



Community Health Needs Assessment 2022

Mackinac Straits Health System

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Introduction

Mackinac Straits Health System, Inc. (MSHS), located in St. Ignace, Michigan, is a non-profit, non-stock corporation that operates a 15 bed acute care facility, a 48 bed long term care unit, and several physician clinics in Mackinac County, Michigan. The System provides comprehensive inpatient, outpatient, emergency, surgery, and physician clinic services to the residents primarily of Mackinac County and the surrounding areas. MSHS has undertaken a community health needs assessment; a process driven by the passage of the Patient Protection and Affordable Care Act, which requires tax-exempt hospitals to conduct a needs assessments every three years. The purpose of the community health needs assessment is to discover and prioritize unmet health needs that exist within the community MSHS serves. Through the assessment, input is gathered from the community and applicable needs are prioritized, with an implementation strategy created to address the prioritized needs.

Summary of the 2019 Community Health Needs Assessment (CHNA) Activities

During its 2019 community health needs assessment, Mackinac Straits Health System identified four priorities. Follow-up from MSHS' implementation strategies for each of the four priorities is as follows:

Priority One: Mental / Behavioral Health

MSHS staff began attending the Regional Mental Health Group's meetings, gathering information related to behavior health, as well as substance use disorder services.

MSHS clinics work with Weber and Dever's, Old Town psychological, Hiawatha Behavior health, War Memorial Behavior Health and other private social workers in our community. Patients use Petoskey, Traverse City and Marquette for inpatient services when needed. MSHS consults the VA regarding veteran concerns. The referral specialist within MSHS clinics has contact numbers for the above agencies.

Rural Health Clinics (RHC) are trending towards licensed clinical social workers to offer behavior health services within the clinic. At this time, MSHS has not been able to offer this service.

The mission of the Eastern Upper Peninsula (EUP) Rural Community Opioid Response Consortium is to eliminate substance use disorder in the EUP. Their vision is working collaboratively to implement the prevention, treatment and recovery services necessary to reduce harm and heal persons, families and communities impacted by substance use disorders. We attend these meetings quarterly.

The following are facilities offering MAT/SUD (Medication Assisted Therapy/Substance Use Disorder) information and services: Center for Rural Health, Alcona Health Center, Pastoral Association, Schoolcraft Memorial, LMAS, Helen Newberry Joy, Great Lakes Recovery Center, Michigan State Police – Angel Program, War Memorial, Bay Mills, Sault Tribe, Northcare, MiWorks, MSU, Beyond the Save, Northern Michigan Opioid Consortium, Upper Peninsula Health Care Solutions, Sacred Heart.

Priority Two: Community Education Services

Face-to-face educational services are at a low rate due to COVID. MSHS chronic care managers are counseling and teaching by phone along with some face-to-face referrals from our providers. Care managers within the clinic setting are taking advantage of scheduled appointments such as hospital discharge follow-up appointments, emergency department follow-up appointments and planned visits for chronic conditions, providing educational information and offering care management services for items such as overuse of

emergency departments, medication management, dietary education, diabetic education, etc.. Care managers work directly with UPCAP (Upper Peninsula Commission for Area Progress) for community need referrals. MSHS often uses UPCAP as a resource for unknown areas of help.

MSHS has recently resumed attending health fairs within the community, offering information regarding educational opportunities related to healthcare, childhood developmental milestones, workshops, and groups. COVID-19 restrictions caused us to place these events on hold. Vendors from outside MSHS were not conducting any educational gatherings until recently.

MSHS care managers attend local 3 C's (Community Care Connecting) meetings to collaborate with patient needs in the community. Care managers will familiarize themselves at least annually with CHAC (Community Health Access Coalition) and charity care in our area.

Community health boards are located in all clinic rooms. Health information is shared and updated regularly. Care management contact information is provided to promote immediate assistance when needed. Care managers and staff use a community binder to provide educational materials and information regarding assistance programs in the area.

Consistent collaboration occurred with LMAS Health Department to reach the public regarding COVID.

Priority Three: Obesity

MSHS clinic providers follow MQIC (Michigan Quality Improvement Consortium) guidelines for both adults and children regarding standard of care practices. All staff are aware of the location of guidelines in each clinic.

MSHS offers dietician referrals for medical nutrition therapy to patients with elevated BMI (Body Mass Index).

MSHS clinical care managers work with patients with two or more identified chronic conditions. Care managers, along with the dietician, provide one on one education and interpersonal support. Care managers utilize their chronic care management program and training to promote self-management of this disease. This is a one on one program, and the care managers set goals with patients and provide continuing contact to help them successfully achieve individualized goals and plans. This process includes patients in their healthcare needs, allowing the case managers to connect with patients to ensure they are following through with their action plans and meeting their goals.

MSHS care managers work with the city recreation department to collaborate and promote walking in the hockey rink during the winter months. Care managers familiarize themselves with other activities in our communities and promote activities directed by a provider in a safe manner.

Care managers provided many of these services by phone, due to restrictions related to COVID-19.

Priority Four: Diabetes

MSHS clinics follow MQIC guidelines regarding standard of care practices. Staff are aware of the location of said guidelines within each clinic.

Providers follow standard of care practices for lab draws to determine management of disease. Planned visits occur at regular intervals based on test results, specifically hemoglobin A1C levels.

MSHS care managers along with the dietician provide one on one education when needed.

The dietician follows the medical nutrition therapy program. Medical nutrition therapy is a therapeutic approach to treating medical conditions and their associated symptoms via the use of a specifically tailored diet devised and monitored by a registered dietitian or professional nutritionist. The patient's medical and psychosocial history, physical examination, functional examination and dietary history directs the diet plan.

Care managers utilize their chronic care management program and training to promote self-management of disease. This program uses one on one contact to reinforce ongoing education, support, and continuous goal setting. All clinic staff receive annual education regarding chronic care management and the patient referral process to this program.

Care managers monitor emergency department and acute care admissions within our organization to promote appropriate transition of care to help decrease or eliminate emergency department or inpatient admissions.

Care managers also monitor MSHS patients admitted to McLaren Northern Michigan Hospital, ensuring better outcomes and follow up for patients with chronic disease.

MSHS providers refer patients needing higher level of support for their diabetes to an outside specialist.

Methods

CHNA Advisory Committee

Leadership at MSHS formed the CHNA Advisory Committee, with the task of completing the objectives outlined by the Internal Revenue Service CHNA requirements. The team consisted of the following members:

- Mary Kaye Ruegg, Chief Nursing Officer
- Ryan Speas, Chief Financial Officer
- Cindy Donajkowski, Emergency Department and Quality Director
- Cari Hansen, Director of Ambulatory Clinics
- Nancy Brown, Community Volunteer
- Megan Lamb, Administrative Assistant

Community Served Determination

The MSHS CHNA Advisory Committee defined the community served, using input from statistical reports of the hospital, county, and state. The identified community is Mackinac County.

CHNA Process

The following outline explains the process for conducting the CHNA.

1. Formation of a CHNA advisory committee
2. Definition of the community served by the hospital facility
 - a. Demographics of the community
 - b. Existing health care facilities and resources
3. Data collection and Analysis
 - a. Primary data
 - b. Secondary data
4. Identification and prioritization of community health needs and services
5. Adoption of goals and implementation tactics to respond to prioritized needs in collaboration with community partners

6. Dissemination of priorities and implementation tactics to the public

Primary Data Collection

The committee conducted key informational interviews with members of the community served by MSHS. The committee identified these individuals based on their qualifications to represent the broad interest of the community served. In general, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations. Appendix A contains a list of the interviewees. This document also contains a summary of the key findings from the informational interviews.

Secondary Data Collection

The committee used a variety of local, county, and state sources to collect data to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. This document presents data collected at the county level and wherever possible, compared to the State of Michigan and the nation.

