Community Health Needs Assessment

Corewell Health Ludington Hospital

The Corewell Health Ludington Hospital Community Health Needs Assessment was adopted by the Corewell Health West Michigan Board in November 2025.

Corewell Health™

About us

People are at the heart of everything we do, and the inspiration for our legacy of outstanding outcomes, innovation, strong community partnerships, philanthropy and transparency. Corewell Health is a not-for-profit health system that provides health care and coverage with an exceptional team of 65,000+ dedicated people — including more than 12,000 physicians and advanced practice providers and more than 15,500 nurses providing care and services in 21 hospitals, 300+ outpatient locations and several post-acute facilities — and Priority Health, a provider-sponsored health plan serving more than 1.3 million members. Through experience and collaboration, we are reimagining a better, more equitable model of health and wellness. For more information, visit **corewellhealth.org**.

Community Health Needs Assessment Exhibit A

The focus of this Community Health Needs Assessment (CHNA) is to identify the community needs as they exist during the assessment period (2024), understanding fully that they will be continually changing in the months and years to come. For this Community Health Needs Assessment, "community" is defined by the counties the Corewell Health Ludington Hospital's primary service area covers: Mason and Oceana counties. The target population of the assessment reflects an overall representation of the community served by these hospital facilities. The information contained in this report is current as of the date of the CHNA, with updates to the assessment anticipated every three years in accordance with the Patient Protection and Affordable Care Act and Internal Revenue Code 501(r). This CHNA complies with the requirements of the Internal Revenue Code 501(r) regulations either implicitly or explicitly.

Evaluation of impact of actions taken to address health needs in previous CHNA Appendix J

Attached in Appendix J is an evaluation of the impact of any actions that were taken, since the hospital facilities finished conducting their immediately preceding CHNA, to address the significant health needs identified in the hospital facilities' prior CHNA.

2024-2026 Community Health Needs Assessment

Corewell Health Ludington Hospital

Mason and Oceana Counties

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

Benzie-Leelanau DISTRICT HEALTH DEPARTMENT
Caring for our Communities

Central Michigan District Health Department
Promoting Healthy Families, Healthy Communities

Corewell Health

District Health Department No. 2
www.dhd2.org

District Health Department No. 4
Prevent. Promote. Protect.

District Health Department #10
Healthy People, Healthy Communities

GRAND TRAVERSE COUNTY
Health Department

HEALTH DEPARTMENT of Northwest Michigan

McLaren

MICHIGAN OFFICE OF RURAL PROSPERITY

MUNSON HEALTHCARE

My Michigan Health
UNIVERSITY OF MICHIGAN HEALTH

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, Round Tables, for their leadership and commitment.

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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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Table of Contents

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 well-being of 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' framework called, Mobilizing Action Through Panning and Partnership (MAPP). MiThrive combines existing data with insights from residents, community organizations and health care 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 equity by identifying urgent health issues in a community 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 well-being in Northern Lower Michigan, specifically Mason and Oceana 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 2024-2026 MiThrive Community Health Needs Assessment utilized three regions: Northwest, Northeast and North Central. 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.

WHY A REGIONAL APPROACH?

Maximize Resources

Produce High-Quality County-Level Data That's Comparable Across the Region

Strengthen Partnerships

Better Understand Local & Regional Patterns

Leverage Collective Wisdom Across the Region

Align Priorities & Strategies
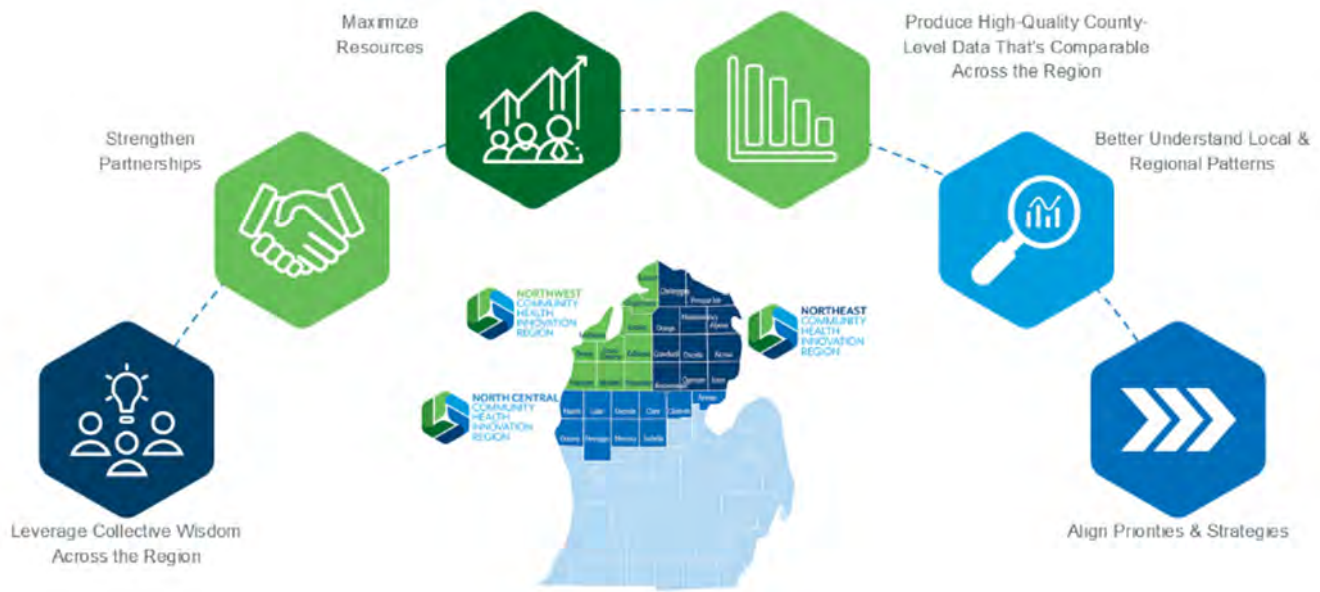
The service area for Corewell Ludington Hospital includes Mason and Oceana counties. Mason and Oceana counties are included in the North Central Region. The North Central Region also consists of Arenac, Clare, Gladwin, Isabella, Lake, Mecosta, Newaygo and Osceola counties.

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 strategic issues, MiThrive combined 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 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 consisted 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 photos, Asset Maps and quotes collected from residents.

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 change. By fostering collaboration, the CPA strengthens the network of community partners working toward health equity. The MiThrive CPA consisted of a Community Partner Survey and live virtual events for discussion.

MiThrive Data Snapshot

63 Residents submitted 140 Photos Captured 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

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 nine priority issues in the North Central Region. On Dec. 17, 2024, 60 residents and community partners participated in the MiThrive North Central Data Walk and Priority Setting Event. Using a criteria-based process that included severity, magnitude, impact, sustainability, achievability and health equity, participants ranked the North Central (NCCHIR) priorities as listed. The region decided to concentrate efforts on the top three priorities while acknowledging the importance of the others.

NCCHIR PRIORITIES	
MENTAL HEALTH	1
ACCESS TO HEALTH CARE	2
OBESITY	3
ECONOMIC SECURITY	4
EDUCATION	5
HOUSING	6
SAFETY & WELLBEING	7
ENVIRONMENT/INFRASTUCTURE	8
BROADBAND	9

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

- Mental health
- Access to health care
- Obesity

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. CHNA 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 serving a specific segment of a community to the way in which the activities of many organizations contribute to the overall health and well-being of the community residents and community health improvement.

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 achieve health equity by identifying urgent health issues in a community and aligning community resources. MAPP defines health equity as the 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 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.

MAPP PHASE 2: Tell the Community Story emphasizes the need for a complete, accurate and timely understanding of community health and well-being 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 photos, 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; and collective capacity as a network of community partners to address health inequities. The CPA identifies current and future actions to address health inequity at 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 the 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 barriers, no account, membership or paywalls. Whether you need data for a grant proposal, workplan, advocacy materials, business plan or data storytelling, this platform provides valuable insights to support your efforts. If you have questions regarding the MiThrive Data Platform please email **mithrive@northernmichiganchir.org**

Health Equity

According to MAPP, health equity is the assurance of conditions to achieve optimal health for all people. Optimal health includes physical, mental and social, cultural and spiritual well-being, 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, agency 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 between 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.
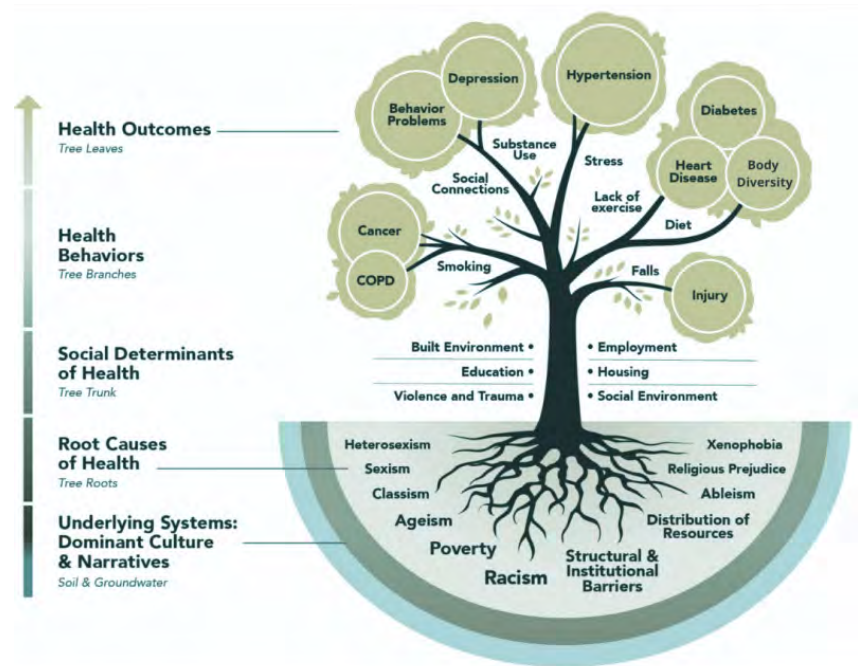
However, the **critical forces shaping health lie beneath the surface:**

- **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; 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 Support Team was assembled. Strategic partnerships were cultivated with 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 Equity 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.

MITHRIVE INFRASTRUCTURE

Northern Michigan Community Health Innovation Region (NMCHIR)

MiThrive Steering Committee

MiThrive Financial Contributor

MiThrive Supporter

Northwest CHIR Steering Committee

North Central CHIR Steering Committee

Northeast CHIR Steering Committee

MiThrive Round Tables

MiThrive Workgroups

MiThrive Core Team

Director
Coordinator Team
Epi Team
Support Staff

www.northernmichiganchir.org/mithrive

Group	Description	Activities and time commitment	Expertise and skills
MiThrive Supporter	Community members and Organization are invited to participate and provide input throughout MAPP and stay informed about the status	Stay informed, subscribe to newsletter, share and participate in assessments, host event(s)	Invites community widely to participate Prioritizes creating opportunities for communities experiencing inequalities to contribute Trusted partnerships
Subregion MiThrive WG/ Round Table	Provide local context and connection to MiThrive	Underdevelopment and codeveloped by group based on local assets, opportunities, needs, challenges	Amplifies communication Connections and alignment with local efforts
MiThrive Steering Committee Member	Gives the MAPP process directions, represents community's population and organizations, includes people with resources, community members, and people from the local public health system	Provides input and feedback on major steps of MAPP Meets regularly (monthly) or alternate Max of one per organization	Positive relationship w/ community members Represented local public health system and community Community needs and strengths
MiThrive Financial Contributor	Financially supports MiThrive CHA, data platform, accessibility, engagement efforts	Provides funds for an element or broad project	Is a funder, connections with funders, fundraising, grant writing
MiThrive Core Team	Staff on the project	Develop and implement assessments, CHA, write reports, facilitate and support prioritization	Diverse public health professional skills: Epi, communication, facilitation, project management
Northern Michigan Public Health Alliance	Northern Michigan Public Health Alliance: serves as the backbone organization to the NMCHIR and MiThrive	Backbone organization: provide staffing	Local public health perspective, public health 3.0, experience
Northern Michigan Health Consortium	Northern Michigan Health Consortium: serves as the NMCHIR and MiThrive fiduciary	Fiduciary: financial oversight, conflicts of interest management, legal compliance, transparency and accountability	Financial management, legal compliance, leadership skills, communication and transparency

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

- **Inform decision-making:** More data means better insights, enabling us to make informed decisions that address community health needs effectively.

- **Create targeted interventions:** With more data, we can identify specific health issues and develop 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 our 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 advocacy:** With robust data, we can advocate more effectively for policies and resources that benefit our community.

- **Benchmark progress:** Data allows us to 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 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.

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% 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 well-being. 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.

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

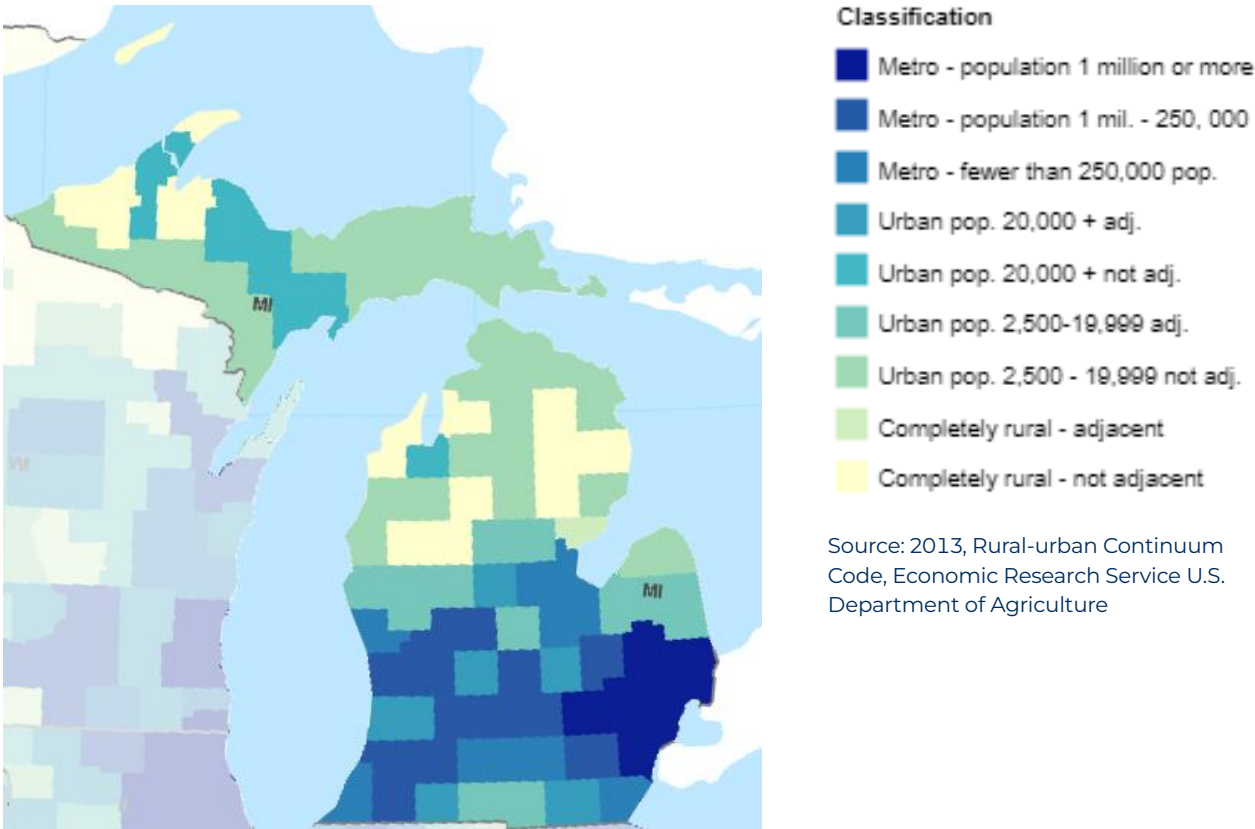## Social Vulnerability Index by Census Tract in Newaygo County
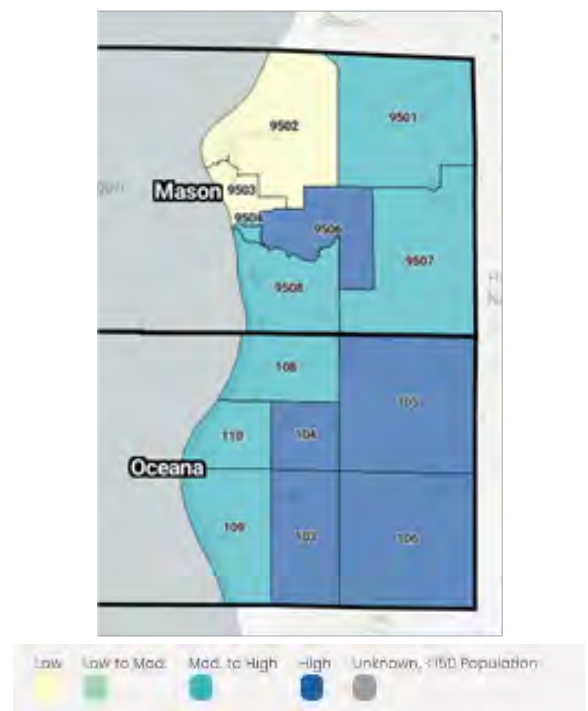
Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..
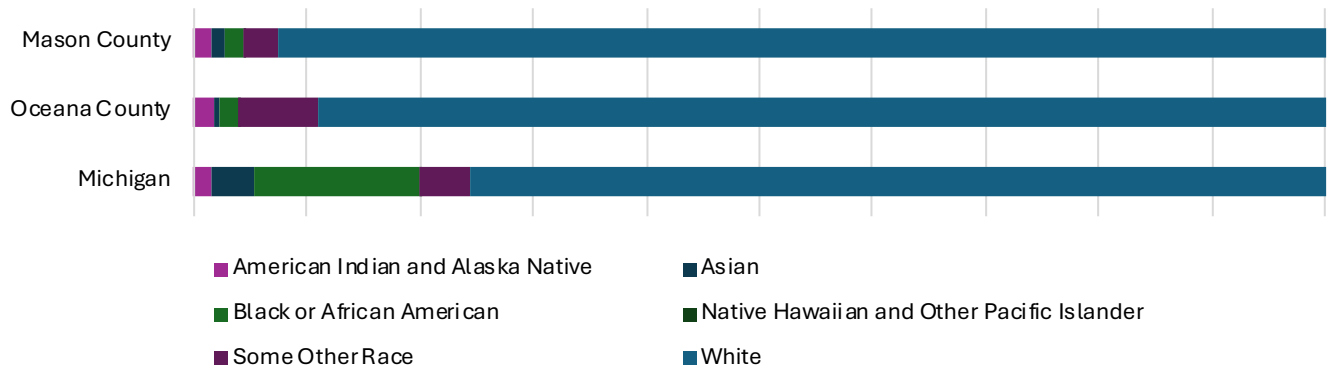
Geography and Demographics

The service area for Ludington Hospital is Mason and Oceana Counties. The county is known for its clean environment and abundant resources for outdoor recreation. Covering 1,009 square miles of land altogether, 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 well-being.

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 55,965 people who live in these counties, 96.26% are white. The largest racial minority groups are Black or African American (1.7%), American Indian and Alaska Native (1.9%) and Some Other Race (5.3%). Additionally, the largest ethnic minority group is Hispanic and Latino; Mason (5.1%), and Oceana (15.6%).

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 Ludington Hospital Service Area, United States Census Bureau, 2019-2023

Legend:
- ■ American Indian and Alaska Native
- ■ Asian
- ■ Black or African American
- ■ Native Hawaiian and Other Pacific Islander
- ■ Some Other Race
- ■ White

Mason and Oceana counties have a lower proportion of racial minority groups (3.74%) than Michigan (26%).

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

Legend:
- ■ Under 5
- ■ 5-17 years
- ■ 18-64 years
- ■ 65 years and over
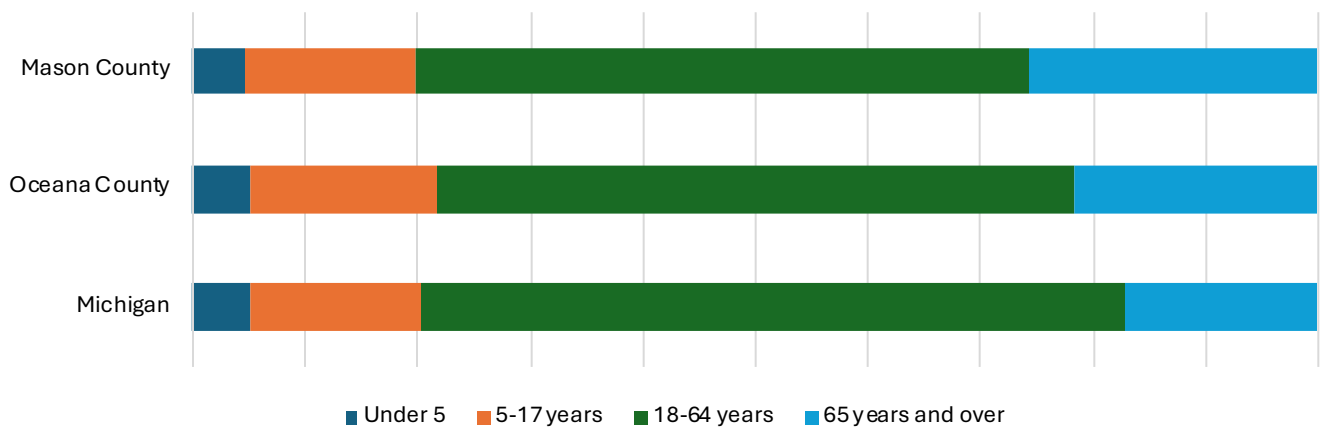
Mason and Oceana counties (25.6% and 21.8%, respectively) have higher proportions of adults over the age of 65 than Michigan overall (19.2%).
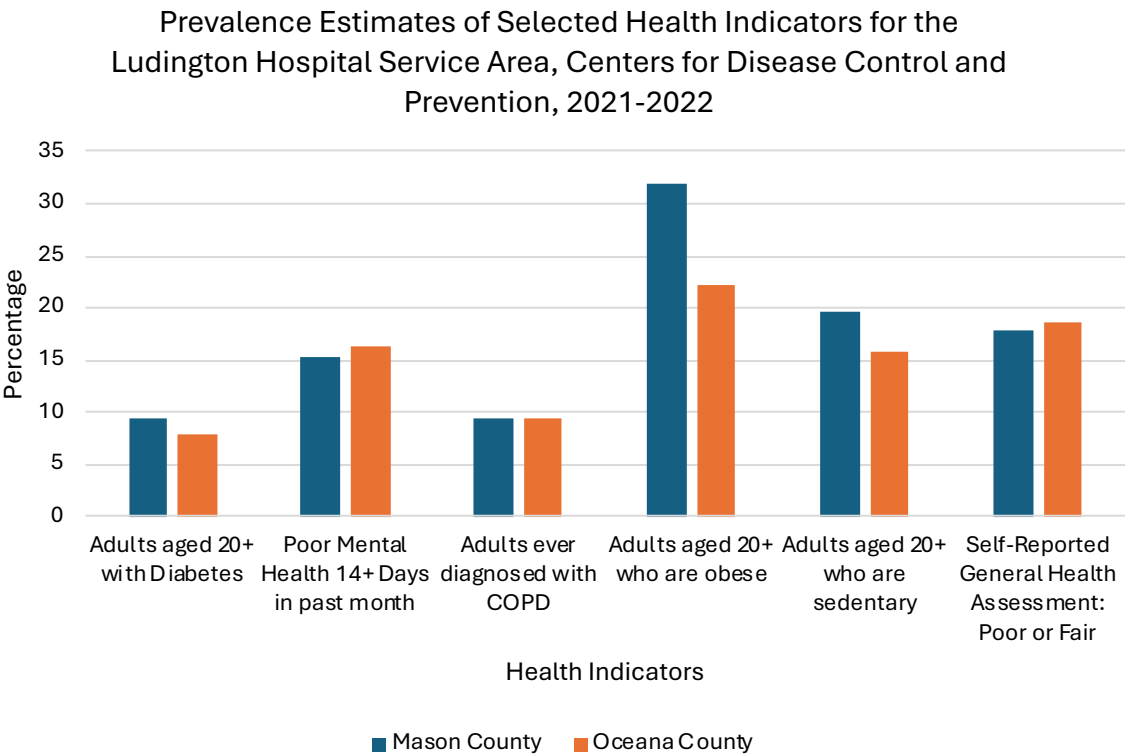
A greater proportion of people —14.2% — of the people in the region have a disability compared to the State (10.3%).

Population with Any Disability, Age 18-64, Percent by County, ACS 2018-22
- Over 16.0%
- 13.1 - 16.0%
- 10.1 - 13.0%
- Under 10.1%
- No Population Age 18-64 Reported
- No Data or Data Suppressed
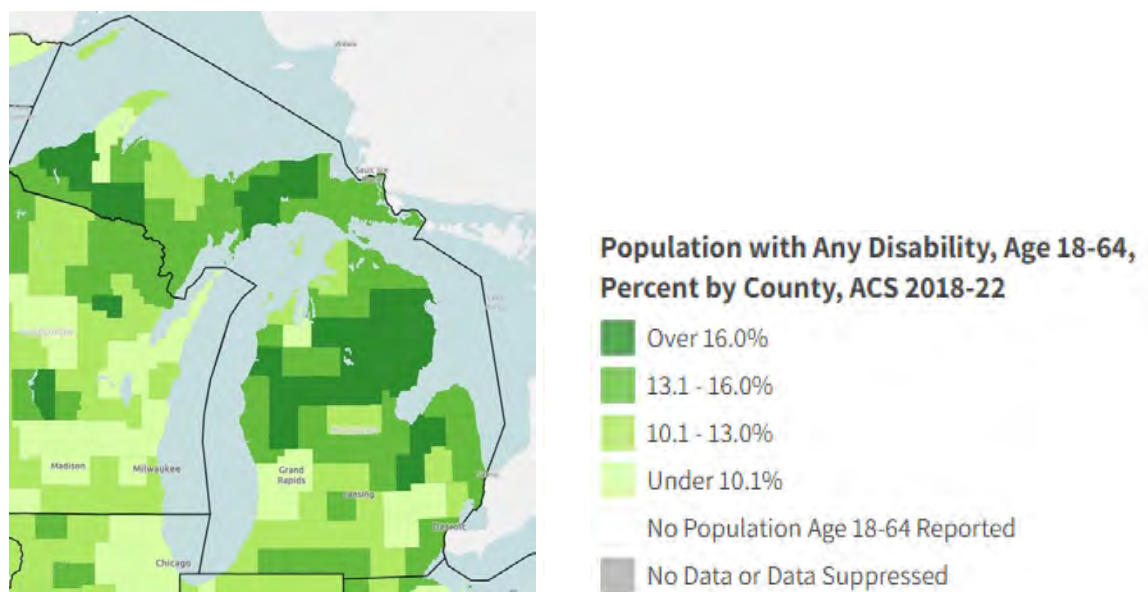
Source: United States Census Bureau, 2018-2022

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 Ludington Hospital Service Area

Prevalence Estimates of Selected Health Indicators for the Ludington Hospital Service Area, Centers for Disease Control and Prevention, 2021-2022
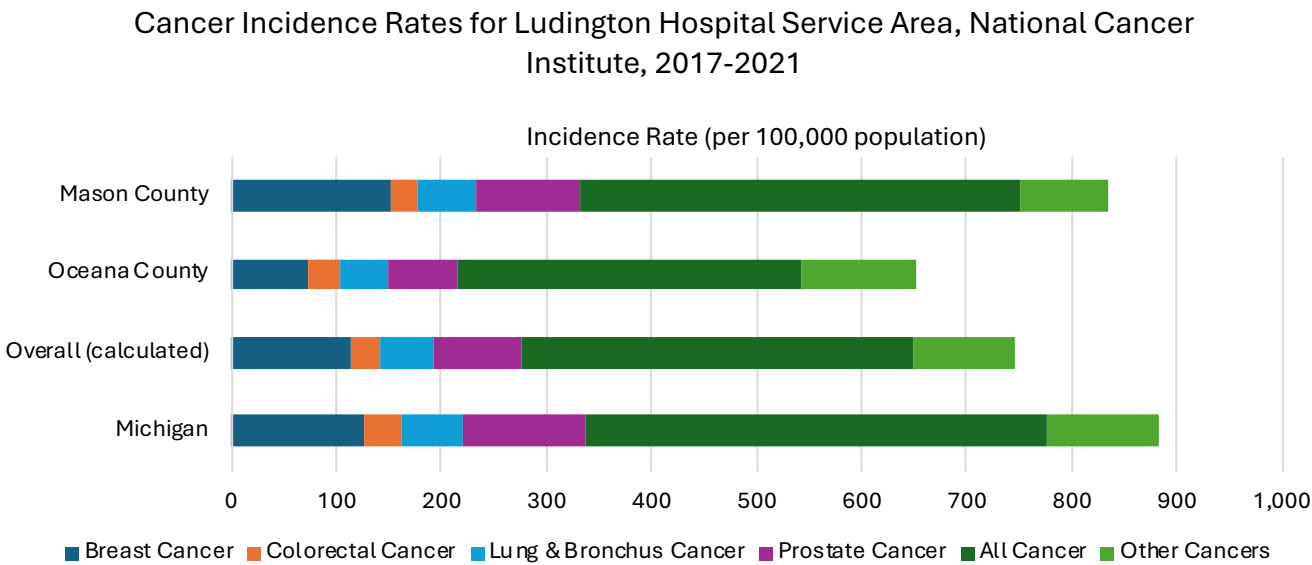
Notes: 'Poor Mental Health 14+ Days in past month' indicates the percentage of adults who stated that their mental health was not good 14 or more days in the past month, 2022.

'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.
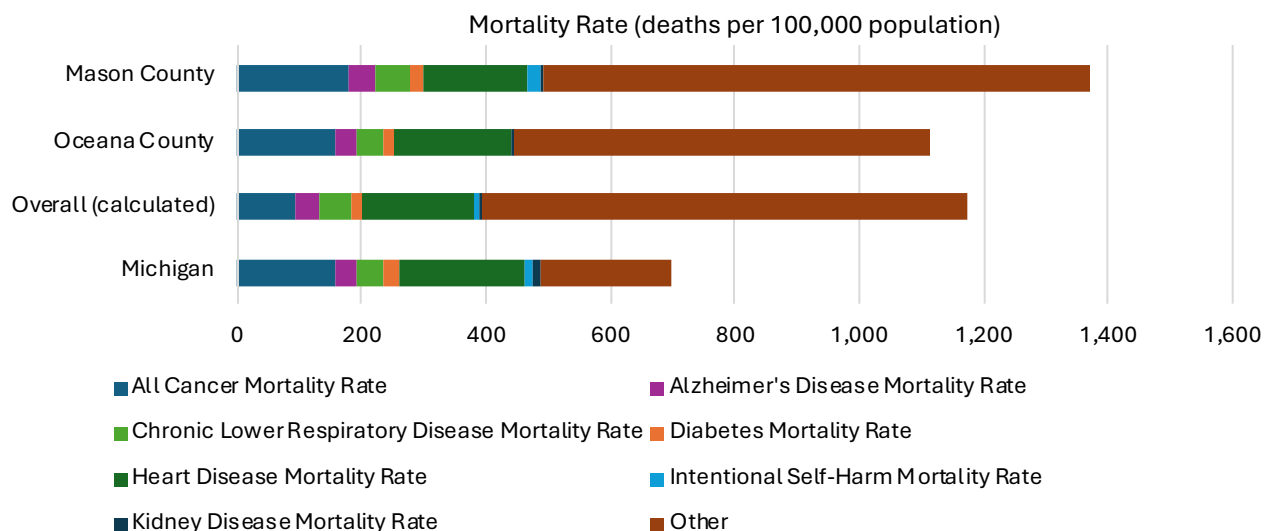
Cancer Incidence Rates for Ludington Hospital Service Area, National Cancer Institute, 2017-2021

Incidence Rate (per 100,000 population)

Legend: Breast Cancer, Colorectal Cancer, Lung & Bronchus Cancer, Prostate Cancer, All Cancer, Other Cancers

Categories: Mason County, Oceana County, Overall (calculated), Michigan

Note: Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 U.S. 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 U.S. 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 Ludington Hospital Service Area, MDHHS Vital Statistics, 2018 -2022

Mortality Rate (deaths per 100,000 population)

Legend:
- All Cancer Mortality Rate
- Alzheimer's Disease Mortality Rate
- Chronic Lower Respiratory Disease Mortality Rate
- Diabetes Mortality Rate
- Heart Disease Mortality Rate
- Intentional Self-Harm Mortality Rate
- Kidney Disease Mortality Rate
- Other

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

Mortality Rate (per 100,000)

Legend:
- Alcohol-Induced Mortality Rate
- Drug-Induced Mortality Rate
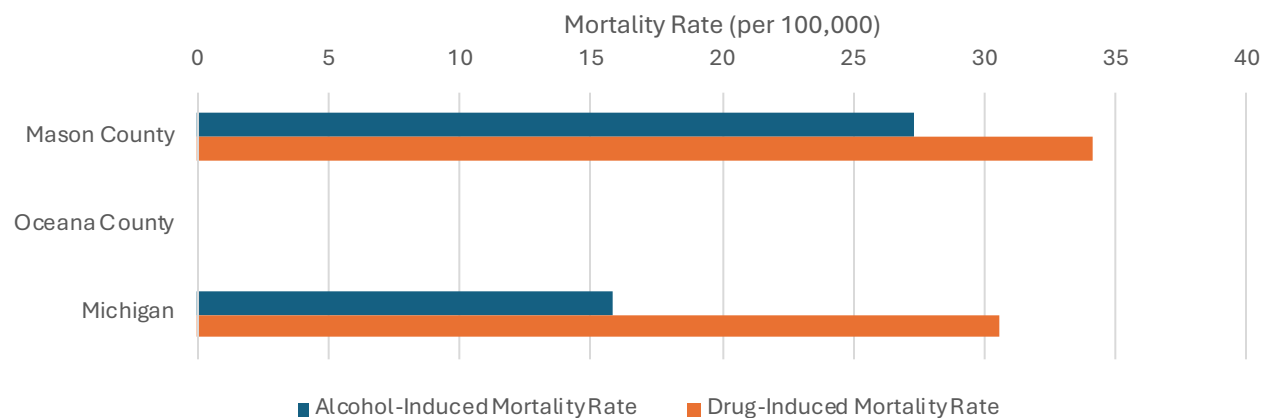
Note: Data from Oceana County was suppressed due to low response levels and has been omitted from this graph.

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

Legend: 0.0-4.9, 5.0-9.9, 10.0-19.9, 20.0-100.0
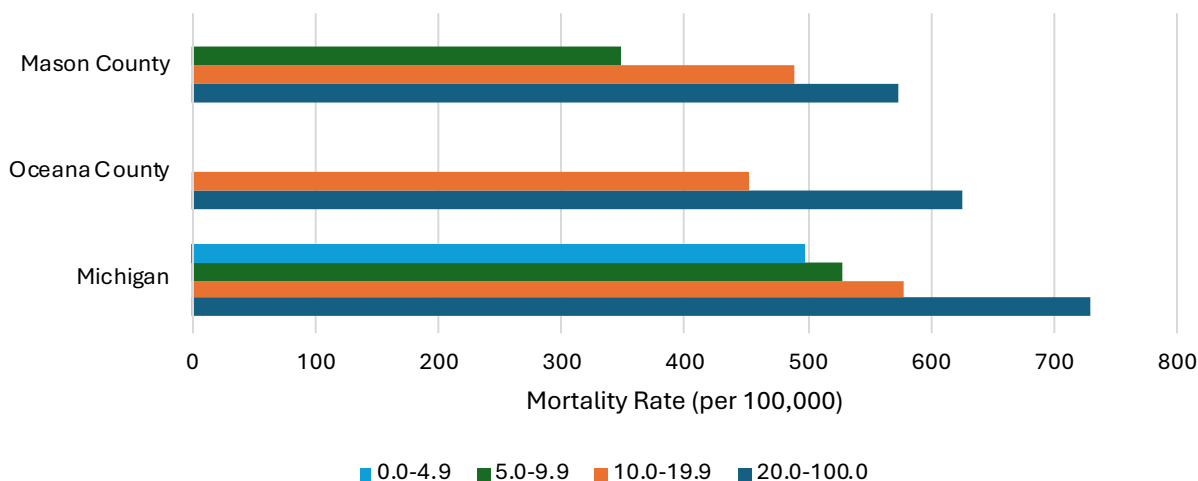
Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by U.S. Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.

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

Legend: Michigan, Oceana County, Mason County
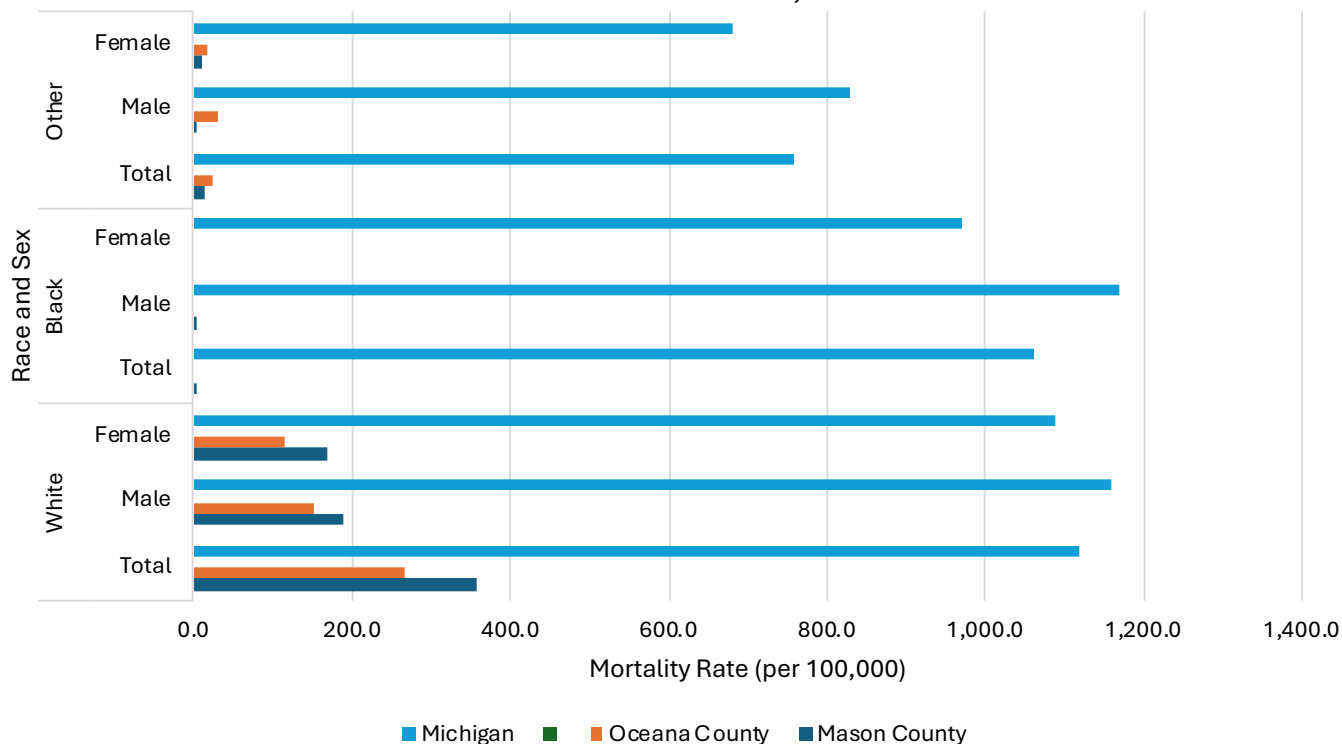
Community Survey

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, 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?
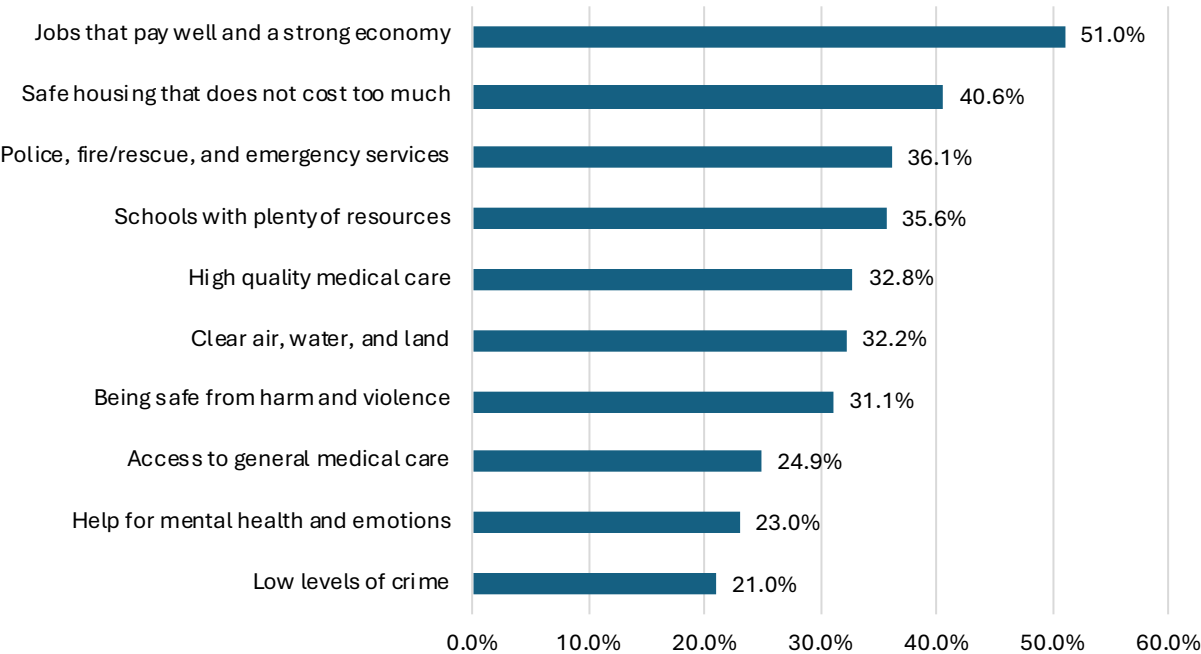- What assets are in the community that can be used to improve well-being?

