Title Page

2024-2026 Community Health Needs Assessment

District Health Department #4
Alpena, Cheboygan, Montmorency, Presque Isle

Message from Leader (CEO, Health Officer, Executive Director, etc)

Acknowledgements

The 2024-2026 MiThrive Community Health Needs Assessment is a regional, collaborative initiative led by the Northern Michigan Community Health Innovation Region (CHIR). It is designed to bring together hospital systems, local health departments, community-based organizations, coalitions, agencies, and residents across 31 counties in northern Michigan to collect data, identify and prioritize key issues, and work collaboratively to address them.

Funding partners contributed leadership as well as funding to the 2024-2026 MiThrive Community Health Needs Assessment. Thanks to their ongoing financial commitment to Community Health Needs Assessment and Improvement, MiThrive was able to provide a new region-wide, barrier-free access to all MiThrive data and mapping tools to support collaboration, moving to action, benchmarking, and storytelling.

FUNDING PARTNERS

The MiThrive Team extends its gratitude to the many organizations and residents who contributed their time, expertise, and insights to the MiThrive Community Health Needs Assessment. Dedication and collaboration were essential in making this initiative possible. Thousands of individuals and organizations played a vital role in planning assessments, engaging in community events and surveys, collecting and analyzing data, and prioritizing key issues. We are particularly grateful to the members of the MiThrive Steering Committee and the Northwest, Northeast, and North Central Workgroups, Round Tables, for their leadership and commitment.

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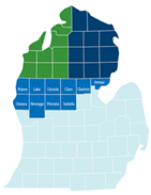

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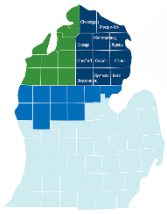

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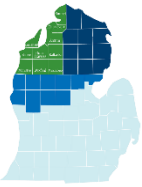

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Holly Campbell, Health Department of Northwest Michigan
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MiThrive Core Team

The Northern Michigan Community Health Innovation Region (CHIR) leads the MiThrive Community Health Needs Assessment every three years in partnership with hospital systems, local health departments and other community partners. The CHIR's backbone network is the Northern Michigan Public Health Alliance, a partnership of seven local health departments that together serve a 31-county area. This area is organized into three regions—Northwest, Northeast, and North Central—for the 2024-2026 MiThrive community health needs assessment.

The MiThrive Core Team consists of a diverse group of public health professionals from across northern lower Michigan. Each member is an expert in their field and brings master-level experience in areas such as epidemiology, health disparities, health policy, project management, facilitation, communications, and systems change.

- Emily Llore, MPH, MiThrive Director, Health Department of Northwest Michigan MiThrive Director
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Executive Summary

Every three years, hospital systems, health departments, community partners and residents across northern lower Michigan come together in a powerful collaboration to assess the health and wellbeing of residents and communities. Through extensive community engagement across a 31-county region, the MiThrive Community Health Needs Assessment gathers and analyzes data on the social, economic, environmental, and behavioral factors that shape health outcomes. This process helps identify and prioritize key issues that impact the region.

In 2024, MiThrive began a comprehensive, community- driven and community-owned assessment using the National Association of City and County Health Officials' (NACCHO) framework called, Mobilizing Action Through Planning and Partnership (MAPP). MiThrive combines existing data with insights from residents, community organizations, and healthcare providers to develop a deeper understanding of local and regional health challenges and opportunities.

The findings in this report highlight the complex and interconnected nature of these issues, with some populations experiencing a greater burden of health disparities than others. Addressing these challenges requires a collaborative, data-driven approach to create lasting improvements in health and quality of life for all.

The goal of MAPP is to achieve health equity by identifying urgent health issues in a community and aligning community resources.

The Report Goals and Objectives:

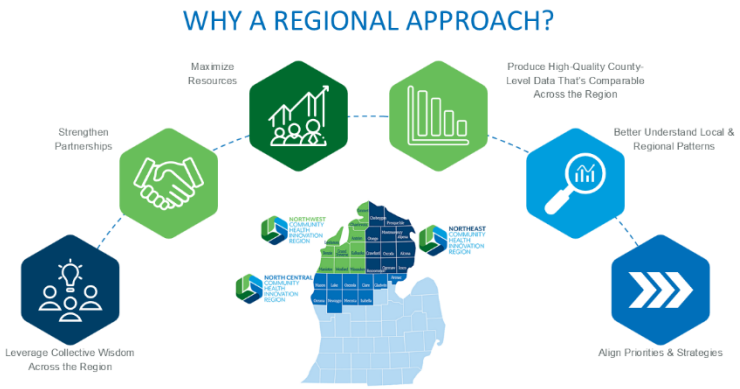
This report aims to provide a foundation for informed community decision-making and drive improvement efforts. Key objectives include:

- Describe the current state of health and wellbeing in northern lower Michigan, specifically within District Health Department #4 service area, including Alpena, Cheboygan, Montmorency, and Presque Isle counties
- Describe the processes used to collect community perspectives
- Describe the process for prioritizing key issues
- Identify community strengths, resources, and service gaps

Regional Approach

MiThrive was implemented across a 31-county region through a remarkable partnership of hospital systems, local health departments, and other community partners. The aim is to leverage resources and reduce duplication while still addressing unique local needs for high quality, comparable county-level data. The 2024-2026 MiThrive Community Health Needs Assessment utilized three regions: Northwest, Northeast, and North Central, shown in detail in map below. There are several advantages to a regional approach, including leveraging collective wisdom across the region, strengthening partnerships,

maximizing resources, producing high-quality county level data that is comparable across the region, better understanding local and regional patterns and aligning of priorities, while reducing duplication of effort.



The service area for District Health Department #4 **includes Alpena, Cheboygan, Montmorency, and Presque Isle counties**. Alpena, Cheboygan, Montmorency, and Presque Isle counties are included in the MiThrive Northeast Region. The MiThrive Northeast Region includes Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, and Roscommon counties.

Data Collection

The findings detailed throughout this report are based on data collected through a variety of primary and secondary data collection methods. Throughout the data collection process the focus was on engaging residents and diverse community partners. To accurately identify, understand, and prioritize issues, MiThrive combined quantitative data, such as the number of people affected and differences over time, and qualitative data, such as community input, perspectives, and experiences. This approach is best practice, providing a complete view of health and quality of life while assuring results are driven by the community.

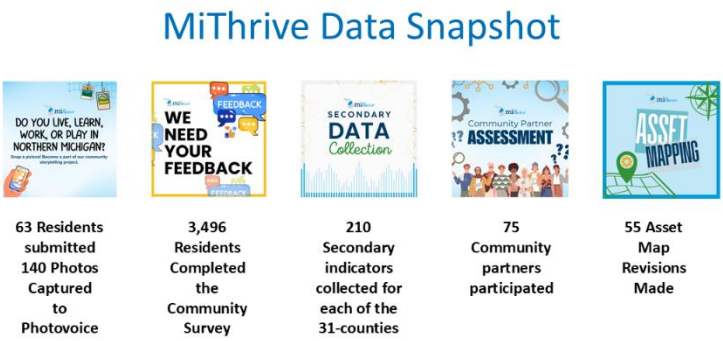
MiThrive utilizes the MAPP Community Health Needs Assessment framework. Considered the “gold standard”, it consists of three phases and includes three multi-faceted assessments for a 360-degree view of the community.

Community Status Assessment (CSA): Collects and analyzes quantitative data from trusted sources to assess the status of communities, particularly focusing on populations experiencing inequities. The MiThrive CSA consists of secondary indicators collected in addition to a community survey.

Community Context Assessment (CCA): Utilizes qualitative methods to explore community strengths, lived experiences, and external factors influencing change. It gathers non-numerical data, such as audio, photos, and text, to provide deeper insights into the unique aspects of the community. The CCA helps fill

data gaps and contextualizes issues through the perspectives of those with lived experience, ensuring a more comprehensive understanding of community dynamics. The MiThrive CCA consisted of photovoice, asset maps, and quotes collected from residents.

Community Partner Assessment (CPA): Provides a framework for community partners to critically examine their individual systems, processes, and capacities, as well as their collective ability to address health inequities. It helps organizations identify both current efforts and future strategies to drive systemic and structural change. By fostering collaboration, the CPA strengthens the network of community partners working toward health equity. The MiThrive CPA consisted of a community partner survey and live virtual events for discussion.



Each assessment offers valuable insights, but their overall impact is significantly enhanced when the findings are analyzed together.

Key Findings

Analysis of primary and secondary data collected during the 2024-2026 MiThrive Community Health Needs Assessment revealed eight priorities issues in the Northeast Region. by region. In December 2024, 39 residents and community partners participated in the MiThrive Northeast Data Walk and Priority Setting Event. Using a criteria-based process that included severity, magnitude, impact, sustainability, achievability and health equity, participants ranked the priorities by region as listed below. The region decided to concentrate efforts on the top three priorities while acknowledging the importance of the others.

NECHIR PRIORITIES	
ACCESS TO HEALTH CARE	1
MENTAL HEALTH	2
ECONOMIC SECURITY	3
OBESITY	4
HOUSING	5
SAFETY & WELLBEING	6
EDUCATION	7
BROADBAND	8

The final top-ranked issues in the Northeast Region are as follows:

- Access to Healthcare
- Mental Health
- Economic Security

Introduction

Purpose of a Community Health Needs Assessment:

According to the National Association of City and County Health Officials, Community Health Needs Assessments (CHNAs) provide information for problem and asset identification as well as policy formulation, implementation, and evaluation. CHNAs should be part of an ongoing broader community health improvement process. A community health improvement process uses CHNA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement. A community health improvement process looks outside of the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to the overall health and wellbeing of the community residents and community health improvement.

Mobilizing for Action through Planning and Partnerships (MAPP)

MiThrive utilizes the Mobilizing for Action through Planning and Partnership community health needs assessment framework. It is a nationally recognized, best practice framework that was developed by the National Association of City and County Health Officials and the U.S. Centers for Disease Control. The goal of MAPP is to achieve health equity by identifying urgent health issues in a community and aligning community resources. MAPP defines **health equity** as the assurance of the conditions to achieve optimal health for all people. The MAPP framework provides an opportunity to strategically work toward a community-owned vision through collective action organized under one umbrella.

MAPP PHASE 1: Build the Community Health Improvement Foundation includes activities that build commitment, encourages participants as active partners, uses participants' time well, and results in a CHNA that identifies key issues in a region to inform collaborative decision-making to improve population health and health equity, while at the same time, meeting organizations' requirements for a CHNA.

MAPP PHASE 2: Tell the Community Story emphasizes the need for a complete, accurate, and timely understanding of community health and wellbeing across all sub-populations within the community. This phase gathers data from the community for the CHNA by conducting three different assessments.

Community Status Assessment (CSA): Collects quantitative data on the status of communities from trusted local, state, and national sources (secondary data). The CSA explores data about populations experiencing inequities and describes complex issues that impact the community. It uses numerical

data to identify patterns and averages, test hypotheses, and generalize results to wider populations. The CSA helps a community move upstream and identify inequities beyond health behaviors & outcomes, including their association with social determinants of health and root causes.

The MiThrive CSA consisted of a community survey with a provider survey and open-ended questions as well as the secondary data collected and released in fall 2024 through the virtual MiThrive Data Platform and a Data Blob.

Community Context Assessment (CCA): Is a qualitative data tool to assess and collect data through three domains: community strengths and assets, built environment, and forces of change. The CCA explores the strengths, lived experience, and forces of change in the community using qualitative methods. It provides a process of collecting and analyzing non-numerical data (such as audio, video, or text) to understand experiences, concepts, or opinions. It is conducted to fill gaps in the data and explore the context of the community through the lens of people with lived experience.

The MiThrive CCA consisted of photovoice, asset maps and quotes collected from residents.

Community Partner Assessment (CPA): Provides a structure for community partners to look critically at their individual systems, processes, and capacities; and collective capacity as a network of community partners to address health inequities. The CPA identifies current and future actions to address health inequity at individual, systemic, and structural levels.

The MiThrive CPA consisted of a Community Partner Survey and two live virtual events.

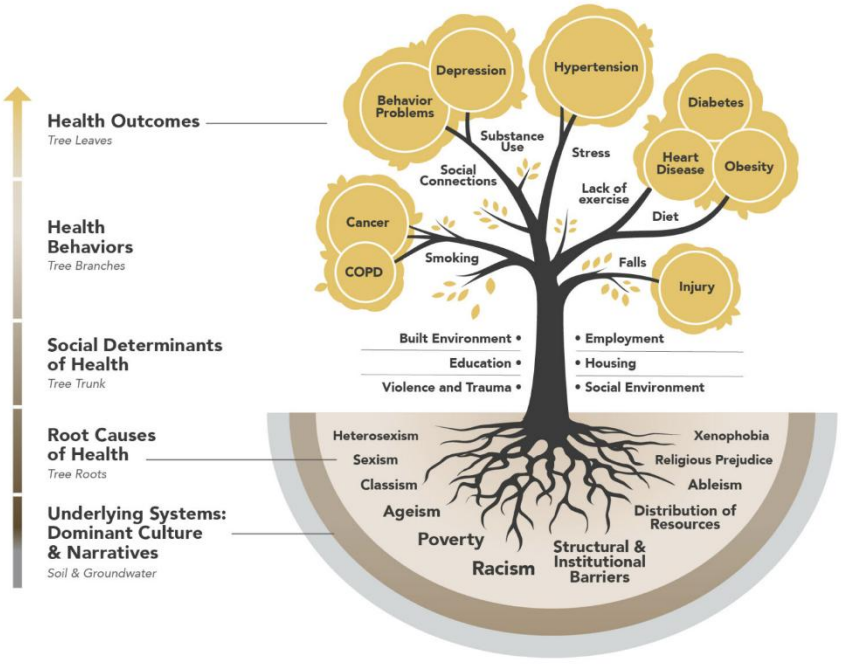
MAPP PHASE 3: Continuously Improve the Community involves prioritizing issues using CHNA results, creating issue briefs, and collaboratively prioritizing key issues to be targeted in a Community Health Improvement Plan or Implementation Strategy. MiThrive is committed to strengthening regional data capacity to drive community improvement efforts and enhance accountability. With generous support from the funding partners, MiThrive has secured a contract with Conduent Healthy Communities Institute to provide a data management and visualization platform for MiThrive data. The MiThrive Data Platform provides a one-stop resource for online access to community health indicators and related resources that impact the health of northern lower Michigan. Users can explore up-to-date demographic, health, and social determinants data, along with hundreds of maps, tables, figures, and capacity-building resources. This powerful tool is available to everyone on the MiThrive website without account, membership, or paywall requirement barriers. Whether using data for grant proposals, workplans, advocacy materials, business plans, or data storytelling, this platform provides valuable insights. Questions regarding the MiThrive Data Platform can be directed to: mithrive@northernmichiganchir.org

Health Equity

According to MAPP, Health Equity is the assurance of conditions to achieve optimal health for all people. Optimal health includes physical, mental and social, cultural, and spiritual wellbeing, beyond the lack of disease or infirmity. Optimal health is essential for people to reach their full capacity. In addition to disease, health is influenced by education level, economic status, and other complex issues. No one individual, community group, hospital, organization, or governmental agency can be responsible for the health of the community. No one organization can address complex community issues alone. However, collaborative action allows communities to identify assets and barriers, develop strategies, and implement solutions. In the pursuit of equitable health outcomes, new tools and approaches continue to emerge to support effective community-driven change.

The **Health EquiTREE**—developed by Health Resources in Action for the Massachusetts Community Health and Healthy Aging Funds—illustrates the relationships between health outcomes, social determinants of health and root causes. The **visible parts of the tree** represent observable health factors:

- **Leaves** symbolize **health outcomes**,
- **Branches** represent **individual and community behaviors**,
- **The trunk** signifies **social determinants of health** like housing, education, and income.



However, the **critical forces shaping health lie beneath the surface**:

- **The roots** reflect **deep-seated causes** of health disparities, such as systemic inequities and historical injustices,
- **The soil** represents **underlying systems, dominant narratives, and cultural frameworks** that either sustain or hinder health progress.

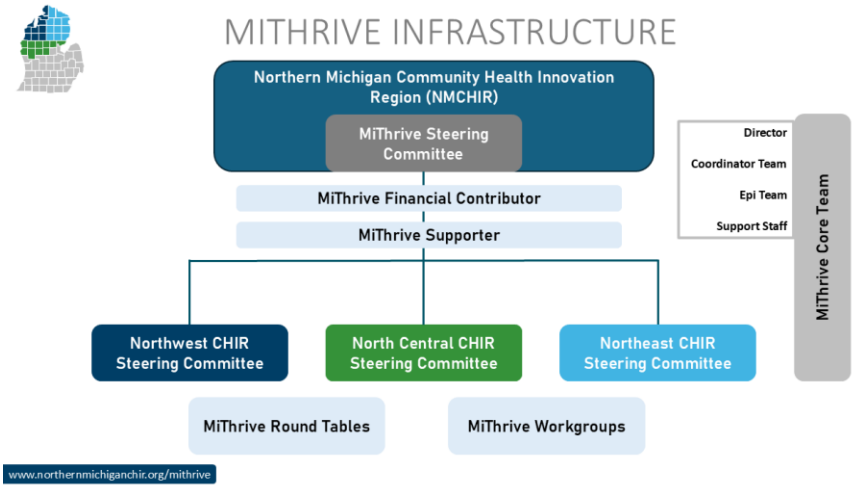
Phase 1: Building the Community Health Improvement Foundation

MiThrive is conducted on a three-year cycle; hospital systems, local health departments, community-based organizations, residents, coalitions and collaboratives, businesses, academic institutions, and elected officials come together to collaborate on a shared Community Health Needs Assessment (CHNA) and collaborate for community health improvement.

During phase 1, funding agreements with local health departments and hospitals were executed, the MiThrive Steering Committee, MiThrive Workgroups/Round Tables were organized, and the Core Team was assembled. Strategic partnerships were cultivated with both new and existing collaborators, with a particular focus on including community members and organizations that represent or serve populations facing health inequities. As the infrastructure and partnerships took shape, guided by clear expectations and timelines, the shared Vision was affirmed, Healthy People in Equity Communities.

Shared Vision Video

MiThrive takes a regional approach to leverage collective wisdom, strengthen partnerships, maximize resources, produce high-quality data that is comparable, understand local and regional patterns and align priorities and strategies. The MiThrive infrastructure supports effective and efficient collaboration.



Group	Description	Activities & Time Commitment	Expertise & Skills
MiThrive Supporter	Community members and organizations are invited to participate, provides input throughout MAPP, stay informed about status	Stays informed, subscribes to newsletter, share and participate in assessments, host event(s)	Invite community widely to participate, prioritizes creating opportunities for communities experiencing inequalities to contribute, has/values trusted partnerships
Region MiThrive WG/Round table	Provides local context and connection to MiThrive	Co-developed by group based on local assets, opportunities, needs, challenges	Amplifies communication, connections and alignment with local efforts
MiThrive Steering Committee Member	Gives MAPP process direction, represents communities' population and organizations, includes people with resources, community members, people from various parts of the local public health system	Provides input and feedback on major steps on MAPP, meets regularly (monthly), one voting member per organization	Maintains positive relationships with community members, represents local public health system and community, understands community needs and strengths
MiThrive Financial Contributor	Financially supports MiThrive CHNA, data platform, accessibility and engagement efforts	Provides funds for an element of MiThrive or the broad initiative	Funder, connections with funders, fundraising, grant writing
MiThrive Core Team	Project staff	Develops and implements assessments, CHNA, writes reports, facilitates groups and support prioritization	Diverse public health professional skills: epidemiology, communication, facilitation and project management
Northern Michigan Public Health Alliance	Serves as the Backbone Orgnaiztioan to the NMCHIR and MiThrive	Provides staffing	Local public health perspective, public health 3.0, experiences
Northern Michigan Health Consortium	Serves as the NMCHIR and MiThrive fiduciary	Financial oversight, conflicts of interest management, legal compliance, transparency and accountability	Financial management, legal, compliance, leadership skills, communication and transparency

The goal of MiThrive CHNA is to improve health outcomes by using data and collaboration to:

- **Inform Decision-Making**: More data means better insights, enabling informed decisions that address community health needs effectively.
- **Create Targeted Interventions**: More data allows for a focused approach around specific health issues and developing targeted interventions that make a real difference.
- **Allocate Resources**: Increased data allows for informed resource allocation, ensuring that funding and services are directed where they're needed most. Comprehensive data sets make initiatives more attractive to funders, opening doors for new resources.
- **Address Inequities**: More data helps us uncover and address health inequities, ensuring that all community members receive the support they need.
- **Empower Advocacy**: With robust data, we can advocate more effectively for policies and resources that benefit our community.
- **Benchmark Progress**: Data allows for a benchmark progress over time, celebrating successes and identifying areas for improvement.

MiThrive Explainer Video

Phase 2: Telling the Community Story

During Phase 2, each of the assessments were conducted with support from all MiThrive partners and residents. The MiThrive Core Team instituted a schedule that would have all the individual portions of the CHNA completed during the 2024 calendar year. This was done using MAPP 2.0 as a framework for all planned assessments, and with input and decisions from the MiThrive Steering Committee. Care was taken to ensure that each assessment was crafted with engagement opportunities for partner organizations and community members. Each of the assessments collected different types of data for the community: primary and secondary, qualitative data of health indicators and community sentiments, quantitative data reflecting resident viewpoints, and data regarding the capacity and shared goals of community partner organizations.

Community Status Assessment (CSA)

The Community Status Assessment identifies priority community health and quality of life issues. It answers the following questions:

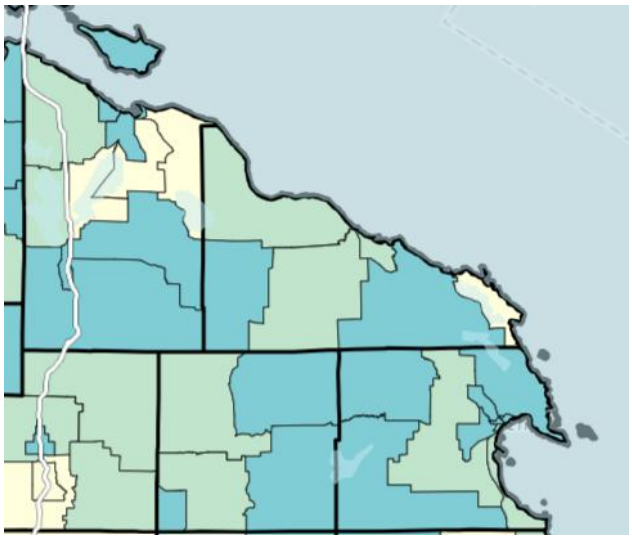
- How healthy are our residents?
- What does the health status of our community look like?

The answers to these questions were measured by collecting more than 200 indicators from a variety of secondary sources onto the MiThrive Data Platform, as well as primary data collected through the 2024 community survey and provider survey.

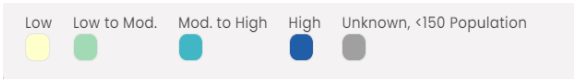
The MiThrive Core Team assured secondary data included measures of social and economic inequity, including: Asset-Limited, Income-Constrained, Employed (ALICE) households; children living below the Federal Poverty Level; families living below the Federal Poverty Level; households living below Federal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

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

As illustrated in the map below, Census Tracts in the Alpena, Cheboygan, Montmorency, and Presque Isle Counties have Social Vulnerability Indices at “low” to “moderate to high”. Moderate to high vulnerability can be seen in northeast, northwest, and southern Alpena, southern Cheboygan, east Montmorency, the east and west end of Presque Isle.



Social Vulnerability Index by Census Tract in Alpena, Cheboygan, Montmorency, Presque Isle Counties

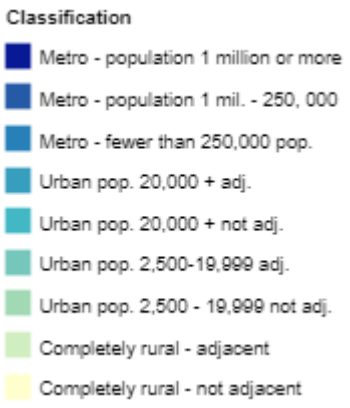


Source: Michigan Lighthouse 2022, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database - Michigan..

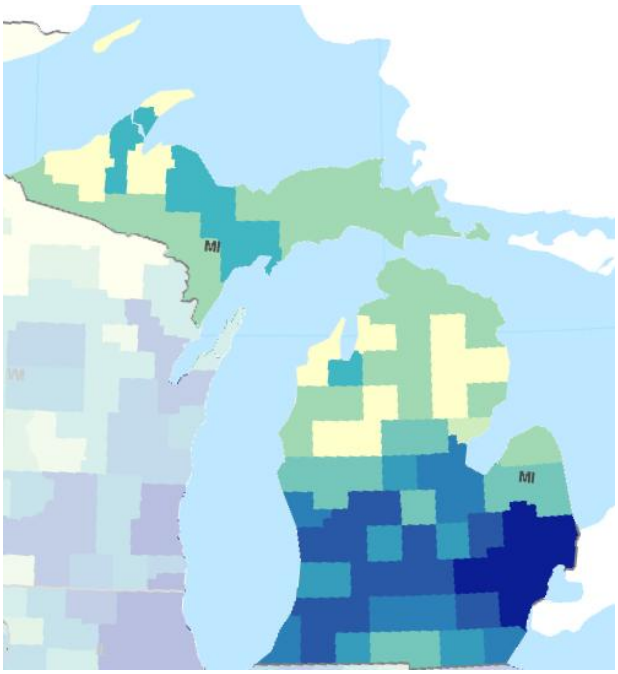
Geography and Demographics

The service area for District Health Department #4 is Alpena, Cheboygan, Montmorency, and Presque Isle Counties. The region is known for its clean environment and abundant resources for outdoor recreation. Covering 2,492.6 square miles of land altogether, most of the region is designated as “rural” by the U.S. Census Bureau. This is one of its most important characteristics as rurality influences health and well-being.

Rurality by County



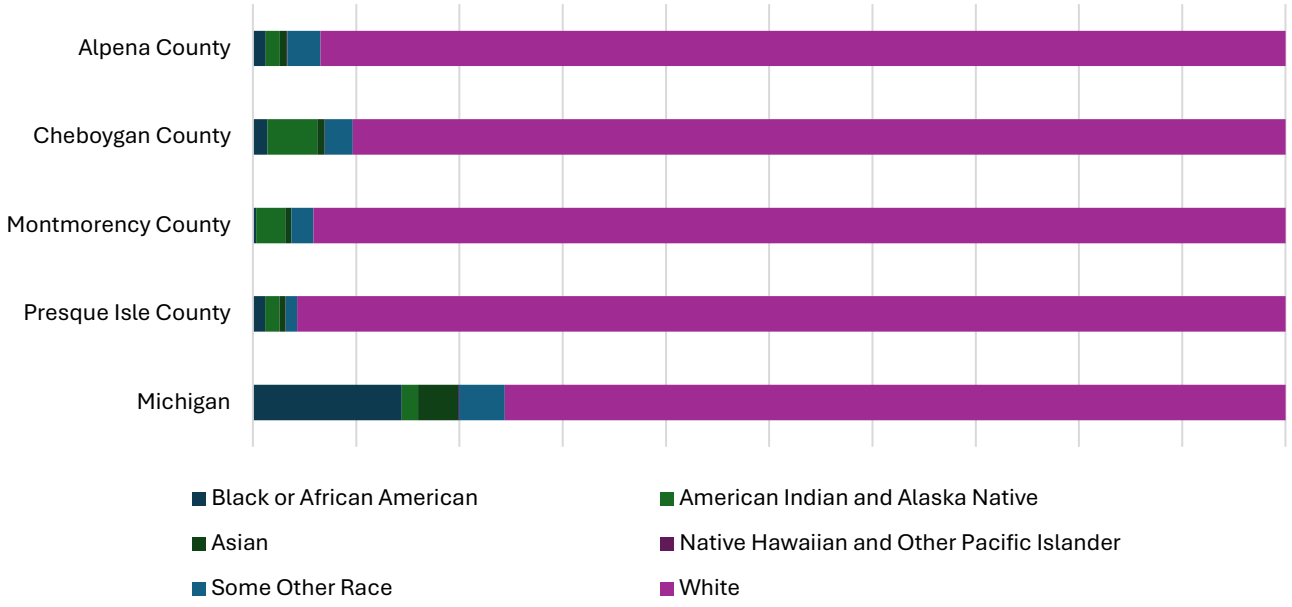
Source: 2013, Rural-urban Continuum Code, Economic Research Service U.S. Department of Agriculture



The composition of the population is also important, as health and social issues can impact groups in different ways, and different strategies may be more appropriate to support these diverse groups. Of the 77,200 people who live in Alpena, Cheboygan, Montmorency, and Presque Isle Counties, 97.4 percent are white. The largest racial

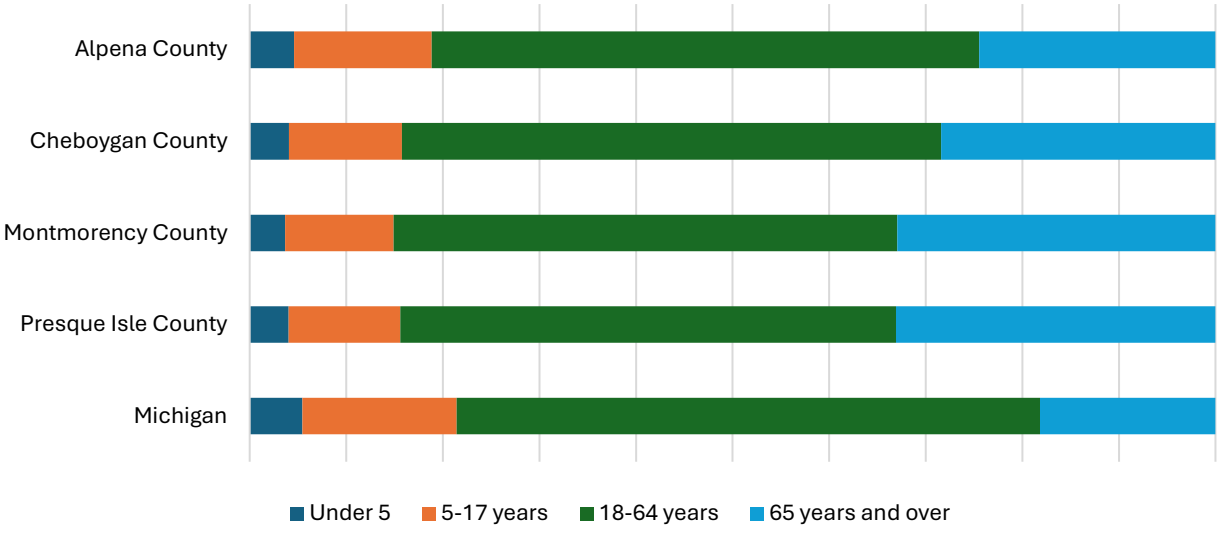
minority groups are Black or African American (1.2%), American Indian and Alaska Native (2.8%) and Some Other Race (2.7%). Additionally, the largest ethnic minority group is Hispanic and Latino in Alpena (1.4%), Cheboygan (1.3%), Montmorency (1.4%), and Presque Isle (1.2%).

