

DRAFT



A Framework For
Healthy Communities
In Northwest Michigan



**FRAMEWORK
FOR OUR FUTURE**
A REGIONAL PROSPERITY PLAN
FOR NORTHWEST LOWER MICHIGAN

2014 REPORT

DRAFT

Framework for Our Future: Healthy Choices was prepared as part of the *Framework for Our Future: A Regional Prosperity Plan* for Northwest Michigan, a regional resource for local governments, community organizations working to meet local goals. The *Framework* was developed as part of Michigan's Regional Prosperity Initiative, as initiated by Governor Rick Snyder and signed into law as a part of the FY 2014 budget. The Regional Prosperity Initiative encourages local private, public, and non-profit partners to identify regionally aligned growth and investment strategies for the State of Michigan to support, not the other way around. It also proves the framework for streamlining state services and highlighting the regionally defined goals and strategies that will further Northwest Michigan's success.

The *Framework for Our Future* includes information and tools that can help stakeholders address issues such as housing, transportation, land use, energy, arts and culture, workforce and economic development, community

health, food and farming systems, and natural resources. Data and information will help communities supplement their local deliberation, planning, and decision-making processes, and will help to identify the steps a community can take to address a local issue, if desired. The *Framework for Our Future* is not a mandate, nor does it supersede any local government-decision-making.

The *Framework for Our Future* was developed in 2014 with input and partnerships from a variety of community stakeholders. The process included a number of public input opportunities, including a variety of events, surveys, focus groups, and public discussions. Public input was used to identify priority community issues and concerns.

The *Framework* includes a number of goals, strategies, and actions. These strategies and actions were built upon public input heard throughout the process, as well as on existing and adopted goals from local plans and planning initiatives. Strategies are not intended as recommendations, but are instead intended to serve

as a compilation of best practices to help guide local decision-makers that would like to address the issues identified in the *Framework*.

The *Framework* also includes a special emphasis on traditionally underrepresented populations, in order to ensure that disabled individuals, minorities, youth, and those in poverty have a voice in the planning process.



FRAMEWORK FOR OUR FUTURE

A REGIONAL PROSPERITY PLAN
FOR NORTHWEST LOWER MICHIGAN

Let Our Resources Work For You.



**Northwest Michigan
Council of Governments**

Workforce • Business • Community

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➔ Healthy Communities: Introduction

Our personal health depends on a variety of factors, including individual decisions about lifestyle and diet, preventive activities, and access to health care. While these decisions and circumstances are highly individual and personal, they are all closely connected to our physical and social environments.

Where we live has profound impacts on our health, our lifestyles, and the decisions we make about diet, exercise, and disease prevention; and it can also affect where and how we access needed health care. Residents who have adequate housing choices are less likely to live in unaffordable, overcrowded, or substandard homes, while communities and neighborhoods with good access to stable employment and education experience greater financial and emotional security and opportunities. Residents are safer and more secure in neighborhoods with low crime rates. Access to retail outlets that offer healthy food choices can help contribute to healthy diets, and close proximity to parks and public spaces provide opportunities for exercise, a key element in preventive health. Clean air, soil, and water, meanwhile, limit the potential for certain diseases.

Despite the many connections between our communities and our health, local communities traditionally have not based planning or policy decisions on the potential impacts to public health. Yet, many lifestyle and other health-related factors are impacted by policy, and local decisions and policies have immediate consequences on health outcomes. For instance, new developments that are approved without pedestrian connections between homes and nearby services or activity centers often discourage walking or biking while increasing dependence on vehicles, which contributes to obesity. Separating commercial and residential land uses can limit access to fresh, healthy food, which has been found to have a significant impact on

obesity and obesity-related disease such as diabetes. And, when there are shortages of affordable housing, residents must often choose between living in substandard housing, homes that are too small, or living in unaffordable housing—all options that can come with increased risks of health hazards or reductions in expendable income and resources available for food, child care, and health.

Northwest Michigan contends with a number of health challenges that are impacted by factors like community design and the region's rural character, with transportation, in particular, closely connected with health issues. Obesity and obesity-related disease, access to health care and behavioral health care, and poverty have been identified by stakeholders as regional health needs and priorities in a series of Community Health Needs Assessments that were completed for all counties in the region in 2011-2013. In addition, communities throughout the region are experiencing significant service needs and challenges related to the aging of the population—a trend that is more pronounced in the Northwest Michigan region than in other parts of the state.

These challenges can be addressed in part by local policy decisions. Changes in land use patterns and transportation priorities can increase the walkability of our communities, and supports for local food systems can increase the availability of fresh, affordable, and healthy food to residents. Incentive programs and other tools can improve the quality and safety of existing homes, while a number of options exist for increasing the number of affordable homes. Various local, state, and federal programs work to reduce the amount of emissions and waste that affect the quality of our air, land, and water; and local policies and partnerships can even work to address issues such as smoking and second-hand smoke.

Recognizing that local policies and initiatives play a major role in individual and community health is an important first step in improving our health outcomes. A *Framework for Healthy Communities* reviews current health findings, public input, and other data to assess health needs in the region, and identifies ways that local governments and other stakeholders can work to address community health issues.

Enhancing Economic Vitality

Community health helps build community prosperity:

- Healthy employees mean lower costs for employers due to less absenteeism, lower health insurance rates, and more.
- Healthy children learn and perform better in school, making for a better-educated workforce later on.
- Healthy families are more engaged in their communities, volunteering, serving, and creating an environment where businesses want to be.

➔ Aging Population

Northwest Michigan, like many rural areas, has a higher concentration of older residents than other communities in the state or the nation. Rural communities tend to be older than urban communities or the nation as a whole, and over a quarter of the nation's seniors live in rural areas. These trends arise both from natural population and aging trends, and from rural economic and demographic conditions. Many rural communities have experienced a decline in younger populations, many of whom are leaving their communities in search of jobs or higher education. The out-migration of younger individuals, combined with the already-higher rates of seniors in rural communities, creates an imbalance wherein seniors make up a larger percentage of rural communities than in other areas.

This holds true in Northwest Michigan, where seniors are the fastest growing population group in the region, and where the proportion of seniors as a percentage of the population is expected to continue to increase. Natural age increases that

are occurring as the Baby Boomer generation reaches retirement age are compounded by large numbers of retirees that are relocating to rural or shoreline areas in Northwest Michigan post-retirement. At the same time, Michigan's recent recession and the lack of employment or higher education opportunities in many communities have resulted in a significant decline in the numbers of younger individuals and families (see chart).