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 Aug. 12, 2024 to Oct. 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 361 responses coming from Mason and Oceana counties.

A total of **361 Community Survey** responses were collected in Mason and Oceana counties.
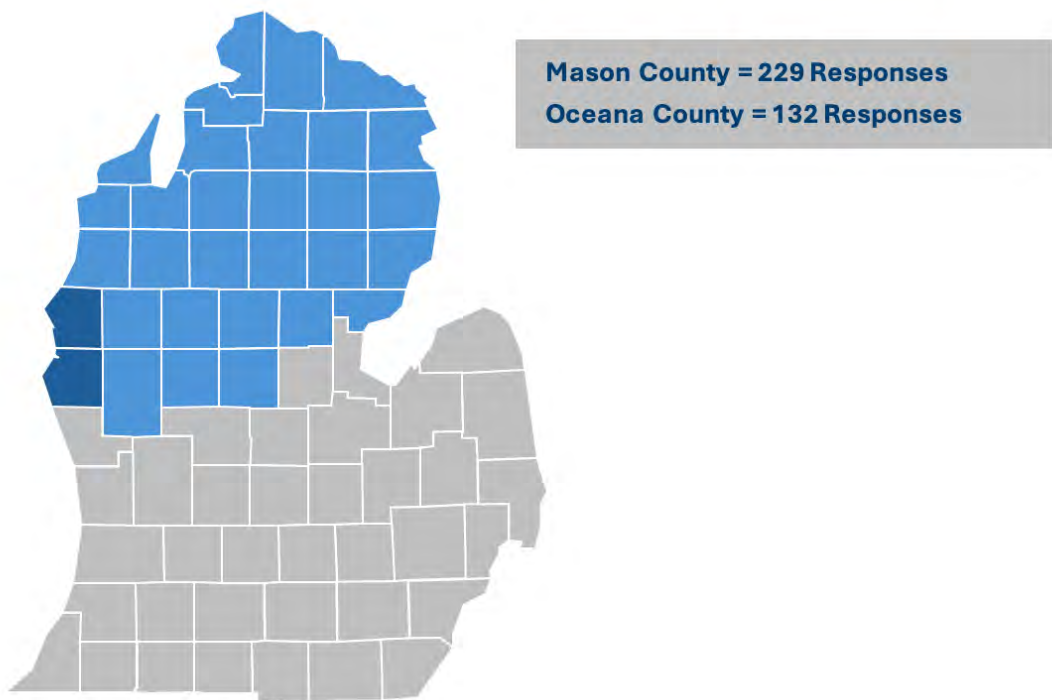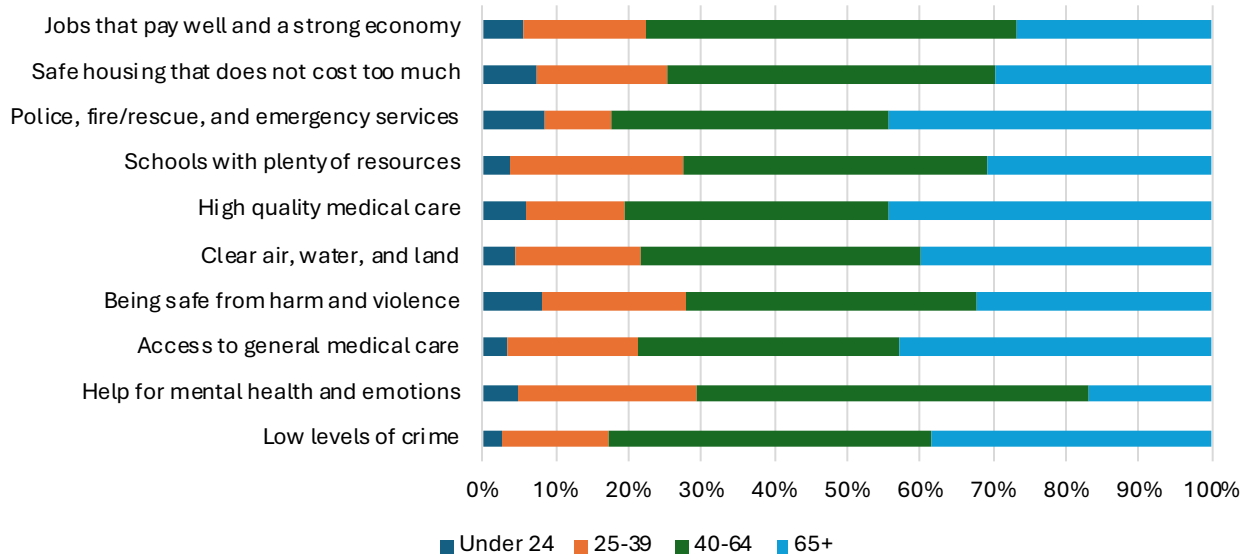

Mason County = 229 Responses
Oceana County = 132 Responses

Top Ten Factors for a Thriving Community as Identified by Mason and Oceana Residents, MiThrive Community Health Survey, 2024 (n=361)

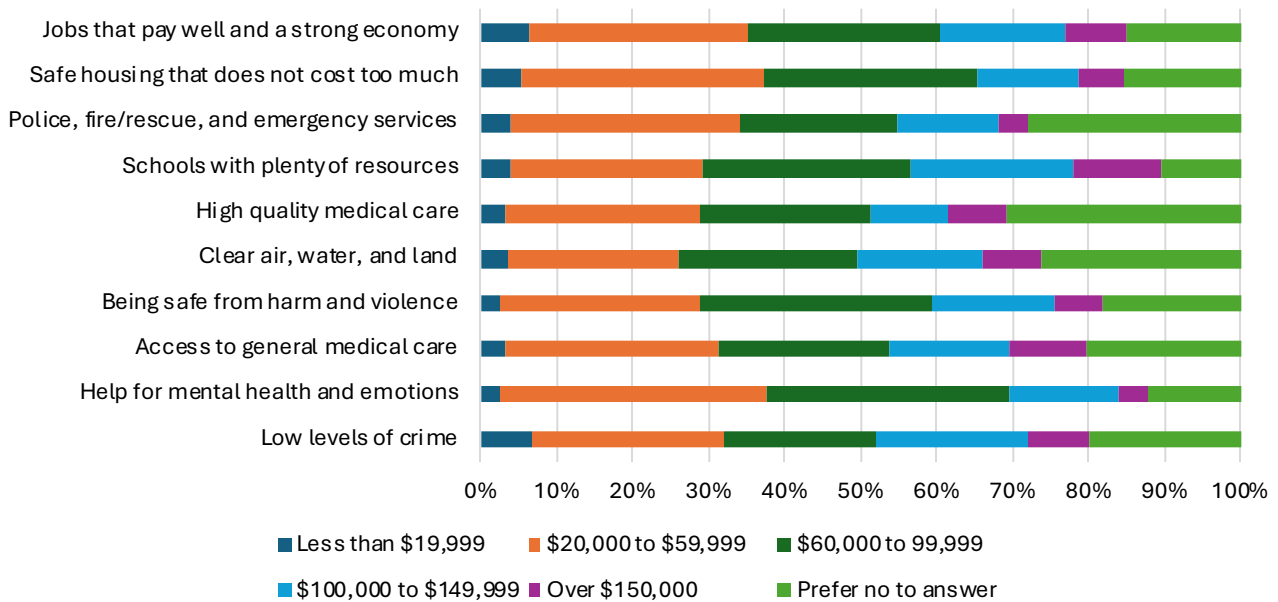| Factor	Percentage
Jobs that pay well and a strong economy	51.0%
Safe housing that does not cost too much	40.6%
Police, fire/rescue, and emergency services	36.1%
Schools with plenty of resources	35.6%
High quality medical care	32.8%
Clear air, water, and land	32.2%
Being safe from harm and violence	31.1%
Access to general medical care	24.9%
Help for mental health and emotions	23.0%
Low levels of crime	21.0%

Note: This figure, "Top Ten Factors for a Thriving Community", 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 Mason and Oceana Residents by Age in Years, MiThrive Community Survey, 2024 (n=361)

Legend: Under 24 | 25-39 | 40-64 | 65+

A greater proportion of individuals between **40 and 64 years of age** responded that **help for mental health and emotions** was an important factor for a thriving community.

Top Ten Factors for a Thriving Community as Identified by Mason and Oceana Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=361)

Legend: Less than $19,999 | $20,000 to $59,999 | $60,000 to 99,999 | $100,000 to $149,999 | Over $150,000 | Prefer no to answer

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 Mason and Oceana Residents by Insurance Type, MiThrive Community Survey, 2024 (n=361)
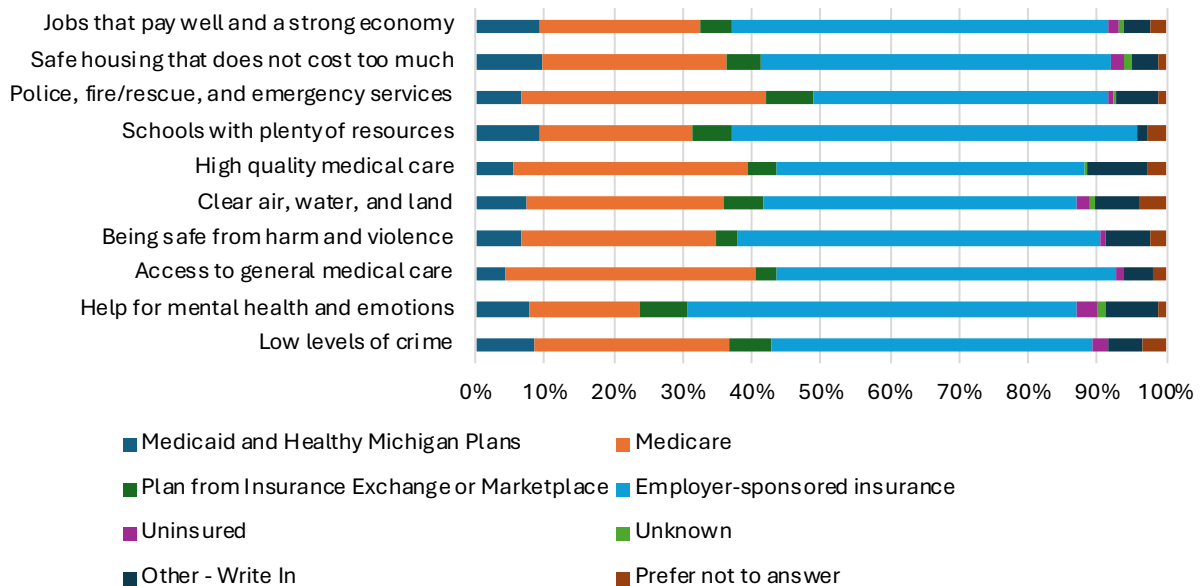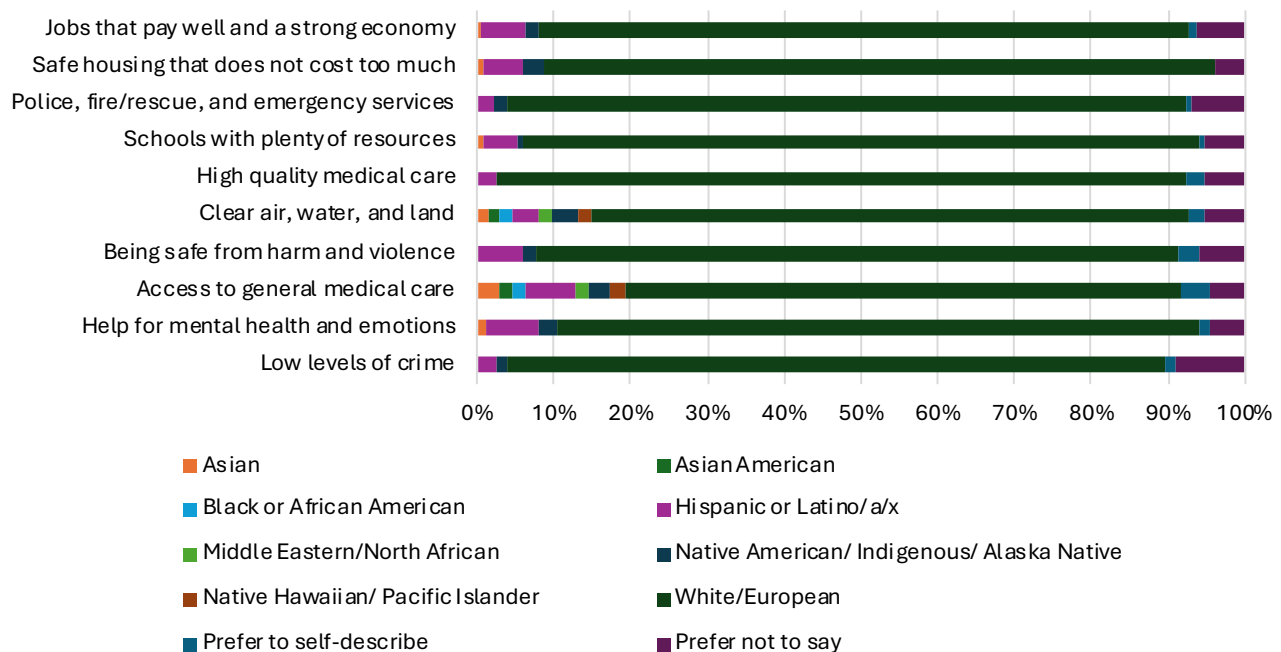

Legend:
- Medicaid and Healthy Michigan Plans
- Medicare
- Plan from Insurance Exchange or Marketplace
- Employer-sponsored insurance
- Uninsured
- Unknown
- Other - Write In
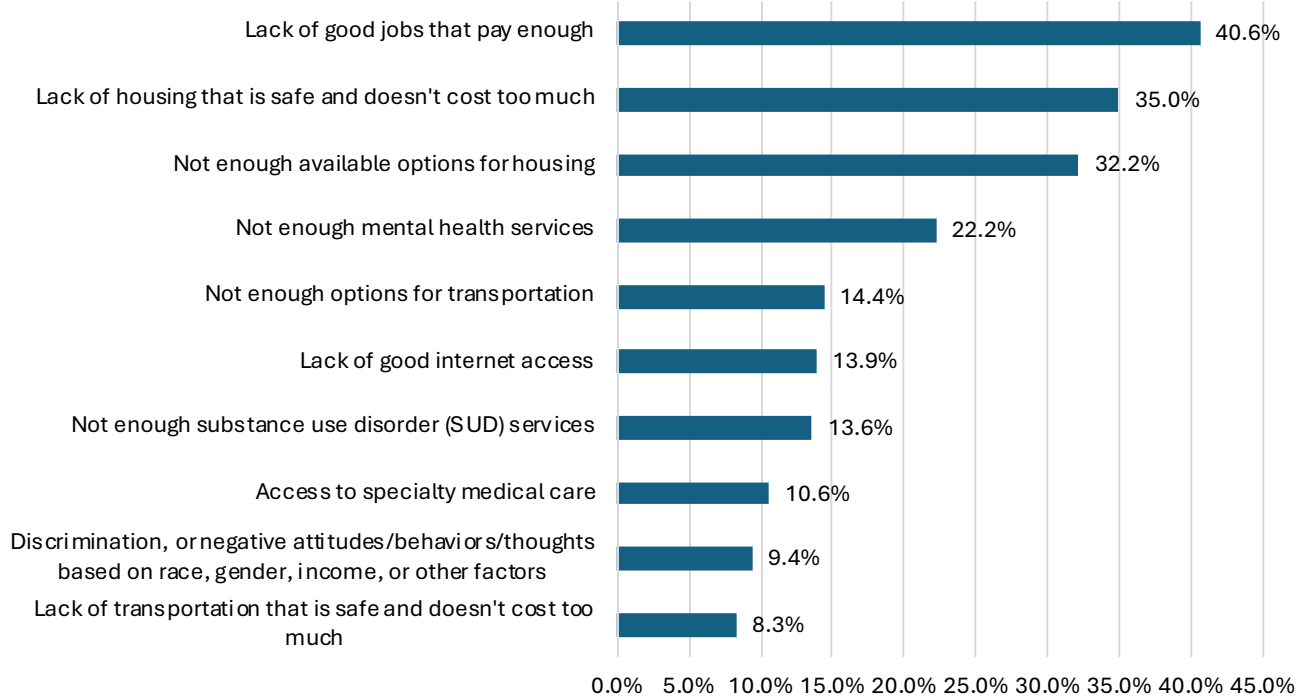- Prefer not to answer

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

Top Ten Factors for a Thriving Community as Identified by Mason and Oceana Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=361)

Legend:
- Asian
- Asian American
- Black or African American
- Hispanic or Latino/a/x
- Middle Eastern/North African
- Native American/ Indigenous/ Alaska Native
- Native Hawaiian/ Pacific Islander
- White/European
- Prefer to self-describe
- Prefer not to say

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 Mason and Oceana Residents, MiThrive Community Health Survey, 2024 (n=361)

| Issue	Percentage
Lack of good jobs that pay enough	40.6%
Lack of housing that is safe and doesn't cost too much	35.0%
Not enough available options for housing	32.2%
Not enough mental health services	22.2%
Not enough options for transportation	14.4%
Lack of good internet access	13.9%
Not enough substance use disorder (SUD) services	13.6%
Access to specialty medical care	10.6%
Discrimination, or negative attitudes/behaviors/thoughts based on race, gender, income, or other factors	9.4%
Lack of transportation that is safe and doesn't cost too much	8.3%

This figure, "Top Ten Issues Impacting the Community", 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 Mason and Oceana Residents by Age in Years, MiThrive Community Survey, 2024 (n=361)
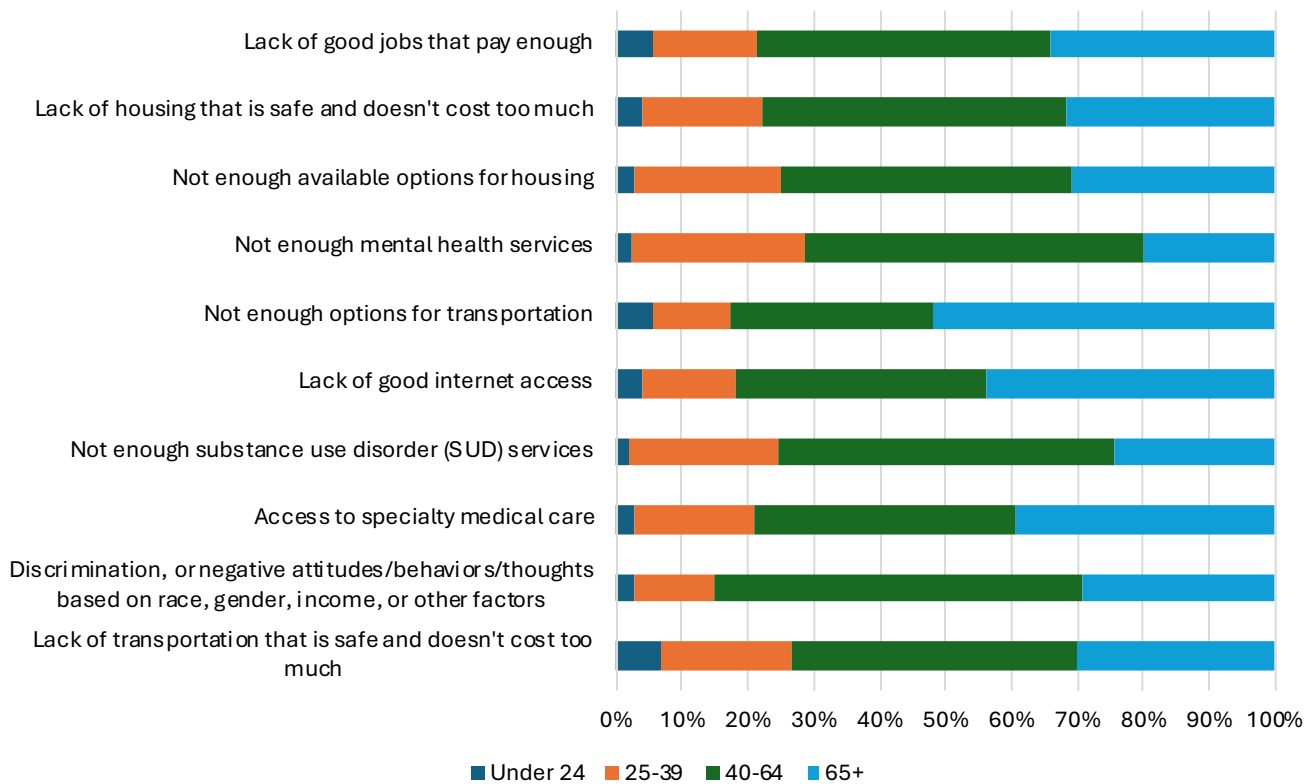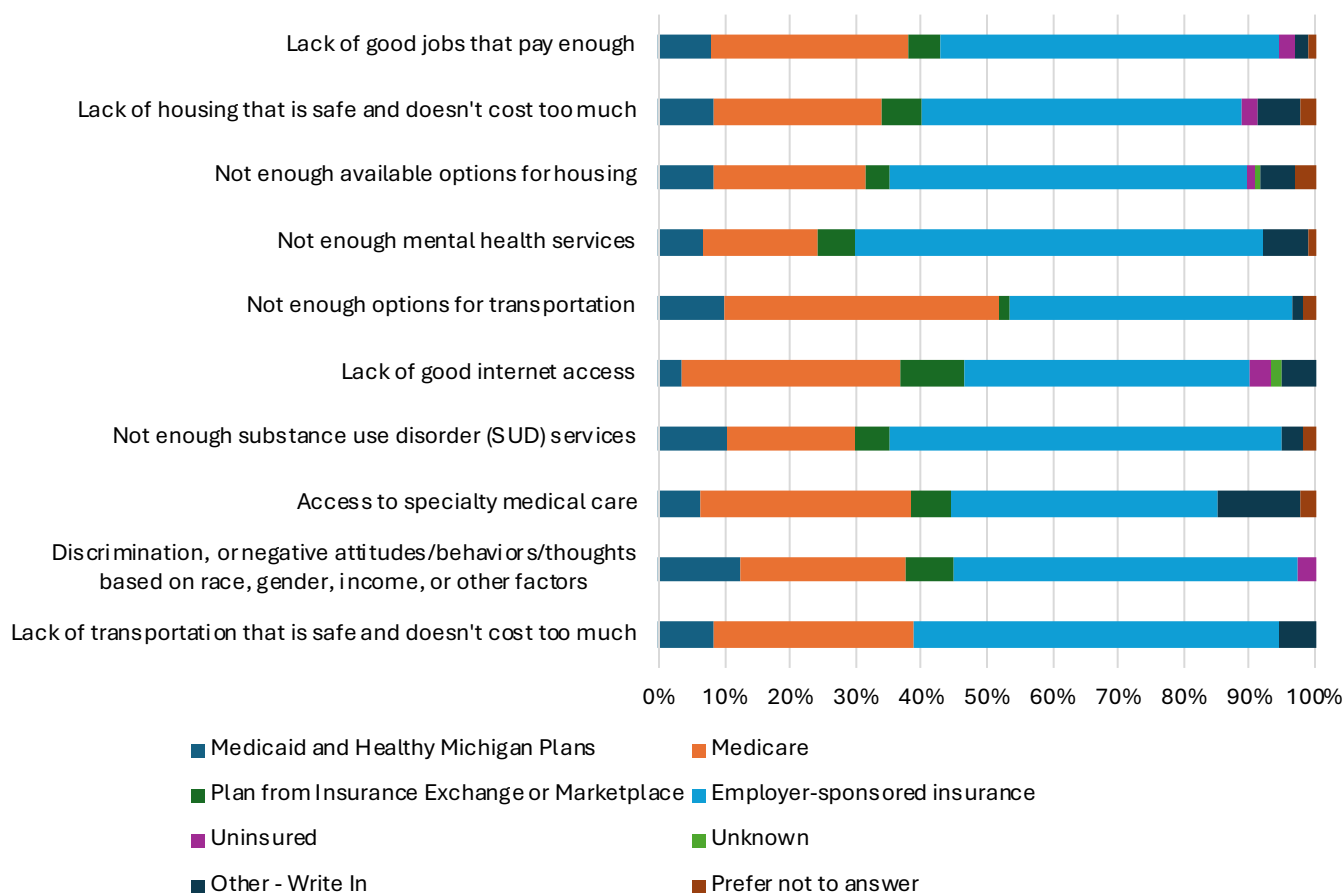

Residents **under the age of 40** disproportionately identified having **not enough mental health services** as a major issue in their community.

Top Ten Issues Impacting the Community as Identified by Mason and Oceana Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=361)
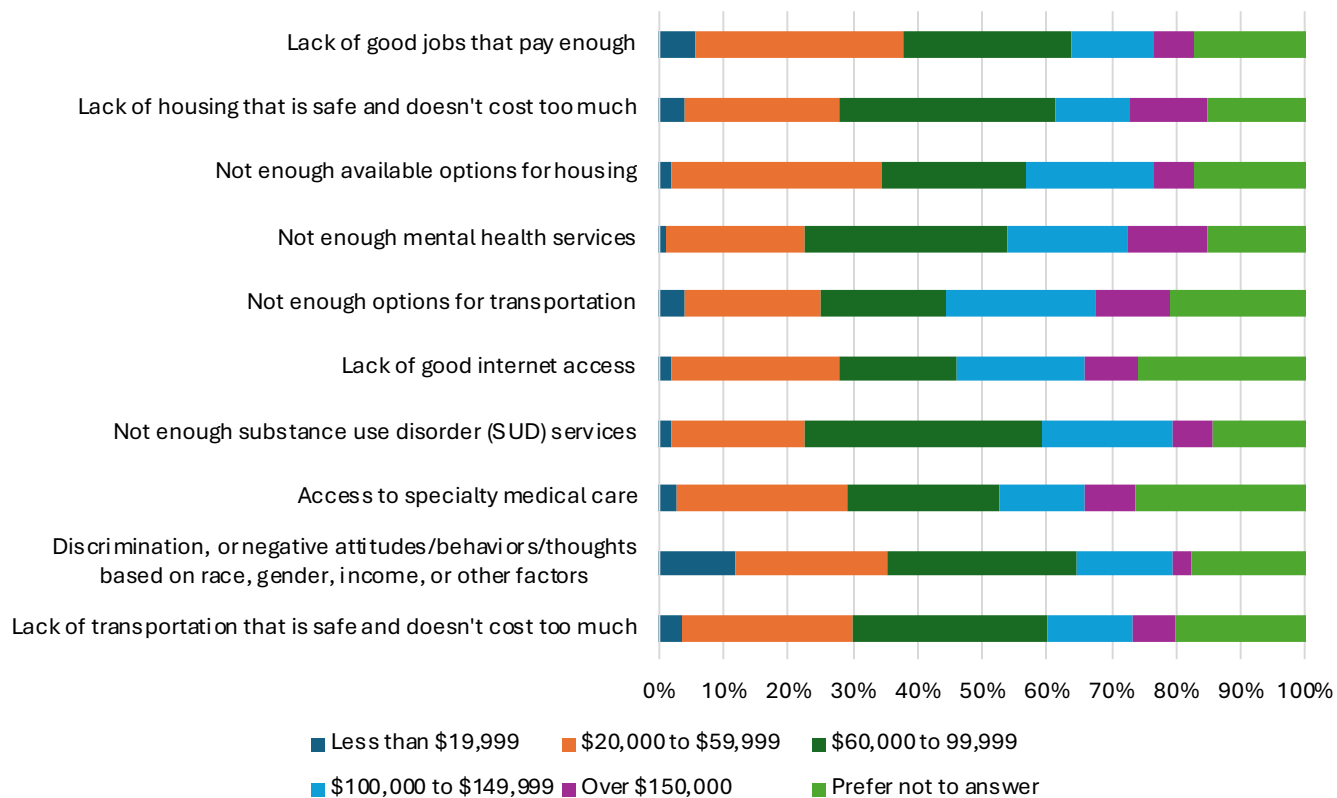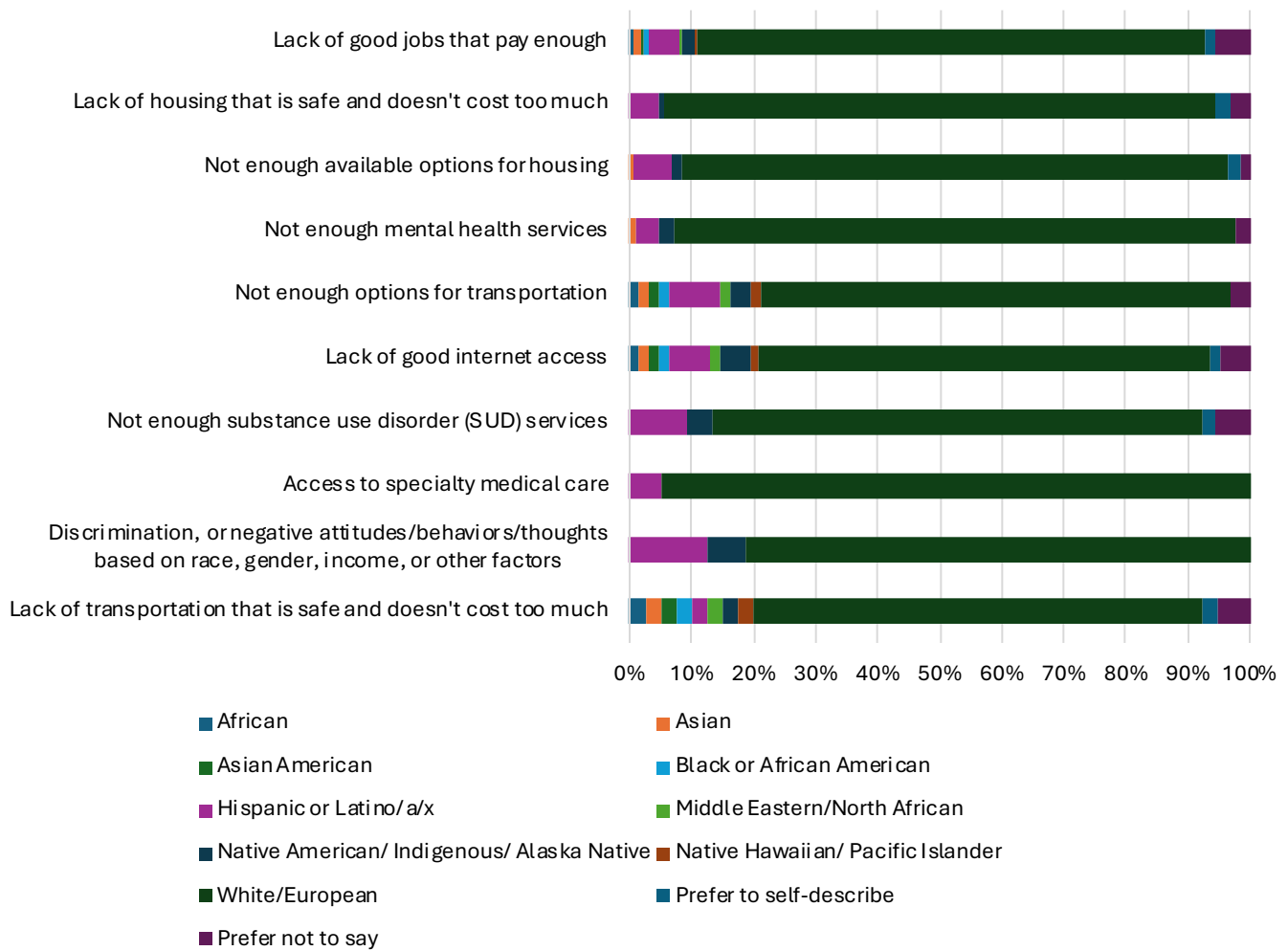
Issues with **discrimination or negative attitudes toward other groups** was an important issue for respondents making **less that $20,000 a year** in their household.

Top Ten Issues Impacting the Community as Identified by Mason and Oceana Residents by Insurance Type, MiThrive Community Survey, 2024 (n=361)

Legend:
- Medicaid and Healthy Michigan Plans
- Medicare
- Plan from Insurance Exchange or Marketplace
- Employer-sponsored insurance
- Uninsured
- Unknown
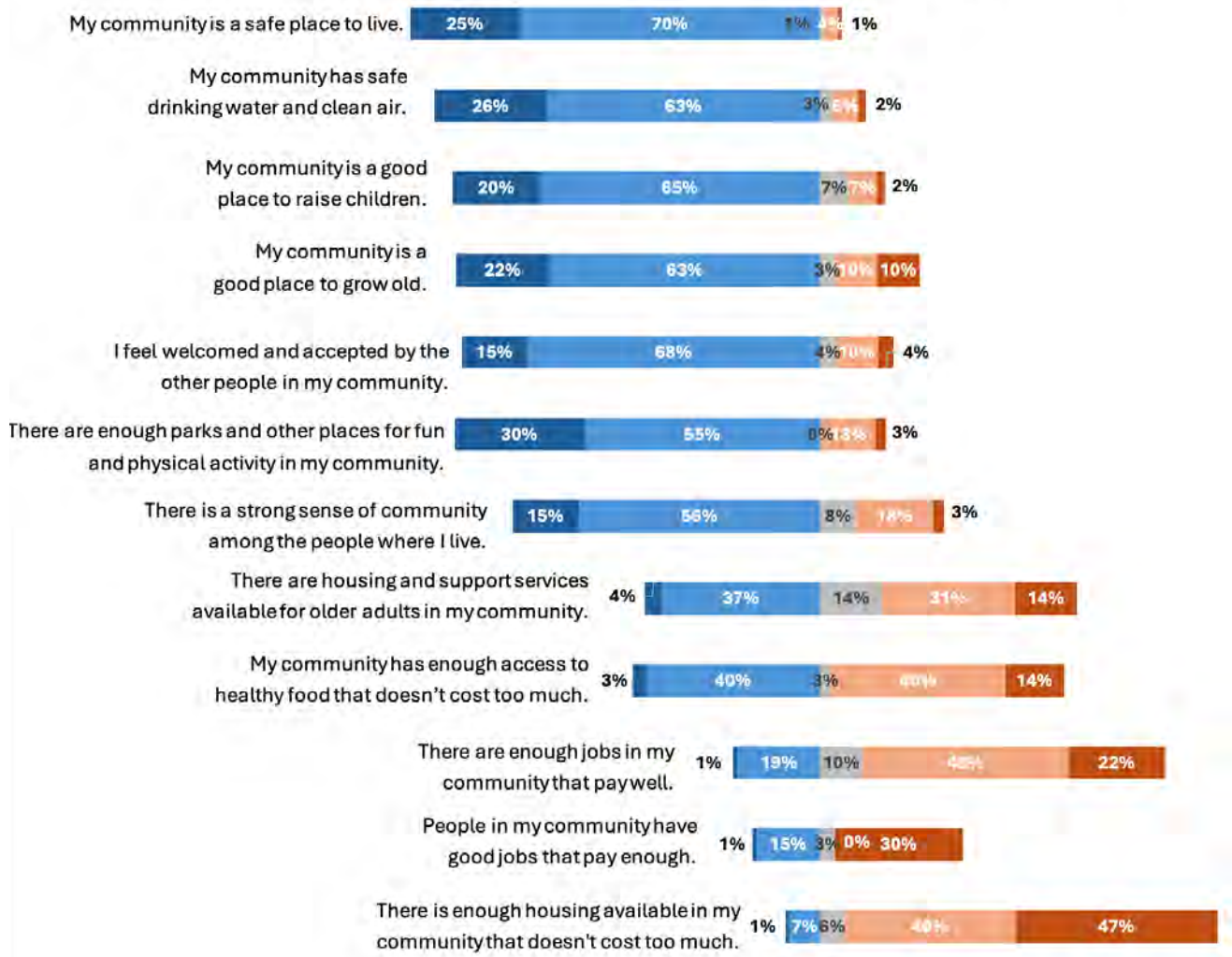- Other - Write In
- Prefer not to answer

Residents with **Medicaid** or **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 Mason and Oceana Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=361)

Legend:
- African
- Asian
- Asian American
- Black or African American
- Hispanic or Latino/a/x
- Middle Eastern/North African
- Native American/ Indigenous/ Alaska Native
- Native Hawaiian/ Pacific Islander
- White/European
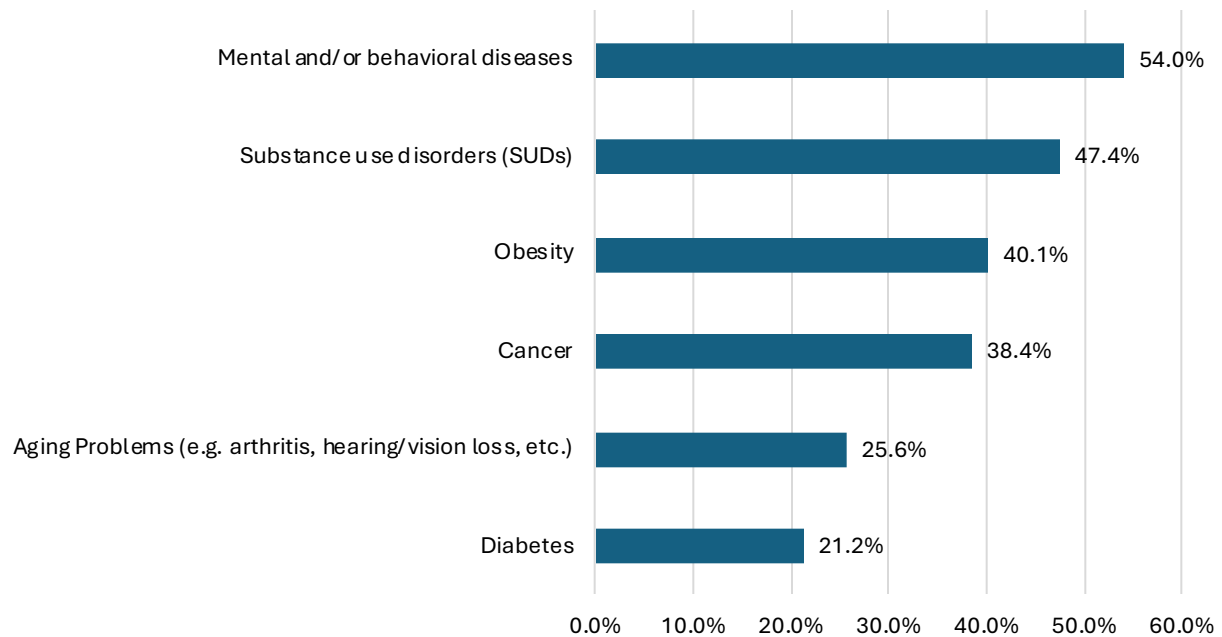- Prefer to self-describe
- Prefer not to say

Lack of transportation that doesn't cost too much, not enough options for transportation and **lack of good internet access** were all important issues for respondents who identified as members of a **racial or ethnic minority group**.