Population by Race for the District Health Department #4 Service Area, United States Census Bureau, 2019-2023



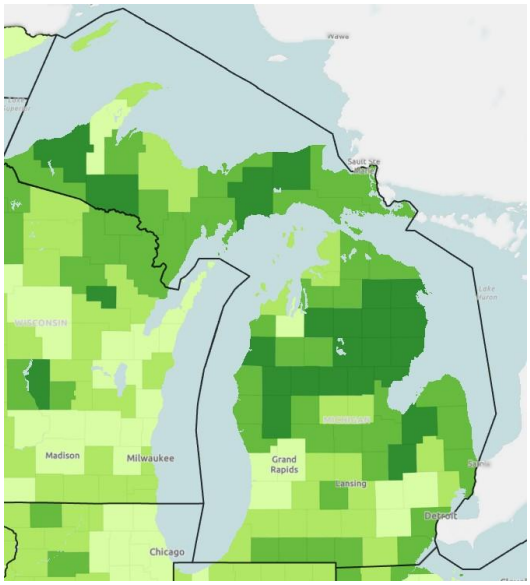
Alpena, Cheboygan, Montmorency, and Presque Isle Counties have a lower proportion of racial minority groups (7.5%) than Michigan (26%).

Percentage of Population by Age Group for the District Health Department #4 Service Area, United States Census Bureau, 2019-2023



Alpena, Cheboygan, Montmorency, and Presque Isle Counties (28.3%) have higher proportions of adults over the age of 65 than Michigan overall (19.2%).

A greater proportion of people,18.1 percent, of the people in the region have a disability compared to the State (10.3%).



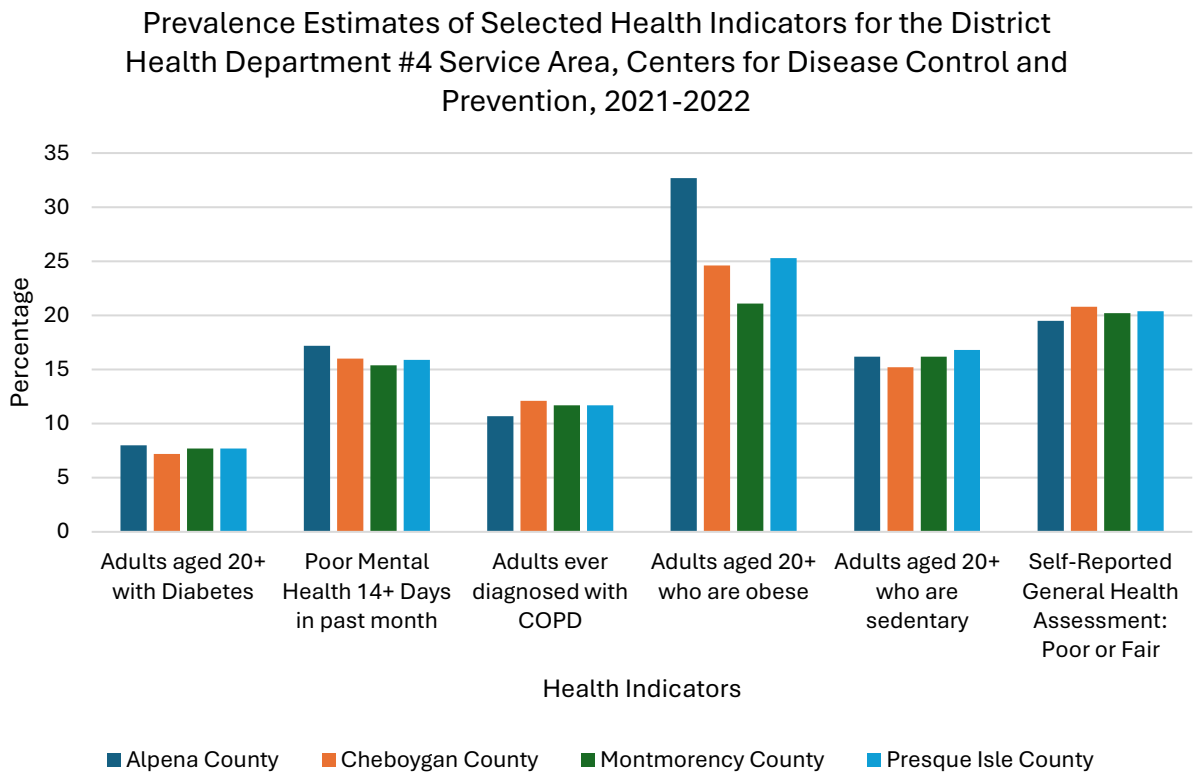
Population with Any Disability, Age 18-64, Percent by County, ACS 2018-22

- Over 16.0%
- 13.1 - 16.0%
- 10.1 - 13.0%
- Under 10.1%
- No Population Age 18-64 Reported
- No Data or Data Suppressed

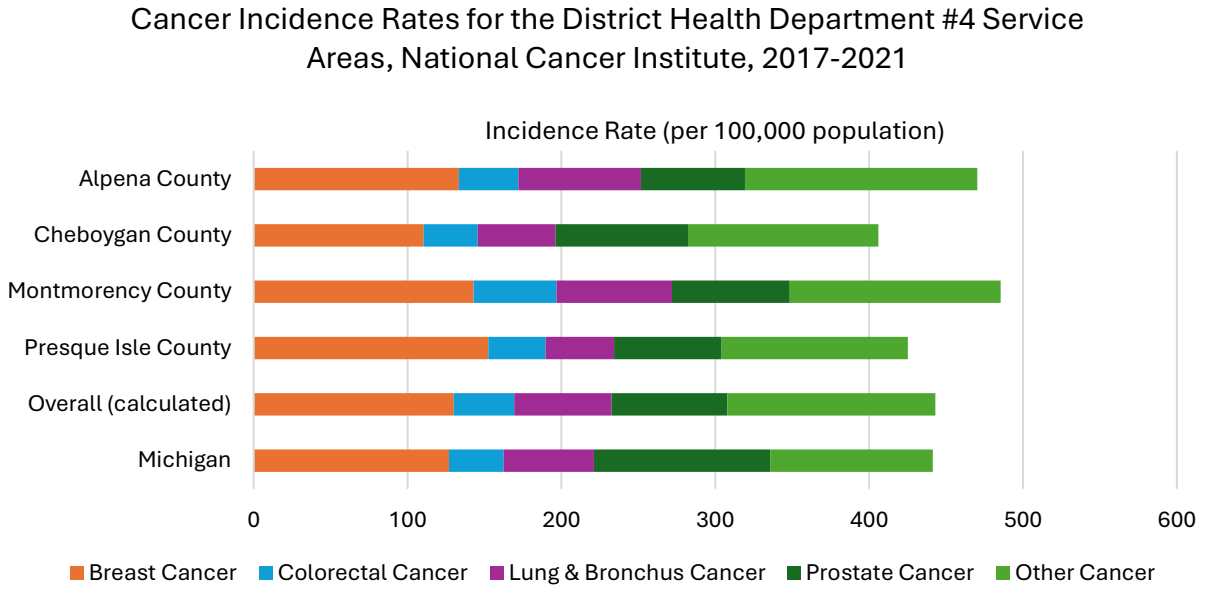
Source: United States Census Bureau, 2018-2022

Notes: The U.S. Census Bureau has updated the data for individuals with disabilities to 2019-2023 estimates. However, the visualization data is only available for 2018-2022 data.

Selected Morbidity and Mortality Indicators for the District Health Department #4 Service Area

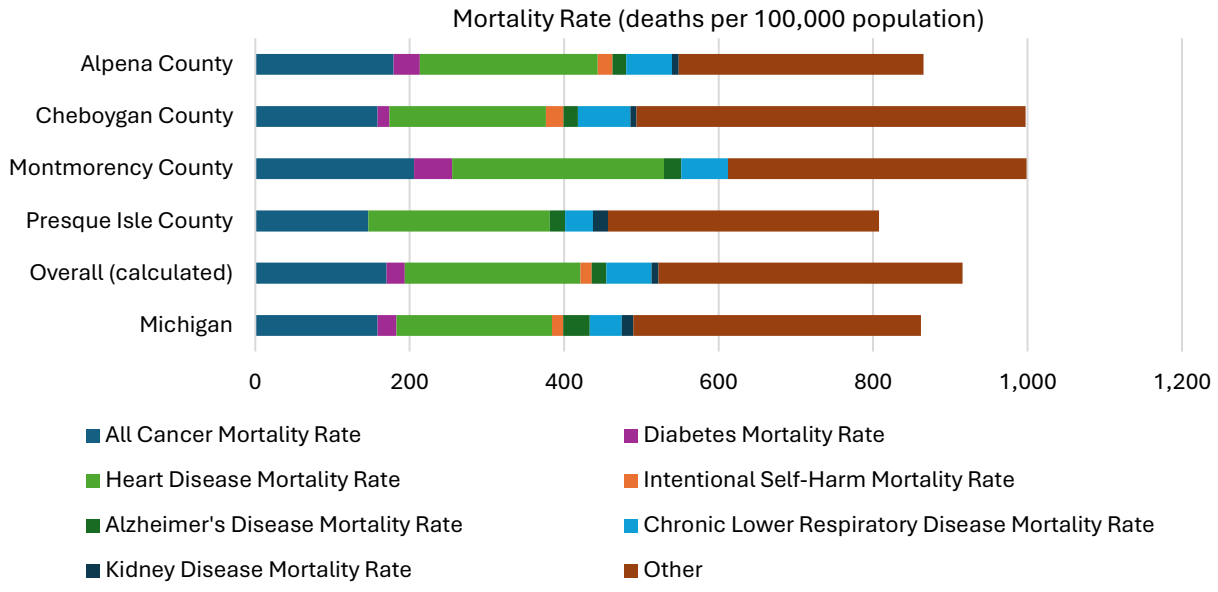


Notes: 'Poor Mental Health 14+ Days in past month' indicates the percentage of adults who stated that their mental health was not good 14 or more days in the past month, 2022.
'Adults ever diagnosed with COPD' shows the percentage of adults who have ever been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis, 2022.
'Adults aged 20+ who are obese' shows the percentage of adults 20 and older who are obese using the Body Mass Index (BMI) value >=30, 2021.
'Adults aged 20+ who are sedentary' shows the percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month, 2021. 'Self-Reported General Health Assessment: Poor or Fair' shows the percentage of adults who answered poor or fair to : "How is your general health?", 2022.

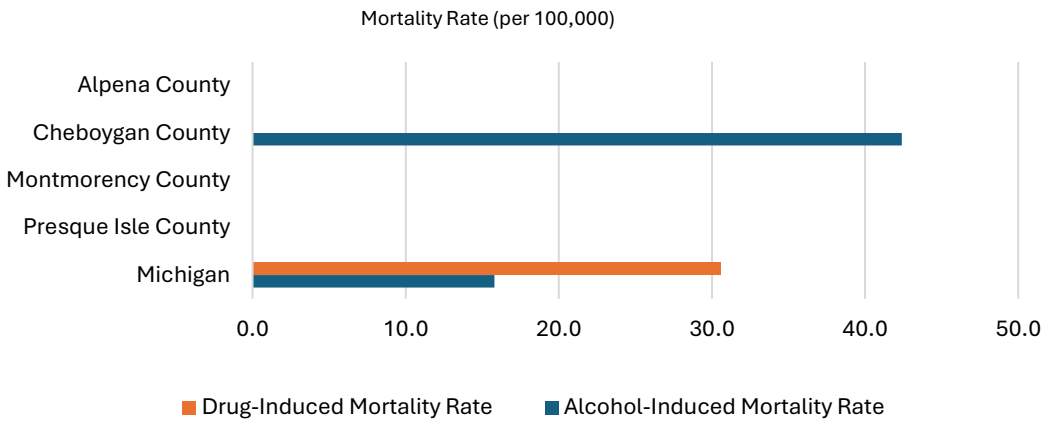


Note: Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US population Data File is used for SEER and NPCR incidence rates.
Data not available for some combinations of geography, cancer site, age, and race/ethnicity.
Suppression is used to avoid misinterpretation when rates are unstable.

Selected Mortality Rates as a Proportion of Total Mortality Rate for the District Health Department #4 Service Area, MDHHS Vital Statistics, 2018 -2022

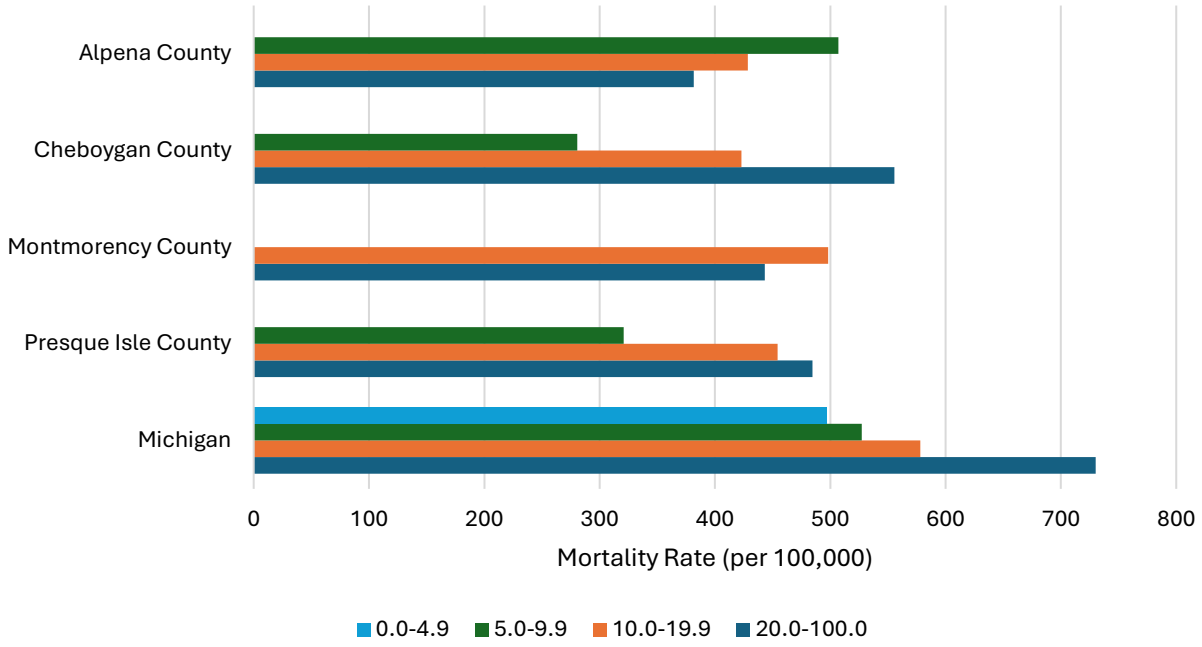


Substance Use Associated Mortality Rates for the District Health Department #4 Service Area, MDHHS Mortality Statistics, 2022



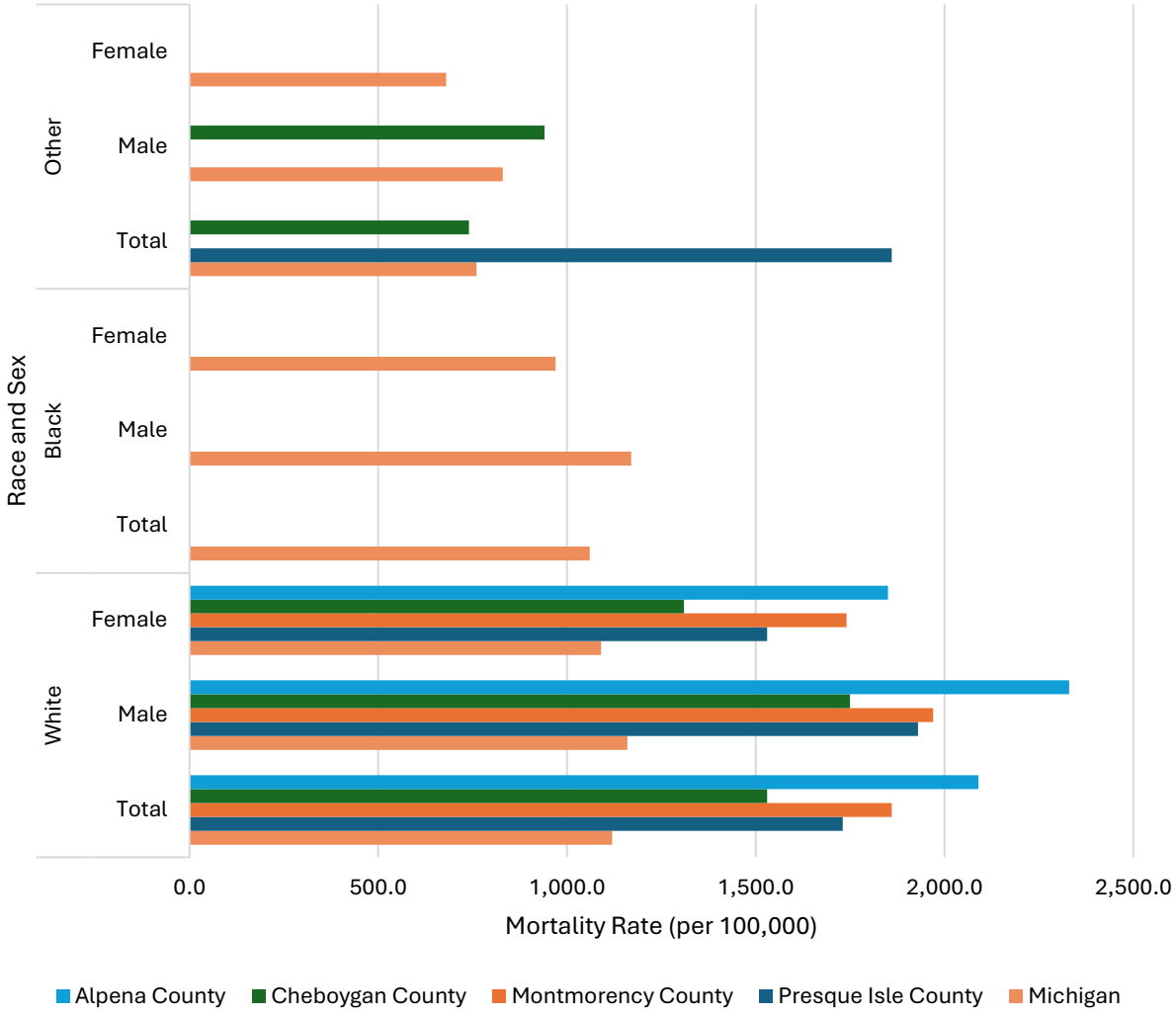
Note: Data from Alpena, Montmorency, and Presque Isel Counties were suppressed due to low response levels and has been omitted from this graph.

Age-Adjusted Mortality Rates by Poverty Level for the District Health Department #4 Service Area, MDHHS Mortality and Poverty Statistics, 2020



Note: The poverty categories here refer to the percentage of residents in each census tract that live below the poverty line. Deaths have been organized by these categorizations. Any area with 20% or more of the population living below the poverty line is considered a poverty area by US Census reports. Age-adjustment was performed using the standardized population from the United States Census, 2000.

Mortality Rates by Race and Sex for the District Health Department #4 Service Area, MDHHS Vital Statistics, 2022



Community Survey

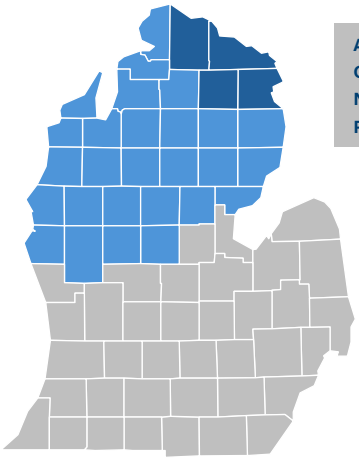
The 2024 Northern Michigan Community Health Survey asked 26 questions, including those geared towards determining what is important to the community, what factors are impacting the community, quality of life, built environment, as well as demographic questions. The survey questions intentionally look to provide a deep understanding of the issues that residents feel are significant by answering the following questions:

- What is important to our community?
- How is quality perceived in our community?
- What assets are in the community that can be used to improve well-being?

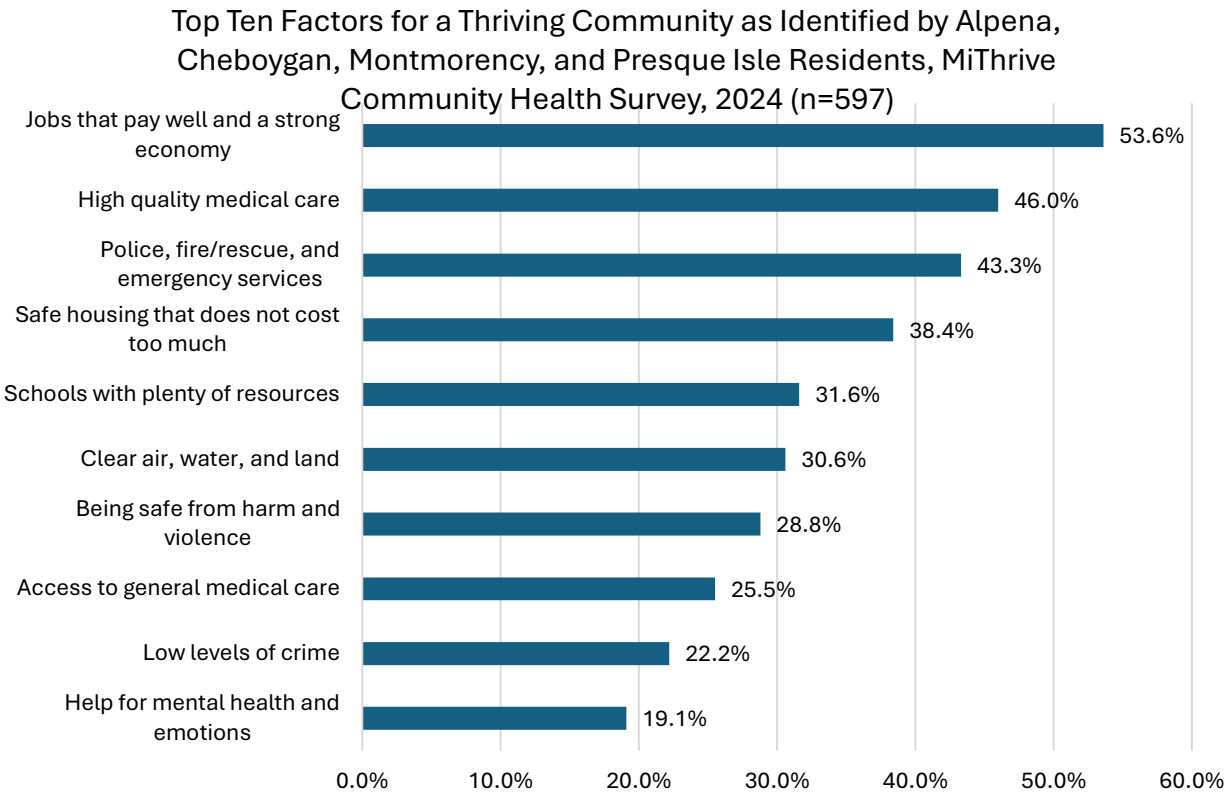
Community surveys were conducted both electronically and in paper format, available in English and Spanish. The electronic survey could be accessed via a direct link or QR code. The survey remained open from August 12, 2024, to October 6, 2024. To encourage participation, respondents who completed the survey had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties.

Partner organizations played a key role in promoting the survey through social media and community outreach. Promotional materials included flyers, social media content, and press releases. A total of 3,496 surveys were collected across the MiThrive Region, with 597 responses coming from the DHD#4 jurisdiction.

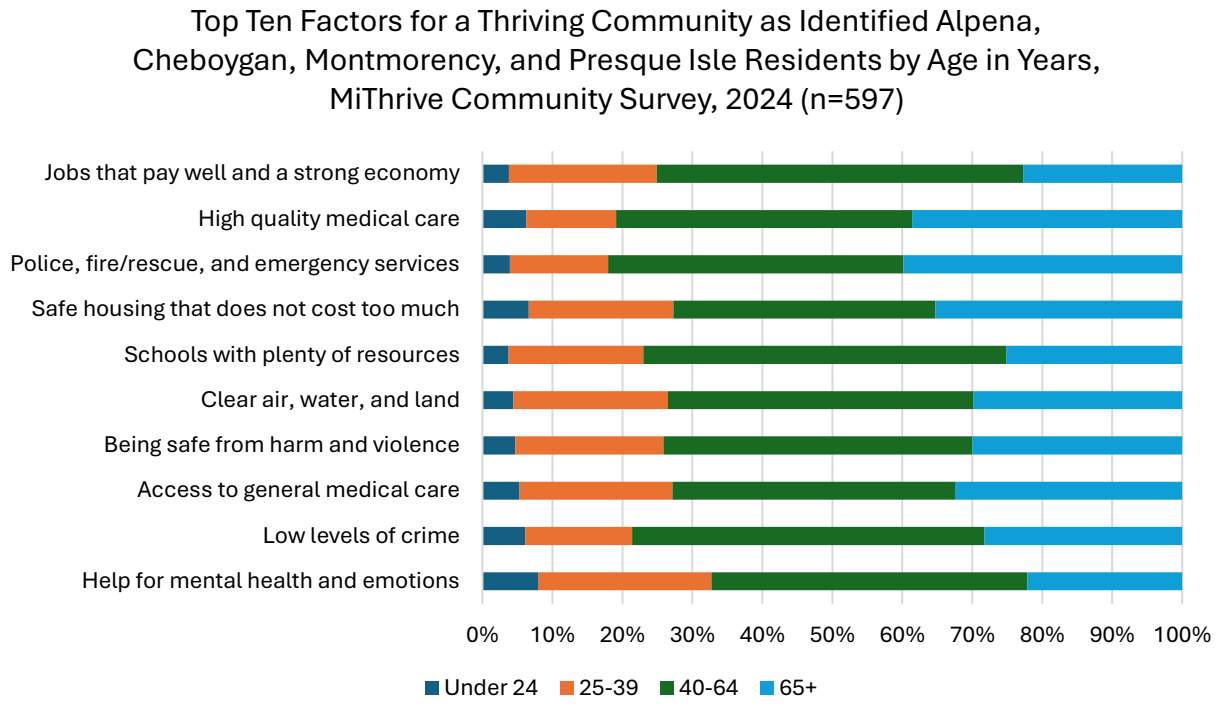
A total of **67 Community Survey** responses were collected in Arenac Counties.



Alpena County = 400 Responses
Cheboygan County = 43 Responses
Montmorency County = 60 Responses
Presque Isle County = 94 Responses

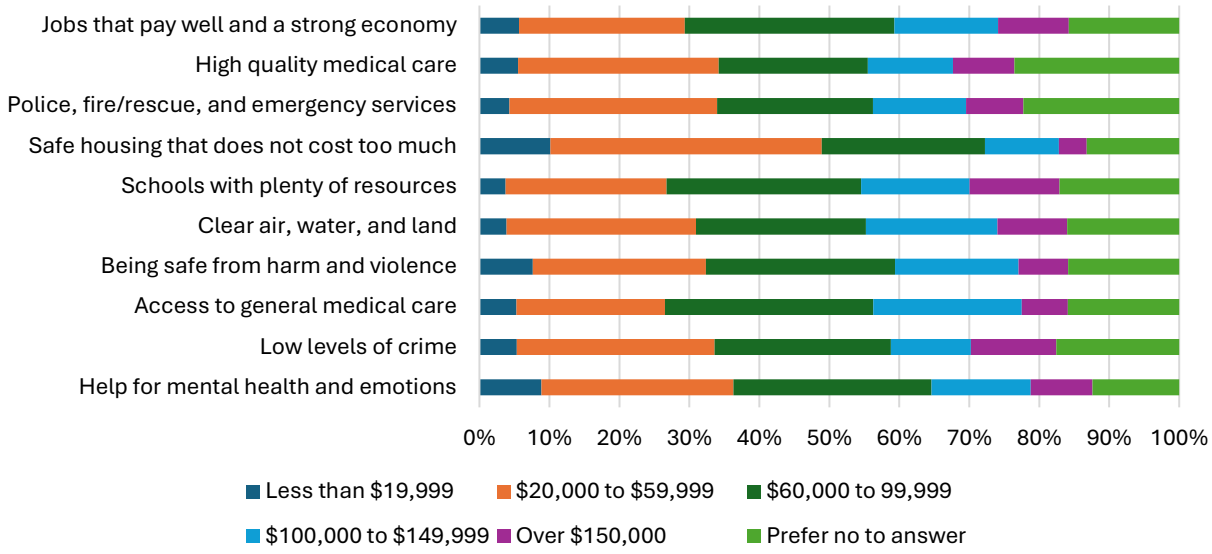


Note: This figure, "Top Ten Factors for a Thriving Community", is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these factors.



