Community Health Needs Assessment

UP Health System Marquette

Paper copies of this document may be obtained at UP Health System Marquette 580 W. College Ave. Marquette, MI 49855 or by phone 906-228-9440. This document is also available electronically via the hospital website: www.mgh.org.

UP HEALTH SYSTEM MARQUETTE

A Duke LifePoint Hospital

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Sourced from the Robert Wood Johnson Foundation's County Health Rankings website: http://www.countyhealthrankings.org/roadmaps/action-center

Perspective / Overview

Creating a culture of health in the community

This Community Health Needs Assessment (CHNA) defines 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 the communities served by UP Health System Marquette (Marquette, Delta and Houghton Counties, Michigan). UP Health System Marquette (UPHS Marquette) previously conducted a community health needs assessment in 2012. This assessment analyzes progress since the last assessment as well as defines new priorities for the next three years.

UP Health System Marquette, as the sponsor of this assessment, engaged national leaders in community health needs assessment to assist in the project. Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee was engaged to marshal the process and provide community health data and facilitation expertise. Stratasan provided the analysis of community health data, facilitated the focus group, conducted the UPHS Marquette employee and community physician surveys, and facilitated a Community Health Summit to assist the community with determining significant health needs and goals for improvement.

UP Health System Marquette's Board of Directors approved and adopted this CHNA on August 22, 2016.

Starting on September 30, 2016, this report is made widely available to the community via UP Health System Marquette's website, www.mgh.org, and paper copies are available free of charge at UP Health System Marquette.

Participants

Individuals from over fifty community and health care organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of the UP Health System Marquette community. 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 and had special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community.

Project goals

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

2. To initiate 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 of analyzing changes from 2012's assessment and re-assessing the significant health needs and priorities," said Trent Crable, CEO, UP Health System Marquette Hospital. "It is our goal to use our findings as a catalyst for community mobilization to improve the health of our residents."

"The information we gathered both from public health data and from community members provided the insight the community needed to set priorities for significant health issues and will be used by UP Health System Marquette to create an implementation plan. We hope other community organizations will join us and we can integrate into existing improvement efforts." added Victor Harrington, Regional Director, Marketing and Business Development, UP Health System Marquette. "The Community Health Summit was the final step in the assessment process. Now the real work—improving the health of the community and implementing the ideas presented—begins."

Community Input and Collaboration

Data Collection and Timeline

In February, 2016, UPHS Marquette contracted with Stratasan to assist in conducting a Community Health Needs Assessment for Marquette, Delta, and Houghton Counties. UPHS Marquette sought input from persons who represent the broad interests of the community using several methods:

- 30 community members, employers, not-for-profit organizations (representing various populations including medically-underserved, low-income and minority populations, and children), schools, law enforcement, health providers, and government representatives participated in a focus group for their perspectives on community health needs and issues on February 23, 2016.
- Information gathering, using secondary public health sources, occurred in February and March of 2016.
- 619 UPHS Marquette and Portage employees were surveyed on-line regarding their perspectives on community health status and needs from February 22 to March 22, 2016.
- 140 community physicians were surveyed on-line regarding their perspectives on community health status and needs from February 22 to March 22, 2016.
- Comments received on UP Health System Marquette's 2012 CHNA and implementation strategy were reviewed and analyzed.
- A Community Summit was conducted on April 21, 2016 with 54 community stakeholders. The audience consisted of healthcare providers, the Marquette County and Western UP Health Departments, physicians, business leaders, school systems, government representatives, not-for-profit (mental health, substance abuse, elderly services, domestic violence, homelessness), and other community members.

Participation in the focus group, interviews, and at the Community Summit creating the Marquette, Delta, and Houghton Counties Community Health Needs Assessment and Improvement Plan:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
Lake Superior Community Partnership	Marquette County, Business	Focus Group, Summit
Great Lakes Center for Youth Development	UP Schools and Nonprofits	Focus Group
UPHS Marquette	Healthcare	Summit
Northern Michigan University School of Health and Human Performance	University - young people & range in employees	Focus Group, Summit
UPHS Marquette	Healthcare all ages	Summit
Women's Center	Domestic Violence, Sexual Assault, Adults/Children	Summit
UPHS Marquette		Summit
UPHS	Healthcare / Prevention	Summit
UPHS Marquette	Health Professional	Summit
UPHS Marquette	Healthcare	Summit
UPHS Marquette		Summit
UP AHEC	High school Students, Health Prof	Summit
UPHS - Home Care/ Hospice	Healthcare	Summit
Retired physician	Marquette County	Focus Group

UPHS Marquette	Health Professional	Summit
UP Health Plan - Medicaid/Medicare	Upper Peninsula	Focus Group
Room at the INN	Homeless	Summit
UP Health Systems Physician Services	All	Summit
UPHS Marquette	Medical Doctor	Summit
Community Foundation of the UP, LFFDC	Nine (9) UP Counties	Focus Group, Summit
Marquette County Board of Health	All	Summit
Peter White Public Library	Marquette County	Focus Group
Marquette County Health Dept.	Public Health	Summit
Wright Electric Co, Inc.	Upper Peninsula	Focus Group
UP Health System	Upper Peninsula	Focus Group
Superior Health Foundation	Upper Peninsula	Focus Group, Summit
The Mining Journal	Upper Peninsula, tends toward an older audience	Focus Group, Summit
Bell Auxiliary, RN 501©3	Marquette County	Focus Group, Summit
DLP MGA	Upper Peninsula	Focus Group
Lake Superior Community Partnership and Superior Health Foundation	Marquette County and the Upper Peninsula	Focus Group, Summit
UPHS Marquette	All	Summit
UPHS - Bell	Western Marquette County, seniors, youth	Focus Group, Summit
Marquette Co Board	County Government	Summit
UP Health Marquette	All	Summit
Marquette County Board of Health	All of the above - survivors of domestic violence	Summit
Western Marquette County Health Foundation and Greater Ishpeming Chamber of Commerce	Western Marquette County	Focus Group, Summit
Marquette Alger Medical Control, Regional EMS	Region	Focus Group, Summit
UP Health Systems Marquette	All Laboratory Medicine	Summit
UPHS Marquette		Summit
MAPS Board of Education	Marquette County	Focus Group
Christian Park Village CIENA healthcare	Delta County	Focus Group
Bell Physician Practice		Summit
UPHS - Bell	Healthcare	Summit
Marquette Food Co-op/ UP Food Exchange	UP Everyone eats	Focus Group
Pathways Community Mental Health	Mentally Ill / Developmentally Disorder	Summit
UPHS Marquette		Summit
VAST	Marquette, employers, health insurance	Focus Group
YMCA of Marquette County	Marquette County	Focus Group
UPHS - Marquette United Pres Church - Ishpeming	Violence	Summit
Great Lakes Recovery Centers	Substance Abuse / Mental Health	Summit
Northern Michigan University Health Center	students/faculty/retirees	Focus Group, Summit

UPHS Marquette	Substance use disorders / Mental Health	Summit
North Care Network	Substance Abuse / Mental Health	Summit
Marquette Food Co-op		Summit
Marquette County Administration	Marquette County	Focus Group
City of Marquette	Marquette City	Focus Group
Chocolay TWP		Summit
Bishop Noa Home - Escanaba	Elderly	Summit
Bordel Grill, 906 Adventure Team	Marquette County	Focus Group
UPHS Marquette	All	Summit
UPHS Marquette		Summit
UP Health System	Upper Peninsula	Focus Group, Summit
UPHS CNO	Upper Peninsula	Summit
UP Health System	Entire UP	Focus Group, Summit
GLCYD & 40 below Marquette County YP	UP Schools and Nonprofits; adults 21 - 40	Focus Group, Summit

Input of Public Health Officials

At the Summit held on April 21, 2016 Ray Sharp, Western UP Health Department presented information and priorities from the Western UP Community Health Assessment. Gerald Messana, MPA, Health Officer, Marquette County Health Department presented information and priorities from the Marquette County 2012 Community Health Assessment. The full Western UP Community Health report is available at: http://www.wupdhd.org/community-health/community-health-assessment-2/. The Marquette County focus areas were:

- Obesity Prevention
- Substance Abuse Prevention and Reduction in Tobacco Use
- Access to Health Resources

Four broad themes emerged from the 2015 Western UP Community Health Assessment:

1. The impact of an aging population on rates of disease, community needs and patient mix
2. Disparities based on income and education
3. The importance of prevention to curb the growth of chronic disease and healthcare spending
4. The impact of the Affordable Care Act, and expanded access, on health and the healthcare delivery system

Where there are common initiatives between the state, counties, hospitals, and community groups, coordination of efforts would be ideal.

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

Input was received during the focus group. People representing these communities were intentionally invited to the focus group. Hospital employees and community physicians were also surveyed. They have insight into medically underserved, health needs and the community at-large.

