*Photo Credit: UPHS-Portage*

# 2022

## Houghton County, MI

## Community Health Needs Assessment

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*Photo Credit: UPHS-Portage*

# Perspective / Overview

## About UPHS-Portage

UP Health System – Portage supports a multi-specialty medical community of over 40 physicians, and over a dozen allied health professionals, and has been serving the Western Upper Peninsula of Michigan since 1896. The main campus is a 36-bed hospital, a verified chest pain center through the Society of Cardiovascular Patient Care (SCPC) and possesses the area's only Open Bore MRI. UP Health System – Portage was home to the first Level III ACS (American College of Surgeons)-verified trauma center and emergency department in the state.

Other services include a dedicated physician for hospital stays, cardiopulmonary, arthroscopic surgery, emergency orthopedics, sports medicine, x-ray & diagnostics, advanced wound care center, certified sleep disorder center, two Express Care walk-in clinics, regional dialysis unit, pharmacy, 64-slice CT scanner, nuclear imaging, 3D mammography, radiological and laboratory services, rehab, home care and hospice, and a 60-bed senior living community.

*Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website:*
[http://www.Countyhealthrankings.org/roadmaps/action-center](http://www.Countyhealthrankings.org/roadmaps/action-center)

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Houghton County, Michigan.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

# Impact of 2019 CHNA and Implementation Plan

## Impact

In 2019, UPHS-Portage selected the following significant health needs:
1. Substance use
2. Mental health
3. Healthy eating/Active living - obesity
4. Access to care
5. Socioeconomics

COVID-19 impacted the ability to address some of these areas. Groups were unable to meet in person, services were limited in the community and priorities shifted to address the pandemic. However, progress was made. The following outlines the impact of our initiatives:

**Healthy eating/Active living** – many community health events were offered focused on improving health and wellness between 2019 and 2021. Events included A Healthier You, Heart Health by the Numbers, Great Bear Chase, SiSu Shuffle, Canal Run, Health and Safety Fair, Turkey Trot, Men's Health Tune-up and Maintain Don't Gain. A full-time Community Health Coordinator was also added to the organization in 2022 which will allow for expansion of community health programming going forward.

**Access to care** – our organization continued to focus on recruitment and retention of high performing talent and improving access to care. Areas included Cardiology (Dr. Voice), Oncology (Dr. Goodwin) and Diabetes management (Jennifer Tarvis, N.P.). Oncology services were also expanded by adding an additional provider, Heidi Sutcliffe, N.P. in 2022. ED access improved with the addition of Doug Sutcliffe to meet increased patient volume.

**COVID** – several efforts were made around COVID starting in 2020.
- Expanded testing in our community led to 7,660 in-house COVID tests performed in 2020/21 and nearly 14,000 that were sent to outside labs.
- Many vaccination clinics were organized in 2021, with over 1,100 COVID vaccines administered to our community members.
- We worked in collaboration with WUPHD and the community throughout the pandemic, combining resources for greater impact.
- Outpatient therapies (monoclonal antibodies and antivirals) for pre- and post-exposure prophylaxis and treatment were provided. This was supported by our pharmacies and ACU infusion services, and during the worst of it we had a self-referral monoclonal antibody hotline for the community.
- UPHS Portage clinics and Express Cares transitioned to telehealth visits when needed to continue to support the health and well-being of our patients during COVID and continue to offer to this day.

This document is a hospital system Community Health Needs Assessment (CHNA) for UPHS-Portage.

UPHS-Portage, as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

✓ Starting on **December 7, 2022,** this report is made widely available to the community via UPHS-Portage's website https://www.UPhealthsystem.com and paper copies are available free of charge at:

✓ • UP Health System - 500 Campus Drive, Hancock, MI 49930 or by phone 906-483-1000 or via the hospital website http://www.UPhealthsystem.com

UPHS-Portage's board of directors approved this assessment on **December 6, 2022.**

## PROJECT GOALS

1. To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making, and collective action that will improve health.

2. To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.

3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

*" We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we've been doing to improve health and has jumpstarted our next implementation plan," said Ryan Heinonen, CEO UPHS-Portage.*

*The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans," added Angela Luskin Community Health Coordinator, UPHS-Portage. "*

# Community

## Input and Collaboration

## Data Collection and Timeline

In April 2022, UPHS-Portage in consultation with the Western Upper Peninsula Health Department began a Community Health Needs Assessment for Houghton County and sought input from persons who represent the broad interests of the community using several methods:

• Information gathering, using secondary public health sources, occurred in June – July 2022.

• Community members participated in focus groups and individual interviews for their perspectives on community health needs and issues on August 3, 2022.

• A community online survey was conducted from May 1 – July 11, 2022.

• An online survey of UPHS-Portage employees and community providers was conducted.

• A Community Health Summit was conducted on August 24, 2022, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.

*Photo Credit: UPHS-Portage*

## Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

## Participants

Thirty-five individuals from nineteen community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Houghton County. The three-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.

## Participation by those Representing the Broad Interests of the Community

Participation in interviews and the Community Health Summit creating the Houghton County Community Health Needs Assessment and Improvement Plan included:

| Organization | Population Represented (kids, low income, minorities, those w/o access) | How Participated |
|---|---|---|
| Barbara Ketle Gundlach Shelter | Domestic violence | Focus Group, Summit |
| BHK Child Development | Kids | Focus Group |
| Business Owner | Community | Focus Group, Summit |
| Chief Clinical Services Office at Upper Great Lakes | Public health | Focus Group |
| Copper Country Mental Health | Mental health | Focus Group, Summit |
| Department of Health & Human Services | Public health | Focus Group, Summit |
| Dial Help | Behavioral health, mental health | Focus Group |
| Hancock Chief of Police | Public safety | Focus Group |
| Hancock City Manager | All | Focus Group |
| Houghton Athletic Director | All | Focus Group |
| Houghton City Manager | All | Focus Group |
| Houghton County Emergency Measures Director | Public health | Focus Group |
| Houghton Public Schools Superintendent | Kids, Youth | Focus Group |
| Little Brothers Friends of the Eldery | Low income | Summit |
| Michigan State Police | Public safety | Focus Group |
| Portage Board Members | All | Summit |
| Portage Health Foundation | Public health | Focus Group |
| UPHS - Portage | All | Summit |
| Western Upper Peninsula Health Department | All | Summit |

In many cases, several representatives from each organization participated.

*Photo Credit: UPHS-Portage*

## Community Engagement and Transparency

Many members of the community participated in focus group, individual interviews, surveys, and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact every citizen in one way or another; and join in the improvement efforts.

## Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received though interviews, focus groups, community surveys, and the community health summit. Agencies representing these population groups were intentionally invited to the focus groups, and summit. The community survey was representative of the whole community – by age, income, and education.

## Input of those with Expertise in Public Health

The Health Department participated in the focus groups and received the secondary data for their input. UPHS-Portage utilized the 2021 Health Department CHA data in the analysis. The health department also presented at the community health summit and participated in the prioritization of significant community health needs.

## Community Selected for Assessment

Houghton County was the primary focus of the CHNA due to the service area of UPHS-Portage. Used as the study area, Houghton County provided 97% of inpatient discharges from January 1, 2021, through December 31, 2021. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which UPHS-Portage draws their patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under UPHS-Portage's Financial Assistance Policy.

|  | UPHS-Portage | UPHS-Portage | UPHS-Bell |
|---|---|---|---|
| Portage | 69.9% | .4% | 87.3% |
| Houghton | 17.9% | 96.4% | 0% |
| Other | 12.2% | 3.2% | 12.7% |

### UPHS-Portage Study Area - 2022
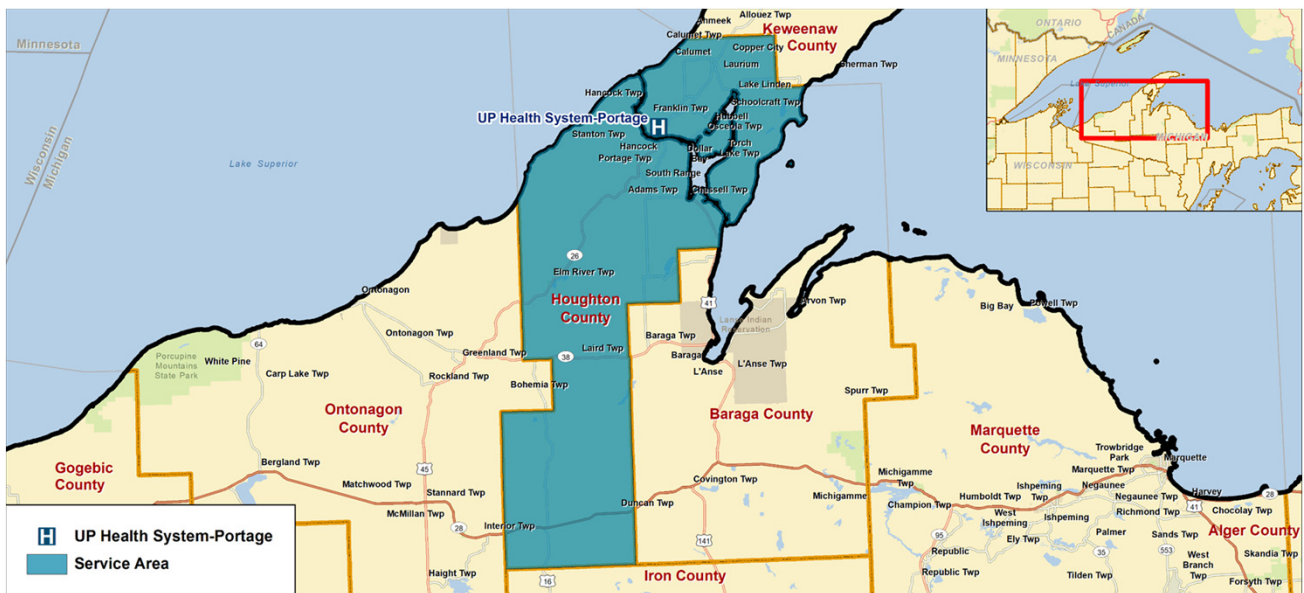
# Key Findings

## Community Health Assessment

### Results

Based on the previous CHNA priorities, secondary data, focus groups, and surveys, the summit participants selected the following significant health needs to be the focus of the work of community over the next three years.

1. **Access to care (18)**
2. **Mental health (16)**
3. **Healthy Eating/Active Living (8)**
4. Social Determinants of Health (8)
5. Substance Use Disorder (5)

## Process and Methods

Both primary and secondary data sources were used in the CHNA.

**Primary methods included**:

- Focus groups with community members
- Community online surveys
- Employee and provider surveys
- Community Health Summit

**Secondary methods included:**

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences

*Photo Credit: UPHS-Portage*

# Description of the Communities Served

**Demographics**

The table below shows the demographic summary of Houghton County compared to Michigan and the U.S.

| | Houghton County | Michigan | USA |
|---|---|---|---|
| Population | 36,700 | 10,105,078 | 333,934,112 |
| Median Age | 34.9 | 40.9 | 38.8 |
| Median Household Income | $44,684 | $58,537 | $64,730 |
| Annual Pop. Growth (2021-2026) | -0.28% | 0.21% | 0.71% |
| Household Population | 14,299 | 3,999,335 | 126,470,675 |
| Dominant Tapestry | Small Town Simplicity (12C) | Salt of the Earth (6B) | Green Acres (6A) |
| Businesses | 1,474 | 333,335 | 12,013,469 |
| Employees | 17,816 | 4,569,468 | 150,287,786 |
| Health Care Index* | 76 | 94 | 100 |
| Average Health Expenditures | $4,743 | $5,882 | $6,237 |
| Total Health Expenditures | $0.1 B | $23.5 B | $788.8 B |
| **Racial and Ethnic Make-up** | | | |
| White | 93% | 77% | 69% |
| Black | 1% | 14% | 13% |
| American Indian | 1% | 1% | 1% |
| Asian/Pacific Islander | 3% | 4% | 6% |
| Other | 0% | 2% | 7% |
| Mixed Race | 2% | 3% | 4% |
| Hispanic Origin | 2% | 6% | 19% |

Source: Esri

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

## Houghton County



**Percent of Population by Age Group**

Age 65+
19.2% - Houghton Co.
17.2% - U.S.

Source: Esri
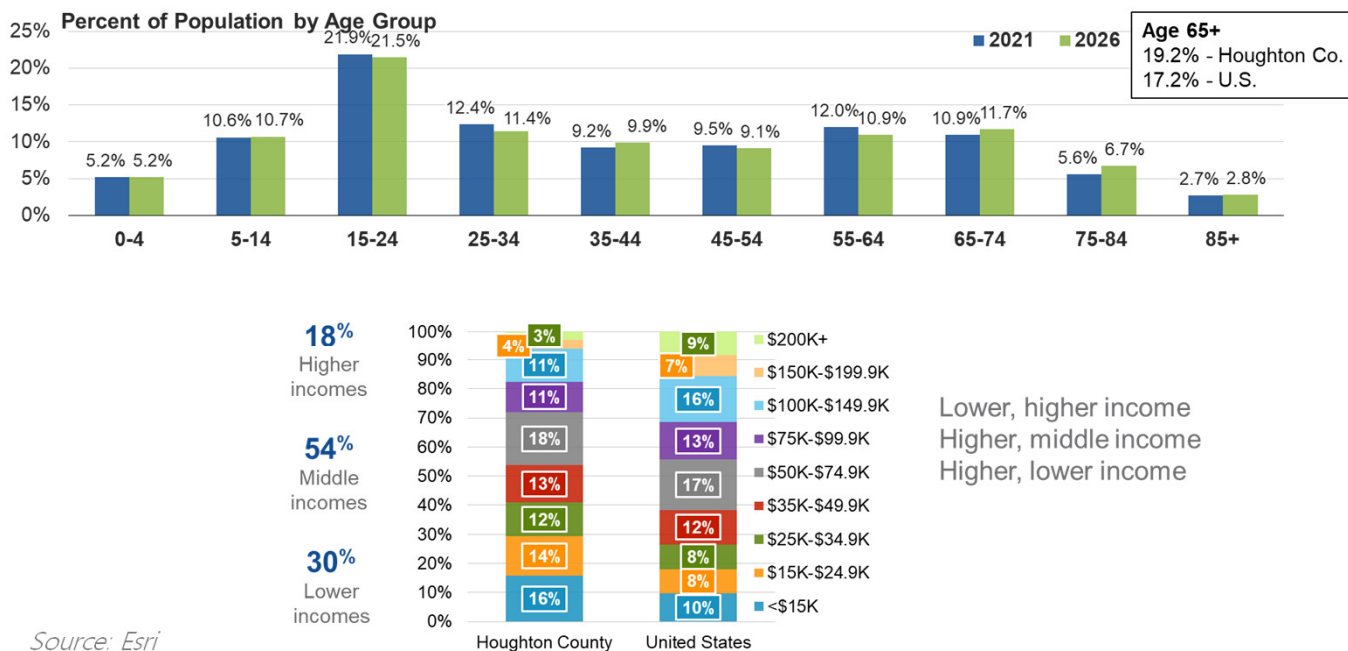
- The population of Houghton County is projected to decrease from 2021 to 2026 (-0.28% per year). Michigan is projected to increase .21% per year. The U.S. is projected to increase 0.71% per year.

- Houghton County had a lower median age (34.9 median age) than MI (40.9) and the U.S. (38.8). In Houghton County the percentage of the population 65 and over was 19.2%, higher than the U.S. population 65 and over at 17.2%.

- Houghton County's median household income at $44,684 was lower than MI ($58,537) and the U.S. ($64,730). The rate of poverty in Houghton County was 15% which was higher than MI (12.6%) but lower than the U.S. (11.9%).

- The household income distribution of Houghton County was 18% higher income (over $100,000), 54% middle income, and 30% lower income (under $25,000). The largest income group is the 18% making $50,000 to $74,999.

- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Houghton County was 76, indicating 24% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.

- The racial and ethnic make-up of Houghton County was 93% White, 1% Black, 1% American Indian, 2% Hispanic origin, 2% more than one race, and 3% Asian/Pacific Islander. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

## 2021 Population by Census Tract and Change (2021-2026)
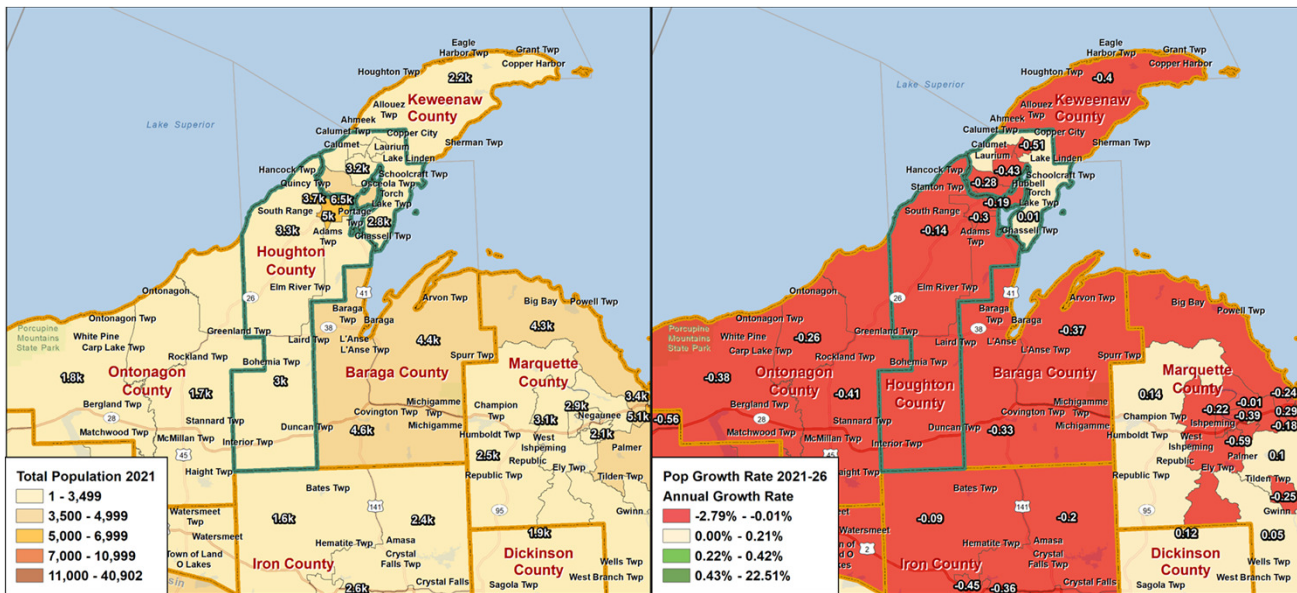


*Source: Esri*

Red is population decline
Yellow is positive up to the MI growth rate
Green is greater than the MI growth rate
Dark green is twice the MI growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography. The highest populated census tracts contain 6.5K in central Houghton County.

Additionally, about three-fourths of Houghton County is projected to decline.

*Photo Credit: UPHS-Portage*

## 2021 Median Age & Income
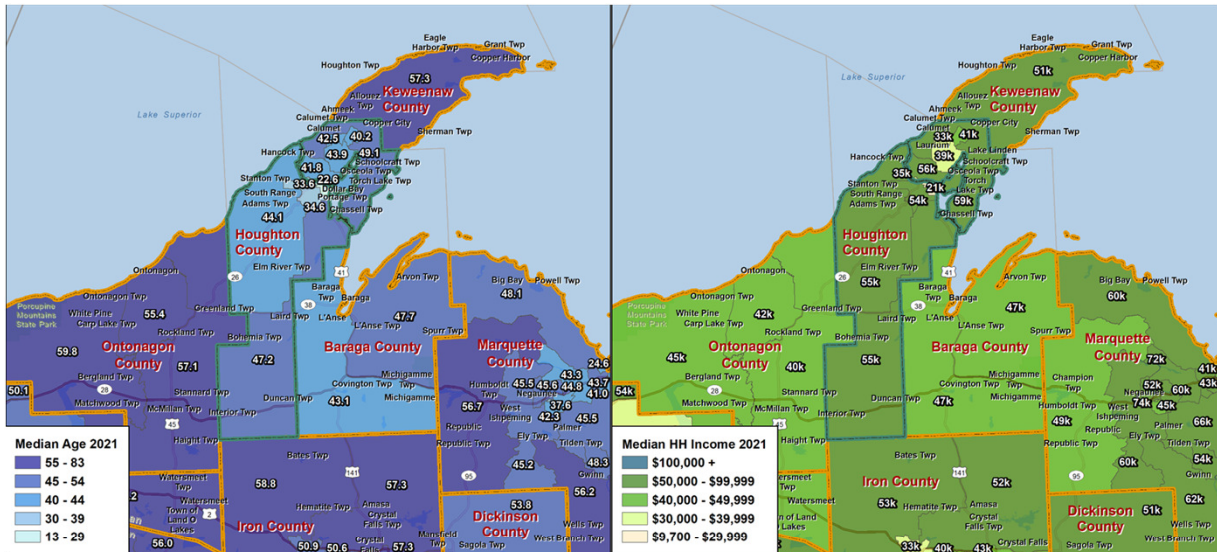


*Source: Esri*
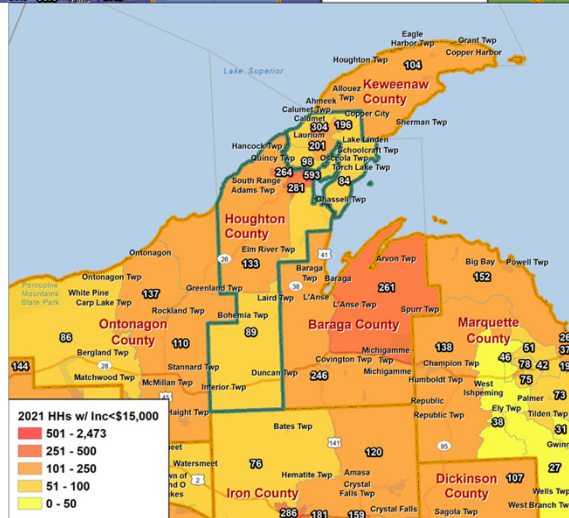
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the southern census tract of Houghton County with a higher median age of 47.2 than those closer to Houghton, at 22.6.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The census tract in Houghton County with the lower median household income ($21,000 per year) will have very different health outcomes compared to the census tract to the south in Houghton with $55,000 median household income.

