2019 Community Health Needs Assessment

Building Healthy Communities

MidMichigan Medical Center - Clare



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Introductory Remarks

The Community Health Team of MidMichigan Health supports the Community Health Needs Assessment, or CHNA, as a key component of improving population health. Our assessments and corresponding plans are a reflection of the Mission, Vision, and Core Values of MidMichigan 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.

MidMichigan Medical Center - Clare completed their last CHNA in 2016 when MidMichigan Health foundational elements towards excellence in health care were being strengthened. These elements aligned with the Institute for Healthcare Improvement (IHI) belief that new designs can and must be developed to accomplish three critical objectives, or what is called the "Triple Aim": improving the health of the population; enhancing the patient experience of care (including quality, access and reliability); and reducing, or at least controlling the per capita cost of care. Additional focus on employee and provider engagement, and most recently community, has further strengthened our foundation.

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Our Mission

Our Mission is to provide excellent health services to improve the quality of life for people in our communities.

Our Vision

Our Vision is to celebrate the power of health throughout life - with you.

Our Values

At MidMichigan Health, we hold these values to be fundamental:

Excellence - We offer nothing less than the best.

Integrity - We do the right thing, each time, every time.

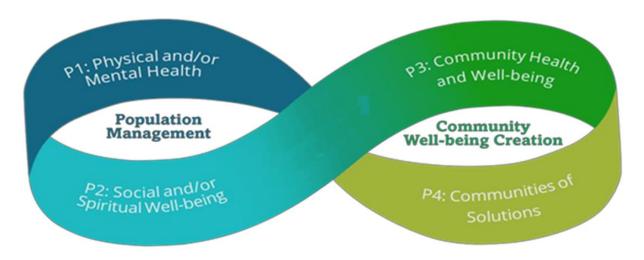
Teamwork - We provide individual commitment to a group effort.

Accountability - We accept responsibility for all we do.

Feedback is welcomed via stephanie.leibfritz@midmichigan.org

Population Health

Each subsidiary addresses health and wellbeing within the communities served. Four portfolios of Population Health are addressed: Physical and Behavioral Health; Social and Spiritual Well-being; Community Health and Well-Being, and Communities of Solutions.



Source: Pathways to Population Health 2018

Portfolio one aims at improving the physical and or mental health of individuals served through quality measurement and performance improvement initiatives, as well as the use of patient care navigators and care managers in primary care offices and initiatives to improve access to care, like increased opportunities for telemedicine. Portfolio two addresses social and spiritual drivers of health and well-being, many of which are identified through systematic evaluation of Social Determinants of Health completed at several points of contact including: new patients, emergency department patients, annual physicals, post hospital discharges, referrals to care managers and patients who consistently do not show up for appointments to determine what barriers they may be encountering. Portfolio three activities aim to improve community health and well-being by community partners working together to assess data, determine focus areas of health and pool staff and resources to implement health improvement projects like increasing physical activity, access to healthy foods and reducing opioid usage. Portfolio four addresses our role as an anchor institution. We are the major employer in each community we serve and as such, we promote health and well-being by capitalizing on community assets and active engagement with regional initiatives.

Our Communities

Mid Michigan Health is a non-profit health system, headquartered in Midland, Michigan, affiliated with Michigan Medicine, the health care division of the University of Michigan. MidMichigan Health covers a 23-county region with medical centers in Alpena, Alma, Clare, Gladwin, Midland, Mt. Pleasant and West Branch. In addition to its Medical Centers, MidMichigan Health also offers both home health care and physician services, and has a strong commitment to medical education. MidMichigan Physicians Group provides urgent care and medical offices in more than 30 specialties and subspecialties including cardiology, hematology/oncology, orthopedics, vascular surgery, family medicine and more. The MidMichigan Health Foundation supports patients and families served by MidMichigan Health by raising funds for equipment, services and programs. Currently, MidMichigan has more than 7,800 employees, volunteers and physicians and provided \$90 million in community benefits in fiscal year 2017.



MidMichigan Medical Center - Alpena

A 139 licensed-bed hospital located in northeast Michigan on the shores of Lake Huron, Alpena's first community hospital opened in 1915 as the Donald McRae Hospital. It served until 1939, when a petition was passed to build a new public hospital. On April 16, 1940, a new 88-licensed bed hospital opened called Alpena General Hospital. On April 1, 2016, Alpena Regional Medical Center joined MidMichigan Health, making it the fifth Medical Center in the MidMichigan Health system. To reflect the hospital joining MidMichigan, the Medical Center changed its name to MidMichigan Medical Center - Alpena. Accredited by The Joint Commission, the Medical Center has approximately 1,000 employees, 200 volunteers and about 100 physicians. In 2017, the Medical Center in Alpena was recognized as a Top Rural Community Hospital by the National Rural Health Association, was named to the Becker's Hospital Review 2017 list of 100 Great Community Hospitals, and received Michigan's Quality Improvement Organization (MPRO) 2019 Governor's Awards of Excellence for outstanding achievement in Effective Reporting and Measurement in Outpatient Quality Reporting Acute Care Hospitals, as well as Hospital Value-based Purchasing Acute Care Hospitals.

MidMichigan Medical Center - Clare

A 49 licensed-bed hospital, MidMichigan Medical Center - Clare, provides 24-hour emergency room coverage, inpatient care, outpatient care and urgent care services. Specialized inpatient units include intensive care, cardiac-monitored care, pediatrics, medical/surgical care, and a sleep diagnostics center. MidMichigan Urgent Care - Clare provides walk-in and occupational medicine care to area residents. The Medical Center's active medical staff consists of 18 physicians representing six medical specialties; 94 percent of the physicians are board certified in their medical specialty. The Medical Center is accredited by The Joint Commission and most recently received Michigan's Quality Improvement Organization (MPRO) 2019 Governor's Award of Excellence for outstanding achievement in Effective Reporting and Measurement in Outpatient Quality Reporting Acute Care Hospitals.

MidMichigan Medical Center - Gladwin

MidMichigan Medical Center - Gladwin is a 25 licensed-bed critical access hospital providing general medical and surgical care for inpatients and outpatient services along with a 24-hour

emergency room. Our urgent care services are provided at MidMichigan Health Park Gladwin, conveniently located on M-61 for the community. The Medical Center campus features a waterfall in a garden-like setting reflective of MidMichigan Health's emphasis on humanistic care. The waterfall and courtyard are enjoyed by Medical Center employees, patients and visitors. The quality of care at MidMichigan Medical Center - Gladwin is independently verified through accreditation from The Joint Commission. The Medical Center most recently was named one of the Top 100 Critical Access Hospitals in the United States by The Chartis Center for Rural Health in 2019 and most recently received the Michigan's Quality Improvement Organization (MPRO) 2019 Governor's Award of Excellence for outstanding achievement in Effective Reporting and Measurement in Critical Access Hospitals.

MidMichigan Medical Center - Gratiot

MidMichigan Medical Center - Gratiot, a 96 licensed-bed hospital located in Alma, has provided care for Gratiot County and surrounding areas since 1955. More than 130 physicians and mid-level practitioners serve on the active medical staff in 21 different medical specialties. MidMichigan Medical Center - Gratiot also provides an urgent-care clinic and 24-hour emergency department. MidMichigan Medical Center - Gratiot also provides a full range of services in specialty areas including bariatric surgery, cancer, cardiovascular services, orthopedics, maternity, mental health, pain management, rehabilitation services, sleep disorders and wound treatment. There are more than 621 employees and 250 volunteers. The Medical Center is accredited by The Joint Commission most recently received Michigan's Quality Improvement Organization (MPRO) 2019 Governor's Award of Excellence for outstanding achievement in Effective Reporting and Measurement in Outpatient Quality Reporting Acute Care Hospitals. The Medical Center received a B in patient safety from The Leapfrog Group for the spring 2018 Hospital Safety Score.

MidMichigan Medical Center - Midland

A 324 licensed-bed hospital located on 180 acres of wooded campus, MidMichigan Medical Center - Midland is the flagship of the MidMichigan Health system. From its beginning in 1944, the Medical Center in Midland, Michigan has established itself as a leader in quality state-of-the-art health care. In fact, in August 2018, MidMichigan Medical Center - Midland was named one of the top Best Hospitals in Michigan by U.S. News & World Report - the

only hospital in the Great Lakes Bay Region to make the list. Accredited by The Joint Commission, the Medical Center recently received Michigan's Quality Improvement Organization (MPRO) 2019 Governor's Award of Excellence for outstanding achievement in Effective Reporting and Measurement in Outpatient Quality Reporting Acute Care Hospitals. In addition, the Medical Center was recognized as one of the nation's 2016 100 Top Hospitals® by Truven Health Analytics™, was also one of a select few to earn the 2016 100 Top Hospital's Everest® Award and was recognized as one of the nation's 50 Top Cardiovascular Hospitals by Truven in 2017.

In 2011, the Medical Center's expansion and renovation introduced a new environment of care that enhances our region with bigger and better facilities for surgery, patient care and medical services. The active medical staff consists of 166 physicians, 99 percent of whom are board certified. They represent 32 medical specialties providing a full range of primary care as well as outstanding specialty care.

MidMichigan Medical Center - Mt. Pleasant

MidMichigan Medical Center - Mt. Pleasant is a 128,000 square-foot facility conveniently located on M-20 near I-127. The medical center features a 24/7 Emergency Department, outpatient surgery center and a full range of outpatient services including physician offices, lab, imaging and cardiovascular testing. It is fully-equipped and credentialed to provide care for all common emergency conditions, including heart attack, stroke and minor trauma. The department's trauma fast-scan ultrasound equipment can be used at the patient's bedside, with X-ray and CT scanning just a few feet away. An on-site 24/7laboratory will enable fast turnaround of test results. A telemedicine program enables patients to receive expert consultations from neurologists and other specialists at Michigan Medicine for faster decision-making during stroke treatment planning.

MidMichigan Medical Center - West Branch

MidMichigan Medical Center - West Branch is an 88 licensed-bed acute care facility located on 44 acres of rolling countryside in Northeast Michigan. It has three operating suites, a 24-hour emergency department and a state-of-the-art imaging department. The Medical Center serves a broad region, with 30 zip codes in Ogemaw, Oscoda, Roscommon, Arenac and Iosco counties. MidMichigan Medical Center - West Branch has approximately 350 employees, 58 volunteers, 25 active staff physicians, as well as 12 associate staff physicians, 53 consulting staff

physicians, 23 allied health professionals and 17 telemedicine physicians.

The convenient location just off I-75 and commitment to quality healthcare are just a couple of the reasons why so many people choose MidMichigan Medical Center - West Branch for their healthcare needs. The Medical Center offers state-of-the-art diagnostic imaging, surgical specialties, rehabilitation programs, educational courses specific to conditions and a revolutionary Wound Care Center. The campus features walking trails, teaching gardens, bird watching station and much more. The walking trails and gardens are enjoyed by Medical Center employees, patients and visitors.

Community Served

The community served will focus on MidMichigan Medical Center - Clare located in Clare, MI. The service area in Clare County is comprised of zip codes: 48617 (Clare), 48622 (Farwell), 48625 (Harrison), 48632 (Lake), 48633 (Lake George) and 48632 (Lake Station). The service area in Roscommon County is comprised of zip codes: 48627 (Higgins Lake), 48629 (Houghton Lake), 48630 (Houghton Lake Heights), 48651 (Prudenville), 48653 (Roscommon) and 48656 (Saint Helen).

Community Health Needs Assessment

The 2019 Community Health Needs Assessment for MidMichigan Medical Center - Clare is a comprehensive health status overview that will serve as the foundation of how to address health concerns within the communities MidMichigan Medical Center - Clare serves.

