



## **2021 Community Health Needs Assessment**

### **Grand Traverse County Community Health Assessment**

**February 2023**

## **REPORT PREPARED BY**

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# Message from the Health Officer

In 2021, the Grand Traverse County Health Department (GTCHD) participated in MiThrive, a 31-county regional approach to developing a Community Health Needs Assessment to better inform partnerships across Northern Michigan. The goal is to create greater impact and success in improving the health of the communities we serve.

The GTCHD Community Health Needs Assessment report is a portion of the MiThrive full report and identifies the most pressing health issues in our county, which helps us determine what more can be done to improve the health.

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

- Describe the current state of health and well-being in the Grand Traverse County.
- Describe the processes used to collect community perspectives.
- Describe the process for prioritizing Strategic Issues within the 31-county region of Northern Michigan, and specifically for each of the three sub-regions of the Community Health Innovation Regions of Northern Michigan: Northwest CHIR, Northeast CHIR, and the North Central CHIR.
- Identify community strengths, resources, and service gaps in Grand Traverse County.

GTCHD values the MiThrive collective impact project, and the partners involved. This regional Community Health Needs Assessment was able to happen thanks to the support and funding from Spectrum Health, McLaren Northern Michigan, Munson Healthcare, District Health Department #4, District Health Department #2, Central Michigan District Health Department, Health Department of Northwest Michigan, Grand Traverse County Health Department, and Benzie-Leelanau District Health Department.

Should you have any questions about our efforts in completing this assessment, please feel free to contact me at [wshirsch@gtcountymi.gov](mailto:wshirsch@gtcountymi.gov). I hope you find this report and data to be as beneficial as I do.

Wendy Hirschenberger, MPH, CPHA

# Executive Summary

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

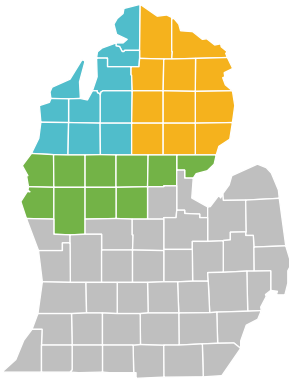
## Report Goals and Objectives

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

- Describe the current state of health and well-being in Grand Traverse County
- Describe the processes used to collect community perspectives
- Describe the process for prioritizing Strategic Issues within the Northwest CHIR region
- Identify community strengths, resources, and service gaps

## Regional Approach

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



### Grand Traverse County Health Department jurisdiction by MiThrive Region

Grand Traverse County Health Department MiThrive Region
Northwest Region
Grand Traverse

**Grand Traverse County Health Department jurisdiction is in the Northwest CHIR region.** As discussed below, of the four MiThrive assessments, two were conducted at the county level and two were conducted within the MiThrive regions.

# Data Collection

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

To accurately identify, understand, and prioritize strategic issues, MiThrive combines quantitative data, such as the number of people affected, changes over time, and differences over time, and qualitative data, such as community input, perspectives, and experiences. **This approach is best practice, providing a complete view of health and quality of life while assuring results are driven by the community.**

MiThrive utilizes the Mobilizing for Action through Planning and Partnerships community health needs assessment framework. Considered the “gold standard” it consists of four different assessments for a 360-degree view of the community. Each assessment is designed to answer key questions:

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

MiThrive Data Collection in 31-County Region	
100	Local, state, and national indicators collected by county for the Community Health Status Assessment
152	Participants in three Community System Assessment regional events
396	Participants in focused conversations for the Community System Assessment at 27 community collaborative meetings
3,465	Residents completed the Community Surveys for the Community Themes and Strengths Assessment
840	Residents facing barriers to social determinants of health participated in Pulse Surveys conducted by community partners for the Community Themes and Strengths Assessment
354	Physicians, nurses, and other clinicians completed Healthcare Provider Survey for the Community Themes and Strengths Assessment
199	Participants in three Forces of Change Assessment regional events

- **Community System Assessment**

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

- **Community Themes and Strengths Assessment**

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

- **Forces of Change Assessment**

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

**Each assessment provides important information, but the value of the four assessments is maximized by considering the findings as a whole.**



# Health Equity

The Robert Wood Johnson Foundation says health equity is achieved when everyone can attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance. Without health equity, there are endless social, health and economic consequences that negatively impact patients/clients, communities, and organizations. Health equity can be viewed using different lenses such as race, culture, geographic location, available resources, and job availability to name a few. All of which can be significant contributors to increased mortality, lower life expectancy, and higher incidence of disease and disability, according to the Rural Health Information Hub.

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

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

## Key Findings

Following analysis of primary and secondary data collected during the 2021 MiThrive Community Health Assessment, 10-11 significant health needs emerged in each of the MiThrive Regions (North Central, Northeast, and Northwest). Members of the MiThrive Steering Committee, Design Team, and three Workgroups framed these significant health needs as Strategic Issues, as recommended by the Mobilizing for Action through Planning and Partnerships Framework.

In December 2021, residents and community partners participated in one of three regional MiThrive Data Walk and Priority Setting events. Using a criteria-based process, participants ranked the Strategic Issues as listed below. Severity, magnitude, impact, health equity, and sustainability were the criteria used for this ranking process.

Significant Health Needs by Region (unranked)	
Health Needs	Northwest Region
Access to Healthcare & Chronic Disease Prevention	X
Economic Security	X
Equity	X
Housing Security	X
Mental Health	X
Safety and Well-Being	X
Substance Use	X
Transportation	X
Food Security	X
COVID-19	X
Built Environment	X

The purpose of this ranking process was to prioritize Strategic Issues to collectively address in a collaborative Community Health Improvement Plan. Following the Data Walk and Priority Setting Events, MiThrive partners and participants refined the prioritized Strategic Issues to remove any jargon, clarify language, and wordsmith.

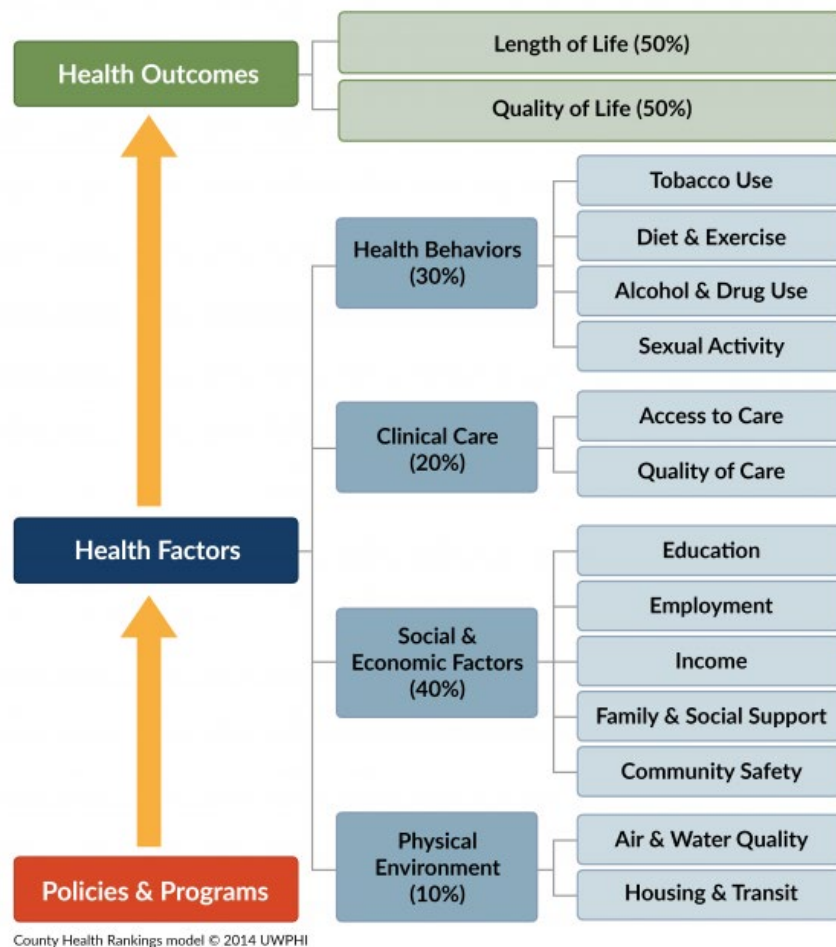
**The final top-ranked Strategic Issues in the Northwest Region are as follows:**

1. How do we ensure that everyone has **safe, affordable, and accessible housing**?
2. How do we increase access to **quality mental health and substance use disorder services** while increasing resiliency and wellbeing for all?
3. How do we increase **access to health care**?
4. How do we reduce **chronic disease rates** in the region?

# Introduction

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

## A Model of How Health Happens



The County Health Rankings Model of How Health Happens provides a broad understanding of health, describing the importance of social determinants of health, organized in the categories of health behaviors, clinical care, social and economic factors, and the physical environment. It illustrates how community policies and programs influence health factors and in turn, health outcomes.

# **Purpose of Community Health Needs Assessment**

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

1. Engage residents and community partners to better understand the current state of health and well-being in the community.
2. Identify key problems and assets to address them. Findings are used to develop collaborative community health improvement plans and implementation strategies and to inform decision-making, strategic planning, grant development, and policy-maker advocacy.

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

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

## **Impact of COVID-19 on MiThrive**

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

In previous cycles of community health needs assessment, MiThrive convened in-person events for the Community System Assessment and Forces of Change Assessment. During the pandemic, they were convened virtually using Zoom and participatory engagement tools like breakout rooms, MURAL and RetroBoards, among others. Because residents and partners did not have to spend time and travel, their participation at the community assessment events was increased. Overall, 5,406 people participated in MiThrive primary data collection activities.

# Mobilizing for Action through Planning and Partnerships

MiThrive utilizes the Mobilizing for Action through Planning and Partnership (MAPP) community health needs assessment framework. It is a nationally recognized, best practice framework that was developed by the National Association of City and County Health Officials (NACCHO) and the U.S. Centers for Disease Control and Prevention (CDC).



## Organizing and Engaging Partners

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

# Conducting the Four Assessments

The MAPP framework consists of four different assessments, each providing unique insights into the health of the community. For the 2021 community health needs assessment the MiThrive gathered more health equity data than ever before, and engaged more diverse stakeholders, including many residents, in the assessments (Please see Appendix A for list of organizations that participated in MiThrive).

## Health Equity

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

A key finding of the 2021 MiThrive community health needs assessment mirrors a persistent reality across the country and the world: health risks do not impact everyone in the same way. We consistently find that groups who are more disadvantaged in society also bear the brunt of illness, disability, and death. This pattern is not a coincidence. Health, quality of life, and length of life are all fundamentally impacted by the conditions in which we live, learn, work, and play. Obstacles like poverty and discrimination lead to consequences like powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. All these community conditions combine to limit the opportunities and chances for people to be healthy. The resulting differences in health outcomes (like risk of disease or early death) are known as "health inequities".

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

Health equity is the realization of all people of the highest attainable level of health. Achieving health equity requires valuing all individuals and populations equally, and entails focused and ongoing societal efforts to address avoidable inequities by ensuring the conditions for optimal health for all groups.

--Adewale Troutman

*Health equity, Human Rights and Social Justice: Social Determinants as the Direction for Global Health*

# MiThrive Assessment Results

- **Community Health Status Assessment**

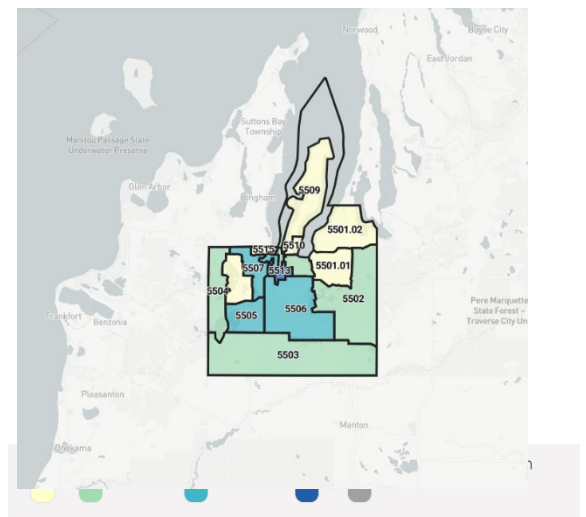
The Community Health Status Assessment identifies priority community health and quality of life issues. It answers the questions, “How healthy are our residents?” and “What does the health status of our community look like?”. The answers to these questions were measured by collecting 100 secondary indicators from different sources including the Michigan Department of Health and Human Services, US Census Bureau, and US Centers for Disease Control and Prevention.

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

## **Social Vulnerability Index by Census Tract in the GTCHD Jurisdiction**

The Social Vulnerability Index illustrates how where we live influences health and well-being. It ranks 15 social factors: income below Federal Poverty Level; unemployment rate; income; no high school diploma; aged 65 or older; aged 17 or younger; older than five with a disability; single parent households; minority status; speaks English “less than well”; multi-unit housing structures; mobile homes; crowded group quarters; and no vehicle.

As illustrated in the map at right, census tracts in the GTCHD jurisdiction have Social Vulnerability Indices at “low to moderate” or “moderate to high” in most of the district.



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

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

Each indicator was scored on a scale of one to four by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region, and comparing to the State, national, and Healthy People 2030 target when available. Indicators with a score above 1.5 were defined as "high secondary data" and indicators with scores below 1.5 were defined as "low secondary data".

**The following 22 statistics scored above 1.5 in the Grand Traverse County Health Department jurisdiction, indicating they were worse than the National overall or State rates:**

- Income inequality
- Children enrolled in early education (%)
- Children 0-5 in Special Education (%)
- Special Education (% Child Find)
- Uninsured (%)
- Preventable Hospital Stays (per 100,000 Medicare enrollees)
- Severe problems with housing (%)
- Gross rent is  $\geq 35\%$  of household income (%)
- Number of Evictions (rate, calculated)
- SNAP-authorized stores/1,000 pop.
- No household vehicle (%)
- All cancer incidence (per 100,000)
- Breast cancer (per 100,000)
- Colorectal cancer (per 100,000)
- Oral cavity and pharynx cancer (per 100,000)
- Heart Disease Diagnosis Rate (adults) (per 10,000)
- Overweight (adults) (%)
- Binge drinking (adults) (%)
- Motor vehicle crashes involving alcohol (%)
- Unintentional Injury Mortality
- Intentional Self-harm Mortality
- Alzheimer's/Dementia Mortality Rate (per 100,000)

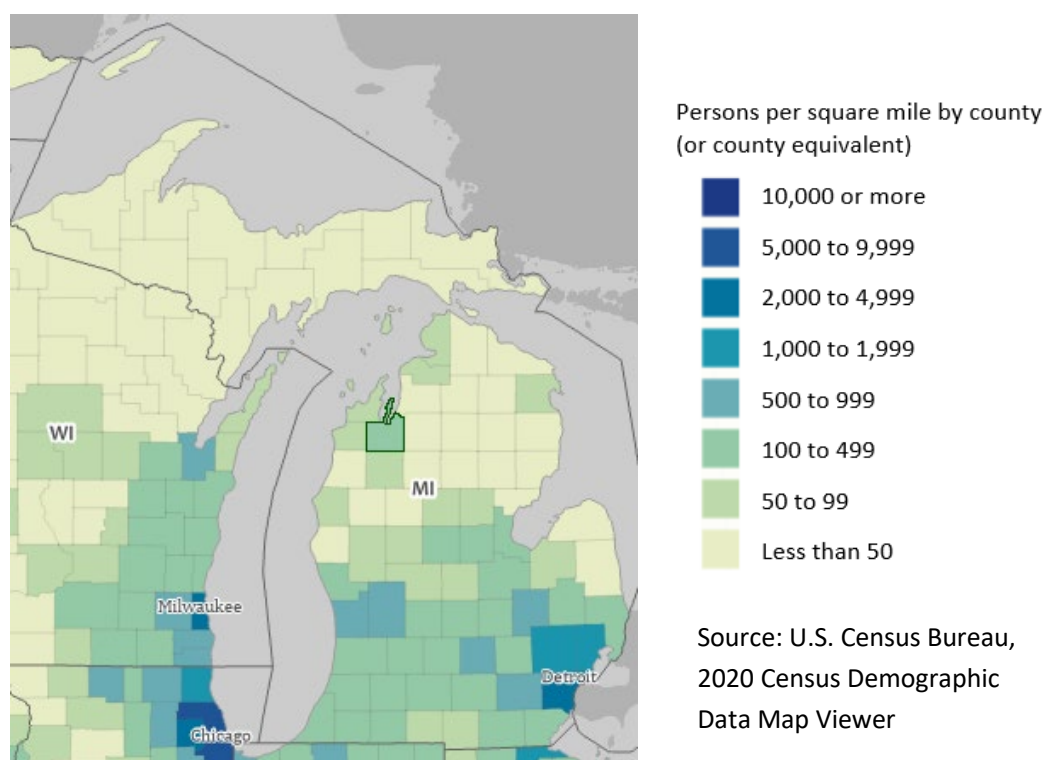


Please see Appendix B for values for these indicators for the Grand Traverse County Health Department.

