MyMichigan Health
UNIVERSITY OF MICHIGAN HEALTH

MyMichigan Medical Center Sault

COMMUNITY HEALTH NEEDS ASSESSMENT

2025

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Letter to Community

Dear Community Members and Partners,

At MyMichigan Health, our Purpose Statement is: "Creating Healthy Communities – Together."

Community health improvement is a daunting challenge. In fact, it is far too great for any single organization to achieve. However, it can be achieved together with the help of community partners like you. Whether in the public health, foundation, nonprofit organization, government or the health care sector, or those with first-hand experience that live, work, play and age within our communities – all can make a difference.

The Community Health Needs Assessment (CHNA) process is one way to make a difference. The CHNA offers a valuable opportunity to listen and gain input on what health concerns matter most to those in our communities. As part of that process, we seek the most impactful, evidence-based ways to work together to improve the health of our communities. Collectively, we have worked hard to address key priorities identified in previous CHNAs to move the needle on health indicators. As a result, we have implemented programs and developed new processes to provide care and affect social determinants of health to those most in need. We are proud of what we have accomplished thus far, but also understand there is still much work to be done.

It is through our CHNA process, using data and stakeholder input, that we measure and obtain a detailed snapshot of our region's health needs and how best to address barriers to achieving a healthy life. We know that individuals and families can best achieve a healthy life when they are able to make positive health choices in settings where barriers to health are addressed and removed.

MyMichigan Health takes its role as an anchor institution, a community leader and trusted partner in our communities very seriously. We know that we serve as a major employer, purchaser, leader and participant in interconnected relationships with you, for the good of our community's health.

MyMichigan Health understands its responsibility to set standards of care not only in our clinical settings, but also in the towns, community centers and classrooms where we serve. Our efforts to strengthen and integrate our clinical and community programs, together with our community partners, is how we become successful in our challenge to improve health.

It is our pleasure to provide this 2025 MyMichigan Medical Center Sault Community Health Needs Assessment. In accordance with policy, the Board of Directors reviewed and approved this report on 4/28/2025. We invite you to explore this report and join us as we engage in addressing the critical health issues in our community.

Sincerely,

Kevin Kalchik, President

Mark Savoie, Chair, Board of Directors

Manager, Community Health

Executive Director, Population Health

Figure 1: Letter to the Community

Acknowledgements to Partners

MyMichigan Medical Center Sault is pleased to share with you the 2025 Community Health Needs Assessment. We adopted and modified the Mobilizing for Action through Planning Partnerships (MAPP) process to meet the needs of MyMichigan Health, our partners and the community. This is a community-driven strategic planning process for improving community health. This report represents our commitment to identify and address the barriers in our communities that impact their health.

MyMichigan Health would like to give a special thank you to all of those who have been involved in the development of the CHNA, especially those in the CHNA network. All these partners took part in an extensive process that started with planning, collecting, and analyzing data to identify the top strategic health issues that our communities face. Collecting qualitative and quantitative data through our process enabled us to have a deep understanding of the challenges that our community faces.

This understanding enables us to develop our Community Health Improvement Plan (CHIP) that will guide our efforts over the next three years to impact health outcomes in our community.

Aspirus Iron River Hospital
Aspirus Ironwood Hospital
Aspirus Keweenaw Hospital
Aspirus Ontonagon Hospital
BCBS Foundation of Michigan
Baraga County Memorial Hospital
Bellin Health Hospital and Clinics
Chippewa County Health Department
Copper Country Community Mental Health
Dickinson-Iron District Health Department
Gogebic County Community Mental Health
Great Lakes Recovery Center
Helen Newberry Joy Hospital
Keweenaw Bay Indian Community
Luce-Mackinac-Alger-Schoolcraft District Health Department
Mackinac Straits Health System
Marshfield Clinic Health System - Dickinson
Marquette County Health Department
Michigan Department of Health and Human Services M
ichigan Health Endowment Fund
Michigan Technological University
Munising Memorial Hospital/Baycare Medical Center
NorthCare Network
Northern Michigan Center for Rural Health
Northpointe Behavioral Health Systems
OSF St. Francis Hospital
Pathways Community Mental Health
Portage Health Foundation
Public Health of Delta & Menominee Counties
Schoolcraft Memorial Hospital
Superior Health Foundation
Upper Great Lakes Family Health Center
Upper Peninsula Health Care Solutions
Upper Peninsula Health Group
Upper Peninsula Health Plan
U P Health Systems - Bell
U P Health Systems - Marquette
U P Health Systems - Portage
Western U P Health Department
Western U P Planning & Development Region

Executive Summary

The Community Health Team of MyMichigan Health supports the Community Health Needs assessment (CHNA) as a key component of improving population health. Our assessment and corresponding plans reflect the purpose and core values to MyMichigan Health. We truly believe that health happens were we live, learn, work and play and that all people should have the opportunity to make choices that allow them to live a long, health life, regardless of their income, education or ethnic background.

MyMichigan Medical Center Sault, with community partners, conducted this CHNA using a modified MAPP process that assessed the current health status of the community based on identified needs according to benchmark comparisons in secondary public health data, primary data collected through community surveying for community input, and the development of a Community Health Improvement Plan (CHIP). The process included several community partners that collected, reviewed, and analyzed public health data, complete and distribute the community health survey, identified priorities, and set goals for the 2025 CHIP.

Community Health Status

This assessment evaluated each county identified as the community served by MyMichigan Medical Center Sault and the community collaborative organizations that were involved in the assessment, which includes Chippewa County. Evaluation included demographics and public health data from a variety of sources and agencies including Ten16, countyhealthrankings.org, and other county level data.

Community Health Survey

The 2024 Community Well-Being Survey was conducted between August 5, 2024 and October 6, 2024 to obtain community input regarding the health of the community. The data collected with the survey indicated a need for focus on chronic disease prevention, access to care, and behavioral health services.

Community Health Improvement Plan

Three focus areas were adopted and approved by the MyMichigan Medical Center Sault Board of Directors, at the recommendation of the advisory committees and community partners. These focus areas will have specific targets for community health impact based on the data collected and analyzed:

Chronic Disease

- **Reduce prevalence of diabetes and diabetes mortality**
- **Increase rate of routine cancer screenings**
- **Education on healthy lifestyles**

Behavioral Health

- **Increase access to mental health services**
- **Reduce suicide prevalence**
- **Increase awareness of community resources and coping skills**

Access to Care

- Improve awareness of importance of primary care
- Improve access to social services and community resources
- Improve transportation resources for non-emergency medical transportation

Overview of MyMichigan Health

MyMichigan Health, a non-profit health system headquartered in Midland, Michigan, is a leader in providing award-winning, high-quality health care to the 26-counties it serves. With Medical Centers in Alma, Alpena, Clare, Gladwin, Midland, Mt. Pleasant, Saginaw, Sault Ste. Marie, Standish, Tawas and West Branch, MyMichigan also has affiliations with Medical Centers in St. Ignace* and Mackinac Island.* MyMichigan provides a full continuum of care across a wide array of settings, including urgent care centers, health parks, home health, virtual care, as well as medical offices representing more than 80 specialties and subspecialties.

- A major employer in all the areas we serve and recognized by Forbes as one of "America's Best Employers by State" in 2022, 2023 and 2024.

- Committed to the future of medicine by partnering with leading institutions to offer medical education programs that train medical students, physicians, nurse practitioner and physician assistant students, nursing students and other clinical experts for our region.

- More than 13,800 employees, volunteers, health care providers and other personnel working together to create healthy communities for nearly a million residents across the 26-counties we serve.

- A community partner that provided more than $128 million in community benefits during fiscal year 2023 and that supported its patients and families with new equipment, services and programs with funds raised by the MyMichigan Health Foundation.

- Your Go-To Place for all your health care needs.

Figure 2: Five Foundational Elements

Figure 3: MyMichigan Communities

Feedback is welcomed via CommunityHealth@mymichigan.org

Overview of Community

Chippewa County is located in the eastern region of Michigan's Upper Peninsula, bordered by Lake Superior to the north and the St. Marys River to the east. With a population of approximately 36,000 residents, the county is home to the City of Sault Ste. Marie—one of Michigan's oldest settlements—as well as several townships and rural communities. The region is known for its natural beauty, vast forests, and access to outdoor recreation, including boating, fishing, hunting, hiking, and snowmobiling.

The local economy is supported by industries such as health care, higher education, public administration, tourism, and manufacturing. The presence of Lake Superior State University, the Soo Locks, and tribal enterprises also contribute to economic activity. Despite these assets, Chippewa County faces persistent challenges common in rural areas, including workforce shortages, limited public transportation, and barriers to accessing affordable housing and health services. A substantial portion of the population lives below the ALICE (Asset Limited, Income Constrained, Employed) threshold or in poverty, highlighting the need for ongoing investments in community health and social supports. Local agencies, tribal governments, and regional partners continue to collaborate to improve outcomes and promote long-term health and economic stability for all residents of Chippewa County.

MyMichigan Medical Center Sault is a 49-bed hospital located in Sault Ste. Marie, Michigan and specializing in high-quality rural medicine. Our focus is to provide high-quality care through continuous quality improvement. Awarded as a high-reliability organization (HRO), from the Michigan Health & Hospital Association (MHA), we understand that high reliability and safety culture are vitally important to preventing and reducing errors and improving healthcare quality. We are committed to providing excellent care. MyMichigan Medical Center Sault is designated as a Level IV Trauma Center.

Community Served at MyMichigan Medical Center Sault

The community served will focus on **Chippewa County**, located in the eastern Upper Peninsula of Michigan, where **MyMichigan Medical Center Sault** is located. The medical center serves as a key provider of care for a largely rural population dispersed across the region. Chippewa County includes the City of Sault Ste. Marie, multiple townships, and other small communities that face common rural challenges such as transportation barriers, healthcare access, and economic hardship. The service area for this assessment includes the following primary ZIP codes within Chippewa County: 49715 (Barbeau), 49724 (Brimley), 49725 (Dafter), 49726 (De Tour Village), 49728 (Drummond Island), 49736 (Goetzville), 49745 (Hulbert), 49748 (Kincheloe), 49752 (Lakeside), 49774 (Pickford), 49780 (Rudyard), 49783–49788 (Sault Ste. Marie and nearby areas)**.** This region includes both tribal and non-tribal communities and presents opportunities for strong collaboration among health systems, local agencies, and community partners to address health equity and improve outcomes across the county.

Framework/Methodology

The Community Health Needs Assessment (CHNA), while a requirement every three years under the Patient Protection and Affordable Care act for our tax exempt status, is an important reflection of MyMichigan Health's mission, vision, core values and the system's goal to become a leader in our regions to improve the health of our communities. Community is a foundational element in MyMichigan Health's strategic plan, and we believe that all people should have the opportunity to make healthy choices for a long, prosperous life, despite an individual's socioeconomic status, education or background. The CHNA, as a key component for identifying top health concerns in a given area, will be vital in accomplishing the four objectives of the "Quadruple Aim": Improve health outcomes in the community, enhance patient experience, enhance provider experience and reduce the cost of care. The primary purpose for the Community Health Needs Assessment for MyMichigan Medical Center Sault is to gain an understanding of the health needs caused by disparities in social determinants of health (SDOH) as well as strengths in the given service area. We do so by analyzing a large and specific collection of data and community input which includes Chippewa County. With this understanding of the needs in our communities, we are equipped to develop a three-year strategic plan to improve the health outcomes in our communities and build health improvement capacity for the future health of its residents.

2025 CHNA Process

MyMichigan Medical Center Sault partnered with Western Upper Peninsula Health Department to complete the 2025 CHNA. MyMichigan Health 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.

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 CSA consists of secondary indicators collected in addition to a community survey.

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

Each assessment offers valuable insights, but their overall impact is significantly enhanced when the findings are analyzed together.

MAPP Phase 1: Building the Community Health Improvement Foundation

During Phase 1, funding agreements with local health departments and hospitals for the CHNA partnership were executed, the Steering Committee, Workgroups/Round Tables were organized, and the Core Team was assembled. Strategic partnerships were cultivated with both new and existing collaborators, with a 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.

MAPP Phase 2: Telling the Community Story

During Phase 2, each of the assessments were conducted with support from all CHNA partners and residents. The 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. 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 Data Platform, as well as primary data collected through the 2024 community survey and provider survey

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.

MyMichigan Health is committed to strengthening regional data capacity to drive community improvement efforts and enhance accountability.

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 August 12, 2024, to October 6, 2024. To encourage participation, respondents who completed the survey had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties.

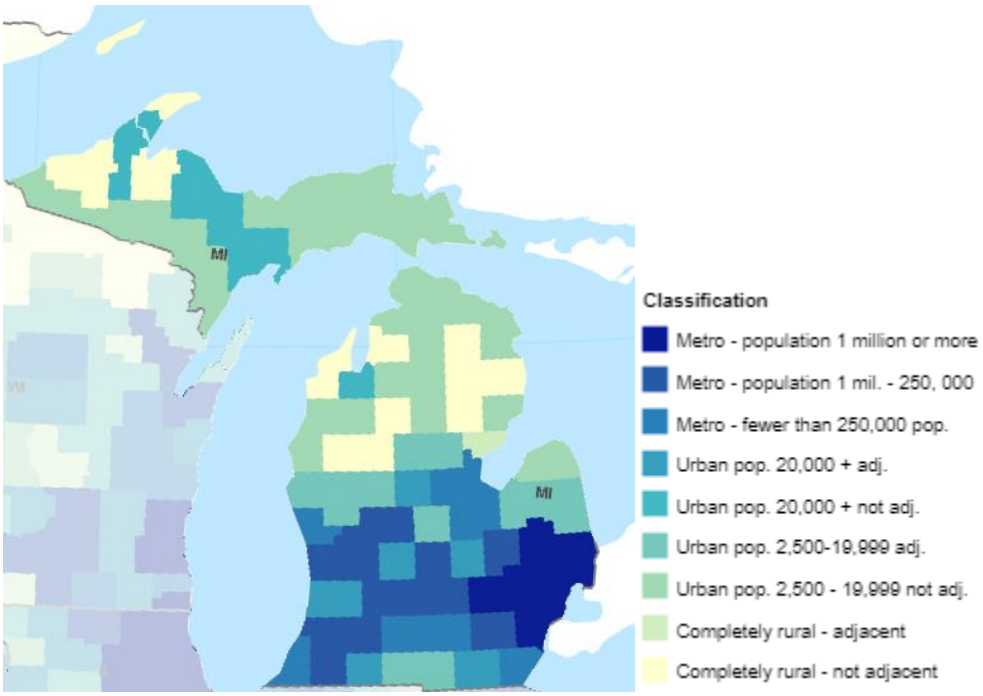
Partner organizations played a key role in promoting the survey through social media and community outreach. Promotional materials included flyers, social media content, and press releases. A total of 3,496 surveys were collected across the Region, with 167 responses coming from Chippewa County.

Demographics

The service area for **MyMichigan Medical Center Sault** is **Chippewa County**, located in Michigan's eastern Upper Peninsula. Known for its pristine environment, forested landscapes, and proximity to Lake Superior and the St. Marys River, the county offers abundant opportunities for outdoor recreation including hiking, fishing, hunting, boating, and snowmobiling. Covering over **1,558 square miles of land**, Chippewa County is predominantly classified as **rural** by the U.S. Census Bureau—a key characteristic that affects access to health care, transportation, and other vital services.

Chippewa County is home to approximately **36,800 residents**, with a population that reflects both rural and tribal communities. About **74% of residents identify as White**, and **15% identify as American Indian or Alaska Native**, primarily members of the **Sault Ste. Marie Tribe of Chippewa Indians**. Other racial groups include **Black or African American (4%)**, **Asian (0.6%)**, and individuals of **two or more races (6%)**. Approximately **2% of the population identifies as Hispanic or Latino**. These demographic characteristics highlight the need for culturally responsive care and targeted strategies that address health disparities among diverse populations across the county.

Rurality By County



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

Figure 4: Rurality by County

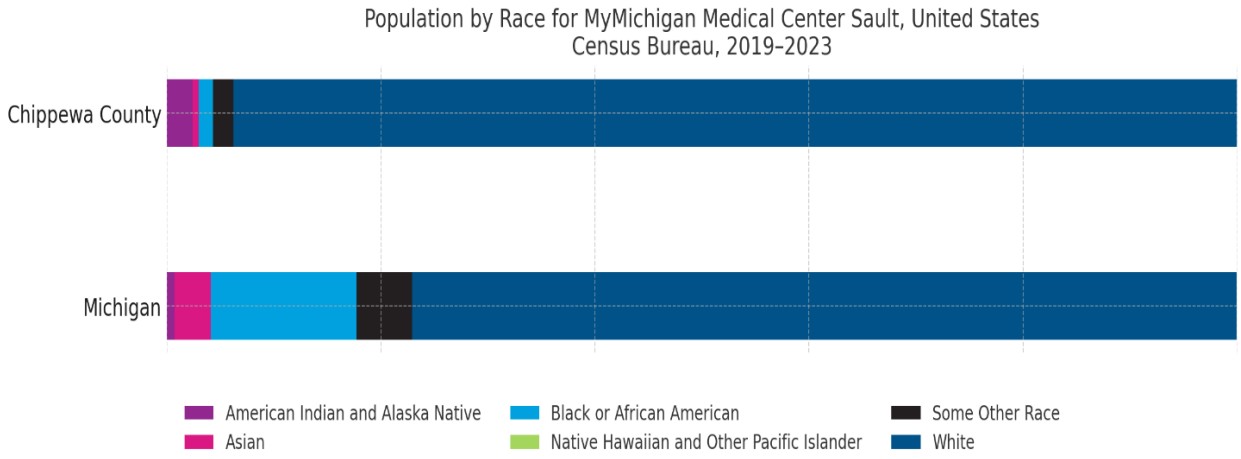


Figure 5: Population by race

Chippewa County has a lower proportion of racial minority groups (6.2%) than Michigan (26%).

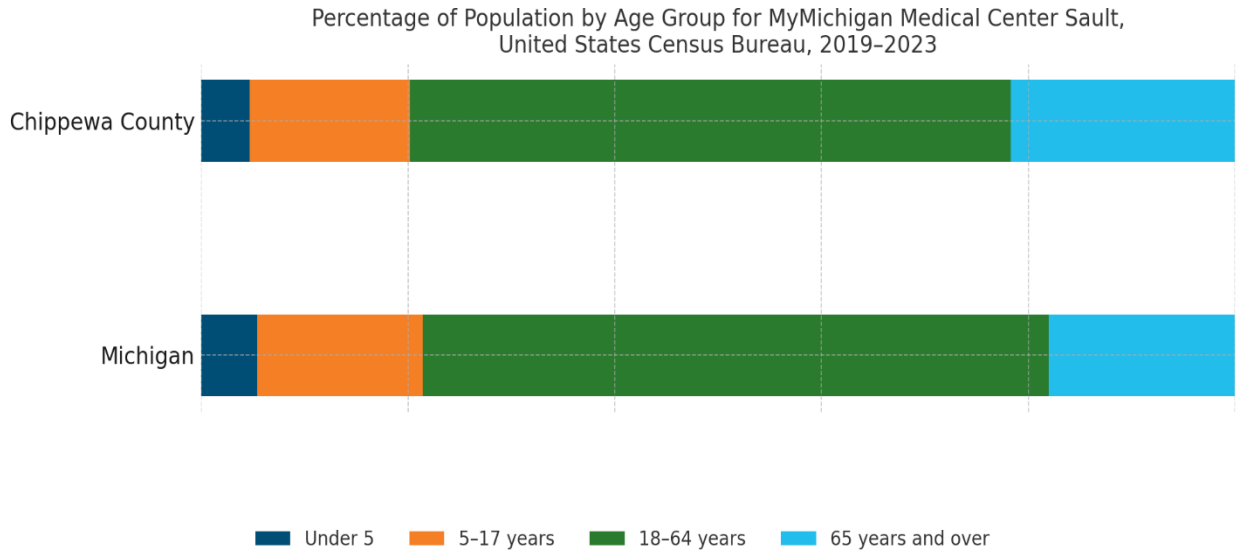


Figure 6: Percentage of population by age group

Chippewa County (21.6%) has higher proportions of adults over the age of 65 than Michigan overall (19.2%).