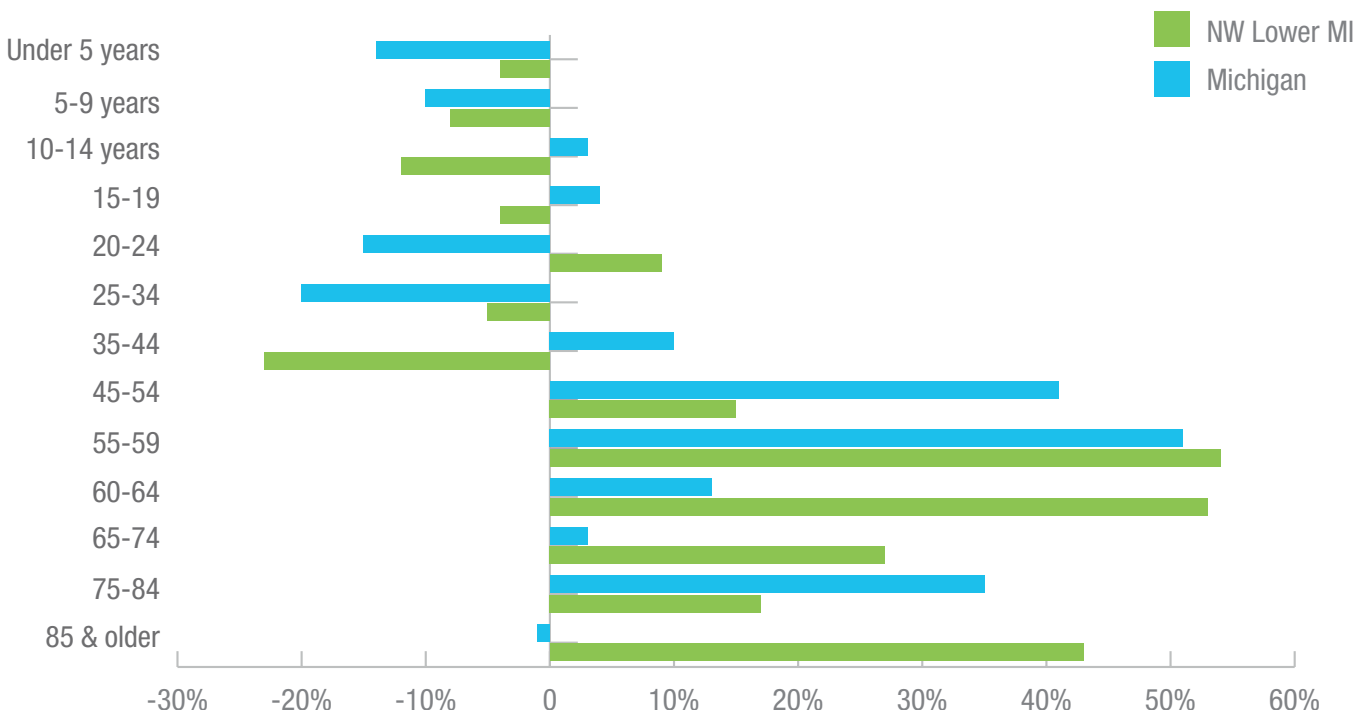
An aging population creates specific community health concerns and needs. Public input and Community Health Needs Assessments identified a number of these concerns, including chronic disease and pain management, dementia, case management needs, transportation for medical needs, preventative care services, accessing affordable care, and end-of-life planning.

Exacerbating these challenges is the fact that many of the young families and individuals leaving the region over the last ten years represent important

family support for seniors. And, for those retirees who have recently relocated to the area, family or social supports may not be in place at all. Without these supports present to provide much of the day-to-day care for these seniors, many seniors may need to rely more heavily on services from regional and local agencies.

As Baby Boomers—our nation's largest population group—reach retirement age and beyond, the nation is experiencing major shifts in service demand, housing needs, and health care. Because of the sheer volume of seniors, these issues are occurring at a greater intensity and volume than ever before in US history, and many communities are examining new ways to meet these changing and increased demands. Addressing these demands will be particularly important for communities in Northwest Michigan, where existing age imbalances and fast-growing senior populations, combined with an out-flow of younger workers that can provide services and support, will exacerbate demand and need.

REGIONAL POPULATION CHANGE BY AGE COHORT, 2000-2010



14%

HOUSEHOLDS
WITH SOMEONE
65+ IN MICHIGAN

11%

GROWTH IN POPULATION
AGED 75+ IN MICHIGAN
BETWEEN 2000–2010

35%

HOUSEHOLDS WITH
SOMEONE 60+ IN
NW MICHIGAN

24%

GROWTH IN POPULATION
AGED 75+ IN NW MICHIGAN
BETWEEN 2000–2010

Northwestern Lower Michigan's population is older than Michigan's population as whole—and is increasing in age faster than the rest of the State.

Opportunities: Healthy Communities

A number of community-led and policy-based strategies are being used nationwide to help communities prepare to meet the needs of a growing senior population. Zoning and other policies can help seniors to “age in place,” that is, allow them to remain in their own homes for as long as possible. These policies focus on the ability of seniors to easily access services, through transit, pedestrian connections to services, new home designs that provide barrier-free access, and alternative models for senior housing, such as

co-housing. Other community-led initiatives or programs are also important in helping seniors remain in their homes, through programs that provide in-home services such as help with home maintenance and repair, personal care, or medical assistance. Additionally, new health care models are designed to provide comprehensive care via networks of health care professionals and other service providers for seniors living in their homes.

Zoning and other policies can help seniors to “age in place,” that is, allow them to remain in their own homes for as long as possible.

➔ Health Care Access

Living in a rural region presents difficulties related to accessing health care: fewer primary care physicians, as well as fewer specialty clinics, are available in the region than in more urban or developed areas of Michigan, and behavioral health services are particularly limited.

Rural, medically underserved residents also often encounter additional challenges in transportation and transportation-related expenses related to health care. Residents, providers, and community health assessments all report that residents of the region, particularly those in rural areas, must travel long distances to access medical care; and for those that need specialty clinics or Veteran's Administration hospitals, travel must frequently be made outside of the region to Southern Michigan in order to access needed care.

Access to Health Care Providers

Northwest Michigan is served by 7 hospitals—Paul Oliver Memorial Hospital (Frankfort), Charlevoix Area Hospital (Charlevoix), McLaren Northern Michigan Hospital (Petoskey), Munson Medical Center (Traverse City), Mercy Hospital

in Cadillac, Hospital in Manistee, Kalkaska Memorial Health Center (Kalkaska), and the West Shore Medical Center (Manistee). These hospitals provide a variety of health care services, including surgery, cancer treatment, dialysis, and preventive services.

Community health assessments for medical facilities throughout the region identified a number of challenges related to accessing health care in the region. "Access to health care" was identified as a primary concern region-wide, with several counties indicating that access to care, including lack of health insurance for the 55-64 age group, were high-priority issues and concerns. Other health care access issues identified in the community health assessment process included:

- Lack of providers for some specialized services
- Lack of providers accepting new Medicaid patients
- Inability to afford medications
- Increased need for preventive care services
- Lack of access to dental care for people in poverty
- Likelihood of increasing chronic disease as population ages

Problems associated with access to behavioral health issues were emphasized in the health assessment process, with issues including:

- A fragmented behavioral health system
- Difficulty accessing services for those with mild to moderate behavioral health issues
- Challenging transportation issues for those living in rural areas
- Lack of providers for some specialized services, such as children and substance abuse treatment

Contributing to these challenges is the fact that Northwest Michigan, like many rural areas in the state, is experiencing a shortage of both primary care physicians and specialists. Data from the Robert Wood Johnson Foundation indicates that the State of Michigan has a ratio of about 1,271 residents for each primary care physician. However, rural areas tend to have far higher ratios of residents for each physician. On average, there are 1,955 residents per physician in Northwest Michigan, well above the statewide ratio. However, many counties in Northwest Michigan operate at even higher resident-per-physician ratios, with several counties in the region ranking near the bottom statewide in terms of access to physicians and/or health care. All but one county in the region include areas that are federally designated as Medically Underserved Areas (MUAs)¹ (see attached reference page).

