

RWJF Culture of Health
Community Portrait

Sanilac County, Michigan



Larry Knupp, istockphoto.com



ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a **Culture of Health** is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for **Sanilac County, Mich.**, and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Sanilac County, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews; an environmental scan of online and published community-specific materials; review of existing population surveillance and monitoring data; and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, human services, youth development, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 15 unique respondents were interviewed during winter and spring 2018. All

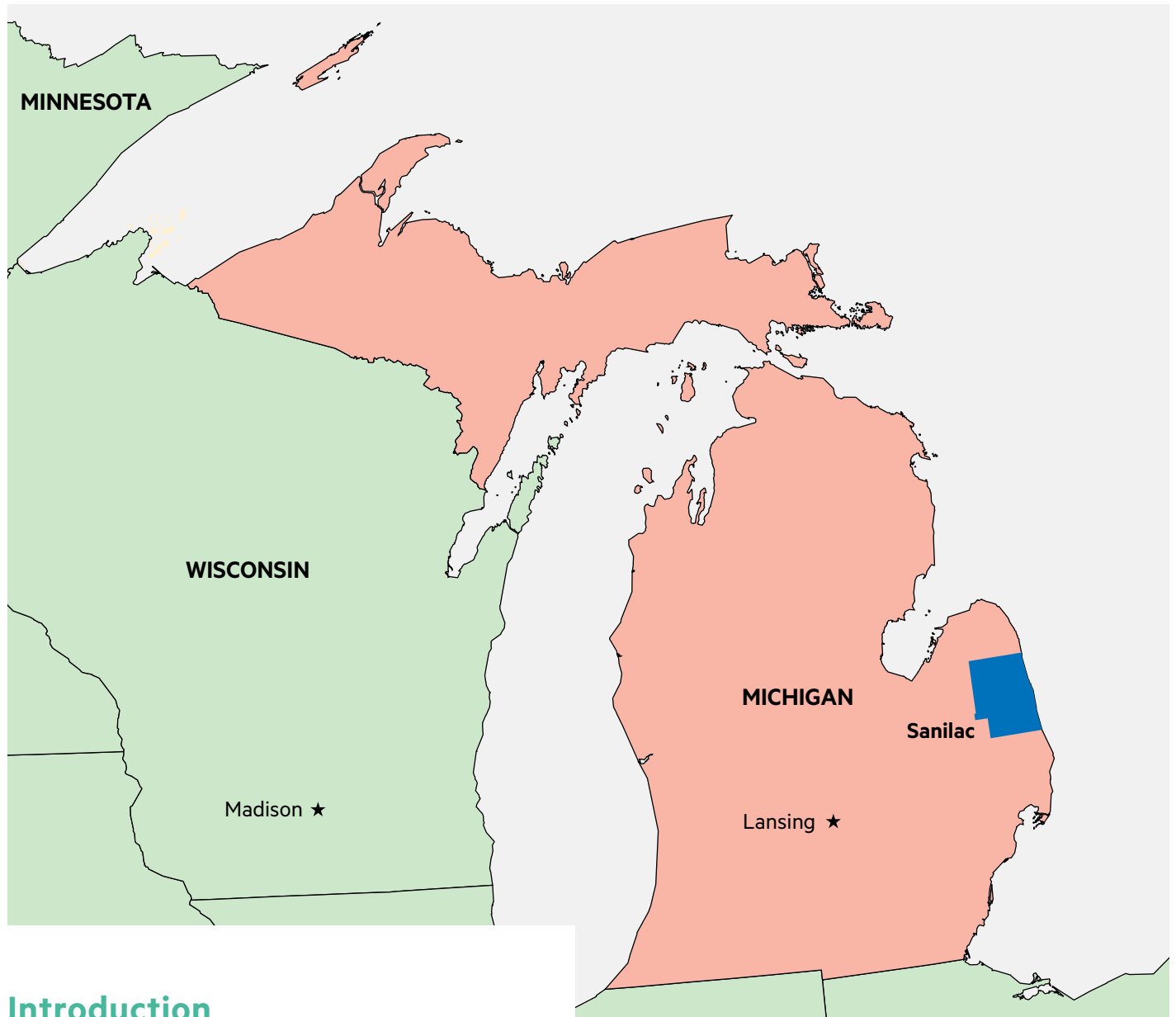
interviews (lasting 30–75 minutes each) were conducted using semistructured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants' responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a "respondent." Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports will also be posted on rwjf.org/cultureofhealth.