Community Engagement and Transparency

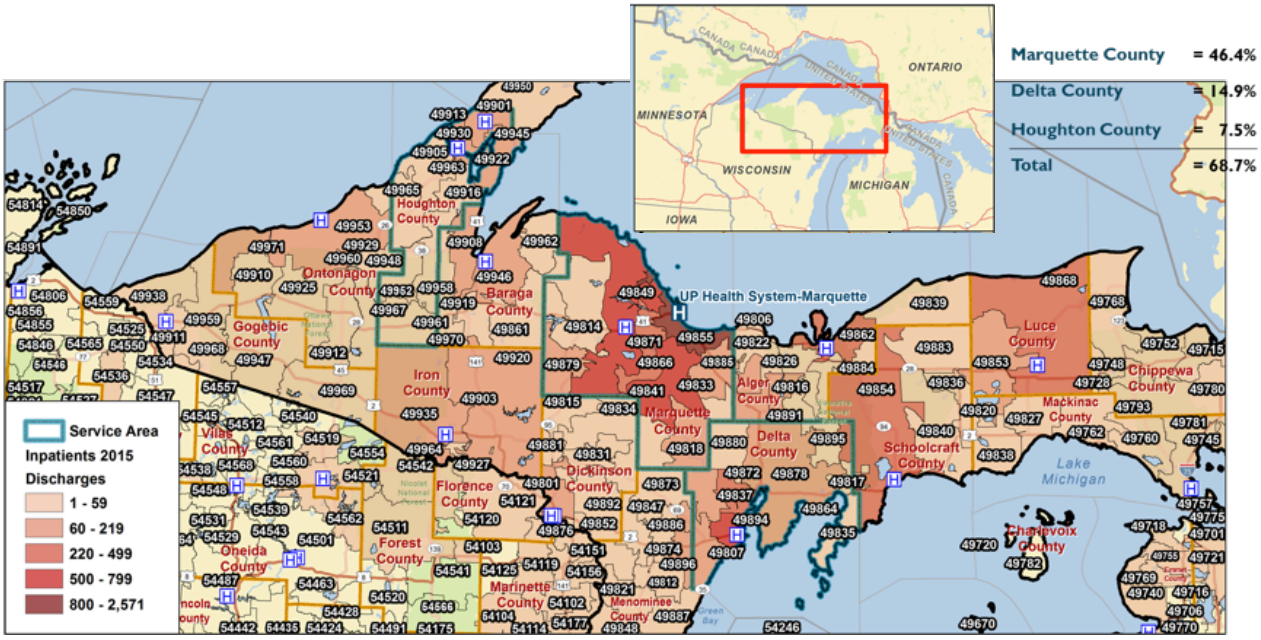
We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope the community will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another, and join in the health improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on UP Health System Marquette's website or by contacting UP Health System Marquette.

Community Selected for Assessment

UPHS Marquette's health information provided the basis for the geographical focus of the CHNA. The map below shows where UPHS Marquette received its patients; most of UPHS Marquette's inpatients come from Marquette, Delta and Houghton Counties (69%). Therefore, it was reasonable to select Marquette, Delta and Houghton Counties as the primary focus of the CHNA. However, surrounding counties could benefit from efforts to improve health in these counties.

The community identified by UPHS Marquette includes medically underserved, low-income or minority populations who live in the geographic areas from which UPHS Marquette draws its 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.

UP Health System Marquette Patients – 2015



Key Findings of the Community Health Assessment

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 of the community's health needs. For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) were not represented in the survey data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

Processes and Methods

Both primary and secondary data sources were used in the CHNA. Primary methods included:

- Community focus group
- Hospital employee and community physician on-line survey

Secondary methods included:

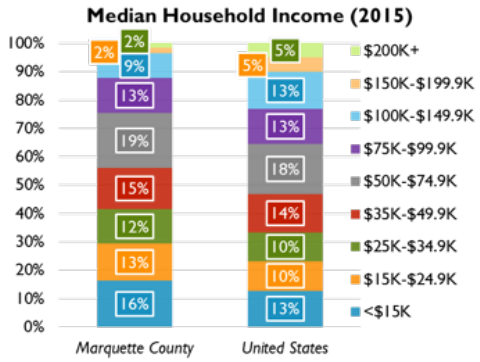
- Public health data – death statistics, County Health Rankings
- Demographics – population, poverty, uninsured
- Psychographics

Demographics of the Community

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

	Marquette County	Michigan	USA
Population (2015)	67,611	9,870,786	318,536,439
Median Age (2015)	40.2	39.9	37.9
Median Household Income (2015)	$42,522	$49,402	$53,217
Annual Pop. Growth (2015-20)	0.18%	0.15%	0.75%
Household Population (2015)	28,267	3,902,559	120,746,349
Dominant Tapestry (2015)	Green Acres (6A)	Salt of the Earth (6B)	Green Acres (6A)
Businesses (2015)	3,222	403,850	13,340,415
Employees (2015)	39,095	4,875,706	158,567,719
Medical Care Index* (2015)	79	93	100
Average Health Expenditures (2015)	$1,666	$1,957	$2,098
Total Health Expenditures (2015)	$47.1 M	$7.6 B	$253.3 B

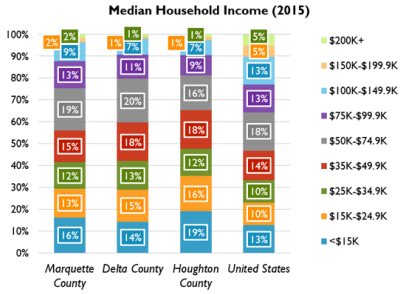
Racial and Ethnic Make-up	
White	93%
Black	2%
American Indian	2%
Asian/Pacific Islander	1%
Mixed Race	0%
Other	2%
Hispanic Origin	2%



- The population of Marquette County was projected to increase slightly from 2015 to 2020 (0.18% per year), more than the rate of MI (0.15%) but less than the U.S (0.75%).
- Marquette County was older (40.2 median age) than MI, and the U.S. and had lower median household income ($42,522) than MI and the U.S.
- The medical care index measures how much the county spent out-of-pocket on medical care services. The U.S. index was 100. Marquette County (79 index) spent 21% less than the average U.S. household out-of-pocket on medical care (doctor's office visits, prescriptions, hospital).
- The racial make-up of Marquette County was 93% white, 2% black, 2% American Indian, 4% other, and 2% were of Hispanic origin.
- The income distribution of Marquette County was 13% higher income (over $100,000), 58% middle income, and 29% lower income (under $24,999).

	Delta County	Houghton County	Michigan
Population (2015)	37,265	37,362	9,870,786
Median Age (2015)	46.8	33.6	39.9
Median Household Income (2015)	$40,503	$36,454	$49,402
Annual Pop. Growth (2015-20)	0.13%	0.26%	0.15%
Household Population (2015)	16,186	14,569	3,902,559
Dominant Tapestry (2015)	Salt of the Earth (6B)	Small Town Simplicity (12C)	Salt of the Earth (6B)
Businesses (2015)	1,934	1,770	403,850
Employees (2015)	19,488	16,425	4,875,706
Medical Care Index* (2015)	78	70	93
Average Health Expenditures (2015)	$1,628	$1,471	$1,957
Total Health Expenditures (2015)	$26.3 M	$21.4 M	$7.6 B

Racial and Ethnic Make-up	
White	94%
Black	0%
American Indian	3%
Asian/Pacific Islander	1%
Mixed Race	0%
Other	2%
Hispanic Origin	1%



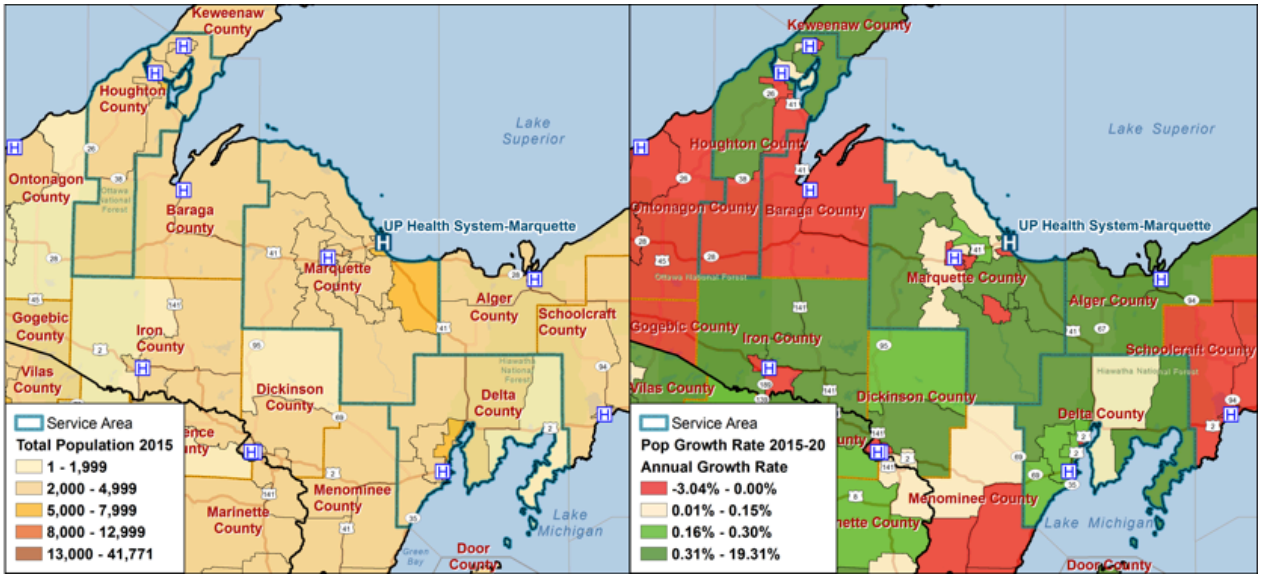
Delta County

- The population of Delta County was projected to increase slightly from 2015 to 2020 (0.13% per year), less than the rate of MI (0.15%) and the U.S. (0.75%).
- Delta County was significantly older (46.8 median age) than MI and the U.S. and had lower median household income ($40,503) than both MI and the U.S.
- The medical care index measures how much the county spent out-of-pocket on medical care services. The U.S. index was 100. Delta County (78 index) spent 22% less than the average U.S. household out-of-pocket on medical care (doctor's office visits, prescriptions, hospital).
- The racial make-up of Delta County was 94% white, 3% black, 4% "other", 1% mixed race, and 3% were of Hispanic origin.
- The income distribution of Delta County was 15% higher income (over $100,000), 61% middle income, and 23% lower income (under $24,999).