A number of communities within each county in the region are designated Health Professional Shortage Areas, a federal designation for communities that have been shown to have a shortage of primary medical care, dental, or mental health providers. There are three types of HPSA designations: geographic areas (such as counties or cities), population-specific (i.e. low-income populations; or facility-specific (i.e. hospitals or correctional facilities). Each county in Northwest Michigan has either a



The region's hospitals provide a wide range of services to residents, including dialysis, cancer treatment, and preventive medicine.

partial or full-county geographic or population group HPSA designation, with many designations focused on low-income populations² (see attached reference page).

Health care access issues are likely to intensify in the coming years. According to the Michigan Academy of Family Physicians, 45% of Michigan's physicians plan to retire in the next 10 years, with the largest shortage in primary care. The Michigan Center for Health Professionals estimates a shortage of up to 5,000 nurses and 4,445 physicians by 2020, with current shortages reported among specialists in psychiatry, dermatology, endocrinology, and rheumatology³ (See attached reference page). Trends including a growing senior population and expanded access to health insurance are expected to increase demand, while rising college costs for medical students encourages some new doctors to seek higher levels of compensation to offset debt. These conditions create an increasingly competitive environment for doctor recruitment. Thus, as demand for doctors rises nationwide, physician recruitment is reportedly becoming increasingly difficult in rural areas, where compensation may be lower and doctors may have more on-call hours.

Transportation & Access to Health Care

The region's clinics, doctors, and hospitals are located primarily in urban clusters. In Northwest Michigan, where three-quarters of the population lives in rural areas, access to these health care providers often requires lengthy travel times. Transportation needs related to health care access, particularly among those in the most rural areas, are a recurring theme among community health assessments and public input.

When areas are medically underserved, residents must travel long distances to meet health needs. Lengthy travel times result in difficulties, barriers, and added expense in accessing needed health care. These access issues are of particular concern for seniors, people in poverty, and those who can't or don't drive, including disabled individuals. Transit service is limited throughout much of the region, and most residents depend on access to a private vehicle to get to work or appointments. Thus, when costs, age, or disability prohibit residents from driving, it's difficult to access needed care.

Poverty & Affordable Care

Other concerns associated with health care access for both seniors and those in poverty include the cost of care, and difficulties in accessing affordable care. Many of the region's HPSA areas are designated low-income communities with high residents-per-physician ratios, which can result in longer waiting times for residents to access health care services. These long wait times were identified as top health concerns among those in poverty, and were also identified as issues associated with mental health services.

Mental health service access issues—including cost, lack of residential treatment options for detox, long waits, difficulty in getting referrals, and lack of services for children—were also priority concerns for those in poverty⁴ (see attached reference page).

LOCATION	PRIMARY CARE PHYSICIANS PER RESIDENT	DENTISTS PER RESIDENT	MENTAL HEALTH PROVIDERS PER RESIDENT	CLINICAL CARE RANKING	HPSA
Michigan	1,268:1	1,557:1	676:1		702
Antrim	2,915:1	2,954:1	2,954:1	38	12
Benzie	2,492:1	2,953:1	1,042:1	29	3
Charlevoix	1,130:1	797:1	1,644:1	18	10
Emmet	782:1	1,152:1	643:1	6	3
Grand Traverse	654:1	1,176:1	379:1	4	7
Kalkaska	2,451:1	2,873:1	3,447:1	65	4
Leelanau	2,384:1	2,432:1	3,127:1	21	7
Manistee	1,765:1	1,864:1	1,449:1	32	3
Missaukee	3,728:1	7,613:1	n/a	53	9
Wexford	962:1	1,737:1	1,138:1	10	3

Clinical care rankings and primary care, dentists, and mental health provider data from Robert Wood Johnson Foundation County Health Rankings

Opportunities: Healthy Communities

A number of strategies and policy initiatives, led by health care organizations, local governments, and other agencies, can have important impacts on access to care. Transportation policy and investments, especially around transit, can reduce significant barriers for many of those most in need of health services. Other, volunteer-driven transportation services or programs exist in the region, and expanded or new programs could aid in providing regular transportation for those that need assistance to reach hospitals or clinics.

Other community-led initiatives that can increase access to health care include employment or training programs that contribute to higher education and better-paying jobs with benefits.

Doctor shortages are being partially addressed in many communities by an increased reliance on nurse practitioners and physician's assistants. Other communities are working to "grow their own" medical professionals, by working closely with local schools to identify students that may be interested in medical school and offering education incentives within local systems.

Additionally, targeted talent development programs may help hospitals and clinics fill other skill gaps, while improving employment prospects for residents.

Other options to address access to care issues focus on technology, such as telehealth, which provides cost-effective avenues for improving access to behavioral health providers in rural areas. Telehealth refers to the use of telecommunications and other technology to provide some diagnostic and preventive health services. It may include continuing education, video-conferenced consultations or case management, and the provision of direct mental health care services through two-way interactive systems.

Additionally, current trends around the provision of hospital services recognize and address some of the obstacles underserved communities encounter in accessing needed care. Many hospitals nationwide are examining the potential for, and implementing, neighborhood or community-based health care centers that are scaled to and located in neighborhoods.

Community Health Needs Assessment

Public and private non-profit hospitals are required to conduct community health assessments. These collaborative, community-based documents identify, assess, and prioritize the most important health issues in a given community. As part of the CHNA process, health care providers and the community can more effectively plan, develop, and foster programs address priority community needs.

Community health assessments were conducted for all hospitals in Northwest Michigan between 2011-2013. These documents review community health status, barriers to care, and other demographic and social issues affecting people and organizations in the community. In addition, health improvement plans were developed to address the needs identified in the community health needs assessments.

These assessments and plans provide an important guide to addressing community health needs, and were instrumental in identifying issues reviewed in the *Framework for Our Future*. Goals, strategies, and actions in the *Framework for Our Future* are intended to build on, rather than duplicate, goals identified in the CHNAs. *Framework* goals are community-led and/or coordinated, versus CHNA goals, which have a health-care focus.

CHNAs and related demographic and health data are available online at munsonhealthcare.org/CHNA.

➔ Healthy Lifestyles

Lifestyle-related health concerns, including obesity and smoking, were identified by Community Health Needs Assessments and *Framework* discussions as among the top health concerns facing the region. Factors contributing to these diseases are closely connected to community issues that impact food access and opportunities for physical activity.

