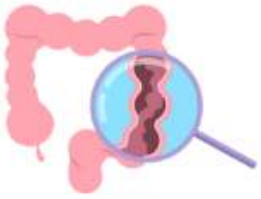
Birthing, baby care, and breastfeeding classes offered to over **4,100** participants

Leverage Technology—Expand use of patient portal and text messaging for patient education and resources.

In 2023, Munson began piloting the use of text as a direct patient outreach strategy to encourage important screenings and health behaviors. Following successful pilots, an annual plan was developed to educate and encourage patients to pursue breast and colon cancer screening, adult and pediatric well visits, and activities that promote diabetes prevention and management. These messages compliment broader community-based communications campaigns and offer targeted patient populations with information and education on key health topics. In addition, the Healthy Futures program also updated their communication strategy to better support the current needs of participants, featuring an opt-in texting program with timely and relevant information and reminders including well visit appointments, safety topics, nutrition, sleep and more.

Leverage Technology—Utilize a screening tool to collect and analyze a multitude of patient-level health related social needs.

The technological infrastructure crucial to resources is reliant on the accurate collection of local data including demographics, social determinants of health (SDOH) screening, and follow-up referrals to appropriate resources. Organizational data analysis is paramount to recognizing gaps in the communities served. The Task Force aforementioned identified a universal SDOH screening tool for data collection that went live in most hospitals in December of 2023. Further analysis is ongoing.



Expand Physical Access—Leverage and expand Healthy Futures program for parents with newborns including home visiting and educational initiatives.

Healthy Futures continues to be Munson's longest standing Community Health program with over 25 years of service. This initiative helps parents and new babies thrive through education, resources, and home visiting support. A recent program evaluation reported a sixty-six percent breastfeeding rate among babies enrolled in the program, a full 8 points higher than the statewide average. Similarly, the immunization rate of Healthy Futures enrolled children is eighty-four percent, 9 points higher than the statewide average.

During this CHNA cycle, the program expanded services to include a postpartum blood pressure assessment and education on the warning signs of post-birth related complications as a strategy to reduce preventable maternal mortality. Any elevated readings are reported to the OB provider. On several occasions, Healthy Futures nurses identified signs of and confirmed high blood pressure readings and immediately connected clients with life-saving medical services. A portal launched in 2024, allowing for improved continuity of care for participants. Grant-funded standardized education materials will be provided to Healthy Futures staff in 2024 for newborn care education, breastfeeding, and formula feeding.

Finally, as lead agency over the Region 2&3 Perinatal Collaborative, Munson helped direct over $150,000 worth of funding to support decreased maternal and infant morbidity and mortality via:

- Safe sleep sack distribution, family first aid kits, and the development of an infant carrier lending library.
- Training for community workers in postpartum suicide, mental health first aid, SafeTalk, sexual risk avoidance, relationship-based care, play therapy, suicide intervention skills training, and more.

Expand Physical Access—Support Munson recruitment and retention strategy by enhancing opportunities for employee well-being.

An engaged and committed workforce is essential to ensure Munson's success into the future. The organization continually evolves its recruitment and retention strategy to offer employees a positive work environment. Results from an annual survey help evaluate progress and adjust based on feedback from the healthcare team. Improvement efforts are led by multidisciplinary teams and include:

- Statewide review and adjustments to ensure competitive wage and compensation packages, education, and training opportunities. Introduction of a new customizable benefits package to allow employees to select those that are most important to them.
- Free access to an Employee Assistance Program (EAP), which extends access to mental health, legal, financial, career resources and more to the employee and all family members.
- Launch of Project Eagle, a program to address social determinants of health, connecting vulnerable team members to needed resources, such as transportation, housing, and childcare.
- Free access to a nationally recognized wellness app, Sworkit. Additional wellness offerings include support for tobacco cessation, diabetes prevention and management, physical and nutritional challenges, engagement activities, sports clubs, classes, recipes, and more.
- Introduction of the Rec Center—a reward and recognition program that promotes positivity and longevity across the organization. Ongoing events and seasonal celebrations to promote teamness and improve morale.
- Implementation of provider-specific wellness model to address and improve burnout rates.
- Initiation of housing stipends to help fill essential and high-need positions.

Implementation of Payactiv, an earned wage access program that allows participants to access a portion of the wages they've already earned **before payday.** This means users can pay a bill, buy groceries and

gas, or just get extra cash in case of an emergency. All of this is available without being charged high interest rates to access your own money. Most transactions also have no extra fees associated with them.

Emerging work: **In 2023, Munson Healthcare introduced a Regional Care Transformation Plan, which featured expanded healthcare access as a core tenant. The plan regionalized and elevated inpatient services in three communities while growing outpatient, primary care needs, and virtual offerings in every hospital service area across the system to ensure a more patient-centered model. This plan has resulted in the following advancements:**

- **Primary Care:** This work focuses on expanding access and availability to primary care in all our communities. In 2024 alone, the system opened two new primary care offices and recruited an additional 15 primary care providers with goals to recruit and an additional 13 in 2025. In addition, plans are well underway to open a Community Health Center in Petoskey, which brings primary care, urgent care, radiology services, lab, and specialty services under one roof and will serve as a key access point for the northeast region.
- **Specialty Care:** Emerging CHNA data suggests access to specialty clinics as a limitation in Northern Michigan, with patients having to travel long distances or downstate for advanced services. Regional Care Transformation aims to address this challenge and has made advancements such as:
    - Establishing the first comprehensive stroke center in Northern Michigan, featuring cutting edge technology, 24/7 care, and highly trained neurosurgeons and supportive care teams. Before this center, patients travelled long distances downstate, which resulted in poorer outcomes.
    - New and expanded clinics with visiting specialties, including those in Petoskey and Frankfort, the establishment of Munson Orthopedics Institute, providing advanced and comprehensive ortho services across the system and expansion of surgical facilities to include the latest technology, such as Da Vinci Robot.

Metric	FY22	FY23	FY24
Percent completion of Munson Health Equity Task Force key objectives for FY23-FY25*	5%	20%	**75%**
Number of interactions with educational materials shared via patient portal	N/A	N/A	**4%**
Number of employees participating in virtual diabetes prevention and management program	**155**	83	147
Number of births with a Healthy Futures home visit	20	**375**	365
Number of Healthy Futures enrollments	1,442	1,733	**1,838**

*Based on data analysis, Task Force Objectives shifted for 2024 to focus on healthcare team education. An updated A3 with target conditions guides the work and the percentage complete will be reported for FY24.

Safe, Affordable, and Accessible Housing

Expand Partnerships—Collaborate with partners to optimize medical care delivery to those who are unhoused through residency education and the Street Medicine Program.

Street Medicine extends medical services to individuals who are unhoused in the Traverse City Region. Under the supervision of Traverse Health Clinic, Munson Family Medicine Residents collaborate with Goodwill Street Outreach to serve Traverse City's unhoused population, effectively decreasing emergency and acute care admissions among the population served.

The program also extends support to address social determinants of health, including triage and prioritization of the most vulnerable patients for next available housing, while working with community partners on long-term placements. Several organizations extend supportive services, including Munson's Thomas Judd Care Center, which provides assessments and medical care for HIV and STIs, transportation to additional services, and incentivized rapid HIV tests and education.

In addition to extending this essential live-saving care, preliminary data suggests this work provides valuable experiences to medical residents to better understand and develop empathy for issues like lacking basic needs, missed medical appointments, substance use disorders or other mental health challenges that may be brought into their future practice to encourage whole-person care practices.

The program primarily serves the Traverse City region, though the addition of a mobile medical unit in 2023 has helped the team extend hours of operation and develop plans to serve additional counties in the MHC region. *Munson invested an additional $300,000 in 2024-25 to fund a coordinator for continued program expansion over the next two years. During this time, the program served 474 patients*.

Expand Partnerships—Increase referrals to Community Connections for support accessing basic needs, including housing.

Community Connections utilizes a proven Pathways Community HUB Institute model to help support under-resourced residents and improve health and well-being. Utilizing Community Health Workers (CHWs), this model allows for communities to build a transformative and sustainable community-based care coordination network. CHWs are highly trained to engage with community residents who may be at risk for poor health and social outcomes. They help individuals develop a care plan based on identified risks and needs and then connect them with resources that can help. Approximately 30 percent of referred patients accept services and enroll for support, while over 50 percent of those participate in face-to-face meetings with the CHW.

Munson primary care providers implemented standard procedures to routinely screen and refer patients with Social Determinant of Health (SDOH) challenges to the program in a previous CHNA cycle. Updated Joint Commission requirements to extend SDOH screening to acute care settings challenged hospitals across the nation, yet Munson was able to seamlessly expand this existing program to accommodate this expanded patient population. In support of the expansion, Munson and partners are exploring expanded payment models to fund the additional CHWs needed to support this influx of referrals. This includes education and advocacy to promote the importance and benefit of addressing SDOHs, as well as grant dollars to pilot innovative approaches.

Munson Healthcare financially supports Community Connections with a $60,000 annual commitment. In addition, MHC received and is managing a $150,000 grant from the Michigan Health Endowment Fund to support continued work related to SDOH screening.

Increase Screening—Coordinate with physician partners to optimize screening technology that identifies gaps in safe housing amongst our patient population

As discussed in *"Access to Healthcare, Action 3"*, a SDOH screening tool went live in most hospitals in December 2023. Patients that screen positive for needs are referred to Community Connections, where they receive 1:1 support to navigate these complex health issues.

Deploy Targeted Education—Create educational resources that address the most pressing safe housing issues determined via screening.

At the onset of the CHNA cycle, plans called for a phased approach:

- Phase 1: Implement effective screening processes to best understand current state, and
- Phase 2: Develop educational resources to target key issues that arise in the data.

The healthcare system selected and implemented a screening tool for our patients to identify societal challenges that are creating barriers to adequate housing. Access to attainable housing far exceeds any other housing related challenge in the region, with safety issues (i.e. lead, asbestos, etc.) being minimal. Moreover, substantial resources exist through local health departments to respond and support. Given this information, Munson chose to focus resources on other, higher priorities efforts such as those listed in "Emerging work" below. Unintentional falls is routinely the most prominent acute injury seen in Northern Michigan Emergency Rooms, so Munson otherwise supports home-based safety with the following activities that target this issue:

- Widespread Waddles campaign to reduce winter falls.
- Senior balance and fall prevention classes offered in various fitness and community center settings across the region.
- Home Health assessments to evaluate and suggest changes to living space that decrease chance of fall or injury.

Support Policy Change—Endorse policies and projects around safe and affordable housing with community partners.

Munson engages with community partners across the region to understand and support policy efforts around safe and affordable housing. Notable contributions include:

- ✓ Active participation on the Community Development Coalition of Northwest Michigan.
- ✓ Signed support for the Traverse City Housing Commission's Flats at carriage Commons Project
- ✓ Participation in a healthcare workforce roundtable with Lt. Governor Garlin Gilchrist. Active advocation for additional resources to support affordable housing options in the region.

- ✓ Provide support for Northwest Michigan Supportive Housing successful application bringing one million dollars of grant funding to the region.
- ✓ Support for the City of Traverse City's efforts to address housing through a letter of support to the City Planning Director.
- ✓ Signed on to the Northwest Michigan Supportive Housing coalition's request for funding from the state of Michigan to expand permanent supportive housing programming.
- ✓ Worked with the Coalition to End Homelessness to identify costs associated with unhoused patients and how we might better support permanent supportive housing solutions.
- ✓ Letter of support with Community Development Coalition of Northwest Michigan asking for support of a new attainable housing development.
- ✓ Requested assistance from the State of Michigan to evaluate innovative housing solutions to address the healthcare workforce shortage in the region.
- ✓ Exploration of healthcare workforce housing with Grand Traverse Pavilions.

Emerging Work: Northern Michigan is home to several leading housing agencies, including Housing North, Habitat for Humanity, and Northwest Michigan Action Agency. Munson has taken an active and supportive role to engage thought leaders and sponsor housing-related events to understand and support housing-related initiatives in the region, advocate for policy change, and pilot innovative programs. This includes:

- A 2-year $50,000 contribution to keep the region's only homeless shelter—Safe Harbor—open year-round. Previously, the center was open only during the most severe winter months, which has resulted in significant growth of homeless encampments in a city park, commonly referred to as "The Pines" (right).
- Munson Medical Center—which cares for the large majority of the region's unhoused—supports a Critical Pathway Program where patients with a medical or non-medical need for immediate shelter are identified. Munson works to secure and pay for shelter at an appropriate facility or hotel, when needed to support recovery.
- Project Eagle, an internal screening and referral program for employees who are challenged by SDOH issues to connect them with resources that can help them, and their families thrive in Northern Michigan.

Metric	Baseline (FY22)	FY23	FY24
Number of patients served through the Street Medicine program	0	218	**256**

Number of referrals to Community Connections	*1,588	618	**1,578**
Number of interactions with educational resources	N/A	N/A	N/A
Number of policies and projects supported	1	**7**	2

*In FY23 a better way to collect Community Connections referrals from Munson practices was identified. FY22 includes referrals from other community partners. In FY24, a Joint Commission requirement to screen all inpatients for SDOH challenges expanded the program significantly.

Chronic Disease Prevention and Management

Systematize and expand existing programs that support chronic disease reduction to maximize participation across the region, including:

Culinary Medicine: Culinary Medicine teaches both cooking and enhanced nutrition counseling skills to healthcare providers. This emerging approach builds on the evidence of food-focused lifestyle medicine within continuing medical education (CME) and has been used at Tulane and Harvard Universities. Healthcare providers who receive nutrition education combined with chef demos and experiential tastings of simply prepared, healthy and delicious food can more effectively and confidently counsel their patients on healthy eating practices. Four programs were held in Traverse City with 250 participants. Following these successful pilots, sustainability plans and funding were pursued with Groundwork Center for Resilient Communities leading a three-year plan to offer quarterly CME classes focused on culinary skills, cooking techniques, and nutrition research.

Tobacco Cessation: Munson offered a virtual eight-week tobacco cessation course three times a year through June 2023. These classes utilized the evidenced-based *Freedom from Smoking* curriculum and were taught by a veteran tobacco cessation nurse with over thirty years of nursing and nearly ten years of teaching experience. Following an instructor retirement, Munson Healthcare entered a partnership with District Health Department #10 to offer 1:1 support for referrals, piloting the offering first within the Cowell Cancer Center population and later expanding throughout the Primary Care Network. Munson

Healthcare now serves as the Health Departments top referral source—a partnership that makes best use of public health resources.

In addition, the healthcare system is highly engaged in research studies that help guide the development of national tobacco treatment protocols and lung cancer screenings. As one of twenty healthcare sites from across the country selected to participate in the Sloan Kettering Research Study, we received recognition as the top performing site with sixty-four participants. The research study titled "Implementing Tobacco Treatment in Low Dose CT Lung Screening" ran from September 2021 to November 2022. People who currently smoke were recruited and randomly assigned to one of sixteen tobacco treatment plans and the goal of the study was to determine which tobacco treatment combinations contributed to the highest rate of smoking abstinence at six month follow up.

"After many attempts to quit smoking for over 33 years, Patti from the freedom from Smoking Clinic at Munson gave me the tools, encouragement, and support I needed to be successful. I sleep well, walk without huffing and puffing, and am very proud to have finally quit."

Diabetes Management: The Diabetes Education Department previously served a limited area within the Munson service area, with hubs in Traverse City, Frankfort, and Grayling. During this CHNA cycle, the Department transformed operations to provide consistent education services across the entire 31 county service area. Work focused on an expansion of services, including hiring additional educators, offering services both in-person and virtually, simplification of referral and intake processes, and barrier reduction for patients to enroll in education.

Diabetes Educators served nearly **4,500** patients during the three-year cycle

In addition, the system launched an opt-in, text-based diabetes education program to compliment Diabetes Education and provide an alternative approach for patients with varying learning styles and attendance barriers. The program provides weekly tips, information, and reminders on important diabetes-related topics, such as blood sugar testing, care schedule, cooking for diabetes, exercise, stress, and more. The program is available to all community members with diabetes and is promoted via a variety of channels, including direct patient outreach via text, provider encouragement, and community-based communications strategies. Enrollees are eligible to participate in additional education to receive up to $100 in coupons for fruits and vegetables through a modified and virtual Prescription for Health program.

Finally, the team supported mailings to patients with pre-diabetes and gestational diabetes, extending diabetes prevention education to over 160 individuals.

Cancer Screening and Prevention: During this CHNA cycle, Munson introduced two changes aimed at reducing barriers to cancer screening, promoting early detection, and improving outcomes.

1. In 2024, Munson removed the order requirement to schedule and receive a screening mammogram. This policy change promotes self-determination and improves outcomes, allowing patients to self-refer for screening mammograms without a provider's order. It decreases the time to schedule by eliminating the need for patients to see their primary care provider prior to screening.

2. In partnership with Fair Market Health, Munson worked to enhance transparent and affordable pricing options for patients who are uninsured and underinsured. This collaboration offers an easy way for patients paying out of pocket to access healthcare services at clear and affordable prices. Eligible patients can choose a service, view the available pricing, pay upfront, and schedule at their convenience.

In addition, Munson is currently developing a pilot program to extend healthy and fresh food options to patients undergoing cancer treatment.

Medication Access Program: Munson locations in Cadillac, Traverse City, Kalkaska, Grayling, and Gaylord extend a program that provides 1:1 staffing support to procure medications at no cost for patients who do not have insurance or the resources to obtain them. Most medications received supported chronic disease management and patient mental health, with approximately 60% related to diabetes management. On average, $500,000-750,000 worth of medications are procured monthly. Current efforts are underway to extend the program to Frankfort, Empire, and Manistee.

Utilize community-based educational and awareness campaigns to support the inclusive prevention and screening of diabetes, heart disease and cancer.

In 2022, Munson aligned its community education strategy with the communications department to consistently offer community followers disease prevention and health promotion tips, information, and resources. A variety of channels and tools are now utilized to expose target audiences to prediabetes awareness, diabetes management, heart disease prevention and cancer screening tools and resources. This includes social media, internal and external newsletters, blog posts, continuing medical education (CME), direct patient outreach, and more. Over the three-year timeframe, over 40 educational-focused blog posts related to chronic disease were published and shared via an electronic newsletter, distributed to over 73,000 people.

Emerging Work:

In 2024, Munson aligned its engagement and sponsorship strategy to nearly exclusively support CHNA priorities, with more than $51,000 in Community-Benefit Countable sponsorships and 26 aligned awareness and educational-based events in one year. This includes sponsorship for organizations like Senior Resource Centers and Commission on Aging, Habitat for Humanity, YMCAs, suicide prevention organizations, and food pantries. In addition, the system hosted cancer prevention and awareness events like Rollin' with the Colon (2023) and Spit on Cancer (2024) in partnership with the Traverse City Pit Spitters, a collegiate baseball league.

Later in FY25, the system also initiated a Community Giving program where Munson provided financial support to organizations addressing CHNA priorities. The two-year impact will provide over $1 million in support to expand programing and impact. This includes contributions to:

- Northwest Michigan Food Coalition and Manna Food Project to increase the availability of fresh fruits and vegetables to our community's most vulnerable residents.
- Partnership with the Grand Traverse and Cadillac YMCAs to expand programming and facilities that increases access to exercise.
- Support to continue expansion of the Street Medicine Program to care for the unhoused and Community Connections to provide 1:1 support to individuals with basic needs challenges.
- Safe Harbor to ensure year-round shelter is available for the region's unhoused population.
- Lakeshore Children's Advocacy Center to ensure mental health care is available for families and children subject to domestic and sexual abuse.

Metric	Baseline (FY22)	FY23	FY24
Number of individuals enrolled in tobacco cessation class	29	**55**	7
3-month tobacco cessation quit rate*	44% (13/29)	**45% (25/55)**	9% (7/79)*

Number of diabetes-self management referrals	**1,854**	1,373**	1,260
Colorectal cancer screening rate	44% (CY21)	59% (CY22)	**66% (CY23)**
Breast cancer screening rate	62% (CY21)	69% (CY22)	**77% (CY23)**
Diabetes management (A1C control)	77% (CY21)	78% (CY22)	**79% (CY23)**
Number of interactions with educational resources	Diabetes: 6,630 Cancer: 55,239 HD: 66,308	**Diabetes: 8,297** **Cancer: 69,264** **HD: 78,843**	Diabetes: 5,627 Cancer: 36,724 HD: 27,964

*In FY23, 3-month cessation rate became unavailable, so class completion rate was tracked. In FY24, class completion rate was unavailable so the rate of referred: completed was reported.

**Missing OMH hub data.

Introduction

Purpose of a Community Health Needs Assessment:

According to the National Association of City and County Health Officials, Community Health Needs Assessments (CHNAs) provide information for problem and asset identification as well as policy formulation, implementation, and evaluation. CHNAs should be part of an ongoing broader community health improvement process. A community health improvement process uses CHNA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement. A community health improvement process looks outside of the performance of an individual organization—which serves a specific segment of the community—to the way in which the activities of many organizations contribute to the overall health and wellbeing of the community.

Mobilizing for Action through Planning and Partnerships (MAPP)

MiThrive utilizes the Mobilizing for Action through Planning and Partnership community health needs assessment framework. It is a nationally recognized, best practice framework that was developed by the National Association of City and County Health Officials and the U.S. Centers for Disease Control. The goal of MAPP is to identify urgent health issues in a community and align community resources. The purpose of MAPP is to build assurance of the conditions to achieve optimal health for all people. The MAPP framework provides an opportunity to strategically work toward a community-owned vision through collective action organized under one umbrella.

MAPP PHASE 1: Build the Community Health Improvement Foundation includes activities that build commitment, encourages participants as active partners, uses participants' time well, and results in a CHNA that identifies key issues in a region to inform collaborative decision-making to improve population health, while at the same time, meeting organizations' requirements for a CHNA.

MAPP PHASE 2: Tell the Community Story emphasizes the need for a complete, accurate, and timely understanding of community health and wellbeing across all sub-populations within the community. This phase gathers data from the community for the CHNA by conducting three different assessments.

Community Status Assessment (CSA): Collects quantitative data on the status of communities from trusted local, state, and national sources (secondary data). The CSA explores data about populations

experiencing inequities and describes complex issues that impact the community. It uses numerical data to identify patterns and averages, test hypotheses, and generalize results to wider populations. The CSA helps a community move upstream and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and root causes. The MiThrive CSA consisted of a community survey with a provider survey and open-ended questions as well as the secondary data collected and released in fall 2024 through the virtual MiThrive Data Platform and a Data Blob.

Community Context Assessment (CCA): Is a qualitative data tool to assess and collect data through three domains: community strengths and assets, built environment, and forces of change. The CCA explores the strengths, lived experience, and forces of change in the community using qualitative methods. It provides a process of collecting and analyzing non-numerical data (such as audio, video, or text) to understand experiences, concepts, or opinions. It is conducted to fill gaps in the data and explore the context of the community through the lens of people with lived experience. The MiThrive CCA consisted of photovoice, asset maps, and quotes collected from residents.

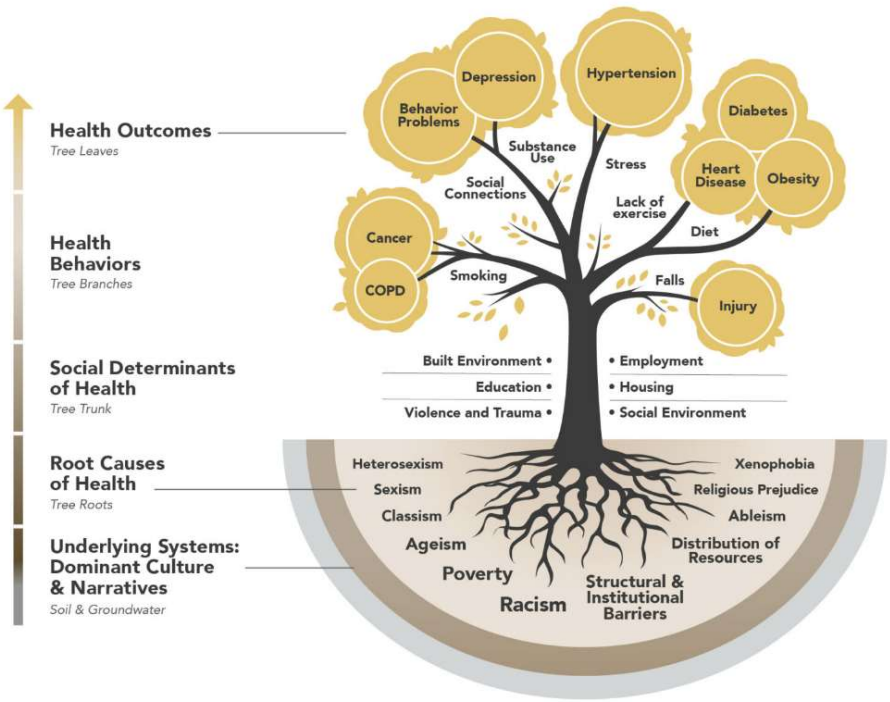
Community Partner Assessment (CPA): Provides a structure for community partners to look critically at their individual systems, processes, and capacities, as well as their collective capacity as a network of community partners to address health inequities. The CPA identifies current and future actions to address at an individual, systemic, and structural levels. The MiThrive CPA consisted of a Community Partner Survey and two live virtual events.

MAPP PHASE 3: Continuously Improve the Community involves prioritizing issues using CHNA results, creating issue briefs, and collaboratively prioritizing key issues to be targeted in a Community Health Improvement Plan or Implementation Strategy. MiThrive is committed to strengthening regional data capacity to drive community improvement efforts and enhance accountability. With generous support from the funding partners, MiThrive has secured a contract with Conduent Healthy Communities Institute to provide a data management and visualization platform for MiThrive data. The MiThrive Data Platform provides a one-stop resource for online access to community health indicators and related resources that impact the health of northern lower Michigan. Users can explore up-to-date demographic, health, and social determinants data, along with hundreds of maps, tables, figures, and capacity-building resources. This powerful tool is available to everyone on the MiThrive website without account, membership, or paywall requirement barriers. Whether using data for grant proposals, workplans, business plans, or data storytelling, this platform provides valuable insights. Questions regarding the MiThrive Data Platform can be directed to: mithrive@northernmichiganchir.org

Healthy Communities

According to MAPP, the assurance of conditions to achieve optimal health for all people is paramount to society. Optimal health includes physical, mental, social, cultural, and spiritual wellbeing, beyond the lack of disease or infirmity. Optimal health is essential for people to reach their full capacity. In addition to disease, health is influenced by education level, economic status, and other complex issues. No one individual, community group, hospital, organization, or governmental agency can be responsible for the health of the community. No one organization can address complex community issues alone. However, collaborative action allows communities to identify assets and barriers, develop strategies, and implement solutions. In the pursuit of equitable health outcomes, new tools and approaches continue to emerge to support effective community-driven change.

The **Health EquiTREE**—developed by Health Resources in Action for the Massachusetts Community Health and Healthy Aging Funds—illustrates the relationships among health outcomes, social determinants of health, and root causes. The **visible parts of the tree** represent observable health factors:



- **Leaves** symbolize **health outcomes**,
- **Branches** represent **individual and community behaviors**,
- **The trunk** signifies **social determinants of health** like housing, education, and income.

However, the **critical forces shaping health lie beneath the surface**:

- **The roots** reflect **deep-seated causes** of health disparities, such as systemic inequities and historical injustices,
- **The soil** represents **underlying systems, dominant narratives, and cultural frameworks** that either sustain or hinder health progress.

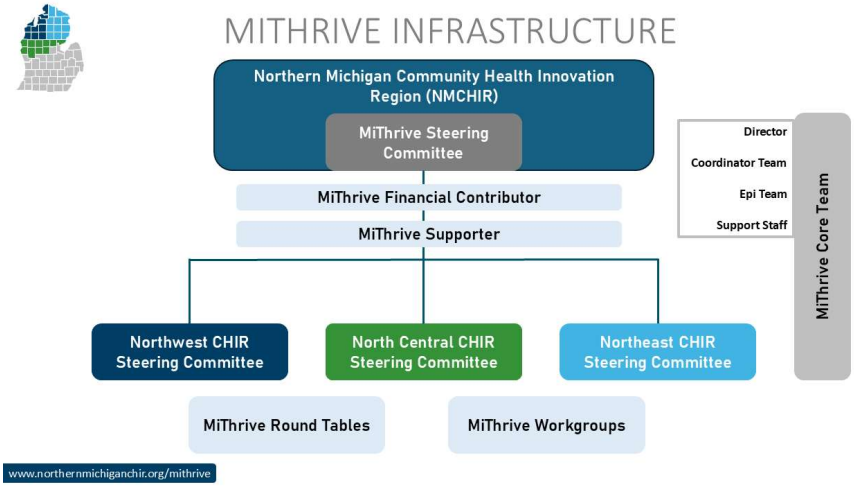
Phase 1: Building the Community Health Improvement Foundation

MiThrive is conducted on a three-year cycle in which hospital systems, local health departments, community-based organizations, residents, coalitions and collaboratives, businesses, academic institutions, and elected officials come together to collaborate on a shared Community Health Needs Assessment (CHNA) and collaborate for community health improvement.

During phase 1, funding agreements with local health departments and hospitals were executed, the MiThrive Steering Committee, MiThrive Workgroups/Round Tables were organized, and the Core Team was assembled. Strategic partnerships were cultivated by both new and existing collaborators, with a particular focus on including community members and organizations that represent or serve populations facing health inequities. As the infrastructure and partnerships took shape, guided by clear expectations and timelines, the shared vision was affirmed—Healthy People in Equitable Communities.

Shared Vision Video

MiThrive takes a regional approach to leverage collective wisdom, strengthen partnerships, maximize resources, produce high-quality data that is comparable, understand local and regional patterns, and align priorities and strategies. The MiThrive infrastructure supports effective and efficient collaboration.



Group	Description	Activities & Time Commitment	Expertise & Skills
MiThrive Supporter	Community members and organizations are invited to participate, provides input throughout MAPP, stay informed about status	Stays informed, subscribes to newsletter, share and participate in assessments, host event(s)	Invite community widely to participate, prioritizes creating opportunities for communities experiencing inequalities to contribute, has/values trusted partnerships
Region MiThrive WG/Round Table	Provides local context and connection to MiThrive	Co-developed by group based on local assets, opportunities, needs, and challenges	Amplifies communication, connections and alignment with local efforts
MiThrive Steering Committee Member	Gives MAPP process direction, represents communities' population and organizations, includes people with resources, community members, people from various parts of the local public health system	Provides input and feedback on major steps on MAPP, meets regularly (monthly), one voting member per organization	Maintains positive relationships with community members, represents local public health system and community, understands community needs, and strengths
MiThrive Financial Contributor	Financially supports MiThrive CHNA, data platform, accessibility, and engagement efforts	Provides funds for an element of MiThrive or the broad initiative	Funder, connections with funders, fundraising, grant writing
MiThrive Core Team	Project staff	Develops and implements assessments, CHNA, writes reports, facilitates groups, and support prioritization	Diverse public health professional skills: epidemiology, communication, facilitation, and project management
Northern Michigan Public Health Alliance	Serves as the Backbone Orgnaiztioan to the NMCHIR and MiThrive	Provides staffing	Local public health perspective, public health 3.0, and experiences
Northern Michigan Health Consortium	Serves as the NMCHIR and MiThrive fiduciary	Financial oversight, conflicts of interest management, legal compliance, transparency, and accountability	Financial management, legal, compliance, leadership skills, communication, and transparency

The goal of the MiThrive CHNA is to improve health outcomes by using data and collaboration to:

- **Inform Decision-Making**: More data means better insights, enabling informed decisions that address community health needs effectively.
- **Create Targeted Interventions**: More data allows for a focused approach around specific health issues and developing targeted interventions that make a real difference.
- **Allocate Resources**: Increased data allows for informed resource allocation, ensuring that funding and services are directed where they're needed most. Comprehensive data sets make initiatives more attractive to funders, opening doors for new resources.

- **Address Inequities**: More data helps us uncover and address health inequities, ensuring that all community members receive the support they need.
- **Empower Awareness**: With robust data, we can advocate more effectively for policies and resources that benefit our community.
- **Benchmark Progress**: Data allows for a benchmark progress over time, celebrating successes and identifying areas for improvement.

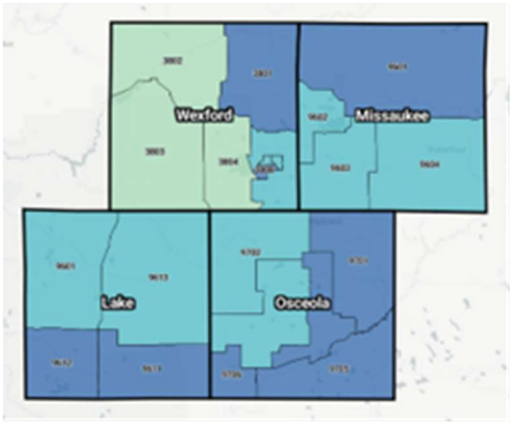
MiThrive Explainer Video

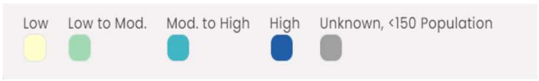
Phase 2: Telling the Community Story

During Phase 2, each of the assessments were conducted with support from all MiThrive partners and residents. The MiThrive Core Team instituted a schedule that would have all the individual portions of the CHNA completed during the 2024 calendar year. This was done using MAPP 2.0 as a framework for all planned assessments and with input and decisions from the MiThrive Steering Committee. Care was taken to ensure that each assessment was crafted with engagement opportunities for partner organizations and community members. Each of the assessments collected different types of data for the community: primary and secondary, qualitative data of health indicators and community sentiments, quantitative data reflecting resident viewpoints, and data regarding the capacity and shared goals of community partner organizations.

Cadillac Hospital:

Social Vulnerability Index by Census Tract in Lake, Missaukee, Osceola, & Wexford Counties





Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

Lake, Missaukee, Osceola, Wexford

Community Status Assessment (CSA)

The Community Status Assessment identifies priority community health and quality of life issues. It answers the following questions:

- How healthy are our residents?
- What does the health status of our community look like?

The answers to these questions were measured by collecting more than 200 indicators from a variety of secondary sources into the MiThrive Data Platform, as well as primary data collected through the 2024 community survey and provider survey.

The MiThrive Core Team assured secondary data included measures of social and economic opportunity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; populations living below Federal Poverty Level; gross rent equal to or above 35 percent of household income; high school graduation rates; income inequality; median household income; median value of owner-occupied homes, political participation; renters (percent of all occupied homes); and unemployment rates.

The Social Vulnerability Index illustrates how where we live influences health and wellbeing. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than age five with a disability; single parent households; minority status; speaks English “less than well”; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

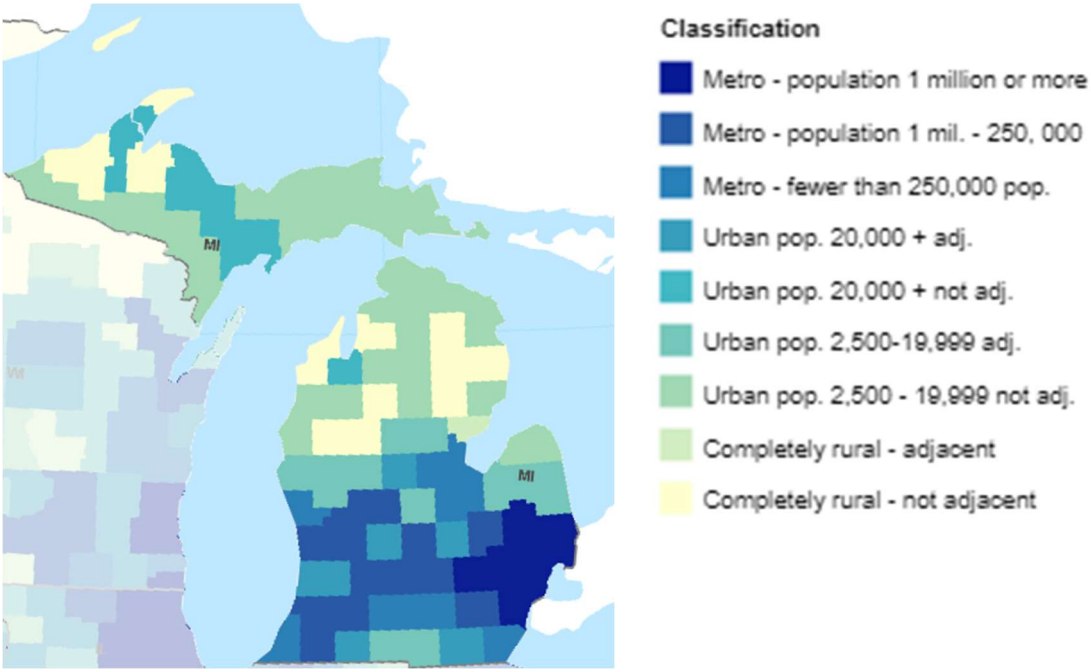
As illustrated in the map below, Census Tracts in the Lake, Missaukee, Osceola, and Wexford counties have Social Vulnerability Indices at “high” or “moderate to high,” with the exception of the west side of Wexford County.

Geography and Demographics

The service area for the Munson Cadillac Hospital region includes Lake, Missaukee, Osceola, and Wexford Counties. The area is known for its clean environment and abundant resources for outdoor recreation. Covering 2,263 square miles of land, most of the region is designated as "rural" by the U.S. Census Bureau. This is one of its most important characteristics, as rurality influences health and wellbeing.

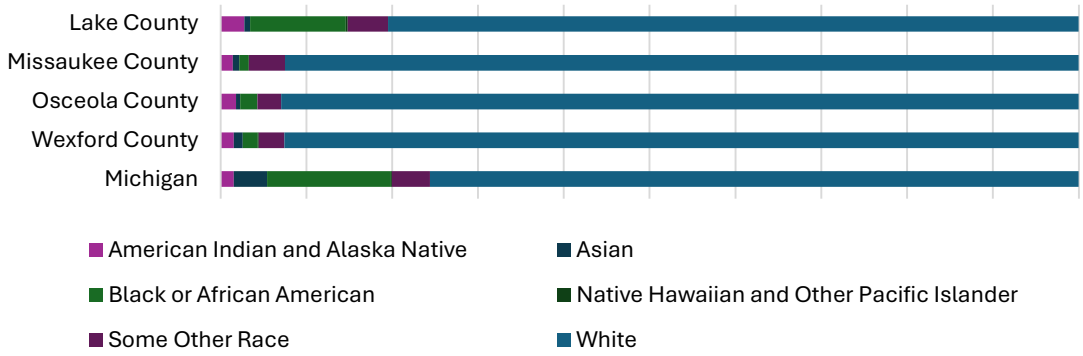
The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 86,188 people who live in these counties, 95.96percent are white. The largest racial minority groups are Black or African American (3.28%), American Indian and Alaska Native (1.87%) and Some Other Race (3.61%). Additionally, the largest ethnic minority group is Hispanic and Latino; Lake County (9.1%) and Missaukee County (3.5%).

Rurality by County



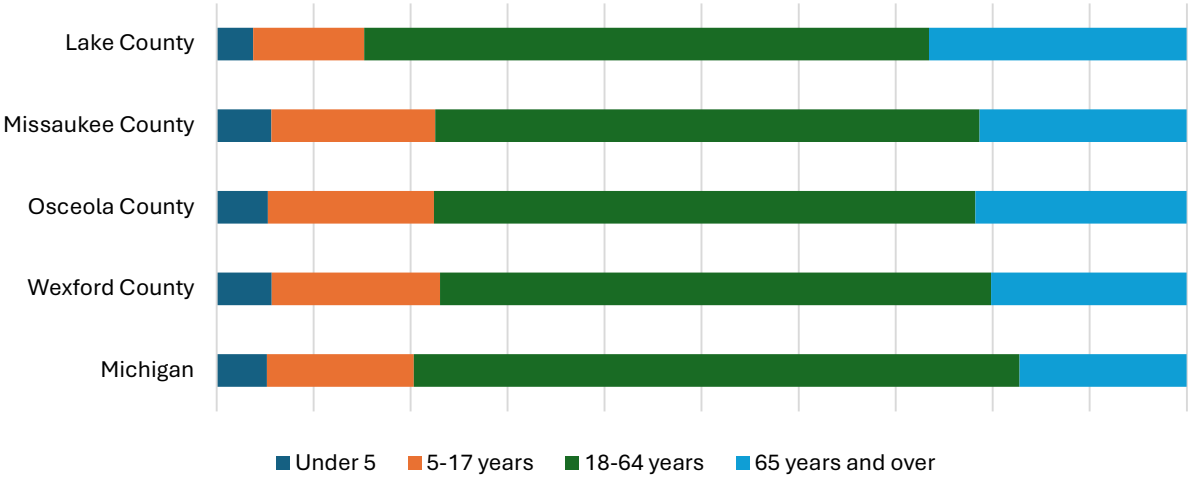
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

Population by Race for Munson Hospital Cadillac Service Area, United States Census Bureau, 2019-2023



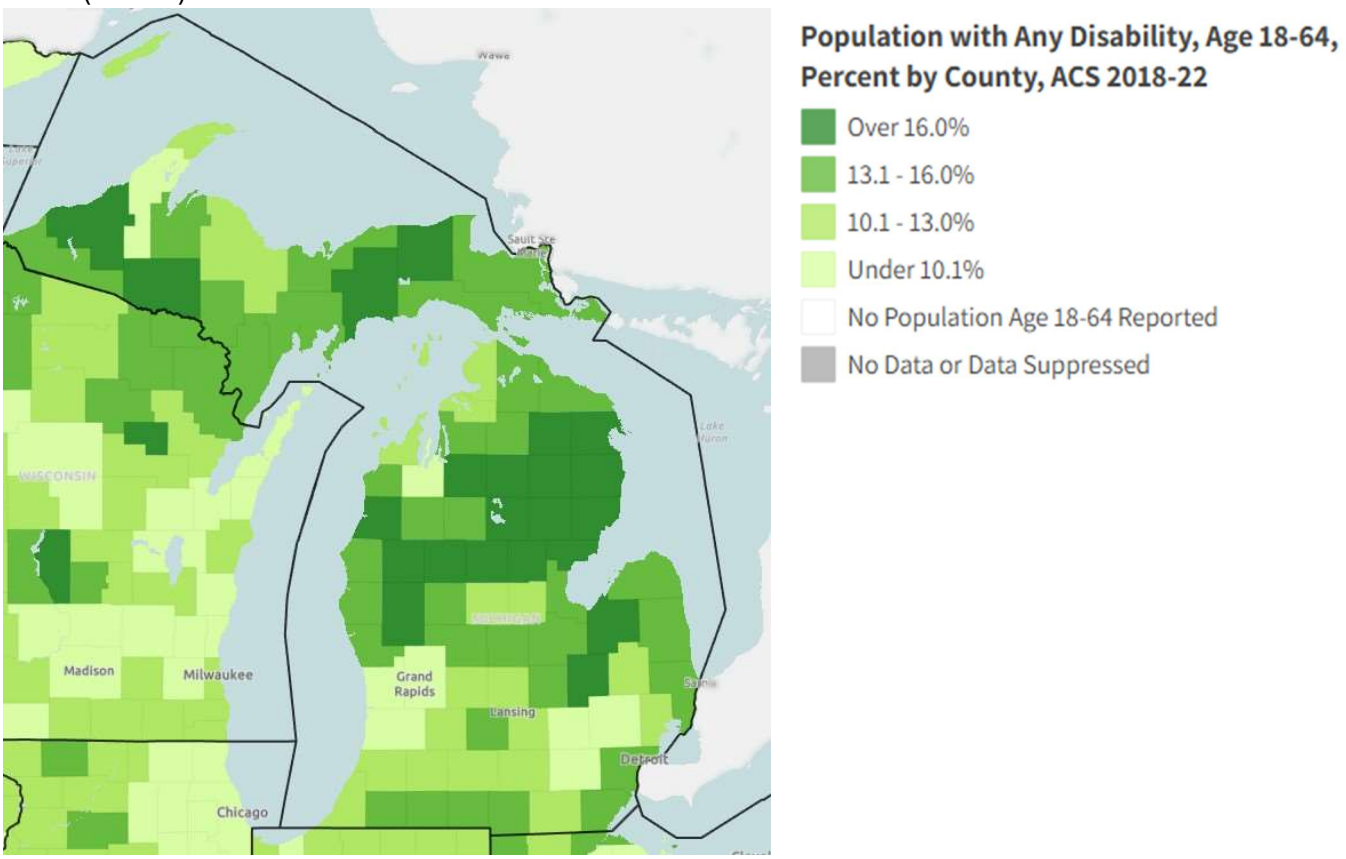
Lake, Missaukee, Osceola, and Wexford Counties have a lower proportion of racial minority groups (9.69%) than Michigan (26%).

Percentage of Population by Age Group for the Munson Hospital Cadillac Service Area, United States Census Bureau, 2019-2023



Lake, Missaukee, Osceola, and Wexford counties (26.6%, 21.4%, 21.8%, and 20.2% respectively) have higher proportions of adults over the age of 65 than Michigan overall (19.2%).

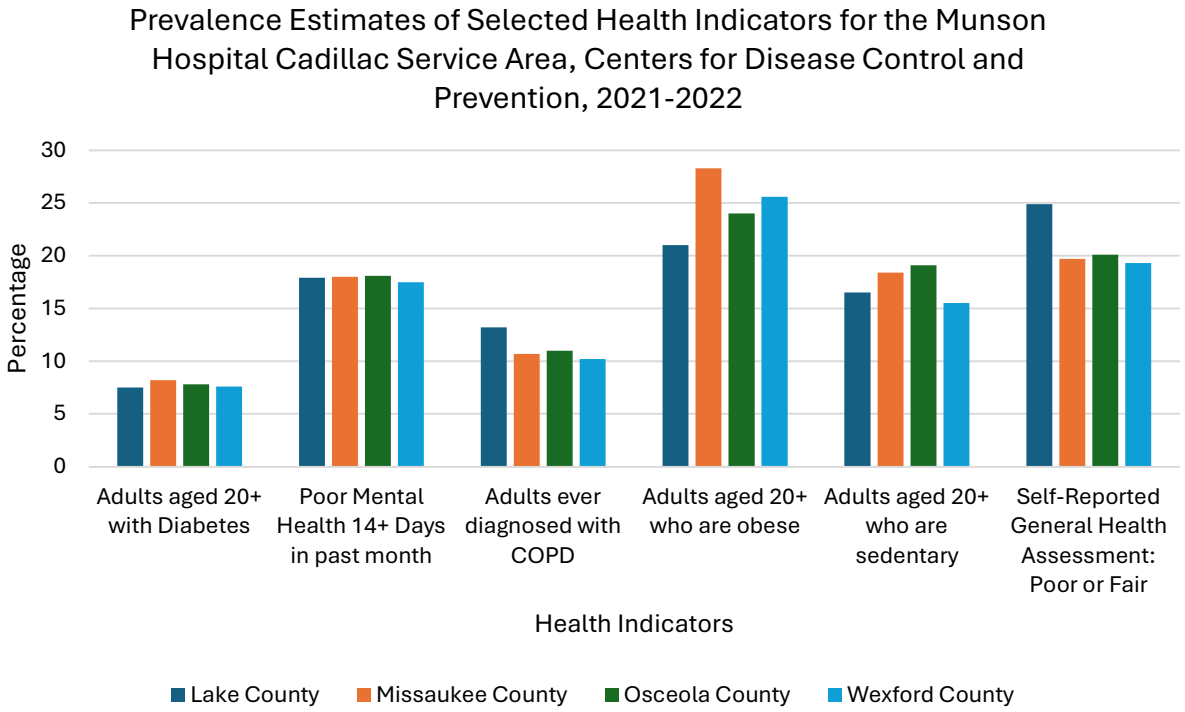
A greater proportion of people—21.8%—of the people in the region have a disability compared to the State (10.3%).



Source: United States Census Bureau, 2018-2022

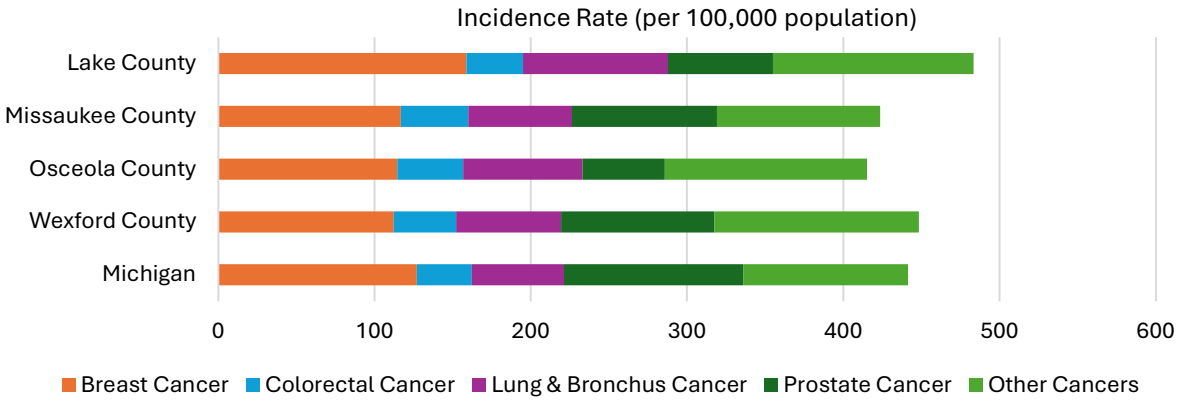
Notes: The U.S. Census Bureau has updated the data for individuals with disabilities to 2019-2023 estimates. However, the visualization data is only available for 2018-2022 data.

Selected Morbidity and Mortality Indicators for the Munson Cadillac Hospital Service Area



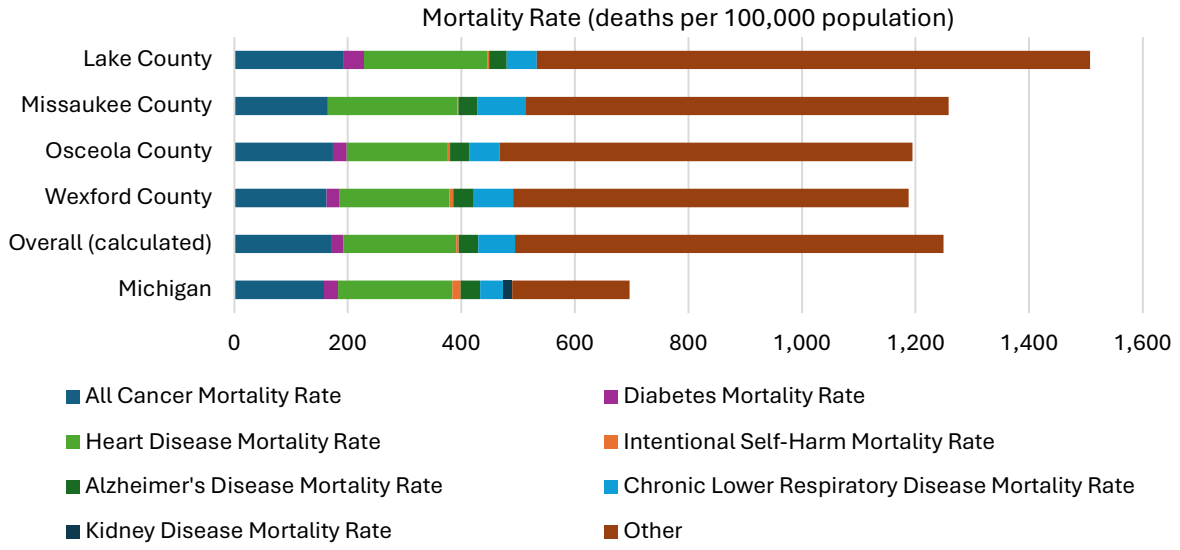
Notes: 'Poor Mental Health 14+ Days in past month' indicates the percentage of adults who stated that their mental health was not good 14 or more days in the past month, 2022.
'Adults ever diagnosed with COPD' shows the percentage of adults who have ever been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis, 2022.
'Adults aged 20+ who are obese' shows the percentage of adults 20 and older who are obese using the Body Mass Index (BMI) value >=30, 2021.
'Adults aged 20+ who are sedentary' shows the percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month, 2021. 'Self-Reported General Health Assessment: Poor or Fair' shows the percentage of adults who answered poor or fair to : "How is your general health?", 2022.

Cancer Incidence Rates for the Munson Hospital Cadillac Service Areas, National Cancer Institute, 2017-2021

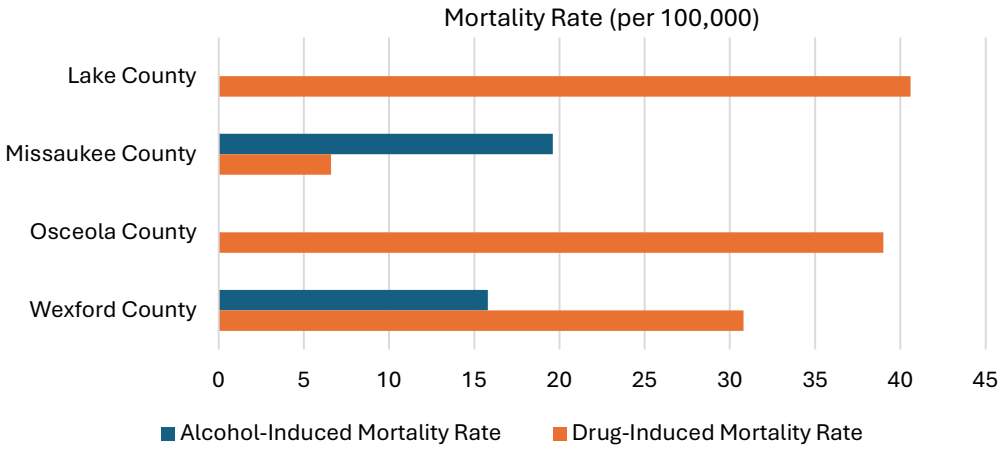


Note: Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US population Data File is used for SEER and NPCR incidence rates.
Data not available for some combinations of geography, cancer site, age, and race/ethnicity.
Suppression is used to avoid misinterpretation when rates are unstable.

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Munson Hospital Cadillac Service Area, MDHHS Vital Statistics, 2018 -2022

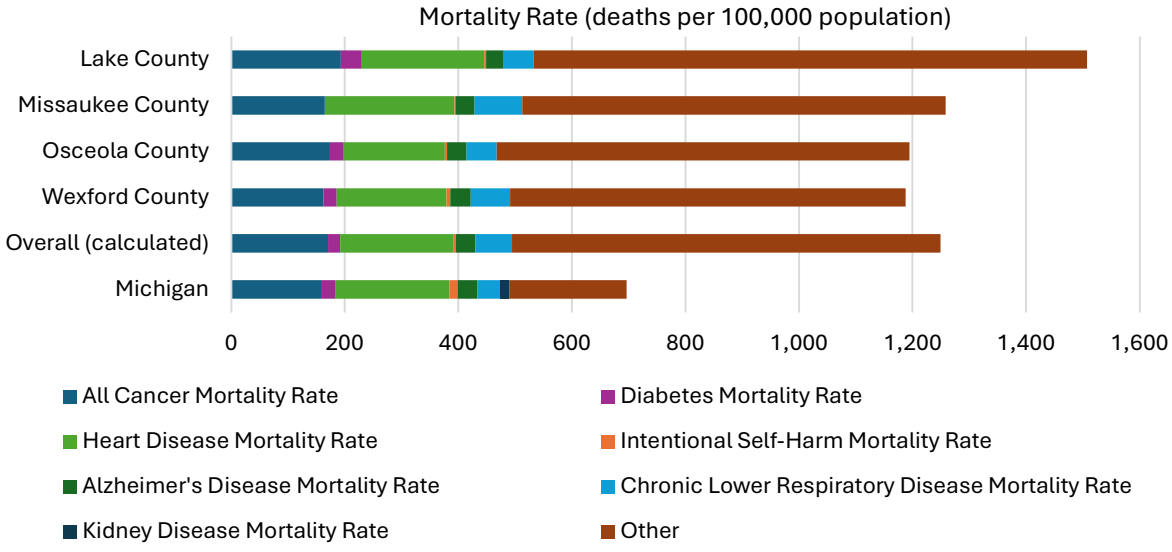


Substance Use Associated Mortality Rates for the Munson Hospital Cadillac Service Area, MDHHS Mortality Statistics, 2022



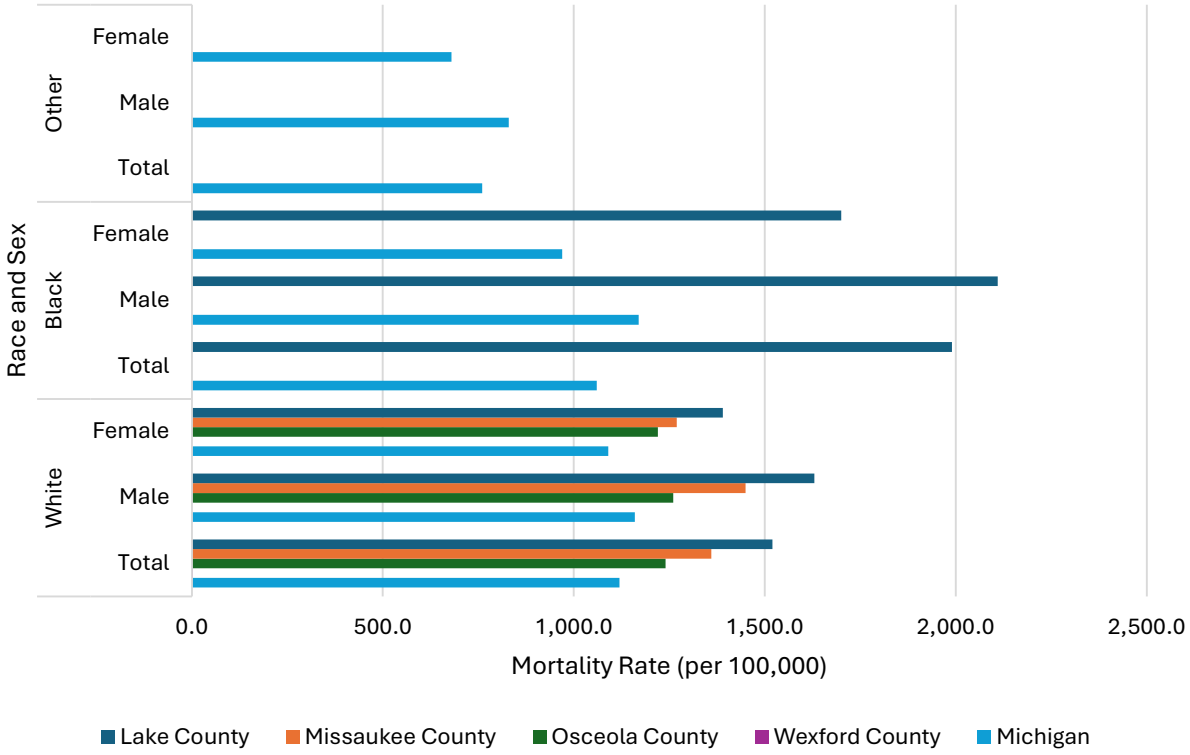
Note: Data from Lake and Osceola County was suppressed due to low response levels and has been omitted from this graph.

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Munson Hospital Cadillac Service Area, MDHHS Vital Statistics, 2018 -2022



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.

Mortality Rates by Race and Sex for the Munson Hospital, Cadillac Service Area, MDHHS Vital Statistics, 2023



Community Survey

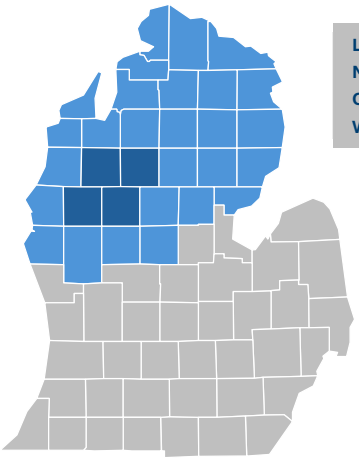
The 2024 Northern Michigan Community Health Survey asked 26 questions, including those geared towards determining what is important to the community, what factors are impacting the community, quality of life, and built environment, as well as demographic questions. The survey questions intentionally look to provide a deep understanding of the issues that residents feel are significant by answering the following questions:

- What is important to our community?
- How is quality perceived in our community?
- What assets are in the community that can be used to improve wellbeing?

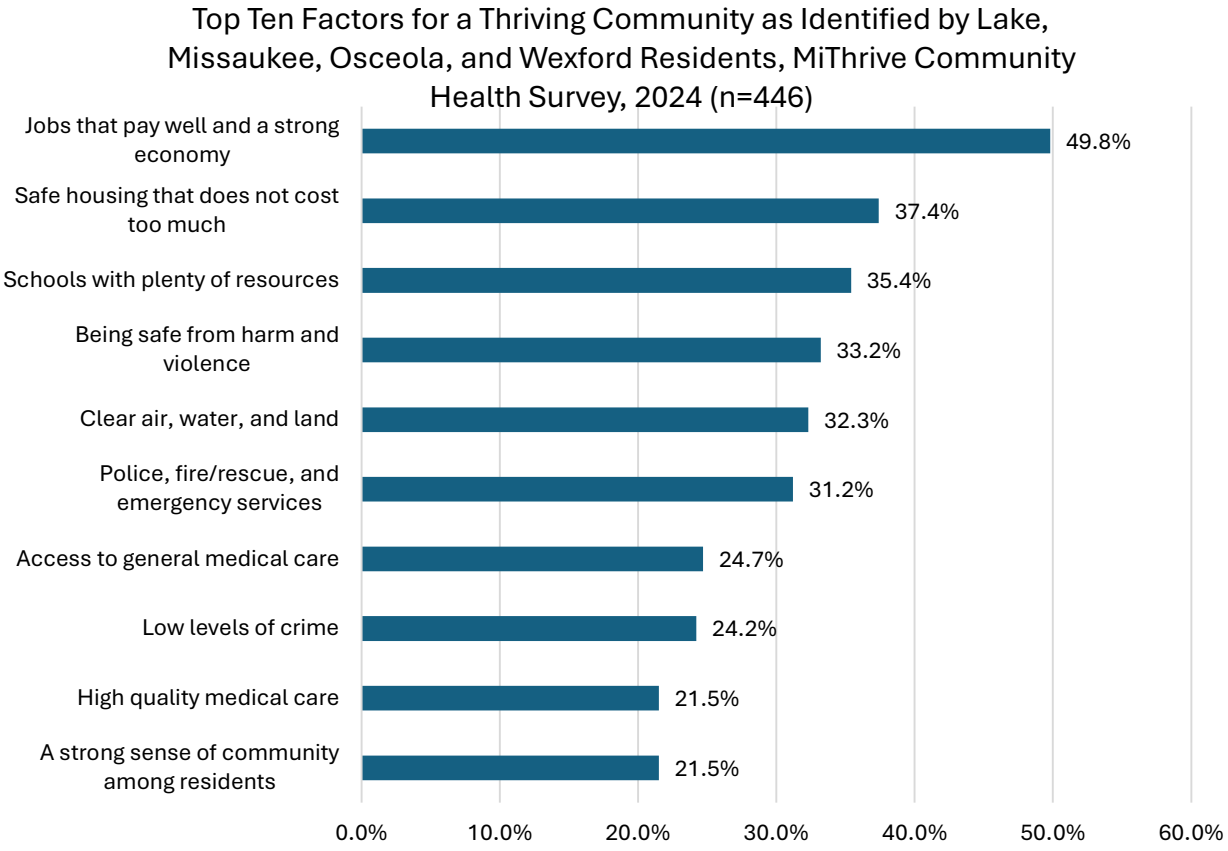
Community surveys were conducted both electronically and in paper format, available in English and Spanish. The electronic survey could be accessed via a direct link or QR code. The survey remained open from August 12, 2024 to October 6, 2024. To encourage participation, respondents who completed the survey had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties.

Partner organizations played a key role in promoting the survey through social media and community outreach. Promotional materials included flyers, social media content, and press releases. A total of 3,496 surveys were collected across the MiThrive Region, with 446 responses coming from Lake, Missaukee, Osceola, and Wexford Counties.

A total of **446 Community Survey** responses were collected in Lake, Missaukee, Osceola, and Wexford Counties.

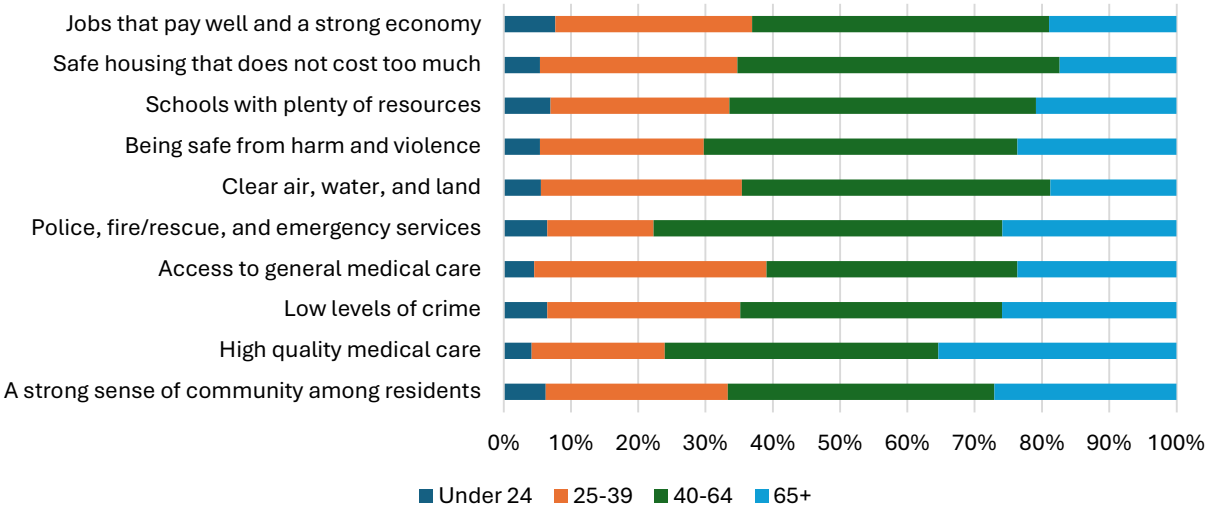


Lake County = 191 Responses
Missaukee County = 62 Responses
Osceola County = 77 Responses
Wexford County = 116 Responses



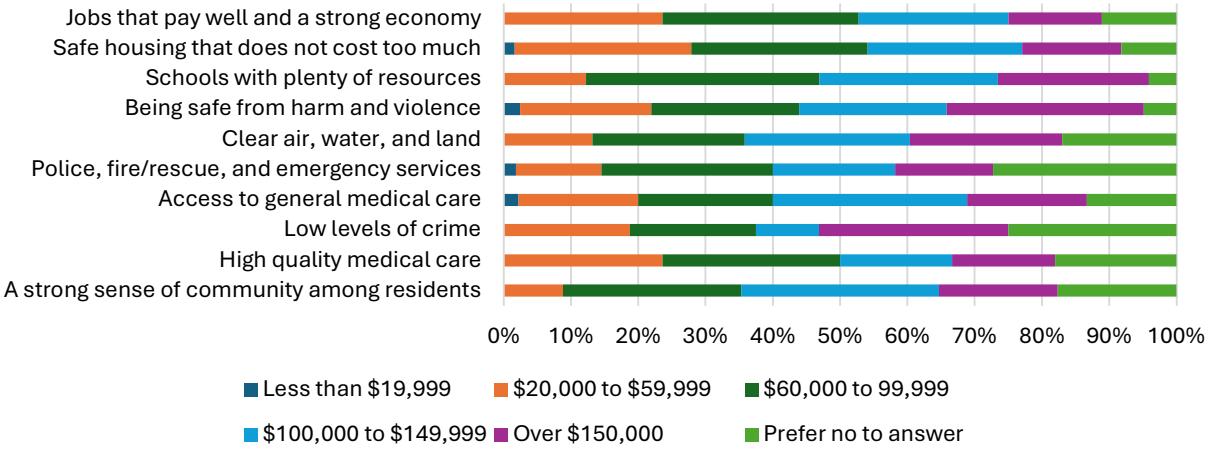
Note: This "Top Ten Factors for a Thriving Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these factors.

Top Ten Factors for a Thriving Community as Identified by Lake, Missaukee, Osceola, and Wexford Residents by Age in Years, MiThrive Community Survey, 2024 (n=446)



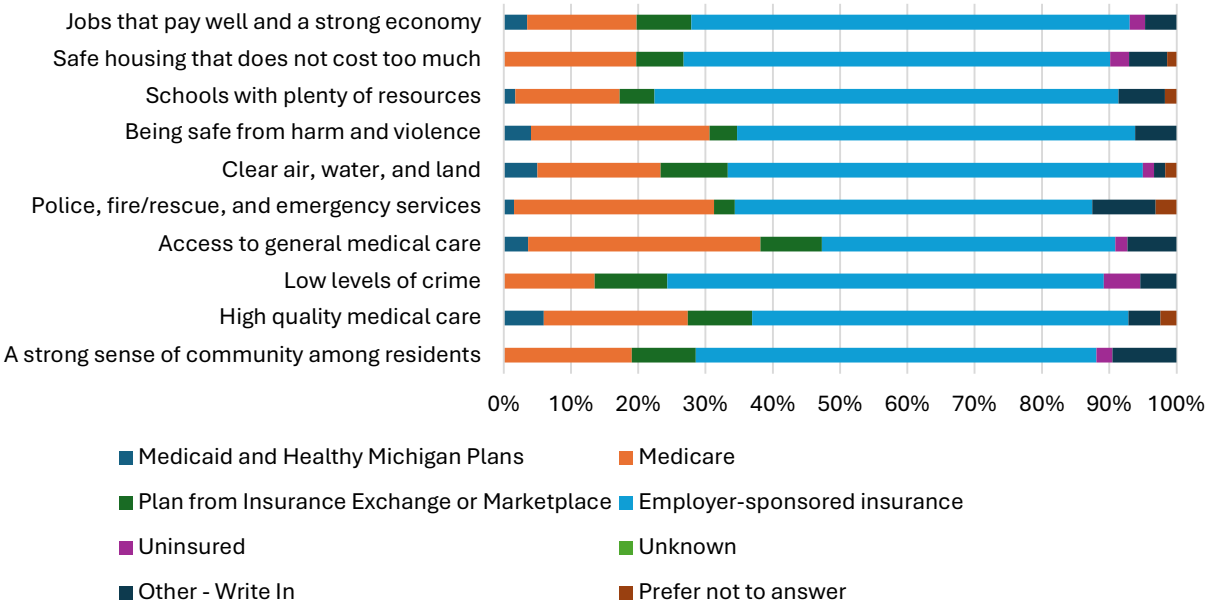
A greater proportion of individuals between **25 and 39 years of age** responded that **access to general medical care** was an important factor for a thriving community.

Top Ten Factors for a Thriving Community as Identified by Lake, Missaukee, Osceola, and Wexford Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=446)



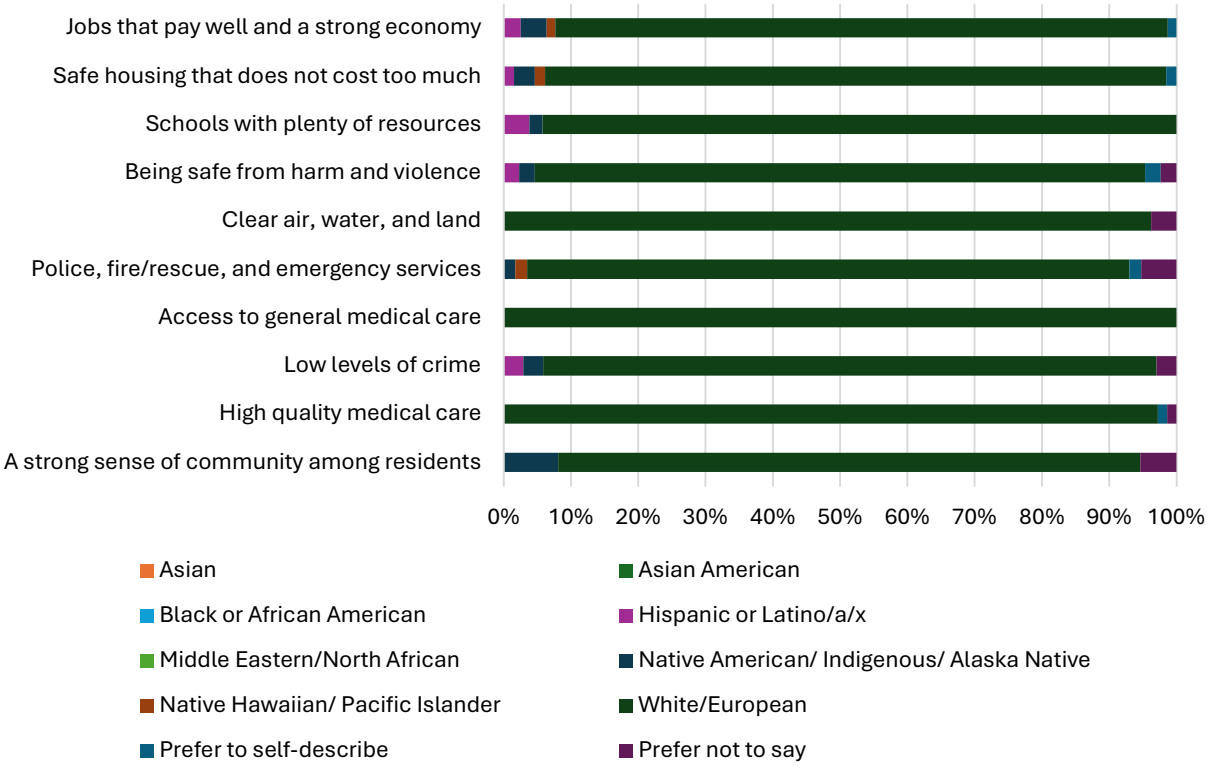
Safe housing that does not cost too much, **jobs that pay well and a strong economy**, and **high-quality medical care** were more important factors for individuals making **under $100,000 a year**.

Top Ten Factors for a Thriving Community as Identified by Lake, Missaukee, Osceola, and Wexford Residents by Insurance Type, MiThrive Community Survey, 2024 (n=446)



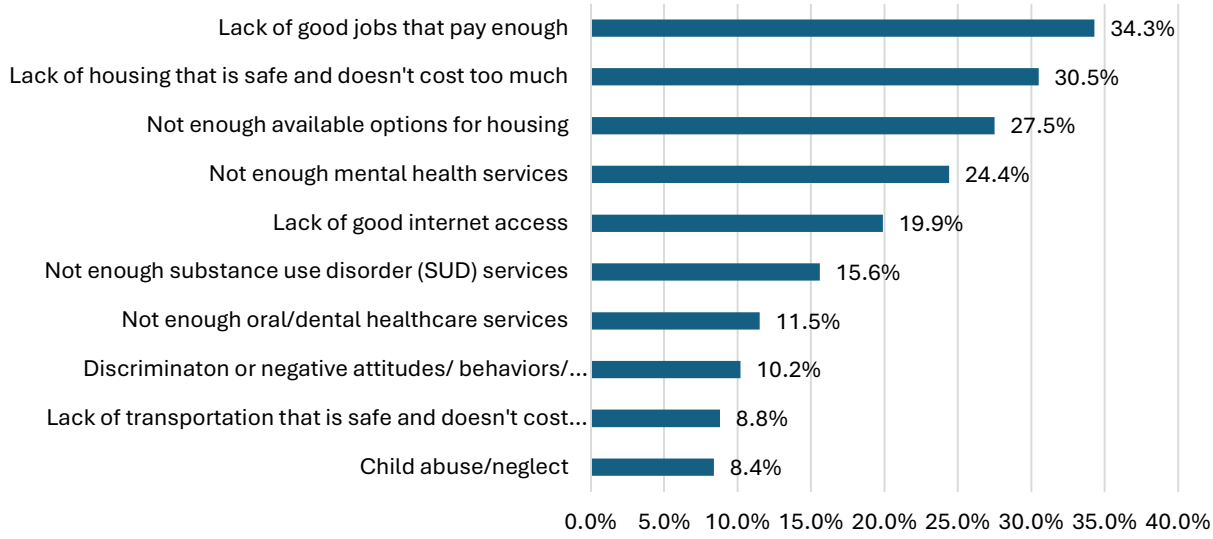
Access to general medical care as a factor for a thriving community had a larger proportion of individuals with **Medicaid**, **Medicare**, or **insurance exchange/marketplace** plans compared to other factors.

Top Ten Factors for a Thriving Community as Identified by Lake, Missaukee, Osceola, and Wexford Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=446)



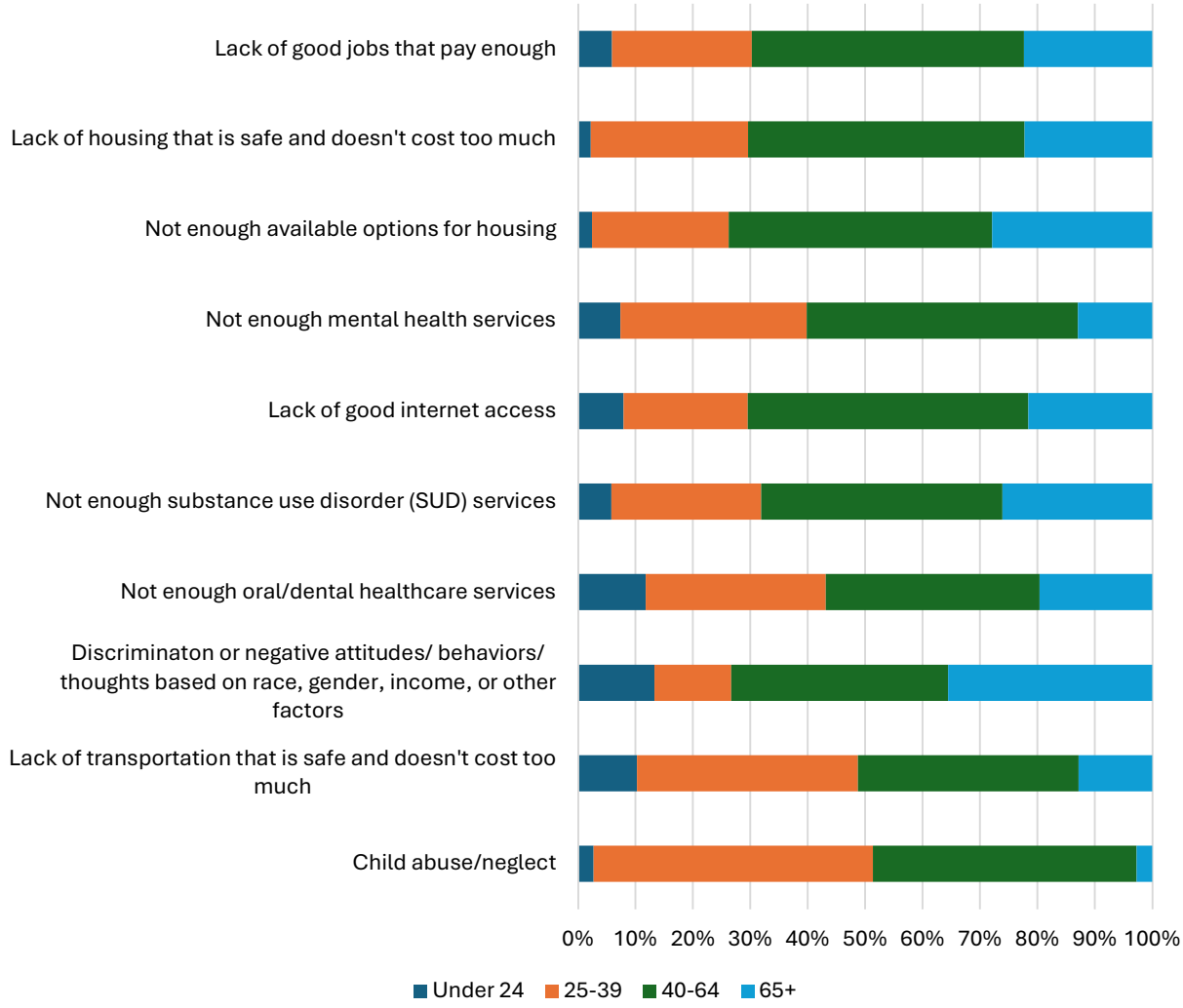
Jobs that pay well and a strong economy was identified as an important factor for respondents who identified as part of a **racial or ethnic minority**, although there were few responses from this group with which to extrapolate.

Top Ten Issues Impacting the Community as Identified by Lake, Missaukee, Osceola, and Wexford Residents, MiThrive Community Health Survey, 2024 (n=446)



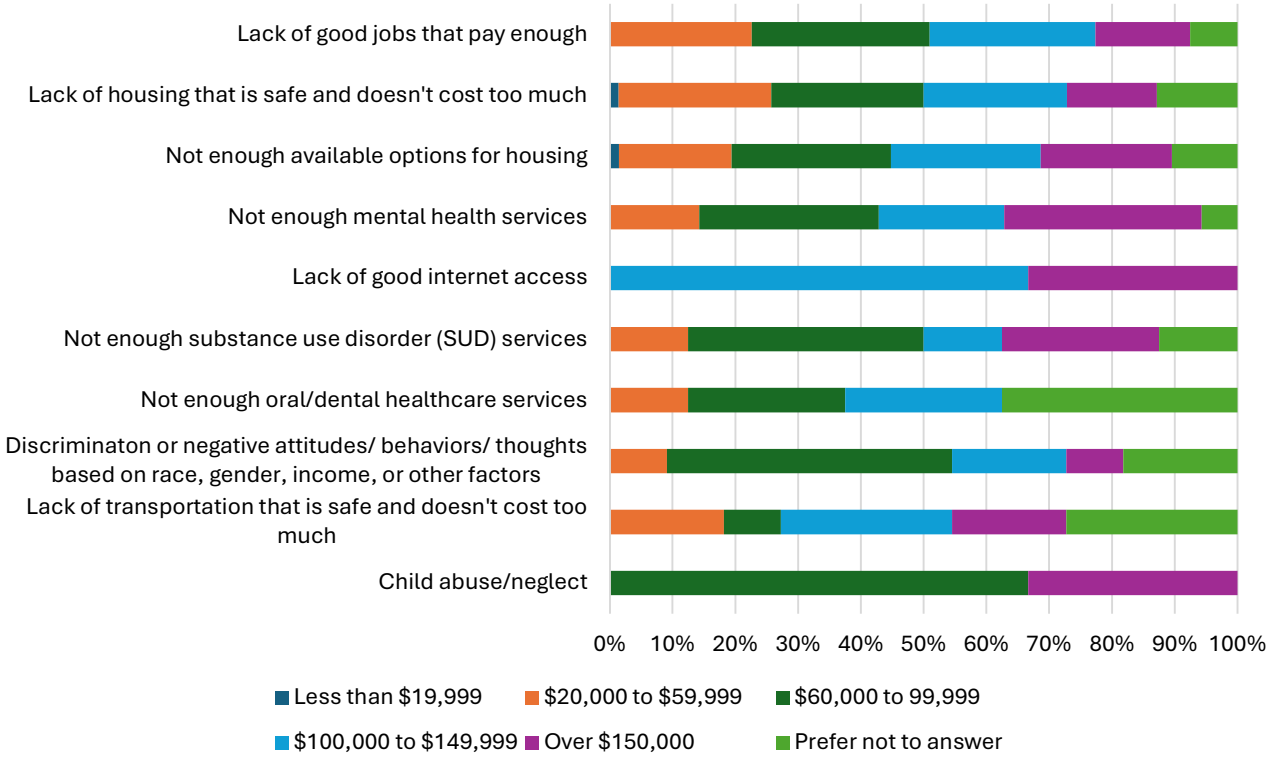
This "Top Ten Issues Impacting the Community", figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these issues.

Top Ten Issues Impacting the Thriving Community as Identified by Lake, Missaukee, Osceola, and Wexford Residents by Age in Years, MiThrive Community Survey, 2024 (n=446)



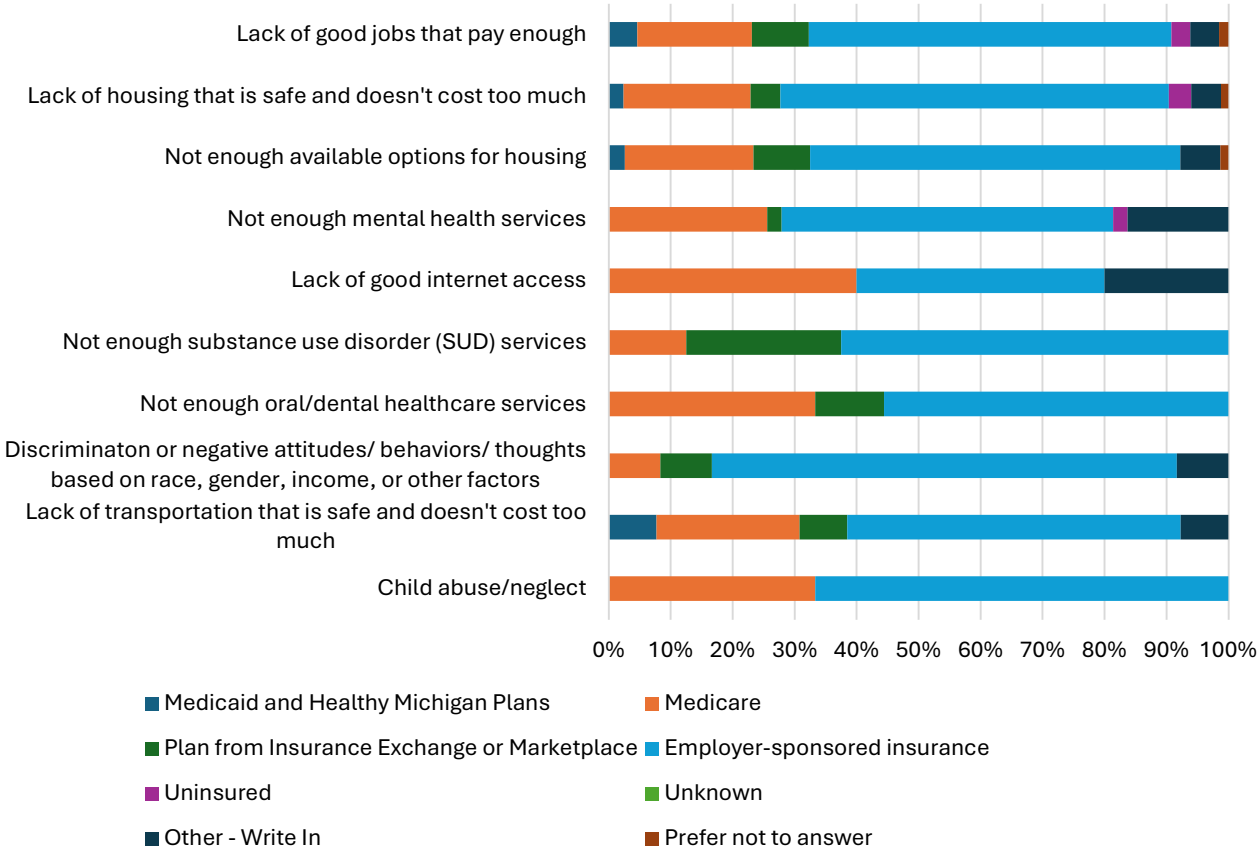
Residents **under the age of 40** disproportionately identify **child abuse/neglect** as a major issue in their community.

Top Ten Issues Impacting the Community as Identified by Lake, Missaukee, Osceola, and Wexford Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=446)



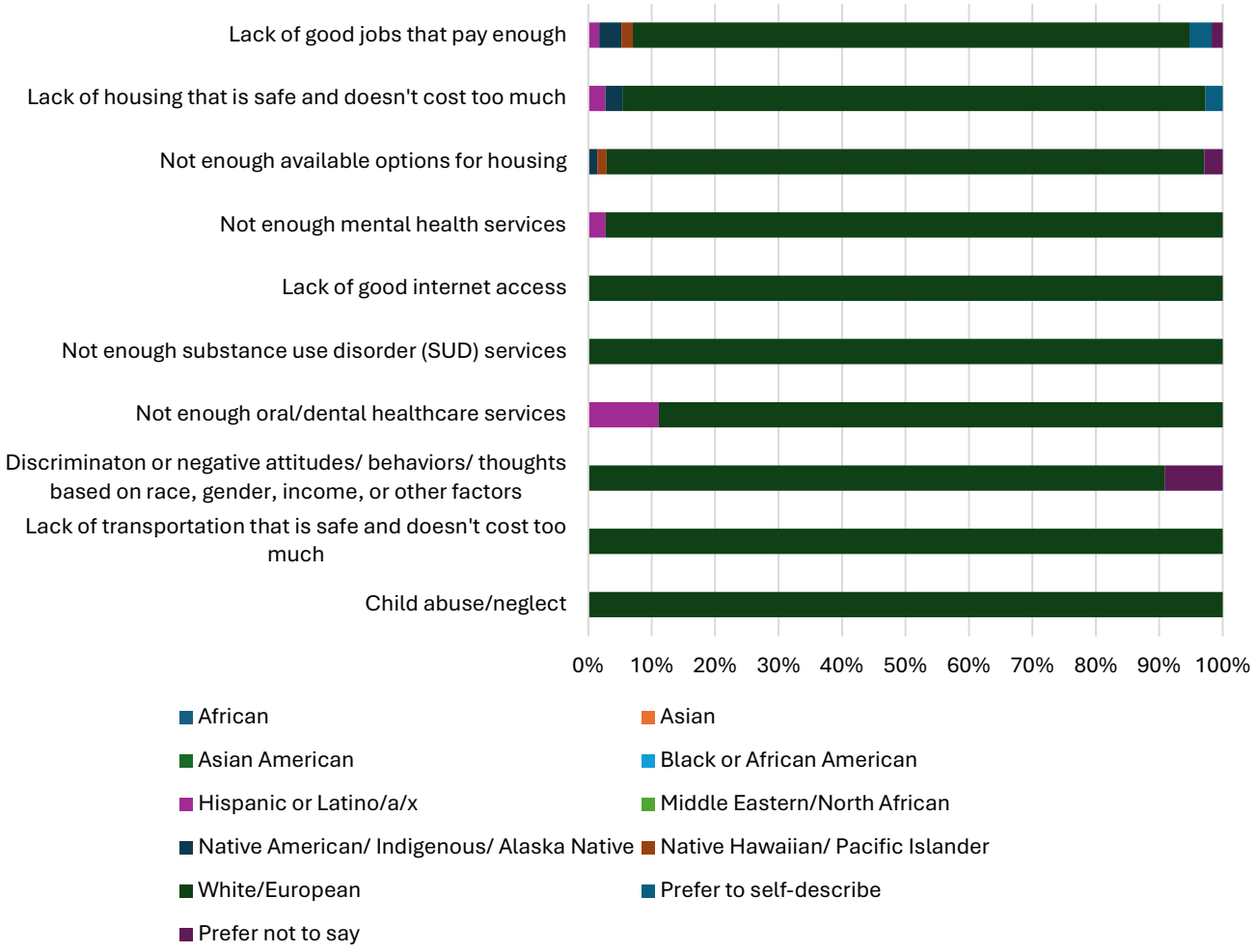
Lack of good jobs that pay enough and **not enough mental health services** were important issues for respondents across most pay categories.

Top Ten Issues Impacting the Community as Identified by Lake, Missaukee, Osceola, and Wexford Residents by Insurance Type, MiThrive Community Survey, 2024 (n=446)



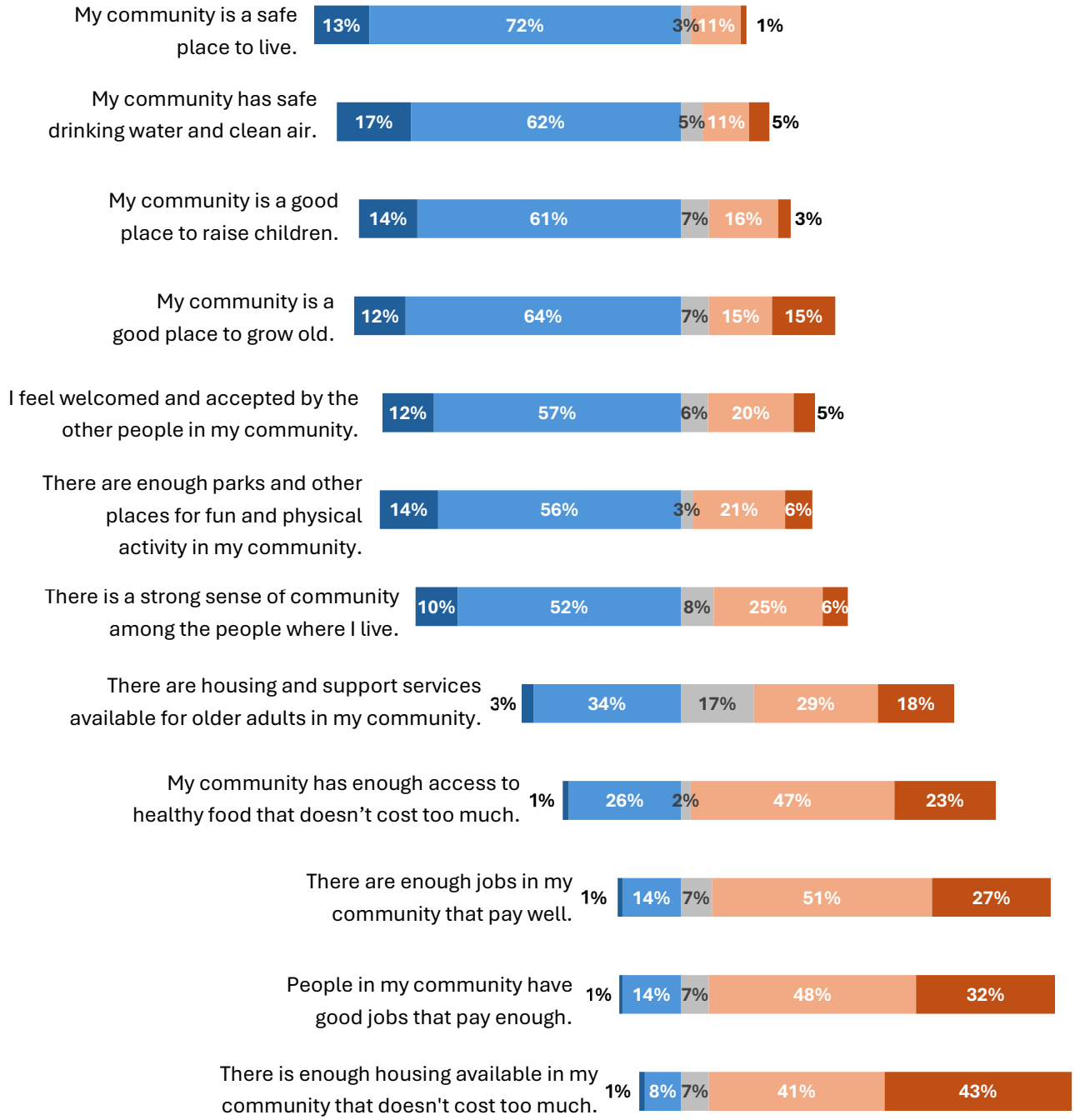
Residents with **Medicare** felt that a major issue in the community involved **lack of good internet access**.

Top Ten Issues Impacting the Community as Identified by Lake, Missaukee, Osceola, and Wexford Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=446)



Not enough oral/dental healthcare services was identified as an important issue for respondents who identified as part of a **racial or ethnic minority**, although there were few responses from this group with which to extrapolate.

