

MyMichigan Medical Center Midland

COMMUNITY HEALTH NEEDS ASSESSMENT 2022









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Letter to Community



June 2022

Dear Community Members and Partners,

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

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

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

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

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

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

It is our pleasure to provide this 2022 MyMichigan Medical Center Midland Community health Needs Assessment. In accordance with policy, the Board of Directors reviewed and approved this report on April 29th, 2022. We invite you to explore this report and join us as we engage in addressing the critical health issues in our community.

Sincerely,

Bryan Cross President, Midland Sharon Mortenson Chair, Board of Directors

Mary Greeley Vice President of Population health

Figure 1: Letter to the community

Than Morensen Mary Streeley

Acknowledgements to Partners

MyMichigan Medical Center Midland is pleased to share with you the 2022 Community Health Needs Assessment. We adopted and modified the Mobilizing for Action through Planning Partnerships (MAPP) process to meet the needs of MyMichigan Health, our partners and the community. This is a health system led and community-driven strategic planning process for improving community health. This report represents our commitment to identify and address the barriers in our communities that impact their health.

MyMichigan Medical Center Midland would like to give a special thank you to all of those who have been involved in the development of the CHNA. This includes Saginaw Valley State University interns Alexis Jones and Lewis Wasek in addition to Department of Health Sciences Associate Professors, Dr. Megan Baruth, and Dr. Rebecca Schlaff for their efforts in developing, disseminating, collecting and analyzing our Midland County Health Survey. All of these partners took part in an extensive process that started with planning, collecting and analyzing data to identify the top strategic health issues that our communities face. Collecting qualitative and quantitative data through our process enabled us to have a deep understanding of the challenges that our community faces.

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

Thank you to our Community Health Needs Assessment Partners



Figure 2: Community Health Needs Assessment Partners

Executive Summary

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

MyMichigan Medical Center Midland, with community partners, conducted this CHNA using a modified Mobilizing for Action through Planning Partnerships (MAPP) process that assessed the current health status of the community based on identified needs according to benchmark comparisons in secondary public health data and primary data collected through community surveying for community input, and the development of a Community Health Improvement Plan (CHIP). The process included several community partners that collected, reviewed and analyzed public health data, completed and distributed the community health survey, identified priorities and set goals for the 2022 CHIP.

Community Health Status

Midland and Bay are neighboring counties in the Mid-Eastern section of Michigan's lower peninsula. Midland county ranks in the top quartile of healthiest counties according to County Health Rankings, while Bay County ranks in the second and third quartile for health outcomes and health factors, respectively. Despite the difference in health outcomes and factors rankings, these communities share many characteristics. The percentage of the populations living in rural areas are between 30-40%, and the age of the population is increasing for both counties. Both counties also share health concerns related to chronic conditions such as increasing rates of diabetes mortality, adult and youth smoking rates and cancer incidence rates. Substance Use Disorder, Drug Overdose Deaths and Suicide remain high in Bay county and continue to rise in Midland County as well.

Community Health Survey

A community health survey was conducted in Midland County between the months of November, 2021 and March 2022, surveying members of Midland county in both the rural and in town demographics. The process of surveying, data collection and analysis identified key themes of ongoing issues of health behaviors that may lead to diabetes and obesity, risk factors for many chronic conditions. Also included in this assessment is the Midland County Youth Survey that identified increasing rates of youth substance use and suicide attempts.

Community Health Improvement Plan

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



Figure 3: Focus areas

Overview of MyMichigan Health

MyMichigan Health, a non-profit health system headquartered in Midland, Michigan, is a leader in providing award-winning, high-quality care to the 25-county region it serves. With Medical Centers in Alma, Alpena, Clare, Gladwin, Midland, Mt. Pleasant, Sault Ste. Marie and West Branch, MyMichigan also has affiliations with Medical Centers in St. Ignace and Mackinac Island. MyMichigan Health provides a full continuum of care across a wide array of settings, including urgent care centers, home health, virtual care, as well as medical offices in more than 30 specialties and subspecialties including cardiology, family medicine, hematology/oncology, neurosciences, orthopedics, pediatrics, vascular surgery, and more. MyMichigan Health demonstrates its commitment to the future of medicine by partnering with leading institutions to offer medical education programs that train medical students, physicians, nurse practitioner and physician assistant students, nursing students, and other clinical experts from our region. Its more than 8,800 employees, volunteers, health care providers and other personnel work together to create healthy communities through solutions designed to meet the everchanging needs of the 981,000 residents in the health system's 25-county service area. In fiscal year 2021, MyMichigan Health provided \$78 million in community benefits, as well as supported its patients and families with new equipment, services and programs with funds raised by the MyMichigan Health



Figure 4: Five Foundational Elements



Figure 5: Our Communities

Feedback is welcomed via CommunityHealth@mymichigan.org

Overview of Community

MyMichigan Medical Center Midland sits in Midland County, located in the beautiful Great Lakes Bay Region. With a population of over 80,000, Midland County is approximately 40% rural with a full array of services, including police and fire protection, planning and community development, horticulture, 72 parks and 2,700 acres of park land, a robust array of recreational activities, community affairs, transportation services via Dial-A-Ride, Jack Barstow Airport and much more. Midland is known as "The City of Modern Explorers" and has long been recognized as a leader in the health, science and chemical industry. Midland hosts the sites of MyMichigan Health, Dow, DuPont and Corteva Agriscience, state and national leaders in their respective fields. In Addition, Midland is also home to Northwood University, as well as satellite campuses for Central Michigan University, Delta College and Davenport University.



Figure 6: Image of Tridge in Midland, MI

MyMichigan Medical Center Midland is a 324 licensed-bed hospital located on 225 acres of wooded campus in beautiful Midland, Mich. A leader in providing high quality, state-of-the-art health care, the Medical Center in Midland is the flagship of the award-winning MyMichigan Health system. In fact, in 2021, Michigan Performance Excellence (MIPEx) awarded MyMichigan Health the 2021 Michigan Performance Excellence Award, the state's highest honor for organizations that have demonstrated outstanding performance, leadership, and operational excellence. As a Michigan Performance Excellence Award recipient, MyMichigan Health is now eligible to apply to the Malcolm Baldrige National Quality Award Program. What's more, MyMichigan Health has received CHIME HealthCare's Most Wired Award, as well as the MHA Community Benefit Award, to name just a few. MyMichigan is the only Medical Center in the Great Lakes Bay Region to have all private rooms. Private rooms are also available at MyMichigan Health's subsidiary, MyMichigan Medical Center Alma. MyMichigan Medical

Center Midland has an environment of superior healing, infection control and patient safety. The Medical Center offers a range of primary care services, outstanding specialty care and emergency care, with excellence in cardiovascular, cancer, neuroscience, obstetrics, orthopedics, rehabilitation, diabetes and other services. Ancillary services include CT scanning, radiation therapy, chemotherapy, laboratory, pharmacy, cardiac catheterization and magnetic resonance imaging. Accredited by The Joint Commission, MyMichigan Medical Center Midland has become a regional referral hospital for the northern and middle areas of the state. The medical staff in Midland includes more than 160 active physicians representing more than 30 specialties and subspecialties. It is also a teaching hospital, with a three-year residency program in family medicine and clinical affiliations for training medical students from Michigan State University and Central Michigan University. The Medical Center employs more than 2,800 employees, making it the largest employer in Midland County. Together, the Medical Center's workforce, health care providers, as well as hundreds of volunteers work together to create healthy communities through solutions designed to meet the ever-changing needs of the residents in its service area. To learn more about MyMichigan Medical Center Midland, visit mymichigan.org/midland.

Community Served at MyMichigan Medical Center Midland

The service area in Midland County is comprised of zip codes: 48618 (Coleman), 48620 (Edenville), 48628 (Hope), 48640 (Midland), 48641 (Midland), 48642 (Midland), 48657(Sanford), 48667 (Midland), (48670) Midland), 48674 (Midland) and 48686 (Midland). Services for MyMichigan Medical Center Midland extends to: 48706 (Bay) 48708 (Bay), 48611 (Auburn) and 48623 (Freeland)

Framework/Methodology

The Community Health Needs Assessment (CHNA), while a requirement every three years under the Patient Protection and Affordable Care act for our tax exempt status, is an important reflection of MyMichigan Health's mission, vision, core values and the system's goal to become a leader in our regions to improve the health of our communities. Community is a foundational element in MyMichigan Health's strategic plan, and we believe that all people should have the opportunity to make healthy choices for a long, prosperous life, despite an individual's socioeconomic status, education or background. The CHNA, as a key component for identifying top health concerns in a given area, will be vital in accomplishing the four objectives of the "Quadruple Aim": Improve health outcomes in the community, enhance patient experience, enhance provider experience and reduce the cost of care. The primary purpose for the Community Health Needs Assessment for MyMichigan Medical Center Midland is to gain an understanding of the health needs caused by disparities in social determinants of health (SDOH) as well as strengths in the given service area. We do so by analyzing a large and specific collection of data and community input in Midland County. Bay county public health data is included for evolving strategic awareness and was not included in the prioritization of focus areas. With this understanding of the needs in our communities, we are equipped to develop a three-year strategic plan to improve the health outcomes in our communities and build health improvement capacity for the future health of its residents.

2022 CHNA Process

Phase I: Planning

- Identify resources & community stakeholders
- Develop strategy & timeline
- Develop Internal & External Advisory committees

Phase II: Data Collection/Analysis

- Survey approval & distribution
- Secondary data collection
- Data analysis

Phase III:

Prioritizing Focus Areas

- Prioritize data
- · Identify key focus areas
- CHNA board approval
- CHNA public posting

Phase IV:

Implementation Plan/Execution/PDCA

- Develop goals, objectives & strategies for CHIP
- CHIP board approval
- CHIP public posting
- PDCA (plan, do, check, adjust) process

Figure 7: 2022 CHNA Process

Phase I: Planning for the CHNA strategy

Identifying resources and community stakeholders within the Medical Center's service area is a critical component to the CHNA. The community Health team participates in community collaborative groups that are comprised of local organizations and community leaders who focus on the health of the residents. These groups include local non-profit organizations, public health agencies and health coalitions that collaborate to achieve mutual health related goals. Phase I of the CHNA process includes the development of a strategy and timeline to be approved by the MyMichigan Health Leadership Team, who is utilized as an internal advisory committee, and the president of MyMichigan Medical Center Midland.

Phase II: Data collection and analysis

Forms of primary and secondary data from the Midland service area are utilized to perform analysis. Primary data will include the input of those representing the local communities. This local input is provided through a survey comprised of questions that are intended to provide an overview of the perceived health needs of community members. Secondary data includes over 200 public health indicators that are collected to determine the demographics and health status of the community serviced by MyMichigan Medical Center Midland. This data will be compared to established benchmarks in the State of Michigan and Leading Health Indicators (LHI) selected by Healthy People 2030. LHIs are a small subset of high-priority Healthy People 2030 objectives selected to drive action toward improving health and well-being. LHIs impact major causes of death and disease in the United States and can drive collaboration between organizations and the community. Any health indicator that fails to meet the benchmarks will be identified as a need in the community. This data will then be categorized to determine areas of focus were health issues exist.

Phase III: Prioritizing Focus Areas

This phase involves using specific analytic practices to determine focus areas and decide our top priorities in order to develop an implementation plan. Each indicator from primary and secondary data

will be scaled and categorized into a subset piece of data to determine where our needs are in our community and how we can address them. The community health specialist will work with internal and external sources to determine focus areas and provide a communication document that can be reviewed. This data and focus area prioritization will be presented to the Population Health Collaborative Team for input and approval. It will then be collected and presented to the Board of Directors for approval and placed on the MyMichigan Health website for public view and comment.



Figure 8: PDCA Cycle

PHASE IV: Develop Implementation plan/execution/PDCA

Once the data and focus areas are approved, the next step will be to develop a comprehensive, threeyear implementation plan that outlines specific goals, objectives and strategies to improve the health outcomes of the community. Review of the focus areas and data analysis will determine what our goals will be, and objectives will be created with those goals in mind and strategies to complete.

Community Survey Process

The 2022 Midland Health Survey was conducted to understand the health and health needs of people living in Midland County. The 2019 Midland Health Survey served as the basis for the 2022 survey. The Saginaw Valley State University team worked with the Health and Human Services Council (HHSC) to adapt the survey to ensure it met the needs of the HHSC and Midland County agencies, and collected data on any health issues/factors emerging since the previous data collection.

The Saginaw Valley State University team aimed to collect data from a representative sample from the city and out county areas. The team used existing US Census data to obtain population estimates for each township/city in Midland County, to ensure appropriate representation from each location. Efforts were also made to obtain a sample that was representative of the Midland County population (age, gender, race, education, income).