A greater proportion of people, 15.3%, of the people in the region have a disability compared to the State (10.3%).

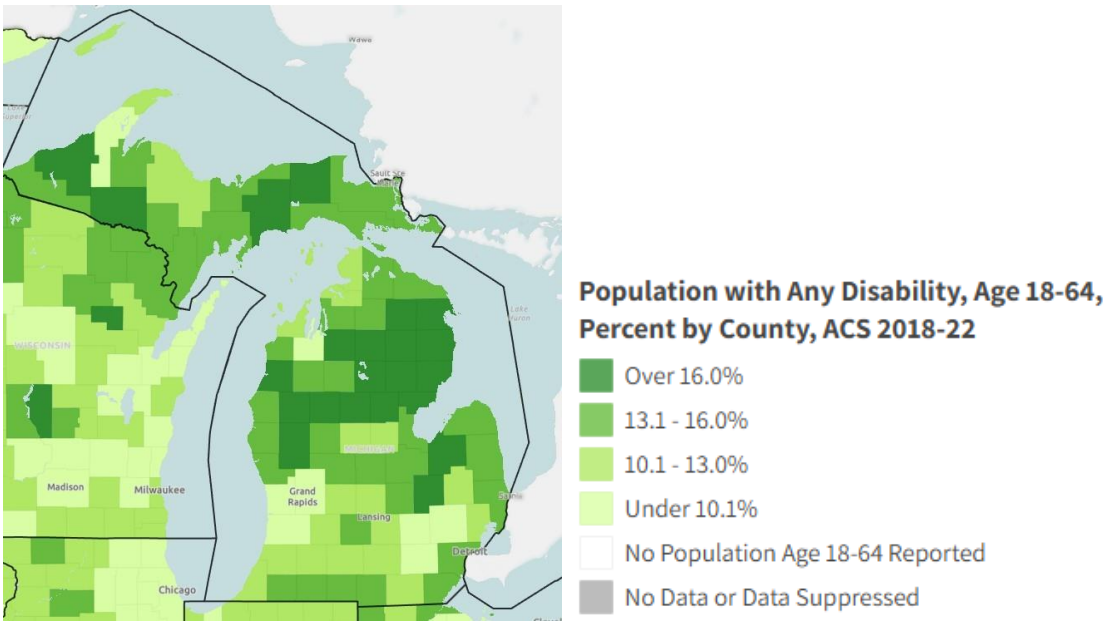


Figure 7: Map of population with any disability

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.

Chronic Conditions

Selected Morbidity and Mortality Indicators for the MyMichigan Medical Center Sault Service Area

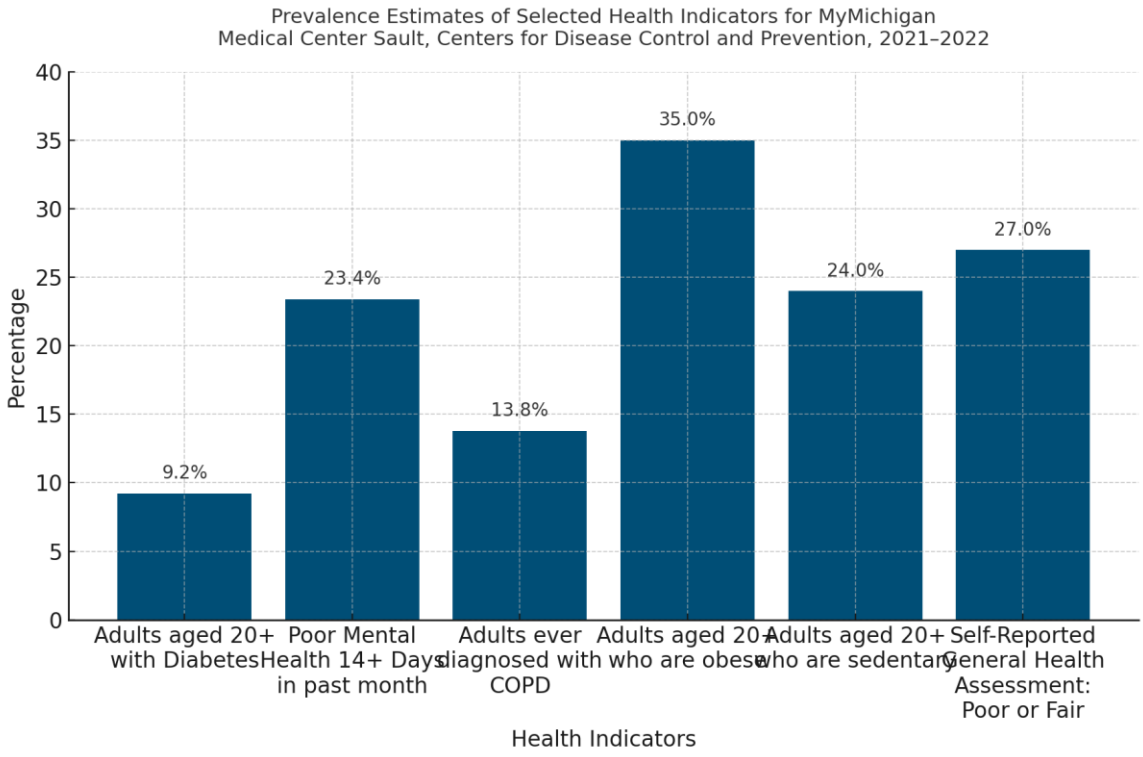


Figure 8: Prevalence estimates of health indicators.

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.

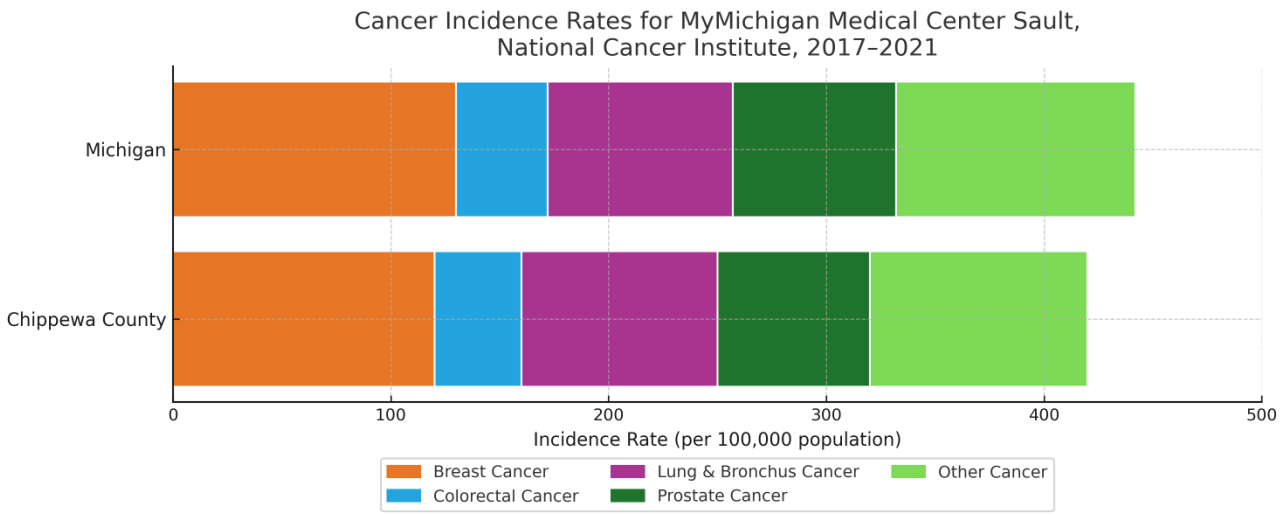


Figure 9: Cancer Incidence rates

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

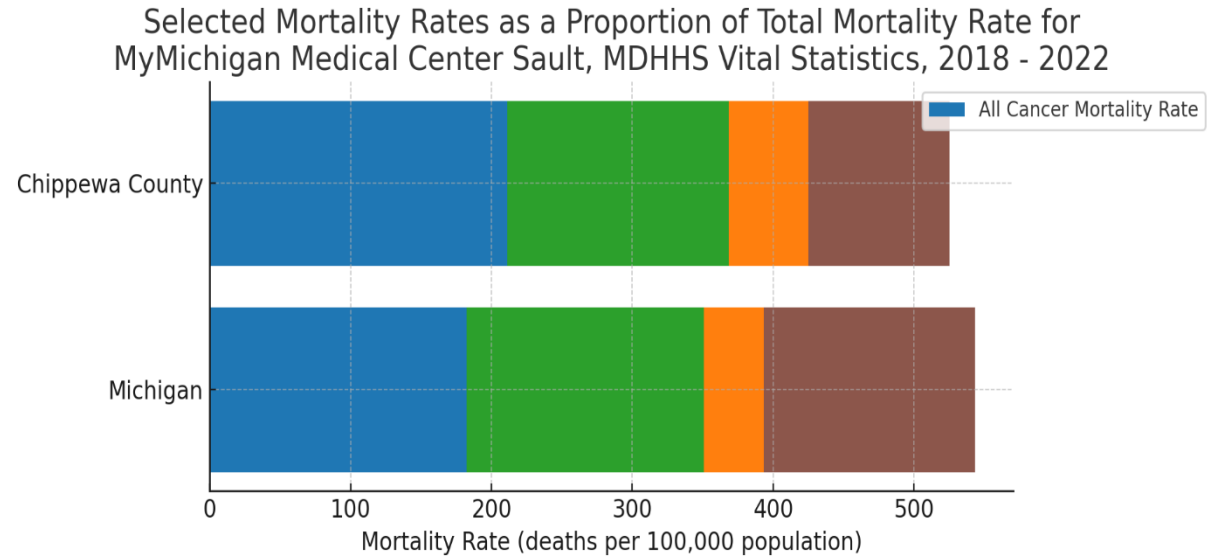


Figure 10: Mortality Rates

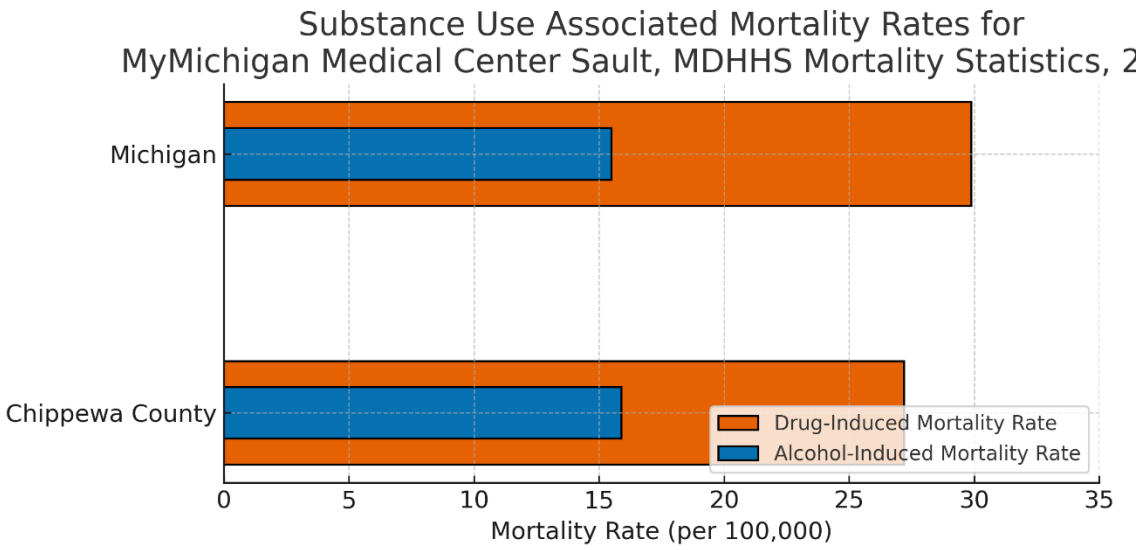


Figure 11: Substance Use Associated Mortaility rates

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

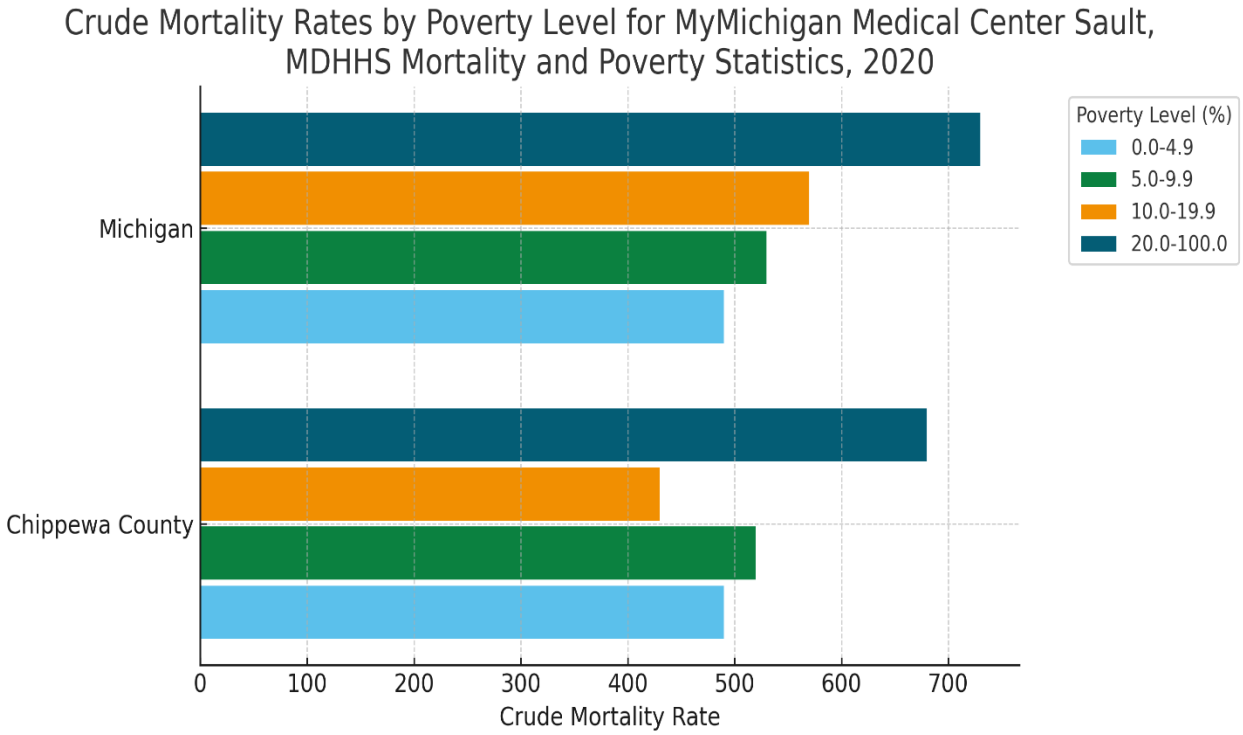


Figure 12: Age adjusted mortality rates by poverty level

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

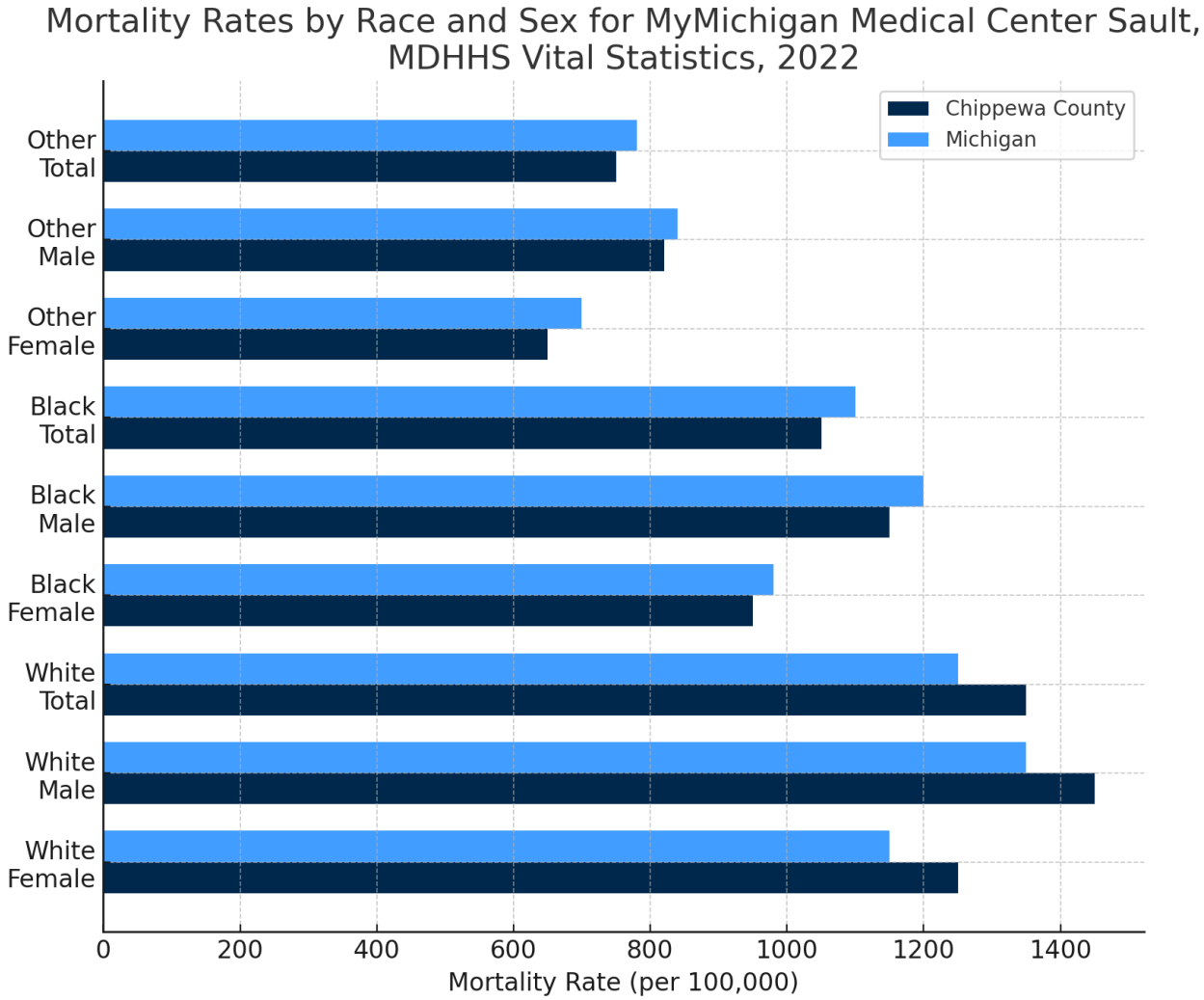


Figure 13: Mortality rates by race and sex

Social Determinant of Health

The Social Determinants of Health (SDOH) are classified as conditions in the environment in which people are born, work, live, or play that affect their health and quality of life outcomes. Areas often included in SDOH frameworks include healthcare access and quality, education access and quality, social and community context, neighborhood and built environment, and economic stability.

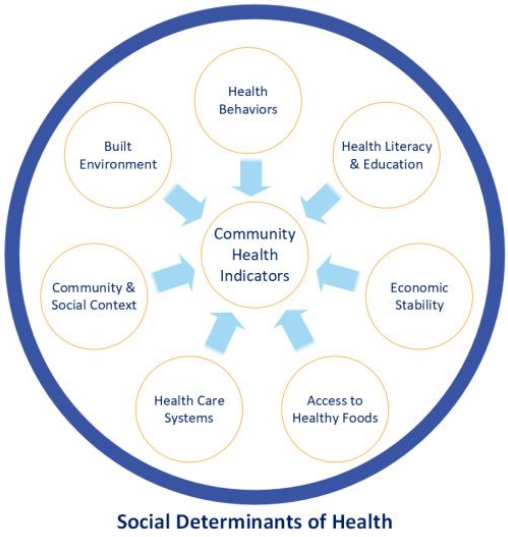


Figure 14: Social Determinants of Health

Economic Stability

Key issues within the economic stability function of SDOH include poverty, employment, food security, housing stability, and ALICE populations. ALICE is an acronym for Asset Limited, Income Constrained, yet Employed, and describes households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (i.e., those working, yet still struggling to have their basic needs met).