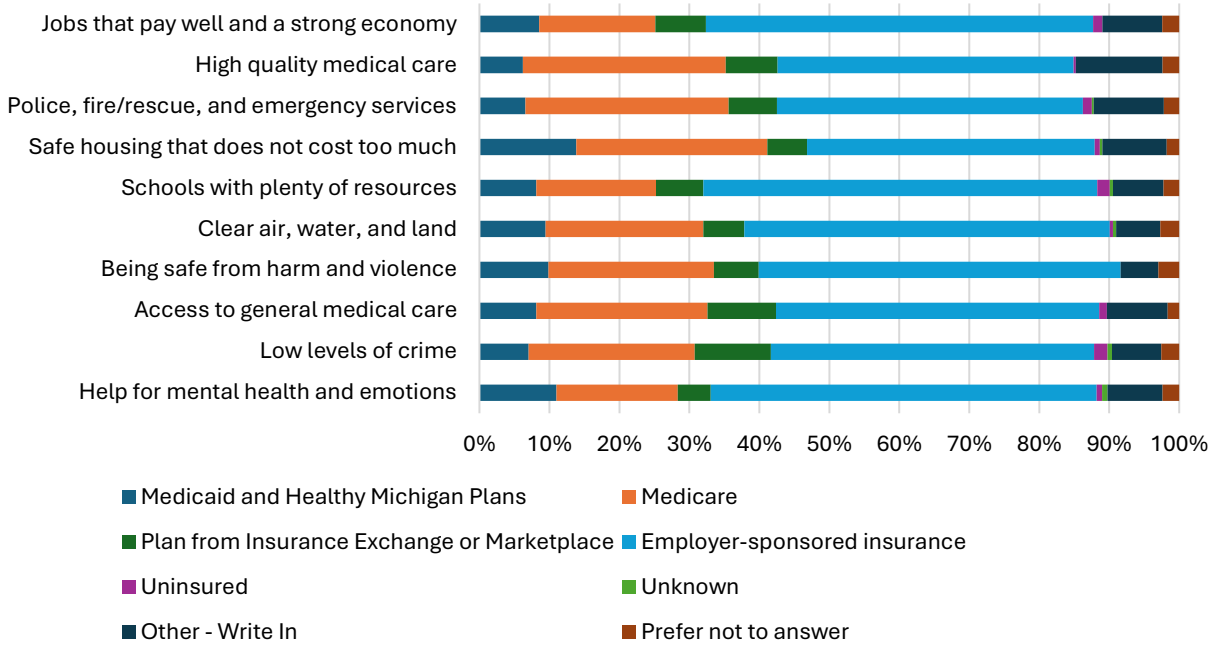
A greater proportion of individuals **under the age of 40 years old** responded that **safe housing that does not cost too much** was an important factor for a thriving community than to most other possibilities.

Top Ten Factors for a Thriving Community as Identified by Alpena, Cheboygan, Montmorency, and Presque Isle Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=597)

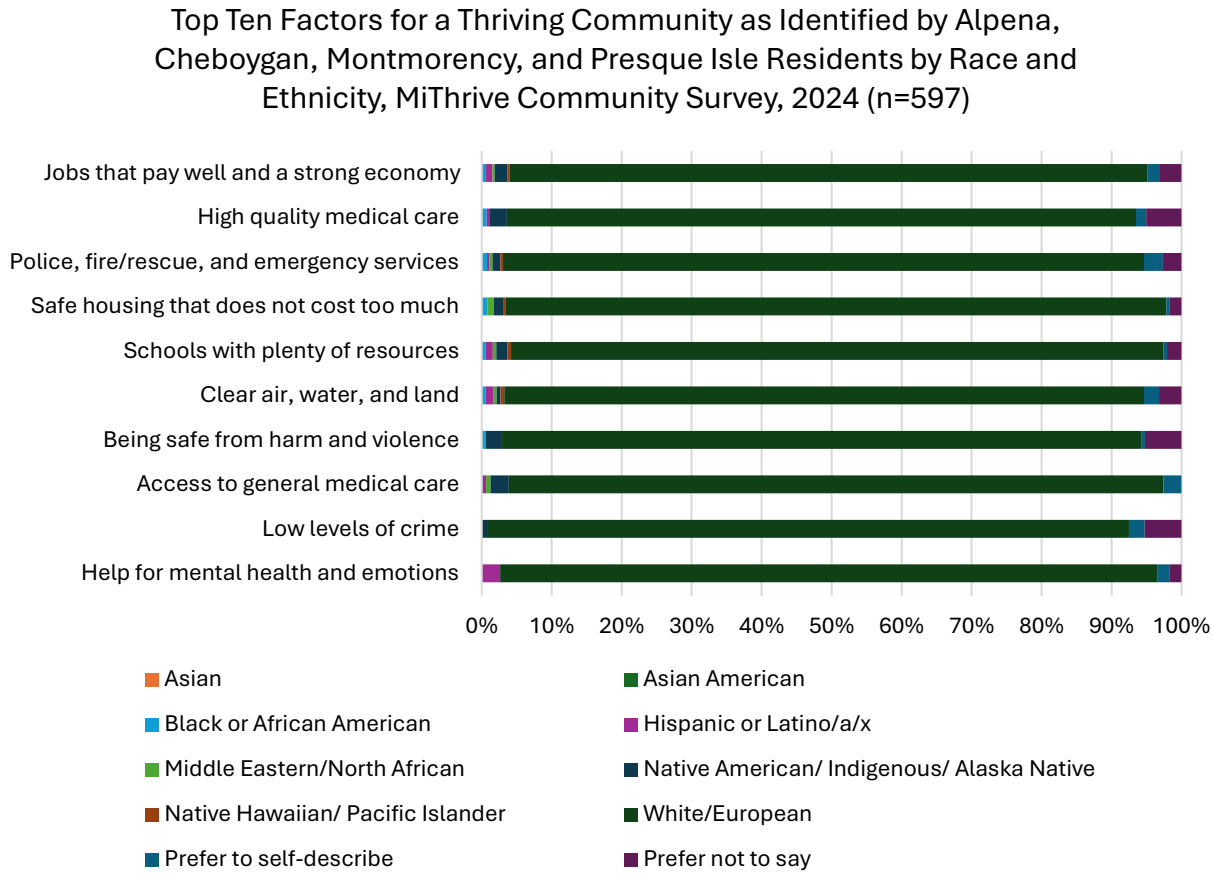


Safe housing that does not cost too much was identified as the most important factor for individuals making **under $60,000 a year**.

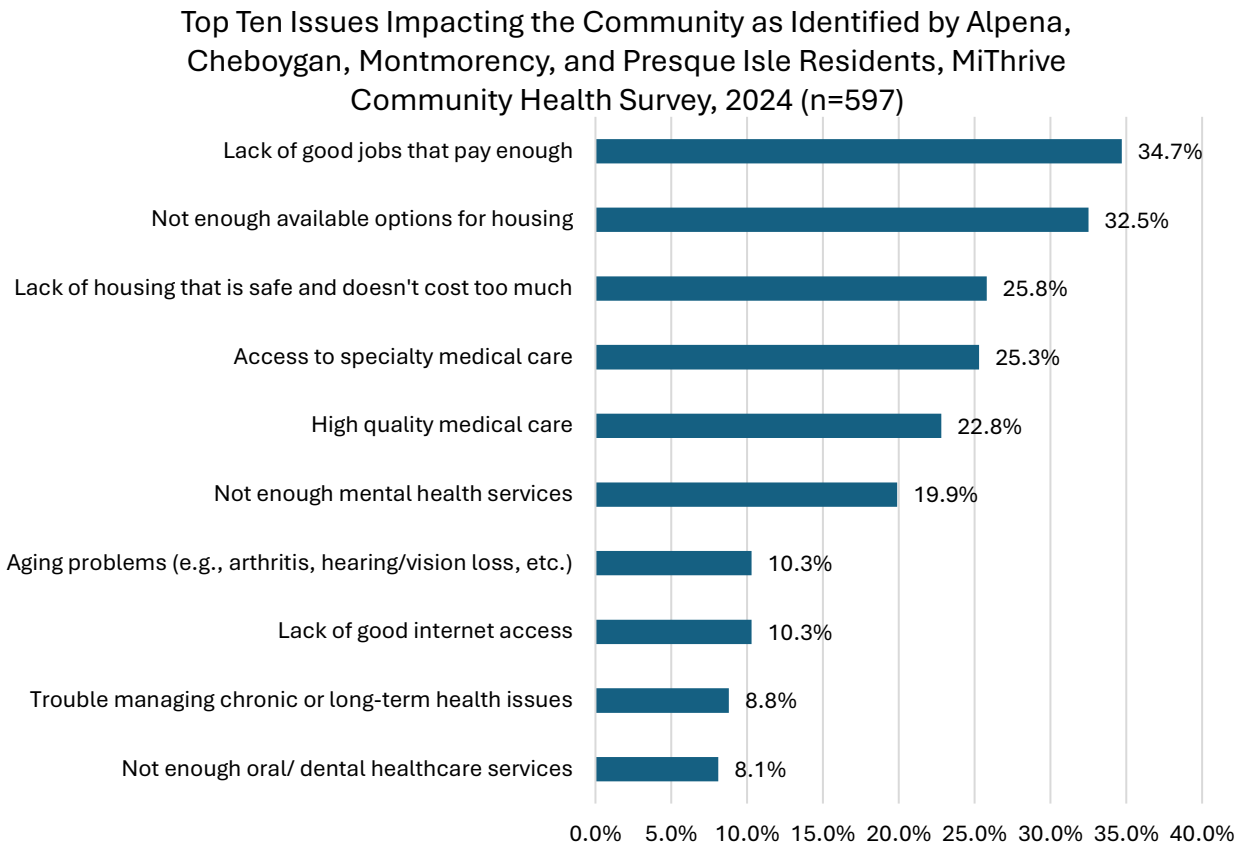
Top Ten Factors for a Thriving Community as Identified by Alpena, Cheboygan, Montmorency, and Presque Isle Residents by Insurance Type, MiThrive Community Survey, 2024 (n=597)



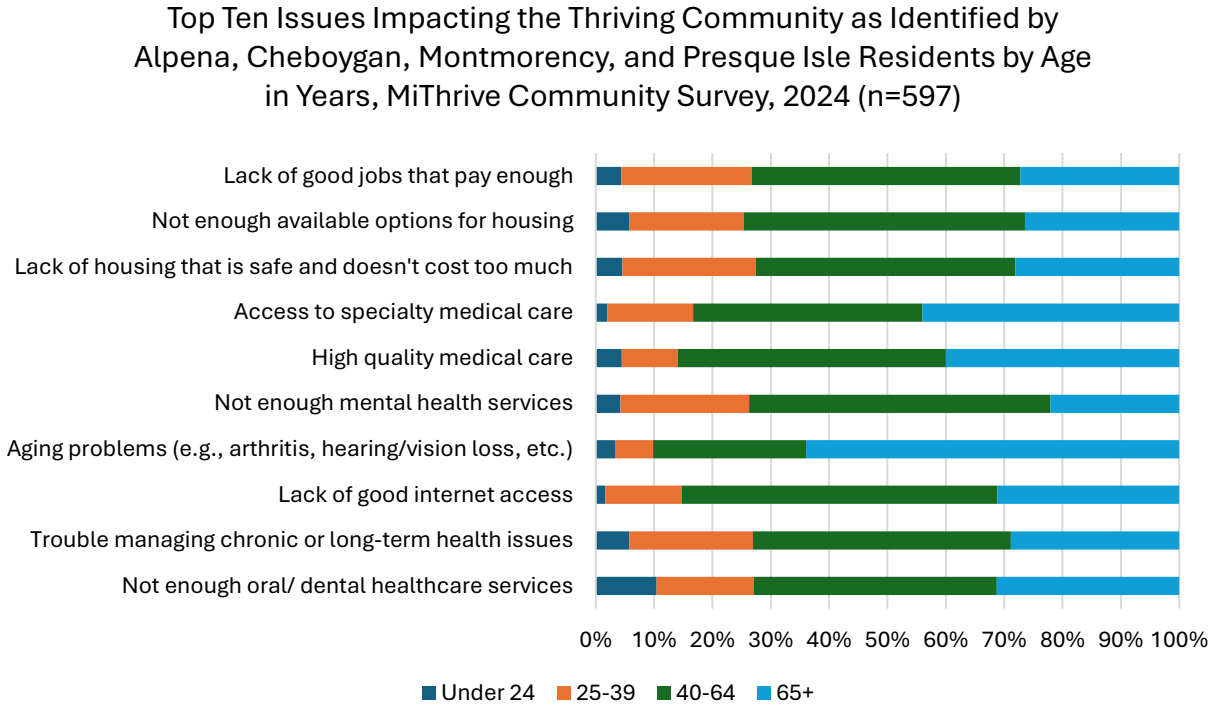
Safe housing that does not cost too much as a factor for a thriving community had a larger proportion of individuals who **Medicaid**, **Medicare**, or **insurance exchange/marketplace** plans compared to other factors.



Schools with plenty of resources as a factor for a thriving community had a larger proportion of individuals who **identified as a racial or ethnic minority** compared to other factors.

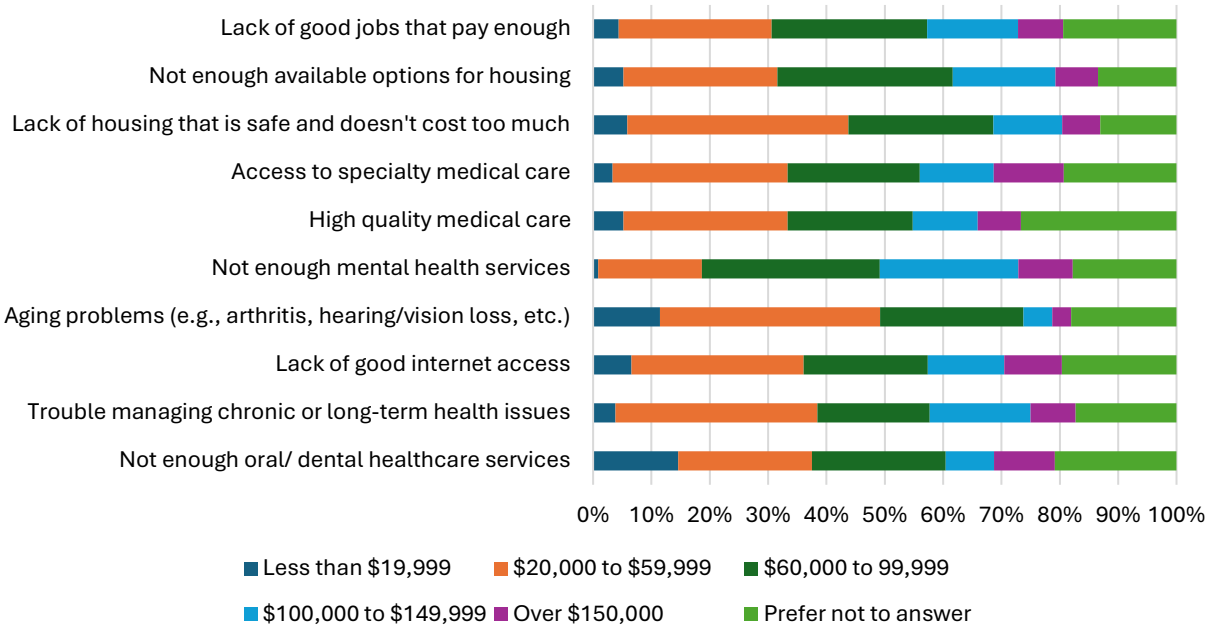


This figure, "Top Ten Issues Impacting the Community", is connected to the following four figures, each of which displays the proportionate demographic breakdown of the data above. This can help readers better understand how these groups in the community feel that they are connected to these issues.



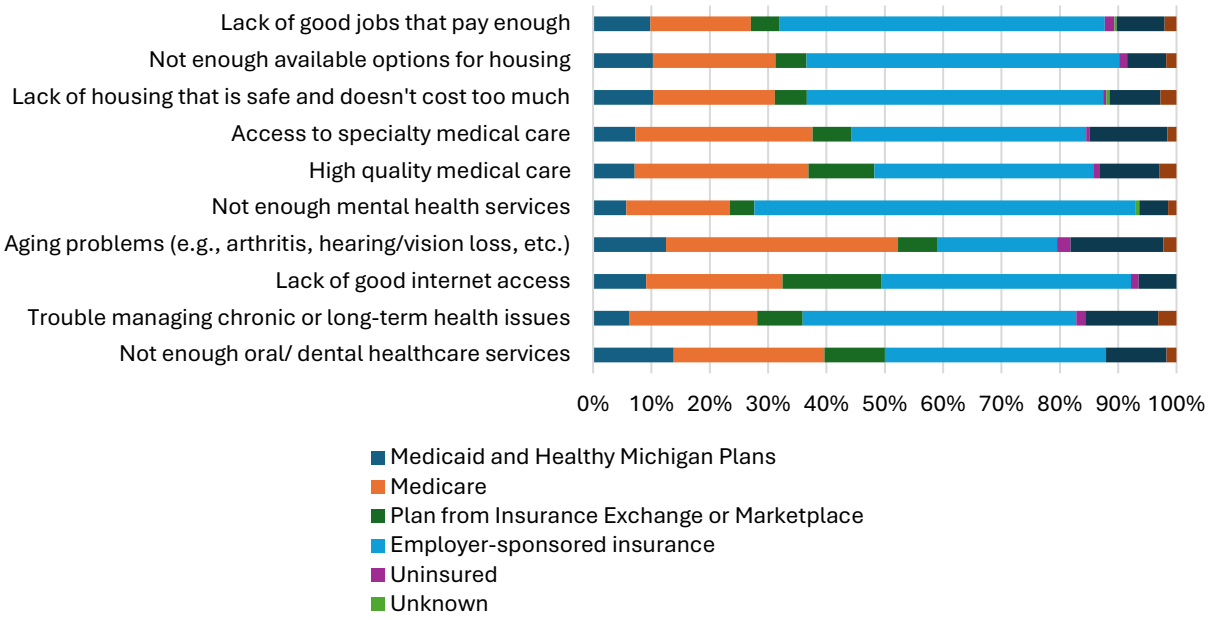
Residents **under the age of 40 years old** were more likely to identify a **lack of housing that is safe and doesn't cost too much** as a major issue in their community.

Top Ten Issues Impacting the Community as Identified by Alpena, Cheboygan, Montmorency, and Presque Isle Residents by Yearly Household Income, MiThrive Community Survey, 2024 (n=597)



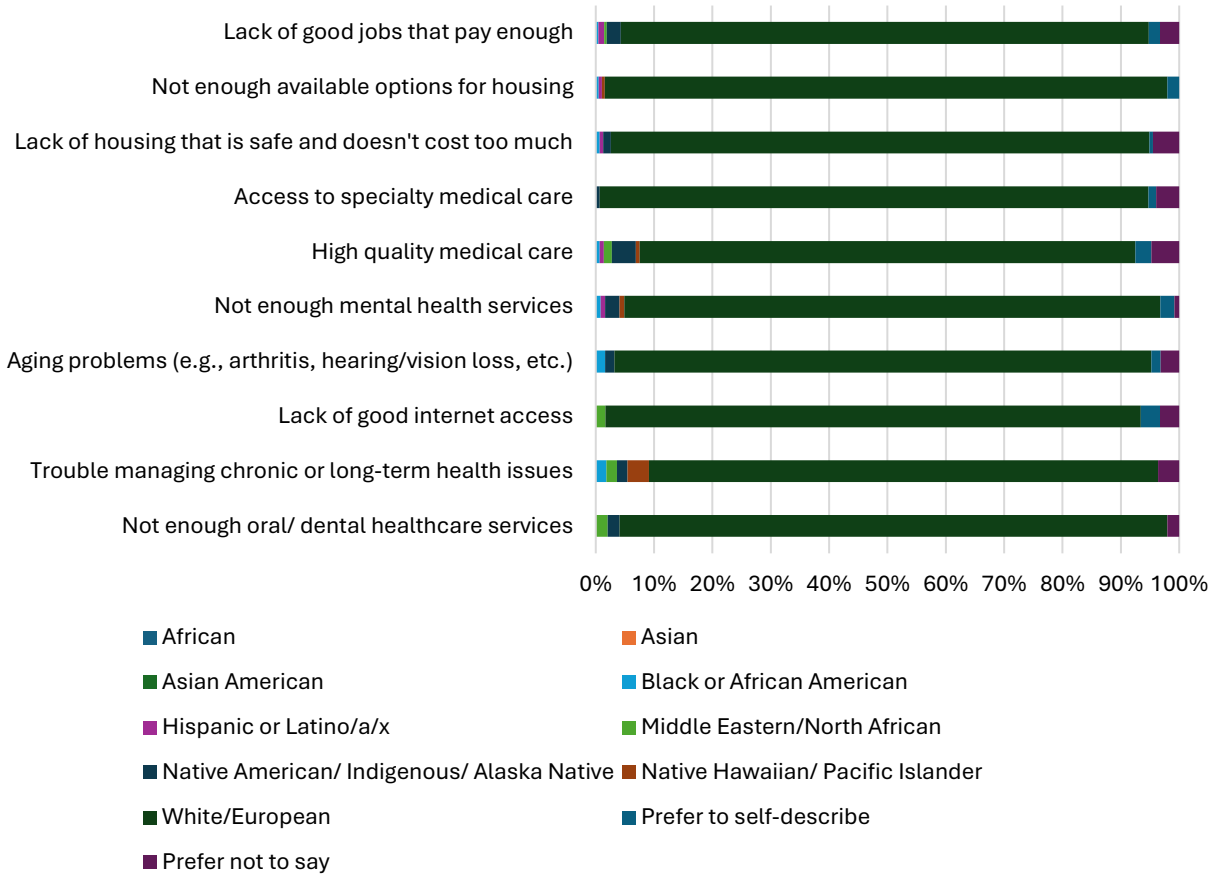
Issues with **aging problems (e.g. arthritis, hearing/vision loss, etc.)** were important for respondents making **less than $60,000 a year** in their household.

Top Ten Issues Impacting the Community as Identified by Alpena, Cheboygan, Montmorency, and Presque Isle Residents by Insurance Type, MiThrive Community Survey, 2024 (n=597)



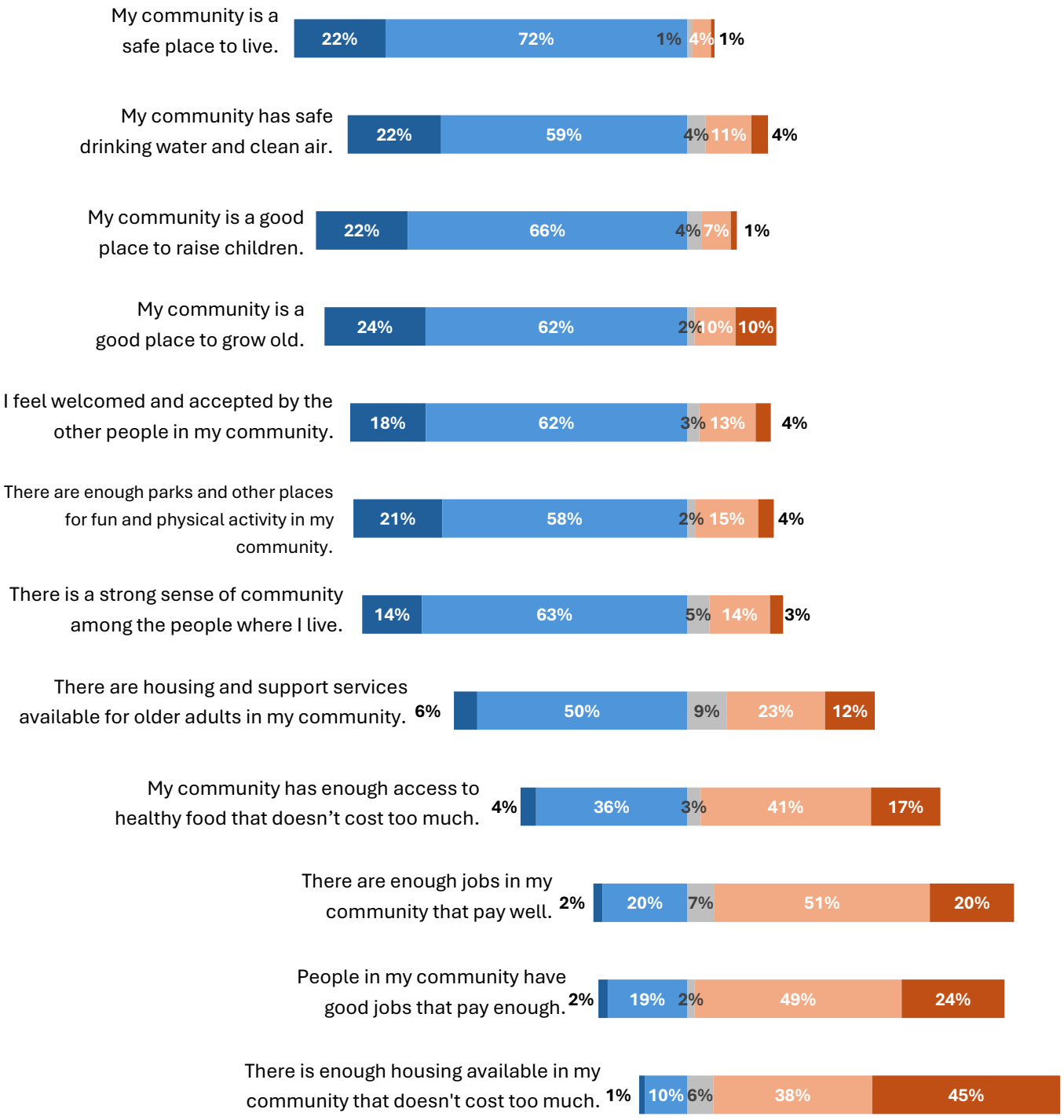
Residents with **Medicaid or Medicare or plans from the marketplace** felt that major issues in the community involved lack of **high-quality medical care** and **access to specialty medical care**.

Top Ten Issues Impacting the Community as Identified by Alpena, Cheboygan, Montmorency, and Presque Isle Residents by Race and Ethnicity, MiThrive Community Survey, 2024 (n=597)



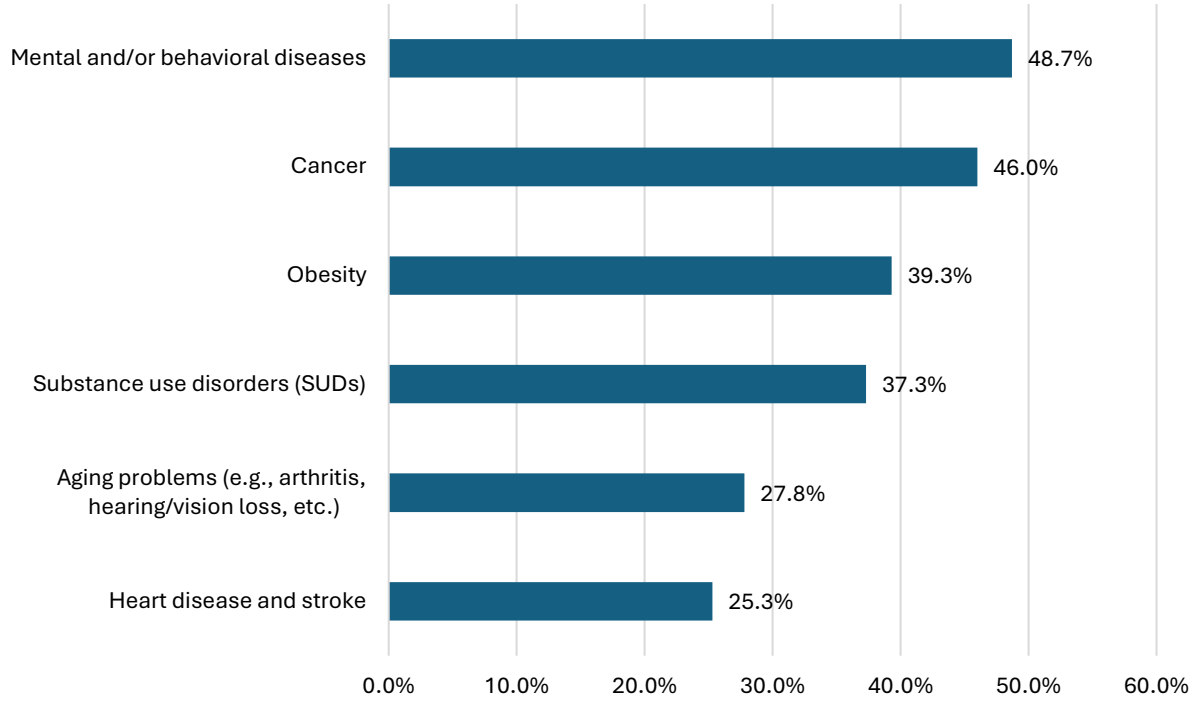
Schools with plenty of resources as a factor for a thriving community had a larger proportion of individuals who **identified as a racial or ethnic minority** compared to other factors.

