UP Health System - Marquette 2025

Community Health Needs Assessment

-Marquette County, Michigan-



Adopted by Board of Trustees August 25, 2025



Paper copies of this document may be obtained at: UP Health System - Marquette

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Letter to the Community

Dear Community,

The mission of UP Health System – Marquette (UPHS – Marquette) is *making* communities healthier. Our patients can expect quality health care with a personal touch, and we continually work to expand services to better meet the needs of patients and local residents.

Every three years, we conduct a community health needs assessment to gain insight and feedback from those we serve. This allows us to understand how our efforts have impacted local residents and what changes are needed to continue progress toward a healthier community.

The 2025 community health needs assessment not only highlights local health needs but also provides an action plan outlining how UPHS – Marquette will respond. We believe it is vitally important that Marquette County residents have access to quality health care—right here at home. Through our core values (see page 7) and partnerships with other organizations, we strive to be your choice for care across the Upper Peninsula and beyond. Our implementation strategy identifies key needs, explains our approach to addressing them, and outlines how we will measure success.

At UPHS – Marquette, we are committed to working with local government entities, nonprofits and other key stakeholders to address social determinants that often negatively impact people's health and well-being.

UPHS – Marquette is a diverse facility that aims to be a place where people choose to come for care, where physicians and providers want to practice, and where employees want to work. I am committed to leading your health system as we continue to grow and improve to meet your health care needs. We all enjoy this wonderful community and, together, we can make it healthier for all.

Sincerely,

Tonya Darner

CEO | UP Health System – Marquette

Market CEO | UP Health System – Bell and UP Health System – Marquette

Community Health Needs Assessment (CHNA) Overview

In 2025, UP Health System-Marquette ("Marquette") performed a Community Health Needs Assessment (CHNA) in partnership with Strata Decision Technology ("Strata") to determine the health needs of the local community and develop an accompanying implementation plan to address the identified health needs of the community.

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It uses systematic, comprehensive data collection and analysis to provide information about the community including health status, needs, and disparities. The CHNA also offers a targeted action plan to address areas of need and allows the hospital to truly understand the health needs of the community it serves.

CHNA Facility Benefits



- Identify health disparities and social determinants to inform future initiatives, programs, and outreach strategies
- Identify gaps in healthcare
- Develop an understanding of perceptions and ideas among community members
- Form collaborations with community organizations to address local health needs

The core elements of a CHNA include:

- > a definition and description of the community served
- a description of the process and methods used to conduct the CHNA
- a description of how the hospital facility solicited and took into account input received from community members
- a description of the identified significant health needs of the community, including selection process and criteria
- > a description of resources available to address the significant health needs
- > an evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA

Community Health Needs Assessment (CHNA) Overview

The CHNA Process

The process to conduct the CHNA included the following:

Community Health Analysis

Definition and description of the community served by the organization, including analysis of population trends and health outcomes.

Community Input

Survey of local experts and community members to gain insight on local health needs, perceptions, and improvement progression. **Community Summit**

Community gathering of local experts and leaders to discuss significant health issues and ideas to improve the health of the community served.

Implementation Planning

Collaborative plan to prioritize and address community health needs in a published CHNA report.

UP Health System-Marquette's health priorities identified through the 2025 process are:

Access to Specialists

Mental Health

Process and Methods used to Conduct the Assessment

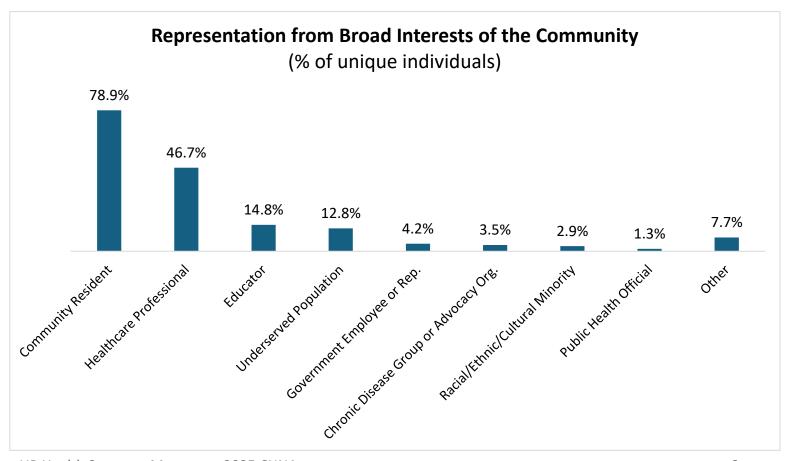
To assess the health needs of the community, a comprehensive approach was utilized. This included collecting community health data via secondary sources and a survey of community members to assess healthcare needs. A community summit was then held to review these inputs with community stakeholders to prioritize the health needs of the community and create action plans.

Community Health Data Collection and Analysis

UP Health System – Marquette relied on secondary source data to define and assess the community. This data was sourced at the county level from available public sources, including www.countyhealthrankings.org and ESRI.

A community survey was deployed by UP Health System – Marquette to gain input on local health needs, including those of priority populations such as the medically underserved, low-income, and minority populations. The survey received feedback from 406 community members. The survey was open from January 27, 2025 to February 21, 2025 and distributed digitally. The Community Summit was held on April 7, 2025 and had 48 participants.

Survey respondents and summit participants represented the stakeholder groups below:



About UP Health System – Marquette

About UP Health System – Marquette

UP Health System – Marquette (UPHS – Marquette), a Duke LifePoint hospital, is a federally designated regional referral center for Michigan's Upper Peninsula. A 222-bed specialty care hospital, UPHS – Marquette is a Level II trauma center verified by the American College of Surgeons Committee on Trauma. The Joint Commission awarded the hospital the Gold Seal of Approval for its primary stroke center in 2010, and Blue Cross Blue Shield of Michigan designated UPHS – Marquette a Blue Distinction Center+ for spine surgery, maternity care, and knee and hip replacement in 2016. The UP Health System – Marquette cancer care program is accredited by the American College of Surgeons Commission on Cancer and is the only accredited cancer program in the Upper Peninsula. The hospital has also been granted designation by the National Accreditation Program for Breast Centers. UPHS – Marquette received Chest Pain Center with Primary PCI accreditation from the Society of Cardiovascular Patient Care in December 2016.

UPHS – Marquette completed construction on its new state-of-the-art hospital on June 2, 2019. As Upper Michigan's regional medical center, UPHS – Marquette recruits for employed and private practice positions in Marquette, Michigan, and similar positions at hospital-owned clinics in eight other communities throughout Michigan's Upper Peninsula. The dynamic medical staff of more than 200 providers upholds the highest standards of excellence. They work as a team with more than 1,700 employees in caring for approximately 12,000 inpatients and more than 350,000 outpatients annually.

Major services include the 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 offers the region's leading services in imaging, surgery and robotic surgery, and laboratory care. It is home to the UP Telehealth Network, one of the nation's top telehealth systems. UPHS – Marquette serves many communities across Michigan's Upper Peninsula with 42 primary and specialty care clinics throughout the region.