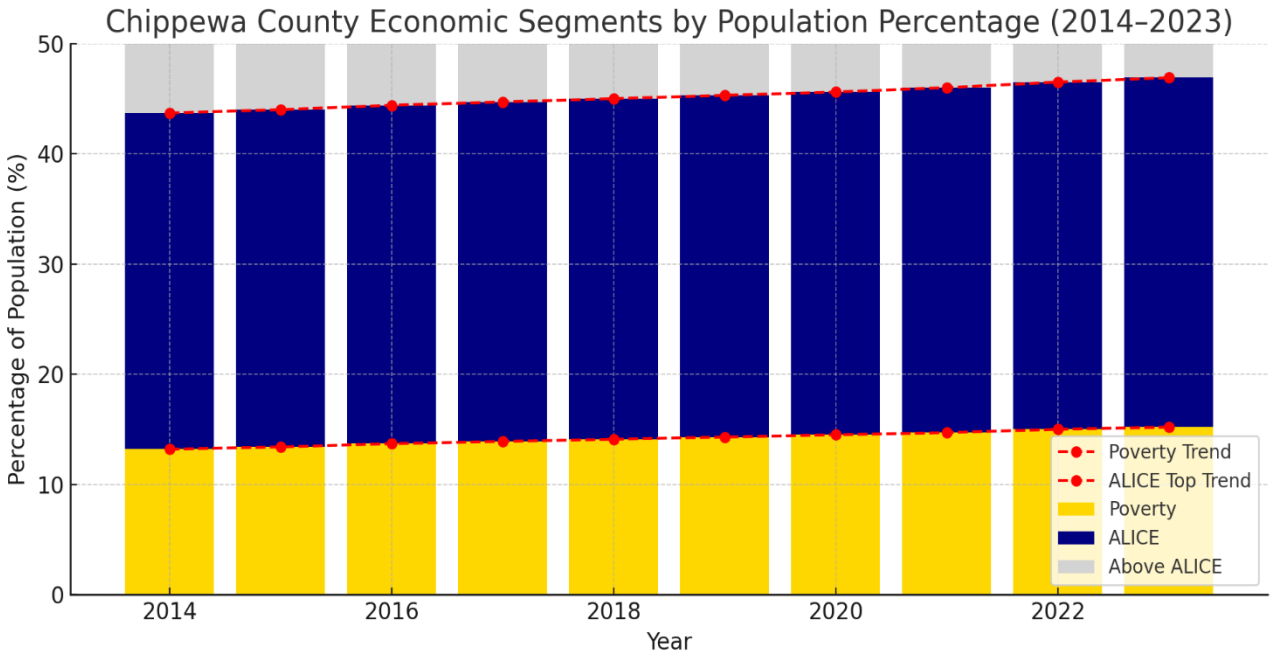
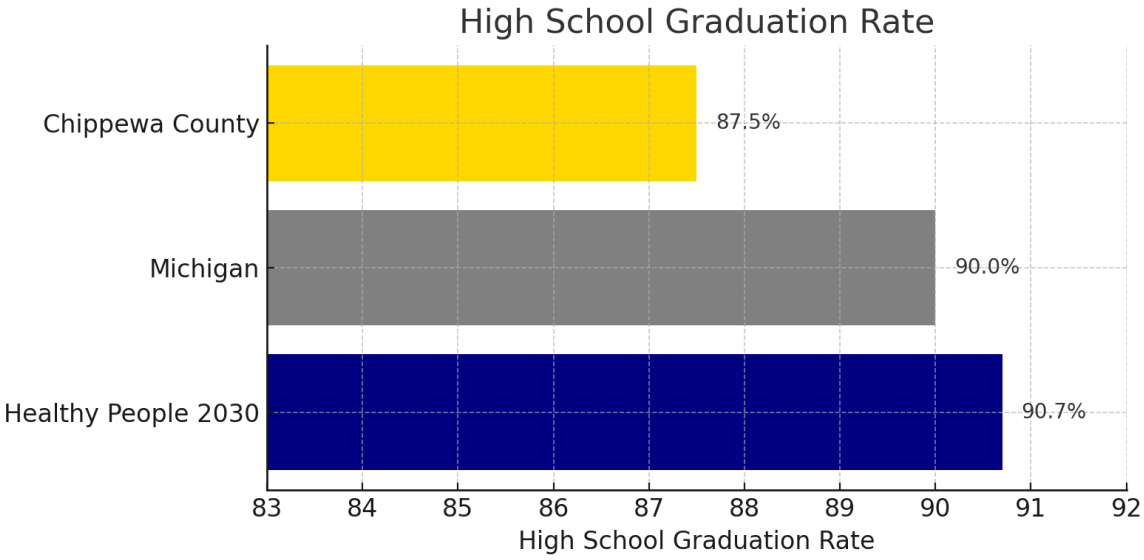


Figure 15: Poverty and ALICE in Chippewa County

Education

Education status is a key function within the SDOH framework. Key issues such as graduation rates, enrollment in higher education, language and literacy, and early childhood education all play a vital role in the health and wellbeing of a community.



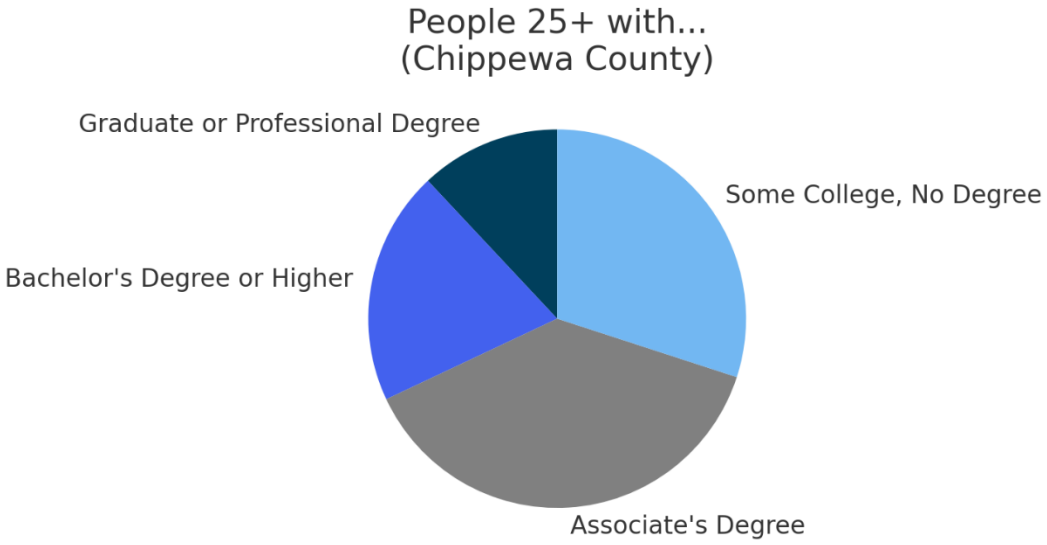


Figure 16: Continuing Education Chippewa

Figure 17: High School Graduation Rate

Neighborhood and Built Environment

There are important connections between where an individual lives and their health and wellbeing. Factors such as neighborhood safety, transportation access, housing quality and standards, and air and water quality all play an important role in determining one's health status.

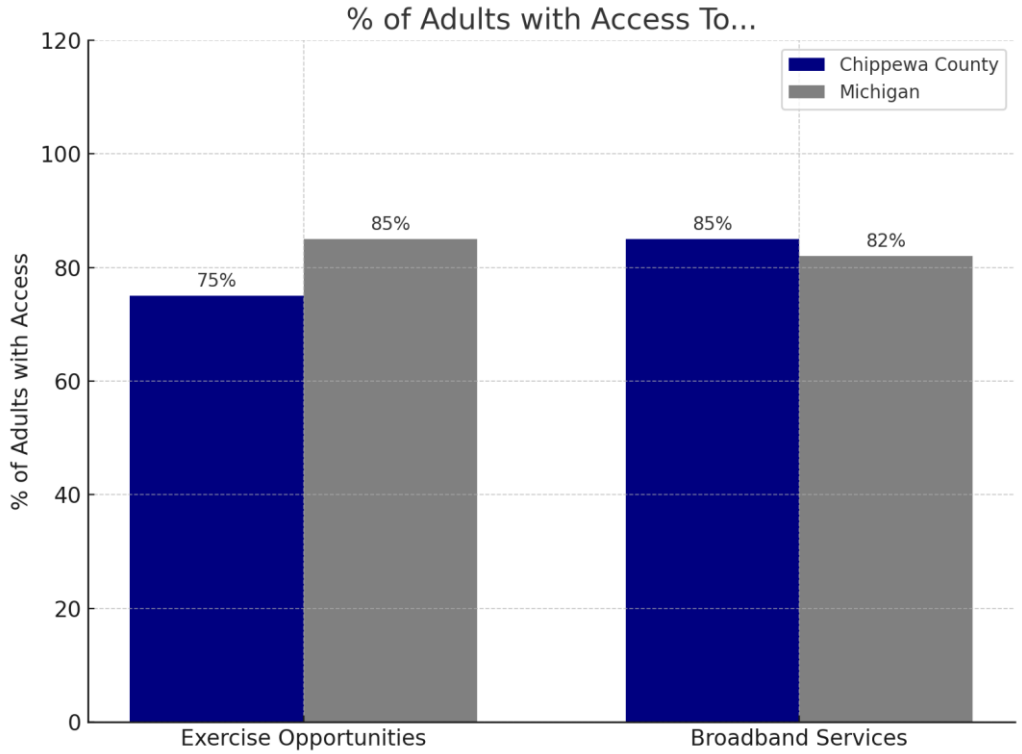


Figure 18: Percentage of Adults with Access to Services

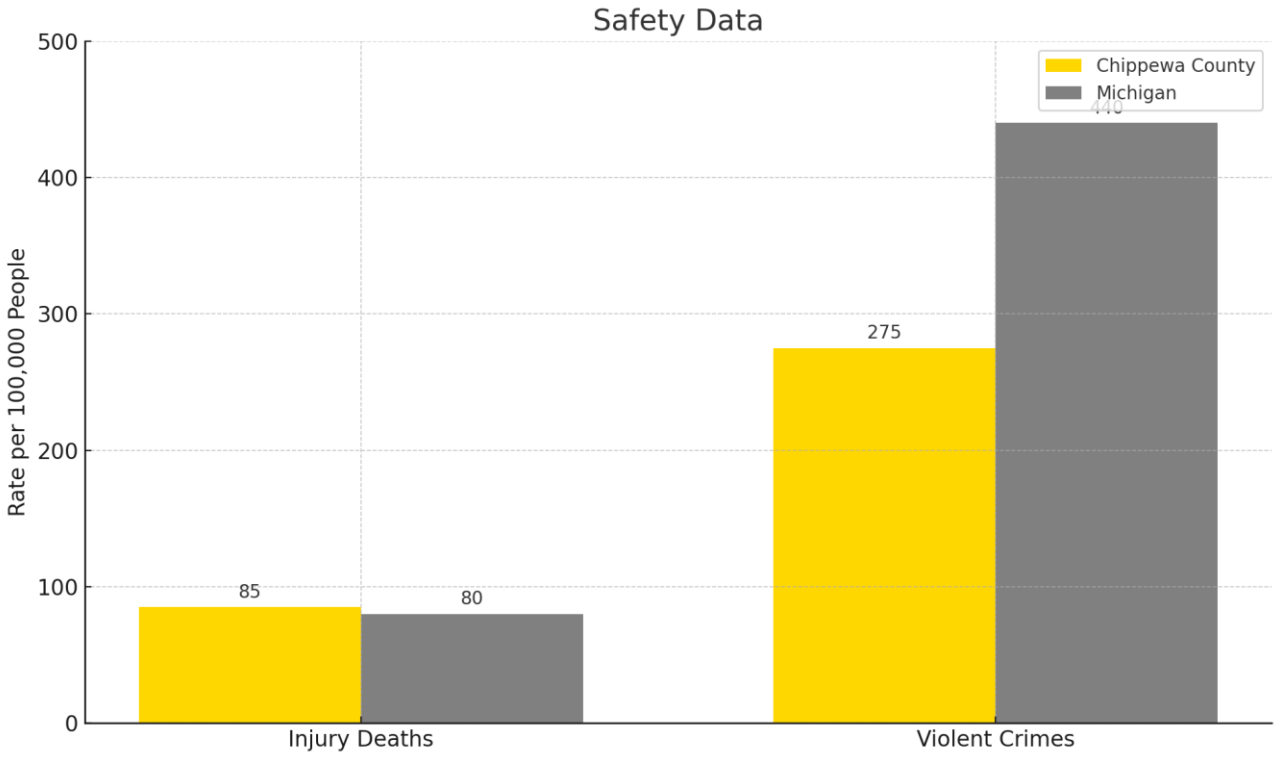


Figure 19: Safety Data per 100,000

Access to Care

Access to healthcare is a fundamental determinant of overall wellbeing, directly impacting disease prevention, early detection, and effective treatment. Limited access to healthcare services, whether due to cost, geographic barriers, timely appointment availability, logistical obstacles, or lack of insurance can lead to delayed diagnoses, unmanaged chronic conditions, and preventable health complications. Ensuring equitable access to both physical and mental health services is critical in improving quality of life and life expectancy across all communities.

In the state of Michigan, there are approximately 78 primary care providers per 100,000 residents (County Health Rankings, 2021), which is higher than the rate that is seen in Chippewa County (40 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 percent of residents in Chippewa County had received a routine health checkup within the last year (CDC PLACES, 2002). CDC PLACES data from 2022 also shows that 4.9 percent of adults in Chippewa County 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 243.1 deaths per 100,000 residents in Chippewa 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 Chippewa at 175.0 deaths per 100,000 residents, compared to the Michigan state-wide value at 158.3 deaths per 100,000 residents (MDHHS).

33.3 percent of respondents to the Community Survey from Chippewa County identified access to general medical care as one of the top factors for a thriving community. 30.3 percent similarly felt that high quality medical care was also a top factor for the community. Additionally, 11.9 percent of respondents indicated that access to general medical care was one of the top issues in their own community. In terms of what needs to be improved with access to care, 59.7 percent of respondents identified specialty services that were located too far away as one of their top issues with access; 53.7 percent of respondents implicated the overall cost of healthcare as a barrier. Healthcare providers for the area generally agreed; 52.9 percent indicated that access to general medical care was one of the top factors for a thriving community.

Barriers to healthcare access can create significant disparities in health outcomes. Individuals facing financial hardships, living in rural areas, or struggling with complex healthcare systems often experience gaps in care, leading to worsened health conditions and increased medical costs over time. Expanding healthcare access through affordable services, improved transportation, and enhanced health system navigation can reduce these disparities and improve population health.

Healthcare access is more than just the availability of medical services, it is about ensuring that individuals receive timely, high-quality care regardless of their socioeconomic status or geographic location. When people can access preventative care, manage chronic illnesses, and receive necessary

treatments without financial or logistical obstacles, they are more likely to experience better health outcomes, improved well-being, and a higher quality of life.

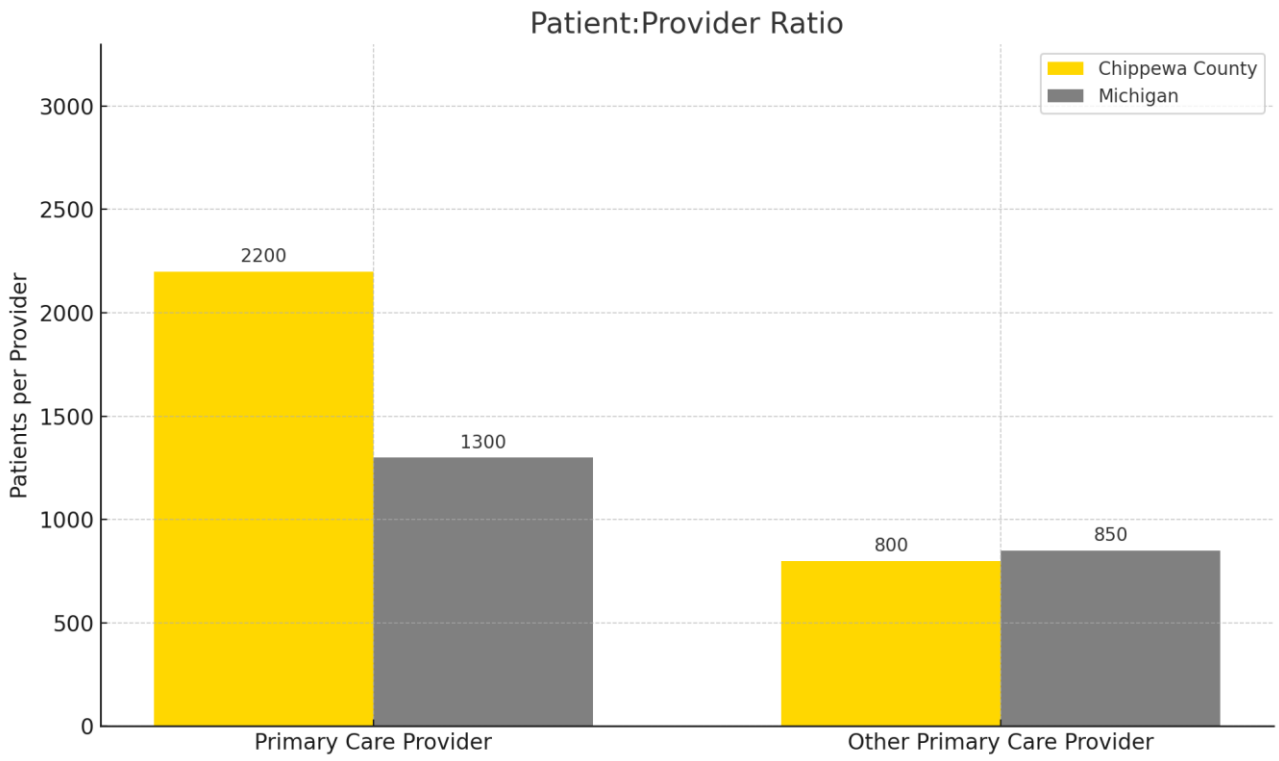


Figure 20: Provider Ratios

Primary Care Access

The patient-to-provider ratio is a critical indicator of access to primary care services. In areas like Chippewa County, where this ratio is significantly higher than the state average, it reflects a shortage of primary care providers and suggests that residents may experience longer wait times, reduced preventive care, and increased reliance on emergency services for non-emergent needs. Strengthening the primary care workforce is essential to improving health outcomes, managing chronic conditions, and ensuring timely, coordinated care—especially in rural and underserved communities. Addressing these gaps can lead to healthier populations and a more efficient health system.

Health Literacy

According to the Department of Health and Human Services, “health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.” Health literacy impacts an individual’s ability to manage health conditions, communicate with providers, and seek appropriate care.