Responses to Likert Scale Questions as Identified by Alpena, Cheboygan, Montmorency, and Presque Isle Residents, MiThrive Community Survey, 2024 (n=597)

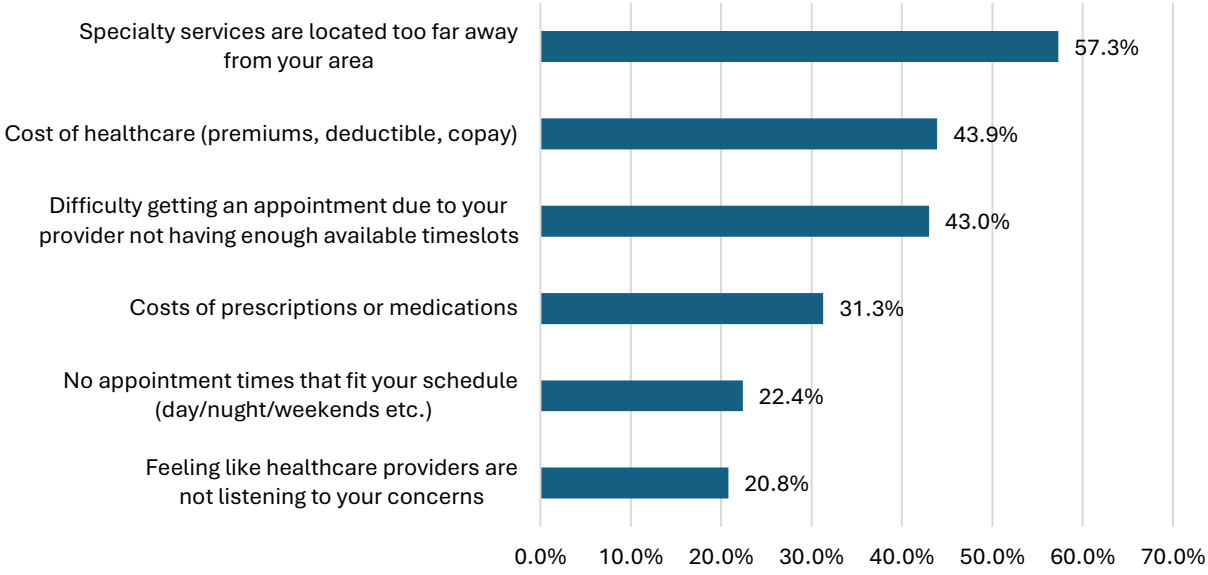


Dark blue indicates "Strongly agree" responses, light blue indicates "Agree" responses, grey represents the undecided or "I don't know" responses, light red indicates "Disagree" responses, and dark red indicates "Strongly disagree" responses. Data shows that respondents felt that their community was a safe place to live, but most also expressed that there were not enough jobs, access to healthy foods, or enough affordable housing available in the community.

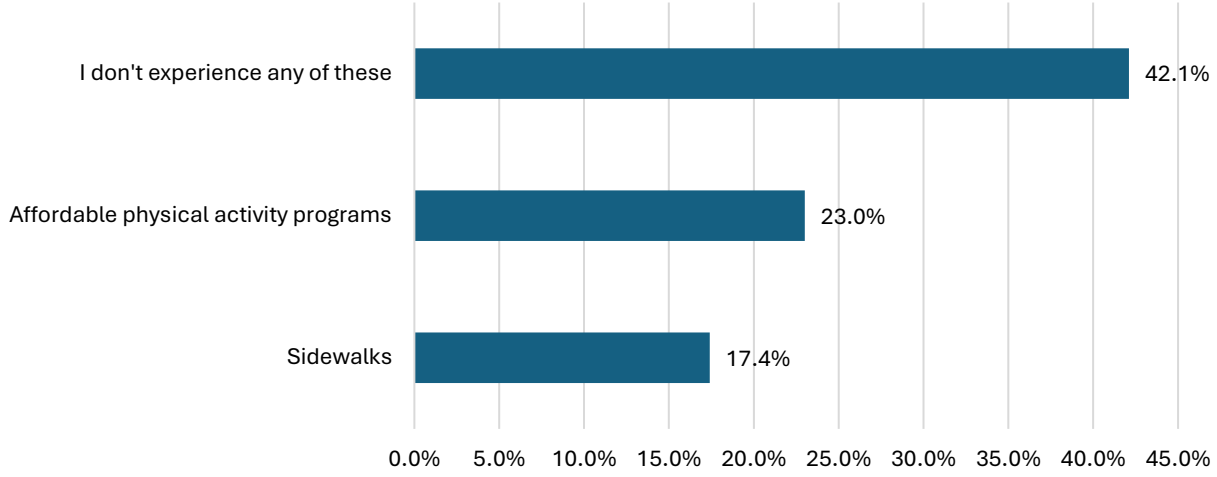
Most Concerning Medical Conditions in the Community According to Alpena, Cheboygan, Montmorency, and Presque Isle Residents, MiThrive Community Survey, 2024 (n=597)



Top Identified Barriers to Healthcare Service According to Alpena, Cheboygan, Montmorency, and Presque Isle Residents, MiThrive Community Survey, 2024 (n=597)



Top Issues Preventing Increased Physical Activity as Identified by Alpena, Cheboygan, Montmorency, and Presque Isle Residents, MiThrive Community Survey, 2024 (n=597)

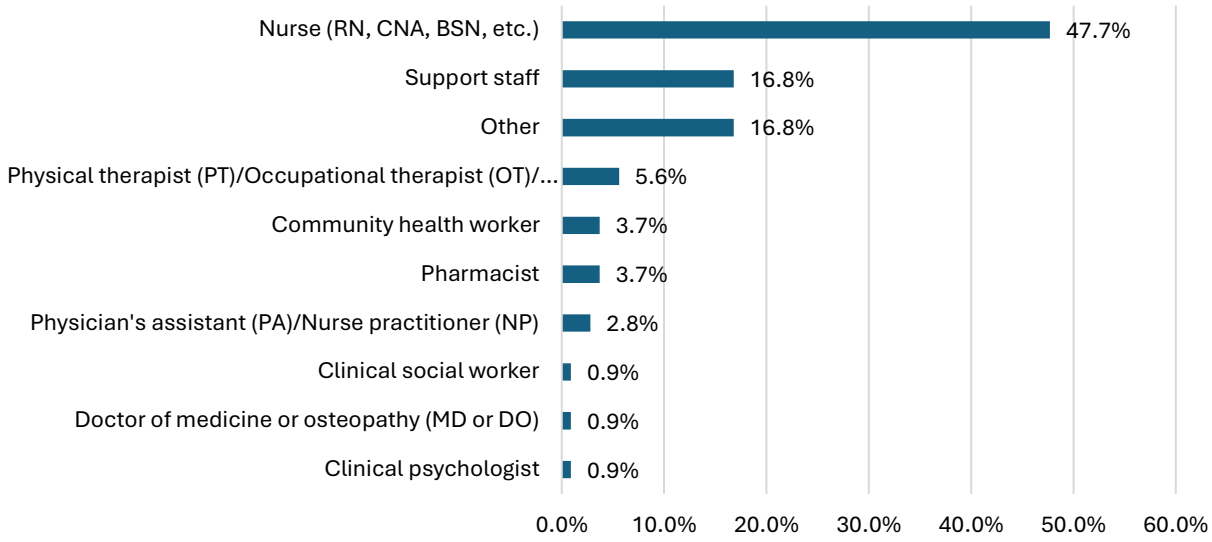


Healthcare Provider Survey

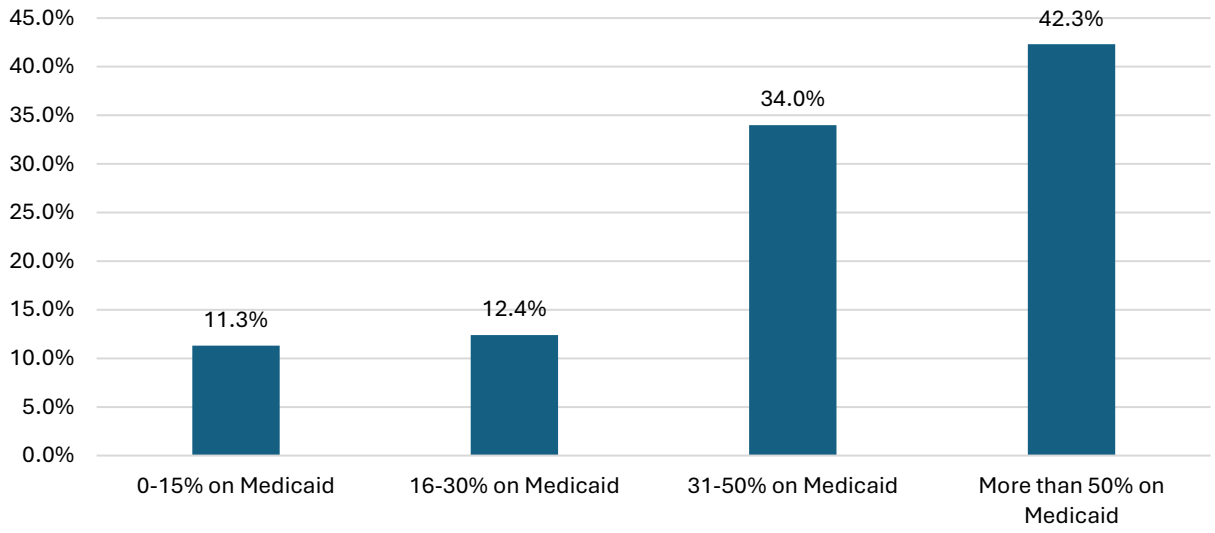
Data for the Healthcare Provider Survey was collected through additional questions included at the end of the Community Survey. Respondents who identified themselves as healthcare providers or healthcare staff were presented with six extra questions to capture their specialized perspective on the community's overall health and needs. The survey remained open from August 12, 2024, to October 6, 2024.

Healthcare partners, including hospitals, federally qualified health centers, and local health departments, distributed the survey electronically to physicians, nurses, and other clinicians. Partner organizations further supported outreach by sharing the survey link with external community partners. A total of 114 providers completed the healthcare provider section of the community survey in the DHD#4 jurisdiction.

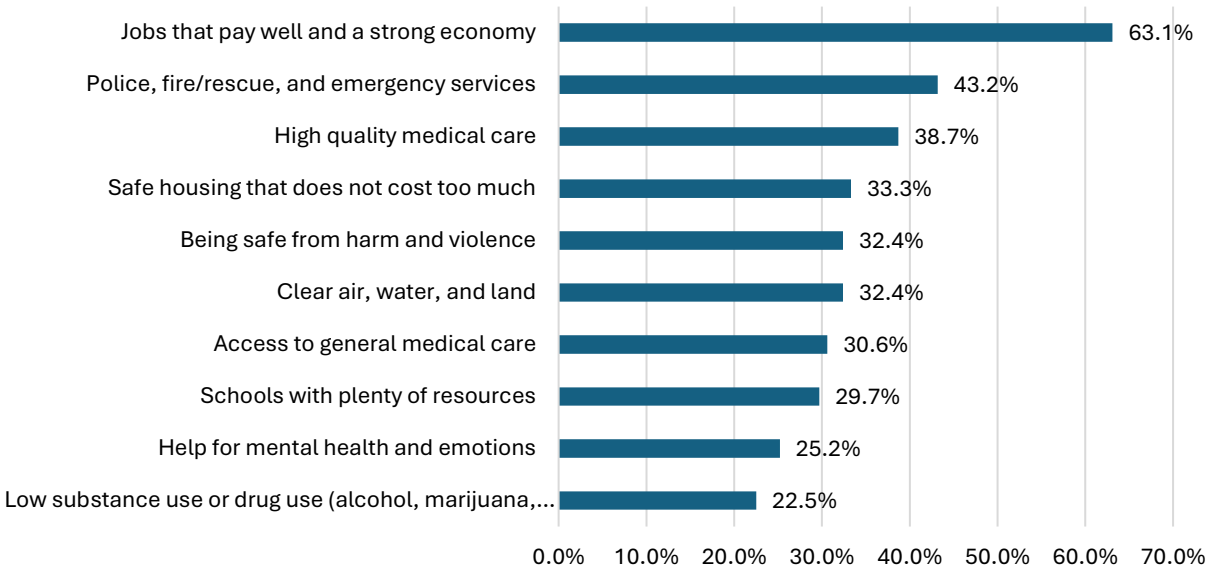
Top Roles of Survey Respondents that Identfied as Provider/Healthcare Staff in Alpena, Cheboygan, Montmorency, and Presque Isle County, MiThrive Community Survey, 2024 (n=114)



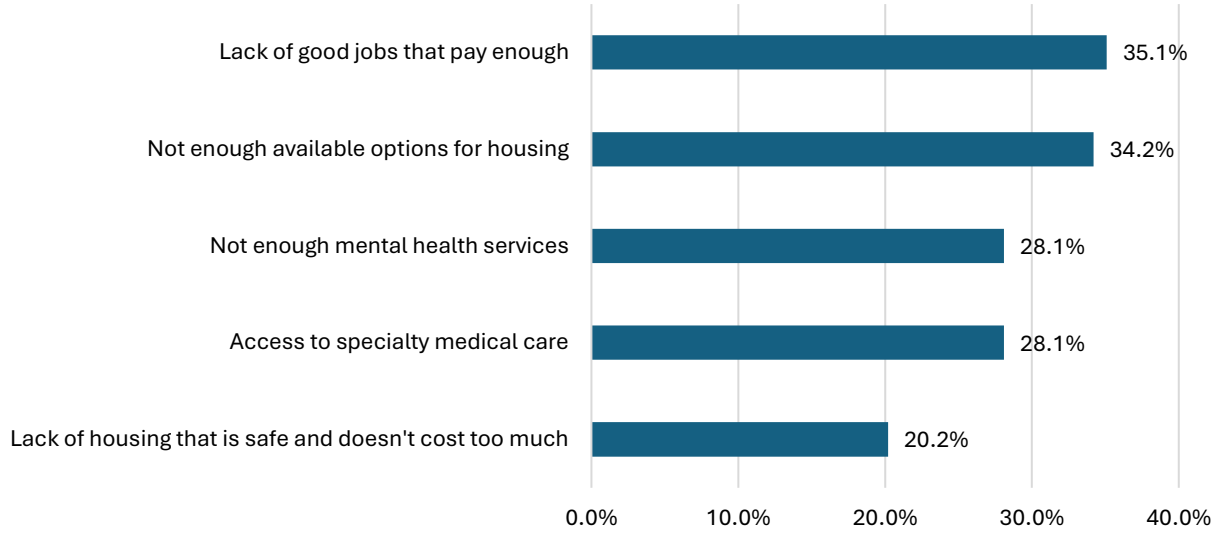
Proportion of Patient Population on Medicaid According to Survey Respondents that Identfied as Provider/Healthcare Staff in Alpena, Cheboygan, Montmorency, and Presque Isle County, MiThrive Community Survey, 2024 (n=114)



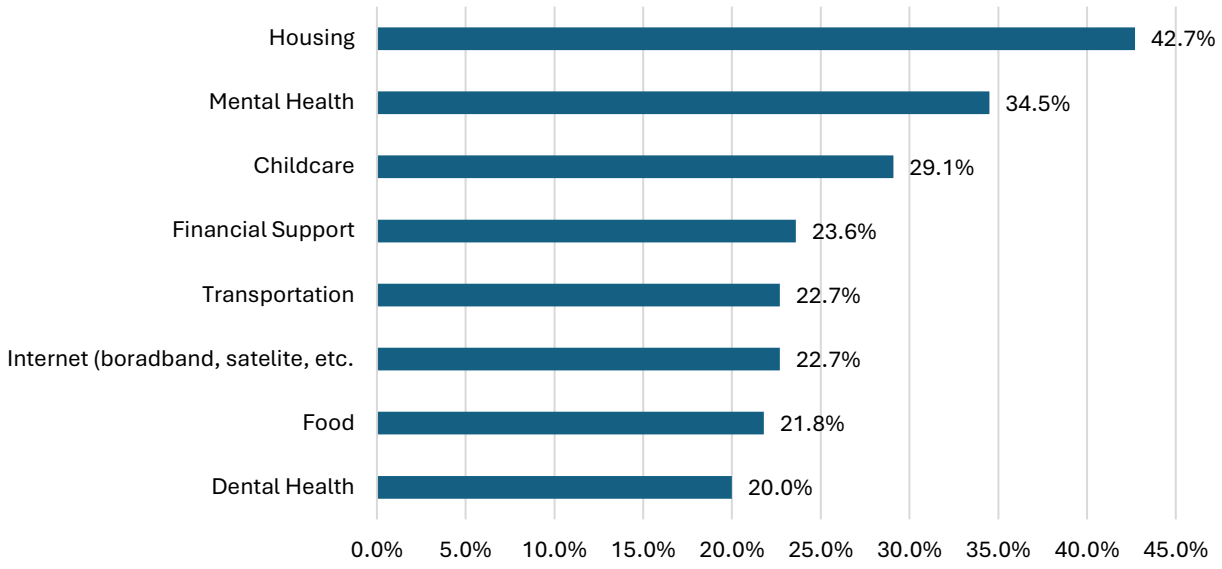
Top Factors for a Thriving Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Alpena, Cheboygan, Montmorency, and Presque Isle County, MiThrive Community Survey, 2024 (n=114)



Top Issues Impacting the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Alpena, Cheboygan, Montmorency, and Presque Isle County, MiThrive Community Survey, 2024 (n=114)



Resources/Services Missing From the Community According to Survey Respondents that Identfied as Provider/Healthcare Staff in Alpena, Cheboygan, Montmorency, and Presque Isle County, MiThrive Community Survey, 2024 (n=114)



Community Partner Assessment (CPA)

The Community Partner Assessment focuses on organizations that contribute to well-being. The CPA answers the following questions:

- What are the components, activities, competencies, and capacities in the regional system?
- How are services being provided to residents?

The assessment was designed to enhance communication between organizations and the community by bringing together a diverse range of partners. It aimed to explore connections within the community system, highlight strengths, and identify opportunities for improvement. The Community Partner Assessment included two key components: the Community Partner Assessment Survey and two virtual Community Partner Assessment Discussions events.

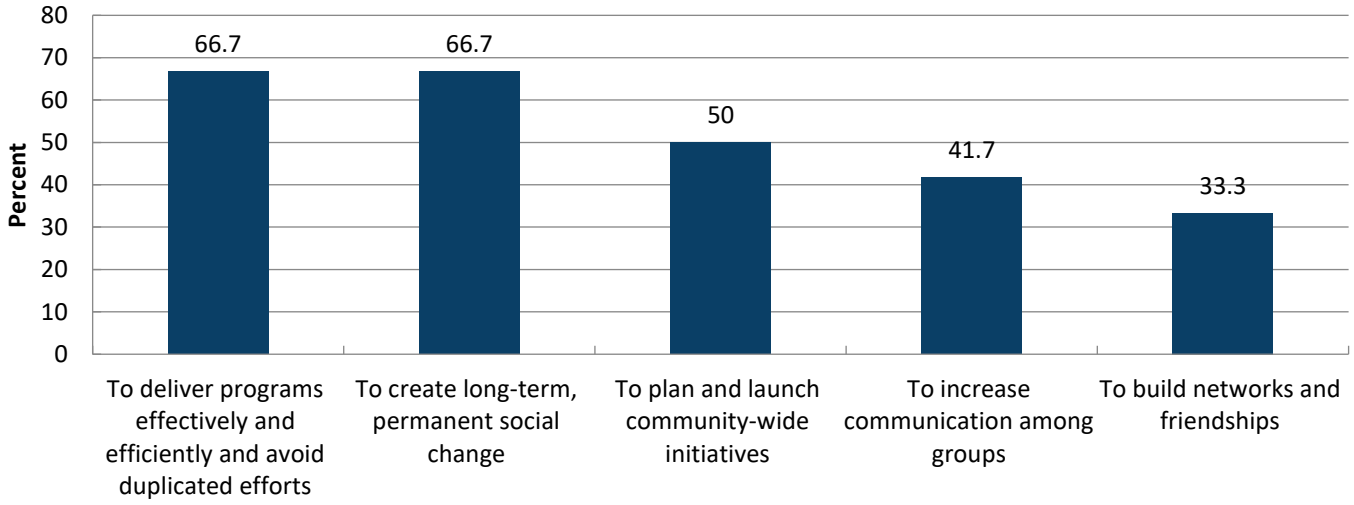
Community Partner Survey

From May 6, 2024, to June 3, 2024, 75 community partners from various organizations and sectors across the 31-county MiThrive Region participated in a community partner survey to assess the system's capacity. A total of 20 responses came from partners covering Alpena, Cheboygan, Montmorency, and Presque Isle Counties. See Appendix D for the Community Partner Assessment Survey instrument.

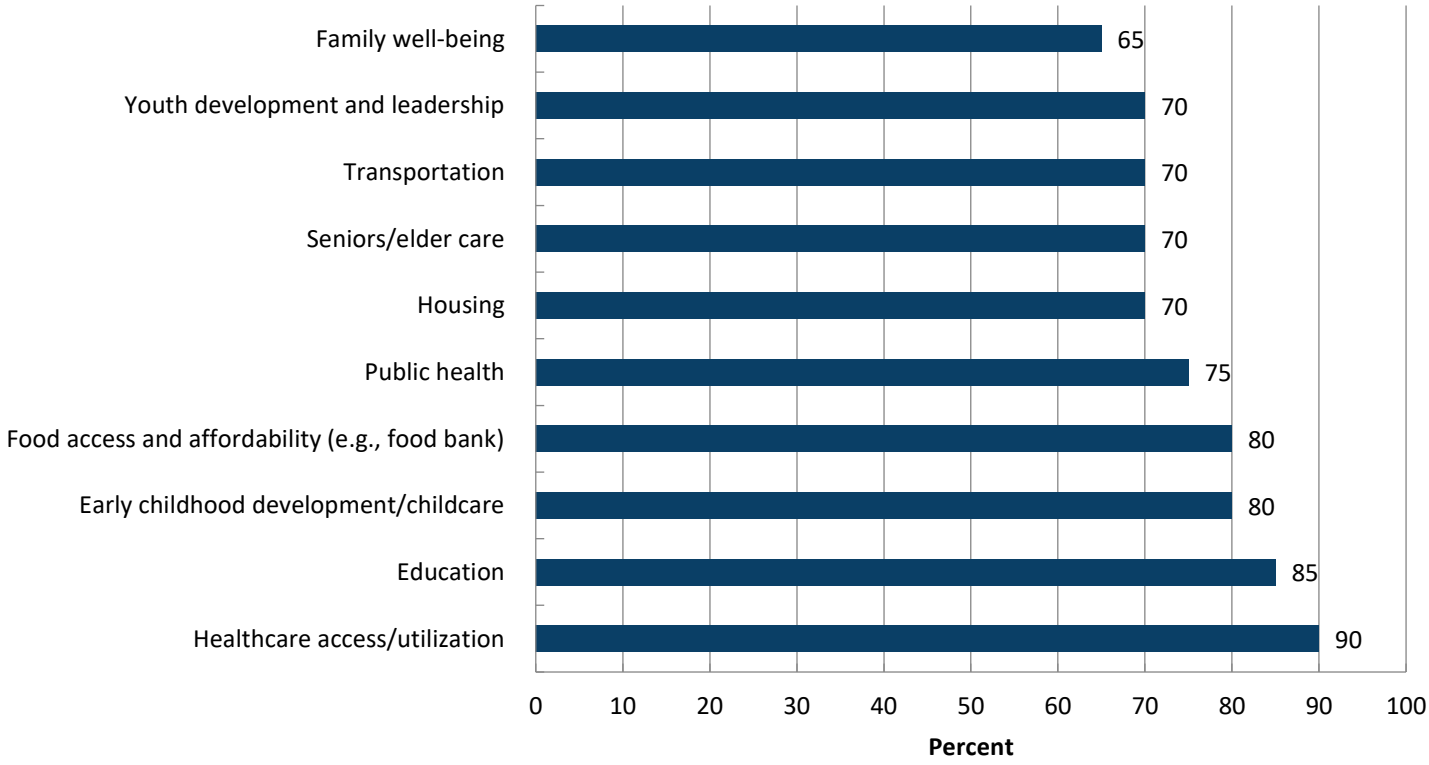
Additionally, survey participants were then invited to attend one of two virtual facilitated discussions, held on June 27, 2024, and July 10, 2024, allowing community partners to identify system strengths and areas for improvement collectively.

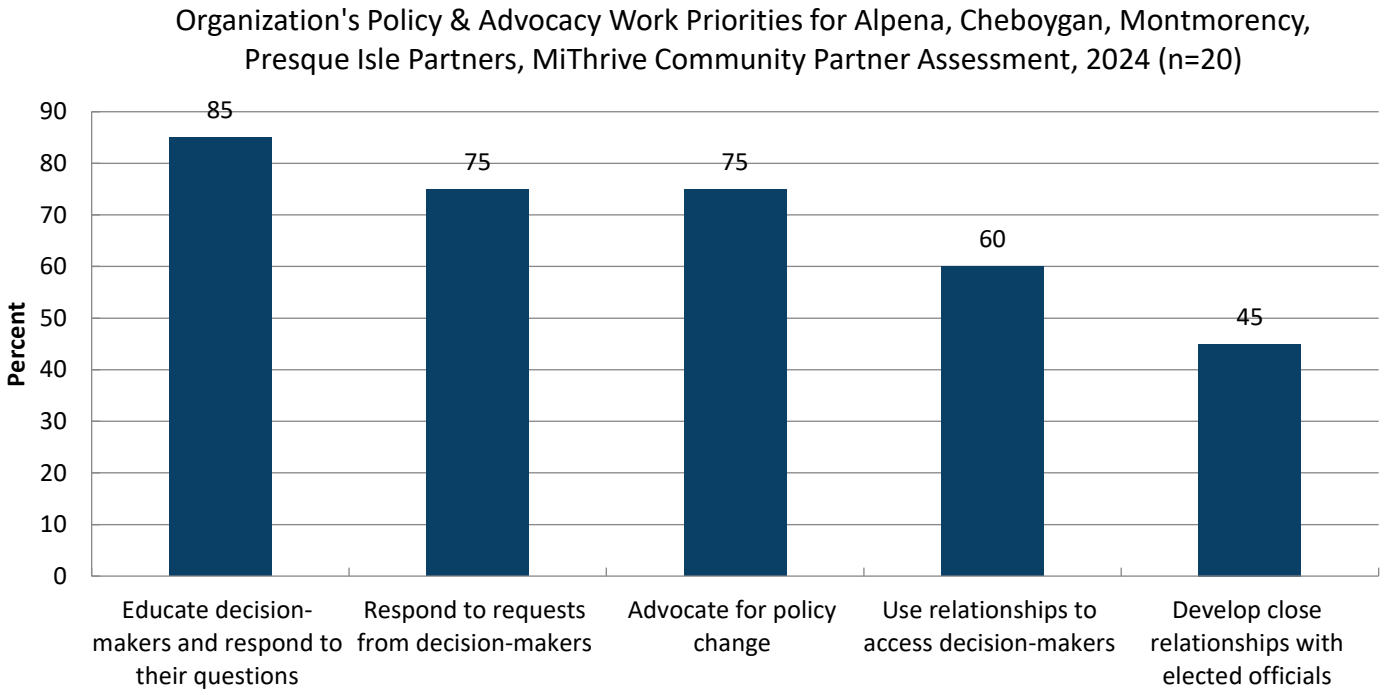
Community Partner Assessment Results

Alpena, Cheboygan, Montmorency, and Presque Isle Partner's Top Interests in Joining a Community Health Improvement Partnership, MiThrive Community Partner Assessment, 2024 (n=20)



Alpena, Cheboygan, Montmorency, and Presque Isle Partners Sector Engagement At Least Once within the Last Year, MiThrive Community Partner Assessment, 2024 (n=20)





Organization's Priorities for Alpena, Cheboygan, Montmorency, and Presque Isle Partners, MiThrive Community Partner Assessment, 2024 (n=20)	A Lot	A Little	Not At All	Unsure
i. Economic Stability: The connection between people's financial resources, income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	55.0%	40.0%	5.0%	0%
ii. Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	55.0%	30.0%	15.0%	0%
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	70.0%	20.0%	10.0%	0%

iv. Neighborhood and Built Environment: The connection between where a person lives, housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	55.0%	35.0%	10.0%	0%
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	20.0%	75.0%	5.0%	0%

Virtual Facilitated Discussion Events:

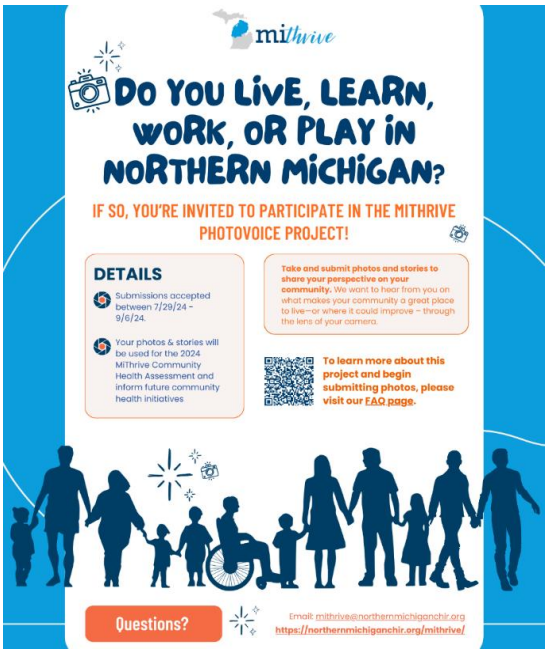
Survey participants were invited to attend one of two virtual, facilitated discussion events. During these sessions, attendees reviewed the results of the Community Partner Assessment Survey and engaged in small group discussions to explore the findings and share their reflections. Through these conversations, the following opportunities for improvement emerged:

- **Cross-Agency Collaboration:** partners expressed a need for more collaboration, including network sharing, communication between partners regarding knowledge of other agencies programs and services. Partners emphasized capitalizing on collective wisdom, sharing lessons learned and expertise across organizations.
- **Storytelling:** partners expressed an opportunity to incorporate storytelling to amplify resident voice.
- **Social Determinants of Health:** partners expressed a desire to continue incorporating social determinants of health to their work, such as residents need for transportation, housing, food, etc.
- **Health Policy:** partners expressed a need for building capacity around policy work. Partners stated it was important to bring awareness of advocacy vs lobbying due to their funding structures being impacted by policy.
- **Minority Representation:** partners expressed a need to develop trust and working relationships with Native Nations and other minority groups to enhance representation.
- **Nonprofit and Grassroot Collaboration:** partners expressed an opportunity to improve collaboration with grassroots initiatives and community power building organizations.
- **Data Sharing:** partners expressed an opportunity to advocate for data sharing across organizations. Partners discussed the need to share social determinants of health data, such as housing, food, transportation, etc.
- **Thinking Outside the Box:** Partners expressed the need to expand services in nontraditional spaces. By bringing services to the target populations, it would increase accessibility to residents.