The lower map is the number of households making less than $15,000 per year. Again, further attempting to identify those areas within the county that may have a lower health status. A census tract in Houghton County had 563 families making less than $15,000 per year.

Houghton County's 2020 poverty percentage was 15% compared to Michigan at 12.6% and the U.S. at 11.9%. The cost of living in Houghton County was higher than MI and the U.S..

**Percent in Poverty**
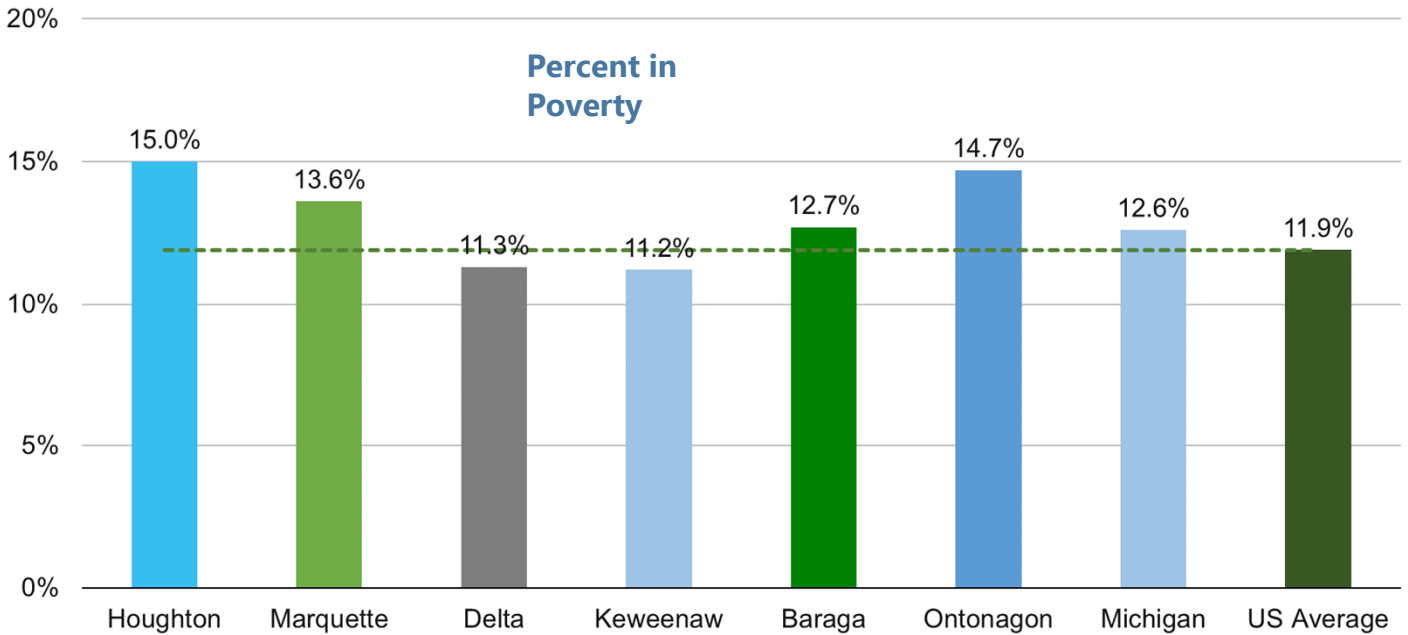


## Business Profile

58% percent of employees in Houghton County were employed in:

- Other Services (23%)
- Health Care & Social Assistance (15.5%)
- Retail Trade (12.9%)
- Educational Services (10.4%)
- Accommodation & Food Service (9.6%)

*Source: Esri; Other Services (except Public Administration): Establishments in this sector are primarily engaged in activities, such as equipment and machinery repairing, promoting or administering religious activities, grantmaking, advocacy, and providing dry-cleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, temporary parking services, and dating services.*

Retail, accommodation and food service offer health insurance at a lower rate than healthcare, public administration, and educational services.

Houghton County's May 2022 preliminary unemployment was 5.2% compared to 4.3% for Michigan and 4% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church and school. These are three excellent places to reach people to create a culture of health.

# Tapestry Segmentation

Demographics are population, age, sex, and race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. Fifty percent of Houghton County is included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the county were Small Town Simplicity (20%), Heartland Communities (19.4%), and College Towns (10.8%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at http://doc.arcgis.com/en/Esri-demographics/data/tapestry-segmentation.htm. Analyzing the Tapestry Segments in the study area helps determine health habits and communication preferences of residents, enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.

Top three categories represent 50.2% of total households.
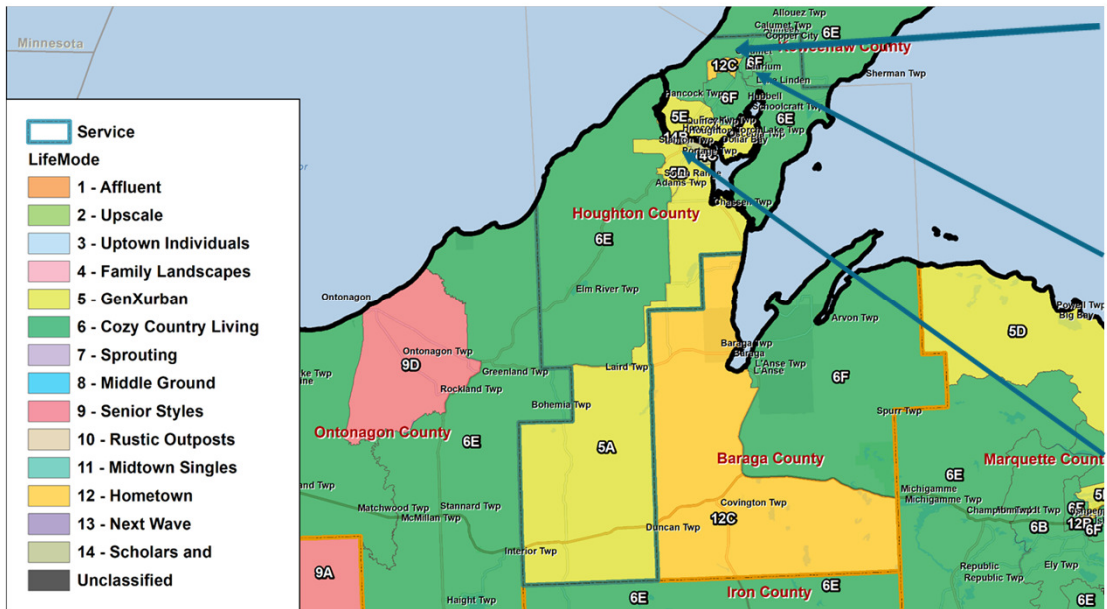


Source: Esri

**Top 3 Tapestry Segments**

**12C | Small Town Simplicity** (20.0%)
- 40.8 med. age
- $32k med. HH income
- A large senior population visit doctors and health practitioners regularly
- Connected, but not to the latest or greatest gadgets; keep their landlines
- Rely on television or newspapers to stay informed

**6F | Heartland Communities** (19.4%)
- 42.3 med. age
- $42k med. HH income
- To support their local community, residents participate in public activities
- Residents trust TV and newspapers more than any other media

**14B | College Towns** (10.8%)
- 24.5 med age
- $32k med. HH income
- These are nonfamily households with many students living alone or with roommates for the first time
- Limited income result in thrifty purchases
- Most feel anything that can be done online is easier than in person.

# Focus Group and Survey Results

## Focus Groups

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in individual interviews and focus groups on August 3, 2022, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups and interviews. The full summary is included in the appendices.

The participants defined health as overall wellbeing, physical, mental, social, spiritual and financial also differing for each individual.

Most felt the health of the community differed by economic realities.

The most significant health issues for the communities were:

- Mental health – lack of resources, stigmas with mental health visits, substance use stigmas, meth, alcohol, prescription medications
- Access to care – lack of providers, shortage of staff, lack of reliable transportation to primary care and specialty doctors, affordable healthcare
- Physical health – lack of physical activity, diabetes, heart disease, oral health, eye health, obesity
- Socioeconomics – low median household at $38K, lack of affordable housing, lack of affordable healthy food
- Lack of internet
- Lack of resources for law enforcement – mental health

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- Healthcare – improve insurance rates for mental health, regain trust in healthcare professionals, increase healthcare staff, social workers, and specialists
- Nutrition – healthier school lunches, closing gap on costs between healthy and unhealthy foods, start community gardens, get more produce in homes
- Housing – additional assisted living facilities, increase low- and middle-income housing
- Youth – YMCA for kids to have a safe community, get kids involved in school activities, every kid should have a mentor, teach kids the skills to manage their mental health, ensure kids will have the necessary skills to go out into life, teach parents new skills, increase affordable, high-quality childcare
- Education – should be more wholistic (money management, shopping, home, etc.)
- Remove political rhetoric

## Survey Results

Stratasan and UPHS-Portage conducted online community surveys via SurveyMonkey and in Houghton County.  Eighty-four surveys were completed from June 20 through August 11, 2022. The complete survey is in the appendices.

## Health Status Data

Based on the 2022 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin[2], Houghton County ranked 15th out of 83 Michigan counties ranked for health outcomes (1= the healthiest; 83 = unhealthiest), and 18th for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Houghton County were higher adult smoking, higher percentage of adult obesity, higher percentage of uninsured, lower flu vaccination percentage, higher income inequality, and higher percentage of severe housing problems. The areas of strength were lower percentage of physical inactivity, lower number of teen births, lower population to primary care physicians, lower number of preventable hospital stays, higher percentage of mammography screening, higher percentage of high school completion, lower percentage of children in single-parent households, lower air pollution, and lower percentages of driving alone to work and a long commute.

When analyzing the health status data, local results were compared to Michigan, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Houghton County's results were worse than MI and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Michigan and eventually the nation, Houghton County must close several lifestyle gaps. For additional perspective, Michigan was ranked the 33rd healthiest state out of the 50 states. (Source: 2020 America's Health Rankings; lower is better) Michigan strengths were lower percentage of adults who avoided care due to cost, high prevalence of colorectal cancer screening, and high prevalence of having a dedicated health care provider. The challenges for MI were high prevalence of frequent mental distress, high prevalence of multiple chronic conditions, and high percentage of cigarette smoking.

*Photo Credit: UPHS-Portage*

## Health Status Data, Rankings and Comparisons

## Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, and interviews. If a measure was better than Michigan, it was identified as a strength, and where an indicator was worse than Michigan, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

[2] *The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Michigan's counties every year since 2003.*

## Comparisons of Health Status

In most of the following graphs, Houghton County will be blue, Michigan (MI) will be red, U.S. will be grey and the 90th percentile of counties in the U.S. will be gold.

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## Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Houghton County ranked 15th in health outcomes out of 83 Michigan counties.

### Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Houghton County ranked 15th respectively in length of life in MI. Houghton County lost 6,203 years of potential life per 100,000 population, which was lower than MI and the U.S.

Houghton County residents can expect to live 1.4 years longer than the average U.S. resident.

★ **Premature death**
(YPLL per 100,000 pop prior to age 75)
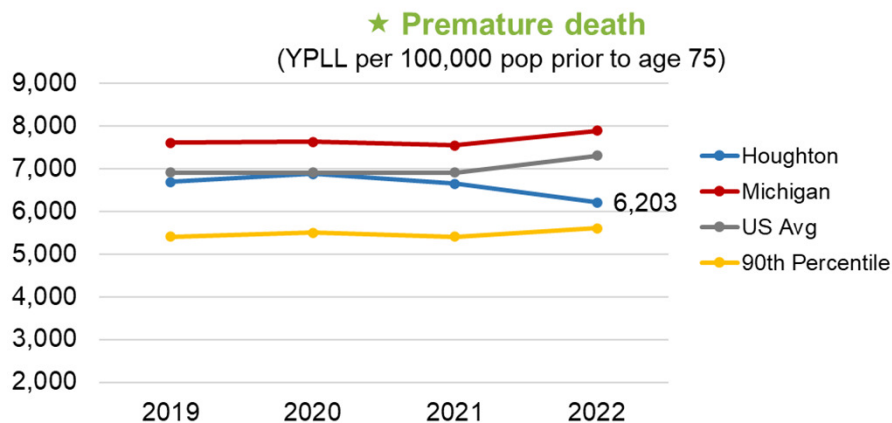


★ **Life Expectancy**
(Average number of years a person can expect to live)

| | 2018-2020 |
|---|---|
| Houghton Co | 78.4 |
| Michigan | 77.5 |
| US Avg* | 77.0 |
| 90th Percentile | 80.6 |

| Houghton County | 2018-2020 |
|---|---|
| American Indian & Alaska Native | NR |
| Asian | NR |
| Black | NR |
| Hispanic | NR |
| White | NR |

*Due to impacts of Covid, life expectancy in the US decreased 1.8 years from 2019.

*Source: County Health Rankings; National Center for Health Statistics – Mortality File 2018-2020*

## Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

| Cause of Death | Houghton County | Michigan | US |
|---|---|---|---|
| Heart Disease | 169.6 | 205.0 | 168.2 |
| Cancer | 174.8 | 157.3 | 144.1 |
| COVID-19* | 54.2 | 85.9 | 85.0 |
| Accidents (Unintentional Injuries) | 43.5 | 56.8 | 57.6 |
| Strokes | 42.1 | 44.5 | 38.8 |
| Respiratory Diseases | 40.3 | 41.9 | 36.4 |
| Alzheimer's | 48.6 | 36.9 | 32.4 |
| Diabetes | 31.7 | 26.0 | 24.8 |
| Suicide | 17.0 | 14.0 | 13.5 |
| Liver Disease | 16.2 | 13.9 | 13.3 |
| Influenza and Pneumonia | 11.9 | 14.4 | 13.0 |
| Nephritis, nephrosis | NR | 14.7 | 12.7 |
| Parkinson Disease | 12.3 | 10.3 | 9.9 |
| Septicemia | 9.5 | 9.8 | 9.7 |

Rates in red had death rates higher than MI. The leading causes of death in Houghton County were cancer, heart disease, followed by COVID-19, Alzheimer's, accidents, strokes and respiratory diseases.

**● Suicide Rate**
(per 100,000 Population)
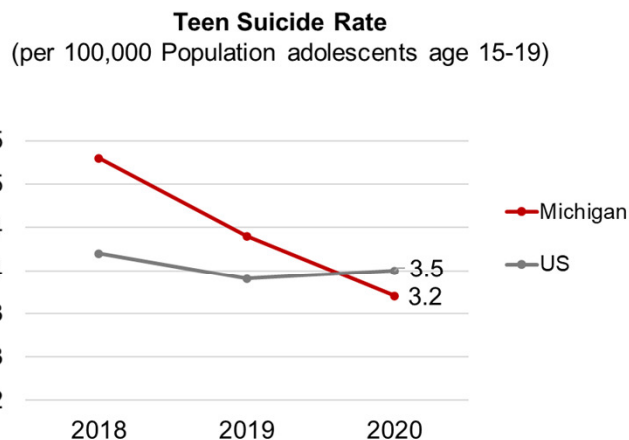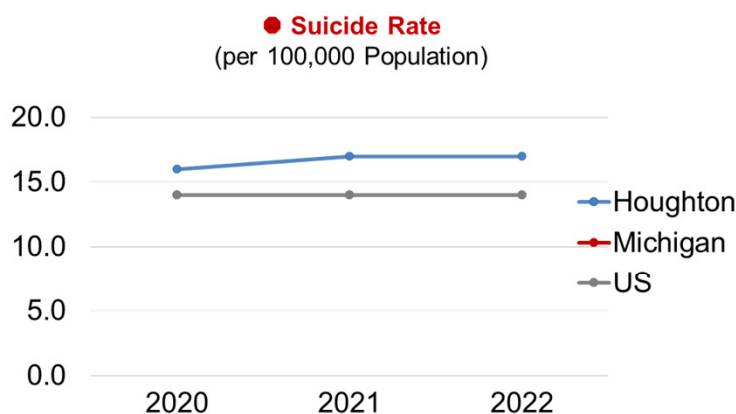


Age-adjusted rates per 100,000 population.
Houghton County, MI, Michigan, and US data are from individual years.
Michigan and US had the exact same rates each year so only one line is shown
Age Adjustment Uses 2000 Standard Population.

**Teen Suicide Rate**
(per 100,000 Population adolescents age 15-19)



Crude rates per 100,000 population.
Michigan, and US data are from individual years.
Age Adjustment Uses 2000 Standard Population.

Houghton County's suicide rate was above MI and the U.S., remaining steady in Houghton. The teen suicide rate in MI decreased in 2020.

*Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.*

*Photo Credit: UPHS-Portage*

## Length of Life STRENGTHS

- Houghton County had lower death rates in 8 leading causes of the death than MI.
- Houghton County had a longer life expectancy at 78.4 than MI (77.5).
- Houghton County had lower premature deaths at 6,203 than MI at 7,883.

## Length of Life OPPORTUNITIES

- Houghton County had higher death rates in five of the leading causes of death than MI.
- Houghton County had higher suicide rates at 17 than MI.

## Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Houghton County ranked 22nd in quality of life out of 83 Michigan counties.
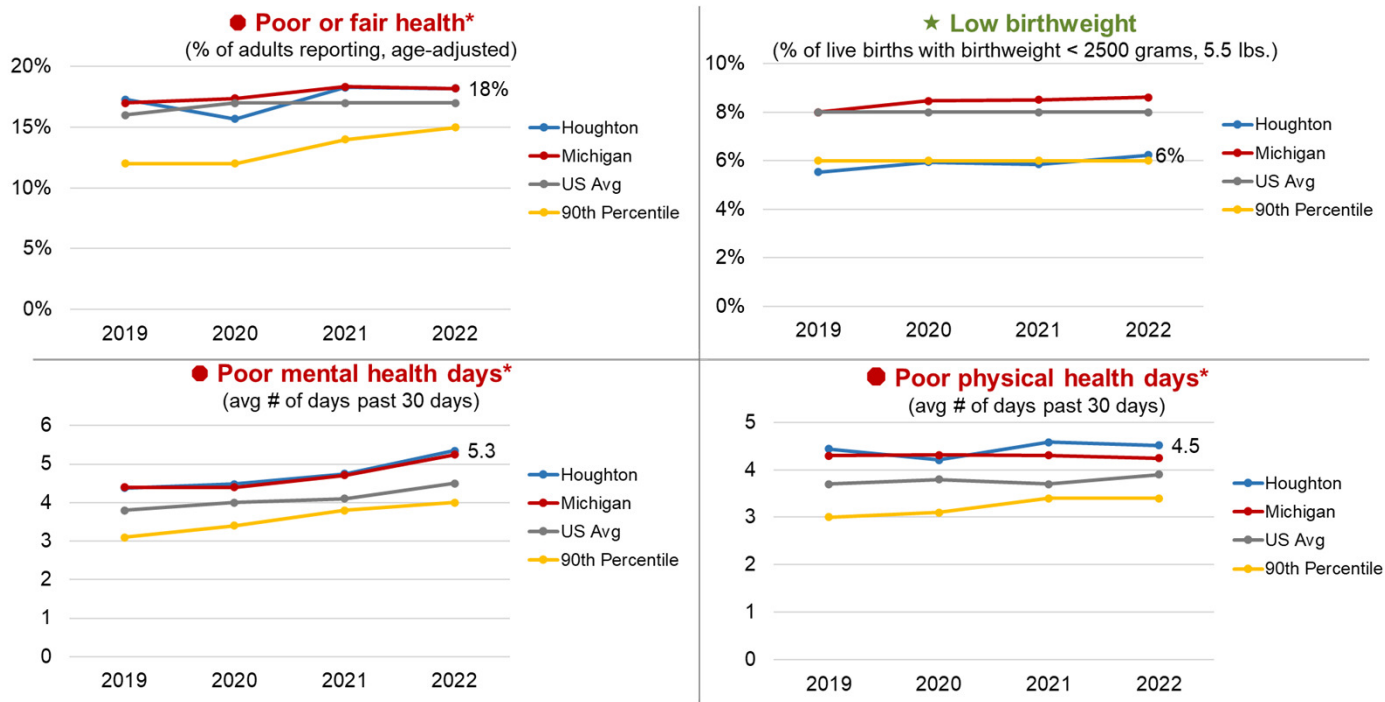


Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2019
Source: County Health Rankings: National Center for Health Statistics – Natality files (2014-2020)

## Quality of Life STRENGTHS

- Houghton County had a lower percentage of low birthweight babies at 6% than MI at 9%.
- Houghton County had the same percentage of poor or fair health days at 18% as MI.

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## Quality of Life OPPORTUNITIES

- Houghton County had a slightly higher average number of poor mental health days at 5.3 in the last 30 days than MI at 5.2.
- Houghton County had a higher number of poor physical health days at 4.5 than MI at 4.2.

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# Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Houghton County ranked 18th respectively in health factors out of 83 Michigan counties.

## Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Houghton County ranked 22nd respectively in health behaviors out of 83 counties in Michigan.

### ★ Adult obesity
(% of adults that report a BMI of 30 or more)

| | 2022 |
|---|---|
| Houghton County | 36% |
| Michigan | 36% |
| US Avg | 32% |
| 90th Percentile | 30% |

Beginning with 2021 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2021 released data should not be compared to prior years.

### ● Physical inactivity
(% 20 yo and older reporting no leisure time physical activity)
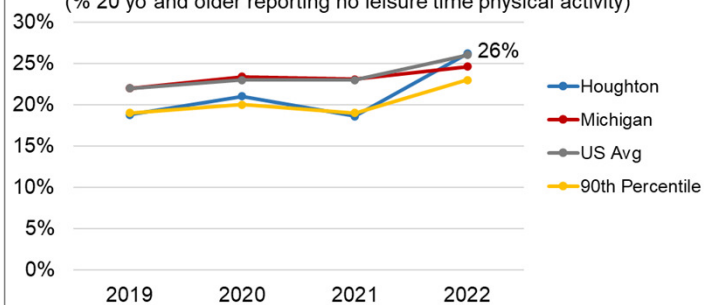


### ● Access to exercise opportunities
(% of population with adequate access to locations for physical activity)
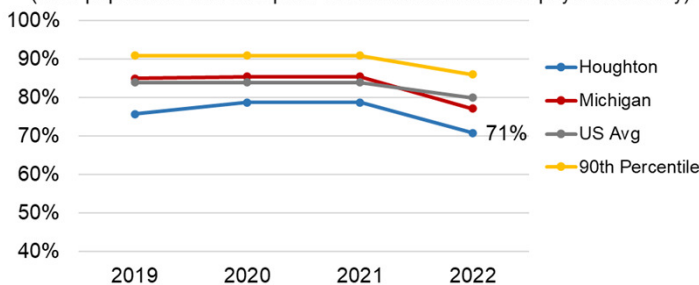


### ● Adult smoking
(% that report every day or "most days")

| | 2022 |
|---|---|
| Houghton County | 21% |
| Michigan | 20% |
| US Avg | 16% |
| 90th Percentile | 15% |

Beginning with 2021 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2021 released data should not be compared to prior years.