Data collection occurred via online and paper surveys. Qualtrics was used to administer the online survey and the link were advertised in the local newspaper, and on HHSC agency websites and social media accounts. The face-to-face survey was administered at various locations throughout Midland County. Participants either completed the survey on site or completed it at home and returned it in a postage paid envelope. An incentive was offered to all those completing the survey (a \$10 gift card to Meijer). The sample generated a total of 745 surveys to be used for analyses (636 online surveys and 109 paper surveys). Table 1 shows the demographic profile of the survey respondents.

| | 2022 Midland Health Survey | | | |
|-----------|-------------------------------------|-------|--|--|
| | Male | 23.5% | | |
| Gender | Female | 75.9% | | |
| Gender | Prefer not to answer | 0.5% | | |
| | Prefer to Self-describe | 0.1% | | |
| | Heterosexual/Straight | 93.0% | | |
| | Homosexual/Gay/Lesbian | 0.5% | | |
| Sexualtiy | Bisexual | 3.0% | | |
| | Prefer to not answer | 2.7% | | |
| | Prefer to self-describe | 0.7% | | |
| | 18-24 | 14.1% | | |
| | 25-34 | 20.8% | | |
| Age | 45-54 | 15.7% | | |
| | 55-64 | 13.5% | | |
| | 65+ | 20.4% | | |
| Race | White | 94.9% | | |
| Race | Non-White | 5.1% | | |
| Origin | Hispanic or Latino | 3.5% | | |
| Origin | Non-Hispanic or Latino | 96.5% | | |
| Ethnicitu | Middle Eastern or North African | 2.2% | | |
| Ethnicity | Non Middle Eastern or North African | 97.8% | | |

Table 1: 2022 Midland Health Survey Demographics

Demographics

Demographics by Gender and Age (2020)

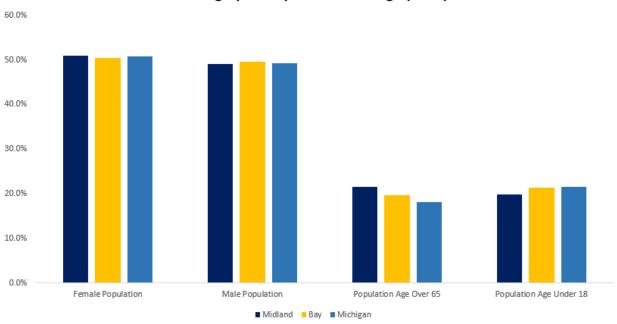


Table 2: Population by gender & age (2020)

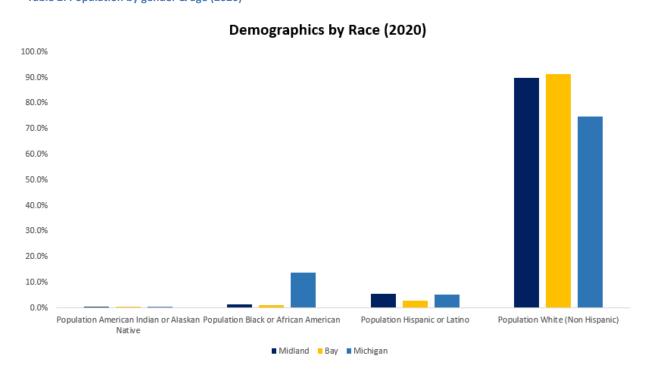


Table 3: Population by Race (2020)

Social Determinant of Health

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

Economic Stability

Key issues within the economic stability function of SDOH include poverty, employment, food security, housing stability, and ALICE populations. ALICE is an acronym for Asset Limited, Income Constrained, yet Employed, and describes households that earn more than the Federal Poverty Level, but less than the basic cost of living for the



Social Determinants of Health
Figure 9: Social Determinants of Health

county (i.e., those working, yet still struggling to have their basic needs met).

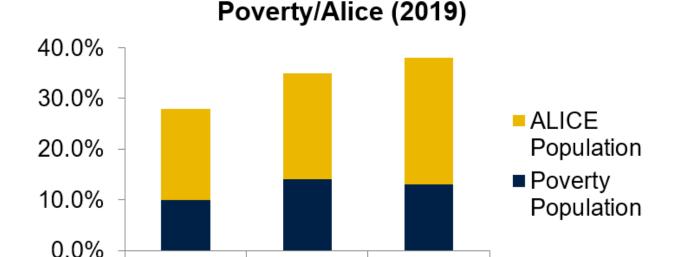


Table 4: Poverty and Alice Populations (2019)

Midland

| Median Household Income | | | | |
|-------------------------|----------|----------|----------|--|
| | Bay | Midland | Michigan | |
| Median Household Income | \$48,819 | \$62,625 | \$57,144 | |

Bay

Michigan

Table 5: Median Household Income (2015-2019)

| Unemployment Rate | | | | |
|-------------------|------|---------|----------|--|
| | Bay | Midland | Michigan | |
| Unemployment Rate | 6.1% | 4.9% | 5.0% | |

Table 6: Unemployment Rate (2021)

| Food Insecurity | | | | |
|-----------------------|-------|-------|-------|--|
| Bay Midland Michigan | | | | |
| Food insecurity | 14.0% | 11.0% | 14.0% | |
| Child Food Insecurity | 16.7% | 10.4% | 14.2% | |

Table 7: Food Insecurity (2021)

Education

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

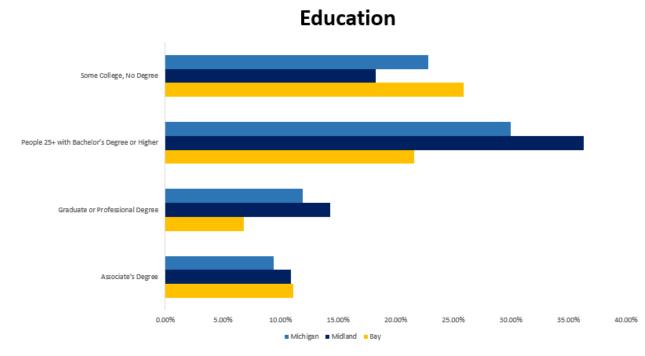


Table 8: Education (2019)

| Students not proficient in Grade 3 English (M-Step) | | | |
|---|-------|---------|----------|
| | Bay | Midland | Michigan |
| Grade 3 English Deficiency | 36.6% | 55.9% | 42.8% |

Table 9: Students not proficient in Grade 3 English (M-Step) (2018-2019)

| Disconnected Youth | | | | |
|--------------------|------|---------|----------|--|
| | Bay | Midland | Michigan | |
| Disconnected Youth | 7.0% | 6.0% | 7.0% | |

Table 10: Disconnected Youth (2015-2019)

Neighborhood & Built Environment

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

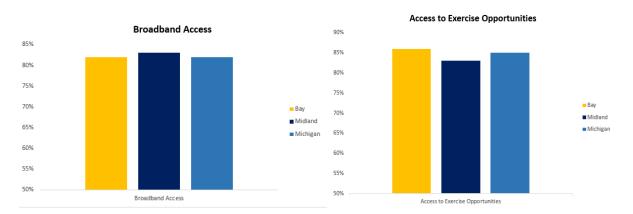


Table 11: Broadband Access (2015-2019)

Table 12: Access to Exercise Opportunities

| Violent Crime | | | | |
|-----------------------------|-----|---------|----------|--|
| | Bay | Midland | Michigan | |
| Violent Crime (per 100,000) | 328 | 126 | 443 | |

Table 13: Violent Crime Rate (per 100,000 population) (2014 & 2016)

Health Behaviors

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

2022 Midland Health Survey

| Alcohol Use | 2022 | 2019 | Tobacco/Vaping | 2022 | 2019 |
|--|-------|-------|-----------------------|------|------|
| Flet like, wanted or needed to | | | | | |
| cut back | 17.2% | 15.7% | Cigarettes | 9.4% | 6.2% |
| Experienced negative consequences | 12.2% | 8.1% | Smokeless Tobacco | 3.5% | 2.6% |
| Sought Treatment or attended a support group | 3.4% | 1.5% | E-cigaretttes or Vape | 7.7% | 3.7% |

Table 14: Self-Reported Midland County Alcohol, Tobacco & Vaping use (2022 Midland Health Survey)

| Marijuana | 2022 | 2019 |
|------------------|------|------|
| Medical Use | 6.7 | 1.9 |
| Recreational Use | 10.7 | 4.7 |

Marijuana more likely in:

Medical: Less education and income

Recreational: Younger, less education and income

Table 15: Self-Reported Marijuana Use (2022 Midland Health Survey)

30 Day Substance Use Middle/High School

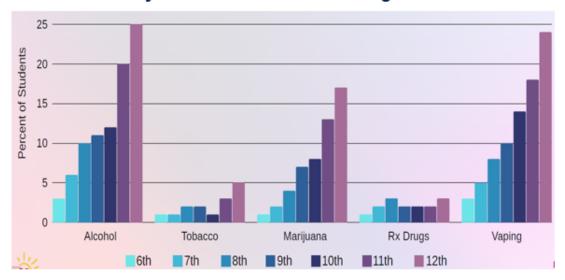


Table 16: 30 Day Substance Use Middle/Highschool (2021 Midland County Youth Study)

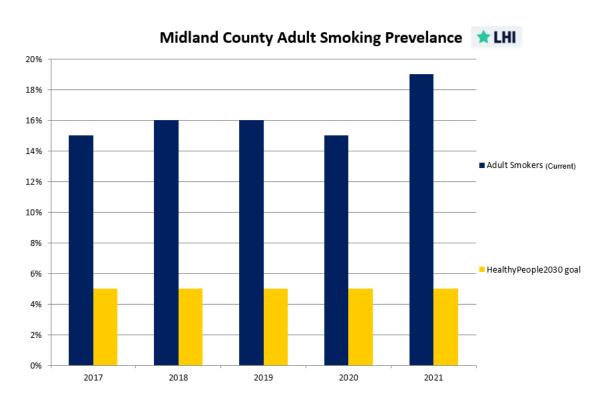


Table 17: Midland County Adult Smoking Prevalence (2017-2021)

Chronic Conditions

Leading Causes of Premature Deaths - 2020

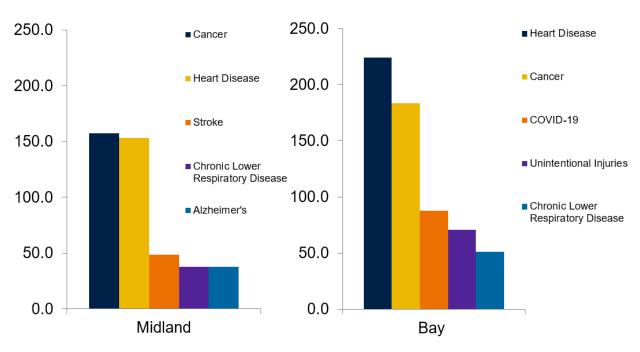


Table 18: Bay and Midland County Leading Causes of Premature Deaths, rater per 100k (2020)

Midland Lung Cancer Mortality

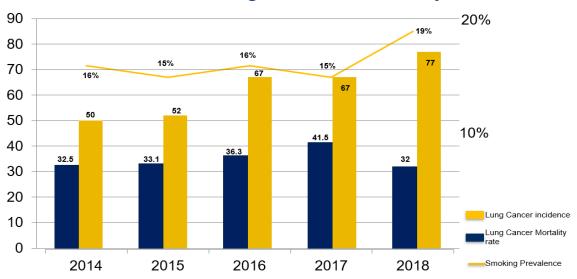


Table 19: Midland County Lung Cancer Mortality (2014-2018)

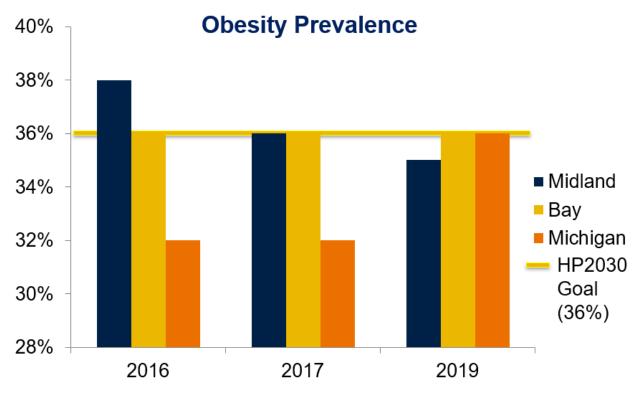


Table 20: Obesity Prevalence (2016-2019)

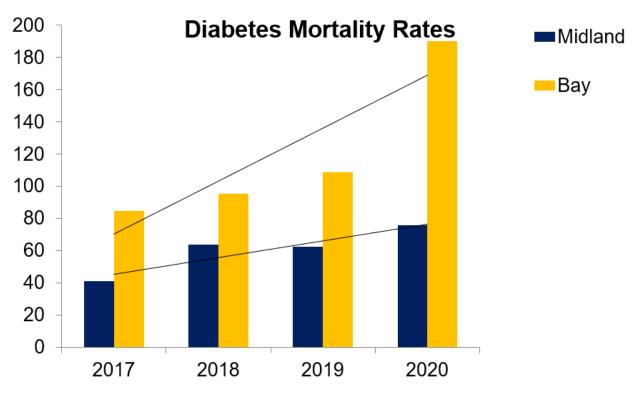


Table 21: Diabetes Mortality Rates (2017-2020)

Behavioral Health

Behavioral Health is an all-encompassing term that often includes mental health, wellbeing, and substance use disorders, treatment and recovery. These elements of the behavioral health field have long been associated with an individual's overall health status and have an incredible impact on an individual's everyday life. As the fields of both Mental Health and Substance Use Disorders and Treatment have developed and continue to grow within the medical profession, continued growth in awareness and support for these issues is imperative.