Responses to Likert Scale Questions as Identified by Mason and Oceana Residents, MiThrive Community Survey, 2024 (n=361)
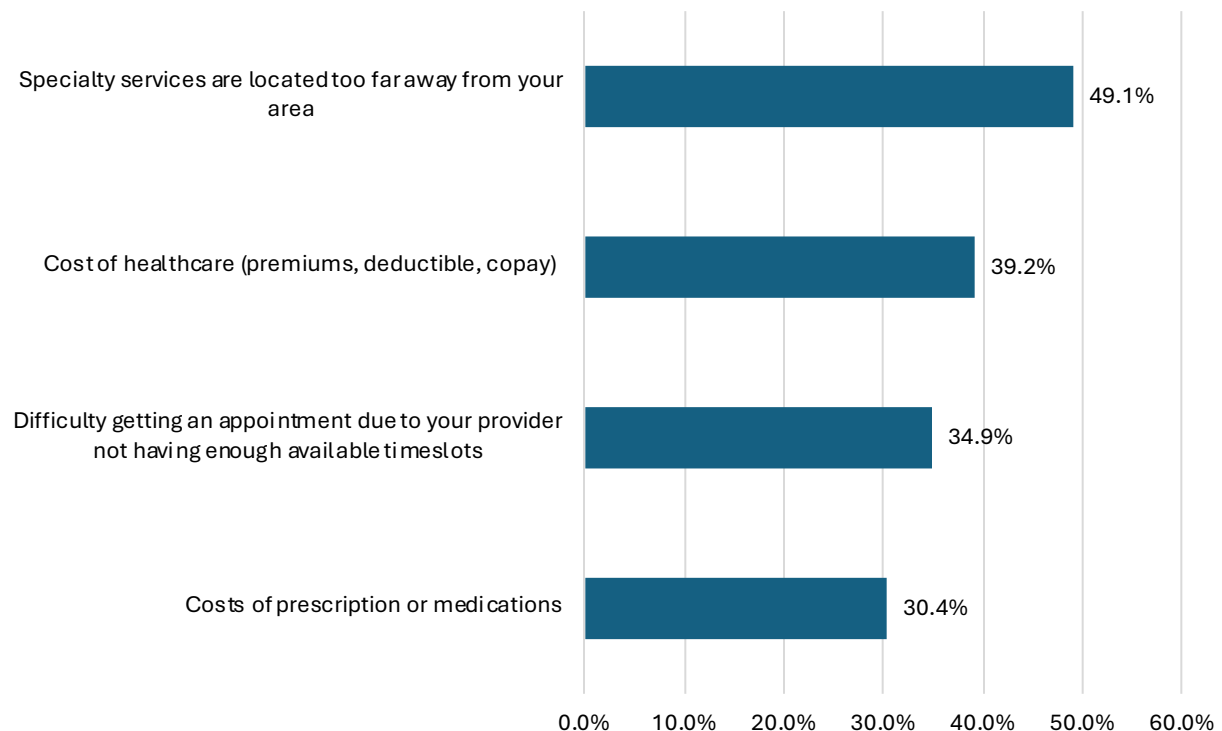
Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
My community is a safe place to live.	25%	70%	1%	3%	1%
My community has safe drinking water and clean air.	26%	63%	3%	5%	2%
My community is a good place to raise children.	20%	65%	7%	7%	2%
My community is a good place to grow old.	22%	63%	3%	10%	10%
I feel welcomed and accepted by the other people in my community.	15%	68%	4%	10%	4%
There are enough parks and other places for fun and physical activity in my community.	30%	55%	0%	13%	3%
There is a strong sense of community among the people where I live.	15%	56%	8%	18%	3%
There are housing and support services available for older adults in my community.	4%	37%	14%	31%	14%
My community has enough access to healthy food that doesn't cost too much.	3%	40%	3%	40%	14%
There are enough jobs in my community that pay well.	1%	19%	10%	48%	22%
People in my community have good jobs that pay enough.	1%	15%	3%	0% 30%	
There is enough housing available in my community that doesn't cost too much.	1%	7%	6%	40%	47%

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 generally 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 housing available in the community.
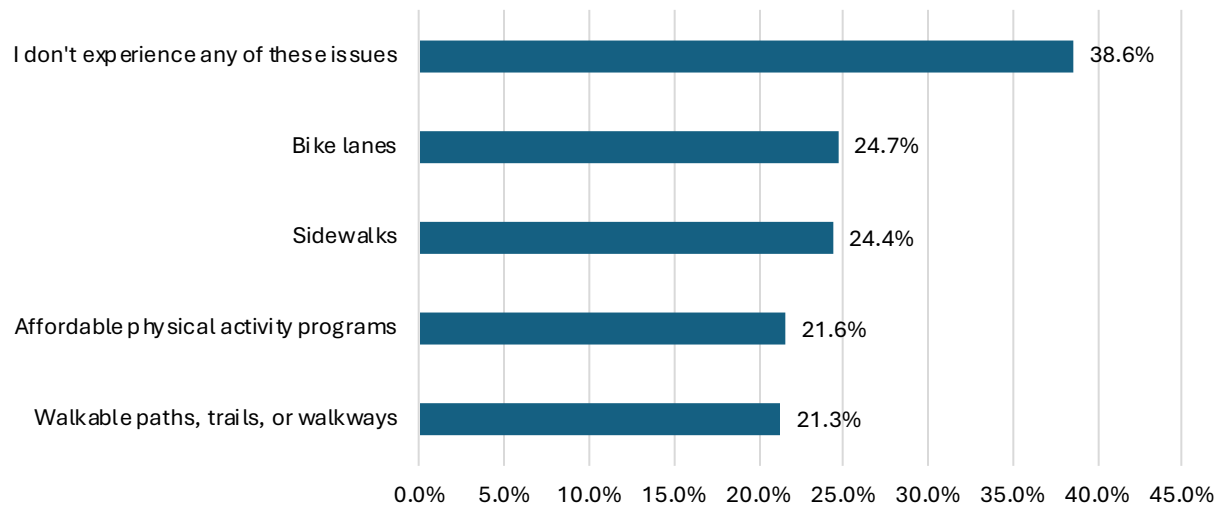
Most Concerning Medical Conditions in the Community According to Mason and Oceana Residents, MiThrive Community Survey, 2024 (n=361)

Condition	Percentage
Mental and/or behavioral diseases	54.0%
Substance use disorders (SUDs)	47.4%
Obesity	40.1%
Cancer	38.4%
Aging Problems (e.g. arthritis, hearing/vision loss, etc.)	25.6%
Diabetes	21.2%

Top Identified Barriers to Healthcare Service According to Mason and Oceana Residents, MiThrive Community Survey, 2024 (n=361)

Barrier	Percentage
Specialty services are located too far away from your area	49.1%
Cost of healthcare (premiums, deductible, copay)	39.2%
Difficulty getting an appointment due to your provider not having enough available timeslots	34.9%
Costs of prescription or medications	30.4%

Top Issues Preventing Increased Physical Activity as Identified by Mason and Oceana Residents, MiThrive Community Survey, 2024
(n=361)

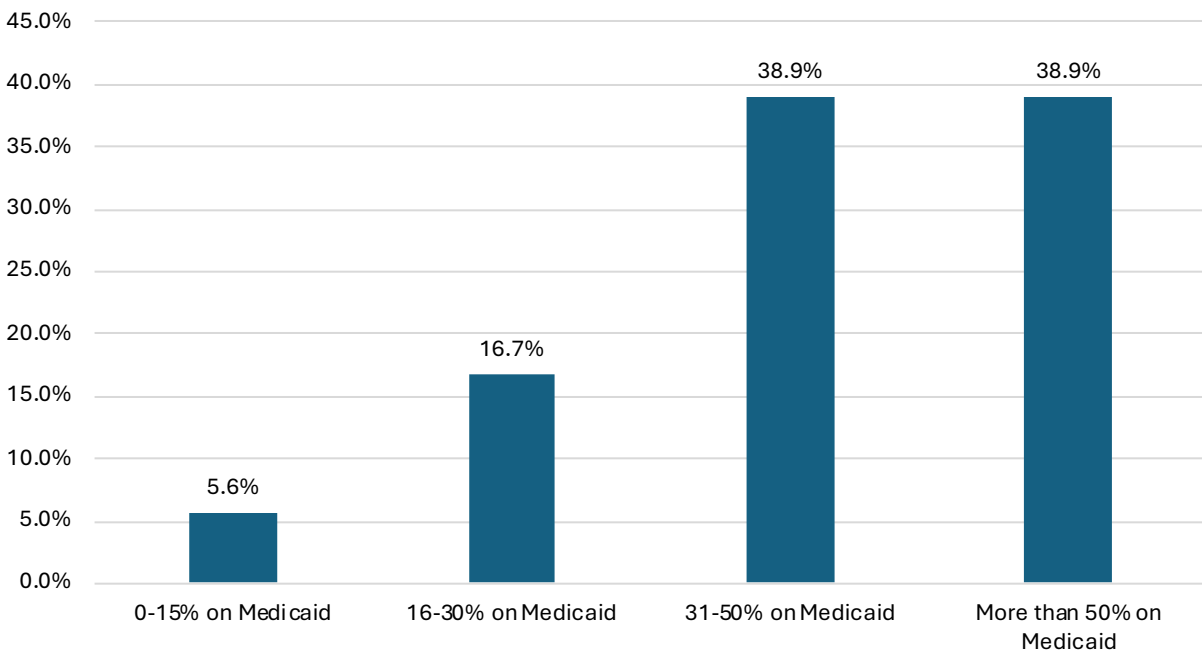| Issue	Percentage
I don't experience any of these issues	38.6%
Bike lanes	24.7%
Sidewalks	24.4%
Affordable physical activity programs	21.6%
Walkable paths, trails, or walkways	21.3%

Health Care Provider Survey

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

Health care 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 64 providers completed the health care provider section of the community survey in Mason and Oceana counties.
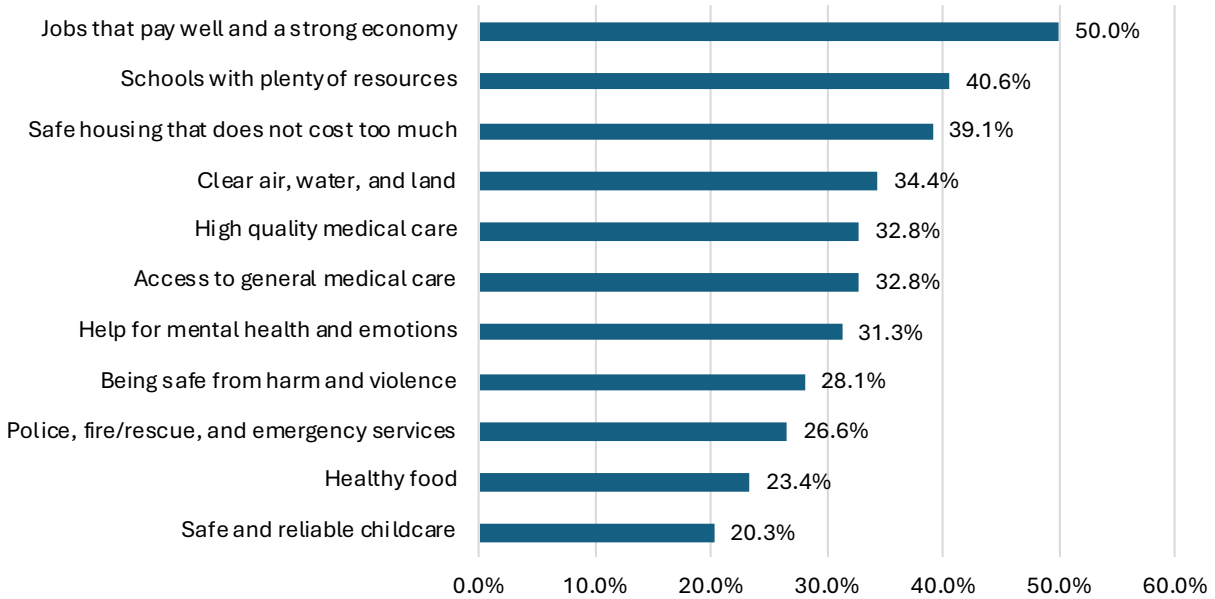
Top Roles of Survey Respondents that Identfied as Provider/Health Care Staff in Mason and Oceana Counties, MiThrive Community Survey, 2024 (n=64)
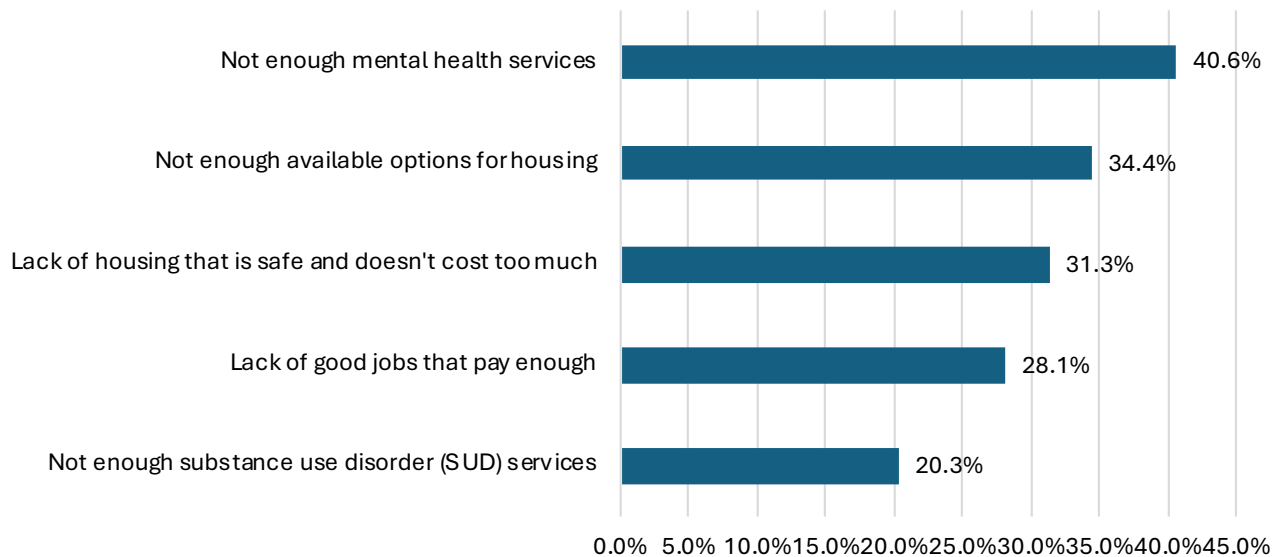
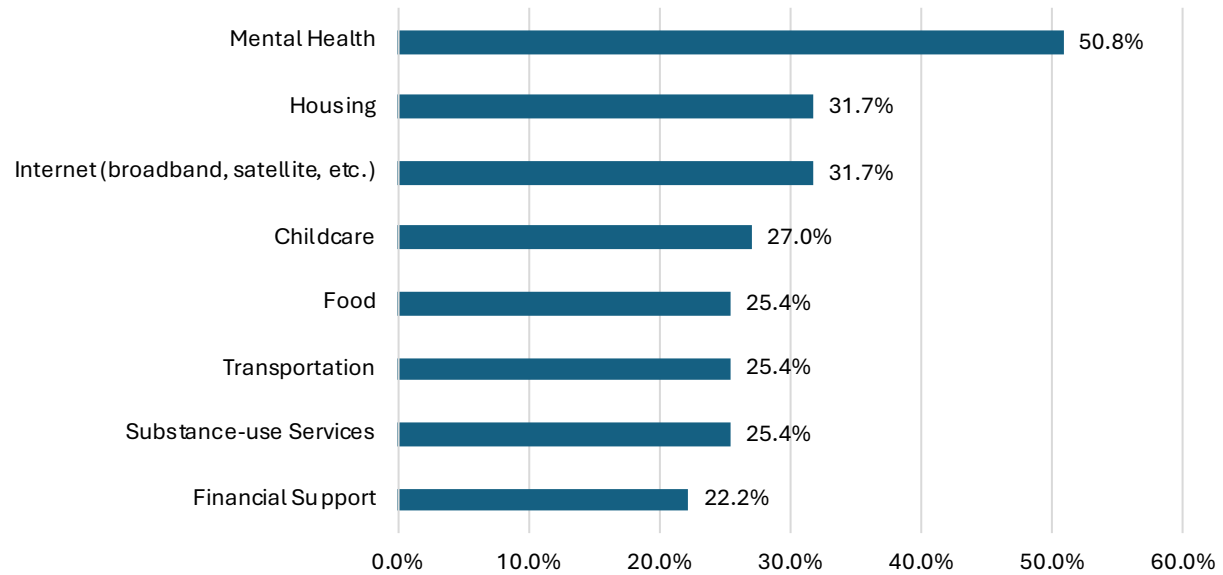| Role	Percentage
Nurse (RN/CAN/BSN, etc.)	42.6%
Support	11.2%
Clinical social worker	6.6%
Doctor of medicine or osteopathy (MD or DO)	6.6%
Physician's assistant (PA)/Nurse practitioner (NP)	6.6%
Physical therapist (PT)/ Occupational therapist (OT)/ Speech-language pathologist	4.9%
Pharmacist	3.3%
Other	18.2%
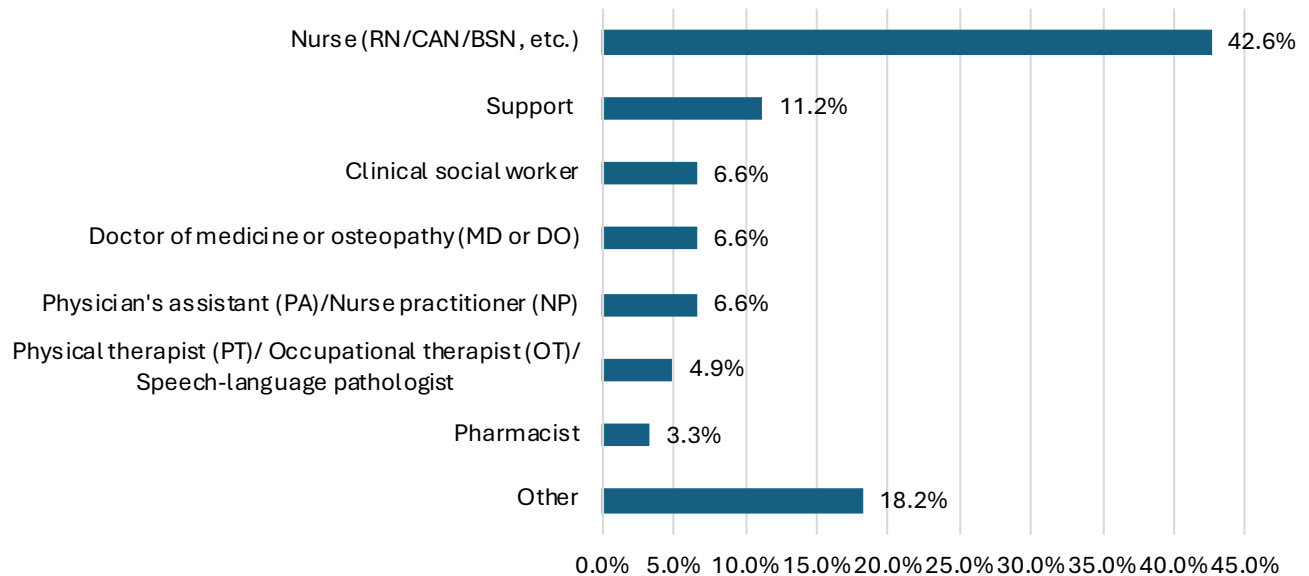
Proportion of Patient Population on Medicaid According to Survey Respondents that Identfied as Provider/Health Care Staff in Mason and Oceana Counties, MiThrive Community Survey, 2024 (n=64)

Category	Percentage
0-15% on Medicaid	5.6%
16-30% on Medicaid	16.7%
31-50% on Medicaid	38.9%
More than 50% on Medicaid	38.9%

Top Factors for a Thriving Community According to Survey Respondents that Identfied as Provider/Health Care Staff in Mason and Oceana Counties, MiThrive Community Survey, 2024 (n=64)

Factor	Percentage
Jobs that pay well and a strong economy	50.0%
Schools with plenty of resources	40.6%
Safe housing that does not cost too much	39.1%
Clear air, water, and land	34.4%
High quality medical care	32.8%
Access to general medical care	32.8%
Help for mental health and emotions	31.3%
Being safe from harm and violence	28.1%
Police, fire/rescue, and emergency services	26.6%
Healthy food	23.4%
Safe and reliable childcare	20.3%

Top Issues Impacting the Community According to Survey Respondents that Identfied as Provider/Health Care Staff in Mason and Oceana Counties, MiThrive Community Survey, 2024 (n=64)

Issue	Percentage
Not enough mental health services	40.6%
Not enough available options for housing	34.4%
Lack of housing that is safe and doesn't cost too much	31.3%
Lack of good jobs that pay enough	28.1%
Not enough substance use disorder (SUD) services	20.3%

Resources/Services Missing From the Community According to Survey Respondents that Identfied as Provider/Health Care Staff in Mason and Oceana Counties, MiThrive Community Survey, 2024 (n=64)

Category	Percentage
Mental Health	50.8%
Housing	31.7%
Internet (broadband, satellite, etc.)	31.7%
Childcare	27.0%
Food	25.4%
Transportation	25.4%
Substance-use Services	25.4%
Financial Support	22.2%

Community Partner Assessment (CPA)

The Community Partner Assessment focuses on organizations that contribute to well-being. 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 Mason and Oceana 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

Mason & Oceana Partner's Top Interests in Joining a Community Health Improvement Partnership, MiThrive Community Partner Assessment, 2024 (n=17)

Category	Percent
To deliver programs effectively and efficiently and avoid duplicated efforts	82.4
To create long-term, permanent social change	64.7
To plan and launch community-wide initiatives	52.9
To increase communication among groups	41.2
To pool resources	23.5
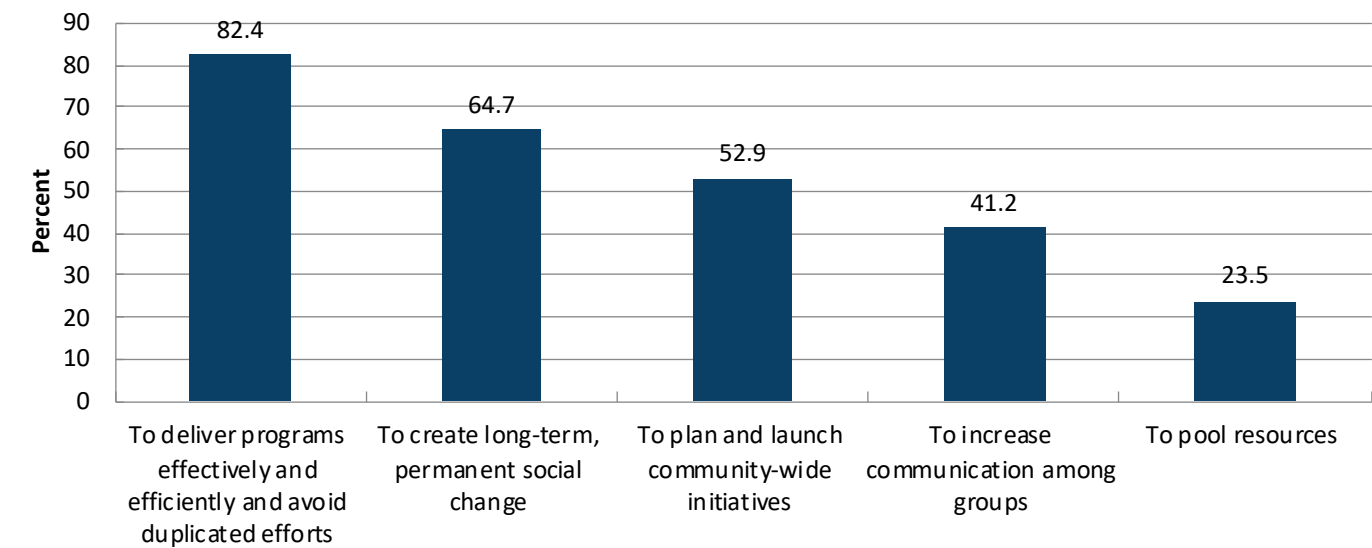
Mason & Oceana Partners Sector Engagement At Least Once within the Last Year, MiThrive Community Partner Assessment, 2024 (n=17)

Sector	Percent
Youth development and leadership	70.6
Human services	70.6
Housing	70.6
Transportation	76.5
Public health	76.5
Health care access/utilization	76.5
Food access and affordability (e.g., food bank)	76.5
Family well-being	76.5
Education	82.4
Early childhood development/childcare	82.4
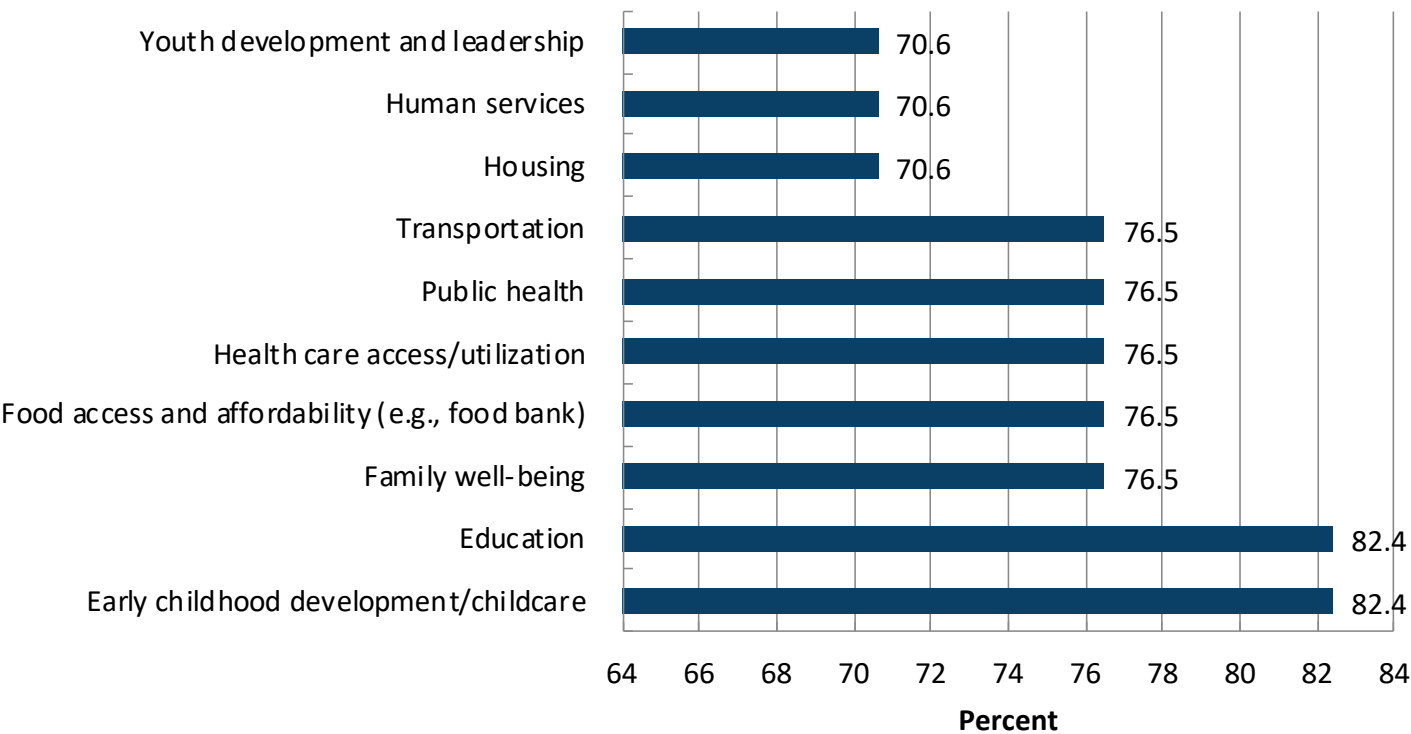
Organization's Policy & Advocacy Work Priorities for Mason & Oceana Partners, MiThrive Community Partner Assessment, 2024 (n=17)

Bar chart showing Percent (y-axis 0–90):
- Educate decision-makers and respond to their questions: 76.5
- Respond to requests from decision-makers: 76.5
- Advocate for policy change: 64.7
- Use relationships to access decision-makers: 58.8
- Develop close relationships with elected officials: 41.2
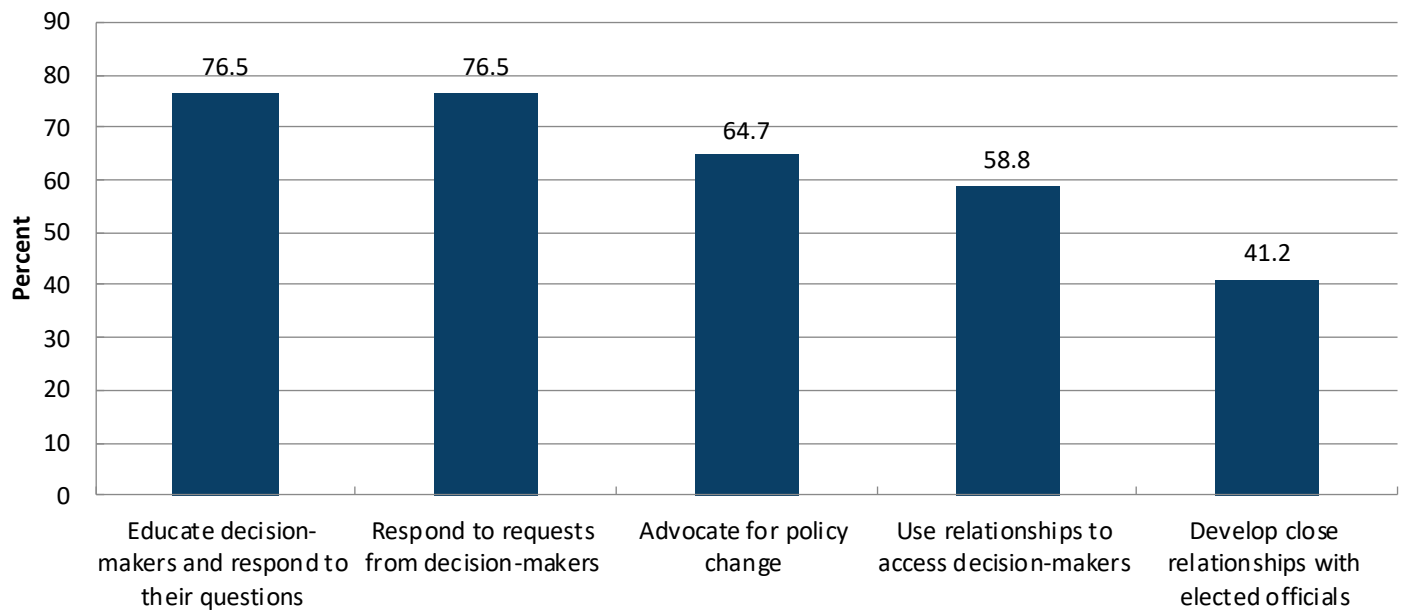
Organization's Priorities for Mason and Oceana Partners, MiThrive Community Partner Assessment, 2024 (n=17)	A lot	A little	Not at all	Unsure
i. Economic stability: The connection between people's financial resources, income, cost of living and socioeconomic status — and their health. This includes issues 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 well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy and early childhood education and development.	52.9%	35.3%	11.8%	0%
iii. Health care 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 health care, access to primary care, health insurance coverage and health literacy.	47.1%	41.2%	11.8%	0%
iv. Neighborhood and built environment: The connection between where a person lives, housing, neighborhood and environment — and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality and public safety.	41.2%	52.9%	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 well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence and incarceration.	35.3%	47.1%	17.6%	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, 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 advocacy 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 well-being?
- 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 Mason and Oceana 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 Mason and Oceana 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 advocacy 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:

Mason County

"The recent budget cut from mental health and resource officers in schools could potentially have a negative impact on our community as mental health concerns continue to rise globally which impacts systems on multiple levels."

"Housing initiatives, multi-generational recreation facilities and programs. New parks and trails."

"Too many homes being used as short term rentals, which has caused the real estate to become unaffordable for many. Affordable housing is out of reach for many."

"Amplified, excessively loud noise from a concert venue without any means of curbing volume, content, duration that is in direct violation of ordinances that is located in a residential area. This causes lack of sleep, stress, anxiety, high blood pressure"

"I am deeply concerned about our county government and their lack of engagement in supporting agencies in the community to solve some of these large issues such as transportation, housing, and food insecurity. I am concerned that our physicians and providers are burning out and we are losing services and care options. I am concerned about the lack of childcare we have in our community. I am concerned about the aging demographic and inability to properly care for them or home them if they are unable to stay at home. I am optimistic to hear of nonprofits and community-based organizations trying to work together on these issues whether housing, increasing food access or increasing parks and recreation. We need to work together to solve these complex issues."

Oceana County

"There is a HUGE need for dialysis treatment in Oceana County."

"In the community there are new parks being built and becoming some safer areas for everyone to enjoy."

"There is a need for more low/based income housing in my community. There are a lot of families that can't afford good housing because job wages are very low paying."

"It's funny because my community is Oceana County yet when I think of where I go to get access to some of the resources that I listed above that I have access to, I am thinking outside of the community. I have access to resources because I have a vehicle and am willing to travel to surrounding counties."

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 Mason and Oceana counties. See Appendix F for the Photovoice Survey Instrument and Appendix G for complete North Central Region Photovoice Album.
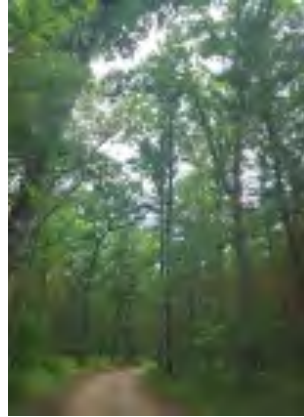
County: Mason

Caption: "There are so many places to enjoy the outdoors with beautiful views! This allows me to recharge and stay grounded. The peace and serenity of nature can be so healing and really allow me to get centered before taking on the day!"

Related themes: Mental Health, Environmental/Infrastructure

County: Oceana

Caption: "More affordable housing is needed in Oceana County."

Related themes: Housing

County: Oceana

Caption: "This photo depicts the ongoing renovation of Getty Park near the schools. The village is prioritizing parks and the built environment, making it a safer and healthier place to live, work, and play!"

Related themes: Obesity, Mental Health Environmental/Infrastructure,

Data Limitations

Community Status Assessment

Secondary Data

• Secondary indicator scores were used to condense secondary data into single scores that provide information 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 U.S.

• 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/health care team member responses are skewed towards nursing and support service professionals, and physicians are underrepresented. Additionally, provider/health care team member 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 difficulty 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 relatively new method of data collection. This means that some residents may be 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 were 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 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% response rate for either the "x" or "y" variable, or if they had a combined response rate above 33%. 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
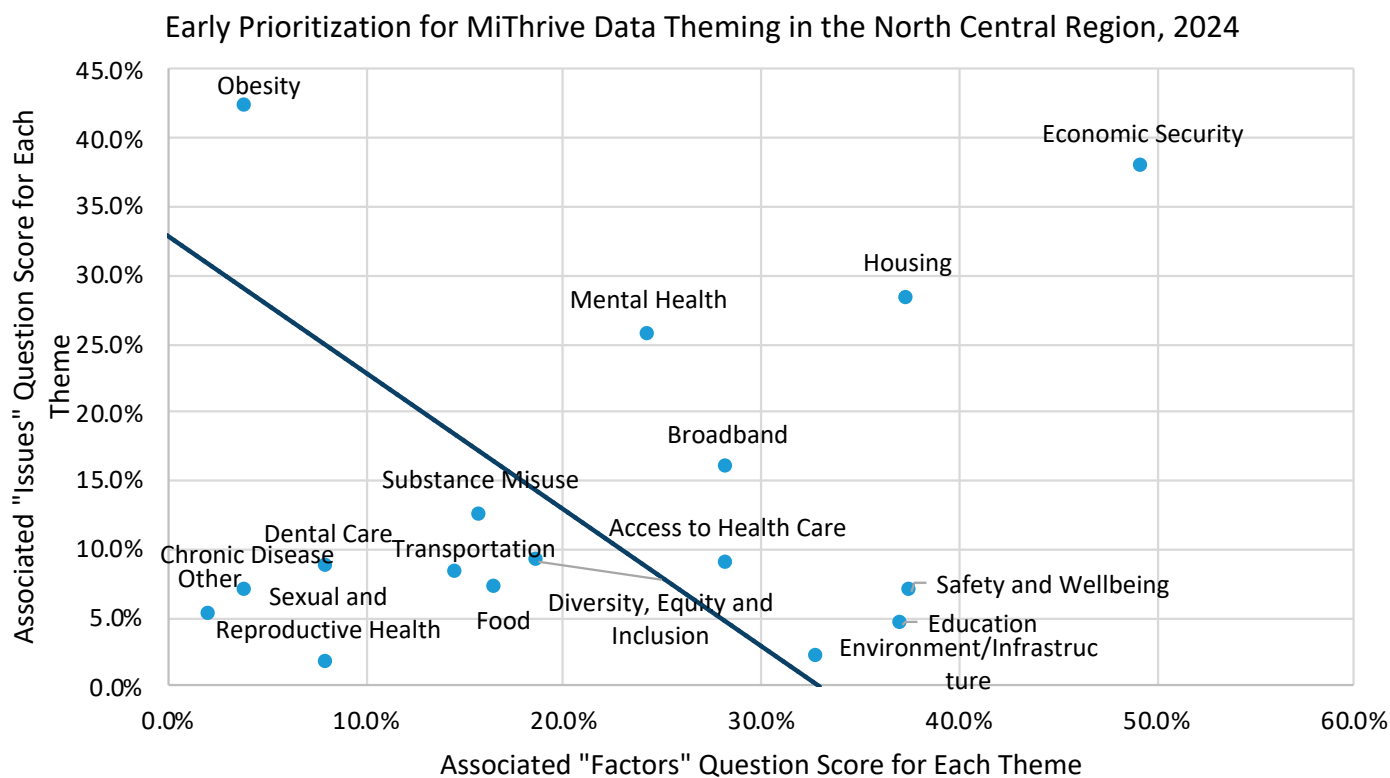
This graph illustrates all the themes considered for prioritization. Each data point is comprised of the top associated response to the question asking residents to identify the "top factors for a thriving community" (the "x" variable) and "top issues impacting the community" (the "y" variable). The blue line indicates the cutoff for inclusion in priority setting events. All themes to the right of the line were included.

The nine key issues for consideration in the North Central region included:

- Economic security
- Obesity
- Housing

- Mental health
- Broadband
- Access to health care

- Safety and wellbeing
- Education
- 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 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 with 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. The purpose of each Regional Issue Brief was to summarize the most pertinent data collected for representatives from MiThrive partner organizations, before setting the priorities for each region. See Appendix H for the North Central Regional Issue Brief.

Collaboratively Priority Setting

On Dec. 17, 2024, 60 residents and community partners participated in the MiThrive North Central Region's Data Walk and Priority Setting Event. 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 Issue. Individuals who were not able to attend the specific Data Walk and Priority Setting Event for the North Central region 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 nine Key Issues. The ranking process used six criteria to assess each Key Issue including severity, magnitude, impact, sustainability, achievability and health equity. Individuals were given a link to the prioritization survey if they participated in one of the data sense-making events and were asked to complete the survey afterwards. The top prioritized key issues are reflected in green in the scoring grid below. This transparent process elicited robust conversation around the top scoring key issues.

North Central Region Prioritization Survey Scoring Grid							
Key issues	**Severity**	**Magnitude**	**Impact**	**Sustainability**	**Achievability**	**Health equity**	**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 wellbing	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

Participants in the Data Walk or associated office hours events were asked to complete the prioritization survey afterwards, ranking each Key Issue across six criteria. 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 above shows the aggregate scores for each Key Issue across each of the six criteria for the North Central region. In the rightmost column, green highlighted cells indicate which Key Issues were ultimately prioritized for the region.

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

· Mental health

· Access to health care

· Obesity

Key data points from the 2024 MiThrive Community Health Needs Assessment for the 10-county North Central Region and the hospitals' three-county service area are briefly discussed below.

Mental Health

Mental health is essential to overall well-being, 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, Oceana (33 mental health providers per 100,000 residents) has significantly lower rates of providers available to treat mental health disorders. Mason County (343 mental health providers per 100,000 residents) which is higher than the state. 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 23.6% of adults in Mason County and 24.4% of adults in Oceana County were currently or had previously been diagnosed with depression. According to MDHHS data from 2018 to 2022, the age-adjusted death rate for suicide mortality is relatively high within the bi-county area. Overall, the state of Michigan has 14.4 suicide deaths per 100,000 residents. During the same timeframe, Mason exhibited 18.7 suicide deaths per 100,000 residents and Oceana exhibited 17.8 suicide deaths per 100,000 residents.

Additionally, 23% of respondents to the community survey from Mason and Oceana counties identified that help for mental health and emotions was an important factor for a community to be considered thriving. Of the respondents, 22.2% also 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 over the age of 40. Providers indicated that mental health services were important for a thriving community and 40.6% indicated that lack of mental health services was a serious issue for their area. Meanwhile, 50.8% of providers shared that they thought that some form of mental health services was missing from their community.

Barriers to mental health care 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 well-being.

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.

Access to Health Care:

In the state of Michigan, there are approximately 78 primary care providers per 100,000 residents (County Health Rankings, 2021), which is a higher or equal rate that is seen in Mason County (78 primary care providers per 100,000 residents), and Oceana County (49 primary care providers per 100,000 residents). This makes it harder for residents to seek care for acute or chronic diseases. Similarly, data also shows that only 79.9% of residents in Mason County had received a routine health checkup within the last year (CDC PLACES, 2002). This can be compared to routine health checkup rates in Oceana County (78.8%). CDC PLACES data from 2022 also shows that 5.0% of adults in Mason and 6.1% of adults in Oceana do not have 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 168.8 deaths per 100,000 residents in Mason County and 188.0 deaths per 100,000 residents in Oceana County. 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 Mason at 178.2 deaths per 100,000 residents, and Oceana at 157.1 deaths per 100,000 residents, compared to the Michigan state-wide value at 158.3 deaths per 100,000 residents (MDHHS).

We found 24.9% of respondents to the Community Survey from Mason and Oceana counties identified access to general medical care as one of the top factors for a thriving community. Additionally, 10.6% of respondents indicated that access to specialty medical care was one of the top issues in their own community. In terms of what needs to be improved with access to care, 34.9% of respondents identified difficulty getting an appointment due to the lack of time slots at their provider as one of their top issues with access; 39.2% of respondents implicated the high cost of care (including out-of-pocket expenses). Health care providers for the area generally agreed; 32.8% indicated that access to general medical care was one of the top factors for a thriving community.

Barriers to health care 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 health care access through affordable services, improved transportation and enhanced health system navigation can reduce these disparities and improve population health.

Health care 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 well-being and a higher quality of life.

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 increase 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 U.S. 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 U.S. Leading causes of death in Mason and Oceana counties 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 Ludington service area, the percentage of obese adults 20 years and

older is 31.9% in Mason County and 22.2% in Oceana County (CDC, 2021). Additionally in this two-county 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 19.7% in Mason County and 15.7% in Oceana County (CDC, 2021). Child food insecurity in Mason County is at 19.6% and Oceana County is at 18.7%. These rates exceeded the rate across the state overall (17.9%) (Feeding America, 2022).

According to information from residents of Mason and Oceana counties shared to the Community Health Survey, 40% of respondents disagreed, and 14% strongly disagreed with the statement "My community has enough access to healthy food that doesn't cost too much." However, in this area 30% of respondents strongly agreed and 55% agreed that there were enough parks and green spaces for physical activity. Instead, individuals in these counties indicated that their physical activity levels were adversely affected by a lack of affordable physical activity programs and living a great distance from other places in their community. Additionally, 25.4% of providers surveyed agreed that food resources were missing from these 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 well-being, 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 advocacy, 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 joining the North Central MiThrive Roundtable or learning about other collaboration opportunities, please email **mithrive@northernmichiganchir.org**.

