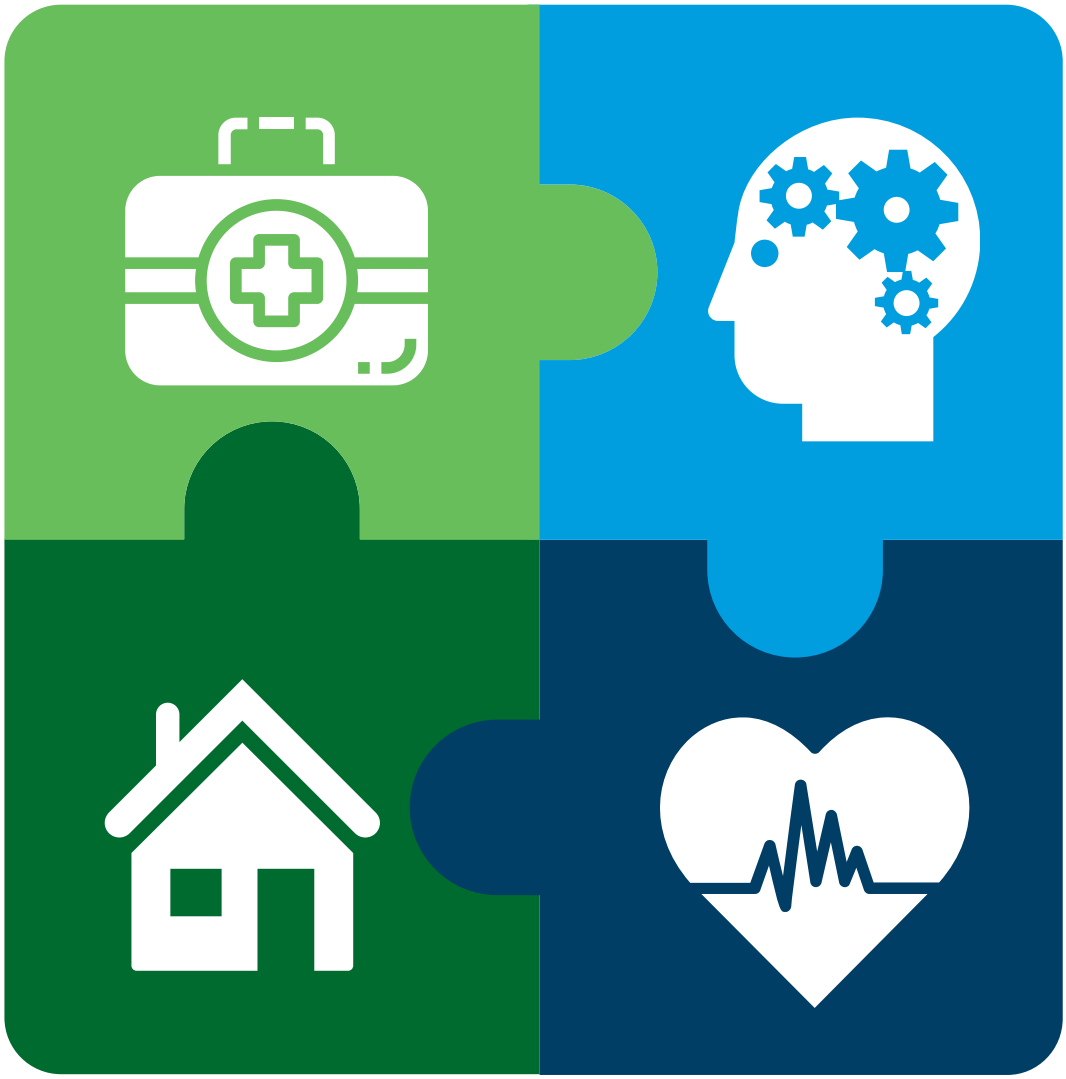
Community Health Improvement Plan

2023



Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford Counties

NORTHWEST COMMUNITY HEALTH INNOVATION REGION | mithrive

Description of the Process

Overview of MAPP

The 2021-2023 MiThrive Community Health Assessment and Improvement Initiative is an extensive collaborative effort, led by the Northern Michigan Community Health Innovation Region (NMCHIR). The assessment and improvement process involves collecting data, identifying strategic issues, and developing comprehensive plans to address them. To ensure the highest quality results, MiThrive utilizes the nationally recognized Mobilizing for Action through Planning and Partnership (MAPP) framework. Developed by the National Association of City and County Health Officials and the U.S. Centers for Disease Control, the MAPP framework consists of four different assessments, each offering a unique perspective on the community's health. For the 2021 assessment, MiThrive made a concerted effort to gather more health equity data than ever before and engage a diverse range of stakeholders, including many residents, in the assessments. This inclusive approach ensures that the results are truly representative of the community's needs and priorities.

Community Vision Statement

MiThrive, as part of the Northern Michigan Community Health Innovation Region, envisions a community where all individuals have the opportunity to live healthy lives in equitable and supportive environments. Our mission is to enhance the well-being of our population by improving population health, increasing health equity, and reducing unnecessary medical expenses through collaborative partnerships and transformative systems change. Our efforts focus on addressing the root causes of health disparities by breaking down barriers to social determinants of health at the individual, sector and systemic levels. Together, we strive to create a future where everyone has the resources and opportunities needed to achieve optimal health and well-being.

View the NMCHIR vision video here

Individuals and Organizations Involved

This regional initiative unites hospitals, local health departments, community-based organizations, coalitions, businesses, and residents, across 31 counties in Northern Michigan every three years. A diverse team of administrators, communication specialists, epidemiologists, health educators, and nurses lead this comprehensive assessment. We are thankful for the MiThrive Steering Committee, Design and Core Teams, as well as the Northwest, Northeast, and North Central Workgroups, and all the partners who represent numerous sectors of the community including; residents, businesses, collaborative bodies and coalitions, Federally Qualified Health Centers, grant-making organizations, health systems, municipalities, Michigan Department of Health and Human Services, healthcare providers, schools, substance use prevention, treatment and recovery services and Tribal Nations. This unprecedented collaboration provides us with a complete picture of our communities.