Death By Suicide

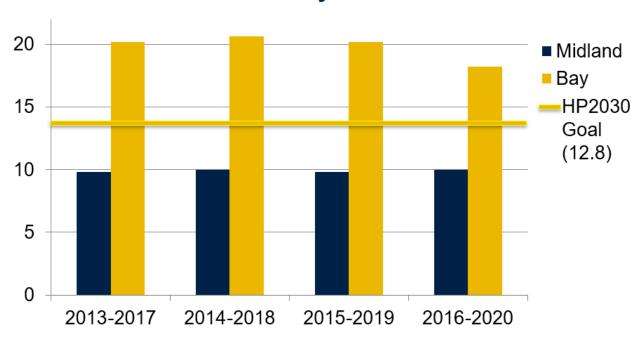


Table 22: Death by Suicide Midland and Bay County (2013-2020)

Adolescent suicide attempts rose from 14% to 19% overall from 2016-2021 in Midland County

Figure 10: Adolescent suicide attempts, **Midland County**

National adolescent suicide rate has increased 270% since 2017

Figure 11: National adolescent suicides

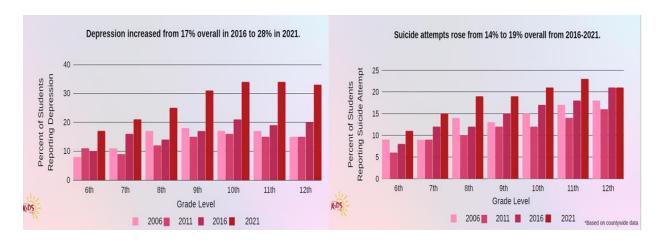


Table 23: Percent of students with Depression and suicide attempts from 2006-2021



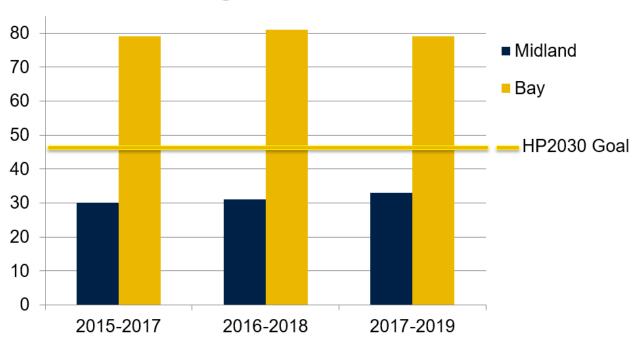


Table 24: Drug Overdose Deaths Midland and Bay County per 100,000 people (2015-2019)

2022 Midland Health Survey

| Midland County Mental Health | 2022 | 2019 |
|---|------|------|
| Depression, % ever diagnosed | 33.9 | 25.9 |
| Anxiety, % ever diagnosed | 40.9 | 29.0 |
| Substance Use Disorder, % ever diagnosed | 3.3 | 2.4 |
| Recovery from past mental health issue (%) | 23.2 | - |
| Recovery from past substance use disorder (%) | 5.0 | - |
| Limited in activities due to mental or emotional problems (%) | 18.5 | - |

Table 25: Midland County Mental Health (2022 Midland Health Survey)

Prioritization Process

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

Stage I: Data Prioritization Stage One Quantitative Qualitative Data Data Identify data that demonstrates poor *My* **M**ichigan Health Identify themes in performance perceived health against established needs benchmark(s) **Data Prioritization Process** Submit identified Submit identified health needs for health needs for further further prioritization prioritization **Health Needs** prioritization using Hanlon Method (Stage Two) **Figure 12: Data Prioritization Process**

MyMichigan Medical Center Midland | 2022 Community Health Needs Assessment

Stage II: Hanlon Method of Prioritization

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

Priority Score Calculation Formula

 $D = [A+(2 \times B)] \times C$

Figure 13: Hanlon Method Process

Hanlon Method Results

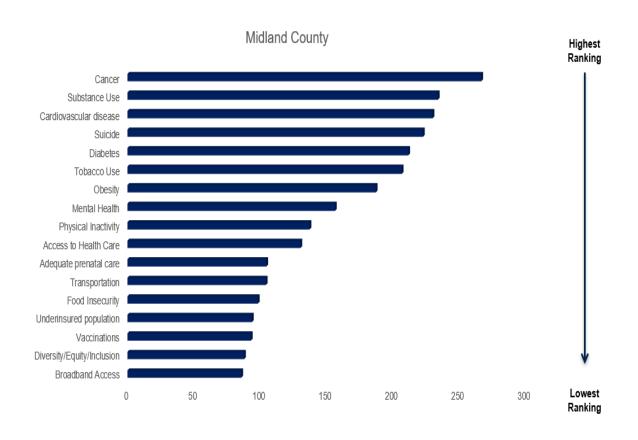


Figure 14: Hanlon Method results

CAUSES OF CHRONIC CONDITIONS

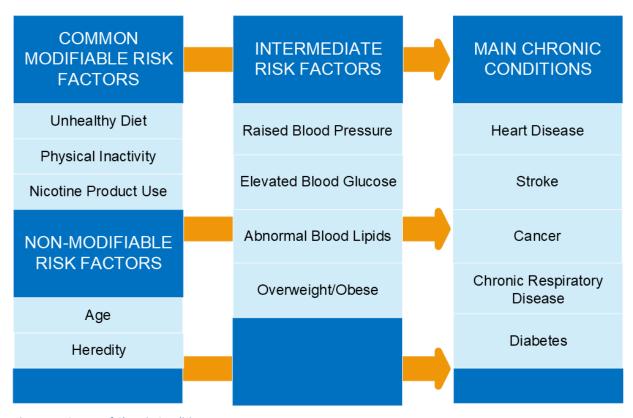


Figure 15: Causes of Chronic Conditions

Further prioritization continues in order to develop the final focus areas. Advisory committees work together to narrow down focus areas based on modifiable risk factors that health needs have in common. Midland County's high rates of Obesity, increasing rate of diabetes mortality, heart disease and cancer incidence rates coupled with decreasing rates of cancer screenings led to Chronic Disease Prevention as an area of focus. These chronic diseases have similar modifiable risk factors that allow us to develop strategies to impact many chronic diseases together. Similarly, increasing rates of suicide and substance use disorder, particularly in the youth population, fall within the umbrella of Behavioral Health with similar risk factors in youth assets and mental health needs. Final areas of focus were determined to be Chronic Disease Prevention and Behavioral Health.

Improvement Plan

MyMichigan Medical Center Midland built upon the Improvement Plan developed in 2019 to develop a comprehensive plan to address health concerns., all while upholding MyMichigan Health's purpose statement, "Creating Healthy Communities – Together". The underlying premise for each MyMichigan Health member in completing the Community Health Improvement Plan is shared ownership for community health and wellbeing. While our previous Community Health Needs Assessment (2019) helped us to identify focus areas for health improvement, the IRS legislation mandating collaborative efforts provided an opportunity to revisit our needs assessment, strategic planning process, and partnerships.

2022 Community Health Needs Assessment

Focus Areas

Chronic Disease Prevention

Behavioral health

The plan that follows includes goals and evidence-based strategies for the focus areas determined by MyMichigan Health's Community Health team, solicited input from the Midland External and Internal Advisory Committees, and approved by MyMichigan Medical Center Midland's Board of Directors on April 29, 2022.

Appendix A: Partners

Community Health Needs Assessment Partners

Community Health Assessment & Improvement Committee

United Way of Midland County

The Legacy Center

Senior Services

Ten16

Midland Business Alliance

Shelterhouse of Midland

Community Mental Health

Great Lakes Physicians Organization

Midland's Open Door

211 of Northeast Michigan

Midland County Health Department

Saginaw Valley State University

Appendix B: Data Table

| | | Indicator | Bay | Midland | Michigan | Healthy People 2030 | Source | Date |
|-----------|---------------------------------|--|----------|----------|-----------|---------------------|--|--------------|
| | | Adults 65+ Living Below Poverty Level | 12.70% | 10.10% | 12.60% | * | American Community Survey | 2020 |
| | | % ALICE | 21% | 18% | 25% | * | United Way | 2019 |
| | | % Poverty | 14% | 10% | 13% | 8% | United Way | 2019 |
| | | ALICE Total Households | 44,887 | 34,350 | 1,004,047 | * | United Way | 2019 |
| | Economic Stability - | Children Living Below Poverty Level | 25.90% | 12.30% | 17.60% | * | American Community Survey | 2020 |
| | General | Families Living Below Poverty Level | 8.10% | 8.20% | 8.80% | * | American Community Survey | 2019 |
| | | Households with Cash Public Assistance | 2.70% | 2.40% | 2.20% | * | American Community Survey | 2019 |
| | | Median Household Income | \$48,819 | 62,625 | \$57,144 | * | American Community Survey | 2015-2019 |
| | | Per Capita Income | \$27,469 | \$36,142 | \$31,713 | * | American Community Survey | 2015-2019 |
| | | Persons in Poverty | 12.70% | 10.10% | 13.0% | 8% | U.S Census Bureau | 2020 |
| | | Unemployment Rate | 6.10% | 4.90% | 5.00% | 25% | Bureau of Labor Statistics | Jun. 2021 |
| | Housing and Homes | Renters Spending 30% or More of Household Income on Rent | 14.10% | 8.30% | 15.40% | 0.255 | American Community Survey | 2019 |
| | | Severe Housing Problems | 10% | 11% | 15% | * | County Health Rankings | 2013-2017 |
| | | Adults 65+ with Low Access to a Grocery Store | 3.80% | 2.70% | | * | US Department of Agriculture: Food Atlas | 2015 |
| Economic | | Child Food Insecurity Rate | 16.70% | 10.40% | 14.20% | 0% | Food Bank Council | 9' pre-COVII |
| Stability | | Children with Low Access to a Grocery Store (per 1,000 population) | 4.70% | 5.10% | | * | US Department of Agriculture; Food Atlas | 2015 |
| | | Farmers Market Density (per 1,000 population) | 0.03 | 0.02 | | * | US Department of Agriculture; Food Atlas | 2018 |
| | | Fast Food Restaurant Density (per 1,000 population) | 0.81 | 0.67 | | * | US Department of Agriculture; Food Atlas | 2016 |
| | | Food Environment Index (0 worst to 10 best) | 7.4 | 8 | 7 | * | County Health Rankings | 2015 & 2018 |
| | Nutrition and Healthy Eating | Food Insecurity | 14% | 11% | 14% | 6% | County Health Rankings | 2018 |
| | Lating | Food Stamp/SNAP Benefits in the Past 12 Months | 44,887 | 34,350 | 3,969,880 | * | American Community Survey | 2019 |
| | | Grocery Store Density (per 100,000 population) | 0.16 | 0.19 | | * | US Department of Agriculture; Food Atlas | 2016 |
| | | Limited Access to Healthy Foods | 8% | 6% | 6% | * | County Health Rankings | 2015 |
| | | Low Income and Low Access to a Grocery Store | 8,345 | 5,071 | | * | US Department of Agriculture: Food Atlas | 2015 |
| | | SNAP Participants (per 10,000 population) | 13.80% | 10.60% | 11.70% | * | Community Commons | 2019 |
| | | Students Eligible for Free Lunch Program | 52% | 39% | 50% | * | County Health Rankings | 2018-2019 |
| | | Driving Alone to Work | 86.50% | 85.50% | 81.80% | * | U.S Census Bureau | 2019 |
| | W1-1 | Mean Travel Time to Work (Minutes) | 24.4 | 24.4 | 25.1 | * | American Community Survey | 2019 |
| | Workplace | People that Use Public Transportation to Get to Work | 0.60% | 0.90% | 1.40% | 0.053 | U.S Census Bureau | 2019 |
| | | People that Walk to Work | 1.30% | 1.30% | 2.20% | 0.268 | U.S Census Bureau | 2019 |

