2025

Community Health Needs Assessment

OSF ST. FRANCIS HOSPITAL & MEDICAL GROUP

Delta County

Community Health Needs Assessment

2025

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The Delta County Community Health Needs Assessment is a collaborative undertaking by OSF St. Francis Hospital and Medical Group to highlight the health needs and well-being of Delta County residents. This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the Delta County region. Prevalent themes include demographic composition, disease predictors and prevalence, leading causes of mortality, accessibility to health services, and healthy behaviors.

The results of this study can inform strategic decision-making, directly addressing the community's health needs. It was designed to assess issues and trends affecting the communities served by the collaborative and to understand the perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess the community's health status. Information was collected from numerous secondary sources, both publicly and privately available data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medication, and mental-health counseling. Social drivers of health were also analyzed to understand why certain population segments responded differently.

Ultimately, the collaborative team identified and prioritized the most important health-related issues in the Delta County region. They considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; and (3) potential impact through collaboration. Using a modified version of the Hanlon Method, two significant health needs were identified and determined to have equal priority:

- **Healthy Behaviors**
- **Behavioral Health – Including Mental Health, Substance Use, and Access to Counseling**

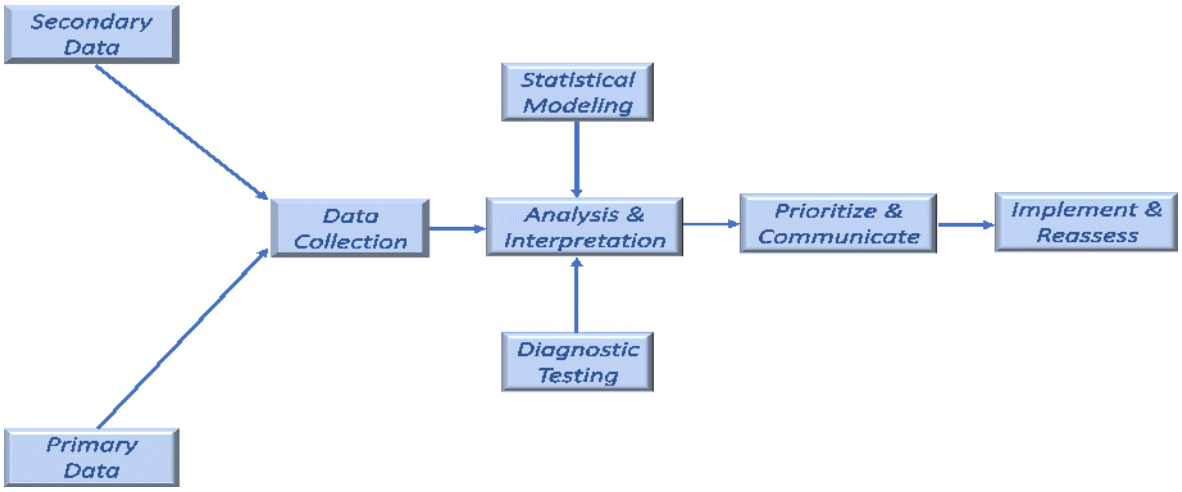
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, introduced new requirements for tax-exempt charitable hospital organizations. These organizations must conduct community health needs assessments and adopt implementation strategies to address the community health needs identified through these assessments. This community health needs assessment (CHNA) includes input from specific individuals who represent the broad interests of the community served by OSF St. Francis Hospital and Medical Group, including those with special knowledge of or expertise in public health. For this study, a community health needs assessment is defined as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF HealthCare System's Board of Directors on July 28, 2025.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Schedule H, Form 990, designated solely for tax-exempt charitable hospital organizations. The fundamental areas of the community health needs assessment are illustrated below (Figure 1).

Figure 1



Collaborative Team and Community Engagement

To engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was formed. Members of the team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF St. Francis Hospital and Medical Group, the Delta County Health Department, and administrators from key community partner organizations. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles and expertise can be found in

APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM. Engagement occurred throughout the process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Definition of the Community

To determine the geographic boundaries for OSF St. Francis Hospital and Medical Group, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Delta County. Data show that Delta County alone represents 86% of all patients for the hospital.

In addition to defining the community by geographic boundaries, this study targets the at-risk population as an area of potential opportunity to improve the health of the community. The at-risk population was defined as those individuals eligible to receive Medicaid based on the State of Michigan guidelines using household size and income level.

Purpose of the Community Health Needs Assessment

In the initial meeting, the collaborative team defined the purpose of this study. This study aims to equip healthcare organizations, such as hospitals, clinics and health departments, with the essential information needed to develop strategic plans for program design, access, and delivery.
The results of this study will enable healthcare organizations to efficiently allocate limited resources and better manage high-priority challenges. By working together, hospitals, clinics, agencies and health departments will leverage this CHNA to enhance healthcare quality in Delta County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results from the 2022 CHNA and benchmarked with State of Michigan averages.

Community Feedback from Previous Assessments

The 2022 CHNA was widely shared with the community to allow for feedback. The hospital posted both a full and summary version on its website, with a feedback link available. Additionally, feedback could be provided via this email: CHNAFeedback@osfhealthcare.org.

Although no written feedback was received by community members via the available mechanisms, verbal feedback from key stakeholders from community-service organizations was incorporated into the collaborative process.

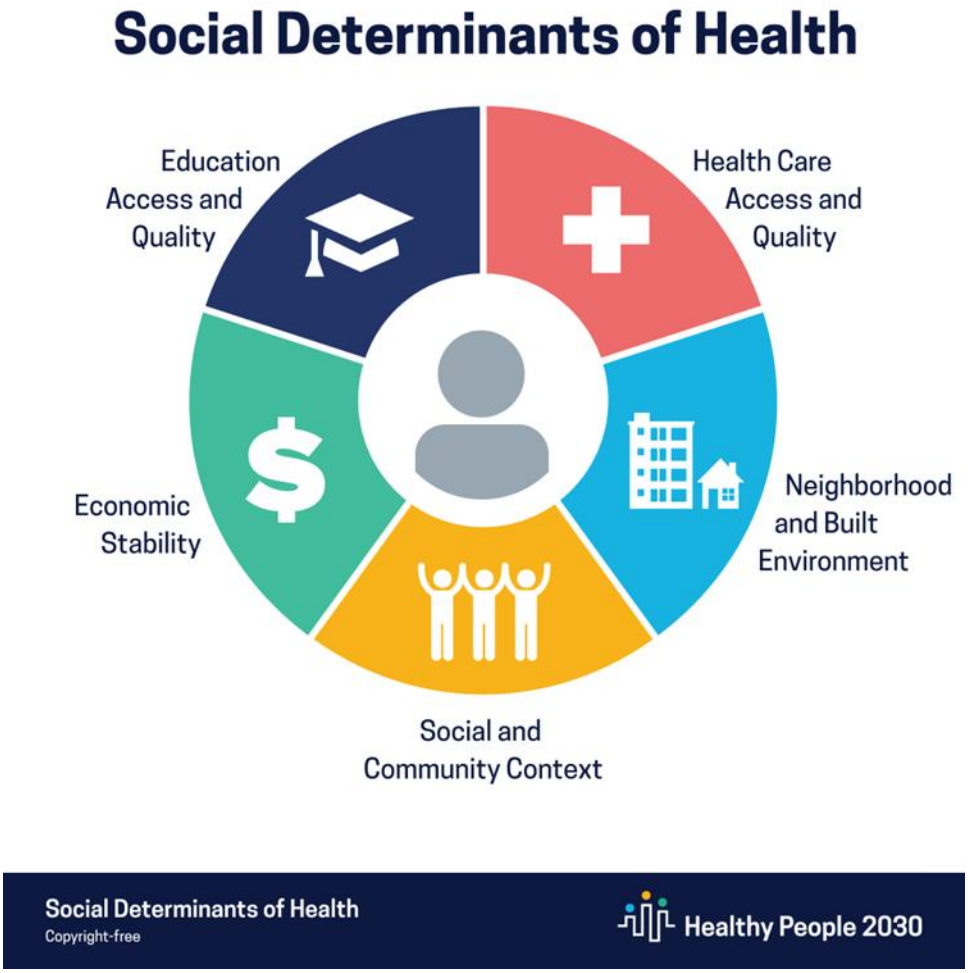
2022 CHNA Health Needs and Implementation Plans

The 2022 CHNA for Delta County identified two significant health needs. These included: Healthy Behaviors, defined as exercise, obesity, and food insecurity; Behavioral Health, including mental health, substance use, and access to counseling. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS. Note that numerous challenges associated with the COVID-19 pandemic had significant impact on the activities discussed in Appendix 2.

Social Drivers of Health

This CHNA incorporates important factors associated with Social Drivers of Health (SDOH). SDOH are crucial environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. Research by the U.S. Department of Health and Human Services, as part of *Healthy People 2030,* identifies five SDOH to include when assessing community health (Figure 2). Note this CHNA refers to social "drivers" rather than "determinants." According to the *Root Cause Coalition*, drivers are malleable, while determinants are not. However, the five factors included in Figure 2 remain the same, regardless of terminology used.

Figure 2



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved November 1, 2024 from https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

The CHNA includes an assessment of SDOH because these factors contribute to health inequities and disparities. Interventions without considering SDOH will have limited impact on improving community health for people living in underserved or at-risk areas.

II. METHODS

To complete the comprehensive community health needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, a study was completed to examine perceptions of the community health-related issues, healthy behaviors, behavioral health, food security, social drivers of health and access to healthcare.

Secondary Data Collection

Existing secondary statistical data were first used to develop an overall assessment of health-related issues in the community. Within each section of the report, there are definitions, importance of categories, data and interpretations. At the end of each chapter, there is a section on key takeaways.

Based on several retreats, a separate OSF Collaborative Team used COMPdata Informatics (affiliated with Michigan Health and Hospital Association (IHA) to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes and infections. In order to define each disease category, modified definitions developed by Sg2 were used. Sg2 specializes in consulting for healthcare organizations. Their team of experts includes MDs, PhDs, RNs and healthcare leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected. This section describes the research methods used to collect, code, verify and analyze primary survey data. Specifically, the research design used for this study: survey design, data collection and data integrity.

Survey Instrument Design

Initially, all publicly available health needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health needs data. By leveraging best practices from these surveys, a new survey in 2024 was designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health needs assessment, eight specific sets of items were included:

- **Ratings of health issues in the community** – to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes, and obesity.
- **Ratings of unhealthy behaviors in the community** – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug use, and smoking.

- **Ratings of issues concerning well-being** – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods, and effective public transportation.
- **Accessibility to healthcare** – to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental and mental healthcare, as well as access to prescription medication.
- **Healthy behaviors** – to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits, and cancer screenings.
- **Behavioral health** – to assess community issues related to areas such as anxiety and depression.
- **Food security** – to assess access to healthy food alternatives.
- **Social drivers of health** – to assess the impact that social drivers may have on the above-mentioned areas.

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the eight categories discussed above. A copy of the final survey is included in APPENDIX 3: SURVEY.

Sample Size

In order to identify our potential population, we first identified the percentage of the Delta County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Delta County was 12.5 percent. The population used for the calculation was 36,829 yielding a total of 4,604 residents living in poverty in the Delta County area.

A normal approximation to the hypergeometric distribution was assumed given the targeted sample size.

$n = (Nz2pq)/(E2\ (N-1) + z2\ pq)$

where:

n = the required sample size

N = the population size

z = the value that specified the confidence interval (use 95% CI)

pq = population proportions (set at .05)

E =desired accuracy of sample proportions (set at +/- .05)

For the total Delta County area, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 381. The data collection effort for this CHNA yielded a total 421 responses. This exceeded the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Delta County region, the general population was combined with a portion of the at-risk population. To represent the

at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. This provided a total usable sample of 391 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

Survey data were collected in the 2nd and 3rd quarters of 2024. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed the assurance of complete anonymity. Note that versions of both the online survey and paper survey were translated into Spanish.

To specifically target the at-risk population, surveys were distributed at homeless shelters, food pantries and soup kitchens. Since the at-risk population was specifically targeted as part of the data collection effort, this became a stratified sample, as other groups were not specifically targeted based on their socio-economic status.

Note that the use of electronic surveys to collect community-level data may create a potential for bias from convenience sampling error. To recognize for potential bias in the community sample, a second control sample of data was collected. Specifically, the control sample consisted of random patients surveyed at the hospital, assuming that patients receiving care represent an unbiased representation of the community. All questions on the patient version of the survey pertaining to access to healthcare were removed, as these questions were not relevant to current patients. Data from the community sample and the control sample were compared using t-tests and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significant patterns of bias. If specific relationships exhibited a potential for bias between the community sample and the control sample, they are identified in the social-drivers sections of the analyses within each chapter.

Data Integrity

Comprehensive analyses were performed to verify the integrity of the data for this research. Without proper validation of the raw data, any interpretation of results could be inaccurate and misleading if used for decision-making. Therefore, several tests were performed to ensure that the data were valid. These tests were performed before any analyses were undertaken. Data were checked for coding accuracy, using descriptive frequency statistics to verify that all data items were correct. This was followed by analyses of means and standard deviations and comparison of primary data statistics to existing secondary data.

Analytic Techniques

To ensure statistical validity, several different analytic techniques were used. Specifically, frequencies and descriptive statistics were used for identifying patterns in residents' ratings of various health concerns. Additionally, appropriate statistical techniques were used for identification of existing relationships between perceptions, behaviors and demographic data. Specifically, Pearson correlations,

X^2 tests and tetrachoric correlations were used when appropriate, given characteristics of the specific data being analyzed.

CHAPTER 1 OUTLINE

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

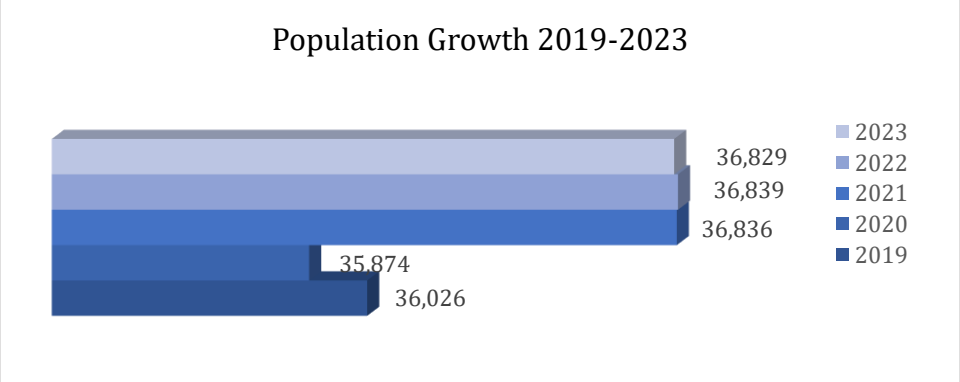
1.1 Population

Importance of the Measure: Population data characterize individuals residing in Delta County. Population data provide an overview of population growth trends and build a foundation for additional analysis of data.

Population Growth

Data from the last census indicate the population of Delta County has slightly increased (2.2%) between 2019 and 2023 (Figure 3).

Figure 3



Source: United States Census Bureau

1.2 Age, Gender and Race Distribution

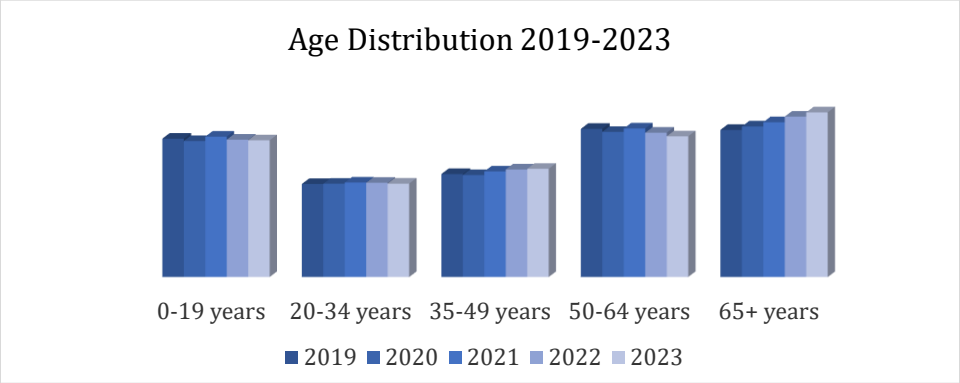
Importance of the Measure: Population data broken down by age, gender, and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth

and the distribution of healthcare services. Understanding the cultural diversity of communities is essential when considering healthcare infrastructure and service delivery systems.

Age

As illustrated in Figure 4, the percentage of individuals in Delta County in the five age groups has changed over the five-year period 2019 and 2023. Most notably, those in the 65+ age groups have increased 11.9%. Those in the 50 to 64-year age group decreased 5% over the same five-year period.

Figure 4

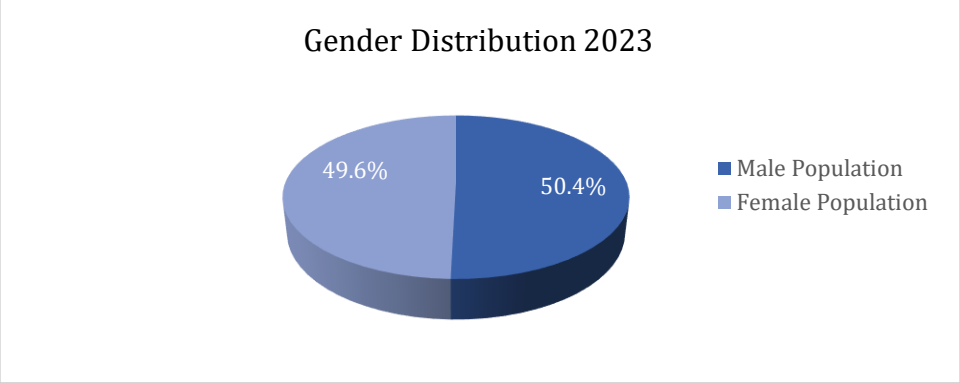


Source: United States Census Bureau

Gender

The gender distribution of Delta County residents is relatively equal among males and females (Figure 5).

Figure 5



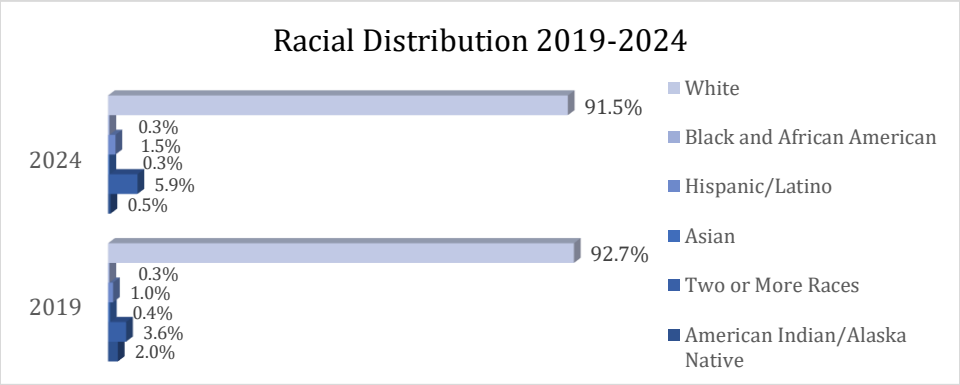
Source: United States Census Bureau

Race

With regard to race and ethnic background, Delta County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2024 suggest that White ethnicity comprises 91.5% of the population in Delta County. However, the non-White population of Delta County has been increasing,

from 7.3% in 2019 to 8.5% in 2024, with Black ethnicity comprising 0.3% of the population, Hispanic/Latino (LatinX) ethnicity comprising 1.5%, Asian comprising 0.3%, multi-racial ethnicity comprising 5.9%, and American Indian/Alaska Native comprising 0.5% of the population (Figure 6).

Figure 6



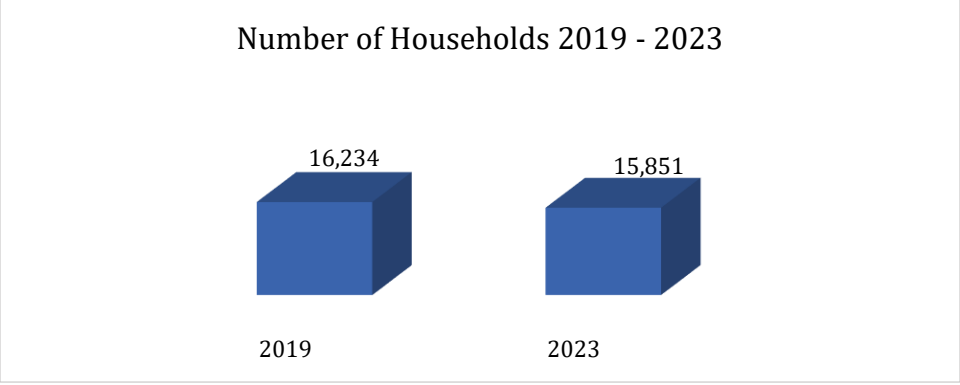
Source: United States Census Bureau

1.3 Household/Family

Importance of the Measure: Families are an important component of a robust society in Delta County, as they dramatically impact the health and development of children and provide support and well-being for older adults.