Mission

Making communities healthier®

Vision

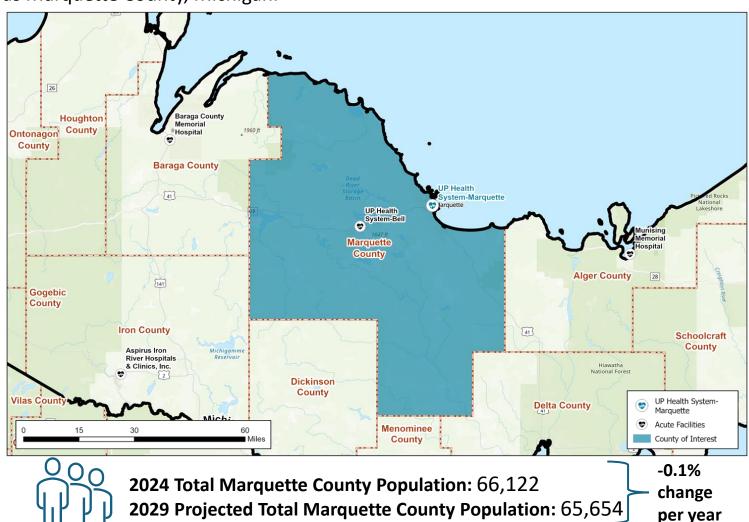
We want to create places where people choose to come for healthcare, physicians and providers want to practice, and employees want to work.

Core Values

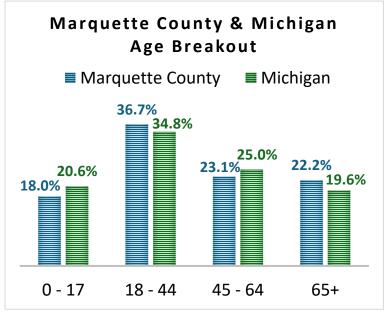
- 1. Champion patient care
- 2. Do the right thing
- 3. Embrace individuality
- 4. Act with kindness
- 5. Make a difference together

Community Served

For the purpose of this study, UP Health System – Marquette defines its service area as Marquette County, Michigan.

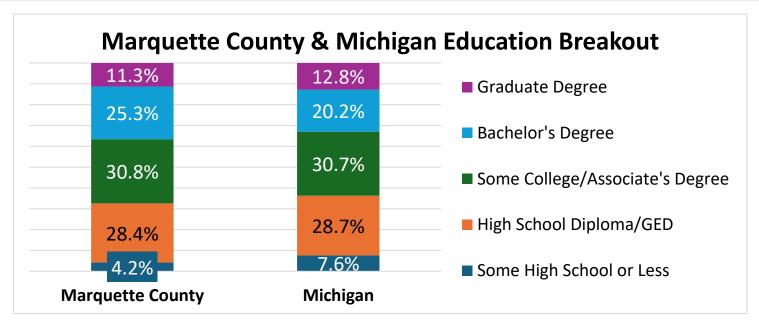


Race & Ethnicity			
	Marquette Co.	Michigan	
White	90.0%	73.0%	
Black	1.1%	13.7%	
American Indian	1.7%	0.6%	
Asian/Pacific Islander	0.7%	3.6%	
Other Race	0.6%	2.4%	
Two or More Races	6.0%	6.7%	
Hispanic Origin	2.2%	6.0%	



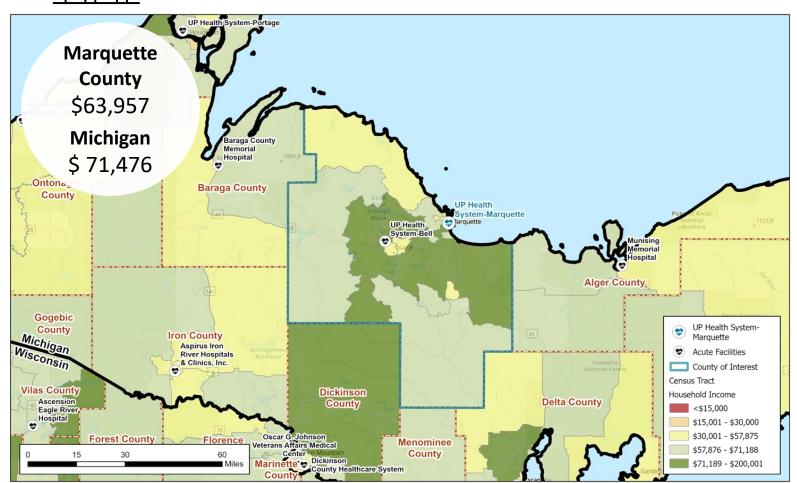
Source: Esri 2024

Community Served





2024 Median Household Income {by Census Tract}



Census Tract: small, relatively permanent statistical subdivisions of a county uniquely numbered; average about 4,000 inhabitants

Marquette County Community Health Characteristics

The data below provides an overview of Marquette County's community health including health behaviors, quality of life, socioeconomic factors, access to health and physical environment. For detailed descriptions and dates for each measure, please visit https://www.countyhealthrankings.org/app/michigan/2024/overview. Each indicator impacts the health of the entire community.

Health Status Indicators

Health Behaviors



Teen Births per 1,000

MI: 15



Adult **Smoking**

18%

MI: 18%



Adult Obesity

34% MI: 35%



Food Insecurity

12%

MI: 12%



Alcohol-**Impaired Driving Deaths**

47% MI: 30%



Excessive Drinking

19% MI: 19%

Quality of Life



77.9

MI: 76.6



Suicide Rate per 100,000

MI: 14



Poor or Fair Health

MI: 15%





Diabetes Prevalence

9%

MI: 9%

22

Average number of physically and mentally unhealth days in the last 30 days

> 3.6 **Poor Physical** MI: 3.6 **Health Days**

> 5.3 **Poor Mental Health Days** MI: 5.3

Marquette County Community Health Characteristics

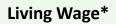
Socioeconomic Factors





5.0%

MI: 4.2%





MI: \$46.33



Children in Single Parent Households

20%

MI: 25%



Children in Poverty

10%

MI: 18%



Injury Deaths per 100,000

77

MI: 84



High School Graduation

87%

MI: 82%

Access to Health

Uninsured

5%

MI: 6%

Preventable Hospital Stays

per 100,000

1,924

MI: 3,246

Access to Exercise Opportunities

85%

MI: 86%

Number of people per 1 provider



Primary Care Provider

870

MI: 1,280



Dentist

1,110

MI: 1,250



Mental Health Provider

220

MI: 300

Physical Environment



Severe Housing Problems**

12%

MI: 13%



Severe Housing Cost Burden***

12%

MI: 12%



Drinking Water Violations

Yes



Broadband Access

84%

MI: 88%

^{*}The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.

^{**%} of households with at least 1/4 of problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

^{***%} of households that spend 50% or more of their household income on housing

Impact Since Last CHNA

The IRS requires there to be an evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA. The health priorities identified in the 2022 CHNA are listed below.



Written comments and insights were gained from community members through the UP Health System – Marquette Community Survey regarding the 2022 identified health priorities and implementation plan. Details of the comments and actions UP Health System – Marquette has taken to address the identified health priorities can be found on the next two pages.