Obesity & Diabetes

About a third of residents living in the region are obese (as defined by an individual body mass index, or BMI, greater than 30) and another one-third are overweight⁵ (see attached reference page). Overweight and obesity rates are even higher in minority populations and those living in poverty.

Obesity contributes to increased costs associated with chronic diseases, including diabetes. In Northwest Michigan, obesity has been identified as a top health risk by a number of different groups and organizations. In Community Health Needs Assessments, youth, minority populations, and people in poverty all cited obesity as a high-priority health concern.

Obesity is an important factor in diabetes. The prevalence of

diagnosed diabetes for all but two counties in the region is higher than the prevalence of diabetes at the state level; and rates of diabetes are higher for minority populations and those in poverty. Nationally, American Indians and Alaska Natives are twice as likely to have diabetes when compared with non-Hispanic whites⁶ (see attached reference page).

Obesity and diabetes are particular concerns among low-income populations. Research shows that earning less than \$15,000 per year correlates to double the risk of developing Type 2 diabetes. Nationwide studies indicate that people who live in poverty-dense counties are those most prone to obesity: communities with poverty rates of greater than 35% have obesity rates 145% greater than wealthier counties⁷ (see attached reference page).

Our weight and health depend in large measure on our diets. As such, access to healthy food is central to addressing obesity and diabetes. Communities that lack full-service grocery stores and neighborhood food markets have less access to fresh fruits and vegetables; and fresh, healthy food that is unaffordable to lower-income households will often be passed over in favor of cheaper,

often healthier foods. In Northwest Michigan, food access issues are most likely to be centered around the affordability of healthy food. Many lower-income households with tight budgets have little choice but to purchase processed and pre-packaged foods, which, while more affordable, these foods typically come with higher calories, sodium, and sugar counts. In addition, community input heard during *The Framework* process indicates that many families, particularly those living in generational poverty, may lack the knowledge of how to prepare fresh foods.

Exercise & Physical Activity

Physical activities and exercise play an important part in preventing and addressing obesity. However, the design of some neighborhoods and communities discourages physical activity. In some cases, neighborhood or subdivision design creates conditions in which it is difficult or unsafe for residents to walk and bike. In other cases, neighborhoods may not have good access to parks and other recreation opportunities that provide important options for exercise and fitness.

Local policies and the physical environment influence daily choices that affect both our physical activity

LOCATION	% OF ADULTS THAT REPORT BMI >= 30	DIAGNOSED DIABETES PREVALENCE (2011, CDC)	ACCESS TO EXERCISE OPPORTUNITIES	PHYSICAL INACTIVITY	FOOD ENVIRONMENT INDEX	HEALTH BEHAVIORS RANKING
Michigan	32%	10.1%	78%	24%	7.5	
Antrim	31%	11%	72%	24%	8.7	45
Benzie	32%	11.1%	66%	21%	8.6	4
Charlevoix	27%	11%	67%	20%	8.5	13
Emmet	29%	9.7%	80%	20%	7.8	11
Grand Traverse	31%	9.4%	80%	18%	8.4	7
Kalkaska	30%	12.1%	76%	28%	8.1	73
Leelanau	27%	10.9%	77%	25%	8.7	10
Manistee	29%	11.8%	76%	26%	8.1	67
Missaukee	33%	11.3%	65%	25%	7.9	33
Wexford	33%	11.5%	84%	26%	7.8	47

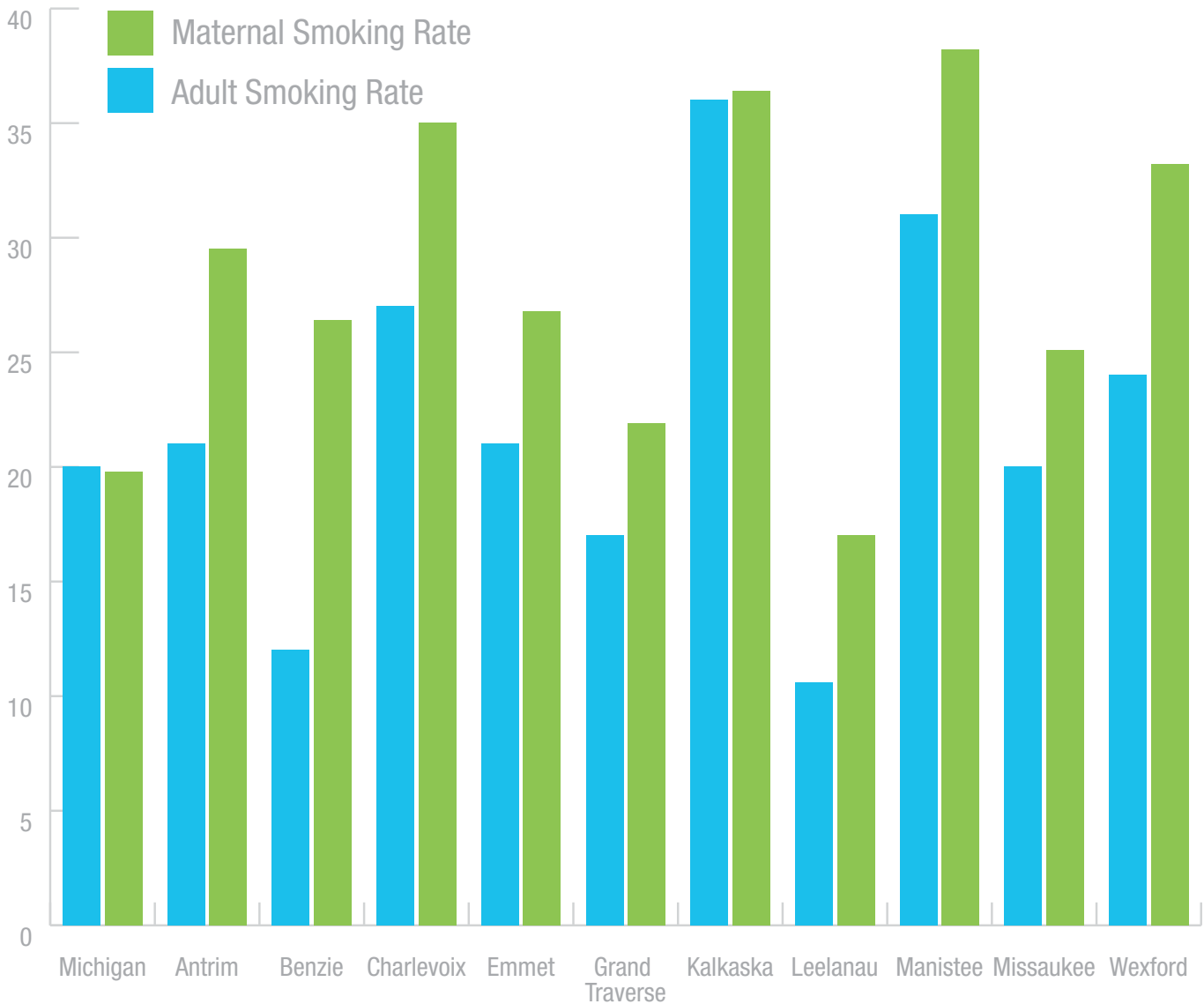
levels and, subsequently, our weight and health. For example, families living in neighborhoods that are zoned exclusively for residential use must drive to work and school because it is too far to walk. Transportation policies and investments, meanwhile, focus on road maintenance and vehicle traffic above non-motorized transportation projects that could offer more and safer options for walking and biking.