Houghton County

- The population of Houghton County was projected to increase from 2015 to 2020 (.26% per year), higher than the rate of MI at .15%, but lower than the U.S. at .75%
- Houghton County was younger (33.6 median age) than MI and the U.S. and had lower median household income ($36,454) than both MI and the U.S.
- The medical care index measures how much the county spent out of pocket on medical care services. The U.S. index was 100. Houghton County (70 index) spent 30% less than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital).
- The racial make-up of Houghton County was 94% white, 1% black, 1% American Indian, 3% Asian/Pacific Islander, 2% some other race, and 1% Hispanic origin.
- The income distribution of Houghton County was 9% higher income (over $100,000), 56% middle income and 35% lower income (under $24,999).

2015 Population by Census Tract and Population Change 2015-2020



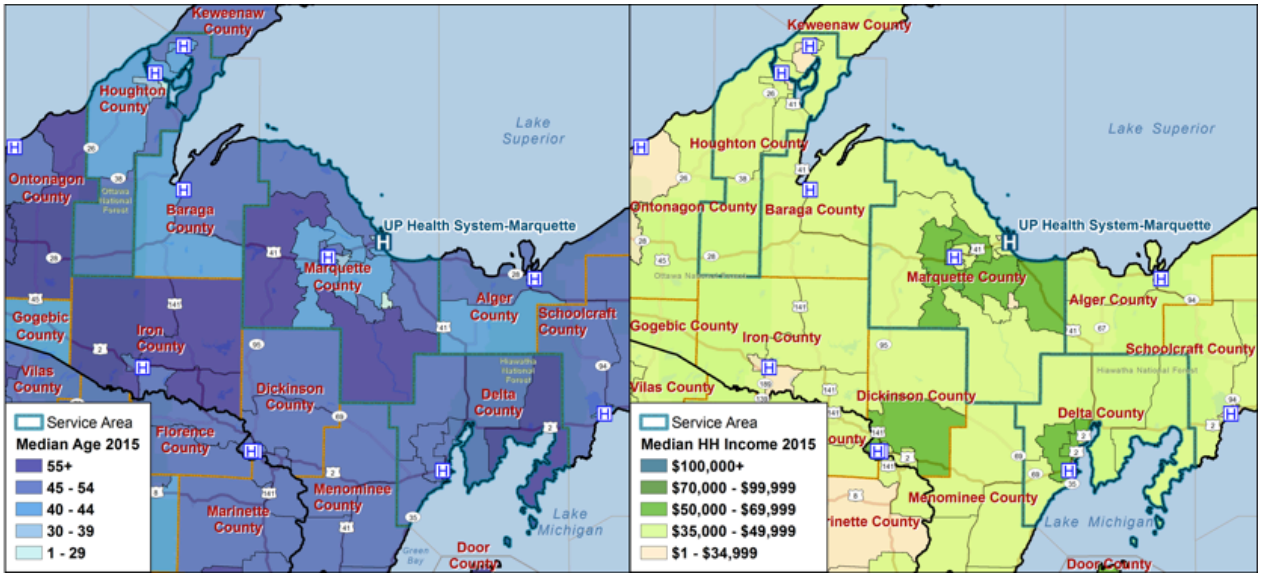
Source: Esri

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There were some higher populated tracts in eastern Marquette County and northern Escanaba.

As we saw in the demographic table, the populations are projected to grow in the three counties. Marquette County had pockets of population decline, but most of the county was projected to increase. Northern Houghton County was growing and the southern portion of the county was projected to decline. In Delta County, all census tracts were projected to increase in population.

2015 Median Age

2015 Median Income

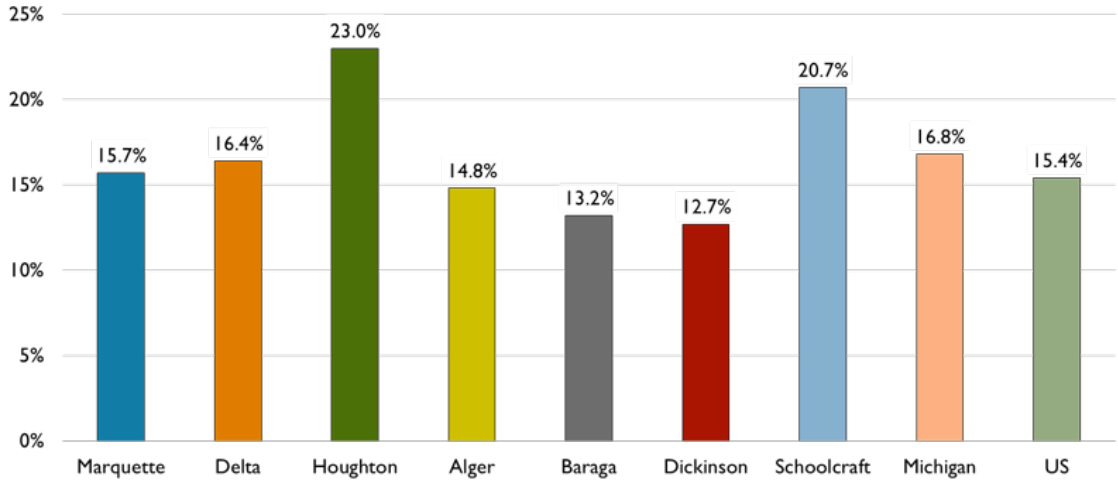


Source: Esri

These maps depict median age and median income by census tract. There were two tracts in the 55+ range in Marquette County in the southwest and southeastern corners of the county. There was one younger tract, south of Marquette. Houghton County was younger with one younger tract at Michigan Tech.[1] There were three older tracts median age 45-54, one in the south of the county, one south of Hancock and one north of Calumet. Delta County was much older than the other two counties with most of the older population located in the eastern portion of the county.

Lower median household income ($1-$34,999) was the predominant median income in most census tracts. Marquette County had some higher income ($50,000-69,999) located south of Marquette and surrounding Ishpeming. The same income group was located north and west of Escanaba. Not all households were at the median in a census tract, but these are indicators of segments of the population that may need focused attention.

Poverty Rates



The rate of poverty in Marquette County was 15.7% (2009-2013 data), which was below MI (15.5%) and the US (15.4%). It was also lower than the contiguous counties to Marquette except Dickinson which had the lowest poverty rate of the compared geographies at 12.7%. Houghton was the highest with 23% persons below the poverty level. Delta had 16.4% of the population in poverty, higher than Marquette County.

Unemployment for Marquette was 4.4%, 5.3% for Delta, and 4.6% for Houghton compared to 5.1% for Michigan and 5.3% for the US. Unemployment decreased significantly in the last few years.

Health Status Data

The leading causes of death in in all three counties was heart disease followed by Cancer. Lagging behind were chronic lung disease, and stroke. In Marquette, Alzheimer's disease was forth followed by stroke and accidents. Marquette County had higher death rates in chronic lung disease, stroke and Alzheimer's than MI and the US. Delta and Houghton had higher death rates in all measured causes than MI and the US: heart disease, cancer, chronic lung disease, and stroke. Houghton also had higher death rates for Alzheimer's disease. *Source: 2014 Michigan Death Certificate Registry, Division for vital records and health statistics, Michigan Department of Health; National Center for Health Statistics.*

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

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin,[2] Marquette County ranked 15th healthiest county in Michigan out of the 83 counties ranked (1= the healthiest; 83 = unhealthiest). County Health Rankings suggested the areas to explore for improvement in Marquette County were: Adult smoking, adult obesity, and excessive drinking. The areas of strength were identified as lower physical inactivity, teen birth rate, percent uninsured, lower population to primary care physicians and dentists, lower preventable hospitals stays, mammography screening, high school graduation, percentage with some college, lower percentage of children in poverty, and higher social associations.

Delta County ranked 25th and Houghton ranked 16th out of 83 Michigan Counties. County Health Rankings suggested the areas to explore for improvement in Delta County were: Adult smoking, adult obesity, and unemployment. The areas of strength were identified as lower physical inactivity, lower percent uninsured, lower population to primary care physicians, lower preventable hospital stays, higher mammography screening, higher high school graduation and higher percentage of some college, and no drinking water violations in FY2013-FY2014.

County Health Rankings suggested the areas to explore for improvement in Houghton County were adult smoking and adult obesity. The areas of strength were identified as lower physical inactivity, lower uninsured, lower population to primary care physicians, lower preventable hospital stays, higher mammography screening, higher high school graduation and higher percentage with some college and no drinking water violations in FY2013-FY2014.

When analyzing the health status data, local results were compared to Michigan, the US (where available) and the top 10% of counties in the U.S. (the 90th percentile). Where the three Counties' results were worse than the State and U.S., we saw an opportunity for group and individual actions that result in improved community ratings. There were several lifestyle gaps that needed to be closed to move the three counties up the ranking to be the healthiest communities in Michigan and eventually the Nation. For additional perspective, Michigan was ranked the 35th healthiest state out of the 50 states.

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

Focus Group, Survey Results, Health Status Comparisons

Focus Group Results

Thirty community stakeholders participated in a focus group on February 23, 2016 for their input into the community's health. There was broad community participation in the focus group representing a range of interests and backgrounds. Below is a summary of the 90-minute discussion.