Source: Obesity & Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2019
Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, Esri, & US Census Tigerline Files, 2010 and 2021. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)
Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

## Health Behaviors, Cont.

### ● Excessive drinking
(% of adults reporting binge or heavy drinking)



Legend: Houghton, Michigan, US Avg, 90th Percentile

22%

### ★ Alcohol impaired driving deaths
(percentage of driving deaths with alcohol involvement)



Legend: Houghton, Michigan, US Avg, 90th Percentile

17%

### ★ Sexually transmitted infections
(chlamydia rate per 100,000 pop)



Legend: Houghton, Michigan, US Avg, 90th Percentile

174

### ★ Food environment index
(higher is better)



Legend: Houghton, Michigan, US Avg, 90th Percentile

7.4

*Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019*
*Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2016-2020*
*Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019*
*Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019*

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

### ★ Teen birth rate
(# of births per 1,000 female pop ages 15-19)



Legend: Houghton, Michigan, US Avg, 90th Percentile

10
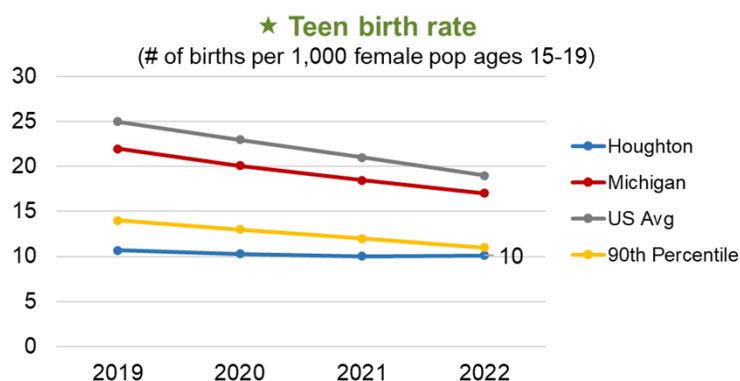
*Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2014-2020*

## Health Behaviors, Cont.

### Adverse Childhood Experiences (ACEs)

Abuse, neglect and household disfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes. According to the CDC, "Adverse Childhood Experiences have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity." ACEs are strongly associated with social inequities. While present in all populations, females, LGBTQ+, people of color, and those experiencing income disparities are at a greater risk of experiencing multiple ACEs.
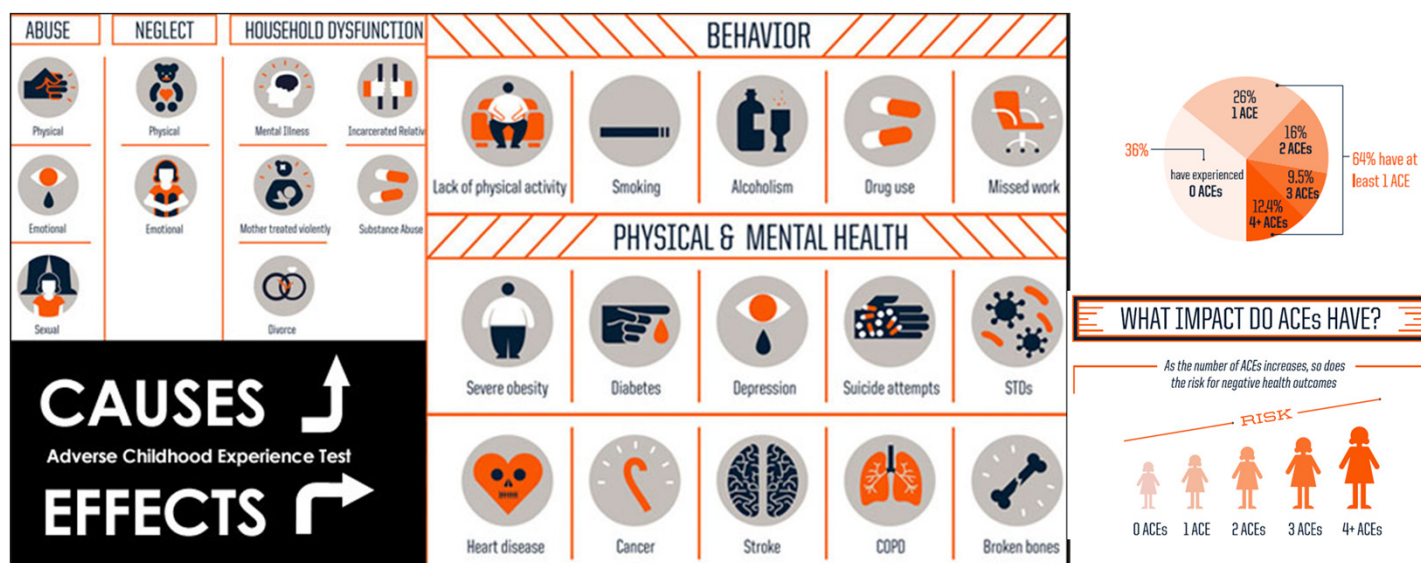


| | 0 ACEs | 1 ACEs | 2+ ACEs |
|---|---|---|---|
| **United States** | 54% | 25% | 22% |
| **Michigan** | 54% | 24% | 22% |

*Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children's Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].*

ACEs data is not available for Houghton County. However, Michigan had the same percentage of youth with no ACEs, and 2+ ACEs than the U.S., and a lower percentage of youth with 1 ACE.

*Photo Credit: UPHS - Portage*

## Health Behaviors STRENGTHS

- Adult obesity in Houghton County was the same as MI at 36%. Obesity puts people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension, and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- The food environment index was higher (better) in Houghton County (7.4) than MI (7.1).
- The percentage of alcohol impaired driving deaths was lower in Houghton County at 17% than MI (29%).
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Houghton County (174) than MI (502).
- The teen birth rate in Houghton County was lower at 10 than MI (17).

## Health Behaviors OPPORTUNITIES

- Physical inactivity was slightly higher in Houghton County at 26% than in MI (25%).
- Seventy-one percent of Houghton County had access to exercise opportunities compared to 77% of MI.
- Houghton County had a slightly higher percentage of adult smokers at 21% than MI.
- Houghton County had a higher percentage of adults reporting binge or heavy drinking at 22% than MI at 20%.

# Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Houghton County ranked 43rd in clinical care out of 83 Michigan counties.



● **Uninsured**
(% <65 without health insurance)
Houghton, Michigan, US Avg, 90th Percentile — 2019-2022; Houghton 8%

★ **Preventable hospital stays**
(hospitalization rate for ambulatory-sensitive conditions per 100,000 Medicare enrollees)
Houghton, Michigan, US Avg, 90th Percentile — 2020-2022; Houghton 3,048

● **Flu Vaccines**
(% of Medicare enrollees vaccinated per year)
Houghton, Michigan, US Avg, 90th Percentile — 2019-2022; Houghton 26%

★ **Mammography screening**
(% female Medicare enrollees ages 65-74 receiving annual mammogram)
Higher is better
Houghton, Michigan, US Avg, 90th Percentile — 2020-2022; Houghton 48%

*Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2019*

*Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2019*

● **Primary care physicians**
(population per physician)
Houghton, Michigan, US Avg, 90th Percentile — 2019-2022; Houghton 1,427

● **Dentists**
(population per dentist)
Houghton, Michigan, US Avg, 90th Percentile — 2019-2022; Houghton 1,527

● **Mental health providers***
(population to mental health providers)
Houghton, Michigan, US Avg, 90th Percentile — 2019-2022; Houghton 509

● **Diabetes prevalence**
(% of adults aged 20 and above diagnosed with diabetes)
Houghton, Michigan, US Avg, 90th Percentile — 2019-2022; Houghton 10%

*Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2019*
*Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2020*
*Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2021*
*Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019*

## Clinical Care, cont.

MI had a higher vaccination percentage among children 19-35 months old than the U.S. and lower COVID-19 vaccination rates.

### Vaccination Coverage Among Children and COVID-19 Vaccination Rates

**Combined 7 Series Vaccination Coverage by Age 24 Months among Children Born in 2018, National Immunization Survey-Child (NIS-Child), 2018**

**Michigan 76.7%**

**United States 71.3 %**

53% of the total residents of Houghton County are fully vaccinated for Covid 19.
MI = 61%
US = 67%
8/2/2022

**Legend – Coverage (%)**

| | |
|---|---|
| | 48.8 - 66.2 |
| | 66.3 - 70.8 |
| | 70.9 - 73.1 |
| | 73.2 - 76.5 |
| | 76.6 - 86.1 |
| | Not Available |

**Cities/Counties**

BX  CHI  DC  HOU  NYC  PHI

**Territories**

GU  PR  USVI
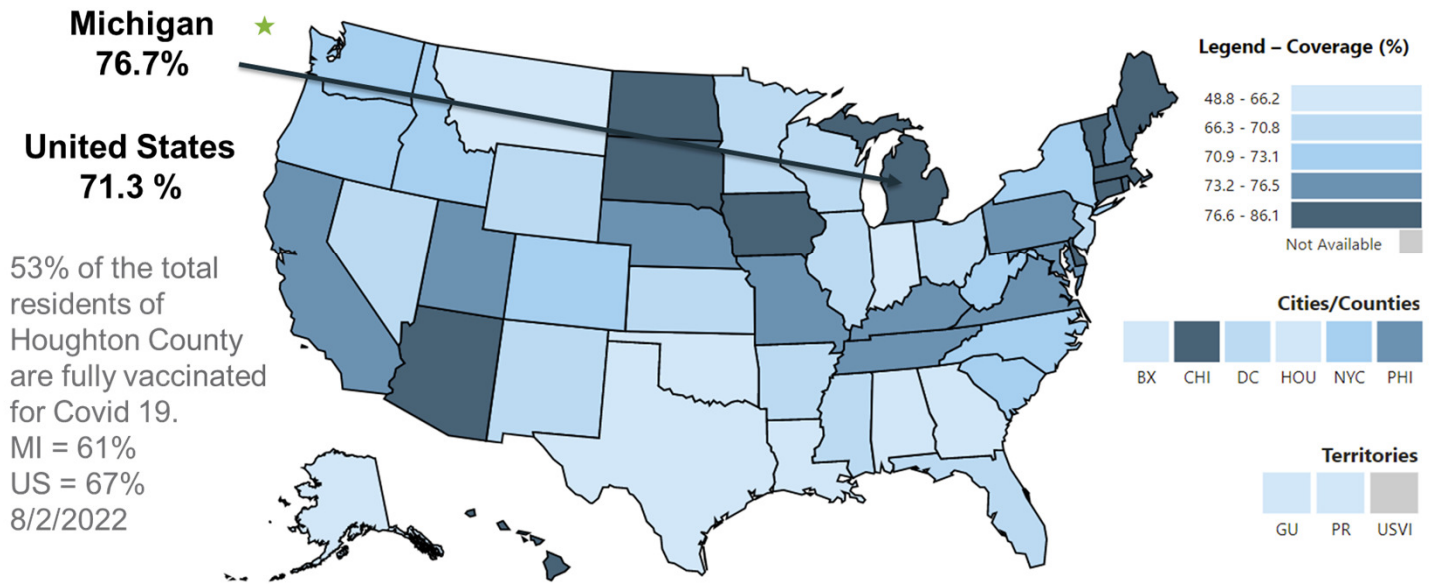


*Source: CDC, National Center for Immunization and Respiratory Diseases (2017 data posted 2020)*

**US 448.6**

**Michigan 448.8**

**Houghton County 365.9**

**Incidence Rates† for Michigan by County**
**All Cancer Sites, 2014 - 2018**
**All Races (includes Hispanic), Both Sexes, All Ages**

Age-Adjusted Annual Incidence Rate (Cases per 100,000)

Quantile Interval

| | |
|---|---|
| | 330.7 to 405.1 |
| | > 405.1 to 428.6 |
| | > 428.6 to 448.7 |
| | > 448.7 to 466.6 |
| | > 466.6 to 526.6 |

US (SEER + NPCR) Rate (95% C.I.) 448.6 (448.3 - 448.9)

Michigan Rate (95% C.I.) 448.8 (447.1 - 450.5)
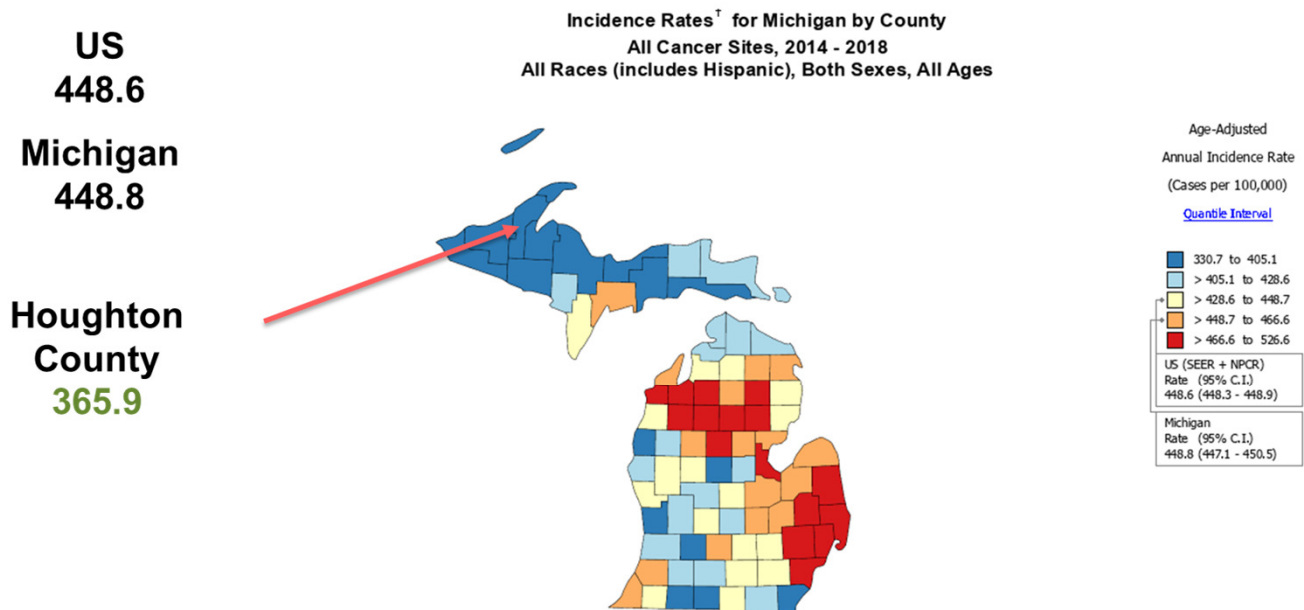


Notes:
State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder 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 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.
Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see malignant.html
Data for the United States does not include data from Puerto Rico

## Clinical Care STRENGTHS

- Preventable hospital stays in Houghton County were 3,048 per 100,000 Medicare enrollees, which was lower than MI (4,357). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
- Houghton County had a higher percentage of mammography screenings at 48% respectively than MI at 45%.
- Houghton County had lower cancer incidence rates at 365.9 than MI at 448.8.

## Clinical Care OPPORTUNITIES

- The percent of population under sixty-five without health insurance in Houghton County was 8%, higher than MI at 7%.
- COVID-19 vaccinations were lower in Houghton County at 53% than MI at 61%.
- The percent of Medicare enrollees with flu vaccines per year was lower in Houghton County (26%) than MI.
- The population per primary care physician was at 1,427 in Houghton County, higher than MI (1,246).
- The population per dentists in Houghton County (1,527) was higher than MI at 1,294.
- The population per mental health providers in Houghton County was 509, higher than MI at 332.
- Houghton County's percentage of diabetes prevalence was slightly higher at 10% than MI at 9%.

## Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Houghton County ranked 14th in social and economic factors out of 83 Michigan counties.



★ **High school completion**
(% off adults ages 25 and over with a high school diploma or equivalent) higher is better

- Houghton
- Michigan
- US Avg
- 90th Percentile

93%



★ **Some college**
(% of adults 35-44 with some postsecondary ed)
Higher is better

- Houghton
- Michigan
- US Avg
- 90th Percentile

70%



★ **Children in single-parent households**
(% of HH headed by a single parent)

- Houghton
- Michigan
- US Avg
- 90th Percentile

14%



★ **Social associations**
(# of membership assoc. per 10,000 pop)

- Houghton
- Michigan
- US Avg
- 90th Percentile

12

*Source: High school completion– CHR, American Community Survey, 5-yr estimates, 2016-2020*
*Source: Some college CHR; American Community Survey, 5-year estimates, 2016-2020.*
*Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020*
*Source: Social associations - CHR; County Business Patterns, 2019*



★ **Children in poverty**
(% under age 18 in poverty)

- Houghton
- Michigan
- US Avg
- 90th Percentile

14%
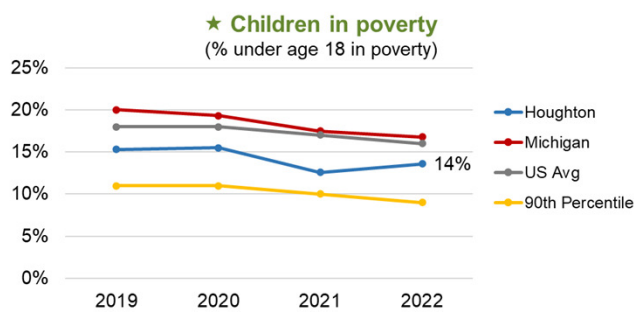
### Children in poverty
(% under age 18 in poverty)

| Houghton County | 2022 |
|---|---|
| American Indian & Alaska Native | NR |
| Asian | NR |
| Black | 69% |
| Hispanic | 6% |
| White | 13% |

46% of children in Houghton County are eligible for free or reduced-price lunches 2019-2020 compared to 50% for MI



★ **Injury deaths**
(Injury mortality per 100,000)

- Houghton
- Michigan
- US Avg
- 90th Percentile

68
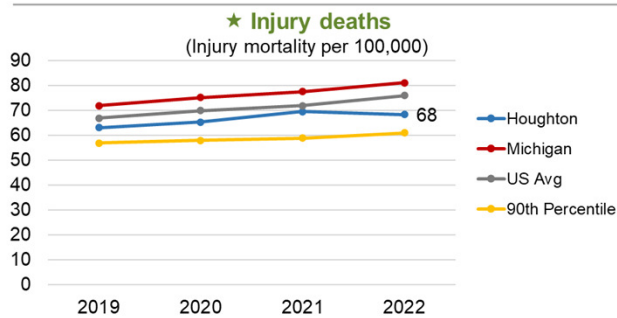
### Injury deaths
(Injury mortality per 100,000)

| Houghton County | 2022 |
|---|---|
| American Indian & Alaska Native | NR |
| Asian | NR |
| Black | NR |
| Hispanic | NR |
| White | NR |

*Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2016-2020*
*Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2016-2020*
*Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016*

## Social & Economic Factors Cont.



**Income inequality**
(ratio of HH income at the 80th percentile to income at the 20th percentile)

**Violent crime rate**
(violent crime per 100,000 pop)
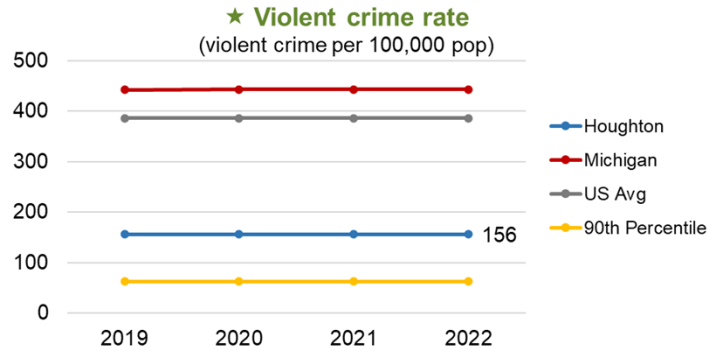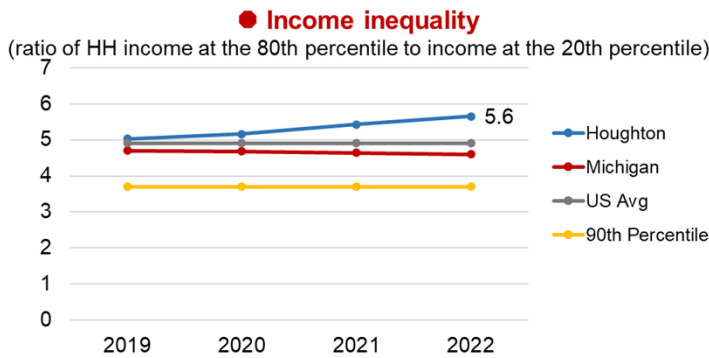
## Social & Economic Factors STRENGTHS

- In Houghton County, the percentage of high school completion was higher at 93% than MI (91%).
- In Houghton County, the percentage of postsecondary education was higher at 70% than MI (67%).
- The percentage of children in single-parent households was 14% in Houghton County, lower than MI (25%).
- Social associations were higher in Houghton County at 12 memberships per 10,000 population than MI at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
- In Houghton County, the percentage of children in poverty was 14%, lower than MI at 17%.
- Injury deaths were lower in Houghton County at 68 per 100,000 population than MI (81).
- The number of violent crimes per 100,000 population was lower in Houghton County at 156 than MI at 443.
- The cost of living was lower in Houghton County than in MI and the U.S.

## Social & Economic Factors OPPORTUNITIES

- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was higher in Houghton County at 5.6 than MI at 4.6.
- The median household income in Houghton County was $44,684, lower than MI at $58,537.
- The percentage in poverty in Houghton County was 15%, and higher than MI and the U.S.

# Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Houghton County ranked 6th in physical environment out of 83 Michigan counties.

### ★ Drinking water violations

| | 2020 | 2021 | 2022 |
|---|---|---|---|
| Houghton County | No | No | No |

Source: EPA Safe Drinking Water Information System.

### ● Severe housing problems
(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



Legend: Houghton, Michigan, US Avg, 90th Percentile. Houghton 17% in 2022.