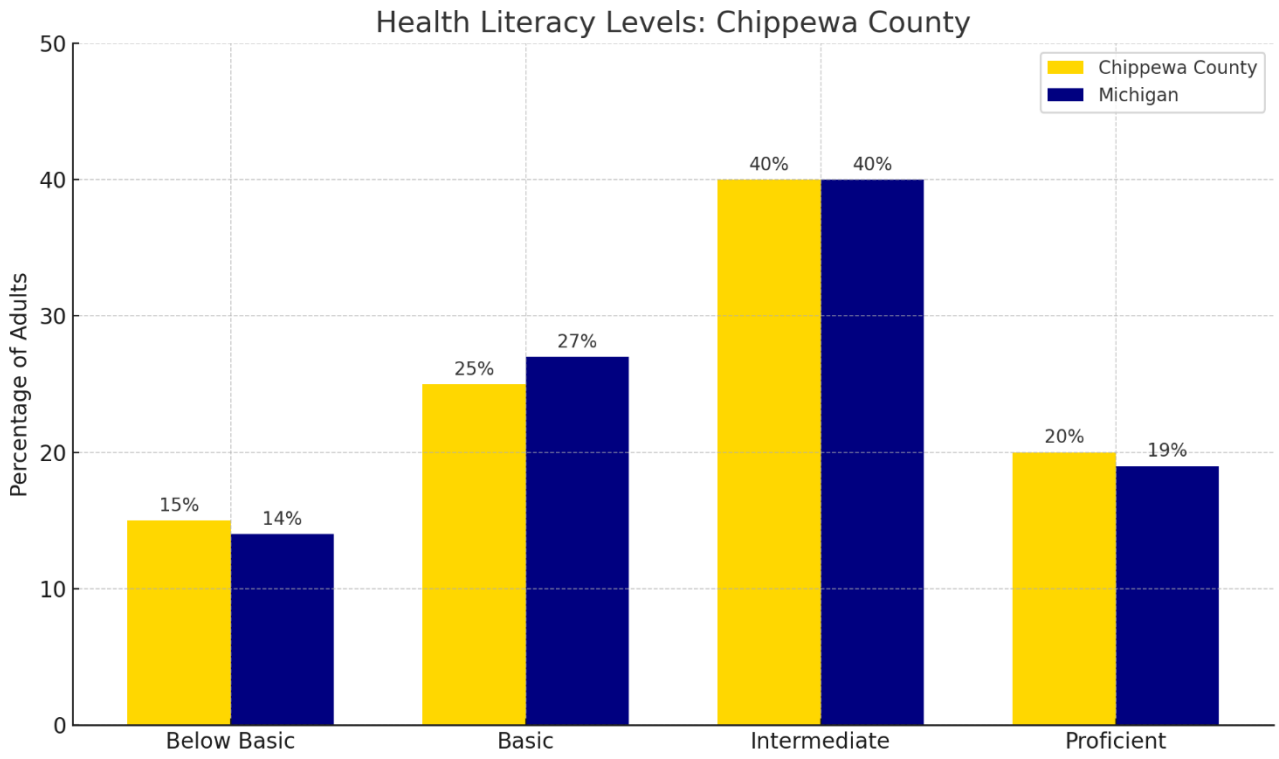


Figure 21: Health Literacy

Health Behaviors

Individual behavior plays a vital role in health outcomes. Health Behaviors are often times defined as the actions that affect our health. These actions could include behaviors that lead to improvements in health, such as physical activity, healthy eating, and participating in preventive health care. Equally, actions that lead to detriments in our health are also considered health behaviors. These actions include behaviors that increase our risk of disease development, including increased alcohol intake, substance misuse, and delaying prenatal care.

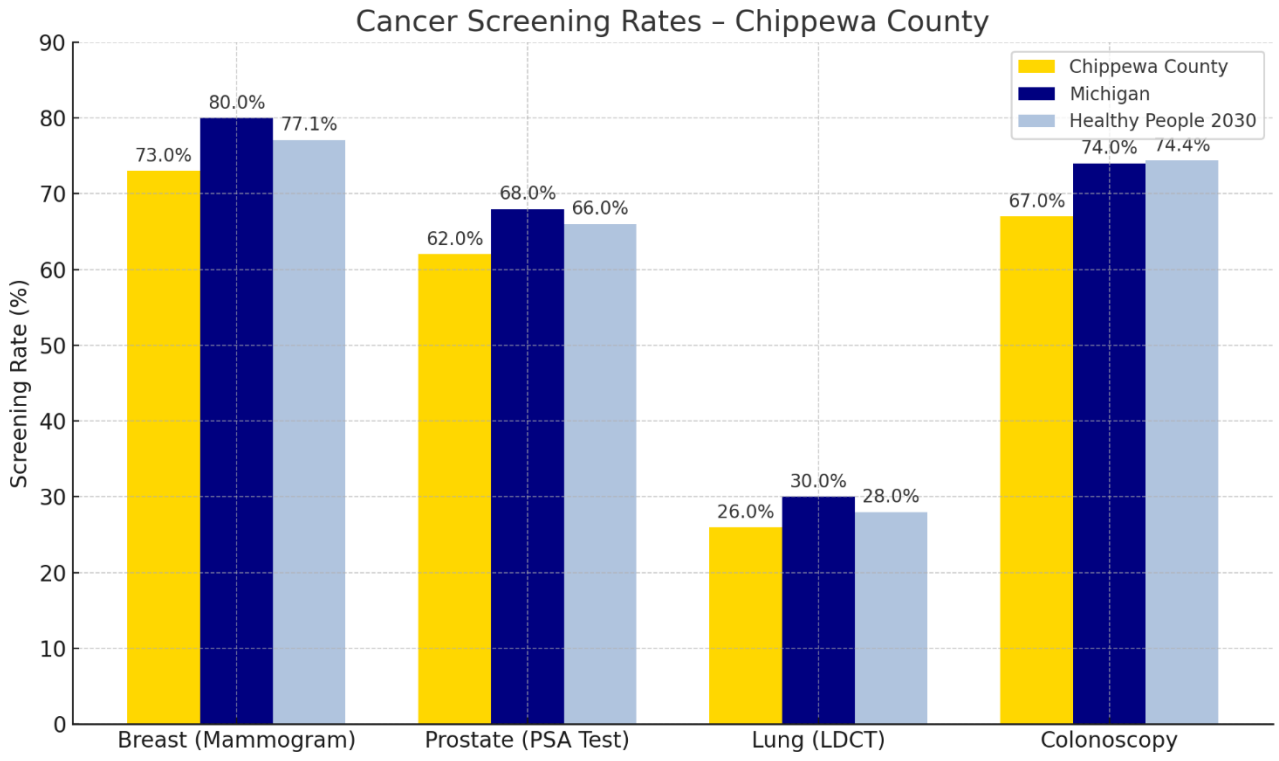


Figure 22: Cancer Screening Rates

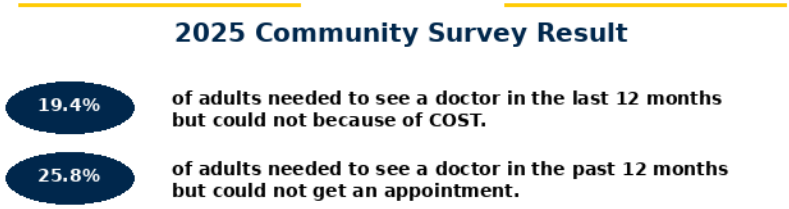


Figure 23: Appointments in Last 12 Months

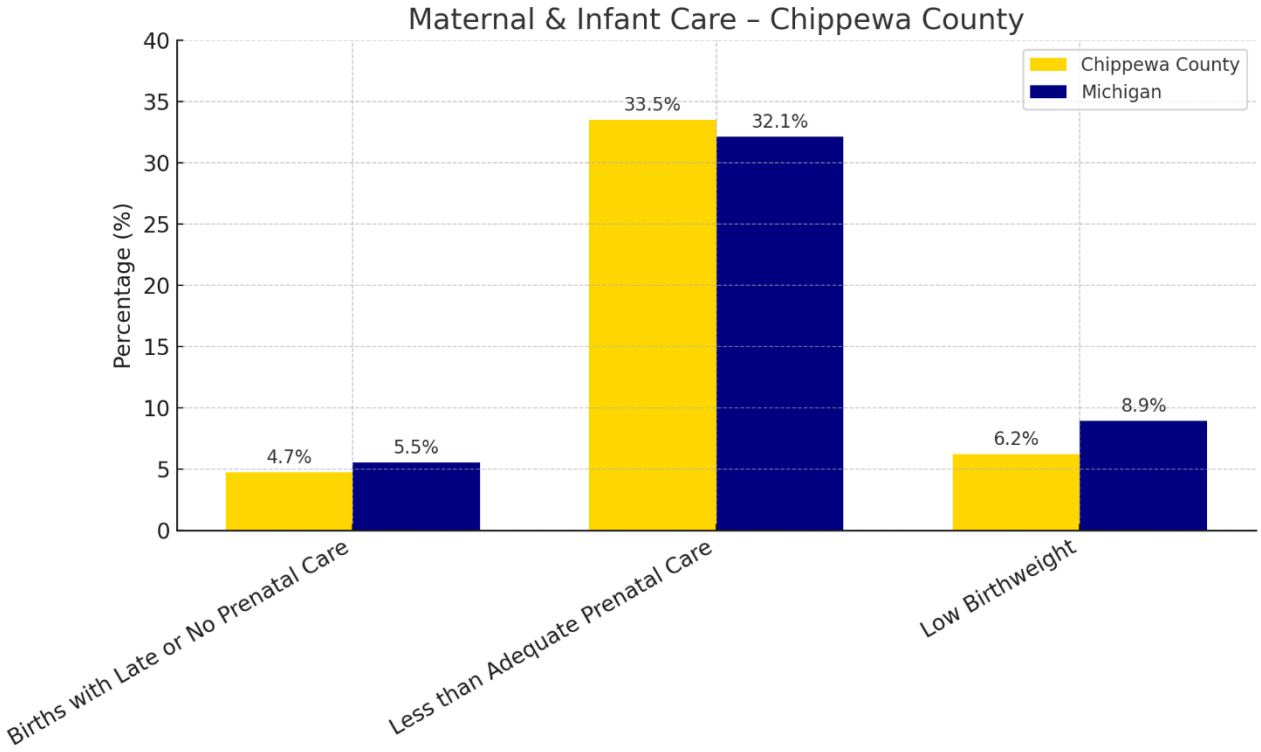


Figure 24: Health Behaviors – Maternal & Infant Care

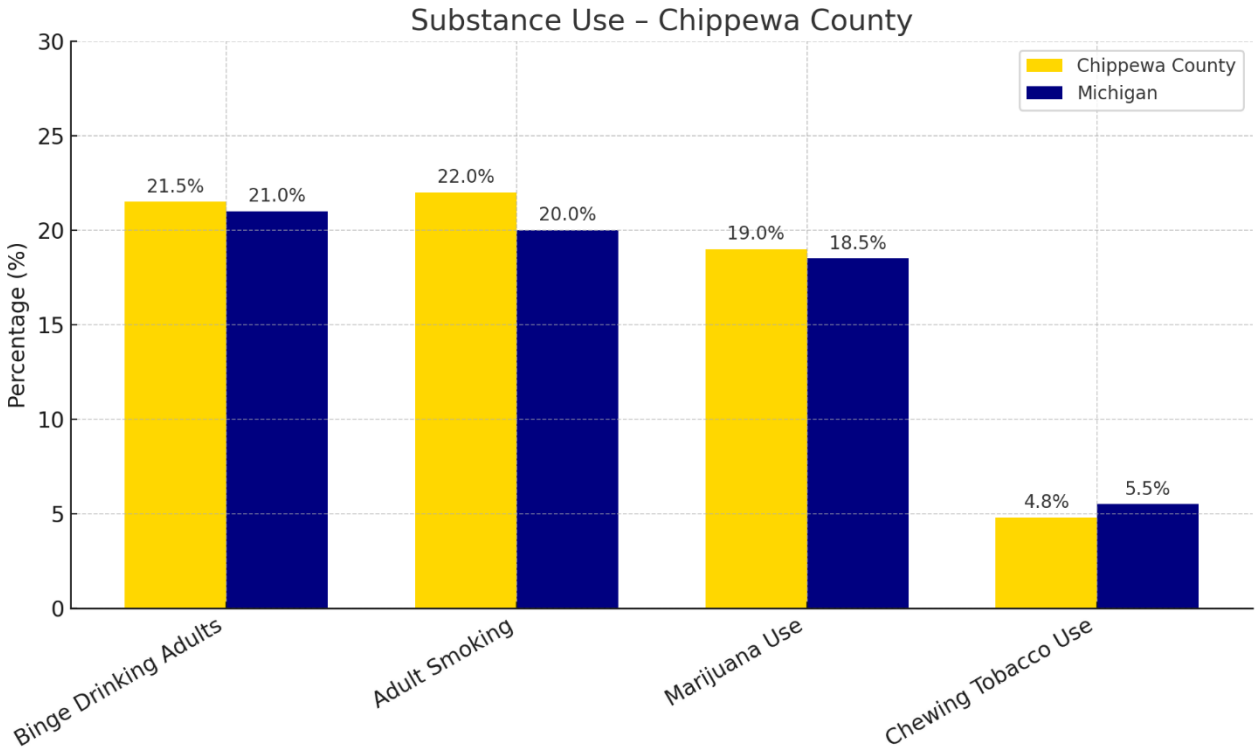


Figure 25: Health Behaviors – Substance Use

Behavioral Health

Mental health is essential to overall wellbeing, influencing relationships, daily functioning, and ability to lead fulfilling lives. It is deeply connected to physical health, as mental illness can increase the risk of chronic conditions such as heart disease, diabetes, and weakened immune function. Despite its critical role in overall health, many individuals face significant barriers to accessing mental health services, including cost, stigma, and provider shortages. Ensuring that everyone has access to timely, quality mental health care is key to fostering healthier individuals and communities.

Across the state of Michigan, there are approximately 336 mental health providers for every 100,000 residents (County Health Rankings, 2023). In comparison, Chippewa County has significantly lower rates of providers available to treat mental health disorders, at only 216 mental health providers per 100,000 residents. As the data shows, mental health conditions such as depression are being diagnosed more often within the county. CDC PLACES data from 2022 shows that 24.8 percent of adults in Chippewa 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 area as well. Overall, the state of Michigan has 14.4 suicide deaths per 100,000 residents. During the same timeframe, Chippewa County exhibited 25.2 suicide deaths per 100,000 residents.

36.4 percent of respondents to the community survey from Chippewa County identified that help for mental health and emotions was an important factor for a community to be considered thriving. 32.8 percent of respondents 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 or who relied on employer-sponsored insurance. Providers indicated that mental health services were important for a thriving community, with 52.9 percent identifying it as a top factor. 47.1 percent of providers thought that some form of mental health service was missing from their community.

Barriers to mental health services can lead to untreated conditions, exacerbating issues such as anxiety, depression, and substance use disorders. Limited availability of mental health professionals, high costs of therapy and medications, and a lack of awareness about available resources prevent many from seeking the help they need. Addressing these barriers by expanding affordable services, increasing provider availability, and integrating mental health into primary care can improve mental health outcomes and enhance overall wellbeing.

Access to mental health care goes beyond treatment—it encompasses early intervention, crisis support, and long-term management of mental health conditions. When individuals receive the mental health services they need, they are better able to manage stress, maintain healthy relationships, and contribute positively to their communities.