Impact Since Last CHNA

Behavioral Health

- Electronic medical record (EMR) provider access 1.
- 2. **MSU Rural Psychiatry Track**
- 3. **Integrated Residency Clinic**
- 4. Behavioral health provider recruitment and support
- New Outpatient Behavioral Health Office on Washington St. 5.
- 6. Expand mental health services with new Intensive Outpatient Program (IOP)
- 7. Participant in Behavioral Health Network
- 8. MI MIND site within Family Medicine
- Trauma Survivors Network 9.
- 10. Critical Incident Stress Management (CISM)

Themes from Community Survey Comments (91 responses)*:

- Need for increased, easier access and providers for mental health (31)
- Community education/awareness (12)
- No improvement noticed/not aware (10)
- Relocating/opening behavioral health clinic (10)
- Aware of all the initiatives (6)
- Lack of/need for improved insurance coverage (4)
- More mental health providers (3)
- Addition of IOP program (2)
- Coordination and collaboration among community stakeholders (2)
- Pilot programs such as Superior Shores Day Treatment (2)
- Increase in telehealth to bridge the gap (2)
- Awareness of UP Wellness Task Force (2)

Impact Since Last CHNA

Healthy Behaviors

- Healthy Person program 1.
- 2. **Bike Helmet Safety**
- 3. Community Fall Prevention education
- 4. Walk with a Doc program
- **Nutrition and Wellness programing** 5.
- 6. Food as Medicine
- High school performance nutrition education 7.
- 8. **Food Drives**
- 9. Preventative screenings
- 10. Free health risk assessments and Outreach

Themes from Community Survey Comments (67 responses)*:

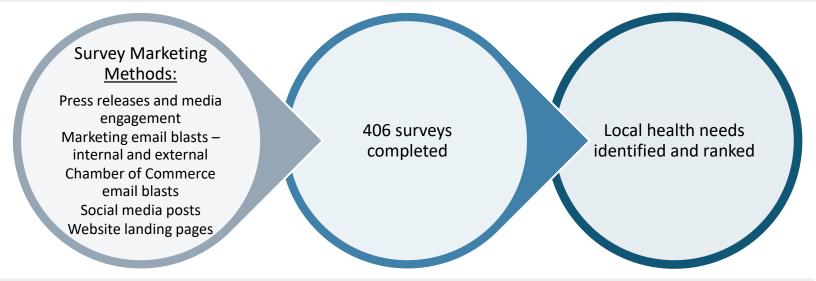
- Access to healthy food/addressing food insecurity (i.e. Feed America & Food as Medicine) (20)
- No improvement noticed/not aware (11)
- Access to outdoors/physical activities promoted through local entities (9)
- Cost burden (6)
- Provide more education/awareness (4)
- Increased education/awareness (4)
- Community gardens (3)
- Dr. Bizri (2)
- Transportation improvement needed (2)
- Walk with a Doc (2)
- Aware of all the initiatives (2)

Methods of Identifying Health Needs

Analysis of existing data

Utilization of secondary data sources to gain analytical insights of the community Data source: County Health Rankings

Collection of new data



Evaluate indicators and responses on below criteria

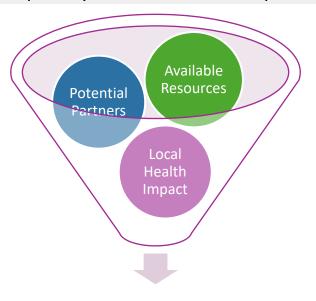
Severity or urgency of health need

Feasibility and effectiveness

Impact on health disparities

Importance identified by community

Select priority health needs for implementation plan



UP Health System-Marquette's Health Priorities: Access to Specialists Mental Health

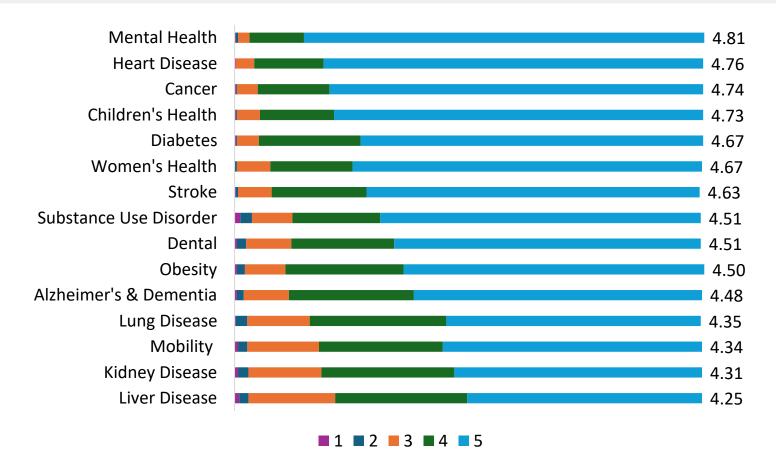
Health Priority

The health needs of the community include requisites for the improvement and maintenance of health status both in the community at large and in particular parts of the community, such as particular neighborhoods or populations experiencing health disparities. The community survey asked questions regarding health factors, lifestyle and personal factors, and community and healthcare services factors to better understand the local needs for the health status including groups with the highest health needs.

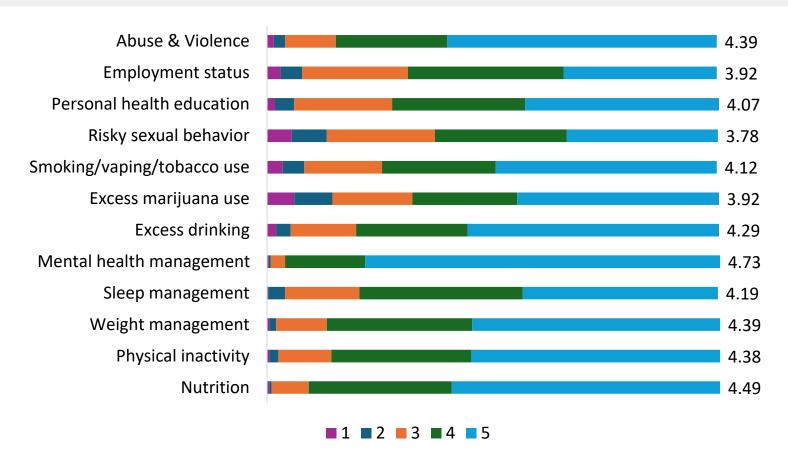
Health factors addressed areas such as chronic conditions, health conditions, and physical health. Lifestyle and personal factors addressed areas that affect the individual's health outcomes such as physical inactivity and substance abuse. Community and healthcare services factors addressed social determinants that influence community health, such as access to care, safety, and affordability.

In our community survey, respondents had the opportunity to rate the importance of addressing different components of each factor. Results of the rankings are below.