The secondary data collected for this analysis came from the following sources:

- County Health Rankings & Roadmaps
- Michigan Vital Statistics
- U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

This report presents a summary that highlights the data findings, key priorities identified through the CHNA, and the MSHS Board-approved implementation plan.

Information Gaps

The committee made every attempt to collect primary, secondary and health-related data relevant to the community served by MSHS. In certain cases, there were limitations to MSHS' ability to assess all of the community's health needs based on a lack of existing health-related data collected at the county level.

Community/Demographic Profile – Primary Data Results

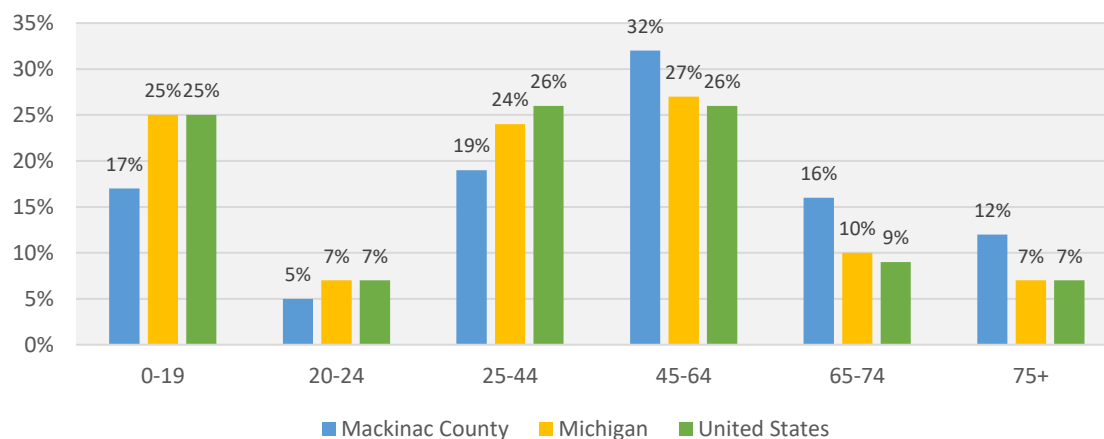
Population

The population in Mackinac County in 2020 was 10,834 and has increased 0.8% from 2018.

Population by Age

The committee grouped the population into major age categories for comparison. Figure 1 below graphically represents this data. In general, the Mackinac County has a significantly older population than Michigan and the Nation. Mackinac County population is expected to continue aging over the next five years. This will likely cause a rise in health care utilization, as older populations tend to use health care services at a higher rate. Health needs will also continue to shift toward disease categories that tend to present at an older age.

Figure 1:
2019 Age Distribution



Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Population by Race and Ethnicity

Table 1 shows the population of Mackinac County, Michigan, and the United States according to race. Mackinac County is predominantly white, equating to roughly 74% of the total population. The American Indian population makes up 16% of the population in Mackinac County, which is significantly higher than the state or nation as a whole. It is important for MSHS to continue outreach with this subpopulation to ensure that we meet the health needs of all population groups within the county.

Table 1:

Population by Race

| | Mackinac County | | Michigan | | United States | |
|------------------------|-----------------|---------|-----------|---------|---------------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| White Alone | 8,023 | 74% | 7,813,755 | 78% | 235,377,662 | 72% |
| Black Alone | 363 | 3% | 1,374,314 | 14% | 41,234,642 | 13% |
| American Indian Alone | 1,731 | 16% | 53316 | 1% | 2,750,143 | 1% |
| Asian Alone | 74 | 1% | 311,721 | 3% | 17,924,209 | 6% |
| Pacific Islander Alone | 17 | 0% | 3099 | 0% | 599,868 | 0% |
| Some Other Race Alone | 21 | 0% | 117,801 | 1% | 16,047,369 | 5% |
| Two or More Races | 551 | 5% | 291,259 | 3% | 10,763,902 | 3% |

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Income

Table 2 shows income data for Mackinac County compared to the State of Michigan and the nation. Census data from 2019 reveals that median and average household income for Mackinac County is lower than the state and nation.

Table 2:

Household Income Comparison

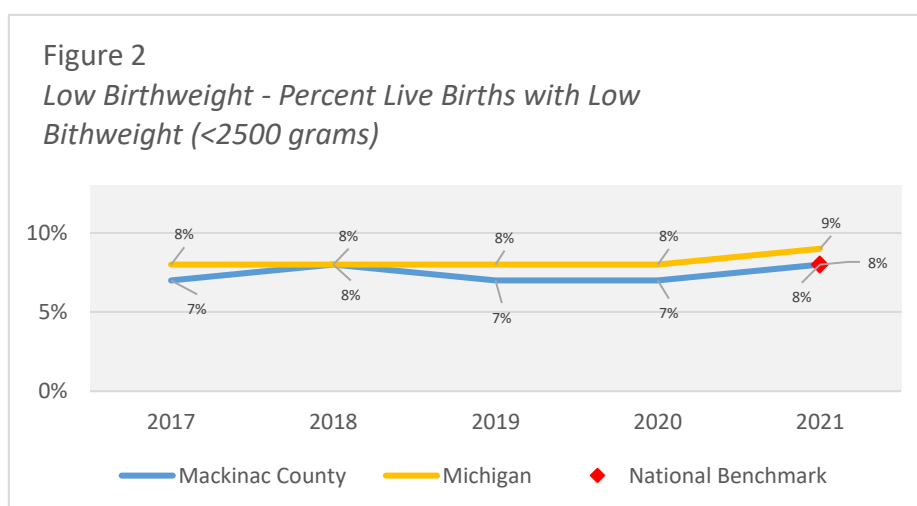
| | Mackinac County | Michigan | United States |
|--------------------------|-----------------|----------|---------------|
| Median Household Income | 47,938 | 57,144 | 62,843 |
| Average Household Income | 59,860 | 78,400 | 88,607 |
| Per Capita Income | 28,966 | 31,713 | 34,103 |

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Secondary Data Results

Birth Statistics

Rates of low birth weights in a community are often associated with poor health of the mothers. Low birth weights can lead to higher incidences of fetal mortality, inhibited growth and cognitive developments, and chronic disease in later life. As shown in Figure 2 below, low birthweight percentages in Mackinac County are in line with national benchmarks. However, both are lower than the State of Michigan.



Data for the graph above was found on countyhealthrankings.org

Figure 3 illustrates that teen birth rates in Mackinac County are in line with the state of Michigan, both of which are lower than the National benchmark. The percentage of children in poverty in Mackinac County is higher than both the State of Michigan and the national benchmark, as shown by Figure 4. This is an important group as poverty among children can often be associated with many negative health consequences throughout childhood. In 2019, the rate of children in poverty was the lowest it has been in the last 5 years.