### ★ Long commute- driving alone
(among workers who commute alone, the % that commute > 30 minutes)



Legend: Houghton, Michigan, US Avg, 90th Percentile. Houghton 12% in 2022.
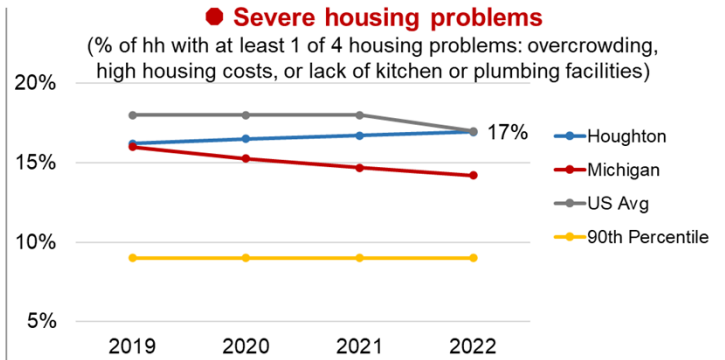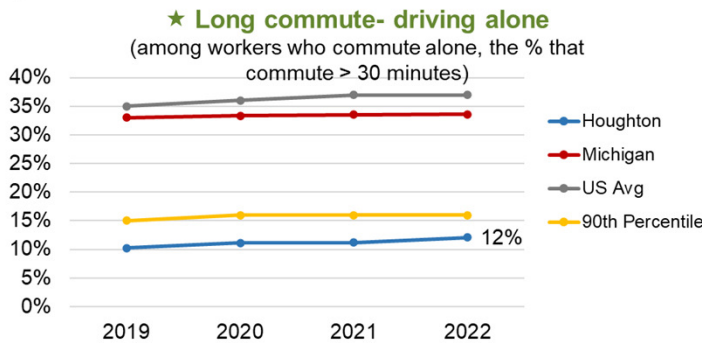
### ● Broadband access
(% of households with broadband internet connection)

| Houghton County | 2022 |
|---|---|
| Houghton County | 82% |
| Michigan | 84% |
| US Avg | 85% |
| 90th Percentile | 88% |

*Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2020 Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2014-2018. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2016-2020. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2018*

*Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2016-2020*

## Physical Environment STRENGTHS

- Houghton County reported no drinking water violations in the last three years.
- 12% of workers in Houghton County who commute alone commute over 30 minutes, lower than MI at 38%.

## Physical Environment OPPORTUNITIES

- Houghton County had a higher percentage of severe housing problems at 17% than MI at 14%.
- Broadband access was lower in Houghton County at 82% than MI (84%).

*Photo Credit UPHS-Portage*

## There were Four Broad Themes that Emerged in this Process:

- Houghton County needs to continue to create a "Culture of Health" which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.

- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.

- While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.

- It takes partnerships with a wide range of organizations and citizens pooling resources to  meaningfully impact the health of the community. Houghton County has many assets to improve health.

## Results of the CHNA:
## Community Health Summit Prioritized Health Needs

**Prioritization of Health Needs**

### Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

| | |
|---|---|
| Magnitude | How big is the problem? How many individuals does the problem affect, either actually or potentially? |
| Seriousness of the Consequences | What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)? |
| Equity | Does this affect one group more than others? |
| Feasibility | Is the problem preventable? How much change can be made? What is the community's capacity to address it? |

### Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room.

1. Access to care (18)
2. Mental health (16)
3. Healthy Eating/Active Living (8)
4. Social Determinants of Health (8)
5. Substance Use Disorder (5)

# Community Health Summit Brainstorming

## Community Health Goals and Actions Brainstorming

Once the stakeholders had prioritized the most significant health issues, we discussed what might be done to improve the health issue. Below are notes from the brainstorming.

### Significant Health Need 1: Access to Care

**Goal 1 – Hiring more healthcare personnel**

**Action 1 –** Increase community knowledge about healthcare professionals

**Action 2 –** Have higher rotation of team members, preventing burnout

*Resources/Collaborators Needed: Media, community, willing organizations*

**Goal 2 – Transportation**

**Action 1 –** Increase community involvement with local non-profit organizations

**Action 2** – Integrate Juvenile detention center with mental health efforts and law enforcement, providing on-site navigator to conduct mental health assessments

*Resources/Collaborators Needed: Grants*

### Significant Health Need 2: Mental Health

**Goal 1 – Education on services available**

**Action 1 –** Create mental health community event

**Action 2 –** Dedicated group to focus on the well being of mental health

*Resources/Collaborators Needed: Community, hospitals*

**Goal 2 – Increase funding for additional staff and facilities/group homes**

**Action 1 –** Talking with legislature to increase funding for family and adults outside of school

**Action 2 –** Apply for grants

*Resources/Collaborators Needed: Grants, TeleMed, MSW in E.R.*

### Significant Health Need 3: Healthy Eating/Active Living

**Goal 1 – Education**

**Action 1** – Work with organizations to expand and increase the utilization of existing programs like SNAP, PHF, Rx Program, etc.

**Action 2** – Provide quarterly education related to healthy eating and movement distributed to agencies and within community

*Resources/Collaborators Needed: 31 Backpacks, food banks, community, MTU, HSCB, BHK, senior living GSC, DHHS, hospitals, PHF, Western Up Food Collaboration*

**Goal 2 – Access**

**Action 1 –** Free social program that focuses on movement, i.e., modern mall walking

**Action 2** – Simplify healthy eating, focus on planning

*Resources/Collaborators Needed: Team RWB – Veteran program, 31 Backpacks, food banks, community, MTU, HSCB, BHK, senior living GSC, DHHS, hospitals, PHF, Western Up Food Collaboration*

*Photo Credit: UPHS - Portage*

## Community Health Goals and Actions Brainstorming, Cont.

### Significant Health Need 4: Social Determinants of Health/Socioeconomics

✓ **Goal 1 – Increase involvement in diverse socioeconomic groups in the next 3 years**

**Action 1** – Community education on equality vs. equity

**Action 2** – Observe community outreach program

**Action 3 –** Plan to survey people throughout the community, at community events, where opportunities are and how the community can improve.

**Action 4 –** Invite community participation in committees and reach out into the community.

*Resources/Collaborators Needed: City/County, Community*

# Appendices

1. **Community Survey**

2. **Employee Survey**

3. **Focus Group Summary**

4. **Community Asset Inventory**

# Survey Results

## Community Survey

Stratasan and UPHS-Portage conducted online community surveys via SurveyMonkey and in Houghton County. Eighty-four surveys were completed from June 20 through August 11, 2022.

### Demographics

**Gender**

- Female — 75.4%
- Male — 24.6%
- Transgender — 0.0%
- Non-binary — 0.0%
- Prefer not to respond — 0.0%

**Age**

- Under 25 — 7.1%
- 26 to 41 — 27.4%
- 42 to 57 — 33.3%
- 58 to 67 — 16.7%
- 68 + — 14.3%
- Decline to answer — 1.2%
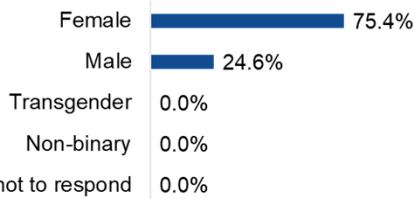
N=61 Q53. What is your gender?
N=84 Q1. Which of the following ranges includes your age?
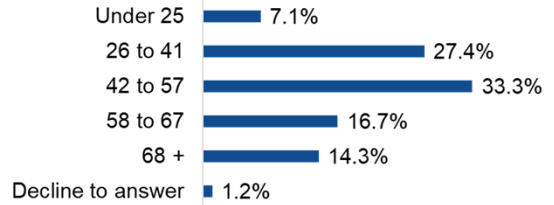
**Do you live or work in Houghton County?**

- No 7.1%
- Yes 92.9%

**What is your race?**

- White — 95.2%
- Black or African-American — 0.0%
- Asian — 0.0%
- Mixed race — 0.0%
- Decline to answer — 3.6%
- Other — 1.2%
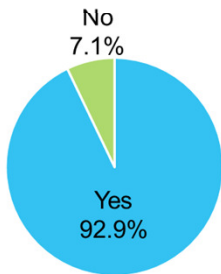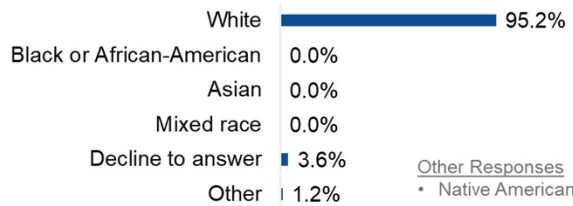
Other Responses
- Native American

**Are you Hispanic?**

- Yes 1.2%
- Decline to answer 3.6%
- No 95.2%

N=84 Q2. Do you live or work in Houghton County?
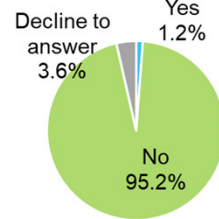
N=84 Q3. What is your race?
N=84 Q4. Are you Hispanic?

### Q47. Which of the following best describes your health insurance situation?

- I have no health insurance — 4.8%
- Private insurance (through employer or self-paid), from the military or ACA Marketplace — 66.1%
- Medicare — 19.4%
- Medicaid — 4.8%
- Decline to answer — 1.6%
- Other — 3.2%
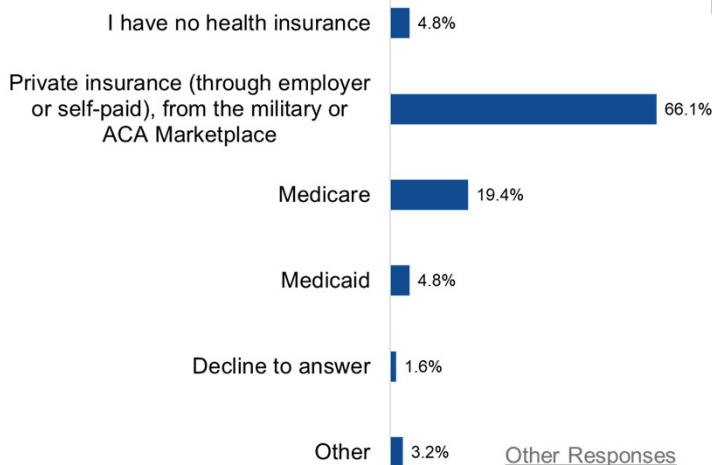
Other Responses
- Wife's medical insurance and Medicare
- Tri care Reserve

**Do you have a high deductible health plan?**

- Don't know 8.3%
- No 41.7%
- Yes 50.0%

N=62 Q47. Which of the following best describes your health insurance situation?
N=60 Q48. Do you have a high deductible health plan? Defined as a deductible over $1,350 for individual and $2,700 for a family.

UP HEALTH SYSTEM
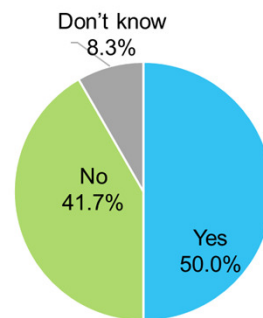
# Survey Results

### Demographics, cont.

#### Q49. What formal education have you earned?

| | |
|---|---|
| Less than High School | 0.0% |
| High school graduate | 3.2% |
| Trade or technical school or union apprenticeship | 8.1% |
| Some College | 16.1% |
| College degree and higher | 72.6% |
| Decline to answer | 0.0% |
| Other | 0.0% |
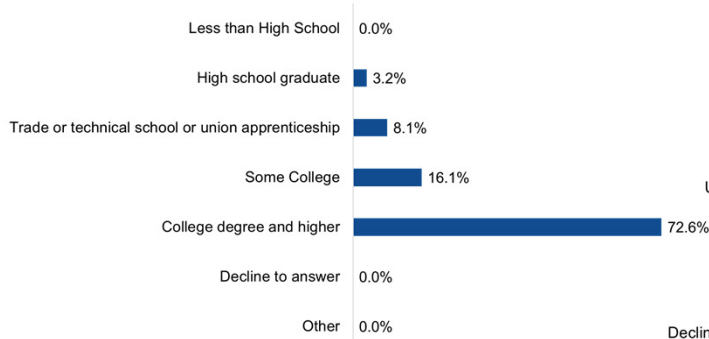
N=62  Q49. What formal education have you earned?

#### Q50. What is your current employment status?

| | |
|---|---|
| Full-time | 58.1% |
| Part-time | 16.1% |
| Unemployed | 8.1% |
| Retired | 17.7% |
| Decline to answer | 0.0% |
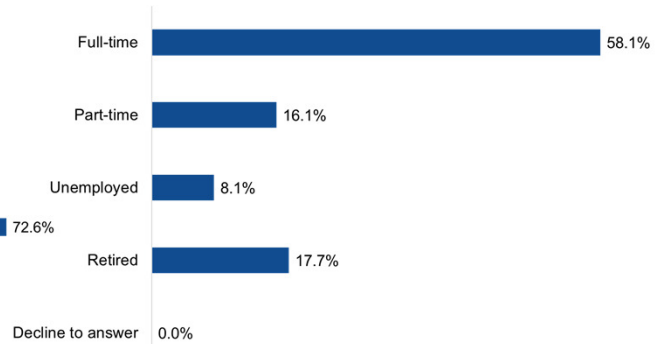
N=62  Q50. What is your current employment status?

#### Q51. Which of the following includes your annual household income?

| | |
|---|---|
| Less than $25,000 | 9.7% |
| $25,000 to $74,999 | 32.3% |
| $75,000 to $99,999 | 12.9% |
| $100,000 or more | 35.5% |
| Decline to answer | 9.7% |
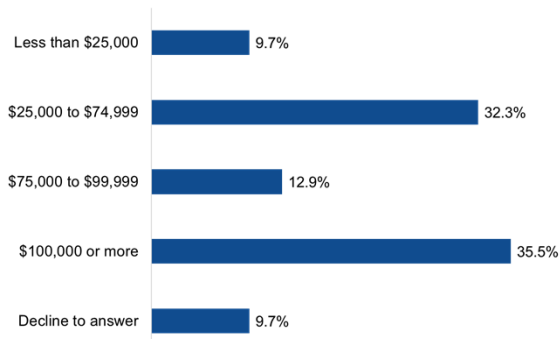
N=62  Q51. Which of the following includes your annual household income?

#### Q54. What is your sexual orientation?

| | |
|---|---|
| Straight (heterosexual) | 95.1% |
| Bisexual/pansexual/fluid | 1.6% |
| Asexual/aromantic | 0.0% |
| Gay | 0.0% |
| Lesbian | 0.0% |
| Additional category/identify not listed (please specify) | 1.6% |
| Prefer not to disclose | 1.6% |
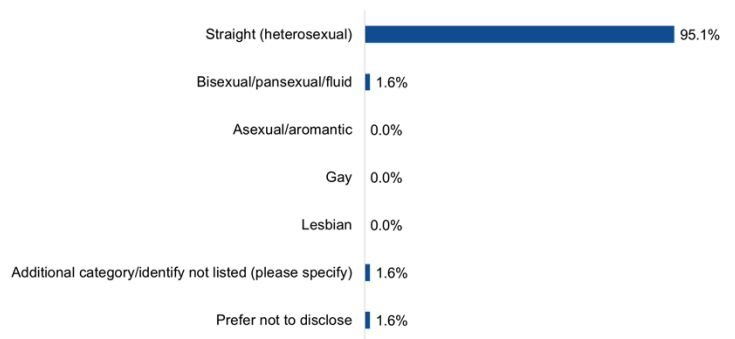
N=61  Q54. What is your sexual orientation?

#### Q52. What is your disability status?

| | |
|---|---|
| I do not have a disability. | 85.5% |
| Physical Disability  Conditions that substantially limit one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying. | 8.1% |
| Mental Disability  Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty learning, remembering or concentrating. | 4.8% |
| Sensory Disability  Conditions that include blindness, deafness, or a severe vision or hearing impairment. | 1.6% |
| Self-care Disability  Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty dressing, bathing, or getting around inside the home. | 0.0% |
| Go-outside-home Disability  Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty going outside the home alone to shop or visit a doctor's office. | 0.0% |
| Employment Disability  Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty working at a job or business. | 0.0% |

N=62  Q52. What is your disability status?

# Survey Results

## Health Status

### Q5. Generally, how would you describe your health? Would you say it is…
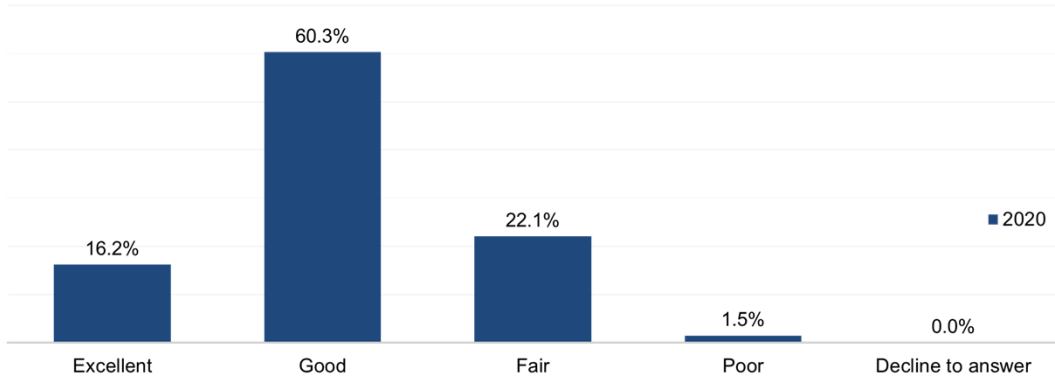


N=68  Q5. Generally, how would you describe your health? Would you say it is…

### Q6. Generally, how satisfied are you with your…
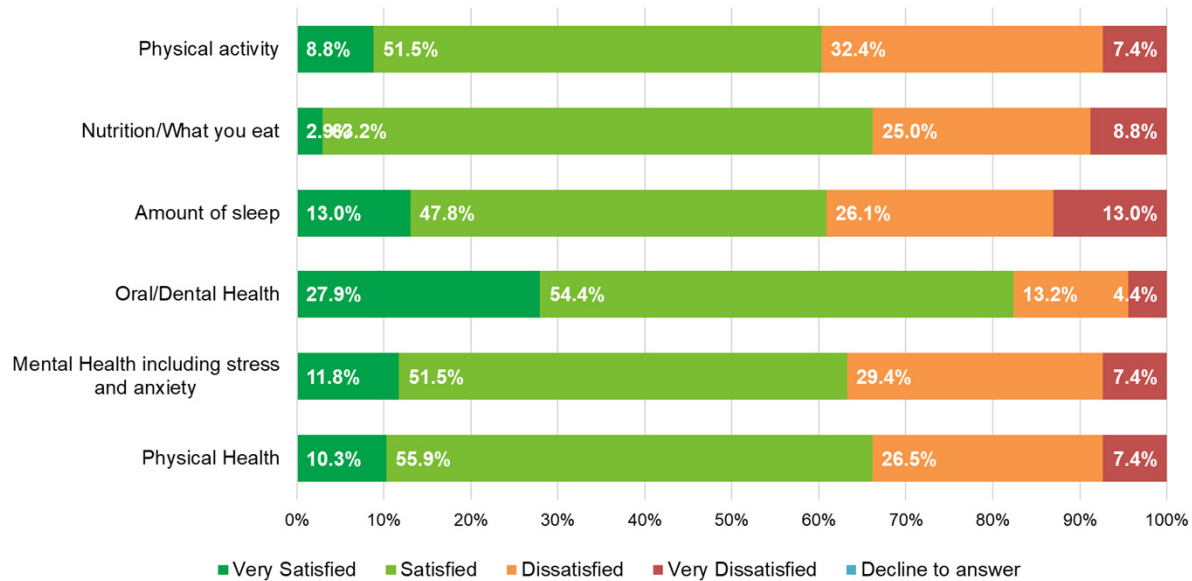


N=69  Q6. Generally, how satisfied are you with your…

# Survey Results

## Access to Care

### Q7. If you have one person or group you turn to for basic healthcare needs, where do you go most often? (May select multiple answers)

| Response | Percentage |
|---|---|
| My primary care doctor or family physician | 86.8% |
| Urgent care center | 14.7% |
| Alternative healthcare providers (chiropractors, etc.) | 13.2% |
| Friend or Relative | 10.3% |
| Hospital (including the ER) | 7.4% |
| Use Specialist as PCP | 4.4% |
| Retail clinic (CVS, Walgreens, Little Clinic, etc.) | 1.5% |
| Health department | 0.0% |
| Free or low-income clinic | 0.0% |
| School/university nurse | 0.0% |
| I do not have a healthcare provider | 0.0% |
| Other | 5.9% |

Other Responses
- Holistic Medicine
- VA
- Nurse practitioner
- massage therapy

N=68  Q7. If you have one person or group you turn to for basic healthcare needs, where do you go most often? (May select multiple answers)

### Q8. Was there a time in the past 12 months when you needed to see a doctor but could not?

Don't know 1.5%
Yes 32.4%
No 66.2%

**What are some of the reasons why you could not see a doctor?**

| Response | Percentage |
|---|---|
| Doctor unavailable | 58.3% |
| Lack of access to a physician taking new patients | 20.8% |
| Specific service I needed was not available locally | 20.8% |
| Lack of money/insurance for office visit | 20.8% |
| Inconvenient office hours | 12.5% |
| I was too sick | 8.3% |
| I'm not comfortable with any doctor | 4.2% |
| Lack of transportation | 4.2% |
| Don't know how to find a good doctor | 4.2% |
| Language/racial/cultural barriers | 0.0% |
| Weather was too bad | 0.0% |
| I do not have a healthcare provider | 0.0% |
| Other | 16.7% |

Other Responses
- Primary Care Physician retired, could not find an adequate replacement, and started seeing a Nurse Practitioner at Aspirus.
- Could not get an appointment for several months. That is an unacceptable wait.
- Appointment scheduled far out.
- No appointments available .

