District Health Department No. 2

Community Health Needs Assessment 2016

Improving the Health of Alcona, Iosco, Ogemaw and Oscoda Counties

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Community Health Assessment made possible by:

District Health Department No. 2

West Branch Regional Medical Center

Michigan Center for Rural Health at Michigan State University

Supplemental Data Provided by:

Health Department of Northwest Michigan

Oscoda County CHOICES

Tawas St. Joseph Hospital

Executive Summary:

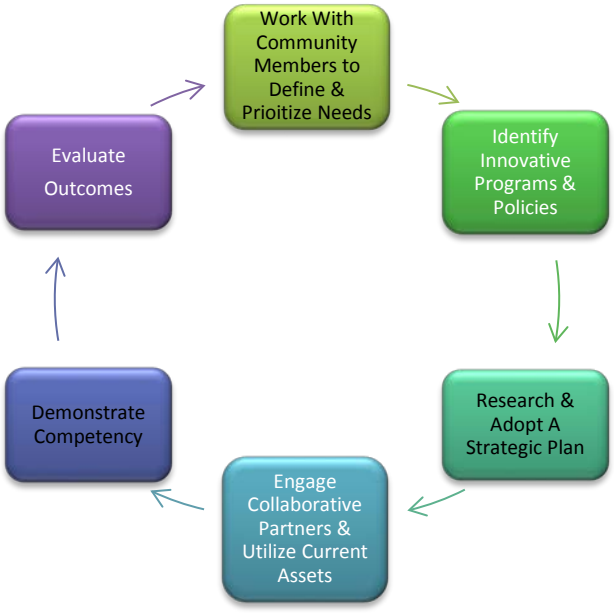
In the fall of 2016, District Health Department No. 2 (DHD2) again undertook the task of assessing the needs of the Alcona, Iosco, Ogemaw and Oscoda residents through a community health needs assessment (CHNA) project. Partnering with local stakeholders such as the West Branch Regional Medical Center, and State partners such as the Michigan State University Center for Rural Health, a 24-question survey was utilized to gather the thoughts and feelings of local residents. Questions consisted of either a multiple choice or rating system format and gathered demographic data such as age, gender, educational level and zip code, questions related to healthcare industry including quality, availability, and type of insurance, and community related questions such as feeling safe in the community and growing old in the community. Utilizing networks, social media, personal contacts, clientele, and human service organizations, a total of 475 surveys were collected.

Data analysis consisted of compiling information into a spreadsheet, and then calculating the data to show results and outcomes. The following report is an aggregate report for the four counties in the DHD2 service area, however, data was compiled at the county level to allow for an in-depth look into each individual county and their needs. Data was also compared to the 2014 Community Health Needs Assessment to identify any trends.

Ultimately, the CHNA identified two areas of focus or visions, that if addressed, will have significant and relevant impact on altering health outcomes for the DHD2 service area. Multiple strategic goals are delineated in the summary for each vision area. The two visions are:

Vision: Collaboration with local stakeholders to create comprehensive, innovative healthcare options that demonstrate strategic and timely response to public need.

Vision: Fully engaged communities that actively advocate policy; encourage and support progress; and promote awareness of healthy choices for all.



Mission:

District Health Department No. 2 provides leadership in promoting environmental and personal health through health promotion, disease detection, disease prevention, education and regulation.

Vision:

High quality of life, health, and well-being for all people of District Health Department No. 2.

Values:

Service-Focused: We are committed to respectful, courteous and superior customer service. We foster teamwork and embrace the richness of diversity and inclusion.

Communication and Collaboration: We believe that communication and collaboration among divisions and staff promote better service for the public. Every effort is made to create local, state and national partnerships to achieve mutual goals and efficiently leverage assets and resources.

Flexibility and Innovation: We believe that flexibility and innovation can help us be more efficient and effective in addressing the needs of our constantly changing communities. DHD2 embraces a culture of continuous quality improvement and strives to provide excellence in program delivery.

Focus on Equity: We believe in the right for all people to achieve health access and equity in our communities.

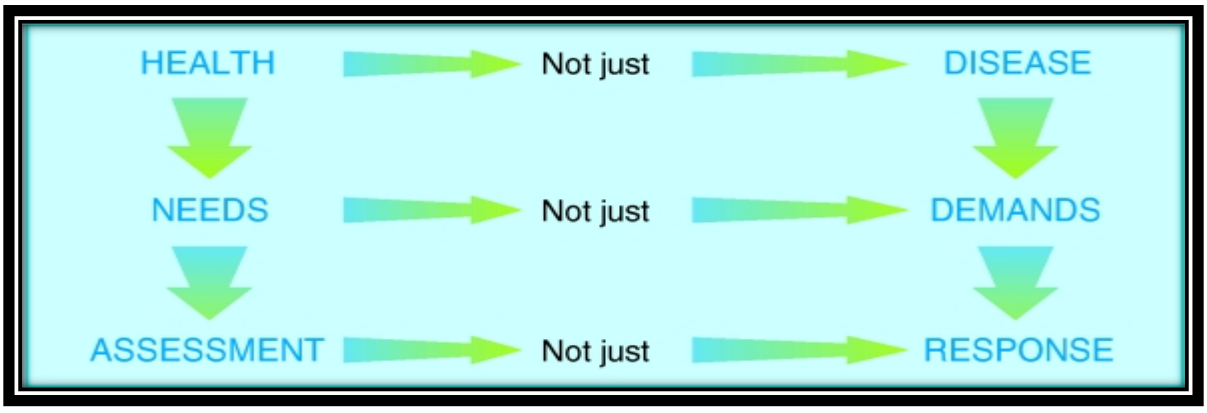
Responding to Need: We believe in working with our communities by demonstrating both strategic and timely responses to all public health needs.

Sustainability: We are committed to the principles of sustainability, whereby the interdependency of the natural environment, economic system, and social structure of District Health Department No. 2 are recognized as fundamental to all DHD2 policy and program decisions.

Introduction:

District Health Department No. 2 conducted a CHNA project over a period of two months, beginning in August 2016 and concluding in October 2016.The counties included in this CHNA include: Alcona, Iosco, Ogemaw and Oscoda. This report presents both a summary of the process used, data findings and next steps for the four counties served by DHD2. Participating partners along with DHD2 were West Branch Regional Medical Center, and the Michigan Center for Rural Health at Michigan State University. Additionally included in this report is supplemental, comparable data from Community Conversation events for the DHD2 four county service area, asset-mapping conducted by Oscoda County CHOICES; and findings for Iosco County from a CHNA conducted by Tawas St. Joseph Health System.

A Community Health Needs Assessment is a systematic examination of the health status indicators for a given population. It involves epidemiological, qualitative, and comparative methods to identify/address health needs of a community; and prioritize the most effective/efficient use of assets. A variety of tools and processes may be utilized, but crucial is full community engagement and collaborative partnerships. These efforts are based on a broad definition of health, specifically the definition put forth by the World Health Organization: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The National Center for Biotechnology Information (NCBI), provides a model depicting the importance of both proactive and retroactive approaches to needs assessments. According to NCBI, "distinguishing between individual needs and the wider needs of the community is important in the planning and provision of local health services. If these needs are ignored then there is a danger of a top-down approach to providing health services, which relies too heavily on what a few people perceive to be the needs of the population rather than what they actually are."



Description of Community Served:

District Health Department No. 2 (DHD2) has a proud tradition of serving Alcona, Iosco, Ogemaw and Oscoda Counties in Northeast Lower Michigan since the 1930's. According to the US Census website (census.gov), the 2015 estimated DHD2 service area has a population of 64,882 and the average population per square mile is 27.6 people. These four counties contain various landscapes ranging from the Lake Huron shoreline, a multitude of lakes, the Huron National Forest and vast majorities of farmland. While the communities DHD2 serves are beautiful and their residents also possess great pride, the risk and burden from poverty, chronic diseases and the stigma from being deemed a low health care provider service area cannot be overlooked and seek further exploration into individualized needs; and subsequently, strategic developments to address barriers.

Demographically, the largest age bracket within the DHD2 service area is individuals over 65 years old (27.8%)[1]. Racially, the four-county, surveyed, service area is predominately white or Caucasian, 97.05%, with the next largest ethnicity group being Hispanic or Latino at 1.57%[1].

Socio-economic factors for the four county survey area are below State of Michigan averages. Approximately 1 in 5 residents live below the poverty level, equaling 18.95% of all households[1]. The average median annual household income is $35,875.00 compared to the State of Michigan at $49,800.00[1]. Educational attainment is 78% of residents with at least a high school diploma (data not available for Oscoda County). The average unemployment rate for the survey area is 10.45%, compared to the State of Michigan unemployment rate of 7.3%[1].

According to figures from the 2013-2015, Michigan Behavioral Risk Factor Survey (MI BRFS), which is an annual report highlighting key health risk behaviors, health indicators, and diseases in Michigan, the DHD2 service area is in obvious need. MI BRFS, data results are presented by age group, gender, race, education level, and household income level. DHD2 service area specific results reveal, 35.4% of individuals self-reported obesity, ranking 6th in the State, 14.9% of the population has been ever told they have diabetes, ranking 12th in the State, and 41.1% of the population has been ever told they have high blood pressure, ranking first in the State. In addition, 23.7% of the population reports no leisure time physical activity ranking 20th in the State. Furthermore, 13.2% of the population has been ever told they have cardiovascular disease, ranking 13th in the State. A startling 22.1% of the population reported a fair or poor general health status. Access to, or availability of care may prove a direct link. Almost eighteen percent (17.9%) of the population reported having no personal/primary care provider. While another, 24.6% of population reported no routine checkup in, at least, the last 12 months. When asked again about the past 12 months, 12.4% of the population reported their lack of health care access was due to high costs. In correlation, 20.3% of 18-64-year-olds reported having no health care coverage. Out of 46 jurisdictions included in the report, DHD2 ranks in the top 10 in 13 of the chronic disease burden indicators observed.

[1] Robert Wood Johnson Foundation County Health Rankings, www.countyhealthrankings.org

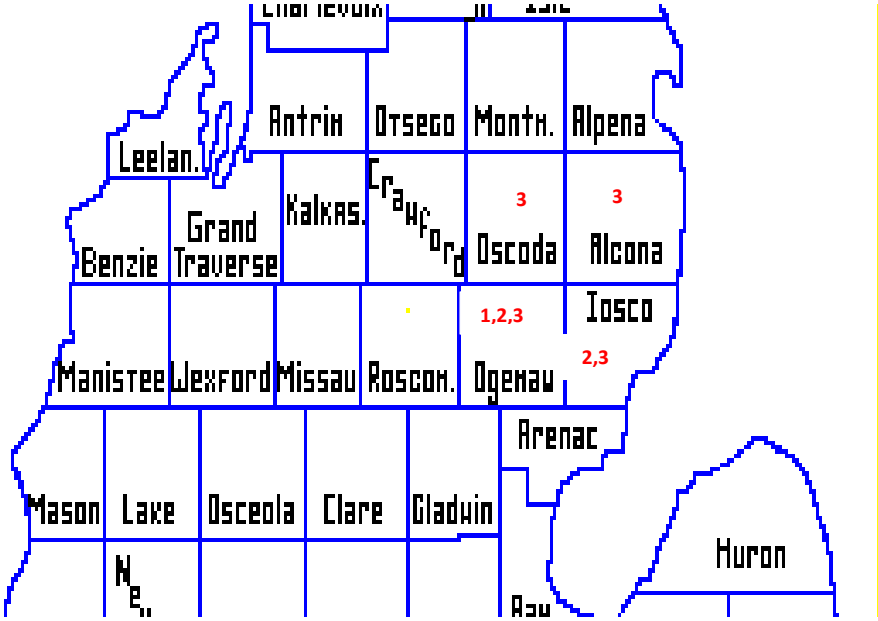
Alcona County is located in the Northeast corner of the DHD2 service area along the Lake Huron shoreline. According to the Robert Wood Johnson Foundation County Health Rankings 2016, in terms of health behaviors, 16% of the adult population smokes, 31% of the adult population are obese, and 26% of the adult population are physically inactive. Additionally County Health Rankings 2016 found, 8% of children are uninsured while 21% of adults are uninsured. The county is lacking in primary care physicians (2,120 persons to 1 physician), dentists (1,450 persons to 1 dentist), and mental health providers (1,740 persons to 1 provider). Socially and economically, 31% of Alcona county's children live in poverty while 26% live in single-parent households

Iosco County is located in the Southeast corner of the DHD2 service area is the largest of the four counties served. According to County Health Rankings, 17% of the adult population smokes, while 34% of the adult population are obese. In terms of physical inactivity, 24% of the population is physically inactive. Iosco County is also lacking in primary care physicians (1,700 persons to every one physician), dentists (1,960 persons to every one dentist), mental health providers (730 people to every one mental health provider). In regards to Iosco County children, 31% live below the poverty level while 32% live in single-parent households. In 2016, Iosco County's uninsured rates were 5% of children and 18% of adults.

Ogemaw County is located in the Southwest corner of the DHD2 service area, boasts easy access to the local interstate as well as several inland lakes and recreation opportunities. Health behaviors for the county, as reported by the County Health Rankings include a 18% smoking rate for the adult population, a 36% adult obesity rate, and an adult physical inactivity rate of 29%. Like Alcona and Iosco counties, clinical care is also lacking in Ogemaw County: primary care physicians (1,770 persons to every one physician), dentists (2,630 persons to every one dentist) and mental health providers (1,910 persons to every one mental health provider). Thirty-six percent (36%) of children in Ogemaw County live in poverty while 41% of the children live in single-parent households. An average of 15% of the Ogemaw County population is uninsured, 2016 rates show 6% were children and 18% were adults.

Oscoda County is located in the Northwest corner of the DHD2 service area is the smallest of all four counties served. Located along the AuSable River in the Huron National Forest, Oscoda County is a known for its beauty and tourism. According to the County Health Rankings, 19% of the adult population smokes, while 33% of the adult population are obese. In terms of physical inactivity, 23% of the population is physically inactive. Like the other three counties, Oscoda County is also lacking in primary care physicians (2,090 persons to every one primary care physician), dentists (4,190 persons to every one dentist), and mental health providers (2,090 people to every one mental health provider). In Oscoda County, 32% of children live below the poverty level and 29% live in single-parent households. In 2016, Oscoda County's uninsured rates were 7% of children and 22.0% of adults.