## Geography and Population Rurality by County

### Health Jurisdiction Demographics

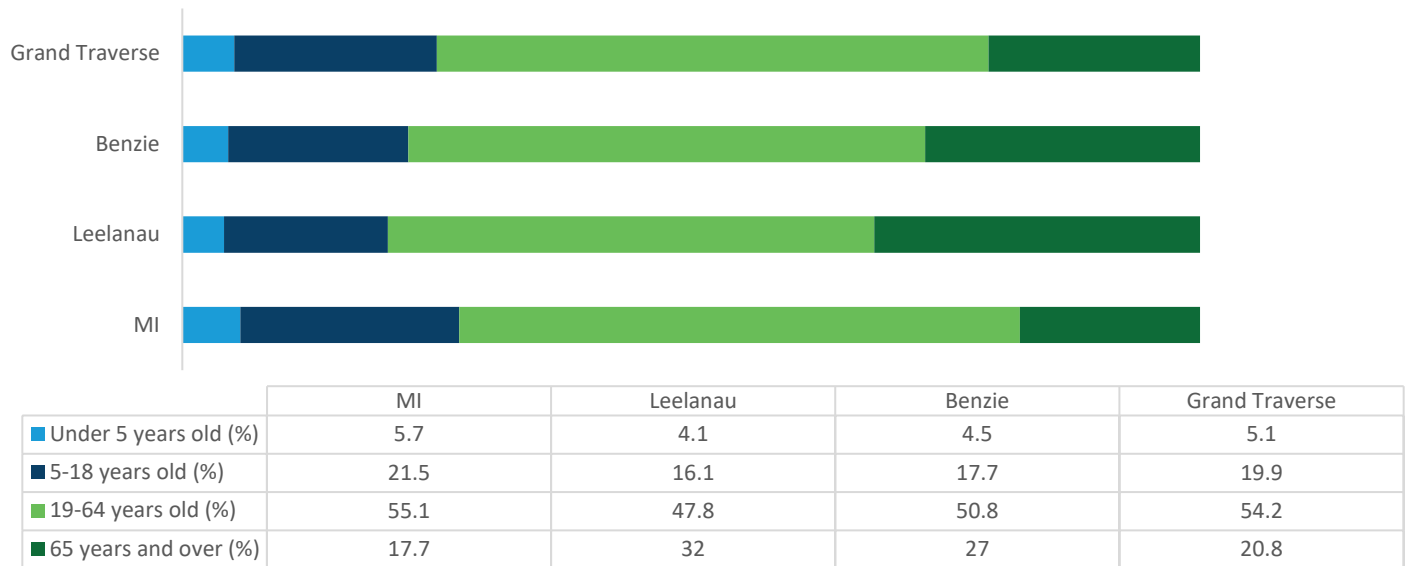
Grand Traverse County Health Department's (GTCHD) jurisdiction is situated in a mixed rural/micropolitan area of the northern lower peninsula of Michigan on the northwest side of the state. This is one of its most important characteristics as rurality influences health and well-being. Within the health jurisdiction, there are 93,088 individuals. Numerous social and economic factors impact the health of the residents and their communities. Elevated instances of income inequality and lack of affordable housing are just two examples of some of the factors that negatively impact the communities.



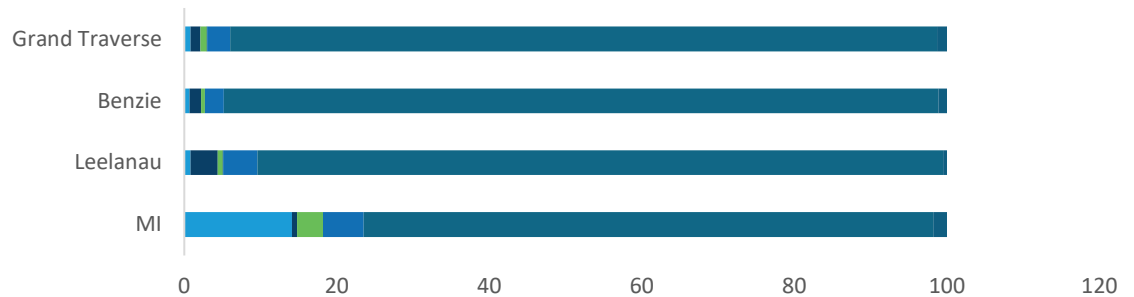
**Population and age:** Total population in 2019 for Grand Traverse County (GTC) is 93,088. When broken down by age group, Grand Traverse County has 5.1% of people under age 5, slightly below the state, 5.7%. In the under 18 group, Grand Traverse County has 19.9% as compared to the state at 21.5%. With 20.8% of individuals over 65, Grand Traverse County has a higher percentage than the state of Michigan (17.7%).

The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Most residents in Grand Traverse County identify as white, constituting 92.7% of the population. Additionally, 0.8% of the population is Black/African American, 3% Hispanic/Latino, and 1.3% American Indian and Alaska Native.

## Proportion of Age Groups in GTCHD Jurisdiction, American Communities Survey, 2015-2019

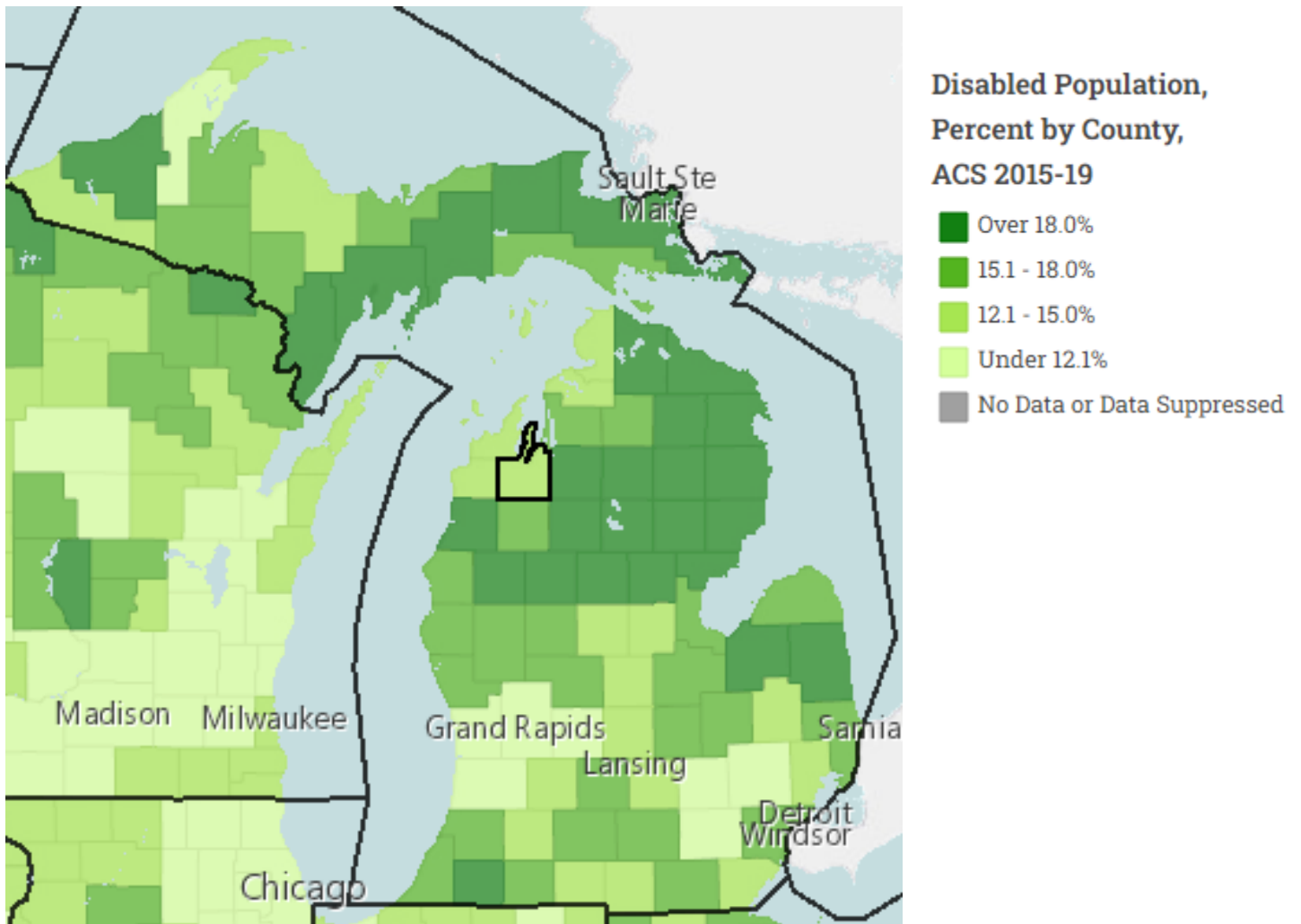


## Proportion of Age Groups in GTCHD Jurisdiction Compared to BLDHD, American Communities Survey, 2015 - 2019



	MI	Leelanau	Benzie	Grand Traverse
Black or African American (%)	14.1	0.8	0.7	0.8
American Indian and Alaska Native (%)	0.7	3.6	1.5	1.3
Asian (%)	3.4	0.6	0.5	0.8
Native Hawaiian/Other Pacific Islander (%)	0	0.1	0	0.1
Hispanic or Latino (%)	5.3	4.5	2.5	3
Non-Hispanic White (%)	74.7	89.9	93.7	92.7
Remainder/other (%)	1.8	0.5	1.1	1.3

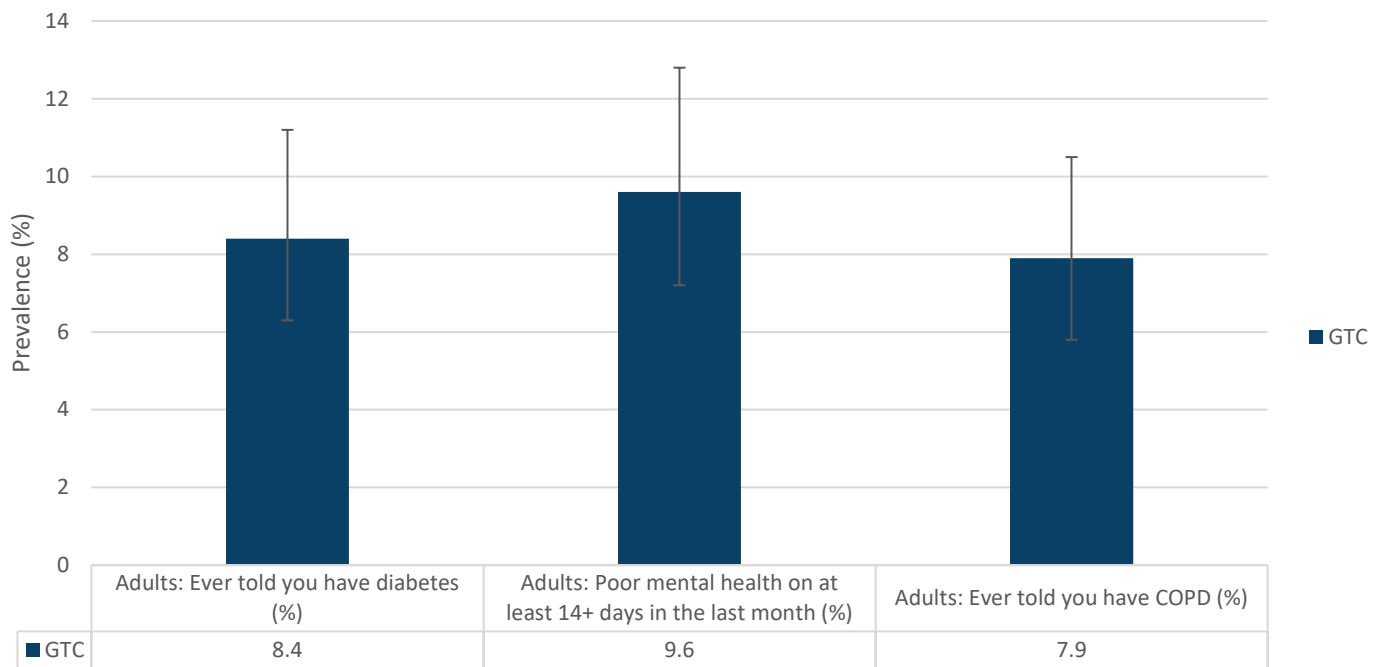
**Proportion of Disabled Population in GTCHD Jurisdiction, American Communities Survey,  
2015-2019**



<https://careshq.org/map-room/>, 3/2/2023

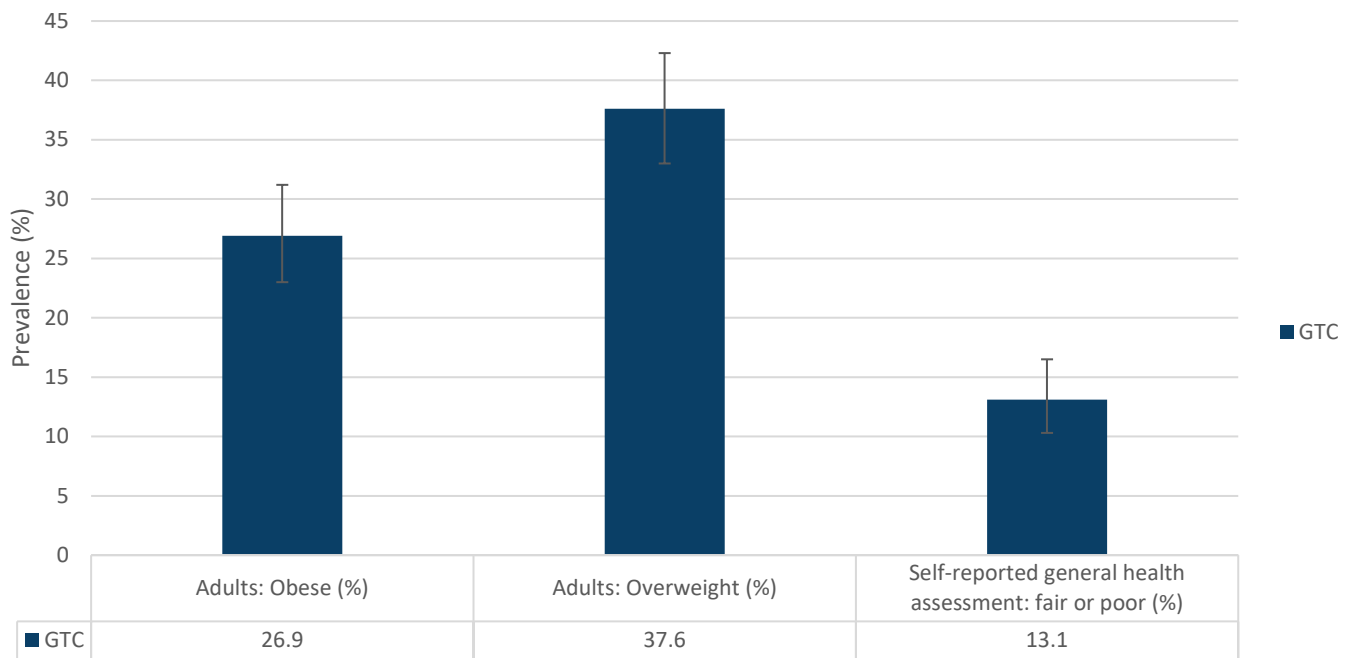
A smaller proportion of people – about 12.4% - in GTCHD jurisdiction have a disability compared to the state overall (14.2%).

# Estimates of Prevalence of Chronic Health Indicators for the GTCHD Jurisdiction, Michigan Behavioral Risk Factor Surveillance System, 2015 - 2019



The Michigan Behavioral Risk Factor Survey (BRFSS) asked adults within Grand Traverse County if a medical professional has ever told them they had diabetes (among other questions). GTC overall had 8.4% of its resident's report ever being told they had diabetes by a healthcare professional. In comparison, 11.7% of adults in the State of Michigan have been told that they have or have had diabetes. 9.6% of adults within GTC reported having poor mental health on at least 14 days of the previous month. 7.9% of Individuals in GTC report ever being told they had chronic obstructive pulmonary disease (COPD).

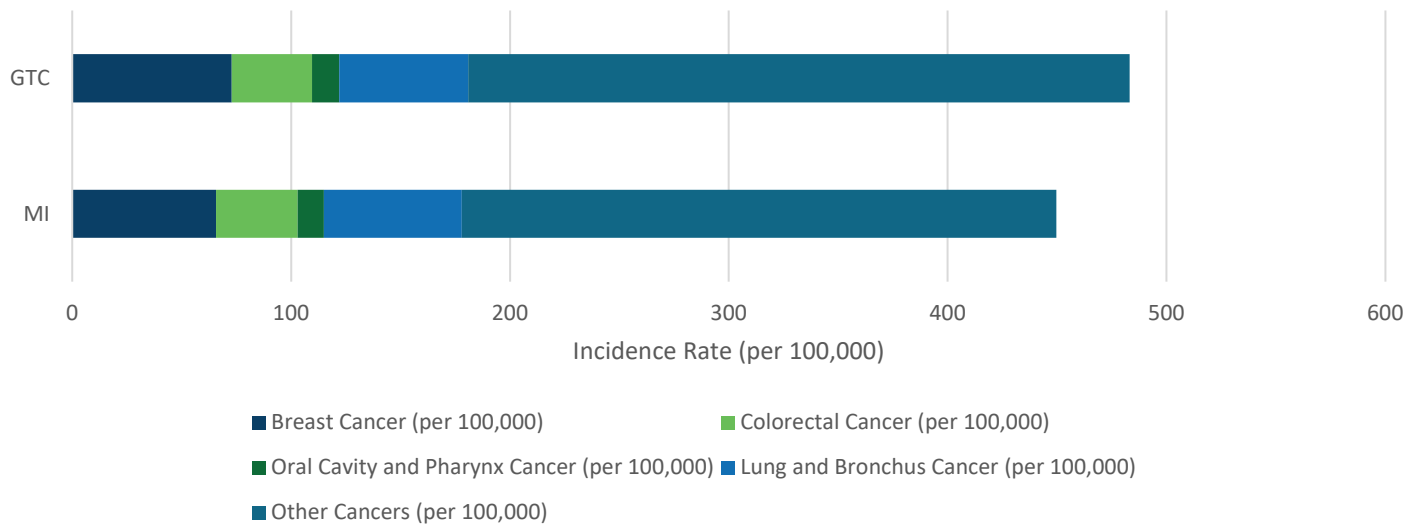
# Estimates of Prevalence of Selected Health Indicators for the GTCHD Jurisdiction, Michigan Behavioral Risk Factor Surveillance System, 2015 - 2019



Grand Traverse County has a high prevalence of individuals who are overweight or obese. However, the BRFSS shows that when compared to neighboring Benzie and Leelanau counties, the prevalence of obese adults is lower, (GTC – 26.9%, Benzie – 36.5%, Leelanau – 30.3%), but that the prevalence of overweight adults is slightly higher in GTC (37.6%) (Benzie – 35.9%, Leelanau – 32.3%)

This partially contributes to the last indicator on this figure, which is self-reported general health. For this indicator, 13.1% of GTC reported having poor or fair general health.

### All Cancer Rates for the GTCHD Jurisdiction, Michigan Cancer Surveillance Program, 2018



In 2018, Grand Traverse County had an all-cancer incidence of 483.22 per 100,000 population, higher than Michigan’s incidence of 449.6 new cases per 100,000 population. GTC has a higher breast cancer incidence rate compared to the state, at 72.8 compared to 65.6. For colorectal cancer, GTC is slightly lower than Michigan’s rate of 37.3, at 36.7. Grand Traverse County has a lower incidence rate than the state at 58.9 to 62.9 for lung and bronchus cancer. For oral cavity and pharynx cancer, GTC has a slightly higher incidence rate than the state at 12.5 to 12.04.