N=68  Q8. Was there a time in the past 12 months when you needed to see a doctor but could not?
N=24  Q9. If yes, what are some of the reasons why you could not see a doctor? (Select all that apply)

# Survey Results

## Access to Care, cont.

### Q10. Was there a time in the past 12 months when you needed to see a dentist but could not?

**What are some of the reasons why you could not see a dentist?**

| Reason | Percent |
|---|---|
| Dentist unavailable | 44.0% |
| Lack of access to a dentist taking new patients | 28.0% |
| Lack of money/insurance for office visit | 28.0% |
| Specific service I needed was not available locally | 12.0% |
| Inconvenient office hours | 4.0% |
| I'm not comfortable with any dentist | 0.0% |
| Language/racial/cultural barriers | 0.0% |
| Lack of transportation | 0.0% |
| Don't know how to find a good dentist | 0.0% |
| Weather was too bad | 0.0% |
| I was too sick | 0.0% |
| I do not have a dentist | 0.0% |
| Other | 20.0% |

Pie chart: Yes 33.8%, No 66.2%

**Other Responses**
- Cost. My health plan has minimal dental coverage
- Difficult to make appointments closer to current schedule, appointments are so far out.
- Lack of available appointments
- Not applicable
- Emergency root canal services not available.

N=68  Q10. Was there a time in the past 12 months when you needed to see a dentist but could not?
N=25  Q11. If yes, what are some of the reasons why you could not see a dentist? (Select all that apply)

### Q12. Was there a time in the past 12 months when you needed to see a mental health professional but could not?

**What are some of the reasons why you could not see a mental health professional?**

Pie chart: Don't know 1.5%, Yes 22.7%, No 75.8%

| Reason | Percent |
|---|---|
| Lack of money/insurance for office visit | 52.9% |
| Don't know how to find a good therapist/psychiatrist, etc. | 47.1% |
| Lack of access to a provider taking new patients | 47.1% |
| I'm not comfortable with any mental health provider | 23.5% |
| Specific service I needed was not available locally | 23.5% |
| Provider unavailable | 11.8% |
| Inconvenient office hours | 5.9% |
| Language/racial/cultural barriers | 0.0% |
| Lack of transportation | 0.0% |
| Weather was too bad | 0.0% |
| I was too sick | 0.0% |
| I do not have a healthcare provider | 5.9% |
| Other | 17.7% |

**Other Responses**
- Little insurance coverage for mental health and high out of pocket cost-my physical coverage on my insurance is good
- Poor quality providers in area
- Not applicable

N=66  Q12. Was there a time in the past 12 months when you needed to see a mental health professional but could not?
N=17  Q13. If yes, what are some of the reasons why you could not see a mental health professional? (Select all that apply)

# Survey Results

## Access to Care, cont.

### Q19. Was there a time in the past 12 months when you needed medications but could not obtain them?

Don't know
0.0%

Yes
11.8%

No
88.2%

**What are some of the reasons why you could not obtain needed medications?**

| Reason | % |
|---|---|
| Could not obtain a prescription from physician | 44.4% |
| Lack of money/insurance for drugs | 44.4% |
| Inconvenient pharmacy hours | 11.1% |
| Specific drug I needed was not available | 11.1% |
| Language/racial/cultural barriers | 0.0% |
| Lack of transportation to pharmacy | 0.0% |
| Don't know how to find a good pharmacy | 0.0% |
| Weather was too bad | 0.0% |
| I was too sick | 0.0% |
| I do not have a pharmacy | 0.0% |
| Other | 22.2% |

Other Responses
• I have insurance but they refused to cover, it would have been very expensive
• Not applicable
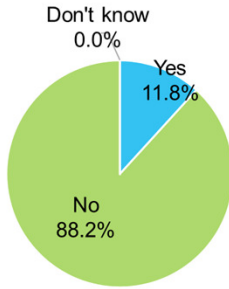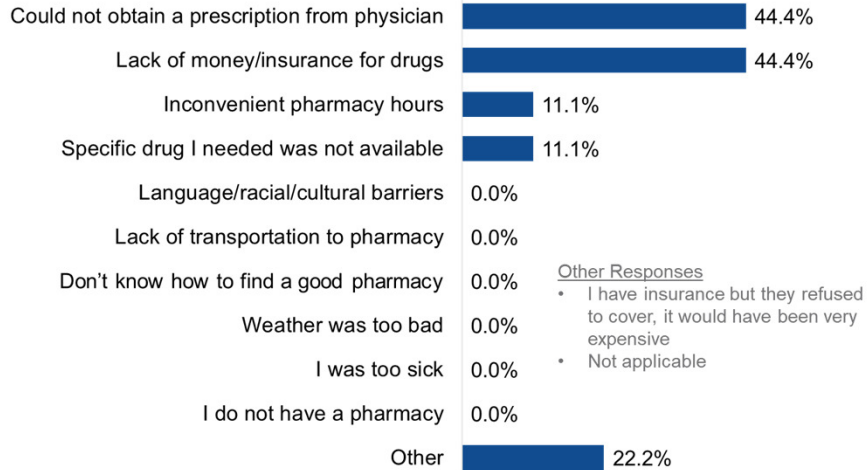
N=68  Q19. Was there a time in the past 12 months when you needed medications but could not obtain them?
N=9  Q20. If yes, what are some of the reasons why you could not obtain needed medications? (Select all that apply)

## Mental Health

### Q14. Please tell us to what level you agree or disagree with the following statements.

| Statement | Strongly agree | Agree | Disagree | Strongly Disagree | Decline to Answer |
|---|---|---|---|---|---|
| The pandemic made it easier to discuss mental health issues. | 3.0% | 48.5% | 37.9% | 9.1% | 1.5% |
| In my community, mental health issues are viewed as a personal failure. | 7.6% | 43.9% | 34.9% | 9.1% | 4.6% |
| The pandemic has had a negative impact on my mental health. | 16.2% | 39.7% | 32.4% | 11.8% | 0.0% |
| I would be comfortable getting mental health help in my community. | 10.5% | 44.8% | 29.9% | 11.9% | 3.0% |
| If needed, I know how to access mental health resources in my community. | 13.2% | 41.2% | 30.9% | 14.7% | |
| I am aware of mental health resources that are available in my community. | 13.2% | 42.7% | 30.9% | 13.2% | |

■ Strongly agree  ■ Agree  ■ Disagree  ■ Strongly Disagree  ■ Decline to Answer

N=68  Q14. Please tell us to what level you agree or disagree with the following statements.

# Survey Results

## Community Survey, cont.

### Substance Use

#### Q15. Have you, a relative or close friend experienced substance abuse or addiction?



| Substance | Percentage |
| --- | --- |
| Alcohol | 77.5% |
| Prescription drugs/pain killers | 10.0% |
| Marijuana | 5.0% |
| Methamphetamine (Meth) | 2.5% |
| Don't know | 2.5% |
| Cocaine/crack | 0.0% |
| Heroin | 0.0% |
| Inhalants (Glue, air, paint) | 0.0% |
| Hallucinogens (LSD, Angel Dust,… | 0.0% |
| Other | 2.5% |

Other Responses
• Alcohol and Marijuana
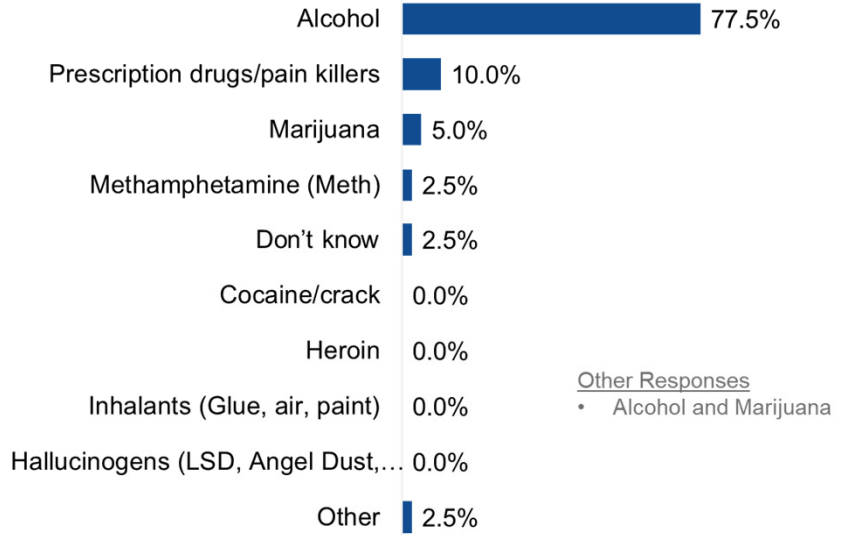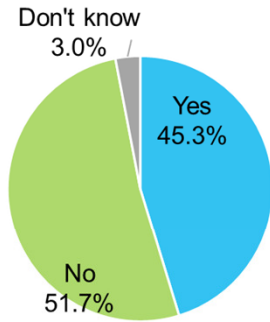
N=68  Q15. Have you, a relative or close friend experienced substance abuse or addiction?
N=40  Q16. If yes, what substance was involved?

#### Q17. Was addiction treatment available?
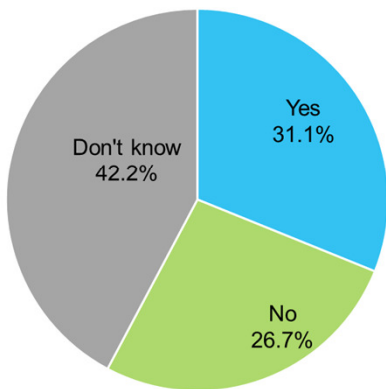


What was the result of the addiction?

| Result | Percentage |
| --- | --- |
| Recovery | 32.6% |
| Still addicted | 32.6% |
| Death | 16.3% |
| Jail | 2.3% |
| Don't know | 16.3% |

N=45  Q17. Was addiction treatment available?
N=43  Q18. What was the result of the addiction?
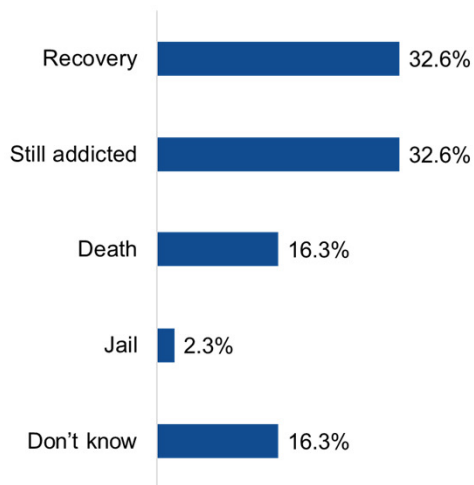
N=45  Q17. Was addiction treatment available?
N=43  Q18. What was the result of the addiction?

**Community Survey, cont.**

### Physical Activity

How often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?

| Response | Percentage |
|---|---|
| Every once in awhile | 29.4% |
| 1-2 times a week | 20.6% |
| 3-4 times a week | 17.7% |
| 5-7 times a week | 19.1% |
| Several times a day | 4.4% |
| Never | 8.8% |
| Decline to answer | 0.0% |
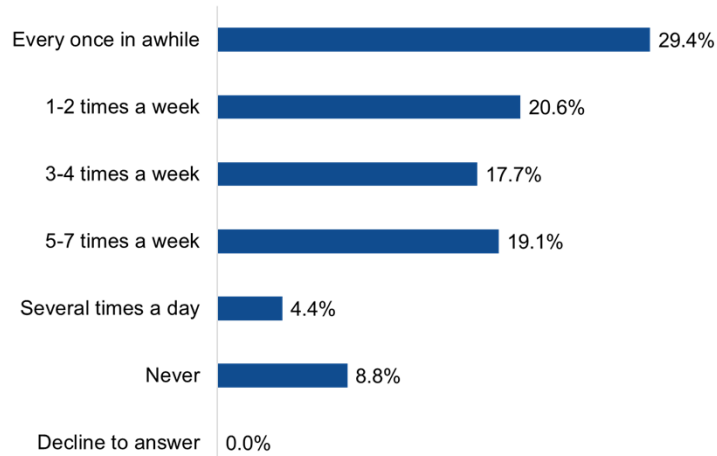
N=68  Q21. During the past month, other than on your regular job, about how often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?

Q22. If never, what are the reasons you have not participated in any exercise during the past month? (Select all that apply)

| Reason | Percentage |
|---|---|
| It's hard to stay motivated | 54.6% |
| Not enough time in my day | 31.8% |
| I'm not healthy enough to exercise | 27.3% |
| Don't know where to go | 18.2% |
| Don't know how | 4.6% |
| There is no safe place to exercise in my neighborhood | 0.0% |
| Other | 18.2% |

Other Responses
• Burn out from work
• Not sure where to start
• Not applicable
• No place affordable
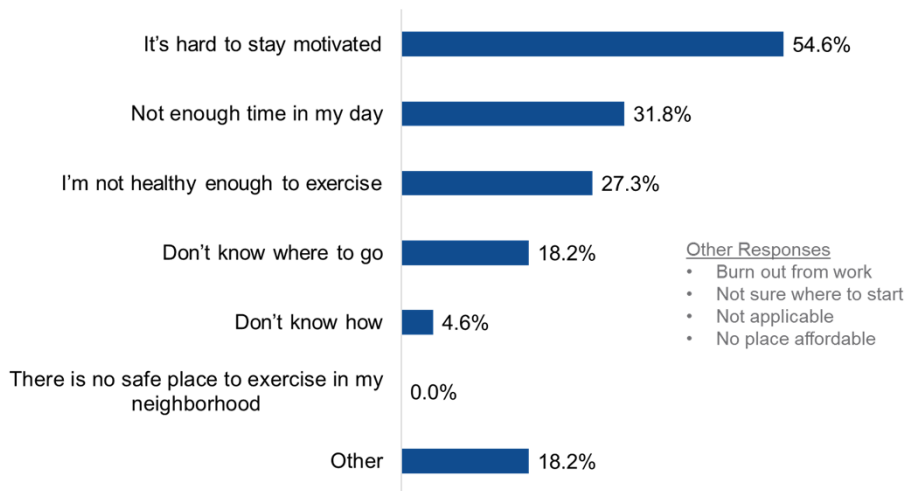
N=22  Q22. If never, what are the reasons you have not participated in any exercise during the past month? (Select all that apply)

# Survey Results

## Community Survey, cont.

### Tobacco

**Q23. How often do you smoke or use smokeless tobacco, if you do?**

| | |
|---|---|
| Never – do not use tobacco | 88.2% |
| A few times a month | 4.4% |
| Weekly | 0.0% |
| Daily | 7.4% |
| Hourly | 0.0% |
| Decline to answer | 0.0% |

**Q24. How often do you use e-cigarettes or vape, if you do?**

| | |
|---|---|
| Never – do not vape or Juul | 91.2% |
| A few times a month | 2.9% |
| Weekly | 0.0% |
| Daily | 4.4% |
| Hourly | 1.5% |
| Decline to answer | 0.0% |
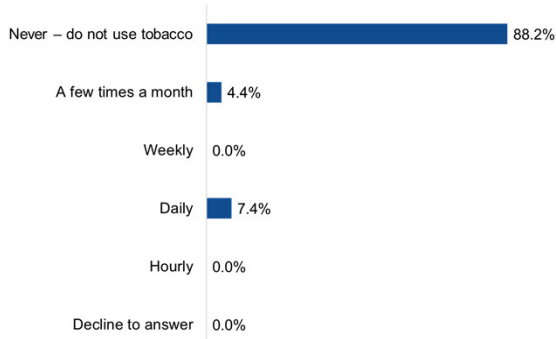
N=68  Q23. How often do you smoke or use smokeless tobacco, if you do?
N=68  Q24. How often do you use e-cigarettes or vape, if you do?
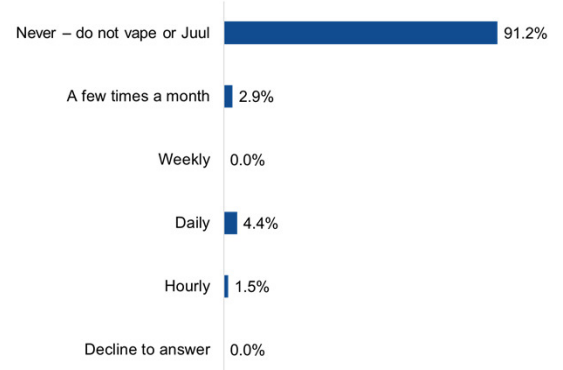
### Healthy Eating

**Q25. How often do you or another family member cook dinner at home?**

| | |
|---|---|
| 5 to 7 nights a week | 50.0% |
| 3 to 4 nights a week | 38.2% |
| Less than 3 nights a week | 8.8% |
| Never | 2.9% |

**Q26. How many times a week do you eat fast food?**

| | |
|---|---|
| 14-21 times a week | 0.0% |
| 7-13 times a week | 1.5% |
| 4-6 times a week | 1.5% |
| 1-3 times a week | 32.4% |
| A couple times a month | 25.0% |
| Rarely | 32.4% |
| Never | 7.4% |
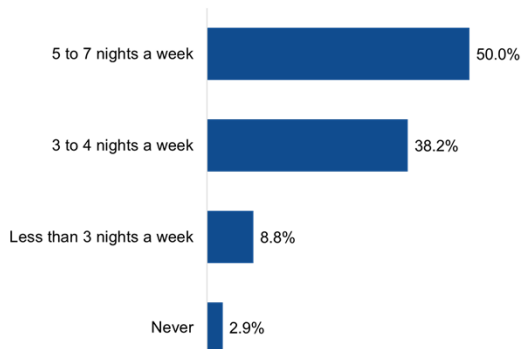
N=68  Q25. How often do you or another family member cook dinner at home?
N=68  Q26. How many times a week do you eat fast food?
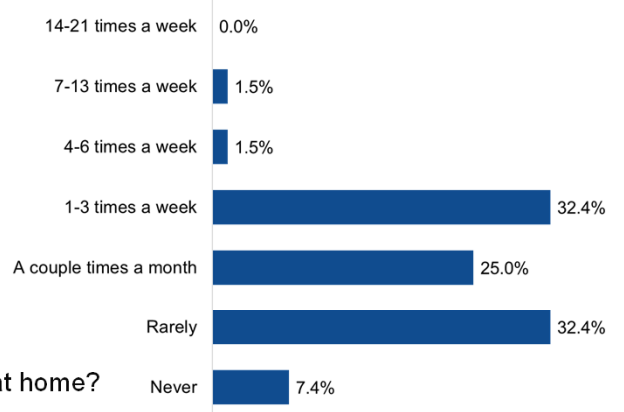
**Q27. How close in distance is the nearest grocery store that offers fresh fruits and vegetables?**

| | |
|---|---|
| Less than 1 mile | 26.5% |
| 1 mile to 5 miles | 41.2% |
| 5 to 10 miles | 26.5% |
| Greater than 10 miles | 5.9% |
| Decline to answer | 0.0% |
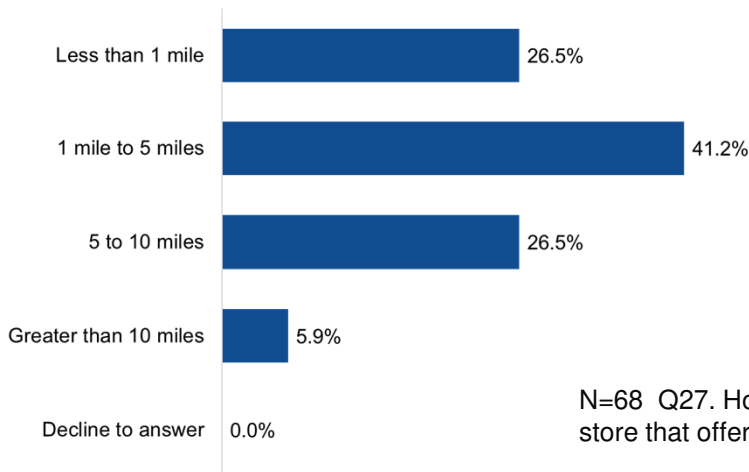
N=68  Q27. How close in distance is the nearest grocery store that offers fresh fruits and vegetables?

UP HEALTH SYSTEM

# Survey Results

## Housing Insecurity

Q28. Approximately what percentage of your total household monthly income would you say you spend on your rent or mortgage payment?

| Category | Percentage |
|----------|-----------|
| 29% or less | 49.3% |
| 30% -49% | 23.9% |
| 50% or more | 11.9% |
| Not sure | 9.0% |
| Decline to answer | 6.0% |
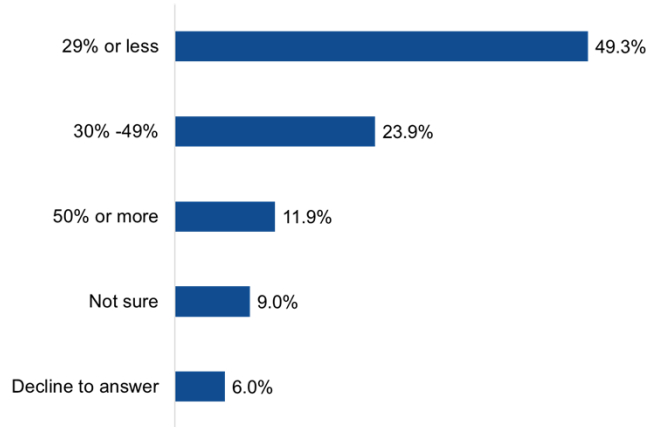
N=67  Q28. Approximately what percentage of your total household monthly income would you say you spend on your rent or mortgage payment?

## COVID-19

**Have you ever been diagnosed with COVID-19?**
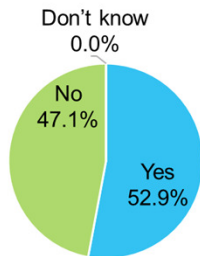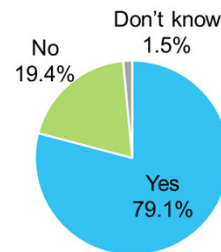
Don't know 0.0%
No 47.1%
Yes 52.9%

**Have you received the COVID-19 vaccine?**

Don't know 1.5%
No 19.4%
Yes 79.1%

**What statement best describes your reason for not getting the COVID-19 vaccine?**

| Statement | Percentage |
|-----------|-----------|
| I do not trust the vaccine | 64.3% |
| I am afraid of potential vaccine side affects | 28.6% |
| I do not have transportation or know where… | 0.0% |
| I'm not concerned about contracting the virus | 0.0% |
| Other | 7.1% |

Other Responses
- Natural immunity
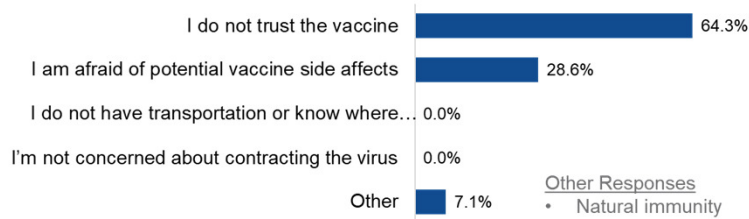
**Have you received the COVID-19 booster(s)?**

No 41.2%
Yes 58.8%
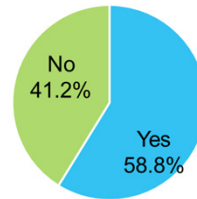
N=68  Q29. Have you ever been diagnosed with COVID-19?
N=67  Q30. Have you received the COVID-19 vaccine?
N=14  Q31. If no, what statement best describes your reason for not getting the COVID-19 vaccine?
N=68  Q32. Have you received the COVID-19 booster(s)?