Community Context Assessment (CCA)

The Community Context Assessment aims to answer the four following questions:

- What strengths and resources does the community have that support health and well-being?
- What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
- What physical and cultural assets are in the built environment? How do those vary by neighborhood?
- What is the community doing to improve health outcomes?
- What solutions has the community identified to improve community health?



The goal of this assessment is to explore the strengths, assets, lived experiences, and forces of change in the community using qualitative methods.

The MiThrive CCA consists of three parts: asset maps, quotes from residents, and photovoice project. As previously stated, 3,496 residents and partners completed the community survey, with 3,412 submitting quotes. These quotes are responses to the open-ended question within the Community Context Assessment section of the community survey. For Photovoice, 63 residents and community partners participated, submitting a total of 140 photos. A total of 5 photos came from residents within Alpena County, 1 photo came from Cheboygan County, 3 photos came from Montmorency County, and 2 photos came from Presque Isle County. In the Asset Maps, 55 revisions were made.

Community Context Assessment Results

Asset Mapping is a process to systematically identify and document all the positive resources, services and strengths present within the community that can be leveraged to address community health needs. During 2024, the asset maps completed in past CHNAs were compiled by county and shared with MiThrive Steering Committee members, partner organizations and Community Health Workers (CHW) to review and update. A full library of the 31-county MiThrive Asset Maps are available on the MiThrive website; see Appendix E for the Asset Maps for within Alpena, Cheboygan, Montmorency, and Presque Isle counties.

> A **community health worker (CHW)** is a trusted frontline public health worker with a strong understanding of the community they serve. This connection allows them to bridge health and social services, improving access to care and ensuring culturally competent service delivery. CHWs are well-versed in local resources and play a vital role in

empowering individuals and communities by providing outreach, education, informal counseling, social support, and advocacy to enhance health knowledge and self-sufficiency.

Resident Voice Quotes

Residents were given space to answer one open-ended question nested within the community survey. The question was:

> "Thinking broadly, what changes are happening or might happen in your area that you believe will affect the health of your community? These changes can include weather, technology, money, laws, diseases, community resources, and other things."

Below are the selected resident voice quotes:

Alpena County

"No **affordable housing** or rental properties for those above low income. There are not many jobs to keep people from leaving. Increasing substance abuse and suicide. No **mental health** for children."

"Doctors are overwhelmed with patients. It's very difficult to get in sometimes. We are very limited on **specialists** and have to travel 2hrs or more sometimes."

"I have concerns that our community is catering to tourists and is not prioritizing the families that live here. Affordable housing, **higher-paying jobs**, and educational opportunities are imperative to our growth."

"Lack of employment that provides **sufficient wages** for families to grow, plan and thrive in our communities."

Cheboygan County

"Fewer working age people due to lack of good paying (non-seasonal) jobs."

"We need accessible **public transportation**!!!. Also desperately need Walk in clinic!!!"

"Cheboygan Commons project. Hoping this will bring more resources back to Cheboygan, such as **housing options**, jobs, better access to health care and an **urgent care**."

"Continued lack of **primary care providers**, as well as dental, vision, and mental health specialists will continue to negatively impact community."

Montmorency County

"There is an overall lack of **Internet** access in this area."

“We now have a better grocery store which should help people with their **food choices**. Our internet services need to get better, it is 2024 and still not everyone has affordable options for internet. Resources for substance abuse has gotten better, but still has a long way to go. The **stigma** this community has on substance abuse and **mental health** is horrible.”

“**Community clinic** to be open longer evenings and or possible weekends”

Presque Isle County

“Loss of **healthcare** professionals due to overwork, corporate decisions, or inadequate pay.”

“Loss of **pharmacy services** from Rite Aid. McLean Pharmacy is stepping up, but Rite Aid will be missed. Difficulty of going to medical specialists due to lack of **transportation**. Lack of reliable animal care when surgeries or with unexpected hospitalizations.”

“Education classes at the senior center; more technology; more money; more access to Farm **fresh produce**.”

Photovoice

Photovoice is a community-based research method that uses photography and quotes to document and discuss strengths, assets and experiences that affect the community. The MiThrive Photovoice Survey consisted of three questions for residents to answer by submitting photographs and captions electronically or requesting a disposable camera to take and submit photographs and captions through mail or drop off locations. To encourage participation, respondents who completed a photovoice submission had the opportunity to enter a drawing for a $50 gift card, with one winner selected from each of the 31 counties. As with the other community engagement opportunities, partner organizations were essential to sharing this opportunity with community residents. Promotional materials included flyers, social media content, and press releases.

MiThrive staff developed three photovoice prompts:

Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

Take a picture of something that makes your community a good place to live in, like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility and how easy things are to use.

Take a picture of something that needs improvement in your community.

The following are photographs and captions submitted from Alpena, Cheboygan, Montmorency, and Presque Isle Counties. See Appendix F for the Photovoice Survey Instrument and Appendix G for complete Northeast Region Photovoice Album.

County: Alpena

Caption: “We have a lot of fast food places and high cholesterol type foods in our community that doesn't offer healthy options. In a world of obesity and chronic illness, we need better solutions!”

Related Themes: Obesity

County: Alpena

Caption: “The churches in our communities help is live well by providing a safe place to learn about God and pray for those that need it. Many of the churches here have supplies to help the community such as food pantries, ability to help with one time shelter needs, etc. Immanuel Lutheran Church also has a Christian school attached that offers faith-based education for children PreK to 8th grade.”

Related Themes: Education and Mental Health

County: Cheboygan

Caption: “Black Lake, Onaway, Michigan from the West side.”

Related Themes: NA

County: Montmorency

Caption: “This is a picture of Eli's Marketplace which is a grocery store in Hillman that offers fresh produce and other groceries at affordable prices!”

Related Themes: Obesity

County: Montmorency

Caption: “This is a picture of Thunder Bay Community Health Services in Hillman. We are blessed to have this clinic in our town that helps provide medical care and other services to local and nearby residents.”

Related Themes: Access to Medical Care

County: Presque Isle

Caption: “Black Lake in Onaway, Michigan is where I've played since a child. From birthday parties to ice fishing, the memories are many! I now have the honor of owning a home here and taking my grandchildren boating on this beautiful lake.”

Related Themes: Mental Health

County: Presque Isle

Caption: “Rogers City Band Shell at Lakeside Park - a great place for concerts & events.”

Related Themes: Economic Security

Data Limitations

Community Status Assessment

Secondary Data

- Secondary indicator scores were used to condense secondary data into single scores that give data on the severity of the indicator value and allow for easier comparisons between jurisdictions. Since secondary indicator scores are based on these comparisons, low scores can result even for very serious issues, if there are similarly high rates across the state and/or US.
- Some data is missing for some counties - as a result, the "regional average", when included, may not include all counties in the region. Additionally, some counties share data points, for example, in the Michigan Profile for Healthy Youth, data from Crawford, Ogemaw, Oscoda, and Roscommon counties is aggregated therefore each of these counties will have the same value in the MiThrive dataset.
- Data points pulled from secondary datasets from organizations across the country does present an issue, as data is being updated and released constantly throughout the year. As such, some data presented may not be the most up to date at the time of publication, although it was the most recent data available at the time of writing. Updated secondary data can be viewed on the online MiThrive data platform, if necessary.
- Secondary data tells only part of the story. Viewing all the assessments holistically is therefore necessary.

Community Survey and Provider Survey

- A target number of completed Community Survey responses was set for each county based on the county population size. While some counties reached this target, many did not. This results in data that, while indicative of the community, may not be representative of the entire community or may underrepresent some sub-populations. Survey responses are presented as gathered and were not weighted.
- While the Community Survey was offered online and in-person, most surveys were collected digitally. This may skew data around points involving access to care or broadband concerns.
- Partial or Incomplete responses were removed from the Northern Michigan Community Health Survey. Responses were also reviewed to remove suspect or fraudulent responses from the overall data set.
- Outreach and promotion for the Community Health Survey was driven by existing MiThrive partners which influenced the distribution of survey responses across provider entities.
- Provider/Healthcare staff responses are skewed towards nursing and support service professionals, and physicians are underrepresented. Additionally, Provider/Healthcare staff

responses are included in overall community responses, so they may be overrepresented in the overall community data.
- The community survey was conducted during the 2024 Presidential Election cycle. As such, the survey was made to compete with many other surveys being conducted at the time, likely leading to resident survey burn-out.

Community Partner Assessment

- Data for the Community Partner Assessment was self-reported by representatives from partner agencies, each with different experiences and perspectives. Based on these differences, it can be assumed that there is some subjectivity inherent in these responses. Even with this subjective bias, data from this assessment should be considered representative of these organizations.
- Facilitated discussions during regional events yielded worthwhile insights but were limited by time constraints for conversation. Additionally, some key stakeholders were missing from these discussions due to scheduling conflicts or other competing responsibilities.
- Community Partner Assessment data reveals insights into the capacities and goals of local community organizations but should not be removed from the context of the other assessments which share information about the health of residents and their perspectives.

Community Context Assessment

Asset Map

- While much effort was taken to update the asset map, there are likely still gaps in identified services for some communities. This is often due to issues such as the asset having a low profile in the community, or just the inherent difficultly of completing an exhaustive list of services from a patchwork of service providers over a variety of jurisdictions.
- Data for the asset map may change in the future and throughout the year. As such, some information on organizations and services offered may become out of date unpredictably after publication.

Photovoice

- Some residents with limited digital literacy may find participation in the Photovoice challenging.
- Photovoice is a realatively new method of data collection. This means that some residents may new to the process of photovoice or may not understand the benefit of this type of data collection.
- The photovoice process has a lot of steps; reading the prompt questions, taking photos of the community, and coming back to the digital form to upload photos. Participation in photovoice can be a large time commitment for participants compared to a survey.
- Although we did offer diposable cameras for residents to use to submit photos, no one requested one.

- The photovoice assessment was conducted during the 2024 Presidential Election cycle. As such, the survey was made to compete with many other surveys being conducted at the time, likely leading to resident survey burn-out.

Phase 3: Continuously Improving the Community

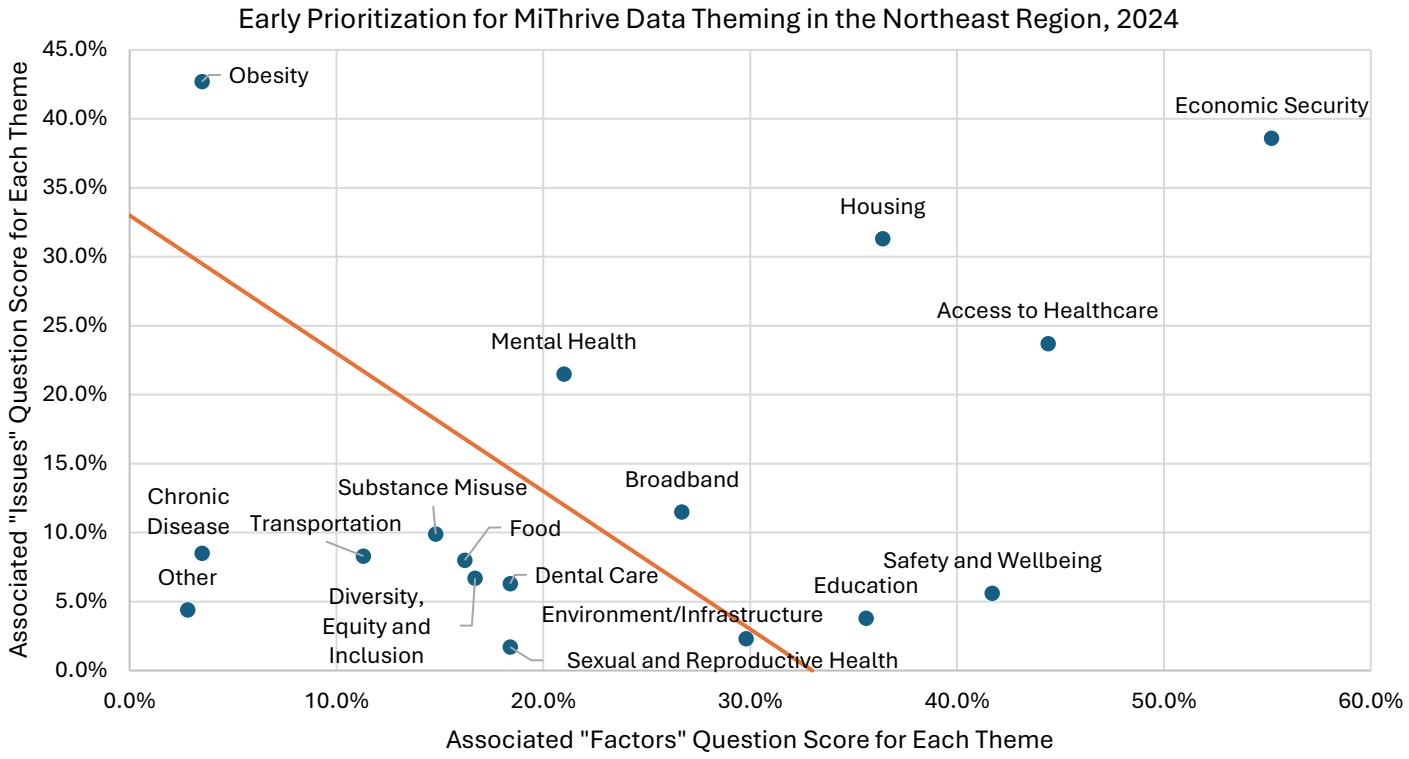
In Phase 3, community partners and organizations were invited to engage in the prioritization process. By analyzing the data collected from each assessment and incorporating community perspectives, key issues are able to be identified and then prioritized.

Identifying Key Issues

For the first step, the focus was placed on primary data from the community survey, as it contains data helpful for identifying the thoughts and opinions of residents. This data was then organized into themes. Categories for themes were initially pulled from MAPP 2.0 materials, then more themes were added as needed to describe the data collected. This was centered around two of the MiThrive Community Survey questions:

1. What is needed for a community to be thriving?
2. What needs to be fixed in your community?

For each theme, only the top response associated with each theme in each question was used as a reference point. These reference points were then used to graph each theme onto a plane, with the "factors" response used as the "x" variable and the "issues" response used as the "y" variable. Themes on this graph were determined to be key issues if they had at least a 33 percent response rate for either the "x" or "y" variable, or if they had a combined response rate above 33 percent. These identified key issues were then presented to MiThrive partner organizations for prioritization.



This graph Illustrates all the themes considered for prioritization. Each data point is comprised of the top associated response to the question asking residents to identify the “top factors for a thriving community” (the “x” variable) and “top issues impacting the community” (the “y” variable). The orange line indicates the cutoff for inclusion in priority setting events. All themes to the right of the line were included.

The eight key issues for consideration in the Northeast region included:

- Access to Healthcare
- Mental Health
- Economic Security
- Obesity
- Housing
- Safety and Wellbeing
- Education
- Broadband

Creating Regional Issue Brief

Once the key issues were identified through the prioritization of data on community opinions, the MiThrive Core Team gathered pertinent information on each of these topics. This was done by reviewing data that had been gathered from the MiThrive assessments and separating this data into themed topics. This included the Community Partner Assessment, the Community Status Assessment (including secondary data collected as well as primary data from the community and provider surveys), and the Community Context Assessment. Data that aligned topics that had been identified as key issues were compiled into a document called a Regional Issue Brief.

Each MiThrive Regional Issue Brief was comprised of curated information on each key issue specific to the region. The purpose of each Regional Issue Brief was to summarize the most pertinent data collected for representatives from MiThrive partner organizations and residents, before setting the priorities for each region. See Appendix H for the Northeast Regional Issue Brief.

Collaboratively Priority Setting

In December 2024, residents and community partners participated in regional data walk and priority setting events. A Regional Issue Brief was created for each subregion for review during the Data Walk, highlighting data from each of the assessments that were most important to consider for the prioritization of each key issue. Individuals who were not able to attend a Data Walk and Priority Setting Event were also able to participate by attending one of several scheduled office hours event during the preceding or following weeks, to help gain insight into the data from the MiThrive Core Team.

After engaging in the MiThrive Data Walk, participants were asked to complete a prioritization survey to individually rank the eight key issues. The ranking process used six criteria to assess each key issue including severity, magnitude, impact, sustainability, achievability, and health equity. Individuals were given a link to the prioritization survey if they participated in one of the data walk events and were asked to complete the survey afterwards. The top prioritized key issues are reflected in green in the scoring grids below. This transparent process elicited robust conversation around the top scoring key issues.

For each score given by each individual, the highest prioritized key issue was given one point and the least prioritized key issue received nine points (reverse scoring where the lowest score is the highest prioritized). The scoring grid below shows the aggregate scores for each key issue across each of the six criteria in each region. In the rightmost column, green highlighted cells indicate which key issues were ultimately prioritized for the region.

Northeast Region Prioritization Survey Scoring Grid							
Key Issues	**Severity**	**Magnitude**	**Impact**	**Sustainability**	**Achievability**	**Health Equity**	**Total**
Economic Security	58	47	58	66	110	61	432
Obesity	72	63	73	98	64	89	427
Housing	67	75	71	92	99	68	472
Mental Health	49	59	51	75	73	59	366
Safety and Wellbeing	87	98	85	63	68	81	482
Broadband	114	115	123	77	62	116	607
Education	114	103	102	74	70	86	549
Access to Health Care	51	52	49	67	66	52	337

The final top-ranked Priority Issues for the MiThrive Northeast Region area are as follows:

- Access to Healthcare
- Mental Health
- Economic Security

Key data points from the 2024 MiThrive Community Health Needs Assessment for MyMichigan Medical Center Alpena service area aligned with the regional top-ranked priority issues are briefly discussed below.

Access to Healthcare:

Access to healthcare is a fundamental determinant of overall wellbeing, directly impacting disease prevention, early detection, and effective treatment. Limited access to healthcare services, whether due to cost, geographic barriers, timely appointment availability, logistical obstacles, or lack of insurance can lead to delayed diagnoses, unmanaged chronic conditions, and preventable health complications.

Ensuring equitable access to both physical and mental health services is critical in improving quality of life and life expectancy across all communities.

In the state of Michigan, there are approximately 78 primary care providers per 100,000 residents (County Health Rankings, 2021), which is a higher rate that is seen in Alpena County (76 primary care providers per 100,000 residents), Cheboygan (54 primary care providers per 100,000 residents), Montmorency (75 primary care providers per 100,000 residents), and Presque Isle County (15 primary care providers per 100,000 residents). This makes it harder for residents to seek care for acute or chronic diseases. Similarly, data also shows that only 79.5 percent of residents in Alpena County had received a routine health checkup within the last year (CDC PLACES, 2002). This can be compared to routine health checkup rates in Cheboygan (80.7 percent), Montmorency (81.6 percent), and Presque Isle County (81.1 percent). CDC PLACES data from 2022 also shows that 5.3 percent of adults in Alpena, 3.9 percent of adults in Cheboygan, 4.2 percent of adults in Montmorency, and 4.7 percent of adults in Presque Isle do not have health insurance. Lack of access to healthcare (such as not having health insurance) contributes disproportionately to age-adjusted death rates across the state. For example, the age-adjusted death rate due to heart disease was 230.5 deaths per 100,000 residents in Alpena County, 251.5 deaths per 100,000 residents in Cheboygan County, 274.5 deaths per 100,000 residents in Montmorency County and 235.0 deaths per 100,000 residents in Presque Isle County. This is compared to the value across the entire state of Michigan, at 205.9 deaths per 100,000 residents (MDHHS, 2020-2022). Furthermore, age-adjusted death rate due to all cancer mortality from 2018 to 2022 shows Alpena at 179.0 deaths per 100,000 residents, Cheboygan at 158.5 deaths per 100,000, Montmorency at 205.5 deaths per 100,000 residents, and Presque Isle at 146.5 deaths per 100,000 residents, compared to the Michigan state-wide value at 158.3 deaths per 100,000 residents (MDHHS).

25.5 percent of respondents to the Community Survey from the DHD#4 jurisdiction identified access to general medical care as one of the top factors for a thriving community. Additionally, 22.8 percent implied the lack of access to high quality care as a major issue in the community, and 25.3 percent implied the lack of access to specialty medical care was an important issue as well. In terms of what needs to be improved with access to care, 43.9 percent of respondents identified the cost of healthcare as one of their top issues with access; 57.3 percent of respondents also implicated specialty services being located too far away from residents. Healthcare providers for the area generally agreed; 28.1 percent indicated that lack of specialty care was a major issue for the area.

Barriers to healthcare access can create significant disparities in health outcomes. Individuals facing financial hardships, living in rural areas, or struggling with complex healthcare systems often experience gaps in care, leading to worsened health conditions and increased medical costs over time. Expanding healthcare access through affordable services, improved transportation, and enhanced health system navigation can reduce these disparities and improve population health.

Healthcare access is more than just the availability of medical services, it is about ensuring that individuals receive timely, high-quality care regardless of their socioeconomic status or geographic

location. When people can access preventative care, manage chronic illnesses, and receive necessary treatments without financial or logistical obstacles, they are more likely to experience better health outcomes, improved well-being, and a higher quality of life.

Mental Health

Mental health is essential to overall wellbeing, influencing relationships, daily functioning, and ability to lead fulfilling lives. It is deeply connected to physical health, as mental illness can increase the risk of chronic conditions such as heart disease, diabetes, and weakened immune function. Despite its critical role in overall health, many individuals face significant barriers to accessing mental health services, including cost, stigma, and provider shortages. Ensuring that everyone has access to timely, quality mental health care is key to fostering healthier individuals and communities.

Across the state of Michigan, there are approximately 336 mental health providers for every 100,000 residents (County Health Rankings, 2023). In comparison, Cheboygan (142 mental health providers per 100,000 residents), Montmorency (146), and Presque Isle (37) have significantly lower rates of providers available to treat mental health disorders. Alpena County (402 mental health providers per 100,000 residents) which is higher than the state. As the data shows, mental health conditions such as depression are being diagnosed more often within the region. CDC PLACES data from 2022 shows that 25.1 percent of adults in Alpena, 25.5 percent in Cheboygan, 23.6 percent in Montmorency, and 23.9 percent of adults in Presque Isle County were currently or had previously been diagnosed with depression. According to MDHHS data from 2018 to 2022, the age-adjusted death rate for suicide mortality is relatively high within the region. Overall, the state of Michigan has 14.4 suicide deaths per 100,000 residents. During the same timeframe, Alpena exhibited 19.0 suicide deaths per 100,000 residents and Cheboygan had 26.8 suicide deaths per 100,000 residents. Montmorency, and Presque Isle counties suicide deaths were suppressed.

19.1 percent of respondents to the community survey from the DHD#4 jurisdiction identified that help for mental health and emotions was an important factor for a community to be considered thriving. Additionally, 19.9 percent of respondents identified that one of the top issues in their community was a lack of mental health services. This was largely driven by responses from individuals who were over the age of 40 or who relied on employer-sponsored insurance. 28.1 percent of providers indicated that lack of mental health services was a serious issue for their area. 34.5 percent of providers thought that some form of mental health service was missing from their community.

Barriers to mental health services can lead to untreated conditions, exacerbating issues such as anxiety, depression, and substance use disorders. Limited availability of mental health professionals, high costs of therapy and medications, and a lack of awareness about available resources prevent many from seeking the help they need. Addressing these barriers by expanding affordable services, increasing provider availability, and integrating mental health into primary care can improve mental health outcomes and enhance overall wellbeing.

Access to mental health care goes beyond treatment—it encompasses early intervention, crisis support, and long-term management of mental health conditions. When individuals receive the mental health services they need, they are better able to manage stress, maintain healthy relationships, and contribute positively to their communities.

Economic Security

Economic security is a fundamental pillar of health and wellbeing, shaping an individual's ability to access essential resources such as healthcare, nutritious food, safe housing, and reliable transportation. Financial stability provides a foundation for managing health risks, securing a higher standard of living, and reducing chronic stress. In contrast, economic hardship limits access to these necessities, leading to poorer health outcomes and increased vulnerability to chronic diseases. Strengthening economic security is critical for promoting long-term wellbeing and resilience in individuals and communities.

The American Community Survey (ACS) from 2019 to 2023 indicates that 22.3 percent of Michigan families live below 200 percent of the federal poverty level. In the DHD#4 service area, 29.1 percent of families live below 200 percent federal poverty level in Alpena County, 27.2 percent of families in Cheboygan, 29.6 percent of families in Montmorency, and 25.9 percent of families in Presque Isle. In the economy, poverty and income are closely related. In Michigan, the median income is $71,149 (ACS, 2019-2023). In comparison, the median income in Alpena County is $51,909, Cheboygan County is $61,619, Montmorency County is $47,803, and Presque Isle County is $56,713. In counties with more poverty and low income, there is a need for access to healthcare and assistance. According to Annie E. Casey Foundation (2022), the state of Michigan had 48.7% of children age 0 to 4 years old receiving WIC benefits. At the county level, the percentage of children ages 0 to 4 years old receiving WIC benefits in Alpena (62.0%), Cheboygan (54.1%), Montmorency (48.6%), and Presque Isle (61.9%) is higher than the state. Additionally, it may be difficult for families with economic insecurity to seek healthcare services and resources due to challenges with access to transportation. In Michigan, 7.1 percent of households are without a vehicle (ACS, 2019-2023). Within the DHD#4 service area, the percentage of households without a vehicle include Alpena (8.1%), Cheboygan (5.0%), Montmorency (7.2%), and Presque Isle (6.5%).

According to information gathered from residents of DHD4, the most selected factor for a thriving community was jobs that pay well and a strong economy, at 53.6 percent overall. In addition, 34.7 percent of those respondents reported that an issue in their communities was a lack of good jobs that pay enough, making it the top identified issue for the area. 23 percent of respondents indicated that they would be more physically active if there were more affordable physical activity programs available. About 71 percent of respondents disagreed or strongly disagreed with the statement that "there are enough jobs in my community that pay well", compounded by the fact that 43.9 percent felt that the cost of healthcare was burdensome and made it difficult to use healthcare services, which likely contributes to the need for economic security to be a priority for these communities. 42.3 percent of surveyed providers responded that at least half of their patient population was on Medicaid.

Barriers to economic security include limited job opportunities, low wages, and a lack of access to education and workforce training. Individuals facing financial instability often struggle to afford healthcare services, maintain stable housing, and purchase healthy foods, contributing to long-term health disparities. Expanding access to education, increasing job opportunities, and supporting policies that promote fair wages and affordable living costs can help break the cycle of economic hardship and improve overall health outcomes.

Achieving economic security means more than just financial stability, it ensures individuals and families have the resources needed to thrive. When people can meet their basic needs without constant financial stress, they experience improved physical and mental health, greater opportunities for personal and professional growth, and a higher quality of life. Investing in economic security fosters healthier, more resilient communities and reduces disparities in health and wellbeing across all populations.

Next Steps

With the completion of the MiThrive Community Health Needs Assessment, there are numerous ways to continue to take action. Many organizations are developing Community Health Improvement Plans or Implementation Strategies focused on the top-ranked priorities in their service areas and regions. Some are incorporating these efforts into their internal strategic plans, while others are leveraging the report and MiThrive Data Platform to support grant proposals and legislative advocacy, securing additional resources to address key issues. Addressing these complex community challenges requires collaboration—no single organization can tackle them alone. Whether working with others on similar or intersecting issues, partnerships are essential.

If you're interested in learning about collaboration opportunities, please email mithrive@northernmichiganchir.org.