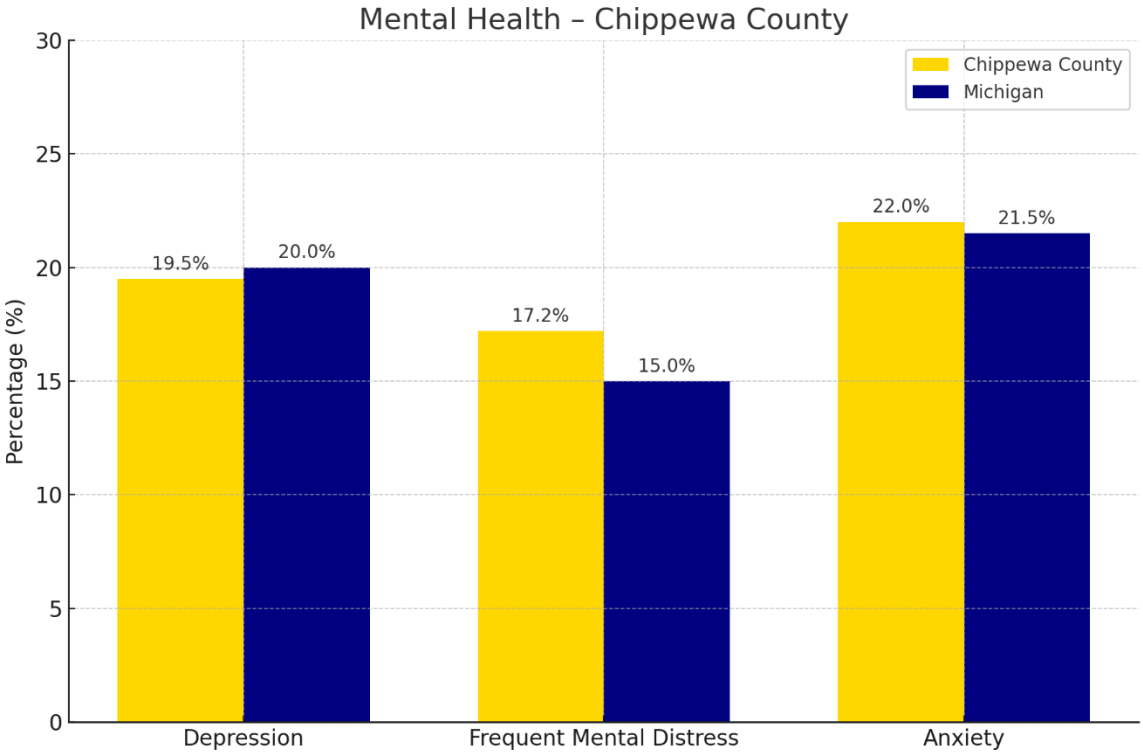


Figure 26: Mental Health

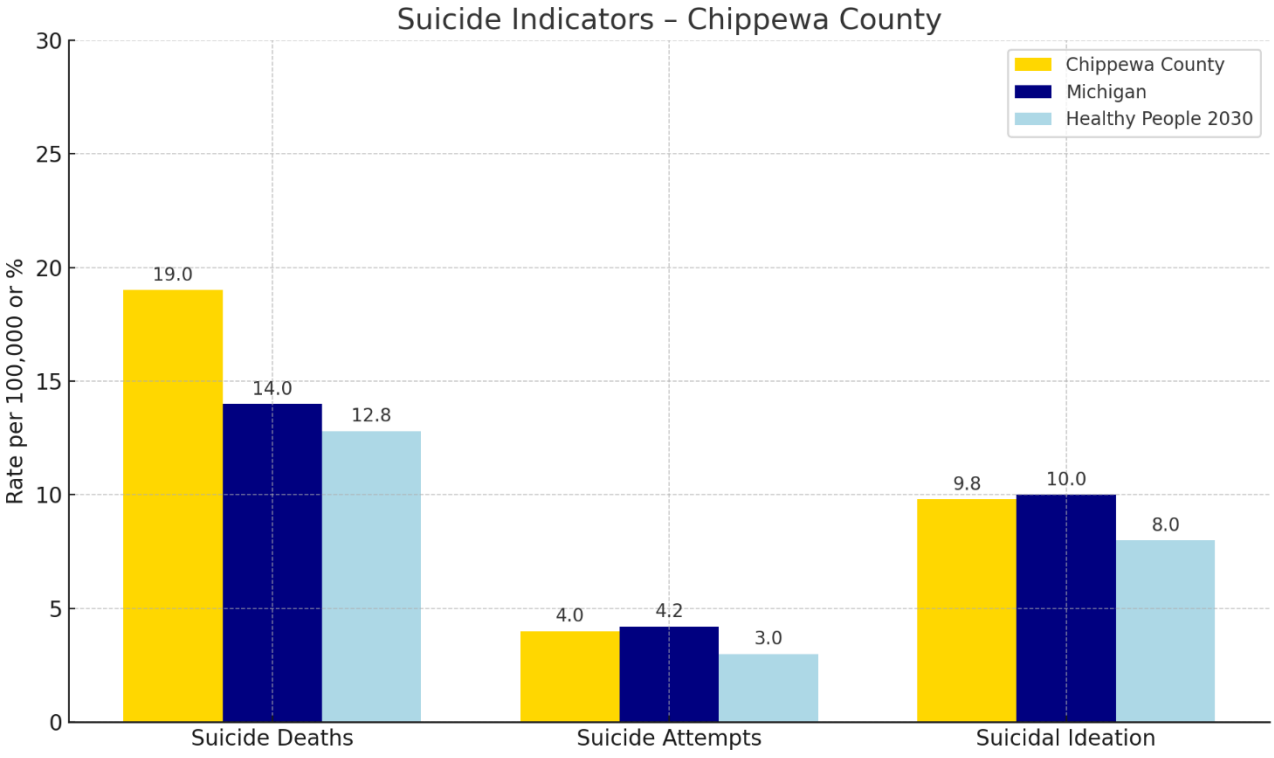


Figure 27: Suicide Indicators

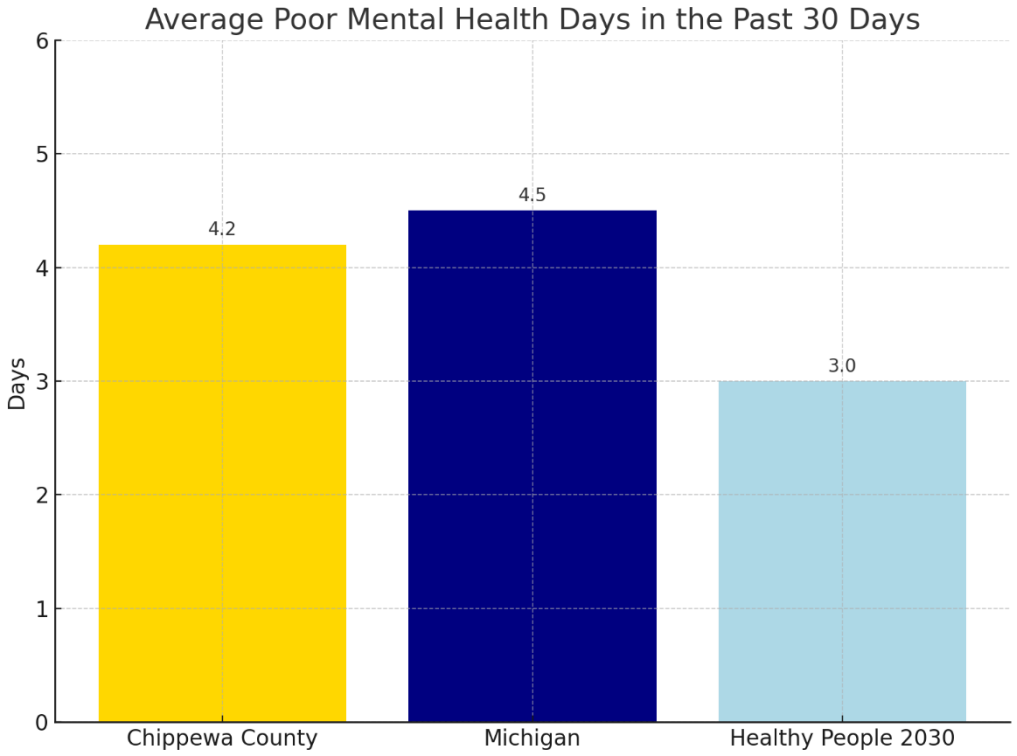


Figure 28: Poor Mental Health Days

Community Survey

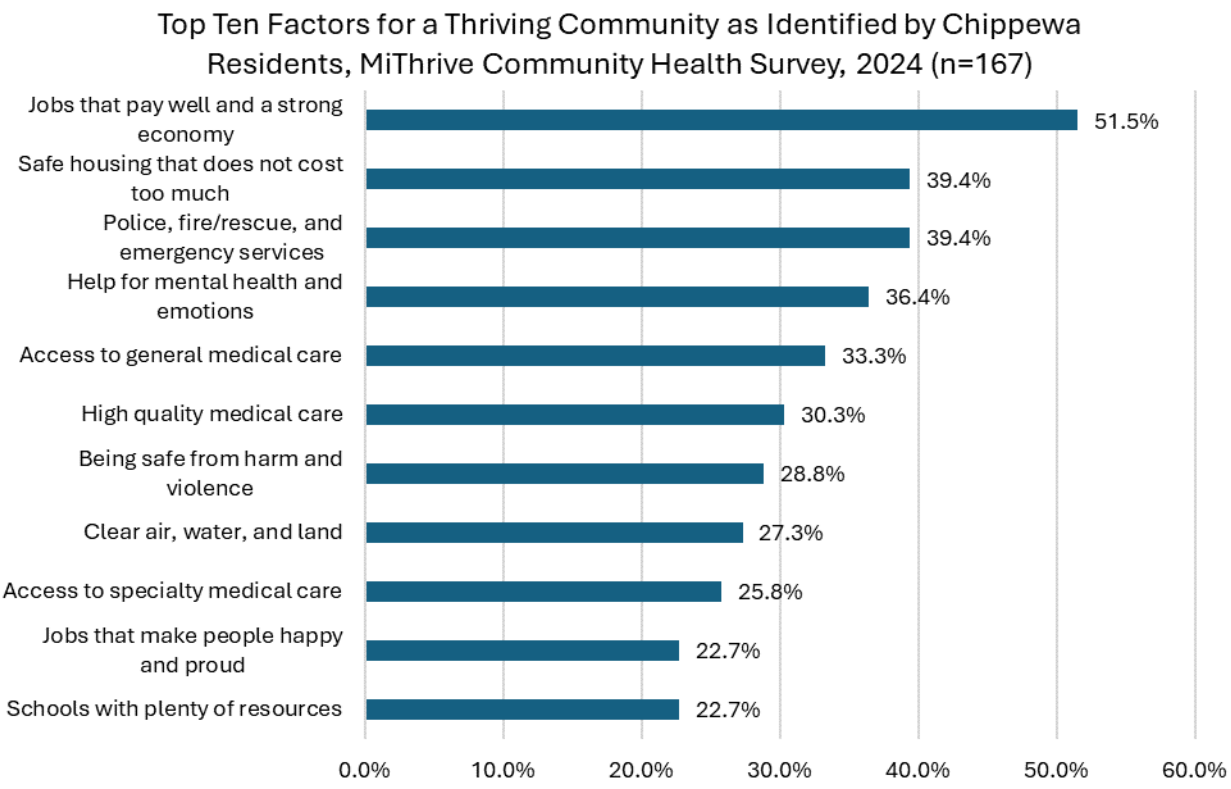


Figure 29: Top Ten factors for a thriving community

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.

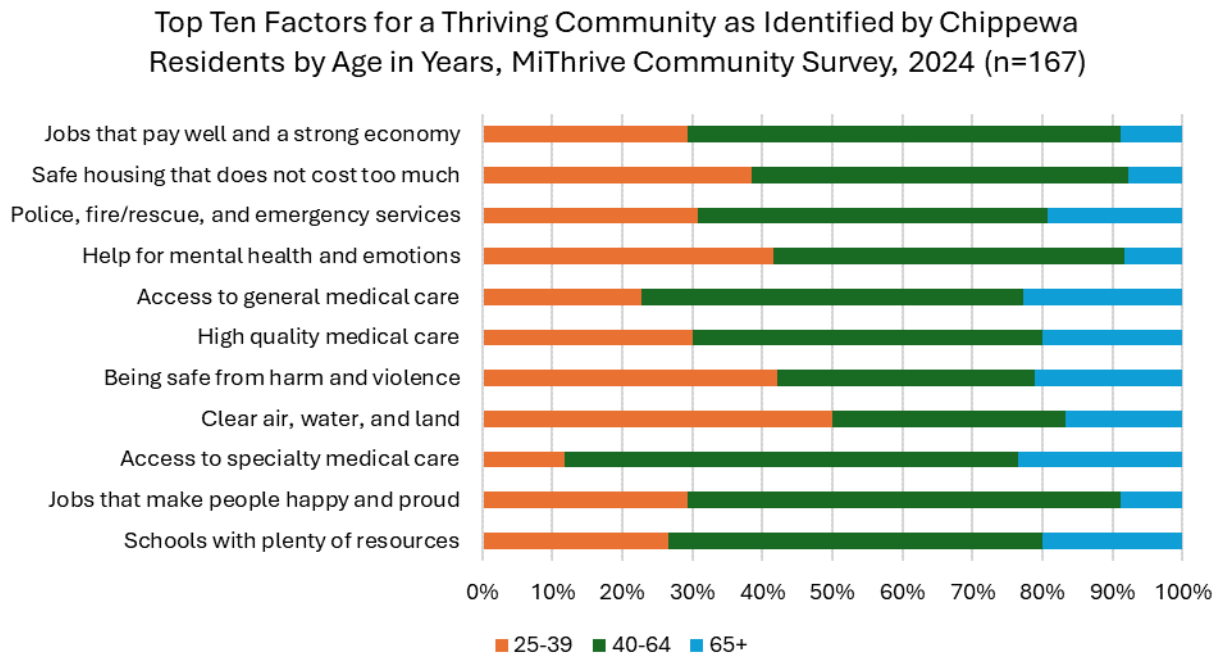


Figure 30: Top ten factors for a thriving community by age

A greater proportion of individuals **under 40 years of age** responded that **safe housing that doesn't cost too much** was an important factor for a thriving community.

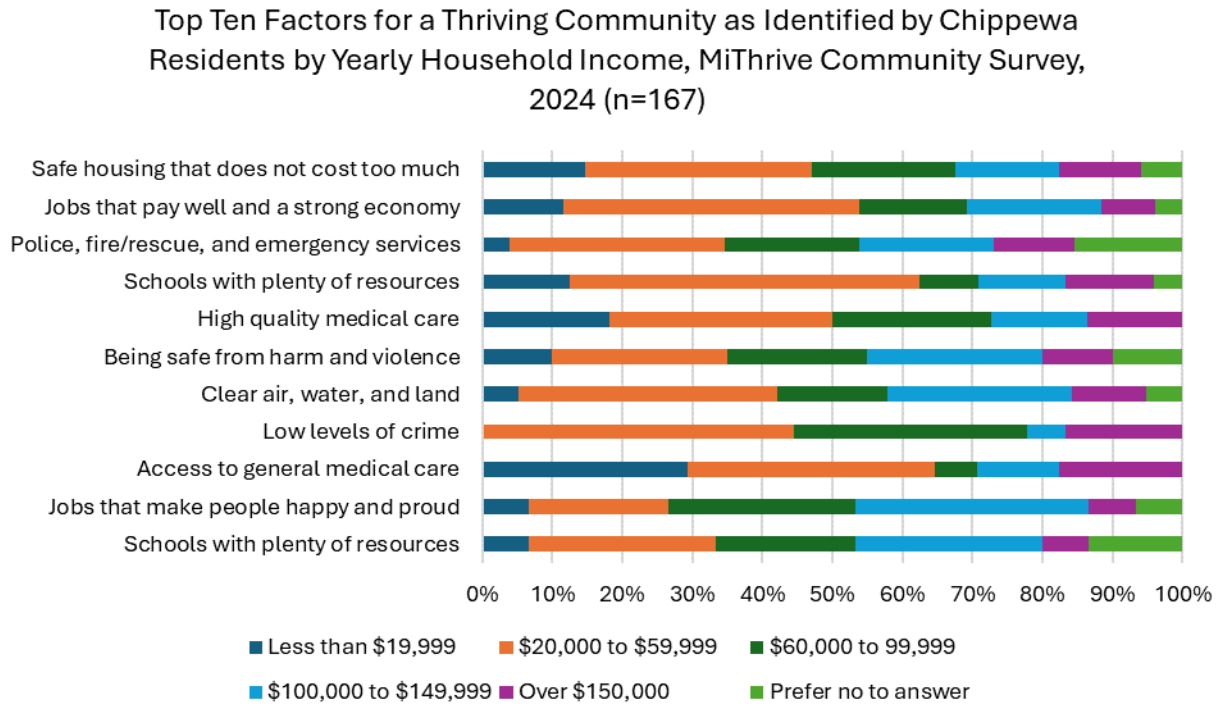


Figure 31: Top ten factors for a thriving community by income

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

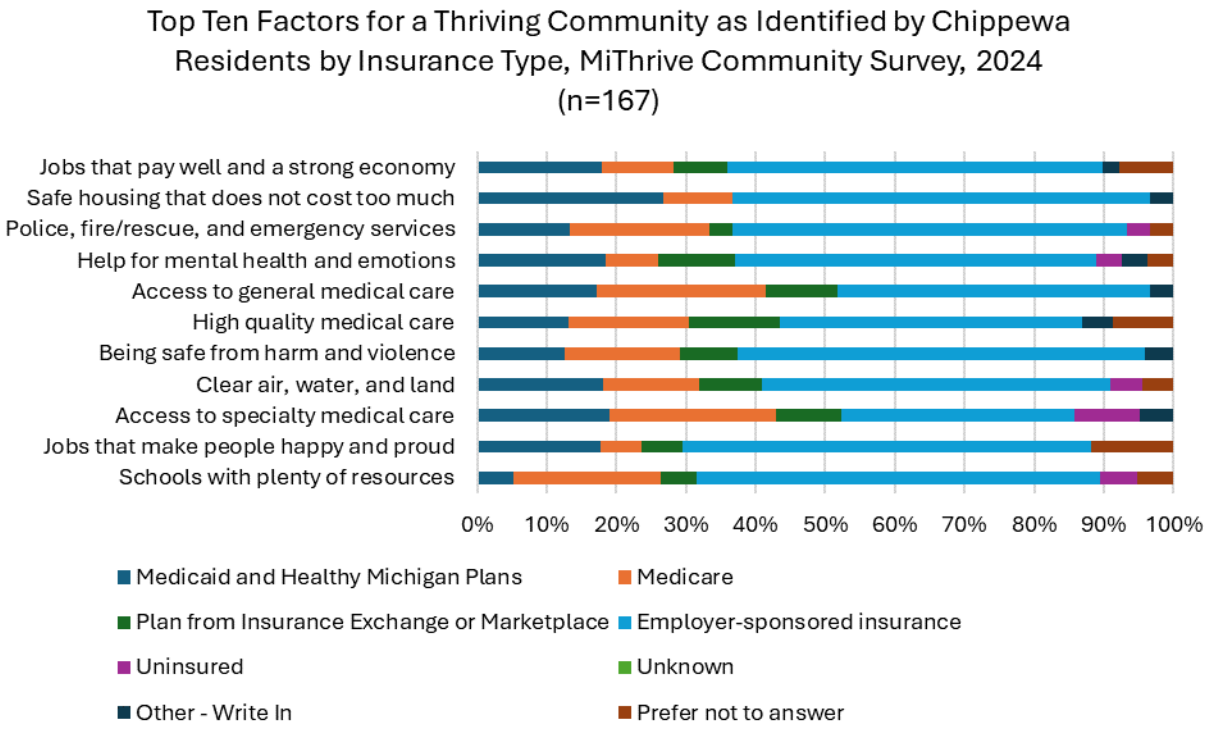


Figure 32: Top ten factors for a thriving community by insurance

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

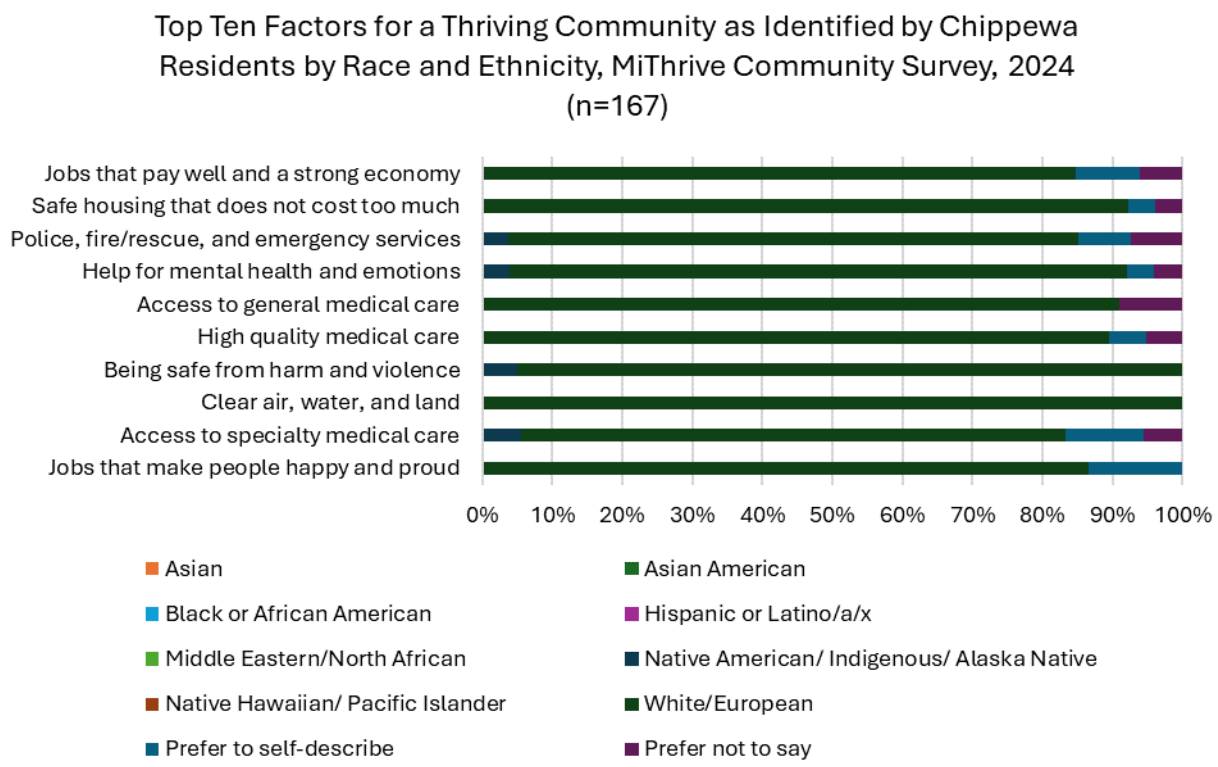


Figure 33: Top ten factors for a thriving community by Race and Ethnicity

Jobs that pay well and a strong economy was identified as an important factor for respondents who identified as part of a **racial or ethnic minority**. This is also true for the factor of **high-quality medical care.**

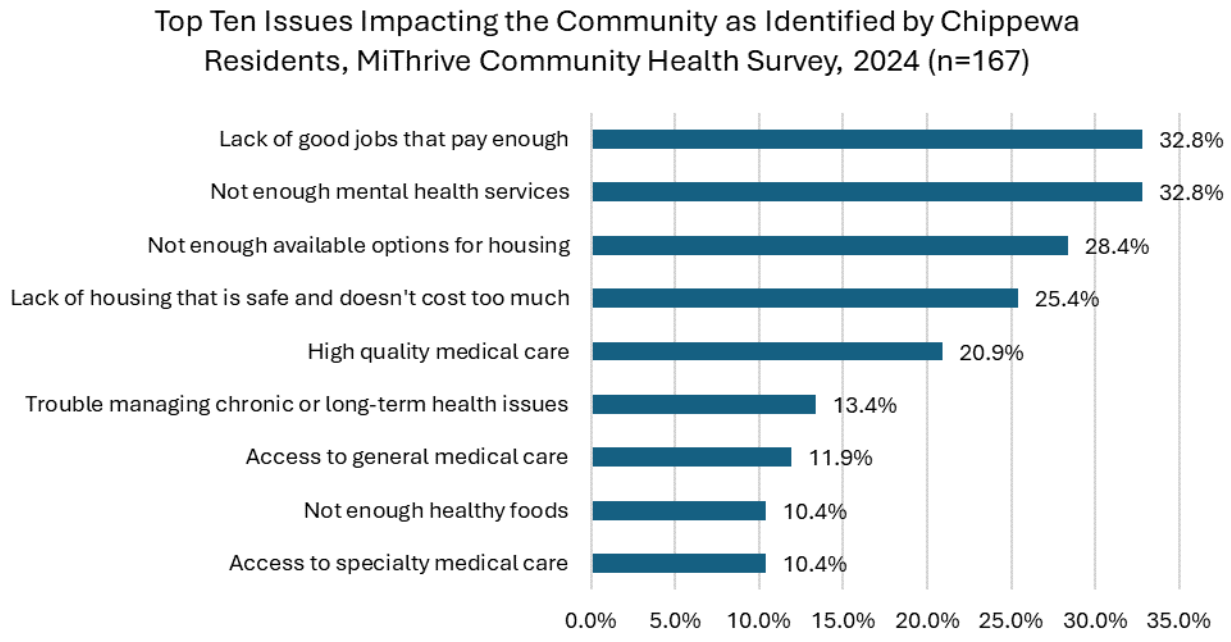


Figure 34: Top ten Issues Impacting the Community

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.

