2022 Community Health Needs Assessment

McLaren Central Michigan

Clare and Isabella Counties

June 2022

Acknowledgements

The 2022 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 hospitals, local health departments, community-based organizations, coalitions, agencies, and residents across 31 counties in Northern Michigan to collect data, identify strategic issues, and develop plans for collaboratively addressing top ranked strategic issues. The following partners contributed funding and leadership to the 2022 MiThrive Community Health Needs Assessment. We are grateful for their support.

In addition, the Northern Michigan CHIR was awarded two national grants to enhance a health equity focus in the MiThrive assessments:

- Cross Jurisdictional Sharing Mini-Grant from the Center for Sharing Public Health Services to implement the Mobilizing for Action through Planning and Partnerships (MAPP) Process Health Equity Supplement

- Increasing Disability Inclusion in the MAPP Process Grant from the National Association of City and County Health Officials.

Thank you to all who shared their time and expertise in the MiThrive initiative, especially local residents. Thousands of residents and organizations engaged in planning the assessments, participating in community events and surveys, collecting data, analyzying data and ranking strategic issues. We are especially grateful to members of the MiThrive Steering Committee and Design Team, as well as the Northwest, Northeast, and North Central Workgroups.

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David Wingard, PhD, TrueNorth Community Services

MiThrive partners represent many sectors of the community, including:

- Residents
- Businesses
- Collaborative bodies and coalitions
- Community-based organizations
- Community mental health agencies
- Federally qualified health centers
- Grant-making organizations
- Hospitals
- Local health departments
- Municipalities
- Michigan Dept of Health and Human Services
- Physicians and other healthcare providers
- Schools
- Substance use prevention, treatment and recovery services
- Tribal Nations

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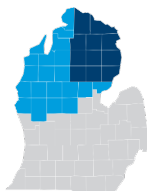
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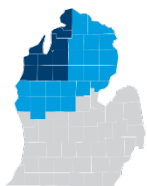
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The MiThrive Core Team

The Northern Michigan Community Health Innovation Region (CHIR) leads the MiThrive community health needs assessment every three years in partnership with hospitals, local health departments and other community partners. The CHIR's backbone organization is the Northern Michigan Public Health Alliance, a partnership of seven local health departments that together serve a 31-county area. This area was organized into three regions—Northwest, Northeast, and North Central—for the 2022 MiThrive community health needs assessment.

Administrators, communication specialists, epidemiologists, health educators, and nurses from the Northern Michigan Public Health Alliance formed the MiThrive Core Team:

- Jane Sundmacher, MEd, Northern Michigan Community Health Innovation Region and MiThrive Lead

- Erin Barrett, MPH, MCHES, Community Themes and Strengths Assessment Team Lead and North Central Region Lead, District Health Department #10

- Scott Izzo, MPH, MA, Community Health Status Assessment Team Co-Lead, District Health Department #2

- Emily Llore, MPH, Forces of Change Assessment Lead and Northwest Region Lead, Health Department of Northwest Michigan

- Donna Norkoli, MCHES, Community System Assessment Team Lead and Northeast Region Lead, District Health Department #10

- Jordan Powell, MPH, Community Health Status Assessment Team Co-Lead, District Health Department #10

- Chandra Gunjak, PhD, Community Themes and Strengths Assessment Team Member, District Health Department #10 and US Centers for Disease Control and Prevention Foundation

- Amy Horstman, MPH, CHES, Community Health Status Assessment Team Member, Health Department of Northwest Michigan

- Laura Laisure, RN, Grand Traverse County Health Department

- Sarah Oleniczak, MPH, MCHES, District Health Department #10

- Rachel Pomeroy, MPH, CHES, Benzie Leelanau District Health Department

- Anna Reetz, Central Michigan District Health Department

- Devin Spivey, MPH, District Health Department #2 and District Health Department #4

Definitions

Community Health Improvement Process

The Community Health Improvement Process is a comprehensive approach to assessing community health, including social determinants of health, and developing action plans to improve community health through substantive involvement from residents and community organizations. The community health needs assessment process yields two distinct yet connected deliverables: community health needs assessment report and community health improvement plan/implementation strategy.

Community Health Needs Assessment

Community Health Needs Assessment is a process that engages community members and partners to systematically collect and analyze qualitative and quantitative data from a variety of resources from a certain geographic region. The assessment includes information on health status, quality of life, social determinants of health, and mortality and morbidity. The findings of the community health assessment include data collected from both primary and secondary sources, identification of key issues based on analysis of data, and prioritization of key issues.

Community Health Improvement Plan

The Community Health Improvement Plan includes an Outcomes Framework that details metrics, goals and strategies and the community partners committed to implementing strategies for the top priorities identified in Community Health Needs Assessment. It is a long-term, systematic effort to collaboratively address complex community issues, set priorities, and coordinate and target resources.

Hospital Implementation Strategy

The Implementation Strategy details which priorities identified in the Community Health Needs Assessment the hospital plans to address and how it will build on previous efforts and existing initiatives while also considering new strategies to improve health. The Implementation Strategy describes actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospital and community partners.

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Executive Summary

In a remarkable partnership, hospitals, health departments, and other community partners in Northern Michigan join together every three years to take a comprehensive look at the health and well-being of residents and communities. Through community engagement and participation across a 31-county region, the MiThrive Community Health Needs Assessment collects and analyzes data from a broad range of social, economic, environmental, and behavioral factors that influence health and well-being and identifies and ranks key strategic issues. In 2021, together we conducted a comprehensive, community-driven assessment of health and quality of life on an unprecedented scale. MiThrive gathered data from existing statistics, listened to residents, and learned from community partners, including health care providers. Our findings show our communities face complex interconnected issues and these issues harm some groups more than others.

Report Goals and Objectives

The purpose of this report is to serve as a foundation for community decision-making and improvement efforts. Key objectives include:

- Describe the current state of health and well-being
- Describe the processes used to collect community perspectives
- Describe the process for prioritizing Strategic Issues
- Identify community strengths, resources, and service gaps
- Provide actionable data for collaborative health improvement planning

Regional Approach

MiThrive was implemented across a 31-county region through a partnership of hospital systems, local health departments, and other community partners. Our aim is to leverage resources and reduce duplication while still addressing unique local needs for high quality, comparable county-level data. The 2021 MiThrive Community Health Needs Assessment utilized three regions: Northwest, Northeast, and North Central. We've found there are several advantages to a regional approach, including strengthened partnerships, alignment of priorities, reduced duplication of effort, comparable data and maximized resources.
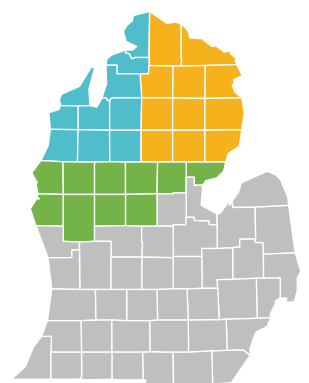
MiThrive Regions

The service area for McLaren Central Michigan is Clare and Isabella counties and they are included in the North Central MiThrive Region. As discussed below, of the four MiThrive assessments, two were conducted at the county level and two were conducted within the Northwest, Northeast and North Central regions.

Data Collection

The findings detailed throughout this report are based on data collected through a variety of primary data collection methods and existing statistics. From the beginning, it was our goal to engage residents and many diverse community partners in data collection methods.

To accurately identify, understand, and prioritize strategic issues, MiThrive combines quantitative data, such as the number of people affected, changes over time, 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 Mobilizing for Action through Planning and Partnerships (MAPP) community health needs assessment framework. Considered the "gold standard" it consists of four different assessments for a 360-degree view of the community. Each assessment is designed to answer key questions:

- **Community Health Status Assessment**
  The Community Health Status Assessment identifies priority community health and quality of life issues. It answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?" The purpose of this assessment is to collect quantitative secondary data about the health and well-being of residents and communities. We collected about 100 statistics by county for the 31-county region from reliable sources such as County Health Rankings, Michigan Department of Health and Human Services, and US Census Bureau.

MiThrive Data Collection in 31-County Region	
100	Local, state, and national indicators collected by county for the Community Health Status Assessment
152	Participants in three Community System Assessment regional events
396	Participants in focused conversations for the Community System Assessment at 28 community collaborative meetings
3,465	Residents completed the Community Surveys for the Community Themes and Strengths Assessment
840	Residents facing barriers to social determinants of health participated in Pulse Surveys conducted by community partners for the Community Themes and Strengths Assessment
354	Physicians, nurses, and other clinicians completed Healthcare Provider Survey for the Community Themes and Strengths Assessment
199	Participants in three Forces of Change Assessment regional events

- **Community System Assessment**

  The Community System Assessment focuses on organizations that contribute to wellbeing. It answers the questions, "What are the components, activities, competencies, and capacities in the regional system?" and "How are services being provided to our residents?" The Community System Assessment was completed in two parts. First, community-wide virtual meetings were convened in the Northwest, Northeast, and North Central MiThrive regions where participants discussed various attributes of the community system. These were followed by related discussions at community collaborative body meetings at the county level.

- **Community Themes and Strengths Assessment**

  The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the questions, "What is important to our community?", "How is quality perceived in our community?", and "What assets do we have that can be used to improve wellbeing?" The Community Themes and Strengths Assessment consisted of three surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey. Results from each were analyzed by county, hospital service area, and the three MiThrive Regions.

- **Forces of Change Assessment**

  The Forces of Change Assessment identifies forces such as legislation, technology and other factors that affect the community context. It answers the questions, "What is occurring or might occur that affects the health of our community or the local system?", and "What specific threats or opportunities are generated by these occurrences?" Like the Community System Assessment, the Forces of Change Assessment was composed of community meetings convened virtually in the Northwest, Northeast, and North Central MiThrive Regions.

The assessments all provide important information, but the value of the four assessments is multiplied by considering them as a whole.
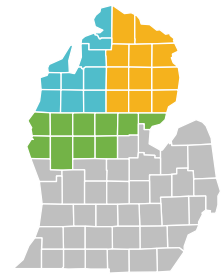
Health Equity

The Robert Wood Johnson Foundation says health equity is achieved when everyone can attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance. Without health equity, there are endless social, health, and economic consequences that negatively impact patients/clients, communities, and organizations. Although health equity is often framed in terms of race or culture, in rural areas, like Clare and Isabella counties, social isolation, higher rates of health risk behaviors, limited access to medical care, and fewer opportunities for good jobs contributes to increased mortality rates, lower life expectancies, and higher incidence of disease and disability, according to the Rural Health Information Hub.

The MiThrive Vision, *a vibrant, diverse, and caring region where collaboration affords all people equitable opportunities to achieve optimum health and well-being*, is grounded in the value of health equity. As one of the first steps of achieving health equity is to understand current health disparities, **we invited diverse community partners to join the MiThrive Steering Committee, Design Team, and Workgroups and we gathered primary and secondary data from medically underserved, minority, and low-income populations in each of the four MiThrive assessments, including—**

- Cross-tabulating demographic indicators such as age, race, and sex, for the Community Themes and Strengths Assessment
- Engaging residents experiencing barriers to social determinants of health and organizations that serve them in the Community System Assessment, Community Themes and Strengths Assessment, and Forces of Change Assessment
- Reaching out to medically underserved and low-income populations through Pulse Surveys, administered by organizations that serve them
- Increasing inclusion of people with disabilities through partnership with the Disability Network of Northern Michigan
- Surveying providers who care for patients/clients enrolled in Medicaid Health Plans
- Recruiting residents experiencing barriers and diverse organizations that serve them to the MiThrive Data Walks and Priority-Setting Events.

Key Findings

Following analysis of statistics and community input, significant health needs emerged in each MiThrive region. Members of the MiThrive Steering Committee and Design Team, and members of the Northwest, Northeast, and North Central Work Groups themed data from all data collection activities on November 22, 2021. As illustrated in the table below, there was considerable agreement across the region.

MiThrive Regions

Strategic Issues Identified in Data Analysis (Unranked)

Northwest Region	Northeast Region	North Central Region
Access to healthcare/chronic disease prevention		
Affordable housing		
Economic security		
Equity		
Mental health		
Safety and well-being		
Substance use		
Transportation		
COVID-19	COVID-19	Broadband access
Infrastructure for healthy lives	Healthy weight	Healthy weight
Healthy food	Healthy food	Healthy food

Using a criteria-based process, participants at three Data Walk and Priority-Setting Events ranked the Strategic Issues listed above in their region using the following criteria: severity, magnitude, impact, health equity, and sustainability. **The purpose of the ranking process was to prioritize Strategic Issues to collectively develop a shared Community Health Improvement Plan.**

Top-Ranked Strategic Issues by MiThrive Region

Northwest Region December 14, 202 69 residents and partners	Northeast Region December 7, 2021 34 residents and partners	North Central Region December 8, 2021 77 residents and partners
1. Affordable housing 2. Mental health and substance use 3. Access to healthcare 4. Chronic disease	1. Substance use 2. Mental health 3. Access to healthcare 4. Chronic disease	1. Substance use 2. Mental health 3. Access to healthcare 4. Chronic disease

Introduction

We all have a role to play in our communities' health. In addition to disease, health is influenced by education level, economic status, and other conditions. No one individual, community group, hospital, agency, or governmental body can be responsible for the health of the community. No one organization can address complex community issues alone. However, working together, we can understand the issues, and create shared plans to address them.

A Model of How Health Happens

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit

Policies & Programs
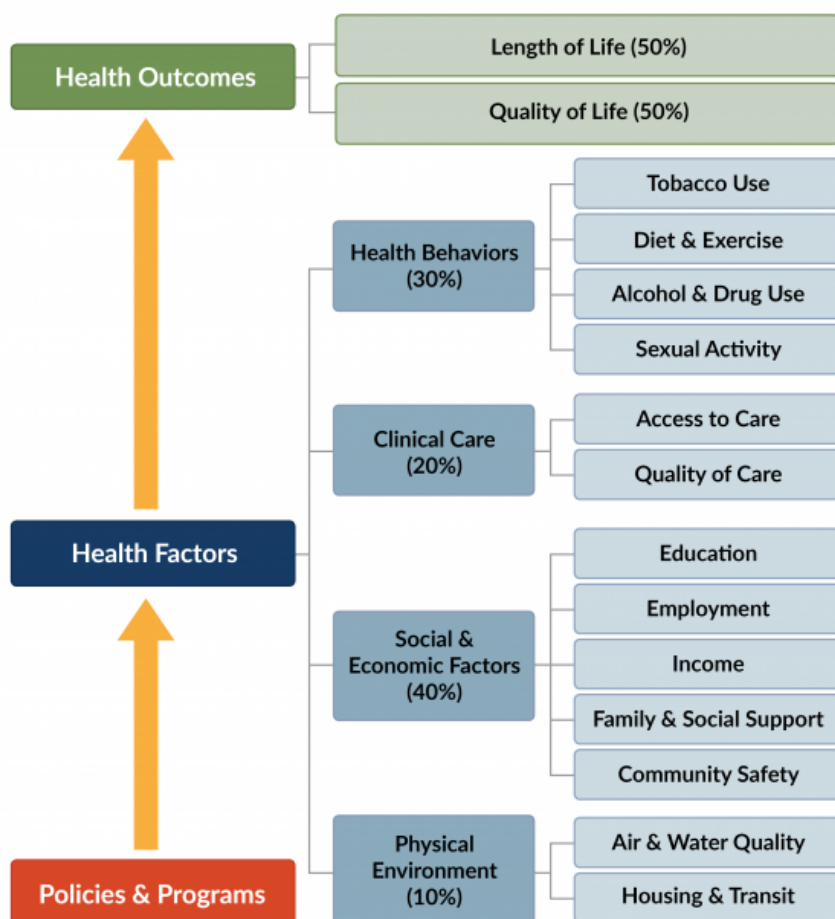
County Health Rankings model © 2014 UWPHI

The County Health Rankings Model provides a broad understanding of health, describing the importance of social determinants of health and organizing them by health behaviors, clinical care, social and economic factors, and the physical environment. It illustrates how community policies and programs influence health factors and in turn, health outcomes.
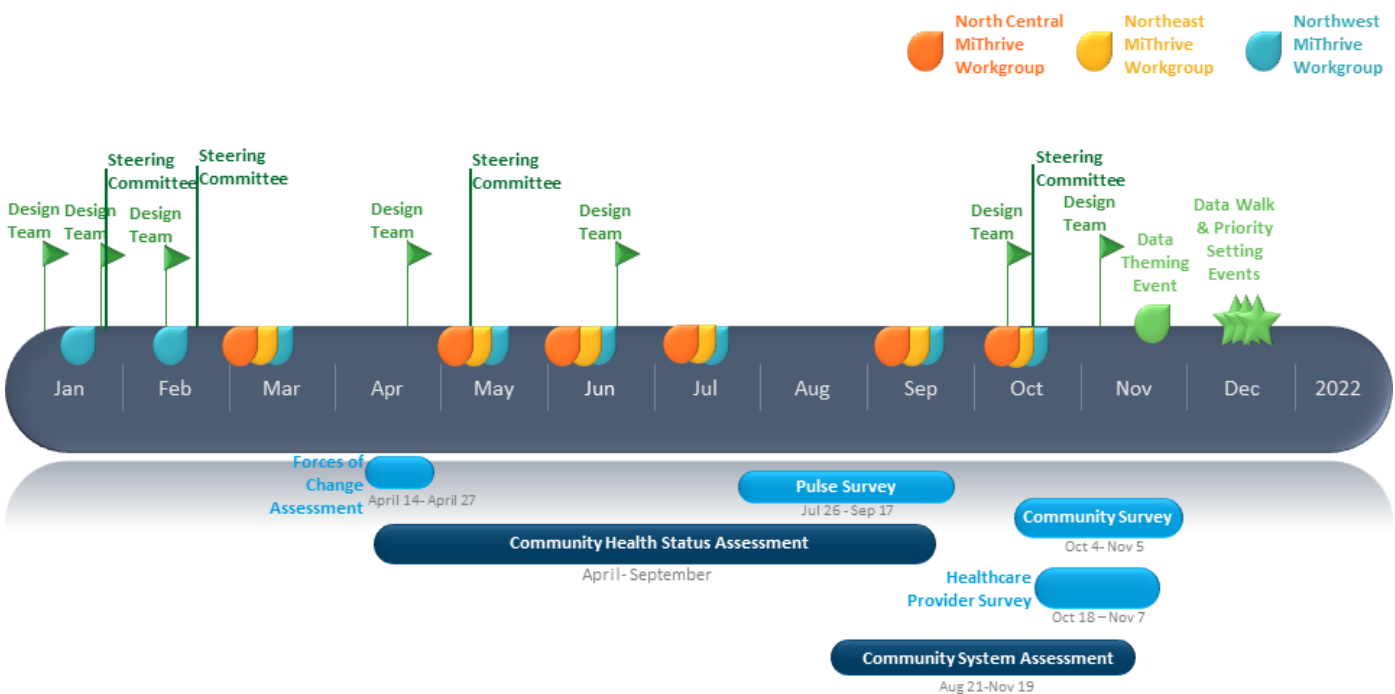
Purpose of Community Health Needs Assessment

The foundation of the MiThrive community health needs assessment is the County Health Rankings Model and its focus on social determinants of health. The purpose of community health needs assessment is to:

1. Engage residents and community partners to better understand the current state of health and well-being in the community

2. Identify key problems and assets to address them. Findings are used to develop collaborative community health improvement plans and implementation strategies and to inform decision-making, strategic planning, grant development, and policy-maker advocacy.