Map of the Service Area



Numbers next to counties correspond to operating site of each participating partner below.

1. West Branch Regional Medical Center — *Primary Hospital*
2. Michigan State University — *University*
3. District Health Department No. 2 — *Regional Health Department*

Methodology:

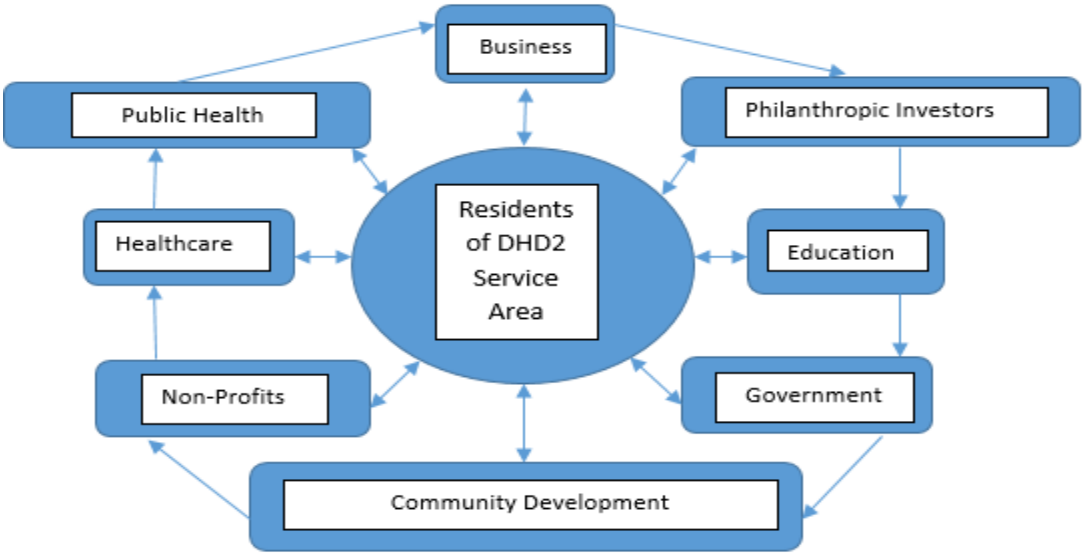
District Health Department No. 2, in collaboration with West Branch Regional Medical Center (WBRMC) and the Michigan Center for Rural Health at Michigan State University developed a Community Health Needs Assessment (CHNA) survey tool. An initial collaboration and planning meeting was held to establish a timeline, goals and objectives, partner responsibilities and other various aspects of the project.

The survey was administered in person at a variety of community events, local businesses, County Fairs, as well as DHD2 Public Health clinics. Community engagement and involvement contributed to successful survey participation. The survey was shared with networking contacts, on partnering agency websites, and through social media. Surveys were also made available online for online completion via a Survey Monkey tool. Partnering agency staff were very proactive in making the survey available throughout the area. Local businesses were visited, county fairs were attended, and other community outreach opportunities. Incentives such as gift baskets were purchased and raffled off to encourage individuals to take the time to complete a survey. A total of 475 surveys were completed within the DHD2 service area.

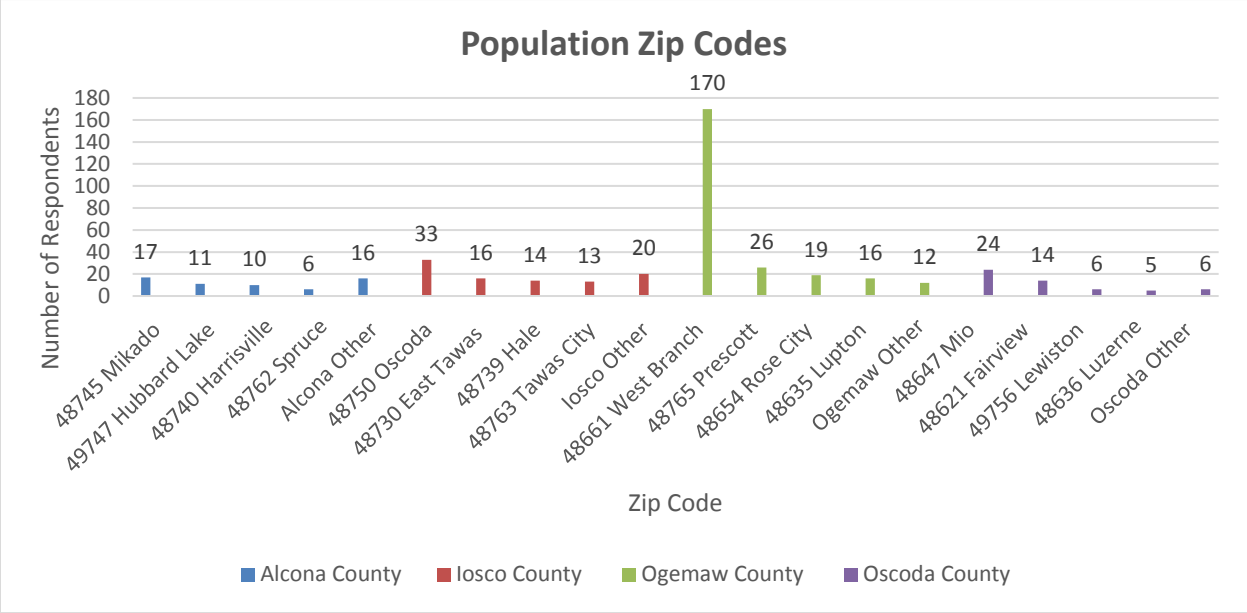
Survey participants expressed how appreciative residents were to be able to give individual input. One resident provided the following statement to a Health Educator, while completing their CHNA:
"I really appreciate you taking the time to ask these kinds of questions. All too often our voices are not heard in little towns like this. This county is considered "close knit" but what does that really mean if the ones who offer/provide services are not on the same page or don't know the individualized need in this community?"

Key steps in the 2016 CHNA process were identified as follows:

1. Initial partner planning meeting.
2. Develop a CHNA survey tool and plan for distribution including a timeline.
3. Engage community stakeholders and residents.
4. Gather diverse input from all DHD2 counties.
5. Analyze data and identify key barriers to health and healthcare.
6. Share the final CHNA report with local entities and stakeholders.
7. Continually, seek additional funding to combat identified health disparities.
8. Adopt a strategic health improvement plan.



Health and Community Data Findings:

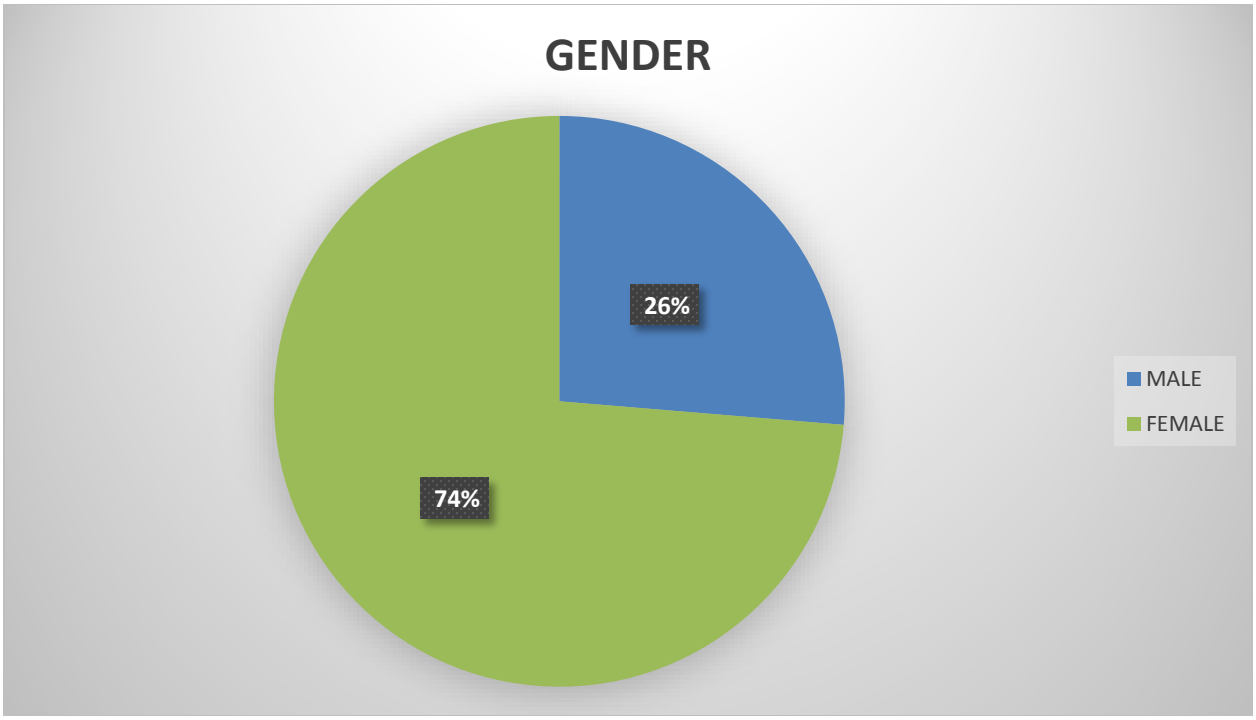


The largest amount of surveys were collected in Ogemaw County with a total of 264. The most respondents came from West Branch (170), Prescott (26) and Rose City (19).

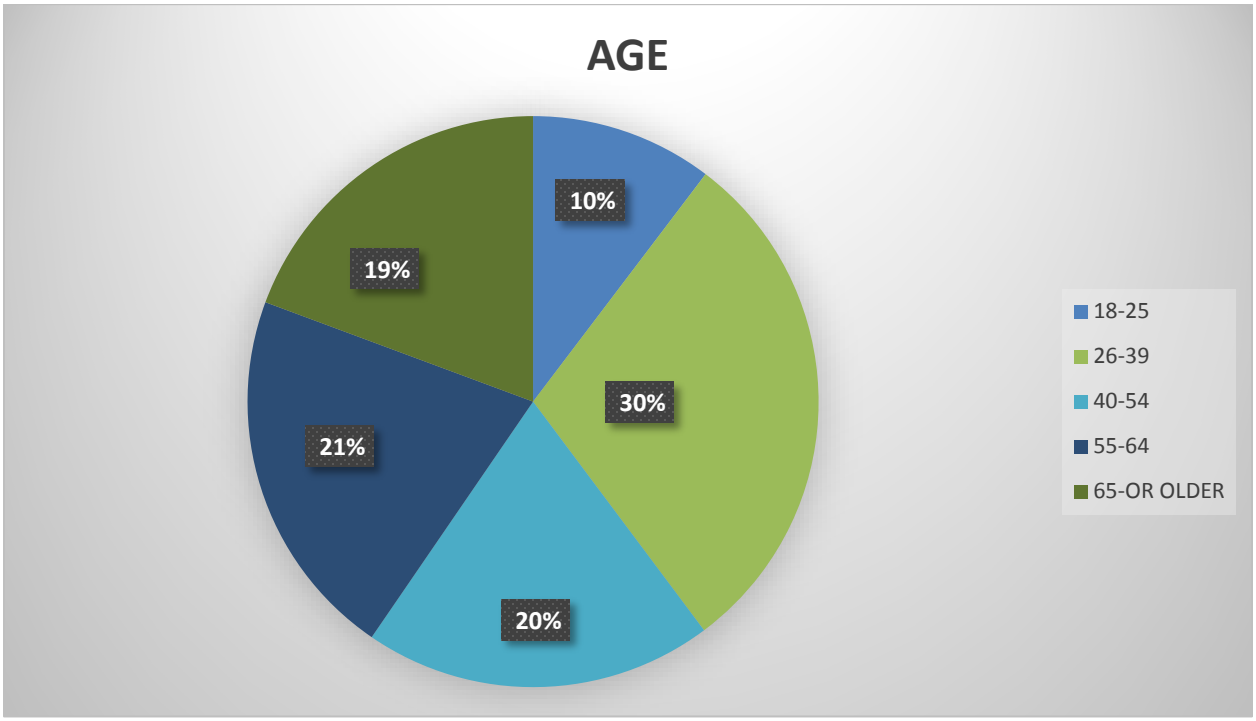
Iosco County had the second largest number of survey participants with a total of 94. The most respsondents came from Oscoda Township (33), East Tawas (16) and Hale (14).

Alcona County had the third higest survey participation with a total of 60. The most respondents came from Mikado (17), Hubbard Lake (11) and Harrisville (10).

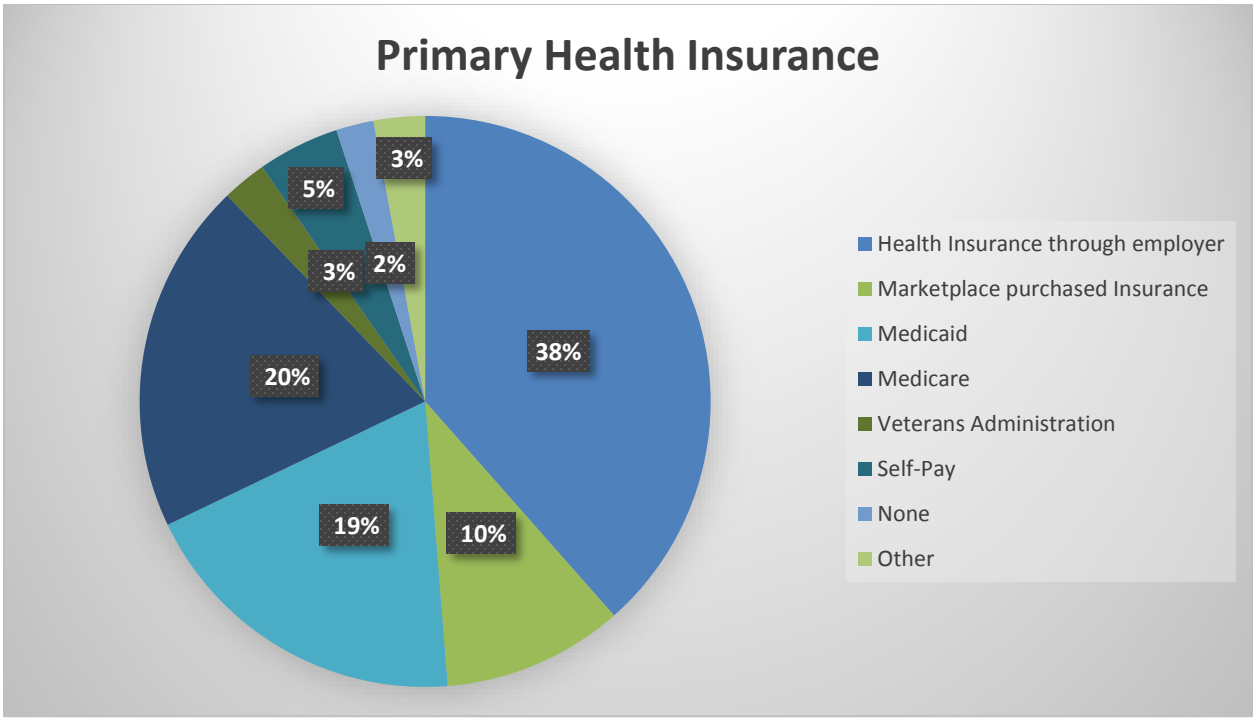
Oscoda County had a total of 55 surveys collected. The most respondents came from Mio (24), Fairview (14) and Lewiston (6).



