2024 COMMUNITY HEALTH NEEDS ASSESSMENT

SCHOOLCRAFT
MEMORIAL HOSPITAL

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SCHOOLCRAFT
MEMORIAL HOSPITAL

Schoolcraft Memorial Hospital (SMH) is an independent state-of-the-art, 12-bed, critical access hospital in Manistique, Michigan. Founded in 1950, SMH is dedicated to delivering exceptional health and wellness services – catering to the needs of all. In 2022, the hospital completed a 12.8-million-dollar expansion project which added a state-of-the-art Rehabilitation & Aquatic Therapy center, new infusion suites and a co-located administrative building. For optimal efficiency, a Rural Health Clinic is attached to the hospital. Additional facilities include an offsite Behavioral Health Clinic and a second Rural Health Clinic in Naubinway, Michigan.

MISSON

To deliver exceptional health and wellness services; catering to the needs of all.

VISION

Built on a foundation of trust, we will be a cornerstone for a healthy, strong, and thriving region.

SHARED VALUES

- Community
- Dedication & Commitment
- Honesty & Integrity
- Knowledge & Expertise
- Quality & Professionalism
- Compassion
- Fiscal & Technological Strengths
- Respect

Partnerships

Michigan Center for Rural Health

This Community Health Needs Assessment report was developed in collaboration with the Michigan Center for Rural Health (MCRH). Established in 1991, MCRH is one of only three non-profit State Offices of Rural Health (SORH) in the country. As Michigan's SORH, MCRH plays a key role in rural health care by fostering partnerships among organizations, health departments, hospitals, government, and academia. We extend our gratitude to their team for their expertise and support in identifying data sources, conducting collection and analysis, and compiling this report. Their involvement has been instrumental in ensuring a comprehensive and insightful assessment of the health needs within our community.

Northern Michigan University

We also wish to acknowledge several staff from Northern Michigan University, based in Marquette, Michigan, for their valuable technical assistance with data analysis from the focus groups and community survey conducted as part of this assessment. Their contributions have been essential in interpreting the data and providing a deeper understanding of community health needs in Schoolcraft County and the surrounding area.

CEO Letter

Every three years, we conduct a Community Health Needs Assessment to gain a deeper understanding of the health concerns and priorities of our residents. These assessments have played a vital role in shaping our efforts in the past, and this year's report marks a significant step forward in improving the health and well-being of our community.

We extend our heartfelt thanks to everyone who contributed by completing the community survey or participating in a focus group. Your valuable input helps us better identify and address the health needs of our community.

At Schoolcraft Memorial Hospital, we take great pride in being an integral part of this community. We remain deeply committed to supporting the health and wellness of our residents today and for generations to come.

Andy Bertapelle, Chief Executive Officer

Executive Summary

The 2024 Community Health Needs Assessment (CHNA) represents an opportunity for Schoolcraft Memorial Hospital to engage with the community, aiming to better understand its strengths and address pressing health concerns. Through this collaborative process, data was collected and analyzed to identify key health needs, leading to the prioritization of critical areas.

Conducted in alignment with the Affordable Care Act, the CHNA provides a comprehensive overview of the community served by Schoolcraft Memorial Hospital. This includes an analysis of leading causes of death, levels of chronic illness, and other significant health issues affecting the community. The findings and priorities identified through this process inform partnerships, guide program development, and shape future investments to enhance community well-being.

Key Findings and Priorities

- The top three issues of concern identified were:
    - Shortage of dentists and lack of affordable dental care
    - High cost of health insurance and co-pays
    - Lack of reliable childcare services

- Most important factors for a healthy community, community members prioritized:
    - Access to healthcare and medications
    - Quality jobs
    - Affordable housing

- The top risky behaviors raising concern in the community included:
    - Drug use
    - Excessive alcohol consumption
    - Bullying

- Strengths identified in the community centered around:
    - Strong sense of togetherness
    - Accessible healthcare facilities

Executive Summary

- Key themes for designing a healthier community included:
    - Economic stability with good-paying jobs
    - Affordable housing
    - Financial support systems
    - Enhanced healthcare access
    - Improved mental health services
    - Resources for healthy living and aging in place

- Significant gaps in healthcare services included:
    - Shortage of dental care providers
    - Medical specialists (e.g., cardiologists and neurologists)
    - Maternal health services
    - Mental health professionals
    - Substance use (abuse) treatment facilities

- If given the chance to address one major health issue, many individuals prioritized:
    - Expanding access to mental health services
    - Substance use (abuse) treatment
    - Access to specialized care
    - Affordable dental services

- Hospitals and health systems were seen as key facilitators for community health improvement by leading prevention efforts, offering educational resources, collaborating with external agencies to address health challenges.

- Programs most needed to improve community health included:
    - Recruiting and retaining mental health providers
    - Expanding substance use (abuse) resource
    - Improving access to healthy food
    - Enhancing nutrition education

The 2024 Schoolcraft Memorial Hospital CHNA was formally approved by the Schoolcraft Memorial Hospital Board on February 24, 2025 and made publicly available on February 26,2025 . This initiative underscores the hospital's mission: to deliver exceptional health and wellness services, catering to the needs of all. Through this ongoing commitment, the CHNA process will continue to be a cornerstone of fostering a healthier and more resilient community.

Evaluation of Impact Since 2021 Community Health Needs Assessmment

Schoolcraft Memorial Hospital (SMH) participated in the 2021 Upper Peninsula Community Health Needs Assessment, covering all 15 counties in the region. This effort identified five critical issues: a shortage of mental health programs and affordable care, a lack of senior health services, high health insurance costs, drug abuse, and childhood obesity. These priorities highlighted the need for targeted interventions to improve community health.

In response, SMH developed an implementation plan to address these issues, focusing on expanding mental health services, enhancing community education, and exploring dental service improvements.

To address mental health care gaps, SMH added a therapist to the Behavioral Health Team in 2023 and introduced group therapy options like Cognitive Behavioral Therapy (CBT). SMH also participated in community events, including the Veterans Resource Fair and Parkinson's Support Group, and hosted a Resource Fair that connected over 100 community members to vital services such as transportation and housing. These efforts reflect SMH's commitment to improving behavioral health services.

SMH prioritized education and outreach through the SMHCARES Calendar, which featured staff involvement in events like Music in the Park and the Schoolcraft County Fair. Educational sessions ranged from aquatic therapy to caregiver burnout and grief support, aligning with SMH's mission to promote health and wellness.

SMH also conducted a feasibility study for a community dental clinic. While challenges like reimbursement structures and facility constraints made it unfeasible, SMH explored alternatives, such as mobile dental units, and remains committed to addressing dental health needs.

Defining the Community

Social Drivers of Health

Social drivers of health (SDOH), also known as social determinants of health, as defined by Healthy People 2030, refer to the conditions in which people live, work, learn, and age, impacting their overall health and quality of life (RHIhub, 2024). In rural communities, these factors often present unique challenges that affect health outcomes. Limited access to clean water, nutritious food, and safe housing, combined with environmental hazards, such as poor air and water quality, can negatively impact health (RHIhub, 2024). Rural residents are also more likely to face poverty, lower educational attainment, and limited healthcare access, all of which can exacerbate health issues. These challenges are further compounded by the lack of infrastructure, such as transportation options and internet access, making it more difficult for individuals to access necessary services. Addressing these social determinants by improving access to safe housing, reliable transportation, affordable healthcare, and healthy food can lead to better health outcomes, reduce healthcare costs, and improve overall well-being in rural communities (RHIhub, 2024).

Aging Population

The U.S. population is aging, with more than 46 million adults aged 65 and older living in the country (RHIhub, 2024). Figure 27: Michigan Population Change 2020 to 2022 shows population growth in northern Lower Michigan and parts of the Upper Peninsula (LEO, 2024). Michigan reflects this trend, with over 2 million residents aged 60 and older, accounting for nearly 25% of the state's population. Notably, Michiganders aged 85 and older represent the fastest-growing age group, and 37% of Michigan residents are aged 50 and older (Gov. Whitmer, 2021). In rural areas, these trends are even more pronounced.

Defining the Community

Aging Population

Rural communities often experience a disproportionately higher percentage of adults aged 65 and older, intensifying the demand for healthcare, long-term care, and social services to support aging populations (RHIhub, 2024). Older adults have distinct healthcare needs compared to younger populations, as they are more likely to manage multiple chronic conditions such as diabetes, heart disease, arthritis, depression, and hypertension (RHIhub, 2024). Approximately 90% of adults aged 65 and older have at least one chronic condition requiring targeted treatments and medical care, highlighting the unique challenges in meeting their health needs (RHIhub, 2024). (Figure 1).

Figure 1: Michigan Population Change 2020 to 2022

Map created by the Michigan Department of Agriculture and Rural Development, 5/17/2023
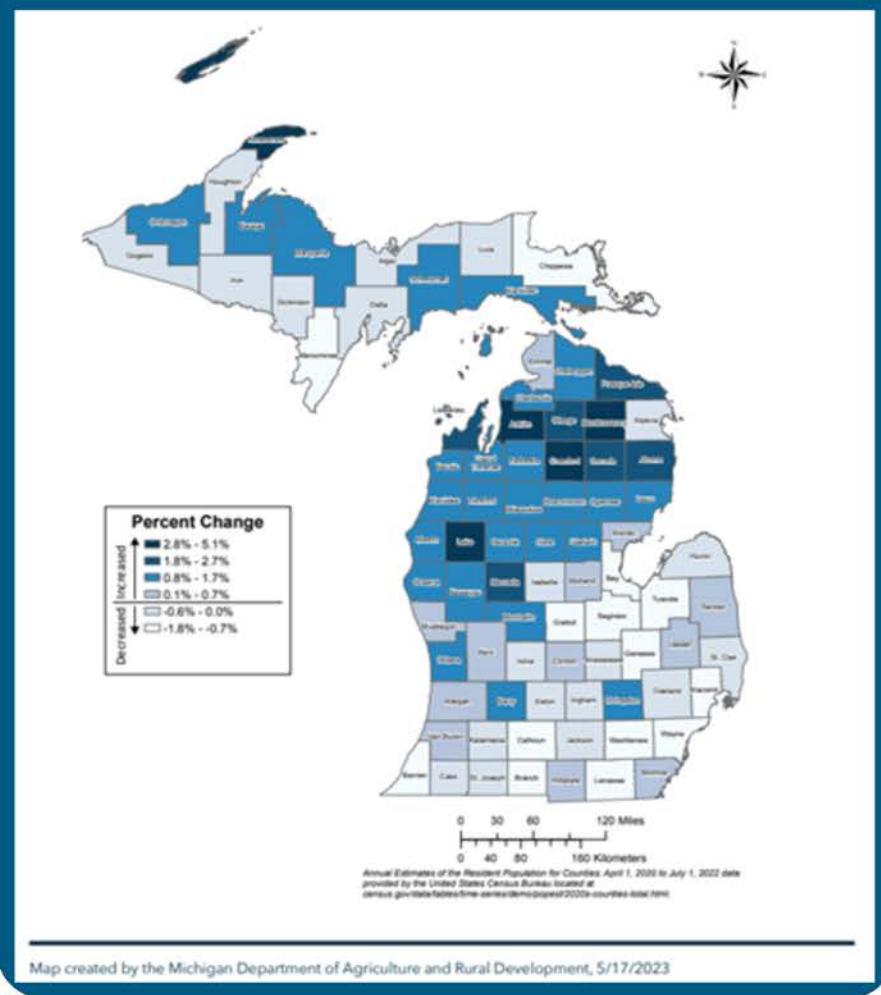
Defining the Community

Veteran Status

According to the U.S. Department of Veterans Affairs, there are 4.4 million Veterans who reside in rural communities throughout the United States, with 2.7 million enrolled in Veteran Affairs (VA) services (VA, 2024). As of 2019, Michigan ranked #11 in total Veteran population, with a higher percentage of Veterans aged 65 years and older (Figure 2). The older Veteran population tends to be medically complex and more likely to be diagnosed with diabetes, obesity, high blood pressure, and heart conditions that require more frequent, ongoing, and costly care (VA, 2024).

Figure 2

Figure 3 compares the percentage of individuals with veteran status in various Michigan zip codes (blue bars) to the Michigan state average (orange bar, 5.6%). Several zip codes, particularly McMillan (23.4%), Gulliver (19.2%), and Gould City (17.5%), have significantly higher percentages of veterans compared to the state average. In contrast, some areas, such as Seney (0.7%) and Nahma (3.1%), have much lower proportions.
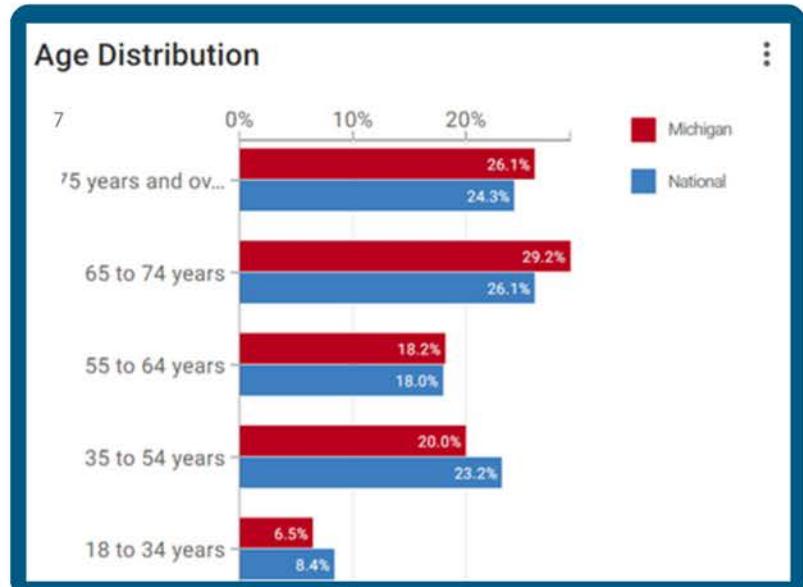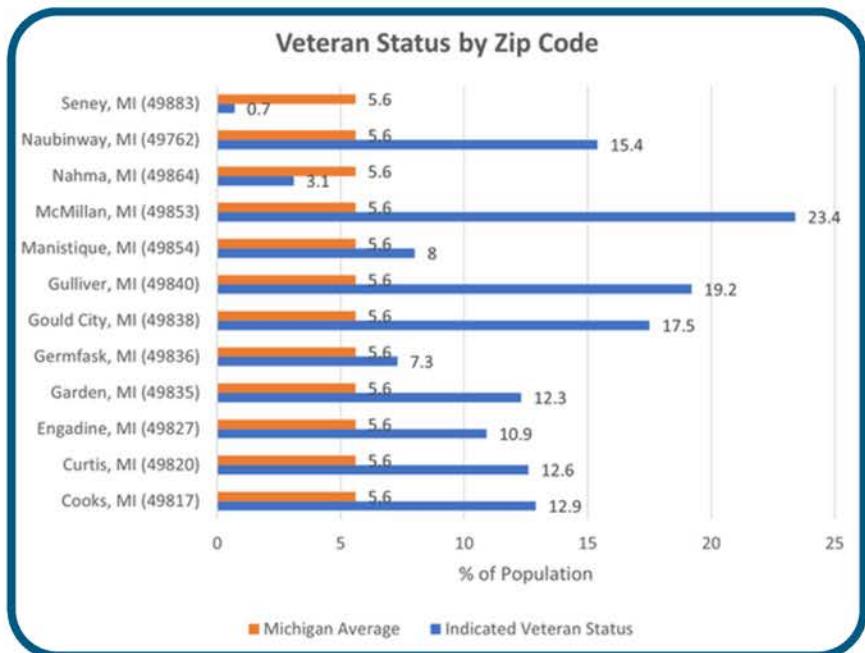

**Figure 3**

Defining the Community

Demographics

Schoolcraft Memorial Hospital recognizes that understanding the unique needs, challenges, and strengths of all the communities they serve is essential to providing equitable and effective care. By gaining a deeper insight into these diverse populations, the hospital can tailor its programs and resources to address specific health concerns, ultimately fostering healthier and more resilient communities. Demographic census data is included below for the 12 identified zip codes, including 49817 (Cooks), 49820 (Curtis), 49827 (Engadine), 49835 (Garden), 49836 (Germfask), 49838 (Gould City), 49840 (Gulliver), 49854 (Manistique), 49853 (McMillan), 49864 (Nahma), 49762 (Naubinway), and 49883 (Seney). The demographic data to follow was obtained from the U.S. Census Bureau's database.

Population and People

Rural Michigan has traditionally experienced diverse population trends, with many regions experiencing decade-long population decline, particularly in the Upper Peninsula, Northeast Lower Michigan, and border counties (LEO, 2024). Population decline brings challenges such as reduced revenues, business closures, and infrastructure strain, while rapid growth in certain areas pressures housing and services (LEO, 2024).

This growth aligns with national patterns of increased interest in nonmetro areas, driven by factors like migration from the western U.S., more children (ages 5–17), remote work, and expanding industries like arts, entertainment, and accommodation (LEO, 2024). However, rural Michigan still struggles with a lack of population diversity and balance, creating challenges for meeting evolving community needs.

Figure 4: This graph shows the population size within Schoolcraft Memorial Hospital's service area by zip code. Manistique, MI (49854) is the largest at 6,211 residents, while smaller areas like Nahma, MI (49864) have as few as 32 residents.

Population Size by Zip Code

Zip Code	Number of People
Seney, MI (49883)	143
Naubinway, MI (49762)	602
Nahma, MI (49864)	32
McMillan, MI (49853)	1282
Manistique, MI (49854)	6211
Gulliver, MI (49840)	747
Gould City, MI (49838)	478
Germfask, MI (49836)	921
Garden, MI (49835)	784
Engadine, MI (49827)	963
Curtis, MI (49820)	304
Cooks, MI (49817)	567
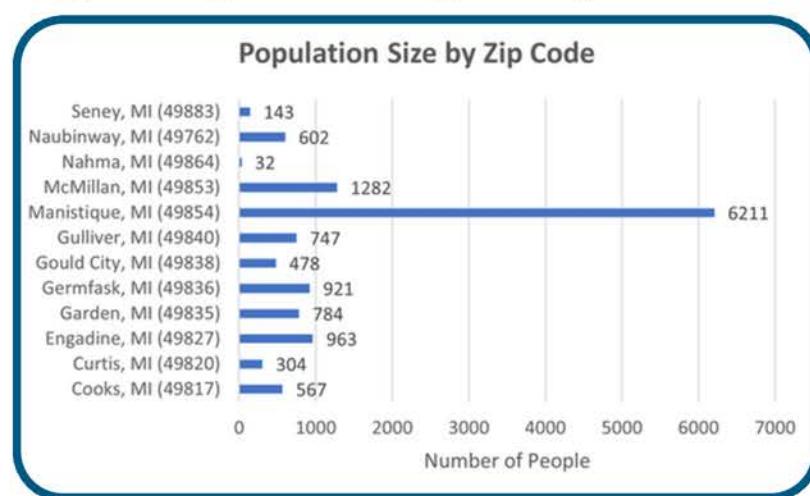
Figure 4

Defining the Community

Race & Ethnicity

Figures 5 & 6: These graphs illustrate the racial and ethnic composition of the Schoolcraft Memorial Hospital service area. The bar chart, figure 6, provides an overview of diversity across multiple zip codes, highlighting the predominance of the White population along with smaller representations of other racial and ethnic groups. Due to the significantly larger population in Manistique, MI (49854), its data is shown separately in the bar graph in figure 5 to maintain accurate scaling. The bar graph offers a detailed breakdown of Manistique's racial and ethnic demographics, reflecting similar trends seen across the broader service area.
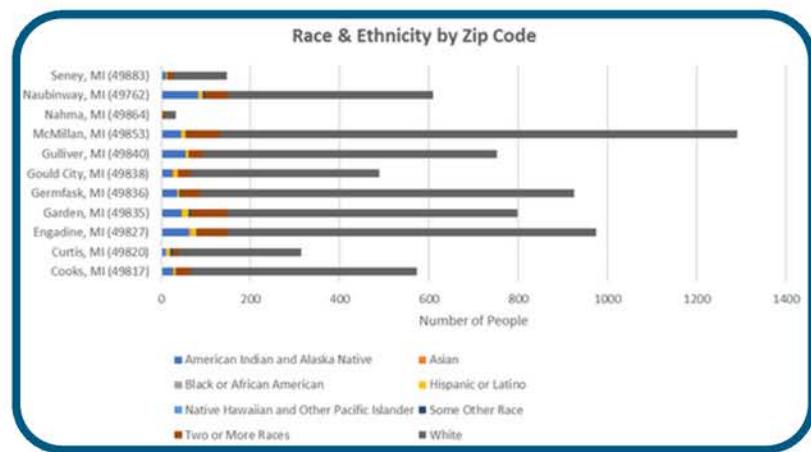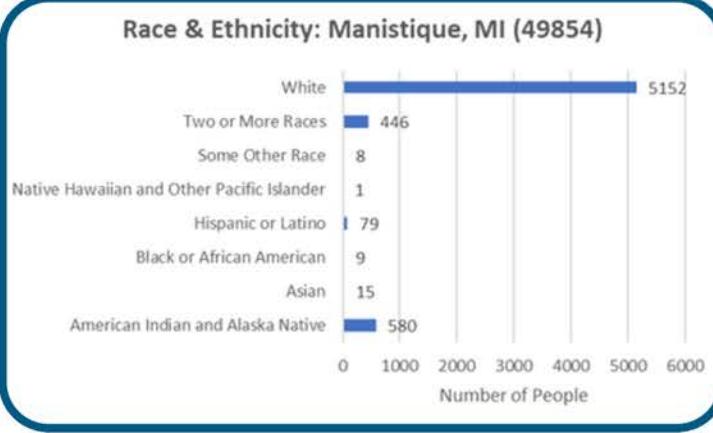
Figure 5

Figure 6

Age & Sex

This section provides an analysis of the population's age and sex distribution across the various zip codes. It includes a comparison of the median age in each area to Michigan's state median age, highlighting trends in aging populations. The proportion of individuals aged 65 and older will be examined relative to state averages, along with the percentage of children under 18 years old. Additionally, population pyramids will be presented to depict the age and gender distribution for each zip code.

Defining the Community

Cooks, Michigan (49817)

- The median age is 39.1 years, slightly younger than Michigan's median age of 40.5 years.
- Individuals aged 65 and older make up 21.5% of the population, compared to the state average of 19.3%.
- Children under 18 comprise 28.5% of the population, exceeding the Michigan average of 21.0%. The age distribution of this group is illustrated in Figure 7.

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	5.3%
5 to 14 Years	19.5%
15 to 17 Years	3.8%

Figure 7

Figure 8 shows a population pyramid illustrating the age and gender distribution. The largest group consists of children aged 9 years and under, where males significantly outnumber females. Middle-aged adults form another prominent group, with males also outnumbering females.
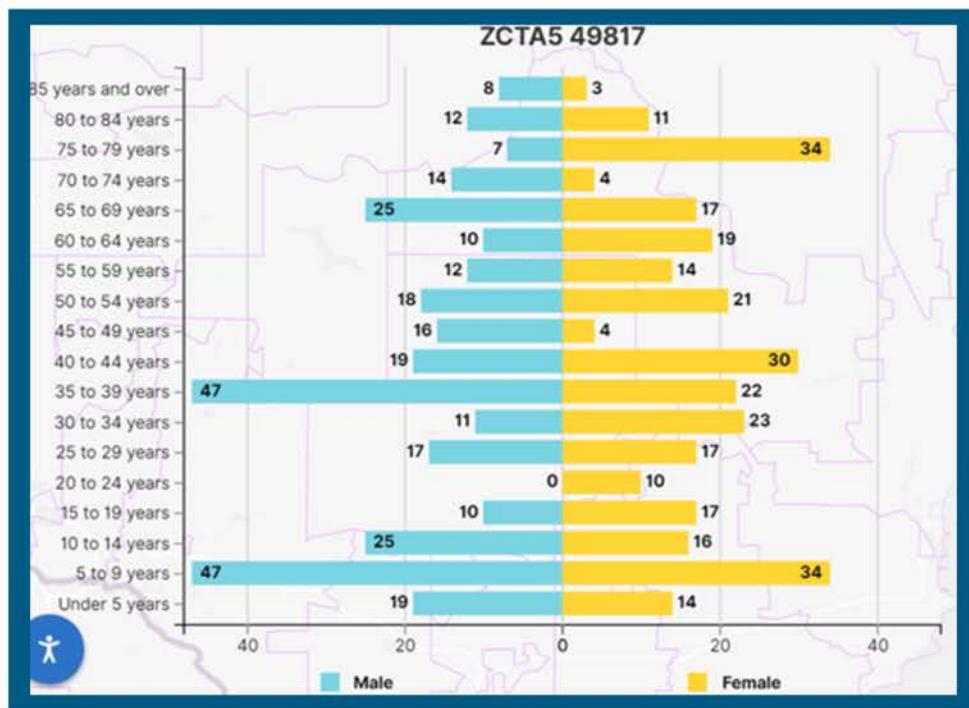
Figure 8

Defining the Community

Curtis, Michigan (49820)

- The median age is 67.4, significantly higher than Michigan's median age of 40.5.
- Individuals aged 65 and older make up 54% of the population, compared to the state average of 19.3%.
- Only 8.5% of the population is under 18 years old, much lower than the Michigan average of 21.0%. The age distribution of children under 18 is illustrated in Figure 9.

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	3.5%
5 to 14 Years	2.0%
15 to 17 Years	3.0%

Figure 9

Figure 10 shows a population pyramid illustrating the age and gender distribution. The chart highlights a significant number of males aged 65-69 years and a notable imbalance in younger age groups, where females outnumber males in categories such as 10-14 years and under 5 years.
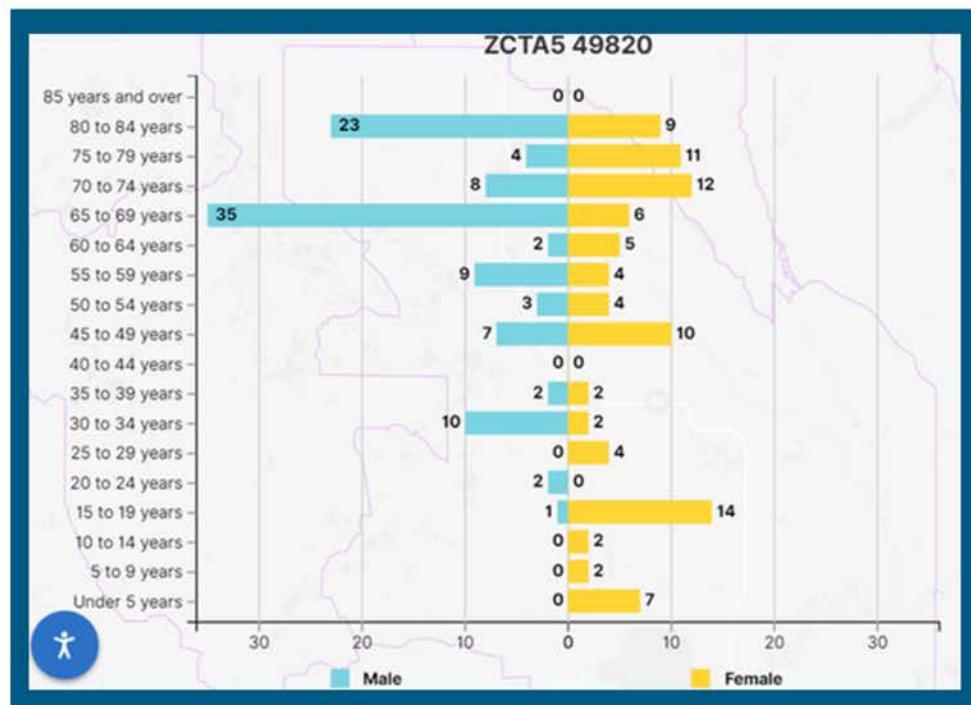
Figure 10

Defining the Community

Engadine, Michigan (49827)

- The median age is 39.3, slightly lower than Michigan's median age of 40.5.
- Individuals aged 65 and older account for 22.3% of the population, higher than the state average of 19.3%.
- Children under 18 make up 30.4% of the population, significantly above the Michigan average of 21.0%. Figure 11 illustrates the age distribution of children under 18.

Children Under 18 by Age Range	
Measure	Value
Under 5 Years	7.1%
5 to 14 Years	19.7%
15 to 17 Years	3.7%

Figure 11

Figure 12 displays a population pyramid illustrating the age and gender distribution of a community. The chart shows a notable male dominance in younger age groups, particularly 0-5 and 10-14 years, while females slightly outnumber males in older age ranges, such as 50-54 and 70-74 years.
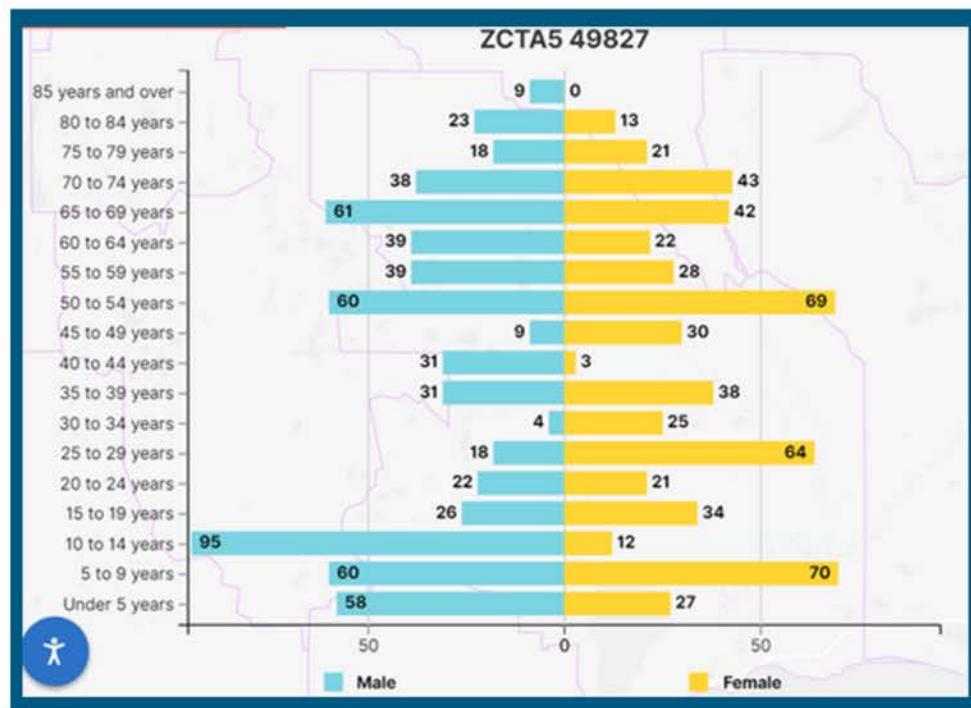

Figure 12

Defining the Community

Garden, Michigan (49835)

- The median age is 55.8, notably higher than Michigan's median age of 40.5.
- Individuals aged 65 and older make up 33.2% of the population, significantly exceeding the state average of 19.3%.
- Children under 18 account for 15.5% of the population, lower than the Michigan average of 21.0%. Figure 13 highlights the age distribution of children under 18.

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	3.2%
5 to 14 Years	9.1%
15 to 17 Years	3.2%

Figure 13

Figure 14 shows a population pyramid depicting the age and gender distribution of a community. The largest groups are the 65–69 and 70–74 age brackets. Females slightly outnumber males in older age groups, particularly those 75 and older. The youth population (under 20) is small, while middle-aged adults (30–54) are moderately represented.
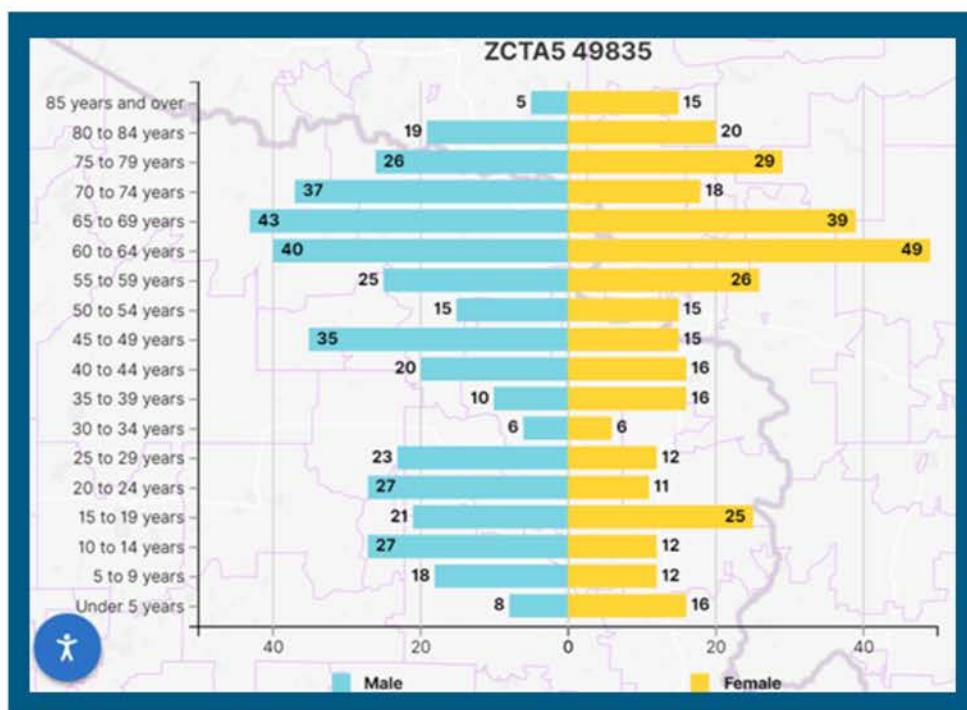
Figure 14

Defining the Community

Germfask, Michigan (49836)

- The median age is 51.9, compared to Michigan's median age of 40.5.
- 35.4% of the population is 65 years or older, significantly higher than the Michigan average of 19.3%.
- An estimated 17.0% of the population is under 18 years old, compared to the Michigan average of 21.0%. The distribution of children under 18 is shown in Figure 15.

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	5.0%
5 to 14 Years	9.0%
15 to 17 Years	2.9%

Figure 15

The population pyramid, depicted in Figure 16 highlights an aging population, with the largest group aged 65-74. Younger age groups, especially under 20, are smaller. Gender distribution is balanced overall, with slightly more males in some older categories.
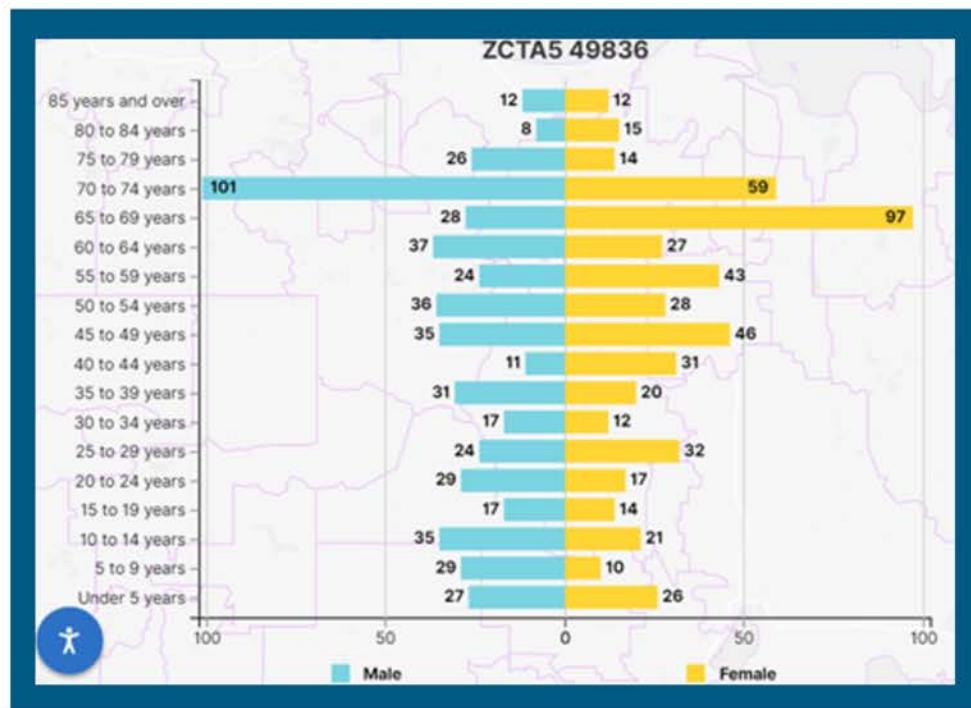
Figure 16

Defining the Community

Gould City, Michigan (49838)

- The median age is 60.6, compared to Michigan's median age of 40.5.
- 40.7% of the population is 65 years or older, above the Michigan average of 19.3%.
- 6.4% of the population is under 18 years old, compared to the Michigan average of 21.0%. The distribution of children under 18 is shown in Figure 17.

Children Under 18 by Age Range	
Measure	Value
Under 5 Years	1.3%
5 to 14 Years	3.6%
15 to 17 Years	1.5%

Figure 17

The population pyramid, depicted in Figure 18 shows the age and gender distribution of the area's residents. The largest age groups are 55–59 and 65–69, with females slightly outnumbering males in these cohorts. There is a marked decline in the youth population under 20 years. Among residents aged 75 and older, females significantly outnumber males, with fewer working-age adults (30–54).
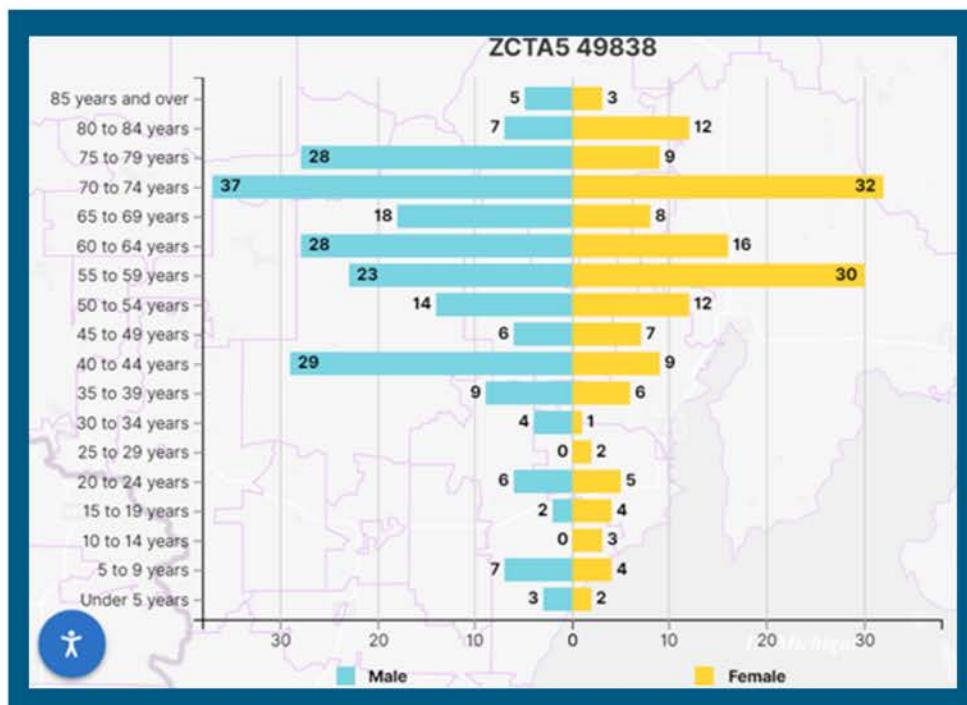

Figure 18

Defining the Community

Gulliver, Michigan (49840)

- The median age is 54.6, compared to Michigan's median age of 40.5.
- 30.4% of the population is 65 years or older, compared to the Michigan average of 19.3%.
- 19.5% of the population is under 18 years old, compared to the Michigan average of 21.0%. The distribution of children under 18 is shown in Figure 19.

Children Under 18 by Age Range	
Measure	Value
Under 5 Years	4.1%
5 to 14 Years	11.9%
15 to 17 Years	3.5%

Figure 19

The population pyramid, depicted in Figure 20 highlights a large percentage of residents aged 65 and older (about 40%). There is a noticeable gender imbalance in older age groups, with females outnumbering males. The pyramid also shows a relatively small proportion of the population under 18 years old, with both genders having similar numbers in these age groups. Middle-aged adults are a significant portion of the population, while younger age groups, particularly children, make up a smaller share.
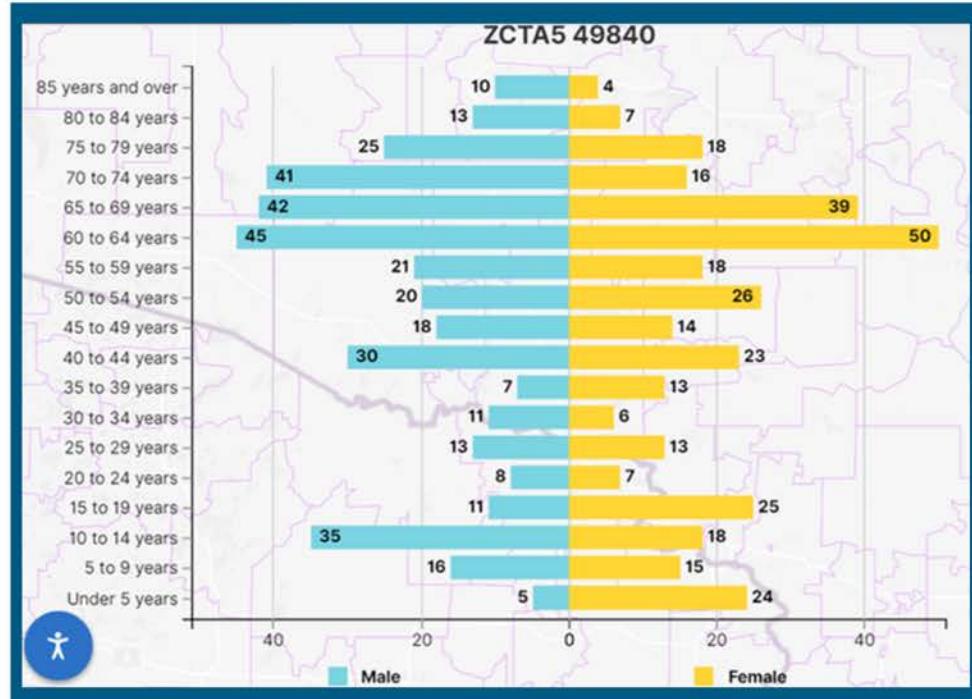

Figure 20

Defining the Community

Manistique, Michigan (49854)

- The median age is 53.5, compared to Michigan's median age of 40.5.
- 28.5% of the population is 65 years or older, compared to the Michigan average of 19.3%.
- 15.2% of the population is under 18 years old, compared to the Michigan average of 21.0%. The distribution of children under 18 is shown in Figure 21.