Role of MiThrive Steering Committee, Design Team, and Work Groups

The MiThrive Design Team is responsible for developing Data Collection Plans for the four assessments and recommending them to the Steering Committee. In addition to approving the Data Collection Plans, the Steering Committee updated the MiThrive Vision and Core Values and provided oversight to the community health needs assessment. The regional Workgroups (Northwest, Northeast, and North Central) assisted in local implementation of primary data collection and participated in assessments and Data Walk and Priority-Setting Events. Next, they will develop a collaborative Community Health Improvement Plan for the top-ranked priorities in their regions and oversee their implementation.

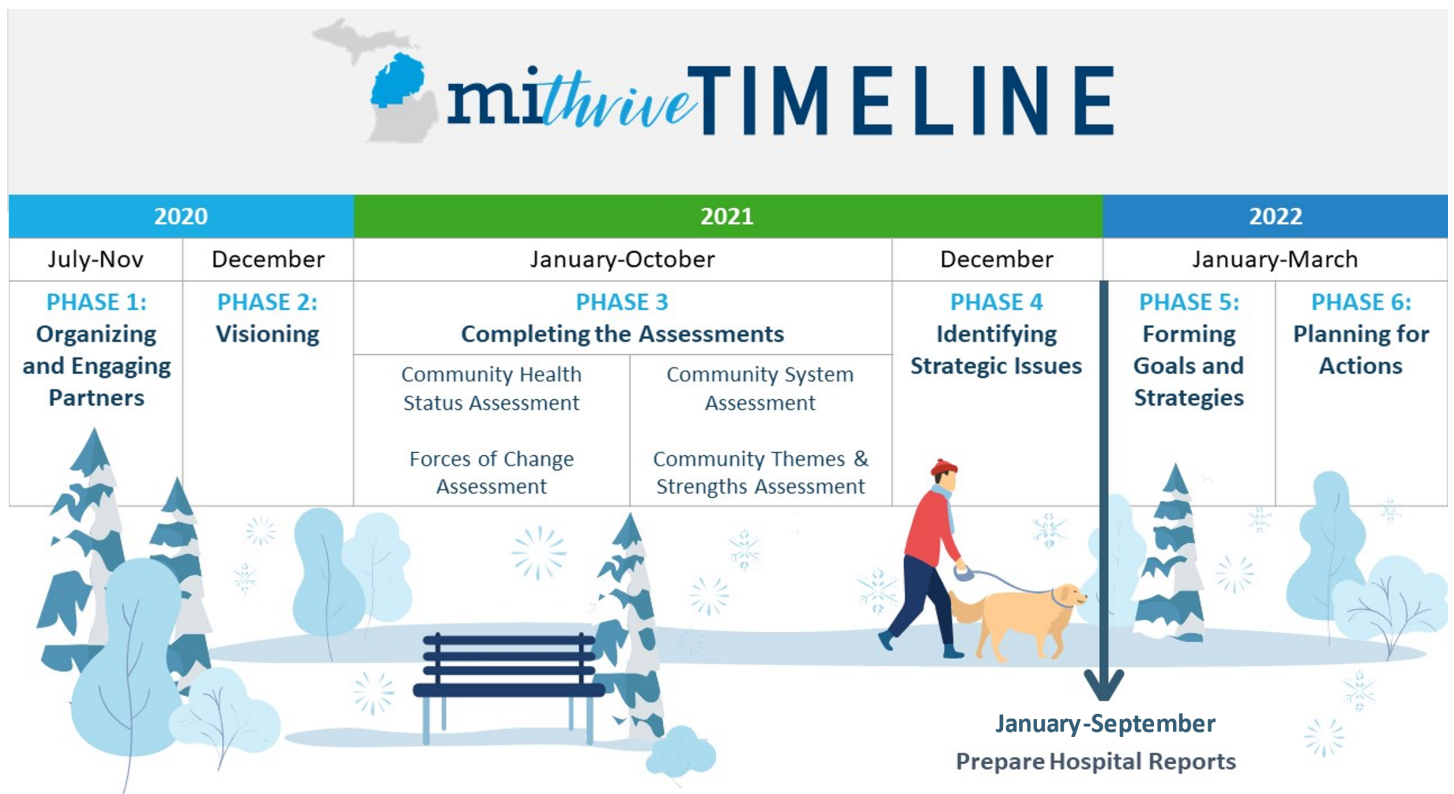**MiThrive Infrastructure Meetings and Assessment Timeline**

Impact of COVID-19 on MiThrive

There were challenges in conducting regional, collaborative community health needs assessment in 2021, during the peak of the COVID-19 pandemic. Despite their roles in pandemic response, leaders from hospitals, health departments, and other community partners prioritized their involvement in planning and executing the MiThrive Community Health Needs Assessment through their active participation in the Steering Committee, Design Team, and/or one or more regional Work Groups. In all, 53 individuals representing 40 organizations participated in the MiThrive organization.

In previous cycles of community health needs assessment, MiThrive convened in-person events for the Community System Assessment and Forces of Change Assessment. During the pandemic, they were convened virtually using Zoom and participatory engagement tools like breakout rooms, MURAL and RetroBoards, among others. Because residents and partners did not have to spend time and travel, their participation at the community assessment events was increased. Overall, more than 5,500 people participated in MiThrive assessments in the three MiThrive regions.

Mobilizing for Action through Planning and Partnerships

MiThrive utilizes the Mobilizing for Action through Planning and Partnership (MAPP) 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 Centers for Disease Control and Prevention.

mithrive TIMELINE

2020		2021		2022	
July-Nov	December	January-October	December	January-March	
PHASE 1: Organizing and Engaging Partners	**PHASE 2:** Visioning	**PHASE 3** Completing the Assessments	**PHASE 4** Identifying Strategic Issues	**PHASE 5:** Forming Goals and Strategies	**PHASE 6:** Planning for Actions
		Community Health Status Assessment / Community System Assessment / Forces of Change Assessment / Community Themes & Strengths Assessment			

January-September
Prepare Hospital Reports

Phase 1: Organizing and Engaging Partners

Phase 1 involves two critical and interrelated activities: organizing the planning process and developing the planning process. The purpose of this phase is to structure a planning process that builds commitment, encourages participants as active partners, uses participants' time well and results in a Community Health Needs Assessment that identifies key issues in a region to inform collaborative decision making to improve population health and health equity, while at the same time, meeting organizations' requirements for community health needs assessment. During this phase, funding agreements with local health departments and hospitals were executed, the MiThrive Steering Committee, Design Team, and Workgroups were organized, and the Core Support Team was assembled.

Phase 2: Visioning

Vision statements provide focus, purpose, and direction to the community health needs assessment. They provide a useful mechanism for convening the community, building enthusiasm for the process, and setting the stage for planning. Following thoughtful discussion, Steering Committee members updated the MiThrive Vision in January 2021 to: *A vibrant, diverse, caring region where collaboration affords all people equitable opportunities to achieve optimal health and well-being.*

Phase 3: Conducting the Four Assessments

The MAPP framework consists of four different assessments, each providing unique insights into the health of the community. For the 2022 community health needs assessment, MiThrive gathered more health equity data than ever before, and engaged more diverse stakeholders, including many residents, in the assessments

Health Equity

There is more to good health than health care. **Several things affect health that people do not often think of as health care concerns, like where they live and work, the quality of their neighborhoods, how rich or poor they are, their level of education, or their race or ethnicity.** These social factors influence about 80% of length of life and quality of life, according to the County Health Rankings Model.

A key finding of the 2022 MiThrive community health needs assessment mirrors a persistent reality across the country and the world: health risks do not impact everyone the same way. We consistently find that groups who are more disadvantaged in society also bear the brunt of illness, disability, and death.

> Health equity is the realization of all people of the highest attainable level of health. Achieving health equity requires valuing all individuals and populations equally, and entails focused and ongoing societal efforts to address avoidable inequities by ensuring the conditions for optimal health for all groups.
>
> --Adewale Troutman
>
> *Health equity, Human Rights and Social Justice: Social Determinants as the Direction for Global Health*

This pattern is not a coincidence. Health, quality of life, and length of life are all fundamentally impacted by the conditions in which we live, learn, work, and play. Obstacles like poverty and discrimination lead to consequences like powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. These community conditions combine to limit the opportunities and chances for people to be healthy. The resulting differences in health outcomes (like risk of disease or early death) are known as "health inequities".

The health equity data collected in the four MiThrive assessments is discussed below.

MiThrive Assessment Results

- **Community Health Status Assessment**

The Community Health Status Assessment identifies priority community health and quality of life issues. It answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?" The answers to these questions were measured by collecting 100 secondary indicators from reliable sources including the Michigan Department of Health and Human Services, US Census Bureau, and US Centers for Disease Control and Prevention.
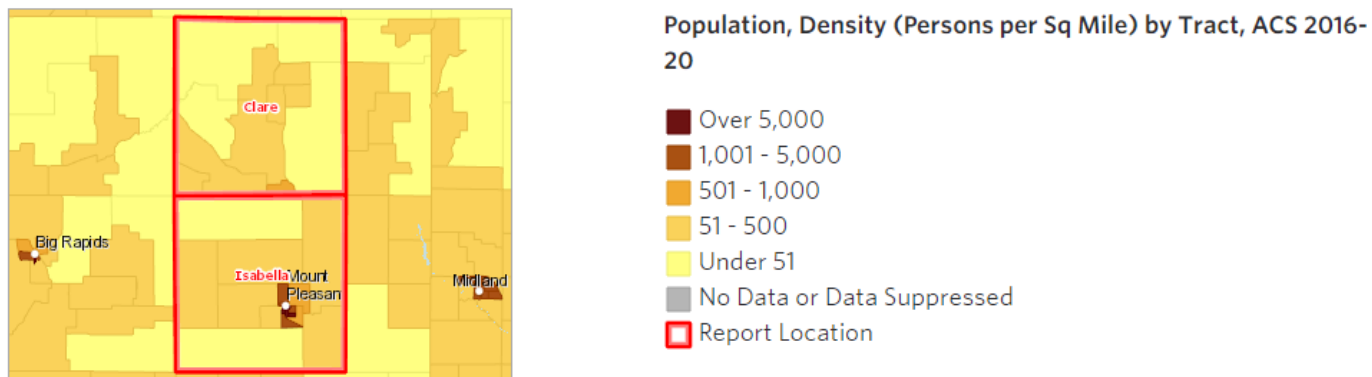
The MiThrive Design Team assured secondary data included measures of social and economic inequity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level, households living below Federal Poverty Level; population living below Federal Poverty Level; gross rent equal to or above 35% 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.

Community Health Status Assessment indicators were collected and analyzed by county for MiThrive's 31-county region from the following sources:

- County Health Rankings
- Feeding America
- Kids Count
- Michigan Behavioral Risk Factor Surveillance Survey
- Michigan Cancer Surveillance Program
- Michigan Care Improvement Registry
- Michigan Health Statistics
- Michigan Profile for Healthy Youth
- Michigan School Data
- Michigan Secretary of State
- Michigan Substance Use Disorder Data Repository
- Michigan Vital Records
- Princeton Eviction Lab
- United for ALICE
- U.S. Census Bureau
- U.S. Health Resources & Services Administration
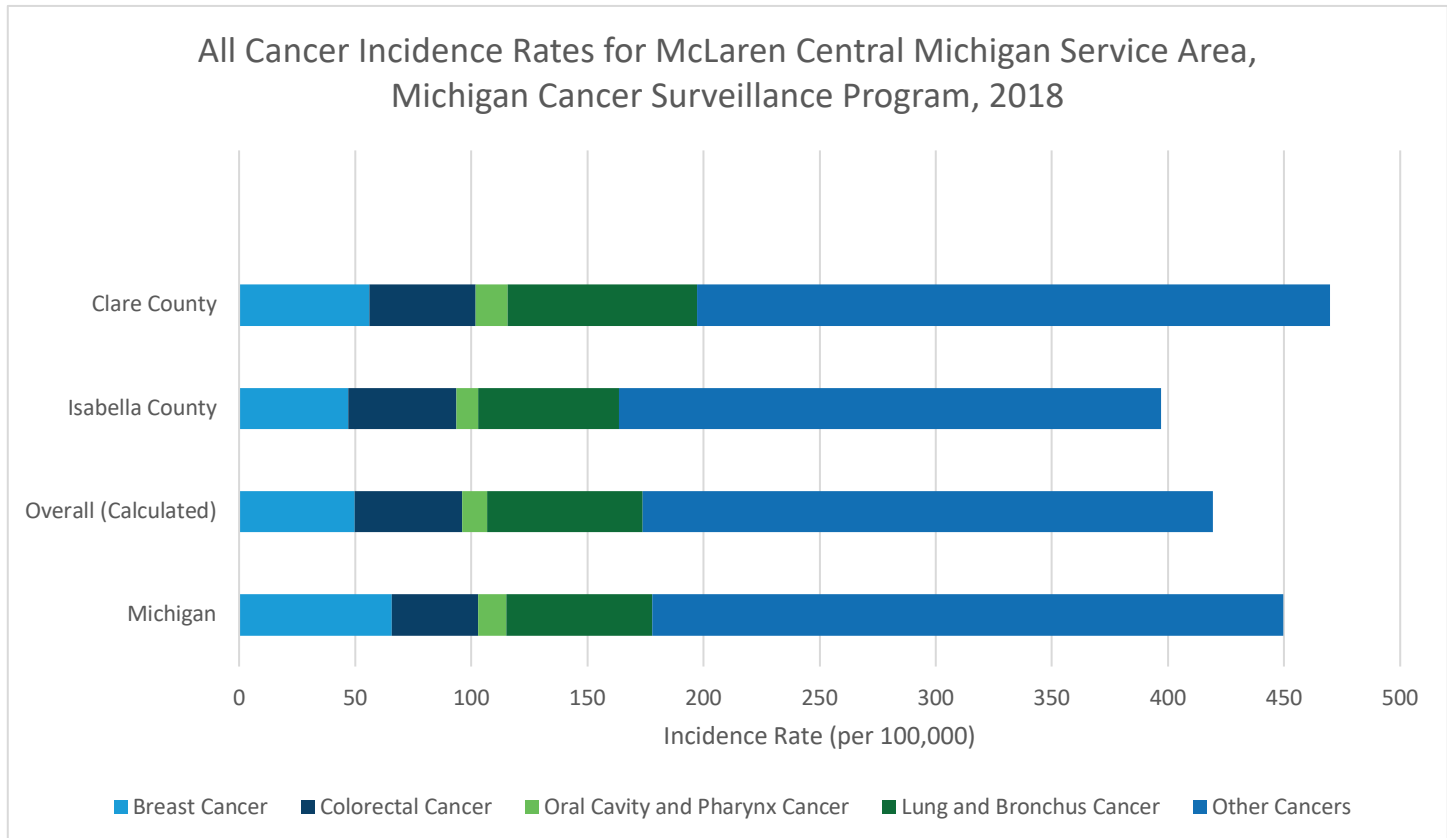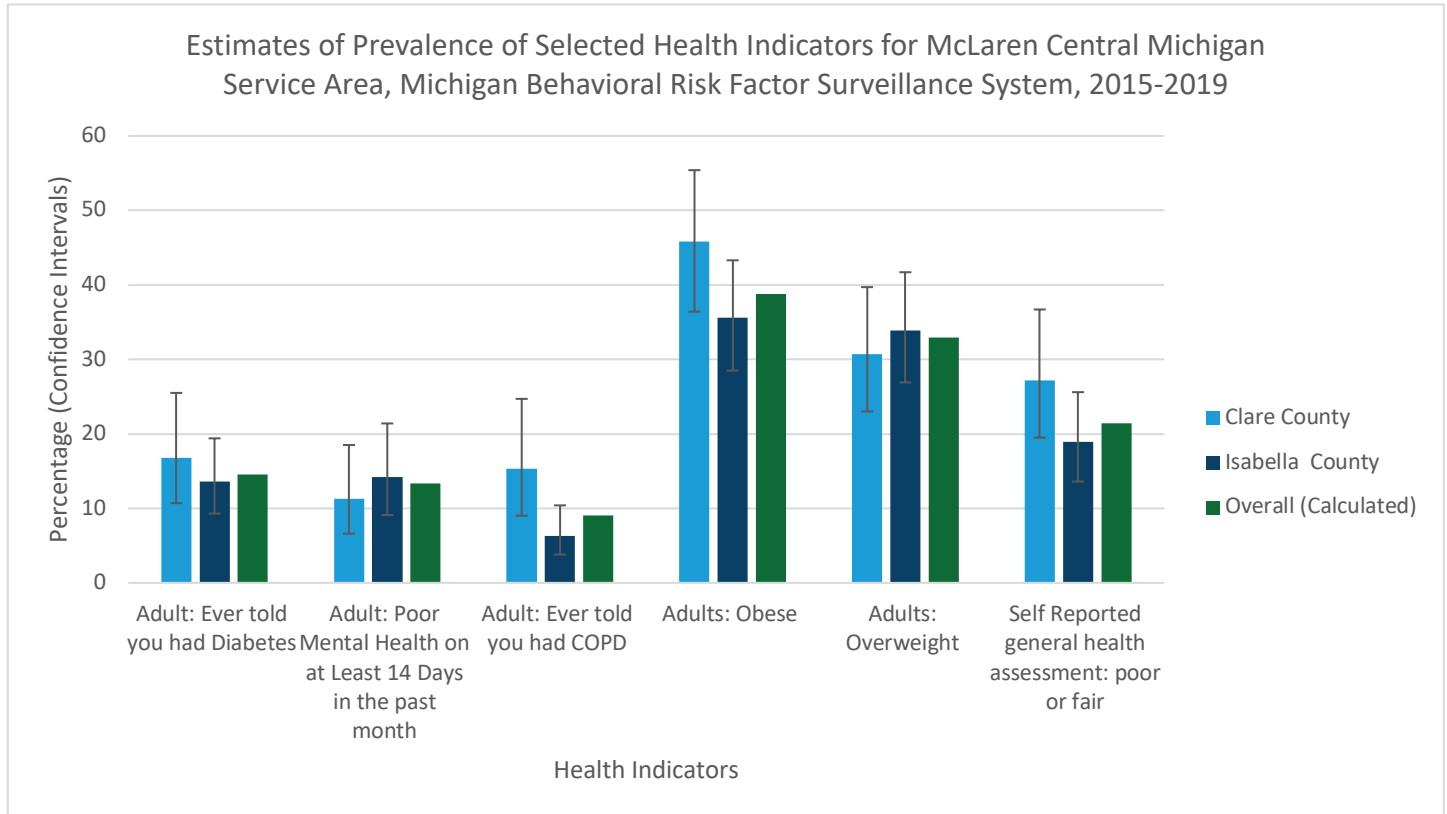- U.S. Department of Agriculture