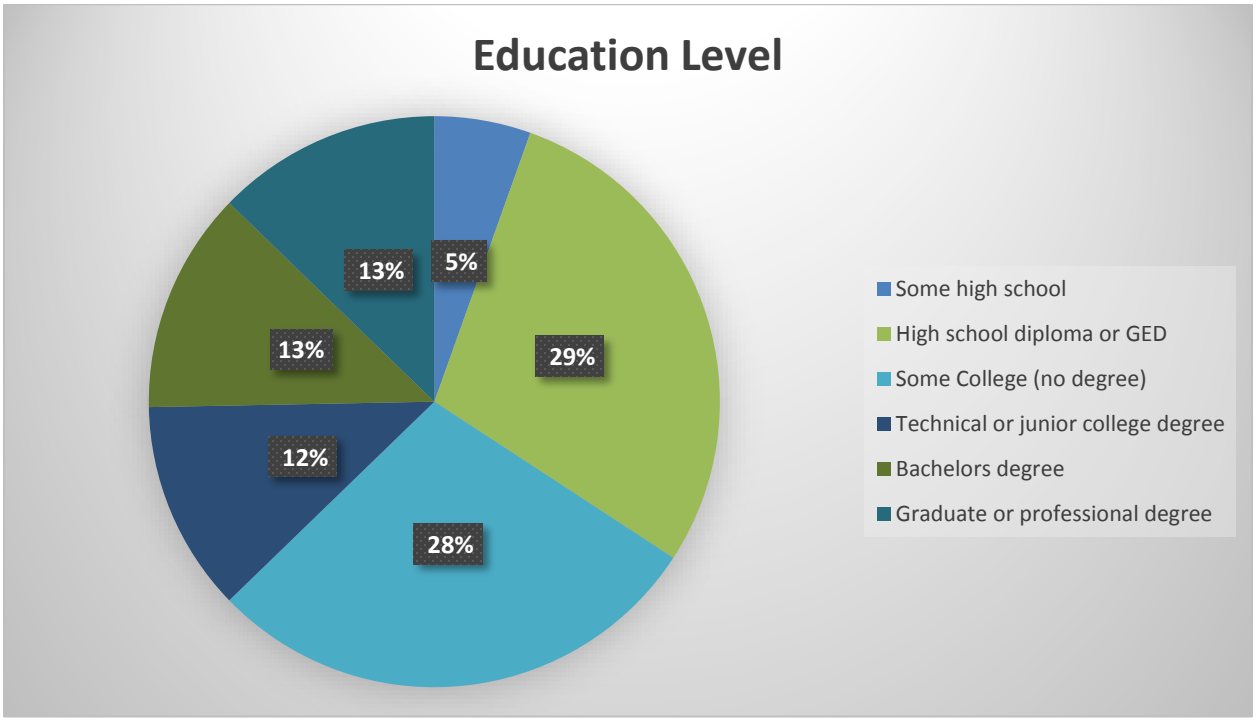
Seventy-four percent (74%) of the population surveyed was female, while twenty-six percent (26%) of the surveyed population was male.



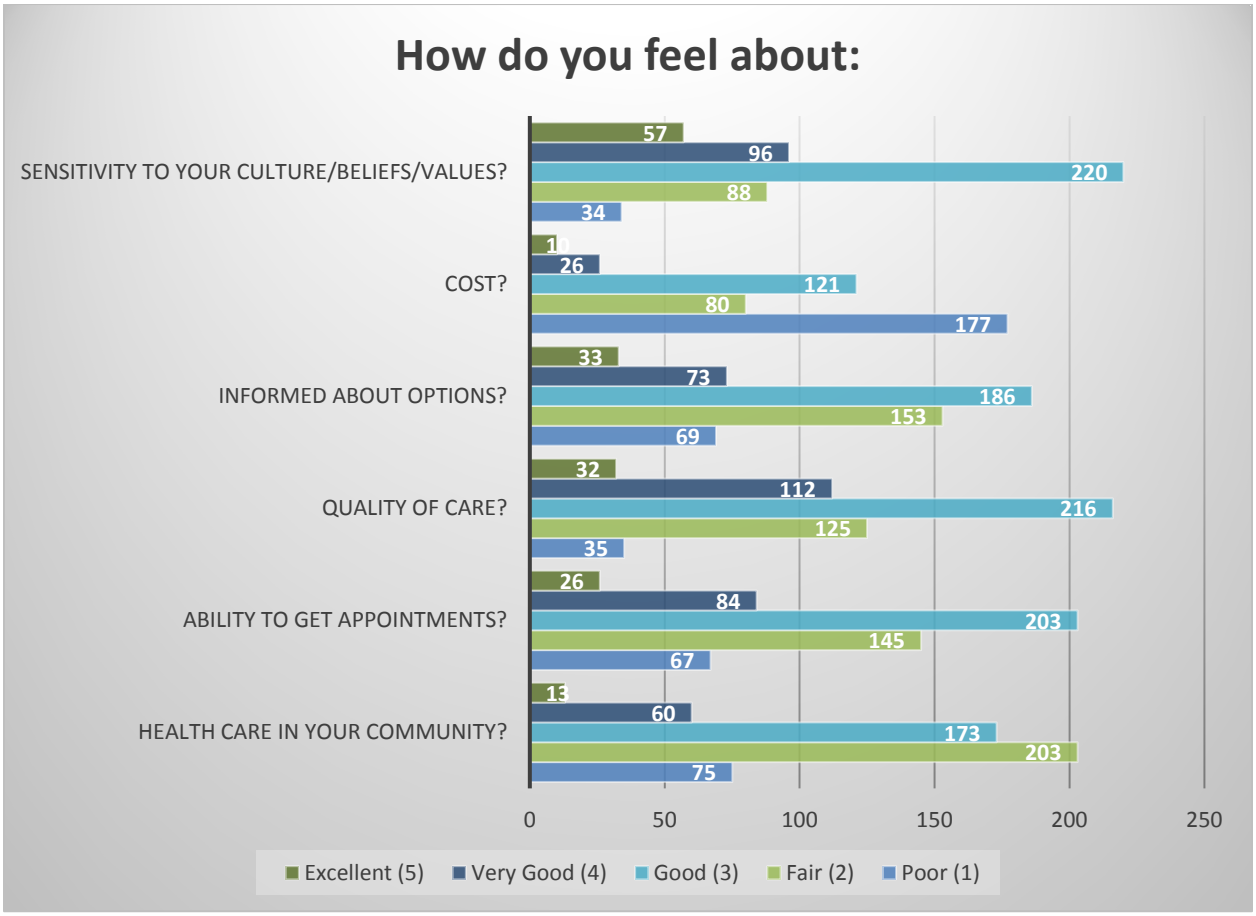
The largest age group of survey respondents were those 26-39 years old totaling thirty percent (30%), followed by 55-64 years old with twenty-one percent (21%), 40-54 years old with twenty percent (20%), 65 years or older with nineteen percent (19%), and 18-25 years old with ten percent (10%).



Thirty-eight percent (38%) of survey respondents have health insurance provided through an employer while twenty percent (20%) of survey respondents have Medicare, and nineteen percent (19%) have Medicaid.



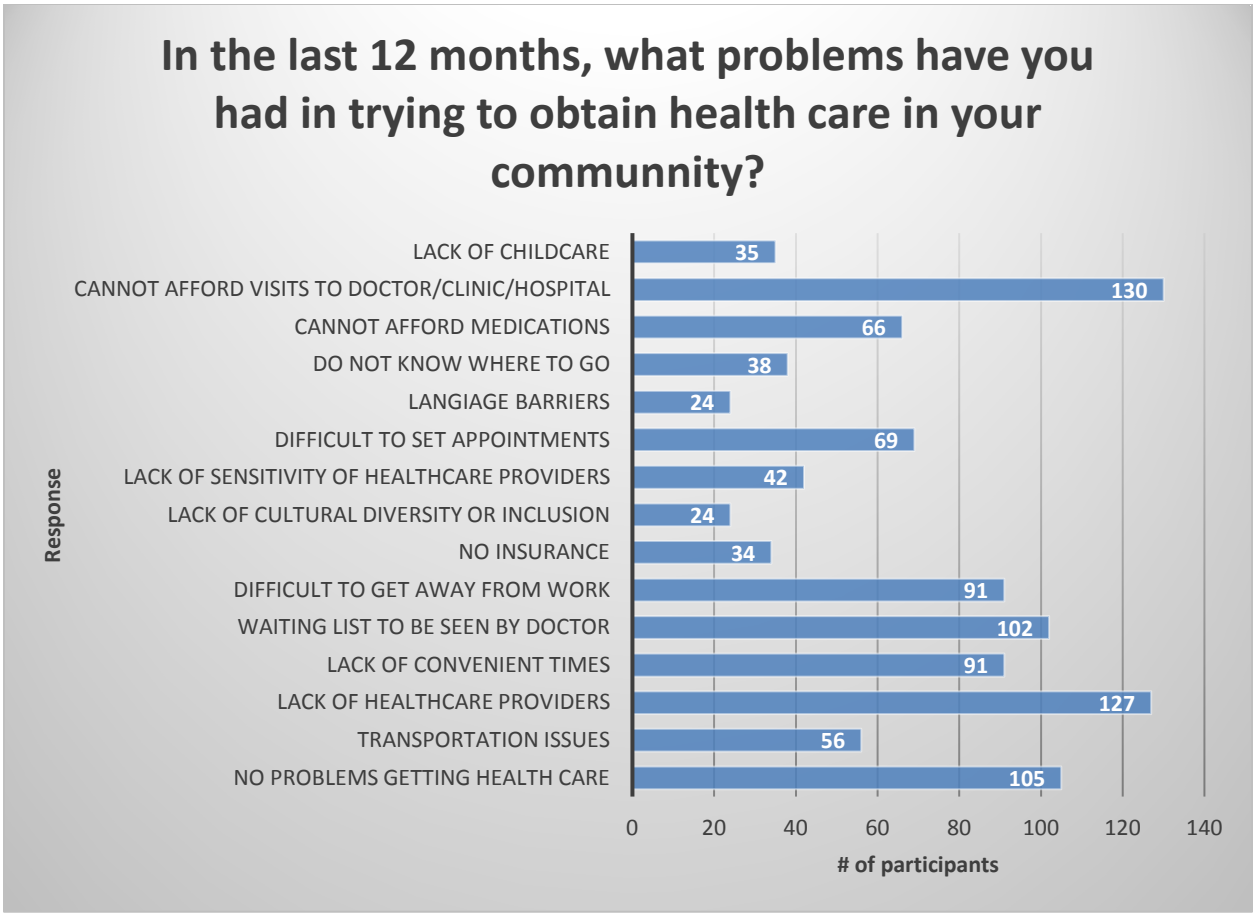
Majority of survey respondents, twenty-nine percent (29%) hold a high school diploma or GED, with twenty-eight percent (28%) have attended some college but currently have no degree.



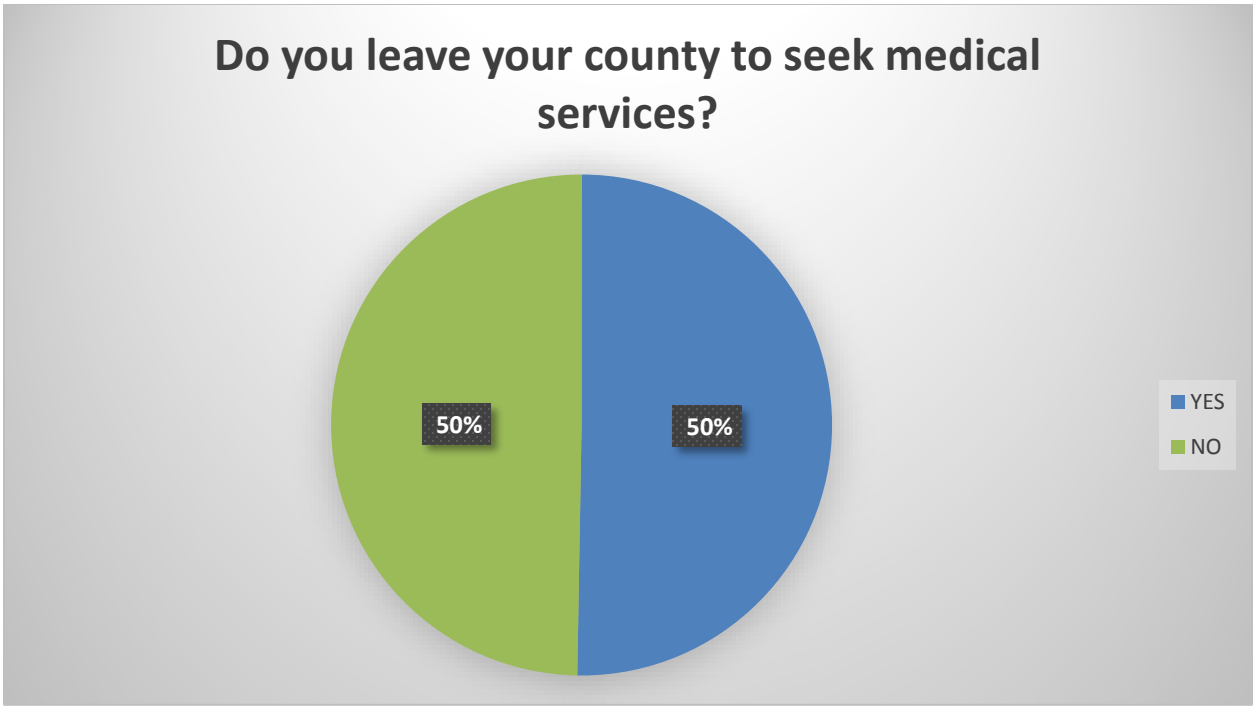
Regarding impressions of healthcare in their community, 73 respondents rated care as very good or excellent, while 173 respondents rated care as good, with an additional 278 respondents rating care as fair (203) or poor (75). Respondents expressed specific concerns with three components of health care – cost, healthcare in your community and being Informed about options.