### GTCHD Jurisdiction Mortality Rates by Census Tract Poverty Level, MDHHS Vital Statistics, 2019

		Poverty Level by Census Tract			
		0.0% - 4.9% of Population in Poverty	5.0% - 9.9% of Population in Poverty	10.0% - 19.9% of Population in Poverty	20.0% - 100% of Population in Poverty
Age-Adjusted Mortality Rates (per 100,000)	Michigan	647.7	710.3	780.6	987.8
	Grand Traverse	1,076.8	645.6	597.3	964.7

This table displays mortality rates per 100,000 population, separated by census tract poverty level. Poverty level groups show the percentage of census tract population that falls under the poverty line. The most affluent track has the least amount of people living below the poverty line (0.0% - 4.9%) and the less affluent tracts have the highest percent of people living below the poverty line (20.0% to 100%), where at least 1/5 of the population falls under the poverty line. From this table, the highest mortality rate (1076.8 deaths per 100,000) within the GTCHD jurisdiction is in the lowest poverty category of 0.0% to 4.9%, which demonstrates a higher rate of death in this category due to the high numbers of individuals who fall into the more affluent category. Subsequently, the highest poverty category of 20% to 100%, which demonstrates a higher rate of death as the amount of people living in poverty increases, is the second highest mortality rate in GTC. These findings seem to indicate that the burden of mortality among the population of Grand Traverse County is split between communities where poverty is rare and communities where poverty is the norm.

### Approximate Mortality Rates by Race and Sex for the GTCHD Jurisdiction, MDHHS Vital Statistics, 2021

Mortality Rate (per 100,000)	Black			White			Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Michigan	1260.0	1410.0	1130.0	1190.0	1230.0	1140.0	380.0	400.0	370.0
Grand Traverse County	*	*	*	1140.0	1120.0	1160.0	590.0	630.0	560.0

\*Suppressed due to low mortality counts

In Michigan, the crude mortality rate for black individuals is higher than that for white individuals; in the GTCHD jurisdiction the data has been suppressed for black individuals' mortality rates due to low counts. Of note, in GTC, white males have a lower mortality rate than the state crude mortality rate for white males, but white females have a higher rate in GTC than the state. Additionally, residents that fall into the other category have a lower mortality rate than whites. Males have a higher mortality rate than females in GTC in the other race category.

### Approximate Mortality by Gender in GTCHD and Michigan, MDHHS Vital Statistics, 2021

Mortality Rate (per 100,000)	Male	Female	Total
Michigan	1230.0	1120.0	1170.0
Grand Traverse	1100.0	1140.0	1120.0

## Mortality Rates for Males by Age Group in Grand Traverse County and Michigan, MDHHS Vital Statistics, 2021

<b>Males Only Mortality Rate (per 100,000)</b>	<b>&lt;1-14</b>	<b>15-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70=&lt;</b>
<b>Michigan</b>	55.6	138.6	267.0	444.5	914.6	1836.1	6700.2
<b>Grand Traverse</b>	37.4	71.8	255.7	197.0	724.0	1253.2	5643.0

## Mortality Rates for Females by Age Group in Grand Traverse County and Michigan, MDHHS Vital Statistics, 2021

<b>Females Only Mortality Rate (per 100,000)</b>	<b>&lt;1-14</b>	<b>15-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70=&lt;</b>
<b>Michigan</b>	50.8	59.9	138.5	255.6	552.7	1150.1	6103.2
<b>Grand Traverse</b>	54.3	88.0	97.5	144.3	644.0	892.4	5485.2

Grand Traverse County overall has a lower mortality rate when compared to Michigan. The male mortality rate is lower than females for the <1-14 and 15-29 age groups, but then is consistently higher than the female mortality rate for all other age groups.

Male mortality rates in GTC are consistently lower than the state mortality rates, for all age groups. When compared to the state, the female mortality rates were higher for the <1-14, 15-29, and 50-59 age groups. Whilst the 30-39, 40-49, 60-69 and 70+ age groups were lower than the state rates.

- ### Community Themes and Strengths Assessment

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

(Please see Appendix D for survey instruments).



- **Community Survey**

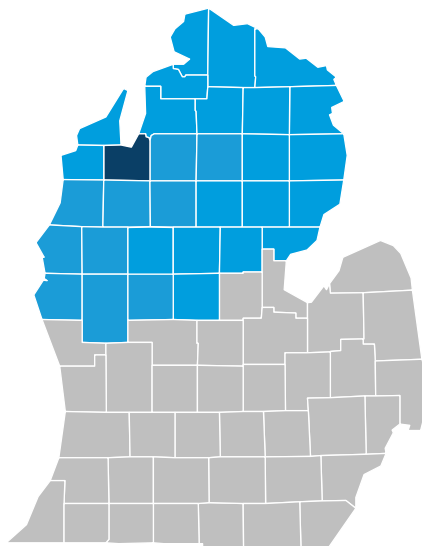
The Community Survey asked 18 questions about what is important to the community, what factors are impacting the community, quality of life, built environment, and demographic questions. The Community Survey also asked respondents to identify assets in their communities. Please see Appendix C for assets identified for the Grand Traverse County Health Department jurisdiction service area.

Community Surveys were administered electronically and via paper format in both

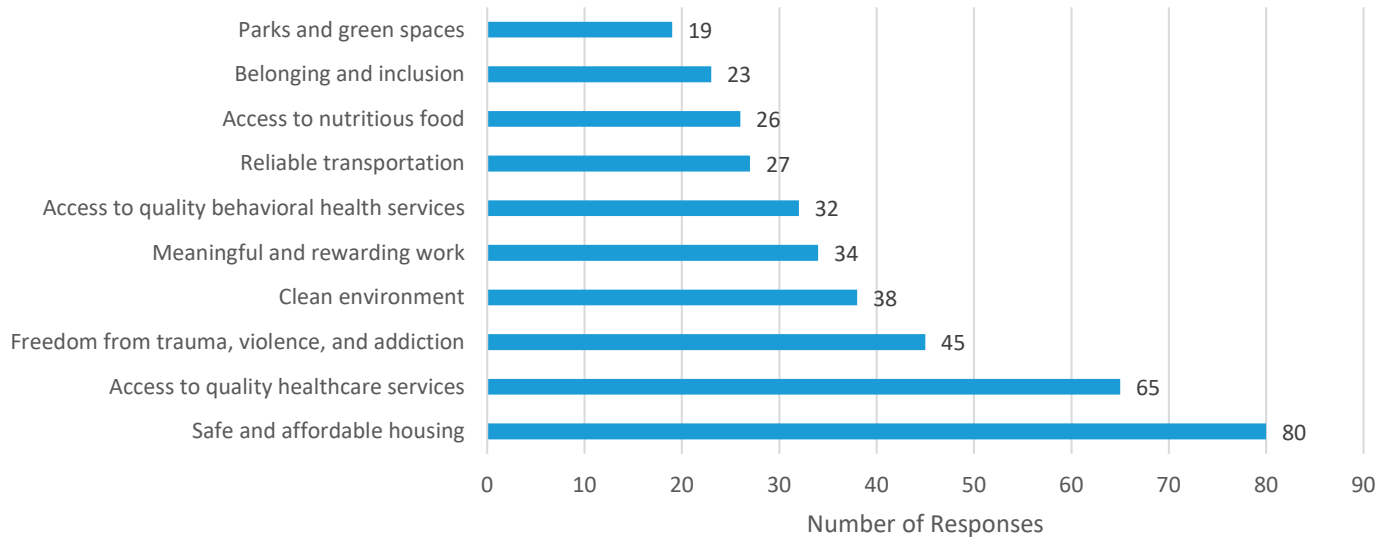
English and Spanish. The electronic version of the survey was available through an electronic link and QR code. The survey was open from Monday, October 4, 2021, to Friday, November 5, 2021. Five \$50 gift cards were used as an incentive for completing the survey. Partner organizations supported survey promotion through social media and community outreach. Promotional materials developed for Community Survey include a flyer, social media content, and press release. Four hundred fifty-four surveys were collected from Grand Traverse County.



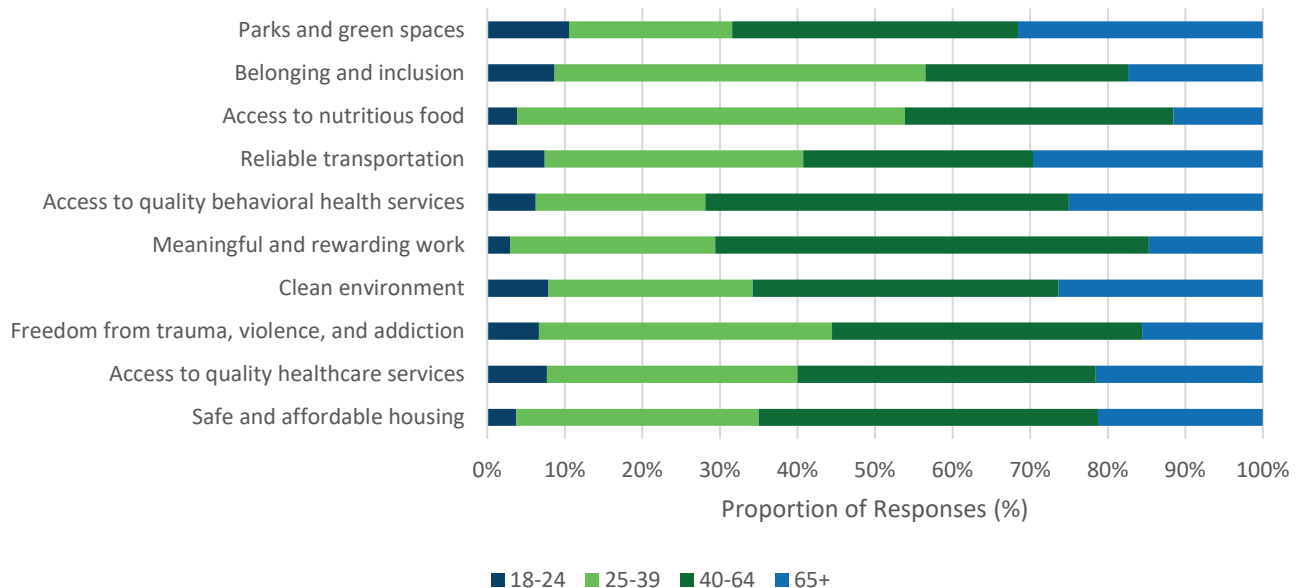
A total of **454 community survey** responses were collected in **the Grand Traverse County Health Department jurisdiction.**



### Top Ten Important Factors for a Thriving Community as Identified by Residents of GTC, MiThrive Community Themes and Strengths Assessment, 2021 (n=454)

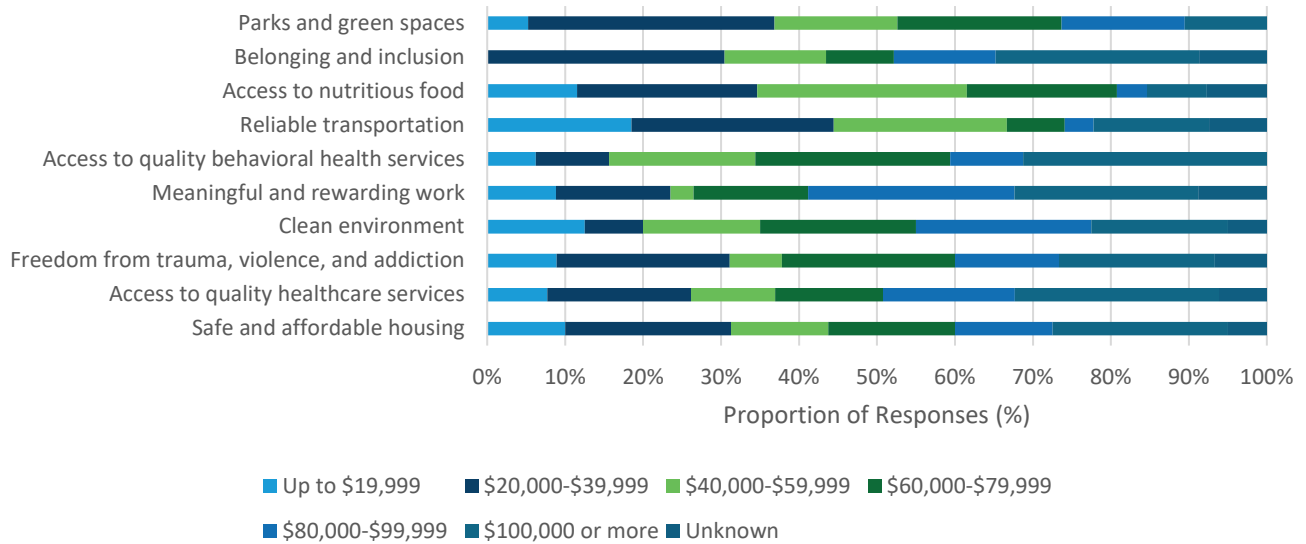


### Top Ten Factors for a Thriving Community by Proportion of Respondent Ages in GTC, MiThrive Community Themes and Strengths Assessment, 2021 (n=454)



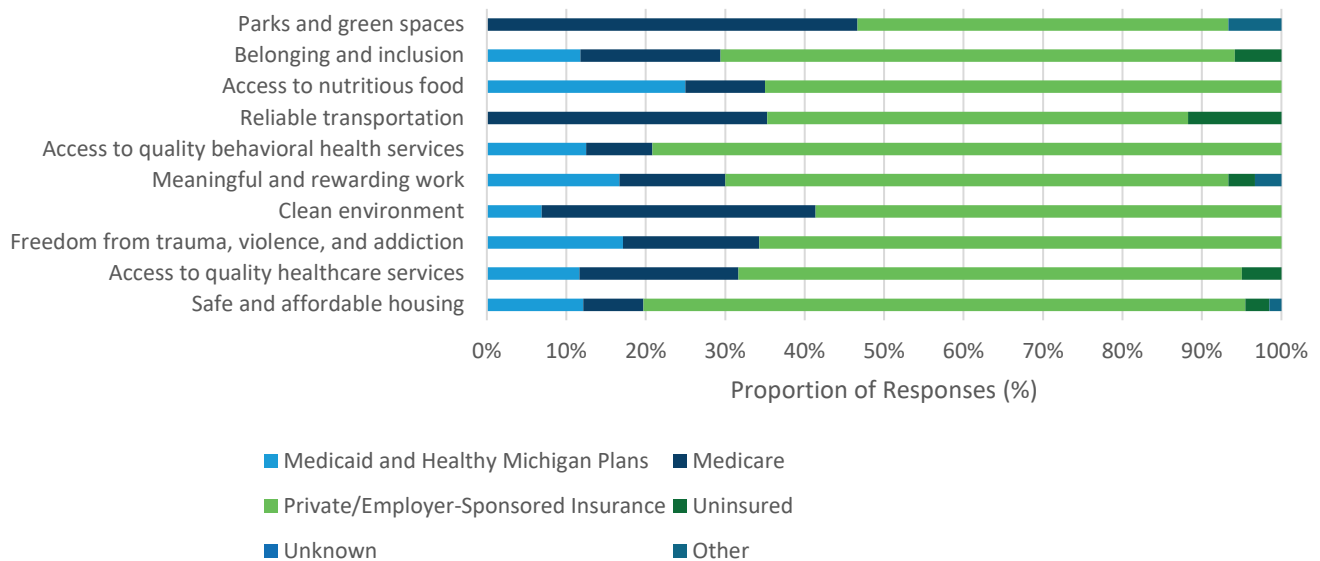
A larger proportion of individuals **aged 40 to 64** responded that **meaningful and rewarding work** was an important factor for a thriving community when compared to the other top nine factors.

### Top Ten Factors for a Thriving Community by Proportion of Respondent Yearly Household Incomes in GTC, MiThrive Community Themes and Strengths Assessment, 2021 (n=454)

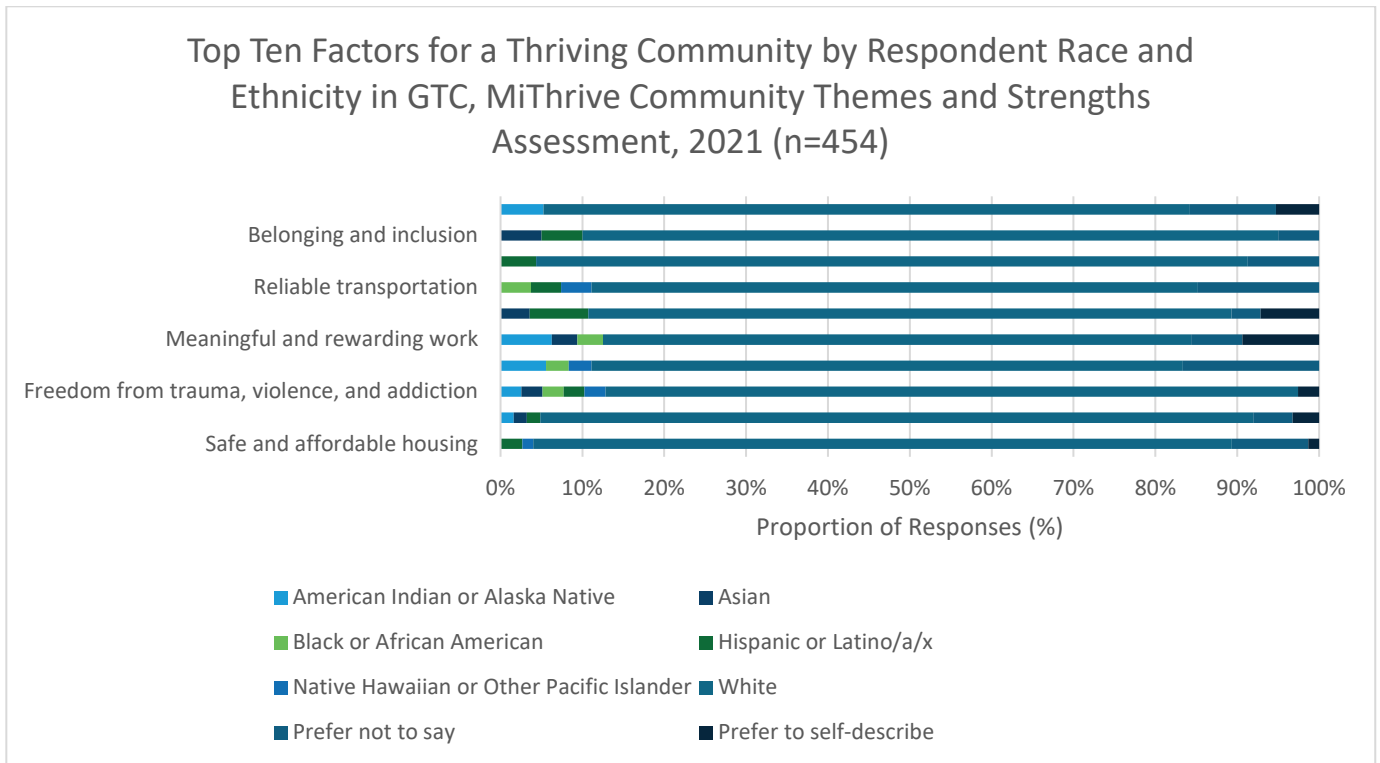


A larger proportion of individuals with a **yearly household income of over \$100,000** responded that **access to quality behavioral health services** was an important factor for a thriving community when compared to the other top nine factors.