For digital copies of this information and access to the MiThrive Data Platform, visit our website at **northernmichiganchir.org/mithrive/**

MiThrive Webpage

MiThrive Data Platform

Appendix A

Participant Organizations in the North Central CHNA

Sector	Participating Organization	31-County MiThrive Steering Committee	North Central Round Table	Community Partner Assessment		Community Context Assessment		Community Status Assessment	Exploring MiThrive Data	Data Walk Event	Priority Setting Event
				Community Partner Survey	Facilitated Discussion	Asset Mapping Revision	Photovoice Promotion	*Community survey (provider survey) promotion			
Hospital Systems	Ascension Michigan (2024 merged with MyMichigan) • St. Joseph Hospital • Standish Hospital		X		X		X	X			
	McLaren • McLaren Central Michigan • McLaren Northern Michigan	X	X		X	X	X	X		X	X
	MyMichigan Health • Alpena Medical Center • Clare Medical Center • Gladwin Medical Center • Mt. Pleasant Medical Center • West Branch Medical Center	X	X	X	X	X	X	X		X	X
	Munson Healthcare • Charlevoix Hospital • Grayling Hospital • Manistee Hospital • Munson Medical Center • Otsego Memorial Hospital • Paul Oliver Hospital	X			X	X	X	X	X		X
	Corewell Health • Big Rapids Hospital	X	X	X	X	X	X	X	X	X	X

Category	Organization										
	• Gerber Memorial Hospital • Ludington Hospital • Reed City Hospital										
Local Health Depts.	Benzie Leelanau District Health Department	X				X	X	X			
	Central Michigan District Health Department	X	X	X	X	X	X	X	X	X	
	District Health Department #2	X			X	X	X	X	X	X	
	District Health Department #4	X			X	X	X	X	X		
	District Health Department #10	X	X	X	X	X	X	X	X	X	X
	Grand Traverse County Health Department	X				X	X	X		X	
	Health Department of Northwest Michigan	X	X	X	X	X	X	X	X		X

Category	Organization										
Community Based Organizations	Disability Network Mid-Michigan		X	X	X		X	X			
	Court Appointed Special Advocates of Oceana County		X				X	X			
	Disability Network West Michigan	X	X	X	X		X	X		X	
	TrueNorth Community Services		X	X	X		X	X	X	X	X
	1016 Recovery Network		X				X	X			
	Newaygo County Regional Educational Service Agency		X				X	X			
	Arbor Circle		X				X	X		X	
	Central Michigan Recovery and Educational Service Agency		X				X	X			X
	Michigan State University Extension		X		X		X	X			
	Isabella Citizens for Health	X	X	X	X		X	X			
	SEEDS Ecology and Education Centers		X	X	X		X	X	X		
	Strangers No Longer	X		X	X		X	X	X	X	
	Life Choices of Central Michigan			X	X						
	Mid Michigan Community Action Agency			X	X						
	Mid Michigan Migrant Resource Center										
	West Michigan Migrant Resource Center			X	X						
	Fremont Area Community Foundation			X	X						

Category	Organization										
	Isabella County Child Advocacy Center			X	X						
	Manna Pantry – Big Rapids				X					X	X
	Up North Prevention									X	X
	Carter, Lewis and Associates									X	X
	Everyday Life									X	
	Pennies From Heaven Foundation									X	
	General Mills									X	
	United Way				X					X	
CMH Agencies	CMH for Central Michigan									X	X
	West Michigan CMH	X	X	X	X		X	X	X	X	X
Primary Care	Family Health Care (Baldwin)		X	X	X		X	X			
Health Entities	Priority Health									X	
	My Michigan Health Senior Life Solutions			X	X						
	United Healthcare Community Plan				X						
	National Kidney Foundation of Michigan			X	X				X		
	Central Michigan University Rural Health Institute									X	
	Sterling Area Health Center									X	
Collaboratives	Newaygo Co Community Collaborative (NC3)	X		X	X		X	X			
	Clare-Gladwin RESD Great Start Collaborative			X	X						
	West Shore Educational Service District Great Start Collaborative			X							
Educational Institutions	Bay Arenac Intermediate School District		X				X	X		X	
	Central Michigan University			X	X				X	X	
	Mason County Eastern Schools				X						
	Ferris State University - Central Michigan Recovery and Education			X	X						
	Reed City Area Public Schools									X	
	Saginaw-Chippewa Tribal College									X	

Appendix B

Community Status Assessment: List of Secondary Indicators

MiThrive 2025: Community Status Assessment Secondary Indicator List

Indicator Name	Source
Access to Exercise Opportunities	County Health Rankings
Access to Parks	National Environmental Public Health Tracking Network
Adults 20+ who are Obese	Centers for Disease Control and Prevention
Adults 20+ who are Sedentary	Centers for Disease Control and Prevention
Adults 20+ with Diabetes	Centers for Disease Control and Prevention
Adults 65+ who Received Recommended Preventive Services: Females	CDC - PLACES
Adults 65+ who Received Recommended Preventive Services: Males	CDC - PLACES
Adults 65+ with a disability	American Community Survey 5-Year
Adults 65+ with a Hearing Difficulty	American Community Survey 5-Year
Adults 65+ with a Self-Care Difficulty	American Community Survey 5-Year
Adults 65+ with a Vision Difficulty	American Community Survey 5-Year
Adults 65+ with an Independent Living Difficulty	American Community Survey 5-Year
Adults 65+ with Total Tooth Loss	CDC - PLACES
Adults Ever Diagnosed with Depression	CDC - PLACES
Adults who are Obese	CDC - PLACES
Adults who are Sedentary	CDC - PLACES
Adults who Binge Drink	CDC - PLACES
Adults who Drink Excessively	County Health Rankings
Adults who Experienced a Stroke	CDC - PLACES
Adults who Experienced Coronary Heart Disease	CDC - PLACES
Adults who have had a Routine Checkup: Past Year	CDC - PLACES
Adults who Have Taken Medications for High Blood Pressure	CDC - PLACES
Adults who Smoke	CDC - PLACES
Adults who Visited a Dentist	CDC - PLACES
Adults with Arthritis	CDC - PLACES
Adults with Cancer	CDC - PLACES
Adults with COPD	CDC - PLACES
Adults with Current Asthma	CDC - PLACES
Adults with Diabetes	CDC - PLACES
Adults with Health Insurance	U.S. Census Bureau - Small Area Health Insurance Estimates
Adults with Kidney Disease	CDC - PLACES
Adults without Health Insurance	CDC - PLACES
Age-Adjusted Death Rate due to Alzheimer's Disease	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Breast Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Cancer	National Cancer Institute

MiThrive 2025: Community Status Assessment Secondary Indicator List

Indicator Name	Source
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Colorectal Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Diabetes	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Heart Attacks	National Environmental Public Health Tracking Network
Age-Adjusted Death Rate due to Heart Disease	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Influenza and Pneumonia	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Lung Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Prostate Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Suicide	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Unintentional Injuries	Michigan Department of Health and Human Services
Age-Adjusted Hospitalization Rate due to Heart Attack	National Environmental Public Health Tracking Network
Air Pollution due to Particulate Matter	County Health Rankings
Alcohol-Impaired Driving Deaths	County Health Rankings
All Cancer Incidence Rate	National Cancer Institute
Alzheimer's Disease or Dementia: Medicare Population	Centers for Medicare & Medicaid Services
Annual Ozone Air Quality	American Lung Association
Annual Particle Pollution	American Lung Association
Asthma: Medicare Population	Centers for Medicare & Medicaid Services
Atrial Fibrillation: Medicare Population	Centers for Medicare & Medicaid Services
Average Household Size	American Community Survey 5-Year
Babies with Low Birth Weight	Michigan Department of Health and Human Services
Breast Cancer Incidence Rate	National Cancer Institute
Cancer: Medicare Population	Centers for Medicare & Medicaid Services
Cervical Cancer Screening: 21-65	CDC - PLACES
Child Abuse Rate (does not match HP2020)	Annie E. Casey Foundation
Child Care Centers	County Health Rankings
Child Food Insecurity Rate	Feeding America
Child Mortality Rate: Under 20	County Health Rankings
Children Living Below Poverty Level	American Community Survey 5-Year
Children with a Disability	American Community Survey 5-Year
Children with Health Insurance: Under 19	U.S. Census Bureau - Small Area Health Insurance Estimates
Chlamydia Incidence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Cholesterol Test History: 5 Years	CDC - PLACES

MiThrive 2025: Community Status Assessment Secondary Indicator List

Indicator Name	Source
Chronic Kidney Disease: Medicare Population	Centers for Medicare & Medicaid Services
Colon Cancer Screening: USPSTF Recommendation	CDC - PLACES
Colorectal Cancer Incidence Rate	National Cancer Institute
COPD: Medicare Population	Centers for Medicare & Medicaid Services
Daily Dose of UV Irradiance	National Environmental Public Health Tracking Network
Death Rate due to Drug Poisoning	Michigan Substance Use Data Repository
Death Rate due to Motor Vehicle Collisions	County Health Rankings
Death Rate due to Opioid Related Drug Poisoning	Michigan Substance Use Data Repository
Deaths due to Transport Fatal Injuries	Michigan Department of Health and Human Services
Dentist Rate	County Health Rankings
Depression: Medicare Population	Centers for Medicare & Medicaid Services
Diabetes: Medicare Population	Centers for Medicare & Medicaid Services
Employer Establishments	U.S. Census - County Business Patterns
Families Living Below 200% of Federal Poverty Level	American Community Survey 5-Year
Families Living Below Poverty Level	American Community Survey 5-Year
Female Population	U.S. Census Bureau Population and Housing Unit Estimates
Female Population 16+ in Civilian Labor Force	American Community Survey 5-Year
Flu Vaccinations: Medicare Population	Centers for Medicare & Medicaid Services
Food Environment Index	County Health Rankings
Food Insecure Children Ineligible for Assistance	Feeding America
Food Insecurity Rate	Feeding America
Foreign Born Persons	American Community Survey 5-Year
Gender Pay Gap	American Community Survey 5-Year
Gonorrhea Incidence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Heart Failure: Medicare Population	Centers for Medicare & Medicaid Services
High Blood Pressure Prevalence	CDC - PLACES
High Cholesterol Prevalence: Adults 18+	CDC - PLACES
High School Graduation	Annie E. Casey Foundation
HIV Prevalence Rate: Aged 13+	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Homeowner Vacancy Rate	American Community Survey 5-Year
Homeownership	American Community Survey 5-Year
Households	American Community Survey 5-Year
Households that are Above the ALICE Threshold	United For ALICE
Households that are Asset Limited, Income Constrained, Employed (ALICE)	United For ALICE
Households that are Below the Poverty Threshold	United For ALICE

MiThrive 2025: Community Status Assessment Secondary Indicator List

Indicator Name	Source
Households with an Internet Subscription	American Community Survey 5-Year
Households with Cash Public Assistance Income	American Community Survey 5-Year
Households with Children Receiving SNAP	American Community Survey 5-Year
Households with One or More Types of Computing Devices	American Community Survey 5-Year
Households without a Vehicle	American Community Survey 5-Year
Houses Built Prior to 1950	American Community Survey 5-Year
Housing Units	U.S. Census Bureau Population and Housing Unit Estimates
Hyperlipidemia: Medicare Population	Centers for Medicare & Medicaid Services
Hypertension: Medicare Population	Centers for Medicare & Medicaid Services
Infant Mortality Rate	Michigan Department of Health and Human Services
Insufficient Sleep	CDC - PLACES
Ischemic Heart Disease: Medicare Population	Centers for Medicare & Medicaid Services
Life Expectancy	County Health Rankings
Linguistic Isolation	American Community Survey 5-Year
Liquor Store Density	U.S. Census - County Business Patterns
Lung and Bronchus Cancer Incidence Rate	National Cancer Institute
Male Population	U.S. Census Bureau Population and Housing Unit Estimates
Mammogram: 50-74 Past 2 Years	CDC - PLACES
Mammogram: Medicare Population Past Year	Centers for Medicare & Medicaid Services
Mean Travel Time to Work	American Community Survey 5-Year
Median Household Gross Rent	American Community Survey 5-Year
Median Household Income	American Community Survey 5-Year
Median Housing Unit Value	American Community Survey 5-Year
Median Monthly Owner Costs for Households without a Mortgage	American Community Survey 5-Year
Mental Health Provider Rate	County Health Rankings
Moderate Drought or Worse	National Environmental Public Health Tracking Network
Mortgaged Owners Median Monthly Household Costs	American Community Survey 5-Year
Mothers who Received Early Prenatal Care	Michigan Department of Health and Human Services
Mothers who Smoked During Pregnancy	Michigan Department of Health and Human Services
Non-Physician Primary Care Provider Rate	County Health Rankings
northernmichigan: births to mothers who smoked	The Annie E. Casey Foundation: Kids Count
northernmichigan: children 0-4 receiving WIC	The Annie E. Casey Foundation: Kids Count
northernmichigan: Children approved for sub child care	The Annie E. Casey Foundation: Kids Count

MiThrive 2025: Community Status Assessment Secondary Indicator List

Indicator Name	Source
northernmichigan: children language other than english	The Annie E. Casey Foundation: Kids Count
northernmichigan: children on medicaid	The Annie E. Casey Foundation: Kids Count
northernmichigan: children on michild insurance	The Annie E. Casey Foundation: Kids Count
northernmichigan: Children receiving sub child care	The Annie E. Casey Foundation: Kids Count
northernmichigan: children with health insurance	The Annie E. Casey Foundation: Kids Count
northernmichigan: children with internet	The Annie E. Casey Foundation: Kids Count
northernmichigan: fully immunized toddlers	The Annie E. Casey Foundation: Kids Count
northernmichigan: high housing cost	The Annie E. Casey Foundation: Kids Count
northernmichigan: K-12 Homelessness	The Annie E. Casey Foundation: Kids Count
northernmichigan: medicaid paid births	The Annie E. Casey Foundation: Kids Count
northernmichigan: mental health providers	The Annie E. Casey Foundation: Kids Count
northernmichigan: Michigan Substance Use Vulnerability Index	Michigan Department of Health and Human Services
Number of Extreme Heat Days	National Environmental Public Health Tracking Network
Number of Extreme Heat Events	National Environmental Public Health Tracking Network
Number of Extreme Precipitation Days	National Environmental Public Health Tracking Network
Opioid Hospitalizations	Michigan Substance Use Data Repository
Opioid Prescriptions Dispensed	Michigan Substance Use Data Repository
Oral Cavity and Pharynx Cancer Incidence Rate	National Cancer Institute
Osteoporosis: Medicare Population	Centers for Medicare & Medicaid Services
PBT Released	U.S. Environmental Protection Agency
People 25+ with a Bachelor's Degree or Higher	American Community Survey 5-Year
People 25+ with a High School Degree or Higher	American Community Survey 5-Year
People 65+ Living Alone	American Community Survey 5-Year
People 65+ Living Below Poverty Level	American Community Survey 5-Year
People Living Below 200% of Federal Poverty Limit	American Community Survey 5-Year
People Living Below Poverty Level	American Community Survey 5-Year
Per Capita Income	American Community Survey 5-Year
Persons in households with an Internet Subscription	American Community Survey 5-Year
Persons with a Cognitive Difficulty	American Community Survey 5-Year
Persons with a Disability	American Community Survey 5-Year
Persons with a Hearing Difficulty	American Community Survey 5-Year
Persons with a Self-Care Difficulty	American Community Survey 5-Year
Persons with a Vision Difficulty	American Community Survey 5-Year
Persons with an Ambulatory Difficulty	American Community Survey 5-Year
Persons with Disability Living in Poverty	American Community Survey 5-Year

MiThrive 2025: Community Status Assessment Secondary Indicator List

Indicator Name	Source
Persons with Health Insurance	U.S. Census Bureau - Small Area Health Insurance Estimates
Persons with Private Health Insurance Only	American Community Survey 1-Year
Persons with Public Health Insurance Only	American Community Survey 1-Year
Pneumonia Vaccinations: Medicare Population	Centers for Medicare & Medicaid Services
Poor Mental Health Days: 14+ Days	CDC - PLACES
Poor Mental Health Days: Average # of Days	County Health Rankings
Poor Physical Health Days: 14+ Days	CDC - PLACES
Poor Physical Health Days: Average # of Days	County Health Rankings
Population 16+ in Civilian Labor Force	American Community Survey 5-Year
Population age 5+ with language other than English spoken at home	American Community Survey 5-Year
Population American Indian and Alaska Native	U.S. Census Bureau Population and Housing Unit Estimates
Population Asian	U.S. Census Bureau Population and Housing Unit Estimates
Population Black or African American	U.S. Census Bureau Population and Housing Unit Estimates
Population Hispanic or Latino	U.S. Census Bureau Population and Housing Unit Estimates
Population Native Hawaiian and Other Pacific Islander	U.S. Census Bureau Population and Housing Unit Estimates
Population Over Age 65	U.S. Census Bureau Population and Housing Unit Estimates
Population Two or More Races	U.S. Census Bureau Population and Housing Unit Estimates
Population Under Age 18	U.S. Census Bureau Population and Housing Unit Estimates
Population Under Age 5	U.S. Census Bureau Population and Housing Unit Estimates
Population White	U.S. Census Bureau Population and Housing Unit Estimates
Population White (Not Hispanic or Latino)	U.S. Census Bureau Population and Housing Unit Estimates
Premature Death	County Health Rankings
Preterm Births (OE)	Michigan Department of Health and Human Services
Preventable Hospital Stays: Per 100,000	Centers for Medicare & Medicaid Services
Primary Care Provider Rate	County Health Rankings
Prostate Cancer Incidence Rate	National Cancer Institute
Proximity to Highways	National Environmental Public Health Tracking Network
Recognized Carcinogens Released into Air	U.S. Environmental Protection Agency

MiThrive 2025: Community Status Assessment Secondary Indicator List

Indicator Name	Source
Renters Spending 30% or More of Household Income on Rent	American Community Survey 5-Year
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	Centers for Medicare & Medicaid Services
Self-Reported General Health Assessment: Poor or Fair	CDC - PLACES
Severe Housing Problems	County Health Rankings
Single-Parent Households	American Community Survey 5-Year
Size of Labor Force	U.S. Bureau of Labor Statistics
Social Associations	County Health Rankings
Solo Drivers with a Long Commute	County Health Rankings
Stroke: Medicare Population	Centers for Medicare & Medicaid Services
Student-to-Teacher Ratio	National Center for Education Statistics
Students Eligible for the Free Lunch Program	National Center for Education Statistics
Syphilis Incidence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Teen Birth Rate: 15-19	Michigan Department of Health and Human Services
Teen Pregnancy Rate: 15-19	Michigan Department of Health and Human Services
Total Employment	U.S. Census - County Business Patterns
Total Employment Change	U.S. Census - County Business Patterns
Total Population	U.S. Census Bureau Population and Housing Unit Estimates
Unemployed Veterans	American Community Survey 5-Year
Unemployed Workers in Civilian Labor Force	U.S. Bureau of Labor Statistics
Veteran Population	American Community Survey 5-Year
Veterans Living Below Poverty Level	American Community Survey 5-Year
Veterans with a Disability	American Community Survey 5-Year
Veterans with a High School Degree or Higher	American Community Survey 5-Year
Workers Commuting by Public Transportation	American Community Survey 5-Year
Workers who Drive Alone to Work	American Community Survey 5-Year
Workers who Walk to Work	American Community Survey 5-Year
Young Children Living Below Poverty Level	American Community Survey 5-Year
Youth not in School or Working	American Community Survey 5-Year

More information on these indicators can be found on the MiThrive Data Platform:

MiThrive Data – Northern Michigan CHIR

Appendix C

Community Status Assessment: Community and Provider Survey Instrument

2024 Northern Michigan Community Health Survey

Informed Consent

This survey is a chance for you to tell us what is most important to you. MiThrive, a collaborative body that brings together cross-sector partners including local health departments and hospitals across the 31 counties of Northern Lower Michigan, is working to improve the health of communities in these counties by collecting data, identifying key issues, and bringing people together for change.

What is important to the community? What resources and strengths does the community have that can be used to improve community health?

Instructions: This survey will take about 15 minutes to complete. Please select the best answers for each question.

Consent: Your participation in this survey is completely voluntary. Your answers are confidential. The survey data will be managed by MiThrive staff. Your answers will not be used to identify who you are. You are free to skip any question and stop taking the survey at any time. The information you provide will not be used for a discriminatory purpose and there is minimal risk to you for taking the survey.

At the end of the survey, you can choose to be entered into a drawing for a chance to win a $50 gift card. 31 winners will be chosen (One person per county) - must be 18 or older.

Data Transparency: Data collected will be used in the 2024 MiThrive Community Health Assessment and overall results shared on the Northern

Michigan Community Health Innovation Region webpage. Any personal information will be kept confidential.

Translation & Accessibility: *This form is available in Spanish.* **Click on the globe icon on the top-right corner of this page and select 'Spanish' from the dropdown menu.**
Este formulario está disponible en español. **Haga clic en el icono del globo terráqueo en la esquina superior derecha de esta página y seleccione 'Spanish' en el menú desplegable.**

If you require accommodations to complete this survey such as for vision, hearing, or other disabilities, please email us at mithrive@northernmichiganchir.org and we would be happy to assist.

Submission Due Date: This form will close Sunday, October 6th at 11:59 PM. Please submit your response prior to this time.

Questions and concerns can be emailed to mithrive@northernmichiganchir.org.

1) Which county do you live in?*

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

( ) Other - Write In: _____

2) In the following list, which five assets do you think are the most important factors for a community to be considered "thriving"? Please select up to <u>five</u> options.

[ ] Healthy food

[ ] Safe housing that does not cost too much

[ ] High quality medical care

[ ] Access to general medical care

[ ] Access to specialty medical care

[ ] Help for mental health and emotions

[ ] Parks and green spaces

[ ] Safe and reliable childcare

[ ] A strong sense of community among residents

[ ] Stopping people from getting sick

[ ] Helping people with long term sickness feel better

[ ] Being safe from harm and violence

[ ] Low substance use or drug use (alcohol, marijuana, tobacco, e-cigarettes, opioid, and narcotic-use)

[ ] Jobs that make people happy and proud

[ ] Jobs that pay well and a strong economy

[ ] Clear air, water, and land

[ ] Community members who are helping out and getting involved in the community

[ ] Lifelong learning

[ ] Schools with plenty of resources

[ ] Transportation that you can count on

[ ] Fun events that show different kinds of art and culture

[ ] Being accepted as part of the community

[ ] Low levels of crime

[ ] Police, fire/rescue, and emergency services

[ ] Ease of use for people with physical and/or mental disabilities

[ ] Other - Write In: _____

3) Please indicate how strongly you agree or disagree with each of the following statements. Please select <u>one</u> option per statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
My community is a safe place to live.	( )	( )	( )	( )	( )
My community is a good place to raise children.	( )	( )	( )	( )	( )
My community is a good place to grow old.	( )	( )	( )	( )	( )
There are enough jobs in my community that pay well.	( )	( )	( )	( )	( )
People in my community have good jobs that pay enough.	( )	( )	( )	( )	( )
My community has enough access to healthy food that doesn't cost too much.	( )	( )	( )	( )	( )
There is enough housing available in my community that doesn't cost too much.	( )	( )	( )	( )	( )
There are housing and support services available for older adults in my community.	( )	( )	( )	( )	( )

My community has safe drinking water and clean air.	( )	( )	( )	( )	( )
There are enough parks and other places for fun and physical activity in my community.	( )	( )	( )	( )	( )
There is a strong sense of community among the people where I live.	( )	( )	( )	( )	( )
I feel welcomed and accepted by the other people in my community.	( )	( )	( )	( )	( )
There are no problems with discrimination or negative attitudes/behaviors/thoughts in my community based on race, gender, income, or other factors.	( )	( )	( )	( )	( )

4) In the following list, what do you think are the three most concerning medical conditions impacting your community? Please select up to <u>three</u> options.

[ ] Aging problems (e.g., arthritis, hearing/vision loss, etc.)

[ ] Alzheimer's disease/dementia

[ ] Cancer

[ ] COVID-19

[ ] Diabetes

[ ] Heart disease and stroke

[ ] High blood pressure

[ ] HIV/AIDS

[ ] Infant death

[ ] Infectious diseases (e.g., hepatitis, tuberculosis, etc.)

[ ] Kidney disease

[ ] Liver disease

[ ] Issues during pregnancy or giving birth

[ ] Mental and/or behavioral diseases

[ ] Pneumonia/ Flu

[ ] Respiratory/lung disease (such as asthma and COPD)

[ ] Sexually transmitted infections (STIs)

[ ] Substance use disorders (SUDs)

[ ] Injuries due to accidents

[ ] Obesity

[ ] Other - Write In: _____

5) In the following list, what are the three most important concerns within your community that should be addressed? Please select up to <u>three</u> options.

[ ] Aging problems (e.g., arthritis, hearing/vision loss, etc.)

[ ] Child abuse/neglect

[ ] Not enough oral/ dental healthcare services

[ ] Domestic and sexual violence

[ ] Lack of good jobs that pay enough

[ ] Homicide, or people ending the lives of other people

[ ] Discrimination or negative attitudes/behaviors/thoughts based on race, gender, income, or other factors

[ ] High quality medical care

[ ] Access to general medical care

[ ] Access to specialty medical care

[ ] Not enough substance use disorder (SUD) services

[ ] Suicide, or people ending their own lives

[ ] Teenage pregnancy

[ ] Not enough maternal care services

[ ] Pollution (bad air and water quality)

[ ] Not enough educational opportunities

[ ] Firearm-related or gun-related injuries

[ ] Not enough mental health services

[ ] Motor vehicle/traffic accidents

[ ] Lack of usable parks and green spaces

[ ] Not enough healthy foods

[ ] Not enough options for transportation

[ ] Lack of transportation that is safe and doesn't cost too much

[ ] {Lack of good mental health services}

[ ] Lack of good schools and education

[ ] Not enough available options for housing

[ ] Lack of housing that is safe and doesn't cost too much

[ ] Lack of good internet access

[ ] Not enough arts and culture

[ ] Police, fire/rescue, or emergency services

[ ] Trouble managing chronic or long-term health issues

[ ] Sense or of community

[ ] Other - Write In: _____

6) Please indicate whether you think you have easy access (or the ability to find and receive services) to each of the following. Please select <u>one</u> option per statement.

	Yes, I have easy access	**No, I do not have easy access**	**Does not apply to me**
Health information from a source I trust	( )	( )	( )
Family planning services	( )	( )	( )
Good food that doesn't cost too much	( )	( )	( )
Health services for children	( )	( )	( )
Immunizations/Vaccinations	( )	( )	( )

Mental health services	( )	( )	( )
Oral/dental health services	( )	( )	( )
Prenatal care/health care for pregnancy	( )	( )	( )
Primary care services	( )	( )	( )
Sexual health testing and treatment	( )	( )	( )
Services for those with substance-use or drug-use issues	( )	( )	( )
Housing services	( )	( )	( )
Childcare services	( )	( )	( )
Services or care for people with dementia	( )	( )	( )
Supports for the health and wellness of caregivers	( )	( )	( )
Broadband access	( )	( )	( )

7) From the list below, which resources or services are missing in your community that would benefit you? Please select <u>all</u> options that apply to you.

[ ] Housing

[ ] Food

[ ] Transportation

[ ] Mental Health

[ ] Financial Support

[ ] Domestic Violence Services

[ ] Education

[ ] Primary Care

[ ] Childcare

[ ] Substance-use Services

[ ] Dental Health

[ ] Internet (broadband, satellite, etc.)

[ ] Language or translation services

[ ] I feel there are enough services and resources in my community

[ ] Other - Write In: _____

8) Which of the following factors do you experience that make it harder for you to use health care services? Please select <u>all</u> options that apply to you.

[ ] Cost of healthcare (premiums, deductible, copay)

[ ] Difficulty getting an appointment due to your provider not having enough available timeslots

[ ] No appointment times that fit your schedule (day/night/weekends etc.)

[ ] Issues with knowing how to use technology-based scheduling or appointments

[ ] Do not have the personal equipment for online appointments or scheduling (no cellphone/computer, no internet, etc.)

[ ] Healthcare providers do not speak your native language.

[ ] Cannot understand what your healthcare provider is trying to tell you

[ ] Do not trust healthcare providers

[ ] Primary services are located too far away from your area

[ ] Specialty services are located too far away from your area

[ ] Not accepting your insurance

[ ] Pharmacies regularly do not have your prescription/medication

[ ] Costs of prescriptions or medications

[ ] Feeling like healthcare providers are not listening to your concerns

[ ] Too much paperwork before seeing a healthcare provider

[ ] Lack of transportation options

[ ] Transportation costs too much

[ ] Transportation is not reliable

[ ] Other - Write In: _____

[ ] I have no barriers

9) Think about your environment and features of your community, and your ability to run, walk, bike, or roll from one place to another. Do any of the following issues currently prevent you from being more active in your community? Please select <u>all</u> options that apply to you.

[ ] Sidewalks

[ ] Walkable paths, trails, or walkways

[ ] Bike lanes

[ ] Greenspaces (parks, etc.)

[ ] Direction signs (street signs, etc.)

[ ] Recreation facilities

[ ] Affordable physical activity programs

[ ] Streetlights

[ ] Low ease of use for people with disabilities

[ ] Living a great distance from places in my community

[ ] Feeling unsafe in my community

[ ] Lack of maintenance on paths/trails/roads (snow clearing, etc.)

[ ] Other - Write In: _____

[ ] I don't experience any of these

10) The following statements describe a person who meets the guidelines for chronic disease prevention. For each statement, please indicate whether you think YOU, in a typical week, have met the guidelines for chronic disease prevention. Please select <u>one</u> option per statement.

	Exceed Expectation	Met Expectation	Did Not Met Expectation
Eat 1.5–2 cups of fruits per day and 2-3 cups of vegetables per day	( )	( )	( )
At least 150 minutes of physical activity a week (ex. 30 minutes a day for 5 days a week)	( )	( )	( )

Sleep at least 7 hours each night	( )	( )	( )
Free from daily stress and depression	( )	( )	( )
Free from self-harm and suicidal thoughts	( )	( )	( )
Receive routine screenings every year (annual physical, etc.)	( )	( )	( )
Have good overall health	( )	( )	( )

11) Please indicate how frequently you use any of the following substances.

	Currently use this substance (within the past 12 months)	Formerly used this substance (any-time before the last 12 months)
Tobacco-use (commercial cigarettes or chewing tobacco, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
E-cigarette (vape, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Excessive Alcohol (eight or more drinks for women, or 15 or more drinks for men during a week)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )

Binge Drinking Alcohol (four or more drinks for women, or five or more drinks for men during an occasion)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Marijuana-use (smoking, edibles, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Illegal substances (such as cocaine, crack, crystal meth, heroin, smack, PCP, LSD, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Opioids (narcotics, prescribed by a healthcare provider but are not using as prescribed)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Opioids (narcotics, not prescribed by a healthcare provider)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )

12) 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.

_____

_____

_____

_____

13) Do you have any other comments or concerns that you would like to share that are not reflected in other questions of this survey?

_____

_____

_____

_____

Demographic Questions

14) Do you represent any of the following populations? Please select <u>all</u> options that apply to you.*

[ ] Amish

[ ] Native/tribal populations

[ ] Migrant/farm worker

[ ] Senior (Over the age of 60)

[ ] Low income/ financially struggling

[ ] Homeless or unhoused

[ ] Have one or more disabilities

[ ] Have grade-school-aged children or younger

[ ] Have children that are older than grade-school age

[ ] Have a mental illness (ex. anxiety, depression, etc.)

[ ] Have a substance-use disorder (ex. alcohol, marijuana, opioid-use, etc.)

[ ] Currently serve or have served in the military

[ ] LGBTQ+ Community

[ ] Provider/ Healthcare Staff

[ ] No, I am not one of the above

[ ] Prefer not answer

15) What is the five-digit zip code of the area in which you live?*

_____

16) Which county do you spend most (over 51%) of your time in? This could include time spent for work, travel, or fun.*

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

( ) Other - Write In: _____

17) What is your age in years?*

_____

18) What kind of health insurance(s) do you have? Please select <u>all</u> options that apply to you. *

[ ] Medicaid and Healthy Michigan Plans

[ ] Medicare

[ ] Individual or family insurance purchased on the exchange or marketplace

[ ] Employer-sponsored insurance

[ ] Uninsured

[ ] Unknown

[ ] Other - Write In: _____

[ ] Prefer not to answer

19) Which of the following best describes you? Please select <u>all</u> options that apply to you.*

[ ] Asian

[ ] Asian American

[ ] African

[ ] Black or African American

[ ] Hispanic or Latino/a/x

[ ] Middle Eastern/ North African

[ ] Native American/ Indigenous/ Alaska Native

[ ] Native Hawaiian/ Pacific Islander

[ ] White/ European

[ ] Prefer not to say

[ ] Prefer to self-describe: _____

20) What is the highest level of education that you have achieved?*

( ) Did not finish high school

( ) High school graduate or GED

( ) Some college, no degree

( ) Trade school diploma or certificate

( ) 2-year (Associate's) degree

( ) 4-year (Bachelor's) degree

( ) Graduate or professional degree

( ) Prefer not to answer

21) What is your yearly total household income?*

( ) Less than $10,000
( ) $10,000 to $19,999
( ) $20,000 to $29,999
( ) $30,000 to $39,999
( ) $40,000 to $49,999
( ) $50,000 to $59,999
( ) $60,000 to $69,999
( ) $70,000 to $79,999
( ) $80,000 to $89,999
( ) $90,000 to $99,999
( ) $100,000 to $149,999
( ) Over $150,000
( ) Prefer not to answer

22) Including yourself, how many people live in your household?

( ) 1
( ) 2
( ) 3
( ) 4
( ) 5
( ) 6
( ) 7 or more

( ) Prefer not to answer

23) Do you identify as having a disability?

( ) Yes
( ) No
( ) Prefer not to answer

24) Select all options that you would use to describe your disability:

[ ] Blind or Low Vision
[ ] Deaf or Hard of Hearing
[ ] Mental Health Disability
[ ] Intellectual or Developmental Disability
[ ] Traumatic Brain Injury
[ ] Autism Spectrum Disorder
[ ] Physical disability or Mobility Impairment
[ ] Prefer not to say
[ ] Prefer to self-describe: _____

25) How do you identify your gender?

( ) Female
( ) Male
( ) Non-binary
( ) Transgender
( ) Prefer to self-describe:: _____
( ) Prefer to not answer

26) What is your sexual orientation?

( ) Straight/ Heterosexual

( ) Gay

( ) Lesbian

( ) Bisexual

( ) Other - Write In: _____

( ) I prefer not to answer

IMPORTANT: After you submit this survey, click the link on the thank you page to be entered into the gift card drawing.

Provider/Healthcare Staff Questions

27) Do you provide direct care or services for clients or patients?

( ) Yes

( ) No

( ) Prefer not to answer

28) What health system, organization, or entity do you work for? Please avoid using abbreviations in your response.

_____

29) What is your primary role as a healthcare provider? Please select only the <u>one</u> option that best fits your role.

( ) Clinical social worker

( ) Doctor of medicine or osteopathy (MD or DO)

( ) Pharmacist

( ) Physician's assistant (PA)/Nurse practitioner (NP)

( ) Dental hygienist

( ) Dietitian

( ) Community health worker

( ) Chiropractor

( ) Nurse (RN, CNA, BSN, etc.)

( ) Clinical psychologist

( ) Podiatrist

( ) Dentist

( ) Optometrist

( ) Physical therapist (PT)/Occupational therapist (OT)/Speech-language pathologist

( ) Other - Write In: _____

30) Define your specialty or that of your practice. Please select <u>all</u> options that apply to you.

[ ] Emergency care

[ ] Primary care

[ ] Pediatrics

[ ] Dental

[ ] Preventative medicine/public health

[ ] Mental health

[ ] Behavioral health

[ ] Surgery

[ ] Substance use services

[ ] Obstetrics and Gynecology

[ ] Family medicine

[ ] Internal medicine

[ ] Neurology

[ ] Psychiatry

[ ] Otolaryngology (ENT)

[ ] Urology

[ ] Anesthesiology

[ ] Radiology

[ ] Pathology

[ ] Orthopedics

[ ] Dermatology

[ ] Cardiology

[ ] Gastroenterology

[ ] Pulmonology

[ ] Endocrinology

[ ] Infectious Diseases

[ ] Oncology

[ ] Allergy/Immunology

[ ] Other - Write In: _____

31) Approximately what percentage of the patients you serve are on Medicaid?

( ) 0-15%

( ) 16-30%

( ) 31-50%

( ) More than 50%

32) What issues are you seeing in your community that are not reflected in other areas of this survey?

_____

_____

_____

_____

Thank You!

Thank you for your time and energy to complete this survey.

[Click here](#) to enter for a chance to win a $50 gift card.

Your personal information will not be connected to your survey responses. The same link will also allow you to indicate if you are interested in additional opportunities to provide feedback or participate in opportunities to support health improvement in your community.

More opportunities to get involved:

If you're interested in engaging more, we invite you to participate in the MiThrive photovoice. All participants will be entered into a $50 gift card drawing.

Take and submit photos and stories to share your perspective on your community. We want to hear from you on what makes your community a great place to live—or where it could improve – through the lens of your camera.

[Photovoice Submission Link](#)

Appendix D

Community Partner Assessment: Community Partner Survey Instrument

Community Partner Assessment

Welcome

Note: Please submit only one completed survey per organization.

Thanks for taking the MiThrive Community Partner Assessment (CPA) Survey. This process helps to identify how we will improve our community's health together.

Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare.

Public health is more than healthcare. Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

This survey is part of our Community Partner Assessment, which helps us identify the organizations involved in MiThrive, whom they serve, what they do, and their capacities and skills to support our local community health improvement process. The CPA helps us name strengths as a community and opportunities for greater impact.

After completing the Community Partner Assessment, a representative from each organization will be asked to participate in phase two of this assessment which includes a facilitated discussion. More information will be emailed to the individual filling out/ representing the organization in the Community Partner Assessment.

The responses to this survey and discussion will be summarized in our Community Health Assessment (CH[N]A). The results from the CPA and CHA will be used for planning and implementation for the next 3 years, before being revisited in the next cycle. The information gathered in this assessment will be

used to develop a Community Health Improvement Plan (CHIP) to improve health in our community.

If you have any questions or concerns, email **mithrive@northernmichiganchir.org**.

Currently, we have not translated this survey, but resources can be available to help translate if needed. Additionally, we have staff available to accommodate with vision, hearing, or other disabilities that may impact the completion of this survey. Email **mithrive@northernmichiganchir.org** with any translation or accommodations requests.

Things to know:

- **This survey should take 30-40 minutes.**
- **We recommend taking this survey on a computer or laptop rather than a phone or tablet due to question formatting.**
- **Although a PDF copy is provided, all responses need to be entered into the digital format to be counted. If you need assistance with this, please contact mithrive@northernmichiganchir.org.**
- **Your responses will not be identifiable to you or your organization. They will be combined and summarized with all other responses in the CH[N]A report.**
- **The Community Partner Assessment is intended to be a team effort. We suggest involving the rest of your organization to answer the assessment questions as needed.**
- **Submit only one completed survey per organization.**

Survey will close on June 3rd 2024 at 8am. Please submit responses on the virtual platform prior to this date.

1) Passcode*

_____

A. About Your Organization

**This section asks about your organization, including type, interest in participating in MiThrive, populations
served, topic or focus areas, commitment to equity, and accountability.**

A-1) Your Organization

2) Contact Information*

First and Last Name: _____

Full Name of Your Organization : _____

Email Address: _____

Phone Number: _____

3) Which MiThrive counties does your organization cover? (Check all that apply)*

[ ] Alcona

[ ] Alpena

[ ] Antrim

[ ] Arenac

[ ] Benzie

[ ] Charlevoix

[ ] Cheboygan

[ ] Clare

[ ] Crawford

[ ] Emmet

[ ] Gladwin

[ ] Grand Traverse

[ ] Iosco

[ ] Isabella

[ ] Kalkaska

[ ] Lake

[ ] Leelanau

[ ] Manistee

[ ] Mason

[ ] Mecosta

[ ] Missaukee

[ ] Montmorency

[ ] Newaygo

[ ] Oceana

[ ] Ogemaw

[ ] Osceola

[ ] Oscoda

[ ] Otsego

[ ] Presque Isle

[ ] Roscommon

[ ] Wexford

4) Which of the following best describe(s) your organization?*

( ) City, County, State Health Department

( ) Tribal Health Department

( ) Other City, County, State, Tribal Government Agency

( ) Private or Public Hospital

( ) Private or Public Clinic

( ) Emergency Response

( ) School/Education (PK-12)

( ) College/University

( ) Library

( ) Non-Profit Organization

( ) Grassroots Community Organizing Group/Organization

( ) Tenants' Association

( ) Social Service Provider

( ) Housing Provider

( ) Transportation Provider

( ) Mental Health Provider

( ) Neighborhood Association

( ) Foundation/Philanhropy

( ) For-Profit Organization/Private Business

( ) Faith-based Organization

( ) Center for Independent Living

( ) Other

5) Please elaborate on what you mean when you describe your organization as "Other":

_____

A-2) Organizational Interest in Participating in and Supporting MiThrive

6) What are your organization's top three interests in joining a community health improvement partnership? (Select only three (3) options below)

[ ] To deliver programs effectively and efficiently and avoid duplicated efforts

[ ] To pool resources

[ ] To increase communication among groups

[ ] To break down stereotypes

[ ] To build networks and friendships

[ ] To revitalize low energy of groups who are trying to do too much alone

[ ] To plan and launch community-wide initiatives

[ ] To develop and use political power to gain services or other benefits for the community

[ ] To improve line of communication from communities to government decision-making

[ ] To improve line of communication from government to communities

[ ] To create long-term, permanent social change

[ ] To obtain or provide services

[ ] Other - Write In: _____

7) Why is your organization interested in participating in a community health initiative? (Check all that apply)

[ ] Access to data

[ ] Connections to communities with lived experience

[ ] Connections to other organizations

[ ] Connections to decision-makers

[ ] Connections to potential funders

[ ] Positive publicity (e.g., our organization supports community health)

[ ] Helps achieve requirements for public health accreditation

[ ] Helps achieve requirements for IRS non-profit tax status

[ ] Helps achieve requirements for Federally Qualified Health Center (FQHC) status

[ ] Helps achieve other requirements

[ ] Improving conditions for members/constituents

[ ] Other - Write In: _____

8) What resources might your organization contribute to support MiThrive activities?
(Check all that apply)
Note: This question does not commit your organization to support; it only identifies ways your organization *might* be able to support.