- Informed of options: 69 respondents felt poorly about being informed of health options while 153 respondents rated this as fair.
- Costs: 177 respondents rated health care costs as poor, and 80 rated costs as fair.
- Healthcare in your community: 75 respondents rated the overall healthcare in their community as poor, while another 203 respondents rated overall healthcare as fair.

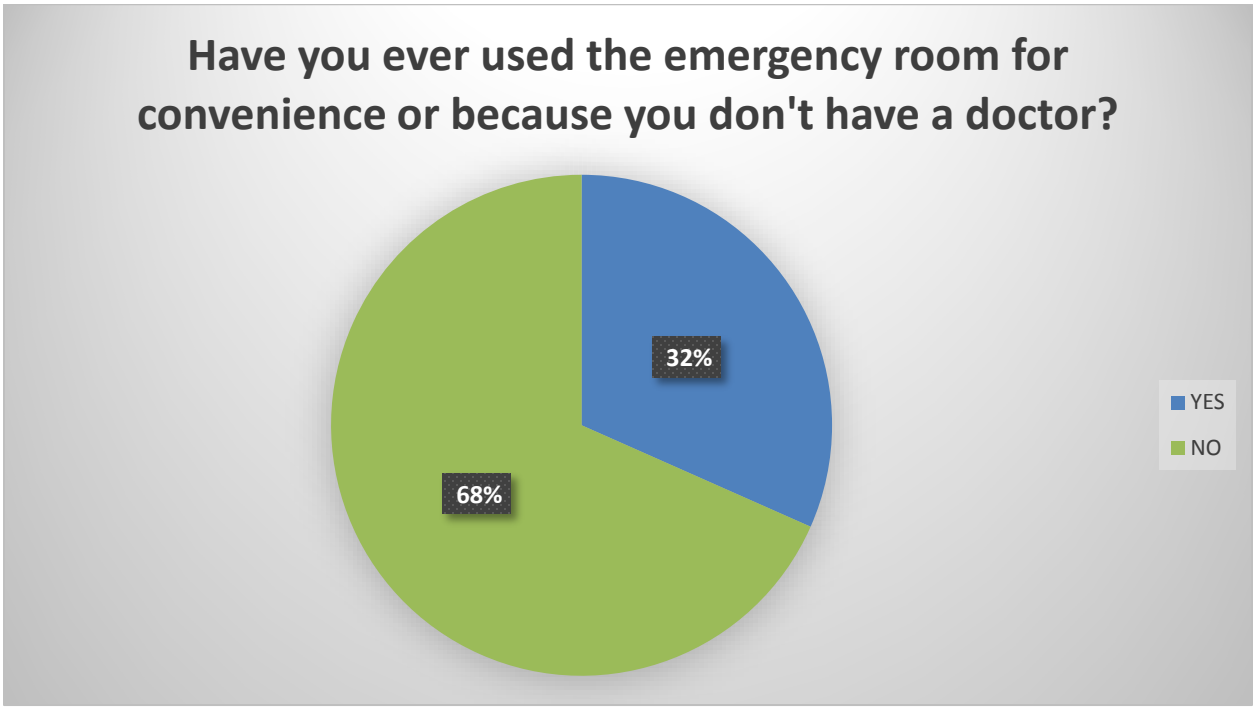
Respondents relayed their concerns throughout the CHNA survey regarding access and lack of options (specialists) to local health care providers, as well as lack of health insurance or high costs associated with local health care options.



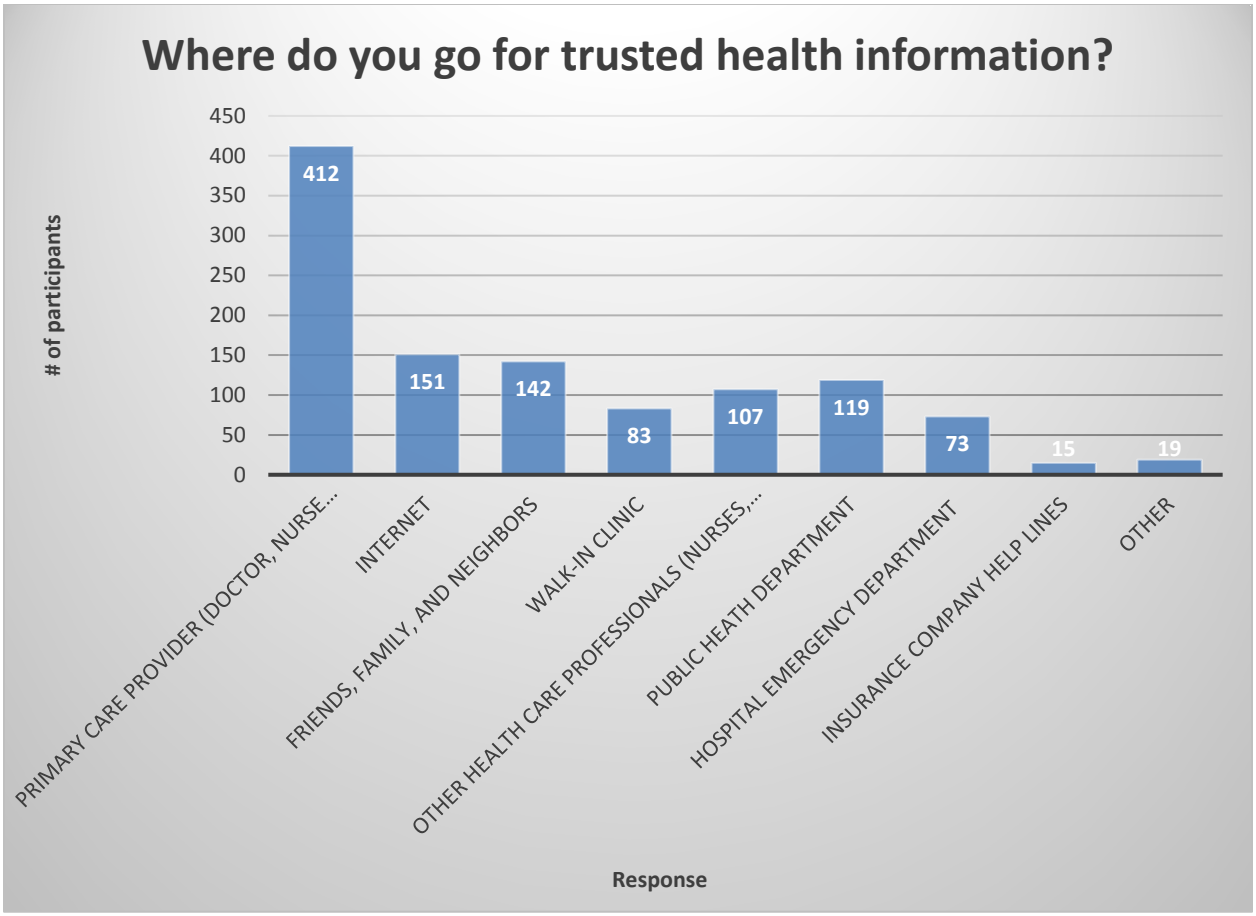
In the last 12 months, fifty-nine percent (59%) of survey respondents reported no problems accessing healthcare while fifteen percent (15%) reported issues with the lack of healthcare providers. Eleven percent (11%) reported issues with not being able to get a prescription filled due to costs, and eleven percent (11%) reported issues with not being able to afford visits to a provider.



Based on the four-county data, fifty percent (50%) of respondents reported leaving the county they resided in to seek medical services while the other fifty percent (50%) reported not leaving their county.

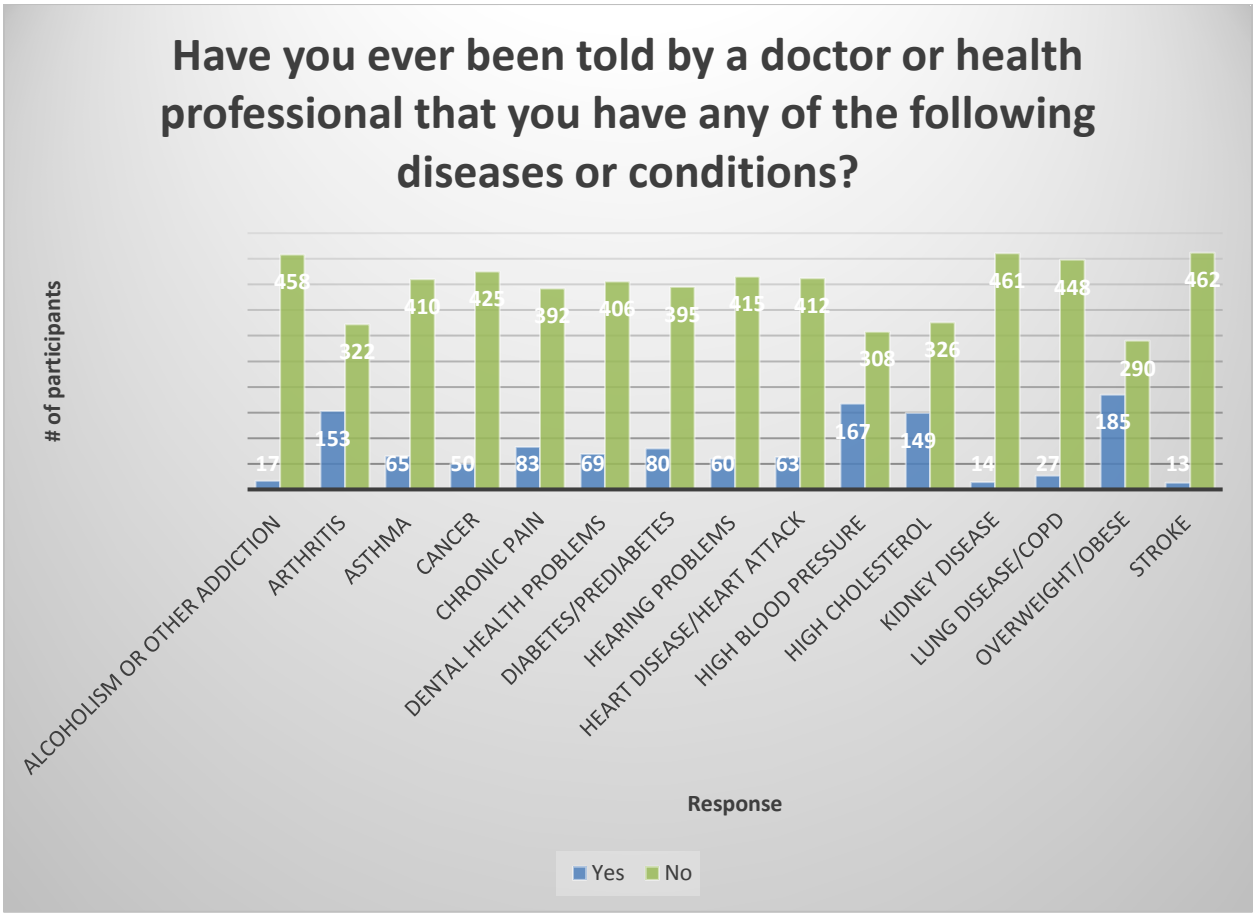


Thirty-two percent (32%) of respondents reported using a medical emergency room for convenience or because they did not have a regular/primary care doctor/physician; while sixty- eight percent (68%) of respondents reported never using an emergency room for personal convenience.

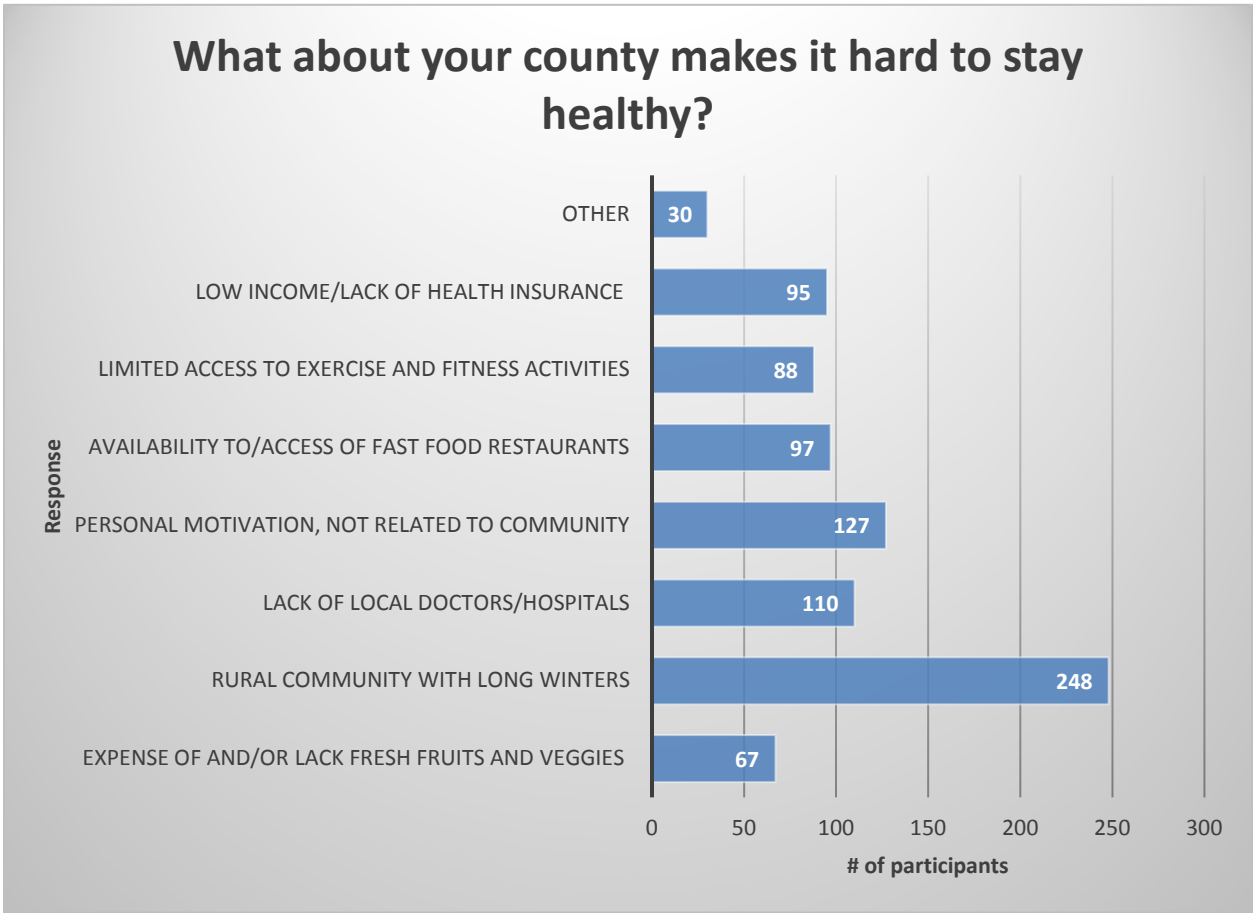


The majority, of total survey respondents asked a doctor (142) or clinic (83); another 142 respondents asked family or friends for health information they needed or were interested in. An additional 151 respondents trusted the internet for health information. Other healthcare professionals were utilized by 107 respondents; 119 respondents have visited their local health departments; while 73 respondents visit the hospital emergency department. Another 15 respondents reported using insurance helplines to gain necessary information while 19 respondents reported using other resources, not specified.