Geography and Population

The service area for McLaren Central Michigan is Clare and Isabella counties. Covering 1,137 square miles, both counties are designated as "rural" by the U.S. Census Bureau, with the exception of Mount Pleasant in Isabella County. This is one of its most important geographic characteristics as rurality influences health and well-being.

Population, Density (Persons per Sq Mile) by Tract, ACS 2016-20

- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed
- Report Location

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 101,018 people who live in Clare and Isabella counties, 89.58% are white. The largest racial or ethnic minority groups are multiple races (3.98%), American Indian and Alaska Native (2.38%), Black (1.89%) and Asian (1.19%), according to the US Census Bureau American Community Survey 2016-20 5-Year Estimates. In addition, a greater proportion of people—16.78%---of residents in Clare and Isabella counties have a disability, compared to the State (14.2%).

Selected Morbidity and Mortality Indicators for the McLaren Central Michigan Service Area

Estimates of Prevalence of Selected Health Indicators for McLaren Central Michigan Service Area, Michigan Behavioral Risk Factor Surveillance System, 2015-2019

All Cancer Incidence Rates for McLaren Central Michigan Service Area, Michigan Cancer Surveillance Program, 2018

Selected Mortality Rates as a Proportion of Total Mortality Rate for McLaren Central Michigan Service Area, MDHHS Vital Statistics, 2015-2019

Legend:
- All Cancer Mortality Rate
- Diabetes Mortality Rate
- Heart Disease Mortality Rate
- Intentional Self-harm Mortality Rate
- Alzheimer's/Dementia Mortality Rate
- Chronic Lower Respiratory Disease Mortality Rate
- Kidney Disease Mortality Rate
- Other Mortality Rates
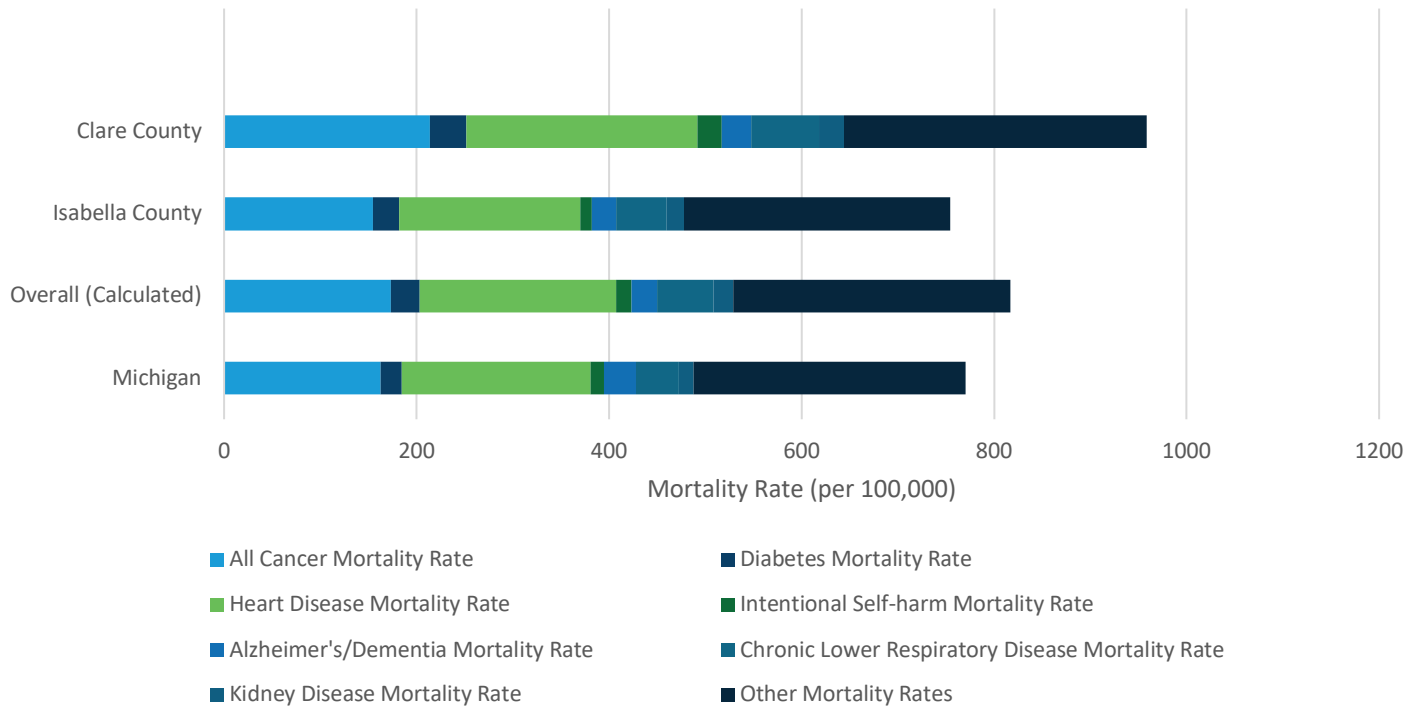
Substance Use Associated Mortality Rates for McLaren Central Michigan Service Area, MDHHS Mortality Statistics, 2019

Legend:
- Alcohol-induced Mortality Rate
- Drug-Induced Mortality Rate
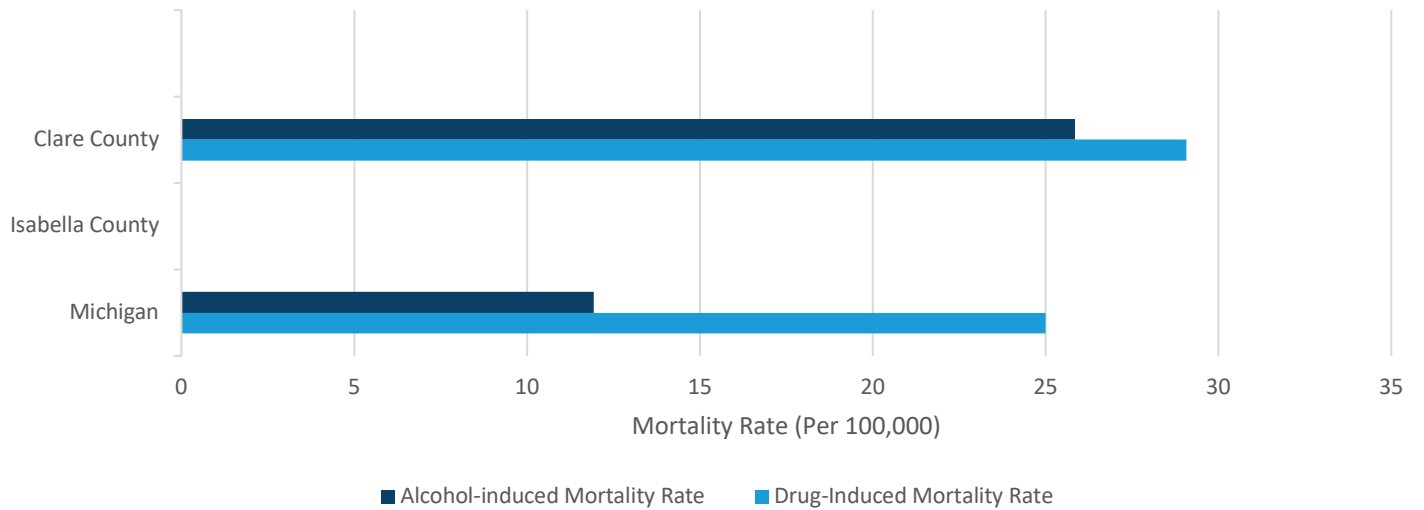
Note: Data for substance use-associated mortality rates were not available for Isabella County.

Age-Adjusted Mortality Rates by Poverty Level for McLaren Centeral Michigan Michigan Service Area, MDHHS Mortality and Poverty Statistics, 2019
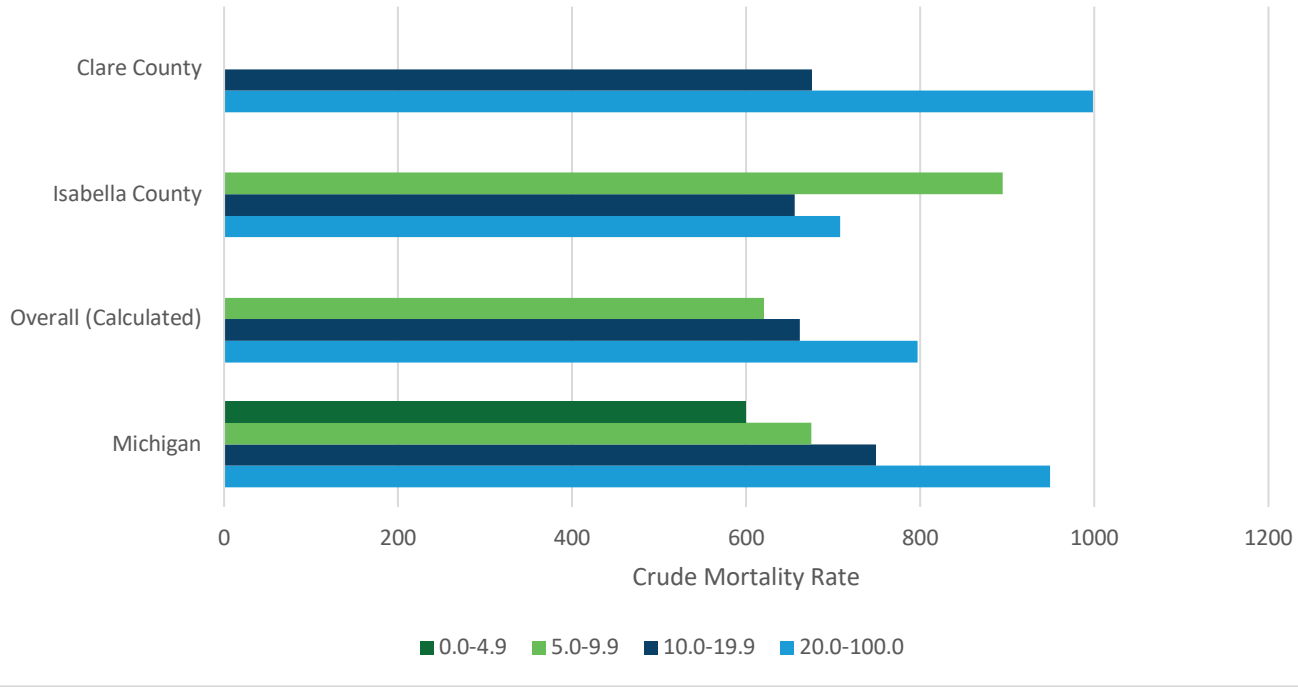
Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.

Mortality Rates by Race and Sex for McLaren Central Service Area, MDHHS Vital Statistics, 2020
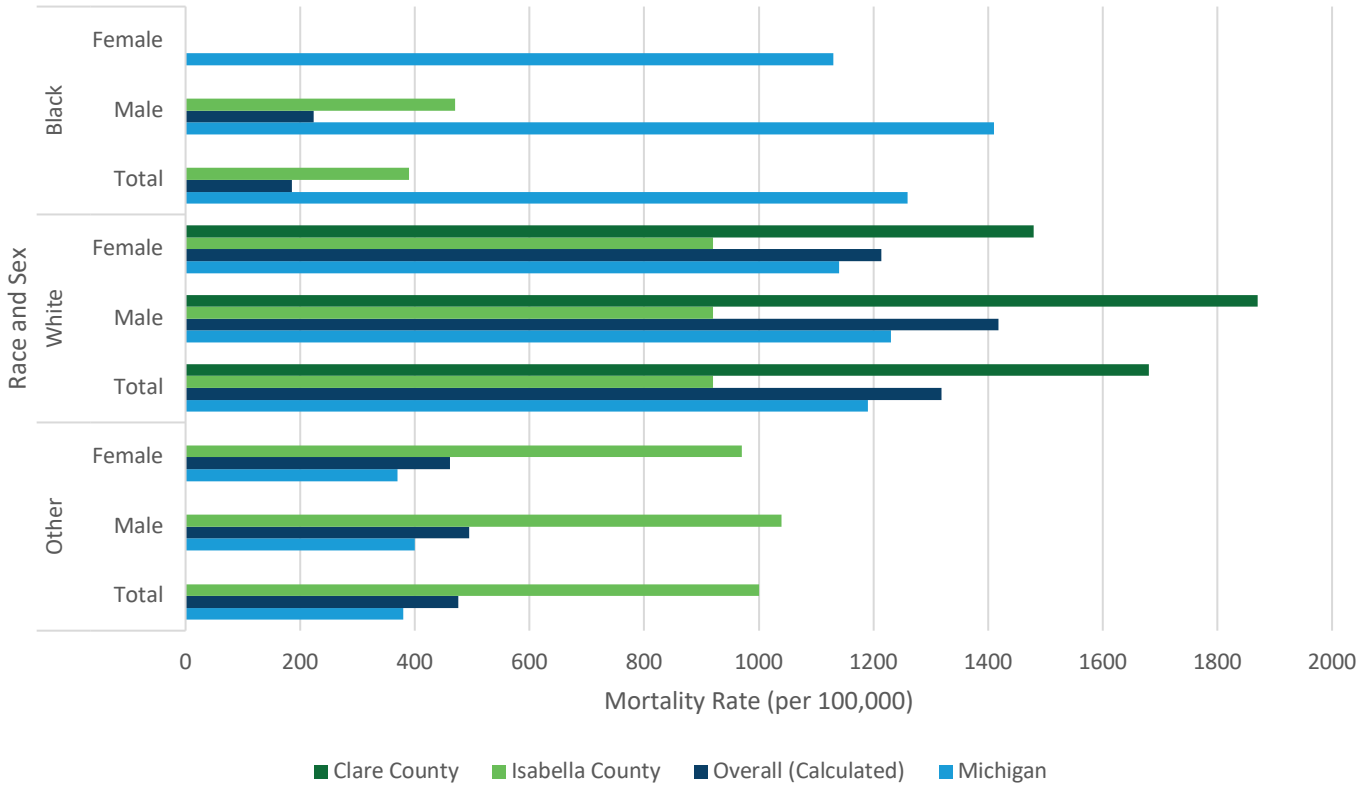
Age-Adjusted Death Rates by Sex for McLaren Central Service Area, MDHHS Vital Statistics, 2020
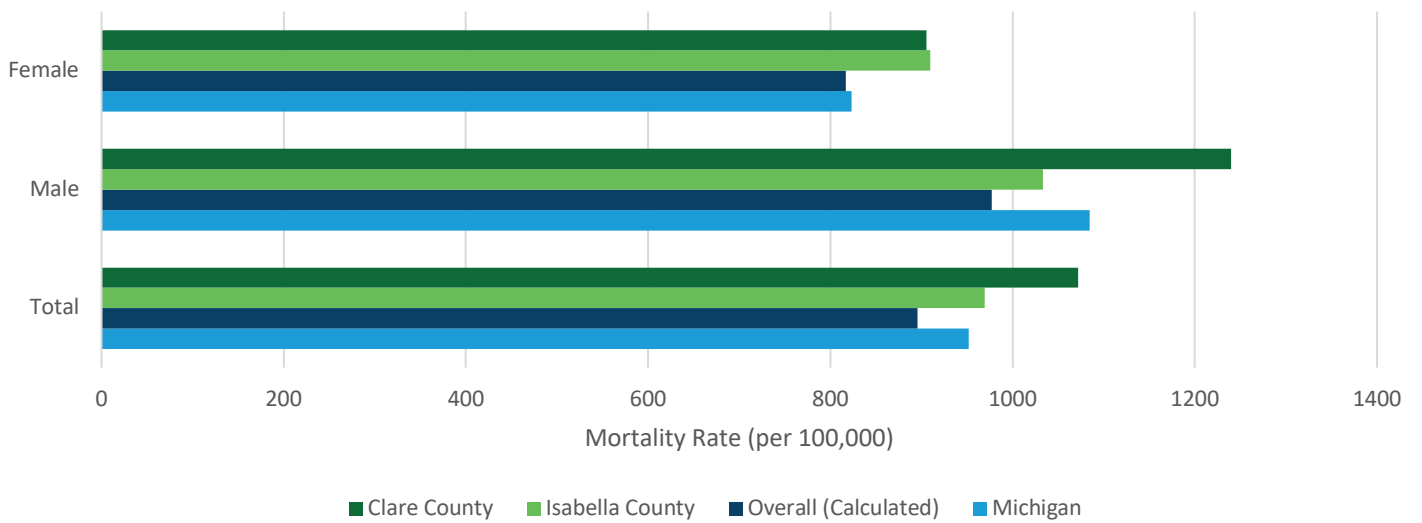
Note: Age-adjustment was performed using the standardized population from the United States Census, 2000.