As indicated in Figure 7, the number of family households in Delta County decreased from 2019 to 2022. Specifically, in 2019 the number of households was 16,234, compared to 15,851 households in 2022.

Figure 7

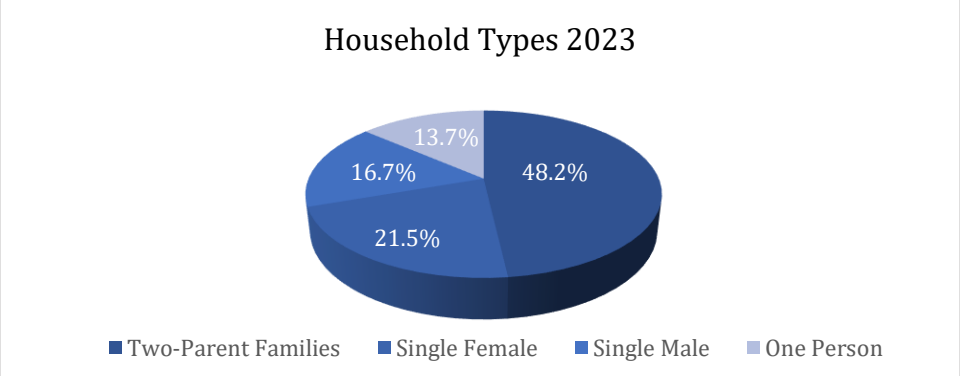


Source: United States Census Bureau

Family Composition

In Delta County, data from 2022 show the percentage of two-parent families in Delta County is 48.2%, single-female households represent 21.5%, single-male households represent 16.7%, and one-person households represent 13.7% of the county population (Figure 8).

Figure 8

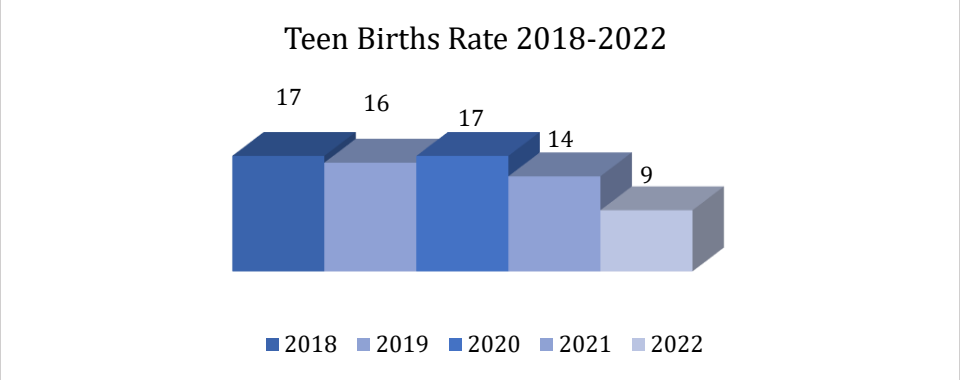


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Delta County has experienced an overall downward trend in teenage birth count from 2018-2022, most notably in 2022 (Figure 9).

Figure 9



Source: Michigan Department of Public Health

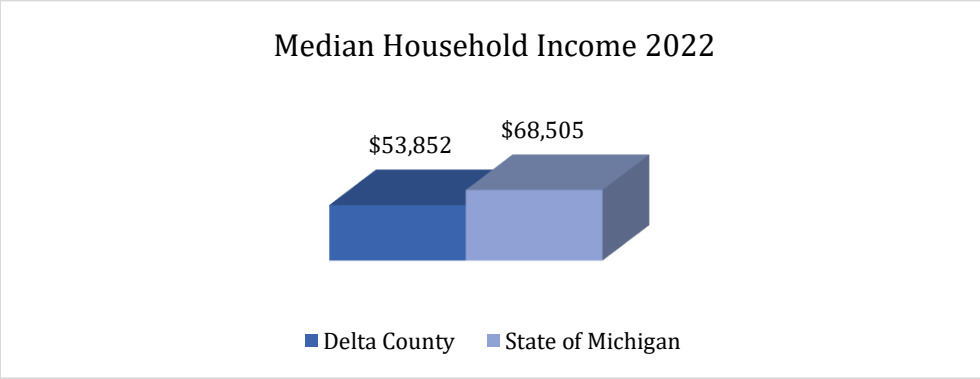
1.4 Economic Information

Importance of the Measure: Median income divides households into two segments with one-half of households earning more than the median income and the other half earning less. Because median income is not significantly impacted by unusually high or low-income values, it is considered a more reliable indicator than average income. To live in poverty means to lack sufficient income to meet one's basic needs. Accordingly, poverty is associated with numerous chronic social, health, education, and employment conditions.

Median Income Level

For 2022, the median household income in Delta County ($53,852) was lower than the State of Michigan ($68,505) (Figure 10).

Figure 10

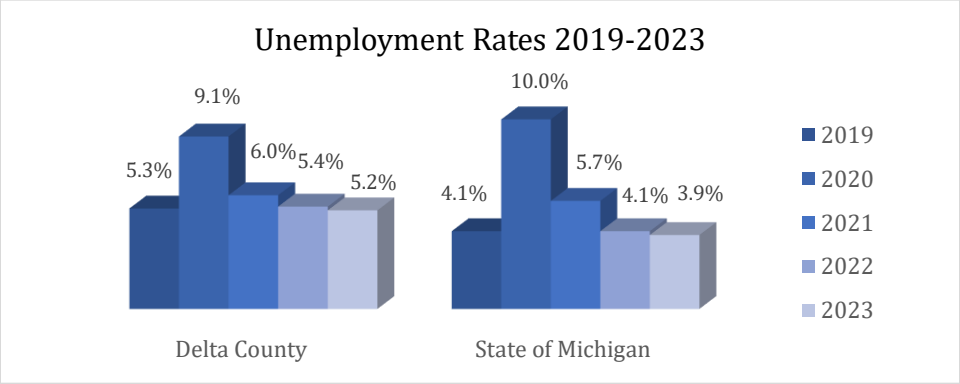


Source: United States Census Bureau

Unemployment

For the years 2019 to 2023, the Delta County unemployment rate was higher than the State of Michigan unemployment rate, except in 2020. Overall, between 2019 and 2023, unemployment in Delta County has fluctuated, with a sharp increase in 2020 likely due to the COVID-19 pandemic, then downward trend through 2023 (Figure 11).

Figure 11

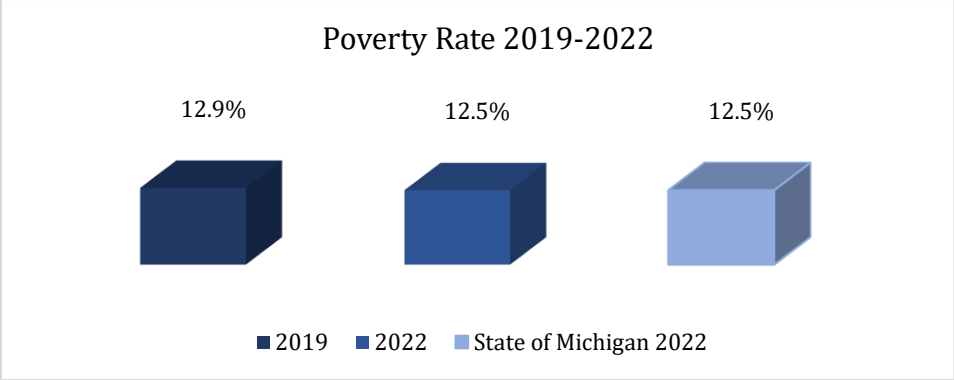


Source: Bureau of Labor Statistics

Individuals in Poverty

In Delta County, the percentage of individuals living in poverty between 2019 and 2022 decreased by 0.4%. The poverty rate in 2022 for individuals is 12.5%, which is the same as the State of Michigan individual poverty rate. Poverty has a significant impact on the development of children and youth (Figure 12).

Figure 12



Source: United States Census Bureau

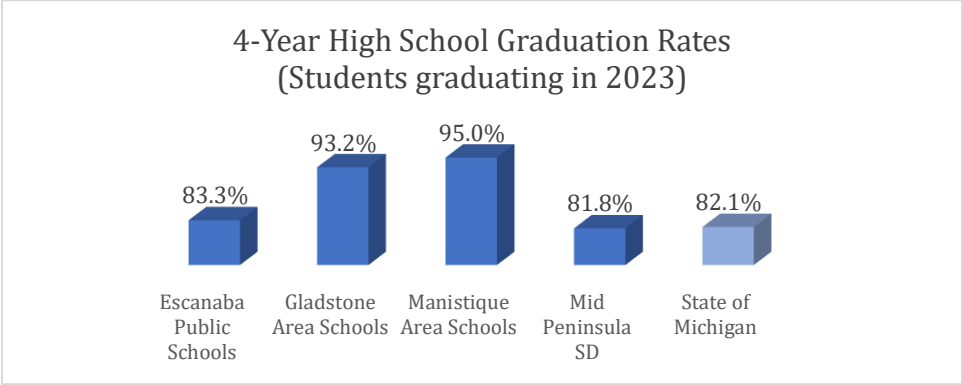
1.5 Education

Importance of the Measure: According to the National Center for Educational Statistics, "The better educated a person is, the more likely that person is to report being in 'excellent' or 'very good' health, regardless of income." Research suggests that the higher the level of educational attainment and the more successful one is in school, the better one's health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual's propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

High School Graduation Rates

In 2023, the graduation rate remained close to State of Michigan averages of 82.1%, with the exception of the Gladstone Area Schools and Manistique Area Schools having respective rates of 93.2% and 95% (Figure 13).

Figure 13

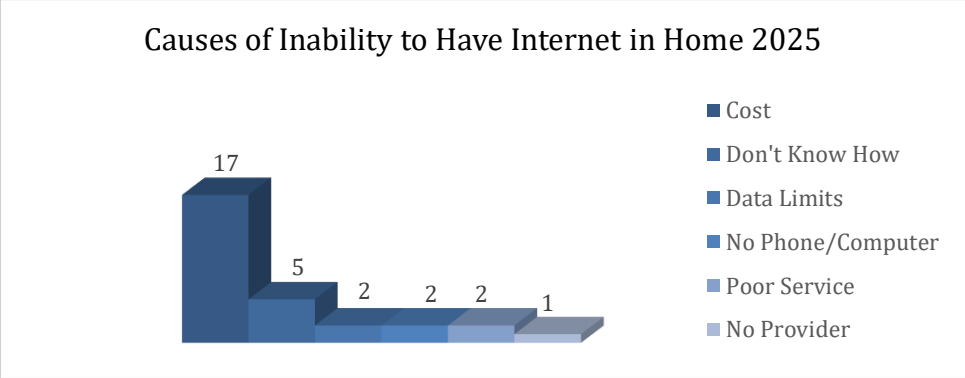


Source: Michigan Department of Education

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 94% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason (Figure 14). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 14



Source: CHNA Survey

Social Drivers Related to Internet Access

Several factors show significant relationships with an individual's Internet access. The following relationships were found using correlational analyses:

- **Access to Internet** tends to be higher for younger people, those with higher education, and those with higher income.

1.7 Key Takeaways from Chapter 1

- ✓ OVERALL POPULATION IS INCREASING.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSEHOLD REPRESENTS 21.5% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

CHAPTER 2 OUTLINE

CHAPTER 2: PREVENTION BEHAVIORS

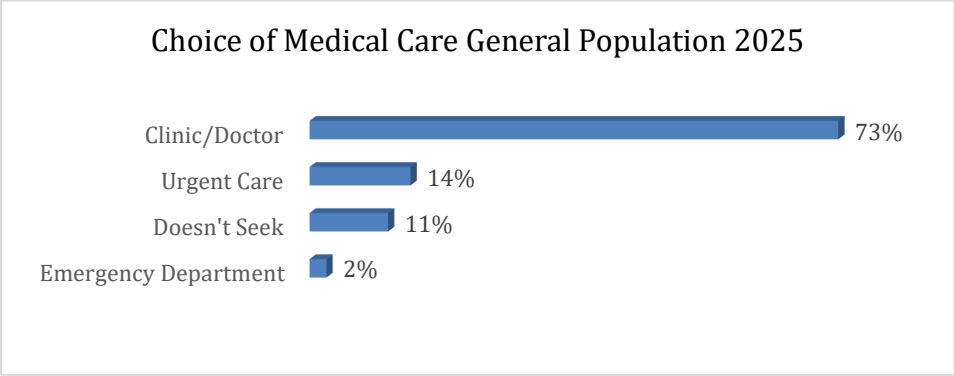
2.1 Accessibility

Importance of the Measure: It is critical for healthcare services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Four different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, and did not seek medical treatment. The most common response for source of medical care was clinic/doctor's office, chosen by 73% of survey respondents. This was followed by urgent care (14%), not seeking medical attention (11%), and the emergency department at a hospital (2%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2022 CHNA

While most of the choices for medical care remained steady, Clinic/doctor's office decreased from 79% in 2022 to 73% in 2025.

Social Drivers Related to Choice of Medical Care

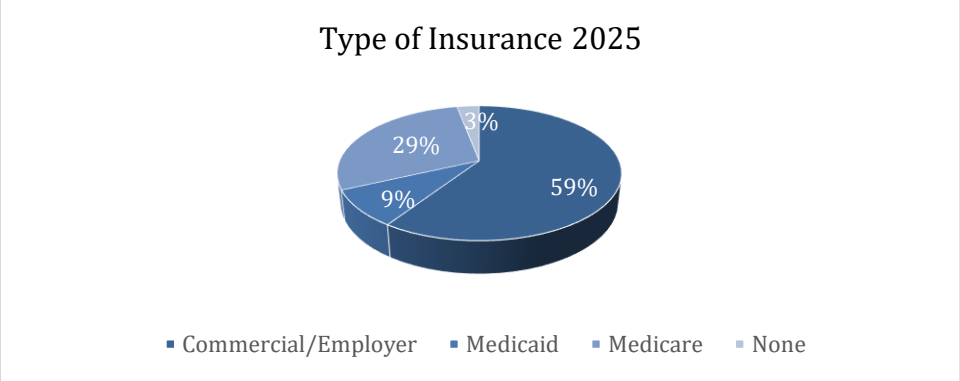
Two factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** did not have any significant correlates.
- **Urgent Care** did not have any significant correlates.
- **Emergency Department** did not have any significant correlates.
- **Does Not Seek Medical Care** tend to be chosen more often by Native Americans and less often by White people.

Insurance Coverage

According to survey data, 59% of the residents are covered by commercial/employer insurance, followed by Medicare (29%) and Medicaid (9%). Only 3% of respondents indicated they did not have any health insurance (Figure 16).

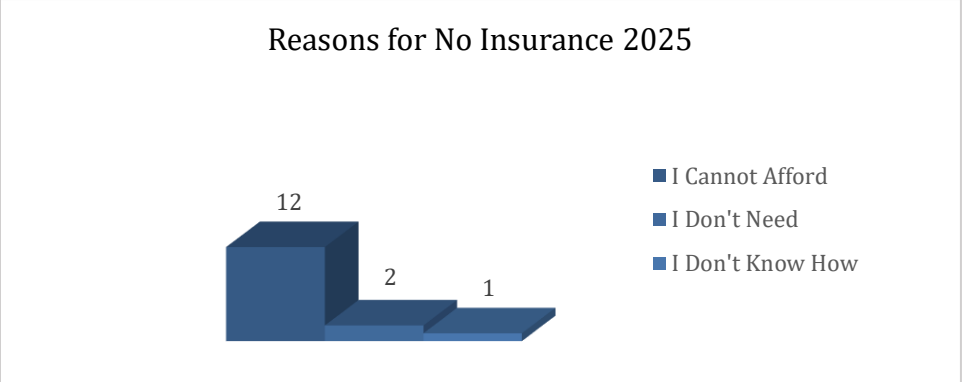
Figure 16



Source: CHNA Survey

Data from the survey show that for the 3% of individuals who do not have insurance, the most prevalent reason was cost (Figure 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 17



Source: CHNA Survey

Social Drivers Related to Type of Insurance

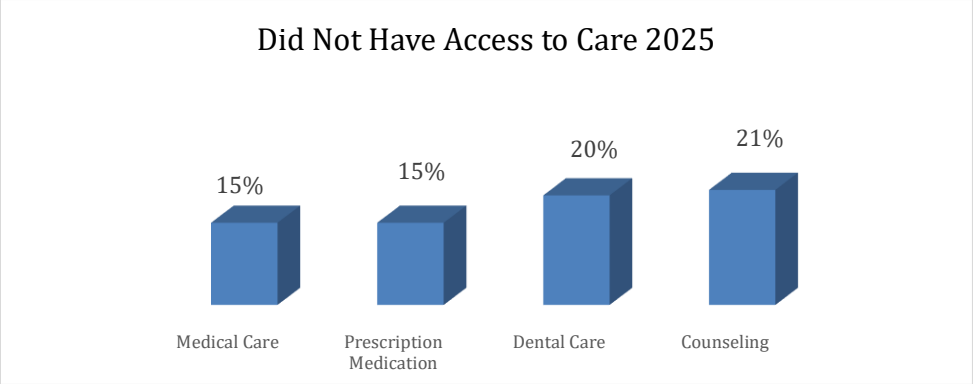
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by older people, and those with lower income.
- **Medicaid** tends to be used more frequently by those with lower education and those with lower income. It is also more often reported by people living in an unstable housing environment.
- **Private Insurance** is used more often by younger people, those with higher education, and those with higher income. Commercial/Employer insurance is used less often by people living in an unstable housing environment.
- **No Insurance** tends to be reported more often by people with lower education, those with lower income, and those living in an unstable housing environment. Having no insurance is less often reported by White people.

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care, and counseling. Survey results show that 15% of the population did not have access to medical care when needed; 15% of the population did not have access to prescription medication when needed; 20% of the population did not have access to dental care when needed; and 21% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey

Social Drivers Related to Access to Care

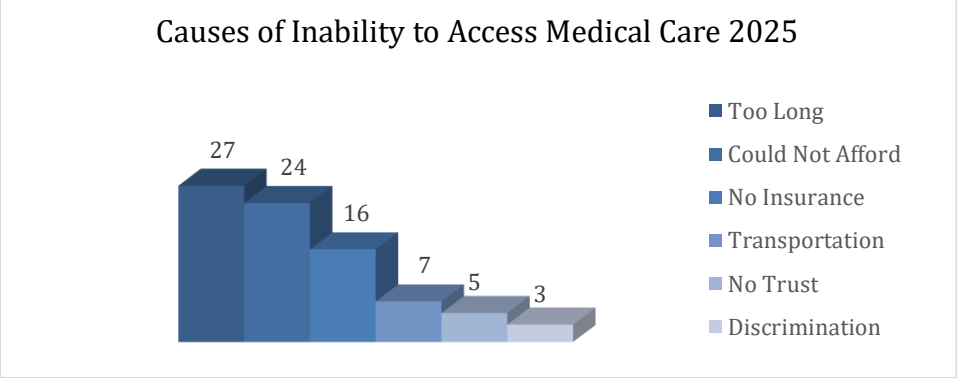
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be higher for people with higher income. Access to medical care tends to be lower for people in an unstable housing environment.
- **Access to prescription medication** tends to be higher for White people, those with more education, and those with higher income. Access to prescription medication tends to be lower for Native Americans and people in an unstable housing environment.
- **Access to dental care** tends to be higher for those with higher education and those with higher income. Access to dental care tends to be lower for people in an unstable housing environment.
- **Access to counseling** tends to be rated higher by older people and those with higher income. Access to counseling tends to be lower for people in an unstable housing environment.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to medical care were too long to wait for an appointment (27) and affordability (24) (Figure 19).