For digital copies of this information and access to the MiThrive Data Platform, visit our website at https://northernmichiganchir.org/mithrive/

MiThrive Webpage

MiThrive Data Platform

Appendices

Appendix A: Northeast Participating Organizations

Sector	Participating Organization	31-County MiThrive Steering Committee	Northeast Workgroup	Community Partner Assessment		Community Context Assessment		Community Status Assessment	Exploring MiThrive Data	Data Walk Event	Priority Setting Event
				Community Partner Survey	Facilitated Discussion	Asset Mapping Revision	Photovoice Promotion	*Community survey (provider survey promotion)			
Hospital Systems	Ascension Michigan • St. Joseph Hospital • Standish Hospital		X	X	X		X	X			
	McLaren • McLaren Central Michigan • McLaren Northern Michigan	X	X		X	X	X	X		X	X
	MyMichigan Health • Alpena Medical Center • Clare Medical Center • Gladwin Medical Center • Mt. Pleasant Medical Center • West Branch Medical Center	X	X	X	X	X	X	X		X	X
	Munson Healthcare • Charlevoix Hospital • Grayling Hospital • Manistee Hospital • Munson Medical Center • Otsego Memorial Hospital • Paul Oliver Hospital	X			X	X	X	X	X		X
	Corewell Health • Big Rapids Hospital • Gerber Memorial Hospital • Ludington Hospital	X	X	X	X	X	X	X	X	X	X

	• Reed City Hospital										
Local Health Depts.	Benzie Leelanau District Health Department	X				X	X	X			
	Central Michigan District Health Department	X	X	X	X	X	X	X	X	X	
	District Health Department #2	X			X	X	X	X	X	X	
	District Health Department #4	X			X	X	X	X	X		
	District Health Department #10	X	X	X	X	X	X	X	X	X	X
	Grand Traverse County Health Department	X				X	X	X		X	
	Health Department of Northwest Michigan	X	X	X	X	X	X	X	X		X

Community Based Organizations	G.R.A.C.E. Center			X	X						
	Northeast Michigan Community Service Agency			X	X					X	
	Groundwork Center for Resilient Communities	X	X	X	X		X	X	X	X	
	TrueNorth Community Services		X	X	X		X	X	X	X	X
	Crawford County Community Christian Help Center			X	X						
	Project Unity for Life		X	X	X		X	X	X	X	
	Ogemaw County Drug Free Coalition			X	X						
	Disability Network Mid-Michigan			X	X						
	Alpena Senior Citizens Center			X	X						
	Hope Shores									X	
	SEEDS Ecology and Education Centers		X	X	X		X	X	X		
	Strangers No Longer	X		X	X		X	X	X	X	
	Catholic Human Services									X	
	Partners in Prevention		X				X	X			
	United Way		X		X		X	X	X	X	
PIHP											
CMH Agencies	North Country CMH			X	X						
	Northern Lakes Community Mental Health Authority									X	
	AuSable Valley Community Mental Health		X				X	X			
Primary Care	Sterling Area Health Center									X	
Health Entities	United Healthcare Community Plan			X	X						

	Sterling Health									X	
	Gaylord New Life									X	
	National Kidney Foundation of Michigan			X	X				X		
	Thunder Bay Community Health Service								X		
	Tawas Wellness								X		
Native Nations											
Collaboratives	Great Start Collaborative		X				X	X			
Educational Institutions	Alpena Public Schools			X	X						
	Central Michigan University									X	
	Alpena-Montmorency-Alcona Educational Service District		X				X	X		X	
	Michigan State University									X	
Grant-Making											
Government	Michigan Department of Health and Human Services		X				X	X		X	
Businesses											

Appendix B: Community Status Assessment: List of Secondary Indicators

Indicator Name	Source
Access to Exercise Opportunities	County Health Rankings
Access to Parks	National Environmental Public Health Tracking Network
Adults 20+ who are Obese	Centers for Disease Control and Prevention
Adults 20+ who are Sedentary	Centers for Disease Control and Prevention
Adults 20+ with Diabetes	Centers for Disease Control and Prevention
Adults 65+ who Received Recommended Preventive Services: Females	CDC - PLACES
Adults 65+ who Received Recommended Preventive Services: Males	CDC - PLACES
Adults 65+ with a disability	American Community Survey 5-Year
Adults 65+ with a Hearing Difficulty	American Community Survey 5-Year
Adults 65+ with a Self-Care Difficulty	American Community Survey 5-Year
Adults 65+ with a Vision Difficulty	American Community Survey 5-Year
Adults 65+ with an Independent Living Difficulty	American Community Survey 5-Year
Adults 65+ with Total Tooth Loss	CDC - PLACES
Adults Ever Diagnosed with Depression	CDC - PLACES
Adults who are Obese	CDC - PLACES
Adults who are Sedentary	CDC - PLACES
Adults who Binge Drink	CDC - PLACES
Adults who Drink Excessively	County Health Rankings
Adults who Experienced a Stroke	CDC - PLACES
Adults who Experienced Coronary Heart Disease	CDC - PLACES
Adults who have had a Routine Checkup: Past Year	CDC - PLACES

Indicator Name	Source
Adults who Have Taken Medications for High Blood Pressure	CDC - PLACES
Adults who Smoke	CDC - PLACES
Adults who Visited a Dentist	CDC - PLACES
Adults with Arthritis	CDC - PLACES
Adults with Cancer	CDC - PLACES
Adults with COPD	CDC - PLACES
Adults with Current Asthma	CDC - PLACES
Adults with Diabetes	CDC - PLACES
Adults with Health Insurance	U.S. Census Bureau - Small Area Health Insurance Estimates
Adults with Kidney Disease	CDC - PLACES
Adults without Health Insurance	CDC - PLACES
Age-Adjusted Death Rate due to Alzheimer's Disease	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Breast Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Colorectal Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Diabetes	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Heart Attacks	National Environmental Public Health Tracking Network
Age-Adjusted Death Rate due to Heart Disease	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Influenza and Pneumonia	Michigan Department of Health and Human Services

Indicator Name	Source
Age-Adjusted Death Rate due to Lung Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Prostate Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Suicide	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Unintentional Injuries	Michigan Department of Health and Human Services
Age-Adjusted Hospitalization Rate due to Heart Attack	National Environmental Public Health Tracking Network
Air Pollution due to Particulate Matter	County Health Rankings
Alcohol-Impaired Driving Deaths	County Health Rankings
All Cancer Incidence Rate	National Cancer Institute
Alzheimer's Disease or Dementia: Medicare Population	Centers for Medicare & Medicaid Services
Annual Ozone Air Quality	American Lung Association
Annual Particle Pollution	American Lung Association
Asthma: Medicare Population	Centers for Medicare & Medicaid Services
Atrial Fibrillation: Medicare Population	Centers for Medicare & Medicaid Services
Average Household Size	American Community Survey 5-Year
Babies with Low Birth Weight	Michigan Department of Health and Human Services
Breast Cancer Incidence Rate	National Cancer Institute
Cancer: Medicare Population	Centers for Medicare & Medicaid Services
Cervical Cancer Screening: 21-65	CDC - PLACES
Child Abuse Rate (does not match HP2020)	Annie E. Casey Foundation
Child Care Centers	County Health Rankings
Child Food Insecurity Rate	Feeding America
Child Mortality Rate: Under 20	County Health Rankings
Children Living Below Poverty Level	American Community Survey 5-Year

Indicator Name	Source
Children with a Disability	American Community Survey 5-Year
Children with Health Insurance: Under 19	U.S. Census Bureau - Small Area Health Insurance Estimates
Chlamydia Incidence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Cholesterol Test History: 5 Years	CDC - PLACES
Chronic Kidney Disease: Medicare Population	Centers for Medicare & Medicaid Services
Colon Cancer Screening: USPSTF Recommendation	CDC - PLACES
Colorectal Cancer Incidence Rate	National Cancer Institute
COPD: Medicare Population	Centers for Medicare & Medicaid Services
Daily Dose of UV Irradiance	National Environmental Public Health Tracking Network
Death Rate due to Drug Poisoning	Michigan Substance Use Data Repository
Death Rate due to Motor Vehicle Collisions	County Health Rankings
Death Rate due to Opioid Related Drug Poisoning	Michigan Substance Use Data Repository
Deaths due to Transport Fatal Injuries	Michigan Department of Health and Human Services
Dentist Rate	County Health Rankings
Depression: Medicare Population	Centers for Medicare & Medicaid Services
Diabetes: Medicare Population	Centers for Medicare & Medicaid Services
Employer Establishments	U.S. Census - County Business Patterns
Families Living Below 200% of Federal Poverty Level	American Community Survey 5-Year
Families Living Below Poverty Level	American Community Survey 5-Year
Female Population	U.S. Census Bureau Population and Housing Unit Estimates
Female Population 16+ in Civilian Labor Force	American Community Survey 5-Year
Flu Vaccinations: Medicare Population	Centers for Medicare & Medicaid Services

Indicator Name	Source
Food Environment Index	County Health Rankings
Food Insecure Children Ineligible for Assistance	Feeding America
Food Insecurity Rate	Feeding America
Foreign Born Persons	American Community Survey 5-Year
Gender Pay Gap	American Community Survey 5-Year
Gonorrhea Incidence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Heart Failure: Medicare Population	Centers for Medicare & Medicaid Services
High Blood Pressure Prevalence	CDC - PLACES
High Cholesterol Prevalence: Adults 18+	CDC - PLACES
High School Graduation	Annie E. Casey Foundation
HIV Prevalence Rate: Aged 13+	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Homeowner Vacancy Rate	American Community Survey 5-Year
Homeownership	American Community Survey 5-Year
Households	American Community Survey 5-Year
Households that are Above the ALICE Threshold	United For ALICE
Households that are Asset Limited, Income Constrained, Employed (ALICE)	United For ALICE
Households that are Below the Poverty Threshold	United For ALICE
Households with an Internet Subscription	American Community Survey 5-Year
Households with Cash Public Assistance Income	American Community Survey 5-Year
Households with Children Receiving SNAP	American Community Survey 5-Year
Households with One or More Types of Computing Devices	American Community Survey 5-Year
Households without a Vehicle	American Community Survey 5-Year

Indicator Name	Source
Houses Built Prior to 1950	American Community Survey 5-Year
Housing Units	U.S. Census Bureau Population and Housing Unit Estimates
Hyperlipidemia: Medicare Population	Centers for Medicare & Medicaid Services
Hypertension: Medicare Population	Centers for Medicare & Medicaid Services
Infant Mortality Rate	Michigan Department of Health and Human Services
Insufficient Sleep	CDC - PLACES
Ischemic Heart Disease: Medicare Population	Centers for Medicare & Medicaid Services
Life Expectancy	County Health Rankings
Linguistic Isolation	American Community Survey 5-Year
Liquor Store Density	U.S. Census - County Business Patterns
Lung and Bronchus Cancer Incidence Rate	National Cancer Institute
Male Population	U.S. Census Bureau Population and Housing Unit Estimates
Mammogram: 50-74 Past 2 Years	CDC - PLACES
Mammogram: Medicare Population Past Year	Centers for Medicare & Medicaid Services
Mean Travel Time to Work	American Community Survey 5-Year
Median Household Gross Rent	American Community Survey 5-Year
Median Household Income	American Community Survey 5-Year
Median Housing Unit Value	American Community Survey 5-Year
Median Monthly Owner Costs for Households without a Mortgage	American Community Survey 5-Year
Mental Health Provider Rate	County Health Rankings
Moderate Drought or Worse	National Environmental Public Health Tracking Network

Indicator Name	Source
Mortgaged Owners Median Monthly Household Costs	American Community Survey 5-Year
Mothers who Received Early Prenatal Care	Michigan Department of Health and Human Services
Mothers who Smoked During Pregnancy	Michigan Department of Health and Human Services
Non-Physician Primary Care Provider Rate	County Health Rankings
northernmichigan: births to mothers who smoked	The Annie E. Casey Foundation: Kids Count
northernmichigan: children 0-4 receiving WIC	The Annie E. Casey Foundation: Kids Count
northernmichigan: Children approved for sub child care	The Annie E. Casey Foundation: Kids Count
northernmichigan: children language other than english	The Annie E. Casey Foundation: Kids Count
northernmichigan: children on medicaid	The Annie E. Casey Foundation: Kids Count
northernmichigan: children on michild insurance	The Annie E. Casey Foundation: Kids Count
northernmichigan: Children receiving sub child care	The Annie E. Casey Foundation: Kids Count
northernmichigan: children with health insurance	The Annie E. Casey Foundation: Kids Count
northernmichigan: children with internet	The Annie E. Casey Foundation: Kids Count
northernmichigan: fully immunized toddlers	The Annie E. Casey Foundation: Kids Count
northernmichigan: high housing cost	The Annie E. Casey Foundation: Kids Count
northernmichigan: K-12 Homelessness	The Annie E. Casey Foundation: Kids Count
northernmichigan: medicaid paid births	The Annie E. Casey Foundation: Kids Count
northernmichigan: mental health providers	The Annie E. Casey Foundation: Kids Count
northernmichigan: Michigan Substance Use Vulnerability Index	Michigan Department of Health and Human Services
Number of Extreme Heat Days	National Environmental Public Health Tracking Network
Number of Extreme Heat Events	National Environmental Public Health Tracking Network
Number of Extreme Precipitation Days	National Environmental Public Health Tracking Network

Indicator Name	Source
Opioid Hospitalizations	Michigan Substance Use Data Repository
Opioid Prescriptions Dispensed	Michigan Substance Use Data Repository
Oral Cavity and Pharynx Cancer Incidence Rate	National Cancer Institute
Osteoporosis: Medicare Population	Centers for Medicare & Medicaid Services
PBT Released	U.S. Environmental Protection Agency
People 25+ with a Bachelor's Degree or Higher	American Community Survey 5-Year
People 25+ with a High School Degree or Higher	American Community Survey 5-Year
People 65+ Living Alone	American Community Survey 5-Year
People 65+ Living Below Poverty Level	American Community Survey 5-Year
People Living Below 200% of Federal Poverty Limit	American Community Survey 5-Year
People Living Below Poverty Level	American Community Survey 5-Year
Per Capita Income	American Community Survey 5-Year
Persons in households with an Internet Subscription	American Community Survey 5-Year
Persons with a Cognitive Difficulty	American Community Survey 5-Year
Persons with a Disability	American Community Survey 5-Year
Persons with a Hearing Difficulty	American Community Survey 5-Year
Persons with a Self-Care Difficulty	American Community Survey 5-Year
Persons with a Vision Difficulty	American Community Survey 5-Year
Persons with an Ambulatory Difficulty	American Community Survey 5-Year
Persons with Disability Living in Poverty	American Community Survey 5-Year
Persons with Health Insurance	U.S. Census Bureau - Small Area Health Insurance Estimates
Persons with Private Health Insurance Only	American Community Survey 1-Year
Persons with Public Health Insurance Only	American Community Survey 1-Year

Indicator Name	Source
Pneumonia Vaccinations: Medicare Population	Centers for Medicare & Medicaid Services
Poor Mental Health Days: 14+ Days	CDC - PLACES
Poor Mental Health Days: Average # of Days	County Health Rankings
Poor Physical Health Days: 14+ Days	CDC - PLACES
Poor Physical Health Days: Average # of Days	County Health Rankings
Population 16+ in Civilian Labor Force	American Community Survey 5-Year
Population age 5+ with language other than English spoken at home	American Community Survey 5-Year
Population American Indian and Alaska Native	U.S. Census Bureau Population and Housing Unit Estimates
Population Asian	U.S. Census Bureau Population and Housing Unit Estimates
Population Black or African American	U.S. Census Bureau Population and Housing Unit Estimates
Population Hispanic or Latino	U.S. Census Bureau Population and Housing Unit Estimates
Population Native Hawaiian and Other Pacific Islander	U.S. Census Bureau Population and Housing Unit Estimates
Population Over Age 65	U.S. Census Bureau Population and Housing Unit Estimates
Population Two or More Races	U.S. Census Bureau Population and Housing Unit Estimates
Population Under Age 18	U.S. Census Bureau Population and Housing Unit Estimates
Population Under Age 5	U.S. Census Bureau Population and Housing Unit Estimates
Population White	U.S. Census Bureau Population and Housing Unit Estimates

Indicator Name	Source
Population White (Not Hispanic or Latino)	U.S. Census Bureau Population and Housing Unit Estimates
Premature Death	County Health Rankings
Preterm Births (OE)	Michigan Department of Health and Human Services
Preventable Hospital Stays: Per 100,000	Centers for Medicare & Medicaid Services
Primary Care Provider Rate	County Health Rankings
Prostate Cancer Incidence Rate	National Cancer Institute
Proximity to Highways	National Environmental Public Health Tracking Network
Recognized Carcinogens Released into Air	U.S. Environmental Protection Agency
Renters Spending 30% or More of Household Income on Rent	American Community Survey 5-Year
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	Centers for Medicare & Medicaid Services
Self-Reported General Health Assessment: Poor or Fair	CDC - PLACES
Severe Housing Problems	County Health Rankings
Single-Parent Households	American Community Survey 5-Year
Size of Labor Force	U.S. Bureau of Labor Statistics
Social Associations	County Health Rankings
Solo Drivers with a Long Commute	County Health Rankings
Stroke: Medicare Population	Centers for Medicare & Medicaid Services
Student-to-Teacher Ratio	National Center for Education Statistics
Students Eligible for the Free Lunch Program	National Center for Education Statistics
Syphilis Incidence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Teen Birth Rate: 15-19	Michigan Department of Health and Human Services
Teen Pregnancy Rate: 15-19	Michigan Department of Health and Human Services

Indicator Name	Source
Total Employment	U.S. Census - County Business Patterns
Total Employment Change	U.S. Census - County Business Patterns
Total Population	U.S. Census Bureau Population and Housing Unit Estimates
Unemployed Veterans	American Community Survey 5-Year
Unemployed Workers in Civilian Labor Force	U.S. Bureau of Labor Statistics
Veteran Population	American Community Survey 5-Year
Veterans Living Below Poverty Level	American Community Survey 5-Year
Veterans with a Disability	American Community Survey 5-Year
Veterans with a High School Degree or Higher	American Community Survey 5-Year
Workers Commuting by Public Transportation	American Community Survey 5-Year
Workers who Drive Alone to Work	American Community Survey 5-Year
Workers who Walk to Work	American Community Survey 5-Year
Young Children Living Below Poverty Level	American Community Survey 5-Year
Youth not in School or Working	American Community Survey 5-Year

More information on these indicators can be found on the MiThrive Data Platform:

MiThrive Data – Northern Michigan CHIR

Appendix C: Community Status Assessment: Community and Provider Survey Instrument

2024 Northern Michigan Community Health Survey

Informed Consent

This survey is a chance for you to tell us what is most important to you. MiThrive, a collaborative body that brings together cross-sector partners including local health departments and hospitals across the 31 counties of Northern Lower Michigan, is working to improve the health of communities in these counties by collecting data, identifying key issues, and bringing people together for change.

What is important to the community? What resources and strengths does the community have that can be used to improve community health?

Instructions: This survey will take about 15 minutes to complete. Please select the best answers for each question.

Consent: Your participation in this survey is completely voluntary. Your answers are confidential. The survey data will be managed by MiThrive staff. Your answers will not be used to identify who you are. You are free to skip any question and stop taking the survey at any time. The information you provide will not be used for a discriminatory purpose and there is minimal risk to you for taking the survey.

At the end of the survey, you can choose to be entered into a drawing for a chance to win a $50 gift card. 31 winners will be chosen (One person per county) - must be 18 or older.

Data Transparency: Data collected will be used in the 2024 MiThrive Community Health Assessment and overall results shared on the Northern Michigan Community Health Innovation Region webpage. Any personal information will be kept confidential.

Translation & Accessibility: ***This form is available in Spanish***. Click on the globe icon on the top-right corner of this page and select 'Spanish' from the dropdown menu.
Este formulario está disponible en español. Haga clic en el icono del globo terráqueo en la esquina superior derecha de esta página y seleccione 'Spanish' en el menú desplegable.

If you require accommodations to complete this survey such as for vision, hearing, or other disabilities, please email us at mithrive@northernmichiganchir.org and we would be happy to assist.

Submission Due Date: This form will close **Sunday, October 6th at 11:59 PM**. Please submit your response prior to this time.

Questions and concerns can be emailed to mithrive@northernmichiganchir.org.

1) Which county do you live in?*

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

( ) Other - Write In: _____

2) In the following list, which five assets do you think are **the most important factors for a community to be considered "thriving"?** Please select up to **five** options.

[ ] Healthy food

[ ] Safe housing that does not cost too much

[ ] High quality medical care

[ ] Access to general medical care

[ ] Access to specialty medical care

[ ] Help for mental health and emotions

[ ] Parks and green spaces

[ ] Safe and reliable childcare

[ ] A strong sense of community among residents

[ ] Stopping people from getting sick

[ ] Helping people with long term sickness feel better

[ ] Being safe from harm and violence

[ ] Low substance use or drug use (alcohol, marijuana, tobacco, e-cigarettes, opioid, and narcotic-use)

[ ] Jobs that make people happy and proud

[ ] Jobs that pay well and a strong economy

[ ] Clear air, water, and land

[ ] Community members who are helping out and getting involved in the community

[ ] Lifelong learning

[ ] Schools with plenty of resources

[ ] Transportation that you can count on

[ ] Fun events that show different kinds of art and culture

[ ] Being accepted as part of the community

[ ] Low levels of crime

[ ] Police, fire/rescue, and emergency services

[ ] Ease of use for people with physical and/or mental disabilities

[ ] Other - Write In: _____

3) Please indicate how strongly you **agree or disagree** with each of the following statements. Please select **<u>one</u>** option per statement.

	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**	**I don't know**
My community is a safe place to live.	( )	( )	( )	( )	( )
My community is a good place to raise children.	( )	( )	( )	( )	( )

My community is a good place to grow old.	( )	( )	( )	( )	( )
There are enough jobs in my community that pay well.	( )	( )	( )	( )	( )
People in my community have good jobs that pay enough.	( )	( )	( )	( )	( )
My community has enough access to healthy food that doesn't cost too much.	( )	( )	( )	( )	( )
There is enough housing available in my community that doesn't cost too much.	( )	( )	( )	( )	( )
There are housing and support services available for older adults in my community.	( )	( )	( )	( )	( )
My community has safe drinking water and clean air.	( )	( )	( )	( )	( )
There are enough parks and other places for fun and physical activity in my community.	( )	( )	( )	( )	( )
There is a strong sense of community among the people where I live.	( )	( )	( )	( )	( )
I feel welcomed and accepted by the other people in my community.	( )	( )	( )	( )	( )

There are no problems with discrimination or negative attitudes/behaviors/thoughts in my community based on race, gender, income, or other factors.	( )	( )	( )	( )	( )

4) In the following list, what do you think are the **three most concerning medical conditions impacting your community**? Please select up to **three** options.

[ ] Aging problems (e.g., arthritis, hearing/vision loss, etc.)

[ ] Alzheimer's disease/dementia

[ ] Cancer

[ ] COVID-19

[ ] Diabetes

[ ] Heart disease and stroke

[ ] High blood pressure

[ ] HIV/AIDS

[ ] Infant death

[ ] Infectious diseases (e.g., hepatitis, tuberculosis, etc.)

[ ] Kidney disease

[ ] Liver disease

[ ] Issues during pregnancy or giving birth

[ ] Mental and/or behavioral diseases

[ ] Pneumonia/ Flu

[ ] Respiratory/lung disease (such as asthma and COPD)

[ ] Sexually transmitted infections (STIs)

[ ] Substance use disorders (SUDs)

[ ] Injuries due to accidents

[ ] Obesity

[ ] Other - Write In: _____

5) In the following list, what are the **three most important concerns within your community** that should be addressed? Please select up to **three** options.

[ ] Aging problems (e.g., arthritis, hearing/vision loss, etc.)

[ ] Child abuse/neglect

[ ] Not enough oral/ dental healthcare services

[ ] Domestic and sexual violence

[ ] Lack of good jobs that pay enough

[ ] Homicide, or people ending the lives of other people

[ ] Discrimination or negative attitudes/behaviors/thoughts based on race, gender, income, or other factors

[ ] High quality medical care

[ ] Access to general medical care

[ ] Access to specialty medical care

[ ] Not enough substance use disorder (SUD) services

[ ] Suicide, or people ending their own lives

[ ] Teenage pregnancy

[ ] Not enough maternal care services

[ ] Pollution (bad air and water quality)

[ ] Not enough educational opportunities

[ ] Firearm-related or gun-related injuries

[ ] Not enough mental health services

[ ] Motor vehicle/traffic accidents

[ ] Lack of usable parks and green spaces

[ ] Not enough healthy foods

[ ] Not enough options for transportation

[ ] Lack of transportation that is safe and doesn't cost too much

[ ] {Lack of good mental health services}

[ ] Lack of good schools and education

[ ] Not enough available options for housing

[ ] Lack of housing that is safe and doesn't cost too much

[ ] Lack of good internet access

[ ] Not enough arts and culture

[ ] Police, fire/rescue, or emergency services

[ ] Trouble managing chronic or long-term health issues

[ ] Sense or of community

[ ] Other - Write In: _____

6) Please indicate whether you think you have **easy access (or the ability to find and receive services)** to each of the following. Please select **<u>one</u>** option per statement.

	Yes, I have easy access	**No, I do not have easy access**	**Does not apply to me**
Health information from a source I trust	( )	( )	( )
Family planning services	( )	( )	( )

Good food that doesn't cost too much	( )	( )	( )
Health services for children	( )	( )	( )
Immunizations/Vaccinations	( )	( )	( )
Mental health services	( )	( )	( )
Oral/dental health services	( )	( )	( )
Prenatal care/health care for pregnancy	( )	( )	( )
Primary care services	( )	( )	( )
Sexual health testing and treatment	( )	( )	( )
Services for those with substance-use or drug-use issues	( )	( )	( )
Housing services	( )	( )	( )
Childcare services	( )	( )	( )
Services or care for people with dementia	( )	( )	( )
Supports for the health and wellness of caregivers	( )	( )	( )
Broadband access	( )	( )	( )

7) From the list below, which resources or services are **missing in your community** that would benefit you? Please select **all** options that apply to you.

[ ] Housing

[ ] Food

[ ] Transportation

[ ] Mental Health

[ ] Financial Support

[ ] Domestic Violence Services

[ ] Education

[ ] Primary Care

[ ] Childcare

[ ] Substance-use Services

[ ] Dental Health

[ ] Internet (broadband, satellite, etc.)

[ ] Language or translation services

[ ] I feel there are enough services and resources in my community

[ ] Other - Write In: _____

8) Which of the following factors do you experience that make it **harder for you to use health care services**? Please select **all** options that apply to you.

[ ] Cost of healthcare (premiums, deductible, copay)

[ ] Difficulty getting an appointment due to your provider not having enough available timeslots

[ ] No appointment times that fit your schedule (day/night/weekends etc.)

[ ] Issues with knowing how to use technology-based scheduling or appointments

[ ] Do not have the personal equipment for online appointments or scheduling (no cellphone/computer, no internet, etc.)

[ ] Healthcare providers do not speak your native language.

[ ] Cannot understand what your healthcare provider is trying to tell you

[ ] Do not trust healthcare providers

[ ] Primary services are located too far away from your area

[ ] Specialty services are located too far away from your area

[ ] Not accepting your insurance

[ ] Pharmacies regularly do not have your prescription/medication

[ ] Costs of prescriptions or medications

[ ] Feeling like healthcare providers are not listening to your concerns

[ ] Too much paperwork before seeing a healthcare provider

[ ] Lack of transportation options

[ ] Transportation costs too much

[ ] Transportation is not reliable

[ ] Other - Write In: _____

[ ] I have no barriers

9) Think about your environment and features of your community, and your ability to run, walk, bike, or roll from one place to another. Do any of the following issues **currently prevent you from being more active** in your community? Please select **all**

options that apply to you.

[ ] Sidewalks

[ ] Walkable paths, trails, or walkways

[ ] Bike lanes

[ ] Greenspaces (parks, etc.)

[ ] Direction signs (street signs, etc.)

[ ] Recreation facilities

[ ] Affordable physical activity programs

[ ] Streetlights

[ ] Low ease of use for people with disabilities

[ ] Living a great distance from places in my community

[ ] Feeling unsafe in my community

[ ] Lack of maintenance on paths/trails/roads (snow clearing, etc.)

[ ] Other - Write In: _____

[ ] I don't experience any of these

10) The following statements describe a person who meets the guidelines for chronic disease prevention. For each statement, please indicate whether you think YOU, **in a typical week**, have met the guidelines for chronic disease prevention. Please select **one** option per statement.

	Exceed Expectation	**Met Expectation**	**Did Not Met Expectation**
Eat 1.5–2 cups of fruits per day and 2-3 cups of vegetables per day	( )	( )	( )
At least 150 minutes of physical activity a week (ex. 30 minutes a day for 5 days a week)	( )	( )	( )
Sleep at least 7 hours each night	( )	( )	( )
Free from daily stress and depression	( )	( )	( )
Free from self-harm and suicidal thoughts	( )	( )	( )

Receive routine screenings every year (annual physical, etc.)	( )	( )	( )
Have good overall health	( )	( )	( )

11) Please indicate how frequently you use any of the following substances.

	Currently use this substance (within the past 12 months)	**Formerly used this substance (any-time before the last 12 months)**
Tobacco-use (commercial cigarettes or chewing tobacco, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
E-cigarette (vape, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Excessive Alcohol (eight or more drinks for women, or 15 or more drinks for men during a week)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )

Binge Drinking Alcohol (four or more drinks for women, or five or more drinks for men during an occasion)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Marijuana-use (smoking, edibles, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Illegal substances (such as cocaine, crack, crystal meth, heroin, smack, PCP, LSD, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Opioids (narcotics, prescribed by a healthcare provider but are not using as prescribed)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )

Opioids (narcotics, not prescribed by a healthcare provider)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )

12) Thinking broadly, what **changes are happening or might happen** in your area that you believe will affect the health of your community?
These changes can include weather, technology, money, laws, diseases, community resources, and other things.

_____

_____

_____

_____

13) Do you have any other **comments or concerns** that you would like to share that are not reflected in other questions of this survey?

_____

_____

_____

_____

Demographic Questions

14) Do you represent any of the following populations? Please select **all** options that apply to you.*

[ ] Amish

[ ] Native/tribal populations

[ ] Migrant/farm worker

[ ] Senior (Over the age of 60)

[ ] Low income/ financially struggling

[ ] Homeless or unhoused

[ ] Have one or more disabilities

[ ] Have grade-school-aged children or younger

[ ] Have children that are older than grade-school age

[ ] Have a mental illness (ex. anxiety, depression, etc.)

[ ] Have a substance-use disorder (ex. alcohol, marijuana, opioid-use, etc.)

[ ] Currently serve or have served in the military

[ ] LGBTQ+ Community

[ ] Provider/ Healthcare Staff

[ ] No, I am not one of the above

[ ] Prefer not answer

15) What is the five-digit zip code of the area in which you live?*

_____

16) Which county do you spend most (over 51%) of your time in? This could include time spent for work, travel, or fun.*

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

( ) Other - Write In: _____

17) What is your age in years?*

_____

18) What kind of health insurance(s) do you have? Please select **all** options that apply to you. *

[ ] Medicaid and Healthy Michigan Plans

[ ] Medicare

[ ] Individual or family insurance purchased on the exchange or marketplace

[ ] Employer-sponsored insurance

[ ] Uninsured

[ ] Unknown

[ ] Other - Write In: _____

[ ] Prefer not to answer

19) Which of the following best describes you? Please select **all** options that apply to you.*

[ ] Asian

[ ] Asian American

[ ] African

[ ] Black or African American

[ ] Hispanic or Latino/a/x

[ ] Middle Eastern/ North African

[ ] Native American/ Indigenous/ Alaska Native

[ ] Native Hawaiian/ Pacific Islander

[ ] White/ European

[ ] Prefer not to say

[ ] Prefer to self-describe: _____

20) What is the highest level of education that you have achieved?*

( ) Did not finish high school

( ) High school graduate or GED

( ) Some college, no degree

( ) Trade school diploma or certificate

( ) 2-year (Associate's) degree

( ) 4-year (Bachelor's) degree

( ) Graduate or professional degree

( ) Prefer not to answer

21) What is your yearly total household income?*

( ) Less than $10,000

( ) $10,000 to $19,999

( ) $20,000 to $29,999

( ) $30,000 to $39,999

( ) $40,000 to $49,999

( ) $50,000 to $59,999

( ) $60,000 to $69,999

( ) $70,000 to $79,999

( ) $80,000 to $89,999

( ) $90,000 to $99,999

( ) $100,000 to $149,999

( ) Over $150,000

( ) Prefer not to answer

22) Including yourself, how many people live in your household?