- **Community Themes and Strengths Assessment**

The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are significant by answering the questions, "What is important to our community?", "How is quality perceived in our community?", and "What assets does our community have that can be used to improve well-being?" For the Community Themes and Strengths Assessment, the MiThrive Design Team designed three types of surveys: Community Survey, Healthcare Provider Survey, and Pulse Survey.

- o **Community Survey**
  The Community Survey asked 18 questions about what is important to the community, what factors are impacting the community, quality of life, built environment, and demographic questions. The Community Survey also asked respondents to identify assets in their communities.

Community Surveys were administered electronically and via paper format in both English and Spanish. The electronic version of the survey was available through an electronic link and QR code. The survey was open from Monday, October 4, 2021, to Friday, November 5, 2021.

A total of **264 community survey** responses were collected in **Clare and Isabella Counties**.

Clare County =116 Responses
Isabella County = 148 Responses
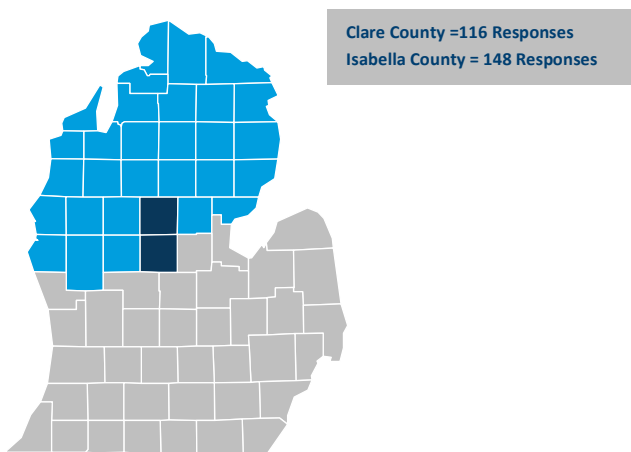
Five $50 gift cards were used as an incentive for completing the survey. Partner organizations supported survey promotion through social media and community outreach. Promotional materials developed for Community Survey include a flyer, social media content, and press release. Two hundred and sixty-four surveys were collected from Clare and Isabella Counties.

Top 11 Factors for a Thriving Community as Identified by Clare and Isabella County Survey Respondents (n=263)

Factor	Value
Reliable Transportation	34
Belonging & Inclusion	37
Disease and Illness Prevention	40
Access to Nutritious Food	50
Parks and Green Spaces	52
Access to Quality Behavioral Health Services	54
Clean Environment	55
Meaningful and Rewarding Work	62
Freedom from Trauma, Violence, and Addiction	63
Safe and Affordable Housing	98
Access to Quality Healthcare Services	98

Top 11 Factors for a Thriving Community by Age (n=263)

Legend: Under 18, 18-24, 25-39, 40-64, 65+, Unknown

Categories (top to bottom): Reliable Transportation, Belonging & Inclusion, Disease and Illness Prevention, Access to Nutritious Food, Parks and Green Spaces, Access to Quality Behavioral Health Services, Clean Environment, Meaningful and Rewarding Work, Freedom from Trauma, Violence, and Addiction, Safe and Affordable Housing, Access to Quality Healthcare Services
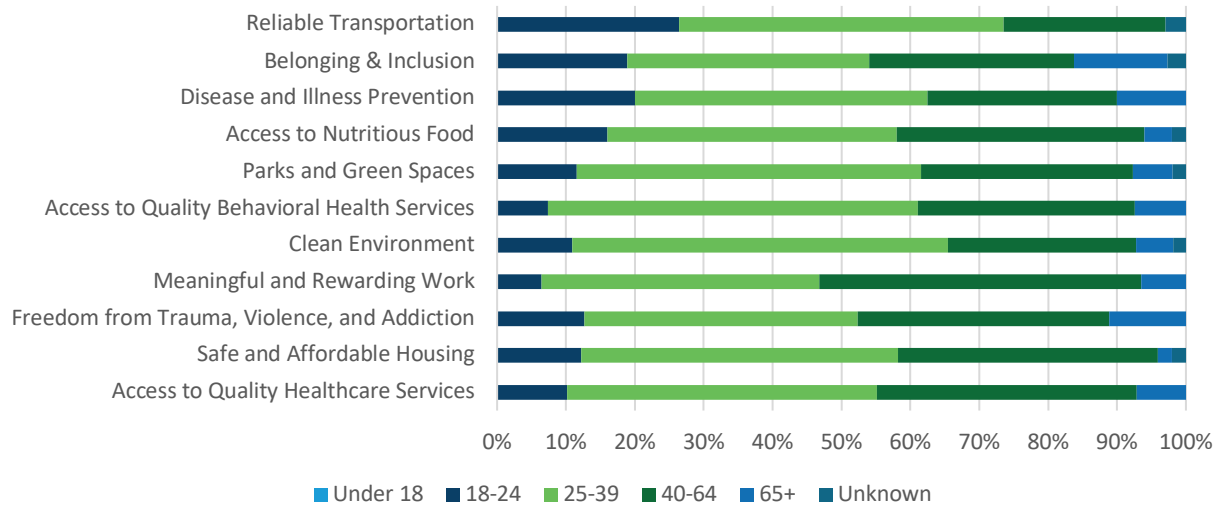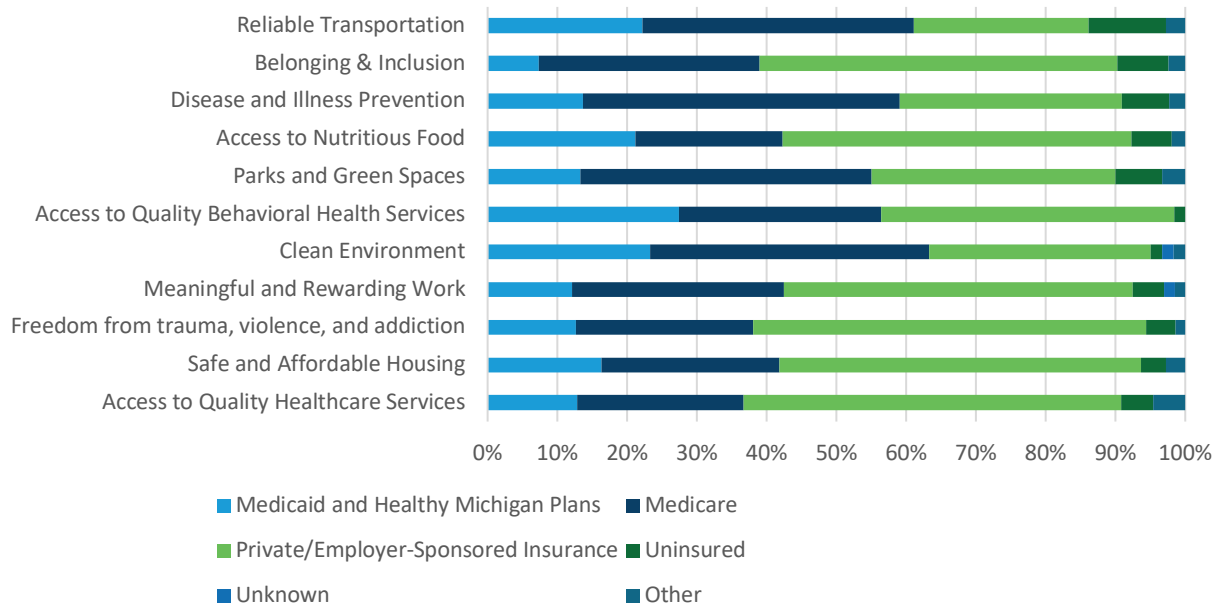
Individuals **aged 40-64** make up a larger proportion of those who thought **meaningful and rewarding work** was an important factor for a thriving community in comparison to the other ten top factors.

**Top 11 Factors for a Thriving Community
by Yearly Household Income (n=263)**

Reliable Transportation
Belonging & Inclusion
Disease and Illness Prevention
Access to Nutritious Food
Parks and Green Spaces
Access to Quality Behavioral Health Services
Clean Environment
Meaningful and Rewarding Work
Freedom from Trauma, Violence, and Addiction
Safe and Affordable Housing
Access to Quality Healthcare Services

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

- Up to $19,999   - $20,000-$39,999   - $40,000-$59,999   - $60,000-$79,999
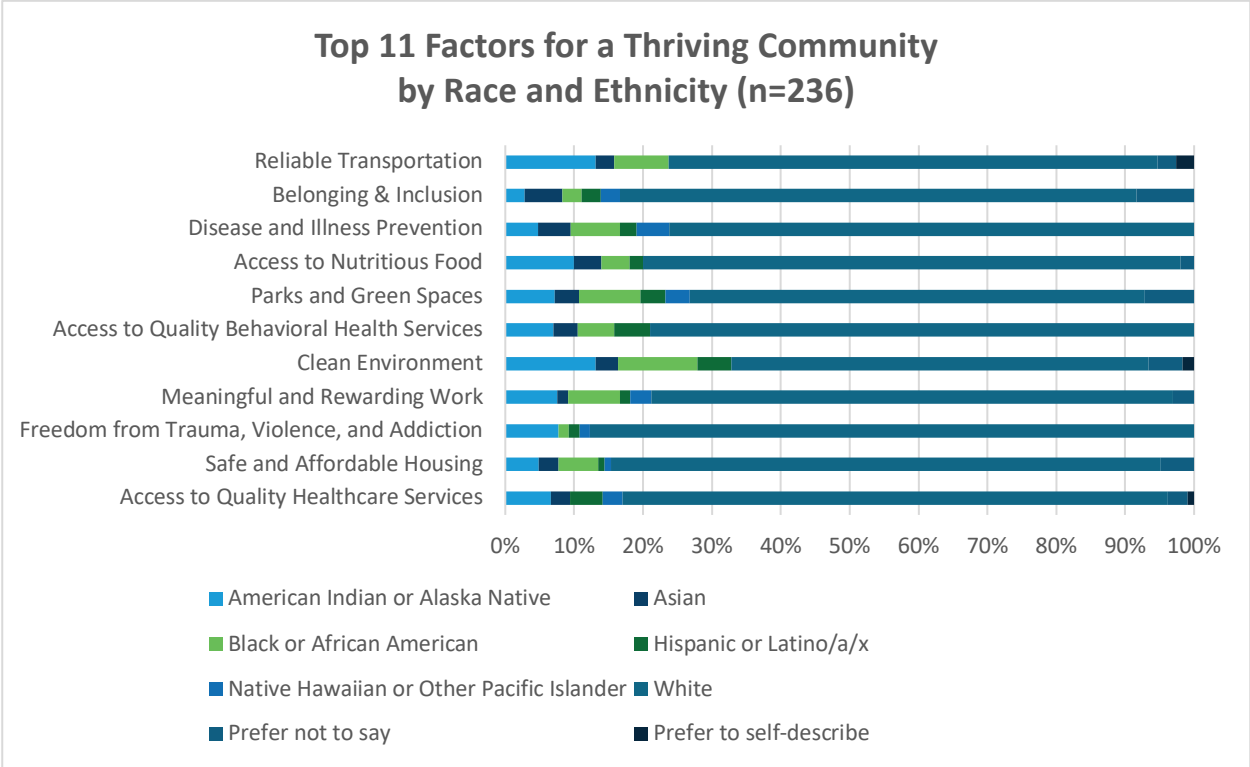- $80,000-$99,999   - $100,000 or more   - Unknown

Individuals with a **yearly household income of up to $19,999** make up a larger proportion of those who thought **reliable transportation** was an important factor for a thriving community in comparison to the other ten top factors.

**Top 11 Factors for a Thriving Community
by Insurance Type (n=236)**

Reliable Transportation
Belonging & Inclusion
Disease and Illness Prevention
Access to Nutritious Food
Parks and Green Spaces
Access to Quality Behavioral Health Services
Clean Environment
Meaningful and Rewarding Work
Freedom from trauma, violence, and addiction
Safe and Affordable Housing
Access to Quality Healthcare Services

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

- Medicaid and Healthy Michigan Plans   - Medicare
- Private/Employer-Sponsored Insurance   - Uninsured
- Unknown   - Other

Individuals with **Medicaid and Healthy Michigan Plans** make up a larger proportion of those who thought **access to quality behavioral health services** was an important issue impacting the community in comparison to the other ten top issues.

**Top 11 Factors for a Thriving Community
by Race and Ethnicity (n=236)**

Reliable Transportation
Belonging & Inclusion
Disease and Illness Prevention
Access to Nutritious Food
Parks and Green Spaces
Access to Quality Behavioral Health Services
Clean Environment
Meaningful and Rewarding Work
Freedom from Trauma, Violence, and Addiction
Safe and Affordable Housing
Access to Quality Healthcare Services

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ American Indian or Alaska Native   ■ Asian
■ Black or African American   ■ Hispanic or Latino/a/x
■ Native Hawaiian or Other Pacific Islander ■ White
■ Prefer not to say   ■ Prefer to self-describe

Racial and ethnic minority groups make up a larger proportion of those who thought **clean environment** was an important factor for a thriving community in comparison to the other ten top factors.

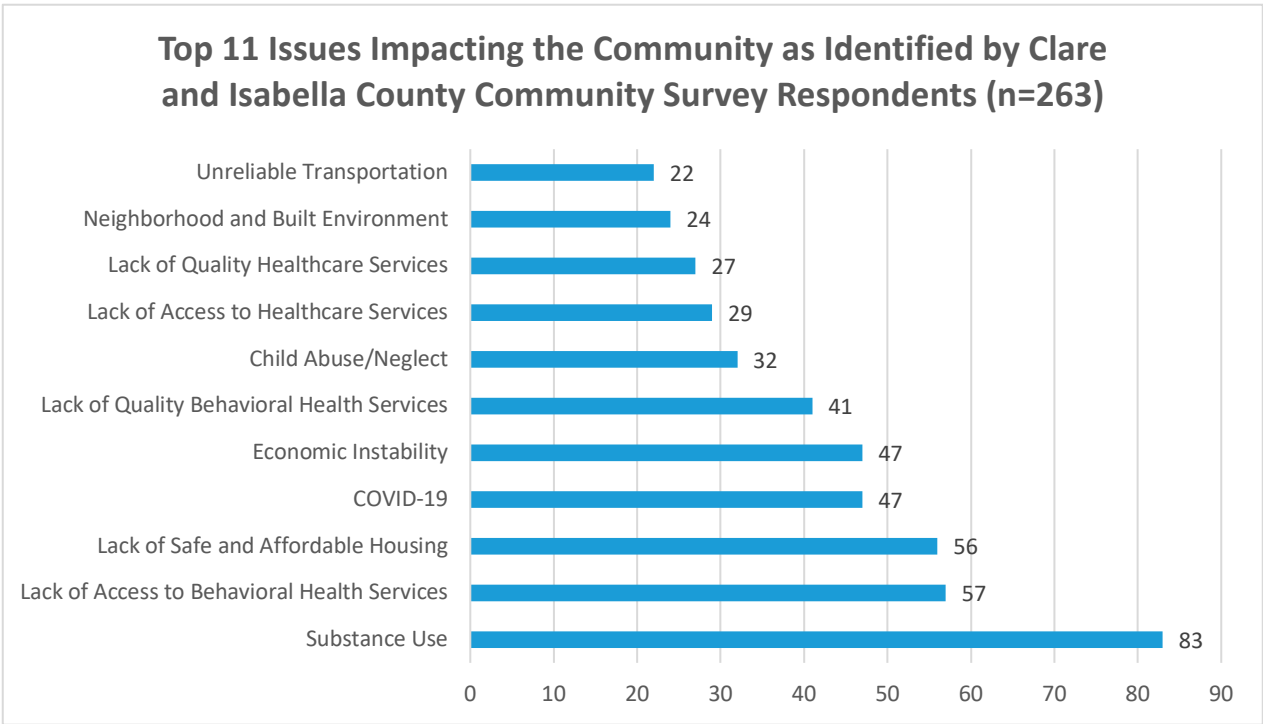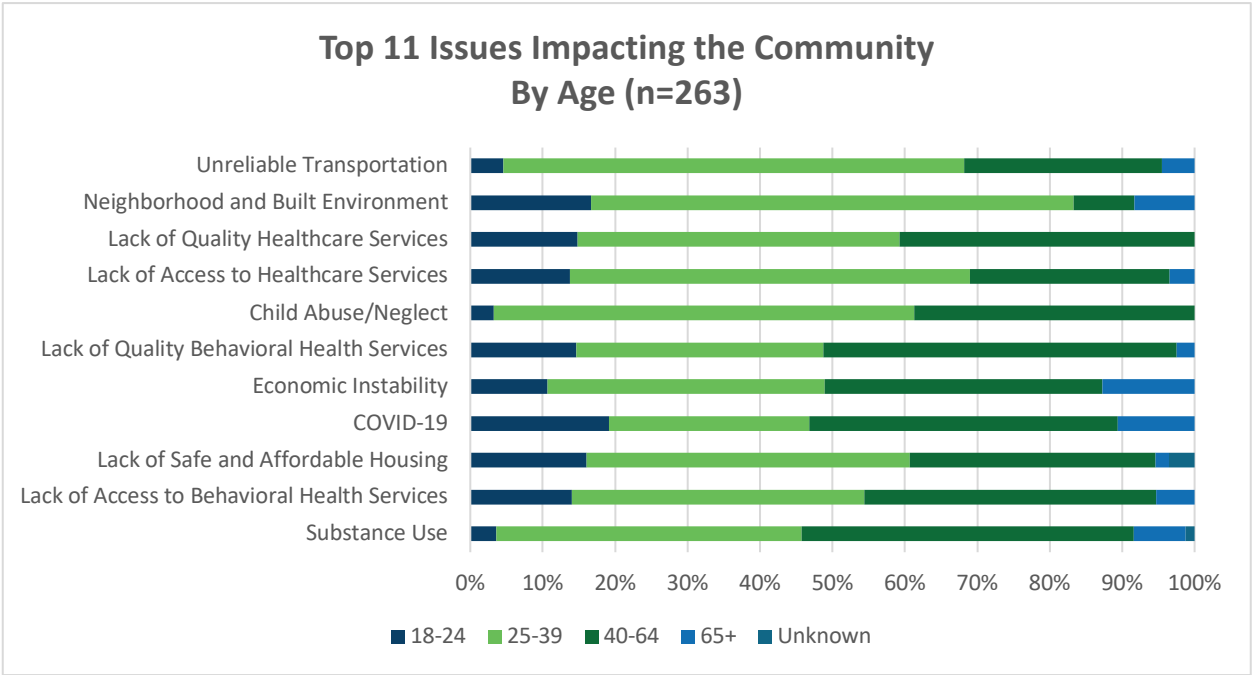**Top 11 Issues Impacting the Community as Identified by Clare
and Isabella County Community Survey Respondents (n=263)**