Figure 3

Teen Birth Rate - Teen Birth Rate per 1,000 Females Population, Ages 15-19

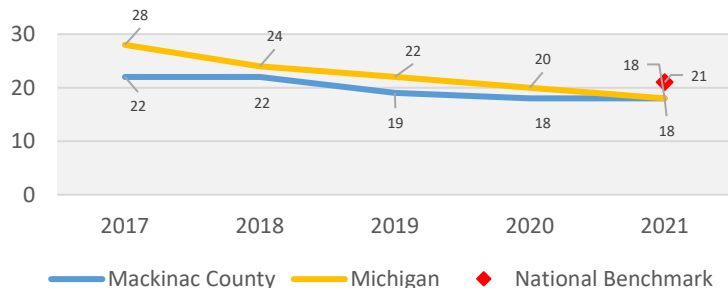
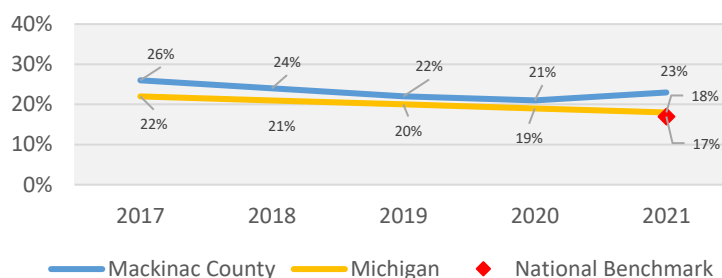


Figure 4

Children in Poverty - Percent of Children Under Age 18 in Poverty



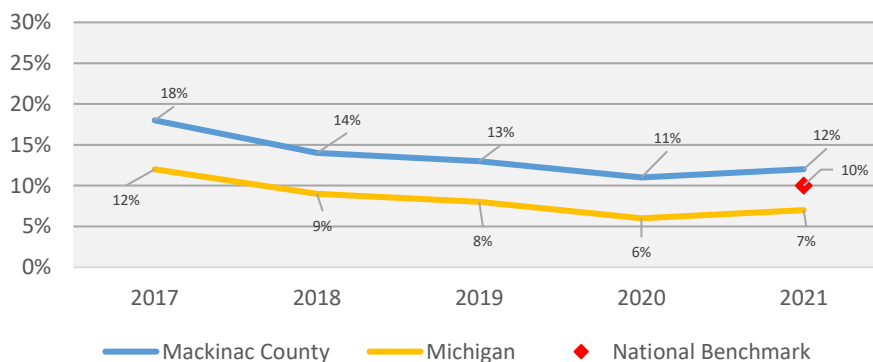
Data for the graphs above was found on countyhealthrankings.org

Insurance

Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The Affordable Care Act has been associated with a downward trend in the rate of uninsured across the nation. Figure 5 shows that the rate of uninsured in Mackinac County has dropped significantly from 18% in 2017 down to 12% in 2021. This rate is still above the national benchmark of 10%.

Figure 5

Uninsured - Percent Without Health Insurance



Data for the graph above was found on countyhealthrankings.org

General Population Health

One measure of health among the community included in the County Health Rankings nationwide study is reported general well-being. As seen in Figure 6, reported general health of “poor or fair health” in Mackinac County has risen significantly since 2017 to 21%, higher than the national benchmark of 17%. A similar self-reported measure is “poor physical health days,” which refer to days in which an individual does not feel well enough to perform daily physical tasks. As seen in Figure 7, rates in Mackinac County have risen since 2017 to 5 days, which is higher than the Michigan rate of 4.3 and the national benchmark of 3.7 days.

Figure 6

Poor to Fair Health - Percent of Adults Reporting Poor to Fair Health (age adjusted)

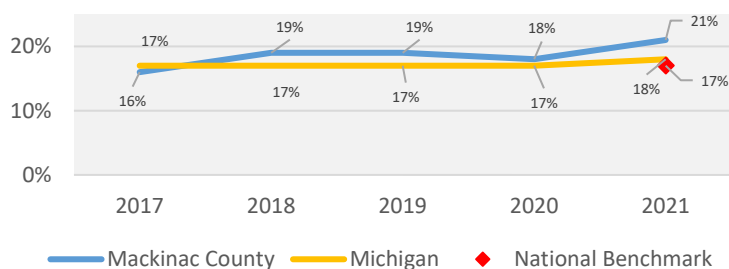
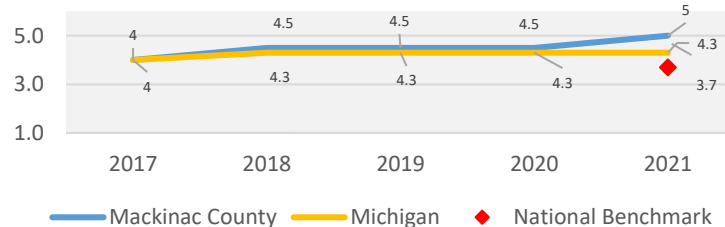


Figure 7

Poor Physical Health Days - Average Number of Physically Unhealthy Days Reported in Past 30 Days (age adjusted)

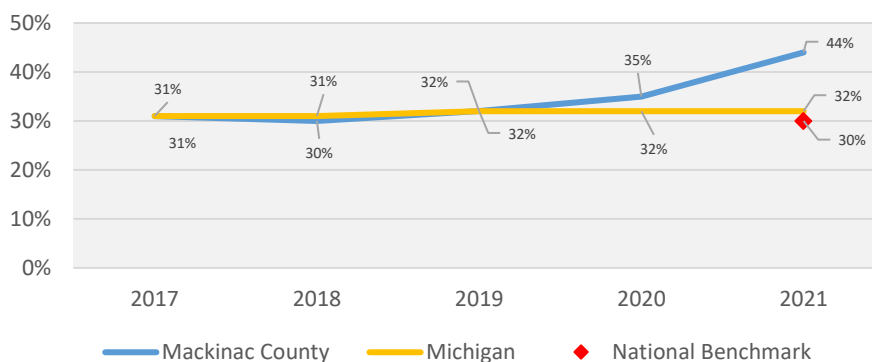


Data for the graphs above was found on countyhealthrankings.org

A third measure of general health of the population is the percentage of adult obesity. Nationally, the benchmark has been 30% of the population. In Michigan, the percentage of adults who are obese was 32% in 2021. Mackinac County shows a significantly higher obesity rate at 44%, graphically represented in Figure 8. The obesity rate is cause for further investigation from a public health perspective.

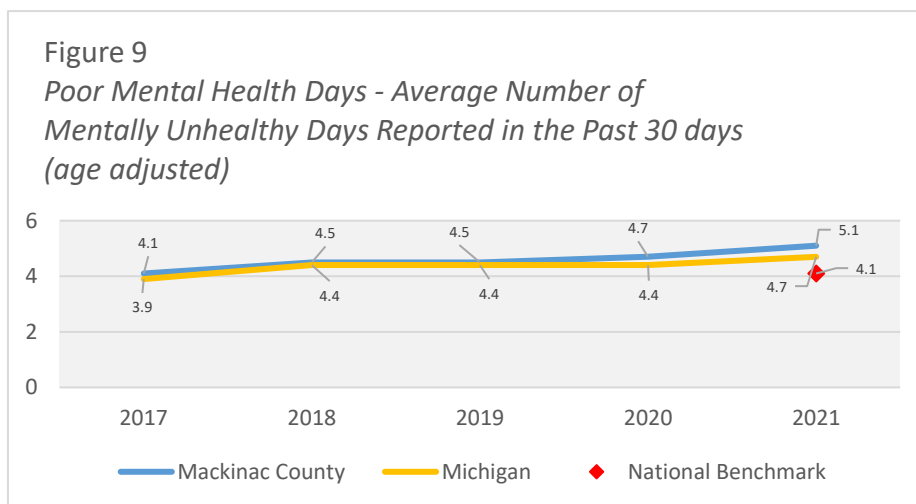
Figure 8

Adult Obesity - Percent of Adults that Report a BMI ≥ 30



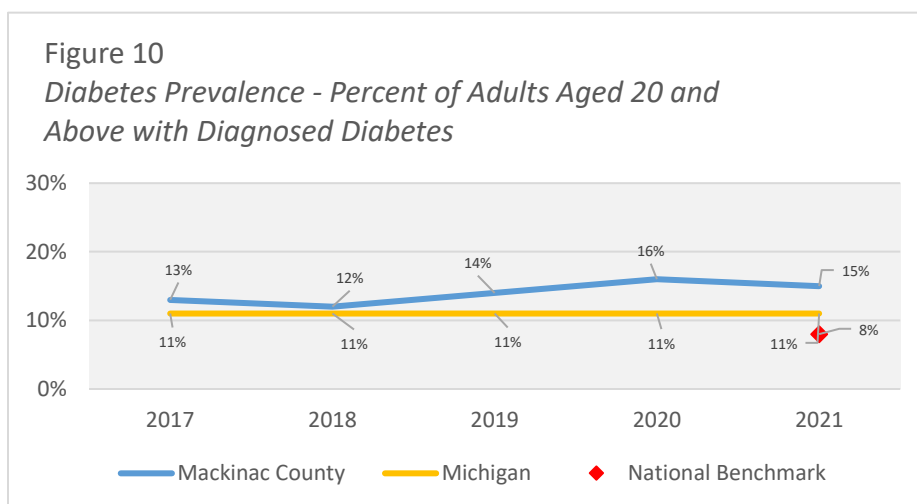
Data for the graph above was found on countyhealthrankings.org

Another indicator, “Poor mental health days”, refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. As shown in Figure 9, Mackinac County showed a higher rate of “poor mental health days” at 5.1 than the State of Michigan at 4.7. Both rates are higher than the national benchmark of 4.1.