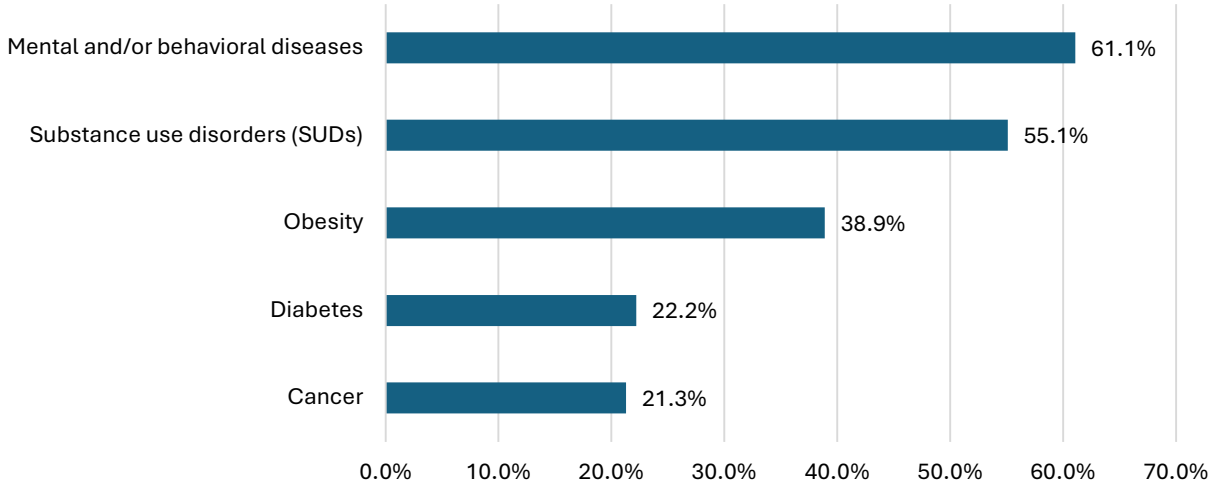
Responses to Likert Scale Questions as Identified by Lake, Missaukee, Osceola, and Wexford Residents, MiThrive Community Survey, 2024 (n=446)



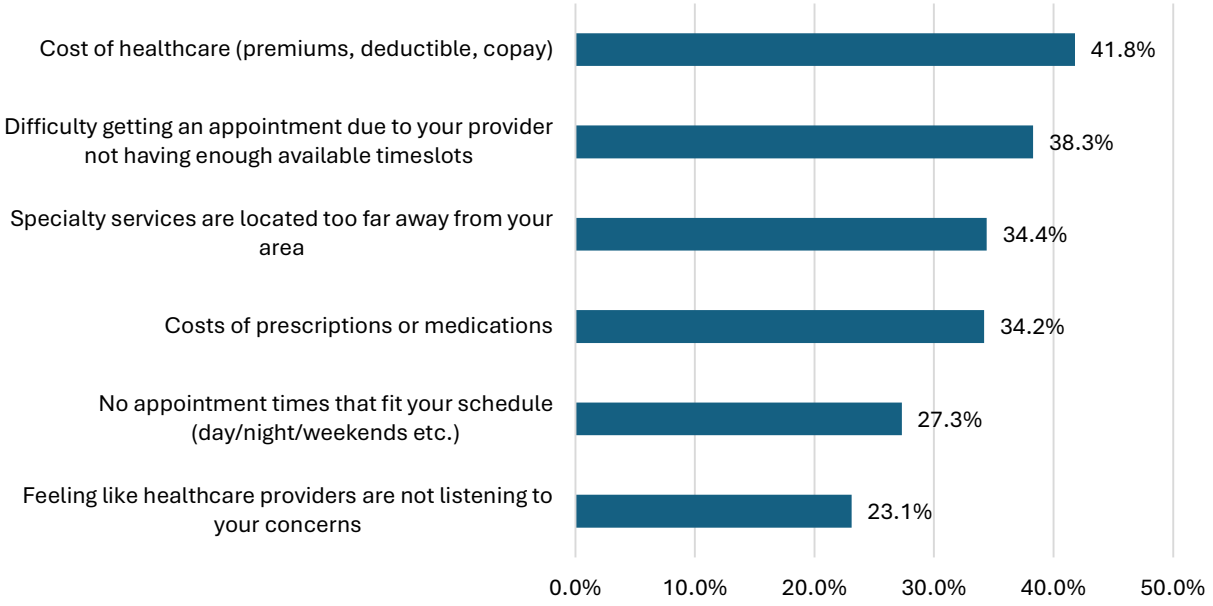
Dark blue indicates “Strongly agree” responses, light blue indicates “Agree” responses, grey represents the undecided or “I don’t know” responses, light red indicates “Disagree” responses, and dark red

indicates “Strongly disagree” responses. Data shows that respondents felt that their community was a safe place to live, but most also expressed that there were **not enough jobs, access to healthy foods, or enough affordable housing** available in the community.

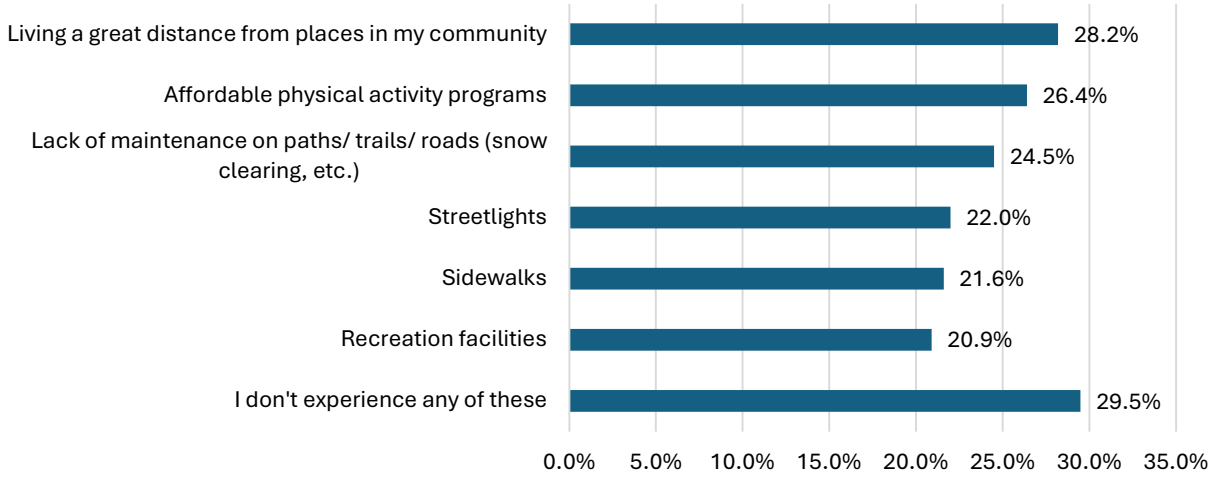
Most Concerning Medical Conditions in the Community According to Lake, Missaukee, Osceola, and Wexford Residents, MiThrive Community Survey, 2024 (n=446)



Top Identified Barriers to Healthcare Service According to Lake, Missaukee, Osceola, and Wexford Residents, MiThrive Community Survey, 2024 (n=446)



Top Issues Preventing Increased Physical Activity as Identified by Lake, Missaukee, Osceola, and Wexford Residents, MiThrive Community Survey, 2024 (n=446)

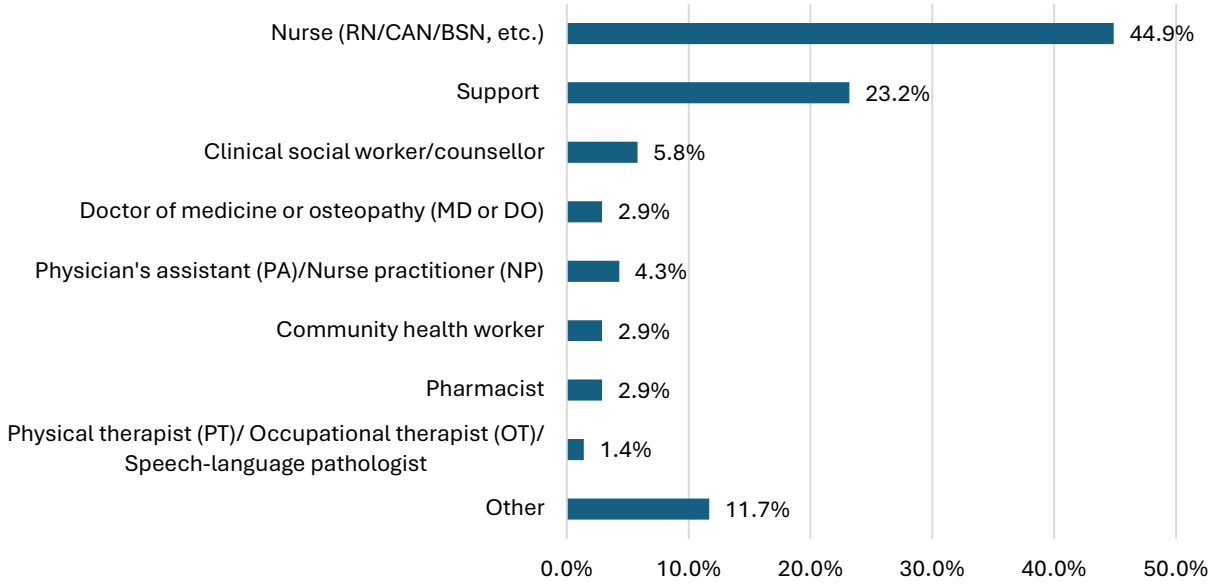


Healthcare Provider Survey

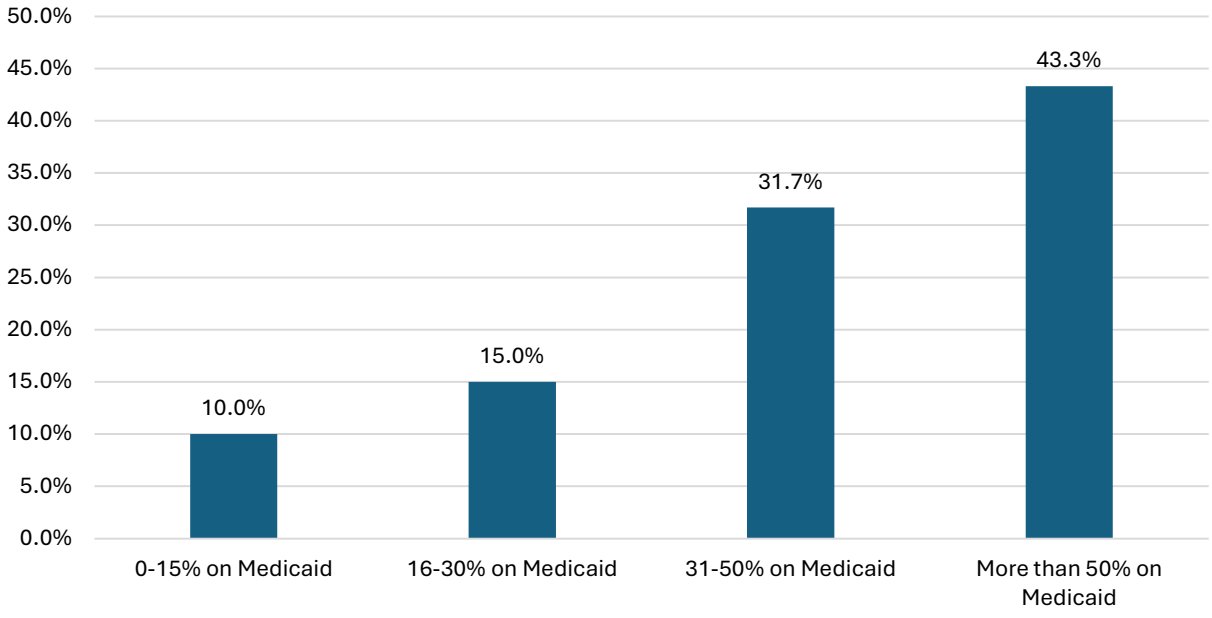
Data for the Healthcare Provider Survey was collected through additional questions included at the end of the Community Survey. Respondents who identified themselves as healthcare providers or healthcare staff were presented with six extra questions to capture their specialized perspective on the community's overall health and needs. The survey remained open from August 12, 2024 to October 6, 2024.

Healthcare partners, including hospitals, federally qualified health centers, and local health departments, distributed the survey electronically to physicians, nurses, and other clinicians. Partner organizations further supported outreach by sharing the survey link with external community partners. A total of 73 providers completed the healthcare provider section of the community survey in Lake, Missaukee, Osceola, and Wexford Counties.

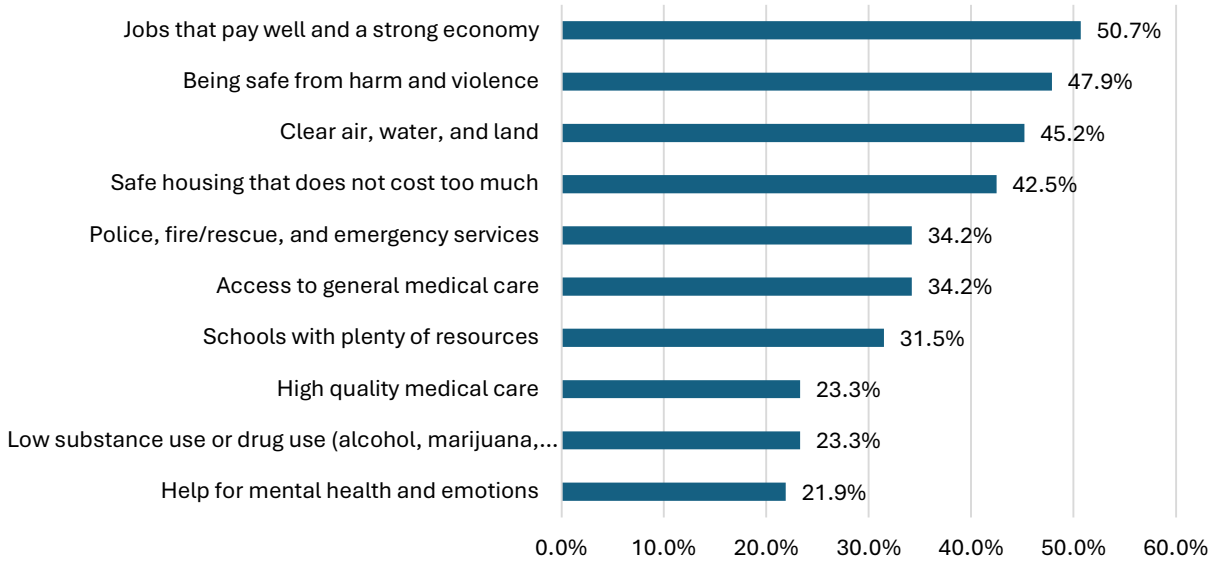
Top Roles of Survey Respondents that Identfied as Provider/Healthcare Staff in Lake, Missaukee, Osceola, and Wexford Counties, MiThrive Community Survey, 2024 (n=73)



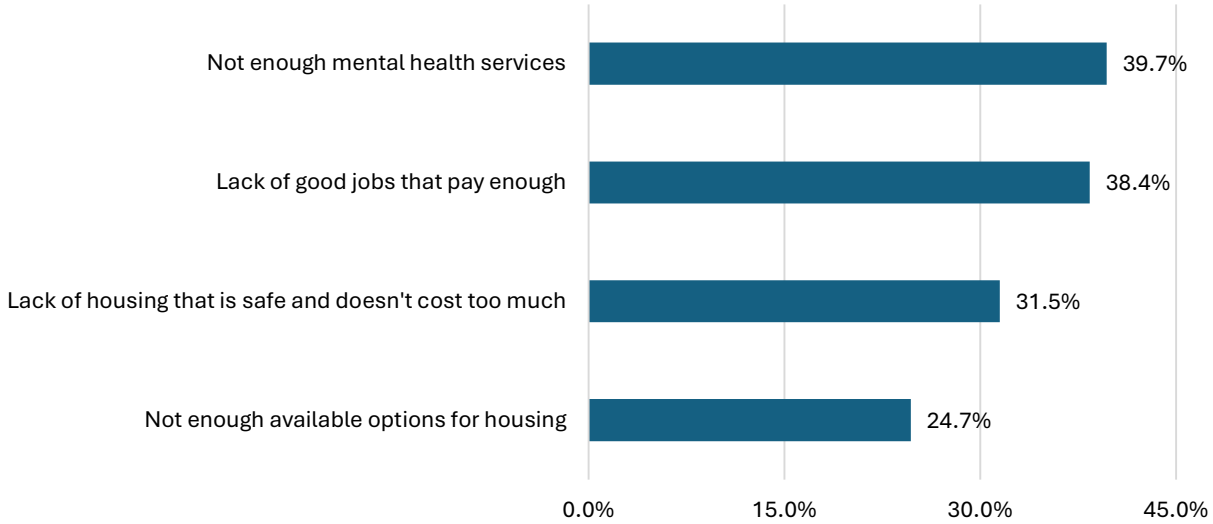
Proportion of Patient Population on Medicaid According to Survey Respondents that Identfied as Provider/Healthcare Staff in Lake, Missaukee, Osceola, and Wexford Counties, MiThrive Community Survey, 2024 (n=73)



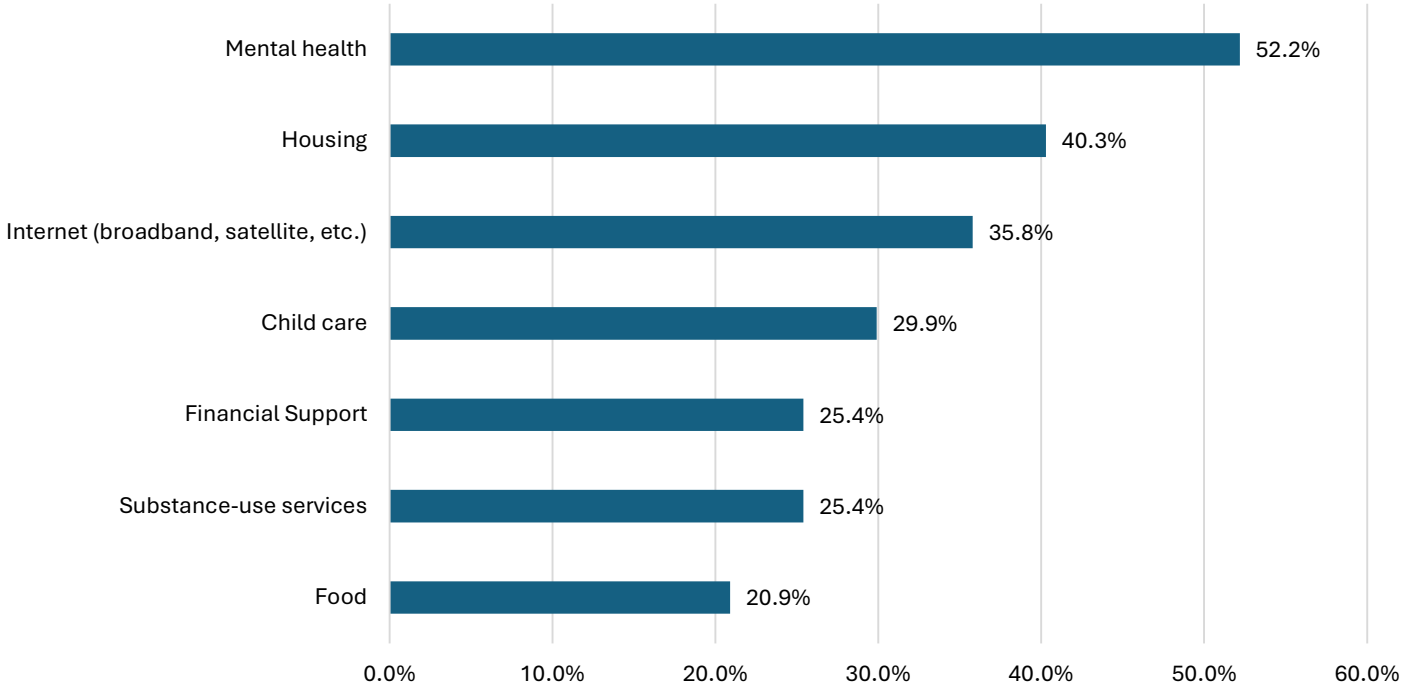
Top Factors for a Thriving Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Lake, Missaukee, Osceola, and Wexford Counties, MiThrive Community Survey, 2024 (n=73)



Top Issues Impacting the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Lake, Missaukee, Osceola, and Wexford Counties, MiThrive Community Survey, 2024 (n=73)



Resources/Services Missing From the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Lake, Missaukee, Osceola, and Wexford Counties, MiThrive Community Survey, 2024 (n=73)



Community Partner Assessment (CPA)

The Community Partner Assessment focuses on organizations that contribute to wellbeing. The CPA answers the following questions:

- What are the components, activities, competencies, and capacities in the regional system?
- How are services being provided to residents?

The assessment was designed to enhance communication between organizations and the community by bringing together a diverse range of partners. It aimed to explore connections within the community system, highlight strengths, and identify opportunities for improvement. The Community Partner Assessment included two key components: the Community Partner Assessment Survey and two virtual Community Partner Assessment Discussions events.

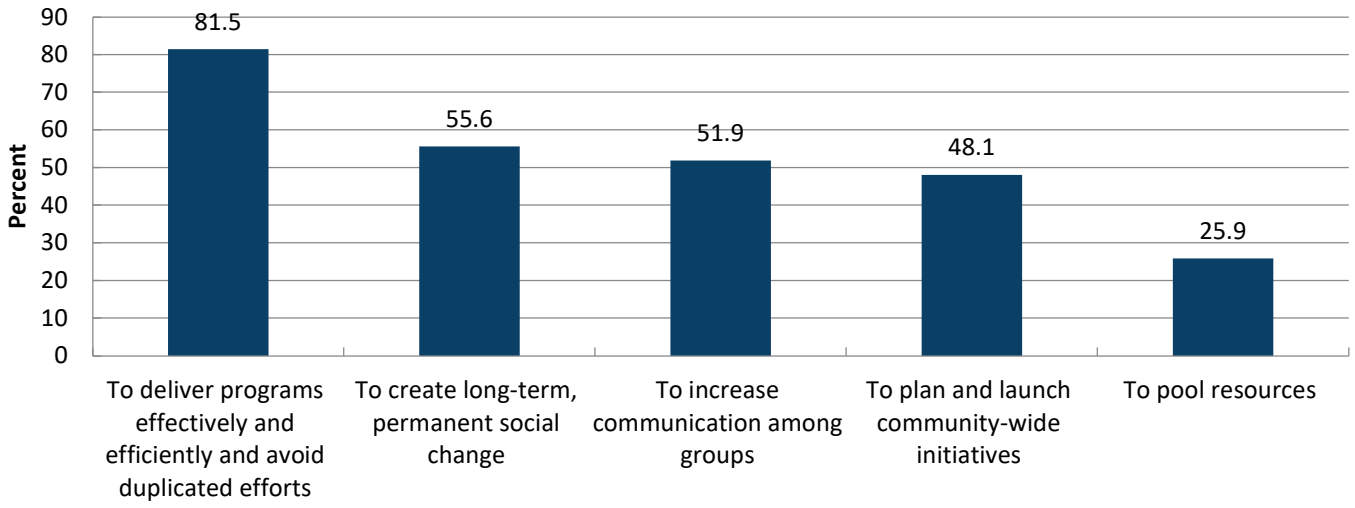
Community Partner Survey

From May 6, 2024 to June 3, 2024, 75 community partners from various organizations and sectors across the 31-county MiThrive Region participated in a community partner survey to assess the system's capacity. A total of 27 responses came from partners covering Lake, Missaukee, Osceola, and Wexford counties. See Appendix D for the Community Partner Assessment Survey instrument.

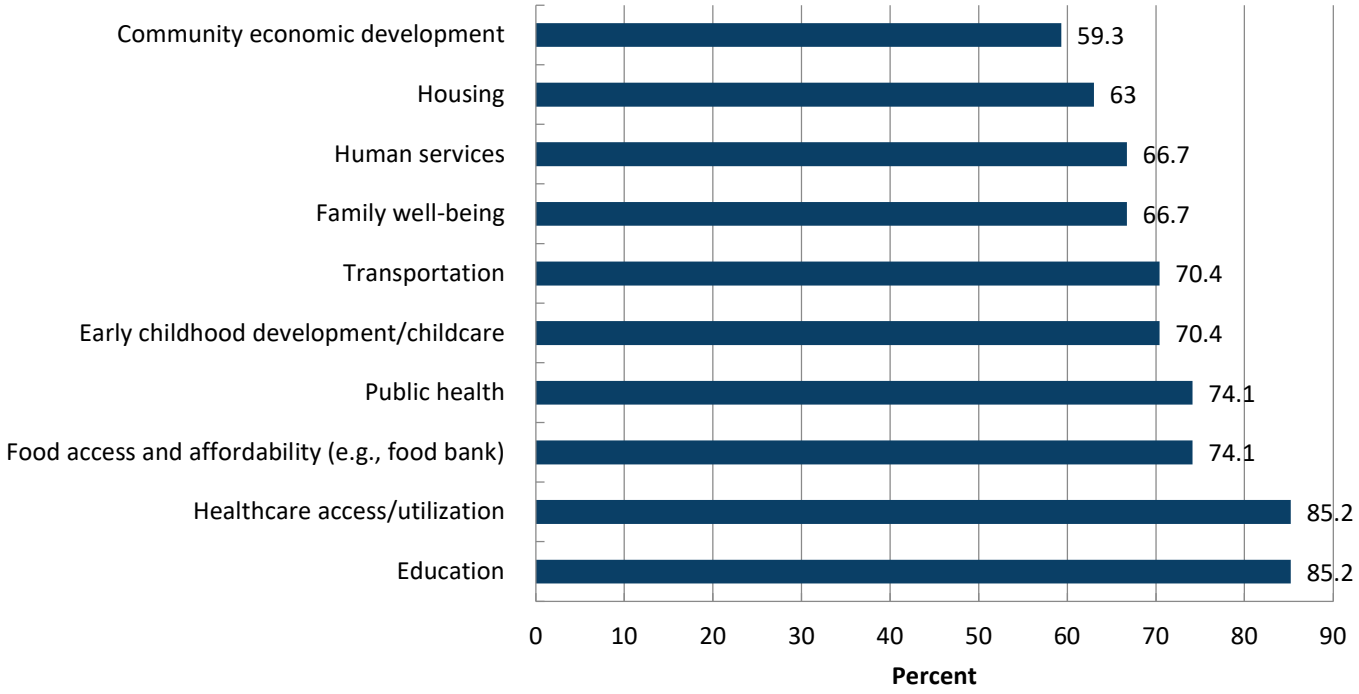
Additionally, survey participants were then invited to attend one of two virtual facilitated discussions, held on June 27, 2024 and July 10, 2024, allowing community partners to identify system strengths and areas for improvement collectively.

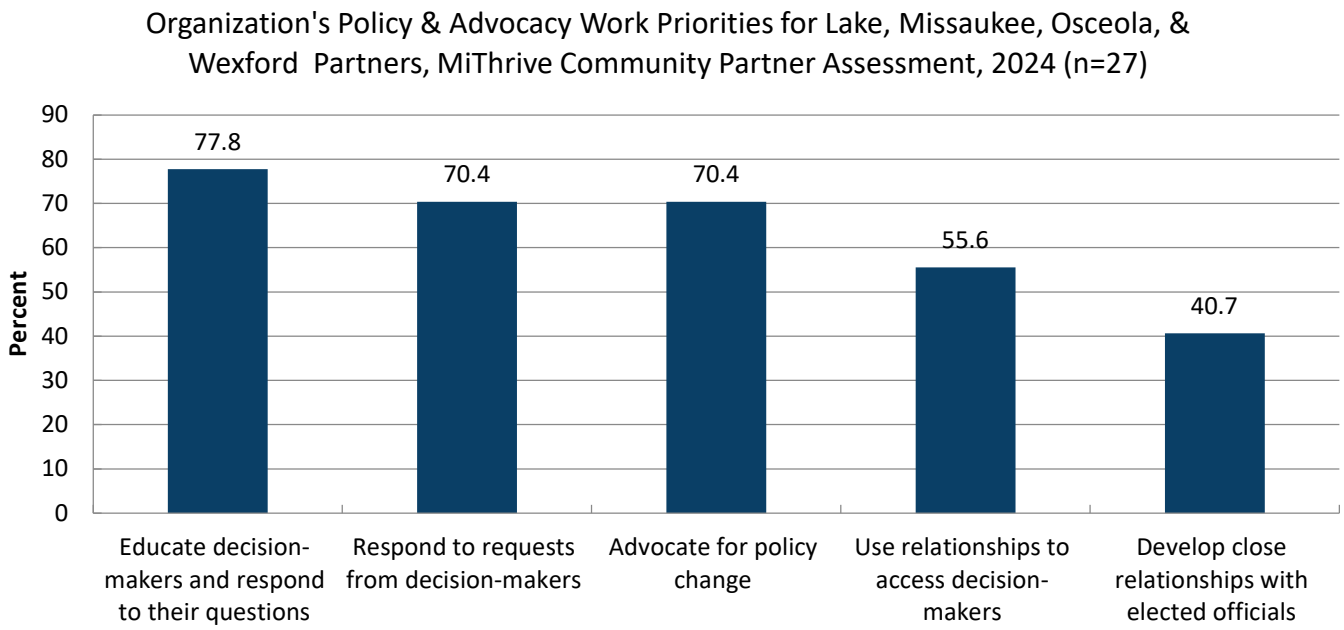
Community Partner Assessment Results

Lake, Missaukee, Osceola, & Wexford Partner's Top Interests in Joining a Community Health Improvement Partnership, MiThrive Community Partner Assessment, 2024 (n=27)



Lake, Missaukee, Osceola, & Wexford Partners Sector Engagement At Least Once within the Last Year, MiThrive Community Partner Assessment, 2024 (n=27)





Organization's Priorities for Lake, Missaukee, Osceola, and Wexford Partners, MiThrive Community Partner Assessment, 2024 (n=27)	A Lot	A Little	Not At All	Unsure
i. Economic Stability: The connection between people's financial resources, income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	51.9%	44.4%	3.7%	0%
ii. Education Access and Services: The connection of education to health and wellbeing. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	51.9%	33.3%	14.8%	0%
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	63.0%	29.6%	7.4%	0%
iv. Neighborhood and Built Environment: The connection between where a person lives, housing, neighborhood, and environment—and their health and wellbeing. This includes topics like quality of	51.9%	48.1%	0%	0%

housing, access to transportation, availability of healthy foods, air and water quality, and public safety.				
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	45.5%	45.5%	9.1%	0%

Virtual Facilitated Discussion Events:

Survey participants were invited to attend one of two virtual, facilitated discussion events. During these sessions, attendees reviewed the results of the Community Partner Assessment Survey and engaged in small group discussions to explore the findings and share their reflections. Through these conversations, the following opportunities for improvement emerged:

- **Cross-Agency Collaboration:** partners expressed a need for more collaboration, including network sharing, communication between partners regarding knowledge of other agencies programs and services. Partners emphasized capitalizing on collective wisdom, sharing lessons learned and expertise across organizations.
- **Storytelling:** partners expressed an opportunity to use storytelling to amplify resident voice.
- **Social Determinants of Health:** partners expressed a desire to continue incorporating social determinants of health , such as residents need for transportation, housing, food, etc.
- **Health Policy:** partners expressed a need for building capacity around policy work. Partners stated it was important to bring issue awareness vs lobbying due to their funding structures being impacted by policy.
- **Minority Representation:** partners expressed a need to develop trust and working relationships with Native Nations and other minority groups to enhance representation.
- **Nonprofit and Grassroot Collaboration:** partners expressed an opportunity to improve collaboration with grassroots initiatives and community power building organizations.
- **Data Sharing:** partners expressed an opportunity to advocate for data sharing across organizations. Partners discussed the need to share social determinants of health data, such as housing, food, transportation, etc.
- **Thinking Outside the Box:** Partners expressed the need to expand services in non-traditional spaces. By bringing services to the target populations, it would increase accessibility to residents.

Community Context Assessment (CCA):

The Community Context Assessment aims to answer the four following questions:

- What strengths and resources does the community have that support health and wellbeing?
- What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
- What physical and cultural assets are in the built environment? How do those vary by neighborhood?
- What is the community doing to improve health outcomes?
- What solutions has the community identified to improve community health?

The goal of this assessment is to explore the strengths, assets, lived experiences, and forces of change in the community using qualitative methods.

The MiThrive CCA consists of three parts: asset maps, quotes from residents, and photovoice project. As previously stated, 3,496 residents and partners completed the community survey, with 3,412 submitting quotes. These quotes are responses to the open-ended question within the Community Context Assessment section of the community survey. For Photovoice, 63 residents and community partners participated, submitting a total of 140 photos. A total of 13 photos came from residents within Lake, Missaukee, Osceola, and Wexford counties. In the Asset Maps, 55 revisions were made.

Community Context Assessment Results

Asset Mapping is a process to systematically identify and document all the positive resources, services and strengths present within the community that can be leveraged to address community health needs. During 2024, the asset maps completed in past CHNAs were compiled by county and shared with MiThrive Steering Committee members, partner organizations and Community Health Workers (CHW) to review and update. A full library of the 31-county MiThrive Asset Maps is available on the MiThrive website; see Appendix E for the Asset Maps for Lake, Missaukee, Osceola, and Wexford counties.

> A **community health worker (CHW)** is a trusted frontline public health worker with a strong understanding of the community they serve. This connection allows them to bridge health and social services, improving access to care and ensuring culturally competent service delivery. CHWs are well-versed in local resources and play a vital role in empowering individuals and communities by providing outreach, education, informal counseling, social support, and awareness to enhance health knowledge and self-sufficiency.

Resident Voice Quotes

Residents were given space to answer one open-ended question nested within the community survey. The question was:

"Thinking broadly, what changes are happening or might happen in your area that you believe will affect the health of your community? These changes can include weather, technology, money, laws, diseases, community resources, and other things."

Below are the selected resident voice quotes:

Lake County

"The lack of **specialists** in the area and the cost of seeing specialists and with needed prescriptions. The price of **groceries** going up also is very difficult for people to deal with. The lack of reliable **high-speed internet** that doesn't cost way too much is also a major problem in my area."

"New **family park** stuff is coming to Baldwin in the near future. Splash pad, dog park etc… It will be awesome. More families will hopefully come out with their kids."

"Lake County needs to get **crime** and **drug use** under control. It makes the community unsafe and dangerous. You never know what is going to happen. It can be uncomfortable for people that live alone."

Missaukee County

"The increase in property taxes and overall state of the **economy** is a factor in people's overall ability to gain access to it and the **affordability** of it."

"Access to **primary care** is hard and **cost of healthcare** is high so I think **acute and chronic diseases** will increase"

"Current community **mental health** services are lacking or not quality services. Lack of **inpatient mental health** services in the area"

"The cost of decent **housing** is outrageous. People can't **afford housing** (especially single-parent families). More **low-income housing** would be nice in our community"

Osceola County

"Community awareness on the **air and water quality** controls put in place for the factories on 14 Mile Road in Leroy."

"We are putting in a splash pad which will be nice for kids in the area. I don't feel there is much for teens or young adults/adults as far as **physical activities** besides disc golf and rails to trails but those options don't always **feel safe** the farther out of town you go."

"We are seeing a shift of people moving to this area that are **lower income**, and we do not have the services to support. Anyone new to the area that needs to find a **PCP** is going to struggle, so they go to the nearest ER. Resources for children are very limited from **child care** to after school activities. Lastly, we need to make access to **broadband** more affordable in the rural areas… We need **reliable and fast internet**."

Wexford County

"**Methamphetamine** use in our community is running rampant and it doesn't seem to be getting better. People in the community are under the influence of meth in public spaces, unable to hold a job or contribute to the community. This issue needs to be addressed as a top priority of the **court system** of the Wexford and Missaukee counties to ensure a safer, healthier community for all."

"**Lack of healthcare workers**; awful condition of roads and **bike lanes**; health of our lakes; closing of the pharmacies; increasing number of fast-food places; lack of **affordable housing**."

"Rising **cost of living** is increasing faster than average **income**, increasing **substance use** among teen and adolescents, **housing market** nearly impossible for adults just starting out on their own, the closure of pain clinics will lead to individuals turning to unsafe and illegal **drug use**."

Photovoice

Photovoice is a community-based research method that uses photography and quotes to document and discuss strengths, assets, and experiences that affect the community. The MiThrive Photovoice Survey consisted of three questions for residents to answer by submitting photographs and captions electronically or requesting a disposable camera to take and submit photographs and captions through mail or drop off locations. To encourage participation, respondents who completed a photovoice submission had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties. As with the other community engagement opportunities, partner organizations were essential to sharing this opportunity with community residents. Promotional materials included flyers, social media content, and press releases.

MiThrive staff developed three photovoice prompts:

Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

Take a picture of something that makes your community a good place to live in, like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility, and how easy things are to use.

Take a picture of something that needs improvement in your community.

The following are photographs and captions submitted from Lake, Missaukee, Osceola, and Wexford counties. See Appendix F for the Photovoice Survey Instrument and Appendix G for complete North Central Region and Northwest Region Photovoice Albums.

County: Lake

Caption: “Boarded up house with garbage still there and bad roads. Housing crisis in Lake County. There are more abandoned and boarded up houses than there are good homes.”

Related Themes: Housing

County: Missaukee

Caption: “This is the Missaukee County Nature Trailhead.”

Related Themes: Environment/ Infrastructure, Mental Health, Obesity

County: Osceola

Caption: “This is a picture of vegetables at the Reed City Farmers Market. It helps individuals have access to fresh, healthy food.”

Related Themes: Obesity, Nutrition

County: Wexford

Caption: “This picture is of Club Cadillac, but I am standing by the sign that says North Park School. I went to school here when it was a one room schoolhouse, so this building gave me an education. Now it is Club Cadillac, and it improves my socialization, and improves my mental health and keeps me well.”

Related Themes: Mental Health, Education

Charlevoix Hospital:

Charlevoix and Emmet

Community Status Assessment (CSA)

The Community Status Assessment identifies priority community health and quality of life issues. It answers the following questions:

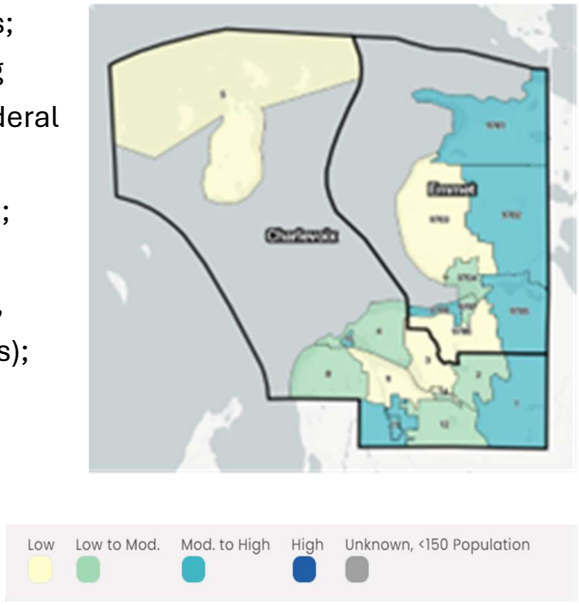
- How healthy are our residents?
- What does the health status of our community look like?

The answers to these questions were measured by collecting more than 200 indicators from a variety of secondary sources onto the MiThrive Data Platform, as well as primary data collected through the 2024 community survey and provider survey.

The MiThrive Core Team assured secondary data included measures of social and economic inequity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35 percent of household income; high school graduation rates; income inequality; median household income; median value of owner-occupied homes, political participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and wellbeing. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than age five with a disability; single-parent households; minority status; speaks English “less than well”; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

Social Vulnerability Index by Census Tract in Charlevoix and Emmet Counties



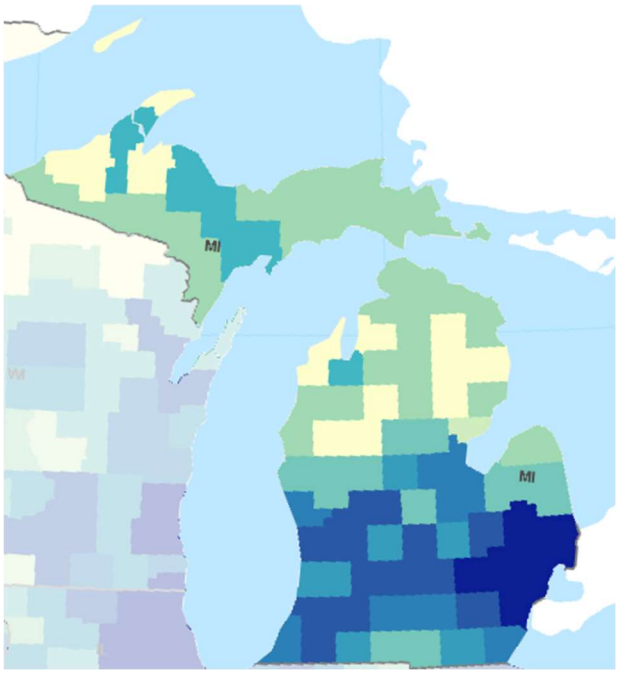
Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

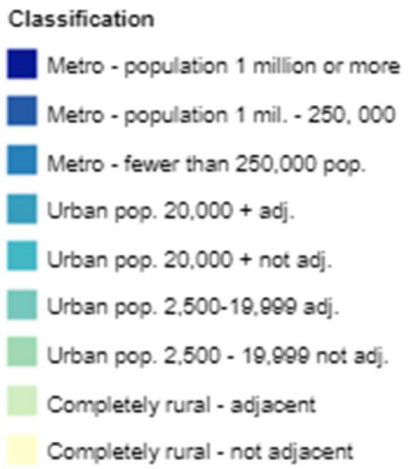
As illustrated in the map (right), Census Tracts in the Charlevoix and Emmet counties have Social Vulnerability Indices at “low” or “low to moderate,” with the exception of the east side of Emmet County and the southwest corner of Charlevoix County, which is “moderate to high.”

Geography and Demographics

The service area for Munson Charlevoix Hospital includes Charlevoix and Emmet Counties. The area is known for its clean environment and abundant resources for outdoor recreation. Covering 883.8 square miles of land, most of the region is designated as “rural” by the U.S. Census Bureau. This is one of its most important characteristics, as rurality influences health and wellbeing.

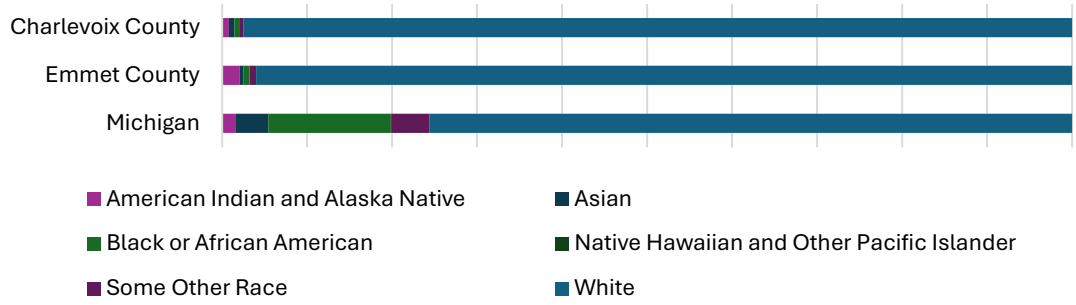
The composition of the population is also important, as health and social issues can impact groups in different ways and different strategies may be more appropriate to support these diverse groups. Of the 60,054 people who live in these counties, 91.79 percent are white. The largest racial minority groups are American Indian and Alaska Native (1.45%), Black or African American (0.61%), and Some Other Race (0.63%). Additionally, the largest ethnic minority group is Hispanic and Latino; Charlevoix (2.2%), and Emmet (2.2%).





Rurality by County

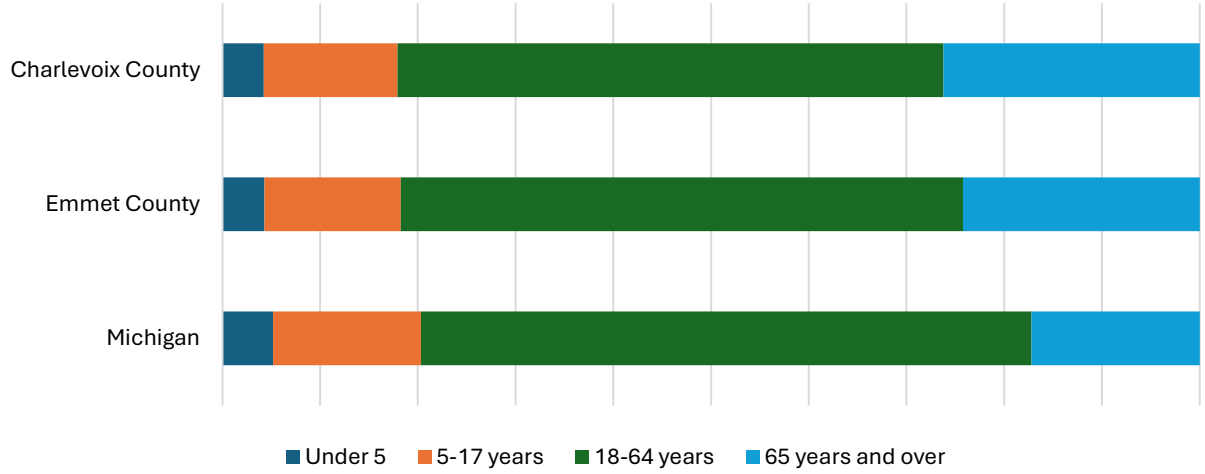
Population by Race for the Munson Hospital Charlevoix Service Area, United States Census Bureau, 2019-2023



Charlevoix and Emmet Counties have a lower proportion of racial minority groups (3.2%) than Michigan (26%).

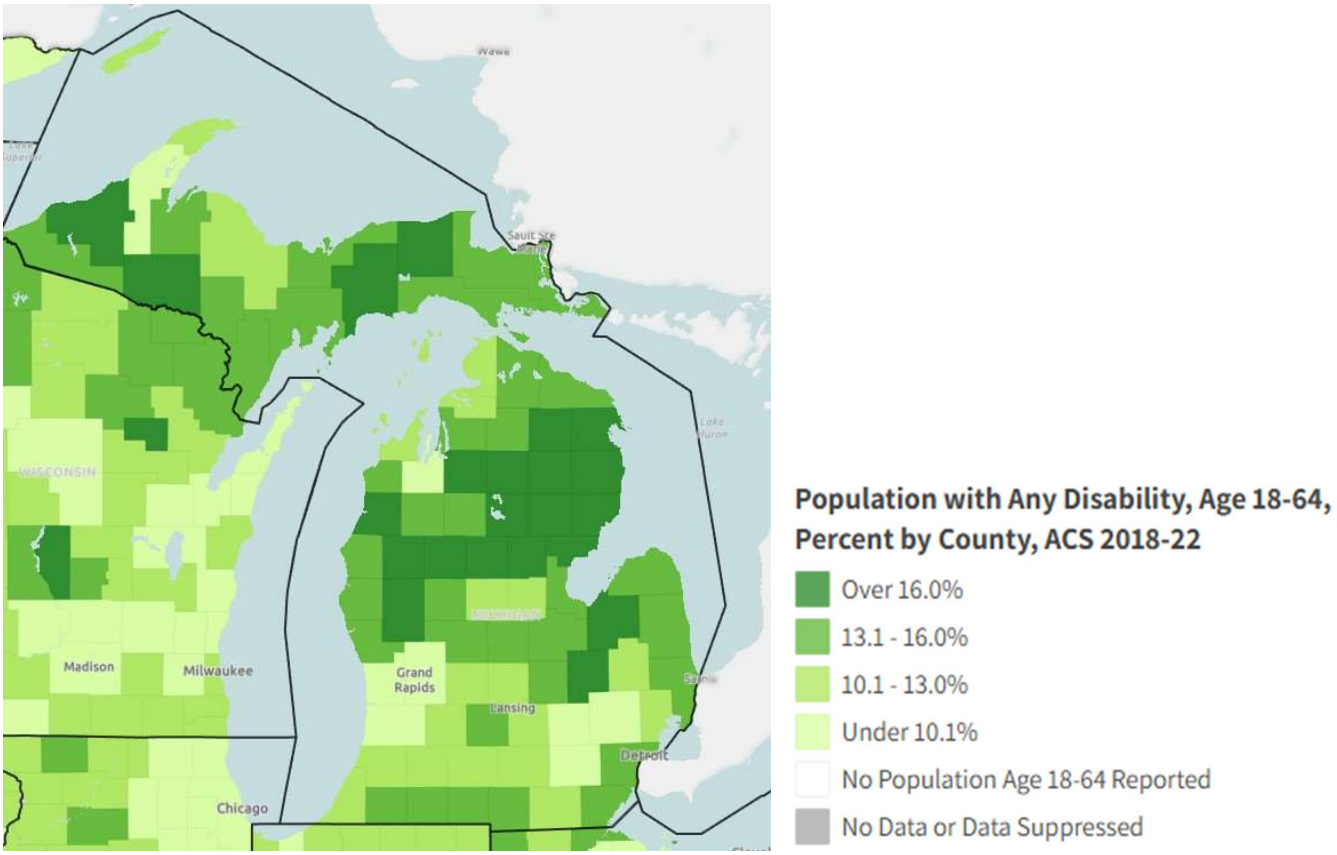
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

Percentage of Population by Age Group for the Munson Hospital Charlevoix Service Area, United States Census Bureau, 2019-2023



Charlevoix and Emmet counties (26.2% and 24.2% respectively) have higher proportions of adults over the age of 65 than Michigan overall (19.2%).

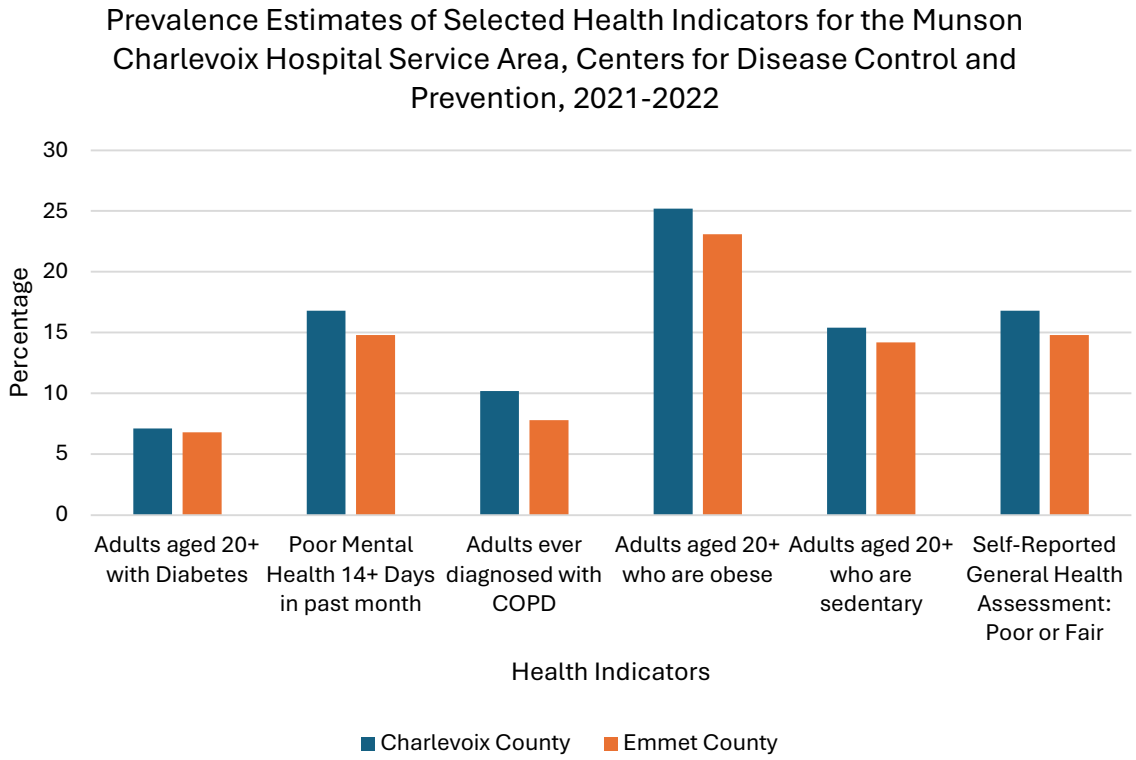
A lower proportion of people—5.6%—of the people in the region have a disability compared to the State (10.3%).



Source: United States Census Bureau, 2018-2022

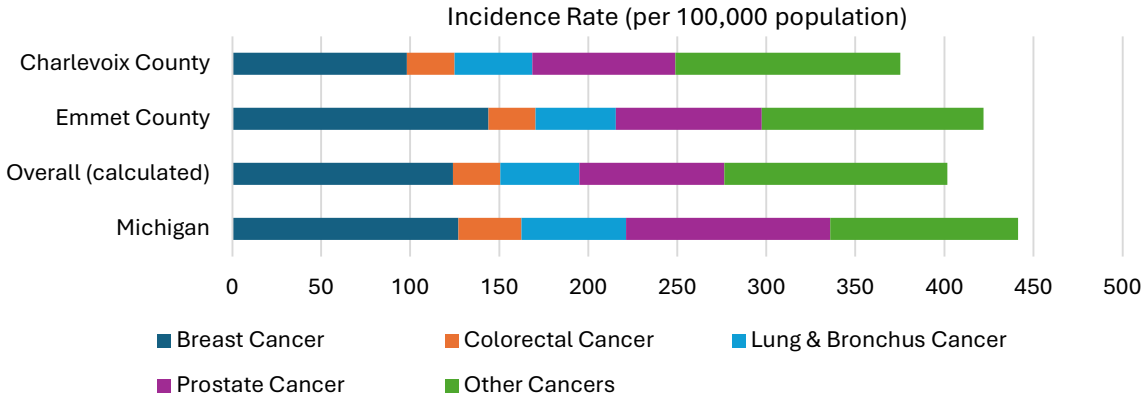
Notes: The U.S. Census Bureau has updated the data for individuals with disabilities to 2019-2023 estimates. However, the visualization data is only available for 2018-2022 data.

Selected Morbidity and Mortality Indicators for the Munson Hospital Charlevoix Service Area



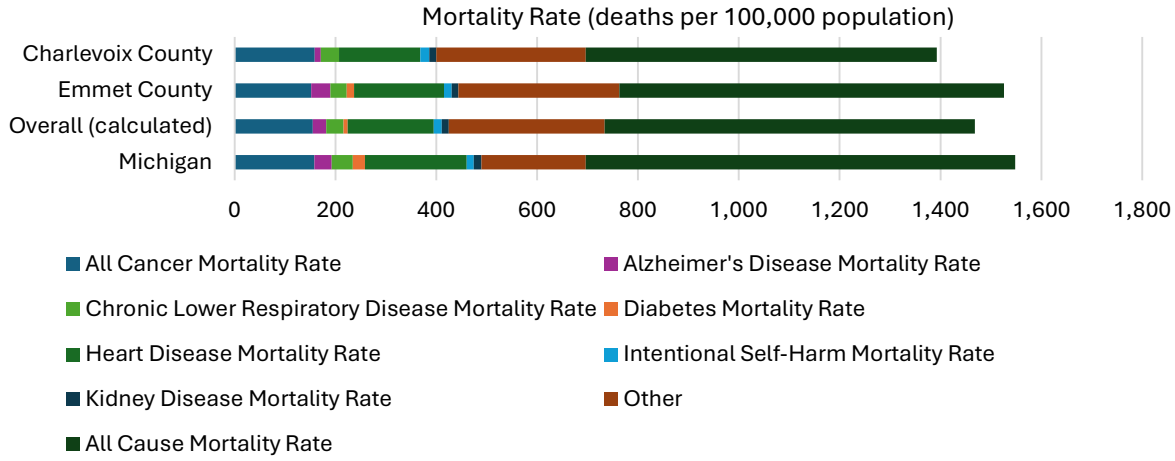
Notes: 'Poor Mental Health 14+ Days in past month' indicates the percentage of adults who stated that their mental health was not good 14 or more days in the past month, 2022.
'Adults ever diagnosed with COPD' shows the percentage of adults who have ever been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis, 2022.
'Adults aged 20+ who are obese' shows the percentage of adults 20 and older who are obese using the Body Mass Index (BMI) value >=30, 2021.
'Adults aged 20+ who are sedentary' shows the percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month, 2021. 'Self-Reported General Health Assessment: Poor or Fair' shows the percentage of adults who answered poor or fair to : "How is your general health?", 2022.

Cancer Incidence Rates for the Munson Hospital Charlevoix Service Areas, National Cancer Institute, 2017-2021



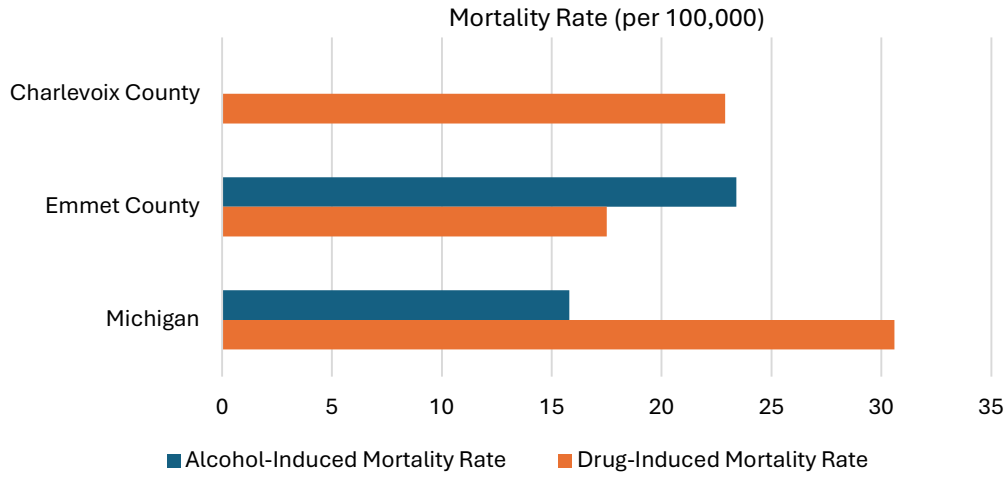
Note: Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US population Data File is used for SEER and NPCR incidence rates.
Data not available for some combinations of geography, cancer site, age, and race/ethnicity.
Suppression is used to avoid misinterpretation when rates are unstable.

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Munson Hospital Charlevoix Service Area, MDHHS Vital Statistics, 2018 -2022



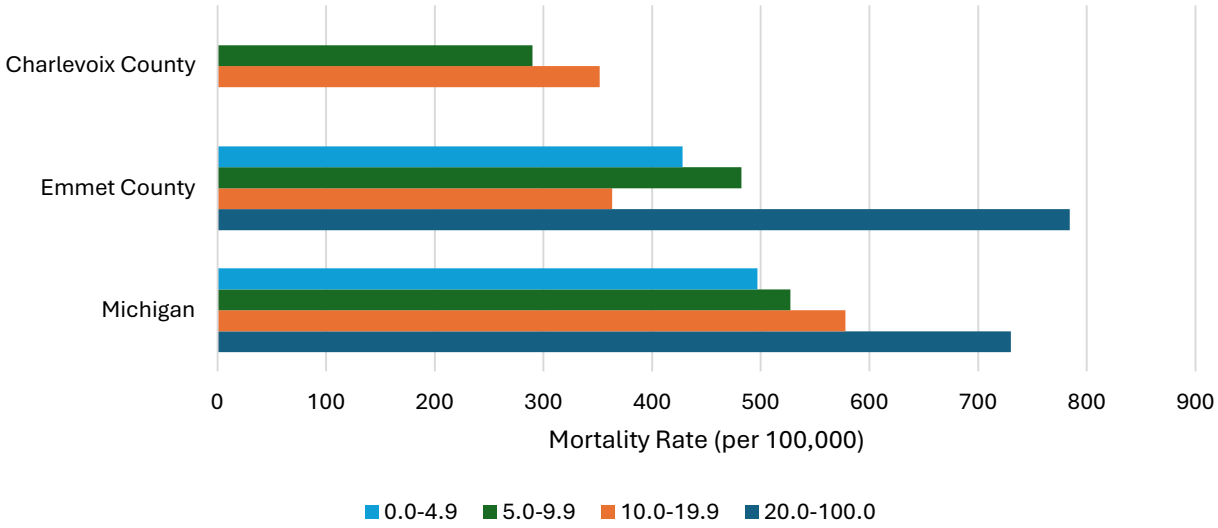
Note: Diabetes Mortality data from Charlevoix County was suppressed due to low response levels and has been omitted from this graph.

Substance Use Associated Mortality Rates for the Munson Hospital Charlevoix Service Area, MDHHS Mortality Statistics, 2022



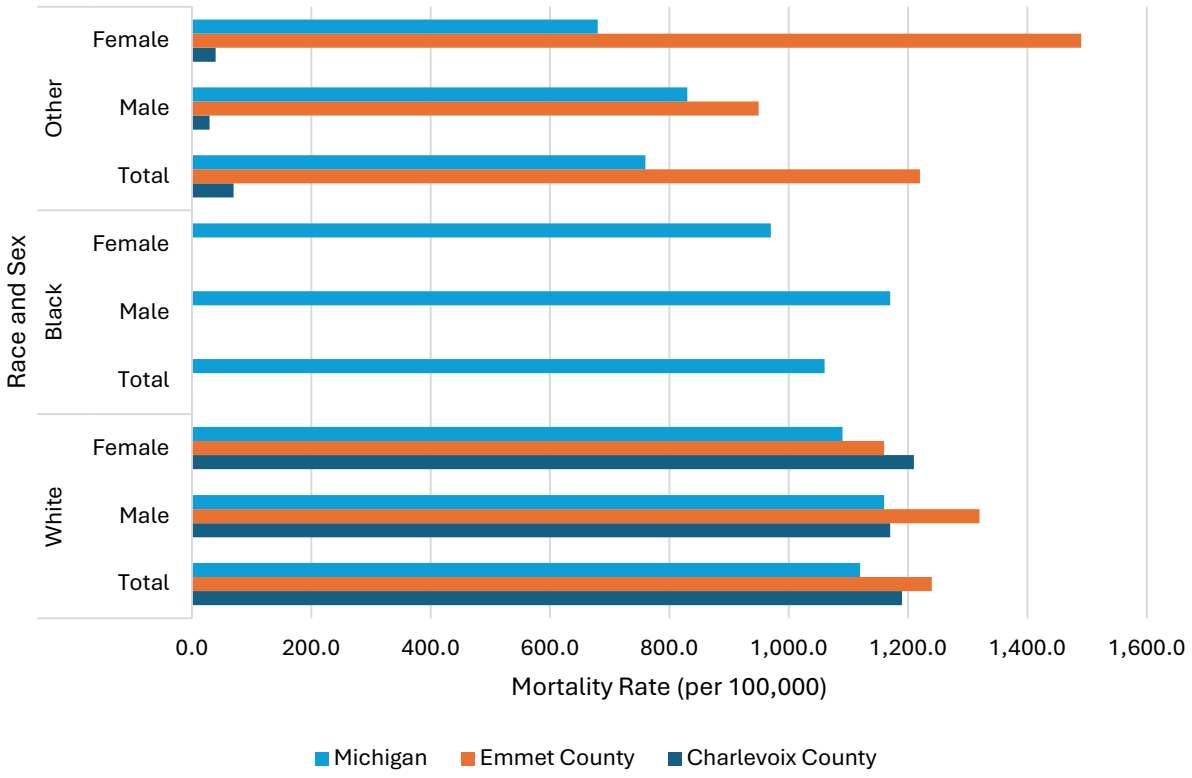
Note: Data from Charlevoix County was suppressed due to low response levels and has been omitted from this graph.

Age-Adjusted Mortality Rates by Poverty Level for the Munson Charlevoix Hospital Service Area, MDHHS Mortality and Poverty Statistics, 2020



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.

Mortality Rates by Race and Sex for the Munson Hospital Charlevoix Service Area, MDHHS Vital Statistics, 2022



Community Survey

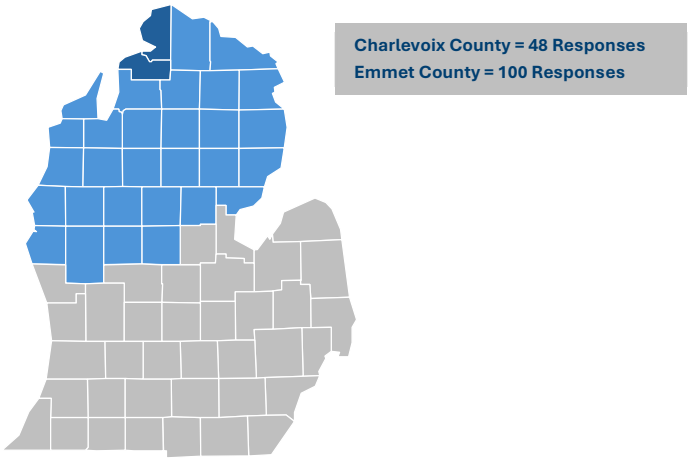
The 2024 Northern Michigan Community Health Survey asked 26 questions, including those geared towards determining what is important to the community, what factors are impacting the community, quality of life, and built environment, as well as demographic questions. The survey questions intentionally look to provide a deep understanding of the issues that residents feel are significant by answering the following questions:

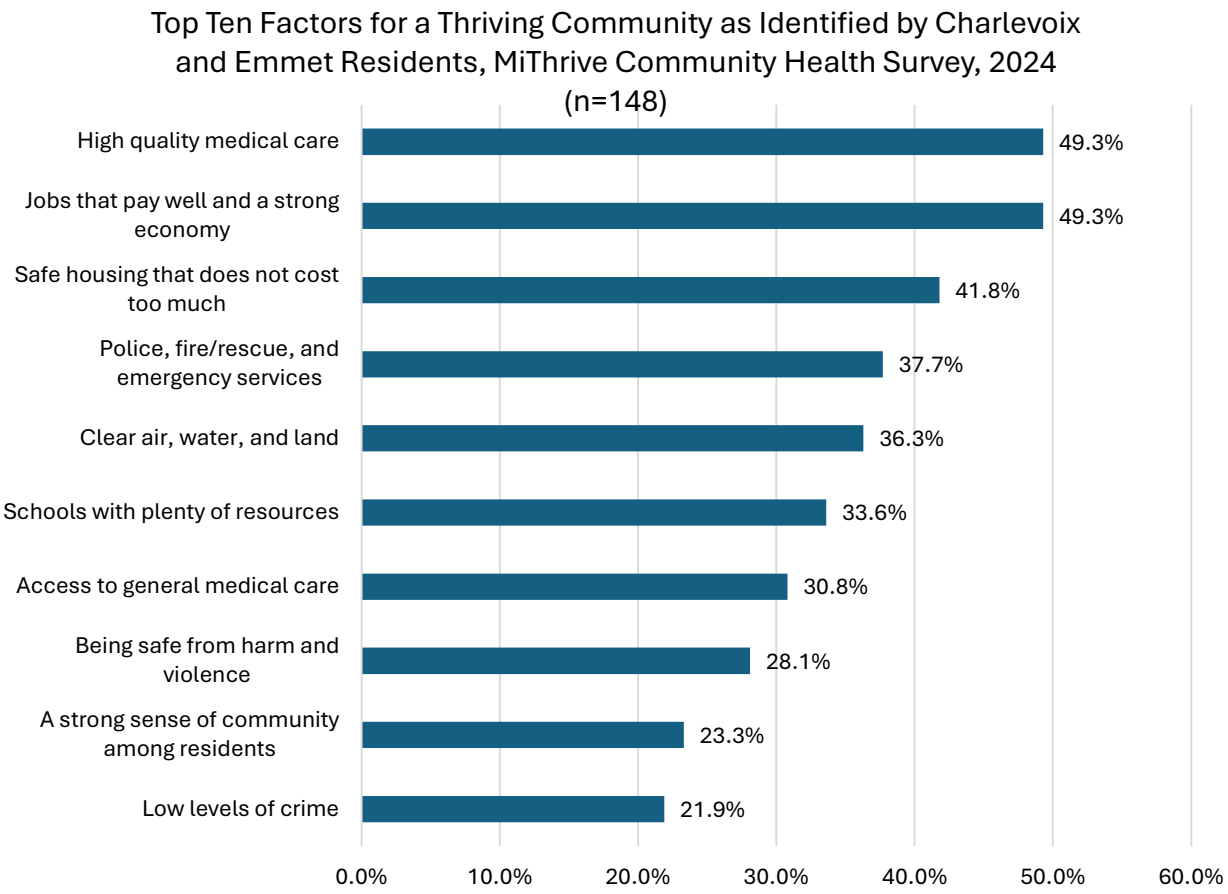
- What is important to our community?
- How is quality perceived in our community?
- What assets are in the community that can be used to improve wellbeing?

Community surveys were conducted both electronically and in paper format, available in English and Spanish. The electronic survey could be accessed via a direct link or QR code. The survey remained open from August 12, 2024 to October 6, 2024. To encourage participation, respondents who completed the survey had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties.

Partner organizations played a key role in promoting the survey through social media and community outreach. Promotional materials included flyers, social media content, and press releases. A total of 3,496 surveys were collected across the MiThrive Region, with 148 responses coming from Charlevoix and Emmet Counties.

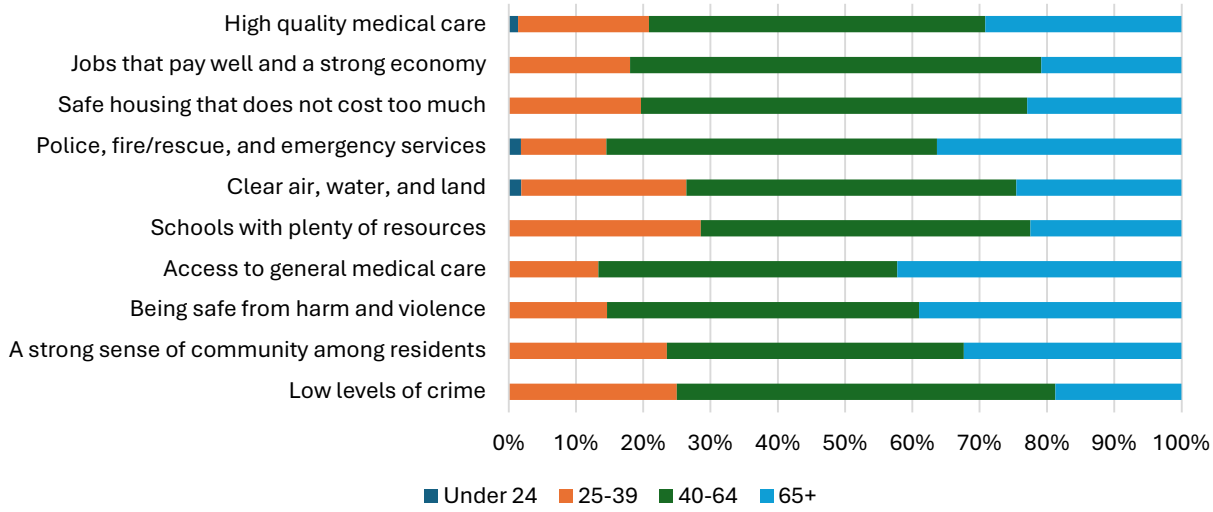
A total of **148 Community Survey** responses were collected in Charlevoix and Emmet Counties.





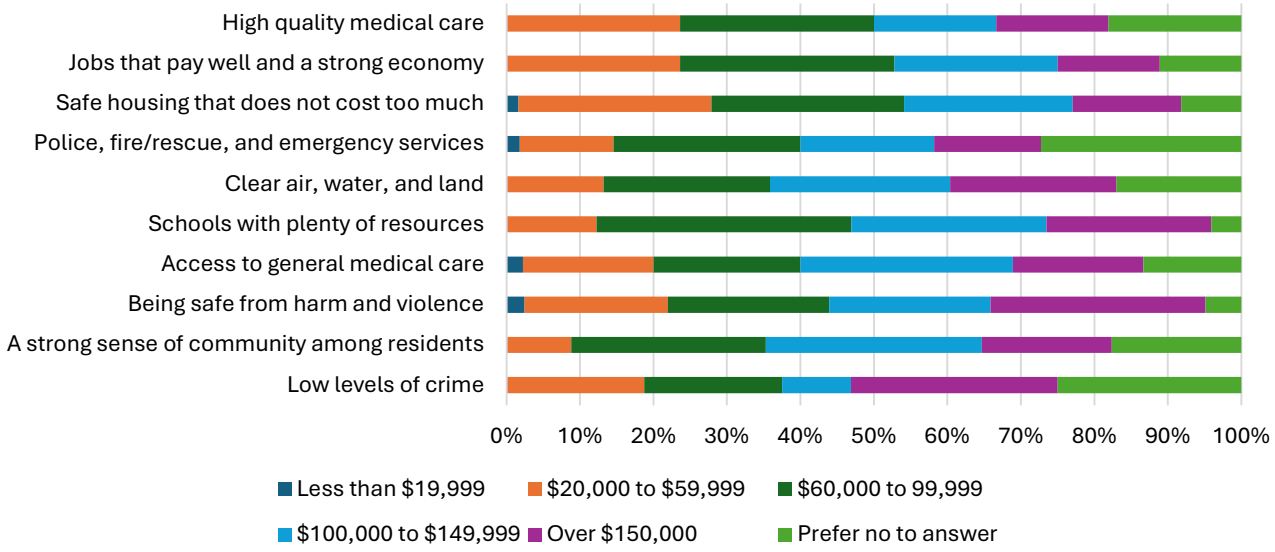
Note: This "Top Ten Factors for a Thriving Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these factors.

Top Ten Factors for a Thriving Community as Identified by Charlevoix and Emmet Residents by Age in Years, MiThrive Community Survey, 2024 (n=148)

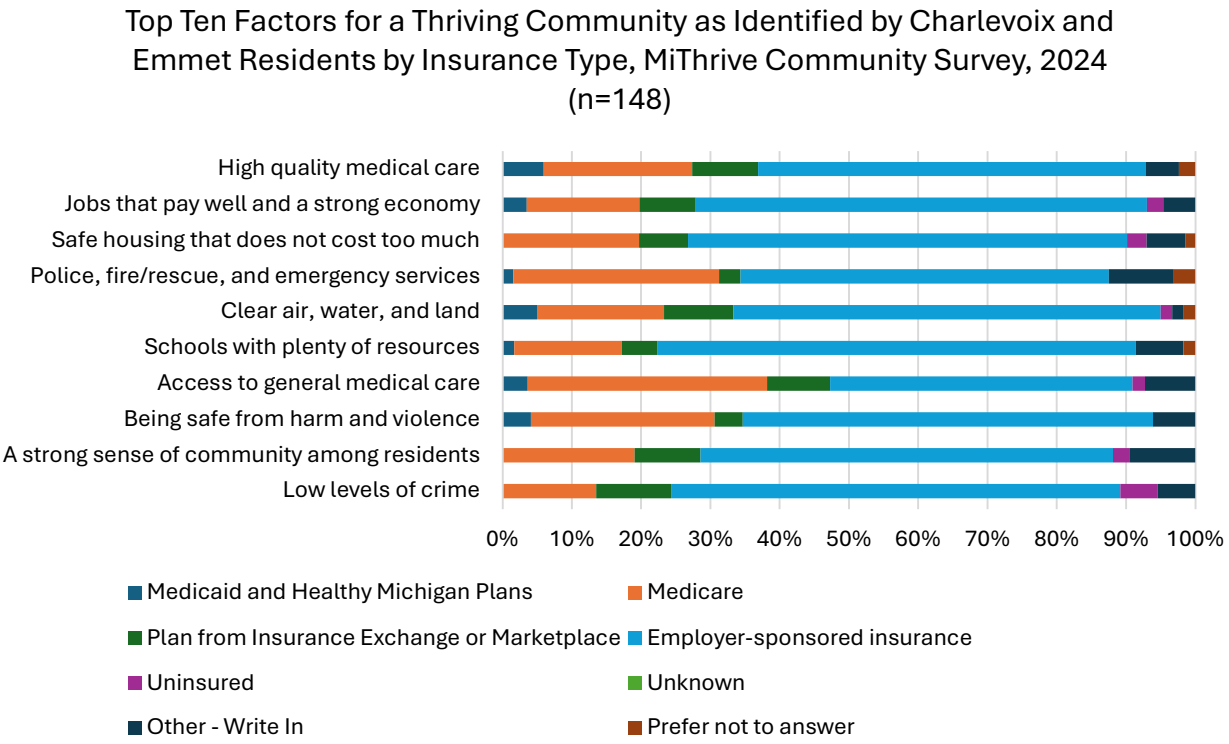


A greater proportion of individuals between **40 and 64 years of age** responded that **jobs that pay well and a strong economy** were an important factor for a thriving community.

Top Ten Factors for a Thriving Community as Identified by Charlevoix and Emmet Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=148)

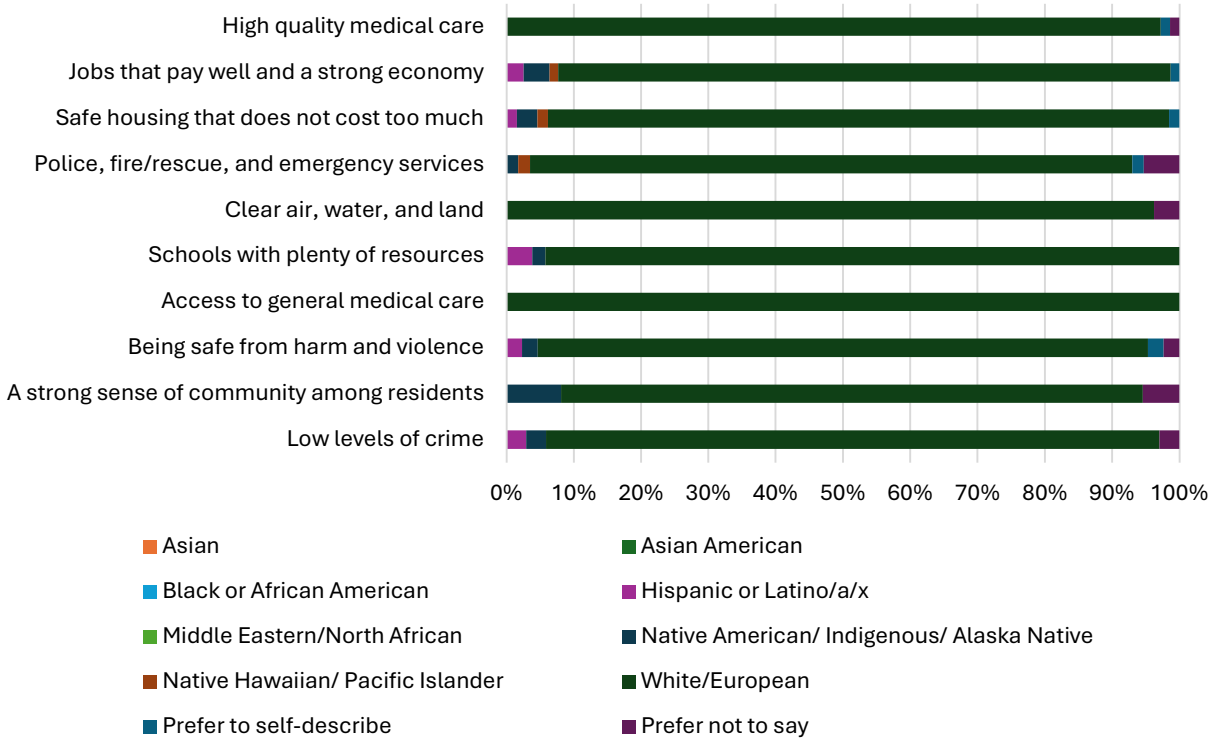


Safe housing that does not cost too much was a more important factor for individuals making **under $60,000 a year**.



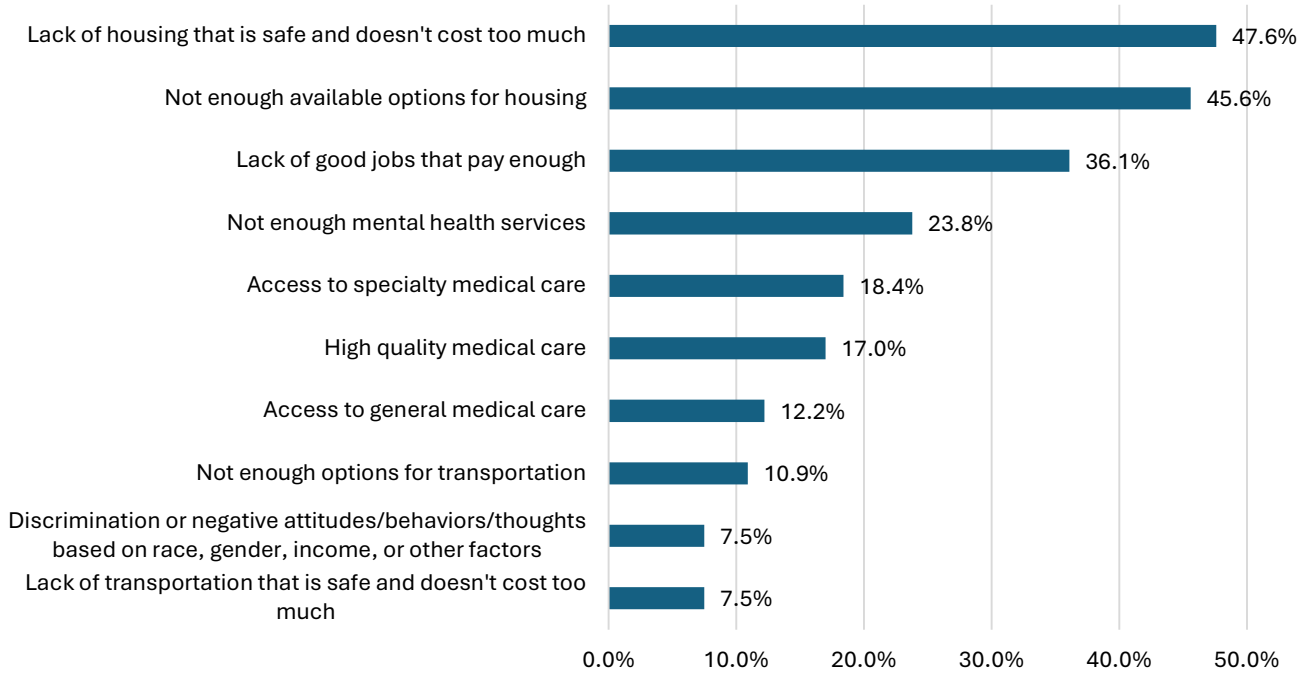
Access to general medical care as a factor for a thriving community had a larger proportion of individuals with **Medicaid**, **Medicare**, or **insurance exchange/marketplace** plans compared to other factors.

Top Ten Factors for a Thriving Community as Identified by Charlevoix and Emmet Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=148)



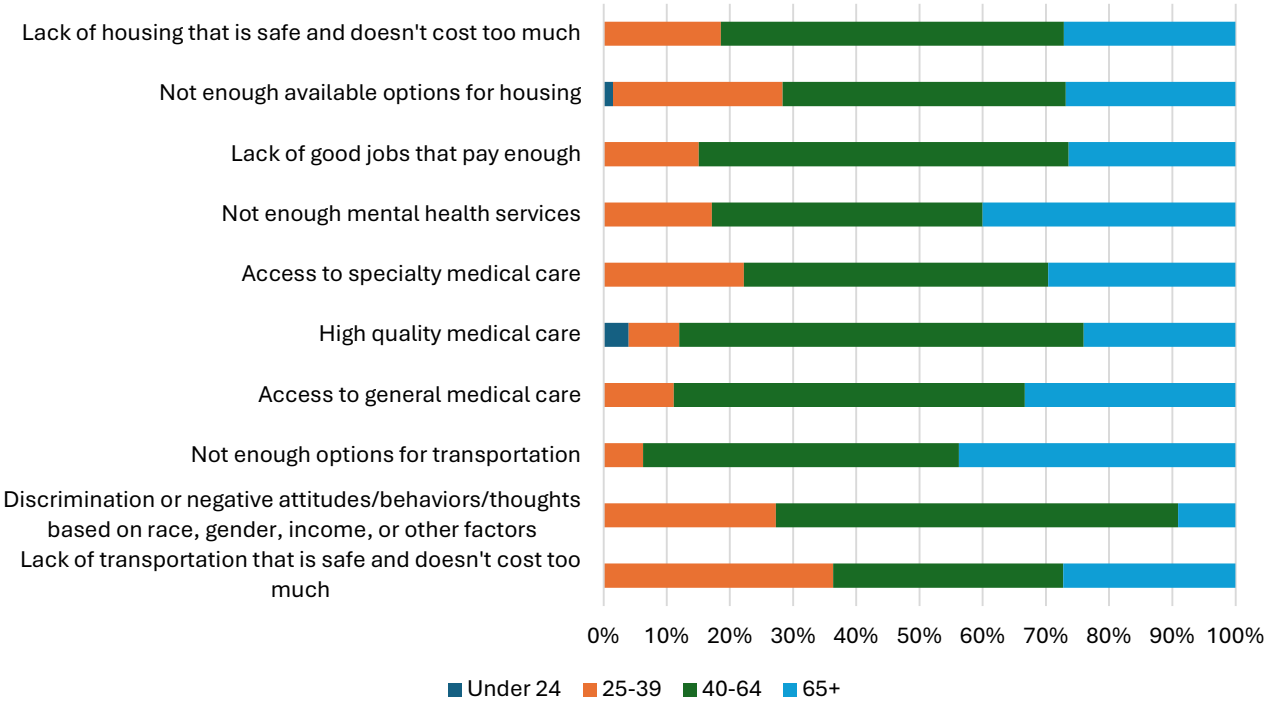
Jobs that pay well and a strong economy was identified as an important factor for respondents who identified as part of a **racial or ethnic minority**.

Top Ten Issues Impacting the Community as Identified by Charlevoix and Emmet Residents, MiThrive Community Health Survey, 2024 (n=148)



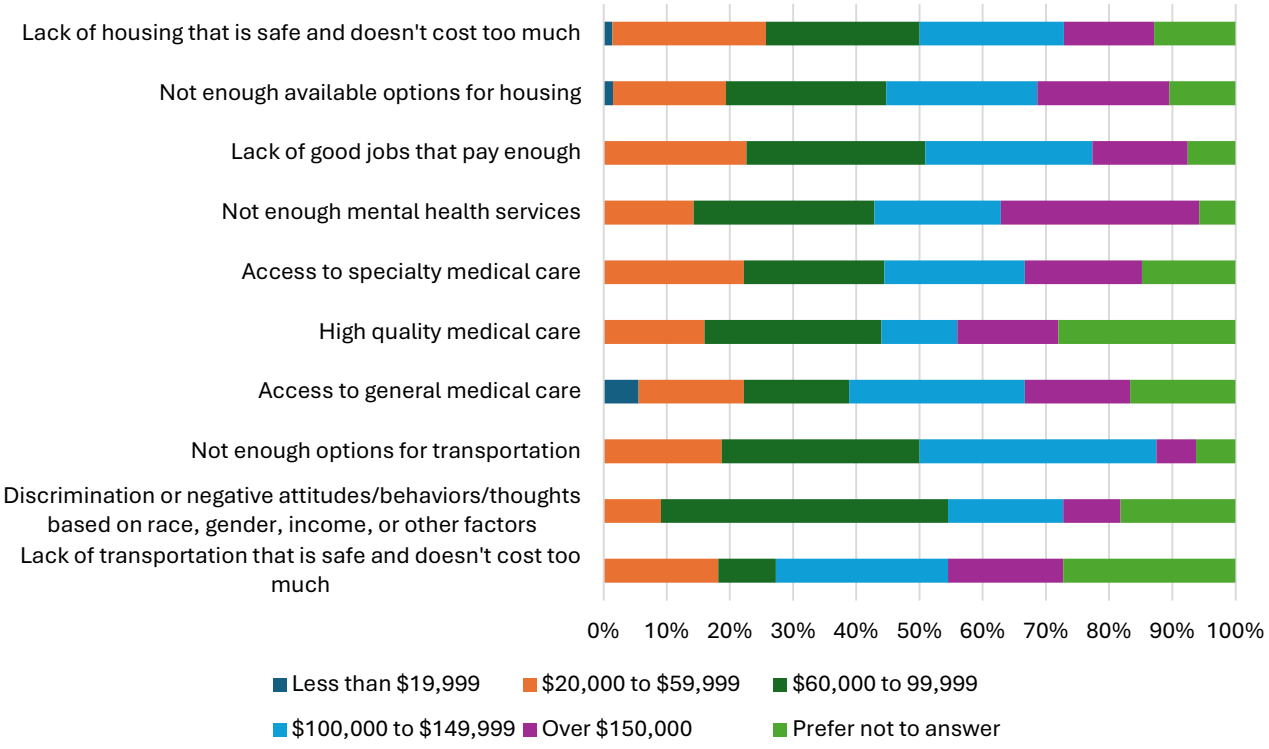
This "Top Ten Issues Impacting the Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these issues.

Top Ten Issues Impacting the Thriving Community as Identified by Charlevoix and Emmet Residents by Age in Years, MiThrive Community Survey, 2024 (n=148)



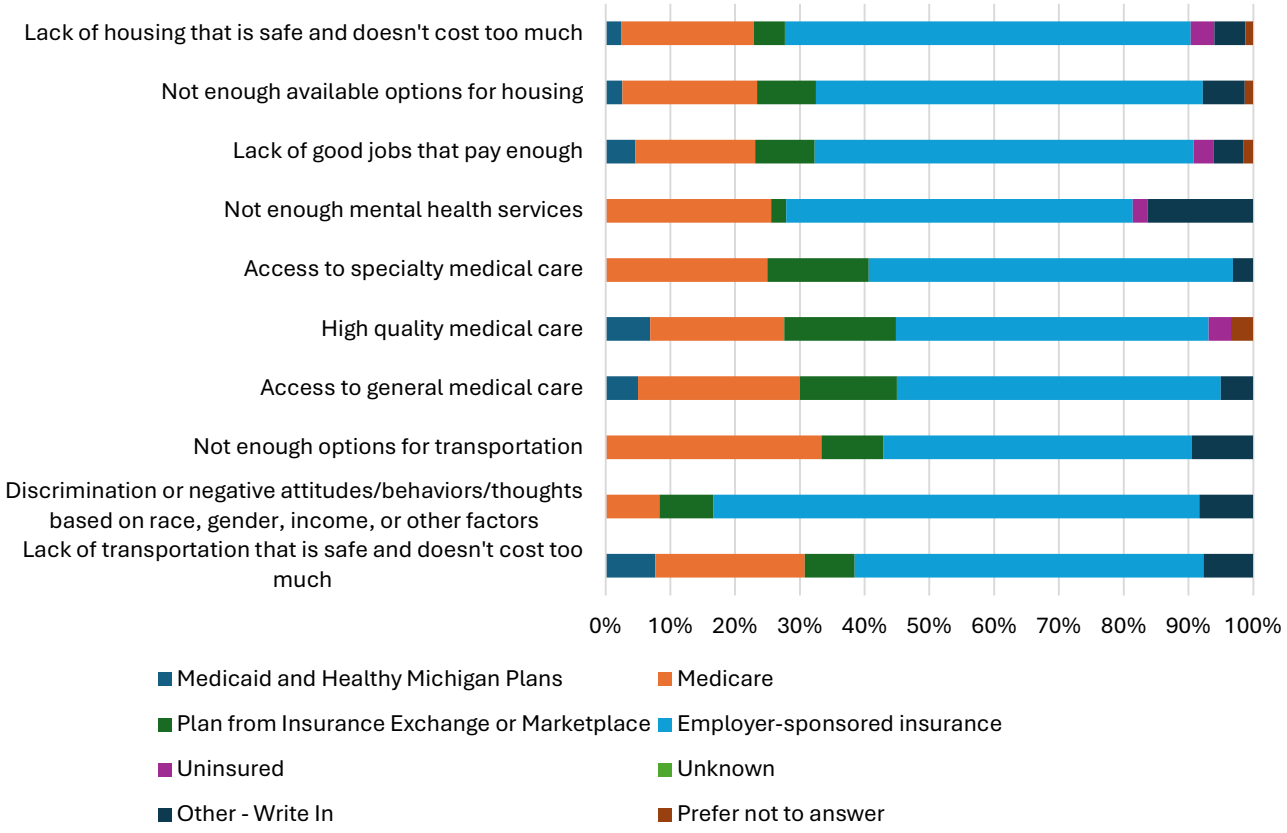
Residents **under the age of 40** disproportionately identify **not enough available housing** as a major issue in their community.

Top Ten Issues Impacting the Community as Identified by Charlevoix and Emmet Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=148)



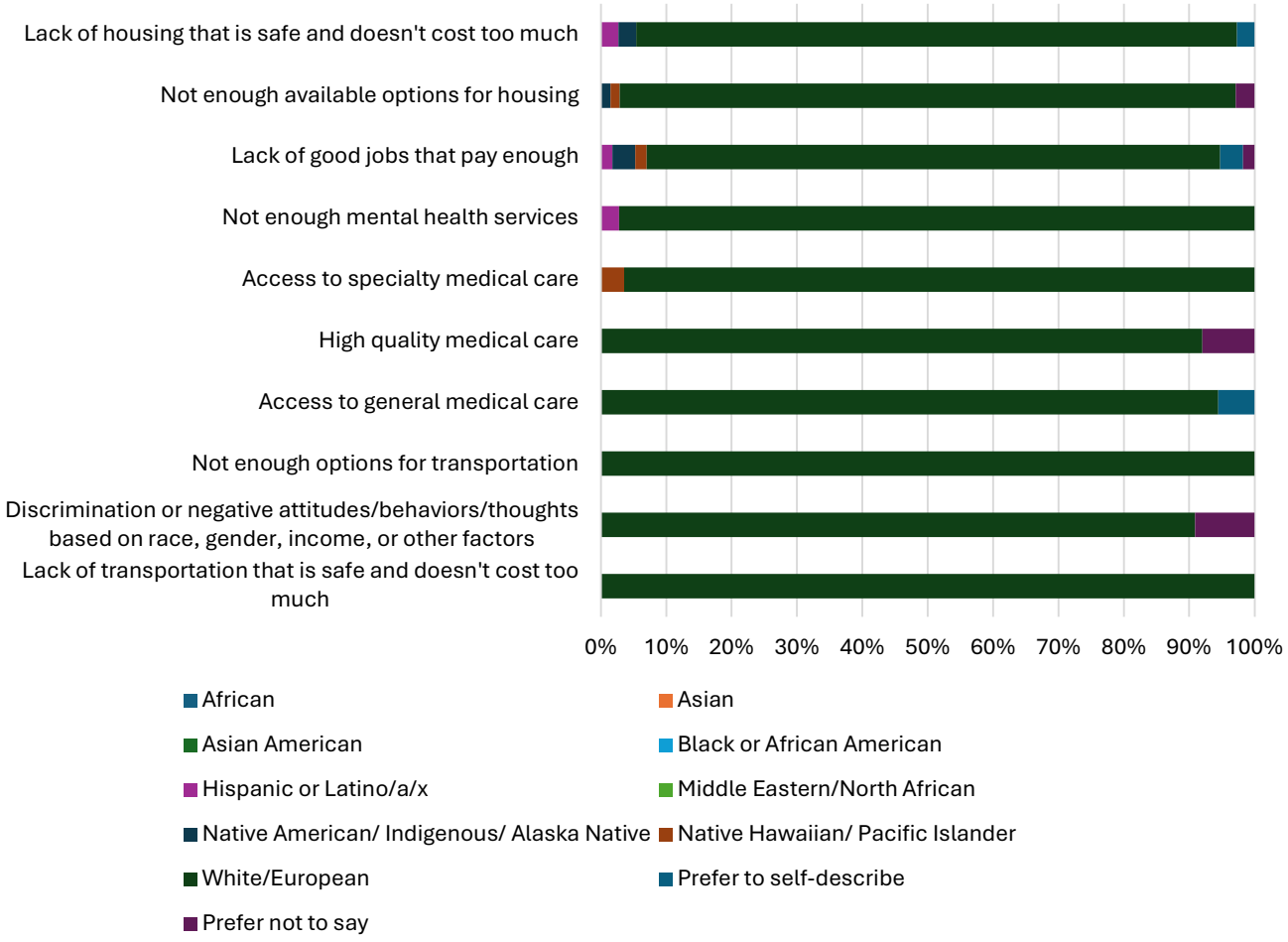
Issues with **lack of good jobs that pay enough** was an important issue for respondents making **less than $100,000 a year** in their household.