| | | Indicator | Bay | Midland | Michigan | Healthy People 2030 | Source | Date |
|---------------------------------|-----------------------|--|---------|--|--------------|--|--|-----------|
| | | 9th to 12th Grade, No Diploma | 6% | 4% | 6% | * | U.S Census Bureau | 2019 |
| | | Disconnected Youth | 7% | 6% | 7% | 0.101 | County Health Rankings | 2015-2019 |
| | | High School Dropouts | 5.70% | 2.80% | 7.70% | * | Center for Educational Performance Information | 2019-2020 |
| | Adolescents | High School Graduate | 90.50% | 94.20% | 90.80% | 0.907 | American Community Survey | 2019 |
| | | High School Graduation Rate | 90% | 94% | 82% | * | County Health Rankings | 2017-2018 |
| | | Less than 9th Grade | 19.50% | 9.30% | 12.70% | * | U.S Census Bureau | 2019 |
| Education Access and Quality | | Students in Special Education | 2,089 | 2,219 | 202,212 | * | Kids Count | 2020 |
| and Quanty | | Associate's Degree | 11.10% | 10.90% | 9.40% | * | U.S Census Bureau | 2019 |
| | | Graduate or Professional Degree | 6.80% | 14.30% | 11.90% | * | U.S Census Bureau | 2019 |
| | Adults | People 25+ with Bachelor's Degree or Higher | 21.60% | 36.30% | 30% | * | American Community Survey | 2019 |
| | | Some College, No Degree | 25.90% | 18.30% | 22.80% | * | U.S Census Bureau | 2019 |
| | | 3 and 4 Year Olds Not in Preschool | 64.30% | 51.30% | 525 | * | Kids Count | 2019 |
| | Children | Students Not Proficient in Grade 3 English (M-Step) | 36.60% | 55.90% | 42.80% | 0.415 | Michigan Department of Education | 2018-2019 |
| | | Female Population | 50.9% | 50.5% | 50.7% | * | County Health Rankings | 2019 |
| | | Male Population | 49.1% | 49.5% | 49.3% | * | County Health Rankings | 2019 |
| | | Overall Population | 103,126 | 83,156 | 9,986,857 | * | County Health Rankings | 2019 |
| | | Population Age Over 65 | 21.5% | 19.6% | 18.2% | * | County Health Rankings | 2020 |
| Determinants | Demographics | Population Age Under 18 | 19.9% | 21.3% | 21.5% | * | County Health Rankings | 2020 |
| | | Population American Indian or Alaskan Native | 0.6% | 0.6% | 0.7% | * | County Health Rankings | 2020 |
| | | Population Black or African American | 1.6% | 1.3% | 13.8% | * | County Health Rankings | 2020 |
| | | Population Hispanic or Latino | 5.5% | 2.9% | 5.3% | * | County Health Rankings | 2020 |
| | | Population White (Non Hispanic) | 89.8% | 91.2% | 74.7% | * | County Health Rankings | 2020 |
| | | Adults 65+ Living Alone | 12.00% | 13.00% | 12.50% | * | U.S Census Buceau | 2019 |
| | | Health Factors | 55 | 10 | * | * | County Health Rankings | 2021 |
| | | Health Outcomes | 36 | 8 | * | * | County Health Rankings | 2021 |
| | | No Health Care Access During Past 12 Months: Could Not Get Appointment | * | 21.20% | * | 0.033 | Behavioral Risk Factor Survey | |
| | | No Health Care Access During Past 12 Months Due to Cost | * | 14.10% | 8.00% | 0.349 | Behavioral Risk Factor Survey | 2020 |
| | Health Care Access | People with Dental Insurance | | | | 0.598 | | |
| | and Quality - General | People with Health Insurance | | | | 0.921 | | |
| | | People with Prescription Drug Insurance | | | | 0.706 | | |
| | | Poor or Fair Health | 19% | 15% | 18% | * | County Health Rankings | 2018 |
| | | Uninsured Adults | 8% | 6% | 8% | 0.079 | County Health Rankings | 2018 |
| | | Uninsured Children | 3% | 3% | 3% | * | County Health Rankings | 2018 |
| | | Uninsured Seniors | | | 1.00% | * | U.S Census Bureau | 2019 |
| | | All Cancer Incident Rate (per 100,000 population) | 480 | 424.8 | 448.8 | * | National Cancer Institute | 2015-2019 |
| | | All Cancer Medicare Population Incident Rate (per 100,000 population) | | | | * | Centers for Medicare and Medicaid Services | |
| | | All Cancer Mortality Rate (per 100,000 population) | 174.6 | 144.6 | 162.7 | 122.7 | National Cancer Institute | 2015-2019 |
| | | Blood Stool Home Kit | | | 11.00% | * | Behavioral Risk Factor Survey | |
| | | Breast Cancer Incident Rate (per 100 population) | 118.3 | 130 | 123.1 | * | National Cancer Institute | 2014-2018 |
| | | Breast Cancer Mortality Rate (per 100,000 population) | 16.5 | 20.1 | 20.4 | 15.3 | National Cancer Institute | 2015-2019 |
| | | Breast Cancer Screening | | | 73.3% | 0.771 | National Cancer Institute | 2018 |
| | | | | | | | | + |

| | | Indicator | Вау | Midland | Michigan | Healthy People 2030 | Source | Date |
|---------------------------|--------------------|--|------------------|------------------|----------|---------------------|--|-----------|
| | | Colorectal Cancer Screening | | | 76.30% | 0.744 | National Cancer Institute | 2015-2019 |
| | Cancer | Lung Cancer Incident Rate (per 100,000 population) | 61.9 | 53 | 57.1 | * | National Cancer Institute | 2014-2018 |
| | | Lung Cancer Mortality Rate (per 100,000 population) | 39.6 | 33.5 | 36.4 | 25.1 | National Cancer Institute | 2015-2019 |
| | | Lung Cancer Screening | | | | 0.075 | | |
| | | Mammogram Screening | | | 80.00% | 0.771 | Behavioral Risk Factor Surveillance System | 2020 |
| | | Mammogram Screening (Medicare population) | 46% | 49% | 44% | * | County Health Rankings | 2018 |
| | | Oral Cancer Detected at Earliest Stages | | | | 0.342 | | |
| | | Oral Cancer Incident Rate (per 100,000 population) | 9.4 | 6.3 | 7.6 | * | National Cancer Institute | 2014-2018 |
| | | Pap Test in Past 3 Years (Age 18+) | | | 73.60% | 0.843 | National Cancer Institute | 2015-2019 |
| | | Prostate Cancer Incident Rate (per 100,000 population) | 91.4 | 99.1 | 107.3 | * | National Cancer Institute | 2015-2019 |
| | | Prostate Cancer Mortality Rate (per 100,000 population) | 16 | 10.4 | 18.4 | 16.9 | National Cancer Institute | 2015-2019 |
| | | Colonoscopy Screening | | | 70.30% | 0.744 | Behavioral Risk Factor Surveillance System | 2018 |
| | | Atrial Fibrillation | 9.8% | 9.3% | | * | Centers for Medicare and Medicaid Services | 2018 |
| | | Heart Disease (3 Year average) | * | * | * | 3.5 mean score | Centers for Medicare and Medicaid Services | 2018 |
| | | Heart Disease Hospitalizations (per 100,000 population) | * | * | 10.5% | 319.7 | Centers for Medicare and Medicaid Services | 2018 |
| | | Heart Failure (Medicare population) | 19.5% | 15.5% | 16.0% | * | Centers for Medicare and Medicaid Services | 2018 |
| | Cardiovascular | High Cholesterol | 53.5% | 41.0% | 46.0% | 186.4 mg/dL | Centers for Medicare and Medicaid Services | 2018 |
| | | Ischemic Heart Disease (Medicare population) | 40.3% | 28.9% | 29.0% | * | Centers for Medicare and Medicaid Services | 2018 |
| | | Hypertension | 60.5% | 53.6% | 58.0% | | Centers for Medicare and Medicaid Services | 2018 |
| | | Stroke | 3.7% | 2.7% | 3.8% | * | Centers for Medicare and Medicaid Services | 2018 |
| | | Child Abuse Neglect Rate (per 1,000) | 11.8 | 16.1 | 13 | 8.7 | Kids Count | 2020 |
| | | Children in Investigated Families (Ages 0-17) | 140.8 | 91.2 | 95.9 | * | Kids Count | 2020 |
| | | Children in Out-of-Home Care (Ages 0-17) | 6.6 | 6.2 | 4.7 | * | Kids Count | 2020 |
| | | Confirmed Victims of Abuse or Neglect (Ages 0-17) (per 1,000) | 11.8 | 16.1 | 13 | 8.7 | Kids Count | 2020 |
| | | Adult Diabetes (medicare population) | 27.4 | 25.4 | 28.2 | 5.6 | Centers for Medicare and Medicaid Services | 2018 |
| | | Adults who are Obese | 36% | 36% | 32% | 36% | County Health Rankings | 2017 |
| | | Alzheimer's/Dementia | 11.6 | 10.3 | 11.7 | * | Centers for Medicare and Medicaid Services | |
| | | Arthritis | 41.4 | 32.6 | 36.2 | * | Centers for Medicare and Medicaid Services | |
| | Chronic Conditions | Diabetic Screening (Medicare population) | 83% | 87% | 86% | * | County Health Rankings | 2014 |
| | | Diagnosed Diabetes Prevalence (per 1,000) | 10% | 10% | 11% | 5.6 | County Health Rankings | 2017 |
| | | Hepatitis (Chronic Viral B&C) (per 100,000) | 0.5 | 0.5 | 0.8 | 0.1 | Centers for Medicare and Medicaid Services | |
| | | Kidney Disease | 23.5 | 23.2 | 25.9 | 0.128 | Centers for Medicare and Medicaid Services | |
| Health Care Access and | | Osteoporosis | 6.5 | 5.4 | 5.8 | 0.055 | Centers for Medicare and Medicaid Services | |
| Quality | | Births with Late or No Prenatal Care | 3.80% | 2.30% | 5.60% | 0.195 | Kids Count | 2020 |
| Ç . | | Less than Adequate Prenatal Care | 32.50% | 26.00% | 32.20% | 0.195 | Kids Count | 2020 |
| | Family Planning | Low Birthweight | 7% | 7% | 9% | * | County Health Rankings | 2013-2019 |
| | | Pre-Term Births | 8.50% | 8.60% | 10.20% | 0.094 | Kids Count | 2020 |
| | | Fully Immunized Toddlers (Age 2) | 79.00% | 78.30% | 70.70% | 0.987 | Kids Count | 2020 |
| | | | 1 | | | * | APPRIEST SEE B. CC. 1 | |
| | | Influenza Vaccination Rate (Adults) | 37.00% | 44.30% | 39% | - | MDHHS: Immunization Report Card | 2021 |
| | | Influenza Vaccination Rate (Adults) Influenza Vaccination Rate (Adults & Children) | 37.00% 68.60% | 44.30% 83.70% | 72% | 70% | Behavioral Risk Factor Survey | 2021 |
| | | | | | | | | |

| | | Indicator | Вау | Midland | Michigan | Healthy People 2030 | Source | Date |
|--|--|---|---------|---------|----------|---------------------|---|-----------|
| | | Other Primary Care Providers Ratio | 1,190:1 | 700:1 | 880:1 | * | County Health Rankings | 2020 |
| | | Pneumonia Vaccination (PPSV23 65+) | 37.10% | 55.10% | 55.10% | * | Michigan Department of Health and Human Services | 2021 |
| | | Population of Dentist Ratio | 1,470:1 | 1,360:1 | 1,310:1 | * | County Health Rankings | 2019 |
| | | Preventable Hospital Stays (per 100,000 population) | 6,355 | 3,642 | 4,789 | * | County Health Rankings | 2018 |
| | | Primary Care Provider Ratio | 2,600:1 | 1,010:1 | 1,270:1 | 84% | County Health Rankings | 2018 |
| | | Alcohol-Impaired Driving Deaths | 34% | 47% | 29% | 0.283 | County Health Rankings | 2015-2019 |
| | | Chronic Lower Respiratory Disease | 83.4 | 57.7 | 56.5 | 107.2 | Michigan Department of Community Health | 2020 |
| | | Diabetes (per 1,000 population) | 190.1 | 75.8 | 26.3 | 13.7 | Michigan Department of Community Health | 2020 |
| | | Drug Overdose Deaths (per 100,000 population) | 25 | 13 | 26 | 20.7 | County Health Rankings | 2017-2019 |
| | | Drug Rate Death due to Heroin-Related Drug Poisoning | 17 | 6 | 1,768 | 4.2 | Michigan Substance Use Data Repository | 2019 |
| | Mortality Rate per 100,000 Population | Heart Disease | 234.4 | 151.8 | 206 | 71.1 | Michigan Department of Community Health | 2018-2020 |
| | 100,000 Population | Infant (per 1,000 population) | 5.5 | 2.3 | 6.6 | 5 | Michigan Department of Community Health | 2017-2019 |
| | | Life Expectancy, Both Sexes | 78.37 | 80.54 | 78.26 | * | US Health Map | 2014 |
| | | Mortality Ranking | 390 | 290 | 370 | * | County Health Rankings | 2020 |
| | | Stroke | 32.9 | 42.7 | 44.8 | 33.4 | Michigan Department of Community Health | 2018-2020 |
| | | Suicide | 16.3 | 12.4 | 13.8 | 12.8 | Michigan Department of Community Health | 2016-2020 |
| | | HIV Prevalence (per 100,000 population) | | | 7.2 | 0.087 | National HIV Surveillance System | |
| | Sexually Transmitted | HPV Vaccination (Females) | 47.90% | 50.50% | 45.50% | 80% | MDHHS: Immunization Report Card | 2021 |
| | Infections | HPV Vaccination (Males) | 47.80% | 48.80% | 43.60% | 80% | MDHHS: Immunization Report Card | 2021 |
| | | Sexually Transmitted Infections (per 100,000 population) | 395.2 | 233.8 | 507.8 | * | County Health Rankings | 2018 |
| | | Adolescents who Get Formal Sex Education Before Age 18 | | | | 0.591 | | |
| | | Adolescents who Never Had Sex | | | 64.70% | 0.808 | MI: CDC - Youth Risk Behavior Surveillance System | 2019 |
| | | Child and Teen Deaths (Ages 1-19) | 19.6 | 19.3 | 25 | 18.4 | Kids Count | 2019 |
| | | Number of Births Ages 15-19 (per 1,000 females) | 20 | 12 | 18 | 31.4 | County Health Rankings | 2013-2019 |
| | | Percent of High School Students who are Obese | | | 15.30% | 0.155 | Michigan Profile for Healthy Youth (MI: CDC - Youth Risk Behavior Surveillance System) | 2019 |
| | Teens | Percent of High School Students who are Overweight | | | 16.90% | * | Michigan Profile for Healthy Youth (MI: CDC - Youth Risk Behavior Surveillance System) | 2019 |
| | | Percent of Middle School Students who are Obese | | | 15.30% | 0.155 | Michigan Profile for Healthy Youth | 2019 |
| | | Percent of Middle School Students who are Overweight | | | 16.10% | * | Michigan Profile for Healthy Youth | 2019 |
| | | Percentage of Students who Never had Sexual Intercourse | | | 67.70% | 0.808 | Michigan Profile for Healthy Youth | 2019 |
| | | Percent of High School Students who Saw a Doctor for an Exam When They Were Not Sick or Injured in the Past Year | | | | | Michigan Profile for Healthy Youth | |
| | | Repeat Teen Births (Ages 15-19) | 14.80% | 10.80% | 16.20% | 0.269 | Kids Count | 2019 |
| | | Teen Pregnancy Rate (per 1,000 population) | 29.8 | 17.5 | 25.8 | 0.701 | Michigan Department of Community Health | 2019 |