A comment from an individual born and raised in Oscoda County stated:
"Personally, for me, the WIC program provided by the Health Department is the reason I haven't given up. When I first became pregnant, at a very young age, I showed up scared and ashamed; by the time I left the office I felt more confident. The ladies are always very helpful whenever I come in or have an emergency call. I feel, they have helped me become a successful mother. Though I am off the WIC program now, I will not take my children anywhere else for shots and educational tools.



Data from the above graph represents the number of respondents who have been ever told by a doctor/physician they are overweight or obese (185). This can be conflicting when compared to the large number of respondents who reported availability of healthy food and physical activities, during previous questions. High blood pressure (167) and cholesterol (149) were also identified as concerning prevalent diseases within the DHD2 service area, which can be combatted through education, healthier choices and activities. Arthritis was another high reporting condition among respondents (153).

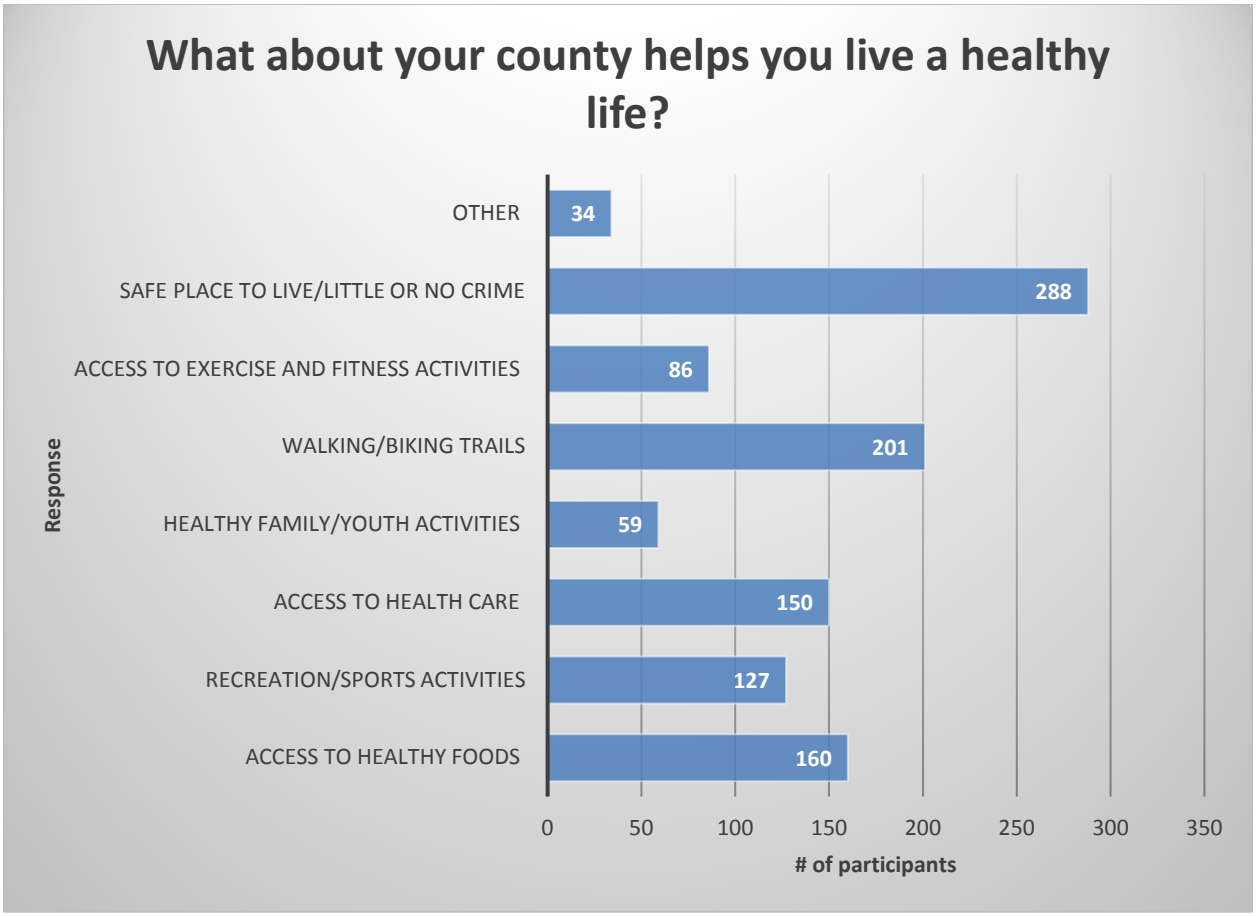


When asked, "What about your community makes it hard to stay healthy," 248 respondents felt the rural geography of their county coupled with long winters was a critical factor. Secondly, 127 respondents reported personal motivation, not directly related to the community, hinders their ability to stay healthy. While 97 respondents answered that access to fast food sabotaged healthy intentions. Another 88 respondents cited that the limited fitness centers and physical activity options were a barrier. Also 110 respondents answered lack of local doctors/hospitals was a grave concern while 95 responded low income/lack of health insurance makes staying healthy difficult. Finally, 67 participants reported that expense and/or the lack of fruits and vegetables was a critical factor to health. In addition to survey provided responses, 30 respondents have other reasons, many not specified, for what holds them back form staying healthy.

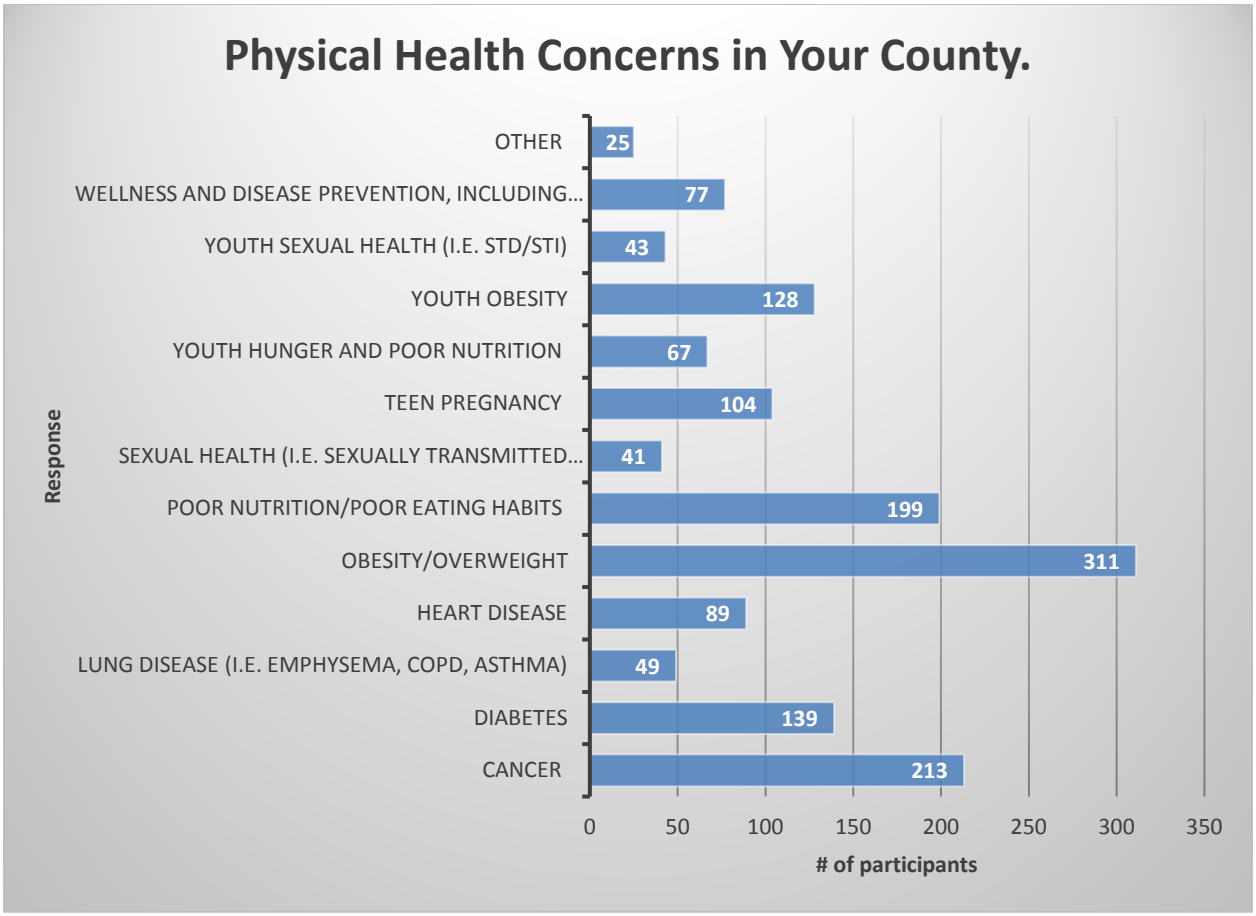
The CHNA survey asked respondents who chose other to specify what they needed to improve their health and well-being.

Respondents revealed:

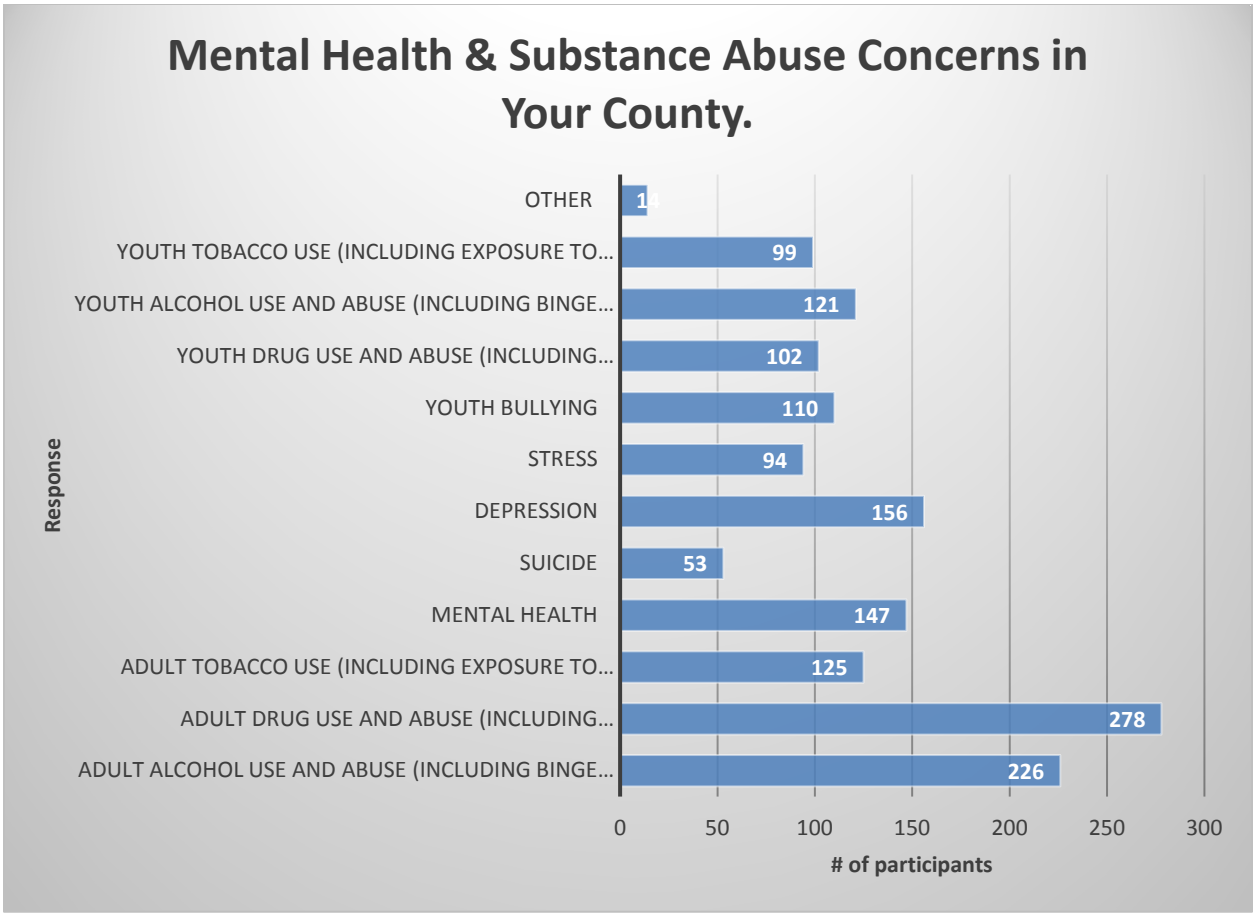
- Personal improved behaviors related to healthy eating choices
- Regular exercise
- Smoking cessation
- Getting more sleep
- More motivation