Figure 19

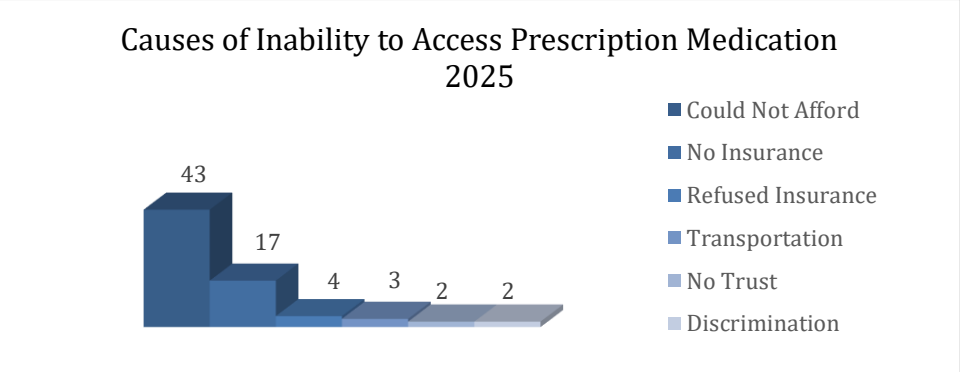


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (43) (Figure 20).

Figure 20

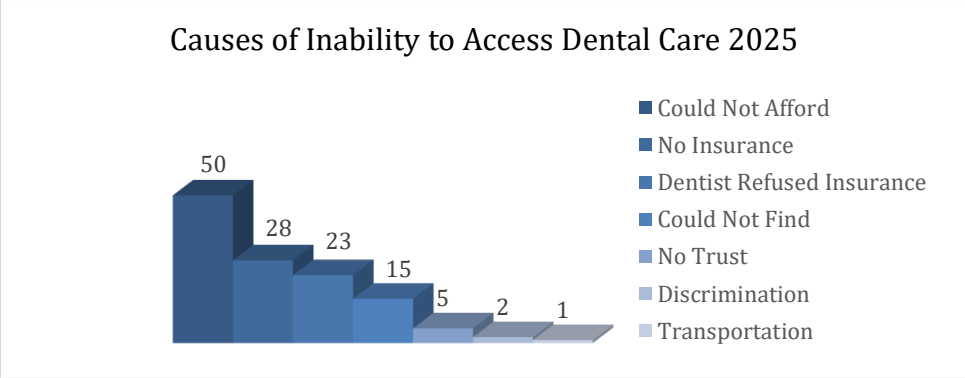


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes of inability to gain access to dental care were the inability to afford copayments or deductibles (50), and no insurance (28). Note that these data are displayed in frequencies rather than percentages given the low number of responses (Figure 21).

Figure 21

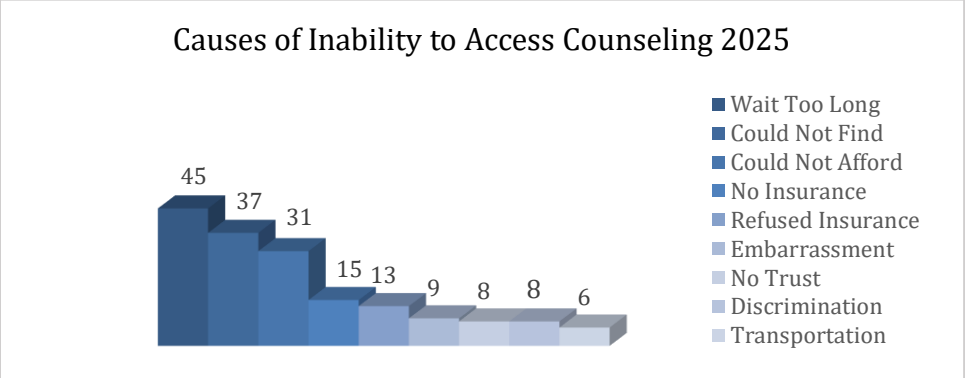


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were too long of a wait (45), could not find a counselor (37), and affordability (31) (Figure 22). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 22



Source: CHNA Survey

Comparison to 2022 CHNA

Access to Medical Care – survey results show a 5% increase in those who were not able to find medical care.

Access to Prescription Medication – survey results show a 4% increase in those who were not able to get prescription medication.

Access to Dental Care – results show a 3% increase in those who were not able to get dental care when needed.

Access to Counseling – results show a 2% increase in those who were not able to get counseling when needed.

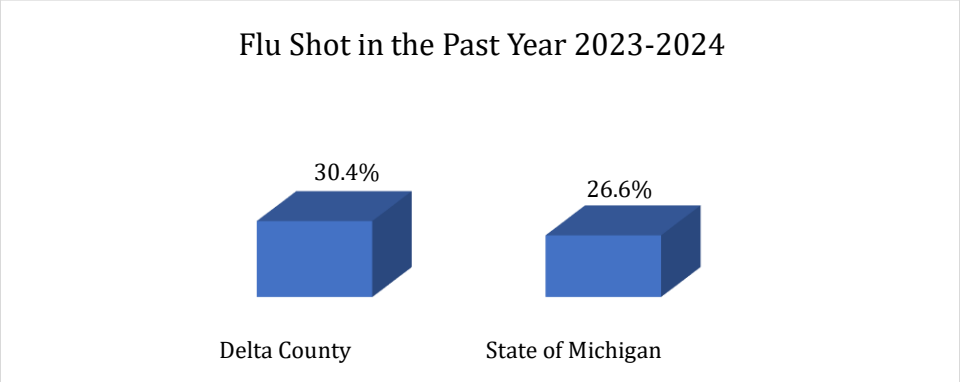
2.2 Wellness

Importance of the Measure: Preventative healthcare measures, including getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing healthcare costs.

Frequency of Flu Shots

The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The percentage of people who have had a flu shot in the past year is 30.4% for Delta County. The State of Michigan had a lower vaccination percentage of 26.6% (Figure 23).

Figure 23

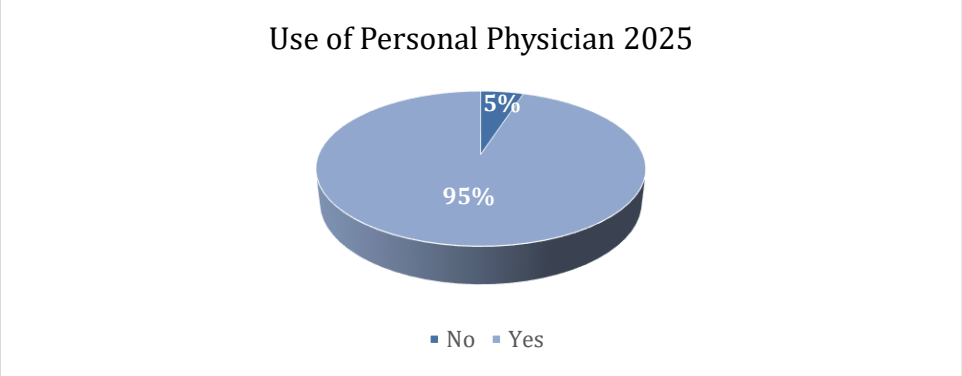


Source: Michigan Department of Health & Human Services: Flu Dashboard

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 95% of residents have a personal physician (Figure 24).

Figure 24



Source: CHNA Survey

Comparison to 2022 CHNA

Having a personal physician has remained constant. Specifically, 95% of residents reported having a personal physician in 2022 and 2025.

Social Drivers Related to Having a Personal Physician

The following characteristic showed a significant relationship with having a personal physician. The following relationships was found using correlational analyses:

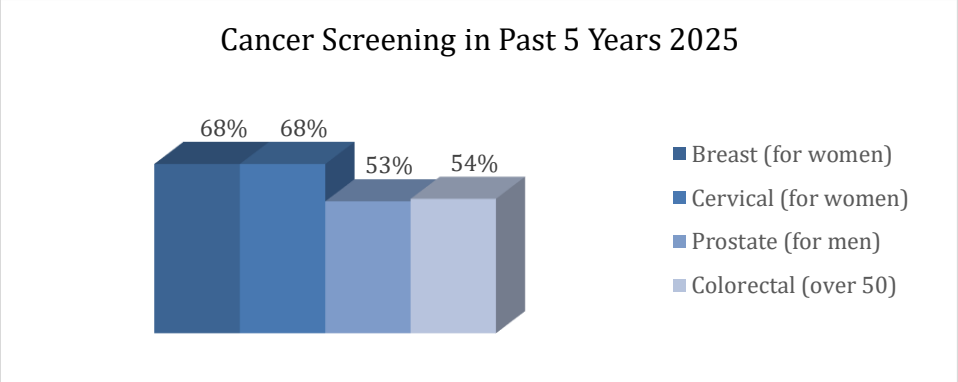
- **Having a personal physician** tends to be less likely for those people living in an unstable housing environment.

Cancer Screening

Early detection of cancer may greatly improve the probability of successful treatment. In the case of colorectal cancer, early detection of precancerous polyps can prevent cancer. Specifically, four types of cancer screening were measured: breast, cervical, prostate and colorectal.

Results from the CHNA survey show that 68% of women had a breast screening in the past five years and 68% of women had a cervical screening. For men, 53% had a prostate screening in the past five years. For women and men over the age of 50, 54% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2022 CHNA

Over the past 5 years cancer screening has fluctuated. Specifically, breast cancer screening for women decreased from 74% in 2022 to 68% in 2025. Cervical cancer screening for women also showed a decrease from 2022 (70%) to 2025 (68%). Prostate cancer screening increased from 2022 (39%) to 2025 (53%). For people of 50 years or older colorectal cancer screening increased from 47% in 2022 to 54% in 2025.

Social Drivers Related to Cancer Screenings

Multiple characteristics show significant relationships with cancer screening. The following relationships were found using correlational analyses:

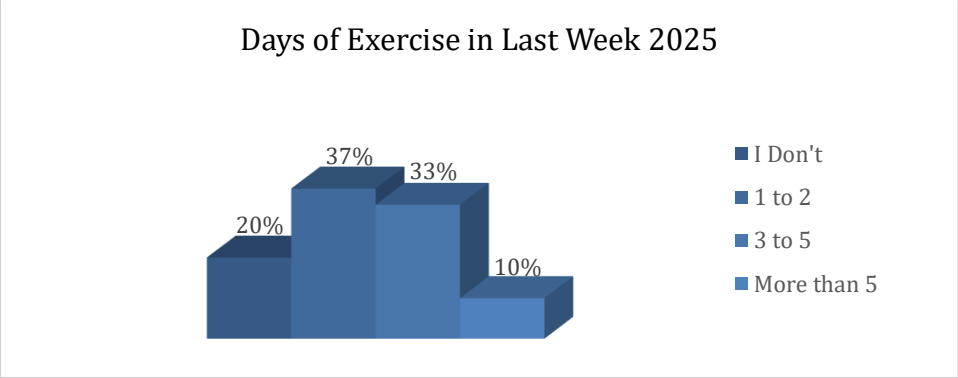
- **Breast screening** tends to be more likely for older women, those with higher education, and those with higher income. Breast screening tends to be less likely for women who live in an unstable housing environment.
- **Cervical screening** tends to be more likely for younger women, those with a higher education and those with higher income.
- **Prostate screening** tends to be more likely for older men.
- **Colorectal screening** tends to be more likely for older people, White people, those with higher education and those with higher income.

Physical Exercise

A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being.

Specifically, 20% of respondents indicated that they do not exercise at all, while the majority (70%) of residents, exercise 1-5 times per week (Figure 26).

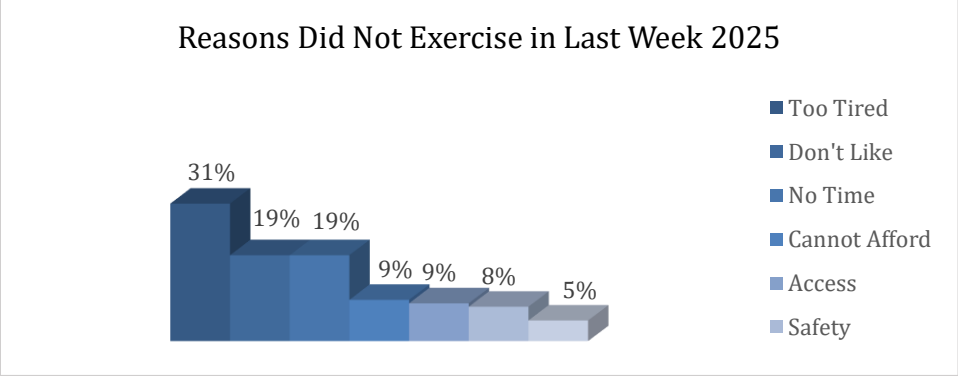
Figure 26



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reasons for not exercising are not having enough energy (31%), a dislike of exercise (19%), and not enough time (19%) (Figure 27).

Figure 27



Source: CHNA Survey

Comparison to 2022 CHNA

There has been an increase in exercise. In 2022, 72% of residents indicated they exercise, compared to 80% in 2025.

Social Drivers Related to Exercise

One characteristic shows a significant relationship with frequency of exercise. The following relationship was found using correlational analyses:

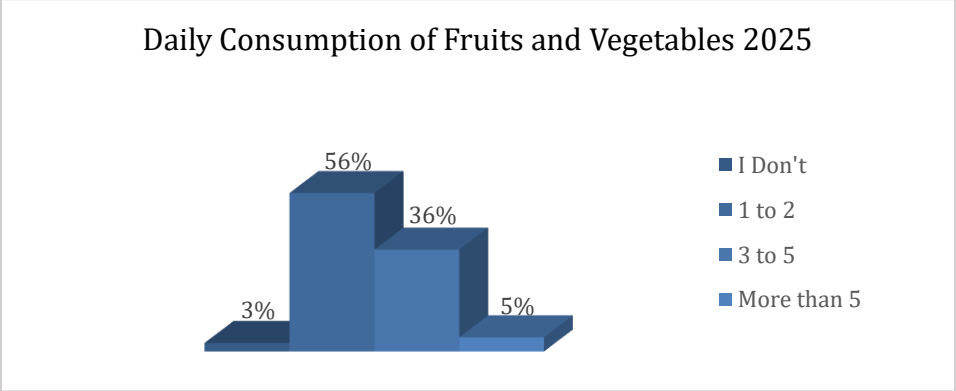
- **Frequency of exercise** tends to be more likely for those with more education.

Healthy Eating

A healthy lifestyle, comprised of a proper diet, has been shown to increase physical, mental and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

A little more than half (59%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 5% (Figure 28).

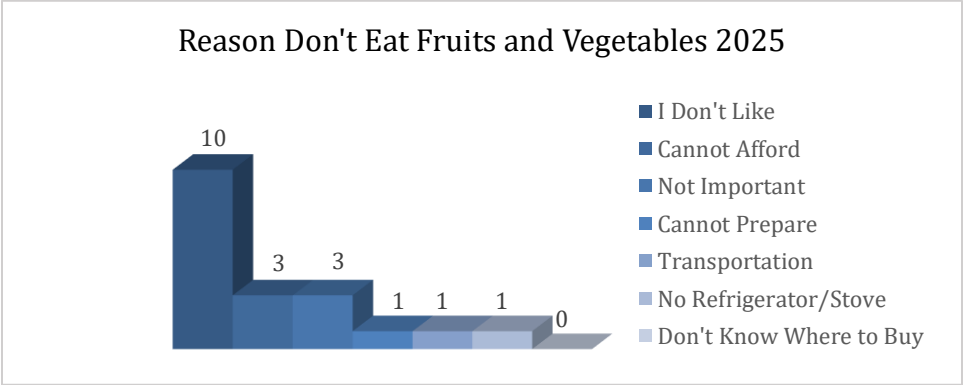
Figure 28



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently given for failing to eat more fruits and vegetables are not liking fruits and vegetables (10), cannot afford (3), and a lack of importance (3) (Figure 29). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 29



Source: CHNA Survey

Comparison to 2022 CHNA

There has been an increase in the frequency of healthy eating. In 2022, 36% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to 41% in 2025.

Social Drivers Related to Healthy Eating

No characteristics show significant relationships with healthy eating according to correlational analyses.

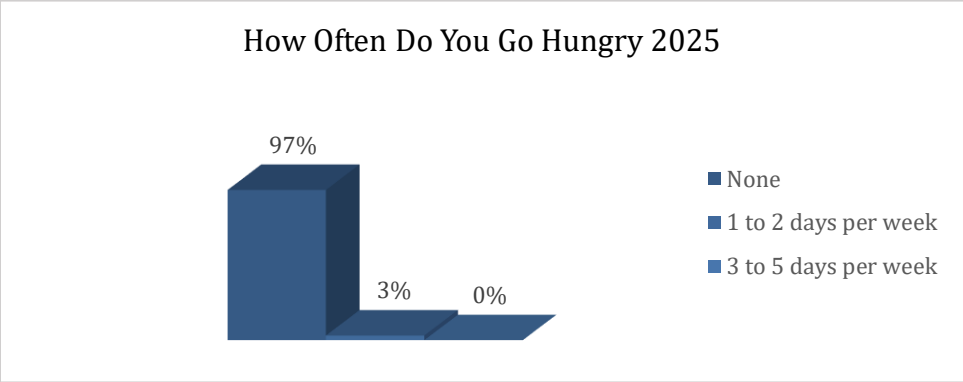
2.3 Understanding Food Insecurity

Importance of the Measure: It is essential that everyone has access to food and drink necessary for living healthy lives. Food insecurity exists when people don't have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs for a healthy life.

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The majority of respondents indicated they do not go hungry, however, 3% indicated they go hungry 1 to 2 days per week (Figure 30).

Figure 30



Source: CHNA Survey

Social Drivers Related to Prevalence of Hunger

Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

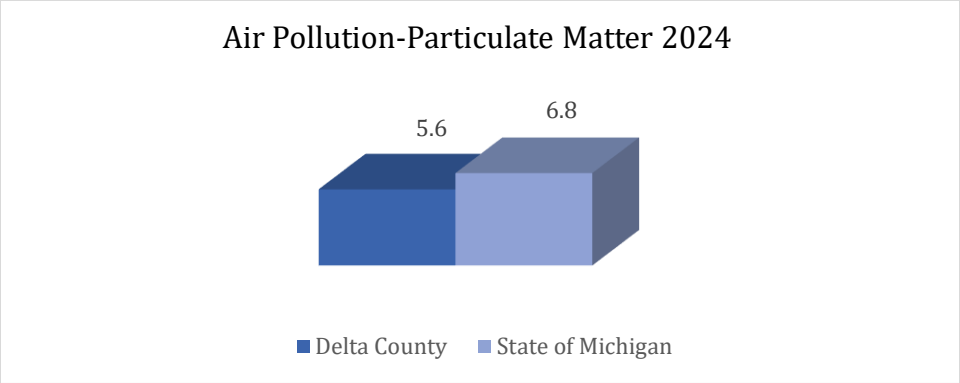
- **Prevalence of Hunger** tends to be more likely for those with less education, for those with less income, and those in an unstable housing environment. It is less likely for White people.

2.4 Physical Environment

Importance of the Measure: According to the County Health Rankings, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles.