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Introduction

In our Snapshot report of [Sanilac County, Mich.](#), we described a rural county focused on rebuilding its economic base, while also combating an opioid epidemic and addressing the provider shortages that make it difficult for residents to access basic health services. We described key activities that aim to address these challenges, focusing on improving population health. In this report, we examine Sanilac County's continued efforts to improve population health and build a healthier and more equitable community using the [Culture of Health Action Framework](#) to interpret and organize key findings. The Framework prioritizes four broad Action Areas: 1) *Making Health a Shared Value*; 2) *Fostering Cross-Sector Collaboration to Improve Well-Being*; 3) *Creating Healthier,*

More Equitable Communities; and 4) *Strengthening Integration of Health Services and Systems*. Within these areas, activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how stakeholders in Sanilac County are focusing on improving access to basic health services, stimulating economic development, and developing policies and practices to address emergent substance abuse issues.

CONTEXTUAL CONDITIONS

Located on the eastern "thumb" of Michigan, Sanilac County is a rural area where the population is waning, incomes are lower than average,

and residents are older compared to the state overall. The county is home to 41,269 people, of whom 95 percent are white and 21 percent are 65 or older (compared to 17% for Michigan overall and 12% nationally). The median household income is \$44,417 (versus the state average of \$52,668), and 14.5 percent of the population lives under the poverty line (versus 14.2% for Michigan overall and 12.3% nationally). Between 2010 and 2017, the county lost 4 percent of its population primarily due to the declining auto industry, and student enrollment has declined.

Unemployment is low at 3.8 percent, but over 14 percent of working people still live in poverty, suggesting that many jobs may not provide a living wage.¹ One respondent from the philanthropic sector said of the economic climate: “We’ve got a whole generation of kids that believe there are no good-paying jobs because they were brought up ... [with] people trying to make ends meet and everybody leaving jobs.”

Once a community defined by agriculture and manufacturing, the largest industries in Sanilac County today are manufacturing, health care, social assistance, and retail.² Employment in agriculture is waning as factory farms replace many family-owned farms, and opportunities in manufacturing have generally decreased over the past three decades. Manufacturing employs less than 20 percent of the county’s workforce, compared to 30 percent in the 1990s.

The county, on the southern edge of Lake Huron and Saginaw Bay, has nearly 1,000 square miles of farmland, beaches, and waterways, and it attracts some seasonal tourism. While the waterfront is seen as an asset that could be used to promote Sanilac County as a rural retirement destination, a respondent from the health care sector said, “Tourism is probably not the way ... to get [Sanilac County] out” of economic stagnation.

“WE’VE GOT A WHOLE GENERATION OF KIDS THAT BELIEVE THERE ARE NO GOOD-PAYING JOBS BECAUSE THEY WERE BROUGHT UP ... [WITH] PEOPLE TRYING TO MAKE ENDS MEET AND EVERYBODY LEAVING JOBS.”

PHILANTHROPIC SECTOR RESPONDENT

Although health care is the second largest industry in the community, Sanilac has significant shortages in most medical professions. For example, the county has no OB/GYNs or labor and delivery units, which can be an obstacle for younger residents starting families, and it took several years for the community to acquire a dental clinic that opened in 2018. Most health care workers in the county have two-year degrees for certified nursing assistants or are orderlies.³ In fact, the federal Health Resources and Services Administration has designated the county as a Health Professional Shortage Area (defined as “having shortages of primary care, dental care, or mental health providers”) and as a medically underserved area and population (defined as having few primary care providers, high infant mortality rates, high poverty rates, and a large elderly population).⁴ However, shortages could improve in certain professions, as the Michigan Bureau of Labor Market Information and Strategic Initiatives is projecting growth in mid-level

nurse practitioners and physician assistants in East Michigan. This optimism is based on a favorable mix of projected long-term job growth, projected annual job openings, and median wages.

