



*Photo Credit: UPHS-Marquette; Make it Marquette website*

# 2022

## Marquette and Houghton Counties, MI

### Community Health Needs Assessment

# TABLE OF CONTENTS

- Perspective / Overview ..... 03
- Board Approval ..... 05
- Data Collection and Timeline ..... 06
- Information Gaps ..... 07
- Participation by Those Representing the Broad Interests of the Community ..... 08
- Input of Medically Underserved, Low-Income, and Minority Populations ..... 09
- Input of Those with Expertise in Public Health ..... 09
- Community Selected for Assessment ..... 10
- Key Findings ..... 11
- Process and Methods ..... 11
- Description of Community Served ..... 12
- Business Profile ..... 17
- Tapestry Segmentation ..... 18
- Community Input: Focus Groups & Surveys ..... 19
- Health Status Data, Rankings and Comparisons ..... 23
- Results of the CHNA: Community Health Summit Prioritized Needs ..... 40
- Prioritization Criteria ..... 40
- Prioritized Needs ..... 40
- Impact of 2019 CHNA and Implementation Plan ..... 43
- Appendices: ..... 46
  - Community Survey
  - Employee Survey
  - Focus Group Summary
  - Community Asset Inventory

## Perspective / Overview

### About UPHS-Marquette

As a 222-bed specialty care hospital, UP Health System – Marquette receives patients from across the UP and provides care in 65 specialties and subspecialties. Its medical staff of more than 200 doctors works as a team with its more than 1,800 employees in caring for approximately 9,000 inpatients and more than 350,000 outpatients per year.

UP Health System – Marquette’s major services include its Heart & Vascular Institute, Cancer Center, Brain & Spine Center, Rehabilitation Center, Behavioral Health, Digestive Health, Bariatric Medicine & Weight Management Center and Women’s Health, Family Birthing, and Pediatrics Center. The hospital also provides the region’s premier services in imaging, surgery and laboratory and is home to the UP Telehealth Network, a leading telehealth network in the nation. We also service many of the communities in the Upper Peninsula of Michigan, with 42 primary and specialty care clinics spread throughout the region.



*Photo Credit: UPHS-Marquette;*

## Creating a Culture of Health in the Community



*Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <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 Marquette and Houghton Counties, Michigan.

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

## 2022 Community Health Needs Assessment

This document is a hospital facility specific Community Health Needs Assessment (CHNA) for UPHS-Marquette.

UPHS-Marquette, 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 October 1, 2022, this report is made widely available to the community via UPHS-Marquette's website <https://www.UPhealthsystem.com> and paper copies are available free of charge at:
  - UP Health System - Marquette, 850 West Baraga Avenue, Marquette, MI 49855 or by phone 906-449-3000 or via the hospital website <http://www.UPhealthsystem.com>
- ✓ UPHS-Marquette's board of directors approved this assessment on October 24, 2022.

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### 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 Gar Atchison, Market President UP Health System, CEO, UP Health System - Marquette.

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 Janell Larson, Director of Marketing and Communications, UPHS-Marquette. ”

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## Community

### Input and Collaboration

#### Data Collection and Timeline

In April 2022, UPHS-Marquette in consultation with the Marquette Health Department began a Community Health Needs Assessment for Marquette and Houghton Counties 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 8, 2022.
- A community online survey was conducted from May 1 – July 11, 2022.
- An online survey of UPHS-Marquette employees and community providers was conducted June 20 – August 16, 2022.
- A Community Health Summit was conducted on August 22, 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-Marquette

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## Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in 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.

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## Participants

Forty-three individuals from forty community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Marquette and Houghton Counties. 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 Marquette and Houghton Counties Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Participated
40 below Marquette county YP	Adults 21 - 40	Focus Group
Bell Auxiliary, RN	Marquette County	Focus Group
Bordel Grill, 906 Adventure Team	Marquette County	Focus Group
Christian Park Village CIENA healthcare	Delta County	Focus Group
City of Marquette	Marquette City	Focus Group
Community Action Alger Marquette	All	Summit
DLP MGA	Upper Peninsula	Focus Group
Grow & Lead: Community and Youth Development	UP Schools and Nonprofits	Focus Group
Greater Ishpeming Commission on Aging	Seniors	Summit
Keweenaw Bay Indian Community	Minorities	Summit
Lake Superior Community Partnership	Marquette County	Focus Group
LFFDC and Community Foundation	Delta County	Focus Group
MAPS Board of Education	Marquette County	Focus Group
Marquette Alger Medical Control, Regional EMS	Region	Focus Group
Marquette Alger Regional Education Service Agency	All	Summit
Marquette County Administration	Marquette County	Focus Group
Marquette Food Co-op/ UP Food Exchange	UP Everyone eats	Focus Group
Messiah Lutheran Church	All	Summit
Northern Michigan University	Students/faculty/retirees	Focus Group/Summit
Northern Michigan University School of Health and Human Performance	Public Health	Focus Group
Pathways Community Mental Health	Mental health	Summit
Peter White Public Library	Marquette County	Focus Group
Retired physician	Marquette County	Focus Group
Superior Alliance for Independent Living	Seniors	Summit
Superior Connections Recovery Community Organization	Substance use	Summit
Superior Health Foundation	Upper Peninsula, Marquette County	Focus Group
The Mining Journal	Upper Peninsula	Focus Group
UP Health Plan - Medicaid/Medicare	Upper Peninsula	Focus Group
UP Health System	Marquette County, Upper Peninsula	Focus Group/Summit
UP Health System Marquette Specialty Clinic	All	Summit
UPHS - Bell	Western Marquette County, seniors, youth	Focus Group
Upper Peninsula Power Company	All	Summit
Upper Peninsula Health Care Solutions	All	Summit
VAST Insurance Agency	Marquette, employers, health insurance	Focus Group
Western Marquette County Health Foundation and Greater Ishpeming Chamber of Commerce	Western Marquette County	Focus Group
Wright Electric Co, Inc	Upper Peninsula	Focus Group
YMCA of Marquette County	Marquette County	Focus Group

In many cases, several representatives from each organization participated.



Photo Credit: UPHS-Marquette; Make it Marquette website

## Community Engagement and Transparency

Many members of the community participated in focus group, individual interviews, 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 through interviews, focus groups and the community health summit. Agencies representing these population groups were intentionally invited to the focus group, interviews 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-Marquette 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.

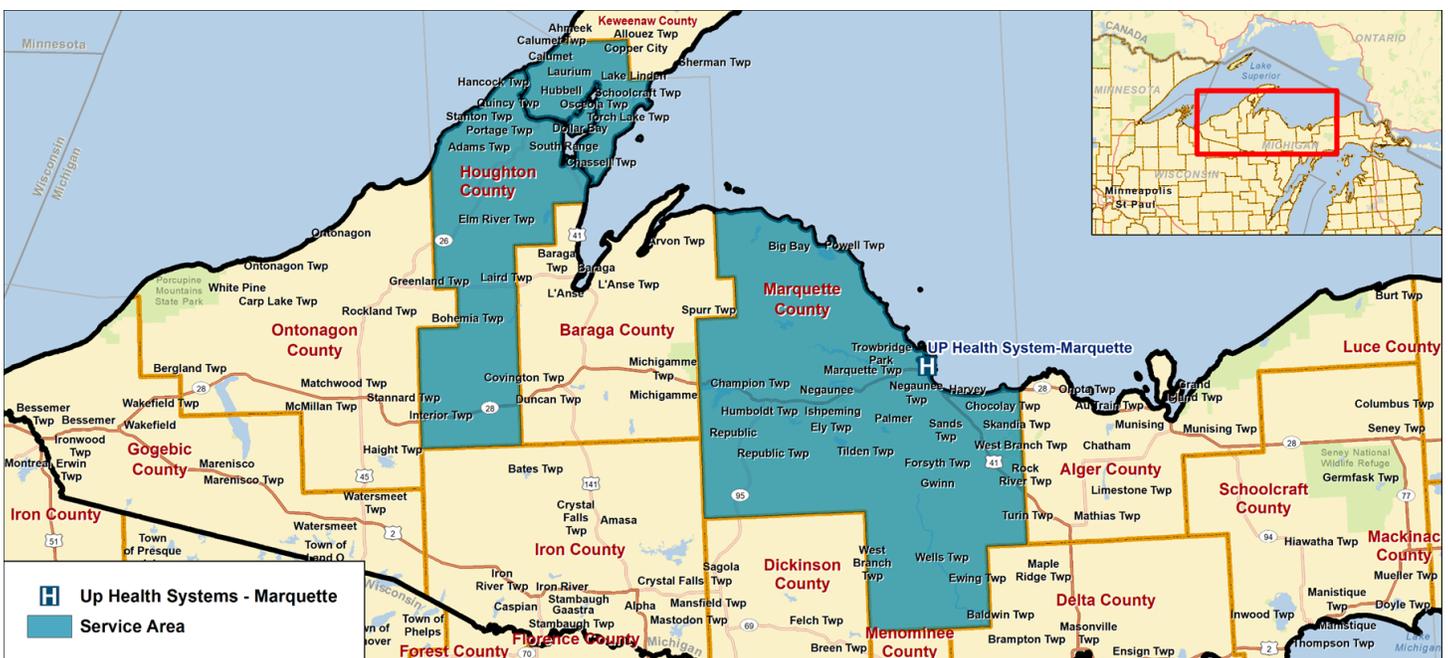
## Community Selected for Assessment

Marquette and Houghton Counties was the primary focus of the CHNA due to the service area of UPHS-Marquette. Used as the study area, Marquette and Houghton Counties provided 88% 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-Marquette draws their patients.

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

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

## UPHS-Marquette 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. Mental Health (23 post its)
2. Access to Care (14 post its)
3. Substance Use Disorder (13 post its)
4. Childcare/Youth (6 post its)
5. Housing (5 post its)
6. Healthy Eating/Active Living (4 post its)
7. Other – socioeconomics, distrust, communication (4 post its)

## 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-Marquette; mqtfarmersmarket.com

# Description of the Communities Served

## Demographics

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

	Marquette County	Houghton County	Michigan	USA
Population	67,258	36,700	10,105,078	333,934,112
Median Age	41.5	34.9	40.9	38.8
Median Household Income	\$54,593	\$44,684	\$58,537	\$64,730
Annual Pop. Growth (2021-2026)	-0.11%	-0.28%	0.21%	0.71%
Household Population	28,179	14,299	3,999,335	126,470,675
Dominant Tapestry	Green Acres (6A)	Small Town Simplicity (12C)	Salt of the Earth (6B)	Green Acres (6A)
Businesses	2,643	1,474	333,335	12,013,469
Employees	36,441	17,816	4,569,468	150,287,786
Health Care Index*	82	76	94	100
Average Health Expenditures	\$5,145	\$4,743	\$5,882	\$6,237
Total Health Expenditures	\$0.1 B	\$0.1 B	\$23.5 B	\$788.8 B
<b>Racial and Ethnic Make-up</b>				
White	93%	93%	77%	69%
Black	2%	1%	14%	13%
American Indian	2%	1%	1%	1%
Asian/Pacific Islander	1%	3%	4%	6%
Other	0%	0%	2%	7%
Mixed Race	2%	2%	3%	4%
Hispanic Origin	2%	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.

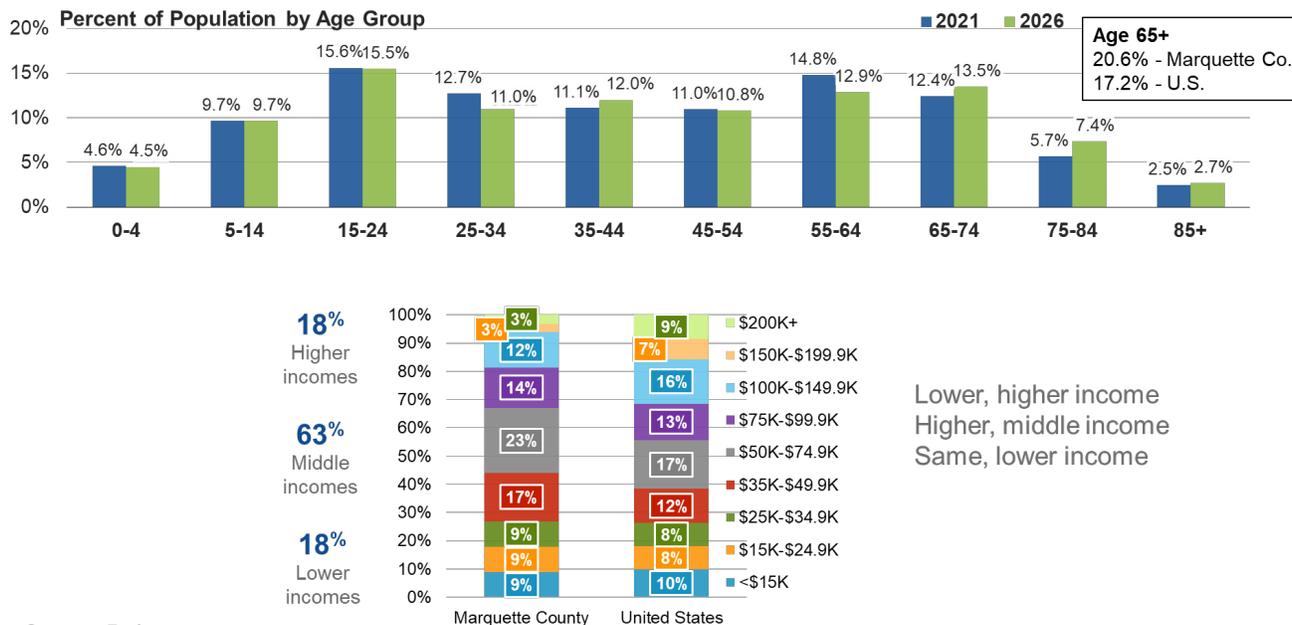
The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.



Photo Credit: UPHS-Marquette

## Demographics, cont.

### Marquette County

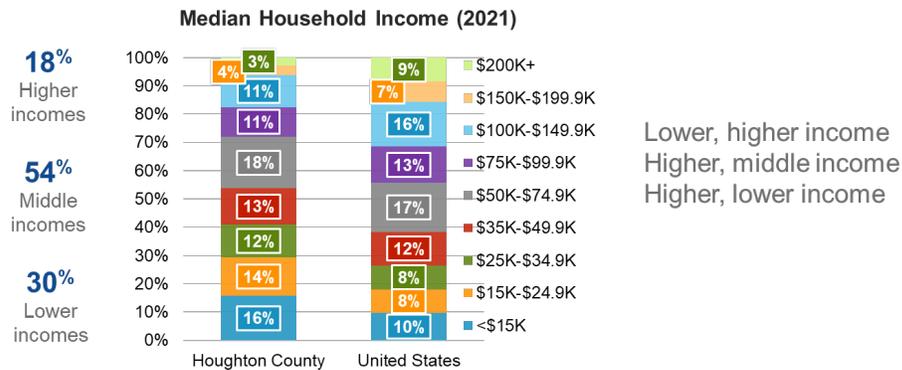
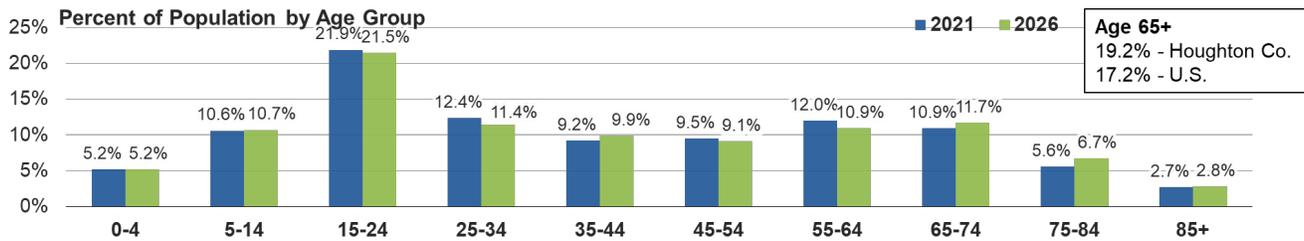


Source: Esri

- The population of Marquette County is projected to decrease from 2021 to 2026 (-11.% per year). Michigan is projected to increase .21% per year. The U.S. is projected to increase 0.71% per year.
- Marquette County had a higher median age (41.5 median age) than MI (40.9) and the U.S. (38.8). In Marquette County the percentage of the population 65 and over was 20.6%, higher than the U.S. population 65 and over at 17.2%.
- Marquette County's median household income at \$54,593 was lower than MI (\$58,537) and the U.S. (\$64,730). The rate of poverty in Marquette County was 13.6% which was higher than MI (12.6%) and the U.S. (11.9%).
- The household income distribution of Marquette County was 18% higher income (over \$100,000), 63% middle income, and 18% lower income (under \$25,000). The largest income group is the 23% 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. Marquette County was 82, indicating 18% 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 Marquette County was 93% White, 2% Black, 2% Hispanic origin, 2% more than one race, 2% American Indian, and 1% Asian/Pacific Islander.

## Demographics, cont.

### Houghton County



Source: Esri

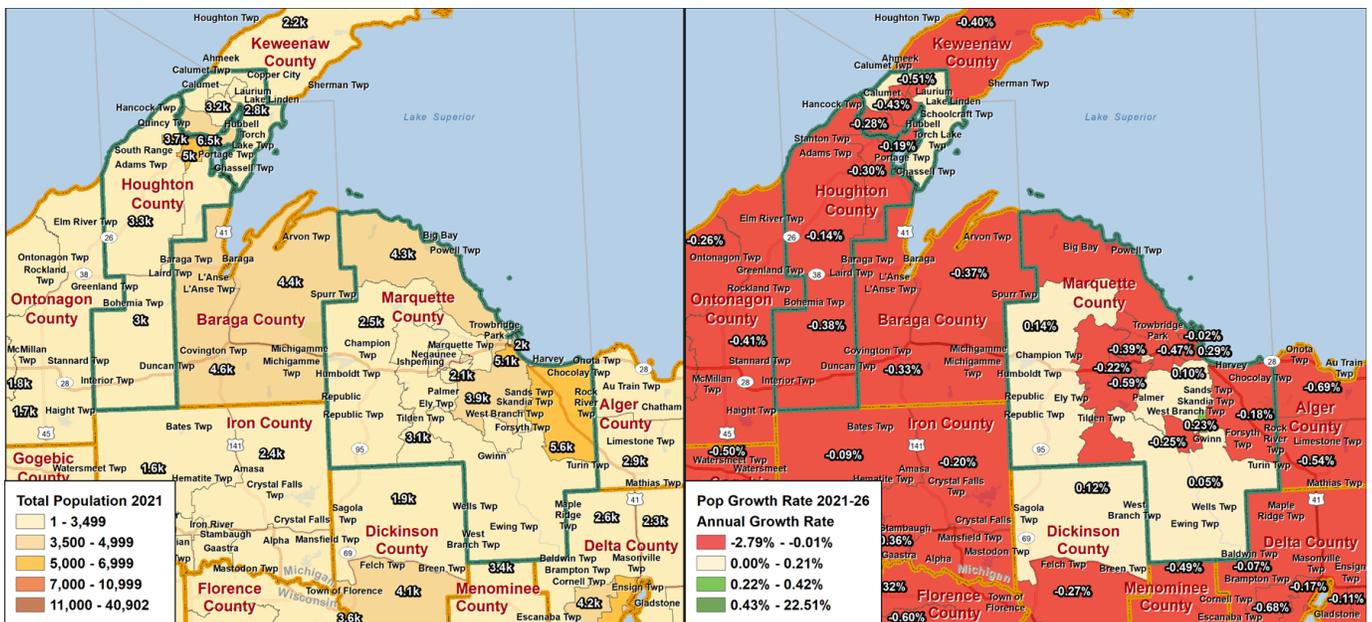
- The population of Houghton County is projected to decrease from 2021 to 2026 (-0.28% per year). Michigan is projected to increase .21% per year. The U.S. is projected to increase 0.71% per year.
- Houghton County had a lower median age (34.9 median age) than MI (40.9) and the U.S. (38.8). In Houghton 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 and Houghton Counties was 93% White, 1% Black, 2% Hispanic origin, 1% American Indian, 2% more than one race, and 3% Asian/Pacific Islander. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*



Photo Credit: UPHS-Marquette; travelmarquette.com

## Demographics, cont.

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



Source: Esri

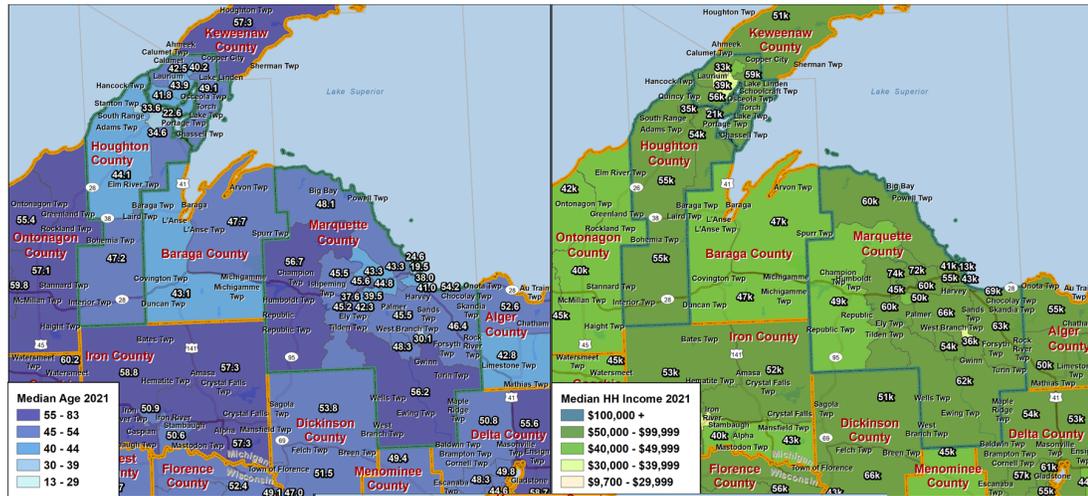
Red is population decline  
 Yellow is positive up to the MI growth rate  
 Green is greater than the MI growth rate  
 Dark green is twice the MI growth rate

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 5.6K in the northeast corner of Marquette County and about 6.5K in central Houghton County.