Top Ten Issues Impacting the Community as Identified by Charlevoix and Emmet Residents by Insurance Type, MiThrive Community Survey, 2024 (n=148)



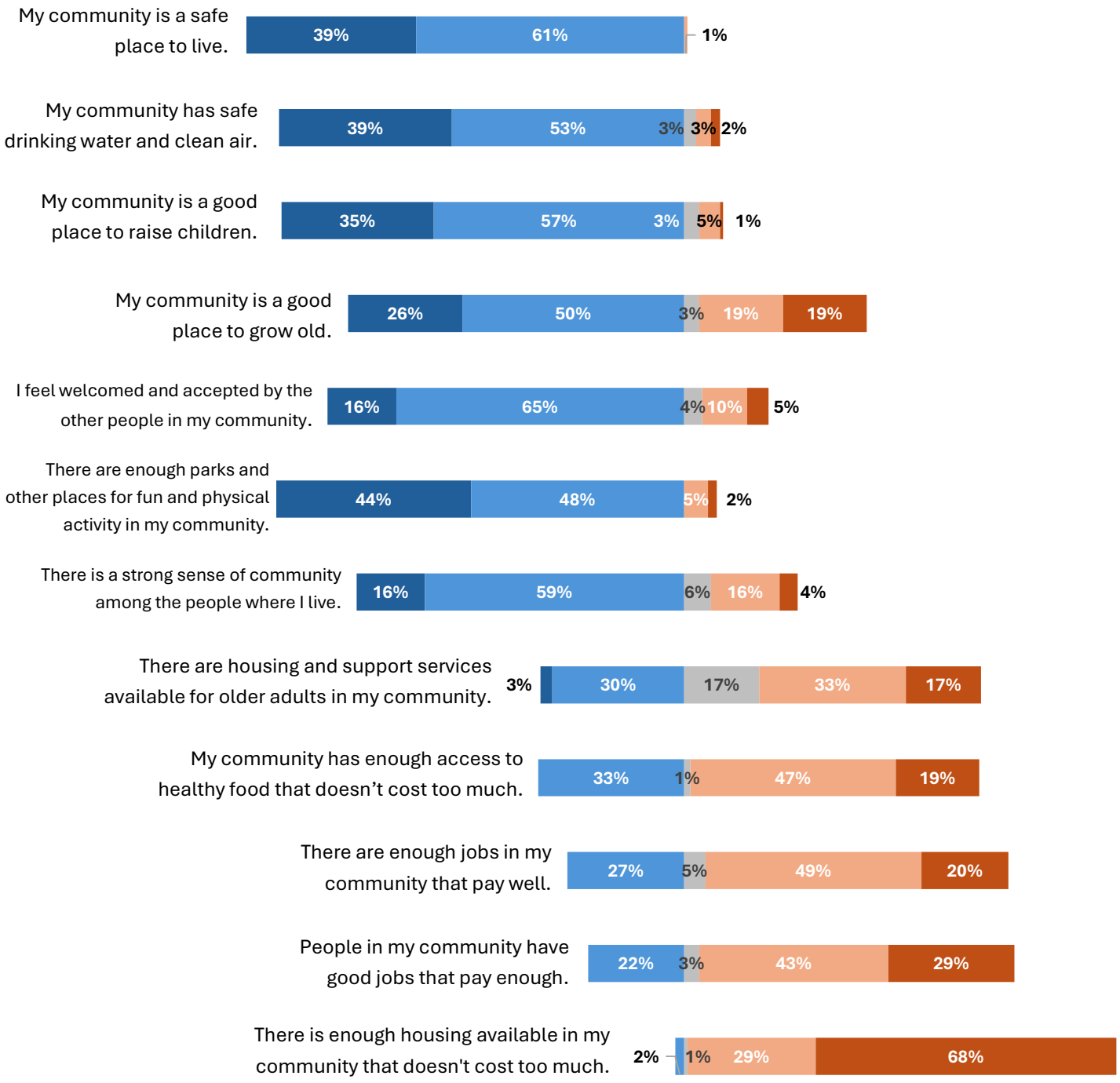
Residents with **Medicare** felt that a major issue in the community involved there being **not enough options for transportation**.

Top Ten Issues Impacting the Community as Identified by Charlevoix and Emmet Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=148)



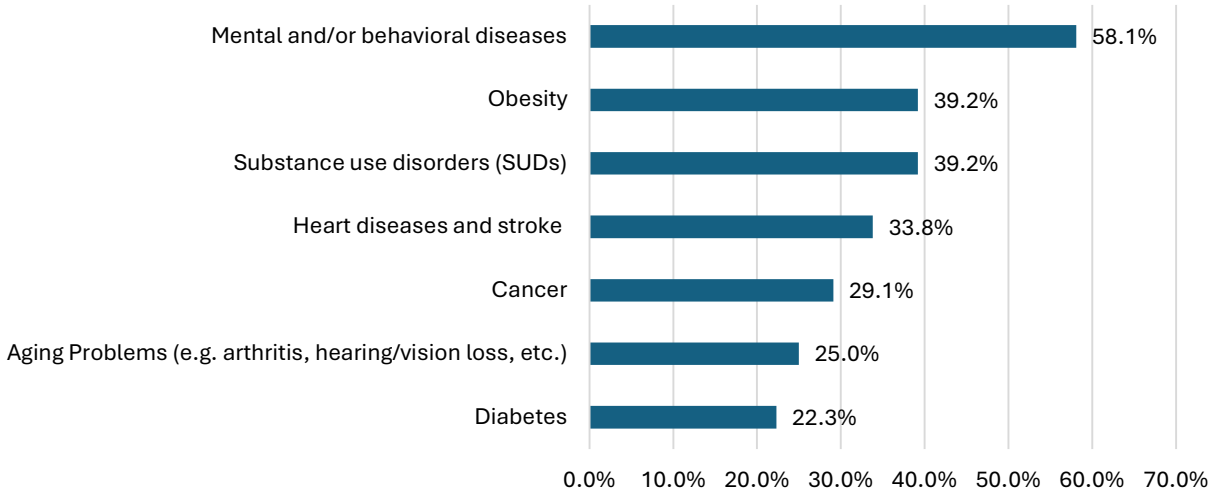
Lack of good jobs that pay enough was an important issue for respondents who identified as members of a **racial or ethnic minority group**.

Responses to Likert Scale Questions as Identified by Charlevoix and Emmet Residents, MiThrive Community Survey, 2024 (n=148)

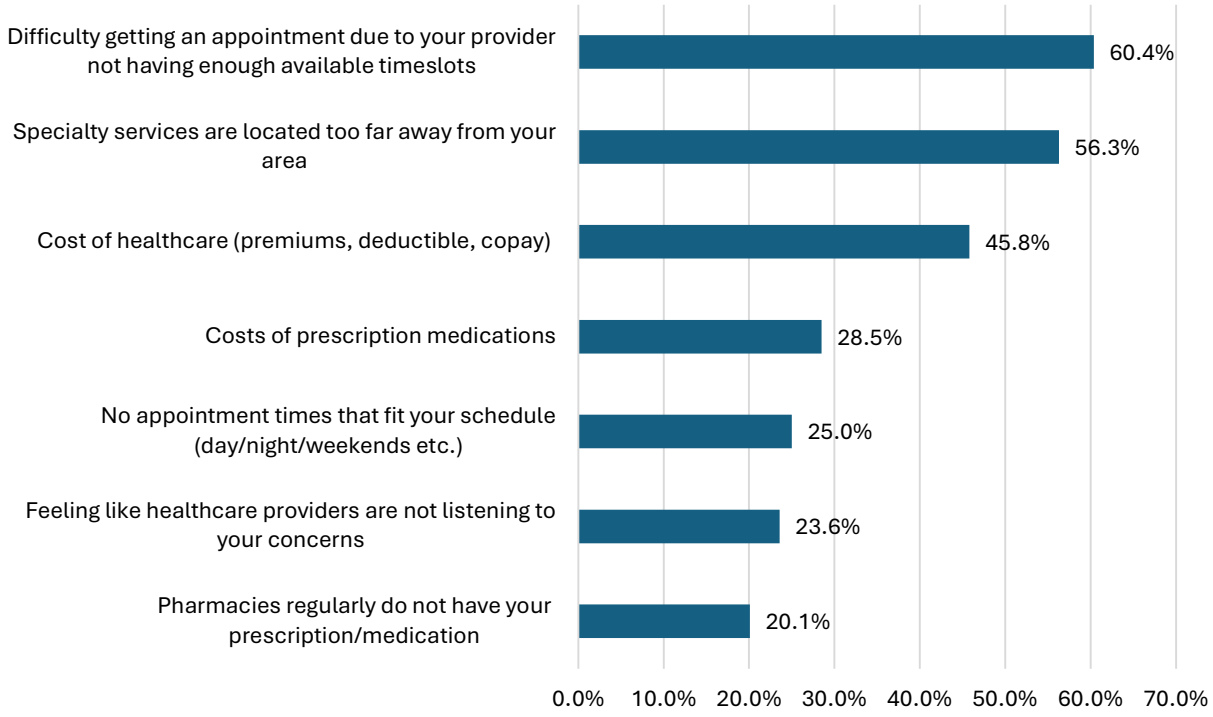


Dark blue indicates “Strongly agree” responses, light blue indicates “Agree” responses, grey represents the undecided or “I don’t know” responses, light red indicates “Disagree” responses, and dark red indicates “Strongly disagree” responses. Data shows that respondents felt that their community was a safe place to live, but most also expressed that there were **not enough jobs, access to healthy foods, or enough affordable housing** available in the community.

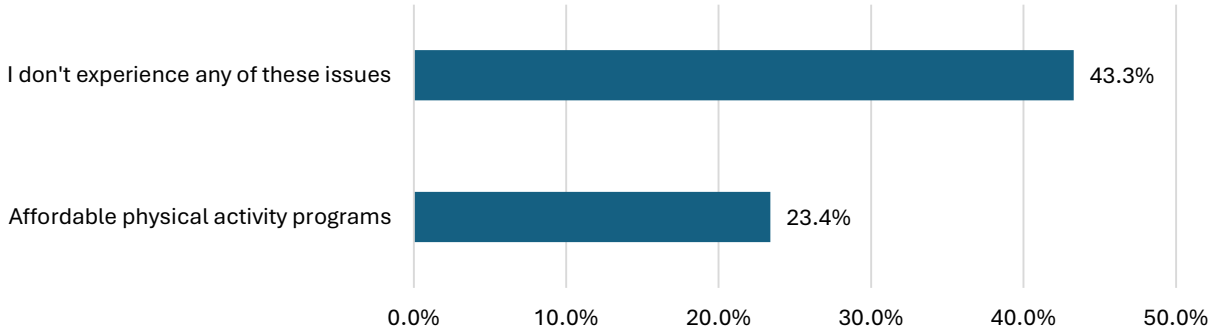
Most Concerning Medical Conditions in the Community According to Charlevoix and Emmet Residents, MiThrive Community Survey, 2024 (n=148)



Top Identified Barriers to Healthcare Service According to Charlevoix and Emmet Residents, MiThrive Community Survey, 2024 (n=148)



Top Issues Preventing Increased Physical Activity as Identified by Charlevoix and Emmet Residents, MiThrive Community Survey, 2024 (n=148)



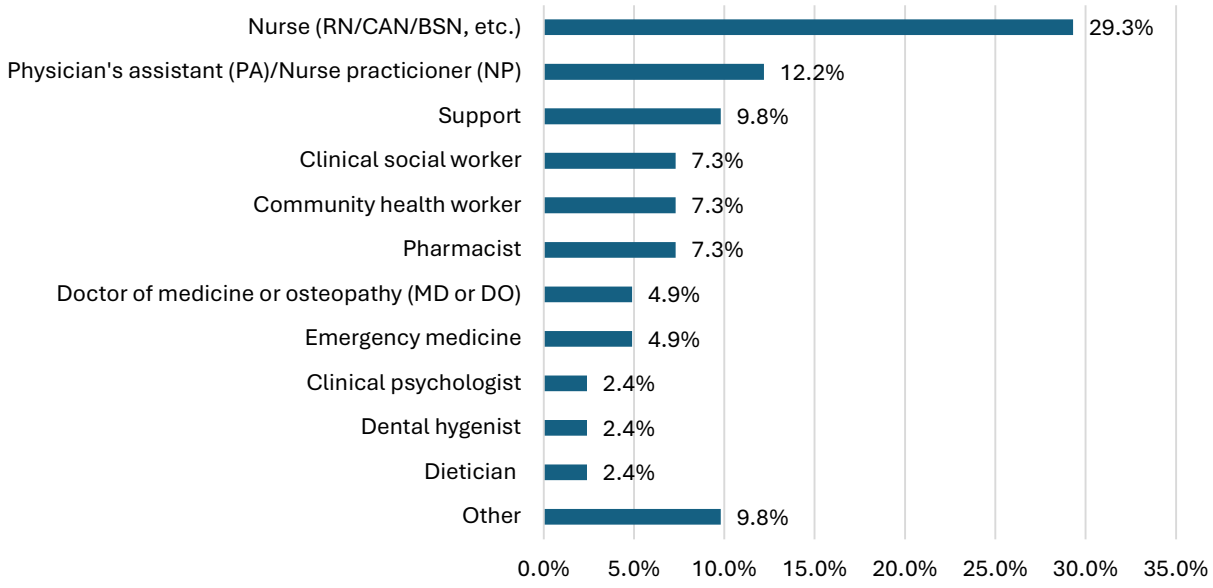
Healthcare Provider Survey

Data for the Healthcare Provider Survey was collected through additional questions included at the end of the Community Survey. Respondents who identified themselves as healthcare providers or healthcare

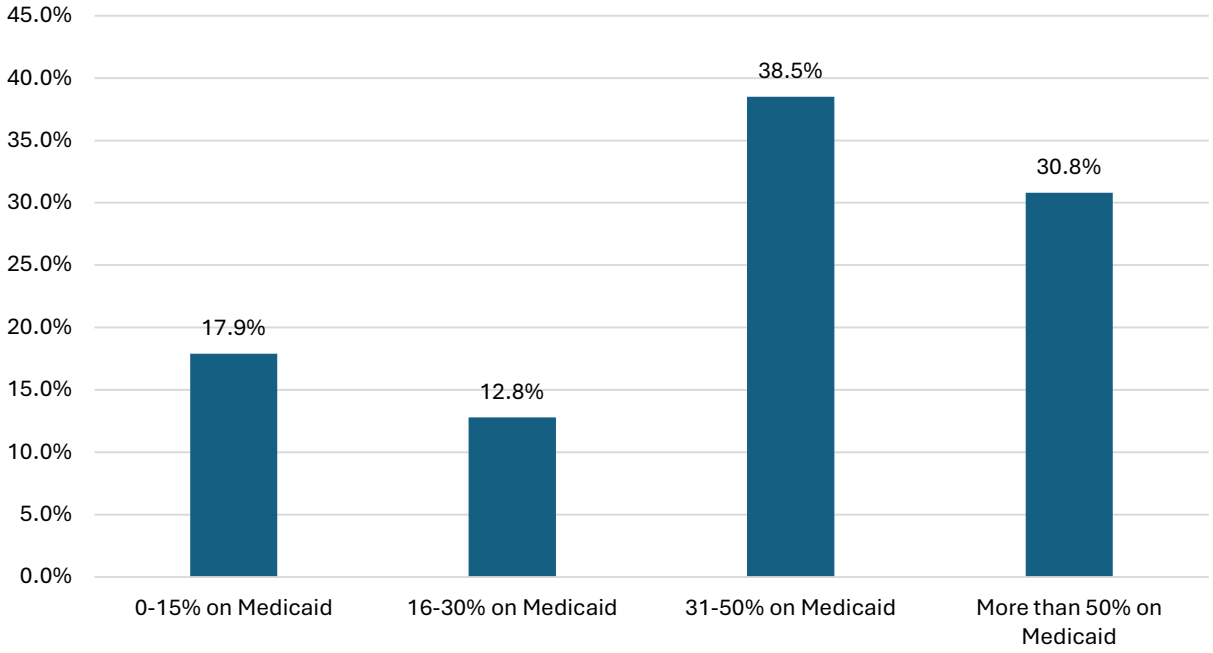
staff were presented with six extra questions to capture their specialized perspective on the community's overall health and needs. The survey remained open from August 12, 2024 to October 6, 2024.

Healthcare partners, including hospitals, federally qualified health centers, and local health departments, distributed the survey electronically to physicians, nurses, and other clinicians. Partner organizations further supported outreach by sharing the survey link with external community partners. A total of 41 providers completed the healthcare provider section of the community survey in Charlevoix and Emmet Counties.

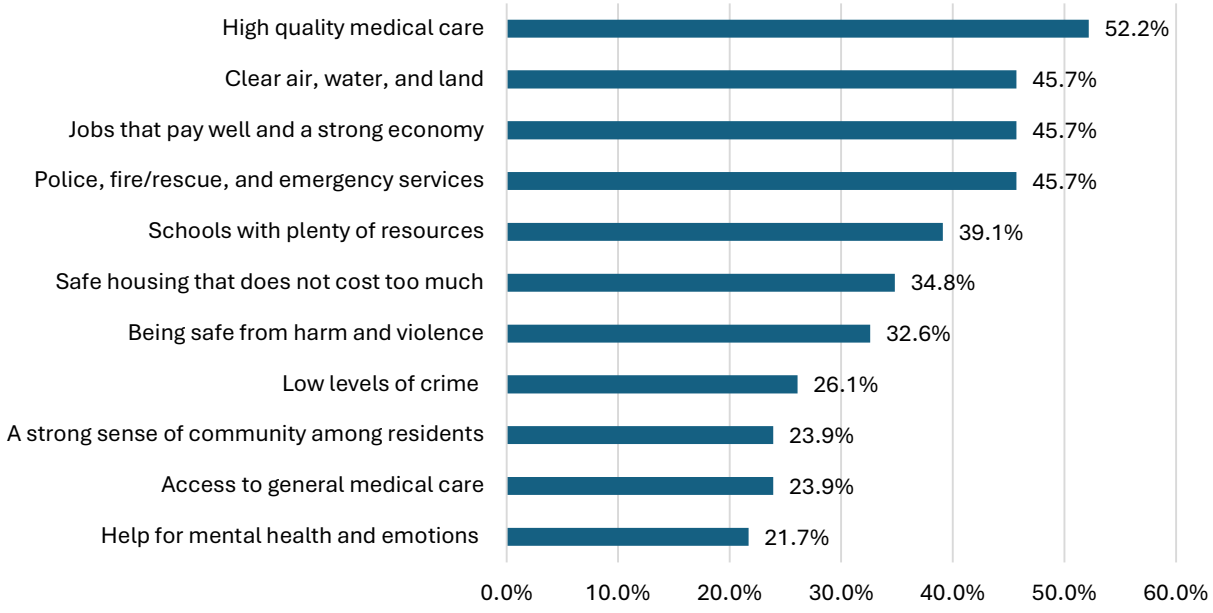
Top Roles of Survey Respondents that Identfied as Provider/Healthcare Staff in Charlevoix and Emmet County, MiThrive Community Survey, 2024 (n=41)



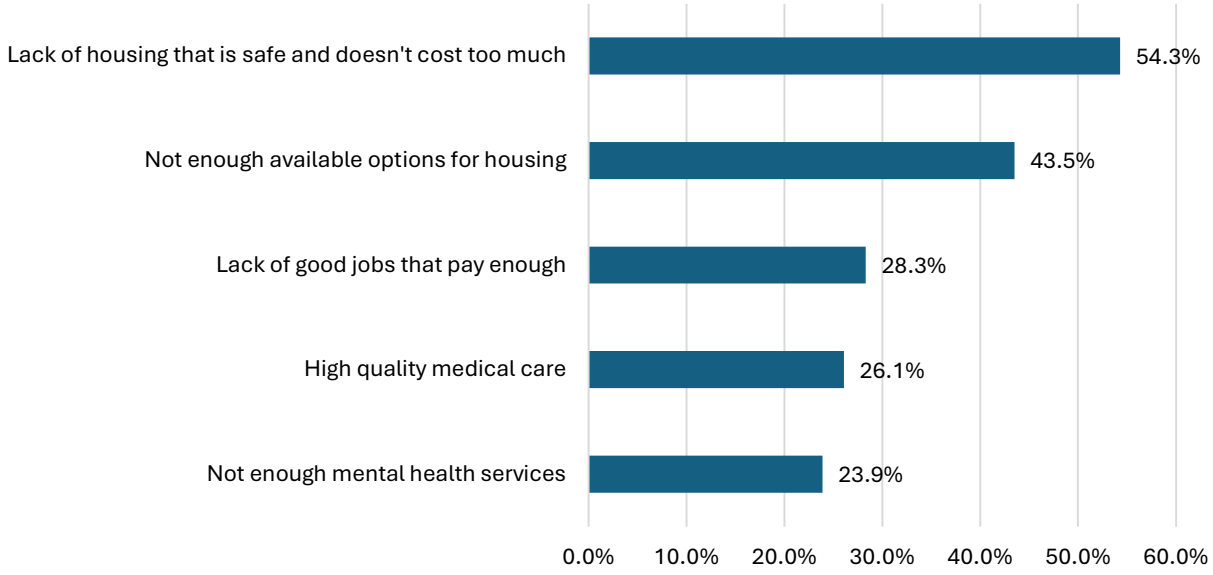
Proportion of Patient Population on Medicaid According to Survey Respondents that Identfied as Provider/Healthcare Staff in Charlevoix and Emmet County, MiThrive Community Survey, 2024 (n=41)



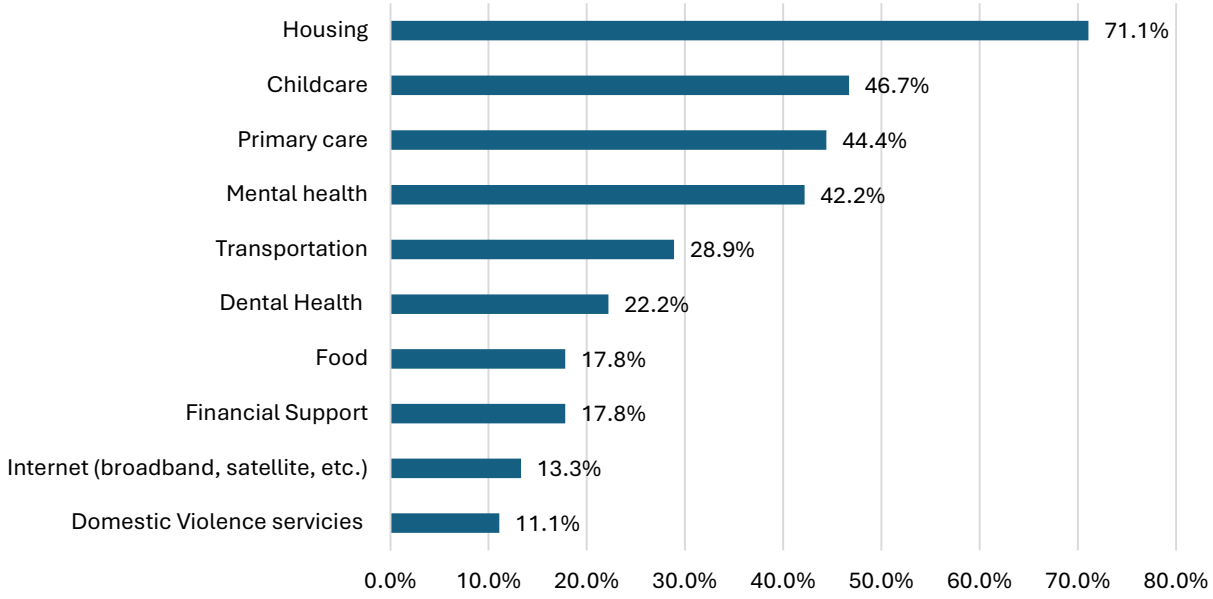
Top Factors for a Thriving Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Charlevoix and Emmet County, MiThrive Community Survey, 2024 (n=41)



Top Issues Impacting the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Charlevoix and Emmet County, MiThrive Community Survey, 2024 (n=41)



Resources/Services Missing From the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Charlevoix and Emmet County, MiThrive Community Survey, 2024 (n=41)



Community Partner Assessment (CPA)

The Community Partner Assessment focuses on organizations that contribute to wellbeing. The CPA answers the following questions:

- What are the components, activities, competencies, and capacities in the regional system?
- How are services being provided to residents?

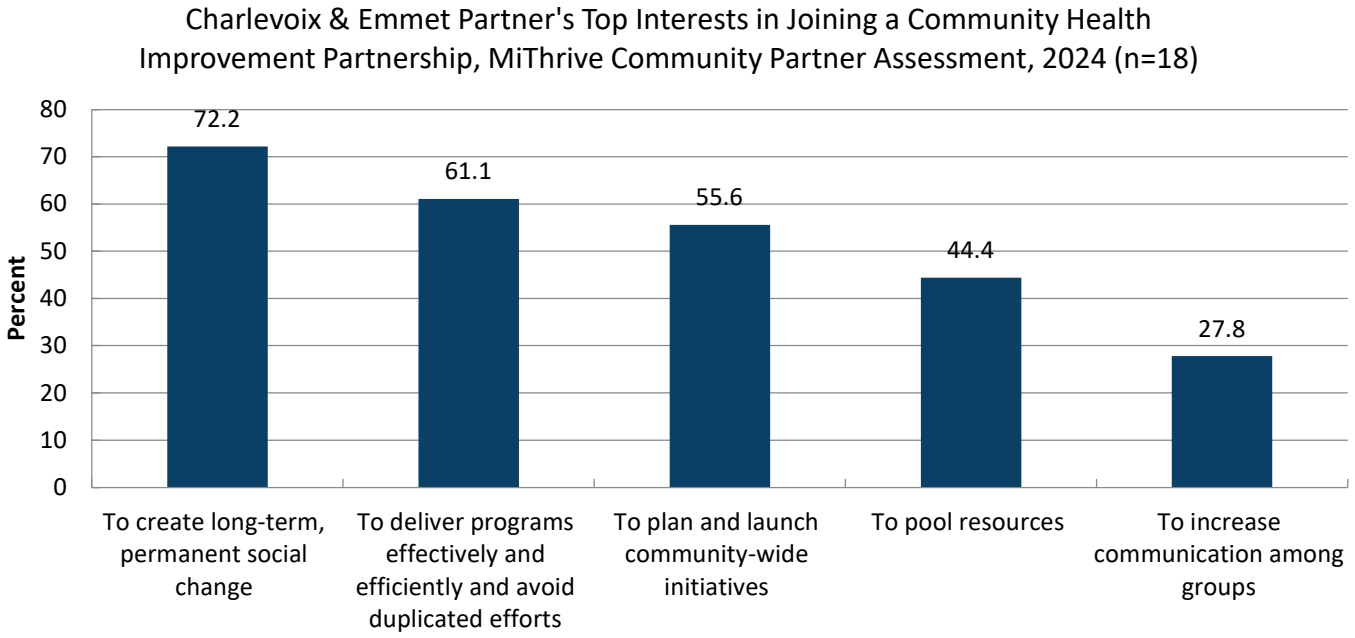
The assessment was designed to enhance communication between organizations and the community by bringing together a diverse range of partners. It aimed to explore connections within the community system, highlight strengths, and identify opportunities for improvement. The Community Partner Assessment included two key components: the Community Partner Assessment Survey and two virtual Community Partner Assessment Discussions events.

Community Partner Survey

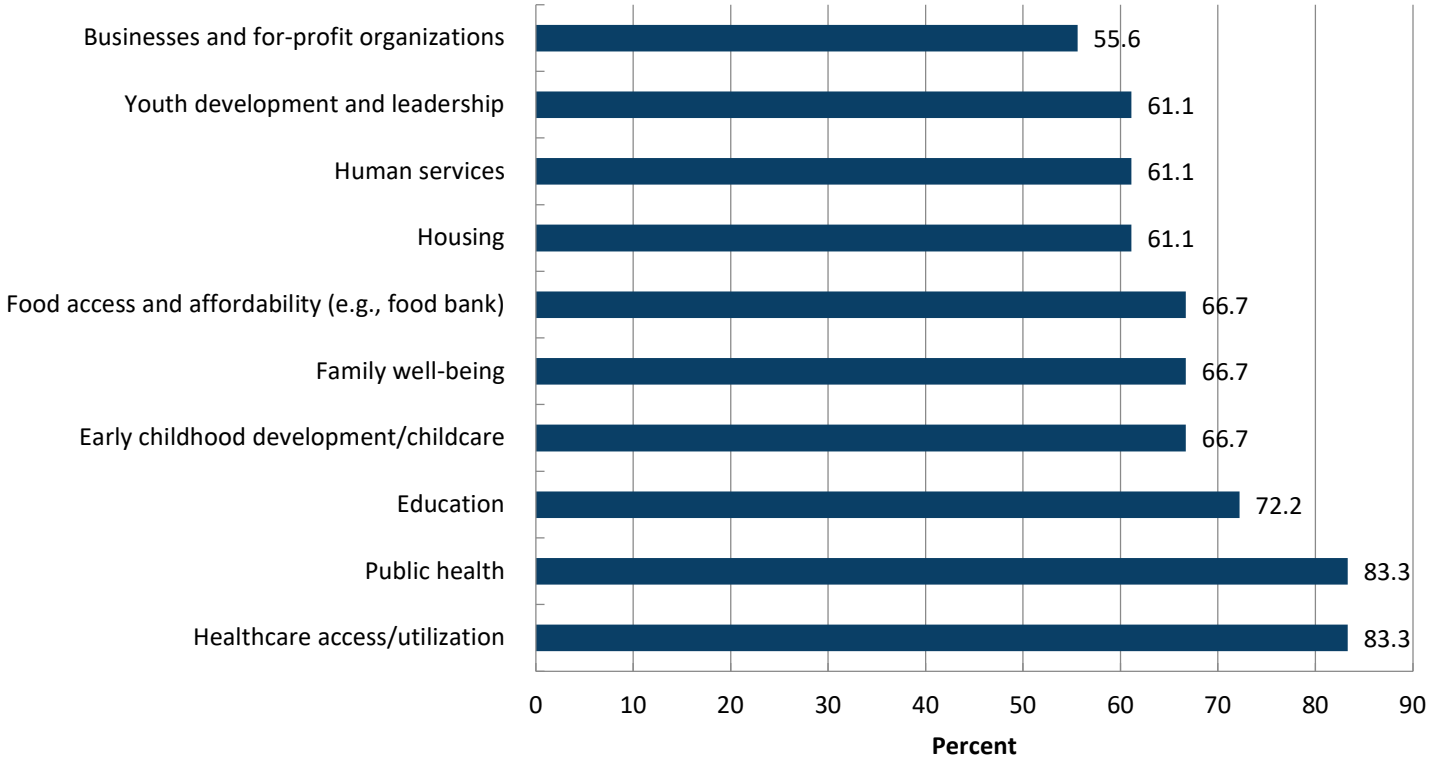
From May 6, 2024 to June 3, 2024, 75 community partners from various organizations and sectors across the 31-county MiThrive Region participated in a community partner survey to assess the system's capacity. A total of 18 responses came from partners covering Charlevoix & Emmet counties. See Appendix D for the Community Partner Assessment Survey instrument.

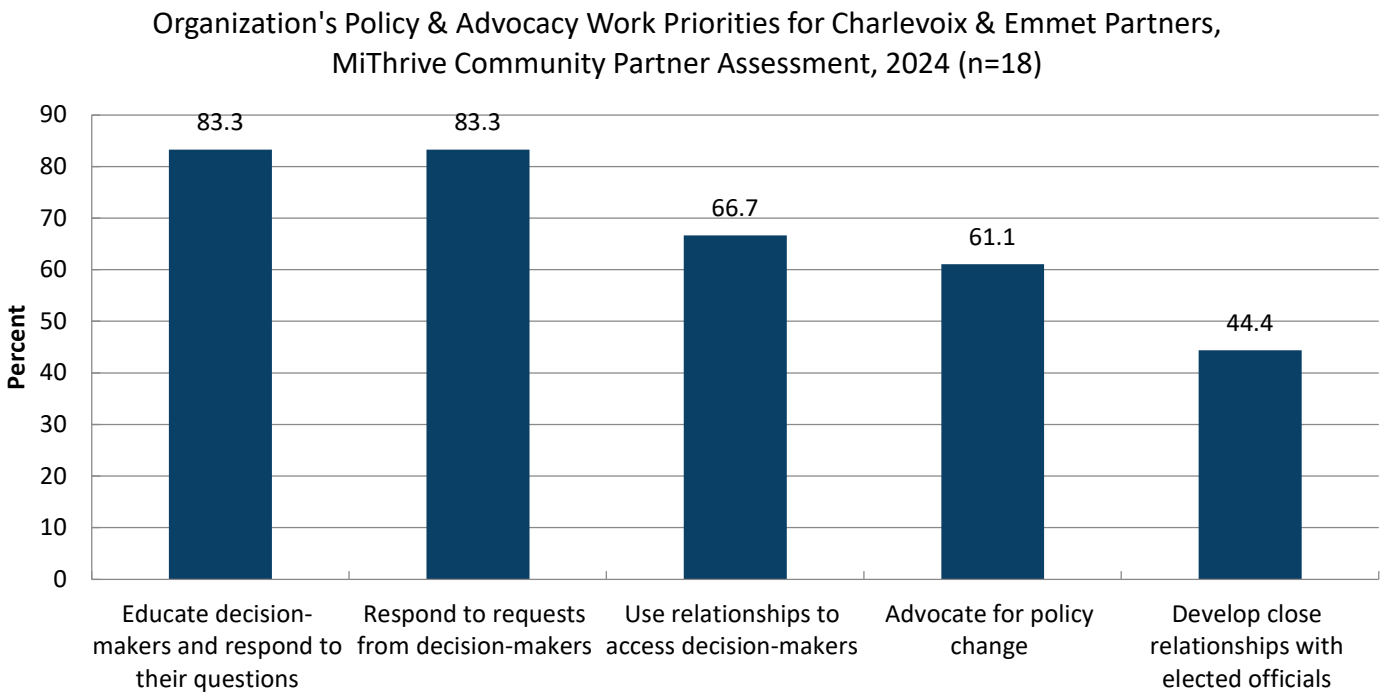
Additionally, survey participants were then invited to attend one of two virtual facilitated discussions, held on June 27, 2024 and July 10, 2024, allowing community partners to identify system strengths and areas for improvement collectively.

Community Partner Assessment Results



Charlevoix & Emmet Partners Sector Engagement At Least Once within the Last Year, MiThrive Community Partner Assessment, 2024 (n=18)





Organization's Priorities for Charlevoix and Emmet Partners, MiThrive Community Partner Assessment, 2024 (n=18)	A Lot	A Little	Not At All	Unsure
i. Economic Stability: The connection between people's financial resources, income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	66.7%	27.8%	5.6%	0%
ii. Education Access and Services: The connection of education to health and wellbeing. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	61.1%	27.8%	11.1%	0%
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	72.2%	22.2%	5.6%	0%

iv. Neighborhood and Built Environment: The connection between where a person lives, housing, neighborhood, and environment—and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	55.6%	44.4%	0%	0%
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	33.3%	61.1%	5.6%	0%

Virtual Facilitated Discussion Events:

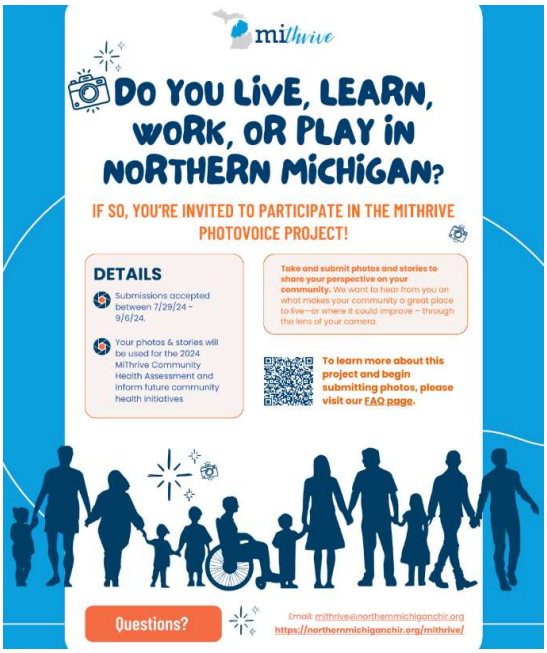
Survey participants were invited to attend one of two virtual, facilitated discussion events. During these sessions, attendees reviewed the results of the Community Partner Assessment Survey and engaged in small group discussions to explore the findings and share their reflections. Through these conversations, the following opportunities for improvement emerged:

- **Cross-Agency Collaboration:** partners expressed a need for more collaboration, including network sharing and communication between partners regarding knowledge of other agencies' programs and services. Partners emphasized capitalizing on collective wisdom, sharing lessons learned and expertise across organizations.
- **Storytelling:** partners expressed an opportunity to incorporate storytelling to amplify resident voice.
- **Social Determinants of Health:** partners expressed a desire to continue incorporating social determinants of health to their work, such as residents need for transportation, housing, food, etc.
- **Health Policy:** partners expressed a need for building capacity around policy work. Partners stated it was important to bring awareness vs lobbying due to their funding structures being impacted by policy.
- **Minority Representation:** partners expressed a need to develop trust and working relationships with Native Nations and other minority groups to enhance representation.
- **Nonprofit and Grassroot Collaboration:** partners expressed an opportunity to improve collaboration with grassroots initiatives and community power building organizations.
- **Data Sharing:** partners expressed an opportunity to advocate for data sharing across organizations. Partners discussed the need to share social determinants of health data, such as housing, food, transportation, etc.
- **Thinking Outside the Box:** Partners expressed the need to expand services in non-traditional spaces. By bringing services to the target populations, it would increase accessibility to residents.

Community Context Assessment (CCA):

The Community Context Assessment aims to answer the four following questions:

- What strengths and resources does the community have that support health and wellbeing?
- What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
- What physical and cultural assets are in the built environment? How do those vary by neighborhood?
- What is the community doing to improve health outcomes?
- What solutions has the community identified to improve community health?



The goal of this assessment is to explore the strengths, assets, lived experiences, and forces of change in the community using qualitative methods.

The MiThrive CCA consists of three parts: asset maps, quotes from residents, and photovoice project. As previously stated, 3,496 residents and partners completed the community survey, with 3,412 submitting quotes. These quotes are responses to the open-ended question within the Community Context Assessment section of the community survey. For Photovoice, 63 residents and community partners participated, submitting a total of 140 photos. A total of 7 photos came from residents within Charlevoix and Emmet counties. In the Asset Maps, 55 revisions were made.

Community Context Assessment Results

Asset Mapping is a process to systematically identify and document all the positive resources, services and strengths present within the community that can be leveraged to address community health needs. During 2024, the asset maps completed in past CHNAs were compiled by county and shared with MiThrive Steering Committee members, partner organizations, and Community Health Workers (CHW) to review and update. A full library of the 31-county MiThrive Asset Maps are available on the MiThrive website; see Appendix E for the Asset Maps for Charlevoix and Emmet counties.

> A **community health worker (CHW)** is a trusted frontline public health worker with a strong understanding of the community they serve. This connection allows them to bridge health and social services, improving access to care and ensuring culturally competent service delivery. CHWs are well-versed in local resources and play a vital role in

empowering individuals and communities by providing outreach, education, informal counseling, social support, and issue awareness to enhance health knowledge and self-sufficiency.

Resident Voice Quotes

Residents were given space to answer one open-ended question nested within the community survey. The question was:

> "Thinking broadly, what changes are happening or might happen in your area that you believe will affect the health of your community? These changes can include weather, technology, money, laws, diseases, community resources, and other things."

Below are the selected resident voice quotes:

Charlevoix County

"Not enough **housing** for middle class. Lots of housing has become seasonal rentals or vacation homes. Our school populations have dropped."

"Lack of **primary care**. Why are they bringing in more OBs for an aging community? **Housing** is too expensive for young families. We need more primary care providers to manage the aging community. You cannot get in to see anyone as they are booked out 6 months to a year."

"School children need to learn why they need to **eat healthy**, so they understand what it does to your body. Many students are sick a lot but eat junk food every day."

"**Broadband** by Great Lakes has made a huge impact on the community. The rural community is so much better because of it as it allows access to **telehealth services**, etc. **Affordable housing** is the biggest crisis in Northern Michigan. Almost all the starter homes in the area have been bought and are being used as short-term rentals. This prohibits young adults from being able to live in the community they work in. This makes it difficult for them regarding **child care**, **health care**, **transportation**, etc. In addition, the numerous short-term rentals take away from the sense of community in our neighborhoods. I am not completely opposed to the rentals, but there should have been a limit placed on the number that are allowed for all of the reasons stated above."

Emmet County

"Lack of **specialty medical care** and lack of specialty clinics that take **Medicaid**, including **dental** offices."

"**Healthcare costs** continue to rise. PBMs are increasing costs for patients and reducing resources to hospitals and pharmacies. Health plans and commercial insurance hide costs from patients with donut holes and other gaps in coverage. **Mental health** is nearly inaccessible."

"Instability in the **economy** and global market, lack of motivated workforce, and consolidation of job markets that pull jobs away from area."

"Lack of access to good **medical and specialty care**. Lack of **affordable housing**. High **cost of living**."

Photovoice

Photovoice is a community-based research method that uses photography and quotes to document and discuss strengths, assets and experiences that affect the community. The MiThrive Photovoice Survey consisted of three questions for residents to answer by submitting photographs and captions electronically or requesting a disposable camera to take and submit photographs and captions through mail or drop-off locations. To encourage participation, respondents who completed a photovoice submission had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties. As with the other community engagement opportunities, partner organizations were essential to sharing this opportunity with community residents. Promotional materials included flyers, social media content, and press releases.

MiThrive staff developed three photovoice prompts:

Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

Take a picture of something that makes your community a good place to live in, like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility, and how easy things are to use.

Take a picture of something that needs improvement in your community.

The following are photographs and captions submitted from Charlevoix and Emmet counties. See Appendix F for the Photovoice Survey Instrument and Appendix G for complete Northwest Region Photovoice Album.
County: Charlevoix

Caption: “One of the most beautiful trails in the Petoskey area has been closed for over a mile due to erosion. Causes bikers and walkers to go on US31, a very busy highway, which puts people at risk!”

Related Themes: Safety and Wellbeing, Environment/Infrastructure

County: Emmet

Caption: “This non-descript office helps give out emergency food boxes on a daily basis. It is the St Francis Church Office. Very helpful to people in need.”

Related Themes: Economic Security

County: Emmet

Caption: “This is the Mary Margaret House in Petoskey—a homeless shelter that is regularly full of people who work hard, are going through difficult circumstances, and receiving support from community members but unfortunately also face stigma.”

Related Themes: Economic Security, Housing, Mental Health

Grayling Hospital:

Crawford, Oscoda, Roscommon

Community Status Assessment (CSA)

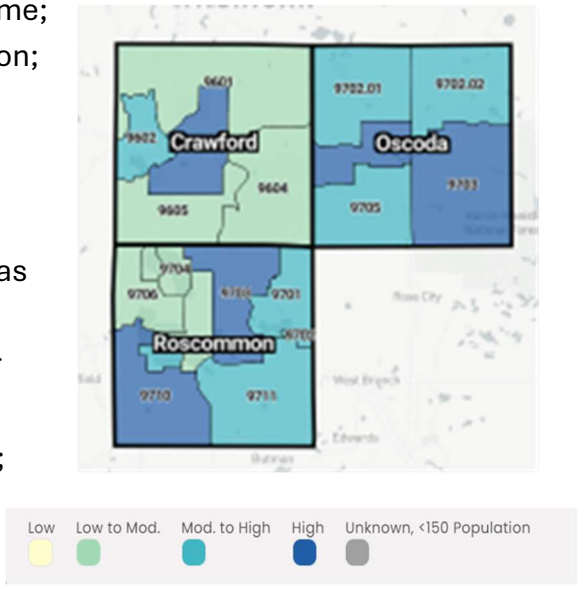
The Community Status Assessment identifies priority community health and quality of life issues. It answers the following questions:

- How healthy are our residents?
- What does the health status of our community look like?

The answers to these questions were measured by collecting more than 200 indicators from a variety of secondary sources onto the MiThrive Data Platform, as well as primary data collected through the 2024 community survey and provider survey.

The MiThrive Core Team assured secondary data included measures of social and economic opportunity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35 percent of household income; high school graduation rates; income inequality; median household income; median value of owner-occupied homes, political participation; renters (percent of all occupied homes); and unemployment rate.

Social Vulnerability Index by Census Tract in Crawford, Oscoda, and Roscommon Counties



The Social Vulnerability Index illustrates how where we live influences health and wellbeing. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than age five with a disability; single parent households; minority status; speaks English “less than well”; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

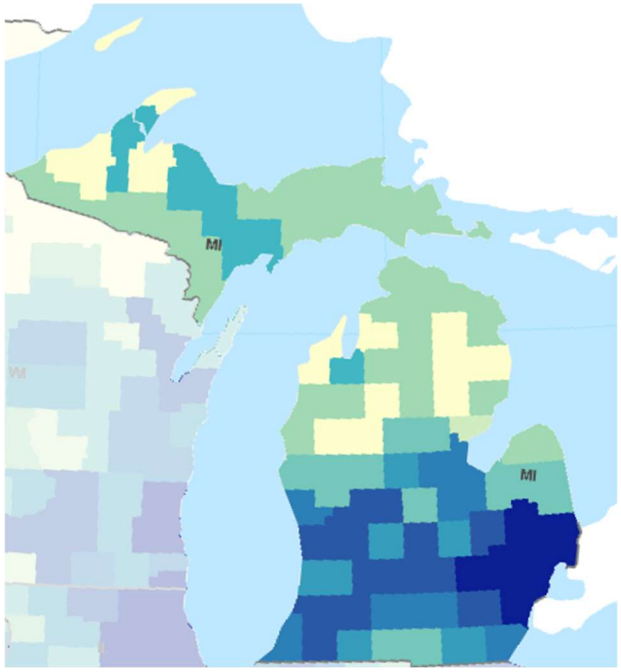
As illustrated in the map at right, Census Tracts in Oscoda and Roscommon counties have Social Vulnerability Indices at “moderate to high” and “high” with the exception of the northwest corner of Roscommon County. Crawford County is “low to moderate” with exception of central Crawford County, which is “high”.

Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

Geography and Demographics

The service area for Munson Hospital Grayling includes Crawford, Oscoda, and Roscommon Counties. The area is known for its clean environment and abundant resources for outdoor recreation. Covering 1,641.9 square miles of land, most of the region is designated as “rural” by the U.S. Census Bureau. This is one of its most important characteristics, as rurality influences health and wellbeing.

The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 46,127 people who live in these counties, 98.2 percent are white. The largest racial minority groups are American Indian and Alaska Native (1.7%), Black or African American (1.2%), and Some Other Race (2.7%). Additionally, the largest ethnic minority group is Hispanic and Latino; Crawford (2.4%), Oscoda (2.3%), and Roscommon (2.1%).



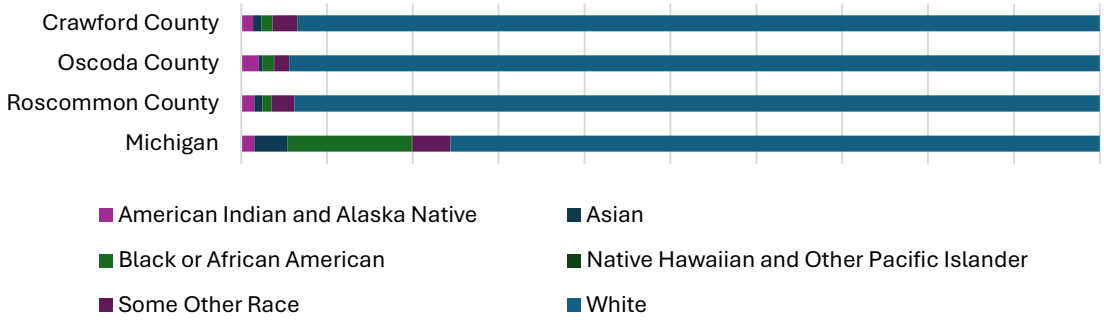
Rurality by County

Classification

- Metro - population 1 million or more
- Metro - population 1 mil. - 250, 000
- Metro - fewer than 250,000 pop.
- Urban pop. 20,000 + adj.
- Urban pop. 20,000 + not adj.
- Urban pop. 2,500-19,999 adj.
- Urban pop. 2,500 - 19,999 not adj.
- Completely rural - adjacent
- Completely rural - not adjacent

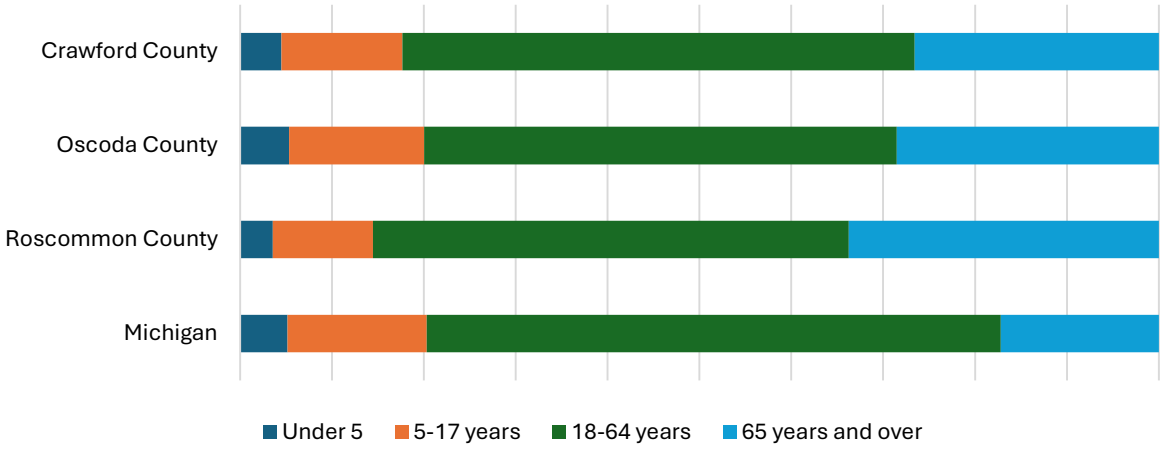
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

Population by Race for the Munson Hospital Gralying Service Area, United States Census Bureau, 2019-2023



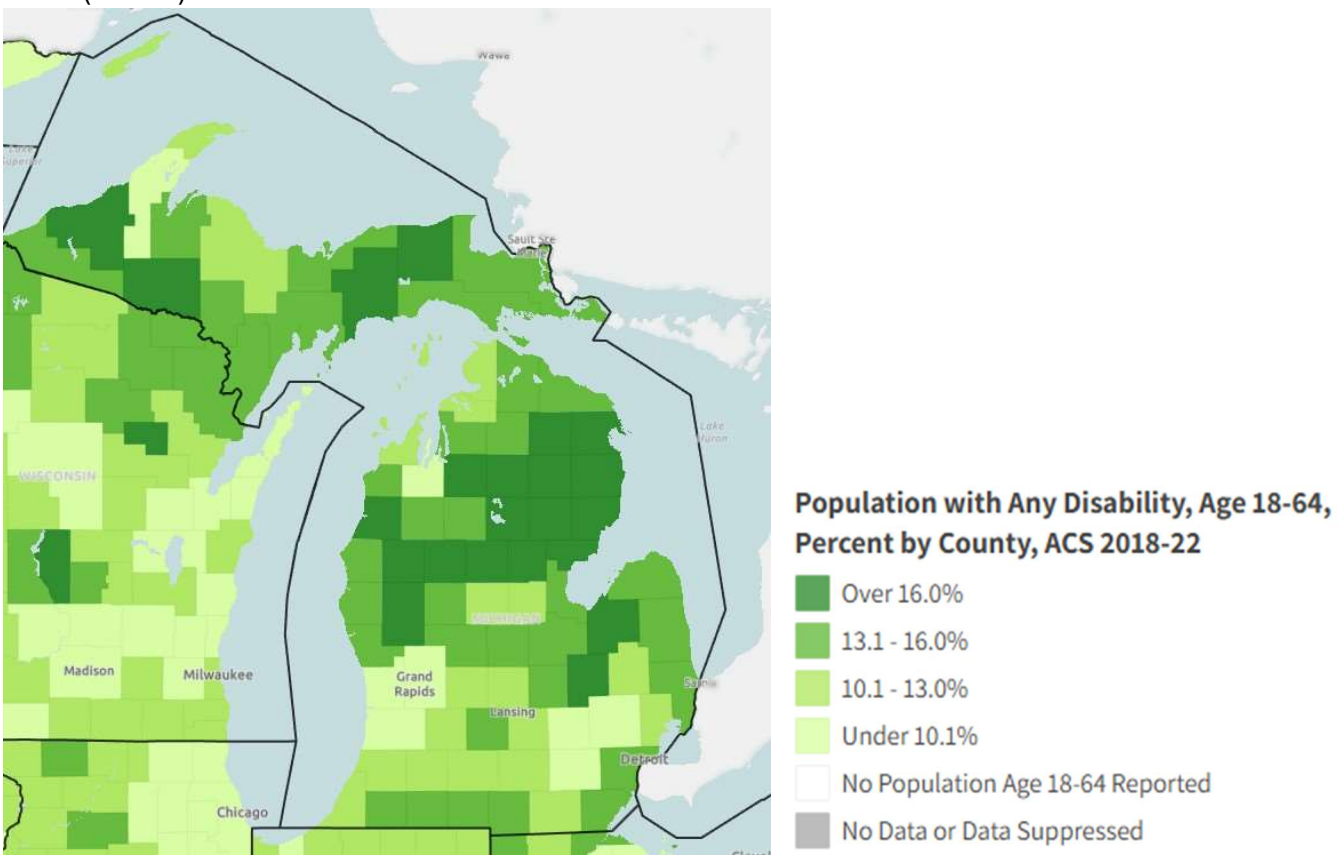
Crawford, Oscoda, and Roscommon Counties have a lower proportion of racial minority groups (6.5%) than Michigan (26%).

Percentage of Population by Age Group for the Munson Hospital Grayling Service Area, United States Census Bureau, 2019-2023



Crawford, Oscoda, and Roscommon counties (26.6%, 28.5%, and 33.8% respectively) have higher proportions of adults over the age of 65 than Michigan overall (19.2%).

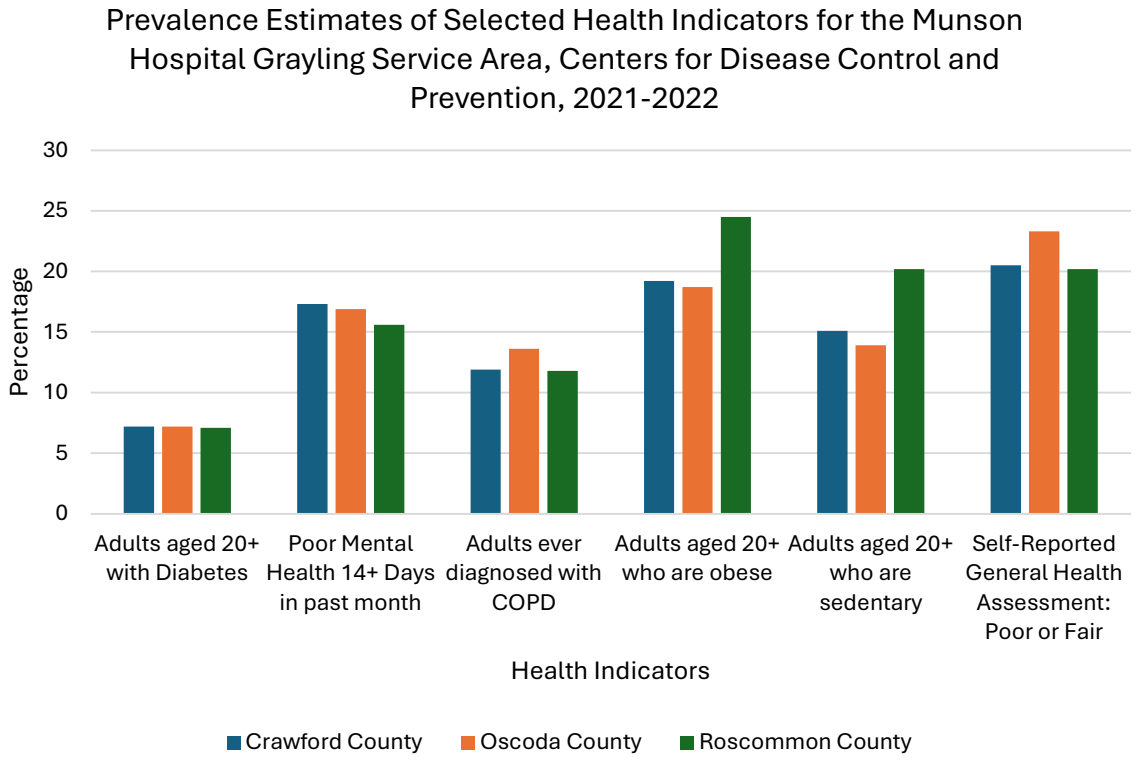
A greater proportion of people—20.2%—of the people in the region have a disability compared to the State (10.3%).



Source: United States Census Bureau, 2018-2022

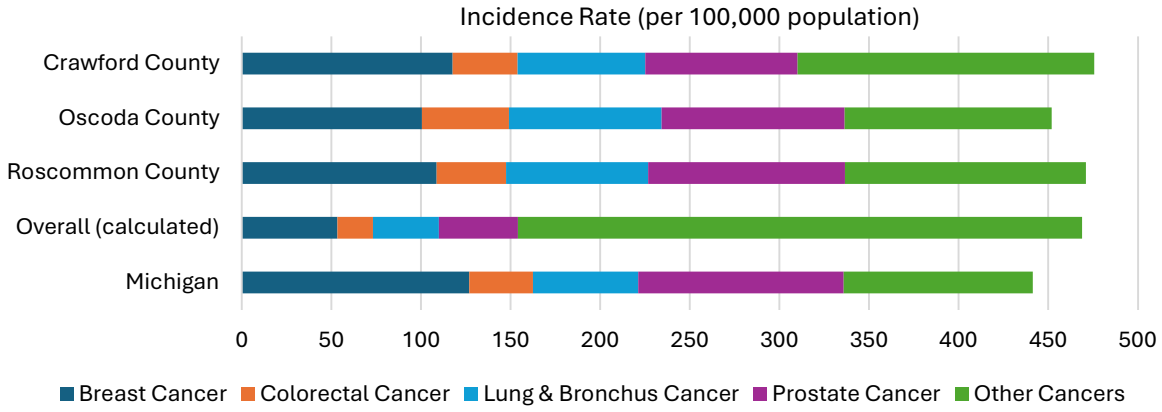
Notes: The U.S. Census Bureau has updated the data for individuals with disabilities to 2019-2023 estimates. However, the visualization data is only available for 2018-2022 data.

Selected Morbidity and Mortality Indicators for the Munson Hospital Grayling Service Area



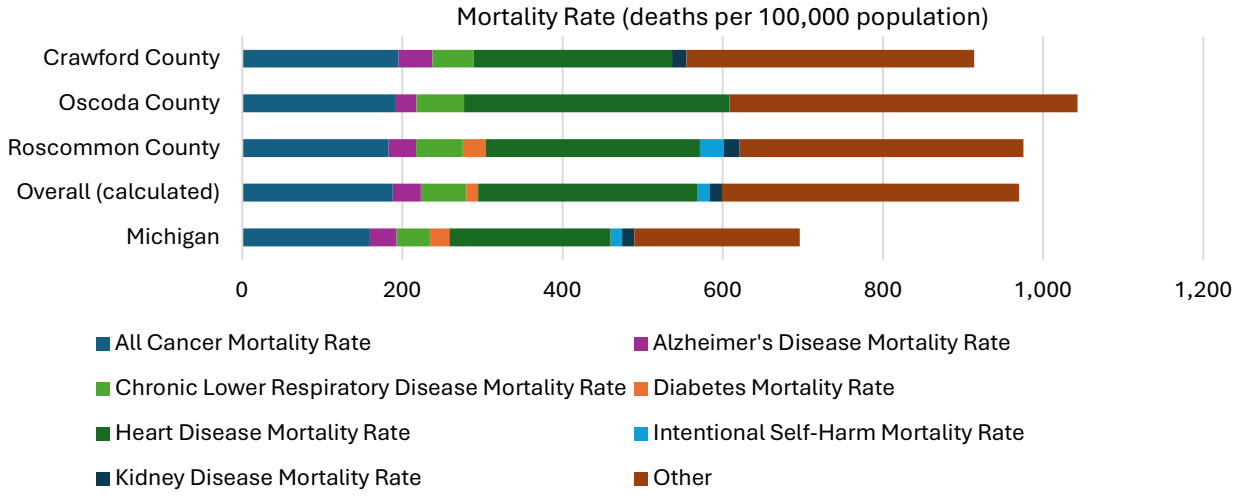
Notes: 'Poor Mental Health 14+ Days in past month' indicates the percentage of adults who stated that their mental health was not good 14 or more days in the past month, 2022.
'Adults ever diagnosed with COPD' shows the percentage of adults who have ever been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis, 2022.
'Adults aged 20+ who are obese' shows the percentage of adults 20 and older who are obese using the Body Mass Index (BMI) value >=30, 2021.
'Adults aged 20+ who are sedentary' shows the percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month, 2021. 'Self-Reported General Health Assessment: Poor or Fair' shows the percentage of adults who answered poor or fair to : "How is your general health?", 2022.

Cancer Incidence Rates for the Munson Hospital Grayling Service Areas, National Cancer Institute, 2017-2021

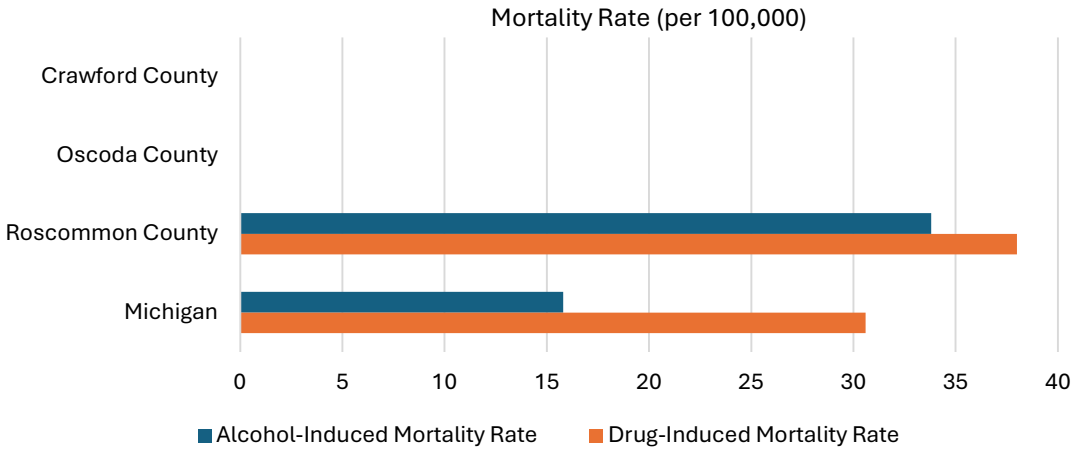


Note: Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US population Data File is used for SEER and NPCR incidence rates.
Data not available for some combinations of geography, cancer site, age, and race/ethnicity.
Suppression is used to avoid misinterpretation when rates are unstable.

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Munson Hospital Grayling Service Area, MDHHS Vital Statistics, 2018 - 2022

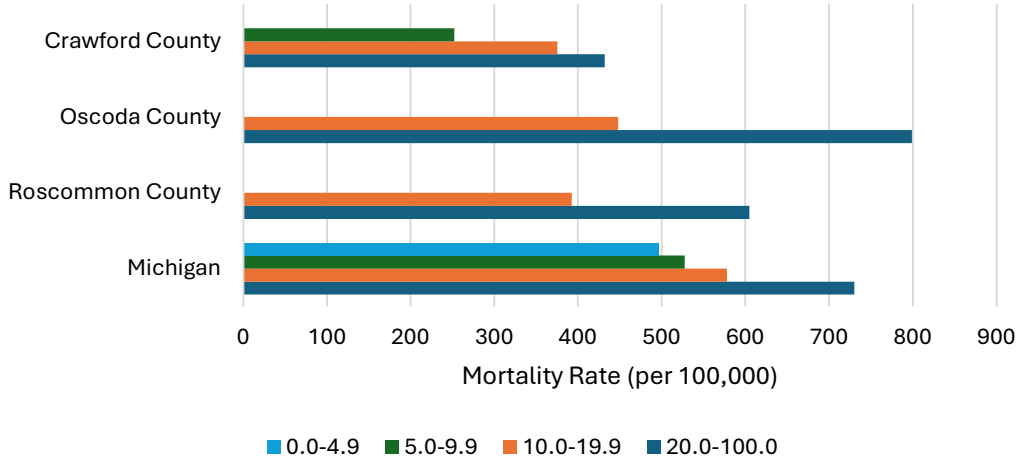


Substance Use Associated Mortality Rates for the Munson Hospital Gralying Service Area, MDHHS Mortality Statistics, 2022



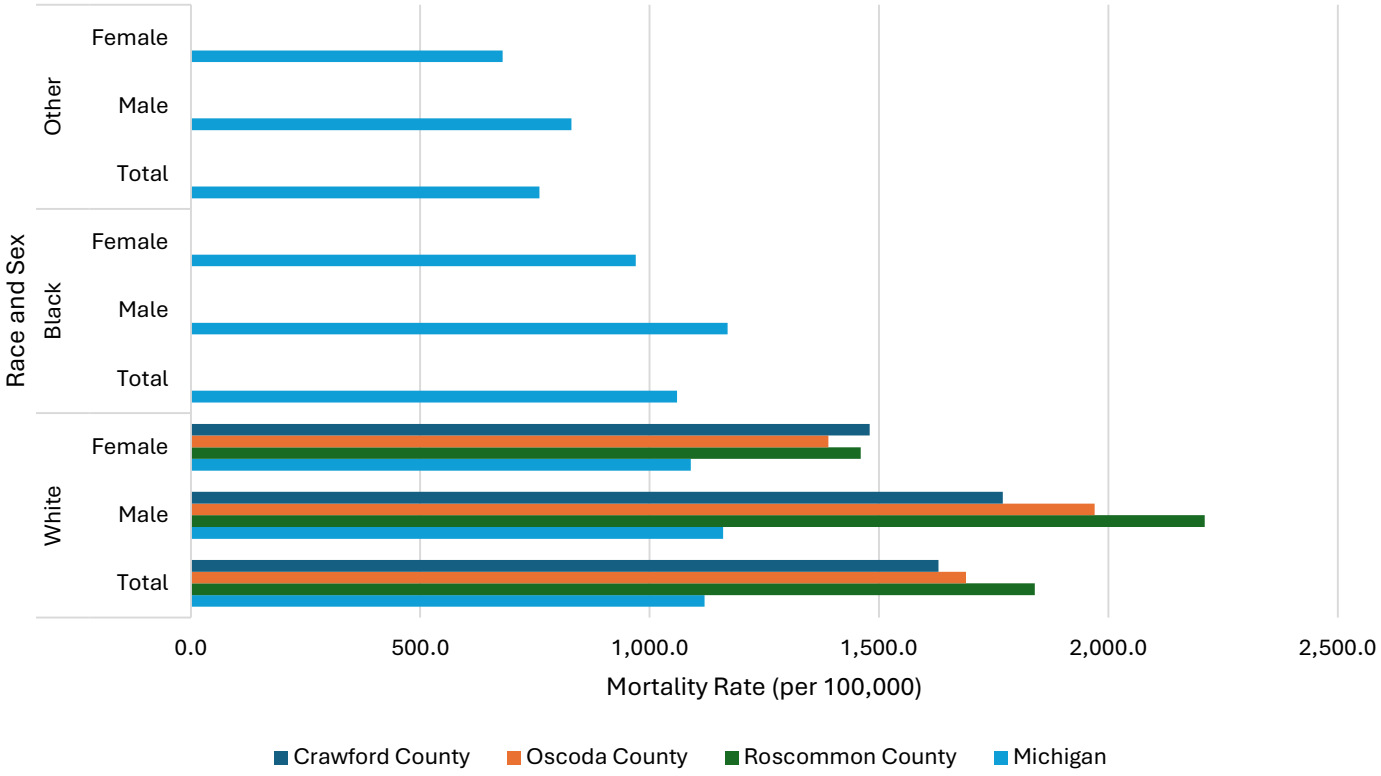
Note: Data from Crawford and Oscoda County was suppressed due to low response levels and has been omitted from this graph.

Age-Adjusted Mortality Rates by Poverty Level for the Munson Hospital Grayling Service Area, MDHHS Mortality and Poverty Statistics, 2020



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.

Mortality Rates by Race and Sex for the Munson Hospital Grayling Service Area, MDHHS Vital Statistics, 2022



Community Survey

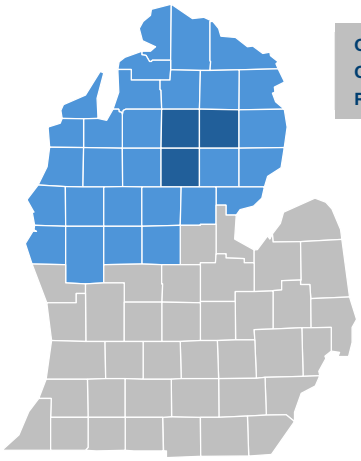
The 2024 Northern Michigan Community Health Survey asked 26 questions, including those geared towards determining what is important to the community, what factors are impacting the community, quality of life, and built environment, as well as demographic questions. The survey questions intentionally look to provide a deep understanding of the issues that residents feel are significant by answering the following questions:

- What is important to our community?
- How is quality perceived in our community?
- What assets are in the community that can be used to improve wellbeing?

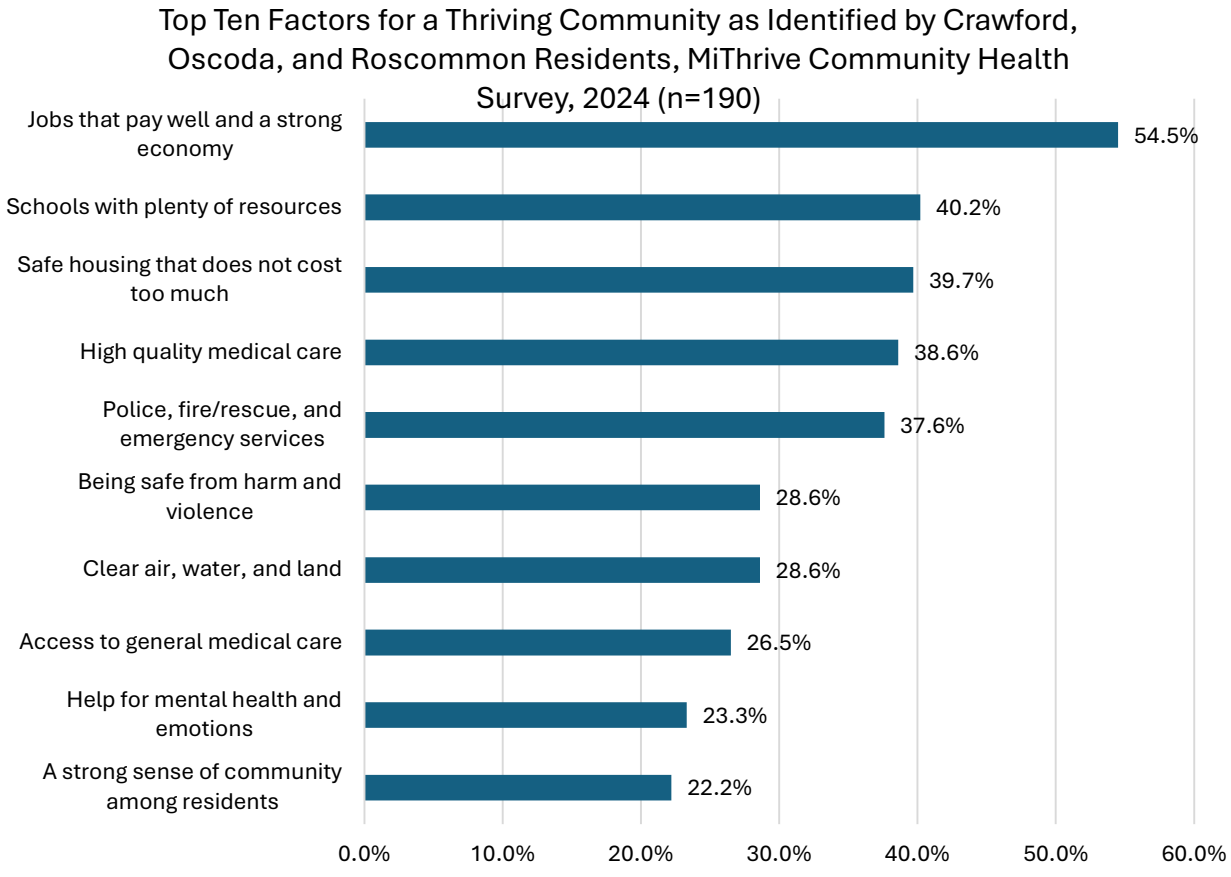
Community surveys were conducted both electronically and in paper format, available in English and Spanish. The electronic survey could be accessed via a direct link or QR code. The survey remained open from August 12, 2024 to October 6, 2024. To encourage participation, respondents who completed the survey had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties.

Partner organizations played a key role in promoting the survey through social media and community outreach. Promotional materials included flyers, social media content, and press releases. A total of 3,496 surveys were collected across the MiThrive Region, with 190 responses coming from Crawford, Oscoda, and Roscommon Counties.

A total of 190 Community Survey responses were collected in Crawford, Oscoda, and Roscommon Counties.

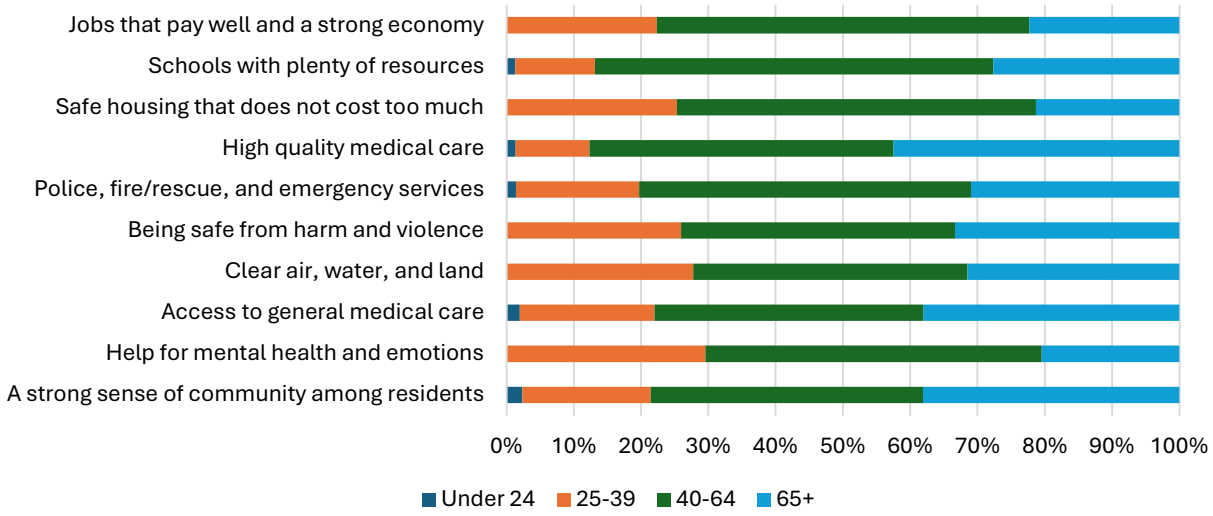


Crawford County = 97 Responses
Oscoda County = 29 Responses
Roscommon County = 64 Responses



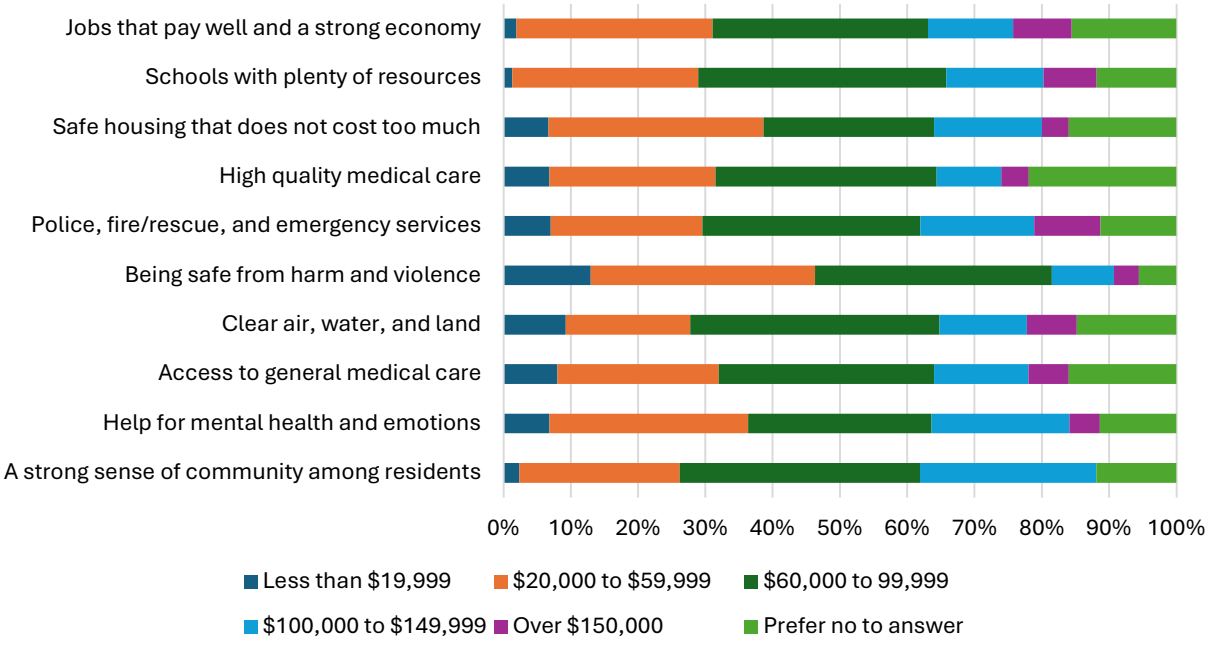
Note: This "Top Ten Factors for a Thriving Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these factors.

Top Ten Factors for a Thriving Community as Identified by Crawford, Oscoda, and Roscommon Residents by Age in Years, MiThrive Community Survey, 2024 (n=190)



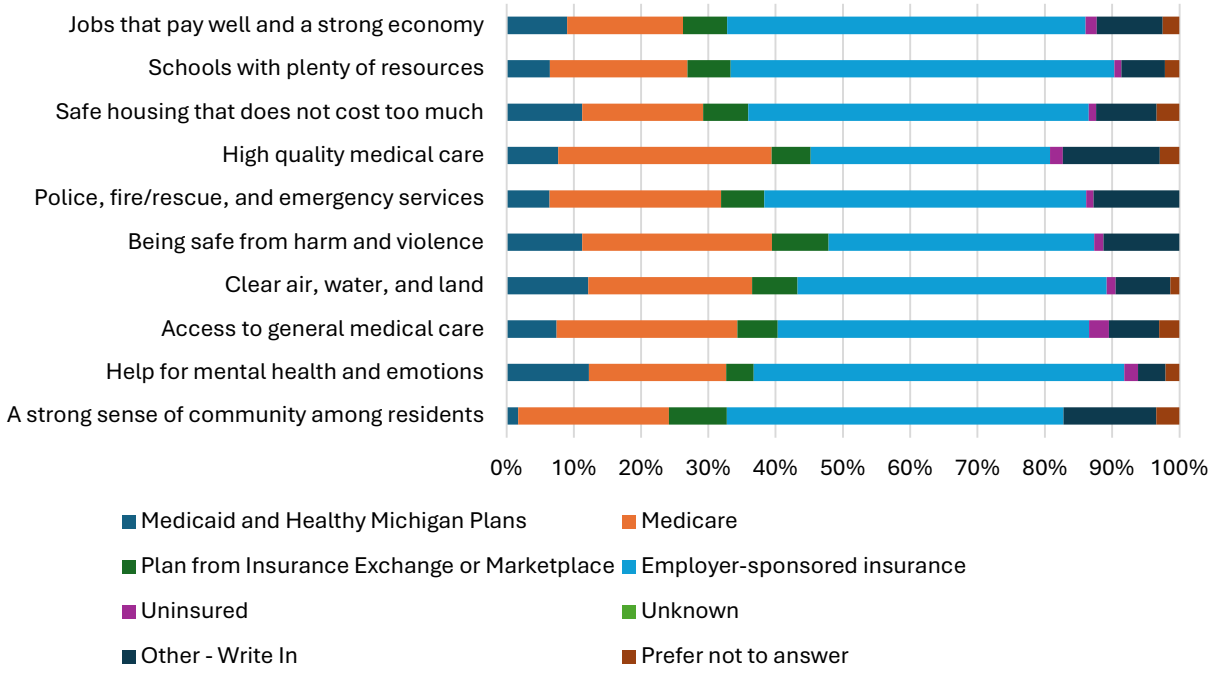
A greater proportion of individuals between **25 and 39 years of age** as well as **40 and 64 years of age** responded that **being safe from harm and violence** was an important factor for a thriving community.

Top Ten Factors for a Thriving Community as Identified by Crawford, Oscoda, and Roscommon Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=190)



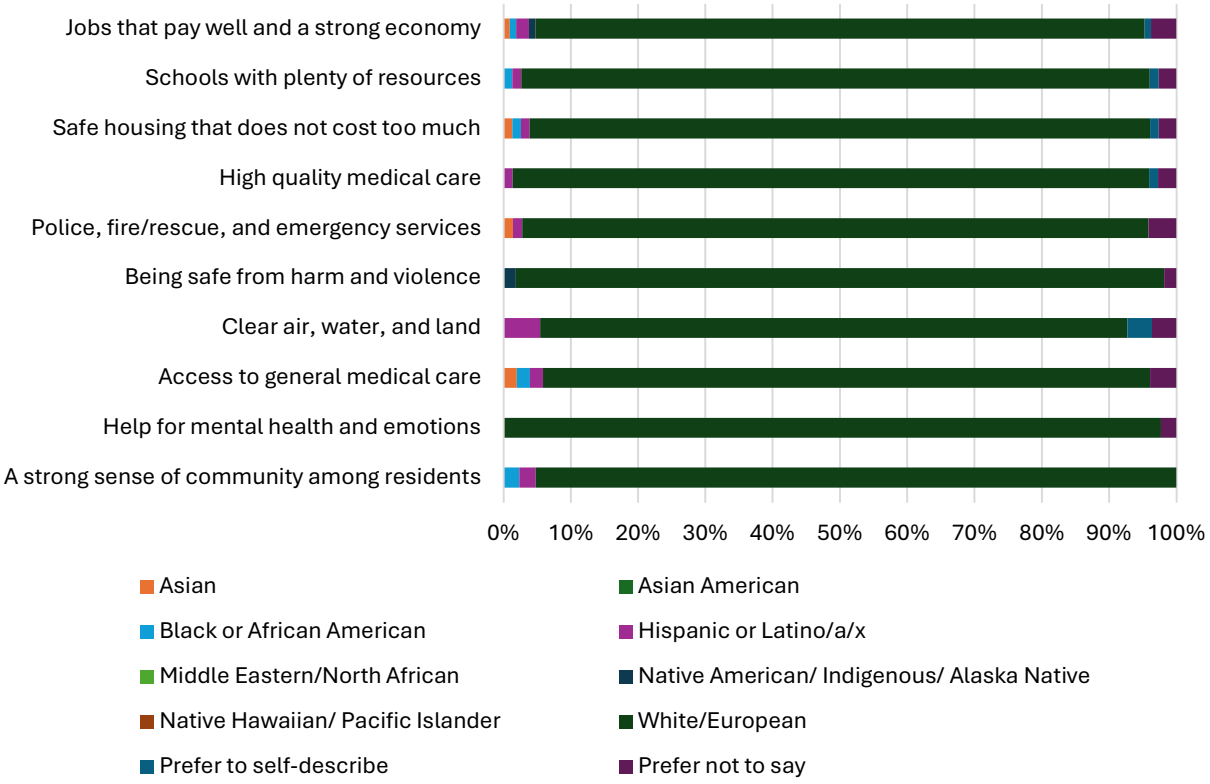
Being safe from harm and violence was a more important factor for individuals making **under $60,000 a year**.

Top Ten Factors for a Thriving Community as Identified by Crawford, Oscoda, and Roscommon Residents by Insurance Type, MiThrive Community Survey, 2024 (n=190)



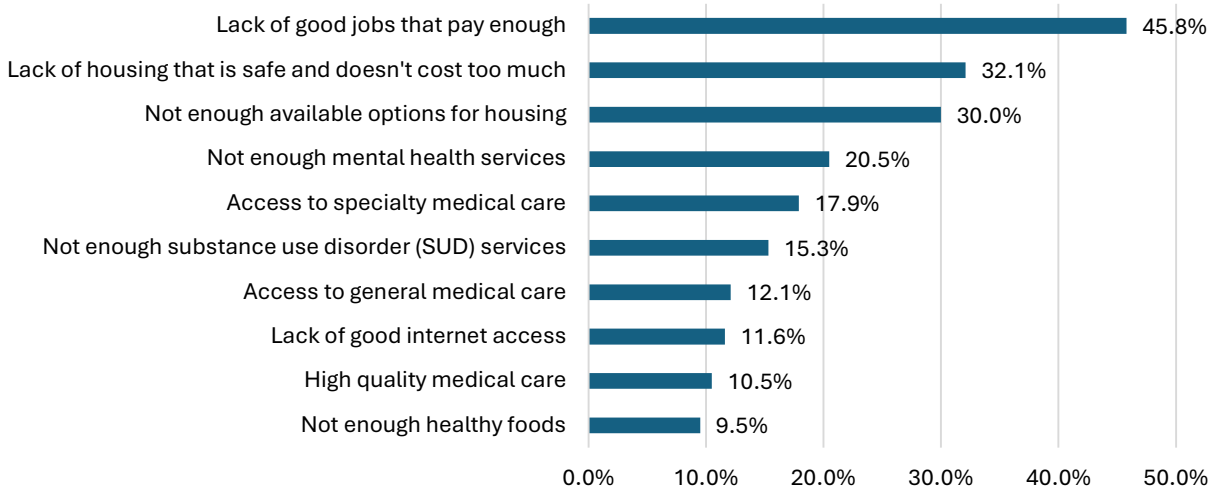
High quality medical care and **being safe from harm and violence** were factors for a thriving community that was important to a larger proportion of individuals with **Medicaid** or **Medicare** plans compared to other factors.

Top Ten Factors for a Thriving Community as Identified by Crawford,Oscoda, and Roscommon Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=190)



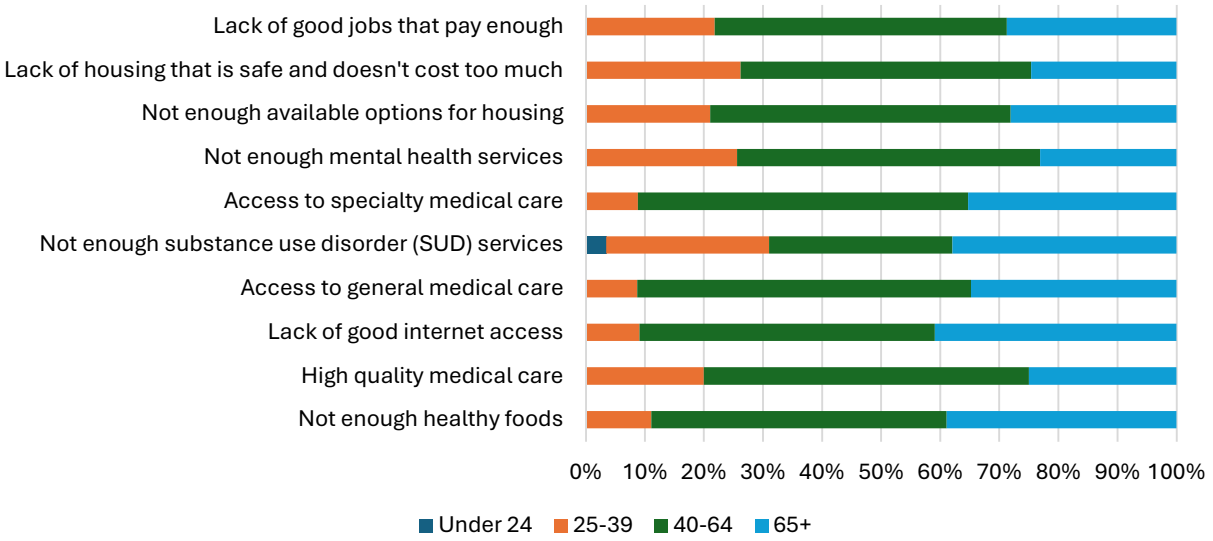
Access to general medical care was identified as an important factor for respondents who identified as part of a **racial or ethnic minority**. This is also true for the factor of **clear air, water, and land**.

Top Ten Issues Impacting the Community as Identified by Crawford, Oscoda, and Roscommon Residents, MiThrive Community Health Survey, 2024 (n=190)



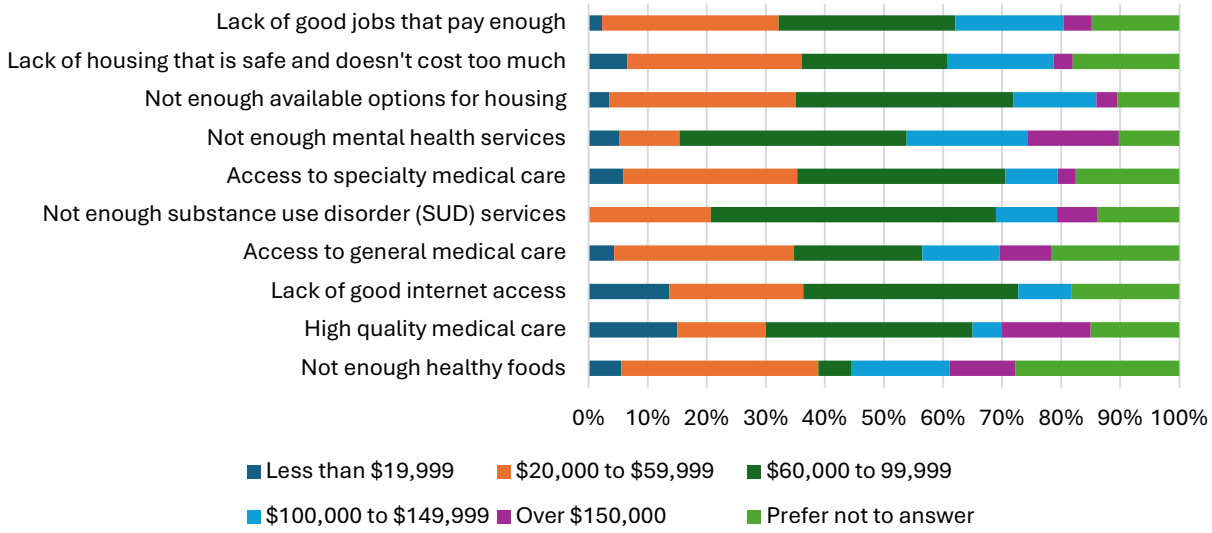
This "Top Ten Issues Impacting the Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these issues.

Top Ten Issues Impacting the Thriving Community as Identified by Crawford, Oscoda, and Roscommon Residents by Age in Years, MiThrive Community Survey, 2024 (n=190)



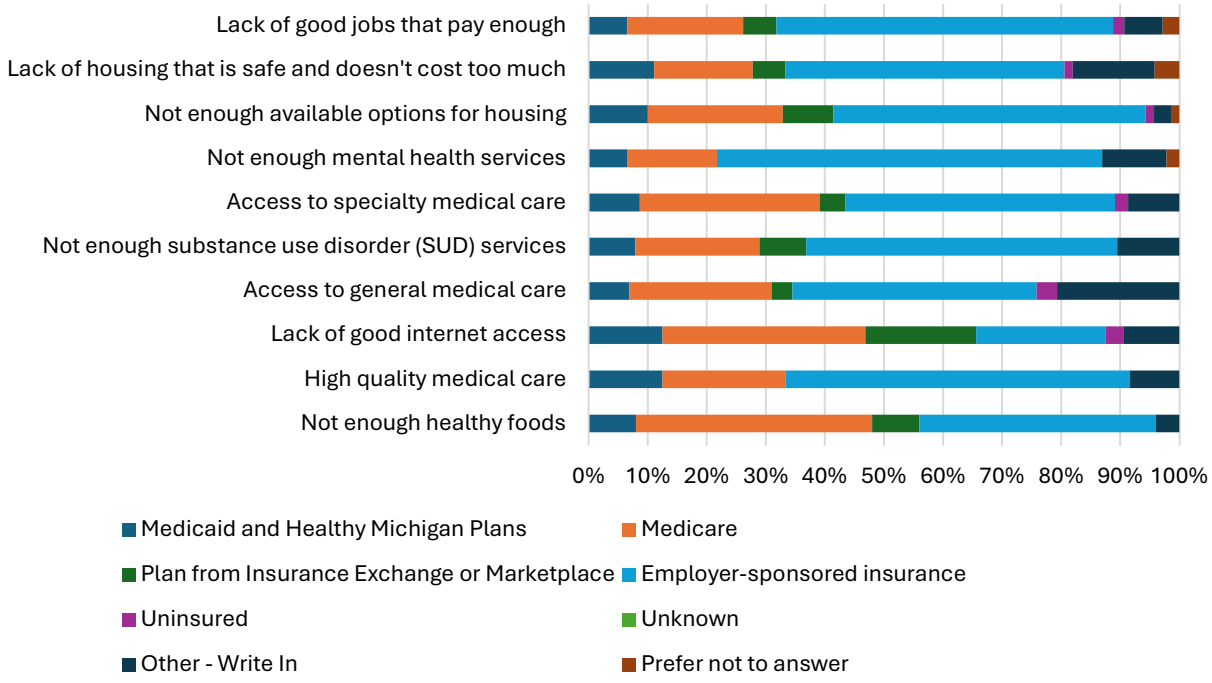
Residents **under the age of 40** disproportionately identified having **not enough substance use disorder (SUD) services** as a major issue in their community.