In addition to shortages of medical professionals, transportation is a barrier to residents accessing health care. With little public transportation, many older adults and others without vehicles may find it difficult to get to a health care provider and health-promoting assets like gyms. Indicators related to health in Sanilac County are similar to those across the state with two exceptions: the county has 2 percent fewer smokers, and only 28 percent report having access to exercise opportunities (compared to 78% for the state).⁵

Although county-level data are not available for Sanilac County, drug-related deaths and in-patient stays resulting from opioid addiction have been increasing in rural Michigan since 2010.⁶ As one respondent from the social services sector noted, county residents are “independent and gritty”—characteristics that historically have been a barrier to a person seeking preventative care.

Despite significant barriers to health care access, statewide policy has helped increase the number of insured residents. In 2015, Michigan approved a Medicaid expansion plan, Healthy Michigan, under the Affordable Care Act. Medicaid expansion provides health insurance to low-income Sanilac County residents, and it covers some prison health costs previously covered solely by the state. The expansion program’s authorization is credited with reducing the state’s rate of uninsured by 53 percent between 2013 and 2017, increasing personal income in the state, and saving Michigan approximately \$235 million in health care costs.^{7,8} Respondents from the health care sector described Healthy Michigan, as a “lifesaver” and a “roaring success.” As of August 2018, in Sanilac County, 2,376 adults under 65 years old (less than 6% of the county) are enrolled in Healthy Michigan, compared with about 8 percent of the population under 65 statewide.

Recently Michigan enacted a work requirement for Medicaid recipients to work at least 80 hours per month, with a few exemptions for pregnant women, full-time students and those who can’t work because of a medical condition. Industry analysts estimate that about 39 percent of those currently receiving Medicaid will be exempt. The other 61 percent will have to report qualifying activities (e.g., work, job training). Unless there are changes to the legislation, if the bill takes effect in 2020, an estimated 9 percent to 27 percent of enrollees may lose their coverage.⁹

COMMUNITY CAPACITY TO PROMOTE HEALTH AND WELL-BEING

Coupled with Michigan’s current legislative environment promoting affordable health insurance, Sanilac County has strong health-focused collaborations working to increase access to care; academic partnerships to improve technical and career training; and law enforcement and health resources to address the opioid crisis. Through partnerships with health networks, educational institutions, and other nonprofits, Sanilac actively promotes health and well-being over the long term.

Health system and health department partner to expand access.

Partnerships between local health care systems, nonprofits, and government agencies have developed in an effort to align the training pipeline with the community's health care needs. The McKenzie Health System, a 25-bed Critical Access Hospital in Sandusky,¹⁰ partnered with medical schools at Central Michigan University and Michigan State University (MSU) to make clinical rotations available to medical students.¹¹ The Rural Thumb Network brings together a number of health care organizations in three “thumb” counties: Sanilac, Huron, and Tuscola.¹² Members include seven critical access hospitals, six tertiary hospitals, two public health departments, and one Multipurpose Collaborating Council. The network works with MSU's College of Medicine to attract medical students and advance-practice health professionals to move to the county.¹³ The Michigan Center for Rural Health (MCRH) at MSU is designated as the State Office of Rural Health for Michigan and is active in facilitating networking between rural health care systems to improve access to and the quality of health care in Sanilac County.

Based on their regional community health assessment, the Sanilac County Health Department identified the need for a dental provider in the county. In partnership with My Community Dental Center—a nonprofit corporation established in 2006 to provide dental services to Medicaid patients in Michigan—the health department opened a new dental clinic (My Community Dental Clinic) to serve the Medicaid population.^{14,15}

Academic opportunities for career-technical training. In addition to the universities, Sanilac County educators are working to train local residents and recruit former residents to return. Sanilac County Intermediate School District serves seven local schools in the county with a combined enrollment of over 6,200 students.¹⁶ Through the school district, Sanilac County Career Center offers vocational training programs. The certification programs are in fields of high demand, such as various specialized medical assistants and technicians, as well as welders.¹⁷ The Sanilac County Community Foundation—established in 1994 to build local philanthropy and “strengthen community wellness and quality of life through endowed philanthropy”—also created new programs to fund the cost of college or trade school education.¹⁸

Multisector collaborations address the emerging opioid epidemic.