Issue	Value
Unreliable Transportation	22
Neighborhood and Built Environment	24
Lack of Quality Healthcare Services	27
Lack of Access to Healthcare Services	29
Child Abuse/Neglect	32
Lack of Quality Behavioral Health Services	41
Economic Instability	47
COVID-19	47
Lack of Safe and Affordable Housing	56
Lack of Access to Behavioral Health Services	57
Substance Use	83

0 10 20 30 40 50 60 70 80 90

**Top 11 Issues Impacting the Community
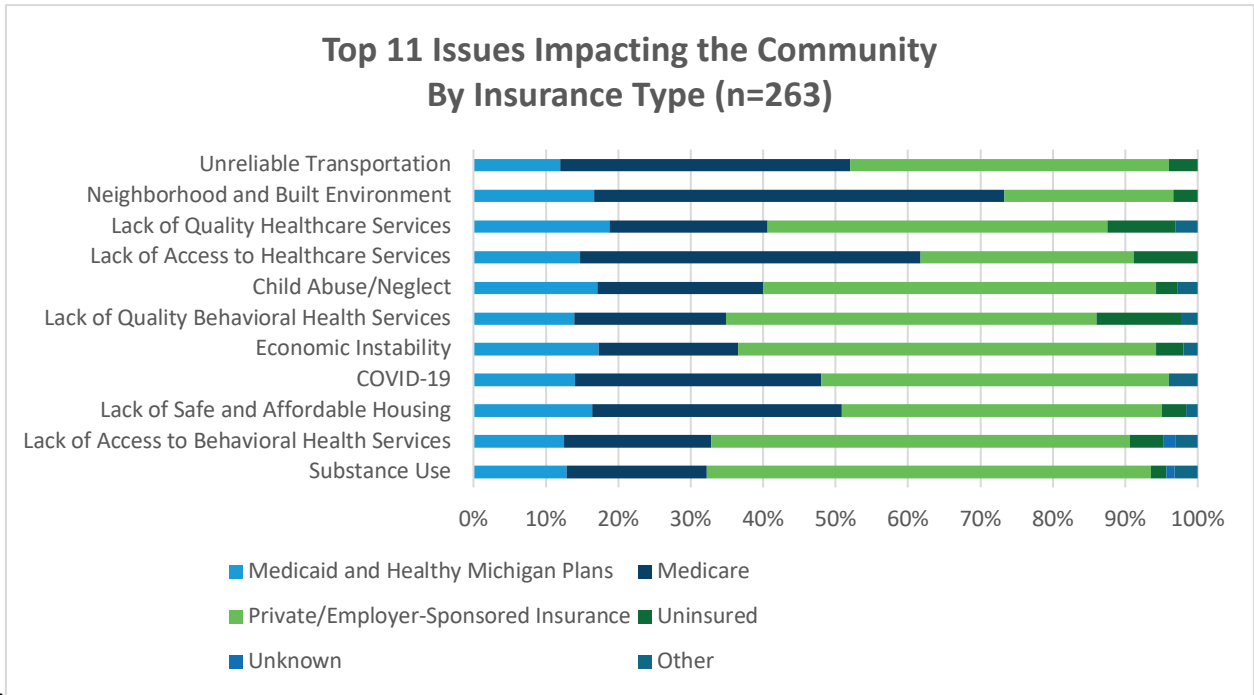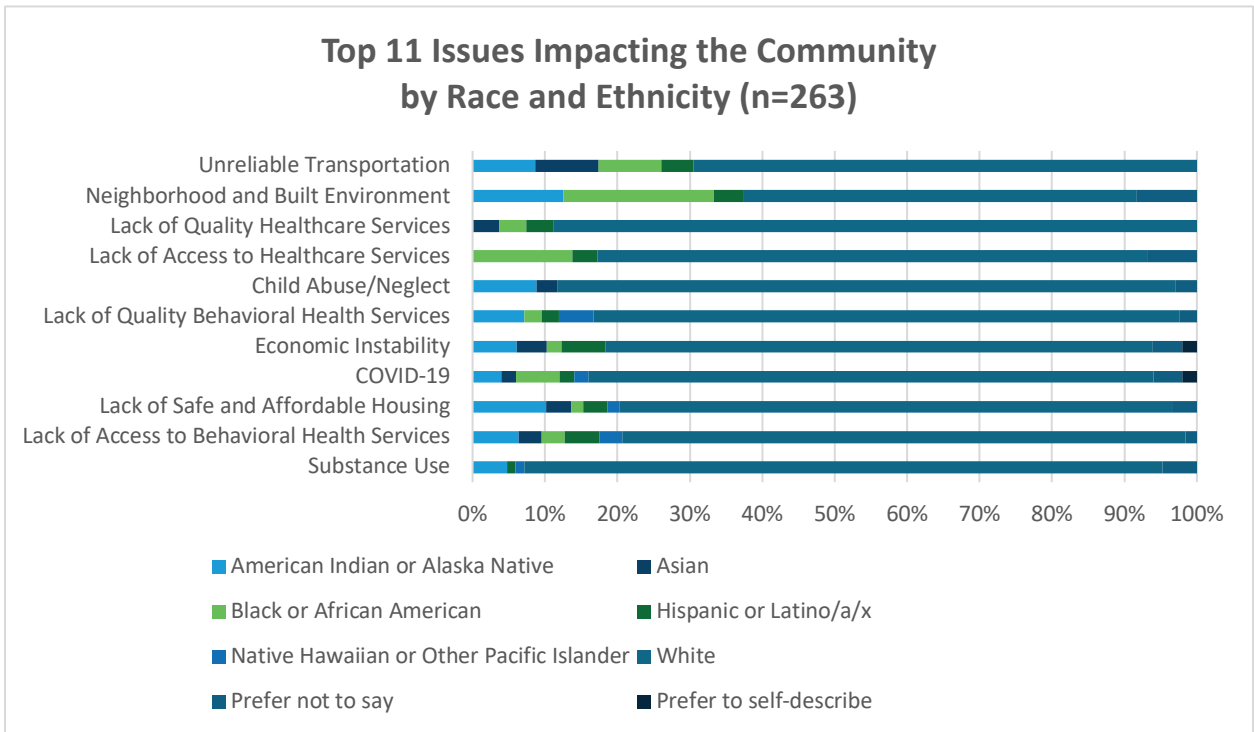By Age (n=263)**

Individuals **age 65+** make up a larger proportion of those who thought **economic instability** was an important issue impacting the community in comparison to the other ten top issues.

**Top 11 Issues Impacting the Community
By Yearly Household Income (n=263)**
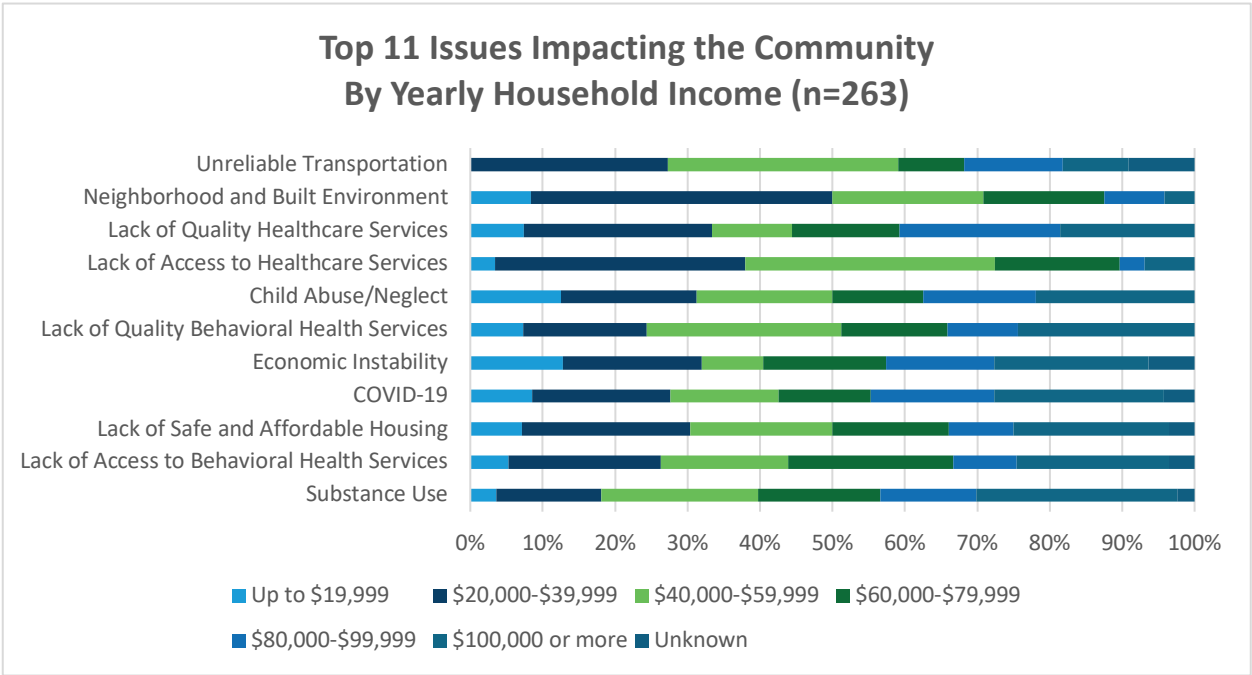
Individuals with a **yearly household income of $20,000-$39,999** make up a larger proportion of those who thought **neighborhood and built environment** was an important issue impacting the community in comparison to the other ten top issues.
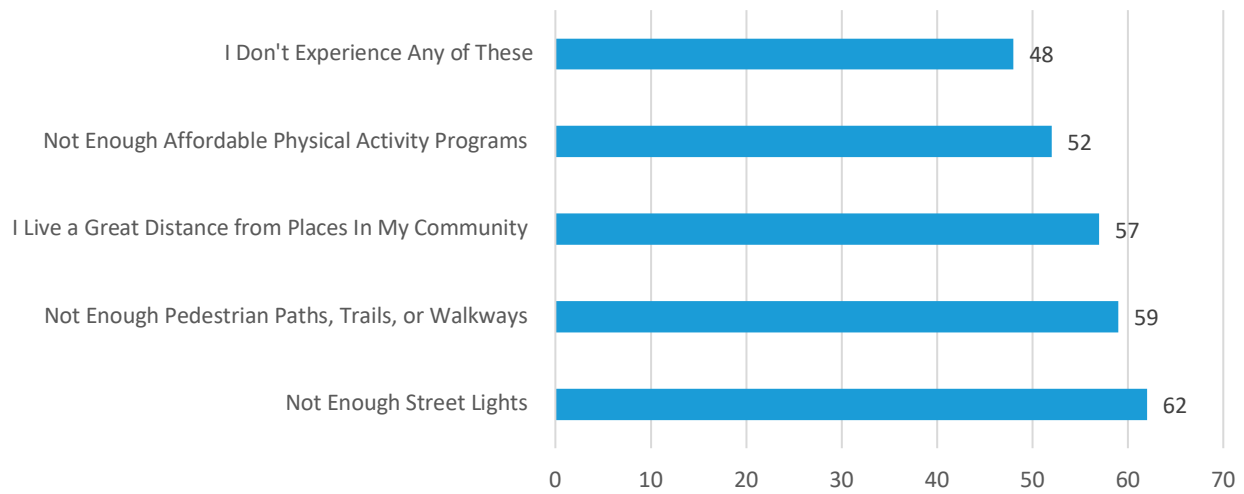
**Top 11 Issues Impacting the Community
By Insurance Type (n=263)**

Unreliable Transportation
Neighborhood and Built Environment
Lack of Quality Healthcare Services
Lack of Access to Healthcare Services
Child Abuse/Neglect
Lack of Quality Behavioral Health Services
Economic Instability
COVID-19
Lack of Safe and Affordable Housing
Lack of Access to Behavioral Health Services
Substance Use

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Medicaid and Healthy Michigan Plans   ■ Medicare
■ Private/Employer-Sponsored Insurance ■ Uninsured
■ Unknown   ■ Other

Individuals with **Medicaid and Healthy Michigan Plans** make up a larger proportion of those who thought **lack of quality healthcare services** was an important issue impacting the community in comparison to the other ten top issues.
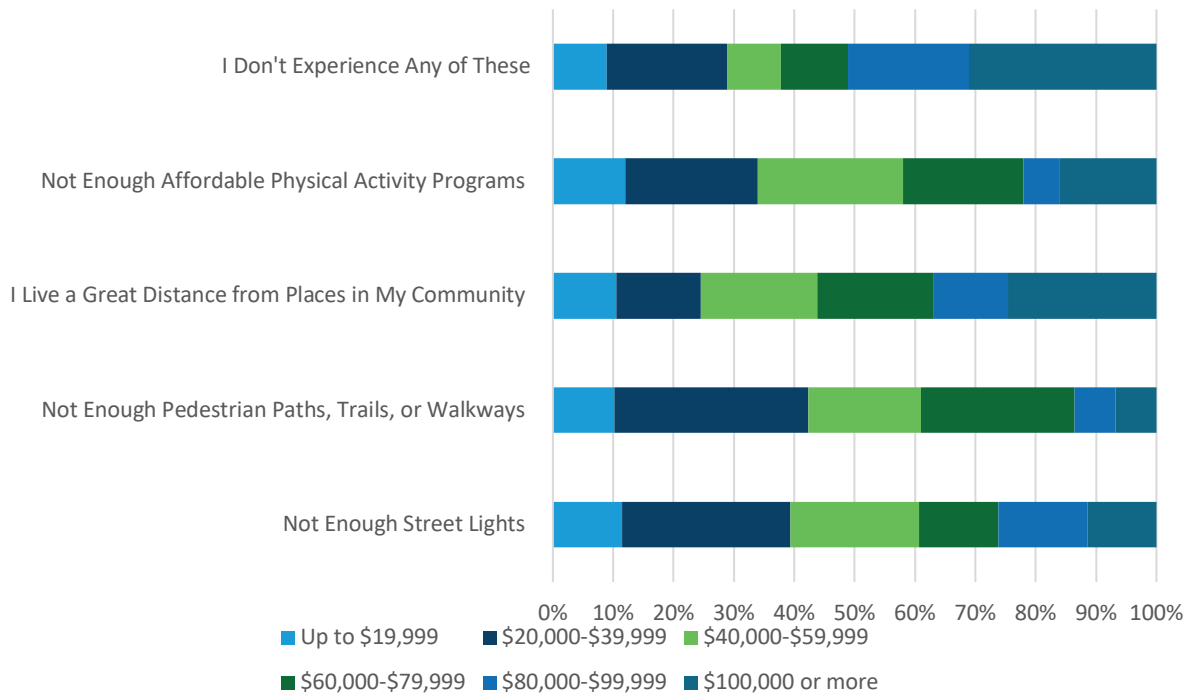
**Top 11 Issues Impacting the Community
by Race and Ethnicity (n=263)**

Unreliable Transportation
Neighborhood and Built Environment
Lack of Quality Healthcare Services
Lack of Access to Healthcare Services
Child Abuse/Neglect
Lack of Quality Behavioral Health Services
Economic Instability
COVID-19
Lack of Safe and Affordable Housing
Lack of Access to Behavioral Health Services
Substance Use

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ American Indian or Alaska Native   ■ Asian
■ Black or African American   ■ Hispanic or Latino/a/x
■ Native Hawaiian or Other Pacific Islander ■ White
■ Prefer not to say   ■ Prefer to self-describe

Racial and ethnic minority groups make up a larger proportion of those who thought **neighborhood and built environment** was an important issue impacting the community in comparison to the other ten top issues.