Top Ten Issues Impacting the Community as Identified by Crawford, Oscoda, and Roscommon Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=190)



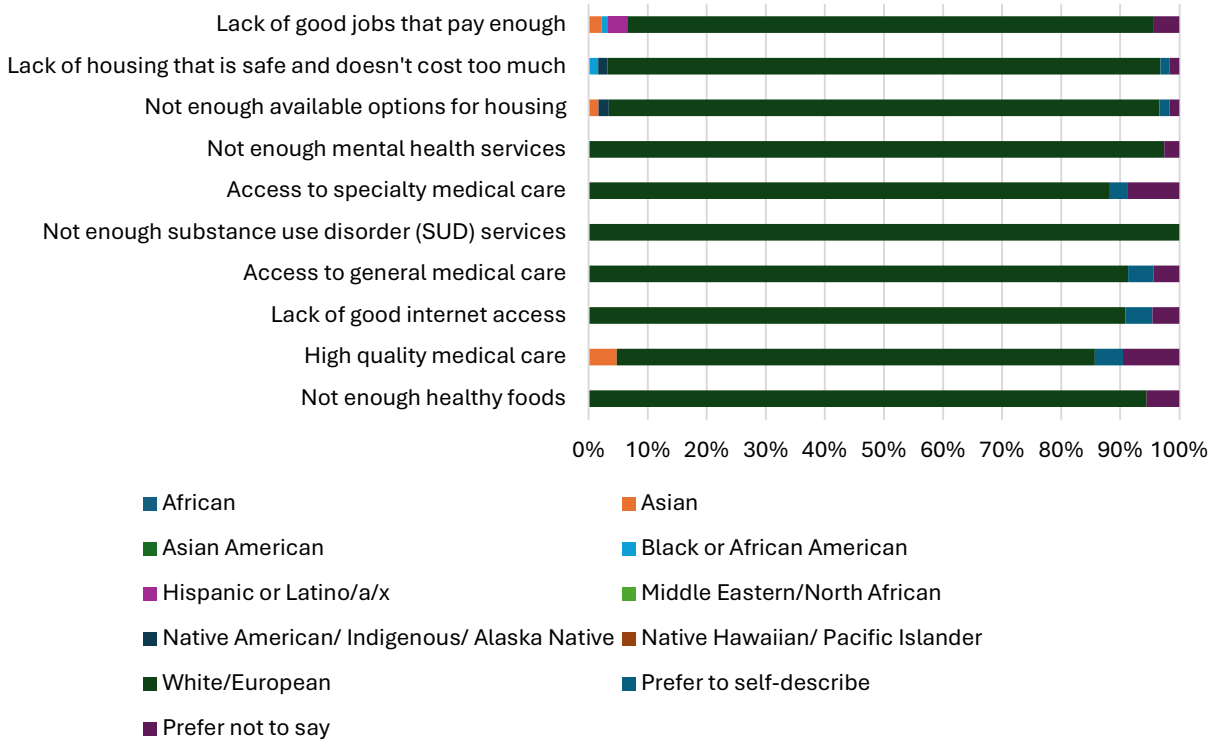
Issues with **lack of housing that is safe and doesn't cost too much** was an important issue for respondents making **less than $60,000 a year** in their household.

Top Ten Issues Impacting the Community as Identified by Crawford, Oscoda, and Roscommon Residents by Insurance Type, MiThrive Community Survey, 2024 (n=190)



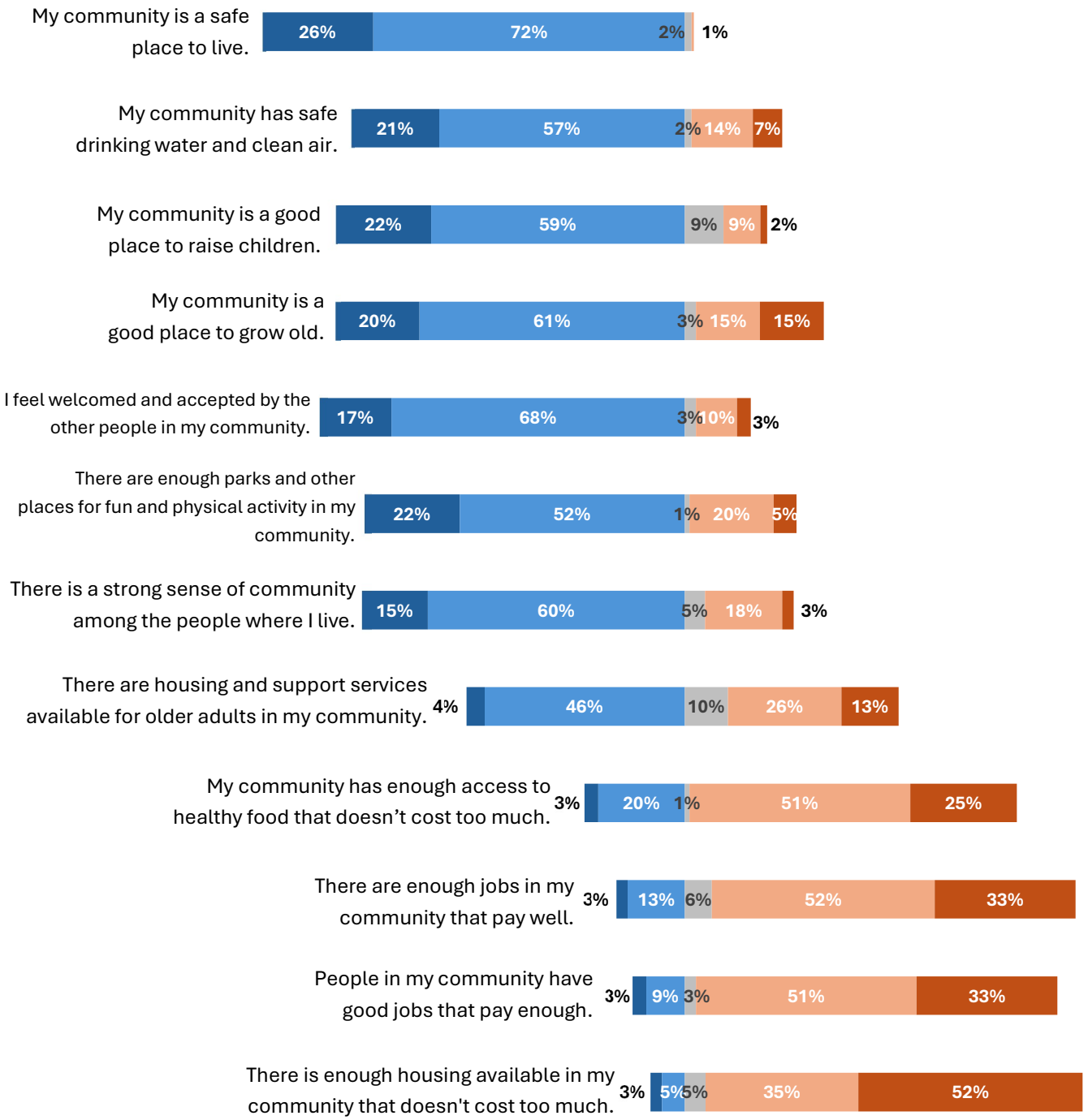
Residents with **Medicaid** or **Medicare** felt that a major issue in the community involved there being **lack of internet access**.

Top Ten Issues Impacting the Community as Identified by Crawford, Oscoda, and Roscommon Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=190)



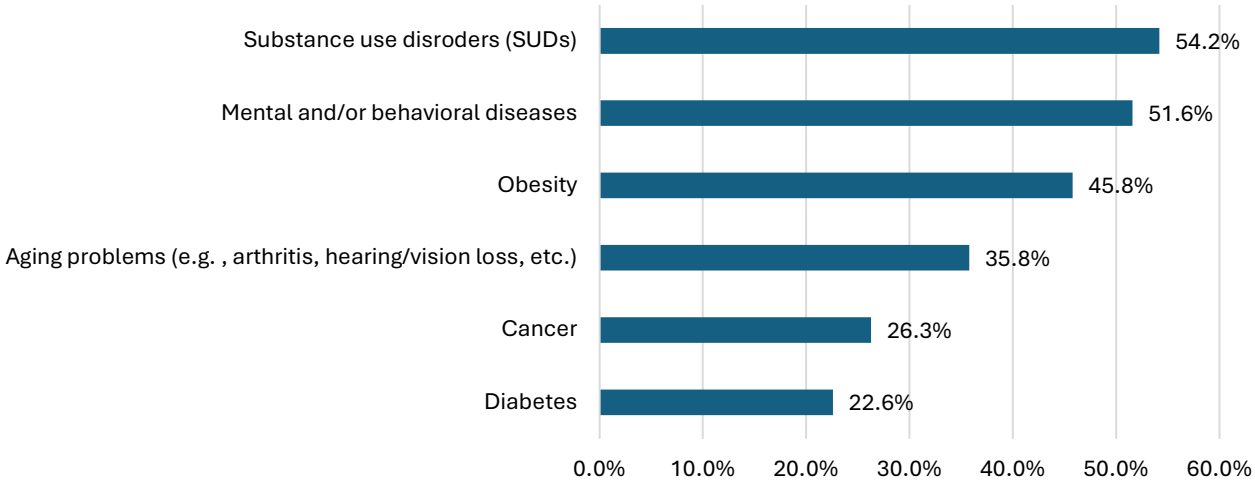
Lack of good jobs that pay enough was an important issue for respondents who identified as members of a **racial or ethnic minority group**.

Responses to Likert Scale Questions as Identified by Crawford, Oscoda, and Roscommon Residents, MiThrive Community Survey, 2024 (n=190)

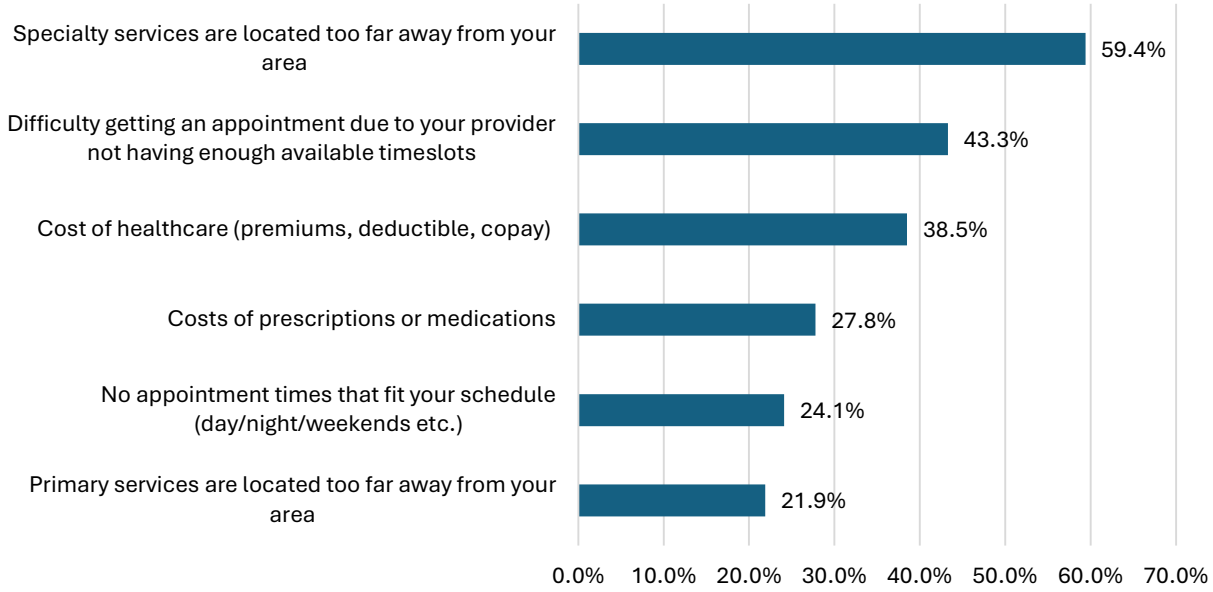


Dark blue indicates “Strongly agree” responses, light blue indicates “Agree” responses, grey represents the undecided or “I don’t know” responses, light red indicates “Disagree” responses, and dark red indicates “Strongly disagree” responses. Data shows that respondents felt that their community was a safe place to live, but most also expressed that there were n**ot enough jobs, access to healthy foods, or enough affordable housing** available in the community.

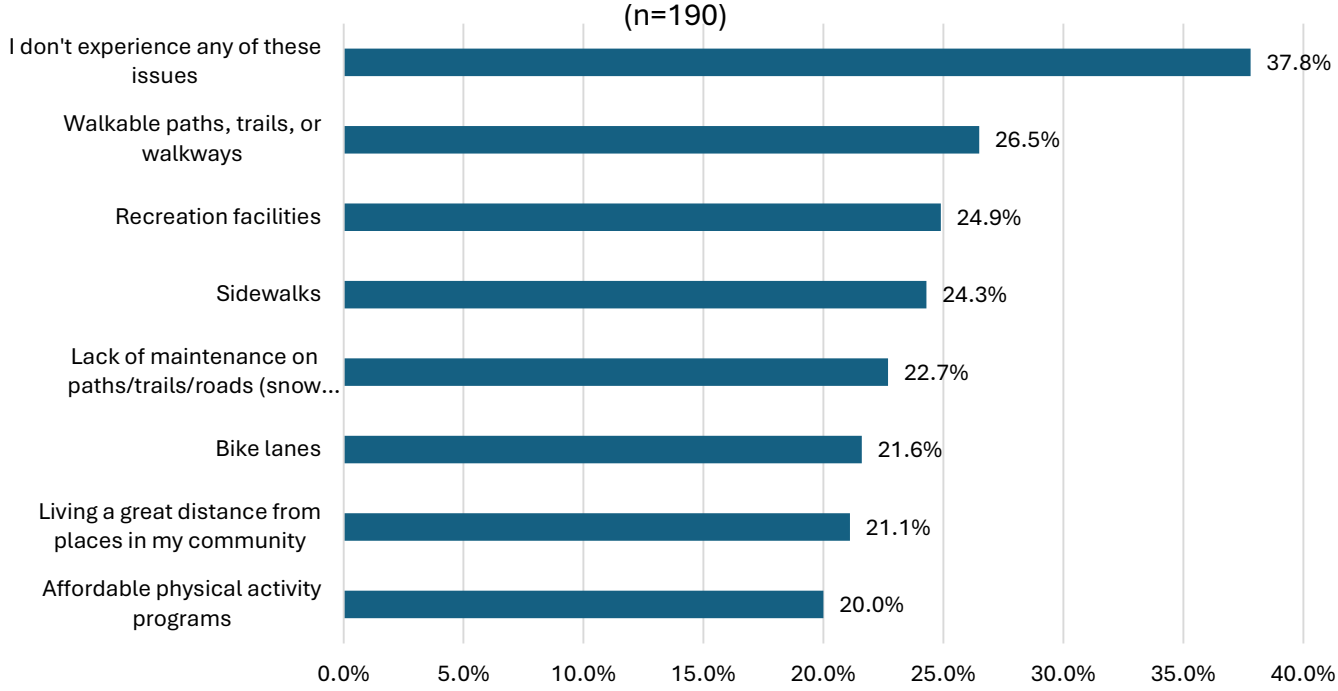
Most Concerning Medical Conditions in the Community According to Crawford, Oscoda, and Roscommon Residents, MiThrive Community Survey, 2024 (n=190)



Top Identified Barriers to Healthcare Service According to Crawford, Oscoda, and Roscommon Residents, MiThrive Community Survey, 2024 (n=190)



Top Issues Preventing Increased Physical Activity as Identified by Crawford, Oscoda, and Roscommon Residents, MiThrive Community Survey, 2024 (n=190)

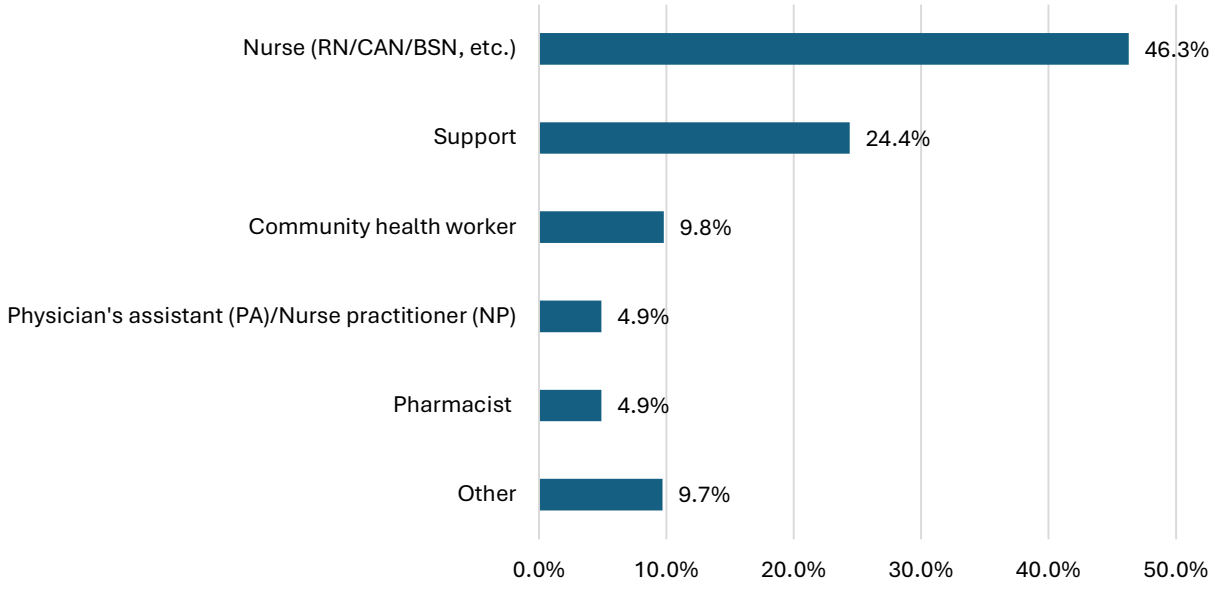


Healthcare Provider Survey

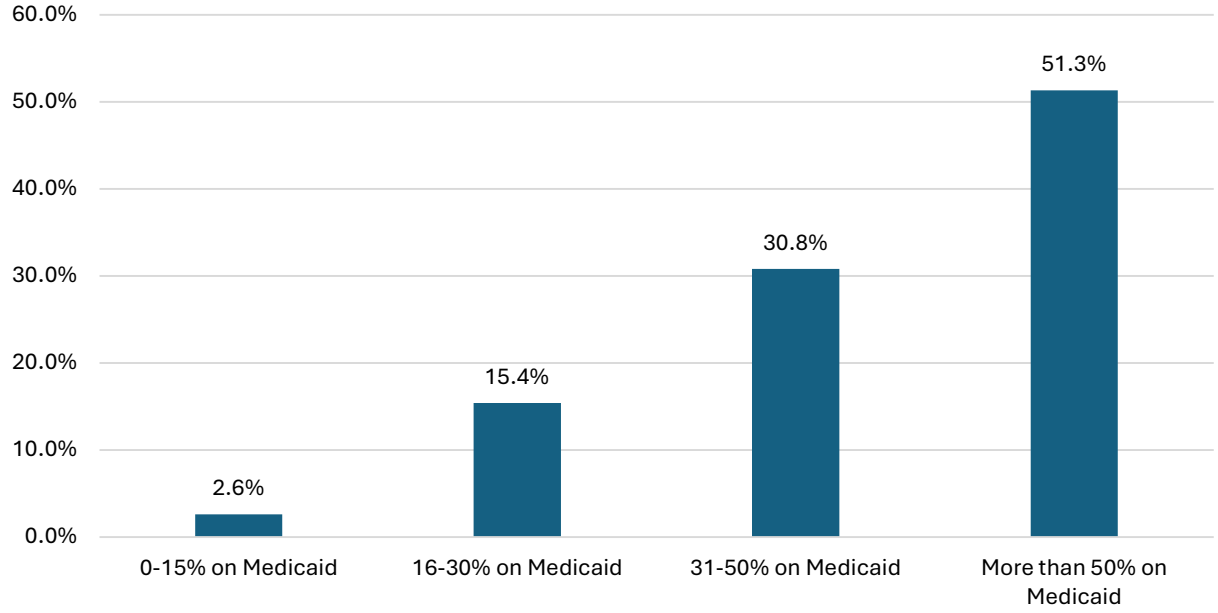
Data for the Healthcare Provider Survey was collected through additional questions included at the end of the Community Survey. Respondents who identified themselves as healthcare providers or healthcare staff were presented with six extra questions to capture their specialized perspective on the community's overall health and needs. The survey remained open from August 12, 2024 to October 6, 2024.

Healthcare partners, including hospitals, federally qualified health centers, and local health departments, distributed the survey electronically to physicians, nurses, and other clinicians. Partner organizations further supported outreach by sharing the survey link with external community partners. A total of 42 providers completed the healthcare provider section of the community survey in Crawford, Oscoda, and Roscommon Counties.

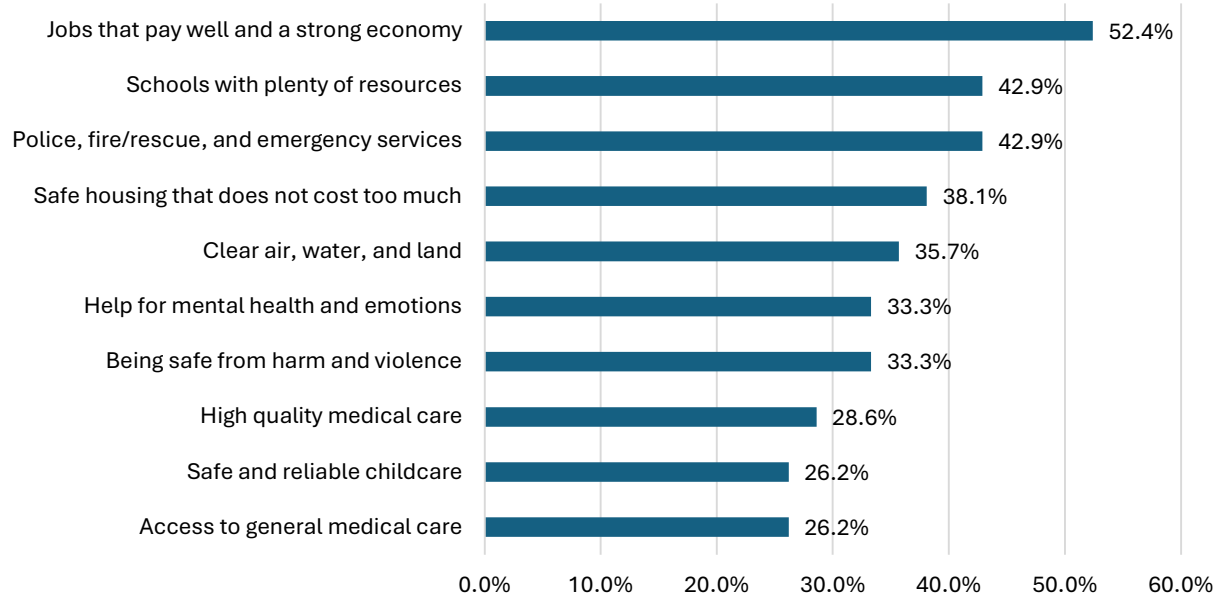
Top Roles of Survey Respondents that Identfied as Provider/Healthcare Staff in Crawford, Oscoda, and Roscommon Counties, MiThrive Community Survey, 2024 (n=42)



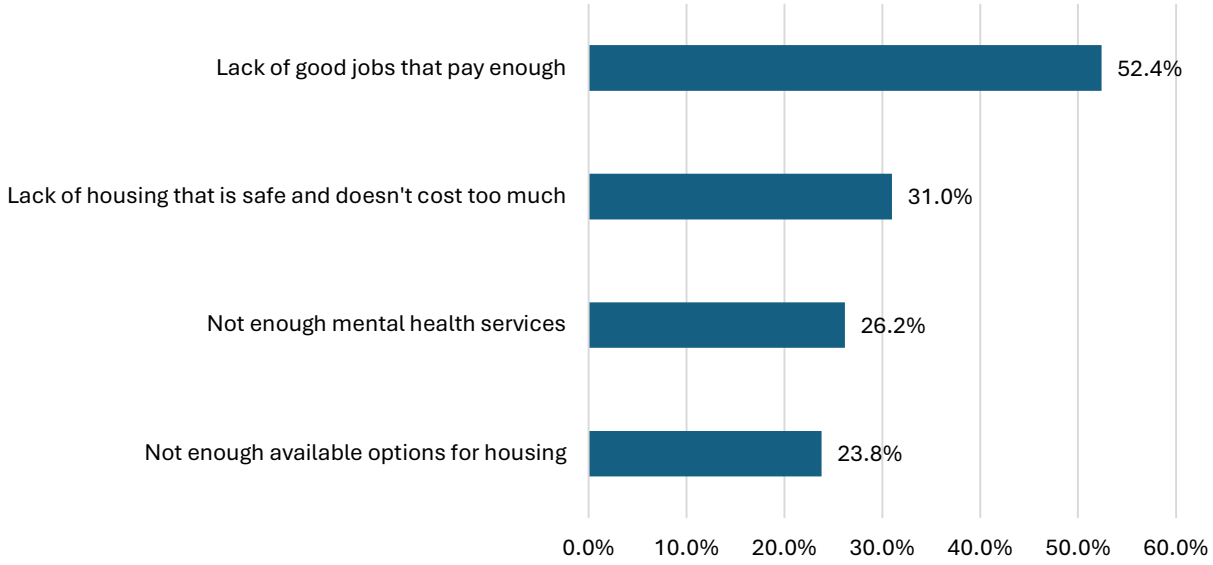
Proportion of Patient Population on Medicaid According to Survey Respondents that Identfied as Provider/Healthcare Staff Crawford, Oscdoa, and Roscommon Counties, MiThrive Community Survey, 2024 (n=42)



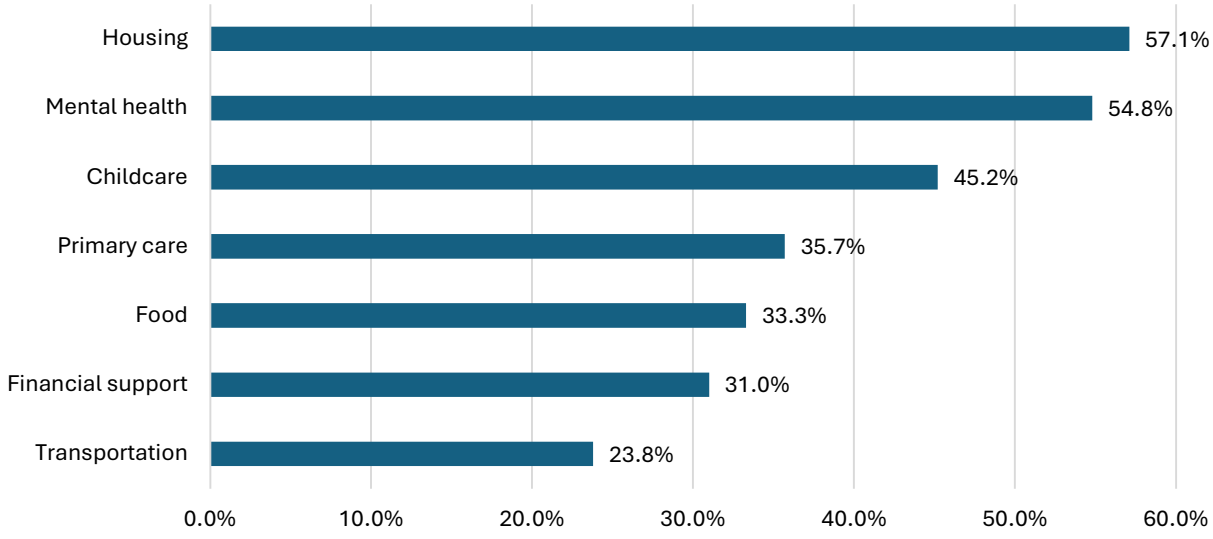
Top Factors for a Thriving Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Crawford, Oscoda, and Roscommon Counties, MiThrive Community Survey, 2024 (n=42)



Top Issues Impacting the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Crawford, Oscoda, and Roscommon Counties, MiThrive Community Survey, 2024 (n=42)



Resources/Services Missing From the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Crawford, Oscoda, and Roscommon Counties, MiThrive Community Survey, 2024 (n=42)



Community Partner Assessment (CPA)

The Community Partner Assessment focuses on organizations that contribute to wellbeing. The CPA answers the following questions:

- What are the components, activities, competencies, and capacities in the regional system?
- How are services being provided to residents?

The assessment was designed to enhance communication between organizations and the community by bringing together a diverse range of partners. It aimed to explore connections within the community system, highlight strengths, and identify opportunities for improvement. The Community Partner Assessment included two key components: the Community Partner Assessment Survey and two virtual Community Partner Assessment Discussions events.

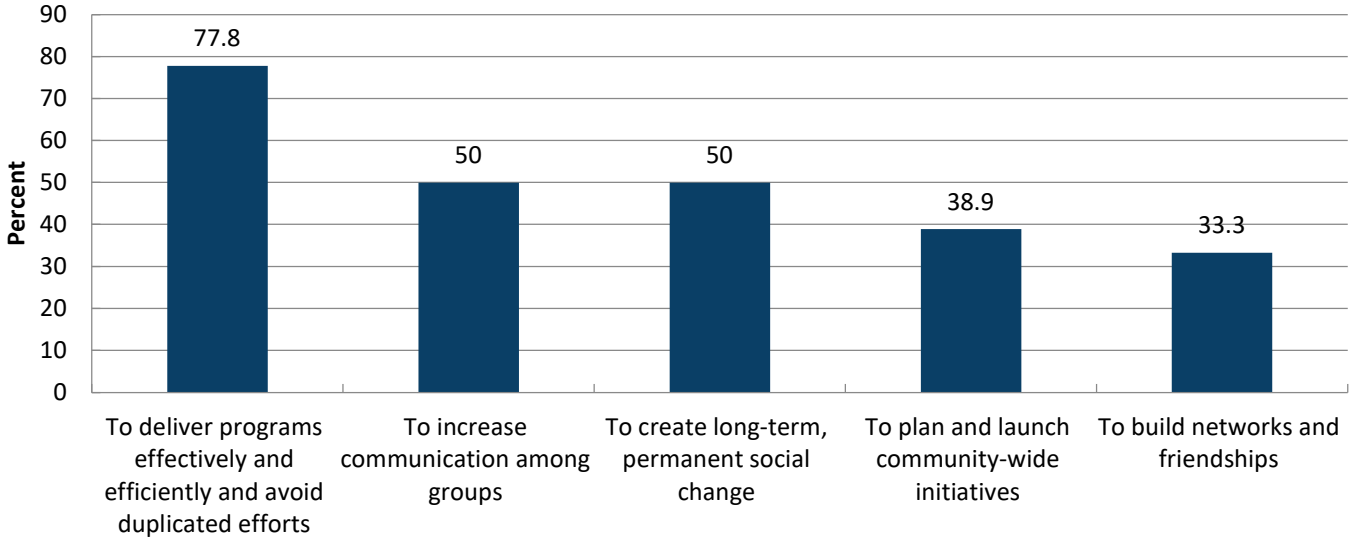
Community Partner Survey

From May 6, 2024 to June 3, 2024, 75 community partners from various organizations and sectors across the 31-county MiThrive Region participated in a community partner survey to assess the system's capacity. A total of 18 responses came from partners covering Crawford, Oscoda, and Roscommon counties. See Appendix D for the Community Partner Assessment Survey instrument.

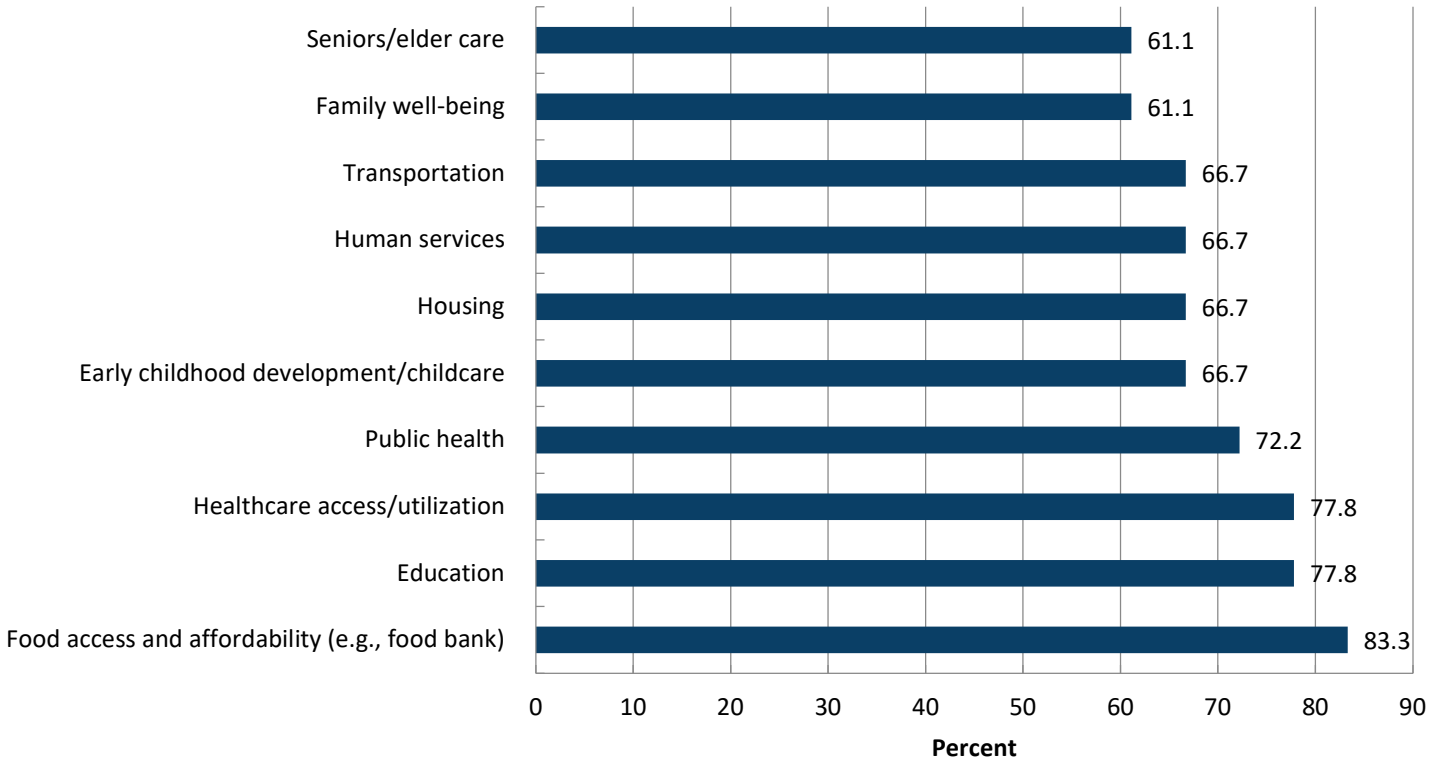
Additionally, survey participants were then invited to attend one of two virtual facilitated discussions, held on June 27, 2024 and July 10, 2024, allowing community partners to identify system strengths and areas for improvement collectively.

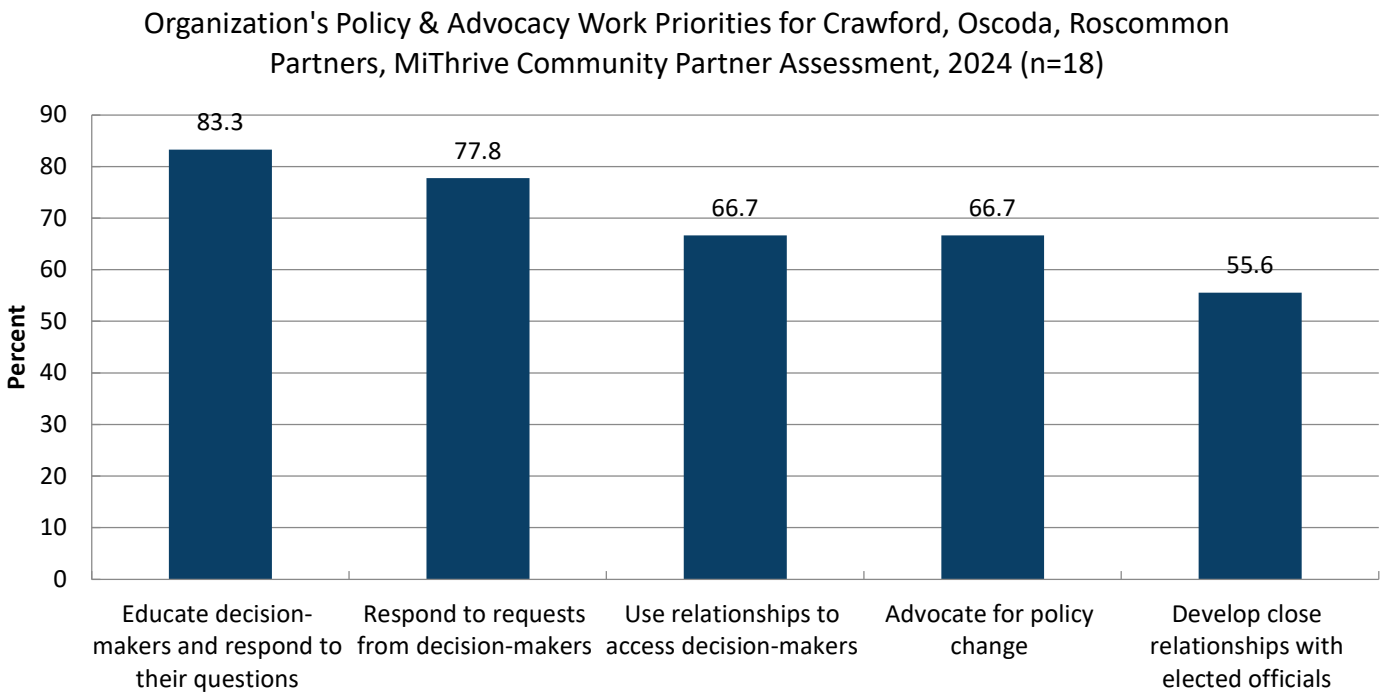
Community Partner Assessment Results

Crawford, Oscoda, Roscommon Partner's Top Interests in Joining a Community Health Improvement Partnership, MiThrive Community Partner Assessment, 2024 (n=18)



Crawford, Oscoda, Roscommon Partners Sector Engagement At Least Once within the Last Year, MiThrive Community Partner Assessment, 2024 (n=18)





Organization's Priorities for Crawford, Oscoda, Roscommon Partners, MiThrive Community Partner Assessment, 2024 (n=18)	A Lot	A Little	Not At All	Unsure
i. Economic Stability: The connection between people's financial resources, income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	66.7%	27.8%	5.6%	0%
ii. Education Access and Services: The connection of education to health and wellbeing. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	44.4%	38.9%	16.7%	0%
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	77.8%	11.1%	11.1%	0%

iv. Neighborhood and Built Environment: The connection between where a person lives, housing, neighborhood, and environment—and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	61.1%	38.9%	0%	0%
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	33.3%	55.6%	11.1%	0%

Virtual Facilitated Discussion Events:

Survey participants were invited to attend one of two virtual, facilitated discussion events. During these sessions, attendees reviewed the results of the Community Partner Assessment Survey and engaged in small group discussions to explore the findings and share their reflections. Through these conversations, the following opportunities for improvement emerged:

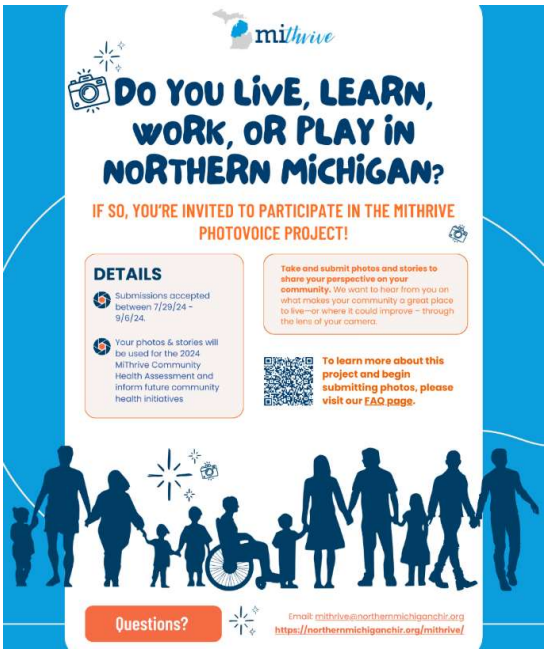
- **Cross-Agency Collaboration:** partners expressed a need for more collaboration, including network sharing, communication between partners regarding knowledge of other agencies programs and services. Partners emphasized capitalizing on collective wisdom, sharing lessons learned and expertise across organizations.
- **Storytelling:** partners expressed an opportunity to incorporate storytelling to amplify resident voice.
- **Social Determinants of Health:** partners expressed a desire to continue incorporating social determinants of health to their work, such as residents need for transportation, housing, food, etc.
- **Health Policy:** partners expressed a need for building capacity around policy work. Partners stated it was important to bring awareness of awareness vs lobbying due to their funding structures being impacted by policy.
- **Minority Representation:** partners expressed a need to develop trust and working relationships with Native Nations and other minority groups to enhance representation.
- **Nonprofit and Grassroot Collaboration:** partners expressed an opportunity to improve collaboration with grassroots initiatives and community power building organizations.
- **Data Sharing:** partners expressed an opportunity to advocate for data sharing across organizations. Partners discussed the need to share social determinants of health data, such as housing, food, transportation, etc.
- **Thinking Outside the Box:** Partners expressed the need to expand services in nontraditional spaces. By bringing services to the target populations, it would increase accessibility to residents.

Community Context Assessment (CCA):

The Community Context Assessment aims to answer the four following questions:

- What strengths and resources does the community have that support health and wellbeing?
- What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
- What physical and cultural assets are in the built environment? How do those vary by neighborhood?
- What is the community doing to improve health outcomes? What solutions has the community identified to improve community health?

The goal of this assessment is to explore the strengths, assets, lived experiences, and forces of change in the community using qualitative methods.



The MiThrive CCA consists of three parts: asset maps, quotes from residents, and photovoice project. As previously stated, 3,496 residents and partners completed the community survey, with 3,412 submitting quotes. These quotes are responses to the open-ended question within the Community Context Assessment section of the community survey. For Photovoice, 63 residents and community partners participated, submitting a total of 140 photos. A total of 19 photos came from residents within Crawford, Oscoda, Roscommon counties. In the Asset Maps, 55 revisions were made.

Community Context Assessment Results

Asset Mapping is a process to systematically identify and document all the positive resources, services and strengths present within the community that can be leveraged to address community health needs. During 2024, the asset maps completed in past CHNAs were compiled by county and shared with MiThrive Steering Committee members, partner organizations and Community Health Workers (CHW) to review and update. A full library of the 31-county MiThrive Asset Maps are available on the MiThrive website; see Appendix E for the Asset Maps for Crawford, Oscoda, Roscommon counties.

> A **community health worker (CHW)** is a trusted frontline public health worker with a strong understanding of the community they serve. This connection allows them to bridge health and social services, improving access to care and ensuring culturally competent service delivery. CHWs are well-versed in local resources and play a vital role in

empowering individuals and communities by providing outreach, education, informal counseling, social support, and issue awareness to enhance health knowledge and self-sufficiency.

Resident Voice Quotes

Residents were given space to answer one open-ended question nested within the community survey. The question was:

> "Thinking broadly, what changes are happening or might happen in your area that you believe will affect the health of your community? These changes can include weather, technology, money, laws, diseases, community resources, and other things."

Below are the selected resident voice quotes:

Crawford County

"We have recently had **housing** options built in the community. However, there are still questions as to how safe the **water** is to drink in the community."

"Changes in the community **healthcare** system, primarily losing the local hospital and getting more **outpatient** services. Wondering if this will benefit our community as promised."

"Our community needs help with **better paying jobs**, **affordable housing**, stores that are not so expensive to buy **groceries**, and help with **health insurance**. Basically our economy has to change. These four years have been horrible for middle-class families. We have no middle-class families anymore. Pretty sad."

Oscoda County

"Lack of **housing** and lack of **child care**. People find jobs but can't keep them because they have no one to watch the kids. Single moms are common here but have little community support. Then without a job they have no money and can't afford housing. Are forced to stay in abusive situations or move away."

"**Sidewalks** to make it safe for our community. They are not properly cleared in the winter, so people are walking the edge of the road to meet their needs. Good sidewalks connecting the school to downtown. The kids are walking on the side of the road."

"We need **good paying jobs**, better access to **healthcare**, an urgent care that actually takes walk in pts and is open in the evenings, **parks**, any sort of activity for kids, adults, families, literally anything to do that you don't have to drive 45 minutes to get to. We need a store option with **affordable food**, not another dollar store. We need a pharmacy, Rite Aid closed, and the other one does not heave decent hours/days…We need **transportation** that is affordable and not just during typical business hours."

Roscommon County

“Lack of **housing** and **jobs**”

“The weather is changing, as we go into fall/winter, it is a harsher climate and creates more barriers to **transportation** for residents. Transit buses can't make it down unplowed roads, people with **disabilities** will face more obstacles trying to utilize transportation services that are available due to inclement weather. The **food resources** will decrease, as they typically do during these seasons. **Illnesses** will be at a higher rate.”

“Poor access and lack of **housing** options, lack of **affordable WiFi** services”

“There needs to be more affordable **housing**. It's nearly impossible for single parents to find housing and if they do, they cannot afford anything else because all their money is going to rent. There are not a lot of options for **mental health** services. Especially for children. Certain places take certain insurances. It's hard for parents to have to drive children out of town for a mental health appt once a month or even sometimes once a week.”

Photovoice

Photovoice is a community-based research method that uses photography and quotes to document and discuss strengths, assets and experiences that affect the community. The MiThrive Photovoice Survey consisted of three questions for residents to answer by submitting photographs and captions electronically or requesting a disposable camera to take and submit photographs and captions through mail or drop off locations. To encourage participation, respondents who completed a photovoice submission had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties. As with the other community engagement opportunities, partner organizations were essential to sharing this opportunity with community residents. Promotional materials included flyers, social media content, and press releases.

MiThrive staff developed three photovoice prompts:

Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

Take a picture of something that makes your community a good place to live in, like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility and how easy things are to use.

Take a picture of something that needs improvement in your community.

The following are photographs and captions submitted from Crawford, Oscoda, and Roscommon counties. See Appendix F for the Photovoice Survey Instrument and Appendix G for complete Northeast Region Photovoice Album.

County: Crawford

Caption: “Park in Grayling. Great for walking on my lunch hour and hosting lots of community events”

Related Themes: Mental Health, Obesity

County: Oscoda

Caption: “Wildlife is the best view”

Related Themes: Environment/Infrastructure

County: Roscommon

Caption: “SilverSneakers, a community fitness program which are senior-focused classes held at the CRAF center in Roscommon. Physical activity and exercise can help seniors stay healthy and independent, while providing connections with other through classes, social events and social media. SilverSneakers is a free or low-cost fitness program for older adults that offers access to fitness centers, online classes and on demand videos.”

Related Themes: Mental Health, Obesity

Manistee Hospital:

Manistee

Community Status Assessment (CSA)

The Community Status Assessment identifies priority community health and quality of life issues. It answers the following questions:

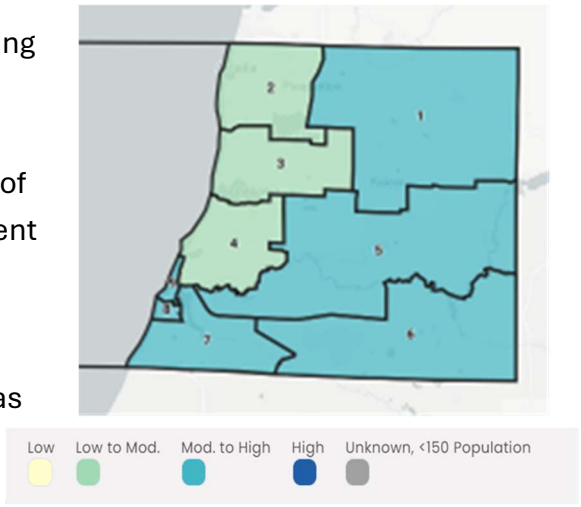
- How healthy are our residents?
- What does the health status of our community look like?

The answers to these questions were measured by collecting more than 200 indicators from a variety of secondary sources onto the MiThrive Data Platform, as well as primary data collected through the 2024 community survey and provider survey.

The MiThrive Core Team assured secondary data included measures of social and economic opportunity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35 percent of household income; high school graduation rate; income inequality; median household income; median value of owner-occupied homes, political participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and wellbeing. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English "less than well"; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

Social Vulnerability Index by Census Tract in Manistee County



Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

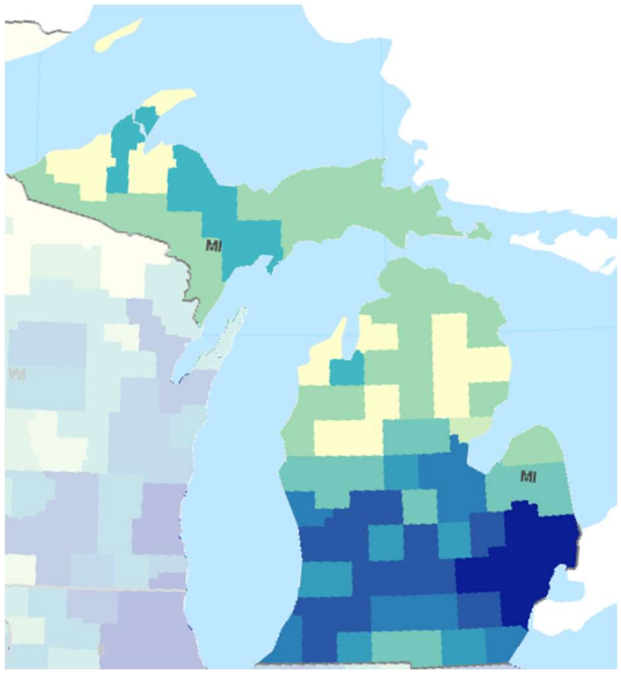
As illustrated in the map at right, Census Tracts in the Manistee County have Social Vulnerability Indices at "moderate to high", with the exception of the northwest corner of Manistee County.

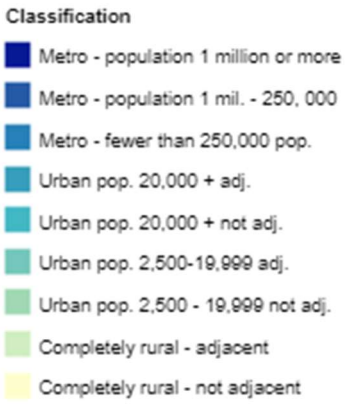
Geography and Demographics

The service area for Munson Manistee Hospital is Manistee County. The county is known for its clean environment and abundant resources for outdoor recreation. Covering 542.3 square miles of land, most of the region is designated as "rural" by the U.S. Census Bureau. This is one of its most important characteristics as rurality influences health and wellbeing.

The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 24,519 people who live in these counties, 94.3 percent are white. The largest racial minority groups are Black or African American (4.5%), American Indian and Alaska Native (3.4%) and Some Other Race (2.8%). Additionally, the largest ethnic minority group is Hispanic and Latino; Manistee (3.6%)

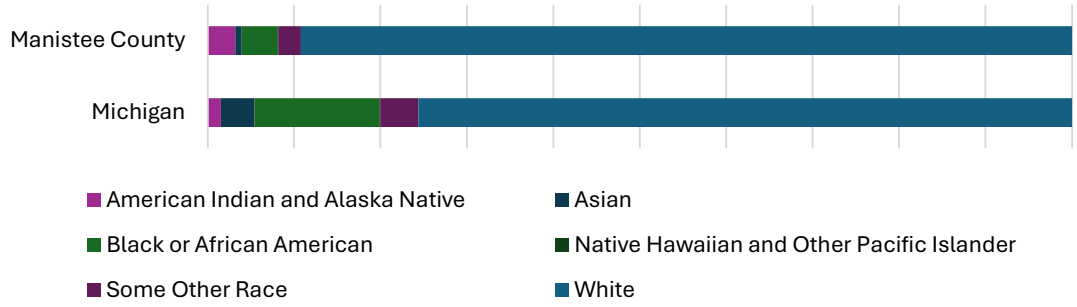
Rurality by County





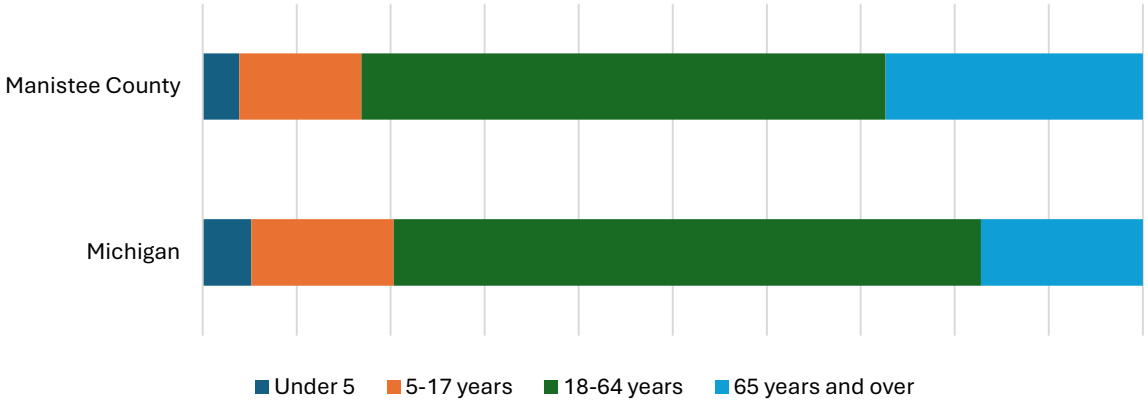
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

Population by Race for Manistee Hospital, United States Census Bureau, 2019-2023



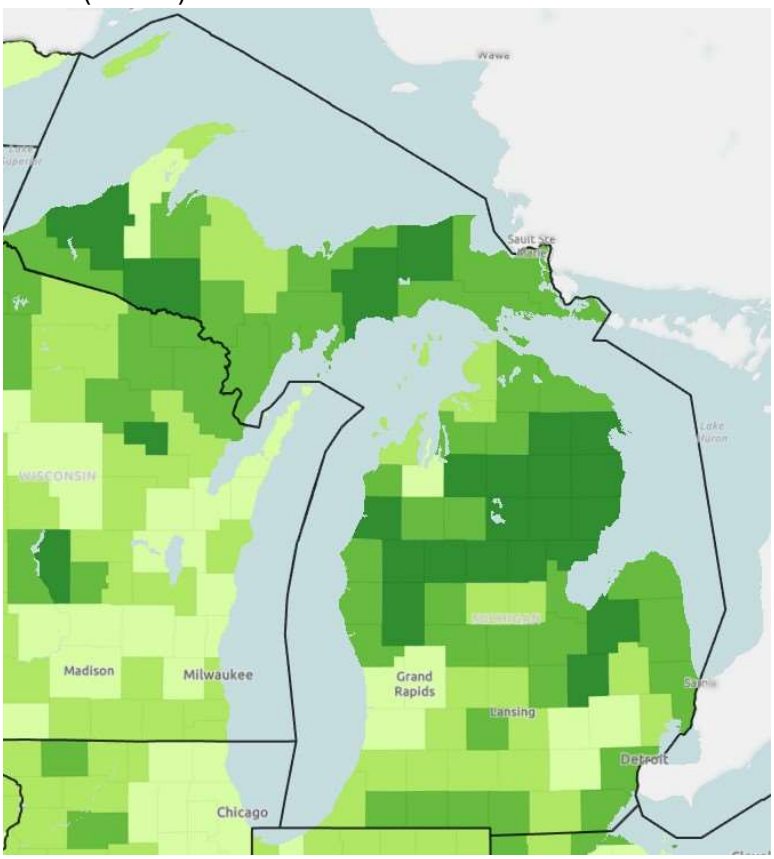
Manistee County has a lower proportion of racial minority groups (11.4%) than Michigan (26%).

Percentage of Population by Age Group for Manistee Hospital, United States Census Bureau, 2019-2023



Manistee County (27.4%) has higher proportions of adults over the age of 65 than Michigan overall (19.2%).

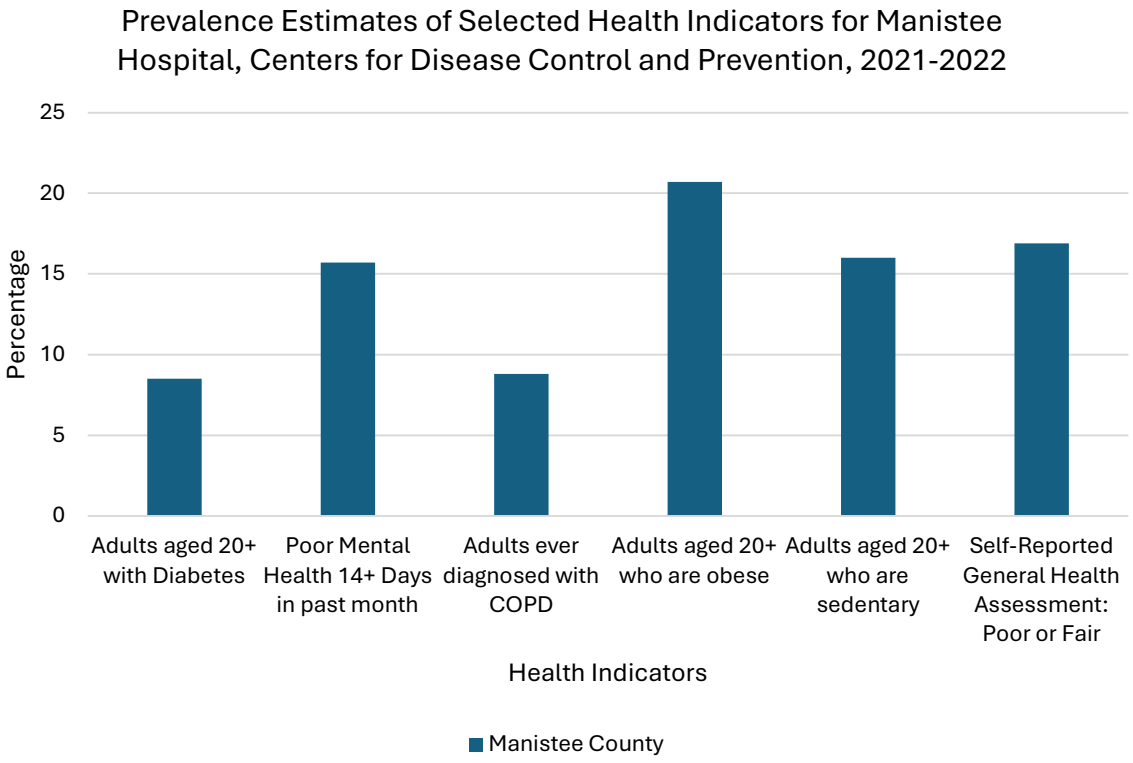
A greater proportion of people—18.6%-- of the people in the region have a disability compared to the State (10.3%).



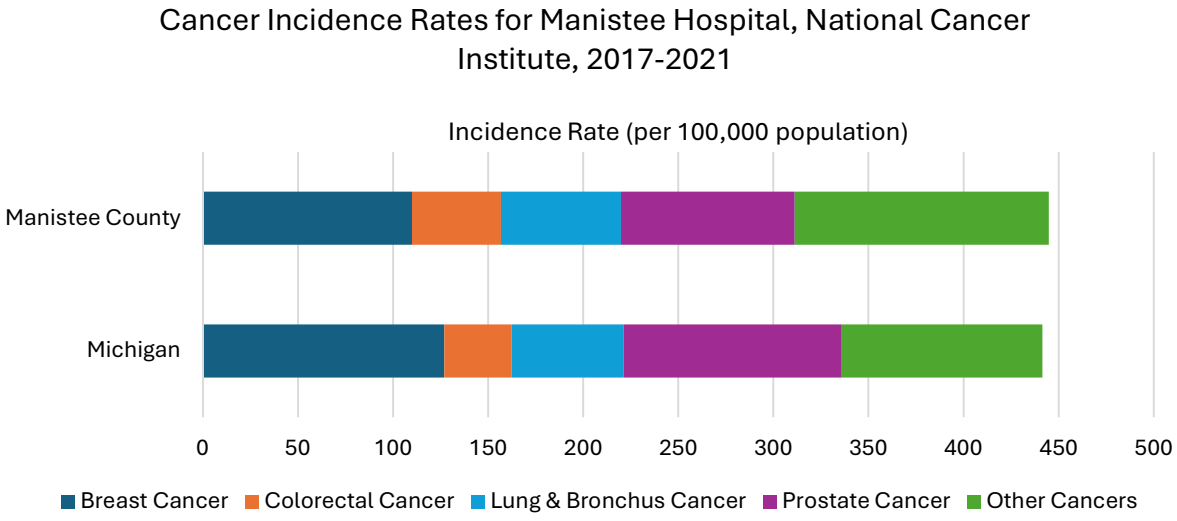
Source: United States Census Bureau, 2018-2022

Notes: The U.S. Census Bureau has updated the data for individuals with disabilities to 2019-2023 estimates. However, the visualization data is only available for 2018-2022 data.

Selected Morbidity and Mortality Indicators for the Munson Manistee Hospital Service Area

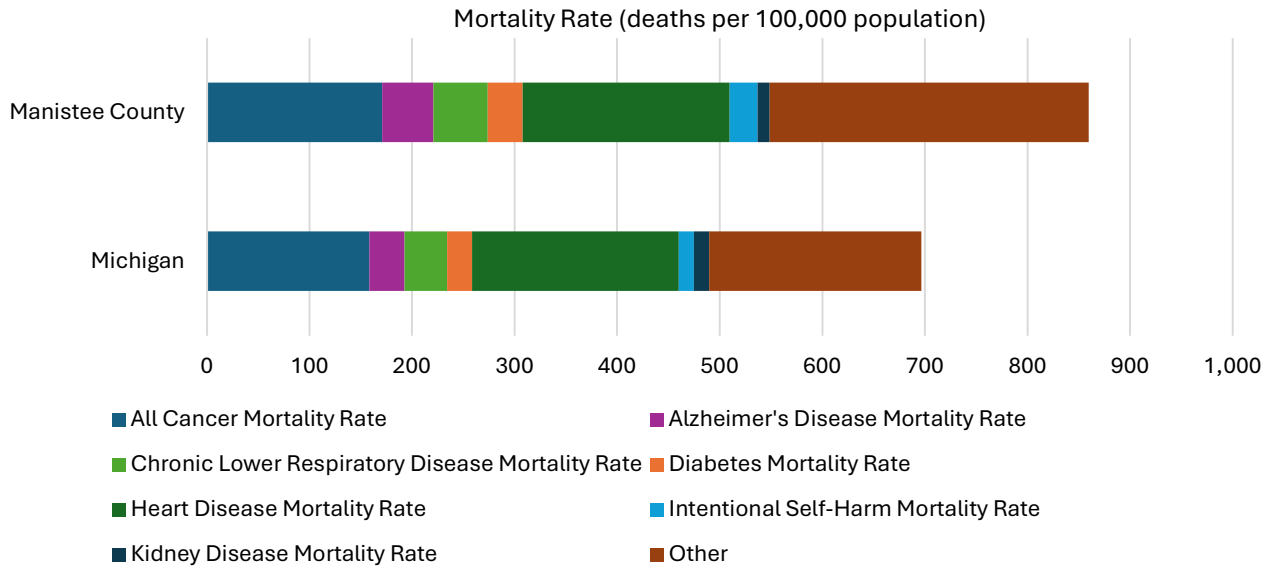


Notes: 'Poor Mental Health 14+ Days in past month' indicates the percentage of adults who stated that their mental health was not good 14 or more days in the past month, 2022.
'Adults ever diagnosed with COPD' shows the percentage of adults who have ever been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis, 2022.
'Adults aged 20+ who are obese' shows the percentage of adults 20 and older who are obese using the Body Mass Index (BMI) value >=30, 2021.
'Adults aged 20+ who are sedentary' shows the percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month, 2021. 'Self-Reported General Health Assessment: Poor or Fair' shows the percentage of adults who answered poor or fair to : "How is your general health?", 2022.

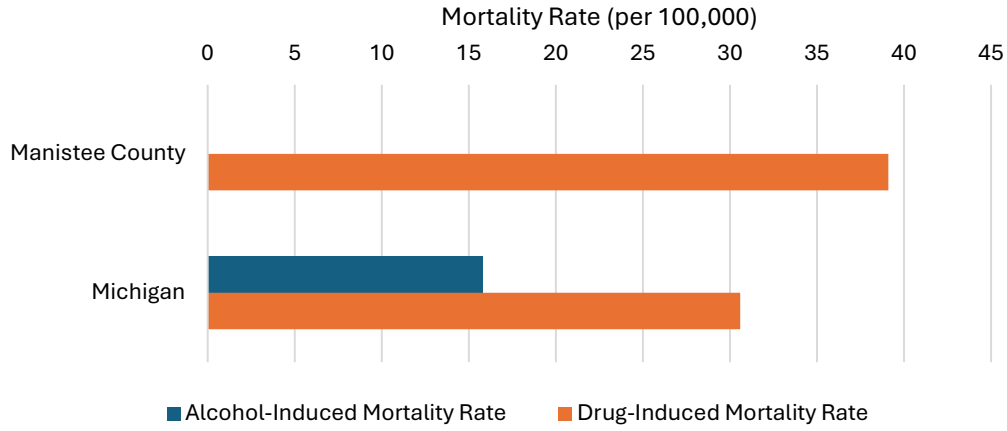


Note: Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US population Data File is used for SEER and NPCR incidence rates. Data not available for some combinations of geography, cancer site, age, and race/ethnicity. Suppression is used to avoid misinterpretation when rates are unstable.

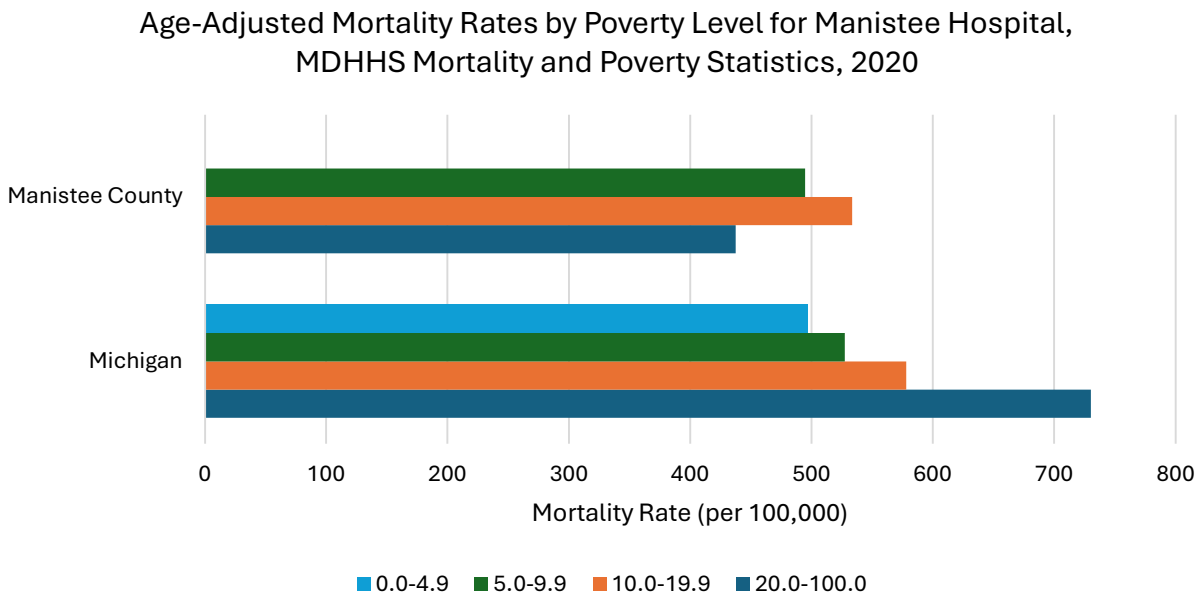
Selected Mortality Rates as a Proportion of Total Mortality Rate for Manistee Hospital, MDHHS Vital Statistics, 2018 -2022



Substance Use Associated Mortality Rates for the Manistee Hospital Service Area, MDHHS Mortality Statistics, 2023

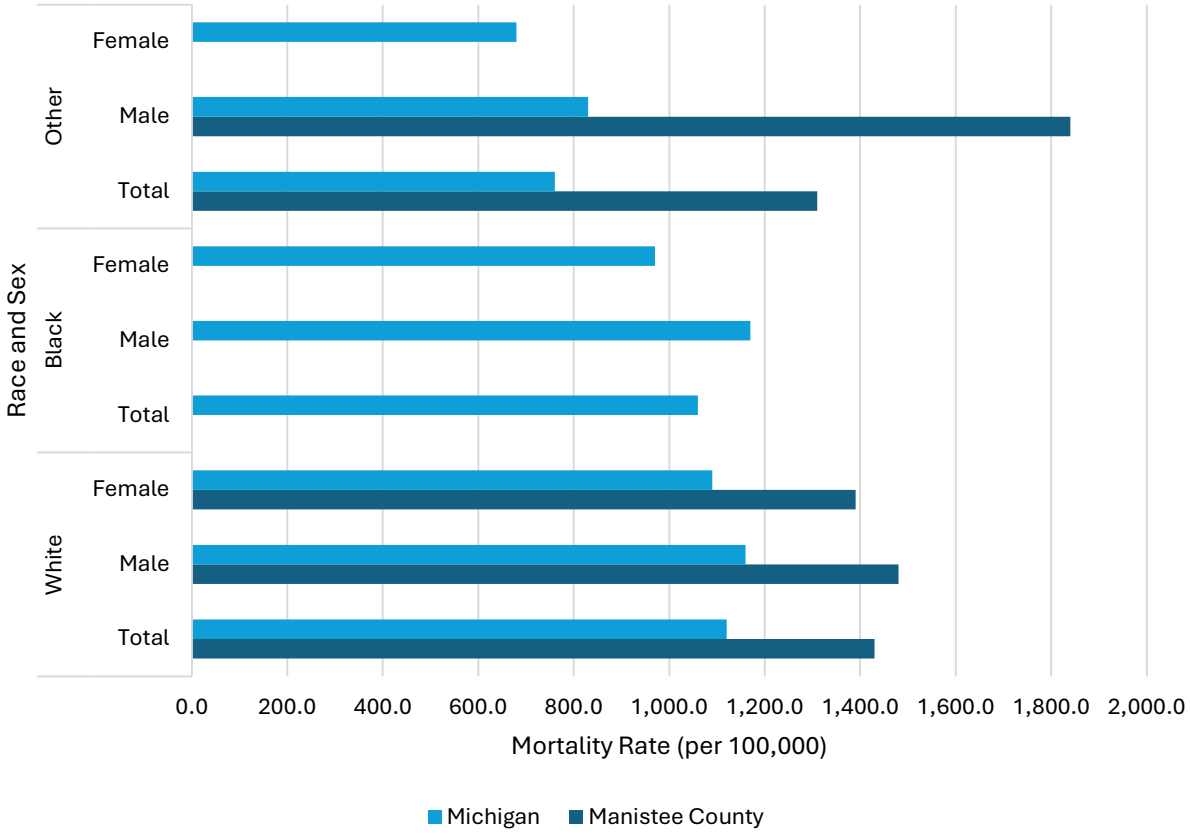


Note: Drug- induced Mortality data from Manistee County was suppressed due to low response levels and has been omitted from this graph.



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.

Mortality Rates by Race and Sex for Manistee Hospital, MDHHS Vital Statistics, 2023



Community Survey

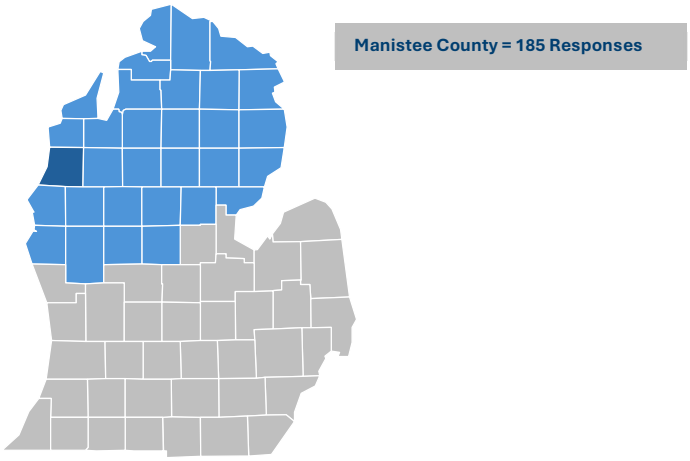
The 2024 Northern Michigan Community Health Survey asked 26 questions, including those geared towards determining what is important to the community, what factors are impacting the community, quality of life, and built environment, as well as demographic questions. The survey questions intentionally look to provide a deep understanding of the issues that residents feel are significant by answering the following questions:

- What is important to our community?
- How is quality perceived in our community?
- What assets are in the community that can be used to improve wellbeing?

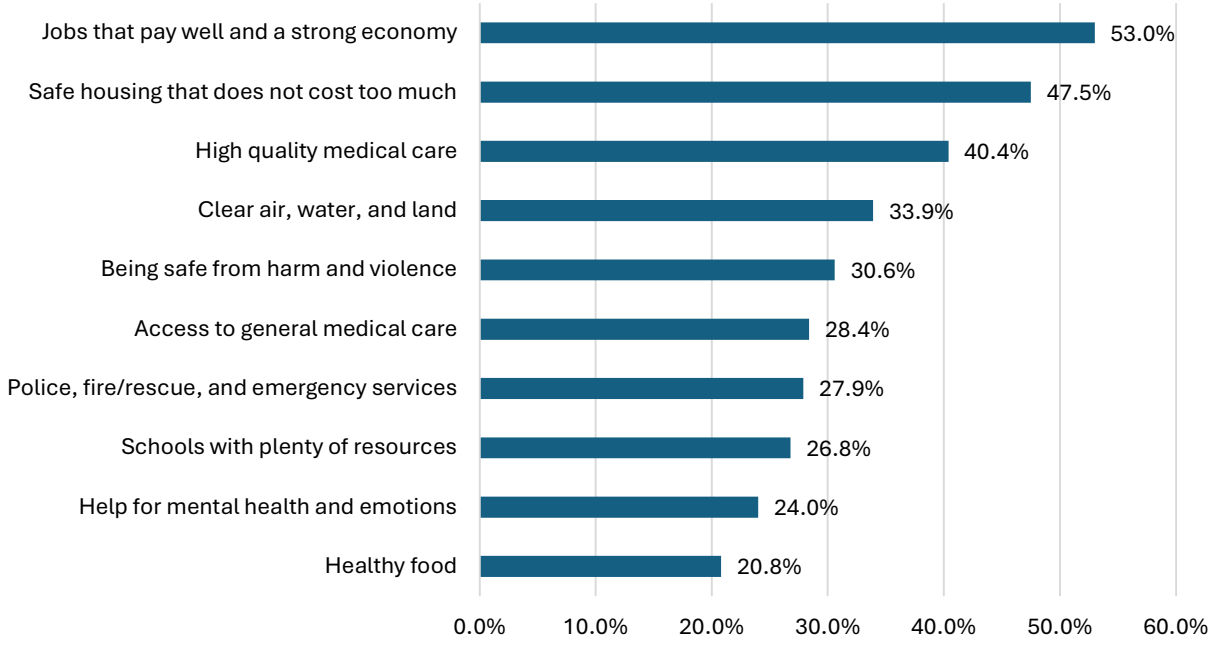
Community surveys were conducted both electronically and in paper format, available in English and Spanish. The electronic survey could be accessed via a direct link or QR code. The survey remained open from August 12, 2024, to October 6, 2024. To encourage participation, respondents who completed the survey had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties.

Partner organizations played a key role in promoting the survey through social media and community outreach. Promotional materials included flyers, social media content, and press releases. A total of 3,496 surveys were collected across the MiThrive Region, with 185 responses coming from Manistee County.

A total of **185 Community Survey** responses were collected in Manistee County.

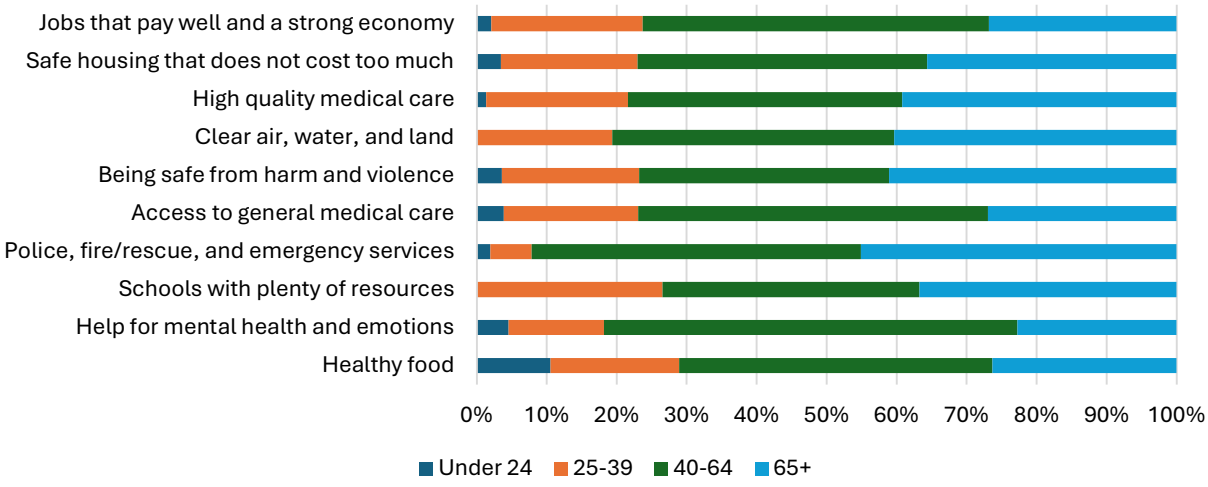


Top Ten Factors for a Thriving Community as Identified by Manistee Residents, MiThrive Community Health Survey, 2024 (n=185)



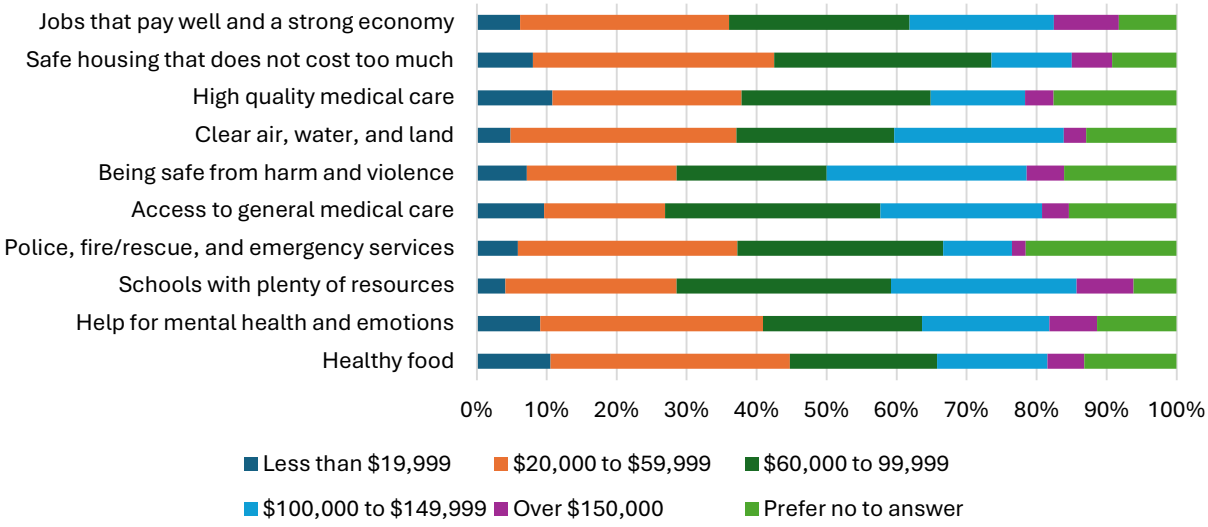
Note: This "Top Ten Factors for a Thriving Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these factors.

Top Ten Factors for a Thriving Community as Identified by Manistee Residents by Age in Years, MiThrive Community Survey, 2024 (n=185)



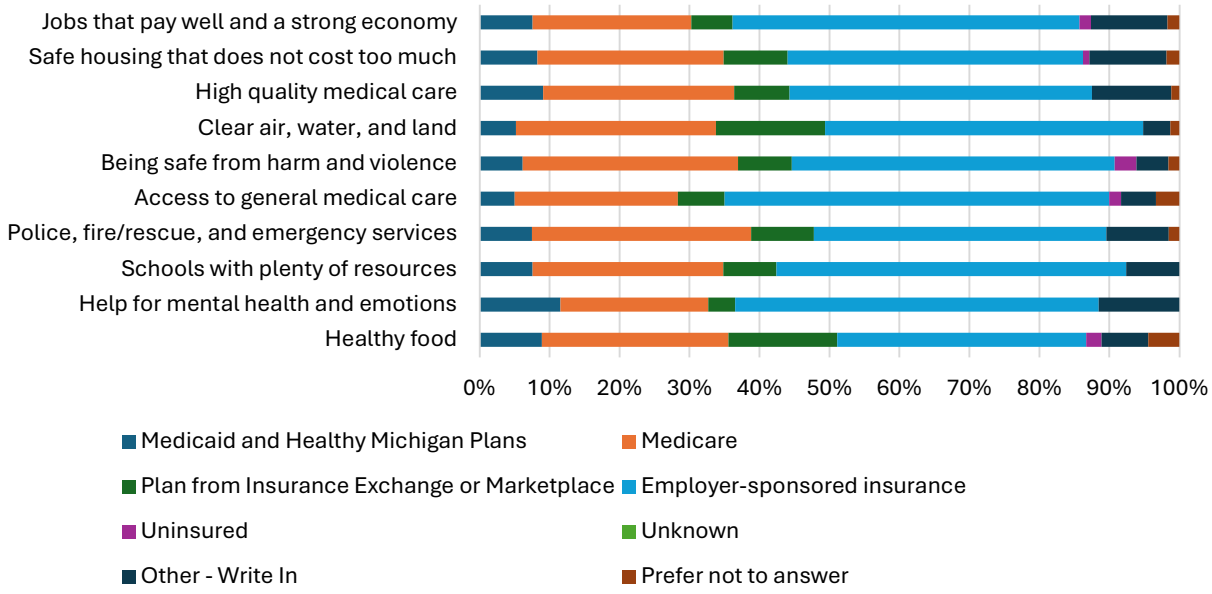
A greater proportion of individuals between **40 and 64 years of age** responeded that **access to general medical care** was an important factor for a thriving community.

Top Ten Factors for a Thriving Community as Identified by Manistee Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=185)



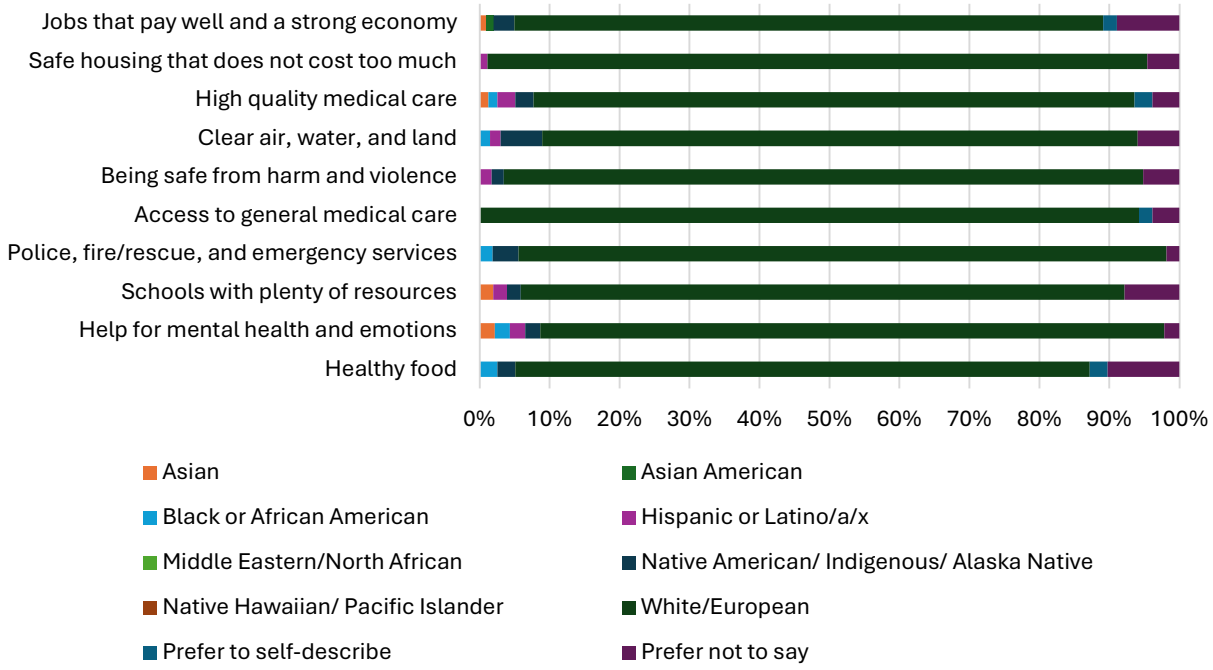
Safe housing that does not cost too much was a more important factor for individuals making **under $60,000 a year**.

Top Ten Factors for a Thriving Community as Identified by Manistee Residents by Insurance Type, MiThrive Community Survey, 2024 (n=185)



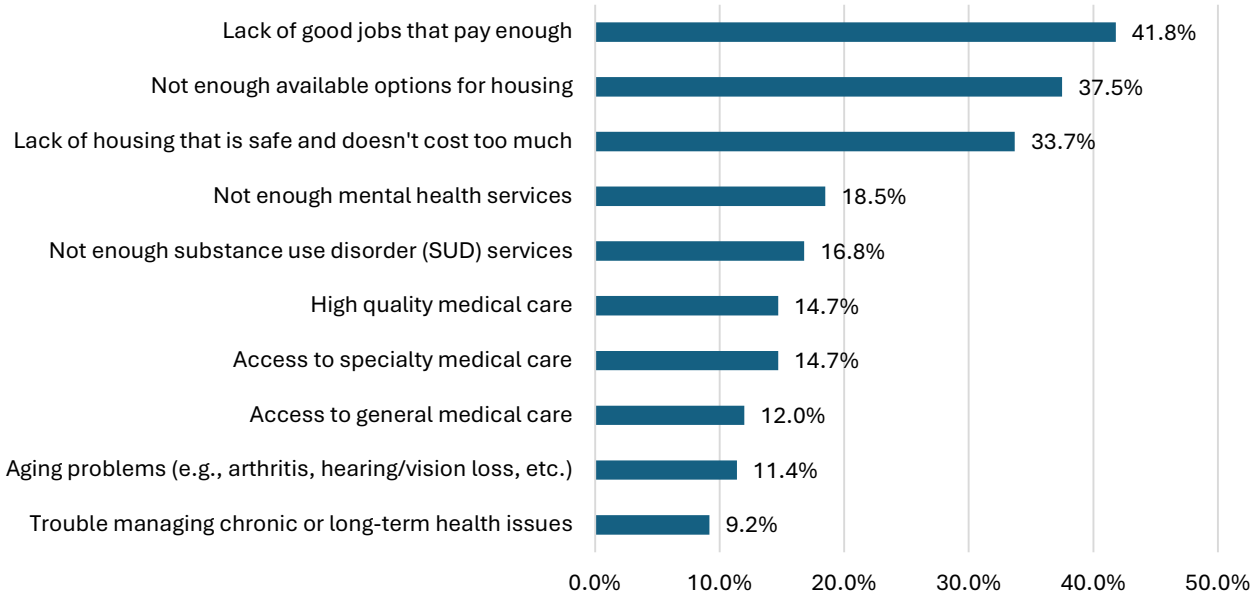
Police, fire/rescue, and emergency services as a factor for a thriving community had a larger proportion of individuals with **Medicaid** or **Medicare** plans compared to other factors.

Top Ten Factors for a Thriving Community as Identified by Manistee Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=185)



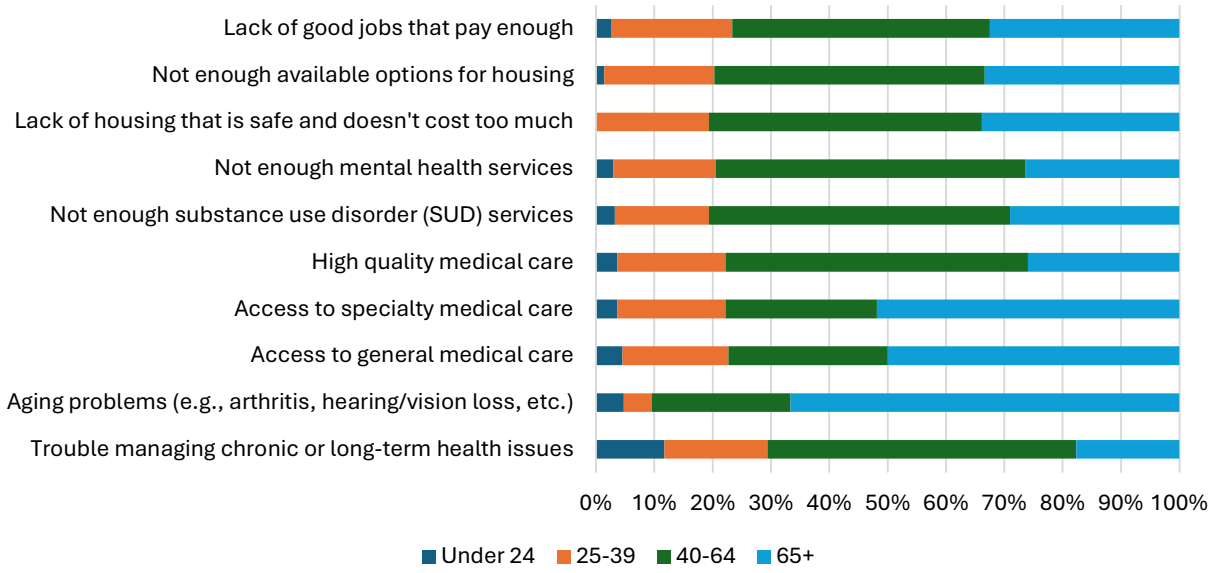
High quality medical care was identified as an important factor for respondents who identified as part of a **racial or ethnic minority**. This is also true for the factor of **help for mental health and emotions.**

Top Ten Issues Impacting the Community as Identified by Manistee Residents, MiThrive Community Health Survey, 2024 (n=185)



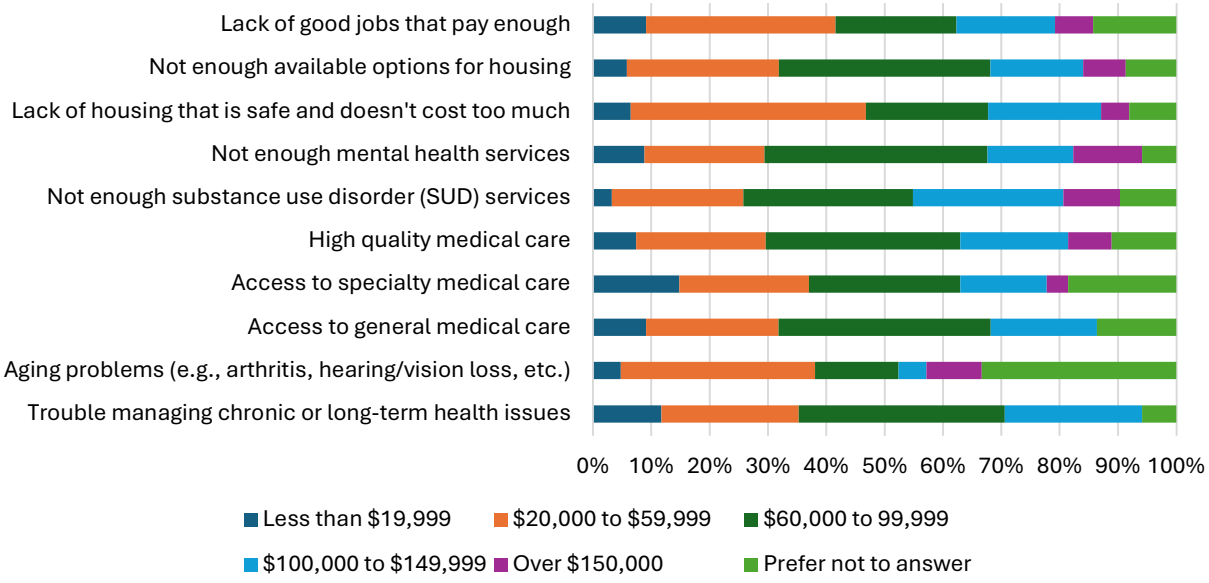
This "Top Ten Issues Impacting the Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these issues.

Top Ten Issues Impacting the Thriving Community as Identified by Manistee Residents by Age in Years, MiThrive Community Survey, 2024 (n=185)



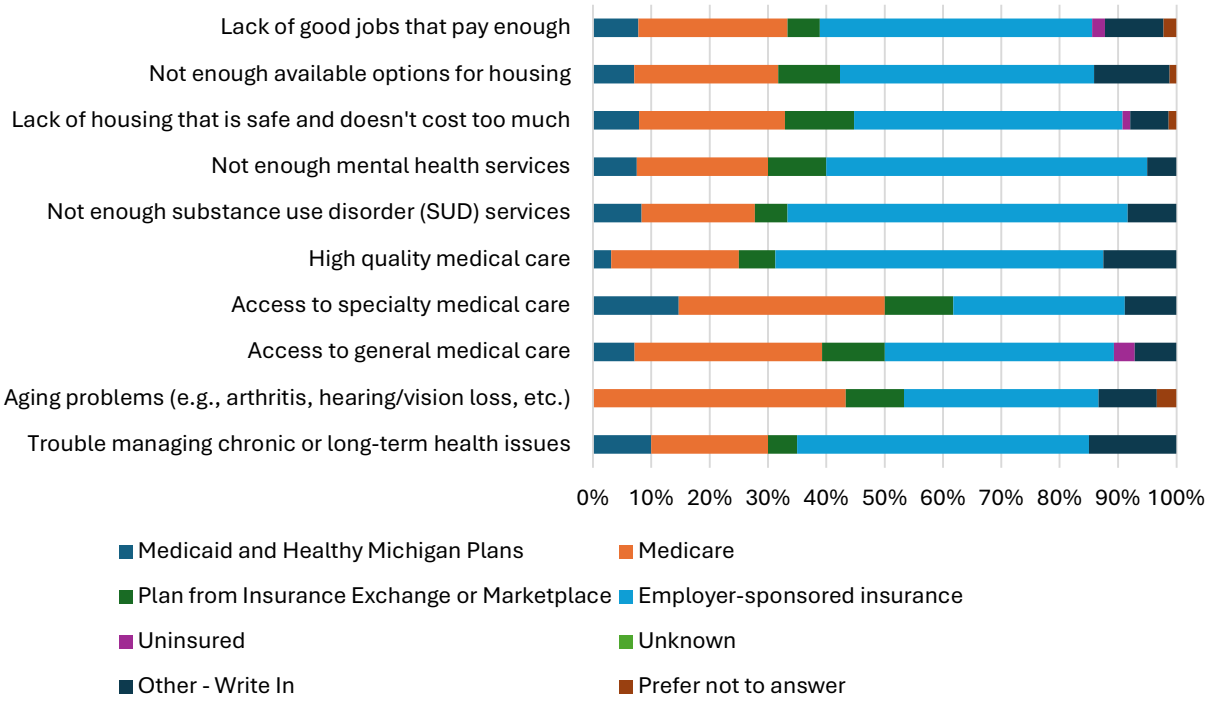
Residents **under the age of 40** disproportionately identified a **lack of good jobs that pay enough** as a major issue in their community.