Sanilac County has several initiatives to address the rising drug use problem. The Sanilac County Drug Task Force provides training on handling and recognizing dangerous drugs to hospitals, EMS, and police and fire departments. The task force sponsors discussions in schools and local government agencies and supports drug abuse assistance programs such as Families Against Narcotics, respondents said. Although there are no local treatment programs for opioid addiction, Deckerville Community Hospital, an independent 15-bed critical access hospital in the county, is actively exploring how to treat patients with chronic pain through telehealth consultations with pain management and addiction specialists, according to a respondent from the health care sector. Since pain management is often done with opioids, bringing pain

management physicians together with addiction specialists helps ensure pain management therapies are provided in a way that minimizes the risk of opioid abuse or addiction.

Developing a Culture of Health

Sanilac County's employment, college, and career training initiatives to both improve provider shortages and build its economic base, and the county initiatives to address high poverty rates and tackle opioid misuse all contribute to developing a Culture of Health. To continue evolving these efforts, Sanilac County has built cross-sector collaborations to integrate health systems and local universities to increase the provider pipeline, as well as to integrate law enforcement and health systems to address the opioid epidemic.

“WE’VE IDENTIFIED THAT THE SOONER WE START COMMUNICATING WITH [MEDICAL STUDENTS] AND THE SOONER THEY COME THROUGH HERE ... [THE BETTER THE] OUTCOME FOR US.”

HEALTH CARE SECTOR RESPONDENT

IMPROVING ACCESS TO QUALITY CARE IN UNDERSERVED AREAS

With Sanilac County's persistent health care provider shortages, stakeholders have been working to fill existing gaps and build a pipeline for the future, and their efforts are gaining ground. McKenzie Health System has put more emphasis on recruiting nurse practitioners and physician assistants, in part by offering externships that can lead to their long-term employment. The system is also helping to fill the gaps in providers through the clinical rotations that let Central Michigan University and MSU students practice with local providers. Similarly, the system offers advanced-practice rotations, having expanded the definition of “health provider” to include nurse practitioners and physician assistants, according to a health care sector respondent. As one health care respondent noted, “We've identified that the sooner we start communicating with them and the sooner they come through here ... [the better the] outcome for us.” The health system is certified by the National Health Service Corps, which allows loan forgiveness to health providers and physicians who practice in medically underserved areas. McKenzie recently awarded scholarships to three local high school students interested in pursuing careers in medicine and health.¹⁹

While these efforts attempt to address the quantity of providers available in the county, other programs are trying to ensure the quality of care. Quality improvement efforts initiated at the state level by the Michigan Center for Rural Health (MCRH) have encouraged providers in Sanilac County to participate in Accountable Care Organizations (ACOs) and in programs such as the Quality Payment Program through the Centers for Medicaid and Medicare Services.²⁰ Participation in these programs allows for data sharing across health systems (as members

of the same ACO). According to a respondent from the health care sector, this participation allows members to share electronic medical records so they can see “who have [patients] been seeing for [their] care? How many times have [they] been to the ED? When’s the last time [they] had an annual wellness visit? So you’re able to start effecting change by looking at these analytics ... to try and push down the cost of care, and increase the quality of care.” Additionally, health systems can receive higher reimbursement payments from Medicare when they achieve certain health care quality benchmarks. Other similar information-sharing and state-level support for providers in Sanilac County occurs through the Michigan Critical Access Hospital Quality Network and the Certified Rural Health Clinic Quality Network.

“... PARTICIPATION [IN AN ACO] ALLOWS...[SHARING OF] ELECTRONIC MEDICAL RECORDS ... TO TRY AND PUSH DOWN THE COST OF CARE, AND INCREASE THE QUALITY OF CARE.”