Click here for a complete list of the contributors and partners.

HEALTHY PEOPLE *in Equitable Communities*

The Assessments Conducted

The goal from the outset was to engage as many residents and diverse community partners as possible in the data collect process, in order to ensure that the findings truly reflect the community's needs and priorities. MiThrive employs both quantitative and qualitative data to provide a complete and accurate picture of the health and quality of life in Northern Michigan. Quantitative data, such as the number of people affected, changes over time, and differences between different groups, are combined with qualitative data, such as community input, perspectives, and experiences. This approach is considered best practice, as it provides a more comprehensive and nuanced understanding of community health needs.

To guide this process, MiThrive follows the MAPP framework, which is widely recognized as the gold standard for community health needs assessment and improvement planning. The MAPP framework consists of four different assessments, which together provide a 360-degree view of the community. These assessments cover a range of areas and include the Community Health Status Assessment, Community Themes and Strengths Assessment, Community System Assessment, and Forces of Change Assessment.

By following this rigorous and inclusive process, MiThrive is able to provide valuable insights and recommendations that can help to guide local decision-making and resource allocation. The input and expertise of the community members and partners is essential to this process, and we are grateful for the many individuals and organizations that contributed this important effort.

- Click here for additional details on the MiThrive Assessment.
- Find the complete data sets by visiting the MiThrive webpage.

Click here to view the MiThrive Community Health Assessment Explainer Video.

MiThrive Data Collection

100 Local, state, and national indicators collected by county for the Community Health Status Assessment.

152 Participants in 3 Community System Assessment regional events.

396 Participants in focused conversations for the Community System Assessment at 28 collaborative meetings.

3,465 Residents completed the surveys for the Community Themes and Strengths Assessment.