The IRS legislation mandating collaborative efforts provided an opportunity to broaden our scope to include further input from local social and human service organizations, community members, and our collaborative partners.

Phase I: Pre-Planning

The majority of this effort included identification of hospital and community stakeholders in order to ensure alignment of health improvement. Each member of the Community Health Team of MidMichigan Health participates in formal community collaborative groups where the focus is health improvement. The membership is identified by respective communities and includes non-profit, human service and government agency representatives (a listing of

these groups appears in Appendix A). Having mutual goals and strategies helps strengthen the health improvement initiatives and the community as a whole knowing shared priorities exist.

Data Collection & Interpretation

Providing an accurate picture of each of our service communities dominated this phase. In order to do this, we investigated a variety of primary and secondary data sources. A grid of over 150 indicators from 20 different primary and secondary sources were utilized to build the data platform for each subsidiary (Appendix B). Data out of normal range against a benchmark is indicated in red on the table. Data was compared to current standards, our own perceptions and those of our collaborative partners and community members. In order to determine causes of health problems, data was categorized into 4 main areas:

- 1. Determinants of Health
- 2. Care Access
- 3. Health Behaviors
- 4. Health Conditions

Areas where health issues existed were revealed in two ways. First, when comparison of local quantitative data indicators against state of Michigan benchmarks resulted in poor performance and when themes of unacceptable health emerged from analysis of qualitative data.

Primary Data:

A 2019 Community Health Needs Assessment Survey was conducted to understand the health and health needs of people living in Clare County. The 2016 Clare Health Survey served as the basis for the 2019 survey.

The Community Questionnaires (Appendix C) were given to community members and stakeholders throughout Clare County. The questionnaire consisted of 30 questions that gauged participant's perception of health in their community and 110 questionnaires were completed. Before the questionnaire was used for data collection, it was approved by MidMichigan Health's Institutional Review Board. Excerpts of the questionnarie can be found in the following pages.

Data collection occurred via online and paper surveys. Qualtrics was used to administer the online survey and the link was advertised in the local newspaper. The face-to-face survey was administered through the Clare County Human Service Coordinating Body. Participants

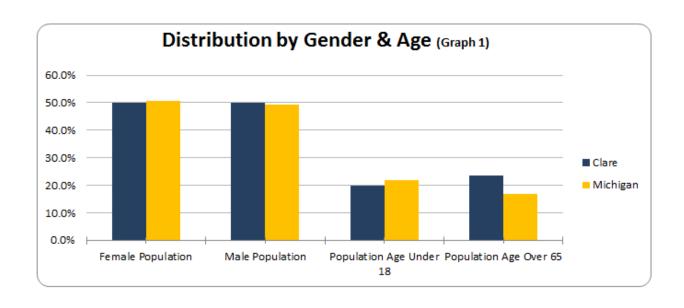
completed the survey on site to maximize the opportunity for researchers to reach the target population. The sample generated a total of 110 surveys to be used for analysis.

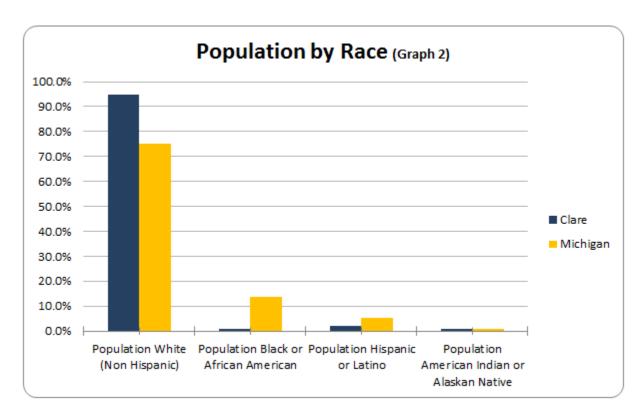


MidMichigan Medical Center - Gladwin and MidMichigan Medical Center - Clare are part of the Mithrive initiative, a 2019 Community Health Needs assessment of the 31 Northern Counties of the Lower Peninsula. This goal is to collaborate regionally to maximize resources, achieve replicable assessment design and produce high-quality county-level data that is comparable across the region in an effort to understand local and regional patterns and impact long-term population health. There are 154 partners collaborating on this regional CHNA.

Demographics

According to County Health Rankings, there are 30,653 residents in Care County. Of those, 19.8 percent are under 18 years of age and 23.5 percent are 65 and older. Females make up 50.1 percent of the population while males make up 49.9 percent of the population. The median age in Clare County is 46.5 years of age. Of the population, 94.8 percent are white, 2 percent are Hispanic, 0.7 percent are black or African American and 0.9 percent are American Indian or Alaskan Native. In Clare County, the percentage of people who self reported their health to be fair or poor was 19 percent.



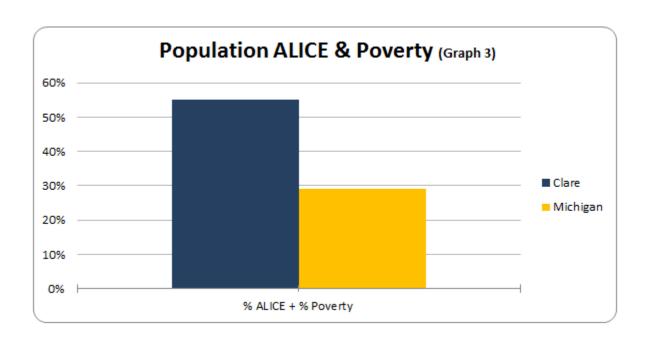


Determinants of Health

Determinants of health are conditions in the environment in which people are born, work, live or play that can affect a wide range of health and quality of life outcomes.

Economic Stability

ALICE is an acronym for Asset Limited, Income Constrained, Employed. Households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold). Combined, the number of ALICE and poverty-level households equals the total population struggling to afford basic needs. The number of households below the ALICE Threshold changes over time; households move in and out of poverty and ALICE status as circumstances improve or worsen. The tables below show the ALICE distribution by town in Clare County According to Bureau of Labor and Statistics. The unemployment rate for Clare County is 7.1 percent, which is slightly lower than 2016, which was 9.7 percent. The median income is \$35,913, which is \$16,755 lower than Michigan at \$52,000. Clare County per capita income is \$21,198. Additionally, 22.1 percent of Clare County falls in the low income category and are Supplemental Nutrition Assistance Program (SNAP) participants. Twenty-eight percent of renters spend 35 percent or more of their household income on rent and 55 percent of students are eligible for free lunch. In Clare County, 16.9 percent of families are living below poverty level. The food insecurity rate in is 22.8 percent and Michigan is 14 percent.



| Town | Total HH | % ALICE 8 Poverty | |
|-------------------------|----------|----------------------|--|
| Arthur Township | 249 | 37% | |
| Clare City | 1,436 | 57% | |
| Franklin Township | 312 | 51% | |
| Freeman Township | 492 | 50% | |
| Frost Township | 505 | 56% | |
| Garfield Township | 811 | 59% | |
| Grant Township | 1,274 | 35% | |
| Greenwood Township | 460 | 40% | |
| Hamilton Township | 815 | 61% | |
| Harrison City | 926 | 70% | |
| Hatton Township | 371 | 44% | |
| Hayes Township | 1,859 | 68% | |
| Lincoln Township | 760 | 63% | |
| Redding Township | 160 | 70% | |
| Sheridan Township | 483 | 38% | |
| Summerfield Township | 183 | 56% | |
| Surrey Township | 1,424 | 52% | |
| Winterfield Township | 206 | 51% | |

Community Input: What is your average household income?

66 responded

6.06% responded \$0-\$24,999; **19.7**% responded \$25,000 - \$49,000; **27.27**% responded \$50,000-\$74,999; **21.21**% responded \$75,000-\$100,000 and **25.76**% responded \$100,000 and up.

Education

The high school graduation rate in Clare County is 84.7 percent which is lower than Michigan at 90.2 percent. Approximately 12.1 percent of the population in Clare ages 25 and above have a Bachelor's degree or higher. In Clare County, third graders are not proficient in English and 61 percent of 3 and 4 year olds are not in preschool. Clare County is fortunate to have Mid Michigan College.

Community Input: What is the highest grade or year of school you have completed?

66 responded

1.45% Some High School-No Diploma; 8.7% High School/Diploma/GED; 20.29% Some College; 28.99% Associate's Degree; 24.64% Bachelor's Degree and 15.94% Master's Degree or higher.

Health and Health Care

Located in Clare, MidMichigan Medical Center - Clare is a 49 licensed-bed hospital that provides 24-hour emergency room coverage, inpatient care, outpatient care and urgent care services. Specialized inpatient units include cardiac-monitored care, pediatrics, medical/surgical care and a sleep diagnostics center. MidMichigan Urgent Care - Clare provides walk-in and occupational medicine care to area residents.

The Medical Center also features a hospitalist program to ensure the quality and continuity of inpatient care. Hospitalists are physicians who specialize in caring for patients while they are hospitalized, working closely with the patient's primary care physician.

Medical Offices, Support Services and Outpatient Centers are located in Beaverton, Clare, Farwell, Harrison, Houghton Lake, Prudenville and Roscommon.

Access to Care

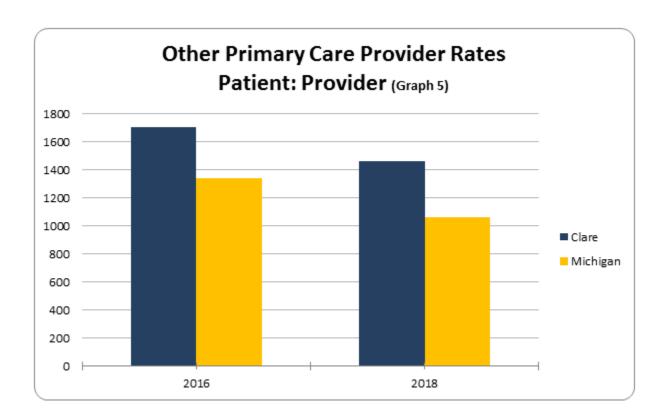
If a community lacks access to care or health services, barriers to good health are created. A description of the current state of health care access follows, along with factors that affect care access.

| Community Input: When I visit my doctor, I understand: What the doctor tells me: The hand-outs the doctor gives me: | | | | | | |
|---|----|----|--------|----------------|----|--------|
| Strongly Agree | | 38 | 49.35% | Strongly Agree | 38 | 47.5% |
| Agree | | 37 | 48.05% | Agree | 35 | 43.75% |
| Neutral/Not Sure | | 0 | 0.00% | Neutral/Not | | |
| Disagree | | 1 | 1.3% | Sure | 5 | 6.25% |
| Strongly Agree | | 1 | 1.3% | Disagree | 1 | 1.25% |
| Total | 77 | | | Strongly Agree | 1 | 1.25% |
| Skipped | 21 | | | Total | 80 | 100% |
| •• | | | | Skipped | 18 | |

Access to Health Services

The graph below shows the primary care provider rate in Clare County of 3,040:1 compared to the Michigan rate of 1,260:1. Additionally, the mental health provider rate is 1,090:1 compared to the Michigan rate of 400:1. Other Primary Care Providers is 1,460:1 compared to Michigan at 1,064:1. Having a high patient-to-provider ratio can cause barriers to health

due to providers not accepting new patients and creating long waiting periods of time to be seen. Health insurance is another key component to health. Without it, many will not receive the services they need to maintain a healthy lifestyle and prevent disease. The uninsured rate for adults is 10 percent in Clare with the Michigan average at eight percent. The rate of uninsured children in Clare County is six percent versus Michigan at three percent.