HEALTH CARE SECTOR RESPONDENT

One specific need in the county is access to dental care, particularly for low-income adults. Quality dental care is essential to maintain oral health and avoid the increased risk that gum disease causes for serious health problems, including heart attack, stroke, poorly controlled diabetes, and preterm labor.²¹ While My Community Dental Clinic that accepts adult Medicaid patients opened in the county seat of Sandusky in July 2018, the process of opening the clinic was challenging due to opposition by area dentists. According to a health sector respondent, dentists serving Sanilac County were concerned that they would lose private-pay and pediatric patients to the new My Community Dental Clinic.

Despite the opposition, the need was clear, according to data from My Community Dental Clinic. In 2016, before the clinic opened, just 24 percent of adults enrolled in Medicaid had a dental visit, and only 11 percent had a preventive visit.²² In just one month, five patients came to a local hospital emergency room with toothaches, and one left with a bill for \$4,000, a respondent from the health sector said. Nearly 80 patients had made appointments before My Community Dental Clinic could open its doors, according to a respondent from the health sector. The Sandusky location is one of about 30 dental offices that the nonprofit My Community Dental Clinic has opened in underserved areas in Michigan with the support of hospitals, county health departments, foundations, and state government.^{14,23,24}

As county organizations work to increase the availability of health care providers, access to those providers remains an issue. Although some respondents acknowledged this challenge, no coordinated efforts to enhance transportation are underway.

BUILDING A MORE PROSPEROUS COMMUNITY THROUGH EDUCATION AND JOB TRAINING

Ten years later, the Great Recession continues to resonate in Sanilac County. “Michigan shed about a quarter million jobs on the automotive side, and those are not coming back,” according to one respondent

from the nonprofit sector, and “that has really shaped the state and also Sanilac County.” Simultaneously, fewer young people are opting for college: less than one-quarter of Sanilac County students go on to post-secondary education, including getting trade certifications. The decreasing number of young people getting the educational preparation needed to succeed in the 21st century economy has prompted tough questions about the county’s future. “Are we going to choose to sit back and let things happen as is, or are we going to come together as a community and figure out how we’re going to change the culture to make something that you aspire to?” one respondent from the philanthropic sector asked.

“MICHIGAN SHED ABOUT A QUARTER MILLION JOBS ON THE AUTOMOTIVE SIDE, AND THOSE ARE NOT COMING BACK.”

NONPROFIT SECTOR RESPONDENT

In response, stakeholders are developing new approaches to fund college education, provide incentives for college graduates to return to the county, and provide more technical training programs to fill emerging needs in the manufacturing sector. For example, the Sanilac County Community Foundation has launched a new “Promise Fund,” a long-term savings account that students can use toward college or trade school expenses.¹⁸ The foundation automatically opens a \$50 savings account when a child enrolls in kindergarten; children can grow their account by taking part in various incentives and savings matches and deposits. When the student enrolls in a postsecondary institution, the Promise Fund is made available for tuition and other expenses.²⁵ The idea is to create an expectation that education beyond high school is attainable, and “we want to support you [to attain your education],” according to a respondent from the philanthropic sector.

[THROUGH] THE SANILAC COUNTY COMMUNITY FOUNDATION’S... PROMISE FUND,... A \$50 SAVINGS ACCOUNT [IS AUTOMATICALLY OPENED] WHEN A CHILD ENROLLS IN KINDERGARTEN. “WE WANT TO SUPPORT YOU [TO ATTAIN YOUR EDUCATION].”

PHILANTHROPIC SECTOR RESPONDENT

The Community Foundation also recently launched “Welcome Home” scholarships to provide an incentive for new college graduates to return to Sanilac County to begin their careers. The scholarships will offer up to \$5,000 to be applied to college loans. Both the Promise Fund and Welcome Home programs align with the community wellness mission of the Community Foundation; they are intended to both improve socioeconomic status and quality of life for the recipients and overall community wellness—by increasing provider availability and improving economic prosperity.