Top Ten Issues Impacting the Community as Identified by Manistee Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=185)



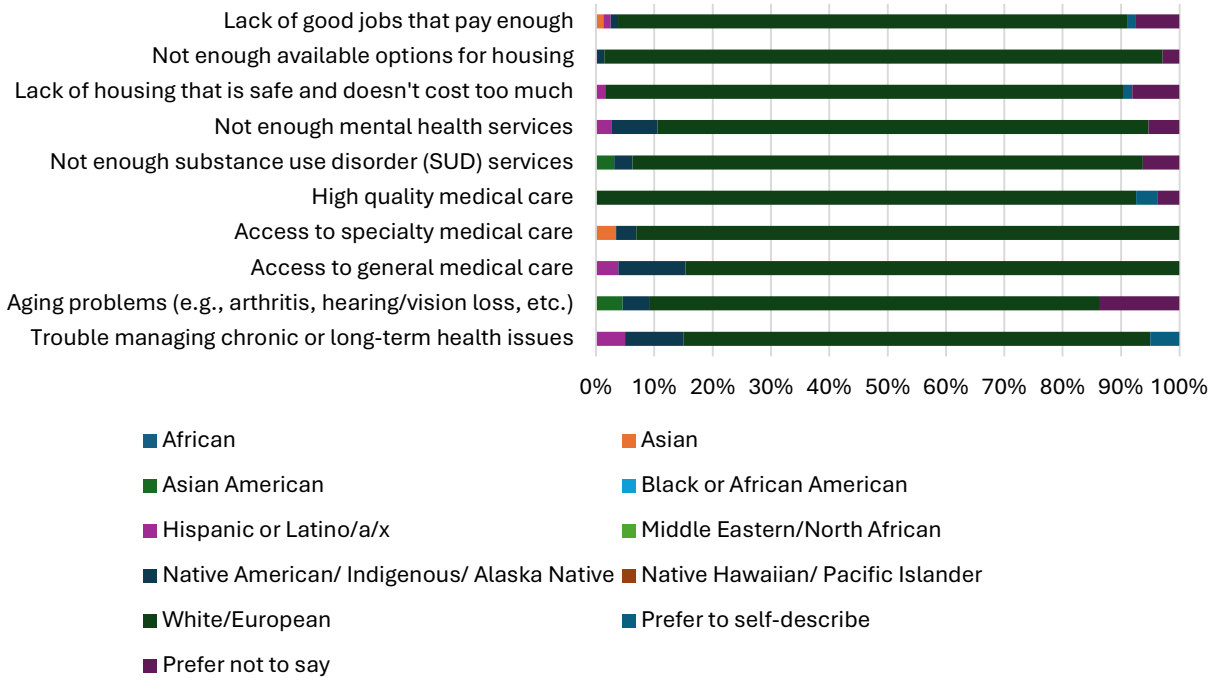
Issues with a **lack of housing that is safe and doesn't cost too much** was an important issue for respondents making **less than $60,000 a year** in their household.

Top Ten Issues Impacting the Community as Identified by Manistee Residents by Insurance Type, MiThrive Community Survey, 2024 (n=185)



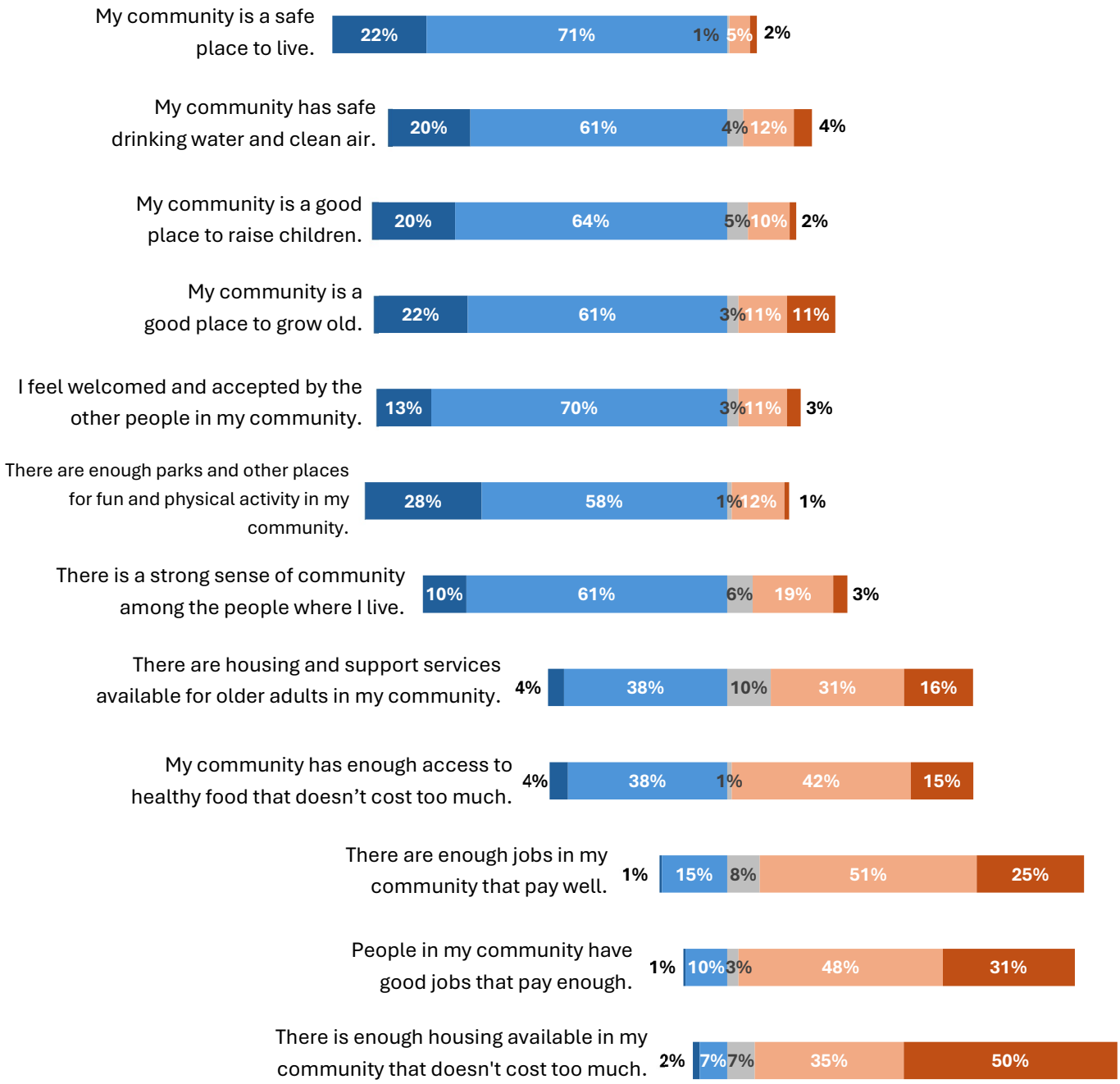
Residents with **Medicaid** or **Medicare** felt that a major issue in the community involved there being trouble with **access to specialty medical care**.

Top Ten Issues Impacting the Community as Identified by Manistee Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=185)



Lack of good jobs that pay enough was an important issue for respondents who identified as members of a **racial or ethnic minority group**.

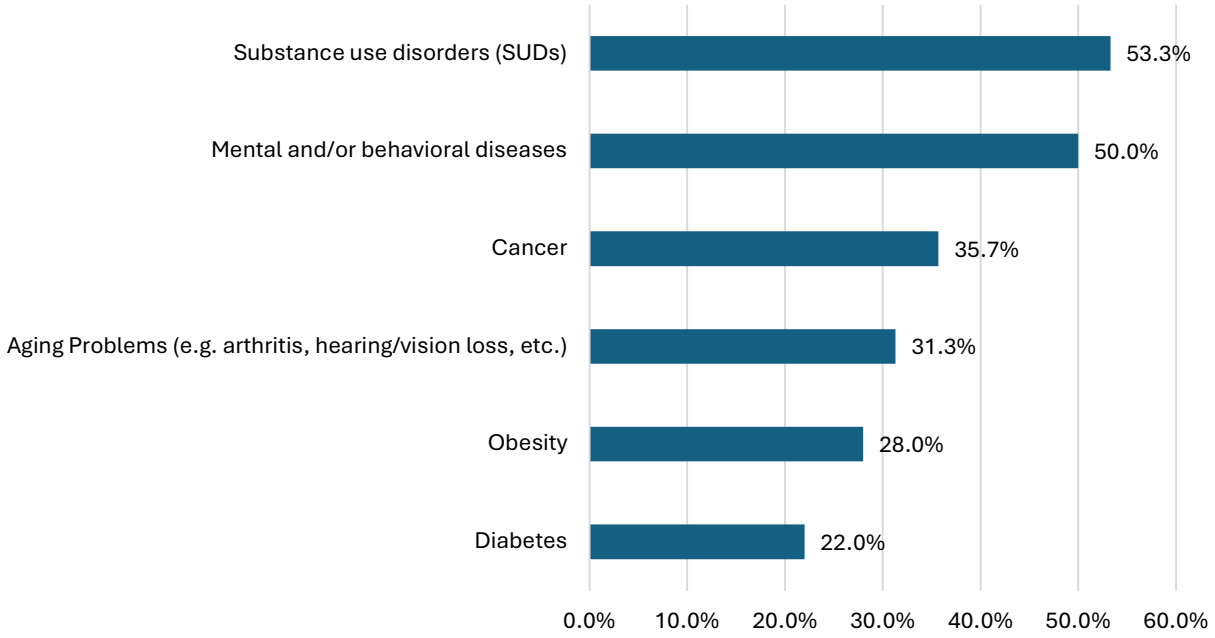
Responses to Likert Scale Questions as Identified by Manistee Residents, MiThrive Community Survey, 2024 (n=185)



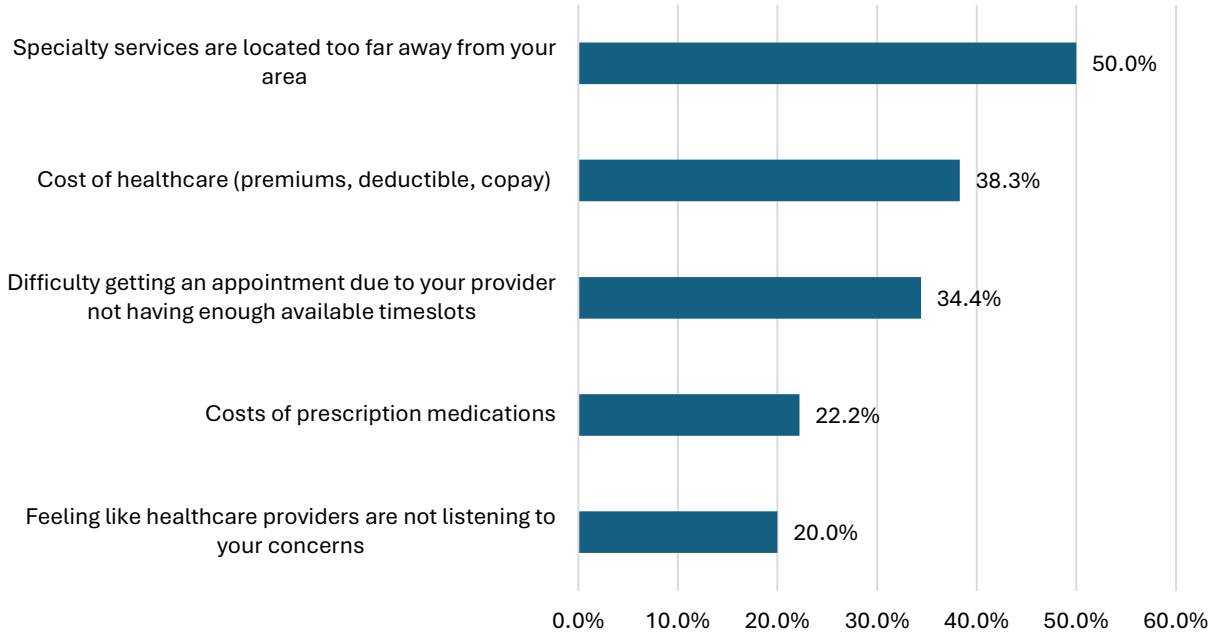
Dark blue indicates "Strongly agree" responses, light blue indicates "Agree" responses, grey represents the undecided or "I don't know" responses, light red indicates "Disagree" responses, and dark red

indicates “Strongly disagree” responses. Data shows that respondents felt that their community was a safe place to live, but most also expressed that there were **not enough jobs, access to healthy foods, or enough affordable housing** available in the community.

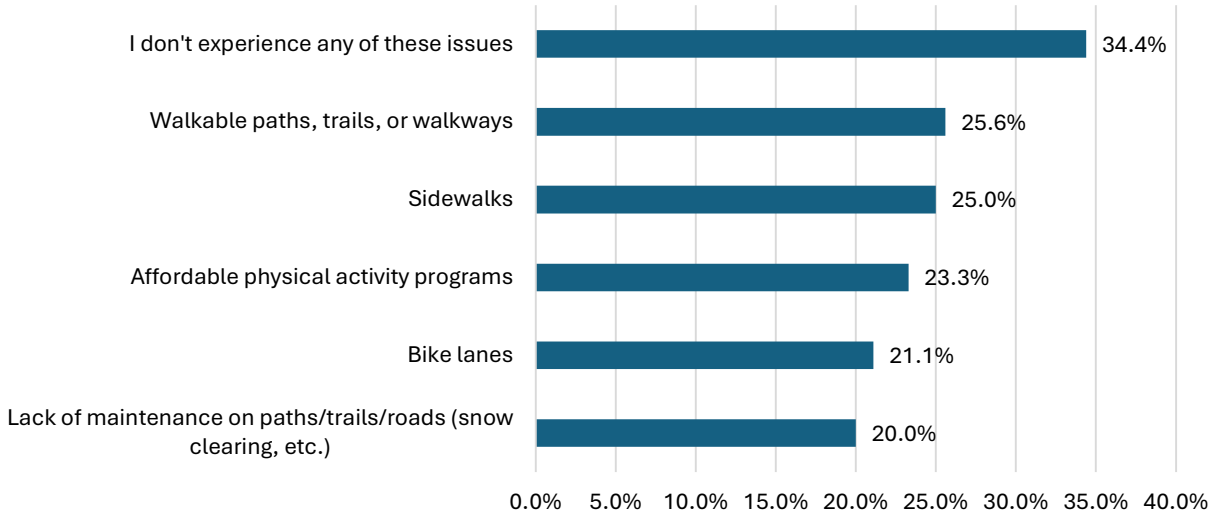
Most Concerning Medical Conditions in the Community According to Manistee Residents, MiThrive Community Survey, 2024 (n=185)



Top Identified Barriers to Healthcare Service According to Manistee Residents, MiThrive Community Survey, 2024 (n=185)



Top Issues Preventing Increased Physical Activity as Identified by Manistee Residents, MiThrive Community Survey, 2024 (n=185)

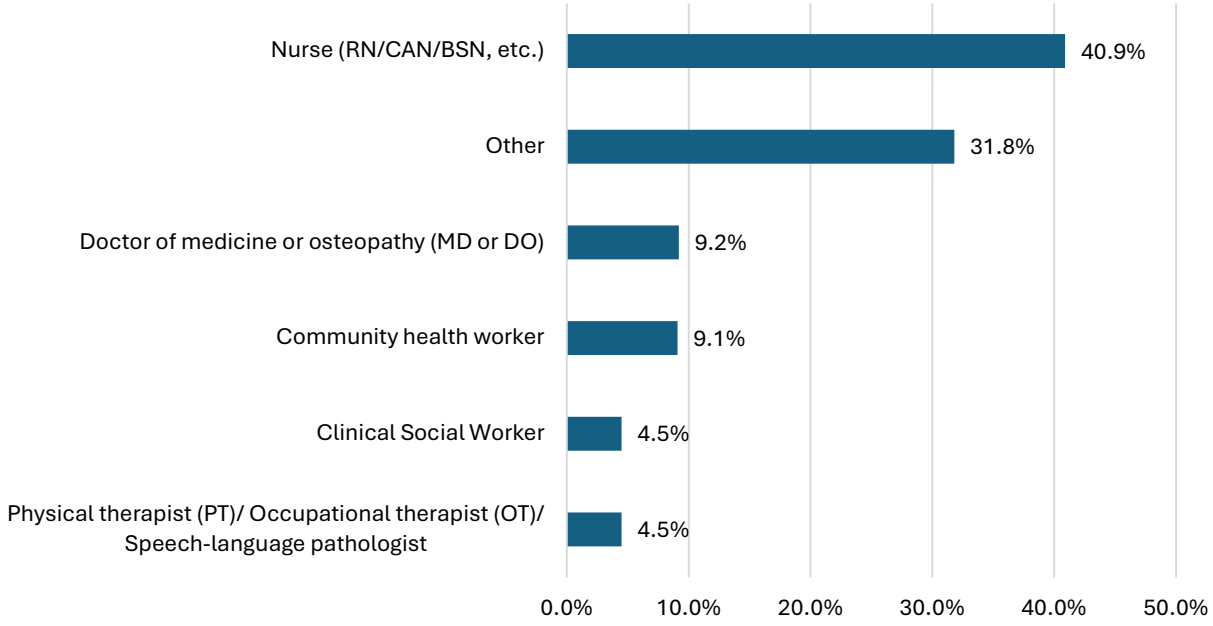


Healthcare Provider Survey

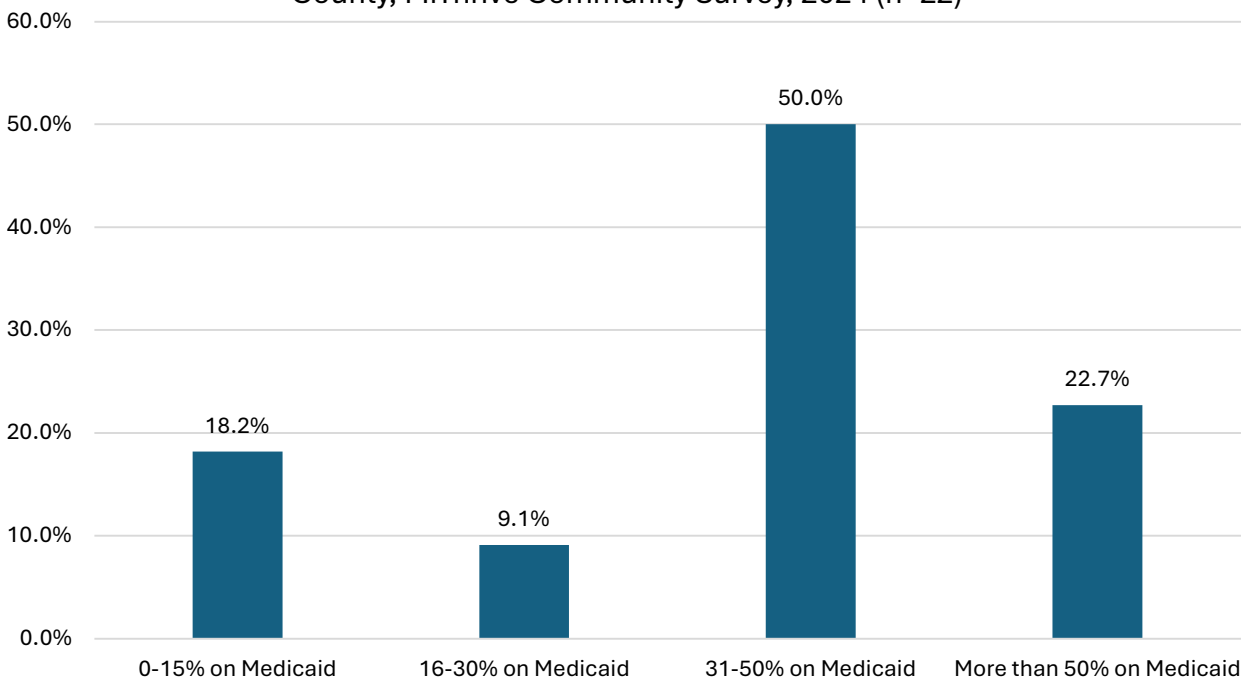
Data for the Healthcare Provider Survey was collected through additional questions included at the end of the Community Survey. Respondents who identified themselves as healthcare providers or healthcare staff were presented with six extra questions to capture their specialized perspective on the community's overall health and needs. The survey remained open from August 12, 2024 to October 6, 2024.

Healthcare partners, including hospitals, federally qualified health centers, and local health departments, distributed the survey electronically to physicians, nurses, and other clinicians. Partner organizations further supported outreach by sharing the survey link with external community partners. A total of 22 providers completed the healthcare provider section of the community survey in Manistee County.

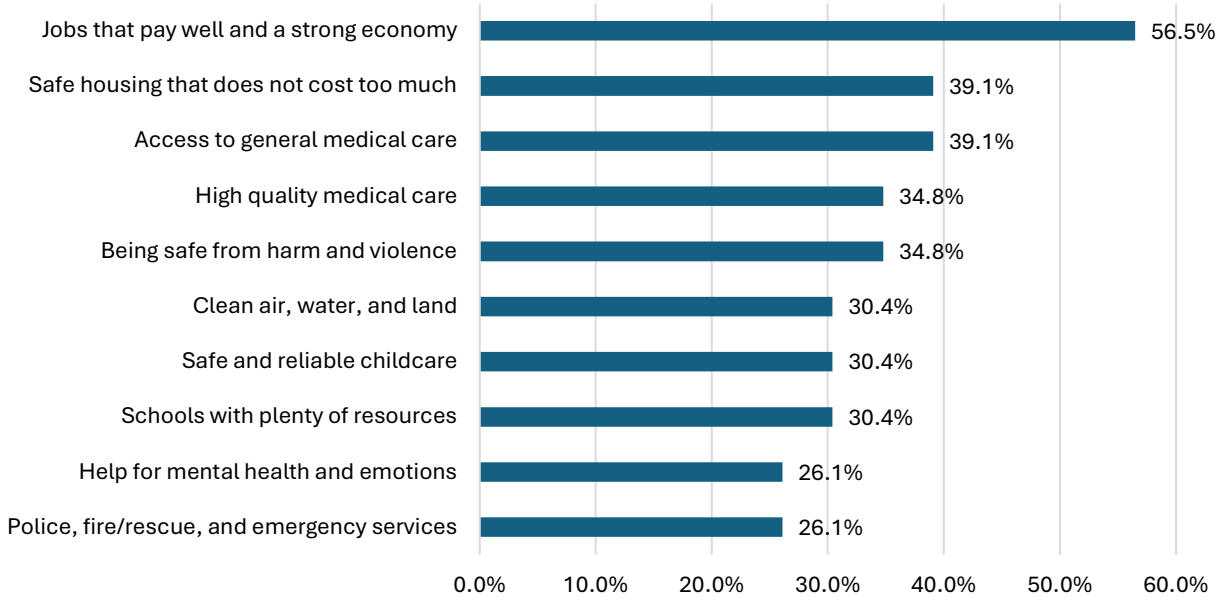
Top Roles of Survey Respondents that Identfied as Provider/Healthcare Staff in Manistee County, MiThrive Community Survey, 2024 (n=22)



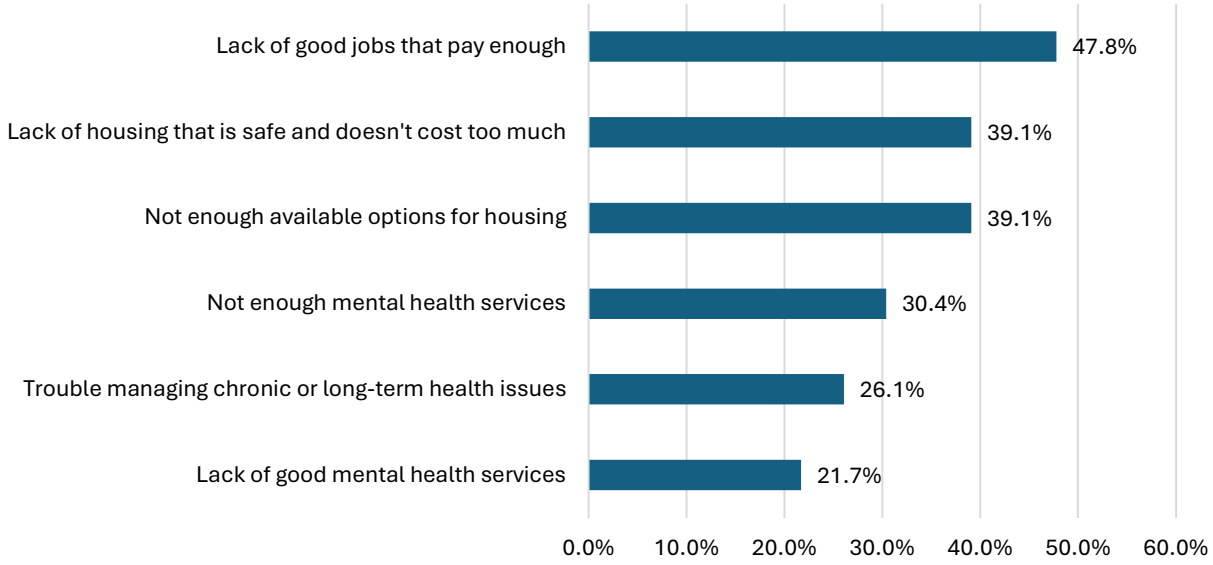
Proportion of Patient Population on Medicaid According to Survey Respondents that Identfied as Provider/Healthcare Staff in Manistee County, MiThrive Community Survey, 2024 (n=22)



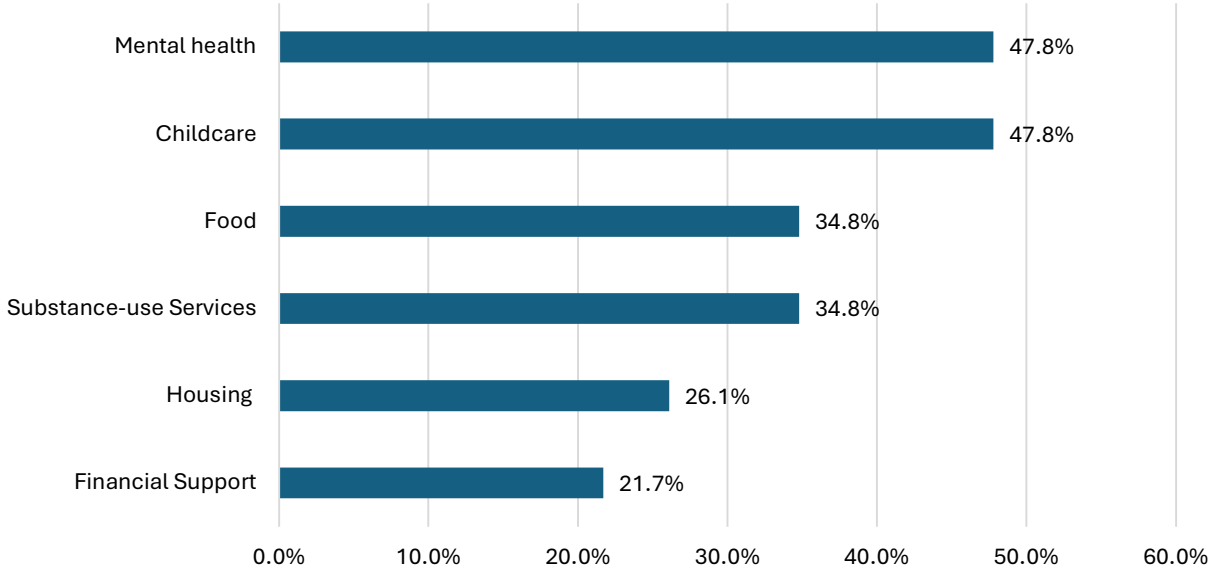
Top Factors for a Thriving Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Manistee County, MiThrive Community Survey, 2024 (n=22)



Top Issues Impacting the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Manistee County, MiThrive Community Survey, 2024 (n=22)



Resources/Services Missing From the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Manistee County, MiThrive Community Survey, 2024 (n=22)



Community Partner Assessment (CPA)

The Community Partner Assessment focuses on organizations that contribute to wellbeing. The CPA answers the following questions:

- What are the components, activities, competencies, and capacities in the regional system?
- How are services being provided to residents?

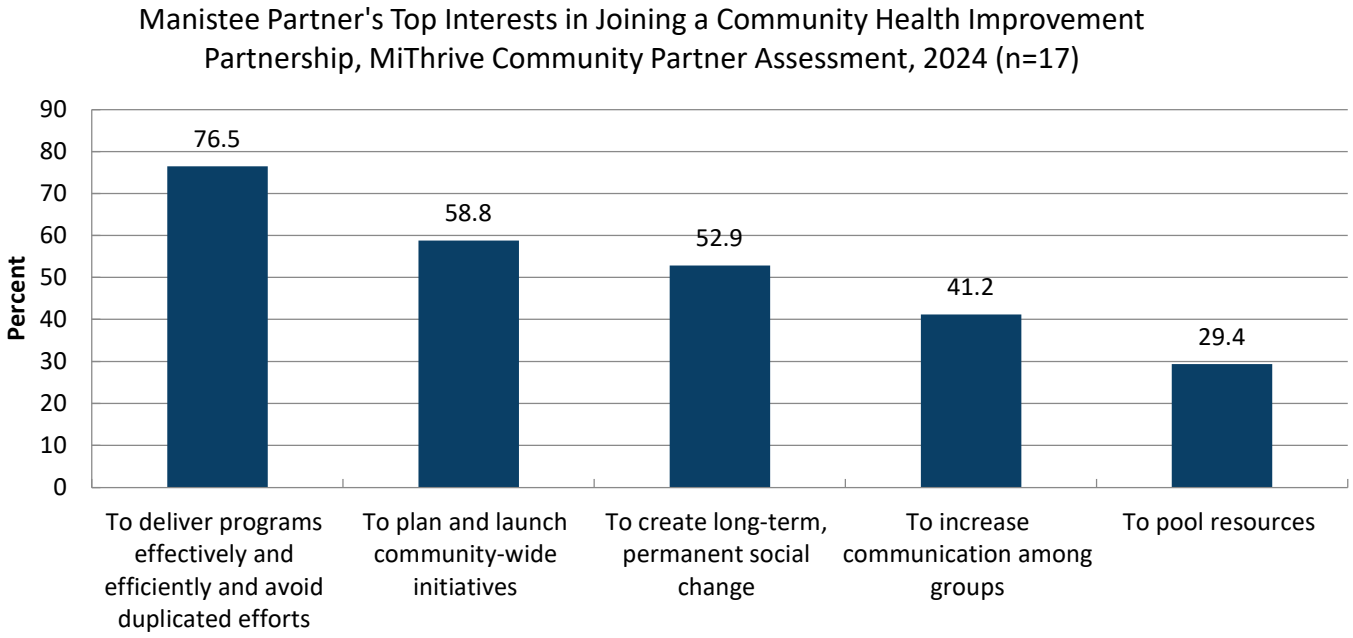
The assessment was designed to enhance communication between organizations and the community by bringing together a diverse range of partners. It aimed to explore connections within the community system, highlight strengths, and identify opportunities for improvement. The Community Partner Assessment included two key components: the Community Partner Assessment Survey and two virtual Community Partner Assessment Discussions events.

Community Partner Survey

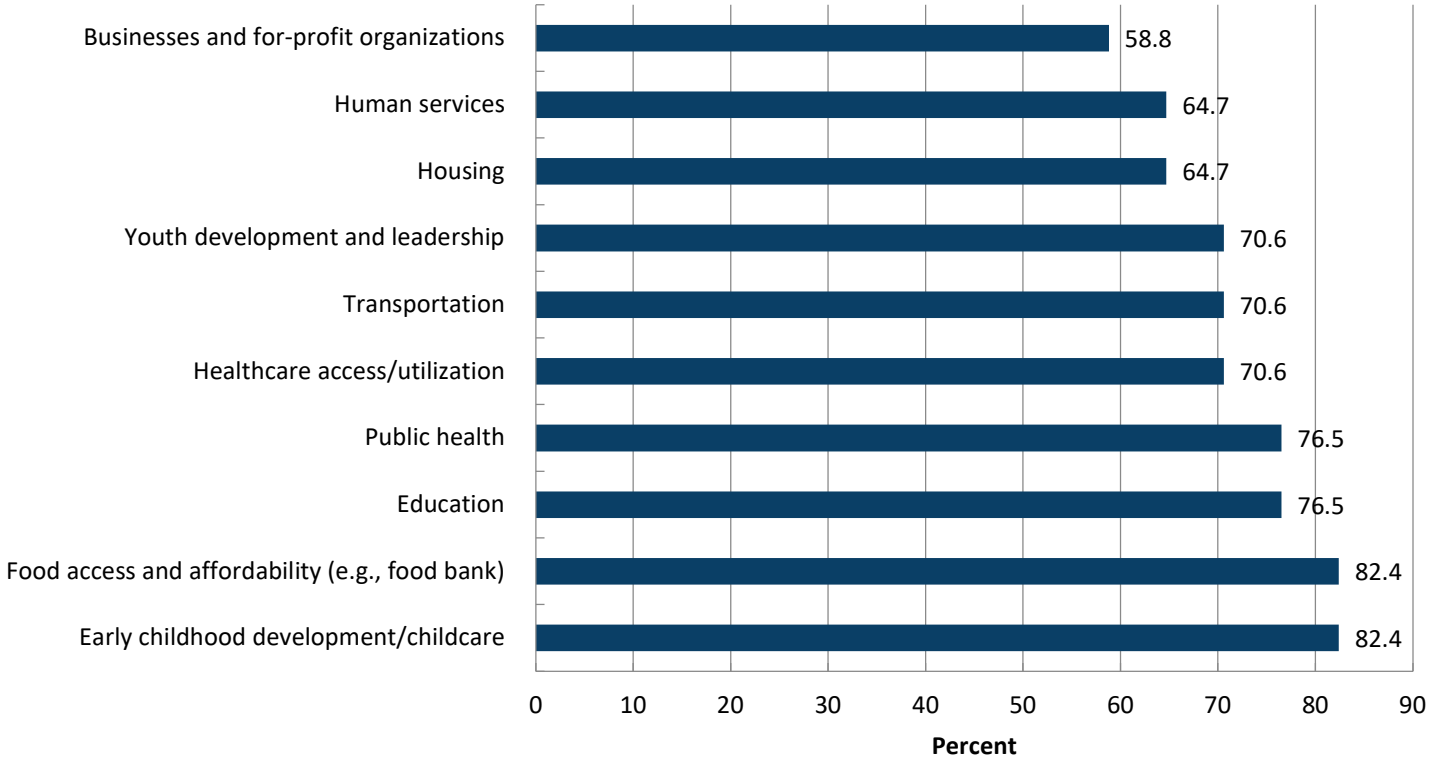
From May 6, 2024 to June 3, 2024, 75 community partners from various organizations and sectors across the 31-county MiThrive Region participated in a community partner survey to assess the system's capacity. A total of 17 responses came from partners covering Manistee County. See Appendix D for the Community Partner Assessment Survey instrument.

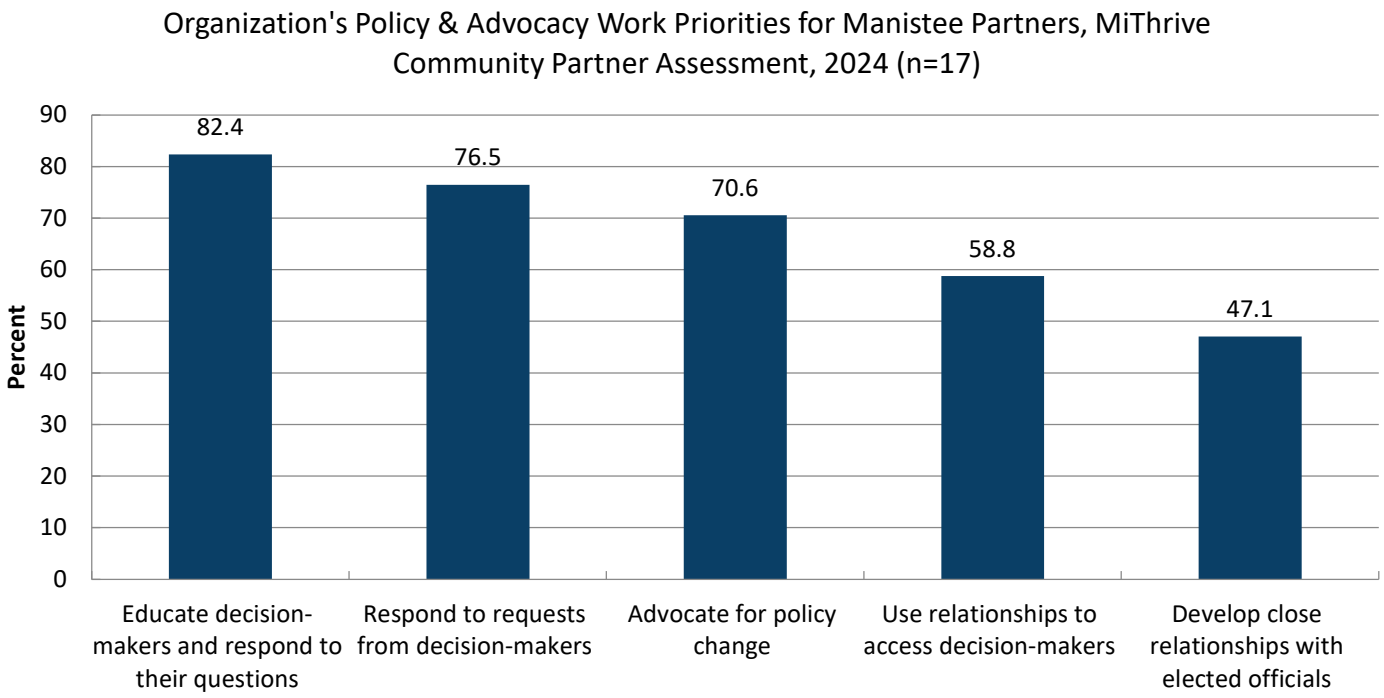
Additionally, survey participants were then invited to attend one of two virtual facilitated discussions, held on June 27, 2024 and July 10, 2024, allowing community partners to identify system strengths and areas for improvement collectively.

Community Partner Assessment Results



Manistee Partners Sector Engagement At Least Once within the Last Year, MiThrive Community Partner Assessment, 2024 (n=17)





Organization's Priorities for Manistee Partners, MiThrive Community Partner Assessment, 2024 (n=17)	A Lot	A Little	Not At All	Unsure
i. Economic Stability: The connection between people's financial resources, income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	58.8%	29.4%	11.8%	0%
ii. Education Access and Services: The connection of education to health and wellbeing. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	64.7%	23.5%	11.8%	0%
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	58.8%	23.5%	17.6%	0%

iv. Neighborhood and Built Environment: The connection between where a person lives, housing, neighborhood, and environment—and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	47.1%	47.1%	5.9%	0%
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	29.4%	58.8%	11.8%	0%

Virtual Facilitated Discussion Events:

Survey participants were invited to attend one of two virtual, facilitated discussion events. During these sessions, attendees reviewed the results of the Community Partner Assessment Survey and engaged in small group discussions to explore the findings and share their reflections. Through these conversations, the following opportunities for improvement emerged:

- **Cross-Agency Collaboration:** partners expressed a need for more collaboration, including network sharing, communication between partners regarding knowledge of other agencies programs and services. Partners emphasized capitalizing on collective wisdom, sharing lessons learned and expertise across organizations.
- **Storytelling:** partners expressed an opportunity to incorporate storytelling to amplify resident voice.
- **Social Determinants of Health:** partners expressed a desire to continue incorporating social determinants of health to their work, such as residents need for transportation, housing, food, etc.
- **Health Policy:** partners expressed a need for building capacity around policy work. Partners stated it was important to bring awareness of awareness vs lobbying due to their funding structures being impacted by policy.
- **Minority Representation:** partners expressed a need to develop trust and working relationships with Native Nations and other minority groups to enhance representation.
- **Nonprofit and Grassroot Collaboration:** partners expressed an opportunity to improve collaboration with grassroots initiatives and community power building organizations.
- **Data Sharing:** partners expressed an opportunity to advocate for data sharing across organizations. Partners discussed the need to share social determinants of health data, such as housing, food, transportation, etc.
- **Thinking Outside the Box:** Partners expressed the need to expand services in nontraditional spaces. By bringing services to the target populations, it would increase accessibility to residents.

Community Context Assessment (CCA):

The Community Context Assessment aims to answer the four following questions:

- What strengths and resources does the community have that support health and wellbeing?
- What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
- What physical and cultural assets are in the built environment? How do those vary by neighborhood?
- What is the community doing to improve health outcomes?
- What solutions has the community identified to improve community health?

The goal of this assessment is to explore the strengths, assets, lived experiences, and forces of change in the community using qualitative methods.

The MiThrive CCA consists of three parts: asset maps, quotes from residents, and photovoice project. As previously stated, 3,496 residents and partners completed the community survey, with 3,412 submitting quotes. These quotes are responses to the open-ended question within the Community Context Assessment section of the community survey. For Photovoice, 63 residents and community partners participated, submitting a total of 140 photos. A total of 3 photos came from residents within Manistee County. In the Asset Maps, 55 revisions were made.

Community Context Assessment Results

Asset Mapping is a process to systematically identify and document all the positive resources, services and strengths present within the community that can be leveraged to address community health needs. During 2024, the asset maps completed in past CHNAs were compiled by county and shared with MiThrive Steering Committee members, partner organizations and Community Health Workers (CHW) to review and update. A full library of the 31-county MiThrive Asset Maps are available on the MiThrive website; see Appendix E for the Asset Maps for Manistee County.

> A **community health worker (CHW)** is a trusted frontline public health worker with a strong understanding of the community they serve. This connection allows them to bridge health and social services, improving access to care and ensuring culturally competent service delivery. CHWs are well-versed in local resources and play a vital role in empowering individuals and communities by providing outreach, education, informal counseling, social support, and issue awareness to enhance health knowledge and self-sufficiency.

Resident Voice Quotes

Residents were given space to answer one open-ended question nested within the community survey. The question was:

> "Thinking broadly, what changes are happening or might happen in your area that you believe will affect the health of your community? These changes can include weather, technology, money, laws, diseases, community resources, and other things."

Below are the selected resident voice quotes:

Manistee County

"The **lack of healthcare** and **housing** has a serious effect on our small rural community"

"Reduction in **SNAP** benefits has affected the health of our community. Winter weather and lack of indoor **recreation spaces** for **exercise** during winter affects the health of our community."

"The cost of **housing** in my area is too high and the lack of housing keeps people in my community from living independently. The lack of proper **prenatal/family planning** medical services within my town's immediate location, for example the **lack of obstetrics professionals** within my local hospital, could drive young families to seek residency elsewhere."

"Hopeful that there will be better **pedestrian infrastructure** installed in the future. We are a fairly walkable/bikeable/golf cart friendly area but there is a significant lack of trails within city limits and connecting other local communities. This would help for both **transportation** as well as healthy lifestyle."

Photovoice

Photovoice is a community-based research method that uses photography and quotes to document and discuss strengths, assets and experiences that affect the community. The MiThrive Photovoice Survey consisted of three questions for residents to answer by submitting photographs and captions electronically or requesting a disposable camera to take and submit photographs and captions through mail or drop off locations. To encourage participation, respondents who completed a photovoice submission had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties. As with the other community engagement opportunities, partner organizations were essential to sharing this opportunity with community residents. Promotional materials included flyers, social media content, and press releases.

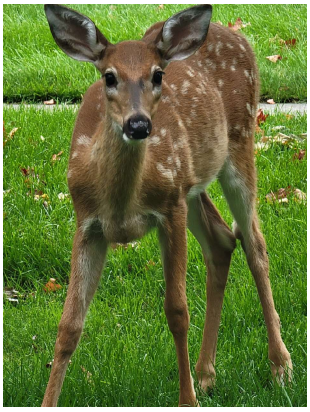
MiThrive staff developed three photovoice prompts:

Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

Take a picture of something that makes your community a good place to live in, like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility and how easy things are to use.

Take a picture of something that needs improvement in your community.

The following are photographs and captions submitted from Manistee County. See Appendix F for the Photovoice Survey Instrument and Appendix G for complete Northwest Region Photovoice Album.



County: Manistee

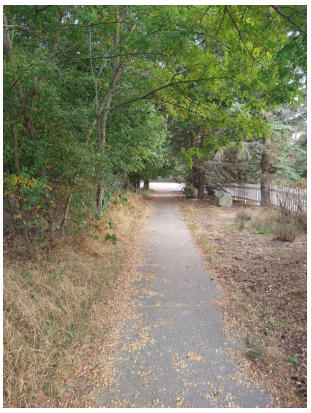
Caption: “Morning visitor. While sitting on my porch drinking my morning coffee. This fawn walked within 10 feet of me and my dog. We both watched in silence as it looked for apples on the ground. This is my community, my town, my home, my Michigan.”

Related Themes: Environmental/Infrastructure, Mental Health

County: Manistee

Caption: “This is a photo of Duffy Park, a dedicated space to allow kids to learn sports is a safe environment. I especially appreciate that there is a playground for kids to enjoy when they are not having their practice or game. It helps my family live well by providing an opportunity for recreation, community, and fun.”

Related Themes: Environmental/Infrastructure, Safety & Wellness



County: Manistee

Caption: “This is a photo of a short walking path that I take nearly every day when I walk my dogs. I appreciate paths that are away from traffic (danger or traffic exhaust fumes) and in nature that encourage me to walk for stress relief and fitness.”

Related Themes: Environmental/Infrastructure, Mental Health, Safety & Wellness

Munson Medical Center:

Antrim, Benzie, Grand Traverse, Kalkaska, Leelanau

Community Status Assessment (CSA)

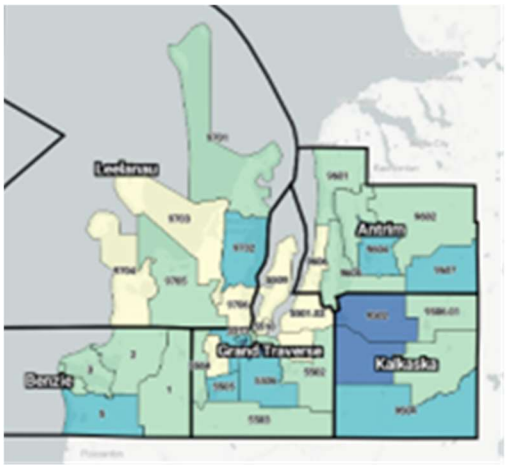
The Community Status Assessment identifies priority community health and quality of life issues. It answers the following questions:

- How healthy are our residents?
- What does the health status of our community look like?

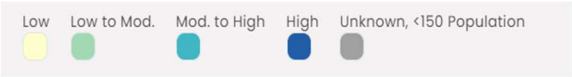
The answers to these questions were measured by collecting more than 200 indicators from a variety of secondary sources onto the MiThrive Data Platform, as well as primary data collected through the 2024 community survey and provider survey.

The MiThrive Core Team assured secondary data included measures of social and economic opportunity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35 percent of household income; high school graduation rate; income inequality; median household income; median value of owner-occupied homes, political participation; renters (percent of all occupied homes); and unemployment rate.

Social Vulnerability Index by Census Tract in Antrim, Benzie, Grand



The Social Vulnerability Index illustrates how where we live influences health and wellbeing. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English "less than well"; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.



Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

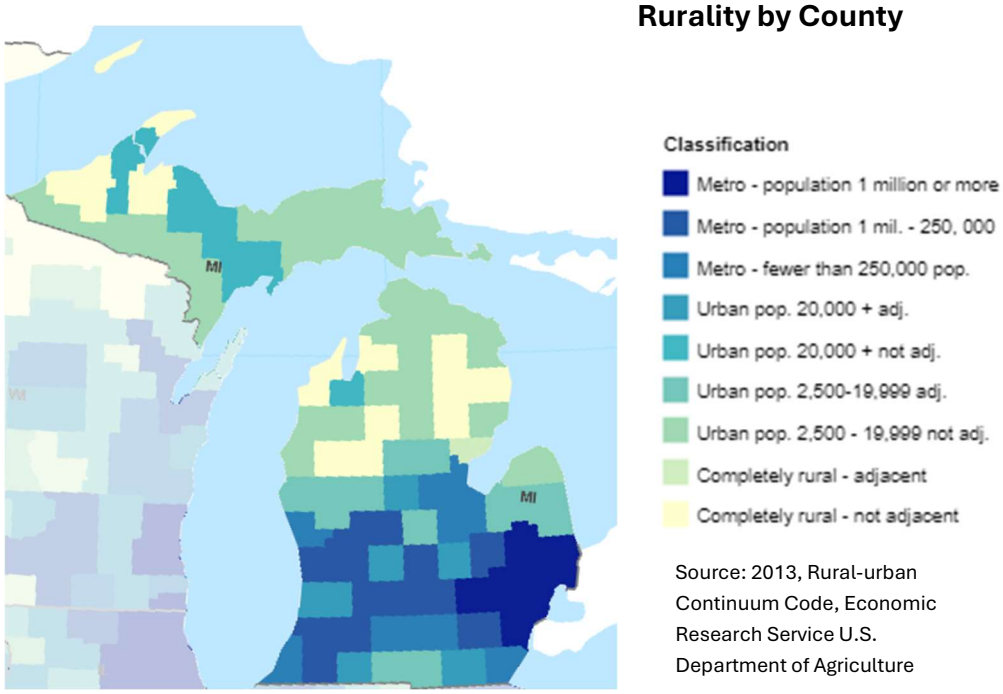
As illustrated in the map, Census Tracts in the Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties have Social Vulnerability Indices at "low" to "moderate to high", with the exception of the northwest corner of Kalkaska County.

Geography and Demographics

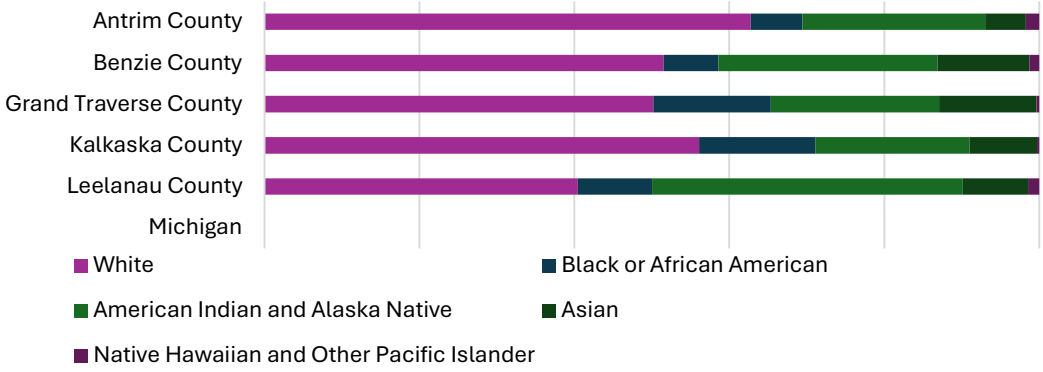
The service area for Munson Medical Center includes Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties. The area is known for its clean environment and abundant resources for outdoor recreation. Covering 2,166.7 square miles of land, most of the region is designated as "rural" by the U.S. Census Bureau. This is one of its most important characteristics as rurality influences health and wellbeing.

The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 166,952 people who live in these counties, 97.4 percent are white. The largest racial minority groups are American Indian and Alaska Native (2.6%), Black or African American (1.3%), and Some Other Race (2.72%). Additionally, the largest ethnic minority group is Hispanic and Latino; Antrim (2.2%), Benzie (2.5%), Grand Traverse (3.5%), Kalkaska (2.4%), and Leelanau (4.4%).

Rurality by County

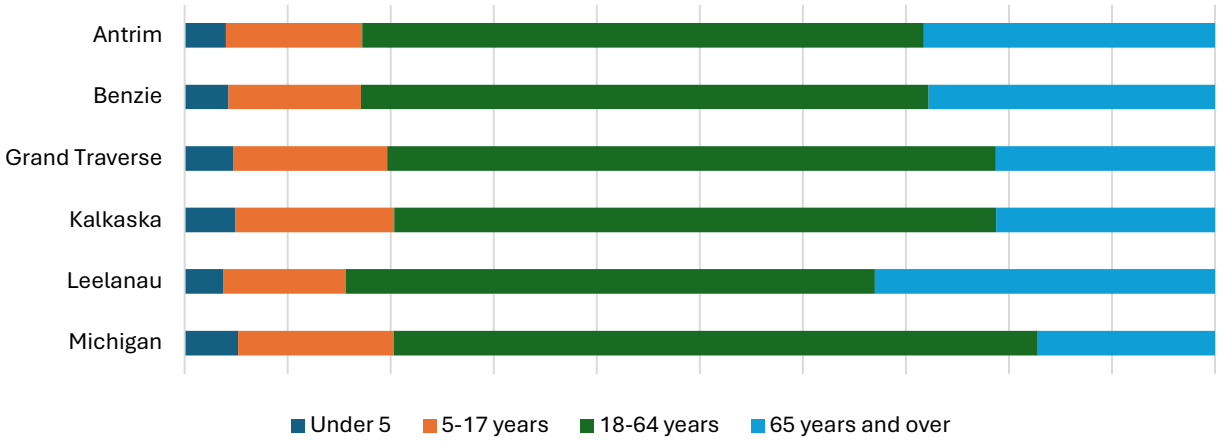


Population by Race for Munson Medical Center Region, United States Census Bureau, 2019-2023



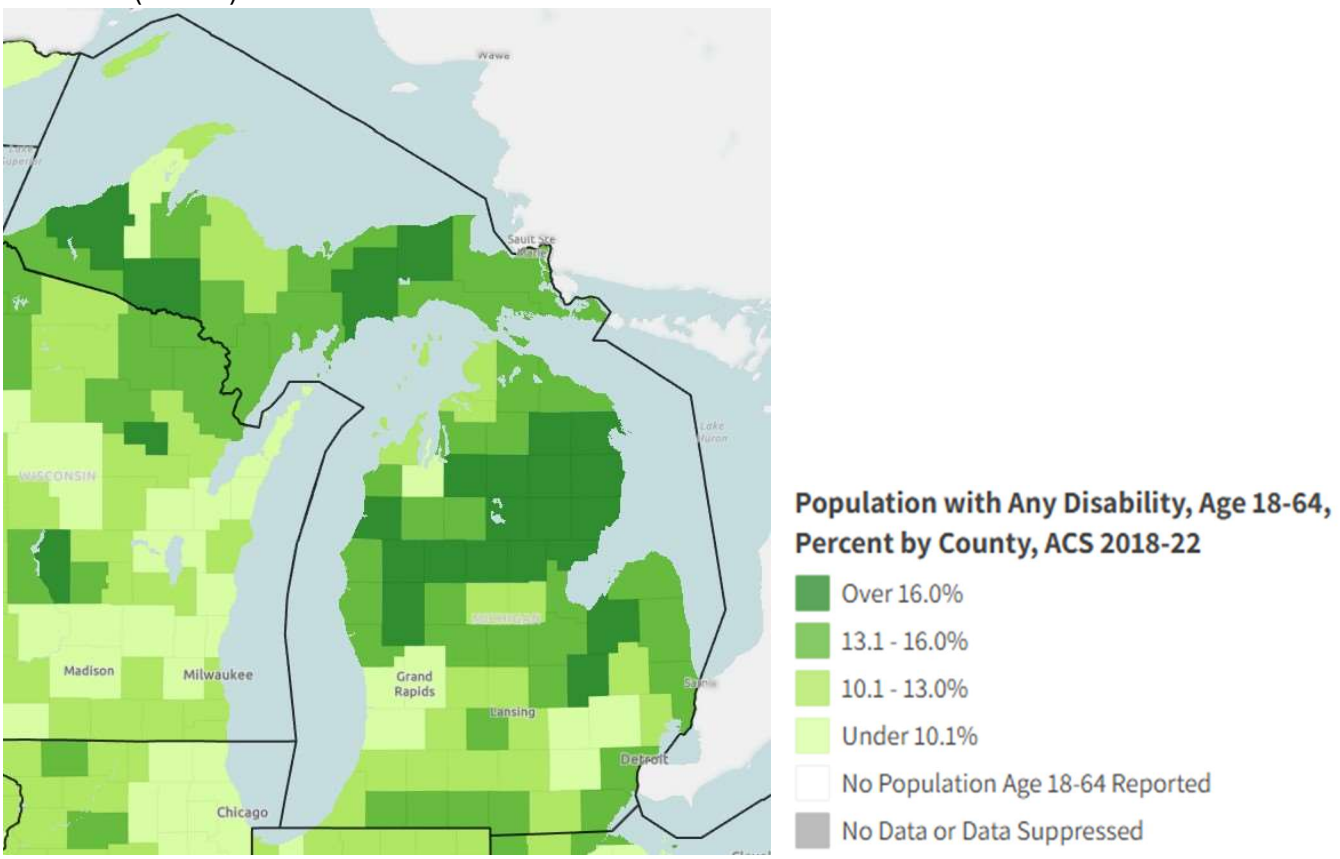
Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties have a lower proportion of racial minority groups (7.7%) than Michigan (26%).

Percentage of Population by Age Group for the Munson Medical Center Region Service Area, United States Census Bureau, 2019-2023



Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties (28.3%, 27.8%, 21.3%, 21.2%, and 33.0%, respectively) have higher proportions of adults over the age of 65 than Michigan overall (19.2%).

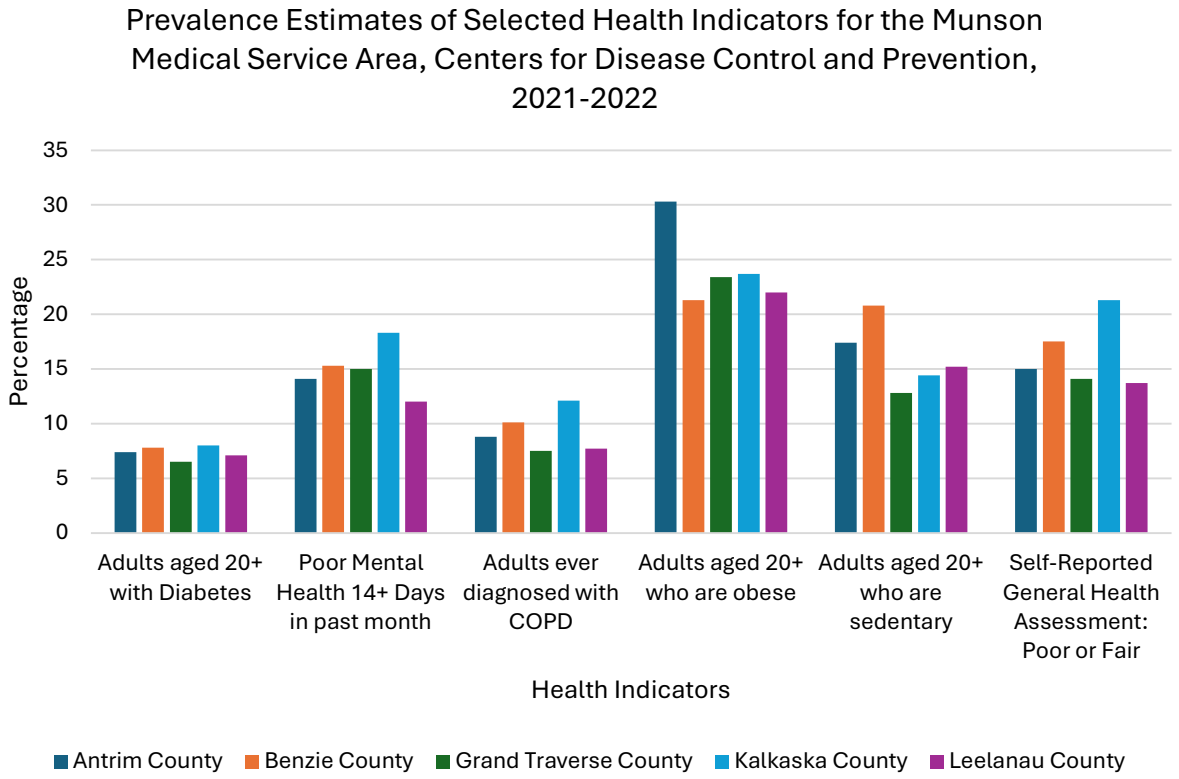
A slightly greater proportion of people—10.9%-- of the people in the region have a disability compared to the State (10.3%).



Source: United States Census Bureau, 2018-2022

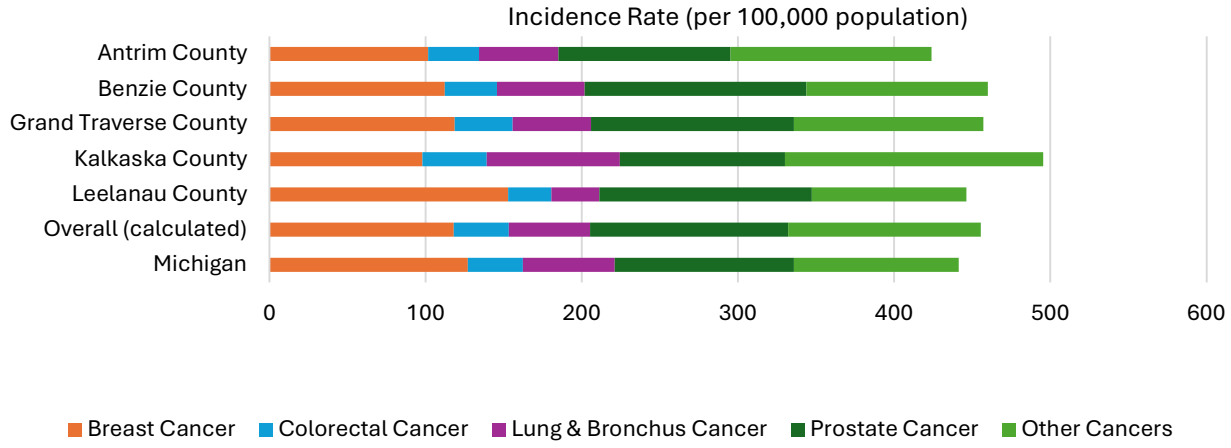
Notes: The U.S. Census Bureau has updated the data for individuals with disabilities to 2019-2023 estimates. However, the visualization data is only available for 2018-2022 data.

Selected Morbidity and Mortality Indicators for the Munson Medical Center Service Area



Notes: 'Poor Mental Health 14+ Days in past month' indicates the percentage of adults who stated that their mental health was not good 14 or more days in the past month, 2022.
'Adults ever diagnosed with COPD' shows the percentage of adults who have ever been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis, 2022.
'Adults aged 20+ who are obese' shows the percentage of adults 20 and older who are obese using the Body Mass Index (BMI) value >=30, 2021.
'Adults aged 20+ who are sedentary' shows the percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month, 2021. 'Self-Reported General Health Assessment: Poor or Fair' shows the percentage of adults who answered poor or fair to : "How is your general health?", 2022.

Cancer Incidence Rates for the Munson Medical Center Service Areas, National Cancer Institute, 2017-2021

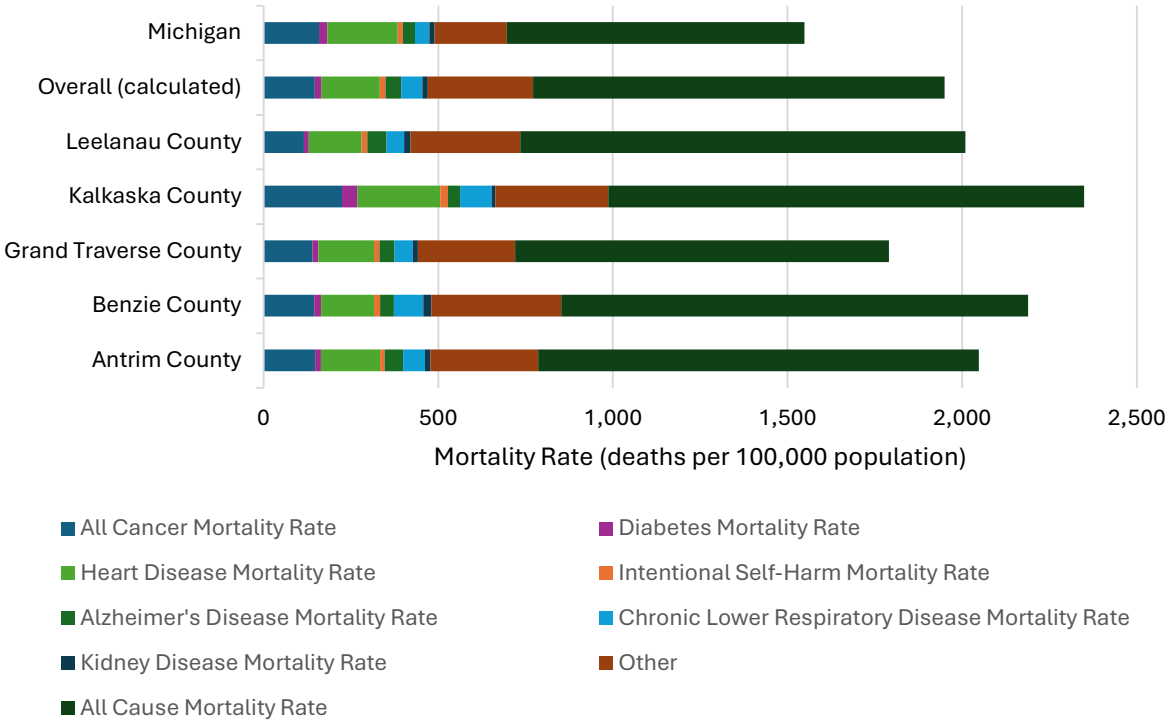


Note: Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US population Data File is used for SEER and NPCR incidence rates.

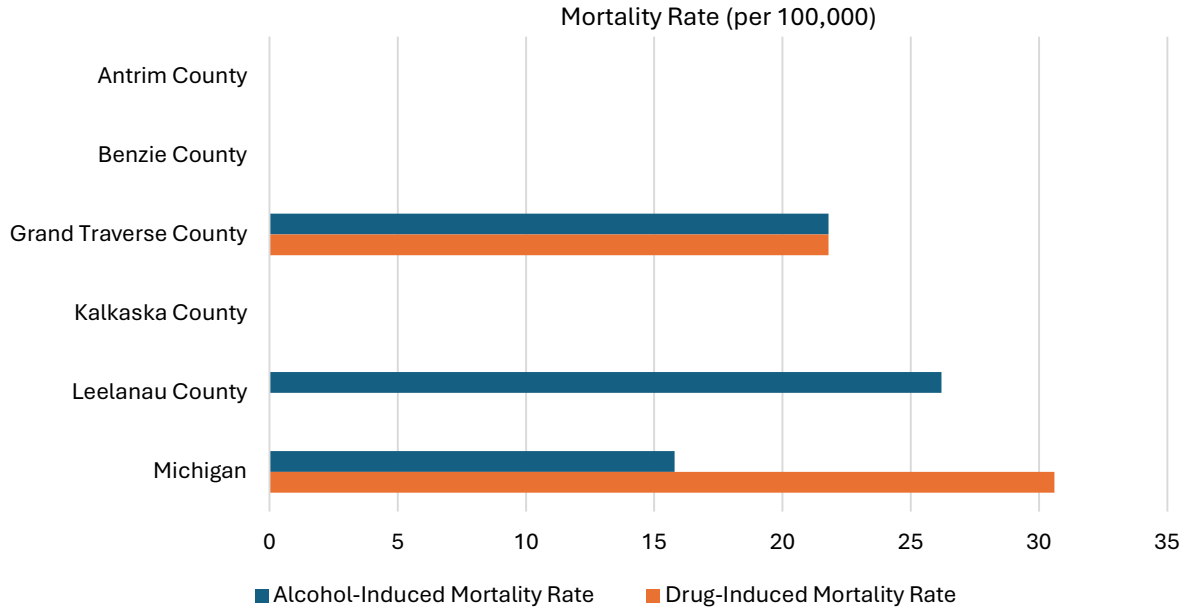
Data not available for some combinations of geography, cancer site, age, and race/ethnicity.

Suppression is used to avoid misinterpretation when rates are unstable.

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Munson Medical Center Service Area, MDHHS Vital Statistics, 2018 - 2022

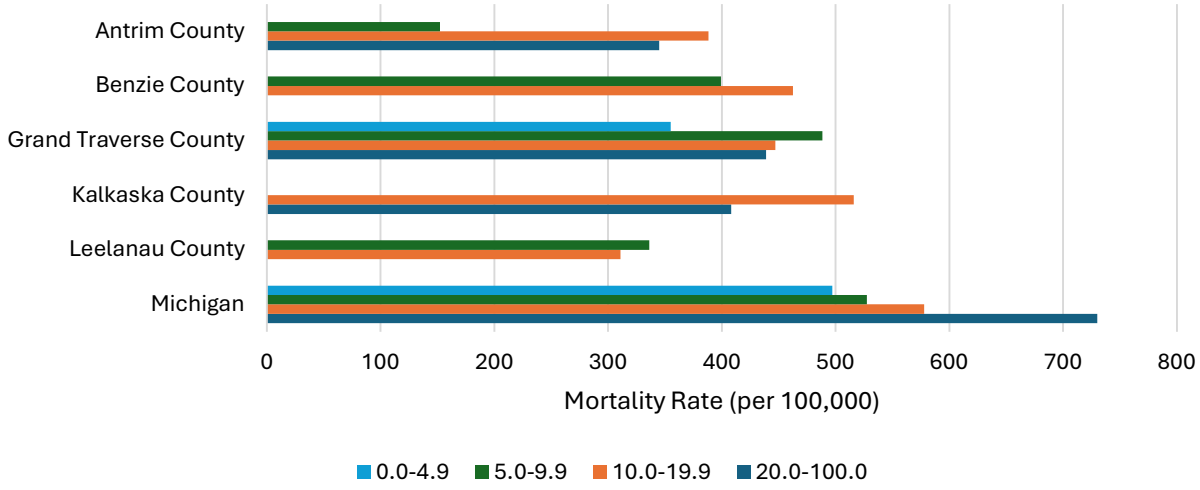


Substance Use Associated Mortality Rates for the Munson Medical Center Service Area, MDHHS Mortality Statistics, 2022



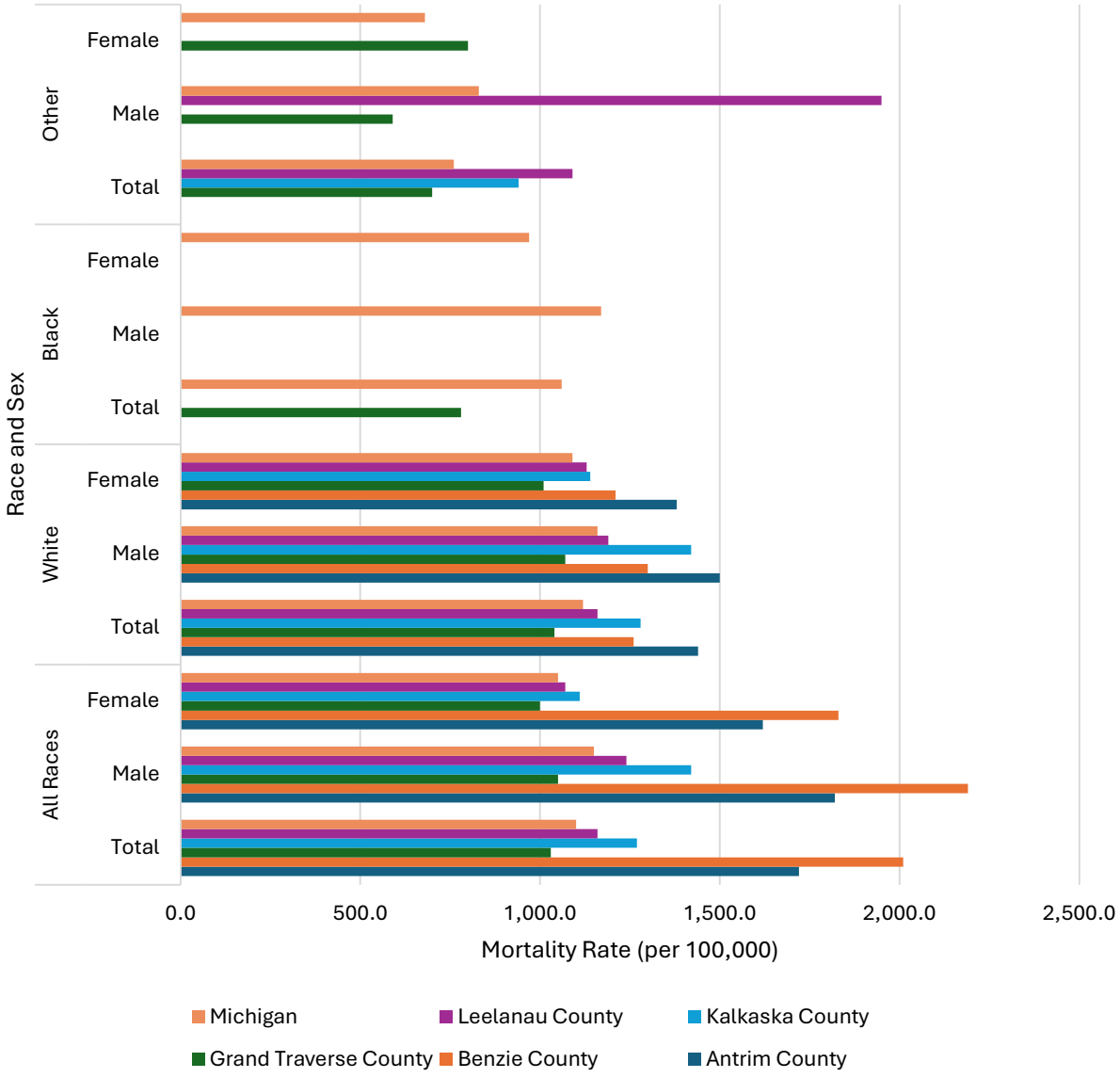
Note: Data from Antrim, Benzie, Kalkaska counties were suppressed due to low response levels and has been omitted from this graph.

Age-Adjusted Mortality Rates by Poverty Level for the Munson Medical Center Service Area, MDHHS Mortality and Poverty Statistics, 2020



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.

Mortality Rates by Race and Sex for the Munson Medical Center Service Area, MDHHS Vital Statistics, 2023



Community Survey

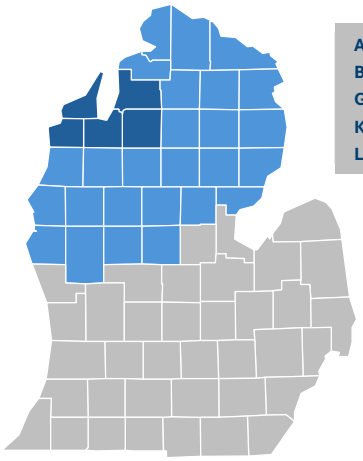
The 2024 Northern Michigan Community Health Survey asked 26 questions, including those geared towards determining what is important to the community, what factors are impacting the community, quality of life, and built environment, as well as demographic questions. The survey questions intentionally look to provide a deep understanding of the issues that residents feel are significant by answering the following questions:

- What is important to our community?
- How is quality perceived in our community?
- What assets are in the community that can be used to improve wellbeing?

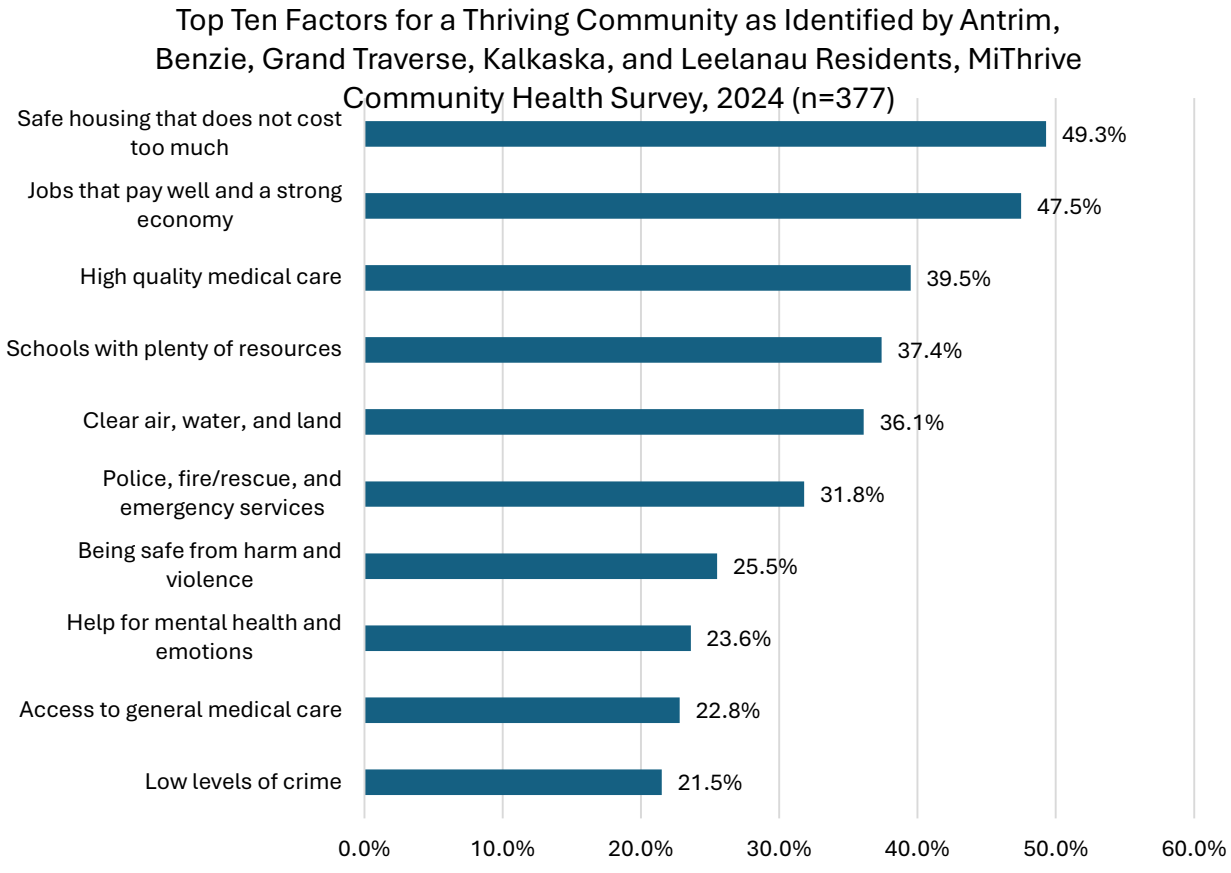
Community surveys were conducted both electronically and in paper format, available in English and Spanish. The electronic survey could be accessed via a direct link or QR code. The survey remained open from August 12, 2024 to October 6, 2024. To encourage participation, respondents who completed the survey had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties.

Partner organizations played a key role in promoting the survey through social media and community outreach. Promotional materials included flyers, social media content, and press releases. A total of 3,496 surveys were collected across the MiThrive Region, with 377 responses coming from Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties.

A total of **377 Community Survey** responses were collected in Mason and Oceana Counties.

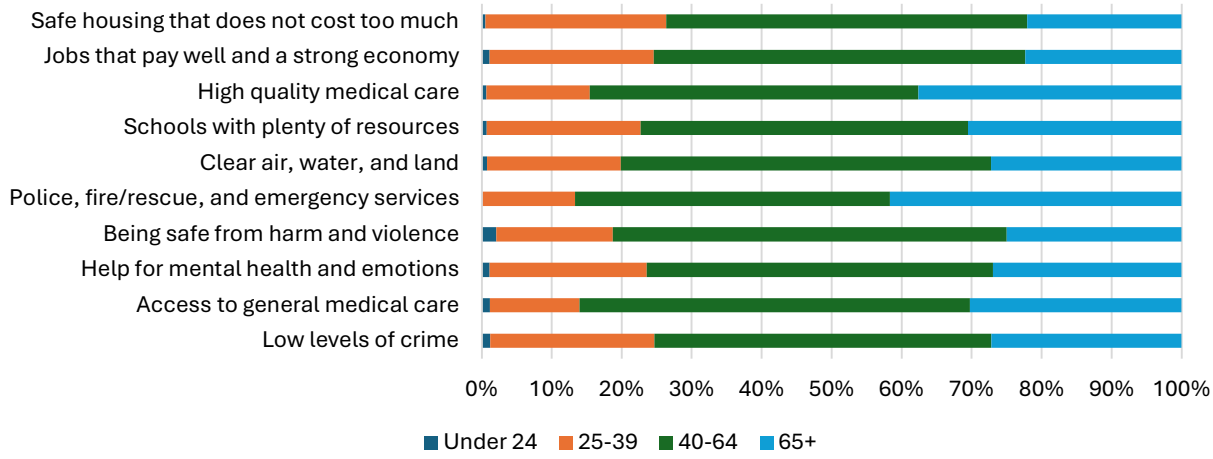


Antrim County = 31 Responses
Benzie County = 59 Responses
Grand Traverse County = 189 Responses
Kalkaska County = 52 Responses
Leelanau County = 46 Responses



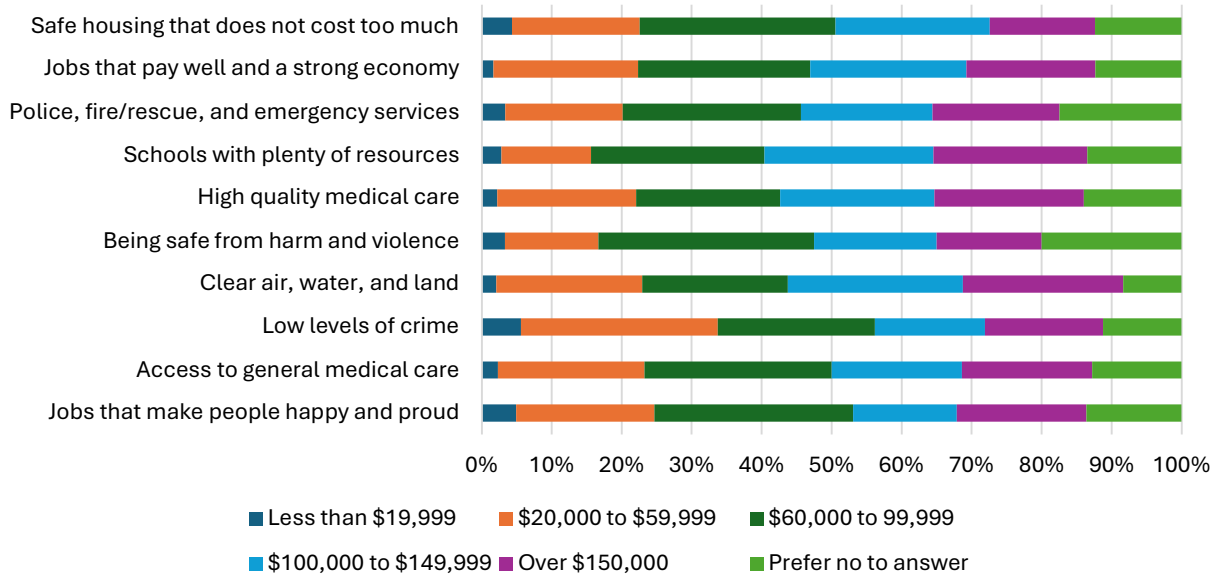
Note: This "Top Ten Factors for a Thriving Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these factors.

Top Ten Factors for a Thriving Community as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents by Age in Years, MiThrive Community Survey, 2024 (n=377)



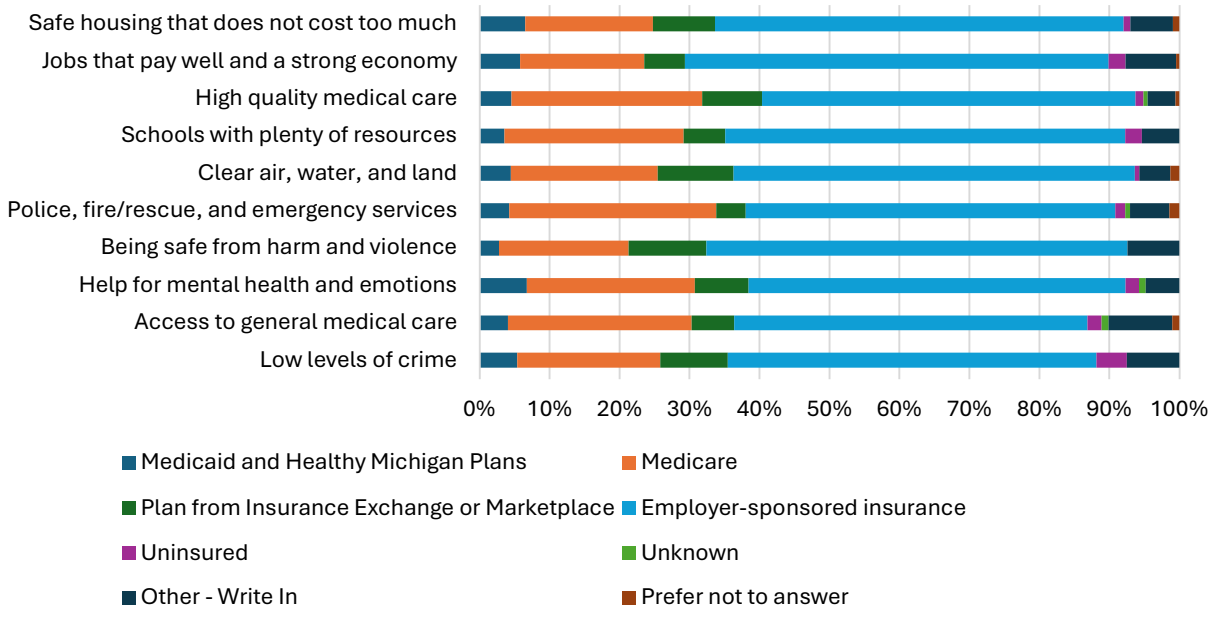
A greater proportion of individuals between **25 and 64 years of age** responded that **safe housing that does not cost too much** was an important factor for a thriving community.

Top Ten Factors for a Thriving Community as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=377)



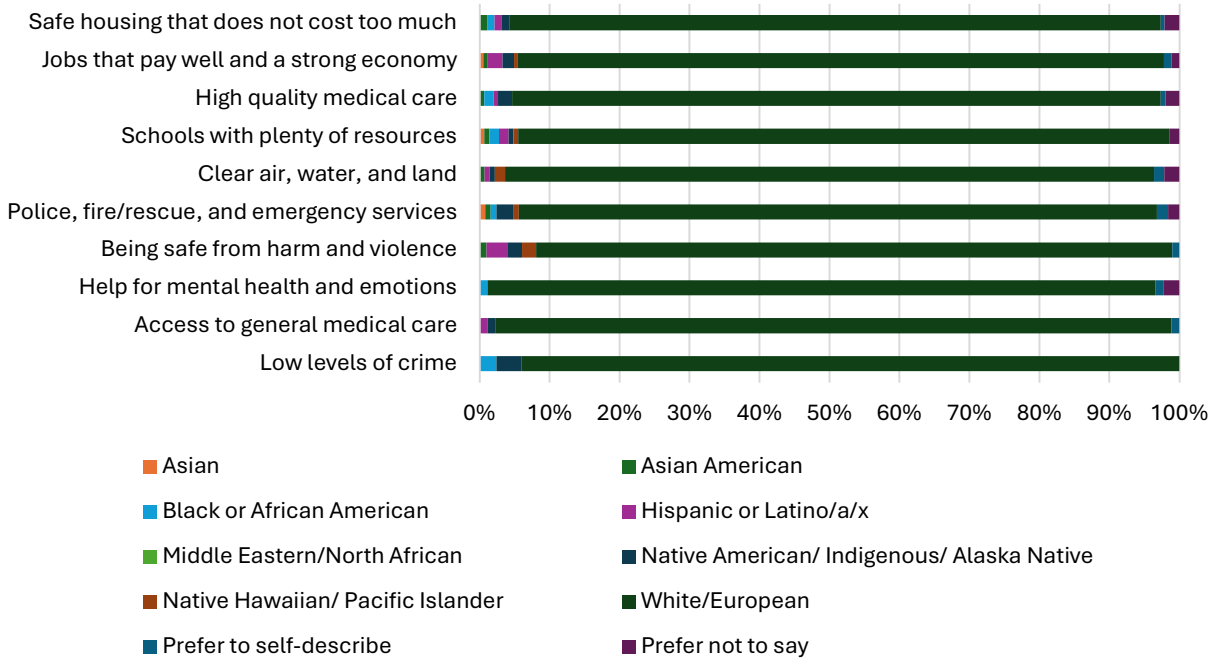
Help for mental health and emotions was a more important factor for individuals making **under $60,000 a year**.

Top Ten Factors for a Thriving Community as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents by Insurance Type, MiThrive Community Survey, 2024 (n=377)



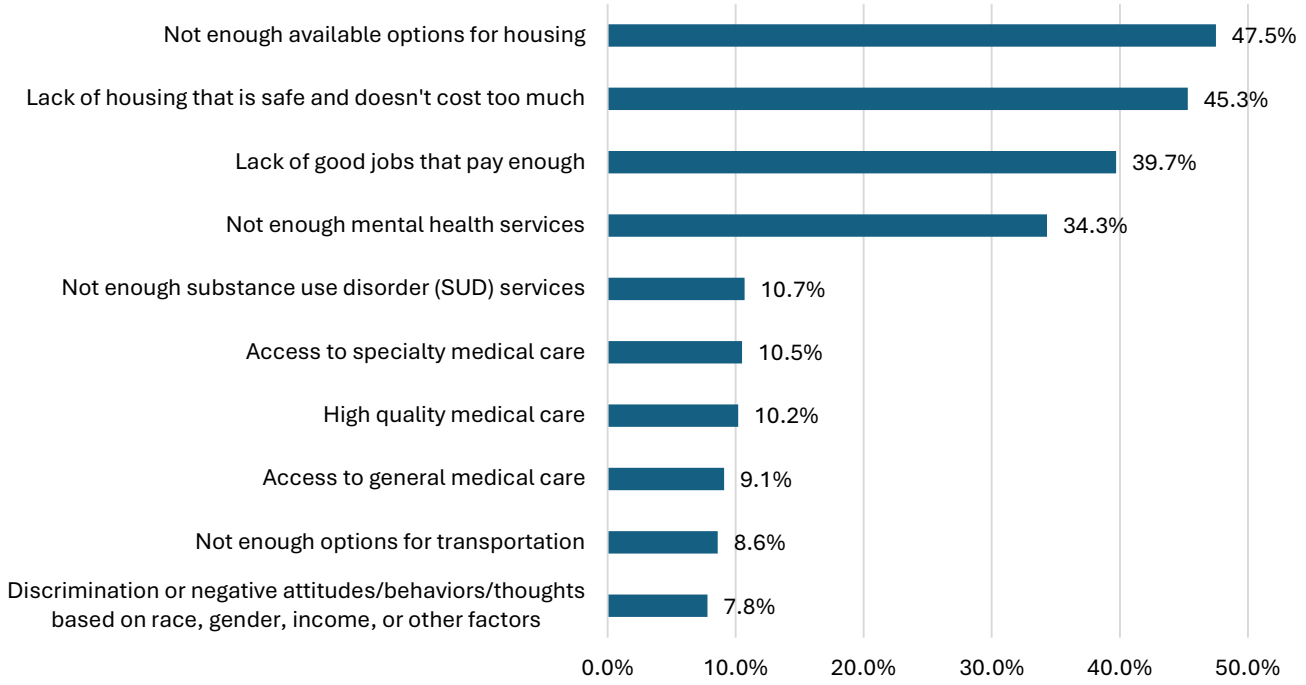
High quality medical care as a factor for a thriving community had a larger proportion of individuals who had **Medicaid**, **Medicare**, or **insurance exchange/marketplace** plans compared to other factors.

Top Ten Factors for a Thriving Community as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=377)



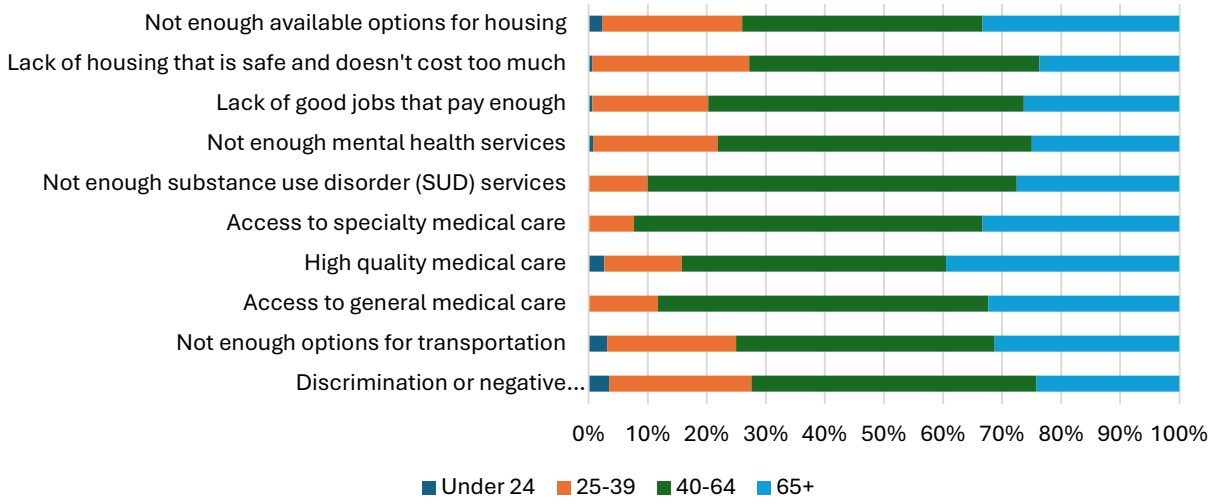
Schools with plenty of resources was identified as an important factor for respondents who identified as part of a **racial or ethnic minority**. This is also true for the factor of **being safe from harm and violence**.

Top Ten Issues Impacting the Community as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents, MiThrive Community Health Survey, 2024 (n=377)



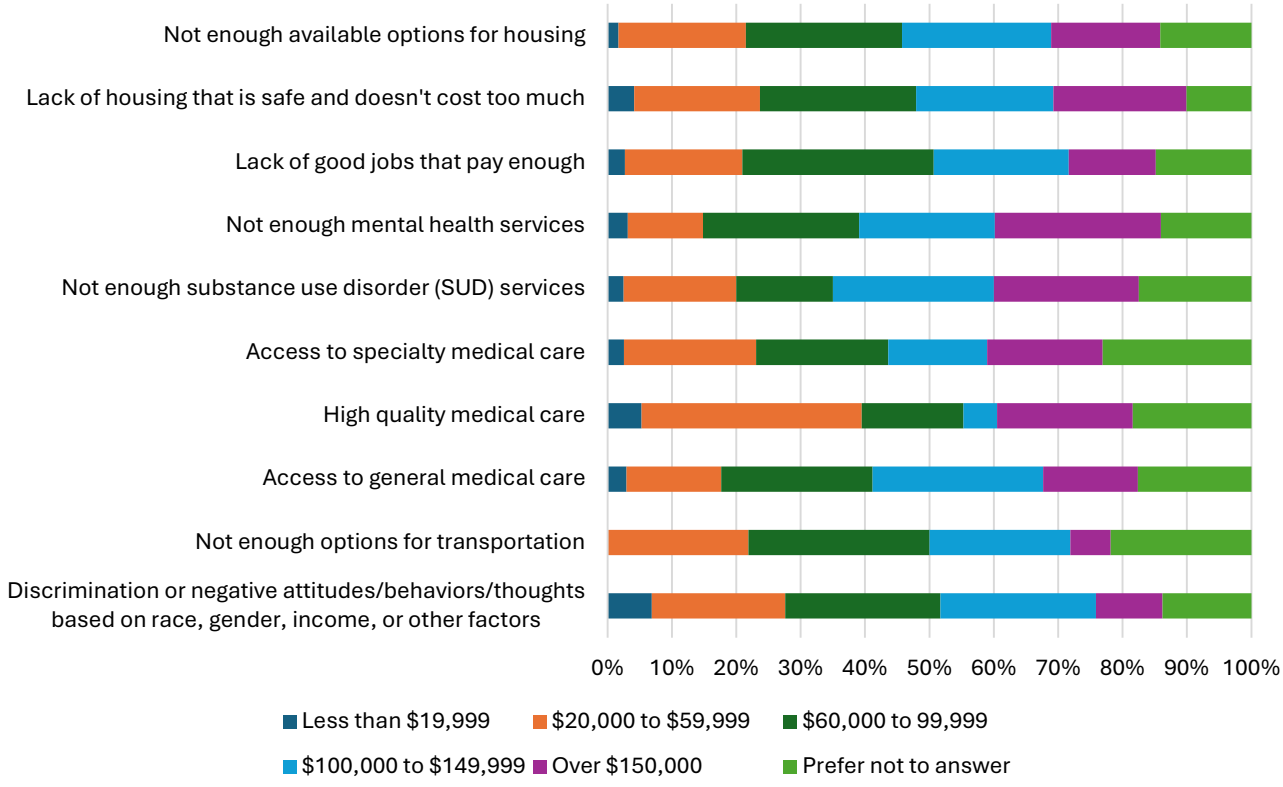
This "Top Ten Issues Impacting the Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these issues.