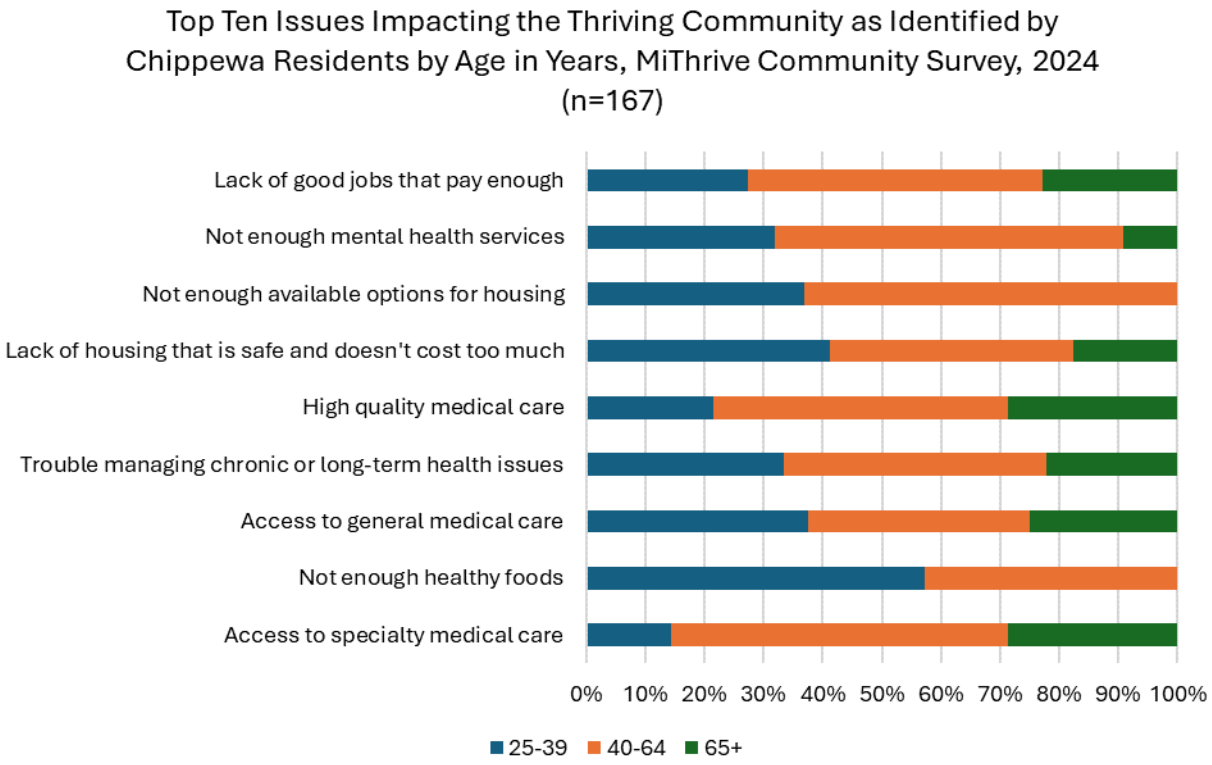


Figure 35: Top ten Issues Impacting the Community by Age

Residents **under the age of 40** disproportionately identified having **not enough available options for housing** as a major issue in their community. This was also true for the issue **not enough healthy foods**.

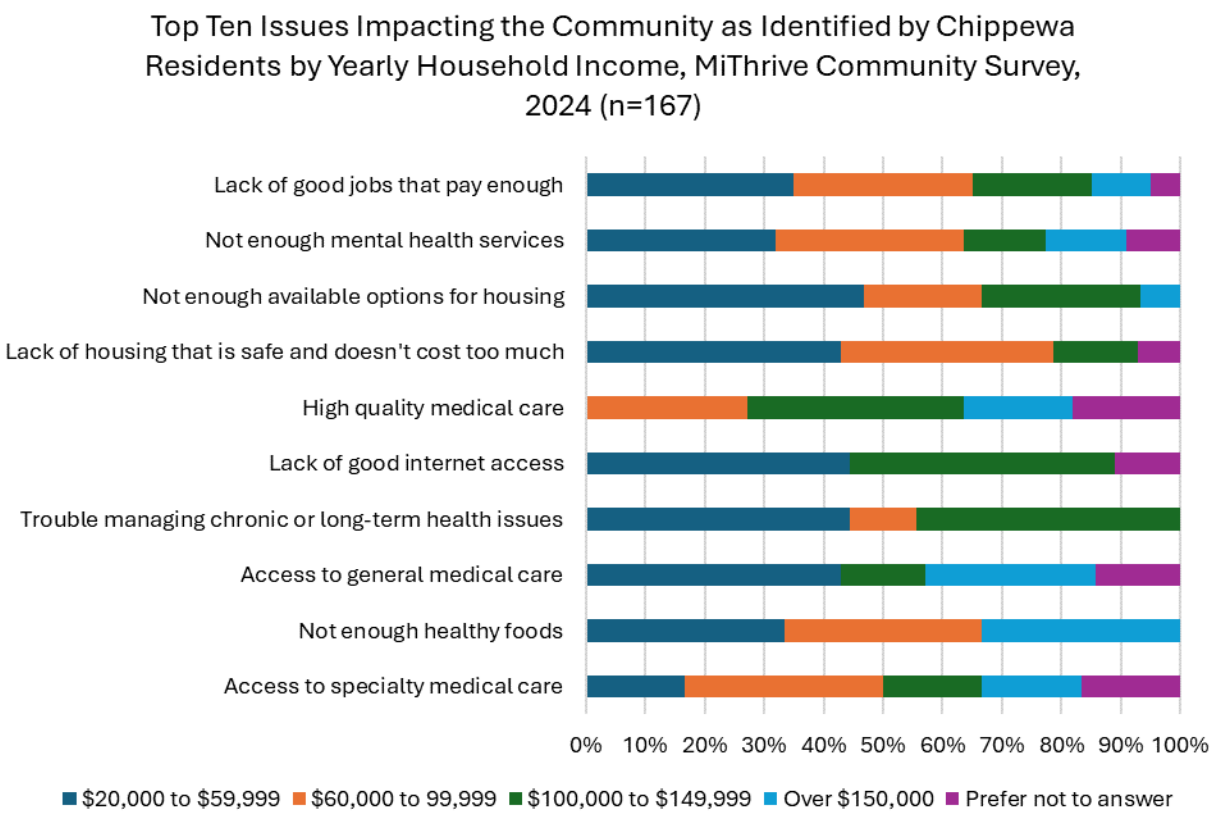


Figure 36: Top ten issues impacting community by Income.

Issues with **access to general medical care** was an important issue for respondents making **less than $60,000 a year** in their household.

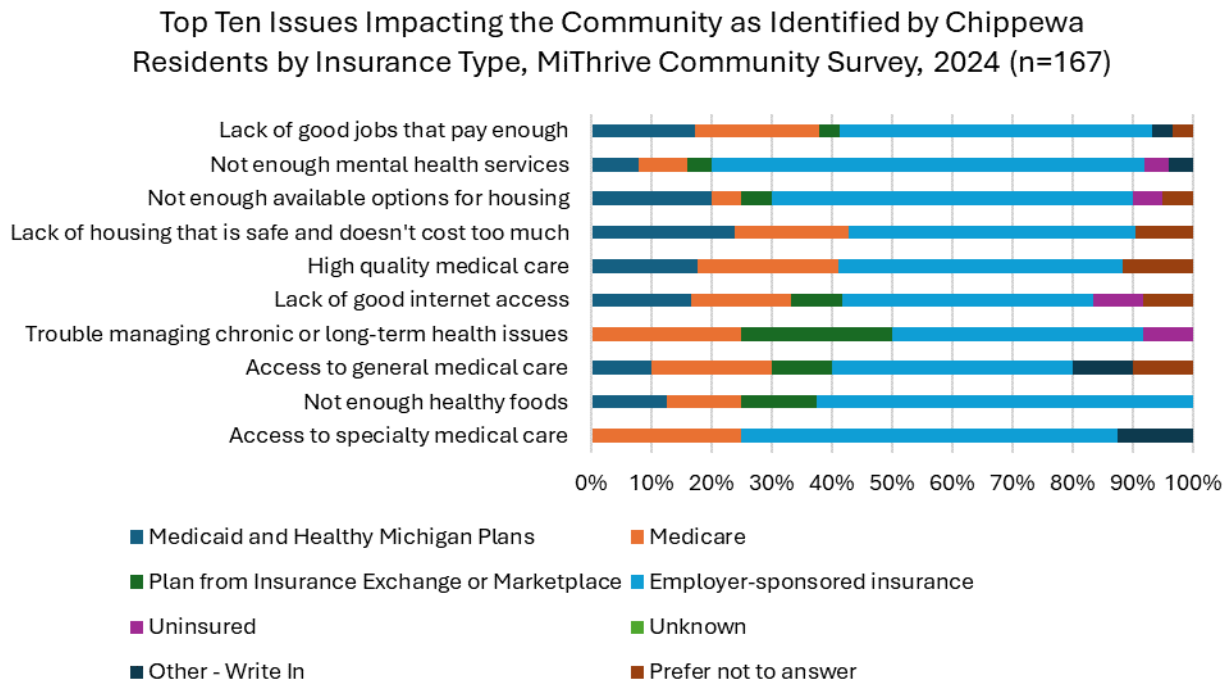


Figure 37: Top ten issues impacting community by Insurance Type

Residents with **Medicaid**, **Medicare**, or **insurance from the marketplace** felt that a major issue in the community involved there being a lack of **high-quality medical care**.

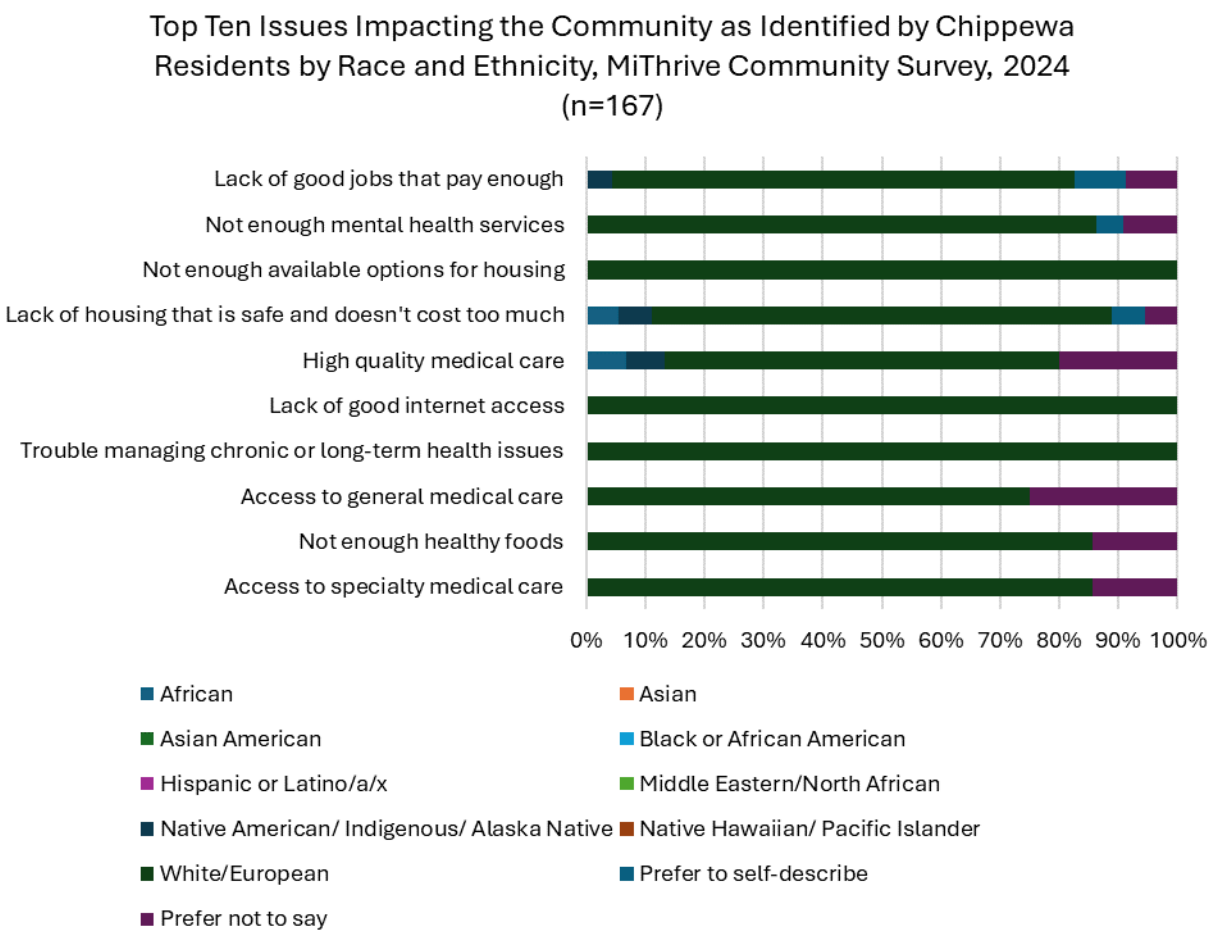


Figure 38: Top ten issues impacting the community by race and ethnicity.