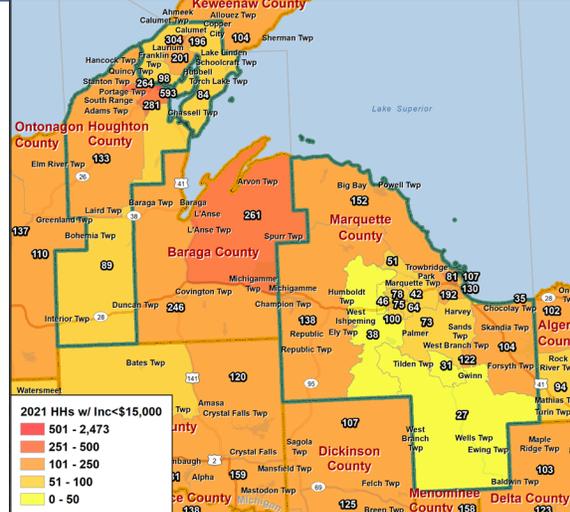
While only half of Marquette County is projected to decline, about three-fourths of Houghton County is projected to decline.

## Demographics, cont.

### 2021 Median Age & Income



Source: Esri



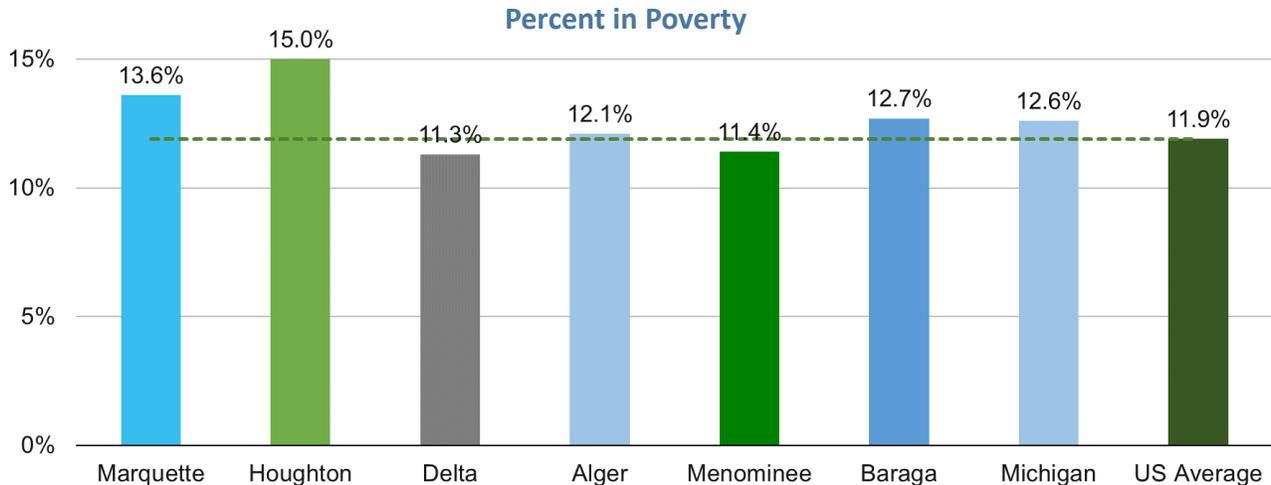
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the southern census tract of Houghton County with a higher median age of 47.2 than those closer to Portage, at 22.6. Similarly, the health needs of southern Marquette County with a median age of 56.2 may be different from those on the north coast of Marquette County, with a median age of 24.6.

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 Marquette County census tract making \$13,000 will probably have different health outcomes than the tract to its west, making a median household income of \$74,000.

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.

## Demographics, cont.

Marquette County's 2020 poverty percentage was 13.6% and Houghton was 15% compared to Michigan at 12.6% and the U.S. at 11.9%. The cost of living in Marquette and Houghton Counties was higher than MI and the U.S.



## Business Profile

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

- Health Care & Social Assistance (18.6%)
- Wholesale Trade (13.1%)
- Retail Trade (11.8%)
- Accommodation & Food Service (8%)
- Mining (7.1%)

71% 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

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

Marquette and Houghton Counties' May 2022 preliminary unemployment was 4.8% and 5.2% respectively, 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.

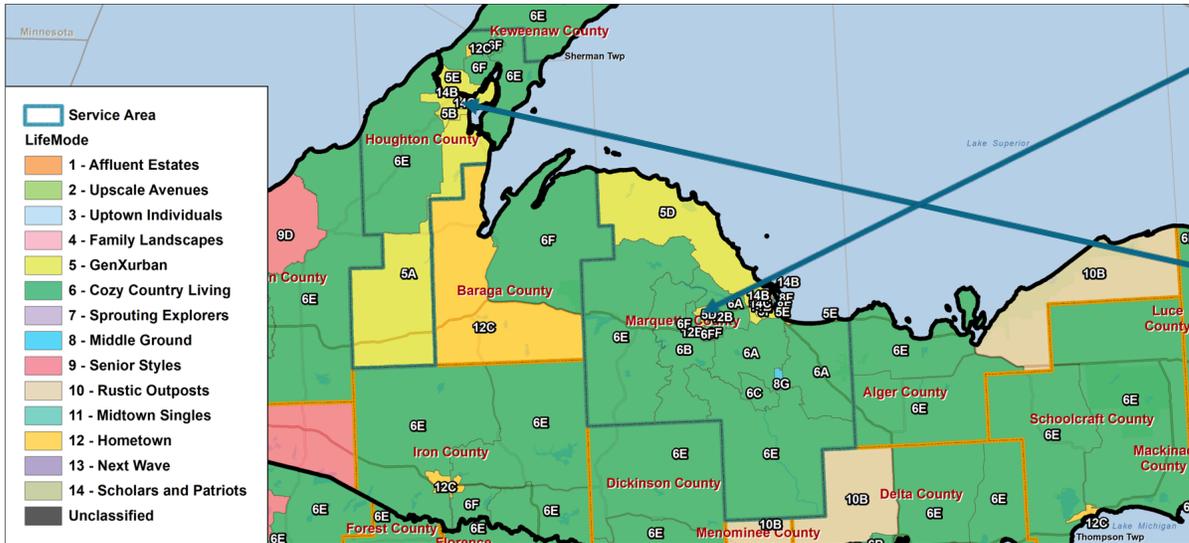
## Tapestry Segmentation

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. Thirty-three percent of Marquette and Houghton Counties are 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 Heartland Communities (12%), College Towns (11.1%), and Green Acres (10.3%). 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 33.4% of total households.



Dominant Tapestry Segmentation of Marquette and Houghton Counties  
Arrows point to the top 3 tapestry segments within the county. Tapestry segments only appear on map if they are ranked 1<sup>st</sup> in a census tract.

Source: Esri

## 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 2, 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:

- Access to care – availability of key resources, behavioral health, affordability, dental care, lack of specialties
- Transportation – need more transportation, especially in rural areas
- Substance Use – lack of treatment, vaping, alcohol, drug use (meth, opioids), high rates of smoking during pregnancy, neonatal abstinence syndrome
- Chronic Diseases – obesity, CHF, COPD
- Mental Health – children struggling with mental health, need more resources and awareness
- Socioeconomics - food insecurity, affordable housing, financial health, social determinants of health, Maslow's hierarchy of needs, aging population
- Childcare

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

- Mental health – open a child psych unit in Marquette, increase outpatient mental health care, emergency health clinic, more mental health and behavioral providers
- Substance use – better family programs for addiction to stop the patterns, recovery community center open 7 days a week, provide social opportunities
- Community – unite all communities for a common purpose, care about each other without judgement
- Transportation – get Motor City involved in solving transportation issues, start a non-profit that focuses on transportation for all to church, doctors, trails, etc., user-friendly buses and routes, MarqTran – fix buses and routes
- Youth - early childhood development, childcare, start upstream with children – how to make good choices, intervene earlier, less people to fall through the cracks causing issues in the community, increase the number of foster homes. Find the right foster homes for the kids, make it less expensive to adopt
- Healthcare services – lack of caregivers, need a walk-in/urgent care clinic, fix the broken healthcare system, integrate services
- Staffing – fix staffing gaps, hire staff and pay what they deserve, build up workforce, fix barriers for why people aren't returning to the workforce

## Community Survey Results

Stratason and UPHS-Marquette conducted online community surveys via SurveyMonkey and distributed paper copies in Marquette and Houghton Counties. 357 surveys were completed from June 20, 2022, to August 11, 2022.

- 79.8% of respondents believe their health is good or excellent. They are the least satisfied with their physical activity.
- 35.2% have had trouble seeing a doctor, 20.3% trouble seeing a dentist, 30.2% seeing a mental health professional, and 9% could not obtain medications when needed.
- 59.2% believe the pandemic made it easier to discuss mental health issues.
- The top three most significant health issues were: (all over 10% of responses)
  1. Mental health – stress, anxiety, depression, bipolar disorder etc.
  2. Availability and quality of mental health services
  3. Substance/drug misuse
  4. Childcare/day care options
  5. Access to affordable healthcare
  6. Obesity
  7. Access to specialty care
  8. Access to affordable health insurance
  9. Access to primary care
- Respondents have been told by a doctor they have the following conditions, diseases or challenges: (all over 10% of responses)
  1. Overweight or obese
  2. Mental or emotional problem
  3. High blood pressure/hypertension
  4. Asthma
  5. Arthritis
  6. High cholesterol
  7. Cancer
- Healthcare, health education or public health services or programs respondents would like to see offered in the community: (all over 20% of responses)
  1. Behavioral health services
  2. Access to specialty physicians
  3. Affordable healthcare
  4. Healthcare resources for the uninsured or poor

## Survey Results – Community cont. and Employee Surveys

- Healthcare, health education or public health services or programs respondents would like to see offered in the community (cont.): (all responses over 20%)
  5. Affordable health insurance
  6. Substance abuse services
  7. Availability of doctors
- 61.9% are somewhat or very likely to utilize virtual physician care through the computer or smart phone.

Stratason and UP Health System – Marquette conducted online surveys of hospital employees for their opinions on community health status and needs. 232 surveys were completed from June 20, 2022, through August 11, 2022. Where feasible, results from 2019 were compared to 2022.

- 22.8% of hospital employees described the health of the communities good, and less than 1% described the health of the communities as excellent.
- The most prevalent chronic diseases in the communities are:
  1. Obesity
  2. Mental health
  3. Diabetes
  4. High blood pressure
  5. Heart disease
  6. Cancer
  7. Respiratory disease
  8. Kidney disease
- The top three issues that impact people’s health were: (all over 15% of responses)
  1. Mental health and behavioral health services
  2. Affordable healthcare
  3. Substance/drug misuse
  4. More specialists
  5. Affordable health insurance
  6. Substance abuse services
  7. Availability of doctors
  8. People taking more responsibility for their own lifestyle/health
  9. More primary care professionals
  10. Alcohol misuse



Photo Credit: Ryan Neely, Travel Lens

### Survey Results – Employee, cont.

- The top three social determinants of health impacting people’s health were: (all responses over 10%)
  1. Poverty/low income
  2. Affordable housing
  3. Available housing
  4. Jobs/employment
  5. Transportation
  6. Education
  7. Abuse

### Health Status Data

Based on the 2022 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin<sup>2</sup>, Marquette County ranked 16<sup>th</sup> out of 83 Michigan counties ranked for health outcomes (1= the healthiest; 83 = unhealthiest), and 11<sup>th</sup> for health factors. Houghton County ranked 15<sup>th</sup> for health outcomes and 18<sup>th</sup> 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 Marquette County were higher adult smoking, higher percentage of adult obesity, higher percentage of excessive drinking and alcohol impaired driving deaths. The areas of strength were lower number of teen births, lower population to primary care physicians, lower population to dentists, lower population to mental health providers, lower number of preventable hospital stays, higher percentage of mammography screenings, higher percentage of high school and college completion, lower unemployment, lower income inequality, and higher rate of social associations.

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, and lower percentage of children in single-parent households.

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 90<sup>th</sup> percentile). Where Marquette and Houghton Counties' 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, Marquette and Houghton Counties must close several lifestyle gaps. For additional perspective, Michigan was ranked the 33<sup>rd</sup> 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.

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## 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.

.....

<sup>2</sup> 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, Marquette County will be blue, Houghton County will be red, Michigan (MI) will be orange, U.S. will be green and the 90<sup>th</sup> percentile of counties in the U.S. will be gold.

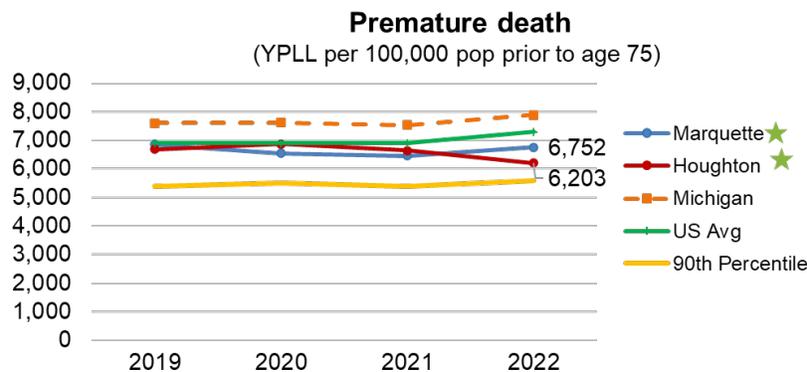
## Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Marquette and Houghton Counties ranked 16<sup>th</sup> and 15<sup>th</sup> respectively 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. Marquette and Houghton Counties ranked 18<sup>th</sup> and 15<sup>th</sup> respectively in length of life in MI. Marquette and Houghton Counties lost 6,752 years and 6,203 years of potential life per 100,000 population respectively, which was lower than MI and the U.S.

Marquette County residents can expect to live 1.7 years more than the average U.S. resident, and Houghton County residents can expect to live 1.4 years longer than the average U.S. resident.



### Life Expectancy

(Average number of years a person can expect to live)

2018-2020	
Marquette Co.	78.7
Houghton Co.	78.4
Michigan	77.5
US Avg*	77.0
90th Percentile	80.6

\*Due to COVID and impacts of COVID, life expectancy in the US decreased 1.87 years in 2020.

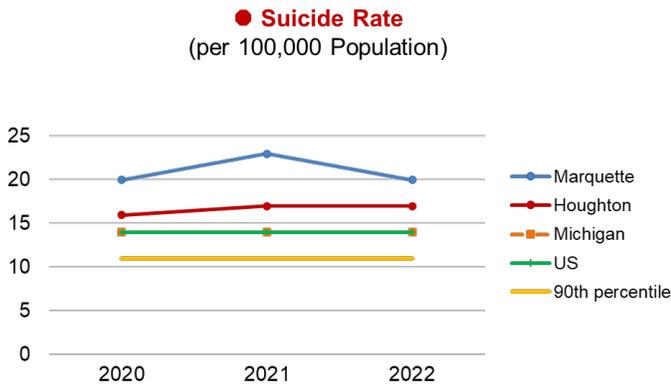
Source: County Health Rankings; National Center for Health Statistics – Mortality File 2018-2020

# Leading Causes of Death per 100,000 Population 2020

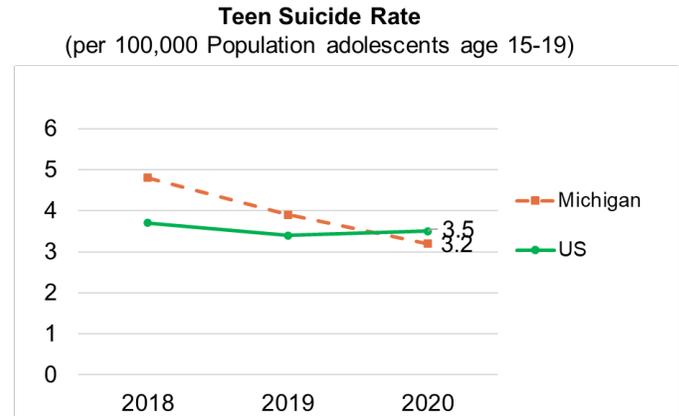
Cause of Death	Marquette County	Houghton County	Michigan	US
Heart Disease	170.9	169.6	205.0	168.2
Cancer	146.9	174.8	157.3	144.1
COVID-19*	47.9	54.2	85.9	85.0
Accidents (Unintentional Injuries)	47.5	43.5	56.8	57.6
Strokes	34.1	42.1	44.5	38.8
Respiratory Diseases	45.3	40.3	41.9	36.4
Alzheimer's	35.8	48.6	36.9	32.4
Diabetes	22.6	31.7	26.0	24.8
Suicide	20.5	17.0	14.0	13.5
Liver Disease	15.3	16.2	13.9	13.3
Influenza and Pneumonia	14.1	11.9	14.4	13.0
Nephritis, nephrosis	10.4	NR	14.7	12.7
Parkinson Disease	13.7	12.3	10.3	9.9
Septicemia	6.2	9.5	9.8	9.7

Age-adjusted rates per 100,000 population.  
 Marquette County and Houghton County data combined from 2016-2020. US and MI data from 2020  
 Rates that appear in red for a county denote a higher value compared to state data.  
 Age Adjustment Uses 2000 Standard Population.

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



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



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

Marquette and Houghton Counties' suicide rates were higher than MI and the U.S., trending down in Marquette, but trending slightly up in Houghton. The teen suicide rate in MI decreased in 2020.

Source(s): Wonder CDC.gov (2020) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.



Photo Credit: UPHS-Marquette; travelmarquette.com

### Length of Life **STRENGTHS**

- Marquette County had lower death rates in 10 leading causes of death than both MI and the U.S.
- Houghton County had lower death rates in 8 leading causes of the death than MI.
- Marquette and Houghton Counties had longer life expectancies at 78.7 and 78.4, respectively, than MI (77.5).
- Michigan’s teen suicide rate decreased in from 2019 to 2020.
- Marquette and Houghton Counties had lower premature deaths than MI.