Top Ten Issues Impacting the Thriving Community as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents by Age in Years, MiThrive Community Survey, 2024 (n=377)



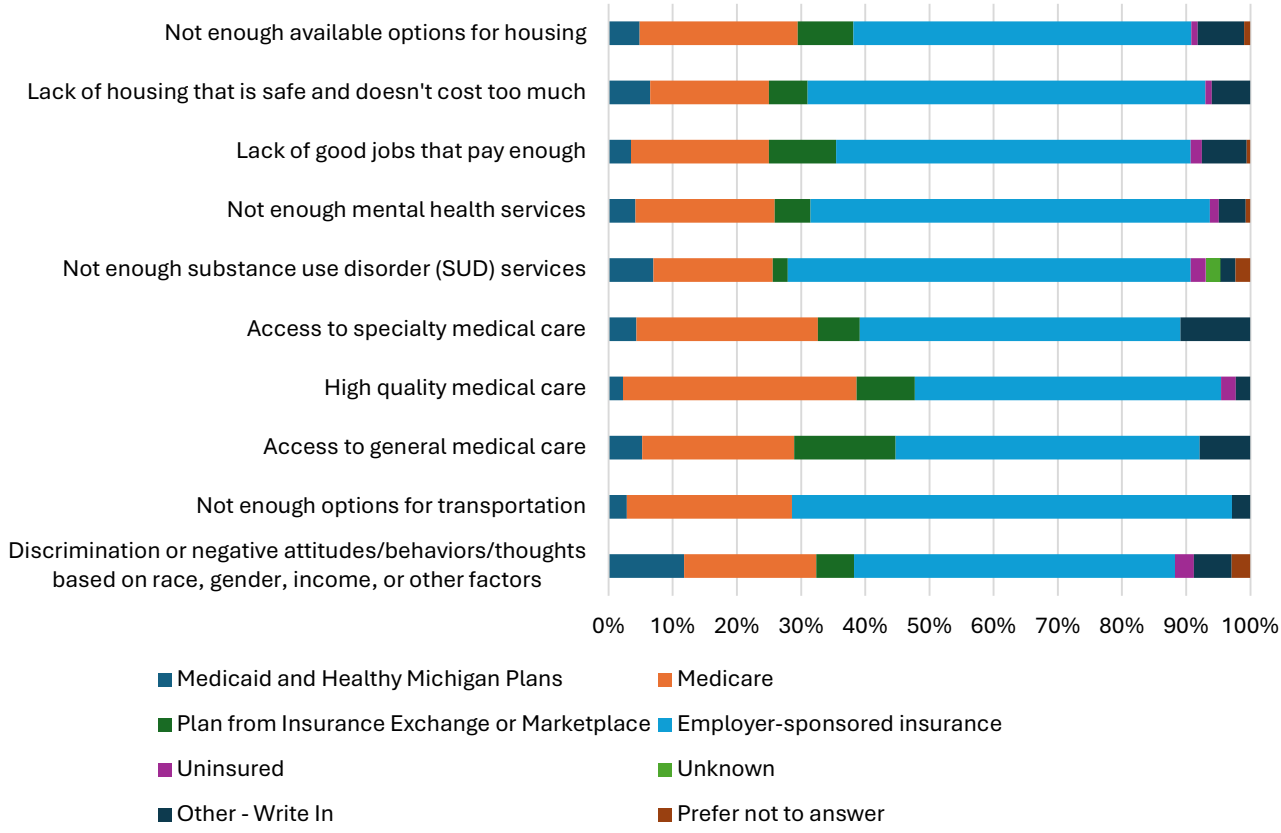
Residents **under the age of 40** disproportionately identified having **lack of housing that is safe and doesn't cost too much** as a major issue in their community.

Top Ten Issues Impacting the Community as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=377)



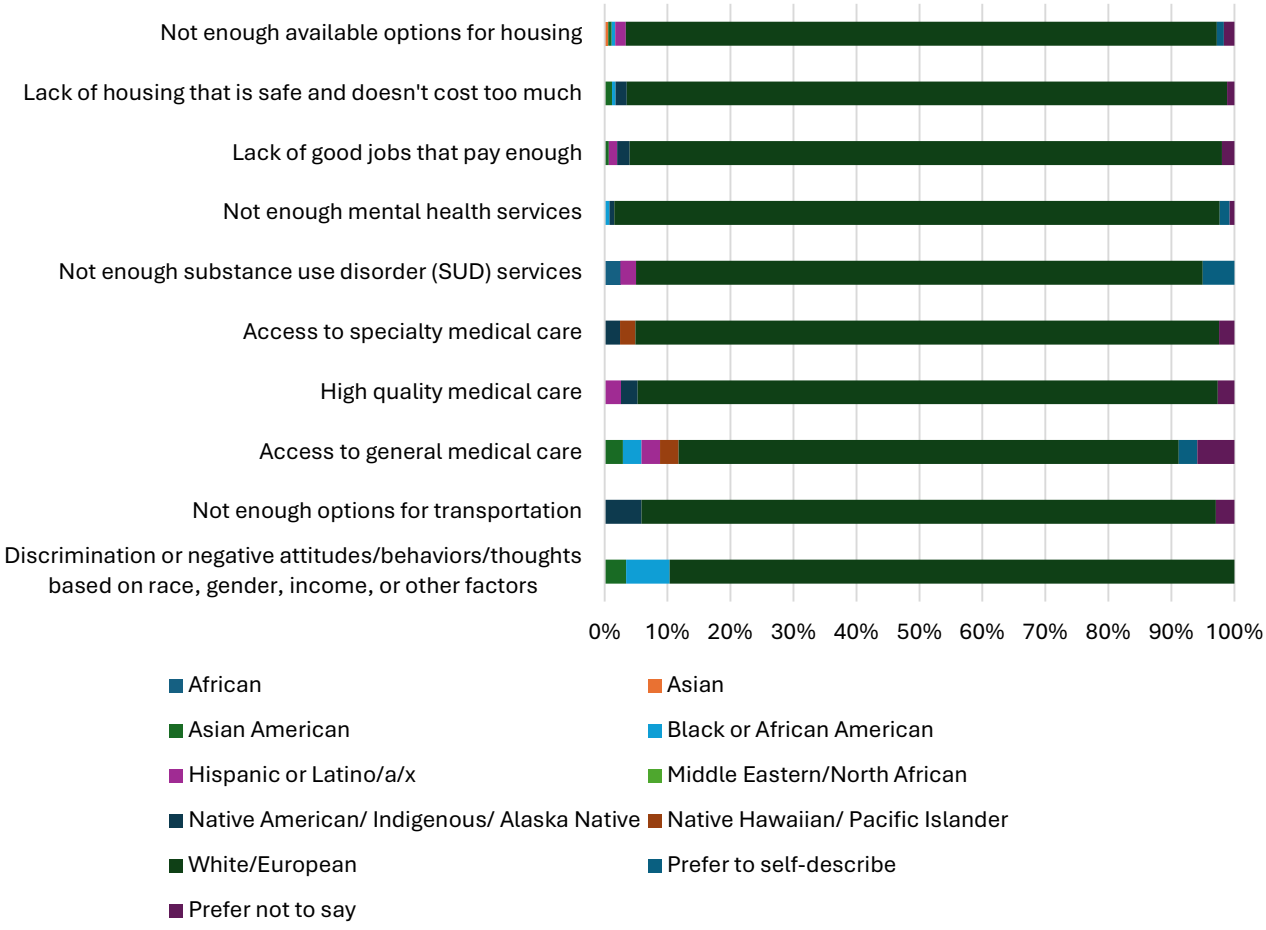
Lack of **high-quality medical care** was an important issue for respondents making **less than $60,000 a year** in their household.

Top Ten Issues Impacting the Community as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents by Insurance Type, MiThrive Community Survey, 2024 (n=377)



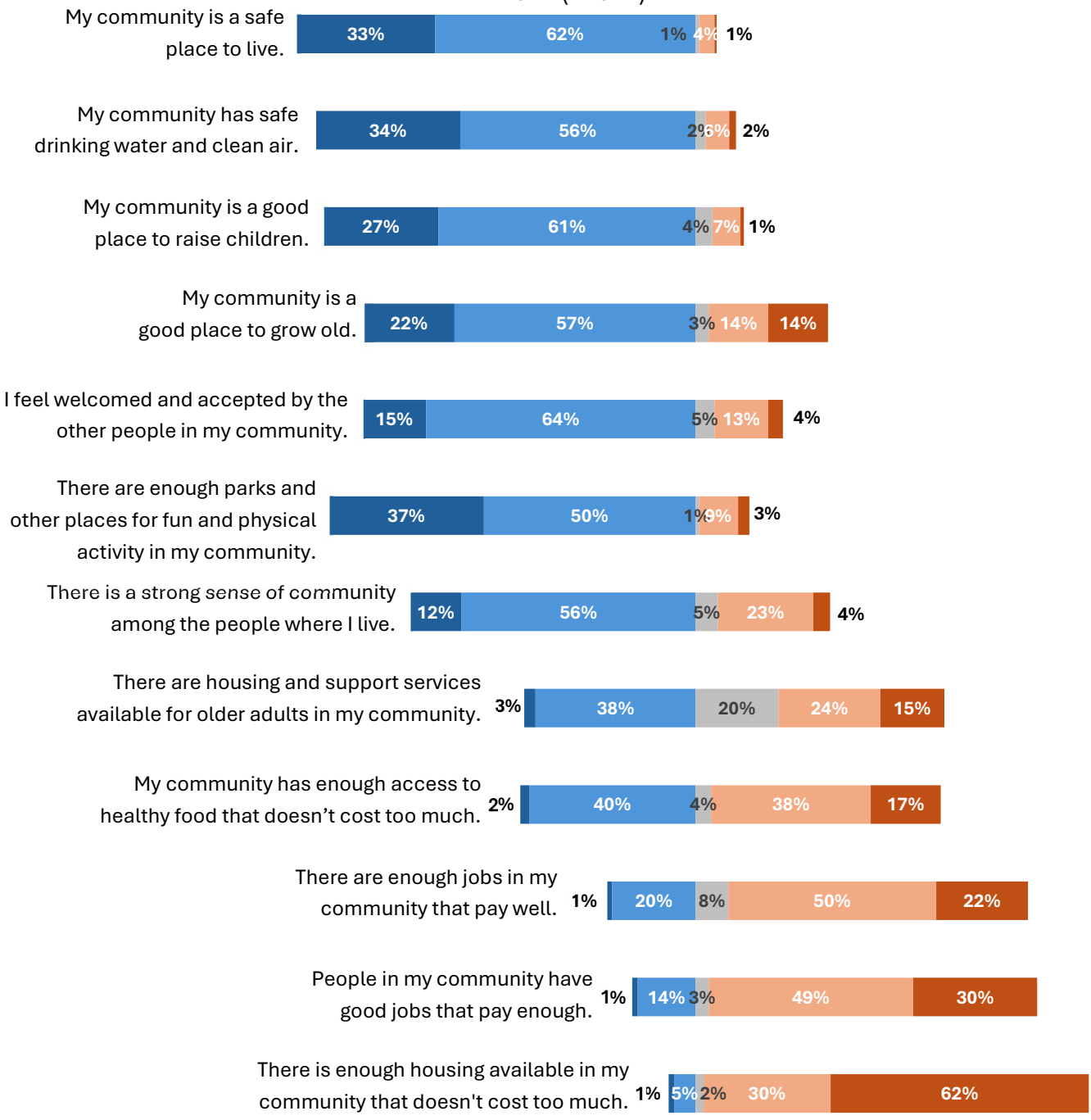
Residents with **Medicaid** or **Medicare** felt that a major issue in the community involved a lack of **high-quality medical care**.

Top Ten Issues Impacting the Community as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=377)



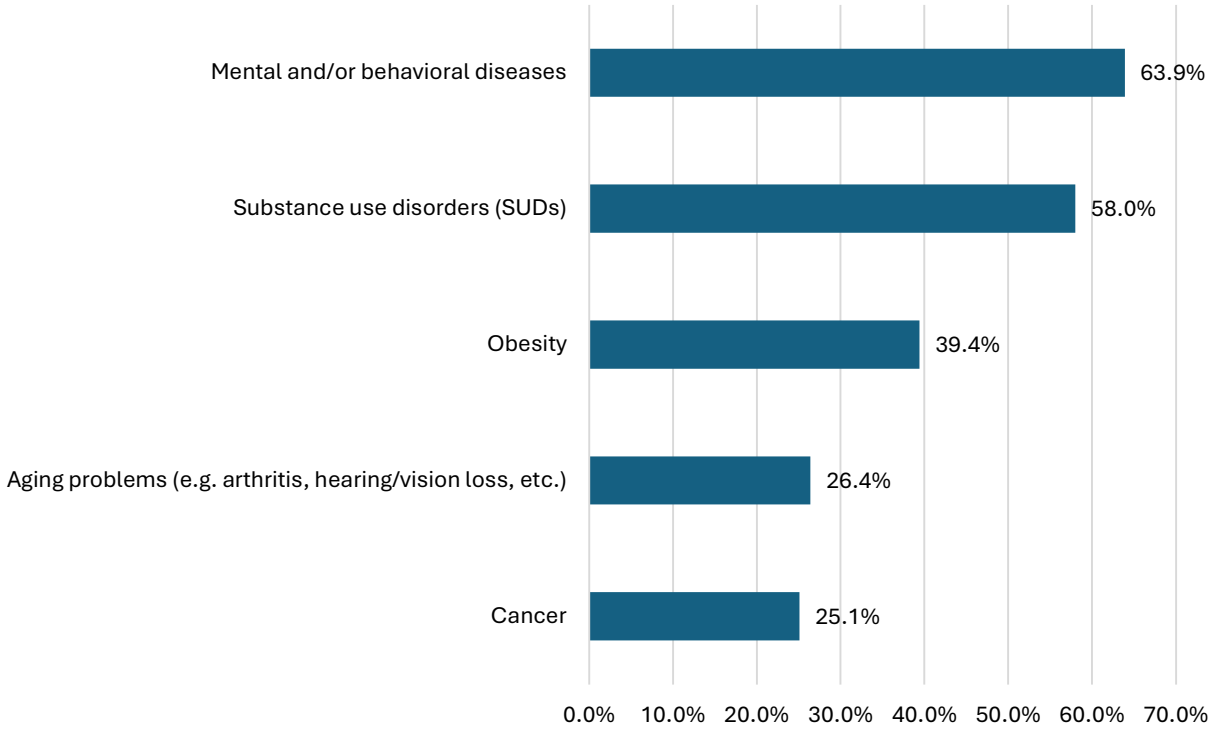
Access to general medical care was an important issue for respondents who identified as members of a **racial or ethnic minority group**.

Responses to Likert Scale Questions as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents, MiThrive Community Survey, 2024 (n=377)

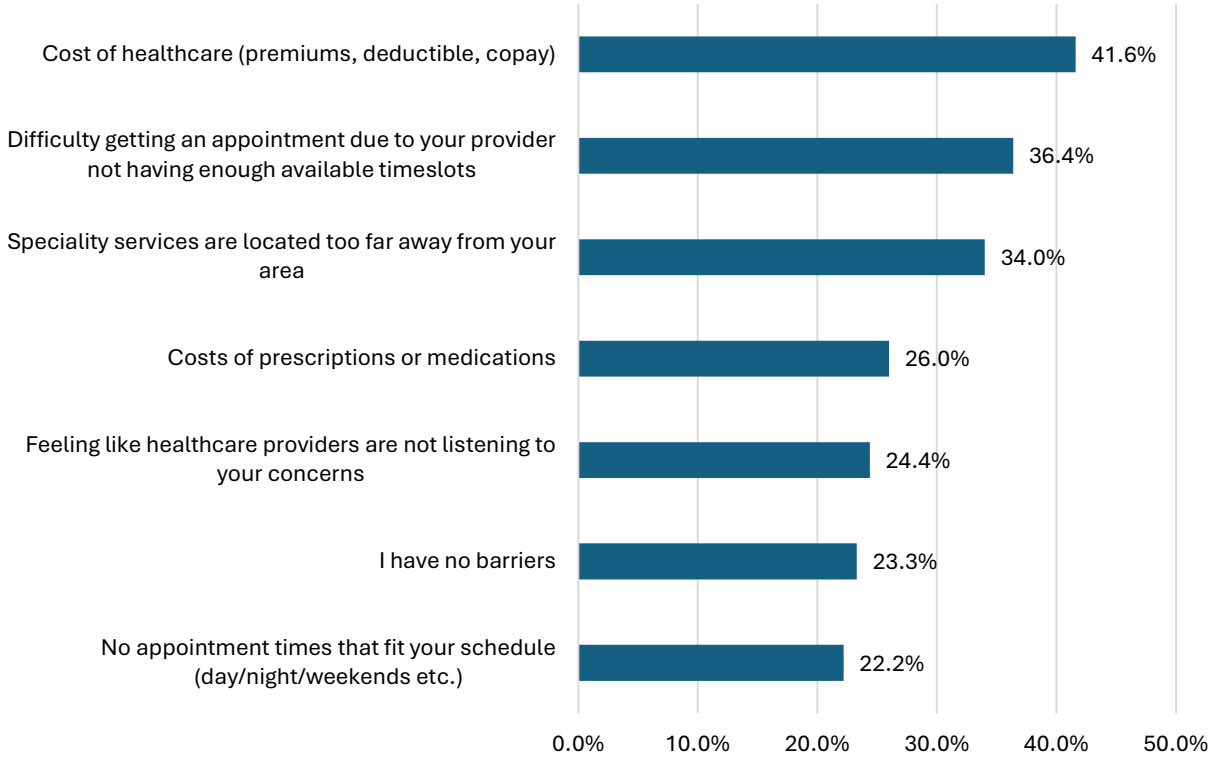


Dark blue indicates “Strongly agree” responses, light blue indicates “Agree” responses, grey represents the undecided or “I don’t know” responses, light red indicates “Disagree” responses, and dark red indicates “Strongly disagree” responses. Data shows that respondents felt that their community was a safe place to live, but most also expressed that there were **not enough jobs, access to healthy foods, or enough affordable housing** available in the community.

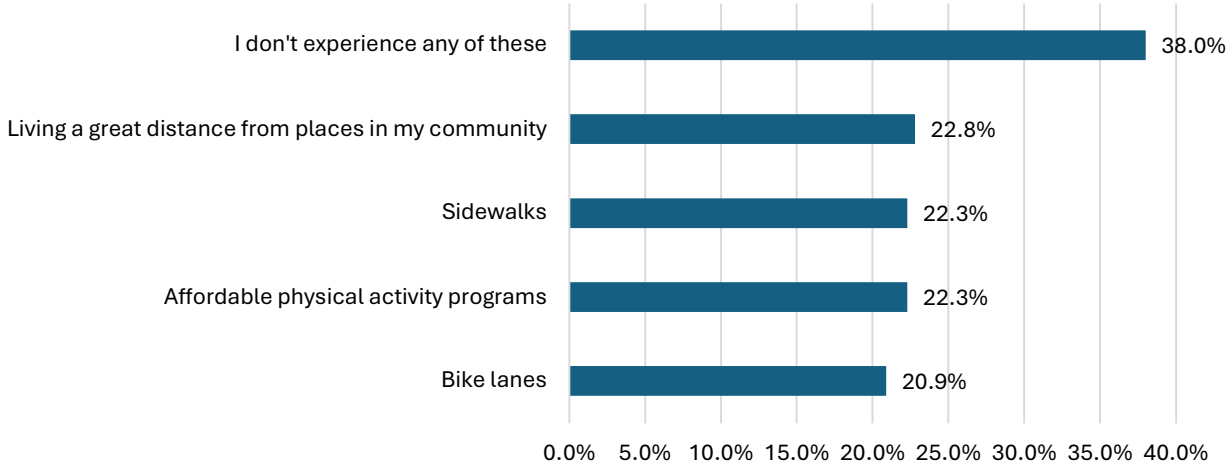
Most Concerning Medical Conditions in the Community According to Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents, MiThrive Community Survey, 2024 (n=377)



Top Identified Barriers to Healthcare Service According to Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents, MiThrive Community Survey, 2024 (n=377)



Top Issues Preventing Increased Physical Activity as Identified by Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Residents, MiThrive Community Survey, 2024 (n=377)

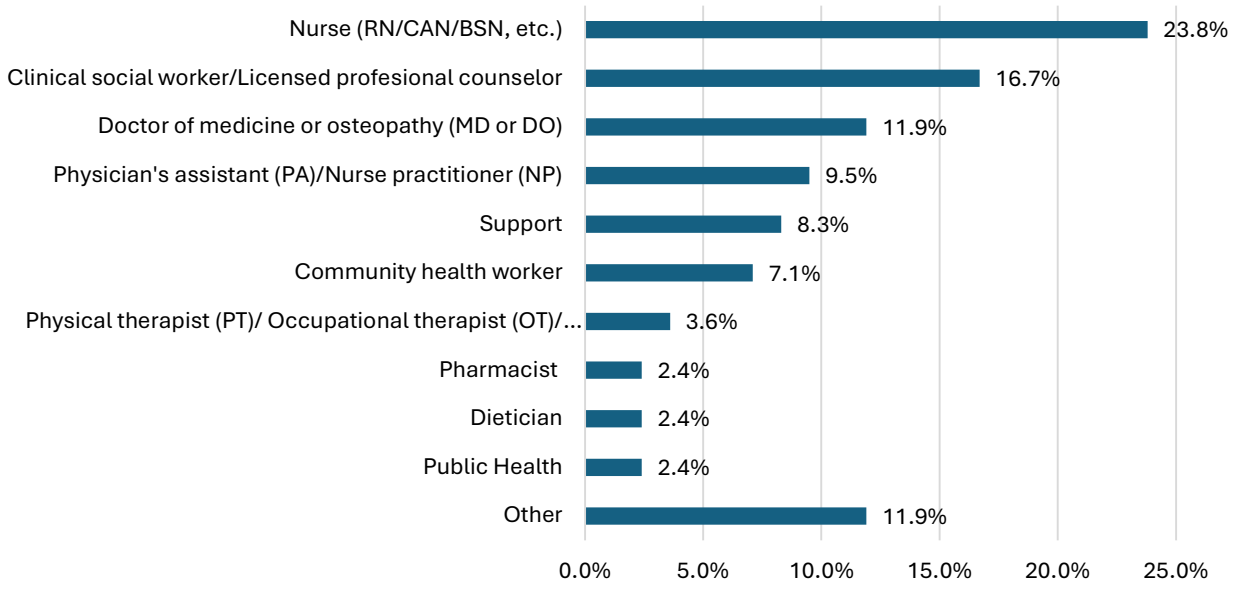


Healthcare Provider Survey

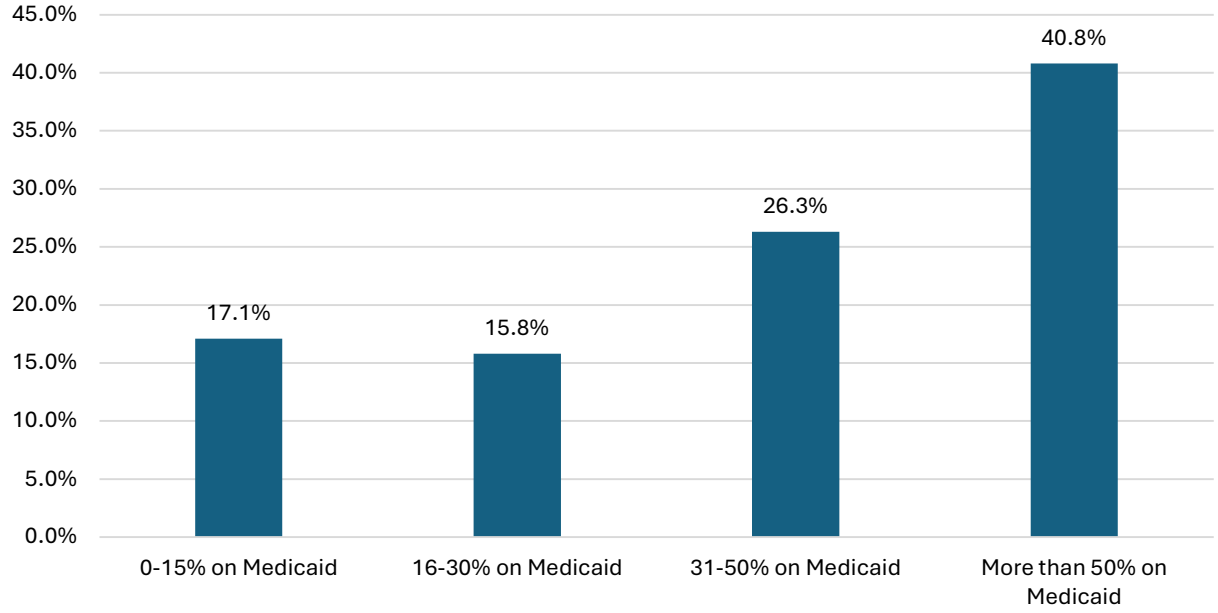
Data for the Healthcare Provider Survey was collected through additional questions included at the end of the Community Survey. Respondents who identified themselves as healthcare providers or healthcare staff were presented with six extra questions to capture their specialized perspective on the community's overall health and needs. The survey remained open from August 12, 2024 to October 6, 2024.

Healthcare partners, including hospitals, federally qualified health centers, and local health departments, distributed the survey electronically to physicians, nurses, and other clinicians. Partner organizations further supported outreach by sharing the survey link with external community partners. A total of 92 providers completed the healthcare provider section of the community survey in Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties.

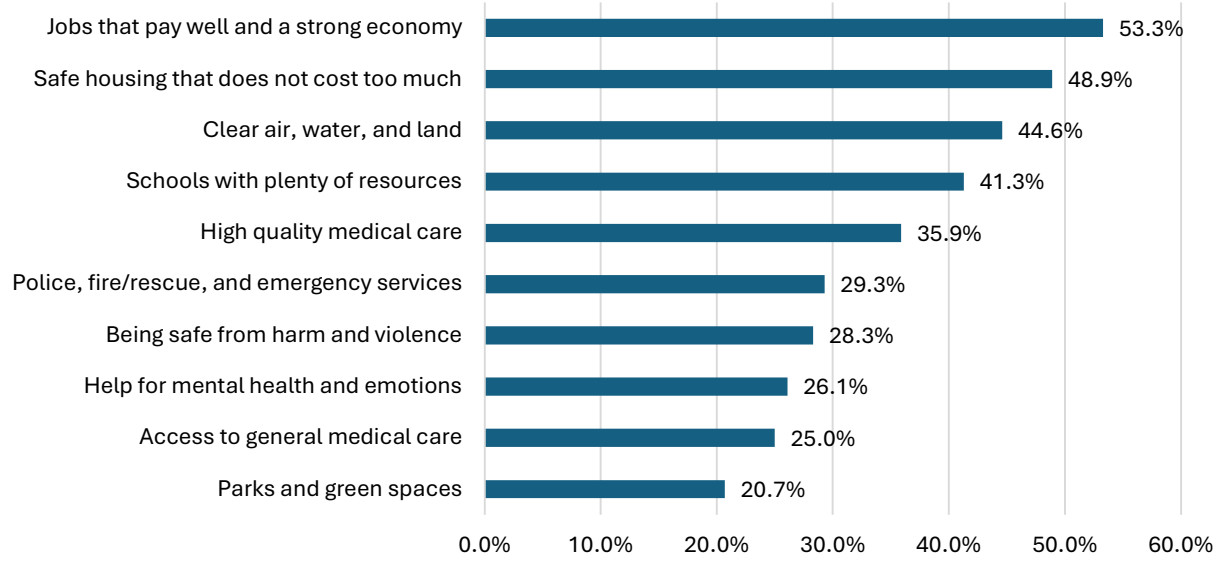
Top Roles of Survey Respondents that Identfied as Provider/Healthcare Staff in Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties, MiThrive Community Survey, 2024 (n=92)



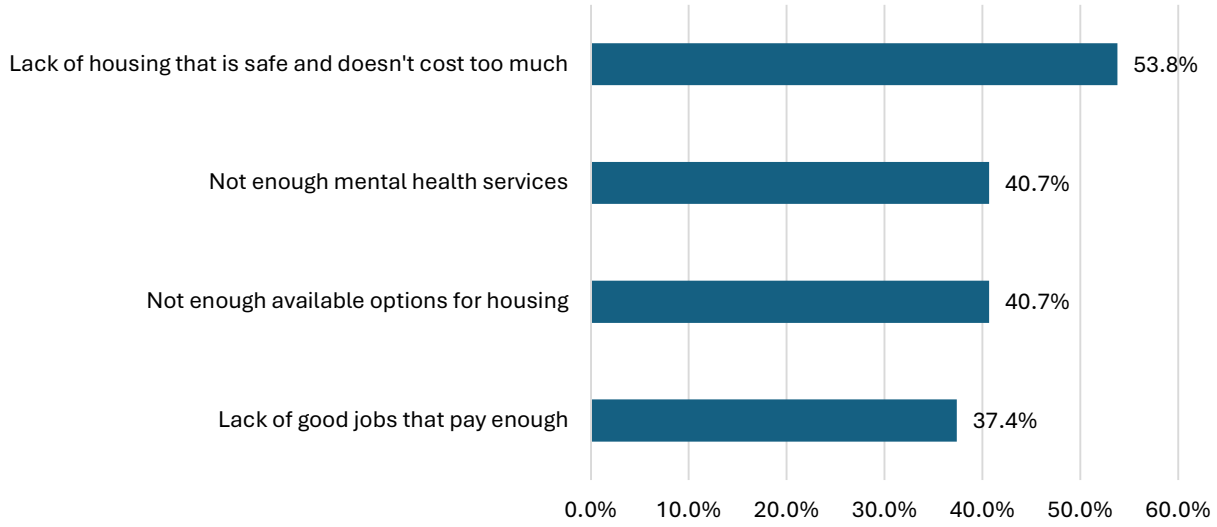
Proportion of Patient Population on Medicaid According to Survey Respondents that Identfied as Provider/Healthcare Staff in Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties, MiThrive Community Survey, 2024 (n=92)



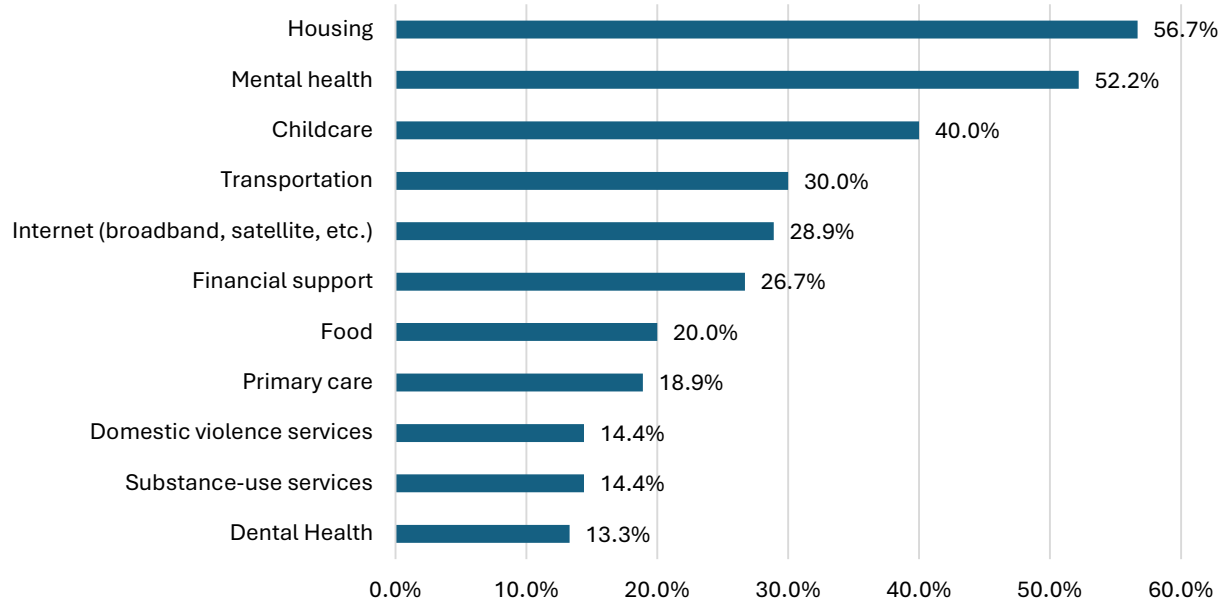
Top Factors for a Thriving Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties, MiThrive Community Survey, 2024 (n=92)



Top Issues Impacting the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties, MiThrive Community Survey, 2024 (n=92)



Resources/Services Missing From the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties, MiThrive Community Survey, 2024 (n=92)



Community Partner Assessment (CPA)

The Community Partner Assessment focuses on organizations that contribute to wellbeing. The CPA answers the following questions:

- What are the components, activities, competencies, and capacities in the regional system?
- How are services being provided to residents?

The assessment was designed to enhance communication between organizations and the community by bringing together a diverse range of partners. It aimed to explore connections within the community system, highlight strengths, and identify opportunities for improvement. The Community Partner Assessment included two key components: the Community Partner Assessment Survey and two virtual Community Partner Assessment Discussions events.

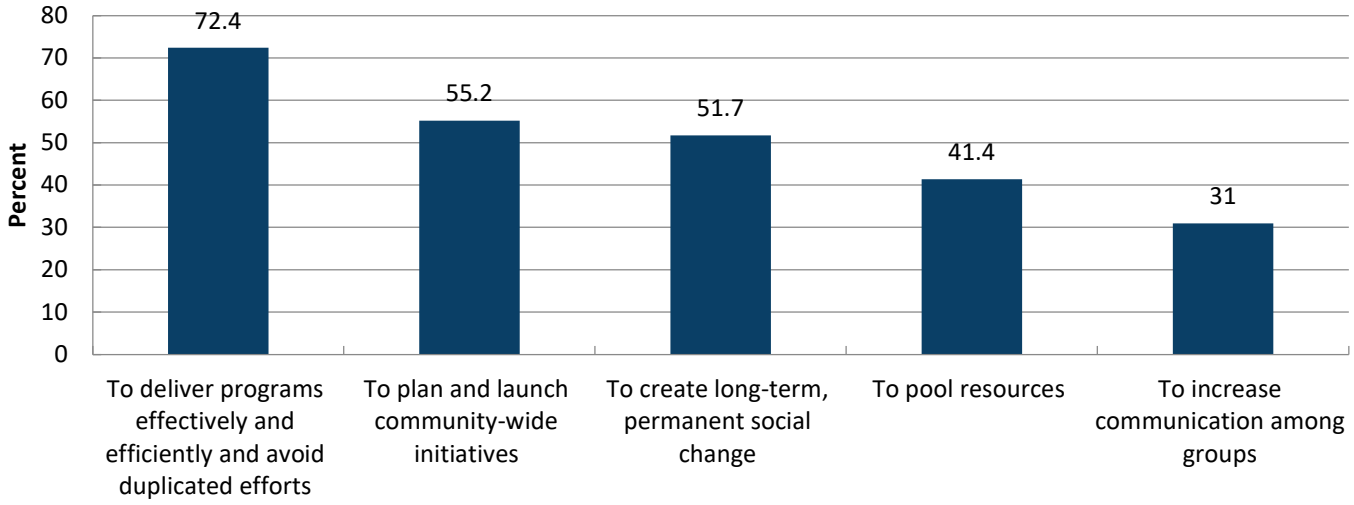
Community Partner Survey

From May 6, 2024 to June 3, 2024, 75 community partners from various organizations and sectors across the 31-county MiThrive Region participated in a community partner survey to assess the system's capacity. A total of 29 responses came from partners covering Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties. See Appendix D for the Community Partner Assessment Survey instrument.

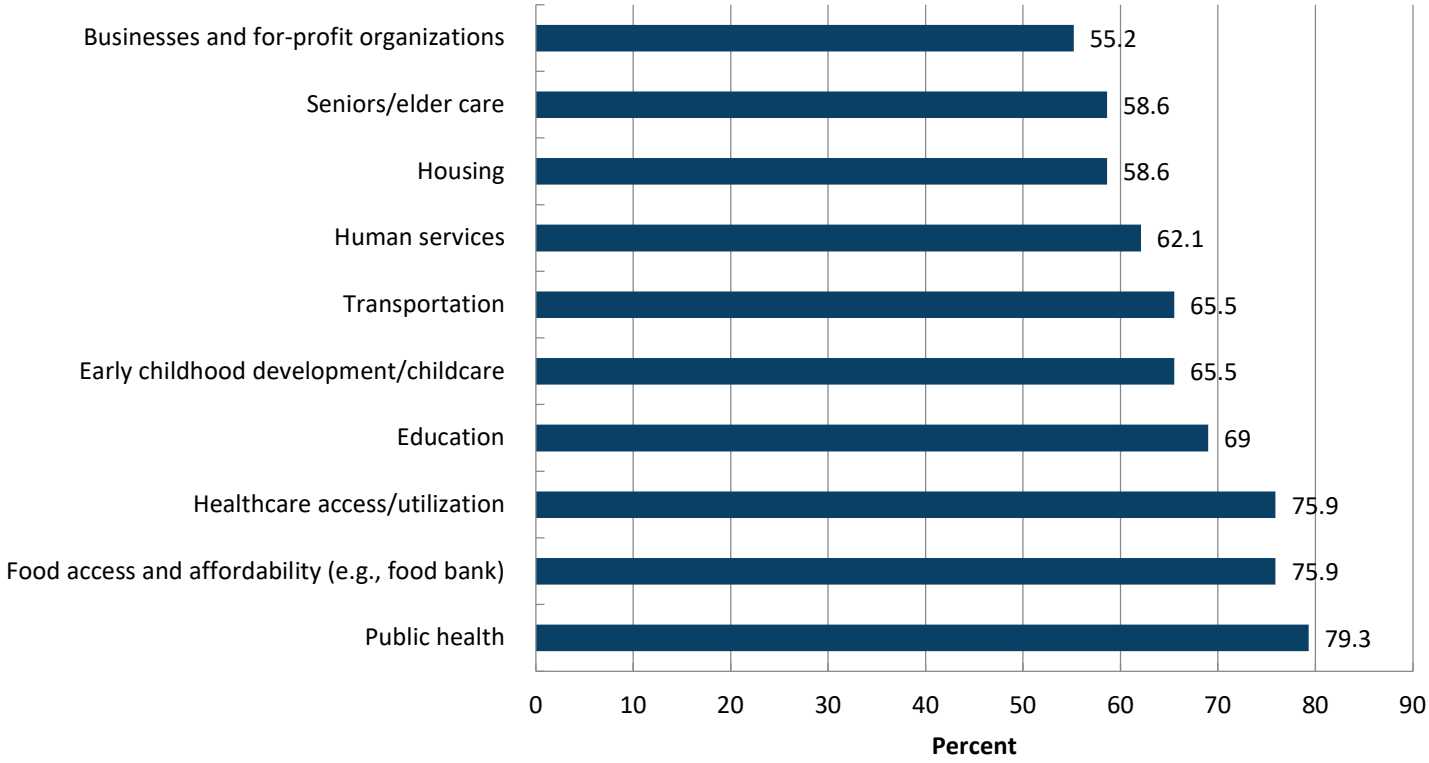
Additionally, survey participants were then invited to attend one of two virtual facilitated discussions, held on June 27, 2024 and July 10, 2024, allowing community partners to identify system strengths and areas for improvement collectively.

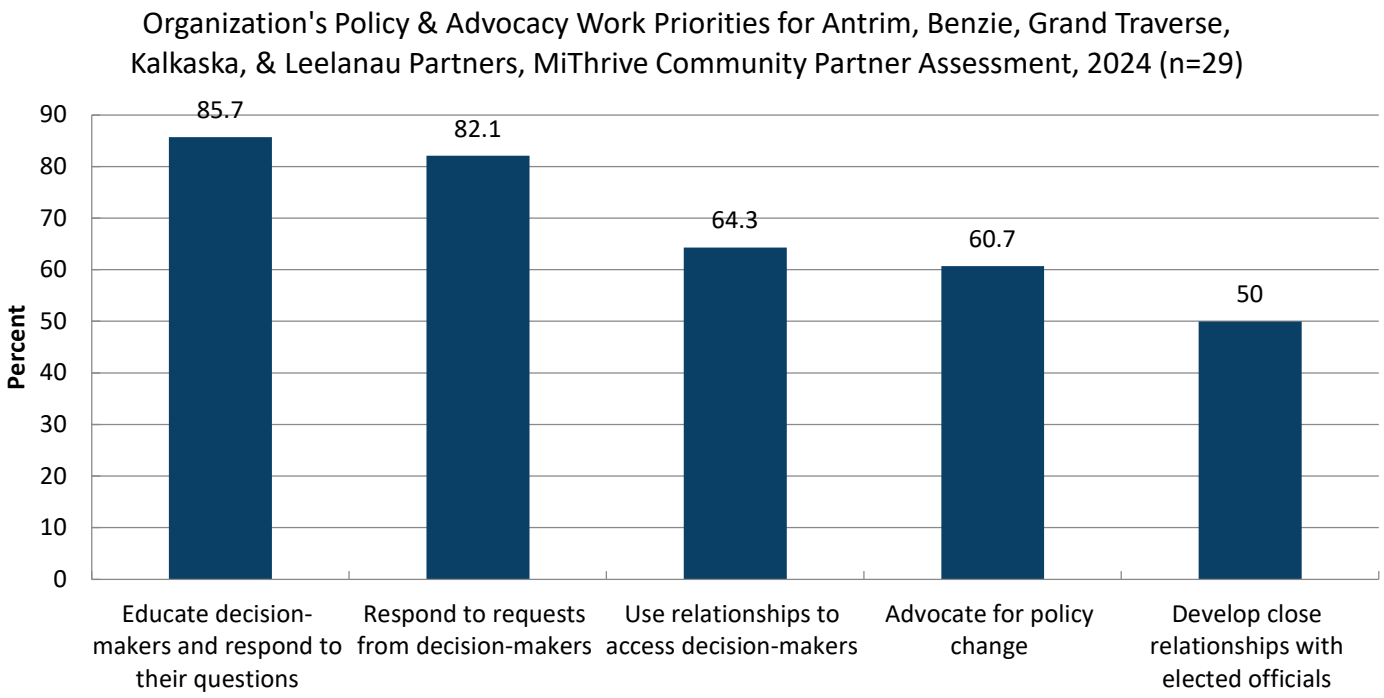
Community Partner Assessment Results

Antrim, Benzie, Grand Traverse, Kalkaska, & Leelanau Partner's Top Interests in Joining a Community Health Improvement Partnership, MiThrive Community Partner Assessment, 2024 (n=29)



Antrim, Benzie, Grand Traverse, Kalkaska, & Leelanau Partners Sector Engagement At Least Once within the Last Year, MiThrive Community Partner Assessment, 2024 (n=29)





Organization's Priorities for Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Partners, MiThrive Community Partner Assessment, 2024 (n=29)	A Lot	A Little	Not At All	Unsure
i. Economic Stability: The connection between people's financial resources, income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	71.4%	21.4%	7.1%	0%
ii. Education Access and Services: The connection of education to health and wellbeing. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	53.6%	32.1%	14.3%	0%
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	60.7%	28.6%	10.7%	0%

iv. Neighborhood and Built Environment: The connection between where a person lives, housing, neighborhood, and environment—and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	53.6%	42.9%	3.6%	0%
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	35.7%	53.6%	7.1%	0%

Virtual Facilitated Discussion Events:

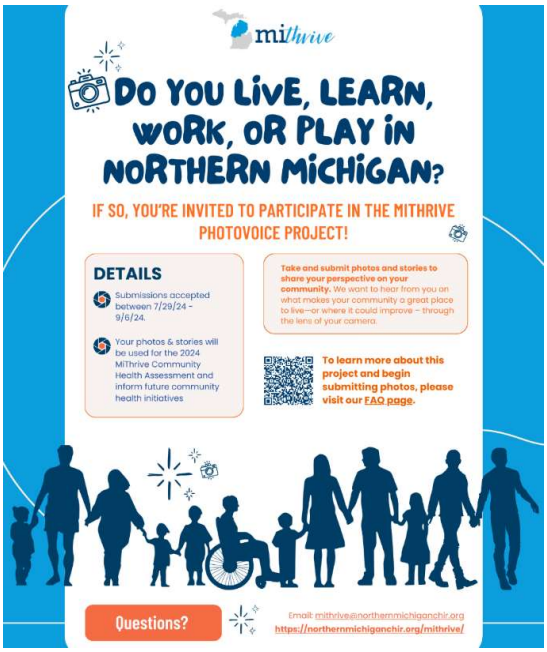
Survey participants were invited to attend one of two virtual, facilitated discussion events. During these sessions, attendees reviewed the results of the Community Partner Assessment Survey and engaged in small group discussions to explore the findings and share their reflections. Through these conversations, the following opportunities for improvement emerged:

- **Cross-Agency Collaboration:** partners expressed a need for more collaboration, including network sharing, communication between partners regarding knowledge of other agencies programs and services. Partners emphasized capitalizing on collective wisdom, sharing lessons learned and expertise across organizations.
- **Storytelling:** partners expressed an opportunity to incorporate storytelling to amplify resident voice.
- **Social Determinants of Health:** partners expressed a desire to continue incorporating social determinants of health to their work, such as residents need for transportation, housing, food, etc.
- **Health Policy:** partners expressed a need for building capacity around policy work. Partners stated it was important to bring awareness of awareness vs lobbying due to their funding structures being impacted by policy.
- **Minority Representation:** partners expressed a need to develop trust and working relationships with Native Nations and other minority groups to enhance representation.
- **Nonprofit and Grassroot Collaboration:** partners expressed an opportunity to improve collaboration with grassroots initiatives and community power building organizations.
- **Data Sharing:** partners expressed an opportunity to advocate for data sharing across organizations. Partners discussed the need to share social determinants of health data, such as housing, food, transportation, etc.
- **Thinking Outside the Box:** Partners expressed the need to expand services in nontraditional spaces. By bringing services to the target populations, it would increase accessibility to residents.

Community Context Assessment (CCA):

The Community Context Assessment aims to answer the four following questions:

- What strengths and resources does the community have that support health and wellbeing?
- What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
- What physical and cultural assets are in the built environment? How do those vary by neighborhood?
- What is the community doing to improve health outcomes?
- What solutions has the community identified to improve community health?



The goal of this assessment is to explore the strengths, assets, lived experiences, and forces of change in the community using qualitative methods.

The MiThrive CCA consists of three parts: asset maps, quotes from residents, and photovoice project. As previously stated, 3,496 residents and partners completed the community survey, with 3,412 submitting quotes. These quotes are responses to the open-ended question within the Community Context Assessment section of the community survey. For Photovoice, 63 residents and community partners participated, submitting a total of 140 photos. A total of 15 photos came from residents within Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties. In the Asset Maps, 55 revisions were made.

Community Context Assessment Results

Asset Mapping is a process to systematically identify and document all the positive resources, services and strengths present within the community that can be leveraged to address community health needs. During 2024, the asset maps completed in past CHNAs were compiled by county and shared with MiThrive Steering Committee members, partner organizations and Community Health Workers (CHW) to review and update. A full library of the 31-county MiThrive Asset Maps are available on the MiThrive website; see Appendix E for the Asset Maps for Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties.

A **community health worker (CHW)** is a trusted frontline public health worker with a strong understanding of the community they serve. This connection allows them to bridge health and social services, improving access to care and ensuring culturally competent service delivery. CHWs are well-versed in local resources and play a vital role in empowering individuals and communities by providing outreach, education, informal counseling, social support, and issue awareness to enhance health knowledge and self-sufficiency.

Resident Voice Quotes

Residents were given space to answer one open-ended question nested within the community survey. The question was:

> "Thinking broadly, what changes are happening or might happen in your area that you believe will affect the health of your community? These changes can include weather, technology, money, laws, diseases, community resources, and other things."

Below are the selected resident voice quotes:

Antrim County

"Declining **environment and infrastructure** affecting our health. Decline in **affordable housing** and the effect on our schools."

"We need more **affordable housing**, so people are not **living paycheck to paycheck**."

"**Environmental** problems such as deteriorating **air quality** and **water pollution** can also affect residents' health in the long term, especially **respiratory diseases**, skin problems and digestive diseases."

"Cost of **healthy food**, decreased educational opportunities in small town, decreased opportunities for kids in **schools** that will prepare them for college and scholarships"

Benzie County

"Higher usage and growing of **marijuana** and other drugs, **financial stress** and/or duress, political intensity, food increases financially."

"Not enough jobs that pay **a living wage**. Not enough resources for those who are in between poor and middle class"

"The continued severe lack of **affordable housing**. The continued severe **lack of jobs** that pay a living wage. The high **cost of food** and other basic services. The continued **lack of child care**."

"Proposals to reduce bussing and **transportation** options to Traverse City will limit access to resources. Legislation related to **broadband** access could increase access to internet services."

Grand Traverse County

“Lack of good community planning. Building **homes** too expensive for locals to live in. Impacts the **traffic** then and **safety**.”

“Too many **green areas** are being used to build condos and apartments. I'm concerned about **increased traffic congestion** and impact on **schools**.”

“With **low paying jobs**, people don't have access to **affordable housing**. I understand that there are lots of apartment complexes currently being built, but it DOES NOT solve our hosing crisis when they all charge $1600 a month for a one-bedroom apartment!”

“**Obesity** is not being taken seriously”

Kalkaska County

“**Education** is needed in our rural communities to help families break the cycle of **family traumas**, lifestyles, education, etc. education needed for teens on how to rise above your upbringing and break the cycle!”

“Removing condemned **housing** from community, building new housing, increasing size of **hospital** and adding **specialists/providers**.”

“Shrinking **police** presence, limited hours for **public transportation**. Rising **cost of living** and stagnant **wages**.”

“Lack of area for **biking and walking**. There are no shoulders on rural roads for those activities. We need to travel for any if those activities. The rising costs of house insurance and **property taxes** will become a real problem for this area.”

“We have a strong **hospital** that cares about the health of the community and is actively **promoting wellness**.”

Leelanau County

“**Lack of jobs** and affordable housing; lack of **access to general healthcare** including **behavioral health**”

“Seems like **homelessness** has increased significantly in recent years. Low-cost **housing** is unavailable.”

“As sole care giver for a senior parent who is experiencing medical issues, other than the hospital, which is super expensive, I am struggling to find access to helpful and **affordable resources** that don't require me to stop working and experience even harder **financial** issues.”

“Increase in **hiking trails** increases my **physical and mental health**”

Photovoice

Photovoice is a community-based research method that uses photography and quotes to document and discuss strengths, assets and experiences that affect the community. The MiThrive Photovoice Survey consisted of three questions for residents to answer by submitting photographs and captions electronically or requesting a disposable camera to take and submit photographs and captions through mail or drop off locations. To encourage participation, respondents who completed a photovoice submission had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties. As with the other community engagement opportunities, partner organizations were essential to sharing this opportunity with community residents. Promotional materials included flyers, social media content, and press releases.

MiThrive staff developed three photovoice prompts:

Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

Take a picture of something that makes your community a good place to live in, like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility and how easy things are to use.

Take a picture of something that needs improvement in your community.

The following are photographs and captions submitted from Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties. See Appendix F for the Photovoice Survey Instrument and Appendix G for complete Northwest Region Photovoice Album.

County: Antrim

Caption: “This is just a portion of the crowd that showed up at Short’s Brewing Company Pull Barn in Elk Rapids to help raise money to purchase a Floating Beach Wheelchair. The chair will be publicly available for use (for free!) at the park in Elk Rapids to allow anyone with mobility issues the opportunity to access Lake Michigan. Caring and generous people are what make out community great!”

Related Themes: Safety and Wellness, Environmental/ Infrastructure

County: Benzie

Caption: “Our local library. The building itself is lovely, with a newly expanded children’s area and outdoor sound garden, but what’s really special are the people who make it such a community. They know your kid’s name and greet them like it’s the most important part of their day, and then chat with the kids while I quickly browse the new arrivals. This small act of kindness not only gives me a chance to grab something for myself, but it strengthens the connections my kids have to the people within their community. This place is truly special and one of the best things about our week.”

Related Themes: Education, Environmental/ Infrastructure

County: Grand Traverse

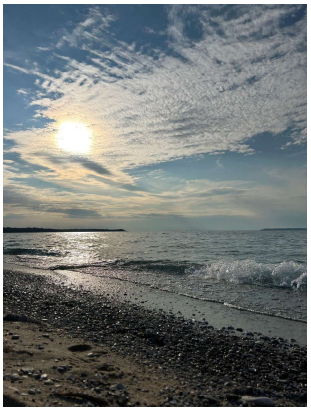
Caption: “This photo is pf a group of Norte Youth Cycling’s Bike for All program participants. Norte’s mission is to champion bikes and community, and we believe everyone should be able to experience the joy and freedom of bike riding. Regardless of their abilities. We offer adaptive bikes specially modified to accommodate individual with special needs, disabilities, or mobility challenges, so that everyone can enjoy the trill of riding.”

Related Themes: Obesity, Environmental/ Infrastructure, Safety and Wellness

County: Kalkaska

Caption: “Northern lights on Big Twin Lake in beautiful north west lower Michigan.”

Related Themes: Mental Health and Environmental/Infrastructure



County: Leelanau

Caption: “This is a picture of Glen arbor beach in Leelanau County. The lake brings me and my family happiness when we swim play and walk on the beach. Connecting with nature helps us live a good life.”

Related Themes: mental health and environmental/infrastructure

Otsego Memorial Hospital:

Cheboygan, Montmorency, Otsego

Community Status Assessment (CSA)

The Community Status Assessment identifies priority community health and quality of life issues. It answers the following questions:

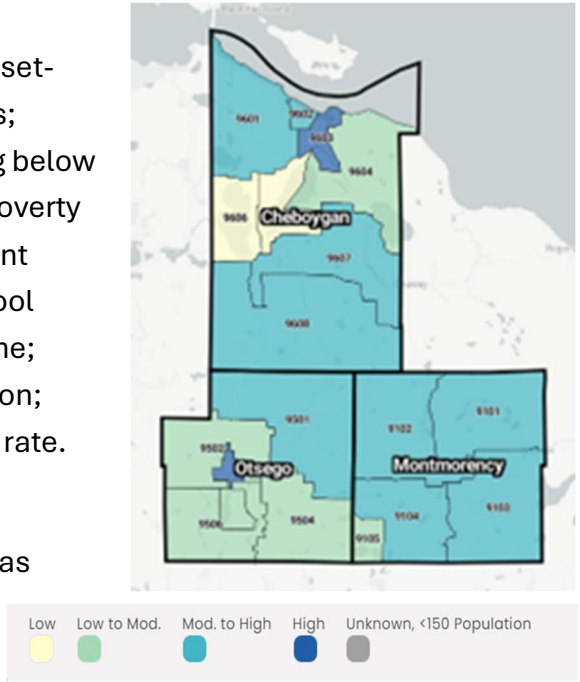
- How healthy are our residents?
- What does the health status of our community look like?

The answers to these questions were measured by collecting more than 200 indicators from a variety of secondary sources onto the MiThrive Data Platform, as well as primary data collected through the 2024 community survey and provider survey.

The MiThrive Core Team assured secondary data included measures of social and economic opportunity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35 percent of household income; high school graduation rate; income inequality; median household income; median value of owner-occupied homes, political participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and wellbeing. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English “less than well”; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

Social Vulnerability Index by Census Tract in Cheboygan, Montmorency, and Otsego Counties



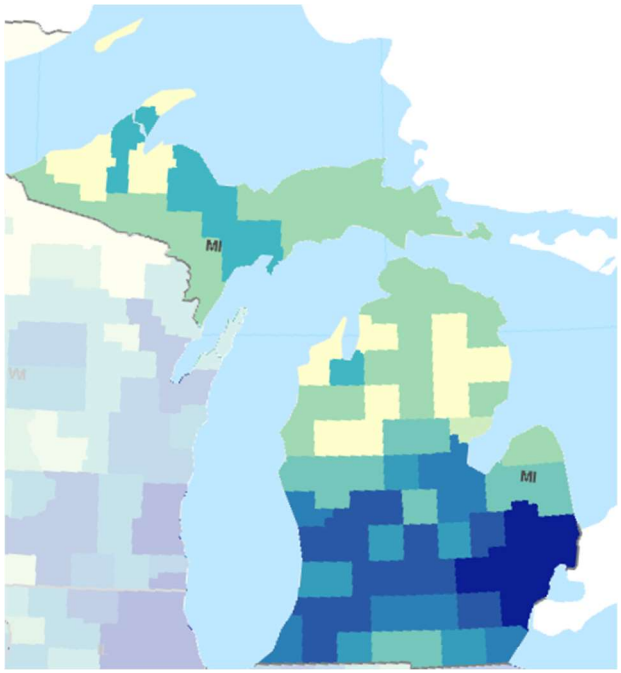
Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

As illustrated in the map at right, Census Tracts in the Cheboygan, Montmorency, and Otsego counties have Social Vulnerability Indices at “low to moderate” or “moderate to high”, apart from the north middle and northwest corner of Cheboygan County and the middle of Otsego County.

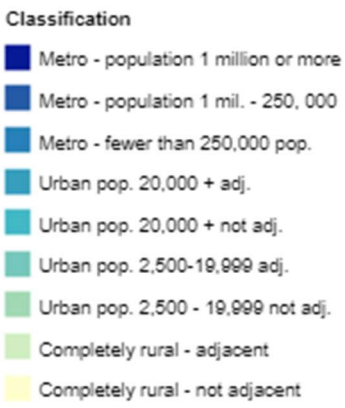
Geography and Demographics

The service area for Munson Otsego Memorial Hospital includes Cheboygan, Montmorency, and Otsego Counties. The area is known for its clean environment and abundant resources for outdoor recreation. Covering 1,776.9 square miles of land, most of the region is designated as “rural” by the U.S. Census Bureau. This is one of its most important characteristics as rurality influences health and wellbeing.

The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 60,502 people who live in these counties, 96.9 percent are white. The largest racial minority groups are Black or African American (1.3%), American Indian and Alaska Native (3.4%) and Some Other Race (2.5%). Additionally, the largest ethnic minority group is Hispanic and Latino; Cheboygan (1.9%), Montmorency (1.9%), and Otsego (2.1%).

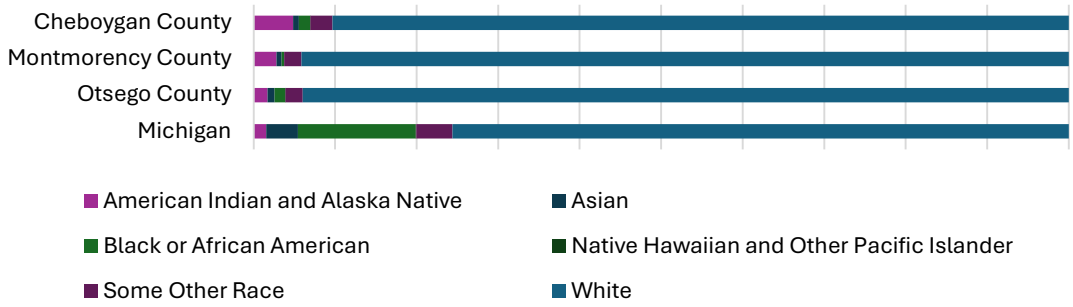


Rurality by County



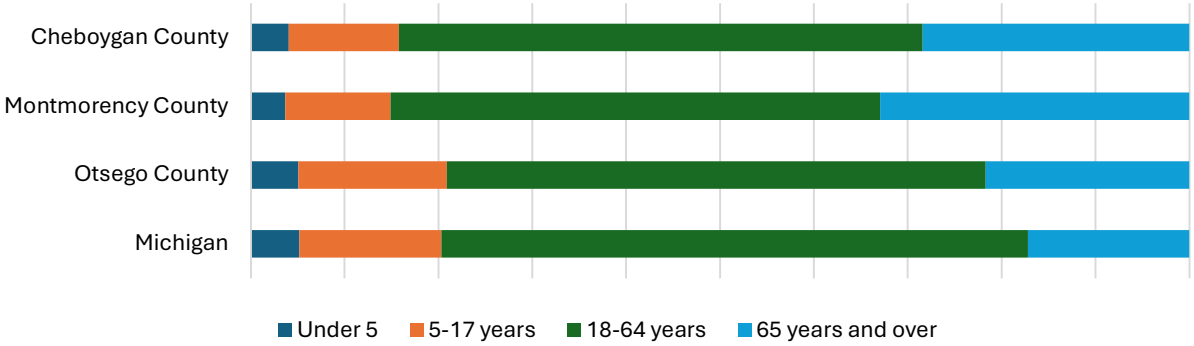
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

Population by Race for the Munson Otsego Memorial Hospital Service Area, United States Census Bureau, 2019-2023



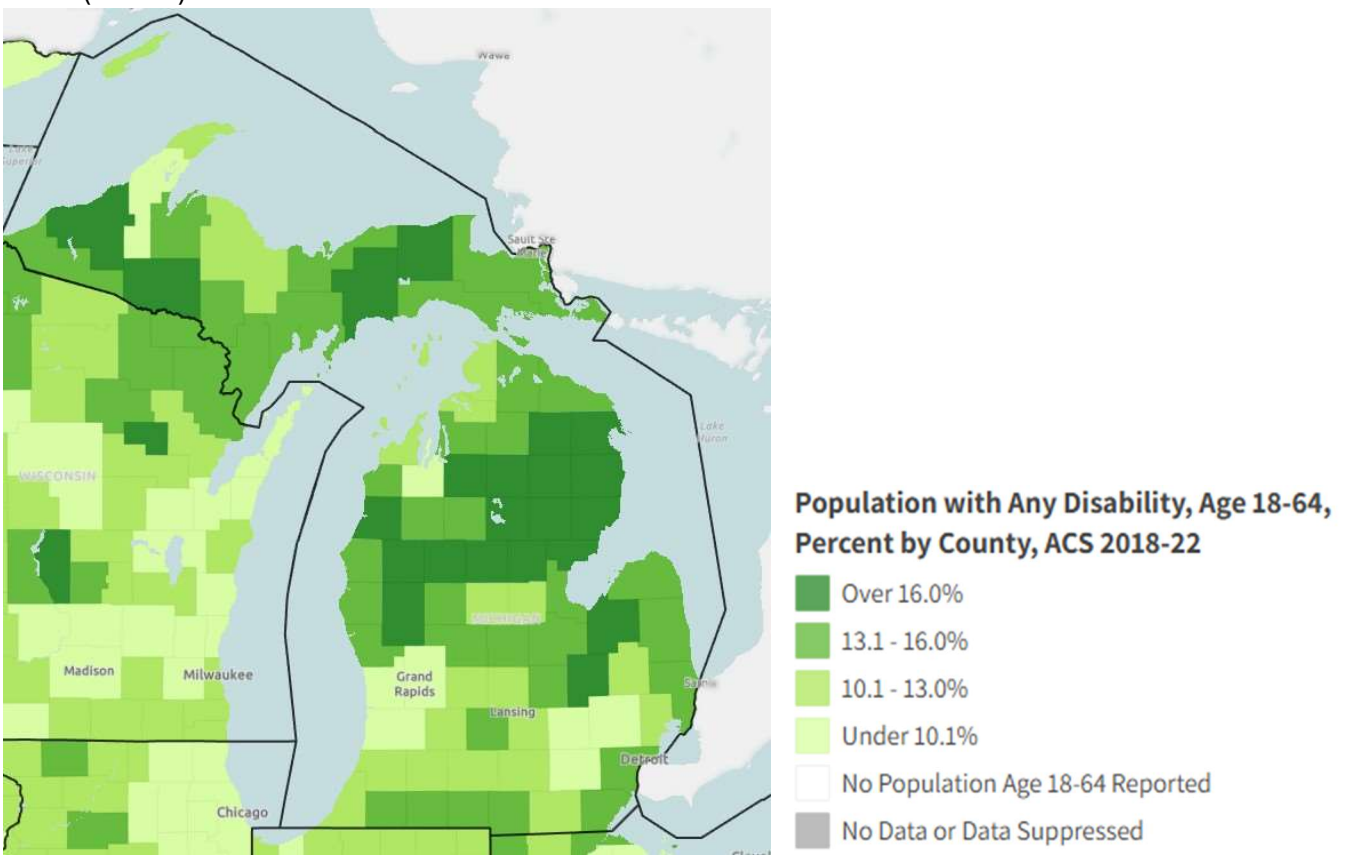
Cheboygan, Montmorency, and Otsego Counties have a lower proportion of racial minority groups (7.9%) than Michigan (26%).

Percentage of Population by Age Group for the Munson Otsego Memorial Hospital Service Area, United States Census Bureau, 2019-2023



Cheboygan, Montmorency, and Otsego counties (28.4%, 32.9%, and 21.7% respectively) have higher proportions of adults over the age of 65 than Michigan overall (19.2%).

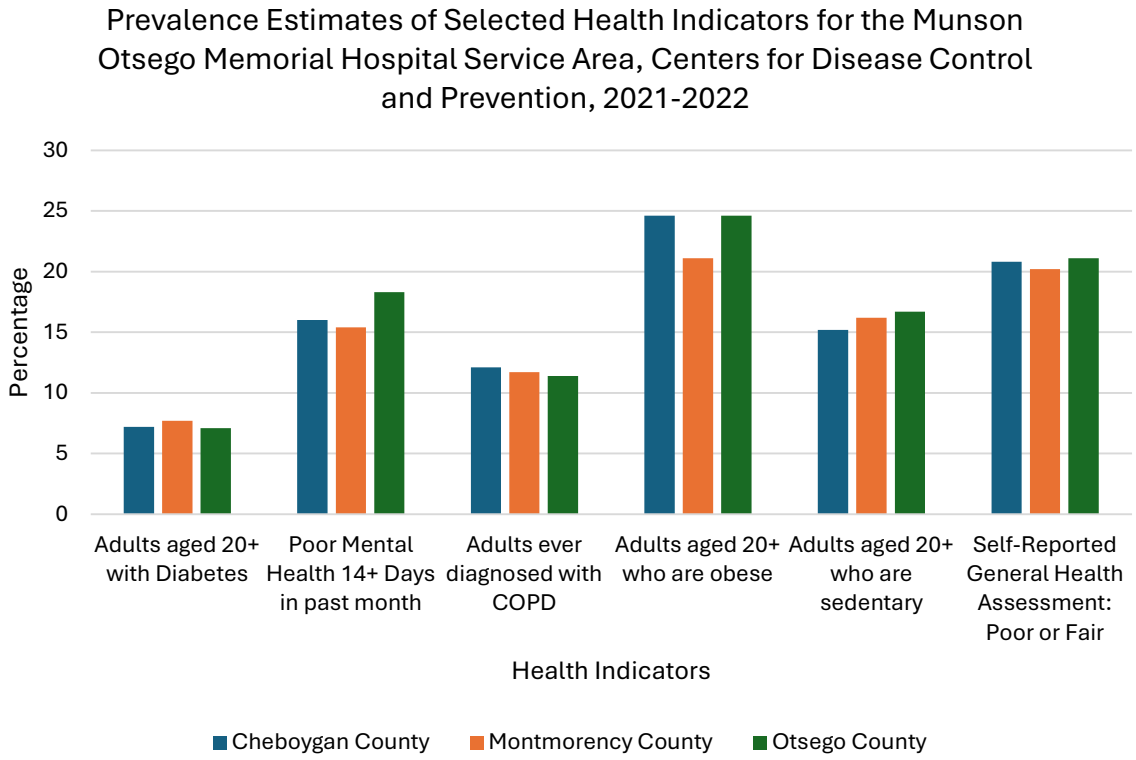
A greater proportion of people—15.5%-- of the people in the region have a disability compared to the State (10.3%).



Source: United States Census Bureau, 2018-2022

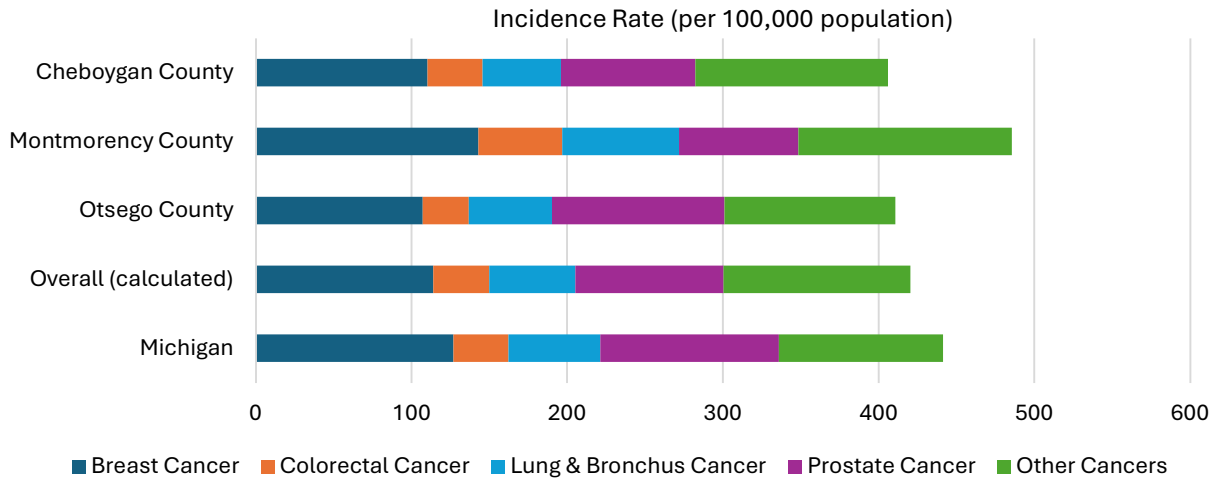
Notes: The U.S. Census Bureau has updated the data for individuals with disabilities to 2019-2023 estimates. However, the visualization data is only available for 2018-2022 data.

Selected Morbidity and Mortality Indicators for the Munson Otsego Memorial Hospital Service Area



Notes: 'Poor Mental Health 14+ Days in past month' indicates the percentage of adults who stated that their mental health was not good 14 or more days in the past month, 2022.
'Adults ever diagnosed with COPD' shows the percentage of adults who have ever been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis, 2022.
'Adults aged 20+ who are obese' shows the percentage of adults 20 and older who are obese using the Body Mass Index (BMI) value >=30, 2021.
'Adults aged 20+ who are sedentary' shows the percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month, 2021. 'Self-Reported General Health Assessment: Poor or Fair' shows the percentage of adults who answered poor or fair to : "How is your general health?", 2022.

Cancer Incidence Rates for the Munson Otsego Memorial Hospital Service Areas, National Cancer Institute, 2017-2021

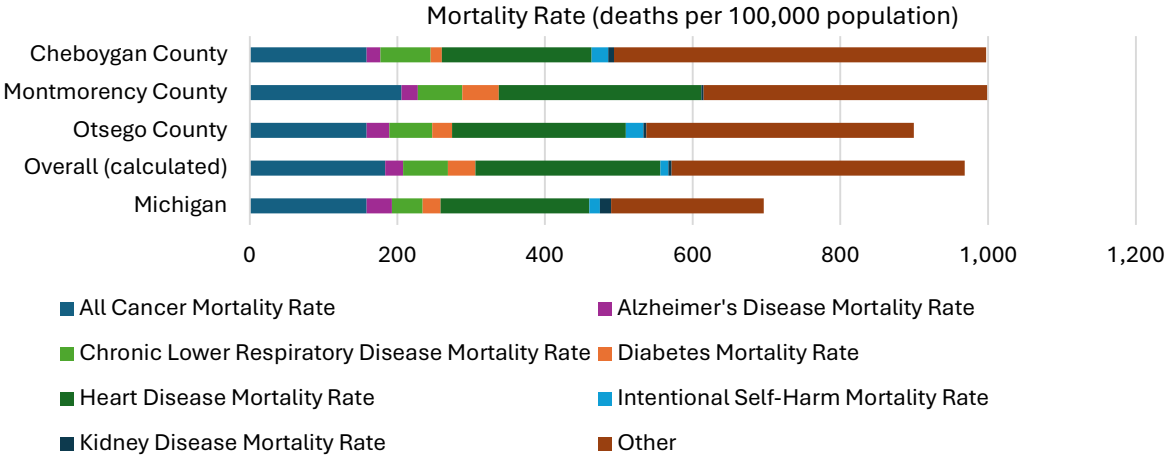


Note: Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US population Data File is used for SEER and NPCR incidence rates.

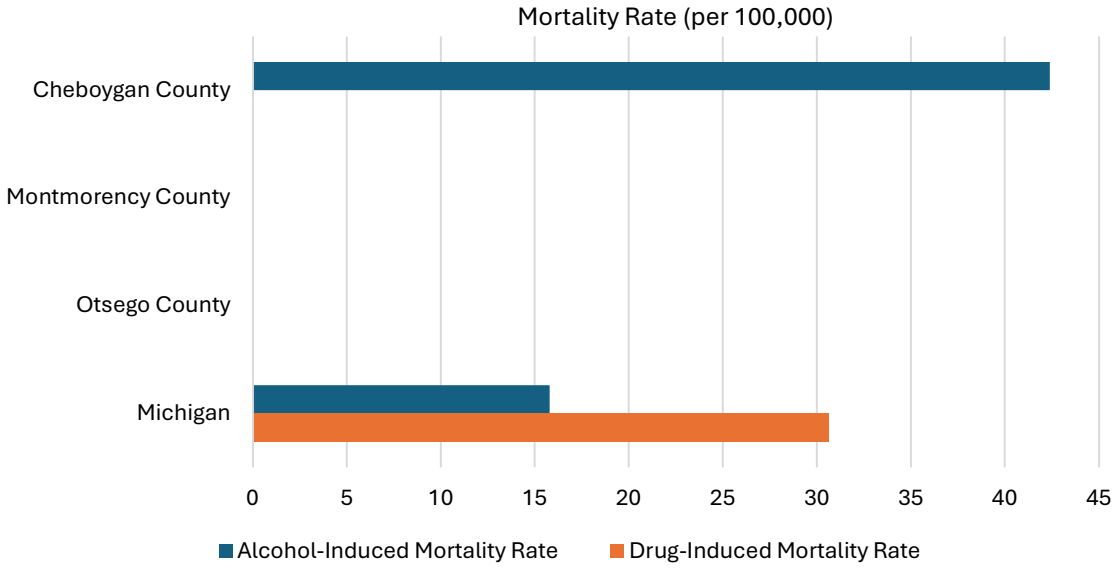
Data not available for some combinations of geography, cancer site, age, and race/ethnicity.

Suppression is used to avoid misinterpretation when rates are unstable.

Selected Mortality Rates as a Proportion of Total Mortality Rate for the Munson Otsego Memorial Hospital Service Area, MDHHS Vital Statistics, 2018 -2022

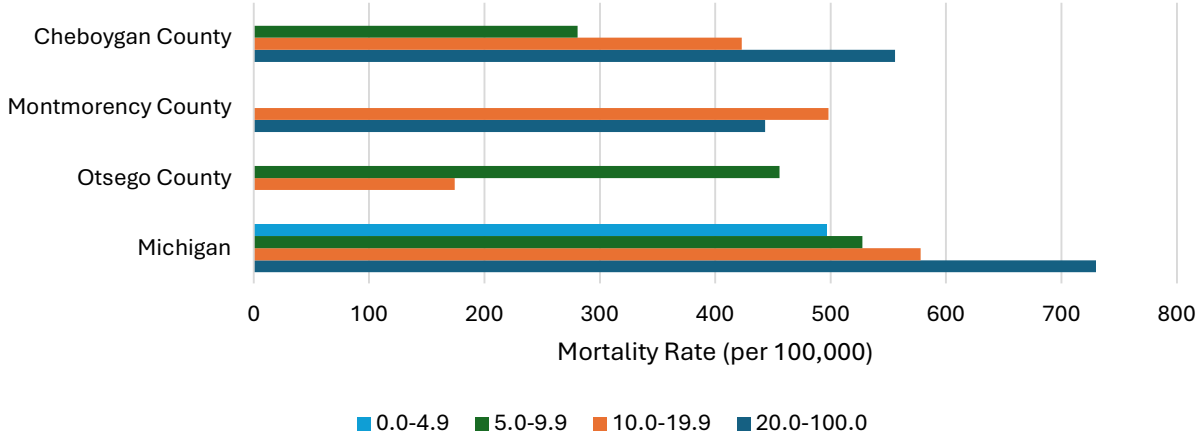


Substance Use Associated Mortality Rates for the Munson Otsego Memorial Hospital Service Area, MDHHS Mortality Statistics, 2022



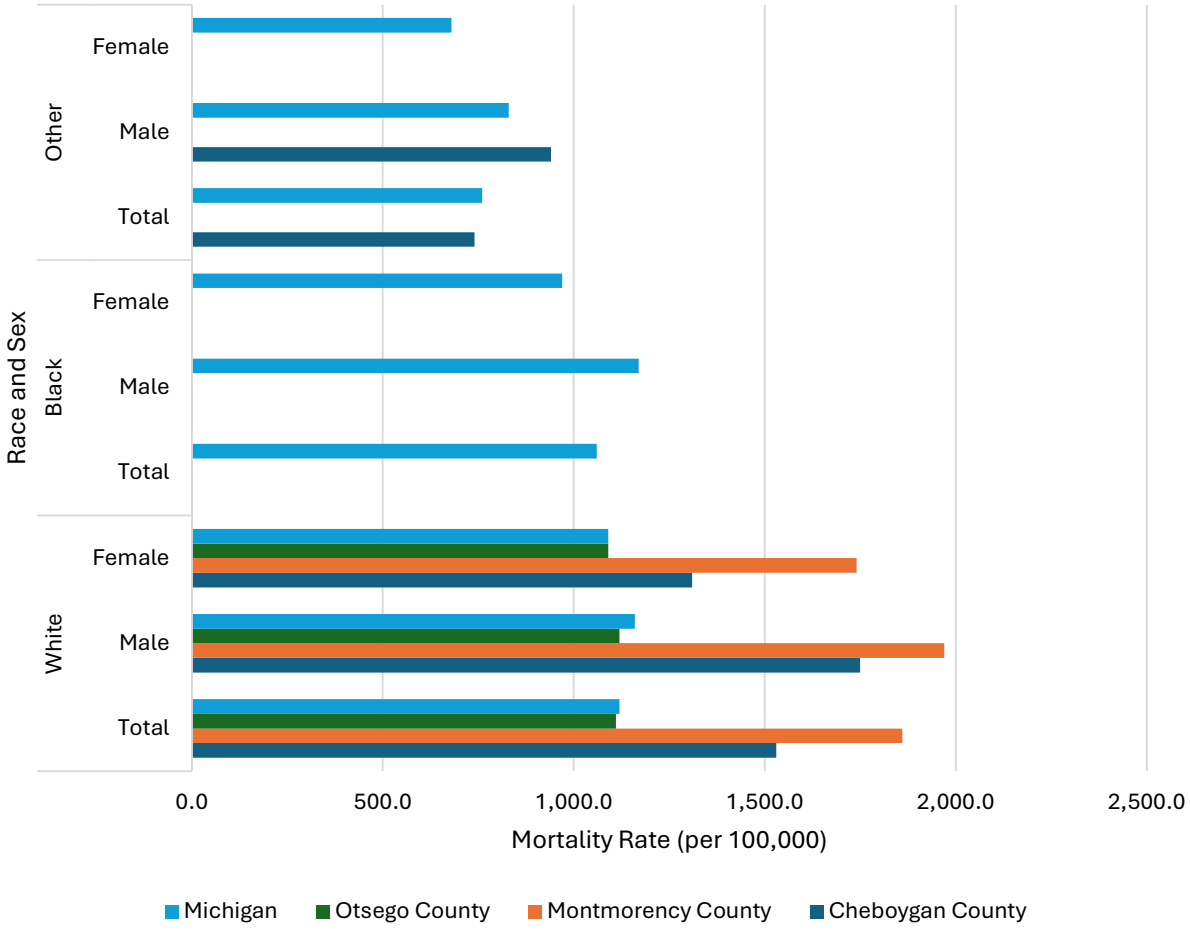
Note: Data from Montmorency and Otsego Counties was suppressed due to low response levels and has been omitted from this graph.

Age-Adjusted Mortality Rates by Poverty Level for the Munson Otsego Memorial Hospital Service Area, MDHHS Mortality and Poverty Statistics, 2020



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.

Mortality Rates by Race and Sex for the Munson Otsego Memorial Hospital Service Area, MDHHS Vital Statistics, 2022



Community Survey

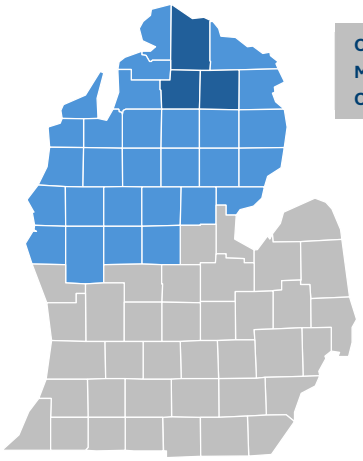
The 2024 Northern Michigan Community Health Survey asked 26 questions, including those geared towards determining what is important to the community, what factors are impacting the community, quality of life, and built environment, as well as demographic questions. The survey questions intentionally look to provide a deep understanding of the issues that residents feel are significant by answering the following questions:

- What is important to our community?
- How is quality perceived in our community?
- What assets are in the community that can be used to improve wellbeing?

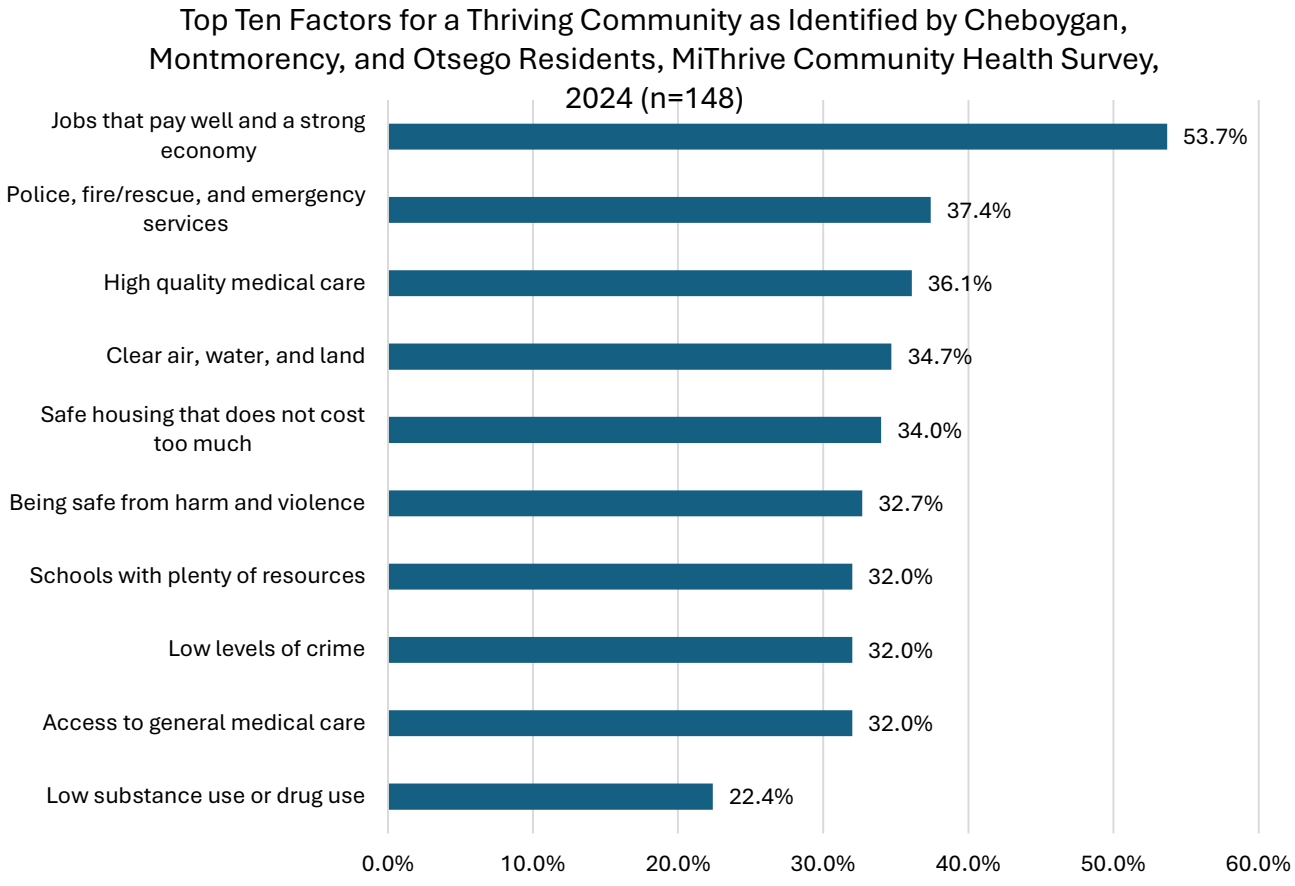
Community surveys were conducted both electronically and in paper format, available in English and Spanish. The electronic survey could be accessed via a direct link or QR code. The survey remained open from August 12, 2024 to October 6, 2024. To encourage participation, respondents who completed the survey had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties.

Partner organizations played a key role in promoting the survey through social media and community outreach. Promotional materials included flyers, social media content, and press releases. A total of 3,496 surveys were collected across the MiThrive Region, with 148 responses coming from Cheboygan, Montmorency, and Otsego Counties.

A total of **148 Community Survey** responses were collected in Cheboygan, Montmorency, and Otsego Counties.

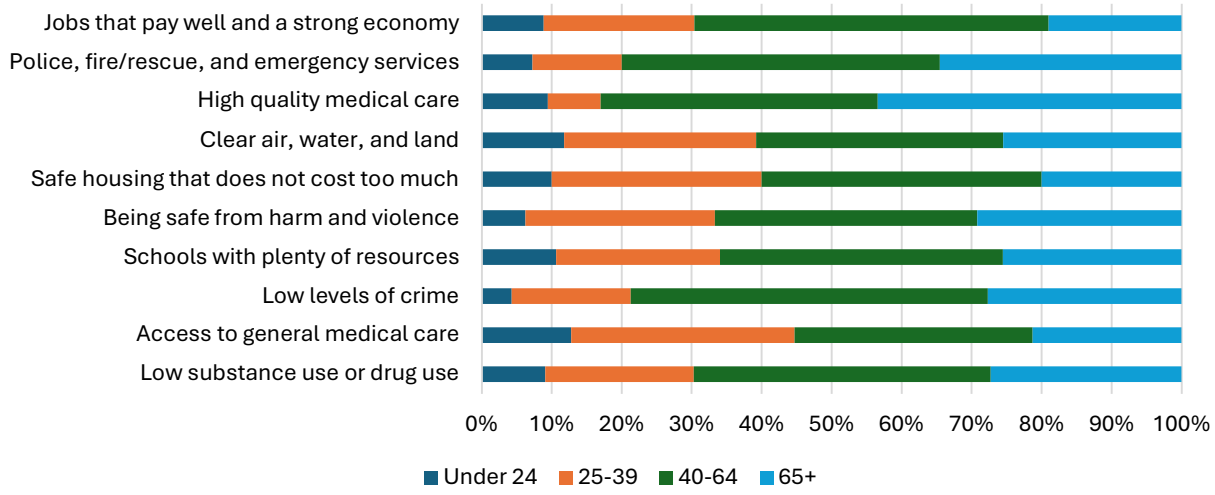


Cheboygan County = 43 Responses
Montmorency County = 60 Responses
Otsego County = 45 Responses



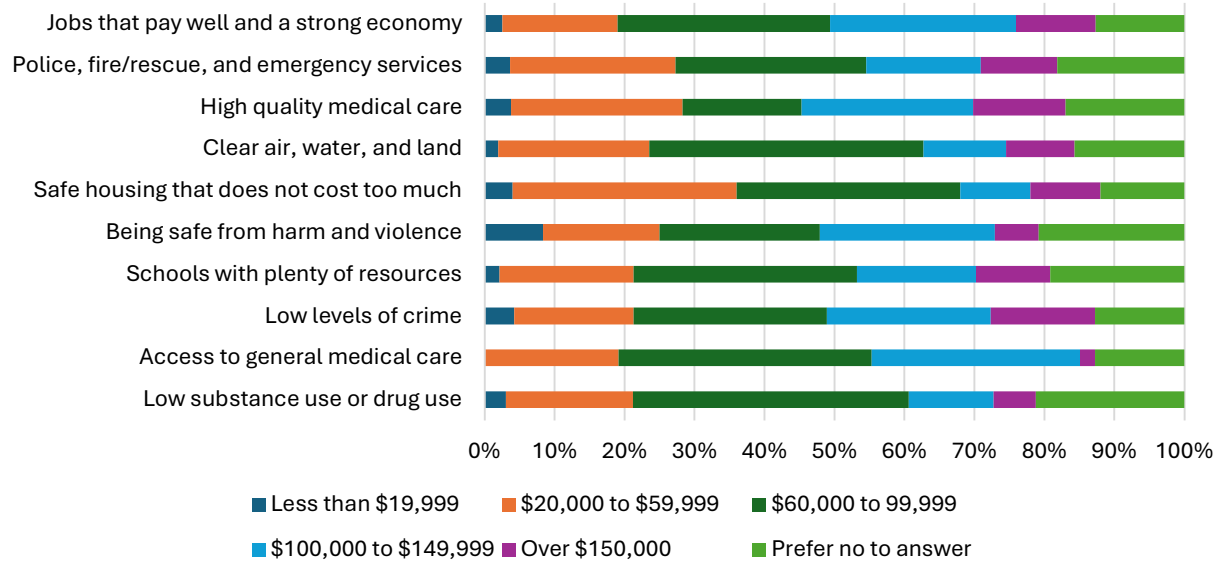
Note: This "Top Ten Factors for a Thriving Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these factors.

Top Ten Factors for a Thriving Community as Identified by Cheboygan, Montmorency, and Otsego Residents by Age in Years, MiThrive Community Survey, 2024 (n=148)



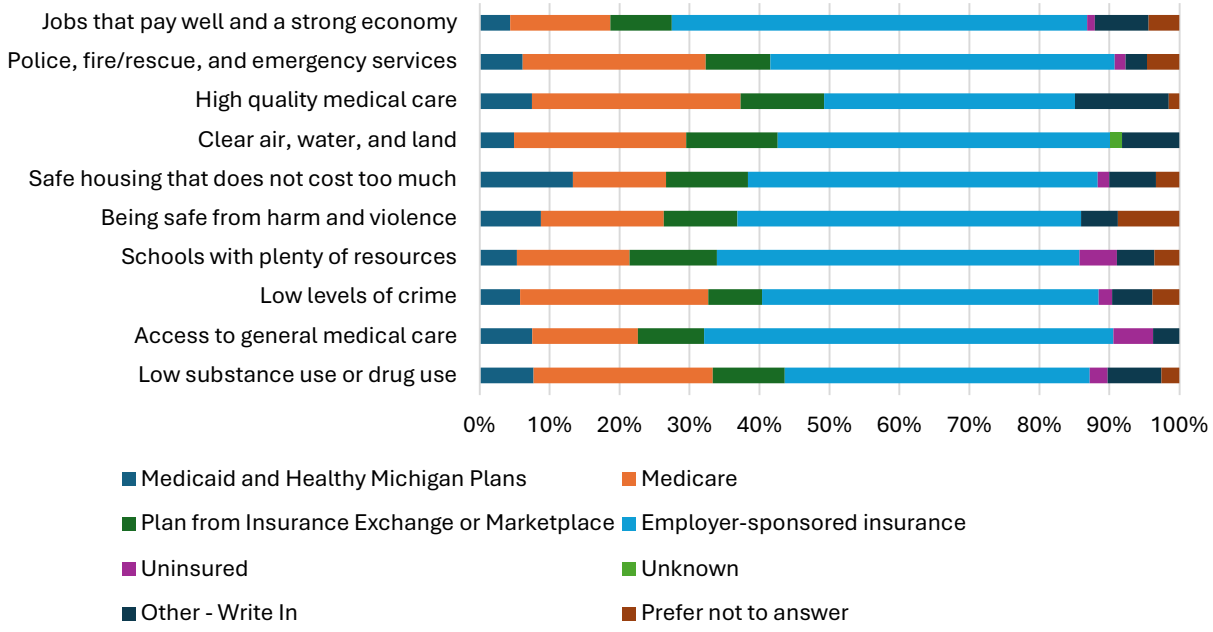
A greater proportion of individuals under **40 years of age** responded that **safe housing that does not cost too much and clear air, water, and land** are important factors for a thriving community.

Top Ten Factors for a Thriving Community as Identified by Cheboygan, Montmorency, and Otsego Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=148)



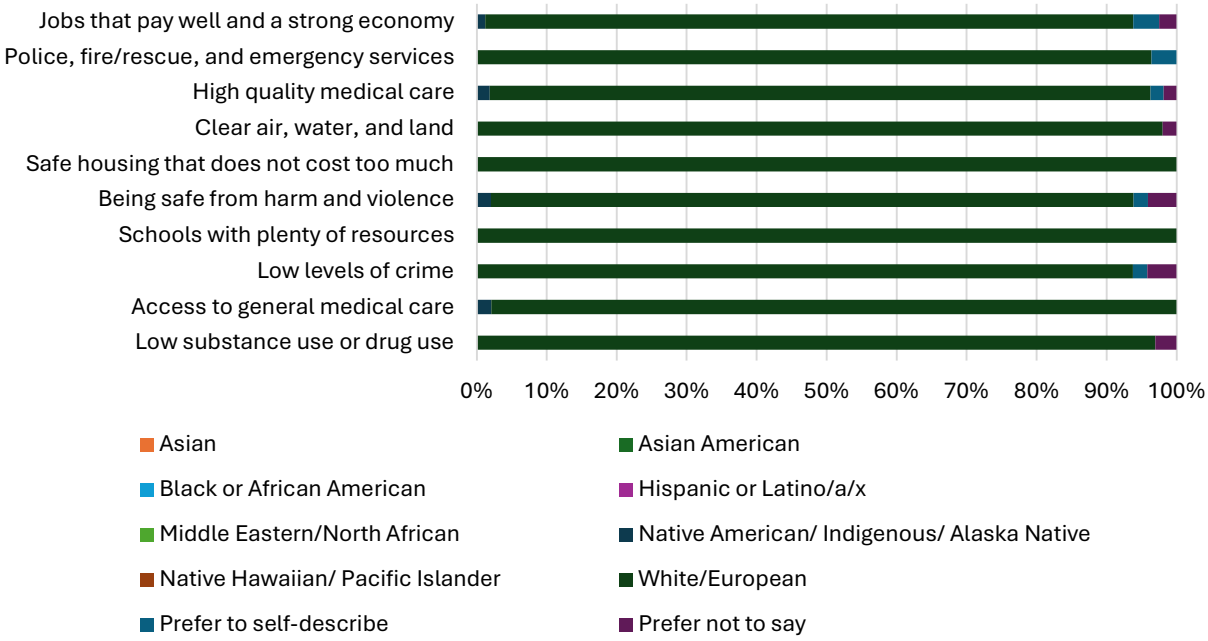
Safe housing that does not cost too much was a more important factor for individuals making **under $60,000 a year**.