Smoking

Smoking—and, in particular, smoking by pregnant women—was identified as a priority health concern through the community health assessment process and in *Framework for Our Future* discussions. Maternal smoking rates in all but one of the region's ten counties are higher than the state average, and all counties have significantly higher rates

of maternal smoking than goals identified in Healthy People 2020, a set of national health objectives and benchmarks designed to measure the impact of prevention activities while empowering action and encouraging collaboration⁸ (see attached reference page).

SMOKING IN NORTHWEST MICHIGAN



Adult Smoking rate data from Robert Wood Johnson Foundation, 2014 County Health Rankings, 2006-2012 data; Maternal smoking rate data from Michigan Department of Community Health, 2012

Opportunities: Healthy Communities

Many aspects of our physical environment that influence obesity and related diseases are created, managed, and maintained by local governments. Local governments can make a real difference in creating healthy environments that benefit all people living in their communities. For instance, local policies and incentives can affect the presence or absence of parks, sidewalks, bike lanes, mixed-use development, healthy food retailers, and farmers markets. Zoning that allows a mix of uses or plans for new residential development near services, jobs, and shopping can provide more opportunities for residents to walk or bike, thus encouraging physical activity. Local recreation plans, meanwhile, lead the way for new parks and other opportunities for recreation.

markets, ultimately reducing costs of fresh, local food. Food innovation districts may also include activities or uses like nutrition classes, community gardens, or other healthy food-based community initiatives that can increase awareness and access to healthy food and lifestyles.

Public schools are important partners that children have access to healthy food and sufficient opportunities for physical activity during the school day. School policies that establish physical activity requirements and nutrition standards in schools and daycare facilities can promote the health and well-being of children.

Targeted talent development programs may help hospitals and clinics fill other skill gaps, while improving employment prospects for residents.

Further, local transportation initiatives, such as Complete Streets policies or plans that enhance pedestrian or bicycle access increase the safety of walking and biking, and can work to encourage walking or biking. Safe Routes to School initiatives provide programming and paths that enable children to walk or bike to school safely.

Similarly, local policies around agriculture and food systems can support better access to healthy food. Food hubs and food innovation districts offer opportunities for producers and food businesses to build and expand local

During the *Framework* process, stakeholders discussed a number of goals and actions relative to smoking/maternal smoking cessation. While many of these smoking-cessation programs and initiatives are and will be driven by individual choices and health care agencies, communities can also take some measures to discourage smoking. For instance, communities can enact laws or ordinances to prohibit smoking in public places such as parks, and can also engage in partnerships to provide education to residents, or incentive programs such as smoking cessation contests.

➔ Healthy Places: Community Health & the Environment

The environment we live in directly affects our health. Environmental factors like poor air quality contribute to cancers, cardiovascular disease, asthma, and other illnesses, while poor water quality can lead to gastrointestinal illness and a host of other conditions, including neurological problems and cancer. Additionally, some chemicals in and around homes and workplaces can contribute to acute poisonings and other toxic effects.

Other factors, including those in our built environment, such as poor quality housing, can cause or exacerbate chronic illnesses, or can contribute to unhealthy lifestyles.

The Natural Environment

Safe air, land, and water are fundamental to a healthy community environment. An environment free of hazards, such as secondhand smoke, carbon monoxide, allergens, lead, and toxic chemicals, helps prevent disease and other health problems.

The region's natural environment is a substantial component of its high quality of life. Residents throughout the region breathe clean air and have ready access to high-quality lakes, rivers, streams, forests, and open space—both public and private. Air and water quality in Northwest Michigan is high, and very few neighborhoods within the ten-county region are noted as having increased access to environmental pollutants. The preservation of this high-quality environment, and subsequently its high quality of life, is one of the region's top priorities, and a goal almost uniformly cited by communities and residents throughout the region. Implementing and enforcing environmental standards and regulations monitoring pollution levels and human exposures, building environments that support healthy lifestyles, and considering the risks of pollution in decision-making are paramount in continuing to improve and protect the region's health and quality of life.

The Built Environment: Housing Accessibility

The built environment—including homes, schools, parks, greenways, and transportation systems—affects both individual health and environmental quality.

Inadequate, deteriorating, or substandard housing has been shown to increase exposure to allergens, indoor air pollutants, and extreme hot or cold temperatures. These conditions, in turn, can lead to the development of chronic or infectious diseases and increased mortality rates among some populations⁹ (see attached reference page).

In addition, housing's impact on health extends beyond the issues associated with substandard homes. Many families that can't afford housing may have to "double up" with relatives or friends, which can result in overcrowding. Crowded homes come with increased risks of health hazards like communicable diseases and stress. And, those that live in unaffordable housing have less expendable income, which reduces the resources available for healthy food, child care, and health care. Fewer resources can in turn result in hunger, stress, and decreased access to health care.

Housing condition is a concern region wide, with residents in public discussions and surveys conducted as part of the *Framework for Our Future* indicating that their communities need more housing choices that are of higher quality or in better condition. Input also reflected that many families live in unsafe and unsanitary conditions throughout the region. Often, the short supply of available and affordable housing leaves families with few choices but to live in deteriorating or inadequate homes. This issue is often cited as being of particular concern for renters, with many residents reporting that the limited availability of rental choices discourages them from reporting or addressing substandard housing concerns, in fear that they may lose their rental home and that additional housing may not be available.

Disabled individuals have specific community needs relative to housing and public spaces, with significant challenges related to accessibility both in homes and in public spaces.

Accessible housing, or barrier free housing, is a term used to describe homes that are accessible to as many people as possible, regardless of disabilities. It includes features such as lower cabinets and appliances, wider doorways, grab bars, ramps, and tub seats that are designed to meet the needs of individuals with either permanent or short-term disabilities. These features may be included as specifications during the design and construction of a home, or homes may be adapted to include them as necessary. Accessible housing is needed by anyone who is currently disabled or may be in the future. Most individuals are likely to experience a disability at some point in their lives, as even temporary injuries can make normal activities very difficult. However, there is very limited availability of accessible units throughout the region. Review of rental units shows that 3% or less of rental housing units in the region include accessibility features (note that this does not include senior housing).

Additional community challenges for the disabled include contending with transportation systems that are designed around private vehicles. For disabled individuals who can't drive, transit options are limited, and many residential neighborhoods and homes lack connections to services, jobs, or shopping. Even existing pedestrian facilities often come with obstacles for the disabled, such as street crossings, paths, and sidewalks that may be too narrow for or otherwise not accommodate wheelchairs or those with other mobility impairments. And, in Northwest Michigan, many recreation opportunities are focused on water and other natural resources, which may be difficult to access for those in wheelchairs, and due to terrain

and other environmental features, there are limited trails that provide universal or barrier-free access.