Transportation

Clare County has a public transportation service called Clare County Transit Corporation. They provide services include Dial-A-Ride, reservations, wheel chair lifts and transfers to nearby counties. Counties served include: Gladwin, Isabella, Roscommon, Mecosta/Osceola and Cadillac and they will meet Midland Transit for non-emergent needs. Transportation is also provided for school children to and from school and local school events. Hours of service are 5:00 a.m. to 8:00 p.m., Monday through Friday and Saturday from 7:00 a.m. to 5:00 p.m. Fee for service is three dollars. Community members can make reservations 24 hours in advance and for long term needs, such as Dialysis. MidMichigan Medical Center - Clare and the Clare County Transit Corporation collaborate through contract to provide non-emergent rides for "after hours" when the transit is closed and services patients with no way of getting

home from the hospital. In Clare County, 9.7 percent of households are without a vehicle compared to Michigan at 7.9 percent.

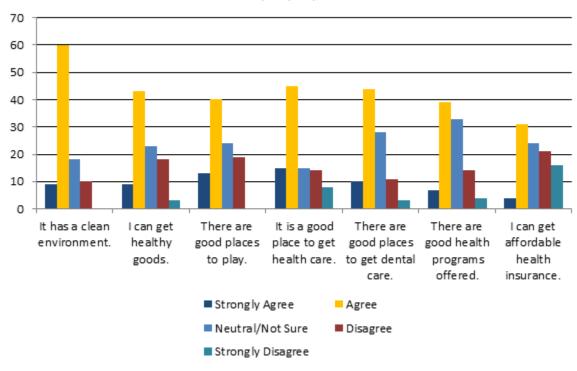
Health Behaviors

According to Healthy People 2020, individual behavior plays a role in health outcomes. For example, if an individual quits smoking, his or her risk of developing heart disease is greatly reduced. Clare County ranked 81 out of 82 counties for health outcomes in Michigan and 79 out of 82 for health factors. The data to follow is a reflection on health behaviors of Clare County residents in the areas of health care screenings, substance use, nutrition and exercise.

Preventative Care

Of the Medicare population in Clare County, 84 percent aged 65-75 had their blood sugar monitored in the past year using an HbA1c test. Of the same Medicare population, 43 percent had a mammogram screening in the past two years.

My community is a HEALTHY place to live because (Graph 6)



In Clare County, 72.2 percent of women have had a Pap smear test. Currently, the female vaccination rate for the Human papillomavirus (HPV) is 39.3 percent compared to Michigan at 43.2 percent. Males are at 32.4 percent compared to Michigan at 39.4 percent.

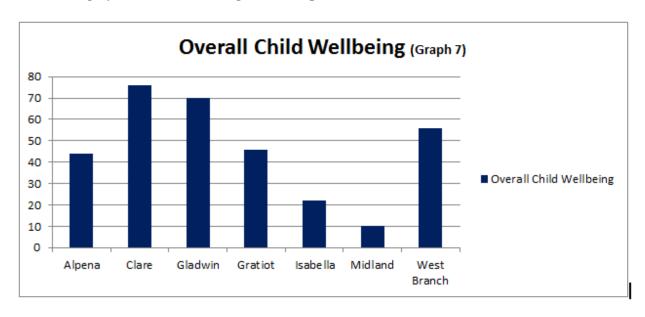
Community Input: How would you rate your overall health?

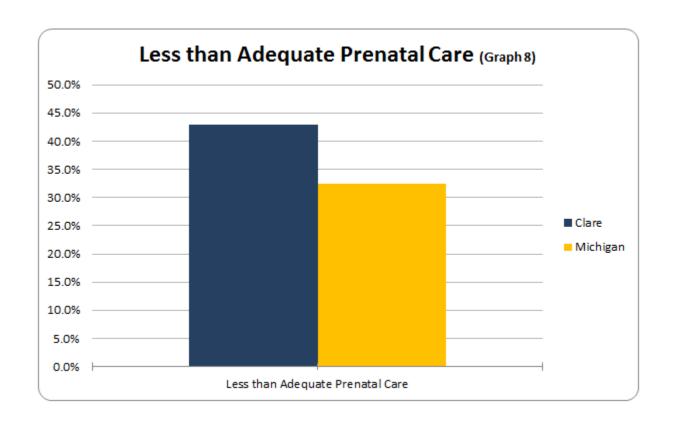
Out of 110, 97 responded: 16.4% Excellent, 50.52% Very Good, 30.93% Fair, 2.06% Poor.

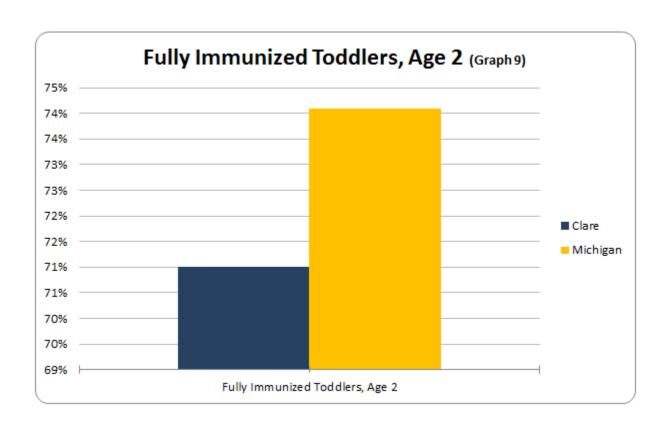
Maternal Infant and Child Health

From the moment a baby is born, they face challenges that may hinder their success and overall wellbeing, whether it be inadequate access to health care, families income, adverse childhood experiences or families of nicotine use. Children need strong resiliant role models to guide them through life. One out of ever five Michigan children experience two or more adverse childhood experiences, and the rate of child abuse has rose 30 percent in five years.

Graph seven shows the seven counties MidMichigan Health has medical centers. Five out of seven are ranked in the bottom half of "child overall wellbeing." Clare county is rated 76/82 in "less than adequate prenatal care," which is measured by if mom received prenatal care in her first trimester and how many visits the mom had thorughout pregnancy, which can be found in graph eight. Graph nine compares Clare County's vaccination rate of 71 percent, which is slighly lower than Michigan at 74.1 percent.

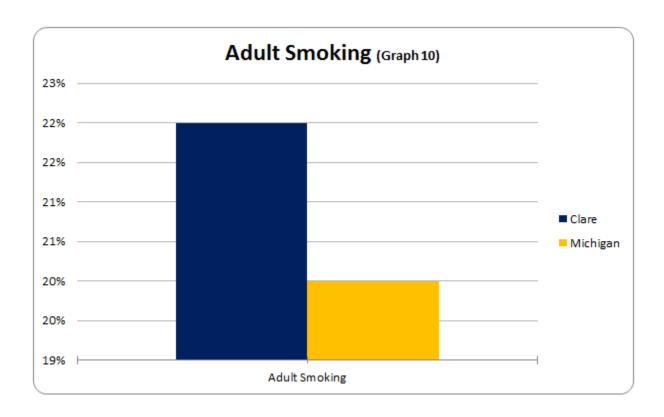






Substance Use

High School teens who report ever drinking alcohol in Clare County is 43.3 percent, according to the Michigan Profile for Healthy Youth (MiPHY). Those that report using marijuana is 29.2 percent. Those who ever tried cigarette smoking have decreased while vaping and marijuana are on the rise. Graph 10 shows the Adult smoking rate at 22 percent, which is higher than Michigan at 23.6 percent. Graph 11 shows Births to mothers that report smoking during pregnancy at 35.4 percent compared to Michigan at 17.1 percent.



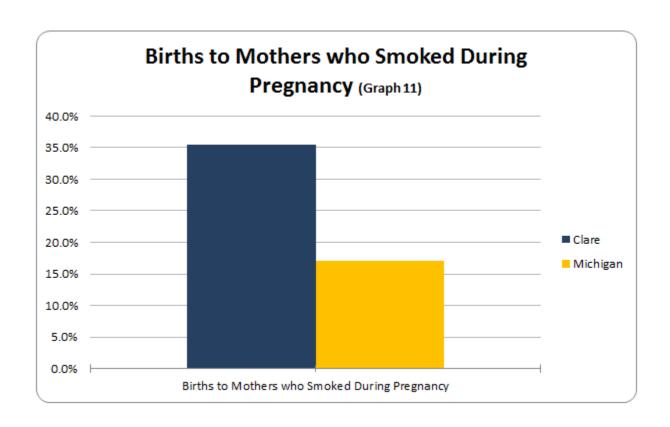
Community Input: I believe the following COMMUNITY HEALTH issues exist in my community (select the top 3)?

53 responded to Jobs with Livable Wages/Poverty

51 responded to Access to Affordable Healthy Foods

32 responded to Access to Healthcare

32 responded to Access to Exercise and Wellness Activities



Nutrition and Exercise

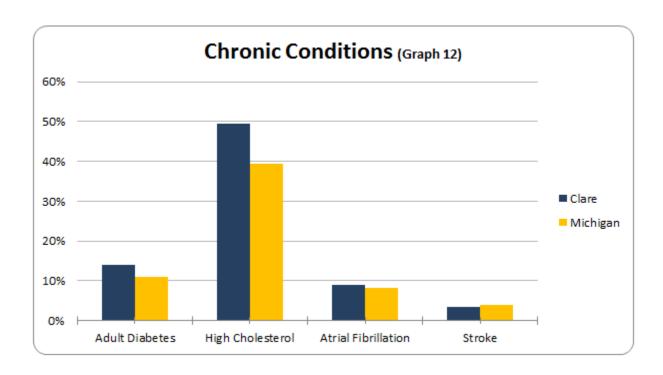
In Clare County, just over 0.48 percent of people 65 years and older have low access to a grocery store. Additionally, 71 percent have access to exercise opportunities, which is significantly lower than Michigan at 84 percent. The food insecurity rate or the rate of availability, variety, or quality of food for children is at 22.8 percent and 14.2 percent in Michigan.

Health Conditions

Many public health and health care interventions focus on changing individual behaviors such as substance abuse, diet and physical activity. Positive changes in individual behavior can reduce the rates of chronic disease in this country.

Chronic Conditions

Clare County's obesity rate is 38 percent, which is higher than the state average of 32 percent. Obesity is a contributing factor to chronic diseases, as demonstrated in higher adult rates of high cholesterol at 49.4 percent while the Michigan rate is 39.4 percent. Heart disease is also on the rise with a rate of 254.5 compared to Michigan at 197.9.

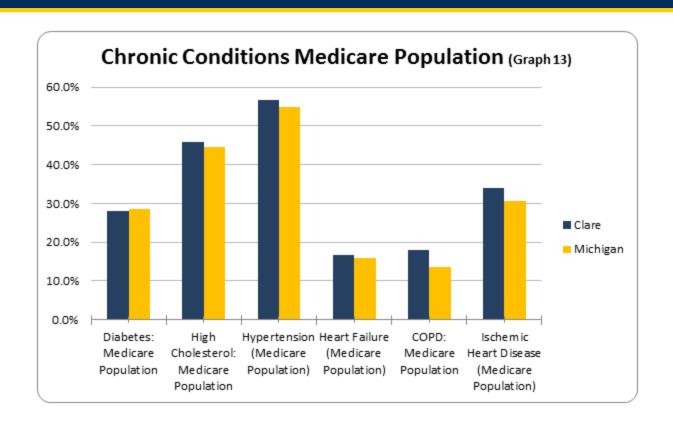


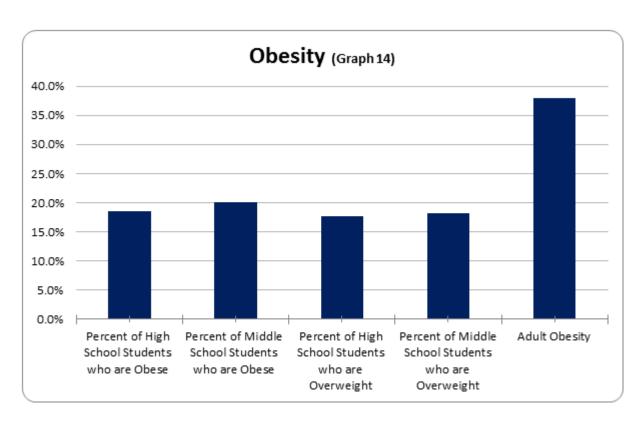
Community Input: What PHYSICAL HEALTH issues do you think are the biggest concern in your community (select the top 3)?