# Survey Results

## Community Survey, cont.

### Priority Health Issues

Q33. In your opinion, what are the top 3 most significant health issues in the county?

| Issue | Percentage |
|---|---|
| Mental health – stress, anxiety, depression, bipolar disorder, etc. | 52.9% |
| Substance misuse – including alcohol, illegal drugs, prescription… | 47.1% |
| Availability and quality of mental health services | 35.3% |
| Child-care/day care options | 27.9% |
| Healthy diet | 19.1% |
| Obesity | 17.7% |
| Access to specialty care | 17.7% |
| Access to primary care | 16.2% |
| Access to affordable health insurance | 14.7% |
| Physical activity | 13.2% |
| Access to affordable healthcare | 11.8% |
| Dental health services | 8.8% |
| Education on health issues and treatment | 5.9% |
| Nicotine use – smoking, vaping, tobacco | 5.9% |
| Family violence/abuse (physical, verbal and/or sexual) | 4.4% |
| Food insecurity | 2.9% |
| Homelessness | 1.5% |
| Responsible sexual behavior | 0.0% |
| Teen pregnancy | 0.0% |
| Don't Know | 1.5% |

N=68  Q33. In your opinion, what are the top 3 most significant health issues in the county?

Q34. In your opinion, what are the top 3 health concerns for children and youth in your community?  (Select three responses)

| Concern | Percentage |
|---|---|
| Mental health services | 48.5% |
| Child-care/day care options | 44.1% |
| Responsible, involved parents | 32.4% |
| Stress/anxiety | 25.0% |
| Physical activity | 23.5% |
| Healthy diet | 23.5% |
| Lack of youth programs/activities | 23.5% |
| Substance abuse | 11.8% |
| Family violence/abuse (physical verbal and/or sexual) | 11.8% |
| School lunch programs | 8.8% |
| Being socially, emotionally, and academically prepared for Kindergarten | 8.8% |
| Hunger | 8.8% |
| Obesity | 5.9% |
| Socialization | 5.9% |
| Dental health services | 4.4% |
| Immunizations/Vaccinations | 4.4% |
| Children's health education | 2.9% |
| Responsible sexual behavior | 2.9% |
| Access to primary care | 2.9% |
| Homelessness | 0.0% |
| Teen pregnancy | 0.0% |
| Don't Know | 1.5% |
| Other | 1.5% |

Other Responses
- Could not pick just 3, there are lots of real concerns

N=68  Q34. In your opinion, what are the top 3 health concerns for children and youth in your community?  (Select three responses)

**UP HEALTH SYSTEM**

## Community Survey, cont.

### Social Determinants of Health

Q35. Please tell us how much you agree or disagree with the following statements. (1 of 3)



| Statement | Strongly agree | Agree | Disagree | Strongly Disagree | Decline to Answer |
|---|---|---|---|---|---|
| There are opportunities for people like me to gather in my community. | 19.4% | 48.4% | 22.6% | 9.7% | |
| I feel safe in my community. | 34.4% | 57.8% | 7.8% | | |
| Preparing/eating fruits and vegetables is easy. | 15.6% | 68.8% | 15.6% | | |
| Where to get fresh fruits and vegetables is close by and/or easy to get to. | 17.2% | 70.3% | 10.9% | 1.6% | |
| Buying fresh fruits and vegetables is affordable. | 4.7% / 32.8% | 46.9% | 15.6% | | |
| I have access to healthy foods. | 28.1% | 65.6% | 6.3% | | |
| There are enough sidewalks, walking trails, bike trails in my community. | 23.4% | 50.0% | 26.6% | 0.0% | |
| There are enough safe, affordable places to play and be active near where I live. | 25.0% | 45.3% | 25.0% | 3.1% | |

■ Strongly agree ■ Agree ■ Disagree ■ Strongly Disagree ■ Decline to Answer

N=64  Q35. Please tell us how much you agree or disagree with the following statements.

Q35. Please tell us how much you agree or disagree with the following statements. (2 of 3)



| Statement | Strongly agree | Agree | Disagree | Strongly Disagree | Decline to Answer |
|---|---|---|---|---|---|
| My community has access to a variety of transportation options. | 1.6% | 21.9% | 43.8% | 31.3% | |
| I do not have a reliable place to live (I am temporarily staying with others, in a hotel, in a shelter, living on the street, in a car,… | | | 29.0% | 62.9% | |
| I have a place to live today, but I'm worried about losing it in the future. | 6.3% | 20.3% | 42.2% | 29.7% | |
| I have a reliable place to live, but it is a challenge to afford it. | 10.9% | 23.4% | 48.4% | 15.6% | |
| I have a reliable, affordable place to live. | 26.6% | 62.5% | 6.3% | 1.6% | |
| I feel like I belong in my community. | 17.5% | 58.7% | 20.6% | 3.2% | |
| Decisions in my community are made with resident participation. (For example, I am given an opportunity to express my… | 4.8% | 50.8% | 30.2% | 7.9% | |
| I have close friends, family, or supports that I can depend on. | 35.9% | 51.6% | 7.8% | 4.7% | |

■ Strongly agree ■ Agree ■ Disagree ■ Strongly Disagree ■ Decline to Answer

N=64  Q35. Please tell us how much you agree or disagree with the following statements.

# Survey Results

## Social Determinants of Health, cont.

### Q35. Please tell us how much you agree or disagree with the following statements. (3 of 3)



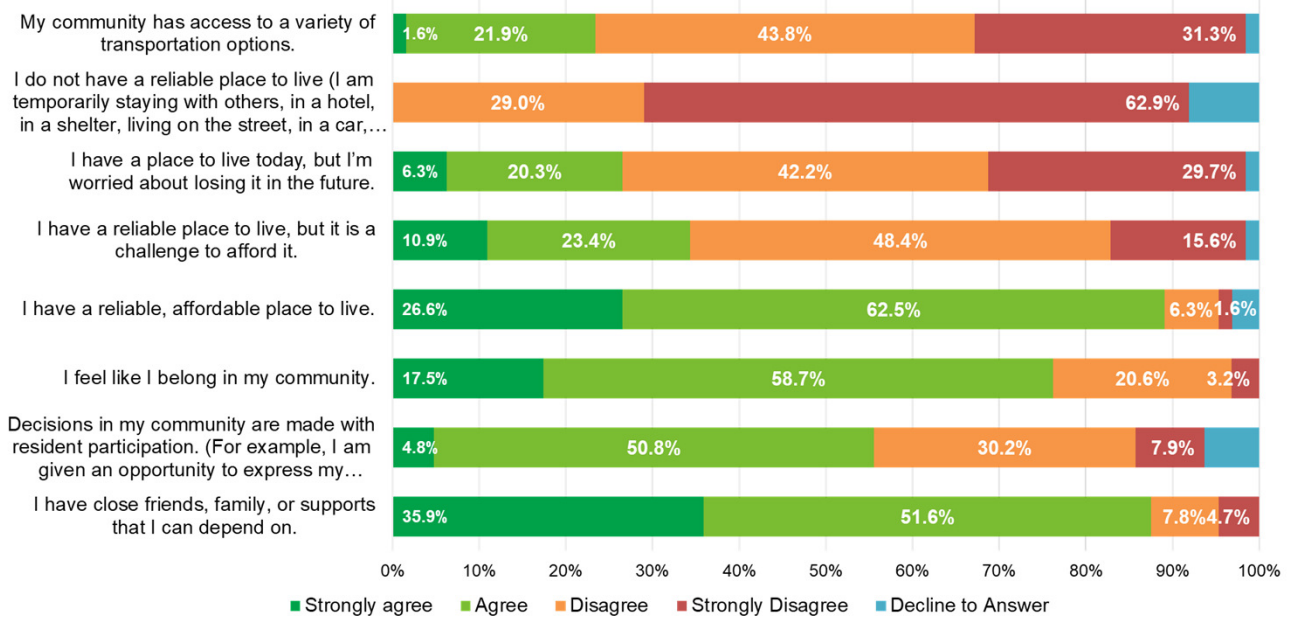| Statement | Strongly agree | Agree | Disagree | Strongly Disagree | Decline to Answer |
|---|---|---|---|---|---|
| My community is a good place to raise children. | 31.3% | 60.9% | 4.7% | | 1.6% |
| I can get the job I want with the level of education I have. | 23.8% | 39.7% | 23.8% | 4.8% | |
| My household has enough money to pay for our basic needs like food, clothing, and housing. | 29.7% | 50.0% | 15.6% | 4.7% | |
| I am satisfied with my wages. | 13.1% | 31.2% | 27.9% | 14.8% | |
| I am satisfied with my job. | 21.0% | 50.0% | 11.3% | 4.8% | |
| The transportation options in my community are affordable. | 3.2% / 53.9% | | 35.5% | 8.1% | |
| I have reliable transportation to meet my daily needs. | 48.4% | 46.9% | 4.7% | | |

N=64  Q35. Please tell us how much you agree or disagree with the following statements.

## Health Needs

### Q36. Have you ever been told by a doctor you have any of these conditions, diseases or challenges? (Select all that apply)



| Condition | Percentage |
|---|---|
| Overweight or obese | 35.5% |
| Mental or emotional problem | 27.4% |
| High blood pressure/hypertension | 25.8% |
| Asthma | 24.2% |
| High cholesterol | 24.2% |
| Arthritis | 17.7% |
| Diabetes | 11.3% |
| Heart disease | 9.7% |
| Cancer | 6.5% |
| Eating disorder | 3.2% |
| Substance abuse | 1.6% |
| Developmental/learning concerns (including autism) | 0.0% |
| Lung disease | 0.0% |
| None | 17.7% |
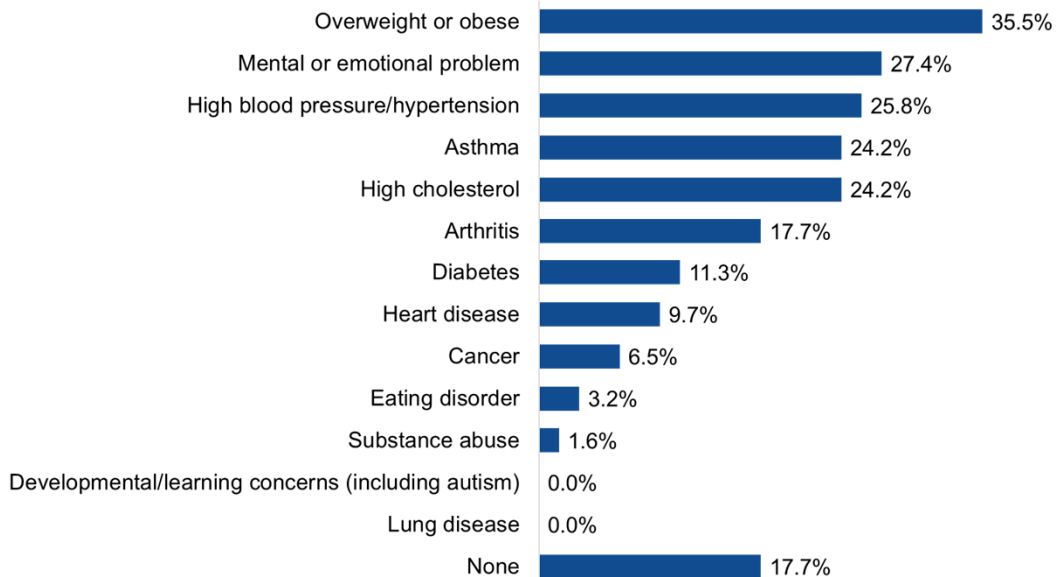
N=62  Q36. Have you ever been told by a doctor you have any of these conditions, diseases or challenges? (Select all that apply)

# Survey Results

## Health Needs, cont.

### Q37. Do you feel you have all that you need to manage your health condition(s)?

What do you need in order to manage your health condition(s)?



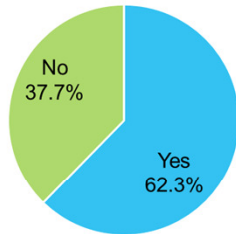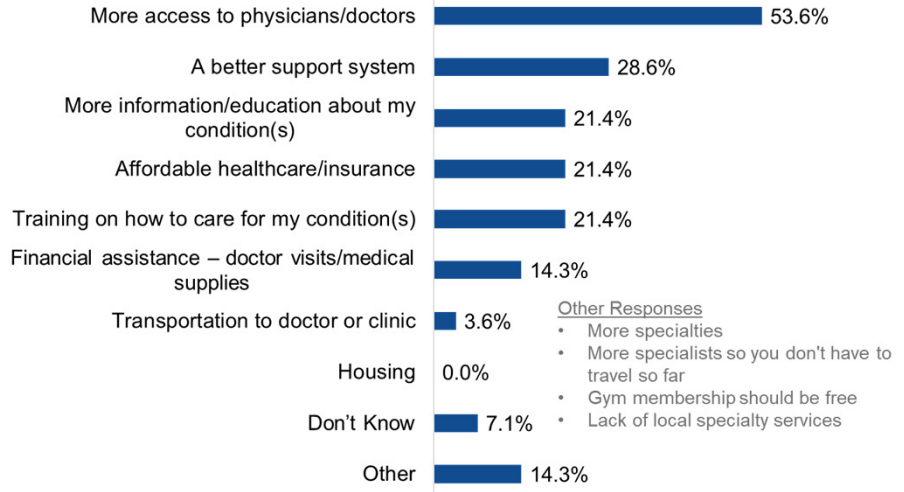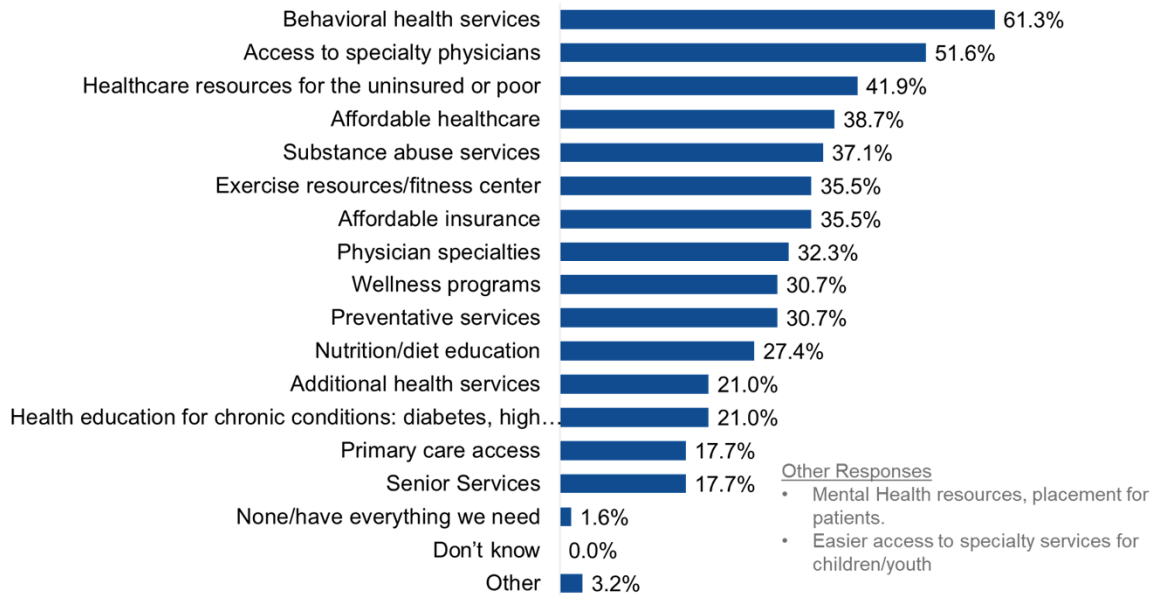| | |
|---|---|
| More access to physicians/doctors | 53.6% |
| A better support system | 28.6% |
| More information/education about my condition(s) | 21.4% |
| Affordable healthcare/insurance | 21.4% |
| Training on how to care for my condition(s) | 21.4% |
| Financial assistance – doctor visits/medical supplies | 14.3% |
| Transportation to doctor or clinic | 3.6% |
| Housing | 0.0% |
| Don't Know | 7.1% |
| Other | 14.3% |

Other Responses
• More specialties
• More specialists so you don't have to travel so far
• Gym membership should be free
• Lack of local specialty services

N=61  Q37. Do you feel you have all that you need to manage your health condition(s)?
N=28  Q38. If no, what do you need in order to manage your health condition(s)? (Select all that apply)

### Q39. What healthcare, health education or public health services or programs would you like to see offered in your community?

| | |
|---|---|
| Behavioral health services | 61.3% |
| Access to specialty physicians | 51.6% |
| Healthcare resources for the uninsured or poor | 41.9% |
| Affordable healthcare | 38.7% |
| Substance abuse services | 37.1% |
| Exercise resources/fitness center | 35.5% |
| Affordable insurance | 35.5% |
| Physician specialties | 32.3% |
| Wellness programs | 30.7% |
| Preventative services | 30.7% |
| Nutrition/diet education | 27.4% |
| Additional health services | 21.0% |
| Health education for chronic conditions: diabetes, high… | 21.0% |
| Primary care access | 17.7% |
| Senior Services | 17.7% |
| None/have everything we need | 1.6% |
| Don't know | 0.0% |
| Other | 3.2% |

Other Responses
• Mental Health resources, placement for patients.
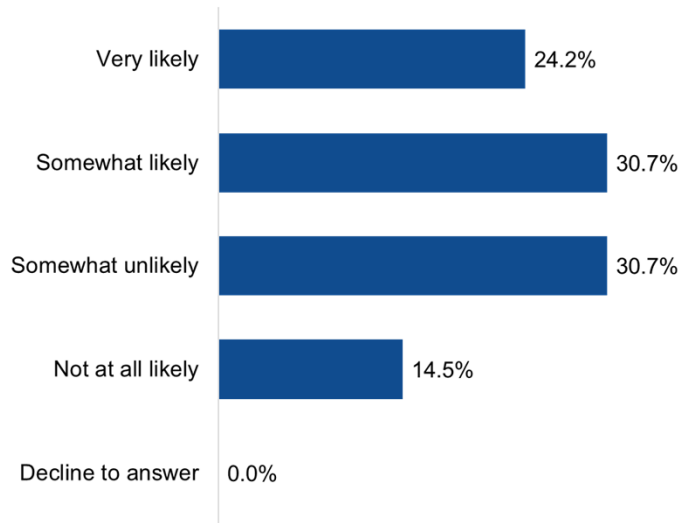• Easier access to specialty services for children/youth

N=62  Q39. What healthcare, health education or public health services or programs would you like to see offered in your community? (Select all that apply)

# Survey Results

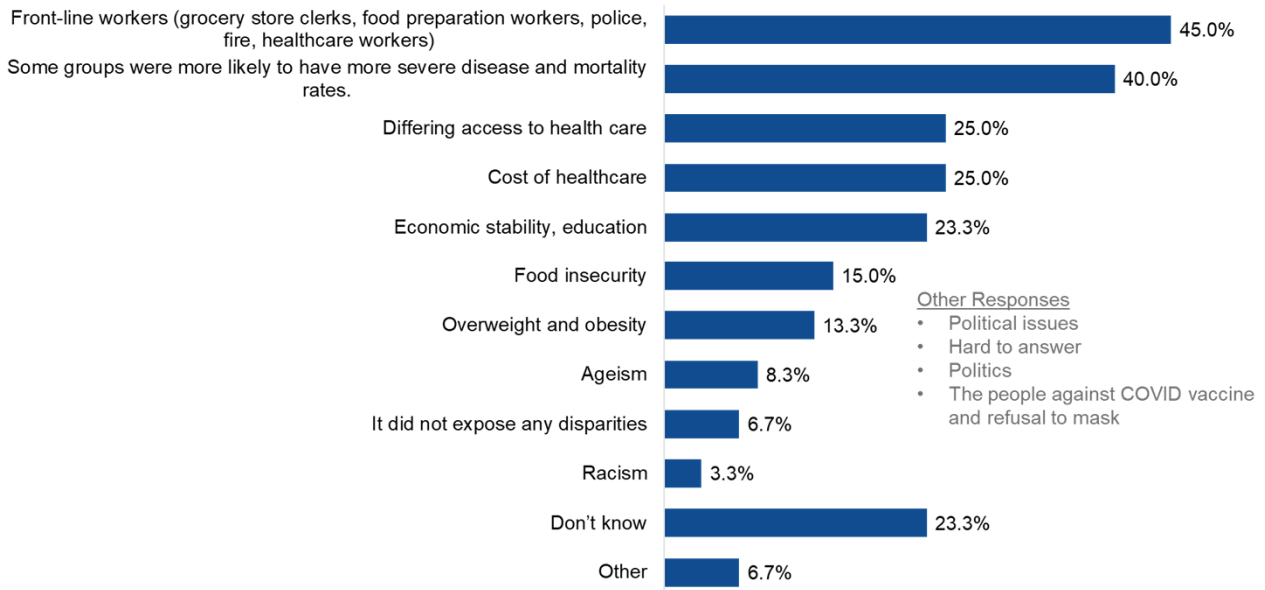## Community Survey, cont.

### Health Needs, cont.

#### Q40. How likely are you to utilize virtual physician care such as through the computer or your smart phone?

| Response | Percentage |
|---|---|
| Very likely | 24.2% |
| Somewhat likely | 30.7% |
| Somewhat unlikely | 30.7% |
| Not at all likely | 14.5% |
| Decline to answer | 0.0% |

N=62  Q40. How likely are you to utilize virtual physician care such as through the computer or your smart phone?