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Delta County (5.6) is lower than the State of Michigan average of 6.8 (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

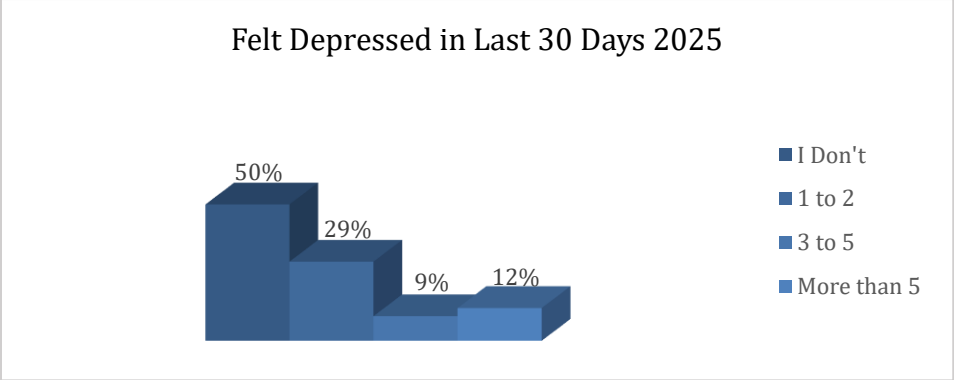
2.5 Health Status

Importance of the Measure: Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

Mental Health

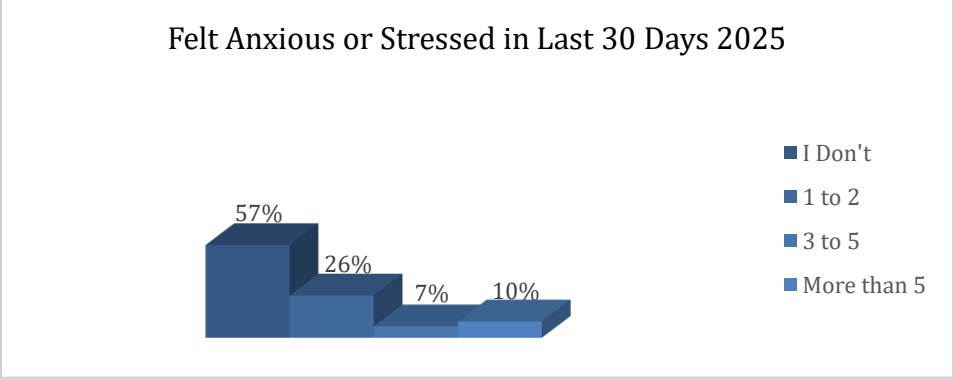
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 50% indicated they felt depressed in the last 30 days (Figure 32) and 43% indicated they felt anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

Figure 33



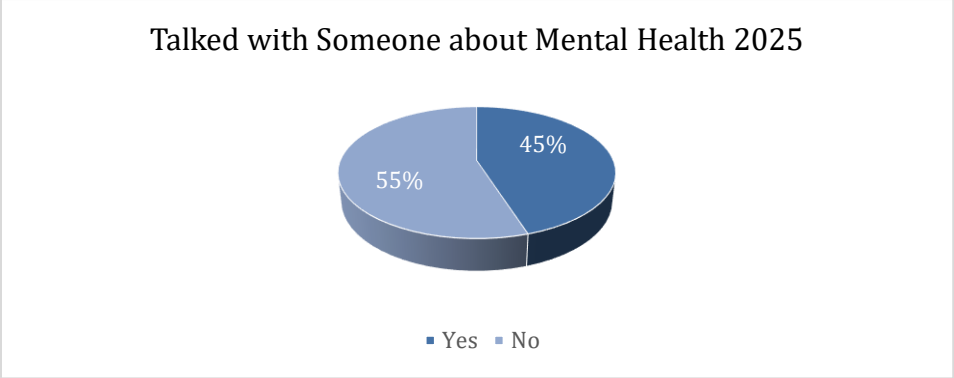
Source: CHNA Survey

Comparison to 2022 CHNA

Results from the 2025 CHNA show a slight increase in the percentage of respondents indicating they felt depressed in the last 30 days. In 2022, 49% of respondents indicated they felt depressed compared to 50% of respondents in 2025. The percentage of respondents indicating that they felt anxious or stressed in the last 30 days remained the same at 43% in 2022 and 2025.

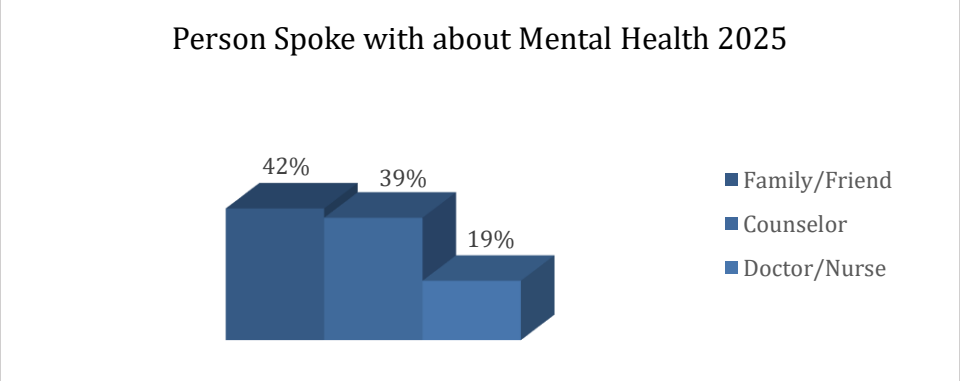
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 45% indicated that they spoke to someone (Figure 34), the most common response was a family/friend (42%), followed by a counselor (39%) (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35



Source: CHNA Survey

Social Drivers Related to Behavioral Health

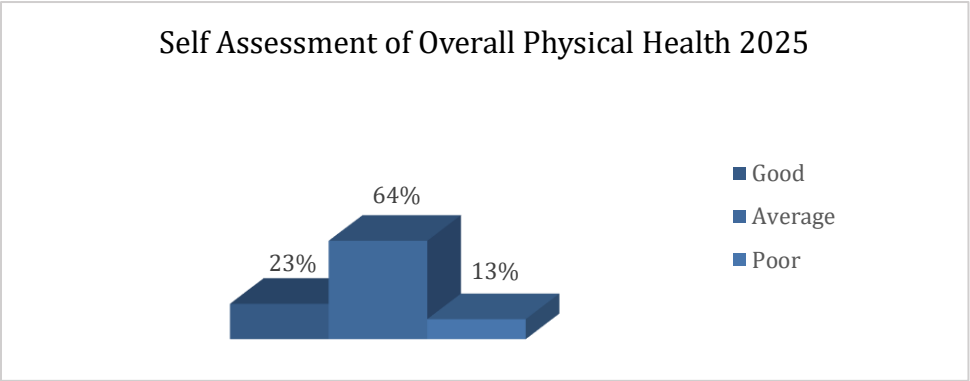
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for younger people, those with less income, and those living in an unstable housing environment.
- **Stress and anxiety** tend to be rated higher for younger people, those with less education, those with less income and those living in an unstable housing environment.

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 13% of respondents reported having poor overall physical health (Figure 36).

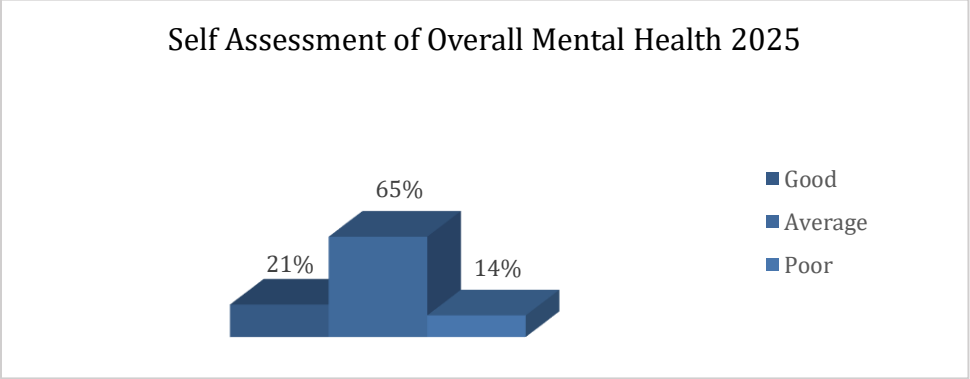
Figure 36



Source: CHNA Survey

In regard to self-assessment of overall mental health, 14% of respondents stated they have poor overall mental health (Figure 37).

Figure 37



Source: CHNA Survey

Comparison to 2022 CHNA

Results are similar for self-perceptions of physical health, 13% of respondents reported poor health in 2022 and 2025. Regarding mental health, more people see themselves in poor health in 2025 (14%), than 2022 (13%).

Social Drivers Related to Self-Perceptions of Health

Multiple characteristics show significant relationships with self-perceptions of health. The following relationships were found using correlational analyses:

- **Perceptions of physical health** tend to be higher for younger people, those with higher education, and those with higher income. Perception of physical health tends to be lower for people living in an unstable housing environment.

- **Perceptions of mental health** tend to be higher for older people, those with higher education, and those with higher income. Perception of mental health tends to be lower for people living in an unstable housing environment.

2.6 Key Takeaways from Chapter 2

- ✓ A RELATIVELY HIGH PERCENTAGE OR RESIDENTS (11%) DO NOT SEEK MEDICAL CARE.
- ✓ ACCESS TO MEDICAL, PRESCRIPTION MEDICATION, DENTAL CARE AND COUNSELING HAVE ALL DECREASED.
- ✓ PROSTATE AND COLORECTAL SCREENINGS HAVE INCREASED, BREAST AND CERVICAL SCREENINGS HAVE DECREASED.
- ✓ THE MAJORITY OF PEOPLE EXERCISE 1 – 5 TIMES PER WEEK AND CONSUME 1- 2 SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ APPROXIMATELY 1/2 OF RESPONDENTS EXPERIENCED DEPRESSION OR STRESS IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

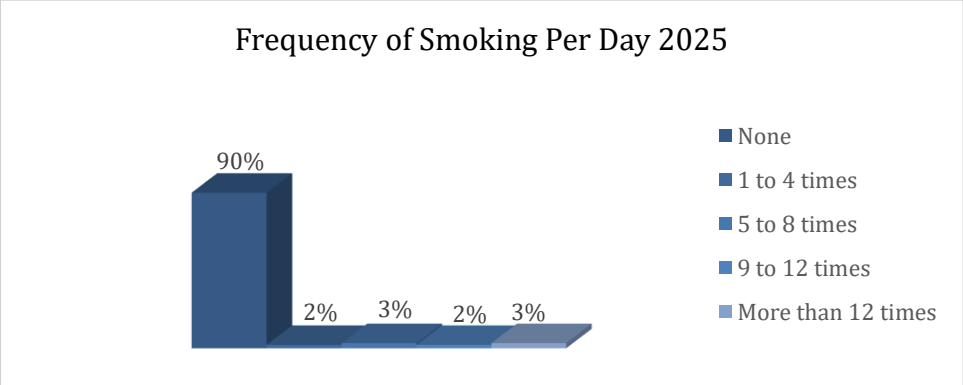
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

Importance of the Measure: In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use facilitates a wide variety of adverse medical conditions.

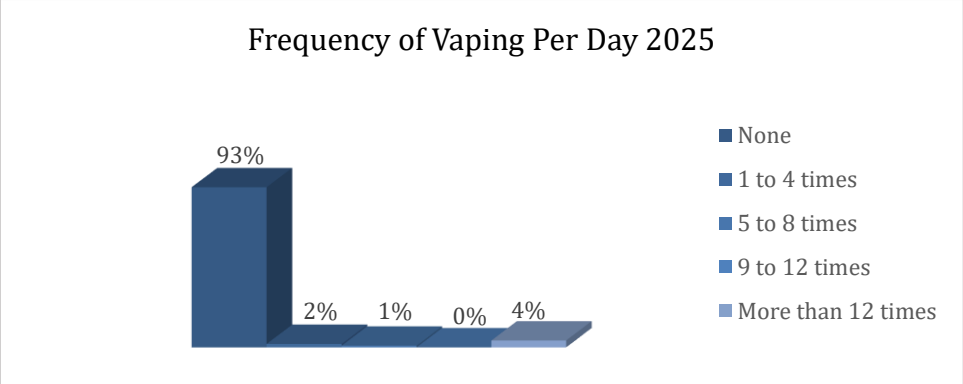
CHNA survey data show 90% of respondents do not smoke and only 3% state they smoke more than 12 times per day (Figure 38). Although only 7% of respondents vape on a daily basis, 4% vape more than 12 times per day (Figure 39).

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Comparison to 2022 CHNA

Results between 2022 and 2025 show a slight improvement in smoking rates, with 12% of people reporting they smoke in 2022, decreasing to 10% in 2025. Comparatively, those who vape, increased, from 6% of respondents vaping in 2022 to 7% vaping in 2025. The frequency of those reporting vaping more than 12 times per day accounted for 4% of respondents, up from 2% in 2022.

Social Drivers Related to Smoking or Vaping

Multiple characteristics show significant relationships with smoking or vaping. The following relationships were found using correlational analyses:

- **Smoking** tends to be rated higher by those with less education and people living in an unstable housing environment.
- **Vaping** tends to be rated higher by those who are younger.

3.2 Drug and Alcohol Use

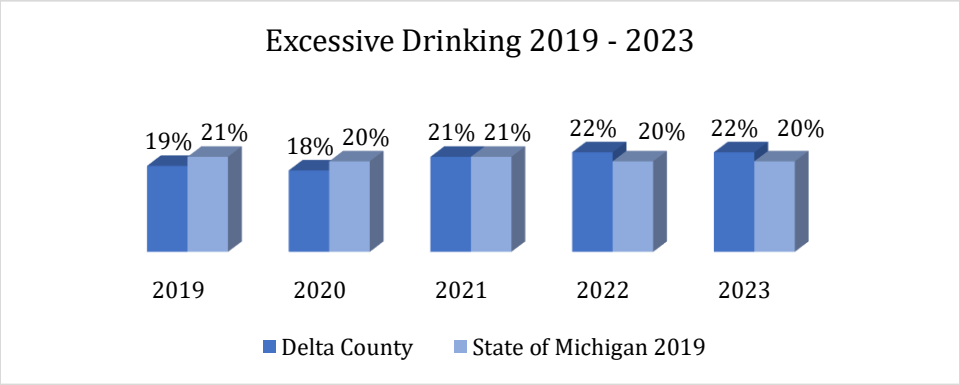
Importance of the Measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance use values and behaviors of high school students is a leading indicator of adult substance use in later years.

Excessive Drinking

Data from the County Health Rankings & Roadmaps measures excessive drinking in Delta County as the percentage of the county's adult population that reports binge or heavy drinking in the past 30 days. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion

or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day. Excessive drinking is calculated as the sum of both behaviors. However, for years 2019-2023, Delta County reported increasing rates of excessive drinking in 2019 (19%) to 2023 (22%), while the State of Michigan decreased slightly in 2019 (21%) to 2023 (20%) (Figure 40).

Figure 40

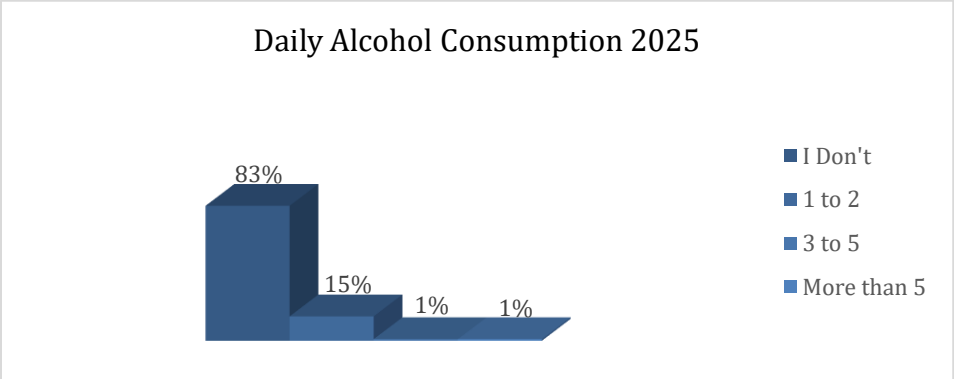


Source: County Health Rankings & Roadmaps

Adult Substance Use

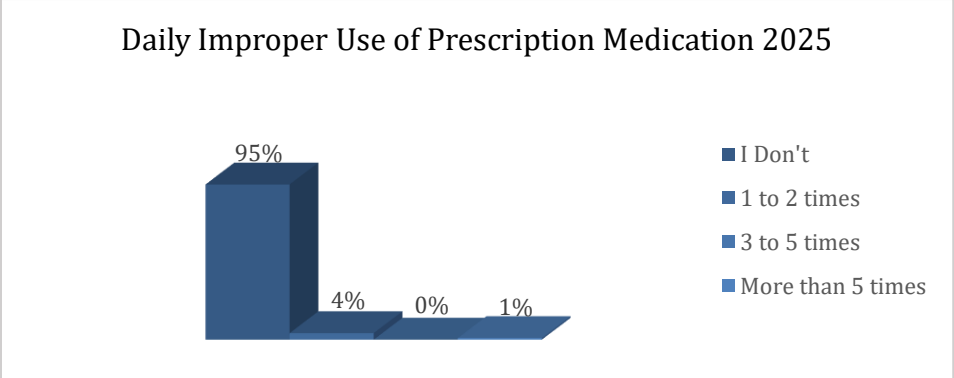
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 83% indicated they did not consume alcohol on a typical day (Figure 41), 95% indicated they do not take prescription medication improperly including opioids on a typical day (Figure 42), 92% indicated they do not use marijuana on a typical day (Figure 43) and 99% indicated they do not use illegal substances on a typical day (Figure 44).

Figure 41



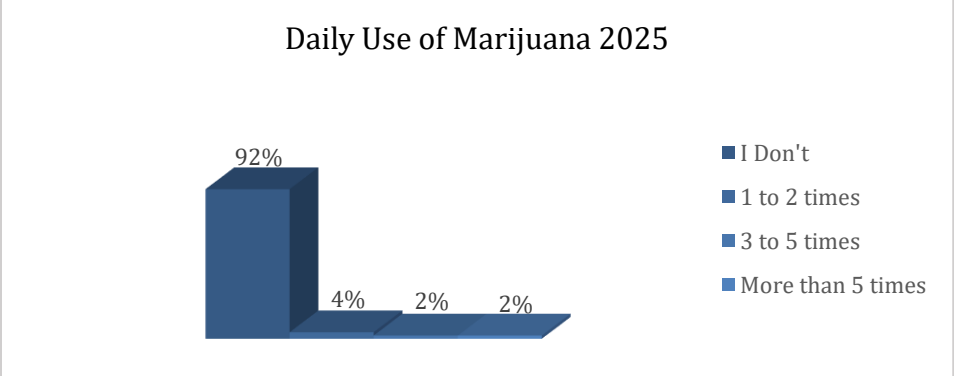
Source: CHNA Survey

Figure 42



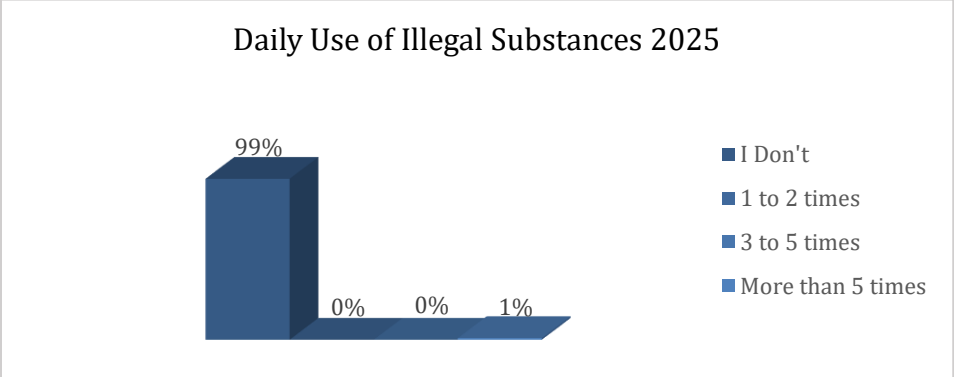
Source: CHNA Survey

Figure 43



Source: CHNA Survey

Figure 44



Source: CHNA Survey

Comparison to 2022 CHNA

In contrast to data assessing excessive drinking in Delta County, average daily alcohol consumption has decreased from 24% in 2022 to 17% in 2025. The daily improper use of

prescription medication has also decreased from 10% in 2022 to 5% in 2025. Meanwhile, the daily use of marijuana has slightly increased from 7% in 2022 to 8% in 2025. The daily use of illegal substances, which was nonexistent at 0% in 2022, has risen to 1% in 2025.

Social Drivers Related to Substance Use

Multiple characteristics show significant relationships with substance use. The following relationships were found using correlational analyses:

- **Alcohol consumption** tends to be rated higher for men.
- **Misuse of prescription medication including opioids** tends to be rated higher by men, those with less income, and those living in an unstable housing environment. Misuse of prescription medication including opioids tends to be rated lower by White people.
- **Marijuana use** tends to be rated higher by younger people and those living in an unstable housing environment.
- **Illegal substance use** tends to be rated higher by younger people, those with lower income, and those living in an unstable housing environment. Use of illegal substances tends to be rated lower by White people.

3.3 Obesity

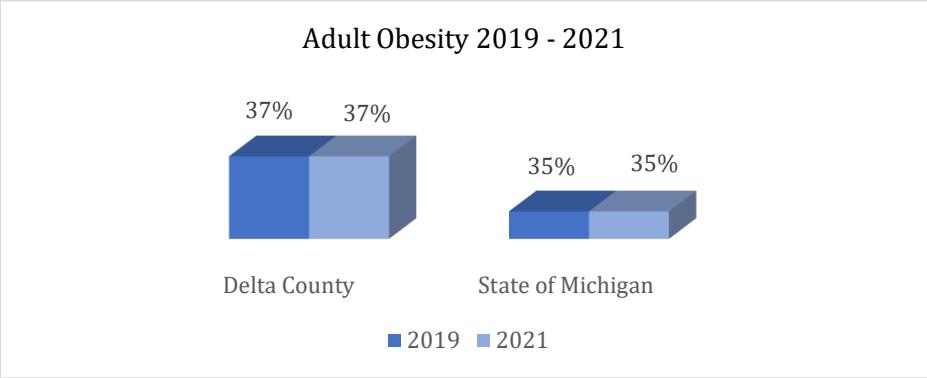
Importance of the Measure: Individuals who are obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Michigan, and within Delta County. The US Surgeon General has characterized obesity as "the fastest-growing, most threatening disease in America today." According to the Obesity Prevention Initiative from the Michigan General Assembly, 20% of Michigan children are obese.