Data for the graph above was found on countyhealthrankings.org

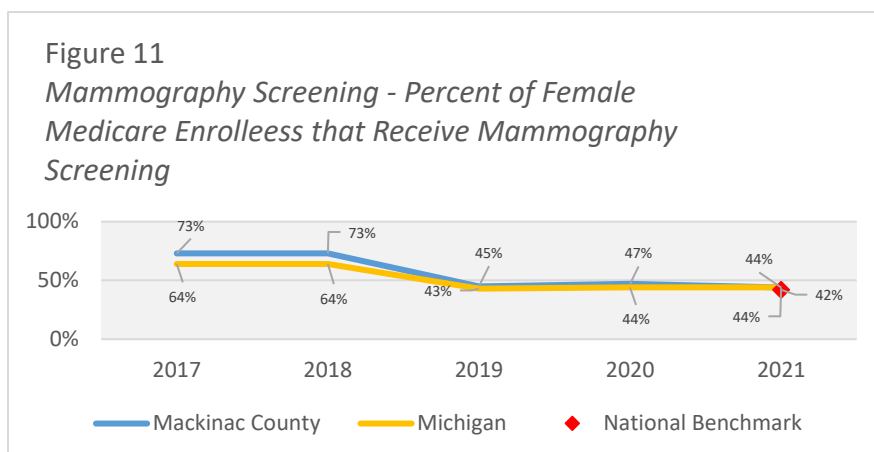
In 2021, the Diabetes Prevalence was 15% in Mackinac County; higher than the State of Michigan at 11% and the national benchmark of 8%. This trend, shown in Figure 10, coupled with the high obesity rate in Mackinac County, reflects a significant healthcare issue in the County.



Data for the graph above was found on countyhealthrankings.org

Screening

Mammography screening has decreased in Mackinac County from 73% in 2017, to 44% in 2021. This decline, shown in Figure 11, is consistent with state and national levels.

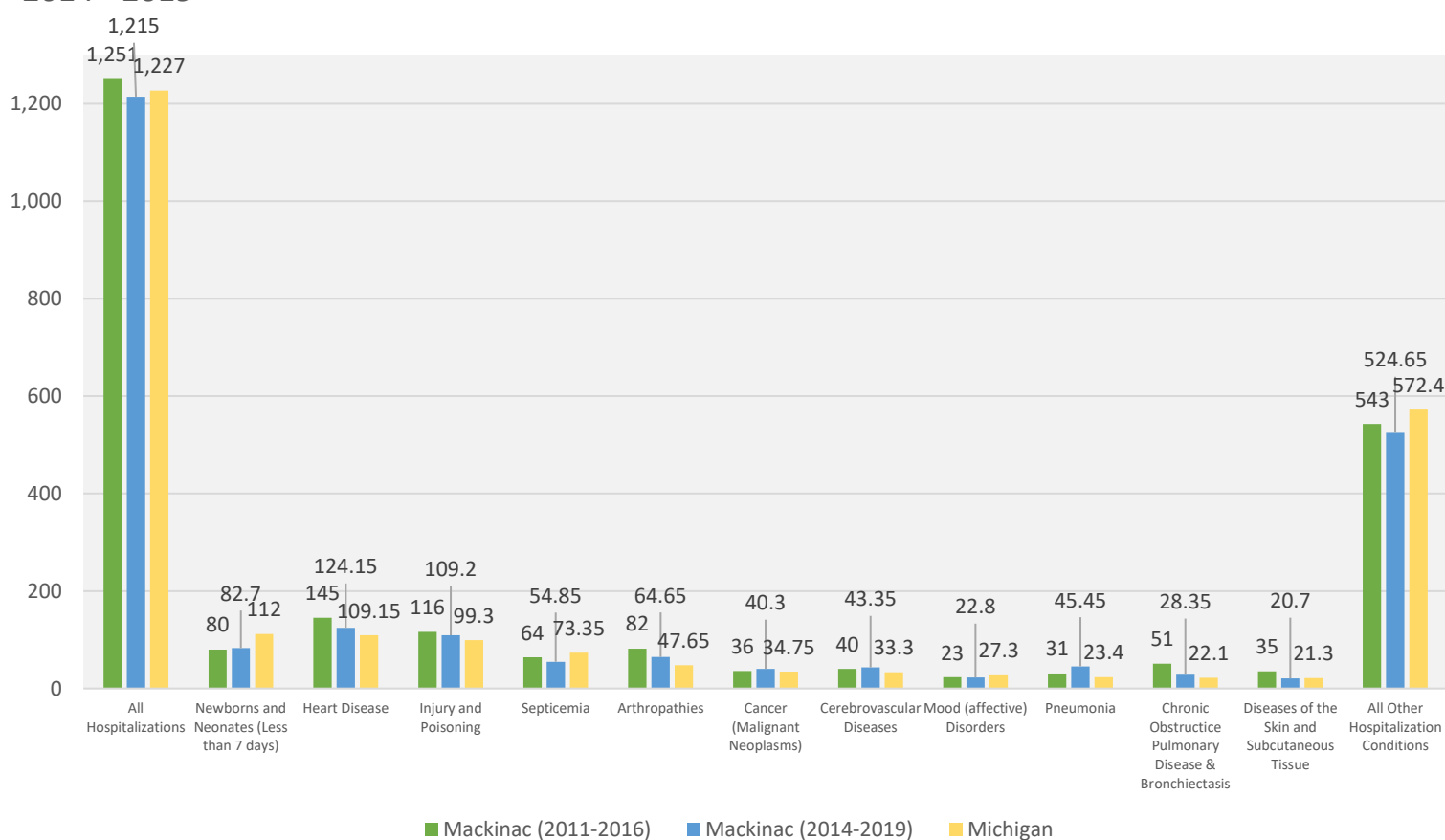


Data for the graph above was found on countyhealthrankings.org

Leading Causes of Hospitalizations

The committee analyzed historical discharge data from 2014 to 2019 to understand the leading causes of hospitalizations per 10,000 population in Mackinac County compared to the State of Michigan. Figure 12 illustrates this data. Rates of heart disease hospitalizations are slightly less in Mackinac County than the Michigan rate. Injury and poisoning rates are higher in Mackinac County than Michigan. Newborns and neonate rates are expectedly lower for Mackinac County, given the more elderly population and lack of birthing centers. The rate of hospitalization for chronic obstructive pulmonary disease (COPD) and bronchiectasis is comparably the same in Mackinac County as in the state of Michigan. Overall, rates of hospitalizations per 10,000 are similar in Mackinac County compared to Michigan at large.