Top Four Issues Preventing Individuals from Engaging in More Physical Activity as Identified by Clare and Isabella County Community Survey Respondents (n=264)

Issue	Value
I Don't Experience Any of These	48
Not Enough Affordable Physical Activity Programs	52
I Live a Great Distance from Places In My Community	57
Not Enough Pedestrian Paths, Trails, or Walkways	59
Not Enough Street Lights	62

Top Four Issues Preventing Individuals from Engaging in More Physical Activity by Income (n=264)

Legend:
- Up to $19,999
- $20,000-$39,999
- $40,000-$59,999
- $60,000-$79,999
- $80,000-$99,999
- $100,000 or more

Individuals with a **yearly household income of $60,000-$79,999** make up a larger proportion of those who said **not enough pedestrian paths, trails, or walkways** prevented them from being more physically active in their community compared to the other top issues.

Survey respondents were asked to imagine a ladder with steps numbered from zero at the bottom to ten at the top. The **top of the ladder represented the best possible life (10)** and the **bottom of the ladder represented the worst possible life (0)**. Survey respondents identified where they felt they stood on the ladder at the time of completing the survey (Figure 1) and where they felt they would stand three years from now (Figure 2).

Figure 1: 40.68% of Community Survey respondents in Clare and Isabella Counties are currently either struggling or suffering compared to 59.32% who are thriving (n=263).

Thriving (2021)   Struggling (2021)   Suffering (2021)

59.32%   29.66%   11.03%
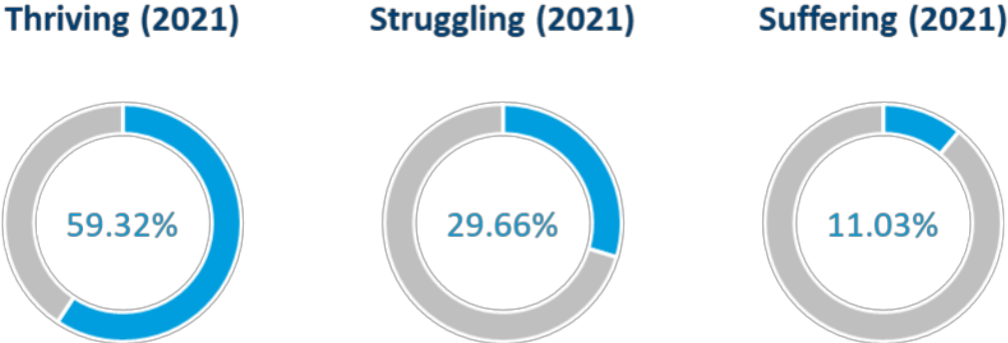
Figure 2: 40.68% of Community Survey respondents in Clare and Isabella Counties predict they will either be struggling or suffering compared to 59.32% who predict they will be thriving three years from now (n=263).

Thriving (2024)   Struggling (2024)   Suffering (2024)

59.32%   35.36%   5.32%
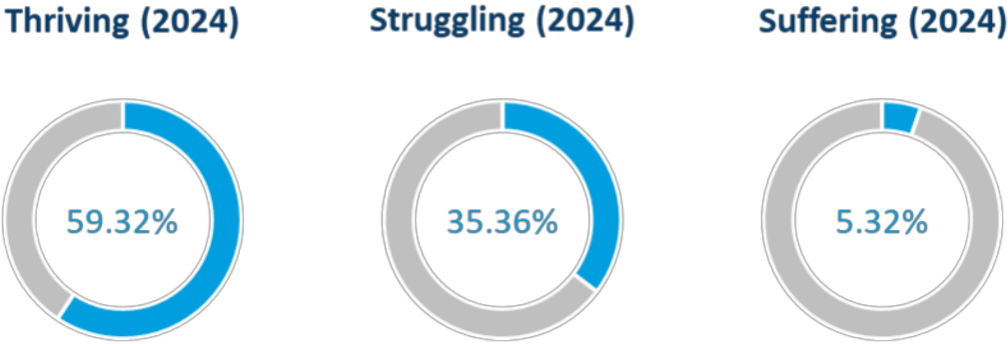
On average, Community Survey respondents in Clare and Isabella Counties felt they would move **.89 of a step higher** on the ladder three years from how they scored themselves presently (n=263).

The Cantril-Ladder self-anchoring scale is used to measure subjective wellbeing. Scores can be grouped into three categories – thriving, struggling, and suffering. Cantril's Ladder data was analyzed separately for the purpose of the 2021 MiThrive Community Health Needs Assessment.
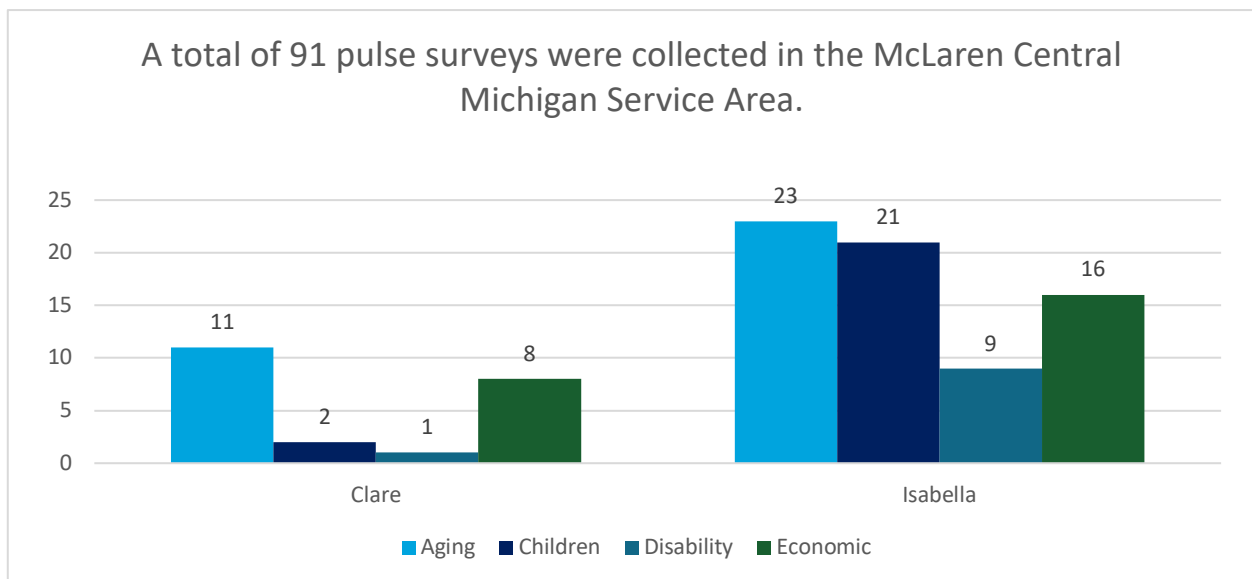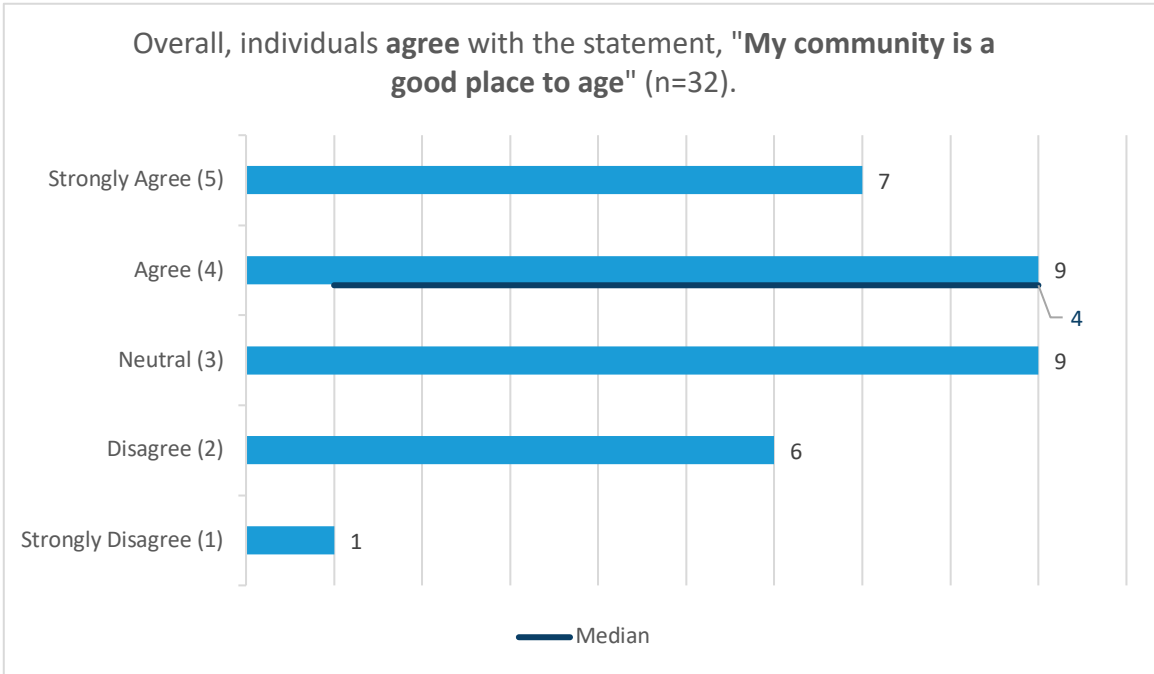
- **Pulse Survey**

The purpose of the Pulse Survey was to gather input from people and populations facing barriers and inequities in the 31-county MiThrive region. It was a four-part data collection series, where each topic-specific questionnaire was conducted over a two-week span resulting in an eight-week data collection period. This data collection series included four three-question surveys targeting key topic areas to be conducted with clients and patients.

The Pulse Surveys were designed to be woven into existing intake and appointment processes of participating agencies/organizations. Community partners administered the Pulse Survey series between July 26, 2021, and September 17, 2021, using a variety of delivery methods including in-person interviews, phone interviews, in-person paper surveys, and through client text services. Pulse Survey questionnaires were provided in English and Spanish.

Each Pulse Survey focused on a different quality of life topic area (aging, economic security, children, and disability) using a Likert-scale question and open-ended topic-specific question. Additionally, each survey included an open-ended equity question. Within Clare and Isabella Counties, 34 aging surveys, 23 children surveys, 10 disability surveys, and 24 economic survey responses were collected.

The target population for the pulse survey series included those historically excluded, economically disadvantaged, older adults, racial and ethnic minorities, those unemployed, uninsured and under-insured, Medicaid eligible, children of low-income families, LGBTQ+ and gender non-conforming, people with HIV, people with severe mental and behavioral health disorders, people experiencing homelessness, refugees, people with a disability, and many others.

A total of 91 pulse surveys were collected in the McLaren Central Michigan Service Area.

Overall, individuals **agree** with the statement, "**My community is a good place to age**" (n=32).

Response	Count
Strongly Agree (5)	7
Agree (4)	9
	4
Neutral (3)	9
Disagree (2)	6
Strongly Disagree (1)	1

—— Median

Key themes that emerged from pulse survey responses that rated the following the statement low, "My community is a good place to age."
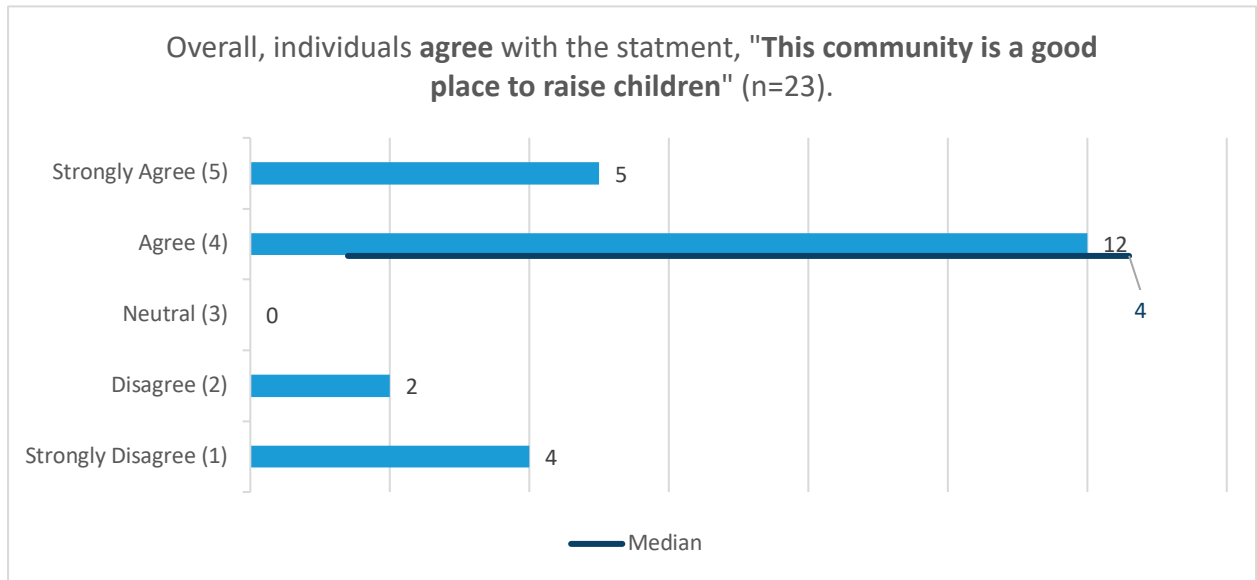
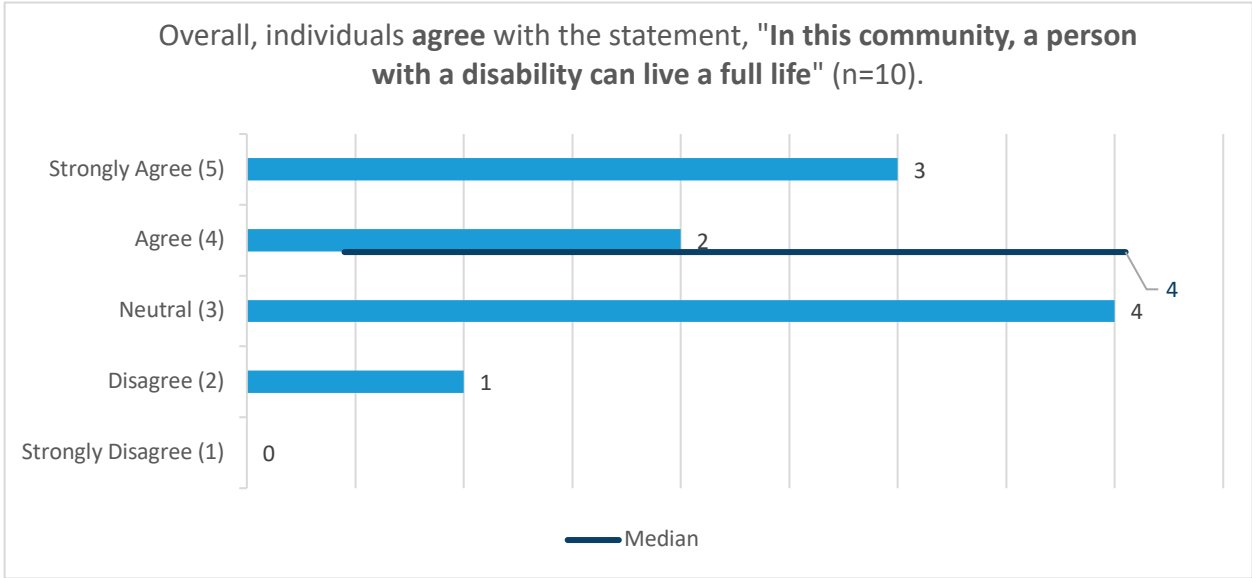| 1	Lack of Resources
2	Lack of Transportation
3	Poverty
4	Geographic Location/Rurality
5	Lack of Housing
6	Safety Concerns

Themes emerged from the 10-county MiThrive North Central Region data.

Thinking more broadly, what are some ways in which your community could ensure everyone has a chance at living the healthiest life possible?

1	Combat Food Insecurity
2	Promote Community Engagement
3	Improve Outreach Efforts
4	Promote Nutrition and Physical Activity
5	Improved Transportation
6	Improve the Healthcare System
7	Increase Housing Options
8	Promote Social Justice

Themes emerged from the 10-county MiThrive North Central Region data.

Overall, individuals **agree** with the statment, "**This community is a good place to raise children**" (n=23).

Response	Count
Strongly Agree (5)	5
Agree (4)	12
Neutral (3)	0
Disagree (2)	2
Strongly Disagree (1)	4

Median: 4

——— Median

Key themes that emerged from pulse survey responses that rated the following the statement low, "This community is a good place to raise children."

1	Lack of Resources
2	Poverty
3	Safety Concerns
4	Low Quality Education

Themes emerged from the 10-county MiThrive North Central Region data.

Thinking more broadly, how can we come together so that people promote each other's well-being and not just their own?

1	Strengthen Community Connection and Support
2	Affordable Recreation Opportunities
3	Improved Health Education and Awareness
4	Increase Mental Health Supports
5	More Resources and Services
6	Strengthen Family Support

Themes emerged from the 10-county MiThrive North Central Region data.

Overall, individuals **agree** with the statement, "**In this community, a person with a disability can live a full life**" (n=10).

Response	Count
Strongly Agree (5)	3
Agree (4)	2
Neutral (3)	4
Disagree (2)	1
Strongly Disagree (1)	0

Median: 4

Key themes that emerged from pulse survey responses that rated the following the statement low, "In this community, a person with a disability can live a full life."

1	Lack of Resources
2	Lack of Accessible Infrastructure
3	System Issues
4	Geographic Location/Rurality
5	Need for More Community Support

Themes emerged from the 10-county MiThrive North Central Region data.