With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

With adults, obesity has far-reaching consequences. Testimony to the Michigan General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

In Delta County, the number of people diagnosed with obesity remained constant from 2019 to 2021 at 37%. Obesity rates in Michigan have also remained constant at 35% (Figure 45).

Figure 45

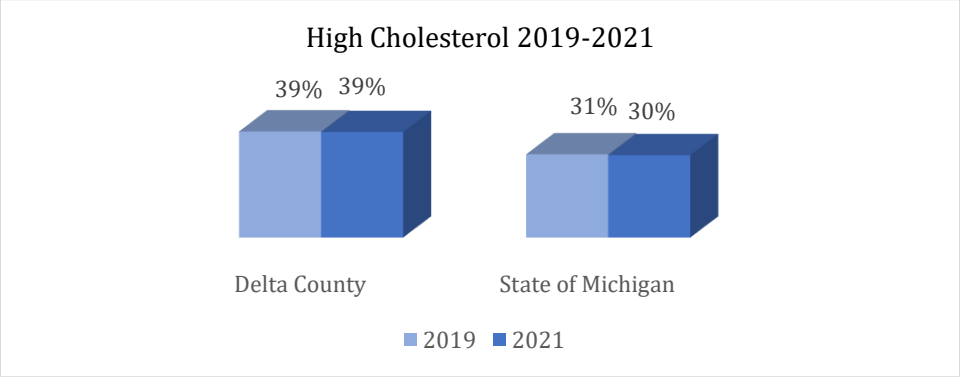


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in Delta County report a higher prevalence of high cholesterol than the State of Michigan average. The percentage of residents who report they have high cholesterol is higher in Delta County (39%) compared to the State of Michigan average of 30% (Figure 46).

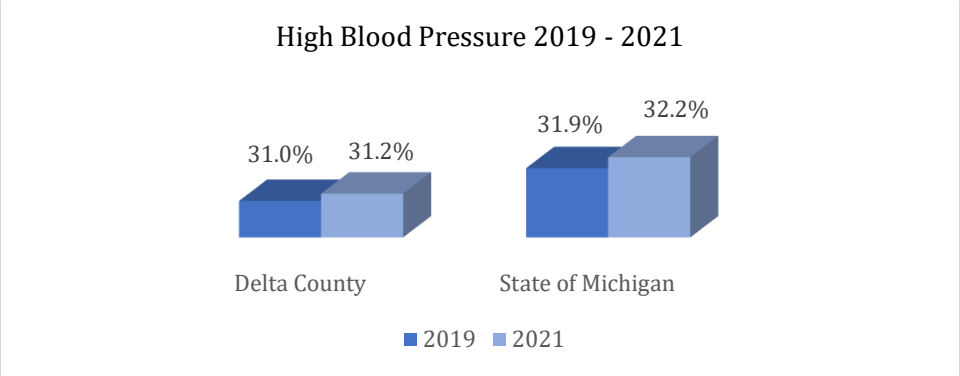
Figure 46



Source: Stanford Data Commons

With regard to high blood pressure, Delta County has a slightly lower percentage of residents with high blood pressure than residents do in the State of Michigan as a whole. The percentage of Delta County residents reporting they have high blood pressure in 2019 and 2021 was about 31%, compared to about 32% in the State of Michigan (Figure 47).

Figure 47



Source: Centers for Disease Control and Prevention

3.5 Key Takeaways from Chapter 3

- ✓ EXCESSIVE DRINKING HAS INCREASED.
- ✓ DAILY MISUSE OF PRESCRIPTION MEDICATION HAS DECREASED.
- ✓ OBESITY RATES HAVE INCREASED AND ARE SIGNIFICANTLY HIGHER THAN THE STATE OF MICHIGAN AVERAGE.

CHAPTER 4 OUTLINE

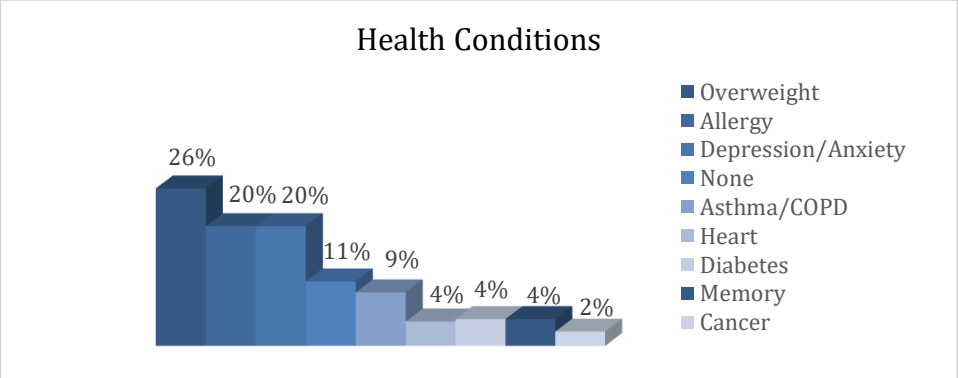
CHAPTER 4: MORBIDITY AND MORTALITY

Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Delta County hospitals using COMPdata Informatics. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (26%) was significantly higher than any other health conditions. This percentage is significantly lower than secondary sources. (Figure 48).

Figure 48



Source: CHNA Survey

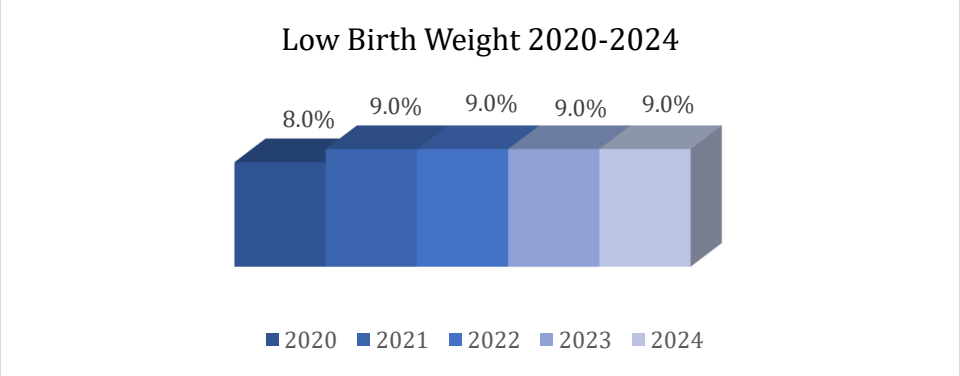
4.2 Healthy Babies

Importance of the Measure: Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of healthy babies. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies.

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Delta County has remained constant at 9% the past four years (Figure 49).

Figure 49



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

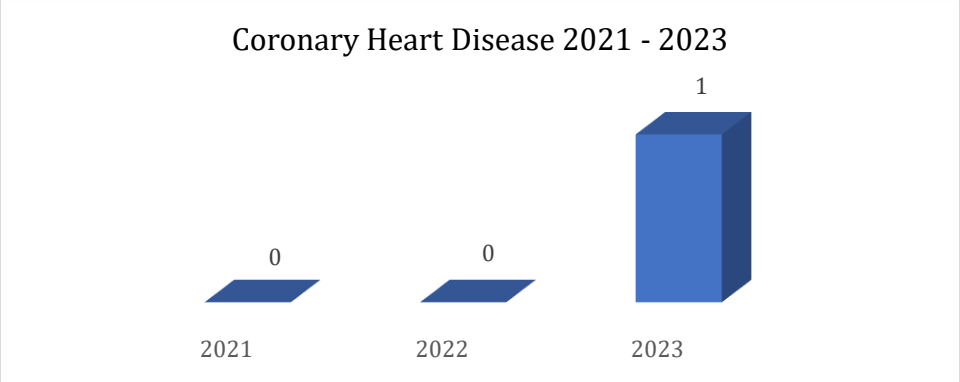
Importance of the Measure: Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

Coronary Heart Disease

Coronary Heart Disease, sometimes-called atherosclerosis, can slowly narrow and/or harden the arteries throughout the body. Coronary artery disease is a leading cause of death for Americans. Most of these deaths resulting from heart attacks caused by sudden blood clots in the heart's arteries.

The number of cases of coronary atherosclerosis complication at Delta County area hospitals has been low, with 1 case reported in 2023 (Figure 50).

Figure 50

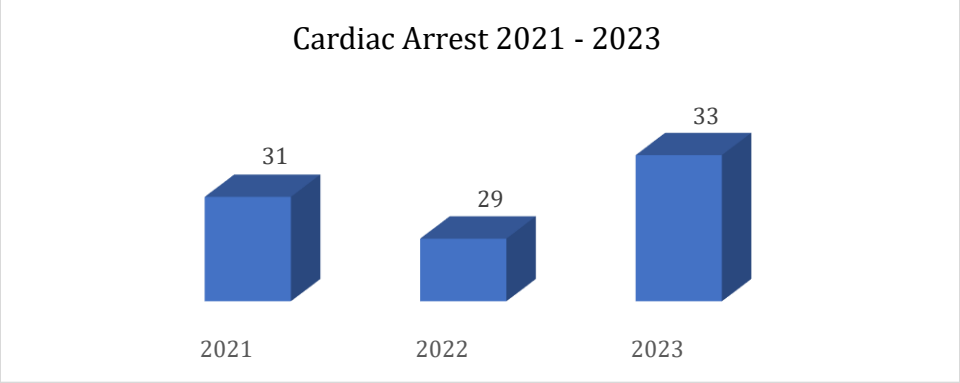


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Delta County area hospitals had an overall increase of 2 cases between 2021 and 2023, with a decrease of 2 cases between 2021 and 2022 (Figure 51).

Figure 51

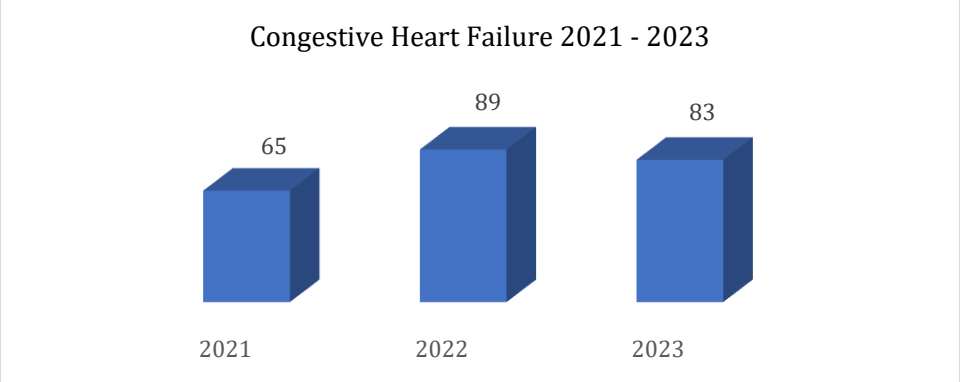


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure at Delta County area hospitals increased from 65 cases in 2021 to 89 cases in 2022, decreasing to 83 cases in 2023 (Figure 52).

Figure 52

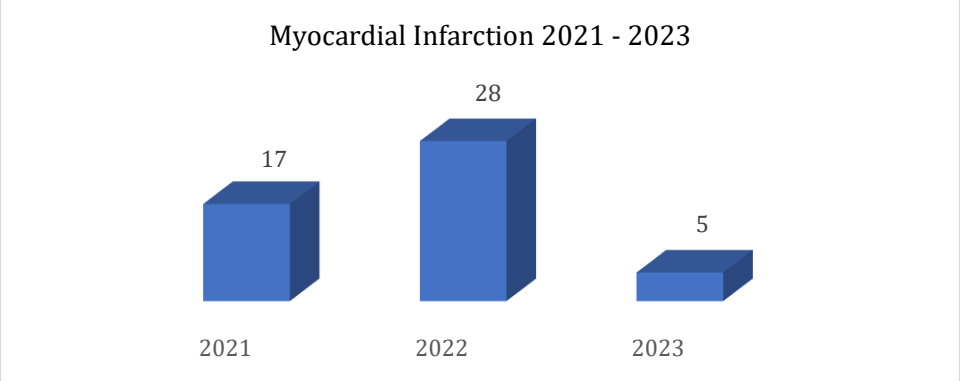


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Delta County increased from 17 in 2021 to 28 cases in 2022 before dropping to 5 in 2023 (Figure 53).

Figure 53

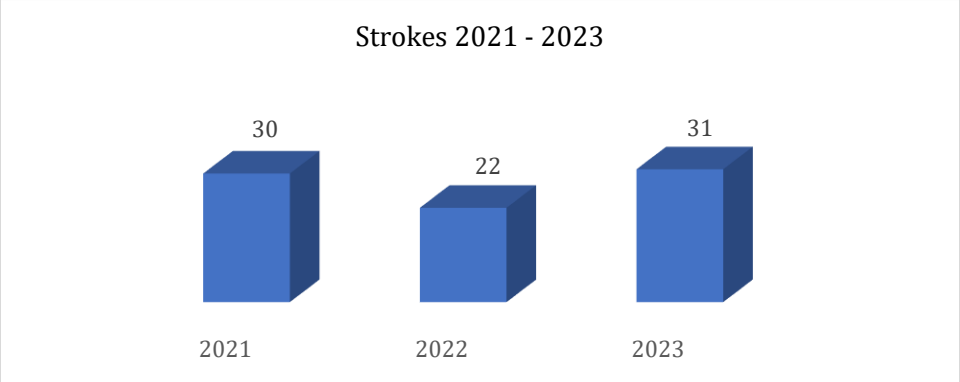


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Delta County area hospitals showed an overall increase from 2021 (30 cases) to 2023 (31 cases), with a decrease in 2022 (22 cases) (Figure 54).

Figure 54



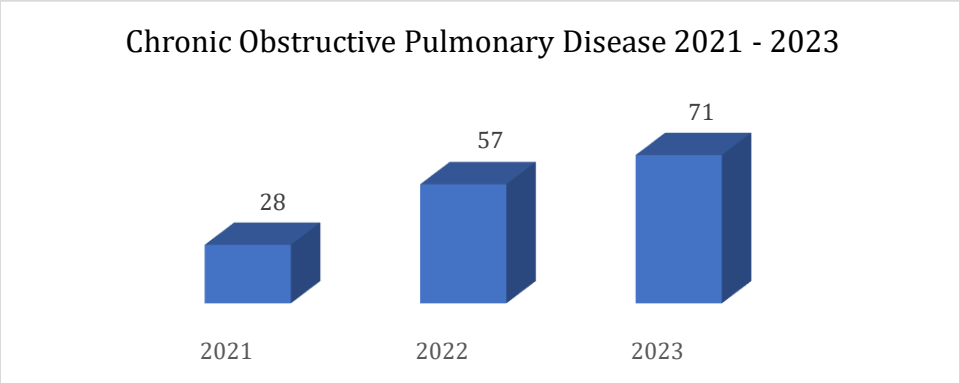
Source: COMPdata Informatics

4.4 Respiratory

Importance of the Measure: Disease of the respiratory system includes acute upper respiratory infections such as influenza, pneumonia, bronchitis, asthma, emphysema and Chronic Obstructive Pulmonary Disease (COPD). These conditions are characterized by breathlessness, wheezing, chronic coughing, frequent respiratory infections and chest tightness. Many respiratory conditions can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes, trips to the emergency room and absences from school and work. Hospitalization rates illustrate the worst episodes of respiratory diseases and are a proxy measure for inadequate treatment.

Treated cases of COPD at Delta County area hospitals significantly increased from 28 in 2021 to 71 cases in 2023 (Figure 55).

Figure 55



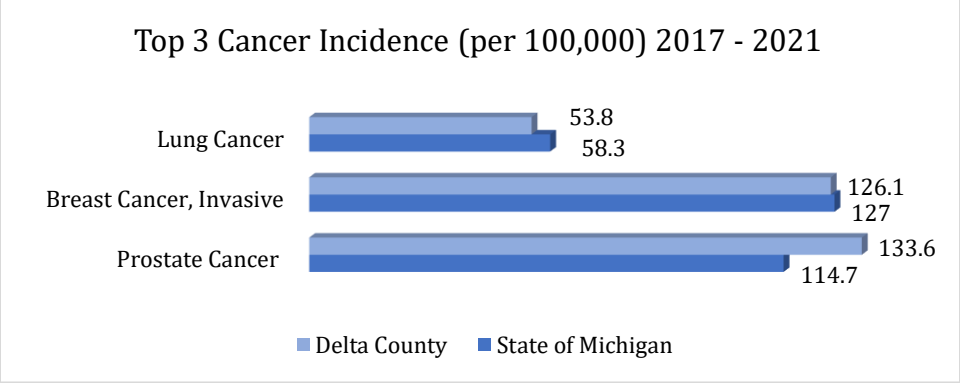
Source: COMPdata Informatics

4.5 Cancer

Importance of the Measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in Delta County.

For the top three prevalent cancers in Delta County, comparisons are illustrated in Figure 56. Specifically, breast cancer and lung cancer are lower than the State of Michigan, while prostate cancer is higher than the State of Michigan.

Figure 56



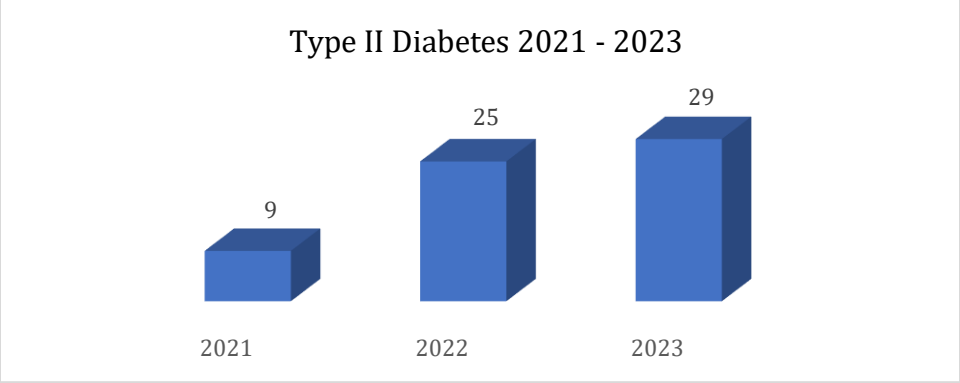
Source: State Cancer Profiles

4.6 Diabetes

Importance of the Measure: Diabetes is the leading cause of kidney failure, adult blindness, and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10% of individuals with diabetes have Type I diabetes (previously known as juvenile diabetes).

Inpatient cases of Type II diabetes from Delta County have steadily increased between 2021 (9) and 2023 (29) (Figure 57).

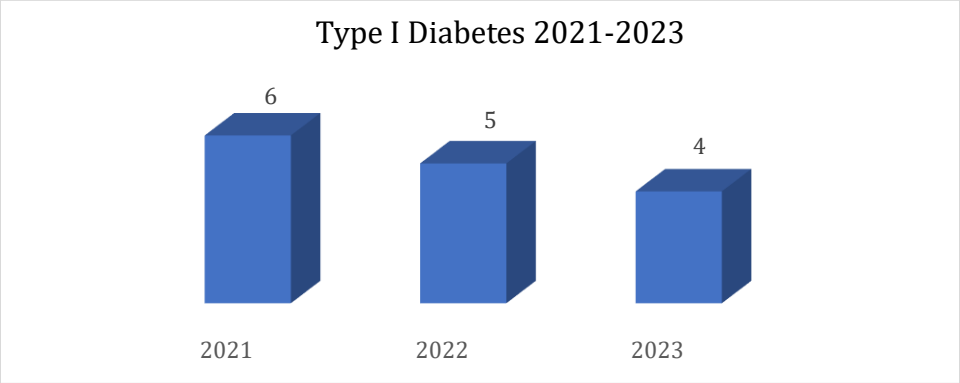
Figure 57



Source: COMPdata Informatics

Inpatient cases of Type I diabetes show a steady decrease from 2021 (6) to 2023 (4) for Delta County.