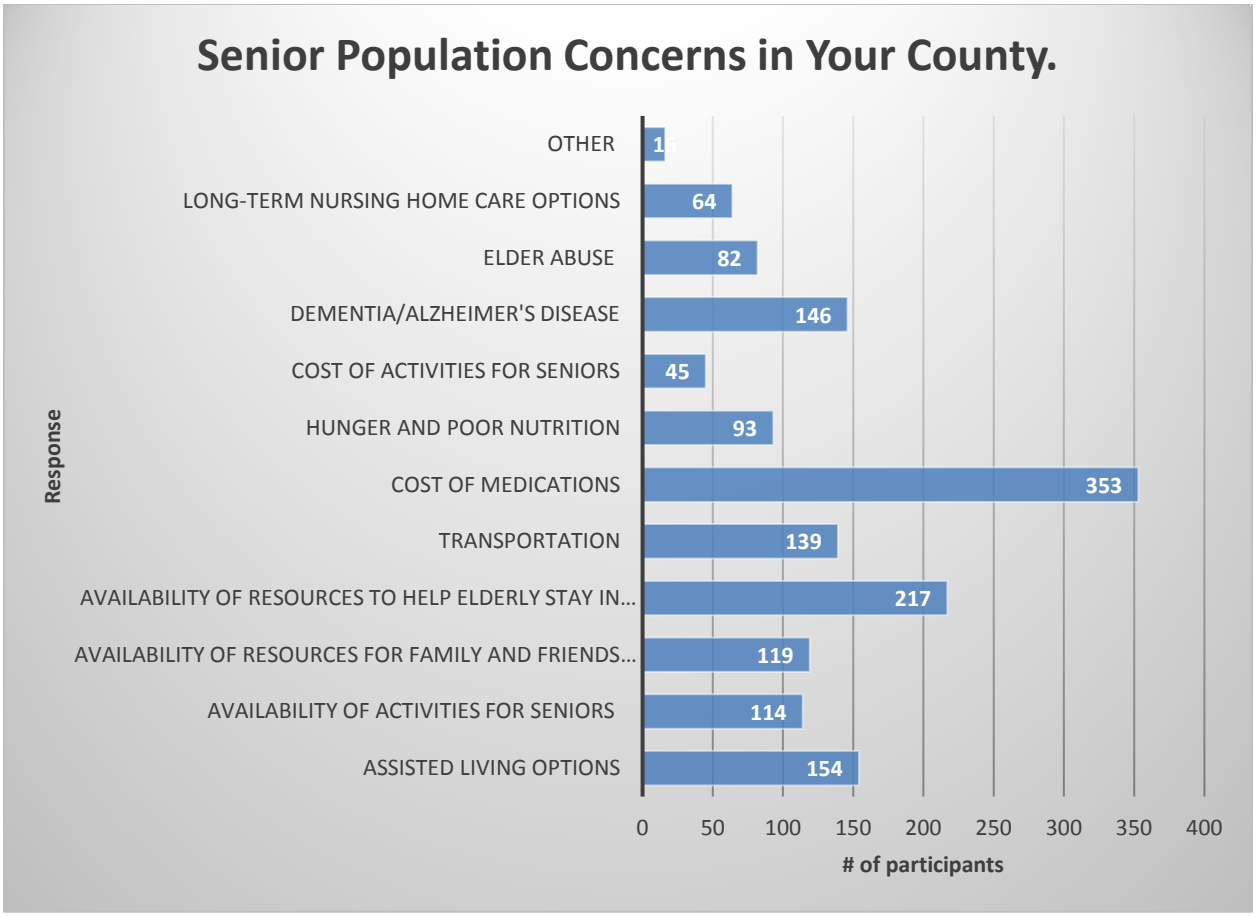
A large number of respondents (288) reported having a safe place to live and no crime helped them live a healtier life. Another 201 respondents appreciate the man-made biking and hiking trails for keeping them healthy while 160 liken their healthfulness to access of healthy foods in the community. Compared to above, where many respondents felt there is a lack of healthcare in the community, 150 respondents feel they stay healthy because of the access to healthcare in the community. Additonally, many respondents feel it's the availablity of activities in their community that allow them to live healthy; 127 participants value recreation/sports actvities, another 86 vale access to exercise and fitness activities, and 59 value healthy family/youth activities within their community. Another 34 respondents reported something other than our provided survey responses help them live a healthy life.



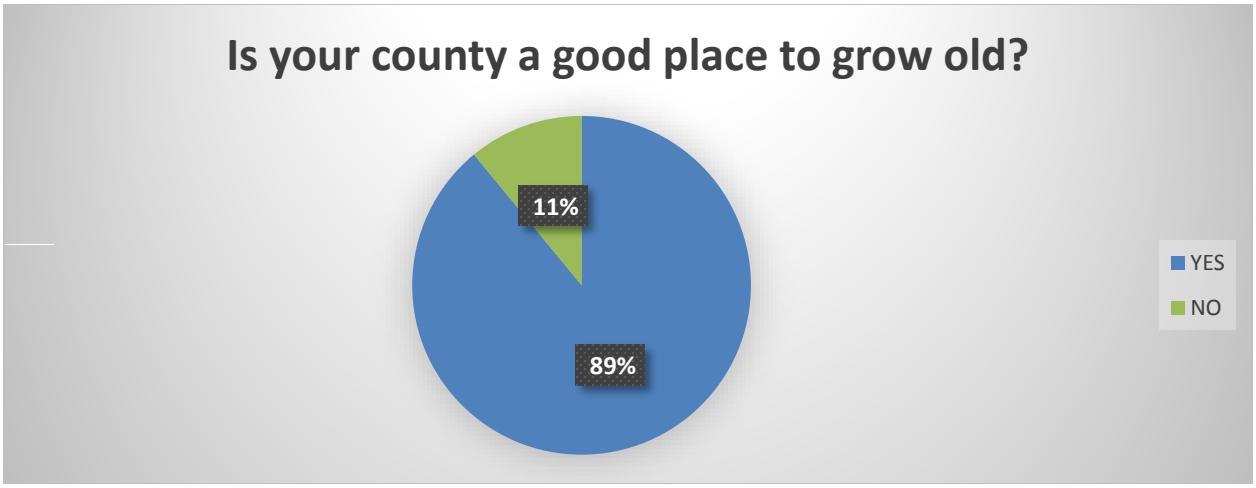
Regarding physical health, respondents were asked to choose their top three areas of concern. A large number of respondents (439) are most concerned about youth (128) and adult (311) obesity/overweight, followed by cancers (213), adult poor nutriton/poor eating habbits (199), diabetes (139) and teen pregnancy (104). Other categories that seem to be of less concern for respondents are; wellness and disease prevention (77), youth and adult sexual health (STD/STI) (84 combined), youth hunger and poor nutrition (67), heart disease (89) and lung disease (49).



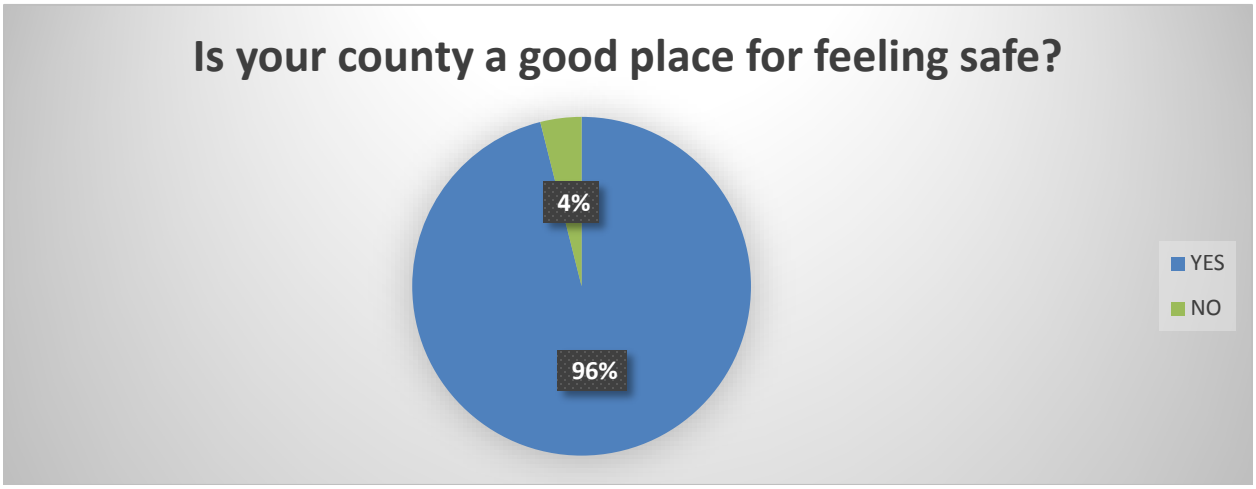
Regarding mental health, respondents were asked to choose their top three areas of concern. The most obvious concern is adult drug and alcohol use/abuse, both concerning more than fifty percent of respondents (504 combined). The lowest area of concern in relation to mental health is suicide (53).



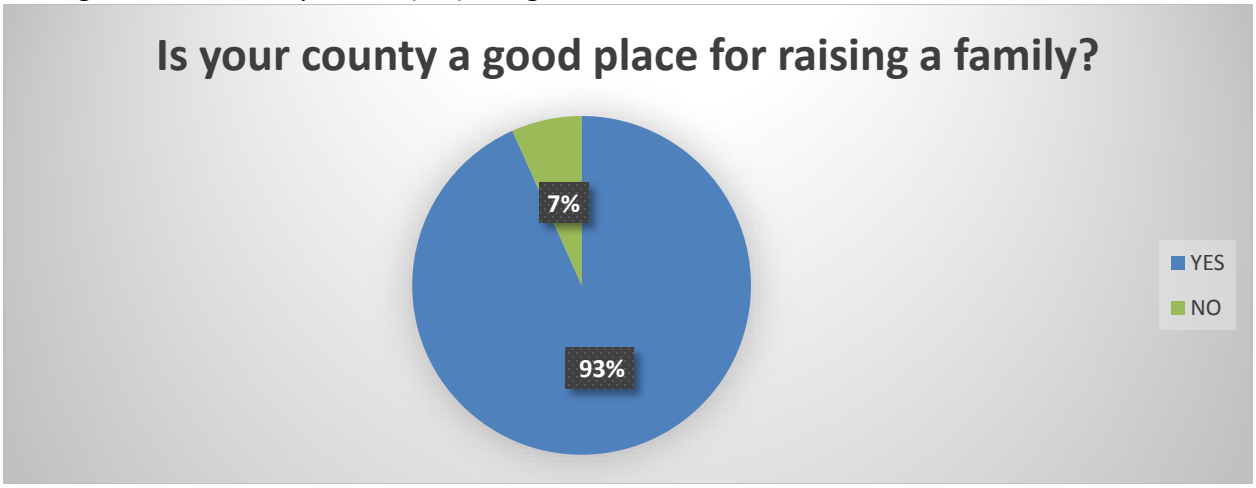
Regarding the senior population, respondents were asked to choose their top three areas of concern. A large number of respondents reported the most concern to be costs of medications (353). Many other respondents (217) are concerned with the lack of resources to help the elderly stay in their own homes. Other common concerns related to the large senior population according to respondents were; Dementia/Alzheimers (146), assisted living options (154) and transportation (139).



Majority of respondents, eighty-nine percent (89%) feel their community is a good place to grow old while elevn percent (11%) disagree.

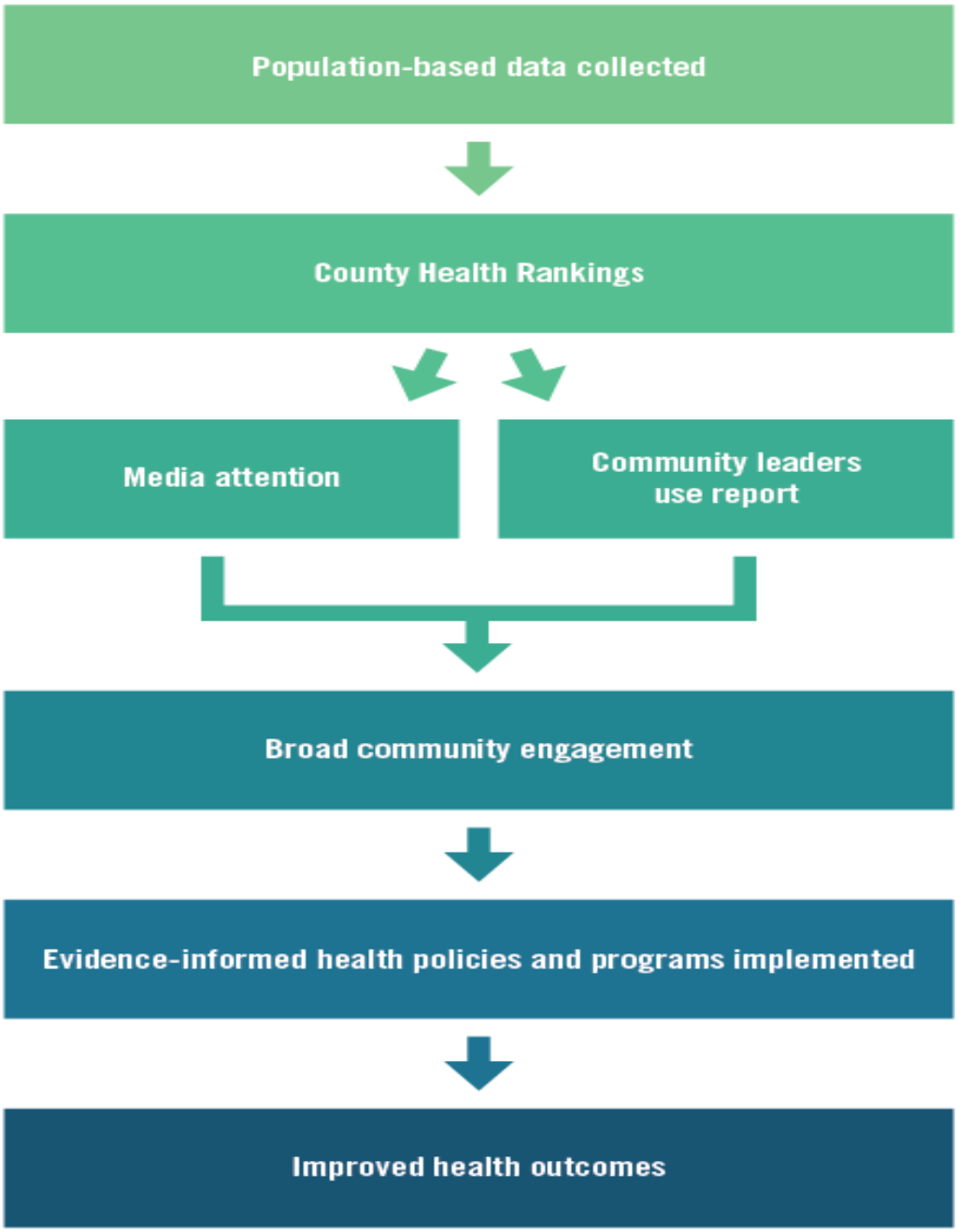


Majority of respondents, ninety-six percent (96%) feel their community is a good place for feeling safe while four percent (4%) disagree.