840 Residents facing barriers to social determinants of health participated in Pulse Surveys.

354 Physicians, nurses, and other clinicians completed the Healthcare Provider Survey.

199 Participants in 3 Forces of Change Assessment regional events.

Description of how priority issues, goals, strategies, and ojectives were selected and prioritized

The MiThrive Community Health Assessment uncovered 10-11 significant health needs in each of the MiThrive Regions. After analyzing primary and secondary data, members of the MiThrive Steering Committee, Design Team, and three workgroups, framed these needs as Strategic Issues. To prioritize these issues for collective action, residents and community partners participated in regional MiThrive Data Walk and Priority Setting events, using a criteria-based process to rank the Strategic Issues based on severity, magnitude, impact, health equity, and sustainability. Following the ranking process, MiThrive Workgroup members refined and prioritized the Strategic Issues by removing jargon, clarifying language, conducting a root cause analysis and environmental scan, and developing consensus on goals, strategies, and metrics for a collaborative Community Health Improvement Initiative.

Visit the MiThrive webpage to access the MiThrive Data Briefs. MiThrive Data Briefs provide regional-level data for the 10-11 Strategic Issues identified per region.

Click here for additional details on the prioritization process.

Access to Health Care

Access to health care affects a person's health and wellbeing. It can prevent disease and disability, detect and treat illness and conditions; and reduce the likelihood of early death and increase life expectancy. We are committed to collaboratively working together to redesign community conditions for improved access to health care.

Targeted Root Causes

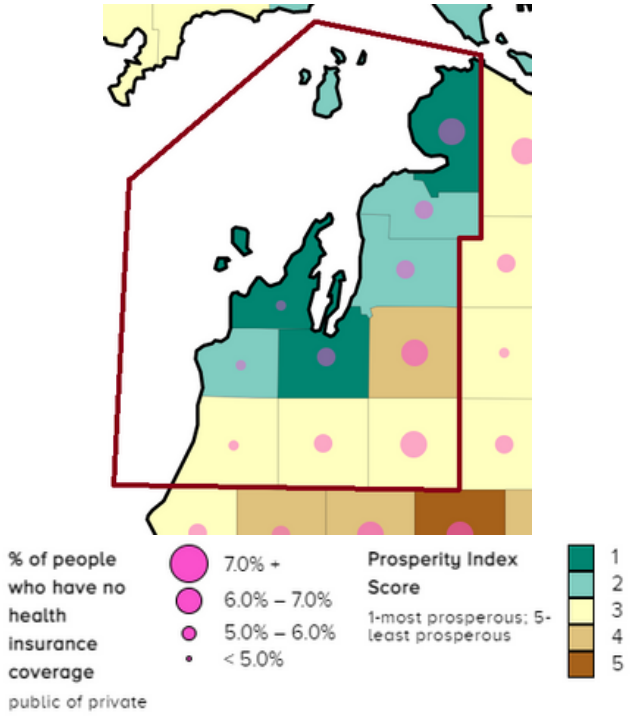
Insurance barriers tied to employment, no employment sponsored option, high deductibles/ co-pays, unsure how to sign up and can't find answers to question, navigation issues. See complete Root Cause Analysis here.