Healthy Communities

In addition to housing and natural resources, our health is also impacted by community design. Healthy

community design—which comes with a mix of uses, pedestrian and bicycle connections, transit and transportation options, and easy access to recreation—can encourage increased physical activity, safety, access to healthy food, greater social connections, and a higher quality of life. Compact, mixed-use development that is close to services,

employment, and recreation encourages and accommodates greater levels of physical activity. Healthy community design also allows more options for seniors to age in place, by reducing dependence on private vehicles and improving access to services, shopping, and other day-to-day necessities.

Poverty & Health

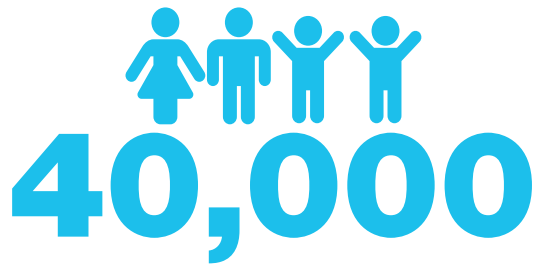
Populations in poverty are more likely to be affected by obesity and subsequent health concerns such as diabetes. Studies point to conditions that put low-income adults and children at risk for numerous other health conditions, including:

- Chronic stress. Living in poverty can cause frequent and chronic stress, which results in higher levels of cortisol—a hormone released when the body is under stress. Constantly elevated levels of cortisol can cause a wide range of side effects, such as high blood sugar levels and high blood pressure.
- Physical activity is key to managing stress, controlling weight, and preventing disease. But people living in poverty may have fewer options for physical activity. Recreation programs, activities, or fitness club memberships are likely to be unaffordable to those in poverty, and some poorer neighborhoods may have fewer parks or recreation options nearby.
- Research suggests that negative circumstances in early childhood raise a child's risk of developing a number of conditions, from respiratory and cardiovascular diseases to diabetes. Reports have found that any children who have lived in poverty have significantly poorer health outcomes—ranging from

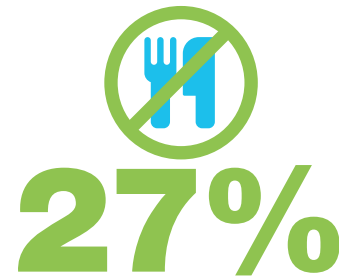
developmental delays and psychological problems to higher rates of asthma and more frequent hospitalizations—than children who have never experienced poverty.

Residents of lower-income neighborhoods may find it difficult to access fresh, healthy, affordable foods. Input received during the *Framework* process identified barriers associated with accessing and preparing healthy foods, including time constraints, limited budgets, and lack of cooking knowledge.

- The conditions that contribute to diabetes—including poor access to health care and healthy lifestyles—also make it extremely difficult to manage the disease, meaning low-income patients are suffering from some of the most debilitating side effects of diabetes. Insufficient income, inadequate or insecure housing, and food insecurity have been identified as significant barriers to managing the disease.
- Above and beyond fresh and healthy food access issues, many individuals simply lack the resources to afford enough food. These “food insecure” households may need to regularly make trade-offs between basic needs like housing and medical expenses and purchasing nutritionally adequate food. Over 40,000 people in NW Michigan are considered food-insecure



FOOD INSECURE PEOPLE



FOOD INSECURE PEOPLE
ARE NOT ELIGIBLE FOR FOOD
ASSISTANCE PROGRAMS

Opportunities: Healthy Communities

Healthy community design is encompassed in many of the planning and policy decisions made locally. Issues such as the separation or integration of different types of land uses; the siting and development of parks and trails; transportation connections and transit options; accessibility; housing choices; and environmental quality are all heavily impacted by local decision-making and community initiatives.

Community-led initiatives can preserve and protect quality natural environments with unique features, and environmental protection through zoning ordinances can address issues such as storm water runoff and subsequent contamination of our lakes and rivers. Brownfield redevelopment programs provide incentives for property owners to address contamination that poses a serious risk to our water quality. Health concerns in the built environment, meanwhile, can be

important community contributions to environmental health. Transportation policies such as Complete Streets consider all users of the transportation network, and encourage more non-motorized connections such as sidewalks and trails between homes and businesses. These policies also encourage the consideration and addition of accessibility features to existing and new connections to ensure safety and access for all users.

Communities can also strive for greater accessibility in their parks and recreation facilities. Accessibility in parks is a high priority for many organizations, and a number of funders, including the Michigan Natural Resources Trust Fund, provide grant opportunities to help improve disabled access in parks and recreation facilities. Many communities are considering, or have already implemented, features such as mobility mats that allow wheelchair access to beaches. Others have

Enhancing accessibility and increasing connectivity in public spaces and transportation systems are also important community contributions to environmental health.

addressed by a variety of policy decisions, such as the use and enforcement of nuisance and rental inspection ordinances to address substandard housing. Incentive programs such as Neighborhood Enterprise Zones can be effective in encouraging property owners to rehabilitate their homes, while grant-funded programs at the county level, like home repair and improvement grants and loans, offer opportunities for eligible families to conduct needed home improvements.

Enhancing accessibility and increasing connectivity in public spaces and transportation systems are also

developed or are considering paved, universally accessible trails and paths within their parks and natural areas.

Housing design and accessibility features are largely driven by construction codes and private builders. Nationwide, some cities and counties have mandated minimum access requirements, such as wider door and hallway widths, in their construction codes, while states including Kansas, Minnesota, Florida, and Vermont have passed legislation addressing accessibility needs.

➔ Local Implementation Checklist: Community Health

Implementation Checklist identifies some examples of how communities in Northwest Michigan and other parts of Michigan have addressed housing needs in their local policies. Communities may consider this language, and/or *Framework for Our Future Strategies*, when updating their own local policies.

Master Plan Goals and Objectives

A master plan is a guide that's intended to shape local decisions about managing resources, directing growth, and how development should be designed. Master plans help the community understand current conditions, build a vision for the future, make recommendations about actions to take on various community issues, and act as the foundation for zoning ordinances.

Community health is not often specifically addressed by local master plans. However, many community factors that impact health are addressed by local master plans—such as walkability, housing choices, environmental quality, and transportation options. Master plans that include all of these elements can help lay the groundwork for healthy community design. In addition, some communities may wish to provide more specific goals for community health in order to ensure that local planning decisions consider the impacts of development on individual and community health.

Support the health and well-being of all residents in decision-making and policy development.

- ☐ Review and consider health needs assessments and current health data when evaluating future planning decisions and projects.
- ☐ Integrate health in planning decisions in development decisions, including in-fill development, mixed-use development, walkable, bikeable neighborhoods and green building practices into plans, policies, and ordinances.