### Top Ten Factors for a Thriving Community by Respondent Insurance Types in GTC, MiThrive Community Themes and Strengths Assessment, 2021 (n=454)

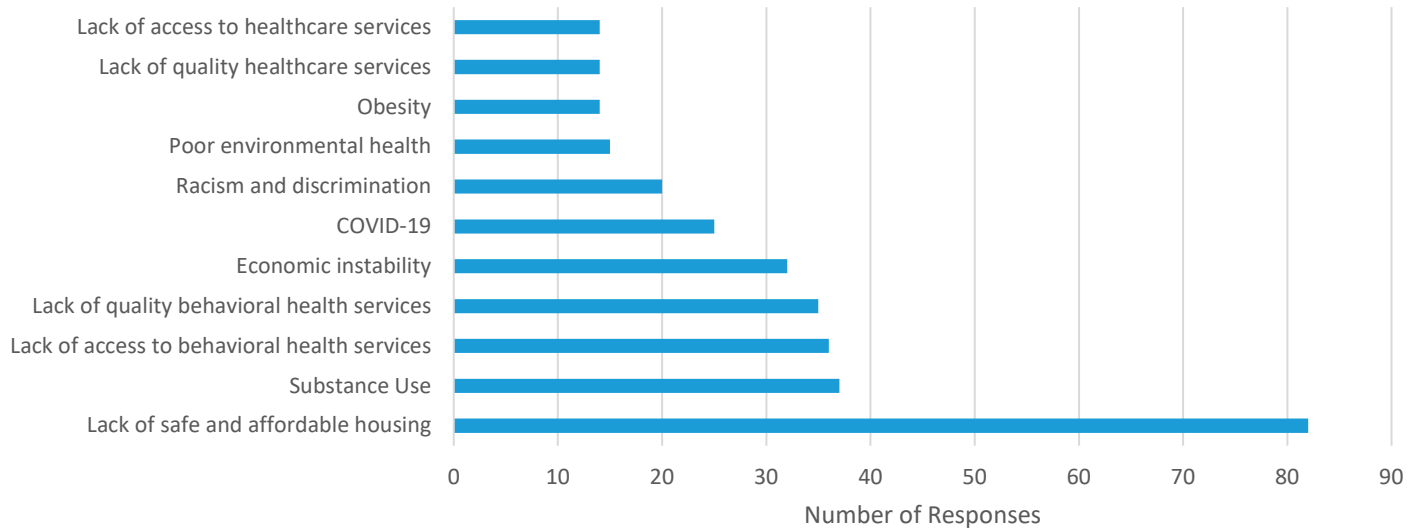


A larger proportion of individuals with **Private/Employer-Sponsored Insurance** responded that **access to quality behavioral health services** was an important factor for a thriving community when compared to the other top nine factors.

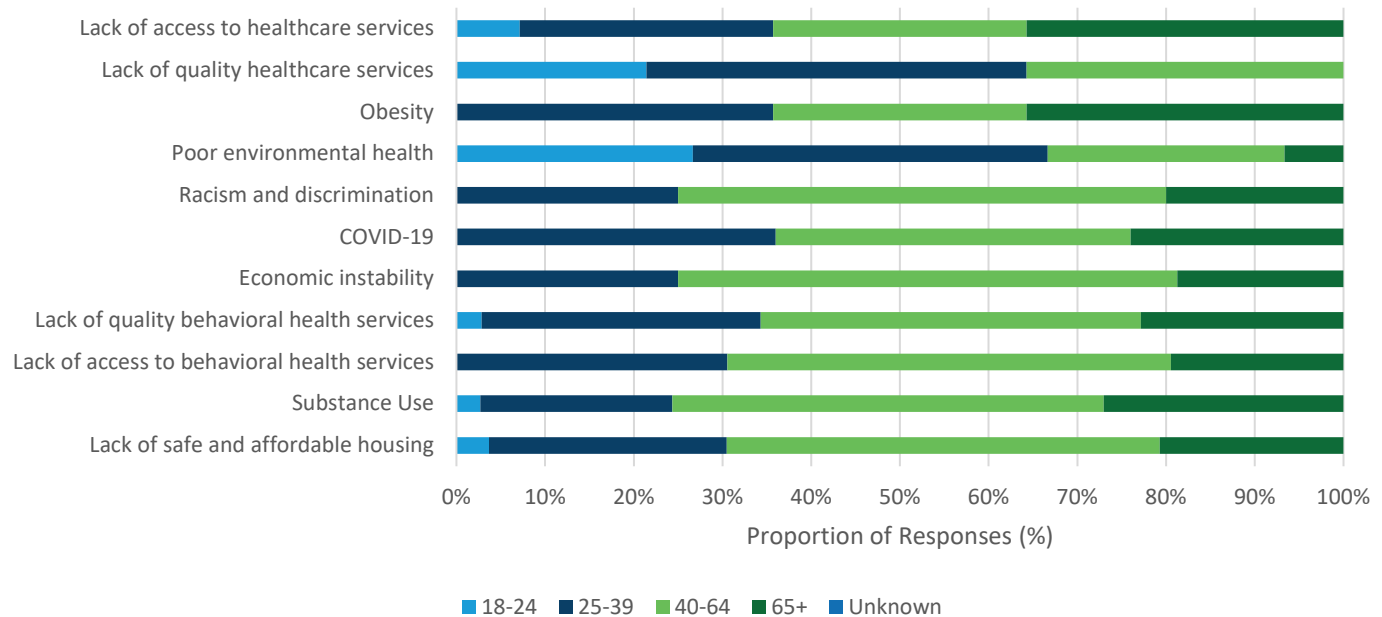


A larger proportion of **White** individuals responded that a **access to quality healthcare services** was an important factor for a thriving community when compared to the other top nine factors.

### Top Eleven Issues Impacting the Community as Identified by Residents of GTC, MiThrive Community Themes and Strengths Assessment, 2021 (n=467)

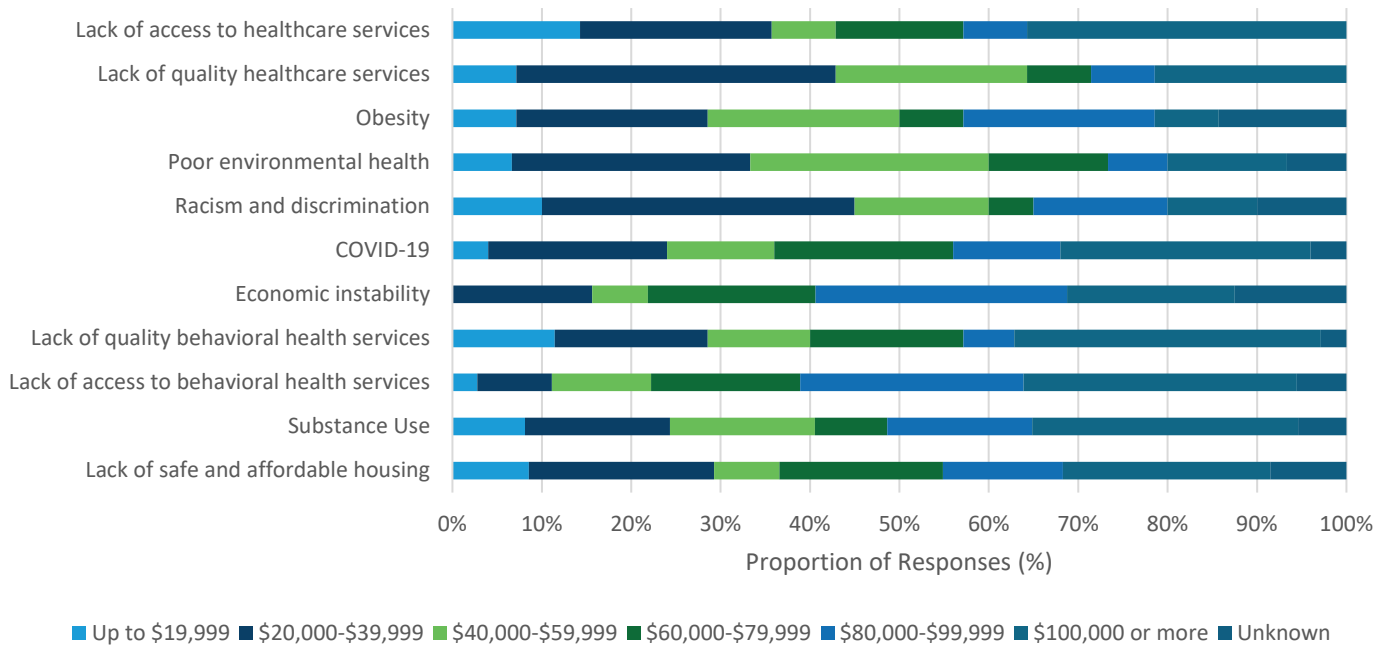


### Top Eleven Issues Impacting the Community by Proportion of Respondent Ages in GTC, MiThrive Community Themes and Strengths Assessment, 2021 (n=467)



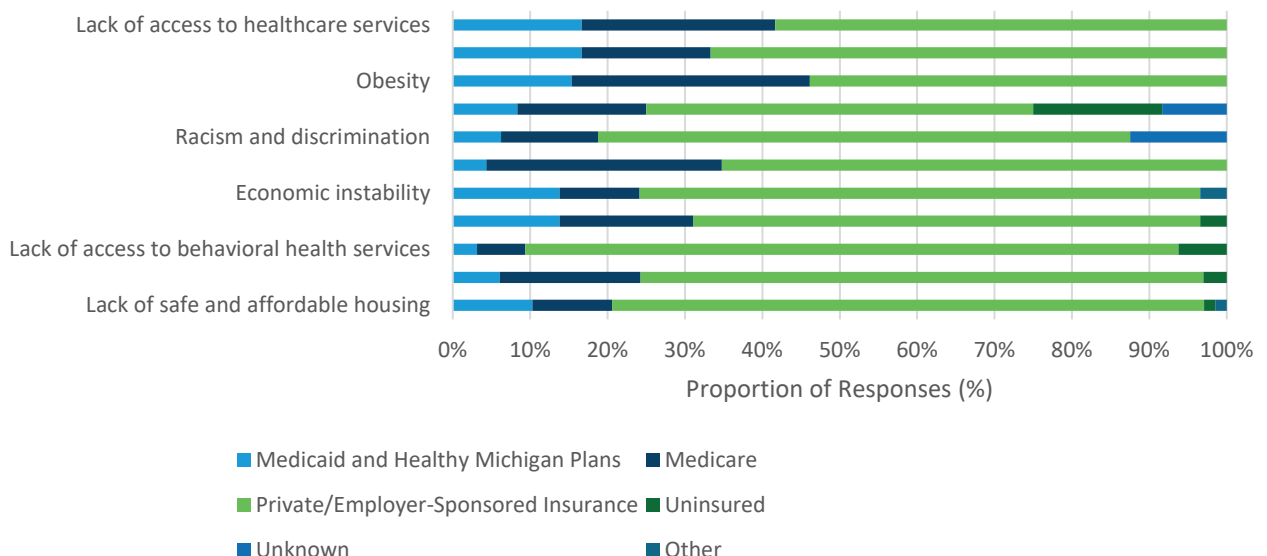
A larger proportion of individuals **aged 40 to 64** responded that **economic instability** was an important issue impacting the community when compared to the other top nine issues.

### Top Eleven Issues Impacting the Community by Respondent Yearly Household Incomes in GTC, MiThrive Community Themes and Strengths Assessment, 2021 (n=467)

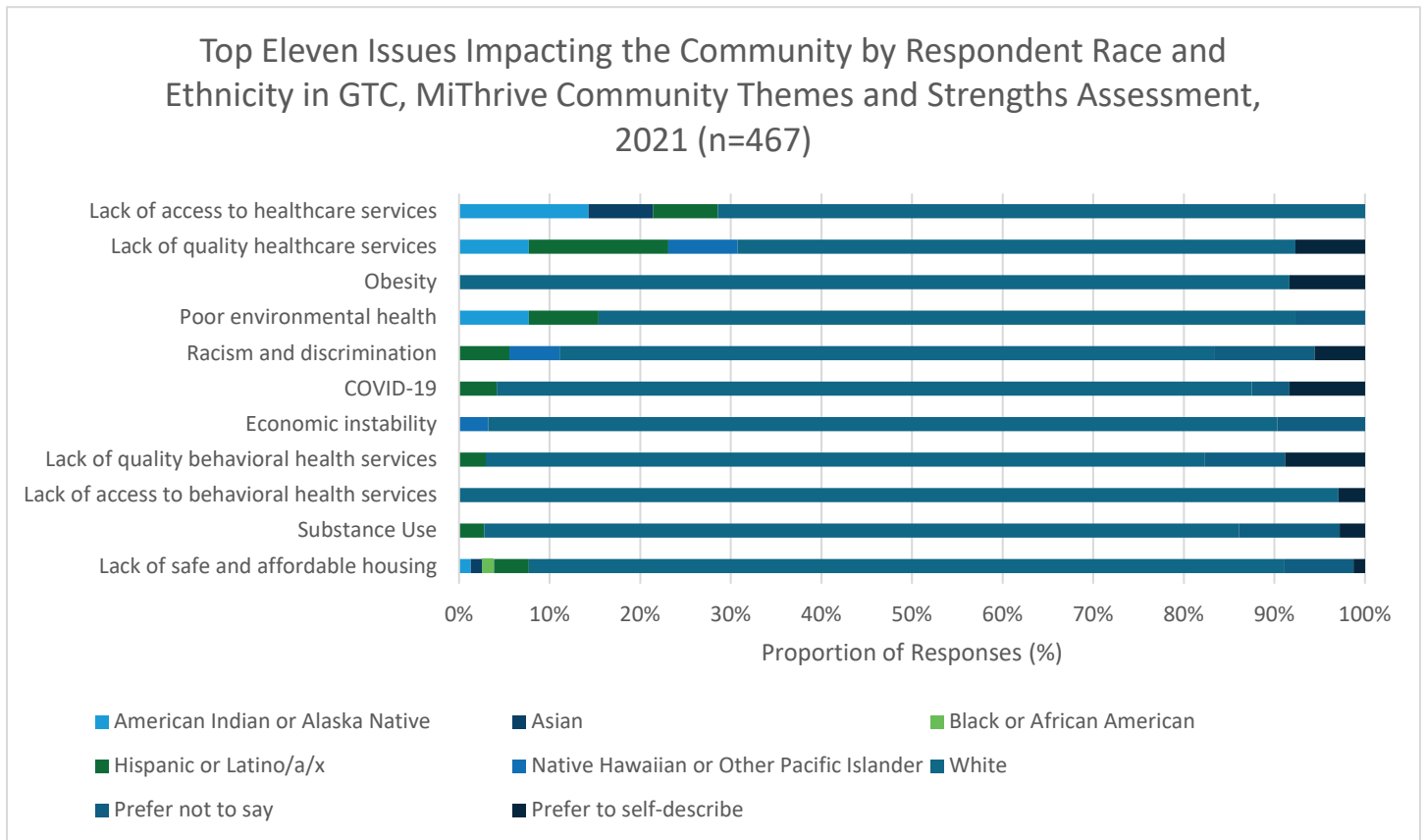


A larger proportion of individuals with a **yearly household income of \$20,000-\$39,999** responded that **lack of quality healthcare services** was an important issue impacting the community when compared to the other top nine issues.

### Top Eleven Issues Impacting the Community by Respondent Insurance Types in GTC, MiThrive Community Themes and Strengths Assessment, 2021 (n=467)

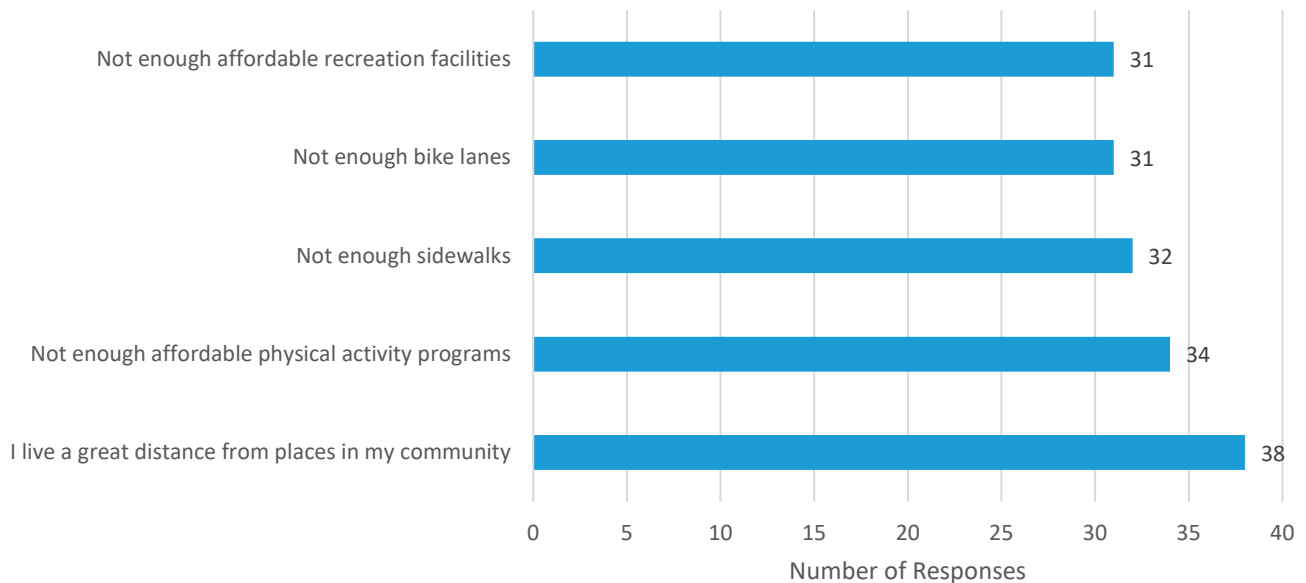


A larger proportion of individuals with **Private/Employer-Sponsored Insurance** responded that **lack of access to behavioral health services** was an important issue affecting the community when compared to the other top nine issues.