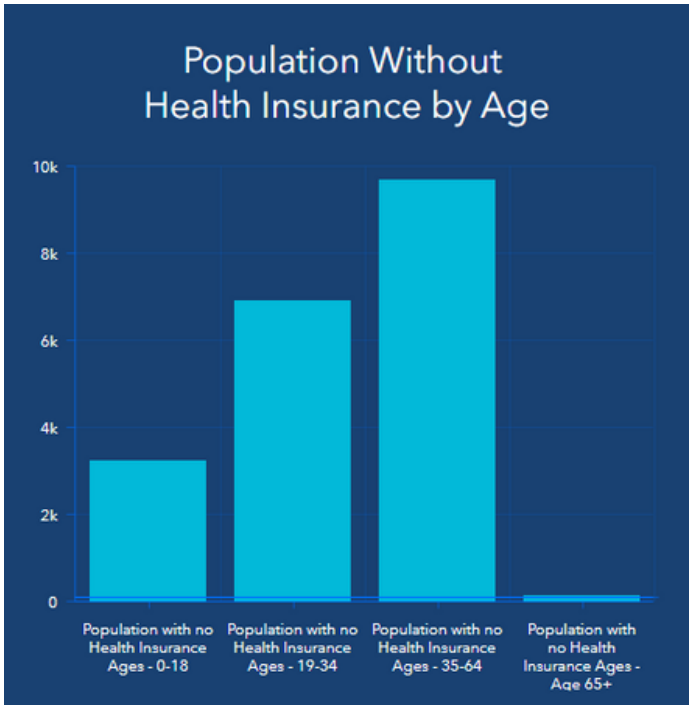
CHIP Goal #1

Increase the number of people with health insurance coverage

Goal Metric

Increase health insurance rates by 1% annually





Source: CRE for Equity dashboard

Percentage of Uninsured Residents in the Northwest Region, 2017-2021

Benzie, Leelanau, and Manistee Counties have the highest rataes of health insurance coverage, while Kalkaska and Missaukee Counties have the lowest, indicating the greatest barrier to accessing healthcare. The bar chart shows the health insurance rate by age group throughout the NW region. The age group of 35-64 has the highest rate of uninsurance, with 19–34-year-olds as the second most uninsured age group.

Source: Rural Health Mapping Tool, NORC [1]

1. More info found in FAQ section on page 13.

Access to Health Care

CHIP Goal #2

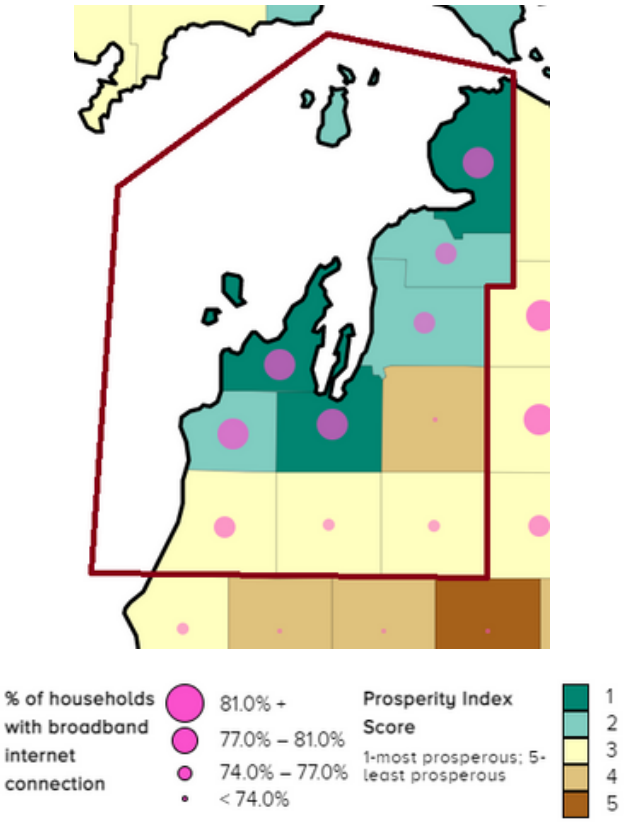
Increase access points to the healthcare system; including leveraging technology, expanding physical access, and supporting a coordinated transportation system.

Targeted Root Causes

Health system barriers: communication w/ providers, lack of customer focus, distance and cost to travel, convenience, time, completing priorities. See complete Root Cause Analysis here.

Goal Metric

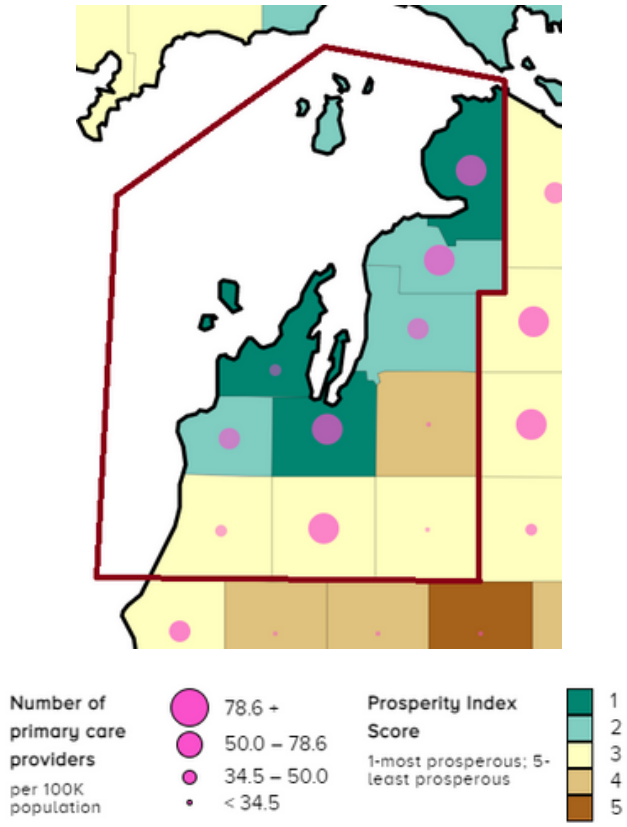
Increase number of alternative access healthcare sites to at least one in each county by 2025