Children Under 18 by Age Range	
Measure	Value
Under 5 Years	3.9%
5 to 14 Years	8.5%
15 to 17 Years	2.8%

Figure 21

The population pyramid, depicted in Figure 22, shows an aging population, with a significant concentration of individuals in the 60–69 age groups, particularly among females. Younger age groups under 20 are smaller, indicating fewer children and teenagers in the area. The oldest age groups (80+ years) show more females than males.
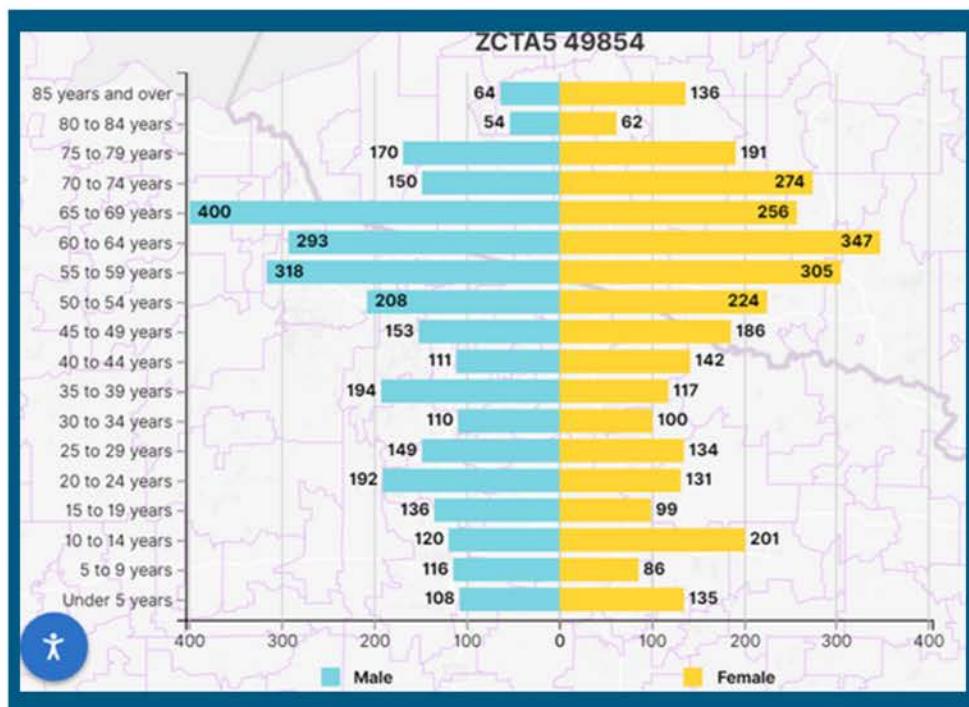

Figure 22

Defining the Community

McMillan, Michigan (49853)

- The median age is 63.1, compared to Michigan's median age of 40.5.
- 44.7% of the population is 65 years or older, compared to the Michigan average of 19.3%.
- 15.5% of the population is under 18 years old, compared to the Michigan average of 21.0%. The distribution of children under 18 is shown in Figure 23.

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	4.4%
5 to 14 Years	8.5%
15 to 17 Years	2.7%

Figure 23

The population pyramid, depicted in Figure 24, highlights a small population overall, with a noticeable concentration in the 60–79 age groups, particularly among females. Younger age groups, especially those under 40, have significantly smaller populations. The oldest age groups (80+ years) also show fewer individuals, with a slight majority of females.
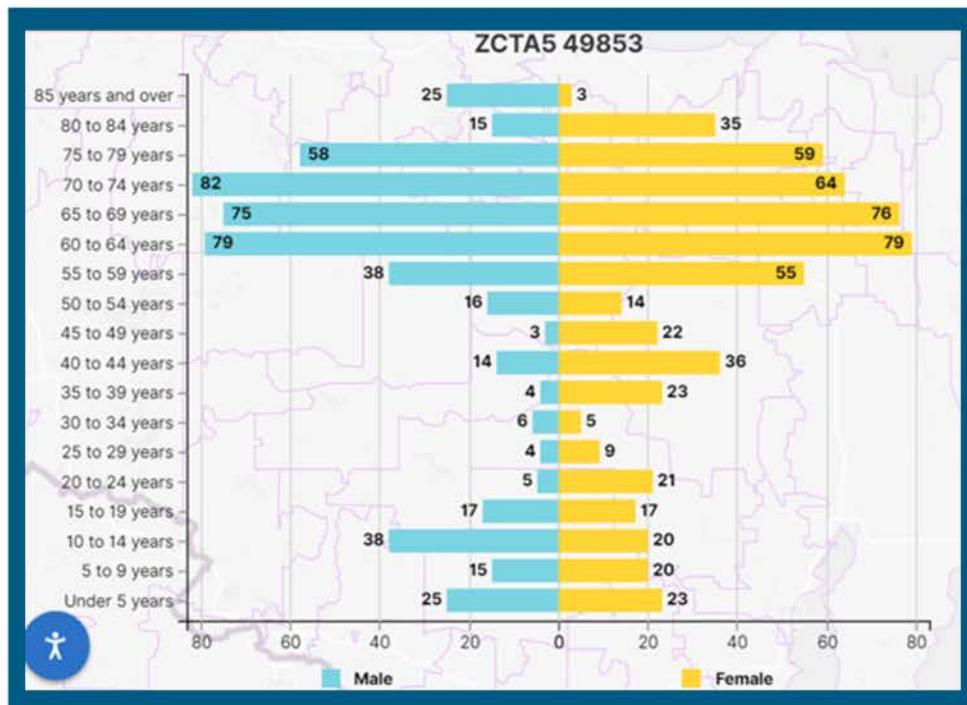

Figure 24

Defining the Community

Nahma, Michigan (49864)

- The median age is 64.5, compared to Michigan's median age of 40.5.
- 40.6% of the population is 65 years or older, compared to the Michigan average of 19.3%.
- 0% of the population is under 18 years old, compared to the Michigan average of 21.0%.

The population pyramid, depicted in Figure 25, shows a very small and unevenly distributed population, with no representation in most age groups. The majority of individuals are concentrated in the 40–69 age range, with males slightly outnumbering females in these groups. Younger age groups and those 80 years and older are almost entirely absent.
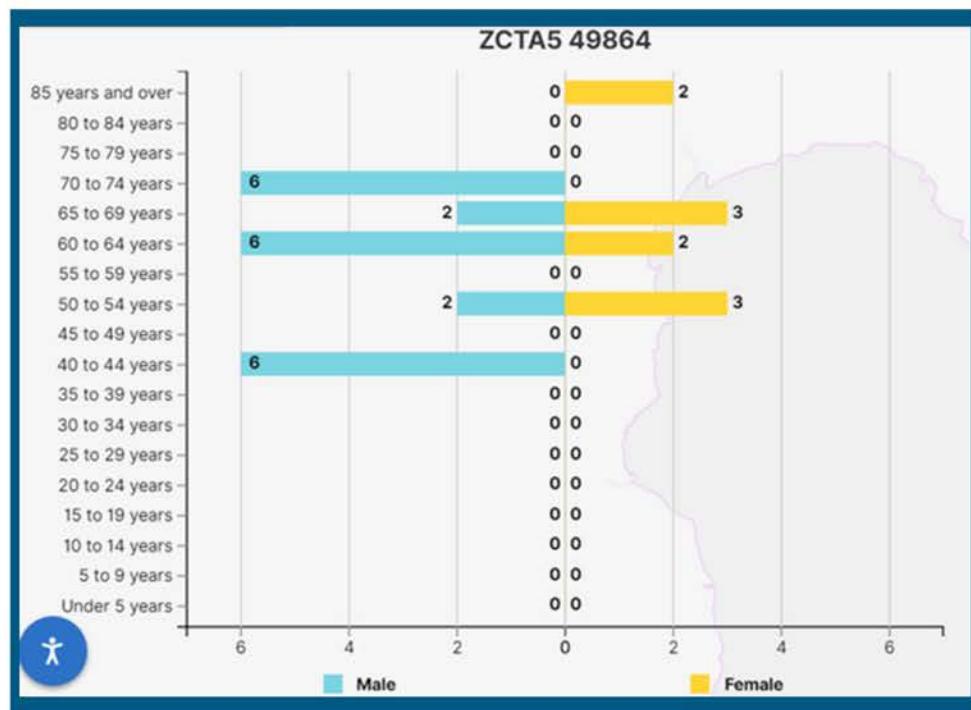
Figure 25

Defining the Community

Naubinway, Michigan (49762)

- The median age is 65.5, compared to the median age in Michigan of 40.5.
- 51.6% of the population is 65 years or older, compared to the Michigan average of 19.3%.
- 7.5% of the population is under 18 years old, compared to the Michigan average of 21.0%. The distribution of children under 18 is shown in Figure 26.

Children Under 18 by Age Range	
Measure	Value
Under 5 Years	2.6%
5 to 14 Years	4.3%
15 to 17 Years	0.5%

Figure 26

The population pyramid, depicted in Figure 27, highlights a population concentrated in the 65–74 age groups, with a noticeable majority of males in the 65–69 range and females in the 70–74 range. Younger age groups under 40 show significantly smaller populations. The 80+ age group is predominantly female.
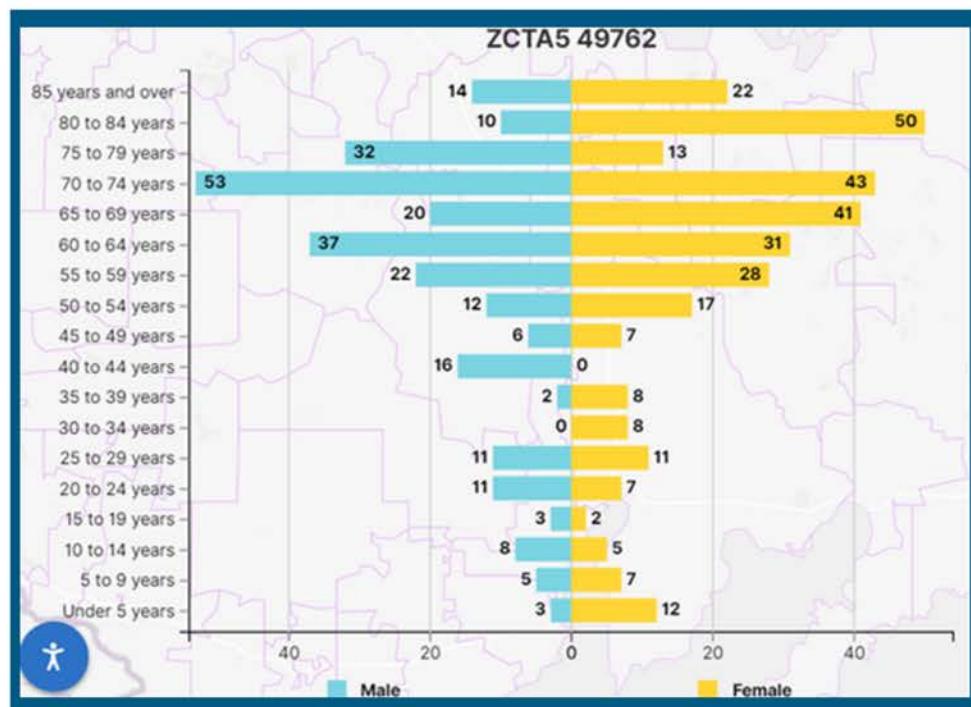

Figure 27

Defining the Community

Seney, Michigan (49883)

- The median age is 50.3, compared to Michigan's median age of 40.5.
- 26.6% of the population is 65 years or older, compared to the Michigan average of 19.3%.
- 13.3% of the population is under 18 years old, compared to the Michigan average of 21.0%. The distribution of children under 18 is shown in Figure 28.

Children Under 18 by Age Range	
Measure	Value
Under 5 Years	0.0%
5 to 14 Years	8.1%
15 to 17 Years	5.2%

Figure 28

The population pyramid, depicted in Figure 29, shows a small and unevenly distributed population, with the largest group being females aged 65–69. Males dominate the younger age groups, particularly in the 20–24 range, but there are very few individuals under 15 years old. The population thins out significantly in most other age categories.
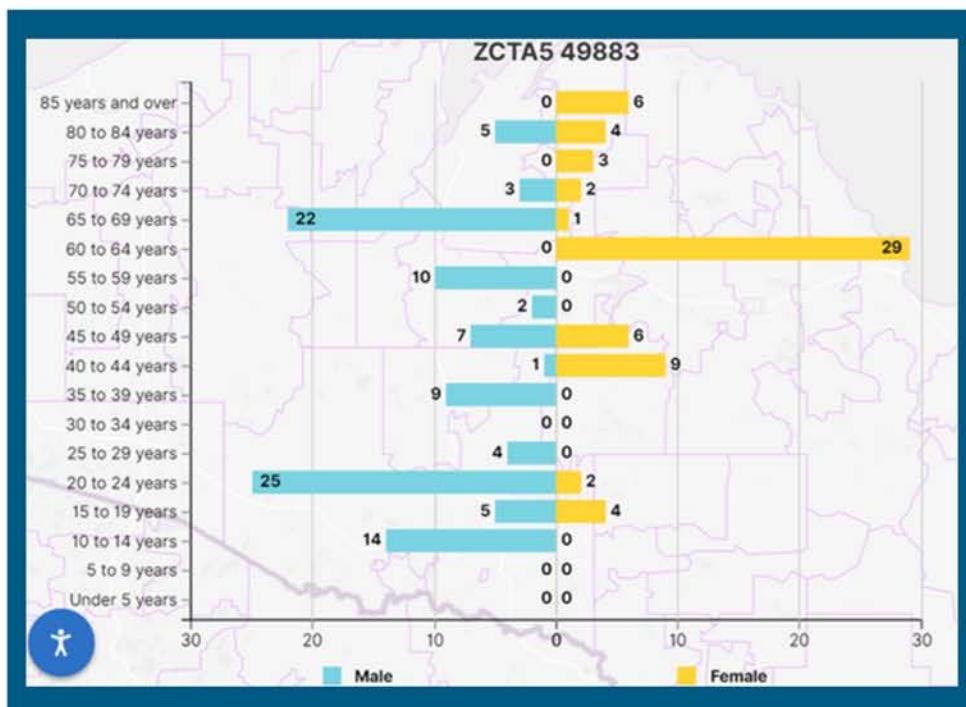
Figure 29

Defining the Community

Language Spoken

Ensuring equitable access to services for all residents, regardless of the language they speak, is essential. Across Michigan, over 900,000 people speak a language other than English, many of whom are part of immigrant families (MLPP, 2023). Although most (65.5%) report speaking English "very well," thousands face daily barriers to accessing services and engaging with institutions due to inadequate language access protocols (MLPP, 2023). The U.S. Census American Community Survey defines Limited English Proficient (LEP) individuals as those aged five or older who self-identify as speaking English less than "very well" (MLPP, 2023). In Michigan, LEP individuals are often multilingual, but their English proficiency may not yet meet a level of full fluency (MLPP, 2023). This creates structural challenges that hinder access to services and access to appropriate services and support they need.

Figure 30
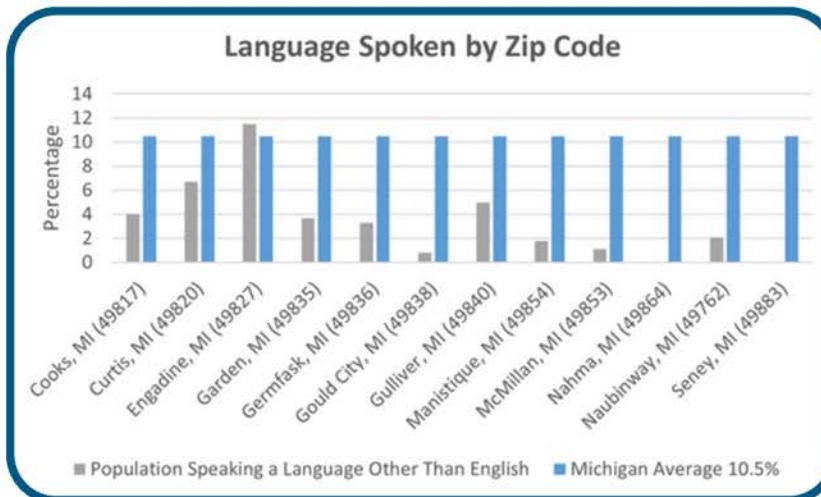
Figure 30 compares the percentage of the population in various Michigan zip codes who speak a language other than English to the Michigan state average. The blue bars represent the state average, while the gray bars show the percentage for each zip code. Most zip codes fall significantly below the Michigan average, indicating that these areas have a predominantly English-speaking population.

Figure 31 shows the types of languages spoken by zip code. The majority of residents in these rural areas predominantly speak English (blue bars), with percentages often exceeding 90%. A few zip codes, such as Manistique and Gulliver, show minor representation of other languages, including Spanish, Indo-European languages, and Asian or Pacific Islander languages.
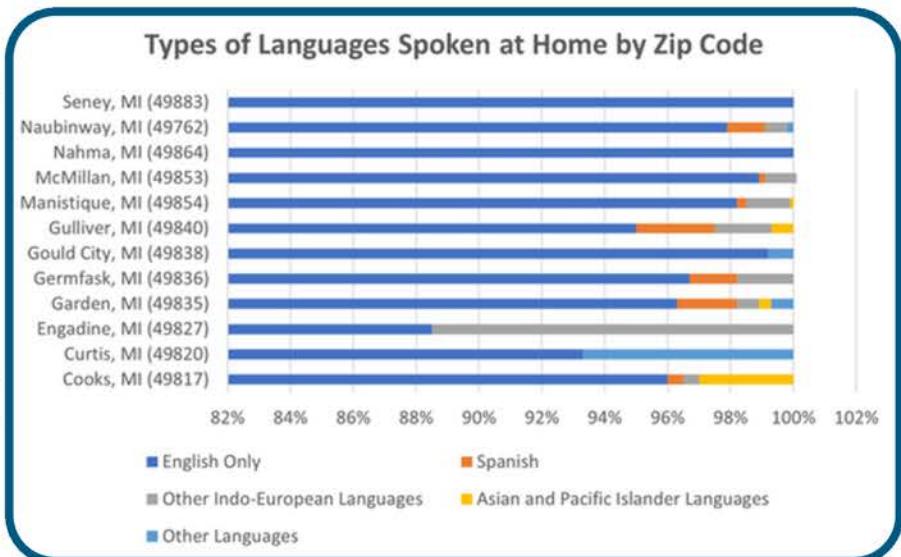
Figure 31

Defining the Community

Income & Poverty

Nationally, rural poverty is higher than in urban areas, with non-metro poverty rates at 15.4% in 2019 compared to 11.9% in metro areas (USDA, 2024). Rural poverty is driven by limited access to healthcare, fewer job opportunities, and a lack of infrastructure, creating a cycle of disadvantage. The poverty rate in rural Michigan is 12.9%, compared with 13.1% in urban areas of the state (RHIhub, 2024).

Michigan's most rural areas face high poverty rates and significant ALICE (Asset Limited, Income Constrained, Employed) populations (LEO, 2024). Many rural households struggle to afford basic necessities, with low incomes and poverty remaining major concerns. In 2021, over 45% of working residents in 24 Michigan counties earned too little to cover the minimum cost of living (LEO, 2023). Of these counties, all but Wayne County are rural. Rural areas closer to metropolitan centers like Grand Rapids, Kalamazoo, Lansing, and Ann Arbor have the highest percentages of households earning over $75,000 annually (LEO, 2024).

Median Household Income

Figure 32 compares the median household income of various Michigan zip codes (blue bars) to the Michigan state median household income (orange bar). Most of the zip codes fall significantly below the state average, indicating economic challenges in these areas. Notably, Gould City stands out with a household income closer to the state median, while areas like Germfask and Seney show much lower incomes. This disparity highlights potential socioeconomic inequities in these rural communities, which could impact access to resources, healthcare, and other services.
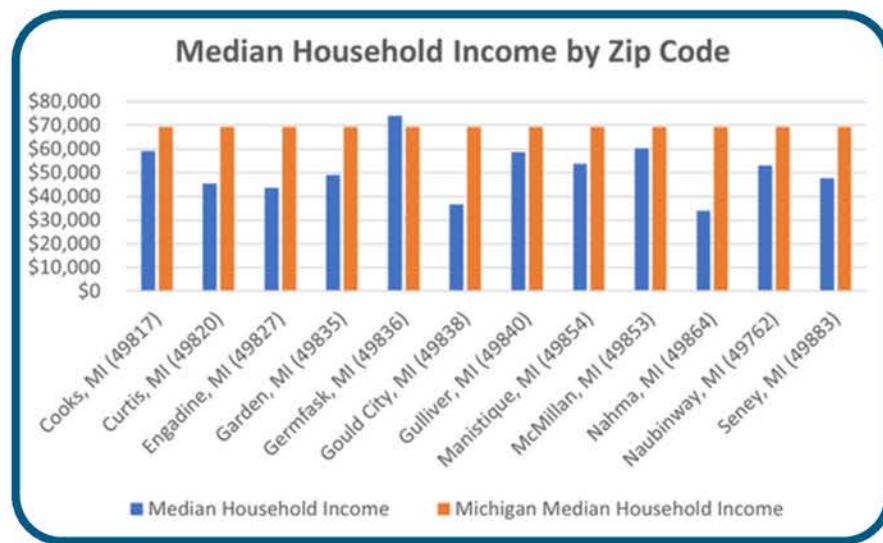
Figure 32

Defining the Community

Population Living in Poverty

Figure 33 compares the percentage of individuals living in poverty across various Michigan zip codes (blue bars) to the state average (orange bar). Most zip codes exceed the Michigan average, particularly Curtis and Germfask, which show significantly higher poverty levels. Conversely, some areas, like Cooks, have lower poverty rates compared to the state average.

Population Living in Poverty by Zip Code
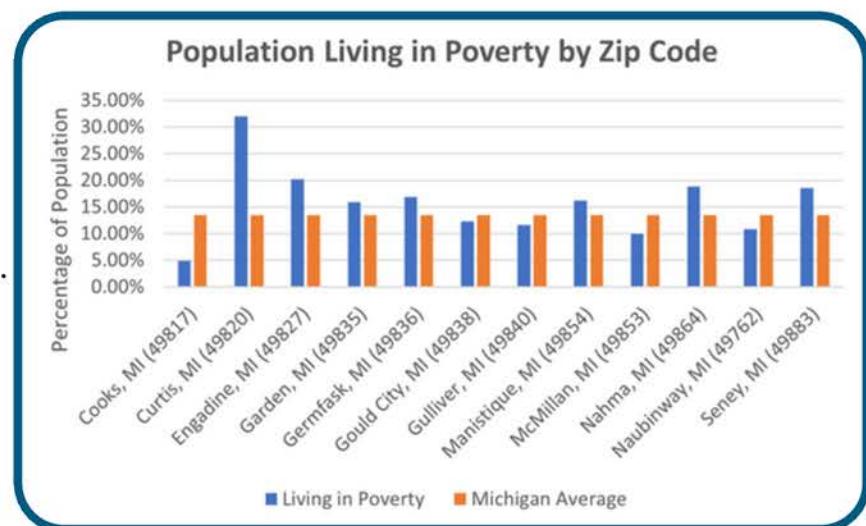
Figure 33

Education

Education attainment can profoundly influence health by shaping access to economic and social resources that support healthier lifestyles. Adults with higher levels of education tend to have better-paying jobs, allowing them to afford nutritious food, safe housing, and healthcare services (RHIhub, n.d.). Furthermore, individuals with college education often report improved access to healthcare compared to those without a degree (RHIhub, n.d.). Early childhood education also plays a critical role, as it fosters foundational skills and behaviors that contribute to better health outcomes throughout life, helping to address disparities and promote well-being over the lifespan (RHIhub, n.d.).

Education Attainment

Figure 34 shows the educational attainment of individuals aged 25 and older across various Michigan zip codes. The majority of the population in these areas has attained a high school diploma or equivalent (blue bars), with some having attended college without earning a degree. A smaller proportion holds associate or bachelor's degrees, and very few have achieved graduate or professional degrees.

Education Attainment (Population 25 Years and Older) by Zip Code
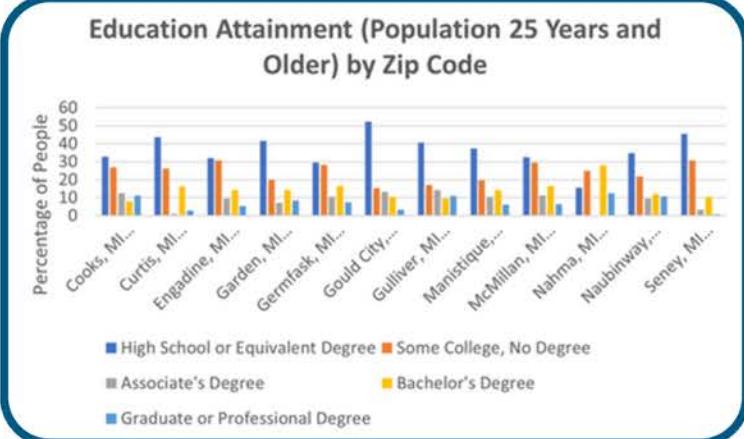
Figure 34

Defining the Community

School Enrollment

Figure 35 displays the school enrollment of individuals aged 3 years and older across various rural Michigan zip codes. The majority of enrolled individuals are in kindergarten through 12th grade (orange bars), reflecting the presence of school-aged children in these communities. Nursery school and preschool enrollment (blue bars) is minimal, indicating limited early childhood education participation. Undergraduate college enrollment (gray bars) is relatively low, and graduate or professional school enrollment (yellow bars) is minimal, highlighting limited engagement in higher education.

School Enrollment (Population 3 Years and Over Enrolled in School)

Legend:
- Nursery School, Preschool (blue)
- Kindergarten to 12th Grade (orange)
- College, Undergraduate (gray)
- Graduate, Professional School (yellow)

X-axis: Percentage of Population (0 to 120)

Zip codes listed: Seney, MI (49883); Naubinway, MI (49762); Nahma, MI (49864); McMillan, MI (49853); Manistique, MI (49854); Gulliver, MI (49840); Gould City, MI (49838); Germfask, MI (49836); Garden, MI (49835); Engadine, MI (49827); Curtis, MI (49820); Cooks, MI (49817)

Figure 35

Defining the Community

Employment and Commute to Work

Employment in rural areas, both nationally and in Michigan, reflects a unique economic landscape shaped by specific industries and challenges. In rural Michigan, the largest employment sectors are education, healthcare, and social assistance (22.2%), followed by manufacturing (18.8%) (LEO, 2024). These fields are vital in supporting rural economies, providing essential services, and offering stable job opportunities. Rural transportation systems play a critical role in connecting communities to industries such as agriculture, manufacturing, forestry, and mining, which are key drivers of local economies (U.S. DOT, 2023).

Nationally, rural areas have higher employment shares in agriculture, forestry, construction, public administration, and retail trade compared to urban areas (USDA, 2023). In Michigan, the prominence of retail trade in rural areas is often tied to outdoor recreation, which significantly contributes to local economies (LEO, 2024). However, the labor force participation rate in rural areas has declined over time, with fewer prime-working-age adults actively employed or seeking work compared to urban areas (USDA, 2023). This decline is driven by challenges such as limited job opportunities, lower population growth, and an aging workforce (USDA, 2023). Reliable transportation infrastructure is essential for enhancing access to employment opportunities and vital services, particularly for individuals with disabilities and underserved communities (U.S. DOT, 2023).

Employment Rate by Zip Code

Figure 36 compares the employment rate by zip code in various rural areas to the Michigan state average. The orange bar represents the state average, while the blue bars indicate the employment rate for each zip code. Most rural zip codes have employment rates significantly below the Michigan average, highlighting challenges in job availability and workforce participation.
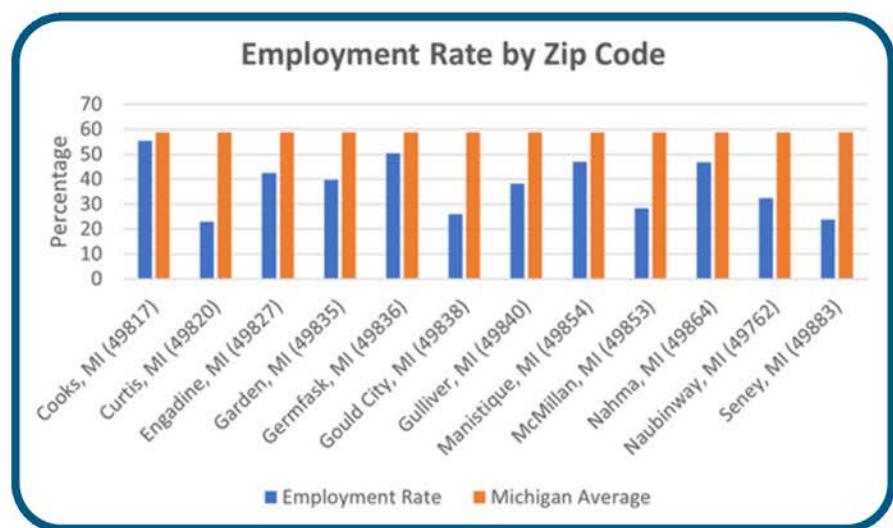
Figure 36

Defining the Community

Class of Worker by Zip Code

Figure 37 illustrates the class of workers by zip code in several rural Michigan communities. The workforce distribution reveals a significant presence of local, state, and federal government workers, as well as individuals employed in private not-for-profit sectors. Additionally, a notable portion of the workforce consists of self-employed individuals, particularly in unincorporated businesses and unpaid family work. These patterns highlight the diverse nature of employment in rural areas, with government and self-employment playing vital roles in supporting local economies.
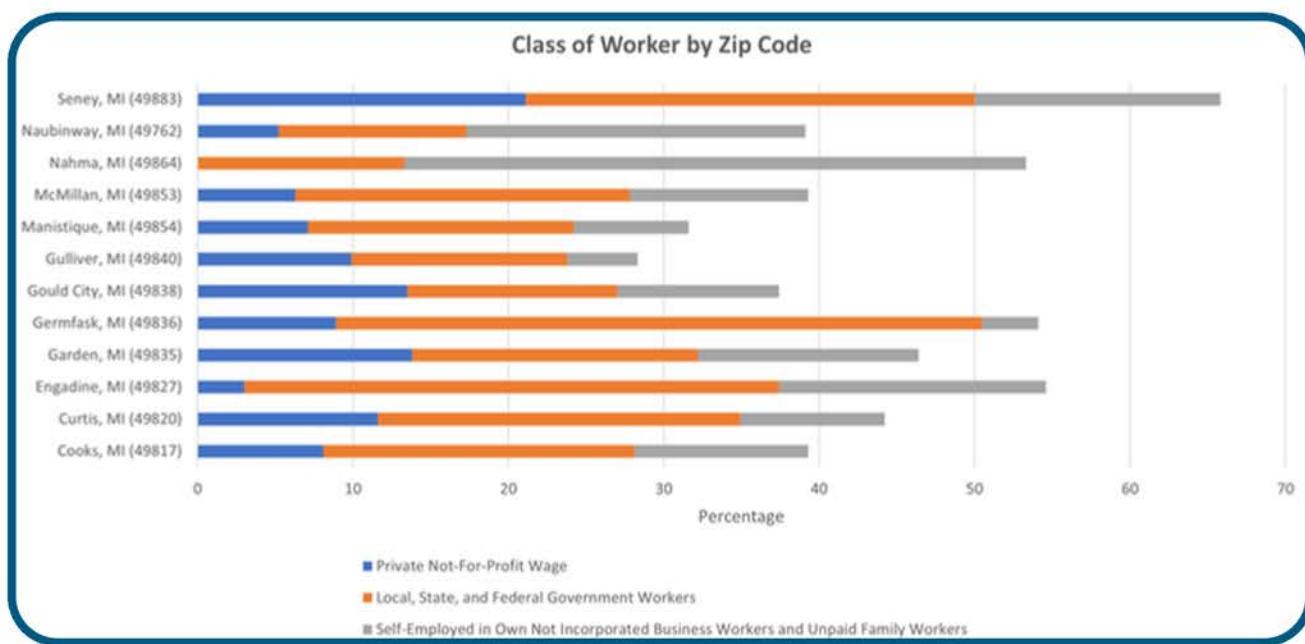
Figure 37

Average Travel Time to Work by Zip Code

Figure 38 compares the average travel time to work for various rural zip codes (blue bars) to the Michigan state average (orange bars). In most zip codes, the average travel time is shorter than the state average, suggesting closer proximity to workplaces or fewer traffic delays in these rural areas. However, some zip codes, like Seney and Naubinway, have notably longer travel times, which could indicate more dispersed job opportunities or reliance on commuting to distant locations for work. These differences highlight the varying transportation challenges within rural communities.

Defining the Community

Average Travel Time to Work by Zip Code

Legend: Average Time to Work | Michigan Average
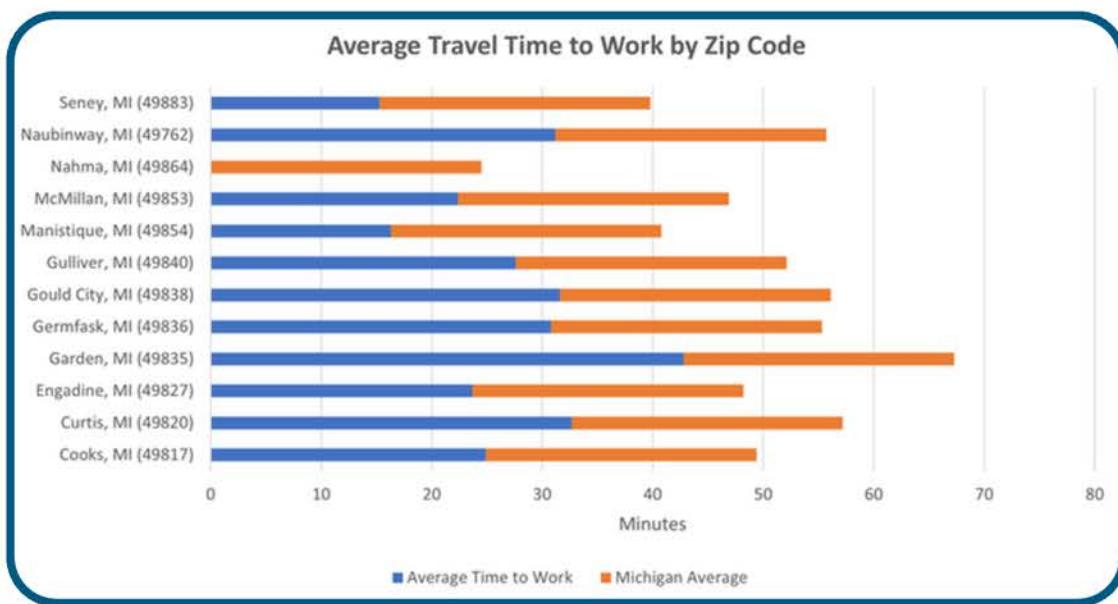
Means of Transportation to Work by Zip Code

Figure 39 depicts the means of transportation to work for workers aged 16 and over across various rural Michigan zip codes. The majority of workers in all zip codes drive alone (blue bars), indicating a heavy reliance on personal vehicles. Carpooling (orange bars) is the second most common mode, followed by walking and working from home. Use of public transportation, bicycles, or other modes is minimal across these rural areas, reflecting limited public transit options and a strong dependence on private vehicles for commuting. These trends highlight the need for improved transportation alternatives to enhance accessibility and sustainability in rural communities.

Means of Transportation to Work (Workers 16 Years and Over) by Zip Code

Legend: Drove Alone | Carpool | Public Transportation | Walked | Bicycle | Taxicab, Motorcycle, or Other Means | Worked From Home
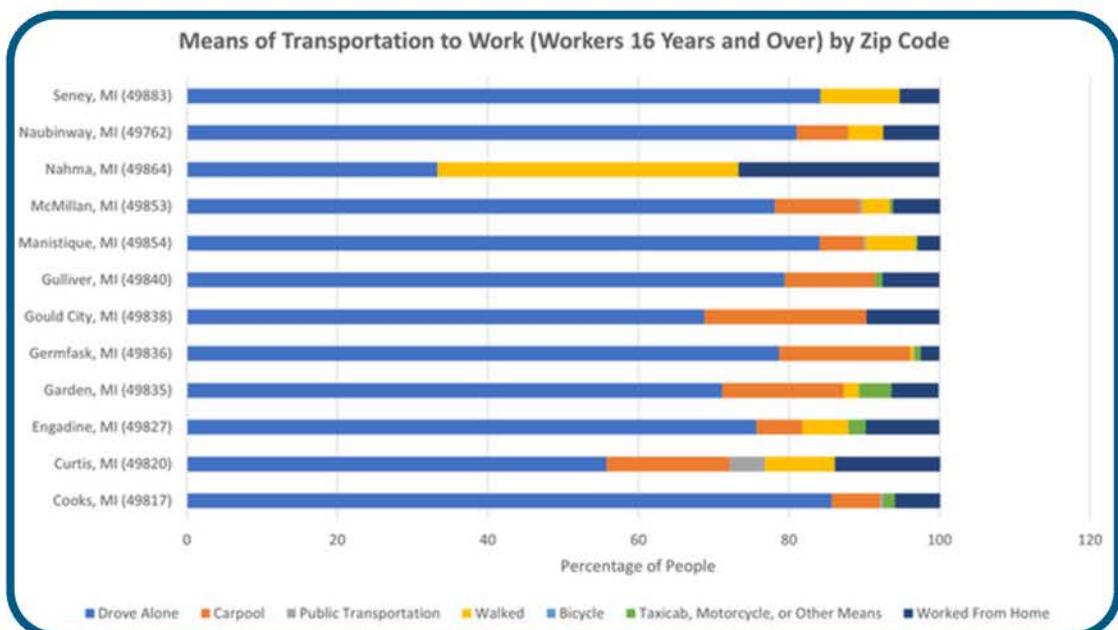
Figure 39

Defining the Community

Housing

Housing in rural Michigan is a critical issue that significantly affects workforce recruitment, economic stability, community growth, and health outcomes (LEO, 2024). The lack of available and affordable housing has become a major barrier for rural communities. This challenge is further compounded by historically low rates of new construction since the 2008 recession, an aging housing stock, and the growing popularity of short-term rentals in rural tourist destinations, which reduce the housing supply for year-round residents (LEO, 2024). Additionally, many rural residents are aging in place, decreasing housing turnover and limiting opportunities for younger families.

Median Gross Rent

Figure 40 compares the median gross rent by zip code in various rural Michigan communities (blue bars) to the Michigan state median gross rent (orange bars). Most zip codes in these rural areas have median rents significantly below the state average, reflecting more affordable housing costs. However, a few areas, such as McMillan and Naubinway, approach or exceed the state median, suggesting localized variations in rental affordability.
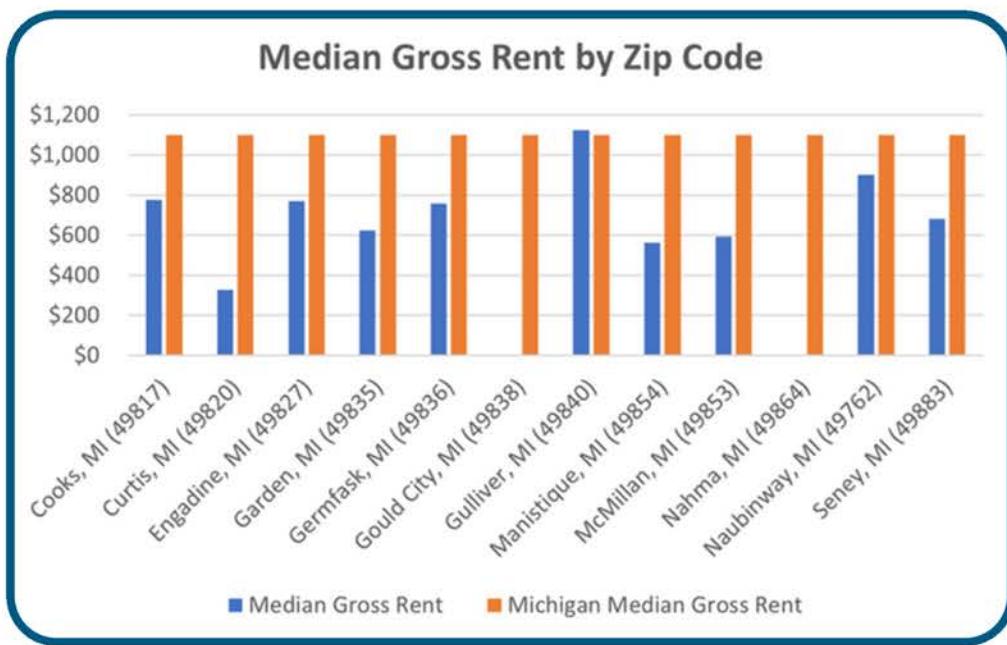
Figure 40

Defining the Community

Homeownership Rate

Figure 41 compares the homeownership rates in various rural Michigan zip codes (blue bars) to the Michigan state average (orange bars). Homeownership rates in these rural areas are consistently higher than the state average, reflecting the prevalence of owner-occupied housing in these communities.
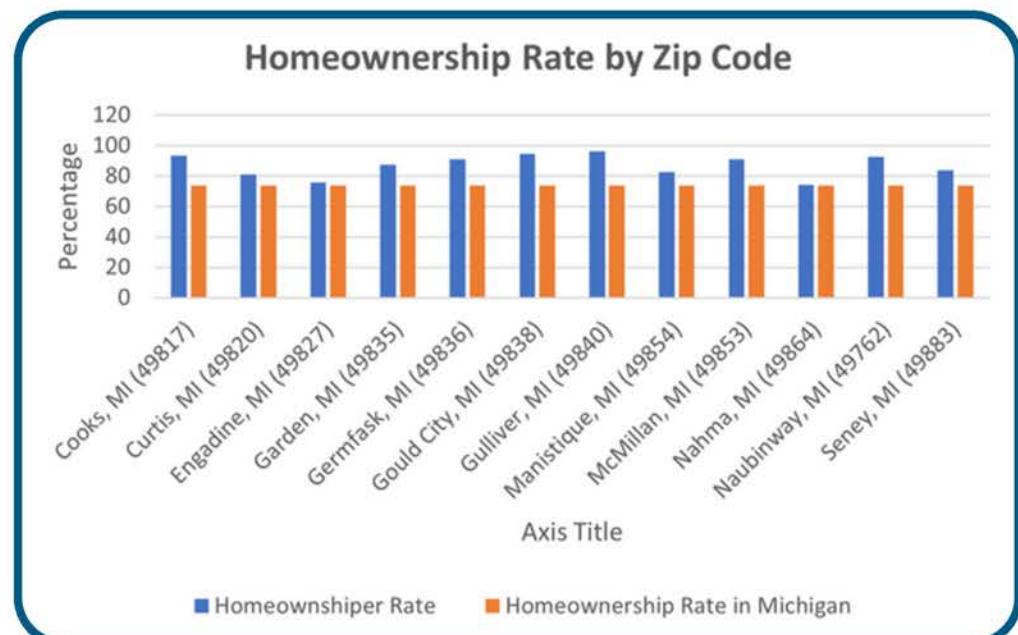
Figure 41

Housing Values

Figure 42 illustrates the distribution of housing values across various rural Michigan zip codes. A significant portion of homes falls into the $50,000 to $149,999 range, reflecting relatively affordable housing in these areas. Higher-value homes ($200,000 and above) are less common but are present in some zip codes like McMillan and Naubinway.
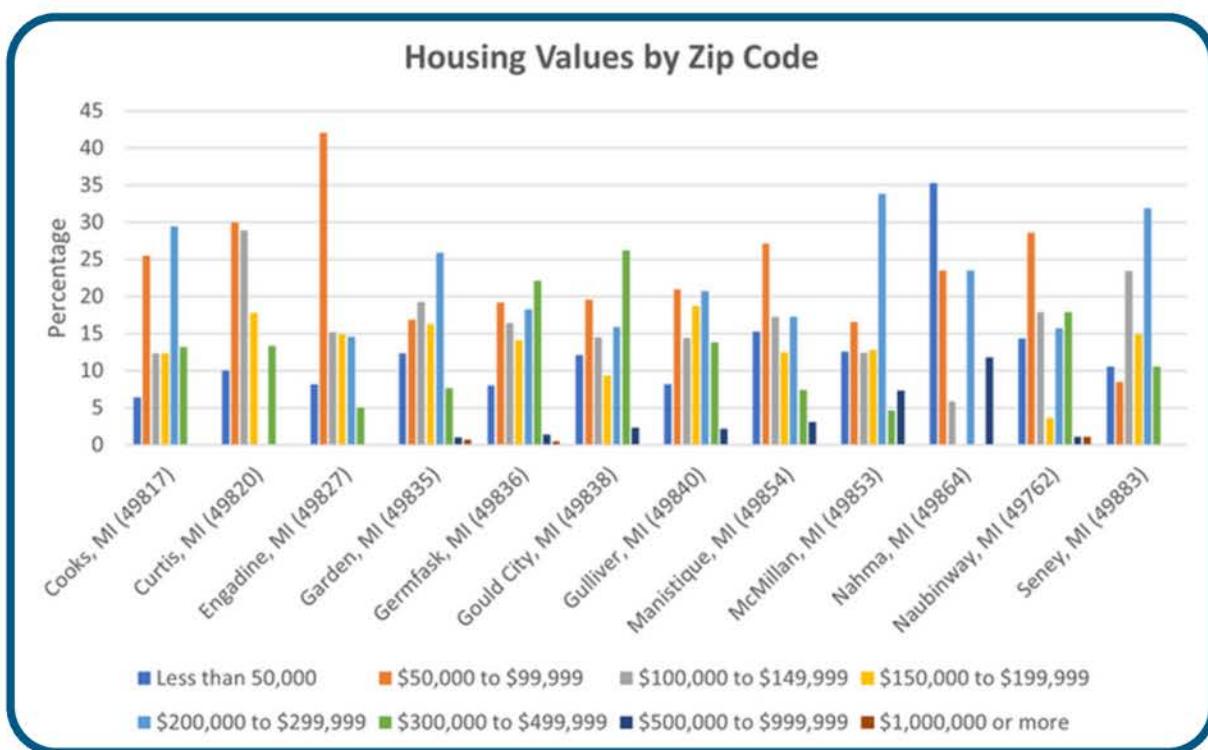
Figure 42

Defining the Community

Health

Rural residents, on average, are older and experience more complicated health conditions than their urban counterparts, often requiring more medical attention and care (GAO, 2023). However, access to healthcare is more limited in rural areas, with many residents lacking insurance coverage, which is associated with reduced access to care and an increased risk of poor health outcomes (GAO, 2023). Rural Michigan faces unique disparities in health outcomes and service delivery due to high poverty rates, limited public transportation, insufficient high-speed internet connectivity, and challenges related to the healthcare workforce and service availability (LEO, 2024). Specialist healthcare services are especially scarce in rural areas, further limiting access to necessary care. The lack of transportation and internet connectivity disproportionately impacts individuals with lower incomes, older adults, and those with disabilities, making them particularly vulnerable (LEO, 2024).