Figure 12
Hospitalization Rates Per 10,000 Population
2014 - 2019

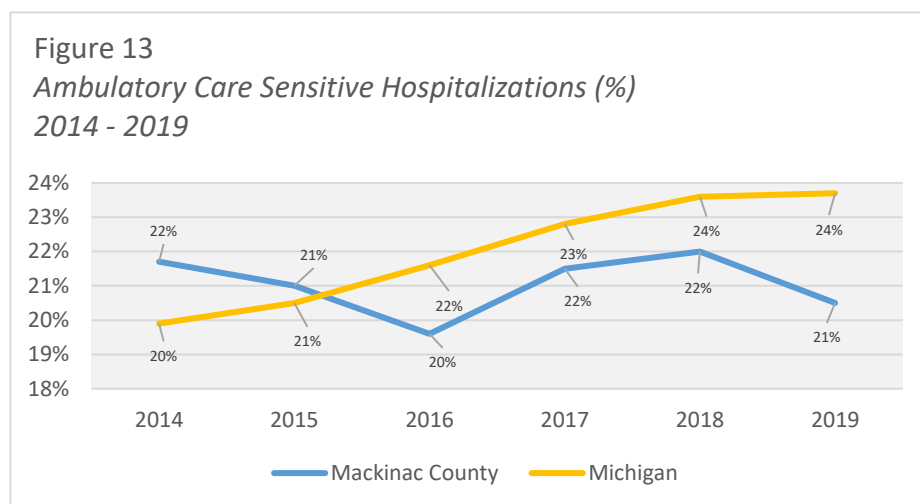


Data for the graph above was found on vitalstats.michigan.gov

Ambulatory Sensitive Conditions

Hospitalization for an ambulatory care sensitive condition (ACSC) is considered a measure of access to appropriate primary health care. While not all admissions for ACSCs are avoidable, the assumption is that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. The presumption is that a disproportionately high rate reflects problems in obtaining access to appropriate primary care. As shown in

Figure 13, the rate of Ambulatory Care Sensitive Hospitalizations in Mackinac County has slightly increased from 20% in 2016 to 21% in 2019. At the same time, Michigan rates have risen by 2% to 24% over the same period.



Data for the graph above was found on vitalstats.michigan.gov

Summary of Key Findings and Prioritized Needs

Appendix A shows the list of interview participants. The MSHS Advisory Committee selected individuals with a wide range of backgrounds in health-related agencies and with health-related qualifications to participate in the interviews. These individuals represent the broad interests of the community served by MSHS

The advisory committee asked interview participants a series of questions. The committee used questions developed from a variety of nationally accepted health improvement models tailored to uncover the health needs that may exist within the MSHS community. Appendix B shows the list of questions. The committee condensed the recorded responses into common themes. The committee identified the following top priorities through the CHNA process:

1. Mental/behavioral health
2. Substance Use Disorder
3. Awareness of existing available programs and services

The CHNA Advisory Committee prioritized the health needs using criteria found in Appendix C. Drawing from recommendations from the National Rural Health Association, the committee established the criteria measures.

Existing Health Care and Other Facilities and Resources

The following is a list of select health care and other facilities and resources available within the community to meet the health needs identified through the CHNA. Appendix D holds a complete list including location, contact information, and a description of services.

- Anishnabek Community and Family Services
- Arfstrom Pharmacy
- Bay Pharmacy
- Cedar Post Thrift Shop
- Cedar Cove Assisted Living
- Cheeseman Insurance Agency
- Community Action
- Community Health Access Coalition (CHAC)
- Consolidated Community School Service
- Diane Peppler Resource Center
- Dr. David P. Anderson, DDS
- Early On
- Great Start Collaborative
- Love, INC
- H.O.M.E. (Housing Opportunities Made Equal) of Mackinac County
- Healthy Kids / Healthy Kids Dental
- Hiawatha Behavioral Health
- Little Bear East Fitness Center
- LMAS District Health Department
- Mackinac County Department of Health and Human Services
- Mackinac County Wellness Coalition
- Mackinac Straits Health System – Long Term Care Facility, Evergreen Living Center
- Mackinac Straits Health System Rural Health Clinic
- Mackinac Straits Health Systems
- Michigan State University (MSU) Extension
- MiChild
- MyMichigan Medical Center, Sault
- MSHS Charity Care
- St. Ignace Food Pantry and Hope Chest
- Native American Outreach
- Naubinway Rural Health Clinic
- Parents as Teachers of the EUP
- Sacred Heart St. Ignace Outpatient Recover and Wellness Center
- Sault Tribe Health and Human Services
- St. Ignace Dental Associates
- State Farm Insurance
- Substance Abuse Program Great Lakes Recovery
- United Way of the Eastern Upper Peninsula
- Upper Peninsula Commission for Area Progress (UPCAP)
- Veteran's Trust Fund and Veteran's Counselor
- Webers and Devers Psychological Services
- West Mackinac Health Clinic
- Substance Abuse Program Great Lake Recovery

Implementation Plan

After prioritizing the health needs by the CHNA Advisory Committee, the final step in the CHNA process involved developing an implementation strategy. The purpose of the implementation strategy is to develop a clear set of goals to respond to the priorities identified through the CHNA. The implementation strategy should include a written plan that addresses each of the community health needs identified through the CHNA and describe how the hospital plans to meet the health needs.

The CHNA Advisory Committee developed the implementation the implementation strategy. The committee addressed the following implementation strategy components within each priority identified:

1. Objectives/Strategy
2. Tactics (How)
3. Programs/Resources to Commit
4. Impact of Programs/Resources on Health Need
5. Accountable Parties
6. Partnerships/Collaboration

Appendix E shows the detailed implementation strategy for each priority. The implementation strategy detail for each provides supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy.

References

County Health Rankings

Michigan Vital Statistics

U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Appendix A

Interviewees for Community Input

| Organization | Name | Contact Information |
|--|-----------------|---------------------|
| Community Mental Health – OBRA Coordinator | Deb Dotts | 906-643-2111 |
| Eastern Upper Peninsula Opioid Response | Carrie Sevarns | 906-322-8022 |
| Formerly on Veterans Committee | Frank Harness | 906-484-2385 |
| Head Start – Sault Tribe | Terry Allan | 906-643-9733 |
| Hiawatha Behavioral Health | Courtney Grant | 906-643-8616 |
| LaSalle High School – Student/Family Advocate | Deana Kreski | 906-322-8022 |
| LMAS District Health Department | Julie Lipnitz | 906-643-1100 |
| | Kerry Ott | 906-630-4511 |
| Mackinac County Michigan Department of Health and Human Services | Lisa Davis | 906-643-9550 |
| St. Ignace Clinic Manager – Sault Tribe | Cheryl LaPlaunt | 906-643-8689 |

Appendix B

Question That Were Asked to Interview Participants

Health Care Issues and Accessibility

What do you feel are the most pressing health needs or issues in Mackinac County?

1. Is there anything currently being done to address these issues?
 - a. (If yes) – How are these issues being addressed?
 - b. (if no) – In your opinion, why aren't these issues being addressed?
 - c. (if no) – In what ways have these issues been addressed in the past, if any?
2. What is the size and scope of the most pressing issue/problem?
3. Is there a wide variety/choice of primary health care providers?
 - a. (If yes) – Is this variety/choice available to both insured and uninsured people?
 - b. (if no) – In your opinion, why is there a lack of primary health care providers?
 - c. Is there a lack of insurance coverage for ancillary services, such as prescriptions or dental care?
 - d. Is there an inability to afford out-of-pocket expenses, such as co-pays and deductibles?