Support community design practices that encourage and accommodate active, healthy lifestyles

- ☐ Provide for mixed-use development with non-motorized connections between neighborhoods, commercial areas, and employment centers
- ☐ Ensure connectivity of neighborhoods and diverse land uses
- ☐ Ensure walkability/bikeability and pedestrian infrastructure and amenities to promote physical fitness through

alternative modes of transportation

- ☐ Provide a diverse mix of safe, accessible, affordable, and healthy housing choices for all ages, incomes, and abilities
- ☐ Provide a range of recreational opportunities for all ages and abilities to promote well-being and physical activity
- ☐ Promote Safe Routes to School programs in addition to generally safer transportation when planning locations of new schools
- ☐ Consider adoption of a Complete Streets policy or resolution

Increase access to fresh, healthy, affordable food

- ☐ Dedicate public and vacant land for community gardens and community-supported agriculture to grow food and serve educational purposes.
- ☐ Allow for small-scale and urban agriculture
- ☐ Consider limitations on fast-food or drive through restaurants

Zoning Ordinance Elements

Zoning ordinances are local laws that regulate land and buildings in order to protect the health, safety, and welfare of all citizens. It helps define how properties are used, what new buildings look like, and how much development can occur in a community.

Similar to master plans, many elements of a local zoning ordinance directly or indirectly impact healthy community design and lifestyles. Some zoning approaches that could help to achieve healthy community design include:

- ☐ Allow for and encourage mixed-use development
- ☐ Permit higher densities in neighborhoods with close access to services/mixed use
- ☐ Require or incentivize the inclusion of sidewalks and trails that provide non-motorized connections between uses
- ☐ Allow a range of housing types and choices

➔ Framework Strategies

As a resource for communities in Northwest Michigan, the *Framework for Our Future* identifies a number of strategies and actions that communities can take locally to address their specific needs. Because each community identifies their own goals, through public input, local discussions, and need analyses, the strategies and actions identified in the *Framework* are not intended as recommendations for any communities to implement or adopt. Rather, they are provided as a resource list of potential actions that, if desired, can be taken locally and/or used as model language for local master plans, organizational strategic plans, and other policy documents, to address various community needs.

The strategies and actions in the *Framework* were developed from public input and local, regional, statewide, and national sources. Many are based on public input obtained during the *Framework for Our Future* process in events, focus groups, interviews, online discussions, and community dialogues, and were also drawn from or based on master plan language from existing adopted master plans within and outside the region. Others reflect state or national best practices designed to address specific issues.

Strategies are grouped around four major themes that reflect needs and potential actions for each community issue.

- **Education, Data & Outreach.** Often, taking action on a community need requires a solid understanding of the need, as well as public consensus on the appropriate course of action. Education, Data, & Outreach strategies address data gaps, outreach needs, and educational opportunities that can help to improve community understanding and awareness around a particular issue.
- **Planning & Policy.** Many community issues can be addressed in part by local policy, such as master plans and zoning ordinances. Planning & Policy strategies identify broad policy goals and specific changes to master plans or zoning ordinances that can impact a particular issue.
- **Funding & Incentives.** Communities can use funding and incentive tools to encourage private, public, and nonprofit initiatives and activities that meet local goals. Funding & Incentives strategies identify opportunities that can enhance organizational capacities, as well as incentives that may help communities work with the private sector and others to meet local goals.
- **Development & Implementation.** Goals for each community issue center around programs,

development or initiatives that directly and tangibly impact community needs. Development & Implementation goals include specific strategies designed for on-the-ground activities and bricks-and-mortar implementation.

Each strategy includes additional information intended to aid in implementation, including:

Why?

Each strategy is designed to address a certain issue. Information is provided to detail specific community needs that might be met through implementation of the strategy.

Actions

To implement each strategy, communities can consider taking action in a number of ways. This section identifies some specific actions that communities might consider to reach local goals.

Tools & Resources

A number of existing tools or resources are available to partners that are interested in taking action on a particular strategy. This section identifies, and provides links to, tools and resources such as:

- Research or background studies that can help communities identify specific community needs in order to develop appropriate policy or initiatives
- The *Framework for Our Future Action Guide*, which provides details and implementation guidance for planning and zoning actions identified in the *Framework*
- Guidebooks and workbooks that provide step-by-step information on actions and the implementation process
- Examples of where the action has been implemented regionally
- Local, regional, state, or national reference documents that can provide additional guidance

Links to all resources are available online at www.nwm.org/rpi.

Measures

Communities can track progress toward these goals and actions by benchmarking data identified in this section. While some measurement data will be locally generated and tracked, many indicators can be accessed on the regional data portal www.benchmarksnorthwest.org.

Community Health: Data, Education & Outreach

Improve knowledge and understanding of community roles and opportunities in improving health outcomes

Strategy 1	Raise awareness among the public of health issues, prevention, and programs related to healthy lifestyles	
Why?	Many factors that play a role in health outcomes revolve around individual choices. Providing information and education to the public and stakeholders can help individuals make informed, healthy lifestyle decisions.	
Actions	Encourage adoption of healthy lifestyles through an effective public awareness campaign by promoting local, regional and national physical activity and nutrition resources for the community	Develop educational programs in partnership with employers and other stakeholders
	Provide for nutrition, cooking, preserving classes and taste tests at high traffic locations, such as food pantries and farm markets	Coordinate with partners to develop effective health outreach to low-income households and households in poverty
	Coordinate with partners to conduct an anti-smoking campaign, with an emphasis on maternal smoking cessation	
Tools & Resources	Media Access Guide: A Resource for Community Health Promotion	The Health Communicators Social Media Toolkit
	Establishing Work Site Wellness Committees in Perry County, Alabama	Facilitating Adoption of a Smoke Free Housing Policy for a Tribal Housing Authority
Measures	Community survey results	
Strategy 2	Raise awareness among local units of government and other stakeholders on community role in health outcomes	
Why?	Community design is a critical factor in healthy lifestyles. However, many players don't recognize the role that local policies play in discouraging physical activity, limiting access to fresh foods, or other lifestyle-related issues. Providing regular information on how local decision-making impacts health issues can help communities act as effective partners and leaders in better health outcomes.	
Actions	Provide regular information to local units of government on community health and healthy community issues	Develop and provide data to schools, employers, and other stakeholders on healthy lifestyles
	Work with state and regional partners to offer/provide/participate in regular workshops, webinars, packaged training, & presentations on community health needs and policy actions for local units of governments	
Tools & Resources	Community Health Needs Assessments	Munson Community Health Dashboard
	Healthy Community Design website	
Measures	Number of plans with public or community health elements	

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Strategy 3	Continue to identify, assess, and evaluate community health needs and resources	
Why?	Taking stock of the community's needs, resources, strengths, and assets on a regular basis will ensure that programs and actions are responding effectively to community health concerns.	
Actions	Regularly update Community Health Needs Assessments	Identify and develop valid and accurate measures to track progress toward community health goals (see countyhealthrankings.org "Assess Needs & Resources")
Tools & Resources	Community Health Needs Assessments	
	Munson Healthcare Community Dashboard	Robert Wood Johnson Foundation County Health Rankings
Measures	Regularly updated CHNAs	Benchmarks Northwest