Health Insurance

Figure 43 compares the percentage of the population without health insurance coverage in various rural Michigan zip codes (blue bars) to the state average (orange bars). In several rural areas, the uninsured rate is higher than the state average, highlighting disparities in access to healthcare coverage.
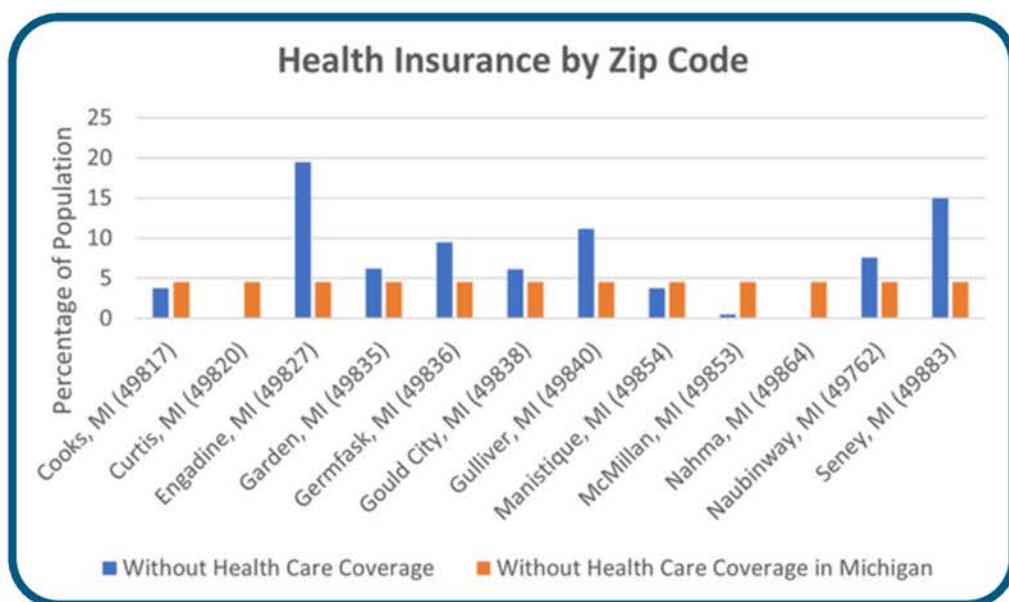
Figure 43

Defining the Community

People with a Disability

Figure 44 compares the percentage of the disabled population in various rural Michigan zip codes (blue bars) to the Michigan state average (orange bars). In many rural areas, the percentage of individuals with disabilities is significantly higher than the state average, reflecting the unique challenges faced by these communities.

Disabled Population by Zip Code
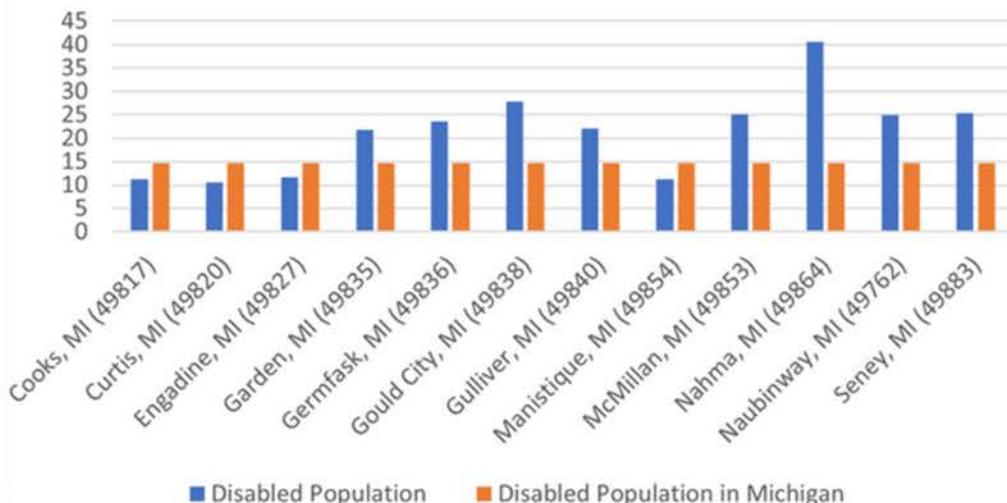
Figure 44

Figure 45 highlights the prevalence of various disabilities across ZIP codes in rural Michigan, showing significant variation in the types and percentages of disabilities. Independent living difficulty is consistently the most prevalent across all areas, particularly in ZIP codes like Nahma (49864). Cognitive and ambulatory difficulties also show notable percentages in several communities, such as Seney (49883) and Garden (49835). In contrast, hearing and vision difficulties are less common but still present across the region.

Types of Disabilities by Zip Code
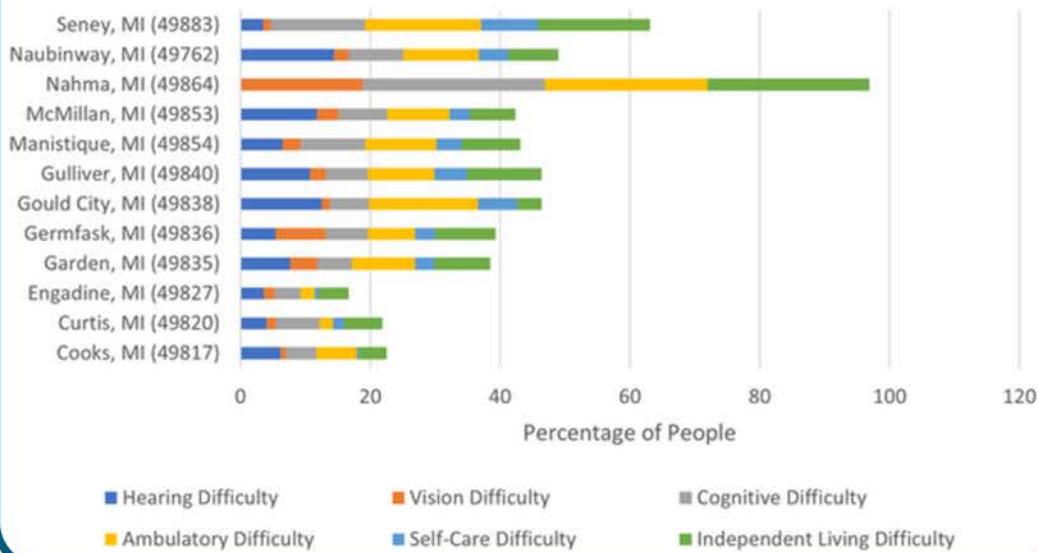
Figure 45

Defining the Community

Schoolcraft County-Specific Data

Schoolcraft Memorial Hospital was mindful to include as much ZIP code-specific data as possible to ensure accurate representation of the diverse community they serve. However, due to limitations in health-related data availability at the ZIP code level, such as smaller population sizes, fewer reporting institutions, and data suppression to protect privacy, the following information is based on county-level data. County-level data provides a broader yet still localized perspective, offering the most reliable insights available for understanding health outcomes and addressing disparities in rural areas like Schoolcraft County. By incorporating this approach, the hospital strives to identify local health needs, implement targeted interventions, and promote equitable healthcare access across the entire community.

Figure 46 illustrates the percentage distribution of the leading causes of death in Schoolcraft County, Michigan, for 2022. The top causes of death include:

- **Cancer (24.3%):** The leading cause of death in the county.
- **Heart Disease (16.5%):** The second leading cause of death.
- **Chronic Lower Respiratory Disease (C.L.R.D., 8.7%):** The third leading cause.
- **COVID-19 (6.1%), Stroke (4.3%),** and **Alzheimer's Disease (5.2%):** Other significant contributors.
- Less common causes include **Accidents (2.6%), Kidney Disease (2.6%), Cirrhosis (3.5%),** and **Diabetes Mellitus (1.7%).**

The causes of death align with Michigan's top 10 causes for 2022, and the data is derived from Michigan's death certificate registry, classified per ICD-10 standards.
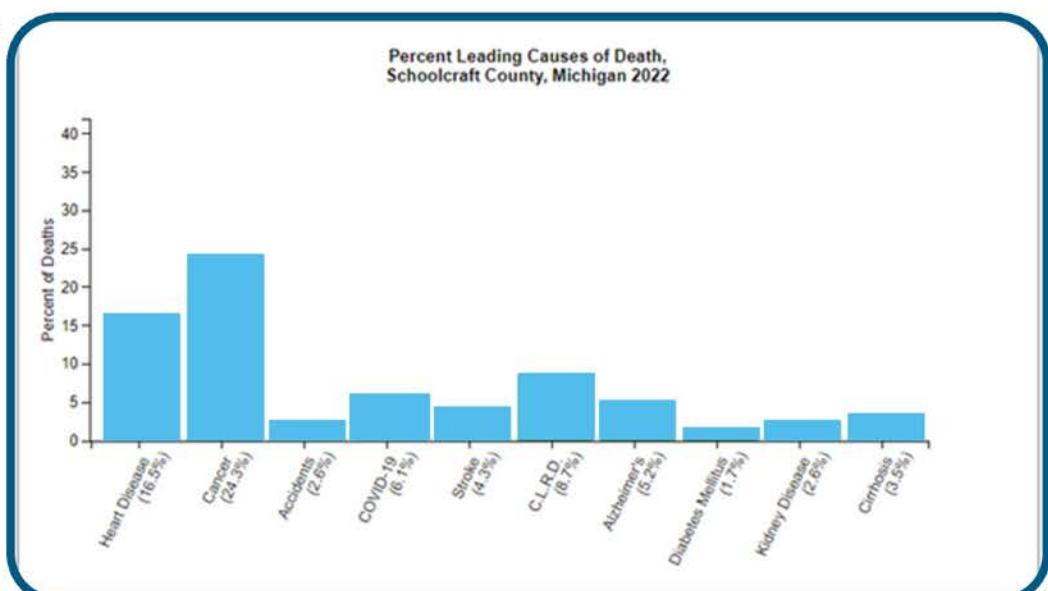
Figure 46

Schoolcraft County-Specific Data

Figure 47 and 48 depicts birth rate and mortality statistics in Schoolcraft County, compared to Michigan. Data gaps (indicated with asterisks) suggest limited reporting on some mortality causes in Schoolcraft County.

Figure 47

Birth Rate Statistics:

- **Abortion Rate:** Schoolcraft (7.3) is significantly lower than Michigan (14.8).
- **Adequate Prenatal Care:** Only 50.8% of births in Schoolcraft had adequate prenatal care, compared to 68.9% statewide.
- **Teen Pregnancy Rate:** Schoolcraft's rate (13.4) is lower than Michigan's (22.4).
- **Low-Weight Births:** Schoolcraft (8.1%) is slightly lower than Michigan (9.1%).

Mortality (Death) Statistics:

- **Alzheimer's Disease:** Higher in Schoolcraft (54.4) compared to Michigan (34.4).
- **Cancer:** Slightly higher in Schoolcraft (174.9) versus Michigan (156.9).
- **Chronic Lower Respiratory Disease:** Similar rates for Schoolcraft (41.6) and Michigan (39.9).
- **Diabetes-Related Deaths:** Schoolcraft (123.5) is significantly higher than Michigan (88.0).
- **Heart Disease:** Lower in Schoolcraft (156.5) compared to Michigan (205.8).

Selected Health Statistics, 2020-2022 Three-Year Averages Schoolcraft and Michigan				
	Abortion Rate	% Births with Adequate Prenatal Care	Teen Pregnancy Rate	% Low Weight Births
Schoolcraft	7.3	50.8	13.4	8.1
Michigan	14.8	68.9	22.4	9.1

Selected Mortality Statistics, 2020-2022 (3 Year Averages)		
Mortality Rates	Schoolcraft	Michigan
AIDS	N/A	0.8
Alcohol-Induced	*	14.4
Alzheimer's Disease	54.4	34.4
Cancer	174.9	156.9
Chronic Liver Disease	*	14.2
Chronic Lower Respiratory Disease	41.6	39.9
Diabetes-Related	123.5	88
Heart Disease	156.5	205.8
Assault (Homicide)	*	8.6
Infant Mortality	*	6.5
Kidney Disease	*	15.3
Pneumonia & Influenza	*	11.9
Septicemia	*	9.8
Stroke	*	44.7
Intentional Self-Harm (Suicide)	*	14.2
Unintentional Injury	*	58.9

Figure 48

Defining the Community

County Health Rankings & Roadmap

The County Health Rankings, a program of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, provide a snapshot of how well counties are performing in key areas that influence health. These rankings measure two main categories: **Health Outcomes** and **Health Factors** (CHR&R, 2024).

Health Outcomes reflect how long people live on average in a community and the quality of their physical and mental health while alive. In Schoolcraft County (Figure 49), health outcomes are comparable to the average county in Michigan and better than the national average, suggesting residents experience similar or better health and longevity than many other communities.

Additional Health Outcomes Data for Schoolcraft County:

Length of Life:

- **Strength:** Schoolcraft County has a lower rate of premature death (7,800 per 100,000) compared to Michigan (8,500) and the U.S. (8,000).

Schoolcraft County Health Outcomes - 2024

Quality of Life

- **Challenges:**
  - A higher percentage of residents report poor or fair health (18% vs. 15% Michigan, 14% U.S.).
  - Residents experience more poor physical health days (4.1 vs. 3.6 Michigan, 3.3 U.S.) and poor mental health days (5.7 vs. 5.3 Michigan, 4.8 U.S.).
  - The rate of frequent physical distress (13% vs. 11% Michigan, 10% U.S.) and frequent mental distress (19% vs. 16% Michigan, 15% U.S.) is also higher.

Additional Indicators:

- Low birthweight is comparable to Michigan (9%) but slightly worse than the U.S. average (8%).
- Life expectancy in Schoolcraft County (77.3 years) is slightly higher than Michigan (76.6 years) and close to the national average (77.6 years).

Defining the Community

County Health Rankings & Roadmap

Health Factors, on the other hand, predict the future health of a community by evaluating things like access to care, health behaviors, socioeconomic factors, and the physical environment. Schoolcraft County (Figure 50) fares worse than the average county in Michigan and the nation for health factors, indicating there is room for improvement in the conditions that influence overall health and quality of life.

Additional Health Factors Data for Schoolcraft County:

Figure 50

Health Behaviors

Strengths: Lower rates of excessive drinking (15% vs. 19% Michigan, 18% U.S.) and sexually transmitted infections (149.4 vs. 452.4 Michigan, 495.5 U.S.).

Schoolcraft County Health Factors - 2024

Schoolcraft County

Least Healthy in US

National Average

State Average

Healthiest in US

Challenges: Higher rates of adult smoking (22% vs. 18% Michigan, 15% U.S.), adult obesity (39% vs. 35% Michigan, 34% U.S.), limited access to healthy foods (19% vs. 6% Michigan, 6% U.S.), and alcohol-impaired driving deaths (43% vs. 30% Michigan, 26% U.S.).
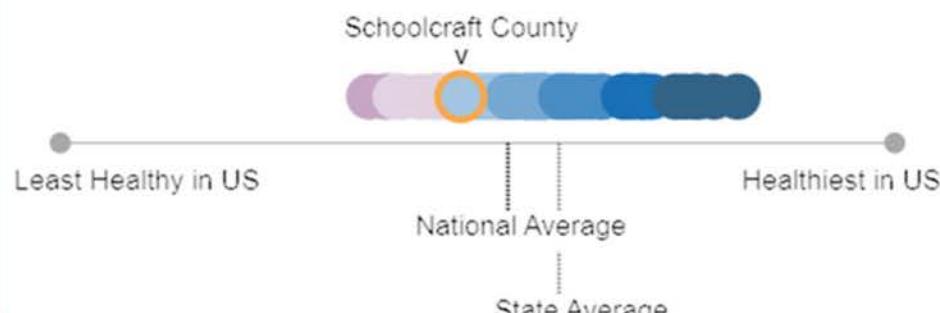
Clinical Care

Strengths: Better mammography screening rates (51% vs. 44% Michigan, 43% U.S.) and significantly fewer preventable hospital stays (1,186 vs. 3,246 Michigan, 2,681 U.S.).

Challenges: Low flu vaccination rates (12% vs. 45% Michigan, 46% U.S.) and fewer mental health providers per population (360:1 vs. 300:1 Michigan, 320:1 U.S.).

Defining the Community

Additional Health Factors Data for Schoolcraft County:

Social & Economic Factors

Strengths: Comparable high school completion rates (89% vs. 89% U.S.), fewer children in single-parent households (25% vs. 25% Michigan, U.S.), and lower injury death rates (79 vs. 84 Michigan, 80 U.S.).

Challenges: Higher unemployment (7.8% vs. 4.2% Michigan, 3.7% U.S.), more children in poverty (19% vs. 18% Michigan, 16% U.S.), and fewer social associations (8.7 vs. 9.5 Michigan, 9.1 U.S.).

Physical Environment

Strengths: Lower air pollution levels (4.2 vs. 6.8 Michigan, 7.4 U.S.), fewer severe housing problems (10% vs. 13% Michigan, 17% U.S.), and higher homeownership (84% vs. 72% Michigan, 65% U.S.).

Challenges: High rates of individuals driving alone to work (83% vs. 77% Michigan, 72% U.S.) and limited broadband access compared to Michigan and national averages (85% vs. 88%).

2022 Michigan Substance Use Vulnerability Index County Results

The MI-SUVI (Michigan Substance Use Vulnerability Index) is a tool that combines several pieces of information about substance use in Michigan, like overdose rates and access to treatment, into a single score. This score helps compare different areas, such as counties and ZIP codes, to see how vulnerable they are to problems related to substance use. Substance use and misuse are often associated with urban areas, but they have long been a challenge in rural communities as well. Rural adults tend to have higher rates of tobacco and methamphetamine use, and opioid use is rising in towns of all sizes (RHIhub, 2024). Combating substance use in rural communities is difficult due to limited resources for prevention, treatment, and recovery.

Defining the Community

MI-SUVI Methodology

- **Fatal Overdose Rate:** The rate of fatal overdoses in Schoolcraft County (14.8 per 100,000) is relatively low compared to the county average of 19.1 per 100,000.
- **Nonfatal Overdose Healthcare Visits:** Nonfatal overdose emergency healthcare visits in Schoolcraft County are 172.6 per 100,000, which is lower than the county average of 271.5 per 100,000.
- **Opioid Prescription Rate:** Schoolcraft County has a higher opioid prescription rate (51,135.4 units per 1,000 people) compared to the county average of 42,175.3 units per 1,000 people, indicating a higher reliance on opioid prescriptions.
- **Drug-Related Arrest Rate:** The drug-related arrest rate (183.2 per 100,000) in Schoolcraft County is close to the county average of 176 per 100,000.
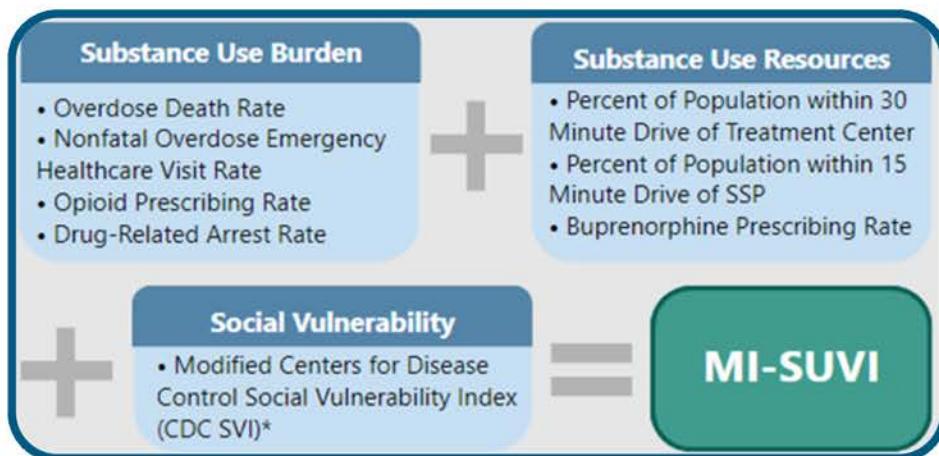
- **Access to SUD Treatment Centers:** Only 5.7% of the population in Schoolcraft County is within a 30-minute drive of a substance use disorder (SUD) treatment center, indicating limited access to treatment facilities in the region.
- **Access to Syringe Service Programs:** A relatively higher percentage (37.3%) of the population is within a 15-minute drive of a syringe service program, suggesting better access to harm reduction services.
- **Buprenorphine Prescription Rate:** Schoolcraft County has a higher buprenorphine prescription rate (4,930.1 per 1,000 people) compared to the county average (3,207.8 per 1,000 people), indicating more access to medication-assisted treatment for opioid use disorder.
- **Social Vulnerability Index:** The Modified Social Vulnerability Index Score for Schoolcraft County is 0.7 (Z-Score), which reflects the degree of social vulnerability in the county, with a slightly higher social vulnerability than the county average.

Defining the Community

KIDS COUNT Data Center

The KIDS COUNT Data Center, funded by the Annie E. Casey Foundation, serves as a comprehensive resource for tracking the well-being of children across the United States (KIDS COUNT, 2024). The following data, collected through the Annie E. Casey Foundation and the Michigan League for Public Policy, focuses on Schoolcraft County and highlights key issues affecting children and families (KIDS COUNT, 2024).

Homelessness: Housing instability and homelessness disrupt student learning and increase risks like exploitation, mental health issues, and victimization. Homeless youth are less likely to graduate and more likely to experience chronic homelessness in adulthood. Figure 51 shows the number and percent of students experiencing homelessness in Michigan and in Schoolcraft's school district from 2018-2022.

Students Experiencing Homelessness by School District, K-12						
Location	Data Type	2018	2019	2020	2021	2022
Michigan	Number	33,775	31,710	26,867	28,724	32,762
Michigan	Percent	2.2%	2.1%	1.9%	2.0%	2.3%
Schoolcraft	Number	224	207	200	188	256
Schoolcraft	Percent	3.5%	3.3%	3.3%	3.1%	4.3%

Figure 51

ALICE: The ALICE (Asset Limited, Income Constrained, Employed) measure offers a clearer picture of economic security. It represents working households earning above the federal poverty level but still unable to cover basic living costs. For example, in 2021, a family of four needed over $54,540 annually to afford necessities, far above the federal poverty level of $26,500. Figure 52 shows the number and percent of Schoolcraft households, compared to Michigan, in poverty or who are asset limited, income constrained, employed (ALICE) from 2018- 2022.

Households in Poverty or Who are Asset Limited, Income Constrained, Employed (ALICE)						
Location	Data Type	2010	2017	2019	2021	2022
Michigan	Number	1,569,992	1,664,606	1,508,284	1,570,724	1,671,196
Michigan	Percent	41.2%	42.3%	38.1%	39.0%	41.2%
Schoolcraft	Number	1,519	1,753	1,610	1,442	1,696
Schoolcraft	Percent	41.9%	53.4%	46.4%	40.0%	44.8%

Figure 52

Defining the Community

KIDS COUNT Data Center

Internet: In rural areas, where healthcare access can be limited, the internet plays a vital role by enabling telemedicine, providing health resources, and connecting individuals to support networks. However, ensuring everyone has access to these digital tools, including those with limited internet access or digital literacy, remains a challenge for rural health. Figure 53 depicts the number and percent of children with internet at home in Michigan and Schoolcraft County from 2018-2022.

Children with Internet at Home						
Location	Data Type	2014 -2018	2015 -2019	2016 - 2020	2017- 2021	2018 - 2022
Michigan	Number	1,920,422	1,952,456	1,994,735	2,050,986	2,033,416
Michigan	Percent	87.7%	89.9%	92.5%	93.9%	94.8%
Schoolcraft	Number	1,059	1,154	1,130	1,219	1,287
Schoolcraft	Percent	73.7%	83.1%	83.0%	87.6%	91.9%

Figure 53

Smoking: In rural communities, smoking rates tend to be higher (CDC, 2024). Pregnant women who smoke are at increased risk of complications such as preterm birth, low birth weight, and developmental issues for their babies (CDC, 2024). Figure 54 shows the number and percent of births to mothers who smoked during pregnancy in Michigan and Schoolcraft County from 2018 to 2022.

Births to Mothers Who Smoked During Pregnancy						
Location	Data Type	2018	2019	2020	2021	2022
Michigan	Number	16,991	15,824	15,384	13,263	11,813
Michigan	Percent	15.2%	14.4%	14.3%	13.1%	11.4%
Schoolcraft	Number	28	27	25	20	21
Schoolcraft	Percent	40.7%	41.2%	37.3%	31.8%	34.4%

Figure 54

Defining the Community

KIDS COUNT Data Center

Children Abuse/and or Neglect: Experiencing abuse or neglect as a child is a critical adverse childhood experience (ACE) that significantly impacts healthy development and can lead to long-term negative outcomes in adulthood. Figure 55 depicts the number and rate of confirms victims of abuse and/or neglect ages birth to 17 in Michigan and Schoolcraft County from 2019 to 2023.

Confirmed Victims of Abuse and/or Neglect, Ages Birth to 17 (Number & Rate Per 1,000)						
Location	Data Type	2019	2020	2021	2022	2023
Michigan	Number	35,636	27,894	25,710	25,138	24,018
Michigan	Rate Per 1,000	16.5	13.0	12.1	11.7	11.4
Schoolcraft	Number	49	45	37	26	26
Schoolcraft	Rate Per 1,000	35.8	32.3	26.3	18.5	17.7

Figure 55

Health Insurance: Figure 56 depicts the number and percent of children ages birth to 18 with health insurance in Schoolcraft County, compared to Michigan from 2018 to 2022. Figure 57 shows the number and percent of children ages birth to 18 insured by Medicaid in Michigan and Schoolcraft County from 2019-2023. Medicaid plays a crucial role in providing healthcare coverage for the 60 million Americans living in rural areas (MACPAC, 2021). Nearly 25% of individuals under age 65 in rural communities rely on Medicaid for coverage (MACPAC, 2021). Medicaid helps mitigate these challenges by increasing access to care, especially in states that expanded Medicaid under the Affordable Care Act (MACPAC, 2021). It also supports rural health clinics, community health centers, and rural hospitals, which are vital for maintaining healthcare access in these areas. Figure 58 shows the number and percent of Medicaid paid births in Schoolcraft County and Michigan from 2016-2022.

Defining the Community

KIDS COUNT Data Center

Children Ages Birth to 18 Insured by Medicaid (Number & Percent)						
Location	Data Type	2018	2019	2020	2021	2022
Michigan	Number	2,162,351	2,134,409	2,118,456	2,162,616	2,132,594
Michigan	Percent	96.7%	96.6%	97.4%	97.0%	97.4%
Schoolcraft	Number	1,348	1,369	1,386	1,361	1,452
Schoolcraft	Percent	94.7%	94.6%	94.9%	95.2%	96.4%

Figure 56

Children Ages Birth to 18 Insured by Medicaid (Number & Percent)						
Location	Data Type	2019	2020	2021	2022	2023
Michigan	Number	979,177	1,054,641	1,098,001	1,132,428	1,054,616
Michigan	Percent	42.6%	46.3%	48.7%	49.6%	47.1%
Schoolcraft	Number	808	875	872	916	858
Schoolcraft	Percent	55.8%	59.3%	58.7%	61.9%	55.3%

Figure 57

Medicaid Paid Births						
Location	Data Type	2016- 2018	2017- 2019	2018- 2020	2019- 2021	2020 - 2022
Michigan	Number	47,248	45,934	43,905	40,394	40,467
Michigan	Percent	42.3%	41.8%	40.9%	39.9%	39.2%
Schoolcraft	Number	44	41	37	31	32
Schoolcraft	Percent	63.2%	62.3%	55.2%	49.2%	52.5%

Figure 58

Defining the Community

KIDS COUNT Data Center

Immunization: Vaccinations are essential for safeguarding public health and the economy, as they prevent the spread of disease and protect vulnerable individuals who cannot be vaccinated. Achieving herd immunity through high vaccination rates, typically between 80% and 90%, helps shield everyone in the community, including those most at risk, such as babies and immunocompromised individuals (Kids Count, 2024). Figure 59 shows the number and percent of fully immunized toddlers ages 19 to 35 months from Schoolcraft County and Michigan from 2019 to 2023.

Fully Immunized Toddlers Ages 19 to 35 Months						
Location	Data Type	2019	2020	2021	2022	2023
Michigan	Number	121,567	119,786	113,259	107,075	133,961
	Percent	73.9%	70.7%	69.4%	66.1%	69.8%
Schoolcraft	Number	79	96	79	84	82
	Percent	72.5%	78.7%	79.8%	75.0%	77.4%

Figure 59

Green Book Data

Green Book Report: Key Program Statistics prepared by the Michigan Department of Health and Human Services, provides monthly detailed insights into the performance and utilization of key health and human service programs across the state. This report serves as a vital resource for understanding program impacts and informing policy decisions to address community needs. Both Figure 60 and 61 illustrates trends in participation across various assistance programs in Schoolcraft County, based on data collected annually from October 1, 2020, to October 1, 2024.

Trends in State Assistance Programs: Figure 60 illustrates the annual participation trends for three key programs in Schoolcraft County: the Food Assistance Program (FAP), the Healthy Michigan Program, and Medicaid eligibility. Over the four-year period, Medicaid eligibility shows a relatively stable trend, maintaining the highest participation rates among the three programs, with a slight decline observed in 2024. The Food Assistance Program (FAP) displays modest growth between 2020 and 2022, plateauing thereafter. In contrast, participation in the Healthy Michigan Program declines significantly after 2022, indicating potential challenges in maintaining enrollment

Defining the Community

Green Book Data

Trends in Assistance Program Participation (2020-2024)

Legend: Food Assistance Progam (FAP), Healthy Michigan Program, Medicaid Eligible
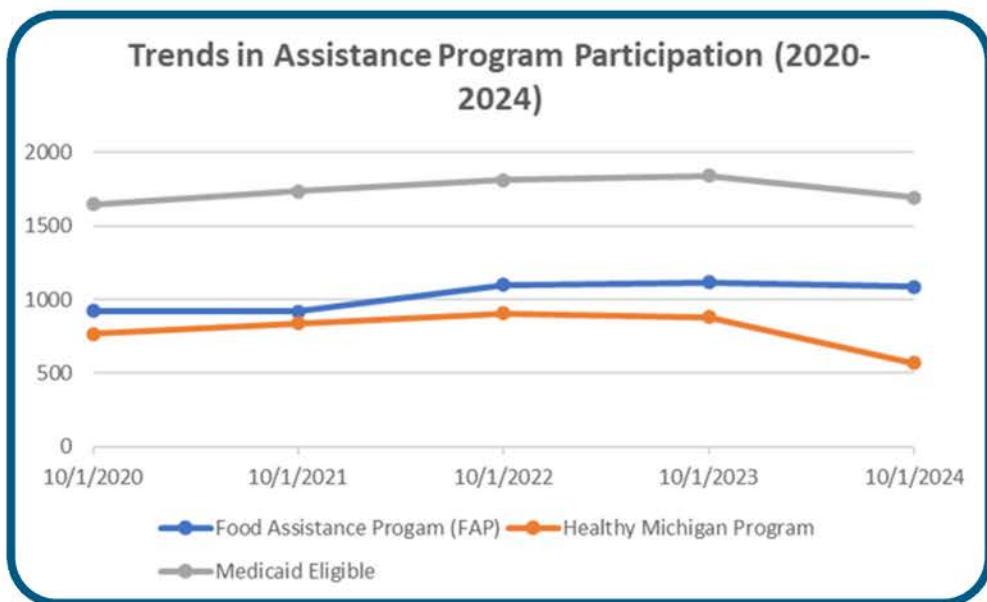
Figure 60

Trends in State Assistance Programs: Figure 61 highlights the participation trends in three programs in Schoolcraft County: the Family Independence Program (FIP), State Disability Assistance (SDA), and Child Development and Care (CDC). Over the four-year period, participation in the CDC program shows a decline from 2020 to 2022, followed by a slight rebound, maintaining the highest rates among the three programs. The FIP sees fluctuations, with a dip in 2021 followed by gradual recovery through 2024. Participation in the SDA program remains relatively stable but shows a modest increase in 2024.

Trends in Assistance Program Participation (2020-2024)

Legend: Family Independence Program (FIP), State Disability Assistance (SDA), Child Development and Care (CDC)
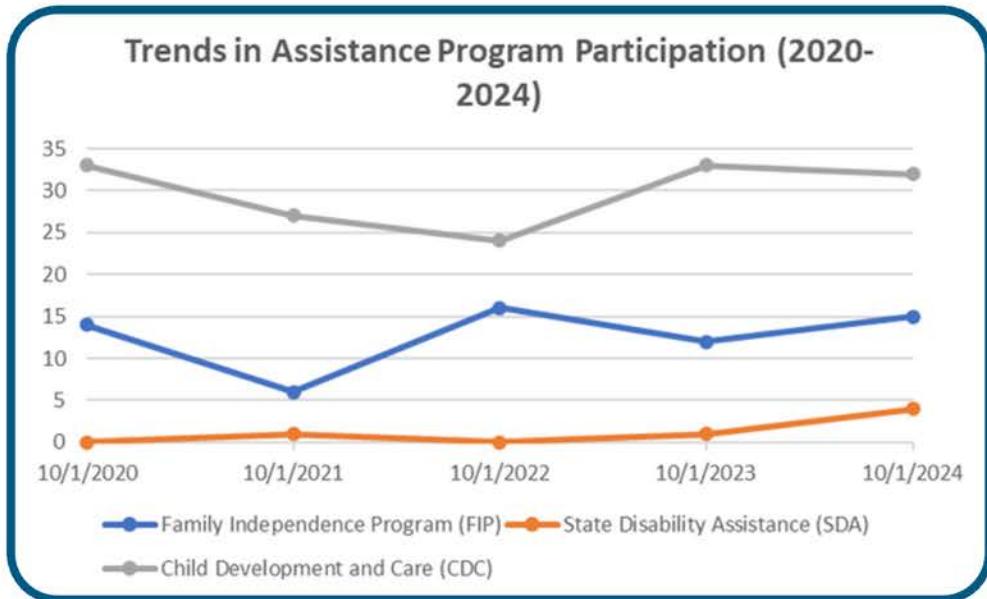
Figure 61

Community Health Needs Assessment Process

This Community Health Needs Assessment (CHNA) reflects a collaborative effort to better understand and address the health needs of our community. This process started with revisiting the previous CHNA and implementation plan ensuring that community feedback is central to this evaluation. Input was then gathered through a community survey, focus groups, and key informant interviews, amplifying the voices and experiences of those we serve. Additionally, supplemental health data and demographic insights were gathered to provide a broader picture of the Schoolcraft community. This report prioritizes key health issues and serves as a guide for Schoolcraft Memorial Hospital to create meaningful strategies that promote the health and well-being of our community.

Timeline

Sept - Oct
2024

Jan - June
2025

| CHNA Planning | Data Collection | Report Creation | Implementation Planning |

Aug - Sept
2024

Nov - Jan
2025
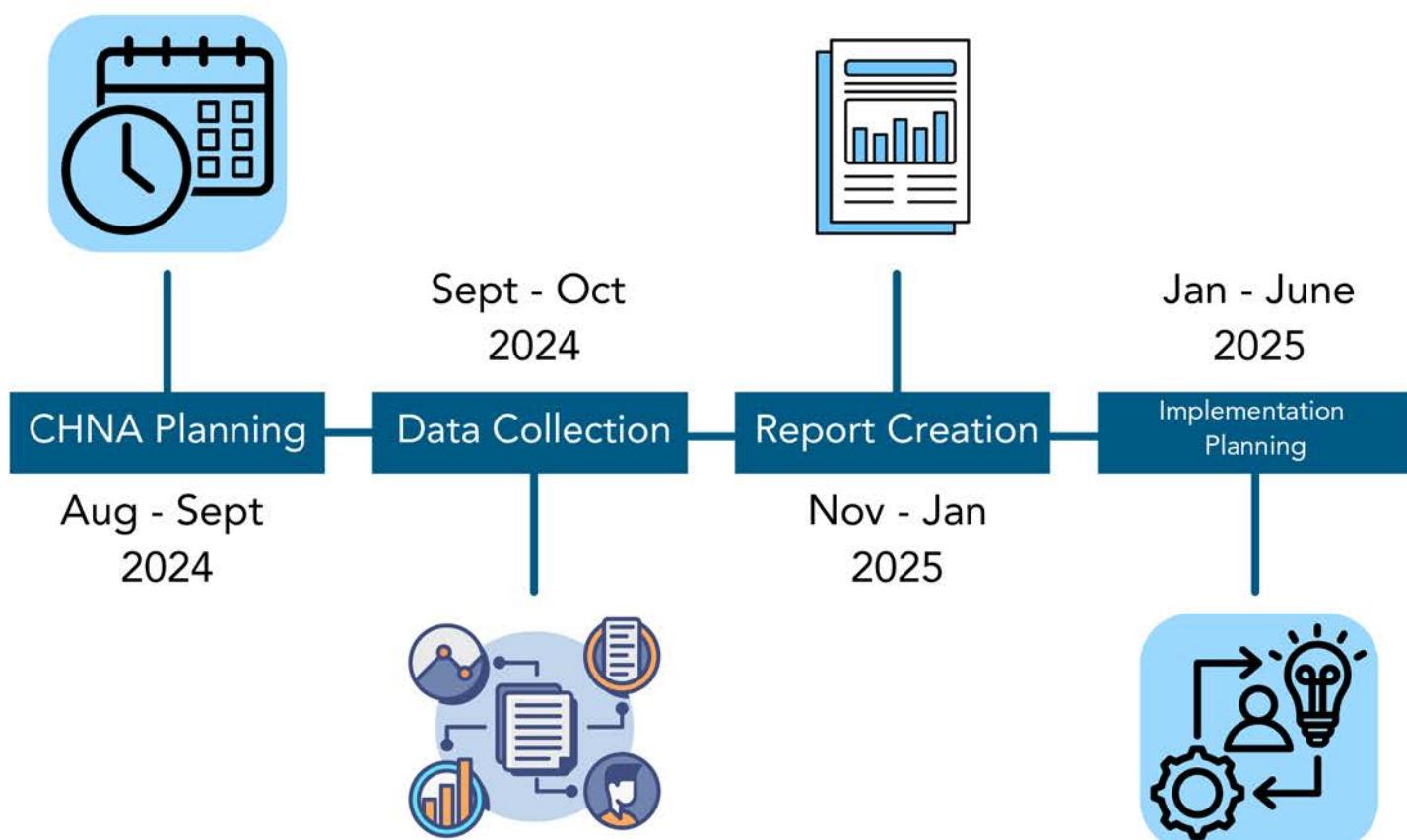
Community Health Needs Assessment Process

Primary Data Collection Methodology

For the Community Health Needs mailed survey, MCRH utilized Address-Based Sampling (ABS) through Dynata to randomly select a representative sample of 2,000 household addresses. This sample was determined based on the total households (6,082) within the zip codes comprising the Schoolcraft Memorial Hospital service area. Bradford Printing, based in East Lansing, handled the printing, addressing, and mailing of all surveys.