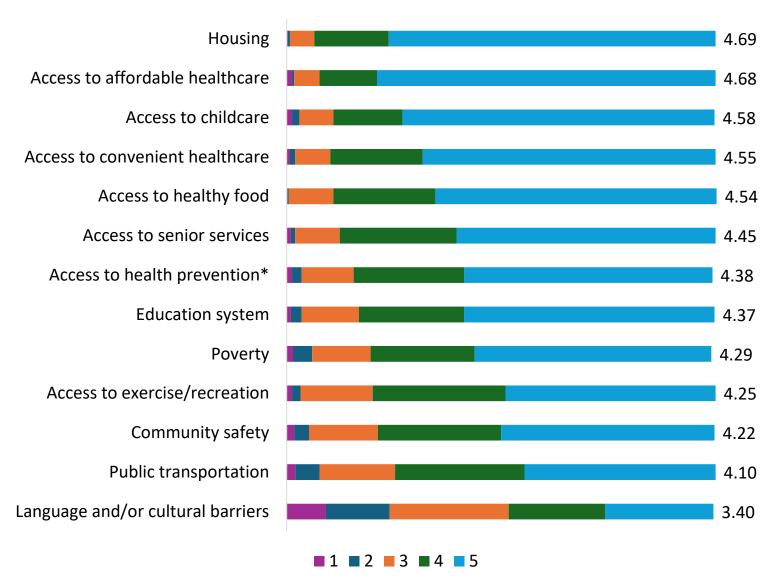
Survey Question: Please rate the importance of addressing each Health Factor on a scale of 1 (not important) to 5 (very important).



Survey Question: Please rate the importance of addressing each Lifestyle & Personal Factor on a scale of 1 (not important) to 5 (very important).

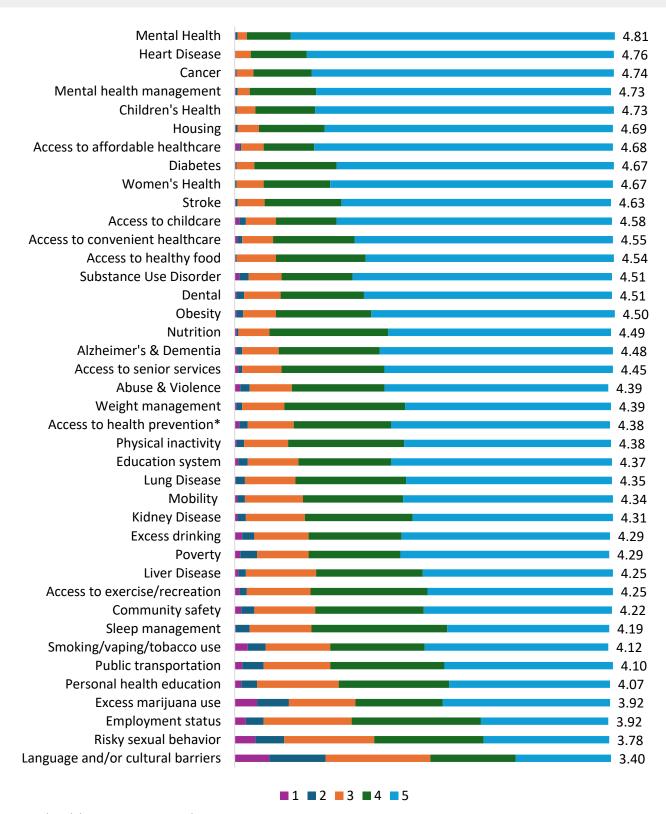


Survey Question: Please rate the importance of addressing each Community & Healthcare Services Factor on a scale of 1 (not important) to 5 (very important).



^{*}Access to health prevention & education services

Overall Health Priority Ranking (includes all three factor categories)



^{*}Access to health prevention & education services

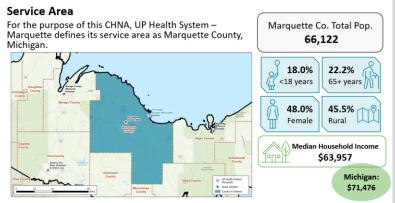
Community Summit

UP Health System – Marquette held a Community Summit on April 7, 2025.

Below are topics of discussion and key takeaways.

Demographics*

Slide examples



Community Analysis: Marquette County, Michigan



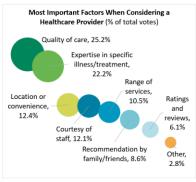


Survey Analysis**

Slide examples



Services Utilized for Basic Health Needs	% of Total Votes
My primary care or family physician	35.5%
Hospital (including ER)	17.3%
Urgent care center	16.3%
Retail clinic (CVS, Walgreens, etc.)	9.9%
Alternative healthcare providers (chiropractors, etc.)	8.1%
Mental health provider	6.6%
Health department	2.3%
School/university nurse	1.3%
Free clinic	0.7%
I do not have a healthcare provider	0.5%
Other	1.6%



Prioritizing Health Needs

Results of participant voting

Health Need	% of Votes
Mental Health	79.2%
Access to Affordable Healthcare	54.2%
Access to Specialists	45.8%
Housing	45.8%
Women's Health	18.8%

Addressing Health Needs

Participant created goals

- Mental Health: Developing a responsive mental health navigator utilizing students to develop workforce to refer
- ☐ Access to Affordable Healthcare: Increase access to and awareness of services
- ☐ Access to Specialists: Improve access to specialist care, including transportation
- ☐ Housing: Grant/funding generating inventory for all SES licensed corporations between NPOs and Care MGMT
- Women's Health: Create more access to women's health and expansion of services to fill in the gaps specifically around reproductive years – retention of OB doctors

^{*}Demographics can be seen on pages 8-11

^{**}Survey results can be found in the Appendix

Community Summit: Participants

During the community summit, prioritized health needs were assigned to breakout groups. Each group was tasked with developing action plans to address their assigned health issue. Participants were able to draw on their existing knowledge of the community as well as the information presented during the summit, including impacts from the prior CHNA, community demographics and social determinants of health data, and community survey results.

Participation in the community summit included:

Organization	Population(s) Represented
Pathways Community Mental Health	Healthcare Professional, Public Health Official, & Community Resident
My UP Now	Media & Community Resident
Superior Connections RCO	Underserved Population, Rep of Chronic Disease Group or Advocacy Organization, & Community Resident
MQT Food Co-op	Educator, Underserved Population, & Community Resident
MSU Extension	Community Resident
NMU	Educator & Community Resident
Anytime Fitness - Marquette	Community Resident
Norlite	Healthcare Professional & Community Resident
Northstar EAP/ESI EAP	Healthcare Professional & Community Resident
Manpower	Community Resident
Superior Health Foundation	Community Resident
Great Lakes Recovery Centers	Healthcare Professional
Doulas of Marquette	Educator & Underserved Population
Superior Alliance of Independent Living	Educator, Racial/Ethnic/Cultural Minority, & Underserved Population
BCBS – Marquette	Community Resident
Lake Superior Hospice	Healthcare Professional
Marquette Housing Commission	Community Resident
Marquette County Health Department	Healthcare Professional, Government Employee or Rep., Public Health Official, & Community Resident
DTG Motivation	Educator, Racial/Ethnic/Cultural Minority, Healthcare Professional, & Community Resident
Partridge Creek Farm	Educator, Underserved Population, & Community Resident
UPHS – Marquette & Bell	Healthcare Professional & Community Resident

Input of medically underserved, low-income, and minority populations was received through both the community survey and summit.