| Speits compacified againstant | | | Indicator | Bay | Midland | Michigan | Healthy People 2030 | Source | Date |
|--|--------------|------------------------|--|--------|---------|----------|---------------------|--|-------------|
| Top 10 Impactor MS DIKG | | | Sepsis, unspecified organism | * | 908 | * | 0.269 | MyMichigan Health | |
| Pop Disputation No. 19 | | | Single liveborn infant, delivered vaginally | * | 839 | * | * | MyMichigan Health | |
| Top 10 Injustives NS Projections infant, delivered by reasons | | | COVID-19 | * | 520 | * | * | MyMichigan Health | |
| Top 10 Inputions Management Top 10 Inputions Management Top 10 Inputions Management Top 10 Inputions Management Top 10 Input Top | | | Non-ST elevation (NSTEMI) myocardial infaction | * | 509 | * | * | MyMichigan Health | |
| Principal Principal Principal Activity Physical Activity Phy | | | Single liveborn infant, delivered by cesarean | * | 427 | * | * | MyMichigan Health | |
| People with Disabilities People with Disability D | | | , :- | * | 241 | * | * | MyMichigan Health | |
| Part | | | Acute kidney failure, unspecified | * | 223 | * | * | MyMichigan Health | |
| Neighborhood and Figure Part disease with heart failure 1 | | | Paroxysmal atrial fibrillation | * | 219 | * | * | MyMichigan Health | |
| Neighborhood and Built Environment County Health Rankings 2019 | | | Major depressive disorder, recurrent severe without psychotic features | * | 199 | * | * | MyMichigan Health | |
| Bull Environment General Ligor Store Density | | | Hypertensive heart disease with heart failure | * | 180 | * | * | MyMichigan Health | |
| General Liquor Stone Density 16 6 1,645 * County Builth Rankings 2015-2019 | | | Drinking Water Violations (Yes or No) | No | No | No | 0.079 | County Health Rankings | 2019 |
| Permatuse Desth (VPLL) (per 10,000 population) | | | Liquor Store Density | 16 | 6 | 1,645 | * | County Business Patterns | 2021 |
| Injury Prevention Set Belt Viage Softward Set Belt Viage Softward Set Belt Viage Unintentional Injury Deaths (set 100,000 population) 74.7 39.7 56.2 43.2 Michigan Department of Community Health Disabilities People with Disability (Under Age 65) 61.80% 24.10% 29.60% * U.S. Census Buseau 2019 | | | Firearm Fatalities (per 100,000 population) | 11 | 8 | 12 | 10.7 | County Health Rankings | 2015-2019 |
| Sear Belt Usage | | Injum Provention | Premature Death (YPLL) (per 100,000 population) | 8,100 | 5,600 | 7,500 | * | County Health Rankings | 2017-2019 |
| People with Disabilities People with Disability (Under Age 65) 61.80% 24.10% 29.60% * U.S. Census Buseau 2019 | | injury Prevention | Seat Belt Usage | | | 95.9 | * | Behavioral Risk Factor Survey | 2020 |
| Disabilities | | | Unintentional Injury Deaths (per 100,000 population) | 74.7 | 39.7 | 56.2 | 43.2 | Michigan Department of Community Health | |
| Physical Activity | | • | People with Disability (Under Age 65) | 61.80% | 24.10% | 29.60% | * | U.S Census Bureau | 2019 |
| Physical Activity Physical Activity Physical Linetivity Physical Linetivity Physical Linetivity Physical Activity Physical Linetivity Percentage of High School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School Students who Were Physically Active Precentage of Middle School | | | Access to Exercise Opportunities | 86% | 83% | 85% | * | County Health Rankings | 2010 & 2019 |
| Population with No Leisuae Time Physical Activity | | | Frequent Physical Distress | 14% | 12% | 13% | * | County Health Rankings | 2018 |
| Receation and Fitness Facility Access (per 1,000 population) | | Physical Activity | Physical Inactivity | 26% | 21% | 23% | 0.212 | County Health Rankings | 2017 |
| Percentage of High School Students who Were Physically Active for at Least 60 Minutes Per Day on Five or More of the Past Seven Days 44.7 0.306 Michigan Profile for Healthy Youth 2019 | | | Population with No Leisure Time Physical Activity | 26% | 21% | 24.30% | 0.212 | Centers for Disease Control and Prevention | 2017-2020 |
| Teen Physical Activity For at Least 60 Minutes Per Day on Five or More of the Past Seven Days 44.7 0.306 Michigan Profile for Healthy Youth 2019 | | | Recreation and Fitness Facility Access (per 1,000 population) | 0.05 | 0.08 | | * | US Department of Agriculture | 2016 |
| Percentage of Middle School Students who Wese Physically Active for at Least 60 Minutes Per Day on Five or More of the Past Seven Days 55.3 0.306 Michigan Profile for Healthy Youth 2019 | | | | | | 44.7 | 0.306 | Michigan Profile for Healthy Youth | 2019 |
| Neighborhood and Built | | Teen Physical Activity | Percentage of Middle School Students who Were Physically Active | | | 55.3 | 0.306 | Michigan Profile for Healthy Youth | 2019 |
| Neighborhood and Built | | | | 16.70% | 13.10% | 16.40% | * | Centers for Medicare and Medicaid Services | 2017-2019 |
| Respiratory Disease Adults | | | | | | | 8.9 | | |
| Neighborhood and Built Environment Substance Use Engine Drinking Adults CoPD (Medicare population) 5.20% 5.10% 5.60% * Centers for Medicare and Medicaid Services 2018 | | • • | | 83.4 | 57.7 | 56.5 | 107.2 | | 2020 |
| Influenza and Pneumonia Mortality (per 100,000 population) 22.1 12 18.3 * Michigan Department of Community Health 2020 | Neighborhood | Adults | | 5.20% | 5.10% | 5.60% | * | | 2018 |
| Substance Use Binge Drinking Adults 22% 22% 21% 0.254 County Health Rankings 2018 | _ | | | 22.1 | 12 | 18.3 | * | | 2020 |
| Excessive Drinking 22% 22% 21% * County Health Rankings 2018 | Environment | | | 22% | 22% | 21% | 0.254 | | 2018 |
| Adult Smoking 21% 19% 20% 5% County Health Rankings 2018 | | Substance Use | | 22% | 22% | 21% | * | · · · · · · · · · · · · · · · · · · · | 2018 |
| Tobacco Use Adult Tobacco Use 21% 19% 20% 0.162 County Health Rankings 2018 Births to Mothers who Smoked During Pregnancy 24.40% 14.40% 14.40% 0.043 Kids Count 2019 | | | | 21% | 19% | 20% | 5% | | 2018 |
| Tobacco Use Births to Mothers who Smoked During Pregnancy 24.40% 14.40% 0.043 Kids Count 2019 | | | | 21% | 19% | 20% | 0.162 | | 2018 |
| | | Tobacco Use | Births to Mothers who Smoked During Pregnancy | 24.40% | 14.40% | 14.40% | 0.043 | | 2019 |
| | | | | 21% | 19% | 18.40% | 5% | Behavioral Risk Factor Surveillance System | 2020 |

| | | Indicator | Bay | Midland | Michigan | Healthy People 2030 | Source | Date |
|------------|---|--|--------|---------|----------|---------------------|--|-------------|
| | | Percentage of High School Students who Ever Drank Alcohol | * | 12.5 | 13.6 | 0.063 | Michigan Profile for Healthy Youth | 2021 |
| | Teen Substance Use | Percentage of High School Students who Ever Tried Marijuana | * | 8.5 | 37.50% | 0.058 | Michigan Profile for Healthy Youth | 2021 |
| | Teen Substance Use | Percentage of Middle School Students who Ever Tried Marijuana | * | 2.3 | * | 0.058 | Michigan Profile for Healthy Youth | 2021 |
| | | Teens who Binge Drink (High School) | 15.70% | 8.80% | 11.2 | 0.084 | Michigan Profile for Healthy Youth | 2021 |
| | | Percentage of High School Students who Ever Tried Cigarette Smoking | * | 5.3 | 21.2 | 0.034 | Michigan Profile for Healthy Youth | 2021 |
| | | Percentage of Middle School Students who Ever Tried Cigarette Smoking | * | 3.3 | | 0.034 | Michigan Profile for Healthy Youth | 2021 |
| | | Pewentage of High School Students who Used an Electronic Vapor Product During the Past 30 Days | 23.2 | | 20.8 | 0.105 | Michigan Profile for Healthy Youth | 2021 |
| | | Percentage of Middle School Students who Used an Electronic Vapor Product During the Past 30 Days | 10.1 | 10.9 | | 0.105 | Michigan Profile for Healthy Youth | 2021 |
| | | Teen Tobacco Use during past 30 Days | 3.90% | 6.40% | 4.50% | 0.023 | Michigan Profile for Healthy Youth | 2021 |
| | Transportation | Households Without Access to a Vehicle | 5.30% | 5.40% | 7.50% | * | American Community Survey | 2019 |
| | | Adults who Reported Insufficient Sleep | 39% | 37% | 40% | 0.314 | County Health Rankings | 2018 |
| | Social and Community Context - General | Adults and Adolescents Screened for Depression | | | | 0.135 | | |
| | | Chronic Conditions: Depression | 25.17% | 21.18% | 20.87% | * | Centers for Medicare and Medicaid Services | 2018 |
| | | Chronic Conditions: Schizophrenia/Other Psychotic Disorders | 4.15% | 3.12% | 3.64% | * | Centers for Medicare and Medicaid Services | |
| | | Frequent Mental Distress | 16% | 14% | 15% | 0.076 | County Health Rankings | 2018 |
| | | Less Than 8 Hours of Sleep per Night | 39% | 37% | 40% | * | Behavioral Risk Factor Survey | |
| | | Minors and Young Adults Committing Violent Crimes (per 100,000 population) | | | | 199.2 | | |
| | | Poor Mental Health Days (per 30 days) | 5.2 | 4.4 | 4.7 | * | County Health Rankings | 2018 |
| | | Violent Crime Rate (per 100,000 population) | 328 | 126 | 443 | * | County Health Rankings | 2014 & 2016 |
| Social and | Children | Children in Single Parent Households | 28% | 17% | 26% | * | County Health Rankings | 2015-2019 |
| Community | Cinidien | Time Spent Playing with Children 30+ Minutes per Day | | | | * | Behavioral Risk Factor Survey | |
| Context | Health IT | Broadband Access | 82% | 83% | 82% | 0.608 | County Health Rankings | 2015-2019 |
| | | Health Supportive Services | 7.0% | 36.2% | * | * | 211 | |
| | | Utilities | 26.2% | 10.4% | * | * | 211 | |
| | | Food | 8.9% | 10.1% | * | * | 211 | |
| | | Housing/Shelter | 18.8% | 9.6% | * | * | 211 | |
| | Top 10 Referrals for | Health Screenings/Diagnostic Services | 3.2% | 5.3% | * | * | 211 | |
| | 211 (Midland County) | Material Goods | 4.0% | 3.8% | * | * | 211 | |
| | | Transportation | 1.6% | 1.9% | * | * | 211 | |
| | | Individual and Family Support Services | 1.8% | 1.9% | * | * | 211 | |
| | | Legal Services | 3.0% | 1.6% | * | * | 211 | |
| | | Temporary Financial Assistance | 1.5% | 1.5% | * | * | 211 | |

Appendix C: Survey

Saginaw Valley State University

Departments of Health Science and Kinesiology, College of Health and Human Services

Project Title: Midland Community Health Survey

Principal Investigators: Rebecca Schlaff, PhD & Meghan Baruth, PhD

Purpose of this Study

The purpose of this research study is to understand the health and health needs of people living in Midland County. Information from this study will be used to develop programs in Midland County to address the needs of its residents. You are being asked to participate in this research study because you are at least 18 years of age and live in Midland County. In total, we hope to have 500 people fill out this survey.

Participation in this Study/Procedures

Participating in this study involves filling out an online survey that will take about 20-30 minutes. You will be asked to answer questions about your health conditions, health behaviors, and satisfaction with the quality of and access to various services and places in Midland County. Once you complete the survey, your participation in the study will end.

Possible Risks, Stresses or Discomforts

Participating in this research study may involve some risks, stresses or discomforts. The most likely discomfort is the amount of time it will take to complete the survey (20-30 minutes). You may be uncomfortable with some of the questions we ask. If you are uncomfortable, you are free to not answer those questions. If you experience any discomfort in answering these questions and would like to speak with someone please contact: http://www.211nemichigan.org for a full list of resources. As in all research, there may be unforeseen risks to you. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or additional treatment will be made available to you except as otherwise stated in this consent form.

Participant Rights

You are free to not answer any questions you choose without penalty. If you decide to participate in this study and complete the survey, you may stop at any time. Choosing not to be in this study will not result in any penalty to you. Specifically, your choice not to be in this study will not negatively affect you in any way.