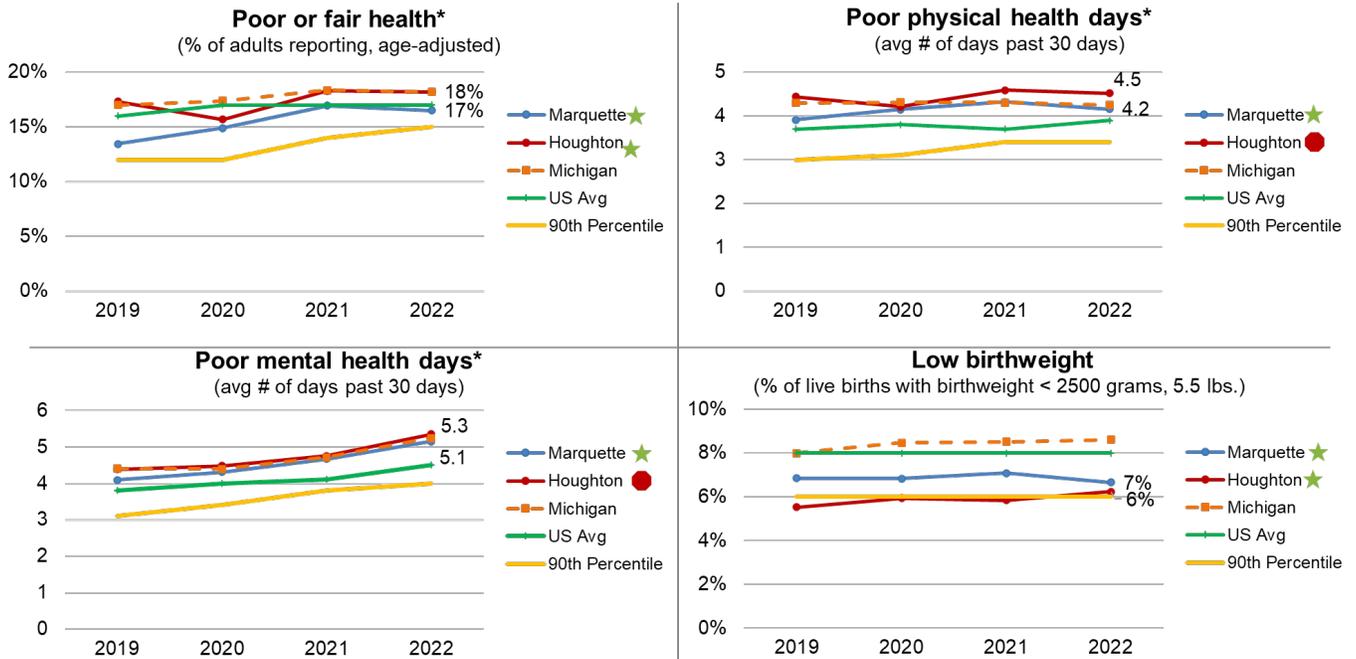
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### Length of Life **OPPORTUNITIES**

- Marquette and Houghton Counties had higher suicide rates at 20 and 17, respectively, 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. Marquette and Houghton Counties ranked 17<sup>th</sup> and 22<sup>nd</sup> respectively in quality of life out of 83 Michigan counties.



\*Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 should not be compared to prior years.

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

- Marquette County had a lower percentage of adults reporting poor or fair health at 17% than MI (18%). Houghton County was equal to MI at 18%.
- Marquette County had a slightly lower number of adults reporting poor mental health days at 5.1 than MI at 5.2.
- Marquette had fewer poor physical health days at 4.2 than MI.
- Marquette and Houghton Counties had a lower percentage of low birthweight babies at 7% and 6% than both MI at 9%.

### Quality of Life OPPORTUNITIES

- Houghton County had a higher number of poor physical health days at 4.5 than MI at 4.2.
- 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.

## 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%). Marquette and Houghton Counties ranked 11<sup>th</sup> and 18<sup>th</sup> 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. Marquette and Houghton Counties ranked 21<sup>st</sup> and 22<sup>nd</sup> respectively in health behaviors out of 83 counties in Michigan.

### Adult obesity

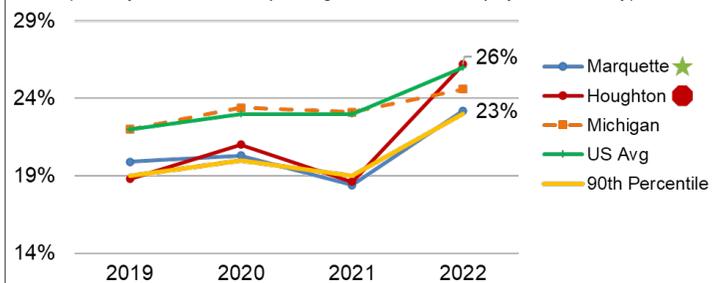
(% of adults that report a BMI of 30 or more)

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

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

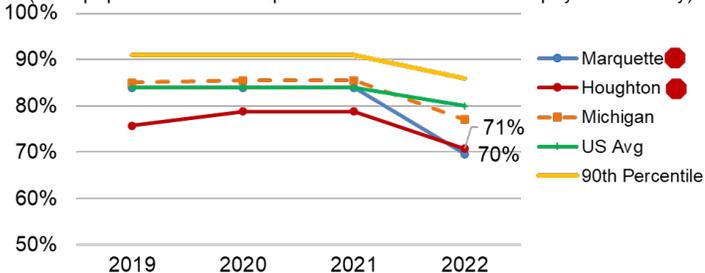
### Physical inactivity

(% 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	
Marquette County	20%
Houghton County	21%
Michigan	20%
US Avg	16%
90th Percentile	15%

In 1965, 45% of the US smoked

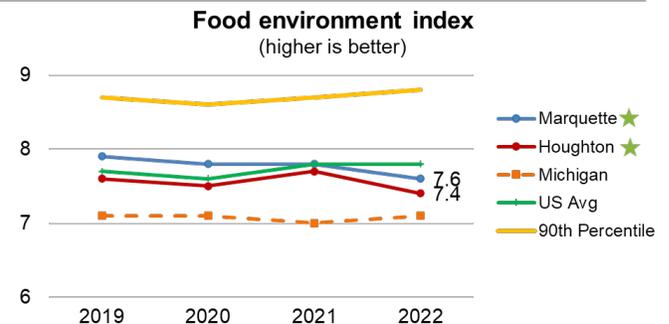
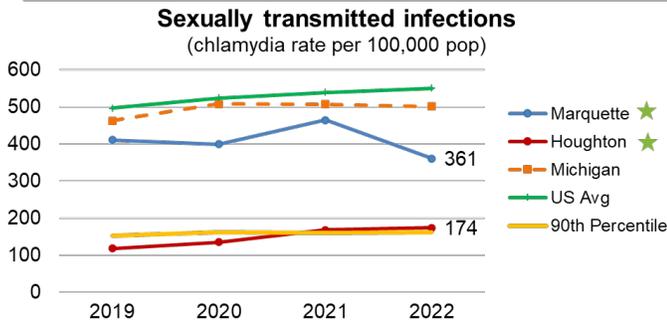
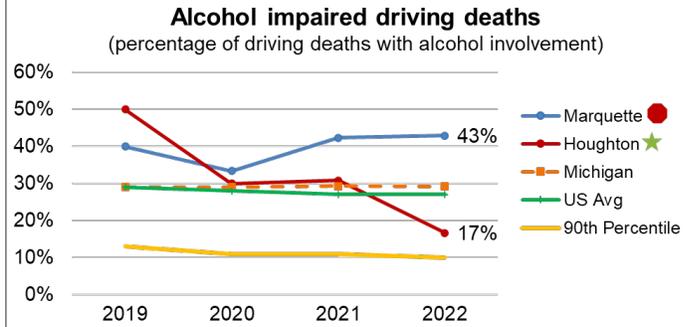
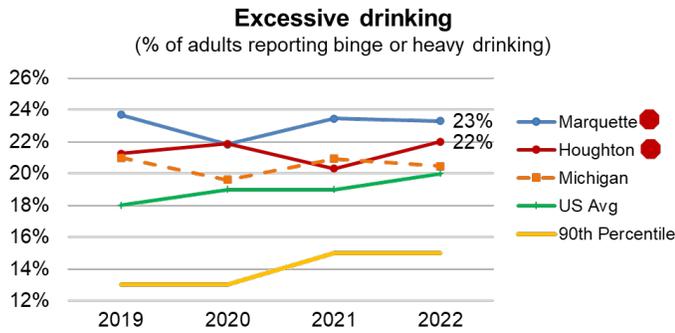
Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

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.



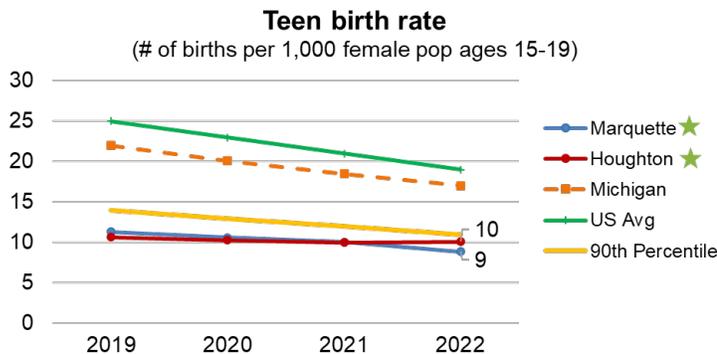
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

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)

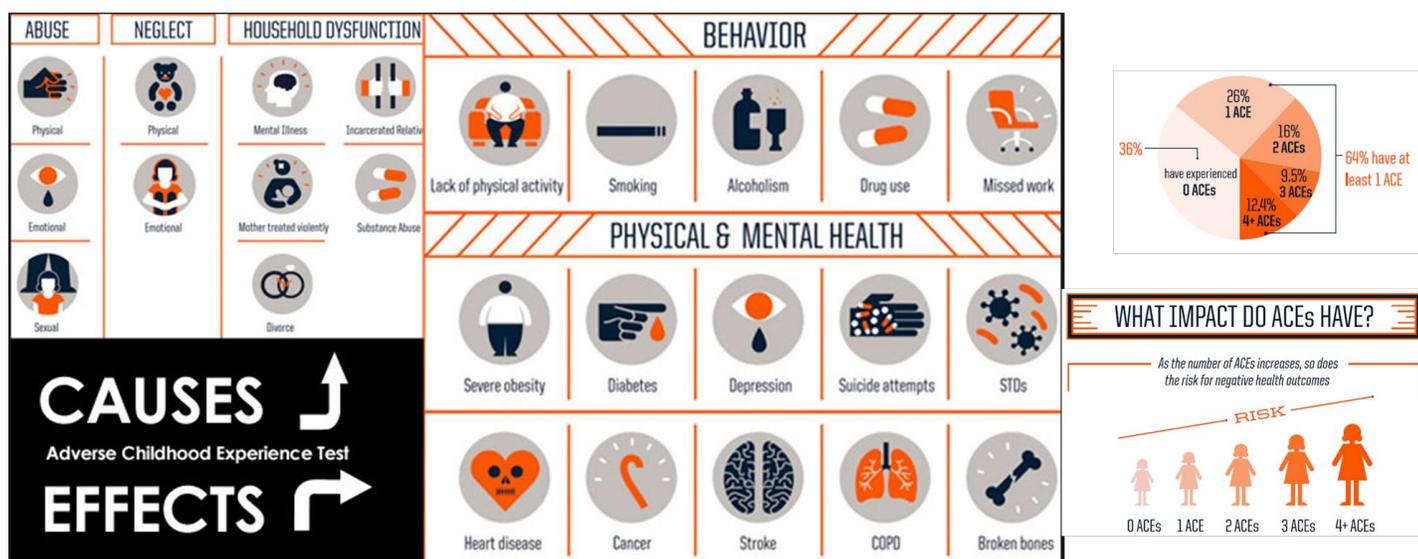
Ethnicity/Race	Marquette	Houghton
American Indian & Alaska Native	26	NR
Asian	NR	NR
Black	NR	NR
Hispanic	31	NR
White	8	NR

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 dysfunction 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
<b>United States</b>	54%	25%	22%
<b>Michigan</b>	54%	24%	22%

<https://www.childhealthdata.org/browse/survey/results?q=4783&r=1&r2=44>

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 Marquette and Houghton Counties. However, Michigan had the same percentage of youth with no ACEs, 2+ ACEs and a lower percentage of youth with 1 ACE.



Photo Credit UPHS-Marquette; travelmarquette.com

### Health Behaviors **STRENGTHS**

- Adult obesity in Marquette and Houghton Counties was the same as Michigan at 36%, and higher than the U.S. (32%). 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.
- Physical inactivity was lower in Marquette County at 23% than in MI (25%).
- The food environment index was higher (better) in Marquette (7.6) and Houghton Counties (7.4) than MI (7.1).
- The percentage of alcohol impaired driving deaths was lower in Houghton County at 17% than MI (29%).
- The teen birth rate in Marquette and Houghton Counties was lower at 9 and 10, respectively, than MI (17).
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Marquette (361) and Houghton Counties (174) than MI (502).

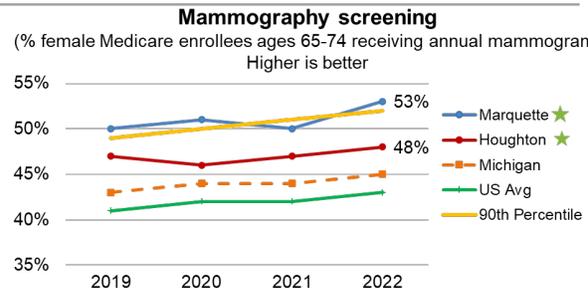
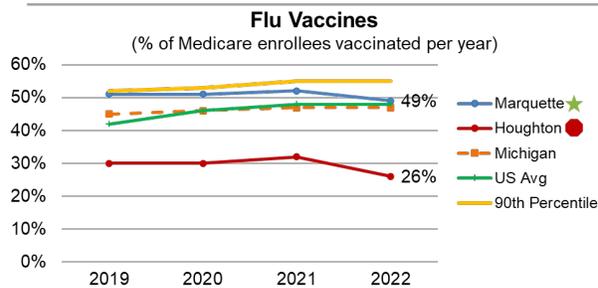
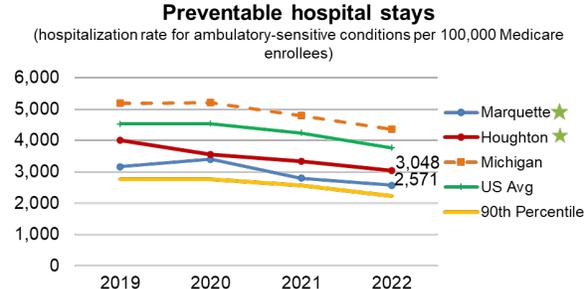
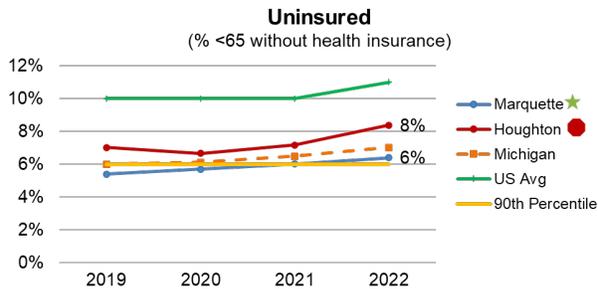
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### Health Behaviors **OPPORTUNITIES**

- The percentage of alcohol impaired driving deaths was higher in Marquette County at 43% than MI (29%).
- Physical inactivity was slightly higher in Houghton County at 26% than in MI (25%).
- Seventy percent of Marquette County and seventy-one percent of Houghton County had access to exercise opportunities compared to 77% of MI.
- Although Marquette County had the same percentage of adult smokers as MI at 20%, Houghton County had a slightly higher percentage of adult smokers at 21%.
- Marquette and Houghton Counties had a higher percentage of adults reporting binge or heavy drinking at 23% and 22% than MI at 20%.
- The teen birth rate was higher for American Indians and the Hispanic population than in MI.

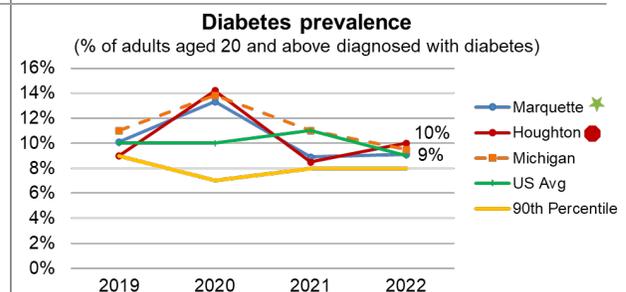
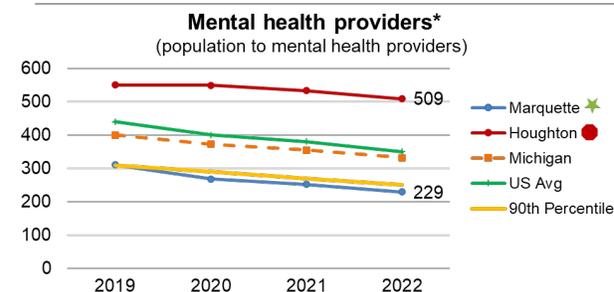
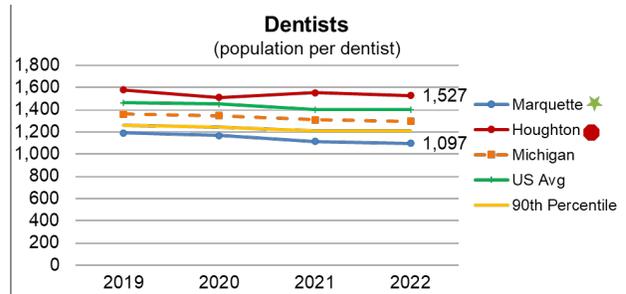
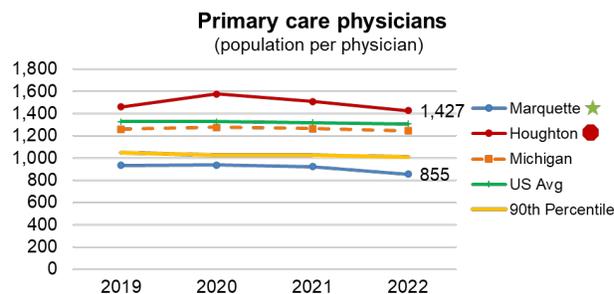
## Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Marquette and Houghton Counties ranked 3<sup>rd</sup> and 43<sup>rd</sup> respectively in clinical care out of 83 Michigan counties.



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

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



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

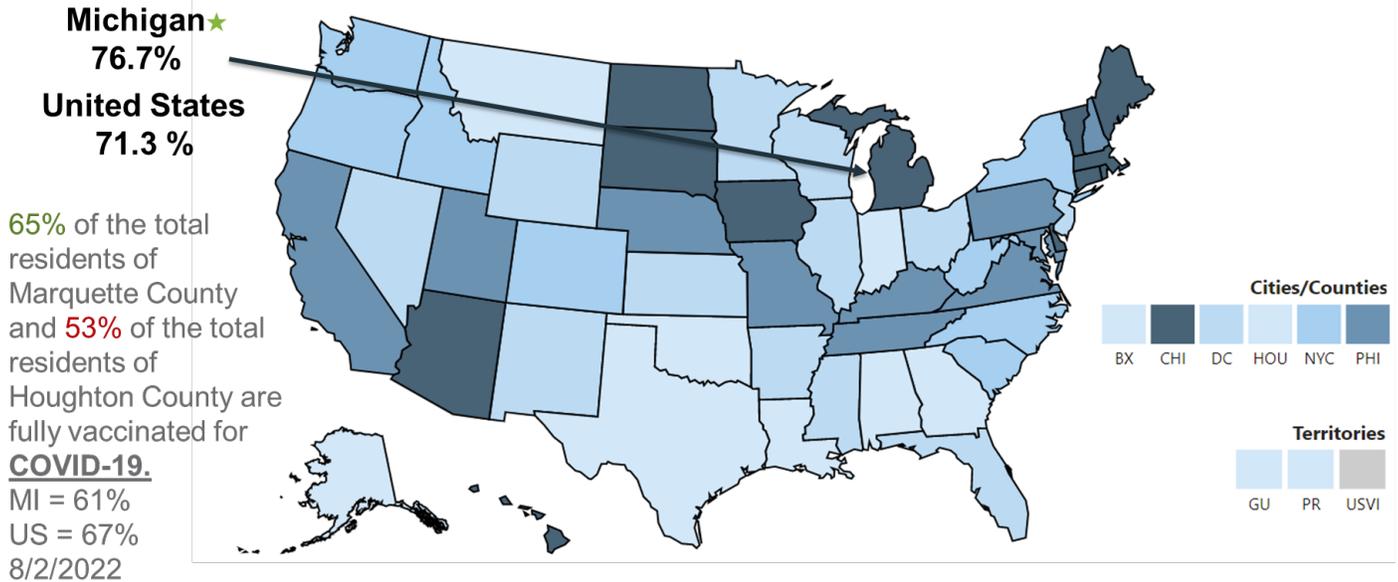
Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019

## Clinical Care, cont.

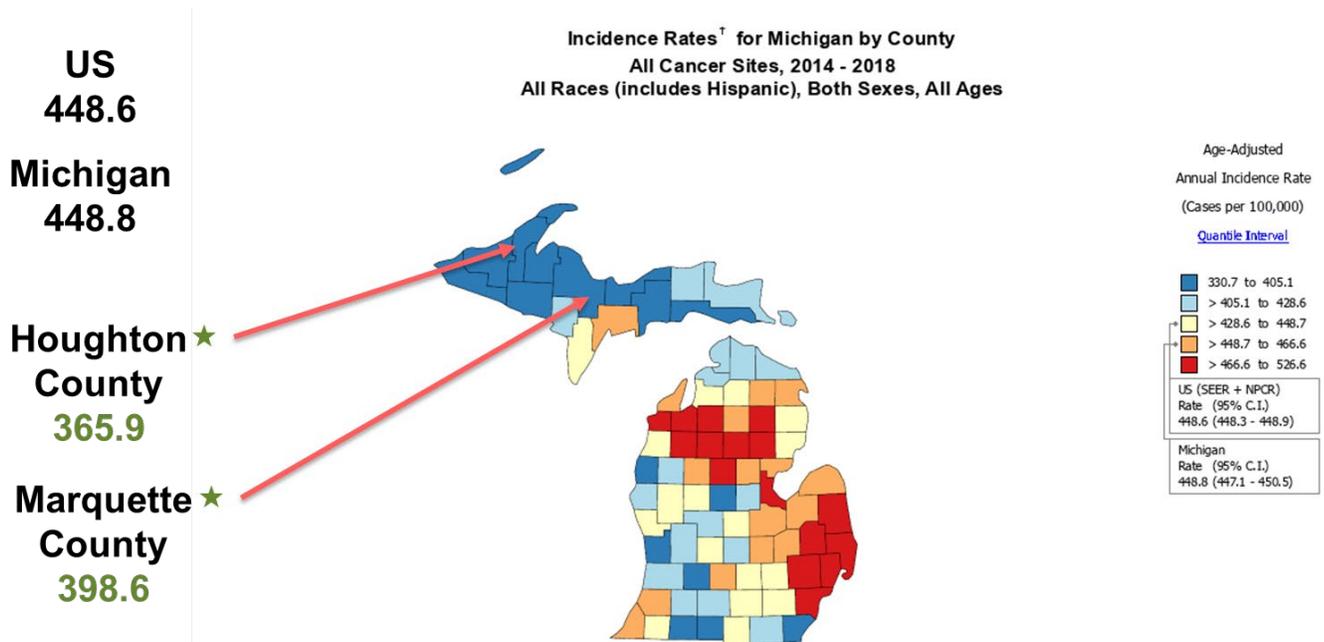
MI had a higher vaccination percentage among children 19-35 months old than the U.S. and lower COVID-19 vaccination rates.