In addition to Community Foundation programs, the Sanilac County School District enrolls about 400 high school students in vocational training programs annually (primarily in medical

occupations, welding, and computerized precision machining), in cooperation with local businesses and industry, according to a respondent from the educational sector.^{26,27} Though students receive sufficient training through the vocational programs to get jobs when they graduate, a local school respondent indicated that they “highly encourage” graduates to pursue advanced training through certifications and internships after completing the high school’s vocational program.

PROMOTING POLICIES AND PRACTICES TO PREVENT OPIOID ABUSE

Health care systems, law enforcement, and community residents are coming together to implement policies and practices that limit access to opioids and build on statewide initiatives to empower community residents in the fight against opioid addiction.

“BEING IN A SMALL COMMUNITY ... WE KNOW THESE PATIENTS ARE TRAVELING AROUND SEEKING [OPIOIDS], SO WE GET TO KNOW THEM WELL.”

HEALTH CARE SECTOR RESPONDENT

To address the rise in opioid-related overdoses and deaths in Sanilac County, McKenzie Health System in 2013 instituted a ban on opioid prescriptions for emergency room patients, making it the first “opioid-free” ER in Michigan, according to a health care respondent. One local hospital is actively exploring how to treat patients with chronic pain via telehealth consultations with pain management and addiction specialists rather than opioids. While the ban has been viewed as a positive step in reducing demand for opioids, some patients have continued to travel to various hospitals and clinics in the county to obtain them. “Being in a small community ... we know these patients are traveling around seeking [opioids], so we get to know them well,” a health care respondent said. Unable to get opioids, some patients turned to heroin, which is often laced with the powerful opiate, fentanyl. Ten Sanilac County residents died from heroin overdoses in 2017, compared with three in 2016, according to a respondent from law enforcement.

In 2016, the Michigan Legislature authorized pharmacists to sell naloxone nasal spray—which reverses the effects of opioids—without a prescription. This statewide policy change made naloxone available to individuals in the event a family or community member overdoses. The new policy resulted in a public education and outreach campaign that uses billboards and hands-on training to explain how to recognize the signs of an overdose and how to administer naloxone. The campaign was the work of area sheriff departments and the Region 10 Pre-Paid Inpatient Health Plan, which provides Medicaid funds for public services for mental health and substance abuse disorders in Sanilac and three other Michigan counties. “We are the first responders, but you as citizens can be as well,” a respondent from law enforcement said.

Sanilac County also opened a local chapter of Families Against Narcotics, a grassroots recovery services organization.²⁸ The program was developed in Michigan’s Macomb County in response

to community concern over the heroin deaths of two young men. The organization in Sanilac County hosts a monthly support forum and conducts education, outreach, and support to prevent abuse of prescription painkillers and heroin.

SUMMARY OF SANILAC COUNTY’S EFFORTS TO BUILD A CULTURE OF HEALTH

Based on the *Culture of Health Action Framework* used to guide Sentinel Community data collection and monitoring, Sanilac County, Mich., is taking steps to build its economic base and improve residents’ health. The county has worked toward *Strengthening Integration of Health Services and Systems*: Strong statewide and regional support and networking have made it possible for Sanilac County to expand health care (primarily via the Medicaid expansion); ensure quality care in rural health care centers; and provide education to empower the community to prevent and intervene in the opioid crisis. Sanilac County has also demonstrated that *Fostering Cross-Sector Collaboration* is a useful tool for addressing health challenges, with collaborative efforts between law enforcement and health systems to address the opioid crisis, as well educational and employment initiatives made possible through health system, local philanthropic, and university collaborations. Through ongoing philanthropic support, Sanilac County has demonstrated a commitment to making education a priority pathway to a more prosperous and healthy life. Through a suite of initiatives aimed at incentivizing education and maintaining graduates in-county, Sanilac County has demonstrated a push to *Creating Healthier, More Equitable Communities* that aim to build economic prosperity among the population to reduce health and income inequities (though health equity is not an explicit priority for county stakeholders). However, there are limited examples of ways that stakeholders are working to explicitly *Make Health a Shared Value*. Obtaining community engagement in health planning processes is challenging, something that respondents attribute to the self-sufficient nature of local residents.