Possible Benefits for Me or Others

We understand how busy you are and value your time. However, we encourage you to take this survey in order to help your community identify health needs so those concerns can be addressed. Information from this survey will be used by community leaders and organizations to develop programs that address the health concerns and needs of the community.

Anonymity and Confidentiality

Your responses in the survey are anonymous. At the end of the survey you will have the option of providing your name and mailing address to receive a \$5 Meijer gift card for taking the survey. This information will be collected in a separate survey and will not be linked to any information in the research survey.

Your responses will remain confidential. All electronic data are stored in a password protected format and will be kept for three years, then deleted; paper surveys will be shredded. It is possible that the Institutional Review Board (IRB) may view this study's collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

Confidentiality and Privacy Rights

Participation in this research study may result in a loss of privacy since persons other than the investigator(s) might view your study records. Unless required by law, only the study investigators, members of the investigator's staff, Saginaw Valley State University Institutional Review Board, and representatives from the IRB Research Compliance Office can review your study records. They are required to maintain confidentiality regarding your identity.

Any study results reported in professional journals or grant proposals will be reported at a group level (combined across people). If any findings are reported at an individual level, they will not contain any information that would identify you.

Compensation

In appreciation for your time spent completing the survey, you are eligible to receive a \$5 gift card to Meijer. You must provide your name and mailing address (when instructed) after completing the survey to receive this token of appreciation. The study staff will mail your gift card within seven business days of survey completion. If after taking the survey, you seek counseling or medical treatment, any expenses accrued will be the responsibility of the subject and not that of the research project, research team, or SVSU.

Questions or Concerns about this Research Study:

If you have any questions, problems, illness, or injury during your time on this study, call us promptly. Dr. Rebecca Schlaff (989-964-4538) and Dr. Meghan Baruth (989-964-4143) are the persons in charge of this research study. You can call us directly Monday-Friday 9am-5pm with questions. The participant may also contact the Chair, Human Subjects Institutional Review Board (989-964-7488; irbchair@svsu.edu) if questions or problems arise during the course of the study.

Consent

Subject's Permission

I have read this form and have been given the opportunity to ask questions by contacting the individuals listed in the section above. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above.

If you wish to participate, please select 'Accept' and begin the survey. You may request a copy of this consent page for your records. If you do not wish to participate in this study, please select 'Decline'.

| -90 | ioi jour roccius. | , | our norputo n | · imo otaaj, | picaco coloci | |
|-----|-------------------|---|-------------------|--------------|---------------|--|
| | | | | | | |
| 0 | Accept | | | | | |
| 0 | Decline | | | | | |

| PΙε | ease select only one answer unless otherw | vise specified. F | Pleas | se n | ote that this surv | ey is double-sided. |
|-----|---|-------------------|-------|------|----------------------|--------------------------------|
| 1. | Do you live in Midland County, Michigan? | | | | | |
| 0 | Yes | | 0 | No | | |
| 2. | Do currently live in: | | | | | |
| 0 | City of Midland | | | | | |
| 0 | Village of Sanford | | | | | |
| 0 | Coleman | | | | | |
| 0 | Township in Midland County, Please specif | fy: | | | | |
| 3. | In what zip code is your home located? | | | | | |
| 0 | 48618 O | 48641 | | | 0 | 48670 |
| 0 | 48620 O | 48642 | | | 0 | 48674 |
| 0 | 48628 O | 48657 | | | 0 | 48686 |
| 0 | 48640 O | 48667 | | | | |
| 4. | What is your gender? | | | | | |
| 0 | Male | | 0 | Pr | efer to self-describ | e: |
| 0 | Female | | 0 | Pr | efer not to answer | |
| 5. | What is your age? (years) | | | | | |
| 6. | What is your ethnicity? | | | | | |
| | O Asian/Pacific Islander | | | 0 | Hispanic or Latino | (All Races) |
| | O Black/African American | | | 0 | Multi-Racial | |
| | O American Indian/Alaska Native | | | 0 | Unknown | |
| | O White (Not Hispanic or Latino) | | | 0 | Prefer not to answ | ver |
| 7. | Which of the following best describe | s your current | rela | tio | nship status? | |
| | O Married | | | 0 | Separated | |
| | O Widowed | | | 0 | Not married, but l | iving with a significant other |
| | O Divorced | | | 0 | Not married | |
| 8. | What is the highest grade or level of scho | ool you have cor | mple | ted | ? | |
| | O Never attended school or only attended kindergarten | | | 0 | Technical/Vocation | onal Certificate |
| | Grades 1-8 (elementary) | | | 0 | Associate Degree | |
| | O Grades 9-11 (some high school) | | | 0 | Bachelor's Degree | е |
| | Grade 12 or GED (high school graduate | 1) | | 0 | Master's Degree | |
| | Some college | " | | 0 | Doctoral Degree | or higher |
| | O Contro Concyc | | | | | |

| 9. | Wh | ich of the following cate | gories best descr | ibes your employn | nent status? | | | | |
|------|---|--|---------------------|----------------------|----------------------|--------------------------|--|--|--|
| | 0 | Employed, working 40 or | more hours per we | ek O | Homemaker | | | | |
| | 0 | Employed, working 1-39 | hours per week | 0 | Full-time student | | | | |
| | 0 | Not employed, looking fo | r work | 0 | Retired | | | | |
| | 0 | Not employed, NOT look | ing for work | 0 | Disabled, not able | e to work | | | |
| 10. | Wh | at is your approximate av | erage household i | ncome? | | | | | |
| | 0 | Less than \$10,000 | 0 | \$50,000 to \$59,999 | | O \$100,000 to \$149,999 | | | |
| | 0 | \$10,000 to \$19,999 | 0 | \$60,000 to \$69,999 | | O \$150,000-\$174,999 | | | |
| | 0 | \$20,000 to \$29,999 | 0 : | \$70,000 to \$79,999 | | O \$175,000-\$199,999 | | | |
| | 0 | \$30,000 to \$39,999 | 0 | \$80,000 to \$89,999 | | O \$200,000 and up | | | |
| | 0 | \$40,000 to \$49,999 | 0 | \$90,000 to \$99,999 | | | | | |
| | 11. In the past 12 months, have there been three or more months in which you were not able to pay all of your bills or could not pay all of them on time because you did not have enough money? Yes No 12. Do you qualify for any of the following types of financial support? | | | | | | | | |
| | | | Yes | No | Don't Know | Prefer not to answer | | | |
| /IC | | | 0 | 0 | 0 | 0 | | | |
| NΑ | P/E | ВТ | 0 | 0 | 0 | 0 | | | |
| ous | sing | | 0 | 0 | 0 | 0 | | | |
| ayo | are | | 0 | 0 | 0 | 0 | | | |
| ledi | caio | i | 0 | 0 | 0 | 0 | | | |
| 13. | _ | ich of the following best A mobile home or trailer | describes where | | An apartment bui | lding | | | |
| | 0 | A house detached from a | iny other house (a | 0 | A dormitory or sin | nilar boarding house | | | |
| | 0 | standalone home) A house attached to one (duplex, triplex, townhouse | | 0 | Prefer not to answ | ver | | | |
| 14. | Но | w many people currer | ntly live in your h | nome? | _ | | | | |
| 15. | Но | w many children unde | er 18 years of ag | e live in your ho | usehold? | | | | |
| 16. | Do | you currently: | | | | | | | |
| | 0 | Own your primary home | 0 | Rent your primary h | ome | O Other | | | |
| 17. | In t | he past 12 months, has | there been a time | when you did not l | have a place to live | e? | | | |
| | 0 | Yes | | 0 | No No | | | | |

| 18. | In t | the past 12 months, which mode of transportation did you | pri | marily use to get to work? |
|-------------------|--------------------------------|---|---------------|--|
| | 0 | Personal Vehicle | 0 | Walk |
| | 0 | Carpool | 0 | Senior Services Courtesy Cars |
| | 0 | Public Transportation | 0 | NA |
| | 0 | Non-motorized vehicle (bicycle) | 0 | Other: |
| 19. | In t | the past 12 months, which mode of transportation did you | pri | marily use to get to recreational activities? |
| | 0 | Personal Vehicle | 0 | Walk |
| | 0 | Carpool | 0 | Senior Services Courtesy Cars |
| | 0 | Public Transportation | 0 | NA |
| | 0 | Non-motorized vehicle (bicycle) | 0 | Other: |
| 20. | | the past 12 months, which mode of transportation did you dical services? | pri | marily use to get to the doctor or other |
| | 0 | Personal Vehicle | 0 | Walk |
| | 0 | Carpool | 0 | Senior Services Courtesy Cars |
| | 0 | Public Transportation | 0 | NA |
| | 0 | Non-motorized vehicle (bicycle) | 0 | Other: |
| 21. | Wh | nat is your weight in pounds? | | |
| | | · | | |
| 22. | | nat is your height (in feet and inches)? Feet Inches | | |
| | Wh | | | |
| | Wh Are | nat is your height (in feet and inches)? Feet Inches_ | | No |
| 23. | Wh Are | nat is your height (in feet and inches)? Feet Inches_ | | |
| 23. | Wh Are | nat is your height (in feet and inches)? Feet Inches_ e you currently pregnant? Yes | 0 | |
| 23. | Wh Are O In (| nat is your height (in feet and inches)? Feet Inches_ e you currently pregnant? Yes general, how would you rate your overall health? | 0 | No |
| 23. | Wh Are O In 9 | nat is your height (in feet and inches)? Feet Inches_ e you currently pregnant? Yes general, how would you rate your overall health? Excellent | 0 | No Fair |
| 23. 24. | Wh Are O In (| nat is your height (in feet and inches)? Feet Inches_ e you currently pregnant? Yes general, how would you rate your overall health? Excellent Very good | 0 | No Fair Poor |
| 23. 24. | Who | nat is your height (in feet and inches)? Feet Inches_ e you currently pregnant? Yes general, how would you rate your overall health? Excellent Very good Good | 0 0 in | No Fair Poor |
| 23. 24. | Who | nat is your height (in feet and inches)? Feet Inches_ e you currently pregnant? Yes general, how would you rate your overall health? Excellent Very good Good w often do you use seat belts when you drive or ride | 0 0 0 in 0 | No Fair Poor a car? |
| 23. 24. | Who | nat is your height (in feet and inches)? Feet Inches_e you currently pregnant? Yes general, how would you rate your overall health? Excellent Very good Good w often do you use seat belts when you drive or ride Always | 0 0 0 in 0 | No Fair Poor a car? Rarely |
| 23. 24. 25. | Who Are | nat is your height (in feet and inches)? Feet Inches_e you currently pregnant? Yes general, how would you rate your overall health? Excellent Very good Good w often do you use seat belts when you drive or ride Always Usually | 0 0 0 in 0 0 | No Fair Poor a car? Rarely Never |
| 23. 24. 25. | Who | aat is your height (in feet and inches)? Feet Inches_e you currently pregnant? Yes general, how would you rate your overall health? Excellent Very good Good w often do you use seat belts when you drive or ride Always Usually Sometimes | o o in o o | No Fair Poor a car? Rarely Never |
| 23. 24. 25. | Who Are O In () O O O Are O Do | at is your height (in feet and inches)? Feet Inches_ e you currently pregnant? Yes general, how would you rate your overall health? Excellent Very good Good w often do you use seat belts when you drive or ride Always Usually Sometimes e you limited in any activities because of mental or emotion | o o in o o us | No Fair Poor a car? Rarely Never problems such as depression? No |

| 28. | Do you | rely or | people | for | any | of | the | following? |
|-----|--------|---------|--------|-----|-----|----|-----|------------|
| | | | | | | | | |

| | Yes | No |
|----------|-----|----|
| Bathing | 0 | 0 |
| Dressing | 0 | 0 |
| Shopping | 0 | 0 |
| Banking | 0 | 0 |
| Meals | 0 | 0 |

| 29. | In th | ne past 12 months, have you fallen? | | |
|-----|-------|---|----------|---------------------------------------|
| | 0 | Yes (Go to question 30) | | |
| | 0 1 | No (Go to question 31) | | |
| | | any of these falls cause an injury? By an injury, ular activities for at least a day or to go see a do | | ean the fall caused you to limit your |
| | 0 | Yes | 0 | No |
| 31. | Hov | v often do you feel isolated from others? | | |
| | 0 1 | Never | 0 | Some of the time |
| | 0 : | Sometimes | 0 | Always |
| 32. | Doy | you feel you belong at home, work, your commu | ınity, o | r in any other group or place? |
| | 0 ' | Yes | 0 | No |
| | | you feel that your family or the people you live w orkers care about you? | vith, ne | eighborhood, community, and/or |
| | 0 ' | Yes | 0 | No |
| 34. | Do y | ou have any children under the age of 18? | | |
| | 0 | Yes (Go to Question 35) | | |
| | 0 1 | No (Go to Question 37) | | |
| | | | | |