- The group described the health of the community as varied due to a struggling economy and health being related to the socioeconomics of an area.
- When asked about the biggest health issues and needs for the three counties, the group mentioned:
    - Substance abuse
    - Lack of specialists and primary care providers
    - Mental Health
    - Lack of access in more rural parts of the counties
    - Proper nutrition for seniors and children
    - Homelessness
    - Economics
    - Transportation issues
    - Knowledge of resources available
    - Overfed and undernourished children, inactivity
    - Family structure lacking
- When asked about the changes since the 2013 CHNA the group responded that the community is more aware of health issues, more talk about nutrition, farmer's markets, hoop houses and farm to table. There is more participation in community-wide physical events.
- The barriers to improving health were listed as providers for substance abuse, poverty and identifying and engaging populations that need help.
- The group thought the biggest barriers to improving health in the last three years and moving forward were:
    - Lack of affordable housing, medications, healthcare
    - People taking responsibility for their health
    - Public policy failure to expand Medicaid
    - Culture and environment
    - Socioeconomics
    - Jobs that don't offer health insurance
    - Criminals being returned to the community
    - Inner city churches seem interested in the people inside their walls not in the community
    - Education – 80% of heart disease is preventable
    - Generational issues – smoking, drinking, public housing and incarceration

- The group listed the following as community assets to support health:
    - Trail system for all seasons
    - NMU – training programs, community of life-long learners
    - YMCA
    - Library
    - UP Children's Museum
    - Trillium House – residential hospice
    - Senior Centers
    - Escanaba Public Safety program to rehabilitate drug offenders instead of arresting them
    - Foundations
    - Not-for-profits
    - UP Health System
    - Sisu – resilience of the people
    - Newspaper and media
    - Health Department
    - Suicide Alliance
    - UP Health Plan
    - Business community
    - 211
    - Food Co-op
    - Local Churches
    - Senior Transportation program
- When asked, "if you had the power you so richly deserve, what priority health improvement initiatives should the three counties focus on", the group responded:
    - Addiction medicine to treat substance abuse
    - Family orientation – how to raise better parents
    - Food
    - A path out of public assistance
    - Education and resources focused on children
    - Need another pathway to jobs besides college – trade schools
    - Keep the healthcare community healthy because it's the largest employer
    - All working together to find solutions
    - Healthcare access
    - Job creation
    - Spiritually-based schools
    - Job-ready school training

Community Physician and UPHS Marquette Employee On-line Survey

428 UPHS Marquette employees and 126 community physicians responded to an on-line survey regarding their perspectives on community health status and needs in Marquette and Delta Counties from February 22 to March 22, 2016. Most of the UPHS Marquette employees and physicians were members of the local community and had unique insight into the health status of the community.

- 62% of hospital employees responded the community's health was fair, 27% responded, good, 6% responded poor, and 1% responded excellent and 4% didn't know. These results were compared to the physician's responses to the same question in their survey. 57% of physicians responded, fair, 32% good, 6% poor and 2% excellent. Two percent didn't know.
- 89% of employees believed cancer was the most prevalent chronic disease followed by obesity (74%), high blood pressure (62%), heart disease (60%), mental health (58%) and diabetes (48%). 87% of physicians believed cancer was the most prevalent chronic disease in the community followed by obesity (69%), heart disease (60%), high blood pressure (46%), mental health (44%) and diabetes (33%).
- When asked about the top three issues impacting people's health, mental and behavioral health services were first with 41%, affordable healthcare was second with 39% and third was affordable health insurance with 37%. When physicians were asked, they responded mental and behavioral health at 45%, followed by affordable healthcare, people taking personal responsibility for their lifestyle and health and more primary care physicians, all at 29%.
- For employees, the top health concerns for children were: physical activity (62%), responsible, involved parents (48%) and healthy diet (46%). For physicians the order was the same as for employees.
- Affordable healthcare (48%), affordable insurance (42%) and financial assistance (39%) were seen as most needed by people in the community in order to manage their health more effectively for employees. For physicians, Affordable healthcare (40%), more integrated approaches among providers to coordinate patient care (40%), and training on how to care for their condition(s) (35%) were seen as most needed by people in their community to manage their health more effectively.

191 UPHS Portage employees and 14 community physicians responded to an on-line survey regarding their perspectives on community health status and needs in Houghton County from February 22 to March 22, 2016. Most of the UP Health System Portage employees and physicians were members of the local community and had unique insight into the health status of the community.

- 67% of hospital employees responded the community's health was fair, 25% responded, good, 7% responded poor, and 4% didn't know. None responded with excellent. These results were compared to the physician's responses to the same question in their survey. 57% of physicians responded, fair, 43% good, no poor or excellent.
- 85% of employees believed obesity was the most prevalent chronic disease followed by diabetes (83%), high blood pressure (72%), mental health (67%), and cancer (55%). 79% of physicians believed obesity was the most prevalent chronic disease in the community followed by diabetes and mental health both with 57%. Heart disease was next (50%), and high blood pressure (43%).
- When asked about the top three issues impacting people's health, mental and behavioral health services were first with 47%, affordable healthcare was second with 46% and third was affordable health insurance

with 34%. When physicians were asked, they responded mental and behavioral health at 79%, followed by substance abuse (50%), then affordable health care and health insurance both at 29%.

- For employees, the top health concerns for children were: physical inactivity (59%), lack of a healthy diet (50%) and responsible, involved parents (44%). For physicians the concerns were physical inactivity (62%), lack of a healthy diet (46%) and mental health services (46%).
- Affordable healthcare (55%), affordable insurance (46%) and financial assistance (43%) were seen as most needed by people in the community in order to manage their health more effectively for employees. For physicians, transportation (43%), affordable healthcare and financial assistance (36%), were seen as most needed by people in their community to manage their health more effectively.

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the Community Health Needs Assessment in addition to the previously reviewed information and other public health data. Other data analyzed was referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus group, and surveys of the hospital employees. When data was available for Michigan, the US or the top 10% of counties (90th percentile), they were used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is called out below. Strengths are important because the community can build on those strengths and it's important to continue focus on strengths so they don't become opportunities for improvement. The full data analysis can be seen in the complete CHNA PowerPoint. There were strengths and weaknesses identified for measures and for the counties. Opportunities were denoted with red stars, and strengths were denoted using green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data was contained in the source notes below the graphs.

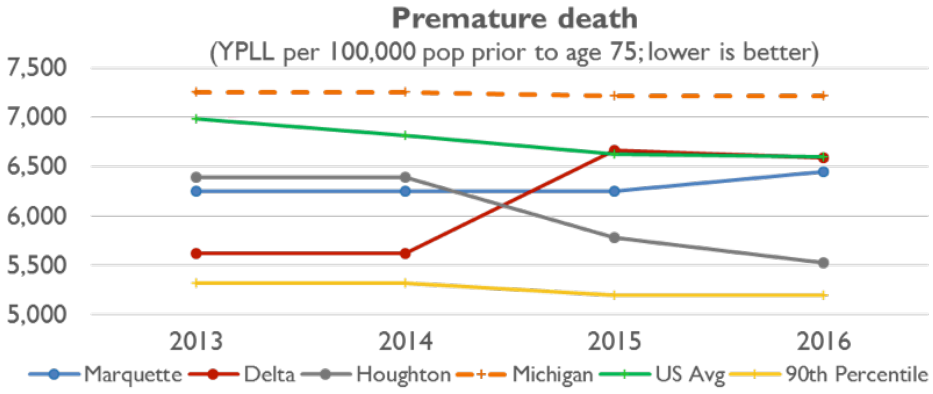
Leading Causes of Death: Age-adjusted deaths per 100,000

Cause of Death	Marquette Co.	Delta Co.	Houghton Co.	Michigan	US
Heart Disease	178.9	216.8	203.4	199.9	167.0
Cancer	161.3	177.8	180.3	173.3	161.2
Chronic Lung Disease	46.9	49.9	*	44.1	40.5
Stroke	41.1	45.1	49.4	37.7	36.5
Accidents	35.8	*	*	41.2	40.5
Alzheimer's Disease	43.2	*	51.7	26.9	25.4
Diabetes	*	*	*	23.6	20.9
Influenza and Pneumonia	*	*	*	15.4	15.1
Kidney Disease	*	*	*	15.1	13.2
Suicide	*	*	*	13.2	13.0

Red areas had death rates higher than the state. The leading causes of death in in all three counties was heart disease followed by cancer. Lagging behind were chronic lung disease, and stroke. In Marquette, Alzheimer's disease was forth followed by stroke and accidents. Marquette County had higher death rates in chronic lung disease, stroke and Alzheimer's than MI and the US. Delta and Houghton had higher death rates in all measured causes than MI and the US: heart disease, cancer, chronic lung disease, and stroke. Houghton also had higher death rates for Alzheimer's disease. *Source: 2014 Michigan Death Certificate Registry, Division for vital records and health statistics, Michigan Department of Health; National Center for Health Statistics*

Health Outcomes (Length of Life and Quality of Life)