[ ] I'm unsure

[ ] Funding to support assessment activities (e.g., data collection, analysis)

[ ] Funding to support community engagement (e.g., stipends, gift cards)

[ ] Food for community meetings

[ ] Childcare for community meetings

[ ] Policy/advocacy skills

[ ] Media connections

[ ] Social media capacities

[ ] Physical space to hold meetings

[ ] Technology to support virtual meetings

[ ] Coordination with tribal government

[ ] Staff time to support community engagement and involvement

[ ] Staff time to support interpretation and translation

[ ] Lending interpretation equipment for use during meetings

[ ] Staff time to support relationship-building between MiThrive staff and other organizations (e.g., introductions to government agencies or organizers)

[ ] Staff time to support focus group facilitation or interviews

[ ] Staff time to help analyze quantitative data

[ ] Staff time to help analyze qualitative data

[ ] Staff time to participate in MiThrive meetings and activities

[ ] Staff time to help plan MiThrive meetings and activities

[ ] Staff time to help facilitate MiThrive meetings and activities

[ ] Staff time to help implement MiThrive meetings and activities

[ ] Note-taking support during qualitative data collection

[ ] Staff time to transcribe meeting notes/recordings

[ ] Other - Write In: _____

A-3) Demographics and Characteristics of Clients/Members Served/Engaged

9) Briefly describe the client population that your organization serves.
For example, groups identifiable by rural/urban, gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.

_____

_____

_____

_____

10) Please select the client populations that your organization regularly provides services for. *(Check all that apply)* *(Example: A local substance-use prevention coalition will provide specific services for individuals with a substance-use disorder, however, a university may service students with a substance-use disorder but they do not have specific services/programs for individuals with a substance-use disorder.)*

	My organization provides services specifically for this community.	My organization provides general services and individuals of this population could use those services. However, we do not provides services specifically for this community.	My organization does not provide services for individuals within this community.
Racial & Ethnic Minority Community: Individuals who are African, Black/African American, Asian, Asian American, Hispanic/Latinx, Middle Eastern/North African, Native American/Indigenous/Alaska Native, Pacific Islander/Native Hawaiian	[ ]	[ ]	[ ]

Immigrant, Refugee, & Asylum-seeking Community: Individuals who have left their country of origin	[ ]	[ ]	[ ]
LGBTQ+ Community: Individuals who are transgender people, nonbinary people, and other members of the LGBTQIA+ community	[ ]	[ ]	[ ]
Individuals with Disabilities: This would include but not be limited to the following categories: Individuals that are Blind or Low Vision, Deaf or Hard of Hearing, Mental Health, Intellectual or Developmental Disability, Traumatic Brain Injury, Autism Spectrum Disorder, and Physical Disability.	[ ]	[ ]	[ ]
Individuals with Substance-use Disorders: Individuals who have a substance-use disorder.	[ ]	[ ]	[ ]
Individuals with Low Income: Individuals who fall below the ALICE Household Poverty Level or Individuals who fall below the Federal Poverty Level.	[ ]	[ ]	[ ]
Senior: Individuals over the age of 60 years old	[ ]	[ ]	[ ]
Youth: Individuals under the age of 18 years old	[ ]	[ ]	[ ]
Other: Write In- Below	[ ]	[ ]	[ ]

11) If you answered "Yes, my organization provides services specifically for this community", what racial/ethnic populations does your organization primarily work with? *(Check all that apply)*

[ ] Asian

[ ] Asian American

[ ] African

[ ] Black/African American

[ ] Latinx/Hispanic

[ ] Middle Eastern/North African

[ ] Native American/Indigenous/Alaska Native

[ ] Pacific Islander/Native Hawaiian

[ ] White/European

[ ] Other - Write In: _____

12) If you answered "Yes, my organization provides services specifically for this community", what populations with disabilities does your organization primarily work with? *(Check all that apply)*

[ ] Blind or Low Vision

[ ] Deaf or Hard of Hearing

[ ] Mental Health Disability

[ ] Intellectual or Developmental Disability

[ ] Traumatic Brain Injury

[ ] Autism Spectrum Disorder

[ ] Other - Write In: _____

13) Does your organization have access to interpretation and translation services?

( ) Yes

( ) No

( ) Unsure

( ) Not applicable

14) What do you do to reach/engage/work with your clientele or community? *(Check all that apply)*

[ ] We hire staff from specific racial/ethnic groups that mirror our target populations

[ ] We hire staff/interpreters who speak the language/s of our target populations

[ ] We support leadership development in our target populations

[ ] We have leadership who speak the language/s of our target populations

[ ] Our organization is physically located in neighborhood/s of our target populations

[ ] We receive many clients from our target populations

[ ] We receive many referrals from our target populations

[ ] We work closely with community organizations from our target populations

[ ] We have done extensive outreach to our target populations

[ ] Other - Write In: _____

A-4) Topic Area Focus

15) How much has your organization focused on each of these topics?

	1) A Lot	2) A Little	3) Not At All	4) 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.	( )	( )	( )	( )
ii. Education Access and Services: The connection of education to health and well-being. This includes issues such	( )	( )	( )	( )

as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.				
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.	( )	( )	( )	( )
iv. Neighborhood and Built Environment: The connection between where a person lives— housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of 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 well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	( )	( )	( )	( )

16) Which of the following categories does your organization actively engage with more than once in the last year? *(Check all that apply)*

[ ] Arts and culture

[ ] Businesses and for-profit organizations

[ ] Criminal legal system

[ ] Disability/independent living

[ ] Early childhood development/childcare

[ ] Education

[ ] Community economic development

[ ] Economic security

[ ] Environmental justice/climate change

[ ] Faith communities

[ ] Family well-being

[ ] Financial institutions (e.g., banks, credit unions)

[ ] Food access and affordability (e.g., food bank)

[ ] Food service/restaurants

[ ] Gender discrimination/equity

[ ] Government accountability

[ ] Healthcare access/utilization

[ ] Housing

[ ] Human services

[ ] Immigration

[ ] Jobs/labor conditions/wages and income

[ ] Land use planning/development

[ ] LGBTQIA+ discrimination/equity

[ ] Parks, recreation, and open space

[ ] Public health

[ ] Public safety/violence

[ ] Racial justice

[ ] Seniors/elder care

[ ] Transportation

[ ] Utilities

[ ] Veterans' issues

[ ] Violence

[ ] Youth development and leadership

[ ] Other - Write In: _____

17) Which of the following health topics has your organization actively worked on in the past year? *(Check all that apply)*

[ ] Cancer

[ ] Chronic Disease (e.g., asthma, diabetes/obesity, cardiovascular disease)

[ ] Family/maternal health

[ ] Immunizations and screenings

[ ] Infectious disease

[ ] Injury and violence prevention

[ ] Economic/ Financial health

[ ] HIV/STD prevention

[ ] Healthcare access/utilization

[ ] Health equity

[ ] Health insurance/Medicare/Medicaid

[ ] Mental or behavioral health (e.g., PTSD, anxiety, trauma)

[ ] Physical activity

[ ] Public safety

[ ] Public transportation

[ ] Tobacco and substance use and prevention

[ ] Social determinants of health

[ ] Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps

[ ] None of the above/Not applicable

[ ] Other - Write In: _____

A-5) Organizational Commitment to Equity

18) Please review the following statements.

	1) Agree	2) Disagree	3) Unsure
i. We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally in our organization.	( )	( )	( )
ii. We have at least one person in our organization dedicated to addressing inequities externally in our community.	( )	( )	( )
iii. We have a team dedicated to advancing equity/addressing inequities in our organization.	( )	( )	( )
iv. Advancing equity/addressing inequities is included in all or most staff job requirements.	( )	( )	( )

A-6) Organizational Accountability

19) To whom is your organization accountable? *(Check all that apply)*
By "accountable", we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization's decision-making—for example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members.

[ ] Mayor, governor, or other elected executive official

[ ] City council, board of supervisors/commissioners, or other elected legislative officials

[ ] State government

[ ] Federal government

[ ] Tribal government

[ ] Foundation

[ ] Advisory board

[ ] Community members

[ ] Members of the organization/association

[ ] Customers/clients

[ ] Board of directors/trustees

[ ] Shareholders

[ ] Voters

[ ] Voting members

[ ] National/parent organization

[ ] Other government agencies

[ ] Other - Write In: _____

B. Capacities to Support Community Health Improvement

The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does the following tasks and whether your organization could support MiThrive by doing that task. Following the set of questions is space for comments or questions.

20) Please select the activities your organization regularly performs. *(Check all that apply)*

	My organization currently performs this activity	**My organization want to perform this activity in the future**	**My organization does not perform or plan to perform this activity**
Assessment: My organization conducts assessments of living and working conditions and community needs and assets.	[ ]	[ ]	[ ]

Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.	[ ]	[ ]	[ ]
Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.	[ ]	[ ]	[ ]
Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.	[ ]	[ ]	[ ]
Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.	[ ]	[ ]	[ ]
Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.	[ ]	[ ]	[ ]
Access to Care: My organization provides	[ ]	[ ]	[ ]

healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.			
Organizational Infrastructure & Workforce: My organization is helping build and maintain a strong organizational infrastructure for health and well-being. My organization supports workforce development and can help build and support a diverse, skilled workforce.	[ ]	[ ]	[ ]
Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.	[ ]	[ ]	[ ]
Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.	[ ]	[ ]	[ ]
Advocacy, Campaigns, and Grassroots Lobbying: My organization targets public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions. We use organized actions that address a specific purpose, policy, or change	[ ]	[ ]	[ ]

Other: Write In- Below	[ ]	[ ]	[ ]

21) Describe "Other" activities your organization performs or plans to perform.

_____

_____

_____

_____

B-1) Data Access and Systems

22) Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

( ) Yes

( ) No

( ) Unsure

23) Can you share the assessments you described above with MiThrive?

( ) Yes

( ) No

( ) Unsure

24) What data does your organization collect? *(Check all that apply)*

[ ] Demographic information about clients or members

[ ] Access and utilization data about services provided and to whom

[ ] Evaluation, performance management, or quality improvement information about services and programs offered

[ ] Data about health status

[ ] Data about health behaviors

[ ] Data about conditions and social determinants of health (e.g., housing, education, or other conditions)

[ ] Data about systems of power, privilege, and oppression

[ ] We don't collect data

[ ] Other - Write In: _____

25) Can you share any of that data with MiThrive?

( ) Yes, already being shared

( ) Yes, can share

( ) No

( ) Unsure

B-2) Community- Engagement Practices

26) What type of community-engagement practices does your organization perform most often? (Check all that apply) *Note: We will explore this more deeply in the CPA partner discussion.*

[ ] Inform: Provide the community with relevant information.

[ ] Consult: Gather input from the community.

[ ] Involve: Ensure community needs and assets are integrated into process and inform planning.

[ ] Collaborate: Ensure community capacity to play a leadership role in implementation of decisions.

[ ] Defer to: Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.

[ ] Unsure

27) When you host community meetings, do you offer: *(Check all that apply)*

[ ] Stipends or gift cards for participation

[ ] Interpretation/translation to other languages including sign language

[ ] Food/snacks

[ ] Transportation vouchers if needed

[ ] Childcare if needed

[ ] Accessible materials for low literacy populations

[ ] Accessible materials for individuals with disabilities

[ ] Virtual ways to participate

[ ] Not applicable

[ ] Other - Write In: _____

B-3) Policy, Advocacy, and Communications

28) What policy/advocacy work does your organization do? *(Check all that apply)*

[ ] Develop close relationships with elected officials

[ ] Educate decision-makers and respond to their questions

[ ] Respond to requests from decision-makers

[ ] Use relationships to access decision-makers

[ ] Write or develop policy

[ ] Advocate for policy change

[ ] Build capacity of impacted individuals/communities to advocate for policy change

[ ] Lobby for policy change

[ ] Mobilize public opinion on policies via media/communications

[ ] Contribute to political campaigns/political action committees (PACs)

[ ] Voter outreach and education

[ ] Legal advocacy

[ ] Not applicable

[ ] Unsure

[ ] Other - Write In: _____

29) Please review the following statements.

	1) Strongly Agree	2) Agree	3) Disagree	4) Strongly Disagree	5) Unsure
i. Our organization has a strong presence in local earned media (print/radio/TV).	( )	( )	( )	( )	( )
ii. Our organization has strong communications infrastructure and capacity.	( )	( )	( )	( )	( )
iii. Our organization has a clear communications strategy.	( )	( )	( )	( )	( )
iv. Our organization has good relationships with other organizations who can help share information.	( )	( )	( )	( )	( )
v. Our organization has a clear equity lens that we use for our external communications and engagement work.	( )	( )	( )	( )	( )

30) What communications work does your organization do most often? *(Check all that apply)*

[ ] Internal newsletters to staff

[ ] External newsletters to members/the public

[ ] Ongoing and active relationships with local journalists and earned media organizations

[ ] Media contact list for press advisories/releases

[ ] Social media outreach (e.g., on Facebook, Twitter, Instagram)

[ ] Ethnicity-specific outreach in non-English language

[ ] Press releases/press conferences

[ ] Promotion of materials and resources on a website

[ ] Data dashboard

[ ] Meet to discuss narrative and messaging to the public

[ ] Other - Write In: _____

C. Additional Comments related to MiThrive Partner Assessment

31) The text-box below is a space for you/your organization to provide any additional comments or information related to the MiThrive Partner Assessment and/or ask any questions you may have related to our next steps in improving community health:

_____

_____

_____

_____

Thank You!

Thank You for Completing the CPA Survey!

Your responses will be used to develop a community health assessment and analyzed with the surveys of other MiThrive community partners to help identify our collective strengths and opportunities for improvement.

Appendix E

Community Context Assessment: Asset Map - Mason and Oceana

Mason County Assets

Asset mapping is a process that helps communities identify and describe their strengths and resources, which can then be used to address community needs and improve health. This can include community engagement, partnership building, and resource allocation. Each county asset list contains the following: social services, social and/or grassroot organizations, education, health institutions, public services, community-based organizations, infrastructure, and noteworthy people and groups.

Social Service

Community Center
- Ludington Senior Center
- Scottville Senior Center
- Tallman Lake Senior Center
- Fountain Area Community Center
- Free Soil Area Senior Center

Housing Organizations
- TrueNorth Community Services
- Habitat for Humanity of Mason County Home Team Housing
- FiveCap
- Mid Michigan
- HELP Ministries

Food Pantry/Kitchens
- Lakeshore Food Club
- Cornerstone Baptist Church
- St. Simon Pantry
- Caritas Food Pantry
- Ludington Salvation Army
- Scottville United Methodist Church Community Table
- Feeding America Food Truck
- Crossroads Church Food Truck and Community Church Community Table
- FiveCAP
- First Baptist Church of Pentwater (Serves Mason and Oceana)

Emergency Housing Shelters
- Communities Overcoming Violent Encounters (COVE)
- Hospitality Inc., Men's Shelter

Halfway Houses
- The Boon House
- Women's Jericho House

Domestic Violence Shelters

- Communities Overcoming Violent Encounters (COVE)

Social/Grassroot Organizations

Seniors' Group/Services

- Ludington Senior Center
- Scottville Senior Center
- Tallman Lake Senior Center
- Fountain Area Community Center
- Meals on Wheels
- Mason County Council on Aging
- Free Soil Area Senior Center

Special Interest Group

- A Few Friends for the Environment of the World (AFFEW)
- Ludington Area Jaycees
- Women Who Care of Mason County
- Rotary Club of Ludington
- Scottville Optimist Club
- Optimist Club of Ludington
- Sable Point Lighthouse Keepers Association
- Mason County Girl Scouts
- Mason County Boy Scouts
- Mason County Garden Club
- Scottville Beekeepers of Mason County
- Friends of Ludington State Park

Advocacy Groups/Coalitions

- The Leeward Initiative
- Great Start Collaborative Mason, Lake, & Oceana
- LiveWell Mason
- Mason County Right to Life
- A Few Friends for the Environment of the World (AFFEW)
- MOPS/MOMSnext of Ludington
- Hamlin Lake Preservation Society
- West Shore Pride
- Disability Network West Michigan

Cultural Organizations

- Ludington Center for the Arts
- White Pine Village
- Mason County Historical Society
- Sand Castles Museum
- Mason County Sports Hall of Fame

Hunting/Sportsman Leagues
- The Fin and Feather Club of Mason County
- Ludington Boat Club

Amateur Sports Leagues
- Ludington Recreation Baseball
- Ludington Recreation Softball
- Boys Recreation Basketball
- Ludington Recreation Tennis
- West Shore Wolves Hockey
- West Shore Soccer League
- Fast Pitch Mens Softball
- Pickleball League
- Bowling League
- Ludington Recreation Soccer

Education
Colleges or Universities
Community College
- West Shore Community College

Before-/After-School Program
- Mason's Nest After School Program
- Before and After School Club
- Mason County 4-H
- Good News Club (MCC)

Vocational/Technical Education Programs
- Career Tech Education – West Shore Community College

Health Institutions
Hospital
- Spectrum Health Ludington Hospital

Healthcare Clinic
- All Access Care
- Spectrum Health Ludington Hospital Family & Internal Medicine
- Northwest Michigan Health Services
- Mercy Health Physician Partners Sable Point Family Care
- Convenient Care Walk-In Clinic
- Mercy Health Urgent Care

Health Department
- District Health Department #10

Behavioral Health Services
- West Michigan Community Mental Health
- Mason County Eastern Adolescent Wellness Center
- Serenity Point Counseling and Wellness
- Lighthouse Associates
- Mason County Central Behavioral Health

Public Service
Library
- Ludington Library
- Scottville Library

Police Department
- Mason County Sheriff's Office
- Ludington Police Department
- Scottville Police Department

Fire Department
- Ludington Fire Department
- Scottville Fire Department
- Hamlin Fire Department
- Custer Fire Department
- Pere Marquette Township Fire Department
- Riverton Fire Department
- Fountain Area Fire Department
- Grant Township Fire Department
- Branch Township Fire Department
- Free Soil/Meade Volunteer Fire Department
- Mason County Rural Fire Authority

Emergency Medical Services
- Life EMS

Community-Based Organizations
Religious Organizations
- Mason County Reformed Church
- St. Simon Roman Catholic Church
- Radiant Church
- Cornerstone Baptist Church
- Prayer & Praise Assembly – God
- Lighthouse Baptist Church
- Emanuel Lutheran Church
- Community Church of Ludington
- People's Church

- St. Mary's Church
- United Methodist Church of Ludington
- Our Savior's Lutheran Church
- St. Paul United Methodist Church
- St John's Luthern Church
- St John Cantius Catholic Church
- Calvary Baptist Church
- Grace Episcopal Church of Ludington
- Trinity Evangelical Free Church
- Victory Trinity Lutheran Church
- Victory Baptist Church
- Bachelor Evangelical Covenant Church
- Beacon Ministries
- Summit Church of Christ
- Apostolic Christian Tabernacle
- Living Word Church
- Path of Life
- Redeemer Lutheran Church
- Sugar Ridge Church of the Brethren

United Way
- United Way of Mason County

Community or Philanthropic Foundation
- Mason County Community Foundation
- Pennies From Heaven
- Oriole Foundation
- Spectrum Health Ludington Hospital Foundation
- West Shore Community College Foundation

Political Organizations
- Mason County Democratic Party
- Mason County Republican Committee

Infrastructure

Parks
- Ludington State Park
- Cartier Park
- Stearns Park Beach
- Copeyon Park
- Ludington Marina Park
- Riverside Park
- Waterfront Park
- Summit Park

- Buttersville Park
- Memorial Tree Park
- Sutton's Landing
- Victory Park

Public Pools
- West Shore Community College
- Donald C. Baldwin Community Pool

Vacant Private Building or Lot
- Johnny's of Custer
- Bank on James Street
- Paulina Stearns Hospital
- Old Scottville School
- Corner of James St and Dowland St
- Vacant Lot on Ferry St
- Thompson Cabinet
- Train Station on Madison Ave

Public Lake or Coastline
- Lake Michigan
- Hamlin Lake
- Hackert Lake
- Lincoln Lake
- Pere Marquette Lake
- Bass Lake
- Gun Lake
- Long Lake
- Ford Lake
- Round Lake
- Whalen Lake
- Saint Mary's Lake
- Eden Lake
- Emerson Lake
- Gooseneck Lake
- Hoag's Lake
- Pleiness/Lost Lake
- St. Mary's Lake
- Tallman Lake

Community Gardens
- U Dig It Community Garden
- Ludington Harvest Garden

Farmer's Markets
- Ludington Farmers Market
- Scottville Farmers Market

Noteworthy Person/Group
Local Artists/Musicians
- Todd & Brad Reed Photography
- John Merchant
- Edgar Struble
- Mary Case
- The Red Door Gallery
- Taylor Makowicki
- Third Coast Swing
- The Whiskey Rebels
- Mike Luusua
- Chad Rushing
- Marie Marfia
- Road Less Traveled
- Onager

Community Leader
- Tim Kozal
- Andrea Large
- Mitch Foster
- Drew Dostal
- Les Johnson
- Brandy H. Miller
- Steve Miller
- Curt VanderWall
- Tom and Patricia Ezdebski
- Lynne Russell
- Scott Ward
- John Wilson
- Dr. William Anderson
- Jeremy Vronko
- Sheriff Kim Cole
- Matthew Murphy
- Mark Boon

Celebrity or Influential Figure
- Edgar Struble
- Maynard James Keenan

Other

Oceana County Assets

Asset mapping is a process that helps communities identify and describe their strengths and resources, which can then be used to address community needs and improve health. This can include community engagement, partnership building, and resource allocation. Each county asset list contains the following: social services, social and/or grassroot organizations, education, health institutions, public services, community-based organizations, infrastructure, and noteworthy people and groups.

Social Service

Community Center

- The Ladder Community Center
- Oceana County Council on Aging
- El Centro Hispano – Oceana Hispanic Center
- Hart Community Center

Housing Organizations

- Dogwood Community Development
- Mid Michigan Community Action
- TrueNorth Community Services

Food Pantry/Kitchens

- New Hope Community Church
- Bread of Life Food Pantry – St. Gregory Our Lady of Fatima
- TrueNorth Community Services
- Trinity Lutheran Church – Food Pantry
- Shelby Public Schools – Food Distribution Pick Up
- Feeding America West Michigan
- Love Inc of Oceana County
- First Baptist Church Pentwater, MI – Food Pantry
- The Ladder Community Center
- Rothbury Community Church – Helping Hands Food Pantry
- Oceana Health Bound

Emergency Housing Shelters

- Communities Overcoming Violent Encounters (COVE)

Halfway Houses

- Communities Overcoming Violent Encounters (COVE)

Domestic Violence Shelters

- Communities Overcoming Violent Encounters (COVE)

Social/Grassroot Organizations

Seniors' Group/Services

- The Ladder Community Center

- Oceana County Council on Aging
- New Era Christian Reformed Church
- Our Friends House (Adult Day Service) – Oceana County Council on Aging
- Community PACE – A Program of All-Inclusive Care for the Elderly

Special Interest Group
- Women Who Care of Oceana County
- Pentwater Service Club
- Oceana County Council on Aging
- Pentwater Lake Association
- Moms in Prayer International – Michigan
- Oceana County 4-H – Michigan State University Extension
- Whitetails Unlimited
- Oceana County Historical & Genealogical Society
- Michigan State University – Oceana County Extension

Advocacy Groups/Coalitions
- Disability Network West Michigan
- El Centro Hispano – Oceana Hispanic Center
- Oceana LEADS
- The Oceana Prevention Partnership for Change (TOPPC) Youth Committee
- Communities Overcoming Violent Encounter (COVE)
- West MI Shoreline Regional Development Commission (WMSRDC)
- Pentwater Lake Association

Cultural Organizations
- Hart Community Performing Arts Series
- El Centro Hispano – Oceana Hispanic Center

Hunting/Sportsman Leagues
- Hunter Education – Oceana County
- Barryton Conservation Club
- Hart Long Rifles Club
- Oceana Archers
- Pentwater Sportfishing Association

Amateur Sports Leagues
- Sunday Co-Ed Pool League – Oceana County
- Oceana County Women's Softball League
- Pentwater Tennis and Pickleball Club
- Oceana Little League – Baseball
- Hart Rec – Basketball, Baseball, Softball, Soccer, Football

Education

Colleges or Universities

Community College
- West Shore Community College
- Oceana College Access Network

Before-/After-School Program
- TrueNorth Community Services
- ASPIRE After School Program – Shelby Middle School
- The Ladder Community Center
- Project FOCUS (For Our Children's Ultimate Success) – Hart Public Schools, Hesperia Community Schools, Walkerville Community Schools

Vocational/Technical Education Programs
- Newaygo County Career Tech Center
- Career and Technical Education – West Shore Community College
- Oceana College Access Network

Health Institutions

Hospital
- Mercy Health Lakeshore Campus

Healthcare Clinic
- Corewell Health Ludington Hospital Family Medicine
- Oceana County Medical Care Facility
- Mercy Health Physician Partners Lakeshore Medical Shelby
- Mercy Health Physician Partners Hart Family Medicine
- Northwest Michigan Health Services – Shelby Health Center
- Shelby Adolescent Health Center – Inside Shelby Middle School
- Hart Wellness Center – Hart High School

Health Department
- District Health Department #10

Behavioral Health Services
- West Michigan Community Mental Health
- The Fountain Hill Center – Lakeshore Office – Oceana County
- Northwest Michigan Health Services – Shelby Health Center
- Shelby Adolescent Health Center
- Hart Wellness Center

Public Service

Library
- Pentwater Township Library
- Hart Area Public Library

- Shelby Area District Library
- Walkerville Public School Library
- Hesperia Community Library

Police Department
- Oceana County Sheriff's Office
- Hart Police Department
- Michigan State Police District 6
- New Era Police Department
- Pentwater Police Department Rothbury Police Department
- Shelby Police Department
- Village of Walkerville Police Department
- Hesperia Police Department
- Village of Rothbury Police/Township Hall

Fire Department
- Pentwater Fire Department
- Crystal Township Fire Department
- Hart Area Fire Department
- Walkerville Area Fire & Rescue
- Shelby-Benona Fire Department
- Hesperia Area Fire Department
- Ferry Township Fire Department
- Grant Township Fire Department
- Mason-Oceana 911

Emergency Medical Services
- LIFE EMS Ambulance – Oceana County
- Oceana County Medical Control Health Lakeshore Campus
- Mason-Oceana 911
- Life EMS Hart Station

Community-Based Organizations

Religious Organizations
- Shelby Road Baptist Church
- St. Gregory Catholic Church
- Hart Congregational United Church of Christ
- Hesperia United Methodist Church
- Hesperia Baptist Church
- New Era Bible Church
- New Era Christian Reformed Church
- Love Inc of Oceana County
- The Church of Jesus Christ of Latter-day Saints
- Hart Dunkard Brethren Church

- Trinity Lutheran Church
- The Ladder Community Center
- St. Vincent's Catholic Church
- St. Stephens Lutheran Church
- First Baptist Church - Hart
- First Baptist Church of Pentwater
- New Hope Community Church
- Hart Wesleyan Church
- Ferry Wesleyan Church
- Shelby Wesleyan Church
- Our Lady of Fatima Catholic Church

United Way

- Mecosta-Osceola United Way
- United Way of the Lakeshore

Community or Philanthropic Foundation

- Community Foundation Oceana County
- Women Who Care of Oceana County
- The Gerber Foundation

Political Organizations

- Michigan Democratic Party's Oceana County
- Oceana County Democrats
- Michigan Republican Party
- Indivisible Advocates for Humanity Oceana/Mason
- Oceana County GOP

Infrastructure

Parks

- Hart-Montague Bicycle Trail Park
- Rothbury Trailhead on Hart-Montague Trail
- Shelby Trailhead on Hart-Montague Trail
- John Gurney Park
- Mears State Park
- Hart Commons Park
- Vida Weaver Park
- Golden Township Park at Lake Michigan
- Golden Township Park at The Silver Lake Sand Dunes
- Getty Park
- Webster Park
- Walkerville Village Park
- Silver Lake State Park
- Gales Pond County Park

- Stony Lake County Park
- Stony Lake Park
- Crystal Valley County Park
- Hart Veterans Park

Public Pools
- Lakeside Rehabilitation Family Fitness – Swimming lessons

Vacant Private Building or Lot
- Walker's Fine Dining – Vacant Private Building
- Gales's IGA Foodliner, Inc. – Vacant Private Building

Public Lake or Coastline
- Lake Michigan
- Silver Lake
- Hart Lake
- McLaren Lake
- Hightower Lake
- Stony Lake
- Crystal Lake
- Pentwater Lake
- Bass Lake
- Hopkins Lake
- Saint Marys Lake
- Campbell Lake
- Butternut Lake

Community Gardens
- New Era Christian Reformed Church Community Garden
- Pentwater Service Club – Community Garden

Farmer's Markets
- New Era Farmers Marker – New Era Christian Reformed Church
- Pentwater Farmers Market
- Woodland Farm Market
- Rennhack Orchards Market
- Up North Farm Market
- Merten's Farmhouse Market

Noteworthy Person/Group
Local Artists/Musicians
- The Smokin' Dobroleles – Musician
- Claybanks Pottery – Local Artist
- Mike Snell – Musician
- Greg Bouse – Musician

- Guy Clements – Musician
- Jilly Barnes – Local Artist
- Michelle Anscombe – Local Artist
- Frank William Galante – Musician
- Rocket Fuel Haulers – Musician

Community Leader
- Craig Mast – Sheriff
- Tammy Carey – Chief Executive Officer
- Lynne Cavazos
- Mayor Vicki Platt – City of Hart

Celebrity or Influential Figure
- Stan Rickard – Citizen of the Year 2019

Other
- Michigan Works! West Central – Job Seekers/Employers
- Dale And Gail's Music And Art Gallery
- Music On The Commons
- Crystal Valley Care Fund – Nonprofit Organization

Appendix F

Community Context Assessment: Photovoice Survey Instrument

2024 MiThrive Photovoice

Welcome

Thank you for your interest in the 2024 MiThrive Photovoice Project!

We want to hear from you on what makes your community a great place to live—or where it could improve – through the lens of your camera. You have a chance of winning a $50 gift card!

Before submitting, please be sure to review the [Frequently Asked Questions document](#).

Photovoice Directions:

1. **Read through each photovoice question.**

2. **Respond to at least one photovoice question with a photo (you may submit more than one photo).**
   1. **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.**
   2. **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.**
   3. **Take a picture of something that needs improvement in your community.**

3. **Provide a description of your photo and how it answers the photovoice question.**

Data Transparency: Data collected in the MiThrive Photovoice Project will be used in the 2024 MiThrive Community Health Assessment. This will include using submitted photos and photo stories in reports, presentations, exhibits, and social media. Personal information such as your name and demographic data will be kept confidential.

Translation & Accessibility: This form is available in Spanish- click here to access. If you require accommodations to complete this survey such as for vision, hearing, or other disabilities, please email us at mithrive@northernmichiganchir.org and we would be happy to assist.

Submission Due Date: This form will close Sunday, October 6th at 11:59 pm. Please submit your response prior to this time.

Questions and concerns can be emailed to mithrive@northernmichiganchir.org.

Photovoice Consent

Acknowledgement of Release & Consent Questions:
For consideration received and acknowledged, I authorize and consent to the use by MiThrive, of my photo, photo description, and/or likeness as follows.

MiThrive' s Rights:
MiThrive shall have the unlimited and irrevocable right to publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display, digitize, or otherwise use or re-use my photo, photo description, and/or likeness in connection with any product or service in all marketing and promotional materials, and publicity efforts.

I understand that my photo, photo description, and/or likeness may be used as noted above in videos, websites, flyers, posters, brochures, newspapers, advertisements, or other forms of communication and promotion.

Consent of Individuals in Photos:
I confirm that any individuals depicted in the submitted photos have expressly agreed to the use of their image, image description, and/or likeness as described

in this consent and release form. Additionally, I confirm that no photos including minors are being submitted.

Photo Authenticity:
I confirm that all photos submitted are my own original work have not been taken from the internet or any other sources.

Release and Waiver:
I shall have no right of approval, no other claim to compensation, and release MiThrive and its officers, employees, trustees, and agents from liability for any violation of any personal or proprietary right I or any individuals depicted in the photos may have in connection with such use.

I understand that all such recordings, in whatever medium, shall remain the property of MiThrive.

I have read and fully understand the terms of this release. I am not a minor, have the full and exclusive right and authority to grant this consent and release, and confirm that it does not conflict with any existing commitment of mine.

1) Are you 18 years or older?*

( ) Yes
( ) No

Under 18 Consent: I give permission for my child to participate in the MiThrive Photovoice Project. I understand that my child will be taking photographs that will be used by MiThrive for the 2024 MiThrive Community Health Assessment.

As the parent or guardian of the minor named below, I have read and fully understand the terms of this release. I have the full and exclusive right and authority to grant this consent and release on behalf of the minor and confirm that it does not conflict with any existing commitment.

4) Parent/ Guardian Date of Birth*

_____

Photo Submission

Question #1: 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.

5) Do you have a photo that you would like to share for question #1?*

( ) Yes
( ) No

6) What county was your photo(s) taken in? *

( ) Alcona
( ) Alpena
( ) Antrim
( ) Arenac
( ) Benzie
( ) Charlevoix
( ) Cheboygan
( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

7) Question #1: Upload First Photo*

_____1

8) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

9) Do you want to provide another photo for this question?*

( ) Yes
( ) No

10) What county was your photo(s) taken in? *

( ) Alcona
( ) Alpena
( ) Antrim
( ) Arenac
( ) Benzie
( ) Charlevoix
( ) Cheboygan
( ) Clare
( ) Crawford
( ) Emmet
( ) Gladwin
( ) Grand Traverse
( ) Iosco
( ) Isabella
( ) Kalkaska
( ) Lake
( ) Leelanau
( ) Manistee
( ) Mason
( ) Mecosta
( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

11) Question #1: Upload Second Photo*

_____1

12) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

Photo Submission

Question #2: 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.

13) Do you have a photo that you would like to share for question #2?*

( ) Yes
( ) No

14) What county was your photo(s) taken in? *

( ) Alcona
( ) Alpena
( ) Antrim
( ) Arenac
( ) Benzie
( ) Charlevoix
( ) Cheboygan
( ) Clare
( ) Crawford
( ) Emmet
( ) Gladwin
( ) Grand Traverse
( ) Iosco
( ) Isabella
( ) Kalkaska
( ) Lake
( ) Leelanau
( ) Manistee
( ) Mason
( ) Mecosta
( ) Missaukee
( ) Montmorency
( ) Newaygo
( ) Oceana
( ) Ogemaw
( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

15) Question #2: Upload First Photo*

_____1

16) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

17) Do you want to provide another photo for this question?*

( ) Yes

( ) No

18) What county was your photo(s) taken in? *

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

19) Question #2: Upload Second Photo*

_____1

20) Provide a description of your photo and how it answers the photovoice question. *

Photo Submission

Question #3: Take a picture of something that needs improvement in your community.

21) Do you have a photo that you would like to share for question #3?*

( ) Yes
( ) No

22) What county was your photo(s) taken in? *

( ) Alcona
( ) Alpena
( ) Antrim
( ) Arenac
( ) Benzie
( ) Charlevoix
( ) Cheboygan
( ) Clare
( ) Crawford
( ) Emmet
( ) Gladwin
( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

23) Question #3: Upload First Photo*

_____1

24) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

25) Do you want to provide another photo for this question?*

( ) Yes
( ) No

26) What county was your photo(s) taken in? *

( ) Alcona
( ) Alpena
( ) Antrim
( ) Arenac
( ) Benzie
( ) Charlevoix
( ) Cheboygan
( ) Clare
( ) Crawford
( ) Emmet
( ) Gladwin
( ) Grand Traverse
( ) Iosco
( ) Isabella
( ) Kalkaska
( ) Lake
( ) Leelanau
( ) Manistee
( ) Mason
( ) Mecosta
( ) Missaukee
( ) Montmorency
( ) Newaygo
( ) Oceana
( ) Ogemaw
( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

27) Question #3: Upload Second Photo*

_____1

28) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

Demographics

Please fill out this demographic form to submit your photos and enter into the raffle.

29) Full Name*

_____

30) What is your age in years?*

_____

31) Which of the following best describes your race/ethnicity? (Select all that apply)*

( ) Asian

( ) Asian American

( ) African

( ) Black or African American

( ) Hispanic or Latino/a/x

( ) Middle Eastern/North African

( ) Native American/Indigenous/Alaska Native

( ) Native Hawaiian/Pacific Islander

( ) White/European

( ) Prefer not to say

( ) Prefer to self-describe: _____

32) What county do you live in? *

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

33) What is the best way to contact you if we have questions? *

( ) Phone Number

( ) Email

34) What is your phone number?*

_____

35) What is your email?*

_____

36) Do you want to be entered in a raffle for the chance to receive a $50 gift card? *

( ) Yes

( ) No

37) What is your mailing address? (street address, city, zip code) *

_____

_____

_____

_____

Thank You!

Thank you for participating in the MiThrive Photovoice. Your response is very important to us.

Appendix G

Community Context Assessment: North Central Photovoice Album

COMMUNITY CONTEXT ASSESSMENT DATA (CCA)

Arenac, Clare, Gladwin, Isabella, Lake, Mason, Mecosta, Newaygo, Oceana, and Osceola Counties

INTRODUCTION

Residents located within the counties of the North Central Community Health Innovation Region (NCCHIR) submitted the images and captions contained in this album via the Photovoice Survey. The Community Context Assessment Data (CCA) collected has been categorized into 9 themes, with some images meeting the criteria for multiple themes. There are a total of 48 images, and each one will include one or more of the following color-coded icons:

ACCESS TO HEALTH CARE

BROADBAND

ECONOMIC SECURITY

EDUCATION

ENVIRONMENTAL/INFRASTRUCTURE

HOUSING

MENTAL HEALTH

OBESITY

SAFETY & WELLBEING

*Note: Images and captions are unedited.

MiThrive Data Platform   MiThrive Video   Subscribe to Newsletter

TABLE OF CONTENTS

Images are in order by county. Click on the county or page number to get directly to that particular section.
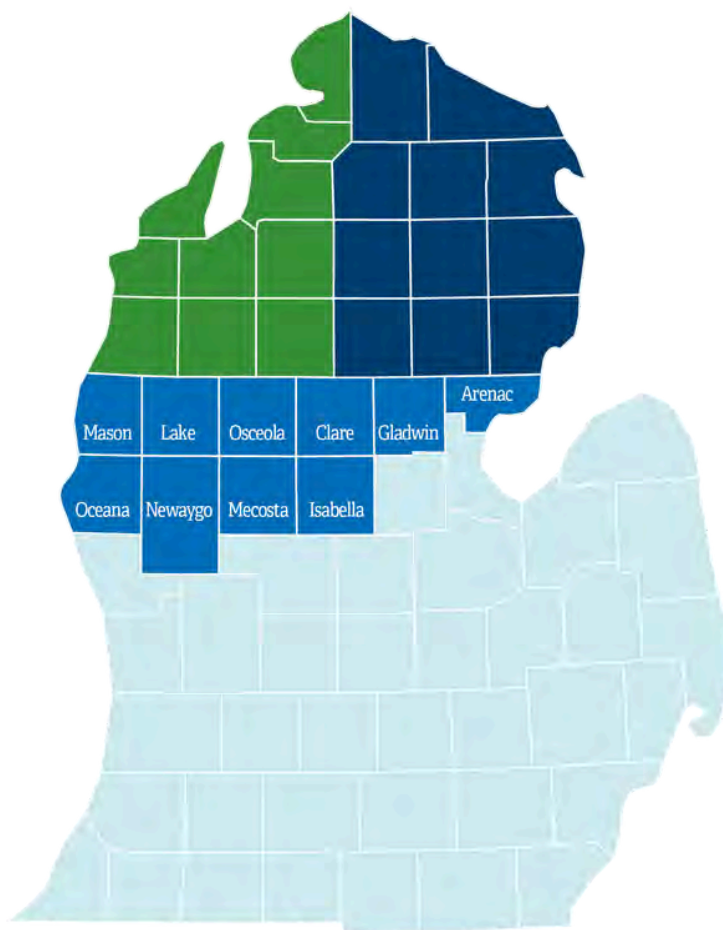
QUESTIONS?

Email: mithrive@northernmichiganchir.org

ARENAC
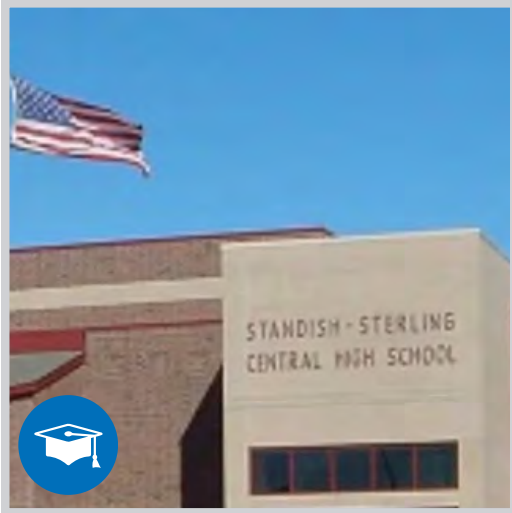
STANDISH-STERLING SCHOOLS

"Standish-Sterling provides schools that care about our children"

SHUTTERED STORE

"We need more places to shop. We also need another pharmacy in town. Small towns are greatly impacted by corporations shutting down."

MEALS FOR FIRST RESPONDERS

"Faith Alive Church providing meals to our first responders."

ACCESS TO HEALTH CARE   BROADBAND   ECONOMIC SECURITY   EDUCATION   ENVIRONMENTAL/ INFRASTRUCTURE   HOUSING   MENTAL HEALTH   OBESITY   SAFETY & WELLNESS

BUD LAKE

This is a picture of bud lake during the sunset I took while on a walk.

DRAMA CLUB

"Clare Public Schools - Drama Club that offers youth the ability to learn and experience art and culture."

ST. PATRICKS DAY CELEBRATION

"Annual Festivals' in Clare, such as the St. Patricks Day celebration."