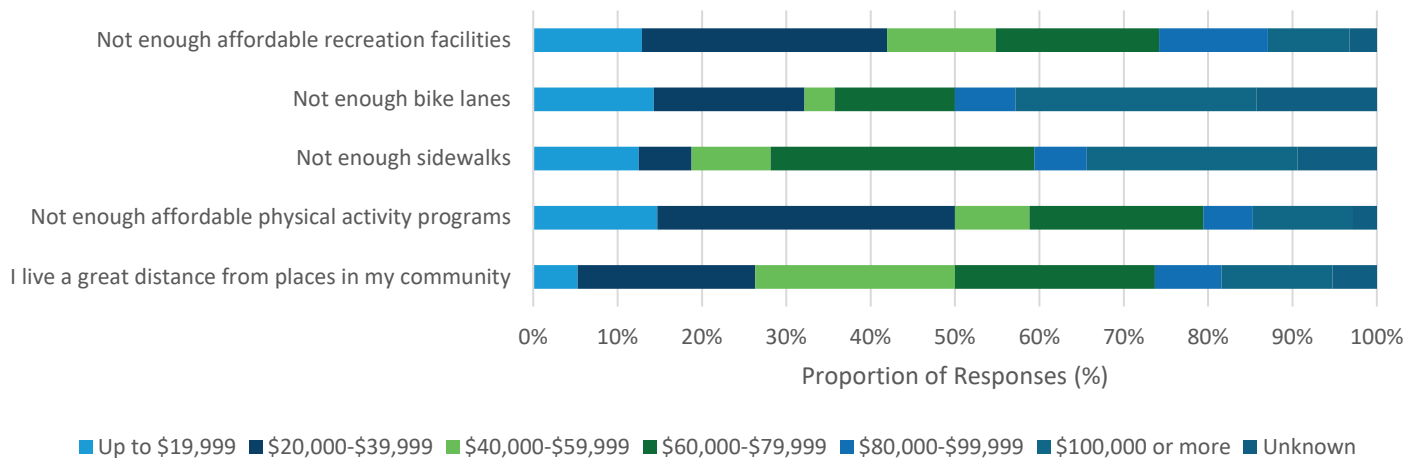


A larger proportion of **American Indian or Alaska Native individuals** responded that **lack of access to healthcare services** was an important issue impacting the community in comparison to the other top nine issues.

### Top Five Issues Preventing Individuals from Engaging in More Physical Activity as Identified by Residents of GTC, MiThrive Community Themes and Strengths Assessment, 2021 (n=338)



### Top Five Issues Preventing Individuals from Engaging in More Physical Activity by Proportion of Respondent Yearly Household Incomes in GTC, MiThrive Community Themes and Strengths Assessment, 2021 (n=338)

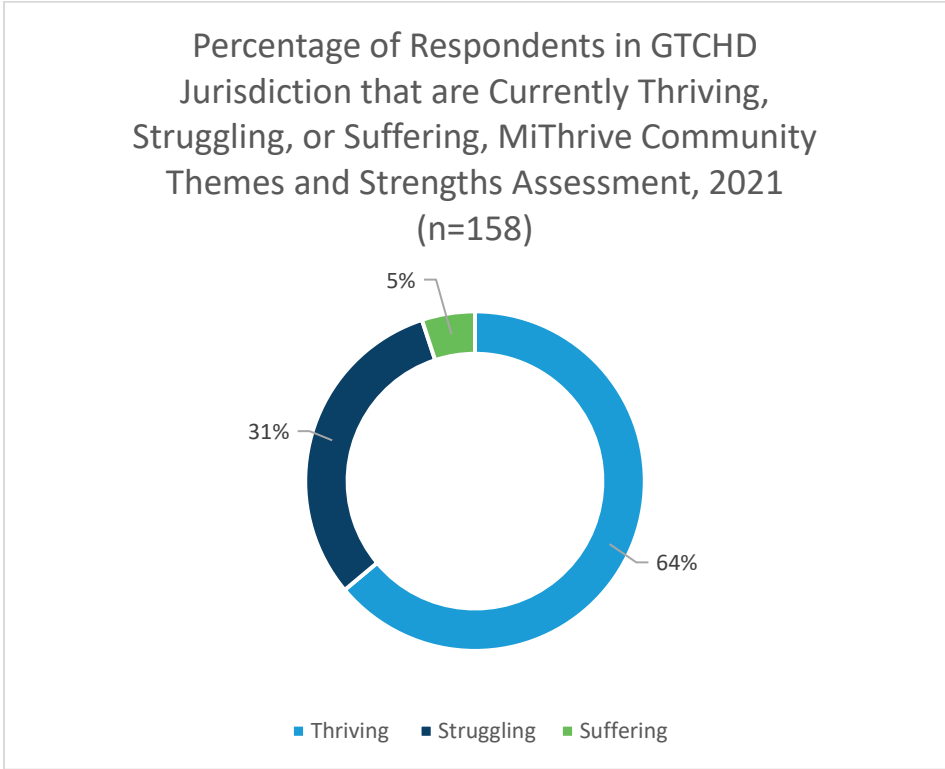


Individuals with a yearly **household income of over\$100,000** make up a larger proportion of those who said **not enough bike lanes** prevented them from being more physically active in their community compared to the other top issues.

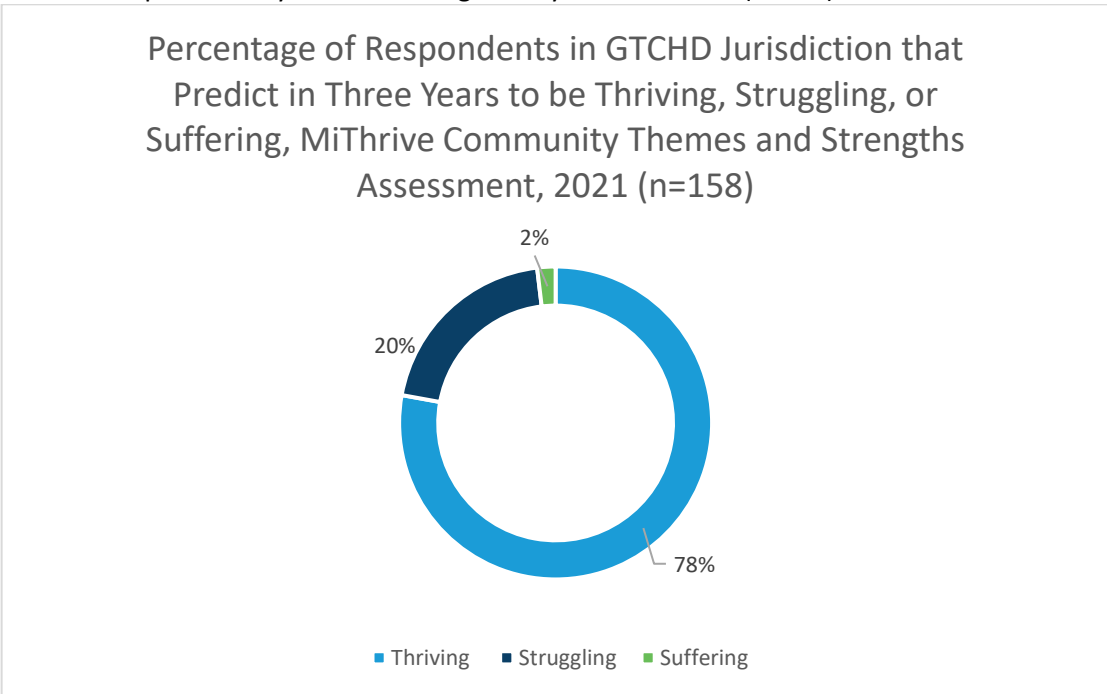


Survey respondents were asked to imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represented the best possible life (10) and the bottom of the ladder represented the worst possible life (0). Survey respondents identified where they felt they stood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

36.07% of Community Survey respondents in Grand Traverse County are currently either struggling or suffering compared to 63.92% who are thriving (n=158).



22.14% of Community Survey respondents in Grand Traverse County predict they will either be struggling or suffering compared to 77.84% who predict they will be thriving three years from now (n=593).



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

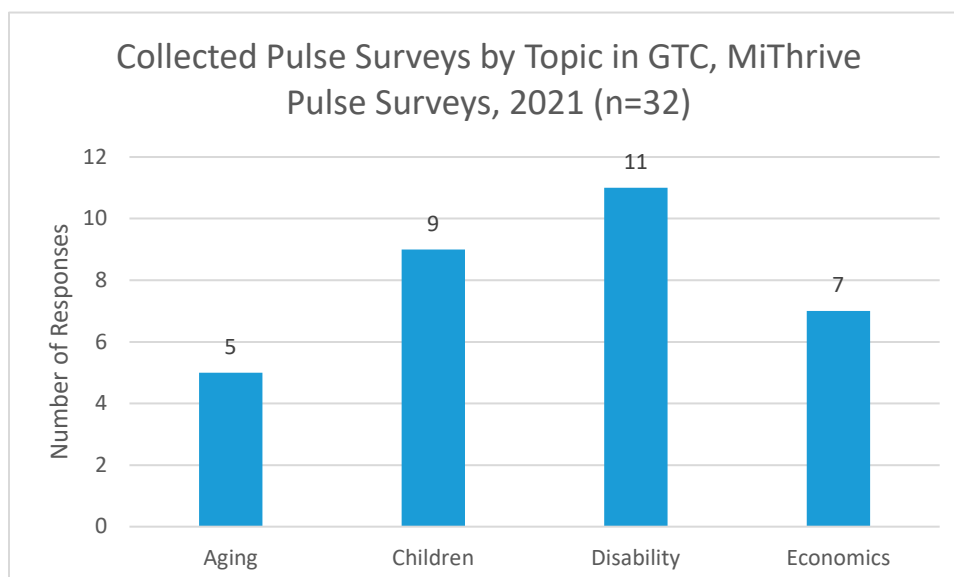
- **Pulse Survey**

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

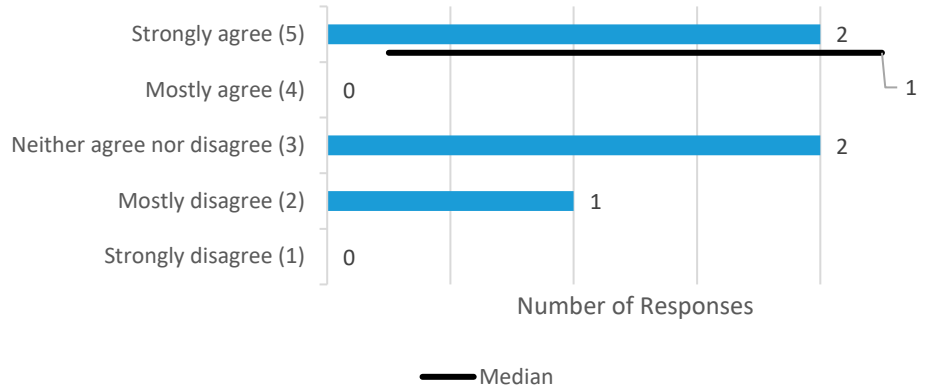
The Pulse Surveys were designed to be weaved into existing intake and appointment processes of participating agencies/organizations. Community partners administered the Pulse Survey series between July 26, 2021, and September 17, 2021, using a variety of delivery methods including in-person interviews,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

Each Pulse Survey focused on a different quality of life topic area (aging, economic security, children, and disability) using a Likert-scale question and open-ended topic-specific question. Additionally, each survey included an open-ended equity question. Within the GTCHD jurisdiction 5 aging, 9 children, 11 disability, and 7 economic responses were collected for a total of 32.

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



Agreement with the statement "My community is a good place to age" for Respondents from GTC, MiThrive Pulse Surveys, 2021 (n=5).

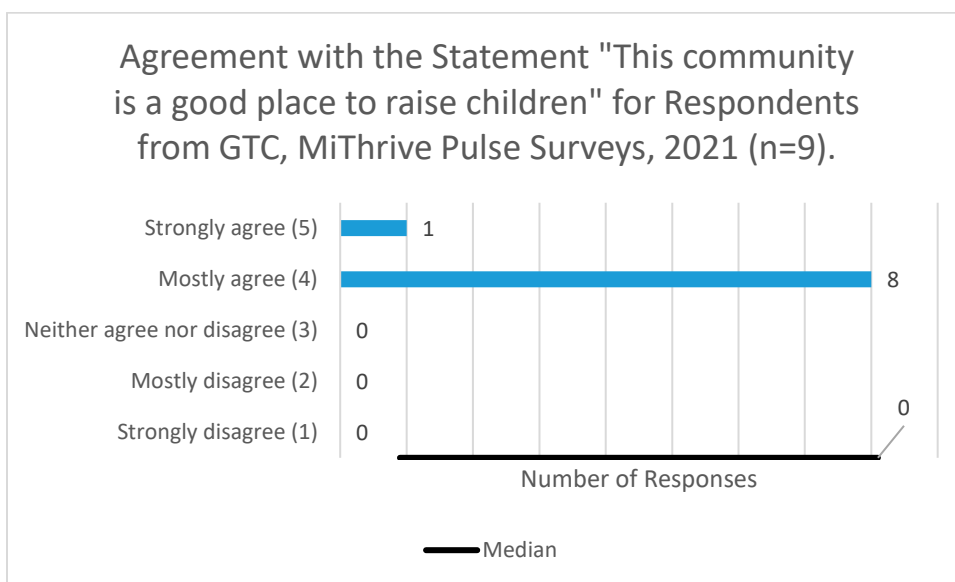


### Theming of Concerns Related to Aging in the GTCHD Community

Themes	Grand Traverse County	Benzie County	Leelanau County
Job Availability	●		
Lack of Housing	●		
Poor Wages	●		
Lack of Resources	●	●	●
Lack of Home Healthcare	●		●
Tourism	●		
Discrimination			●

## Theming of Strategies to Ensure Everyone has a Chance to Live a Healthy Life in the GTCHD Community

Themes	Grand Traverse County	Benzie County	Leelanau County
Improve the Healthcare System	●	●	●
Increase Affordable Housing Options	●		
Greater Focus on Year-round Residents	●		
Improve Outreach Efforts	●	●	●
Promote Social Justice			●
Promote Community Engagement			●



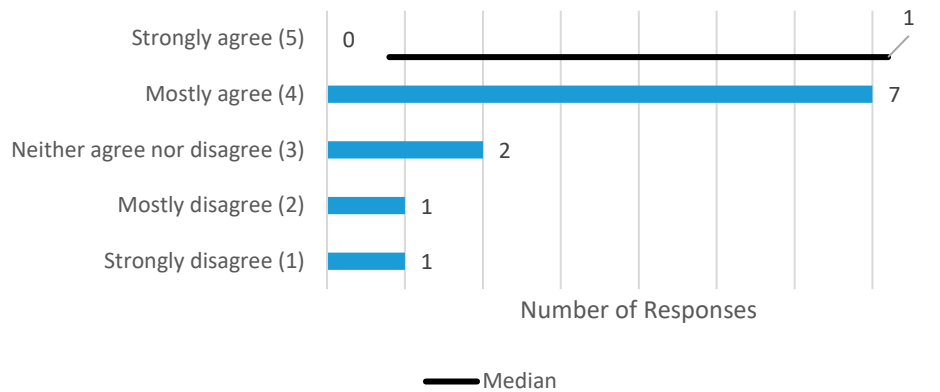
### Theming of Concerns Related to Raising Children in the GTCHD Community

Themes	Grand Traverse County	Benzie County	Leelanau County
Bullying in schools	●		
Substance abuse	●		
Low Quality Education		●	
Lack of Childcare		●	
High Cost of Living		●	

### Theming of Strategies for Shared Community Wellbeing in the GTCHD Community

Themes	Grand Traverse County	Benzie County	Leelanau County
Strengthen Community Connection	●		
Increase Access to Nature	●		●
Strengthen Family Supports	●		●
More Resources and Services	●	●	●
Increase Affordable Housing		●	
Increase Affordable Childcare		●	
Increase School Programming		●	

Agreement with the Statement "In this community, a person with a disability can live a full life" for Respondents from GTC, MiThrive Pulse Surveys, 2021 (n=11).



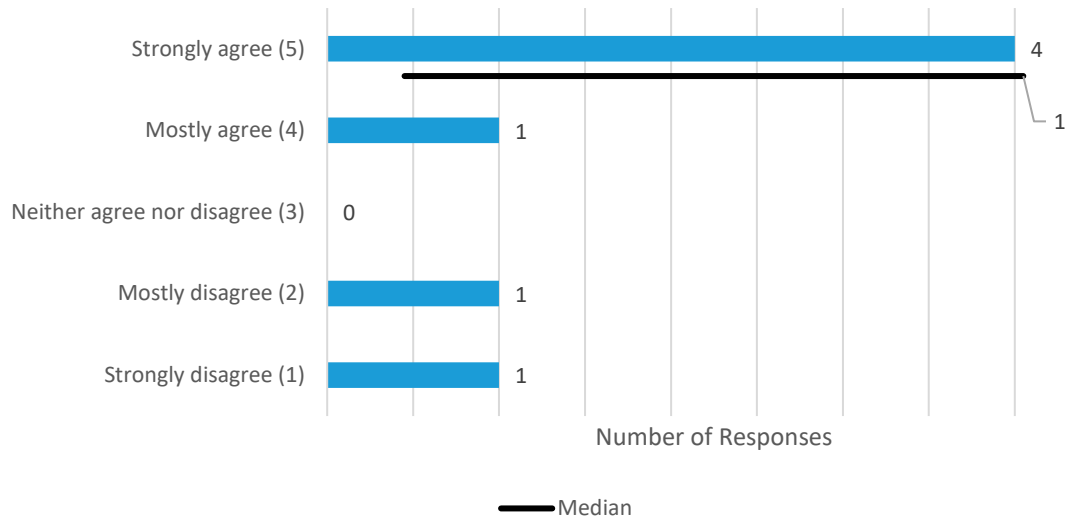
### Theming of Concerns Related to Living a Full Life with Disability in the GTCHD Community

Themes	Grand Traverse County	Benzie County	Leelanau County
Lack of Resources	●	●	
Lack of Accessible Infrastructure	●	●	
Need for More Community Support	●		
Lack of Affordable Housing	●		
High Cost of Living	●	●	
Geographic Location and Rurality		●	

Theming of Factors that Contribute to Health Disparities in the GTCHD Community

Themes	Grand Traverse County	Benzie County	Leelanau County
Poverty	●	●	
Lack of Resources	●	●	
System Navigation Issues	●	●	
Lack of Healthcare	●	●	
Lack of Affordable Housing	●	●	
Lack of Accessible Infrastructure	●	●	
Geographic Location and Rurality		●	

Agreement with the Statement "There is economic opportunity in the community" for Respondents from GTC, MiThrive Pulse Surveys, 2021 (n=7).