To achieve a 95% confidence level with a ±5% margin of error (MOE), approximately 380 completed surveys were required. With an anticipated response rate of 20%, this translated to sending out 1,900 survey invitations. This sample size balanced precision with resource investment, providing reliable data while maintaining a manageable outreach effort.

The service area included the following zip codes:

- Cooks (49817)
- Curtis (49820)
- Engadine (49827)
- Garden (49835)
- Germfask (49836)
- Gould City (49838)
- Gulliver (49840)
- Manistique (49854)
- McMillan (49853)
- Nahma (49864)
- Naubinway (49762)
- Seney (49883)

This approach ensured broad geographic coverage and allowed MCRH to reach diverse populations, including those less accessible through traditional methods like landline or internet-based sampling. Of the 2,000 addresses, only 13 were undeliverable, underscoring the accuracy and reliability of the sampling method.

Community members who received the mailed survey could respond either by returning the completed survey via a prepaid return envelope or by completing it online via the Qualtrics Survey Tool. To boost participation, the survey was promoted through multiple channels, including social media platforms like Facebook, email outreach, and the Schoolcraft Memorial Hospital website.

This multi-pronged strategy ensured a comprehensive and inclusive data collection process. The effort provided valuable insights into the community's health needs, forming a robust foundation for the CHNA findings.

Community Health Needs Assessment Process

Primary Data Analysis Methodology

Data was collected via two methods: an online survey administered through Qualtrics and paper surveys distributed by mail. Paper surveys were manually input into a secure spreadsheet throughout November, while Qualtrics survey data were imported into the same spreadsheet near the end of November. A total of 398 responses (n=398) were collected from both methods. Data analysis was conducted during the first week of December. Descriptive analysis, including frequency distributions, was performed using Microsoft Excel. The data and resulting tables were exported to a separate secure document, which will be referenced by sheet title in this report.

Secondary Data Collection Methodology

Secondary data, utilized in this assessment, was sourced from external, reliable organizations to provide a comprehensive understanding of the population and its health needs. This data is commonly presented in formats such as:

- Actual or estimated population counts.
- Percentages representing sampled populations.
- Rates that compare population characteristics across similar groups.

For this report, secondary data was collected from various county, state, and federal agencies to create a detailed profile of the community. Efforts were made to ensure that the most recent, complete, and annualized data was used wherever possible.

Data Sources
The secondary data included in this report comes from reputable sources such as:

- U.S. Census Bureau.
- Kids Count in Michigan
- State of Michigan, Department of Vital Statistics
- County Health Rankings
- Michigan Substance Use Vulnerability Index
- Centers for Disease Control and Prevention (CDC)
- State of Michigan Green Book

Community Health Needs Assessment Findings

Survey Question Analysis

Data was collected via two methods: an online survey administered through Qualtrics and paper surveys distributed by mail. Paper surveys were manually input into a secure spreadsheet throughout November, while Qualtrics survey data were imported into the same spreadsheet near the end of November. A total of 398 responses (n=398) were collected from both methods. Data analysis was conducted during the first week of December. The quantitative data was analyzed using descriptive statistical methods, including frequency distributions, performed in Microsoft Excel. Qualitative data were systematically examined by identifying recurring words and phrases, which were subsequently categorized into cohesive themes

1. In which community do you currently live?
- There was a total of 398 responses to the questionnaires. Figure 63 shows the majority of respondents were from Manistique, Gulliver, then MacMillan. The least number of respondents were from Nahma with only 2.
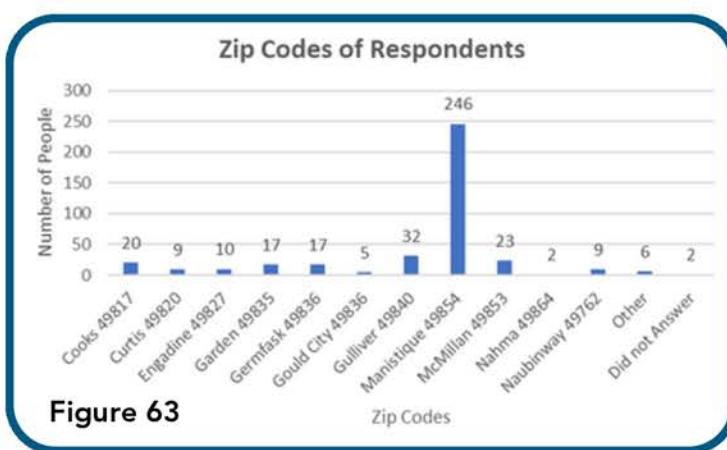
Figure 63

2. What is your age?
- The majority of respondents stated they were age 65 or greater. The least number of respondents stated they were 18-29 years old. Figure 64 shows the distribution of ages for survey respondents.

Figure 64

Age of Respondents

- 18-29 years old   - 30-39 years old   - 40-49 years old
- 50-64 years old   - 65 years or greater   - Did not Answer
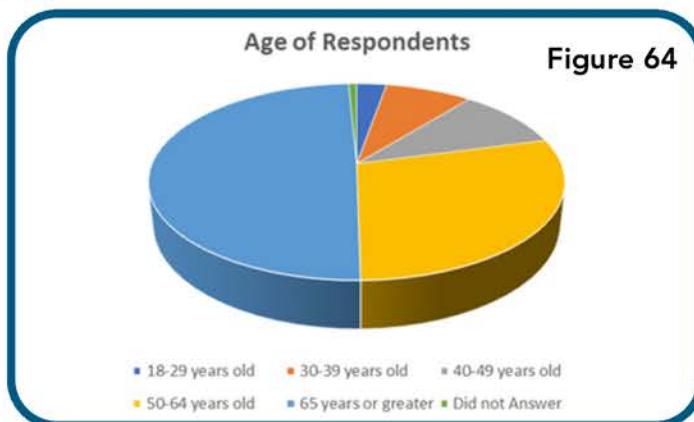
Community Health Needs Assessment Findings

3. What formal education have you earned?

- The majority of respondents stated they had obtained a Bachelor's degree or higher in figure 65. Followed by obtaining a High School Diploma or GED, and then some College or certification. The least number of respondents (5) stated they had less than a High School education.

Educational Level of Respondents
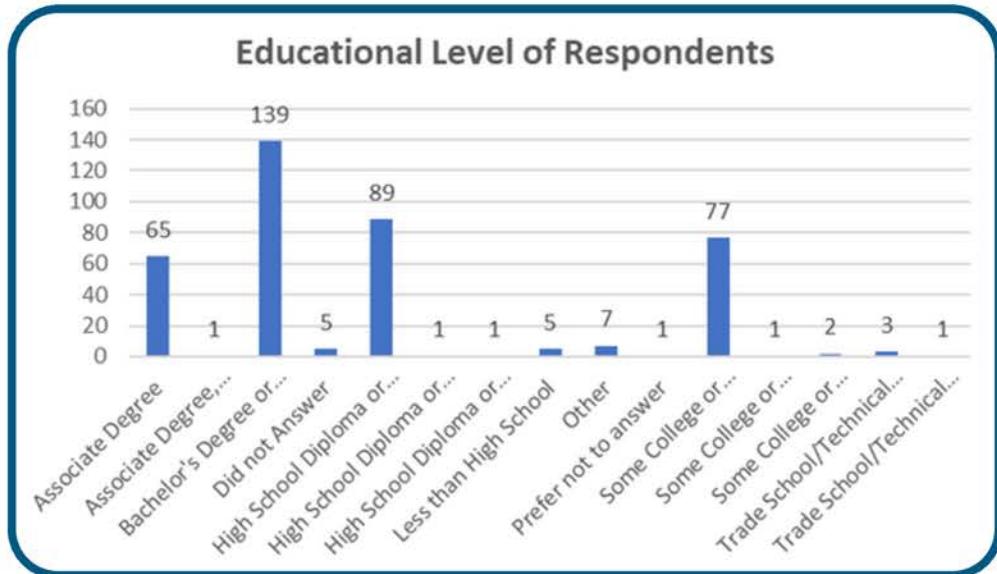
Figure 65

4. Which of the following best describes you?

- 70% of respondents described themselves as female, and 27% described themselves as male in figure 66. There were 4 respondents who did not respond, 1 who stated they were both female and male, 2 that were non-binary, and 3 who preferred not to answer.

Gender of Respondents
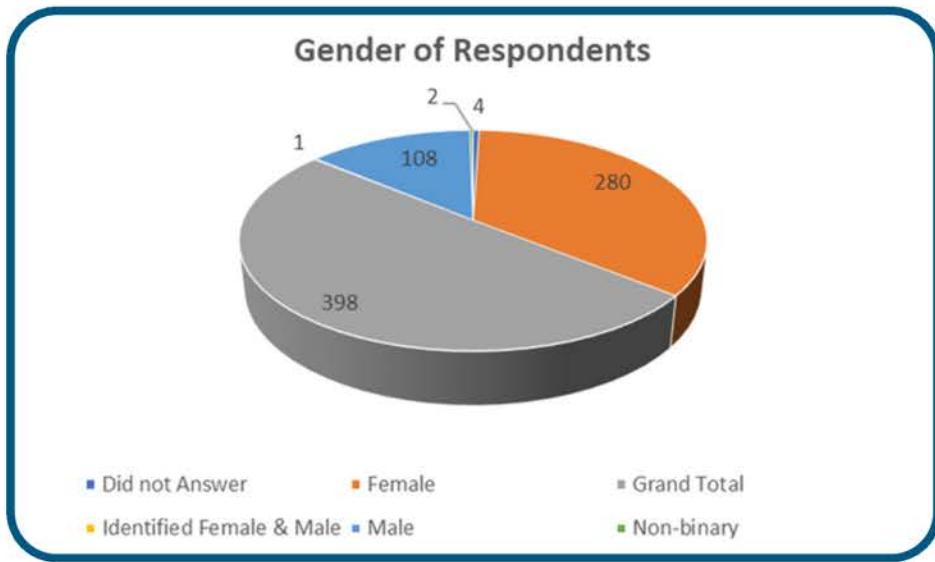
Figure 66

Community Health Needs Assessment Findings

5. What is your race or ethnicity?

- The majority of respondents stated they were white/Caucasian (88%). 2% of respondents stated they were American Indian or Alaskan Native, 1.5% stated they prefer not to answer and less than 1% stated they were Asian or Asian American (Figure 67).

Race of Respondents

Race	Number of People
White/Caucasian	352
Prefer not to answer	6
Other	2
Did not Answer	5
Asian or Asian American	3
American Indian or Alaskan Native, White/Caucasian	8
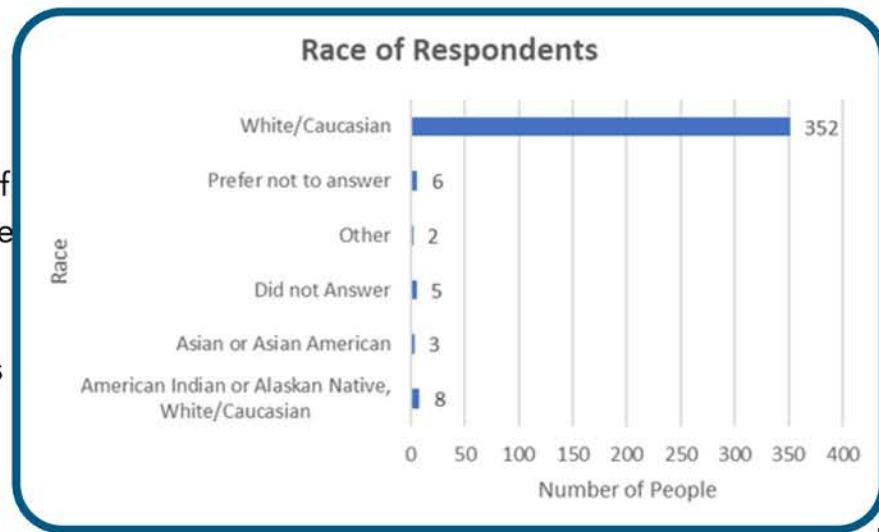
Figure 67

6. Which of the following includes your annual household income?

- The answers to annual household income were spread throughout all of the income brackets designated in the survey (Figure 68). The greatest number of respondents (22%) stated that they made between $50,000-74,999 per year. Followed by $25,000-49,999, then $100,000 or greater per year. 52 respondents (13%) did not answer or chose the option "prefer not to answer.

Yearly Household Income of Respondents

Income	Number of People
Prefer not to answer	39
Less than $25,000	40
Did not Answer	13
$75,000-99,000	57
$50,000-74,999	89
$25,000-49,999	86
$100,000 or more	74
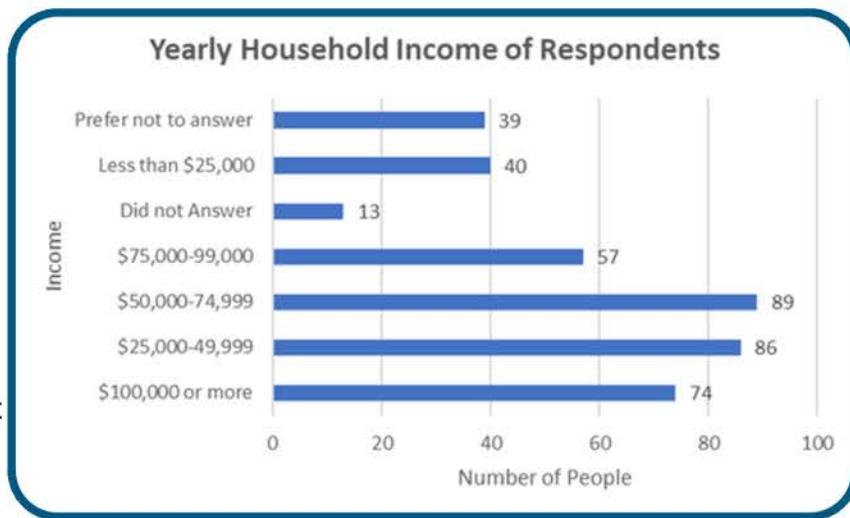
Figure 68

7. What is your marital status?

- The greatest number of respondents stated that they were currently married (63%) with the least amount stated they were divorced and single (only 1 response) (Figure 69).

Marital Status of Respondents

Marital Status	Number of People
Widowed	48
Single	30
Prefer not to answer	2
Never Married	8
Married	252
Domestic Partnership	10
Divorced, Single	1
Divorced	38
Did not Answer	9
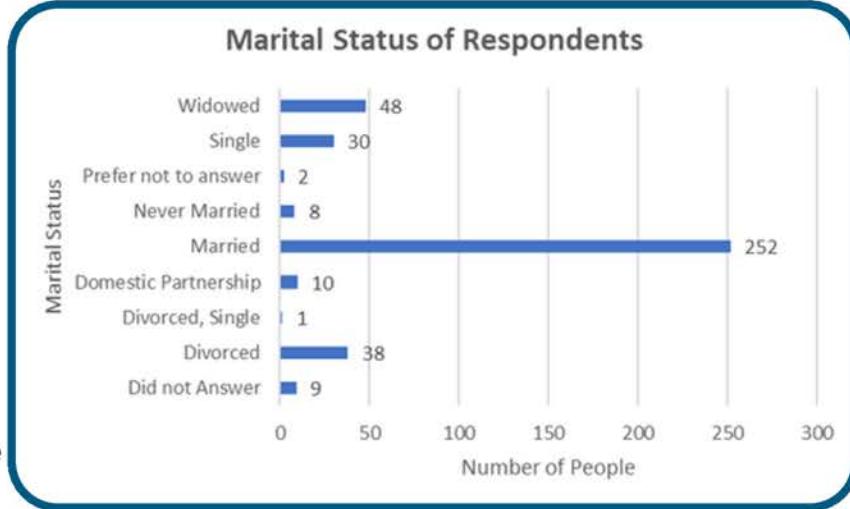
Figure 69

Community Health Needs Assessment Findings

8. Have you, a family member, or anyone in your household ever served in the military?

- 57% of respondents stated that they or anyone in their household had never served in the military while 40% stated that either they or someone in their household had served in the military. Very few did not answer or selected "prefer not to answer" (Figure 70).

Military Service Indication by Respondents

Number of People

- No: 226
- Yes: 159
- Did not Answer: 11
- Prefer not to answer: 2
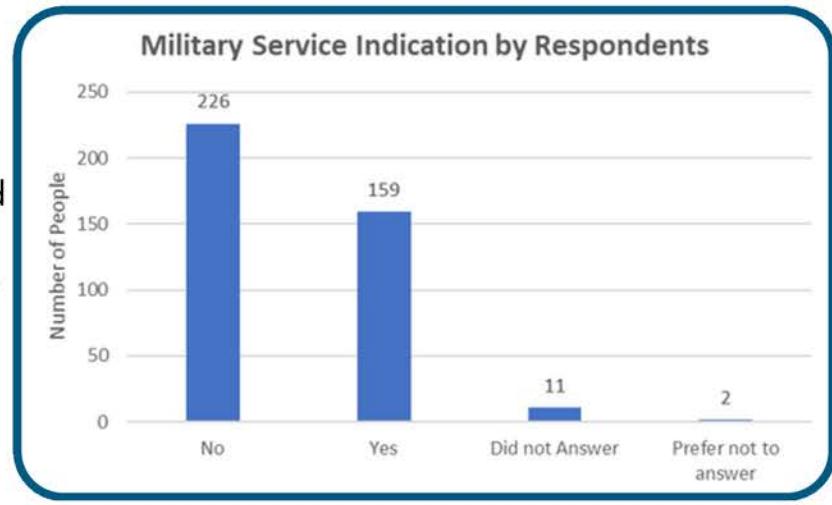
Figure 70

9. Do you identify as a person with a disability or chronic condition?

- Of the 398 respondents 114 (29%) stated they identified as a person with a disability or chronic condition. Of those responses, most stated that they had a health-related disability, followed by a mobility-related disability. The lease number of respondents stated their disability was related to Attention Deficit disorder (Figure 71).

Indication of Disability by Respondents

Number of People

- No: 258
- Yes: 114
- Did not Answer: 17
- Prefer not to answer: 9
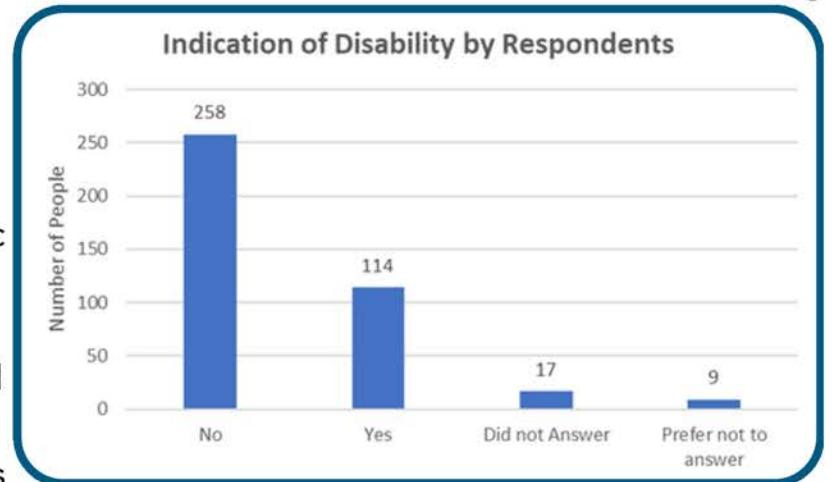
Figure 71

10. Which of the following best describes your current health insurance situation?

The largest number of respondents stated that they had Medicare for health insurance coverage (40%). Followed closely by private insurance (39%). The least number of respondents stated that they "preferred not to answer" (2/398). Many of the respondents chose multiple types of insurance, so for brevity's sake the responses were limited to the first response (Figure 72).

Primary Insurance of Respondents

Number of People

- Indian Health Services: 12
- Medicaid (UPHP, etc.): 26
- Medicare: 159
- Prefer not to answer: 2
- Private Insurance: 156
- VA Services: 16
- Other: 10
- Did not Answer: 12
- I do not have health...: 5

Insurance
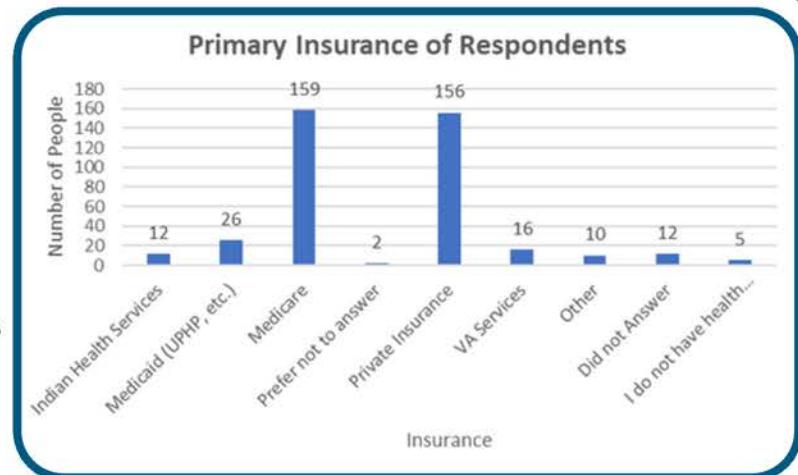
Figure 72

Community Health Needs Assessment Findings

11. How many children under the age of 18 live in your household?

- The majority of respondents stated they did not have any children under 18 living their household (84%). This correlates with the age of the majority of respondents in question 2 stating they were 65 years or greater. Only 1 respondent stated they had 5 or more children (Figure 73).

Figure 73
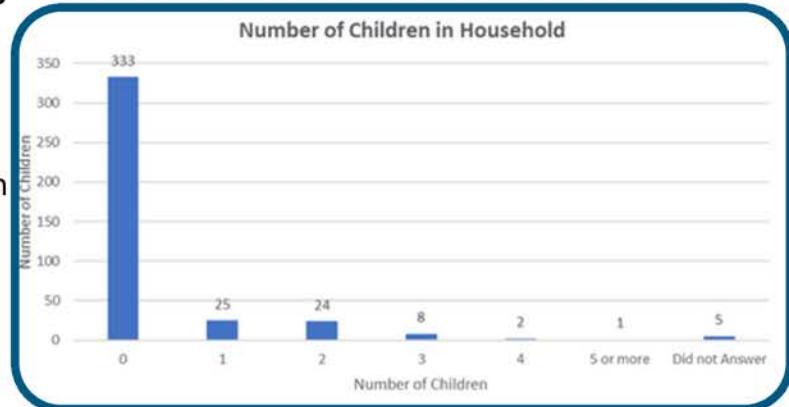
12. What is your current work status? Has it been difficult for you or someone in your family to find employment?

- The majority of respondents stated that they were retired (49%) followed by being employed Full-time (30%). The least number of respondents stated they were students (1) or currently unemployed (1). Most respondents (79%) stated that they did not find it difficult for the or someone in their household to find employment. As 79% of respondents stated they were retired or working full-time, this correlates the responses to both question 12 (Figure 74).
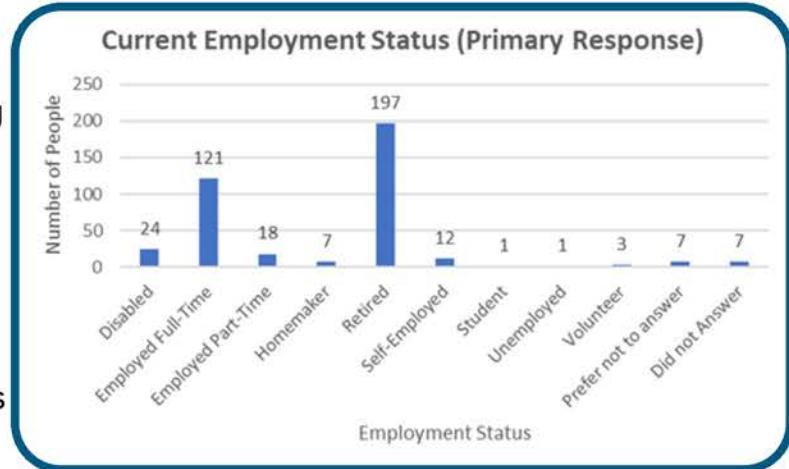
Figure 74

13. How would you describe your personal health?

- The majority of respondents stated they felt their personal health was "good" (57%). Followed by "fair" (26%). The least number of respondents stated that they felt their health was poor (4%) (Figure 75).
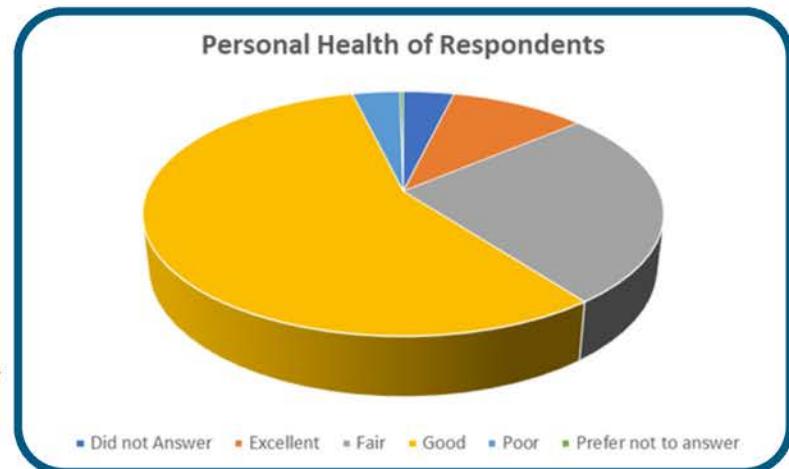
Figure 75

Community Health Needs Assessment Findings

14. From the following list of chronic health conditions, in the last 12 months have you or a family member accessed medical care or health-related services for any of the following?

- The majority of respondents stated they had high blood pressure, followed by anxiety, and diabetes. All responses to this question are displayed in figure 76.
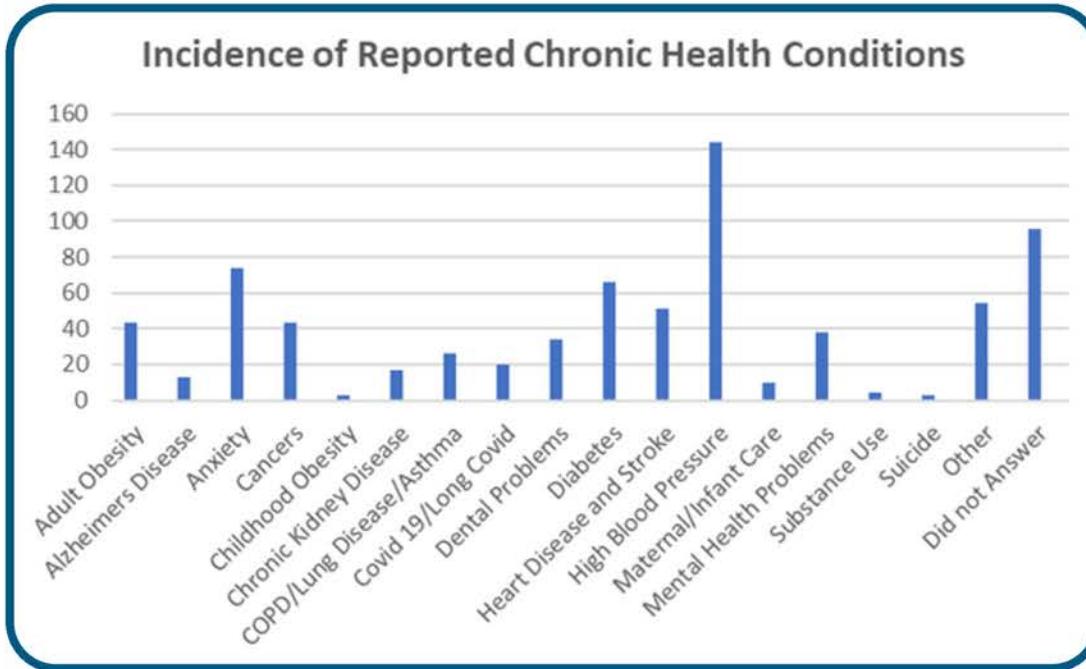
Figure 76

15. Where do you go most often for your basic healthcare needs?

- The majority of respondents (68%) stated that they most often went to their Primary Care Provider (PCP) or Family Medicine Provider for basic health care needs. The least number (1) stated they went most often to urgent care, and (2) respondents stated that they sought help for their basic healthcare needs at the health department in figure 77.
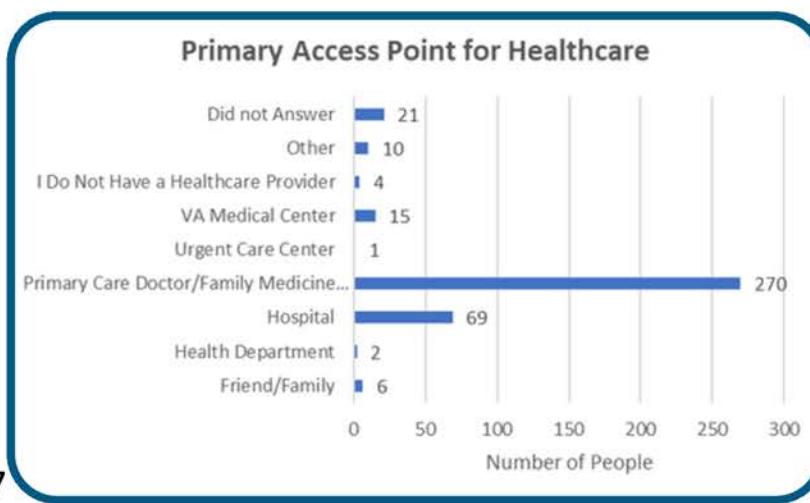
Figure 77

Community Health Needs Assessment Findings

16. Which of the following best describes your use of Services?

- The most frequently used hospital services at Schoolcraft Memorial Hospital include laboratory services, imaging, and the 24-hour emergency room. Family medicine and the walk-in clinic are the most commonly accessed family health services, while specialty care services most utilized are ENT, orthopedics, and PMR. Behavioral health services and rehabilitation services had lower usage rates, with many respondents indicating the services did not apply to them or expressing unawareness of their availability.

17. What specialty services would you like to see offered in your community?

- The greatest number of respondents stated that they would like to see a Rheumatology clinic in their community (31%). Followed by Dialysis (28%), Gastroenterology (25%) and Endocrinology (24%) in figure 78.
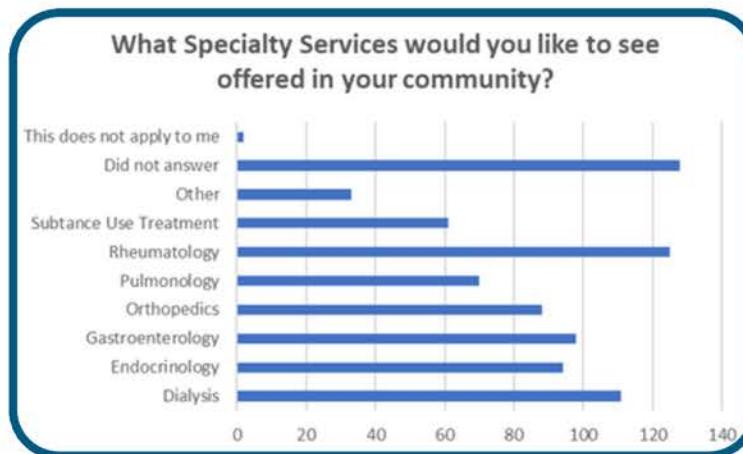
Figure 78

18. Was there a time in the past 12 months when you needed to see a family practice doctor but could NOT?

- 13% of respondents stated they had experienced needing to see a family practitioner in the last 12 months and were not able to.
- The most common rationale why they were not able to get into the service was that the provider was not taking new patients, followed by "other", and "my schedule conflicts with office hours" (Figure 79).

Figure 79

Community Health Needs Assessment Findings

19. Was there a time in the past 12 months when you needed to see a specialist but could NOT?

- 13% of respondents stated that they needed to see a specialist but were unable to. The most common rationale provided for not being able to see a specialist was the lack of a medical provider near my home followed by the specific service not being available (Figure 80).

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

- 5% of respondents stated that in the past 12 months they needed to see a mental health practitioner but could not. The most common rationale provided is that the waitlist was too long (3%) (Figure 81).

21. Have you, a relative or a close friend experienced substance use disorder (substance abuse, use, or overuse)?

- 19% of respondents stated that they, a relative, or a close friend had experienced a substance use disorder in the last 12 months. The most common rationale provided for not seeking treatment was stigma and shame followed by limited access to treatment, and the cost of insurance coverage (Figure 82).

Specialists

Legend: Did not Answer · I don't know · No · This does not apply to me · Yes

Figure 80

Mental Health Professional

Legend: Did not Answer · I don't know · No · This does not apply to me · Yes

Figure 81

Substance Use Disorder

Legend: Did not Answer · I Don't Know · No · Prefer Not to Answer · Yes
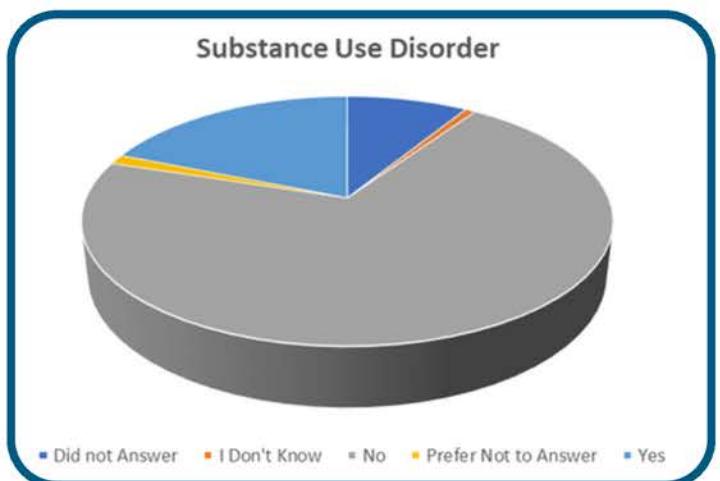
Figure 82

Community Health Needs Assessment Findings

22. How would you describe the importance of the issues listed in your community? The respondents were asked to rank the following categories in order of importance (not an issue, fairly unimportant, fairly important, or very important).

- Figure 83 depicts the top ten percentages of community health issues identified as "important" by respondents. The three most important issues identified include shortage of dentists/lack of affordable dental care, health insurance is expensive and/or high cost of co-pays and lack of reliable child care.

Figure 83

Top 10 Community Health Issues	Important
Shortage of Dentists or Lack of Affordable Dental Care	51%
Lack of Reliable Child Care	49%
Health Insurance is Expensive or Has High Costs for Co-Pays and Deductibles	49%
Substance Use (Drug Abuse)	37%
Lack of Health Insurance	37%
Lack of Programs and Services to Help Seniors Maintain their Health and Independence	36%
Lack of Affordable Healthy Foods	36%
Lack of Housing and Programs for People with Alzheimer's Disease/Dementia	35%
Shortage of Mental Health Programs and Services	34%
Access to Pediatric Services	32%

Community Health Needs Assessment Findings

23. Which of the following do you think are the three most important factors for a Healthy Community? Choose those factors that most improve the quality of life in your community.

- The top three most important factors for a healthy community are access to healthcare/medications, quality jobs, and affordable housing. The least important being disability support, easy access to parks and recreation, and arts and cultural event shown in figure 84.
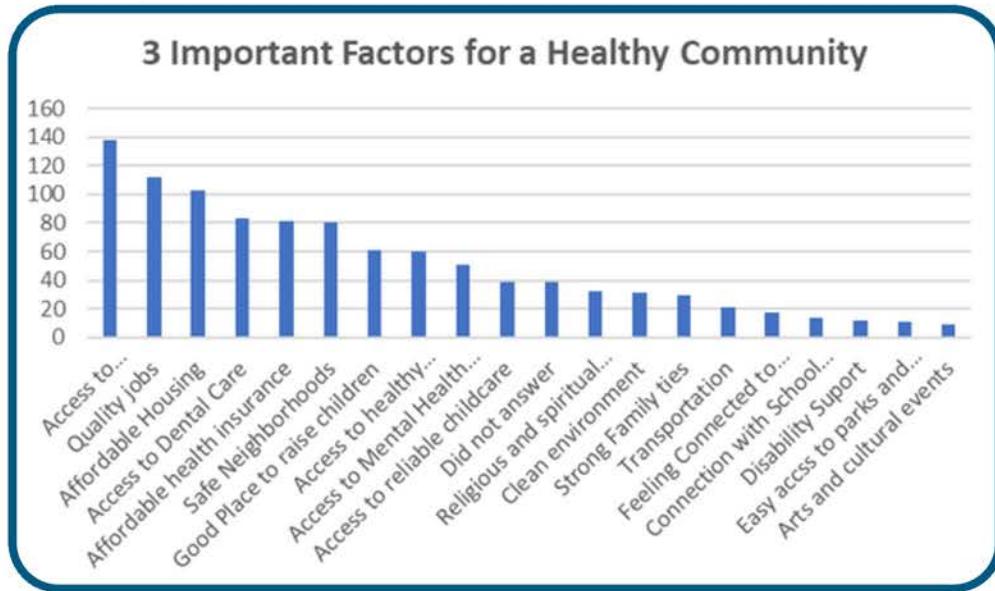
3 Important Factors for a Healthy Community

24. Which three risky behaviors are the biggest concerns in your community?

- The top three risky behaviors that are the biggest concern in the community are drug use, excessive alcohol use, and bullying. The least important, are not getting recommended immunizations, dropping out of school, and poor sleep shown in figure 85.

Which three risky behaviors are the biggest concerns in your community?
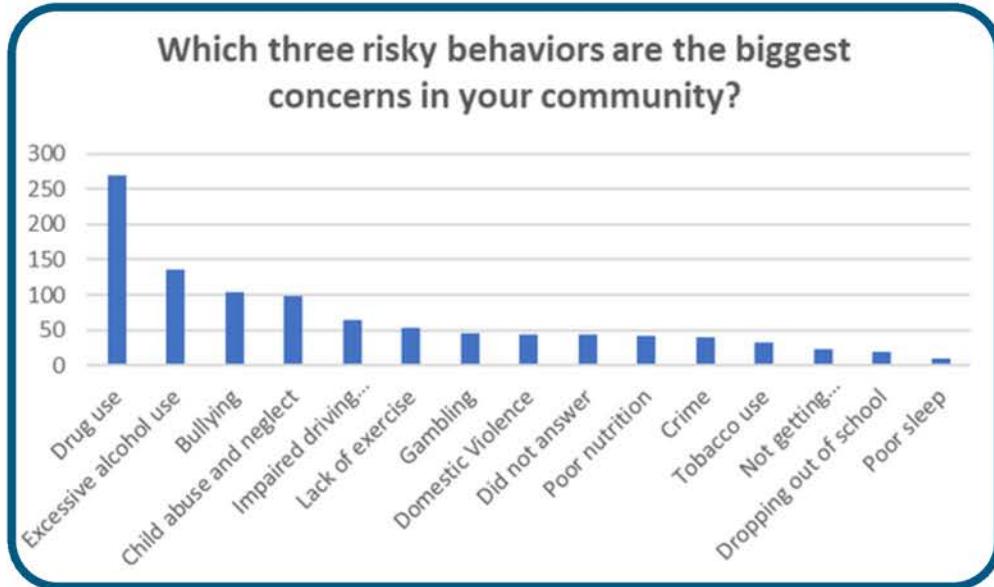
Community Health Needs Assessment Findings

25. If you could design a healthy community, what features or characteristics would it have? Common themes and findings include:

- **Economic Stability and Opportunity**
  - **Job Opportunities:** Good-paying jobs, diverse employment options, and a strong job market.
  - **Affordable Housing:** Accessible and affordable housing solutions.
  - **Economic Support:** Financial assistance programs, social safety nets, and fair wages.

- **Healthcare and Well-being**
  - **Accessible Health:** Affordable healthcare, increases access to mental health services, and adequate medical facilities. Expanding telehealth services for various specialties.
  - **Healthy Lifestyle:** Support for healthy behaviors, nutrition, and physical activity.
  - **Aging in Place:** Options for seniors to age comfortably within the community.

- **Education and Youth Development**
  - **Quality Education:** Strong schools, early childhood education and youth programs.
  - **Safe Learning Environment:** Bullying prevention, drug-free schools, and mental health support.
  - **Future Readiness:** College and career preparation.

- **Community and Social Infrastructure**
  - **Safe Communities:** Low crime rates and safe neighborhoods.
  - **Social Connection:** Opportunities for social interaction, community events and volunteerism.
  - **Infrastructure:** Adequate transportation, reliable utilities, and well-maintained public spaced.

- **Enviornmental Sustainability**
  - **Clean Environment:** Clean air and water, and sustainable practices.
  - **Green Spaces:** Parks, greenways, and outdoor recreation.

Community Health Needs Assessment Findings

26. Are there any healthcare services missing in your community that you feel are needed? Common themes and findings include:

- **Dental Care**
  - **Access to Dentists:** Lack of dentists and dental specialists.

- **Specialized Health Care**
  - **Medical Specialists:** Shortage of specialists such as cardiologists, neurologists, gastroenterologists, rheumatologists, endocrinologists, and ophthalmologists.
  - **Maternal and Women's Health:** Lack of maternal care services, including OB/GYN and birthing facilities.
  - **Mental Health Services:** Insufficient mental health professionals, especially for youth and low-income individuals.
  - **Substance Abuse Treatment:** Need for substance abuse rehabilitation and counseling services.
  - **Dialysis Services:** Lack of dialysis centers.
  - **Radiation Therapy:** Absence of radiation therapy facilities.

Highlight: Survey Comments

"We have a beautiful community."

"We are so very fortunate to have health care services in our community."

"Schoolcraft is a wonderful hospital with many specialists on staff."

"... I appreciate you offering chemo infusions, and I love your cafeteria."

Focus Group/Key Informant Interview Findings

The Michigan Center for Rural Health (MCRH), in partnership with Schoolcraft Memorial Hospital leadership, prioritized community engagement to ensure that the voices of residents were central to identifying key health concerns and priorities. This approach fostered meaningful connections with the community and created spaces for active participation and dialogue.

- Focus Groups: Four in-person focus groups were conducted by MCRH staff to complement survey findings and provide additional depth to the understanding of community needs and priorities.

- Key Informant Interviews: To further amplify community voices, nine key informant interviews were conducted online via Zoom.

This intentional focus on community engagement provided valuable insights that enriched the overall assessment process and highlighted the importance of listening to and addressing the community's needs. For further details, refer to Appendix A.

1. **What are the strengths or assets you see in your community that contribute to health and well-being?**

   - **Community**
     - **Community Culture:** Sense of "togetherness", ability and willingness to work together, strong communication, and personal investment.

   - **Healthcare and Well-being**
     - **Accessible Healthcare:** Centrally located facilities, tribal healthcare, pharmacies, food pantries, and transportation.
     - **Healthy Lifestyle:** Community activities and resources, outdoor opportunities, and farmers markets.
     - **Aging-friendly:** Healthcare, active lifestyle options, home assistance, and transportation.