Top Ten Factors for a Thriving Community as Identified by Cheboygan, Montmorency, and Otsego Residents by Insurance Type, MiThrive Community Survey, 2024 (n=148)



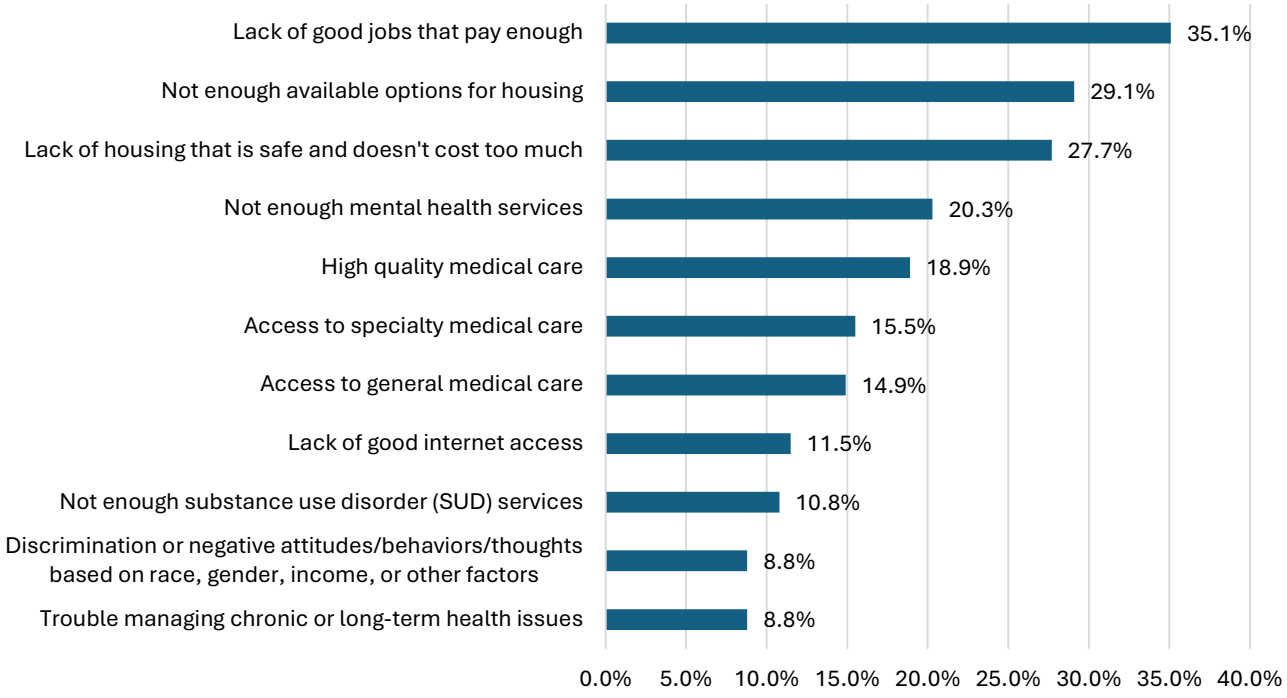
High quality medical care as a factor for a thriving community had a larger proportion of individuals who **Medicaid**, **Medicare**, or **insurance exchange/marketplace** plans compared to other factors.

Top Ten Factors for a Thriving Community as Identified by Cheboygan, Montmorency, and Otsego Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=148)



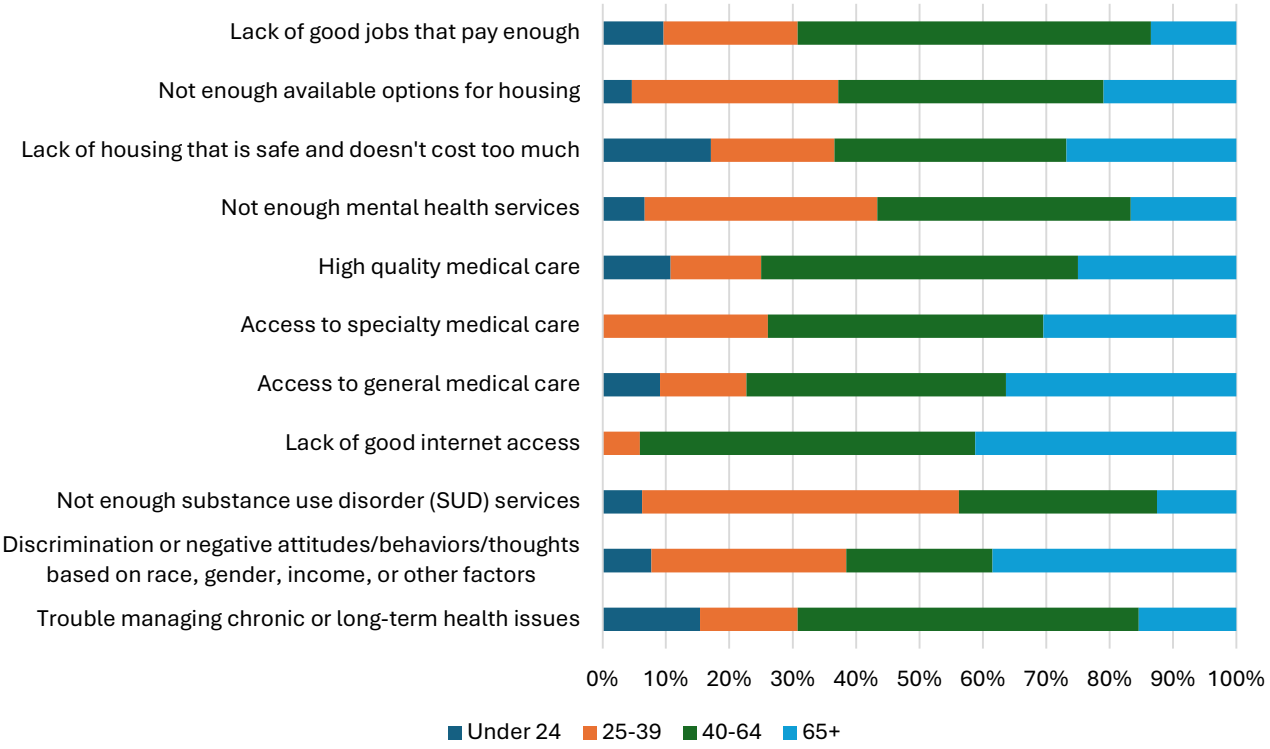
There were few respondents who identified as part of a **racial or ethnic minority**.

Top Ten Issues Impacting the Community as Identified by Cheboygan, Montmorency, and Otsego Residents, MiThrive Community Health Survey, 2024 (n=148)



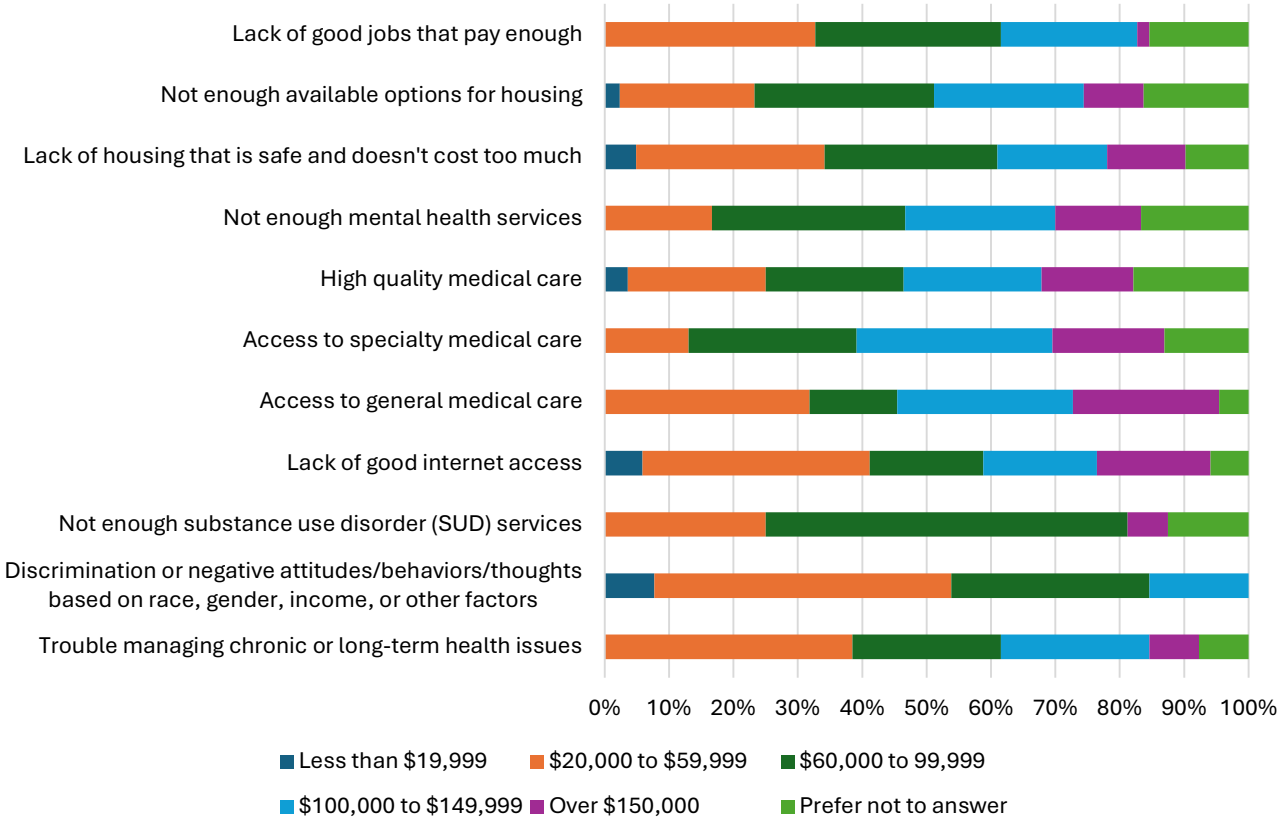
This "Top Ten Issues Impacting the Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these issues.

Top Ten Issues Impacting the Thriving Community as Identified by Cheboygan, Montmorency, and Otsego Residents by Age in Years, MiThrive Community Survey, 2024 (n=148)



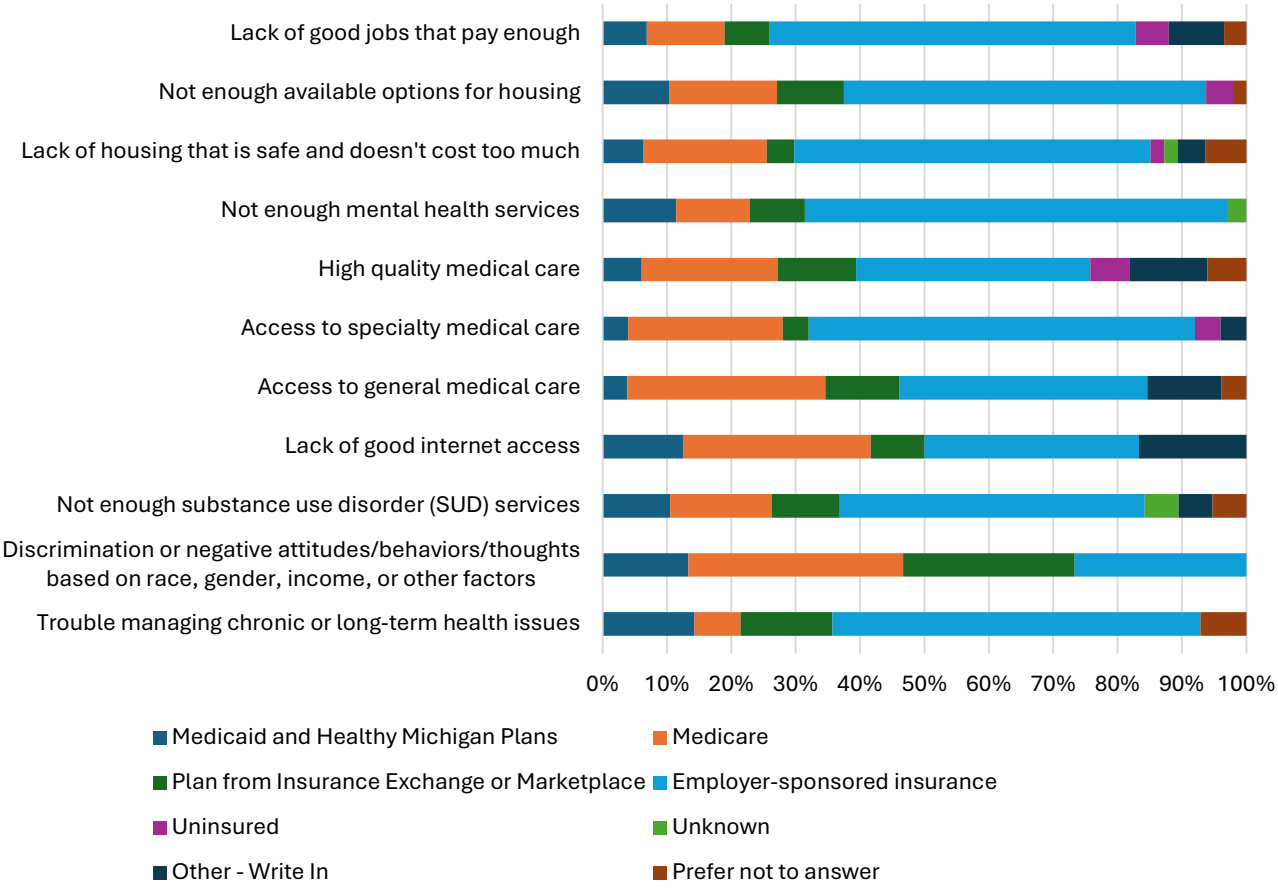
Residents **under the age of 40** disproportionately identified having **not enough mental health services** as a major issue in their community.

Top Ten Issues Impacting the Community as Identified by Cheboygan, Montmorency, and Otsego Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=148)



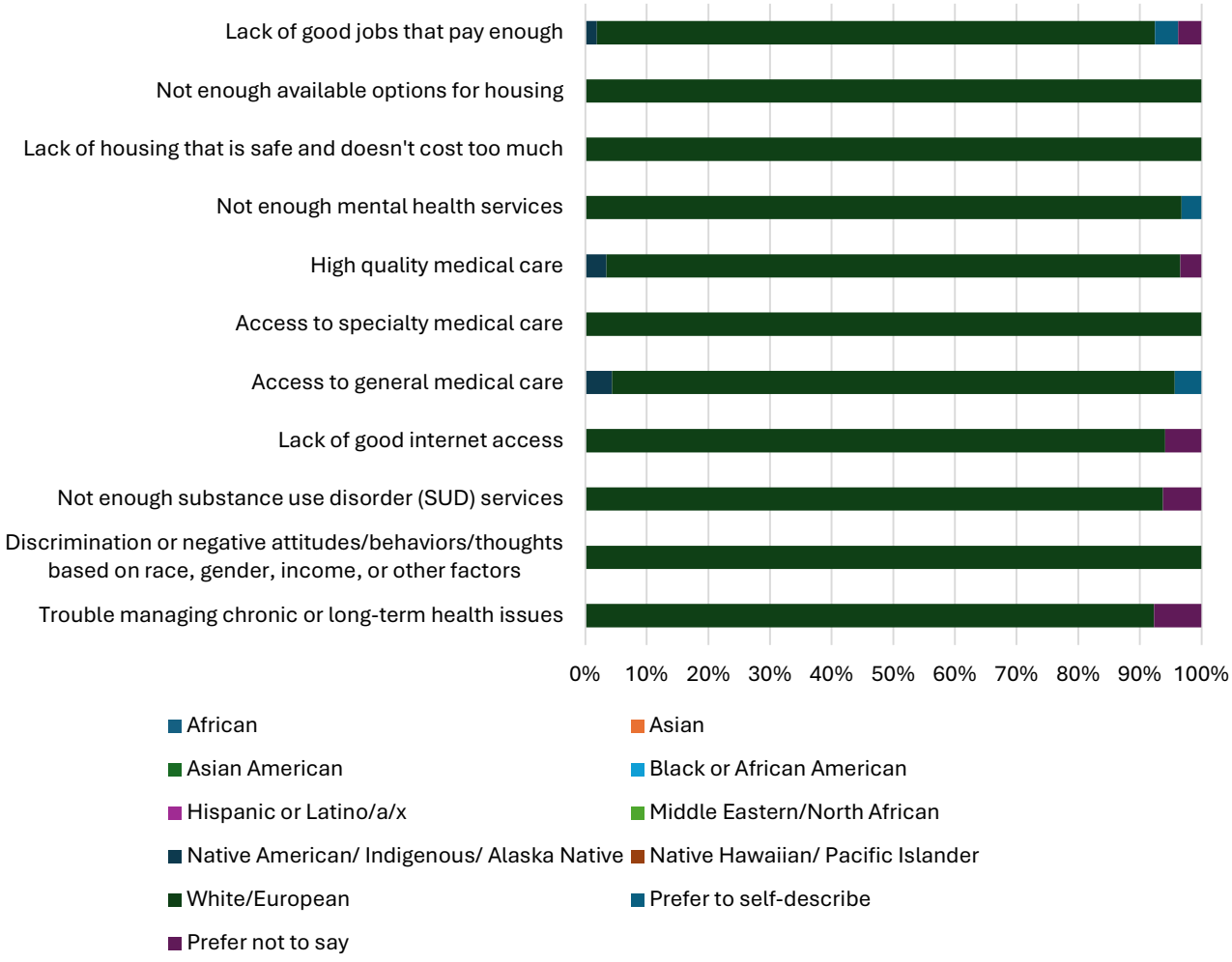
Issues with **discrimination or negative attitudes towards other groups** were an important issue for respondents making **less than $60,000 a year** in their household.

Top Ten Issues Impacting the Community as Identified by Cheboygan, Montmorency, and Otsego Residents by Insurance Type, MiThrive Community Survey, 2024 (n=148)



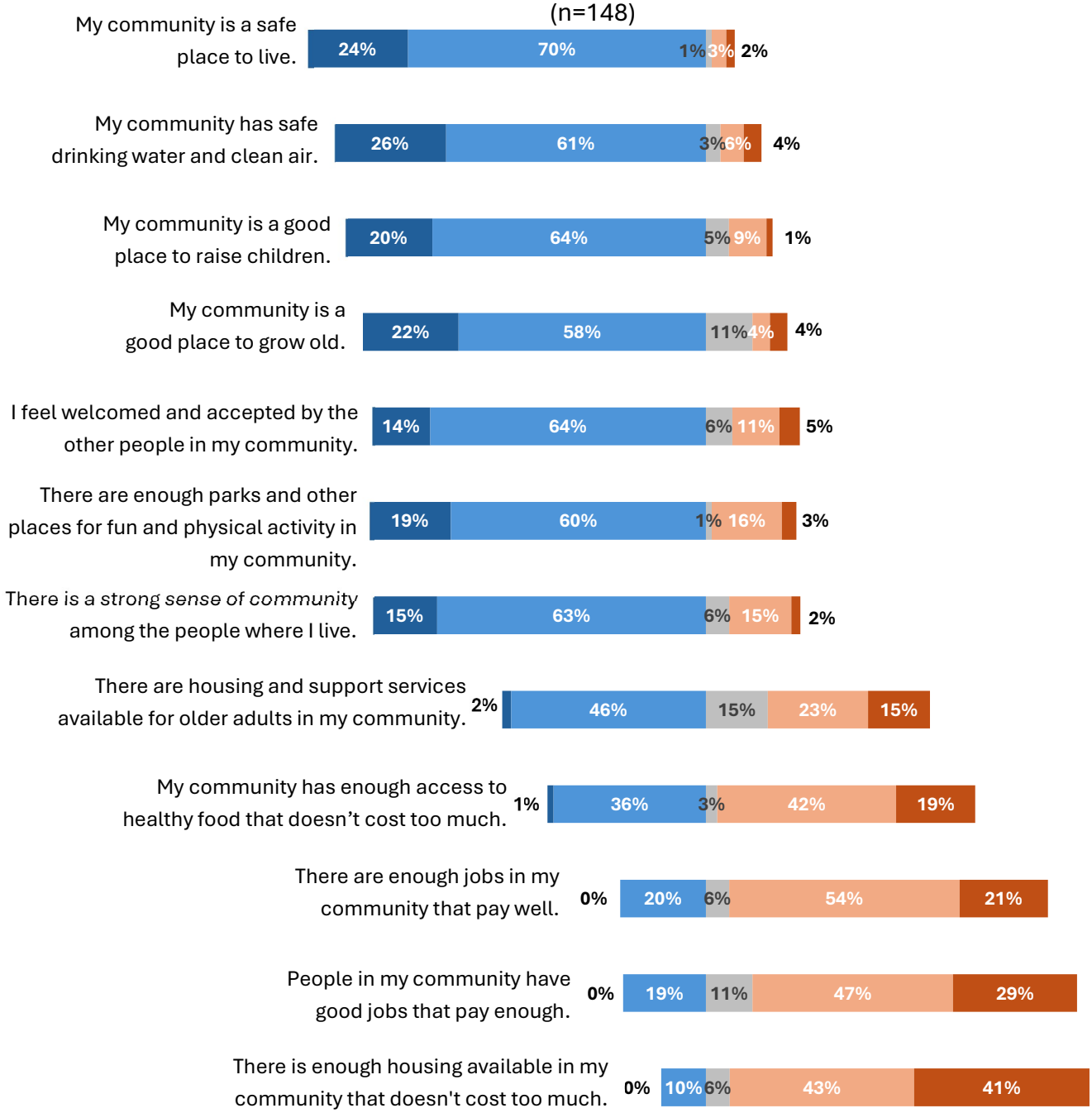
Residents with **Medicaid** or **Medicare** felt that a major issue in the community involved there being **lack of good internet access**.

Top Ten Issues Impacting the Community as Identified by Cheboygan, Montmorency, and Otsego Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=148)



There were few respondents who identified as members of a **racial or ethnic minority group**.

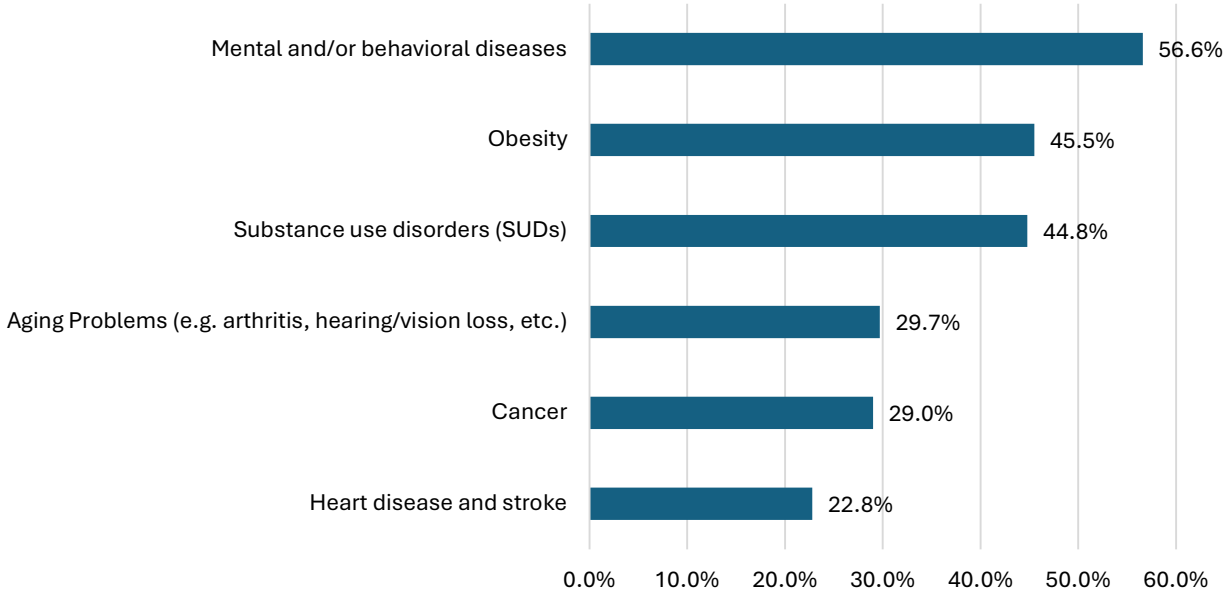
Responses to Likert Scale Questions as Identified by Cheboygan, Montmorency, and Otsego Residents, MiThrive Community Survey, 2024 (n=148)



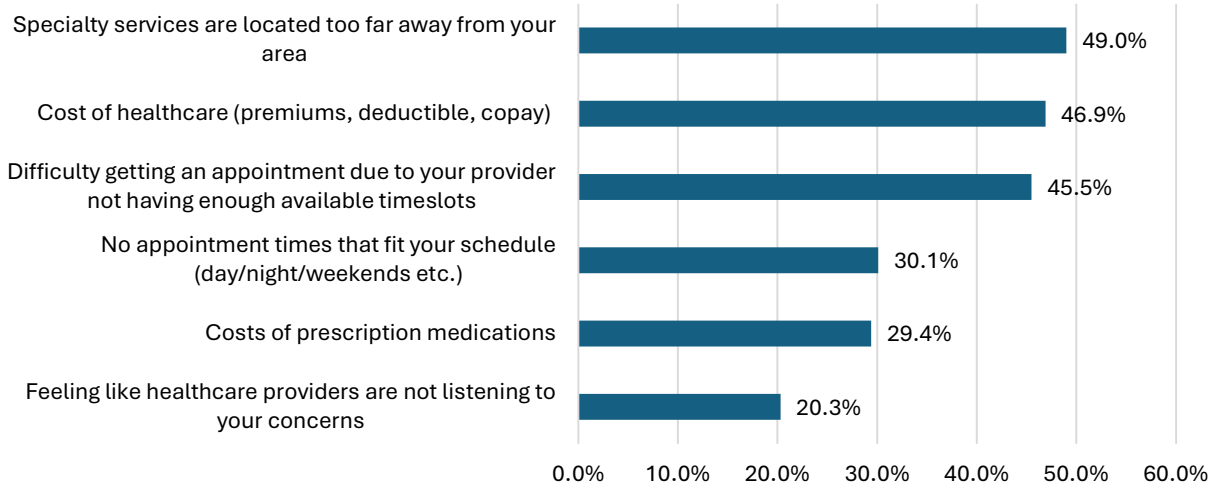
Dark blue indicates “Strongly agree” responses, light blue indicates “Agree” responses, grey represents the undecided or “I don’t know” responses, light red indicates “Disagree” responses, and dark red

indicates “Strongly disagree” responses. Data shows that respondents felt that their community was a safe place to live, but most also expressed that there were **not enough jobs, access to healthy foods, or enough affordable housing** available in the community.

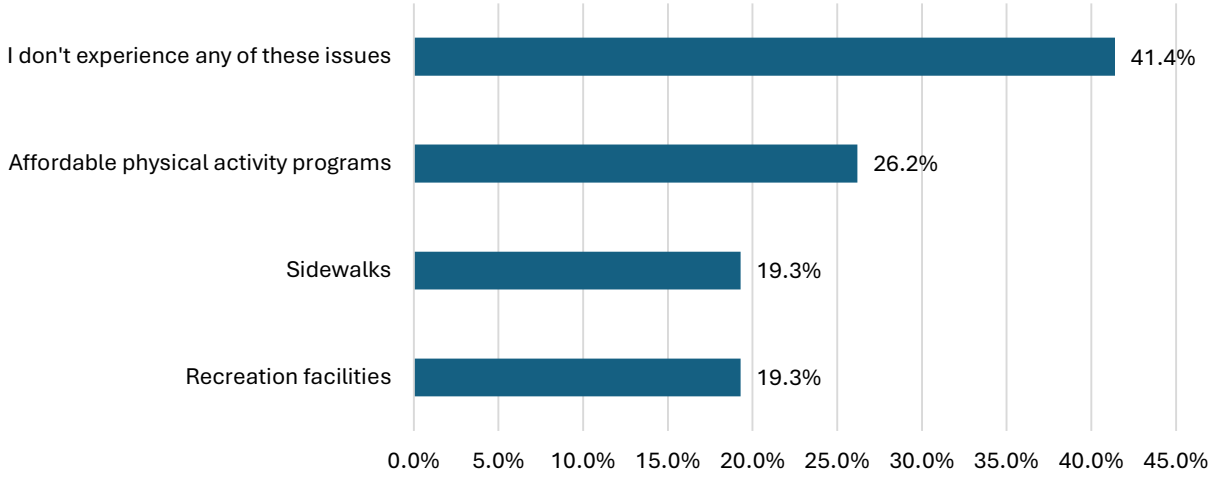
Most Concerning Medical Conditions in the Community According to Cheboygan, Montmorency, and Otsego Residents, MiThrive Community Survey, 2024 (n=148)



Top Identified Barriers to Healthcare Service According to Cheboygan, Montmorency, and Otsego Residents, MiThrive Community Survey, 2024 (n=148)



Top Issues Preventing Increased Physical Activity as Identified by Cheboygan, Montmorency, and Otsego Residents, MiThrive Community Survey, 2024 (n=148)

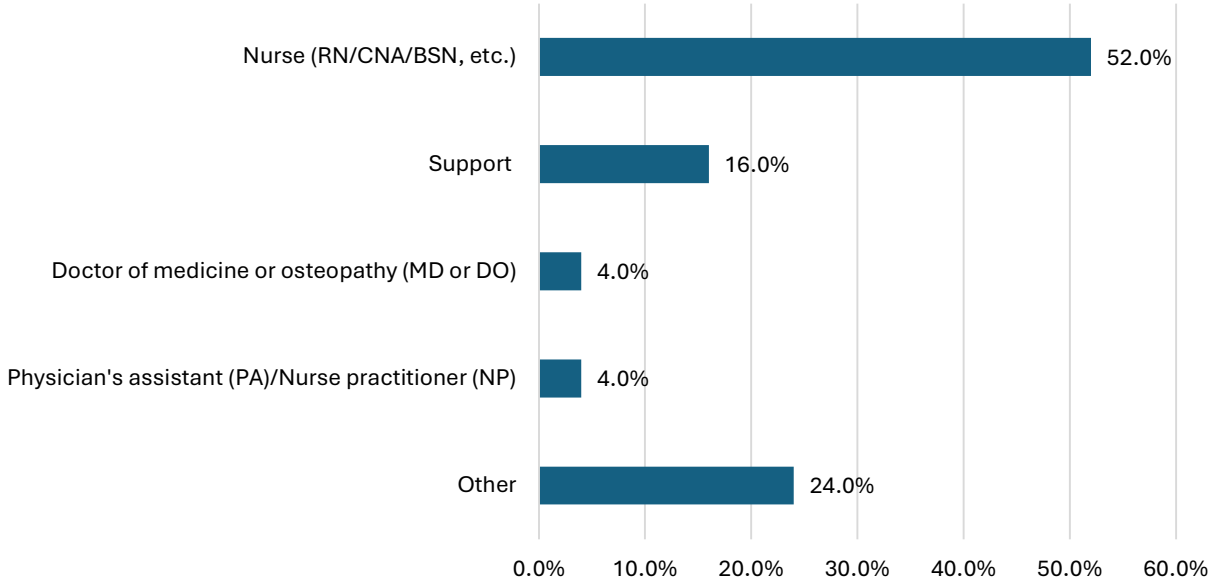


Healthcare Provider Survey

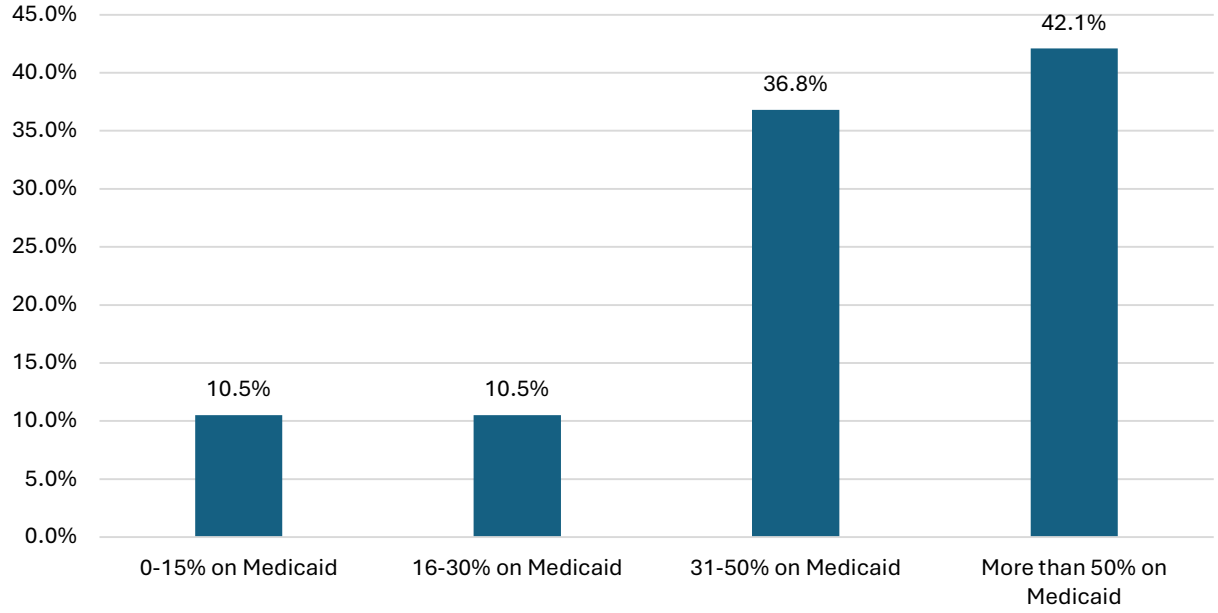
Data for the Healthcare Provider Survey was collected through additional questions included at the end of the Community Survey. Respondents who identified themselves as healthcare providers or healthcare staff were presented with six extra questions to capture their specialized perspective on the community's overall health and needs. The survey remained open from August 12, 2024 to October 6, 2024.

Healthcare partners, including hospitals, federally qualified health centers, and local health departments, distributed the survey electronically to physicians, nurses, and other clinicians. Partner organizations further supported outreach by sharing the survey link with external community partners. A total of 29 providers completed the healthcare provider section of the community survey in Cheboygan, Montmorency, and Otsego Counties.

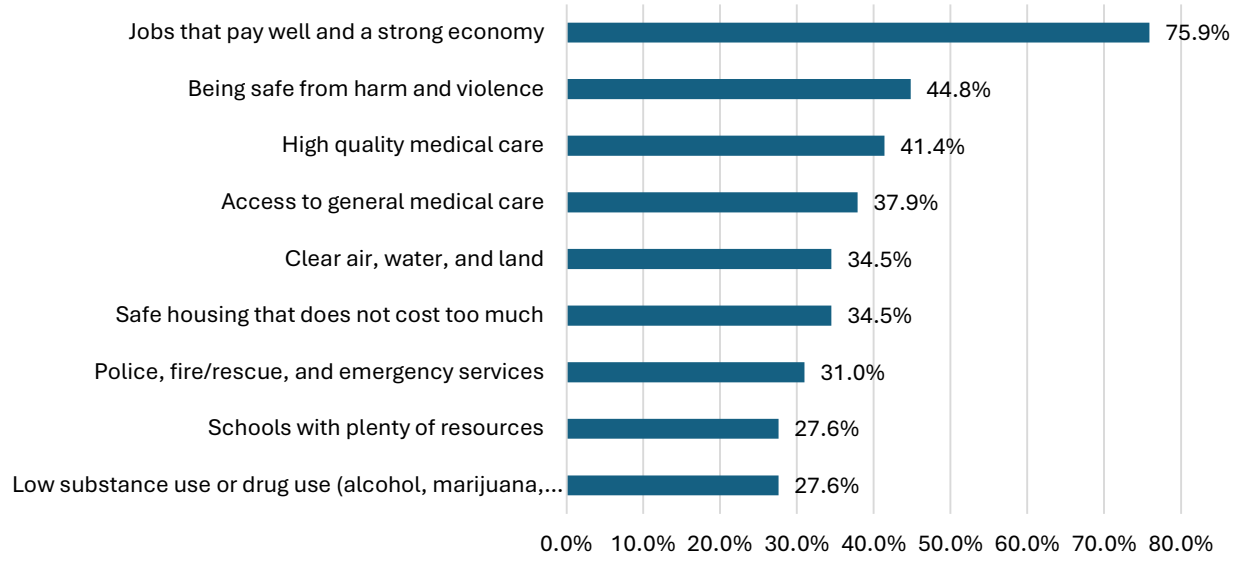
Top Roles of Survey Respondents that Identfied as Provider/Healthcare Staff in Cheboygan, Montmorency, and Otsego County, MiThrive Community Survey, 2024 (n=29)



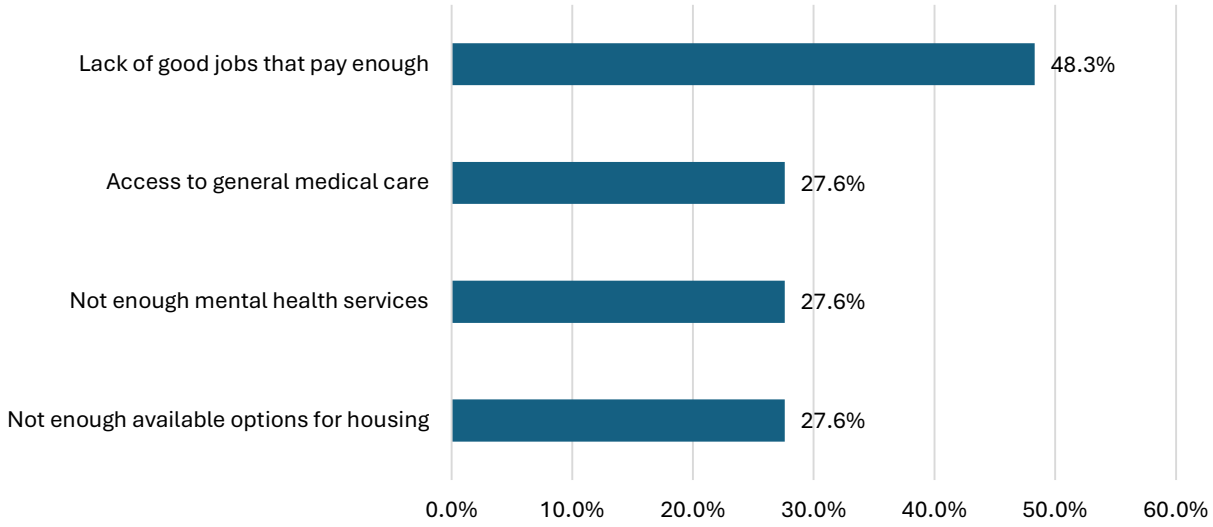
Proportion of Patient Population on Medicaid According to Survey Respondents that Identfied as Provider/Healthcare Staff in Cheboygan, Montmorency, and Otsego County, MiThrive Community Survey, 2024 (n=29)



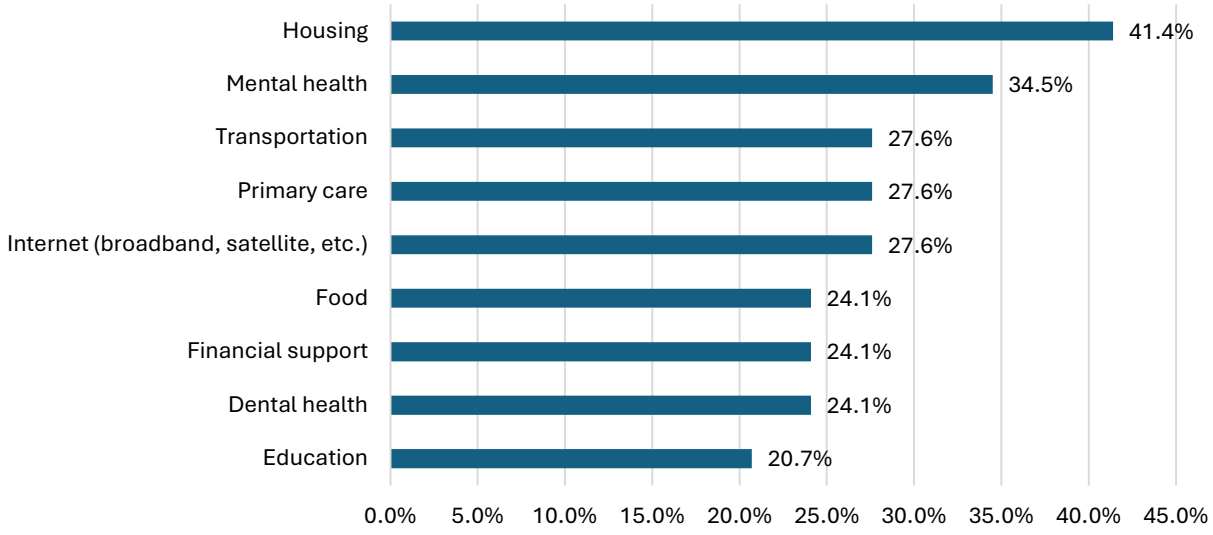
Top Factors for a Thriving Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Cheboygan, Montmorency, and Otsego County, MiThrive Community Survey, 2024 (n=29)



Top Issues Impacting the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Cheboygan, Montmorency, and Otsego County, MiThrive Community Survey, 2024 (n=29)



Resources/Services Missing From the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Cheboygan, Montmorency, and Otsego County, MiThrive Community Survey, 2024 (n=29)



Community Partner Assessment (CPA)

The Community Partner Assessment focuses on organizations that contribute to wellbeing. The CPA answers the following questions:

- What are the components, activities, competencies, and capacities in the regional system?
- How are services being provided to residents?

The assessment was designed to enhance communication between organizations and the community by bringing together a diverse range of partners. It aimed to explore connections within the community system, highlight strengths, and identify opportunities for improvement. The Community Partner Assessment included two key components: the Community Partner Assessment Survey and two virtual Community Partner Assessment Discussions events.

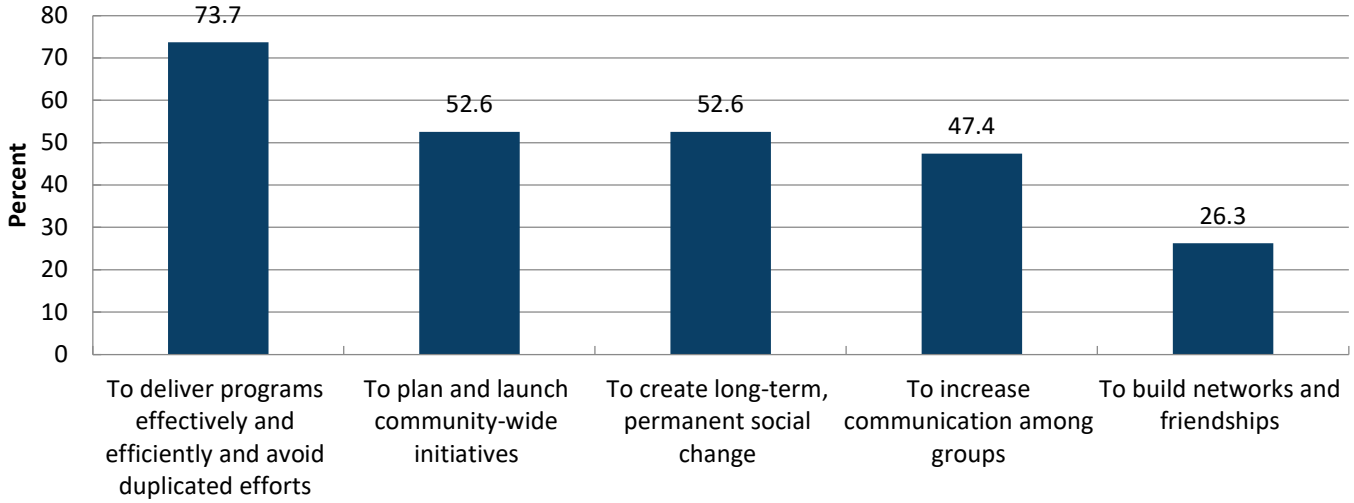
Community Partner Survey

From May 6, 2024 to June 3, 2024, 75 community partners from various organizations and sectors across the 31-county MiThrive Region participated in a community partner survey to assess the system's capacity. A total of 19 responses came from partners covering Cheboygan, Montmorency, and Otsego counties. See Appendix D for the Community Partner Assessment Survey instrument.

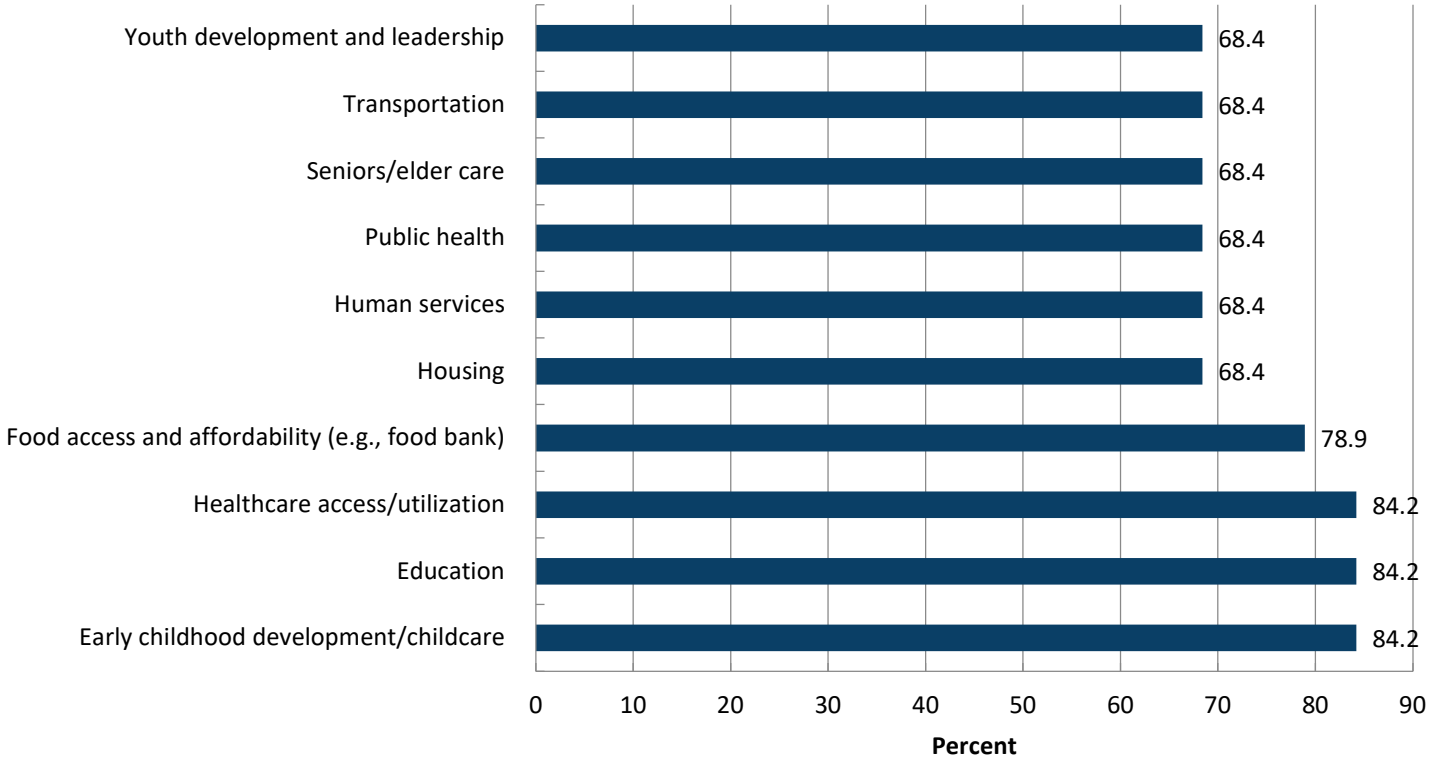
Additionally, survey participants were then invited to attend one of two virtual facilitated discussions, held on June 27, 2024 and July 10, 2024, allowing community partners to identify system strengths and areas for improvement collectively.

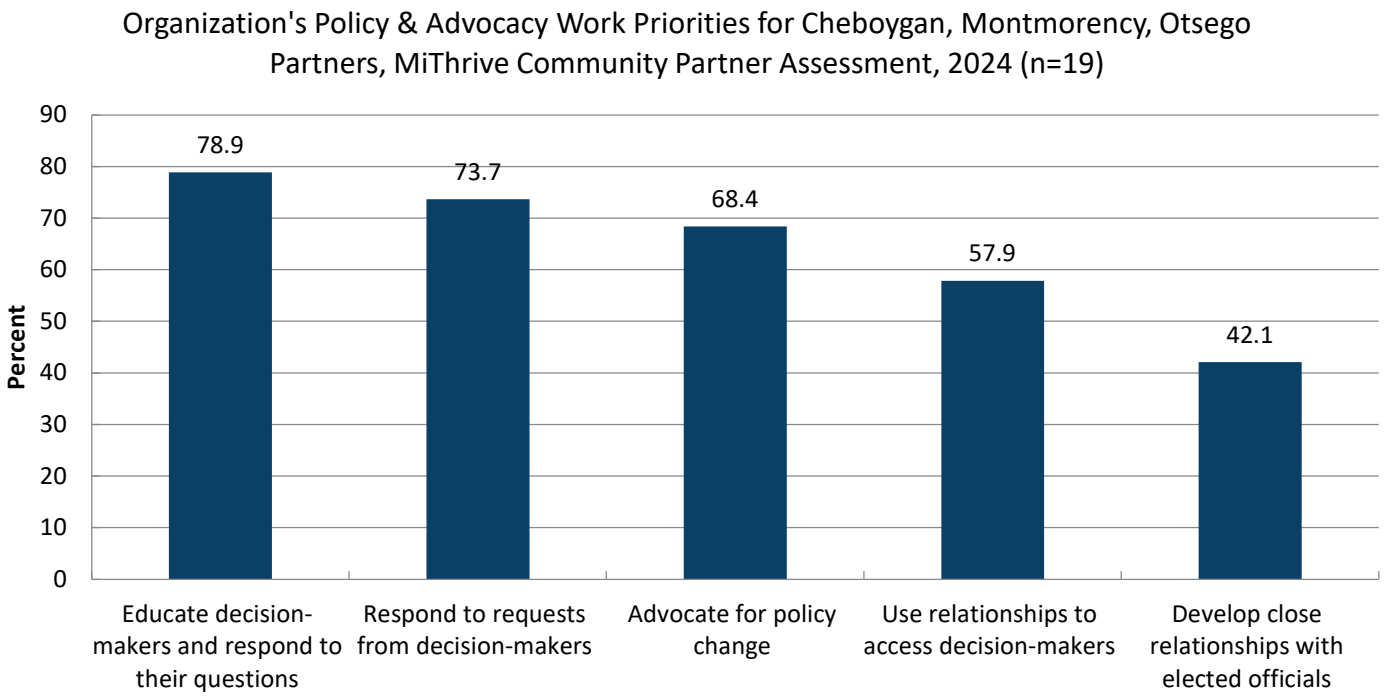
Community Partner Assessment Results

Cheboygan, Montmorency, Otsego Partner's Top Interests in Joining a Community Health Improvement Partnership, MiThrive Community Partner Assessment, 2024 (n=19)



Cheboygan, Montmorency, Otsego Partners Sector Engagement At Least Once within the Last Year, MiThrive Community Partner Assessment, 2024 (n=19)





Organization's Priorities for Cheboygan, Montmorency, Otsego Partners, MiThrive Community Partner Assessment, 2024 (n=19)	A Lot	A Little	Not At All	Unsure
i. Economic Stability: The connection between people's financial resources, income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	63.2%	31.6%	5.3%	0%
ii. Education Access and Services: The connection of education to health and wellbeing. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	57.9%	26.3%	15.8%	0%
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	73.7%	15.8%	10.5%	0%

iv. Neighborhood and Built Environment: The connection between where a person lives, housing, neighborhood, and environment—and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	57.9%	36.8%	5.3%	0%
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	21.1%	73.7%	5.3%	0%

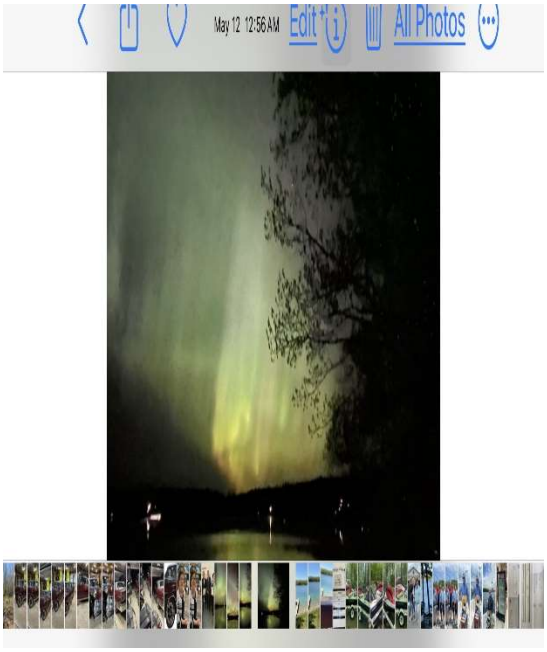
Virtual Facilitated Discussion Events

Survey participants were invited to attend one of two virtual, facilitated discussion events. During these sessions, attendees reviewed the results of the Community Partner Assessment Survey and engaged in small group discussions to explore the findings and share their reflections. Through these conversations, the following opportunities for improvement emerged:

- **Cross-Agency Collaboration:** partners expressed a need for more collaboration, including network sharing, communication between partners regarding knowledge of other agencies programs and services. Partners emphasized capitalizing on collective wisdom, sharing lessons learned and expertise across organizations.
- **Storytelling:** partners expressed an opportunity to incorporate storytelling to amplify resident voice.
- **Social Determinants of Health:** partners expressed a desire to continue incorporating social determinants of health to their work, such as residents need for transportation, housing, food, etc.
- **Health Policy:** partners expressed a need for building capacity around policy work. Partners stated it was important to bring awareness of awareness vs lobbying due to their funding structures being impacted by policy.
- **Minority Representation:** partners expressed a need to develop trust and working relationships with Native Nations and other minority groups to enhance representation.
- **Nonprofit and Grassroot Collaboration:** partners expressed an opportunity to improve collaboration with grassroots initiatives and community power building organizations.
- **Data Sharing:** partners expressed an opportunity to advocate for data sharing across organizations. Partners discussed the need to share social determinants of health data, such as housing, food, transportation, etc.
- **Thinking Outside the Box:** Partners expressed the need to expand services in nontraditional spaces. By bringing services to the target populations, it would increase accessibility to residents.

Community Context Assessment (CCA)

The Community Context Assessment aims to answer the four following questions:



- What strengths and resources does the community have that support health and wellbeing?
- What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
- What physical and cultural assets are in the built environment? How do those vary by neighborhood?
- What is the community doing to improve health outcomes?
- What solutions has the community identified to improve community health?

The goal of this assessment is to explore the strengths, assets, lived experiences, and forces of change in the community using qualitative methods.

The MiThrive CCA consists of three parts: asset maps, quotes from residents, and photovoice project. As previously stated, 3,496 residents and partners completed the community survey, with 3,412 submitting quotes. These quotes are responses to the open-ended question within the Community Context Assessment section of the community survey. For Photovoice, 63 residents and community partners participated, submitting a total of 140 photos. A total of 12 photos came from residents within Cheboygan, Montmorency, and Otsego counties. In the Asset Maps, 55 revisions were made.

Community Context Assessment Results

Asset Mapping is a process to systematically identify and document all the positive resources, services and strengths present within the community that can be leveraged to address community health needs. During 2024, the asset maps completed in past CHNAs were compiled by county and shared with MiThrive Steering Committee members, partner organizations and Community Health Workers (CHW) to review and update. A full library of the 31-county MiThrive Asset Maps are available on the MiThrive website; see Appendix E for the Asset Maps for within Cheboygan, Montmorency, and Otsego counties.

A **community health worker (CHW)** is a trusted frontline public health worker with a strong understanding of the community they serve. This connection allows them to bridge health and social services, improving access to care and ensuring culturally competent service delivery. CHWs are well-versed in local resources and play a vital role in empowering individuals and communities by providing outreach, education, informal counseling, social support, and issue awareness to enhance health knowledge and self-sufficiency.

Resident Voice Quotes

Residents were given space to answer one open-ended question nested within the community survey. The question was:

> "Thinking broadly, what changes are happening or might happen in your area that you believe will affect the health of your community? These changes can include weather, technology, money, laws, diseases, community resources, and other things."

Below are the selected resident voice quotes:

Cheboygan County

"Cost of **transportation** and few transportation options are probably of concern for many, but I am more fortunate than most."

"Cheboygan needs access to **urgent care** in our town. We are larger than Indian River and Mackinaw and do not have one. Also, more **specialists** need to come to Cheboygan so people don't have to drive an **hour to see doctors**."

"Not enough available **family practice doctors**. Impossible to get appointments. I have Delta Dental and the **dentists** are dropping it because they don't feel they are being reimbursed enough. Always shopping for another doctor. Sad"

"Need more **low-income housing** need more **local food pantries** "

Montmorency County

"There is an overall lack of Internet access in this area."

"The region needs many more **Specialized** and **Primary Physicians**. Transporting patients to other hospitals is routine in the Alpena area. **Wellness programs** should be monthly (Health fairs)… How can we attract **Physicians** after their residency to stay?? Perhaps pay off student loans, **housing.**"

"We now have a better **grocery store** which should help people with their **food choices**. Our **internet services** need to get better, it is 2024 and still not everyone has affordable options for internet. Resources for **substance abuse** have gotten better, but still has a long way to go. The **stigma** this community has on **substance abuse** and **mental health** is horrible."

Otsego County

“Lack of **insurance**. Lack of **money**. **Housing** cost expensive. **Food and gas expensive.**”

“The local hospital here in Gaylord is upgrading to a "regional hospital" and adding an **outpatient surgery center**. Hopefully that opens some availability for patients and makes it easier for people to get the care they need.”

“Fewer **high-quality doctors**, good doctors leave or are retiring, doctors who stay are not high quality, a fraction of medical appointments needed are available, little city/county commitment indication about that lack of doctors, too many people driving 40 miles or more for **PCP** and **specialists**. Lack of recycling at the residential pick-up point.”

“Increasing **prices** leading to more **crime**. Lack of **affordable housing,** leading to unsafe **housing** or **homelessness**. Doctors leaving area leading to **undiagnosed illness**”

Photovoice

Photovoice is a community-based research method that uses photography and quotes to document and discuss strengths, assets and experiences that affect the community. The MiThrive Photovoice Survey consisted of three questions for residents to answer by submitting photographs and captions electronically or requesting a disposable camera to take and submit photographs and captions through mail or drop off locations. To encourage participation, respondents who completed a photovoice submission had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties. As with the other community engagement opportunities, partner organizations were essential to sharing this opportunity with community residents. Promotional materials included flyers, social media content, and press releases.

MiThrive staff developed three photovoice prompts:

Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

Take a picture of something that makes your community a good place to live in, like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility and how easy things are to use.

Take a picture of something that needs improvement in your community.

The following are photographs and captions submitted from Cheboygan, Montmorency, and Otsego counties. See Appendix F for the Photovoice Survey Instrument and Appendix G for complete Northeast Region Photovoice Album.

County: Cheboygan

Caption: “Black Lake, Onaway, Michigan from the West side. This photo represents one of Michigan’s fresh water sources that residents enjoy for physical activity and social connection. As well as mental health.”

Related Themes: Mental Health

County: Montmorency

Caption: “This is a picture of Thunder Bay Community Health Services in Hillman. We are blessed to have this clinic in our town that helps provide medical care and other services to local and nearby residents. Thunder Bay Community Health Services has a Patient Portal on their website.”

Related Themes: Access to Health Care, Broadband

County: Otsego

Caption: “This is a photo of members of my Organ Transplant Group of N. Mi which I founded in 1997. We meet bi-monthly at the Otsego County Library. This group is to enhance the lives of all Organ Recipients and encourage those waiting for one. We help each other through life’s difficulties and good times that may appear after a transplant. A helping hand so to speak.”

Related Themes: Access to Health Care, Mental Health

Paul Oliver Memorial Hospital

Benzie, Leelanau

Community Status Assessment (CSA)

The Community Status Assessment identifies priority community health and quality of life issues. It answers the following questions:

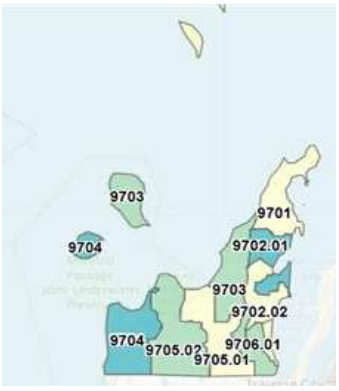
- How healthy are our residents?
- What does the health status of our community look like?

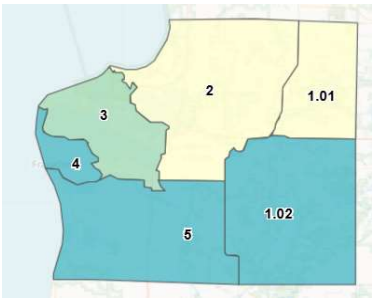
The answers to these questions were measured by collecting more than 200 indicators from a variety of secondary sources onto the MiThrive Data Platform, as well as primary data collected through the 2024 community survey and provider survey.

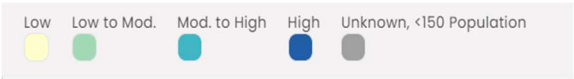
The MiThrive Core Team assured secondary data included measures of social and economic opportunity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35 percent of household income; high school graduation rate; income inequality; median household income; median value of owner-occupied homes, political participation; renters (percent of all occupied homes); and unemployment rate.

The Social Vulnerability Index illustrates how where we live influences health and wellbeing. It ranks social factors such as income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English “less than well”; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

Social Vulnerability Index by Census Tract in Benzie and Leelanau Counties







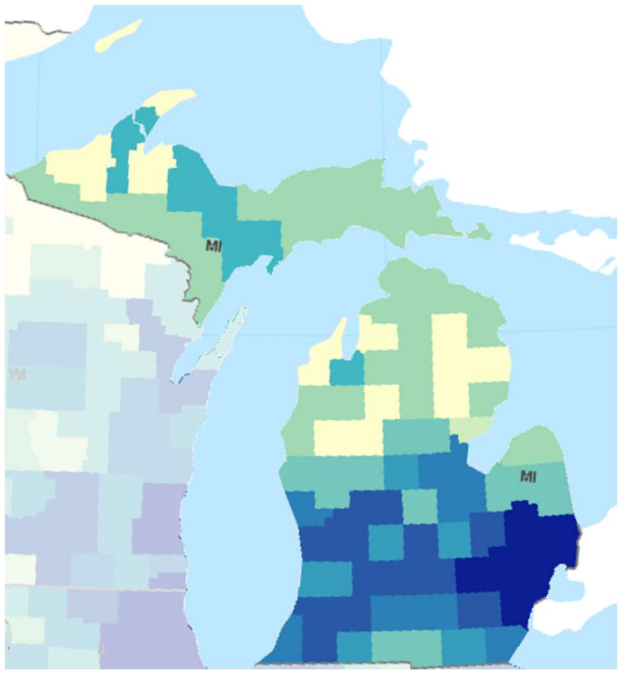
Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

As illustrated in the map at right, Census Tracts in the Benzie and Leelanau counties have Social Vulnerability Indices at “low” or “low to moderate”, with the exception of the west and northeast corner of Leelanau County and south half of Benzie County.

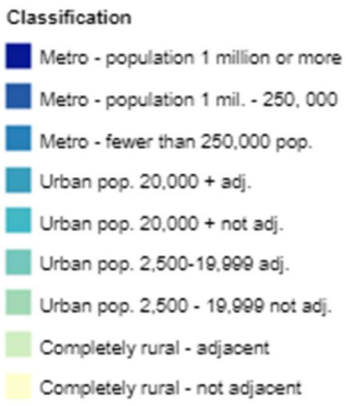
Geography and Demographics

The service area for Paul Oliver Memorial Hospital includes Benzie and Leelanau Counties. The area is known for its clean environment and abundant resources for outdoor recreation. Covering 667 square miles of land, most of the region is designated as “rural” by the U.S. Census Bureau. This is one of its most important characteristics as rurality influences health and wellbeing.

The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 39,233 people who live in these counties, 98.1 percent are white. The largest racial minority groups are American Indian and Alaska Native (3.6%), Asian (1.0%), and Some Other Race (3.4%). Additionally, the largest ethnic minority group is Hispanic and Latino; Benzie (2.5%), and Leelanau (4.4%).

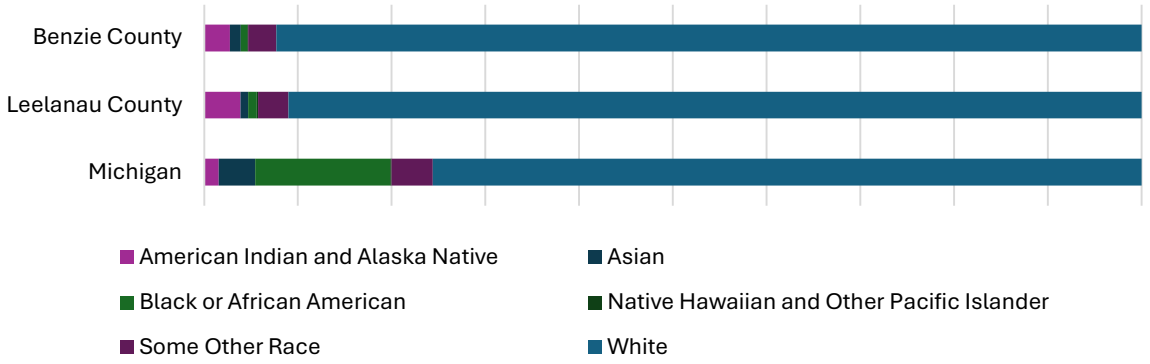


Rurality by County



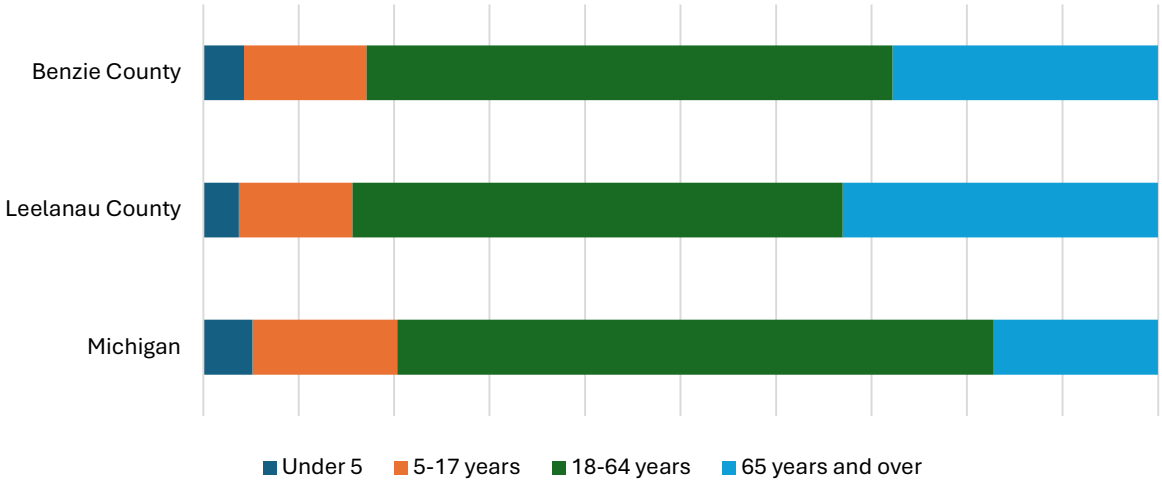
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture

Population by Race for the Paul Oliver Service Area, United States Census Bureau, 2019-2023



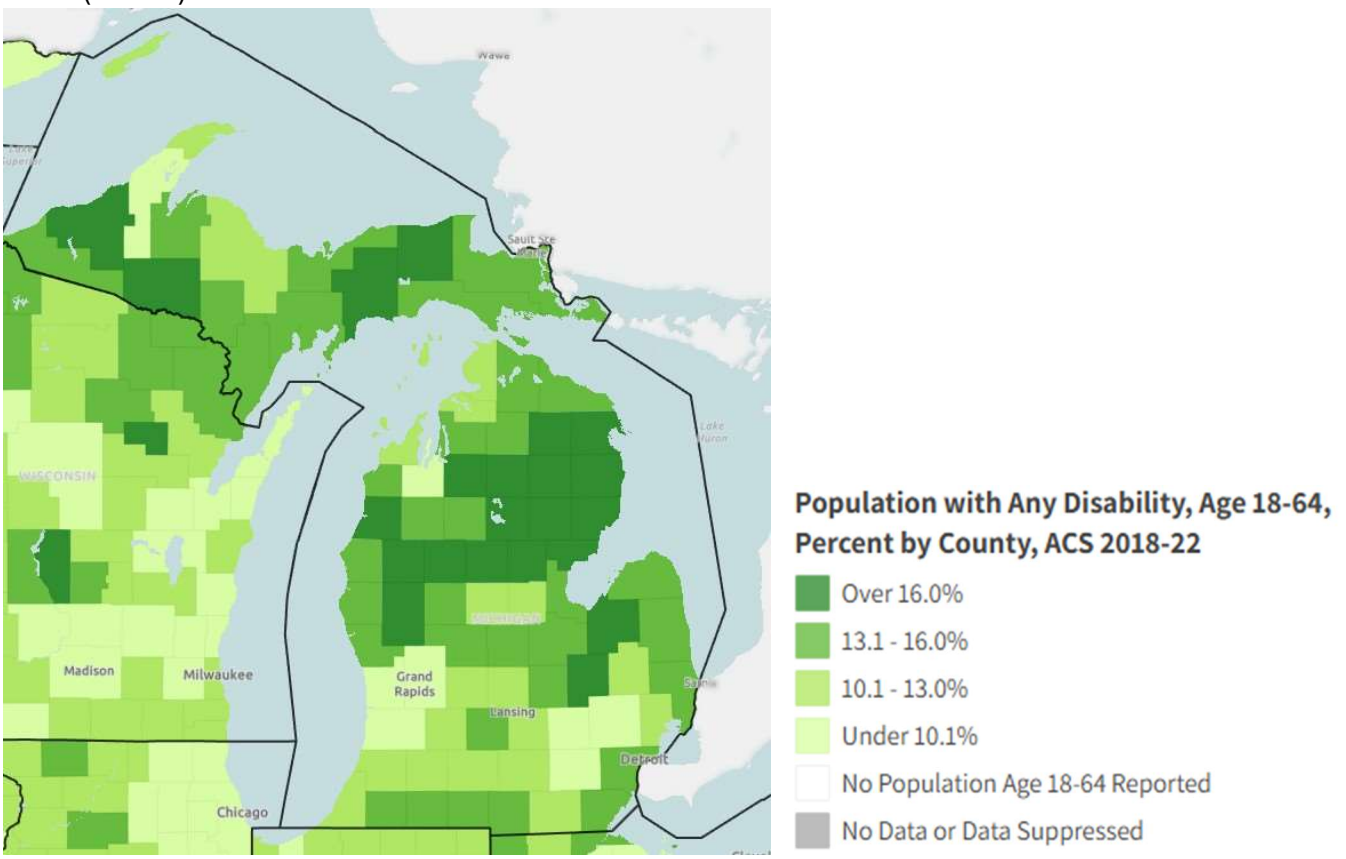
Benzie and Leelanau Counties have a lower proportion of racial minority groups (9.1%) than Michigan (26%).

Percentage of Population by Age Group for the Paul Oliver Service Area, United States Census Bureau, 2019-2023



Benzie and Leelanau counties (27.8% and 33.0%, respectively) have higher proportions of adults over the age of 65 than Michigan overall (19.2%).

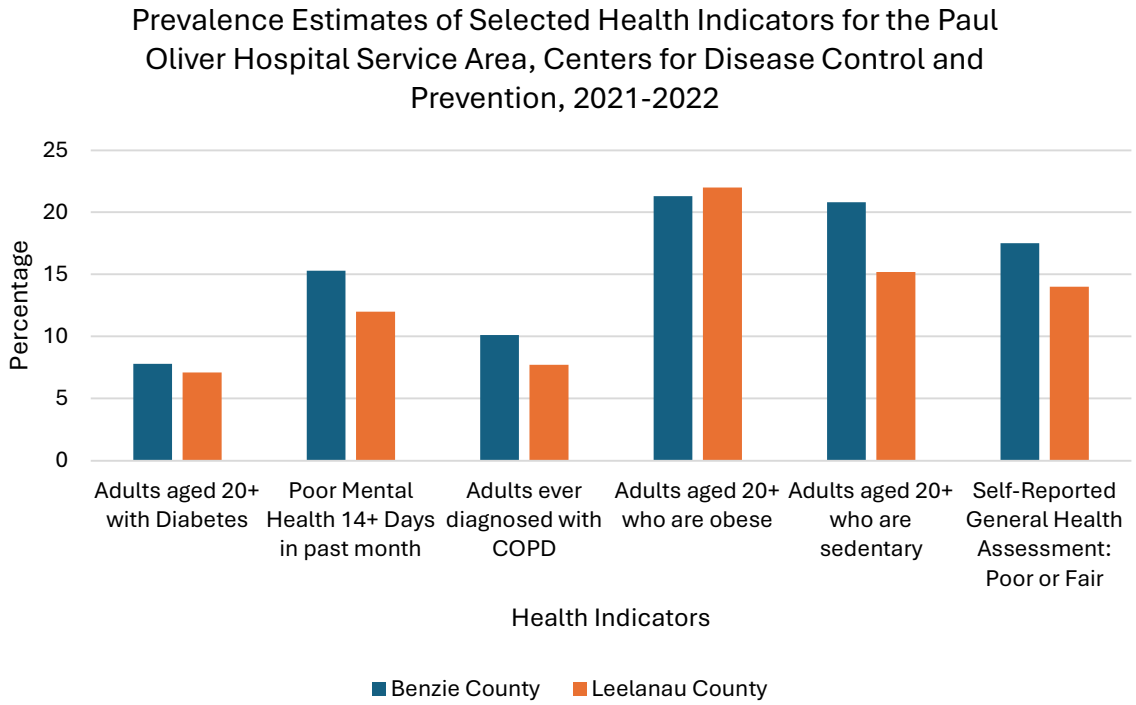
A greater proportion of people—12.0%-- of the people in the region have a disability compared to the State (10.3%).



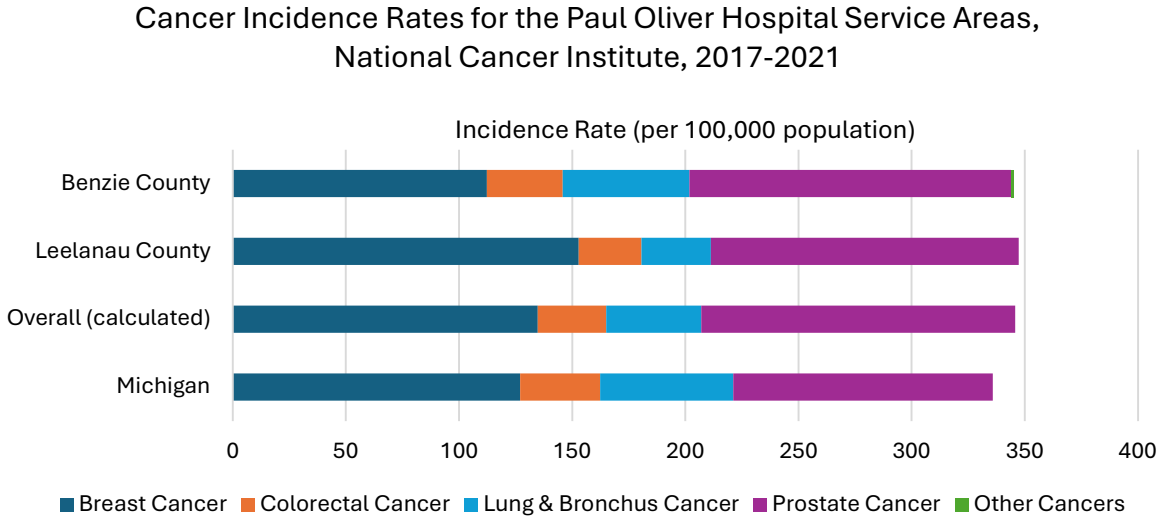
Source: United States Census Bureau, 2018-2022

Notes: The U.S. Census Bureau has updated the data for individuals with disabilities to 2019-2023 estimates. However, the visualization data is only available for 2018-2022 data.

Selected Morbidity and Mortality Indicators for the Paul Oliver Memorial Hospital Service Area

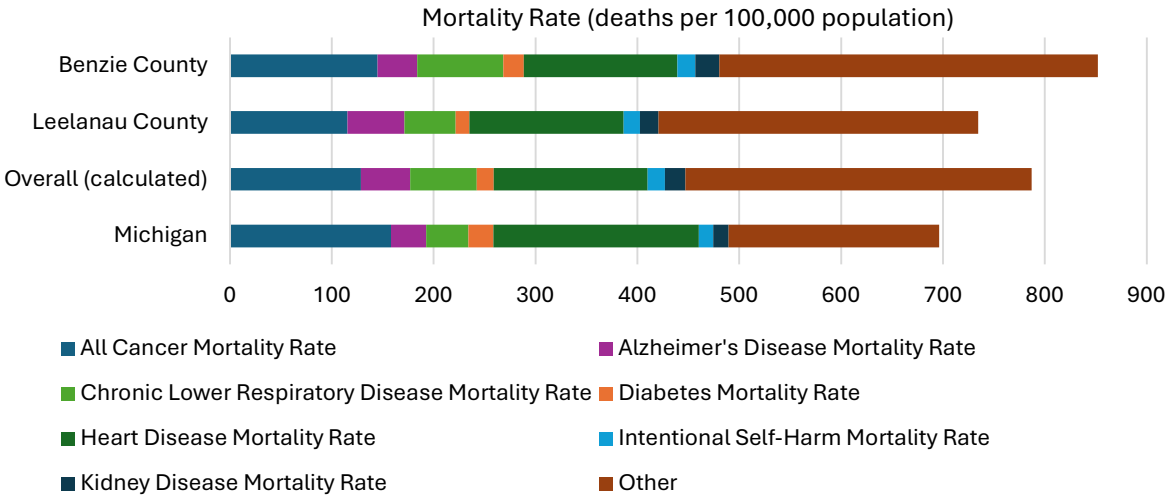


Notes: 'Poor Mental Health 14+ Days in past month' indicates the percentage of adults who stated that their mental health was not good 14 or more days in the past month, 2022.
'Adults ever diagnosed with COPD' shows the percentage of adults who have ever been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis, 2022.
'Adults aged 20+ who are obese' shows the percentage of adults 20 and older who are obese using the Body Mass Index (BMI) value >=30, 2021.
'Adults aged 20+ who are sedentary' shows the percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month, 2021. 'Self-Reported General Health Assessment: Poor or Fair' shows the percentage of adults who answered poor or fair to : "How is your general health?", 2022.

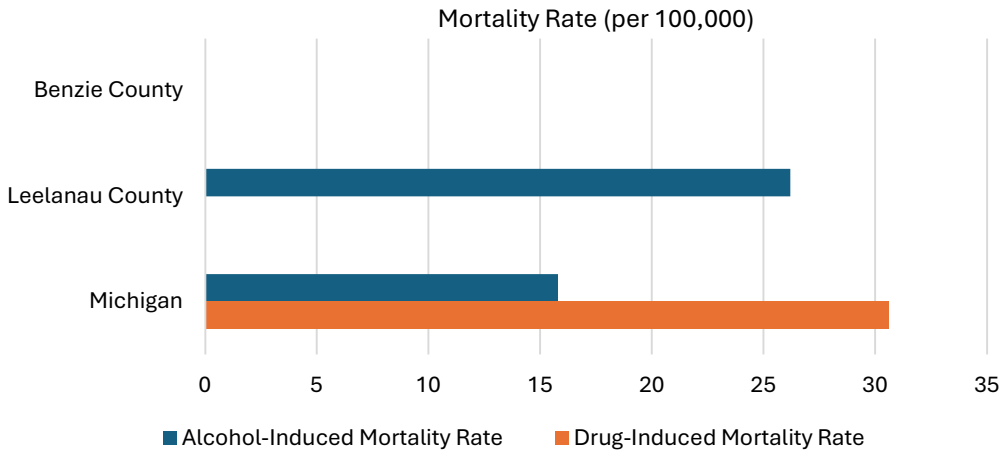


Note: Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US population Data File is used for SEER and NPCR incidence rates.
Data not available for some combinations of geography, cancer site, age, and race/ethnicity.
Suppression is used to avoid misinterpretation when rates are unstable.

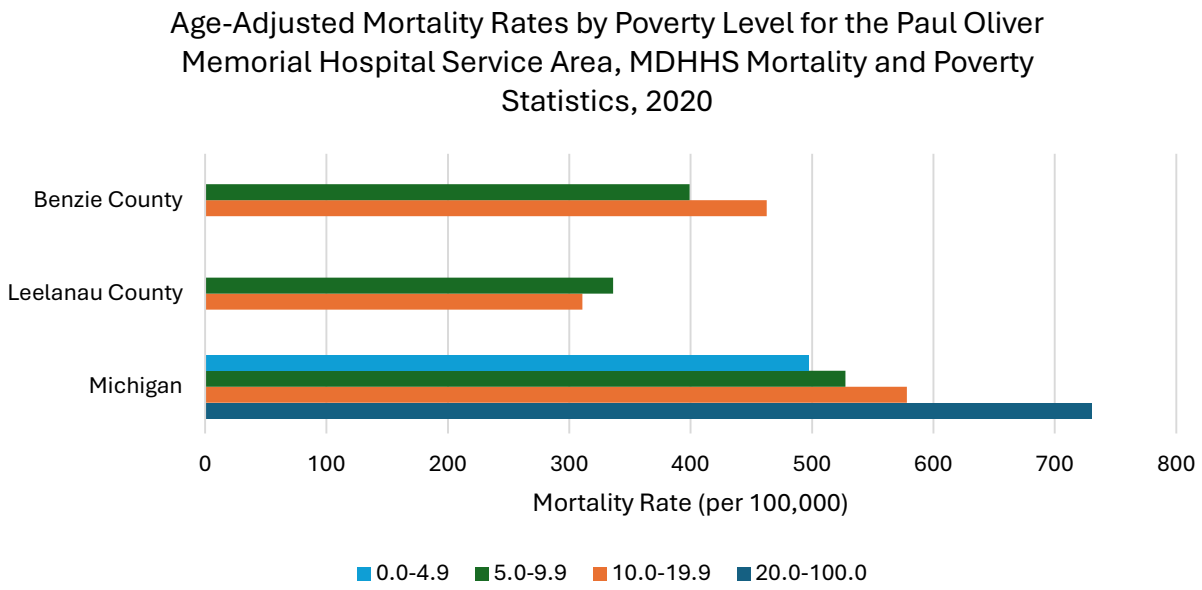
Selected Mortality Rates as a Proportion of Total Mortality Rate for the Paul Oliver Hospital Service Area, MDHHS Vital Statistics, 2018 -2022



Substance Use Associated Mortality Rates for the Paul Oliver Hospital Service Area, MDHHS Mortality Statistics, 2022

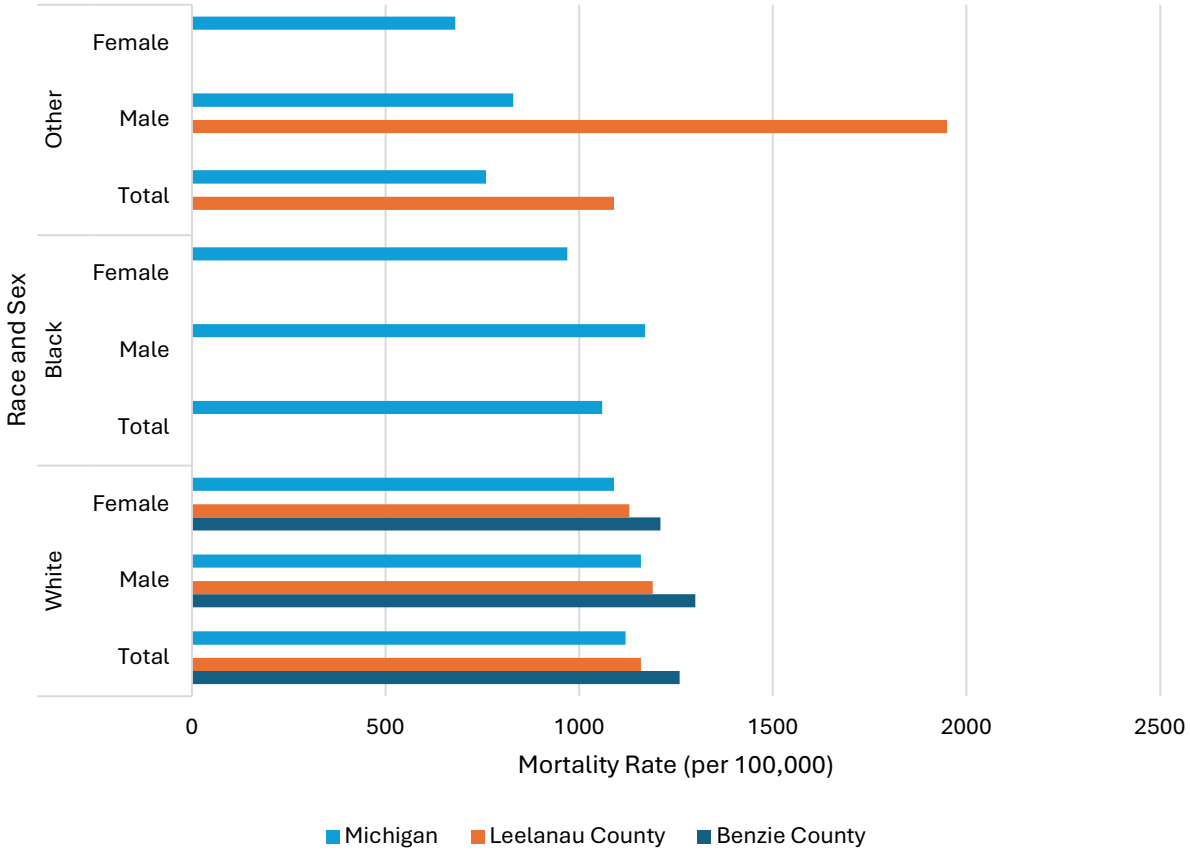


Note: Data from Benzie County was suppressed due to low response levels and has been omitted from this graph.



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.

Mortality Rates by Race and Sex for the Paul Oliver Hospital Service Area, MDHHS Vital Statistics, 2023



Community Survey

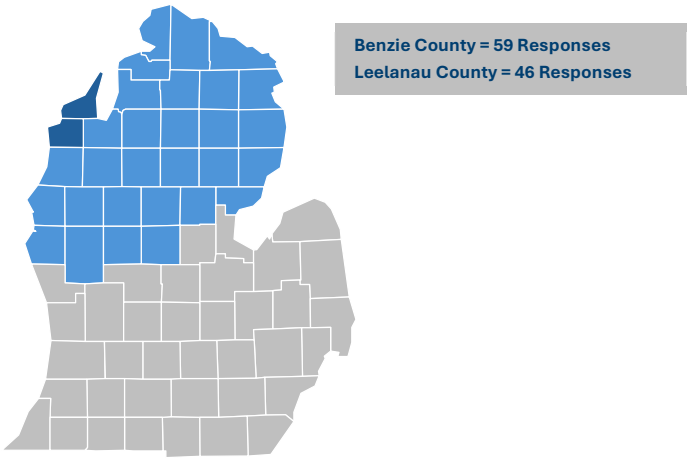
The 2024 Northern Michigan Community Health Survey asked 26 questions, including those geared towards determining what is important to the community, what factors are impacting the community, quality of life, and built environment, as well as demographic questions. The survey questions intentionally look to provide a deep understanding of the issues that residents feel are significant by answering the following questions:

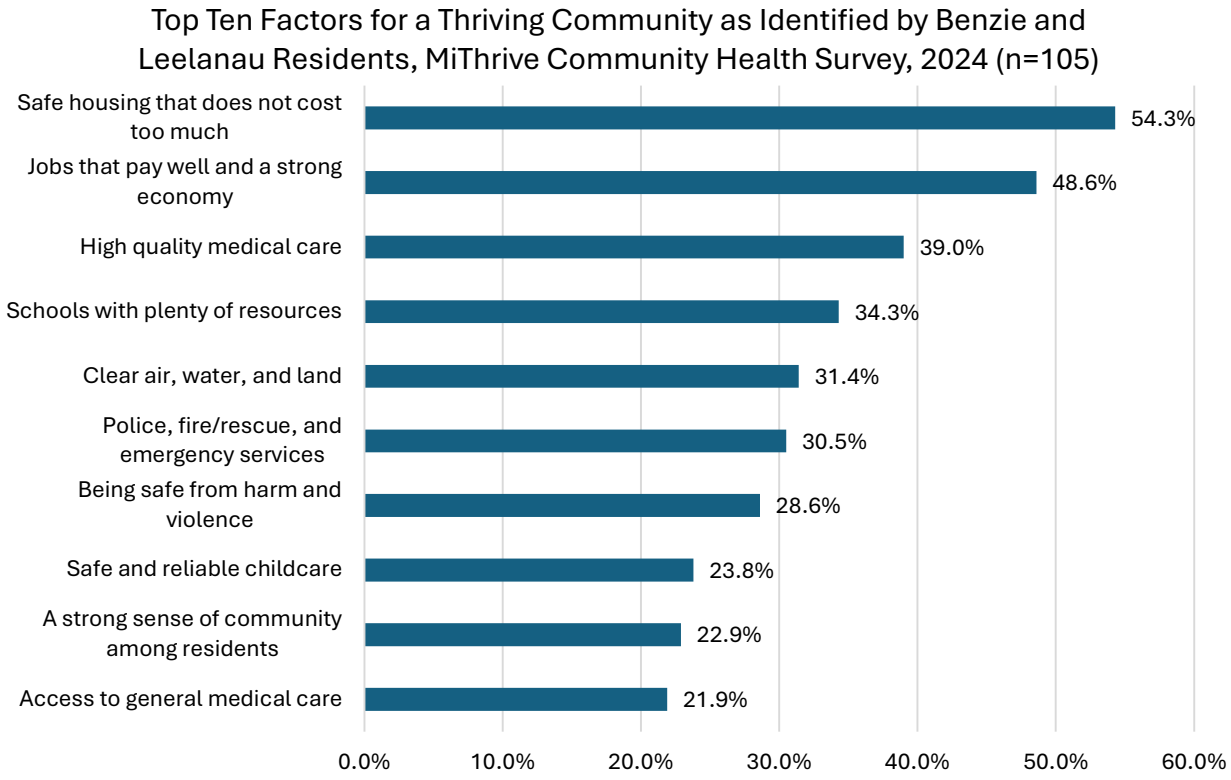
- What is important to our community?
- How is quality perceived in our community?
- What assets are in the community that can be used to improve wellbeing?

Community surveys were conducted both electronically and in paper format, available in English and Spanish. The electronic survey could be accessed via a direct link or QR code. The survey remained open from August 12, 2024 to October 6, 2024. To encourage participation, respondents who completed the survey had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties.

Partner organizations played a key role in promoting the survey through social media and community outreach. Promotional materials included flyers, social media content, and press releases. A total of 3,496 surveys were collected across the MiThrive Region, with 105 responses coming from Benzie and Leelanau Counties.

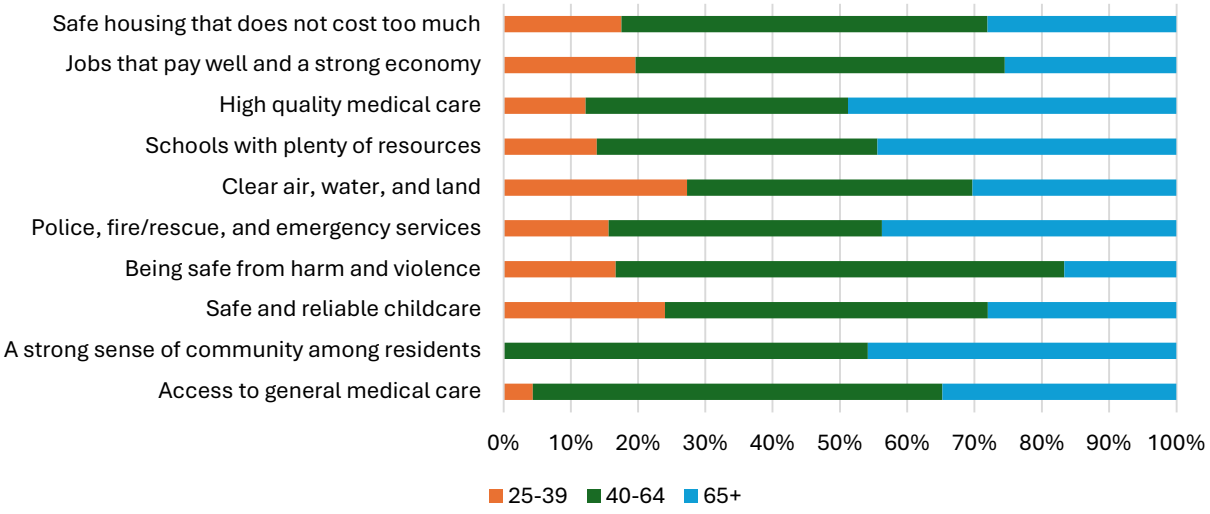
A total of **105 Community Survey** responses were collected in Benzie and Leelanau Counties.





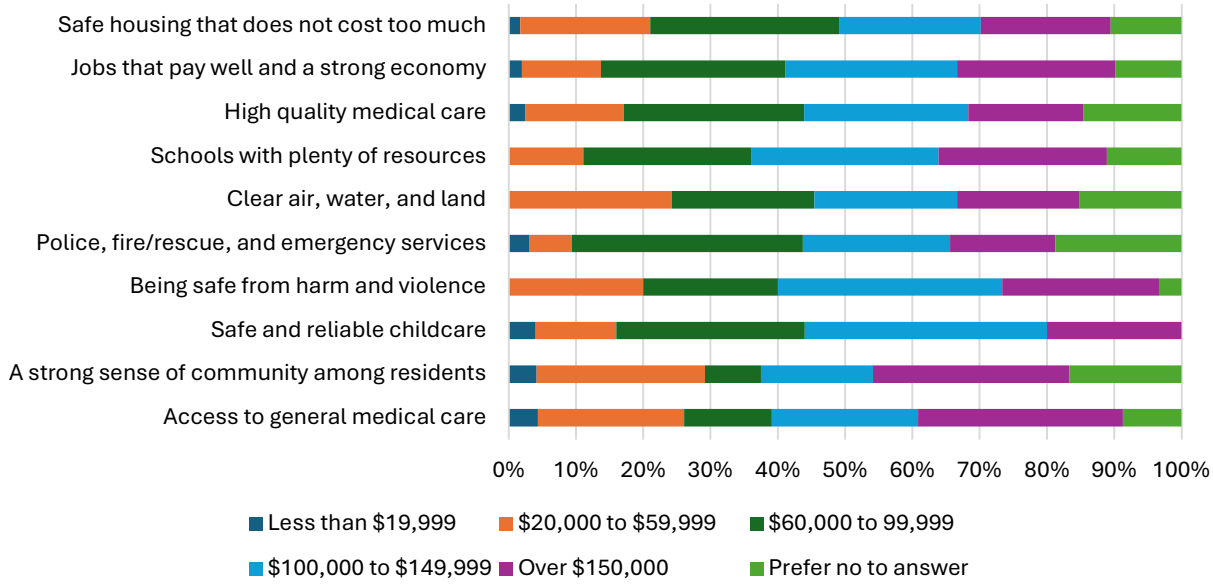
Note: This "Top Ten Factors for a Thriving Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these factors.