## Theming of Concerns Related to Economic Opportunity in the GTCHD Community

Themes	Grand Traverse County	Benzie County	Leelanau County
Transportation and Commute	●		●
Lack of Childcare	●		●
Lack of Resources	●		
Lack of Affordable Housing	●	●	●
High Cost of Living	●	●	●
Geographic Location and Rurality	●	●	●
Job Availability		●	●
Substance Abuse		●	
Low Wages		●	●

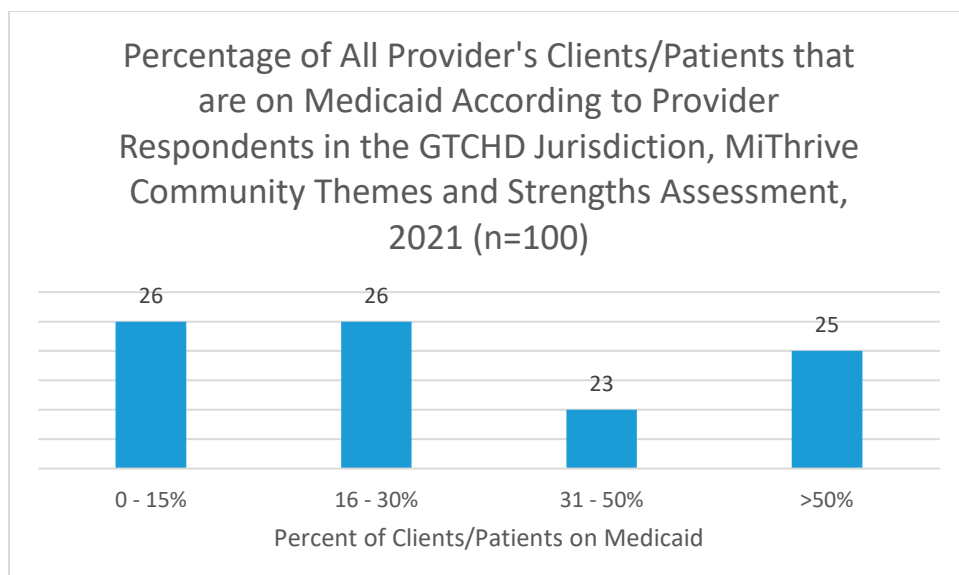
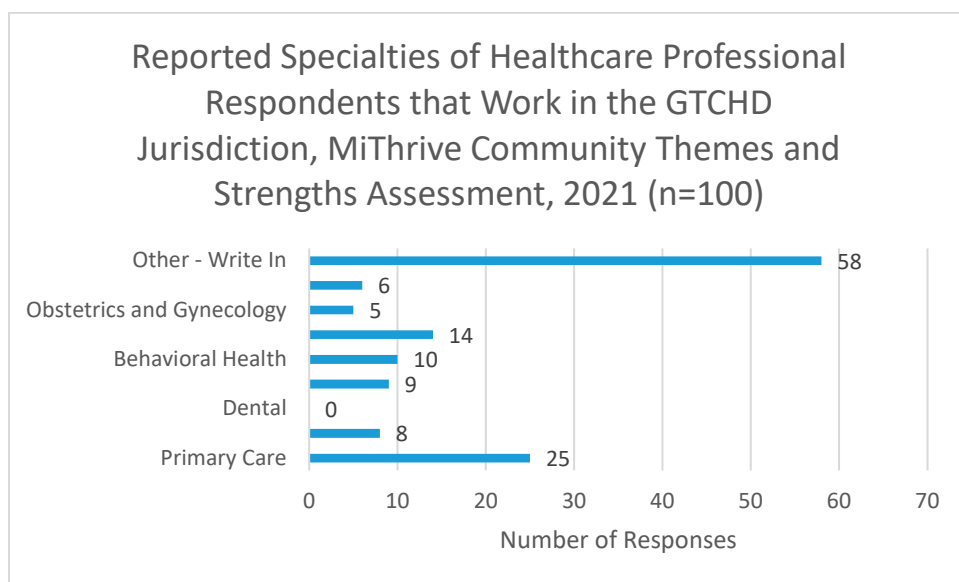
## Theming of Strategies that Could Be Utilized to Promote Health in the Most Marginalized Groups in the GTCHD Community

Themes	Grand Traverse County	Benzie County	Leelanau County
Affordable and Accessible Childcare	●		●
Improve Transportation	●		●
Increase Affordable Housing	●	●	●
Increase Year-round Employment		●	●
Increase Job Education and Job Availability		●	●
Increase Community Support		●	●
More Resource Navigation	●		
Change in Healthcare System		●	

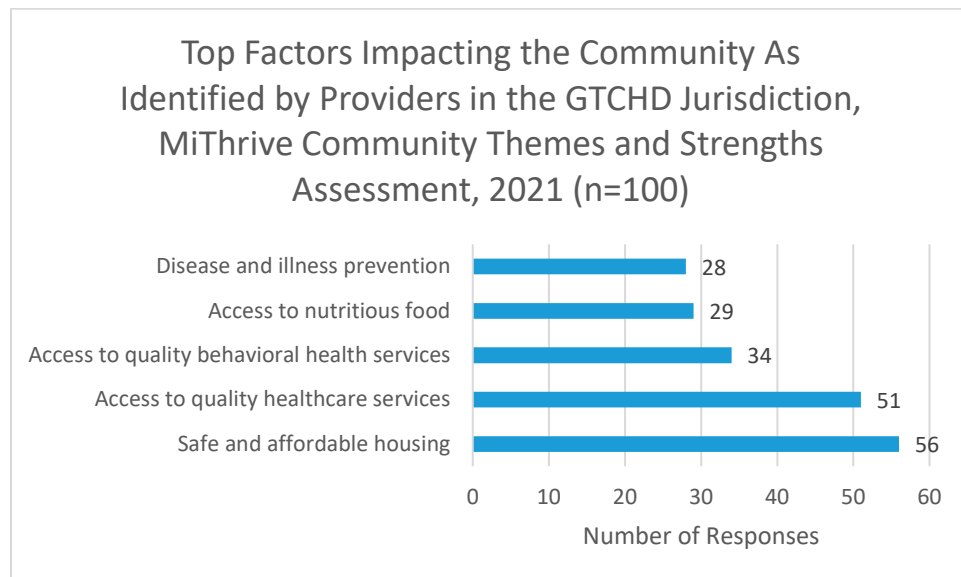
## ○ Healthcare Provider Survey

Data collected for the Healthcare Provider Survey was gathered through a self-administered, electronic survey. It asked 10 questions about what is important to the community, what factors are impacting the community, quality of life, built environment, community assets, and demographic questions. The survey was conducted from October 18, 2021, to November 7, 2021.

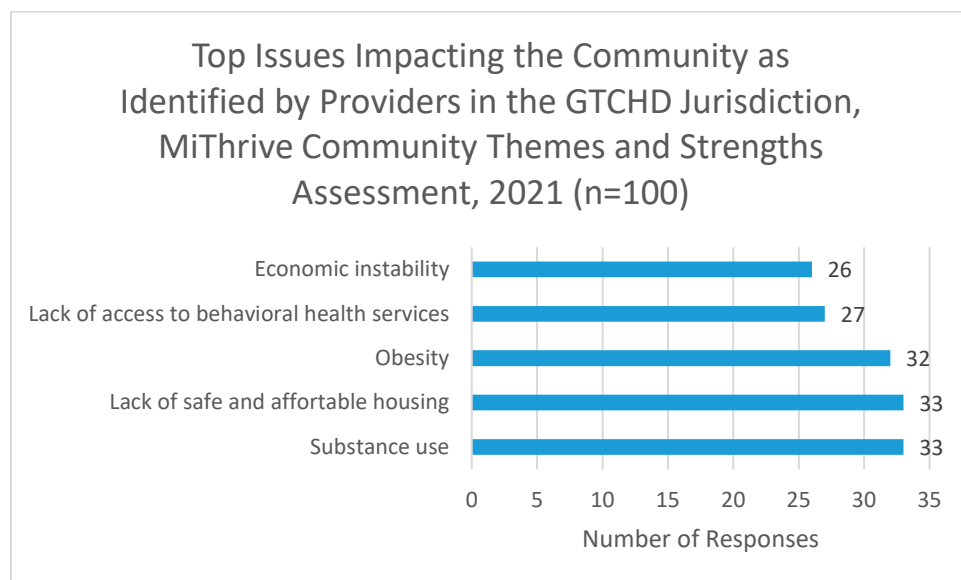
Healthcare partners such as hospitals, federally qualified health centers and local health departments, among others, sent the Healthcare Provider Survey via an electronic link to their physicians, nurses, and other clinicians. Additionally, partner organizations supported survey promotion by sharing the survey link with external community partners. One hundred providers completed the Healthcare Provider Survey in the GTCHD jurisdiction.



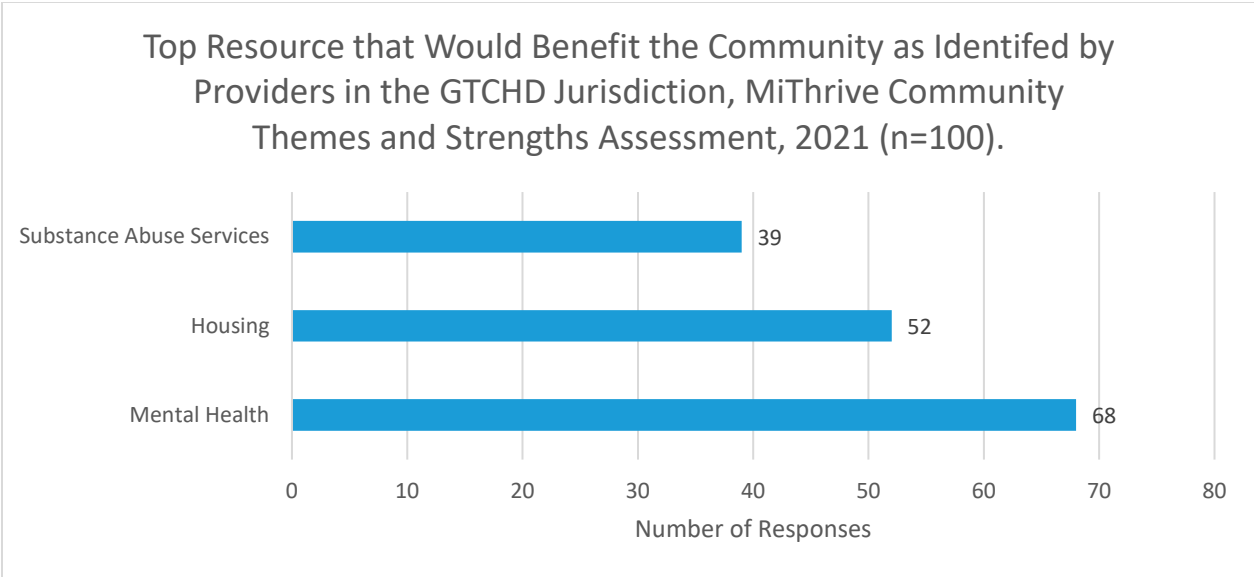
25% of responding providers in the GTCHD jurisdiction reported that more than half of the patients or clients they serve are dependent on Medicaid.



Of the providers that responded to this survey, the common belief was that safe and affordable housing was the most important factor that contributed to the health and wellbeing of residents.



Substance use was the most important issue regarding the health of the community according to providers in the GTCHD service area.



When asked what resources or services were sorely needed in the GTCHD community, 68% of providers responded that mental health resources were the most important.

## Community System Assessment



The Community System Assessment focuses on organizations that contribute to wellbeing. It answers the questions, “What are the components, activities, competencies and capacities in the regional system?” and “How are services being provided to our residents?” It was designed to improve organizational and community communication by bringing a broad spectrum of partners to the same table; explore

interconnections in the community system; and identify system strengths and opportunities for improvement. The Community System Assessment was composed of two components: Community System Assessment and subsequent focused discussions at 27 county level community coordinating bodies. A total of 539 residents and partners, representing 199 organizations participated in the Community System Events and/or Focused Discussions in the Northeast, Northwest and North Central Regions.

### ○ **Community System Assessment Event**

In August, residents and community partners assessed the system’s capacity in the MiThrive Northwest, Northeast, and Northwest Regions. Through a facilitated discussion, they identified system strengths and opportunities for improvement among eight domains. (Please see Appendix E for Community System Assessment Meeting Agenda/Design).

## Community System Assessment—System Strengths Summary

Focus Area and Definition	System Strengths in the Northwest Region
<b>Resources:</b> A community asset or resource is anything that can be used to improve the quality of life for residents in the community.	<ul style="list-style-type: none"> <li>Community connections is in place with SDOH navigation.</li> <li>No wrong door approach – multiple ways to access resources</li> </ul>
<b>Policy:</b> A rule or plan of action, especially an official one adopted and followed by a group, organization, or government	<ul style="list-style-type: none"> <li>Covid has created new partnerships to develop policies.</li> <li>The Northern Michigan CHIR has gathered agencies to work together</li> </ul>
<b>Data Access/Capacity:</b> A community with data capacity is one where people can access and use data to understand and improve health outcomes	<ul style="list-style-type: none"> <li>Assessment tools are gathering more information and breaking the data down geographically</li> </ul>
<b>Community Alliances:</b> Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	<ul style="list-style-type: none"> <li>Hundreds of people are engaged in health improvement across the region.</li> <li>The Northwest Community Health Innovation Region works to empower the local communities to build capacity for health improvement</li> </ul>
<b>Workforce:</b> The people engaged in or available for work in a particular area	<ul style="list-style-type: none"> <li>MI Works tracks trending jobs and employment rates.</li> <li>There is collaboration regarding training opportunities</li> </ul>
<b>Leadership:</b> Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community.	<ul style="list-style-type: none"> <li>MiThrive and the Northwest Community Health Innovation Region in collaboration with hospital systems have collaborated to create a shared vision for the community</li> </ul>
<b>Community Power/Engagement:</b> Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	<ul style="list-style-type: none"> <li>There is significant activity creating awareness of public health issues in the region informed by the CHIR and its Learning Community.</li> <li>Organizations are developing and expanding communication plans.</li> </ul>
<b>Capacity for Health Equity:</b> Assurance of the conditions for optimal health for all people	<ul style="list-style-type: none"> <li>Organizations in the System are identifying and discussing health disparities</li> </ul>

## Community System Assessment—System Opportunities for Improvement Summary

Focus Area and Definition	System Opportunities for Improvement in the Northwest Region
<b>Resources:</b> A community asset or resource is anything that can be used to improve the quality of life for residents in the community.	<ul style="list-style-type: none"> <li>Better communication strategies are needed.</li> <li>Difficult to understand why people don't get the services they need due to lack of follow-up</li> </ul>
<b>Policy:</b> a rule or plan of action, especially an official one adopted and followed by a group, organization, or government	<ul style="list-style-type: none"> <li>Must determine ways the System can influence policy.</li> <li>Be more transparent.</li> <li>Review policies before there is an issue with the policy.</li> </ul>
<b>Data Access/Capacity:</b> A community with data capacity is one where people can access and use data to understand and improve health outcomes	<ul style="list-style-type: none"> <li>Organizations in the System need to improve on getting information regarding data out in the community.</li> <li>Improve data sharing</li> </ul>
<b>Community Alliances:</b> Diverse partnerships which collaborate in the community to maximize health improvement initiatives and are beneficial to all partners	<ul style="list-style-type: none"> <li>Need to improve alliances within the whole system.</li> <li>Partnerships vary from county to county</li> </ul>
<b>Workforce:</b>	<ul style="list-style-type: none"> <li>There is a shortage of mental health providers.</li> <li>Most organizations are short-staffed.</li> </ul>

The people engaged in or available for work in a particular area	<ul style="list-style-type: none"> <li>• The pay scale is contributing to the shortfall</li> </ul>
<b>Leadership:</b> Leadership is demonstrated by organizations and individuals that are committed to improving the health of the community.	<ul style="list-style-type: none"> <li>• Increase emphasis on leadership/management skills.</li> <li>• Innovation leadership acquisition/attract leaders to the region.</li> </ul>
<b>Community Power/Engagement:</b> Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as determining who is included and excluded from these processes	<ul style="list-style-type: none"> <li>• There is a need for more authentic voices and engagement by residents.</li> <li>• Need to improve feedback loops</li> </ul>
<b>Capacity for Health Equity:</b> Assurance of the conditions for optimal health for all people	<ul style="list-style-type: none"> <li>• Increase development and implementation of equity policies and procedures.</li> <li>• There is a need for more input from residents experiencing disparities.</li> <li>• Goals to reduce disparities are in place as a system, but there is little to no action taken</li> </ul>

### **Follow up conversations at the local Community Collaboratives and other county level groups**

Subsequently, focused conversations were held at county level collaboratives and other cross-sector groups in the DHD#10 jurisdiction.

#### **Grand Traverse County**

Grand Traverse Community Collaborative members chose “Community Power/Engagement” as the most important focus area to work on in Grand Traverse County. In the discussion the following themes emerged:

- Improve communication and feedback opportunities with community members.
- Create more engagement opportunities for individuals in the community.
- Partner with trusted messengers, identify more gaps, and fill them.
- Hold community engagement opportunities where genuine voices can be heard through organic connections.



- **Forces of Change Assessment**

The Forces of Change Assessment aims to answer the following questions: “What is occurring or might occur that affects the health of our community or the local system?”, and “What specific threats or opportunities are generated by these occurrences? Like the Community System Assessment, the Forces of Change Assessment was composed of community meetings convened virtually in the Northwest, Northeast, and North Central MiThrive Regions. It focused on trends, factors, and events outside our control within several dimensions, such as government leadership, government budgets/ spending priorities, healthcare workforce, access to health services, economic environment, access to social services, social context, and impact of COVID-19.