Majority of respondents, ninety-three percent (93%) feel their community is a good place to raise a family while seven percent (7%) disagree.

The following chart from the Robert Wood Johnson Foundation is the County Health Rankings Logic Model. DHD2, recognizes that County Health Rankings provide a starting point for change within each individual community. The rankings support RWJF's goal, "to build a culture of health by raising awareness of the multiple factors that influence health and stimulating and supporting local action to improve health by addressing these factors." DHD2 adopts this model as a tool in the CHNA process and a tool for future successes of this project.



Supplemental Data:

Community Conversations

In the early months of 2016 DHD2 partnered with the Northern Michigan Public Health Alliance and conducted what are called community conversations in each of the four counties served. One question was posed at each event; What can we do here in our County to move closer to our vision of a healthy community?

Much like DHD2's CHNA, opinion-based data was compiled from each event. The following chart depicts common areas of concern throughout all four counties.

Lack of…	**Need for…**
Home health care	Specialty care
Traveling care	Free or reduced parenting skill classes
Quality daycare and preschool	Decrease in substance abuse rates
Clean water and air	Creation of new/better jobs
After hour, urgent care	More family activities
Youth; centers, community involvement, prevention education	Creation of new or expansion of existing walking paths
Health navigators	Higher graduation rates
Schools for higher education	Robust senior programs
Smoking cessation classes	Immediate access to affordable housing/shelters (violence, rehab, homeless)
Substance abuse education	Indoor recreational facilities (rural winters)
Local animal shelters	Dietitians, healthy option education, nutrition education, healthier restaurant options, healthy cooking classes
Affordable medical and dental providers	Improved communication systems running throughout counties (cellular and internet)
Job readiness and workforce development classes, job fairs	Close insurance eligibility gaps
Community support for elders	Access to reliable, affordable, safe regional transportation
Low cost fitness gyms	Stress and anxiety management

DISTRICT HEALTH DEPARTMENT #2
ALCONA COUNTY COMMUNITY CONVERSATION
April 11, 2016
Harrisville, Michigan

What can we do here in Alcona County to move closer to our vision of a healthy community?

Purposefully expand affordable health care	Actively support family and community	Meaningfully provide and expand quality educational opportunities	Creatively expand reliable transportation	Strategically coordinate social services at the community level	Intentionally develop affordable housing opportunities	Energetically enhance availability of physical and recreational options	Continually sustain permanent employment	Significantly expand access to quality food	Strategically enforce, prevent, and treat substance abuse	Mindfully care and manage domestic and wild animals	Actively maintain a clean and healthy environment	Significantly plan, implement and expand for future technology needs
Health care providers in the home	More family activities	More education funding K-12	Reliable transportation	MDHHS office back in the county	Access to immediate and affordable housing	Physical fitness facilities, events, communities	Economic opportunity	Sustainable agriculture integration—farm to table	Substance abuse prevention "crack down"	Animal shelter—rescue and adoptions	Clean air and water	Increase internet fiber in our rural county
Access to specialized health care	Parenting skills	More ed support (pre-K, daycare	Affordable public transportation	Connect services to needs of the people	Affordable adequate shelter	Add recreational parks for all ages	Job opportunities	Access to good food	More licensed counselors	Control and prevention of bovine TB	Safe and healthy living environment	
In county health care providers	Neighbors helping neighbors	Quality schools	Transportation	Timely response from social services	Affordable housing	Recreational facilities	Local semi-skilled jobs for economic prosperity	Healthy options education	Decrease smoking tobacco and e-cigs			
Access to PCP, BH and dental care	Robust senior citizen programs	Higher education opportunities	Access to transportation everywhere	Engaged, accessible pol. Leaders	Safe affordable housing	Expand bike path through Alcona County	Job opportunities and training	Consistently healthy diet options	Eliminate substance abuse for all ages			
Increase coor social media/ messages	Happy secure environment for children	Teen mentor programs	Comprehensive public transportation	Coordinate health and human services								
Traveling dental care (bus)	Increase # of motivational events											
Comp. health care assessments												
Maternal and infant health care												
Access to affordable care for all												
Affordable access to health care												

NORTHERN MICHIGAN PUBLIC HEALTH ALLIANCE
COMMUNITY HEALTH ASSSESSSMENT & IMPROVEMENT
Iosco County Community Conversation
Created on May 17, 2016
What can we do here in Iosco County to move closer to our vision of a healthy community?

Meaning-fully broaden medical access	Strategicall y develop educationa l opportune -ities	Deliberately improve employment	Annually look at housing	Actively engage youth	Compre-hensively address substance abuse	Intentionall y address homeless-ness	Enthusia s-tically promote health	Purpose-fully serve individual s with mental illness and/or develop-mental disabilities	Provide effective trans-portation solutions	Continuall y support survivors	Thoughtfull y support senior services and activities	Strategicall y connect all members of our community	Boldly protect environ-mental health	Enthusias-tically expand communit y pride
Increase MD providers: access, affordable, timely appts	Free parenting classes mentoring	More and better jobs	Access to safe, affordabl e housing	Youth community involveme nt	Substance use issues: treatment, education, enforcemen t	More homeless services	FAP support for healthy choices	Special needs inclusion	Transportatio n	Domestic violence preventio n and legal services	Senior citizen services	Info sharing of major issues between agencies	Envrion-mental safety awarenes s	Commun-ity pride (and personal)
Affordable medical and dental providers	Parenting skills training	Employment opportunitie s	More affordabl e housing	Access to quality schools and graduation rates	Substance abuse/use prevention — community awareness	Homeless shelter day program	Nutrition and health educatio n	Mental health care accessibilit y	Flexible transit (hours, inter-county)	Greater access to counseling for DM/SA survivors	Community support for elders	Effective community communi-cation	Safe quality water	
After hours urgent care access	Life skills education	Job readiness and workforce developmen t training	Quality and affordabl e housing	Shine a light on youth programs —4H, FFA, YAK, Pride	Enhance substance use prevention services	Homeless shelter	Health food choices, healthy lifestyles	Mental health for mild to moderate						
Education of emergency personnel and autism	Health care education classes and support groups	Economic opportunity —break down barriers	Safe rentals, landlord standard s	Higher education										
Insurance eligibility gap	Drug education and prevention													
More specialized medical practitioner s														

COMMUNITY CONVERSATION IN OGEMAW COUNTY ON MARCH 14, 2016

What can we do here in Ogemaw County to move closer to our vision of a healthy community?

Comp promote health messages and services	Intentionally promote healthy foods	Continually expand access to local health services	Deliberately expand affordable transportation	Broadly expand mental health services	Aggressively develop effective communication	Energetically promote fitness and wellness	Strategically expand youth development	Collaboratively develop opportunities	Deliberately expand outreach programs	Zealously inform seniors of available services	Strategically develop housing	Lovingly provide animal services
Health navigators how to use insurance	Accessibility to healthy foods	More doctors in area	Transportation	Access to mental health	More action, less data research	Additional exercise activities	Healthy food and exercise education for youth	Daycare (more and retail and weekend availability	Jail outreach and education services	Senior services and housing expansion	Options for shelter, abuse and homeless services	Animal services
Education-bigger college campus	Increase organic choices	Increase amount and type of healthcare providers	Transportation (expand hours and routes)	Stress anxiety management	"Why" do we have the problems	Physical activity after hours	Youth community center	Sustainable jobs	Targeted population outreach and navigation	Senior services	Affordable housing	
Healthy choices in restaurants	Healthy food options—Double Up Food Bucks, Indoor Farmer Mkt	OB and pediatric care	Transportation expansion—affordability	Substance use prevention and education	Develop a Communications Plan	Promote trail system in West Branch	Youth-focused services					
Top down involvement in schools and businesses	Nutrition service—more fruits and vegetables Farm to table	EMS wellness checks	24-hour public affordable transportation	Substance abuse services and messages								
Awareness of services	Cooking the healthy food classes	Oral health services	Transportation affordability	Comprehensive health care behavioral and physical telehealth								
Education about new health care benefits	Educational grocery store tours											

COMMUNITY CONVERSATION IN OSCODA COUNTY ON JANUARY 25, 2016

What can we do here in Oscoda County to move closer to our vision of a healthy community?

Enhance comprehensive health care services for all residents, all ages	Provide healthy lifestyle education	Expand safe and affordable physical activity options for all ages and all seasons	Provide positive youth development	Incorporate substance use awareness, prevention and education in all aspects	Increase safe and affordable housing	Expand economic development and employment	Improve healthy eating through better access to cooking knowledge and foods	Expand affordable transportation options	Increase availability of affordable and quality senior services	Expand children services and early education	Expand local animal rescue services
Access to services for mental illness, DV, Veterans	Healthy family environments	Access to promotion of physical activity	Life skills to support productive futures	We have to have a sanctuary mentality	Access to safe affordable housing	Employment opportunities	Access to quality food at affordable prices	Transportation options	Affordable assisted living and elder care	Preschool options	Local animal services—rescue, shelters
Access to affordable good health care/physicians	Education/ awareness of services	Low/free year round exercise for all ages	Prevention education for youth	Schools, churches should be here	Safe and affordable housing	Sustaining employment (living wage, benefits)	Healthy eating, access to fruits/veg	Access to available and affordable transportation	Better and more resources for seniors	Affordable quality day care	
Enrollment and navigation help so insured appropriately use/afford care	Smoking cessation classes (policies and programs)	Walkable communities -access to physical fitness	Addressing school truancy, absenteeism	Get accurate assessment from residents on	Increase avail of subsidized housing for families	Job creation and new businesses	Access to and knowing what to do with healthy foods	Less expensive transportation or regional transportation			
Access to OB, BH, primary care, dental	Health education in the county	Safe place to walk in the winter	Activities for youth	Alleviate fear of each other							
Urgent care facility in Oscoda Co											
Increase EMS stations and paramedics											
New/enhanced local health care providers											
Local access to specialists											
Increase primary care services											
Oral, behavioral, specialty care											

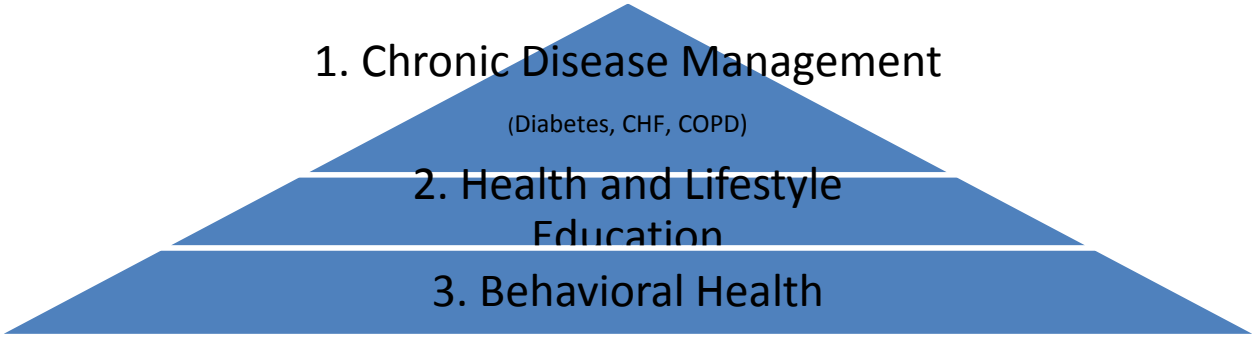
Asset-Mapping

Oscoda County CHOICES is a partnership of community members, agencies, and organizations all with aligned interests to improve the health of the community. This journey is guided by County Health Rankings and Roadmaps through the Robert Wood Johnson Foundation. Their mission, like DHD2's, is to serve together, to improve health outcomes in Oscoda County, by connecting people, ideas and resources. During the summer of 2016, Oscoda County CHOICES conducted an asset-mapping activity where they asked the community three questions regarding assets they currently know of, within Oscoda County. The following data was compiled from participants.

Why do you choose to live in Oscoda County and what about your county makes you the most proud?	What groups do you see working together to make Oscoda County a better place?	What is the best thing you have done to make yourself and your family healthier and what would motivate you to be involved in healthier living for your community?
It's all I know	Nonprofits (Red Cross, neighborhood watch)	Learning about food and how it affects healthy living
Generational	Health (DHHS, DHD2, AVCMH, AuSable free clinic)	Being my own science experiment
Retired here for small town life	Volunteers (CHOICES)	Home grown, gardening, canning
Moved for job opportunity	Library	Exercising
Proud of…	Seniors (Commission on Aging)	**Motivated by…**
How their community comes together when others are in need.	Churches/Religious Organizations	Health organizations/groups Wise Women at the Health Department. Free Health Screenings
Small town, everyone knows everyone	Fire & Police Departments	Being able to eat and share homegrown produce

CHNA- St. Joseph Health Systems

St. Joseph Health System of Tawas, from September 2015 to April of 2016 conducted a 10-question comprehensive community Health Needs Assessment for Iosco County. Much like DHD2's CHNA, their findings identified health problems and issues within Iosco County. Data was compiled and the following chart provides the three categories ranked as the highest priority need. Also, similar to DHD2's CHNA were the strategically created survey questions. Below the chart, are the findings/results of the CHNA survey. A complete copy of the CHNA survey tool is provided in Appendix C.