## 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



Source: CDC, National Center for Immunization and Respiratory Diseases (2018 data posted 2021)



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

- The percent of population under sixty-five without health insurance in Marquette County was 6%, lower than MI at 7%.
- Preventable hospital stays in Marquette and Houghton Counties were 2,571 and 3,048 per 100,000 Medicare enrollees respectively, 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.
- The percent of Medicare enrollees with flu vaccines per year was slightly higher in Marquette (49%) than MI at 48%.
- Mammography screening was higher in Marquette at 53% and Houghton at 48% than MI at 45%.
- The population per primary care physician was at 855 in Marquette County, lower than MI at 1,246.
- Marquette and Houghton Counties had a higher percentage of mammography screenings at 53% and 48% respectively than MI at 45%.
- COVID-19 vaccinations were higher in Marquette County at 65% than MI at 61%.
- The population per dentists in Marquette County (1,097) was lower than the U.S. at 1,294.
- The population per mental health providers in Marquette County was 229, lower than MI at 332.
- Both Marquette and Houghton Counties had lower cancer incidence rates at 398.6 and 365.9 respectively than MI at 448.8.

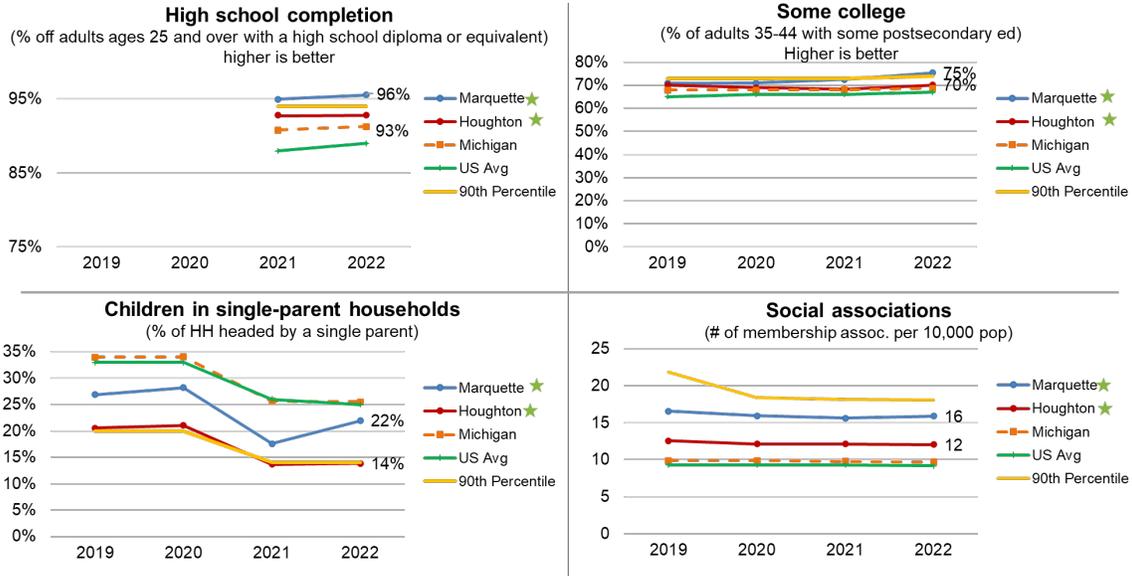
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## Clinical Care OPPORTUNITIES

- 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.
- Although Marquette County had the same of percentage of diabetes prevalence as MI at 9%, Houghton County was slightly higher at 10%.

## 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. Marquette and Houghton Counties ranked 10<sup>th</sup> and 14<sup>th</sup> respectively in social and economic factors out of 83 Michigan counties.

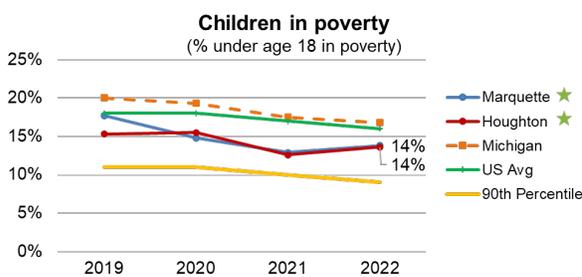


Source: High school completion— CHR, American Community Survey, 5-yr estimates, 2016-2020

Source: Some college CHR; American Community Survey, 5-year estimates, 2016-2020.

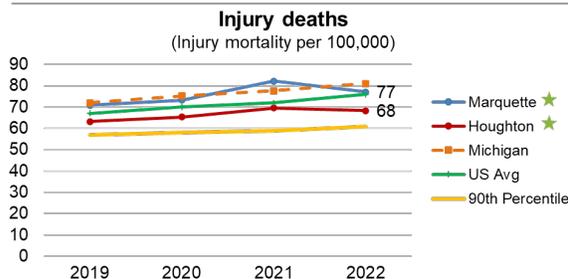
Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020

Source: Social associations - CHR; County Business Patterns, 2019



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

Ethnicity/Race	Marquette	Houghton
American Indian & Alaska Native	22%	NR
Asian	2%	NR
Black	NR	69%
Hispanic	41%	6%
White	15%	13%



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

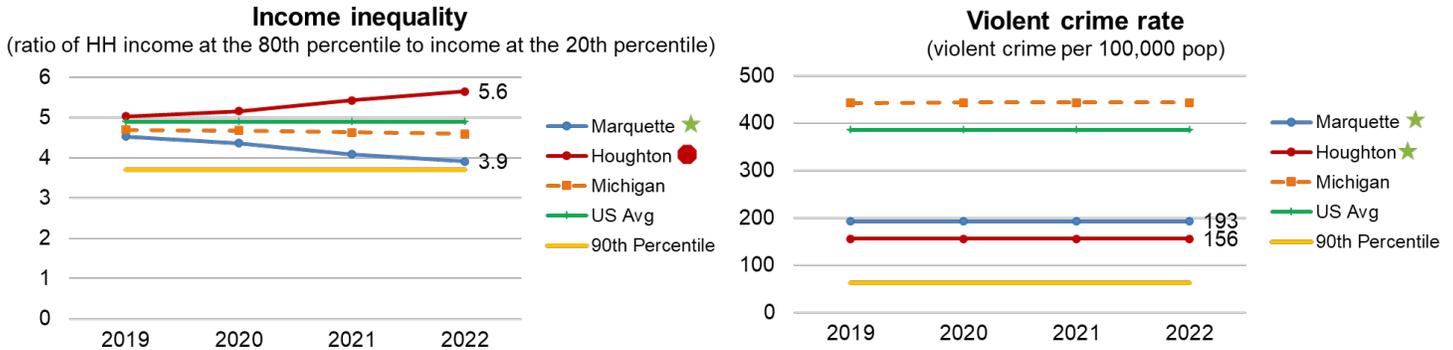
Ethnicity/Race	Marquette	Houghton
American Indian & Alaska Native	NR	NR
Asian	NR	NR
Black	NR	NR
Hispanic	NR	NR
White	NR	NR

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.



## Social & Economic Factors STRENGTHS

- In Marquette and Houghton Counties, the percentage of high school completion was higher at 96% and 93%, respectively, than MI (91%).
- In Marquette and Houghton Counties, the percentage of postsecondary education was higher at 75% and 70%, respectively, than MI (67%).
- The percentage of children in single-parent households was 22% in Marquette County and 14% in Houghton County, lower than MI (25%).
- Social associations were higher in Marquette and Houghton Counties at 16 memberships and 12 memberships per 10,000 population, respectively, 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 both Marquette and Houghton Counties, the percentage of children in poverty was 14%, lower than MI at 17%.
- Injury deaths were lower in Marquette and Houghton Counties at 77 and 68 per 100,000 population, respectively, than MI (81).
- Income inequality represents the ratio of household income at the 80<sup>th</sup> percentile compared to income at the 20<sup>th</sup> percentile. Income inequality was lower in Marquette County at 3.9 than MI at 4.6.
- The number of violent crimes per 100,000 population was lower in Marquette and Houghton Counties at 193 and 156, respectively, than MI at 443.
- The cost of living was lower in Marquette and Houghton Counties than MI and the U.S.

## Social & Economic Factors OPPORTUNITIES

- Income inequality represents the ratio of household income at the 80<sup>th</sup> percentile compared to income at the 20<sup>th</sup> percentile. Income inequality was higher in Houghton County at 5.6 than MI at 4.6.
- The median household income in Marquette and Houghton Counties was \$54,593 and \$44,684, respectively, lower than MI at \$58,537.
- The rates of poverty were higher in Marquette and Houghton than in MI and the U.S.

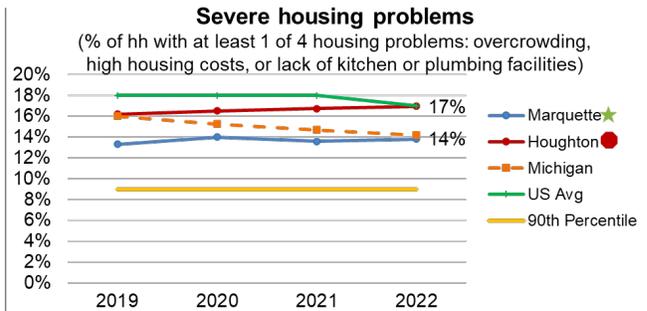
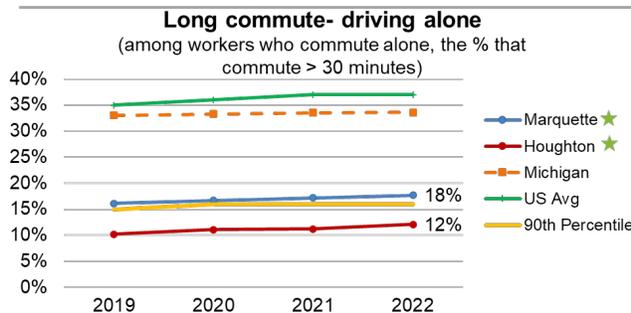
## Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Marquette and Houghton Counties ranked 55<sup>th</sup> and 6<sup>th</sup> in physical environment out of 83 Michigan counties.

**Drinking water violations**

	2020	2021	2022
Marquette County	No	No	Yes
Houghton County	No	No	No

Source: EPA Safe Drinking Water Information System.



**Broadband access**  
(% of households with broadband internet connection)

2022	
Marquette County	81%
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 Counties reported no drinking water violations in the last three years.
- 18% of workers in Marquette County and 12% of workers in Houghton County who commute alone commute over 30 minutes, lower than MI at 38%.

## Physical Environment OPPORTUNITIES

- Marquette County reported drinking water violations in 2022.
- Although Marquette had the same percentage of severe housing problems as Michigan at 14%, Houghton County had a higher percentage at 17%.
- Broadband access was lower in Marquette and Houghton Counties at 81% and 82%, respectively, than MI (84%).



Photo Credit: [Uptravel.com](https://www.uptravel.com)

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

- Marquette and Houghton Counties need 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. Marquette and Houghton Counties have 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?

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#### 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. Mental Health (23 post its)
2. Access to Care (14 post its)
3. Substance Use Disorder (13 post its)
4. Childcare/Youth (6 post its)
5. Housing (5 post its)
6. Healthy Eating/Active Living (4 post its)
7. Other – socioeconomics, distrust, communication (4 post its)

# 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: Mental Health

- ✔ **Goal 1 – Create 1 combined consortium for behavioral health**
  - Action 1** – Identify all workgroups in area serving/invested in behavioral health
  - Action 2** – Convene and combine these into one consortium with aligned goals and subgroups
  - Resources/Collaborators Needed: Champion organization, participating organizations*
- ✔ **Goal 2 – Increased access to mental health services**
  - Action 1** – Identify what timely access is – where are we and where do we need to be?
  - Action 2** – Identify how to incentivize more people to go into behavioral health
  - Resources/Collaborators Needed: Providers, funds, integrative health in office, urgent care*

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### Significant Health Need 2: Access to Care

- ✔ **Goal 1 – Transportation and satellite clinic based on geography**
  - Action 1** – Universal system/app for scheduling based on geography
  - Action 2** – Provide group transportation in rural areas
  - Action 3** – Create satellite clinic with onsite support
  - Resources/Collaborators Needed: Clinics, Marquette transportation, App similar to Uber/Lyft, UPHP*
- ✔ **Goal 2 – Recruitment and retaining healthcare workers**
  - Action 1** – Public loan forgiveness office for all health care workers/accountant for loan forgiveness
  - Action 2** – Affordable housing clearinghouse for new/incoming healthcare workers
  - Resources/Collaborators Needed: Health department, universities, career centers, recruiters, clinics, hospitals, Dept. of Rural Health*

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### Significant Health Need 3: Substance Use Disorder

- ✔ **Goal 1 – Increase preventative measures within the local schools 70% by training the social workers and staff in an evidence-based substance abuse prevention program by 2025**
  - Action 1** – Identify which service area prevention program is evidence based for our specific population tapestry segment
  - Action 2** – Facilitate the training for the 70% SW/staff to implement the service area program
  - Resources/Collaborators Needed: Grants, local businesses, local healthcare providers, local hospitals*
- ✔ **Goal 2 – Increase access to OP/IP providers and retain these positions**
  - Action 1** – Supporting agencies/employers to incentivize exit surveys for service area practitioners leaving work force
  - Action 2** – Incentivize employers for supporting longevity at work
  - Resources/Collaborators Needed: Hospital, GLRC, Community MH, social services, VA*

## Community Health Goals and Actions Brainstorming, Cont.

### Significant Health Need 4: Childcare/Youth

- ✔ **Goal 1 – Provide local families affordable and flexible childcare options by 2025**
  - Action 1** – Help childcare providers with the logistics necessary for obtaining license and proper funding
  - Action 2** – Help families get access to childcare options which meet their needs
  - Resources/Collaborators Needed: Dept. of Labor, L.A.R.A., United Way, schools, MARESA, Great Start Readiness, YMCA*
- ✔ **Goal 2 – Assist local youth in accessing resources available and applicable to their academic, social, emotional, mental and other needs**
  - Action 1** – Providing youth navigators to assist families get the resources they need
  - Action 2** – Identify and train potential providers for the areas above
  - Resources/Collaborators Needed: Lake Superior Community Partnership, Northern Michigan University, local medical, behavioral and mental health providers*

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### Significant Health Need 5: Housing

- ✔ **Goal 1 – Decrease the number of unhoused and housing insecure residents**
  - Action 1** – Review and revise current land development code of ordinances such as people per room, non-related residents per domicile and short-term rental limits
  - Action 2** – Incentivize/encourage landlords to accept MSHDA approved tenants
  - Resources/Collaborators Needed: Elected officials, city commission appointed officials, Marquette Co. Landlord association, Human/Social Services Organizations, Government Education Advocacy, tenant/landlord success stories, volunteers*
- ✔ **Goal 2 – Develop more affordable housing**
  - Action 1** – Build new
  - Action 2** – Repurpose
  - Resources/Collaborators Needed: Investors, builders, cities/counties, trades persons, architects, land developers/surveyors, current owners*

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### Significant Health Need 6: Healthy Eating/Active Living

- ✔ **Goal 1 – Decrease obesity barriers through collective communications**
  - Action 1** – Increase awareness and access to affordable healthy food
  - Action 2** – Increase nutrition education
  - Resources/Collaborators Needed: Nutritionists, schools, willing food organization participants*
- ✔ **Goal 2 – Increase physical activity access and opportunities**
  - Action 1** – Increase access to safe, affordable, and inclusive physical activity
  - Action 2** – Increase awareness of opportunity for physical activity
  - Resources/Collaborators Needed: Local recreational centers, parks, social media*

## Impact of 2019 CHNA and Implementation Plan

### Impact

COVID-19 impacted implementation in 2020 and beyond. Groups were unable to meet in person, services were limited in the community, and focus was put on keeping our staff and community safe and informed about COVID-19. However, some progress, while limited, was made despite COVID-19 and the need to keep our staff and community safe.

1. Substance use disorder
  - a) UP Health System transferred ownership of the former Bell Teal Lake Medical Center in Negaunee to Great Lakes Recovery Centers — a non-profit CARF-accredited agency specializing in substance abuse and mental health treatment for youth, families and adults across Michigan’s Upper Peninsula — for just \$1. This additional space, once renovated by GLRC, will be a full-service behavioral health campus, providing child and adolescent outpatient psychiatric services, child and adolescent trauma assessment, behavioral health outpatient clinics, as well as addiction-based medical service and re-entry case management service programs.
  - b) Smoking cessation kits and literature were given away at health fairs and community events, when the opportunity to do them in-person returned.
2. Decrease obesity/Increase healthy living
  - a) Staff present at community health fairs/educational vendor booths
  - b) Community education on getting back to preventive care “post-covid”
  - c) Community education around COVID, how to stay healthy, how and where to get safely vaccinated.
  - d) Contracted with UPCAP for the “[Food As Medicine Program](#)”
  - e) UPHS staff donated their time at Camp UPeninsulin, which provides children with Type 1 diabetes an educational camp experience in a safe, fun environment.
  - f) UPHS staff participated with the Northern Center for Lifelong Learning to provide community education around nutrition and diabetes.
  - g) Recruitment of bariatric surgeon, Igal Breitman, MD, will help to increase access to care and build nutrition, wellness, and weight management service options.
3. Mental health needs
  - a) See first bullet under substance use disorder above.
  - b) New employed provider, Nathan Albrecht, DO, began in January of 2021 to provide adult psychiatry services.
  - c) New employed provider, [Jennifer Bowden, MD](#), began in May of 2022 to provide child and adolescent psychiatry services via telemedicine to children and families in the Upper Peninsula.

## Impact of 2019 CHNA and Implementation Plan, cont.

### Impact

#### 3. Mental health needs (con't.)

- d) Conducted a five-part community mental health education series with local news station, TV6, with behavioral health providers Jennifer Bowden, MD, and Kelly Mahar, MD, focusing on the connection between mental health and physical health, how and when to seek help, recognizing signs of suicide and prevention, and more.
- e) Participation in training mental health providers through the [MIDocs Initiative](#); we will have two residents available while the program is in operation.
- f) Leverage the providers we do have at UPHS by providing integrated care in clinics in communities that are underserved and/or distant. With this model, an embedded behavioral health care manager, consulting psychiatrists, and primary care providers work together to help manage a population of patients that's much greater than they could sustain individually. Reduces transportation and wait time barriers, as well as provider workload.
- g) In 2021, UPHS began ensuring all patients are screened for suicide risk upon admission to the hospital and at intervals during their stay. This effort has resulted in identifying several people who were not being seen by mental health providers and were able to provide them with resources.