Thinking more broadly, think about groups that experience relatively good health and those that experience poor health. Why do you think there is a difference?
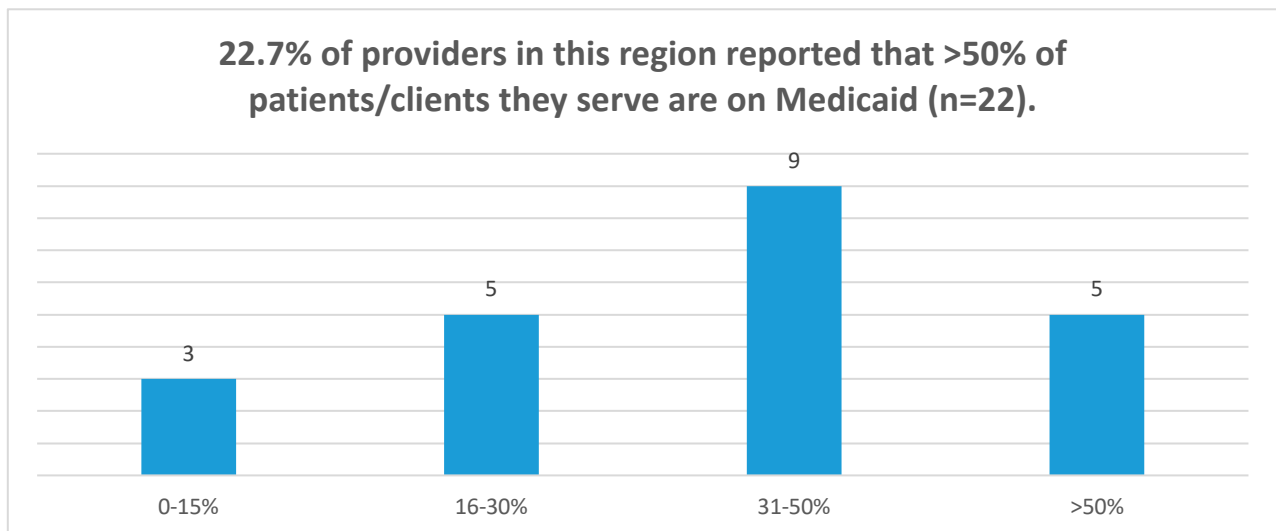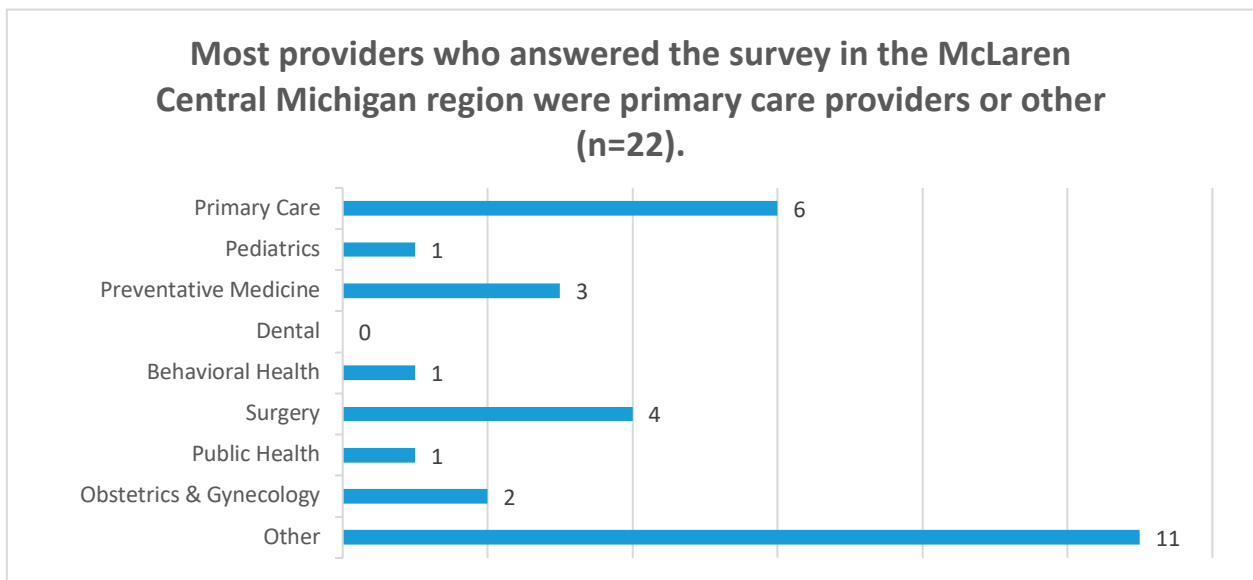
1	Change in Healthcare System
2	Increased Financial Assistance/Government Assistance
3	More Resource Navigation
4	Increased Education and Job Availability
5	Increased Community Support/Support Systems
6	Improved Transportation
7	Geographic Location/Rurality

Themes emerged from the 10-county MiThrive North Central Region data.

Overall, individuals **agree** with the statement, "**There is economic opportunity in the community**" (n=24).
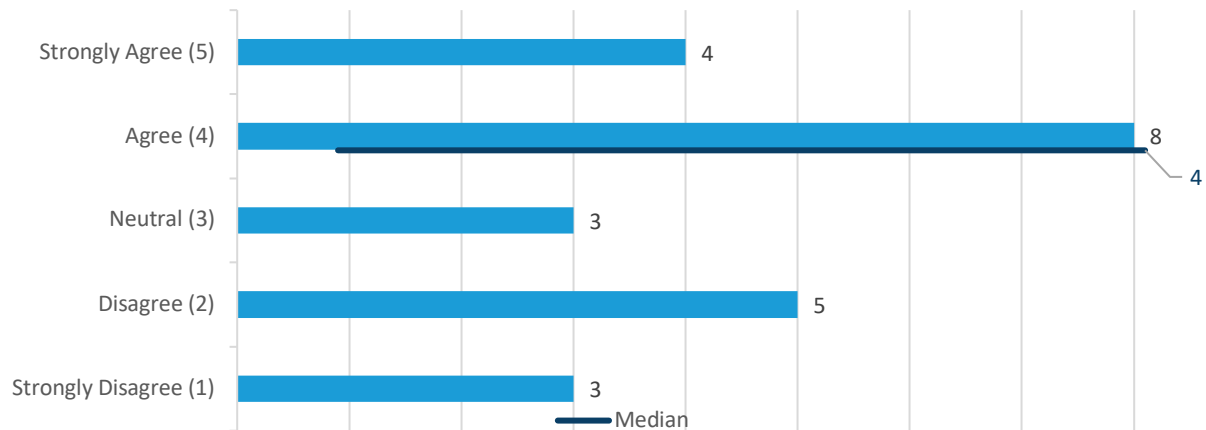
Response	Count
Strongly Agree (5)	4
Agree (4)	8
Neutral (3)	3
Disagree (2)	5
Strongly Disagree (1)	3

Median — 4

Key themes that emerged from pulse survey responses that rated the following the statement low, "There is economic opportunity in the community."

1	Job Availability
2	Lack Housing
3	Poor Wages
4	Lack of Resources
5	Childcare
6	Transportation/Commute
7	Rurality/Geographic Location

Themes emerged from the 10-county MiThrive North Central Region data.

Thinking more broadly, how would you ensure that people in tough life circumstances come to have as good a chance as others do in achieving good health and wellbeing over time?

1	Change in Healthcare System
2	Increased Financial Assistance/Government Assistance
3	More Resource Navigation
4	Increased Education and Job Availability
5	Increased Community Support/Support Systems
6	Improved Transportation

Themes emerged from the 10-county MiThrive North Central Region data.

- o **Healthcare Provider Survey**

Data collected for the Healthcare Provider Survey was gathered through a self-administered, electronic survey. It asked 10 questions about what is important to the community, what factors are impacting the community, quality of life, built environment, community assets, and demographic questions. The survey was open from October 18, 2021, to November 7, 2021.
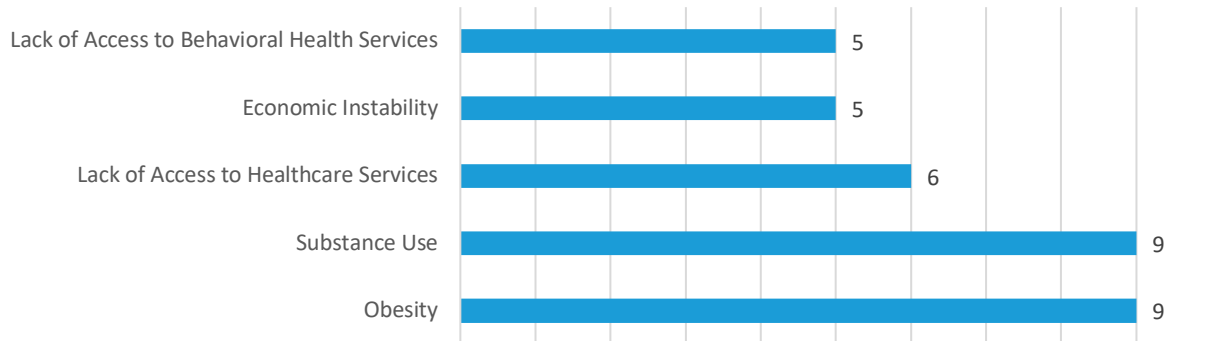
Healthcare partners such as hospitals, federally qualified health centers and local health departments, among others, sent the Healthcare Provider Survey via an electronic link to their physicians, nurses, and other clinicians. Additionally, partner organizations supported survey promotion by sharing the survey link with external community partners. Three hundred fifty-four providers completed the Healthcare Provider Survey in Clare and Isabella Counties.

Most providers who answered the survey in the McLaren Central Michigan region were primary care providers or other (n=22).

Category	Value
Primary Care	6
Pediatrics	1
Preventative Medicine	3
Dental	0
Behavioral Health	1
Surgery	4
Public Health	1
Obstetrics & Gynecology	2
Other	11

22.7% of providers in this region reported that >50% of patients/clients they serve are on Medicaid (n=22).

Range	Value
0-15%	3
16-30%	5
31-50%	9
>50%	5

Providers think that access to quality healthcare services is the most important factor impacting patients/clients in the communities they serve (n=22).

Category	Value
Disease and Illness Prevention	9
Access to Quality Behavioral Health Services	9
Safe and Affordable Housing	10
Access to Quality Healthcare Services	13
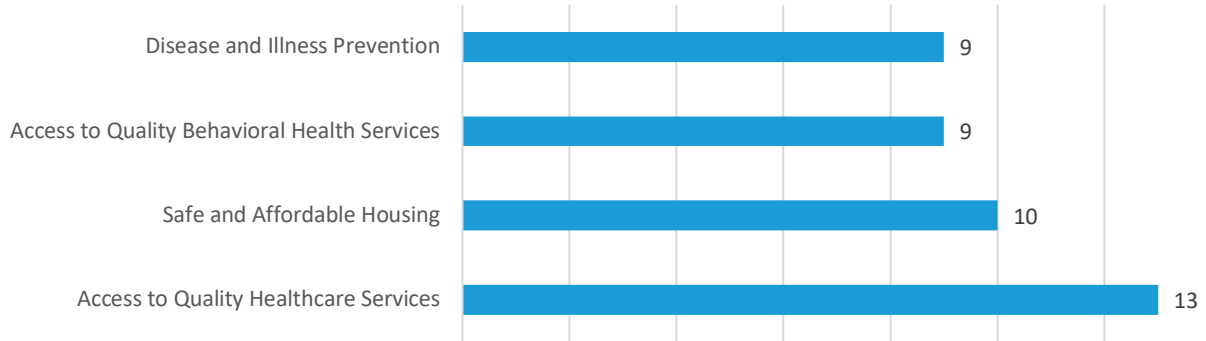
Providers think obesity and substance use are the most important issues impacting patients/clients in the communities they serve (n=22).

Category	Value
Lack of Access to Behavioral Health Services	5
Economic Instability	5
Lack of Access to Healthcare Services	6
Substance Use	9
Obesity	9

54.5% of providers answered mental health resources/services are missing in their community that would benefit their patients/clients serve (n=22).

Category	Value
Substance Abuse Services	10
Primary Care	11
Mental Health Resources	12
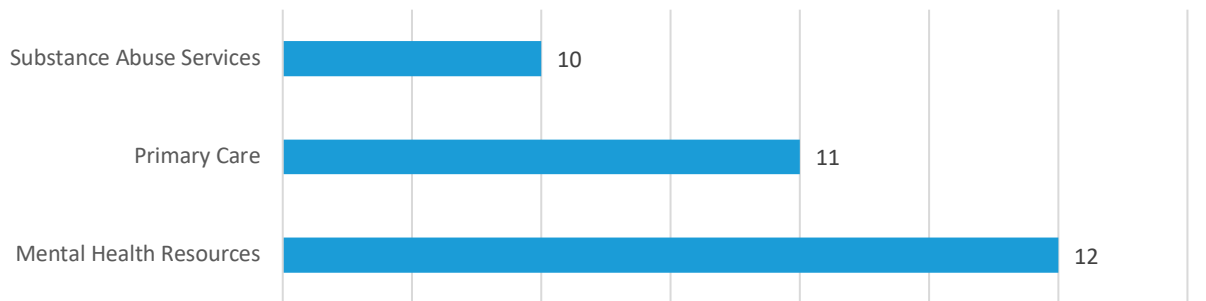
- **Community System Assessment**

The Community System Assessment focused on organizations that contribute to wellbeing. It answers the questions, "What are the components, activities, competencies, and capacities in the regional system?" and "How are services being provided to our residents?" It was designed to improve organizational and community communication by bringing a broad spectrum of partners to the same table; exploring interconnections in the community system; and identifying system strengths and opportunities for improvement. The Community System Assessment had two components:

- o **Community System Assessment Event**

At the Community System Assessment events, residents and community partners assessed the system's capacity in the Northwest, Northeast, and North Central regions. Through facilitated discussion, they identified system strengths and opportunities for improvement among eight domains.

MiThrive North Central Region Community System Assessment Results

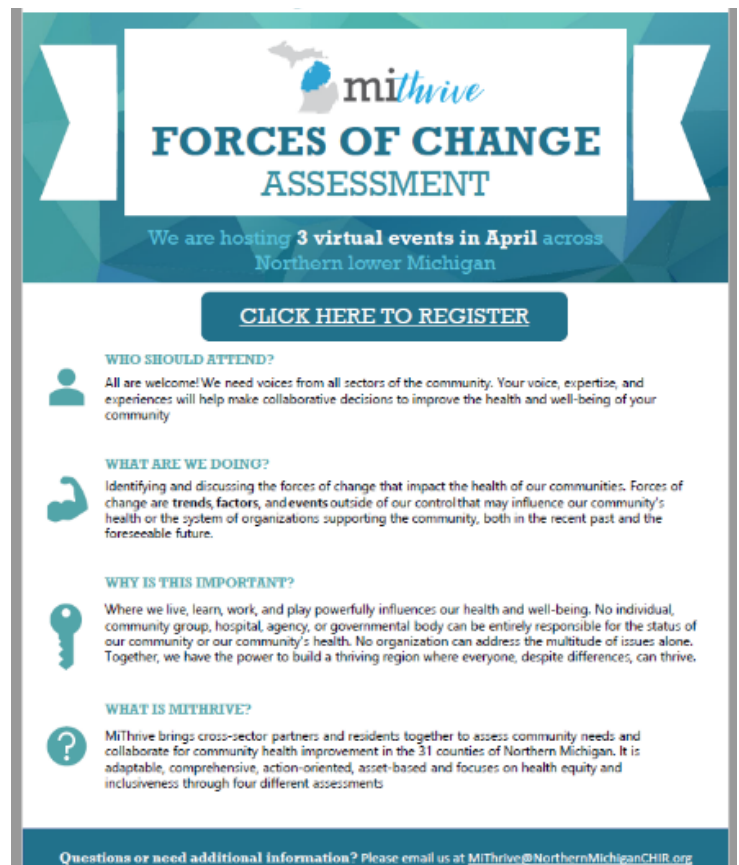| Focus Area	System Strengths	Opportunities for Improvement of the System
Resources A community asset or resource is anything that can be used to improve the quality of life for residents in the community	• Organizations do work together to connect people to the resources they need. • More than one organization is working together and sharing several resources	• Create an asset map • Need to connect to the community ("silent population") to link to resources that they need. • Increase broadband access
Policy A rule or plan of action, especially an official one adopted and followed by a group, organization, or government		• Engage in activities that inform the policy development process, organizations in the system need to provide education to ensure informed decisions • Transition from a reactive to proactive system
Data Access/Capacity A community with data capacity is one where people can access and use data to understand and improve health outcomes	• Hospitals and health departments conduct community health assessments, gather input from the community, and identify needs to address as a community	• Present the data to the public in a more meaningful way. • Update the Community Health Assessment and monitor progress • Improve data sharing
Community Alliances: Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	• The Community System is composed of strong collaborative groups	• Develop action steps and increase accountability. • Design engaging virtual meetings
Workforce: The people engaged in or available for work in a particular area	• Individual organizations are knowledgeable about workforce issues	• Identify priority areas of need and submit plans to address workforce issues to funders • Collaborate systematically to address workforce gaps
Leadership Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community.	• The North Central Community Health Innovation Region (CHIR) is positioned to provide leadership in the region • Leadership is occurring at the county level	• Develop a broad community system vision. • Create an environment for collaboration
Community Power and Engagement: Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	• There is good work happening and the system is improving in creating awareness of public health issues and engaging the community	• Increase resident voice and engagement to inform decision-making • Increase diversity • Increase direct representation of vulnerable populations on boards and in leadership
Capacity for Health Equity: Assurance of the conditions for optimal health for all people		• Develop a common language around health disparities • Advocate for a Health in All Policies framework so that all sectors understand how policies impact health

- **Forces of Change Assessment**

The Forces of Change Assessment aims to answer the following questions: "What is occurring or might occur that affects the health of our community or the local system?", and "What specific threats or opportunities are generated by these occurrences? Like the Community System Assessment, the Forces of Change Assessment was composed of community meetings convened virtually in the Northwest, Northeast, and North Central MiThrive Regions.