Focus Group/Key Informant Interview Findings

2. What are some key health needs or challenges you have seen in your community?

- **Dental and Optical Care**
  - **Access to Dentists and Optometrists:** Lack of access and education.

- **Specialists and Specialized Care**
  - **Medical Specialists:** Lack of specialists such as cardiologists, neurologists, and gastroenterologists.
  - **Maternal and Women's Health:** Lack of women's health professionals, equipment, resources, and facilities.
  - **Access to Mental Healthcare:** Lack of acknowledgment, mental health professionals, and support systems.
  - **Substance Abuse Treatment:** Insufficient education on substance use/abuse, treatment, and facilities.
  - **Access to Treatment and Provider Retention:** Long wait times, short appointments, and high turnover in providers.
- **Transportation**
  - **Public Transit Struggles:** Lack of public transit, and struggle to get to appointments.

3. If you could address one major health issue in your community, what would it be and why?
- **Mental Healthcare**
  - **Education/Access to Mental Healthcare and Resources:** Lack of access and education, resources, and assistance.
  - **Substance Abuse & Addiction Issues:** Shortage of resources, treatment and prevention.
- **Access to Specialized Care**
  - **Care for Chronic Conditions:** Travelling far for care, lack of care, lack of education, and resources.
  - **Women's Healthcare:** Lack of specialists, education and resources and substance abuse.
  - **Dental Care:** Travelling far and expensive.
- **Access to Food**
  - **Food Insecurity:** Poor access to fresh food, expensive, and stigma.
- **Childcare**
  - **Community Care for Children:** After school activities, support systems and education.

Focus Group/Key Informant Interview Findings

4. What role should hospitals or health systems play in addressing community health needs?

- Facilitator
  - **Leading & Facilitating:** Taking the lead with events, resources, classes in the community.
  - **Education & Prevention:** Offering classes, planning for prevention, sharing information, and collaborating with outside agencies.

5. What specific programs or services are most needed to improve community health needs?

- Mental Health
  - **Mental Health Providers:** Establishing incentives for professionals to come and stay in Schoolcraft, accessibility to mental health resources, and education and conversation on mental health.
  - **Substance Abuse Resources:** Excessive problem that needs to be addressed, addiction specialists and resources and education.
- Healthy Eating
  - **Food Insecurity in the Community:** Collaborating with outside agencies, providing resources and communicating with the public.
  - **Food & Nutrition Education:** Expanding nutrition education, and offering resources.

6. How do you feel about your relationship with your healthcare provider? Do you feel heard and understood?

- Satisfaction
  - **Overall Satisfaction:** Feeling heard and respected, positive relationship with providers, and long term relationships.
- Lack of Retention & High Turnover
  - **Lack of Consistency:** Never able to establish a relationship, frustration, defeat, confusion, and high turnover with women's health.

7. What does a healthy community look like to you?

- Community Engagement & Interaction
  - **Engagement in Community Spaces:** People being active outdoors, communicating with each other and working together.
- Addiction & Mental Health
  - **Addressing Addiction:** serious concerns with addiction and substance abuse, risk to infants & mothers, and lack of professional help and resources.

Appendix A

Focus Groups

Four in-person focus groups, each lasting one hour, were conducted by Michigan Center for Rural Health (MCRH) staff to identify the community's key health concerns and perceptions. Schoolcraft Memorial Hospital leadership selected specific populations to participate, ensuring the inclusion of voices that are prevalent and reflective of community needs. The focus groups targeted older adults, parents of school-aged children, business owners, and a general population group. Below are the questions that guided the discussions in each group.

- What are the strengths or assets you see in your community that contribute to health and well-being?
- What are some key health needs or challenges you have seen in your community?
- If you could address one major health issue in your community, what would it be and why?
- What role should hospitals or health systems play in addressing community health needs?
- What specific programs or services are most needed to improve community health needs?
- How do you feel about your relationship with your healthcare provider? Do you feel heard and understood?
- What does a healthy community look like to you?
- Is there anything you would like to add or something we should know?

Appendix A

Key Informant Interviews

Nine key informant interviews were conducted online via Zoom to gather in-depth insights into the community's key health concerns and perceptions. Participants were carefully selected by Schoolcraft Memorial Hospital leadership to ensure diverse representation and include voices reflective of the community's needs. Each 30-minute interview was recorded and transcribed to ensure accuracy and allow for a thorough analysis of the perspectives shared. These interviews were facilitated by one or both of the Michigan Center for Rural Health (MCRH) staff members working on this project. Below are the guiding questions used during these discussions.

- What are the strengths or assets you see in your community that contribute to health and well-being?
- What are some key health needs or challenges you have seen in your community?
- If you could address one major health issue in your community, what would it be and why?
- What role should hospitals or health systems play in addressing community health needs?
- What specific programs or services are most needed to improve community health needs?
- How do you feel about your relationship with your healthcare provider? Do you feel heard and understood?
- What does a healthy community look like to you?
- Is there anything you would like to add or something we should know?

Appendix A

Participating Organizations

The following list highlights the organizations that collaborated with Michigan Center for Rural Health (MCRH) staff during the primary data collection process for Schoolcraft Memorial Hospital's Community Health Needs Assessment. In some cases, MCRH engaged with more than one individual from these organizations. To encourage open and honest feedback, the identities of all participants have been kept private. The valuable contributions of these organizations were integral to understanding the community's health needs and shaping the findings and recommendations in this report.

- Delta Schoolcraft Intermediate School District/Manistique Area Schools
- Delta-Schoolcraft County Great Start
- Feeding America West Michigan
- Local Businesses in Schoolcraft County
- LMAS District Health Department
- Manistique Senior Center
- Sault Tribe Health Center
- Schoolcraft County Sheriff's Office
- Schoolcraft Memorial Hospital Auxilary
- Schoolcraft Tourism & Commerce
- St. Francis de Sales Catholic School
- UP Michgan Works!
- Upper Peninsula Commission for Area Progress

Appendix B

Community Survey

SCHOOLCRAFT
MEMORIAL HOSPITAL

Schoolcraft Memorial Hospital Community Health Needs Assessment Survey

Help Us Shape the Future of Healthcare in Your Community!

At Schoolcraft Memorial Hospital, they are committed to understanding and meeting the health needs of our community. To do this, they need your help! Schoolcraft Memorial Hospital has contracted with the Michigan Center for Rural Health to conduct a Community Health Needs Assessment, and we need your input!

A Community Health Needs Assessment Survey is an opportunity to share your thoughts and experiences about health and wellness in your community. Whether it's access to healthcare services, concerns about specific health issues, or ideas for improving community programs, we want to hear from you!

Your feedback will help Schoolcraft Memorial Hospital prioritize and develop healthcare services that better serve you and your neighbors. By taking a moment to complete the survey, you are helping Schoolcraft Memorial Hospital allocate resources effectively and create programs that truly make a difference in your community.

Instructions: This survey will take about 10-15 minutes to complete. Please select the best answers for each question. This survey is an opportunity for you to share what matters most to you and your community, as well as identify any additional resources needed to improve community health.

Consent: Your participation in this survey is completely voluntary. Your answers are confidential. The survey data will be analyzed by the Michigan Center for Rural Health and Northern Michigan University staff. The results will be shared in aggregate with staff at Schoolcraft Memorial Hospital to help inform their Community Health Needs Assessment and Implementation Strategy.

Your answers will not be used to identify who you are. You are free to skip any question and stop taking the survey at any time. The information you provide will not be used for a discriminatory purpose and there is minimal risk to you for taking the survey.

If you require accommodations to complete this survey, such as vision, hearing, or other disabilities, please email us at laura.mispelon@affiliate.msu.edu, or call 517-355-7979 and we will be happy to assist.

Data Transparency: Data collected will be used in the 2024 Schoolcraft Memorial Hospital Community Health Assessment, and overall results will be shared on the Schoolcraft Memorial Hospital webpage. Any personal information will be kept confidential.

Participation Drawing: At the end of the survey, you can choose to be entered into a drawing for a chance to win a $50 gift card. Two winners will be chosen. - Must be 18 years or older.

Submission Due Date: This form will close on November 10th, 2024, at 9 p.m. Please submit your response prior to this time.

Online Survey Option: If you'd rather complete the survey online, use your phone's camera to scan the QR code below. You can also type the URL into your web browser if you prefer.

Your Voice Matters
Online Survey Available Here!

https://tinyurl.com/4wpymsu

Scan Me

Appendix B

Demographics

1. In which **community** do you currently live?
   - ☐ Cooks 49817
   - ☐ Curtis 49820
   - ☐ Engadine 49827
   - ☐ Garden 49835
   - ☐ Germfask 49836
   - ☐ Gould City 49838
   - ☐ Gulliver 49840
   - ☐ Manistique 49854
   - ☐ McMillan 49853
   - ☐ Nahma 49864
   - ☐ Naubinway 49762
   - ☐ Seney 49883
   - ☐ Other (Please Specify) _____

2. What is your **age**?
   - ☐ Under 18 years old
   - ☐ 18 to 29 years old
   - ☐ 30 to 39 years old
   - ☐ 40 to 49 years old
   - ☐ 50 to 64 years old
   - ☐ 65 years or older

3. What **formal education** have you earned?
   - ☐ Less Than High School
   - ☐ High School Diploma or GED
   - ☐ Some College or Certification
   - ☐ Trade School/Technical School/Union Apprenticeship
   - ☐ Associate Degree
   - ☐ Bachelor's Degree or Higher (Includes Any Advanced Degrees)
   - ☐ Other (Please Specify) _____
   - ☐ Prefer Not to Answer

4. Which of the following **best describes you**?
   - ☐ Male
   - ☐ Female
   - ☐ Non-Binary
   - ☐ Prefer to Self-Describe _____
   - ☐ Prefer Not to Answer

5. What is your **race or ethnicity**? Please select all that apply.
   - ☐ American Indian or Alaskan Native
   - ☐ Asian or Asian American
   - ☐ Black or African American
   - ☐ Hispanic or Latino/a/x
   - ☐ Middle Eastern or North African
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ White/Caucasian
   - ☐ Other (Please Specify) _____
   - ☐ Prefer Not to Answer

6. Which of the following includes your **annual household income**?
   - ☐ Less than $25,000
   - ☐ $25,000- $49,999
   - ☐ $50,000- $74,999
   - ☐ $75,000 - $99,999
   - ☐ $100,000 or More
   - ☐ Prefer Not to Answer

7. What is your **marital status**?
   - ☐ Divorced
   - ☐ Domestic Partnership
   - ☐ Married
   - ☐ Never Married
   - ☐ Separated
   - ☐ Single
   - ☐ Widowed
   - ☐ Other (Please Specify) _____
   - ☐ Prefer Not to Answer

8. Have you, a family member or anyone in your household ever **served in the military**?
   - ☐ Yes
   - ☐ No
   - ☐ Prefer Not to Answer

9. Do you identify as a person with a **disability or chronic condition**?
   - ☐ Yes
   - ☐ No
   - ☐ Prefer Not to Answer

   9a. Select all options that you would use to **describe your disability**.
   - ☐ Attention Deficit Disorder
   - ☐ Autism Spectrum Disorder
   - ☐ Blind or Visually Impaired
   - ☐ Deaf or Hard of Hearing
   - ☐ Health-Related Disability
   - ☐ Learning Disability
   - ☐ Mental Health Condition
   - ☐ Mobility-Related Disability
   - ☐ Speech-Related Disability
   - ☐ Other (Please Specify) _____

10. Which of the following best describes your **current health insurance** situation?
    - ☐ I Do Not Have Health Insurance
    - ☐ Indian Health Services
    - ☐ Medicaid (UPHP, etc.)
    - ☐ Medicare
    - ☐ Private Insurance (Through Employer, Self-paid, Union, Marketplace or Family Member)
    - ☐ VA Services
    - ☐ Prefer Not to Answer
    - ☐ Other (Please Specify)

11. How many **children under the age of 18** live in your household?
   - ☐ 0
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5 or more
   - ☐ Prefer Not to Answer

12. What is your current **work status**? (Mark all that apply.)
   - ☐ Disabled
   - ☐ Employed Full-Time
   - ☐ Employed Part-Time
   - ☐ Furloughed/Laid-Off
   - ☐ Homemaker
   - ☐ Retired
   - ☐ Self-Employed
   - ☐ Student
   - ☐ Unemployed
   - ☐ Volunteer
   - ☐ Prefer Not to Answer

12a. In the last 12 months, has it been difficult for you or someone in your family to **find employment**?
   - ☐ Yes
   - ☐ No
   - ☐ Not Sure
   - ☐ Prefer Not to Answer

Health Status: Personal Experience

13. How would you describe your **personal health**?
   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor
   - ☐ Prefer Not to Answer

14. In the last 12 months, have you or a family member **accessed medical care or health-related services** for any of the following conditions?

   - ☐ Adult Obesity
   - ☐ Alzheimer's Disease/Dementia
   - ☐ Anxiety
   - ☐ Cancers
   - ☐ Childhood Obesity
   - ☐ Chronic Kidney Disease
   - ☐ Chronic Obstructive Pulmonary Disease (COPD)/Lung Disease/Asthma
   - ☐ COVID-19/Long Covid
   - ☐ Dental Problems
   - ☐ Diabetes
   - ☐ Heart Disease and Stroke
   - ☐ High Blood Pressure
   - ☐ Maternal and Infant Care
   - ☐ Mental Health Problems
   - ☐ Substance Use
   - ☐ Suicide
   - ☐ Other (Please Specify) _____

Appendix B

15. Where do you go **most often** for your basic healthcare needs?
    - ☐ Friend/Family
    - ☐ Health Department
    - ☐ Hospital (Please List What Hospital _____)
    - ☐ Primary Care Doctor/ Family Medicine Provider
    - ☐ Urgent Care Center
    - ☐ VA Medical Center
    - ☐ I Do Not Have a Healthcare Provider
    - ☐ Other (Please Specify) _____

16a. Which of the following best describes your use of **Hospital Services**? (Please check)

Hospital Services	I have used this service at Schoolcraft Memorial Hospital	I have gone elsewhere for this service	I was not aware this existed in my community	It does not apply to me
24-Hour Emergency Department				
Cardiac or Pulmonary Rehabilitation				
Imaging (X-ray, CT, MRI, etc.)				
Inpatient Care				
Lab Services (Blood draw, Urine Sample)				
Surgery				

16b. Which of the following best describes your use of **Family Health Services**? (Please check)

Family Health	I have used this service at Schoolcraft Memorial Hospital	I have gone elsewhere for this service	I was not aware this existed in my community	It does not apply to me
Behavioral Health Services				
Family Medicine				
Telehealth				
Walk-In Clinic				

16c. Which of the following best describes your use of **Home Care and/or Hospice Services**? (Please check)

Home Care & Hospice Services	I or a family member have used this service at Schoolcraft Memorial Hospital	I or a family member have gone elsewhere for this service	I was not aware this existed in my community	It does not apply to me
Home Care				
Hospice				

16d. Which of the following best describes your use of **Behavioral Health Services**? (Please check)

Behavioral Health Services	I have used this service at Schoolcraft Memorial Hospital Behavioral Health Clinic	I have gone elsewhere for this service	I was not aware this existed in my community	It does not apply to me
Family Therapy				
Group Therapy				
Individual Therapy				
Marriage Therapy				
Substance Use Therapy				

16e. Which of the following best describes your use of **Rehabilitation Services**? (Please check)

Rehabilitation & Aquatic Therapy Services	I have used this service at Schoolcraft Rehabilitation and Aquatic Therapy Center	I have gone elsewhere for this service	I was not aware this existed in my community	It does not apply to me
Aquatic Therapy				
Occupational Therapy				
Physical Therapy				
Speech Therapy				

16f. Which of the following best describes your use of **Specialty Care Services**? (Please check)

Specialist Services	I have used this service at Schoolcraft Memorial Hospital	I have gone elsewhere for this service	I was not aware this existed in my community	It does not apply to me
Audiology				
Bariatric Care (Medical/Surgical Weight Loss)				
Cardiology				
Dermatology				
Ear Nose & Throat (ENT)				
Neurosurgery Consultation				
Oncology (Chemotherapy/Cancer Treatment)				
Orthopedics				
Pediatrics (Child Healthcare)				
Physical Medicine & Rehabilitation				
Prenatal Care				
Psychiatry				
Sleep Medicine				
Surgical Podiatry				
Urology				
Vein and Pain Treatment				
Wound Care				

Appendix B

17. What **specialty services** would you like to see offered in your community? (Select all that apply)
    - ☐ Dialysis
    - ☐ Endocrinology (Diabetes and Hormone Disorders)
    - ☐ Gastroenterology (Digestive Health)
    - ☐ Orthopedics (Bone and Joint Care)
    - ☐ Pulmonology (Lung and Respiratory Care)
    - ☐ Rheumatology (Arthritis and Autoimmune Diseases)
    - ☐ Substance Use Treatment
    - ☐ Other (Please Specify) _____

18. Was there a time in the past 12 months when you needed to see a **family practice doctor** but could NOT?
    - ☐ Yes
    - ☐ No
    - ☐ I Don't Know

    18a. If you answered yes above, what are some reasons you could not see a **family practice doctor**?
    - ☐ Cost of Visit
    - ☐ Distrust of Medical Providers
    - ☐ Don't Know How to Find a Good Doctor
    - ☐ I Do Not Have a Healthcare Provider
    - ☐ Lack of Access to Broadband/Telehealth Services
    - ☐ Lack of Health Insurance
    - ☐ Lack of Medical Provider Near my Home
    - ☐ Lack of Transportation
    - ☐ Language/Racial/Cultural Barriers
    - ☐ My Schedule Conflicts with Office Hours
    - ☐ Not Taking New Patients
    - ☐ Specific Service Needed Was Not Available
    - ☐ Prefer Not to Answer
    - ☐ Other (Please Specify) _____

19. Was there a time in the past 12 months when you needed to see a **specialist** but could NOT?
    - ☐ Yes
    - ☐ No
    - ☐ I Don't Know

    19a. If you answered yes, what are some reasons you could not see a **specialist**?
    - ☐ Cost of Visit
    - ☐ Distrust of Medical Providers
    - ☐ Don't Know How to Find a Good Doctor
    - ☐ I Do Not Have a Healthcare Provider
    - ☐ Lack of Access to Broadband/Telehealth Services
    - ☐ Lack of Health Insurance
    - ☐ Lack of Medical Provider Near my Home
    - ☐ Lack of Transportation
    - ☐ Language/Racial/Cultural Barriers
    - ☐ My Schedule Conflicts with Office Hours
    - ☐ Not Taking New Patients
    - ☐ Specific Service Needed Was Not Available
    - ☐ Prefer Not to Answer
    - ☐ Other (Please Specify) _____

Appendix B

20. Was there a time in the past 12 months when you needed to see a **mental health professional** but could NOT?
    - ☐ Yes
    - ☐ No
    - ☐ I Don't Know

20a. If you answered yes, what are some reasons you could not see a **mental health professional**?
    - ☐ Cost of Visit
    - ☐ Distrust of Doctors
    - ☐ Don't Know How to Find a Good Doctor
    - ☐ I Do Not Have a Healthcare Provider
    - ☐ Lack of Access to Broadband/Telehealth Services
    - ☐ Lack of Crisis Care
    - ☐ Lack of Medical Provider Near My Home
    - ☐ Lack of Transportation
    - ☐ Language/Racial/Cultural Barriers
    - ☐ My Schedule Conflicts with Office Hours
    - ☐ Not Taking New Patients
    - ☐ Specific Service Needed Was Not Available
    - ☐ Waitlist was Too Long
    - ☐ Prefer Not to Answer
    - ☐ Other (Please Specify) _____

21. Have you, a relative or a close friend experienced **substance use disorder** (substance abuse, use, or overuse)?
    - ☐ Yes
    - ☐ No
    - ☐ Prefer Not to Answer
    - ☐ I Don't Know

21a. If you answered yes, what was the **biggest barrier** to seeking treatment?
    - ☐ Cost and Insurance Coverage
    - ☐ Lack of a Support Network
    - ☐ Lack of Awareness and Education
    - ☐ Limited Access to Treatment
    - ☐ Long Wait Times
    - ☐ Stigma and Shame
    - ☐ Other (Please Specify) _____

Health Status: Community

22. How would you describe the importance of the issues listed below in your community?

Community Health Issues	Not an Issue	Fairly Unimportant	Fairly Important	Important
Childhood Obesity				
Health Insurance is Expensive or Has High Costs for Co-Pays and Deductibles				
Lack of Reliable Childcare				
Lack of Affordable Facilities or Programs for Year-Round Physical Activity or Recreation				
Lack of Affordable Healthy Foods, Including Year-Round Fresh Fruits and Vegetables				
Lack of Health Insurance				
Lack of Housing and Programs for People with Alzheimer's Disease and Dementia				
Lack of Programs and Services to Help Seniors Maintain their Health and Independence				
Lack of Reliable Transportation				

Appendix B

Community Health Issues Continued	Not an Issue	Fairly Unimportant	Fairly Important	Important
Lack of Stable Housing				
Lack of Utility Support (Gas, Electric, etc.)				
Limited Access to Pediatric Services (Children)				
Shortage of Dentists, or Lack of Affordable Dental Care				
Shortage of Long-Term Care (Nursing Home Bed) or Lack of Affordable Long-Term Care Services				
Shortage of Mental Health Programs and Services, or Lack of affordable Mental Health Care				
Substance Use (Drug Abuse)				
Unemployment, Wages, and Economic Conditions				

23. Which of the following do you think are the **three most important factors** for a "Healthy Community"? Choose those factors that most improve the quality of life in your community. Please choose ONLY 3.
    - ☐ Access to Dental Care
    - ☐ Access to Healthcare and/or Medications
    - ☐ Access to Healthy Food and/or Enough Food
    - ☐ Access to Mental Health Services
    - ☐ Access to Reliable Childcare
    - ☐ Affordable Health Insurance
    - ☐ Affordable Housing
    - ☐ Arts and Cultural Events
    - ☐ Clean Environment
    - ☐ Connection with the School District
    - ☐ Disability Support
    - ☐ Easy Access to Parks and Recreation
    - ☐ Feeling Connected to Neighbors
    - ☐ Good Place to Raise Children
    - ☐ Quality Jobs
    - ☐ Religious and Spiritual Values
    - ☐ Safe Neighborhoods
    - ☐ Strong Family Ties
    - ☐ Transportation
    - ☐ Other (Please Specify) _____

24. Which **three risky behaviors** are the biggest concerns in your community? Please choose ONLY 3.
    - ☐ Bullying
    - ☐ Child Abuse and Neglect
    - ☐ Crime
    - ☐ Domestic Violence
    - ☐ Dropping Out of School
    - ☐ Drug Use
    - ☐ Excessive Alcohol Use
    - ☐ Gambling
    - ☐ Impaired Driving (Drugs/Alcohol)
    - ☐ Lack of Exercise
    - ☐ Not Getting Recommended Immunizations
    - ☐ Poor Nutrition
    - ☐ Poor Sleep
    - ☐ Tobacco Use
    - ☐ Other (Please Specify) _____

Appendix B

25. If you could design a healthy community, what features or characteristics would it have? Use examples related to health, environment, job opportunities, youth activities, housing, etc.

_____

_____

_____

_____

26. Are there any healthcare services missing in your community that you feel are needed?

_____

_____

_____

27. Do you have any additional comments or concerns that were not addressed in the previous questions?

_____

_____

_____

_____

Thank you for participating in the community health survey. Your responses are invaluable in helping Schoolcraft Memorial Hospital understand the needs and concerns of your community. This information is essential for guiding the hospital's efforts to improve services, develop new programs, and ensure they provide the best possible care to everyone they serve. Your input truly makes a difference!

Appendix C

Report Figures

Figure 1: Michigan Population Change 2020 to 2022

Map created by the Michigan Department of Agriculture and Rural Development, 5/17/2023
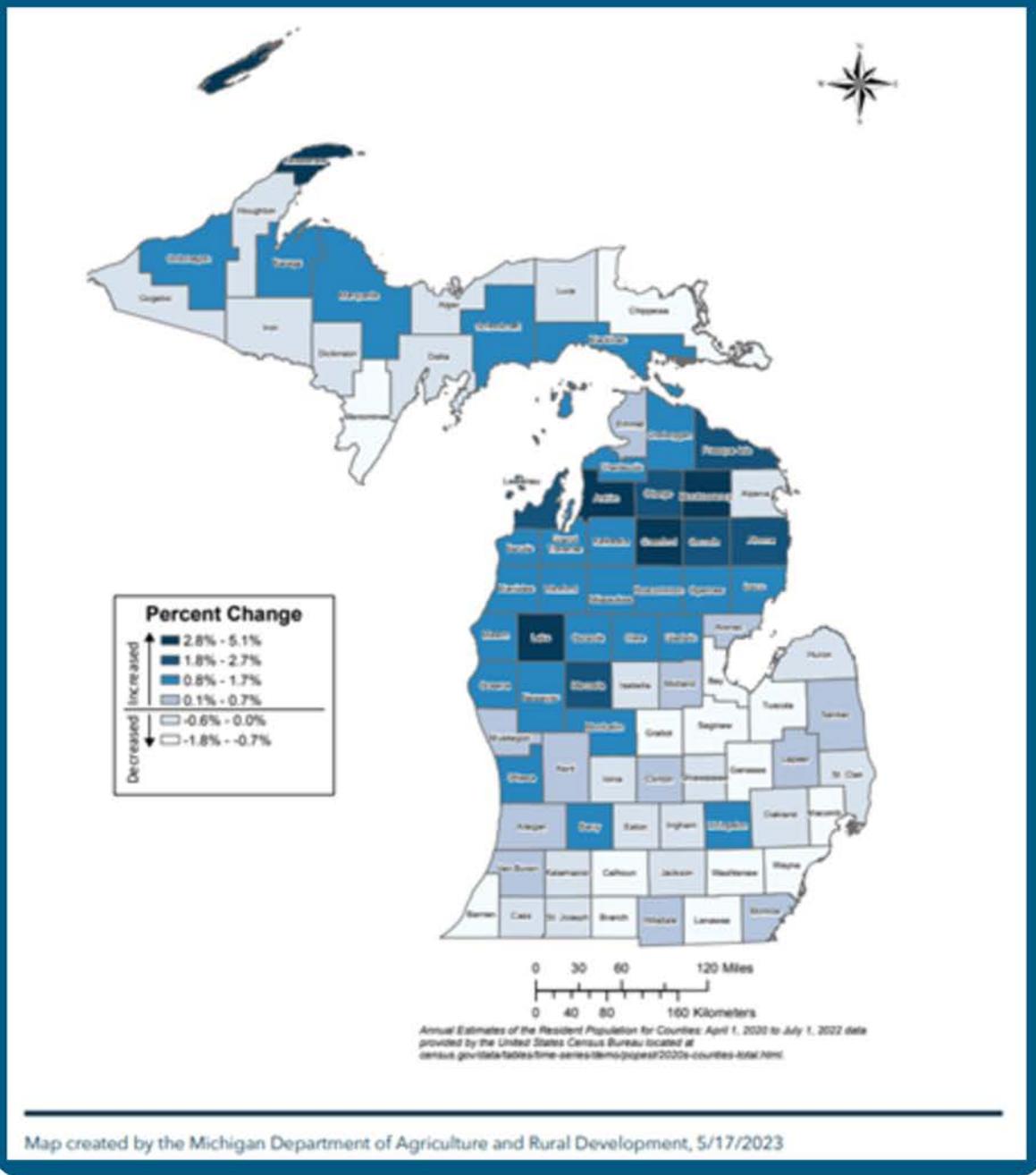
Appendix C

Age Distribution

Age Group	Michigan	National
75 years and ov...	26.1%	24.3%
65 to 74 years	29.2%	26.1%
55 to 64 years	18.2%	18.0%
35 to 54 years	20.0%	23.2%
18 to 34 years	6.5%	8.4%
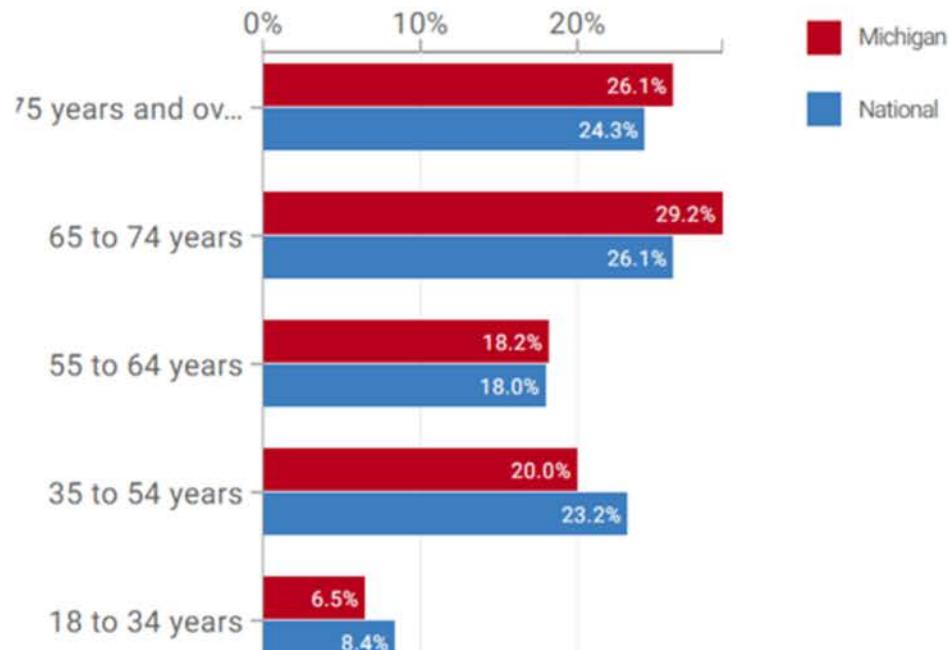
Figure 2

Veteran Status by Zip Code

Zip Code	Michigan Average	Indicated Veteran Status
Seney, MI (49883)	5.6	0.7
Naubinway, MI (49762)	5.6	15.4
Nahma, MI (49864)	5.6	3.1
McMillan, MI (49853)	5.6	23.4
Manistique, MI (49854)	5.6	8
Gulliver, MI (49840)	5.6	19.2
Gould City, MI (49838)	5.6	17.5
Germfask, MI (49836)	5.6	7.3
Garden, MI (49835)	5.6	12.3
Engadine, MI (49827)	5.6	10.9
Curtis, MI (49820)	5.6	12.6
Cooks, MI (49817)	5.6	12.9
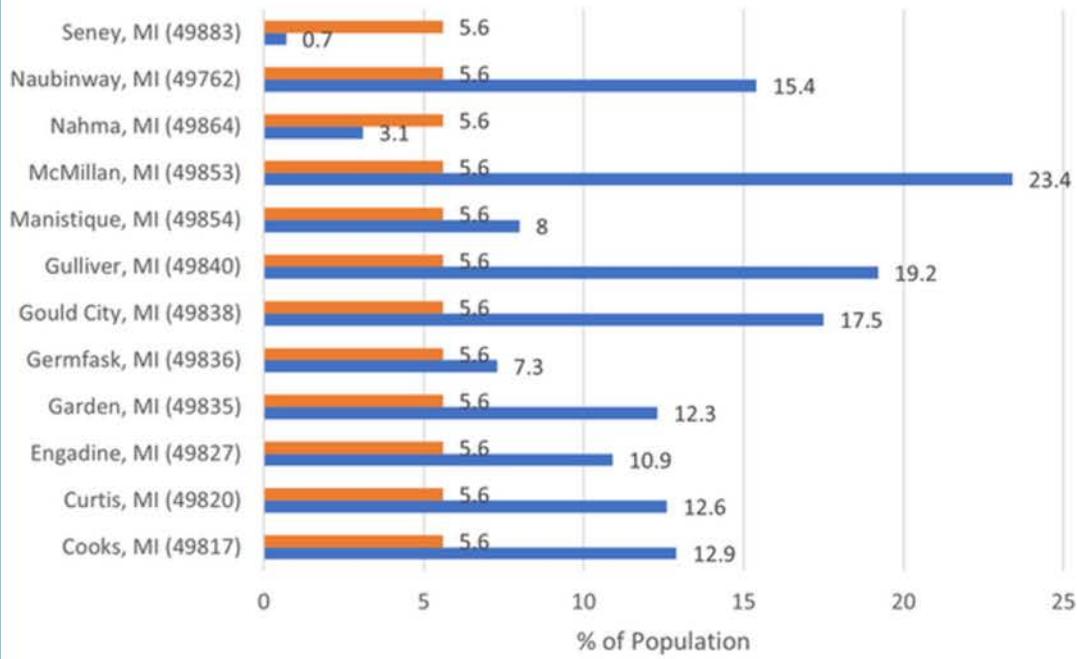
% of Population

Figure 3

Appendix C

Population Size by Zip Code

Location	Number of People
Seney, MI (49883)	143
Naubinway, MI (49762)	602
Nahma, MI (49864)	32
McMillan, MI (49853)	1282
Manistique, MI (49854)	6211
Gulliver, MI (49840)	747
Gould City, MI (49838)	478
Germfask, MI (49836)	921
Garden, MI (49835)	784
Engadine, MI (49827)	963
Curtis, MI (49820)	304
Cooks, MI (49817)	567
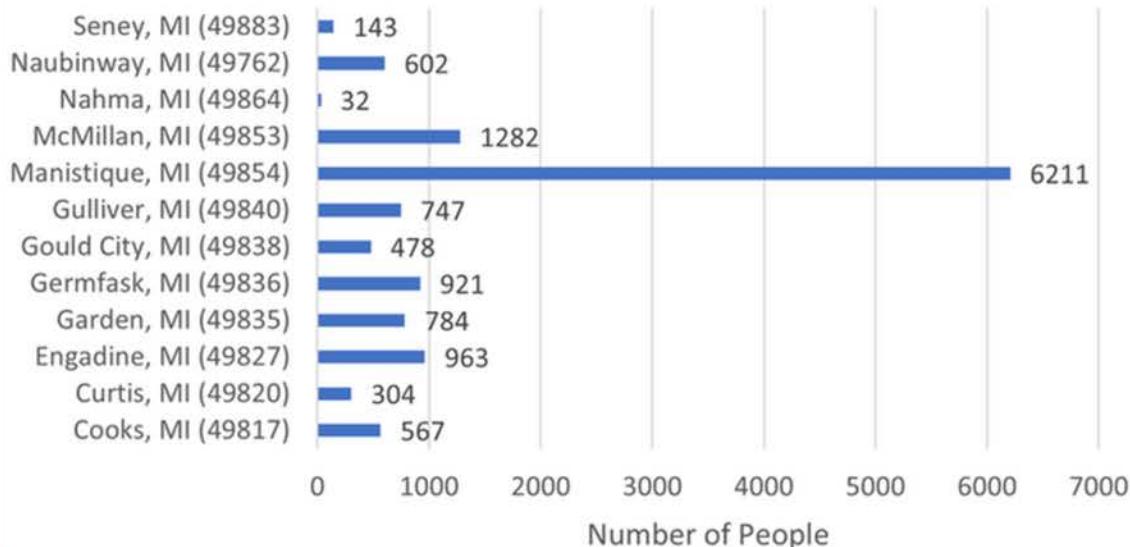
Figure 4

Race & Ethnicity: Manistique, MI (49854)
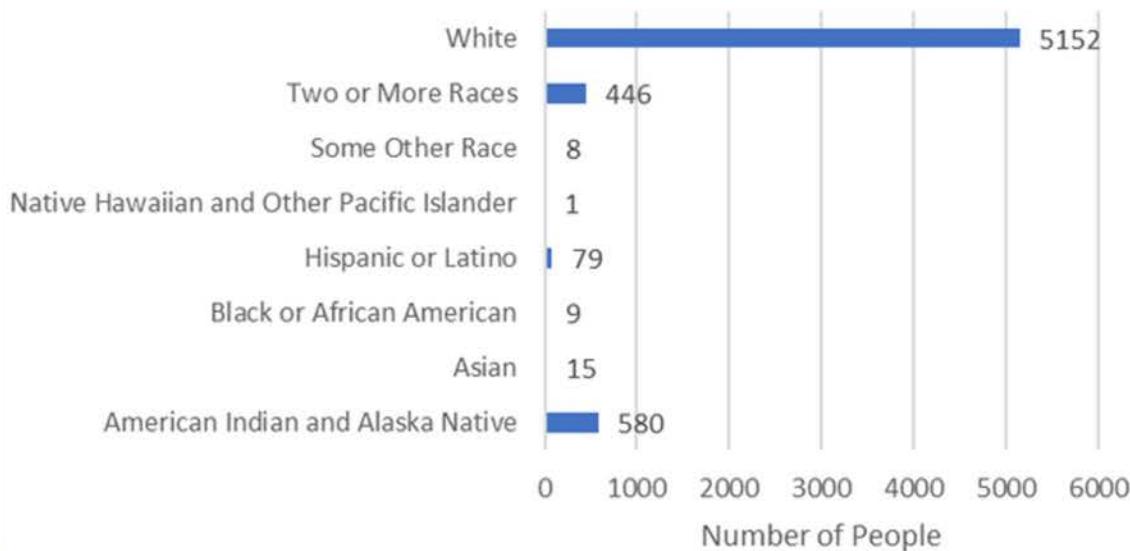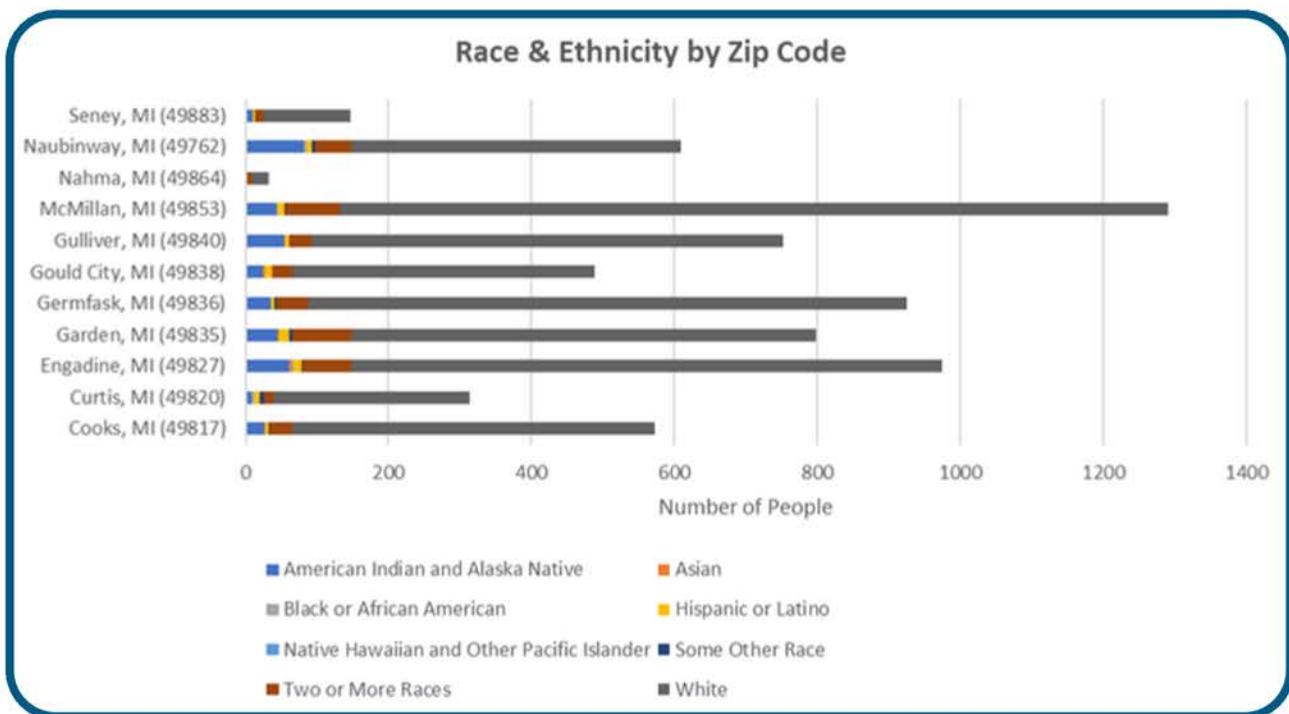
Race/Ethnicity	Number of People
White	5152
Two or More Races	446
Some Other Race	8
Native Hawaiian and Other Pacific Islander	1
Hispanic or Latino	79
Black or African American	9
Asian	15
American Indian and Alaska Native	580

Figure 5

Appendix C

Race & Ethnicity by Zip Code

Figure 6

Cooks, Michigan (49817)

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	5.3%
5 to 14 Years	19.5%
15 to 17 Years	3.8%
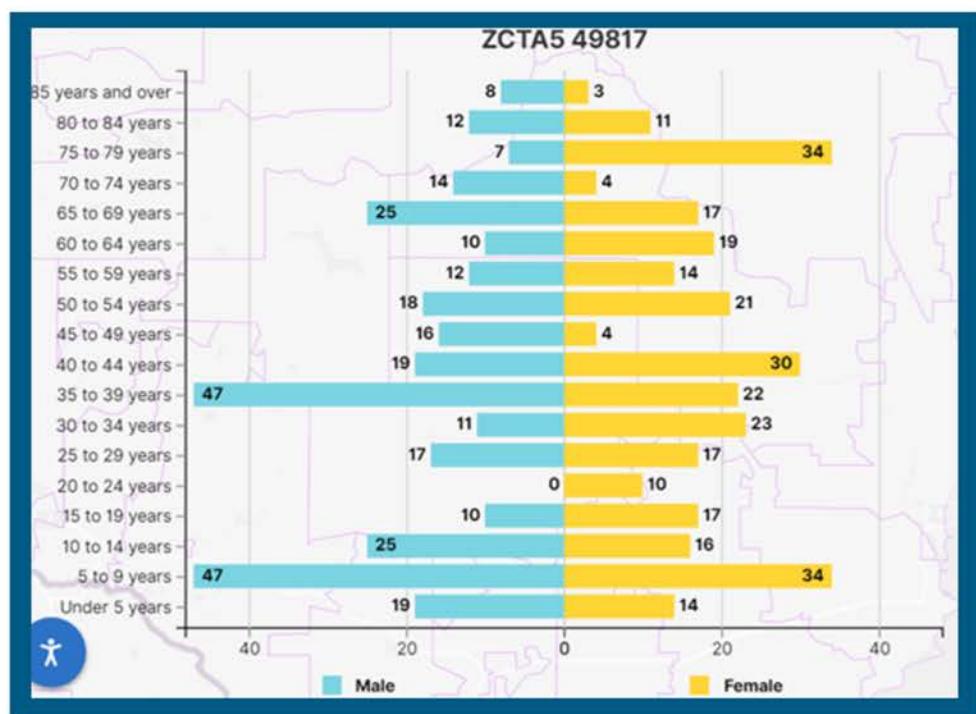
Figure 7

Figure 8

Appendix C

Curtis, Michigan (49820)