35. On a usual day, about how many minutes or hours do your children spend on the following activities?

| | 0 min | 15 min | 30 min | 45 min | 60 min | 1 hour 30 minutes | 2 hours | More than 2 hours |
|--|-------|--------|--------|--------|--------|----------------------|---------|-------------------------|
| Watching TV or videos, playing video games, or using a computer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Engaged in organized physical activities (sports, dance, etc.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Engaged in physical activities with friends or family | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | Very Dissatisfied | Not Satisfied | Neither Satisfied nor Dissatisfied | Satisfied | Very Satisfied | N/A |
|--|---|-------------------|--|-------------------------|-------------------|-----------------|
| Recreational activities | 0 | 0 | 0 | 0 | 0 | 0 |
| Public Assistance Programs | 0 | 0 | 0 | 0 | 0 | 0 |
| Public transportation | 0 | 0 | 0 | 0 | 0 | 0 |
| Jobs | 0 | 0 | 0 | 0 | 0 | 0 |
| Adult educational services (e.g. job raining) | 0 | 0 | 0 | 0 | 0 | 0 |
| Educational services for children | 0 | 0 | 0 | 0 | 0 | 0 |
| Fresh produce and other healthy foods | 0 | 0 | 0 | 0 | 0 | 0 |
| Substance Abuse Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Mental Health Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Affordable housing | 0 | 0 | 0 | 0 | 0 | 0 |
| | Very Dissatisfied | Not Satisfied | Neither Satisfied nor Dissatisfied | Satisfied | Very Satisfie | d N// |
| Recreational activities | 0 | 0 | 0 | 0 | 0 | 0 |
| Public Assistance Programs | 0 | 0 | 0 | 0 | 0 | |
| Neighborhood safety | _ | | | 1 | | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 |
| Air and water | 0 | 0 | 0 | | 0 | + |
| | | | | 0 | + | 0 |
| Schools | 0 | 0 | 0 | 0 | 0 | 0 |
| Schools Public transportation | 0 | 0 | 0 | 0 0 | 0 | 0 |
| Schools Public transportation Jobs Adult educational services e.g. job training) | 0 0 0 | 0 0 | 0 0 | 0 0 0 | 0 0 | 0 0 0 |
| Schools Public transportation Jobs Adult educational services (e.g. job training) Educational services for children | 0 0 0 | 0 0 | 0 0 0 | 0 0 0 0 | 0 0 0 | 0 0 0 |
| Schools Public transportation Jobs Adult educational services (e.g. job training) Educational services for children Fresh produce and other healthy foods | 0 0 0 0 0 0 0 | 0 0 0 | 0 0 0 0 | 0 0 0 0 0 0 | 0 0 0 0 | 0 0 0 0 0 |
| Schools Public transportation Jobs Adult educational services e.g. job training) Educational services for Educational services for Eriesh produce and other nealthy foods Substance Abuse Services | 0 0 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 0 |
| Schools Public transportation Jobs Adult educational services (e.g. job training) Educational services for children Fresh produce and other nealthy foods Substance Abuse Services | 0 | 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 |
| Air and water Schools Public transportation Jobs Adult educational services (e.g. job training) Educational services for children Fresh produce and other healthy foods Substance Abuse Services Mental Health Services Affordable housing | 0 | 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 |

36. On an average day, how many minutes or hours do you actively play with your children?

O 30-60 minutes

O more than 1 hour

O 0 minutes

O Less than 30 minutes

| 39. | On | average, how many hours of sleep de | y y o | u get in a 24-hour | r pe | eriod? | | | | | |
|-----|---|---|-------|--------------------|------|----------------------|-----------------------|--|--|--|--|
| | 0 | Less than 4 hours | 0 | 7 hours | | 0 | 11 hours | | | | |
| | 0 | 4 hours | 0 | 8 hours | | 0 | 12 hours | | | | |
| | 0 | 5 hours | 0 | 9 hours | | 0 | More than 12 hours | | | | |
| | 0 | 6 hours | 0 | 10 hours | | | | | | | |
| | phy | inking about the activities you do ysical activity for at least 10 minu cuuming, yard work, or anything e | tes | at a time, such | as | brisk walking, runi | ning, bicycling, | | | | |
| | 0 | Yes (Go to question 41) | | | | | | | | | |
| | 0 | No (Go to question 43) | | | | | | | | | |
| 41. | 41. How many days per week did you do these activities for at least 10 minutes at a time? | | | | | | | | | | |
| | 0 | 0 days | 0 | 3 days | | 0 | 6 days | | | | |
| | 0 | 1 day | 0 | 4 days | | 0 | 7 days | | | | |
| | 0 | 2 days | 0 | 5 days | | | | | | | |
| 42. | Wh | en you take part in these activitie | s, h | ow long do you | us | sually keep at it? | | | | | |
| | 0 | 10 minutes | 0 | 40 minutes | | 0 | 1 hour and 30 minutes | | | | |
| | 0 | 20 minutes | 0 | 50 minutes | | 0 | 2 hours | | | | |
| | 0 | 30 minutes | 0 | 1 hour | | 0 | More than 2 hours | | | | |
| 43. | In a | usual week, how many times per v | vee | k do you engage | e ir | n muscle strengthe | ning activities? | | | | |
| | 0 | 0 days | 0 | 3 days | | 0 | 6 days | | | | |
| | 0 | 1 day | 0 | 4 days | | 0 | 7 days | | | | |
| | 0 | 2 days | 0 | 5 days | | | | | | | |
| 44. | In a | usual week, how many times per v | vee | k do you engage | e ir | activities to impr | ove flexibility? | | | | |
| | 0 | 0 days | 0 | 3 days | | 0 | 6 days | | | | |
| | 0 | 1 day | 0 | 4 days | | 0 | 7 days | | | | |
| | 0 | 2 days | 0 | 5 days | | | | | | | |
| | | n typical week, how many serving: it; do not count dried fruit or juice | | fruit do you eat | t pe | er day? Count fres | h, frozen, or canned | | | | |
| | 0 | 0 servings | | | 0 | 3 servings per day | | | | | |
| | 0 | Less than 1 serving per day | | | 0 | 4 servings per day | | | | | |
| | 0 | 1 serving per day | | | 0 | 5 servings per day | | | | | |
| | 0 | 2 servings per day | | | 0 | More than 5 servings | per day | | | | |
| | | | | | | | | | | | |

| 40 1 4 | | | | | | | | | | | | |
|---|---|------------|-----------|---------------------------------|--------------------|----------------------|-------------------------|----------------------|-----------------------------|----------------------|------------------------------------|----------|
| 46. In a typical we canned veget | | | any | servin | gs of | veget | tables d | о у | ou eat pe | er day? Cou | nt fresh, fr | ozen, or |
| O 0 servings | | | | | | | | C | 3 servin | gs per day | | |
| O Less than 1 | servin | ng per d | lay | | | O 4 servings per day | | | | | | |
| O 1 serving pe | r day | | | | | | | O 5 servings per day | | | | |
| O 2 servings p | er day | / | | | | | | C | More tha | an 5 servings | per day | |
| 47. In a typical we | ook h | now of | ten | do vou | drink | the t | followin | a b | everanes | 2 | | |
| 47. III u typicai w | | ever | th tin | Less nan 1 ne per veek | 1- tim per v | 2 es | 3-4 times per wee | | 5-6 times per week | 1-2 times per day | More than 2 times per day | |
| Regular soda or | 0 | | 0 | | 0 | | 0 | | 0 | 0 | 0 | |
| Energy drinks | 0 | | 0 | | 0 | | 0 | | 0 | 0 | 0 | |
| Sugar-sweetened fruit drinks (not 100% fruit juice) | 0 | | 0 | | 0 | | 0 | | 0 | 0 | 0 | |
| Sugar-sweetened lavored teas | 0 | | 0 | | 0 | | 0 | | 0 | 0 | 0 | |
| 48. How often do | VOIL | nurch | 986 | food fr | om th | e foll | owina n | lac | 66. | | | |
| 101 11011 011011 00 | jou | 0 tim | | less th | nan 1 | | 2 times | | -4 times | 5-6 times | 7 or more t | imes |
| | | per wee | | time we | | pe | rweek | р | er week | per week | per wee | ek |
| Grocery store | | 0 | | 0 | | 0 | | 0 |) | 0 | 0 | |
| Convenience store | | 0 | | 0 | | 0 | | 0 | | 0 | 0 | |
| Fast food restaurant | | 0 | | 0 | | 0 | | 0 | | 0 | 0 | |
| Sit-down restaurant | | 0 | | 0 | | 0 | | 0 | | 0 | 0 | |
| Farmers market (whopen) | en | 0 | | 0 | | 0 | | 0 |) | 0 | 0 | |
| Co-op | | 0 | | 0 | | 0 | | 0 |) | 0 | 0 | |
| Food pantry | | 0 | | 0 | | 0 | | 0 |) | 0 | 0 | |
| Meals on Wheels | | 0 | | 0 | | 0 | | 0 |) | 0 | 0 | |
| Other | | 0 | | 0 | | 0 | | 0 | | 0 | 0 | |
| 49. Do you currei | ntly s | moke | cig | arettes | ? | | | | | | | |
| O Yes, I do ev | ery da | ıy | | | 0 ' | Yes, I | do some | day | S | 0 | No, I do not | |
| 50. Are you curre | ntly 6 | expos | ed t | o secoi | ndhan | ıd sm | oke? | | | | | |
| O Yes, I am ev | ○ Yes, I am every day ○ Yes, I am some days ○ No I am not | | | | | | | | | | | |
| 51. Do you current | ly use | chewi | ing t | obacco | snuff | , or ar | ny form o | fsr | nokeless t | tobacco? | | |
| O Yes, I do ev | ery da | ıy. | | | 0 ' | Yes, I | do some | day | S. | 0 | No, I do not. | |

| 52. | Do you currently use e-cigarettes? | | | | |
|-----|---|--------|---|------|----------------------|
| | O Yes, I do every day. | 0 | Yes, I do some days. | 0 | No, I do not. |
| 53. | In a typical week, how many days per we | eek | do you have at least one drink of any | alco | oholic beverage? |
| | O Less than 1 day | 0 | 3 days | 0 | 6 days |
| | ○ 1 day | 0 | 4 days | 0 | 7 days |
| | O 2 days | 0 | 5 days | 0 | I do not drink |
| 54. | On the days when you drink alcoholic be drink is equivalent to a 12-ounce beer, a | | | | |
| | O 1 drink | 0 | 4 drinks | 0 | Over 6 drinks |
| | O 2 drinks | 0 | 5 drinks | 0 | I do not drink |
| | O 3 drinks | 0 | 6 drinks | | |
| 55. | In the past 12 months, have you ever felt | lt lik | e you wanted or needed to cut down | on y | our drinking? |
| | O Yes | 0 | No | 0 | I do not drink |
| 56. | In the past 12 months, have you experie | nce | d any negative consequences from y | our | alcohol use? |
| | O Yes | 0 | No | 0 | I do not drink |
| 57. | In the past 12 months, have you sought use? | trea | ntment or attended a support group to | hel | lp with your alcohol |
| | O Yes | 0 | No | 0 | I do not drink |
| 58. | In the past 12 months, have you used pr depressants, pain killers, sedatives or st | | | d fo | r you such as anti- |
| | O Yes | | O No | | |
| 59. | In the past 12 months, have you used ma | ariju | uana? (check all that apply) | | |
| | O Yes, for medical use | 0 | Yes, for recreational use | 0 | No |
| 60. | In the past 12 months, have you used ot smack, PCP, LSD, uppers or downers (d | | | сгу | stal meth, heroin, |
| | O Yes | | O No | | |
| 61. | Do you suffer from chronic pain (defined | d as | persistent or recurrent pain lasting lo | onge | er than 3 months)? |
| | O Yes | | O No | | |
| 62. | In the past 12 months, have you taken o | pioi | d (narcotic) pain killers? | | |
| | O Yes | 0 | No | | |
| | | | | | |

| 3. In the pa | st year: | | | | | | |
|---|---|--|-------------------------------|----------------------|---------|------------------------------|--|
| | | | Yes | No | I do | n't use drugs | |
| I felt like I drug use. | wanted or needed | to cut down on my | 0 | 0 | 0 | | |
| I experiend drug use. | ced negative cons | equences from my | 0 | 0 0 | | | |
| I sought tr | eatment or attende my drug use. | ed a support group to | 0 | 0 0 | | | |
| | | | | | | | |
| 4. If you fel | | nce abuse problem, ho | | | | | |
| | Very likely | Somewhat likely | Neither likely or unlikely | Somewhat unlikely | | Very unlikely | |
| Doctor | 0 | 0 | 0 | 0 | | 0 | |
| Therapist | 0 | 0 | 0 | 0 | | 0 | |
| SF 16 | | | | | | - f b-l | |
| 5. If you fer | Very likely | health problem, how li Somewhat likely | Neither likely or | o go to the fo | | y for neip: Very unlikely | |
| | ,, | , | unlikely | unlikel | | , , | |
| Doctor | 0 | 0 | 0 | 0 | | 0 | |
| Therapist | 0 | 0 | 0 | 0 | | 0 | |
| O Memo O Conc O Decis famili | ory entration sion making that affe ar tasks | about your (check all the cts how you perform to the care provider | O Cont | e of the above | apply t | | |
| | pasal cell or squam | | | | | | |
| O Yes (| O Yes (Go to question 69) | | | | | | |
| O No (Go to question 71) | | | | | | | |
| 9. At what age were you first diagnosed with cancer? (age in years) | | | | | | | |
| 70. What typ | e(s) of cancer were | you diagnosed with (s | select all that apply |)? | | | |
| O Blado | der | | O Lung | g (Including Br | onchus |) | |
| O Breas | st (Female – Male) | | O Mela | anoma | | | |
| O Color | and Rectal (Combi | ned) | O Non- | -Hodgkin Lym | phoma | | |
| O Endometrial O Pancreatic | | | | | | | |
| O Kidne | ey (Renal Cell and R | enal Pelvis) | O Pros | tate | | | |