Existing Programs and Services

1. How well do existing programs and services meet the needs and demands of people in your community?
 - a. Would you say they meet the exceptionally well, very well, somewhat well, not very well, or not at all well?
 - b. Any differences in sub-populations/groups?
2. What programs or services are lacking in the community?
3. Are there any programs/services that currently exist that are not needed?
 - a. (if yes) – What are these programs?
 - b. Why aren't they needed?
4. Do you have any recommendations or plans for implementation of new programs or services that are currently lacking in the community?
 - a. (if yes) – What are your recommendations or plans?
5. Are there any barriers or obstacles to health care programs/services in your community?
 - a. (if yes) – What are they?
 - b. Have any of these barriers been addressed?
 - c. Are there any effective solutions to these issues?
 - i. (if yes) – What are they?
 - ii. Are they cost effective?
 - d. Have any solutions been tried in the past?
 - i. (if yes) – Have they been effective?

Appendix C

Criteria Used to Prioritize Health Needs

| Theme / Priority | Decision Criteria | | | | | |
|--|----------------------|---|------------------------|---|---|------------------------|
| | Severity of Problem? | Potential Impact on Health of Population? | Feasibility of Change? | Resources Available to Address Problem? | Alignment with Mission, Strength, Priorities? | Overall Priority Score |
| | 1-5 | 1-5 | 1-5 | Y/N (N=5) | Y/N (Y=5) | |
| Mental/behavioral health services, all ages | 4 | 5 | 3 | 3 | 4 | 19 |
| Treatment and Recovery Services for Substance Use Disorder | 4 | 5 | 2 | 3 | 4 | 18 |
| Lack of health insurance | 3 | 4 | 2 | 3 | 3 | 15 |
| Low-or-no-cost services | 3 | 3 | 2 | 2 | 3 | 13 |
| No public transportation to get to appointments | 4 | 4 | 2 | 3 | 2 | 15 |
| Lack of knowledge about importance of regular medical check-ups and staying up-to-date on vaccinations | 3 | 4 | 5 | 2 | 4 | 18 |
| Affordable housing | 4 | 4 | 1 | 2 | 2 | 13 |
| Home Care (including hospice) | 4 | 4 | 2 | 2 | 3 | 15 |
| Internet coverage | 3 | 2 | 1 | 3 | 2 | 11 |
| SCALE: 1= Very Low 2 = Low 3= Moderate 4= Moderate High 5= High | | | | | | |

The advisory committee consisting of the follow members determined the decision criteria:

- Mary Kaye Ruegg, Chief Nursing Officer
- Ryan Speas, Chief Financial Officer
- Cindy Donajkowski, Emergency Department & Quality Director
- Cari Hansen, Director of Ambulatory Clinics
- Megan Lamb, Administrative Assistant

Appendix D

Existing Health Care and Other Facilities and Resources Information

Anishnabek Community and Family Services

- 2218 Shunk Rd, Sault Ste. Marie, MI 49783
- 906-632-5250
- Monday-Friday 8am-5pm
- **Services:** To provide direct assistance to tribal members experiencing financial and other difficulties. To improve the outcomes of safety, permanency and well-being in each program area of the child placement component, to include adult protective services. To provide supportive services that meet the needs of victims of crime in a culturally competent manner.

Arfstrom Pharmacy

- 415 Ashmun St. Sault Ste. Marie, MI 49783
- Sault – 906-632-9661; Cedarville – 906-484-3355
- Sault – Monday-Friday 9am-7pm; Saturday 9am-5pm
- Cedarville – Monday-Friday 9am-5:30pm; Saturday 9am-3pm
- **Services:** Prescription and over the counter drugs and online prescription refills, medical equipment and supplies, and medical professional apparel.

Bay Pharmacy

- 112 N State St. St. Ignace, MI 49781
- 906-643-7725
- Monday-Friday 9am-6pm
- **Services:** Prescription and over the counter drugs, delivery service, and medical equipment.

Cedar Post Thrift Shop

- 362 E. M-134, Cedarville, MI 49719
- 906-484-9512
- Monday-Friday 12pm-4pm
- **Services:** Food pantry, clothes, dishes by donations

Cedar Cove Assisted Living (Ellie Barr)

- 266 S Mary L St. Cedarville, MI 49719
- 906-484-1001
- Everyday 8:30am-5pm
- **Services:** The Cedar Cove Assisted Living community features compassionate 24-hour care and help with daily living. Our residents love having plenty to do with regularly scheduled social activities. Our care includes everything from nutritious meals to medication assistance. They provide supportive care, memory care, independent living, and respite & short-term care.

Cheeseman Insurance Agency (Gregory S. Cheeseman)

- 470 N. State Street St. Ignace, MI 49781
- solutions@cheesemanagency.com
- 906-643-7944
- Monday-Friday 8am-4:30pm
- **Services:** Health insurance BCBS only

Community Action (Don Wright or Jaime Johnson)

- 368 Regan Street, St. Ignace, MI 49781
- 906-643-8595
- Senior Help Line - 211
- Monday-Friday 8am-4pm
- **Services:** Homemaker services, loan closet, meals on wheels, nutrition program, personal care, private duty services, respite care, service coordination, Alzheimer take five adult day care, senior events, property management/rentals, home weatherization program, early head start, head start, commodity surplus food program, targeted emergency

food assistance program (TEFAP), senior meals and home bound meals, emergency services, outreach services, transportation (out of town needs a referral)

Community Health Access Coalition (CHAC) (Andrea Osborn)

- Chippewa County, Mackinac County, Luce County
- 906-635-7483
- All appointments by phone as of February 2022
- **Services:** The community Health Access Coalition (CHAC) is a non-profit, volunteer organization coordinating access to health care for uninsured residents of Chippewa, Luce and Mackinac counties in the Eastern Upper Peninsula of Michigan (EUP). CHAC coordinates discounts at area hospitals and with primary care providers. Helps individuals with Marketplace Plan and Medicare

Consolidated Community School Services (Bill Henry)

- 4900 W. Davis Court, Kincheloe, MI 49788
- 906-495-7305
- Monday-Friday 8:30am-4pm
- **Services:** Adult education-St. Ignace preschool-Engadine various programs

Diane Pepler Resource Center (Erica St. Louis)

- 124 W. Elliott St. St. Ignace, MI 49781
- 906-643-0498
- 24 hour HOTLINE 906-635-0566
- Monday-Friday 8am-5pm
- **Services:** Diane Pepler Resource Center offers fellowship, beds, warmth, transportation, food, clothing and time to think in a secure atmosphere. A 24-hour hot line, crisis support counseling is available as well as an emergency medical service, legal and financial referrals and advocacy for victims of family violence and their children. Victims of domestic violence and/or sexual abuse/ violence are eligible.

Dr. David P. Anderson, DDS

- W492 Portage, St. Ignace, MI 49781
- 906-643-8414
- Monday-Thursday by appointment only
- **Services:** Does not see Medicaid patients, only accepts BCBS - upfront payment required

Early On (Jessica Savoie)

- EUPISD 315 Armory Place, Sault Ste. Marie, MI 49783
- 906-632-3373
- Call for appointment
- **Services:** 0-3 years of age, 20% developmental delay or established medical condition to qualify for services. Free of charge. Home visits to do an assessment provide OT, PT, ST. Number of home visits dependent on need and plan for child. Referral from anyone

Great Start Collaborative (EUPGSC) (Beth Rye)

- 315 Armory Place, Sault Ste. Marie, MI 49783
- 906-630-0331
- eryl@eupschools.org
- Monday – Friday 8am – 4pm
- **Services:** The intent of the EUPGSC is to build a strong and comprehensive network of public and private supports and services for children from birth to eight years of age and their families within the Eastern Upper Peninsula. The GSC is made up of parents of young children, members of the faith and business communities, local philanthropic organizations, community leaders, educators and leaders of public agencies that provide the majority of early childhood services in the community. Our mission is to ensure every child in the Eastern Upper Peninsula will begin kindergarten safe, healthy, and ready to succeed in school and life. It is our mission to offer quality programming and services to the EUP youngest community members and their families. Visit <https://www.eupkids.com/> for more information.