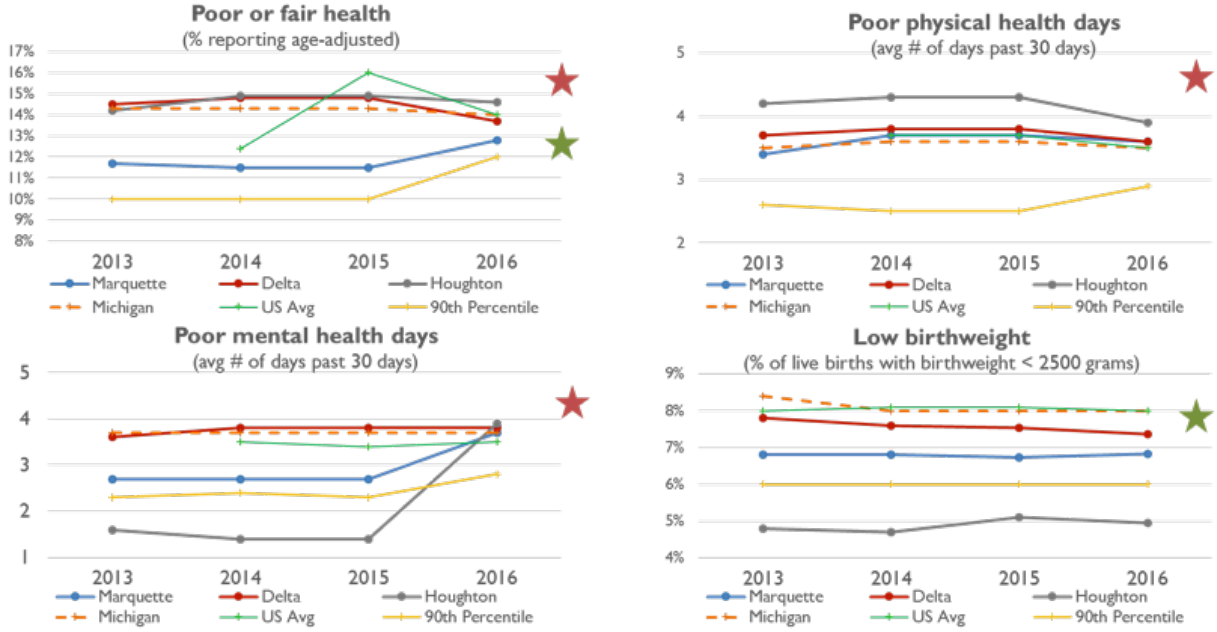
Health Outcomes were a combination of length of life and quality of life measures. Marquette ranked 21st, Delta 34th and Houghton 13th in Health Outcomes out of 83 Michigan counties. Length of life was measured by years of potential life lost per 100,000 population prior to age 75.



Source: County Health Rankings; National Center for Health Statistics – Mortality File, 2011-2013

In most of the following graphs, Marquette County will be blue, Delta red, Houghton gray, Michigan orange, US green and the 90th percentile gold.

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. Marquette County ranked 29 out of 83 counties for quality of life, Delta ranked 51st and Houghton ranked 24th.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014
Source: County Health Rankings: National Center for Health Statistics – Natality files (2007-2013)
**indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 cannot be compared to prior year results.*

Strengths

- Length of life as measured in years of potential life lost (YPLL) per 100,000 population prior to age 75, Houghton County was below the other two counties, Michigan and the US. Marquette was below Michigan and slightly below the US. Delta was equal to the US, but still below Michigan.
- Marquette County had a lower percentage of poor or fair health than MI and the US.
- Houghton, Marquette and Delta Counties had a lower percentage of low birthweight babies, less than 5.5 pounds, than MI and the US.

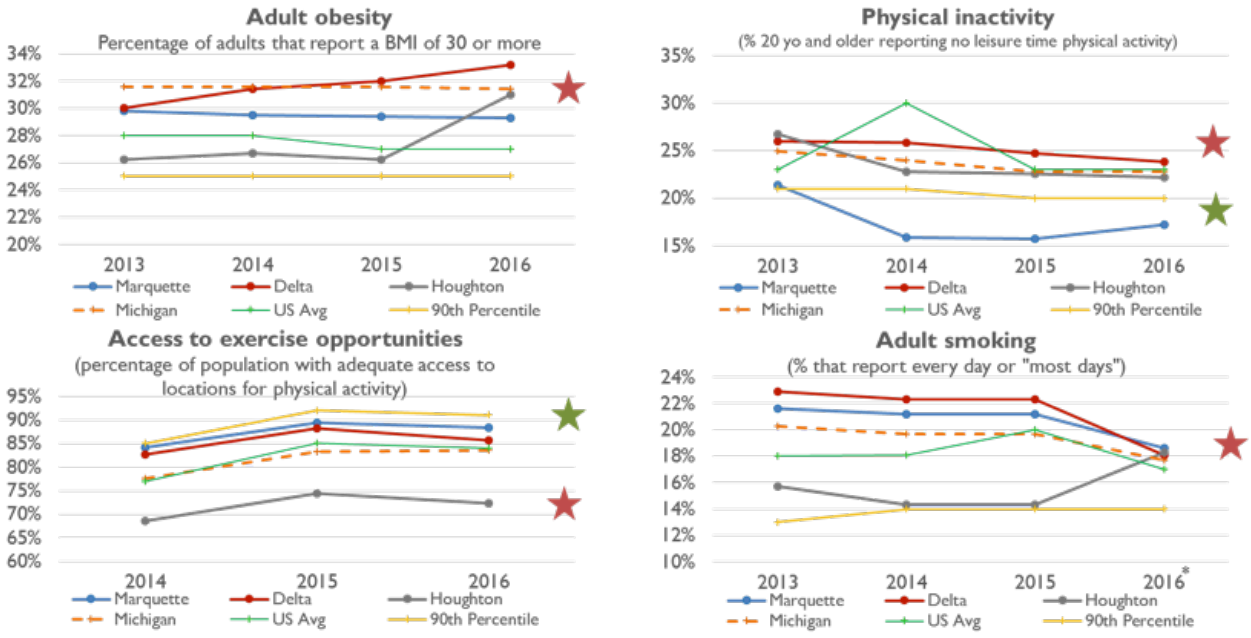
Opportunities

- Houghton County had a higher average percentage reporting poor or fair health and poor physical health days than Michigan and the U.S.
- All three counties had a slightly higher number of poor mental health days than the US.

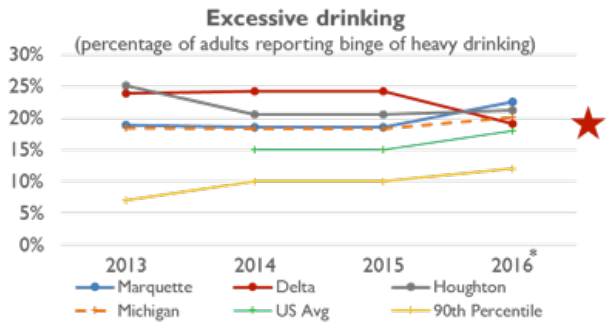
Health Factors or Determinants

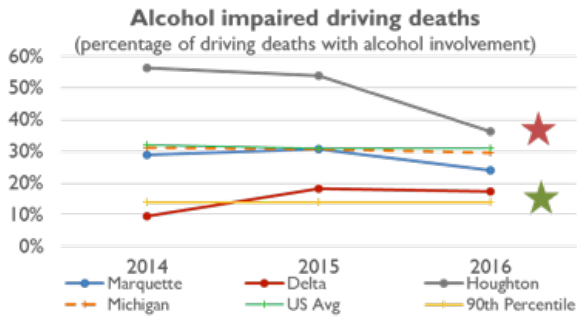
Health factors or determinants were comprised of measures of related to health behaviors, clinical care, social & economic factors, and physical environment. Health behaviors are made up of nine measures. Health behaviors account for 30% of the county rankings. Marquette ranked 27th, Delta 29th and Houghton 11th out of 83 counties in Michigan.

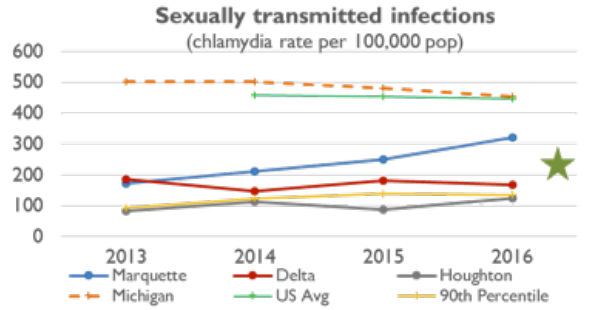
Health Behaviors

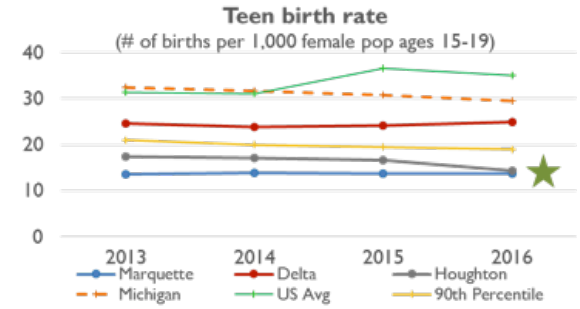


Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012
Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and US Census Tigerline Files, 2013
Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)

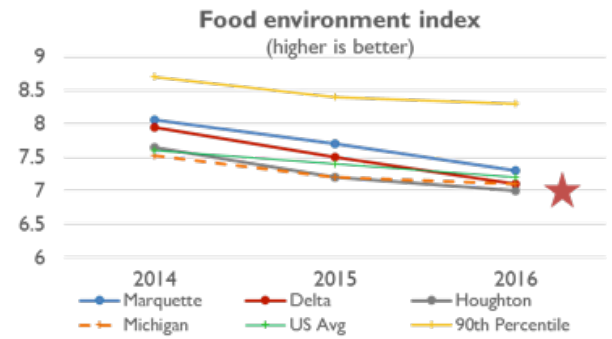


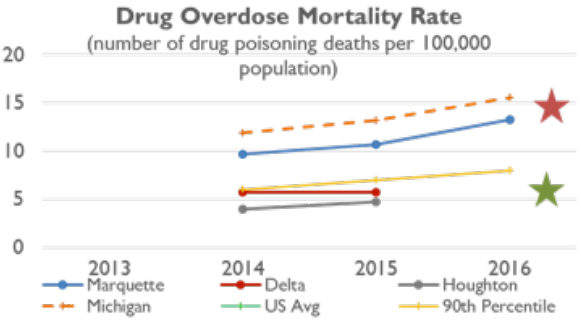






Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014
Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014
Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013
Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2007-2013





The food environment index is a 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.

Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013
Source: County Health Rankings; CDC WONDER mortality data, 2012-2014

Strengths

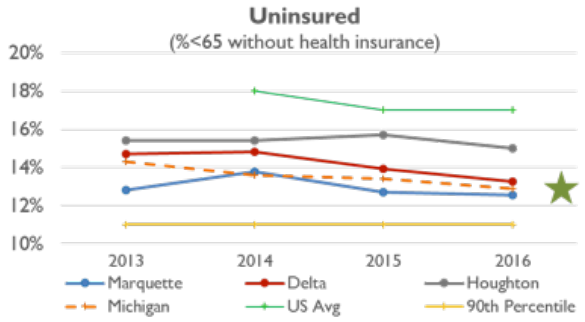
- Physical inactivity was very low in Marquette County, below the top 10% of counties in the US.
- Access to exercise opportunities increased in each geography analyzed, and Marquette approached the top 10% of counties.
- Delta and Marquette Counties had low alcohol impaired driving deaths (although on the rise in Delta).
- Marquette, Delta and Houghton Counties had a low chlamydia rate per 100,000 population (although Marquette is on the rise).
- Marquette, Houghton and Delta Counties birth rates were lower than MI. Marquette and Houghton are in the top 10% of counties in the US.
- Drug overdose mortality rates were lower in Houghton and Delta in 2015 in the top ten percent. Marquette is also lower than MI, but is increasing.

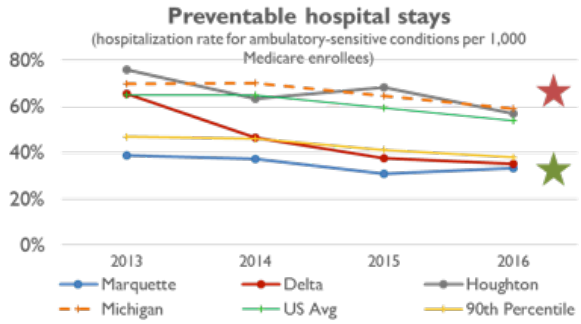
Opportunities

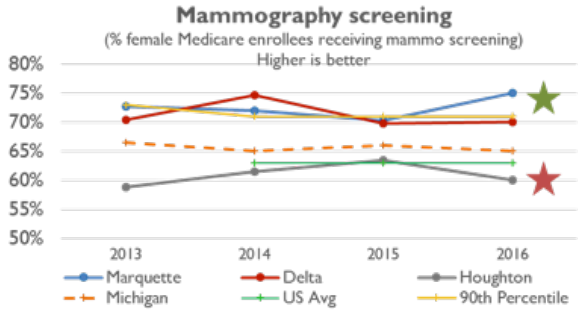
- Adult obesity was higher in Delta County than MI. Adult obesity in Houghton and Marquette was higher than the US. Obesity percentage, and it puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It had been implicated in Alzheimer's. It often leads to metabolic syndrome and type 2 diabetes. It was a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others. A link had been found between migraines and obesity.
- Adult smoking for the three counties was slightly higher than MI and the US, and was still considerably higher than the Healthy People 2020 goal of 12%. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking was identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight, and other adverse health outcomes.
- The Esri out of pocket spending data revealed areas of very heavy smoking in all three counties, primarily northern Houghton County, Southern Marquette County and northwestern Delta County.
- Physical inactivity is higher in Delta County.
- Access to exercise opportunities is lower in Houghton County.
- Delta County's rate of excessive drinking was as high as Georgia's rate. Their percentage of alcohol-impaired driving deaths was also high.
- Marquette, Delta and Houghton County's excessive drinking was higher than the US.
- Houghton County's Alcohol impaired driving deaths was higher than all other geographies, but is declining.
- The US and Michigan are experiencing an epidemic of drug overdose deaths. Since 2002, the rate of drug overdose deaths increased by 79% nationwide. Marquette County had a drug overdose mortality rate of 13 per 100,000 population and increasing. *Source: CDC WONDER mortality data, 2012-2014.*

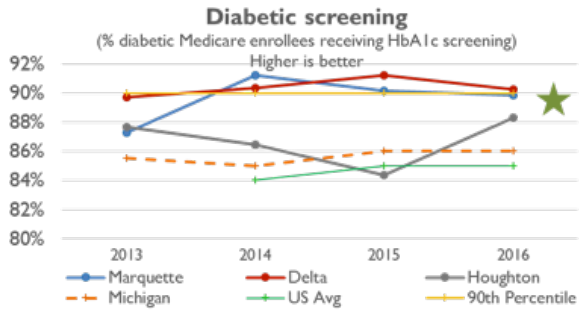
Clinical Care

Clinical care ranking is made up of eight indicators and they account for 20% of the county rankings. Marquette ranked 3rd in clinical care, Delta 12th and Houghton 44th.

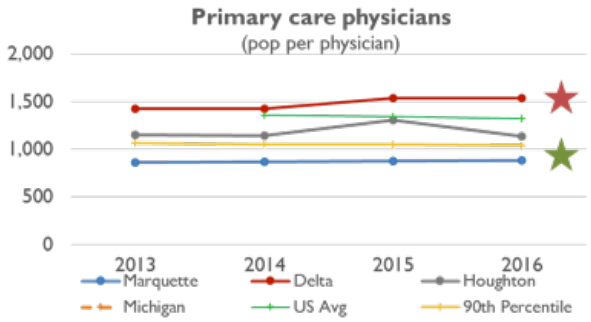


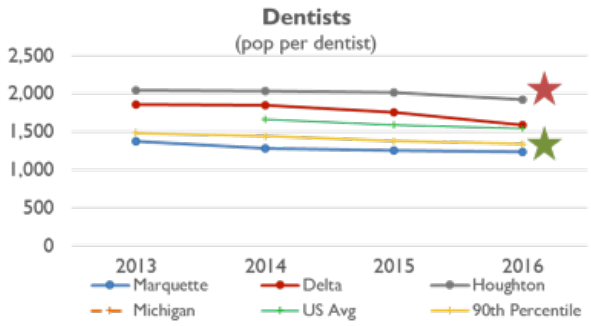


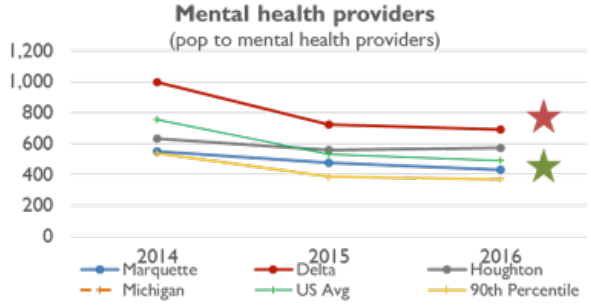


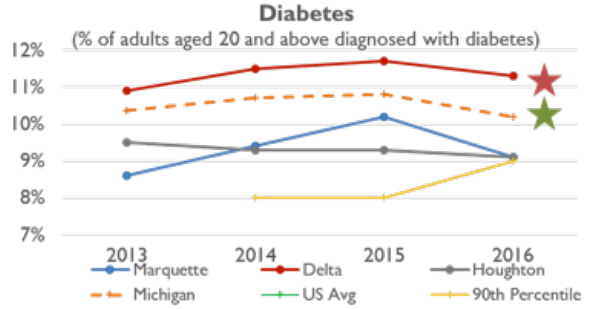


Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013
Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, 2013









Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2013
Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2014
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) County Health Rankings; CMS, National Provider Identification, 2014
Source: County Health Rankings; CDC Diabetes Interactive Atlas, 2013

Strengths

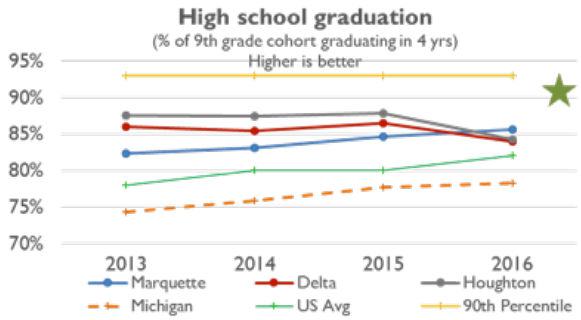
- Lower uninsured in Marquette County. Delta was equal to the Michigan uninsured rate, all below the US.
- Mammography screening was high at 65% for Marquette and Delta Counties.
- Preventable hospital stays were very low for Marquette and Delta Counties.
- Diabetic screening percentages were high for Delta and Marquette, and Houghton is higher than MI and the US.
- Population per primary care physician in Marquette County was low, but Marquette County serves as a healthcare destination for surrounding counties.
- Population per Dentists in Marquette County was low.
- Population to mental health professional was lower in Marquette County than the US.
- Percent of adults with diabetes was lower in Marquette and Houghton Counties than MI.
- The population visited physicians more than the US in general. The Esri out of pocket spending data revealed higher physician office visit utilization in all three counties.