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

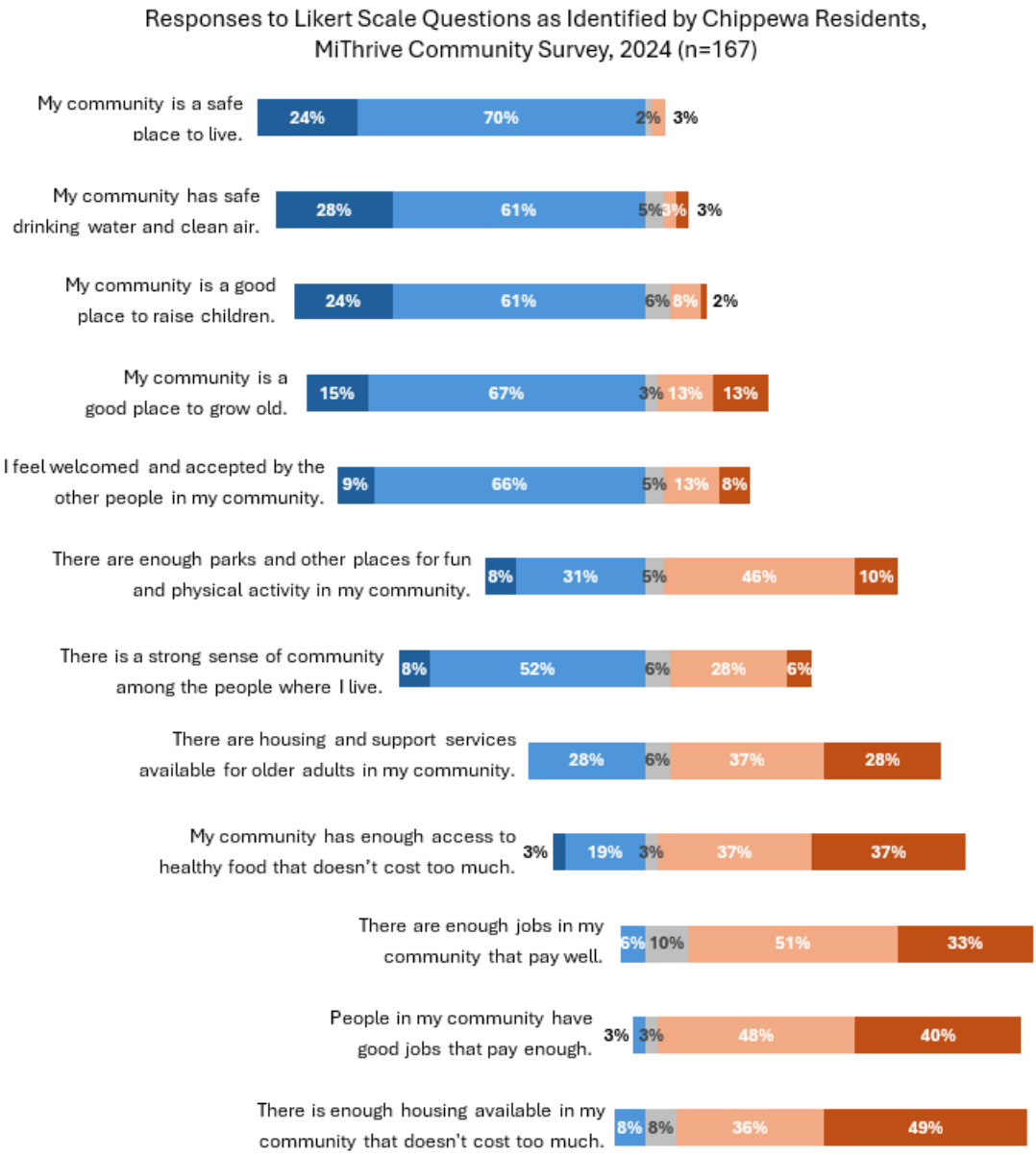


Figure 39: Likert Scale Questions

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

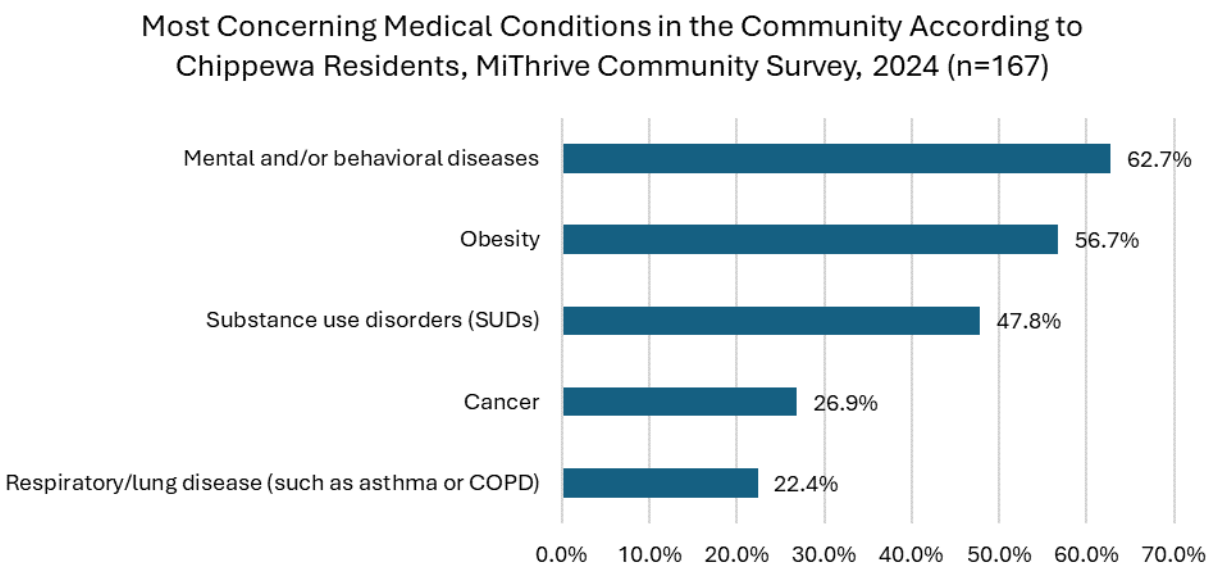


Figure 40: Most Concerning Medical Conditions

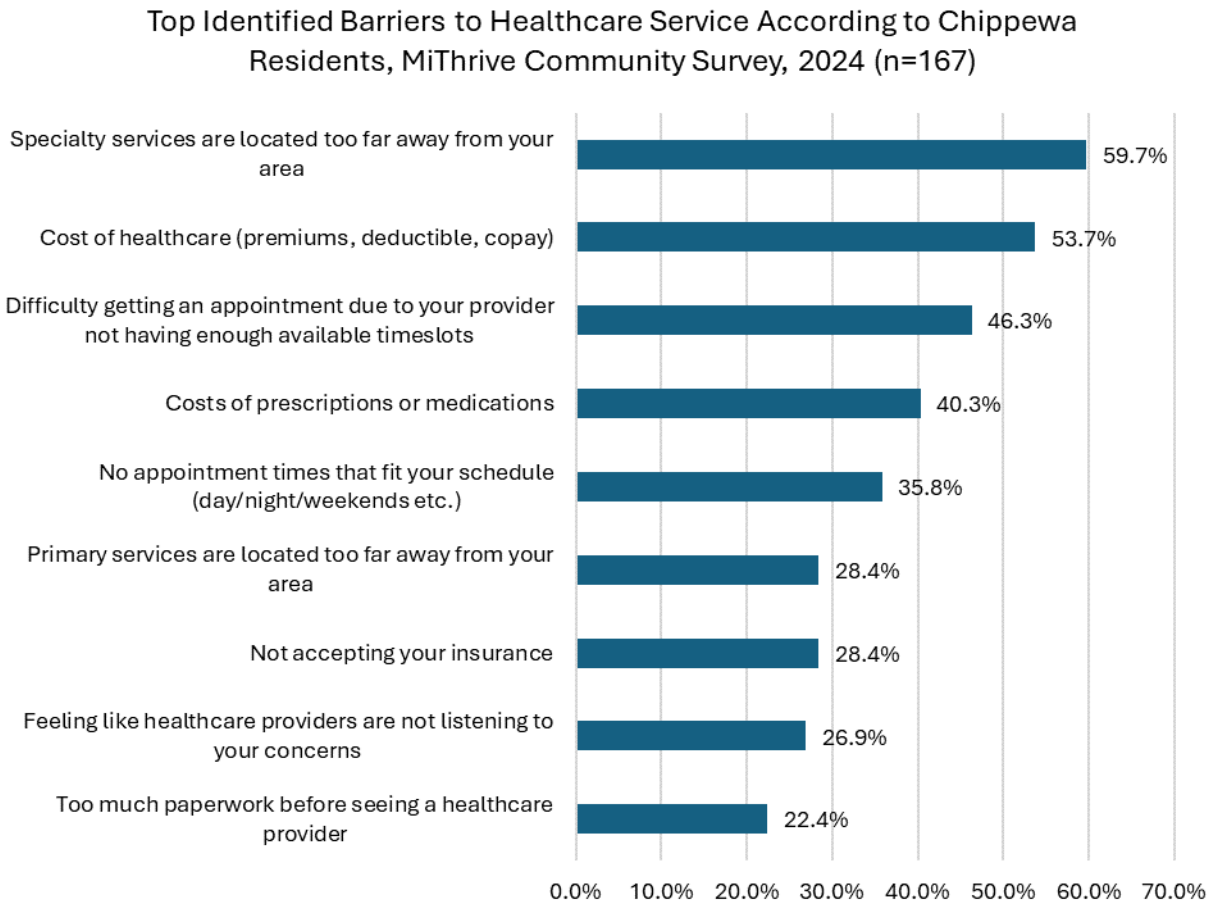


Figure 41: Top Identified Barriers to Healthcare Service

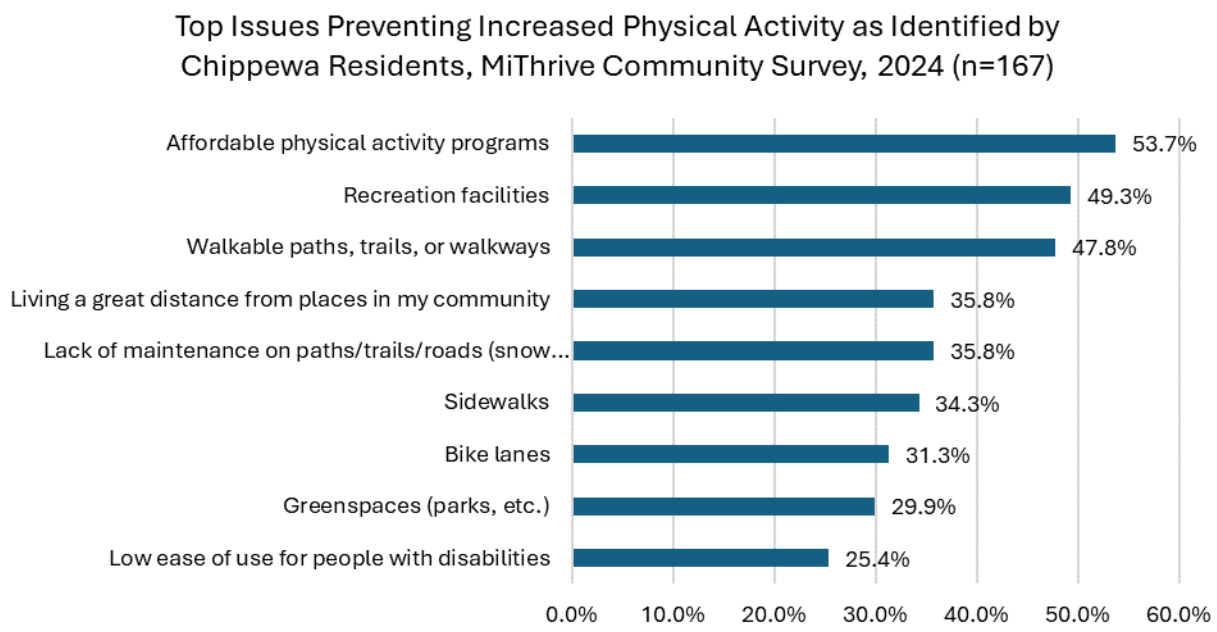


Figure 42: Top Issues Preventing Increased Physical Activity

Healthcare Provider Survey

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

Healthcare partners, including hospitals, federally qualified health centers, and local health departments, distributed the survey electronically to physicians, nurses, and other clinicians. Partner organizations further supported outreach by sharing the survey link with external community partners. A total of 17 providers completed the healthcare provider section of the community survey in Chippewa County.

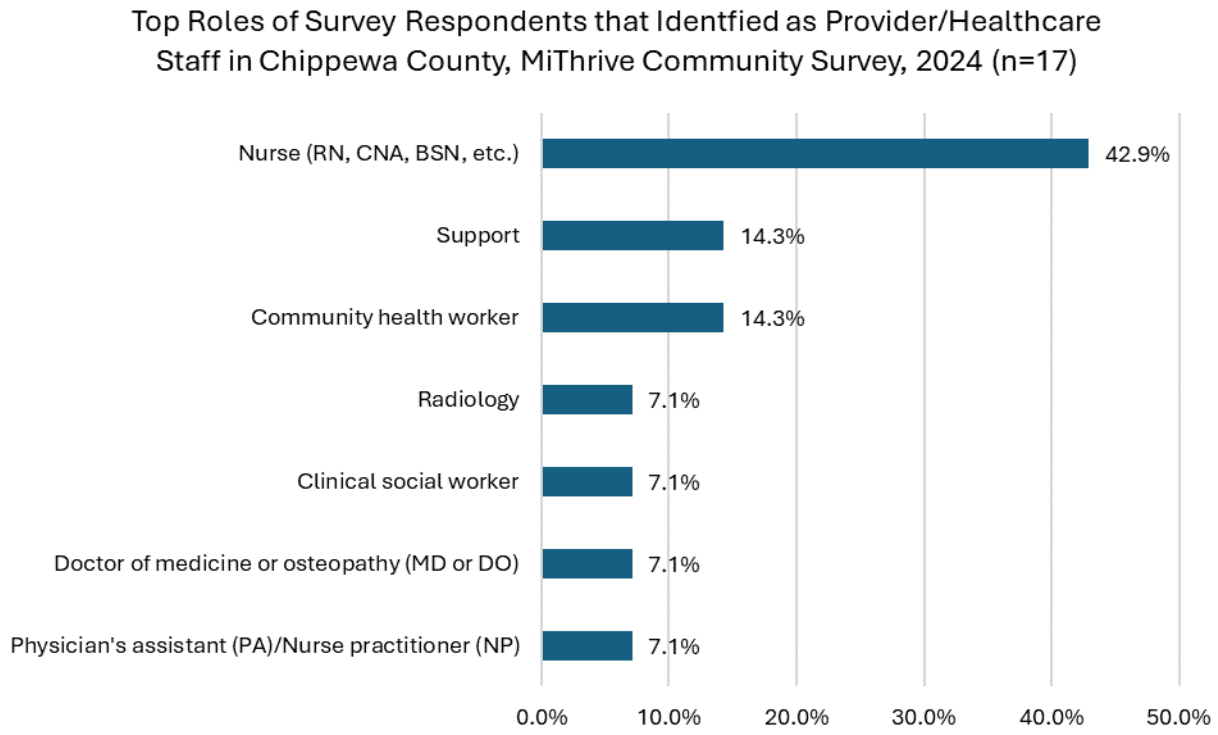


Figure 43: Top Roles of Survey respondents that are Healthcare Staff

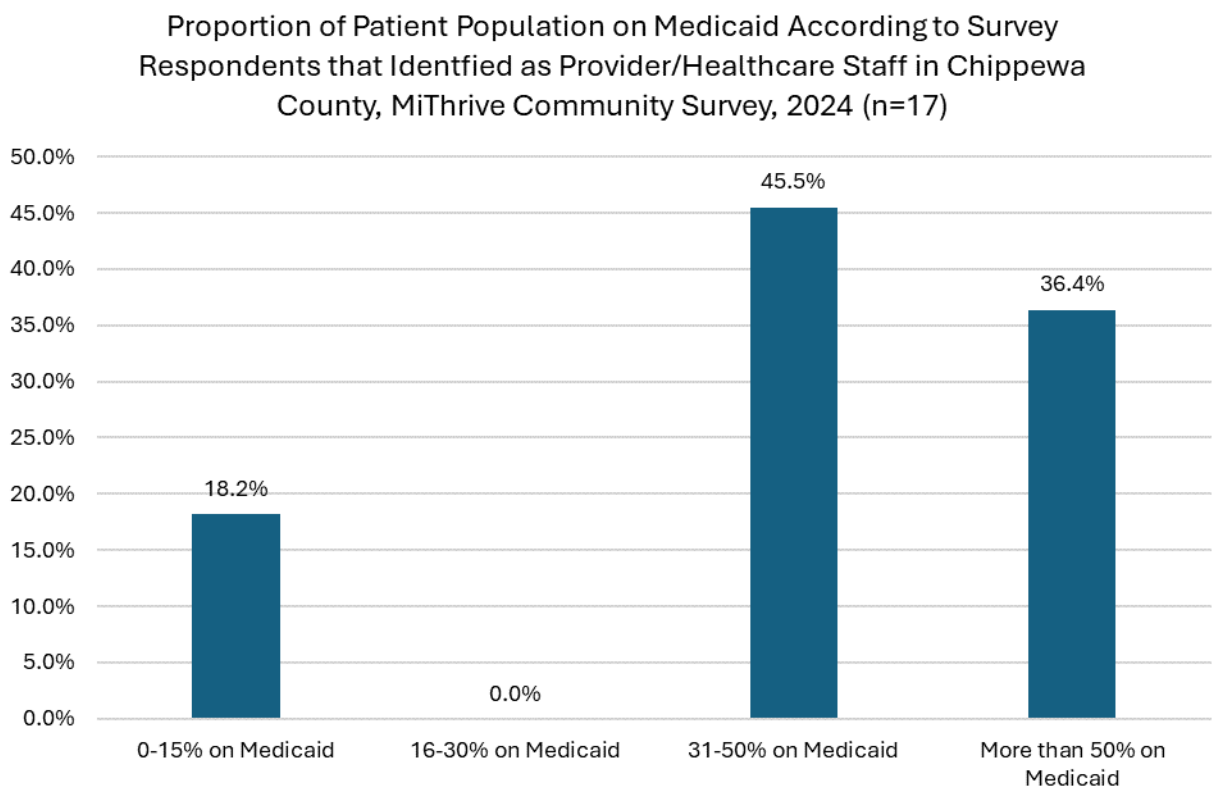


Figure 44: Proportion of patient population on Medicaid according to healthcare staff responses

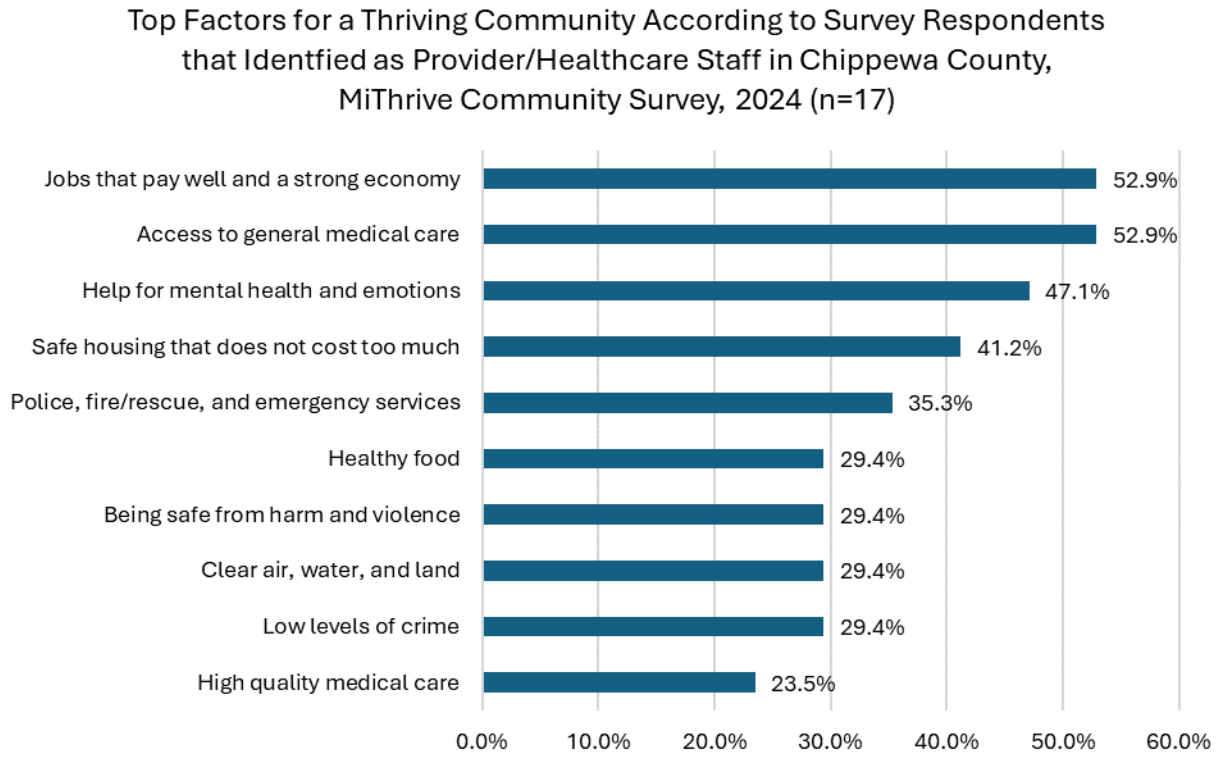


Figure 45: Top Factors for a Thriving Community According to Healthcare Staff

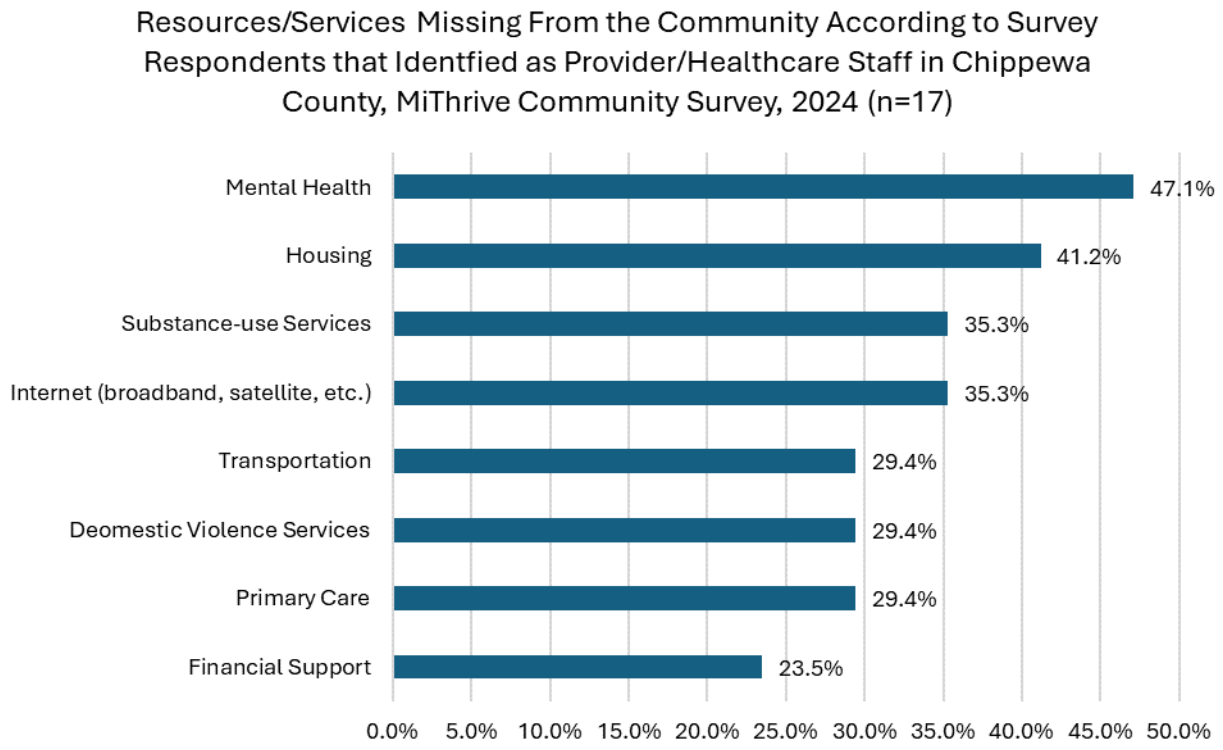


Figure 46: Resources missing from the Community According to Healthcare Staff

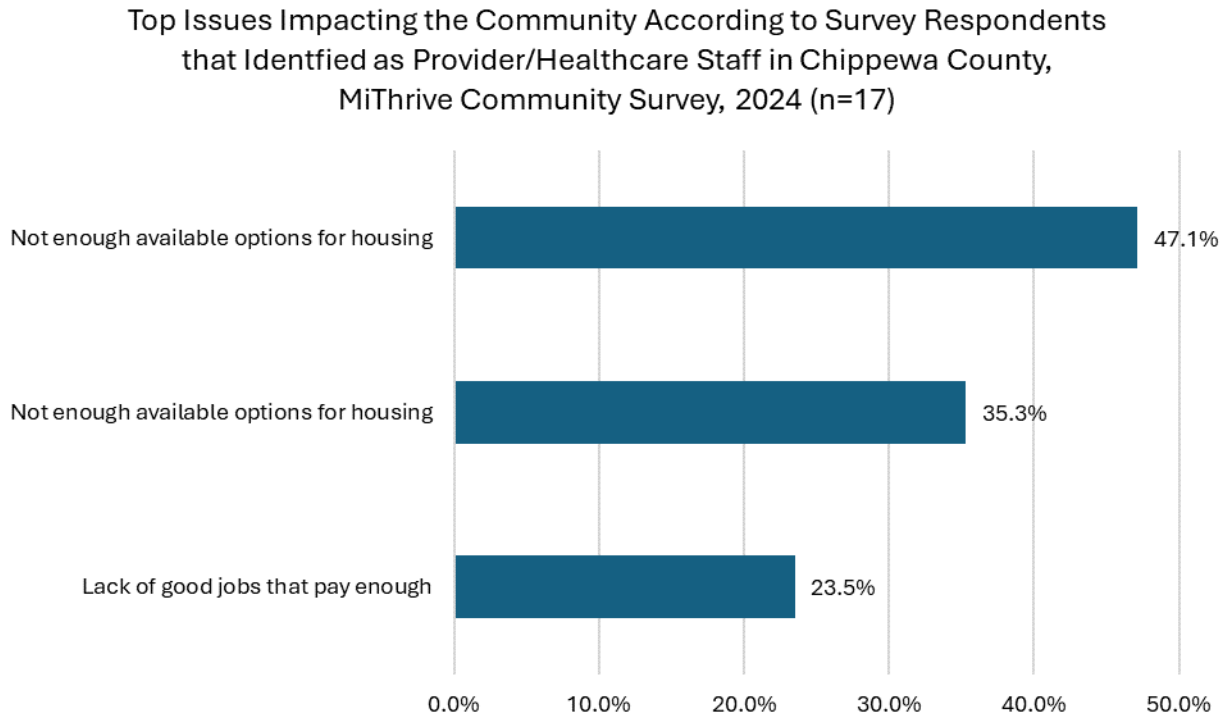


Figure 47: Top Issues Impacting the Community According to Healthcare Staff

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.