CLARE CONTINUED...
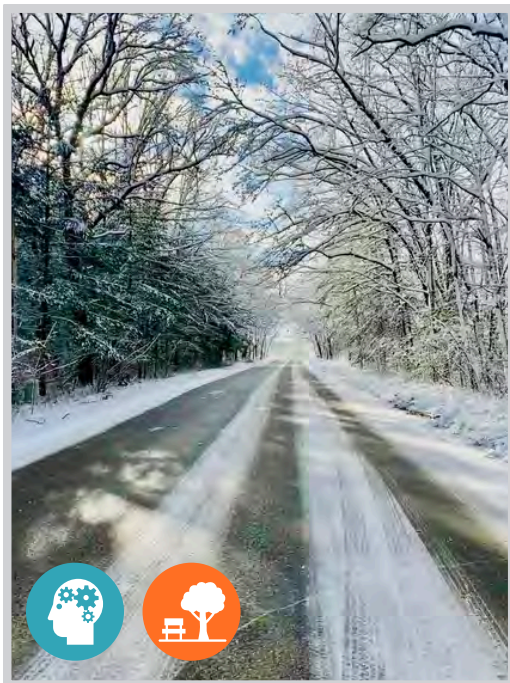
MICHIGAN WORKS OFFICE

"The Michigan Works Office in Grayling. There to help with employment related questions and services."
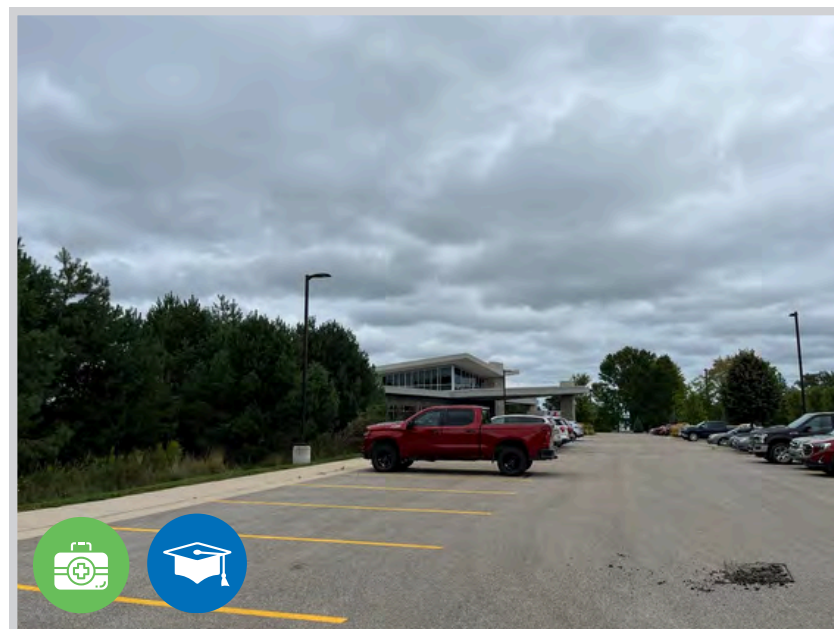
MID-MICHIGAN URGENT CARE

"This is the Mid Michigan urgent care in Gladwin. It's provides the community with a place to seek reliable and safe medical attention for any and all needs that they may have. Not only is this facility aiding individuals who are seeking medical attention but it is also providing educational opportunities for medical students from Central Michigan University."

PARADE
Community Parade

GLADWIN

ACCESS TO HEALTH CARE BROADBAND ECONOMIC SECURITY EDUCATION ENVIRONMENTAL/ INFRASTRUCTURE HOUSING MENTAL HEALTH OBESITY SAFETY & WELLNESS

GLADWIN HEIGHTS GOLF COURSE

"This photo was taken at Gladwin heights golf course. This golf course is owned by a lovely married couple who work hard everyday at their golf course. The community loves this course and there's tournaments and things involving the community every week!"

WELL MAINTAINED PATH

"The path provides an area for the community to walk, bike, or run to promote physical health and well-being. There is also access to the Cedar River from here for kayaking, canoeing, or fishing activities as well."
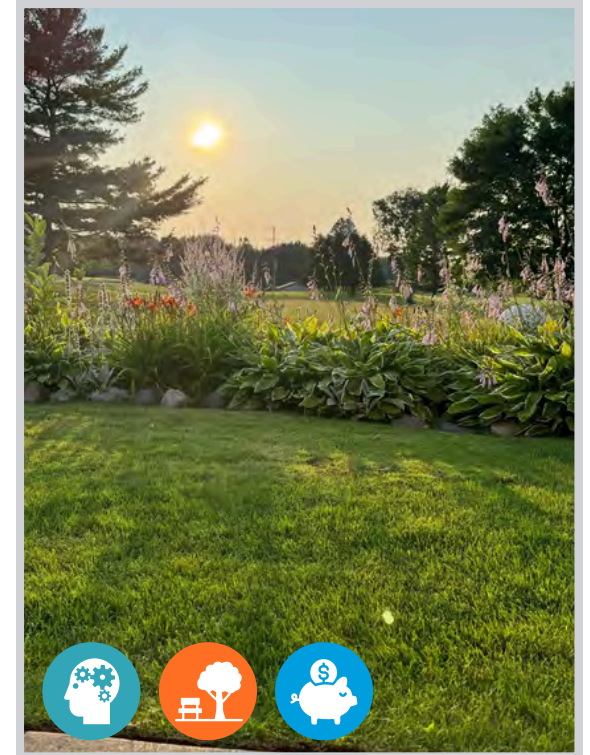
E COLI IN CEDAR RIVER

"This is a picture of the Cedar River. Over the past few years there have been elevated levels of e. Coli found in the river which make fishing, kayaking, and swimming much less enjoyable. Safe waterways would help improve the health and overall well-being of the community."

ISABELLA

CENTRAL MICHIGAN UNIVERSITY'S (CMU) ROSE CENTER

"This is a picture of the Rose Center on Central Michigan University's campus. It promotes healthy living through exercise."

CITY HALL

"This is city hall located in our newly renovated downtown, they offer many recourses and it is one of Isabella County's historical buildings! They also run a small farmers market every Saturday that helps bring our community and help farmers/local businesses gain new customers."
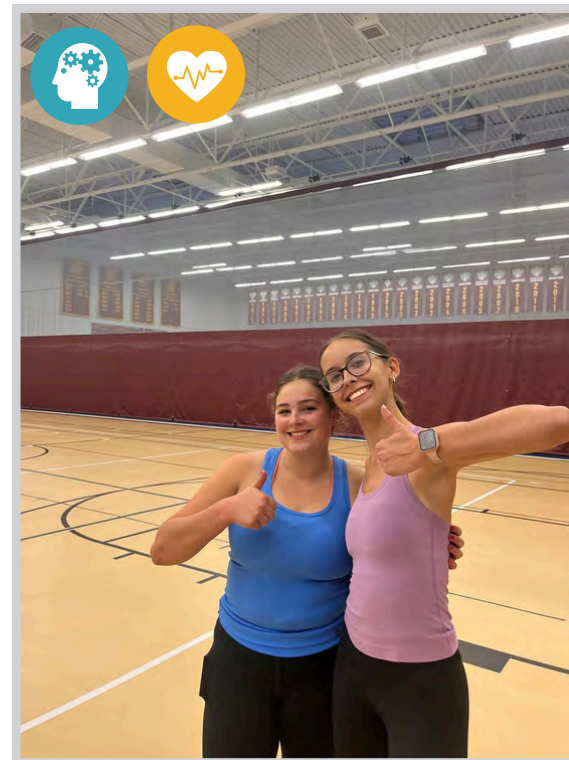
CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT (CMDHD)

"The health department is full of services that help individuals live a healthy life!"

ACCESS TO HEALTH CARE   BROADBAND   ECONOMIC SECURITY   EDUCATION   ENVIRONMENTAL/ INFRASTRUCTURE   HOUSING   MENTAL HEALTH   OBESITY   SAFETY & WELLNESS

FADED ROAD SIGNS

"the re painting and coloring of signs"
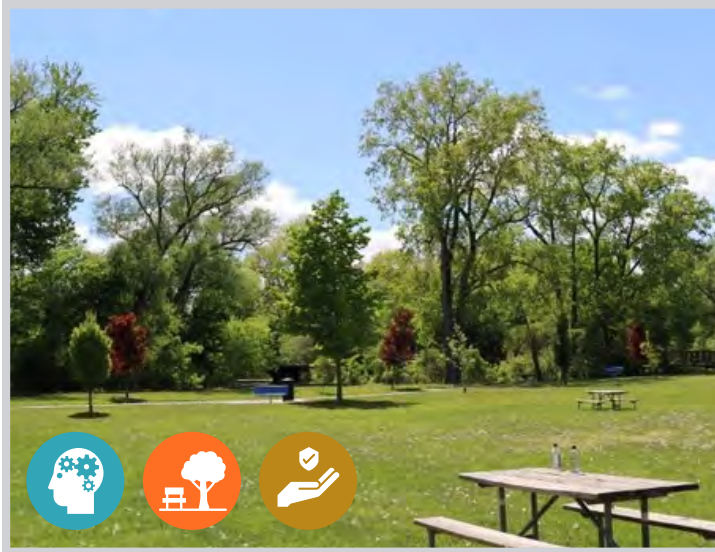
COMMUNITY PARK

"A park with easy access to family members providing a sense of safe community."

ACCESSIBLE PLAYGROUNDS & PARKS

"Isabella county has several nice play ground and park areas for families to enjoy. Most of them are accessible to many physical ability levels and are located in areas that are easily accessible"

ISABELLA CONTINUED...

SIDEWALKS & ROADWAYS IN DISREPAIR

"There are several roadways and sidewalks in need of repair within our county."

TRAIL NEAR CENTRAL MICHIGAN UNIVERSITY (CMU)

"This is a picture from a trail near CMU. The trail is easy to navigate and safe!"
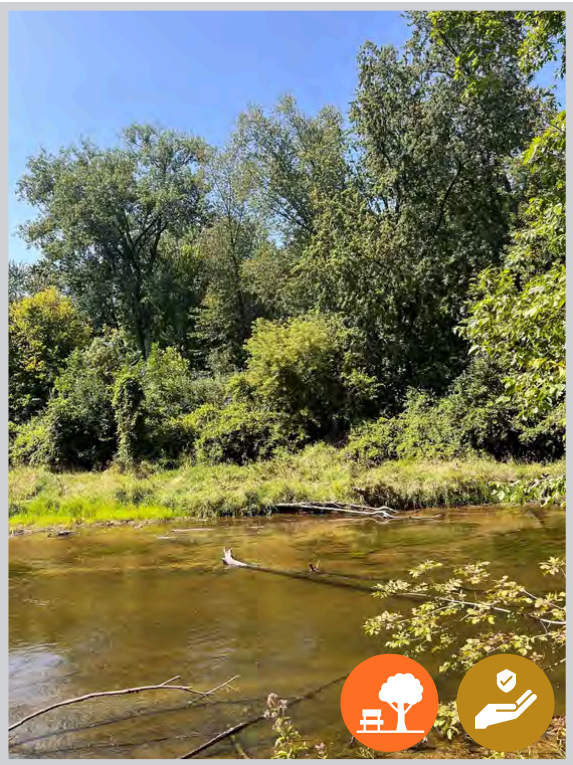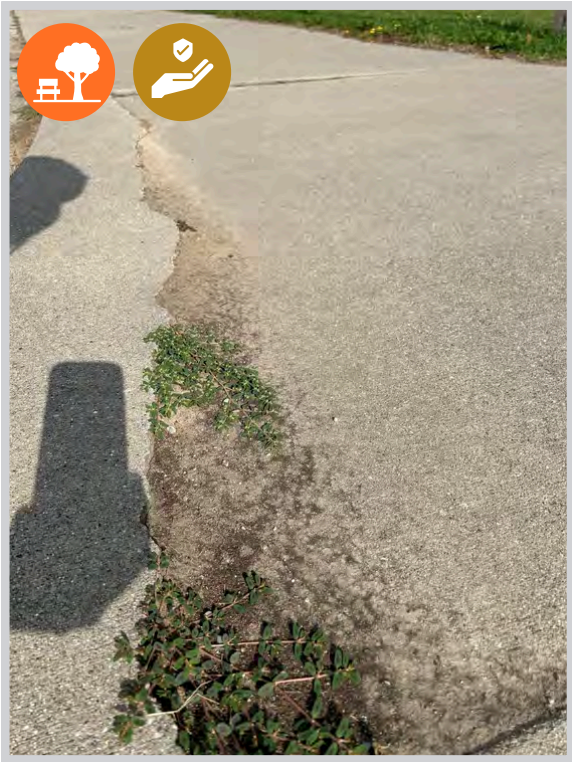
RIVER IN MT. PLEASANT

This is a river in Mt. Pleasant. It is gorgeous, but polluted.

ACCESS TO HEALTH CARE   BROADBAND   ECONOMIC SECURITY   EDUCATION   ENVIRONMENTAL/ INFRASTRUCTURE   HOUSING   MENTAL HEALTH   OBESITY   SAFETY & WELLNESS

GREENTREE

"GreenTree is our local grocery store, where customers can become owners and get food at discounted rates. They offer a wide selection and mostly healthy/vegan food and also offer a hot bar which I personally can say is amazing. This is a huge staple and definitely a must visit when in Mount Pleasant."

CHIPPED ELEMENTARY SCHOOL MURAL

"Although this mural brings a lot of nostalgia for me, it is extremely chipped and would love to see some TLC to my former elementary school."

MCLAREN HOSPITAL

"The mclaren hospital provides emergency access to those who need it quickly and attentively."

ISABELLA CONTINUED...

LAKE
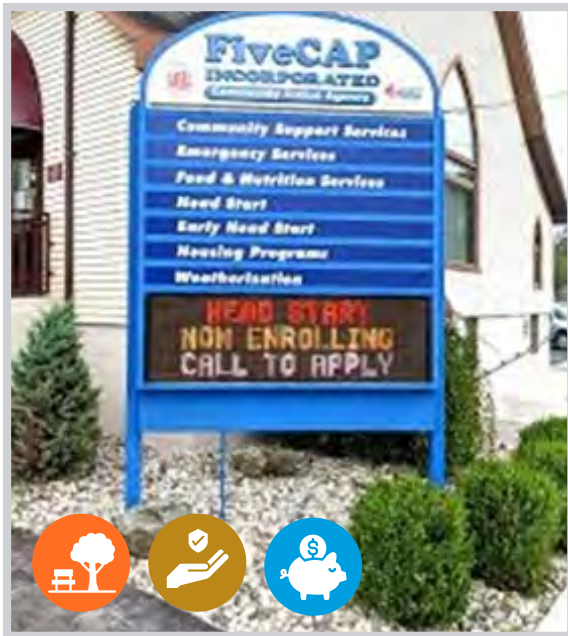
FIVE CAP

"Five cap has provided my child a safe place to go to school as well as helping with diapers and wipes when needed in a pinch. Five cap also has a food program for our elderly every Thursday."

BOARDED UP HOUSES

"This one is less than 2 blocks away from the last boarded up house."
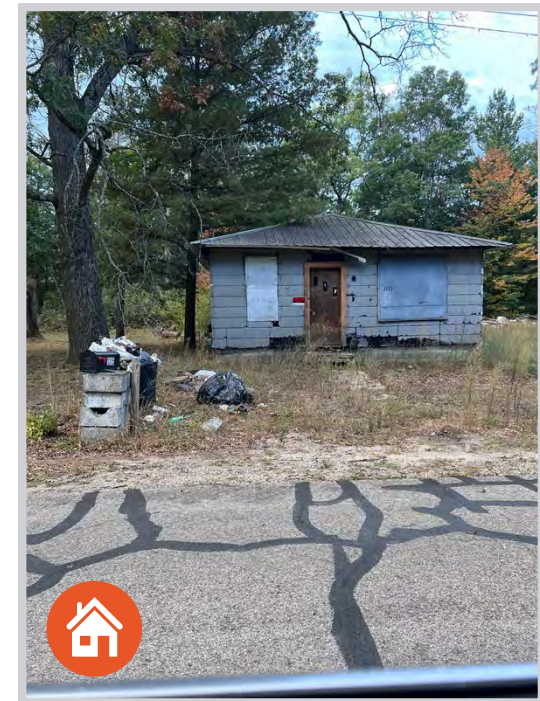
"Boarded up house with garbage still there and bad roads. Housing crisis in Lake County. There are more abandoned and boarded up houses than there are good homes."

ACCESS TO HEALTH CARE   BROADBAND   ECONOMIC SECURITY   EDUCATION   ENVIRONMENTAL/ INFRASTRUCTURE   HOUSING   MENTAL HEALTH   OBESITY   SAFETY & WELLNESS
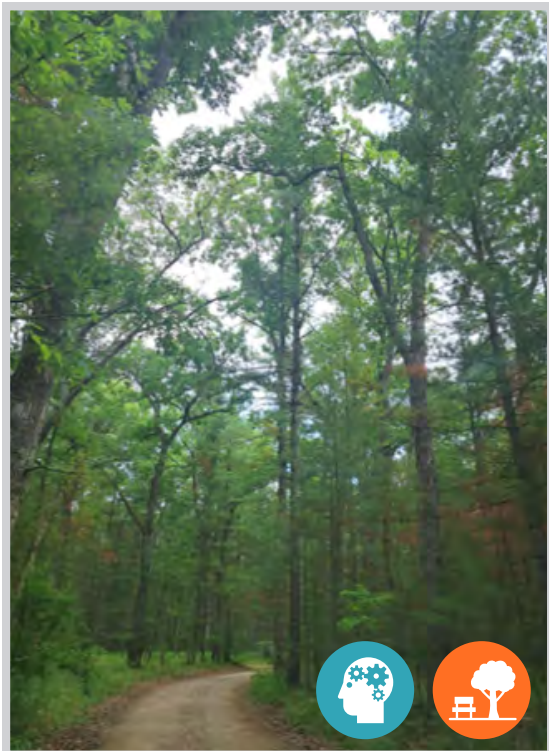
MASON

GREAT OUTDOORS IN MASON

"There are so many places to enjoy the outdoors, with beautiful views! This allows me to recharge and stay grounded. The peace and serenity of nature can be so healing and really allow me to get centered before taking on the day!"
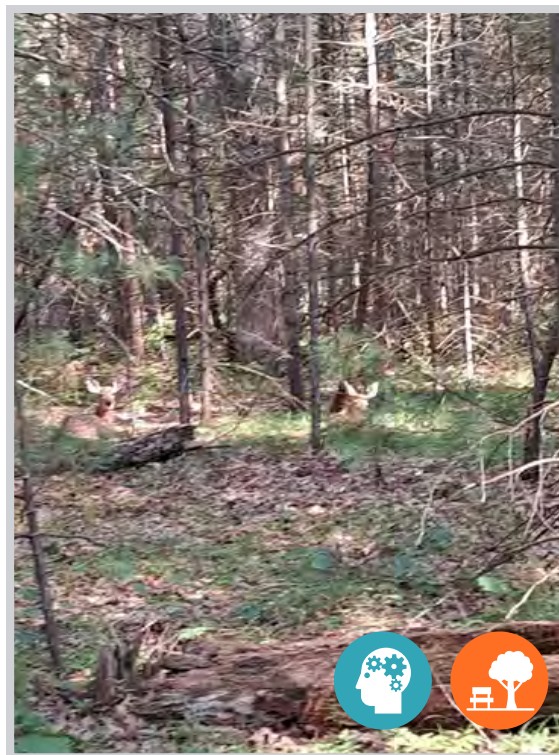
DAILY WILDLIFE

"The opportunity to see wildlife daily!"
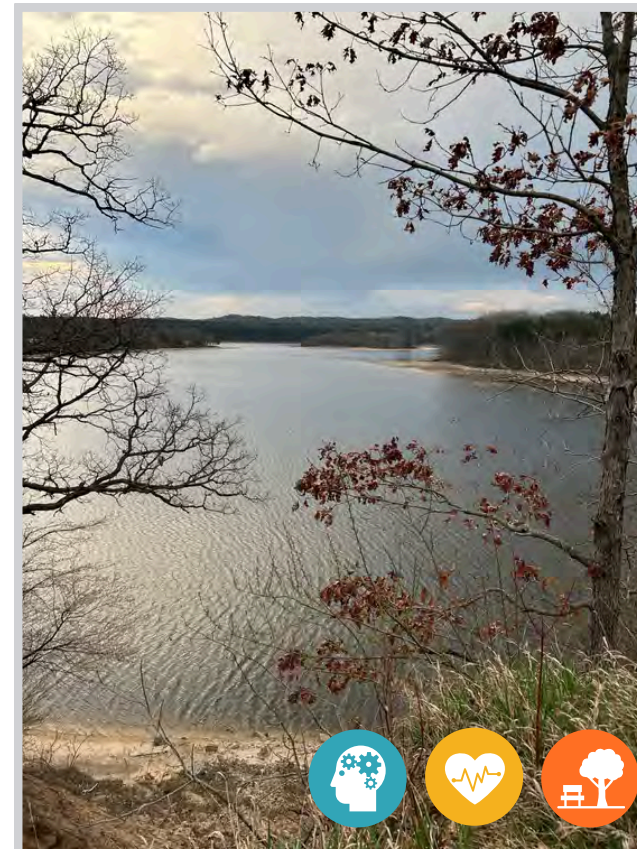
VIEW OF MUSKEGON RIVER

"A picture of the Muskegon River from the dragon Trail. Living close to the trail allows my family to get out, be active and enjoy nature."

MECOSTA

NEWAYGO

NO-COST NARCAN

"This is a photo of the no cost Narcan dispensary at Corewell Health Family Medicine in Newaygo. This is a wonderful, barrier free, judgement free way for community members coping with addiction to have access to life saving medicine. Although I am not in need of this drug, I took a box to keep in my car in case the need arises in my travels. Thank you Corewell!"
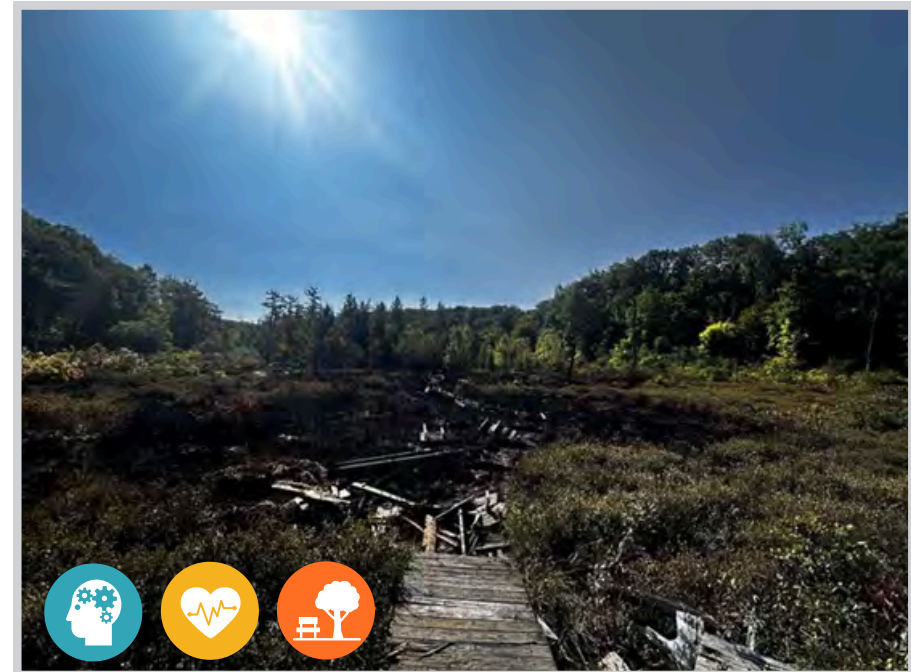
LARGO SPRINGS

"This is a photo of the local Camp Newaygo Wetland Nature Trail that was recently destroyed by a wildfire. This was an excellent community resource and a wonderful nature trail for birdwatching, photography and hiking. Hopefully, it will be repaired in the near future. I know many community members frequented this."

ACCESS TO HEALTH CARE   BROADBAND   ECONOMIC SECURITY   EDUCATION   ENVIRONMENTAL/ INFRASTRUCTURE   HOUSING   MENTAL HEALTH   OBESITY   SAFETY & WELLNESS

"White Cloud community garden"
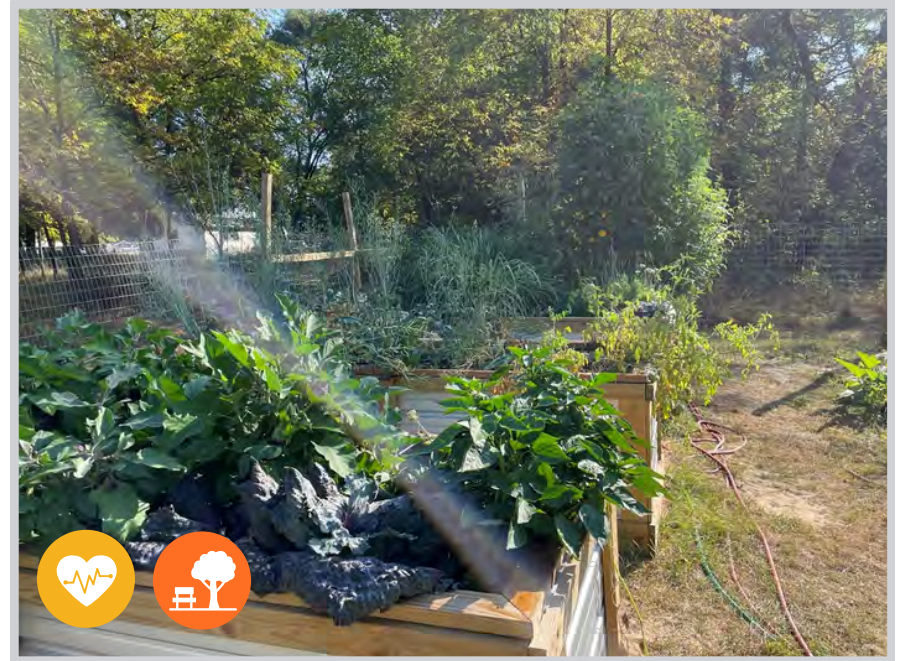
COMMUNITY GARDEN IN WHITE CLOUD

"This is a picture of White Cloud's community garden."

12

M-37

"This is M-37. It is the main North and South corridor that connects Bitely, Brohman, White Cloud, Newaygo, Grant etc. There is absolutely no safe space for pedestrians to bike, roll, or walk on this road, though it appears the road could be wide enough for a bike/pedestrian lane on the shoulder."

FREMONT COMMUNITY GARDEN
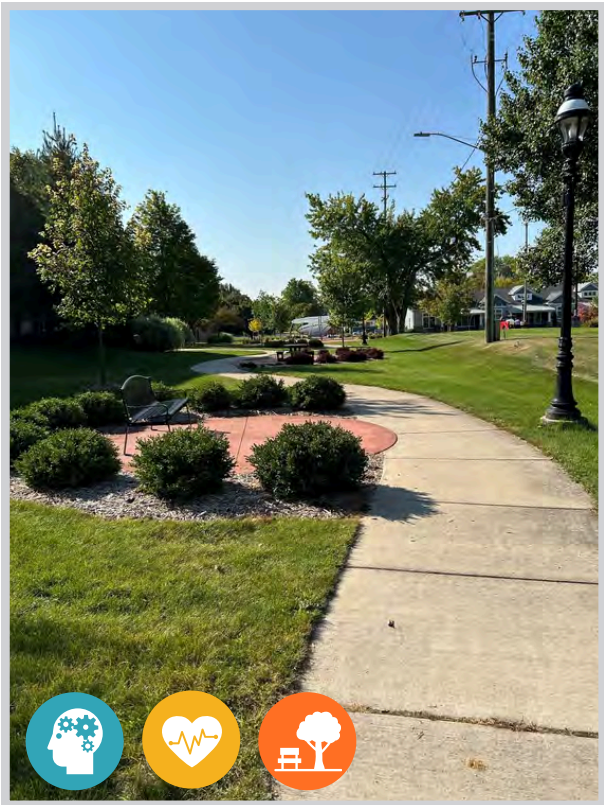
DARLING WALKWAY PROJECT

"This is the "Darling Walkway Project". In 2018, the City of Fremont closed two blocks of Darling Avenue to provide a walkable green space that connects Downtown, the Fremont Recreation Center, the Library, The Gateway (55+ senior housing), and pickleball courts with walkways, public art and a new parking lot."

ACCESS TO HEALTH CARE | BROADBAND | ECONOMIC SECURITY | EDUCATION | ENVIRONMENTAL/ INFRASTRUCTURE | HOUSING | MENTAL HEALTH | OBESITY | SAFETY & WELLNESS

NEWAYGO CONTINUED...

LACK OF ACCESSIBILITY TO TRUENORTH COMMUNITY SERVICES

This photo shows the lack of sidewalks, pedestrian lanes, pedestrian signage, or pedestrian crossing along the road leading from Downtown Fremont to TrueNorth Community Services. This organization is a vital resource for some of our most vulnerable community members, but the photo highlights the lack of accessibility and road safety without access to a vehicle or other form of transportation.
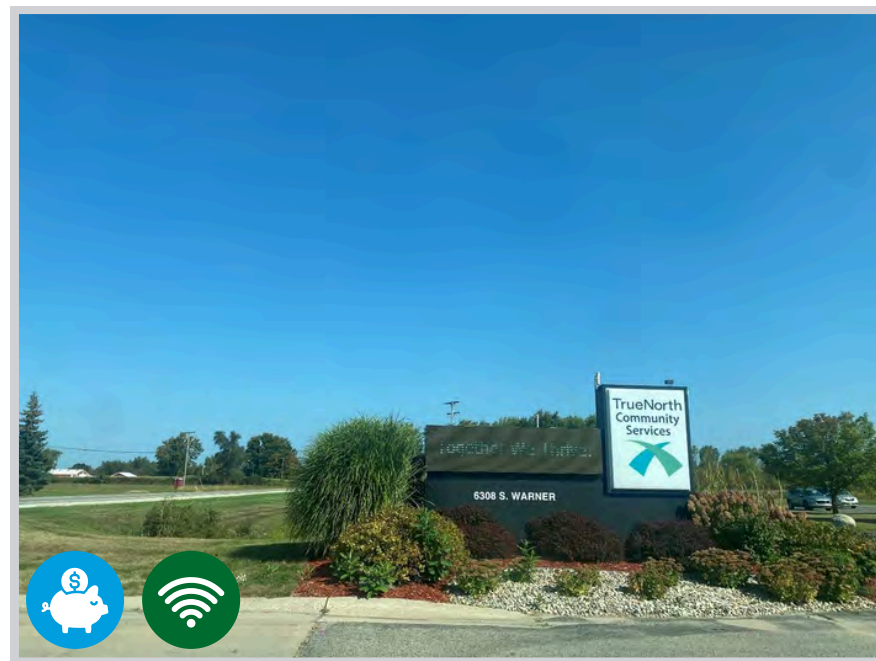
TRUENORTH COMMUNITY SERVICES

"TrueNorth Community Services is a vital resource for the community and surrounding communities!" TrueNorth Community Services has a website for clients, potential clients, and donors.

HARVEST FESTIVAL IN FREMONT

This is a photo of my daughter with the hay art submission for her daycare in Fremont, Michigan. Every fall Fremont has a Harvest Festival that includes a hay art competition. Local businesses participate and it is a great way to encourage community members to get out and visit local businesses. Community Members can vote for their favorite piece of hay art by donating non perishable food items to the local chamber. The food is then distributed to the local food pantry.

OCEANA COUNTY COUNCIL ON AGING

OCEANA COUNTY COUNCIL ON AGING PROVIDES CONGREGATE MEALS

"Oceana County Council on Aging congregate meals served M-F and 12pm. Home cooked meals, served by a volunteers"

OCEANA

ACCESS TO HEALTH CARE   BROADBAND   ECONOMIC SECURITY   EDUCATION   ENVIRONMENTAL/ INFRASTRUCTURE   HOUSING   MENTAL HEALTH   OBESITY   SAFETY & WELLNESS

ICE FISHING

"Pentwater Lake is an ideal place to ice fish in the winter."

PIER IN PENTWATER

"Access walkway along the pier in Pentwater Michigan."

GETTY PARK RENOVATION

"This photo depicts the ongoing renovation of Getty Park near the schools. The village is prioritizing parks and the built environment, making it a safer and healthier place to live, work, and play!"

OCEANA CONTINUED...

OCEANA COUNTY COUNCIL ON AGING TRANSPORTATION

"Transportation for Seniors in Oceana County and Volunteer Drivers for medical appointments outside of Oceana County."
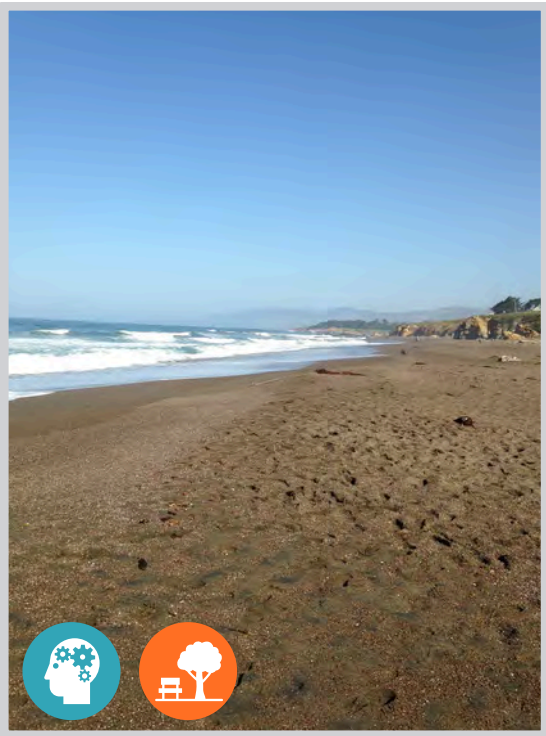
LIFE NEAR LAKE MICHIGAN

"Living near Lake Michigan helps me to live well because it is a lovely fresh water lake that I can enjoy and find relaxation."

CHILD LEARNING AT THE SHELBY LIBRARY

ACCESS TO HEALTH CARE   BROADBAND   ECONOMIC SECURITY   EDUCATION   ENVIRONMENTAL/ INFRASTRUCTURE   HOUSING   MENTAL HEALTH   OBESITY   SAFETY & WELLNESS

AFFORDABLE HOUSING

"More affordable housing is needed in Oceana County."

HART UNITY MARCH

"This picture was taken at the Hart Unity March sponsored by the Oceana Hispanic Center in April of 2018."

OSCEOLA

REED CITY
FARMERS MARKET

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

NUMBER OF IMAGES PER THEME

ACCESS TO HEALTH CARE **9**

BROADBAND **1**

ECONOMIC SECURITY **9**

EDUCATION **5**

ENVIRONMENTAL/INFRASTRUCTURE **33**

HOUSING **3**

MENTAL HEALTH **21**

OBESITY **11**

SAFETY & WELLBEING **13**

Thank You!

Many thanks to the residents who submitted photos and to our partners that distributed promotional materials to help us capture the highlights of our community!

NORTH CENTRAL COMMUNITY HEALTH INNOVATION REGION

mithrive

Appendix H

North Central Regional Issue Brief

MiThrive Regional Issue Brief

2024

Arenac, Clare, Gladwin, Isabella, Lake, Mason, Mecosta, Newaygo, Oceana, and Osceola Counties

NORTH CENTRAL COMMUNITY HEALTH INNOVATION REGION

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TABLE OF CONTENTS

START HERE: NAVIGATION GUIDE

- **COMMUNITY PARTNER ASSESSMENT DATA (CPA)**
- **COMMUNITY STATUS ASSESSMENT DATA (CSA)**
- **COMMUNITY CONTEXT ASSESSMENT DATA (CCA)**

MiThrive Data Platform   MiThrive Video   Subscribe to Newsletter

NAVIGATION GUIDE

Use this helpful navigation guide to aid in your understanding of the layout of each **theme**. Each **theme** explores up to three types of data across two pages: **CPA Data, CSA Data** (Primary & Secondary), and **CCA Data** (if available). The **Topic Scores** are located on the bottom of the second page.
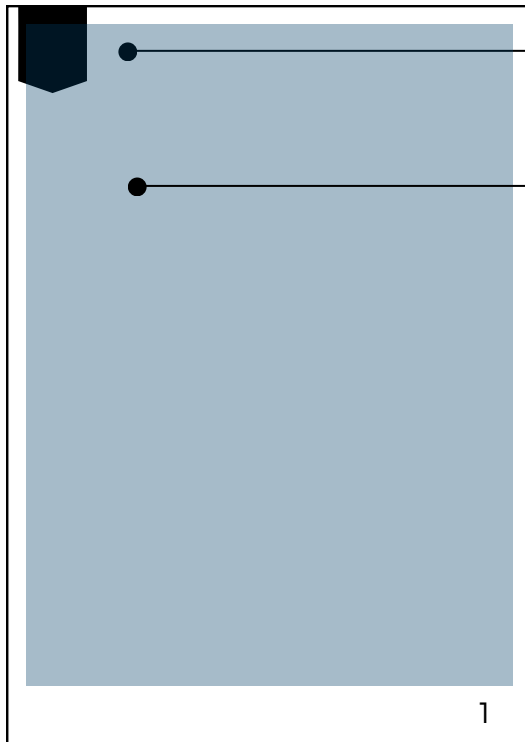
Theme Icon: Indicates the theme of a particular section.

Community Partner Assessment Data (CPA): Data collected from community partners that looks at individual systems, processes, and capacities; and collective capacity as a network of community partners to address health inequities.

Community Status Assessment Data (CSA): Quantitative data (primary and secondary) on the status of communities from trusted local, state, and national sources.

Community Context Assessment Data (CCA): Qualitative photographic data by way of photos and captions. You can find additional CCA Data in a digital flipbook HERE.

Topic Score: Every secondary indicator is given a score based on trends over time and comparisons to the state, national, and health people targets. The indicators were combined into topics and the indicator scores were averaged to get a topic score. On a scale of 0 to 3, topics with a score of 0 displays lower prioritized issues and a score of 3 displays higher prioritized issues.
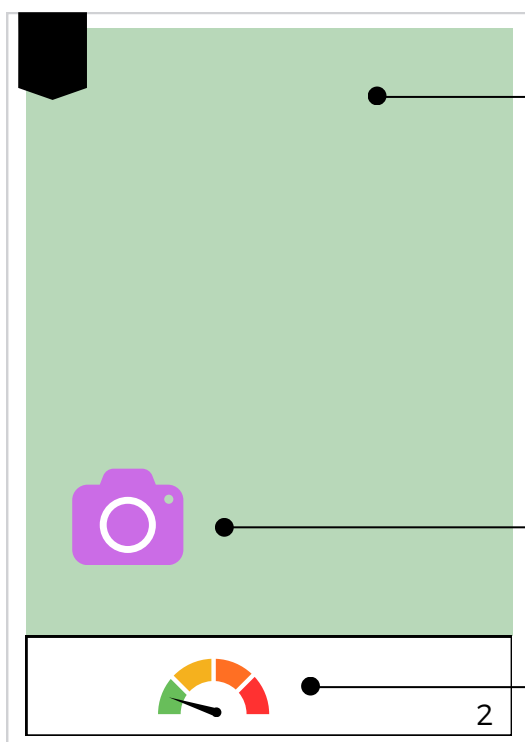
**More Info**: Click on the icons below to learn more about the MiThrive and to receive our newsletter!

Access to Medical Care

MITHRIVE PRIORITIZATION REPORT

Access to quality healthcare services is essential for disease prevention, early detection, and effective treatment, improving overall health and increasing life expectancy.

23.3%

9.3%

67.4%
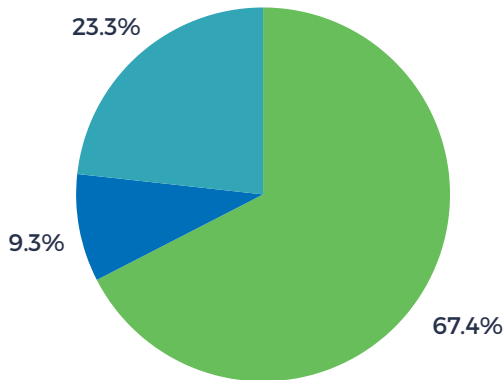
PERFORMS ACCESS TO CARE

29 agencies (67.4%) currently perform Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services. This is compared to 4 (9.3%) that "want to" and 10 (23.3%) that "do not."

FOCUS ON HEALTHCARE ACCESS & QUALITY

26 (61.9%) agencies focus a lot on Healthcare Access and Quality, which is 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.

26.0 A lot

13.0 A little

2.0 Not at all

0.0   5.0   10.0   15.0   20.0   25.0   30.0
count
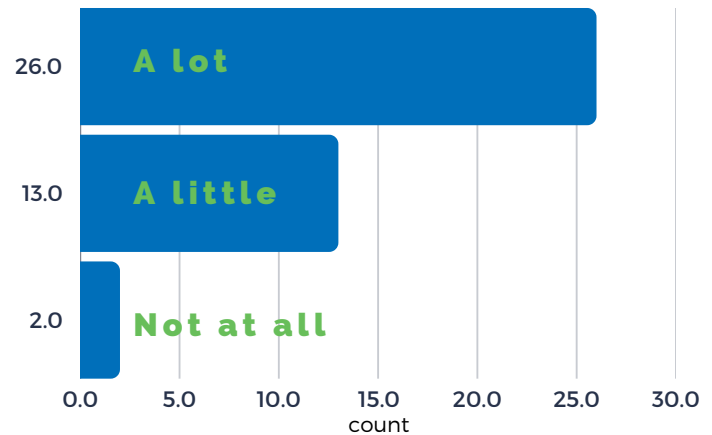
OCEANA COUNTY COUNCIL ON AGING TRANSPORTATION

"Transportation for Seniors in Oceana County and Volunteer Drivers for medical appointments outside of Oceana County."

66.7%
28 agencies have actively worked on healthcare access/utilization in the past year.

45.2%
19 agencies have actively worked on health insurance/Medicare/Medicaid in the past year.

51.5%
25 agencies have actively worked on immunizations and screenings in the past year.

QUESTIONS?

Questions about this report can be emailed to mithrive@northernmichiganchir.org.