Evaluation & Selection Process

Severity or urgency of health need

Health need has a higher severity, urgency, or burden and if addressed, could be positively impacted

Feasibility and effectiveness

Pressing health needs where hospital interventions are feasible and impactful Impact on health disparities

Priority population health needs that have the ability to be positively impacted if addressed Importance identified by community

Health needs with online survey higher rankings or frequently mentioned by community members

UP Health System – Marquette Health Need Evaluation

	Severity or urgency	Feasibility and effectiveness	Impact on health disparities	Importance identified by community
Access to Affordable Healthcare	~		/	
Access to Specialists	/	~	-	/
Cancer		/	-	/
Children's Health		/	\	/
Diabetes		/	/	
Heart Disease		/		
Housing			/	
Mental Health		/	/	/
Stroke	/	/	/	
Women's Health	/	/	/	

Overview of Priorities

Access to Specialists

While access to specialists was not a ranked factor, the theme was common throughout comments in the survey and discussion during the summit.

The following data points provide insight regarding access to providers in Marquette County, Michigan:

- 870 people per one primary care provider
- 1,110 people per one dentist
- 220 people per one mental health provider

Mental Health

Mental health was the highest ranked health need in the community with a ranking of 4.81 and was an identified health need in the 2022 CHNA.

The following data points provide insight regarding mental health in Marquette County, Michigan.

- In 2023, access to mental health provider was 220 people per mental health provider compared to Michigan at 300 people per mental health provider
- Between 2017-2021, the suicide rate was 22 deaths by suicide per 100,000 people compared to Michigan at 14 deaths per 100,000 people.
- In 2021, poor mental health days was 5.3 days of the previous 30 days, which is the same as Michigan.
- In 2021, 17% of adults reported experiencing poor mental health for 14 or more of the last 30 days compared to Michigan at 16%.

Overview of Priorities

Not Selected Health Priorities

UP Health System – Marquette understands the need to address all health needs and is committed to making impacts across the community where possible. For the purpose of this CHNA, UP Health System – Marquette has decided to focus efforts toward the previous two health priorities.

The	e health priorities not selected are:
	Access to Affordable Healthcare - While we recognize the importance of this need, it is outside the scope of services the facility provides.
	Cancer - This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
	Children's Health - This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
	Diabetes - This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
	Heart Disease - This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
	Housing - This need is outside the scope of services the facility provides, but we are happy to partner with other resources in the area when needed.
	Stroke - This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
	Women's Health - This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.

Implementation Plan Framework

Executive and clinical leadership at UP Health System – Marquette gathered to discuss plans to address the identified health priorities. The leaders decided to breakout the health priorities into subcategories to effectively create action plans to make positive community impacts. The next two pages outline the implementation plan for each identified health need seen below.

UP Health System – Marquette Health Need Evaluation

	Severity or urgency	Feasibility and effectiveness	Impact on health disparities	Importance identified by community
Access to Specialists	/	/	~	/
Mental Health		/	/	/

Implementation Plan: Access to Specialists

Initiative: Improve access to specialists

Goal: Decrease travel and wait time to see specialists

Strategies Actions facility plans to implement	Goal Completion Date	Accountable Organization/Team	Community Resources & Partnerships
Strategy 1: Increase access to specialists via telehealth including hub and spoke model	Ongoing	➤ UPHS Marquette Leadership Team	Community centers (i.e. senior center or clinic)Center for Rural Health
Strategy 2: Explore opportunity for resource hub to include available services and specialists	Ongoing	➤ UPHS Marquette Leadership and Marketing/ Community Outreach Team	 ➤ Marquette County Health Department ➤ Lake Superior Community Partnership
Strategy 3: Explore transportation barriers and partnerships in the community	Ongoing	➤ UPHS Care Management Team	 ➤ UPHP (Upper Peninsula Health Plan) ➤ Upper Peninsula Commission for Area Progress ➤ Aging and Disability Resource Center of Marquette County ➤ 211 Michigan

Anticipated Impact:

> Improved and increased access to specialists in a timely manner

Implementation Plan: Mental Health

Initiative: Increase access to mental/behavioral health services

Goal: Increase timeliness of follow-up care

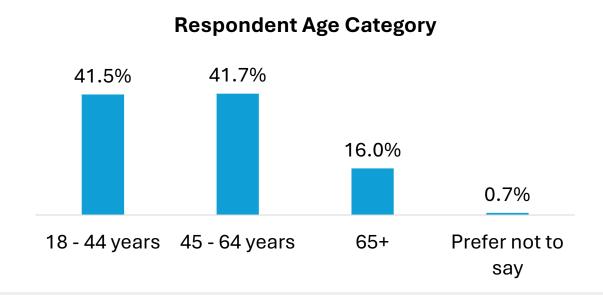
Strategies Actions facility plans to implement	Goal Completion Date	Accountable Organization/Team	Community Resources & Partnerships
Strategy 1: Utilization of hub and spoke model	Ongoing	➤ UPHS Marquette Behavioral Health providers and Leadership Team	➤ UP Wellness Task Force
Strategy 2: UPHS Marquette continuing education and training for staff and providers regarding mental health	Ongoing	➤ UPHS Marquette P.I.N.E. (positively inspiring and nurturing employees) Team	Critical Incidence and Stress Management Team
Strategy 3: Explore mental health crisis support and treatment for youth	Ongoing	➤ UPHS Marquette Leadership Team	➤ University of Michigan

Anticipated Impact:

> Improved and increased access to mental/behavioral health services in a timely manner



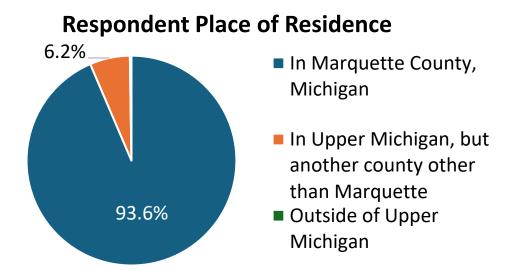
Survey Question 1: Please provide your age.



Survey Question 2: Please select which roles apply to you. [Check all that apply]

Respondent Community Role	% of Respondents
Community Resident	81.5%
Healthcare Professional	45.3%
Educator	14.8%
Underserved Population	12.8%
Government Employee or Representative	4.4%
Representative of Chronic Disease Group or Advocacy Org.	3.4%
Racial/Ethnic/Cultural Minority	2.5%
Public Health Official	1.0%
Other	5.7%

Survey Question 3: Where is your primary residence?



Survey Question 4: How would you describe your health? (1 star = Poor; 5 stars = Excellent)



Survey Question 5: How would you describe the overall health of your community? (1 star = Poor; 5 stars = Excellent)



Survey Question 6: Please rate the importance of addressing each Health Factor on a scale of 1 (not important) to 5 (very important).