Community Health: Planning & Policy

*Coordinate plans, policies, and programs
that contribute to healthier lifestyles*

Strategy 1	Consider planning & zoning policies that promote healthy community design		
Why?	Community design plays a tremendous role in the physical activity, recreation opportunities, and other health factors of residents. Healthy community design—which comes with a mix of uses, pedestrian and bicycle connections, transit and transportation options, and easy access to recreation—can encourage increased physical activity, safety, access to healthy food, greater social connections, and a higher quality of life.		
Actions	Review and update plans to ensure community health goals and visions are included	Require sidewalks, trails, and/or non-motorized transportation connections for all new commercial development	
	Consider mixed-use or form-based zoning	Consider zoning changes to allow for a greater diversity of housing	
Tools & Resources	New Designs for Growth	Planning for Pathways	Planning and Health Resource Guide for Designing and Building Healthy Neighborhoods
Measures			
Strategy 2	Consider planning & zoning policies that promote healthy food production and access		
Why?	Inadequate access to fresh, healthy food—caused either by a lack of full-service grocery stores or financial limitations of consumers—has been found to have a significant impact on obesity and obesity-related disease such as diabetes. Local policies that encourage access to fresh, healthy, affordable food can contribute to healthier diets and better health outcomes.		
Actions	Consider zoning changes to allow for food production and processing in appropriate areas	Consider zoning changes to allow food distribution, food hubs, and food innovation districts in appropriate areas	
	Consider zoning changes to allow small-scale urban agriculture in cities and villages	Consider zoning changes to allow community gardens, market gardens, and other small-scale production	
	Consider zoning changes to allow farmers markets, roadside stands, and other direct-to-consumer retail activities in appropriate areas	Consider allowing form-based or mixed-use zoning to ensure easy residential access to food retail	
	Consider zoning changes to allow for small scale neighborhood retail opportunities	Consider limits or restrictions to fast food/drive through establishments	
Tools & Resources	Food Innovation District guidebook		New Designs for Growth
Measures			

Strategy 3	Consider/support implementation of community health needs assessments in local plans and policies	
Why?	Community health needs assessments identify priority health concerns, and also provide an important collaborative platform for addressing those needs. Linking community development efforts to the goals and objectives of community health needs assessments and plans can provide an enhanced infrastructure for addressing community needs.	
Actions	Consider health needs, concerns, and assessments in local master plan development and updates	
Tools & Resources	Community Health Needs Assessments	Healthy Community Design Toolkit
	Center for Disease Control and Prevention	
Measures		

Community Health: Financing, Incentives, Partnerships

Support, enhance, and expand financial aid

Strategy 1	Support and facilitate community partnerships between health stakeholders and community leaders	
Why?	Partnerships are an important mechanism for building and sustaining capacity among health stakeholders. They bring together diverse skills and resources for more effective outcomes. By making the best use of these resources, partnerships can increase program efficiency.	
Actions	Engage local units of government in community health assessments and planning processes	Build, maintain, and sustain diverse multi-sector partnerships to work collaboratively to implement CHNA and <i>Framework</i> strategies that result in meaningful change
Tools & Resources	CancerControl Planet Partnership Toolkit	FSG Collective Impact
	Partnership Webinar Series	Human Service Collaborative Bodies
Measures		

Community Health: Development/Implementation

Improve opportunities for and access to healthier food

Strategy 1	Increase access to, and consumption of, fresh, healthy food		
Why?	Inadequate access to fresh, healthy food has been found to have a significant impact on obesity and obesity-related disease such as diabetes. Increasing access to and knowledge of fresh, healthy, affordable food can contribute to healthier diets and better health outcomes.		
Actions	Ensure regular, healthy meals in schools		Establish and/or expand farm-to-institution programs
	Establish nutrition standards for food pantries		Ensure SNAP and double-up food bucks are accepted at farm markets
Tools & Resources	Michigan Farm to School	Farm Aid's to School 101 Toolkit	A Guide to Implementing Farm to School in Your District
Measures	Number of farm-to-institution programs		Number of farmers markets accepting SNAP and double-up food bucks
Strategy 2	Increase access & enhance access to places for physical activity		
Why?	Physical activities and exercise play an important part in preventing and addressing obesity. Improving neighborhood design and connectivity, improving access to parks and recreation opportunities, and incentivizing and encouraging physical activity, can promote physical fitness and improved health outcomes.		
Actions	Incorporate healthy community design principles into new development		Expand or enhance networks of open spaces, physical recreation facilities, and safe walking or biking paths
	Coordinate with schools, private partners, and others to encourage and promote physical recreational activities through free or reduced-cost access to exercise or recreation facilities (half-day free rentals at ski resorts, etc/ walking groups)		
Tools & Resources	Planning for Pathways		
	Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults: An Action Guide		Working with Schools to Increase Physical Activity among Children and Adolescents in Physical Education Classes
Measures			

Strategy 3	Incorporate accessibility features into new development and community design	
Why?	Disabled individuals experience significant challenges related to accessibility, both in homes and in public spaces. Encouraging accessibility features throughout the community can increase safety and access for all.	
Actions	Encourage accessibility features in new parks and recreation facilities	Encourage accessibility features in retrofits and new home design
Tools & Resources	US Forest Service Accessibility Guidebook for Outdoor Recreation and Trails	
Measures	Percent of rental housing units with barrier-free or accessibility features	Number of parks with barrier-free or accessibility features
Strategy 4	Increase the availability and diversity of quality, safe, and affordable housing	
Why?	Substandard, unaffordable, or overcrowded housing situations can cause or contribute to significant health concerns, particularly for children and the elderly. Ensuring an adequate supply of safe, decent, affordable housing choices contributes to the financial, social, and physical well-being of residents and the community.	
Actions	See Housing strategy	Develop and enhance programs for home repairs
	Rehabilitate and replace homes as necessary	Deconstruct or demolish vacant, deteriorated buildings
Tools & Resources	Northwest Michigan Housing Inventories	Target market analyses
Measures		
Strategy 5	Ensure adequate and appropriate plans, programs, and services are available for the increasing elderly population	
Why?	Northwest Michigan's population is aging at a rate faster than the state or the nation. Increasing numbers of seniors, and declining proportions of young people, will contribute to changing needs for services and housing. Assessing senior needs can help communities plan appropriately for future demand.	
Actions	Conduct senior housing needs assessment	Explore and support emerging models for senior housing and service delivery
Tools & Resources	Target market analyses	
Measures		

Strategy 6	Increase the accessibility and availability to medical, dental, and behavioral health care for residents of all ages and incomes	
Why?	Fewer primary care physicians, as well as fewer specialty clinics, are available in the region than in more urban or developed areas of Michigan, and behavioral health services are particularly limited. Rural, medically underserved residents also often encounter additional challenges in transportation and transportation-related expenses related to health care.	
Actions	Support expansion of community-based behavioral health services	Explore non-traditional medical delivery models such as telehealth/telemedicine and shared medical appointments
	Coordinate with partners to train and recruit medical professionals to the region	
Tools & Resources		
Measures		

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