1

MOST IMPORTANT FACTORS

Responses to "In the following list, which five assets do you think are the most important factors for a community to be considered thriving?" (n=1270)

Factor	percentage
High Quality Medical Care	28.0
Access to General Medical Care	24.5
Access to Specialty Medical Care	8.0

(bar chart, x-axis: percentage 0.0–30.0)

Factor	percentage
Access to Specialty Medical Care	9.0
High Quality Medical Care	8.9
Access to General Medical Care	8.1

(bar chart, x-axis: percentage 0.0–10.0)
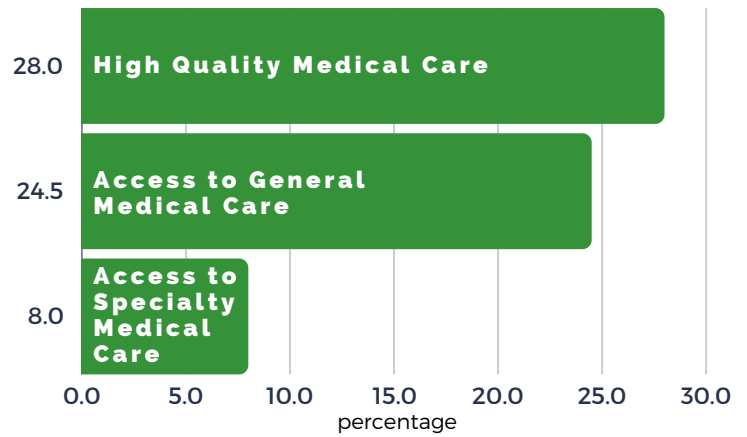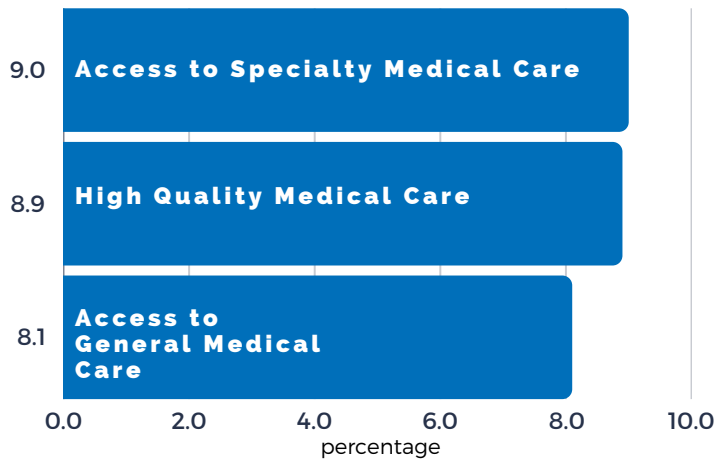
MOST IMPORTANT CONCERNS

Responses to "In the following list, what are the three most important concerns within your community that should be addressed?" (n=1270)

Services	Yes	No	N/A
Health information from a source I trust	74.6%	19.7%	5.6%
Family planning services	33.2%	12.3%	54.5%
Health services for children	43.2%	12.7%	44.1%
Immunizations/Vaccinations	84.9%	6.3%	8.8%
Prenatal/pregnancy care	27.7%	11.4%	60.9%
Primary care services	72.1%	22.7%	5.2%

EASY ACCESS STATEMENTS

Responses to "Please indicate whether you think you have easy access (or the ability to find and receive services) to each of the following." (n=1270)

ADULTS WITHOUT HEALTH INSURANCE

Legend:
- 2.5%-3.2%
- 3.2%-4.3%
- 4.3%-5.0%
- 5.0%-5.7%
- 5.7%-6.6%

Counties: Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newaygo, Mecosta, Isabella

Data Source: CDC Places 2022

43%
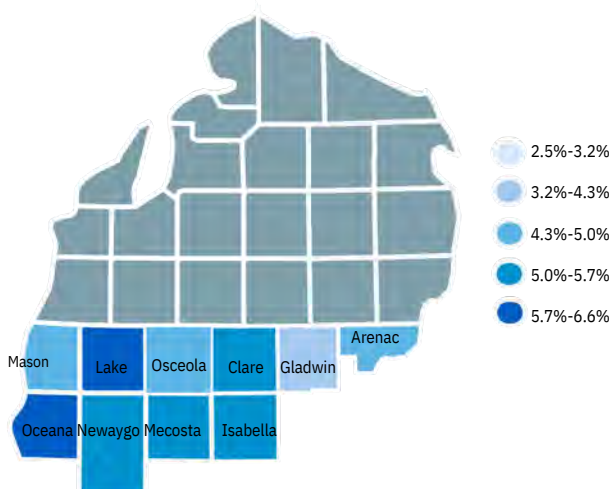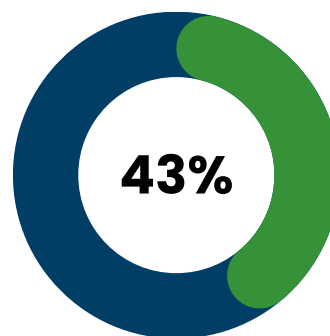
"SAY SPECIALTY SERVICES ARE LOCATED TOO FAR AWAY FROM YOUR AREA."

Response to "Which of the following factors do you experience that make it harder for you to use health care services?" (n=1270)

1.46
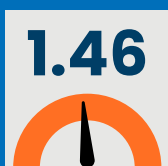
TOPIC SCORE & BLURB SPACE

On a scale of 0 to 3, topics with a score of 0 displays lower prioritized issues and a score of 3 displays higher prioritized issues.
This is compared to NECHIR: 1.34 | NWCHIR: 1.25

Broadband

MITHRIVE PRIORITIZATION REPORT

High-speed internet access improves health outcomes by enabling telemedicine, enhancing educational and economic opportunities, and fostering social connections, all of which contribute to overall well-being.

37.5%

62.5%
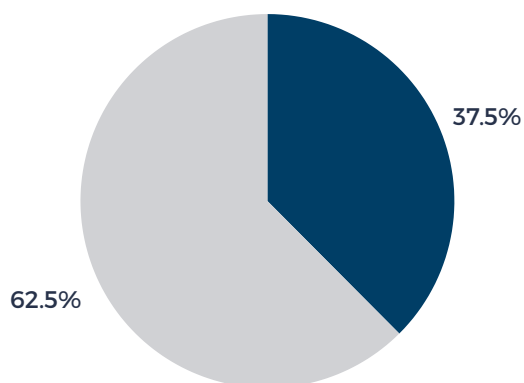
UTILITIES

15 (35.7%) agencies actively engage with utilities more than once in the last year.

MOST IMPORTANT CONCERNS

Responses to "In the following list, what are the three most important concerns within your community that should be addressed?" 16.0% responded "lack of internet access." (n=1270)
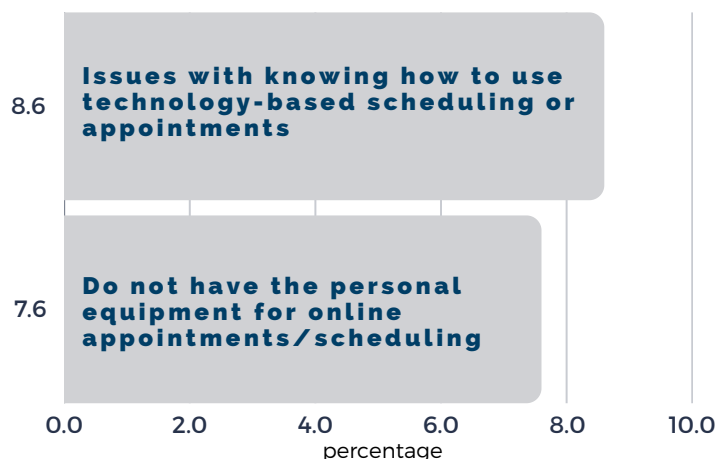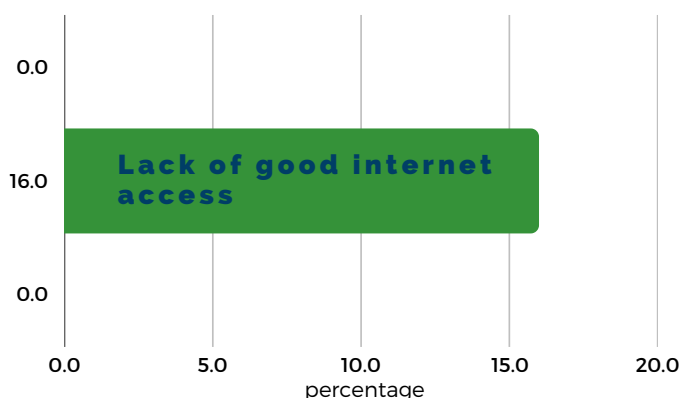
Lack of good internet access

percentage

Issues with knowing how to use technology-based scheduling or appointments — 8.6

Do not have the personal equipment for online appointments/scheduling — 7.6

percentage

MOST IMPORTANT FACTORS

Responses to "Which of the following factors do you experience that make it harder for you to use health care services?" (n=1270)

56.4%
Responded **"Yes, I have easy access"** for the ability to find and receive Broadband access.

33.5%
Responded **"No, I do not have easy access"** for the ability to find and receive Broadband access.

10.1%
Responded **"Does not apply to me"** for the ability to find and receive Broadband access.

QUESTIONS?

Questions about this report can be emailed to mithrive@northernmichiganchir.org.

NORTH CENTRAL COMMUNITY HEALTH INNOVATION REGION

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3

TRUENORTH COMMUNITY SERVICES

"TrueNorth Community Services is a vital resource for the community and surrounding communities!" TrueNorth Community Services has a website for clients, potential clients, and donors.
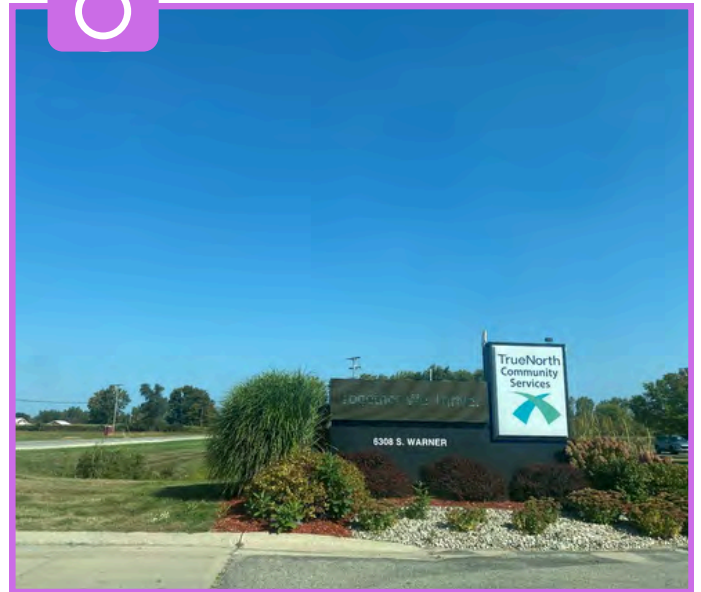
PERSONS WITH AN INTERNET SUBSCRIPTION

- 75.1%-75.9%
- 75.9%- 83.7%
- 83.7%-86.9%
- 86.9%-90.1%
- 90.1%-94.0%

Arenac

Lake   Osceola   Clare   Gladwin

Mason

Oceana Newaygo Mecosta   Isabella
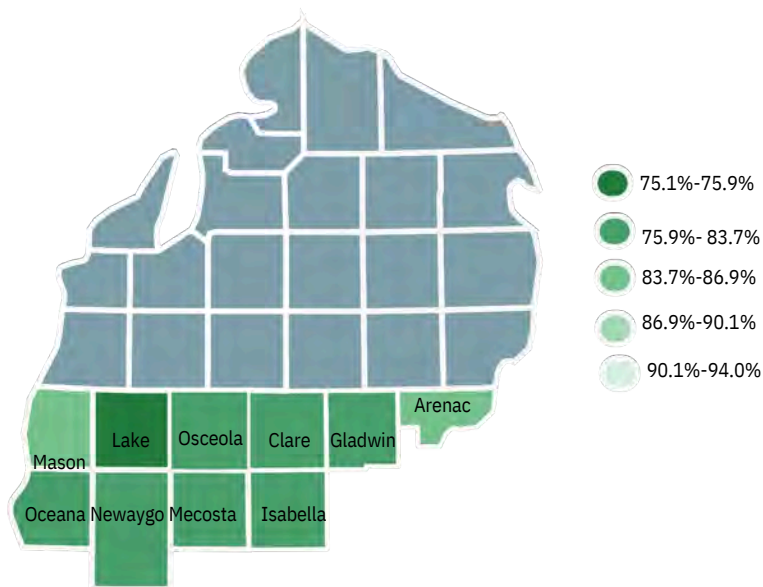
Data Source: American Community Survey (2018-2022)

33.7%
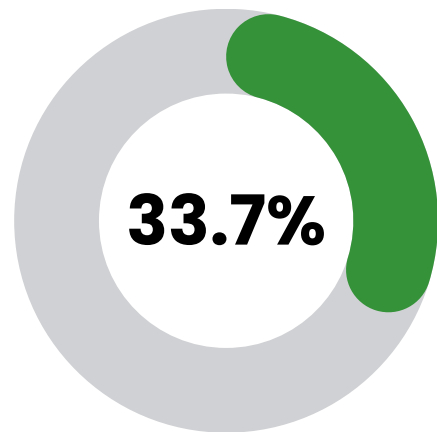
SAY INTERNET SERVICES ARE MISSING FROM THEIR COMMUNITIES.

Response to "From the list below, which resources or services are missing in your community that would benefit you?" (n=1270)

1.58

TOPIC SCORE & BLURB SPACE

On a scale of 0 to 3, topics with a score of 0 displays lower prioritized issues and a score of 3 displays higher prioritized issues.
This is compared to NECHIR: 1.58 | NWCHIR: 0.98

Economic Security

MITHRIVE PRIORITIZATION REPORT

Economic stability directly impacts health, as financial hardship limits access to basic needs like healthy food, safe neighborhoods, and healthcare, leading to poorer health outcomes.

39.5%

60.5%
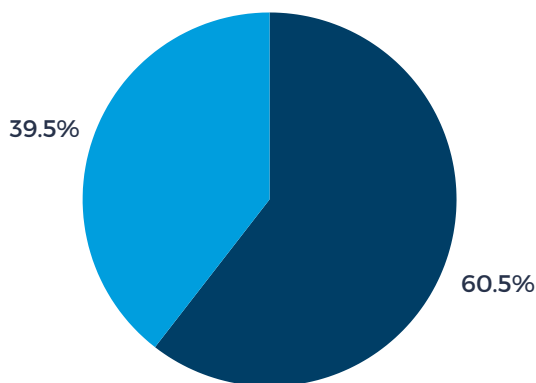
FOCUS ON ECONOMIC STABILITY

23 (27.5%) of agencies focus a lot on Economic Stability, which is 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.

ACCESS TO SPECIFIC SERVICES

26 agencies (60.5%) provide services specifically for individuals with low income- individuals who fall below the ALICE Household Poverty Level or individuals who fall below the Federal Poverty Level. This is compared to 11 agencies (33.3%) that provide general services.

A lot	27.5
A little	37.5
Not at all	5.0

percentage
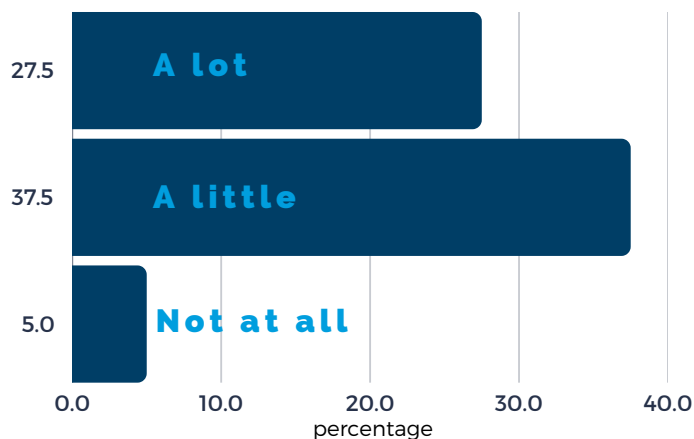
GREENTREE IN ISABELLA COUNTY

"GreenTree is our local grocery store, where customers can become owners and get food at discounted rates. They offer a wide selection and mostly healthy/vegan food and also offer a hot bar which I personally can say is amazing. This is a huge staple and definitely a must visit when in Mount Pleasant."

45.2%
19 agencies actively engaged with community economic development more than once in the last year.

28.6%
12 agencies actively engaged with economic stability more than once in the last year.

28.6%
12 agencies actively engaged with jobs/labor conditions/wages/income more than once in the last year.

QUESTIONS?
Questions about this report can be emailed to mithrive@northernmichiganchir.org.

NORTH CENTRAL COMMUNITY HEALTH INNOVATION REGION

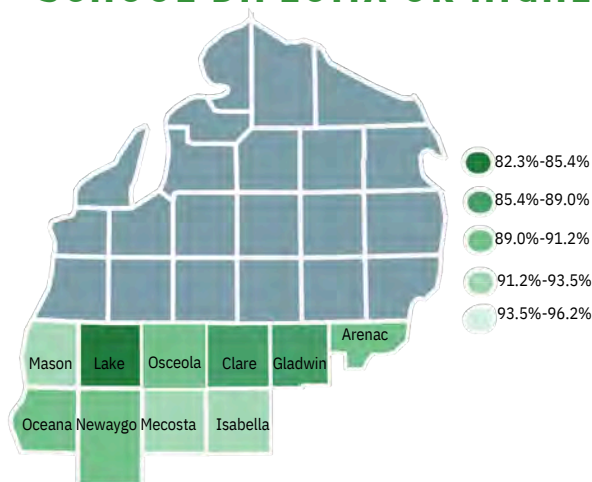mithrive

5

MOST IMPORTANT FACTORS

Responses to "In the following list, which five assets do you think are the most important factors for a community to be considered thriving?" (n=1240)

49.0 — Jobs that pay well and a strong economy

18.0 — Jobs that make people happy and proud

percentage (0.0 – 50.0)

38.0 — Lack of good paying jobs that pay well enough
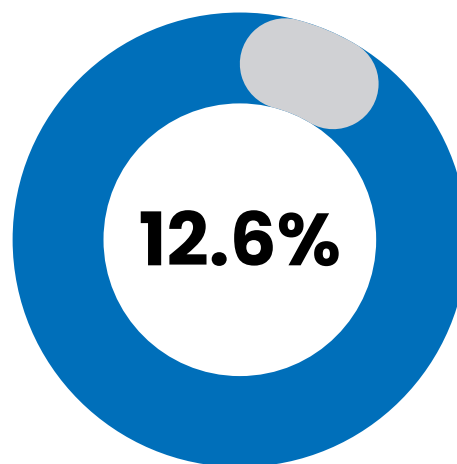
percentage (0.0 – 40.0)

MOST IMPORTANT CONCERNS

Responses to "In the following list, what are the three most important concerns within your community that should be addressed?" (n=1240)

WAGE STATEMENTS

Responses to "Please indicate how strongly you agree or disagree with each of the following statements." (n=1270)
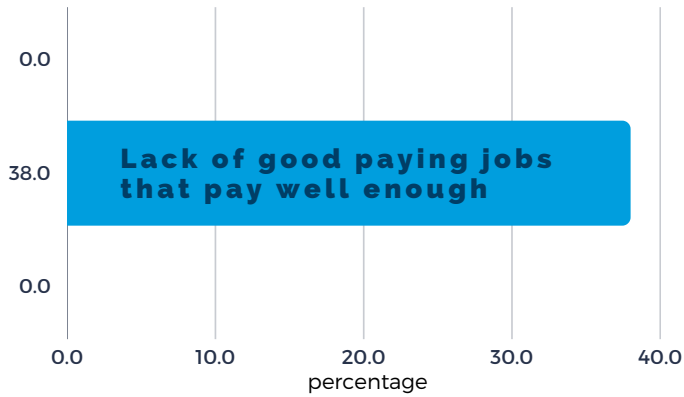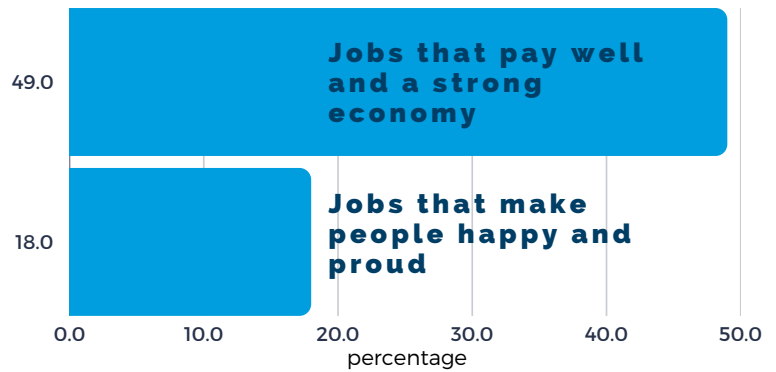
Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
There are enough jobs in my community that pay well.	0.8%	14.3%	47.4%	29.7%	7.8%
People in my community have jobs that pay enough.	0.8%	14.3%	47.4%	29.7%	7.8%

FOOD INSECURITY RATE MAP

Mason, Lake, Osceola, Clare, Gladwin, Arenac
Oceana, Newaygo, Mecosta, Isabella

- 11.8%
- 11.8%-14.1%
- 14.1%-17.0%
- 17.0%-18.8%
- 18.8%-20.6%
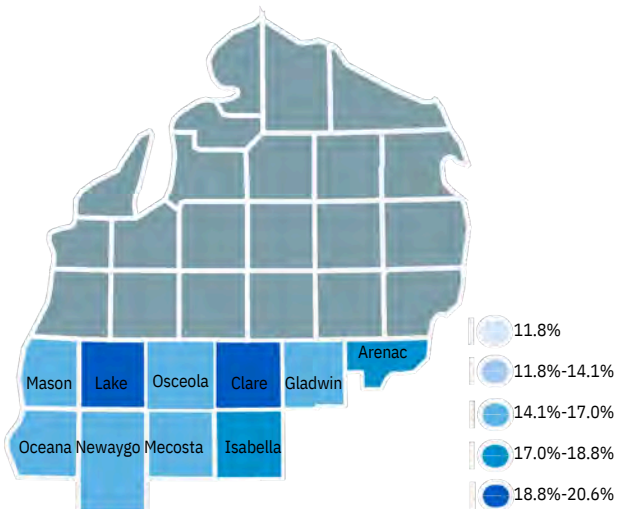
Data Source: Feeding America (2022)
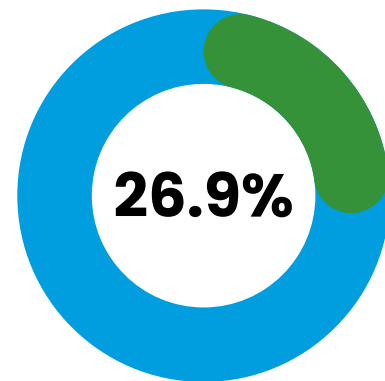
26.9%

Response to "From the list below, which resources or services are missing in your community that would benefit you?" 26.9% responded "Financial Support." (n=1270)

TOPIC SCORE & BLURB SPACE

1.76

On a scale of 0 to 3, topics with a score of 0 displays lower prioritized issues and a score of 3 displays higher prioritized issues.
This is compared to NECHIR: 1.74 | NWCHIR: 1.26

Education

MITHRIVE PRIORITIZATION REPORT

Education is a key determinant of health, as higher educational attainment is associated with better health choices, increased access to healthcare, and longer life expectancy.

11.9%

33.3%

54.8%
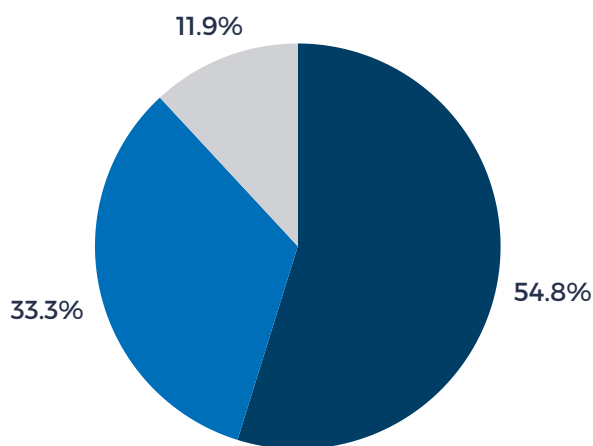
EDUCATION ENGAGEMENT

30 (71.4%) of agencies actively engaged with education more than once in the last year. This is compared to 36 (85.7%) with early childhood development/childcare and 23 (54.8%) with Youth Leadership and development more than once in the last year.

FOCUS ON EDUCATION

23 agencies (54.8%) focus a lot on Education Access and Services, which is the connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development. This is compared to 14 (33.3%) that focus "a little" and 5 (11.9%) that "do not".
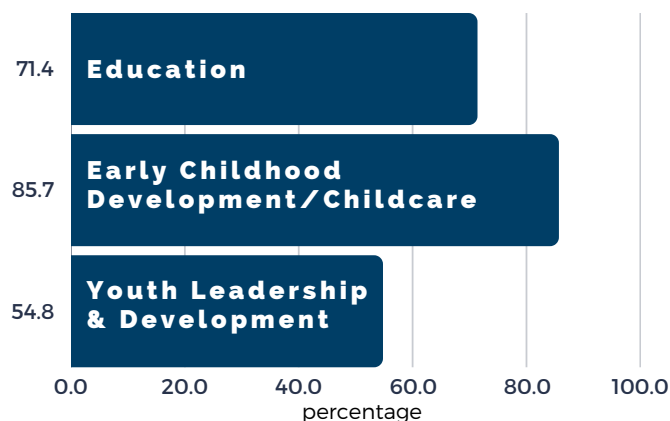
71.4 **Education**

85.7 **Early Childhood Development/Childcare**

54.8 **Youth Leadership & Development**

0.0   20.0   40.0   60.0   80.0   100.0
percentage

DRAMA CLUB

"Clare Public Schools - Drama Club that offers youth the ability to learn and experience art and culture."

90.5%
38 agencies **currently perform** Communication and Education.

7.1%
3 agencies **want to** perform Communication and Education.

2.4%
1 respondent **does not** perform Communication and Education.

QUESTIONS?

Questions about this report can be emailed to mithrive@northernmichiganchir.org.

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MOST IMPORTANT FACTORS

Responses to "In the following list, which five assets do you think are the most important factors for a community to be considered thriving?" (n=1270)

37.1 — Schools with plenty of resources

3.6 — Lifelong learning

percentage

MOST IMPORTANT CONCERNS

Responses to "In the following list, what are the three most important concerns within your community that should be addressed?" (n=1270)

0.0

4.5 — Lack of good schools and education

0.0

percentage
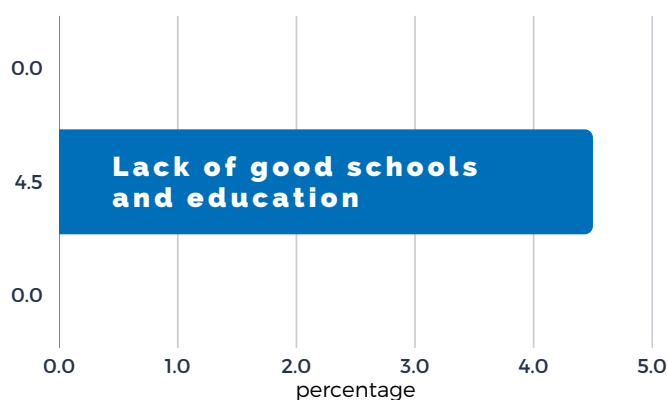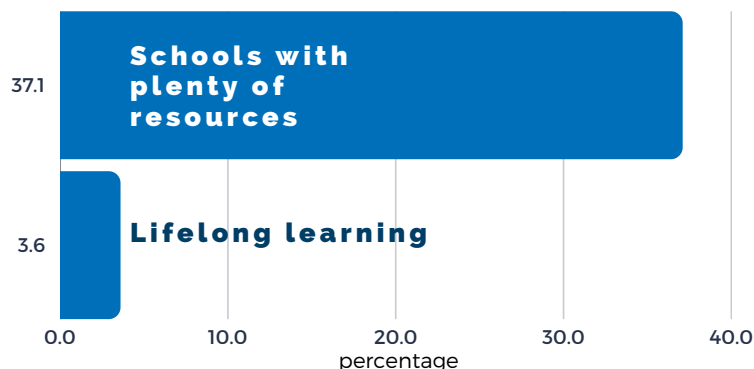
PEOPLE 25+ WITH HIGH SCHOOL DIPLOMA OR HIGHER

82.3%-85.4%
85.4%-89.0%
89.0%-91.2%
91.2%-93.5%
93.5%-96.2%

Mason Lake Osceola Clare Gladwin Arenac
Oceana Newaygo Mecosta Isabella

Data Source: American Community Survey 5-year (2018-2022)

12.6%

Response to "From the list below, which resources or services are missing in your community that would benefit you?" 12.6% responded "Education." (n=1270)

TOPIC SCORE & BLURB SPACE

1.62

On a scale of 0 to 3, topics with a score of 0 displays lower prioritized issues and a score of 3 displays higher prioritized issues.
This is compared to NECHIR: 1.66 | NWCHIR: 1.26

8

Environmental/Infrastructure

A healthy environment and robust infrastructure—such as clean air, water, transportation, and green spaces—are vital for preventing disease, promoting physical activity, and supporting overall public health.

14%

27.9%

58.1%
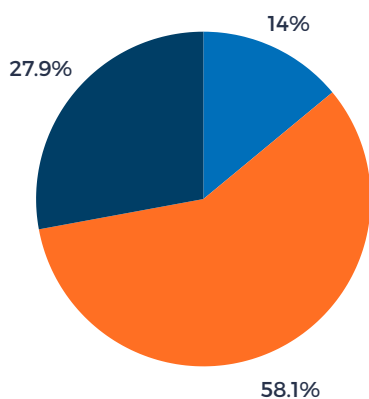
FOCUS ON EDUCATION ACCESS & SERVICES

12 (29.3%) of agencies focus "a lot" on Neighborhood and Built Environment, which is the connection between where a person lives— housing, neighborhood, and environment— and their health and well-being. This is compared to 27 (65.9%) that focus "a little" and 1 (2.4%) that "do not."

ORGANIZATIONS PERFORMING ASSESMENTS

25 (58.1%) agencies "currently perform" Assessment: My organization conducts assessments of living and working conditions and community needs and assets. This is compared to 6 (14%) that "want to" and 12 (27.9%) that do not.
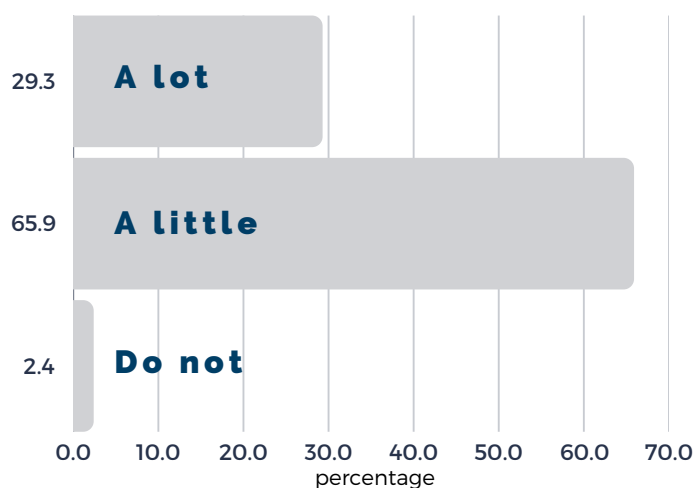
	percentage
A lot	29.3
A little	65.9
Do not	2.4

GLADWIN HEIGHTS GOLF COURSE

"This photo was taken at Gladwin heights golf course. This golf course is owned by a lovely married couple who work hard everyday at their golf course. The community loves this course and there's tournaments and things involving the community every week!"

64.3%
27 agencies **currently perform** Organizational Infrastructure & Workforce.

7.1%
3 agencies **want to perform** Organizational Infrastructure & Workforce.

28.6%
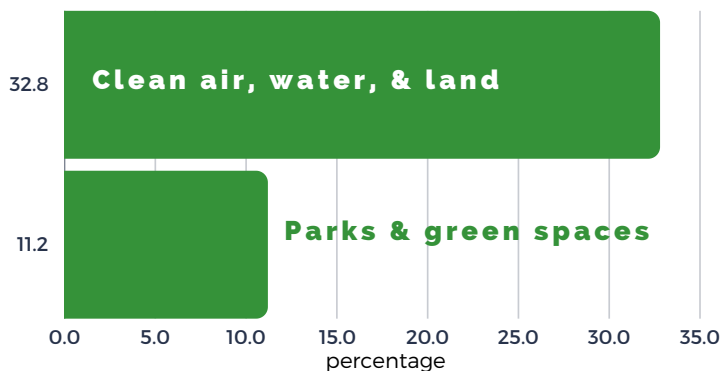12 agencies **do not perform** Organizational Infrastructure & Workforce.

QUESTIONS?

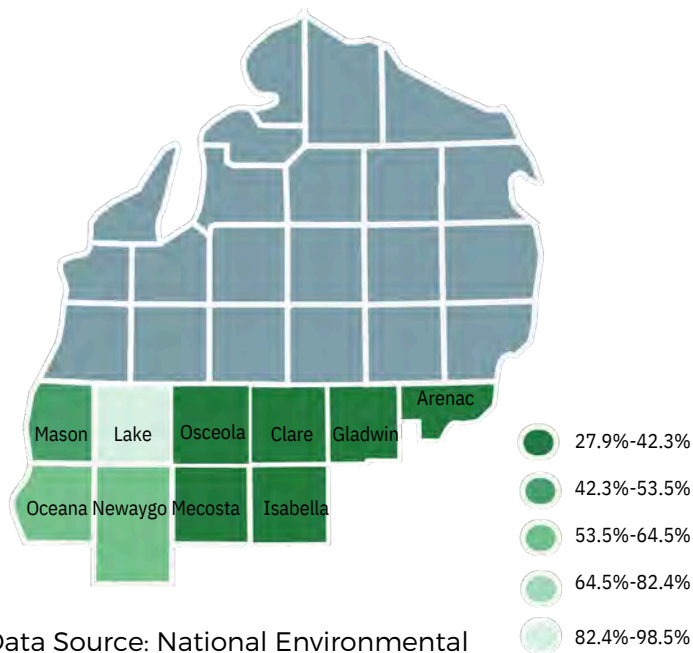Questions about this report can be emailed to mithrive@northernmichiganchir.org.

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BARRIERS TO ACTIVITY

Responses to "Do any of the following issues currently prevent you from being more active in your community?" (n=1270)
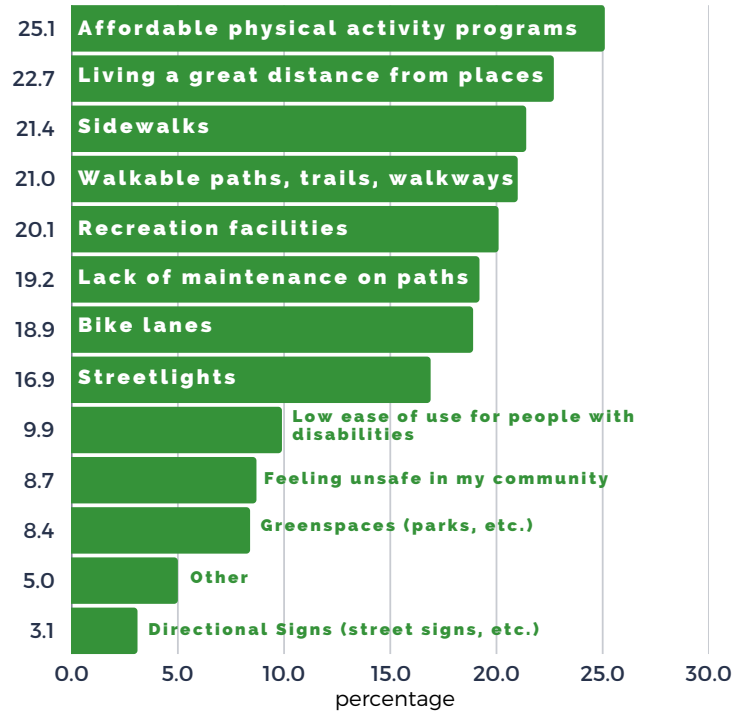
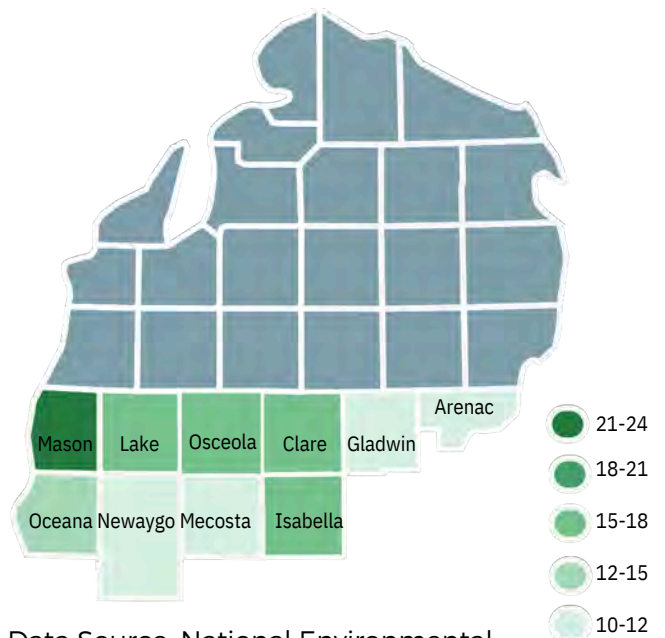|	
25.1	Affordable physical activity programs
22.7	Living a great distance from places
21.4	Sidewalks
21.0	Walkable paths, trails, walkways
20.1	Recreation facilities
19.2	Lack of maintenance on paths
18.9	Bike lanes
16.9	Streetlights
9.9	Low ease of use for people with disabilities
8.7	Feeling unsafe in my community
8.4	Greenspaces (parks, etc.)
5.0	Other
3.1	Directional Signs (street signs, etc.)

percentage

32.8	Clean air, water, & land
11.2	Parks & green spaces

percentage

MOST IMPORTANT FOR THRIVING

Responses to "In the following list, which five assets do you think are the most important factors for a community to be considered thriving?" (n=1270)

ACCESS TO PARKS

Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newaygo, Mecosta, Isabella

- 27.9%-42.3%
- 42.3%-53.5%
- 53.5%-64.5%
- 64.5%-82.4%
- 82.4%-98.5%

Data Source: National Environmental Public Health Tracking Network (2020)

NUMBER OF EXTREME HEAT DAYS

Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newaygo, Mecosta, Isabella

- 21-24
- 18-21
- 15-18
- 12-15
- 10-12

Data Source: National Environmental Public Health Tracking Network (2023)

TOPIC SCORE & BLURB SPACE

1.39
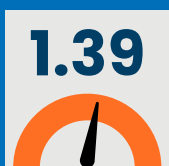
On a scale of 0 to 3, topics with a score of 0 displays lower prioritized issues and a score of 3 displays higher prioritized issues.
This is compared to NWCHIR: 1.29

Housing

MITHRIVE PRIORITIZATION REPORT

Safe and affordable housing promotes physical and mental health, while inadequate housing can contribute to chronic diseases, injuries, and poor childhood development outcomes.
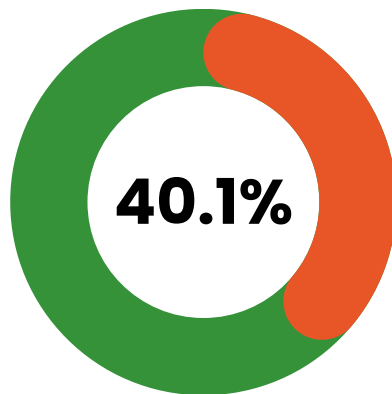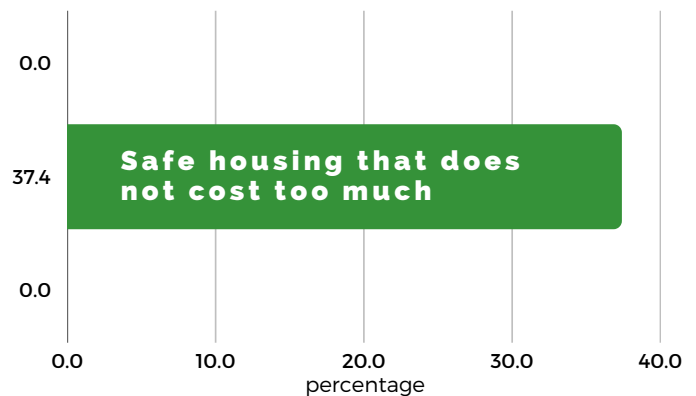
33.3%

66.7%
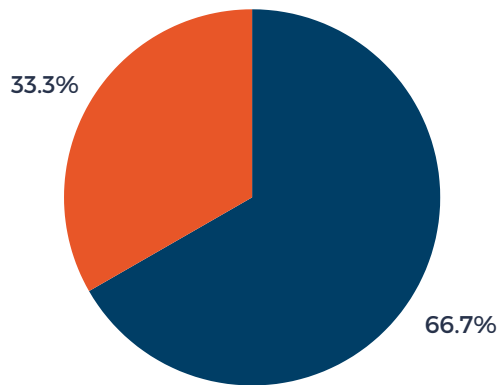
ENGAGEMENT

28 (66.7%) agencies have actively engaged with housing more than once in the last year.

MOST IMPORTANT FACTORS

Responses to "In the following list, which five assets do you think are the most important factors for a community to be considered thriving?" (n=1270)

0.0	
37.4	**Safe housing that does not cost too much**
0.0	

percentage (0.0 – 40.0)

40.1%

MISSING RESOURCES

Response to "From the list below, which resources or services are missing in your community that would benefit you?" 40.1% responded "Housing." (n=1270)

MOST IMPORTANT CONCERNS

Responses to "In the following list, what are the three most important concerns within your community that should be addressed?" (n=1270)

28.2	**Lack of housing that is safe and doesn't cost too much**
26.4	**Not enough available resources for housing**

percentage (0.0 – 30.0)

NORTH CENTRAL COMMUNITY HEALTH INNOVATION REGION

mithrive

11

CONSTRUCTION IN OCEANA

"More affordable housing is needed in Oceana County."