( ) 1

( ) 2

( ) 3

( ) 4

( ) 5

( ) 6

( ) 7 or more

( ) Prefer not to answer

23) Do you identify as having a disability?

( ) Yes

( ) No

( ) Prefer not to answer

24) Select all options that you would use to describe your disability:

[ ] Blind or Low Vision

[ ] Deaf or Hard of Hearing

[ ] Mental Health Disability

[ ] Intellectual or Developmental Disability

[ ] Traumatic Brain Injury

[ ] Autism Spectrum Disorder

[ ] Physical disability or Mobility Impairment

[ ] Prefer not to say

[ ] Prefer to self-describe: _____

25) How do you identify your gender?

( ) Female

( ) Male

( ) Non-binary

( ) Transgender

( ) Prefer to self-describe:: _____

( ) Prefer to not answer

26) What is your sexual orientation?

( ) Straight/ Heterosexual

( ) Gay

( ) Lesbian

( ) Bisexual

( ) Other - Write In: _____

( ) I prefer not to answer

IMPORTANT: After you submit this survey, click the link on the thank you page to be entered into the gift card drawing.

Provider/Healthcare Staff Questions

27) Do you provide direct care or services for clients or patients?

( ) Yes

( ) No

( ) Prefer not to answer

28) What health system, organization, or entity do you work for? Please avoid using abbreviations in your response.

_____

29) What is your primary role as a healthcare provider? Please select only the **one** option that best fits your role.

( ) Clinical social worker

( ) Doctor of medicine or osteopathy (MD or DO)

( ) Pharmacist

( ) Physician's assistant (PA)/Nurse practitioner (NP)

( ) Dental hygienist

( ) Dietitian

( ) Community health worker

( ) Chiropractor

( ) Nurse (RN, CNA, BSN, etc.)

( ) Clinical psychologist

( ) Podiatrist

( ) Dentist

( ) Optometrist

( ) Physical therapist (PT)/Occupational therapist (OT)/Speech-language pathologist

( ) Other - Write In: _____

30) Define your specialty or that of your practice. Please select **all** options that apply to you.

[ ] Emergency care

[ ] Primary care

[ ] Pediatrics

[ ] Dental

[ ] Preventative medicine/public health

[ ] Mental health

[ ] Behavioral health

[ ] Surgery

[ ] Substance use services

[ ] Obstetrics and Gynecology

[ ] Family medicine

[ ] Internal medicine

[ ] Neurology

[ ] Psychiatry

[ ] Otolaryngology (ENT)

[ ] Urology

[ ] Anesthesiology

[ ] Radiology

[ ] Pathology

[ ] Orthopedics

[ ] Dermatology

[ ] Cardiology

[ ] Gastroenterology

[ ] Pulmonology

[ ] Endocrinology

[ ] Infectious Diseases

[ ] Oncology

[ ] Allergy/Immunology

[ ] Other - Write In: _____

31) Approximately what percentage of the patients you serve are on Medicaid?

( ) 0-15%

( ) 16-30%

( ) 31-50%

( ) More than 50%

32) What issues are you seeing in your community that are not reflected in other areas of this survey?

_____

_____

_____

_____

Thank You!

Thank you for your time and energy to complete this survey.

Click here to enter for a chance to win a $50 gift card.

Your personal information will not be connected to your survey responses. The same link will also allow you to indicate if you are interested in additional opportunities to provide feedback or participate in opportunities to support health improvement in your community.

More opportunities to get involved:

If you're interested in engaging more, we invite you to participate in the MiThrive photovoice. All participants will be entered into a $50 gift card drawing.

Take and submit photos and stories to share your perspective on your community. We want to hear from you on what makes your community a great place to live—or where it could improve – through the lens of your camera.

Photovoice Submission Link

Appendix D: Community Partner Assessment: Community Partner Survey Instrument

NORTHERN MICHIGAN COMMUNITY HEALTH INNOVATION REGION

Community Partner Assessment

Welcome

Note: Please submit only one completed survey per organization.

Thanks for taking the MiThrive Community Partner Assessment (CPA) Survey. This process helps to identify how we will improve our community's health together.

Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare.

Public health is more than healthcare. Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

This survey is part of our Community Partner Assessment, which helps us identify the organizations involved in MiThrive, whom they serve, what they do, and their capacities and skills to support our local community health improvement process. The CPA helps us name strengths as a community and opportunities for greater impact.

After completing the Community Partner Assessment, a representative from each organization will be asked to participate in phase two of this assessment which includes a facilitated discussion. More information will be emailed to the individual filling out/ representing the organization in the Community Partner Assessment.

The responses to this survey and discussion will be summarized in our Community Health Assessment (CH[N]A). The results from the CPA and CHA will be used for planning and implementation for the next 3 years, before being revisited in the next cycle. The information gathered in this assessment will be used to develop a Community Health Improvement Plan (CHIP) to improve health in our community.

If you have any questions or concerns, email mithrive@northernmichiganchir.org.

Currently, we have not translated this survey, but resources can be available to help translate if needed. Additionally, we have staff available to accommodate with vision, hearing, or other disabilities that may impact the completion of this survey. Email mithrive@northernmichiganchir.org with any translation or accommodations requests.

Things to know:

This survey should take 30-40 minutes.

We recommend taking this survey on a computer or laptop rather than a phone or tablet due to question formatting.

Although a PDF copy is provided, all responses need to be entered into the digital format to be counted. If you need assistance with this, please contact mithrive@northernmichiganchir.org.

Your responses will not be identifiable to you or your organization. They will be combined and summarized with all other responses in the CH[N]A report.

The Community Partner Assessment is intended to be a team effort. We suggest involving the rest of your organization to answer the assessment questions as needed.

Submit only one completed survey per organization.
Survey will close on **June 3rd 2024 at 8am**. Please submit responses on the virtual platform prior to this date.

1) Passcode*

_____

A. About Your Organization

This section asks about your organization, including type, interest in participating in MiThrive, populations served, topic or focus areas, commitment to equity, and accountability.

A-1) Your Organization

2) Contact Information*

First and Last Name: _____

Full Name of Your Organization : _____

Email Address: _____

Phone Number: _____

3) Which MiThrive counties does your organization cover? **(Check all that apply)***

[ ] Alcona

[ ] Alpena

[ ] Antrim

[ ] Arenac

[ ] Benzie

[ ] Charlevoix

[ ] Cheboygan

[ ] Clare

[ ] Crawford

[ ] Emmet

[ ] Gladwin

[ ] Grand Traverse

[ ] Iosco

[ ] Isabella

[ ] Kalkaska

[ ] Lake

[ ] Leelanau

[ ] Manistee

[ ] Mason

[ ] Mecosta

[ ] Missaukee

[ ] Montmorency

[ ] Newaygo

[ ] Oceana

[ ] Ogemaw

[ ] Osceola

[ ] Oscoda

[ ] Otsego

[ ] Presque Isle

[ ] Roscommon

[ ] Wexford

4) Which of the following best describe(s) your organization?*

( ) City, County, State Health Department

( ) Tribal Health Department

( ) Other City, County, State, Tribal Government Agency

( ) Private or Public Hospital

( ) Private or Public Clinic

( ) Emergency Response

( ) School/Education (PK-12)

( ) College/University

( ) Library

( ) Non-Profit Organization

( ) Grassroots Community Organizing Group/Organization

( ) Tenants' Association

( ) Social Service Provider

( ) Housing Provider

( ) Transportation Provider

( ) Mental Health Provider

( ) Neighborhood Association

( ) Foundation/Philanhropy

( ) For-Profit Organization/Private Business

( ) Faith-based Organization

( ) Center for Independent Living

( ) Other

5) Please elaborate on what you mean when you describe your organization as "Other":

_____

A-2) Organizational Interest in Participating in and Supporting MiThrive

6) What are your organization's top three interests in joining a community health improvement partnership? **(Select only three (3) options below)**

[ ] To deliver programs effectively and efficiently and avoid duplicated efforts

[ ] To pool resources

[ ] To increase communication among groups

[ ] To break down stereotypes

[ ] To build networks and friendships

[ ] To revitalize low energy of groups who are trying to do too much alone

[ ] To plan and launch community-wide initiatives

[ ] To develop and use political power to gain services or other benefits for the community

[ ] To improve line of communication from communities to government decision-making

[ ] To improve line of communication from government to communities

[ ] To create long-term, permanent social change

[ ] To obtain or provide services

[ ] Other - Write In: _____

7) Why is your organization interested in participating in a community health initiative? **(Check all that apply)**

[ ] Access to data

[ ] Connections to communities with lived experience

[ ] Connections to other organizations

[ ] Connections to decision-makers

[ ] Connections to potential funders

[ ] Positive publicity (e.g., our organization supports community health)

[ ] Helps achieve requirements for public health accreditation

[ ] Helps achieve requirements for IRS non-profit tax status

[ ] Helps achieve requirements for Federally Qualified Health Center (FQHC) status

[ ] Helps achieve other requirements

[ ] Improving conditions for members/constituents

[ ] Other - Write In: _____

8) What resources might your organization contribute to support MiThrive activities? ***(Check all that apply)***
*Note: This question does not commit your organization to support; it only identifies ways your organization *might* be able to support.*

[ ] I'm unsure

[ ] Funding to support assessment activities (e.g., data collection, analysis)

[ ] Funding to support community engagement (e.g., stipends, gift cards)

[ ] Food for community meetings

[ ] Childcare for community meetings

[ ] Policy/advocacy skills

[ ] Media connections

[ ] Social media capacities

[ ] Physical space to hold meetings

[ ] Technology to support virtual meetings

[ ] Coordination with tribal government

[ ] Staff time to support community engagement and involvement

[ ] Staff time to support interpretation and translation

[ ] Lending interpretation equipment for use during meetings

[ ] Staff time to support relationship-building between MiThrive staff and other organizations (e.g., introductions to government agencies or organizers)

[ ] Staff time to support focus group facilitation or interviews

[ ] Staff time to help analyze quantitative data

[ ] Staff time to help analyze qualitative data

[ ] Staff time to participate in MiThrive meetings and activities

[ ] Staff time to help plan MiThrive meetings and activities

[ ] Staff time to help facilitate MiThrive meetings and activities

[ ] Staff time to help implement MiThrive meetings and activities

[ ] Note-taking support during qualitative data collection

[ ] Staff time to transcribe meeting notes/recordings

[ ] Other - Write In: _____

A-3) Demographics and Characteristics of Clients/Members Served/Engaged

9) Briefly describe the client population that your organization serves.
For example, groups identifiable by rural/urban, gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.

_____

_____

_____

_____

10) Please select the client populations that your organization regularly provides services for. *(Check all that apply) (Example: A local substance-use prevention coalition will provide specific services for individuals with a substance-use disorder, however, a university may service students with a substance-use disorder but they do not have specific services/programs for individuals with a substance-use disorder.)*

	My organization provides services specifically for this community.	**My organization provides general services and individuals of this population could use those services. However, we do not provides services specifically for this community.**	**My organization does not provide services for individuals within this community.**

Racial & Ethnic Minority Community: Individuals who are African, Black/African American, Asian, Asian American, Hispanic/Latinx, Middle Eastern/North African, Native American/Indigenous/Alaska Native, Pacific Islander/Native Hawaiian	[ ]	[ ]	[ ]
Immigrant, Refugee, & Asylum-seeking Community: Individuals who have left their country of origin	[ ]	[ ]	[ ]
LGBTQ+ Community: Individuals who are transgender people, nonbinary people, and other members of the LGBTQIA+ community	[ ]	[ ]	[ ]
Individuals with Disabilities: This would include but not be limited to the following categories: Individuals that are Blind or Low Vision, Deaf or Hard of Hearing, Mental Health, Intellectual or Developmental Disability, Traumatic Brain Injury, Autism Spectrum Disorder, and Physical Disability.	[ ]	[ ]	[ ]
Individuals with Substance-use Disorders: Individuals who have a substance-use disorder.	[ ]	[ ]	[ ]
Individuals with Low Income: Individuals who fall below the ALICE Household Poverty Level or Individuals who fall below the Federal Poverty Level.	[ ]	[ ]	[ ]
Senior: Individuals over the age of 60 years old	[ ]	[ ]	[ ]

Youth: Individuals under the age of 18 years old	[ ]	[ ]	[ ]
Other: Write In- Below	[ ]	[ ]	[ ]

11) If you answered "Yes, my organization provides services specifically for this community", what racial/ethnic populations does your organization primarily work with? ***(Check all that apply)***

[ ] Asian

[ ] Asian American

[ ] African

[ ] Black/African American

[ ] Latinx/Hispanic

[ ] Middle Eastern/North African

[ ] Native American/Indigenous/Alaska Native

[ ] Pacific Islander/Native Hawaiian

[ ] White/European

[ ] Other - Write In: _____

12) If you answered "Yes, my organization provides services specifically for this community", what populations with disabilities does your organization primarily work with? ***(Check all that apply)***

[ ] Blind or Low Vision

[ ] Deaf or Hard of Hearing

[ ] Mental Health Disability

[ ] Intellectual or Developmental Disability

[ ] Traumatic Brain Injury

[ ] Autism Spectrum Disorder

[ ] Other - Write In: _____

13) Does your organization have access to interpretation and translation services?

( ) Yes

( ) No

( ) Unsure

( ) Not applicable

14) What do you do to reach/engage/work with your clientele or community? *(Check all that apply)*

[ ] We hire staff from specific racial/ethnic groups that mirror our target populations

[ ] We hire staff/interpreters who speak the language/s of our target populations

[ ] We support leadership development in our target populations

[ ] We have leadership who speak the language/s of our target populations

[ ] Our organization is physically located in neighborhood/s of our target populations

[ ] We receive many clients from our target populations

[ ] We receive many referrals from our target populations

[ ] We work closely with community organizations from our target populations

[ ] We have done extensive outreach to our target populations

[ ] Other - Write In: _____

A-4) Topic Area Focus

15) How much has your organization focused on each of these topics?

	1) A Lot	**2) A Little**	**3) Not At All**	**4) Unsure**
i. Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	( )	( )	( )	( )
ii. Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early	( )	( )	( )	( )

childhood education and development.				
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	( )	( )	( )	( )
iv. Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	( )	( )	( )	( )
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.	( )	( )	( )	( )

16) Which of the following categories does your organization actively engage with more than once in the last year? *(Check all that apply)*

[ ] Arts and culture

[ ] Businesses and for-profit organizations

[ ] Criminal legal system

[ ] Disability/independent living

[ ] Early childhood development/childcare

[ ] Education

[ ] Community economic development

[ ] Economic security

[ ] Environmental justice/climate change

[ ] Faith communities

[ ] Family well-being

[ ] Financial institutions (e.g., banks, credit unions)

[ ] Food access and affordability (e.g., food bank)

[ ] Food service/restaurants

[ ] Gender discrimination/equity

[ ] Government accountability

[ ] Healthcare access/utilization

[ ] Housing

[ ] Human services

[ ] Immigration

[ ] Jobs/labor conditions/wages and income

[ ] Land use planning/development

[ ] LGBTQIA+ discrimination/equity

[ ] Parks, recreation, and open space

[ ] Public health

[ ] Public safety/violence

[ ] Racial justice

[ ] Seniors/elder care

[ ] Transportation

[ ] Utilities

[ ] Veterans' issues

[ ] Violence

[ ] Youth development and leadership

[ ] Other - Write In: _____

17) Which of the following health topics has your organization actively worked on in the past year? ***(Check all that apply)***

[ ] Cancer

[ ] Chronic Disease (e.g., asthma, diabetes/obesity, cardiovascular disease)

[ ] Family/maternal health

[ ] Immunizations and screenings

[ ] Infectious disease

[ ] Injury and violence prevention

[ ] Economic/ Financial health

[ ] HIV/STD prevention

[ ] Healthcare access/utilization

[ ] Health equity

[ ] Health insurance/Medicare/Medicaid

[ ] Mental or behavioral health (e.g., PTSD, anxiety, trauma)

[ ] Physical activity

[ ] Public safety

[ ] Public transportation

[ ] Tobacco and substance use and prevention

[ ] Social determinants of health

[ ] Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps

[ ] None of the above/Not applicable

[ ] Other - Write In: _____

A-5) Organizational Commitment to Equity

18) Please review the following statements.

	1) Agree	**2) Disagree**	**3) Unsure**

i. We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally in our organization.	( )	( )	( )
ii. We have at least one person in our organization dedicated to addressing inequities externally in our community.	( )	( )	( )
iii. We have a team dedicated to advancing equity/addressing inequities in our organization.	( )	( )	( )
iv. Advancing equity/addressing inequities is included in all or most staff job requirements.	( )	( )	( )

A-6) Organizational Accountability

19) To whom is your organization accountable? *(Check all that apply)*
By "accountable", we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization's decision-making—for example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members.

[ ] Mayor, governor, or other elected executive official

[ ] City council, board of supervisors/commissioners, or other elected legislative officials

[ ] State government

[ ] Federal government

[ ] Tribal government

[ ] Foundation

[ ] Advisory board

[ ] Community members

[ ] Members of the organization/association

[ ] Customers/clients

[ ] Board of directors/trustees

[ ] Shareholders

[ ] Voters

[ ] Voting members

[ ] National/parent organization

[ ] Other government agencies

[ ] Other - Write In: _____

B. Capacities to Support Community Health Improvement

The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does the following tasks and whether your organization could support MiThrive by doing that task. Following the set of questions is space for comments or questions.

20) Please select the activities your organization regularly performs. *(Check all that apply)*

	My organization currently performs this activity	**My organization want to perform this activity in the future**	**My organization does not perform or plan to perform this activity**
Assessment: My organization conducts assessments of living and working conditions and community needs and assets.	[ ]	[ ]	[ ]
Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.	[ ]	[ ]	[ ]
Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that	[ ]	[ ]	[ ]

influence well-being, and how to improve it.			
Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.	[ ]	[ ]	[ ]
Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.	[ ]	[ ]	[ ]
Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.	[ ]	[ ]	[ ]
Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.	[ ]	[ ]	[ ]
Organizational Infrastructure & Workforce: My organization is helping build and maintain a strong organizational infrastructure for health and well-being. My organization supports workforce development and can help	[ ]	[ ]	[ ]

build and support a diverse, skilled workforce.			
Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.	[ ]	[ ]	[ ]
Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.	[ ]	[ ]	[ ]
Advocacy, Campaigns, and Grassroots Lobbying: My organization targets public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions. We use organized actions that address a specific purpose, policy, or change	[ ]	[ ]	[ ]
Other: Write In- Below	[ ]	[ ]	[ ]

21) Describe "Other" activities your organization performs or plans to perform.

_____

_____

_____

_____

B-1) Data Access and Systems

22) Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

( ) Yes

( ) No

( ) Unsure

23) Can you share the assessments you described above with MiThrive?

( ) Yes

( ) No

( ) Unsure

24) What data does your organization collect? ***(Check all that apply)***

[ ] Demographic information about clients or members

[ ] Access and utilization data about services provided and to whom

[ ] Evaluation, performance management, or quality improvement information about services and programs offered

[ ] Data about health status

[ ] Data about health behaviors

[ ] Data about conditions and social determinants of health (e.g., housing, education, or other conditions)

[ ] Data about systems of power, privilege, and oppression

[ ] We don't collect data

[ ] Other - Write In: _____

25) Can you share any of that data with MiThrive?

( ) Yes, already being shared

( ) Yes, can share

( ) No

( ) Unsure

B-2) Community- Engagement Practices

26) What type of community-engagement practices does your organization perform most often? **(Check all that apply)** *Note: We will explore this more deeply in the CPA partner discussion.*

[ ] Inform: Provide the community with relevant information.

[ ] Consult: Gather input from the community.

[ ] Involve: Ensure community needs and assets are integrated into process and inform planning.

[ ] Collaborate: Ensure community capacity to play a leadership role in implementation of decisions.

[ ] Defer to: Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.

[ ] Unsure

27) When you host community meetings, do you offer: *(Check all that apply)*

[ ] Stipends or gift cards for participation

[ ] Interpretation/translation to other languages including sign language

[ ] Food/snacks

[ ] Transportation vouchers if needed

[ ] Childcare if needed

[ ] Accessible materials for low literacy populations

[ ] Accessible materials for individuals with disabilities

[ ] Virtual ways to participate

[ ] Not applicable

[ ] Other - Write In: _____

B-3) Policy, Advocacy, and Communications

28) What policy/advocacy work does your organization do? ***(Check all that apply)***

[ ] Develop close relationships with elected officials

[ ] Educate decision-makers and respond to their questions

[ ] Respond to requests from decision-makers

[ ] Use relationships to access decision-makers

[ ] Write or develop policy

[ ] Advocate for policy change

[ ] Build capacity of impacted individuals/communities to advocate for policy change

[ ] Lobby for policy change

[ ] Mobilize public opinion on policies via media/communications

[ ] Contribute to political campaigns/political action committees (PACs)

[ ] Voter outreach and education

[ ] Legal advocacy

[ ] Not applicable

[ ] Unsure

[ ] Other - Write In: _____

29) Please review the following statements.

	1) Strongly Agree	2) Agree	3) Disagree	4) Strongly Disagree	5) Unsure
i. Our organization has a strong presence in local earned media (print/radio/TV).	( )	( )	( )	( )	( )
ii. Our organization has strong communications infrastructure and capacity.	( )	( )	( )	( )	( )
iii. Our organization has a clear communications strategy.	( )	( )	( )	( )	( )
iv. Our organization has good relationships with other organizations who can help share information.	( )	( )	( )	( )	( )
v. Our organization has a clear equity lens that we use for our external communications and engagement work.	( )	( )	( )	( )	( )

30) What communications work does your organization do most often? ***(Check all that apply)***

[ ] Internal newsletters to staff

[ ] External newsletters to members/the public

[ ] Ongoing and active relationships with local journalists and earned media organizations

[ ] Media contact list for press advisories/releases

[ ] Social media outreach (e.g., on Facebook, Twitter, Instagram)

[ ] Ethnicity-specific outreach in non-English language

[ ] Press releases/press conferences

[ ] Promotion of materials and resources on a website

[ ] Data dashboard

[ ] Meet to discuss narrative and messaging to the public

[ ] Other - Write In: _____

C. Additional Comments related to MiThrive Partner Assessment

31) The text-box below is a space for you/your organization to provide any additional comments or information related to the MiThrive Partner Assessment and/or ask any questions you may have related to our next steps in improving community health:

_____

_____

_____

_____

Thank You!

Thank You for Completing the CPA Survey!

Your responses will be used to develop a community health assessment and analyzed with the surveys of other MiThrive community partners to help identify our collective strengths and opportunities for improvement.

Appendix E: Community Context Assessment: Asset Map

Alpena County Assets

Asset mapping is a process that helps communities identify and describe their strengths and resources, which can then be used to address community needs and improve health. This can include community engagement, partnership building, and resource allocation. Each county asset list contains the following: social services, social and/or grassroot organizations, education, health institutions, public services, community-based organizations, infrastructure, and noteworthy people and groups.

Social Service

Community Center
Alpena Senior Citizens Center
Alpena Sportsmen's Club
Alpena Events Complex (APlex)
Long Rapids Township Hall
Green Township Hall
Maple Ridge Township Hall

Housing Organizations
Alpena Housing Commission
Alpena Pines Senior Housing
Samaritas Affordable Living of Alpena
Alpena County | Northeast Michigan Community Service Agency (NEMCSA)
Habitat for Humanity Northeast Michigan
Birchwood Meadows
Hiddenbrook Manor
WB Apartments LLC
Pineview Manor
Thunder Bay Estates
Carriage House Senior Apartments
Pine Meadow Village Apartments
Pine Meadow Village II
Pine Meadow Village II CO Stratford Group
Riverview Apartments
Springtree Apartments
Alpena Village Senior Living
Turning Brook Senior Living
Besser Senior Living
Ossineke Manor Apartments

Food Pantry/Kitchens
St. Bernard Catholic Church, All Saints Parish – Food Pantry/Kitchen
Grace Lutheran Church – Food Pantry
Trinity Episcopal Church- Kitchen
The Salvation Church – Food Pantry
Hubbard Lake Bible Church – Food Pantry

St. Vincent de Paul Alpena Michigan – Food Pantry
Alpena Senior Center- commodities/meals on wheels/food pantry
Baby Pantry- baby food/formula
Holy Cross Children-Huron
Under His Wings Christian Fellowship-food pantry
Word of Life Baptist Church- Food pantry
Northeast Michigan Community Service Agency/VFW Post 2496—Food
Beaver Lake Community Church—Food Pantry
Tri-Point—Summer food program, meals
Boys and Girls Club
Feeding Kids Ministries—Food bags for weekends/summer
Alpena Community College—food pantry
Art in the Loft—Kitchen
Family Medicine at MyMichigan Medical Clinic

Emergency Housing Shelters
Sunrise Mission
Hope Shores Alliance

Halfway Houses
Sunrise Mission
Center of Charity

Domestic Violence Shelters
Hope Shores Alliance
Shelter Inc of Alpena – Domestic Violence Shelter

Social/Grassroot Organizations

Seniors' Group/Services
Alpena Senior Citizens Center
Northeast Michigan Community Service Agency (NEMCSA)

Special Interest Group
Association of Lifelong Learners
Rotary Club of Alpena
Alpena Horsemen's Club
The Martin Luther King Jr. Committee of Alpena
Alpena Garden Club
Alpena Housing Task Force
Alpena Sportsmen's Club
Friends of Negwegon State Park
Alpena Volunteer Center
Partners in Prevention
Salvation Army
Alpena Area Chamber of Commerce
Alpena Boosters Club

Alpena Lions Club
Exchange Club
Optimist Club
Knights of Columbus
Moose Lodge 571
Alpena Shrine Club- Elf Khurafech Temple
Elks Lodge
Eagles
VFW
Kiwanis Club
Zonta
Northeast Michigan Genealogical/Historical Society
Friends of the Library
Alpena Masons

Advocacy Groups/Coalitions
Alpena Community College Takes Pride
Michigan Coalition to End Domestic & Sexual Violence (MCEDSV)
Veterans of Foreign Wars Post #2496 Alpena Michigan
Northeast Michigan Housing Alliance

Cultural Organizations
Thunder Bay Arts and Gallery
Art in the Loft
Downtown Development Authority
Thunder Bay Theatre
Alpena Civic Theater

Hunting/Sportsman Leagues
Alpena Sportsmen's Club
Alpena Longbeards Club
Thunder Bay Walleye Club
Alpena BASS Club
Alpena City Rifle League
Alpena Sportsmen’s Club Pistol League
Alpena Clay Busters
Alpena Defensive Pistol League
Thunder Bay Bowmen, Inc
The Alpena Chapter of the Ruffed Grouse Society
Thunder Bay Steelheaders
Besser Rifle League
P.K. Fletcher Gun Club

Amateur Sports Leagues
Babe Ruth League
Alpena Huron Shore Little League
Thunder Bay Soccer Association

Thunder Bay Basketball Association
Alpena Hockey Association
Thunder Bay Blockheads
45ers
Shipwreck Alley Roller Derby
Bowling Leagues
Golf Leagues
Alpena Horseshoe League
Thunder Bay Schooners

Education

Colleges or Universities
Northwood University – Alpena Program Center
Saginaw Valley State University—Alpena Community College
University of Michigan – Flint – Alpena Community College
Western Michigan University – Alpena Community College

Community College
Alpena Community College

Before-/After-School Program
Boys & Girls Club of Alpena

Vocational/Technical Education Programs
Alpena Community College – Programs
World Center for Concrete Technology

Alternative Education to Alpena Public Schools
ACES Academy
Family Partnership Program
Cooperative of Alpena-Area Christian Homeschoolers (C.O.A.C.H.)
Immanuel Lutheran School
All Saints School
Headstart
Pied Piper

Health Institutions

Hospital
MyMichigan Medical Center Alpena

Healthcare Clinic
Alcona Health Center
MyMichigan Family Medicine
MyMichigan Pediatrics
MyMichigan Pulmonology & Sleep Medicine

MyMichigan Orthopedics
MyMichigan Cardiology & Heart Failure Clinic
Wound Treatment Center
MyMichigan Pain Clinic
DaVita Dialysis
MyMichigan General Surgery
Dr. David Dargis- Family Medicine
MyMichigan OB/GYN
Northern Foot and Ankle
Thunder Bay Urology
MyMichigan Urgent Care
Wellnow Urgent Care
St. Clair Nephrology
MyMichigan Home Care

Health Department
District Health Department #4

Behavioral Health Services
Catholic Human services Alpena
Northeast Michigan Community Mental Health Authority
The Bay View Center/Light of Hope Club House
National Alliance for the Mentally Ill of Northeast Michigan
MyMichigan Behavioral Health Outpatient
MyMichigan Behavioral Health Inpatient (Point East)
Alcona Health Center
Compass North
Private therapists

Public Service

Library
Alpena County George N. Fletcher Public Library

Police Department
Alpena Police Department
Michigan State Police
Alpena County Sheriff's Office

Fire Department
Alpena Township Fire Department Station 1
Alpena Township Fire Department Station 2
City of Alpena Fire Department/ Alpena County EMS
Wilson Township Fire Department
Sanborn Township Fire Station and Hall
Green Township Volunteer Fire Department
Long Rapids Fire Department

Maple Ridge Fire Department

Emergency Medical Services
Alpena Fire Department/ Alpena County EMS
MyMichigan EMS

Community-Based Organizations

Religious Organizations
Immanuel Lutheran Church
Hope Lutheran Church
St. Anne Catholic Church, All Saints Parish
New Life Christian Fellowship
Catholic Community of Alpena, All Saints Parish
Free Methodist Church
Grace Lutheran Church
First Congregational United Church of Christ
Trinity Episcopal Church
First United Methodist Church
Cathro Community Baptist Church
Alpena Christian Church
Huron Shores Fellowship
Long Lake Chapel
First Bible Baptist Church
Cornerstone Ministries
St. Paul Lutheran Church
First Baptist Church
First Presbyterian
Shoreline Wesleyan Church
St. John the Baptist
The Salvation Army Church
Word of Life Baptist Church
Alpena SDA Church
First Church of God
Thunder Bay Baptist Church
Alpena Apostolic Assembly UPCI
Alpena Baptist Church
Church of Christ
Church of God Prophecy
Community Bible
Faith Evangelical Lutheran Church
St. Mary's Catholic Church
Living Hope Church
Tripoint Church of God
Resurrection Lutheran Church
St. Catherine's Church
Ossineke United Methodist Church

Hubbard Lake Bible Church
St. Paul Lutheran Church – Hubbard Lake
Bible Missionary Association Community Bible Church
Northland Baptist Church
Spruce Presbyterian Church
St. Matthew Lutheran Church ELCA
Liberty Baptist church
Lachine Community of Christ
Long Rapids Congregational Evangelical Church
Greely Baptist Church ABC
Beaver Lake Community Church
Grace Episcopal Church
Spratt United Methodist Church
Leer Lutheran Church
A&J Assembly LLC
Jehovah's Witness Kingdom Hall
Harvest Community Church

United Way
United Way of Northeast Michigan

Community or Philanthropic Foundation
Community Foundation for Northeast Michigan
MyMichigan Health Foundation
Besser Foundation
Alpena Community College Foundation

Political Organizations
Alpena County Democratic Party (ACDP)
Alpena County Republican Party
League of Women Voters of Northeast Michigan

Infrastructure

Parks
Duck Park
Bay View Park
Mich-e-ke-wis Park
Negwegon State Park
Long Lake Park
Lions Park - Hubbard Lake
Sytek Park
Rotary Island Mill Park
Camper's Cove RV Park & Canoe Livery
Beaver Lake County Park
LaMarre Park
Partridge Point Park

Rockport State Park
MaCrae Park
Blair Street Park
Washington Avenue Park
Manning Hill Park
Sanborn Park
Long Rapids Township Park
Maple Ridge Park
Wolf Creek Park
Avery Park
North Riverfront Park
South Riverfront Park

Dark Sky Parks:
Rockport State Recreation Area
Negwegon State Park

Sink Holes:
Bruski Sink Hole
El Cajon Bay
Rockport State Park
Stevens Twin Sinks
Mystery Valley

Trails:
Alpena Bi-Path
Maritime Heritage Trail
Norway Ridge Pathway
Chippewa Hills Pathway
Alpena Township Nature Preserve
NEST (Northeast Michigan State Trail)
Anishinaabe Trail
Hubbard Lake Nature Preserve

Lighthouses:
Middle Island
Alpena's Little Red Harbor
Thunder Bay Island
Sturgeon Point

Shipwrecks:
Shamrock
Harvey Bissell
John F Warner
Bay City

Public Pools

Alpena County Plaza Pool

Vacant Private Building or Lot

Public Lake or Coastline
Lake Huron
Hubbard Lake
Grand Lake
Long Lake
Starlite Beach
Beaver Lake
Grass Lake
Devils Lake
Ossineke Beach
Shingaba Shores
Mich-e-ke-wis
Thunder Bay River

Community Gardens
Senior Citizens Center
Hoop House

Farmer's Markets
Alpena Farmer's Market
Sunrise Side Co-op Market

Noteworthy Person/Group

Local Artists/Musicians
Alpena Symphony Orchestra Inc – Musicians
Alpena City Band – Musicians
Besser Chorus – Musicians
Alpena City Band

Community Leader
Rachel Smolinski – City Manager
Cindy Johnson – Mayor
Michael Mahler – Economic Director
Adam Poll – Planning & Development Director

Celebrity or Influential Figure
Tait Fletcher – Celebrity

Other
Northern Lights Arena
Michigan Works! Northeast Consortium
Besser Museum for Northeast Michigan

Alpena Combat Readiness Training Center
Huron Humane Society
Second Chance Animal Shelter
Alpena Sheriff Animal Control
Alpena Community College Wellness Center
Bay Athletic Club
Skella Fit
Zen 24 hour Fitness Center
Alpena Area Convention and Visitors Bureau
Alpena County Department of Veterans Affairs
MSU extension
4 H
Thunder Bay National Marine Sanctuary
NOAA
Alpena Area Ministerial Association
Options Pregnancy

Cheboygan County Assets

Asset mapping is a process that helps communities identify and describe their strengths and resources, which can then be used to address community needs and improve health. This can include community engagement, partnership building, and resource allocation. Each county asset list contains the following: social services, social and/or grassroot organizations, education, health institutions, public services, community-based organizations, infrastructure, and noteworthy people and groups.