#### 4. Parental support/Youth opportunities

- a) Pediatric and family medicine providers are now all asking a series of mental health screening questions during annual wellness visits to help direct patients to care options.
- b) Addition of Jennifer Bowden, MD, Child & Adolescent Psychiatrist, to medical staff in May of 2022.

#### 5. Access/Affordable healthcare

- a) Implemented Athena/Patient portal to help patients have access to their medical information online, schedule appointments, ask questions, etc.
- b) Greatly expanded telehealth/telemedicine opportunities across all specialties as a result of COVID-19, allowing individuals to get needed care close to home.
- c) Newly-staff community health workers help to connect individuals with health and social service organizations that are available to help meet social determinant of health and/or daily living needs.
- d) Community education on where for care/know where to go so they are seeking care at the right place and the right time.
- e) Added two experienced Pulmonologists, Matthew Karulf, MD, and Marykay Lehman, MD, to the medical staff in September of 2022 – a service that has not been available at UPHS for quite some time.

## Impact of 2019 CHNA and Implementation Plan, cont.

### Impact

5. Access/Affordable healthcare, (con't.)
  - f) UPHS Marketing promotes new providers through several different mediums, including website highlights, press releases, social media, and participation in local media outlets such as TV6 and WNMU PBS Ask the Doctors programming. Rack cards are also created for growth and outreach purposes with referring providers.
  - g) UPHS has been working to implement a care payment program that allows patients to enlist in an affordable payment program for hospital-based services.
6. Seniors
  - a) Newly-staff community health workers help to connect seniors, and other community members, with health and social service organizations that are available to help meet social determinants of health and/or daily living needs.



## Appendices

1. **Community Survey**
2. **Community Benefit Organizations Survey**
3. **Employee and Provider Surveys**
4. **Focus Group Summary**
5. **Community Asset Inventory**

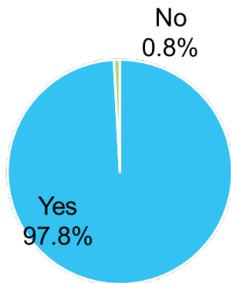
# Survey Results

## Community Survey

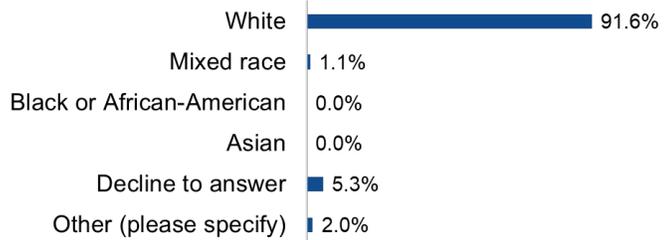
Stratason and UP Health System – Marquette conducted online community surveys via SurveyMonkey for Marquette and Houghton Counties. From June 20, 2022, to August 11, 2022, 357 surveys were completed in Marquette and 84 surveys were completed in Houghton.

### Demographics

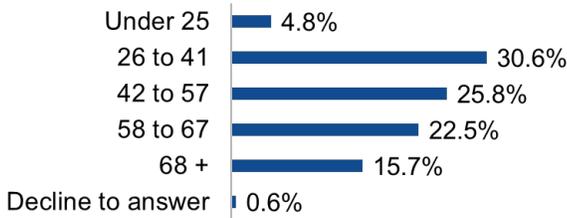
#### Do you live or work in Marquette County?



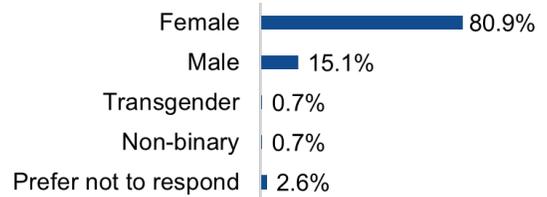
#### What is your race?



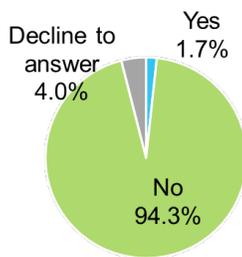
#### Age



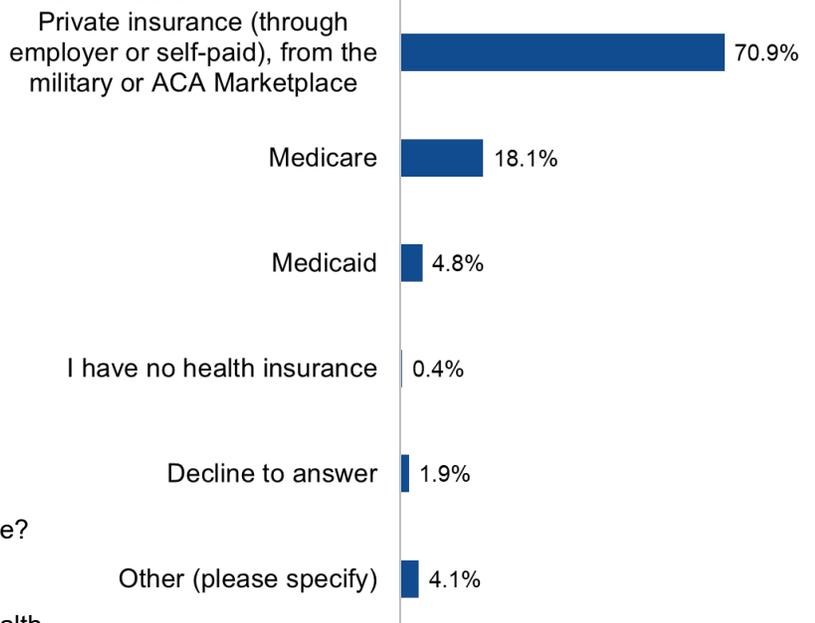
#### Gender



#### Are you Hispanic?



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

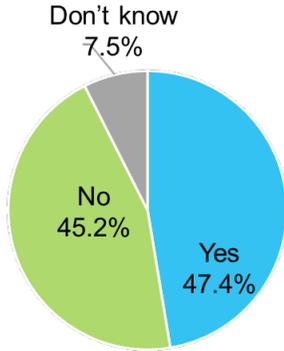


N=356 Q2. Do you live or work in Marquette County?  
 N=272 Q53. What is your gender?  
 N=356 Q1. Which of the following ranges includes your age?  
 N=356 Q3. What is your race?  
 N=353 Q4. Are you Hispanic?  
 N=271 Q47. Which of the following best describes your health insurance situation?

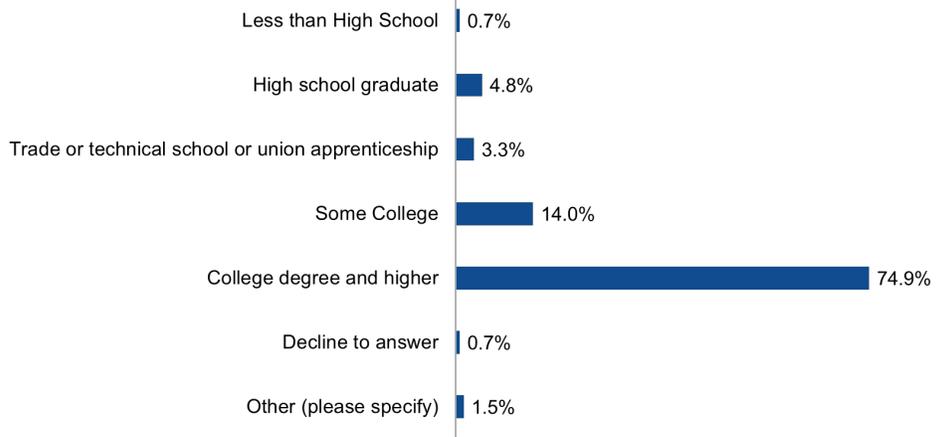
# Survey Results

## Community Survey

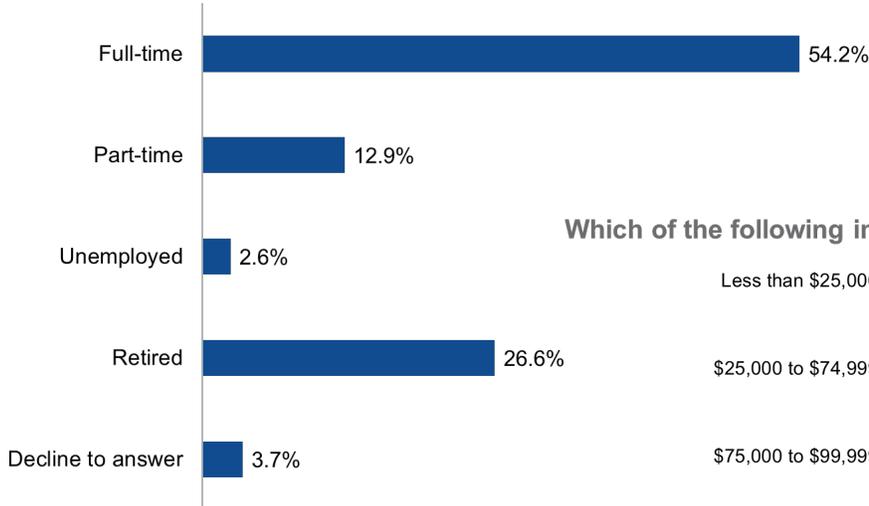
### Do you have a high deductible health plan?



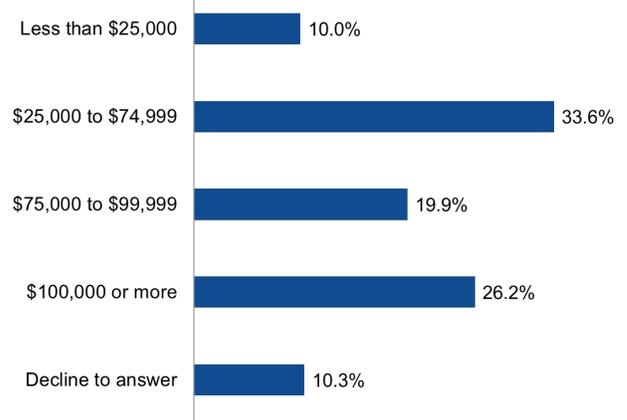
### What formal education have you earned?



### What is your current employment status?



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



N=268 Q48. Do you have a high deductible health plan? Defined as a deductible over \$1,350 for individual and \$2,700 for a family.

N=271 Q49. What formal education have you earned?

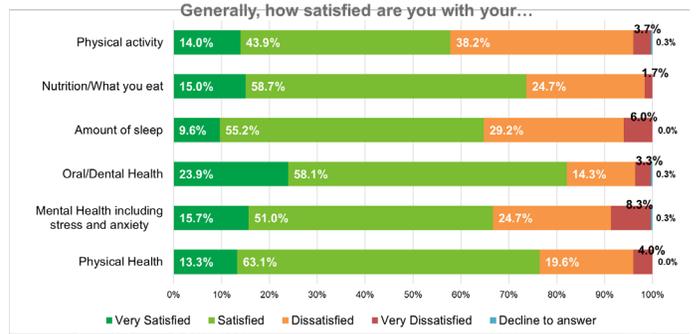
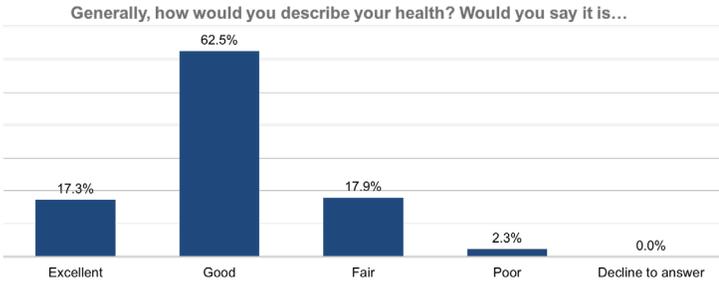
N=271 Q50. What is your current employment status?

N=271 Q51. Which of the following includes your annual household income?

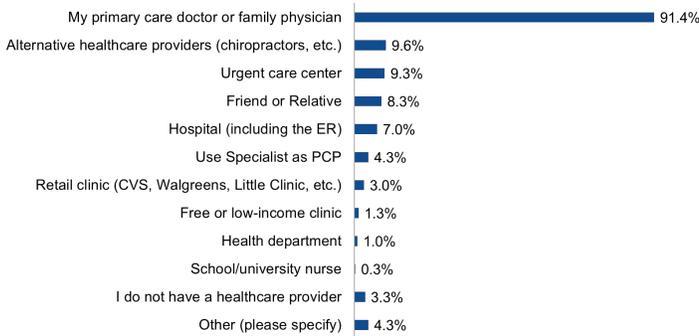
# Survey Results

## Community Survey

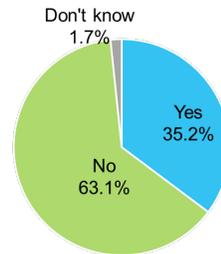
### Health Status



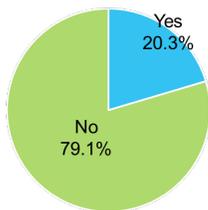
If you have one person or group you turn to for basic healthcare needs, where do you go most often?



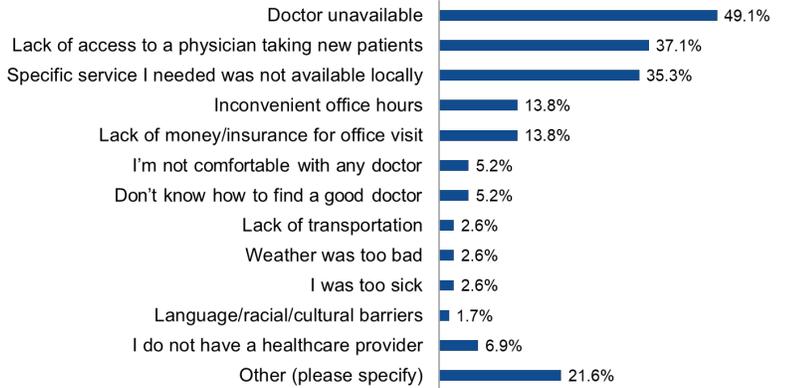
Was there a time in the past 12 months when you needed to see a doctor but could not?



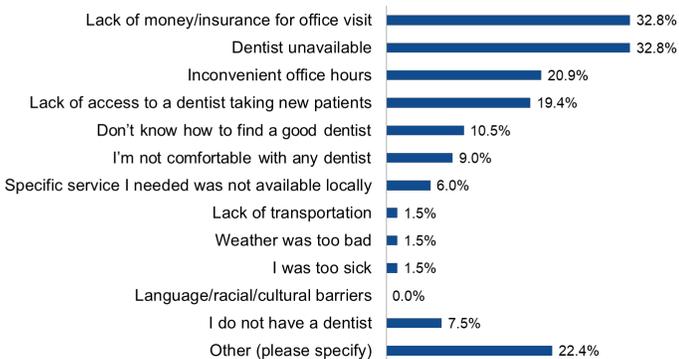
Was there a time in the past 12 months when you needed to see a dentist but could not?



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



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



N=301 Q5. Generally, how would you describe your health? Would you say it is...

N=301 Q6. Generally, how satisfied are you with your...

N=301 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)

N=301 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)

N=301 Q8. Was there a time in the past 12 months when you needed to see a doctor but could not?

N=116 Q9. If yes, what are some of the reasons why you could not see a doctor? (Select all that apply)

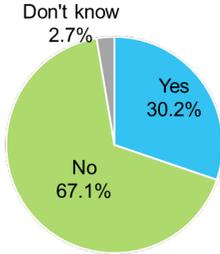
N=301 Q10. Was there a time in the past 12 months when you needed to see a dentist but could not?

N=67 Q11. If yes, what are some of the reasons why you could not see a dentist? (Select all that apply)

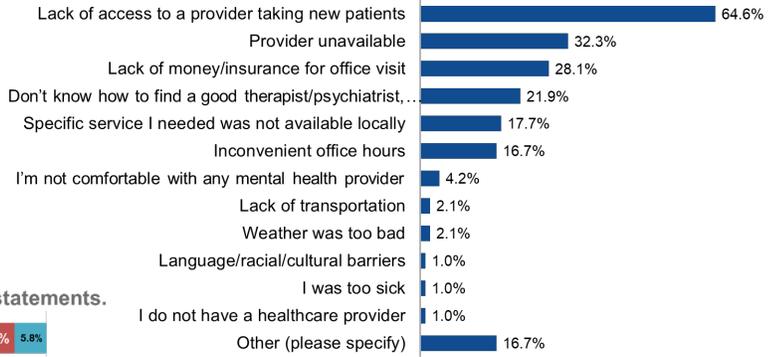
# Survey Results

## Community Survey

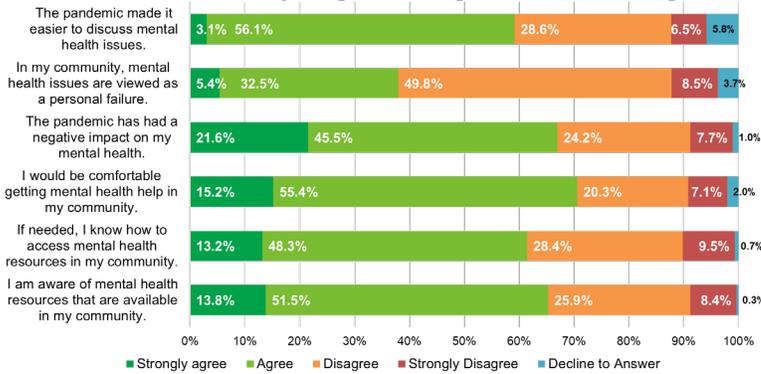
Was there a time in the past 12 months when you needed to see a mental health professional but could not?



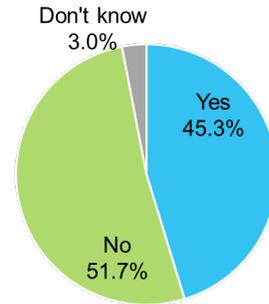
What are some of the reasons why you could not see a mental health professional?



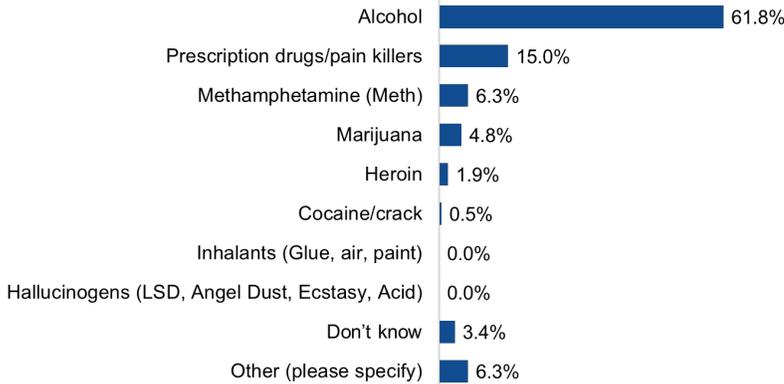
Please tell us to what level you agree or disagree with the following statements.



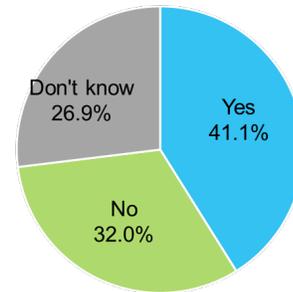
Have you, a relative or close friend experienced substance abuse or addiction?



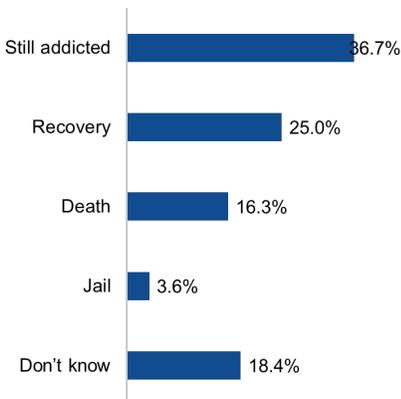
What substance was involved?



Was addiction treatment available?



What was the result of the addiction?



N=301 Q12. Was there a time in the past 12 months when you needed to see a mental health professional but could not?

N =96 Q13. If yes, what are some of the reasons why you could not see a mental health professional? (Select all that apply)

N=297 Q14. Please tell us to what level you agree or disagree with the following statements.