Weighted average of votes	
Mental Health	4.81
Heart Disease	4.76
Cancer	4.74
Children's Health	4.73
Diabetes	4.67
Women's Health	4.67
Stroke	4.63
Substance Use Disorder	4.51
Dental	4.51
Obesity	4.50
Alzheimer's & Dementia	4.48
Lung Disease	4.35
Mobility	4.34
Kidney Disease	4.31
Liver Disease	4.25

Factor is in the overall top 10

Survey Question 7: If there is another Health Factor that needs addressing, please specify

- Mental Health:
 - Adverse childhood experiences /child mental health (12)
 - Adolescent health/mental health (3)
 - Mental health (2)
- Specialists/Specialty Care:
 - Autoimmune disease (8)
 - Endocrinology (6)
 - Neurology (6)
 - Rheumatology (4)
 - All childhood specialists (3)
 - Orthopedics (3)
 - Specialists (3)
 - Dental (4)
 - Arthritis & pain management (2)

- Gender affirming care/gender dysphoria (2)
- Geriatrics (2)
- Joints & joint replacements (2)
- Nutrition (2)
- Vision (2)
- Family/primary care providers/internal medicine/preventive care (7)
- Access (3) in network & quality care
- Admission timeline & proper diagnosis (2)
- Health education & awareness (2)
- Patient treatment & staff (2)
- Support for individuals who are alone (i.e. after anesthesia) (2)
- UP Health System is not the best (2)

Survey Question 7 (continued): If there is another Health Factor that needs addressing, please specify

- Specialists/Specialty Care
 - Allergy
 - Asthma
 - Bone issues
 - Brain health and cognition
 - Cancer and related environmental factors
 - Cardiology
 - Childhood cancer
 - Childhood obesity
 - Drug use
 - Eating disorders
 - Fibromyalgia care
 - Genetic testing
 - Hearing
 - High risk pregnancy
 - Home care transition
 - Immunology
 - Infectious disease
 - Mast cell disease
 - Men's health
 - Neonatal care
 - Obstetrics
 - Psychiatry
 - Rare disease care
 - Sleep apnea care
 - Surgical care
 - Urology
 - Women's health

- Access to affordable food/nutrition resources including education & healthy choices for struggling families
- Accountability, loneliness, & bullying
- Affordable healthcare
- Increased awareness of signs of very serious conditions
- Poor healthcare benefits
- Prescription coverage
- Smoking cessation
- Too many barriers to healthcare access
- X-ray availability on the weekends

Survey Question 8: Please rate the importance of addressing each Lifestyle & Personal Factor on a scale of 1 (not important) to 5 (very important).

Weighted average of votes	
Mental health management	4.73
Nutrition	4.49
Abuse & Violence	4.39
Weight management	4.39
Physical inactivity	4.38
Excess drinking	4.29
Sleep management	4.19
Smoking/vaping/tobacco use	4.12
Personal health education	4.07
Excess marijuana use	3.92
Employment status	3.92
Risky sexual behavior	3.78

Factor is in the overall top 10

Survey Question 9: If there is another Lifestyle & Personal Factor that needs addressing, please specify

- Mental Health:
 - Children mental health
 - Children need advocates and places to go.
 Schools are drowning in behavioral issues due to mental health issues.
 - Mental health services specifically for children and families
 - Adverse Childhood Experiences

- Access to care:
 - Insurance (2)
 - Poor healthcare benefits including dental for Lifepoint Employees
 - Specialists (i.e. eye doctors & endocrinology)
 - Affordable dentists & more of them (2)
 - Competent healthcare
- Health awareness including personal responsibility and knowing what medications you are taking (3)
- Healthy aging including hormonal therapy (3)

Survey Question 9 (continued): If there is another Lifestyle & Personal Factor that needs addressing, please specify

- Access to fresh foods in the Upper Peninsula (3)
 - Shifting focus from fast food to slow food. Learning how to cook again
- Addiction to technology/social media (2)
- State of the Nation & supporting DEI initiatives in this critical environment of governmental sources being eliminated (2)
- Accountability and loneliness and bullying
- Affordable healthcare
- Disability safety in the workplace
- Domestic violence
- Education on accepting people's sexual preference or gender
- Income inequity of health care
- Family Caregiving/Additional Layers of Responsibility
- Free senior offerings for gym memberships
- Handicap accessibility
- Home caregivers
- Lots of unemployed people.
- Oral/dental health education
- Parenting education. Many risk factors lead to abuse, violence, and trauma for children.
 Drug and alcohol exposure is included in this subset of issues.

- Personal Budgeting
- Reducing aggressive driving/accidents/drivers' safety
- Time outdoors, community/relationships
- Transportation
- UP Health System Marquette general comments:
 - Inconsistent patient experience
 - Community needs are not always a priority
 - Hospital should focus on health-specific factors

Survey Question 10: Please rate the importance of addressing each Community & Healthcare Services Factor on a scale of 1 (not important) to 5 (very important).

Weighted average of votes	
Housing	4.69
Access to affordable healthcare	4.68
Access to childcare	4.58
Access to convenient healthcare	4.55
Access to healthy food	4.54
Access to senior services	4.45
Access to health prevention & education services	4.38
Education system	4.37
Poverty	4.29
Access to exercise/recreation	4.25
Community safety	4.22
Public transportation	4.10
Language and/or cultural barriers	3.40

Factor is in the overall top 10

Survey Question 11: If there is another Community & Healthcare Services Factor that needs addressing, please specify

- Mental Health:
 - Youth/child psychiatry and mental health (6)
 - Access to behavioral/mental health (4)
 - Adverse childhood experiences
 - Mental health and alcoholism
- Access to care:
 - Access goes hand in hand with cost feasibility
 - Access to care on weekends and evenings
 - Access to competent healthcare
 - Access to comprehensive, wellinformed, inclusive healthcare

- Access to quality healthcare services
- Accessibility to services from the disability aspect
- Families need accessible care
- Getting appointments in a timely manner
- Increased availability of medical services
- Poverty and access to affordable health care
- There is a big lack of community services and resources available
- Access to dental care/affordable dental care (4)

Survey Question 11 (continued): If there is another Community & Healthcare Services Factor that needs addressing, please specify

- Specialists/Specialty Care:
 - Access to quality specialties in a short timeframe (appt within 2 weeks of need rather than current 2-3 months)
 - Access to specialists (inadequate availability in UP)
 - Need more specialists
 - Autoimmune diseases
 - Neurology including referrals
 - Prenatal
- Transportation:
 - Transportation and funds are barriers
 - Accessibility, if someone doesn't have a car and there is snow on the ground, it's extremely dangerous to get around most areas in the Upper Peninsula, causing more falls and car accidents involving pedestrians
- Insurance coverage:
 - Need for more insurance coverage in the area for all forms of health coverage
 - Poor healthcare benefits including dental for Lifepoint Employees
 - Providers that accept specific insurances
- Access to our community leadership
- Access to parenting courses
- Accountability and loneliness and bullying
- Affordable Housing, Childcare
- Affordable recreation
- Availability of local ADL products, wheelchairs, walkers, transfer belts, seat cushions

- Better communication between physicians and health care providers with health providers other than yours. We have several now and communication between them is critical.
- Even though all of these area are important, the hospital should not be addressing other than having social services personnel available
- Handicapped accessibility
- Health education is very poor in the more isolated regions of the UP
- Healthy eating for families and children
- Intergenerational opportunities, placemaking, non active recreation (arts, games, intellectual)
- Lifestyles
 - Services for independent seniors
 - Systemic food systems that are so out of line with the rest of the world
 - Timely access to medical testing and services by hospital
 - We need to remember to meet individuals wherever they are at
 - UP Health System Marquette is not the best (3)