Top Ten Factors for a Thriving Community as Identified by Benzie and Leelanau Residents by Age in Years, MiThrive Community Survey, 2024 (n=105)



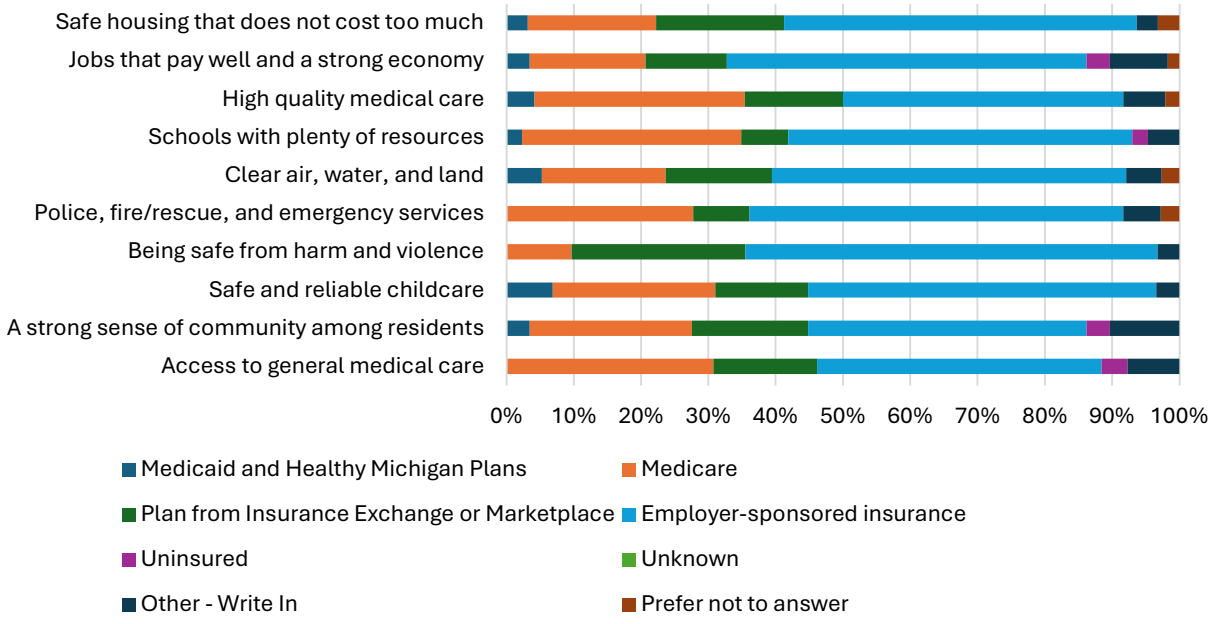
A greater proportion of individuals between **25 and 39 years of age** responded that **clear air, water, and land** was an important factor for a thriving community. There were no responses for individuals under the age of 25 years.

Top Ten Factors for a Thriving Community as Identified by Benzie and Leelanau Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=105)



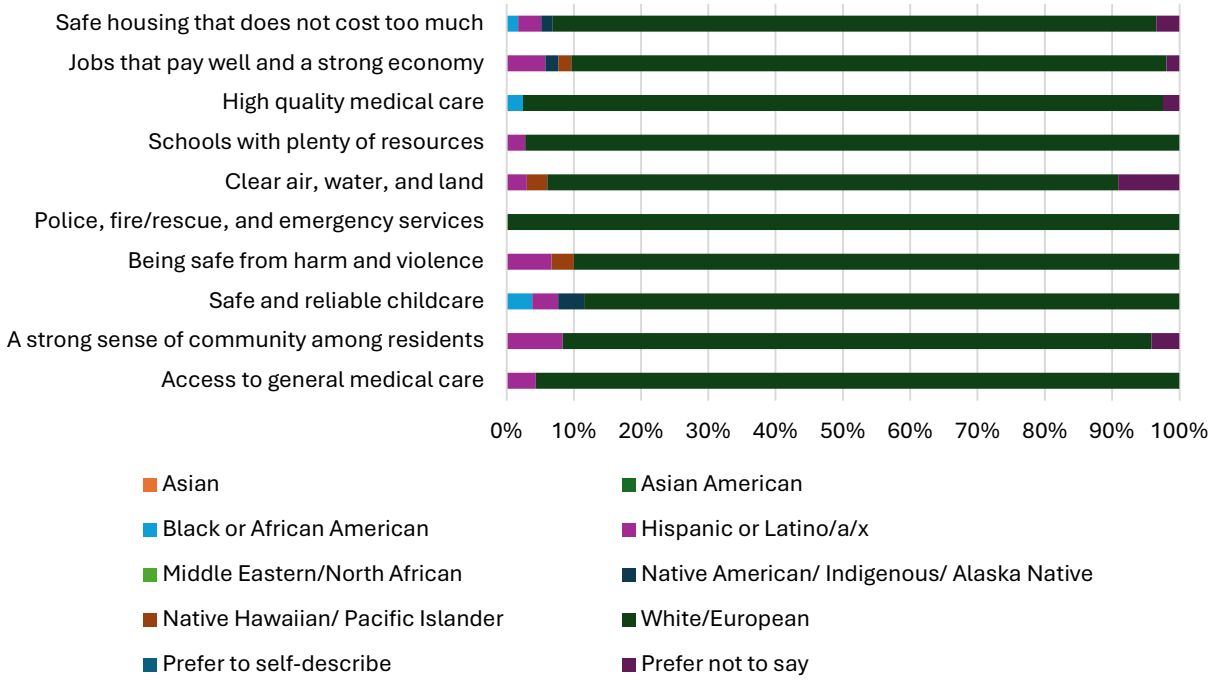
Safe housing that does not cost too much was an important factor for individuals in households making **under $100,000 a year**.

Top Ten Factors for a Thriving Community as Identified by Benzie and Leelanau Residents by Insurance Type, MiThrive Community Survey, 2024 (n=105)



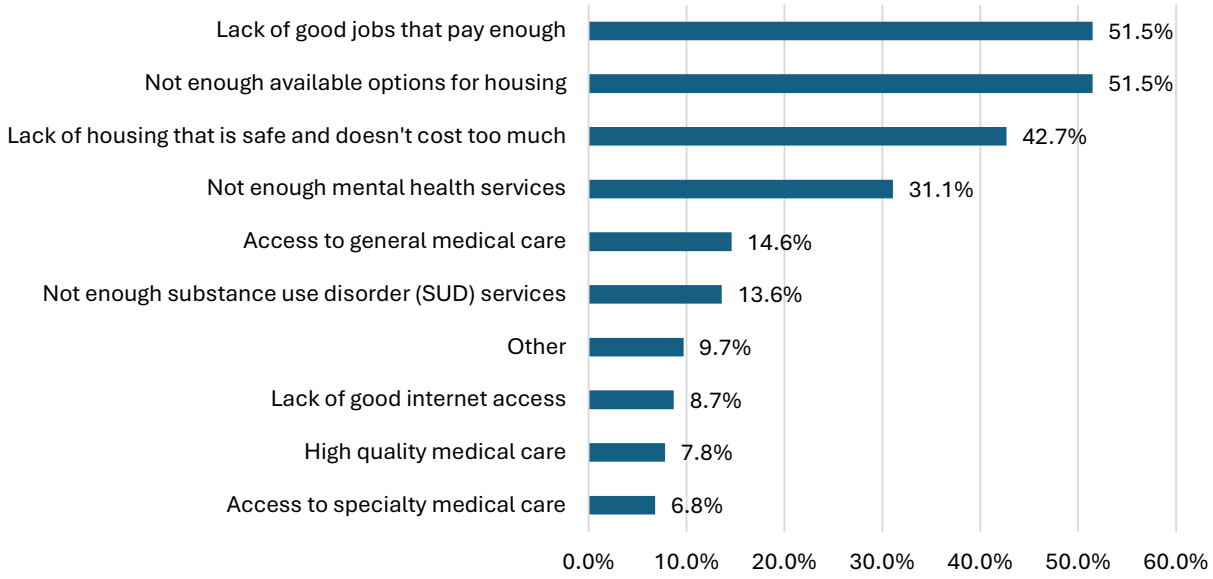
High quality medical care as a factor for a thriving community had a larger proportion of individuals with **Medicaid**, **Medicare**, or **insurance exchange/marketplace** plans compared to other factors.

Top Ten Factors for a Thriving Community as Identified by Benzie and Leelanau Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=105)



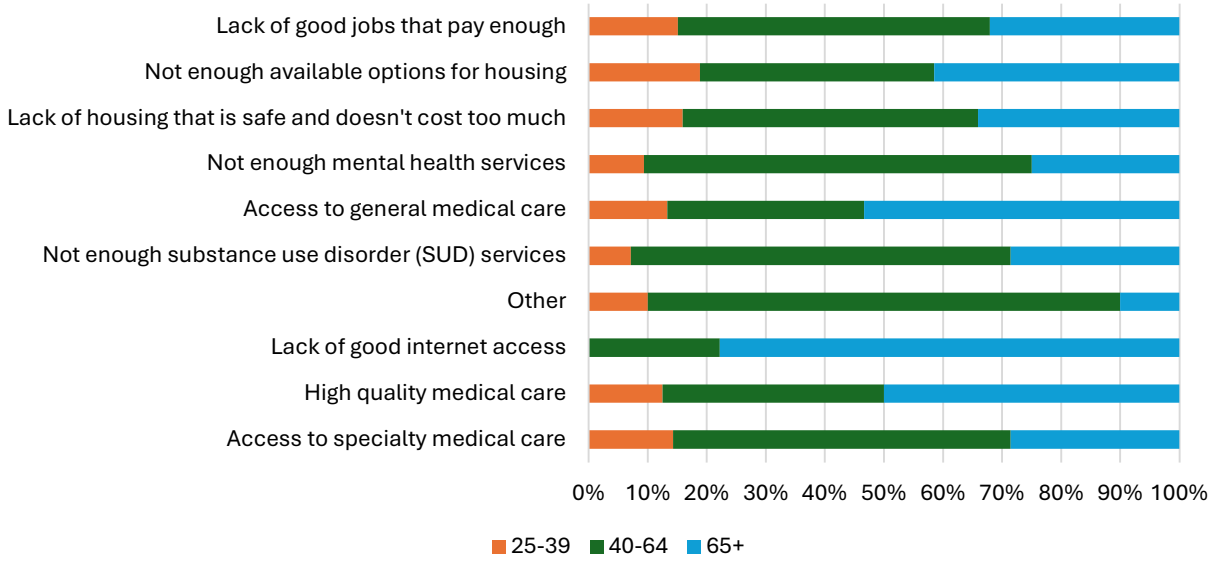
Jobs that pay well and a strong economy were identified as an important factor for respondents who identified as part of a **racial or ethnic minority**.

Top Ten Issues Impacting the Community as Identified by Benzie and Leelanau Residents, MiThrive Community Health Survey, 2024 (n=105)



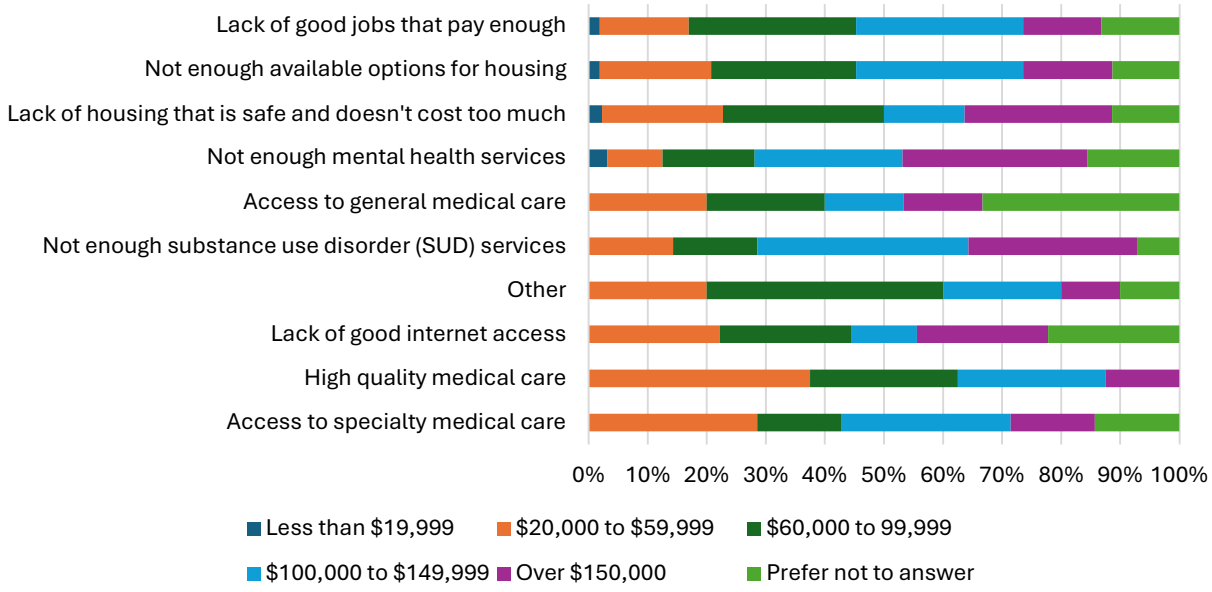
This "Top Ten Issues Impacting the Community" figure is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these issues.

Top Ten Issues Impacting the Thriving Community as Identified by Benzie and Leelanau Residents by Age in Years, MiThrive Community Survey, 2024 (n=105)



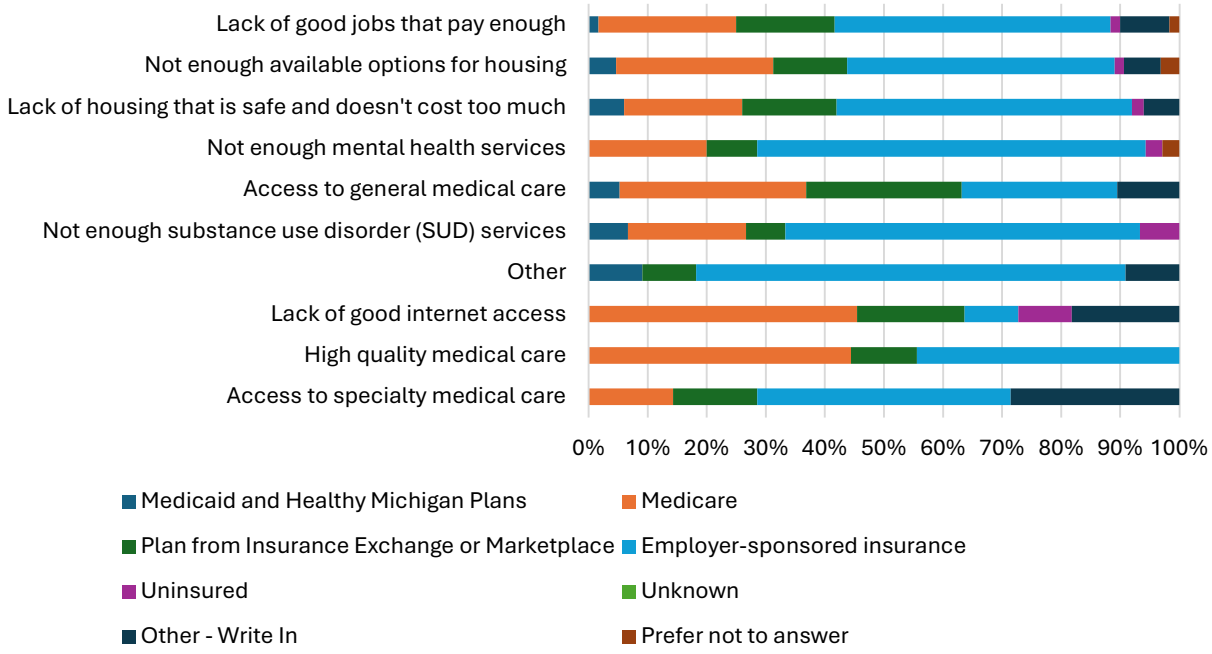
Residents **between the ages of 25 and 39 years old** disproportionately identified having **not enough available options for housing** as a major issue in their community. There were no responses from residents under the age of 25 years.

Top Ten Issues Impacting the Community as Identified by Benzie and Leelanau Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=105)



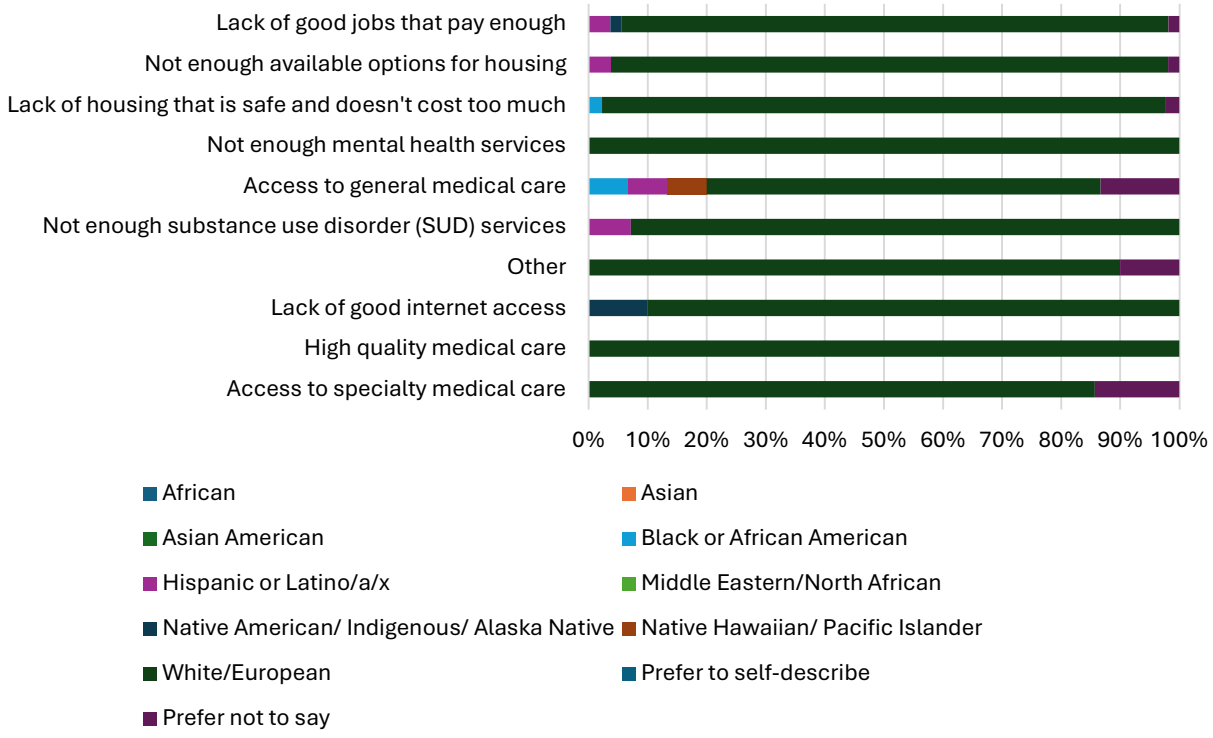
Issues with **lack of housing that is safe and doesn't cost too much** was an important issue for respondents making **less than $60,000 a year** in their household.

Top Ten Issues Impacting the Community as Identified by Benzie and Leelanau Residents by Insurance Type, MiThrive Community Survey, 2024 (n=105)



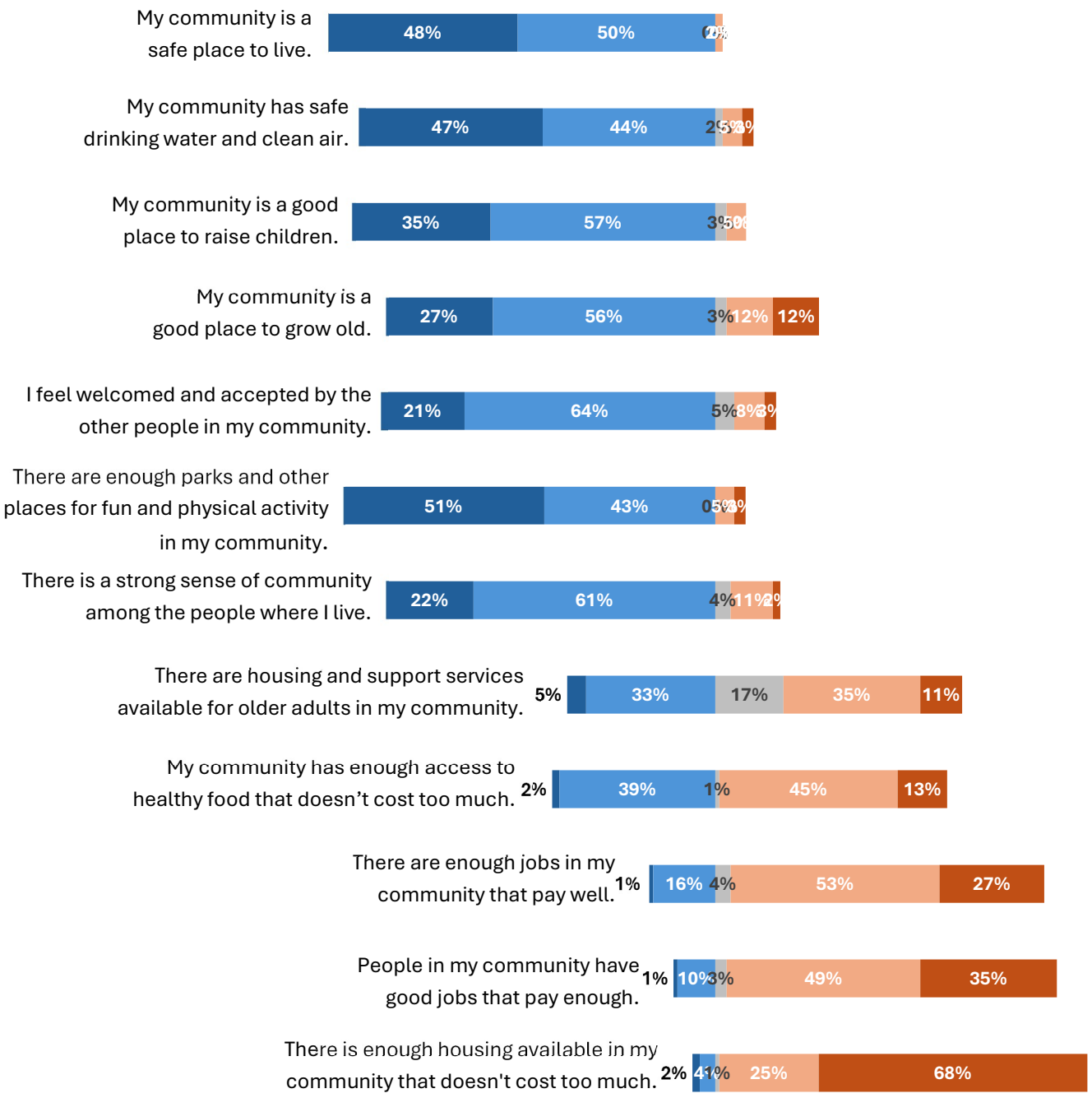
Residents with **Medicaid**, **Medicare**, or **plans from the insurance exchange** felt that a major issue in the community involved lack of **access to general medical care**.

Top Ten Issues Impacting the Community as Identified by Benzie and Leelanau Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=105)



Access to general medical care was an important issue for respondents who identified as members of a **racial or ethnic minority group**.

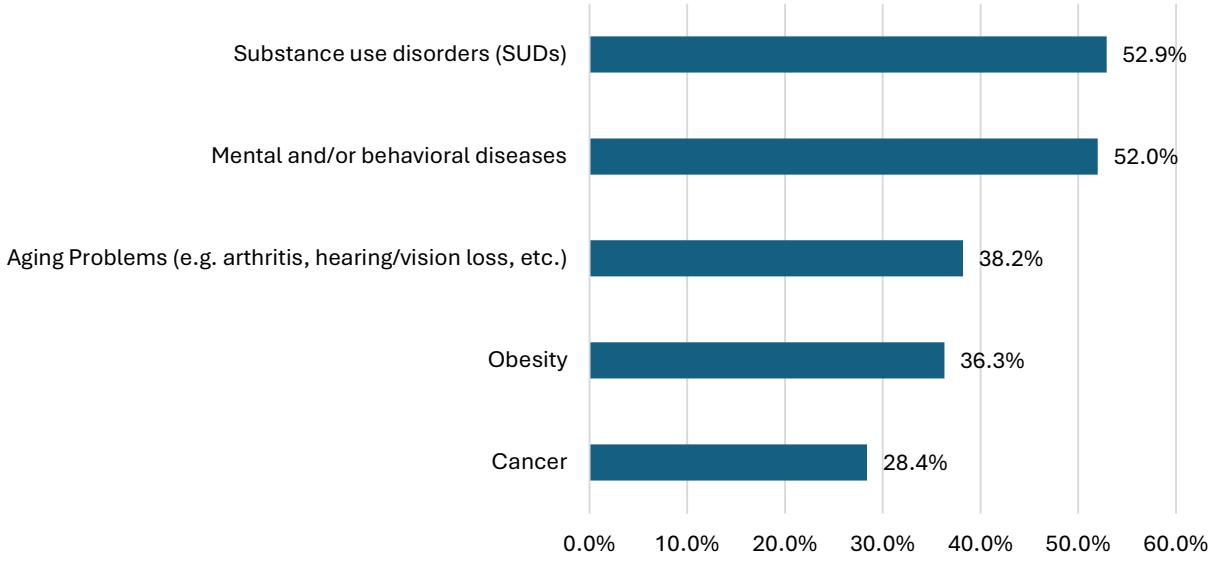
Responses to Likert Scale Questions as Identified by Benzie and Leelanau Residents, MiThrive Community Survey, 2024 (n=105)



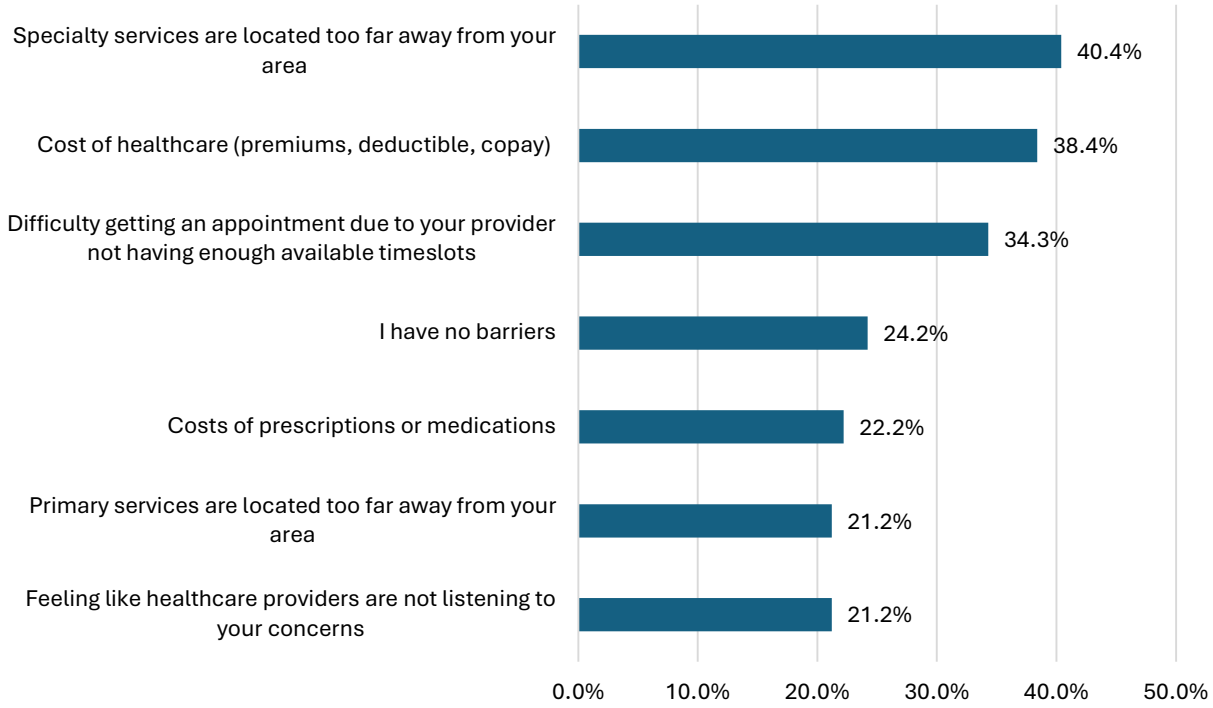
Dark blue indicates "Strongly agree" responses, light blue indicates "Agree" responses, grey represents the undecided or "I don't know" responses, light red indicates "Disagree" responses, and dark red

indicates “Strongly disagree” responses. Data shows that respondents felt that their community was a safe place to live, but most also expressed that there were **not enough jobs, access to healthy foods, or enough affordable housing** available in the community.

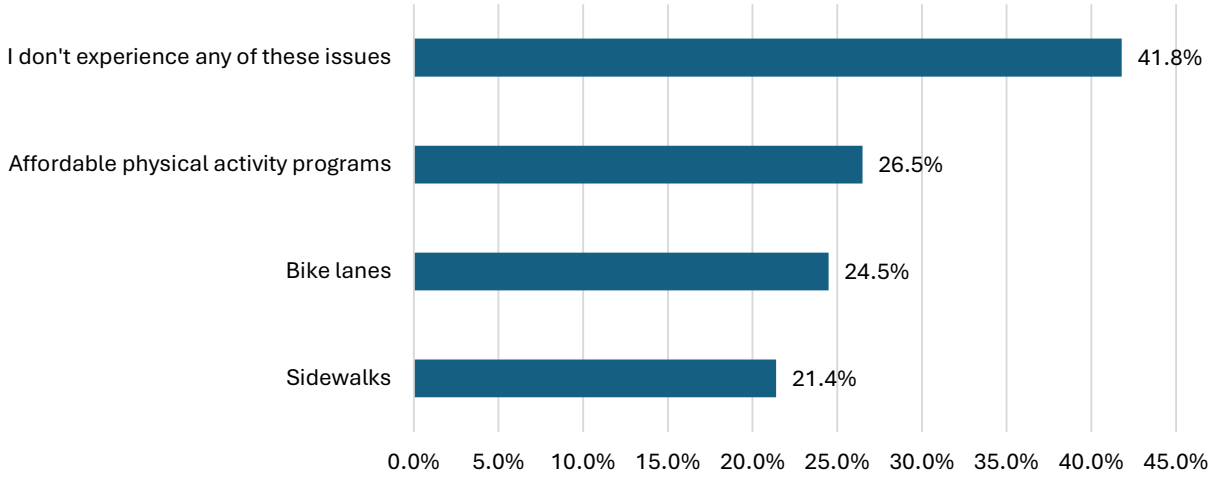
Most Concerning Medical Conditions in the Community According to Benzie and Leelanau Residents, MiThrive Community Survey, 2024 (n=105)



Top Identified Barriers to Healthcare Service According to Benzie and Leelanau Residents, MiThrive Community Survey, 2024 (n=105)



Top Issues Preventing Increased Physical Activity as Identified by Benzie and Leelanau Residents, MiThrive Community Survey, 2024 (n=105)

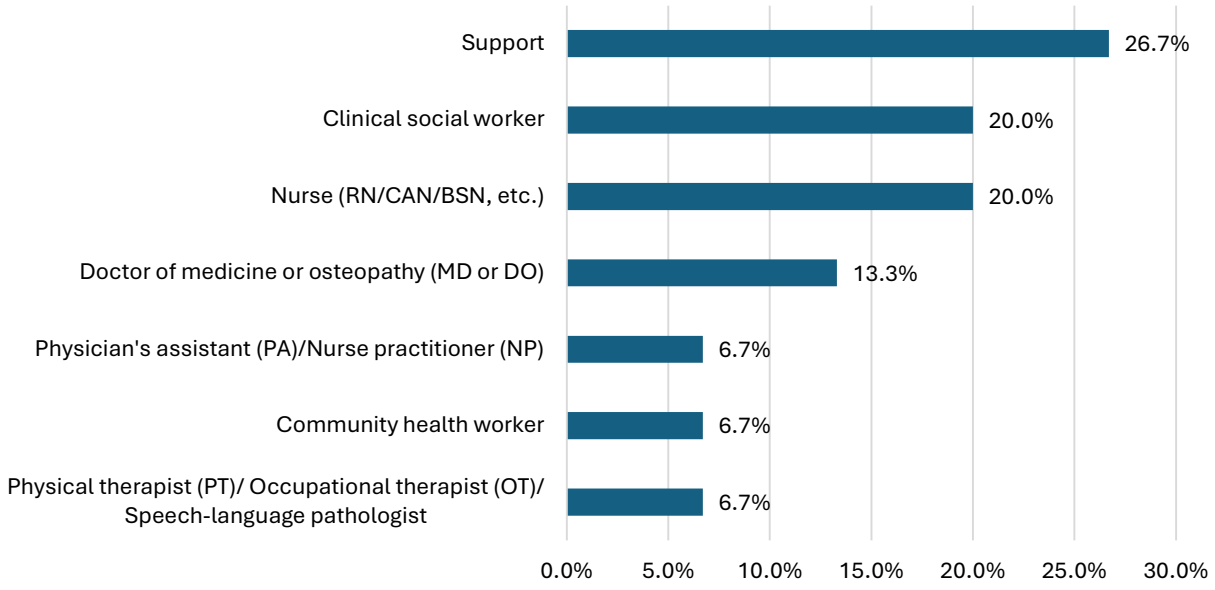


Healthcare Provider Survey

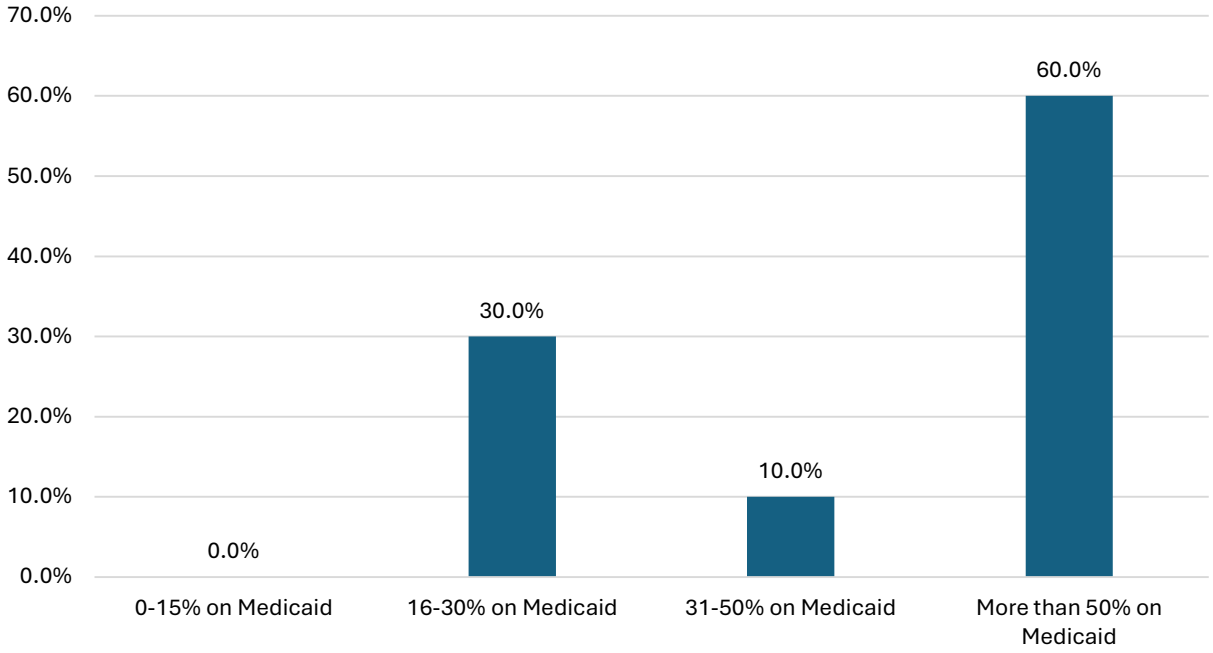
Data for the Healthcare Provider Survey was collected through additional questions included at the end of the Community Survey. Respondents who identified themselves as healthcare providers or healthcare staff were presented with six extra questions to capture their specialized perspective on the community's overall health and needs. The survey remained open from August 12, 2024 to October 6, 2024.

Healthcare partners, including hospitals, federally qualified health centers, and local health departments, distributed the survey electronically to physicians, nurses, and other clinicians. Partner organizations further supported outreach by sharing the survey link with external community partners. A total of 17 providers completed the healthcare provider section of the community survey in Benzie and Leelanau Counties.

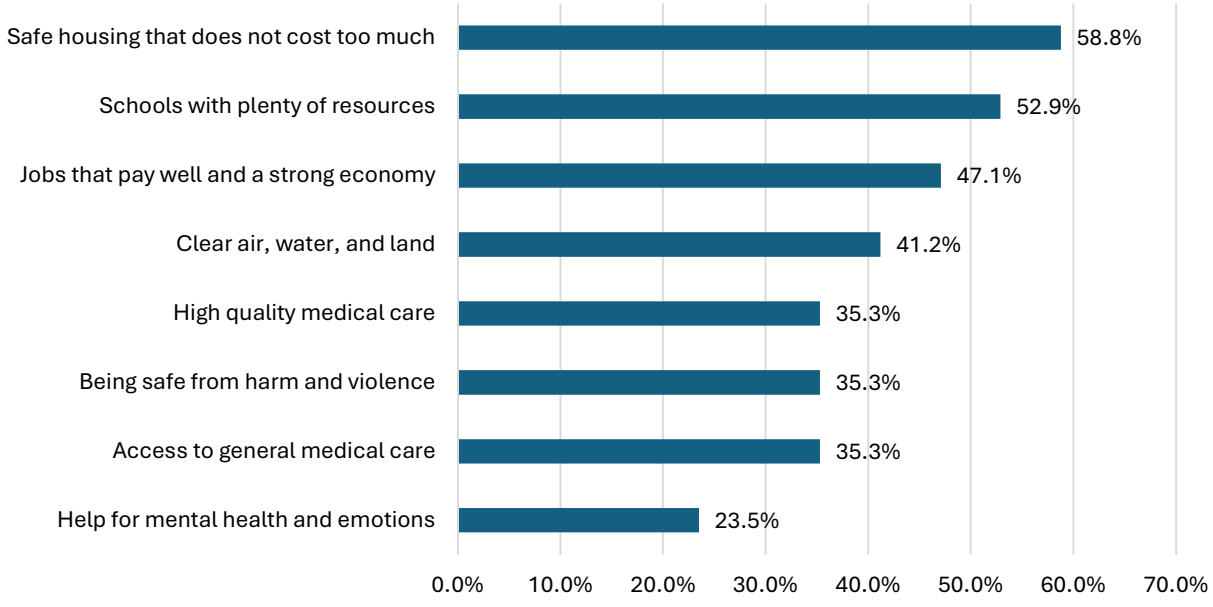
Top Roles of Survey Respondents that Identfied as Provider/Healthcare Staff in Benzie and Leelanau Counties, MiThrive Community Survey, 2024 (n=17)



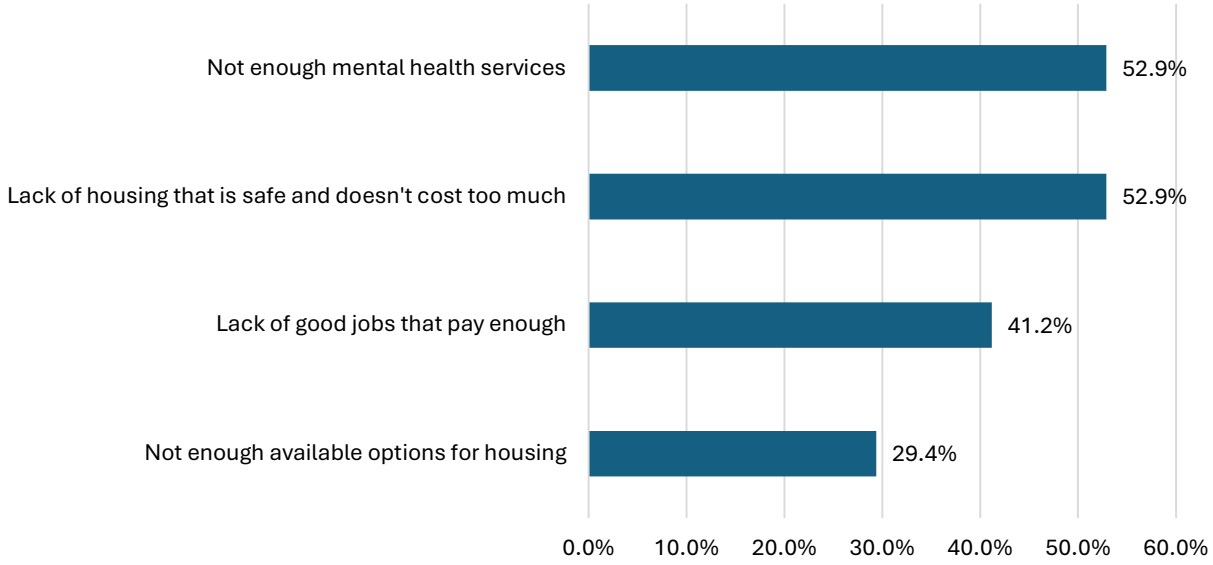
Proportion of Patient Population on Medicaid According to Survey Respondents that Identfied as Provider/Healthcare Staff in Benzie and Leelanau Counties, MiThrive Community Survey, 2024 (n=17)



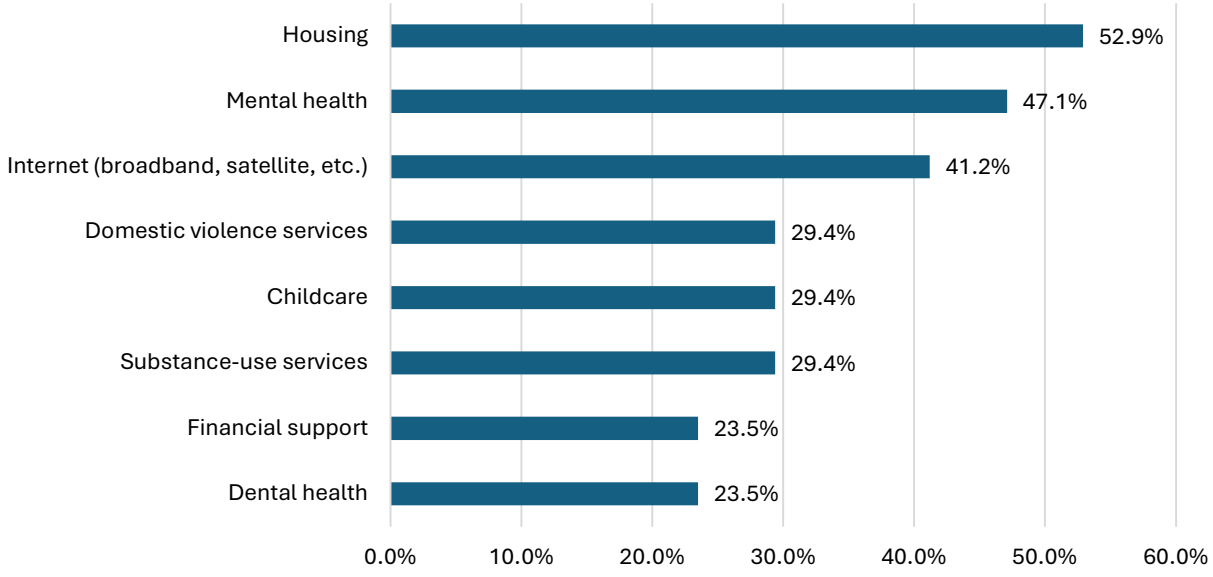
Top Factors for a Thriving Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Benzie and Leelanau Counties, MiThrive Community Survey, 2024 (n=17)



Top Issues Impacting the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Benzie and Leelanau Counties, MiThrive Community Survey, 2024 (n=17)



Resources/Services Missing From the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Benzie and Leelanau Counties, MiThrive Community Survey, 2024 (n=17)



Community Partner Assessment (CPA)

The Community Partner Assessment focuses on organizations that contribute to wellbeing. The CPA answers the following questions:

- What are the components, activities, competencies, and capacities in the regional system?
- How are services being provided to residents?

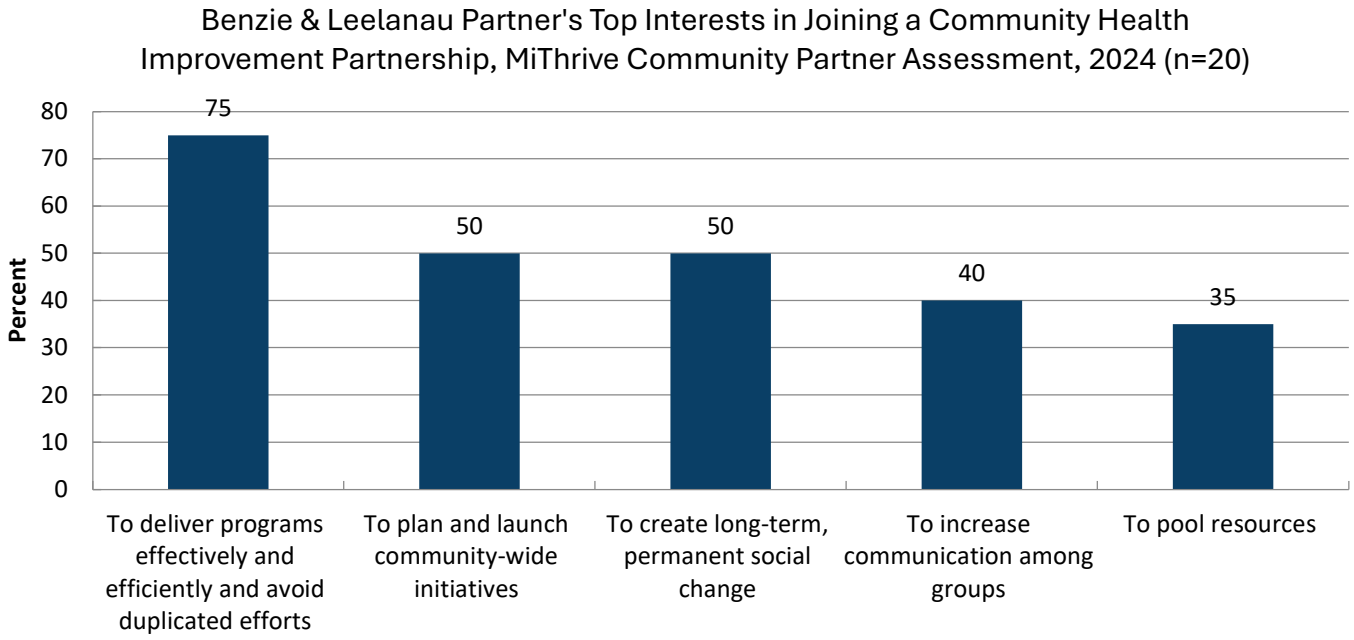
The assessment was designed to enhance communication between organizations and the community by bringing together a diverse range of partners. It aimed to explore connections within the community system, highlight strengths, and identify opportunities for improvement. The Community Partner Assessment included two key components: the Community Partner Assessment Survey and two virtual Community Partner Assessment Discussions events.

Community Partner Survey

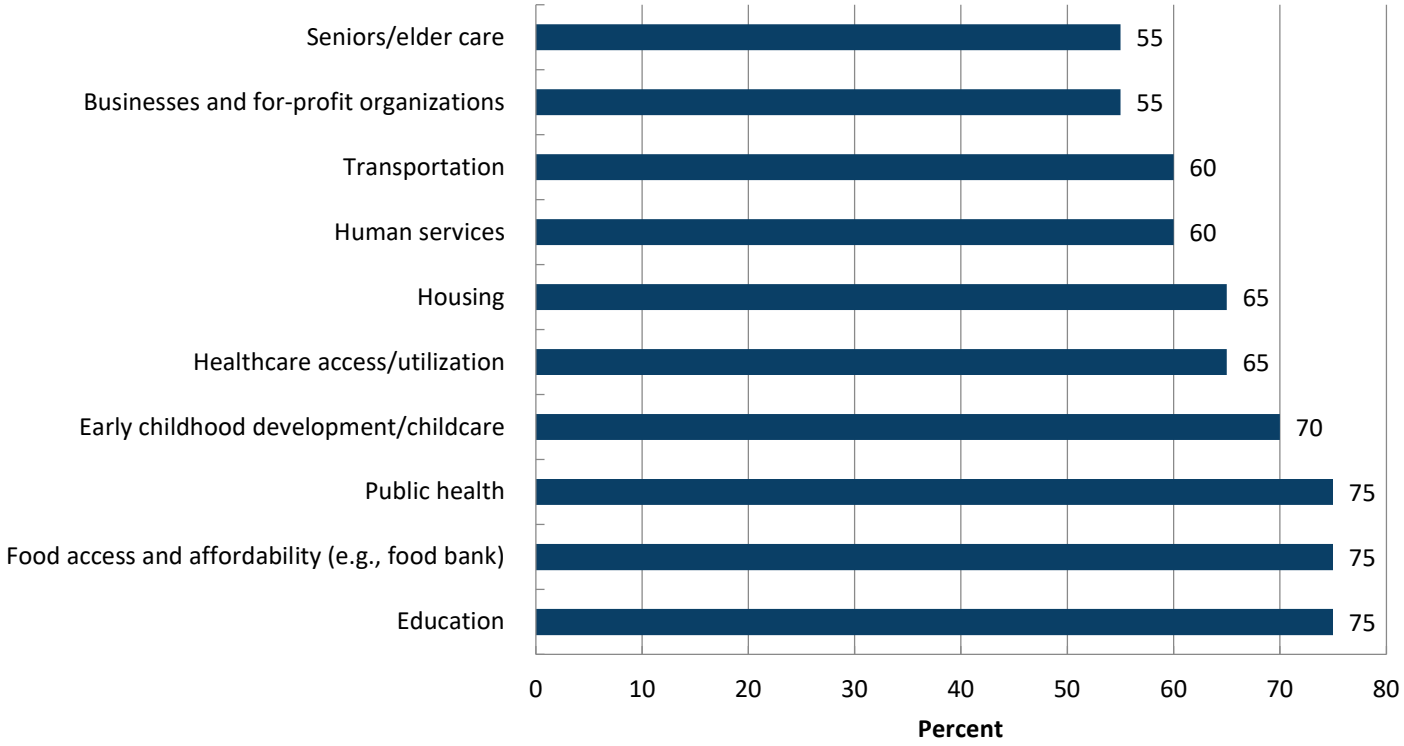
From May 6, 2024 to June 3, 2024, 75 community partners from various organizations and sectors across the 31-county MiThrive Region participated in a community partner survey to assess the system's capacity. A total of 20 responses came from partners covering Benzie and Leelanau counties. See Appendix D for the Community Partner Assessment Survey instrument.

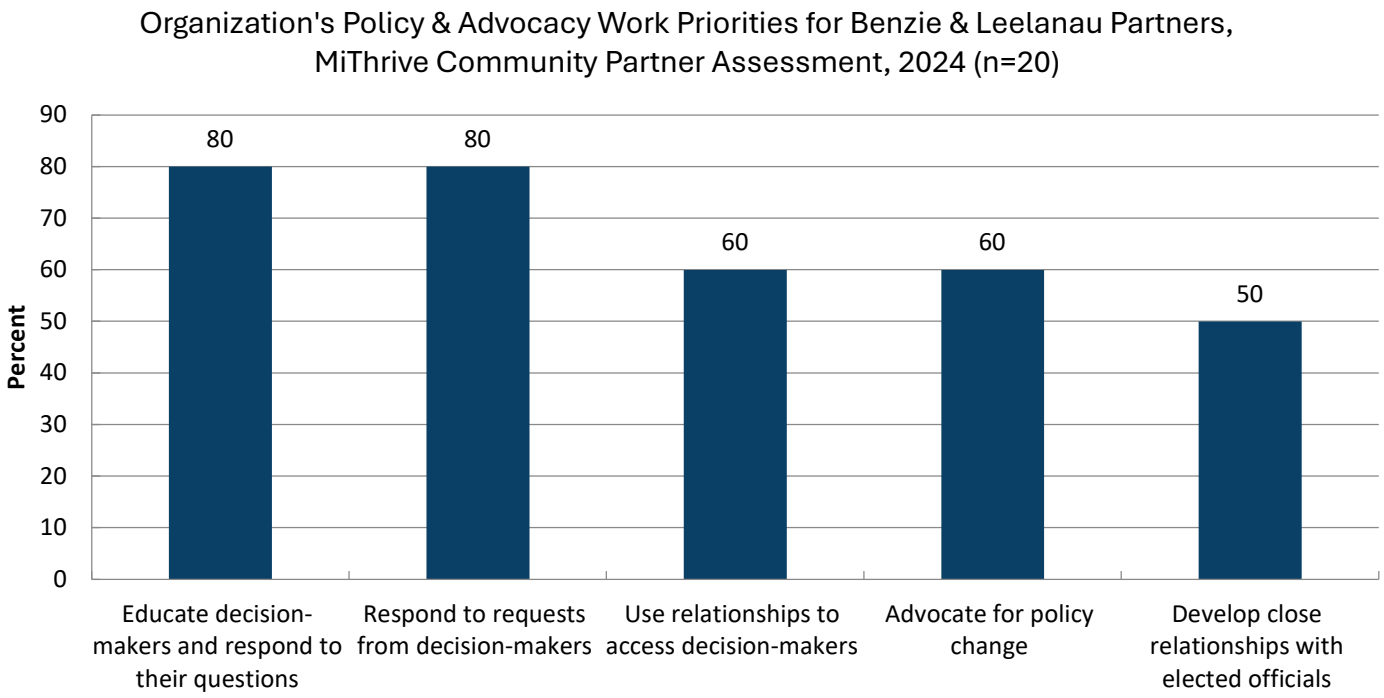
Additionally, survey participants were then invited to attend one of two virtual facilitated discussions, held on June 27, 2024 and July 10, 2024, allowing community partners to identify system strengths and areas for improvement collectively.

Community Partner Assessment Results



Benzie & Leelanau Partners Sector Engagement At Least Once within the Last Year, MiThrive Community Partner Assessment, 2024 (n=20)





Organization's Priorities for Benzie and Leelanau Partners, MiThrive Community Partner Assessment, 2024 (n=20)	A Lot	A Little	Not At All	Unsure
i. Economic Stability: The connection between people's financial resources, income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	60.0%	30.0%	10.0%	0%
ii. Education Access and Services: The connection of education to health and wellbeing. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	60.0%	25.0%	15.0%	0%
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	60.0%	25.0%	15.0%	0%

iv. Neighborhood and Built Environment: The connection between where a person lives, housing, neighborhood, and environment—and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	55.0%	45.0%	0%	0%
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	35.0%	50.0%	10.0%	0%

Virtual Facilitated Discussion Events:

Survey participants were invited to attend one of two virtual, facilitated discussion events. During these sessions, attendees reviewed the results of the Community Partner Assessment Survey and engaged in small group discussions to explore the findings and share their reflections. Through these conversations, the following opportunities for improvement emerged:

- **Cross-Agency Collaboration:** partners expressed a need for more collaboration, including network sharing, communication between partners regarding knowledge of other agencies programs and services. Partners emphasized capitalizing on collective wisdom, sharing lessons learned and expertise across organizations.
- **Storytelling:** partners expressed an opportunity to incorporate storytelling to amplify resident voice.
- **Social Determinants of Health:** partners expressed a desire to continue incorporating social determinants of health to their work, such as residents need for transportation, housing, food, etc.
- **Health Policy:** partners expressed a need for building capacity around policy work. Partners stated it was important to bring awareness of awareness vs lobbying due to their funding structures being impacted by policy.
- **Minority Representation:** partners expressed a need to develop trust and working relationships with Native Nations and other minority groups to enhance representation.
- **Nonprofit and Grassroot Collaboration:** partners expressed an opportunity to improve collaboration with grassroots initiatives and community power building organizations.
- **Data Sharing:** partners expressed an opportunity to advocate for data sharing across organizations. Partners discussed the need to share social determinants of health data, such as housing, food, transportation, etc.
- **Thinking Outside the Box:** Partners expressed the need to expand services in nontraditional spaces. By bringing services to the target populations, it would increase accessibility to residents.

Community Context Assessment (CCA)

The Community Context Assessment aims to answer the four following questions:

- What strengths and resources does the community have that support health and wellbeing?
- What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
- What physical and cultural assets are in the built environment? How do those vary by neighborhood?
- What is the community doing to improve health outcomes?
- What solutions has the community identified to improve community health?

The goal of this assessment is to explore the strengths, assets, lived experiences, and forces of change in the community using qualitative methods. The MiThrive CCA consists of three parts: asset maps, quotes from residents, and photovoice project. As previously stated, 3,496 residents and partners completed the community survey, with 3,412 submitting quotes. These quotes are responses to the open-ended question within the Community Context Assessment section of the community survey. For Photovoice, 63 residents and community partners participated, submitting a total of 140 photos. A total of 4 photos came from residents within Benzie and Leelanau counties. In the Asset Maps, 55 revisions were made.

Community Context Assessment Results

Asset Mapping is a process to systematically identify and document all the positive resources, services and strengths present within the community that can be leveraged to address community health needs. During 2024, the asset maps completed in past CHNAs were compiled by county and shared with MiThrive Steering Committee members, partner organizations and Community Health Workers (CHW) to review and update. A full library of the 31-county MiThrive Asset Maps are available on the MiThrive website; see Appendix E for the Asset Maps for Benzie and Leelanau counties.

A **community health worker (CHW)** is a trusted frontline public health worker with a strong understanding of the community they serve. This connection allows them to bridge health and social services, improving access to care and ensuring culturally competent service delivery. CHWs are well-versed in local resources and play a vital role in empowering individuals and communities by providing outreach, education, informal counseling, social support, and issue awareness to enhance health knowledge and self-sufficiency.

Resident Voice Quotes

Residents were given space to answer one open-ended question nested within the community survey. The question was:

> "Thinking broadly, what changes are happening or might happen in your area that you believe will affect the health of your community? These changes can include weather, technology, money, laws, diseases, community resources, and other things."

Below are the selected resident voice quotes:

Benzie County

"Higher usage and growing of **marijuana** and other drugs, **financial stress** and/or duress, political intensity, food increases financially."

"Not enough jobs that pay **a living wage**. Not enough resources for those who are in between poor and middle class"

"The continued severe lack of **affordable housing**. The continued severe **lack of jobs** that pay a living wage. The high **cost of food** and other basic services. The continued **lack of child care**."

"Proposals to reduce busing and **transportation** options to Traverse City will limit access to resources. Legislation related to **broadband** access could increase access to internet services."

Leelanau County

"**Lack of jobs** and affordable housing; lack of **access to general healthcare** including **behavioral health**"

"Seems like **homelessness** has increased significantly in recent years. Low-cost **housing** is unavailable."

"As sole care giver for a senior parent who is experiencing medical issues, other than the hospital, which is super expensive, I am struggling to find access to helpful and **affordable resources** that don't require me to stop working and experience even harder **financial** issues."

"Increase in **hiking trails** increases my **physical and mental health**"

Photovoice

Photovoice is a community-based research method that uses photography and quotes to document and discuss strengths, assets and experiences that affect the community. The MiThrive Photovoice Survey

consisted of three questions for residents to answer by submitting photographs and captions electronically or requesting a disposable camera to take and submit photographs and captions through mail or drop off locations. To encourage participation, respondents who completed a photovoice submission had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties. As with the other community engagement opportunities, partner organizations were essential to sharing this opportunity with community residents. Promotional materials included flyers, social media content, and press releases.

MiThrive staff developed three photovoice prompts:

Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

Take a picture of something that makes your community a good place to live in, like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility and how easy things are to use.

Take a picture of something that needs improvement in your community.

The following are photographs and captions submitted from Benzie and Leelanau counties. See Appendix F for the Photovoice Survey Instrument and Appendix G for complete Northwest Region Photovoice Album.

County: Benzie

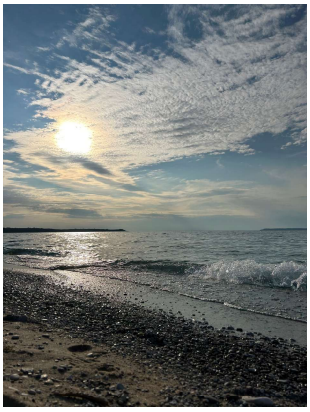
Caption: “Our local library. The building itself is lovely, with a newly expanded children’s area and outdoor sound garden, but what’s really special are the people who make it such a community. They know your kid’s name and greet them like it’s the most important part of their day, and then chat with the kids while I quickly browse the new arrivals. This small act of kindness not only gives me a chance to grab something for myself, but it strengthens the connections my kids have to the people within their community. This place is truly special and one of the best things about our week.”

Related Themes: Education, Environment/Infrastructure

County: Benzie

Caption: “This photo represents child care in our community- both gratitude for the loving care from the folks inside it, but also drawing attention to the limited resources they work with. In Benzie County, there are limited year-round options for children of all ages. Buildings are challenged by maintenance costs. Teachers are challenged by low wages and poor (or no) benefits. Parents cobble together care to meet the minimum care needed to maintain jobs.”

Related Themes: Economic Security, Education



County: Leelanau

Caption: “This is a picture of Glen arbor beach in Leelanau County. The lake brings me and my family happiness when we swim play and walk on the beach. Connecting with nature helps us live a good life.”

Related Themes: Environmental/Infrastructure, Mental Health

Data Limitations

Community Status Assessment

Secondary Data

- Secondary indicator scores were used to condense secondary data into single scores that give data on the severity of the indicator value and allow for easier comparisons between jurisdictions. Since secondary indicator scores are based on these comparisons, low scores can result even for very serious issues, if there are similarly high rates across the state and/or US.
- Some data is missing for some counties - as a result, the "regional average", when included, may not include all counties in the region. Additionally, some counties share data points, for example, in the Michigan Profile for Healthy Youth, data from Crawford, Ogemaw, Oscoda, and Roscommon counties is aggregated therefore each of these counties will have the same value in the MiThrive dataset.
- Data points pulled from secondary datasets from organizations across the country does present an issue, as data is being updated and released constantly throughout the year. As such, some data presented may not be the most up to date at the time of publication, although it was the most recent data available at the time of writing. Updated secondary data can be viewed on the online MiThrive data platform, if necessary.
- Secondary data tells only part of the story. Viewing all the assessments holistically is therefore necessary.

Community Survey and Provider Survey

- A target number of completed Community Survey responses was set for each county based on the county population size. While some counties reached this target, many did not. This results in data that, while indicative of the community, may not be representative of the entire community or may underrepresent some sub-populations. Survey responses are presented as gathered and were not weighted.
- While the Community Survey was offered online and in-person, most surveys were collected digitally. This may skew data around points involving access to care or broadband concerns.
- Partial or Incomplete responses were removed from the Northern Michigan Community Health Survey. Responses were also reviewed to remove suspect or fraudulent responses from the overall data set.

- Outreach and promotion for the Community Health Survey was driven by existing MiThrive partners which influenced the distribution of survey responses across provider entities.
- Provider/Healthcare staff responses are skewed towards nursing and support service professionals, and physicians are underrepresented. Additionally, Provider/Healthcare staff responses are included in overall community responses, so they may be overrepresented in the overall community data.
- The community survey was conducted during the 2024 Presidential Election cycle. As such, the survey was made to compete with many other surveys being conducted at the time, likely leading to resident survey burn-out.

Community Partner Assessment

- Data for the Community Partner Assessment was self-reported by representatives from partner agencies, each with different experiences and perspectives. Based on these differences, it can be assumed that there is some subjectivity inherent in these responses. Even with this subjective bias, data from this assessment should be considered representative of these organizations.
- Facilitated discussions during regional events yielded worthwhile insights but were limited by time constraints for conversation. Additionally, some key stakeholders were missing from these discussions due to scheduling conflicts or other competing responsibilities.
- Community Partner Assessment data reveals insights into the capacities and goals of local community organizations but should not be removed from the context of the other assessments which share information about the health of residents and their perspectives.

Community Context Assessment

Asset Map

- While much effort was taken to update the asset map, there are likely still gaps in identified services for some communities. This is often due to issues such as the asset having a low profile in the community, or just the inherent difficultly of completing an exhaustive list of services from a patchwork of service providers over a variety of jurisdictions.
- Data for the asset map may change in the future and throughout the year. As such, some information on organizations and services offered may become out of date unpredictably after publication.

Photovoice

- Some residents with limited digital literacy may find participation in the Photovoice challenging.

- Photovoice is a realatively new method of data collection. This means that some residents may new to the process of photovoice or may not understand the benefit of this type of data collection.
- The photovoice process has a lot of steps; reading the prompt questions, taking photos of the community, and coming back to the digital form to upload photos. Participation in photovoice can be a large time commitment for participants compared to a survey.
- Although we did offer diposable cameras for residents to use to submit photos, no one requested one.
- The photovoice assessment was conducted during the 2024 Presidential Election cycle. As such, the survey was made to compete with many other surveys being conducted at the time, likely leading to resident survey burn-out.

Phase 3: Continuously Improving the Community

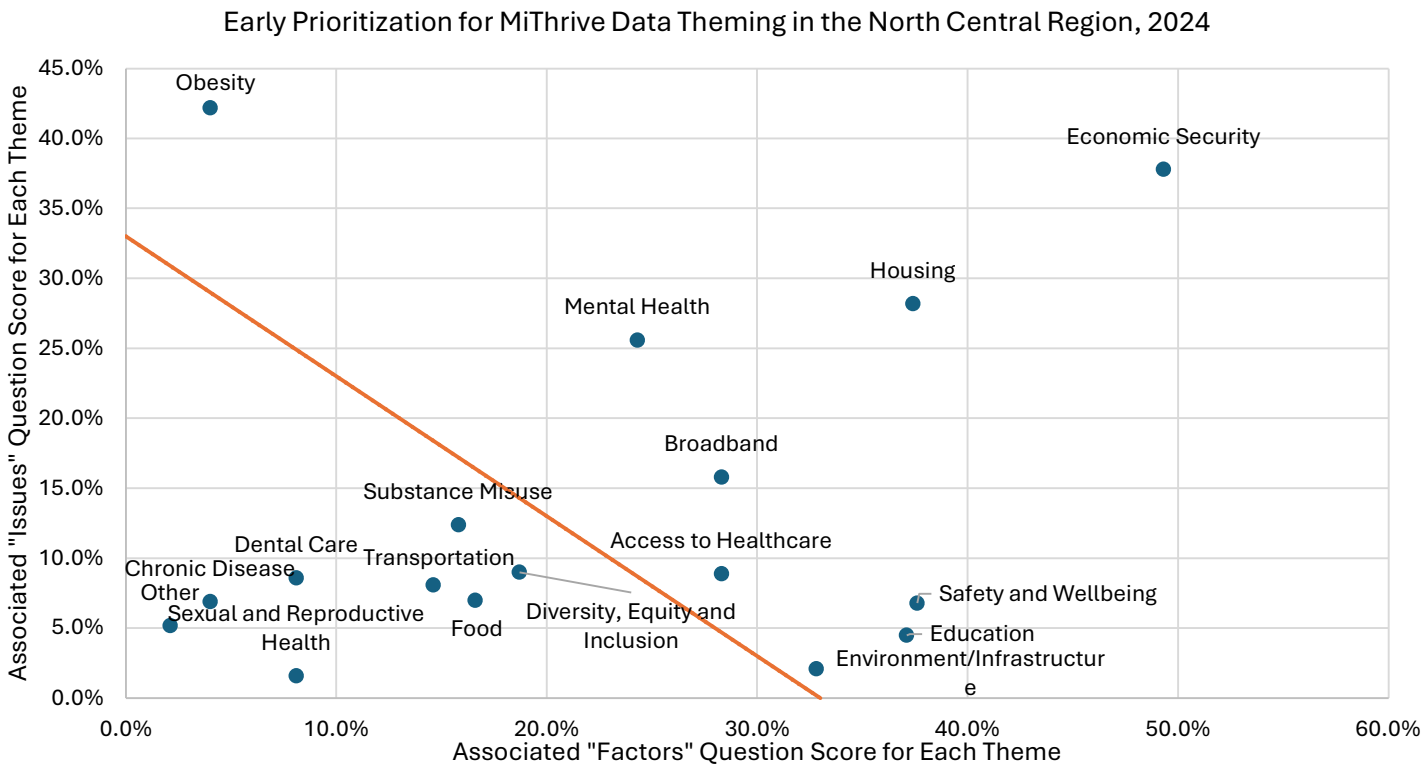
In Phase 3, community partners and organizations were invited to engage in the prioritization process. By analyzing the data collected from each assessment and incorporating community perspectives, key issues are able to be identified and then prioritized.

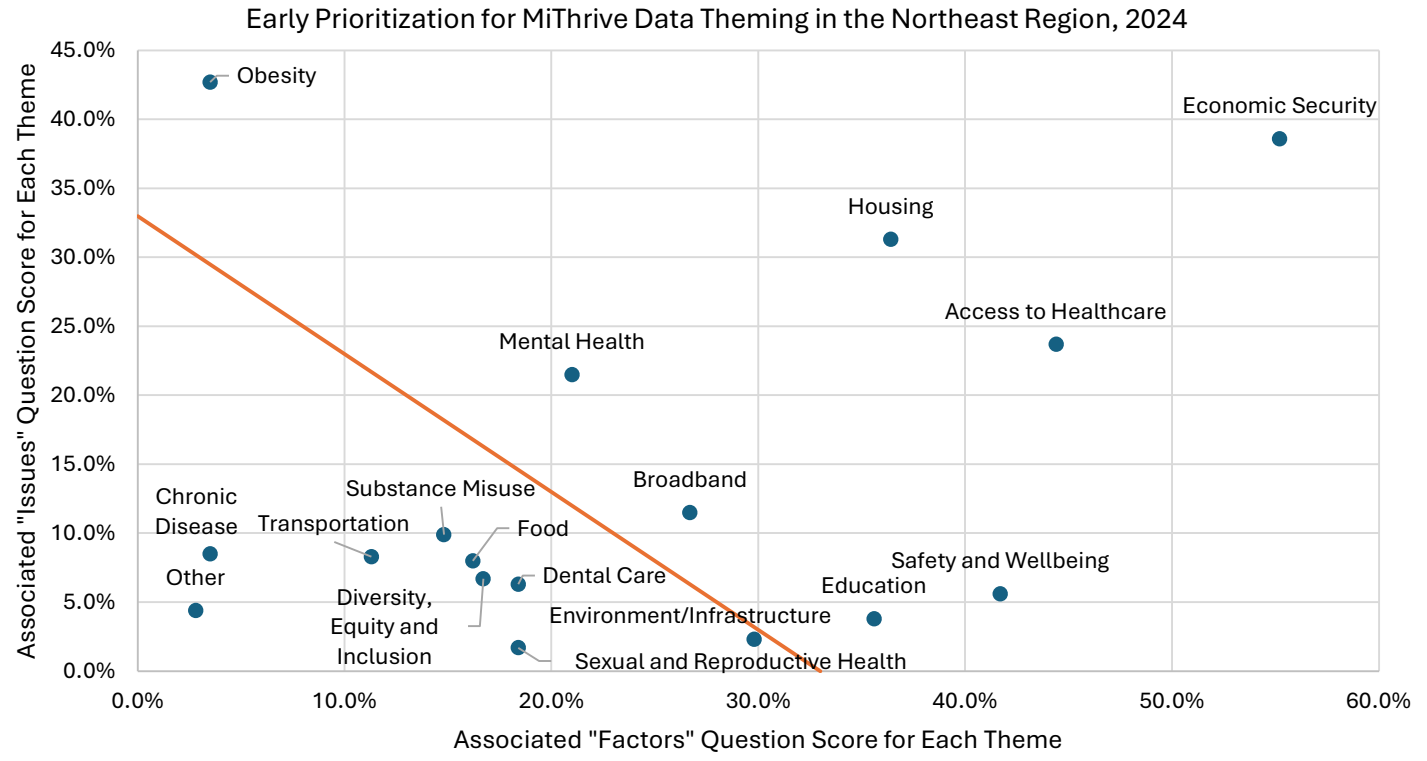
Identifying Key Issues

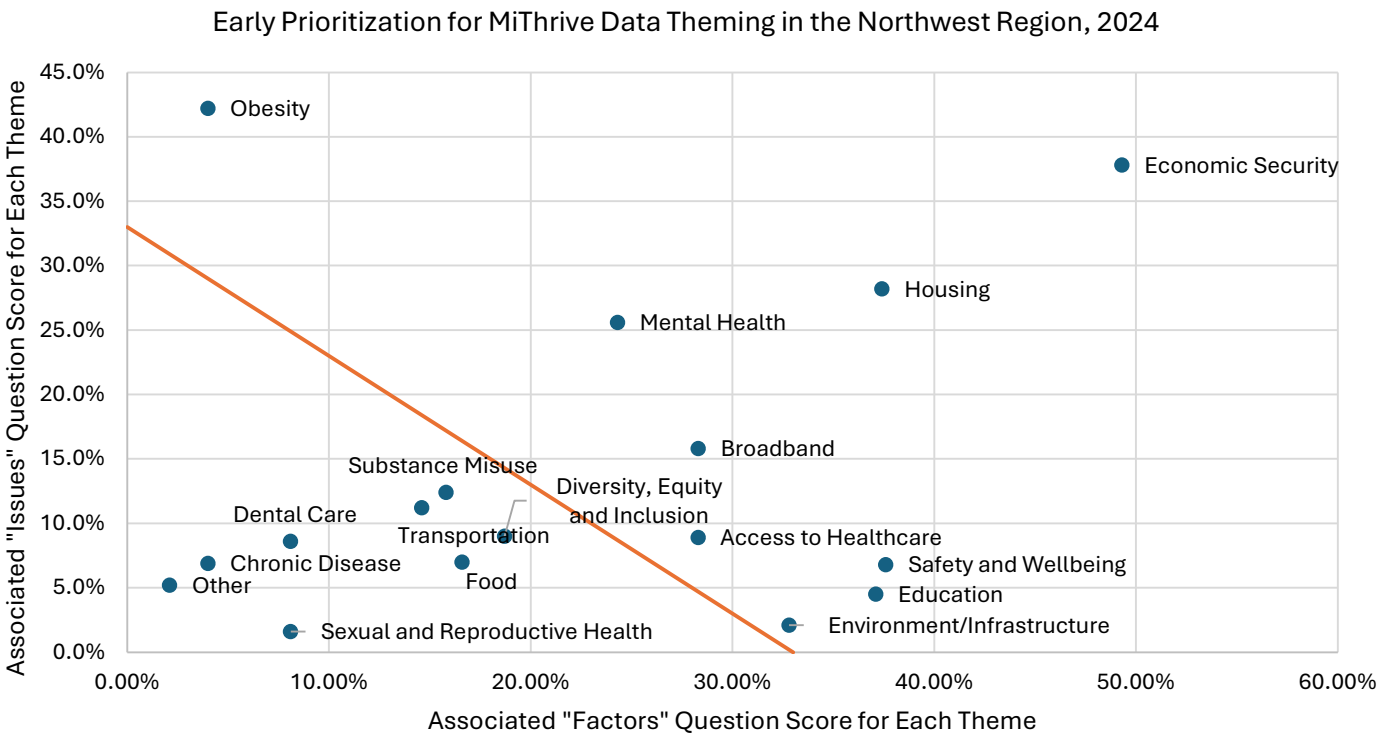
For the first step, the focus was placed on primary data from the community survey, as it contains data helpful for identifying the thoughts and opinions of residents. This data was then organized into themes. Categories for themes were initially pulled from MAPP 2.0 materials, then more themes were added as needed to describe the data collected. This was centered around two of the MiThrive Community Survey questions:

1. What is needed for a community to be thriving?
2. What needs to be fixed in your community?

For each theme, only the top response associated with each theme in each question was used as a reference point. These reference points were then used to graph each theme onto a plane, with the "factors" response used as the "x" variable and the "issues" response used as the "y" variable. Themes on this graph were determined to be key issues if they had at least a 33 percent response rate for either the "x" or "y" variable, or if they had a combined response rate above 33 percent. These identified key issues were then presented to MiThrive partner organizations for prioritization.


Early Prioritization for MiThrive Data Theming in the North Central Region, 2024
Associated "Issues" Question Score for Each Theme
Associated "Factors" Question Score for Each Theme
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
Obesity
Economic Security
Housing
Mental Health
Broadband
Substance Misuse
Dental Care
Transportation
Access to Healthcare
Chronic Disease
Other
Sexual and Reproductive Health
Food
Diversity, Equity and Inclusion
Safety and Wellbeing
Education
Environment/Infrastructure


Early Prioritization for MiThrive Data Theming in the Northeast Region, 2024
Associated "Issues" Question Score for Each Theme
Associated "Factors" Question Score for Each Theme
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
Obesity
Economic Security
Housing
Access to Healthcare
Mental Health
Broadband
Chronic Disease
Substance Misuse
Transportation
Food
Other
Dental Care
Safety and Wellbeing
Education
Diversity, Equity and Inclusion
Environment/Infrastructure
Sexual and Reproductive Health



These graphs Illustrates all the themes considered for prioritization. Each data point is comprised of the top associated response to the question asking residents to identify the “top factors for a thriving community” (the “x” variable) and “top issues impacting the community” (the “y” variable). The orange line indicates the cutoff for priority setting events, while the themes to the right of the line were included.

There were eight to nine key issues for consideration in each region.

North Central Region	Northeast Region	Northwest
Mental Health	Access to Healthcare	Access to Healthcare
Access to Healthcare	Mental Health	Mental Health
Obesity	Economic Security	Economic Security
Economic Security	Obesity	Housing
Education	Housing	Safety and Wellbeing
Housing	Safety and Wellbeing	Education
Safety and Wellbeing	Education	Obesity
Environment/Infrastructure	Broadband	Broadband
Broadband		Environment/Infrastructure

Creating Regional Issue Brief

Once the key issues were identified through the prioritization of data on community opinions, the MiThrive Core Team gathered pertinent information on each of these topics. This was done by reviewing data that had been gathered from the MiThrive assessments and separating this data into themed topics. This included the Community Partner Assessment, the Community Status Assessment (including secondary data collected as well as primary data from the community and provider surveys), and the Community Context Assessment. Data that aligned topics that had been identified as key issues were compiled into a document called a Regional Issue Brief.

Each MiThrive Regional Issue Brief was comprised of curated information on each key issue specific to the region. The purpose of each Regional Issue Brief was to summarize the most pertinent data collected for representatives from MiThrive partner organizations and residents, before setting the priorities for each region. See Appendix H for each of the Regional Issue Briefs.

Collaboratively Priority Setting

In December 2024, residents and community partners participated in regional data walk and priority setting events. A Regional Issue Brief was created for each subregion for review during the Data Walk, highlighting data from each of the assessments that were most important to consider for the prioritization of each key issues. Individuals who were not able to attend a Data Walk and Priority Setting Event were also able to participate by attending one of several scheduled office hours event during the preceding or following weeks, to help gain insight into the data from the MiThrive Core Team.

After engaging in the MiThrive Data Walk, participants were asked to complete a prioritization survey to individually rank the eight to nine key issues. The ranking process used six criteria to assess each key issue including severity, magnitude, impact, sustainability, achievability, and health fairness. Individuals were given a link to the prioritization survey if they participated in one of the data walk events and were asked to complete the survey afterwards. The top prioritized key issues are reflected in green in the scoring grids below. This transparent process elicited robust conversation around the top scoring key issues.

For each score given by each individual, the highest prioritized key issue was given one point and the least prioritized key issue received nine points (reverse scoring where the lowest score is the highest prioritized). The scoring grid below shows the aggregate scores for each key issue across each of the six criteria in each region. In the rightmost column, green highlighted cells indicate which key issues were ultimately prioritized for the region.

North Central Region Prioritization Survey Scoring Grid							
Key Issues	**Severity**	**Magnitude**	**Impact**	**Sustainability**	**Achievability**	**Fair Health**	**Total**
Economic Security	78	56	72	142	149	73	570
Obesity	84	82	79	85	84	109	523
Housing	95	89	98	117	119	94	612
Mental Health	52	75	71	60	69	81	408
Safety and Wellbeing	95	113	101	96	96	97	598
Broadband	161	156	151	117	108	150	843
Education	125	108	95	69	73	85	555
Access to Health Care	69	87	92	83	79	60	470
Environment/Infrastructure	141	134	141	131	123	151	821

Northeast Region Prioritization Survey Scoring Grid							
Key Issues	**Severity**	**Magnitude**	**Impact**	**Sustainability**	**Achievability**	**Fair Health**	**Total**
Economic Security	58	47	58	66	110	61	432
Obesity	72	63	73	98	64	89	459
Housing	67	75	71	92	99	68	472
Mental Health	49	59	51	75	73	59	366
Safety and Wellbeing	87	98	85	63	68	81	482
Broadband	114	115	123	77	62	116	607
Education	114	103	102	74	70	86	549
Access to Health Care	51	52	49	67	66	52	337

Northwest Region Prioritization Survey Scoring Grid							
Key Issues	**Severity**	**Magnitude**	**Impact**	**Sustainability**	**Achievability**	**Fair Health**	**Total**
Economic Security	96	90	82	196	202	77	743
Obesity	134	143	146	162	145	207	937
Housing	112	107	122	195	176	100	812
Mental Health	87	110	104	135	136	124	696
Safety and Wellbeing	147	176	178	118	121	148	888

Broadband	228	216	212	116	114	194	1080
Education	205	183	176	127	140	155	986
Access to Health Care	87	102	93	104	104	97	587
Environment/Infrastructure	209	178	192	152	167	203	1101

The final top-ranked Priority Issues for Munson Healthcare service area are as follows:

- Access to Healthcare
- Mental Health
- Economic Security
- Obesity

Key data points from the 2024 MiThrive Community Health Needs Assessment for Munson Healthcare service area aligned with the regional top-ranked priority issues are briefly discussed below.

Access to Healthcare:

Access to healthcare is a fundamental determinant of overall wellbeing, directly impacting disease prevention, early detection, and effective treatment. Limited access to healthcare services, whether due to cost, geographic barriers, timely appointment availability, logistical obstacles, or lack of insurance can lead to delayed diagnoses, unmanaged chronic conditions, and preventable health complications. Ensuring equitable access to both physical and mental health services is critical in improving quality of life and life expectancy across all communities.

In the state of Michigan, there are approximately 78 primary care providers per 100,000 residents (County Health Rankings, 2021), which is a higher rate than is seen in 13 out of 18 Munson Healthcare service area counties. The lowest provider rate being Lake County (8 primary care providers per 100,000 residents), Oscoda County (12 primary care providers per 100,000 residents, or Missaukee County (20 primary care providers per 100,000 residents). For the Munson Healthcare service area, the primary care providers per 100,000 residents range from 8 (Lake County) to 133 (Grand Traverse County). This makes it harder for residents to seek care for acute or chronic diseases. Similarly, data also shows that only 77.3 percent of residents in Mecosta and Otsego Counties had received a routine health checkup within the last year (CDC PLACES, 2002). In the service area, Mecosta and Otsego have the lowest percentage of residents who have received routine health checkups and Leelanau County has the highest percentage (82.1%). CDC PLACES data from 2022 also shows that 6.6 percent of adults in Otsego, 6.4 percent of adults in Lake, and 5.7 percent of adults in Mecosta do not have health insurance. Otsego,

Lake and Mecosta counties have the highest percentage of adults without health insurance. In comparison, Leelanau (2.5%) and Antrim (2.9%) have the lowest percentage of adults without health insurance. Lack of access to healthcare (such as not having health insurance) contributes disproportionately to age-adjusted death rates across the state. For example, the age-adjusted death rate due to heart disease was 331.0 deaths per 100,000 residents in Oscoda County, 274.5 deaths per 100,000 residents in Montmorency County, and 267.0 deaths per 100,000 residents in Roscommon County. The Munson Healthcare service area ranges from 331 (Oscoda) to 150.6 (Benzie) age-adjusted deaths per 100,000 due to heart disease. This is compared to the value across the entire state of Michigan, at 205.9 deaths per 100,000 residents (MDHHS, 2020-2022). Furthermore, age-adjusted death rate due to all cancer mortality from 2018 to 2022 shows Kalkaska at 224.8 deaths per 100,000 residents, Montmorency at 205.5 deaths per 100,000 residents, and Crawford at 195.2 deaths per 100,000 residents, compared to the Michigan state-wide value at 158.3 deaths per 100,000 residents (MDHHS). Death rates due to all cancer mortality range from 224.8 (Kalkaska) to 115.4 (Leelanau) deaths per 100,000 residents within this region (MDHHS).

25.6 percent of respondents to the community survey from the overall Munson Healthcare service area identified access to general medical care as one of the top factors for a thriving community. This ranged from 21.9 percent from the Paul Oliver Hospital service area to 32.0 percent from the Otsego Hospital service area. Additionally, 9.2 percent of overall respondents indicated that access to general medical care was one of the top issues in their own community. This ranged from 1.9 percent for residents of the Kalkaska Memorial Hospital service area to 14.9 percent of residents who lived around the Paul Oliver Hospital.11.3 percent of overall respondents reported that access to specialty care was an important issue for their community, which included responses from the Cadillac Hospital area (5.4 percent) all the way to responses from the Charlevoix Hospital area (18.4 percent). 48.4 percent of overall respondents identified difficulty getting an appointment due to the lack of time slots at their provider as one of their top issues with access, 43.2 percent of overall respondents implicated the high cost of care (including out-of-pocket expenses). Healthcare providers for the area generally agreed; 24.1 percent indicated that access to general medical care was one of the top factors for a thriving community, and 11.5 percent thought that lack of general medical care was one of the top issues for the health of the community.

Barriers to healthcare access can create significant disparities in health outcomes. Individuals facing financial hardships, living in rural areas, or struggling with complex healthcare systems often experience gaps in care, leading to worsened health conditions and increased medical costs over time. Expanding healthcare access through affordable services, improved transportation, and enhanced health system navigation can reduce these disparities and improve population health.

Healthcare access is more than just the availability of medical services, it is about ensuring that individuals receive timely, high-quality care regardless of their socioeconomic status or geographic location. When people can access preventative care, manage chronic illnesses, and receive necessary treatments without financial or logistical obstacles, they are more likely to experience better health outcomes, improved wellbeing, and a higher quality of life.

Mental Health

Mental health is essential to overall wellbeing, influencing relationships, daily functioning, and ability to lead fulfilling lives. It is deeply connected to physical health, as mental illness can increase the risk of chronic conditions such as heart disease, diabetes, and weakened immune function. Despite its critical role in overall health, many individuals face significant barriers to accessing mental health services, including cost, stigma, and provider shortages. Ensuring that everyone has access to timely, quality mental health care is key to fostering healthier individuals and communities.

Across the state of Michigan, there are approximately 336 mental health providers for every 100,000 residents (County Health Rankings, 2023). In comparison, Missaukee (46 mental health providers per 100,000 residents), Antrim (54 mental health providers per 100,000 residents), and Leelanau County (57 mental health providers per 100,000 residents) each have lower rates of providers available to treat mental health disorders. Within the Munson Healthcare service area, the lowest rate of mental health providers is Missaukee (46 per 100,000 residents) and the highest rate is Grand Traverse (538 per 100,000 residents). As the data shows, mental health conditions such as depression are being diagnosed more often within the region. CDC PLACES data from 2022 shows that 26.6 percent of adults in Osceola County, 26.2 percent of adults in Kalkaska County, and 25.8 percent of adults in Otsego County were currently or had previously been diagnosed with depression. Within the Munson Healthcare service area, the percent of adults currently or previously been diagnosed with depression is highest in Osceola (26.6%) and lowest in Leelanau (21.2%). According to MDHHS data from 2018 to 2022, the age-adjusted death rate for suicide mortality ranges from 30.0 deaths per 100,000 (Roscommon) to 16.3 deaths per 100,000 (Grand Traverse). Overall, the state of Michigan has 14.4 suicide deaths per 100,000 residents.

20.7 percent of respondents to the community survey from the overall Munson Healthcare service area identified that help for mental health and emotions was an important factor for a community to be considered thriving. This ranged from 16.4 percent for respondents from the Charlevoix Hospital service area to 24.0 percent of respondents from the Manistee Hospital service area. 26.1 percent of overall respondents additionally indicated that one of the top issues in their community was a lack of mental health services. This was largely driven by responses from individuals who were under the age of 39 years

old and ranged from 18.5 percent for the Manistee Hospital service area to 34.3 percent for the Munson Medical Center service area. Providers indicated that mental health services were important for a thriving community, and 34.2 percent across the overall area indicated that lack of mental health services was a serious issue for their area. 49.1 percent of overall providers shared that they thought that some form of mental health services was missing from their community.

Barriers to mental health services can lead to untreated conditions, exacerbating issues such as anxiety, depression, and substance use disorders. Limited availability of mental health professionals, high costs of therapy and medications, and a lack of awareness about available resources prevent many from seeking the help they need. Addressing these barriers by expanding affordable services, increasing provider availability, and integrating mental health into primary care can improve mental health outcomes and enhance overall wellbeing.

Access to mental health care goes beyond treatment—it encompasses early intervention, crisis support, and long-term management of mental health conditions. When individuals receive the mental health services they need, they are better able to manage stress, maintain healthy relationships, and contribute positively to their communities.

Economic Security

Economic security is a fundamental pillar of health and wellbeing, shaping an individual's ability to access essential resources such as healthcare, nutritious food, safe housing, and reliable transportation. Financial stability provides a foundation for managing health risks, securing a higher standard of living, and reducing chronic stress. In contrast, economic hardship limits access to these necessities, leading to poorer health outcomes and increased vulnerability to chronic diseases. Strengthening economic security is critical for promoting long-term wellbeing and resilience in individuals and communities.

The American Community Survey (ACS) from 2019 to 2023 indicates that 22.3 percent of Michigan families live below 200 percent of the federal poverty level. In the Munson Healthcare service area, this ranges from 35.7 percent in Oscoda to 12.7 percent in Leelanau. The two counties with the largest percentage of residents living 200 percent below the poverty level included Oscoda (35.7%) and Crawford (29.8%). In the economy, poverty and income are closely related. In Michigan, the average income is $71,149 (ACS, 2019-2023). In the Munson Healthcare service area, the highest average income belongs to residents of Leelanau County ($91,943) and Grand Traverse County ($79,486). In comparison, the lowest average incomes come from residents of Montmorency County ($47,803) and Oscoda County ($50,581). In counties with more poverty and low income, there is a need for financial assistance to promote access to healthcare and other services. According to Annie E. Casey Foundation (2022), the

state of Michigan had 48.7% of children aged 0 to 4 receiving WIC benefits. In the Munson Healthcare service area, the highest percentage of children receiving WIC benefits is in Oscoda (80.6%) and Roscommon (71.7%). Alternatively, in Leelanau (29.9%) and Benzie (36.0%) counties significantly less children aged 0 to 4 receive WIC benefits. Additionally, it may be difficult for families with economic insecurity to seek healthcare services and resources due to challenges with access to transportation. In Michigan, 7.1 percent of households are without a vehicle (ACS, 2019-2023). Within the Munson Healthcare service area, the highest percentage of households without a vehicle include Crawford (8.8%), Oscoda (8.7%), and Montmorency (7.2%). Benzie (2.9%) and Leelanau (3.1%) have lower rates of households that do not own a vehicle.

For the counties in the Munson Healthcare service area that are a part of either the NECHIR or the NWCHIR, the most selected factor for a thriving community was jobs that pay well and a strong economy, at 49.8 percent overall. This ranged from 53.7 percent for respondents that live in the Otsego Memorial Hospital area to 44.2 percent for the residents around Kalkaska Memorial Hospital. In addition, 38 percent of those respondents reported that a top issue in their communities was a lack of good jobs that pay enough. For each of the hospital service areas, this was often the most identified community issue. This ranged from 55.8 percent for respondents from counties around Kalkaska Memorial Hospital to 35.1 percent for respondents from the Otsego Memorial Hospital area. 19.1 percent of respondents from the overall area felt that there was more need for financial support services within their communities, compounded by the fact that 42.4 percent of overall respondents felt that the cost of healthcare was burdensome and made it difficult to use healthcare services, which likely contributes to the need for economic security to be a priority for these communities.

Barriers to economic security include limited job opportunities, low wages, and a lack of access to education and workforce training. Individuals facing financial instability often struggle to afford healthcare services, maintain stable housing, and purchase healthy foods, contributing to long-term health disparities. Expanding access to education, increasing job opportunities, and supporting policies that promote fair wages and affordable living costs can help break the cycle of economic hardship and improve overall health outcomes.

Achieving economic security means more than just financial stability, it ensures individuals and families have the resources needed to thrive. When people can meet their basic needs without constant financial stress, they experience improved physical and mental health, greater opportunities for personal and professional growth, and a higher quality of life. Investing in economic security fosters healthier, more resilient communities and reduces disparities in health and wellbeing across all populations.

Obesity

Obesity is a complex health issue influenced by a combination of genetic, behavioral, environmental, and socioeconomic factors. Where and how people live significantly impacts their ability to maintain a healthy weight, as access to nutritious food, opportunities for physical activity, and overall lifestyle habits play a crucial role. Excess weight gain in both adults and youth increases the risk of numerous chronic conditions, including type 2 diabetes, high blood pressure, heart disease, and certain cancers. Addressing obesity requires a comprehensive approach that considers both individual behaviors and broader social determinants of health.

According to the US Centers for Disease Control and Prevention, chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the US. Leading causes of death in Lake and Osceola Counties (which are the two counties of the Munson Healthcare service area that are within the NCCHIR) are, by far, heart disease and cancer (MDHHS, 2020). Many chronic diseases are caused by a short list of unhealthy behaviors, such as tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use. In the Munson Healthcare service area that prioritized obesity, the percentage of obese adults 20 years and older is 21.0 percent in Lake County and 24.0 percent in Osceola County (CDC, 2021). Additionally in this area, the percentage of adults 20 years and older who are considered sedentary (i.e. those that do not participate in physical activities outside of their employment) is 16.5 percent in Lake County and 19.1 percent in Osceola County (CDC, 2021). Child food insecurity in Lake County is at 25.9 percent and Osceola County is at 18.8 percent. These rates exceeded the rate across the state overall (17.9 percent) (Feeding America, 2022).

According to information gathered from residents of Lake and Osceola counties, 48.9 percent of respondents disagreed, and 26.1 percent strongly disagreed with the statement “My community has enough access to healthy food that doesn’t cost too much.” In this area 53 percent of respondents agreed that there were enough parks and green spaces for physical activity, although 25.6 percent of respondents disagreed. Instead, individuals in these counties indicated that their physical activity levels were adversely affected by living a great distance from other places in their community and lack of seasonal maintenance on some paths, trails, or roads. 28.9 percent of providers surveyed in the area agreed that affordable physical activity programs were needed in the affected communities.

Barriers to maintaining a healthy weight include limited access to affordable, nutritious food, a lack of safe spaces for physical activity, and the prevalence of sedentary lifestyles. Economic challenges and food insecurity can make it difficult for individuals to prioritize healthy eating, while demanding work schedules and urban design can limit opportunities for regular exercise. Expanding access to community resources, promoting nutrition education, and encouraging policies that support healthier lifestyles can help reduce obesity rates and improve long-term health outcomes.

Preventing and managing obesity goes beyond personal choice — it requires systemic changes that promote healthier environments and lifestyles. When individuals have access to nutritious foods, safe recreational spaces, and healthcare providers who support weight management and overall wellbeing, they are more likely to achieve and maintain a healthy weight. Addressing obesity is essential for reducing the burden of chronic diseases, enhancing quality of life, and fostering healthier communities.

Next Steps

With the completion of the MiThrive Community Health Needs Assessment, there are numerous ways to continue to take action. Many organizations are developing Community Health Improvement Plans or Implementation Strategies focused on the top-ranked priorities in their service areas and regions. Some are incorporating these efforts into their internal strategic plans, while others are leveraging the report and MiThrive Data Platform to support grant proposals and legislative awareness, securing additional resources to address key issues. Addressing these complex community challenges requires collaboration—no single organization can tackle them alone. Whether working with others on similar or intersecting issues, partnerships are essential.

If you're interested in learning about collaboration opportunities, please email mithrive@northernmichiganchir.org.

For digital copies of this information and access to the MiThrive Data Platform, visit our website at https://northernmichiganchir.org/mithrive/

MiThrive Webpage

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