94 responded with Diabetes

47 responded with Obesity/Overweight

44 responded with Substance Abuse

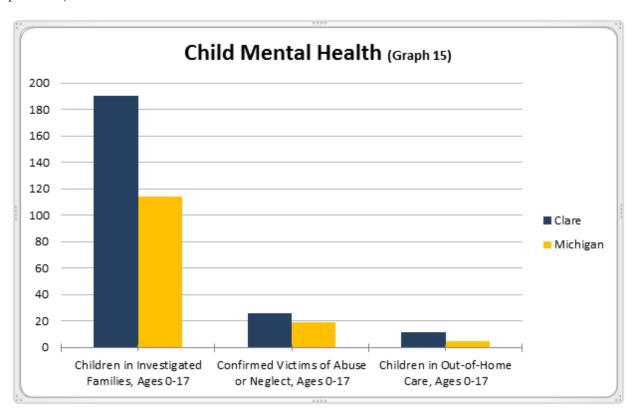




While examining the Medicare population, 28.1 percent have diabetes in Clare County. Heart failure is at 16.7 percent. Clare County has a higher rate of COPD than Michigan at 14.3 percent and 18 percent respectively.

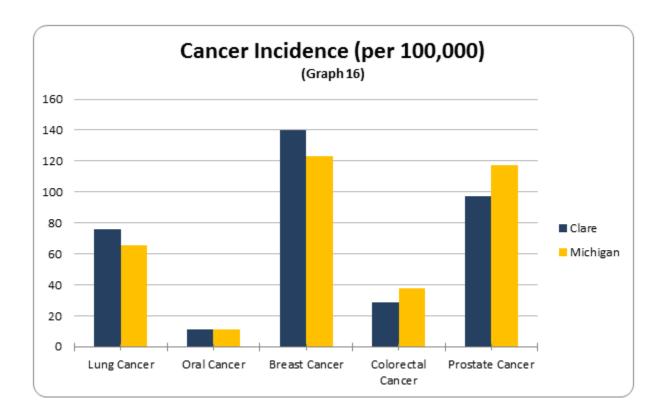
Mental Health

According to Mobile Medical Response, there were a total of 4,531 contacts made in Clare County. The top 10 calls included: sick person, falls, breathing problems, chest pain, traffic accidents, unconscious/fainting, psychiatric/abnormal behavior, man down (unknown problem), convulsions/seizures and stroke.



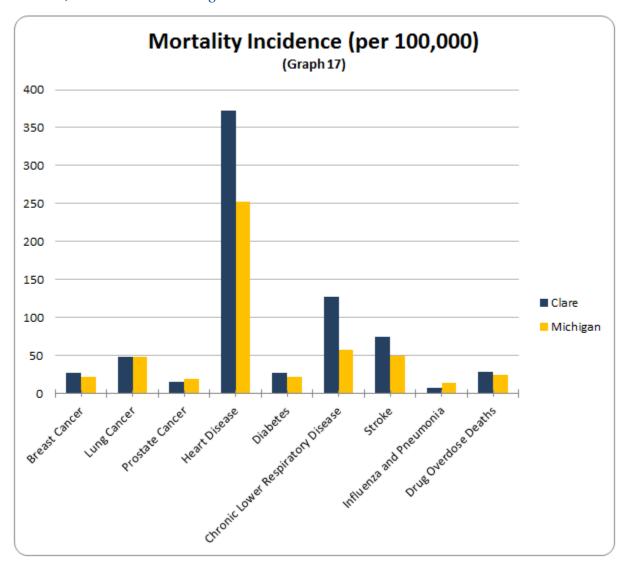
Cancer Incidence

Approximately 459 people per 100,000 population of Clare County and 7.4 percent of the Medicare population have been diagnosed with some form of cancer. Graph 16 below shows the cancer incidence rate per county.



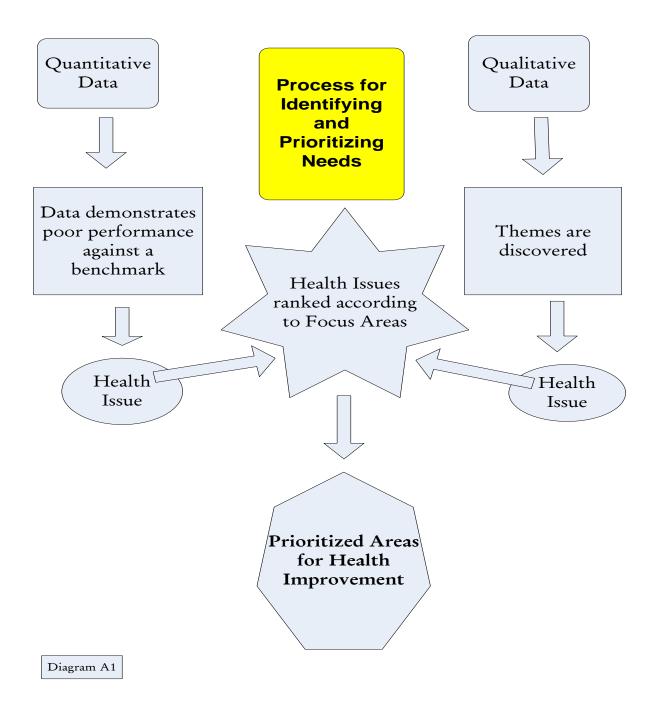
Mortality Rate

The next graph shows the mortality rates for cancers: Breast, Colorectal, Lung and Prostate. It also includes Heart Disease, Diabetes, Chronic Lower Respiratory Disease, Stroke, Influenza, Pneumonia and Drug Overdose Deaths.



Prioritization Process

Community health care needs were determined and prioritized by reviewing quantitative and qualitative data, and ranking health issues according to focus areas (Reference Diagram A1).



Prioritization occurred in stages; input was solicited from the Community Health Team, MidMichigan Medical Center - Clare Leadership team, Community Health Staff and respective community groups.

In order to respond and impact the health care needs that were identified, a strategic plan will be developed containing goals and outcome measures upon which we will evaluate programs toward goal completion. This part of the plan will be outlined in the summer of 2019 in Part II of this report.

All of the indicators that were explored were categorized into the following four corresponding areas.

- 1. Determinants of Health (demographics, social environment, education, economy).
- 2. Care Access (access to health services, transportation).
- 3. Health Behaviors (preventative care, substance use, nutrition, exercise).
- 4. Health Conditions (chronic conditions, mental health, cancer incident, mortality rate).

Once categorized, further prioritization began. Indicators were selected based on their placement in the "acceptable" range when compared to hospital, local, state or national data. Out of the 100 indicators analyzed, Clare County had approximately 78 out of "acceptable" range. These indicators were presented to the Clare County Human Service Coordinating Body where they were asked to identify what they believed were the top five most pressing areas of concern. They could choose a single indicator or group similar indicators together. For example, indicators: adults who are obese, adults who are sedentary, diabetes in adults, high cholesterol, hypertension and pediatric obesity could be grouped together as *obesity*. The top five focus areas chosen by the group are below:

- 1. Behavioral Health
- 2. Access to Care
- 3. Obesity
- 4. Maternal/Infant Health
- 5. Substance Abuse

Identifying Priority Areas: The Final Step

Assessment

The written report will be provided in two parts: Part I: Data Collection, Evaluation, and Focus Area Prioritization and Part II: The Improvement Plan. The Community Health Team worked together throughout the process to develop the final product that provides an overview of the health system, corresponding data, data interpretation, focus area prioritization and implementation strategies that are subsidiary specific. The 2019 Community Health Needs Assessment established the foundation for developing the 2020-2021 Improvement Plan. Each subsidiary board will review the data and prioritize recommendations in June 2019. Once this approval has occurred, we will outline evidence based strategies for health improvement in the prioritized areas.

Improvement Plan

The Improvement Plan will begin upon approval of focus areas from each respective subsidiary board. Progress will be recorded and presented back to each respective board. The Improvement Plan will be contained in Part 2 of the CHNA report. We will participate closely with our community partners to implement comprehensive strategies in our shared priority areas.

Evaluation

Measurement against benchmarks will continue and a yearly report of outcome measures will be provided. Our plans will be modified as needed based upon public input and outcome measures. Reassessment will be ongoing as we work with our communities to develop a regional data dashboard.

Reflection

Various barriers emerged, which hindered either the data collection or prioritization processes for this report. For instance, data is not always collected on a yearly basis, resulting in data that is several years old. Also, some data is only available at a state level, making it difficult to discern need at a more local level. Data around age, ethnicity, gender and race is not available for all data indicators, which limits the ability to examine health disparities. There were also two areas where available data did not match our intuition: mental health and transportation needs. Utilizing these discoveries as a learning experience, we plan to

work harder to obtain more local data for future assessments. Strategies will build upon the assets and resources of our health system and each community.

Conclusion

The 2019 Community Health Needs Assessment has established the foundation developing the 2020-2021 Improvement Plan. Our next step will be to outline evidenced based strategies for health improvement in the prioritized areas. These strategies will build upon the assets and resources of our health system and each community.

The top priority areas for MidMichigan Health chosen by the Community Health Team and reviewed by the MidMichigan Health Population Health Collaboration Team and MidMichigan Medical Center - Clare and Gladwin Board on June 25, 2019 follow:

- 1. Chronic Diseases
- 2. Maternal/Infant/Child Health
- 3. Mental Health

Addendum: This Report will be made publically available on www.midmichigan.org, along with The Improvement Plan. This plan will also be filed with the Internal Revenue Service using Form 990 Schedule H.

Part II: Community Health Improvement Plan

MidMichigan Medical Center - Clare built upon the Improvement Plan developed in 2013 to develop a comprehensive cross-county plan to address health concerns while upholding MidMichigan Health's Mission, Vision and Core Values The underlying premise for each MidMichigan Health

subsidiary in completing the Community Health Improvement Plan was shared ownership for community health. While our previous CHNA helped us identify focus areas for health improvement, the IRS legislation mandating collaborative efforts provided an opportunity to revisit our needs assessment and strategic planning processes.

The plan that follows includes goals and evidence based strategies for the focus areas determined by MidMichigan Health's Community Health team, solicited input from the Clare County Human Service Coordinating Body and approved by MidMichigan Health's Operation Team and the MidMichigan Medical Center - Clare/Gladwin Board of Directors.