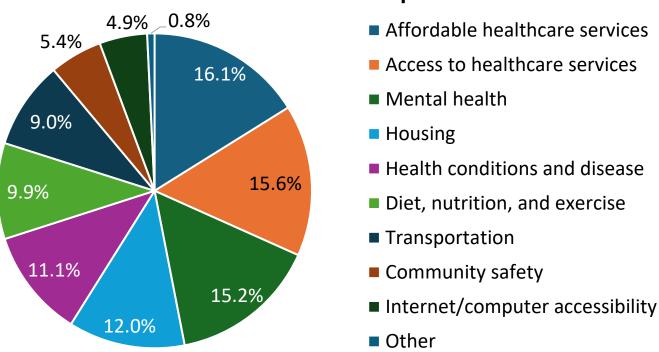
Survey Question 12: Which groups have the highest health needs in your community? (Select all that apply)

Groups with Highest Health Needs	% of Total Votes
Individuals requiring additional health support*	16.8%
Older adults	16.5%
Low-income groups	14.0%
Children	13.0%
Veterans	11.1%
Unsheltered	10.8%
Women	8.7%
LGBTQ+	4.4%
Racial & ethnic minority groups	3.6%
Other	1.0%

^{*}Dialysis, intellectual and development disabilities, severe mental illness, etc.

Survey Question 13: What are the health needs, if any, for the group(s) selected above? (Select all that apply)

Health Needs for Groups Identified



Survey Question 14: How would you rate the quality of healthcare services in your community? (1 star = Poor; 5 stars = Excellent)



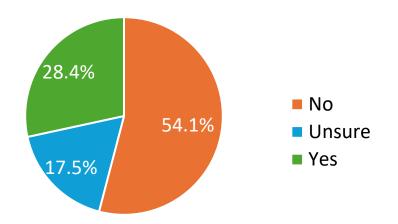
Survey Question 15: How would you rate the convenience of healthcare services in your community? (1 star = Poor; 5 stars = Excellent)



Survey Question 16: How would you rate the affordability of healthcare services in your community? (1 star = Poor; 5 stars = Excellent)



Survey Question 17: Are you aware of efforts to address Behavioral Health in your community in the last 3 years?



Survey Question 18: If yes, please share comments or observations about the positive changes you have seen in the community.

Themes from Comments (91 responses):

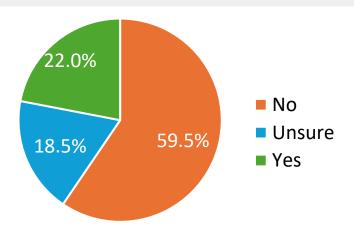
- 1. Need for increased, easier access and providers for mental health (31)
- 2. Community education/awareness (12)
- 3. No improvement noticed/not aware (10)
- 4. Relocating/opening behavioral health clinic (10)
- 5. Aware of all the initiatives (6)
- 6. Lack of/need for improved insurance coverage (4)
- 7. More mental health providers (3)
- 8. Addition of IOP program (2)
- 9. Coordination and collaboration among community stakeholders (2)
- 10. Pilot programs such as Superior Shores Day Treatment (2)
- 11. Increase in telehealth to bridge the gap (2)
- 12. Awareness of UP Wellness Task Force (2)

Survey Question 18 (continued): If yes, please share comments or observations about the positive changes you have seen in the community.

Additional Comments:

- Establishing an Upper Peninsula-based behavioral health partnership
- Having a community document with mental health providers information
- Efforts to increase access to psychiatry services
- Expansion of the CoCM model need to keep expanding behavioral health services
- Seen efforts by public entities (i.e. public library to address behavioral health through educational programs, outreach, and learning opportunities)
- Aware of concerted efforts to ensure full-time coverage for behavioral health coverage
- Have been directed by pediatrician to Dr. Watier and Dr. Bowden
- Huge need in our area. So very happy to hear A new location and new docs are coming
- Appreciate Dr. Mahar and the MSU-CHM Psychiatry Residency track.
- Advocacy for the UP has gained momentum!
- John Kivela building with great lakes recovery
- Keep it up.
- MSUCHM Psychiatric Residency program
- offices closed and the providers were let go or moved on
- Sadly the push for behavioral health support is taking away from other areas of need that are also important.
- The VA Outreach Clinic has both a psychiatrist and counselor who do great service for veterans
- Unite a mental health clinic location opening up
- Attempted to cancel contract of psychologists. Teledocs for inpatient psych not responding promptly. Not working with psychiatrists for acceptable contracts
- Duke Lifepoint and UP Health Systems not the best experience

Survey Question 19: Are you aware of efforts to address Healthy Behaviors in your community in the last 3 years?



Survey Question 20: If yes, please share comments or observations about the positive changes you have seen in the community.

Themes from Comments (67 responses):

- 1. Access to healthy food/addressing food insecurity (i.e. Feed America & Food as Medicine) (20)
- 2. No improvement noticed/not aware (11)
- 3. Access to outdoors/physical activities promoted through local entities (9)
- 4. Cost burden (6)
- 5. Provide more education/awareness (4)
- 6. Increased education/awareness (4)
- 7. Community gardens (3)
- 8. Dr. Bizri (2)
- 9. Transportation improvement needed (2)
- 10. Walk with a Doc (2)
- 11. Aware of all the initiatives (2)

Survey Question 20 (continued): If yes, please share comments or observations about the positive changes you have seen in the community.

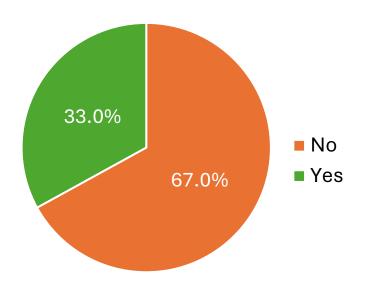
Additional Comments:

- Double up food bucks for food stamp recipients.
- Exercise options for elderly that are not costly is usually the most common complaint that I
 receive from my patients.
- I have not been in the community long enough to have seen the improvements, or have a comparison. However, I am aware there have been concerted efforts to ensure full-time coverage for behavioral health coverage.
- I'd like examples of improving access to healthy food...Our public schools don't even serve healthy food. The new Dollar General in Harvey, some people's only food source, sells nothing fresh.
- It has done nothing to help me personally.
- So much more still to be done. Prevention is key and the health system (including locally, and sadly largely driven by legislative and big pharma decisions resulting in unhealthy practices and after the fact care being funded and therefore pushed to the individual/community) does NOT support basic education nor the community to spread the education.
- There are a LOT of initiatives to address healthy behaviors in Marquette County the challenge is getting those that are not interested to get interested. I also like that there is a nationwide push to "sober curious" or reducing alcohol intake.
- Work of local non-profits to provide access to trail systems. They need more financial support.
- new lifestyle doctor in town
- Marquette/UP as a whole is an active community. Both organized & individual outdoor activities abound, one needs only participate. Addition of two limited time bariatric surgeons to add to the single bariatrician allows for more medical management when needed.
- "I am aware of ""Feed America"" trucks delivering to centralized locations how is this healthy food getting to citizens who need assistance with transportation? School lunches are crap, and the summer lunch program is a joke all the food is over-processed/over-packed. I understand there are limitations on the vendors because of the federal funding used for the nutrition programs. We need to do better for our children. Their learning and their behavior is affected by the meals we are providing them. Access to sports is limited to families with income & highly competitive children. We need to refocus on the children acquiring life-long physical activity habits, instead of focusing on highly competitive sports involvement in our schools. Use schools for teaching all students equally, and take the competitive sports to ""clubs"" outside of the schools environment."
- Keep it up.