Children Under 18 by Age Range	
Measure	Value
Under 5 Years	3.5%
5 to 14 Years	2.0%
15 to 17 Years	3.0%
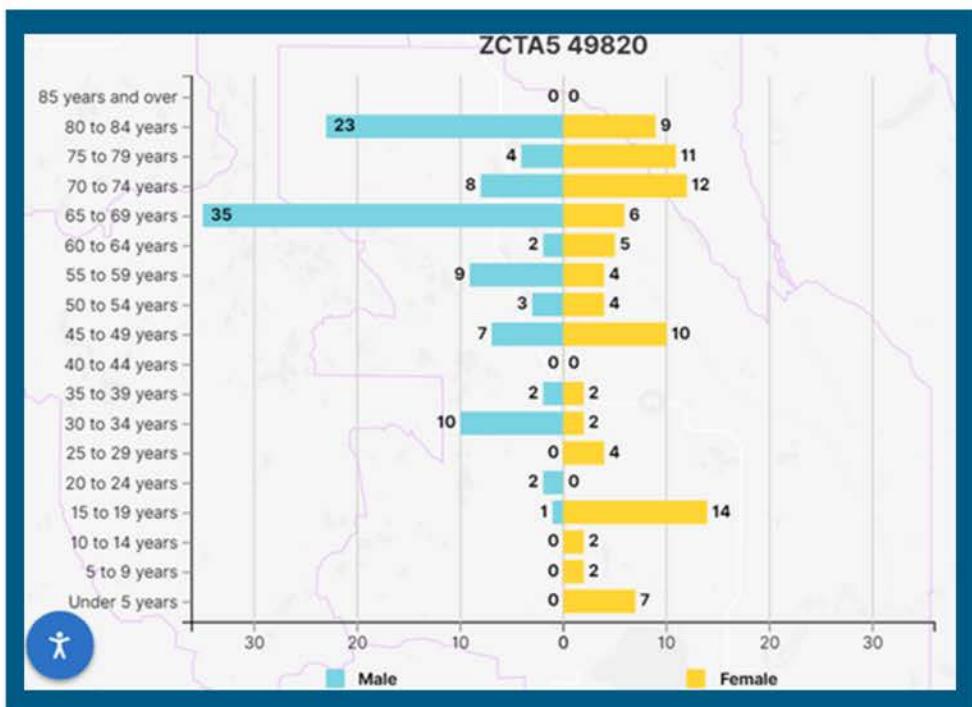
Figure 9

Figure 10

Engadine, Michigan (49827)

Children Under 18 by Age Range	
Measure	Value
Under 5 Years	7.1%
5 to 14 Years	19.7%
15 to 17 Years	3.7%
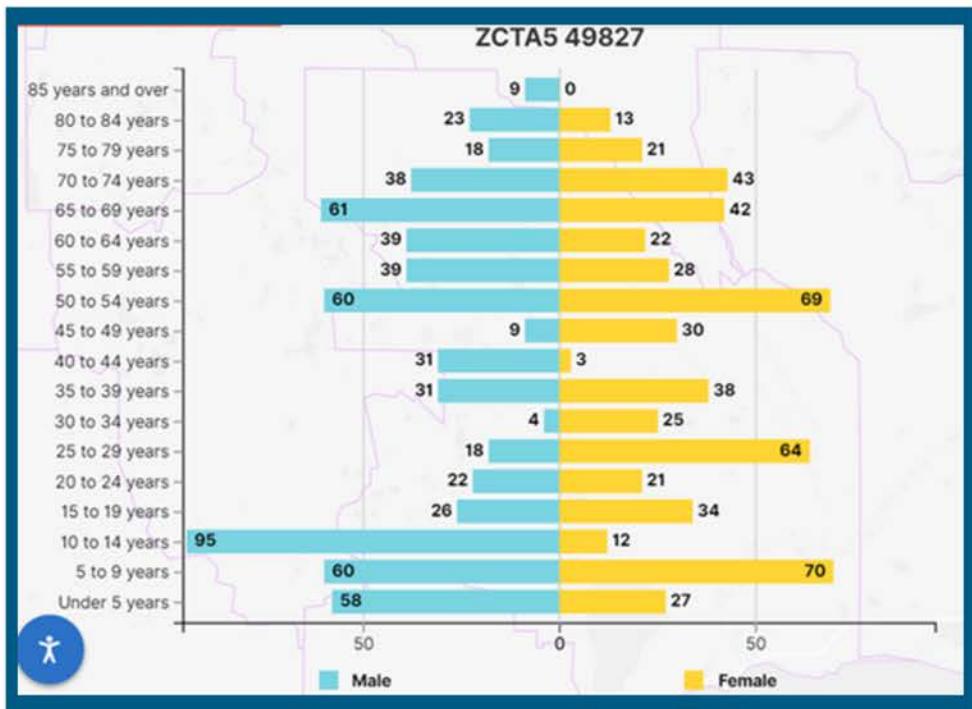
Figure 11

Figure 12

Garden, Michigan (49835)

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	3.2%
5 to 14 Years	9.1%
15 to 17 Years	3.2%
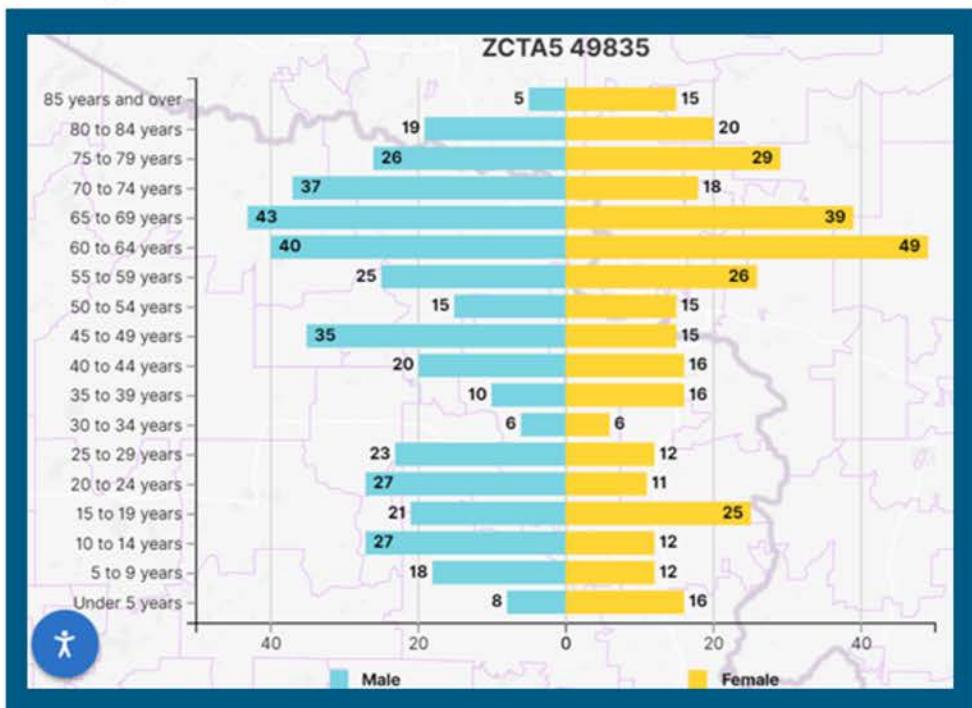
Figure 13

Figure 14

Germfask, Michigan (49836)

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	5.0%
5 to 14 Years	9.0%
15 to 17 Years	2.9%
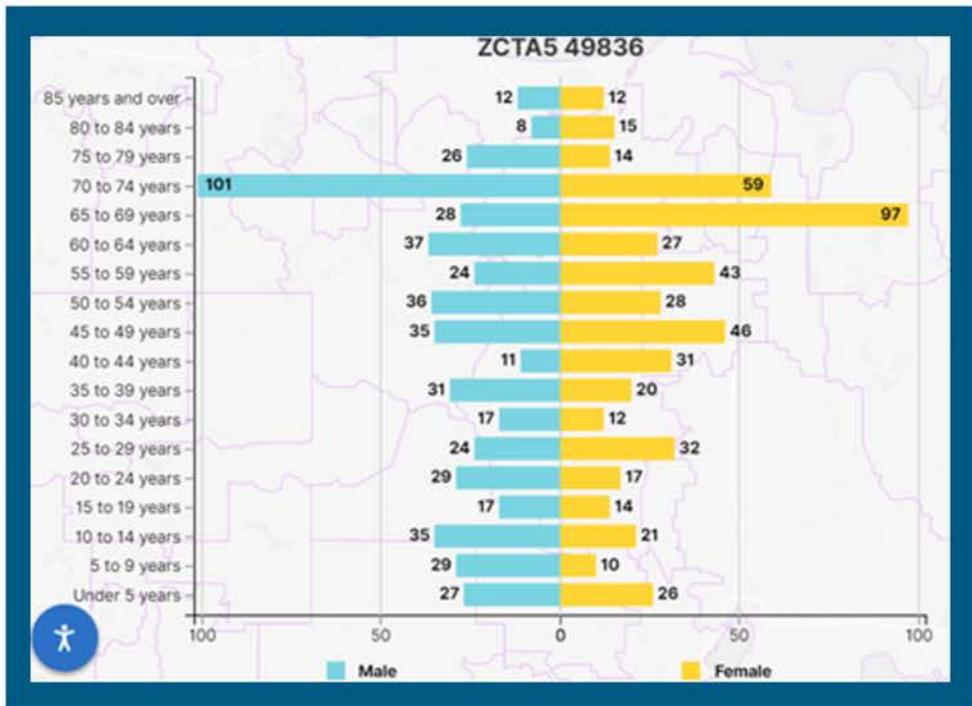
Figure 15

Figure 16

Appendix C

Gould City, Michigan (49838)

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	1.3%
5 to 14 Years	3.6%
15 to 17 Years	1.5%
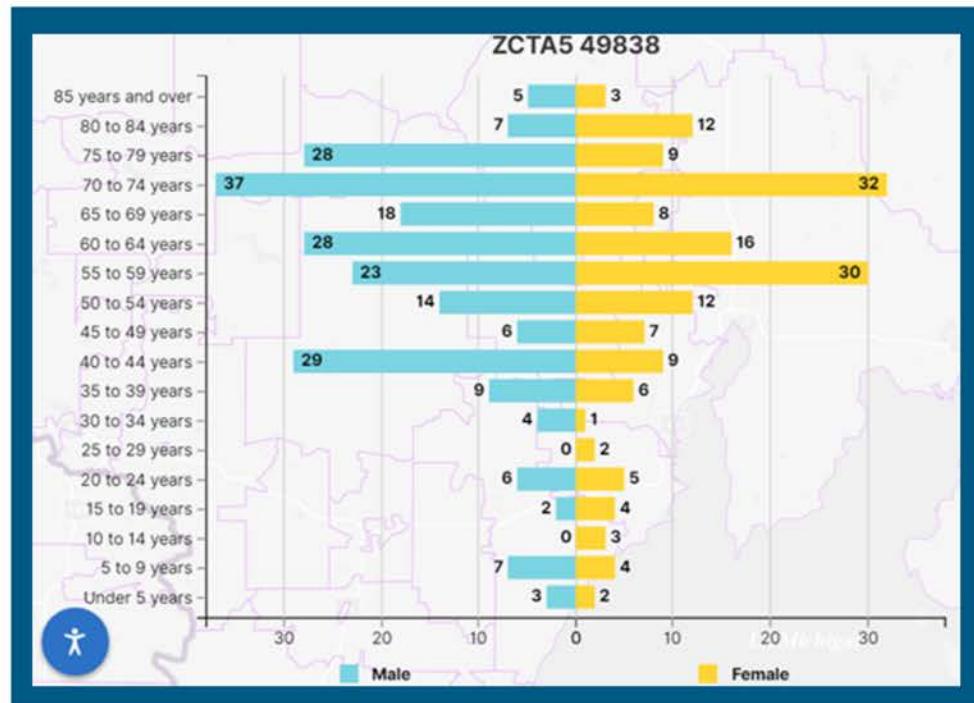
Figure 17

Figure 18

Gulliver, Michigan (49840)

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	4.1%
5 to 14 Years	11.9%
15 to 17 Years	3.5%
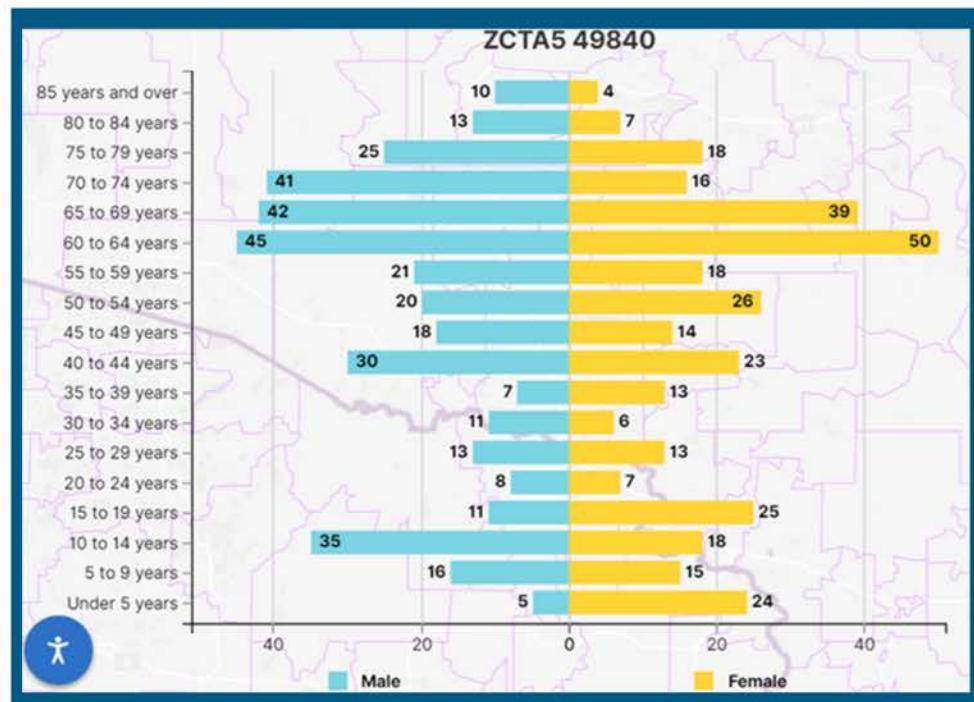
Figure 19

Figure 20

Appendix C

Manistique, Michigan (49854)

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	3.9%
5 to 14 Years	8.5%
15 to 17 Years	2.8%
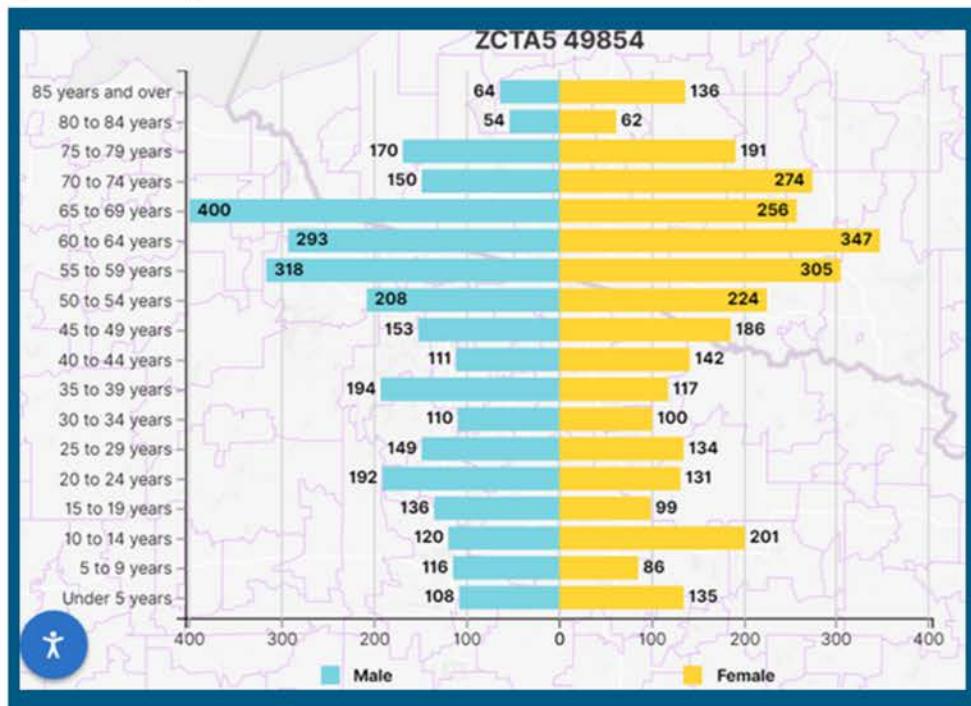
Figure 21

Figure 22

McMillan, Michigan (49853)

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	4.4%
5 to 14 Years	8.5%
15 to 17 Years	2.7%
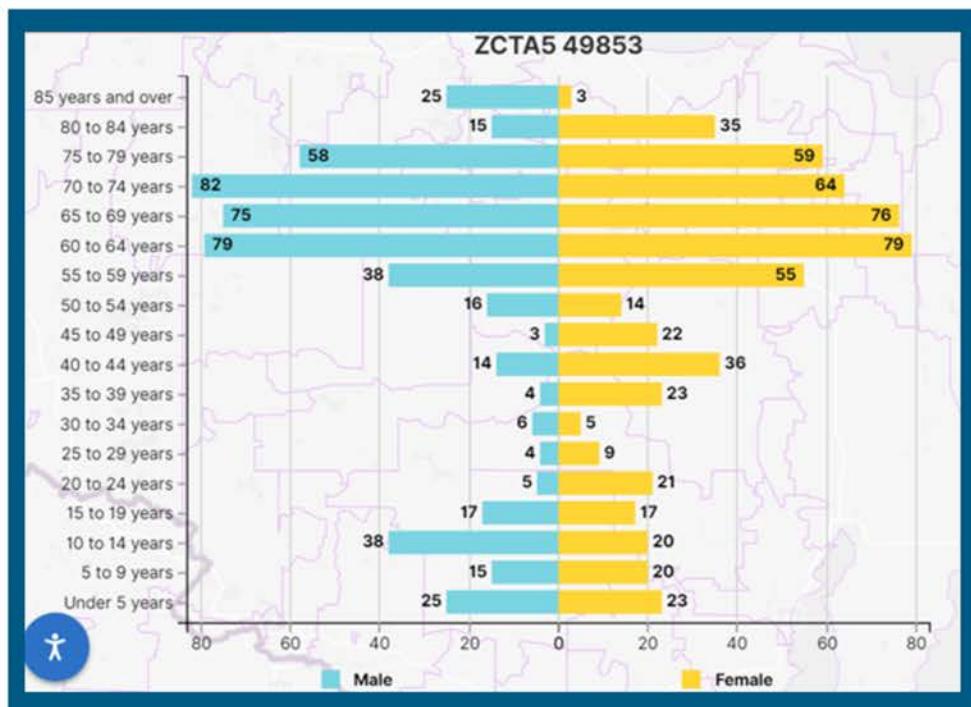
Figure 23

Figure 24

Appendix C

Nahma, Michigan (49864)

ZCTA5 49864

Age	Male	Female
85 years and over	0	2
80 to 84 years	0	0
75 to 79 years	0	0
70 to 74 years	6	0
65 to 69 years	2	3
60 to 64 years	6	2
55 to 59 years	0	0
50 to 54 years	2	3
45 to 49 years	0	0
40 to 44 years	6	0
35 to 39 years	0	0
30 to 34 years	0	0
25 to 29 years	0	0
20 to 24 years	0	0
15 to 19 years	0	0
10 to 14 years	0	0
5 to 9 years	0	0
Under 5 years	0	0
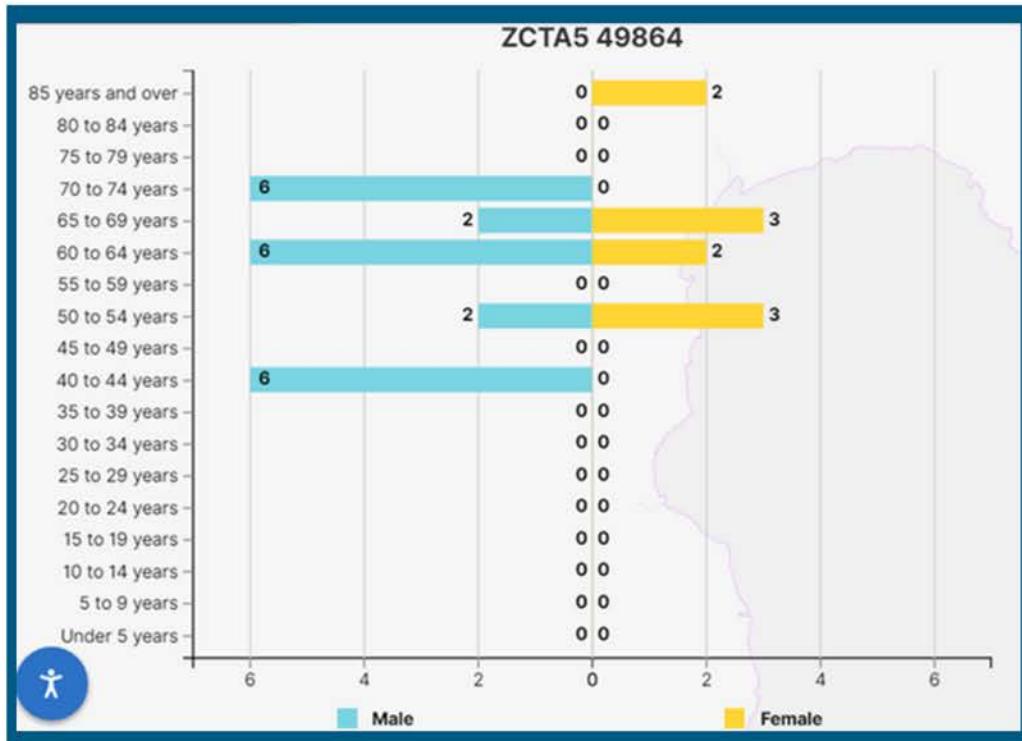
Figure 25

Naubinway, Michigan (49762)

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	2.6%
5 to 14 Years	4.3%
15 to 17 Years	0.5%

Figure 26

ZCTA5 49762

Age	Male	Female
85 years and over	14	22
80 to 84 years	10	50
75 to 79 years	32	13
70 to 74 years	53	43
65 to 69 years	20	41
60 to 64 years	37	31
55 to 59 years	22	28
50 to 54 years	12	17
45 to 49 years	6	7
40 to 44 years	16	0
35 to 39 years	2	8
30 to 34 years	0	8
25 to 29 years	11	11
20 to 24 years	11	7
15 to 19 years	3	2
10 to 14 years	8	5
5 to 9 years	5	7
Under 5 years	3	12
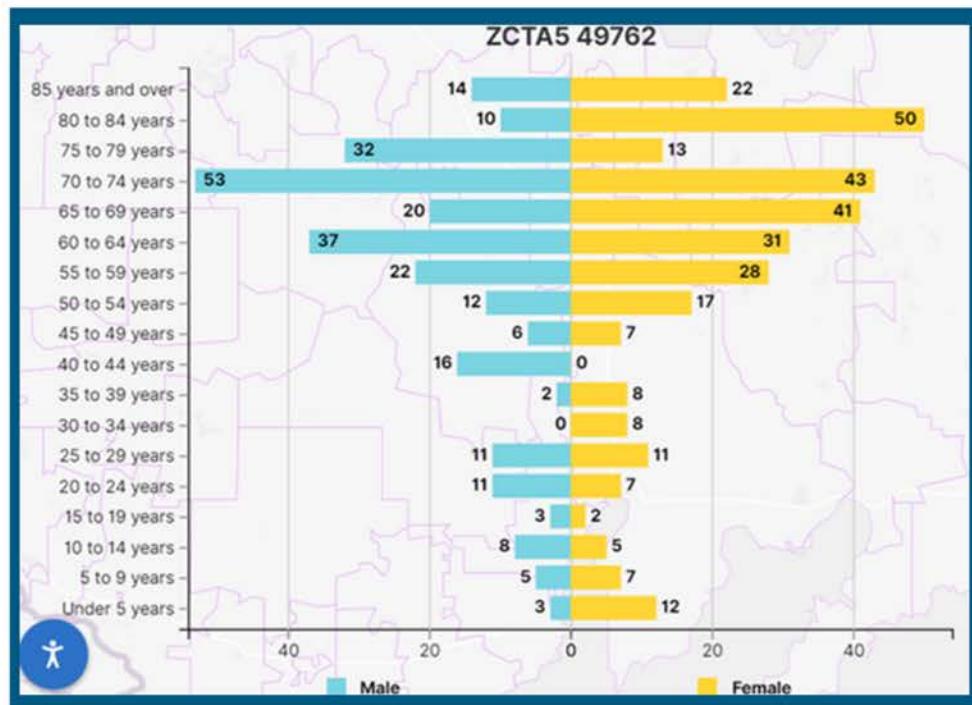
Figure 27

Appendix C

Seney, Michigan (49883)

Children Under 18 by Age Range	
Measure	**Value**
Under 5 Years	0.0%
5 to 14 Years	8.1%
15 to 17 Years	5.2%
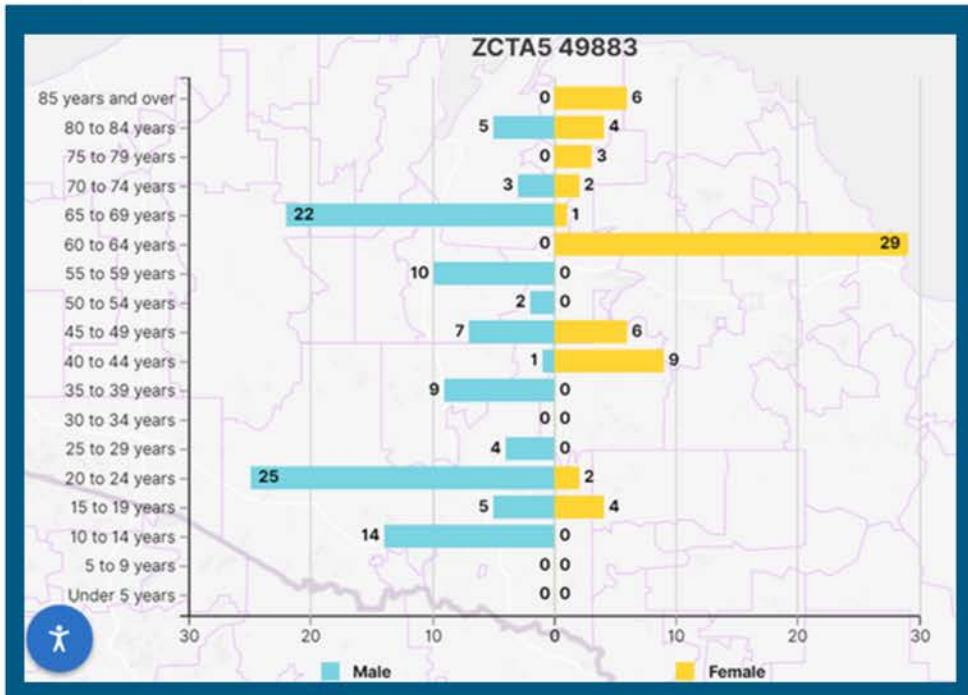
Figure 28

Figure 29
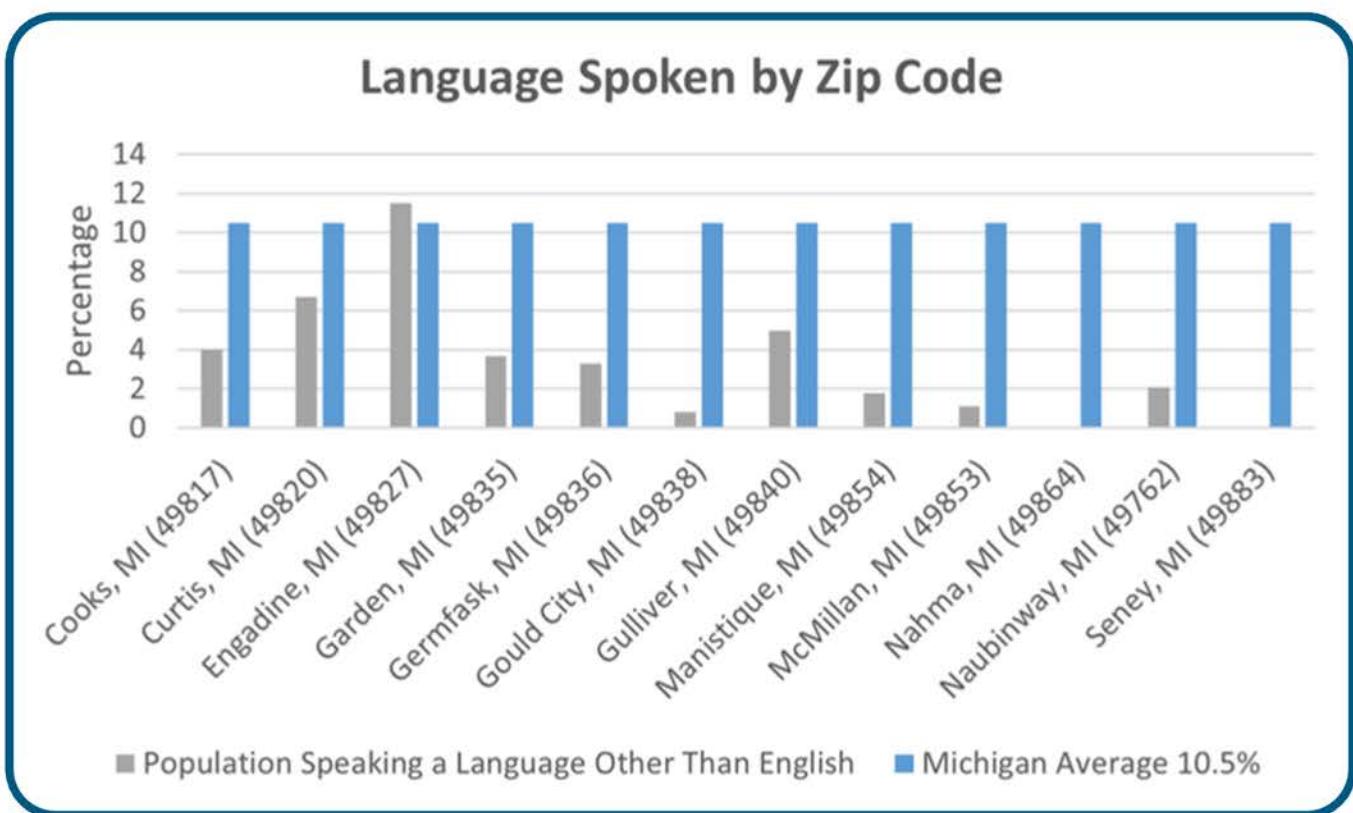
Figure 30

Appendix C

Types of Languages Spoken at Home by Zip Code

Legend:
- English Only
- Spanish
- Other Indo-European Languages
- Asian and Pacific Islander Languages
- Other Languages
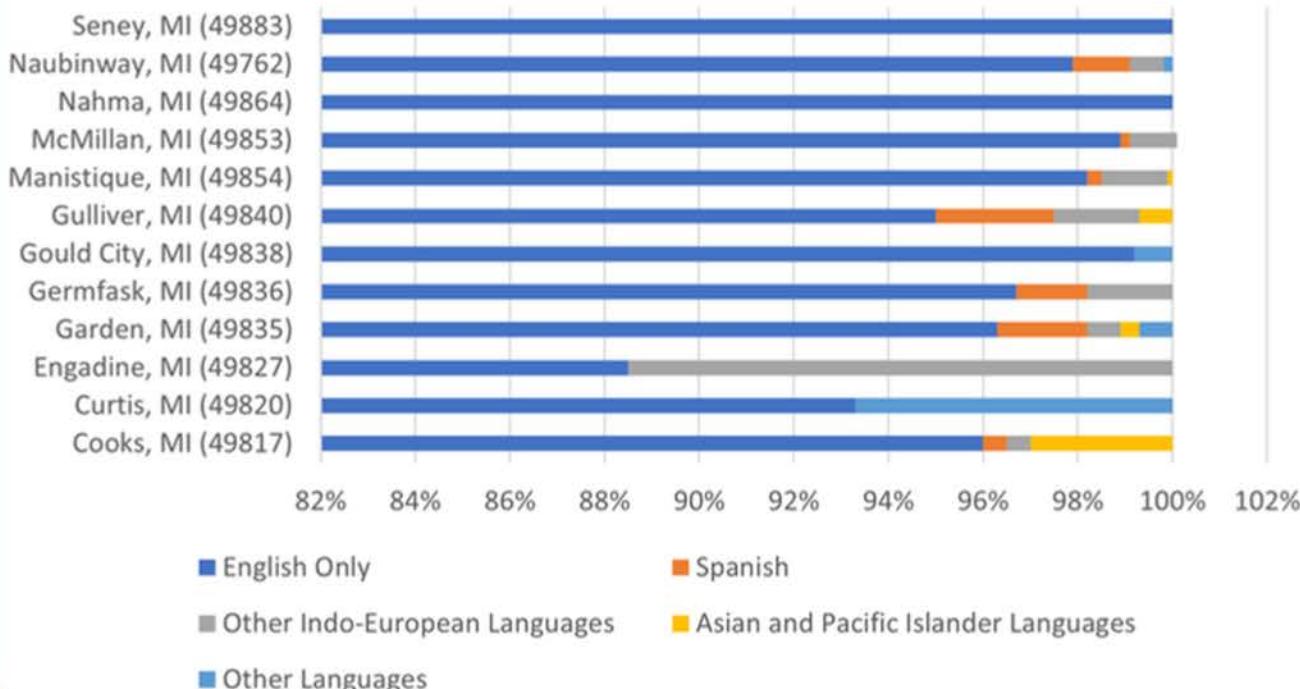
Figure 31

Median Household Income by Zip Code

Legend:
- Median Household Income
- Michigan Median Household Income
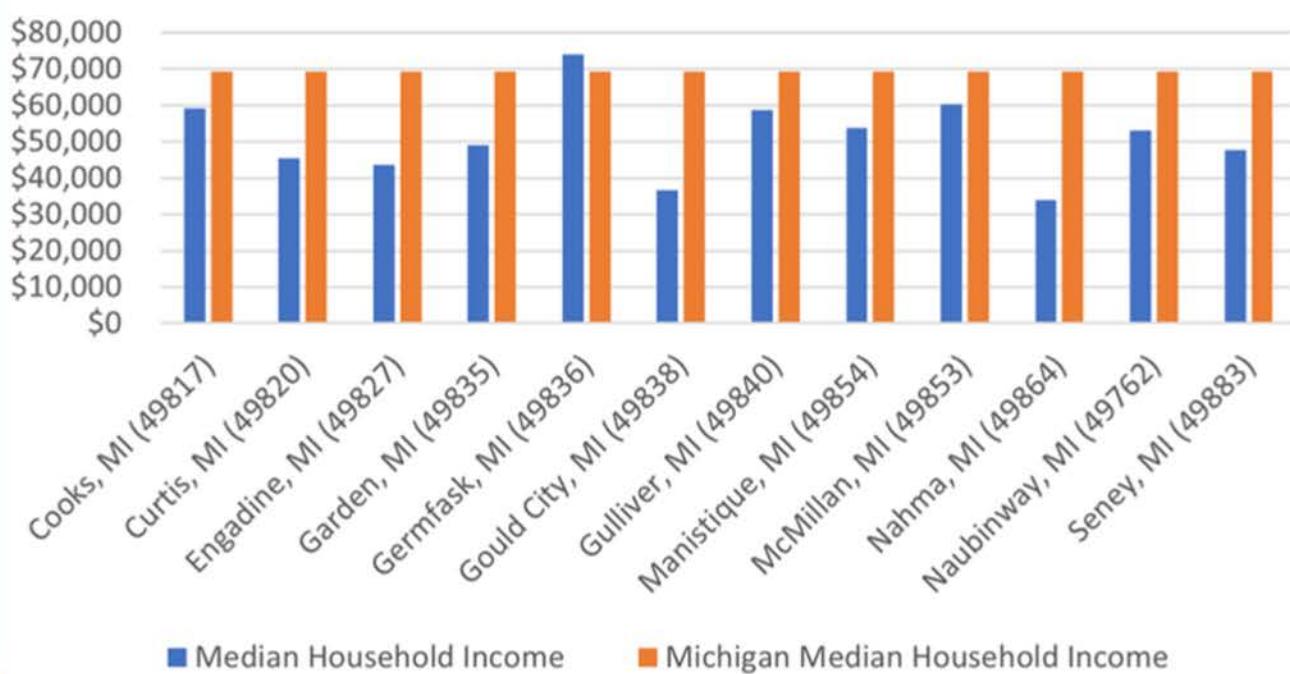
Figure 32

Appendix C

Population Living in Poverty by Zip Code
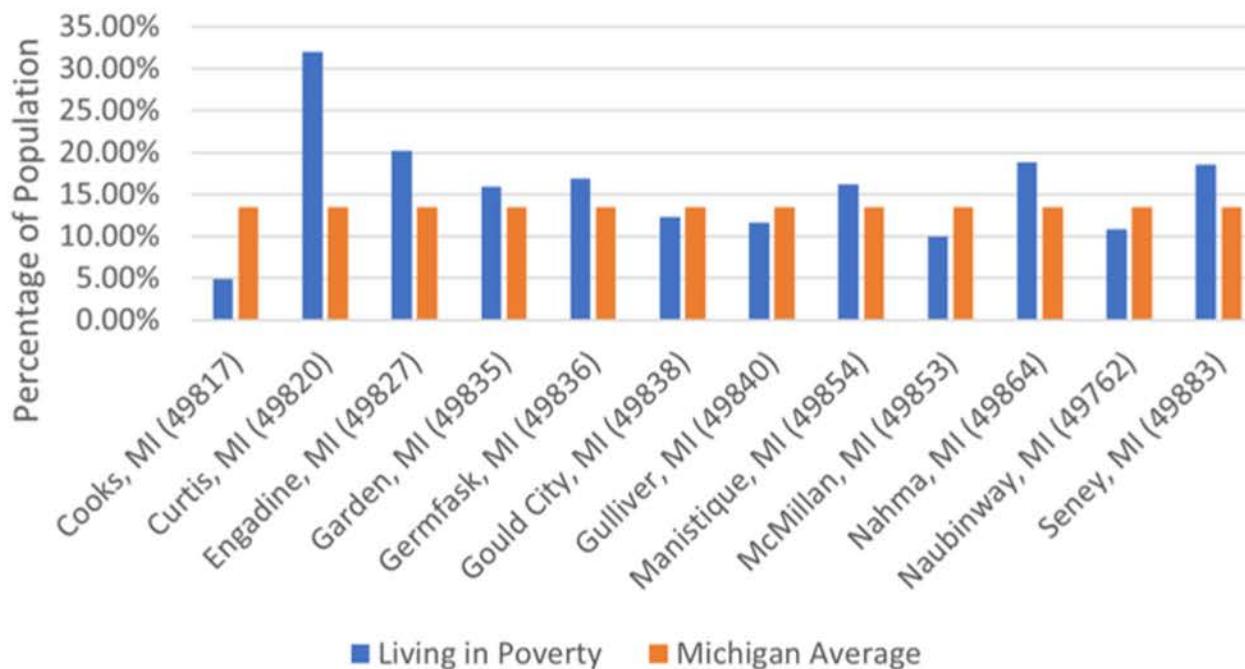
Figure 33

Education Attainment (Population 25 Years and Older) by Zip Code
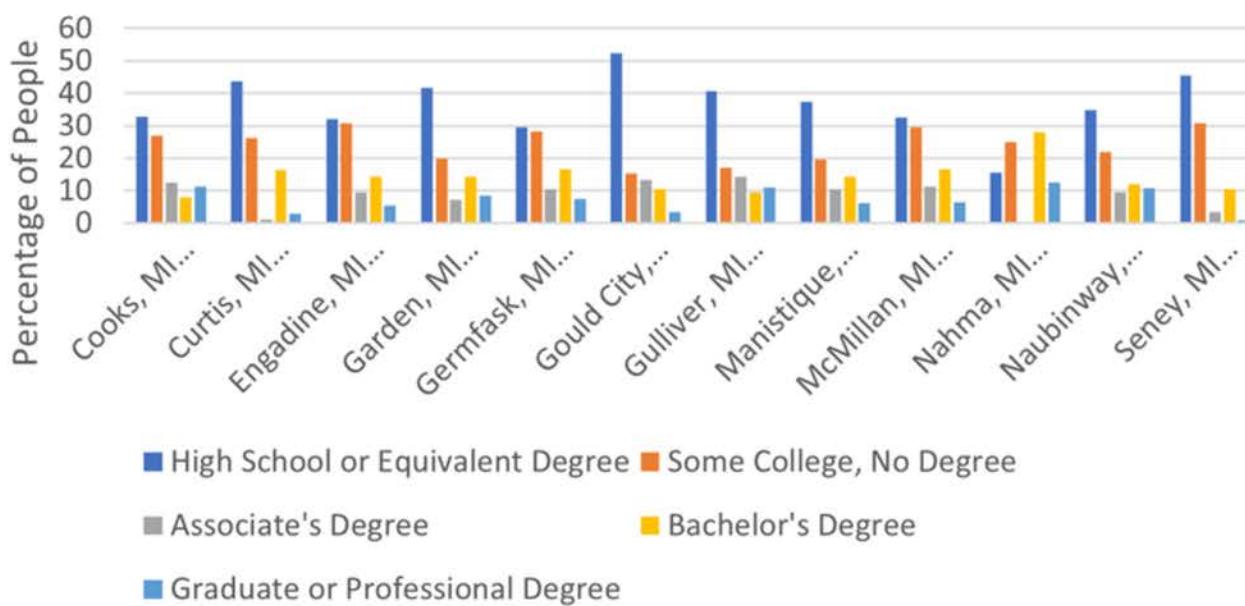
Figure 34