2019 Community Health Needs
Assessment focus areas presented to the
MidMichigan Medical Center - Clare and
MidMichigan Medical Center - Gladwin
Boards:

- 1. Chronic Diseases
- 2. Maternal/Infant Health
- 3. Mental Health

Appendix A

Clare County Community Collaborative Council Member Agencies

1016 Recovery Network

211

Central Michigan District Health Department

Central Michigan Regional Rural Health Network

Clare/Gladwin Big Brothers/Big Sisters

Clare/Gladwin Continuum of Care

Clare/Gladwin Early On

Clare/Gladwin Great Start Collaborative

Clare/Gladwin RESD

Clare/Gladwin Substance abuse Coalition

Community Mental Health of Central Michigan

Department of Health and Human Services

Mid Michigan Community Action Agency

Mid Michigan Community College

Michigan Community Dental Clinic

MidMichigan Medical Center - Clare

MidMichigan Medical Center - Gladwin

Michigan Oral Coalition

MSU College of Human Medicine Midland Regional Campus Rural Community Health Program

Coordinator

MSU Extension

NEMSCA

Salvation Army

Shelterhouse

United Way

Appendix B

| | Indicator | Clare | Gladwin | Michigan | Source | Date |
|--------------|---|----------|----------|--------------|---|------|
| | Population | 30,653 | 25,234 | 9,962,311.00 | County Health Rankings | 2019 |
| | Female Population | 50.1% | 49.6% | 50.8% | County Health Rankings | 2019 |
| | Male Population | 49.9% | 50.4% | 49.2% | County Health Rankings | 2019 |
| | Population Age Under 18 | 19.8% | 18.8% | 21.8% | County Health Rankings | 2019 |
| | Population Age Over 65 | 23.5% | 26.3% | 16.7% | County Health Rankings | 2019 |
| Demographics | Population White (Non-Hispanic) | 94.8% | 95.9% | 75.2% | County Health Rankings | 2019 |
| Demographics | Population Black or African American | 0.7% | 0.5% | 13.8% | County Health Rankings | 2019 |
| | Population Hispanic or Latino | 2% | 1.7% | 5.1% | County Health Rankings | 2019 |
| | Population American Indian or Alaskan Native | 0.9% | 0.6% | 0.7% | County Health Rankings | 2019 |
| | Poor or Fair Health | 19% | 17% | 17% | County Health Rankings | 2019 |
| | Health Factors | 79 | 65 | * | County Health Rankings | 2019 |
| | Health Outcomes | 81 | 72 | * | County Health Rankings | 2019 |
| | Drinking Water Violations | * | Yes | * | County Health Rankings | 2019 |
| Environment | Recreation and Fitness Facility Access (per 1,000) | 0.07 | 0.04 | 特 | US Department of Agriculture | 2014 |
| | WIC- Authorized Food Store Access | 8 | 6 | 21.7 | US Department of Agriculture | 2014 |
| | Violent Crime Rate (per 100,000) | 350 | 220 | 443 | County Health Rankings | 2019 |
| | Social Associations (per 10,000) | 12.2 | 10 | 9.9 | County Health Rankings | 2019 |
| Social | Children in Investigated Families, Ages 0-17 | 189.9 | 213.5 | 113.8 | Kids Count | 2017 |
| Environment | Confirmed Victims of Abuse or Neglect, Ages 0-17 | 26.2 | 43.8 | 18.9 | Kids Count | 2017 |
| | Children in Out-of-Home Care, Ages 0-17 | 11.6 | 7.4 | 5.1 | Kids Count | 2017 |
| | High School Graduation | 84.7% | 85.8% | 90.2% | American Community Survey | 2017 |
| | People 25+ with Bachelor's Degree or Higher | 12.1% | 13.6% | 28.1% | American Community Survey | 2017 |
| ri .: | High School Dropouts | 5.83% | 6.29% | 8.65% | Center for Educational Performance Information | 2017 |
| Education | Students Not Proficient in Grade 3 English (M-Step) | 26.7% | 22% | 31% | Michigan Department of Education | 2018 |
| | 3 and 4 Year Olds Not in Preschool | 61% | 63.2% | 52.9% | Kids Count | 2017 |
| | Students in Special Education | 16.4% | 16.5% | 14% | Kids Count | 2017 |
| | Median Household Income | \$35,913 | \$40,871 | \$52,668 | American Community Survey | 2018 |
| | Per Capita Income | \$21,198 | \$23,491 | \$28,938 | American Community Survey | 2017 |
| | Children Under 18 Living Below Poverty Level | 37.9% | 33.1% | 21.7 | American Community Survey | 2017 |
| | Families Living Below Poverty Level | 16.9% | 14.4% | 10.9% | American Community Survey | 2017 |
| Economy | People 65 + Living Below Poverty Level | 10% | 9.2% | 8.2% | American Community Survey | 2017 |
| | Households with Cash Public Assistance | 3% | 4.1% | 2.8% | American Community Survey | 2017 |
| | Unemployment Rate | 7.1% | 6.7% | 4% | Bureau of Labor Statistics | 2018 |
| | Food Stamp/SNAP Benefits in the Past 12 Months | 22.1% | 19.9% | 14.9% | American Community Survey | 2017 |

| | Renters Spending 35% or More of Household Income on Rent | 28% | 26.1% | 41.8% | American Community Survey | 2017 |
|-------------------------|---|---------|---------|-----------|---|------|
| | Students Eligible for Free Lunch Program | 55% | 52% | 46% | County Health Rankings | 2019 |
| | ALICE Total Households | 4,200 | 3,077 | 1,128,012 | United Way | 2018 |
| | % ALICE + % Poverty | 55% | 47% | 29% | United Way | 2018 |
| | Severe Housing Problems | 19% | 16% | 16% | County Health Rankings | 2019 |
| | Primary Care Provider Rate | 3,040:1 | 5,020:1 | 1,260:1 | County Health Rankings | 2019 |
| | Other Primary Care Providers | 1,460:1 | 3,154:1 | 1,064:1 | County Health Rankings | 2019 |
| | Mental Health Provider Rates | 1,090:1 | 1,050:1 | 400:1 | County Health Rankings | 2019 |
| | Uninsured Adults | 10% | 10% | 8% | County Health Rankings | 2019 |
| Access to | Uninsured Children | 6% | 5% | 3% | County Health Rankings | 2019 |
| Health | Preventable Hospital Stays | 4,759 | 4,067 | 5,188 | County Health Rankings | 2019 |
| Services | Medicaid Paid Births Single Year | 61% | 40.8% | 43.5% | Michigan Department of Health and Human Services | 2017 |
| | No Health Care Access During Past 12 Months Due to Cost | 19.6% | 19.6% | 13.3% | Behavioral Risk Factor Surveillance System | 2016 |
| | Fully Immunized Toddlers, Age 2 | 71% | 82.9% | 74.1% | Kids Count | 2018 |
| T | Mean Travel Time to Work (Minutes) | 28 | 30.4 | 24.3 | American Community Survey | 2017 |
| Transportation | Households Without a Vehicle | 9.2% | 7.6% | 7.9% | American Community Survey | 2017 |
| | Septicemia or Severe Sepsis Without MV > 96 Hours | 51 | * | * | MidMichigan Health | 2018 |
| | Heart Failure & Shock with MCC | 42 | * | 华 | MidMichigan Health | 2018 |
| | Simple Pneumonia & Pleurisy with Mcc | 34 | 冷 | 华 | MidMichigan Health | 2018 |
| | Major Joint Replacement or Reattachment Of | 31 | * | * | MidMichigan Health | 2018 |
| Top 10 | Pulmonary Edema & Respiratory Failure | 24 | 冷 | * | MidMichigan Health | 2018 |
| Inpatient MS- | Chronic Obstructive Pulmonary Disease with Mc | 22 | * | * | MidMichigan Health | 2018 |
| DRGs | Septicemia or Severe Sepsis without MV > 96 Hours | 22 | * | 35- | MidMichigan Health | 2018 |
| | Esophagitis, Gastroent & Misc Digest Disorder | 21 | * | * | MidMichigan Health | 2018 |
| | Simple Pneumonia & Pleurisy with Cc | 19 | * | * | MidMichigan Health | 2018 |
| | Renal Failure with Cc | 19 | * | * | MidMichigan Health | 2018 |
| | Other | 355 | * | * | MidMichigan Health | 2018 |
| | Chronic Obstructive Pulmonary Disease with Mc | * | 34 | * | MidMichigan Health | 2018 |
| Top 10 Inpatient MS- | Septicemia or Severe Sepsis without MV > 96 Hours | * | 32 | * | MidMichigan Health | 2018 |
| | Septicemia or Severe Sepsis without MV > 96 Hours | * | 22 | 25- | MidMichigan Health | 2018 |
| DRGs | Simple Pneumonia & Pleurisy with Mcc | * | 19 | * | MidMichigan Health | 2018 |
| | Heart Failure & Shock with MCC | * | 19 | 华 | MidMichigan Health | 2018 |
| | Cellulitis without Mcc | * | 17 | * | MidMichigan Health | 2018 |

| | Renal Failure with Cc | * | 15 | * | MidMichigan Health | 2018 |
|-------------------------|---|-------|-------|----|--------------------|------|
| | Chronic Obstructive Pulmonary Disease with Cc | * | 12 | * | MidMichigan Health | 2018 |
| | Simple Pneumonia & Pleurisy with Cc | * | | ** | | |
| | | * | 11 | ** | MidMichigan Health | 2018 |
| | Nonspecific Cerebrovascular Disorders with Cc | | 7 | | MidMichigan Health | 2018 |
| | Other | * | 109 | 华 | MidMichigan Health | 2018 |
| | Sick Person (Specific Diagnosis) | 804 | * | 华 | MMR | 2018 |
| | Falls | 627 | * | 华 | MMR | 2018 |
| | Breathing Problems | 471 | * | 华 | MMR | 2018 |
| | Chest Pain (Non-Traumatic) | 329 | * | * | MMR | 2018 |
| | Traffic/Transportation/Accidents | 315 | * | 华 | MMR | 2018 |
| Top 11 MMR | Unconscious/Fainting (Near) | 267 | * | 가 | MMR | 2018 |
| Nature of Call | Psychiatric/Abnormal Behavior/Suicide Attempt | 256 | * | 华 | MMR | 2018 |
| | Unknown Problem (Man Down) | 170 | * | 华 | MMR | 2018 |
| | Convulsions/Seizures | 146 | * | 华 | MMR | 2018 |
| | Stroke (CVA) | 146 | * | 华 | MMR | 2018 |
| | Hemorrhage/Lacerations | 145 | * | 华 | MMR | 2018 |
| | Total Calls to MMR | 4,531 | * | 华 | MMR | 2018 |
| | Breathing Problems | * | 1 | * | MMR | 2018 |
| | Cardiac or Respiratory Arrest/Death | * | 2 | * | MMR | 2018 |
| Top MMR | Falls | 特 | 1 | * | MMR | 2018 |
| Nature of Call | Traffic/Transportation/Accidents | 特 | 1 | * | MMR | 2018 |
| | Unknown Problem (Man Down) | 特 | 1 | * | MMR | 2018 |
| | Total Calls to MMR | * | 6 | * | MMR | 2018 |
| | Income Support/Assistance | 20.1% | * | 特 | 211 | 2018 |
| | Utility Assistance | 17.8% | * | * | 211 | 2018 |
| | Housing | 11.8% | * | * | 211 | 2018 |
| T 40 | Transportation | 7.4% | * | * | 211 | 2018 |
| Top 10 Referrals for | Food/Meals | 5.1% | * | * | 211 | 2018 |
| 211 | Individual, Family and Community Support | 3.8% | * | * | 211 | 2018 |
| 211 | Legal, Consumer and Public Safety Services | 2.6% | * | * | 211 | 2018 |
| | Clothing/Personal/Household Needs | 2.5% | * | * | 211 | 2018 |
| | Health Care | 2.4% | * | * | 211 | 2018 |
| | Information Services | 1.7% | * | * | 211 | 2018 |
| | Utility Assistance | * | 24.4% | * | 211 | 2018 |
| Т 40 | Income Support/Assistance | * | 17% | * | 211 | 2018 |
| Top 10 Referrals for | Housing | * | 15.2% | * | 211 | 2018 |
| 211 | Food/Meals | * | 5.6% | * | 211 | 2018 |
| 211 | Information Services | * | 5.1% | * | 211 | 2018 |
| | Legal, Consumer and Public Safety Services | * | 4.7% | * | 211 | 2018 |