Social Service

Community Center
Cheboygan Recreation Center
Cheboygan Youth Center
Benton Township Community Center

Housing Organizations
Cheboygan Housing Commission
Cheboygan County Habitat for Humanity
Northeast Michigan Community Service Agency (NEMCSA)

Food Pantry/Kitchens
Cheboygan Compassionate Ministries, Inc and The Lord's Kitchen
Church of the Straits – Food Pantry
Awaken Church – Courtesy Club Food Pantry
St. Thomas Food Pantry – Food Distribution Center
Black River Full Gospel Community – Food Pantry

Emergency Housing Shelters
Women's Resource Center of Northern Michigan, Inc. – Cheboygan Office

Halfway Houses
Harbor Hall Outpatient - Cheboygan

Domestic Violence Shelters
Women's Resource Center of Northern Michigan, Inc. – Cheboygan Office

Social/Grassroot Organizations

Seniors' Group/Services
Cheboygan County Council on Aging
Wawatam Area Senior Center
Wolverine Senior Center
Special Interest Group
Alcona County Chamber of Commerce
Mackinaw Women's Club
Cheboygan Rotary Club
Cheboygan Kiwanis Club
Bring II Cheboygan!
Sturgeon for Tomorrow
Advocacy Groups/Coalitions
Cheboygan County Habitat for Humanity
Human Services Coordinating Body – Cheboygan
Women's Resource Center of Northern Michigan, Inc. – Cheboygan Office

Cultural Organizations
Mackinaw Area Historical Society Heritage Village
Mackinaw City Area Arts Council
Hunting/Sportsman Leagues
Cheboygan Sportsmans Club
Black Lake Sportsmen's Club – Onaway, Michigan
Indian River Sportsman's Club
Ducks Unlimited – Cheboygan County
Amateur Sports Leagues
Cheboygan Junior Chiefs
Cheboygan Little League

Education
Colleges or Universities
Community College
North Central Michigan College – Cheboygan Center
Before-/After-School Program
Vocational/Technical Education Programs

Health Institutions

Hospital
McLaren Northern Michigan – Cheboygan Campus
Healthcare Clinic
Alcona Health Center
Rivertown Medical Clinic
Northern Care Center – Free Clinic
Munson OMH Medical Group – Indian River
Thunder Bay Community Health Services, Inc

Health Department
District Health Department #4

Behavioral Health Services
North Country Community Mental Health
Alcona Health Center Cheboygan Campus
Catholic Human Services Inc.
Forward Path Counseling PLLC
Thunder Bay Community Health Service, Inc
Justin A. Borra Behavioral Health Center (McLaren – Cheboygan)

Public Service

Library
Cheboygan Public Library
Mackinaw Area Public Library
Indian River Area Library
Topinabee Public Library

Police Department
Cheboygan Police Department
Cheboygan County Sheriff's Office
Mackinaw City Police Department
Michigan State Police District 7
Tuscarora Township Police Department

Fire Department
Mackinaw City Fire Department Station 1
Mackinaw City Fire Department Station 2
Tuscarora Township Fire Department
Alverno Fire Department Station #1 – Benton Township
Alverno Fire Department Station #2 – Aloha Township
Alverno Fire Department Station #3 – Grant Township
Alverno Fire Department Station #4 – Benton Township
Alverno Fire Department Station #5 – Grant Township
Onaway Area Fire Department

Mullet Topinabee Fire Department
Emergency Medical Services
Cheboygan Life Support Systems

Community-Based Organizations

Religious Organizations
Mackinaw City Bible Church
Saint Mary/ Saint Charles Catholic Church, Cheboygan
Church of the Straits
St. Paul United Methodist
St. John Lutheran Church
St. James Episcopal Church
Life Worship Center
The Covenant Church
Northshore Community Church
Cheboygan Community Wesleyan Church
Community or Philanthropic Foundation
Straits Area Youth Advisory Council (YAC) Grants
Strait Area Community Foundation

Political Organizations
Cheboygan County Democratic Party
Cheboygan County Republican Party

Infrastructure

Parks
Gordon Turner Park, Cheboygan, MI
Chandler Park
Tuscarora Township Parks
Washington Park
Aloha State Park
Cheboygan State Park
Mackinaw City Veteran Memorial Park
Burt Lake State Park
Benton Township Park
Huron Shores Roadside Park

Public Pools

Vacant Private Building or Lot

Public Lake or Coastline
Burt Lake

Straits of Mackinac
Black Lake
Lake Huron
Cheboygan River
Mullet Lake
Douglas Lake
Duncan Bay
Munro Lake

Community Gardens
Mackinaw Area Historical Society Heritage Village
The Eastside Community Garden
Seedums Garden Club
Farmer's Markets
Cheboygan Farmers Market

Noteworthy Person/Group

Local Artists/Musicians
Nate King – Local Musician
Evan Archambo – Local Musician
Dale Rieger – Local Musician
Billy Jewell Band – Local Musicians
Leslie A. Tebo – Mayor

Community Leader
Mandy Martin – Executive Director of Cheboygan County Habitat for Humanity
Catherin Schulz – Director of Cheboygan Housing Commission
Leigh Ann Theunick – 4-H Program Coordinator
Gar Atchison – McLaren CEO
Daryl Vizina – Cheboygan County Probate and Family Court Judge (new judge)
Polly Schneider – Executive Director for Main Street-DDA (new her position)
Carole Yeck – Cheboygan Chamber of Commerce Executive Director

Celebrity or Influential Figure
Susan Melton – Program Director & Air Personality for 102.9 Big County
Marcella Costin & John Costin – Public Figure

Other

Montmorency County Assets

Asset mapping is a process that helps communities identify and describe their strengths and resources, which can then be used to address community needs and improve health. This can include community engagement, partnership building, and resource allocation. Each county asset list contains the following: social services, social and/or grassroot organizations, education, health institutions, public services, community-based organizations, infrastructure, and noteworthy people and groups.

Social Service

Community Center
Hillman Community Center
Atlanta Senior Center
Hillman Senior Center
Lewiston Senior Center

Housing Organizations
Rural Michigan CDC
Northeast Habitat for Humanities
Weber Woods Manor Apartment - Atlanta
Pineview Manor- Hillman
Forest Manor Apartments – Hillman
Country View Manor – Lewiston
Oak Leaf Manor- Lewiston
Montmorency County Home Improvement Program
Northeast Michigan Community Service Agency (NEMCSA)
Hunter Creek Mobile Home Park

Food Pantry/Kitchens
Lewiston Community Sharing Program – Lewiston
New Beginnings Church - Hillman
St. Augustine Catholic Church Food Pantry – Hillman
The Caring Place - Atlanta
The Baby Basket – Atlanta
Calvary Episcopal Church
Family Ministry Center Food Pantry- Lewiston
Lighthouse Fellowship Food Pantry- Hillman
Pop Up Pantry's in Hillman
Giving Tree Food Pantry- Joburg/Lewiston

Emergency Housing Shelters

Halfway Houses

Domestic Violence Shelters
Hope Shores Alliance

Social/Grassroot Organizations

Seniors' Group/Services
Atlanta Senior Center
Hillman Senior Center
Montmorency County Commission on Aging

Special Interest Group
Lewiston Curling Club
Clear Lake State Park Disc Golf
Hillman Horseshoe Club
50+ Club Lewiston
Lewiston's Fun Ones
Lions
Knights of Columbus
Michigan Masons
Atlanta Thunder Bay Eagles
Moose Lodge
VFW's

Advocacy Groups/Coalitions
Lewiston Downtown Development Authority
Montmorency County Conservation Club

Cultural Organizations
Brush Creek Writers
Music At the Mill
Spinners & Knitters, Scrapbooking groups
Music in the Park

Hunting/Sportsman Leagues
Hillman Sportsman Club
Canada Creek Ranch
Montmorency County Conservation Club
Lewiston Sportsmen's League
Voyer Lake Shooting Range

Amateur Sports Leagues
Curling in Lewiston

Education

Colleges or Universities

Community College

Before-/After-School Program

Vocational/Technical Education Programs

Health Institutions

Hospital

Healthcare Clinic
OMH Montmorency Medical Center
Thunder bay Community Health Services

Health Department
District Health Department No. 4

Behavioral Health Services
Northeast Michigan Mental Health Center
Thunder Bay Community Health Services
MyMichigan Medical Center
Catholic Human Services

Public Service

Library
Atlanta Public Library
Hillman Wright Library
Lewiston Public Library
Montmorency County Public Libraries

Police Department
Montmorency County Sheriff's Office

Fire Department
Hillman Fire Department
Lewiston Fire Department
Tri-Township Fire Department

Emergency Medical Services
Tri-Township Ambulance Services
Hillman Fire/EMS

Community-Based Organizations

Religious Organizations
Atlanta Bible Church
Atlanta Congregational Church
Big Rock Congregational Church
New Beginnings Ministry
St. John's Lutheran Church
St. Augustine Catholic Church
Calvary Episcopal Church- Hillman
Lighthouse Fellowship Church- Hillman
Community Baptist Church of Hillman
Faith Evangelical Lutheran Church- Hillman
Hillman Free Methodist Church

Hillman United Methodist Church
Maple Grove Community Church- Hillman
Pleasant Valley Free Methodist Church- Hillman
Atlanta Full Gospel Assembly
Jesus the Good Shepard- Atlanta
First Baptist Church- Atlanta
Church of Christ- Atlanta
St. Mark's Episcopal Church Atlanta
Kingdom Hall – Jehovah's Witness Atlanta
Guiding Light Spiritualist Church
First Baptist Church- Lewiston
St. Francis of Assisi Catholic Church – Lewiston
Congregational United Church- Lewiston
Bethlehem Lutheran Church- Lewiston
First Congregational Community Church- Lewiston

United Way
Community or Philanthropic Foundation

Political Organizations
Democratic Party
Republican Party

<u>Infrastructure</u>

Parks
Briley Township Park
Emerick Park
Tiger Paw Park
Avery Township Park
Clear Lake State Park
Buttles Road Park
Lewiston Village Park
Bingham Park
Lions Park

Trails
High Country Pathway
Avery Hills
Avery Lake
Rattlesnake Hills
Michigan's Cross-Country Cycle Trail
Buttles Road MDNR Facilities (trail)
Red Pines Trail

Campgrounds
Avery Lake State Forest Campground

Jackson Lake State Forest Campground
Little Wolf Lake
Big Bear Point
Big Bear Lake Campground

Forests
Avery Lake State Forest
Little Wolf Lake State Forest

Public Pools
A-Win-Sands Motel

Vacant Private Building or Lot

Public Lake or Coastline
Clear Lake State Park
Lake Avalon
Fletcher's Floodwaters
Grass Lake
Thunder Bay River
Sage Lake Flooding Area
Avery Lake
Little Wolf Lake
McCormick Lake
Gilchrist Creek
Crooked Creek
Hunter Creek
East Twin Lake Public Beach
West Twin

Historic Bridges
Hillman Bridge
Sturgis Road Bridge
Ulshaffer Road Bridge

Community Gardens

Farmer's Markets
Atlanta Farmers Market
Lewiston Farmers Market
Hillman Farmers Market

Noteworthy Person/Group

Local Artists/Musicians

Community Leader

Celebrity or Influential Figure

Other

Brush Mill Creek
Garland Resort
Thunder Bay Resort
CCC Camp Lunden
Fisheries Research Center
Disc Golf- 18-hole course- off Buttles Road
Geocaching
Elk Viewing
ATV trails
Sno-Drift Rally
Hillman Roller-skating
Elk Viewing/Horse drawn carriages

Presque Isle County Assets

Asset mapping is a process that helps communities identify and describe their strengths and resources, which can then be used to address community needs and improve health. This can include community engagement, partnership building, and resource allocation. Each county asset list contains the following: social services, social and/or grassroot organizations, education, health institutions, public services, community-based organizations, infrastructure, and noteworthy people and groups.

Social Service

Community Center
Rogers City Area Senior and Community Center
Posen Community Center
Presque Isle Council on Aging- Senior Center
Presque Isle Council on Aging-Onaway
Presque Isle Council on Aging-Posen
Alils Township Hall
Waverly Township Hall in Onaway
UAW Black Lake Conference Center
Case Township Hall
Hemlock Hills

Housing Organizations
Rogers City Housing Commission
Northeast Michigan Community Service Agency
Presque Isle County Home Improvement Program
Habitat for Humanities
Harbor House Apartments
Presque Isle Apartments

Food Pantry/Kitchens
Northeast Michigan Community Service Agency
Westminster Presbyterian Church
Rogers City Area Senior and Community Center
Grand Lake Community Chapel
Area on Aging/ Meals on Wheels
Courtesy Club Food Pantry- Onaway
God Loves You! Food Pantry
United Methodist Church of Onaway- Caring Closet
Courtesy Club-Onaway

Emergency Housing Shelters

Halfway Houses

Domestic Violence Shelters
Hope Shores Alliance

Social/Grassroot Organizations

Seniors' Group/Services
Rogers City Area Senior and Community Center
Onaway Senior Center
Posen Senior Center

Special Interest Group
Presque Isle Area Z Club
The Men's Club
Friends of Grade Lake Library
Grand Lake Association
Grand Lake Sailing (Alpena Youth Sailing Club)
Long Lake Improvement Association
Presque Isle Fun Raisers
Presque Isle Sno-Trails
Presque Isle Women's Club
Presque Isle Yacht Club
Knights of Columbus- Posen
Knights of Columbus- Onaway
Knights of Columbus- Rogers City
Masonic Lodge #493 in Rogers City
American Cancer Society
Kiwanis Club of Rogers City
The Optimist Club of Rogers City
Rogers City Lions Club
Zonta Club of Rogers City
Elks in Millersburg
Stepping Stones Garden Club- Onaway

Advocacy Groups/Coalitions
G.F.W.C Rogers City Area Civic League
Forty Mile Point Lighthouse Association
Presque Isle Economic Development Corporation
Presque Isle Coalition
Child Abuse and Neglect Team
Cheboygan Otsego Presque Isle Great Start Coalition

Cultural Organizations
Domaci Gallery
Presque Isle County Historical Museum
Murals on Main
Rogers City Theater

Hunting/Sportsman Leagues
Presque Isle County Sportsmen's Club

Grand Lake Sportsmen's Club
Youth Archery Club through MSU 4-H Extension
Black Lake Sportsmen's Club

Amateur Sports Leagues
Rogers City Little League
Onaway Little League
Nautical City Festival Softball Tournament

Education

Colleges or Universities

Community College
Satellite Classes from Alpena Community College

Before-/After-School Program
Boys and Girls Club of Presque Isle
Presque Isle County 4-H
MSU Extension

Vocational/Technical Education Programs
Industrial Arts Institute

Health Institutions

Hospital
MyMichigan Medical Center – Alpena
Northern Michigan McLaren Hospital - Cheboygan

Healthcare Clinic
McLaren Northern Michigan - Rogers City Family Medicine
Thunder Bay Community Health Service, Inc.

Health Department
District Health Department #4

Behavioral Health Services
Northeast Michigan Community Mental Health Authority
Thunder Bay Community Health

Public Service

Library
Presque Isle District Library
Grand Lake Branch
Rogers City Branch

Posen Branch
Onaway Branch
Millersburg Branch

Police Department
Presque Isle County Sheriff
Rogers City Police Department
Onaway Police Department
Michigan State Police

Fire Department
Presque Isle Township Fire
Rogers City Fire Department
East Grand Lake Fire Department
Ocqueoc-Bearinger Fire Department
Onaway Area Fire Department
Posen Area Fire Department

Emergency Medical Services
Allied EMS Systems Ambulance of Rogers City
Onaway Area Ambulance

Community-Based Organizations

Religious Organizations
Awaken Church
Onaway United Methodist Church
Saint Paul's Catholic Church
Holy Cross Lutheran Church
Onaway Seventh-day Adventist Church
First Baptist Church
Community of Christ and Joy Community Church
Grand Lake Community Chapel
St John Lutheran Church
St. Ignatius Catholic Church
Kingdom Hall of Jehovah's Witness
Calvary Bible Church
Church of Jesus Christ of Latter-Day Saints- Onaway
Rogers City Church of Christ
Rogers City Baptist Church
Peace Lutheran in Rogers City
St. Casimir Catholic Church- Posen
St. Dominic's Catholic Church- Metz
St. Luke's Episcopal Church
St. Michael's Lutheran Church
Sunrise Christian Church
Trinity Lutheran Church- Ocqueoc

Westminster Presbyterian Church
Grace Southern Baptist Church
Huron Beach Community Church
Immanuel Lutheran Church
Millersburg United Methodist Church
Ocqueoc Baptist Church
Onaway Baptist Church

United Way
United Way of Northeast Michigan

Community or Philanthropic Foundation
Community Foundation for Northeast Michigan
The Optimist Club of Rogers City

Political Organizations
Democratic Party
Republican Party
Presque Isle County Republican Committee

Infrastructure

Parks
Lakeside Park
South Shore Park
Sports Park
Chandler Park
Herman Vogler Conservation Area
Westminister Park
Edna Lound Recreation Area
Grand Lake Roadside Park
Hammond Bay Refuge Harbor-Roadside Park
Hammond Bay State Park
Harbor View Park
Huron Dunes Roadside Park
Ocqueoc Roadside Park
Onaway State Park
P.H. Hoeft State Park
Quarry View Roadside Park
Range Light Park
Riverview Park
Roadside Park- Thompson's Harbor
Roadside Park- Rogers City (north & south)
Russell Park- Millersburg
Seagull Point Park
Thompson Harbor State Park
Trout River Park

Rogers City Fossil Park
Awakon Park

Dark Sky Park
Thompson's Harbor State Park

State Campgrounds
Tomahawk Lake State Forest Campground
Shoepac Lake State Forest Campground
Twin Lakes State Forest Campground
Onaway State Park
Black Lake Trail Campgrounds
P.H. Hoeft State Park
UAW Black Lake

Trails
Black Mountain Recreation Area
Herman Vogler Conservation Area
Huron Sunrise Trail
Edna Lound Recreation Area
Besser Nature Area
Dault Nature Preserve
Hess Nature Preserve
Mystery Valley Karst Preserve and Nature Sanctuary
Splinter Shore Nature Sanctuary
Thunder Bay Karst Preserve
Sinkhole Pathway

Shipwrecks
American Union
Albany
Portland

Public Pools

Vacant Private Building or Lot

Public Lake or Coastline
Lake Huron
Grand Lake
Long Lake
Thunder Bay
Ocqueoc Falls

Lighthouses
40-mile Point
New Presque Isle

Old Presque Isle

Community Gardens
Sunrise Side Community Garden – Rogers City

Farmer's Markets
Rogers City Farm Market
Onaway Farmers Market

Noteworthy Person/Group

Local Artists/Musicians

Community Leader
Stephen R. Lang – Presque Isle Township Supervisor
Mayor Scott McLennan
Matt Rex – Rogers City Chamber of Commerce President

Celebrity or Influential Figure

Other
Presque Isle Wooden Boat Show
Posen Potato Festival
Nautical Festival
Canada Creek Ranch Association
US-23 Heritage Route
Limestone Quarry
Middle Island sinkhole
Sinkholes
Onaway Speedway
World Class White Tails
Muy Grande Ranch and Resort
Moran Iron Works
The Elowsky's Mill
Hammond Bay Biological Station
Ocqueoc Outdoor Center
Great Lake Lore Maritime Museum
Onaway Historical Museum
Presque Isle Historical Museum

Appendix F: Community Context Assessment Photovoice Survey Instrument

2024 MiThrive Photovoice

Welcome

Thank you for your interest in the 2024 MiThrive Photovoice Project!

We want to hear from you on what makes your community a great place to live—or where it could improve – through the lens of your camera. You have a chance of winning a $50 gift card!

Before submitting, please be sure to review the Frequently Asked Questions document.

Photovoice Directions:

Read through each photovoice question.

Respond to at least one photovoice question with a photo (you may submit more than one photo).

Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

Take a picture of something that makes your community a good place to live in like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility, and how easy things are to use.

Take a picture of something that needs improvement in your community.

Provide a description of your photo and how it answers the photovoice question.

Data Transparency: Data collected in the MiThrive Photovoice Project will be used in the 2024 MiThrive Community Health Assessment. This will include using submitted photos and photo stories in reports, presentations, exhibits, and social media. Personal information such as your name and demographic data will be kept confidential.

Translation & Accessibility: This form is available in Spanish- click here to access. If you require accommodations to complete this survey such as for vision, hearing, or other disabilities, please email us at **mithrive@northernmichiganchir.org** and we would be happy to assist.

Submission Due Date: This form will close **Sunday, October 6th at 11:59 pm**. Please submit your response prior to this time.

Questions and concerns can be emailed to **mithrive@northernmichiganchir.org**.

Photovoice Consent

Acknowledgement of Release & Consent Questions:
For consideration received and acknowledged, I authorize and consent to the use by MiThrive, of my photo, photo description, and/or likeness as follows.

MiThrive' s Rights:
MiThrive shall have the unlimited and irrevocable right to publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display, digitize, or otherwise use or re-use my photo, photo description, and/or likeness in connection with any product or service in all marketing and promotional materials, and publicity efforts.

I understand that my photo, photo description, and/or likeness may be used as noted above in videos, websites, flyers, posters, brochures, newspapers, advertisements, or other forms of communication and promotion.

Consent of Individuals in Photos:
I confirm that any individuals depicted in the submitted photos have expressly agreed to the use of their image, image description, and/or likeness as described in this consent and release form. Additionally, I confirm that no photos including minors are being submitted.

Photo Authenticity:
I confirm that all photos submitted are my own original work have not been taken from the internet or any other sources.

Release and Waiver:
I shall have no right of approval, no other claim to compensation, and release MiThrive and its officers, employees, trustees, and agents from liability for any violation of any personal or proprietary right I or any individuals depicted in the photos may have in connection with such use.

I understand that all such recordings, in whatever medium, shall remain the property of MiThrive.

I have read and fully understand the terms of this release. I am not a minor, have the full and exclusive right and authority to grant this consent and release, and confirm that it does not conflict with any existing commitment of mine.

1) Are you 18 years or older?*

( ) Yes

( ) No

Under 18 Consent: I give permission for my child to participate in the MiThrive Photovoice Project. I understand that my child will be taking photographs that will be used by MiThrive for the 2024 MiThrive Community Health Assessment.

As the parent or guardian of the minor named below, I have read and fully understand the terms of this release. I have the full and exclusive right and authority to grant this consent and release on behalf of the minor and confirm that it does not conflict with any existing commitment.

4) Parent/ Guardian Date of Birth*

_____

Photo Submission

Question #1: Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

5) Do you have a photo that you would like to share for question #1?*

( ) Yes

( ) No

6) What county was your photo(s) taken in? *

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

7) Question #1: Upload First Photo*

_____1

8) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

9) Do you want to provide another photo for this question?*

( ) Yes

( ) No

10) What county was your photo(s) taken in? *

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

11) Question #1: Upload Second Photo*

_____1

12) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

Photo Submission

Question #2: Take a picture of something that makes your community a good place to live in, like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility and how easy things are to use.

13) Do you have a photo that you would like to share for question #2?*

( ) Yes

( ) No

14) What county was your photo(s) taken in? *

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

15) Question #2: Upload First Photo*

_____1

16) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

17) Do you want to provide another photo for this question?*

( ) Yes

( ) No

18) What county was your photo(s) taken in? *

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

19) Question #2: Upload Second Photo*

_____1

20) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

Photo Submission

Question #3: Take a picture of something that needs improvement in your community.

21) Do you have a photo that you would like to share for question #3?*

( ) Yes

( ) No

22) What county was your photo(s) taken in? *

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

23) Question #3: Upload First Photo*

_____1

24) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

25) Do you want to provide another photo for this question?*

( ) Yes

( ) No

26) What county was your photo(s) taken in? *

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

27) Question #3: Upload Second Photo*

_____1

28) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

Demographics

Please fill out this demographic form to submit your photos and enter into the raffle.

29) Full Name*

_____

30) What is your age in years?*

_____

31) Which of the following best describes your race/ethnicity? (Select all that apply)*

( ) Asian

( ) Asian American

( ) African

( ) Black or African American

( ) Hispanic or Latino/a/x

( ) Middle Eastern/North African

( ) Native American/Indigenous/Alaska Native

( ) Native Hawaiian/Pacific Islander

( ) White/European

( ) Prefer not to say

( ) Prefer to self-describe: _____

32) What county do you live in? *

( ) Alcona

( ) Alpena

( ) Antrim

( ) Arenac

( ) Benzie

( ) Charlevoix

( ) Cheboygan

( ) Clare

( ) Crawford

( ) Emmet

( ) Gladwin

( ) Grand Traverse

( ) Iosco

( ) Isabella

( ) Kalkaska

( ) Lake

( ) Leelanau

( ) Manistee

( ) Mason

( ) Mecosta

( ) Missaukee

( ) Montmorency

( ) Newaygo

( ) Oceana

( ) Ogemaw

( ) Osceola

( ) Oscoda

( ) Otsego

( ) Presque Isle

( ) Roscommon

( ) Wexford

33) What is the best way to contact you if we have questions? *

( ) Phone Number

( ) Email

34) What is your phone number?*

_____

35) What is your email?*

_____

36) Do you want to be entered in a raffle for the chance to receive a $50 gift card? *

( ) Yes

( ) No

37) What is your mailing address? (street address, city, zip code) *

_____

_____

_____

_____

Thank You!

Thank you for participating in the MiThrive Photovoice. Your response is very important to us.

Appendix G: Northeast Community Context Assessment: Photovoice Albums

Appendix H: Northeast Regional Issue Briefs

Appendix I: Northeast Priority Setting Survey Instrument