### Disparities

#### Q41. What were the causes of health disparities or inequities (differences in health) exposed in your community by the COVID-19?

| Response | Percentage |
|---|---|
| Front-line workers (grocery store clerks, food preparation workers, police, fire, healthcare workers) | 45.0% |
| Some groups were more likely to have more severe disease and mortality rates. | 40.0% |
| Differing access to health care | 25.0% |
| Cost of healthcare | 25.0% |
| Economic stability, education | 23.3% |
| Food insecurity | 15.0% |
| Overweight and obesity | 13.3% |
| Ageism | 8.3% |
| It did not expose any disparities | 6.7% |
| Racism | 3.3% |
| Don't know | 23.3% |
| Other | 6.7% |

Other Responses
- Political issues
- Hard to answer
- Politics
- The people against COVID vaccine and refusal to mask

N=60  Q41. What were the causes of health disparities or inequities (differences in health) exposed in your community by the COVID-19? (select as many as desired)
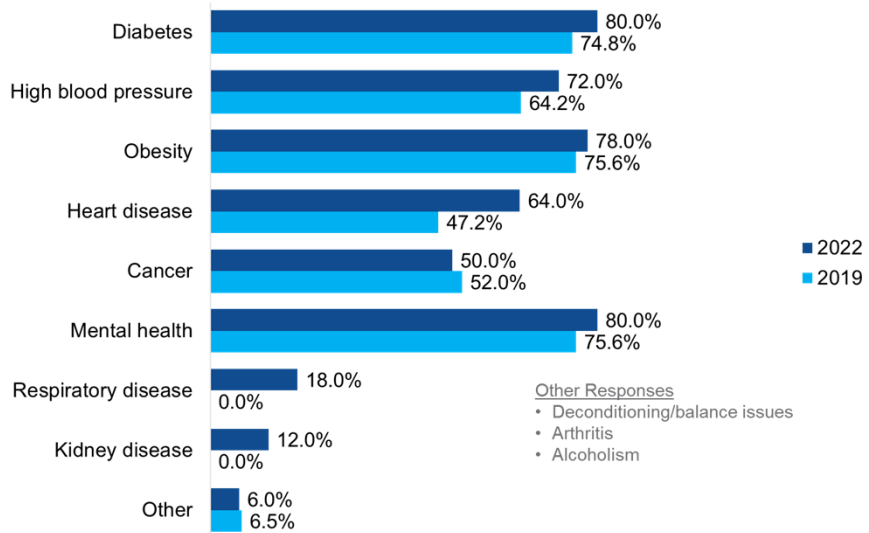
# Survey Results

## Health System Employees Survey

Stratasan and UPHS-Portage conducted online hospital employee surveys via SurveyMonkey Fifty surveys were completed from June 20 through August 11, 2022. Where possible, responses were compared to 2019 responses where 124 surveys were completed.

**Q2. How would you describe the overall health status of the citizens of Houghton County? Would you say it is…**
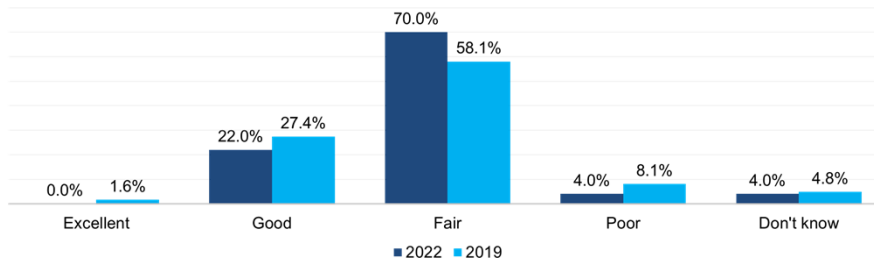


N=50  Q2. How would you describe the overall health status of the citizens of Houghton County? Would you say it is…

**Q3. What are the most prevalent chronic diseases in your community? (Mark all that apply)**
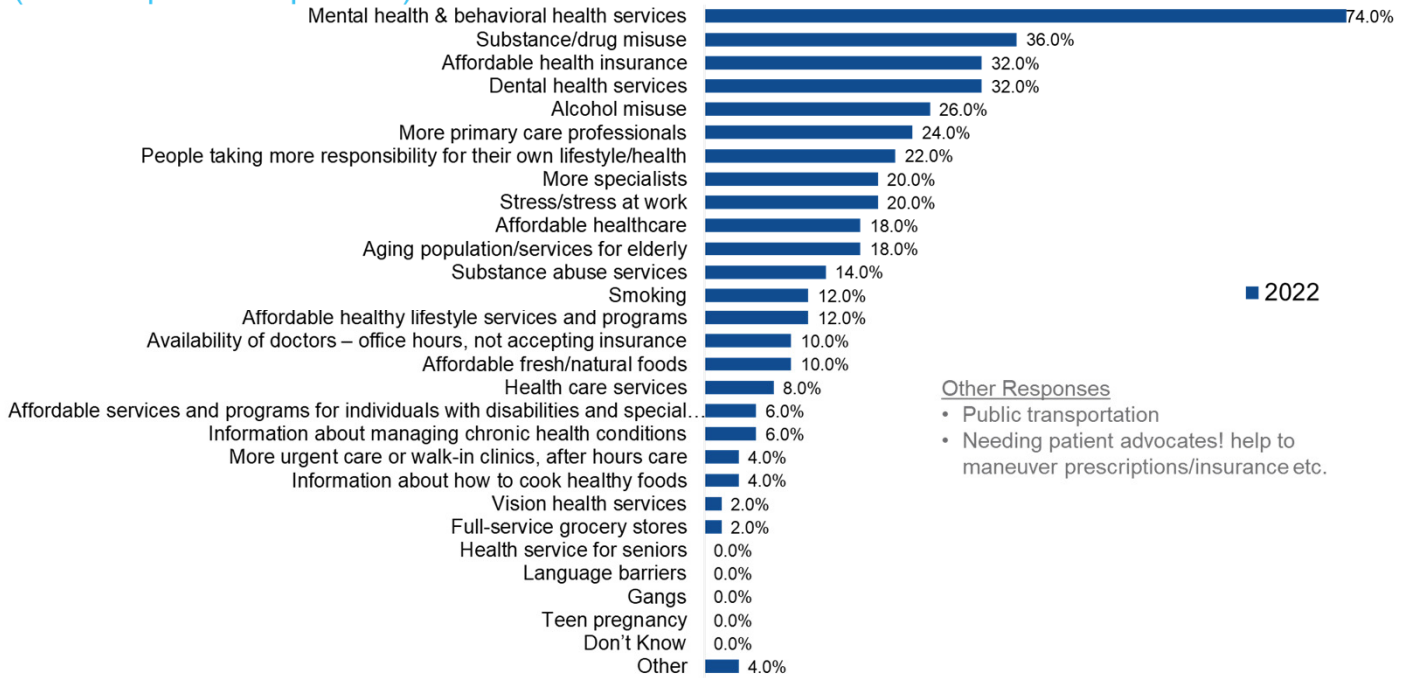


Other Responses
- Deconditioning/balance issues
- Arthritis
- Alcoholism

N=50  Q3. What are the most prevalent chronic diseases in your community? (Mark all that apply)

# Survey Results

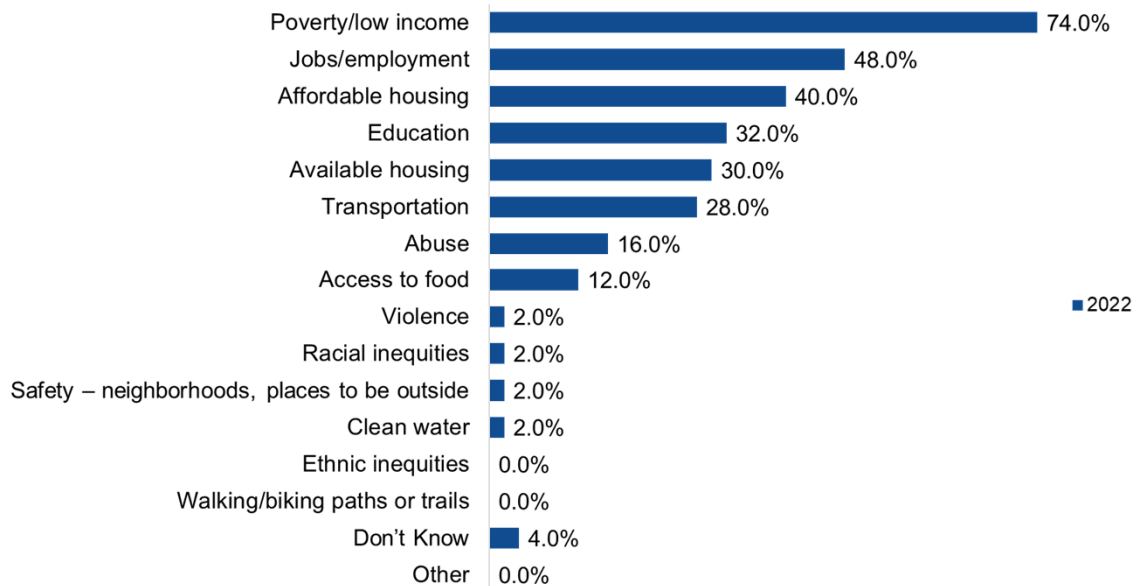## Q4. What are the top 3 issues in your community that impact people's health? (Select up to 3 responses)

| Issue | % |
|-------|---|
| Mental health & behavioral health services | 74.0% |
| Substance/drug misuse | 36.0% |
| Affordable health insurance | 32.0% |
| Dental health services | 32.0% |
| Alcohol misuse | 26.0% |
| More primary care professionals | 24.0% |
| People taking more responsibility for their own lifestyle/health | 22.0% |
| More specialists | 20.0% |
| Stress/stress at work | 20.0% |
| Affordable healthcare | 18.0% |
| Aging population/services for elderly | 18.0% |
| Substance abuse services | 14.0% |
| Smoking | 12.0% |
| Affordable healthy lifestyle services and programs | 12.0% |
| Availability of doctors – office hours, not accepting insurance | 10.0% |
| Affordable fresh/natural foods | 10.0% |
| Health care services | 8.0% |
| Affordable services and programs for individuals with disabilities and special… | 6.0% |
| Information about managing chronic health conditions | 6.0% |
| More urgent care or walk-in clinics, after hours care | 4.0% |
| Information about how to cook healthy foods | 4.0% |
| Vision health services | 2.0% |
| Full-service grocery stores | 2.0% |
| Health service for seniors | 0.0% |
| Language barriers | 0.0% |
| Gangs | 0.0% |
| Teen pregnancy | 0.0% |
| Don't Know | 0.0% |
| Other | 4.0% |

■2022

Other Responses
- Public transportation
- Needing patient advocates! help to maneuver prescriptions/insurance etc.

N=50  Q4. What are the top 3 issues in your community that impact people's health? These issues could be related to Healthcare Access, Community Issues, General Lifestyle, Quality of Life issues or any other issues you can think of.

## Q5. What are the top three social determinants of health issues that are impacting people's health? (Select up to 3 responses)
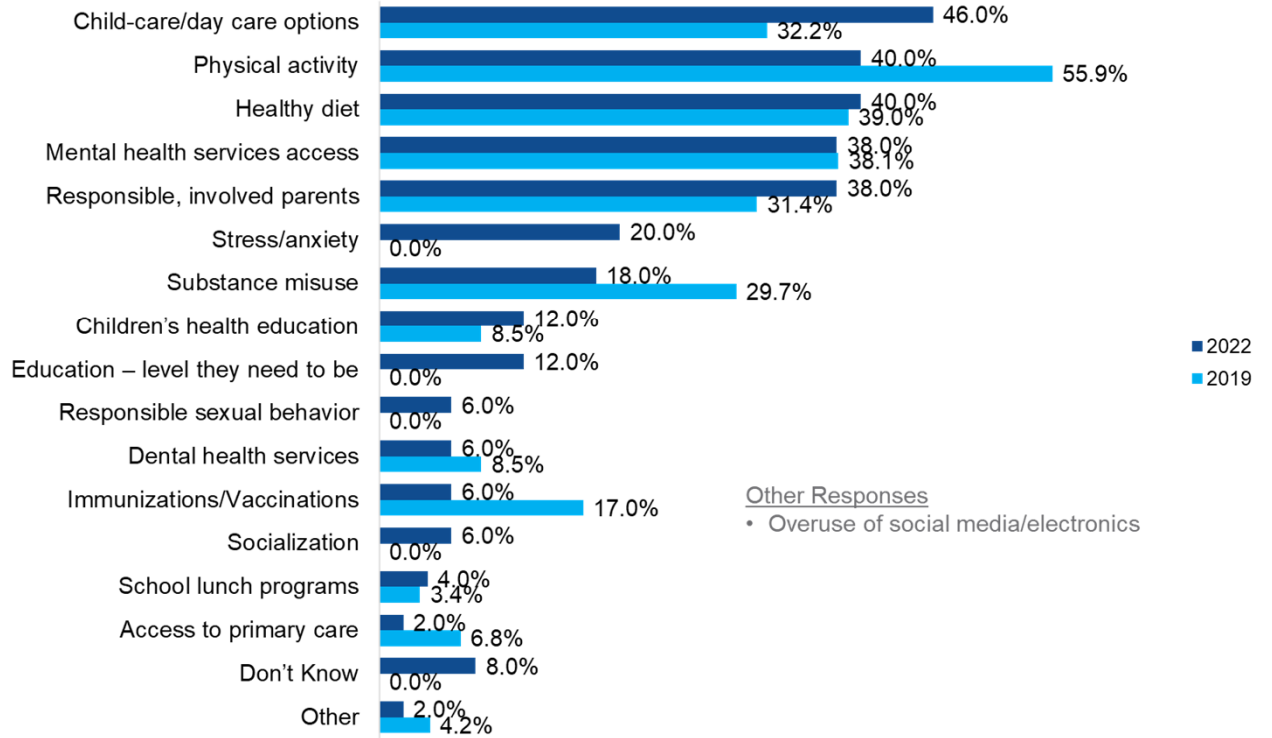
| Determinant | % |
|-------------|---|
| Poverty/low income | 74.0% |
| Jobs/employment | 48.0% |
| Affordable housing | 40.0% |
| Education | 32.0% |
| Available housing | 30.0% |
| Transportation | 28.0% |
| Abuse | 16.0% |
| Access to food | 12.0% |
| Violence | 2.0% |
| Racial inequities | 2.0% |
| Safety – neighborhoods, places to be outside | 2.0% |
| Clean water | 2.0% |
| Ethnic inequities | 0.0% |
| Walking/biking paths or trails | 0.0% |
| Don't Know | 4.0% |
| Other | 0.0% |

■2022

N=50  Q5. What are the top three social determinants of health issues that are impacting people's health?

**Q6. In your opinion, what are the top 3 health issues for children in your community? (Select up to 3)**

| Health Issue | 2022 | 2019 |
|---|---|---|
| Child-care/day care options | 46.0% | 32.2% |
| Physical activity | 40.0% | 55.9% |
| Healthy diet | 40.0% | 39.0% |
| Mental health services access | 38.0% | 38.1% |
| Responsible, involved parents | 38.0% | 31.4% |
| Stress/anxiety | 20.0% | 0.0% |
| Substance misuse | 18.0% | 29.7% |
| Children's health education | 12.0% | 8.5% |
| Education – level they need to be | 12.0% | 0.0% |
| Responsible sexual behavior | 6.0% | 0.0% |
| Dental health services | 6.0% | 8.5% |
| Immunizations/Vaccinations | 6.0% | 17.0% |
| Socialization | 6.0% | 0.0% |
| School lunch programs | 4.0% | 3.4% |
| Access to primary care | 2.0% | 6.8% |
| Don't Know | 0.0% | 8.0% |
| Other | 2.0% | 4.2% |

Other Responses
• Overuse of social media/electronics

N=50  Q6. In your opinion, what are the top 3 health issues for children in your community?

**Q7. What, if any, health disparities or inequities (avoidable, unfair, or remediable differences in health) did the COVID-19 pandemic expose in your community?**

| Response | % |
|---|---|
| Front-line workers (grocery store clerks, food preparation workers, police, fire, healthcare workers) were more likely to get infected | 58.3% |
| Social determinants of health caused disparities – economic stability, education, unequal access to health care | 35.4% |
| Those who overweight and obese were more likely to have more severe disease and mortality rates | 35.4% |
| Some groups were more likely to have more severe disease and mortality rates. | 18.8% |
| Differing access to health care caused disparities | 16.7% |
| Cost of healthcare caused disparities | 12.5% |
| Food insecurity caused disparities | 10.4% |
| Racism caused disparities | 4.2% |
| It did not expose any disparities | 2.1% |
| Ageism caused disparities | 2.1% |
| Don't know | 14.6% |
| Other | 2.1% |

Other Responses
• Lock down caused mental health disparities

N=48  Q7. What, if any, health disparities or inequities (avoidable, unfair, or remediable differences in health) did the COVID-19 pandemic expose in your community? (select as many as desired)

# Survey Results

## Health System Employees Survey, cont.

Q8. What, if anything, do you think the people in the county need in order to manage their health more effectively?



**Chart data:**

| Category | 2022 | 2019 |
|---|---|---|
| Affordable healthcare/insurance | 56.0% | 46.8% |
| Financial assistance – doctor visits/medical supplies | 50.0% | 46.8% |
| Insurance that's more affordable for more people | 40.0% | 40.4% |
| Transportation to doctor or clinic | 40.0% | 32.1% |
| More integrated approach among providers to coordinate patient care | 34.0% | 33.9% |
| More access to physicians/doctors | 34.0% | 23.9% |
| More information/education about their condition(s) | 30.0% | 23.9% |
| A better support system | 24.0% | 23.9% |
| Training on how to care for my condition(s) | 20.0% | 31.2% |
| Don't Know | 2.0% | 0.0% |
| Other | 14.0% | 7.3% |

**Other Responses**
- Better mental health national system/support
- Access to Mental Health Services in timely manner
- Specialists. Many older patients with chronic disease states have to travel hundreds of miles to see specialists in Wisconsin/Minnesota
- Financial assistance covering prescription drug costs
- More community fitness programs for children, adults, seniors
- Patients need to know more about eating a healthy diet.
- Mobile medical clinic for outlying areas

N=50  Q8. What, if anything, do you think the people in the county need in order to manage their health more effectively? Select all that apply.

# Focus Group Results

## Focus Groups

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in individual interviews and focus groups on August 3, 2022, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups and interviews.

1. **How do you define health?**
   - Quality of life
   - Wholistic wellbeing
     - Dental, mental, physical, social, emotional
     - Physical and mental wellbeing
     - Physical, mental, spiritual, emotional overall wellbeing
     - Mind, body, soul
     - Whole person
   - Vibrant
   - Available resources
   - Capacity to thrive
   - Community wellness resources

2. **For the purposes of this Community Health Needs Analysis, the community is Houghton County, generally, how would you describe the community's health?**
   - Mix of health-conscious people living a healthy lifestyle, getting well visits, then the middle of the road where health isn't the top priority, but gets some attention, and third health is not important because they don't have resources to access and have other priorities
     - Portion of the population doesn't know what resources are available to them
     - Lacks resources in the remote part of the county
     - Being rural, don't have resources of other places. We have lower pay, and the cost of living is lower
   - Moving in the right direction
   - Depends on where you live in the towns or in the county or work at the University or in healthcare. There is different access, different behaviors and different health status
   - Depends on time of year, health may be different
     - Dark, cold winters, less outdoor accessible sports
     - Self-medicate with drugs

3. **What are the biggest health concerns or issues for the communities today?**
   - Mental health
     - Mental health resources
     - Lack of mental health resources cause people to not get services they need
     - Mental health
     - Suicides, threats and tendencies
     - Adolescent and adult mental health and substance use patients waiting in the ER for days waiting on placement
     - Availability of mental health – pediatric psychiatry not available, also for adults

- o Stigma still related with mental health visits
- o Shortage of mental health staff, lack insurance coverage, lack of inpatient psychiatric beds in the UP
- o Depressive symptoms – suicides in the county
- o Substance Use
  - Stigma of addiction – focus more on mental health instead of getting in trouble from being addicted
  - Substance use – Meth, alcohol, prescription medications
  - Drug and alcohol abuse leads to family issues, food insecurity, inability to hold a job
- Access to Care
  - o Lack of primary care doctors
  - o Shortage of physicians
  - o Lack of specialty doctors
  - o Not having enough staff to work jobs – healthcare, nurses, CNAs
  - o Retiring doctors haven't been replaced
  - o Accessibility issues – it takes a long time to get appointments with doctors and dentists
  - o Turnover of PCPs who come for a short period of time and then we have to start over with another provider
  - o Dental issues – only 1 or 2 dentists that take Medicaid, even if you have insurance or are paying cash really long wait times for appointments
  - o Transportation
    - Transportation to get to doctors and specialists
    - Shortage of ambulances for transfers
    - Lack of supportive services like transportation limited
    - Have to travel long distances for specialty visits
      - Pediatric ophthalmology, pediatric cardiology, pediatric hematology – go to Marquette, Grand Rapids or Green Bay
      - Have to take the day off from work, drive, pay for gas,
      - Need to have reliable transportation
    - Transportation to and from medical appointments
  - o Lack of money to access health care and insurance
  - o Lack a proactive approach to services available
  - o Access to care – parents aren't going to doctor visits because they don't have childcare
  - o State border issues with insurance coverage
  - o Patient referrals for chronic illnesses unmet
- Physical health
  - o Lack of physical activity. We don't move
  - o Diabetes
  - o Heart disease
  - o Oral health
  - o Eye health
  - o Obesity

## Interview and Focus Group Results, cont.

- Finnish population who won't sign up for assistance
- Socioeconomics
  - Low income living north of Houghton
  - Low median household income at $38K, the Asset Limited, Income Constrained, Employed (ALICE) income is $68K which indicates Houghton County is living at half of what they need to live
  - Housing – expensive so multiple families or generations under one roof
  - Have one grocery store that is outrageously expensive and then a Dollar General leaving them access to processed foods and little access to fresh fruits and vegetables
    - Some services available but not utilized – Calumet Farmer's market accepts EBT
- Lack of Internet access or really expensive internet, which contributes to a lack of knowledge and education
- Lack of tools for law enforcement – struggling for employees, lack of mental health resources
- In WI, they refer to the UP as "cancer country"
- For the 0- to 5-year-old population their social and emotional needs are worse the last 3 years