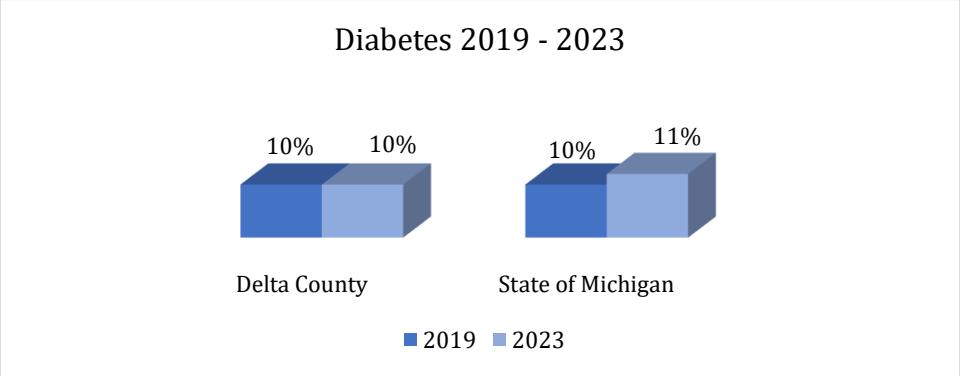
Figure 58



Source: COMPdata Informatics

Data indicates that 10% of Delta County residents have diabetes. Delta County has lower rates of diabetes than the State of Michigan (11%).

Figure 59



Source: County Health Rankings & Roadmaps

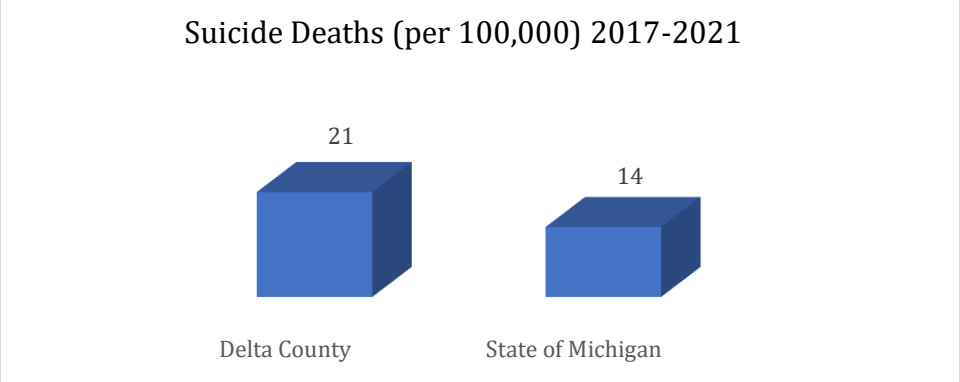
4.7 Injuries

Importance of the Measure: Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues.

Suicide

The number of suicides in Delta County indicate higher incidence than State of Michigan averages, as there were approximately 21 per 100,000 people in Delta County from 2017 to 2021, note this is significantly higher than State of Michigan average of 14 (Figure 60).

Figure 60



Source: Center for Disease Control

4.8 Mortality

Importance of the Measure: Presenting data that focuses on causes of mortality provides an opportunity to define and quantify which diseases are causing the most deaths.

The top three leading causes of death in the State of Michigan and Delta County are similar as a percentage of total deaths in 2022. Diseases of the heart are the cause of 24.7% of deaths, cancer is the cause of 22% of deaths, and COVID-19 is the cause of 6.1% of deaths in Delta County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County and State 2022		
Rank	Delta County	State of Michigan
1	Diseases of Heart (24.7%)	Diseases of Heart (24.6%)
2	Malignant Neoplasm (22%)	Malignant Neoplasm (19.0%)
3	COVID-19 (6.1%)	Accidents (5.8%)
4	Accidents (5.2%)	COVID-19 (5.4%)
5	Stroke (2.9%)	Stroke (5.2%)

Source: Michigan County Department of Health and Human Services

4.9 Key Takeaways from Chapter 4

- ✓ HEART DISEASE, CANCER, AND COVID-19 ARE THE LEADING CAUSES OF MORTALITY.
- ✓ PROSTATE CANCER IS SIGNIFICANTLY HIGHER THAN STATE OF MICHIGAN AVERAGES.
- ✓ SUICIDE RATES ARE HIGHER THAN STATE OF MICHIGAN AVERAGES.

CHAPTER 5 OUTLINE

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

In this chapter, the most critical health-related needs in the community are identified. To accomplish this, community perceptions of health issues, unhealthy behaviors and issues related to well-being were first considered. Key takeaways from each chapter were then used to identify important health-related issues in the community. Next, a comprehensive inventory of community resources was completed; and finally, the most significant health needs in the community are prioritized.

Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

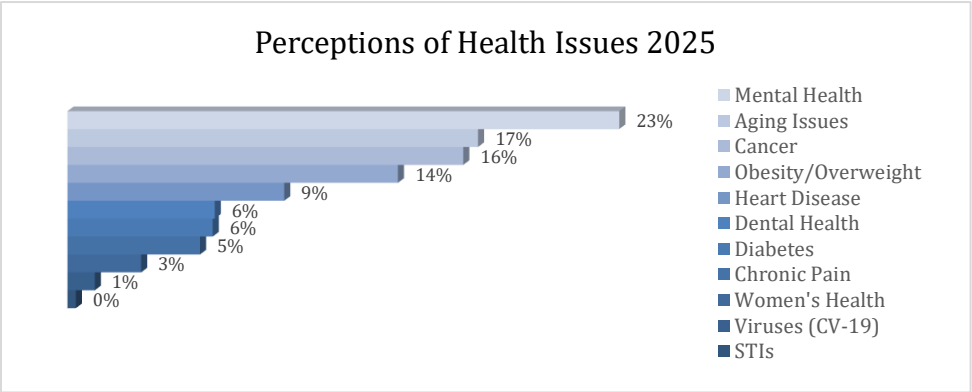
5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 11 different options.

The health issue that rated highest was mental health (23%), followed by aging issues (17%), cancer (16%), and obesity/overweight (14%).

Note that perceptions of the community were accurate in some cases. For example, mental health is a leading health concern in the community. Also, cancer and obesity are important concerns, and the survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.

Figure 61

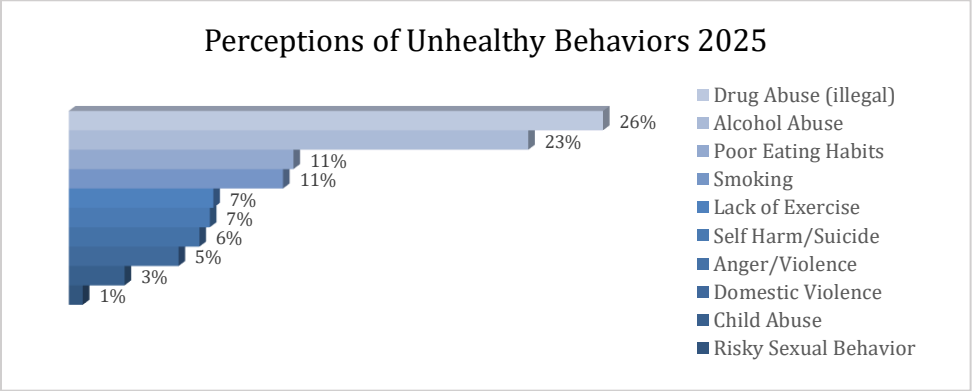


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The two unhealthy behaviors that rated highest were drug use (illegal) at 26% and alcohol use at 23% (Figure 62). These two factors were significantly higher than other categories based on *t-tests* between sample means.

Figure 62



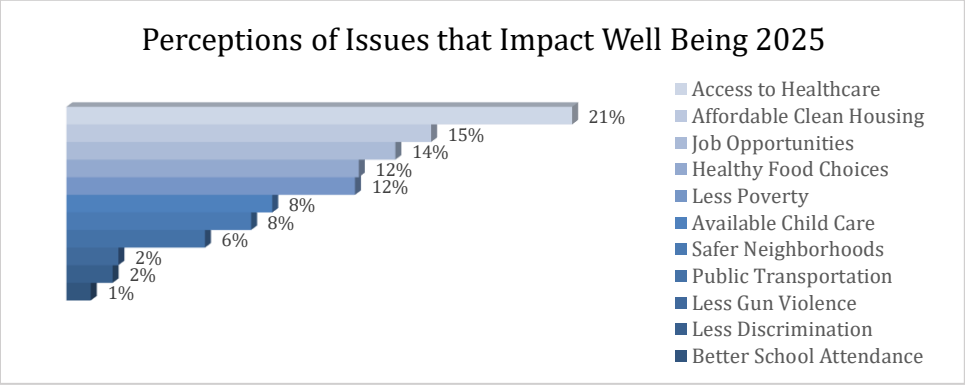
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

Respondents were asked to select the three most important issues impacting well-being in the community out of a total of 11 choices.

The issue impacting well-being that rated highest were access to health (21%), affordable clean housing (15%), and job opportunities (14%) (Figure 63). These two factors were significantly higher than other categories based on *t-tests* between sample means.

Figure 63



Source: CHNA Survey

5.4 Summary of Community Health Issues

Based on findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identification of the most important health-related issues in the community. Considerations for identifying key takeaways include magnitude in the community, strategic importance to the community, existing community resources and potential for impact and trends and future forecasts.

Demographics (Chapter 1) – Three factors were identified as the most important areas of impact from the demographic analyses:

- Population increased
- Population over age 65 increased
- Single female head-of-house-household represents 21.5% of the population

Prevention Behaviors (Chapter 2) – Five factors were identified as the most important areas of impact from the chapter on prevention behaviors:

- Not seeking medical care when needed
- Access to medical, prescription, dental, and counseling services
- Prostate screening and colorectal screening are relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

Symptoms and Predictors (Chapter 3) – Two factors were identified as the most important areas of impact from the chapter on symptoms and predictors:

- Excessive drinking
- Obesity

Morbidity and Mortality (Chapter 4) – Three factors were identified as the most important areas of impact from the chapter on morbidity/mortality behaviors:

- Heart disease, cancer, and COVID-19 are leading causes of mortality
- Prostate cancer
- Suicide rates

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 8 potential categories. Based on similarities and duplication, the 8 potential areas considered are:

- **Not Seeking Healthcare When Needed**
- **Access to Healthcare**
- **Aging Issues**
- **Healthy Behaviors – Nutrition and Exercise**
- **Behavioral Health – Depression and Anxiety**
- **Obesity**
- **Cancer**
- **Suicide**

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 8 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: RESOURCE MATRIX relating to the 8 health-related issues.

There are numerous forms of resources in the community. They are categorized as recreational facilities, county health departments, community agencies and area hospitals/clinics. A detailed list of community resources and descriptions appears in APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES.

5.6 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in

APPENDIX 7: PRIORITIZATION METHODOLOGY), the collaborative team identified two significant health needs and considered them equal priorities:

- **Healthy Behaviors**
- **Behavior Health – Including Mental Health, Substance Use, and Access to Counseling**

HEALTHY BEHAVIORS – EXERCISE, OBESITY AND FOOD INSECURITY

Healthy behaviors, such as regular physical activity and a balanced diet consisting of whole foods, are critical for both physical and mental well-being. Healthy behaviors can have substantial influence in reducing the risk of numerous health issues and these behaviors contribute to increased longevity and improved quality of life. Nationwide, lack of physical exercise and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being. Note that 20% of respondents indicated they do not exercise at all (down from 28% in 2022), while the majority (70%) of residents exercise 1-5 times per week. The most common reasons for not exercising are not having enough energy (31%) or time (19%) and a dislike of exercise (19%). Frequency of exercise tends to be more likely for those with a higher level of education. There has been an increase in those who exercise compared to data from the 2022 CHNA. In 2022, 58% of residents indicated they exercised 1-5 times per week, compared to 70% of residents in 2025.

Similarly, a healthy lifestyle comprised of eating a balanced diet focused on whole foods, rather than ultra-processed foods, has been shown to increase physical, mental, and emotional well-being. Over half (59%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 5%. The most prevalent reasons for failing to eat more fruits and vegetables was the lack of desire. There has been an increase in those who consume fruits and vegetables compared to data from the 2022 CHNA. In 2022, 36% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to 41% in 2025.

While it is essential that everyone has access to food and drink needed for living healthy lives, in Delta County not everyone has access to healthy foods. Food insecurity exists when people don't have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs for a healthy life. Respondents from the CHNA survey indicated that 3% of the population goes hungry at least one a week. Prevalence of hunger tends to be more likely for those with less education, less income, and those in an unstable housing environment.

BEHAVIORAL HEALTH – MENTAL HEALTH, SUBSTANCE USE AND ACCESS TO COUNSELING

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 50% indicated they felt depressed in the last 30 days and 43% indicated they felt anxious or stressed. Depression tends to be rated higher by younger people,

those with less income, and those in an unstable housing environment. Stress and anxiety tend to be rated higher for younger people, those with less income, those with less education, and those in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 45% indicated that they spoke to someone. The most common response was to family and friends (42%). In regard to self-assessment of overall mental health, 14% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE USE. Of survey respondents, 17% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men. Of survey respondents, 5% indicated they improperly use prescription medications each day to feel better and 8% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by men, those with less income, and those living in an unstable housing environment. Marijuana use tends to be rated higher by younger people and those living in an unstable housing environment.

In the 2025 CHNA survey, respondents rated drug use (illegal) as the most prevalent unhealthy behavior (26%) in Delta County, followed by alcohol use (23%).

ACCESS TO COUNSELING. In the CHNA survey, respondents were asked, "Was there a time when you needed counseling but were not able to get it?" Of survey respondents, 21% indicated they were not able to get mental-health counseling when needed. The two most prevalent reasons for not having access to counseling were the wait for an appointment was too long and affordability. Access to counseling tends to be rated higher by older people and those with higher income. Access to counseling tends to be lower for people in an unstable housing environment.

III. APPENDICES

APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM

Members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Individuals, affiliations, titles and expertise are as follows:

Danielle Carlson, Public Relations and Communications Coordinator, OSF Healthcare St. Francis Hospital & Medical Group
Danielle graduated from Cardinal Stritch University in Milwaukee, Wisconsin with a bachelor's degree in business management. She has eight years of marketing experience working for organizations like Thermo Fisher Scientific and Engineered Machined Products. Prior to these roles she worked in account management and administration. At OSF HealthCare, Danielle is responsible for internal communications as well as strategic initiatives including media relations, social media, sponsorships, and events.

Lacey Crabb, MSN, FNP-C, Vice President of Patient Care Services and Chief Nursing Officer, OSF St. Francis Hospital
Lacey was born and raised in the Upper Peninsula and graduated from Marquette Senior High School. She earned her Bachelor of Science in nursing from Northern Michigan University in Marquette, Michigan, where she went on to complete her Master of Science in Nursing. Lacey began her career as a registered nurse and became a nurse practitioner in 2008. She spent nine years serving as a nurse practitioner hospitalist and later served as the chief hospitalist of Sound Physicians, overseeing all hospitalist services at OSF St. Francis Hospital. With strong leadership skills and a positive rapport with nursing staff at OSF, it was only natural for Lacey to continue serving OSF patients in a new capacity.

Korinne Lamoreaux, Project Coordinator, OSF Healthcare St. Francis Hospital & Medical Group
Korinne graduated from Northern Michigan University where she earned a Bachelor of Science in biology and a concentration in physiology. She has been a part of OSF Healthcare since 2022 and plays a role in coordinating a variety of projects aimed at improving healthcare operations and patient care within the hospital.

Samantha Larson, BSN, RN, Director of Physician Offices
Samantha is currently working on her Master of Science in Nursing Administration from Walden University. In addition, her educational background includes a Bachelor of Science in Nursing from Finlandia University as well as an Associate of Applied Science degree in Nursing from Bay De Noc Community College. Samantha has been with OSF for 12 years. She started her career as a Front office assistant and medical records specialist prior to completing her nursing degree in 2012. She worked in many departments in the medical group as an RN until 2017 when she became involved in clinical practice and clinical education. In 2023 she took over as manager of the Gladstone family practice clinic and in May of 2024 she became Director of the medical group. Samantha's diverse background and understanding of the various roles in the clinics make her well suited for her current position. She is responsible for the operational and administrative oversight of the OSF St. Francis Medical Group practices.

Caron Salo, Associate Executive Director, Northern Lights YMCA
Caron has worked for the YMCA since 1996. She is responsible for the operations at the Delta Center which currently includes 3 facilities. She oversees all aspects of program development and

administration including budget management, marketing, community partnerships, strategic planning, staff development, and all major fundraising efforts including the YMCA Annual Campaign and special events. Caron is a member of the Bay de Noc Lions Club and a past member of the OSF St. Francis Advisory Board.

Myra Smeester, M.A. Ed.-ECE, ECP Director/Deputy Director MDS CAA/HRA
Myra is the Deputy Director at the Menominee Delta Schoolcraft Community Action Agency. She has a Master of Art in Education, with a focus in Early Childhood Education and has worked for the agency since 2006. As Deputy Director, Myra operates the Early Childhood Program, which includes Head Start and Early Head Start. She is also assisting in leading and supporting the Community Action Agency as well. This includes supporting and guiding programs while aligning with the agency's mission. She participates in strategic planning and the implementation of the agency plan, as well as allocating resources and determining the design and execution of new programs to increase services in the three-county service area.

Michael Snyder RS, MPA, Health Officer, Public Health Delta & Menominee Counties
Michael Snyder is the Health Officer for Public Health Delta & Menominee Counties. He received his Bachelor degree in Conservation and Master's Degree in Public Administration from Northern Michigan University. He also received a Certificate in the Foundation of Public Health from the University of Michigan. Michael has been employed at Public Health since 1994 and has been the Health Officer since 2012.

Nichole Varoni, BSN, RN, Hannahville Health and Human Services
Nichole has been a registered nurse for over 22 years. Her experience includes Hospital Leadership, Emergency Department, Obstetrics and Urgent Care. Currently employed with Hannahville Health and Human Services for the last 2.5 years. Current role includes primary care nursing, collaborative care, case management, 340B champion, Tele-Psych program coordinator and clinic compliance.

Kayla Weise, Director of Entity Finance, OSF St. Francis Hospital & Medical Group
Kayla is responsible for the day-to-day leadership, influence and support to the people and processes that drive business performance for the Escanaba region. She provides leadership for the deployment of Ministry strategies for affordability and sustainability as well as leverages Ministry financial planning and analysis, health analytics and other resources to lead and perform analysis and activities that are necessary to support OSF St. Francis Hospital & Medical Group leaders in achieving performance targets. Kayla joined OSF from Munson HealthCare in Traverse City where she worked most recently in Clinical and Business Intelligence (CBI) as a financial analytics program manager. She has also held multilevel roles as a business intelligence analyst. Prior to beginning her career at Munson Healthcare, Kayla was a Mission Partner at OSF Home Care Services for four years, in which she held roles as a senior accountant and later as a financial analyst. Leading up to her time at OSF HealthCare, Kayla worked in various accounting roles after graduating from Saginaw Valley State University Center with a bachelor degree in business administration.

Gary Willoughby, Executive Director, Menominee-Delta-Schoolcraft Community Action Agency
Gary's education includes a Bachelor of Arts degree in communication and journalism, a graduate certificate in gerontology, and a master's degree in public administration. Additionally, he has nonprofit management certificates from the University of Wisconsin-Milwaukee and from the Harvard Business School at the Buffalo Club in New York. His experience includes serving in leadership roles in nonprofit

agencies in senior services, public transportation, animal welfare, as well as in county government and in the for-profit sector. He is a former board member for the Florida Council on Aging, the New York State Animal Protection Federation, and served as an Advisory Council member for Lincoln Memorial University's College of Veterinary Medicine, Medaille College's Veterinary Technician program, and Florida Gulf Coast University's Center for Positive Aging.

In addition to collaborative team members, the following **facilitators** managed the process and prepared the Community Health Needs Assessment. Their qualifications and expertise are as follows:

Michelle A. Carrothers (Coordinator) is currently the Vice President of Strategic Reimbursement for OSF Healthcare System, a position she has served in since 2014. She serves as a Business Leader for the Ministry Community Health Needs Assessment process. Michelle has over 35 years of health care experience. Michelle obtained both a Bachelor of Science Degree and Masters of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and has earned her Fellow of the Healthcare Financial Management Association Certification in 2011. Currently she serves on the National Board of Examiners for HFMA. Michelle serves on various Peoria Community Board of Directors and Illinois Hospital Association committees.

Dawn Tuley (Coordinator) is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and acts as the coordinator for 15 Hospital Community Health Need Assessments. In addition, she coordinates the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn holds a Master's in Healthcare Administration from Purdue University and is certified in Community Benefit. Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over twelve years. She has served as the Vice President, President-Elect and two terms as the Chapter President on the board of Directors. She has earned a silver, bronze, gold and Metal of Honor from her work with the McMahon-Illini HFMA Chapter. She is currently serving as a Director on the board.