| | Transportation | * | 3.7% | * | 211 | 2018 |
|----------------------|--|-------|-------------------------|-------|---|------------|
| | Clothing/Personal/Household Needs | * | 3.5% | * | 211 | 2018 |
| | Health Care | ** | 3.5% | * | 211 | 2018 |
| | Individual, Family and Community Support | * | 3.3% | * | 211 | 2018 |
| | Diabetic Monitoring (Medicare Population) | 84% | 86% | 86% | County Health Rankings | 2018 |
| | Mammogram Screening (Medicare Population) | 43% | 42% | 43% | County Health Rankings | 2019 |
| | Pap Test in Past 3 Years, Age 18+ | 72.3% | 71.8% | 72.7% | National Cancer Institute | 2016 |
| | Sigmoidoscopy or Colonoscopy Screening | 67.8% | 67.8% | 71% | Behavioral Risk Factor Surveillance System | 2016 |
| Preventative Care | Pneumonia Vaccination (PPSV23 65+) | 34.3% | 40.1% | 45.4% | Michigan Department of Health and Human Services | 2018 |
| | HPV Vaccination - Females | 39.3% | 38.2% | 43.2% | MDHHS: Immunization Report Card | 2018 |
| | HPV Vaccination - Males | 32.4% | 33.6% | 39.4% | MDHHS: Immunization Report Card | 2018 |
| | Births with Late or No Prenatal Care | 9.8% | 17.1% | 5.4% | Kids Count | 2016 |
| | Less than Adequate Prenatal Care | 42.9% | 48.7% | 32.5% | Kids Count | 2016 |
| | Overall Child Wellbeing | 76 | 70 | | Kids Count | |
| | Adult Smoking | 22% | 19% | 20% | County Health Rankings | 2019 |
| | People Living with HIV (per 100,000) | 95 | 46 | 175 | AIDSVu | 2015 |
| | Sexually Transmitted Infections (per 100,000) | 166.9 | 174.9 | 462.9 | County Health Rankings | 2019 |
| | Percentage of High School Students who Ever Drank Alcohol | 44.3% | *51.3% | 特 | Michigan Profile for Healthy Youth | 2017/*2012 |
| | Percentage of High School Students who Ever Tried Cigarette Smoking | 29.2% | *29.5% | 特 | Michigan Profile for Healthy Youth | 2017/*2012 |
| | Percentage of High School Students who Used an Electronic Vapor Product During the Past 30 Days | 24.1% | * | ** | Michigan Profile for Healthy Youth | 2017 |
| Behavioral | Percentage of High School Students who Ever Tried Marijuana | 29.3% | *24.4% | * | Michigan Profile for Healthy Youth | 2017/*2012 |
| Health | Tobacco Usage - Current Adult Smokers | 23.6% | 23.6% | 20.8% | Behavioral Risk Factor Surveillance System | 2016 |
| | Binge Drinking Adults | 19% | 17% | 21% | County Health Rankings | 2019 |
| | Frequent Mental Distress | 14% | 14% | 14% | County Health Rankings | 2019 |
| | Births to Mothers who Smoked During Pregnancy | 35.4% | 27.6% | 17.1% | Kids Count | 2016 |
| | Percentage of Students who Ever had Sexual Intercourse (County) | 31% | High School: *41.2% | * | Michigan Profile for Healthy Youth | 2017/*2012 |
| | | | Middle School: *7.6% | | | |
| | Percentage of Students who were Physically Hurt on Purpose by Someone they were Dating or Going out with During the Past 12 Months | 13% | *4.5% | * | Michigan Profile for Healthy Youth | 2017/*2012 |
| Teen Health | Number of Births per 1,000 Females, Age 15-19 | 39 | 25 | 22 | County Health Rankings | 2019 |
| Teen Fleaith | Teen Pregnancy Rate (per 1,000) | 55.6 | 32.5 | 27.3 | Michigan Department of Community | 2017 |

| | | | | | Health | |
|-----------|---|-------|-------------------|------|--|------------|
| | Repeat Teen Births, Age 15-19 | 15.2% | 10.7% | 17% | Kids Count | 2015 |
| | Child and Teen Deaths, Age 1-19 | * | * | 26.7 | Kids Count | 2017 |
| | Percent of Middle School Students who are Obese | 20% | *17.5% | * | Michigan Profile for Healthy Youth | 2018/*2012 |
| | Percent of Middle School Students who are Overweight | 18.2% | *15.3% | * | Michigan Profile for Healthy Youth | 2018/*2012 |
| | Percent of High School Students who are Obese | 18.5% | *16.9% | * | Michigan Profile for Healthy Youth (Mi: CDC - Youth Risk Behavior Surveillance System) | 2018/*2012 |
| | Percent of High School Students who are Overweight | 17.6% | *15.4% | * | Michigan Profile for Healthy Youth (Mi: CDC - Youth Risk Behavior Surveillance System) | 2018/*2012 |
| | Percentage of Middle School Students who Were Physically Active for at Least 60 Minutes Per Day on Five or More of the Past Seven Days | 58.5% | *50.9% | * | Michigan Profile for Healthy Youth | 2018/*2012 |
| | 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 Percent of High School Students who Saw a Doctor for an Exam When They Were Not Sick or Injured in the Past Year | 53.3% | *50.1% | * | Michigan Profile for Healthy Youth | 2018/*2012 |
| | | 62.8% | *58.4% | 45 | Michigan Profile for Healthy Youth | 2018/*2012 |
| | Percent of Middle School Students who Saw a Dentist in the Past 12 Months | 63.1% | *Not available | * | Michigan Profile for Healthy Youth | 2018/*2012 |
| | Percent of High School Students who Saw a Dentist in the Past 12 Months | 69.9% | *Not available | * | Michigan Profile for Healthy Youth | 2018/*2012 |
| | Number of Births per 1,000 Females, Age 15-19 | | | 22 | Michigan Profile for Healthy Youth | 2016 |
| | Teen Pregnancy Rate (per 1,000) | | | 27.3 | Michigan Profile for Healthy Youth | 2016 |
| | Repeat Teen Births, Age 15-19 | | | 17% | Michigan Profile for Healthy Youth | 2016 |
| | Child and Teen Deaths, Age 1-19 | | | 26.7 | Michigan Profile for Healthy Youth | 2016 |
| | Percent of Middle School Students who are Obese | | | * | Michigan Profile for Healthy Youth | 2016 |
| MiPHY- | Percent of Middle School Students who are Overweight | | | * | Michigan Profile for Healthy Youth | 2016 |
| Beaverton | Percent of High School Students who are Obese | | | * | Michigan Profile for Healthy Youth | 2016 |
| | Percent of High School Students who are Overweight | | | * | Michigan Profile for Healthy Youth | 2016 |
| | Percentage of Middle School Students who Were Physically Active for at Least 60 Minutes Per Day on Five or More of the Past Seven Days | | | * | Michigan Profile for Healthy Youth | 2016 |

| | 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 | | | * | Michigan Profile for Healthy Youth | 2016 |
|-----------------------|--|-------|-------|--------|--|------|
| | 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 | 2016 |
| | Percent of Middle School Students who Saw a Dentist in the Past 12 Months | | | * | Michigan Profile for Healthy Youth | 2016 |
| | Percent of High School Students who Saw a Dentist in the Past 12 Months | | | ** | Michigan Profile for Healthy Youth | 2016 |
| | Adult Obesity | 38% | 37% | 32% | County Health Rankings | 2019 |
| | Physical Inactivity | 27% | 29% | 22% | County Health Rankings | 2019 |
| | Population with No Leisure Time Physical Activity | 30.4% | 31.1% | 22.1% | Centers for Disease Control and Prevention | 2013 |
| | Low Income and Low Access to a Grocery Store | 1.7% | 0.49% | »;- | US Department of Agriculture: Food Atlas | 2015 |
| | People 65+ with Low Access to a Grocery Store | 0.48% | 0.16% | * | US Department of Agriculture: Food Atlas | 2015 |
| | Access to Exercise Opportunities | 71% | 61% | 85% | County Health Rankings | 2019 |
| Nutrition and | Children with Low Access to a Grocery Store | 0.59% | 0.2% | * | US Department of Agriculture; Food Atlas | 2015 |
| Exercise | Farmers Market Density | 0.1% | 0.04% | 35 | US Department of Agriculture; Food Atlas | 2016 |
| | Fast Food Restaurant Density (per 1,000) | 0.49 | 0.35 | * | US Department of Agriculture; Food Atlas | 2014 |
| | Grocery Store Density (per 1,000) | 0.36% | 0.12% | * | US Department of Agriculture; Food Atlas | 2014 |
| | Food Environment Index | 7.8 | 8.2 | 7.1 | County Health Rankings | 2019 |
| | Child Food Insecurity Rate | 22.8% | 21.6% | 14.2% | Feeding America | 2016 |
| | Frequent Physical Distress | 14% | 13% | 13% | County Health Rankings | 2019 |
| | SNAP Participants (per 10,000) | 15.84 | 15.57 | 10.07 | Community Commons | 2018 |
| | Kidney Disease | 16.7% | 19.4% | 19.42% | Centers for Medicare and Medicaid Services | 2015 |
| | Depression | 22.7% | 19.6% | 18.57% | Centers for Medicare and Medicaid Services | 2015 |
| | Schizophrenia/Other Psychotic Disorders | 2.7% | 3.2% | 3.99% | Centers for Medicare and Medicaid Services | 2015 |
| | Ischemic Heart Disease (Medicare Population) | 34% | 34% | 30.63% | Centers for Medicare and Medicaid Services | 2015 |
| | Stroke | 3.4% | 3.4% | 3.97% | Centers for Medicare and Medicaid Services | 2015 |
| Clara a in | Hepatitis (Chronic Viral B&C) | 0.6% | 0.36% | 0.68% | Centers for Medicare and Medicaid Services | 2015 |
| Chronic Conditions | Osteoporosis | 4.1% | 4.3% | 5.24% | Centers for Medicare and Medicaid Services | 2015 |
| | Arthritis | 30.4% | 32.5% | 32.6% | Centers for Medicare and Medicaid Services | 2015 |
| | Alzheimer's/Dementia | 7.2% | 8% | 10.63% | Centers for Medicare and Medicaid Services | 2015 |
| | Poor Mental Health Days (per 30 days) | 4.8 | 4.4 | 4.4 | County Health Rankings | 2019 |
| | Asthma | 11.6% | 9.6% | 9.67% | Centers for Medicare and Medicaid Services | 2015 |
| | Babies with Low Birth Weight (per 1,000) | 7.3% | 7.8% | 8.8% | Michigan Department of Community Health | 2017 |