The graphic is a promotional banner for the 'Forces of Change Assessment' by MiThrive. It features a teal and white color scheme. At the top, the MiThrive logo is displayed next to the title 'FORCES OF CHANGE ASSESSMENT'. Below the title, it states 'We are hosting 3 virtual events in April across Northern lower Michigan'. A prominent button reads 'CLICK HERE TO REGISTER'. The graphic is divided into four sections, each with an icon and a heading: 1. 'WHO SHOULD ATTEND?' with a person icon, stating that all are welcome and their voices are needed. 2. 'WHAT ARE WE DOING?' with a brain icon, explaining the goal is to identify trends, factors, and events affecting community health. 3. 'WHY IS THIS IMPORTANT?' with a key icon, emphasizing that community health is a shared responsibility. 4. 'WHAT IS MITHRIVE?' with a question mark icon, describing MiThrive as a cross-sector partnership for community health improvement. At the bottom, contact information is provided: 'Questions or need additional information? Please email us at [MiThrive@NorthernMichiganCHIR.org](mailto:MiThrive@NorthernMichiganCHIR.org)'.

**FORCES OF CHANGE ASSESSMENT**

We are hosting 3 virtual events in April across Northern lower Michigan

[CLICK HERE TO REGISTER](#)

**WHO SHOULD ATTEND?**  
All are welcome! We need voices from all sectors of the community. Your voice, expertise, and experiences will help make collaborative decisions to improve the health and well-being of your community.

**WHAT ARE WE DOING?**  
Identifying and discussing the forces of change that impact the health of our communities. Forces of change are trends, factors, and events outside of our control that may influence our community's health or the system of organizations supporting the community, both in the recent past and the foreseeable future.

**WHY IS THIS IMPORTANT?**  
Where we live, learn, work, and play powerfully influences our health and well-being. No individual, community group, hospital, agency, or governmental body can be entirely responsible for the status of our community or our community's health. No organization can address the multitude of issues alone. Together, we have the power to build a thriving region where everyone, despite differences, can thrive.

**WHAT IS MITHRIVE?**  
MiThrive brings cross-sector partners and residents together to assess community needs and collaborate for community health improvement in the 31 counties of Northern Michigan. It is adaptable, comprehensive, action-oriented, asset-based and focuses on health equity and inclusiveness through four different assessments.

Questions or need additional information? Please email us at [MiThrive@NorthernMichiganCHIR.org](mailto:MiThrive@NorthernMichiganCHIR.org)

(Please see Appendix F for Forces of Change Assessment Event Agenda/Design)

One hundred and forty-one residents and community partners participated in the Forces of Change Assessment in the Northwest, Northeast, and North Central Region in April, 2021.

## Top Forces of Change in the Northwest, Northeast and North Central MiThrive Regions

Categories of Forces	Top Forces in Northwest Region
Government Leadership And Spending/Budget Priorities	<ul style="list-style-type: none"> <li>• Regional and State level approach</li> <li>• Government's diversity of priorities</li> <li>• Community awareness and involvement in decision making</li> </ul>
Sufficient Healthcare Workforce	<ul style="list-style-type: none"> <li>• Retirement and burnout</li> <li>• Affordable housing</li> <li>• Mental health and providers</li> </ul>
Access to health services	<ul style="list-style-type: none"> <li>• Insurance dictates access to healthcare</li> <li>• Workforce shortages and staffing</li> <li>• Funding for health services in rural areas</li> </ul>
Economic environment	<ul style="list-style-type: none"> <li>• Affordable housing</li> <li>• Livable wage</li> </ul>
Access to social services	<ul style="list-style-type: none"> <li>• Mental health and substance misuse</li> <li>• Affordable housing</li> <li>• Broadband and skills to navigate virtual platforms</li> </ul>
Social context	<ul style="list-style-type: none"> <li>• Access to assistance (food, paying utility bills)</li> <li>• Broadband</li> <li>• Social justice, equity and inclusion</li> </ul>
Impacts related to COVID-19	<ul style="list-style-type: none"> <li>• Rurality, connectivity, transportation, technology, education</li> <li>• Mistrust</li> <li>• Mental health</li> </ul>

\* ALICE refers to the **population in our communities that are Asset Limited, Income Constrained, Employed**. The ALICE population represents those among us who are working, but due to childcare costs, transportation challenges, high cost of living and so much more are living paycheck to paycheck.

# Data Limitations

## Community Health Status Assessment

- Since scores are based on comparisons, low scores can result even from very serious issues, if there are similarly high rates across the state and/or US.
- We can only work with the data we have, which can be limited to the local level in Northern Michigan. Much of the data we have has wide confidence intervals, making many of these data points inexact.
- Some data is missing for some counties - as a result, the “regional average” may not include all counties in the region. Additionally, some counties share data points, for example, in the Michigan Profile for Healthy Youth, data from Crawford, Ogemaw, Oscoda, and Roscommon counties is aggregated therefore each of these counties will have the same value in the MiThrive dataset.
- Secondary data tells only part of the story. Viewing all the assessments holistically is therefore necessary.
- Some data sources have not updated data since the past MiThrive cycle therefore values for some indicators may not have changed and therefore cannot be used to show trends from the last cycle to this cycle.

## Community System Assessment

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

## Community Themes and Strengths Assessment

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

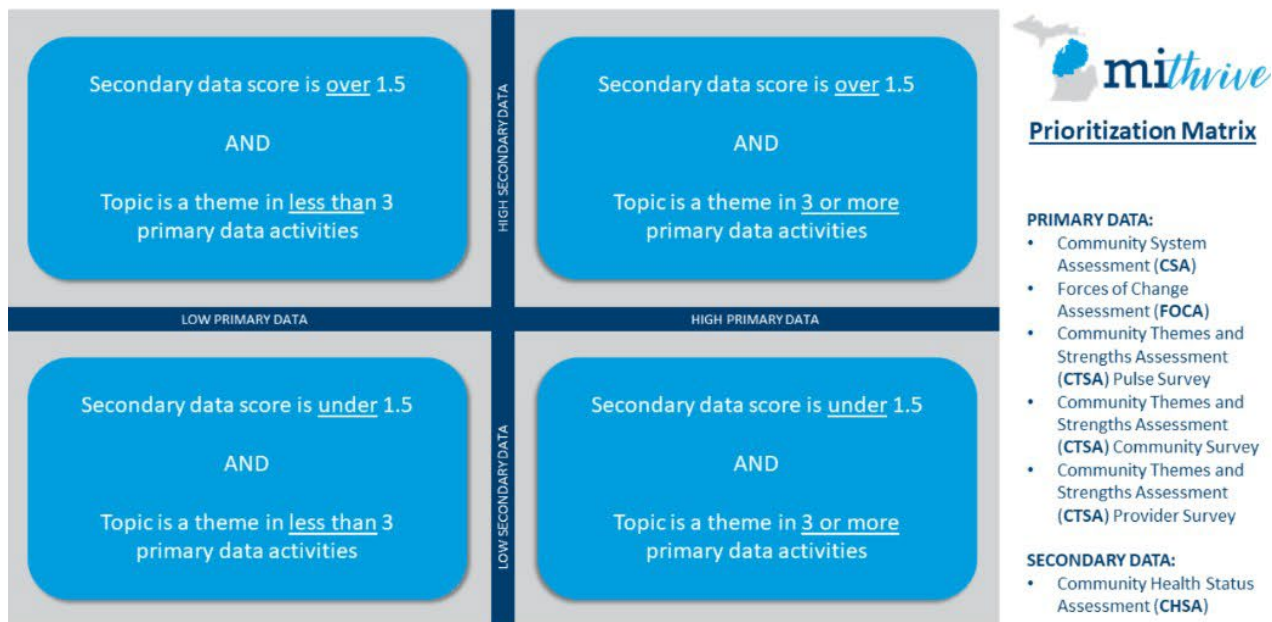
- The CTSA Pulse Surveys were conducted across a wide variety of agencies and organizations. Additionally, survey delivery varied including in-person interview, over the phone interview, text survey, and paper format.

### **Forces of Change Assessment**

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

# Identifying and Prioritizing Strategic Issues

To launch Phase 4, the MiThrive Core Support Team developed the MiThrive Prioritization Matrix (pictured below) to engage in data sensemaking. The Team sorted the data by categorizing the primary and secondary data as either high or low. Secondary data was collected in the Community Health Status Assessment (CHSA) and each indicator was scored on a scale of zero to three. This scoring was informed by sorting the data into quartiles based on the 31-county regional level, comparing to the mean value of the MiThrive Region, and comparing to the state, national, and Healthy People 2030 target when available. Indicators with a score above 1.5 were defined as “high secondary data” and indicators with scores below 1.5 were defined as “low secondary data.” Primary data was collected from the Community System Assessment, Community Themes and Strengths Assessment (Community Survey, Pulse Survey, and Healthcare Provider Survey), and the Forces of Change Assessment. If a topic emerged in three or more primary data activities, it was classified as “high primary data” where topics that emerged in less than three primary data activities were classified as “low primary data.”



On **November 16, 2021**, MiThrive Design Team members met to sort the data for the Northwest, Northeast, and North Central Regions using the MiThrive Prioritization Matrix. The Team identified where the primary and secondary data converged by clustering data points based on topic, theme, and interconnectedness. Given the interconnectedness of the social determinants of health and health outcomes, some data points were duplicated and represented in numerous clusters. Data clusters that fell into the High Secondary Data/High Primary Data quadrant of the MiThrive Prioritization Matrix were classified as significant health needs.

**All of the assessments provide valuable information, but the health needs that occur in multiple data collection methods are the most significant.**

There was considerable agreement across the 31-county region, with the following cross-cutting significant health needs sorted into the High Secondary Data/High Primary Data (upper right quadrant) in all three MiThrive Regions:

- Behavioral Health
- Substance Misuse
- Safety and Well-Being
- Housing
- Economic Security
- Transportation
- Diversity, Equity, and Inclusion
- Access to Healthcare

In addition, themes emerged that were unique to each Region:

North Central Region	Northeast Region	Northwest Region
Broadband Access	COVID-19	COVID-19
Food Security	Healthy weight	Food Security
Healthy Weight		Built Environment

In **November, 2021**, members of the MiThrive Steering Committee, Design Team, and Workgroups framed the significant health needs identified in each region as Strategic Issues, as recommended by the Mobilizing for Action through Planning and Partnerships Framework. Strategic Issues are fundamental policy choices or critical challenges that must be addressed for a community system to achieve its vision. Strategic Issues should be broad, which allows for the development of innovative, strategic activities as opposed to relying on the status quo, familiar, or easy activities. The broad strategic issues help align the overall community's strategic plan with the missions and interests of individual community system partners. This facilitated process included MiThrive Partners to review the data clusters as a whole and the individual data points that made up the significant health need.

**The 11 strategic issues developed for the Northwest MiThrive Region are reflected below in *alphabetical order*:**

Northwest Region Strategic Issues
How do we ensure that everyone has <b>safe, affordable, and accessible housing</b> ?
How can we increase comprehensive <b>substance misuse prevention and treatment services</b> that are accessible, patient-centered, and stigma free?
How do we increase access and reduce barriers to <b>quality behavioral health services</b>

while increasing resiliency and wellbeing?
How can we nurture a <b>community and health-oriented transportation environment</b> which provides safe and reliable transportation access, opportunities, and encouragement to live a healthy life?
How do we foster a community where everyone feels <b>economically secure</b> ?
How do we cultivate a community whose policies, systems, and practices are rooted in <b>equity and belonging</b> ?
How do we increase access to integrated <b>systems of care</b> as well as increase engagement, knowledge, awareness with existing systems to better <b>promote health, and prevent and treat chronic disease</b> ?
How do we ensure all community members are aware of and can access <b>safety and wellbeing supports</b> ?
How do we foster <b>infrastructure and opportunities</b> for residents to live healthy lives?
What policy, system and environmental changes do we need to ensure <b>reliable access to healthy food</b> ?

In **December 2021**, 166 residents and community partners participated in the MiThrive Data Walk and Priority Setting Events in each of the three regions, Northeast, Northwest, and North Central. During these live events, participants engaged in a facilitated data walk and participated in a criteria-based ranking process to prioritize 2-3 Strategic Issues to collectively address in a collaborative Community Health Improvement Plan. For each Strategic Issue, a MiThrive Data Brief was prepared that summarized, by MiThrive Region, the results of the four assessments (See Appendix G).

After engaging in the MiThrive Data Walk, participants were asked to complete a prioritization survey to individually rank the Strategic Issues. The ranking process used five criteria to assess each Strategic Issue including severity, magnitude, impact, health equity, and sustainability. Participant votes were calculated in real-time during the event revealing the top scoring Strategic Issues (example scoring grid provided below).

This transparent process elicited robust conversation around the top scoring Strategic Issues and participants identified alignment between the healthy weight Strategic Issue and chronic disease element in the access to healthcare Strategic Issue. Participants opted to combine these two Strategic Issues and wordsmith post event.

Prioritization Total Scoring Grid						
Strategic Issue	Severity	Magnitude	Impact	Health Equity	Sustainability	Total Score
How can we nurture a community and health-oriented transportation environment which provides safe and reliable transportation access, opportunities, and encouragement to live a healthy life?						
How do we ensure all community members are aware of and can access safety and well-being supports?						
How can we advocate for increased broadband access and affordability?						
How can we create an environment which provides access, opportunities, and support for individuals to reach and maintain a healthy weight?						
How do we increase access and reduce barriers to quality behavioral health services while increasing resiliency and wellbeing?						
What policy, system and environmental changes do we need to ensure reliable access to healthy food?						
How do we increase access to integrated systems of care as well as increase engagement, knowledge, awareness with existing systems to better promote health and prevent, treat chronic disease?						
systems, and practices are rooted in equity and belonging?						
How do we ensure that everyone has safe, affordable, and accessible housing?						
How can we increase comprehensive substance misuse prevention and treatment that are accessible, patient centered and stigma free?						
How do we foster a community where everyone feels economically secure?						

Following the Data Walk and Priority Setting Events, MiThrive partners and participants refined the prioritized Strategic Issues by wordsmithing the combined strategic issues, clarifying the language, and removing any jargon. This process included gathering feedback via a feedback and revision document sent out to MiThrive partners on **January 5, 2022**. Comments, feedback, and suggestions were collected over the course of a week and half, and the MiThrive Core Support Team updated the top-ranked Strategic Issues based on this feedback.

Key changes, based on revisions, are as follows:

- All three MiThrive Regions separated access to healthcare from chronic disease/healthy weight given the two distinct buckets of work. This change is reflected in the final top-ranked strategic issues below.
- The North Central and Northeast MiThrive Regions updated the term behavioral health to mental health.

**The final top-ranked strategic issues in the MiThrive Regions are as follows:**

**Northwest Region:** Antrim, Benzie, Charlevoix, Emmet, **Grand Traverse**, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford.

- How do we ensure that everyone has safe, affordable, and accessible housing?
- How do we increase access to quality mental health and substance use disorder services while increasing resiliency and wellbeing for all?
- How do we increase access to health care?
- How do we reduce chronic disease rates in the region?



# Priority Area Narratives

Key data points from the 2021 MiThrive Community Health Assessment for the Grand Traverse County Health Department jurisdiction are briefly discussed below.

## Access to Quality Mental Health and Substance Use Disorder Services

Mental health is important to well-being, healthy relationships, and ability to live a full life. It also plays a major role in our ability to maintain good physical health because mental illness increases risk for many chronic health conditions. According to the [U.S. Centers for Disease Control and Prevention](#), mental illness is common in the United States: more than 50% will be diagnosed with a mental illness at some point in their lifetime and one in five Americans will experience a mental illness in a given year, making access to mental health services essential.

Substance misuse impacts peoples' chances of living long, healthy, and productive lives. It can decrease quality of life, academic performance, and workplace productivity; increases crime and motor vehicle crashes and fatalities; and raises health care costs for acute and chronic conditions.

Health care providers across all three MiThrive regions identified substance use as a top issue impacting their patients/clients, ranking #1 out of 35 issues. In the Northwest region substance use was tied for #1 along with "lack of safe and affordable housing".

Residents in the Northwest region ranked substance use as the #2 top issue, out of 35 issues, impacting their community. North Central and Northeast Region residents identified substance use as the #1 issue out of 35 issues impacting their community.

### MiThrive Data Collection Activities

- 100+ secondary data indicators
- Community Survey
- Pulse Survey
- Healthcare Provider Survey
- Community System Assessment
- Forces of Change Assessment

A shortage of mental health and substance use disorder providers was noted as a barrier to care in the Forces of Change Assessment and the Community System Assessment for the Northwest region. This shortage contributes to health disparities for populations experiencing mental illness and/or substance use disorders.

## Access to Health Care

Access to health care services affects a person's health and well-being. It can prevent disease and disability, detect and treat illness and reduce the likelihood of an early death and increase life expectancy. Access to both physical and mental health services is important for all individuals, regardless of age, and includes factors like insurance status and the ability to cover the cost of care and time and transportation to travel to and from office visits.

Access to care was identified as a top theme in six out of six data collection activities in the Northwest Region five of six data collection activities in the MiThrive North Central and Northeast Region. Access to quality health care services ranked number one among health care providers in the Northwest and North Central regions and ranked number two among residents in the Northwest and North Central regions as a top factor for a thriving community. The average HPSA Scores for Primary Care match the State rate (14), in Grand Traverse County. The “sufficient healthcare workforce” and “access to care” were also identified as powerful forces impacting health across all three regions in the Forces of Change Assessment with participants citing rurality, provider access, and affordability of care as negative forces and the increasing use of telehealth as a positive force.

Some individuals and groups face more challenges getting healthcare than others. In some of the rural areas of Grand Traverse County, doctors and specialists may only be found closer to the population center of Traverse City, so many residents must travel long distances to access healthcare. Low-income people and those living in rural areas face more challenges related to transportation, cost of care, difficulty navigating health insurance bureaucracy, inflexibility of work schedules, child-care, and other issues. Lack of cultural competency among healthcare providers can also become a barrier to care. If community residents who are ethnic minorities or identify as LGBTQ+ visit the doctor and perceive discrimination or inadequate understanding of issues that affect them, they may receive inadequate care or delay seeking needed healthcare in the future. Furthermore, people experiencing mental illness or substance use disorders are wary of seeking help as a result of the stigma around mental illness and substance use disorders.

Another example of inequities in access to care are the significant differences in insurance coverage among people of different races/ethnicities. In our service area, this mostly impacts the Hispanic population. According to the 2020 U.S. Census, Grand Traverse County has a Hispanic population of 3.2%, with 6.5% of the population without health insurance.

## **Chronic Disease**

According to the [US Centers for Disease Control and Prevention](#), chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the US. Leading causes of death in Grand Traverse County are heart disease and cancer (2021, [Michigan Department of Health and Human Services](#)). All cancer incidence rates in Grand Traverse County are higher than the State. Heart disease rates are slightly lower than the State in Grand Traverse County, with a rate of 100.9/100,000 versus 104.9/100,000 in the State.