Emerging Community Themes

The efforts described in this report reflect the momentum of a supportive state policy and infrastructure. This approach is rooted in partnerships among health systems, law enforcement, and philanthropies, and in community empowerment. However, despite taking these important steps, provider shortages and other barriers (e.g., transportation) to accessing basic health services persist, and the economy has not improved. As Sanilac County works to develop a Culture of Health, several factors are working for the county and against it, which we describe below.

FACILITATORS TO A CULTURE OF HEALTH

State policy and collaboratives supportive of health care access. Described as a “lifesaver” to Sanilac County’s uninsured population by one respondent, the expansion of Medicaid has reduced the state’s uninsured rate by nearly 40 percent. Many Sanilac County residents lost jobs that provided health insurance during the economic recession; most low-wage jobs that residents now hold do not offer health insurance. In addition, the opening of My Community Dental Clinic in Sanilac County, supported by state and county health departments, foundations, and others, provides low-cost or free dental care to many in need. This clinic serves low-income adults covered by Medicaid who, prior to the clinic opening, would take costly trips to hospital emergency rooms for dental emergencies because they lacked dental care.

Provider access to information-sharing through regional networks. The MCRH offers access to networks of rural hospitals and clinics, as well as supports participation in national health care quality programs. As a result, providers in Sanilac County are able to share data and achieve health care cost savings.

BARRIERS TO A CULTURE OF HEALTH

Scarcity of good-paying jobs. Following the decline of Michigan’s automobile industry, residents of Sanilac County lost high-paying jobs in the secondary supply industry. Those jobs have either become automated or moved out of the county. Most jobs available to residents without a college education pay minimum wage and do not offer health insurance.

Lack of public transportation. Lacking a reliable public transportation system, residents without cars have a difficult time getting to jobs, medical appointments, or grocery stores. Although acknowledged as a challenge by some respondents, no coordinated efforts to improve access to transportation are underway.

Lack of health care providers. Sanilac County is designated as a health provider shortage area and a medically underserved area/population, and there are no obstetrician-gynecologists or opioid addiction services locally. Recent efforts by the community to open a dental clinic will help adults covered by Medicaid, but other efforts to attract and retain health care providers remain a work in progress.

Declining population of young people. Sanilac County’s younger residents continue to leave the area, either with parents who leave for new jobs or when they go to college. The county is launching a loan forgiveness program to welcome new graduates back to the community, but the impact of this new program is unclear.

Lack of residents’ engagement in health and wellness activities. For example, the Sanilac County Health Department struggled with obtaining resident input on past community health assessments, which shows a lack of engagement in health activities at the community level. Additionally, residents often do not prioritize personal preventative care.

What’s Next

Because many of Sanilac County’s initiatives are less than a decade old, more time is needed to determine how effective they will prove to be and whether they will influence health care access and the economy as intended. Although broadening health care coverage through the Medicaid expansion and efforts to address provider shortages are important steps to increase health care access, transportation and other barriers to access remain unaddressed. Also, while the community health assessment called for additional support for the aging population, no initiatives were identified beyond increasing access to health care, so the development of such initiatives warrants future monitoring. The Sanilac County Health Department hopes to obtain more community engagement with future needs assessments, and as it moves into community health planning phases, respondents indicated they would prioritize obtaining resident input on priorities and planning. These efforts were nascent at the time of data collection and will be important to track in the future.

In terms of economic progress, the Promise Fund and loan forgiveness program are broad in scope and, if successful, could have a countywide impact on the declining population of young people. Future study of the economic impacts of these programs is needed. Sanilac County’s work has benefited from a supportive state and regional culture, but in the current political climate the increased Medicaid coverage is vulnerable to elimination. Changes to Medicaid expansion,

including work requirements, new premiums, and healthy behavior requirements, will likely go into effect in 2020, and should be followed closely to determine their impact on Sanilac County’s population.

Community empowerment efforts also warrant future study, particularly if Sanilac County is successful in implementing naloxone distribution programs. The impact of hospital policies to limit opioids and their relationship to opioid-related overdoses also deserves future study, especially given the early anecdotal link to an increase in heroin-related overdoses.

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