| | Low Birthweight | 7% | 7% | 8% | County Health Rankings | 2019 |
|------------------------------|---|-------------|-------------|-------------|---|------|
| | Heart Disease Hospitalizations | 200.5 | 219.7 | 124.4 | Michigan Department of Community Health | 2016 |
| | Adult Diabetes | 14% | 15% | 11% | County Health Rankings | 2019 |
| | Diabetes: Medicare Population | 28.1% | 26.5% | 28.59% | Centers for Medicare and Medicaid Services | 2015 |
| | High Cholesterol | 49.4% | 49.4% | 39.4% | Behavioral Risk Factor Surveillance System | 2015 |
| | High Cholesterol: Medicare Population | 45.8% | 46.2% | 44.61% | Centers for Medicare and Medicaid Services | 2015 |
| | Heart Disease (3 Year Average) | 254.5 | 209.4 | 197.9 | Michigan Department of Health and Human Services | 2017 |
| Cardiovascular | Hypertension Hospitalizations (10,000 Population) | 10.9 | 11.1 | 15.5 | Behavioral Risk Factor Surveillance System | 2016 |
| | Hypertension (Medicare Population) | 56.7% | 57.5% | 54.99% | Centers for Medicare and Medicaid Services | 2015 |
| | Heart Failure (Medicare Population) | 16.7% | 15.6% | 15.82% | Centers for Medicare and Medicaid Services | 2015 |
| | COPD: Medicare Population | 18% | 16.3% | 13.7% | Centers for Medicare and Medicaid Services | 2015 |
| | Atrial Fibrillation | 9% | 8.5% | 8.24% | Centers for Medicare and Medicaid Services | 2015 |
| | Ischemic Heart Disease (Medicare Population) | 34% | 34% | 30.63% | Centers for Medicare and Medicaid Services | 2015 |
| | Stroke | 3.4% | 3.4% | 3.97% | Centers for Medicare and Medicaid Services | 2015 |
| Cancer | All Cancer | 459 | 431.4 | 449.5 | National Cancer Institute | 2015 |
| | All Cancer Medicare Population | 7.4% | 7.7% | 7.83% | Centers for Medicare and Medicaid Services | 2015 |
| | Lung Cancer | 75.6 | 73.9 | 65.6 | National Cancer Institute | 2015 |
| Incident Rate per 100,000 | Oral Cancer | 10.9 | 10.9 | 11.5 | National Cancer Institute | 2015 |
| Population | Breast Cancer | 140.1 | 115 | 123.4 | National Cancer Institute | 2015 |
| 1 opaiation | Colorectal Cancer | 28.6 | 29 | 37.7 | National Cancer Institute | 2015 |
| | Prostate Cancer | 97.1 | 98.4 | 117.6 | National Cancer Institute | 2015 |
| | Mortality Ranking | 75 | 69 | * | County Health Rankings | 2019 |
| | Life Expectancy, Both Sexes | 76.22 years | 77.62 years | 78.26 years | US Health Map | 2014 |
| | All Cancer | 202.8 | 180 | 172.7 | National Cancer Institute | 2015 |
| | Breast Cancer | 26.8 | * | 21.7 | National Cancer Institute | 2015 |
| | Colorectal Cancer | * | * | 14.5 | National Cancer Institute | 2015 |
| | Lung Cancer | 48 | 37.6 | 48 | National Cancer Institute | 2015 |
| | Prostate Cancer | 14.9 | * | 19 | National Cancer Institute | 2014 |
| Mortality Rate | Premature Death (YPLR) | 9,900 | 8,600 | 7,600 | County Health Rankings | 2019 |
| per 100,000 Population | Heart Disease | 371.9 | 336.8 | 252.6 | Michigan Department of Community Health | 2017 |
| | Diabetes | 27 | 32.1 | 22.1 | Michigan Department of Community Health | 2017 |
| | Chronic Lower Respiratory Disease | 127.2 | 111 | 57.1 | Michigan Department of Community Health | 2017 |
| | Stroke | 75 | 75.3 | 50.1 | Michigan Department of Community Health | 2017 |
| | Suicide | 6.2 | 5.4 | 13.6 | Michigan Department of Community | 2017 |

| | | | | Health | |
|---|-----|-----|------|--|------|
| Influenza and Pneumonia | 7.7 | 5.7 | 14.1 | Michigan Department of Community Health | 2015 |
| Infant | * | * | 6.8 | Michigan Department of Community Health | 2017 |
| Drug Overdose Deaths | 29 | 21 | 24 | County Health Rankings | 2019 |
| Drug Rate Death due to Heroin-Related Drug Poisoning | 0 | 0 | 4.2 | Michigan Substance Use Data Repository | 2017 |
| Alcohol-Impaired Driving Deaths | 38% | 38% | 29% | County Health Rankings | 2019 |

Appendix C

MidMichigan Community Health Questionnaire

Directions: For each of the questions below, please select/circle the best response. Only select/circle more than one response per question where directly indicted. Please allow for 5 to 7 minutes to complete the survey.

| 1. What is your zip code? | σ <u></u> | | | | - 10: | |
|-----------------------------|--------------------|-------------------|---------|----------------------|--------------|----------------------|
| 2. How would you rate you | ır overall health? | | | | | |
| Excellent | Very Good | Fair | | Poor | | Very Poor |
| 3. How would you rate the | overall health of | your communi | ty? | | | |
| Very Healthy | Healthy | Neutral | | Unhealthy | Ver | y Unhealthy |
| 4. How would you rate the | overall quality o | f life in your co | mmunity | ? | | |
| Very Good | Good | Somewhat G | lood | Bad | | Very Bad |
| 5. I can help make my com | munity a better p | lace to live. | | | | |
| Strongly Agree | Agree | Neutral | | Disagree | Stron | gly Disagree |
| 6. My community is a HEA | ALTHY place to li | | | | | |
| | | Strongly Agree | Agree | Neutral/ Not Sure | Disagree | Strongly Disagree |
| it has a clean environmen | <u>ıt.</u> | | | | | |
| I can get healthy goods. | | | | | | |
| there are good place to pl | ay. | | | | | |
| it is a good place to get h | ealth care. | | | | | |
| there are good places to g | get dental care. | | | | | |
| there are good health pro | T | | | | | |
| I can get affordable healt | h insurance. | | | | | |
| 7. My community is STRO | NG in providing: | | | | | |
| | | Strongly Agree | Agree | Neutral/ Not Sure | Disagree | Strongly Disagree |
| good housing options. | | | | | | |
| good education. | | | | | | |
| transportation services. | | | | | | |
| child care options. | | | | | | |
| jobs with fair wages. | | | | | | |
| | | | | | | Page 1 |

Community Support Services

8. My community has good supports and services for the following groups of people:

| | Strongly Agree | Agree | Neutral/ Not Sure | Disagree | Strongly Disagree |
|---|-------------------|-------|----------------------|----------|----------------------|
| aging adults. | | | | | |
| children and families. | | | | | |
| teens. | | | | | |
| racial and ethnic persons. | | | | | |
| veterans. | | | | | |
| people whose primary language is not English. | | | | | |
| LGBTQ (Lesbian, Gay, Bi-sexual, Transgender, | | | | | |
| and Questioning) individuals. | | | | | |
| people with disabilities. | | | | | |
| people who are homeless. | | | | | |
| people with mental illness. | | | | | |
| people with chronic diseases.* | | | | | |
| people with cancer. | | | | | |
| people with drugs and/or alcohol addiction. | | | | | |
| victims of domestic abuse. | | | | | |
| victims of violent crime (exp. assault, rape, | | | | | |
| robbery, etc.). | : L | | | | |
| 9. I get the social and emotional support I need: | | | | | |
| | Strongly | Agree | Neutral/ | Disagree | Strongly |
| C '1 | Agree | 0 | Not Sure | | Disagree |
| from my <u>family</u> . | | | | | |
| from my <u>friends.</u> | | | | | |
| at my <u>church.</u> | | | | | |
| from my <u>community.</u> | | | | | |
| | | | | | |

Note:

^{*} Chronic disease is defined as sickness lasting three (3) months or more. Chronic diseases cannot be cured by medication, nor do they just disappear. (Exp. Asthma, Chronic Pulmonary Disease "COPD", Diabetes, etc.)

| 10. | The following | ng HEALTH | PROGRAMS | are meeting | the needs of | my community: |
|-----|---------------|-----------|-----------------|-------------|--------------|---------------|
|-----|---------------|-----------|-----------------|-------------|--------------|---------------|

| | Strongly Agree | Agree | Neutral/ Not Sure | Disagree | Strongly Disagree | | |
|---|--|---------|----------------------|----------|----------------------|--|--|
| alcohol and/or drug abuse. | | | | | | | |
| asthma. | | | | | | | |
| cancer. | | | | | | | |
| COPD. | | | | | | | |
| dental health. | | | | | | | |
| diabetes. | | | | | | | |
| heart disease & stroke. | | | | | | | |
| hypertension (High Blood Pressure). | | | | | | | |
| infant care. | | | | | | | |
| mental health. | | | | | | | |
| overweight/obesity. | | | | | | | |
| prenatal care. | | | | | | | |
| sexually transmitted infections (STIs or STDs). | | | | | | | |
| tobacco use. | | | | | | | |
| violence and/or domestic abuse, | | | | | | | |
| Health Literacy | & Acces | s to Ca | re | | | | |
| 11. When I visit my doctor, I understand: | | | | | | | |
| | Strongly | Agree | Neutral/ | Disagree | Strongly | | |
| what the doctor tells me. | Agree | | Not Sure | | Disagree | | |
| the hand-outs the doctor gives me. | | | | | | | |
| 12. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? | | | | | | | |
| Yes No | | | | | | | |
| | 13. Do you have any kind of health coverage, including health insurance, prepare plans such as HMOs, or government plans such as Medicare/Medicaid, or Indian Health Services? | | | | | | |
| Yes No | | Don't | Know/No | t Sure | | | |

Community Safety

| 14. M | y community is a sa | fe place to live. | | | | | |
|--------|---|-----------------------|-------------------|-------|----------------------|-------------------|----------------------|
| | Strongly Agree | Agree | Neutral/Not Sure | | Disagree | Strongly Disagree | |
| 15. My | community is a saf | e place to live becau | se: | | | | |
| | | | Strongly Agree | Agree | Neutral/ Not Sure | Disagree | Strongly Disagree |
| ther | e is safe <u>housing</u> . | | | | | | |
| ther | e are safe places to p | lay. | | | | | |
| ther | e are safe places to w | <u>ork</u> . | | | | | |
| ther | e are <u>safe schools</u> . | | | | | | |
| ther | e is good street lighti | ng. | | | | | |
| ther | e are safe roads and s | <u>idewalks</u> . | | | | | |
| | re are safe ways to get (transportation). | t to where I need to | | | | | |
| ther | e are good fire/safety | /emergency services. | | | | | |
| | Community Profile 16. I believe the following COMMUNITY HEALTH issues exist in my community? (Select the top THREE (3) health issues only) Access to exercise and wellness activities Access to affordable healthy foods Affordable housing Access to healthcare Access to public transportation Jobs with livable wages/poverty Other (please specify): | | | | | | |
| | | * | | | | | |
| 17. WI | 17. What do you feel could be done to improve the health of your community? | | | | | | |
| 1 | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 18. What PHYSICAL HEALTH* issues think are the biggest concern in your community? (Select | | | | | | | |
|--|---|--|-----------------|---|--|---------------------------|--|
| the top TH | IREE (3) physi | cal issues only) | | | | | |
| | Heart Dise. Obesity/Ov Poor Nutrit Physical In Teen Pregr | verweight tion/Poor Eating Habits activity | lth is the heal | Mental H Hypertens Sexual Ho Substance Asthma Dental Ho Crime | sion (i.e. high bealth (i.e. STDse Abuse (i.e. alealth | /HIV) cohol, drugs, etc.) | |
| | | nmunity look like? | mmunity, v | mat comes to | your mmu. | 10 you, what | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Techno | ology and | Health | | | |
| 20. Whe | ere do you a | ccess the internet (i.e. o | email, web. I | acebook, etc. |) most often | ? | |
| | | I do not have access to the Friend's home Home computer/tablet Library Other (please specify): | the internet | | Mobile/Cel School Work | l Phone | |
| | | | | | | | |
| 21. Technology has made it easier to use computers, mobile phones, laptops, and tablets, to safely talk face-to-face with your doctor without a visit to the office. | | | | | | | |
| I would | be OK talk | ing face-to-face with m | ıy doctor usi | ng the intern | et. | | |
| | Strongly Agre | e Agree | Neutral/1 | Not Sure | Disagree | Strongly Disagree | |