Broadband internet access for the NW region, 2017 – 2021

Benzie, Emmet, Leelanau, and Grand Traverse Counties have the highest rates of household internet access, while Kalkaska County has the lowest, indicating a barrier to accessing telehealth services.

Source: Rural Health Mapping Tool, NORC



Number of Primary Care Providers in the NW Region, 2020-2021

Antrim, Charlevoix, Emmet, and Grand Traverse Counties have the highest rate of number of Primary Care Providers (per 100,000 population), while Kalkaska County has the lowest, indicating a barrier to accessing healthcare due to a shortage of healthcare access points and increased travel distances to access care.

Source: Rural Health Mapping Tool, NORC

Chronic Disease

Chronic diseases can significantly impact an individual's quality of life, as well as put a strain on healthcare resources. We are committed to collaboratively implementing evidence-based interventions to prevent, manage and control chronic diseases in our community. Our goal is to empower individuals and families to adopt healthy behaviors, create an environment that supports and sustains healthy lifestyle choices by working together to redesign community conditions for improved chronic disease rates in our region.

Targeted Root Causes

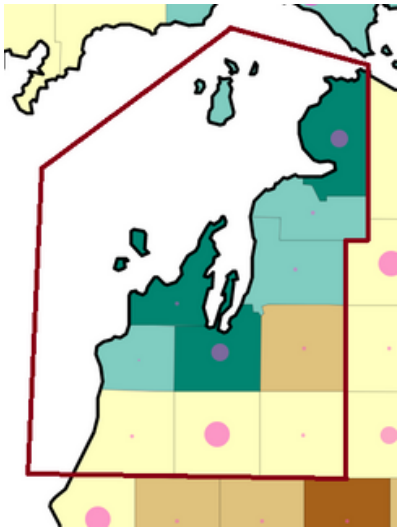
Limited availability of fresh food, cost, rural areas, school and worksite healthy food availability, sugary beverages, limited means to access healthy food. See complete Root Cause Analysis here.

CHIP Goal

Increase food security and access to healthy food options.

Goal Metric

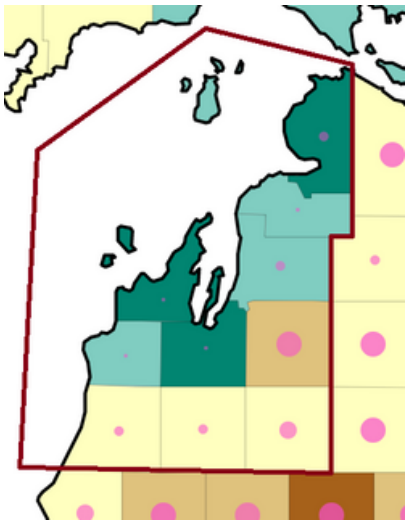
Decrease the number of people that are experiencing food insecurity by 0.5% annually.



Rates of the NW Region Population with Limited Access to Healthy Foods, 2019

The food environment index considers a variety of factors, including access to healthy foods, income, and food insecurity. Applying both variables portrayed on the map, Leelanau and Grand Traverse Counties have the highest rated food environment and prosperity, while Kalkaska County has the lowest, indicating barriers to accessing healthy, affordable foods.