HOUSING STATEMENTS

Responses to "Please indicate how strongly you agree or disagree with each of the following statements." (n=1270)

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
There is enough housing available in my community that doesn't cost too much.	0.8%	14.3%	47.4%	29.7%	7.8%
There are housing support services available for older adults in my community.	0.8%	14.3%	47.4%	29.7%	7.8%

SEVERE HOUSING PROBLEMS

9.0%-9.6%
9.6%-11.3%
11.3%-12.8%
12.8%-14.3%
14.3%-18.2%
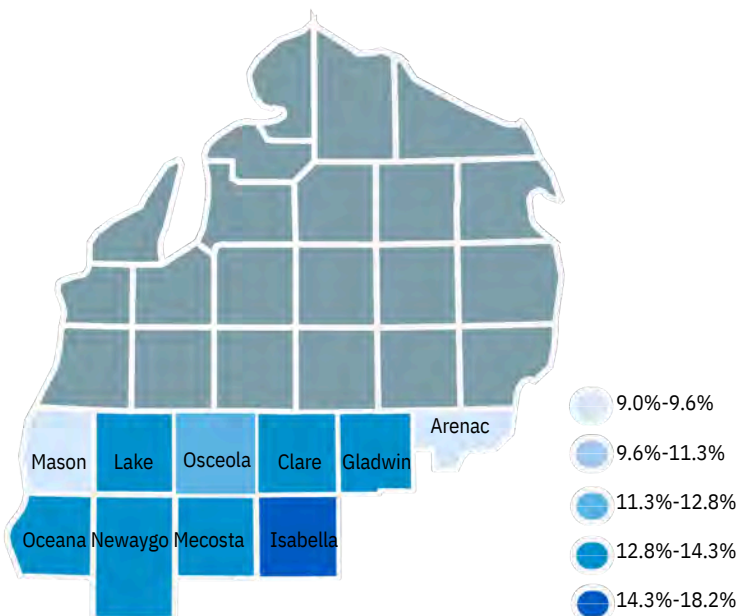
Data Source: County Health Rankings (2016-2020)

FAMILIES WITH HIGH HOUSING-COST BURDEN

19.0%-19.5%
19.5%-22.5%
22.5%-24.3%
24.3%- 26.9%
26.9%-31.1%
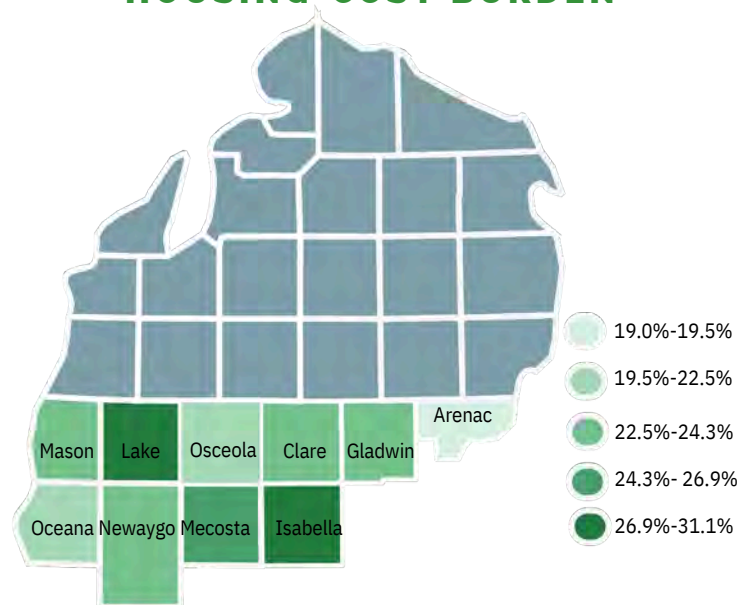
Data Source: The Annie E. Casey Foundation Kids Count (2018-2022)
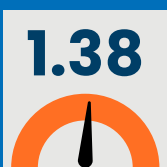
1.38

TOPIC SCORE & BLURB SPACE

On a scale of 0 to 3, topics with a score of 0 displays lower prioritized issues and a score of 3 displays higher prioritized issues.
This is compared to NECHIR: 1.37 | NWCHIR: 1.27

Mental Health

MITHRIVE PRIORITIZATION REPORT

Mental health is critical to overall well-being and quality of life, and poor mental health increases vulnerability to chronic diseases and reduces life satisfaction.

61.9%
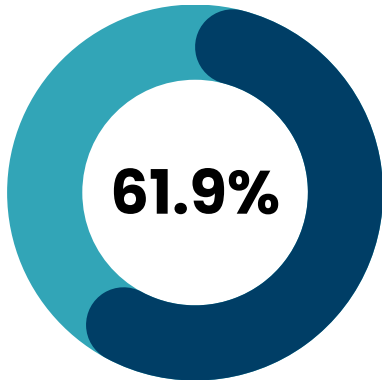
ENGAGED IN BEHAVIORAL WORK

26 (61.9%) agencies have actively worked on mental or behavioral health (e.g., PTSD, anxiety, trauma) in the past year.

SERVICES PROVIDED

11 (73.3%) of agencies indicated that they provide services specifically for individuals with a mental health disability. 10 (66.7%) of agencies indicated that they provide services specifically for individual with an intellectual or developmental disability.


Bar chart:
- 73.3 — **Specifically for individuals with mental health disability**
- 66.7 — **Specifically for individuals with an intellectual or developmental disability**

x-axis: 0.0, 20.0, 40.0, 60.0, 80.0 — percentage
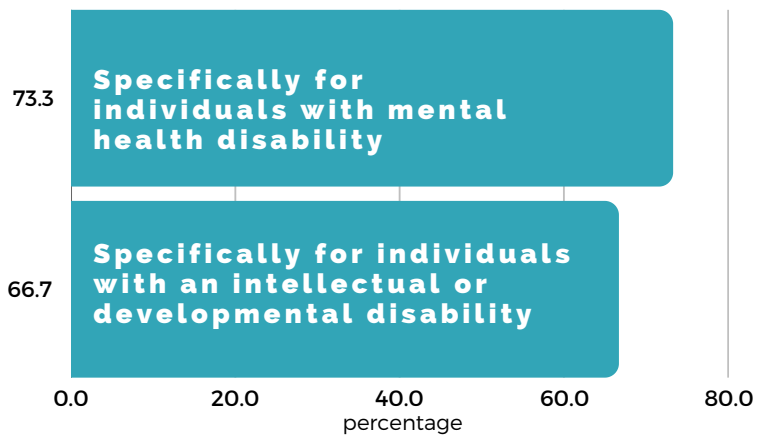
ENGAGEMENT

26 (61.9%) agencies actively engaged with disability/independent living more than once in the last year.

Pie chart: 38.1%, 61.9%
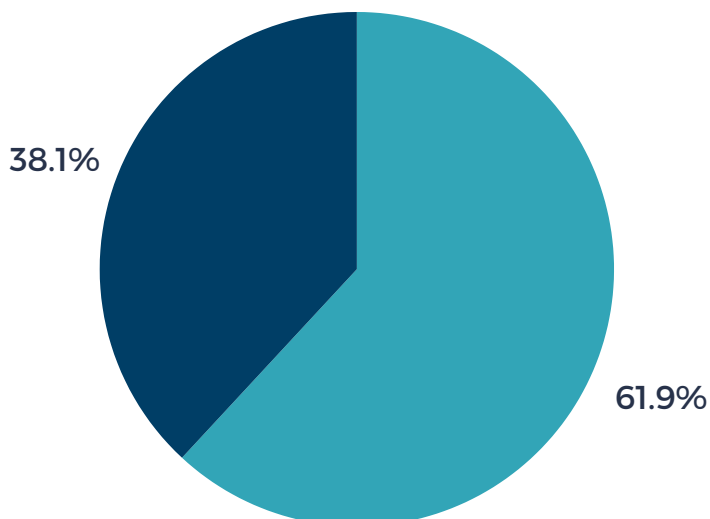
CEDAR RIVER ACCESS

"The path provides an area for the community to walk, bike, or run to promote physical health and well-being. There is also access to the Cedar River from here for kayaking, canoeing, or fishing activities as well."
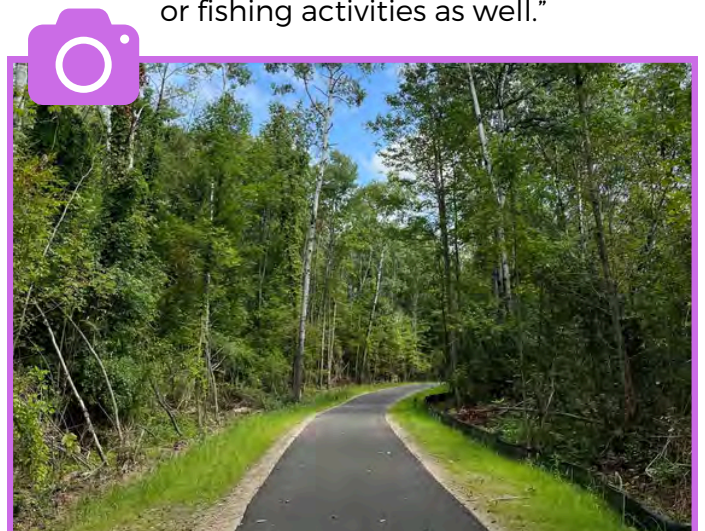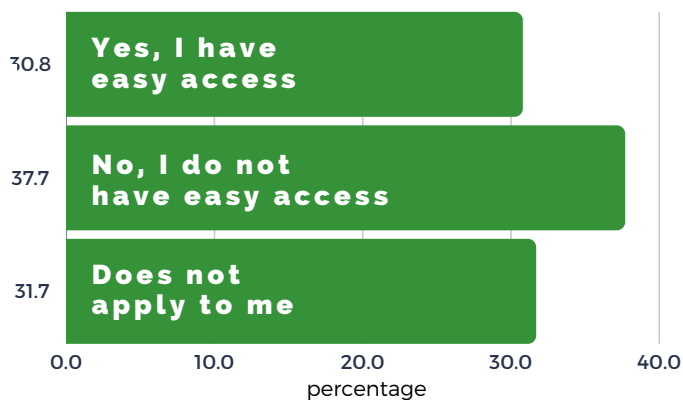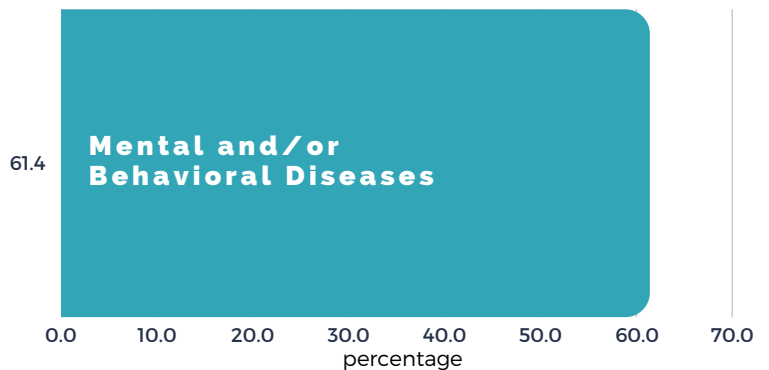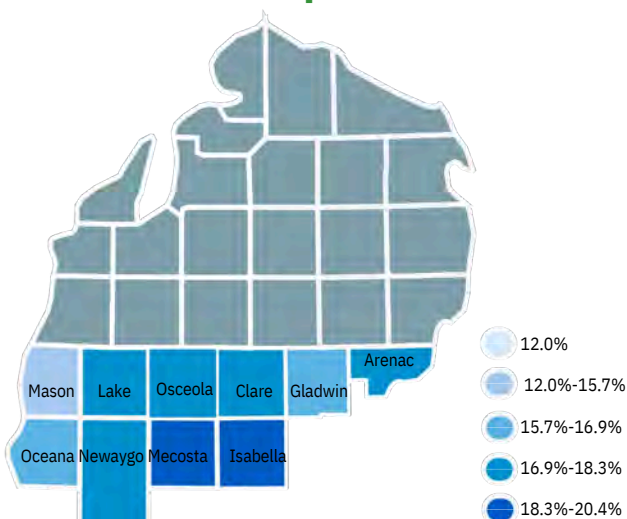
MOST CONCERNING MEDICAL CONDITION

Responses to "In the following list, what do you think are the three most concerning medical conditions impacting your community? " (n=1270)

61.4 **Mental and/or Behavioral Diseases**

percentage
0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0

30.8 **Yes, I have easy access**

37.7 **No, I do not have easy access**

31.7 **Does not apply to me**
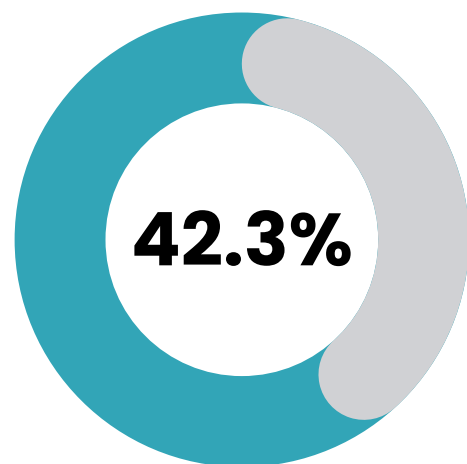
percentage
0.0 10.0 20.0 30.0 40.0

MOST IMPORTANT MENTAL HEALTH CONCERNS

Responses to "Please indicate whether you think you have easy access (or the ability to find and receive services) to each of the following." (n=1270)

POOR MENTAL HEALTH: 14+ DAYS

Mason | Lake | Osceola | Clare | Gladwin | Arenac
Oceana | Newaygo | Mecosta | Isabella

- 12.0%
- 12.0%-15.7%
- 15.7%-16.9%
- 16.9%-18.3%
- 18.3%-20.4%

Data Source: CDC Places (2022)

42.3%

"From the list below, which resources or services are missing in your community that would benefit you?" 42.3% responded "Mental Health." (n=1270)

TOPIC SCORE & BLURB SPACE

1.69

On a scale of 0 to 3, topics with a score of 0 displays lower prioritized issues and a score of 3 displays higher prioritized issues.
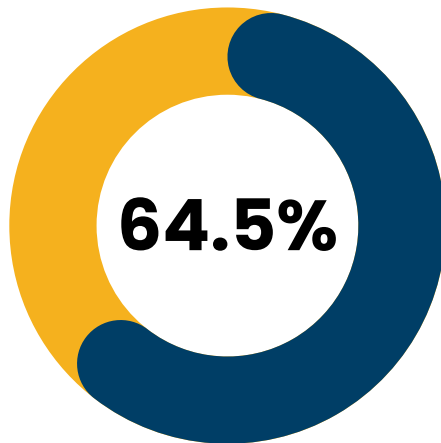This is compared to NECHIR: 1.49 | NWCHIR: 1.38

Obesity

MITHRIVE PRIORITIZATION REPORT

Obesity, influenced by genetics, behavior, and environmental ffactors, leads to a range of health issues, including mental health challenges and chronic conditions like diabetes and heart disease.

64.5%

ACTIVELY WORKED

20 (64.7%) agencies have actively worked on chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease) in the past year.
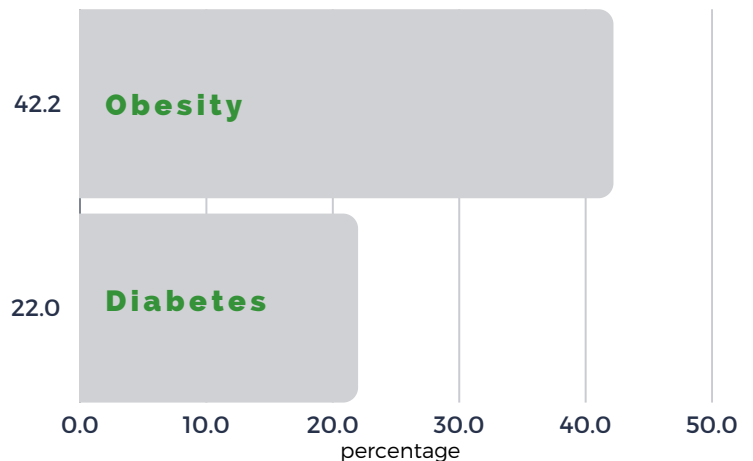
MOST IMPORTANT FACTORS

Responses to "Which of the following factors do you experience that make it harder for you to use health care services?" (n=1270)

Obesity — 42.2
Diabetes — 22.0

percentage (0.0, 10.0, 20.0, 30.0, 40.0, 50.0)

MET GUIDELINES FOR CHRONIC DISEASE PREVENTION

Responses to "The following statements describe a person who meets the guidelines for chronic disease prevention. For each statement, please indicate whether you think YOU, in a typical week, have met the guidelines for chronic disease prevention." (n=1270)

Guideline	Exceeded Expectations	Met Expectations	Did Not Meet Expectations
Eat 1.5-2 cups of fruits per day and 2-3 cups of vegetables per day	11.0%	39.7%	49.3%
At least 150 minutes of physical activity a week (ex. 30 minutes a day for 5 days a week)	18.2%	36.9%	44.9%
Sleep at least 7 hours each night	13.6%	50.7%	35.7%
Free from daily stress and depression	8.6%	37.6%	53.7%
Receive routine screenings every year (annual physical, etc.)	27.3%	55.8%	16.8%
Have good overall health	16.9%	66.5%	16.5%

QUESTIONS?

Questions about this report can be emailed to mithrive@northernmichiganchir.org.

MIthrive

DARLING WALKWAY PROJECT

This is the "Darling Walkway Project". In 2018, the City of Fremont closed two blocks of Darling Avenue to provide a walkable green space that connects Downtown, the Fremont Recreation Center, the Library, The Gateway (55+ senior housing), and pickleball courts with walkways, public art and a new parking lot.

SILVERSNEAKERS

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

ADULTS 20+ WHO ARE OBESE

18.7%-19.2%	
19.2%-22.2%	
22.2%-25.9%	
25.9%-30.3%	
30.3%-33.9%	
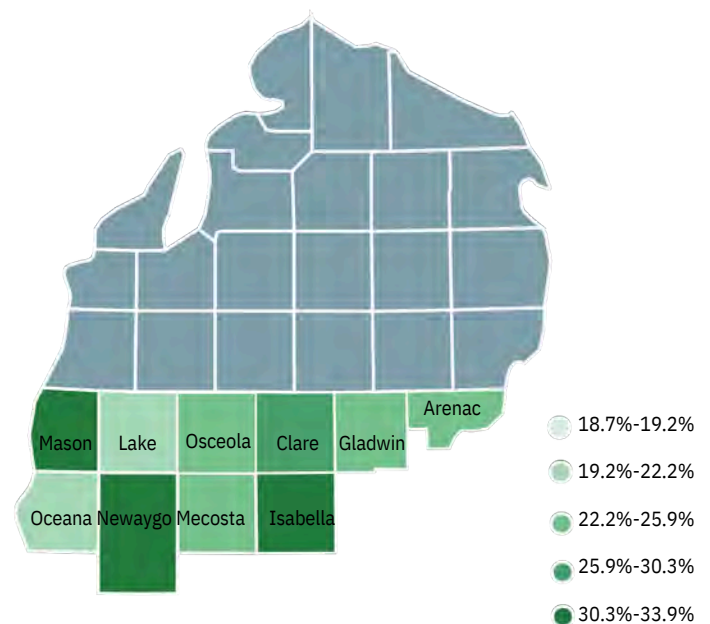
Data Source: Centers for Disease Control and Prevention (2021)

1.60

TOPIC SCORE & BLURB SPACE

On a scale of 0 to 3, topics with a score of 0 displays lower prioritized issues and a score of 3 displays higher prioritized issues.
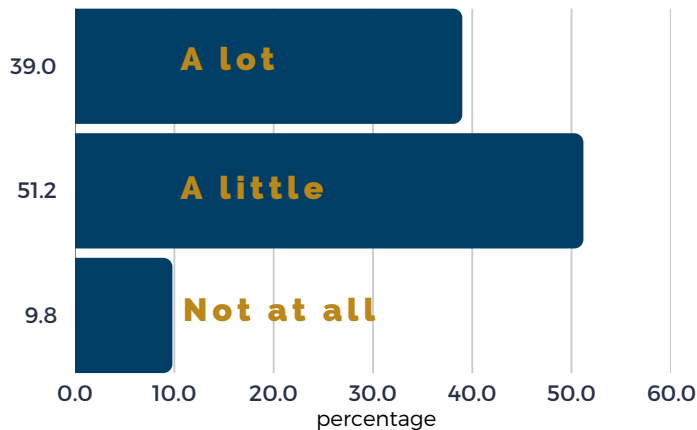This is compared to NECHIR: 1.60 | NWCHIR: 1.31

Safety & Wellbeing

MITHRIVE PRIORITIZATION REPORT

Exposure to violence, abuse, and neglect can have lifelong detrimental effects on physical, emotional, and social health, often resulting in chronic health problems and trauma.


FOCUS ON SAFETY & WELLBEING

16 (39%) agencies focus a lot on Social and Community Context, which is the connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This is compared to 21 (51.2%) that "focus a little" and 4 (9.8%) that "do not focus."

ENGAGEMENT

31 (73.8%) agencies actively engage family well-being with more than once in the last year. 12 (28.6%) agencies actively engage with public safety/violence more than once in the last year. 8 (19%) agencies actively engage with violence more than once in the last year.
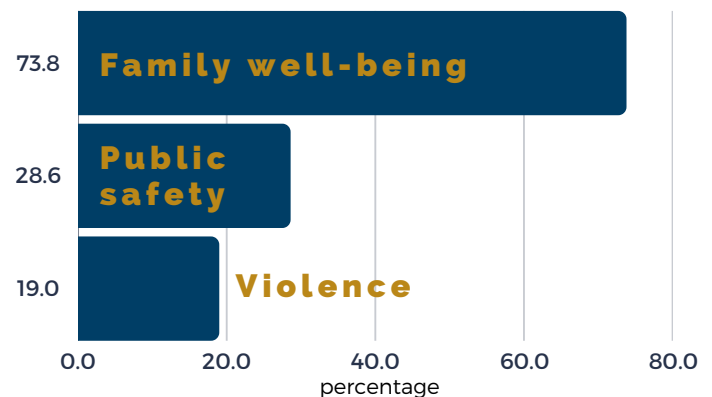
OCEANA COUNTY COUNCIL ON AGING

"Oceana County Council on Aging congregate meals served M-F and 12pm. Home cooked meals, served by a volunteers."

33.3%
14 agencies currently perform legal and regulatory actions to improve and protect the public's health and well-being.

2.4%
1 respondent wants to perform legal and regulatory actions to improve and protect the public's health and well-being.

64.3%
27 agencies do not perform legal and regulatory actions to improve and protect the public's health and well-being.
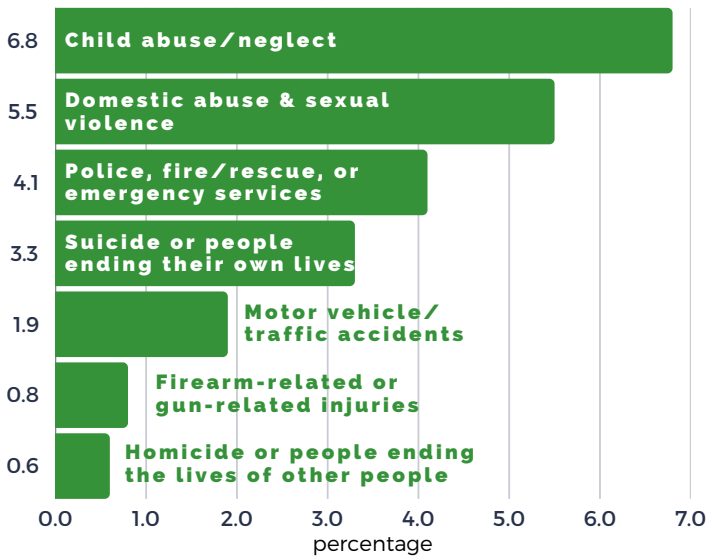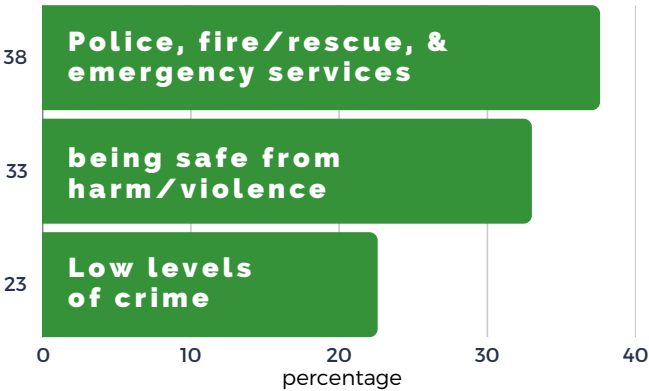
QUESTIONS?

Questions about this report can be emailed to mithrive@northernmichiganchir.org.

NORTH CENTRAL COMMUNITY HEALTH INNOVATION REGION

mithrive 17

MOST IMPORTANT FOR THRIVING

Responses to "In the following list, which five assets do you think are the most important factors for a community to be considered thriving?" (n=1270)

Police, fire/rescue, & emergency services — 38

being safe from harm/violence — 33

Low levels of crime — 23

percentage

- **Child abuse/neglect** — 6.8
- **Domestic abuse & sexual violence** — 5.5
- **Police, fire/rescue, or emergency services** — 4.1
- **Suicide or people ending their own lives** — 3.3
- **Motor vehicle/ traffic accidents** — 1.9
- **Firearm-related or gun-related injuries** — 0.8
- **Homicide or people ending the lives of other people** — 0.6
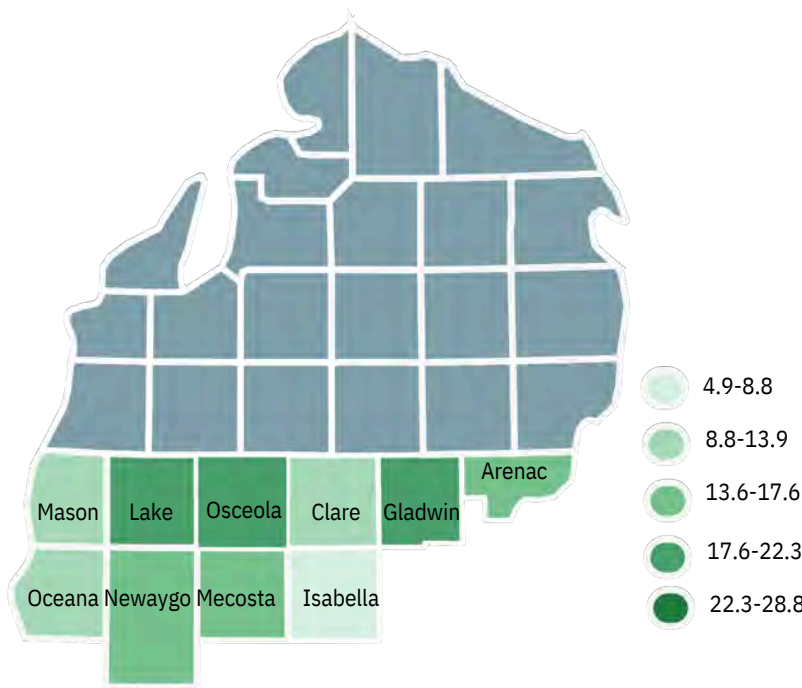
percentage

SAFETY & WELLBEING CONCERNS

Responses to "In the following list, which five assets do you think are the most important factors for a community to be considered thriving?" (n=1270)

CHILD ABUSE RATES (CASES PER 1,000 CHILDREN)

Data Source: The Annie E. Casey Foundation Kids Count (2023)

Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newaygo, Mecosta, Isabella

- 4.9-8.8
- 8.8-13.9
- 13.6-17.6
- 17.6-22.3
- 22.3-28.8

1.71

TOPIC SCORE & BLURB SPACE

On a scale of 0 to 3, topics with a score of 0 displays lower prioritized issues and a score of 3 displays higher prioritized issues.

This is compared to NECHIR: 1.69 | NWCHIR: 1.57

Appendices

Appendix I

Priority Setting
Survey Instrument

MiThrive NCCHIR Data Walk & Priority Setting Post-Event Survey

MiThrive NCCHIR Data Walk & Priority Setting Post-Event Survey

Page description:
North Central Community Health Innovation Region [NCCHIR] (Arenac, Clare, Gladwin, Isabella, Lake, Mason, Mecosta, Newaygo, Oceana, Osceola)

Thank you for participating in priority setting!

Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare.

Public health is more than healthcare. Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

After the event, participants will be asked to complete this survey to vote on health issues to prioritize this cycle (2024-2026).

The responses to this survey and discussion will be summarized in our Community Health [Needs] Assessment (CH[N]A). The results will be used for planning and implementation for each Community Health Innovation Region (CHIR) for the next 3 years, before being revisited in the next cycle. Your vote matters! It will be used to develop a Community Health Improvement Plan (CHIP) to improve health in our community.

If you have any questions or concerns, email mithrive@northernmichiganchir.org.

Currently, we have not translated this survey, but resources can be available to help translate if needed. Additionally, we have staff available to accommodate with vision, hearing, or other disabilities that may impact the completion of this survey.
Email mithrive@northernmichiganchir.org with any translation or accommodations requests.

Things to know:

- This survey should take ~5-10 minutes.
- We recommend taking this survey on a computer or laptop rather than a phone or tablet due to question formatting.
- Although a PDF copy is provided, all responses need to be entered into the digital format to be counted. If you need assistance with this, please contact mithrive@northernmichiganchir.org.
- Your responses will not be identifiable to you or your organization. They will be combined and summarized with all other responses in the CH[N]A report.
- **If your organization covers counties in other regions, you can take each regional survey once.**

Survey will close on **December 22nd at 11:59PM**. Please submit responses on the virtual platform prior to this date.

1. Name *

[ ]

2. Email Address *

[ ]

3. What Organization do you represent, if appilcable? *

[ ]

4. What is your County of residence?

[ ]

5. Did you attend a live Data Walk & Priority Setting Event or Office Hours? *

☐ Yes, I attended a live Priority Setting Event

☐ Yes, I attended one of the Office Hour sessions

☐ No, I did not participate in any live event or office hour session

6. Please rank the following health issues by **Severity** (risk of morbidity and mortality associated with the health issue). Score the topics on a scale of First=Most Severe and Last=Least Severe.

Keep in mind the following:
1. Does addressing this issue help promote efficient use of time and resources?
2. Does addressing this issue improve the health of your community? *

Drag items from the left-hand list into the right-hand list to order them.

| Economic Security |
| Obesity |
| Housing |
| Mental Health |
| Safety and Wellbeing |
| Broadband |
| Education |
| Access to Healthcare |
| Environment/Infrastructure |

7. Please rank the following health issues by **Magnitude** (number of people impacted by the health issue). Score the topics on a scale of First=Highest Magnitude and Last=Lowest Magnitude.

Keep in mind the following:
1. Does addressing this issue help promote efficient use of time and resources?
2. Does addressing this issue improve the health of your community? *

Drag items from the left-hand list into the right-hand list to order them.

- Economic Security
- Obesity
- Housing
- Mental Health
- Safety and Wellbeing
- Broadband
- Education
- Access to Healthcare
- Environment/Infrastructure

8. Please rank the following health issues by **Impact** (prioritizing this topic would have the greatest impact on improving health issues, quality of life and improving health disparities). Score the topics on a scale of First=Highest Impact and Last=Lowest Impact.

Keep in mind the following:
1. Does addressing this issue help promote efficient use of time and resources?
2. Does addressing this issue improve the health of your community? *

Drag items from the left-hand list into the right-hand list to order them.

Economic Security →

Obesity →

Housing →

Mental Health →

Safety and Wellbeing →

Broadband →

Education →

Access to Healthcare →

Environment/Infrastructure →

9. Please rank the following health issues by **Sustainability.** Sustainability means that resources are available and barriers are surmountable (able to be overcome or dealt with successfully). Score the topics on a scale of First=Most Sustainable and Last=Least Sustainable.

Keep in mind the following:
1. Does addressing this issue help promote efficient use of time and resources?
2. Does addressing this issue improve the health of your community? *

Drag items from the left-hand list into the right-hand list to order them.

- Economic Security
- Obesity
- Housing
- Mental Health
- Safety and Wellbeing
- Broadband
- Education
- Access to Healthcare
- Environment/Infrastructure

10. Please rank the following health issues by **Achievability** (achievable and measurable outcomes are possible within three years). Score the topics on a scale of First=Most Achievable and Last=Least Achievable.

Keep in mind the following:
1. Does addressing this issue help promote efficient use of time and resources?
2. Does addressing this issue improve the health of your community? *

Drag items from the left-hand list into the right-hand list to order them.

- Economic Security
- Obesity
- Housing
- Mental Health
- Safety and Wellbeing
- Broadband
- Education
- Access to Healthcare
- Environment/Infrastructure

11. Please rank the following health issues by **Health Equity** (health issues are important to providing equity across race, ethnicity, gender, age, etc.). Score the topics on a scale of First=Most Important to Health Equity and Last=Least Important to Health Equity.

Keep in mind the following:
1. Does addressing this issue help promote efficient use of time and resources?
2. Does addressing this issue improve the health of your community? *

Drag items from the left-hand list into the right-hand list to order them.

| Economic Security |
| Obesity |
| Housing |
| Mental Health |
| Safety and Wellbeing |
| Broadband |
| Education |
| Access to Healthcare |
| Environment/Infrastructure |

Appendix J

2023-2025 Corewell Health Ludington Hospital Impact Report

Corewell Health Ludington Hospital

Previous Implementation Strategy Impact

This report identifies the impact of actions to address the significant health needs addressed in the 2023-2025 Corewell Health Ludington Hospital Implementation Strategy created from results of the 2022 Community Health Needs Assessment. The three-year implementation strategy reporting period was narrowed further for this document and covers Jan. 1, 2023, to March 31, 2025. This is to ensure the governing board approved at the needed time to stay in compliance with IRS regulations. Monitoring of all the 2023-2025 Corewell Health Ludington Hospital's Implementation Strategies will continue in accordance with the identified action date and the organization will use all resources committed towards these goals to accomplish the desired impacts.

Behavioral Health

Interconnected Systems Framework for Behavioral Health

Impact of Strategy
The role of Corewell Health in the Interconnected Systems Framework model is multifaceted. We are a partner in the ISF leadership collaborative, and we are often well positioned to help fill necessary resource gaps. In Mason County specifically, this ISF work has included adding one to one counseling services at Mason County Central High school through the virtual health tele-psych service. It has also included adopting a county wide suicide prevention protocol through the Blue Envelope program. We have leadership at the ISF collective impact committee level to stay involved locally and regionally.

Action
By Dec. 31, 2023, Corewell Health Ludington Hospital, in strategic partnership with community leaders, will adopt the Interconnected Systems Framework model for mental and behavioral health services.

Measurable Impact
Adoption of the Interconnected Systems Framework model by Corewell Health Ludington Hospital.

Action
By Dec. 31, 2024, the Interconnected Systems Framework collaborative will implement at least one policy or environmental support designed to improve access to behavioral health services.

Measurable Impact
Implementation of at least one policy or environmental support designed to improve access to behavioral health service.

Action
By Dec. 31, 2025, the Interconnected Systems Framework collaborative will implement at least two additional policies or environmental supports designed to improve access to behavioral health services.

Measurable Impact
Implementation of at least two policies or environmental supports designed to improve access to behavioral health service.

Mental Health First Aid

Impact of Strategy
At the time this strategy was adopted, there were more Mental Health First Aid trainers needed in Mason and Oceana counties. Shortly after the adoption of the implementation strategy, West Michigan Community Mental Health received a grant to train eight additional team members in this model. With our continued collaboration with West Michigan Community Mental Health, there was not a need to train internal team members. Instead, we promoted the trainings that West Michigan Community Mental Health offered for the community. These trainings are ongoing and will continue in the future.

Action
By Dec. 31, 2023, Corewell Health Ludington Hospital will train two community programs health educator team members in Mental Health First Aid.

Measurable Impact
The number of community programs health educator team members trained in Mental Health First Aid.

Action
By Dec. 31, 2024, participation in Mental Health First Aid classes in Mason and Oceana counties will increase from zero participants (calendar year 2022 baseline) to a minimum of 100 individuals.

Measurable Impact
Increase in the number of participants in Mental Health First Aid classes by 100 individuals.

Action
By Dec. 31, 2025, a minimum of 50% of Mental Health First Aid participants will report increased confidence in their ability to deploy strategies learned in class.

Measurable Impact
Percentage of Mental Health First Aid participants reporting increased confidence in their ability to deploy strategies learned in class.

Blue Envelope Suicide Training

Impact of Strategy

All of the school districts in Mason and Oceana County have been trained in the Blue Envelope model and all districts are currently utilizing the program. It continues to be a significant help so that all school staff and teachers can speak a common language and can deploy the necessary action steps when a student is in a crisis situation.

Action

By Dec. 31, 2023, Corewell Health Ludington Hospital will identify and form a letter of agreement with at least one school district in Mason County and one school district in Oceana County that will engage in and complete Blue Envelope Zero Suicide programming.

Measurable Impact

Letter of agreement identified and formed with at least one school district in Mason County and one school district in Oceana County to engage in and complete the Blue Envelope Zero Suicide programming.

Action

By Dec. 31, 2024, the School Blue Envelope Program will expand from zero to two school districts in Mason County.

Measurable Impact

Two new school districts participating in the School Blue Envelope program in Mason County.

Action

By Dec. 31, 2025, the School Blue Envelope Program will expand from zero to one school district in Oceana County.

Measurable Impact

One new school district participating in the School Blue Envelope Program in Oceana County.

Access to Health Care

Expand Countywide Public Transportation to Support Increased Access to Care

Impact of Strategy

The Rides to Wellness program was initially funded to help bridge the gap for patients who needed access to medical care, but were unable to use public transportation, either because of township gaps or other barriers. The funds have been fully utilized and there is ongoing work to address transportation gaps for patients in Mason and Oceana counties. There is a large-scale transportation feasibility study being conducted in Oceana County that will be wrapped up by the end of 2025. Corewell Health continues to partner to move this work forward and look at feasible, sustainable options.

Action

By Dec. 31, 2023, Corewell Health Ludington Hospital will provide the internal policy change to create referral pathways for nonemergency medical transportation and will coordinate transportation services with MTC's Rides to Wellness representative.

Measurable Impact

Referral pathways for nonemergency medical transportation and coordination of transportation services with MTC's Rides to Wellness provided.

Action

By Dec. 21, 2024, Corewell Health Ludington Hospital will decrease no-show and cancellation appointments to medical appointments by 10% because of transportation agreement and internal protocol developed.

Measurable Impact

No-show and appointment cancellations decreased by 10%.

Action

By Dec. 31, 2025, Corewell Health Ludington Hospital, in partnership with Ludington Mass Transit and the transportation collaborative, will implement at least one policy or environmental support designed to improve transportation access across Mason County.

Measurable Impact

The number of policies or environmental supports designed to improve transportation access mplemented in Mason County.

Pilot Mobile Primary Care Outreach

Impact of Strategy

This strategy was designed to reach community members where they are with screenings and preventative care. An initial partnership with DHD#10 was launched to utilize their mobile unit with a Corewell Health community nurse and a Community Health worker. Both the FreeSoil Senior Center and Baldwin Senior Center hosted the mobile unit. This model proved to be successful, but it was determined that the unit was not being fully utilized. To continue this work and meet community members and older adults throughout the county, the Corewell Health community nurse is continuing ongoing blood pressure clinics at each of the local senior centers.

Action

By Dec. 31, 2023, Corewell Health Ludington Hospital will have successfully executed a contract with District Health Department #10 on partnership in a mobile primary care outreach program and developed the necessary protocol to deliver the service.

Measurable Impact

Mobile primary care outreach program contract between Corewell Health Ludington Hospital and District Health Department #10 successfully executed and delivered.

Action

By Dec. 31, 2024, Corewell Health Ludington Hospital mobile primary clinic unit will have provided service to at least 50 patients.

Measurable Impact

The number of patients who were serviced by the mobile primary care outreach clinic.

Action

By Dec. 31, 2025, Corewell Health Ludington Hospital will have provided mobile medical service to at least 100 patients.

Measurable Impact

The number of patients who were serviced by the mobile primary care outreach clinic.

Chronic Disease

Coordinated Approach to Childhood Health

Impact of Strategy

Coordinated Approach to Child Health has not started in Mason County because there is not staff available to run the program. The Win With Wellness program is continuing in all of the elementary schools in Mason and Oceana counties. This program offers a variety of health and safety lessons to kindergarten through fifth grade students.

Action

By Dec. 31, 2025, Corewell Health Ludington Hospital will expand the CATCH program by one school annually, with a baseline of one at the end of 2022.

Measurable Impact

The number of schools in which the CATCH program is adopted annually.

Action

By Dec. 31, 2025, 100% of schools participating in CATCH will implement at least one policy or environmental support designed to improve student nutrition and/or increase physical activity during the school day.

Measurable Impact

The number of policies or environmental supports each school participating in the Coordinated Approach to Child Health Program implements. Increased Vaping/Marijuana/Tobacco/Nicotine Prevention in Schools.

Impact of Strategy

Vaping prevention education was provided to elementary and middle school students in Mason County. This education will continue for the 25-26 school year with hopes to expand and offer marijuana prevention education to school districts in both Mason and Oceana counties.

Action

By Dec. 31, 2024, Corewell Health Ludington Hospital will provide vaping/marijuana/tobacco/nicotine education to at least three elementary schools.

Measurable Impact
The number of elementary schools in which vaping/marijuana/tobacco/nicotine education is provided.

Action
By Dec. 31, 2025, Corewell Health Ludington Hospital will provide vaping/marijuana/tobacco/nicotine education to at least five middle schools.

Measurable Impact
The number of middle schools in which vaping/marijuana/tobacco/nicotine education is provided.

Action
By Dec. 31, 2025, Corewell Health Ludington Hospital will aid in the implementation of one vaping policy or environmental support in at least two schools.

Measurable Impact
The number of schools in which a vaping or environmental support policy is implemented.