Demographics

| 22. Pleas | e choose y | our gender. | | | | | |
|---|--------------|--|---------|--|--|----------|---|
| | | Male | | Female | | | Transgender |
| 23. Pleas | e choose y | our age group. | | | | | |
| | | 18-24 years 25-39 years | | 40-54 yea 55-64 yea | | | 65-79 years 80+ years |
| 24. I am: | | Married Widowed | | Divorced Separated | | | Single Domestic Partnership |
| 25. Please choose the group(s) below that best represent you. (Select all that apply) | | | | | | | |
| White, Non-Hispanic Black/African American Latino or Hispanic American Native American/Alaskan Native Other (please specify): | | | | Middle Eastern/Arab American South Asian/Indian American Native Hawaiian/Pacific Islander From multiple races | | | |
| 26. What | t is your li | ving situation? | | | | | |
| | | I rent my home I own my home Other (please specify): | | | I live with far I live in temporal shelter, motel, | porary h | ousing (i.e. hotel, |
| 27. Inclu | ding you, | how many people live | in your | home? | | | |
| | | 1 4 | | 2 5 or mor | e | | 3 |
| 28. What is the highest grade or year of school you completed? | | | | | | | |
| | | Some High School-No High School Diploma Some College | | OMA | □ B | achelor' | 's Degree s Degree Degree or higher |

| 29. What is you | ır average household inco | me? | | |
|----------------------------------|--|------------------|---|----|
| | \$0 - \$24,999 \$25,000 - \$49,000 \$50,000 - \$74,999 | | \$75,000 - \$99,999 \$100,000 and up | |
| | he space below to share a | ā ā | | |
| "to provide exc communities." | cellent health services to in | mprove the quali | ty of life for people in o | ur |
| | | | | |
| , | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

THANK YOU!

Part II: Community Health Improvement Plan

The MidMichigan Medical Center - Clare Community Health Improvement Plan of 2019-2022 was built upon previous plans to further reflect MidMichigan Health's Mission, Vision and Core Values, as well as collaborative efforts with the community. The underlying premise for each MidMichigan Health subsidiary in completing previous plans was shared ownership for community health. While our previous CHNA's helped us identify focus areas for health improvement, the IRS legislation mandating collaborative efforts provided an opportunity to revisit our needs assessment and strategic planning processes. Part one of the Community Health Needs Assessment included a detailed investigation of quantitative and qualitative data from which areas for health improvement were chosen.

The following plan includes goals and evidenced based strategies to address three focus areas for health improvement, approved by the MidMichigan Medical Center - Clare Board of Directors on October 22, 2019. This document reflects input from designated individuals in each community inclusive of, but not limited to, public health experts, representatives of low-income and medically underserved populations and those suffering from chronic disease. The broadened scope from which we plan to function is inherent in the strategies, which include internal health improvement initiatives of MidMichigan Medical Center - Clare and MidMichigan Health, as well as collaborative efforts of the hospital with public health, the University of Michigan and our community partners. The following pages outline the Community Health Improvement Plan for MidMichigan Medical Center - Clare.

Addendum: This report will be made publicly available on <u>www.midmichigan.org</u>, and will be filed with the Internal Revenue Service using Form 990 Schedule H.

Health Focus Area: Chronic Disease Prevention and Treatment

Goal: Educate, encourage and provide opportunity for improved health behaviors and increased access to healthy foods.

| Strategy | Action | Lead/Partners | Expected Output | Measure |
|--|--|---|--|--|
| 1.1. Expand Prescription for Health Program.1.2. Explore means to connect patients to other healthy food sources in area. | 1.1. Pilot program to reach an increased number of participants in Clare County area. 1.2. Connect patients to Double Up Food Bucks, Emergency Food Pantry, Food Bank of Lansing Michigan and Community Garden Sites. | MidMichigan Health MSU Extension Central Michigan District Health Department MiHIA | Improved knowledge of healthy eating. Increased access to and selection of healthy foods. | Short Term Number of programs, participation rates. Long Term Increased fruit and vegetable purchase and consumption. Improved BMI's and decreased percentage of children and adults being overweight or obese or reporting high BMI's. Decreased consumption of fast food and sugary |
| 2. Provide Diabetes Prevention Program. | Expand number of Diabetes Prevention in- person and virtual offerings for adults at risk for diabetes. | MidMichigan Physicians Group Offices (in-person offerings) MiHIA (virtual offerings) Insurance funded (in-person and virtual offerings) | The participation rates for in-person and virtual classes will increase every year through 2022. Delayed onset of Diabetes and comorbidities attributable to Type 2 Diabetes. | drinks. Short Term Participation rates, physical activity outcomes, average weight loss and program evaluations. Long Term Improved A1c and cholesterol numbers. |
| Offer MidMichigan Health Speaker's Bureau for healthy eating, exercise and weight management educational programming. | Provide subject matter experts and educational materials like "Twelve Weeks to a Better You." | MidMichigan Health Subject Matter Experts | A minimum of three programs per year will be provided to audiences, per request. | Number of requests. Participation rates. Program evaluations. |
| Provide healthy eating and exercise programming for school-aged children. | Offer Eat Healthy Move More, Go Outside, Kurbo and Lou E's Fit Club opportunities. | MidMichigan Health MSU Extension Great Start Collaboration Community Schools Great Lakes Loons MiHIA Kurbo | A minimum of 150 schoolaged children will be reached with programming. | Short Term Participation rates. Long Term Decreased percentage of middle school and high school aged children reporting overweight or obese and decreased BMI. |
| 5. Provide education on recommended health care screenings. | Educate community members regarding suggested health care screenings at programs and events using the Women's and Men's Guides to Living Well and other resources. | MidMichigan Health MPG Offices Community Connect Fair | Community members will be informed regarding recommended screenings. | Short Term Number of resources distributed. Long Term Increased participation in recommended screenings. |

Increase breastfeeding support.

Review Patient Portal options for more

comprehensive follow-up access and options.

4.2. Provide Opportunity and

continuum.

support for breastfeeding

across the breastfeeding

Health Focus Area: Maternal/Infant Health Goal: Prepare, Care and Support childbearing families in order to improve the health and well-being of childbearing aged women and infants. Strategy Action **Lead/Partners Expected Output** Measure 1.1. Increase proportion of 1.1. Educate women of childbearing age • MidMichigan Health Improved pregnancy and **Short Term** regarding the importance of prenatal care. Number of first time and overall prenatal pregnant women who • MPG and Specialty Clinic postpartum behaviors. receive early and adequate OB/GYN prenatal care. 1.2. Implement a Centering Pregnancy Pilot. Improved health of mothers, • Primary Care and Pediatric babies and future health of Number of staff members participating Offices 1.2. Provide consistent childbirth 1.2a. Work with Community partners to register children. in education. **Great Start Collaborative** preparation education expectant parents for childbirth Central Michigan District Class participation numbers. content to all staff and preparation, baby care boot camp, **Health Department** pregnant families. breastfeeding/safety and child/infant CPR MiHIA Centering Pregnancy classes. Long Term Decrease in percent of mothers in the 1.2b. Implement Coffective Initiative for all less than adequate prenatal care medical staff and patient education for category. inpatient and ambulatory. Decrease in average number of low birth weight babies. 2. Increase abstinence from Expand Tobacco Cessation and Reduction in MiHIA Region 5 Perinatal Increased numbers of women **Short Term** cigarettes among pregnant Pregnancy Treatment Program. **Quality Collaborative** will decrease or stop abusing Decreased reported use of Tobacco substances during pregnancy. during pregnancy. women. MidMichigan Health MidMichigan Physicians **Long Term** Group Decrease in births to mothers who smoked or abused other substances during pregnancy. 3. Provide opportunity for Increased utilization of **Short Term** Educate expectant or postpartum mothers MPG and Specialty Clinic follow-up care post discharge. regarding needed programs (Maternal Infant Reports of support service participation. OB/GYN community support services Health Program, Healthy Beginnings Program early in prenatal period and Primary Care and Pediatric and SNAP enrollment). after delivery. Long Term Offices Reduced rate of post neonatal deaths • MidMichigan Home Care and deaths from unknown causes. Central Michigan District **Health Department** 4.1. Increase the proportion of Provide consistent education to physicians, MidMichigan Health Increased rate of moms at Breastfeeding rates at initiation, discharge, infants who are breastfed. inpatient, outpatient health staff and educators discharge from hospital three months, six months and one year. Central Michigan District regarding the benefits of breastfeeding. exclusively breastfeeding.

Health Department

MidMichigan Physicians

Increased rate of mom's

months and one year.

breastfeeding at 3 months, six

WIC

Group

Health Focus Area: Mental Health and Substance Use

Goal Mental Health: Lead, partner or support efforts to ensure a comprehensive system of care to meet the behavioral health of all at the right time, in the right place and with the right care.

Goal Substance Use: Provide prevention, screening, assessment, treatment, education and support so all needs are met.

| Strategy | Action | Lead/Partners | Expected Output | Measure |
|---|---|--|--|---|
| Improve consumer access to mental health resources and treatment. | 1.1. Promote mental health resources through the Hope Portal. 1.2. Assist in closing gaps in care through physician mental health assessment and referral education. | MidMichigan Health Community Mental Health of Central Michigan MidMichigan Physicians Group 211 of Northeast Michigan | Increased referrals to mental health resources and treatment. | Short Term Increased referral rates. Long Term Reported decrease in anxiety, depression and unhealthy means of coping. |
| Improve consumer access to substance use resources and treatment. | 2.1. Provide resources for tobacco cessation, alcohol abuse, vaping and drug addiction. 2.2. Provide consistent messaging using a variety of tactics. | MidMichigan Health MPG offices 1016 Recovery Network Clare and Gladwin RESD Great Start Collaborative Clare County Human Service Coordinating Body | Increased referrals to substance use resources and treatment. Decreased percentage of teens and adults 18 years and older that abuse substances. | Short Term Increased referral rates. Long Term Decreased substance use rates (reported smoking, vaping, and binge drinking) and alcohol impaired driving deaths. |
| Continue Project Assert (Alcohol and Substance Abuse Services, Education and Referral to Treatment). | Substance Use treatment services will continue in ER and inpatient setting. | 1016 Recovery MidMichigan Health | Improved Care Coordination and access to substance use treatment. | Increase in Referral Rates. |
| Identify/Screen for Social Determinants of Health (SDOH), including Loneliness. | 4a. Provide systematic evaluation of Social Determinants of Health needs for new patients, post ED and annual physical. 4b. Provide bi-directional referral to agencies answering needs reflected from SDOH Surveys. | MidMichigan Health 211 of Northeast MI United Way Council on Aging | Increased identification of SDOH needs. | Referral Rates and Types of Social Determinants of Referrals Satisfied. |
| 5. Identify/Screen for depression/suicide and co-occurring substance abuse and mental health disorders. | Provide assessment for depression/suicide annually for those 12 years and older in primary care offices and at other health encounters as appropriate. | MidMichigan Health 1016 Recovery Network Community Mental Health of Central Michigan Central Michigan District Health Department Community Schools | Increased identification and treatment of those at risk for suicide. Increase number of adults and teens with co-occurring substance abuse and mental health disorders who receive treatment. | Short Term Number of teens and adults in treatment. Decreased reports of anxiety and depression. Long Term Decreased Suicide Rates. |