Dr. Laurence G. Weinzimmer, Ph.D. (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management in the Foster College of Business at Bradley University in Peoria, IL. An internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous *Fortune 100* companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national best sellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principal investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS

Two major health needs were identified and prioritized in the Delta County 2022 CHNA. Below are examples of the activities, measures, and impact during the last three years to address these needs.

Using a modified version of the Hanlon Method, the collaborative team prioritized two significant health needs:

1. **Healthy Behaviors – defined as active living and healthy eating, and their subsequent impact on obesity**
2. **Behavioral Health – including mental health and substance use**

Healthy Behaviors - Defined as Active Living, Healthy Eating and Their Impact on Obesity

Goal 1: *Increase awareness of the importance of exercise for overall health and well-being in Delta County*

1. Sponsored events that encourage healthy living, i.e. 5ks, events targeting youth and supporting recreational opportunities
    a. Increased the financial contributions from $6,750 to $14,250
2. Improved access to fitness equipment by increasing awareness and memberships to the fitness center at rehab
    a. Increased memberships from 0 participants to 85 participants in FY 24

Goal 2*: Increase awareness of the importance of proper nutrition in overall health and wellness within Delta County*

1. Increased number of referrals to Food as Medicine program through primary care providers
    a. Increased participants from 9 to 144 in FY 24
2. Distributed and promoted articles and education on healthy eating through traditional and social media
    a. Posted a minimum of 1 article per month, resulting in a total of 16 per year
3. Participated in family-oriented events to provide nutrition information through a collaborative approach with the medical group
    a. One event hosted in FY25 - experienced some difficulties with staffing due to the pandemic
4. Increased number of participants in “know your numbers” blood sugar and cholesterol screenings for community
    a. Provided screenings for 199 participants

***Goal 2**: Support current resources available for food assistance through awareness and assistance in maintaining necessary food levels; continue to educate population on importance of healthy eating and availability of fruits and vegetables in the county.*

1. Organized and distributed Mission Meals, a healthy, shelf-stable meal accompanied by relevant nutritional information
    a. Distributed 309 meals to community partners

2. Conducted a non-perishable food drive to support the annual stuff a blue goose campaign
    a. Collected 914 pounds of food

Behavioral Health - Defined as Mental Health and Substance Use

***Goal 1:** Increase number of persons receiving behavioral health services at OSF St. Francis Hospital*

1. Supported Delta County Suicide Prevention Task Force
    a. Increased donations to $1,000 per year from $500 a year for a total of $3,000 of support

2. Attended Delta Schoolcraft Intermediate School District Mental Health Taskforce meetings and actively supported relevant initiatives
    a. Due to staffing issues was unable to appoint a delegate to these meetings

3. SDOH Mental Health Screenings
    a. Tactic not completed

4. Provided free Behavioral Health Navigation services
    a. Patients were supplied with material for the free navigation service while at appointments - due to the service being out of state they were unaware of what services were local to SFHMG and not able to assist in a lot of cases

5. Conducted Edinburgh screening post-partum in OB Department; referred patients who need additional resources and support
    a. 1,097 patients were scored and given appropriate follow up as of Q2

***Goal 2:** Support drug and alcohol educational programs and collaborative coalitions to increase knowledge and decrease substance use or misuse*

1. Maintained or increased the number of patients receiving medication assisted treatment (MAT) within family practice
    a. 2,542 patients enrolled in the program, as of March 2025

2. Maintained or increased number of patients in MAT program embedded in OB-GYN office
    a. 28 patients enrolled in the program, as of March 2025

3. Increased awareness of on-site drug take-back drop box; coordinate and/or support community drug take back events and additional patient community awareness
    a. 329.5 pounds collected from the drug takeback box, as of March 2025

Goal 3: *Increase number of persons receiving behavioral health services or referrals through at OSF St. Francis Hospital & Medical Group.*

1. Increased awareness and utilization of behavioral health navigator for patients to connect them to resources
    a. 25 patients used the behavioral health navigator - there was personnel change and lack of out-of-state knowledge for the navigator to adequately serve our local population

2. Created awareness among OSF clinicians regarding MC3 program; increased number who utilize service
    a. The program did not get off the ground locally

3. Created collaborative behavioral health program with DSISD
    a. Contract sign 12/8/22 -program very successful and numbers are below

4. Increased the number of completed counseling sessions completed by students referred through collaborative behavioral health program with the DSISD
    a. 1649 counseling sessions with the one psychotherapist that was on staff at the time, as of March 2025

APPENDIX 3: SURVEY

2024 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, and other factors that may impact your health. We are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 12 minutes to complete. All of your individual responses are anonymous and confidential. We will use the survey results to better understand and address health needs in our community.

COMMUNITY PERCEPTIONS

1. What would you say are the three (3) biggest **HEALTH ISSUES** in our community?

- ☐ Aging issues, such as Alzheimer's disease, hearing loss, memory loss, arthritis, falls
- ☐ Cancer
- ☐ Chronic pain
- ☐ Dental health (including tooth pain)
- ☐ Diabetes
- ☐ Heart disease/heart attack
- ☐ Mental health issues, such as depression, anxiety
- ☐ Obesity/overweight
- ☐ Sexually transmitted infections
- ☐ Viruses, such as COVID-19 or flu
- ☐ Women's health, such as pregnancy, menopause

2. What would you say are the three (3) most **UNHEALTHY BEHAVIORS** in our community?

- ☐ Angry behavior/violence
- ☐ Alcohol abuse
- ☐ Child abuse
- ☐ Domestic violence
- ☐ Drug use
- ☐ Lack of exercise
- ☐ Poor eating habits
- ☐ Risky sexual behavior
- ☐ Self harm/suicide
- ☐ Smoking/vaping (tobacco use)

3. What would you say are the three (3) most important factors that would improve your **WELL-BEING**?

- ☐ Access to health services
- ☐ Affordable healthy housing
- ☐ Availability of child care
- ☐ Better school attendance
- ☐ Good public transportation
- ☐ Less gun violence
- ☐ Job opportunities
- ☐ Less poverty
- ☐ Less race/ethnic discrimination
- ☐ Safer neighborhoods/schools

ACCESS TO CARE

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Medical Care

1. When you get sick, where do you go most often? (Please choose only one answer).

- ☐ Clinic/Doctor's office
- ☐ Urgent Care Center
- ☐ Emergency Department
- ☐ I don't seek medical care

If you don't seek medical care, why not?

☐ Fear of Discrimination ☐ Lack of trust ☐ Cost ☐ I have experienced bias ☐ Do not need

2. In the last YEAR, was there a time when you needed medical care but were not able to get it?

- ☐ Yes (please answer #3)
- ☐ No (please go to #4: Prescription Medicine)

3. If you were not able to get medical care, why not? (Please choose all that apply).

- ☐ Didn't have health insurance.
- ☐ Too long to wait for appointment.
- ☐ Cannot afford
- ☐ Didn't have a way to get to the doctor
- ☐ Fear of discrimination
- ☐ Lack of trust

Prescription Medicine

4. In the last YEAR, was there a time when you needed prescription medicine but were not able to get it?

- ☐ Yes (please answer #5)
- ☐ No (please go to #6: Dental Care)

5. If you were not able to get prescription medicine, why not? (Please choose all that apply).

- ☐ Didn't have health insurance
- ☐ Pharmacy refused to take my insurance or Medicaid
- ☐ Cannot afford
- ☐ Didn't have a way to get to the pharmacy
- ☐ Fear of discrimination
- ☐ Lack of trust

Dental Care

6. In the last YEAR, was there a time when you needed dental care but were not able to get it?

- ☐ Yes (please answer #7)
- ☐ No (please go to #8: Mental-Health Counseling)

7. If you were not able to get dental care, why not? (Please choose all that apply).

- ☐ Didn't have dental insurance
- ☐ The dentist refused my insurance/Medicaid
- ☐ Cannot afford
- ☐ Didn't have a way to get to the dentist
- ☐ Fear of discrimination
- ☐ Lack of trust
- ☐ Not sure where to find available dentist

Mental-Health Counseling

8. In the last YEAR, was there a time when you needed mental-health counseling but could not get it?

- ☐ Yes (please answer #9)
- ☐ No (please go to next section – HEALTHY BEHAVIORS)

9. If you were not able to get mental-health counseling, why not? (Please choose all that apply).

- ☐ Didn't have insurance
- ☐ The counselor refused to take insurance/Medicaid
- ☐ Cannot afford
- ☐ Embarrassment
- ☐ Didn't have a way to get to a counselor
- ☐ Cannot find counselor
- ☐ Fear of discrimination
- ☐ Lack of trust
- ☐ Long wait time.

HEALTHY BEHAVIORS

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Exercise

1. In a typical WEEK how many times do you participate in exercise, (such as jogging, walking, weight-lifting, fitness classes) that lasts for at least 30 minutes?

☐ None (please answer #2) ☐ 1 – 2 times ☐ 3 - 5 times ☐ More than 5 times

2. If you answered "none" to the question about exercise, why didn't you exercise in the past week? (Please choose all that apply).

☐ Don't have any time to exercise
☐ Don't like to exercise
☐ Can't afford the fees to exercise
☐ Don't have child care while I exercise
☐ Don't have access to an exercise facility
☐ Too tired
☐ Safety issues

Healthy Eating

3. On a typical DAY, how many **servings/separate portions** of fruits and/or vegetables did you have? An example would be a banana (but not banana flavored pudding).

☐ None (please answer #4) ☐ 1 - 2 servings ☐ 3 - 4 servings ☐ 5 servings or more

4. If you answered "none" to the questions about fruits and vegetables, why didn't you eat fruits/vegetables? (Please choose all that apply).

☐ Don't have transportation to get fruits/vegetables
☐ Don't like fruits/vegetables
☐ It is not important to me
☐ Can't afford fruits/vegetables
☐ Don't know how to prepare fruits/vegetables
☐ Don't have a refrigerator/stove
☐ Don't know where to buy fruits/vegetables

5. Please check the box next to any health conditions that you have. (Please choose all that apply).
If you don't have any health conditions, please check the first box and go to question #6: Smoking.

☐ I do not have any health conditions
☐ Diabetes
☐ Depression/anxiety
☐ Allergy
☐ Heart problems
☐ Stroke
☐ Asthma/COPD
☐ Overweight
☐ Cancer
☐ Memory problems

Smoking

6. On a typical DAY, how many cigarettes do you smoke?

☐ None ☐ 1 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ More than 12

Vaping

7. On a typical DAY, how many times do you use electronic vaping?

☐ None ☐ 1 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ More than 12

GENERAL HEALTH

8. Where do you get most of your health information and how would you like to get health information in the future? (For example, do you get health information from your doctor, from the Internet, etc.). _____

_____

9. Do you have a personal physician/doctor? ☐ Yes ☐ No

10. How many days a week do you or your family members go hungry?

☐ None ☐ 1–2 days ☐ 3-5 days ☐ More than 5 days

11. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?

☐ None ☐ 1–2 days ☐ 3 – 5 days ☐ More than 5 days

12. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?
☐ None ☐ 1–2 days ☐ 3 - 5 days ☐ More than 5 days

13. In the last YEAR have you talked with anyone about your mental health?
☐ No ☐ Doctor/nurse ☐ Counselor ☐ Family/friend

14. How often do you use prescription pain medications not prescribed to you or use differently than how the doctor instructed on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

15. How many alcoholic drinks do you have on a typical DAY?
☐ None ☐ 1–2 drinks ☐ 3-5 drinks ☐ More than 5 drinks

16. How often do you use marijaunia on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

17. How often do you use substances such as inhalants, ecstasy, cocaine, meth or heroin on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

18. Do you feel safe in your home? ☐ Yes ☐ No

19. Do you feel safe in your neighborhood? ☐ Yes ☐ No

20. In the past 5 years, have you had a:

Breast cancer screening/mammogram	☐ Yes	☐ No	☐ Not applicable
Prostate exam	☐ Yes	☐ No	☐ Not applicable
Colon cancer screening	☐ Yes	☐ No	☐ Not applicable
Cervical cancer screening/pap smear	☐ Yes	☐ No	☐ Not applicable

Overall Health Ratings

21. My overall physical health is: ☐ Below average ☐ Average ☐ Above average
22. My overall mental health is: ☐ Below average ☐ Average ☐ Above average

INTERNET

1. Do you have Internet at home? For example, can you watch Youtube at home?

☐ Yes (please go to next section – BACKGROUND INFORMATION) ☐ No (please answer #2)

2. If don't have Internet, why not? ☐ Cost ☐ No available Internet provider ☐ I don't know how ☐ Data limits ☐ Poor Internet service ☐ No phone or computer

BACKGROUND INFORMATION

1. What county do you live in?

☐ Delta ☐ Other

2. What is your Zip Code? _____

3. What type of health insurance do you have? (Please choose all that apply).

☐ Medicare ☐ Medicaid/State insurance ☐ Commercial/Employer

☐ Don't have (Please answer #4)

4. If you answered "don't have" to the question about health insurance, why **don't** you have insurance? (Please choose all that apply).

☐ Can't afford health insurance ☐ Don't need health insurance

☐ Don't know how to get health insurance

5. What is your gender? ☐ Male ☐ Female ☐ Non-binary ☐ Transgender ☐ Prefer not to answer

6. What is your sexual orientation? ☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Queer ☐ Prefer not to answer

7. What is your age? ☐ Under 20 ☐ 21-35 ☐ 36-50 ☐ 51-65 ☐ Over 65

8. What is your racial or ethnic identification? (Please choose only one answer).

☐ White/Caucasian ☐ Black/African American ☐ Hispanic/LatinX

☐ Pacific Islander ☐ Native American ☐ Asian/South Asian

☐ Multiracial

9. What is your highest level of education? (Please choose only one answer).

☐ Grade/Junior high school ☐ Some high school ☐ High school degree (or GED)

☐ Some college (no degree) ☐ Associate's degree ☐ Certificate/technical degree

☐ Bachelor's degree ☐ Graduate degree

10. What was your household/total income last year, before taxes? (Please choose only one answer).

☐ Less than $20,000 ☐ $20,001 to $40,000 ☐ $40,001 to $60,000

☐ $60,001 to $80,000 ☐ $80,001 to $100,000 ☐ More than $100,000

11. What is your housing status?

☐ Do not have ☐ Have housing, but worried about losing it ☐ Have housing, **NOT** worried about losing it

12. How many people live with you? _____

13. Prior to the age of 18, which of the following did you experience (check all that apply):

☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse

☐ Substance use in household ☐ Mental illness in household ☐ Parental separation or divorce

☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member

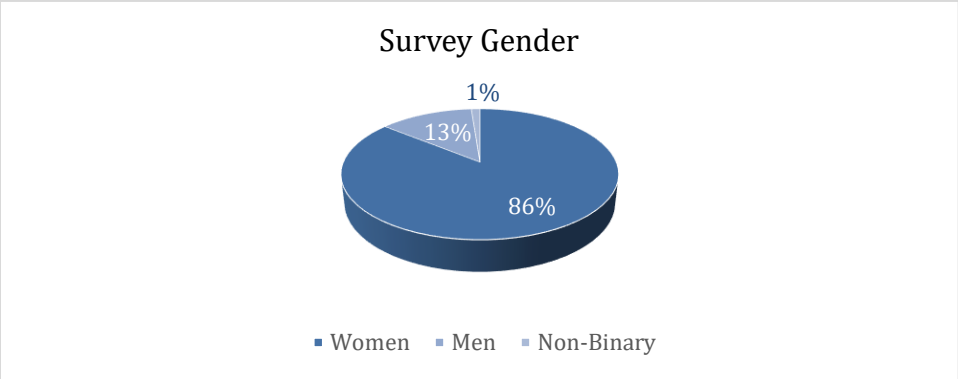
☐ Mother treated violently

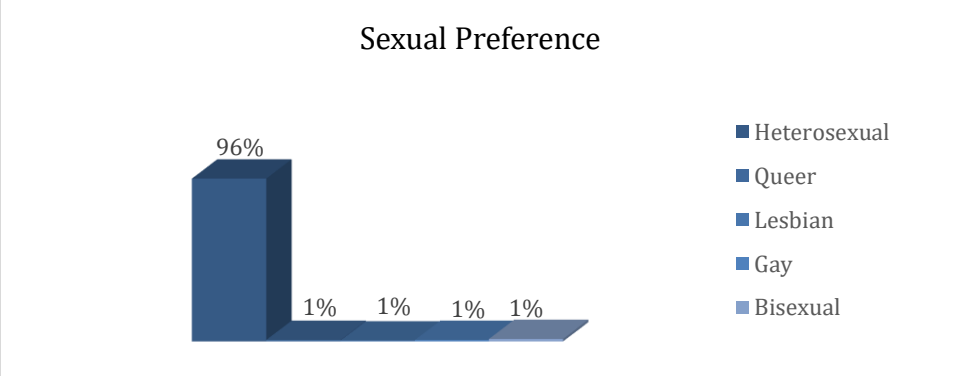
Is there anything else you'd like to share about your own health goals or health issues in our community?

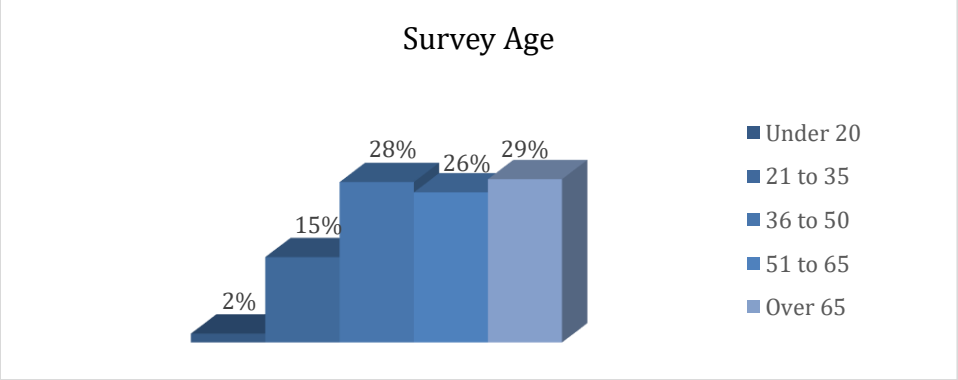
_____

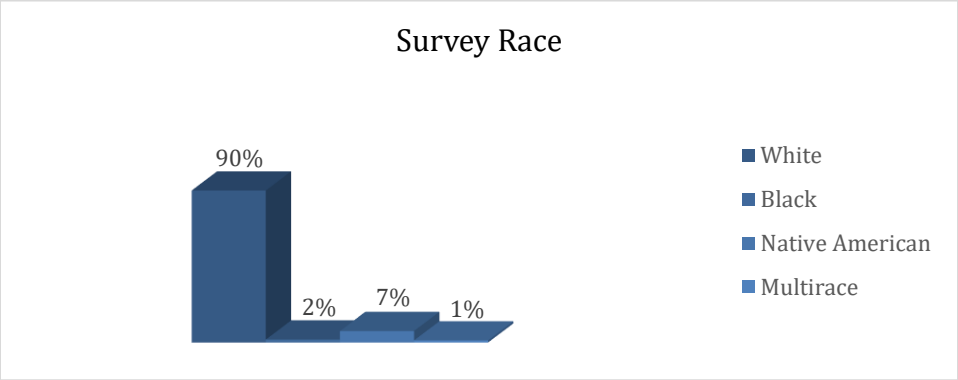
Thank you very much for sharing your views with us!