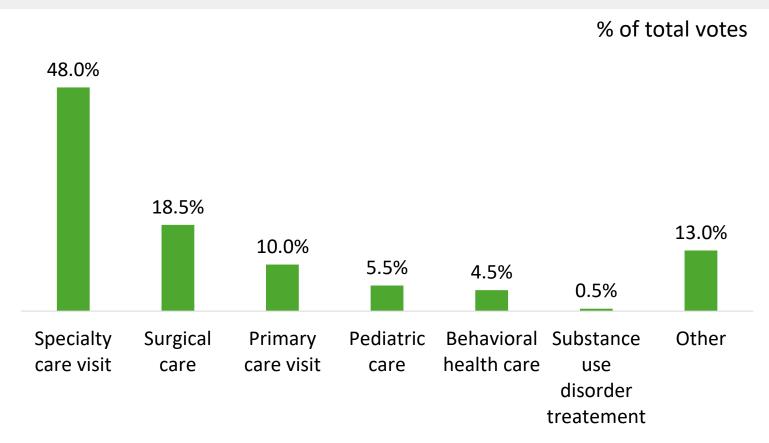
Survey Question 21: Which services do you use for basic health needs? (Select all that apply)

Services Utilized for Basic Health Needs	% of Total Votes
My primary care or family physician	35.5%
Hospital (including ER)	17.3%
Urgent care center	16.3%
Retail clinic (CVS, Walgreens, etc.)	9.9%
Alternative healthcare providers (chiropractors, etc.)	8.1%
Mental health provider	6.6%
Health department	2.3%
School/university nurse	1.3%
Free clinic	0.7%
I do not have a healthcare provider	0.5%

Survey Question 22: In the last 12 months, have you received healthcare outside of your community?



Survey Question 23: Which of the following services did you receive outside the community? (Select all that apply)



Survey Question 24: If you selected yes to seeking specialty care or surgical care outside the community, please specify what services you are seeking.

Specialty & Surgical Care:

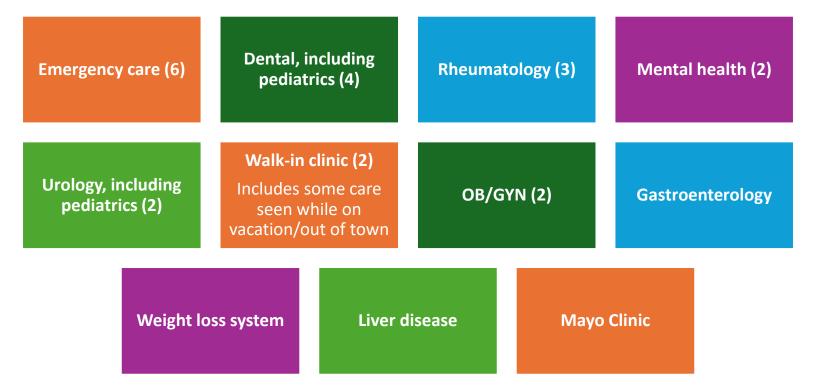
Neurology/ Cardiology/ Endocrinology (13) Rheumatology (18) **Neurosurgery (16)** Cardiovascular (13) **Pediatric Care (11)** (i.e. urology, allergy, ENT, Oncology/ Oncology **Orthopedics/ Orthopedic** Women's Health (7) ER, neuro, dental, gastro, Surgery (9) Surgery (6) surgery, ophthalmology, vascular} **Emergency Care (4)** Includes some care seen Gastroenterology (5) **ENT (4) General Surgery (3)** while on vacation/out of town

- Gender Affirming Care (2)
- Bariatric (2)
- Dermatology (2)
- Pain Management (2)
- Imaging (2)
- Plastic/Plastic Surgery (2)
- Eye Doctor/Eye Care (2)
- Psychiatry/Mental Health (2)
- Allergy (2)
- Integrative Medicine (2)
- Anything to be seen in a timely manner/All services
 (2)
- Thyroid Surgery
- Cardiac Electrophysiology

- Urology
- Podiatry
- Hormone replacement therapy
- Vascular
- None, now. I found a specialist outside the area who had better availability and a history of quality service.
- Quality and effective care, diverse and educated treatment options -FAST and FRIENDLY service -and transparent and affordable or reasonable payment
- Very limited and timely access to quality services locally
- Lack of a good hospital

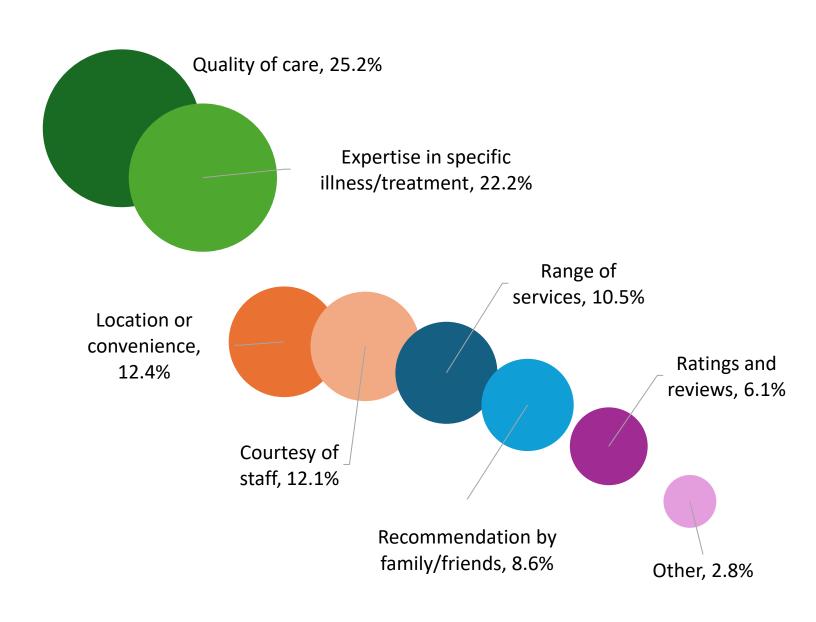
Survey Question 24 (continued): If you selected yes to seeking specialty care or surgical care outside the community, please specify what services you are seeking.

Other:



Survey Question 25: What do you consider to be the most important when considering a healthcare provider? (Select all that apply)

(% of total votes)



Survey Question 26: Which of the following public health services should UP Health System – Marquette and its community partners focus on improving? (Select all that apply)

% of respondents