Appendix C

School Enrollment (Population 3 Years and Over Enrolled in School)
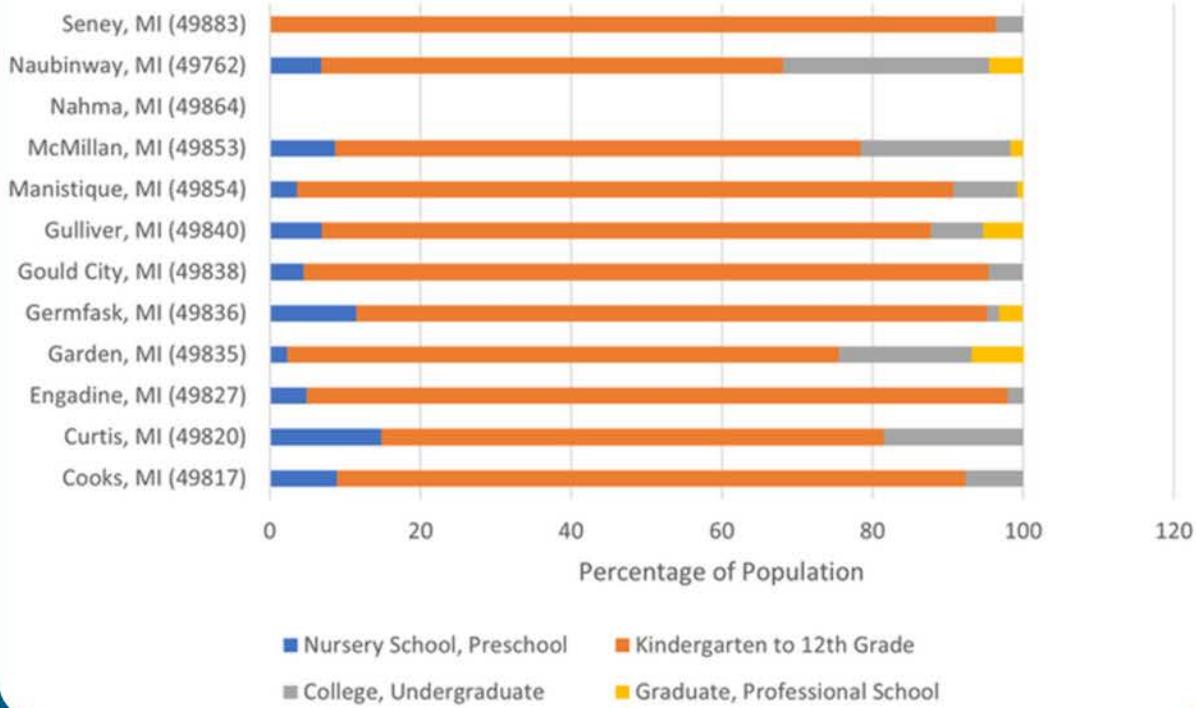
Figure 35

Employment Rate by Zip Code

Figure 36

Appendix C

Class of Worker by Zip Code

Categories (horizontal axis: Percentage, 0 to 70):
- Seney, MI (49883)
- Naubinway, MI (49762)
- Nahma, MI (49864)
- McMillan, MI (49853)
- Manistique, MI (49854)
- Gulliver, MI (49840)
- Gould City, MI (49838)
- Germfask, MI (49836)
- Garden, MI (49835)
- Engadine, MI (49827)
- Curtis, MI (49820)
- Cooks, MI (49817)

Legend:
- Private Not-For-Profit Wage
- Local, State, and Federal Government Workers
- Self-Employed in Own Not Incorporated Business Workers and Unpaid Family Workers

Figure 37

Average Travel Time to Work by Zip Code

Categories (horizontal axis: Minutes, 0 to 80):
- Seney, MI (49883)
- Naubinway, MI (49762)
- Nahma, MI (49864)
- McMillan, MI (49853)
- Manistique, MI (49854)
- Gulliver, MI (49840)
- Gould City, MI (49838)
- Germfask, MI (49836)
- Garden, MI (49835)
- Engadine, MI (49827)
- Curtis, MI (49820)
- Cooks, MI (49817)

Legend:
- Average Time to Work
- Michigan Average

Figure 38

Appendix C

Means of Transportation to Work (Workers 16 Years and Over) by Zip Code

Legend: Drove Alone, Carpool, Public Transportation, Walked, Bicycle, Taxicab, Motorcycle, or Other Means, Worked From Home
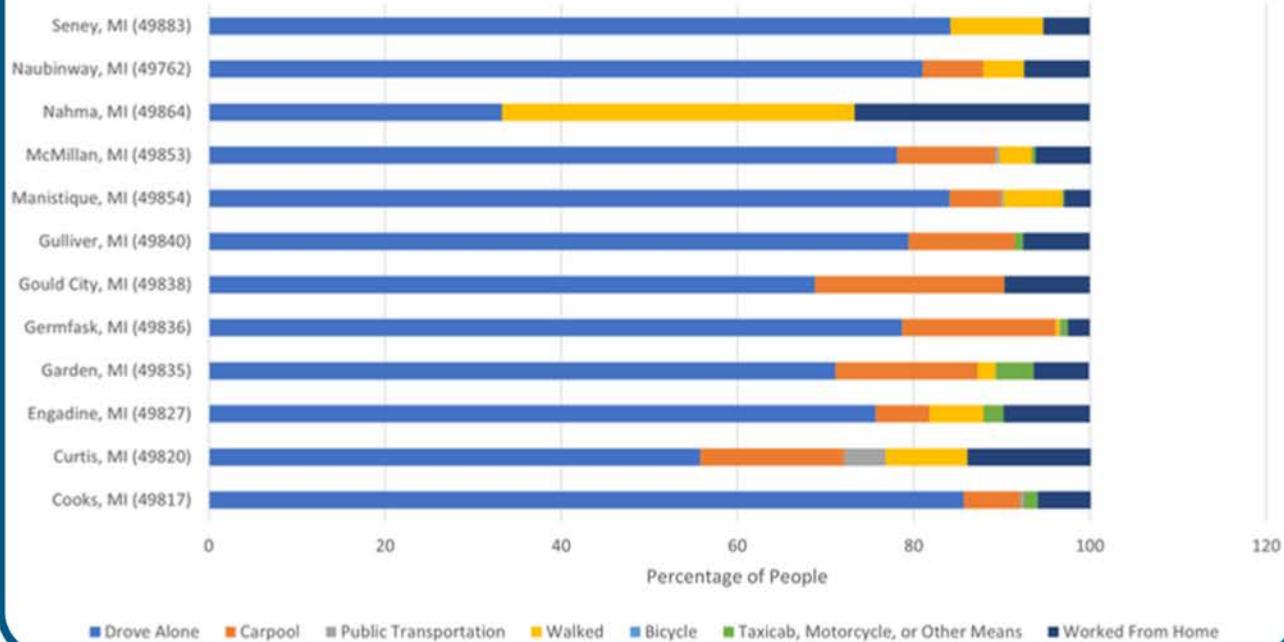
Figure 39

Median Gross Rent by Zip Code

Legend: Median Gross Rent, Michigan Median Gross Rent
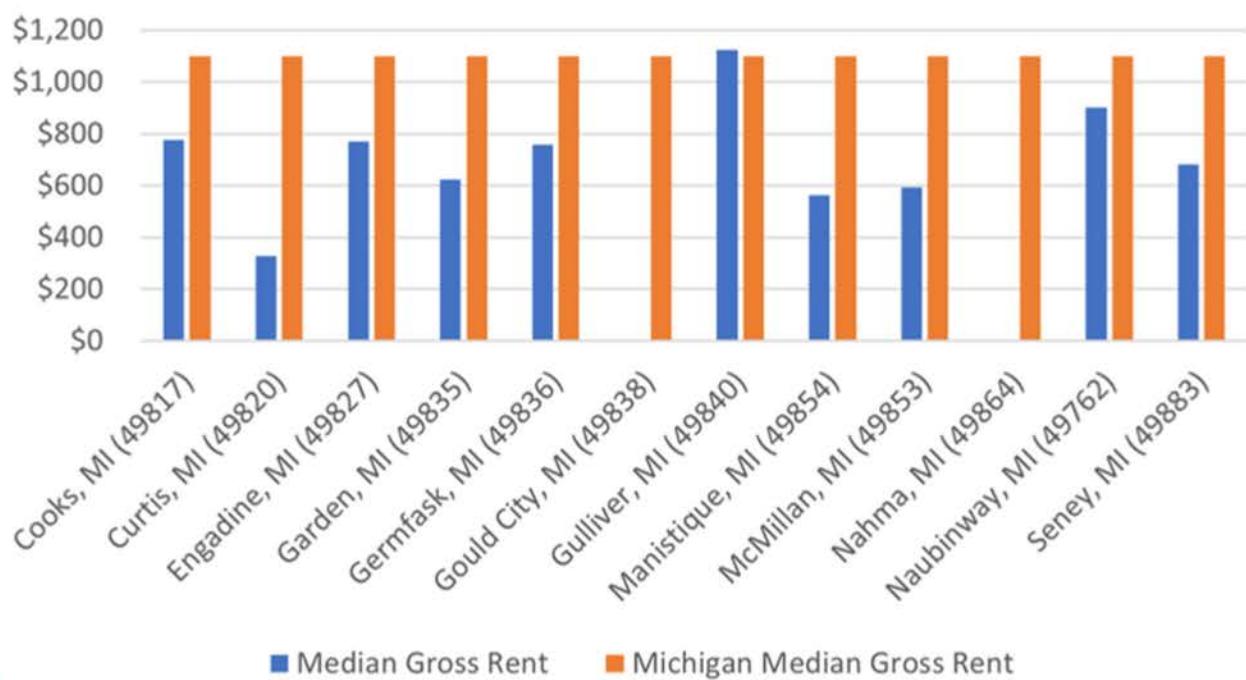
Figure 40

Appendix C

Homeownership Rate by Zip Code
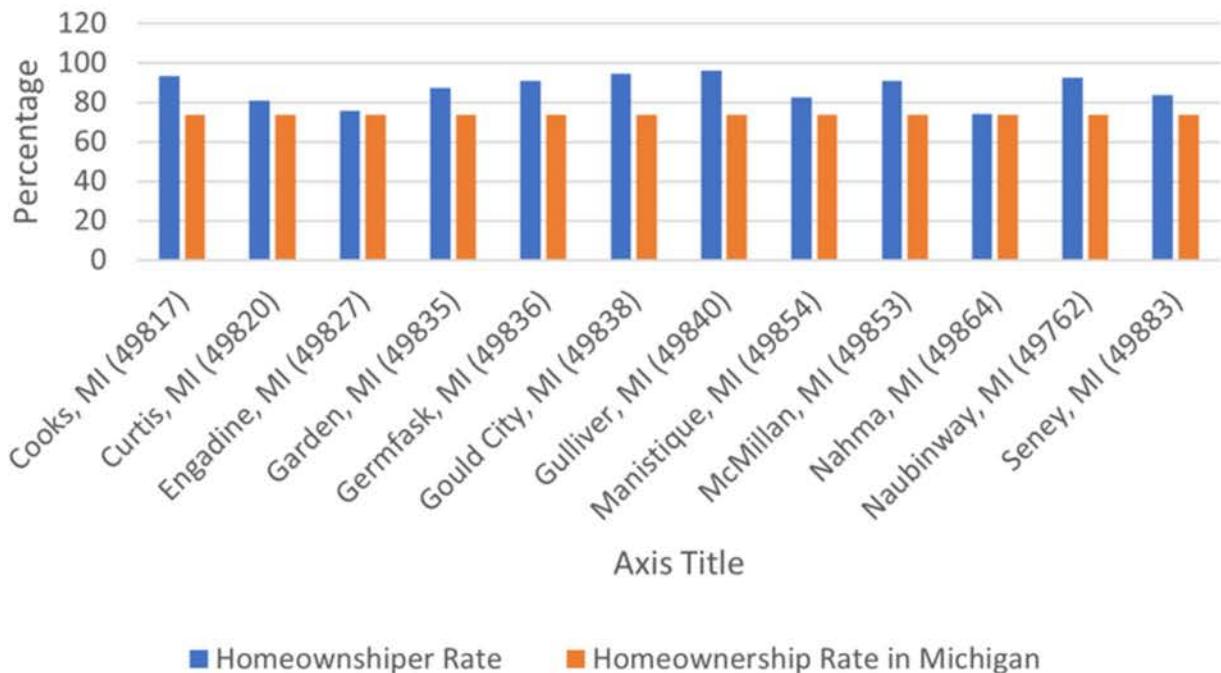
Figure 41

Housing Values by Zip Code
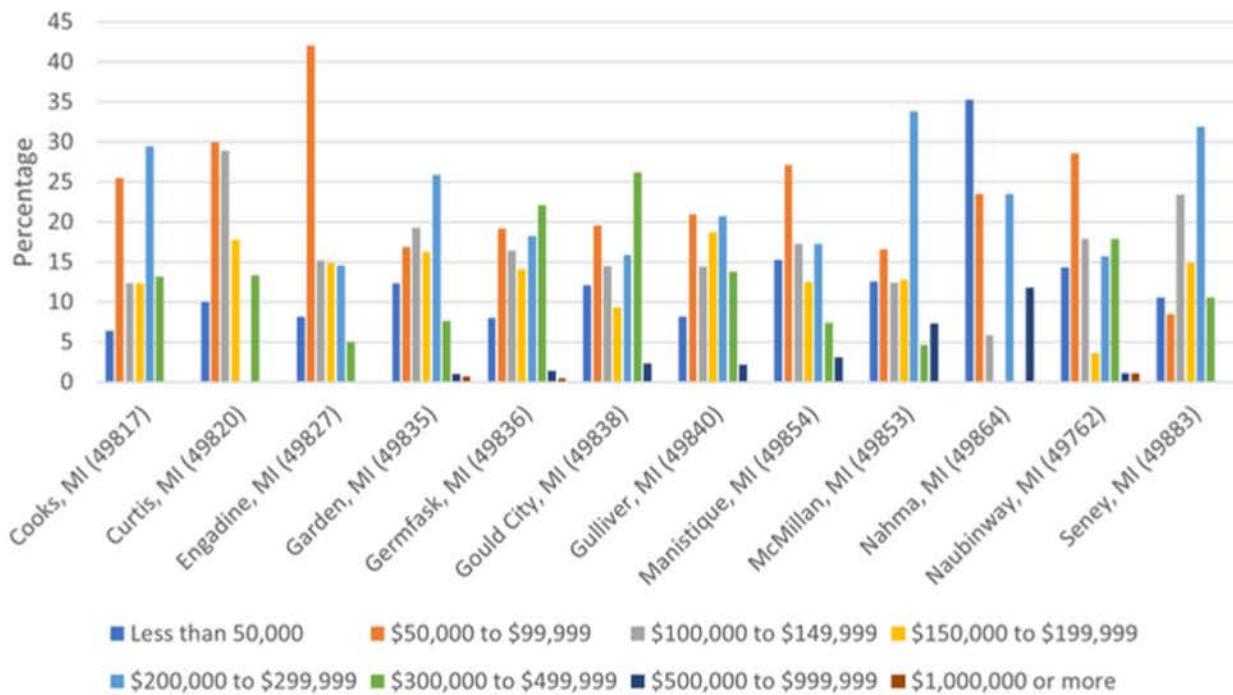
Figure 42

Appendix C

Health Insurance by Zip Code
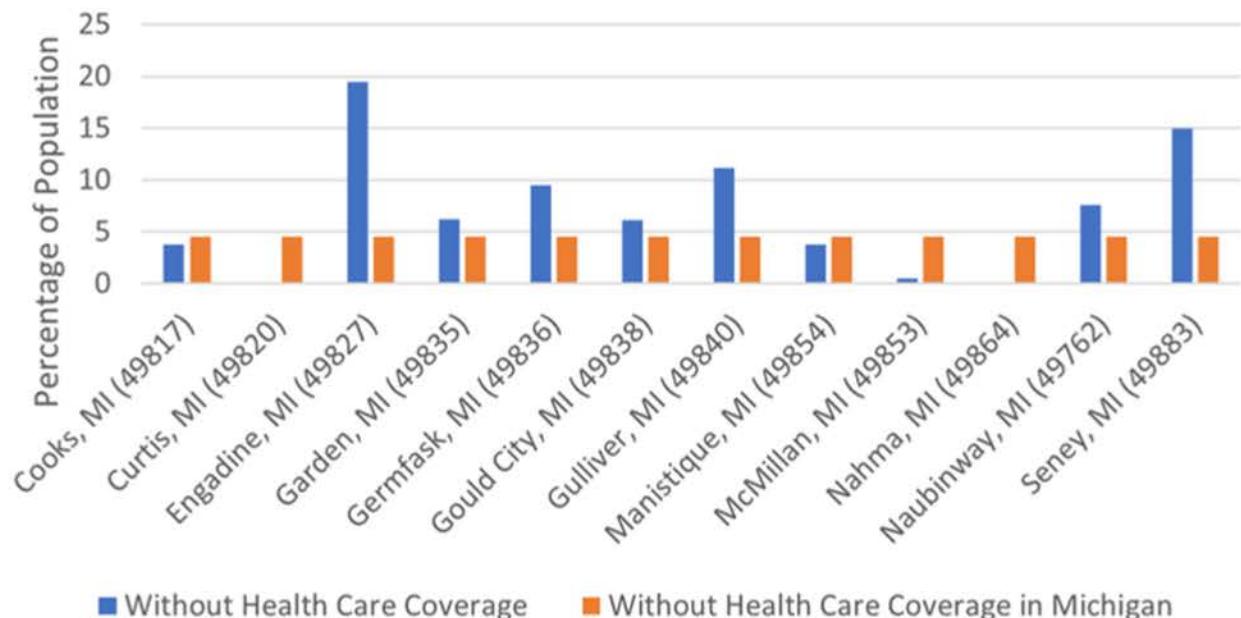
Figure 43

Disabled Population by Zip Code
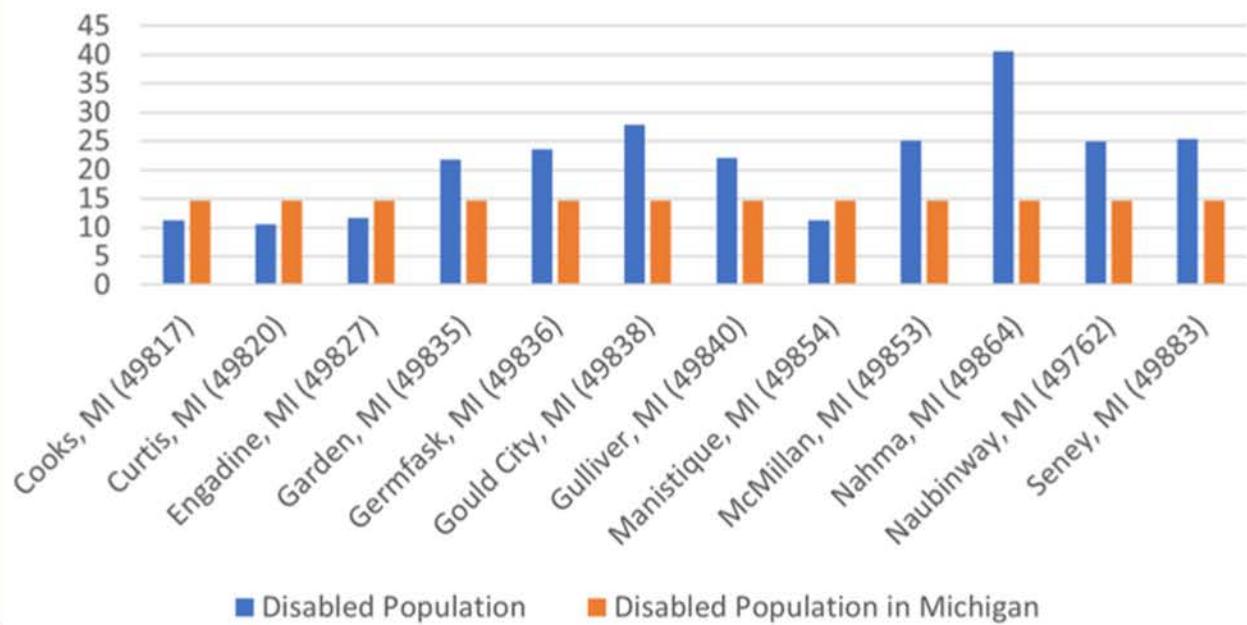
Figure 44

Appendix C

Types of Disabilities by Zip Code

Percentage of People

- Hearing Difficulty
- Vision Difficulty
- Cognitive Difficulty
- Ambulatory Difficulty
- Self-Care Difficulty
- Independent Living Difficulty
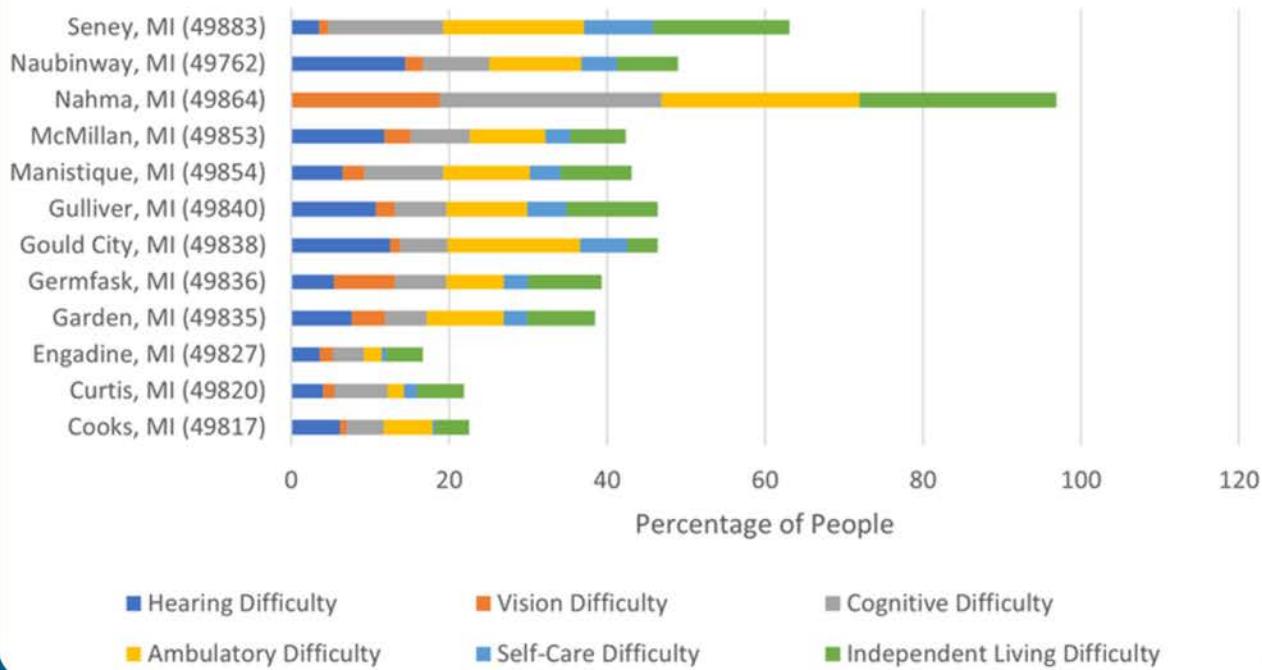
Figure 45

Percent Leading Causes of Death, Schoolcraft County, Michigan 2022

Percent of Deaths

Heart Disease (16.5%), Cancer (24.3%), Accidents (2.6%), COVID-19 (6.1%), Stroke (4.3%), C.L.R.D. (8.7%), Alzheimer's (5.2%), Diabetes Mellitus (1.7%), Kidney Disease (2.6%), Cirrhosis (3.5%)

Figure 46

Appendix C

	Abortion Rate	% Births with Adequate Prenatal Care	Teen Pregnancy Rate	% Low Weight Births
Selected Health Statistics, 2020-2022 Three-Year Averages Schoolcraft and Michigan				
Schoolcraft	7.3	50.8	13.4	8.1
Michigan	14.8	68.9	22.4	9.1

Figure 47

Selected Mortality Statistics, 2020-2022 (3 Year Averages)		
Mortality Rates	**Schoolcraft**	**Michigan**
AIDS	N/A	0.8
Alcohol-Induced	*	14.4
Alzheimer's Disease	54.4	34.4
Cancer	174.9	156.9
Chronic Liver Disease	*	14.2
Chronic Lower Respiratory Disease	41.6	39.9
Diabetes-Related	123.5	88
Heart Disease	156.5	205.8
Assault (Homicide)	*	8.6
Infant Mortality	*	6.5
Kidney Disease	*	15.3
Pneumonia & Influenza	*	11.9
Septicemia	*	9.8
Stroke	*	44.7
Intentional Self-Harm (Suicide)	*	14.2
Unintentional Injury	*	58.9

Figure 48

Appendix C

Schoolcraft County Health Outcomes - 2024

Schoolcraft County

Least Healthy in US   Healthiest in US

National Average

State Average
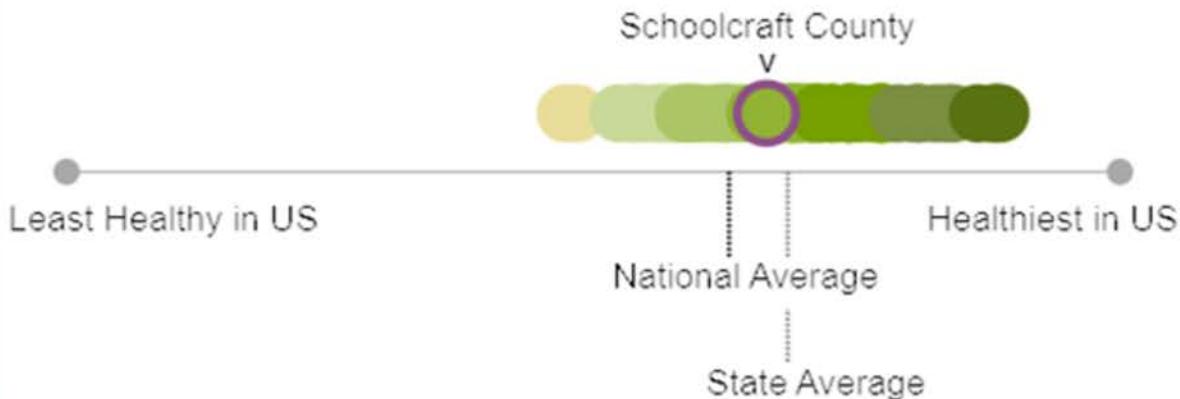
Figure 49

Schoolcraft County Health Factors - 2024

Schoolcraft County

Least Healthy in US   Healthiest in US

National Average

State Average
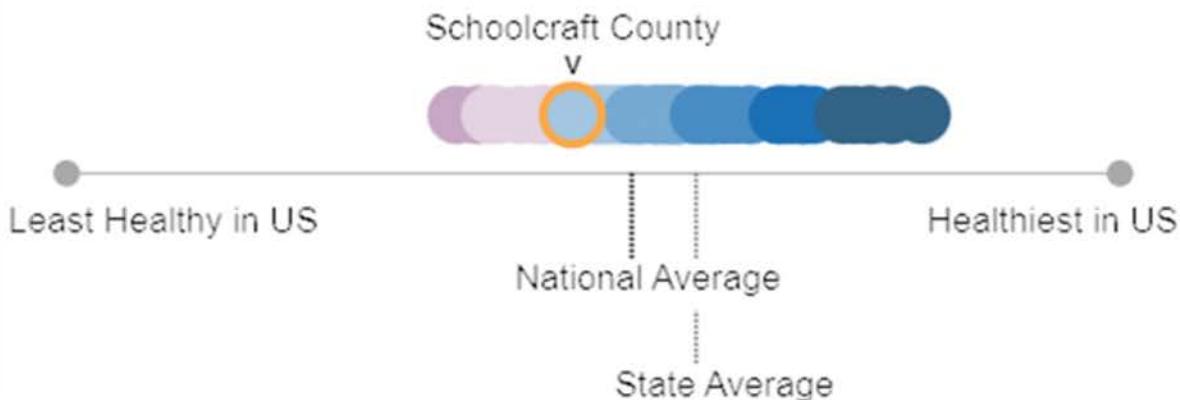
Figure 50

Appendix C

Students Experiencing Homelessness by School District, K-12						
Location	Data Type	2018	2019	2020	2021	2022
Michigan	Number	33,775	31,710	26,867	28,724	32,762
Michigan	Percent	2.2%	2.1%	1.9%	2.0%	2.3%
Schoolcraft	Number	224	207	200	188	256
Schoolcraft	Percent	3.5%	3.3%	3.3%	3.1%	4.3%

Figure 51

Households in Poverty or Who are Asset Limited, Income Constrained, Employed (ALICE)						
Location	Data Type	2010	2017	2019	2021	2022
Michigan	Number	1,569,992	1,664,606	1,508,284	1,570,724	1,671,196
Michigan	Percent	41.2%	42.3%	38.1%	39.0%	41.2%
Schoolcraft	Number	1,519	1,753	1,610	1,442	1,696
Schoolcraft	Percent	41.9%	53.4%	46.4%	40.0%	44.8%

Figure 52

Children with Internet at Home						
Location	Data Type	2014 -2018	2015 -2019	2016 - 2020	2017- 2021	2018 - 2022
Michigan	Number	1,920,422	1,952,456	1,994,735	2,050,986	2,033,416
Michigan	Percent	87.7%	89.9%	92.5%	93.9%	94.8%
Schoolcraft	Number	1,059	1,154	1,130	1,219	1,287
Schoolcraft	Percent	73.7%	83.1%	83.0%	87.6%	91.9%

Figure 53

Appendix C

Births to Mothers Who Smoked During Pregnancy						
Location	Data Type	2018	2019	2020	2021	2022
Michigan	Number	16,991	15,824	15,384	13,263	11,813
Michigan	Percent	15.2%	14.4%	14.3%	13.1%	11.4%
Schoolcraft	Number	28	27	25	20	21
Schoolcraft	Percent	40.7%	41.2%	37.3%	31.8%	34.4%

Figure 54

Confirmed Victims of Abuse and/or Neglect, Ages Birth to 17 (Number & Rate Per 1,000)						
Location	Data Type	2019	2020	2021	2022	2023
Michigan	Number	35,636	27,894	25,710	25,138	24,018
Michigan	Rate Per 1,000	16.5	13.0	12.1	11.7	11.4
Schoolcraft	Number	49	45	37	26	26
Schoolcraft	Rate Per 1,000	35.8	32.3	26.3	18.5	17.7

Figure 55

Children Ages Birth to 18 Insured by Medicaid (Number & Percent)						
Location	Data Type	2018	2019	2020	2021	2022
Michigan	Number	2,162,351	2,134,409	2,118,456	2,162,616	2,132,594
Michigan	Percent	96.7%	96.6%	97.4%	97.0%	97.4%
Schoolcraft	Number	1,348	1,369	1,386	1,361	1,452
Schoolcraft	Percent	94.7%	94.6%	94.9%	95.2%	96.4%

Figure 56

Appendix C

Children Ages Birth to 18 Insured by Medicaid (Number & Percent)						
Location	Data Type	2019	2020	2021	2022	2023
Michigan	Number	979,177	1,054,641	1,098,001	1,132,428	1,054,616
	Percent	42.6%	46.3%	48.7%	49.6%	47.1%
Schoolcraft	Number	808	875	872	916	858
	Percent	55.8%	59.3%	58.7%	61.9%	55.3%

Figure 57

Medicaid Paid Births						
Location	Data Type	2016- 2018	2017- 2019	2018- 2020	2019- 2021	2020 - 2022
Michigan	Number	47,248	45,934	43,905	40,394	40,467
	Percent	42.3%	41.8%	40.9%	39.9%	39.2%
Schoolcraft	Number	44	41	37	31	32
	Percent	63.2%	62.3%	55.2%	49.2%	52.5%

Figure 58

Fully Immunized Toddlers Ages 19 to 35 Months						
Location	Data Type	2019	2020	2021	2022	2023
Michigan	Number	121,567	119,786	113,259	107,075	133,961
	Percent	73.9%	70.7%	69.4%	66.1%	69.8%
Schoolcraft	Number	79	96	79	84	82
	Percent	72.5%	78.7%	79.8%	75.0%	77.4%

Figure 59

Appendix C

Trends in Assistance Program Participation (2020-2024)

Legend: Food Assistance Progam (FAP), Healthy Michigan Program, Medicaid Eligible
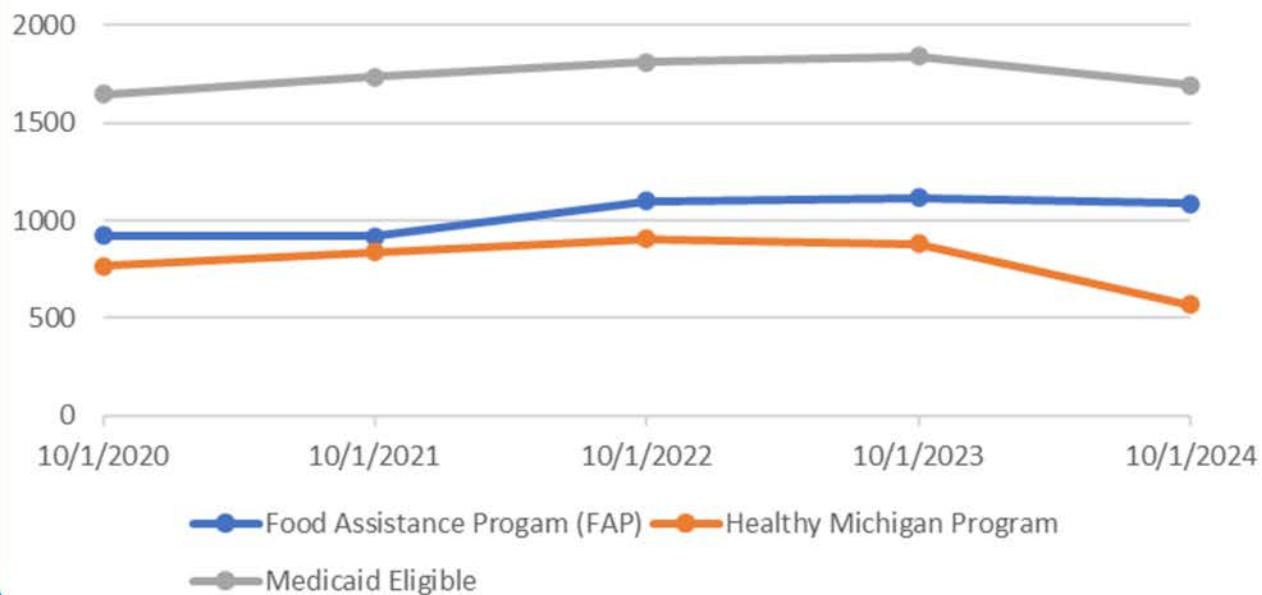
Figure 60

Trends in Assistance Program Participation (2020-2024)

Legend: Family Independence Program (FIP), State Disability Assistance (SDA), Child Development and Care (CDC)
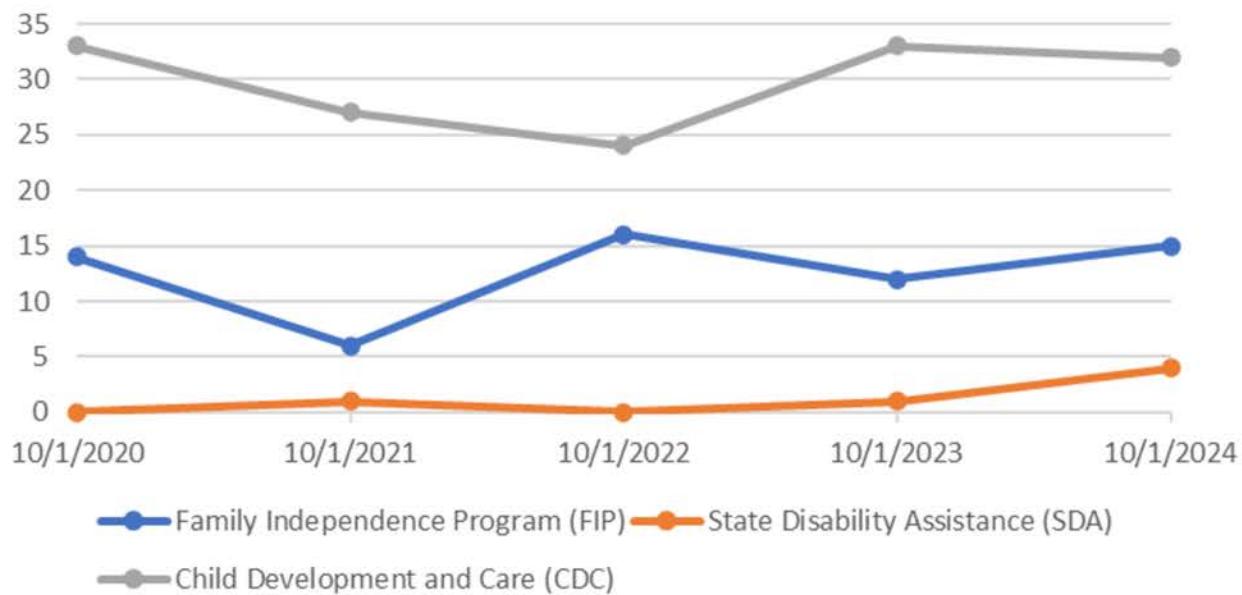
Figure 61

Appendix C

Zip Codes of Respondents

Number of People vs. Zip Codes

Zip Code	Number of People
Cooks 49817	20
Curtis 49820	9
Engadine 49827	10
Garden 49835	17
Germfask 49836	17
Gould City 49836	5
Gulliver 49840	32
Manistique 49854	246
McMillan 49853	23
Nahma 49864	2
Naubinway 49762	9
Other	6
Did not Answer	2

Figure 63

Age of Respondents
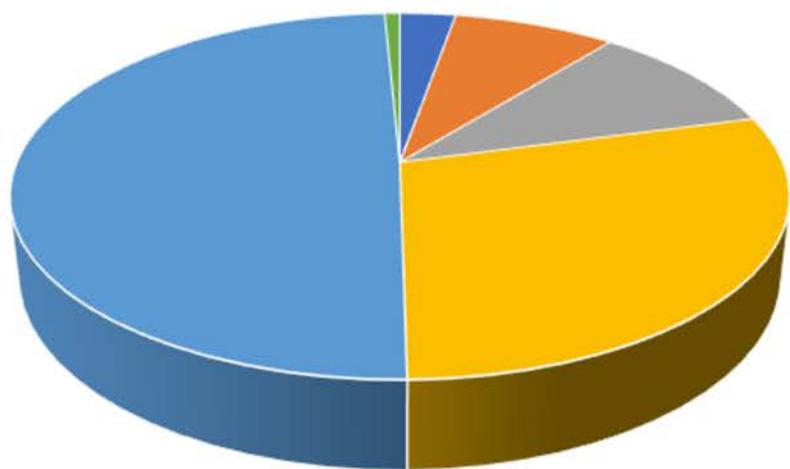
- 18-29 years old
- 30-39 years old
- 40-49 years old
- 50-64 years old
- 65 years or greater
- Did not Answer

Figure 64

Appendix C

Educational Level of Respondents

Chart data (Educational Level of Respondents):
- Associate Degree: 65
- Associate Degree,...: 1
- Bachelor's Degree or...: 139
- Did not Answer: 5
- High School Diploma or...: 89
- High School Diploma or...: 1
- High School Diploma or...: 1
- Less than High School: 5
- Other: 7
- Prefer not to answer: 1
- Some College or...: 77
- Some College or...: 1
- Some College or...: 2
- Trade School/Technical...: 3
- Trade School/Technical...: 1
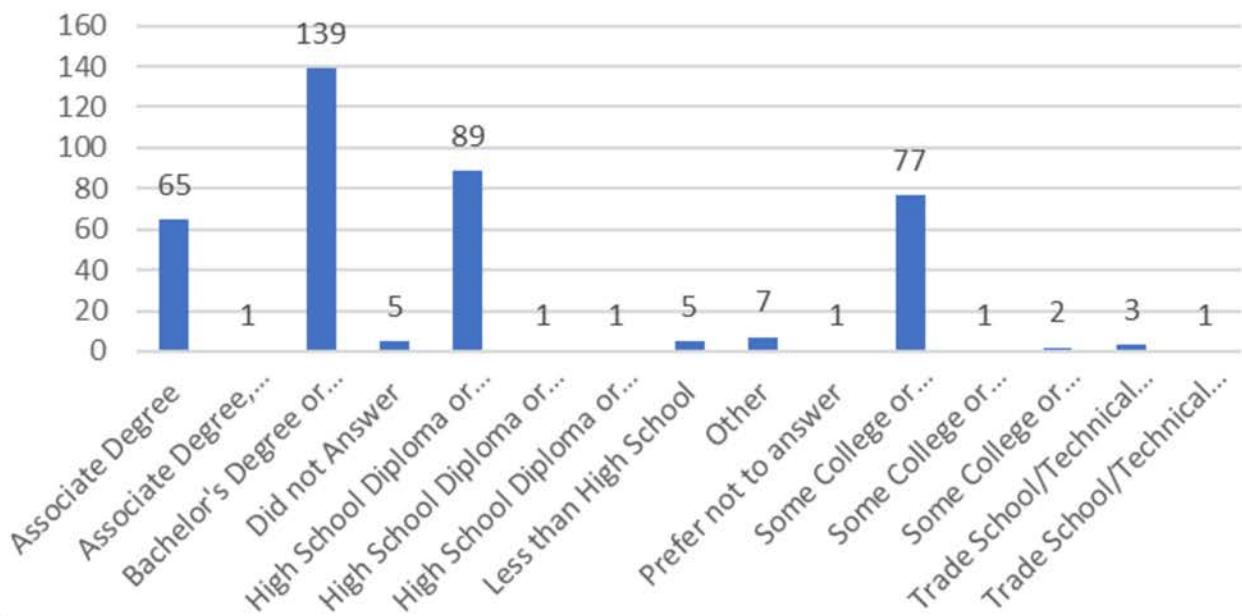
Figure 65

Gender of Respondents

Pie chart data (Gender of Respondents):
- 1
- 108
- 2
- 4
- 280
- 398
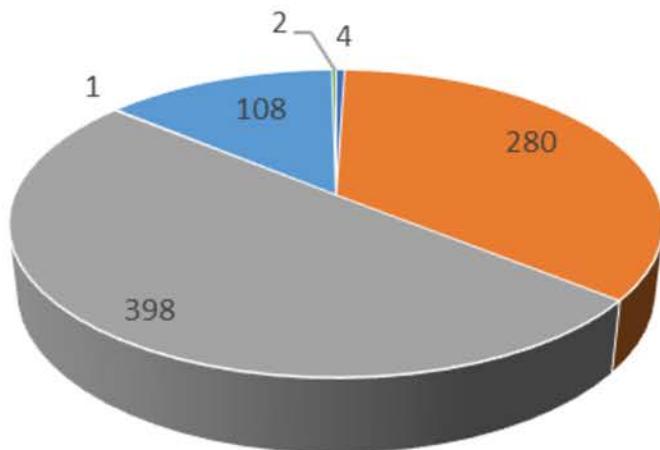
Legend:
- Did not Answer
- Female
- Grand Total
- Identified Female & Male
- Male
- Non-binary