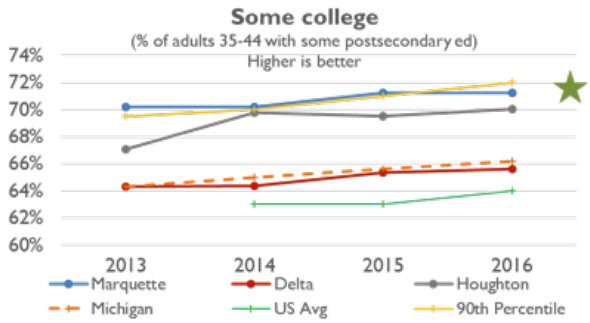
Opportunities

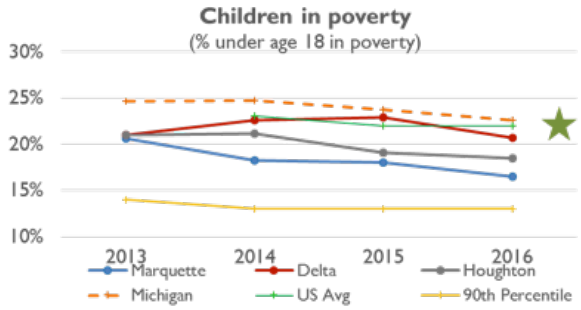
- Lower mammography screening for Houghton County, below the US and MI.
- Population to primary care physician in Delta County was higher than the US.
- Population to dentists were higher for Houghton County.
- Population to mental health providers were high for Delta and Houghton.
- The percent of adults with diabetes was higher in Delta County, above MI.

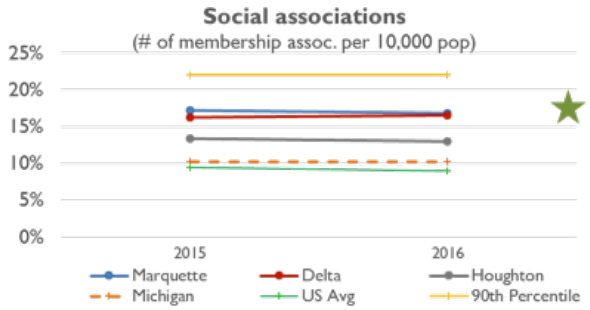
Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Marquette ranked 11th, Houghton 17th and Delta 22nd out of 83, which put them all in the top quarter of the state.

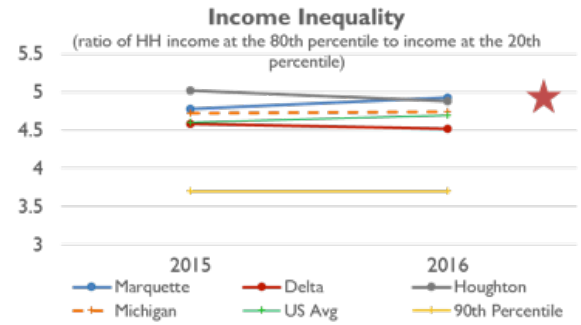


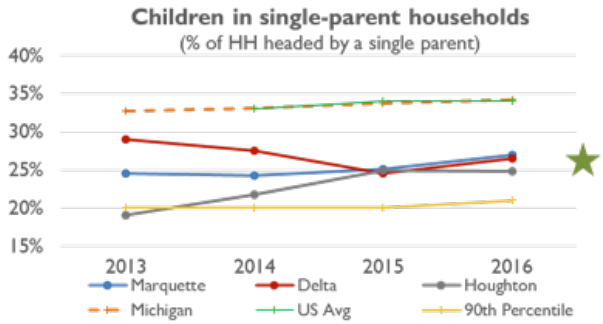


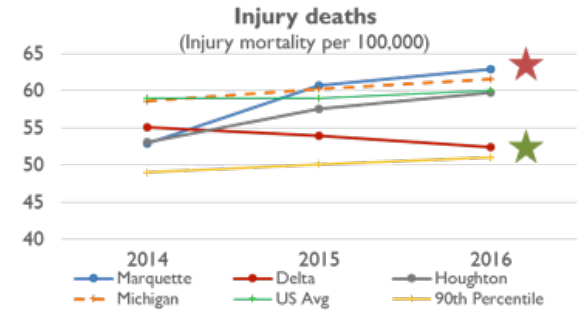


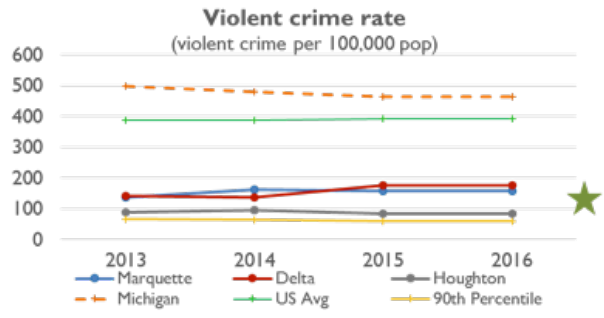


Source: High School graduation – County Health Rankings; States to the Federal Government via EDFacts, 2012-2013
Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014
Source: Children in poverty - County Health Rankings; US Census, Small Area Income and Poverty Estimates, 2014
Source: Social associations - County Health Rankings; County Business Patterns, 2013









Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2010-2014
Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014
Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2009-2013
Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2011 - 2013

Strengths

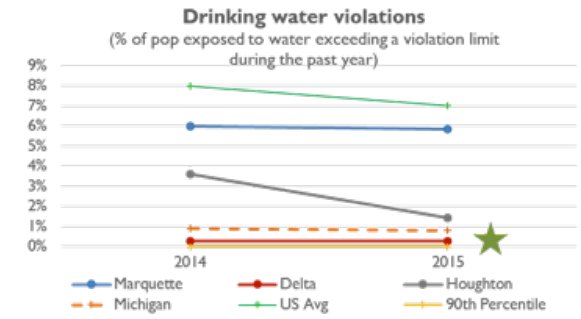
- Higher high school graduation in Marquette, Delta and Houghton than the US and MI.
- Higher percentage of adults with some college is very high in Marquette and Houghton, approaching the 90th percentile.
- The percentage of children in poverty was lowest in Marquette, approaching the 90th percentile and declining. Houghton and Delta's percentages were also lower than MI and the US.
- The number of membership associations per year per 10,000 population was higher than Michigan and the US for all three counties. 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. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- Violent crime was low in Marquette, Delta and Houghton Counties. However, there is a census tract in northern Ishpeming that has a higher crime index than the US.
- Injury deaths were low for Delta approaching the 90th percentile.
- Unemployment in Marquette and Houghton Counties was low 4.4%, 4.6%. Delta County was slightly higher than MI and same as the US at 5.3%.

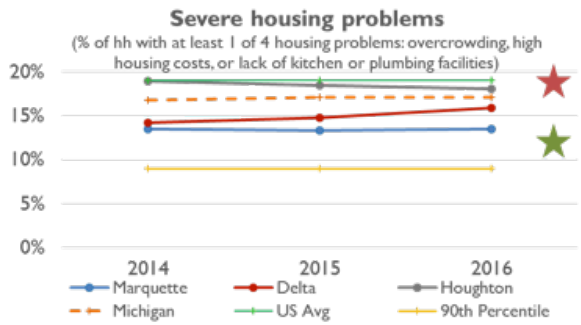
Opportunities

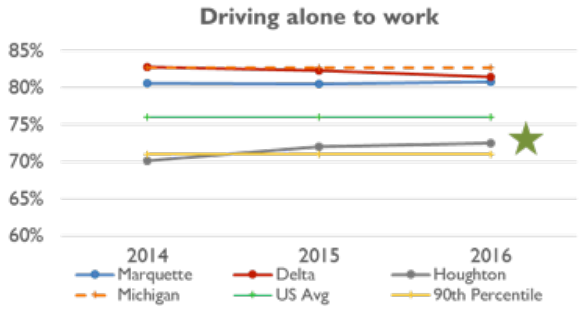
- Income inequality was higher in Marquette and Houghton Counties than in Michigan and the US.
- Injury deaths were higher in Marquette than the other counties and MI and the US
- All three counties had a lower median household income than MI and the US.
- All three counties had higher poverty levels than the US, however Marquette and Delta were slightly lower than MI.

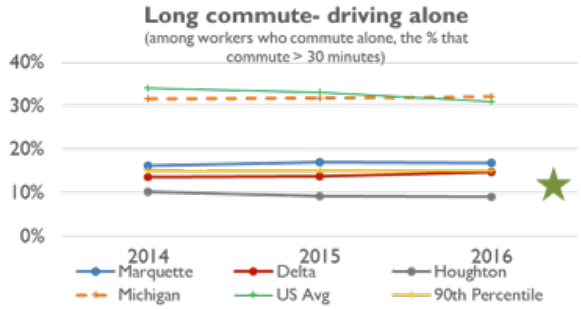
Physical Environment

Physical environment contains five measures in the category. Physical environment accounts for 10% of the county rankings. Marquette ranked 22nd, Delta 14th and Houghton 3rd out of 83 Michigan counties in physical environment.





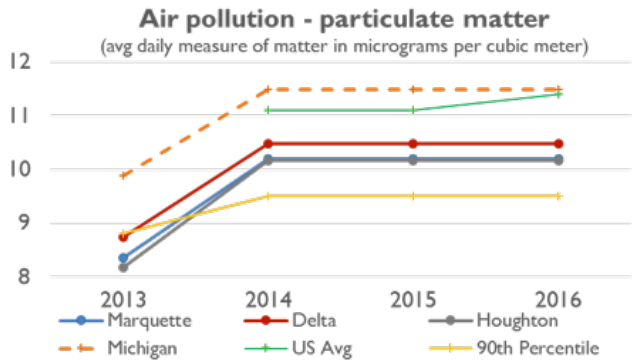




Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012

Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2010-2014



Source: Air pollution – County Health Rankings: CDC WONDER environmental data, 2010, Marquette County Health Data Profile; CDC, MI Department of Health.