N=298 Q15. Have you, a relative or close friend experienced substance abuse or addiction?

N=207 Q16. If yes, what substance was involved?

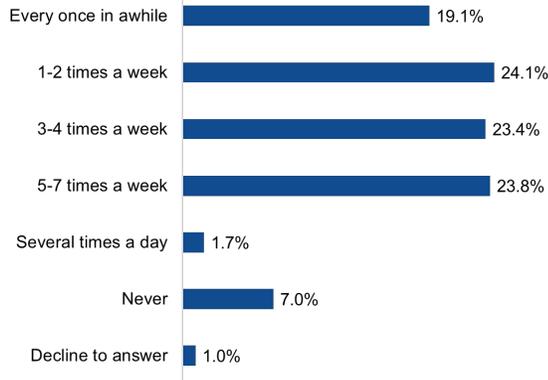
N=219 Q17. If yes, was addiction treatment available?

N=196 Q18. If yes, what was the result of the addiction?

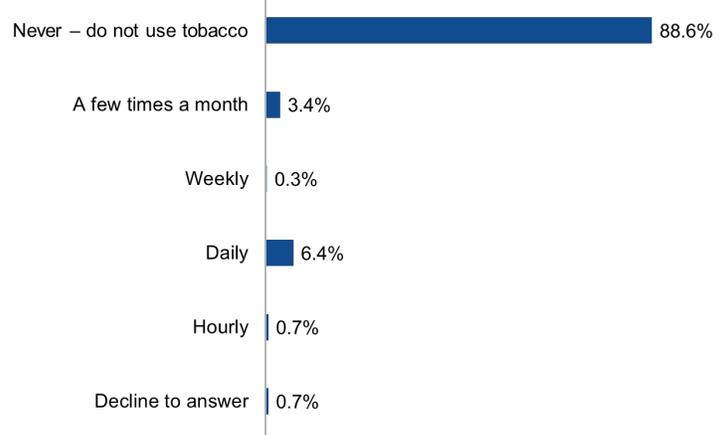
# Survey Results

## Community Survey

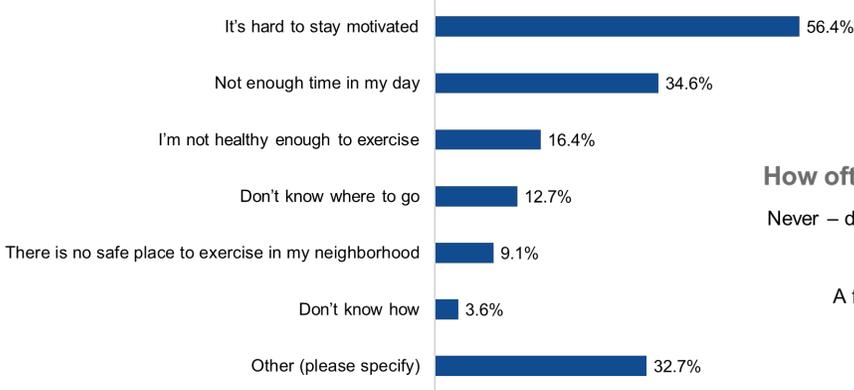
**How often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?**



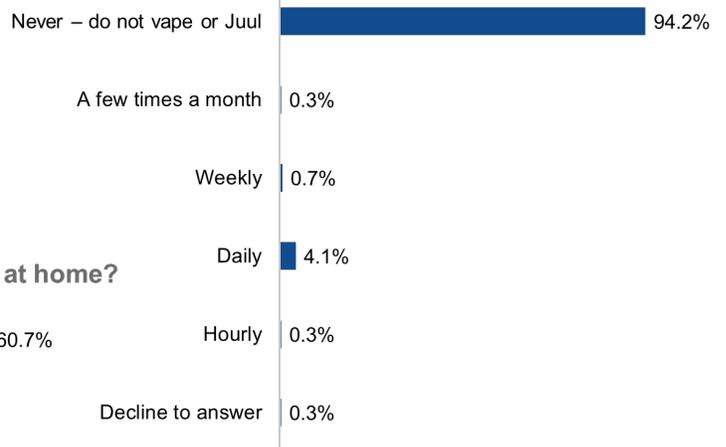
**How often do you smoke or use smokeless tobacco, if you do?**



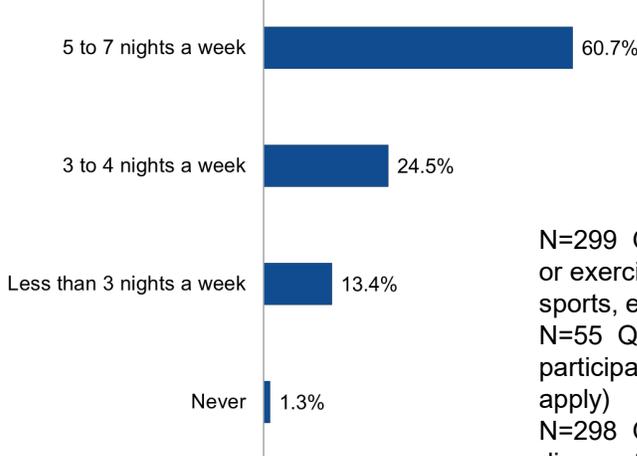
**If never, what are the reasons you have not participated in any exercise during the past month?**



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



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



N=299 Q21. How often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?

N=55 Q22. If "never", what are the reasons you have not participated in any exercise during the past month? (Select all that apply)

N=298 Q25. How often do you or another family member cook dinner at home?

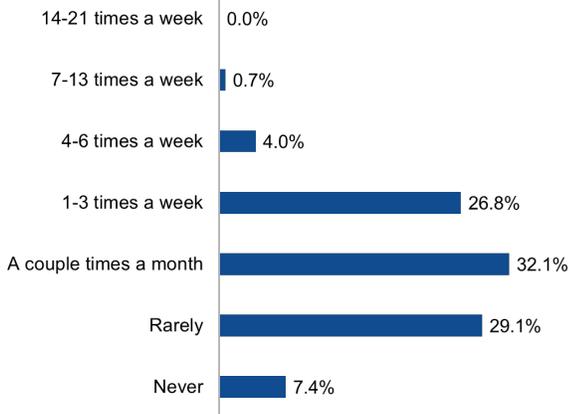
N=297 Q23. How often do you smoke or use smokeless tobacco, if you do?

N=293 Q24. How often do you use e-cigarettes or vape, if you do?

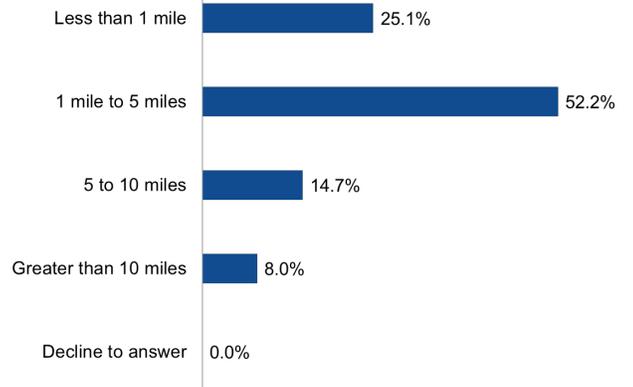
# Survey Results

## Community Survey

How many times a week do you eat fast food?



How close in distance is the nearest grocery store that offers fresh fruits and vegetables?

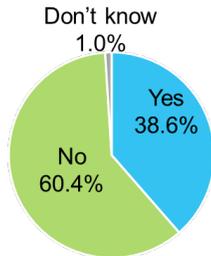


N=299 Q26. How many times a week do you eat fast food?

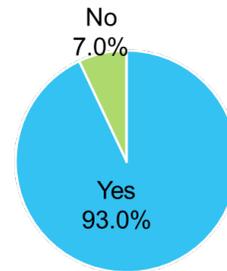
N=299 Q27. How close in distance is the nearest grocery store that offers fresh fruits and vegetables?

## COVID-19

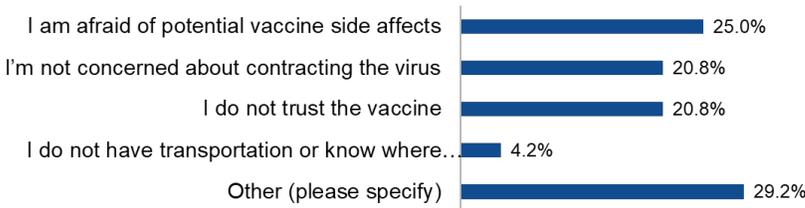
Have you ever been diagnosed with COVID-19?



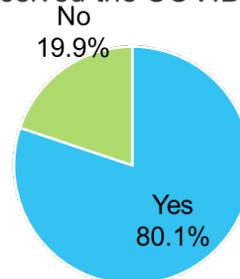
Have you received the COVID-19 vaccine?



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



Have you received the COVID-19 booster(s)?



### Other responses:

- Received one shot. Had side effects. Wouldn't not get another shot.
- The vaccine has proven ineffective.
- It's just too unknown, side effects and risks. For a healthy 37-year-old, the risks of the vaccine don't outweigh the risks of covid.
- Unable to get the vaccine due to underlining health difficulties but would never get one due to distrust of vaccines.
- Not concerned about virus, very concerned about the vaccine
- Don't want it, plain and simple - don't force it down our throats if we decline to get it! Some deal with enough problems and don't want issues from that as well
- NA

N=298 Q29. Have you ever been diagnosed with Covid-19?

N=299 Q30. Have you received the Covid-19 vaccine?

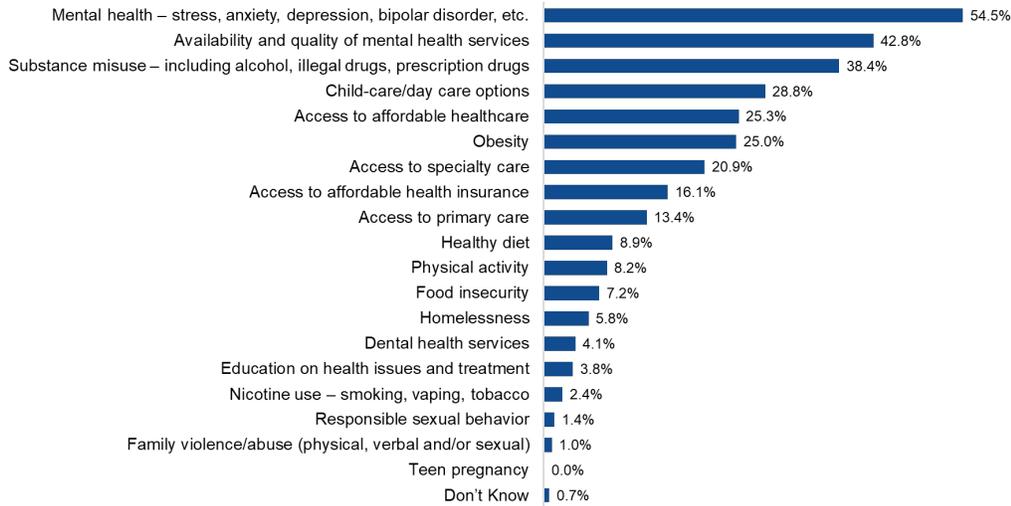
N=24 Q31. If no, what statement best describes your reason for not getting the Covid-19 vaccine?

N=297 Q32. Have you received the Covid-19 booster(s)?

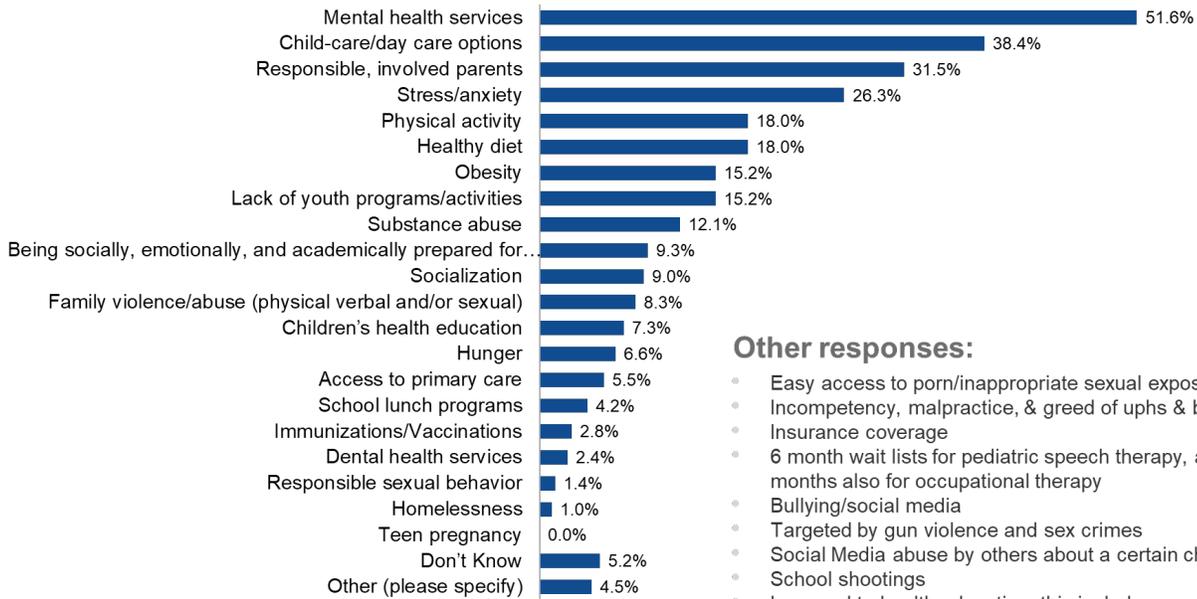
# Survey Results

## Community Survey

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



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



### Other responses:

- Easy access to porn/inappropriate sexual exposure/information
- Incompetency, malpractice, & greed of uphs & bell
- Insurance coverage
- 6 month wait lists for pediatric speech therapy, and several months also for occupational therapy
- Bullying/social media
- Targeted by gun violence and sex crimes
- Social Media abuse by others about a certain child
- School shootings
- In regard to health education: this includes sexual health education
- Children also suffer from overpriced for-profit healthcare exploiting a rural area that has no other option.
- It takes too long to get into a therapist, when my son agreed I needed an appointment NOW when crisis is happening not a few months out
- Lack of "affordable " youth programs/activities
- Social media

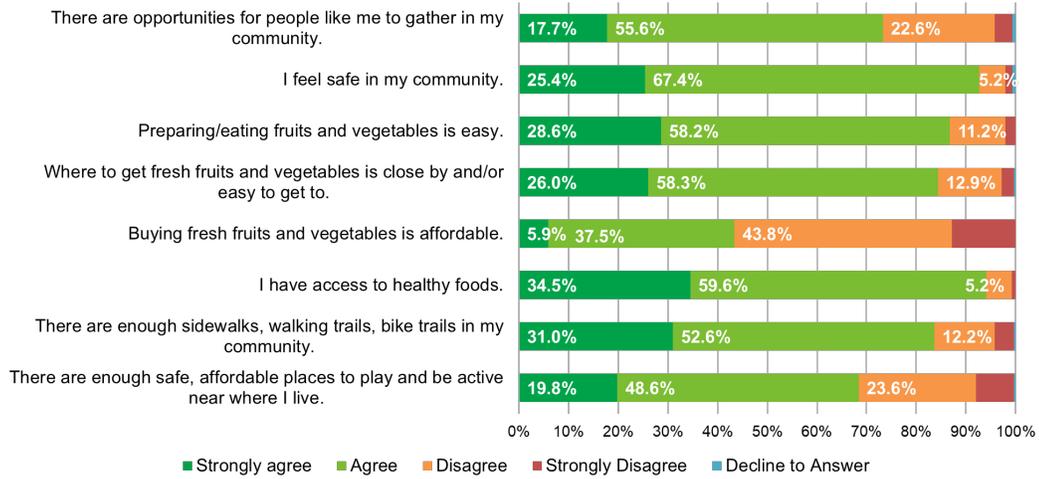
N=68 Q33. In your opinion, what are the top 3 most significant health issues in the county?

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

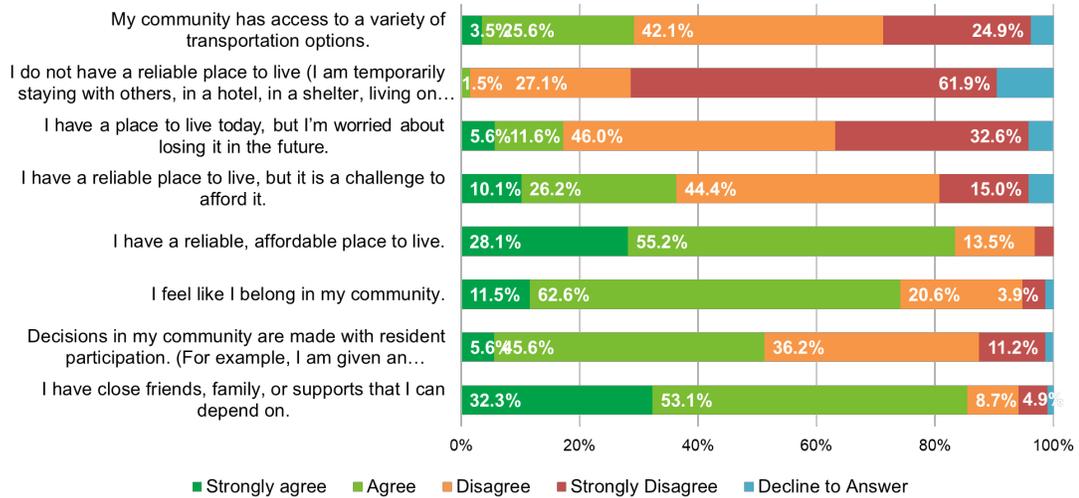
# Survey Results

## Community Survey

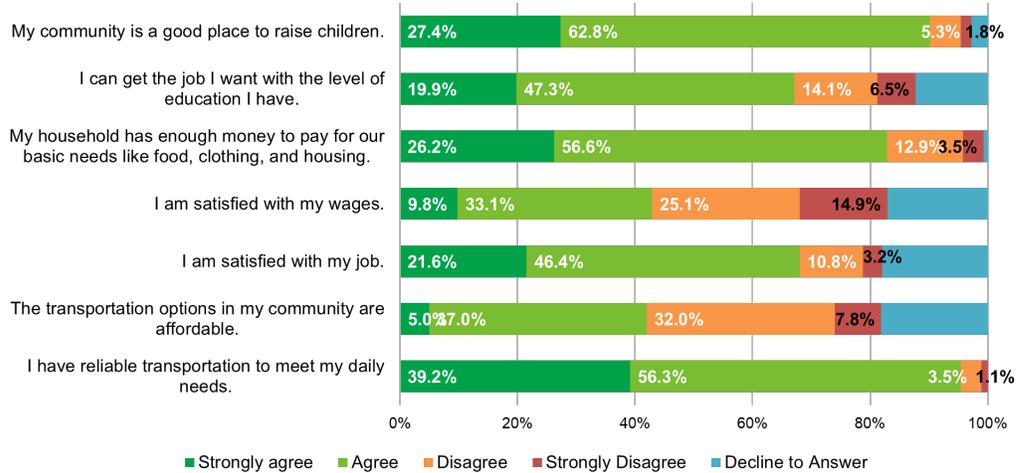
Please tell us how much you agree or disagree with the following statements. (1 of 3)



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



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

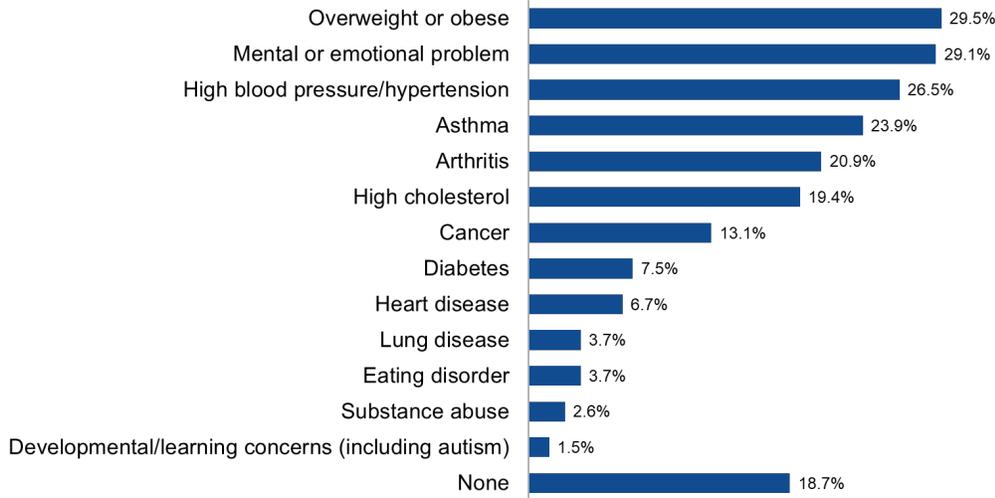


N=64 Q35. Please tell us how much you agree or disagree with the following statements.