It focused on trends, factors, and events outside our control within several dimensions, such as government leadership, government budgets/spending priorities, healthcare workforce, access to health services, economic environment, access to social services, social context, and impact of the COVID-19 pandemic. (Please see Appendix E for Forces of Change Assessment event agenda).

Sixty-seven residents and community partners participated in the Forces of Change Assessment event in the North Central Region on April 20, 2021. The most powerful forces they identified were:

- o Broadband internet
- o Mental health and substance misuse
- o Affordable housing
- o Health care provider shortage
- o Telehealth
- o Rurality
- o Diversity and inclusion
- o Misinformation and mistrust
- o Asset-Limited, Income-Constrained, Employed (ALICE) population

MiThrive North Central Region Forces of Change Assessment Results
April 20, 2021, with 67 residents and community partners participating

Topic Area	Top Forces of Change	Threats	Opportunities
Government Leadership	Trust in government	Pervasive polarization hinders improvements, misinformation is spread, and integrity is lost in leaders. Therefore, people don't follow guidance; no middle ground equals no progress	
	Inability to flex	Rural communities are left out at all levels—including financial and programmatic; flexible, unique problem solving is taken away; people are unable to improve their situations where there are multiple layers of policy/bureaucracy; one size does not fit all; government policy interferes with multi-sector systems work—i.e. HIPAA/FERPA are barriers to cross-sector collaboration	Boots on the ground/ hands-on approach can be opportunity to target interventions locally; local leaders know their population and what they need so ability to flex funding or policy could lead to improvements; cross-sector alignment of priorities and work will eliminate duplication, streamline efforts and result in increased services
	Diversity and inclusion	When everyone in leadership looks the same then there is no representation of age, gender, race, experience, and socioeconomic status; lack of diversity limits progress of new ideas and we lose the voice of unique communities/culture/history	More voices at the table expands opportunities for the underserved communities and those with limited power to influence change; improved quality of life & health for those at greatest risk; resident voice would provide real solutions to barriers the rest of us don't see
Government Budgets and Spending Priorities	Political Agendas and Influences	Lack of funding; changes in policies; reduction in affordable services; changes in leadership at the national and state level; term limits for legislators—barriers to engagement and need for education; some are not interested in pursuing our goals and needs	Grant opportunities like Healthy Heart or Fit for You; changes in policies; restructuring platforms like when MDHHS merged Community Mental Health; changes in leadership at the national and state level
	Demographics of the Region: Rural Nature, Aging Pop, Low-Income	Lack of funding; lack of services; resource reduction; education on health and well-being; preparing for wave of older population and their increased needs for housing and in-home help; smaller voice for new policies	Collaboration of community partners; innovative programs like Ever Promise Plus (2-year degree)
	COVID-19 Pandemic	Lack of funding and financial strain; priority overall-everything else goes by the wayside; patients are reluctant to visit doctor's offices	Planning for the future (if similar event, preparations are more current); relief to working families (day care)
Sufficient Healthcare Workforce	Broadband and Telehealth	Limits access to healthcare; limits the ability to work from home; limits the ability to participate in online schooling; financial strain of cost of broadband	Create the possibility of being able to work from home; provides opportunity to increase access to healthcare; allows some students to participate in school virtually; increased opportunities for communication
	Attracting Healthcare Professionals in Rural Areas	Creates access issues; people may have to travel great distances to access healthcare	People may want to move to Northern Michigan vs homegrown talent - keep our residents from moving out of the area; grants available to train local residents; Mi LEAP program funding available;

			Department of Labor and Economic Opportunity trainings available
	Severe Shortage of Mental Health Providers	People must travel to access mental healthcare; not a lot of private providers for people that don't qualify for CMH; increase in suicides and overall decline in mental health; increase in substance use disorders; shortage of inpatient beds; people with mental illness end up in the jail system; privatization of mental health system	Grant from the State to expand services; jail diversion grant – training for law enforcement; tuition assistance and student loan forgiveness opportunities
Access to Health Services	Rurality	Continues to widen access gap; difficulty with transportation; difficulty with broadband; increased need for telehealth	More discussion on policy related to broadband; services needed region-wide – opportunity for continued partnership and investment
	COVID-19 Impact on substance use and poverty	Misinformation creating division; restrictions have widened gap for those who need it the most	Engaging conversations surrounding improvement in language, inclusion, equity
	Provider Access and Affordability of Care	Poor health outcomes due to limited preventive care; increased difficulty with transportation; insurances changing – difficulty of high deductible plans; difficulty in recruiting providers to rural areas	Some providers may want to move to more rural areas due to COVID; need to develop more "Grow Your Own" programs (foster local talent); opportunity for more discussion surrounding reimbursement
Economic Environment	Broadband Access	Lack of access to resources; DHHS different online apps; lack of information, when and where would you get it other than online; telehealth increase; unreliable broadband can limit access to telehealth opportunities; expensive, unreliable, unavailable	If available – faster access to information; access to patients, access to support resources, Businesses would be able to expand, would be on the map more for attraction projects
	Political Administration Changes	Racial issues – safety of various communities; uncertainty within people; mistrust of official information – ex: COVID vaccine and information from the political divide; access to affordable health care; current administration focus; mistrust, financial support, racial tensions, affordable health care, access to broadband, current administration priorities	Government funding – the amount of dollars coming to local municipalities could lead to lasting impactful changes if used wisely; current administration focus
	Behavioral Health Issues on Employment	Mental Health and substance use disorder impacts employee's ability to get to work and cost of healthcare to employees; utilization cost can go up for employees and employers, Negative impact on labor force participation rate; low unemployment and talent retention; MH and SUD barriers; unintended consequences of unemployment benefits; student well-being; long term impacts	Easier to talk about Behavioral Health – not as "taboo" to talk about it; increase focus on employees' mental health as well as if they are physically sick; easier to find self-care resources and mental health diagnosis information online; additional funding for schools (31N funding) for increase school counseling
Access to Social Services	Insufficient number of providers	People continue to fall behind with their health	Remote providers
	Affordable Housing	Affects your overall wellbeing	Building trades

	Technology Gap	Security concerns with personal information	Mitigate loss of traditional media
Social Context	Broadband	Many seniors and others lack the education and capability to utilize technology resources; language barriers for non-English speaking population; geographic size and space- rural areas	Opportunities for collaboration with community organizations and resources
	ALICE population	Often fall through the cracks because they aren't eligible for many social services but have need for social services; employment challenges because people can make more money off public benefits; cost of daycare continues to be an issue	Emerging and ongoing advocacy efforts for the needs of this population; opportunities for policy change at the state level; informing workplaces to be ALICE friendly with workplace policy; benefits to case management
Impacts Related to COVID-19	Distrust in Science and Public Health and Political Rhetoric	Johnson & Johnson pause – caused shift in mistrust, anti-vaxxers, social media – rapid miscommunication; lack of understanding of evidence-based science; spikes in covid-19 cases	Power of local leaders to spread evidence-based information; benefit of consistent messaging, strengthened communication across community partners
	Economic Impact	Fear of going back to work (especially in healthcare); disproportionate impact on low-income communities; businesses having to close; Capitalism vs individual health; trying to find employees: stimulus checks (factor) – unintended consequences; internet access isn't in all places	Encouraged use of less expensive health services; telehealth services, virtual mental health services; encouraged businesses to expand services; encouraged grocery stores to provide home deliveries, curbside services, Stimulus checks were helpful
	Family Hardship and the Impact on Low-Income Individuals and Families	Lack of childcare, continuing issue for those looking for work; women exiting the workforce – lack of childcare and support; hardship on families (especially with school aged children); youth isolation; financial impact	Encouraged new and/or more social connections

Data Limitations

Community Health Status Assessment

- Since secondary indicator scores are based on comparison, low scores can result even from very serious issues, if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited at the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some data is missing for some counties - as a result, the "regional average" 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.
- Secondary data tells only part of the story. Viewing all the assessments holistically is therefore necessary.
- Some data sources have not updated data since the past MiThrive cycle therefore values for some indicators may not have changed and therefore cannot be used to show trends from last cycle to this cycle.

Community System Assessment

- Completing the Community System Assessment is a means to an end rather than an end in itself. The results of the assessment should inform and result in action to improve the Community System's infrastructure and capability to address health improvement issues.
- Each respondent self-reported with their different experiences and perspectives. Based on these perspectives, gathering responses for each question includes some subjectivity.
- When completing the assessment at the regional events or at the county level, there were time constraints for discussion and some key stakeholders were missing from the table.
- Some participants tended to focus on how well their organization adressed the focus areas for health improvement rather than assessing the system of organizations as a whole.

Community Themes and Strengths Assessment

- A unique target number of completed Community Surveys was set for each county based on county population size. Survey responses were not weighted for counties who exceeded this target number.
- While the Community Survey was offered online and in-person, most surveys were collected digitally.
- Partial responses were removed from the Community Survey.
- Outreach and promotion for the Provider Survey was driven by existing MiThrive partners which influenced the distribution of survey responses across provider entities.

- Pulse Surveys were conducted across a wide variety of agencies and organizations. Additionally, survey delivery varied including in-person interview, over the phone interview, text survey, and paper format.

Forces of Change Assessment

- Participants self-selected into one of eight Forces of Change Assessment topic areas during the events and discussed forces, trends and events using a standardized Facilitation Guide although facilitators and notetakers differed for the topic areas and events.
- These virtual events removed some barriers for participants although internet accessibility was a requirement to participate.
- When completing the assessment there were time constraints for discussion and some key stakeholders were missing from the table.
- MiThrive staff selected the eight topic areas using the MAPP's guidance in addition to insights from the MiThrive Core Team members.
- COVID-19 was included as a standalone topic area and all participants were advised of the topic areas and were instructed to focus on their topic area with minimal discussion on COVID-19 unless it was their specific topic area.

Phase 4: Identifying and Prioritizing Strategic Issues

To launch Phase 4, the MiThrive Core Support Team scored each secondary data indicator on a scale of zero to three by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region, and comparing to the state, national, and Healthy People 2030 target when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data". Next, themes that emerged from the Community System Assessment, Community Themes and Strengths Assessment (Community Survey, Pulse Survey, and Healthcare Provider Survey), and Forces of Change Assessment were identified. **All of the assessments provide valuable information, but the themes that occur in multiple data collection methods are the most significant.** On November 16, 2021, MiThrive Design Team members met to sort the data for the Northwest, Northeast, and North Central Regions using the Prioritization Matrix below:
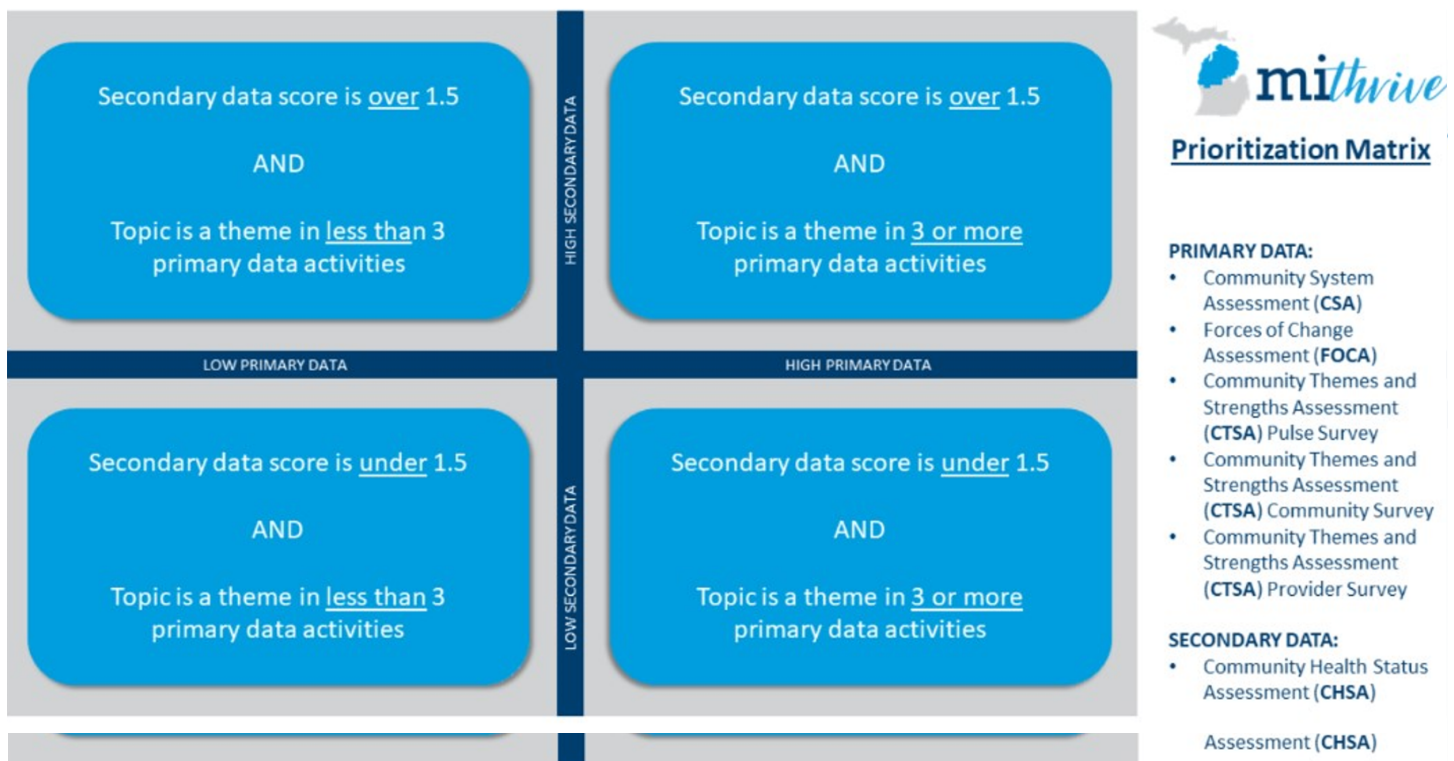
There was considerable agreement across the 31-county region, with the following cross-cutting themes sorted into the High Secondary Data/High Primary Data (upper right quadrant) in all three MiThrive Region:

- Mental Health
- Substance Misuse
- Safety and Well-Being
- Housing

- Transportation
- Diversity, Equity and Inclusion
- Healthcare

In addition, three significant health needs emerged unique to the North Central Region:

- Broadband Access
- Obesity
- Food Security

The members of the MiThrive Steering Committee, Design Team, and Work Groups met on November 22, 2021, to identify Strategic Issues that emerged from all four assessments. They drafted questions for each Strategic Issue (and continued to refine them over the next few weeks), as recommended by the Mobilizing for Action through Planning and Partnerships community health needs assessment framework. The 11 Strategic Issues are listed below *in alphabetical order*:

- **Access to Healthcare:** How do we increase access to integrated systems of care as well as increase engagement, knowledge, and awareness of existing systems to better promote health and prevent and treat chronic disease?
- **Behavioral Health:** How do we increase access and reduce barriers to quality behavioral health services while increasing resiliency and wellbeing?
- **Broadband Access:** How can we advocate for increased broadband access and affordability?
- **Economic Security:** How do we foster a community where everyone feels economically secure?
- **Equity:** How do we cultivate a community whose policies, systems, and practices are rooted in equity and belonging?
- **Food Security:** What policy, system, and environmental changes do we need to ensure reliable access to healthy food?
- **Healthy Weight:** How can we create an environment which provides access, opportunities, and support for individuals to reach and maintain a healthy weight?
- **Housing Security:** How do we ensure that everyone has safe, affordable, and accessible housing
- **Safety**: How do we ensure all community members are aware of and can access safety and well-being supports?
- **Substance Misuse**: How can we increase comprehensive substance misuse prevention and treatment services that is accessible, patient-centered, and stigma free?
- **Transportation Options:** How can we nurture a community and health-oriented transportation environment which provides safe and reliable transportation access, opportunities, and encouragement to live a healthy life?

For each Strategic Issue, a Data Brief was prepared that summarized, by MiThrive Region, the results of the four assessments. Please visit MiTHRIVE – Northern Michigan CHIR for North Central Data Briefs, as well as county-level data.

MiThrive Data Briefs

- ✓ Assessment Snapshot
- ✓ Navigation Guide
- ✓ Acronym Key
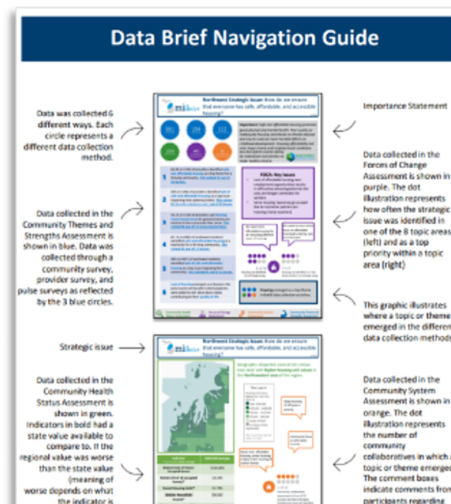
In December, Data Walk and Priority-Setting Events were convened for the three MiThrive Regions. During these live events, participants reviewed data and ranked priorities using common processes. The ranking process used five criteria to assess each Strategic Issue, including severity, magnitude, impact, health equity, and sustainability. Participant votes were calculated in real time during the event. This transparent process elicited robust conversation and participants opted to combine some issued given the interconnected nature of topics.

The final top-ranked Strategic Issues in the North Central Region are as follows:

1. How do we increase access to **quality behavioral health services** while increasing resiliency and wellbeing for all?
2. How do we increase **access to health care**?
3. How do we **reduce chronic disease rates** in the region?
4. How do we foster a community where everyone feels **economically secure**?

Next Steps

Now that the MiThrive Community Health Needs Assessment is complete, MiThrive Workgroups will be developing Community Health Improvement Plans for the top-ranked priorities in their region and overseeing their implementation. If you are interested in joining the North Central MiThrive Workgroup, please email mithrive@northernmichiganchir.org