H.O.M.E (Housing Opportunities Made Equal) of Mackinac County

- 396 N State St. St. Ignace, MI 49781
- 906-643-6239
- home@lighthouse.net

- Monday-Friday 9am-4pm
- **Services:** H.O.M.E is a not-for-profit organization committed to assisting persons of low to moderate income to obtain and or sustain affordable housing with an emphasis on home ownership.

Healthy Kids/Healthy Kids Dental

- Mackinac MDHHS 199 Ferry Lane, St. Ignace MI, 49781
- www.michigan.gov/mdhhs
- MiChild: 888-988-6300
- (TTY:888-263-5897)
- Monday-Friday 8:00am to 5:00pm
- **Services:** Healthy Kids is a program that provides a wide range of healthcare coverage and support services for qualifying pregnant women, babies and children under 19 (Healthy Kids Dental Coverage is through 20) The Healthy Kids brochure explains the health care coverage support services and the application process

Hiawatha Behavioral Health

- 114 W Elliot St. St. Ignace, MI 49781
- 906-643-8616
- 24 hour crisis line 800-839-9443
- TTY 906-632-5539
- Monday-Friday 8:00am- 5:00pm
- **Services:** Mental health facility. Serves all ages. Programs for youth with serious emotional disturbance, mental illness, mental health and substance abuse disorder, post-traumatic stress disorders

Little Bear East Fitness Center (Morgan Mills)

- 275 Marquette Street, St. Ignace, MI 49781
- Cityofstignace.com/recreation-department
- 906-643-6081 ext. 2
- Monday-Friday 5am-8pm; Saturday and Sunday 8am-8pm
- Costs: Fitness Center \$5 daily, resident* monthly \$35, non-resident monthly \$40, resident* 6 months \$135, non-resident 6 months \$155, resident* 1 year \$240, non-resident \$275, senior/student discounts
- *Resident: reside in City of St. Ignace or St. Ignace Township. Moran Township residents free with township voter registration validation and Sault Tribe members free with tribal card validation.
- **Services:** Hockey/skating and a variety of classes/activities offered. Call for schedule. Fitness Track (walking) Monday-Friday 8am-3pm \$1 for non-residents

LMAS District Health Department

- 749 Hombach Street, St. Ignace MI, 49781
- Monday-Thursday 8:00am to 4:00pm
- 906-643-1100
- **Services:** WIC (women who are pregnant or breastfeeding, infants, children up to age 5); family planning program; immunizations; children's special health care services; breast and cancer control program. Must meet insurance and income requirement. Some programs are free, while others are income-based and will have a nominal fee.

Love, INC

- W14015 Melville Street, Engadine, MI 49827
- 906-477-1050
- Thrift Store: Tuesday and Thursday 10am-4pm; Wednesday 10am-7pm
- Food Pantry: Tuesday and Thursday 12pm-3pm
- **Services:** Medical equipment loaned if returned. Clothing and household goods for a nominal charge. Serves west end of Mackinac County residents only. Provides food and personal hygiene items for a nominal charge

Mackinac County Department of Health and Human Services

- 199 Ferry Lane, St. Ignace MI, 49781
- www.michigan.gov/mdhhs
- Monday-Friday; 8:00am – 5:00pm
- Main line operator: 906-643-9550
- Client Connect: 844-464-3447 M-F 9am-3pm (can leave call back number)
- Assistance with food, daycare, medical assistance, emergency relief, medical transportation
- Centralized Intake: 855-444-3911 24/7 hotline

- Report abuse, neglect and exploitation
- **Services:** Adult services, cash assistance, child care assistance, children's protective services, emergency relief, home, utilities and burial, food assistance, foster care, foster care adoption, health care coverage, Medicaid, medical transportation, Native American outreach services

Mackinac County Wellness Coalition (Sam Radecki)

- Their meetings are held via zoom or at the local library
- mackinacwellnessco@gmail.com
- **Services:** Composed of various community partners who believe nutritious foods, outdoor physical activity, mental wellness, tobacco-free living, healthy school engagements, and community collaboration are essential for community health in Mackinac County. This coalition organizes community events to support their mission.

Mackinac Straits Health System – Long Term Care Facility, Evergreen Living Center (Kevin McElroy)

- 1140 North State Street, St. Ignace MI, 49781
- **Services:** Forty-eight bed skilled nursing facility. Services provided for long-term care as well as short-term rehab care. Accommodates residents requiring Hospice Care, Nursing care, restorative care, activities and social services

Mackinac Straits Health System Rural Health Clinic (Cari Hansen)

- 1140 North State Street, St. Ignace MI, 49781
- Monday-Friday; 8:00am to 4:30pm
- 906-643-0466
- **Services:** Family practice, women's health, geriatric medicine, pediatrics, internal medicine, cardiology, orthopedics, additional visiting specialists

Mackinac Straits Health System

- 1140 North State Street, St. Ignace MI, 49781
- 906-643-8585
- **Services:** 24 hour emergency room, bone density testing, cardiac rehab, cardiac testing, diabetic education, employee wellness program, inpatient care, laboratory services, radiology services; including ultrasound, mammography and MRI, oncology, outpatient surgery, physical, speech, occupational and aqua therapy

Michigan State University (MSU) Extension (Jim Nash, Susan Kirkham, Michelle Jarvie, Tracie Abrams)

- 749 Hombach Street, St. Ignace MI, 49781
- 906-643-7307
- Monday-Friday; 10:00am to 2:00pm
- **Services:** Michigan State University Extension provides high quality and affordable education to the community. Topics include caregiving, bullying, aging, chronic disease, budgeting, food preservation, nutrition, physical activity, safe food and water, weight management, early childhood development, managing relationships, finance, and violence prevention. Fee varies depending on session

MiChild

- Mackinac MDHHS 199 Ferry Lane, St. Ignace MI, 49781
- www.michigan.gov/mdhhs
- MiChild: 888-988-6300
- (TTY: 888-263-5897)
- Client Connect: 844-464-3447
- Monday-Friday; 8:00am to 5:00pm
- **Services:** MiChild is a health insurance program. It is for uninsured children of Michigan's working families. MiChild services are provided by many HMOs and other health care plans throughout Michigan

MyMichigan Medical Center, Sault

- 500 Osborn Blvd. Sault Ste. Marie, MI 49783
- 906-635-4460
- Monday-Thursday 8:30am-5:00pm; Friday 8:30am-3:00pm Appointments Only
- **Services:** Emergency Care, Laboratory, Radiology, Surgery, Maternity, Inpatient Rooms, Intensive Care (ICU)

MSHS Charity Care (Billing Office at Mackinac Straits Health Systems)

- 1140 North State Street, St. Ignace MI, 49781
- 906-643-1185

- **Services:** Mackinac Straits Health System collaborates with patients to meet their needs by offering affordable medical care to those with limited resources. Cost for medical services will be based on financial need

Native American Outreach (Rhonda Engle)

- 199 Ferry Lane, St. Ignace, MI 49781
- 906-643-9550
- Monday-Friday 8am-4:30pm
- **Services:** Works with individuals and families to overcome barriers by connecting services with the needs of family. They provide prevention services and works as an advocate to families by being a liaison between agencies to give the families the support they need to become self-sufficient.

Naubinway Rural Health Clinic

- W11650 US Highway 2, Naubinway, MI 49762
- 906-341-3756
- Monday-Friday 8am-5pm
- **Services:** These are the services offered: family practice visits, annual wellness exam for all ages, same day appointments, walk-in for acute care, diabetic visits, limited immunizations, CDL physical exams, minor laceration repair, and wart removal.