Many chronic diseases are caused by a short list of risk behaviors, such as tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use. In Grand Traverse County, the proportion of obese adults in the (26.5%) is below the State (34.7%) and the proportion of overweight adults in the jurisdiction (33.4%), is just below the State rate (34.5%). (Source: 2018-2020 Michigan BRFSS Regional & Local Health Department

*Estimates*). According to the *2018-2020 Michigan BRFs Regional & Local Health Department Estimates*, 15.1% of adults in Grand Traverse County report no leisure time activity as compared to 23.3% in the State of Michigan. Adults reporting current and former cigarette smoking is also higher in Grand Traverse County at 20.0% and 33.7% versus the State, 18.6% and 26.7%. Adults reporting heavy drinking in Grand Traverse County is higher than the State at 8.3% compared to 6.4%.

Social determinants of health, or the conditions where people live, work and play and include factors like access to care, neighborhood safety, transportation, and greenspaces for physical activity. Social determinants of health are contributing factors to health inequities. For example, people without access to a safe place for physical activity may be more likely to be obese, which raises the risk of other chronic diseases like heart disease and diabetes. Residents in Grand Traverse County noted many barriers to physical activity in the MiThrive Community Survey, including—

- Not enough affordable physical activity programs.
- Living a great distance from places in the community to engage in physical activity or active transportation.
- Not enough sidewalks and bike lanes
- Not enough affordable recreation facilities.

Food insecurity also emerged as a theme across the assessments. Child and overall population food insecurity in Grand Traverse County was lower than Michigan rates - as compared to 13% statewide.

## **Economic Security**

Economic Security was identified as a top issue impacting the community by residents in Grand Traverse County.

Health and wealth are closely linked. Economic disadvantage affects health by limiting choice and access to proper nutrition, safe neighborhoods, transportation, and other elements that define standard of living. People who live in socially vulnerable areas live shorter lives and experience reduced quality of life. In Grand Traverse County there is a wide array of economic situations due to the difference between the population center of Traverse City, and the rural outlying areas, which make up 48% of the population of the county. The outlying areas of the county have populations experiencing economic disparities such as, low income, low levels of education, unaffordable housing, and food insecurity. There is almost an even percentage of ALICE households in Grand Traverse County (24.3%) than in the State (25%). The percentage of uninsured in Grand Traverse County, 6.5%, is higher than the State 5.5%.

Health, education, and wealth are intrinsically linked. People with lower education levels typically work at low-wage jobs, limiting their choices in health care, proper nutrition, safe neighborhoods, transportation, and other social determinants of health.

On average, pulse survey respondents leaned towards positive when asked if there is economic opportunity in their community. Those who ranked economic opportunity low cited concerns regarding barriers to job availability, lack of housing, and poor wages.

### **Safe and Affordable Housing**

Safe and affordable housing promotes good physical and mental health. Poor quality or inadequate housing contributes to chronic disease and injuries and can have harmful effects on childhood development. Housing affordability not only shapes home and neighborhood conditions but also affects the overall ability of families to make healthy choices.

When comparing Grand Traverse County to the state with populations experiencing severe quality problems with housing, it is slightly lower than the state, at 13% compared to 15%. Adults whose gross rent is  $\geq 35\%$  of household income is also just lower than the State, 40% compared to 37% in Grand Traverse County. However, Grand Traverse County has a higher percentage of adults whose gross mortgage is  $\geq 35\%$  of household income (18.4%) than the State (17.2%).

According to the Community Survey of residents in the Community Themes and Strengths Assessment, lack of safe and affordable housing was identified as one of the top three issues impacting the community in Grand Traverse County.

Additionally, data from the MiThrive Community Health Needs Assessment illustrates the need for safe and affordable housing in Grand Traverse County. Healthcare providers noted safe and affordable housing as a top issue impacting patients and clients in the communities they serve.

# Next Steps

Now that the MiThrive Community Health Needs Assessment is complete, MiThrive Workgroups will be developing Community Health Improvement Plans for the top-ranked priorities in their region and overseeing the implementation. The MiThrive Community Health Improvement Plan will serve as the foundation for the Grand Traverse County Community Health Improvement Plan, with Grand Traverse County incorporating strategies specific to essential local public health services.

It is important to note that the strategies identified by MiThrive represent only one component of the complete plan. No one individual, community group, hospital, agency, or governmental body can be responsible for the health of the community. No one organization can address complex community issues alone. However, working together, we can understand the issues, and create plans to address them. It will be through this combined approach that we will achieve the greatest impact in improving and maintaining the health of our communities and residents.

If you are interested in joining a MiThrive Workgroup, please email [mithrive@northernmichiganchir.org](mailto:mithrive@northernmichiganchir.org).

# Definitions

## **Community Health Improvement Process**

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

## **Community Health Needs Assessment**

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

## **Community Health Improvement Plan**

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

## **Grand Traverse County Health Department Implementation Strategy**

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

# Acknowledgements



The 2021 MiThrive Community Health Needs Assessment is a regional, collaborative initiative led by the Northern Michigan Community Health Innovation Region (CHIR). It is designed to bring together hospitals, local health departments, community-based organizations, coalitions, agencies, and residents across 31 counties in Northern Michigan to collect data, identify strategic issues, and develop plans for collaboratively addressing them.

## The MiThrive Core Team

The Northern Michigan Community Health Innovation Region (CHIR) leads the MiThrive community health needs assessment every three years in partnership with hospitals, local health departments and other community partners. The CHIR's backbone organization is the Northern Michigan Public Health Alliance, a partnership of seven local health departments that together serve a 31-county area. This area was organized into three regions—Northwest, Northeast, and North Central—for the 2021 MiThrive community health needs assessment.



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

- Jane Sundmacher, MEd, Northern Michigan Community Health Innovation Region and MiThrive Lead
- Erin Barrett, MPH, MCHES, Community Themes and Strengths Assessment Team Lead and North Central Region Lead, District Health Department #10
- Emily Llore, MPH, Forces of Change Assessment Lead and Northwest Region Lead, Health Department of Northwest Michigan
- Donna Norkoli, MCHES, Community System Assessment Team Lead and Northeast Region Lead, District Health Department #10
- Jordan Powell, MPH, Community Health Status Assessment Lead, District Health Department #10
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- Anna Reetz, Central Michigan District Health Department
- Devin Spivey, MPH, District Health Department #4

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

### **MiThrive Steering Committee**

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Ashley Brenner, MidMichigan Health  
Denise Bryan, District Health Department #2  
and District Health Department #4  
Dan Buron, Goodwill Northern Michigan  
Amy Christie, North County CMH Authority  
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### **MiThrive Design Team**

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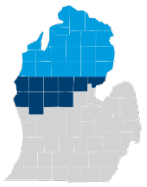


MiThrive partners represent many sectors of the community, including:

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



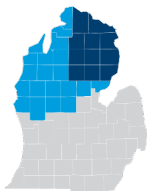
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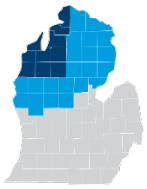
## MiThrive Northeast Workgroup



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Seth Johnson, United Way of Northwest Michigan

Alyson Kass, Munson Healthcare

Dana Kilinski, Northwest Michigan Health Services, Inc.

Michelle Klein, Benzie-Leelanau District  
Health Department

Laura Laisure, Grand Traverse County  
Health Department

Paula Martin, Groundworks Center for Resilient  
Communities

Alison Metiva, Grand Traverse Regional  
Community Foundation

Jim Moore, Disability Network of Northern Michigan

Gerry Morris, Project Unity 4 Life

Jenifer Murray, Northern Michigan Community  
Health Innovation Region

Donna Norkoli, District Health Department #10

Christy Rivette, District Health Department #10

Tara Rybicki, Munson Healthcare

Rachel Pomeroy, Benzie-Leelanau District  
Health Department

Jordan Smith, Alcona Health Centers

Lindsey Schnell, Northwest Michigan Health Services

Madison Smith, Northwest Michigan Health Services

Joshua Stoltz, GrowBenzie

Mindy Taylor, Little Traverse Bay Band of Odawa Indians

Stephanie Williams, Munson Healthcare

Lauren Wolf, Benzie-Leelanau District  
Health Department

The following partners contribute funding and leadership to the 2022 MiThrive Community Health Needs Assessment. We are grateful for their support.



Central Michigan District Health Department  
*Promoting Healthy Families, Healthy Communities*



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

- Cross Jurisdictional Sharing Mini-Grant from the Center for Sharing Public Health Services to implement the Mobilizing for Action through Planning and Partnerships (MAPP) Process' Health Equity Supplement
- Increasing Disability Inclusion in the MAPP Process Grant from the National Association of City and County Health Officials.

**END OF REPORT**

## Appendix B

Top indicators that scored above 1.5 in Grand Traverse County, indicating they were worse than the National overall or State of Michigan rates.

	Grand Traverse	Score
Children enrolled in early education (%)	17.30%	3
Average HSPA Score - Dental Health	25	3
SNAP-authorized stores/1,000 pop	0.77	3
All cancer incidence (per 100,000)	483.22	3
Breast Cancer (per 100,000)	72.83	3
Unintentional injury	45.2	3
Intentional self-harm	15.8	3
Alzheimer's/Dementia	47.2	3
Income inequality	0.45	2
Preventable Hospital Stays (per 100,000 Medicare enrollees)	3754	2
Number of Evictions (rate)	151.5	2
Overweight (adults)	37.6	2
Binge drinking (adults)	18.7	2

## Appendix D – Community Assets

### Grand Traverse County Health Department

Identified by Community Survey Respondents from Grand Traverse County.

### Grand Traverse County

#### Social Service

##### Community Centers

- Grand Traverse County Civic Center
- Twin Lakes/Gilbert Lodge
- Fife Lake Public Library
- Redeemer Fellowship Center
- Kingsley: The Rock
- Traverse City Senior Center
- Grand Traverse Bay YMCA
- Polestar LGBT+ Community Center

##### Housing Organizations

- Housing North
- Northwest Community Action Agency
- Habitat for Humanity – Grand Traverse Region
- Northwest Michigan Supportive Housing
- HomeStretch Nonprofit Housing Corporation
- Traverse City Housing Commission

##### Food Pantries/Kitchens

- Father Fred Foundation
- Salvation Army
- Goodwill Food Rescue
- ACTS Food Pantry
- Bayview Wesleyan Community Meal
- Buckley Tabernacle Pantry
- Women's' Resource Center
- Central United Methodist Church Outreach Meals
- Christ Church Food Pantry and Meal Site
- Faith Reformed Church Community Meal
- Grace Episcopal Food Pantry & Community Lunch
- Grace Point Café at Church of the Nazarene Community Meal

- Grand Traverse Baby Pantry
- Immaculate Conception Food Pantry
- Kandu Island Food Pantry
- Kingsley Baptist Church Food Pantry
- Sal's Kitchen Meal Site
- Kingsley United Methodist Church Food Pantry
- PrayerFyre Food Pantry
- Redeemer Lutheran of Interlochen Food Pantry
- Seventh Day Adventist Food Pantry
- St. Francis High School Community Meal
- St. Francis Food Pantry
- St. Michaels Food Pantry
- St. Patrick Catholic Church Food Pantry
- Traverse House Clubhouse
- Trinity Lutheran Food Pantry and Community Meal Site
- West Bay Baby Pantry

#### Emergency Housing Shelters

- Safe Harbor of Grand Traverse
- Goodwill Inn Emergency Homeless Shelter
- Women's Resource Center
- Pete's Place

#### Halfway Houses

- Nexus Family Services
- Dann's House
- Dakoske Hall

#### Domestic Violence Shelters

- Women's Resource Center

### [Social/Grassroot Organizations](#)

#### Seniors' Group/Service

- Grand Traverse County Senior Care Network
- Area Agency on Aging
- Grand Traverse Commission on Aging
- Traverse City Senior Center
- Cordia at Grand Traverse Commons

#### Special Interest Groups

- Disability Network Northern Michigan
- Traverse Area Historical Society

- Protect the Peninsula
- Michigan State Police Angel Program
- Big Brothers/Big Sisters
- Up North Pride
- League of Women Voters

#### Advocacy Groups/Coalitions

- Northwest Michigan Coalition to End Homelessness
- Families Against Narcotics
- Up North Price
- Community Development Coalition of Northwest Michigan
- Traverse Bay Children's Advocacy
- Northwest Michigan Food & Farming Network
- Disability Network Northwest Michigan
- Single MOMM
- Grand Traverse County Drug Free Coalition
- Housing North
- Northwest Food Coalition

#### Cultural Organizations

- Dennon Museum Center
- Old Town Playhouse
- City Opera House
- Crooked Tree Arts Center
- Interlochen Center for the Arts
- Traverse City Film Festival
- Traverse Symphony Orchestra
- Traverse City Arts Commission
- Parallel 45 Theatre

#### Hunting/Sportsman's Leagues

- Kingsley Sportsman's Club
- Cedar Rod and Gun Club
- Grand Traverse Ducks Unlimited
- Adams Chapter Trout Unlimited

#### Amateur Sports Leagues

- Traverse City Little League
- Grand Traverse Hockey Association
- YMCA Basketball
- YMCA Baseball
- Traverse Bay Area Youth Soccer



- Traverse City Pit Spitters

## Education

### Community College

- Northwestern Michigan College

### Before-/After-School Programs

- Munson Kids Club
- The Rock of Kingsley
- Latchkey Program
- Grand Traverse Bay YMCA
- SEEDS
- Traverse Area Public Schools

### Vocational/Technical Education Programs

- Career Tech Center – Northwest Education Services
- Northwestern Michigan College

## Health Institutions

### Hospital

- Munson Medical Center

### Healthcare Clinics

- Crystal Lake Health Center
- Bayside Docs Urgent Care
- Munson Walk-In Clinic
- Planned Parenthood
- Thirlby Clinic
- Traverse Health Clinic
- Foster Family Community Health Clinic
- Munson Family Practice Center
- Traverse Bay Internal Medicine
- Brookside Family Medicine
- Colonel Demas T. Craw VA Clinic
- Northwest Michigan Health Services, INC
- Northwoods OBGYN
- West Front Primary

### Health Department

- Grand Traverse County Health Department

## Behavioral Health Services

- Addiction Treatment Services
- Pine Rest
- Bethany Christian Services
- Northern Lakes Community Mental Health
- Munson Healthcare Behavioral Health Services
- Northwest Michigan Health Services
- Lakeview Counseling

## Public Service

### Library

- Traverse Area District Library
- Interlochen Public Library
- East Bay Branch Library
- Fife Lake Public Library
- Kingsley Branch Library
- Peninsula Community Library

### Police Department

- Grand Traverse County Sheriff's Department
- Traverse City Police Department
- Michigan State Police

### Fire Department

- Grand Traverse Metro Fire Department
- Interlochen Fire Department
- Grand Traverse Rural Fire Department
- Long Lake Fire Department
- Buckley Fire Department
- Garfield Township Fire Department
- Peninsula Township Fire Department
- East Bay Township Fire Department

### Emergency Medical Services

- MMR
- Blair Township EMS
- North Flight EMS

## Community-Based Organizations

### Religious Organizations

- Trinity Lutheran Church
- St. Francis of Assisi Catholic Church
- Christ the King Catholic Church
- Unitarian Universalist
- Congregation of Grand Traverse
- Central United Methodist Church
- New Hope Community Church
- West Side Community Church
- Bayview Wesleyan Church
- Kensington Church
- Grace Episcopal Church
- Immaculate Conception
- Roman Catholic Church
- St. Joseph Catholic Church
- Resurrection Life Church
- Bethlehem Lutheran Church

#### United Way

- United Way of Northwest Michigan

#### Community Philanthropic Organizations

- Grand Traverse Regional Community Foundation
- Rotary Charities
- Munson Healthcare Foundation
- The Les and Anne Biederman Foundation
- Father Fred Foundation
- The Oleson Foundation
- Zonta Club of Traverse City

#### Political Organizations

- Grand Traverse Democratic Party
- Grand Traverse County Republican Party
- League of Women Voters

### Infrastructure

#### Parks

- Civic Center
- Barns Park
- Hannah Park
- Clinch Park
- F and M Park
- East Bay Park

- Grand Traverse Commons
- Whitewater Township Park and Campground
- Bryant Park
- Keith J. Charters Traverse City State Park
- Hull Park
- Bowers Harbor Park
- West End Beach
- Traverse Area Recreation Trail
- Fisher's Run
- Cedar Run Creek Natural Area
- Timbers Recreation Area
- Interlochen State Park
- Kingsley Village Park
- Brownson Memorial Park
- Veterans Memorial Park
- Whispering Pines Park
- Grove Park
- Haywood Park
- Beitner Park

#### Public Pools

- Easling Pool
- Grand Traverse Bay YMCA

#### Vacant Private Buildings or Lots

- Airport Access Road
- Kmart Building
- Cherryland Mall
- Tom's Food Market in Acme
- Ruby Tuesday's
- Miniature Golf Course on 3 Mile Rd. and US31
- Power Plant the Commons

#### Public Lakes or Coastlines

- West End Beach
- West Bay
- East Bay
- Bryant Park
- Arbutus Lake
- Long Lake
- Green Lake
- Lake Michigan

- Duck Lake
- Boardman Lake
- Elk Lake
- Grand Traverse Bay

#### Community Gardens

- TC Community Garden
- Grand Traverse Area Children's Garden
- Kingsley Branch Library Children's Garden
- Buckley Community Garden

#### Farmers Markets

- Sara Hardy Farmers Market
- Village Farmers Market
- Interlochen Farmers Market
- Kingsley Farmers Market

### [Noteworthy Person/Group](#)

#### Local Artists/Musicians

- The Accidentals
- Rufus Snoddy
- Seth Bernard
- Miriam Pico
- Mike Moran
- Levi Britton
- Jeff Haas
- Glenn Wolff
- Joshua Davis
- Joan Gallagher Richmond
- Ken Scott Photography
- David Chown
- Doc Probes
- Broom Closet Boys
- Don Julin
- Charles Murphy
- Billy Strings

#### Community Leaders

- Jim Carruthers
- John Roth
- Ryan Hannon
- Betsy Coffia

- Amy Shamroe
- Ed Ness
- Meredith Kennedy
- Warren Call
- Marc Schollett
- Judge Bob Cooney
- Penny Morris
- Nick Viox

#### Celebrities or Influential Figures

- Carter Oosterhouse
- Michael Moore
- Joshua Davis
- Doug Stanton
- Casey Cowell