O Thyroid

O Leukemia (All Types)

| 71. Has a doctor, nurse, or other health professional ever told you th | Yes | No | - |
|---|--|---|--------|
| A heart attack, also called a myocardial infarction | 0 | 0 | |
| Angina (chest pain from a heart problem) or coronary heart disease | 0 | 0 | |
| A stroke | 0 | 0 | |
| High blood pressure, also called hypertension | 0 | 0 | |
| Type 1 Diabetes | 0 | 0 | |
| Pre-diabetes or borderline diabetes | 0 | 0 | |
| Type 2 Diabetes | 0 | 0 | |
| Asthma | 0 | 0 | |
| Depression | 0 | 0 | |
| Anxiety | 0 | 0 | |
| Substance Use Disorder | 0 | 0 | |
| f you identify as female, answer questions 73-75. If you identify | No as male, | skip to question 7 | |
| O Yes O | No as male, | skip to question 7 | |
| O Yes f you identify as female, answer questions 73-75. If you identify 73. A mammogram is an x-ray of each breast to look for breast cance mammogram? | No as male, | skip to question 7 | |
| Yes Yes | No as male, er. How lor | skip to question 7 | |
| Yes Yes | No as male, er. How lor | skip to question 7 | |
| Yes If you identify as female, answer questions 73-75. If you identify 73. A mammogram is an x-ray of each breast to look for breast cance mammogram? Less than 1 year 1-2 years | No as male, er. How lor More than Never | skip to question 7 ng has it been since y 5 years | you ha |
| Yes If you identify as female, answer questions 73-75. If you identify 73. A mammogram is an x-ray of each breast to look for breast cance mammogram? Less than 1 year 1-2 years 3-5 years 74. A clinical breast exam is when a doctor, nurse, or other health prolong has it been since you had a clinical breast exam? | No as male, er. How lor More than Never | skip to question 7 ng has it been since y 5 years feels the breasts for | you ha |
| Yes You identify as female, answer questions 73-75. If you identify 73. A mammogram is an x-ray of each breast to look for breast cance mammogram? Less than 1 year 1-2 years 3-5 years 74. A clinical breast exam is when a doctor, nurse, or other health prong has it been since you had a clinical breast exam? Less than 1 year | No as male, er. How lor More than Never | skip to question 7 ng has it been since y 5 years feels the breasts for | you ha |
| O Yes f you identify as female, answer questions 73-75. If you identify 73. A mammogram is an x-ray of each breast to look for breast cance mammogram? O Less than 1 year O 1-2 years O 3-5 years 74. A clinical breast exam is when a doctor, nurse, or other health prong has it been since you had a clinical breast exam? O Less than 1 year | No as male, er. How lor More than Never ofessional | skip to question 7 ng has it been since y 5 years feels the breasts for | you ha |
| Yes Yes If you identify as female, answer questions 73-75. If you identify 73. A mammogram is an x-ray of each breast to look for breast cance mammogram? Less than 1 year 1-2 years 3-5 years 74. A clinical breast exam is when a doctor, nurse, or other health prolong has it been since you had a clinical breast exam? Less than 1 year 1-2 years 1-2 years | No as male, er. How lor More than Never ofessional More than Never | skip to question 7 ng has it been since y 5 years feels the breasts for 5 years | you ha |
| Yes Yes If you identify as female, answer questions 73-75. If you identify 73. A mammogram is an x-ray of each breast to look for breast cance mammogram? Less than 1 year 1-2 years 3-5 years A clinical breast exam is when a doctor, nurse, or other health prong has it been since you had a clinical breast exam? Less than 1 year 1-2 years 1-2 years 3-5 years 3-5 years A Pap test is a test for cancer of the cervix. How long has it been | No as male, er. How lor More than Never ofessional More than Never | skip to question 7 ng has it been since y 5 years feels the breasts for 5 years had a Pap test? | you h |
| O Yes O Yes O Yes If you identify as female, answer questions 73-75. If you identify 73. A mammogram is an x-ray of each breast to look for breast cance mammogram? O Less than 1 year O 1-2 years O 3-5 years 74. A clinical breast exam is when a doctor, nurse, or other health prolong has it been since you had a clinical breast exam? O Less than 1 year O 1-2 years O 3-5 years 75. A Pap test is a test for cancer of the cervix. How long has it been O Less than 1 year | No as male, er. How lor More than Never ofessional More than Never | skip to question 7 ng has it been since y 5 years feels the breasts for 5 years had a Pap test? | you h |

Females: skip to Question 78

| 16. | int | - | | | er neam professional places a gloved fingel tate gland. How long has it been since your |
|-----|-----|--|-------------------------|-------|--|
| | 0 | Less than 1 year | | 0 | More than 5 years |
| | 0 | 1-2 years | | 0 | Never |
| | 0 | 3-5 years | | | |
| 77. | | olood stool test is a test that may use a w long has it been since you had your | | | determine whether the stool contains blood sing a home kit? |
| | 0 | Less than 1 year | | 0 | More than 5 years |
| | 0 | 1-2 years | | 0 | Never |
| | 0 | 3-5 years | | | |
| 78. | Wh | en is the last time you were screened | for colon cancer? | | |
| | 0 | Less than 1 years | | 0 | More than 5 years |
| | 0 | 1-2 years | | 0 | More than 10 years |
| | 0 | 3-5 years | | 0 | Never |
| 79. | Dic | I you receive a flu vaccination for the | 2018-2019 flu seaso | n? | |
| | 0 | Yes | O No | | |
| 80. | Ha | ve you been diagnosed with HIV or Al | DS? | | |
| | 0 | Yes | O No | | O Unsure |
| 81. | Do | you currently have? (please choose y | our primary source | of i | nsurance) |
| | 0 | An employer-sponsored health insurance | ce plan (skip to questi | on 8 | 34) |
| | 0 | An individual plan purchased on the hea | alth insurance exchan | ge (| (go to question 82) |
| | 0 | Medicaid (skip to question 85) | | | |
| | 0 | Medicare (skip to question 85) | | | |
| | 0 | Uninsured (skip to question 85) | | | |
| 82. | | ou purchased your plan on the health ordable Care Act? | insurance exchang | e, d | o you receive premium supports under the |
| | 0 | Yes | | 0 | No |
| 83. | | ould you be able to afford your health opports? | insurance premiums | wit | thout Affordable Care Act premium |
| | 0 | Yes | | 0 | No |
| 84. | Do | you have a high deductible plan? | | | |
| | 0 | Yes | | 0 | No |
| 85. | Wo | ould you be able to pay an \$8,000 Eme | rgency Department | bill? | ? |
| | | and you be able to pay all vojece Ellio | | | |
| | 0 | Yes | | | No |

| 86. When I need medical care, I prefer to see/go to (check all that apply): | | | | | | | | |
|---|-------------------------|--------------|---------|--------------------|----------------|------------------|--|--|
| O Medical Doctor (MD)/Doctor of Osteopathy | | O) | 0 E | Emergency Room | | | | |
| O Physician Assistant (PA) | | | 0 C | Clinic | | | | |
| O Registered Nurse (RN) in a Doctor's Office | | | O P | Pharmacy | | | | |
| Mental Health Professional | | | 0 s | elf-Treatment | | | | |
| O Urgent Care | | | | | | | | |
| 87. About how many times in the past 12 months have you seen the following: | | | | | | | | |
| | | ever | Once | 2-5 times | 6-9 times | 10 or more times | | |
| Doctor | 0 |) | 0 | 0 | 0 | 0 | | |
| Nurse | 0 |) | 0 | 0 | 0 | 0 | | |
| Dentist | 0 |) | 0 | 0 | 0 | 0 | | |
| Counselor, Social Worker, (Health Professional | or other Behavioral |) | 0 | 0 | 0 | 0 | | |
| Other Health Professional | 0 |) | 0 | 0 | 0 | 0 | | |
| 88. Was there a time in the past | 12 months when you nee | aded to see | a docto | or but could not b | necause of cos | et? | | |
| O Yes | 12 mondio when you no | O No | | or but could not i | coudse or co. | | | |
| | | | | | | | | |
| 39. Was there a time in the past 12 months when you needed to see a doctor but could not because you could not get an appointment? | | | | | | | | |
| O Yes | | O No |) | | | | | |
| 90. When I need medical care, I understand what the health care professional tells me. | | | | | | | | |
| O Yes | | O No |) | | | | | |
| 91. When I need medical care, I | understand the handouts | s given to r | ne. | | | | | |
| O Yes | | O No |) | | | | | |
| | | | | | | | | |

Community Health Improvement Plan MyMichigan Medical Center Midland

Chronic Disease

Goal: Provide opportunity for improved health behaviors and prevent chronic conditions

| Strategy | Description | Metrics | Internal Departments Involved | Community Partners | |
|--|--|--|--|--|--|
| Implement and provide Chronic Disease Self-Management Program | Program for adults with chronic disease, taught by trained facilitators to improve and manage chronic disease | FY23: Identify self-management program and identify facilitators FY24: Implement program/workshop, 4 trained facilitators, 60 | Community Health Diabetes Center MyMichigan Medical Group | Chronic Disease Self Management Program Developers Senior Services & Council on Aging | |
| (explore various programs) | | participants complete FY25: PDCA using FY24 results, 6 trained facilitators, 120 participants complete | | | |
| | Lifestyle Medicine is a medical specialty that uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions | *System-Wide Metric* | | American College of Lifestyle Medicine Lifestyle Medicine Pivio | |
| Implement and expand Lifestyle | | FY23: Implement pilot year 1: 4 trained facilitators, 60 ConnectCare participants enrolled, 30 participants complete | Community Health Diabetes Center Employee Wellness MyMichigan Medical Group Rehab Services | | |
| Medicine | | FY24: Pilot year 2: expand to community, 4 trained facilitators, 60 participants complete | | | |
| | | FY25: Continue expansion, plan developed for shared medical appointments | | | |
| | Early detection options for patients and community members that are at risk of lung, colorectal and breast cancer | FY23: Promote Colorectal Health Risk Assessment at 4 events specific to colorectal health | Ambulatory Quality Community Health MyMichigan Medical Group Oncology | Cancer Services Senior Services & Council on Aging Various Partners for Screening Locations | |
| Provide cancer screening opportunities | | FY24: Promote breast cancer awareness at 4 events specific to breast | | | |
| | | FY25: Promote low dose lung scan at 4 community events | Center for Women's Health | | |
| | into the MyMichigan Health care team. | *System-Wide Metric* | | | |
| Integrate the use of Community Health | | FY23: Sustain current CHW program and integrate within health system with CHW supervisor in place | Ambulatory Clinical Quality Care Management Community Health MCCO MyMichigan Medical Group | 2-1-1 Northeast Everyday Life Consulting Michigan Community Health Worker Alliance Rural Community Health Worker Network | |
| Workers | | FY24: Hire/train 5 more Community Health Workers | | | |
| | | FY25: 15 Community Health Workers on staff | | | |

Community Health Improvement Plan MyMichigan Medical Center Midland

Behavioral Health

Goal: Ensure a comprehensive system of care to meet the behavioral health needs of all

| Strategy | Description | Metrics | Internal Departments Involved | Community Partners | | |
|--|---|---|--|---|--|--|
| | Design a team S.A.F.E. response protocol (Blue Envelope) for MyMichigan Health outpatient clinics. This protocol will empower staff to quickly activate a patient safety response for a patient who verbalizes thoughts of suicide. | FY23: Train and have 1 MyMichigan Health clinic in Midland County actively practicing the S.A.F.E. response protocol and the Blue Envelope program | Community Health Behavioral Health | Midland Public Schools The Legacy Center | | |
| Implement "Blue Envelope Program" within MyMichigan Health ou tpatient clinics in Midland County | | FY24: Train and have 2 Schools in the Midland County service area actively practicing the S.A.F.E. response protocol and the Blue Envelope program | | | | |
| | | FY25: Train and have 4 schools and all practices actively practicing the S.A.F.E. response protocol and the Blue Envelope program | | | | |
| | Implement Tobacco Cessation tactics that make it easier for patients and community members to receive counseling and support, and provide information and a channel for providers to refer patients. | FY23: Develop Tobacco Cessation Tips sheet, including resources, contacts and billing codes for tobacco cessation and counseling | Ambulatory Quality Behavioral Health Community Health Epic Team MyMichigan Medical Group | American Lung Association Midland Public Schools The Legacy Center | | |
| Develop a Tobacco Cessation Strategy | | FY24: Implement 3 tobacco cessation programs for patients and community members | | | | |
| | | FY25: Implement 5 tobacco cessation programs for patients and community members. All Mid and Public Schools implementing N-O-T program with integrated Facilitators | | | | |
| | Make suicide prevention training(s) | FY23: Develop a plan with education services to provide training for staff | | | | |
| Implement suicide prevention training for all staff employed at MyMichigan Medical Center Clare and community members | available for all staff employed at MyMichigan Medical Center Sault and community members by utilizing the LivingWorks and QPR Institute | FY24: 25% of staff at MyMichigan Medical Center Midland trained in SafeTalk suicide prevention and partner with 1 school to train staff | Behavioral Health Community Health Education Services and Development | Community Mental Health LivingWorks Midland Public Schools & Businesses | | |
| | frameworks. | FY25: 50% of staff at MyMichigan Medical Center Midland trained in SafeTalk suicide prevention and partner with 3 schools and organizations to train staff | | | | |
| Community Health Improvement Plan approved by the MyMichigan Medical Center Board on October 28th, 2022 | | | | | | |