Parents as Teachers of the EUP

- EUPISD 315 Armory Place, Sault Ste. Marie, MI 49783
- 906-632-3373
- Call for appointment
- **Services:** A home-based educational program for children birth to five years old if not in any other early childhood program. This program emphasizes the importance for parents as teachers for their child. No cost. In-home services

Sacred Heart St. Ignace Outpatient Recover and Wellness Center

- 248 Ferry Lane, St. Ignace, MI 49781
- 906-643-2080
- Monday-Friday 7am-3pm by appointment
- **Services:** Outpatient medication assisted treatment and general wellness services

Sault Tribe Health and Human Services

- 1140 North State Street, St. Ignace, MI 49781
- 906-643-8689
- Monday-Friday 8am-5pm
- **Services:** Many services including: medical, dental, optical, pharmacy, nursing services, traditional medicine, behavioral health services, community health services

St. Ignace Food Pantry and Hope Chest

- 250 Ferry Lane, St. Ignace MI, 49781
- 906-643-7360 Hope Chest and Food Pantry
- Hope Chest Tuesday-Thursday 10:00am-4:00pm
- Food Pantry Wednesday and Thursday 2:00pm-4:00pm
- **Services:** Provides food to those in need. If necessary call HOTLINE 906-643-6780. Clothing and house hold items available to purchase for normal charge

St. Ignace Dental Associates

- 314 N. State Street, St. Ignace, MI 49781
- 906-643-9245
- Monday-Thursday 8:30am – 5:00pm; Friday 8:30am – 2:00pm
- **Services:** Fee for dental services

State Farm Insurance (Mark Elmblad)

- 8 North State Street, St. Ignace MI 49781
- Monday-Friday 9am-4:30pm
- 906-643-9866
- **Services:** Medicare supplement insurance, disability insurance, hospital indemnity insurance

Substance Abuse Program Great Lakes Recovery – St. Ignace, MI (Pamela Bernhardt)

- 799 Hombach Street Suite 2, St. Ignace MI, 49781

- 906-643-0944
- Tuesdays and Wednesdays 10:00am-4:00pm Appointment necessary
- **Services:** Substance abuse counseling only. Cost will be determined at screening via the telephone

United Way of the Eastern Upper Peninsula (Ravianiesa Aranda)

- 511 Ashmun St. Suite 200, Sault Ste. Marie, MI 499783
- Facebook page: United Way EUP
- 906-632-3700
- Monday-Friday 9:00am-5:00pm
- **Services:** A point of service for all human resources providers, assistance with utilities, housing, transportation, health, medical, food needs, etc. Also provides free tax preparation online DHHS services, a kiosk for online application. Services Chippewa, Luce and Mackinac Counties

Upper Peninsula Commission for Area Progress (UPCAP)

- 2956 Ashmun Street, Sault Ste. Marie, MI 49783
- 906-632-9835
- www.upcap.org
- Monday – Friday 7:30am-4pm
- **Services:** UPCAP's purpose and objectives shall be to promote the development of the human, social, and community resources of the Upper Peninsula of Michigan through the following activities: Serving as the Upper Peninsula Area Agency on Aging, a regional coordinating body, advocate, and focal point for aging services and aging resources to senior citizens in the Upper Peninsula of Michigan. Providing technical assistance and services to public and non-profit bodies, business enterprises and individuals who wish to utilize assistance provided by federal and state programs for human and economic development and by assisting to other persons and bodies in activities, which promote the development of the Upper Peninsula. Providing technical assistance and services to governmental bodies for the improvement and extension of their services to the public, or in the exercise of the functions they perform as a necessary adjunct to serving the public. Promoting the development of affordable housing opportunities to the citizens of the Upper Peninsula of Michigan.

Veteran's Trust Fund and Veteran's Counselor (Richard Litzner, Michael Redmond)

- 100 Marley St. Room 105, St. Ignace, MI 49781
- mcvso@mackinacounty.net
- 906-643-9411
- Wednesday 9:00am-3:00pm; Monday-Friday 8:30am-4:00pm
- **Services:** coordination of services for Veterans. VSO consultant for filing claims

Webers and Devers Psychological Services, P.C.

- 605 E 7th Ave #9, Sault Ste. Marie, MI 49783
- 906-635-7270
- office@weberanddevers.com
- Monday-Friday 8am-5pm; evening and weekend appointments available
- **Services:** Weber and Devers Psychological Services, P.C. provides a full array of services to adults, adolescents, and children. Our practice offers therapy for a range of mental health disorders to include depression, anxiety, behavioral, developmental/autism and substance abuse. We also provide psychological assessments to include learning disability evaluations, attention deficit hyperactivity disorder evaluations, bariatric evaluations, as well as a full range of psychological testing.

West Mackinac Health Clinic

- W 14034 Melville Street, Engadine, MI 49827
- 906-477-6066
- Tuesday-Friday 9am-4pm; Closed for lunch noon-1pm
- **Services:** Serves West end of Mackinac County. Provides all health services as an outreach clinic with Helen Newberry Joy Hospital

Appendix E

Community Health Needs Assessment Implementation Plan

Priority 1: Mental/Behavioral Health Services

Objective / Strategy

- To improve community connectedness to available mental/behavioral health resources by collaborating with Mackinac County mental/behavioral health resources.

Tactics (How)

- Provide education to providers on screening tools for behavioral health
- Provide education to providers on proper referrals for behavioral health
- Provide education to providers on treatment options for behavioral health
- Provide education to providers on available mental/behavioral health resources
- Provide education to the community on available resources via social media
- Research potential funding options for treatment and services

Programs / Resources to Commit

- MSHS Social Worker
- MSHS Clinics Leaders
- Administrative support staff
- MSHS Marketing Director

Impact of Programs / Resources on Health Need

- Improved utilization of mental/behavioral health service among community members

Accountable Parties

- MSHS Leadership
- Community partners, patients and families
- MSHS Providers
- MSHS Staff

Partnerships / Collaboration

- Hiawatha Behavioral Health
- St. Ignace Area Schools Social Worker
- Business Leaders
- Sault Tribe of Chippewa Indians
- Hope Network – Bay Haven Integrated Care
- Non-governmental organizations in the state
- Sacred Heart St. Ignace Outpatient Recover and Wellness Center

Priority 2: Substance Use Disorders

Objective / Strategy

- To improve awareness of substance use disorder and to improve community connectedness to substance use disorder resources by collaborating with community resources

Tactics (How)

- Promote discussion of community needs and possible solutions by coordinating with local, regional, and state resources
- Promote substance use disorder awareness and resources on social media
- Research potential funding options for treatment of substance use disorders services

Programs / Resources to Commit

- MSHS Social Worker
- MSHS Clinic and Hospital Leaders
- MSHS Administrative Support Staff
- Marketing Director

Impact of Programs / Resources on Health Need

- Improved awareness and utilization of substance use disorders resources

Accountable Parties

- MSHS Leadership
- MSHS Providers
- MSHS Staff
- Community partners, patients, and families

Partnerships/ Collaboration

- Sault Tribe of Chippewa Indians
- Sacred Heart St. Ignace Outpatient Recover and Wellness Center
- St. Ignace Area Schools Social Worker
- Law Enforcement
- County Government – Drug Court
- LMAS District Health Department

Priority 3: Awareness of Existing Programs, Services, and Resources

Objective/ Strategy

- To improve community and patient awareness of availability of existing programs, services, and resources by collaborating with MSHS and community services leadership

Tactics (How)

- Promote robust health system social media platform
- Research additional social media platforms
- Participate in community health fairs

Programs/ Resources to Commit

- MSHS Leadership
- Administrative Support Staff

Impact of Programs/Resources on Health Need

- Improved utilization of available programs, services, and resources

Accountable Parties

- MSHS Leadership
- Community partners, patients, and families

Partnerships/ Collaboration

- Community Health Access Coalition
- Find Help
- Sault Tribe of Chippewa Indians