Please select the health care challenges that you face.

In the community survey, the top three chosen health challenges identified were:

☐Obesity/Overweight ☐High Blood Pressure ☐Diabetes

Which of these issues prevents you from accessing care?

Respondents ranked the issues they encounter accessing care as:

☐Access to primary care ☐Lack of convenient hours

☐Inability to pay co-pays and/or deductibles ☐Lack of a local doctor

How important are the following items in improving the health of your community?

Respondents ranked the following items as a high priority in the following order:

☐Health services (diabetes, heart disease, cancer, stroke, etc.) ☐Senior services

☐Mental health services (suicide, depression, etc.) ☐Improve nutrition

☐Substance abuse ☐Teen crises services

Gender/Age

Eighty nine percent of the respondents were female. The majority of the respondents (34%) were 55-64 years of age, (29%) were 40-54 years and (21%) 26-39 years.

Where do you get most of your health information?

Eighty three percent of respondents answered Doctor/Healthcare Provider and 65% noted the internet.

How would you describe your overall health?

Approximately 53% of the respondents reported their health as very good and 45% as fair.

What is your approximate annual household income before taxes?

The largest percentage of respondents (30%) reported $20,001 to $40,000

What is the highest degree or level of school you have completed?

Twenty four percent answered Bachelor's Degree, 20% some college credit-no degree and 15% high school graduate or equivalent.

Summary:

"A healthy outside starts from the inside." ~ Robert Urich

Through the CHNA, many areas of focus were identified. Findings can be summarized into two all-inclusive visions that will have significant/relevant impact on positively altering health outcomes within the DHD2 service area. Multiple strategic objectives are described in the following summary, for each vision. The two all-inclusive vision areas are:

Vision: Collaboration with local stakeholders to create comprehensive, innovative healthcare options that demonstrate strategic and timely response to public need.

Strategic goals:

- ☐ Ensure all community members, have access to quality healthcare
- ☐ Improve accessibility of affordable healthcare options
- ☐ Break barriers in access to care and health outcomes
- ☐ Bridge insurance gaps
- ☐ Emphasize preventative health behavioral models
- ☐ Ensure access to women, infant and children programs
- ☐ Ensure access to dental care
- ☐ Ensure access to care for persons with mental illnesses and substance abuse disorders
- ☐ Increase community members' knowledge of resources that are currently available

Vision: Fully engaged communities that actively advocate policy; encourage and support progress; and promote awareness of healthy choices for all.

Strategic goals:

- ☐ Increase healthy shopping by educating/ensuring access to healthy options
- ☐ Increase knowledge /education about healthy lifestyle choices
- ☐ Address cost-prohibited barriers to fresh produce
- ☐ Increase knowledge /education about women, infants and children's health by creating seamless universal referral processes
- ☐ Increase knowledge /education about local environmental hazards/harms
- ☐ Ensure increase knowledge/education of the prevalence of prescription drug, alcohol and illicit drug use; and the ability to link individuals with mental illnesses and substance abuse disorders to care
- ☐ Bridge the transportation gap by increasing alternative options such as mobile clinics and telehealth
- ☐ Enhance community biking/walking paths

"Take care of your body it's the only place you HAVE to live in." ~ Jim Rohn

Next Steps:

It is a great honor and privilege to produce and present the findings of DHD2's 2016 CHNA Report with community entities and stakeholders. Many residents were able to share, not only their time, but valuable thoughts and concerns with all partners while accomplishing this CHNA. There continues to be work for District Health Department No. 2 and our counties in many areas related to public health. District Health Department No. 2 will continue to seek additional funding opportunities that will support the work needed to combat the health disparities found in Alcona, Iosco, Ogemaw and Oscoda Counties. Additionally, DHD2 will adopt an implementation strategy to help address the community health needs identified through the CHNA. Fundamental to the next steps is continued engagement of and collaboration with other agencies and community stakeholders. Crucial will be sharing of resources and specific expertise to improve health outcomes, given our rural geography.

Appendix A: Survey Tool

COMMUNITY SURVEY

District Health Department No. 2 and West Branch Regional Medical Center are gathering input from local communities to help us plan for improving community health and services. *Your* input is very important to us!! Please take a few moments to tell us what you think.

THANK YOU!

Tell Us About Yourself:

1. What county do you live in? _____
2. Your zip code:_____
3. Gender: [ ] Male [ ] Female [ ] Transgender

4. Age: [ ] 18-25 [ ] 26-39 [ ] 40-54 [ ] 55-64 [ ] 65-Older

5. Race/Ethnicity:

[ ] White
[ ] Black or African American
[ ] American Indian or Alaska Native
[ ] Asian
[ ] Native Hawaiian or Pacific Islander
[ ] Hispanic or Latino
[ ] Two or more races

6. What type of primary health insurance do you have?

[ ] Health Insurance through an employer
[ ] Marketplace Purchased Health Insurance
[ ] Medicaid
[ ] Medicare
[ ] Veterans Administration
[ ] Self-Pay
[ ] None
[ ] Other:

7 . What is your annual household income?

[ ] Less than $15,000
[ ] $75,000 to $99,999
[ ] $15,000 to $24,999
[ ] $100,000 to $149,999
[ ] $25,000 to $49,999
[ ] $150,000 and over
[ ] $50,000 to $74,999

8. What is the highest level of education you completed?

[ ] Some high school
[ ] Technical or junior college degree
[ ] High school diploma or GED
[ ] Bachelor's degree
[ ] Some college (no degree)
[ ] Graduate or professional degree

9. Including yourself, how many people live in your home? _____
10. Have you ever been told by a doctor or health professional that you have any of the following diseases or conditions?

	Yes	No
Alcoholism or other addiction		
Arthritis		
Asthma		
Cancer		
Chronic pain		
Dental health problems		
Diabetes/prediabetes		
Hearing problems		
Heart disease/heart attack		
High blood pressure		
High cholesterol		
Kidney Disease		
Lung Disease/COPD		
Overweight/obese		
Stroke		

Tell Us About Your Community:

11. What about your community helps you live a healthy life? What are the top 2?

[ ] Access to healthy foods
[ ] Recreation/Sports Activities
[ ] Access to health care
[ ] Healthy family/youth activities
[ ] Expense of and/or lack of fresh fruits and veggies
[ ] Rural community with long winters
[ ] Lack of local doctors/hospitals
[ ] Personal motivation, not related to community
[ ] Walking/Biking Trails
[ ] Access to exercise and fitness activities
[ ] Safe place to live/little or no crime.
[ ] Other
[ ] Availability to/access of fast food restaurants.
[ ] Limited access to exercise and fitness activities
[ ] Low Income/Lack of Health Insurance
[ ] Other

12. What about your community makes it hard to stay healthy? What are the top 2?
13. Is your community a good place for feeling safe? [ ] Yes [ ] No
14. Is your community a good place to raise a family? [ ] Yes [ ] No
15. Is your community a good place to grow old? [ ] Yes [ ] No
16. Think about the physical health of your community. What are your top 3 concerns?

[ ] Cancer
[ ] Diabetes
[ ] Lung Disease (i.e. emphysema, COPD, Asthma)
[ ] Heart Disease
[ ] Obesity/Overweight
[ ] Poor nutrition/poor eating habits
[ ] Sexual health (i.e. sexually transmitted disease/AIDS
[ ] Teen pregnancy
[ ] Youth hunger and poor nutrition
[ ] Youth obesity
[ ] Youth sexual health (i.e. sexually transmitted disease or infections)
[ ] Wellness and disease prevention, including vaccine preventable diseases.
[ ] Other (please specify)_____

17. Think about mental health and substance abuse in your community. What are your top 3 concerns?

[ ] Adult alcohol use and abuse (including binge drinking)
[ ] Adult drug use and abuse (including prescription drug abuse)
[ ] Adult tobacco use (including exposure to second-hand smoke, and/or use of alternate tobacco products like e-cigarettes, vaping, hookah)
[ ] Mental health
[ ] Suicide
[ ] Depression
[ ] Stress
[ ] Youth bullying
[ ] Youth drug use and abuse (including prescription drug abuse)
[ ] Youth alcohol use and abuse (including binge drinking)
[ ] Youth tobacco use (including exposure to second-hand smoke , and/or use of alternate tobacco products like e-cigarettes, vaping, hookah)
[ ] Other (please specify) _____

18. Think about the senior population in your community. What are your top 3 concerns?

[ ] Assisted living options
[ ] Availability of activities for seniors
[ ] Availability of resources for family and friends caring for elders such as respite care
[ ] Availability of resources to help elderly stay in their homes
[ ] Transportation
[ ] Cost of medications
[ ] Hunger and poor nutrition
[ ] Cost of activities for seniors
[ ] Dementia/Alzheimer's disease
[ ] Elder abuse
[ ] Long-term/nursing home care options
[ ] Other (please specify)_____

<u>Tell Us About the Healthcare in Your Community</u>

19. Do you leave the county to seek medical services? [ ] Yes [ ] No
If yes, why? _____

20. How do you feel about:

	Poor	Fair	Good	Very Good	Excellent
Healthcare in your community?					
Your ability to get appointments?					
The quality of care you receive?					
Being informed about your options?					
The cost of healthcare?					
The sensitivity to your culture/beliefs/values?					

21. In the last 12 months, what problems have you had trying to obtain healthcare in your community? Please check all that apply.

[ ] No problems accessing health care
[ ] Lack of health care providers
[ ] Waiting list to be seen by doctor
[ ] No Insurance
[ ] Lack of sensitivity of health care providers
[ ] Language barriers
[ ] Cannot afford medications
[ ] Lack of Childcare
[ ] Transportation Issues
[ ] Lack of services at convenient times
[ ] Difficult to get away from work
[ ] Lack of cultural diversity or inclusion
[ ] Difficult to set appointments
[ ] Do not know where to go
[ ] Cannot afford the visits

22. Where do you go for trusted health information? Choose up to 3.

[ ] Primary Care Provider (doctor, nurse practitioner, physician assistant)
[ ] Internet
[ ] Friends, family, and neighbors
[ ] Walk in clinic
[ ] Other health care professionals (nurses, dietitians, chiropractors, etc.
[ ] Public health department
[ ] Hospital emergency department
[ ] Insurance Company help lines
[ ] Other

23. Which hospitals, if any, have you used in the last 2 years?

[ ] Covenant
[ ] Grayling Munson
[ ] McLaren Bay Region
[ ] Mid-Michigan
[ ] St. Mary's - Standish
[ ] Tawas St. Joseph
[ ] West Branch Regional Medical Center
[ ] Other

24. Have you ever used the emergency room because you don't have a doctor or because it seemed more convenient than going to your doctor? [ ] Yes [ ] No.

Thank You!!

Appendix B: Promotional Tool

West Branch regional medical center
John Tolfree health system

District Health Department No. 2

_____ County, We Need Your Help!

Community Health Needs Assessment 2016

District Health Department No. 2 and West Branch Regional Medical Center are gathering input from local communities to help us plan for improving community health and services.

If you have a few extra minutes, in your busy day, and access to the internet; please go to the following link below and take a few moments to tell us your thoughts! Your input is important to us!

https://www.surveymonkey.com/r/FF6LD2J

Survey can also be found at www.dhd2.org

Thank You!!

Appendix C: 2015 Iosco County Community Health Needs Survey

St. Joseph Health System is conducting a survey to assess the health needs of Iosco County. The survey will take approximately 5-10 minutes to complete. Your opinions are valuable and we appreciate your time. All responses are anonymous. Please only take this survey once, whether online or paper format.

1. Please select the health care challenges that you face (Check all that apply)

☐Cancer
☐Diabetes
☐Obesity/Overweight
☐Lung Disease (COPD, emphysema, asthma)
☐High Blood Pressure
☐Stroke
☐Heart Disease
☐Mental Health Issues
☐Dental Services
☐Substance Abuse (alcohol/drug/tobacco)
☐Other (please specify):

2. Which of these issues prevent you from accessing care? (Check all that apply)

☐Lack of a local Doctor/Primary Care Provider who accepts my insurance
☐Do not know how to find a doctor
☐Lack of convenient hours
☐Fear (not ready to face/discuss health problems)
☐Access to Primary Care Provider in a timely manner
☐Transportation
☐Lack of Health Insurance
☐Unable to pay co-pays and/or deductibles
☐Cultural/Religious beliefs
☐Other (please specify):

3. What is needed to improve the health of your community (family and neighbors)?

☐Improve Nutrition
☐Injury Prevention (falls, motor vehicle crash, etc.)
☐Mental Health Services (suicide, depression, etc.)
☐Transportation
☐Substance Abuse Rehabilitation Services
☐Senior Services
☐Teen Crisis Services (sexually transmitted diseases, pregnancy, substance abuse, bullying, etc.)
☐Maternal/Child Services
☐Disease Management Education and Services (diabetes, heart disease, cancer, stroke, etc.)
☐Child Care Services
☐Domestic Violence Support Services

☐Affordable/Adequate Housing
☐Financial Planning Services
☐Recreation Activities (fitness facilities, walking paths, etc.)
☐Other (please specify):

4. Please select your gender:
☐Male
☐Female

5. Please select the category below that includes your age:
☐18-25 years
☐26-39 years
☐40-54 years
☐55-64 years
☐65 years or over

6. Where do you get most of your health information? (Check all that apply)
☐Doctor/Healthcare Provider
☐Internet
☐Facebook or Twitter
☐Family or Friends
☐Health Department
☐Hospital
☐Library
☐TV
☐Newspaper/Magazines
☐Church Group
☐Worksite
☐Other (please specify):

7. How would you describe your overall health?
☐Excellent
☐Very Good
☐Fair
☐Poor

8. What is your approximate annual household income before taxes?
☐Less than $20,000
☐$20,001 - $40,000
☐$40,001 - $60,000
☐$60,001 - $80,000
☐$80,001 - $100,000
☐More than $100,001

☐Retired
☐Prefer not to say

9. What is the highest degree or level of school you have completed? If currently enrolled, the highest degree received.
☐Some high school-no diploma
☐High School Graduate-diploma or the equivalent (example: GED)
☐Some college credit-no degree
☐Trade/technical/vocational training
☐Associate's Degree
☐Bachelor's Degree
☐Master's Degree
☐Professional Degree
☐Doctorate Degree

10. How many children and adults live in your household?

① ② ③ ④ ⑤ or more

References:

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