From May 6, 2024, to June 3, 2024, 75 community partners from various organizations and sectors across the Region participated in a community partner survey to assess the system's capacity. A total of 12 responses came from partners covering Chippewa County.

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.

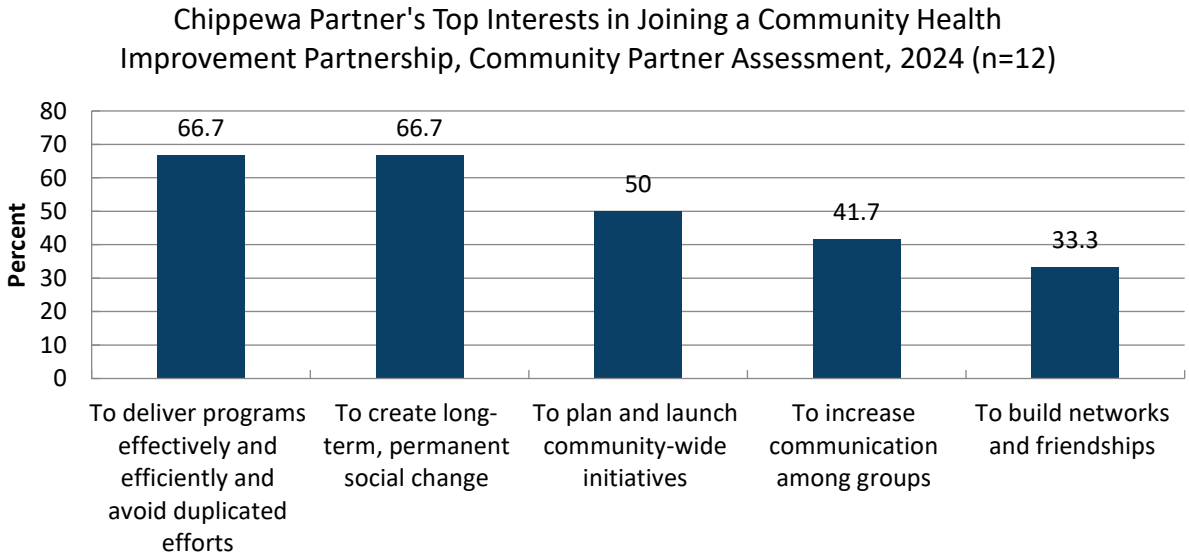


Figure 48: Chippewa Partner's Top Interests in Joining a Community Health Improvement Partnership

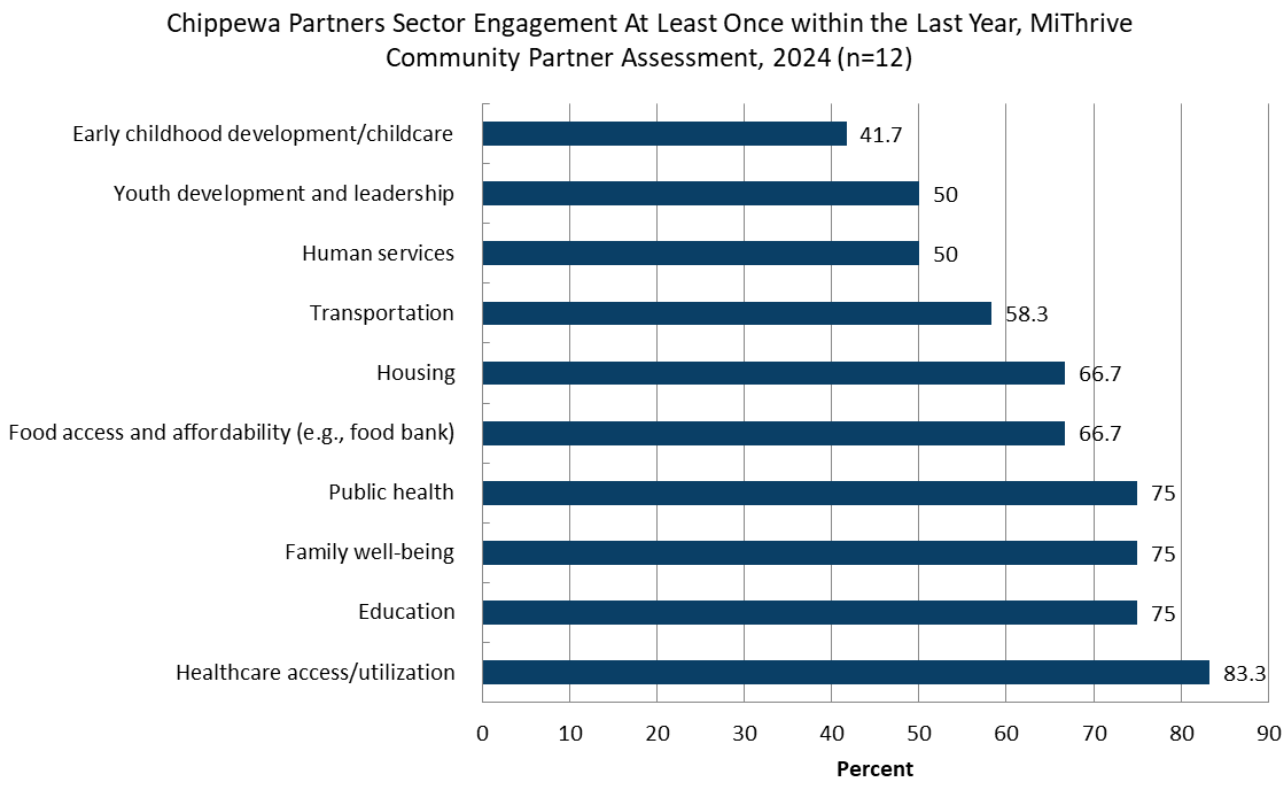


Figure 49: Partners Sector Engagement At least Once within last year

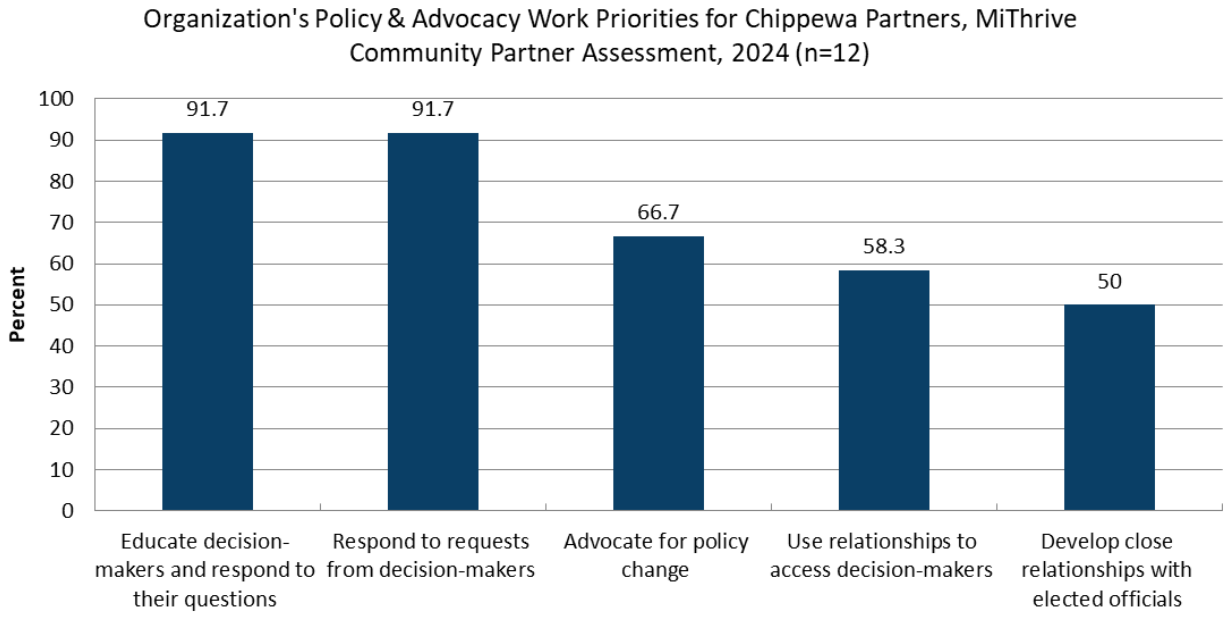


Figure 50: Organization's Policy & Advocacy Work Priorities

Prioritization Process

Once both the primary and secondary data was collected, community health needs were determined and prioritized by reviewing qualitative and quantitative data. For Stage I, the Community Health team reviewed the collected health indicator data and identified data that demonstrated poor performance against established benchmarks (i.e., Michigan state averages or HealthyPeople 2030 goals). Once these health needs were identified, the External Advisory Committee assisted in theming and prioritizing the data points using the Hanlon Method.

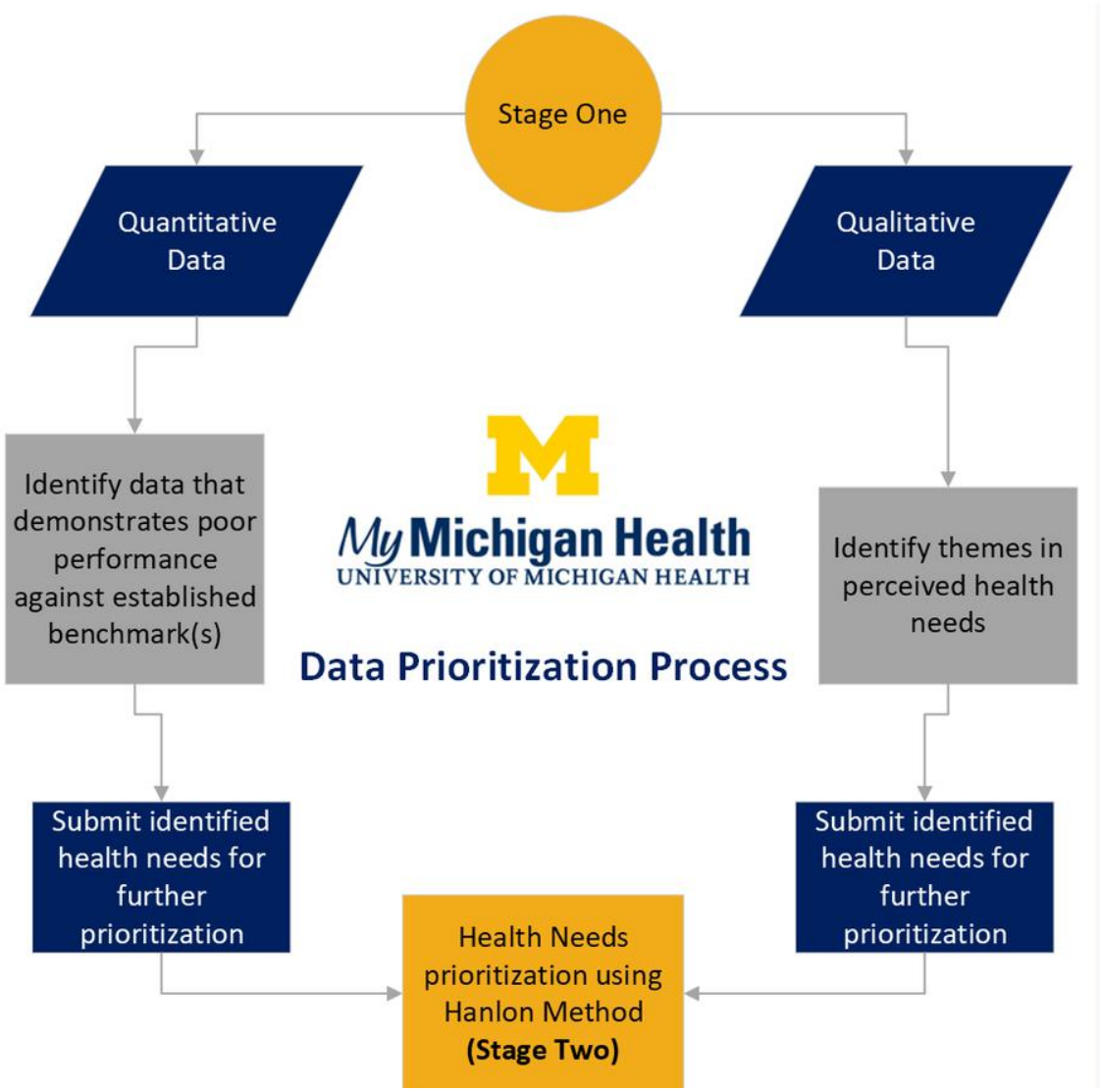


Figure 51: Data Prioritization Process

Rating	Burden of Illness (% of population with health problem)	Burden of Death (seriousness of health problem)	Effectiveness of Interventions
9 or 10	>25%	Very Serious	<5% Effective
7 or 8	10% - 24.9%	Relatively Serious	5 – 19.99% Effective
5 or 6	1% - 9.9%	Serious	20 – 39.99% Effective
3 or 4	0.1% - 0.9%	Moderately Serious	40 – 59.99% Effective
1 or 2	0.01% - 0.09%	Relatively Not Serious	60 – 79.99% Effective
0	<0.01%	Not Serious	80 – 100% Effective

Priority Score Calculation Formula

D = [A+(2 x B)] x C

Figure 52: Hanlon Method

Hanlon Method Results

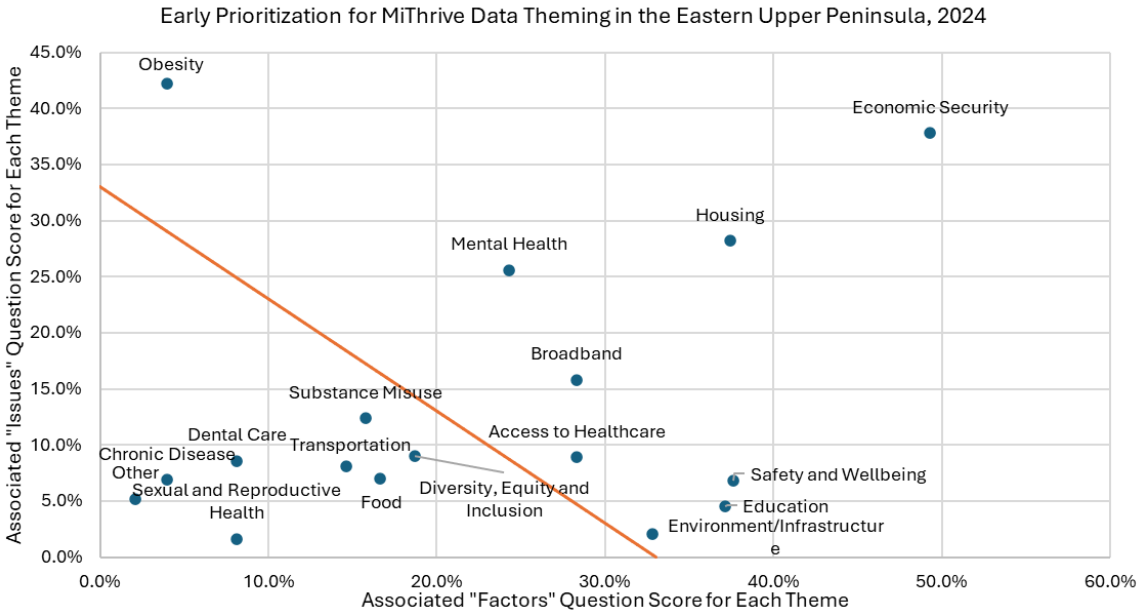


Figure 53: Prioritization Scores

Appendix A: Upper Peninsula Partners

Aspirus Iron River Hospital
Aspirus Ironwood Hospital
Aspirus Keweenaw Hospital
Aspirus Ontonagon Hospital
BCBS Foundation of Michigan
Baraga County Memorial Hospital
Bellin Health Hospital and Clinics
Chippewa County Health Department
Copper Country Community Mental Health
Dickinson-Iron District Health Department
Gogebic County Community Mental Health
Great Lakes Recovery Center
Helen Newberry Joy Hospital
Keweenaw Bay Indian Community
Luce-Mackinac-Alger-Schoolcraft District Health Department
Mackinac Straits Health System
Marshfield Clinic Health System - Dickinson
Marquette County Health Department
Michigan Department of Health and Human Services M
ichigan Health Endowment Fund
Michigan Technological University
Munising Memorial Hospital/Baycare Medical Center
NorthCare Network
Northern Michigan Center for Rural Health
Northpointe Behavioral Health Systems
OSF St. Francis Hospital
Pathways Community Mental Health
Portage Health Foundation
Public Health of Delta & Menominee Counties
Schoolcraft Memorial Hospital
Superior Health Foundation
Upper Great Lakes Family Health Center
Upper Peninsula Health Care Solutions
Upper Peninsula Health Group
Upper Peninsula Health Plan
U P Health Systems - Bell
U P Health Systems - Marquette
U P Health Systems - Portage
Western U P Health Department
Western U P Planning & Development Region

Appendix B: Community Status Assessment

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

Indicator Name	Source
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

Indicator Name	Source
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
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

Indicator Name	Source
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

Indicator Name	Source
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
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

Indicator Name	Source
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

Indicator Name	Source
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
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

Indicator Name	Source
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

Indicator Name	Source
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
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

Indicator Name	Source
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

Indicator Name	Source
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

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

Indicator Name	Source
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
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

Indicator Name	Source
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

Indicator Name	Source
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

Appendix C: Community Survey

1) Which county do you live in?*

( ) Alcona

( ) Alpena

( ) Antrim

( ) Chippewa

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Chippewa

( ) 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 **five** 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 **one** 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 **three** 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 **three** 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 **one** 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 **all** 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 **all** 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 **all** 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 **one** 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 **all** 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

( ) Chippewa

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Chippewa

( ) 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 **all** 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 **all** 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 **one** 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 **all** 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.

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.