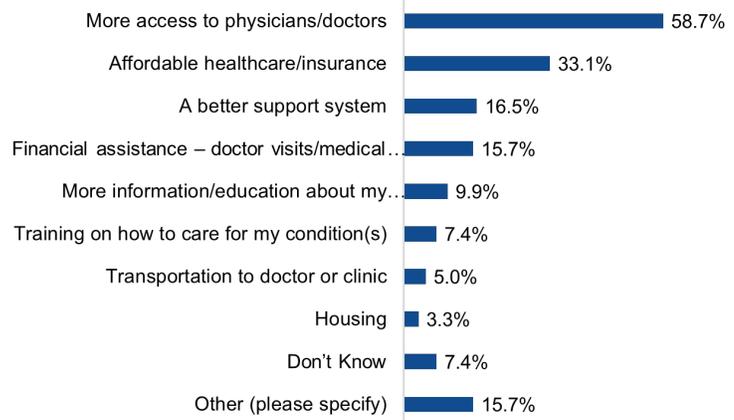
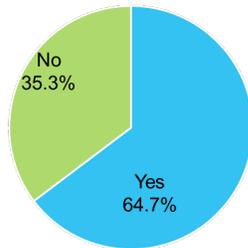
# Survey Results

## Community Survey

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



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



### Other responses:

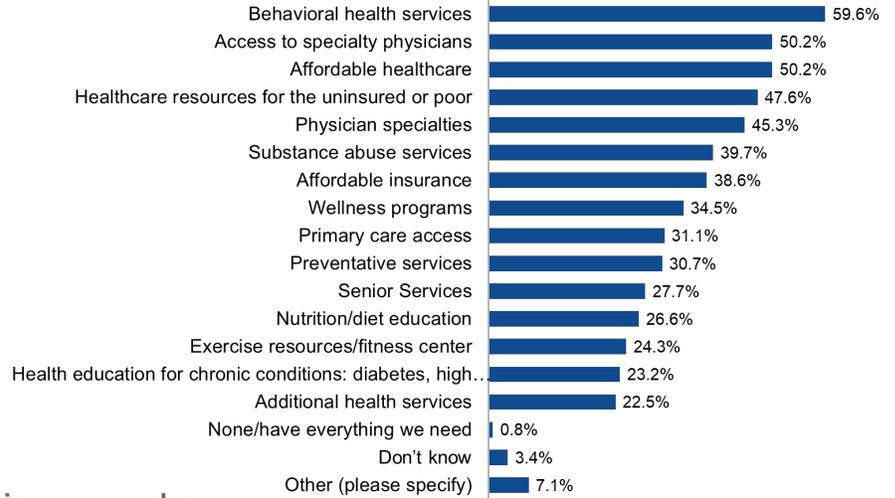
- Competent medical professionals
- Better doctor, scheduling
- Access to surgeon
- Massage therapists viewed as health care in Michigan, so insurance can help cover costs.
- I'll now need to travel 4hrs round trip to see the rheumatologist I need
- Insurance and billing that makes sense and communicates
- physicians that quit pushing drugs to help treat a condition; help patient tx condition by listening and use more natural ways
- LGBTQ+ specific resources and services
- When I need annual tests done it can be 6 weeks or more before the scheduled date
- More specialists-endocrinologist, rheumatologist
- Help at home, cleaning, cooking, showering, dressing
- A health system that is not overpriced and doesn't exploit the community it is supposed to serve.
- Need more rheumatologists in the area
- Doesn't apply
- I wish there were more male therapists in our area
- Not enough 'invested' doctors
- More specialists
- Access to specialists locally
- Prescription costs are very high for some

N=62 Q36. Have you ever been told by a doctor you have any of these conditions, diseases or challenges? (Select all that apply) 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)

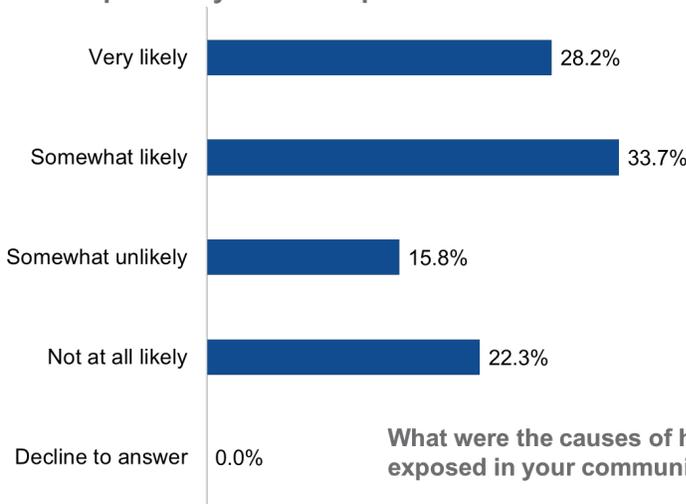
# Survey Results

## Community Survey

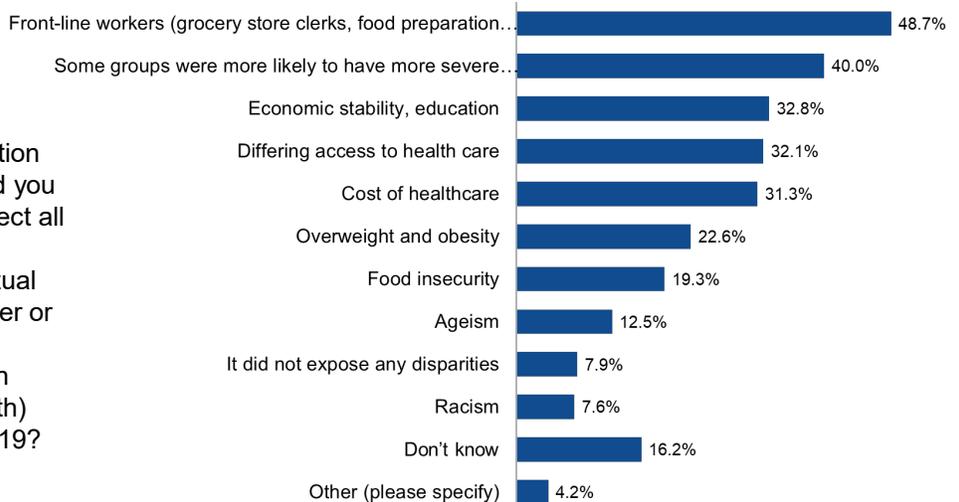
**What healthcare, health education or public health services or programs would you like to see offered in your community?**



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



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



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)

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

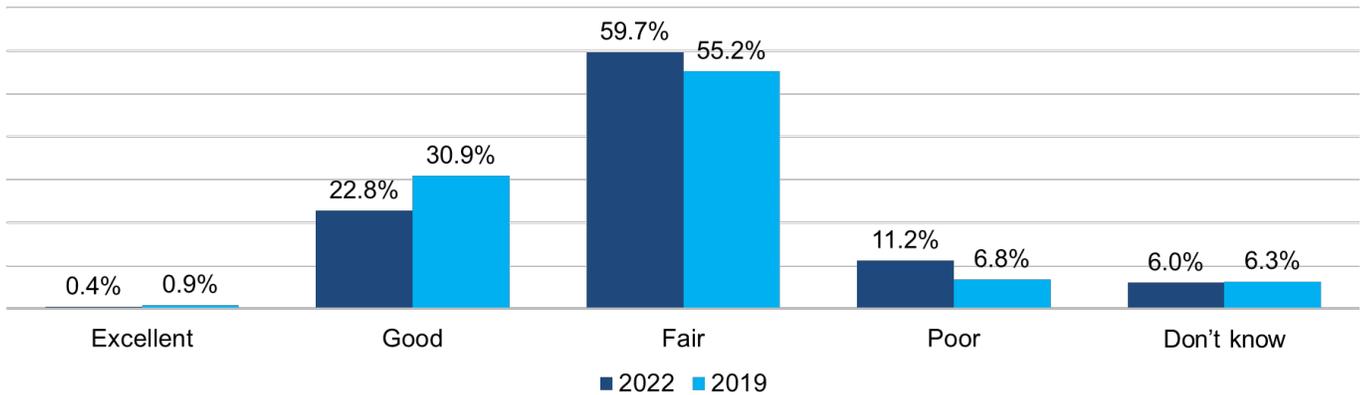
N=60 Q41. What were the causes of health disparities or inequities (differences in health) exposed in your community by the COVID-19? (select as many as desired)

## Survey Results

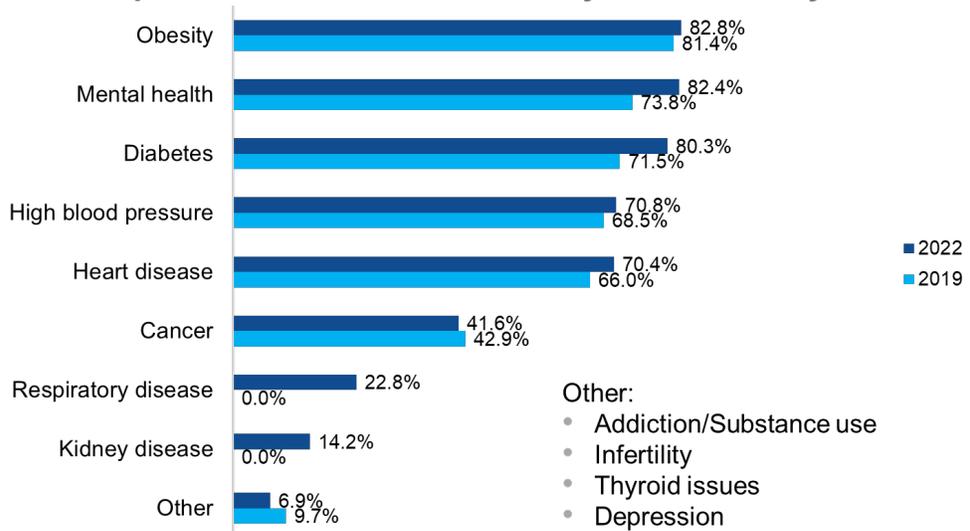
### Health System Employees and Providers Survey

Stratason and UP Health System – Marquette conducted 232 online employee surveys via SurveyMonkey for Marquette County from June 20, 2022, to August 11, 2022.

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



**What are the most prevalent chronic diseases in your community?**



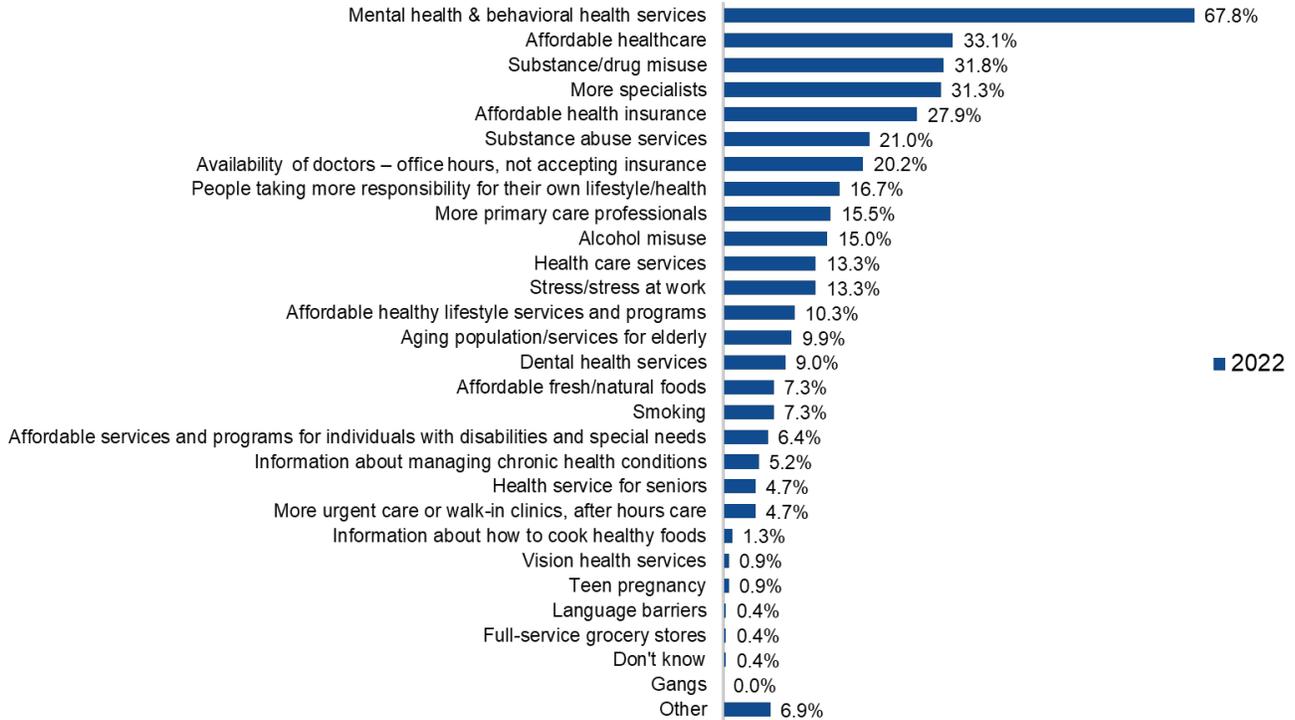
N=232 Q2. How would you describe the overall health status of the citizens of Marquette and Delta County? Would you say it is...

N=232 Q3. What are the most prevalent chronic diseases in your community? (Mark all that apply)

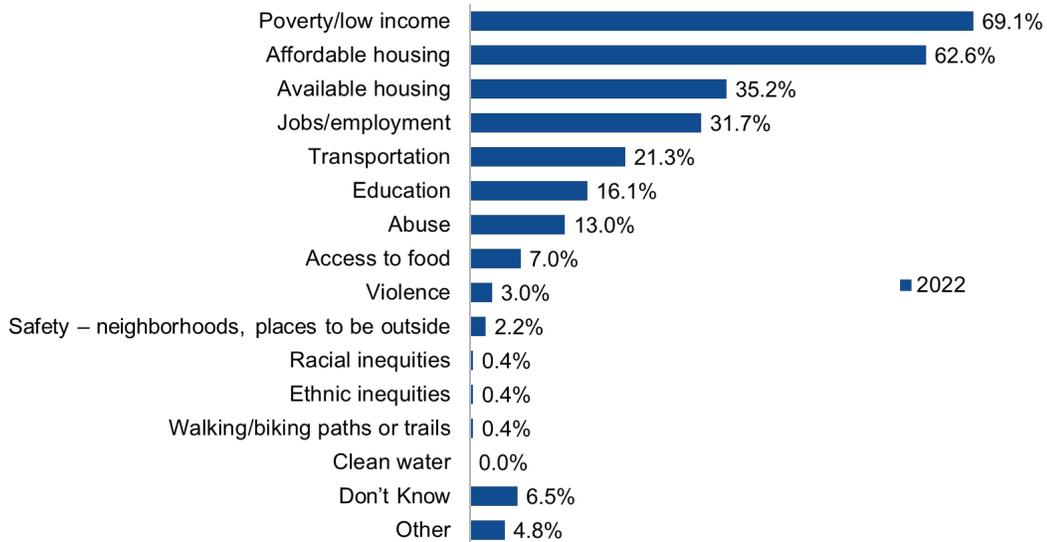
## Survey Results

### Health System Employees and Providers Survey

#### What are the top 3 issues in your community that impact people’s health?



#### What are the top three social determinants of health issues that are impacting people’s health?



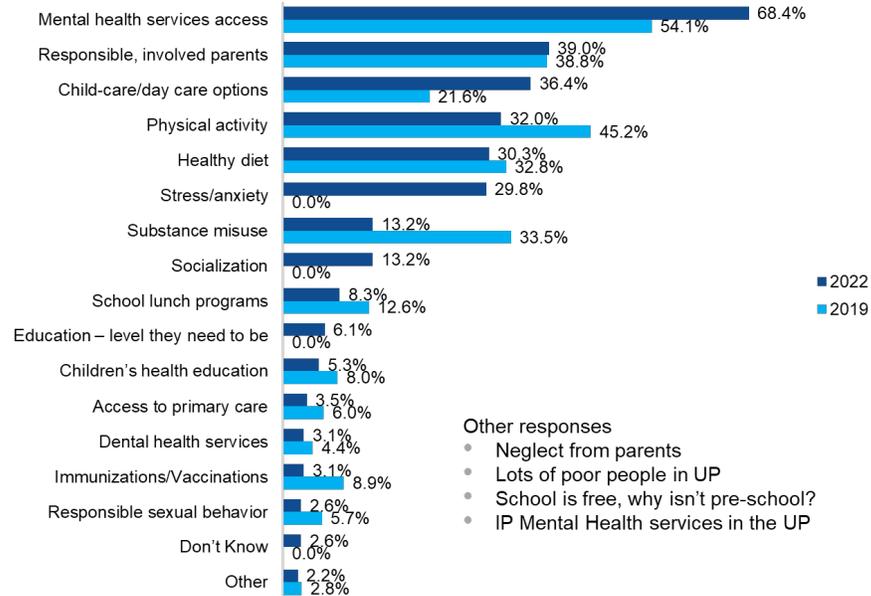
N=232 Q4. What are the top 3 issues in your community that impact people’s health? (Select up to 3 responses)

N=229 Q5. What are the top three social determinants of health issues that are impacting people’s health? (Select up to 3 responses)

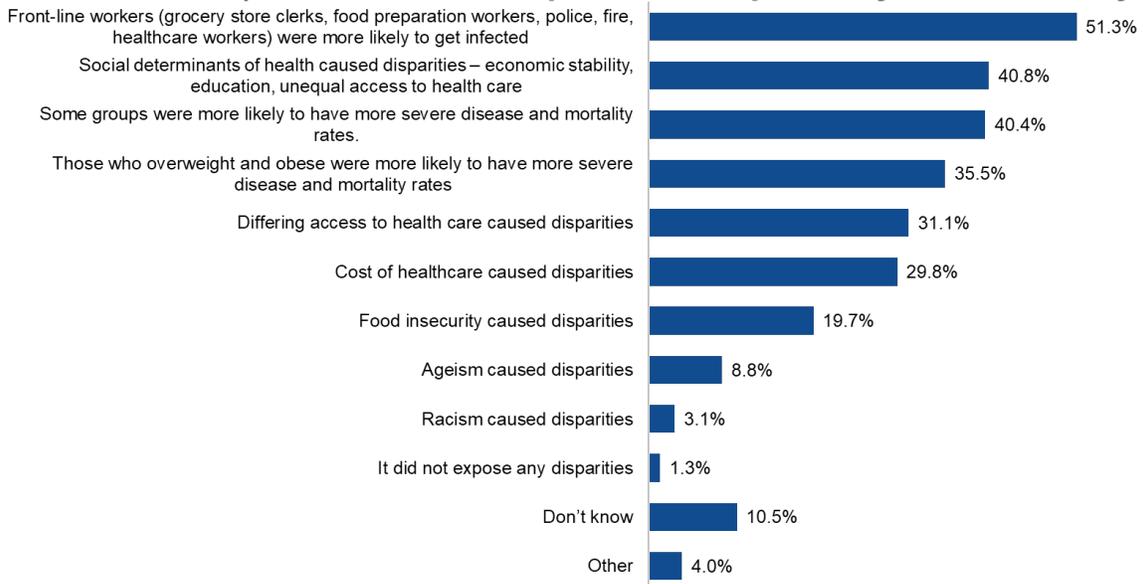
## Survey Results

### Health System Employees and Providers Survey

In your opinion, what are the top 3 health issues for children in your community?