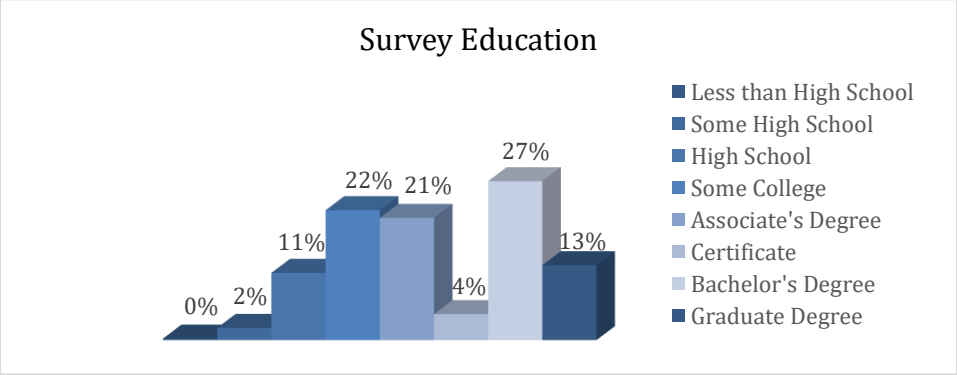
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS

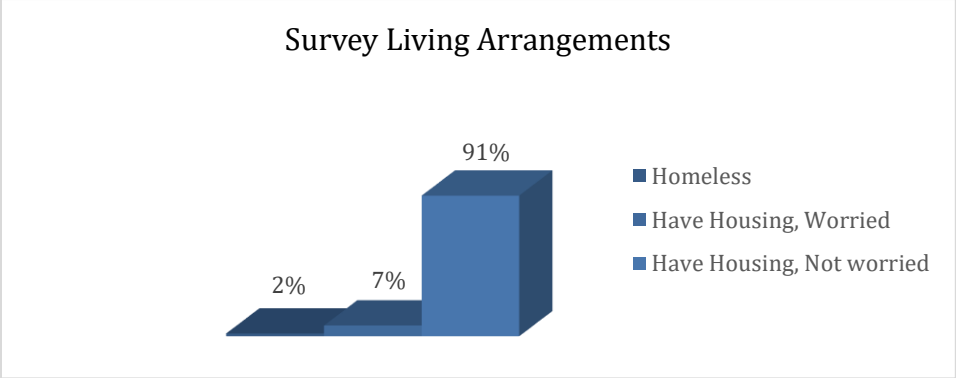


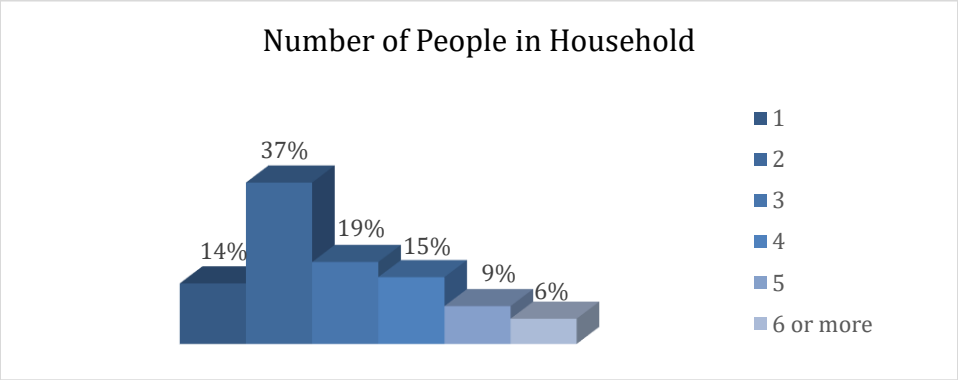


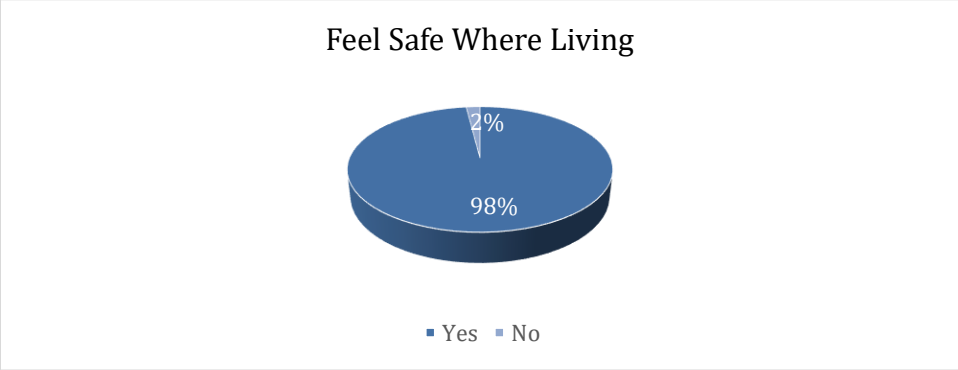


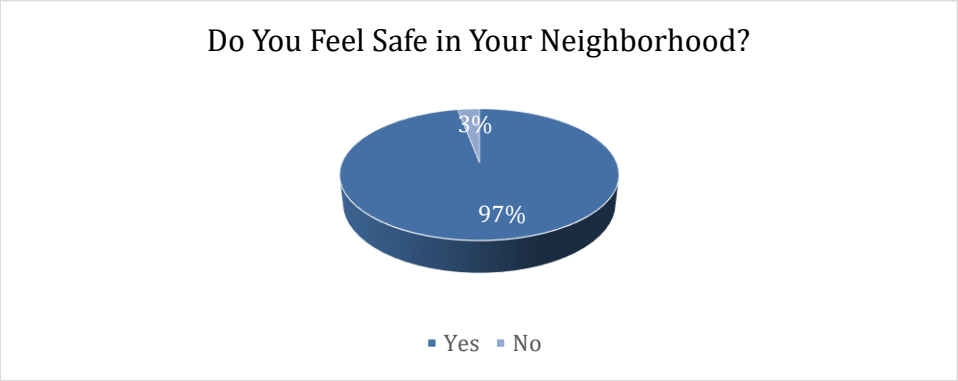

Survey Race
90%
2%
7%
1%
White
Black
Native American
Multirace


Survey Education
0%
2%
11%
22%
21%
4%
27%
13%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
2%
7%
91%
Homeless
Have Housing, Worried
Have Housing, Not worried


Number of People in Household
37%
14%
19%
15%
9%
6%
1
2
3
4
5
6 or more


Feel Safe Where Living
2%
98%
Yes
No


Do You Feel Safe in Your Neighborhood?
3%
97%
Yes
No

APPENDIX 5: RESOURCE MATRIX

	Not Seeking Healthcare When Needed	Access to Healthcare	Aging Issues	Healthy Behaviors - Nutrition & Exercise	Mental Health	Obesity	Cancer	Suicide
Recreational Facilities								
Northern Lights YMCA		1	2	3		2		
City of Escanaba Parks and Facilities				1		1		
City of Gladstone Parks and Facilities				1		1		
Health Departments								
MI Dept of Health & Human Services - Delta Co.	1	2	1		1		1	1
Public Health Delta & Menominee Counties	1	2	2	1	1	2	2	
Community Agencies								
Alcoholics Anonymous								
Bishop Noa Home for Senior Citizens		2	3					
Catholic Social Services	1	1	1		2			
Central Upper Peninsula Planning & Development				2		2		
Child & Family Services of the Upper Peninsula	1				2			
Communities that Care/ISD Task Force					2			
Community Action Agency	1	2	3	1	1	1		
Delta County Cancer Alliance							3	
Delta County Great Start Collaborative (DSCGSC)								
Great Lakes Recovery Centers-Outpatient Services		1		2	1			
Lutheran Social Services of WI and Upper MI		1			1			
MSU Extension Family Nutrition and Food Safety				1		2		

	Not Seeking Healthcare When Needed	Access to Healthcare	Aging Issues	Healthy Behaviors - Nutrition & Exercise	Mental Health	Obesity	Cancer	Suicide
Narcotics Anonymous				1				
Oscar G. Johnson VA Medical Center (incl. Gladstone clinic)	3	3	3	1	3	1		3
Pathways Community Mental Health		1	1	2	3		2	
Salvation Army-Escanaba		1		2	1			
Society of St. Vincent de Paul				2				
Teaching Family Homes of Upper Michigan								
Tri-County Safe Harbor		1			2			
United Way of Delta County		2	1		2			
Upper Peninsula Commission for Area Progress	3	2	3	3		1		
Youth Empowerment Services (Y.E.S.)				1	1			
Hospitals / Clinics								
St. Francis Hospital & Medical Group	2	1	1	3	2	3	3	1
UP Health Systems	1	1	1	3	2	2	2	
Carefree Dental Clinic	1	3						
Emplify Health	1	1	1	3	2	2	2	
The Center for Youth Health and Wellness	2	3		3	2	1		1
Schools								
Delta Schoolcraft Intermediate School District		2		2		2		2
MDS Early Childhood Program				2				

(1)= low; (2)= moderate; (3) = high, in terms of degree to which the need is being addressed

APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES

RECREATIONAL FACILITIES

City of Escanaba Parks and Facilities

Obesity, Healthy Behaviors, Cardiovascular Disease

The City of Escanaba offers a variety of programs for infants, toddlers, early childhood, youth, adults, and seniors at the Catherine Bonifas Civic Center.

City of Gladstone Parks and Facilities

Obesity, Healthy Behaviors, Cardiovascular Disease

Provide the best possible quality of life in our community by involving our citizens and maximizing our natural resources. Never settling for past accomplishments, always striving to improve. Resources available to the community include recreational activities and special events, year-long to include: sports-park, ski-park, beach/harbor, bike paths, and a farmer's market.

Northern Lights YMCA

Healthy Behaviors, Obesity, Cardiovascular Disease, Diabetes

The Northern Lights YMCA is a community-based service organization dedicated to building the mind, body and spirit for members of the Delta County community. By offering value-based programs emphasizing education, health and recreation for individuals regardless of sex, race or socio-economic status the YMCA is increasing the quality of life in Delta County.

HEALTH DEPARTMENTS

Public Health, Delta and Menominee Counties

Obesity, Addiction, Healthy Behaviors, Access to Health Services, Cardiovascular Disease, Cancer, Diabetes, Mental Health, Substance Use

The goal of the Delta-Menominee County Health Department is to protect and promote health and prevent disease, illness and injury. Public health interventions range from preventing diseases to promoting healthy lifestyles and from providing sanitary conditions to ensuring safe food and water. Specific programs of interest include the Wisewoman Program (*Diabetes, Addiction, and Healthy Behaviors*).

Michigan Department of Health and Human Services – Delta County

Access to Health Services, Emergency Department Misuse

DCDHHS provides health care coverage to individuals who meet certain eligibility requirements. All programs have an income test and some look at assets; these tests vary with each program. Some may have a medical spend down amount, where the individual will be required to pay a set amount per month towards medical expenses before the coverage will be available.

COMMUNITY AGENCIES/PRIVATE PRACTICES

Delta County Communities That Care

Delta County Communities That Care shall utilize the CTC model with fidelity as a prevention framework

to promote healthy youth development and reduce adolescent problem behaviors, such as substance use, depression/anxiety/suicide, violence, delinquency, school drop-out and teen pregnancy.

Tri-County Safe Harbor (formerly Alliance Against Violence and Use)
Mental Health
The Alliance Against Violence and Use offers services for all people who are abused. Services include a 24-hour crisis line, an emergency shelter, support groups, individual counseling, therapy, court advocacy, and referrals for legal, medical, financial, and housing.

Alcoholics Anonymous/Narcotics Anonymous
Substance Use-Alcohol, Healthy Behaviors
Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others recover from alcoholism.

Bishop Noa Home for Senior Citizens
Cardiovascular Disease, Cancer, Diabetes
The Bishop Noa Home for Senior Citizens provides a safe, healthy environment that promotes physical, emotional and spiritual well-being to residents, families and employees.

Care Free Dental Clinic
Dental Issues – Not Seeking Medical Care
The Care Free Dental Clinic provides free dental care for Delta Country residents on a first come/first serve basis. The clinic specifically serves individuals who do not have any dental or medical insurance coverage.

Catholic Social Services of the Upper Peninsula
Substance Use-Alcohol, Mental Health, Not Seeking Health Care
Catholic Social Services has a large mental health and substance use outpatient-counseling ministry. Last year it served over 2,000 UP residents with 12,000 appointments. Counseling offices are in Marquette, Escanaba, and Iron Mountain. The agency has recently taken over the Keenagers Home in Wakefield. This home is on the site of the former Divine Infant Hospital and is home to 42 residents in either adult foster care, assisted living, or independent living. Catholic Social Services offers a general assessment for substance use and assesses the risk factors for the person's involvement in substance use, and will make treatment recommendations and/or refer individuals to the inpatient, outpatient or residential treatment services they need.

Central Upper Peninsula Planning and Development Regional Commission (CUPPAD)
The mission of the Central Upper Peninsula Planning and Development (CUPPAD) Regional Commission is to foster cooperative analysis, planning and action for economic, social and physical development and conservation within the central Upper Peninsula. Their staff consists of dedicated planners, economic developers and GIS professionals who are passionate about the prosperity of the region. They understand the rigors of local governance and the disparity of resources and serve as an advocate, working to help the community prosper with sound planning practices, federal funding opportunities, technical assistance, and much more.

Child and Family Services of the Upper Peninsula
Mental Health
Child and Family Services is a private, non-profit, non-sectarian agency dedicated to strengthening children and families by providing high-quality programs structured around five major themes: counseling services, child welfare services, home-based services, homeless prevention services, and community-based services.

Community Action Agency
Obesity, Access to Health Services, Healthy Behaviors
The Community Action Agency provides programs to negate the causes and symptoms of poverty. Specific programs of interest include the Senior Nutrition Services (*Obesity*), and RSVP (*Access to Health Services*).

Delta County Cancer Alliance
Access to Health Services, Cancer
DCCA provides wheelchairs, commodes, canes, lift chairs, hospital beds and various other equipment and supplies that are available to cancer patients free of charge.

Michigan State University Extension - Family Nutrition and Food Safety Program
Obesity, Healthy Behaviors, Diabetes
The Family Nutrition and Food Safety program, offered through the Michigan State University Extension provides information concerning the basic principles of healthy eating, food handling and preparation, and shopping skills.

Great Lakes Recovery Centers – Escanaba Outpatient Services
Addictions, Mental Health
GLRC offers comprehensive outpatient drug use treatment services to families and individuals of all ages recovering from substance use. These services may include but are not limited to assessment, group therapy and relapse prevention.

Lutheran Social Services of Wisconsin and Upper Michigan
Mental Health, Access to Health Care, Healthy Behaviors, Substance Use-Alcohol, Tobacco Usage
Lutheran Social Services provides behavioral health services (counseling, substance use, mental health and developmental disabilities), children's community services (adoption, foster care, pregnancy counseling, residential services and Head Start), nursing and community services (long-term care and rehabilitation, home care services, adult day services, respite services for caregivers and retirement communities), prisoner and family ministry (support for children of incarcerated parents and their caregivers, re-entry programs, on-site prison programs, and justice education), and senior housing services (affordable housing for low-income seniors and people with disabilities).

Pathways Community Mental Health
Mental Health, Substance Use-Alcohol, Tobacco Usage, Healthy Behaviors, Access to Health Care, Emergency Department Misuse
Pathways Community Mental Health primarily addresses mental health care. Pathways provides integrated substance use services for those individuals with a primary mental health, development disability, or severe emotional disturbance who also have a secondary substance use disorder. Case

management services are provided to eligible consumers who need assistance in gaining access to health and dental services, financial assistance, housing, employment, education, social services, and other services and natural supports.

Salvation Army – Escanaba
Mental Health, Healthy Behaviors, Access to Health Care, Substance Use-Alcohol, Tobacco Usage, Food Insecurity
The Salvation Army provides individual and family trauma counseling and emotional support. They also manage one of the largest food pantries in Delta County.

Society of St. Vincent de Paul
Mental Health, Healthy Behaviors, Access to Services, Food Insecurity
The Society of St. Vincent de Paul offers tangible assistance to those in need on a person-to-person basis. It is this personalized involvement that makes the work of the Society unique. This aid may take the form of intervention, consultation, or often through direct dollar or in-kind service.

Teaching Family Homes of Upper Michigan
Mental Health
Teaching Family Homes offer programs for children and youth including residential care, group homes, foster care and adoption, supervised independent living, private school, crisis intervention, mental health assessment, homeless services, in-home counseling and family preservation.

United Way of Delta County
Access to Health Care, Healthy Behaviors, Addiction, Mental Health
The United Way of Delta County brings together people from business, labor, government, health and human services to address community's needs. Money raised through the United Way of Delta County campaign stays in community funding programs and services in Delta County.

Upper Peninsula Commission for Area Progress
Healthy Behaviors, Diabetes, Access to Health Care
The UPCAP is responsible for development, coordination, and provision of human, social, and community resources within the 15 counties of the Upper Peninsula of Michigan. Specific programs of interest include the 2-1-1 Information and Resource Center (Access to Health Services) and UP Diabetes Outreach Network (Diabetes).

Delta-Schoolcraft Great Start Collaborative (DSCGSC)
Healthy Behaviors
The Delta-Schoolcraft Great Start Collaborative (DSCGSC) is a partnership of early childhood stakeholders including, community leaders, healthcare professionals, human services agencies, charitable and faith-based organizations, educators, and parents. The DSGSC is dedicated to establishing and maintaining a comprehensive early childhood system. The Collaborative provides a network of support and resources for children and their families to ensure all children enter school ready and eager to learn and have a great start in life.

Youth Empowerment Services
Health Behaviors, Mental Health
Y.E.S. is a non-profit in-school youth mentoring program. Through community partnerships and collaboration, they focus on the social and emotional health of students in grades K-12 in Delta and Menominee counties.

HOSPITALS/CLINICS

Upper Peninsula Health Systems
Asthma, Cancer, Cardiovascular Disease, Diabetes, Healthy Behaviors, Mental Health, Access to Health Care, Obesity, Substance Use-Alcohol, Tobacco Usage
Upper Peninsula Health Systems is a 315-bed specialty care hospital that provides care in 65 specialties and subspecialties. With a medical staff of more than 200 doctors, the hospital cares for approximately 12,000 inpatients and more than 350,000 outpatients a year.

OSF St. Francis Hospital and Medical Group
Asthma, Cancer, Cardiovascular Disease, Diabetes, Emergency Department Misuse, Healthy Behaviors, Mental Health, Access to Health Care, Obesity, Substance Use-Alcohol, Tobacco Usage
With a medical staff of more than 100 physician and 700 employees, OSF St. Francis Hospital and Medical Group is a fully-integrated health delivery system offering hospital-based, home care, and physician clinical services. Specific centers of interest include the Diabetes and Nutrition Education Center (*Diabetes*) and Cardiac Diagnostic Services (*Cardiovascular Disease*).

Oscar G. Johnson VA Medical Center – Gladstone Clinic
Asthma, Cancer, Cardiovascular Disease, Diabetes, Healthy Behaviors, Mental Health, Access to Health Care, Obesity, Substance Use-Alcohol, Tobacco Usage
OGJVAMC is a leader in rural health care delivery in VHA, and employs state-of-the-art telehealth audio visual technology. Telehealth has greatly improved access to specialty care for rural Veterans by bringing these services closer to the Veterans' homes. OGJVAMC currently supports telehealth for primary medical care and over 30 specialty care areas, and sees its patients in its Gladstone outpatient clinic to assist in connecting them to the necessary resources.

Emplify Health
Access to Health Care, Emergency Department Misuse
Clinic Associated with Emplify Health (Primarily in Wisconsin). Has Primary Care and Specialty Services. Post-Acute hospitalization care team partners with U.P. medical facilities to prevent re-admissions by access to appropriate follow-up care.

The Center for Youth Health and Wellness
Access to Health Care, Mental Health
The Center for Youth Health and Wellness located on the Escanaba Bay College Campus is a child and adolescent health center providing non-emergency medical care and mental healthcare for people 10 – 21 years of age.

SCHOOLS

Delta Schoolcraft I.S.D. Career Tech Center

Mental Health, Healthy Behaviors, Access to Health Services, Obesity, Substance Use-Alcohol, Tobacco Usage

DSISD provides career technical education courses designed to develop basic skills required for specific vocations, specifically Health Occupations.

Menominee-Delta-Schoolcraft Early Childhood Program

Access to Health Care, Healthy Behaviors

MDS CAA ECP offers comprehensive preschool services for children ages 3-5 as well as infant/toddler services for pregnant moms and children up to age 3. All services are free of charge. Transportation is provided to classrooms whenever possible.

APPENDIX 7: PRIORITIZATION METHODOLOGY

5-Step Prioritization of Community Health Issues

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

Step 3. Apply "PEARL" Test from Hanlon Method[1]

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

Economics – Does it make economic sense to address the problem?

Acceptability – Will a community accept the program? Is it wanted?

Resources – Is funding available for a program?

Legality – Do current laws allow program activities to be implemented?

Step 4. Use Voting Technique to Narrow Potential Issues

Prioritize Issues. Use a weighted-scale approach (1-5 scale) to rate remaining issues based on:

1. Magnitude – size of the issue in the community. Considerations include, but are not limited to:

- Percentage of general population impacted
- Prevalence of issue in low-income communities
- Trends and future forecasts

2. Severity – importance of issue in terms of relationships with morbidities, comorbidities and mortality. Considerations include, but are not limited to:

- Does an issue lead to serious diseases/death
- Urgency of issue to improve population health

3. Potential for impact through collaboration – can management of the issue make a difference in the community?

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

[1] "Guide to Prioritization Techniques." National Connection for Local Public Health (NACCHO)