Strengths

- Delta and Houghton Counties had no drinking water violations. These statistics are prior to the Flint water crisis.
- Severe housing problems were lower in Marquette than the U.S. and MI.
- Houghton County had a lower percentage of residents driving alone to work and in the 90th percentile for long commute – driving alone.
- Marquette and Delta also have lower percentage of the population with a long commute, over 30 minutes, driving alone. A 2012 study in the American Journal of Preventive Medicine found that the farther people commute by vehicle, the higher their blood pressure and body mass index were as well. Also, the farther they commute, the less physical activity the individual participated in. Source: County Health Rankings: [1] Hoehner, Christine M., et al. "Commuting distance, cardiorespiratory fitness, and metabolic risk." American journal of preventive medicine 42.6 (2012): 571-578.
- Houghton, Marquette and Delta all had lower average daily measure of air pollution measured in micrograms per cubic meter

Opportunities

- Marquette experienced a water violation.
- Houghton ranked higher than MI for severe housing problems – percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities.

There are four broad themes which emerged in this process:

- The three counties need to create a "Culture of Health" that permeates the culture of the counties, cities, employers, churches, and community organizations, so everyone can be committed to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
- While any given measure may have shown an overall good picture of community health, there were significantly challenged subgroups such as the census tracts near Calumet, Ispheming, Sawyer and northwest Delta County.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community.

Prioritization of Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees identified and prioritized the most significant health needs in the community. The group used the criteria below to prioritize the health needs.

Magnitude/scale of the problem	The health need affects a large number of people within the community.
Severity of the problem	The health need had serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Health disparities	The health need disproportionately impacts the health status of one or more vulnerable population groups.
Community assets	The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.
Ability to leverage	Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, or other community assets.

The following significant health needs were identified and prioritized by the table groups at the Community Health Summit, and form the foundation of UPHS Marquette's health initiatives. The Summit attendees listed the three most significant health needs in Marquette, Delta, and Houghton Counties. 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. The results of the activity are below with higher numbers indicating the number of "votes" or priority by topic. The bullets below the health need are the actual comments received on the sticky notes.

1. **Substance Abuse – 36**
    - Addiction / mental health indicated prevention, early intervention, intensive recovery
    - Designer drug abuse
    - Substance abuse including alcohol
    - Increase proactive education on substance abuse and mental health (focus on health)
2. **Obesity – 33**
    - Childhood obesity
    - Sedentariness
    - Obesity – change the food stamp system
    - Control unhealthy body weight
    - Lifestyle related issues – obesity, diabetes, heart disease, sedentary lifestyle, childhood obesity
3. **Mental Health – 31**
    - Access to care for mental health
    - Mental health – hopefulness and purpose
    - Suicide of youth
    - Need new ways of thinking to address shortage of mental health resources (providers) in the region
    - Increase access for mental health and substance abuse treatment
    - Childhood trauma – behavioral health

4. **Access to care, providers - 24**

- Underfunded hospitals
- Access to healthcare - 6
- Affordable healthcare
- Recruitment and retention of health providers
- More primary care physicians and allied health
- Access to dental health - 2
- Specialty health providers - 2
- Reaching at risk anyone – youth, adults, elderly
- Accessibility to health care transportation - 3
- Shortage of primary care - 2
- Access to affordable healthcare
- Prescription costs
- Pregnancy care

5. **Socioeconomic Issues – 10**

- Socioeconomic status – lack of resources for healthy foods
- Affordable housing
- Poverty /assistance
- Employment
- Sustainable funding
- Income disparity = transportation expense
- Economic have nots
- Education of parents to raise health conscious kids
- Poverty
- Income

6. **Senior Care – 5**

- Cost of drugs for seniors
- Senior home care assessments
- Care for the aging population
- Senior Housing
- Dementia/Alzheimer's care
- Assisted living

7. **Tobacco - 4**

- Smoking - 2
- Reduction in tobacco usage
- Increase tobacco education in schools

Community Health Summit Brainstorming

Focus Areas, Goals

The most significant health needs resulted in seven categories and table groups brainstormed goals and actions around the most important health issues listed above. These suggested goals and actions have been organized below.

Substance Abuse

Goal 1 – Advocate for longer-term treatment; short-term treatment is not effective

- Action 1 – Increase coordinated care early and ongoing

Goal 2 – Provide education to build knowledge on addiction in the community

- Action 1 – Intervene early in schools with real life education using recovered addicts
- Action 2 – Build empathy and non-judgement toward the addict

Goal 3 – Increase substance abuse professionals in the community

- Action 1 – Recruit additional addiction specialists, social workers, psychologists and recovery professionals

Obesity

Goal 1 – Nutrition education

- Action 1 – Policy change in schools to add comprehensive health "plus" classes
- Action 2 – Develop a mobile teaching kitchen

Resources Needed:

- School board support
- Role models
- Funding
- Teacher training

Goal 2 – Activity education

- Action 1 – Adult outreach – trails, discounts for senior exercise programs
- Action 2 – Physical education and recess or movement break in all schools
- Action 3 – Make streets safe for play

Resources Needed:

- Outdoor trails
- Senior discounts
- Senior-friendly workout facilities

Goal 3 – Increase family communication around health

- Action 1 – Cook together
- Action 2 – Plate it forward placemat program

Resources Needed:

- Funding
- Food Co-Op
- Health Department

Mental Health

Goal 1 – Increase access to treatment

- Action 1 – Increase providers – social workers, counselors, psychiatrists, telemedicine
- Action 2 – Improve funding for mental health treatment

Resources Needed:

- Funding

Goal 2 – Community education and prevention

- Action 1 – Place counselors in schools
- Action 2 – Create a media campaign to share singular message

Goal 3 – Create supervised housing for mentally ill

- Action 1 – Benchmark success models
- Action 2 – Identify partners to implement

Resources Needed:

- Funding
- Staffing

Access to care

Goal 1 – Optimize utilization of healthcare resources

- Action 1 – Education regarding available healthcare
- Action 2 – Advertise and promote resources

Resources Needed:

- Human Resources Departments
- Local media
- Social media

Goal 2 – Increase incentives for healthcare providers to move to the U.P.

- Action 1 – Implement incentives – loan forgiveness for mid-level providers (nurse practitioners, physician assistants)
- Action 2 – Provide relocation assistance
- Action 3 – Increase educational opportunities

Resources Needed:

- Duke/LifePoint
- Northern Michigan University

Goal 3 – Improve technology and reimbursement for telemedicine

- Action 1 – Develop funding streams for services
- Action 2 – Obtain grants for equipment

Resources Needed:

- NorthCare
- BlueCross BlueShield

Socioeconomic Issues

Goal 1 – Develop an affordable, intra-city transportation system

- Action 1 – Create a public/private partnership and action committee from community members/ organizations to brainstorm
- Action 2 – Tax breaks/grants for companies

Goal 2 – Create affordable, rental housing

- Action 1 – Redevelop neighborhoods
- Action 2 – Provide tax breads and grants for the efforts

Resources Needed:

- Investors/contractors to redevelop vacant housing for rentals
- Codes enforcement

Goal 3 – Holistic education and future planning

- Action 1 – Use mentors and volunteers for life-skills classes and Do-It-Yourself classes
- Action 2 – Set goals with kids – who do you want to be when you grow up?

Resources Needed:

- Mentors
- Volunteers

Senior Care

Goal 1 – Improve the quality of life for seniors living independently

- Action 1 – Improve nutrition options, meals on wheels options
- Action 2 – Improve companionship to decrease depression – expand concept of Big Brothers/Big Sisters with intergenerational volunteers

Resources Needed:

- Volunteers
- Funding

Goal 2 – Improve long-term care options and continuum of care

- Action 1 – Convene a task force to document current options, resources and needs
- Action 2 – Create an implementation plan of identified initiatives for gaps

Resources Needed:

- Government agencies
- Relevant local entities

Goal 3 – Create and develop a memory network for Alzheimer's patients and memory loss

- Action 1 – Identify current options and offerings
- Action 2 – Expand involvement from community agencies

Resources Needed:

- Medical facility professionals
- Medical facilities

Tobacco Use

Goal 1 – Continue education on dangers of smoking

- Action 1 – Focus on consequences of tobacco use
- Action 2 – Identify funding sources for education and cessation classes

Resources Needed:

- Hospital
- Media

Goal 2 – Public policy for tobacco-free areas

- Action 1 – Work with elected officials to develop more anti-tobacco policies
- Action 2 – Expand existing policies to ban tobacco use in contiguous areas

Resources Needed:

- Health Department
- Achieve

Goal 3 – Create non-smoking rewards

- Action 1 – Educate employers on increased productivity from no-smoking workplace
- Action 2 – Have employers and insurance companies develop incentive programs for non-smoking, higher premiums

Resources Needed:

- Insurance companies
- Wellness initiatives

2013 UP Health System Marquette Implementation Plan/Impact Evaluation

Written Comments Received on UPHS Marquette's 2013 CHNA and Implementation Strategy

No written comments were received on the 2013 CHNA and Implementation Plan.

UPHS Marquette adopted an implementation plan in 2013. The prioritized health needs were reviewed at the Community Health Summit.

- Heart disease
- Cancer
- Respiratory
- Diabetes
- Poor dental health
- Low birthweight infants
- Aging population
- Violence

Community Assets and Resources

Stratasan developed a list of community assets for each county. These asset lists are available in a separate document.

The Focus Group also identified community resources to improve health, which are listed on pages 18-19 above. These resources were identified during this CHNA as resources potentially available to address the significant health needs of the community.

Giving credit where credit is due

Acknowledgements

We would like to acknowledge the efforts of the collaborative group who represented the broad interests of the community, had special knowledge and expertise in public health and represented medically underserved, low-income and minority populations served by the hospital which assisted in the CHNA. It was energizing when a diverse group of citizens come together to work toward a common cause.

The report is not the end of the process.

Please consider volunteering or having your organization take up other initiatives to work on to improve the health of Marquette, Delta, and Houghton Counties.