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



N=227 Q6. In your opinion, what are the top 3 health issues for children in your community? (Select up to 3)

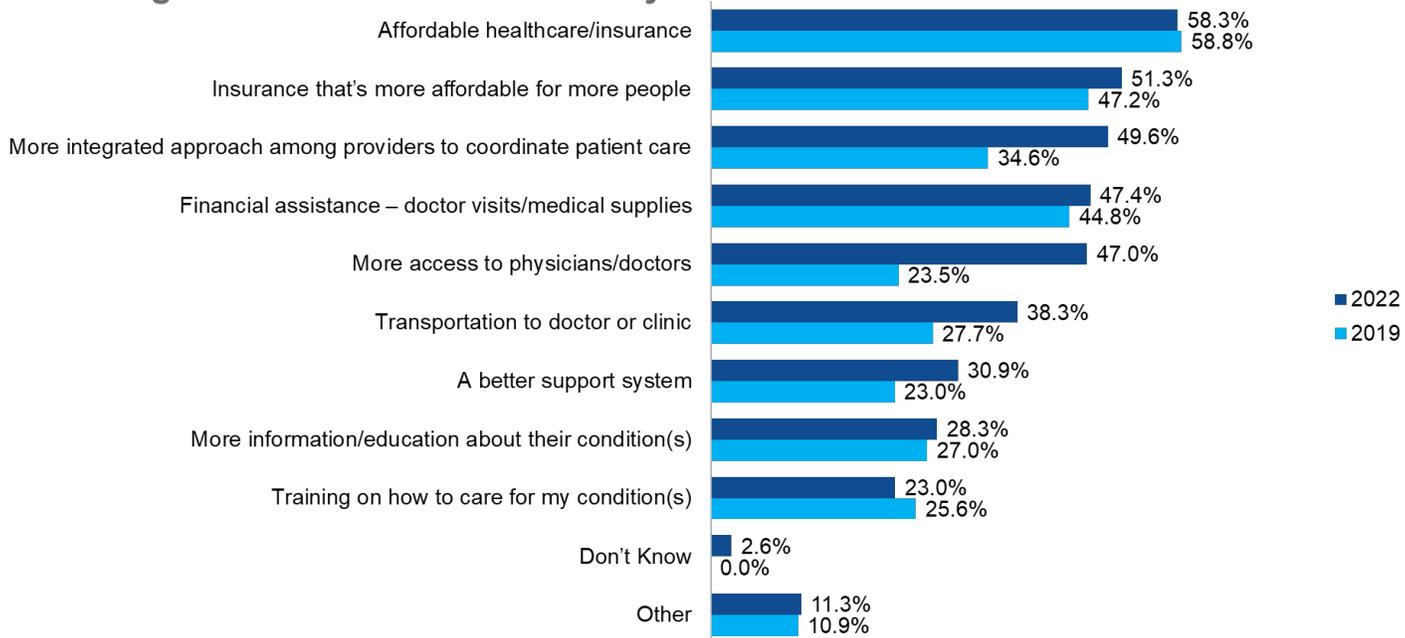
N=227 Q7. What, if any, health disparities or inequities (avoidable, unfair, or remediable differences in health) did the COVID-19 pandemic expose in your community? (select as many as desired)



Photo Credit: UPHS-Marquette

## Health System Employees and Providers Survey

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



N=229 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 June 9, 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?

- Overall wellbeing – physical, mental, social, community, organization
- Wholistic
- Thrive and survive
- Degree to which an individual or collection is struggling or thriving
- Is a spectrum, and differs based on disability, health, and resources

#### 2. For the purposes of this Community Health Needs Assessment, the community is Marquette and Houghton Counties. Generally, how would you describe the community's health?

- It depends on social and economic ability to seek out care
- Overall above average, but lower income are challenged
- 50/50– some are more health conscious than others

#### 3. What are the most significant health issues for the community today?

- Mental Health – isolation, fear, depression, bipolar disorder, schizophrenia
- Substance Use Disorder – drugs and alcohol due to stress and anxiety
- Access to resources and coordination
- Access to healthcare – telemedicine for mental health, ED visits for primary care, home care, cardiology, expand Medicaid
- Employee shortages – mental health nurse practitioners, law enforcement, EMS
- Social determinants of health
  - Housing
  - Broadband, computer literacy
  - Food
  - Transportation
  - Literacy
- Overweight society are more prone to health problems

#### 4. What are the most significant health issues facing various populations including medically underserved and low-income populations?

- Mental health – depression, including suicides in children
- Medical issues – diabetes, allergies, asthma, dental issues
- Substance misuse – drugs, smoking and alcohol
- Social determinants of health – basic needs, housing, transportation, food. Health is going to come after these other needs.

## Interview and Focus Group Results, cont.

### 5. What are the most significant health issues facing the minority populations?

- Language barriers
- Lack of access to healthcare – delayed care, chronic illnesses not addressed, dental care
- Immigration status – lack of trust, fear
- Diet/exercise leading to obesity and diabetes
- Substance misuse and mental health

### 6. What are the most important health issues facing youth and children?

- Mental health – stress, depression, grief
- Education – positive lifestyle decisions, ready for employment
- Substance Use – drugs, vaping, marijuana, alcohol
- Diet, nutrition, exercise – game playing, sedentary, expensive healthy food, cheap unhealthy food, leads to diabetes
- Use of electronics and social media – how to have conversations, want to be social media influencers
- Others: loss of pediatrician, asthma, parental issues, what's normal?

### 7. What are the most important health issues facing seniors?

- Mental health – still stigma with this group, dementia
- Isolation, loneliness
- Chronic diseases & multiple ailments – cardiovascular (heart) health, GI, dementia, cancer, joint replacements, diabetes, vision, hearing, dental
- Mobility/independence – fear of losing independence, falls
- Others: substance misuse, lack of understanding of Medicare Advantage plans

### 8. The community performed a CHNA in 2019 and identified priorities for health improvement

- |   |   |
|---|---|
| a. Access to care and insurance             | e. Socioeconomics/housing/environmental |
| b. Obesity – healthy eating & active living | f. Substance misuse                     |
| c. Mental health                            | g. Chronic diseases                     |
| d. Children's health issues                 |   |

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

- Access to care has improved slightly
- All are still issues
- Due to COVID, most have gotten worse
- Move socioeconomics and housing up in priority
- Additional
  - Dental Care
  - Combine mental health and substance misuse; they're related

## Interview and Focus Group Results, cont.

### 9. What, if any, health issues or inequities did the Covid-19 pandemic expose in the community?

- For those in and near poverty, life was harder, food deliveries increased
- Resources became available – economic assistance, food
- People of color more susceptible to COVID and afraid to seek care
- Low wages for essential workers
- Mental health issues increased – depression, suicide
- Lack of access to the Internet
- Knowledge about the healthcare system
- When barriers to receive care are dropped, people get care

### 10. What behaviors have the biggest impact on community health?

- Neglect seeking care
- Drugs, smoking, sugar, and alcohol
- Circle of influence
- Emotional state – choice to be happy or sad

### 11. What environmental factors have the biggest impact on community health?

- Safe places to exercise
- Housing – expensive, need low income
- Commute times – traffic, transportation
- Air quality - dust, wind, rock quarries
- Places for kids to hang out – bowling alley, skating rinks

### 12. What do you think the barriers will be to improve health in the communities?

- Communication about available resources
- Suspicion of institutions
- Managing growth – taxes, housing values
- Economics – disadvantaged
- People of color and immigrants not using the hospital, staying within their own groups, language barriers

## Interview and Focus Group Results, cont.

### 13. What community assets support health and wellbeing?

- Great places to exercise, parks, natural beauty, river
- Multiple community nonprofit organizations
- Community – focused leaders and volunteers
- Schreiner University
- Camps
- Churches
- Sports – little league, YMCA leagues
- UPHS-Marquette
- Raphael Clinic
- Philanthropy – 2 large foundations, giving community
- Doyle Center
- Chamber of Commerce
- Dietert Center
- Kroc Center

### 14. If you had a magic wand, what improvement activity should be a priority for Marquette and Houghton Counties to improve health?

- Increase access to mental health resources, knowledge, and providers
- Integrate primary care with mental health, mental health home visits
- Need a continuum of care for mental health – crisis intervention, short stay, residential
- Police dealing with and transporting mental health patients is not a great use of that resource. Integrate mental health providers with police
- Build more houses and get work force to live in Kerrville
- Increase access to care – more clinics, urgent care, providers
- Work with high schools and colleges to get students to stay here
- Increase funds for area nonprofits. Have joint fundraisers
- Centralized database to match people with resources
- Create a universal application to qualify for assistance. Decrease the barriers to receive assistance
- More activities for kids – bowling, older, experienced mentors
- A children’s wing on the hospital
- Incentives to stop vaping
- Teach life skills – cooking, budgeting, doing taxes, grocery shopping, financial literacy

# Asset Inventory Table of Contents

<b>Mental Health</b>	67
<b>Childcare</b>	67
<b>Access to Care/Insurance</b>	68
<b>Housing</b>	69
<b>Other</b>	70
<b>Substance Use Disorder</b>	70
<b>Healthy Eating/Active Living</b>	71
<b>Sources</b>	72
<b>Update &amp; Change Form</b>	73

*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. The list is not exhaustive, and some resources may have been inadvertently omitted. The focus group also identified community resources to improve health, which are listed on page 65 of the Community Health Needs Assessment.*

## Mental Health

### Counseling Services

Pathways Community Mental Health  
200 W Spring St  
Marquette, MI 49855

Marriage & Family Counselors  
30 County Rd 510  
Negaunee, MI 49866

Joni Peffers Counseling Office  
301 Explorer St  
Gwinn, MI 49841

Fran S. Waters Counseling & Training  
706 Chippewa Sq Ste 205-A  
Marquette, MI 49855

## Childcare

### Childcare Centers

Mister McGregor's Garden  
510 N McClellan Ave  
Marquette, MI 49855

Crayon Club  
1910 Werner St  
Marquette, MI 49855

Miss Lissa's Daycare  
1613 West Ave  
Marquette, MI 49855

Beehive Daycare  
1801 Wright St  
Marquette, MI 49855

Little Friends Children's Center  
1025 Maas St  
Negaunee, MI 49866

Lily Pad Learning Center  
201 Iron St  
Negaunee, MI 49866

## Childcare

### Childcare Centers

Stepping Stones Daycare  
79 Co Hwy EXC  
Gwinn, MI 49841

Kids -R- Us Child Development Center, Inc.  
120 Voodoo Ave  
Gwinn, MI 49841

Grove-R Daycare and Pre School  
6448 US-41 S  
Marquette, MI 49855

Chocolay Children's Center  
197 W Terrace St  
Marquette, MI 49855

Ms. Emma's Christian Daycare  
605 Brule Rd  
Marquette, MI 49855

Christine Olson Childcare  
311 Fisher St  
Marquette, MI 49855

Superior Sprouts  
420 S 7th St  
Marquette, MI 49855

Discovery Central  
131 W Washington St  
Marquette, MI 49855

Child Central Station  
515 W Bluff St  
Marquette, MI 49855

Busy Bees Day Care  
101 E W Hewitt Ave  
Marquette, MI 49855

Great Start To Quality UP Resource Center  
104 Coles Dr F  
Marquette, MI 49855

## Access to Health Care

### Health Departments

Marquette County Health Department  
184 US-41  
Negaunee, MI 49866

### Hospitals/Clinics

UP Health System – Marquette  
850 West Baraga Ave.  
Marquette, MI 49855

UP Health System - Portage  
500 Campus Dr  
Hancock, MI 49930

UP Health System - Bell  
901 Lakeshore Dr.  
Ishpeming, MI 49849

UP Medical Group- Doctors Park  
710 S Lincoln Rd Ste. 100  
Escanaba, MI 49829  
(906) 786-4628

OSF St. Francis Hospital & Medical Group  
3401 Ludington St  
Escanaba, MI 49829  
(906) 786-5707

Sage Premiere HealthCare  
2250 US Highway 41 S  
Marquette, MI 49855

Marquette Medical Clinic-Sawyer  
301 Explorer St  
Gwinn, MI 49841  
(906) 346-3837

UP Medical Group - Lakewood  
5089 US-41  
Marquette, MI 49855

UP Medical Group Family Medicine  
1414 W Fair Ave. Ste 38  
Marquette, MI 49855

## Clinics

Singletrack Health  
107 Main St Suite #2  
Marquette, MI 49855

UP Medical Group – Behavioral Health  
580 W College Ave  
Marquette, MI 49855

Upper Great Lakes Sawyer Family Health Center  
301 Explorer St  
Gwinn, MI 49841

Twin Cities Medical Clinic  
100 Malton Rd #6  
Negaunee, MI 49866

Bell Medical-Ishpeming Medical  
100 Malton Rd # 1  
Negaunee, MI 49866

South Shore Family Practice  
107 Main St  
Marquette, MI 49855

Dr. Gregory Sulik, MD  
150 W Ridge St  
Marquette, MI 49855

Superior Walk-In Center  
1414 W Fair Ave #134  
Marquette, MI 49855

UP Medical Group - Bell | Pediatrics  
901 Lakeshore Drive, Suite 104  
Ishpeming, Michigan 49849

## Non-Emergency Transportation

UPHP Transportation Department  
1-800-835-2556

## Access to Health Care

### Clinics

Upper Great Lakes Family Health Center/Lake Linden  
945 9<sup>th</sup> Street  
Lake Linden, MI 49945

Upper Great Lakes Family Health Center/University  
Center  
921 W Sharon Ave  
Houghton, MI 49931

Upper Great Lakes Family Health Center/Calumet  
56720 Calumet Ave.  
Calumet, MI 49913

North Country Health Direct Primary Care  
717 W Washington St, Ste A  
Marquette, MI 49855

UP Medical Group - Bell  
901 Lakeshore Dr, Ste 205  
Ishpeming, MI 49849

UP Medical Group - Family Medicine | Negaunee  
405 US 41 E.  
Negaunee, MI 49866

UP Medical Group - Medical Specialists  
1414 W. Fair Ave., Ste. 344  
Marquette, MI 49855

UP Medical Group - Portage | Express Care Houghton  
921 W Sharon Ave  
Houghton, MI 49931

Upper Great Lakes Family Health Center | Hancock  
500 Campus Dr  
Hancock, MI 49930

Upper Great Lakes Family Health Center | Ontonagon  
751 S. Seventh Street  
Ontonagon, MI 49953

## Housing

Habitat for Humanity International Inc  
1300 Ludington St  
Escanaba, MI 49829

## Long-Term Care/Assisted Living

Lakeview Assisted Living LLC  
1100 N Lake Shore Dr  
Gladstone, MI 49837  
(906) 428-7000

Sunny Shores AFC Home  
1615 Lake Shore Dr  
Gladstone, MI 49837  
(906) 428-2943

Soderman Residence  
6207 Days River 24.5 Rd  
Gladstone, MI 49837  
(906) 428-2487

Whispering Pines  
416 S 17th St  
Gladstone, MI 49837  
(906) 428-3012

Bridgewood Soo Hill  
5004 18th Rd  
Escanaba, MI 49829  
(906) 553-7772

Bridgewood Central  
800 26th St S  
Escanaba, MI 49829  
(906) 786-7930

Cedar Hill Assisted Living & Senior Housing  
1059 Old U.S. 41  
Bark River, MI 49807  
(906) 466-9991

Emmons Adult Foster Care  
2419 14th Rd  
Bark River, MI 49807  
(906) 466-2646

## Long-Term Care/Assisted Living

Bishop Noa Home  
2900 3rd Ave S  
Escanaba, MI 49829  
(906) 786-5810

Christian Park Health Care Center  
2415 5th Ave  
Escanaba, MI 49829  
(906) 786-6907

Assisted Living Concepts  
501 S Lincoln Rd  
Escanaba, MI 49829  
(906) 789-2268

North Woods Place  
501 S Lincoln Rd  
Escanaba, MI 49829  
(906) 553-4465

St Jude's Adult Foster Care  
509 S 22nd St  
Escanaba, MI 49829  
(906) 786-3386

## Home Health and Hospice

UP Health System Home Care and Hospice  
2420 1st Ave S Ste 102  
Escanaba, MI 49829  
(906) 789-1305

UPCAO Services  
2501 14th Ave S  
Escanaba, MI 49829  
(906) 786-4701

Great Northern Home Care Services  
921 Delta Ave  
Gladstone, MI 49837  
(906) 428-9670

OSF Home Health & Hospice – Escanaba  
901 N Lincoln Rd  
Escanaba, MI 49829  
(906) 786-4456

## Other

Portage Health Dialysis Center  
500 Campus Dr  
Hancock, MI 49930

Aspirus Eye Clinic  
1000 Cedar St  
Houghton, MI 49931

Aspirus Outpatient Therapies and Fitness  
Center – Calumet  
25680 Copper King Way  
Laurium, MI 49913  
(906) 337-7000

Aspirus Outpatient Therapies – Houghton  
1000 Cedar St  
Houghton, MI 49931  
(906) 487-1710

Portage Health Rehab – Calumet  
4 6th St  
Osceola, MI 49913  
(906) 337-4029

Northern Footcare Clinic  
801 Memorial Rd  
Houghton, MI 49931  
(906) 482-9950

## Substance Use Disorder

Great Lakes Recovery Centers - Hancock  
Outpatient Services  
920 W Water St Ste 6  
Hancock, MI 49930  
(906) 482-7710

Copper Country Mental Health, Rice Memorial  
Center  
901 W Memorial Dr  
Houghton, MI 49931  
(906) 482-9400

## Substance Use Disorder

The Institute  
900 West Sharon Ave  
Houghton, MI 49931  
(906) 482-4880

Copper Country Mental Health, Rice Memorial  
Center – CLK Branch  
56938 Calumet Ave  
Calumet, MI 49913  
(906) 337-5810

Phoenix House- Blue Jacket Location  
Waterworks St  
Calumet Twp, MI 49913  
(906) 337-0763

Western UP Substance Abuse  
902 W Sharon Ave  
Houghton, MI 49931  
(906) 482-7710

North Coast Counseling Services, LLC  
300 Dunstan St  
Hancock, MI 49930  
(906) 523-5580

Portage Psychological Services  
540 Depot St  
Hancock, MI 49930  
(906) 281-3459

Copper Island Behavioral Health  
810 Quincy St  
Hancock, MI 49930  
(906) 482-9440

Psychology Associates  
56730 Calumet Ave F  
Calumet, MI 49913  
(906) 337-6839

Denali Healthcare of Marquette  
200 Van Epps St  
Harvey, MI 49855

## Healthy Eating/Active Living

### Parks and Outdoor Activities

Friends of Indian Lake & Palms Book State Park  
10639 S 75 Rd  
Rapid River, MI 49878

Friends of Portage Bay-Fayette State Park  
16405 12Point75 Lane  
Garden, MI 49835

Delta County Nonmotorized Trails  
(906) 280-2923

### Nutrition

Marquette Farmer's Market

### Senior Services

Bishop Noa Home for Senior Citizens  
2900 3rd Ave S  
Escanaba, MI 49829

Gladstone Senior Citizens Non- Profit Corp  
PO Box 211  
Gladstone, MI 49837

Rapid River Four Township Senior Citizens Center Inc  
PO Box 1065  
Escanaba, MI 49829

## Healthy Eating/Active Living

### Senior Services

Rock Area Senior Citizens Corporation  
2870 W Mapleridge 37 Rd  
Rock, MI 49880

Upper Peninsula Senior Companion Program  
Foundation  
PO Box 225  
Escanaba, MI 49829

Grand Marais Citizens Housing Authority Inc  
PO Box 606  
Escanaba, MI 49829

Human Resources Authority Inc  
507 1st Ave N  
Escanaba, MI 49829

Upper Peninsula Senior Companion Program  
Foundation  
PO Box 225  
Escanaba, MI 49829

Community Action  
507 1st Ave N  
Escanaba, MI 49829

Escanaba Senior Center  
225 21st St N  
Escanaba, MI 49829

## Sources

### Mental Health Services

<http://www.mgh.org/our-locations/uphs-doctors-park-escanaba>

<https://www.uphealthsystem.com/>

<https://www.co.marquette.wi.us/departments/health>

### Childcare

<https://www.publicschoolreview.com/michigan/delta-county/private>

<https://www.k12academics.com/national-directories/school-district/Michigan/Delta>

### Access to Care

<http://www.mgh.org/our-locations/uphs-doctors-park-escanaba>

<https://www.uphealthsystem.com/>

<https://www.co.marquette.wi.us/departments/health>

### Housing

<https://deltacountymi.org/county-directory/>

### Other

<https://deltacountymi.org/county-directory/>

### Substance Use Disorder

<http://www.mgh.org/our-locations/uphs-doctors-park-escanaba>

<https://www.uphealthsystem.com/>

<https://www.co.marquette.wi.us/departments/health>

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<http://www.mgh.org/our-locations/uphs-doctors-park-escanaba>

<https://www.uphealthsystem.com/>

<https://www.co.marquette.wi.us/departments/health>

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-MarquetteMarketing Department

# Community Health Needs Assessment for Marquette and Houghton Counties

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*Completed in partnership with:*

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