Figure 66

Appendix C

Race of Respondents

Race	Number of People
White/Caucasian	352
Prefer not to answer	6
Other	2
Did not Answer	5
Asian or Asian American	3
American Indian or Alaskan Native, White/Caucasian	8
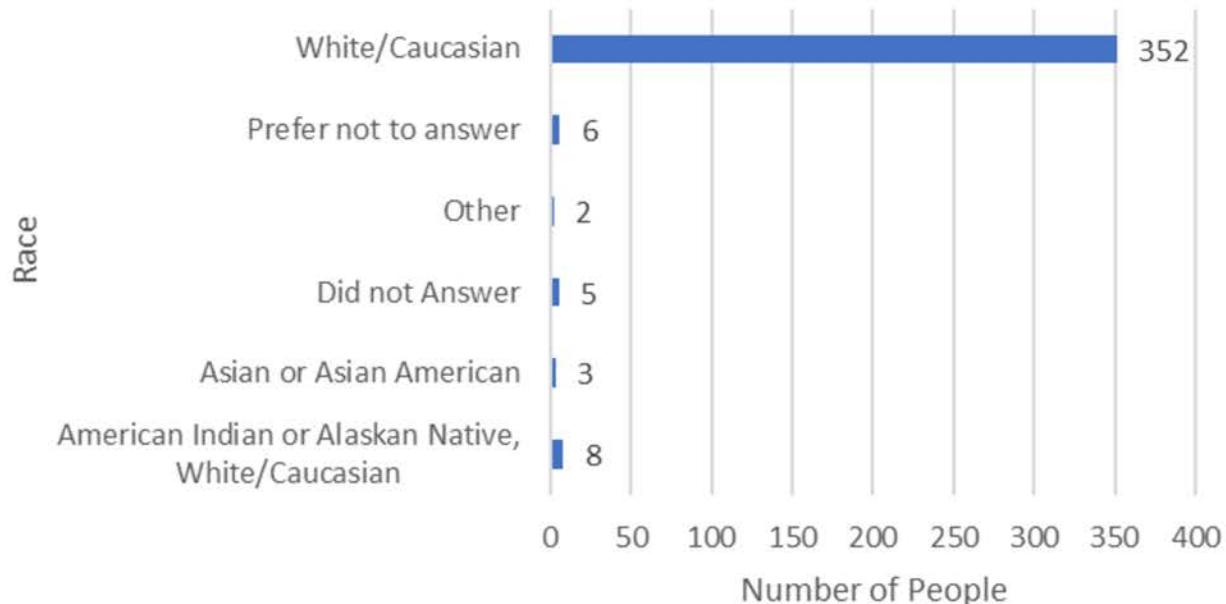
Figure 67

Yearly Household Income of Respondents

Income	Number of People
Prefer not to answer	39
Less than $25,000	40
Did not Answer	13
$75,000-99,000	57
$50,000-74,999	89
$25,000-49,999	86
$100,000 or more	74
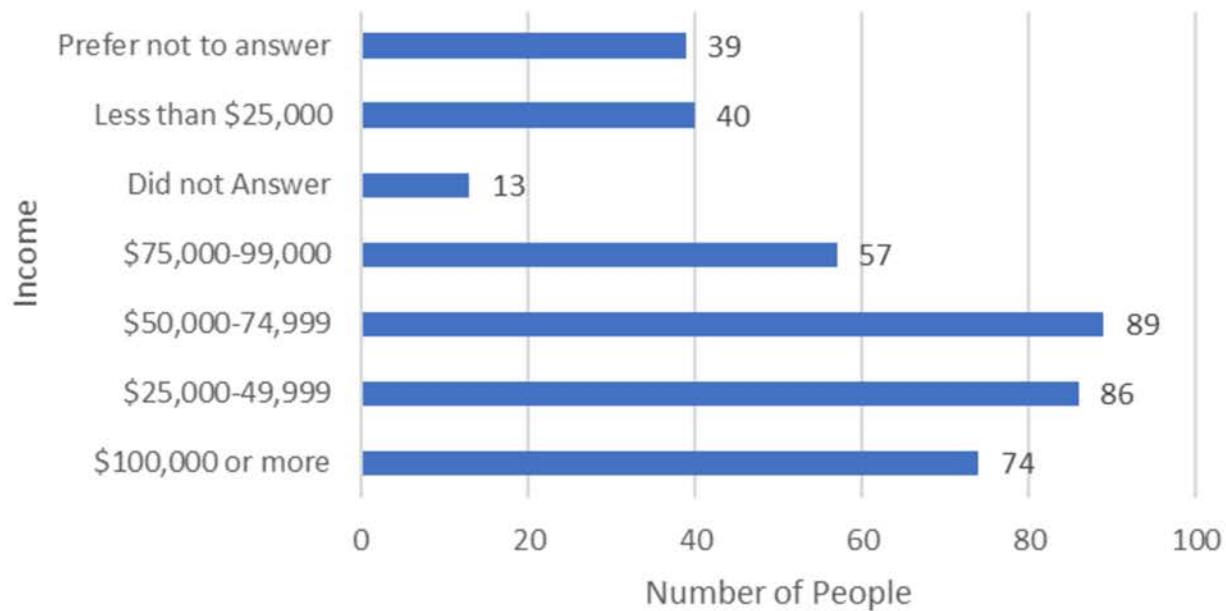
Figure 68

Appendix C

Marital Status of Respondents

Marital Status	Number of People
Widowed	48
Single	30
Prefer not to answer	2
Never Married	8
Married	252
Domestic Partnership	10
Divorced, Single	1
Divorced	38
Did not Answer	9
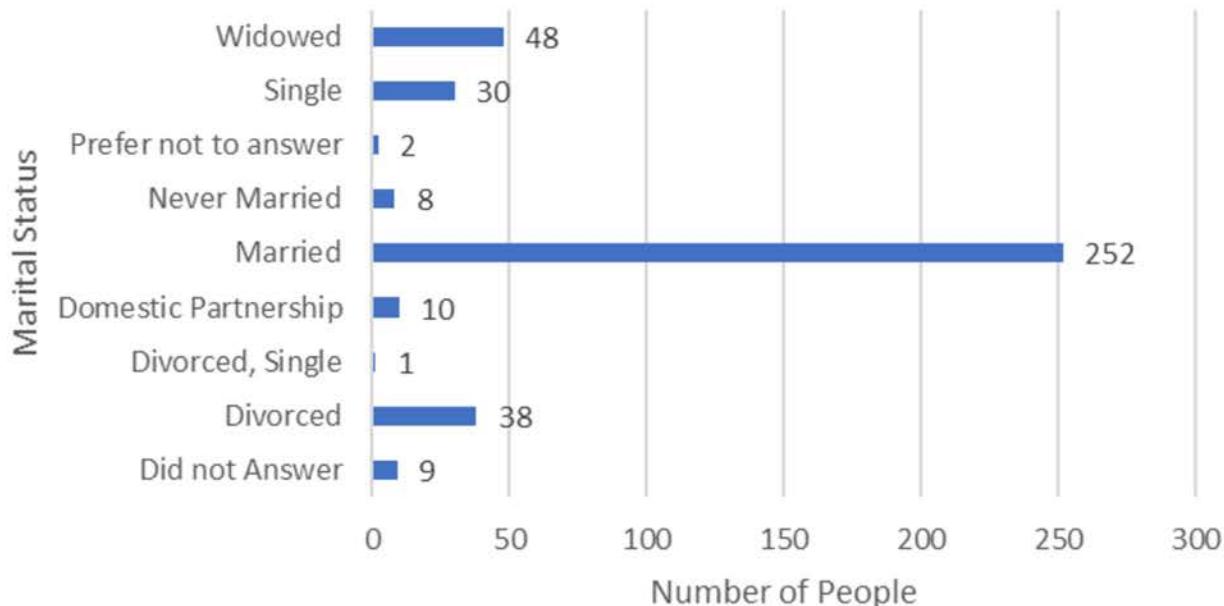
Figure 69

Military Service Indication by Respondents

	Number of People
No	226
Yes	159
Did not Answer	11
Prefer not to answer	2
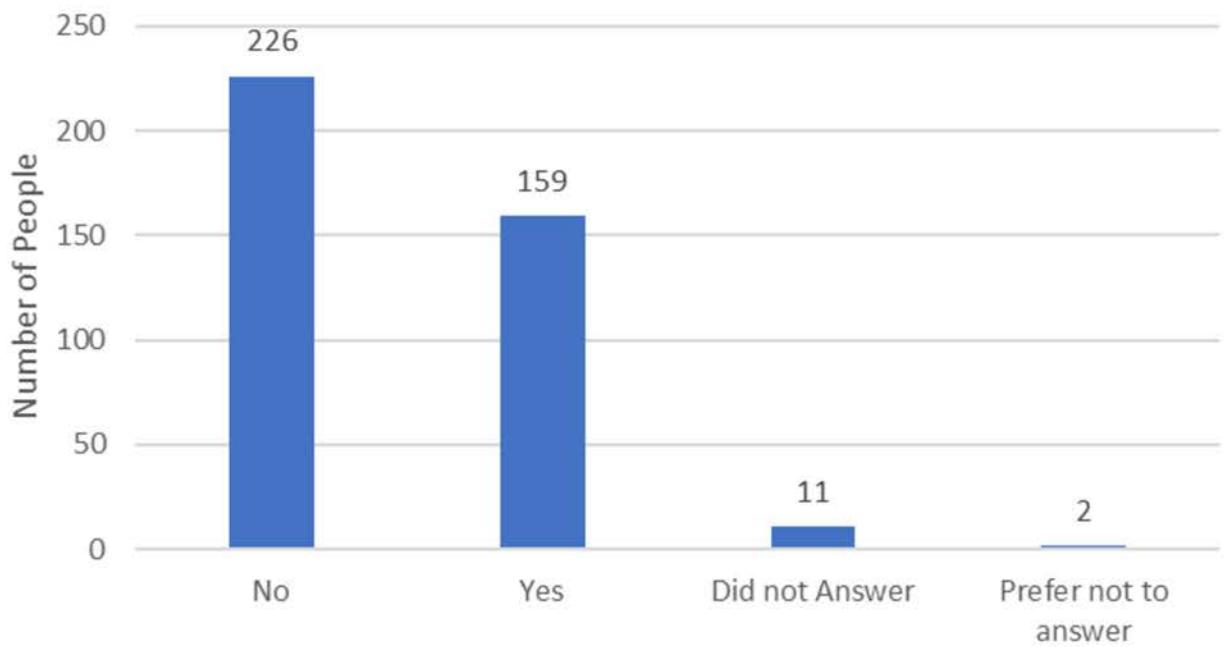
Figure 70

Appendix C

Indication of Disability by Respondents

A bar chart titled "Indication of Disability by Respondents" showing Number of People on the y-axis (0–300):
- No: 258
- Yes: 114
- Did not Answer: 17
- Prefer not to answer: 9
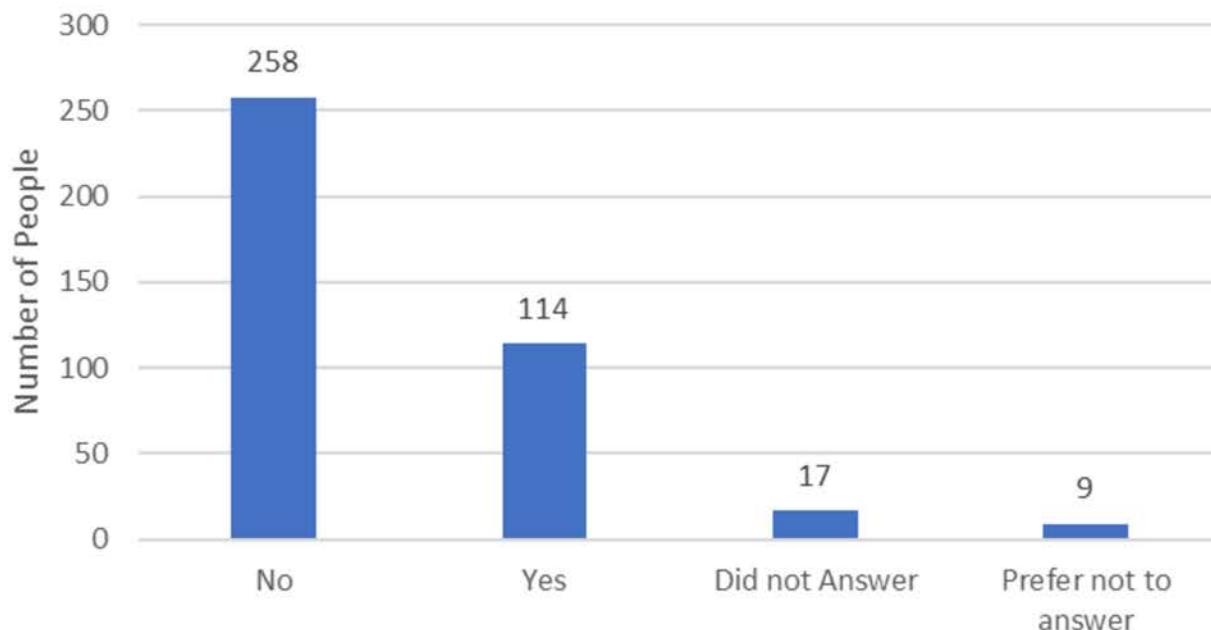
Figure 71

Primary Insurance of Respondents

A bar chart titled "Primary Insurance of Respondents" showing Number of People on the y-axis (0–180) and Insurance on the x-axis:
- Indian Health Services: 12
- Medicaid (UPHP, etc.): 26
- Medicare: 159
- Prefer not to answer: 2
- Private Insurance: 156
- VA Services: 16
- Other: 10
- Did not Answer: 12
- I do not have health…: 5

Figure 72

Appendix C

Number of Children in Household

Figure 73

Current Employment Status (Primary Response)
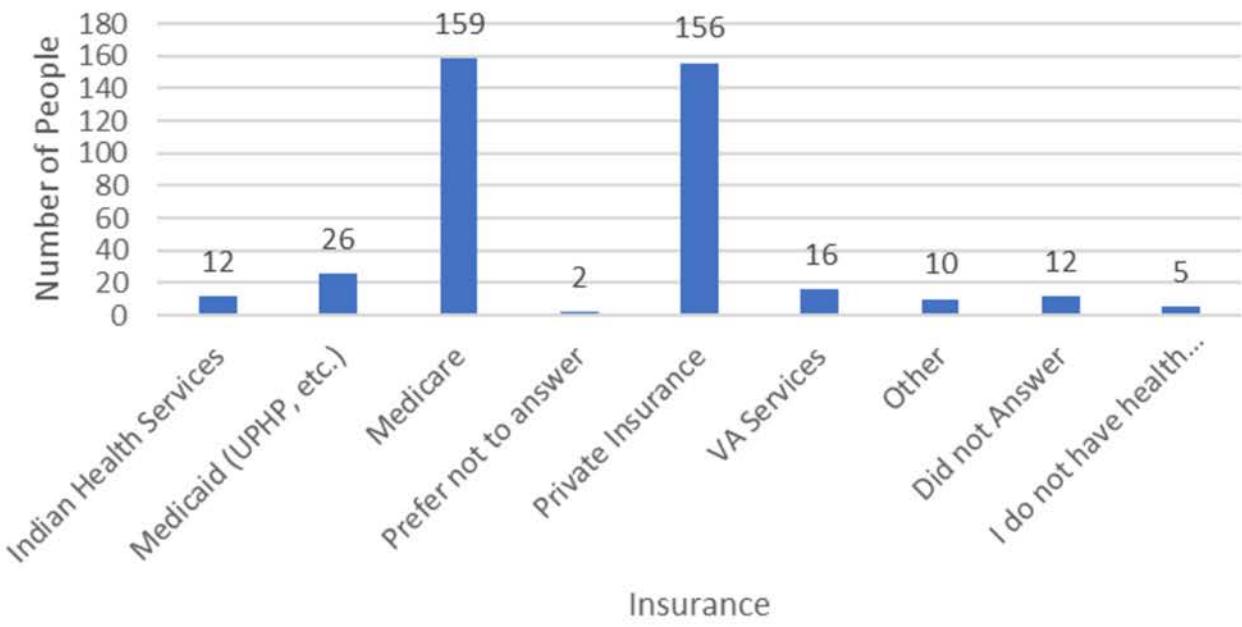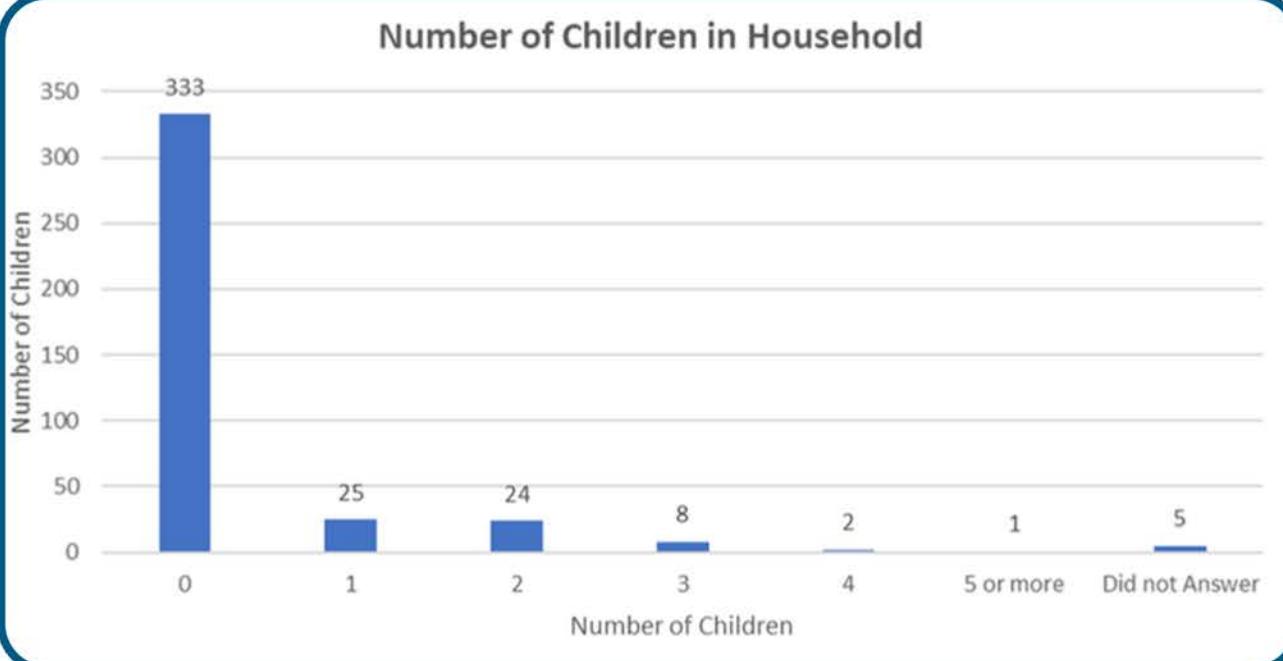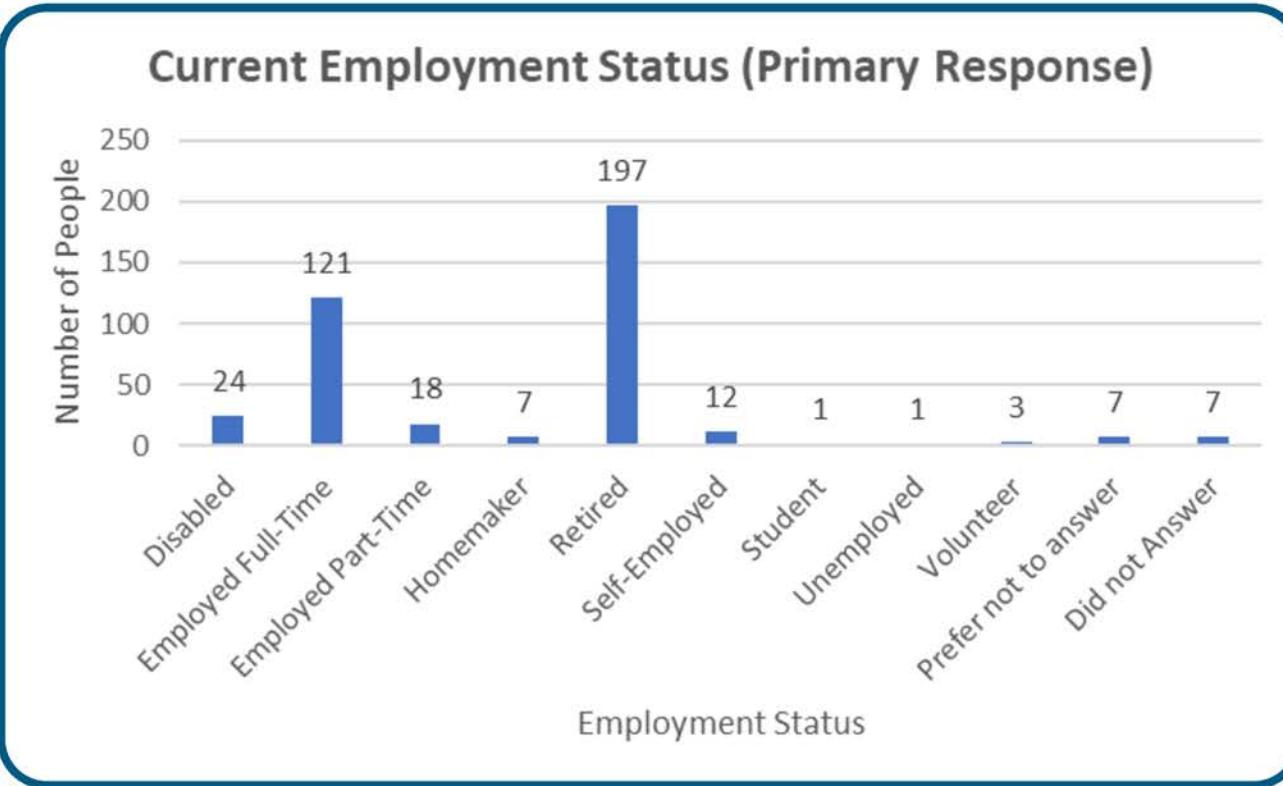
Figure 74

Appendix C

Personal Health of Respondents

Legend: ■ Did not Answer ■ Excellent ■ Fair ■ Good ■ Poor ■ Prefer not to answer
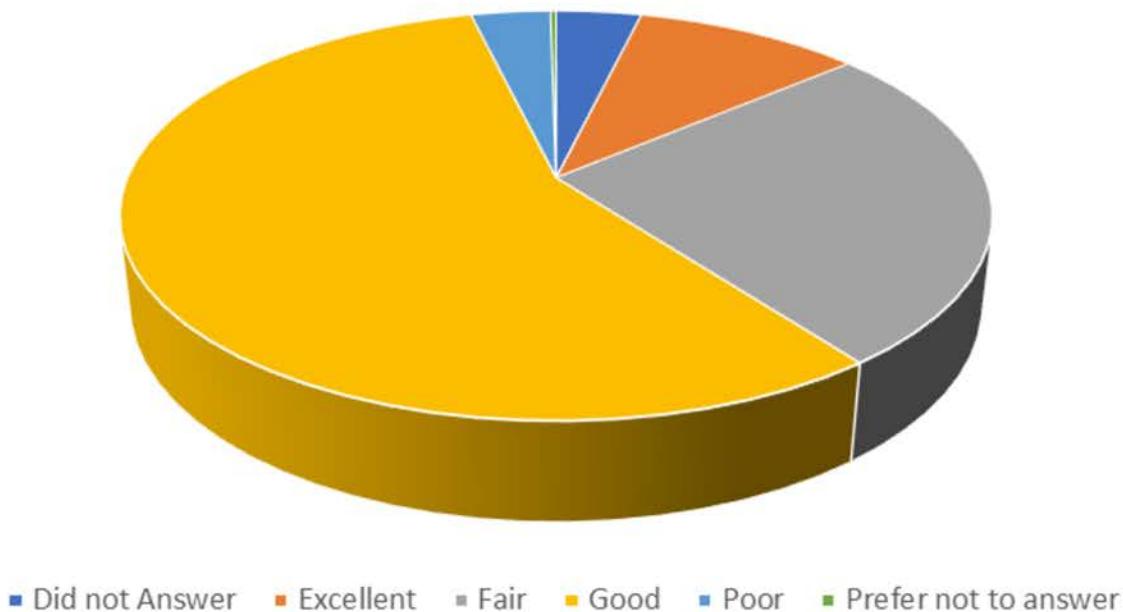
Figure 75

Incidence of Reported Chronic Health Conditions

Categories: Adult Obesity, Alzheimers Disease, Anxiety, Cancers, Childhood Obesity, Chronic Kidney Disease, COPD/Lung Disease/Asthma, Covid 19/Long Covid, Dental Problems, Diabetes, Heart Disease and Stroke, High Blood Pressure, Maternal/Infant Care, Mental Health Problems, Substance Use, Suicide, Other, Did not Answer
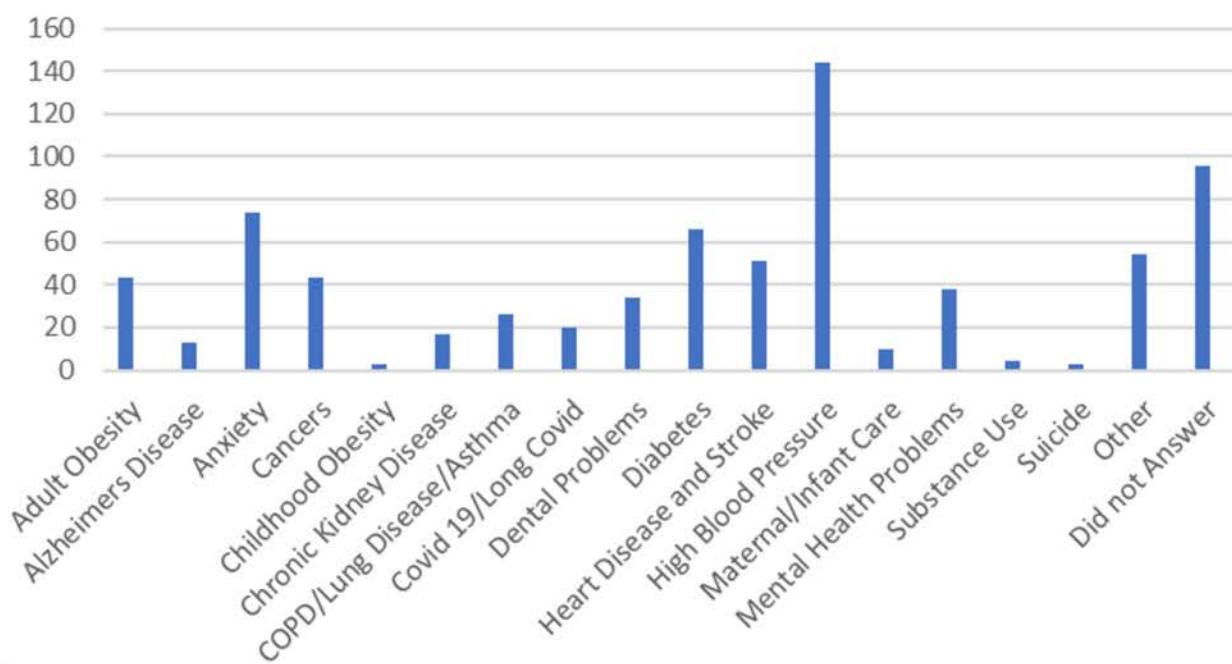
Figure 76

Appendix C

Primary Access Point for Healthcare

Category	Number of People
Did not Answer	21
Other	10
I Do Not Have a Healthcare Provider	4
VA Medical Center	15
Urgent Care Center	1
Primary Care Doctor/Family Medicine...	270
Hospital	69
Health Department	2
Friend/Family	6

Number of People
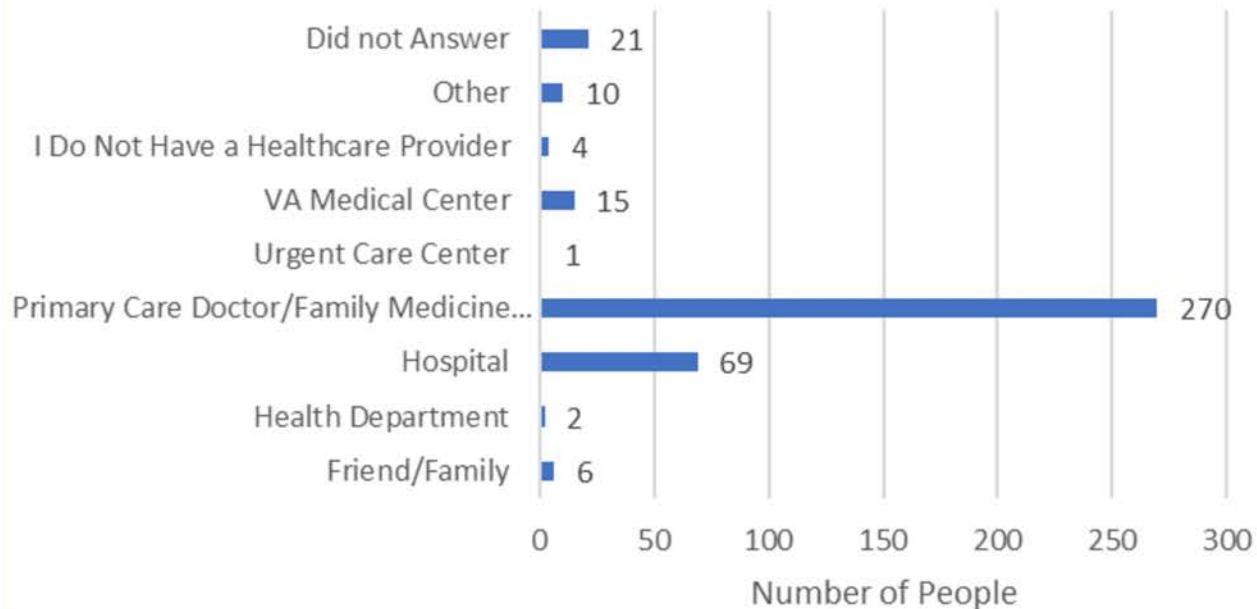
Figure 77

What Specialty Services would you like to see offered in your community?

- This does not apply to me
- Did not answer
- Other
- Subtance Use Treatment
- Rheumatology
- Pulmonology
- Orthopedics
- Gastroenterology
- Endocrinology
- Dialysis
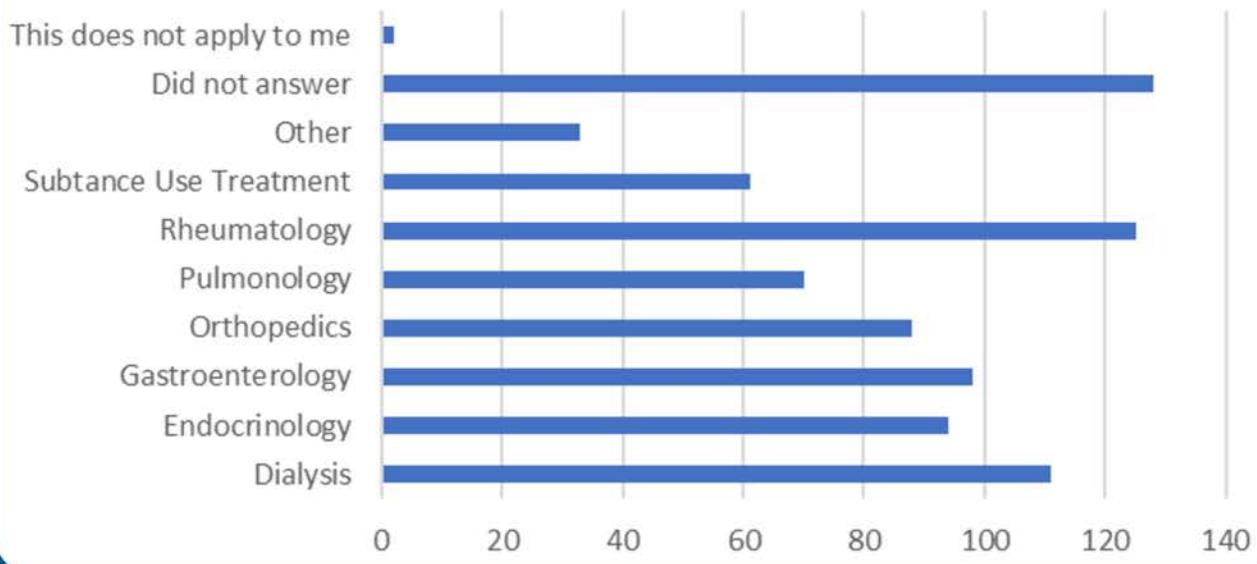
Figure 78

Appendix C

Family Practice
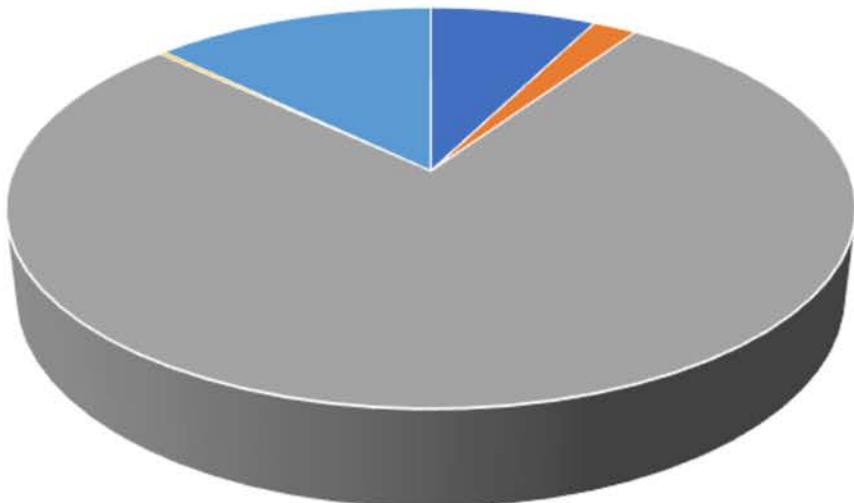
- Did not Answer
- I don't know
- No
- This does not apply to me
- Yes

Specialists
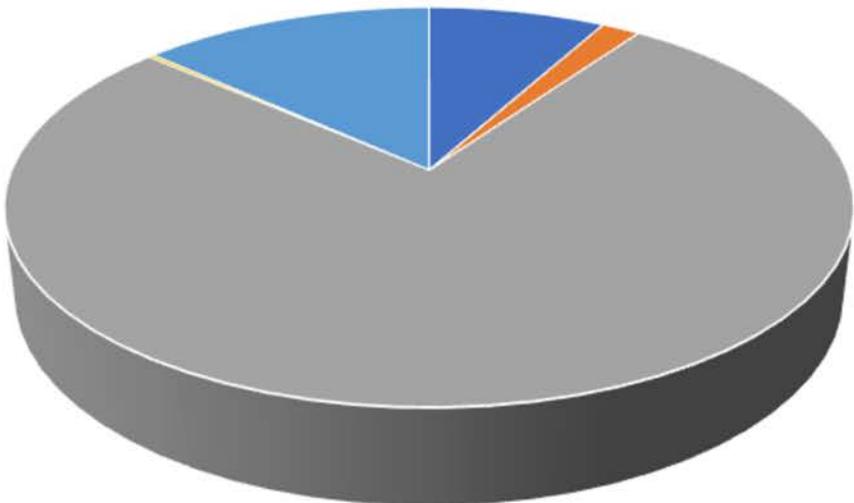
- Did not Answer
- I don't know
- No
- This does not apply to me
- Yes

Appendix C

Mental Health Professional

Legend: Did not Answer · I don't know · No · This does not apply to me · Yes

Figure 81

Substance Use Disorder

Legend: Did not Answer · I Don't Know · No · Prefer Not to Answer · Yes
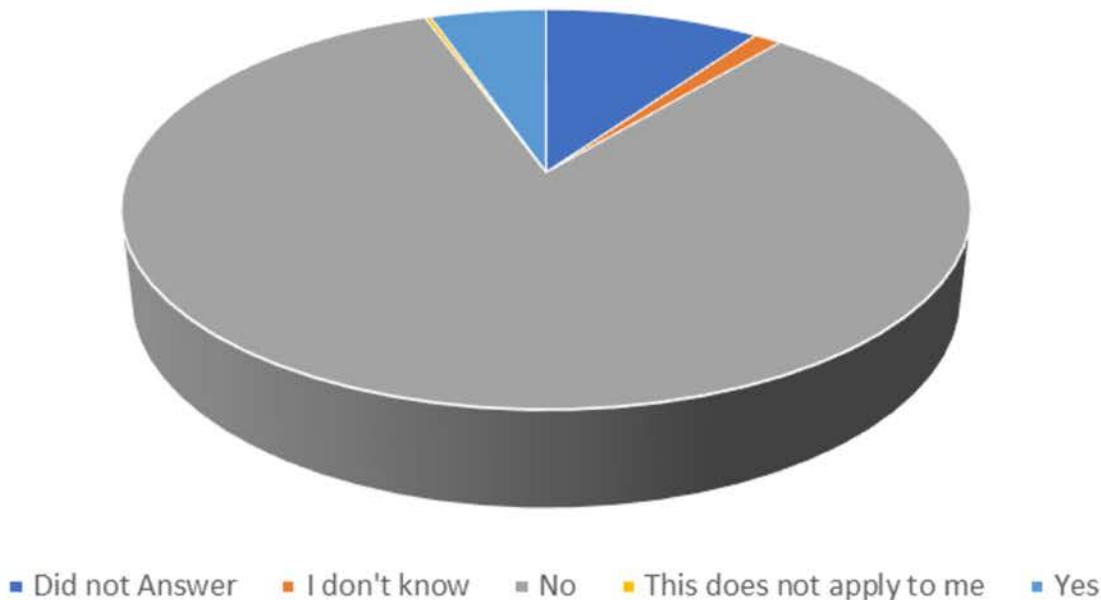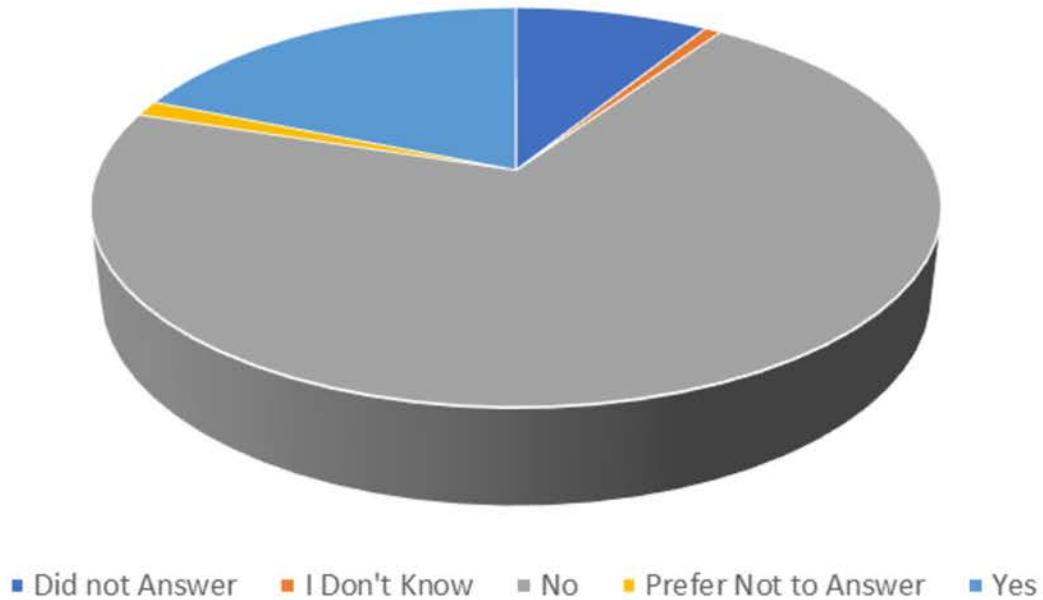
Figure 82

Appendix C

Top 10 Community Health Issues	Important
Shortage of Dentists or Lack of Affordable Dental Care	51%
Lack of Reliable Child Care	49%
Health Insurance is Expensive or Has High Costs for Co-Pays and Deductibles	49%
Substance Use (Drug Abuse)	37%
Lack of Health Insurance	37%
Lack of Programs and Services to Help Seniors Maintain their Health and Independence	36%
Lack of Affordable Healthy Foods	36%
Lack of Housing and Programs for People with Alzheimer's Disease/Dementia	35%
Shortage of Mental Health Programs and Services	34%
Access to Pediatric Services	32%

Figure 83

Appendix C

3 Important Factors for a Healthy Community

Categories (left to right): Access to…, Quality jobs, Affordable Housing, Access to Dental Care, Affordable health insurance, Safe Neighborhoods, Good Place to raise children, Access to healthy…, Access to Mental Health…, Access to reliable childcare, Did not answer, Religious and spiritual…, Clean environment, Strong Family ties, Transportation, Feeling Connected to…, Connection with School…, Disability Suport, Easy accss to parks and…, Arts and cultural events

Figure 84

Which three risky behaviors are the biggest concerns in your community?

Categories (left to right): Drug use, Excessive alcohol use, Bullying, Child abuse and neglect, Impaired driving…, Lack of exercise, Gambling, Domestic Violence, Did not answer, Poor nutrition, Crime, Tobacco use, Not getting…, Dropping out of school, Poor sleep
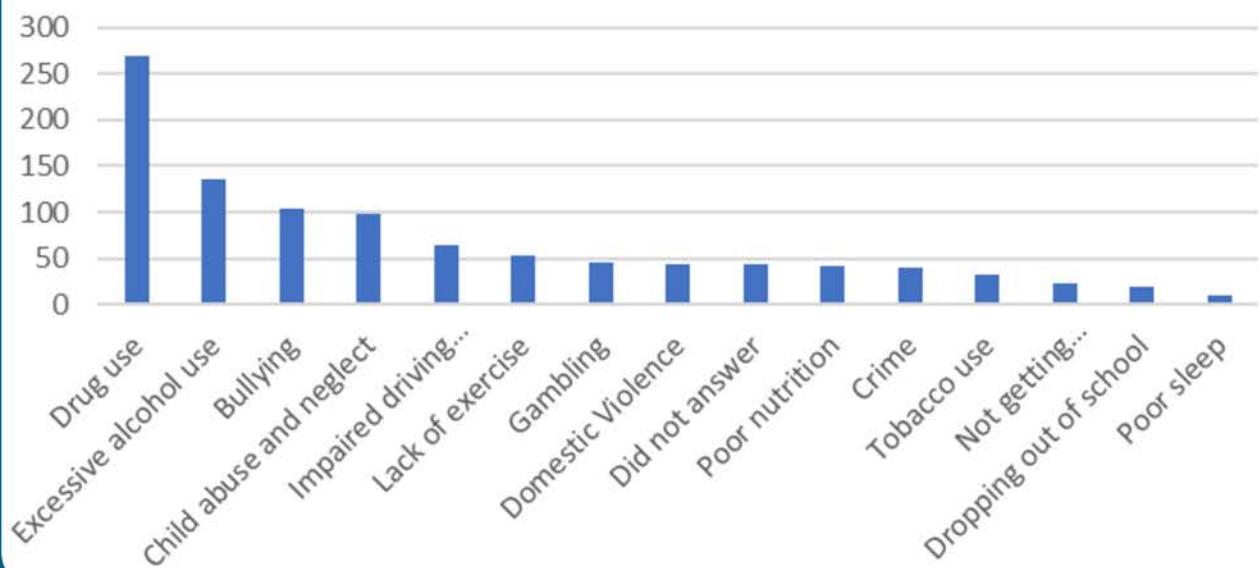
Figure 85

Appendix D

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