Source: Rural Health Mapping Tool, NORC



Percentage of the population experiencing food insecurity in the NW region, 2019

Benzie, Charlevoix, Leelanau, and Grand Traverse Counties have the lowest rates of food insecurity in the NW region, while Kalkaska County has the highest, indicating a lack of adequate access to food.

Source: Rural Health Mapping Tool, NORC

Chronic Disease

Targeted Root Causes

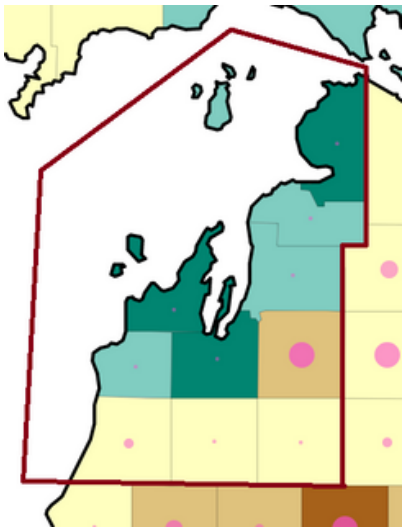
Rural areas with high rates of cardiovascular disease, Type 2 Diabetes, No primary care/regular visits, preventative care, lack of providers, costs, knowledge of preventative care costs and early signs. See complete Root Cause Analysis here.

CHIP Goal

Reduce the prevalence of type 2 diabetes and increase screening and prevention efforts.

Goal Metric

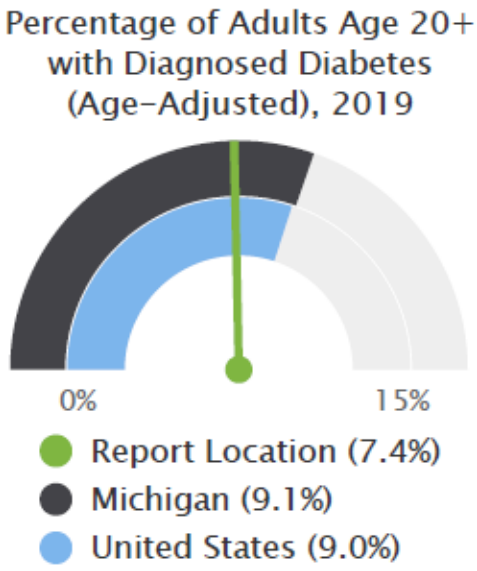
Decrease the number of individuals that have been told by a healthcare providers that they have diabetes by 0.5% annually

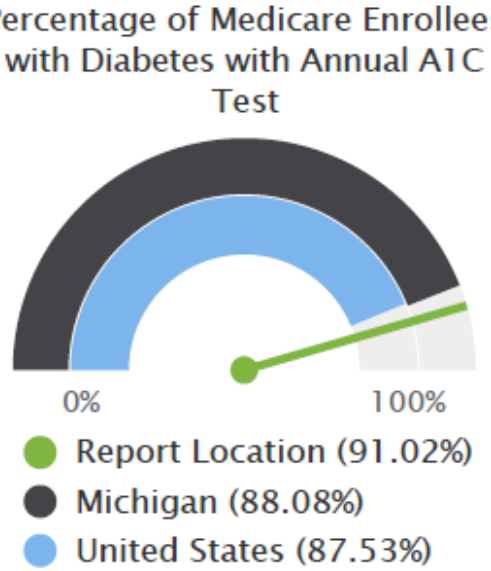


Diabetes mortality rate throughout the NW region, 2016 – 2020

Antrim, Benzie, Emmet, Leelanau, and Grand Traverse Counties have the lowest rates of Diabetes mortality, while Kalkaska County has the highest, indicating the greatest disease burden.

Source: Sparkmaps





Frequently Asked Questions

About the Map:

The Rural Health Mapping Tool interactive map, which is built and maintained by NORC. The base map is the Prosperity Index at the county level. This index measures the prosperity of each county by standardizing 16 indicators across four social and economic components that are associated with prosperity. A complete picture is created by utilizing both social and economic factors, allowing users to target initiatives to improve quality of life. This index results in a numerical measure depicting the prosperity of a county, with 1 being the most prosperous and 5 being the least.