4. **What are the most important health issues facing various populations including medically-underserved, low-income populations?**
- Chronic Illness
  - Diabetes
  - Pulmonary
  - Heart disease
  - Hypertension
  - Vascular disease
  - Social determinants of health manifesting into illnesses
    - Mold, dry air, dust feed respiratory issues
    - Hard labor jobs - working outside in construction, have joint issues
- Resources
  - Nutritional food
  - Food deserts
  - Transportation – no vehicle
    - People don't have the ability to travel
  - Lack of affordable day care
- Substance use
  - Substance use disorder
  - Substance use
- Healthcare
  - Limited providers that will accept Medicaid
  - Using the ER for primary care

- Some people use ambulances inappropriately because they know they won't pay
  - Deferring medical care due to high deductibles
  - Dentists who accept Medicaid
    - It takes months to get a cavity filled
  - Access to care
  - CCMH has 3 providers when they usually have 6-9 for 500 clients
- Mental health
- Mental health
- Socioeconomics
  - Generational poverty repeating patterns. Nothing in the community set to address that.
    - "We're the kind of family for whom things just don't work out."
  - There is an encampment of unhoused people at a campground with people living in tents, not just adults
  - The median household income is $10K less than MI and housing costs aren't that much different

5. **What are the most important health issues facing various populations including minority populations?**
   - Some Indian, Chinese, and other international students at the university. They have insurance and resources
   - The Native American population often has Medicaid. Healthcare is not a priority for well-being
   - Addiction
   - Neonatal abstinence syndrome
   - Have tribal health center and resources in their community
   - All of the above
   - International families lack access to care and don't understand how healthcare works
     - Cultural barriers with how things work
   - There is a percentage of people who identify as Asian at Tech
     - Students at the University have insurance but the family may not
     - Sometimes they're shocked they have to pay for healthcare and diapers (because they're part of social programs in other countries)

6. **What are the most important health issues facing children?**
   - Mental health and Abilities
     - Mental health – isolation, getting back to what is normal
     - Mental health, anxiety, untreated acute mental health issues
     - Kids know what's happening at home and it produces anxiety
     - Lack of early screenings for autism. If parents see a concern, where do they go?
     - High rates of special needs children and low rates of early intervention
       - Since children haven't been around other children for the last 2.5 years, parents don't know behavior wasn't "normal" behavior. They have no comparison for behavior

- Some issues aren't noticed until kindergarten
- Family dynamics
  - Chaotic homelife, dysfunctional households
  - Divided families
  - Domestic abuse
  - Untreated parents trying to raise kids with the same issues
  - Lack of childcare, unstable day care forced many into making decisions about working or not
  - Access to childcare – 1,300 needed spots and 300 available spots. Adds to the staffing problem and parents having to stay home with their kids
- Access to care
  - Younger kids need access to dentists and optometrists
  - Dental
  - Lack of social workers for kids
  - Dental issues most pressing need
  - Vaccine rates are lower
  - Some dealing with chronic diseases and unmet needs - stress, anxiety, depression, thyroid and immune issues
- Lack of activity
- Social skills
- Too much screen time
- 38% of children living in poverty, so all the low-income issues
  - 25% are food insecure
  - Food insecurity among students at the university
- The large number of students often gets overlooked. They have financial, transportation and housing issues

7. **What are the most important health issues facing seniors?**
   - Social
     - Loneliness
     - Social isolation
     - Isolation, lack of social circle and outlets
     - Lots of homebound seniors
     - Winter increases isolation in rural areas
     - Day program for seniors would be nice
   - Housing
     - Assisted living and nursing homes are full with waiting lists, so care falling on families
     - Housing stock not designed for aging in place – multistory homes
     - Lack of nursing home beds, assisted living
     - Would be nice to have some socialization, a meal, exercise, but there are licensing issues in facilities
   - Transportation
     - Transportation – can't get to the doctor

- o Transportation – need to get to town to go grocery shopping
- o Limited specialty care available locally and have to travel to get to it
- Assistance
  - o Few home health services – hard to qualify for. It would help to get services earlier
  - o Living alone with no local family, and the burden moves to local resources to check on them and pick them up when they fall
  - o Critical to retain independence, so they wait as long as they can
  - o Kids taking care of parents financially
  - o Proud Fins don't ask for help
  - o Challenge to navigate healthcare, multiple facilities, rare to speak with someone on the phone and online not accessible to seniors
    - There is a technology gap for seniors
    - To access telehealth, need a computer, tablet or smart phone with WIFI
  - o Fraud and scams taking advantage of the elderly
- Alzheimer's and dementia with few resources
- Lots of snow, can't even get out of their homes
- Falls
- Scared due to the pandemic

8. **The community performed a CHNA in 2019 and identified priorities for health improvement,**
   1. Substance use
   2. Mental health
   3. Healthy eating/Active living – Obesity
   4. Access to care
   5. Socioeconomics

   **What has changed most related to health status in the last three years?**

- Mental health and Substance use
  - o Mental health worse
  - o Mental health – social anxiety, kids feeling the anxiety and social pressure. They're connected all the time, never away from it. Don't have solitude
    - Phones and social media are how they socialize. Social media is a false image, fictional. Prove to peers you're happy all the time doing something fun creates feelings of insignificance and inadequacy comparing yourself to others all the time
    - Constant bombardment of news – the kids know all about the school shootings
    - Dialogue between kids and parents has diminished. Parents are also on their phones all the time
    - Good feelings need to come from inside not outside
  - o Substance use and mental health much worse – still in a downward spiral of that and hasn't hit bottom
    - Drugs more widely available now

- o Adolescent mental health is worse, more depression, suicide and is worse than substance use disorder
- Access to care
    - o Access to care is worse for mental health and is worse for dentists, but doctor access has gotten better in some specialties, primary care
    - o OB/Gyn, eye doctors still hard to get an appointment
    - o Can't count on doctors staying in the area
- Healthy eating/active living worse
- Heard nothing that has gotten better
- List is valid
- Don't know if any of these got better
- COVID made everything worse
- Transportation is left off the list, big issue, big county with lots of roads
- An amazing amount of work has been done on these issues. Imagine what they would look like if we weren't focused on them
- Large employers struggling to find employees
    - o Moved away from drug testing, but fear allowing people to work high and endanger coworkers or customers. Didn't deal with this 3 years ago

9. **What environmental or social factors have the biggest impact on community health?**
   - Lack of transportation
       - o Poor transportation system. North of Calumet to south, without a car limited to where you can walk
       - o No county transportation system
   - Exercise opportunities
       - o Can go to the mall and walk
       - o Walkway on canal is great, great trails, but have to get to trails
       - o Opportunities for outdoor activities to get people out
       - o Great trails
       - o Indoor playground
       - o Access to affordable recreation in the winter. Easy to spend $700 for a ski season
   - Nutrition
       - o Food deserts – towns have grocery stores with access to fresh fruits and vegetables, but not outside of the towns
       - o Food pantries need to be in a place where people can access it
       - o Expensive to eat healthy
       - o Gas stations have surprisingly inexpensive fruit
       - o Poor diet – need education on how to cook and eat healthy
   - Weather
       - o Not walkable – sidewalks crumbling and covered in snow and slush
       - o Snow
       - o Long winters
   - Youth
       - o Childcare
       - o How is the childcare shortage affecting our poverty level, workforce?

- o Parents need to be educated on how to do a better job
  - ▪ We let parents off the hook, teach your kids
- o Phones and social media – creates chronic stress
- Community
  - o A lot to do in the community – Farmer's Markets, music
  - o Need to work as a collaborative, Hancock and Houghton need to work together for fire, schools and decrease duplication. People are loyal to their community
- Seniors
  - o Some pockets here have no money, seniors only have social security and exist right above the poverty level
  - o Both communities, Calumet and Houghton should have a senior center
- Utility costs are high, highest electric rates in the nation
- Affordable housing and housing that accepts subsidies
- Why is life expectancy 8 years different in two towns 12 miles apart?
- Things for kids to do for free

**10. What do you think the barriers will be to improve health in the communities?**
- Resources
  - o Funding
  - o Money, funding
  - o Transportation
    - ▪ Increase transportation – would help so many other things
    - ▪ Need funding, but could get funding
    - ▪ Transportation
  - o Ability to effectively scale resources
  - o Housing shortages
  - o Childcare
- Communication
  - o Lack coordinated efforts, siloed organizations.  There is competition up here, hospitals, schools, fiefdoms and comes down to money. There's not a community coalition working on these issues
  - o Portage Health Foundation comes close. There are organizations that want to do things differently and work on a common plan
  - o Knowledge and education, getting information – people streaming and not watching local news, not reading the local newspaper
- People – Recruitment, staffing
  - o Lack a volunteer corp, hard to get volunteers
- Economics
- Opportunity to socialize – BINGO, dropped the investment in socialization in recent years and now play on our phones. Most social and service clubs are dying
- Can't afford to live where you work

**11. What community assets support health and wellbeing?**
- Outdoor Resources
  - o Trails

# Interview and Focus Group Results, cont.

- o Public parks
- o Schools utilizing their outdoor assets
- o Townships focus on outdoor spaces and activities – fishing, playgrounds, trails, etc.
- Community
  - o People- nice community, friendly, willing to help
  - o Lots of volunteerism
  - o Volunteer Fire Departments
  - o Community events
  - o Charitable community
  - o Huge philanthropy mindset in the community
  - o Michigan Tech – bring so much to the community
  - o Nonprofits have been around a long time
  - o Abundance of nonprofits
    - ▪ Portage Health Foundation – community events, funding that has improved access
    - ▪ Meals on Wheels
    - ▪ 31 Backpacks brought everyone together to provide kids food for the weekends. All volunteer driven. They could teach a lesson on how to bring everyone together
    - ▪ Little Brothers did the same except for the elderly
    - ▪ Little Brothers
    - ▪ Omega House
    - ▪ Upperhandresources.org – a grant-funded list of resources created and kept up by MI Tech
- Hospital – care, offer a lot for a rural hospital and limits the need to travel, PET/CT and dialysis examples
- Both hospitals have good fitness facilities, but getting to them may be an issue
- Aspirus has a senior group that meets to exercise and get lunch
- MI Tech
- Music events
- Farmer's Markets have spread out their days and times
- Municipalities in general have done a good job on built environment with handicapped access, crosswalks, curb cuts
- Theaters
- HSCB working together instead of competing idea of what each organization's niche is
- Shelter

# Interview and Focus Group Results, cont.

**12. What, if any, health issues or inequities did the COVID-19 pandemic expose in the community?**

- Youth
  - Kids really need to be in school – lack of social interaction and routine impacted kids. Mental health issues were exacerbated
  - Family life struggled. School is a safe place for some kids
  - Childcare centers closed
  - Mental health in younger kids. For many kids, school is a safe place and then they were stuck at home
  - Behavioral issues in small children – lack of socialization and deficits were noticeable
  - Concern about a rise in child abuse since kids weren't being seen outside their home
- Healthcare
  - Toll it took on healthcare workers – get inspiration from co-workers
  - Not having access to healthcare for a while and the health issues didn't stop
  - Patients were so fearful to come to the hospital they stayed at home with heart attacks and burst appendix
  - We learned that the healthcare system was horrible. Hospitals run like airlines where every seat is filled. Hospitals were filled to capacity. If there were beds, there were not enough staff to take care of them
  - Dental care and vaccination volumes dropped off
  - Care for chronic diseases went untreated as did preventative care
  - It's been pretty rough in the ER since COVID
  - Access to care – undiagnosed issues didn't get diagnosed. The number of mammograms, prostate exams and pap smears dropped due to no in person primary care
  - Patients had to go without care and medications were disrupted
  - There were fewer uninsured, but not enough people to care for them so still access issues
  - Message was "don't overburden the healthcare system"
- Mental health and Substance use
  - Alcohol consumption
  - More suicidal tendencies
  - Lack of mental health beds in the UP which were needed
  - Police getting called to the ER for people waiting for beds for violent patients
- Mindset
  - Fear in society and unknowns
  - Fear of getting out

- o Very divided over masks, lock downs, vaccinations, caused hard feelings in the community
- Technology
  - o Online school – computer, WIFI
  - o Isolated seniors trying to use technology
  - o Internet access in rural areas when people had to work from home and trying to get medical care, hindrance
    - ▪ Certain visits face to face are more beneficial
- Limitation on nursing homes not allowing visitors and residents couldn't leave
- Supply chain interruptions
- Sports is important and changes and adapted
- People were out of work and trying to pay for medications
- Increase in domestic violence, people weren't able to get out
- Housing – harder time getting into housing, lots of rents that weren't getting paid, landlords didn't repair rentals
- The shelter used hotels instead of the shelter
- Economic disparities were evident

**13. If you had a magic wand, what improvement activities should be a priority for the counties to improve health?**

- Healthcare
  - o During COVID people lost trust in healthcare professionals. People called to ask what they should do, we told them, they wouldn't do it, and they died. I wish people would trust healthcare professionals again
  - o Allow healthcare workers to work without a mask
  - o Get more people to enter healthcare to have staff. May not have enough staff in the future
  - o Team of behavioral health providers in an outpatient mental health center taking all-payers
  - o Improve the ability for partners to get a professional job to help recruit health professionals
  - o Improve insurance rates for mental health
  - o Increase social work, specialists, and mental health staff
- Nutrition
  - o Healthier school lunches. Kids will eat healthy if its their only choice. Too much sugar, need to change eating habits now
  - o Gap is closing on cost of unhealthy versus healthy food
  - o Start community gardens – people will eat it because they grew it
  - o Decrease the cost of healthy food
  - o Get more produce in homes. Deliver CSAs to rural areas
- Transportation
  - o County-wide transportation services

# Interview and Focus Group Results, cont.

- o Provide county-wide transportation so people can work anywhere in the county. A plan was created by the Western UP Planning and Development
- Housing
  - o Additional assisted living facilities
  - o Increase low- and middle-income housing – outside money coming in to buy houses, making them AirBnbs. Rental market is hot. Township needs to put some regulation/limits on these
- Youth
  - o YMCA where kids can go and be safe in each community
  - o You must have a background check to adopt a dog, but anybody can have a kid
  - o Kids who aren't involved in school are just adrift. Get as many kids involved in school activities as possible
  - o CTE classes have really helped students
  - o Relationship mentors – grow Big Brothers/Big Sisters. Every kid should have a mentor to teach them and guide them
  - o Teach kids the skills to manage their mental health – meditation, etc. which will have a long-term impact
  - o Ensure kids have skills to go out into life. Teach social skills to kids, handshake, smile, introduction
  - o Education – lack of parenting. Parents call the police to discipline their five-year-old
  - o Normalizing parent education throughout the kid's life, like continuing education with your job. Parents need to learn new skills
  - o Implement a universal home visiting program for all new parents to assist with child development and health and wellness screenings that begin prior to birth.
  - o Childcare
    - ▪ High quality, affordable, accredited childcare with no family paying more than 10% of income on childcare. Create an endowment to subsidize the care.
    - ▪ Adequate, affordable daycare access would increase the workforce
- Education
  - o Education to become more wholistic – shopping and home etc., money management, as well as STEM, English and foreign languages
  - o Teach people life skills, how to eat, what to eat, how to cook, how to exercise, balance a checkbook, relieve stress, learn to deal with disappointment
- Take away all political rhetoric – who are you going to rile up

# Asset Inventory Table of Contents

*The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. The focus group also identified community resources to improve health, which are listed on page 71 of the Community Health Needs Assessment.*

# Access to Care
## Health Departments

Western Upper Peninsula
540 Depot St,
Hancock, MI 49930
906-482-7382

## Hospitals

UP Health System – Portage
500 Campus Drive
Hancock, MI 49930
906-483-1000

Aspirus Keweenaw Hospital
205 Osceola St,
Laurium, MI 49913
906-337-6500

## Clinics

Aspirus Houghton Clinic
1000 Cedar Street
Houghton, MI 49931
906-487-1710

Aspirus Laurium Clinic
205 Osceola Street
Laurium, MI 49913
906-337-6560

Upper Great Lakes
500 Campus Drive
Hancock, MI 49930
906-483-1060

## Dentists

Copper Country Family Dentistry
19225 Calverley Ave. Houghton,
MI 49931
906-482-0808

Superior Smiles
1550 W Quincy St
Hancock, MI 49930
906-482-3621

## Long-Term Care and Assisted Living

Canal View
1100 W. Quincy Street
Hancock, MI 49930
906-482-5050

Omega House
2211 Maureen Lane
Houghton, MI 49931
906-482-4438

Gardenview
26096 E Elm Street
Calumet, MI 49913
906-256-3471

The Bluffs Senior Community
1000 Bluff View Drive
Houghton, Michigan 49931
906-483-4400

Mission Point Nursing & Physical
Rehabilitation Center of Hancock
1400 Poplar St.
Hancock, MI 49930
906-482-6644

PortagePointe
500 Campus Drive
Hancock, MI 49930
906-483-1278

# Mental Health

## Mental Health Facilities

Copper Country Community Mental Health
901 West Memorial Road
Houghton, MI 49931
906-482-9400

Unite Mental Health & Wellness
1014 College Avenue
Houghton, MI 49931
906-523-7064

## Counseling Services

Copper Island Behavioral Health
810 West Quincy Street
Hancock, MI 49930
906-482-9440

Portage Psychological Services
902 Razorback Dr Ste. 5
Houghton, MI 49931
906-281-3459

North Coast Counseling Services, LLC
300 Dunstan Street
Hancock, Michigan 49930
906-523-5580

Dial Help, Inc
609 Shelden Ave,
Houghton, MI 49931
906-482-9077

## Parks
Kestner Waterfront Park
Nara Nature Park
Montezuma Park
Hancock Dog Park
Calumet Lions Park
Keweenaw National Historical Park
Mason Nature Area
Veteran's Memorial Park
North Canal Township Park

# Healthy Eating/Active Living

## Healthy Eating Resources

Western Upper Peninsula Food Bank Inc
926 Dodge St
Houghton, MI 49931
906-482-5528

Keweenaw Co-Op
1035 Ethel Avenue
Hancock, MI 49930
906-482-2030

## Fitness Centers/Gyms

Aspirus Fitness Center
25680 Copper King Way
Calumet, MI 49913
906-337-7000

CrossFit Hakkapeliitta
909 Evergreen Drive
Houghton, MI 49931
906-523-7447

Michigan Tech Recreation
600 Macinnes Drive
Houghton, MI 49931
906-487-2578

Snap Fitness
850 W Sharon Ave
Houghton MI 49931
906-483-0310

UP Health System – Portage Fitness Center
921 W Sharon Ave
Houghton, MI 49931
906-483-1149

# Social Determinants of Health

## Basic Needs Assistance

31 Backpacks
1100 Century Way, Ste C
Houghton, MI 49931
906-231-1472

Country Angel Mission
433 5th Street
Calumet, MI 49918
906-934-2226

CLK Council of Churches Food Pantry
507 Pine Street
Calumet, MI 49913
906-369-4192

The Salvation Army
408 Ravine St
Hancock, MI 49930
906-482-3420

## Low-Income Housing

Houghton Housing Commission
401 East Montezuma Avenue
Houghton, Michigan 49931
906-482-0334

Copper Hills Apartments
901 Portage Street
Houghton, MI 49931
906-482-5811

## Youth Organizations

Superior School of Dance
417 Quincy Street
Hancock, MI 49930
906-481-1900

Keweenaw Little League
200 Isle Royale St
Laurium, Michigan 49913
keweenawll@gmail.com

## Job Training

Upper Peninsula Michigan Works!
400 Quincy St, 3rd Floor
Hancock, MI 49930
Phone: (906) 482-6916

## Senior Services

Copper Country Senior Meals
821 Water Street
Hancock, MI 49930

906-483-1155

Edgewood Senior Independent Living
1612-1614 Portage Drive
Hancock, MI 49930
906-281-2151

Mission Point Nursing & Physical
Rehabilitation Center of Hancock
1400 Poplar St.
Hancock, MI 49930
906-482-6644

Little Brothers Friends of the Elderly
527 Hancock Street
Hancock, MI 49930
855-886-5233

Gardenview
26096 E Elm Street
Calumet, MI 49913
906-256-3471

# Substance Misuse

## Addiction Treatment Centers

Great Lakes Recovery Centers
Behavioral Health Services
920 W Water Street, Suite 6
Hancock MI 49930
906-482-7710

Dial Help, Inc
609 Shelden Ave,
Houghton, MI 49931
906-482-9077

Phoenix House
57467 Waterworks Street
Calumet, MI 49913
906-337-0763

## Sources

Access to Health Care/Insurance Assistance
https://www.wupdhd.org/
https://www.uphealthsystem.com/portage
https://www.aspirus.org/find-a-location/aspirus-keweenaw-hospital-26
https://coppercountrydentistry.com/
https://www.superiorsmilesdental.com/
https://www.houghtonmcf.com/
https://omega-house.org/
https://elegance-living.com/senior-living/mi/calumet-township/gardenview/?utm_source=GMB&utm_medium=organic
https://www.thebluffs.org/
http://missionpointhealthcare.com/hancock/

Mental Health
http://www.cccmh.org/
https://www.unitewellness.org/
https://cibhs.com/
https://portagepsychological.com/
http://www.northcoastcounselingservices.com/
https://www.facebook.com/DialHelp

Healthy Eating/Active Living
https://www.freefood.org/l/western_upper_peninsula_food_bank_inc
https://www.loc8nearme.com/michigan/houghton/by-nature/3344926/
https://www.keweenaw.coop/
https://www.snapfitness.com/us/gyms/houghton-mi/?utm_source=gmb&utm_medium=yext
https://www.uphealthsystem.com/fitness-center
https://crossfithakk.com/

Socioeconomics /Social Determinants of Health
https://www.facebook.com/31Backpacks/
https://www.ccangelmission.org/
https://www.facebook.com/CLKFoodPantry/
https://centralusa.salvationarmy.org/hancock/
http://www.houghtonhousing.com/
https://copperhillsapartments.business.site/
https://www.superiorschoolofdance.com/
https://clubs.bluesombrero.com/Default.aspx?tabid=484183
https://upmichiganworks.org/
www.edgewoodhancock.com
http://missionpointhealthcare.com/hancock/
https://houghton.littlebrothers.org/
https://elegance-living.com/senior-living/mi/calumet-township/gardenview/?utm_source=GMB&utm_medium=organic

## Sources (con.)

Substance Misuse
https://www.greatlakesrecovery.org/
https://dialhelp.org/
https://www.phoenixhouse.com/

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:                                                    Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:
UPHS-Portage Marketing Department

# Community Health Needs Assessment for Houghton County

Completed in partnership with: